



FACTOR
THERAPEUTICS

Investor Brief

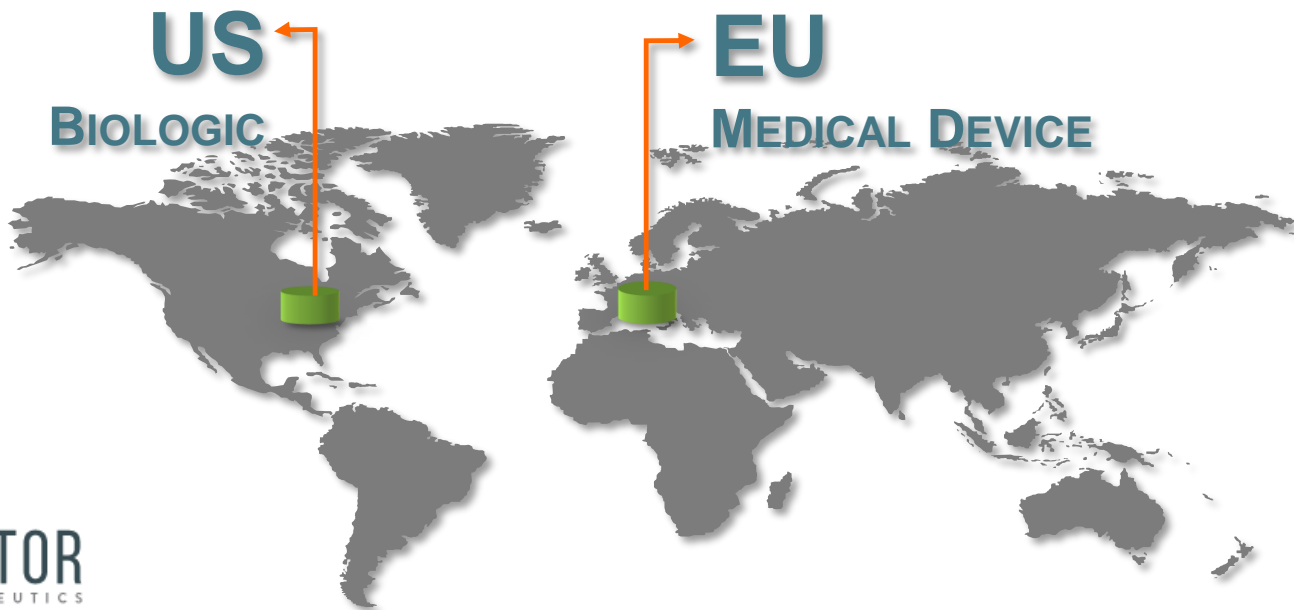
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Christian Behrenbruch, Ph.D
Director

Disclaimer



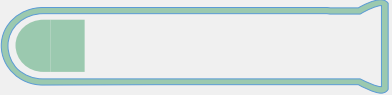

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At a Glance



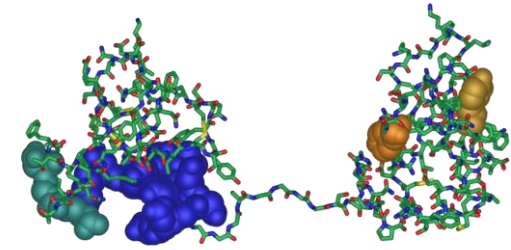
▲ \$0.067	
\$0.035 (Placement)	
Mkt. Cap. A\$49m	
(June 12, 2017)	
Focus	Advanced wound care
Clinical Stage	Phase II US Pivotal EU
Issued Shares	724,328,499
Options	9.5m
Current Cash	AUD ~\$10m
Symbol	FTT
Exchange	 ASX

Advanced Wound Care Pipeline

Program	Candidates	Progress
Chronic cutaneous ulcers Priority focus 	'001	<ul style="list-style-type: none">• Phase II, Venous leg ulcers• Preparing CMC for FDA end-of-phase 2 meeting• Preparing return to European CE Mark process• Evaluating indication expansion opportunities
High viscosity formulation 	'002	<ul style="list-style-type: none">• For diabetic foot ulcers• Engaged with potential for clinical work
Ocular 	'003/004	<ul style="list-style-type: none">• R&D manufacturing underway• Potential proof-of-concept readout mid-2017
New opportunities 	'005	<ul style="list-style-type: none">• Monash collaboration in Harlequin Ichthyosis• Other orphan indications

VF001 Lead

- Synthetic biologic
- Weekly topical administration through a pre-filled syringe
- No special procedure or prep
- Game-changer



Three-step mechanism of action:

1. Binds to collagen (wound bed)
2. Provides a cell attachment site
3. Delivers targeted growth factor (IGF-1)

- Safe and effective

VF001 Impact

2 MILLION
WORKING DAYS
LOST ANNUALLY



VENOUS LEG ULCERS



68% FEEL ISOLATION
FEAR
DEPRESSION



\$2 BILLION
IN LOST
WAGES



NEW CASES
PER YEAR

73% PATIENTS SUFFER FROM
DISTURBED SLEEP



12.5% PATIENTS WILL
RETIRE
EARLY



\$3.5 BILLION
ANNUAL COST
TO US HEALTHCARE SYSTEM



MORE THAN
FOUR
PATIENTS SUFFER RECURRENCES

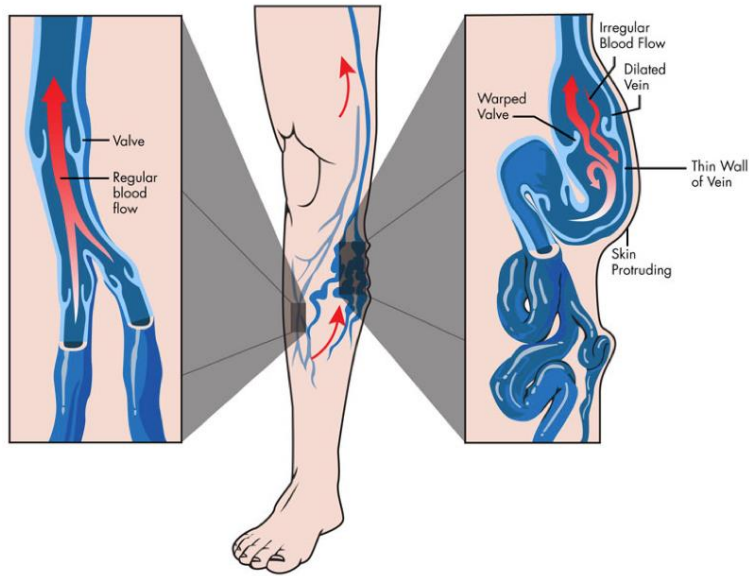


Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2810192/>

To find a Venous Leg Ulcer clinical trial location near you, please visit:
<https://factor-therapeutics.com/clinical/clinical-trial-locations/>

Precision Wound Care – A World First

Underlying Venous Disease



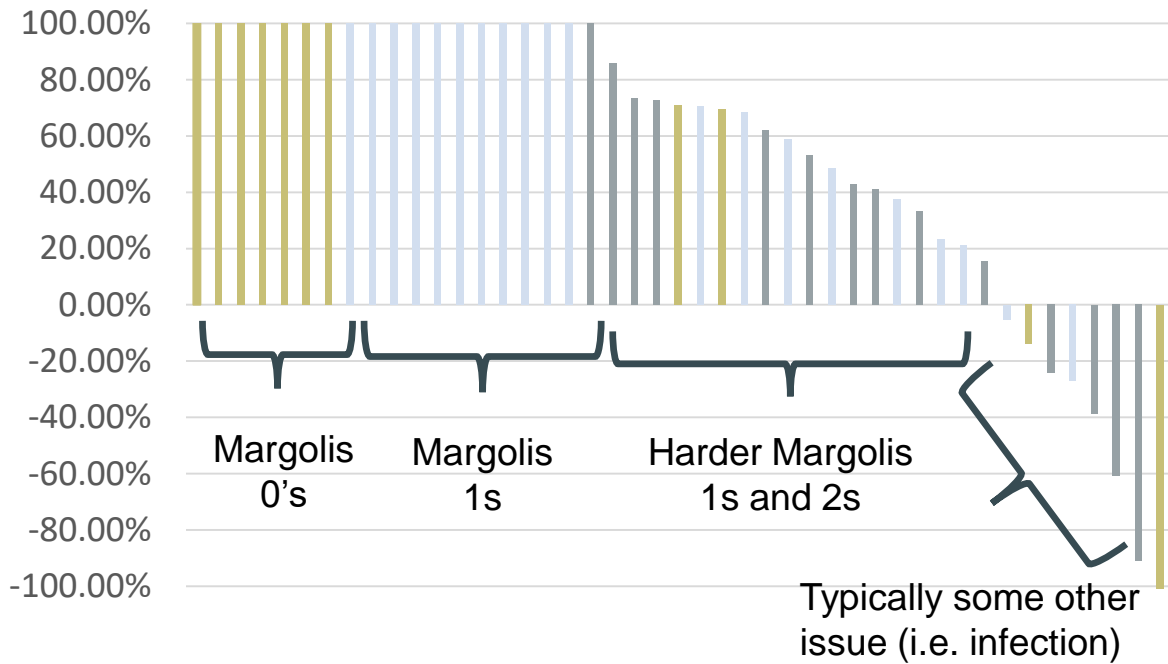
- Seminal work by epidemiologist and wound care expert, Dr. David Margolis (U. Penn) provides classification of venous disease
- Highest level of unmet need in Margolis 1 patients
- Highly relevant to considering the therapeutic potential of VF-001

Severity	Proportion in the real world population	Probability of Healing within 24 Weeks with Limb Compression (%)*	Baseline Ulcer Area (cm ²)	Ulcer Duration (months)
0 (least severe)	~ 69%	93.0 %	≤ 5	≤ 6
1 (middle)	~ 25%	65.0 %	≤ 5	> 6
			> 5	≤ 6
2 (most severe)	~ 6%	13.0 %	> 5	> 6

* Margolis DJ, Berlin JA, Strom BL. Which venous leg ulcers will heal with limb compression bandages? *Am J Med.* 2000 Jul;109(1):15-9.

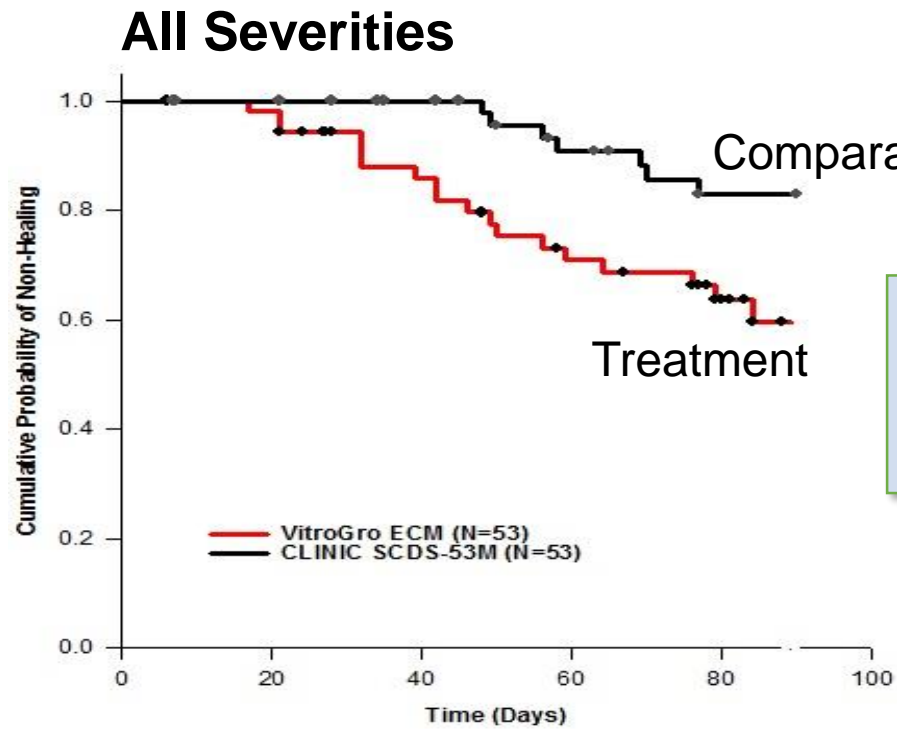
The vast majority of these patients will be treated in the community setting, not the specialty care setting

Our Efficacy*

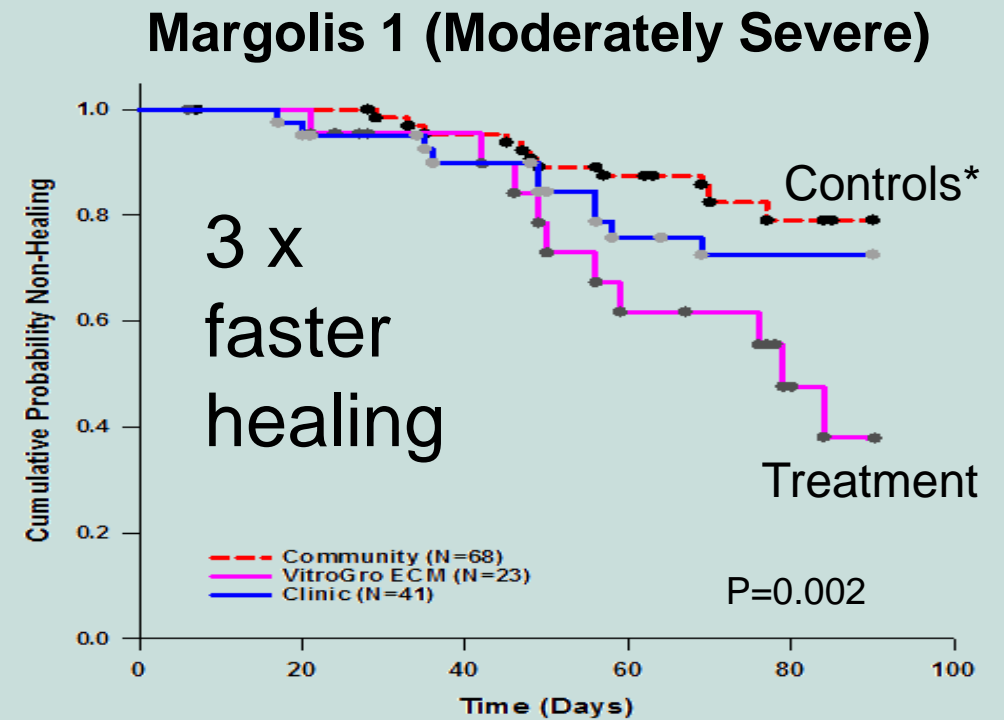


- 12 week data showed statistically significant wound area reduction from baseline ($p=0.003$)
- Differential, robust efficacy in Margolis 1's
- Moderate efficacy in harder Margolis 1's and 2's

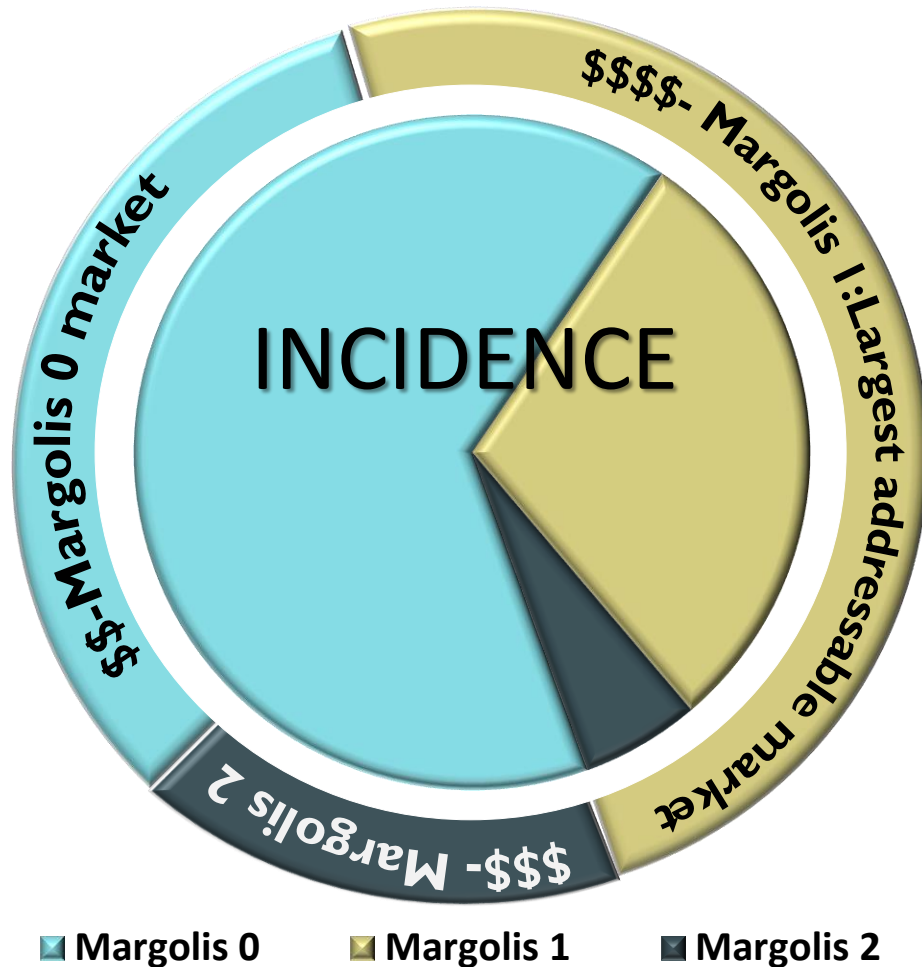
Target Population : Margolis “1” (Moderate) Significant Improvement



VF001 Converts non-healing wounds to healing wounds



An Effective Market Segmentation Strategy



Margolis type 0 patients:

- Mild disease – community care
- Compression bandaging, dressings
- Highly fragmented / congested market (low “value”/differentiation)

Margolis type 1 patients:

- **Unmet clinical need**, low competition.
- A cost-effective treatment that can be used in the community setting would be a game-changer
- FTT target market

Margolis type 2 patients:

- Severe disease, specialty care, congested.
- Expensive therapies (grafts, cell therapies, scaffolds) but cost-benefit supports these treatments.

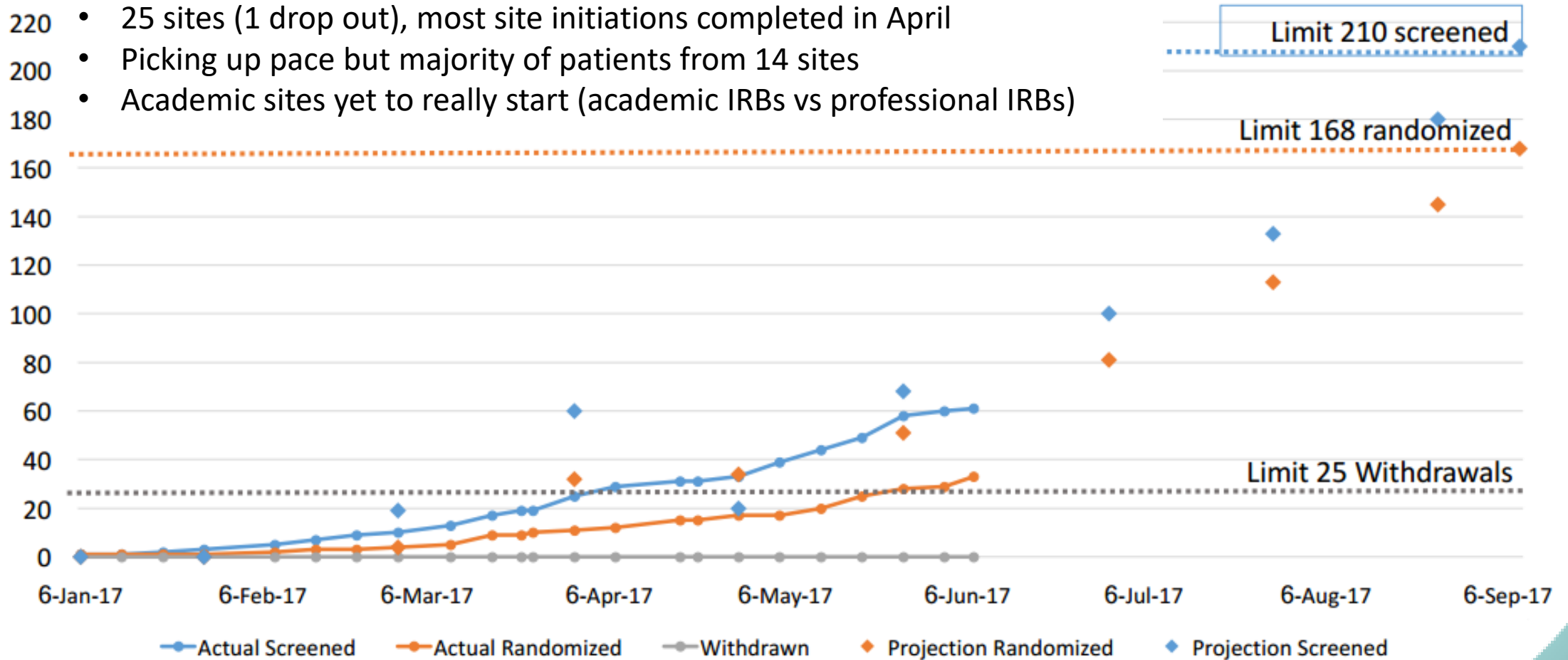
NCT02973893 : Phase II Trial Synopsis

Duration	12 weeks (2 weeks screening, 12 weeks treatment, 12 weeks follow up)
Dosing	1:1:1 randomized into placebo, 14 mcg VF001+SC, 140mcg VF001+SC
Total patients	168 patients, 26 sites
Key inclusion criteria	Margolis predictive score of 1a or 1b at treatment initiation. Target ulcer exhibits <30% change in ulcer size with standard of care.
Primary Endpoint	% Reduction in study ulcer area
Key Secondary Endpoints	Proportion of patients with complete ulcer closure
	Time to ulcer closure
	Quality adjusted life-year survey
	Time to first instance of no ulcer study pain (VAS score)
	Time to meaningful pain reduction

- **Partnering Potential:** Successful Phase II is a major inflection point
- **EMA:** Serves as a second pivotal study for EMA (CE Mark)
- **FDA:** Successful Phase 2 and CE Mark could mean only one confirmatory Phase 3 would be required for approval, with a second Phase 3 in another indication

Trial Progress

- 25 sites (1 drop out), most site initiations completed in April
- Picking up pace but majority of patients from 14 sites
- Academic sites yet to really start (academic IRBs vs professional IRBs)



(Projection based on Parexel estimates)

Label & Reimbursement

- **>\$1,200 per treatment course is supported using pricing models**
- Initial indication : patients that have failed 8 weeks of standard care
- Targeted at patients in the community setting that do not adequately respond to standard care
 - Enormous market
 - Supported by our study design
- In line with pricing and reimbursement criteria for competing products
 - i.e. topical anti-microbials, dressings / compression technologies
- For example, a 20% healing rate improvement would eliminate 6 weeks of standard care (~\$250/week)
- Significant upside potential : pain relief



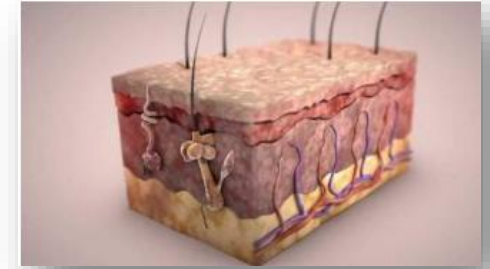
Poised for Clinical and Commercial Success



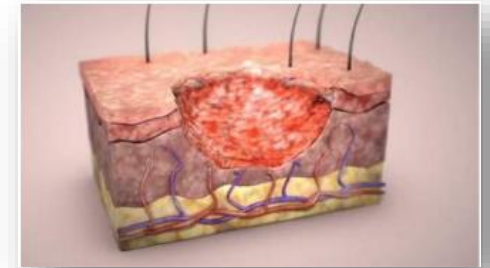
Catalysts

Event	Timing
New CEO	Just announced
Recruitment update	End June
Ocular program – first data	End June / Early July
Orphan update	End July
Top-line results from US Phase II	Calendar Q4

Healthy skin layers



Hemostasis



Application of VF-001

