



CEO Presentation to AGM

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<http://www.lctglobal.com>

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One patient's experience of the impact of treatment with NTCELL



A patient in the Phase I/IIa clinical study describes her experience of Parkinson's disease and treatment with NTCELL

<https://www.dropbox.com/s/n2te7xhg72w9ggd/Living%20Cell%20Technologies%20Nov%202015%201080P.mp4?dl=0>

2015 milestones

- Continued development of NTCELL® for Parkinson's disease
- Completed Phase I/IIa clinical trial of NTCELL
- Presented trial result at International Congress of Parkinson's Disease and Movement Disorders, San Diego
- Announced 42 week post NTCELL treatment efficacy
- Met with Scientific Advisors to design next clinical study
- Obtained NZ regulatory input to Phase IIb clinical study to qualify for provisional (fast track) consent to market
- Secured supply of NTCELL, manufacturing GMP licences
- Filed new patent in USA
- Applied for non dilutive financing
 - Awarded Callaghan Innovation grant
- Presented LCT progress to brokers in Australia and New Zealand

Developing NTCELL for Parkinson's

NTCELL development target
First-in-class disease modifying treatment



Incidence

- 7–10 million people living with Parkinson's worldwide
- 8,000 people living with Parkinson's in New Zealand
- 800 new Parkinson's patients diagnosed each year in New Zealand

Treatment

- No disease modifying treatment or cure
- Symptomatic treatments available but limited duration of efficacy
- Levodopa (standard symptomatic treatment) now 50 years old

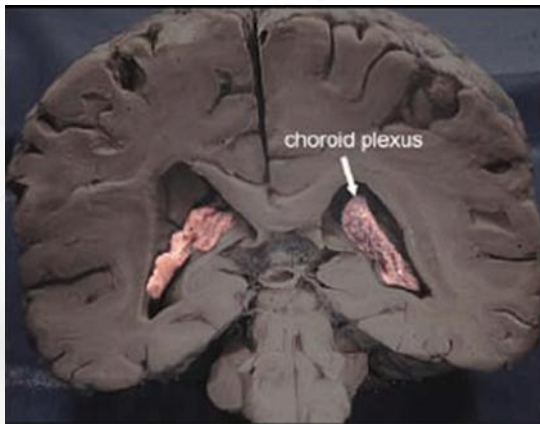
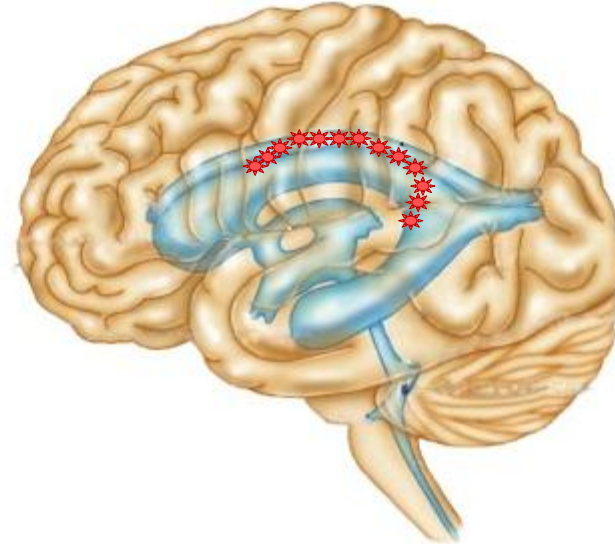
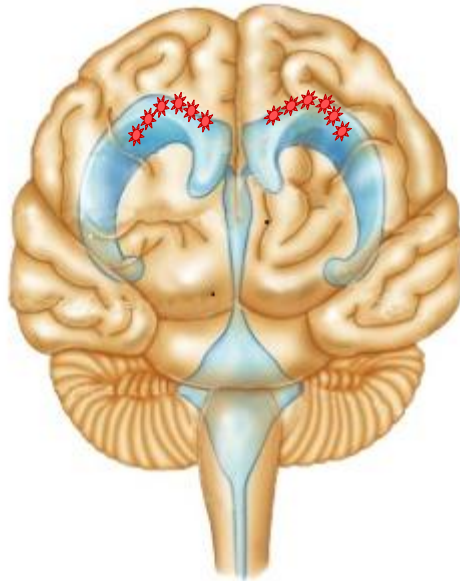
* All data approximate and estimated

NTCELL treatment is implantation of encapsulated choroid plexus cells into the brain



Front view

Side view



Choroid Plexus:

- Secretes cerebrospinal fluid (CSF)
- Provides neurotrophic factors
- Provides neuroprotective factors
- Removes toxin (drugs, metals, etc.)
- Clears waste products

Developing NTCELL for Parkinson's

NTCELL is encapsulated porcine choroid plexus cells

- ❖ "Factory" approach for nerve growth: not a single drug intervention
- ❖ Plasticity: NTCELL adapts to disease in vivo
- ❖ Supply: Porcine advantage over human
- ❖ Brain: immuno-privileged

Advantage over stem cells

- ❖ No concern of tumorigenicity
- ❖ Defined cell population rather than unknown mixed cell types
- ❖ No current stem cell technology to generate choroid plexus cells

Targeting Parkinson's

- ❖ Severe unmet medical need
- ❖ Cost to benefit: focus on benefit
- ❖ First disease modifying treatment
- ❖ Acceptance of DBS procedure, identified site and endpoint

Completed Phase I/IIa clinical trial of NTCELL



NTCELL implantation was safe in four patients

- ❖ Administered via unilateral implantation into the putamen of four patients with Parkinson's
- ❖ Treatment safe and well tolerated (primary endpoint).
- ❖ No adverse events related to NTCELL
- ❖ Some were related to the procedure itself
- ❖ No clinical or laboratory evidence of PERV transmission in patients or partners.

NTCELL implantation improved clinical features of Parkinson's

- ❖ Sustained improvement on clinical features in the UPDRS, UDysRS and PDQ-39

Encouraging results justify a confirmatory study

- ❖ Study small in scale but results warrant further studies of NTCELL for Parkinson's
- ❖ Second clinical trial to confirm potential as a disease modifying treatment

Announced 42 week post NTCELL implant efficacy



- **Progression of Parkinson's disease halted**

In all four patients NTCELL treatment has stopped the progression of Parkinson's disease as measured by globally accepted and validated neurological rating scales

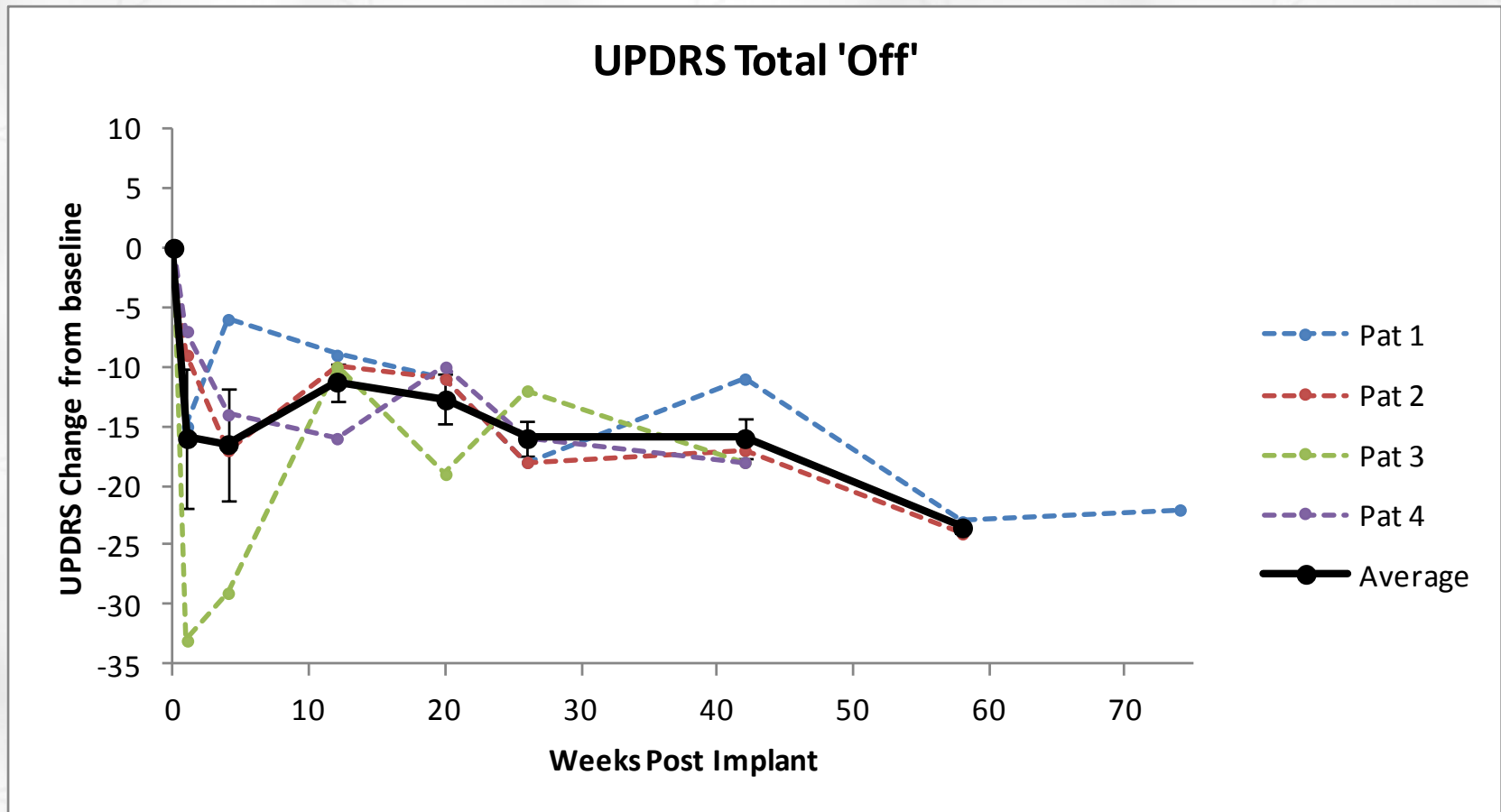
- **Improvement in neurological score**

In all four patients the 42 week post-implant data show there is a clinically and statistically significant improvement in the patients' neurological score from their pre-implant baseline

- **Equivalent of 5 years remission from PD**

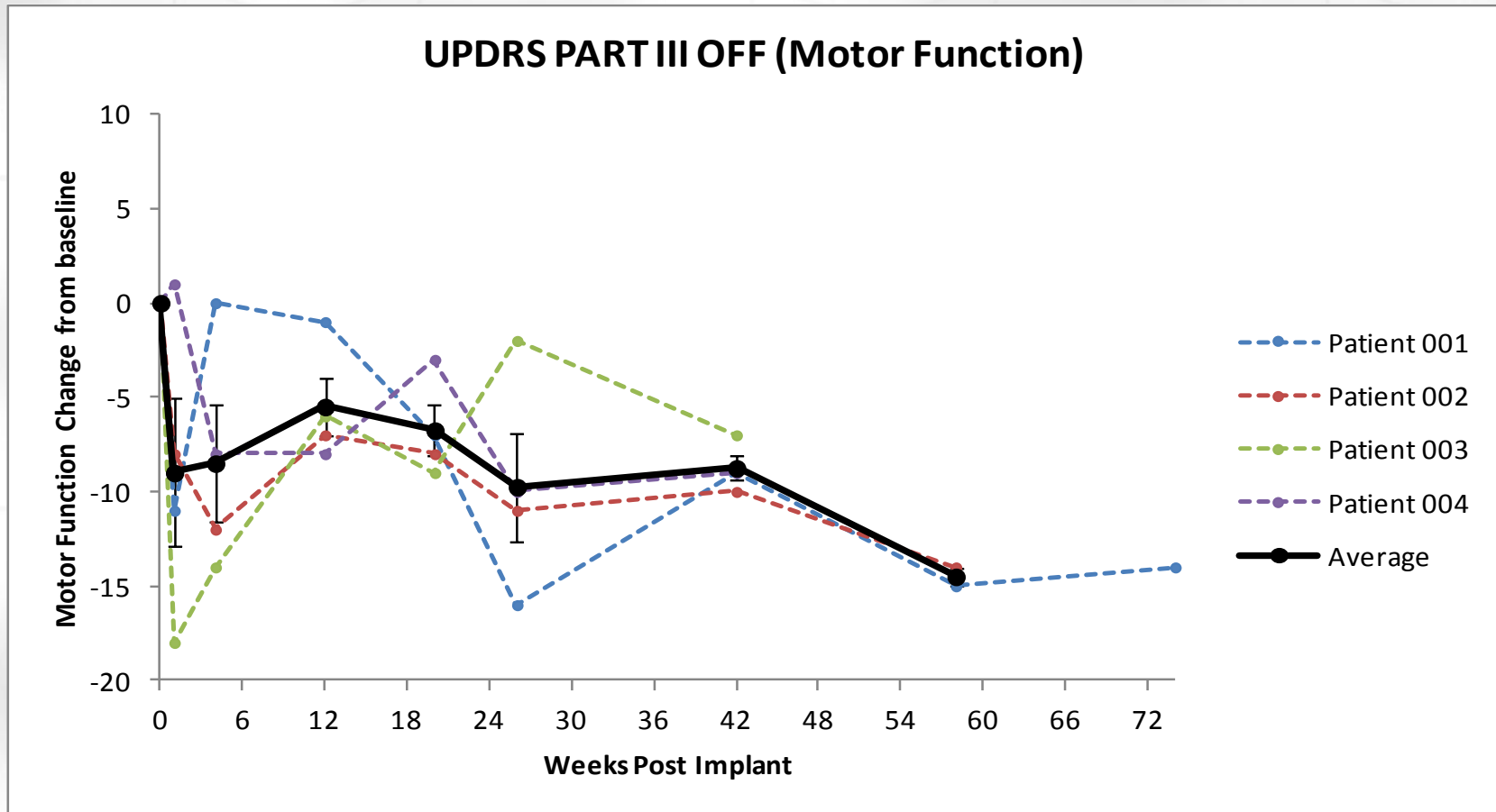
That improvement is equivalent to approximately 5 years of Parkinson's disease remission and is maintained 74 weeks after NTCELL transplant in the first patient

UPDRS (Unified Parkinson's Disease Rating Scale) 20 pt decrease clinically & statistically significant



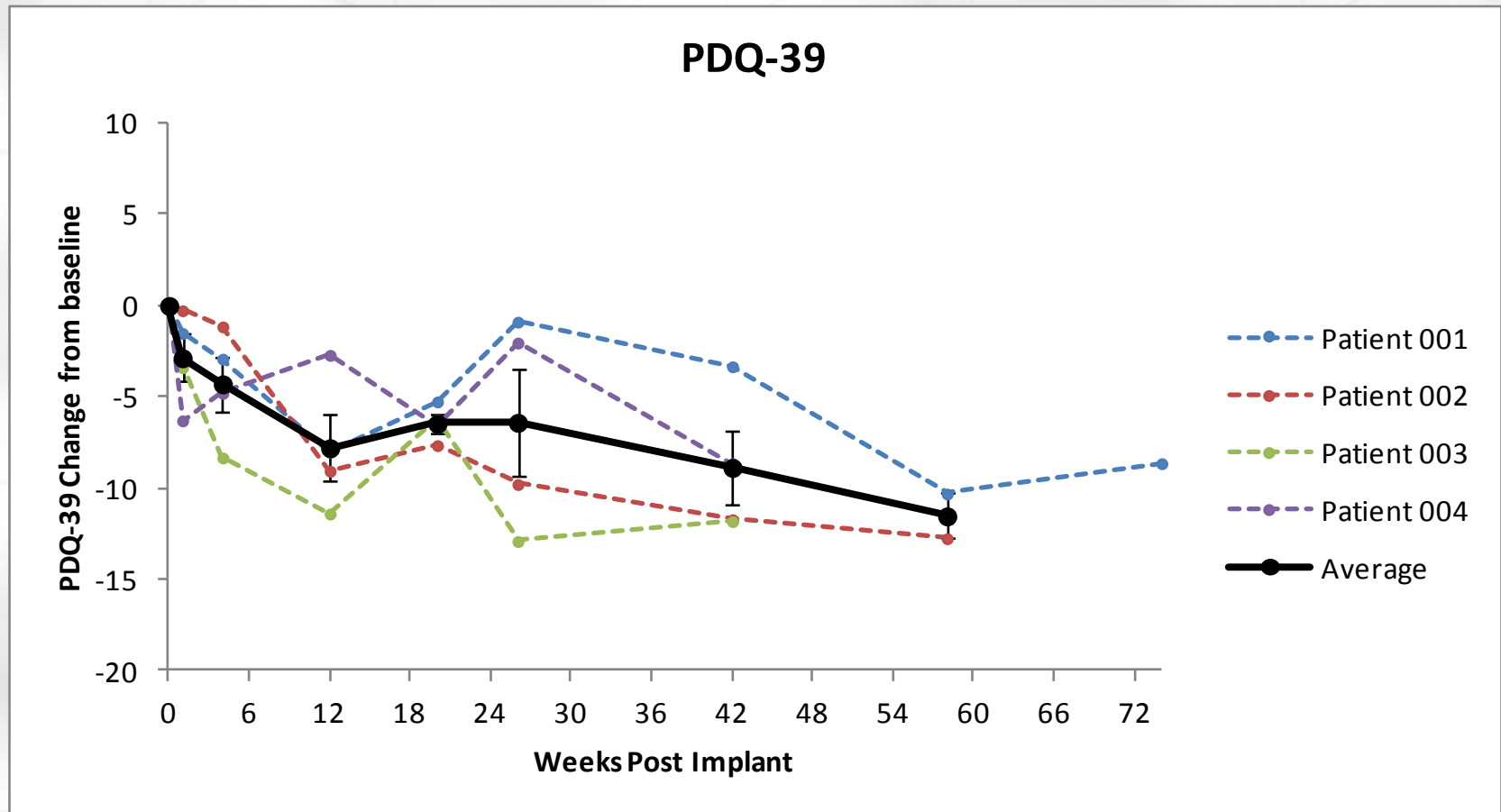
UPDRS Motor Function

Improvement clinically & statistically significant



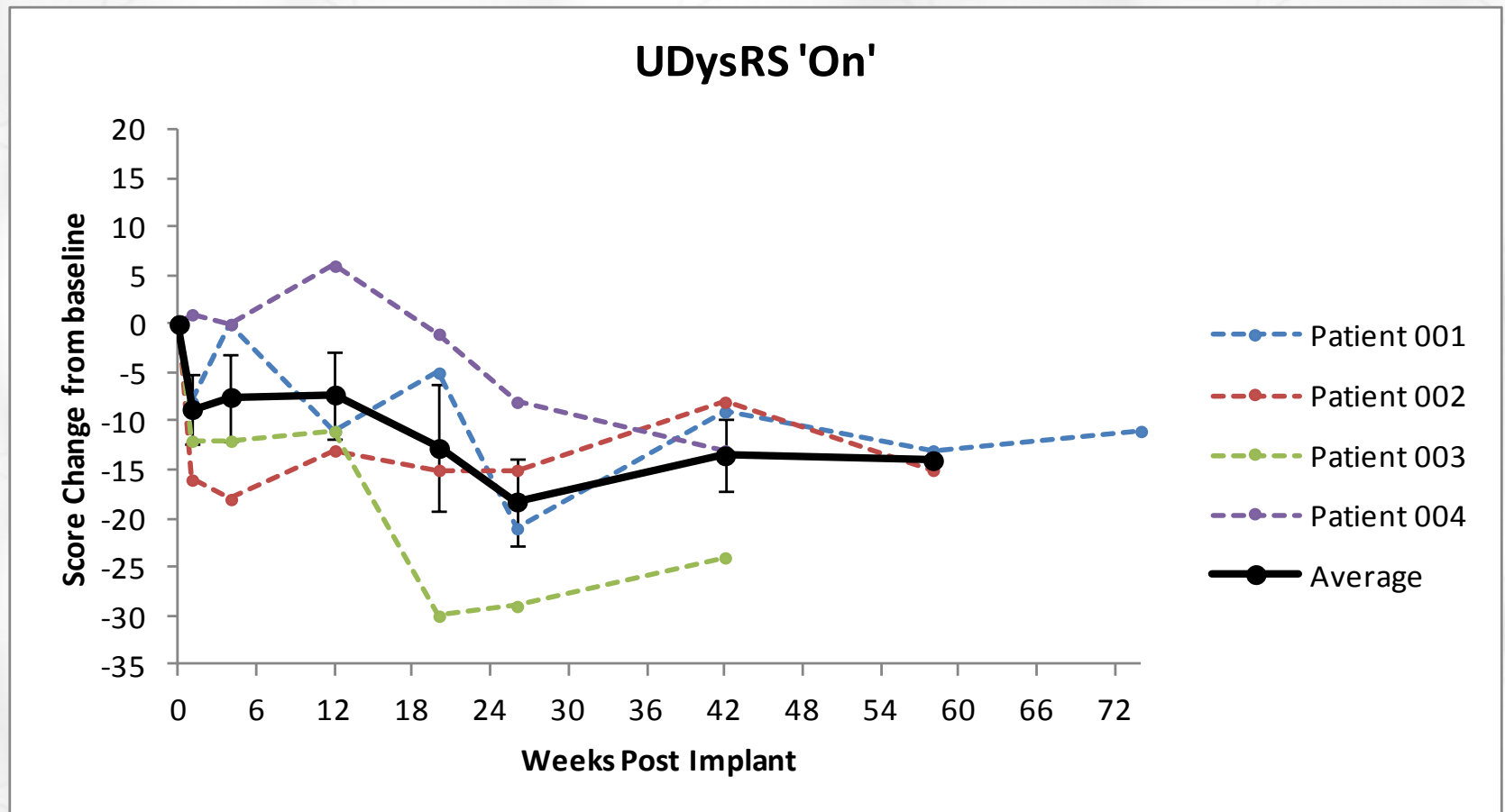
PDQ-39 – Quality of Life

Significant improvement



UDysRS – Dyskinesia Rating Scale

Significant improvement



Scientific advisors helping design next study



Auckland Clinical Site

Barry Snow, MBChB, FRACP
Principal Investigator, Neurologist

Ari Bok, MBChB, FRACS
Patrick Schweder, MBChB, FRACS
Neurosurgeons

Mark Simpson, MBChB, FRACP
Investigator, Neurologist

Lorraine Macdonald, RGON, BHSc (Nsg)
Study Nurse

DSMB
Prof Tim Anderson (Neurologist, Chair); Dr Rod Ellis-Pegler (ID); Dr Andrew Hughes (Neurologist)

Scientific Advisors

Anne B Young, MD
Professor of Neurology, Harvard Medical School, Boston, USA

Roger Barker, MD
Professor of Clinical Neurosciences and Deputy Director, John van Geest Centre for Brain Research, University of Cambridge, UK

Richard Faull, MBChB, PhD
Professor of Anatomy and Director, Centre for Brain Research, University of Auckland, NZ

NZ regulatory input to Phase IIb clinical study



To qualify for provisional (fast track) consent to market:

- Define efficacy and any placebo contribution
- Define optimal dose of NTCELL implantation
- Define initial target Parkinson's disease patient subgroup

Phase IIb study

Group 1: Patients 1-6

4 dosed and 2 placebo, randomly assigned
40 NTCELL microcapsules ($\pm 5\%$) bilaterally
[total of 80 microcapsules], or placebo [sham surgery]

Group 2: Patients 7-12

4 dosed and 2 placebo, randomly assigned
80 NTCELL microcapsules ($\pm 5\%$) bilaterally
[total of 160 microcapsules], or placebo [sham surgery]

Group 3: Patients 13-18

4 dosed and 2 placebo, randomly assigned
120 NTCELL microcapsules ($\pm 5\%$) bilaterally
[total of 240 microcapsules], or placebo [sham surgery]

- The study will be unblinded upon completion of the 26-week follow-up period
- The placebo patients will receive the optimal dose of NTCELL

Secured supply of NTCELL, manufacturing GMP licences



- Pigs – Bred at Kumeu facility
- Manufacturing – GMP facility at Papatoetoe
- People
 - Employed key personnel
 - LCT headcount increases from 9 to 21

Filed new patent in USA

- United States Patent and Trademark Office
- Application Number 62/162,390
- Treatment of CNS disease with encapsulated inducible choroid plexus cells
- Date 15/05/2015

Financing

- See financial annual report 2015
- Awarded Callaghan Innovation grant – 20% rebate on Research and Development expenditure
- Assessing partnership opportunities
- Have stock broker feedback on fundraising opportunities

Next steps strategy

- Goal is to launch NTCELL as the first disease modifying treatment for Parkinson's disease in 2017
- New Zealand first launch country
 - Most efficient approach to increasing the number of NTCELL treated patients
- This will expand the NTCELL quality, safety, and efficacy data
 - Necessary to fully globalise the product
 - Will allow submissions to FDA, EMA and Asian authorities
- May seek a global commercialisation partner to fully realise the market potential of NTCELL

Creating shareholder value

- Focused strategy – NTCELL for Parkinson’s disease
- Continue to meet milestones
 - Minister of Health approved Phase IIb study of NTCELL today
- Capital raising options are under consideration by the Board
- OPF, under licence from DOL, continues to pursue its diabetes strategy in the USA
- LCT continues to hold a 50% share in DOL
- 2015 – positive ASX announcements negated by substantial shareholders, who invested in LCT when it was a pure diabetes play, liquidating their shareholdings totalling 42 million shares
- Vasson, Palmert, Coalco, and Persistency have zero balance
- Positive ASX announcements should now reflect share price movement



LCT

living cell technologies™

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