22 April 2021

Company Announcements Office
Australian Securities Exchange
Exchange Centre
20 Bridge Street
Sydney, NSW 2000

MEDLAB WEBINAR Reminder – NanaBis PIII Trial design

- As per ASX announcement, 8 April 2021 - today's webinar presentation attached.
- Understanding NanaBis and PIII trials for AU, US, and UK.
- Registrations open until Presentation commences.

Medlab (ASX.MDC), an Australian Biotech using delivery platforms to enhance medicines particularly in the field of oncology and pain management is pleased to provide a PDF copy of the presentation being delivered by webinar today.

Registration details as per ASX announcement 8 April 2021 – NanaBis Phase III Trial Design, are as follows:

Topic: "NanaBis - an Oro-buccal Administered delta9-Tetrahydrocannabinol (d9-THC) & Cannabidiol (CBD) Medicine for the Management of Bone Pain From Metastatic Cancers" identifier NCT 04808531, Clinicaltrials.gov URL: clinicaltrials.gov

When: 22 April 2021, 10am Sydney Australia, via webinar

Register: http://www.medlab.co/asx

Q&A will be offered at the end of the presentation.

ENDS

Authorisation & Additional information
This announcement was authorised by the Board of Directors of Medlab Clinical Limited.

About Medlab – www.medlab.co
Medlab Clinical LTD (ASX:MDC) is pioneering the development and commercialisation of a delivery platform, allowing for enhanced medical properties, including increased efficacy, safety, patient compliance and stability.

Medlab's pipeline comprises of small and large molecules from repurposing generic medicines to enhancing the delivery of immunotherapies.
Medlab's Patented lead drug candidate, NanaBis™ has been developed for cancer bone pain as a viable alternative to opioid use. Data to date, strongly suggests NanaBis may be equally effective in non-cancer neuropathic pain.

NanaBis™, as it moves in global P3 trials is public facing on www.clinicaltrials.gov NCT04808531.
NanoCelle©, the patented delivery platform is wholly owned by Medlab Clinical and developed in Medlab's owned OGTR Registered Laboratory. NanoCelle© is designed to address known medication problems, addressing global unmet medical needs.

Medlab operates in Australia (Head Office), USA, and the UK.
Medlab – *better medicines, better patient care.*

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Medlab Clinical Ltd (ASX:MDC)

Scientifically optimised for a better life

Understanding the NanaBis™ Phase III Trial

Investor Webinar

Thursday 22nd April 2021

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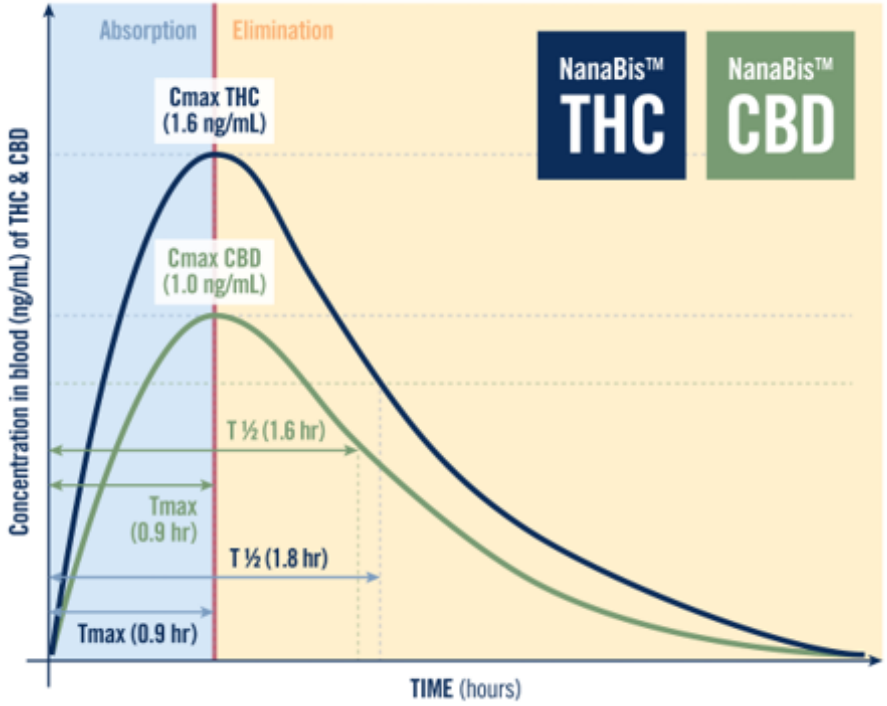
The Company does not warrant or represent that the actual results, performance or achievements will be as expected, planned or intended.

NANABIS™
OUR LEAD DRUG CANDIDATE

A viable non-opioid analgesic...

1 to 1 (equimolar) THC and CBD ratio delivering 2.5mg of each compound, in a nanoparticle (NanoCelle®) for improved bioavailability and absorption.



Its all about delivery

Critical to NanaBis™ and not seen in other similar offerings is the unique delivery platform, NanoCelle®

NanoCelle® Patent *(as at 22/09/20)*			
Jurisdiction	**Application no.**	**Filing Date**	**Status**
Australia	2016226280	02/03/16	Granted
Canada	2978179	02/03/16	Under Examination
Europe	1675948.3	02/03/16	Decision to Grant
New Zealand	735138	02/03/16	Under Examination
Singapore	11201707068X	02/03/16	Under Examination
United States	15/555038	02/03/16	Under Examination
Hong Kong	18103321.4	02/03/16	Under Examination

- NanoCelle® is a patented submicron delivery platform used to enhance medicines, via delivery, solubility, and/or efficacy **operating at a scale of <90nm** in particle size of API
- NanoCelle® is optimised for buccal absorption, **bypassing first pass metabolism**, a digestive mechanism known to significantly degrade compounds via gastrointestinal route
- NanoCelle® allows NanaBis™ to rapidly cross the buccal membrane and utilises the facial lymphatics allowing for a **rapid systemic response**

MEDLAB'S PROPRIETARY DELIVERY SYSTEM

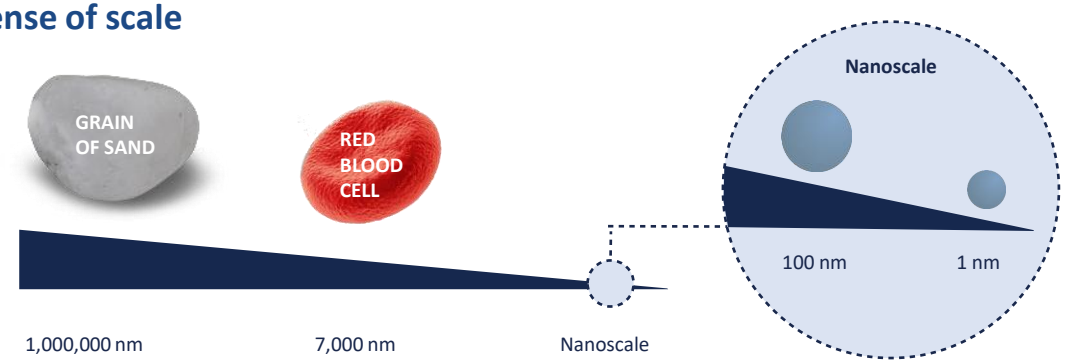
NanoCelle® creates nano-sized water-soluble particles that enable optimised delivery of particles, overcoming issues with solubility and degradation

Meaning they can pass more easily into the bloodstream for faster absorption and metabolism whilst employing non-traditional routes of administration

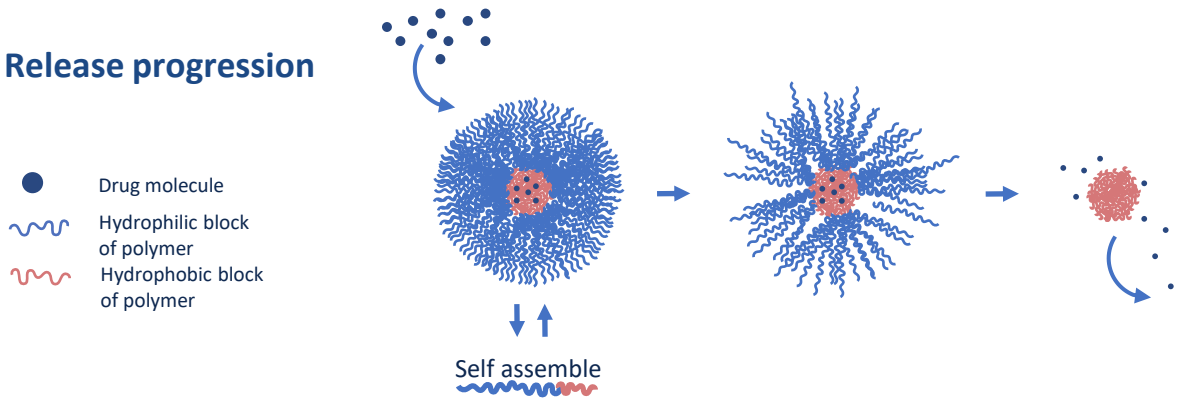
HOW NANOCELLE® WORKS

- Creates an average particle size of 5 nm to approximately 90 nm (depending on payload)
- Consists of an inner hydrophobic core (active agents combined with lipid carrier or itself lipid-soluble) and outer hydrophilic shell (various surfactants)
- Utilises a variety of administration routes (oro-buccal, oral, topical, nasal) for a more optimised delivery of a medicine

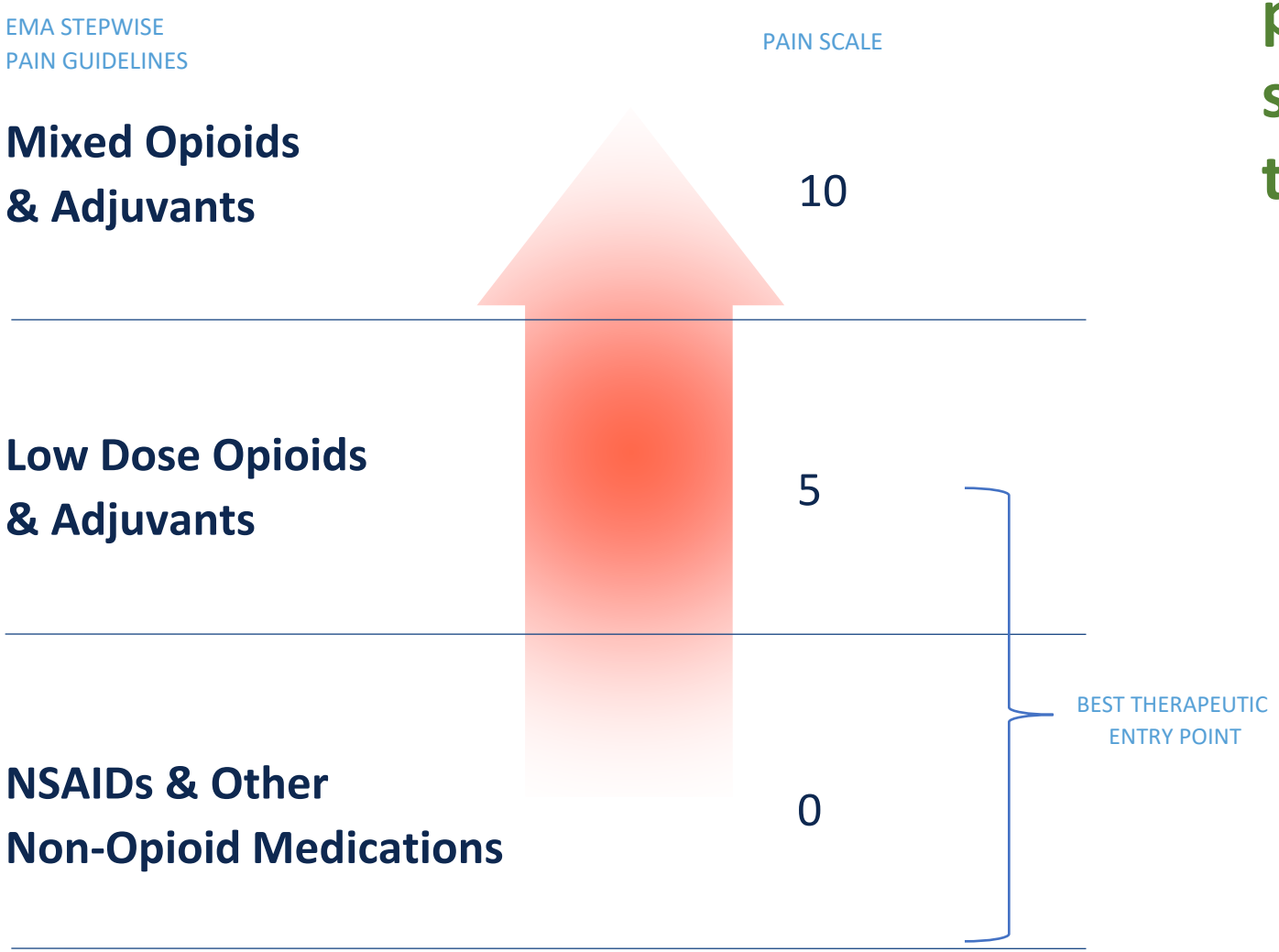
Sense of scale



Release progression



WHY IS NANABIS™ IMPORTANT?



64% of all bone cancer patients are currently not supported by existing pain therapy

- NanaBis™ provides a viable alternative that can delay or alleviate the need to use opioids for pain management
- Effective and safe, preferably used before progression to opioids
- Efficacious in patients with “unmanageable pain” that is not being controlled by opioids and other pain medication

A NON-OPIOID ANALGESIC TO TREAT BONE PAIN

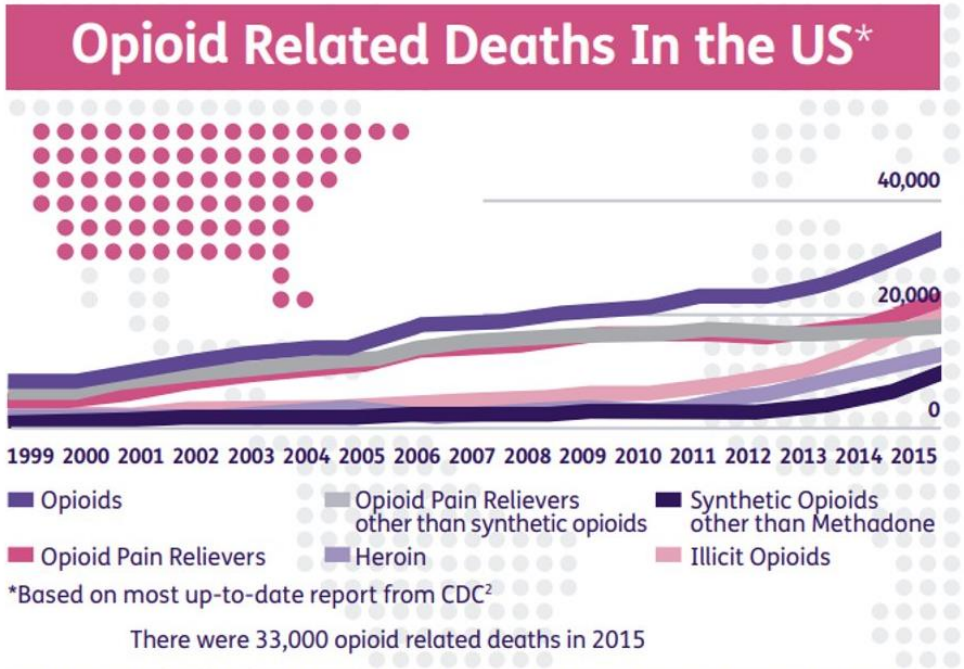
Up to 75% of patients with bone metastasis endure crippling bone pain…

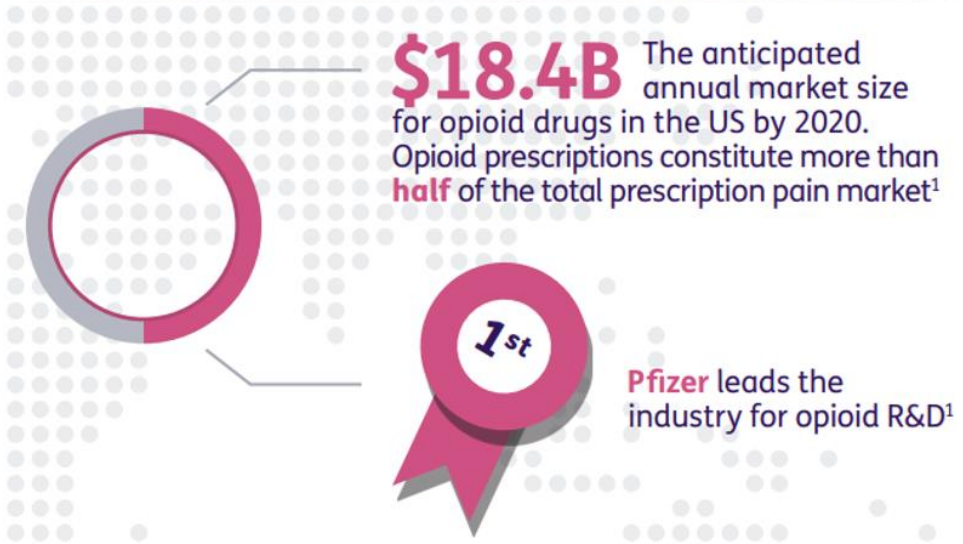
- Opioids or opioid derivatives remain the main method of treatment for cancer-related pain.
- Despite the known side-effects of opioids, there's been little advancement in the management of cancer pain.
- Extended patient life increases the burden of pain.
- Abuse and toxicity profiles underpin a need for opioid alternatives.
- Each year in the US, more than 2 million people abuse opioids. In 2016, an estimated 197,970 US hospital visits occurred for opioid-related poisonings.

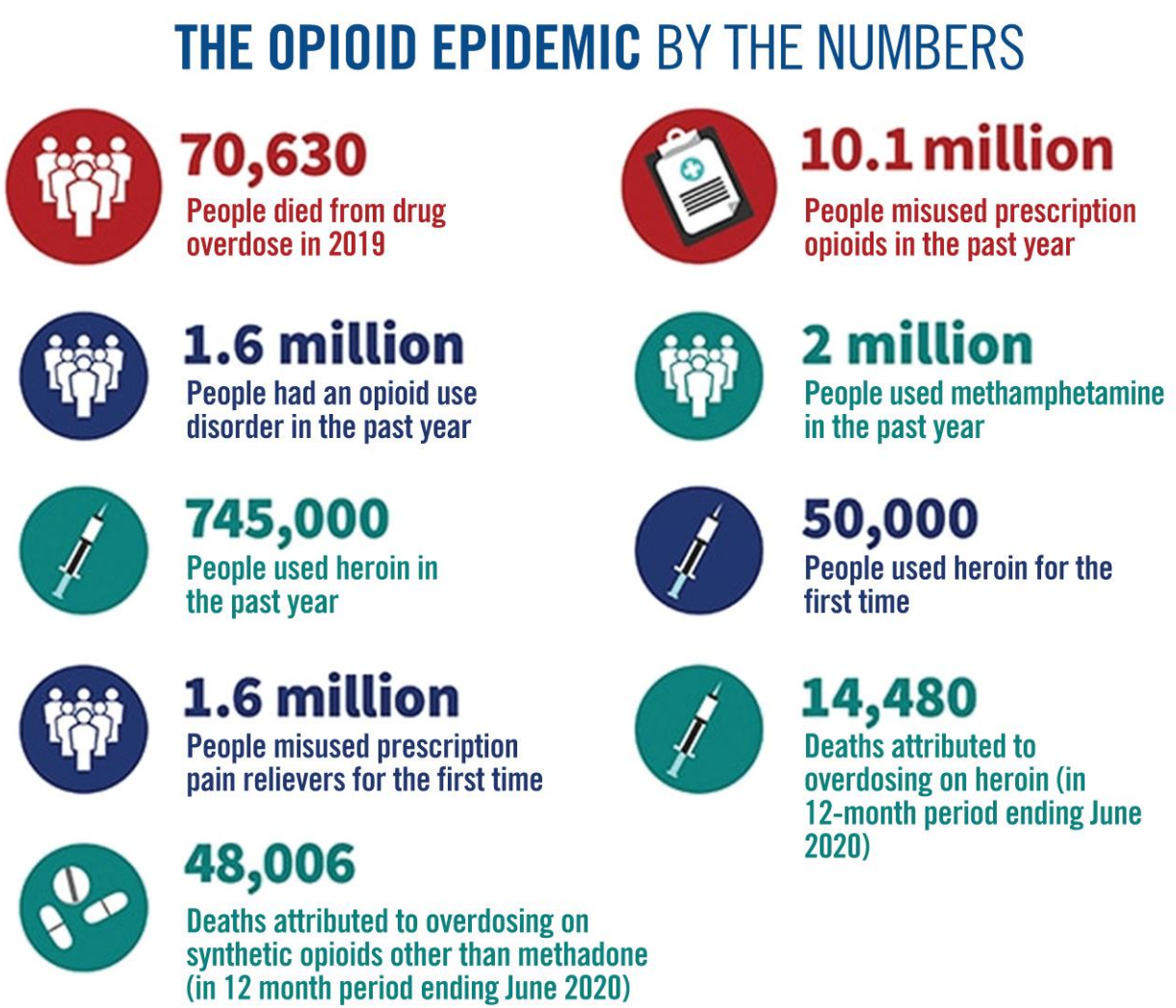
Despite known problems, opioids are still the gold standard for pain treatment

NanaBis™ provides a fast-acting and viable alternative to opioids, improving pain management and quality of life

OPIOID EPIDEMIC IN THE US



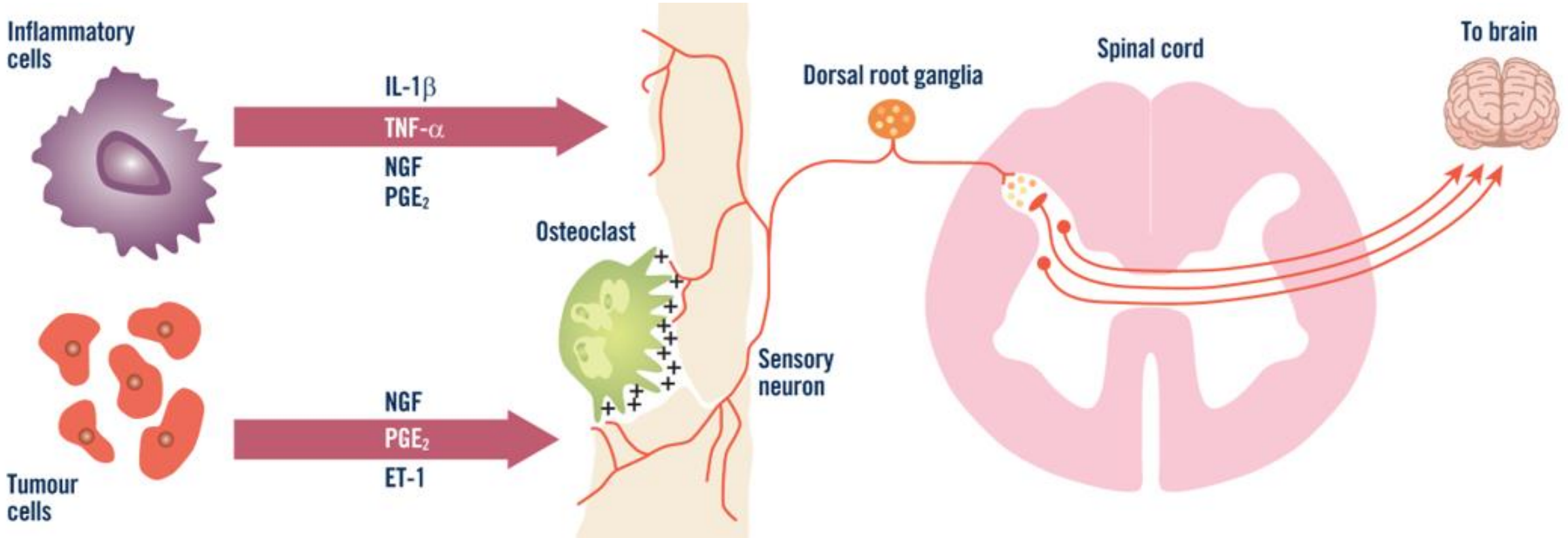




Sources
1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System, Provisional drug overdose death counts.

THE SCIENCE BEHIND NANABIS™ AND METASTATIC BONE PAIN

The pathophysiology of metastatic bone pain involves both inflammatory and neuropathic mechanisms whereby the tumour cells cause hyperactivity of surrounding nociceptors, osteoclasts and immune cells, sensitizes pain afferent fibres and spinal cord pain neurons as well as upregulating descending nociceptive stimulation in the CNS. NanaBis™ acts at all these levels to reduce the sensitisation and injury of neurons, inhibit descending CNS nociceptive stimulation, and reduce the hyperactivity of the surrounding osteoclasts and immune cells.



NANABIS™
PHASE III TRIAL DESIGN

NANABIS™ EVOLUTION

OUTCOMES

- Safe
- Tolerable
- Efficacious
- Pain reduction
- Improvement in QoL
- MMeQ reduction

Medlab is currently exploring ethical opportunities for compassionate use in the US and UK

SAD/MAD (RNSH) OUTCOMES

Primary and Secondary endpoints met - proving safety, tolerability and efficacy of NanaBis™

30 advanced cancer, unmanaged pain patients, single ascending dose / multiple ascending dose

Patient subset of breast or prostate cancers with bone metastasis had 40% improvement in pain scores from baseline

Improvements in Quality of Life measures (emotional functioning and insomnia)

MMEq (morphine in milligrams equivalent) significantly reduced - quantifiable measure of efficacy

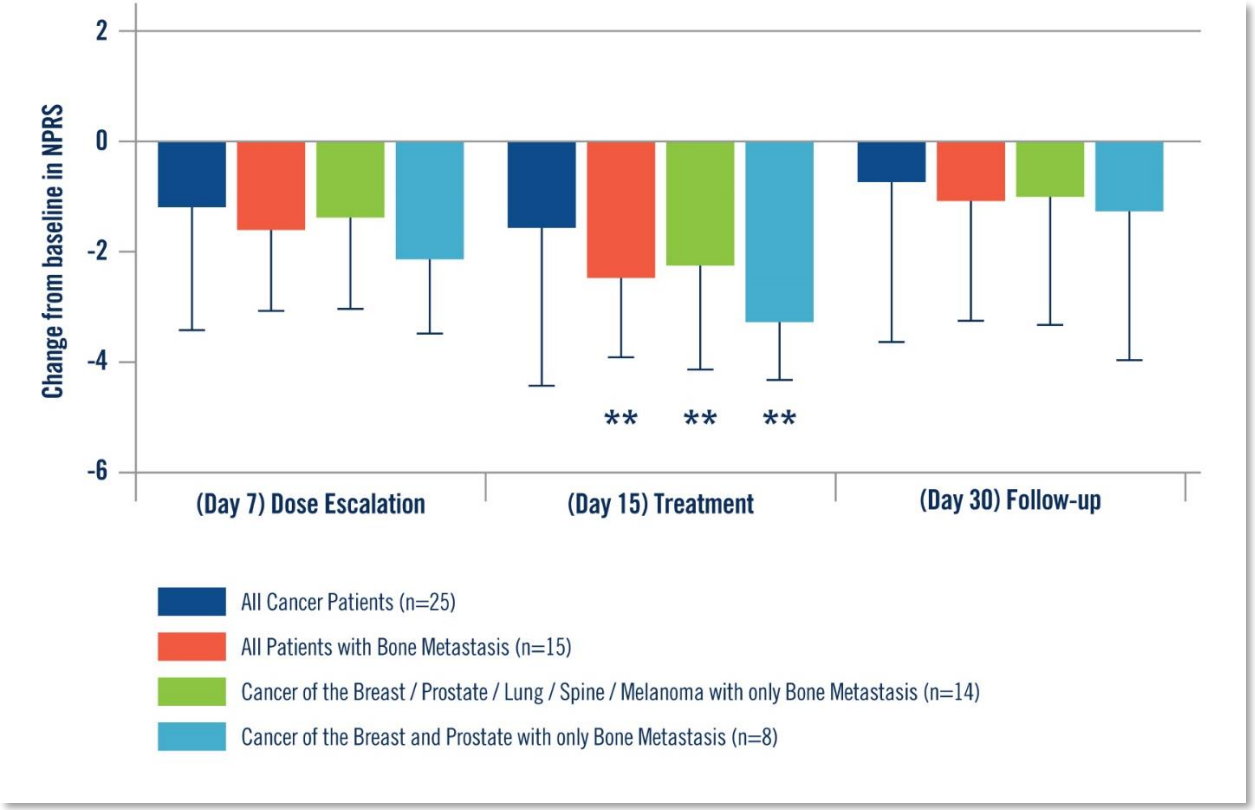
Maximum concentration in serum to be 54 minutes

Results released in March 2020

ROYAL NORTH SHORE HOSPITAL

NANABIS™ DEMONSTRATED A SIGNIFICANT REDUCTION IN MMEQ

- Whilst dose tolerance was achieved at 60% of the maximum interventional requirement, it was demonstrated that cancer patients with bone metastases had significantly less morphine milliequivalents (MMEQ) than patients with cancer but no bone metastases.



SAMPLE 1 (all other cancers)

Variable	Obs.	Mean	Std. Dev.	Min.	Max.
MMEq Day 1	17	214.0588	353.8235	15	1480
MMEq Day 7	14	174.4286	300.4153	15	1150
MMEq Day 13	14	225.2857	442.6972	15	1690
MMEq Day 16	14	212	391.7297	15	1510
MMEq Day 30	13	322.6923	714.5855	0	2650

SAMPLE 2 (Breast & Prostate)

Variable	Obs.	Mean	Std. Dev.	Min.	Max.
MMEq Day 1	8	61	38.95785	0	126
MMEq Day 7	8	58	38.26225	0	126
MMEq Day 13	8	57.125	37.14619	0	119
MMEq Day 16	8	57.125	36.52568	0	119
MMEq Day 30	8	64.5	51.23057	8	171

REAL WORLD DATA REPLICATES CLINICAL DATA

12-month observational (OBS) study underway,
Data released every quarter

Patient JP
"I have completely withdrawn from all opioids and recently walked the dog for a total distance of 1600m."

Patient EC
"Stopped all medications as NanaBis™ has been able to reduce the pain significantly. I have a backup script for oxycodone which hasn't been filled."

805 of 2000

Australian patients recruited (40.1%)

- Of which 16% in cancer-related pain, 84% in non-cancer-related pain
- Median averages = dosage 4 sprays per day corresponding to a 55% reported reduction in pain (unadjusted)
- Gender distribution = 65% female, 35% male across ages 20 – 80+

Real-world data

Observational Study

- Observational study shows positive results across all criteria to date
- Pain reduction on average remains consistent to prior NanaBis™ discovery (55%) with reports indicating significant improvements in specific quality of life outcomes such as "general activities", "sleep" and "mood."
- **Of 119 patients whom have completed 6-12 months, the company notes sustainability in pain reduction of a long term.**

55% improvement in pain scores

Consistent with Phase I/II study

HREC Approval ID: H0052E_2019

Case study #	2115-001
Age	66
Sex	M
Indication	Cancer-related chronic pain (bone pain) in the clinical context of stage 5 prostate cancer with bone metastases

NanaBis™ PATIENT Case Study

Month	1 (baseline)	11*	Outcomes
NanaBis™ Dosage (sprays per day)	2-3 sprays (1 bd increasing to 1 tds)	24 sprays (8 tds)	
Average Pain	7	6	14% improvement
% relief from medication (last 24 hrs)	30%	80%	167% improvement
General activity (pain interference)	10	2	80% improvement
Mood (pain interference)	0	2	no improvement
Sleep (pain interference)	7	8	no improvement

TN

Opioid-sparing effect:

33% reduction in Targin dosage by Month 7

after titration to 8 tds (total daily dose of 24 sprays/day)

HREC: 0052E_2019
CTN: CT-2019-CTN-02371-1
ACTRN: 12619000513112

Results provided under consent. NanaBis™ under clinical investigation as a drug candidate and as such a non-ARTG medicine.

*Month 12 not yet documented

* Image of patient is for presentation purposes only

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Case study #	2025-005
Age	55
Sex	F
Indication	Non cancer-related chronic pain (muscular pain) in the clinical context of rheumatoid arthritis and fibromyalgia

NanaBis™ PATIENT Case Study

Month	1 (baseline)	12	Outcomes
NanaBis™ Dosage (sprays per day)	1 spray daily	4 sprays (1 mane, 1 midi, 2 nocte)	
Average Pain	6	6	no improvement
% relief from medication (last 24 hrs)	60%	30%	no improvement
General activity (pain interference)	10	8	20% improvement
Mood (pain interference)	6	2	67% improvement
Sleep (pain interference)	10	4	60% improvement

OXY contin

OXY codone

EN

Opioid-sparing effect:

75% reduction in Oxycontin dosage by Month 12
(from 40mg bd to 10mg bd) with 3-4 sprays NanaBis™ per day

50% reduction in Oxycodone MR (Oxycontin MR) dosage
after titration total daily dose of 3 sprays/day (1 tds) by Month 3 until Month 6.

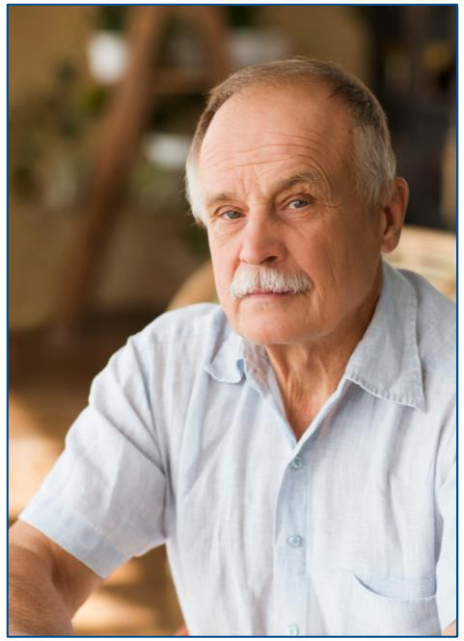
Also reported **less Endone usage "very occasional" use by Month 3** compared to baseline at 1 bd prn

Opioid reduction while maintaining pain control compared to baseline and improved quality of life measures in general activity, mood and sleep

HREC:	0052E_2019
CTN:	CT-2019-CTN-02371-1
ACTRN:	12619000513112

Results provided under consent. NanaBis™ under clinical investigation as a drug candidate and as such a non-ARTG medicine.

* Image of patient is for presentation purposes only



Case study #	3004-002
Age	64
Sex	M
Indication	Cancer-related chronic pain (bone pain) in the clinical context of myelofibrosis

NanaBis™ PATIENT Case Study

Month	1 (baseline)	10*	Outcomes
NanaBis™ Dosage (sprays per day)	1 daily (nocte)	4 sprays (2-4 sprays a day)	
Average Pain	6	1	83% improvement
% relief from medication (last 24 hrs)	50%	90%	80% improvement
General activity (pain interference)	9	3	67% improvement
Mood (pain interference)	9	2	78% improvement
Sleep (pain interference)	10	1	90% improvement

TN

Endep

NB NanaBis™

Opioid-sparing effect:

Ceased Targin by Month 4 and reduced Endep to 50mg nocte (66% reduction)
at 4 sprays of NanaBis™ per day

Dosage of NanaBis™ remain stable at 4 sprays per day while maintaining reduced pain scores, improvement in mood, general activity and sleep for the remainder of the study compared to baseline

HREC: 0052E_2019
CTN: CT-2019-CTN-02371-1
ACTRN: 12619000513112

Results provided under consent. NanaBis™ under clinical investigation as a drug candidate and as such a non-ARTG medicine.

*Month's 11 & 12 not yet documented

* Image of patient is for presentation purposes only

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ADVERSE EVENTS (AE)

- Total real AE circa 9% with total Serious AE circa 6%
- Cohort consists of patients with complex advanced disease – AE were expected
- Considering co-therapy for the patient cohort – similar AE are noticed in standard therapy
- A number of patients reported 2 or more AE's
- A number of AE's were dose dependent, as an example high dose use was seen at 8 doses (16 sprays) per day.

Adverse Event Description	Mild	Moderate	Severe
Auditory hallucination	4%	-	-
Burning throat	4%	-	-
Constipation	8%	4%	-
Dizziness	40%	4%	-
Drowsiness	68%	44%	16%
Dry mouth	4%	12%	8%
Fatigue	4%	20%	12%
Fogginess	20%	8%	4%
Hallucinations	-	8%	-
Impaired Concentration	4%	-	-
Lethargy	-	4%	4%
Nausea	36%	20%	4%
Nightmare	4%	-	-
Numbness bottom lip	4%	-	-
Pain crisis post coming off IP	-	-	4%
Restless at night	-	4%	-
Vivid dreams	4%	-	-
Vomiting	20%	4%	12%

NANABIS™ PHASE III TRIAL

NanaBis™

An oro–buccal administered equimolar THC and CBD formulation as monotherapy for the management of opioid-requiring–bone–pain due to metastatic cancer: a phase 3 multi-centre, double-blind, randomized- withdrawal active and placebo controlled clinical study.

PHASE III TRIAL – END POINTS

Primary

Demonstrate that at the end of the 6-week study period the proportion of responders in the NanaBis™ treated group is significantly greater than the proportion of responders in the placebo group.

Secondary

I) Demonstrate that at the end of the 6-week study period the proportion of responders in the Oxycodone CR treated group is significantly greater than the proportion of responders in the placebo group (study validation).

II) Demonstrate that at the end of the 6-week study period the proportion of responders in the NanaBis™ treated group is non-inferior to the proportion of responders in the Oxycodone CR treated group.

III) Demonstrate that at the end of the 6-week study period the HR-QoL scores in the NanaBis™ treated group are significantly greater than in the Placebo group and non-inferior to the Oxycodone CR treated group.

IV) Demonstrate that NanaBis™ is safe and tolerable.

V) Demonstrate that half or more of the NanaBis™ treated group preferred further treatment with NanaBis™ in the open label extension study (note that all participants will be offered open label extension if appropriate).

GLOBAL PHASE III SCHEMATIC (N=360)

NCT04808531 - Clinicaltrials.gov

Trial locations in AUS, UK & US

2:1 RANDOMISATION
- Start PRN Oxycodone IR
- Commence cessation of all prior analgesics

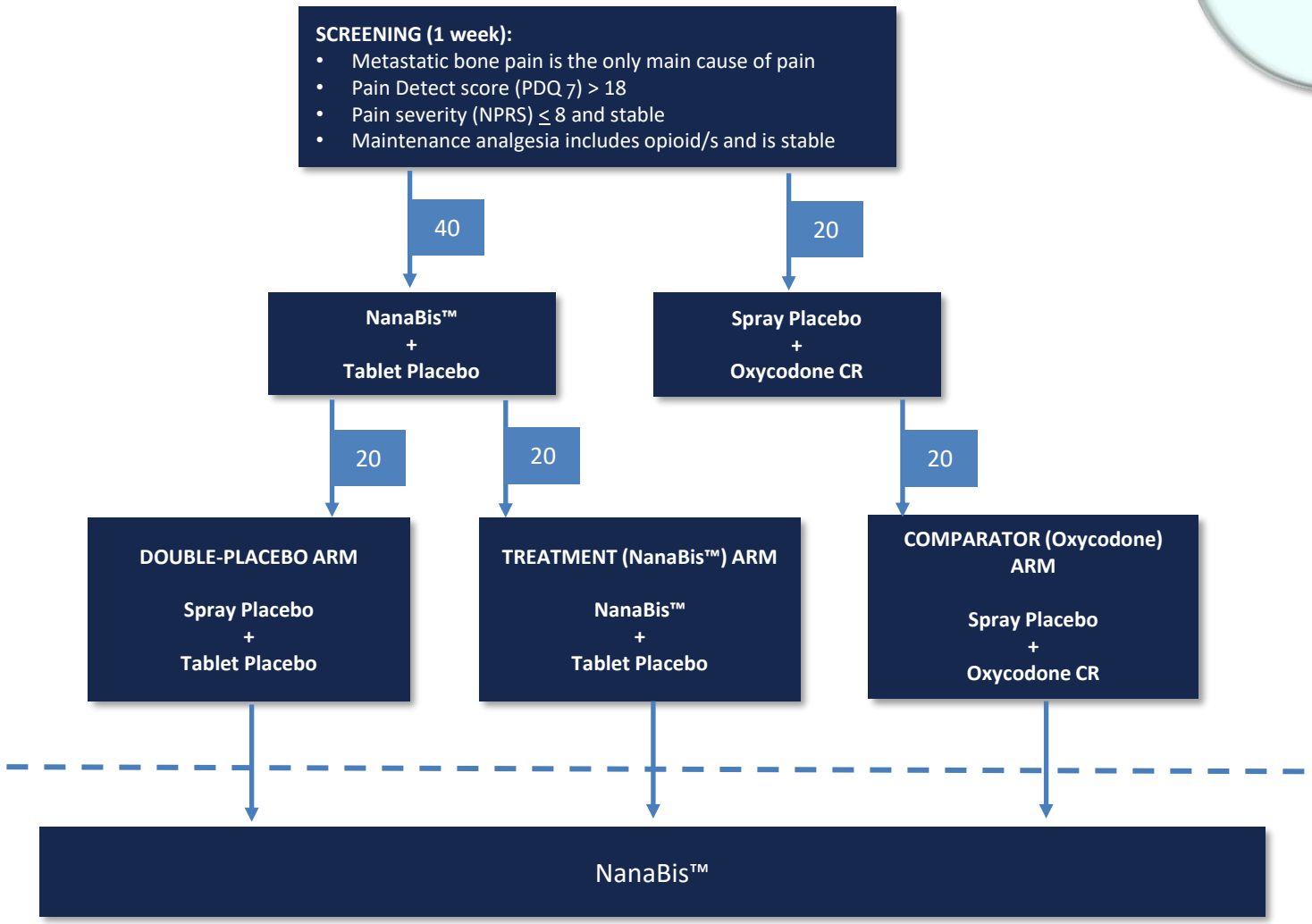
TITRATION (1 weeks)
- All prior analgesics ceased within first 3 days
- Dose optimisation & stabilisation

1:1 RANDOMISATION

MAINTENANCE (3 Weeks)

INTENTION CLOSE:

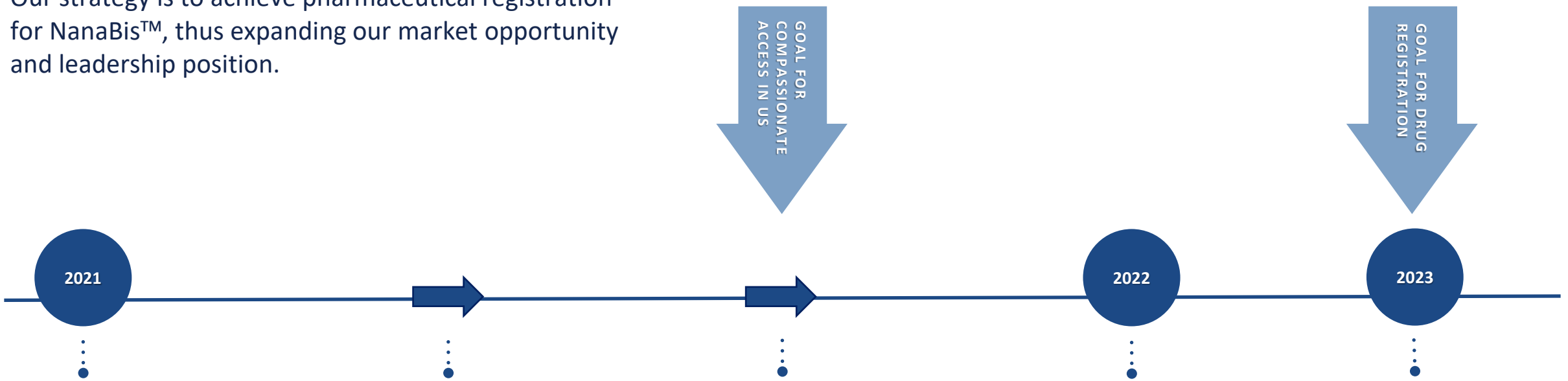
COMPASSIONATE EXTENSION (12 weeks)



SHAM RANDOMISATION

NANABIS™ NEXT MAJOR STEPS

Our strategy is to achieve pharmaceutical registration for NanaBis™, thus expanding our market opportunity and leadership position.



NanaBis™ to US & UK

- Patient payable compassionate use – **APPLICATION PENDING (US).**
- Phase III trial progression – **IN PROGRESS (US, UK).**
- Patient payable compassionate use – **UNDER INVESTIGATION (UK).**
- Site announcements.

NanaBis™ in AUS

- Patient payable compassionate use – **IN PROGRESS.**
- Phase III trial progression – **IN PROGRESS .**
- Site Announcements.

Phase III trial initiation:

- US DEA Approval – **IN PROGRESS.**
- UK MHRA/Home Office anticipated.
- Clinical sites contracted – **IN PROGRESS.**
- First patient in, study sites underway.
- Ethics Approval.

Phase III Completion

- Enrolment complete.
- Phase III interim readout.

US FDA Drug Filing

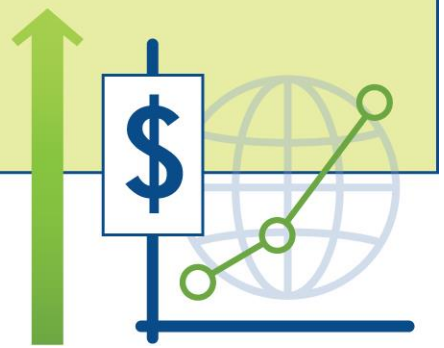
- Phase III Final Report.
- Phase III peer review publications.
- Obs study completion .
- New Drug Application filing.

NANABIS™ VALUE CREATION

As cancer survival rates increase, so does the need for a better approach to address long-term pain often experienced by cancer patients.

Immediate Regulatory Target	Future Targets	Goal for Drug Registration
Cancer Bone Pain	**Cancer Pain**	**Chronic Pain**
US $1.22B Global market (2019) with CAGR of 5.4%	**US $5.28B Global market** opportunity (2017)	**US $69.3B Global market** opportunity (2017)
Cancer Bone Pain (primarily in Breast, Prostate and Lung) impacts approx. 700,000 new patients (annually) in US, AU and Canada	CAGR 4.5%, estimated to be **US $7.54B** (2025)	CAGR 6.4%, estimated to be **US $151.7B** (2030)

We are disrupting the opioid market

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