ASX ANNOUNCEMENT

Targeting inflammation

INVION LIMITED AGM:
INTERIM EXECUTIVE CHAIR'S PRESENTATION

Brisbane, Australia and Delaware, United States, 30 November 2017: Invion Limited (ASX: IVX) is pleased to provide the Interim Executive Chair's Presentation to the 2017 Annual General Meeting of Shareholders being held today at 10.00am (AEST) at The Brisbane Club, 241 Adelaide Street, Brisbane.

FOR MORE INFORMATION CONTACT: Interim Executive Chair: Dr Greg Collier. P: 07 3295 0500 investor@inviongroup.com

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CHAIRMAN'S PRESENTATION

2017 AGM

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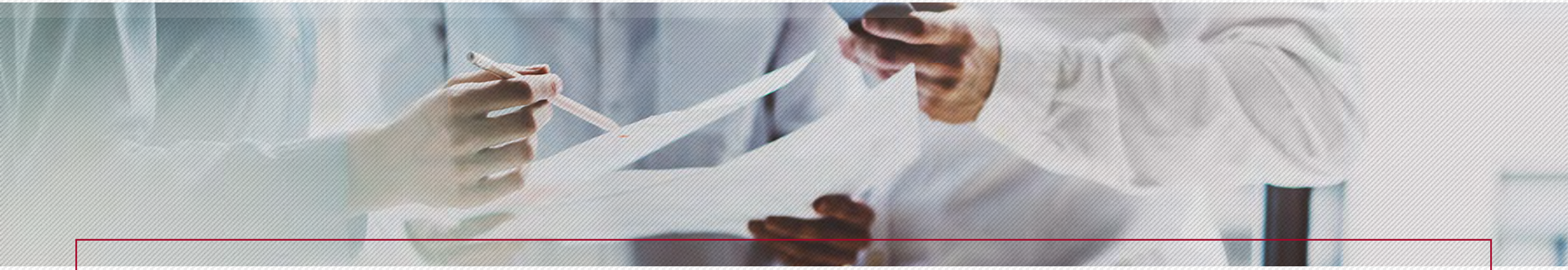
INVION STRATEGY IN 2017



AIM:

Identify and pursue opportunities to reshape and enhance the company's pipeline and business growth

OUTCOME:

Licence to develop and commercialise Photosoft™ for the treatment of cancers

Agreement that provides non-dilutive funding for asset development

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STRATEGIC TRANSACTION WITH THE CHO GROUP

R&D Services Agreement:
Invion will conduct clinical development of Photosoft™ globally, leveraging the Company's expertise. The Cho Group will provide non-dilutive funding for R&D and clinical trials as part of a global development strategy for the asset

1

2

3

Exclusive Distribution and Licence Agreement:
Invion has exclusivity in Australia and New Zealand to commercialise and distribute **Photosoft™** for the treatment of cancers. Licence value $5.5M at $0.002 per share

Underwriting Agreement:
The Cho Group will fully underwrite Rights Issue to raise up to $2.5M

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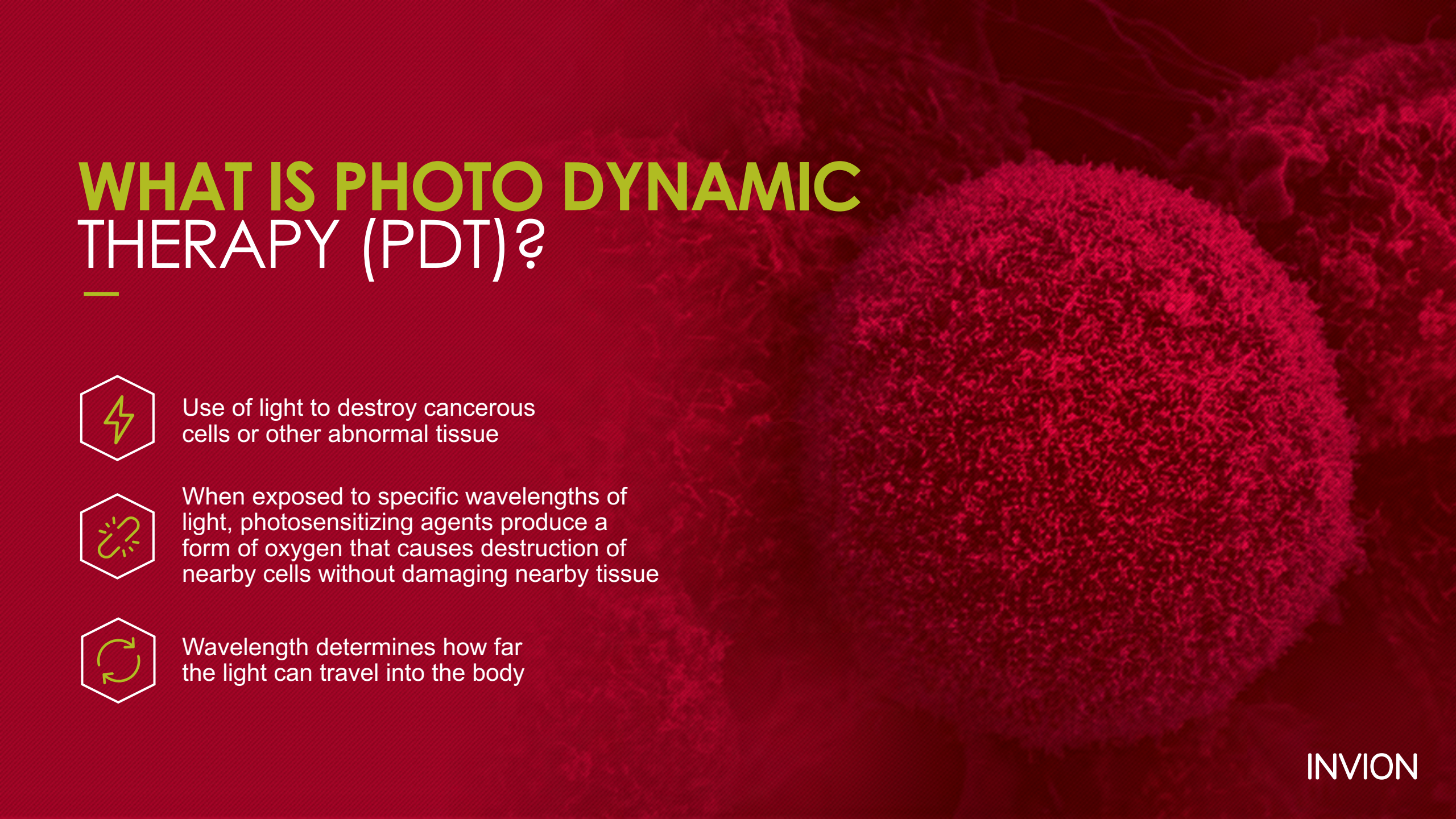
WHAT IS PHOTO DYNAMIC THERAPY (PDT)?



- Use of light to destroy cancerous cells or other abnormal tissue
- When exposed to specific wavelengths of light, photosensitizing agents produce a form of oxygen that causes destruction of nearby cells without damaging nearby tissue
- Wavelength determines how far the light can travel into the body

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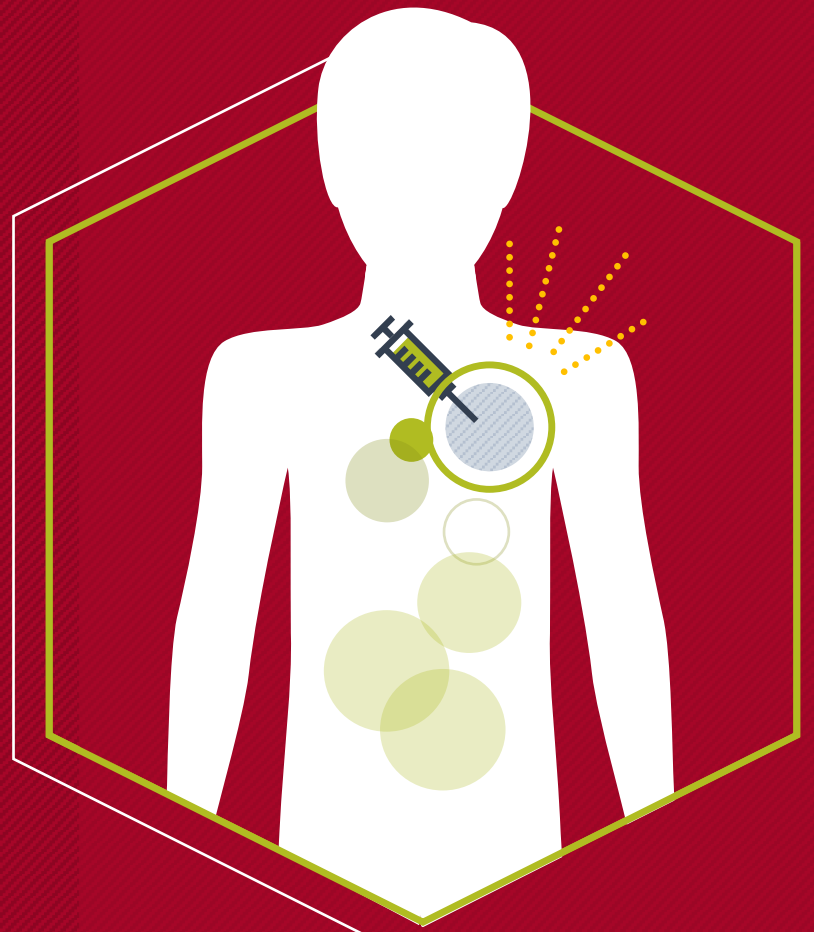
HOW PDT WORKS



1. Photosensitizing agent is taken (by mouth) or given (intravenously)
2. The agent circulates through the body and concentrates at the site of the tumour
3. Light of specific wavelengths is shone on the body which activates the reaction in the tumour
4. The tumour is selectively destroyed

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PDT IN PRACTICE

PDT IS USUALLY PERFORMED AS AN OUTPATIENT PROCEDURE

- There are a number of clinics throughout Australia that offer PDT therapy for the treatment of superficial skin cancers, and sunspots, including solar keratoses
- PDT may be repeated and may be used with other therapies, such as surgery, radiation therapy, or chemotherapy
- PDT is non-invasive and has lower negative side effects than other therapies

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FIRST GENERATION PHOTOSENSITIZERS

PDT therapy became ‘mainstream’ in 1995 with the FDA approval of Photofrin®(porfimer sodium) for treatment of esophageal cancer

Variants of Photofrin® were subsequently developed in clinical trials

HOWEVER FIRST GENERATION PDT HAD PROBLEMS:

Tended to remain in the body for long periods

Fat solubility

Does not absorb longer wavelengths so treatment depth was limited

Leading to limited effectiveness and applicability

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SECOND GENERATION PHOTOSENSITIZERS

Largely chlorophyll based

Water soluble with good tissue distribution

Strong absorption and longer wavelengths allowing deeper penetration of tissues

BETTER TUMOR SPECIFICITY

Low circulation times so patients are not left vulnerable to sunlight damage

Different chemistry

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NEW WAVE OF INTEREST WITH TOOKAD

STEBA BIOTECH CONDUCTED PH III IN 208 PATIENTS WITH LOW-RISK PROSTATE CANCER:

- "Localised, low-risk prostate cancer can be treated in a way that not only preserves genitourinary function but also results in a lower progression rate, a greater chance of being declared disease-free, and a reduction in need for whole-gland radical therapy in the form of surgery or radiotherapy compared with active surveillance"
- May allow more men to consider a tissue-preserving approach and defer or avoid radical therapy.
- Tookad submitted for EMA approval, 2017

Azzouzi, Abdel-Rahmène *et al.* (2016) Padeliporfin vascular-targeted photodynamic therapy versus active surveillance in men with low-risk prostate cancer. The Lancet Oncology (18:2 181–191)

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NEW GENERATION PHOTO DYNAMIC THERAPY: PHOTOSOFT™

- Invion to in-licence asset based on patented PDT agent Photosoft™
- Targeted to address limitations of 1st Generation PDT therapies
- Uses a laser light activation method based on a short, pulsating Near Infrared (NIR) wavelengths
- High photodynamic efficiency combined with NIR peaks of absorption
- NIR light therapy allows more effective whole-of-body systemic treatment that can target circulating cancer cells as well as deeply seated tumours

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PHOTOSOFT™

- Chlorophyll-based PDT photosensitiser
- Complex of chlorin and chlorophyllin

ACTIVATES AT MULTIPLE SENSITIVITY RANGES ACROSS A BROAD SPECTRUM

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LOCALISED PROSTATE CANCER: THE STATE OF PLAY

INCREASING NUMBERS OF MEN ARE CHOOSING ACTIVE SURVEILLANCE OVER SURGERY OR RADIOTHERAPY BECAUSE OF THE RISKS OF THESE TREATMENTS

- Active surveillance was ~6% of US patients 15 years ago, now 40%
- Surgery and radiotherapy are radical treatments associated with urinary incontinence (9-18% over 15 years), erectile dysfunction (87-94%) and poor bowel function (22-36%)
- Over 20,000 men are diagnosed each year in Australia and New Zealand at estimated lifetime cost of A$26,000 p.a. = large market opportunity

References: Nat Rev Urol. 2016 Apr; 13(4): 205–215; N Engl J Med. 2013 Jan 31;368(5):436-45; Prostate Cancer Foundation of Australia

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EARLY STUDIES OF PHOTOSOFT™ CONDUCTED IN AUSTRALIA

PHASE I | PROSTATE CANCER

2013

- Photosoft™ was administered to 68 prostate cancer patients by Urologist Donald Murphy and collaborators
- Results for 26 patients that had been treated for >6 months were reported at the Urological Society of Australia and New Zealand meeting in Melbourne in April 2013
- Half of patients had stable to decreasing PSA and half increasing PSA, while prostate size generally fell on assessment using diagnostic imaging

2017

- A second Phase I was completed by Donald Murphy in collaboration with Monash University
- Participants had localised treatment-naïve prostate cancer or were patients with local relapse
- Photosoft™ was safe and well-tolerated
- PSA levels were checked at three months post-treatment and found four of seven first-line patients registering stable PSA. None of the three relapse patients registered stable PSA.
- A global reduction in prostate size was noted across the primary treatment group
- A proteomics analysis of protein samples found in the urine of the patients found various immune-related biomarkers were upregulated, with high statistical significance ($p<0.001$)

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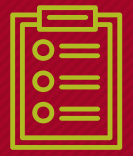
A NEW WAVE: IMMUNOTHERAPY AND PDT

Immune response is important in the control of tumour growth

In vivo evidence exists that immunotherapy and PDT could work well together



Research in the PDT space is increasingly considering the immunological implications

References: Neoplasma. 2010;57(2):184-8; Photochem Photobiol Sci. 2011 May;10(5):681-8. doi: 10.1039/c0pp00315h. Epub 2011 Jan 24

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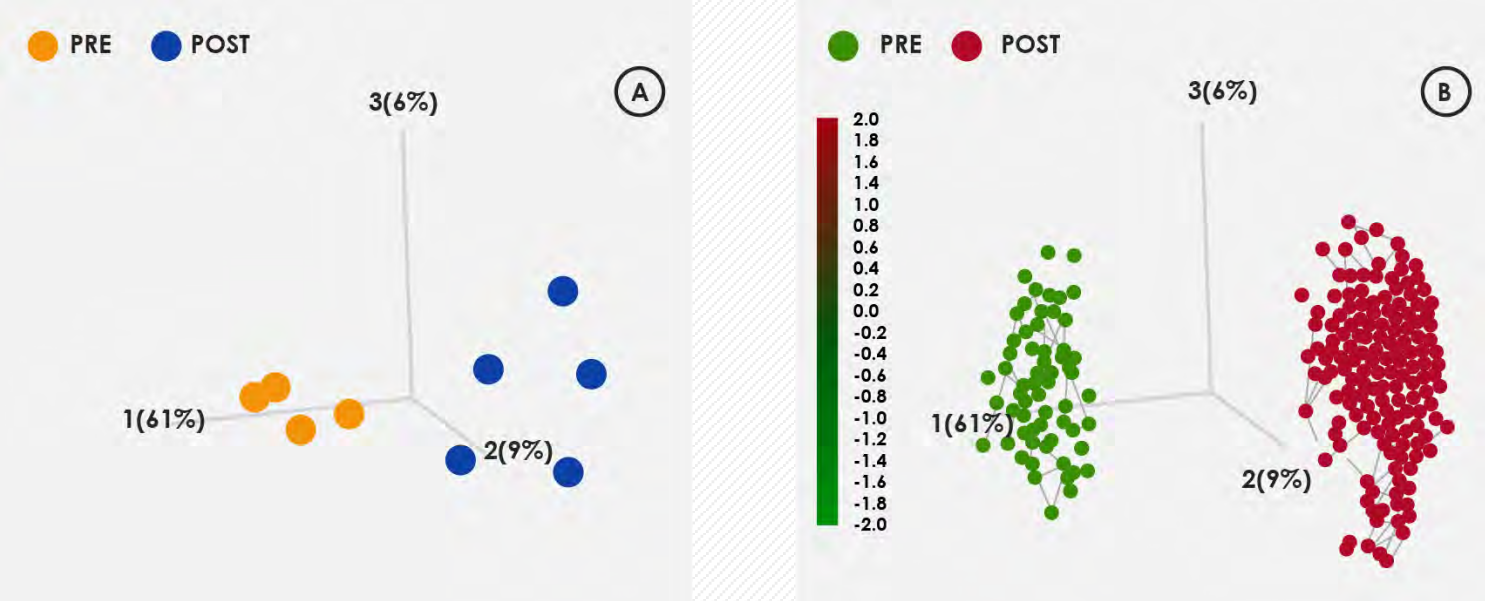
PHASE I PROSTATE CANCER DATA

- 86 proteins relating to immune responses were observed
- Proteins relating to certain immune response pathways are enriched and were significantly over-represented within the dataset



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ADVANTAGES OF NGPDT AND PHOTOSOFT™

- The immune response observed by Murphy in the Phase I provides potential advantages over other water-soluble PDT therapies such as Tookad®
- There is a growing body of knowledge that PDT has the potential to generate an anti-cancer immune response
- Tookad® Ph III success and EMA submission brings PDT into the mainstream via wider research, medical application and potential commercial success
- PDT therapies target early-state treatment as non-invasive and repeatable

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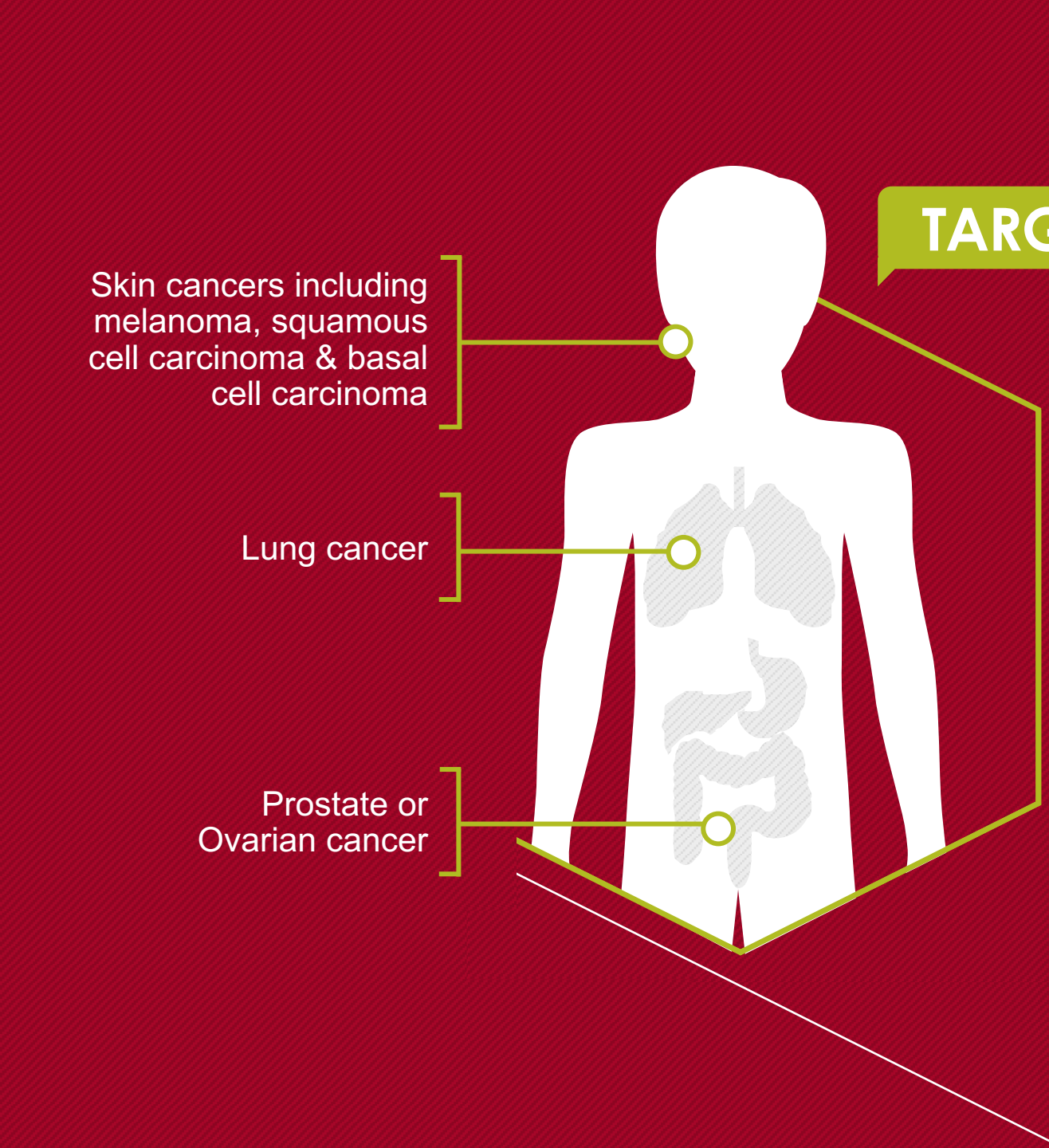

PDT THERAPIES TARGET EARLY-STAGE TREATMENT AS **NON-INVASIVE AND REPEATABLE**

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FIRST STEPS: FUNDED WITH NON-DILUTIVE CAPITAL

1

Establish Scientific Advisory Board, and timing/ costs of Phase II/ III clinical trials in prostate cancer leading to approval submissions

2

Explore short term opportunities for treatment of skin cancers and other disorders

3

Develop ovarian cancer strategy as the next clinical opportunity for Photosoft™

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ACQUISITION/ LICENSING OPPORTUNITIES

INV103 (Cpn10)

INV102 (Nadolol)

INV104 (Zafirlukast)

- Current assets have completed programmed clinical development
- Management remains committed to licensing the assets

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MANAGEMENT TEAM

CURRENT

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MANAGEMENT TEAM

POST- TRANSACTION

Mr Thian Chew
Non-Executive Chairman

Dr Greg Collier
Chief Executive Officer

Dr Mitchell Glass (Invion, Inc).
Chief Medical Officer

Melanie Farris
Head of Operations and Company Secretary

Other Board changes anticipated to occur in 2018

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COMPANY SNAPSHOT AND IMPACT OF TRANSACTION

The effect of the proposed transaction on the capital structure of the Company

	Number of Shares	Percentage of issued capital
Shares on issue at the date of the Notice of Meeting	1,455,965,273	26.69%
Shares to be issued under the Exclusive Distribution and Licence Agreement (resolution 7)	2,750,000,000	50.40%
Shares to be issued under the Underwritten Rights Issue (resolution 8)	1,250,000,000	22.91%
TOTAL	5,455,965,273	100%

Overall ownership structure of the Company after completion of the Underwritten Rights Issue

Shareholder	Number of Shares	Percentage interest
All existing Shareholders other than The Cho Group	1,604,725,067	29.41%
The Cho Group and Polar Ventures	3,851,240,206	70.59%
TOTAL	5,455,965,273	100%

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