

# CORPORATE FACT SHEET

AdAlta Limited (ASX: 1AD) June 2018



## Investor Highlights

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

## Key financial details

ASX code	1AD
Share price (31st May 2018)	AU\$0.35
Market capitalisation	AU\$35.65m
Shares on issue*	101,845,845
Escrowed shares (August 2018)	24,000,000
Options on issue	4,090,866
Current cash (31 March 2018)	AU\$3.63m
Trading range (last 12 months)	AU\$0.20 to \$0.40
Average daily volume	24,328

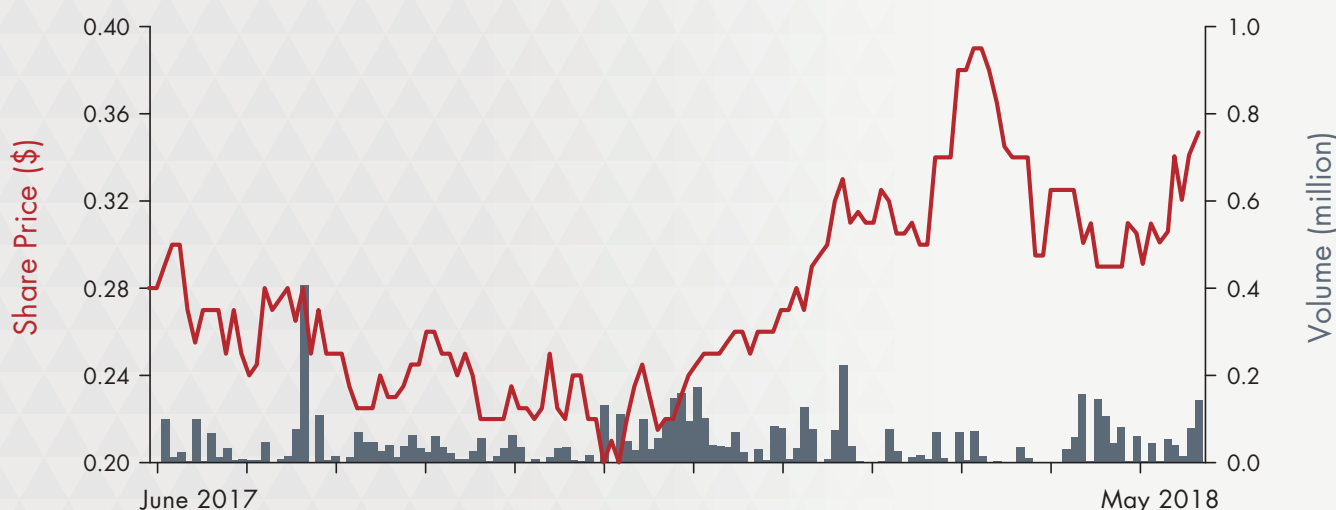
## Major Shareholders

	%
Yuuwa Capital LP	53.08
Platinum Asset Management	8.00
Citycastle Pty Ltd	5.22
La Trobe University	2.99
National Nominees Limited	2.49
Other shareholders	28.22
<b>Total</b>	<b>100%</b>

## Commercialisation and long-term growth strategy

- ▶ Complete the first clinical trial with lead i-body candidate, AD-214, 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 therapeutic areas with the i-body platform building a pipeline of novel i-bodies

## Share Price Performance (last 12 months)



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## Therapeutic Focus: Fibrosis

### Fibrosis represents a large, unmet clinical need

- ▶ Fibrosis is the stiffening and scarring of tissue caused by inflammation and collagen deposition
- ▶ Fibrotic diseases account for up to 45% of deaths in the developed world
- ▶ AdAlta is developing lead candidate, AD-214 for the treatment of fibrosis
- ▶ Initial focus is on lung fibrosis condition IPF, with AD-214 granted FDA Orphan Drug Designation for treatment of IPF

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

## Market opportunity for IPF

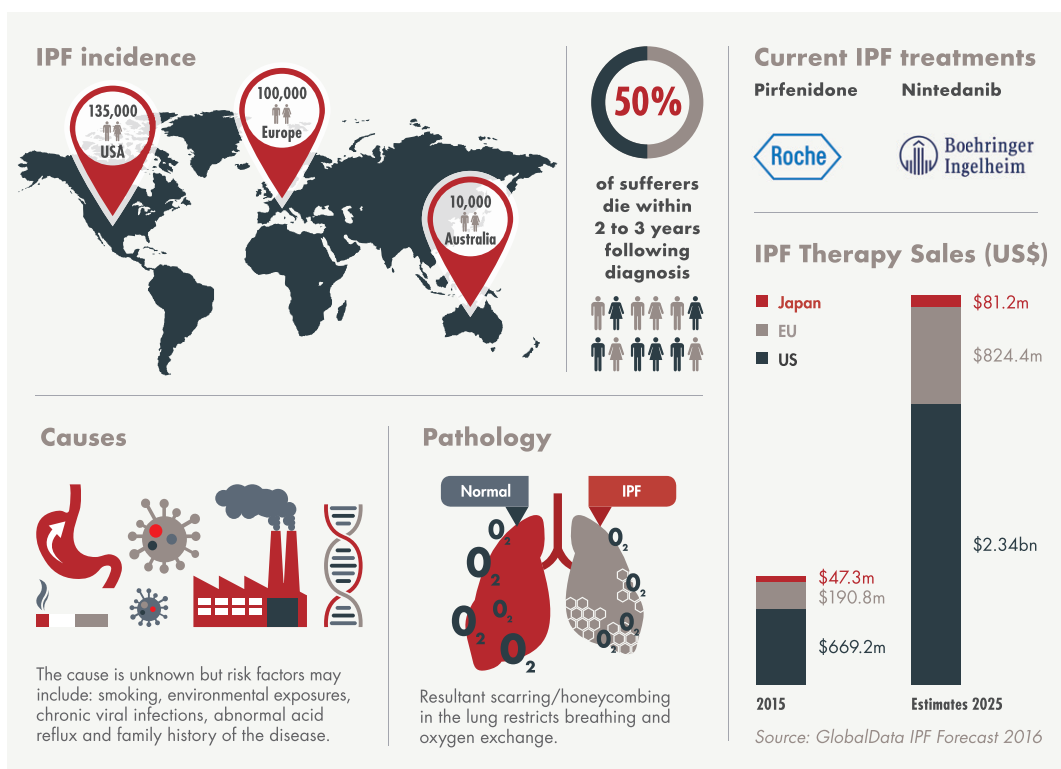
**Idiopathic Pulmonary Fibrosis (IPF) is an irreversible, unpredictable and incurable disease**

### THE STATISTICS

People living with IPF  
**300,000**

People die from IPF every year  
**40,000**

Median length of survival after IPF diagnosis  
**3.8 years**



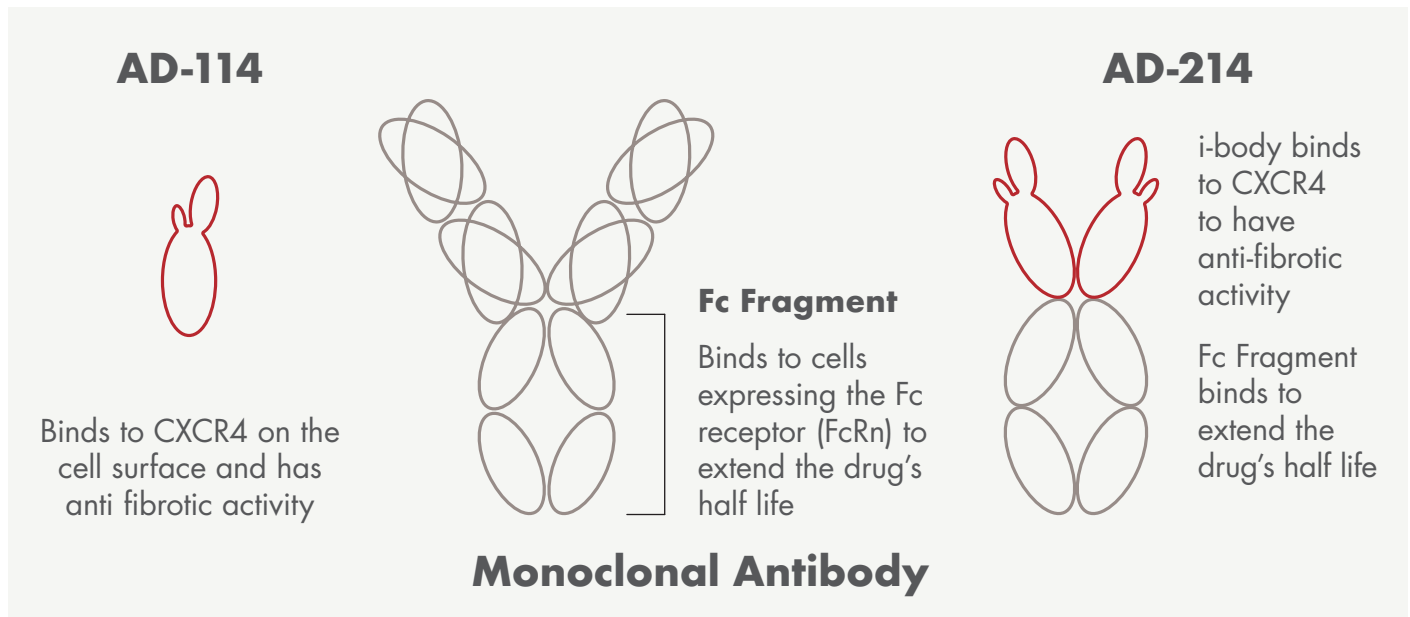
## Global market interest in fibrosis treatments

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

Source: Medtrack Pharma Intelligence, Informa (all IPF deals since 2011)

## From single-domain to AD-214: improved therapeutic and commercial potential

- ▶ AdAlta's lead drug for treatment of Idiopathic Pulmonary Fibrosis, AD-114 has been redesigned as new Fc-fusion molecule, called AD-214 – suitable for a wider range of fibrotic diseases
- ▶ New molecule AD-214 retains unique therapeutic benefits of AD-114, but delivers enhanced activity and significantly improved half-life
- ▶ AD-214 is expected to be more attractive to patients and potential pharma partners



### Enhanced binding

- ▶ Due to dual binding of two i-body molecules, there is enhanced binding to drug target CXCR4
- ▶ No change to mechanism of action; i-body binds to CXCR4 with unique activity compared to other CXCR4 antagonists

### Improved half-life

- ▶ Half-life duration or the time in which a drug stays in the body significantly improved (approved Fc-fusion half life in humans range from 4-25 days)
- ▶ Less frequent dosing required and suitable for a wider range of fibrotic conditions

**When combined, the i-body and Fc Fragment create a superior drug, with improved therapeutic benefit for patients and for potential commercial partners**

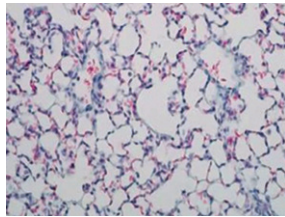
## AD-214: a superior i-body moving towards the clinic

- ▶ Fc-fusion proteins, such as AD-214, are well established with eleven Fc-fusion based products approved by the USA FDA
- ▶ The manufacturing process of Fc-fusion proteins is well understood, potential for lower cost of goods
- ▶ The i-body has a broad anti-fibrotic and anti-inflammatory preclinical package demonstrated in various *in vitro* and *in vivo* models of the lung, eye, liver, kidney and skin fibrosis
- ▶ FDA orphan drug designation obtained for Idiopathic Pulmonary Fibrosis is applicable to AD-214 and allows for potential R&D tax credits, new drug application fee waivers, fast track to market and seven year period of exclusivity
- ▶ AD-114 and AD-214 are safe and well-tolerated in pre-clinical studies

## AD-214 is a first in class treatment for lung fibrosis

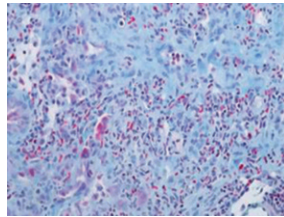
- ▶ AdAlta's lead i-body has demonstrated broad anti-fibrotic activity in several animal models of fibrosis
- ▶ AdAlta's lead i-body has greater *in vitro* efficacy compared to approved IPF therapy, Nintedanib and Pirfenidone and has novel mechanism of action

### 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

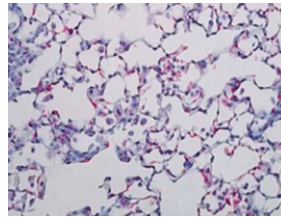


This picture shows the mouse lung after treatment with Bleomycin, a toxin that is used to simulate the effects of IPF in this model.

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 i-body



This picture shows the lungs of a mouse given Bleomycin and then treated with anti-CXCR4 i-body daily for 21 days. The lungs are now observed to have a similar architecture to that of the normal lung. i-body treatment 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

2018		2019				2020	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Manufacturing							
				Toxicology studies			
Publication of data						Phase I	
Development of i-body pipeline							
BD and partnerships							
						Partnering of lead candidate based on other benchmark deals	

## 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

#### Hausi Kocher

Manufacturing

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