Viralytics

Developers of Oncolytic Immunotherapies

Oncolytic Immunotherapies

for Difficult-to-Treat Cancers

Annual General Meeting

23rd November 2016

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.'

Positioned for Growth

- Lead investigational product CAVATAK™ with demonstrated potential across a range of indications and treatment settings
- Opportunity for use as monotherapy or in combination with new 'blockbuster' agents
- Resources to conduct key global clinical trials
- Collaborative clinical trial program with Merck in lung and bladder cancer
- Corporate strategy to license, partner, or sell at key value point

CALM and CALM extension:
Success in Phase 2 melanoma trial (US)

STORM / KEYNOTE-200:
CAVATAK / KEYTRUDA®
Collaboration with Merck in lung and bladder cancer (US & UK)

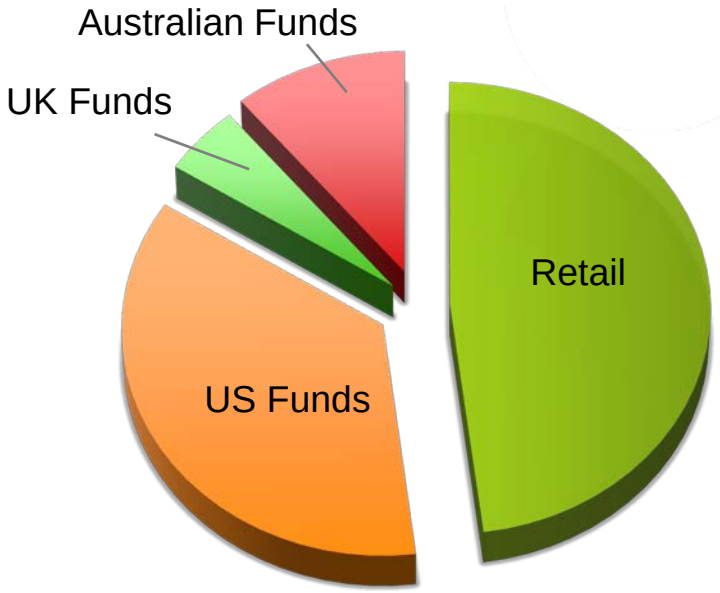
CANON:
Superficial bladder cancer (UK)

MITCI:
CAVATAK / YERVOY™
Melanoma (US)

CAPRA:
CAVATAK / KEYTRUDA®
Melanoma (US)

Strong Financial Foundation

Key Statistics	
Ticker Code	ASX: VLA OTCQX: VRACY
Share Price (November 22, 2016)	A$1.15
Market Capitalisation	A$ 276M
Trading Range (12-month)	A$0.62 – 1.35
Institutional investors	52%
Cash position (September 30, 2016)	A$42M
Net operating cashburn 2015/16	A$7.5M



Leading specialist healthcare institutional investors:

- **BVF Partners** San Francisco
- **Cormorant Asset Management** Boston
- **Quest Asset Partners** Sydney
- **Orbimed Advisors** New York
- **Abingworth** London
- **Australian Ethical** Sydney

Viralytics

Cancer Immunotherapy: Emerging, High-Value Therapeutic Approach

- Rapidly emerging field, transforming cancer therapy
- Value of oncolytic viruses highlighted by Amgen acquisition of Biovex (TVec™) – US $425 million cash upfront; US $575 million future milestone payments
- Multiple recent transactions and collaborations
- Big pharma race to find complementary agents; Merck, BMS, Roche, GSK, Astra Zeneca, Pfizer all active
- Immuno-oncology market size forecast at US $42 billion per annum[1]

Opportunities for CAVATAK™ in multiple settings including combinations with new agents

"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 – Merck[2]

1. Credit Suisse November 2015
2. Financial Times 29 May 2015

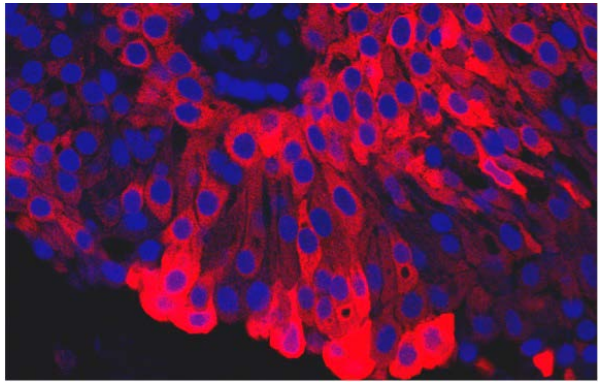
Viralytics

CAVATAK™
Lead Product - Many Indications Under Study

- 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
- Potential application across a range of cancer types:
  - Intratumoral – melanoma, colorectal, breast
  - Intravenous – melanoma, prostate, lung, metastatic bladder
  - Intravesical – non-muscle invasive bladder cancer
- Potential to enhance activity of new blockbuster cancer immunotherapies shown in clinical trials
- Well tolerated in patients
- Manufactured under cGMP at SAFC USA
- Amgen's TVec™ - FDA approved in October 2015

Cancer Type	Rank *	Estimated New Cases in the US in 2016 *
Breast	1st	249,260
Lung	2nd	224,390
Prostate	3rd	180,890
Colorectal	4th	134,490
Bladder	5th	76,960
Melanoma	6th	76,380

* USA National Cancer Institute, 2016



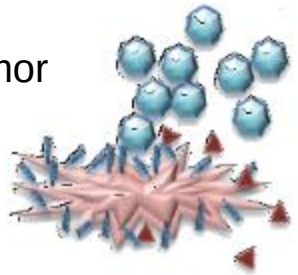
Cytoplasmic replication of CAVATAK in non-muscle invasive bladder cancer

Viralytics

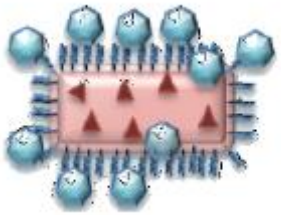
CAVATAK™
Local and Systemic Activity

Administration
- *Intravenous*
- *Intratumoral*
- *Intravesical*

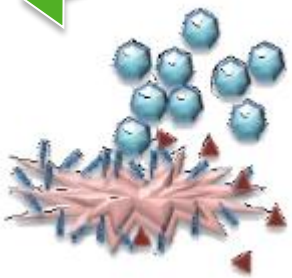
CAVATAK™ released from tumor (repeats)

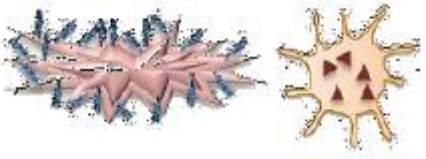


activates host anti-tumor immune response

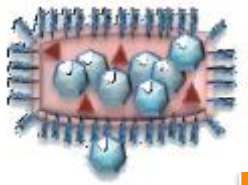


1. **Oncolytic lysis** and death of cancer cell





CAVATAK™ binds externally to tumor cells



infects

2. Viral induced tumor **inflammation**

replicates and destroys

3. Stimulation of **host-immune** response against cancer cells

Viralytics

Viralytics

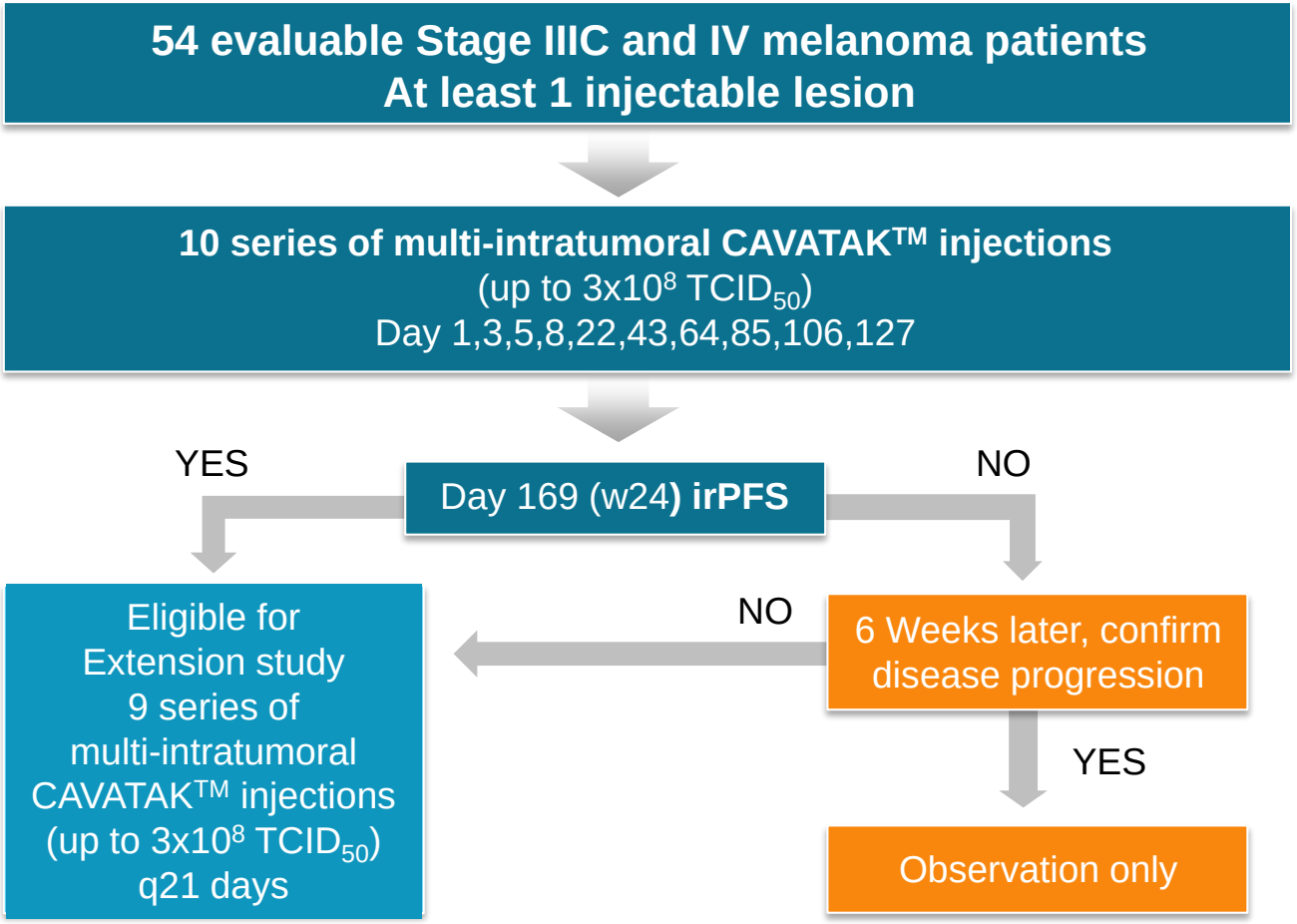
Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

CALM Phase 2 Melanoma Study

CAVATAK™ – Phase 2 CALM Melanoma Study

(CAVATAK IN LATE STAGE MELANOMA)



- Leading US cancer centres
- Responses in both injected and metastatic non injected tumors
- Generally well tolerated
- Final results presented at ASCO

Viralytics

CAVATAK™ Phase 2 / AMGEN T-VEC™ Phase 3 Results

	Viralytics CAVATAK™ Phase 2 CALM Melanoma Data *	Amgen T-Vec Phase 3 OPTIM Melanoma Final Data+
Number of patients	57 (treated patients)	295 (treated patients)
Stage of Disease	IIIC-IV	IIIB and IIIC -IV
ir Progression-Free Survival - 6 months	38.6% (22/57)	Not reported
Overall Response Rate^	28.1%¶ (16/57)	26.4%§ (78/295)
Durable Response Rate (>6mths)	21.1%	16.3% (48/295) 14.8% (40/271) excl. IIIB
Time to Response onset	3.4 mths	4.1 mths
One-year survival rate	75.4% (43/57)	73.4%
Median Overall Survival	26 months	23.3 months

* Data lodged with ASX and Investigator assessed (refer ASX announcement for full details)
+ Data from ASCO, ESMO and SMR 2013
^ CALM Phase 2 irRECIST 1.1 criteria, Amgen Phase 3 modified WHO criteria
§ Confirmed and unconfirmed ORR
¶ Confirmed ORR

Viralytics

CAVATAK™ — Well Tolerated in Clinical Testing

Safety: CAVATAK-Related Adverse Events+

AE Term	*Grade 1 n(%)	Grade 2 n(%)	Grade 3 n(%)	Grade 4 n(%)
Injection site pain	16 (28%)	2 (4%)		
Tiredness (fatigue)	15 (26%)	2 (4%)		
Chills	15 (26%)			
Pyrexia	7 (12%)			
Injection site erythema	7 (12%)			
Pain	6 (11%)	1 (2%)		
Myalgia	6 (11%)			
Headache	6 (11%)			

No drug-related grade 3 or 4 or serious adverse events

Toxicity is a well recognized shortcoming of existing cancer therapies

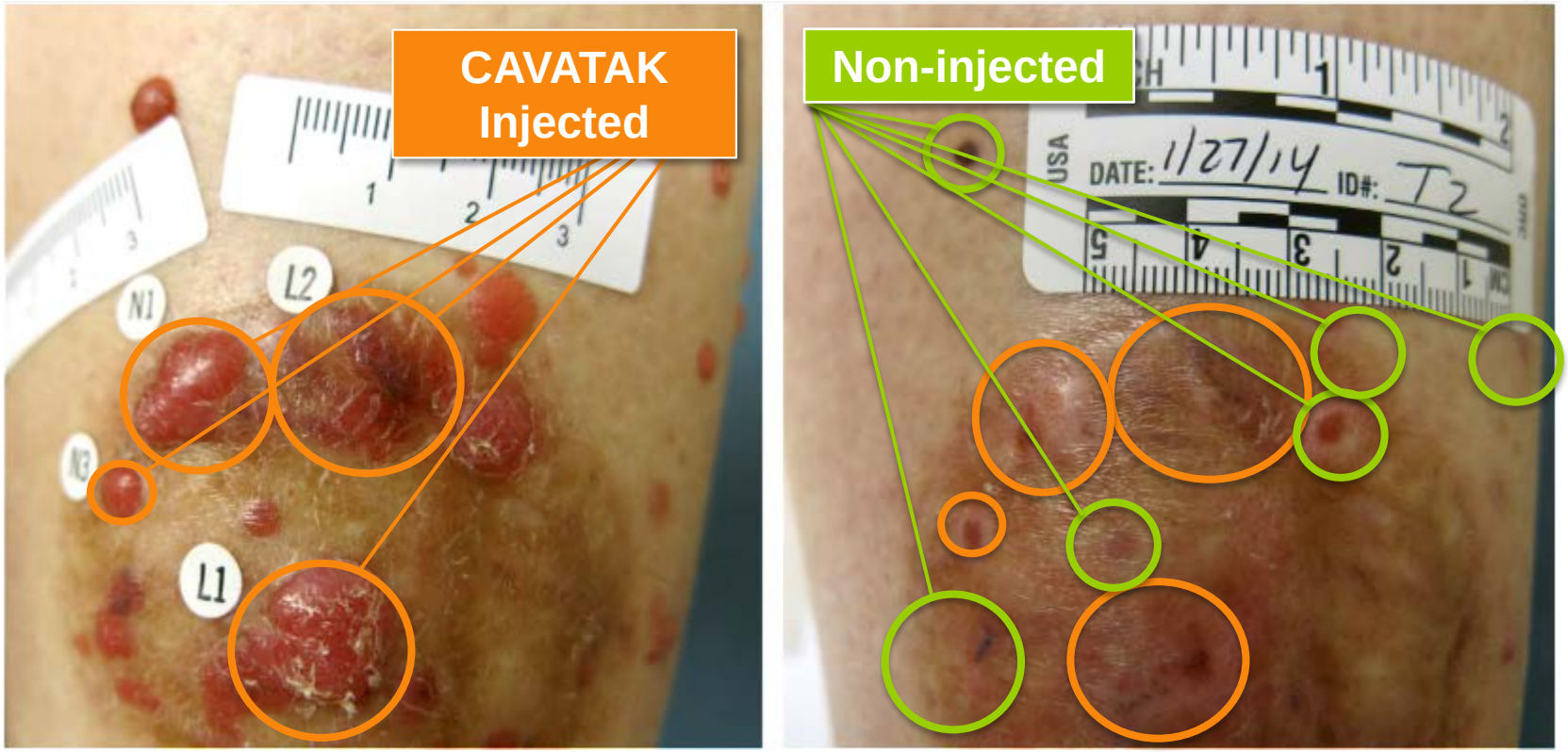
+, Final analysis, treatment-related adverse events were reported from 45 of the 57 treated patients (79%) enrolled in the VLA-007 CALM CAVATAK monotherapy study;
*, Only Grade 1 AE's occurring in ≥ 10% of patients are listed.

Viralytics

CALM Phase 2 Trial:
Local Injected And Non-injected Lesion Responses

Baseline

Day 85

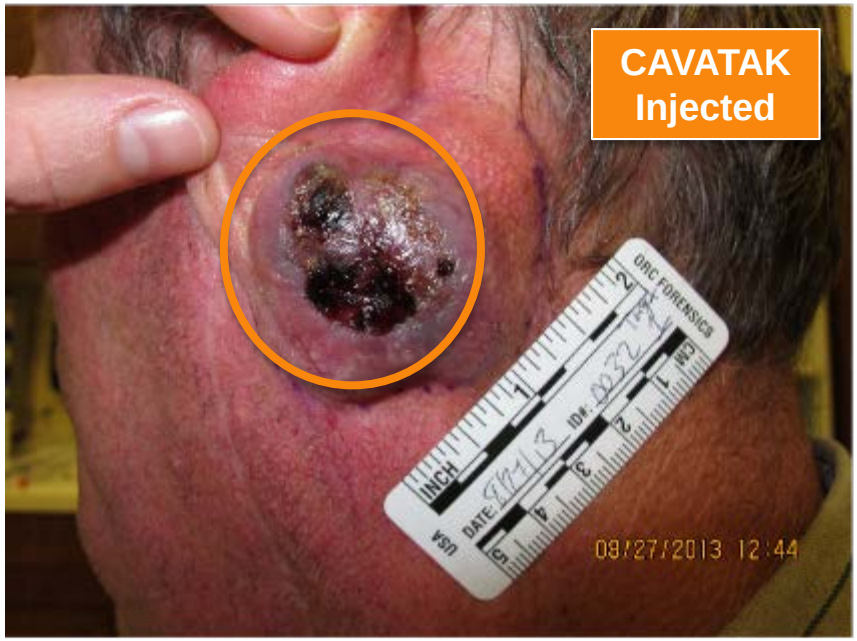


Male with metastatic melanoma to the leg. Injection in leg lesions.

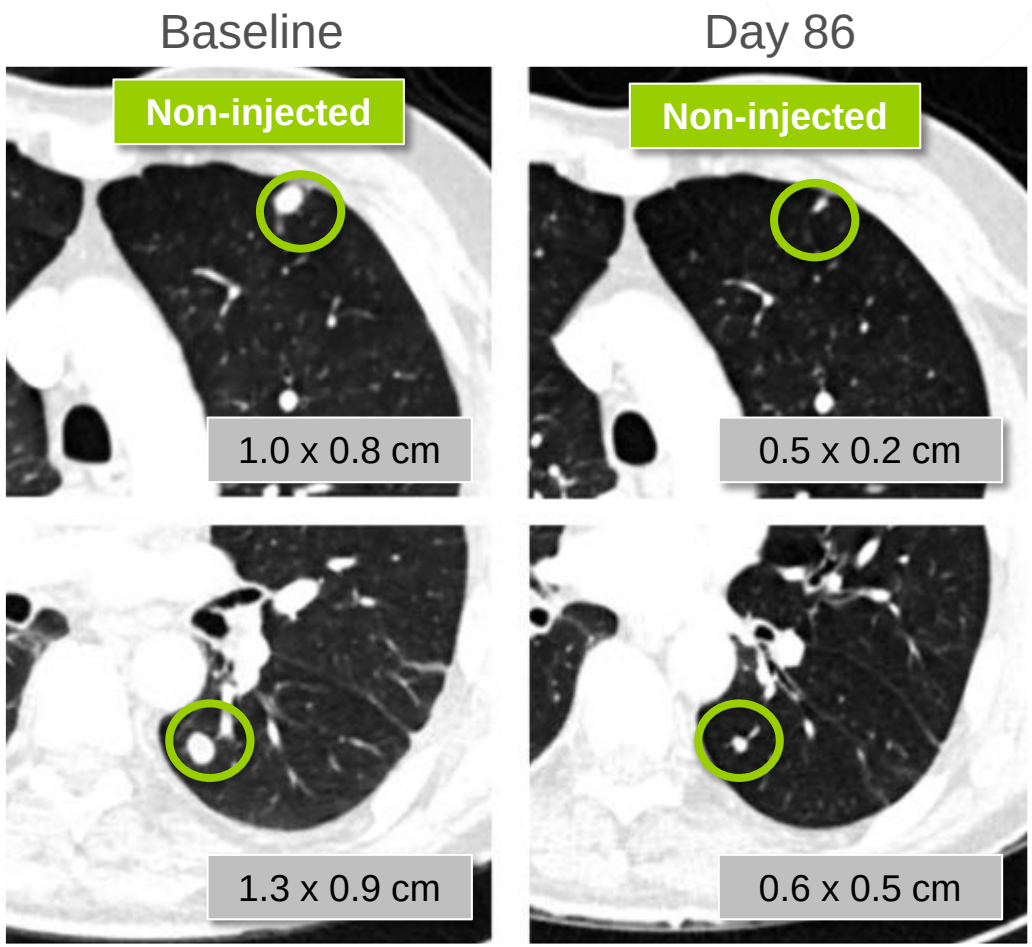
Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

Viralytics

CALM Phase 2 Trial:
Non-injected Distant Visceral Lesion Response



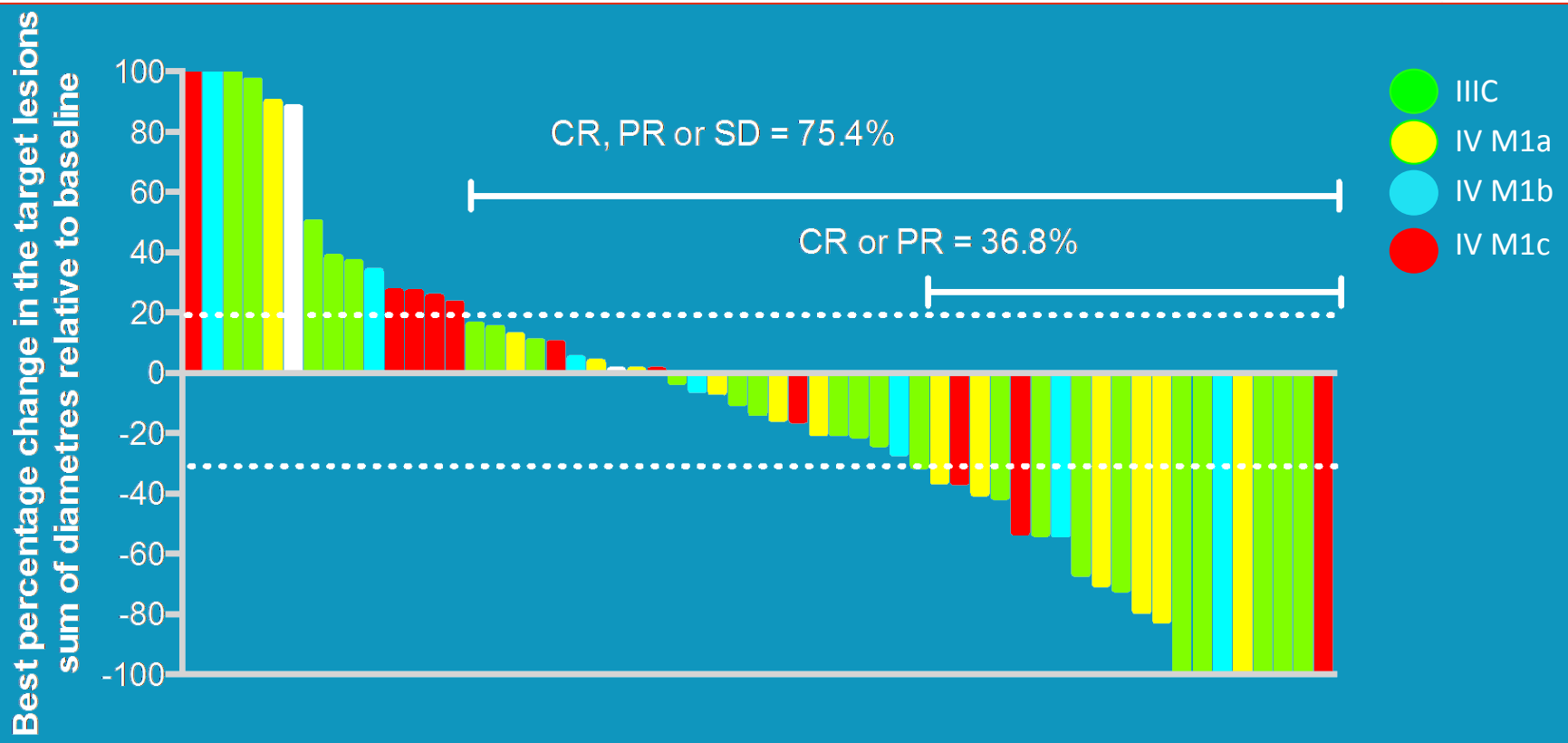
Male with metastatic melanoma to left neck and lungs. Injection in left neck.



Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

Viralytics

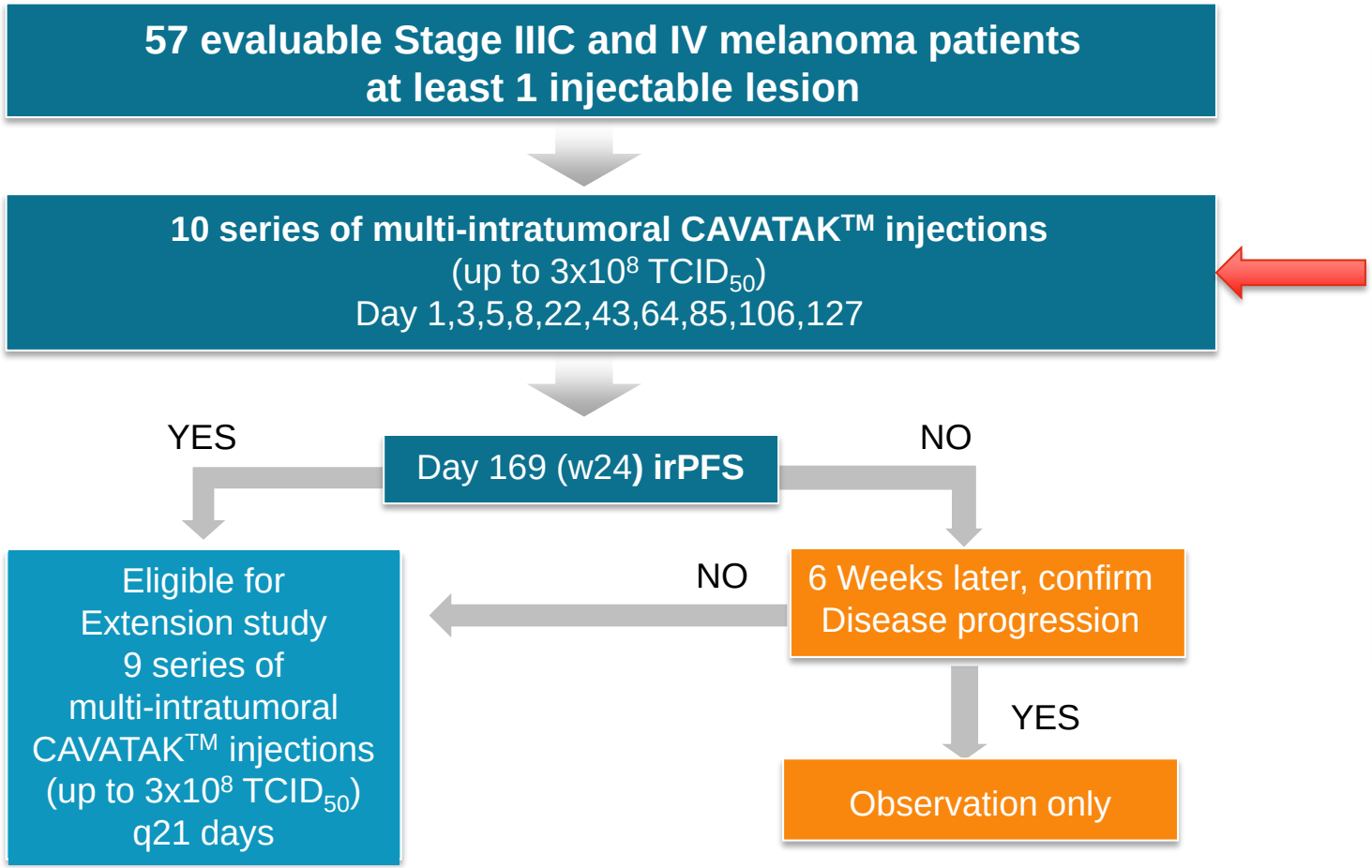
CALM Phase 2 Trial:
Best Percentage Changes in Target Lesions



•Analysis excludes patients satisfying protocol criteria but not on study long enough for 6 week tumor response assessment; CR=Complete response, PR= Partial response, SD= Stable disease and PD= Progressive disease

Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

CALM Phase 2 Trial:
Extension Cohort – Biopsy Study

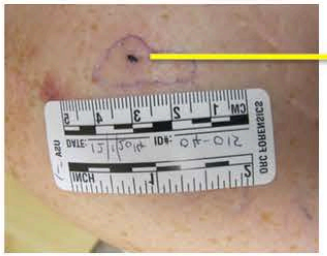


- **Further** 13 Stage IIIC and IV melanoma patients
- At least 1 injectable lesion
- Mandatory pre/ post biopsy
- Multi-spectral analysis
- NanoString Immune panel

Viralytics

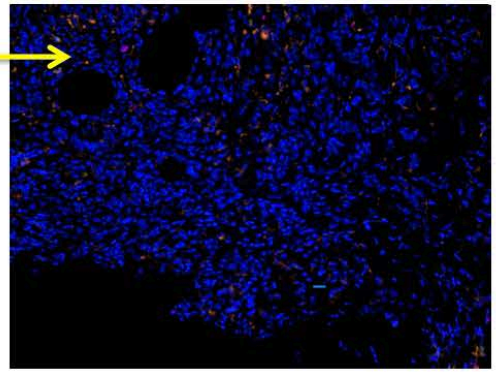
CALM Phase 2 Trial:
Extension Cohort (Biopsy Study) – When Checkpoint Inhibitors Fail

Pt 04-015

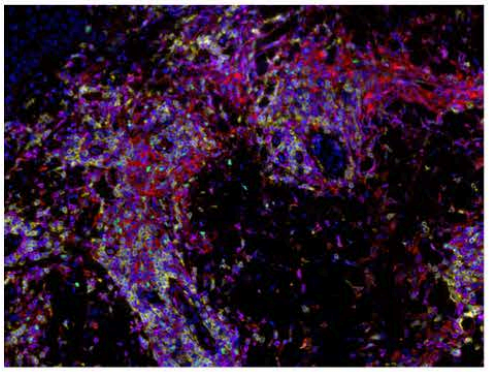


- *Female: Stage IIIC with melanoma to legs*
- *Prior treatment with ipilimumab and pembrolizumab*

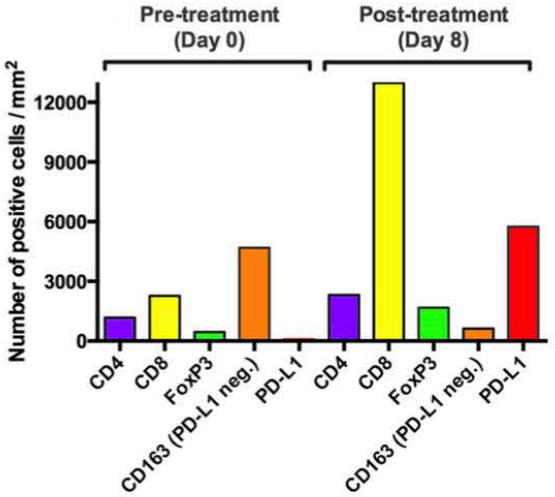
Day 0 (pre-treatment)



Day 8 (post-treatment)

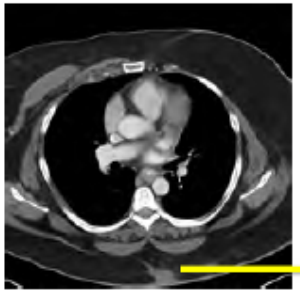


PD-L1 CD3 CD8 FoxP3 CD163 DAPI



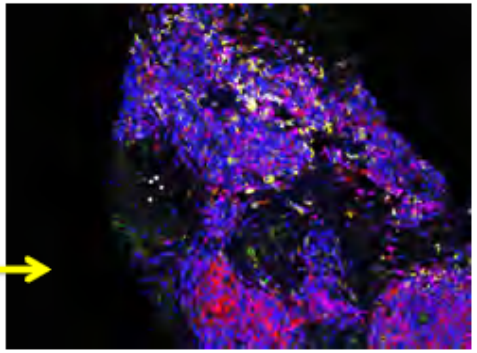
Partial Response in both patients

Pt 03-044

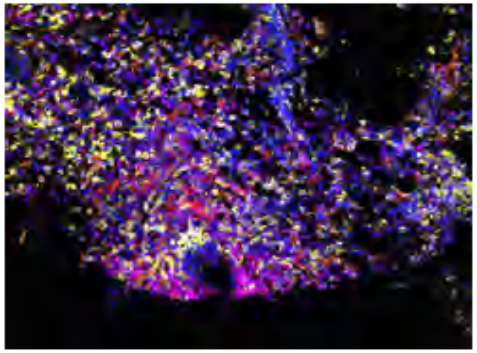


Injected

Day 0 (pre-treatment)

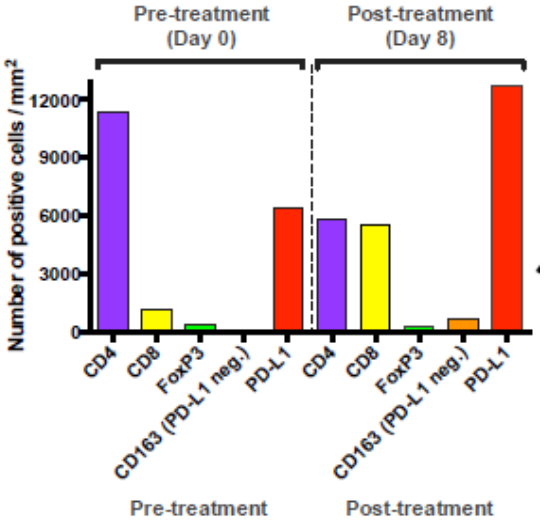


Day 8 (post-treatment)



- *Female: Stage IIIC with melanoma to back*
- *Prior treatment with ipilimumab and talimogene laherparepvec*

Day 0 Day 8



Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

Viralytics

CALM Phase 2 Trial:
Results and Future Directions

- Successful study with primary endpoint achieved; secondary endpoints significantly exceeded
  - Overall response rate of 28%
  - Durable response in 21% patients
- Activity in non-injected distant lesions, including lung and liver metastases

Extension Trial

- Overall response rate of 31%
- CAVATAK-induced changes in the tumor:
  - Increases in immune cell infiltrates
  - Up-regulation of PD-L1 and other checkpoint molecules
- Observations suggest combination with checkpoint inhibitors may enhance anti-tumor activity

Viralytics

Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

Combination Therapy Studies

CAVATAK ™ Combined with Checkpoint Inhibitors

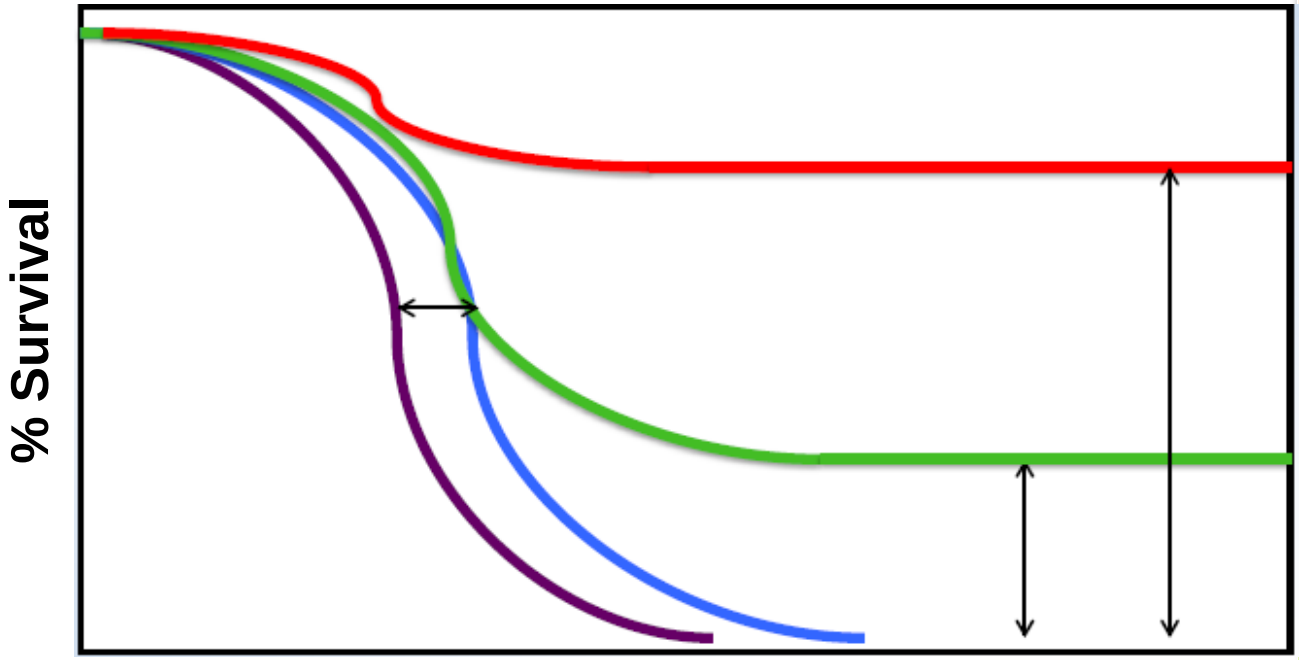
- Preclinical checkpoint inhibitor / CAVATAK combination studies:
  - Well tolerated
  - Significant anti-tumor activity demonstrated
- Checkpoint inhibitors active in cancers that are also CAVATAK targets, including melanoma, lung and bladder
- CAVATAK combination clinical trials with approved checkpoint inhibitors underway
- Potential for CAVATAK in combination with future checkpoint inhibitors targeting LAG-3, TIM-3, IDO (in development by big pharma)

Checkpoint inhibitors:

- Anti-PD-1 mAb approved in USA (e.g. Merck - KEYTRUDA® and BMS - OPDIVO™) in range of indications including melanoma and lung cancer patients
- Anti-PDL-1 mAb approved in USA (Roche-Genentech – TECENTRIQ®) in lung and bladder cancer
- Merck, Astra Zeneca, BMS Pfizer and Roche have anti-PD-1 / PD-L1 mAb in development in a range of cancer types.

Anti-CTLA4 mAb approved globally (BMS - YERVOY™) in melanoma.

Checkpoint Inhibitors:
Room to Improve Through Combination with New Therapies



- Control
- Conventional Therapy
- Checkpoint Inhibitor Therapy (eg anti-CTLA4)
- Future Combinations with Checkpoint Inhibitors

Big Pharma focused on improving activity of the checkpoint inhibitors through combination therapy

Goal: To enhance survival with manageable toxicity through combination with CAVATAK

Viralytics

Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

MITCI Phase 1b Study

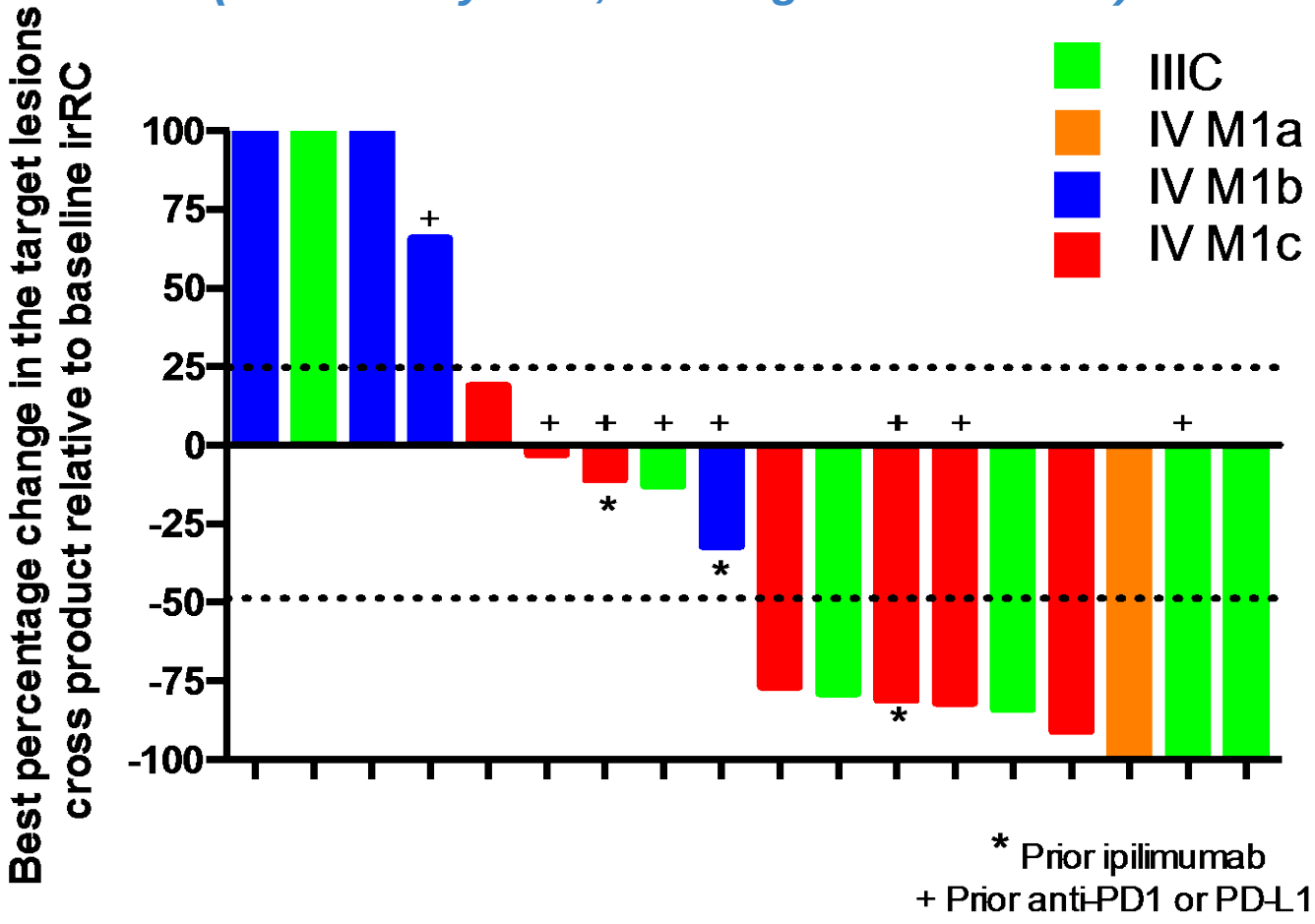
CAVATAK™ - MITCI Phase 1b Study
MELANOMA INTRA-TUMORAL CAVATAK AND IPILIMUMAB

- Company-sponsored open-label study at four US sites evaluating intralesional CAVATAK and YERVOY™ (ipilimumab)
- Primary Objective: Evaluate safety and tolerability
- Secondary Objective: Determine objective response rate
- 26 patients with late-stage melanoma (stage IIIC/ IV), including patients who had failed prior checkpoint therapy including pembrolizumab and ipilimumab
- Lead investigator: Dr Brendan Curti MD, Providence Cancer Center, Portland
- Treatment with CAVATAK on days 1, 3, 5 and 8; both agents co-administered on days 22, 43, 64 and 85
- Patients with clinical benefit can continue for up to one year

CAVATAK™ - MITCI Phase 1b

Best Overall Response in Target Lesions

Best Overall Response (ITT) irRC criteria
(Preliminary data, investigator assessed)

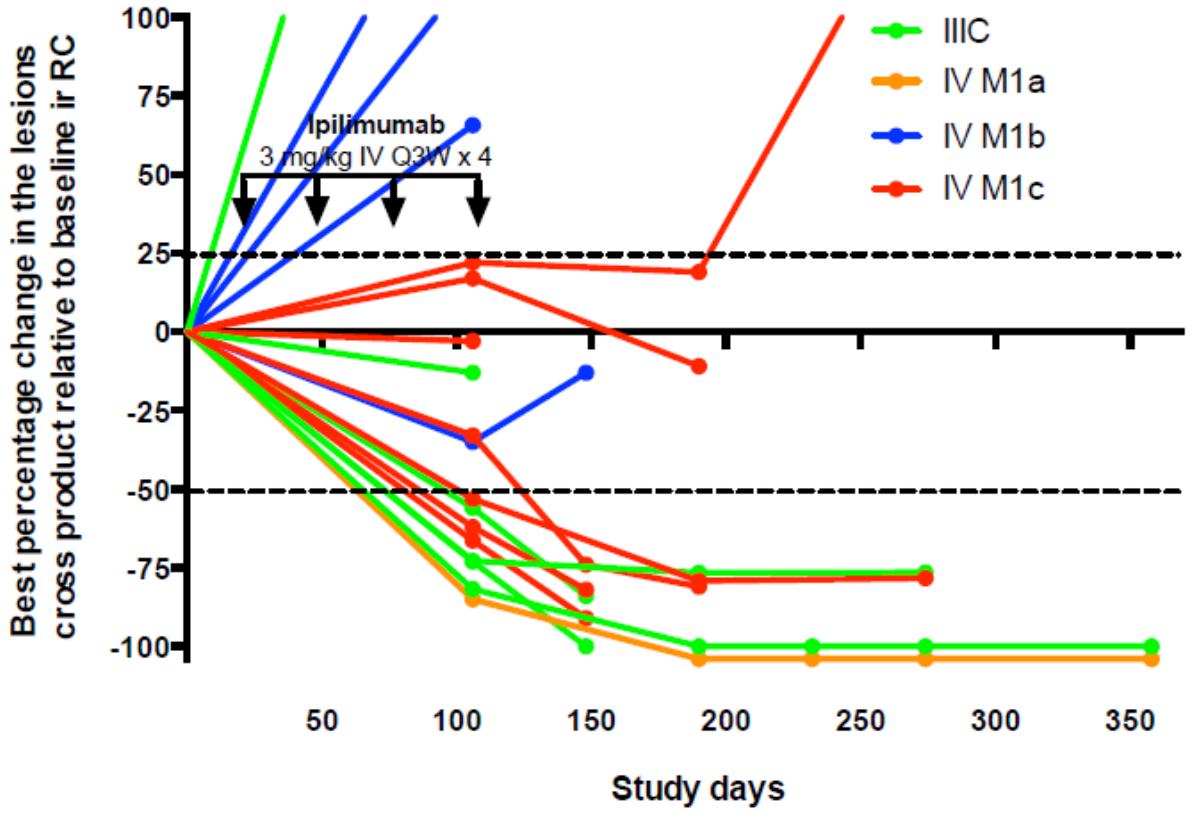


- Response in 50% of YERVOY-naïve patients with 2 patients having a complete response
- 37.5% confirmed response rate in patients treated previously with checkpoints
- 57% response rate in patients with late stage disease (Stage IV M1c)

Viralytics

CAVATAK™ - MITCI Phase 1b
Response by Stage of Disease

Changes in tumor burden by disease stage*
(Preliminary data, investigator assessed)



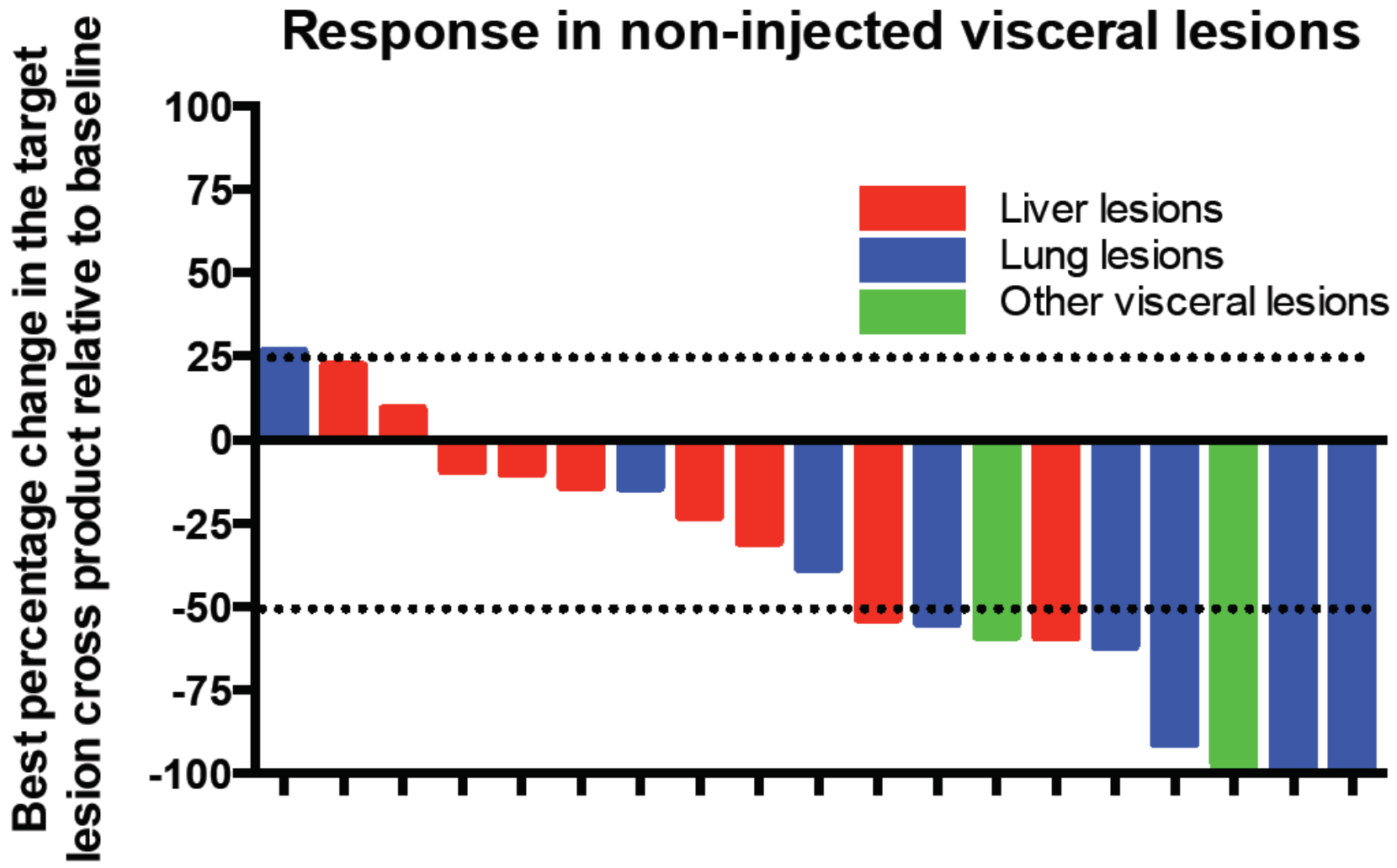
*. First tumor response assessment at study day 106

- Impressive duration of response
- Two complete responses persisting for more than one year

Viralytics

CAVATAK™ - MITCI Phase 1b

Non-injected Lesion Response

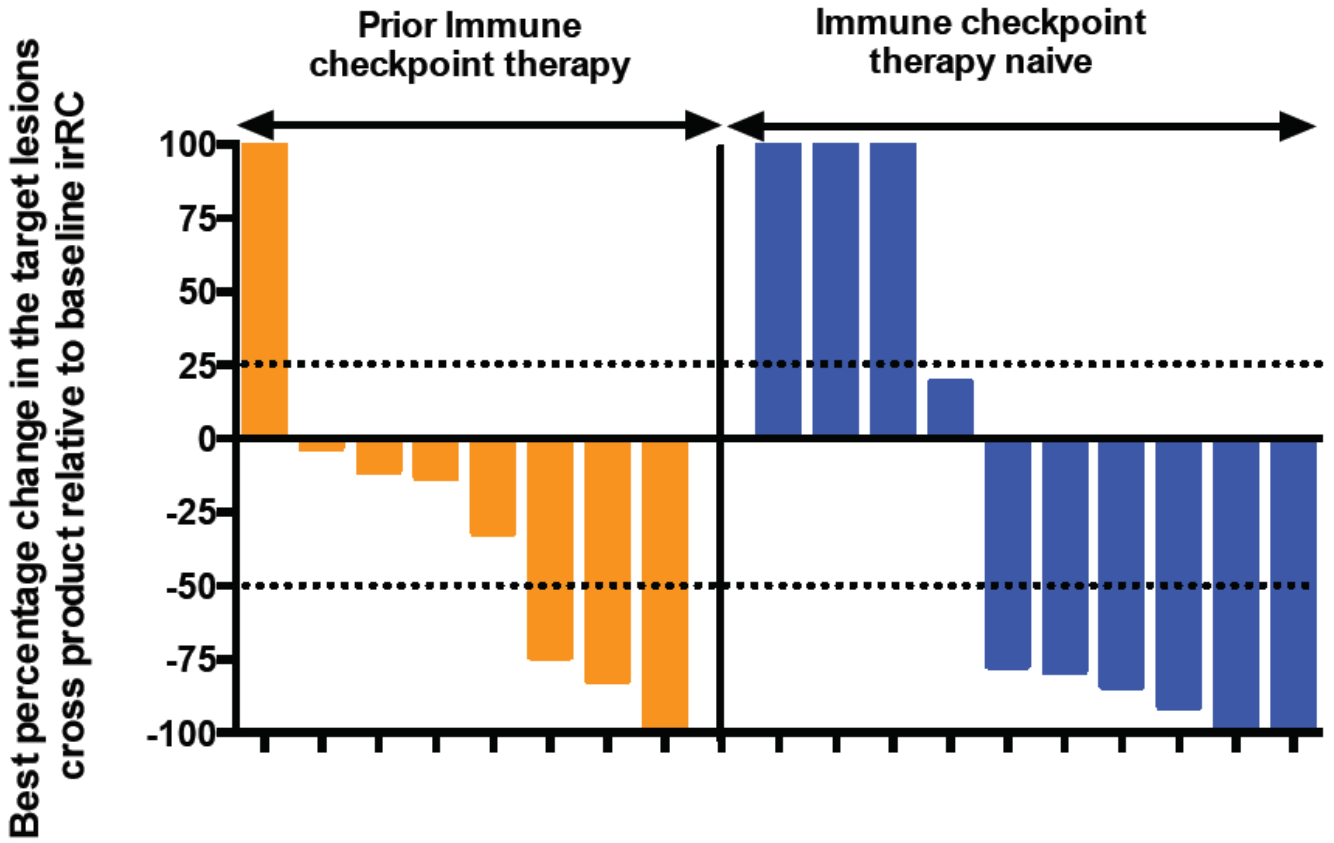


Viralytics

CAVATAK™ - MITCI Phase 1b

Response in Prior Immune Checkpoint therapy

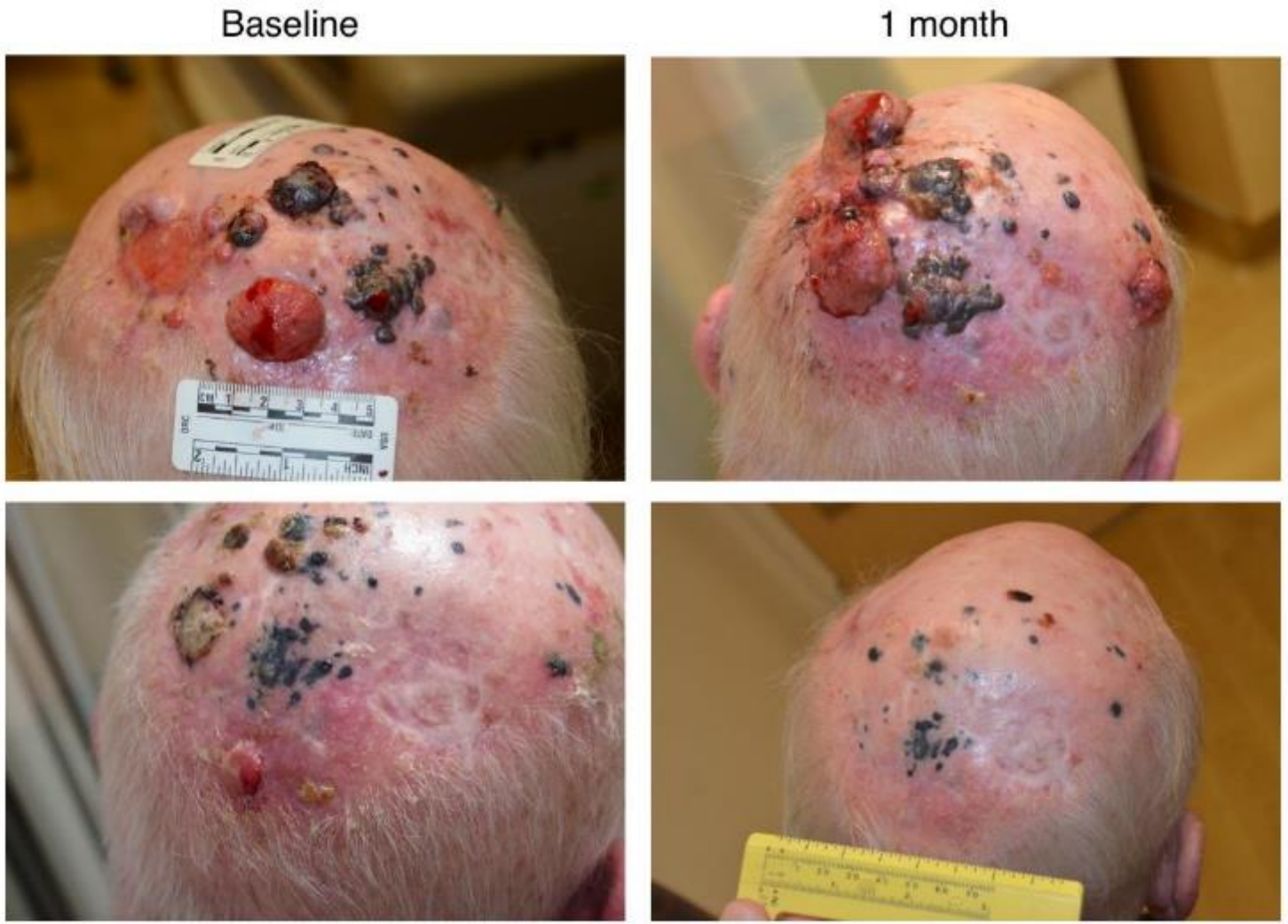
Best Overall Response in patients with and without prior immune checkpoint therapy
(Preliminary data, investigator assessed)



Viralytics

CAVATAK™ - MITCI Phase 1b Study

Complete tumor response Stage IIIC (Pt 13-05001*)



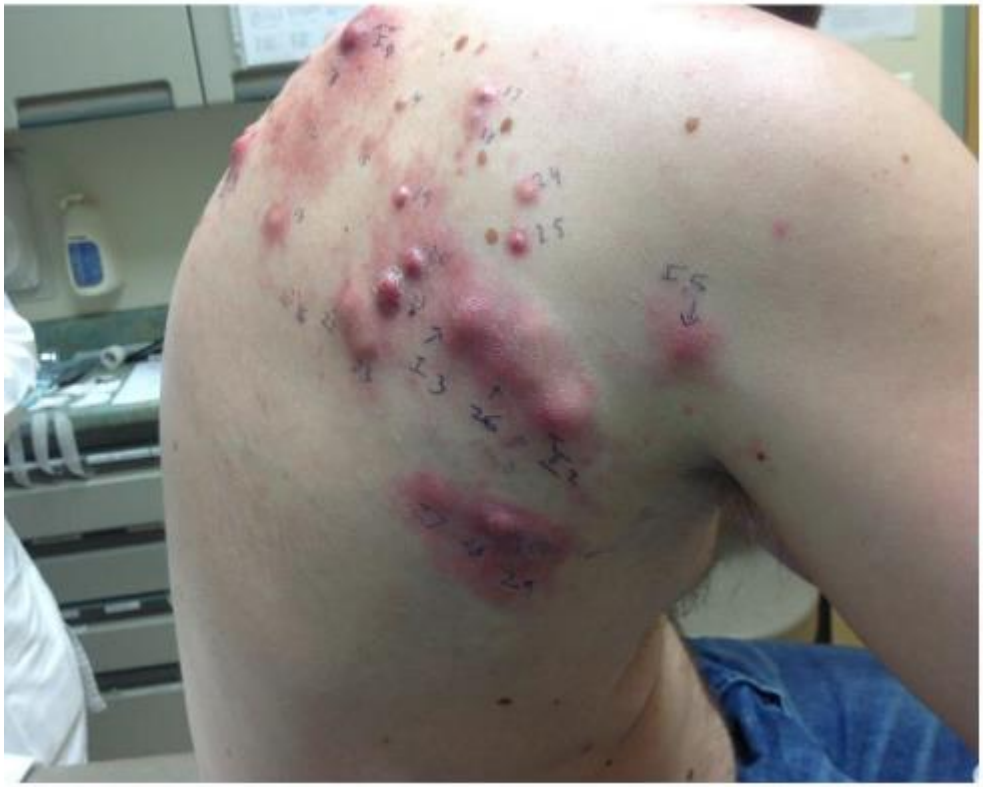
*Prior immune checkpoint therapy

Viralytics

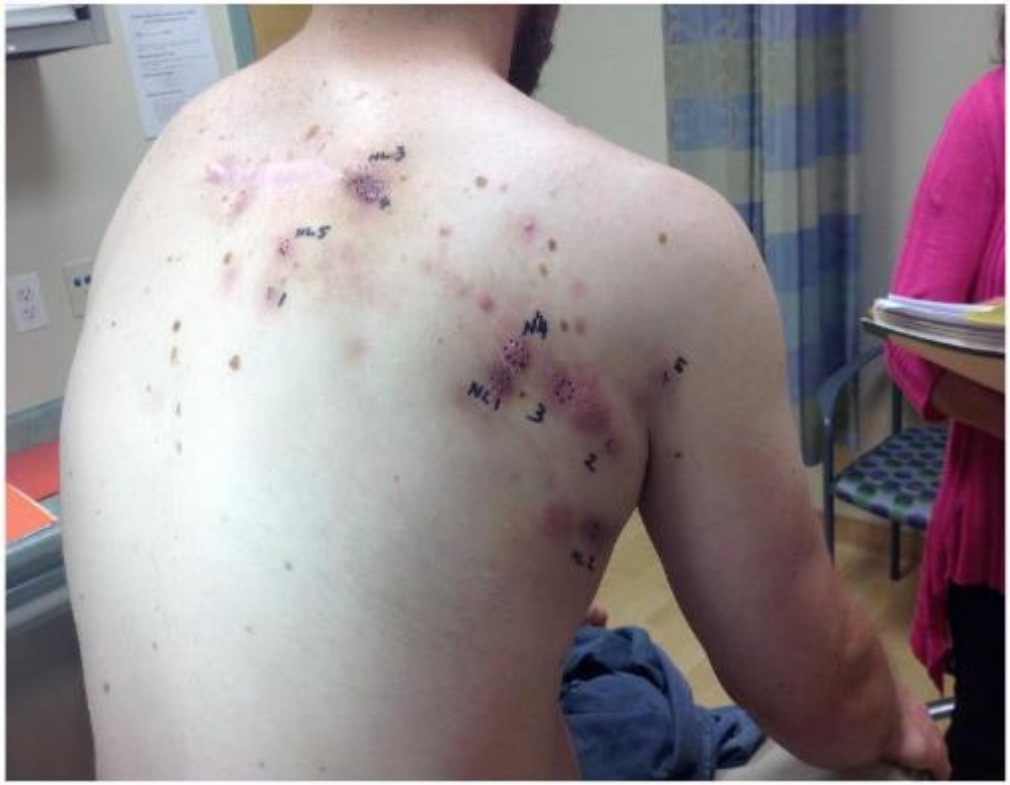
CAVATAK™ - MITCI Phase 1b Study

Partial tumor response Stage IV M1c (Pt 13-04005*)

Day 0



Day 127

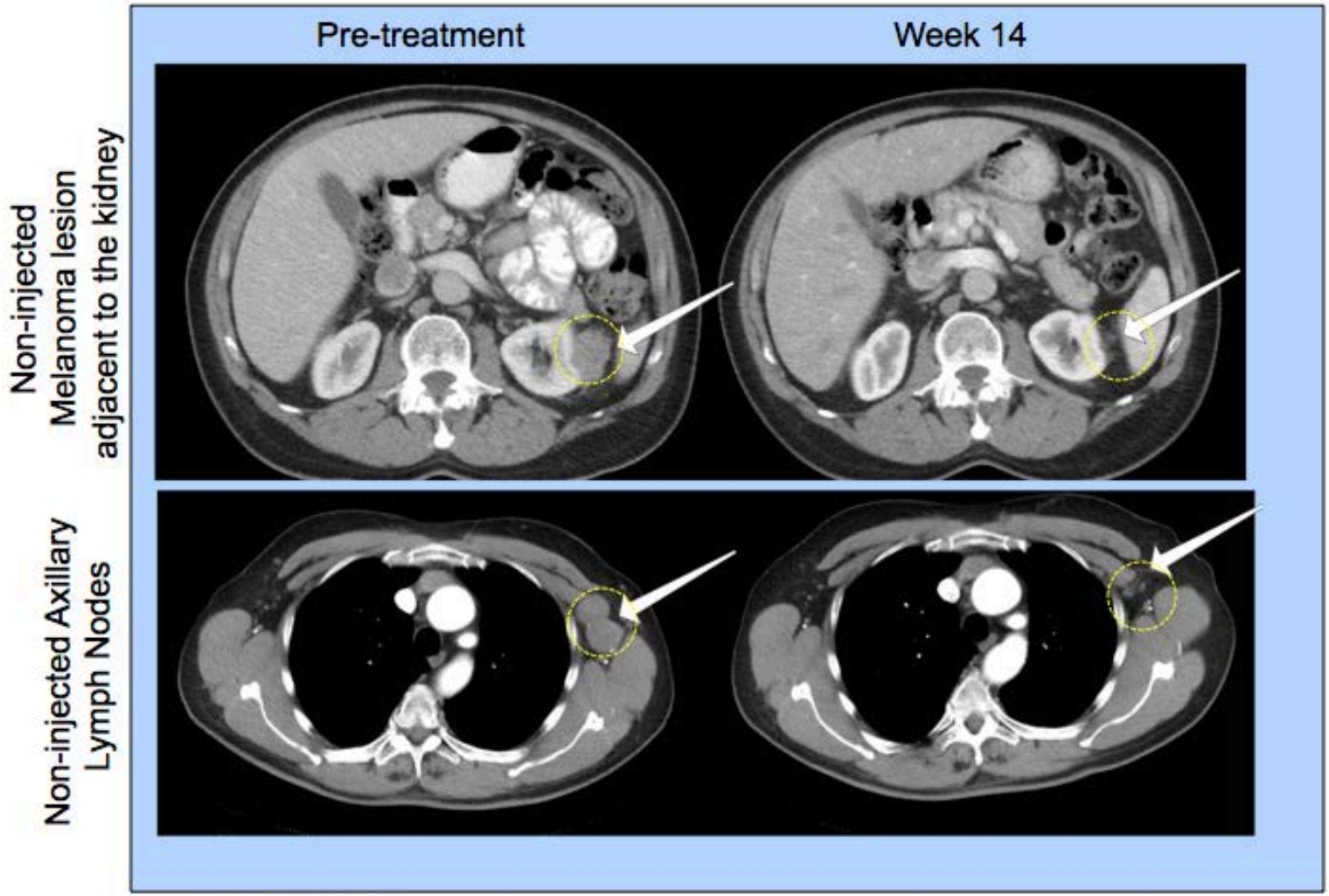


*Prior immune checkpoint therapy

Viralytics

CAVATAK™ - MITCI Phase 1b Study

Partial tumor response Stage IV M1c (Pt 13-12003)



*, *irWHO criteria*

Viralytics

CAVATAK™ - MITCI Phase 1b Study:
Other Ipilimumab Clinical Trials

	Ipilimumab (phase 3)	Ipilimumab + Nivolumab (phase 3)	Ipilimumab (Prior anti-PD1 treatment)	Ipilimumab + TVEC (phase Ib)	Ipilimumab + TVEC (phase II)	Ipilimumab + CAVATAK (phase Ib)
Schedule	Ipi 3 mg/kg	Ipi 3 mg/kg + Nivo 1 mg/kg	Ipi 3 mg/kg	Ipi 3 mg/kg + TVEC	Ipi 3 mg/kg + TVEC	**Ipi 3 mg/kg + CAVATAK**
Patient numbers	315	314	40	18	42	**22**
≥ 1 Prior systemic treatments %	0	0	100	0	0	**66**
Best Overall Response Rate (BORR) confirmed (%)	19*	57.6	10	50*	35.7*	**53.3*(50⁺)**
BORR (%) Stage IV M1c	NA	NA	NA	0 (0/5)	?	**57.1 (4/7)**
Grade 3+ Drug related Adverse Events (%)	27	55	35	32	20	**6**

References at: http://www.viralytics.com/our-pipeline/scientific-presentations/scientific-presentations-2016/

** Ipilimumab naïve patients*
⁺ ITT population, patients evaluable for tumor assessment n=18
NA=Not available

Viralytics

CAVATAK™ - MITCI Phase 1b Study:
Preliminary Results and Outlook

- CAVATAK / YERVOY combination is well tolerated and displays antitumor activity in both local and systemic disease
- Safety:
  - No dose-limiting toxicities reported
  - One Grade 3 (YERVOY-related) fatigue adverse event (AE rate of 6%)
- Efficacy:
  - Best overall response rate of 53% in YERVOY naïve patients
  - Objective response rate of 47% in non-injected visceral target lesions
  - 57% response rate in patients with late stage disease (Stage IV M1c)
  - 37.5% response rate in patients with prior checkpoint therapy
  - Preliminary but encouraging results, versus other YERVOY combination studies
- Acceleration of enrolment underway
- Further update first half 2017

Potential to lead to a pivotal study

Viralytics

Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

CAPRA Phase 1b Study

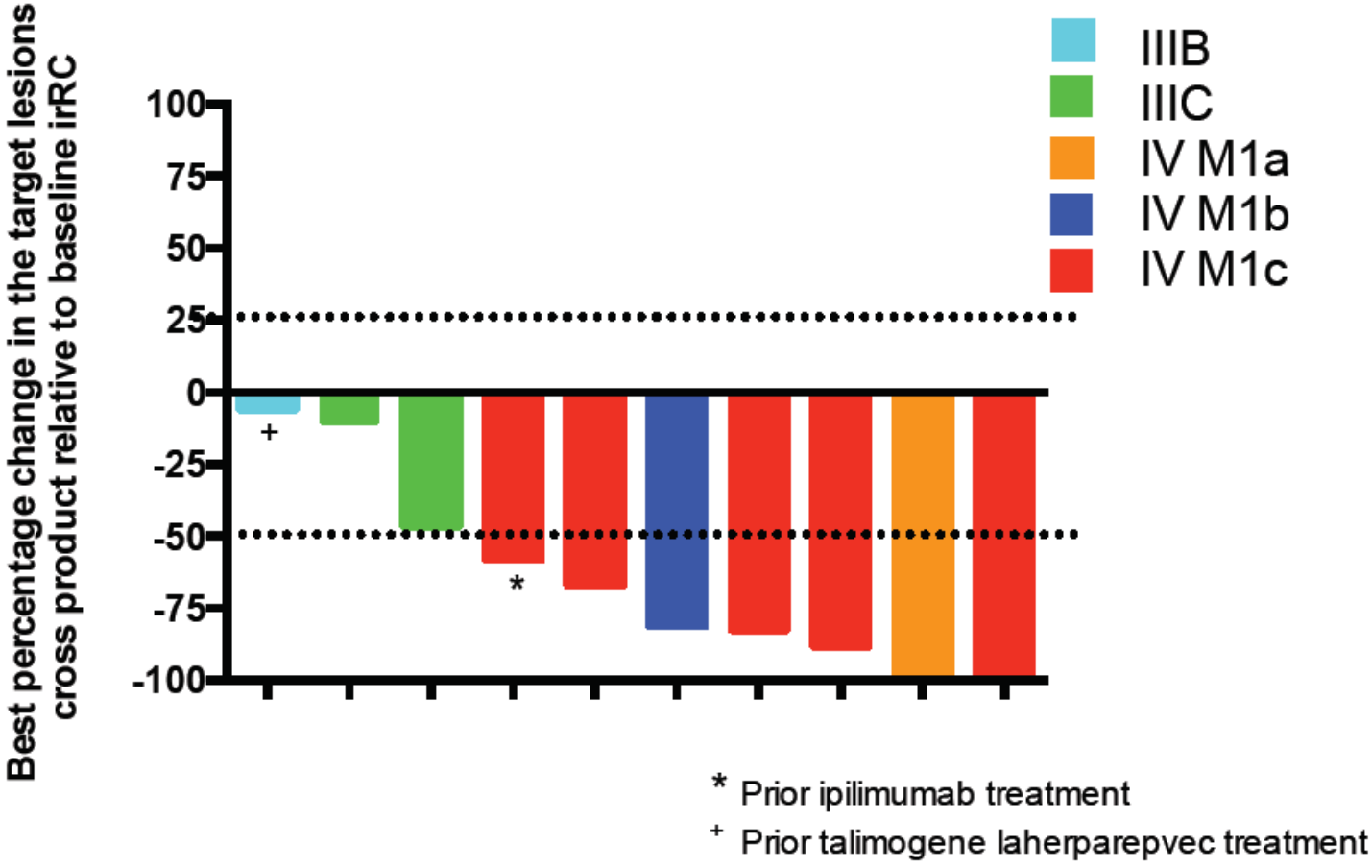
CAVATAK™ - CAPRA Phase 1b Study
CAVATAK AND PEMBROLIZUMAB in ADVANCED MELANOMA

- Phase 1b company-sponsored open-label study evaluating intralesional CAVATAK and KEYTRUDA® (pembrolizumab)
- Primary objective:
  - Safety and tolerability
- Secondary objective:
  - Determine efficacy measured by immune-related progression-free survival at 12 months, response and survival
- 30 patients with late-stage melanoma (stage IIIB- C/ IV)
- Lead investigator: Dr Howard Kaufman MD FACS, Rutgers Cancer Institute of New Jersey, New Brunswick
- CAVATAK on Days 1, 3, 5 and 8; KEYTRUDA starting on Day 8, both given at three-weekly intervals for up to 2 years (maximum of 19 CAVATAK injections)

CAVATAK™ - CAPRA Phase 1b

Best Overall Response

Best Overall Response (ITT) irRC criteria *(Preliminary data, investigator assessed)*



* Prior ipilimumab treatment

\+ Prior talimogene laherparepvec treatment

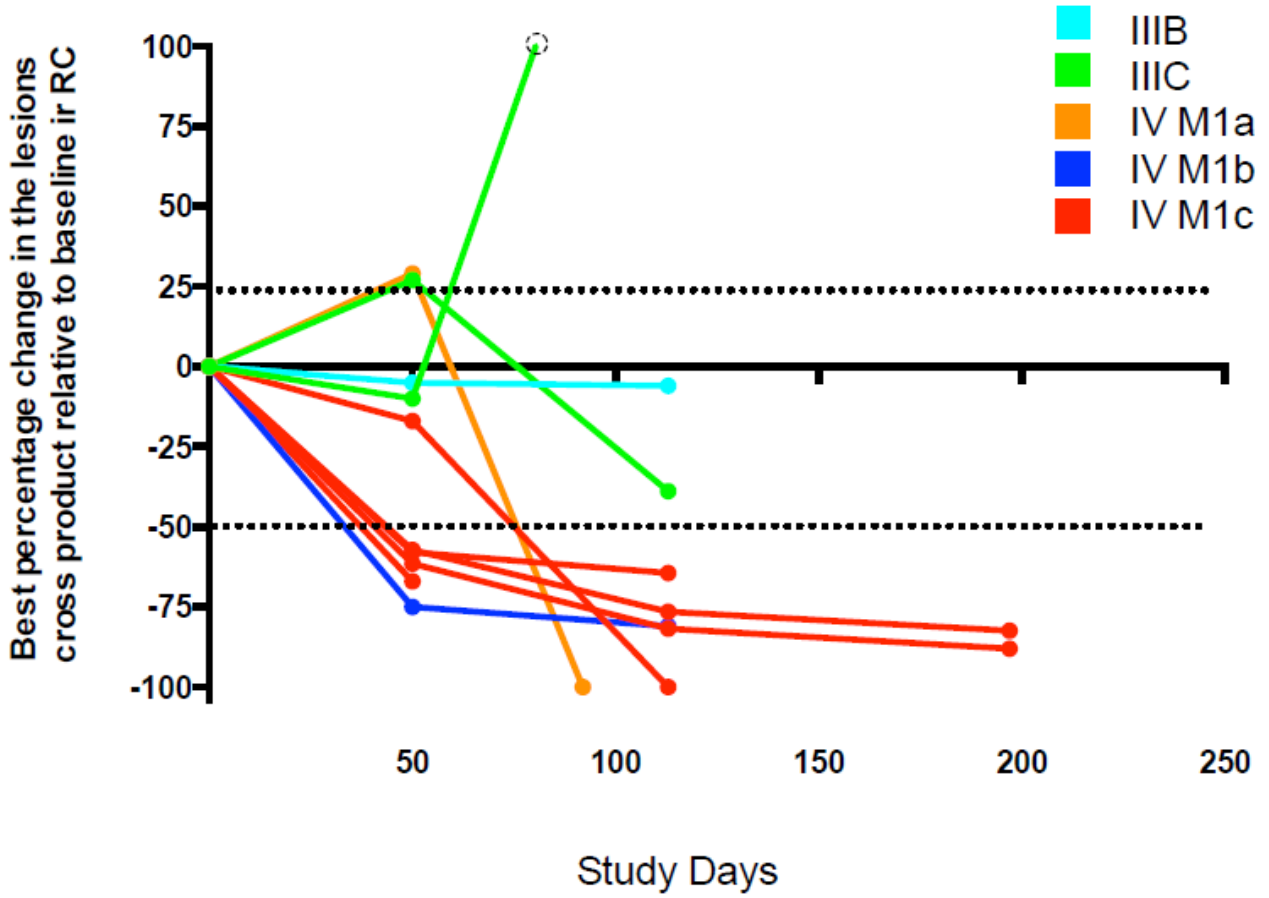
Viralytics

CAVATAK™ - CAPRA Phase 1b

Response by Stage

Changes in tumor burden by disease stage*

(Preliminary data, investigator assessed)



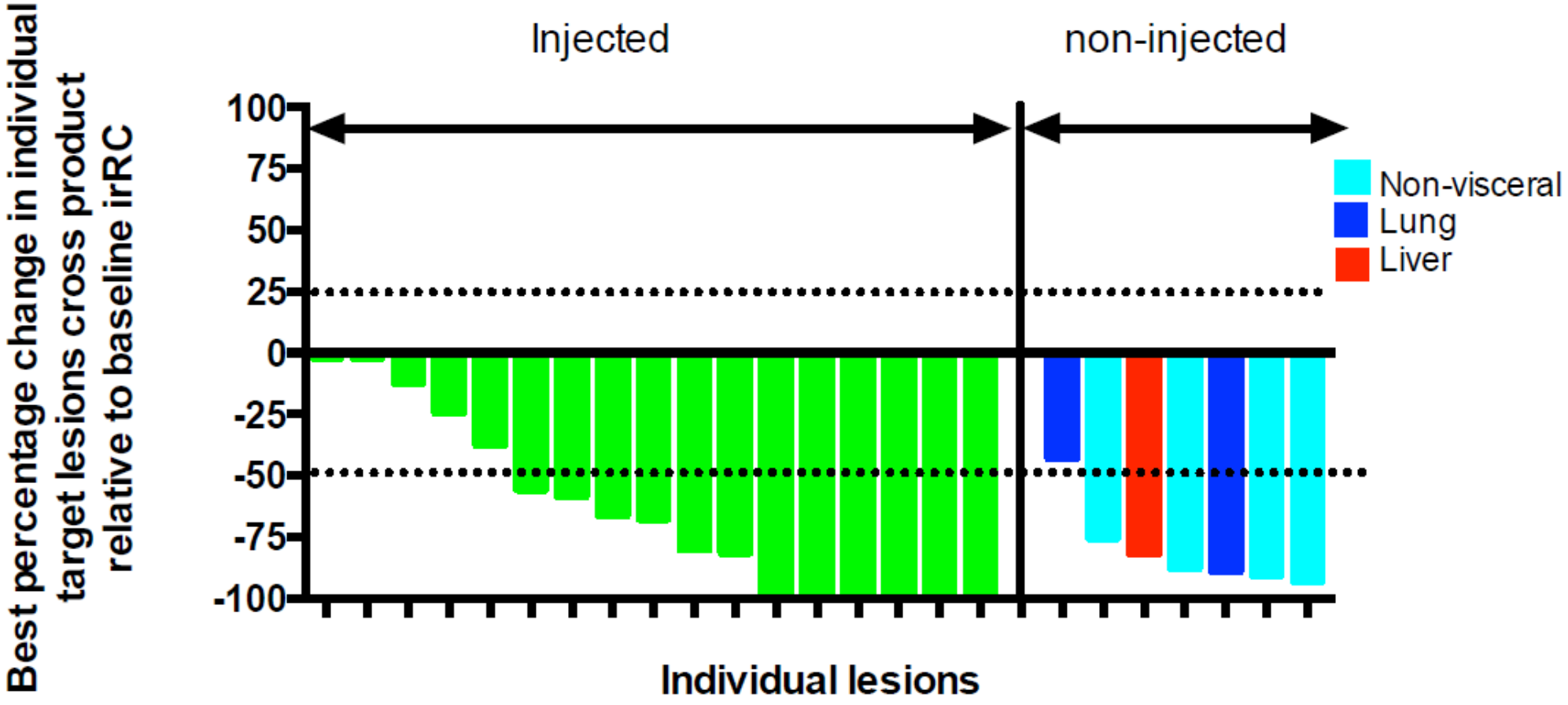
○ Discontinued study due to progressive disease

Viralytics

CAVATAK™ - CAPRA Phase 1b

Individual Injected and Non-injected Lesions Responses

Best Percentage changes in individual injected and non-injected target lesions (irRC criteria)*(Preliminary data, investigator assessed)*



Viralytics

CAVATAK™ - CAPRA Phase 1b
Preliminary Results and Outlook

- Best Overall Response Rate (BORR) of 70% (7/10 pts) and DCR of 100% (10/10 pts)
- BORR of 100% (6/6 pts) and DCR of 100% in patients with Stage IV M1b/c disease
- Preliminary observations show reductions in a number of injected and non-injected visceral/non-visceral lesions
- No grade 3 or higher treatment-related adverse events have been observed
- Very encouraging results compared to other KEYTRUDA combinations
- Further updates in first half 2017

Potential to lead to a pivotal study

Viralytics

Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

STORM Phase 1 Study

Part A – Monotherapy

Part B – KEYTRUDA combination ‘Keynote-200’

Multi-dose Intravenous CAVATAK™ — STORM Phase 1 Study: (SYSTEMIC TREATMENT OF RESISTANT MALIGNANCIES)

Part A (Monotherapy)

18 subjects with advanced melanoma, prostate, NSCLC or bladder cancer with <1:16 anti-CAVATAK serum antibodies

IV infusions of CAVATAK in 100 mL saline over 30 min on Day 1,3,5,21,43,64,85,106,127,158

Cohort 1
Any cancer
1 x10^8 $TCID_{50}$
n=3

Cohort 2
Any cancer
3 x 10^8 $TCID_{50}$
n=3

Cohort 3
1 x 10^9 $TCID_{50}$
Mandatory lesion biopsy (Day 8)
Melanoma , NSCLC, Bladder
And Prostate cancer n=3 each

Part B / KEYNOTE-200 (Combination with KEYTRUDA)

Cohort 1
NSCLC or Bladder cancer
CAVATAK (1 x10^8 $TCID_{50}$)
+ Keytruda
n=3

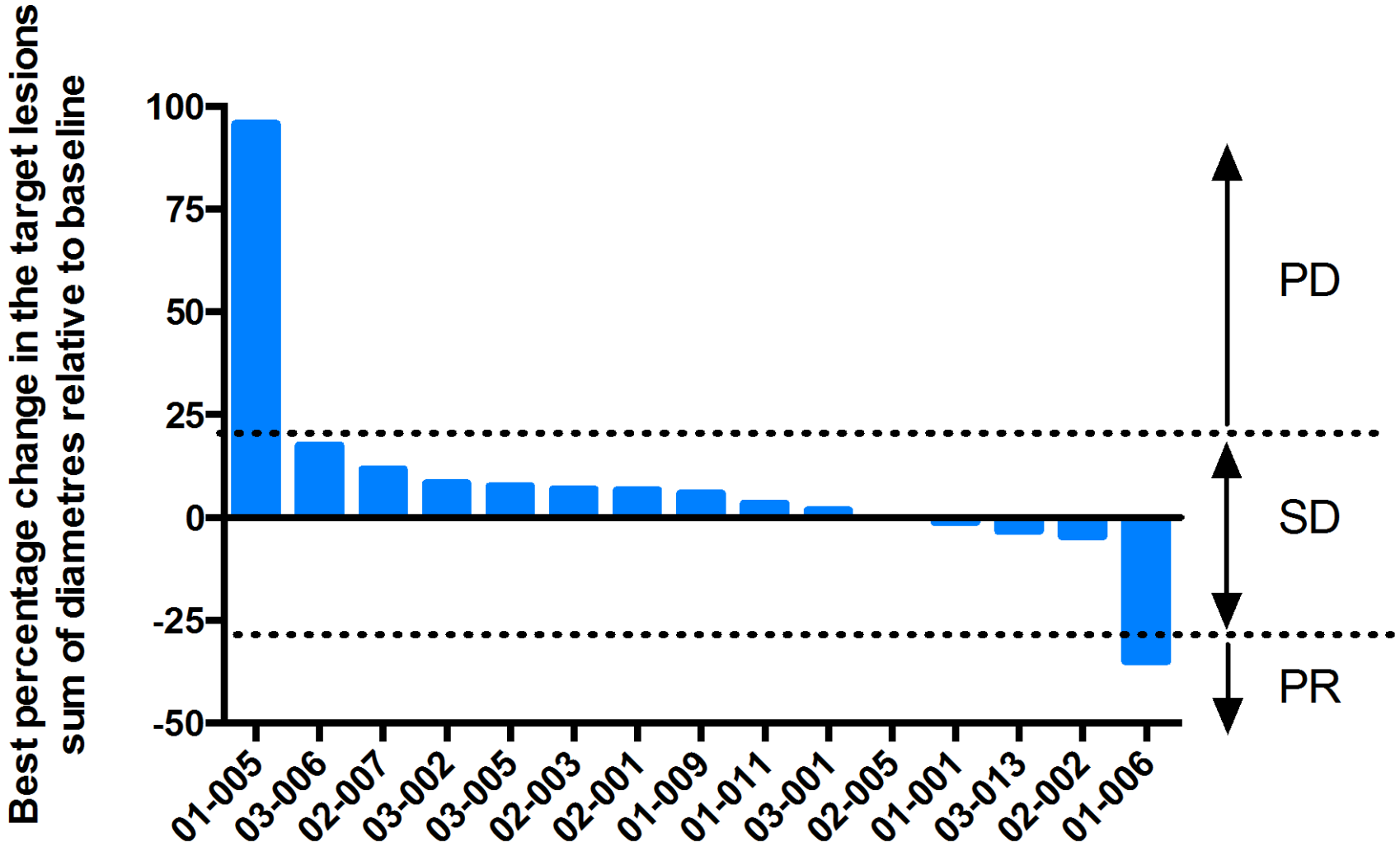
Cohort 2
NSCLC or Bladder cancer
CAVATAK (3 x10^8 $TCID_{50}$)
+ Keytruda
n=3

Cohort 3: Expansion
NSCLC or Bladder cancer
CAVATAK (1 x10^9 $TCID_{50}$)
+ Keytruda
~n=80

IV infusions of CAVATAK in 100 mL saline over 30 min on Day 1,3,5,8,29,50,71,92,113, 134,155 + IV pembrolizumab (200mg) every 3 weeks starting Day 8

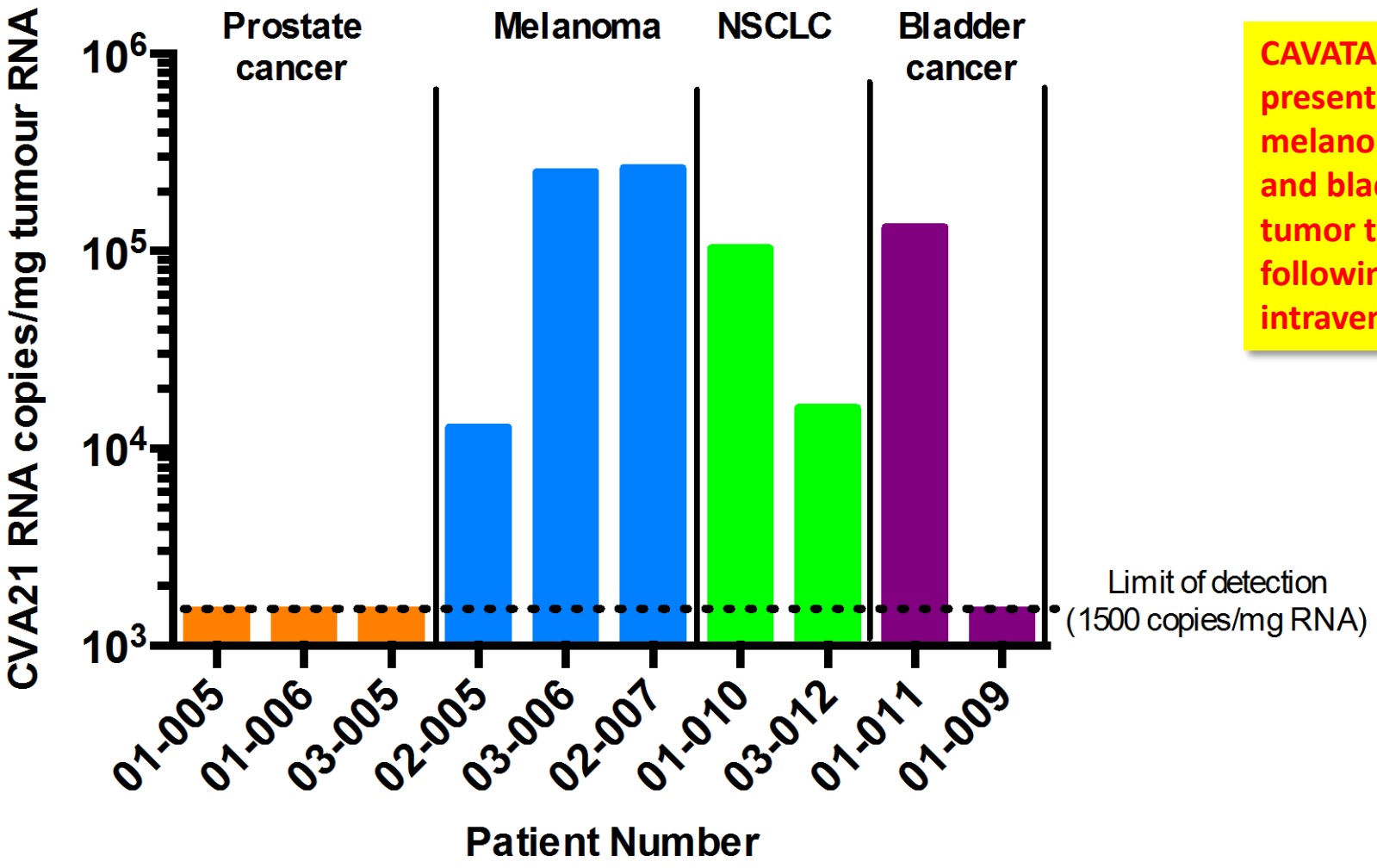
Viralytics

STORM Phase 1 Part A - CAVATAK monotherapy:
Best Change in Target Lesions



Viralytics

STORM Phase 1 Part A - CAVATAK monotherapy:
CAVATAK Tumor Targeting: Biopsy Viral RNA levels (day 8): Cohort 3



CAVATAK RNA present in melanoma, lung and bladder cancer tumor tissue following 3 intravenous doses

Viralytics

STORM Phase 1 Part A - CAVATAK monotherapy:
Preliminary Results

- Enrolment in Part A (monotherapy) is complete
  - No dose limiting toxicity observed
  - Successful tumor targeting
  - Encouraging preliminary results with anticancer activity in some individual lesions
  - Evidence of potential secondary viral replication
  - Several patients have shown disease stabilization, with 1 of 10 patients in cohort 3 displaying a confirmed partial response (RECIST 1.1)

STORM Phase 1 Study - Part B / Keynote-200:
CAVATAK/ Merck's KEYTRUDA® Combination

- Phase 1b study in progress; collaboration with Merck
- Combination of intravenous CAVATAK / KEYTRUDA in late-stage cancer patients (~ 80 patients)
  - Non-small cell lung cancer
  - Metastatic bladder cancer
- Planned ~10 sites in the US and Australia
- Primary objective: Evaluate safety and tolerability
- Secondary objective: Determine efficacy
- Enrolled first 6 patients in Part B Cohorts 1 and 2
- At present no dose limiting toxicity for the combination of CAVATAK and KEYTRUDA has been observed
- Update mid 2017

Potential to lead to a pivotal study

"We believe that there may be potential benefit in combining CAVATAK with our anti-PD-1 therapy, KEYTRUDA – which have different, yet complementary approaches to engaging the immune system to fight cancer –and look forward to seeing results from this study."

Dr Eric Rubin, Vice President and Therapeutic Area Head, Oncology Early-stage Development, MSD Research Laboratories

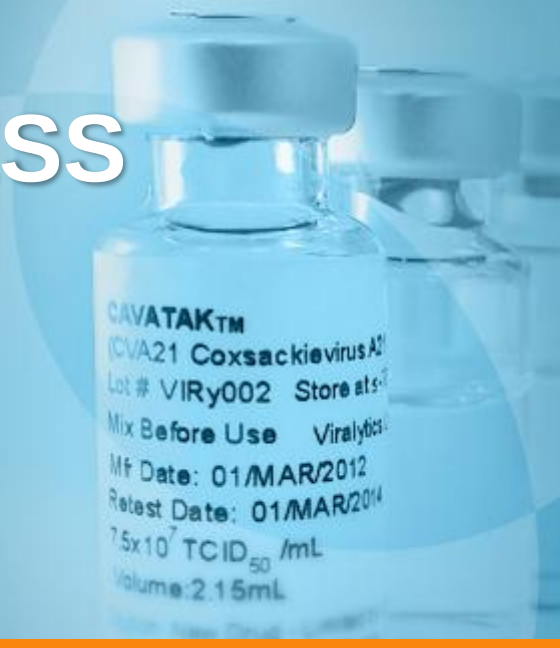
Viralytics

Viralytics

Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

CANON Phase 1 Study



CAVATAK™ — CANON Phase 1 Study:
(**CA**VATAK in **NON**-MUSCLE INVASIVE BLADDER CANCER)

- Common cancer - high unmet need, no recent advances
- Standard of care includes toxic chemotherapies
- Study to assess intravesicular CAVATAK in neo-adjuvant, frontline setting:
  - Evaluating tolerability, pharmacodynamics
  - Evaluating biopsies, blood and urine samples for viral replication
  - Documenting evidence of anti-tumor activity
- Enrollment complete, 16 patients at Royal Surrey Hospital, UK
- Intravesicular instillation of CAVATAK in 30 mL saline on Day 1 and/or Day 2 +/- mitomycin C
- Transurethral resection of tumor tissue at Day 8-11

Cancer Type	Rank *	Estimated New Cases in the US in 2016 *
Breast	1st	249,260
Lung	2nd	224,390
Prostate	3rd	180,890
Colorectal	4th	134,490
Bladder	5th	76,960
Melanoma	6th	76,380

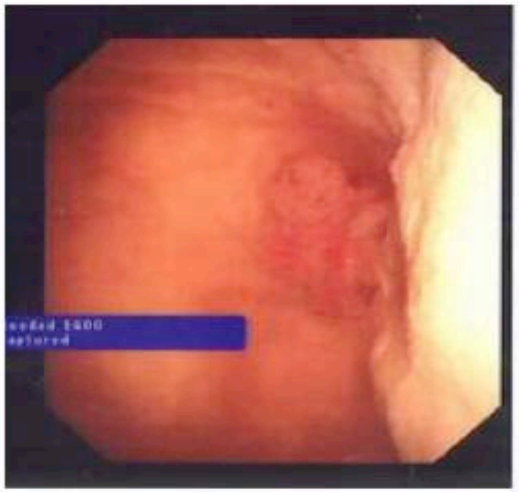
* USA National Cancer Institute, 2016

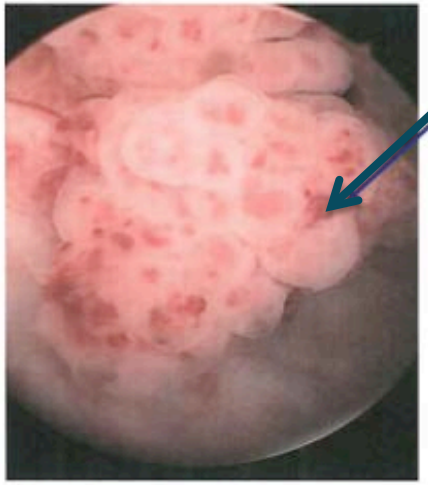
Phase 1 CANON STUDY
Tumor Response

Pre-treatment

Post-treatment Day 8

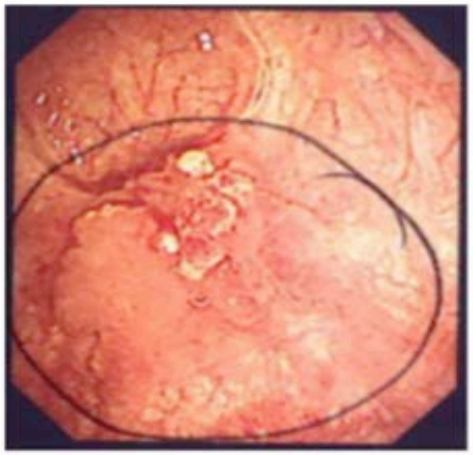
Cohort 1:
Pt 01-B001

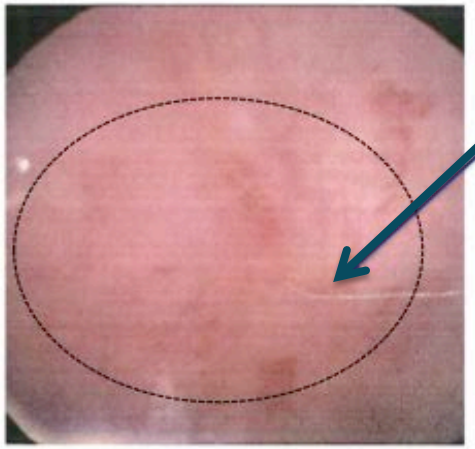




Surface hemorrhage and elimination of the tumor

Cohort 3:
Pt 01-B008



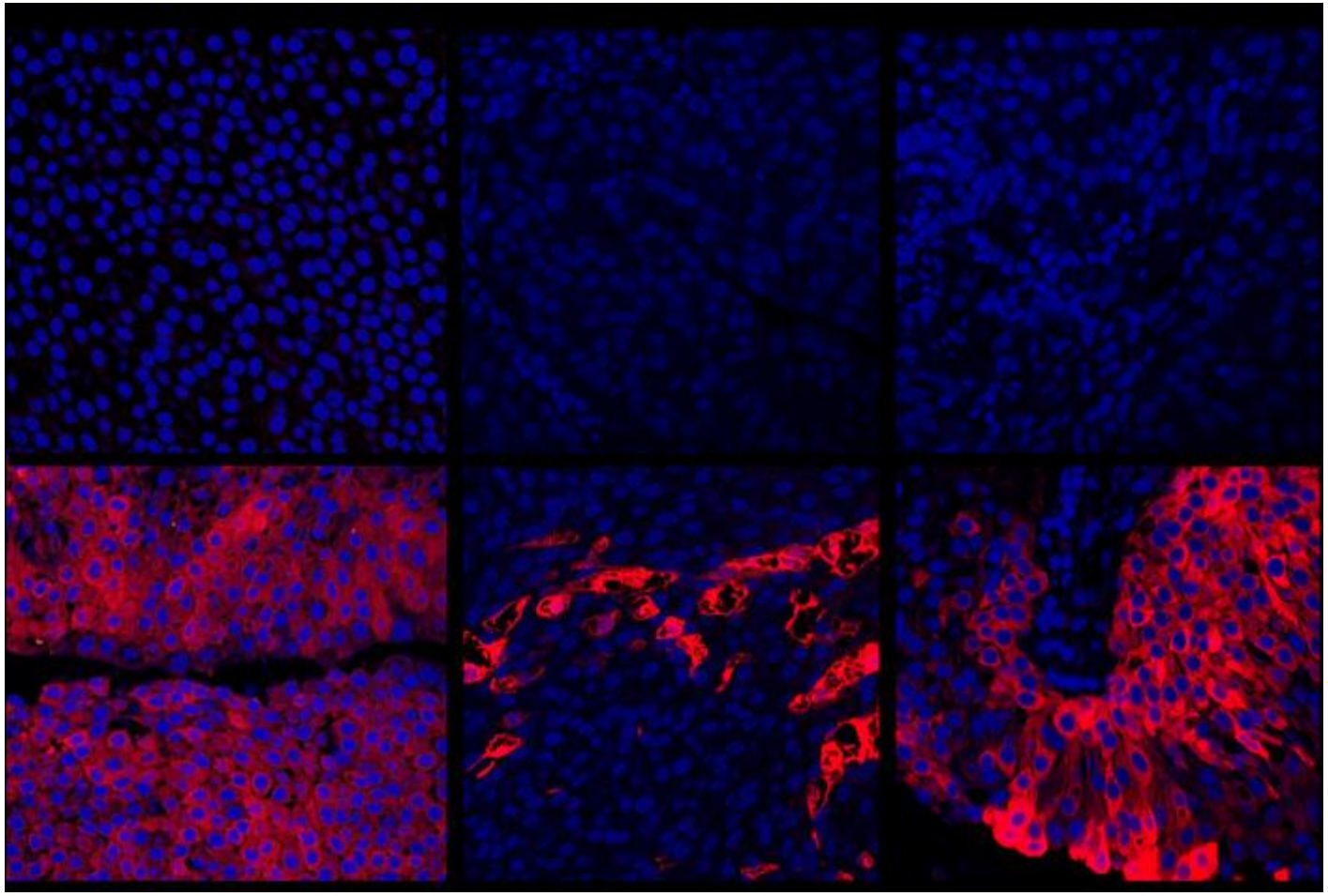


Complete clinical response (confirmed by histopathology)

Viralytics

Phase 1 CANON STUDY

Viral Infection and Replication in Tumor Tissue



Nucleus

Cytoplasmic CAVATAK viral proteins

CAVATAK preferential targeting of bladder cancer cells

CAVATAK™ — CANON Phase 1 Study:
Preliminary Results and Next Steps

- Intravesicular administration of CAVATAK well tolerated - no Grade 2, 3 or 4 CAVATAK-related Adverse Events
- Evidence of tumor targeting with viral replication
- Complete response in one of the first three patients at the highest dose
- CAVATAK induces increases in immune cell infiltrates and expression of PD-L1 compared to untreated NMIBC controls
- CAVATAK mediates increase in the “immunological heat” within the tumor micro-environment suggesting potential for increased anti-tumor activity when used in combination with immune checkpoint inhibitors
- Commercial opportunity in neoadjuvant setting - prior to transurethral resection of tumor *or* in combination with checkpoint inhibitors

Potential to broaden partnering discussions

Viralytics

Developers of Oncolytic Immunotherapies

SUMMARY

OVERVIEW - CAVATAK™ Clinical Trial Program

CAVATAK™

Intratumoral

Phase 2: CALM study
Advanced melanoma
N=57

Phase 2: CALM extension cohort
Advanced melanoma
N=13

Intravenous

Phase 1: STORM study (Part A)
Melanoma, NSCLC, Bladder and Prostate cancer N=16

Intravesicular

Phase 1: CANON study
Non-muscle invasive bladder cancer
N = 16

Combination Studies

Lung Cancer and Bladder Cancer

- ***STORM Part B / KEYNOTE-200: Merck collaboration – CAVATAK / KEYTRUDA® Phase 1b study (N=80)***

Melanoma:

- ***MITCI – CAVATAK / YERVOY™ Phase 1b (N=26)***
- ***CAPRA – CAVATAK / KEYTRUDA® Phase 1b study (N=30)***
- ***Intravenous CAVATAK / anti-PD-1 in planning***

Other Solid Cancers:

- ***CAVATAK / checkpoints in planning stage***

Viralytics

A Strong Record of Achievements

Successful capital raise to fund clinical program	**Achieved**
Reported final results from CANON study	**Achieved**
Reported final CALM (including extension results)	**Achieved**
Reported interim results CAPRA study	**Achieved**
Reported interim results MITCI study	**Achieved**
Reported Part A of STORM and initiated Part B with Merck	**Achieved**
Pre-clinical work to identify further target indications	**Achieved**
Further develop CAVATAK manufacture program	**Achieved**

CAVATAK™
A Compelling Commercial Opportunity

- Active in a range of important cancer types with broad potential:
  - To combine with a range of checkpoint molecules (eg KEYTRUDA, YERVOY)
  - To use in a variety of treatment settings, including intralesional (melanoma, CRC, breast), intravenous (melanoma, prostate, lung, metastatic bladder, renal) and intravesical (NMIBC)
  - Mediates increases in immunological heat within the tumor micro-environment
- Well tolerated across all routes of administration
- CALM study - Impressive monotherapy activity in injected and non-injected visceral lesions in melanoma
- STORM Part A - Encouraging results as IV monotherapy in solid cancers
- STORM Part B / KEYNOTE 200 – CAVATAK / KEYTRUDA combination in NSCLC and metastatic bladder progressing through dose escalation
- Preliminary results from MITCI (CAVATAK/ YERVOY)and CAPRA (CAVATAK/ KEYTRUDA) trials very encouraging suggesting potential to enhance activity and reduce toxicity of checkpoint inhibitors
- CANON - Promising results in NMIBC – strong potential in combination with checkpoints
- Data from multiple clinical trials to drive partnering discussions and shareholder value
- Recent high value transactions in cancer immunotherapy

Viralytics

Developers of Oncolytic Immunotherapies

Thank You

Dr Malcolm McColl
Managing Director

Email: malcolm.mccoll@viralytics.com
Web: www.viralytics.com

Follow us on: