Developing Xanamem[™] for Alzheimer's Dementia

Dr. Bill Ketelbey
CEO and Managing Director, Actinogen Medical

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Alzheimer's - a significant unmet need



Alzheimer's disease is emerging as one of the most significant health challenges of our time

- A person develops AD almost every minute in the US1
- AD is the second leading cause of death in Australia behind ischaemic heart disease
- Estimated to increase to **US\$1 trillion** by 2050, outstripping the cost of treating all other diseases
- Current treatments provide limited benefit. New and alternative treatments are desperately needed

¹Alzheimer's Association- Facts and Figures 2014) http://www.alz.org/downloads/Facts Figures 2014.pdf?utm content=bufferb49b5&utm m edium=social&utm source=twitter.com&utm campaign=buffer







Alzheimer's is the only cause of death among the top 10 in America that

CANNOT BE PREVENTED. CURED OR EVEN SLOWED.



1 in 3 Seniors DIES WITH ALZHEIMER'S or another dementia.



Xanamem™



In development as a treatment for Alzheimer's disease and prodromal Alzheimer's/mild cognitive impairment





recently named Xanamem[™] as one of the top five drugs in Phase 1 development in the global pharmaceutical or biotech industries

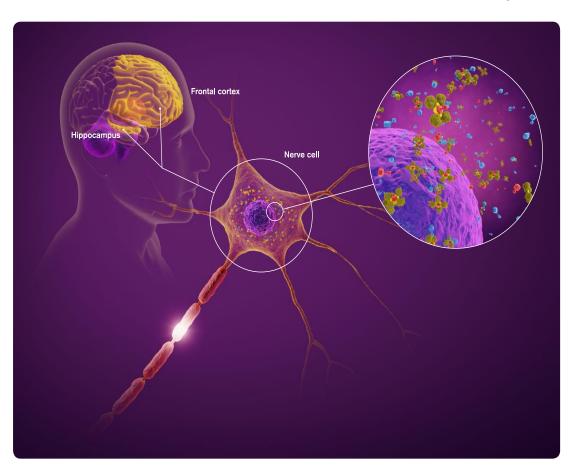
- A novel mechanism of action blocking the production of cortisol (the stress hormone) in the brain
- Excess cortisol associated with reversible memory loss, amyloid plaques and neural death – hallmarks of AD
- Link between excess cortisol and cognitive decline identified in patients with Cushing's disease,
 Alzheimer's, depression, and in normal aging
- Early development of Xanamem[™] funded by the Wellcome Trust - \$25m over seven years
- Second Phase I study complete data expected mid-2015
- Phase II trial in patients with early and prodromal AD/MCI expected to start in 2016 – study fully funded.
- Xanamem[™] is expected to be used in combination with other AD therapies – marketed and in research
- Patent protected to 2031

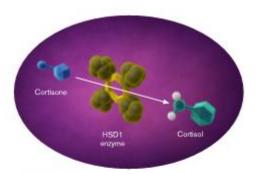


Mechanism of action - a key differentiator

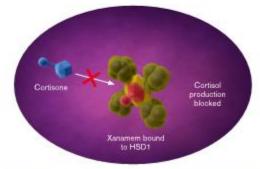


Xanamem™'s novel mechanism of action sets it apart from other AD treatments





HSD1 enzyme actives cortisone producing cortisol



Xanamem[™] binds to HSD1, blocking cortisol



Pre-clinical data

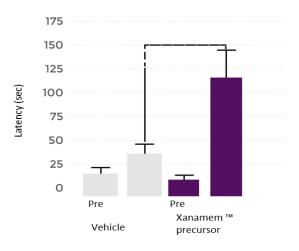


Xanamem[™]- a highly selective HSD1 inhibitor in pre-clinical animal models.

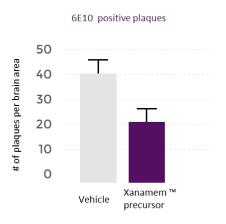
- Inhibition of HSD1 improves cognition in ageing and AD models
- Inhibition of HSD1 reduces Aβ plaque burden and plasma Aβ in AD models

Cognitive Enhancement with Xanamem™ in AD (Performance in Passive Avoidance Test, treatment for 28 days)

Xanamem[™] reduces number of Aβ plaques in AD brain (28 day treatment)



AD - progressive cognitive decline



AD - associated with amyloid plagues in the brain



Xanamem[™] development milestones



Second Phase I trial

√ completed

Results for Phase I trial and final preclinical study

pending

Phase II efficacy study in patients with AD and Mild Cognitive Impairment

EARLY-2015

MID-2015

2016

Final pre-clinical study for IND

✓ underway

Establishment of Xanamem™ Clinical Advisory Board

√ completed

Phase II study and protocol design

underway



Xanamem[™] Clinical Advisory Board



Powerhouse Advisory Board to drive Xanamem™'s clinical development. World experts to help design the optimum Phase II efficacy trial for Xanamem™ in early and prodromal Alzheimer's patients



Prof. Craig Ritchie

- Professor of Psychiatry of Aging, University of Edinburgh, UK
- Senior Investigator in over 30 Alzheimer's clinical trials
- Published extensively on dementia



Prof. Colin Masters

- Professor, University of Melbourne, Australia
- Executive Director of Mental Health Research Institute
- Senior Deputy Director of the Florey Institute of Neuroscience and Mental Health



Prof. Jeffrey Cummings

- Professor of Medicine (Neurology), Cleveland Clinic, Ohio and Nevada, USA
- Chair of the Neurological Institute of Cleveland Clinic
- edited 39 books and published over 650 papers



Xanamem[™] Ph II clinical development Edinburgh June 2015



Left-right: Prof Craig Ritchie, Prof Brain Walker, Prof Colin Masters, Martin Rogers, Dr Bill Ketelbey (and mascot), Vincent Ruffles, Dr Scott Webster, Prof Jonathan Seckl. Absent: Prof Jeff Cummings.

The Alzheimer's Phase II trial design meeting – including the Xanamem Clinical Advisory Board, the Xanamem discovery team (Profs. Brain Walker and Jonathan Seckl and Dr Scott Webster) and Actinogen senior management.



Xanamem™ pipeline



Xanamem™'s novel mechanism of action – blocking excess cortisol production – offers many additional possible applications relevant to diseases of the central nervous and endocrine/metabolic systems

- Potential development opportunities:
 - PTSD (post traumatic stress disorder)
 - Cardiovascular disease post myocardial infarction
 - Diabetes cognitive dysfunction
 - Diabetes diabetic foot ulceration
 - Cognitive dysfunction in Parkinson's disease
 - Cognitive dysfunction in schizophrenia, depression

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Investment highlights

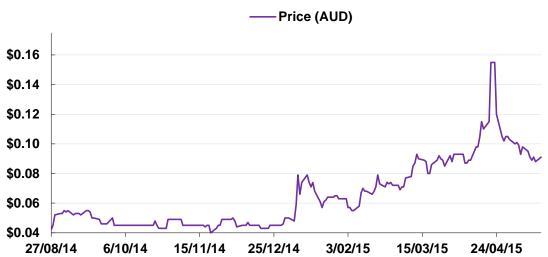
- Xanamem[™] a potential treatment for early and prodromal AD/mild cognitive impairment
- Significant unmet need in a huge and growing global market
- Novel mechanism of action, targeting the stress hormone cortisol – a key differentiator
- Hypothesis backed by good pre-clinical and clinical evidence. Early development funded by Wellcome Trust
- Final Phase I results due mid-2015.
- IND filing with Phase II study in Alzheimer's patients planned for 2016; funded through to the completion of this study
- Expect to be able to use Xanamem[™] in combination with other AD therapies – marketed and in research
- Patent protected to 2031
- A number of very significant additional indications being evaluated for development in parallel





Financial profile





Top Ten Shareholders	Percentage
Edinburgh Technology Fund Limited	7.94%
Tisia Nominees Pty Ltd	5.55%
JK Nominees Pty Ltd	5.44%
Mr Martin Rogers	4.12%
Warmbi SARL	3.61%
Webinvest Pty Ltd	3.54%
Denlin Nominees Pty Ltd	3.15%
Mr Jason Peterson & Mrs Lisa Peterson	3.05%
Oaktone Nominees Pty Ltd	2.43%
Dr John William Ketelbey	2.04%

Key Corporate Data:	
Market Cap.*	~\$46m
Share Price*	\$0.076
Cash**	\$10.4m
Shares on issue [^]	606.16m

^{*}market cap and share price data as of July 3, 2015



^{**}includes the proceeds from the Placement and SPP. Doesn't include R&D tax rebates ^post Placement and SPP

Board and Management



A highly experienced Board and Management team with a wealth of drug development, commercialisation and clinical research expertise



Martin Rogers Chairman

- Biotechnology entrepreneur and executive
- Non-Executive Director of OncoSil (ASX:OSL), Chair of Rhinomed (ASX:RNO)



Bill Ketelbey CEO

- MD with 30 years' experience in pharmaceuticals
- Senior roles at Pfizer, including development of Aricept[™], the current leading AD treatment



Vince Ruffles VP Clinical Research

- Extensive drug development experience over 20 years
- Responsible clinical development and regulatory strategy



Jason Loveridge Non-Executive Director

 Former head of Nomura Life Sciences Fund in the UK with 28 out of 34 investment wins in investing in Biotech



Anton Uvarov Non-Executive Director

- Healthcare and biotech equities analyst, formerly Citibank NY
- Executive Director of Sun Biomedical

Contact details



Head Office Level 9, Suite 1

68 Pitt Street

Sydney NSW 2000

Telephone: +61 (02) 8964 7401 **Facsimile**: +61 (02) 8964 7588

Email: bill.ketelbey@actinogen.com.au

Twitter: @billketelbey







Thank you and questions





Appendix

A boom in brain medicine



- People are living longer and healthier lives due to innovations in preventing and treating cardiovascular disease, cancer and infectious disease. Now the focus is on the brain and brain medicines.
- Last year investors poured US\$3.3 billion into firms developing drugs for brain-destroying or psychiatric illnesses, more than in any of the last ten years.
- 50 million people around the world who have these diseases, costing **US\$650 billion** a year. Most families will be affected.

Alzheimer's dementia is at the forefront – it's a core part of investment thesis behind the boom in brain medicine



Alzheimer's at the forefront of the boom



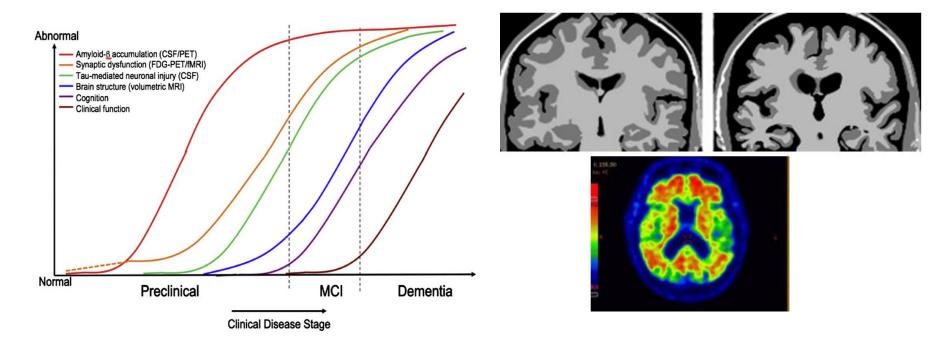
- Alzheimer's represents the biggest market potential by 2050 Alzheimer's will cost \$1tn annually in the US alone.
- The pharmaceutical industry bet big on injectable medicines to prevent or reverse Alzheimer's by attacking the build-up of amyloid plaques in the brain – and failed.
- Long term: Drug companies won't give up on the plaque approach. Biogen presented positive data for its phase I plaque-buster in March 2015; Eli Lilly is releasing results of a big retrial of a failed drug next year; Roche is testing a plaque-buster in patients with a gene that causes Alzheimer's before age 40. Merck, J&J and others are testing plaque-clearing pills.
- Xanamem[™] is not competitive to other Alzheimer's treatments. It's unique mechanism of action around cortisol inhibition means it could likely be used in combination with other Alzheimer's drugs.



Major advances in understanding and diagnosing Alzheimer's



- Understanding the life course of the disease
- Understanding of the pathology of the disease and how best to impact it
- Brain imaging technology

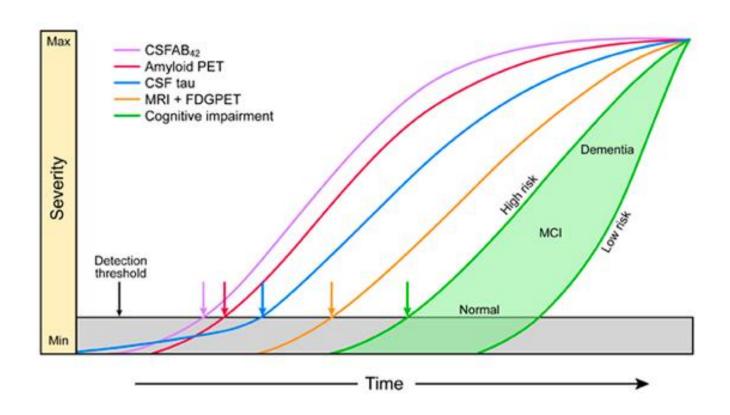




Major advances in understanding and diagnosing Alzheimer's



Our ability to detect, diagnose and treat the condition much earlier





Significant Market interest in Alzheimer's peer companies



- Avanir Pharmaceuticals (NASDAQ:AVNR)
 - Jan 2015: US\$3.5bn buy-out by Otsuka Pharma following positive Phase II data on AVP-923 for symptomatic treatment of behavioural symptoms in Alzheimer's patients. Avanir stock trades in a 52-week range of \$2.62 to \$15.34.
- Biogen (NASDAQ:BIIB)
 - March 2015: Aducanumab Phase I results show reductions in amyloid plaques in the brain and a significant slowing of cognitive decline in Alzheimer's patients.
 Results generate a US\$40bn growth in market cap over 3 months.
- Axovant Sciences (NYSE:AXON)
 - June 2015: US\$1.5bn IPO following the acquisition of RVT-101 (for Alzheimer's disease) from GSK(purchased \$5m) and a capital raising of US\$315m. Largest ever IPO for a pre-revenue biotech start-up. IPO priced doubled on listing to US\$3bn
- Prana (ASX:PBT)
 - April 2014: Market cap growth from A\$80m to A\$650m over 2 years in anticipation of their Phase II results on PBT2 in Alzheimer's disease

