Corporate Presentation

November 2026

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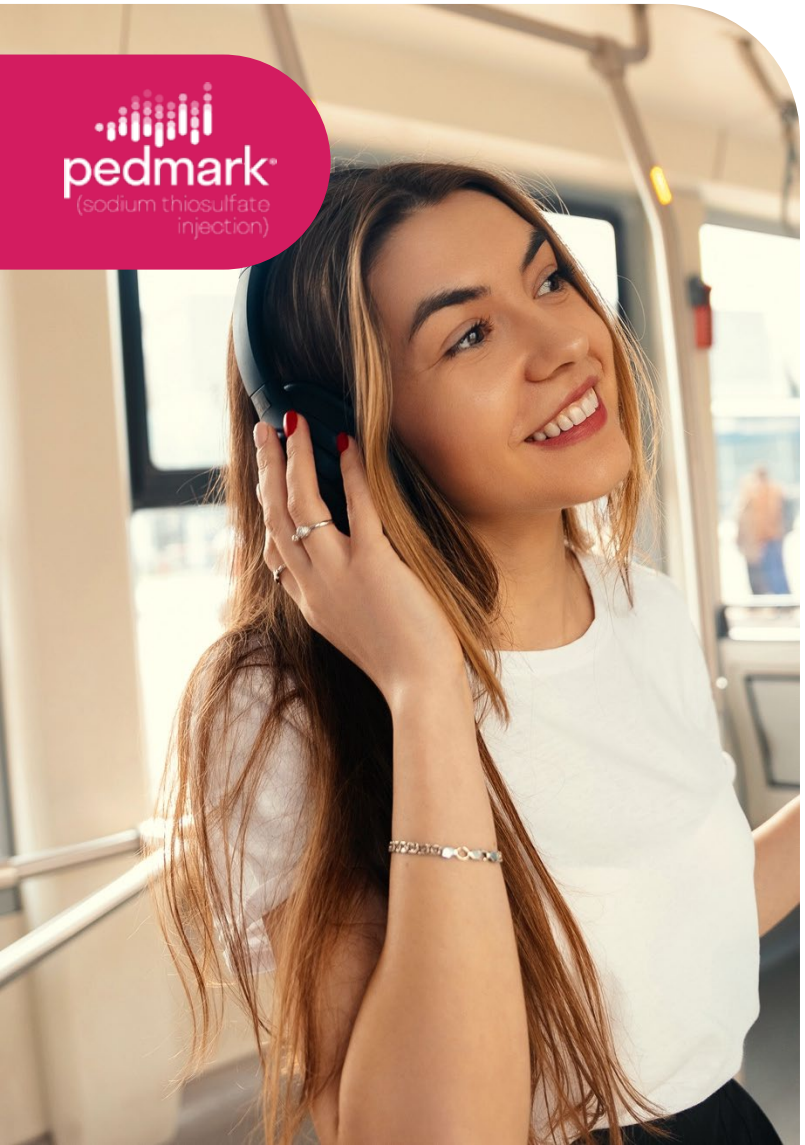
Safe harbor statement

Except for historical information described in this press release, all other statements are forward-looking. Words such as "believe," "anticipate," "plan," "expect," "estimate," "intend," "may," "will," or the negative of those terms, and similar expressions, are intended to identify forward-looking statements. These forward-looking statements include statements about our business strategy, timeline and other goals, plans and prospects, including our commercialization plans respecting PEDMARK®/PEDMARQSI®, the market opportunity and demand for and market impact of PEDMARK®/PEDMARQSI®, its potential impact on patients and anticipated benefits associated with its use, future commercial and regulatory milestone and royalty payments from Norgine, and potential access to further funding after the date of this release. Forward-looking statements are subject to certain risks and uncertainties inherent in the Company's business that could cause actual results to vary, including the risks and uncertainties that regulatory and guideline developments may change, scientific data and/or manufacturing capabilities may not be sufficient to meet regulatory standards or receipt of required regulatory clearances or approvals, clinical results may not be replicated in actual patient settings, unforeseen global instability, including political instability, or instability from an outbreak of pandemic or contagious disease, such as the novel coronavirus (COVID-19), or surrounding the duration and severity of an outbreak, protection offered by the Company's patents and patent applications may be challenged, invalidated or circumvented by its competitors, the available market for the Company's products will not be as large as expected, the Company's products will not be able to penetrate one or more targeted markets, revenues will not be sufficient to fund further development and clinical studies, our ability to obtain necessary capital when needed on acceptable terms or at all, the Company may not meet its future capital requirements in different countries and municipalities, and other risks detailed from time to time in the Company's filings with the Securities and Exchange Commission including its Annual Report on Form 10-K for the year ended December 31, 2025. Fennec disclaims any obligation to update these forward-looking statements except as required by law.



For a more detailed discussion of related risk factors, please refer to our public filings available at **www.sec.gov** and **www.sedar.com**.

Fennec is changing the sound of cancer care



Transforming Cancer Care with PEDMARK®

- The first and only FDA-approved therapy for cisplatin-induced ototoxicity (CIO)*:
- Endorsed in NCCN treatment guidelines for preventing CIO in AYA** cancer

Protected Foundation for Long-term Value

- Robust IP portfolio supporting durable differentiation and global expansion
  - Generic will not enter market in U.S. until September 1, 2033
  - Pediatric Use Marketing Authorization (10 yrs) in Europe

Expanding Global Footprint

- European partnership with Norgine
- Japan registration preparation underway
- Partnership with InPharmus to expand in GCC market

Rebuilt and Refocused for Execution

- A renewed organization and leadership team driving sharper commercial and medical focus
- 8 quarters of consecutive revenue growth

*CIO,: Cisplatin Induced Ototoxicity **AYA: Adolescent & Young Adult

SURVIVAL*

* MAY INCLUDE PERMANENT HEARING LOSS

They rang the bell. But some **couldn't hear it.**

Survival should sound like something.
A voice you love, a laugh breaking through.
That's the promise they fought for.
But an asterisk creeps in.

It quiets the victory for 60-90% of cancer survivors.
A child's call, a ring of the bell—they fade.
Survival should echo loud, not sit in silence with a mark.
Victory over cancer shouldn't come with a loss.
With PEDMARK®, more of their survival could be heard.

SURVIVAL SHOULD BE LOUD



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Cisplatin: A Cornerstone of Modern Cancer Care – with a Caveat



If the price of curing a childhood cancer patient is **permanent hearing loss**, we haven't fully healed the child

> **Dr. F, Pediatric Oncologist, Academic Institution**

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Cisplatin is an indispensable component of treatment

Overall survival rates for some cancers treated with cisplatin can reach upwards of **87%**[1,2]

Pediatric[1]

- Neuroblastoma
- Medulloblastoma
- Hepatoblastoma
- Osteosarcoma
- Germ Cell Tumors

Adolescents and Young Adults (AYA)[1]

- Testicular Cancer
- Breast Cancer
- Bladder Cancer
- Cervical and Uterine Cancers
- Head and Neck Cancer

1. Chattaraj A, et al. JCO Oncol Pract. 2023;19(5):278-283. 2. Gold JM, Raja A. Cisplatin. 2023 May 22. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan–. PMID: 31613475.

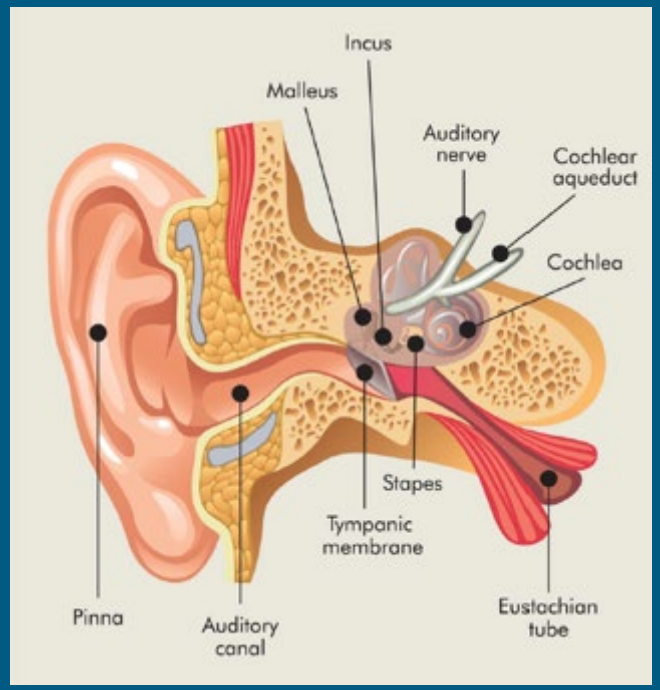
Despite its effectiveness, cisplatin causes irreversible hearing loss

60% to 90% of patients treated with cisplatin may develop hearing loss[2-4]

Common Clinical Presentation of Hearing Loss

- High frequency (≥4 kHz) sensorineural hearing loss[1,2]
  - Bilateral (both ears)
  - Progressive
  - Irreversible
  - Can progress to include lower frequencies (<4 kHz)[3]
- Can be accompanied by tinnitus[3]
- Prolonged retention of platinum in the cochlear tissues may cause hearing loss progression after completion of therapy[4]
- Hearing aids may be necessary in up to 40%; and cochlear implants in an additional percentage of children affected[3]

Cisplatin Induced Ototoxicity (CIO)



CIO permanent hearing loss estimates[5]:

40-80%
OF ADULTS

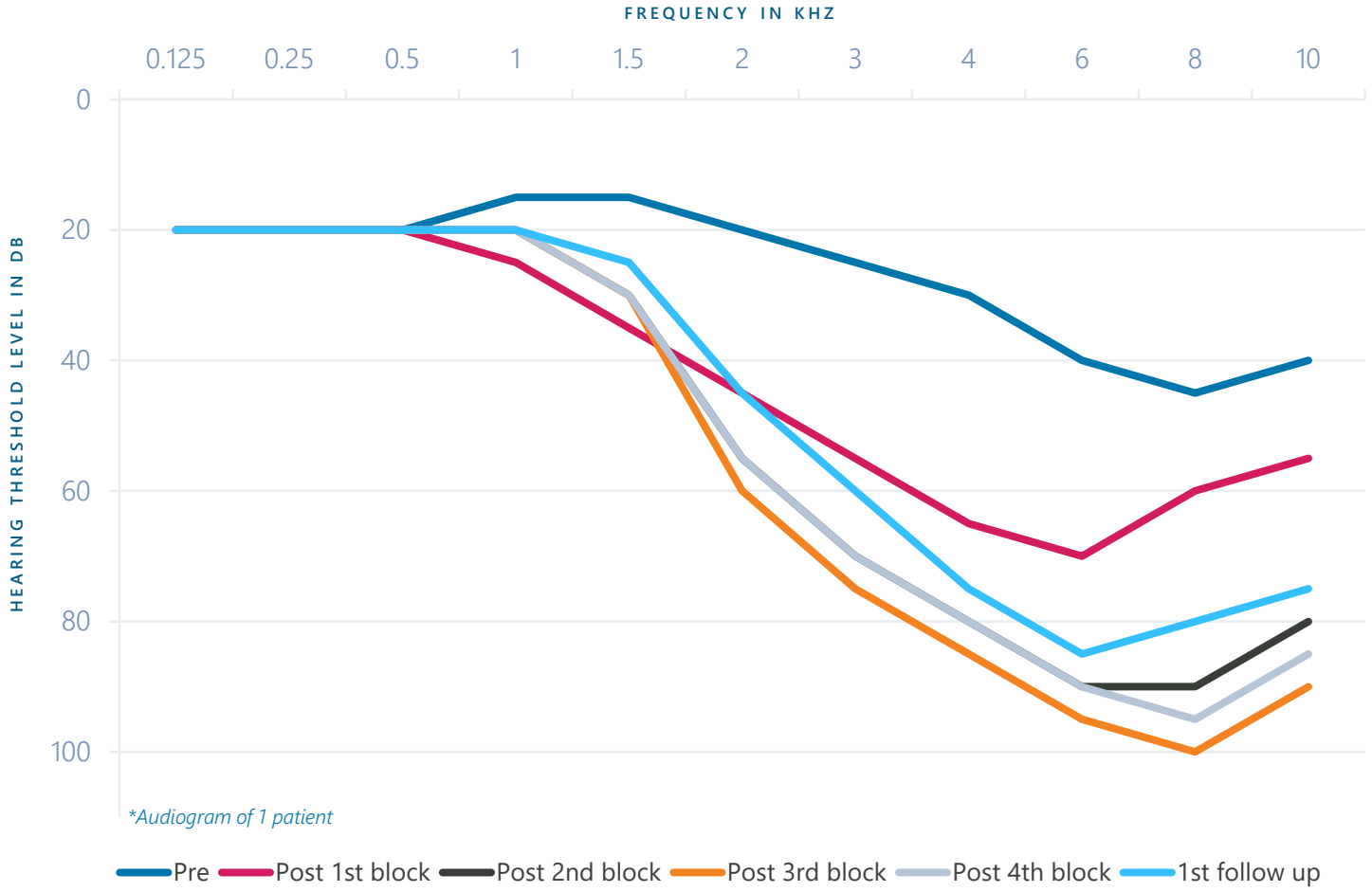
50-90%
OF CHILDREN

1. Waissbluth S et al. Int J Pediatr Otorhinolaryngol. 2018;111:174-179. 2. Paken J et al. J Toxicol. 2016;2016:1809394. 3. Langer T et al. Trends in Pharmacological Sciences. 2013;34:458-469. 4. Sprauten M. J. Clin Oncol. 2012;30:300-307. 5. Breglio AM et al. Nat Commun. 2017;8(1):1654.

Damage can start early—often within just one or two cycles

- Ototoxicity is a cisplatin dose-limiting toxicity[1] meaning that efficacy of chemotherapy could be compromised due to ototoxicity management
- Effects can be seen as soon as the second or third dose of cisplatin
- Significantly more platinum is retained in the cochleae for patients on cisplatin compared to untreated patients[2]
- Survivors are at risk of hearing deterioration years after completion of therapy[3]

Audiogram indicates how loud a sound must be to **hear it at a given frequency**.



1. Langer T et al. Trends in Pharmacological Sciences. 2013;34:458-469. 2. Breglio AM, et al. Nat Commun. 2017;8(1):1654. 3. Bertolini P et al, J Pediatric Hem Onc 2004;26:649-655.

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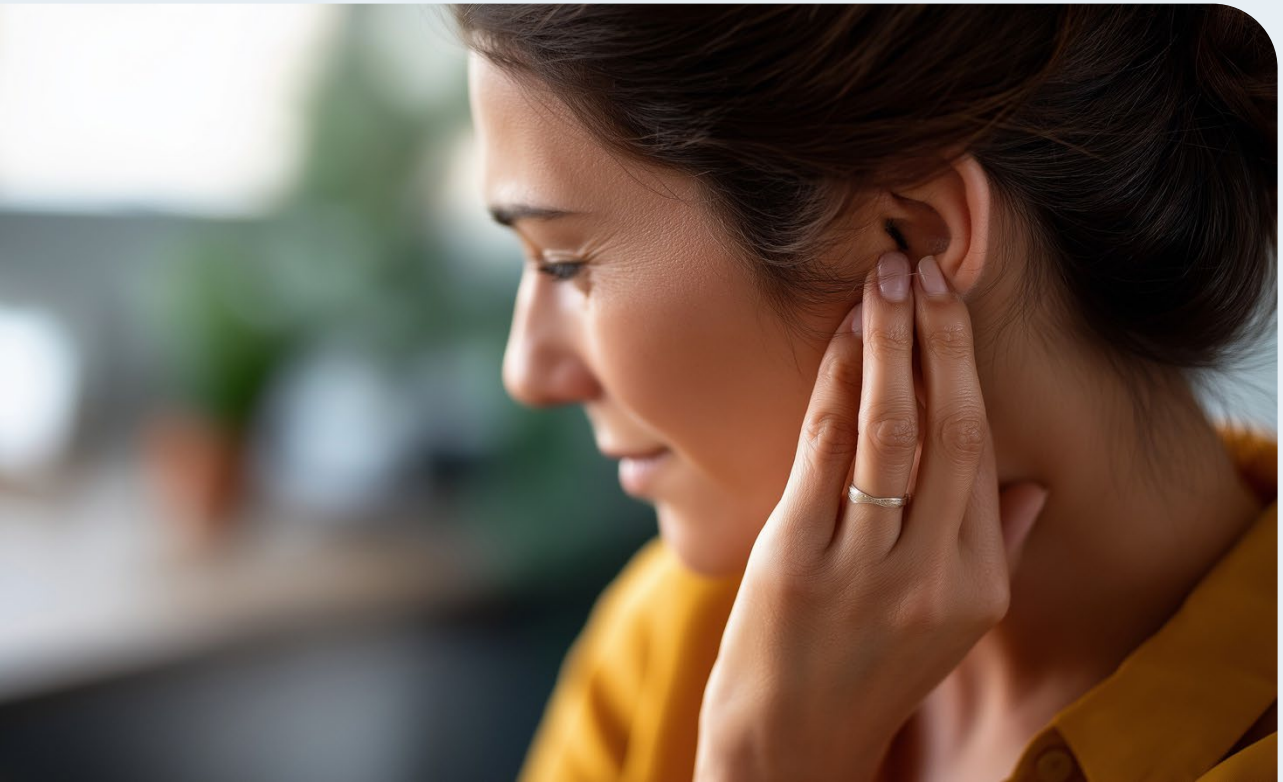
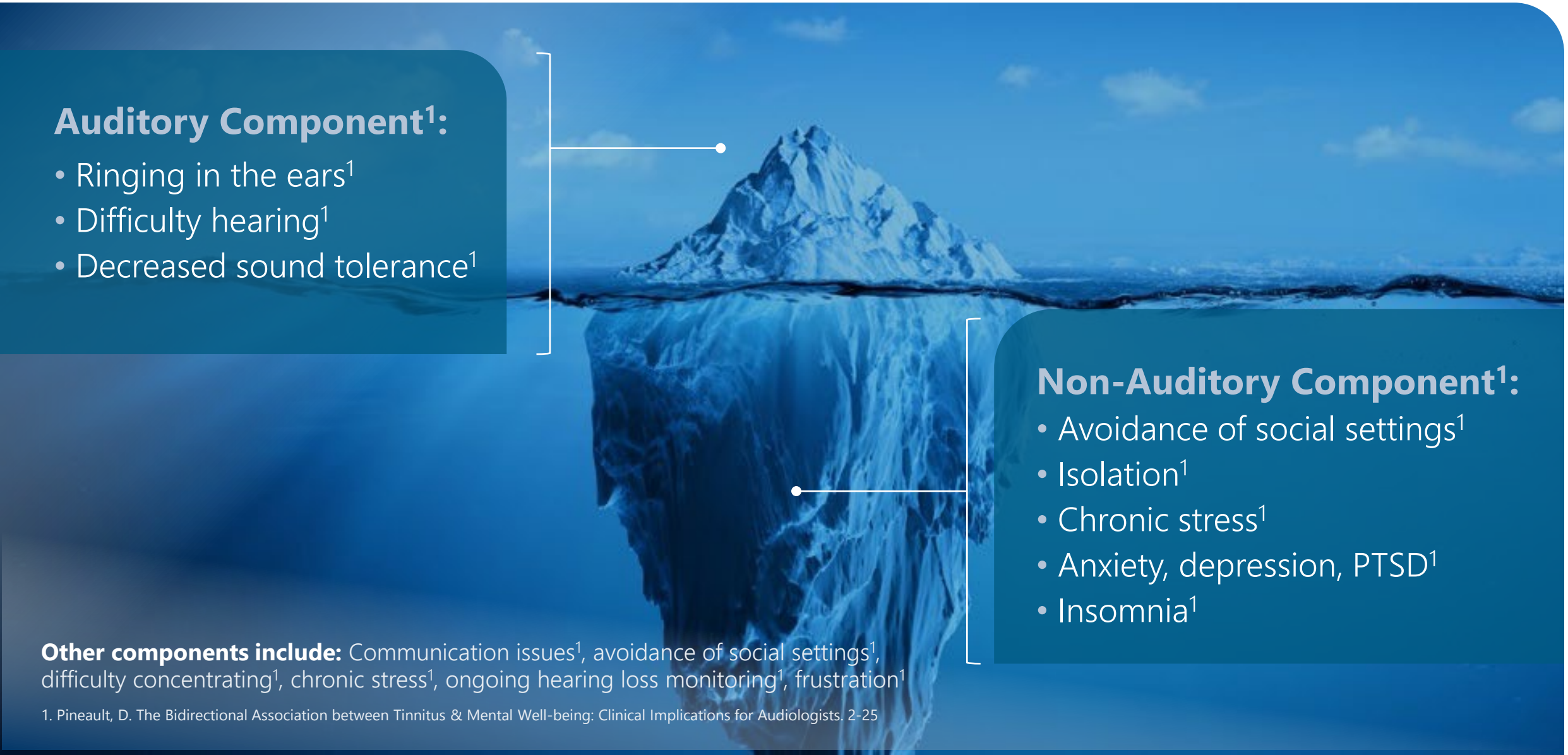
The Unseen Burden



I didn't know there was the **possibility of permanent hearing loss**; the muffled and sometimes high-pitched, shrill reminder that something in me broke and won't be fixed.

> **Katy M.,**
> **Cancer Survivor & Audiologist**

Tinnitus & hearing loss: the iceberg model



Auditory Component[1]:

- Ringing in the ears[1]
- Difficulty hearing[1]
- Decreased sound tolerance[1]

Non-Auditory Component[1]:

- Avoidance of social settings[1]
- Isolation[1]
- Chronic stress[1]
- Anxiety, depression, PTSD[1]
- Insomnia[1]

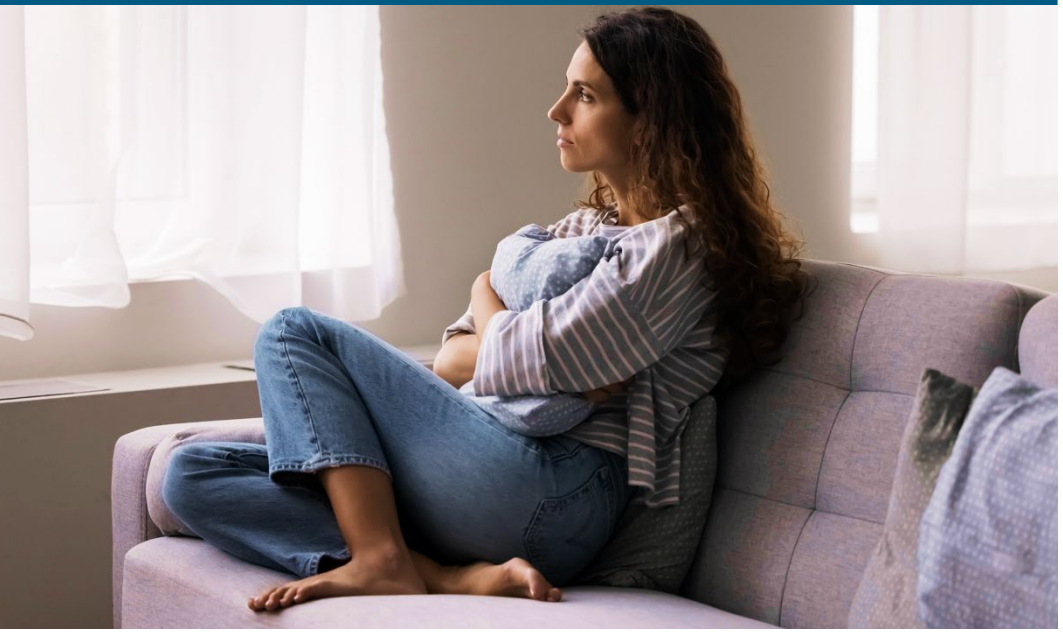
Other components include: Communication issues[1], avoidance of social settings[1], difficulty concentrating[1], chronic stress[1], ongoing hearing loss monitoring[1], frustration[1]

1. Pineault, D. The Bidirectional Association between Tinnitus & Mental Well-being: Clinical Implications for Audiologists. 2-25

Hearing loss changes how patients live, learn, and connect

You just want the cancer to be over with. The **hearing loss is a constant reminder** of the worst two years of my life and a permanent mark that the cancer left on me.

> **Patient with Cisplatin Induced Ototoxicity**



Patients with hearing loss resulting from cancer treatment have a statistically **significant worse quality of life** compared with peers who have no hearing loss[1,3]

Hearing loss impacts many aspects of life, such as speech and language skills,[2] academic performance,[2] social-emotional development,[2] career potential[3], and the ability to live independently[3]

Treatment-related hearing loss may cause considerable **emotional stress for survivors**, including depression,[3] anxiety,[1] low self-esteem,[1] and embarrassment[4]

1. Rajput K, et al. Int J Pediatr Otorhinolaryngol. 2020;138:110401. 2. Clemens E, et al. Lancet Oncol. 2019;20(1):e29-e41. 3. Bass JK, et al. Pediatr Blood Cancer. 2016;63(7):1152-1162.
4. Khan A, et al. Cancer. 2020;126(8):1776-1783.

For decades, oncologists had no way to prevent CIO

Management **through treatment modifications that could impact survival**, or management of hearing loss when treatment has been completed:



Hearing Aids[1]



Speech Rehabilitation[3]



Personal Frequency Modulation (FM Classroom Amplification)



Cochlear Implants[1]

1. Landier W. Cancer. 2016;122:1647-1658. 2. https://www.starkey.com/blog/2014/02/5-common-questions-about-hearing-aids accessed Feb 18th 2020. 3. Paken et al, Journal of Toxicology 2016, 1809394 | Image: https://pubs.asha.org/

Financial impact of severe to profound hearing loss can be considerable across a patient's lifespan[1]

$489,274

Lifetime cost for individuals with early onset of severe to profound hearing loss

48%
Loss of Productivity

29%
Educational Costs

24%
Medical Costs

$1M[1]
Lifetime cost of hearing loss can exceed USD



SPHL, severe to profound hearing loss

1. Cejas I et al. Laryngoscope. 2024;134(10):4358-4365.

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No Proven Protection — Until Now



This is the kind of innovation that reminds us that cancer care isn't just about survival. It's about **living well after**.

> **Dr. P., Pediatric Oncologist, Academic Institution**

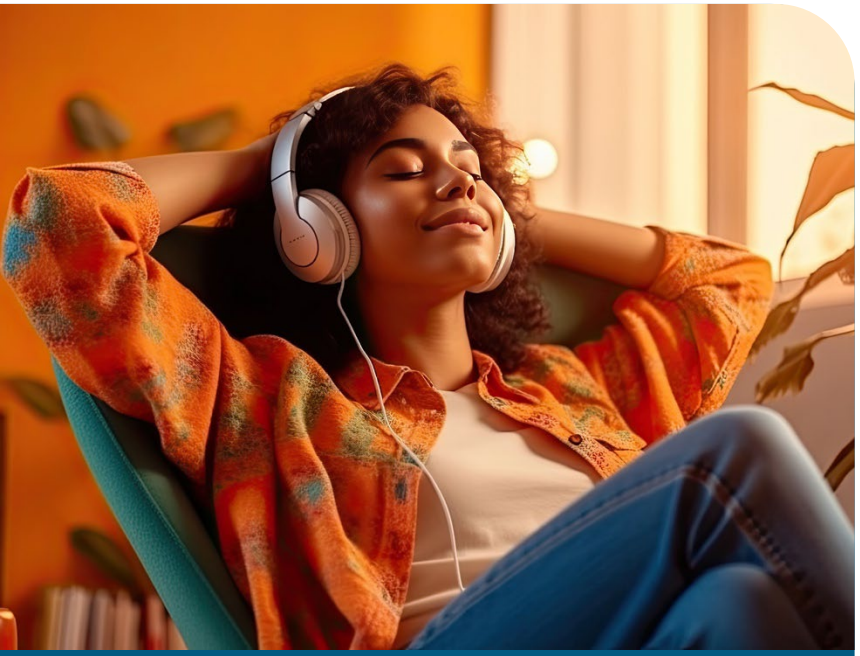
PEDMARK® (sodium thiosulfate injection): Clinically proven to reduce the risk of hearing loss without compromising cancer treatment



- **The first and only therapy approved in the U.S. to reduce the risk of ototoxicity associated** with cisplatin in pediatric patients ≥1 month of age with localized, non-metastatic solid tumors
- Fennec is the **only commercial-stage pharmaceutical company** dedicated to CIO with no branded competitor in development
- **Rapid infusion time and clear benefit** with ~50% reduction in hearing loss
- **Unique formulation and a differentiated excipient profile** with mild-to-moderate and manageable side effect profile

Please see Important Safety Information at the end of this presentation
Full Prescribing Information is available at www.PEDMARK.com

National guidelines affirm the importance of preventing hearing loss in AYA cancer patients with 2A recommendation



The Adolescent and Young Adult (AYA) oncology patient is defined as an individual aged 15–39 years of age at the time of initial cancer diagnosis

Guidelines **recommend sodium thiosulfate (PEDMARK)**, the only FDA-approved treatment to reduce the risk of CIO, backed by 2 clinical trials[1-4]

Recommended for the Adolescent and Young Adult (AYA) population by the NCCN Guidelines®*

These recommendations are not consistent with the FDA-approved indication. Always refer to the PEDMARK Prescribing Information and Instructions for Use.

NCCN CATEGORY 2A Recommended

NCCN Guidelines for AYA Oncology recommends sodium thiosulfate (PEDMARK) as a Category 2A preventative treatment option to reduce hearing loss associated with platinum-based chemotherapy in patients with localized non-metastatic tumors[2]

NCCN Guidelines define an adolescent and young adult (AYA) oncology patient as an individual between 15 and 39 years. NCCN makes no warranties of any kind whatsoever regarding their content, use of application and disclaims any responsibility for their application or use in any way.

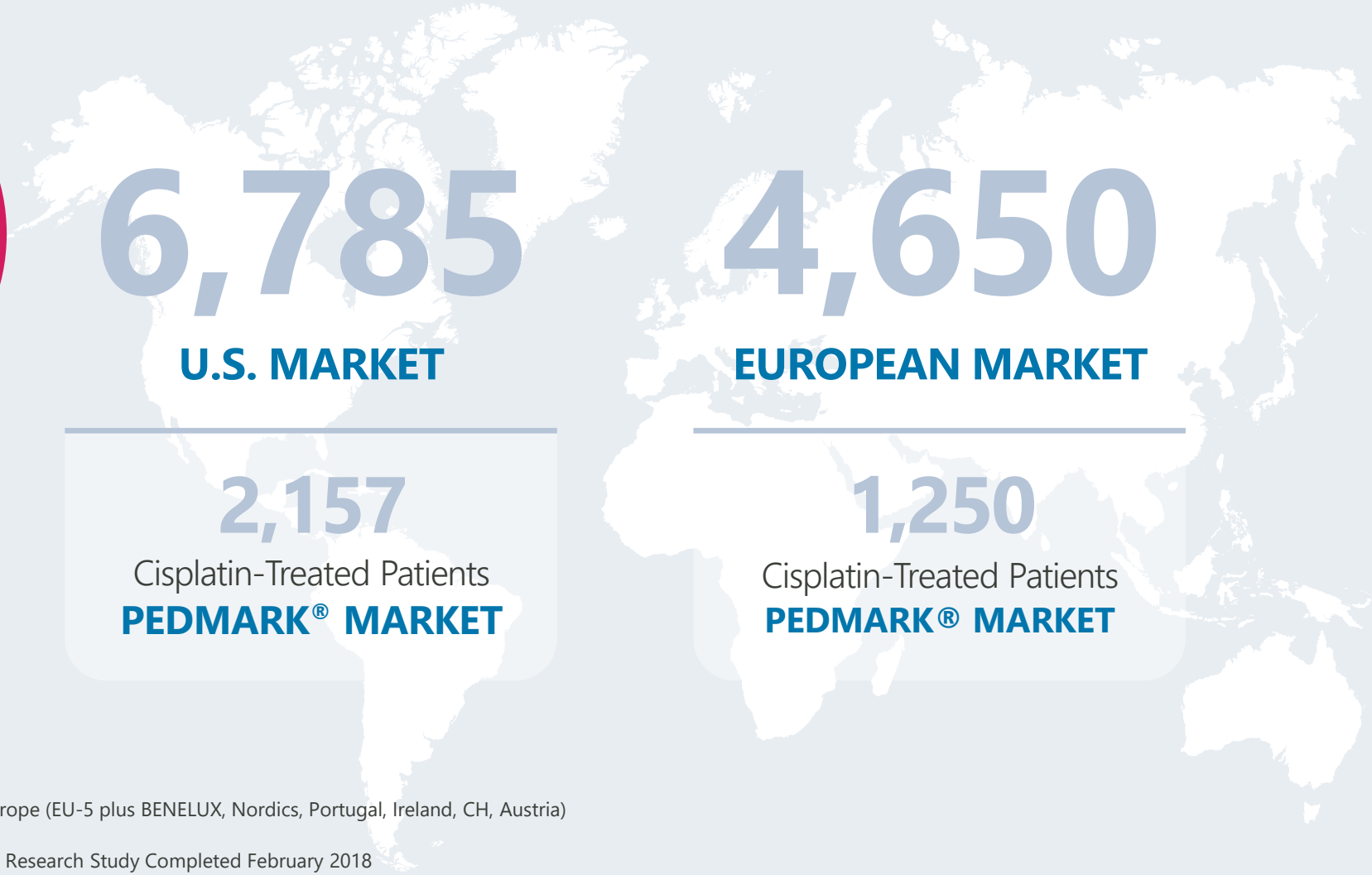
The guidelines are clear. **Now hear what's possible**

1. Landier W. Ototoxicity and cancer therapy. *Cancer*. 2016;122(11):1647-1658. 2. PEDMARK® (sodium thiosulfate injection) full Prescribing Information. Hoboken, NJ: Fennec Pharmaceuticals, Inc.; 2023. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Adolescent and Young Adult (AYA) Oncology Version 1.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed March 2026. **4.** Hennegan K, Silber A, Dehipawala S, Chithran K, Lockhart D. Evaluating the burden of survival of platinum-induced hearing loss in pediatric solid tumor patients: a systematic literature review. Poster presented at: ISPOR Annual Meeting 2020; May 18-20, 2020 (virtual).

In the pediatric population, the need for hearing protection extends across geographies

Annual Incidence of **Pediatric Solid Tumor Cases** in Both U.S. and EU Markets*

Top Three Tumor Types: Neuroblastoma, CNS & Osteosarcoma



6,785

U.S. MARKET

2,157

Cisplatin-Treated Patients

PEDMARK® MARKET

4,650

EUROPEAN MARKET

1,250

Cisplatin-Treated Patients

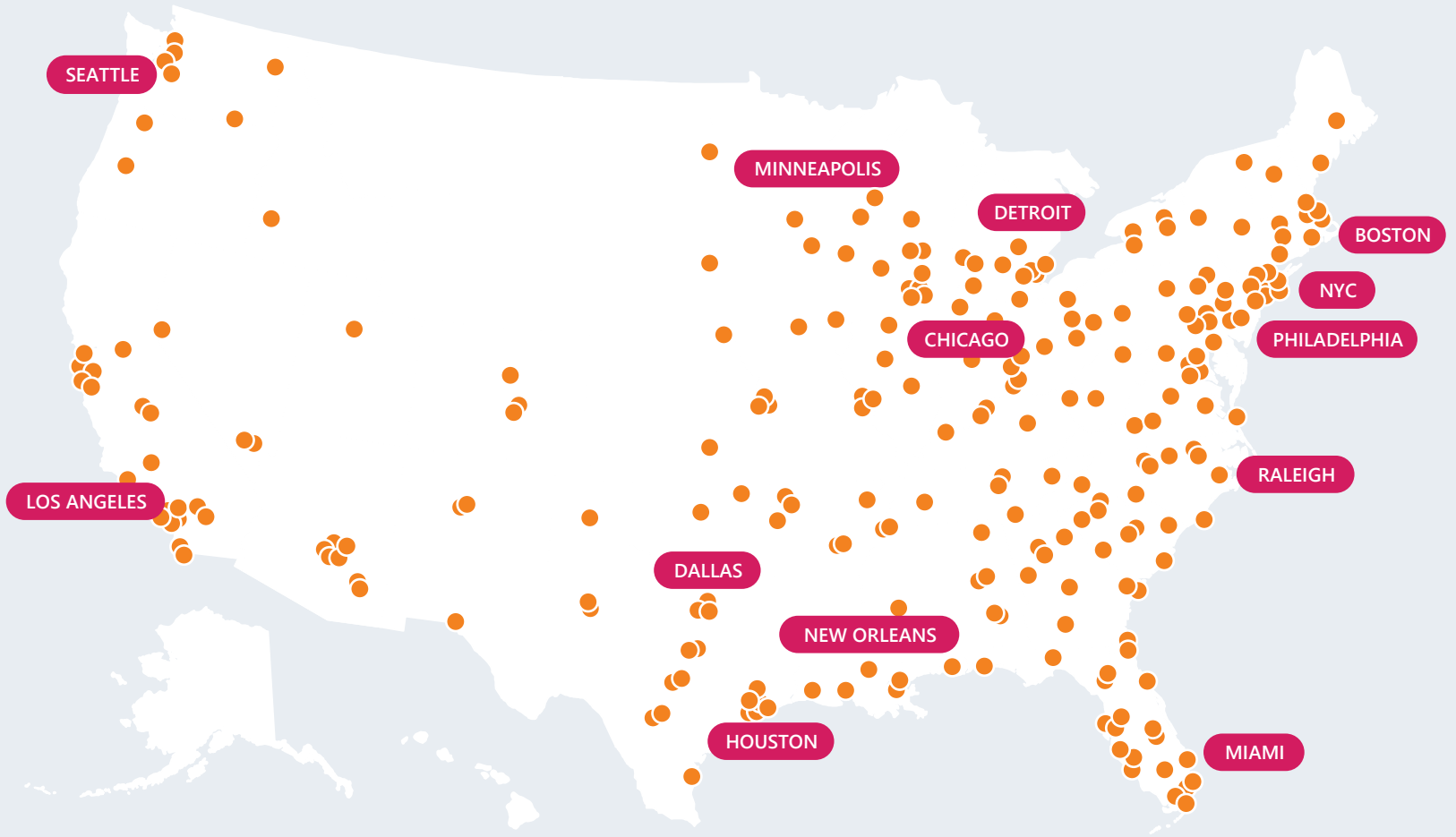
PEDMARK® MARKET

*EU market defined by Norgine-licensed countries, including Europe (EU-5 plus BENELUX, Nordics, Portugal, Ireland, CH, Austria)
*Sources: Fennec and Norgine Data on File
Localized vs metastatic breakdown based on Qualitative Market Research Study Completed February 2018

90% of U.S. pediatric cancer patients receive care at ~200 top centers nationwide

Institutions

- **~200** target pediatric hospital centers, including COG, NCI and NCCN institutions*
- **~90%** of pediatric cancer patients treated in key centers



1. Children's Oncology Group (COG). Impact of COG's Research. Last accessed November 2025. 2. National Cancer Institute (NCI)-Designated Cancer Centers. Last Accessed November 2025. Forte G et al. American Society of Clinical Oncology National Census of Oncology Practices: Preliminary Report. *JOP* 9, 9-19(2013). Vol. 9, Number 1. DOI: 10.1200/JOP.2012.000826

*COG: Children's Oncology Group; NCI: National Cancer Institute; NCCN: National Comprehensive Cancer Network

In the adolescent and young adult population, solid tumors remain a significant challenge in the U.S.



Annual Incidence of **AYA Solid Tumor Cases** in the U.S.*

58,985

U.S. MARKET

25,536

Cisplatin-Treated Patients with Non-Metastatic Solid Tumors

PEDMARK® MARKET

Top Tumor Types Include:

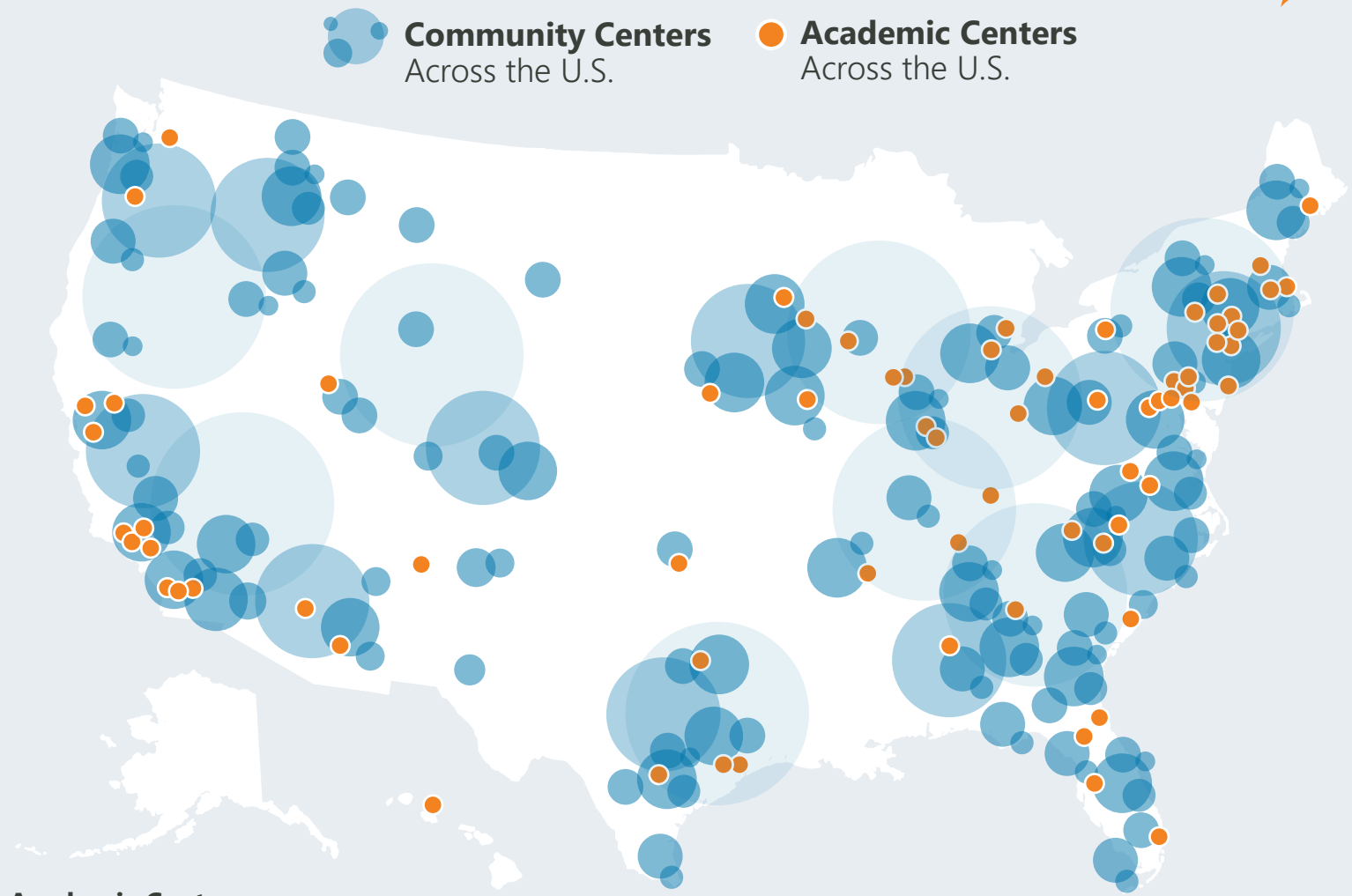
Germ Cell, Testicular, Thyroid and Breast

Incidence data presented herein is derived from a comprehensive analysis of scientific literature, proprietary market research, and Fennec data on file.

AYA cancer care spans the nation—led by academic centers, delivered in community practices

Academic Institutions Play Critical Role in Establishing Treatment Landscape

- **72 NCI-designated** academic centers with ~20% of patients
- **3,750** community centers with ~80% of patients



Academic Centers

Clinical Cancer Centers
Scientific Leadership, Resources & Research

Comprehensive Cancer Centers
Leadership, Resources, Plus Added Depth of Research & Transdisciplinary Research Across Scientific Areas

Basic Laboratory Cancer Centers
Focus on Lab Research & Preclinical Research

1. Data on File. 2. ASCO National Census of Oncology Practices: Preliminary Report 2013. 3. ASCO 2025 Snapshot: The State of the Hematology and Medical Oncologist Workforce. 4. Ellis SD et al. *J Rural Health*. 2022 Sep;38(4):865-875. 5. National Cancer Institute. NCI-Designated Cancer Centers; last accessed Nov. 2025. https://www.cancer.gov/research/infrastructure/cancer-centers

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A Clear Path to Impact and Value Creation



Fennec is helping to **change the standard of care** for protecting the hearing of cancer patients receiving cisplatin treatment in ways we never could before.

> **Dr. B., Medical Oncologist, Community Practice**

Focused strategy. Scalable opportunity.

Strategic imperatives **driving the strategy and execution** for PEDMARK include:



Awareness:

Increase awareness around unmet patient needs and continuing the drive oncologists to recognize the importance of preventing CIO



Standard of Care (SOC):

Establish PEDMARK as the SOC for all CIO prevention



Adoption:

Build lasting trust through exceptional experiences for HCPs, care teams and patients



Access:

Ensure advocacy, payers & providers have seamless access to PEDMARK

Activation: Activate patients & caregivers through disease education and demand PEDMARK



Building awareness, access, and advocacy in the U.S.

New Campaign Promotion

- Digital and in-person promotional resources
- Peer-to-peer speaker bureau to engage pediatric oncologists, audiologists, nursing and pharmacists

KOL Engagement & Data Generation

- Investigator-initiated trials ISTs to deepen clinical relevance
- Data and life cycle management to expand evidence and reach

Market Access

- Large oncology network adoption
- P&T and formulary resources for system adoption

Aligned Commercial & Medical Infrastructure

- Data-driven field activities aligned to growth opportunities
- Revitalized team delivering success in academic and community settings
- Comprehensive marketing initiatives across multiple channels

Access & Patient Support

- Fully revamped Fennec HEARS™ patient services program
- 3PL and distribution network
- Specialty Pharmacy partnerships with home infusion support
- Growing advocacy partnerships



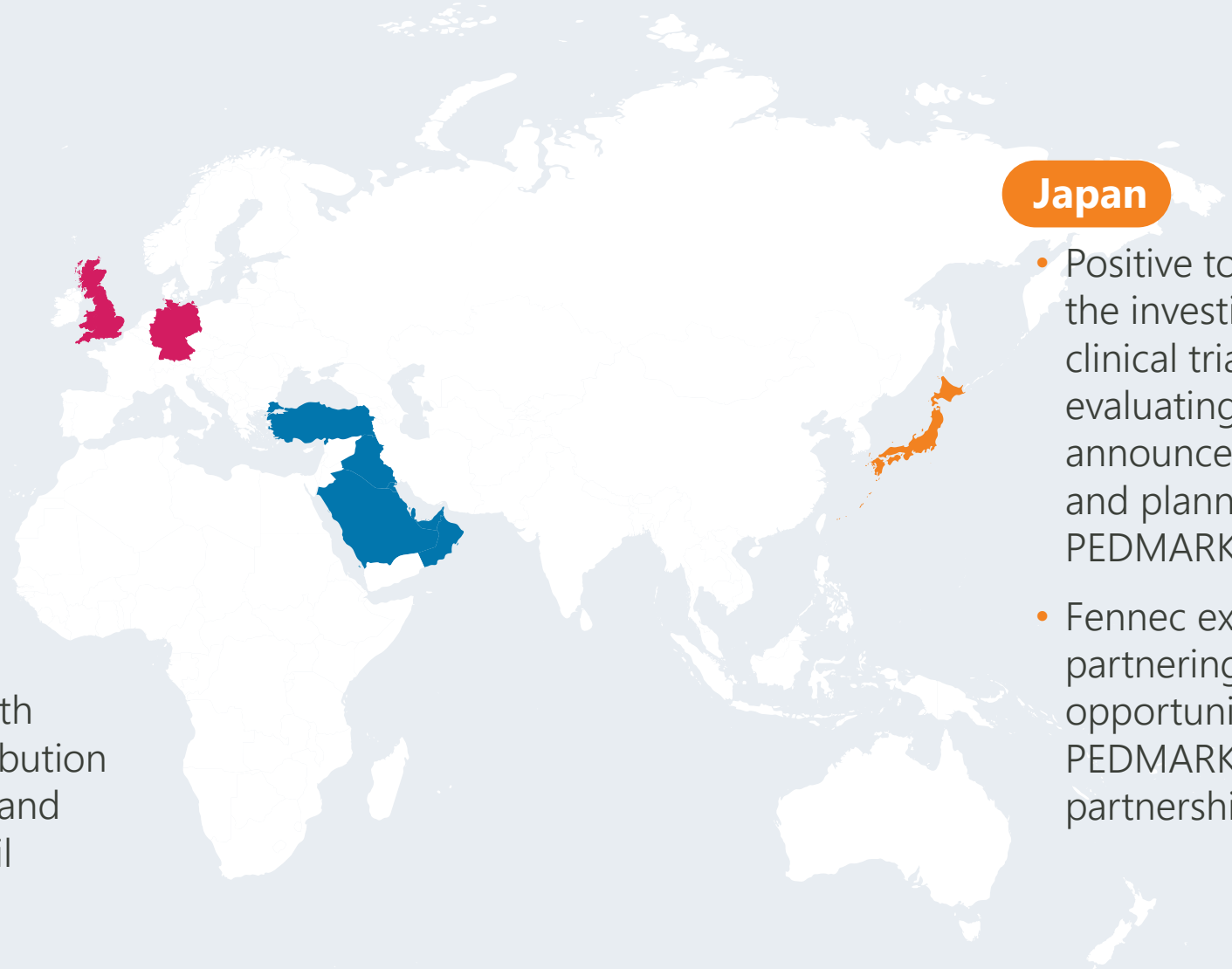
Expanding global footprint to ensure greater access to PEDMARK®

Europe

- Norgine has successfully launched PEDMARQSI® in Germany, England and Wales in 2025
- Norgine launching multiple markets in Europe in 2026

Turkey & GCC

- Fennec has partnered with InPharmus* for the distribution of PEDMARK® in Turkey and Gulf Cooperation Council Countries (GCC)



Japan

- Positive topline results from the investigator-initiated clinical trial (STS-J01) in Japan evaluating PEDMARK® were announced in December 2025 and planning registration of PEDMARK® in Japan
- Fennec exploring potential partnering or licensing opportunities for PEDMARK® similar to the partnership with Norgine

*Formerly named TRPharm İlaç Sanayi Ticaret A.Ş. and TRPharm FZ-LLC

Generating clinical evidence to support wider use of PEDMARK®

Focused medical affairs efforts are **advancing new data** to support use of PEDMARK® in additional tumor types (e.g., metastatic) and patient populations (e.g., AYA, adult)



Positive Topline Results From Investigator-Initiated Clinical Study of PEDMARK® in Japan to Reduce CIO

- Study met primary endpoint with a significant reduction in hearing loss with PEDMARK® use compared to historically reported rates of hearing loss in patients receiving cisplatin alone
- No interference with cisplatin antitumor activity as evidenced by ~95% clinical response rate
- Pursuing registration in Japan and exploring partnering or licensing opportunities for PEDMARK®

New Real-World Data Supporting Potential use of PEDMARK® in Adults with Head and Neck Cancers

- Administration of PEDMARK® approximately six hours after cisplatin was shown to be safe & easily integrated into care for adults with head & neck cancers
- Early signals of hearing preservation highlight the potential of PEDMARK® to address cisplatin-induced hearing loss without compromising cisplatin's established antitumor activity
- Majority of high-risk patients receiving PEDMARK® demonstrated no measurable hearing loss during or after treatment

Independent investigators driving clinical research with PEDMARK®

- **City of Hope,** a U.S. cancer research and treatment organization, is evaluating use of PEDMARK® in adult men with stage II-III metastatic testicular germ cell tumors
- **Tampa General Hospital Cancer Institute** is evaluating the real-world clinical utility of PEDMARK® in reducing the risk of ototoxicity in Adolescent and Young Adult (AYA) and adult cancer patients receiving cisplatin-based treatment
- **University of Arizona Cancer Center** is evaluating the use of PEDMARK® in AYA and adult patients with head and neck and testicular cancers receiving cisplatin

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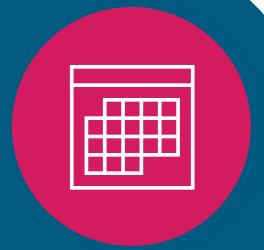
FENNEC HEARS®
Hearing Education, Access & Reimbursement Support

Providing patients with a positive and seamless home infusion experience

A dedicated case manager coordinates scheduling and shipments to help ensure a seamless home infusion experience for both clinicians and patients



Our specialty pharmacy and nursing network support home infusion services nationwide.

50	Licensed in all 50 States
96%	Insured Lives in the Network
>5000	Infusion Specialists
>125	Infusion Nurses on Staff Trained on PEDMARK Administration

FENNEC | Capital structure and financial information



Fennec rings the closing NASDAQ Bell in September 2025 surrounded by patients and their families

Stock Listings Current
FENC – Nasdaq
FRX – TSX, Canada

35.2M
Shares Outstanding[1]

$19.4M
2026 Q3 Net Product Sales[2]

$48.7M
Cash and Cash Equivalents[1]

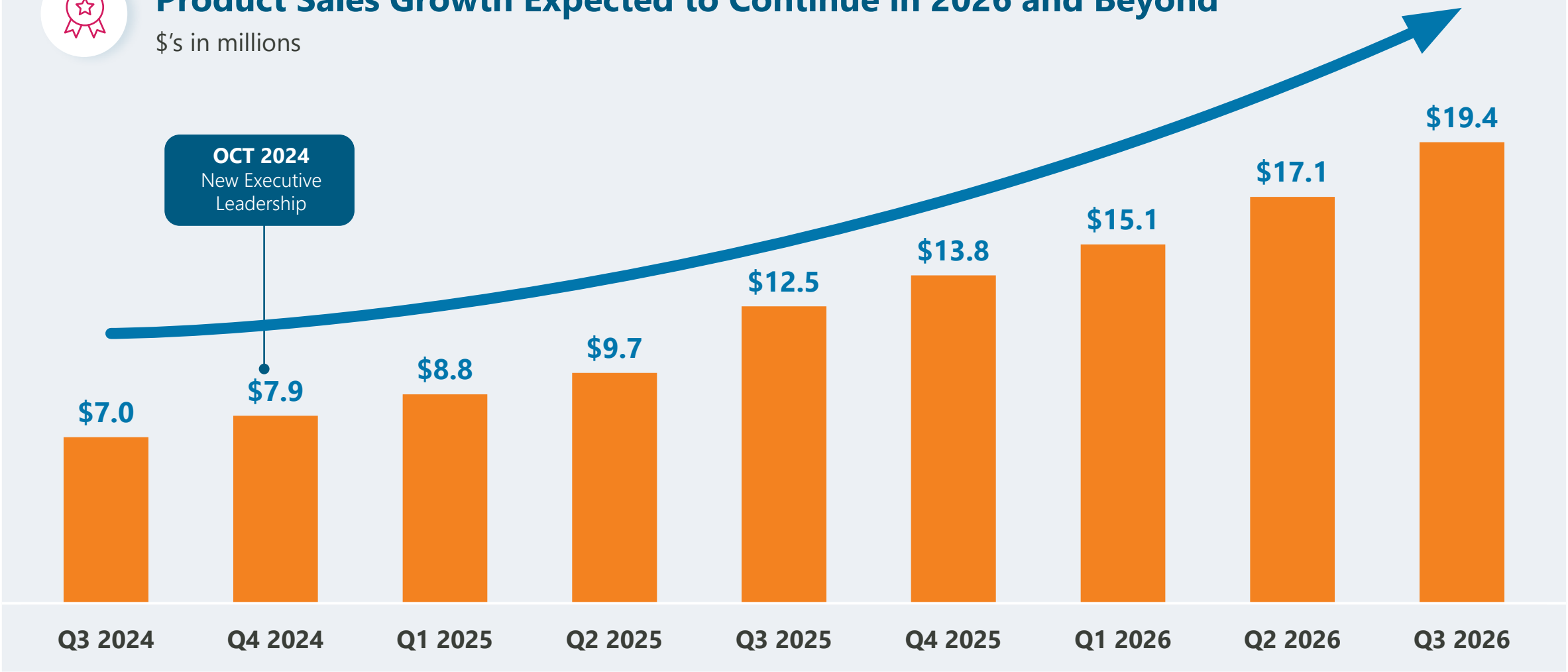
$5.8M
2026 Q3 Non-GAAP Adjusted EBITDA[2,3]

1. As of September 30, 2026. 2. For the 3-month period ending September 30, 2026. 3. Excludes share-based compensation expense and licensing revenue.

Track Record of Commercial Excellence – 8 Quarters of Growth

Product Sales Growth Expected to Continue in 2026 and Beyond

$'s in millions



Indications and important safety information

INDICATION & USAGE

PEDMARK (sodium thiosulfate injection) is indicated to reduce the risk of ototoxicity associated with cisplatin in pediatric patients 1 month of age and older with localized, non-metastatic solid tumors.

Limitations of Use

The safety and efficacy of PEDMARK have not been established when administered following cisplatin infusions longer than 6 hours. PEDMARK may not reduce the risk of ototoxicity when administered following longer cisplatin infusions, because irreversible ototoxicity may have already occurred.

IMPORTANT SAFETY INFORMATION

PEDMARK is contraindicated in patients with history of a severe hypersensitivity to sodium thiosulfate or any of its components.

Hypersensitivity reactions occurred in 8% to 13% of patients in clinical trials. Monitor patients for hypersensitivity reactions. Immediately discontinue PEDMARK and institute appropriate care if a hypersensitivity reaction occurs. Administer antihistamines or glucocorticoids (if appropriate) before each subsequent administration of PEDMARK. PEDMARK may contain sodium sulfite; patients with sulfite sensitivity may have hypersensitivity reactions, including anaphylactic symptoms and life-threatening or severe asthma episodes. Sulfite sensitivity is seen more frequently in people with asthma.

PEDMARK is not indicated for use in pediatric patients less than 1 month of age due to the increased risk of hypernatremia or in pediatric patients with metastatic cancers.

Hypernatremia occurred in 12% to 26% of patients in clinical trials, including a single Grade 3 case. Hypokalemia occurred in 15% to 27% of patients in clinical trials, with Grade 3 or 4 occurring in 9% to 27% of patients. Monitor serum sodium and potassium at baseline and as clinically indicated. Withhold PEDMARK in patients with baseline serum sodium greater than 145 mmol/L.

Monitor for signs and symptoms of hypernatremia and hypokalemia more closely if the glomerular filtration rate (GFR) falls below 60 mL/min/1.73m2.

Administer antiemetics prior to each PEDMARK administration. Provide additional antiemetics and supportive care as appropriate.

The most common adverse reactions (≥25% with difference between arms of >5% compared to cisplatin alone) in SIOPEL6 were vomiting, nausea, decreased hemoglobin, and hypernatremia. The most common adverse reaction (≥25% with difference between arms of >5% compared to cisplatin alone) in COG ACCL0431 was hypokalemia.

Please see full Prescribing Information for PEDMARK at www.PEDMARK.com.

Thank you

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