ASX / MEDIA RELEASE **21st April 2017**

FOXFIRE and SIR*ve*NIB Awarded Oral Abstracts at ASCO

Sydney, Australia; 21st April 2017 – Sirtex Medical Limited (ASX:SRX) is pleased to announce that both the SIR*ve*NIB and SIRFLOX/FOXFIRE/FOXFIRE Global clinical studies have been awarded oral abstracts at the upcoming American Society of Clinical Oncology (ASCO) Annual Meeting from 2nd - 6th June 2017.

Mr Nigel Lange, Interim CEO of Sirtex Medical commented "ASCO is the pre-eminent oncology meeting globally, so for both the SIR*ve*NIB and SIRFLOX combination studies to be awarded an oral abstract presentation within two distinct gastrointestinal cancer sessions is very pleasing. The results from these studies, coupled with the SARAH study data to be presented tomorrow at the European Association for the Study of the Liver, International Liver Congress™ (EASL/ILC) in Amsterdam will be crucial in driving our strategic initiatives well into the future."

Professor Pierce Chow, Principal Investigator of the SIR*ve*NIB study, and Senior Consultant Surgeon at the National Cancer Centre Singapore and the Singapore General Hospital will present the findings of the SIR*ve*NIB study at the meeting. The oral presentation is titled "Phase III multi-centre open-label randomized controlled trial of selective internal radiation therapy (SIRT) versus sorafenib in locally advanced hepatocellular carcinoma: The SIR*ve*NIB study." The presentation will be during the gastrointestinal (non-colorectal) cancer oral abstract session between 8-11am US Central Daylight Time, or 11pm-2am on Monday, 5th June (AEST time).

Professor Ricky A. Sharma, Principal Investigator of the FOXFIRE study, formerly of the Oxford Institute for Radiation Oncology, University of Oxford will present the findings of the SIRFLOX/FOXFIRE/FOXFIRE Global study at the meeting. The oral presentation is titled "Overall survival analysis of the FOXFIRE prospective randomized studies of first-line selective internal radiotherapy (SIRT) in patients with liver metastases from colorectal cancer." The presentation will be during the gastrointestinal (colorectal) cancer oral abstract session between 3-6pm US Central Daylight Time, or 6-9am on Tuesday, 6th June (AEST time).

The abstract titles and programme can be located within the ASCO iPlanner: https://iplanner.asco.org/am2017/

According to ASCO, the oral abstract session includes 12 minute presentations of abstracts representing important clinical and translational research findings by topic category. Experts in the field (discussants) are chosen to provide comprehensive 12 minute themed discussions of the findings from predetermined abstracts. All speakers will participate in a question-and-answer panel in the session. A limited number of abstracts deemed to represent the best science will be selected for presentation in the noncompeting plenary session. Please see: https://am.asco.org/abstracts/abstract-selection-process.

Sirtex anticipates the SIR*ve*NIB and SIRFLOX/FOXFIRE/FOXFIRE Global abstracts to be released by ASCO at 7am AEST on Thursday, 18th of May (5pm US Eastern time on May 17th).

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About SIR*ve*NIB

SIR*ve*NIB is a Phase III Multi-Centre Open-Label Randomised Controlled Trial of Selective Internal Radiation Therapy (SIRT) using SIR-Spheres Y-90 resin microspheres Versus Sorafenib (Nexavar®, Bayer HealthCare Pharmaceuticals, Germany) in Locally Advanced Hepatocellular Carcinoma. The primary objective of this study is to assess the efficacy of SIRT as compared with sorafenib in patients with locally advanced liver cancer in terms of overall survival (OS). ClinicalTrials.gov Identifier: NCT01135056. www.sirvenib.com.

About Hepatocellular Carcinoma (HCC)

Hepatocellular Carcinoma (HCC) is the most common form of primary liver cancer – cancer that starts in the liver. It is the sixth most common cancer in the world and the second most common cause of cancer-related death[1].

About SIRFLOX/FOXFIRE/FOXFIRE Global

The aim of the SIRFLOX/FOXFIRE/FOXFIRE Global studies is to prospectively combine clinical data from the three similarly designed individual trials to allow adequate power to evaluate the impact of chemotherapy with Selective Internal Radiation Therapy (SIRT) using SIR-Spheres® Y-90 resin microspheres on overall survival in first-line metastatic colorectal cancer, in over 1,100 patients. Efficacy and safety estimates derived using individual participant data (IPD) from SIRFLOX, FOXFIRE, and FOXFIRE Global will be pooled using 2-stage prospective meta-analysis. Secondary outcome measures include progression-free survival (PFS), liver-specific PFS, health-related quality of life, response rate, resection rate, and adverse event profile. The potential treatment benefit in those patients who present with disease confined to the liver will be also be investigated.

About Colorectal Cancer

Colorectal cancer (CRC or bowel cancer) occurs when cancerous cells develop in the patient's colon or rectum. CRC is the third most common form of cancer worldwide, making up about 10% of all cancers. In 2012, an estimated 1.4 million new cases were diagnosed globally and 694,000 cancer deaths were attributed to CRC.[2]

About SIR-Spheres® Y-90 Resin Microspheres

SIR-Spheres Y-90 resin microspheres are a medical device used in interventional oncology and delivered via Selective Internal Radiation Therapy (SIRT), also known as radioembolisation, directly to liver tumours. SIR-Spheres Y-90 resin microspheres are approved for supply in key markets, such as the United States, European Union and Australia.

About Sirtex Medical

Sirtex Medical Limited (ASX:SRX) is an Australian-based global healthcare business working to improve outcomes in people with cancer. Our current lead product is a targeted radiation therapy for liver cancer. Over 73,000 doses have been supplied to treat patients with liver cancer at 1,060 medical centres in over 40 countries. For more information please visit www.sirtex.com.

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[1] GLOBOCAN 2012. Estimated cancer mortality, incidence and prevalence worldwide. http://globocan.iarc.fr/Default.aspx
[2] World Cancer Report, 2014; Geneva, WHO: 2014; 1.1.