



# AdAlta

next generation protein therapeutics

## CORPORATE FACT SHEET

October 2017

**AdAlta Limited**

ASX: 1AD

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## Investor Highlights

- 1** Drug discovery and development company
- 2** Targeting untreated diseases, lead program for Idiopathic Pulmonary Fibrosis (IPF), obtained FDA Orphan Designation
- 3** Early transaction potential
- 4** Experienced Board and management team with world-class Scientific Advisory Board
- 5** Platform technology generating a new class of protein therapeutics called i-bodies

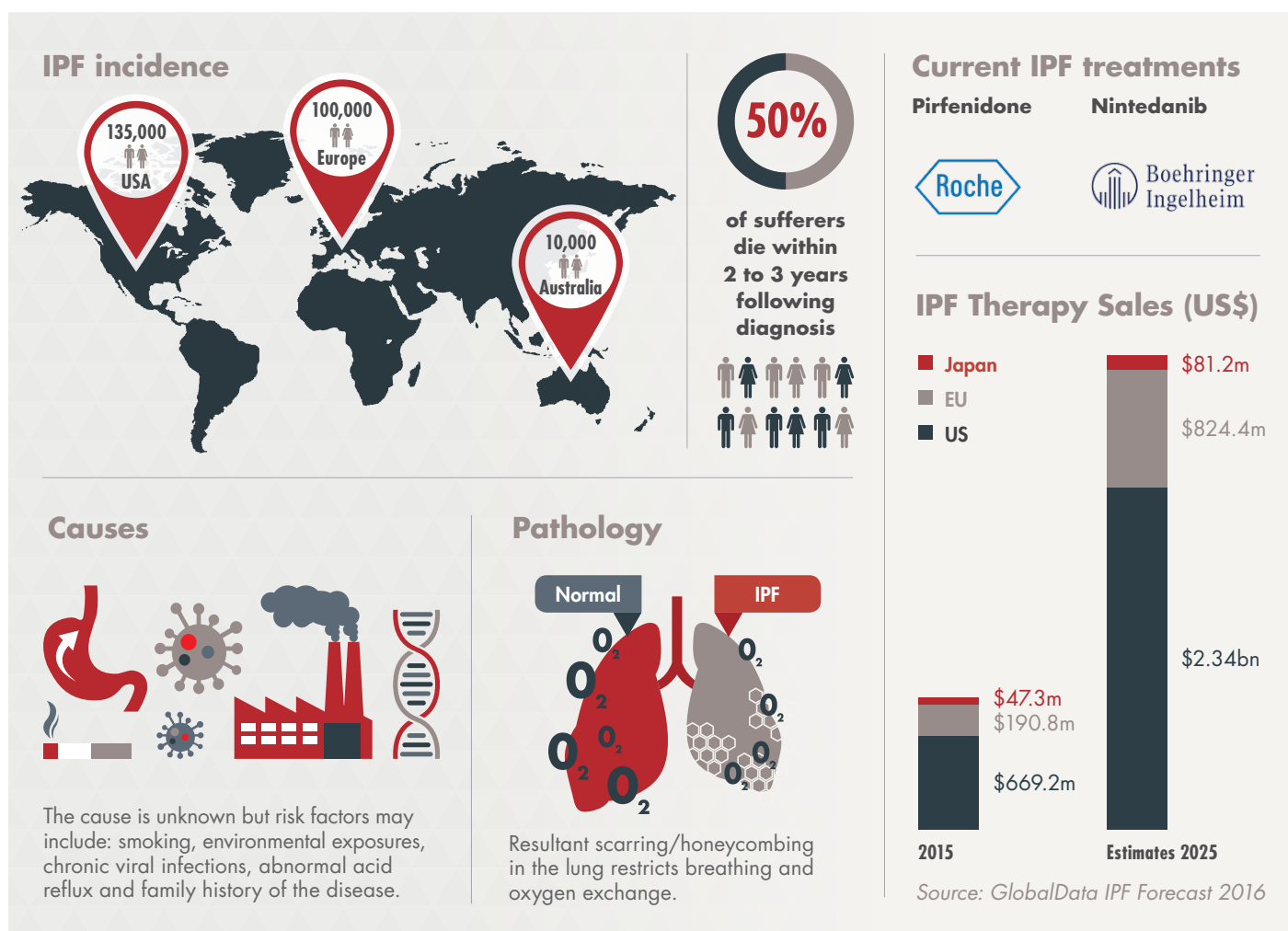
### Capital structure

ASX code	IAD
Shares on issue* *24.1m shares escrowed until August 2018	101,257,434
Share price (16 October 17)	AU\$0.24
Market Capitalisation	AU\$24.3m
Current cash (30 September 17)	AU\$6.87m
December Quarter Burn Rate	AU\$1.8m
Trading Range	AU\$0.325 to \$0.165
Average Daily Trade Volume	32,201

### Major Shareholders

	%
Yuwa Capital LP	53.39
Platinum Asset Management	8.05
Citycastle Pty Ltd	5.25
La Trobe University	3.00
National Nominees Ltd	2.14
Other shareholders	28.17
<b>Total</b>	<b>100%</b>

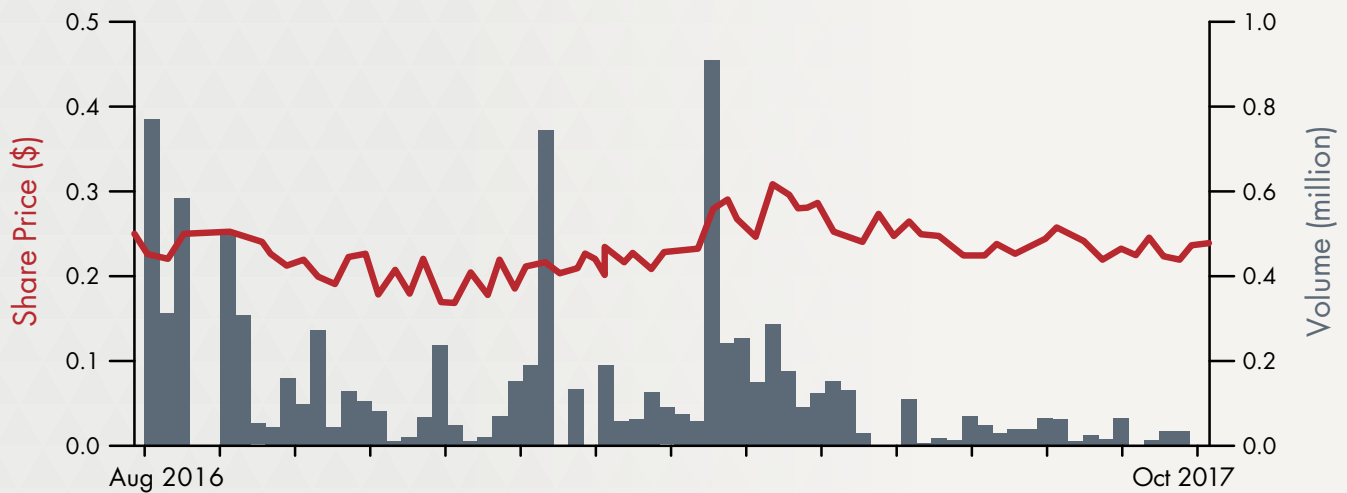
## AD-114: lead program in Idiopathic Pulmonary Fibrosis (IPF)



## Commercialisation and Long-term Growth Strategy

- ▶ Complete the first clinical trial with lead i-body candidate, AD-114, including the required manufacturing
- ▶ Partner and license the lead fibrosis candidate and i-body platform through business development activities
- ▶ Progress research and development activities in other therapeutics areas with the i-body platform

### Share Price Performance since IPO



## Therapeutic Focus: Fibrosis

- ▶ Fibrosis is the stiffening and scarring of tissue caused by inflammation and collagen deposition
- ▶ AdAlta is developing i-body AD-114 as an improved therapy for the treatment of fibrosis
- ▶ Fibrosis is prevalent in 45-50% of all diseases
- ▶ Initial focus is on lung fibrosis, with AD-114 granted FDA Orphan Drug Designation in January 2017

**Big Pharma are actively acquiring fibrosis assets at an early stage**

**Fibrosis represents a large, unmet clinical need**

## Global market interest in fibrosis treatments

Date	Company	Target	Acquired by	Deal value (US\$)	Deal commentary
SEP - 15	Adheron Therapeutics	SDP051	Roche	\$105M upfront, plus \$475M in milestones	SDP-51 at end of Phase I for IPF
AUG - 15	Promedior	PRM-151	BMS	\$150m upfront + \$1.25B	Phase II IPF and myelofibrosis
NOV - 14	Galecto Biotech AB	TD139	BMS	\$444M	Option to acquire at end of clinical POC (no later than 60 days following Ph 1b for IPF completion)
AUG - 14	Intermune	Esbriet / Pirfenidone	Roche	\$8.3B	Approval in Europe / Japan, phase III in the US
JUN - 13	MicroDose Therapeutx	MMI0100	Teva Pharmaceuticals	\$40M upfront \$125M milestones	MMI0100 was in pre-clinical development
MAR - 12	Stromedix	STX100	Biogen Idec	\$75M upfront \$487.5M milestones	End of phase I for IPF
JUL - 11	Amira / BMS	BMS-986020	BMS	\$325M upfront \$150M milestones	End of phase I for IPF

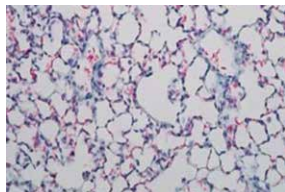
## AD-114 makes encouraging progress towards the clinic

- ▶ Lead i-body candidate has broad anti-fibrotic preclinical package demonstrated in various *in vitro* and *in vivo* models of the lung, eye, liver and skin fibrosis
- ▶ FDA orphan drug designation obtained for Idiopathic Pulmonary Fibrosis in January 2017, allows for R&D tax credits, new drug application fee waivers, fast track to market and seven year period of exclusivity
- ▶ AD-114 is safe and well-tolerated in pre-clinical toxicology studies
- ▶ Fully-funded for Phase I development of AD-114

## AD-114 is a first in class treatment for lung fibrosis

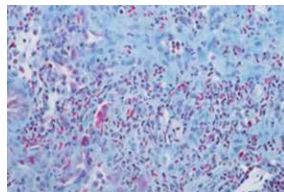
- ▶ AD-114 has demonstrated anti-fibrotic and anti-inflammatory activity
- ▶ AD-114 has greater *in vitro* efficacy compared to approved IPF therapies, Nintedanib and Pirfenidone and has novel mechanism of action

### A. Normal lung tissue



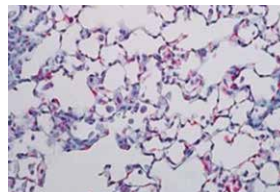
This picture of a normal healthy lung has been stained to show collagen which appears in blue. Compared to Figure B there is little blue staining.

### B. IPF diseased lung tissue



This picture shows the mouse lung after treatment with Bleomycin, a toxin that is used to simulate the effects of IPF in this model. The Bleomycin is administered at day 0 and at 21 days post administration the lung tissue collagen content is analysed. The Bleomycin treated mouse lung shows extensive collagen deposition (blue staining) typical of fibrosis.

### C. IPF disease lung tissue treated with AD-114



This picture shows the lungs of a mouse given Bleomycin and then treated with AD-114 daily for 21 days. **The lungs are now observed to have a similar architecture to that of the normal lung.** AD-114 decreased the total collagen content in the lungs demonstrating the anti-fibrotic effect of the i-body *in vivo*. It shows very little collagen staining similar to the normal lung tissue as in Figure A.

## Key Milestones

2017		2018				2019	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Manufacturing		Toxicology studies		Partnering of lead candidate based on other benchmark deals			
				Phase I			
Publication of data							
BD and partnerships							

## Novel i-body platform allows AdAlta to generate a pipeline of compounds against challenging drug targets

- ▶ AdAlta's i-body technology platform (proprietary libraries containing over 20 billion i-body protein compounds) can be used for the identification of novel therapeutics to other disease targets
- ▶ AdAlta will use its proprietary i-body technology platform to further generate and develop its own internal pipeline of novel i-body drug candidates, presenting additional future licensing opportunities

## Board and Management

AdAlta is led by an experienced Board and management team and supported by a world class scientific advisory board. The AdAlta team has been responsible for the development of the i-body platform, the identification and pre-clinical development of the lead i-body candidate and has a successful track record of developing and commercialising drugs in multiple therapeutic areas.

## Board of Directors

**Paul MacLeman**  
Chairman  
**Sam Cobb**  
Managing Director  
**John Chiplin**  
Director  
**James Williams**  
Director  
**Liddy McCall**  
Director  
**Robert Peach**  
Director

## Scientific Advisory Board

**Mick Foley**  
Chief Scientific Officer  
**David McGibney**  
Clinical  
**Brian Richardson**  
Drug discovery  
**John Westwick**  
Respiratory drug development  
**Steve Felstead**  
Drug Discovery

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