



Annual General Meeting November 22, 2017



Disclaimer

Certain statements made in this presentation are forward looking statements within the meaning of the safe harbour provisions of the United States Private Securities Litigation Reform Act of 1995. These forward looking statements are not historical facts but rather are based on Viralytics' current expectations, estimates, assumptions and projections about the industry in which Viralytics operates. Material referred to in this document that use the words 'estimate', 'project', 'intend', 'expect', 'plan', 'believe', 'guidance' and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. These forward looking statements are not a guarantee of future performance and involve known and unknown risks and uncertainties, some of which are beyond the control of Viralytics or which are difficult to predict, which could cause the actual results, performance or achievements of Viralytics to be materially different from those which may be expressed or implied by these statements. These statements are based on our management's current expectations and are subject to a number of uncertainties and risks that could change the results described in the forward-looking statements. Risks and uncertainties include, but are not limited to, general industry conditions and competition, general economic factors, the impact of pharmaceutical industry regulation and health care legislation in the United States and internationally, and challenges inherent in new product development. Investors should be aware that there are no assurances that results will not differ from those projected and Viralytics cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of Viralytics only as of the date of this presentation. Viralytics is not under a duty to update any forward-looking statement as a result of new information, future events or otherwise, except as required by law or by any appropriate regulatory authority.'



Investment highlights



Lead drug CAVATAK® harnesses the common cold virus to infect and kill cancer cells



Market-leading body of clinical evidence across multiple cancer indications



Global opportunity being unlocked via combination with leading in-market immunotherapies (KEYTRUDA® and YERVOY®) creating a clear path to market in area of high unmet need



Excellent preliminary results from three ongoing clinical trials: CAPRA, MITCI and KEYNOTE-200



Globally recognised by healthcare investors, big-pharma and scientific bodies



Value inflection potential from near-term milestones in gold-standard trials for melanoma, lung and bladder cancers



Viralytics has multiple pathways to commercialisation of CAVATAK® across a range of target areas

Viralytics has demonstrated potential of CAVATAK®

- ✓ 2 studies completed
- √ 3 studies in progress
- √ 4 studies in planning

Significant global opportunity, across high value target areas

- ✓ Melanoma
- ✓ Bladder cancer
- ✓ Lung cancer
- ✓ Colorectal cancer
- ✓ Head & neck cancer

Multiple highpotential value creation opportunities

- ✓ Licensing
- ✓ Partnering
- ✓ Sale of business



Broad set of value-creation options



Strong Financial Foundation

Extensive support from leading institutional healthcare investors

Key Statistics	
Ticker Code	ASX: VLA OTCQX: VRACY
Share Price (as at 21-Nov-17)	A\$0.72
Market Capitalisation (as at 21-Nov-17)	A\$173M
Trading Range (12-month)	A\$0.72 – 1.34
Institutional investors	57%
Cash position (as at 30-Sep-17) ¹	A\$27.7M
Net operating cash burn (2016/2017)	A\$11.4M

	Company	Location	Comments				
	BVF PARTNERS L.P.		Private investment firm specialising in public biotechnology investments				
	Cormorant Asset Management		Employee-owned hedge fund sponsor which invests in healthcare companies				
	CAPITAL GROUP* OrbiMed Healthcare Fund Management		Financial services company with over \$1.5tn in assets under management				
			Healthcare-dedicated investment firm which manages over \$14bn				
	ABINGWORTH		Independent, trans-atlantic bio-science investment firm				
	QUEST	*	Australian equities investment manager				
	JCP INVESTMENT PARTNERS combining the art and science of investing	*	Australian equities investment manager				



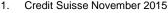
Cancer Immunotherapy: Emerging, High-Value Therapeutic Approach

- Rapidly advancing field, transforming cancer therapy
- Big pharma racing to find complementary agents: Merck, BMS, Roche, AstraZeneca, Pfizer all active
- Multiple recent transactions and collaborations
- Value of oncolytic viruses highlighted by Amgen acquisition of Biovex (TVec™) US
 - \$425 million cash upfront; US \$575 million future milestone payments
- Immuno-oncology market size forecast at US \$42 billion per annum¹



"There's a growing sense in the oncology community that immune manipulation may turn out to be an **even more important intervention than chemotherapy** was — maybe the **most important ever**"

Roger Perlmutter, President, Research – Merck²



^{2.} Financial Times 29 May 2015



CAVATAK® Lead Product - Many Indications Under Study

Viralytics is using the common cold virus to KILL CANCER CELLS

- Proprietary formulation of the cold virus Coxsackievirus A 21;
 targets ICAM-1 receptor overexpressed on cancer cells
- Kills local and metastatic cells by both oncolytic and immunotherapeutic activity

Broad application across COMMON CANCER types

• Potential application across a range of cancer types, including:

LUNG

2nd most common cancer

COLORECTAL

4th most common cancer

BLADDER

5th most common cancer

MELANOMA

6th most common cancer

Can be used
STANDALONE or in
COMBINATION

- When used standalone, CAVATAK has exceeded expectations, with a strong response rate in a phase II trial
- Demonstrated potential in clinical trials to enhance activity of leading cancer immunotherapies, potentially unlocking a global opportunity

Source: USA National Cancer Institute, 2016



CAVATAK® Local and Systemic Activity

Administration

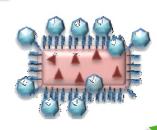
- Intravenous
- Intratumoral
- Intravesical



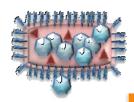
CAVATAK® released from tumor (repeats)



activates host anti-tumor immune response



1. Oncolytic lysis and death of cancer cell



replicates and destroys



CAVATAK® binds externally to tumor cells



2. Viral induced tumor inflammation



CAVATAK® may enhance leading oncolytic immunotherapy drugs, unlocking a global opportunity

- Merck and Bristol-Myers Squibb (BMS) are the global leaders in the immuno-oncology market
- CAVATAK® is engaged in clinical studies with KEYTRUDA® and YERVOY®
- Opportunity to generate massive sales alongside existing, multibillion dollar benchmark treatments
- Merck has partnered with Viralytics and is collaborating on the KEYNOTE-200 clinical trial

Company



- Global pharmaceutical company
- Market cap of ~US\$150bn

Product in market



- Leading global oncolytic immunotherapy drug
- **US\$1.4bn** in sales in 2016



Bristol-Myers Squibb

- Global pharmaceutical company
- Market cap of ~US\$100bn



- YERVOY® approved for treatment of Melanoma
- **US\$1.1bn** in sales in 2016

Other potential partners with approved PD1s include:











Overview of CATAVAK® clinical programs – Targeting Major Indications

CAVATAK standalone Studies completed

- Two studies completed:
 - CALM (Phase II)
 - CANON (Phase I)
- Target areas include:
 - Melanoma
 - Bladder cancer
- Encouraging signs of efficacy & shrinkage of uninjected tumours from CALM, strong signal from CANON

Excellent response rate demonstrated in CALM study

CAVATAK in combination Studies underway

- Three studies underway:
 - CAPRA (Phase Ib)
 - MITCI (Phase Ib)
 - KEYNOTE-200(Phase Ib)
- Target areas include:
 - Melanoma
 - Lung cancer
 - Bladder cancer
- Excellent preliminary efficacy results

Potential to enhance in-market therapies

Prime focus

CAVATAK in combination

Studies planned

- Four phase Ib studies planned:
 - ITCAHN
 - CLEVER
 - PaCKMAN
 - Colorectal study
- Target areas include:
 - Head and neck cancer
 - Melanoma
 - Colorectal cancer

Continually pursuing new target areas

Pre-clinical pipeline

- Preclinical study completed using a triple combination of CAVATAK, Anti-PD-1 and IDO Inhibitor
- Potential in broad range of tumour types
- Demonstrated significant reduction in overall mouse tumour burden

Growing body of scientific evidence



Trial update: CAPRA Phase 1b

TRIAL OVERVIEW

- CAVATAK (Intralesional) and KEYTRUDA® combination
- Plan to enrol 50 late stage melanoma patients
- Lead investigator: Dr Ann Silk MD, Rutgers Cancer Institute of New Jersey

PROGRESS AND PRELIMINARY RESULTS

- 26 of 50 patients enrolled
- Best Overall Response Rate of 61% (14/23 pts) and DCR of 78% (18/23 pts)
- Tumour responses are ongoing at 12 months in 6 patients
- 4 patients have demonstrated complete responses in the target lesions
- BORR of 64% (7/11 pts) in patients with late stage IV M1c disease
- Reductions in a number of injected and non-injected visceral/non-visceral lesions
- Only two Grade 3 pembrolizumab-related adverse events in 26 enrolled patients
- Preliminary but encouraging response rates compared to KEYTRUDA alone (33%*) or other KEYTRUDA combination studies

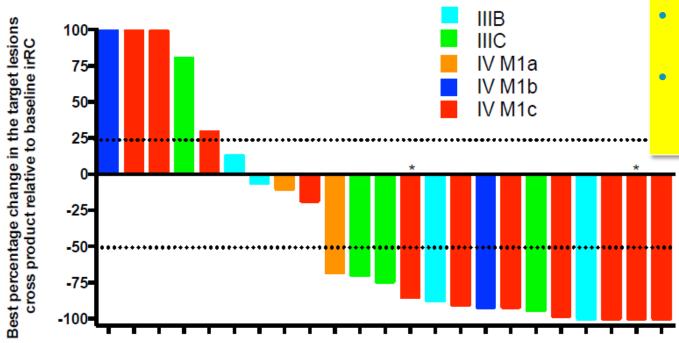


Trial update: CAPRA Phase 1b

Best Overall Response

Impressive Activity in Patients with Advanced Melanoma

Best percentage change in target lesions irRC criteria (Preliminary data, investigator assessed)



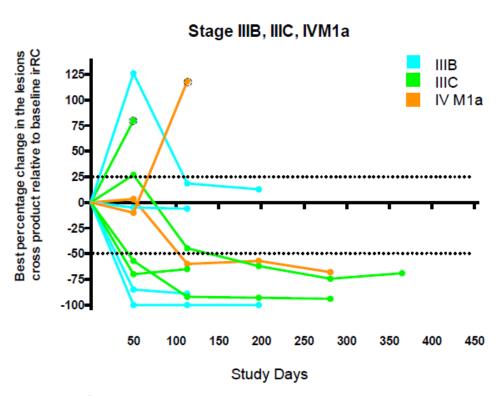
- Overall Response Rate of 61%
- Preliminary but encouraging response rates, versus KEYTRUDA® alone (33%±)

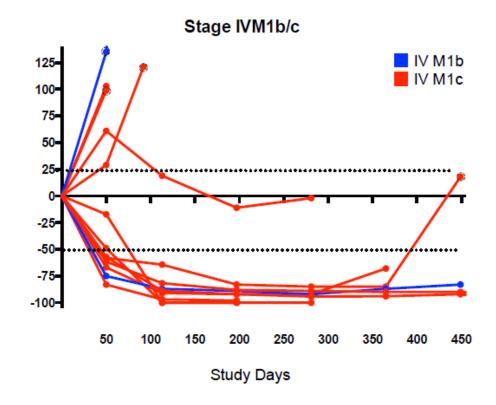


^{*} Prior ipilimumab treatment

Trial update: CAPRA Phase 1b Changes in Tumour Burden by Disease Stage

Promising durability in responding patients







Discontinued study due to progressive disease

Trial update: CAPRA Phase 1b

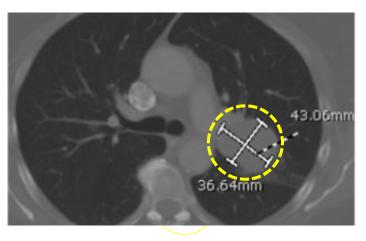
Pt1105003
Stage IVM1c
Partial response

Non-injected lung lesion upper left lobe

Pt1106023

Stage IIIC Partial response

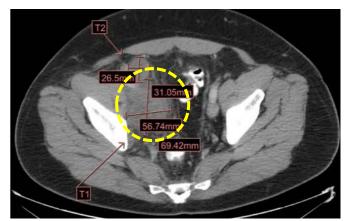
Baseline



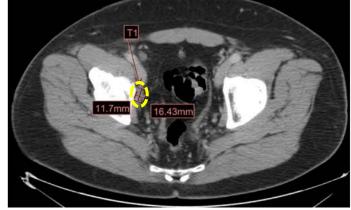
Day 197



Baseline



Day 113





Non-injected lymph



Trial update: MITCI Phase 1b

TRIAL OVERVIEW

- CAVATAK (Intralesional) and YERVOY® combination
- Focus on an unmet need in patients who have failed prior anti-PD1 therapy
- Plan to enrol 60 melanoma patients
- Lead investigator: Dr Brendan Curti MD, Providence Cancer Center, Portland

PROGRESS AND PRELIMINARY RESULTS

- 38 of 60 patients enrolled
- Safety:
 - No dose-limiting toxicities reported
 - Six Grade 3+ adverse events in 4 patients (all YERVOY-related: fatigue, elevated liver enzymes [2], pruritis, dehydration, hyperglycaemia) with an overall study Gr 3+ treatment-related AE rate of 11% (4/38 pts)
- Efficacy:
 - 57% (8/14) Best overall response rate in patients naïve to checkpoint therapy
 - 29% (2/7) Best overall response rate in patients administered prior single line anti-PD1 therapy
 - Preliminary but encouraging response rates, versus YERVOY alone (11%*) or other YERVOY combination studies

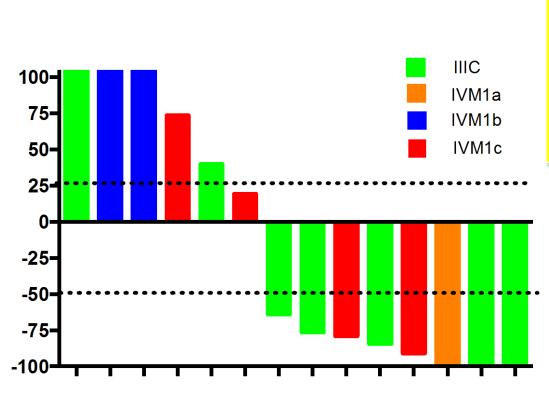
Potential to lead to a pivotal study



Trial update: MITCI Phase 1b Best Percentage Change in Target Lesions

Checkpoint therapy naïve (n=14)

lesions cross product relative to baseline irRC Best percentage change in the sum of target



- Overall Response Rate of 57%
- Preliminary but encouraging response rates, versus YERVOY® alone (11%±)



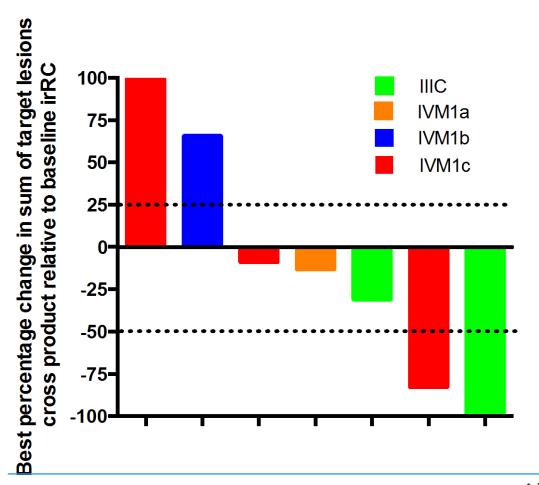
^{*} irRC criteria: Preliminary data, investigator assessed

⁺ First response assessment at Day 106

[±]YERVOY® FDA approved label

Trial update: MITCI Phase 1b Best Percentage Change in Target Lesions

Prior single line anti-PD-1 therapy (n=7)



- Promising initial data in a heavily pretreated population
- Overall Response Rate of 29%
- Preliminary but encouraging response rates, versus YERVOY® alone in this setting (10-13%)



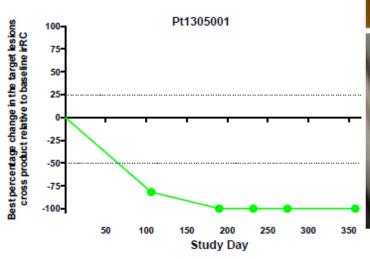
^{*,} irRC criteria: Preliminary data, investigator assessed

^{+,} First response assessment at Day 106

Trial update: MITCI Phase 1b Complete Response Stage IIIc patient

Prior cancer treatments

- BCG (PD)
- 2. Nivolumab (PD)





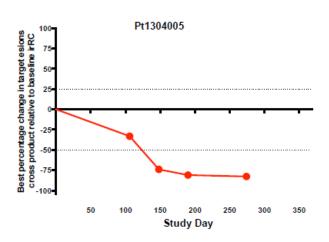




Trial update: MITCI Phase 1b Partial Response Stage IVM1c patient

Prior cancer treatments

- 1. Ipilimumab/Nivolumab (PR)
- 2. Nivolumab (PD)
- 3. Surgery (NE)



Pre-treatment



Day 127



Day 310





Trial update: KEYNOTE-200 Phase 1b

TRIAL OVERVIEW

- Trial conducted in collaboration with Merck (MSD)
- Combination of intravenous CAVATAK / KEYTRUDA in late-stage cancer patients
- 17 sites in the US, Australia and UK
- Major tumour indications:
 - Non-small cell lung cancer
 - Metastatic bladder cancer
- Primary objective: Safety and tolerability
- Secondary objective: Efficacy

PROGRESS AND PRELIMINARY RESULTS

- Currently 64 subjects enrolled at the top CAVATAK dose level used in the expansion phase, total of ~90 patients targeted
- Dose escalation complete with no dose limiting toxicity for the combination of CAVATAK and KEYTRUDA in heavily pre-treated patient population

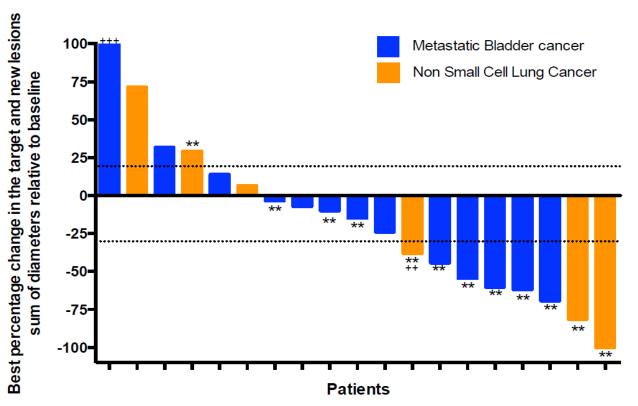
Clinical Updates in Q2 2018



Trial update: KEYNOTE-200 Phase 1b

Preliminary First Investigator Assessment in Checkpoint Naïve Patients

Best percentage change in target lesions of checkpoint naïve patients +*



Encouraging early data in lung and bladder cancer patients

Well tolerated with 11% (7 of 64) patients have displayed treatment related >grade 3 adverse events



^{+,} Preliminary first investigator assessment of best percentage change in target and new lesions within the first 92 days of combination treatment in checkpoint naive patients, Data cutoff 8 November 2017;

^{*,} Not evaluable due to early disease progression prior to first response assessment, 4 NSCLC pts + 5 Bladder cancer pts;

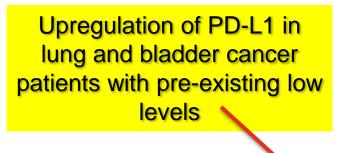
^{**,} Patient currently on study;

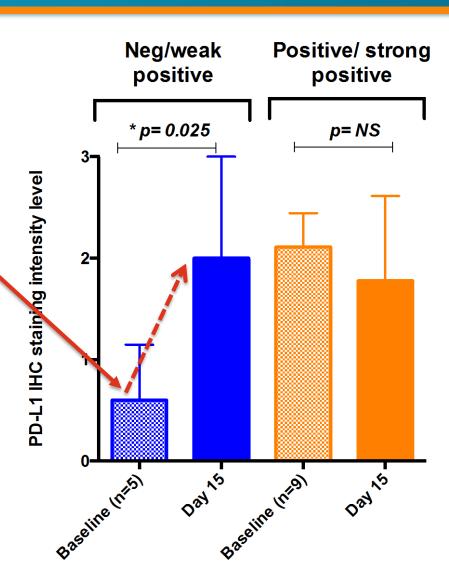
^{++,} Day 176 response assessment;

^{***,} Day 43 response assessment.

Trial update: KEYNOTE-200 Phase 1b

Preliminary PD-L1 Expression Levels on Paired Tumour Biopsies







1= Weak positive

2= Positive

3= Strong postive



Recognition received with podium positions at pre-eminent American Cancer Conferences

The world's oldest and largest professional association related to cancer research



AACR

American Association for Cancer Research



Leading cancer research meeting, attended by oncology experts from around the world



ASCO®

American Society of Clinical Oncology



World's leading member driven organisation specifically dedicated to cancer immunotherapy







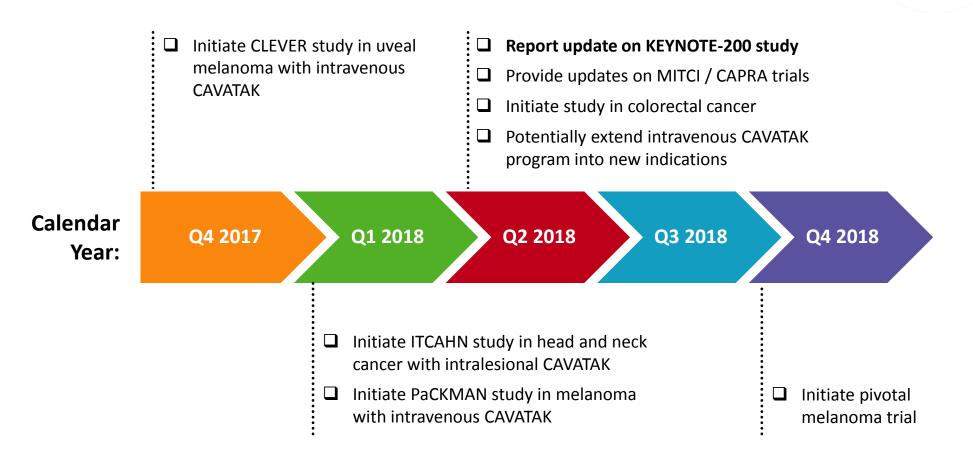


Demonstrated ability to manage and progress a comprehensive schedule of clinical trials

- ✓ Reported positive interim results CAPRA study
- ✓ Reported positive interim results MITCI study
- ✓ Identified potential path to market in melanoma in setting of high unmet need
- ✓ Sites initiated in US, Australia and UK with strong enrolment in KEYNOTE-200 study
- ✓ Pre-clinical work to identify further target indications
- ✓ Developed CAVATAK manufacture program
- ✓ Well advanced in preparations for clinical studies in new indications.



Multiple near-term and medium-term value inflection milestones





CATAVAK® trials overviews Completed / In Progress

		Program		Target	Phase	Progress	Highlights
•	CAVATAK standalone: Studies completed	CALM	Intratumoral CAVATAK in late stage melanoma	Melanoma	II	Complete	Efficacy exceeded expectations with overall response rate of 28%
		CANON	Intravesicular CAVATAK in non muscle invasive bladder cancer	Bladder cancer	I	Complete	CAVATAK was well tolerated with promising results underpinning strong potential in combination with checkpoints
	CAVATAK in combination therapy: Studies underway	CAPRA	Intralesional CAVATAK and Pembrolizumab (KEYTRUDA®)	Melanoma	lb		Well tolerated with encouraging initial efficacy data: 61% best overall response rate vs 33% KEYTRUDA alone
		MITCI	Intra-tumoral CAVATAK and Ipilimumab (Yervoy®)	Melanoma	lb	38 of 60 patients enrolled	Well tolerated with encouraging initial efficacy data: 57% best overall response rate vs 11% YERVOY alone
		KEY NOTE- 200	CAVATAK and KEYTRUDA®	Lung and bladder cancer	lb	64 of 90 patients enrolled	Part A (CAVATAK alone) completed successfully, Part B underway in collaboration with Merck; encouraging initial positive signals of activity



CATAVAK® trials overviews In Planning

	Program		Target	Phase	Progress	Overview
	ITCAHN	Intralesional CAVATAK and KEYTRUDA®	Head and neck cancer	lb	Planning	24 patient study targeting commencement in Q1 CY18
CAVATAK in combination	CLEVER	Intravenous CAVATAK and YERVOY® for uveal melanoma	Melanoma	lb	Planning	6-10 patient study targeting commencement in Q4 CY17
therapy: Studies planned	PaCKMAN	Intravenous CAVATAK and Pembrolizumab (KEYTRUDA®)	Melanoma	lb	Planning	15 patient study targeting commencement in Q1 CY18
	Colorectal Study	Intralesional CATAVAK and checkpoint inhibitor	Colorectal cancer	lb	Planning	18-30 patient study targeting commencement in Q2 CY18
Pre-clinical pipeline	Triple combination	Triple combination of CAVATAK, Anti-PD-1 and IDO Inhibitor	Melanoma	Pre- clinical	Complete	Demonstrated significant reduction in overall mouse tumour burden



CAVATAK® A Compelling Commercial Opportunity

CAVATAK® is highly active in key cancer types

- Used in combination therapy to enhance effect of leading in-market existing drugs
- Multiple target areas including melanoma, lung, metastatic bladder, nonmuscle invasive bladder cancer, colorectal and head and neck cancer

from clinical trials to date

- KEYNOTE-200 CAVATAK / KEYTRUDA combination in NSCLC and metastatic bladder recruiting strongly with early positive signal
- Preliminary results from MITCI (CAVATAK / YERVOY) and CAPRA (CAVATAK / KEYTRUDA) trials very encouraging and point to potential path to market in area of high unmet need
- CANON Promising results in non-muscle invasive bladder cancer

Board and management focused on driving shareholder value

- Aggressive expansion of clinical program planned, with goal of driving partnering discussions and shareholder value
- Recent high value transactions in growing field of cancer immunotherapy indicate relevant interest from leading global pharma companies





Thank You



Dr Malcolm McColl Managing Director

Email: malcolm.mccoll@viralytics.com

Web: www.viralytics.com

Follow us on: in



