AdAlta

next generation protein therapeutics

i-bodies: drugging difficult targets for next generation protein therapeutics

Investor Presentation Jul-Aug 2020

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AdAlta: clinical stage company, validated platform for asset creation, unique lead asset

4 Process to create additional valuable assets

Build pipeline assets in methodical way with validated technology:
- ✓ AD-214 indications and partnering
- ✓ Internal pipeline products: G-protein coupled receptors (GPCRs) in fibrosis, inflammation, oncology
- ✓ External pipeline partnerships (partner led, funded targets)

3 GE Healthcare collaboration: commercially validates platform

GE Healthcare

Partner target + AdAlta i-body discovery engine = targeting challenge solved
Validates commercial attractiveness and target diversity of platform

2 AD-214 anti-fibrotic product in Phase I: clinically validates platform

First in class (anti-CXCR4) for Idiopathic Pulmonary Fibrosis (IPF): orphan disease, high unmet need, $3 billion market
Validates platform capability, safety and our drug development capability

1 Patented i-body platform: unique, validated capabilities against difficult targets

Unique single domain antibody-like platform capable of drug discovery against “difficult” targets that challenge traditional antibodies; multi-drug opportunity

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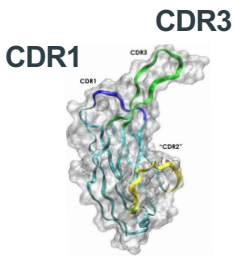
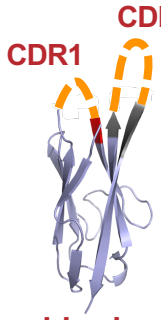
i-bodies: in clinic for “difficult to drug” targets



Shark VNAR*

Ribbon overlay

hNCAM Domain 1



i-body library

(12) **United States Patent**
Nuttal et al.

(54) **BINDING MOIETIES BASED ON SHARK IGNAR DOMAINS**

(75) Inventors: **Stewart Nuttal**, Ivanhoe (AU); **Victor Strelitsov**, Templestowe (AU);

(10) **Patent No.: US 7,977,071 B2**
(45) **Date of Patent: Jul. 12, 2011**

Nuttall, Krishnan, Doughty, Pearson, Ryan, Hoogenraad, Hattarki, Carmichael, Irving, and Hudson. Isolation and characterization of an IgNAR variable domain specific for the human mitochondrial translocase receptor Tom70. European Journal of Biochemistry, 2003, vol. 270, pp. 3543-3554.*

Unique i-body properties

- Small size, long binding loop
- Novel, tunable pharmacology
- Range of half-life extension options
- Stable under pH, temperature cycling
- Non-glycosylated
- Multiple routes of administration

Advantage over traditional antibodies

- Access to unique epitopes (binding sites)
- Biased receptor/target engagement
- Optimised by clinical setting
- Wider formulation, manufacturing conditions
- Bacterial, yeast cell culture potential
- Not limited to intravenous, subcutaneous

* Known as an IgNAR when coupled to a fibronectin scaffold

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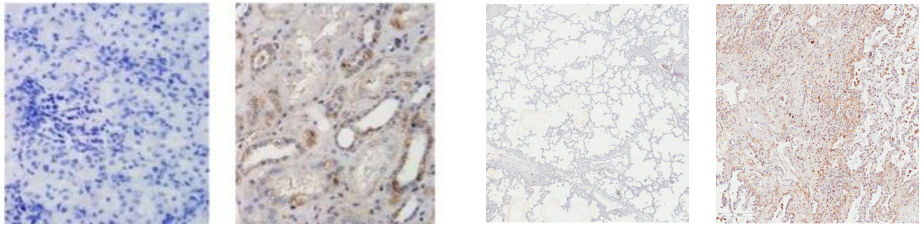
Lead product AD-214: first-in-class anti-fibrotic

Strong biological rationale: CXCR4 receptor is critical player in, and biomarker of, development of fibrosis in many organs

Human kidney tissue *Human lung tissue*



Normal Diseased Normal Diseased

Brown stain is an indicator of CXCR4 expression

CXCR4 is also

- Associated with more than 23 types of cancers
- Important in maintaining stem cells in bone marrow
- Co-receptor for HIV virus entry into cells

AD-214 is the *only* CXCR4 antagonist being developed for fibrosis

- Novel mode of action: inhibits migration of inflammatory, fibrotic cells
- Very specific for CXCR4
- Novel pharmacology: does not significantly mobilize stem cells

First-in-class product designed specifically for fibrotic disease

- Suitable for chronic use, not cytotoxic
- Multiple fibrosis and cancer indications (with data)
- Monotherapy or combination therapy potential

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Lead indication IPF: $3b market, poor options

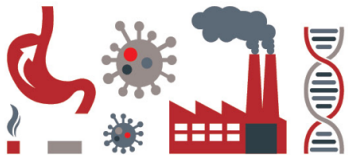
Idiopathic Pulmonary Fibrosis (IPF) is irreversible, unpredictable, incurable

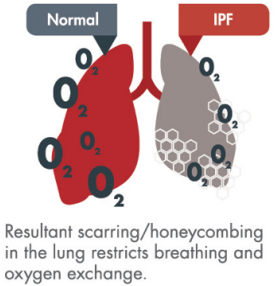
>300,000
people living with IPF

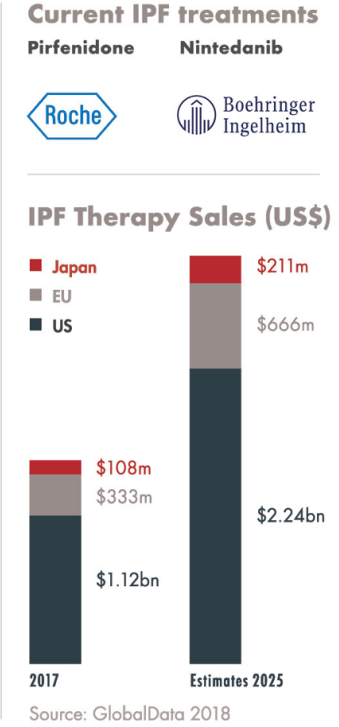
40,000
people die from IPF every year

3.8 years
median survival after diagnosis

Safety, efficacy limitations with current treatments







Burden of fibrotic lung disease following COVID-19 is likely to be high
"Antifibrotic therapies could have value preventing severe COVID-19 in IPF patients, preventing fibrosis after SARS-CoV-2 infection"[1]

Source: GlobalData

1. PM George, AU Wells, RG Jenkins, "Pulmonary fibrosis and COVID-19: the potential role for antifibrotic therapy", Lancet published online May 15, 2020 https://doi.org/10.1016/S2213-2600(20)30225-3

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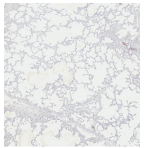
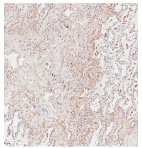
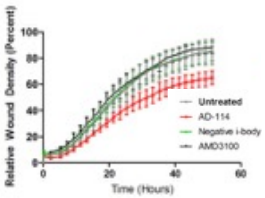
AD-214: road to the clinic

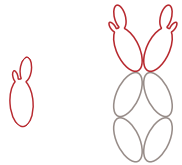


Normal



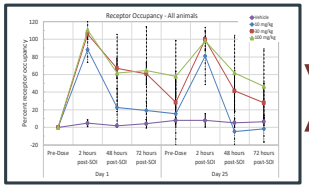
Diseased

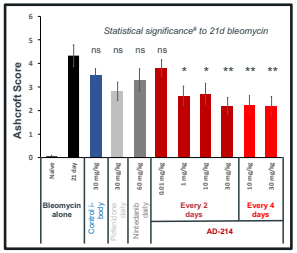




i-body AD-114

Fc-fusion AD-214





✓ **Validated target**

- CXCR4
- Player in inflammatory, fibrotic processes
- Biomarker, prognostic indicator

✓ **Novel mode of action, IP**

- **Patented** CXCR4 i-body antagonist
- CXCR4 expressed on diverse cell types
- Inhibition of fibrotic cell migration

✓ **GMP manufacturing**

- Fc-fusion format
- CDMO: KBI Biopharma
- IND-ready CMC package

✓ **NHP GLP toxicology**

- Very clean tox profile
- Half-life supports weekly dosing
- Sustained receptor occupancy

✓ ***In vivo* efficacy**

- Bleomycin mouse model of IPF
- Ashcroft Score, gene expression, collagen
- Eye, kidney, liver cancer PoC

Pre-IND meeting

Panel of pre-clinical studies sufficient to support an Investigational New Drug application
The Phase I trial design is reasonable
Specific guidance readily incorporated into Phase I protocol and ongoing development plans

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Three-part phase I design*

Part A
(Ongoing to early 2021)

Single dose, healthy volunteers (HV SAD)

- ~44 subjects

Part B
(early 2021 to late 2021)

Single dose, ILD patients (Pax SAD)

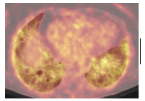
- ~15-30 subjects**

Part C
(late 2021 to mid-2022)

Multiple dose, ILD patients (Pax MAD)

- ~12-24 subjects**

RECRUITING



Includes AD-214 PET tracer for distribution and receptor occupancy

Objectives

Primary
- Safety, tolerability of AD-214

Secondary
- PK, PD of AD-214
- Immunogenicity of AD-214

Exploratory
- Effect of AD-214 on respiratory function
- Localisation/distribution of ^{89}Zr-AD-214 by PET-CT***

* https://clinicaltrials.gov/ct2/show/NCT04415671?term=adalta&draw=2&rank=1; Part A is fully funded
** Standard 3 + 3 safety design: up to 3 additional ILD pts will be recruited into any dose group if required to provide additional safety
*** Subject to successful development and subsequent ethics approval of ^{89}Zr-Ad-214

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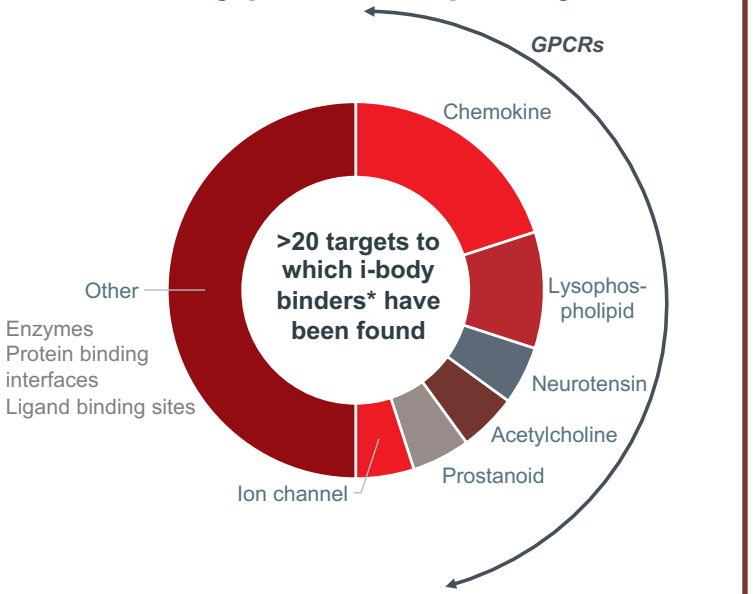
Pipeline: diverse target capability supports internal and external pipeline assets

i-body platform capability



Commercial validation

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GE Healthcare

• i-body libraries, IP	**Brings**	• Target
• Discovery, validation	**Does**	• Pre-clinical, clinical development
• Milestones • Research fees • Royalties	**Receives**	• Binder IP • Commercialisation rights

Successfully progressed to Stage 3 of 8-11 month discovery program: Stage 3 milestone pending

Internal pipeline asset creation

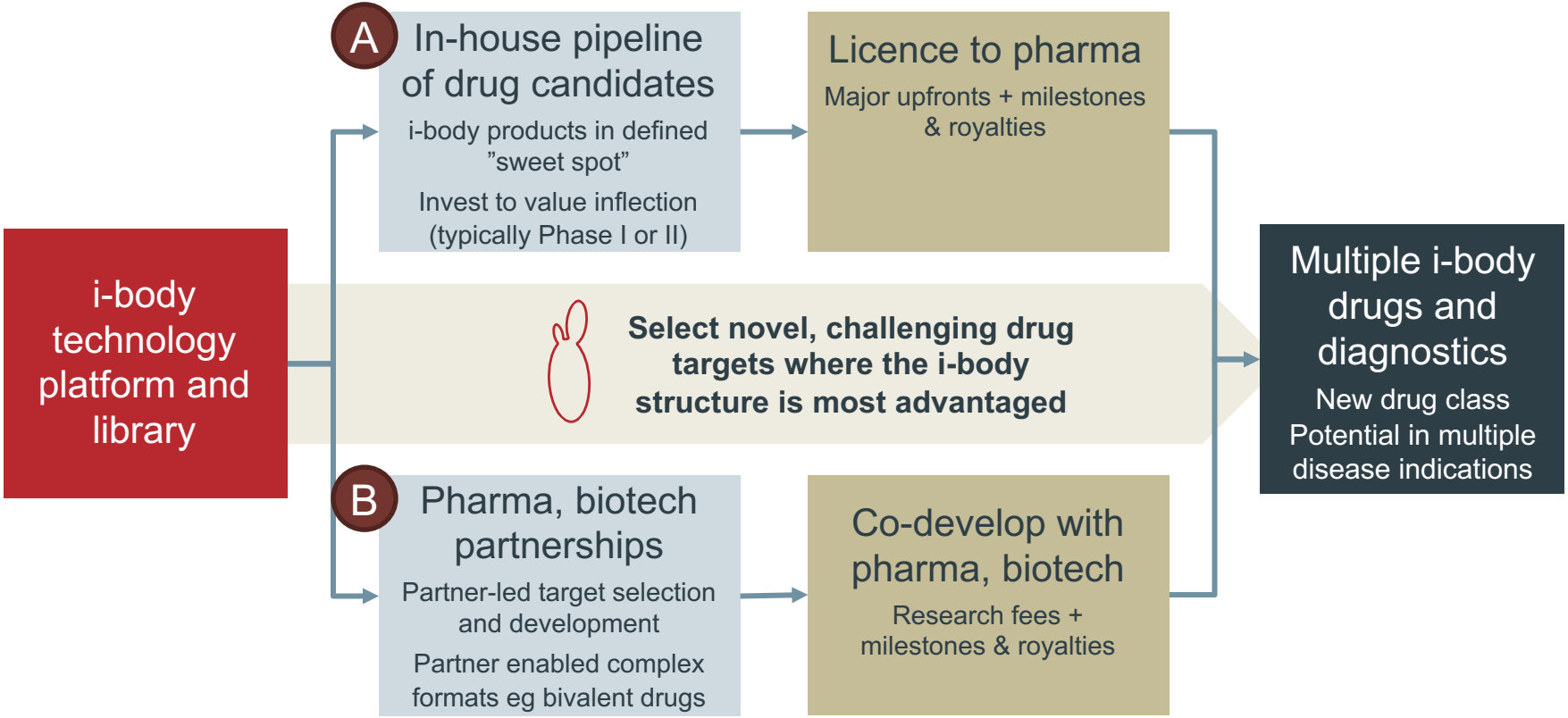
- G-protein coupled receptors
- Fibrosis, inflammation, oncology

External pipeline asset creation

- Multiple co-development partnerships
- New target biology, non-dilutive funding

* Includes both i-body and VNAR/IgNAR formats

AdAlta's twin strategies to create valuable assets from the i-body platform



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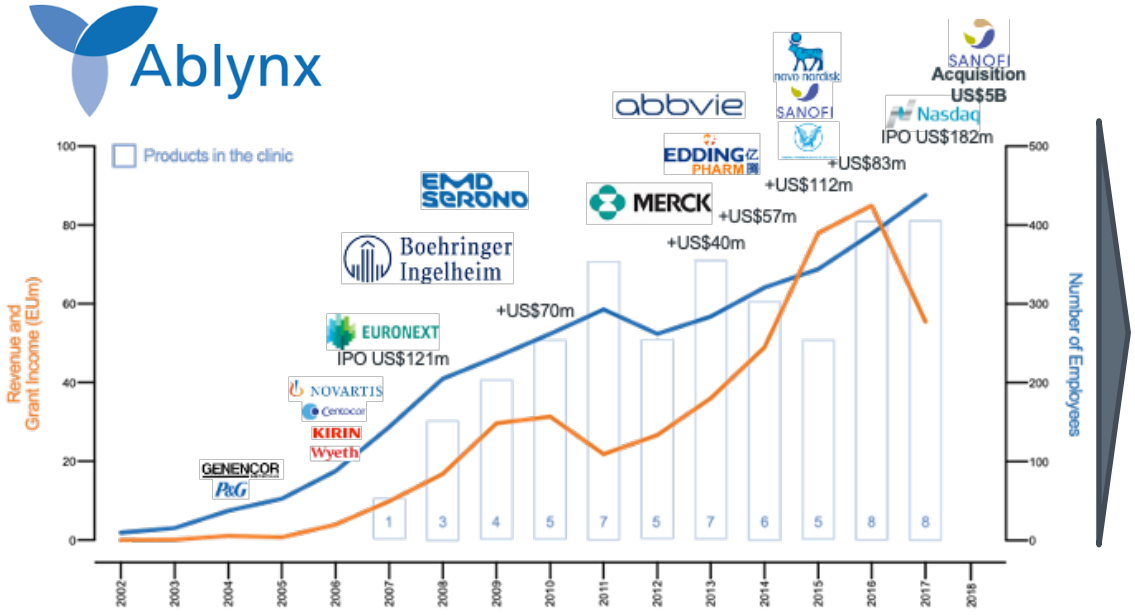
Single domain antibody platform potential: Ablynx case study



Ablynx strategy (2007)

A. Leverage platform to rapidly identify potential drug candidates

B. Drive lead product candidate through clinical development

C. Selectively partner to maximize market opportunity

D. Maintain and expand technology and IP position

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Comparator position: year first product reaches clinic
Opportunity: use first clinical trial as catalyst for acceleration

Source: Ablynx Euronext IPO prospectus, NASDAQ prospectus and press releases; AdAlta analysis

Growth trajectory to build value

A Maximise catalysts from current funded base (2020)

B Expand (~mid 2020 to late 2021)

C Accelerate (from ~mid-2021)

ASX:1AD

Market Cap: A$18 million
(24 July 2020)

From …	Via …	Towards 2023 …
• i-body platform in clinic for difficult drug targets	• Laying the foundations for growth	• Multi-product, multi-partner platform company
• Clinical and commercial validation: AD-214 Phase I trial and GE partnership	• Progress AD-214 • Build internal and external pipeline • Continuous platform improvement	• AD-214 partnering, new indications • ~5 internal GPCR programs • 3-5 co-development partnerships

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Key execution milestones

Strategic priority	*2020 YTD achievements*	H2 2020	H1 2021	H2 2021
AD-214 clinical progression	*US patent* *Pre-clinical efficacy, PK/PD* *Phase I approval* *FDA pre-IND advice* *Phase I Part A: first participant*	Phase I Part A (HV) interim drug safety committee findings* PET tracer pre-clinical proof of concept (PET images in mouse)*	Phase I Part A (HV): top line safety, PK/PD results* Phase I Part B (ILD) first patient, first PET images Expanded clinical plans: proof of concept data, program definition	Phase I Part C (ILD) first patient multi-dose First partnering window opens Manufacturing process optimised, scaled for late stage clinical trials IND preparation begins
Internal pipeline assets			First new targets selected	2-3 new i-bodies progressing
External pipeline assets	*GE Healthcare stage 2 milestone*	GE Healthcare stage 3 milestone*	Second platform partnership	
i-body platform asset	*AdAlta strategy update*			i-body 2.0 scaffold developed, IP filed

* Fully funded

Experienced board and advisors

Board

Dr Paul MacLeman
Chair

Tim Oldham, PhD
CEO & Managing Director

Liddy McCall
(alt: Dr James Williams)
Director

Dr Robert Peach
Independent Director

Dr David Fuller
Independent Director

Scientific Advisory Board

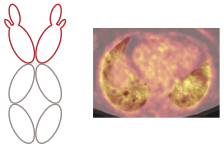
Brian Richardson
Drug discovery and development expert

Steve Felstead
Clinical development

John Westwick
Pulmonary drug discovery and development

AdAlta (ASX:1AD) investment proposition

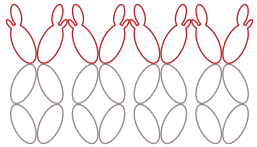
- **Patented i-body platform for asset creation: designed for “difficult” targets**
  - Unique structure, properties addresses targets traditional antibodies cannot
- **AD-214: clinical stage first-in-class asset for fibrosis**
  - Product, platform validation
  - Phase I trial in US$2.9 billion orphan disease idiopathic pulmonary fibrosis (IPF)
  - Partnering window end of Phase I
  - Pre-clinical data in multiple fibrotic indications and cancer



- **GE Healthcare: commercial validation of platform**
  - Partner funded discovery program meeting all milestones
  - First of a portfolio of similar asset partnerships

GE Healthcare

- **Poised for expansion: clear vision for growing existing assets, adding more**
  - AD-214: Phase I patient data, expand indications, partner
  - Internal pipeline: GPCRs in fibrotic and inflammatory disease and cancer
  - External pipeline: partner selected and funded targets
  - Platform leadership: continuous improvements to i-body platform, formulation and manufacturing



- **Experienced drug development team driving strategic focus on the foundation**
- **Unique investment opportunity : validated platform, unrealized expansion potential**

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Contacts for more information:

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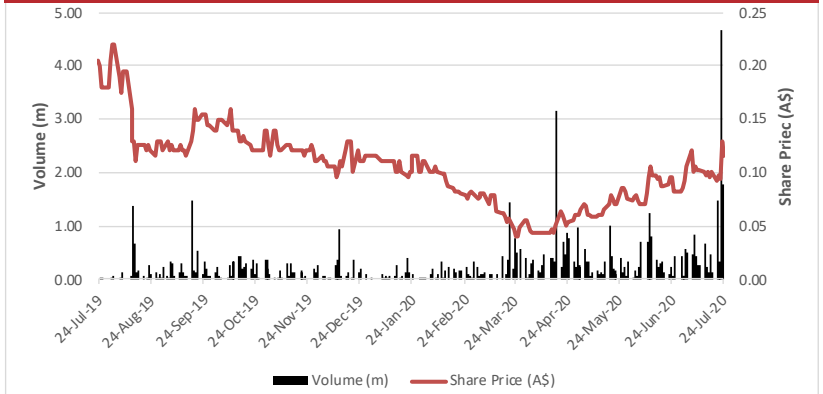
APPENDIX

Financial position and results

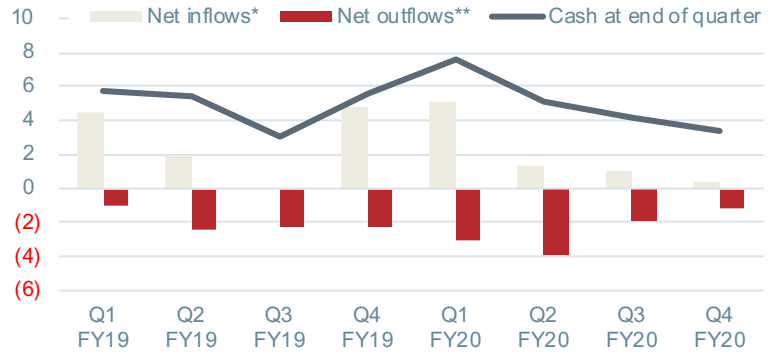
Key financial details	
ASX code	1AD
Share price (24 July 2020)	AUD$0.115
Market capitalisation	AUD$18.85m
Ordinary Shares	163,945,613
Listed Options	23,348,803
Unlisted Options	7,514,067
Current cash (30 June 2020)	AUD$3.37m
Trading range (last 12 months)	AUD$0.04 to $0.22
Average daily volume	255,000

Major shareholders	%
Yuuwa Capital LP	32.97
Platinum Asset Management	8.54
Meurs Holdings Pty Ltd	3.27
CS Fourth Nominees Pty Ltd	3.02
Citycastle Pty Ltd	2.10
Other shareholders	50.09
Total	100%

Share price performance (last 12 months)



Quarterly cash flows



* Net inflows include R&D Tax Incentive (RDTI) refund, proceeds of capital raising activity after capital raising costs, RDTI loan facility (Radium Capital), and platform licensing revenue (GE contract)

** Net outflows includes all operating expenses and equipment purchases

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Market benchmarks: reaching for the stars!

Fibrosis pipelines	bridgebio therapeutics Jul-19 license by Boehringer Ingelheim €45m + €1.1b Phase I	Promedior Nov-19 acquired by Roche $390m + $1b – Phase II Aug-15 BMS option to buy $150m + $1.25b milestones	ENLEOFEN Jan-20 platform license by Boehringer Ingelheim $?m + $1b milestones Preclinical
Micro-antibody platforms	arGEN-X April-16 license by Abbvie $40m upfront + $645m milestones & royalties	pieris Feb-18 collaboration with Seattle Genetics (3 targets) $30m upfront + $1.2b milestones & royalties	Ablynx Feb-18 acquired by Sanofi €3.9b
GPCR platforms	HEPTARES therapeutics Feb-15 acquired by Sosei $400m Phase Ib asset + 7 pre-clinical leads	receptos Jul-15 acquired by Celgene $7.8b Ph III, Ph II and GPCR platform	Ablynx April-16 license with Boehringer €8m + €125m milestones Phase I GPCR nanobody

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Breadth and depth in executive leadership

Executive

Tim Oldham, PhD
CEO & Managing Director

Hospira · cell therapies

Mick Foley, PhD
Chief Scientific Officer

La Trobe University · Walter+Eliza Hall Institute of Medical Research — Discoveries for Humanity

Dallas Hartman, PhD
Chief Operating Officer

CSL · Nexvet — Transforming animal medicine

Claudia Gregorio-King, PhD
VP Clinical Product Development

CNS Intelligent Development · Prescient Therapeutics

Kevin Lynch, MD
Consultant Medical Expert

Celgene · Novartis

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Near term strategic priorities (expansion phase)

Create value inflections for lead asset AD-214

- Clinical development in IPF/ILD
- Expand indications, create licensing options

Add 2 assets to *internal* pipeline in our "sweet spot"

- G-protein coupled receptors (GPCRs)
- Fibrosis, inflammation, cancer

Add to *external* pipeline through a new partnership

- Earlier revenue; access to additional target expertise

Continuous i-body platform and AD-214 product improvement

- Ensures continued technology leadership, competitive advantage

NHP GLP toxicology: AD-214 safe

- 3 non-human primate studies completed
- Good Laboratory Practice (GLP) study to evaluate safety and toxicology prior to initial human studies
  - 10mg/kg, 30mg/kg and 100mg/kg multiple doses over four weeks plus recovery (human equivalent dose 32mg/kg)
  - AD-214 well tolerated with no deaths, no AD-214-related clinical signs, no changes in a panel of clinical observations
    - body weight
    - ophthalmoscopy
    - blood pressure
    - electrocardiography
    - respiratory function
    - neurological function
    - coagulation
    - urinalysis
    - organ weight
    - macroscopic and microscopic findings
  - Low, transient and completely reversible changes in stem cell counts and some blood protein levels observed

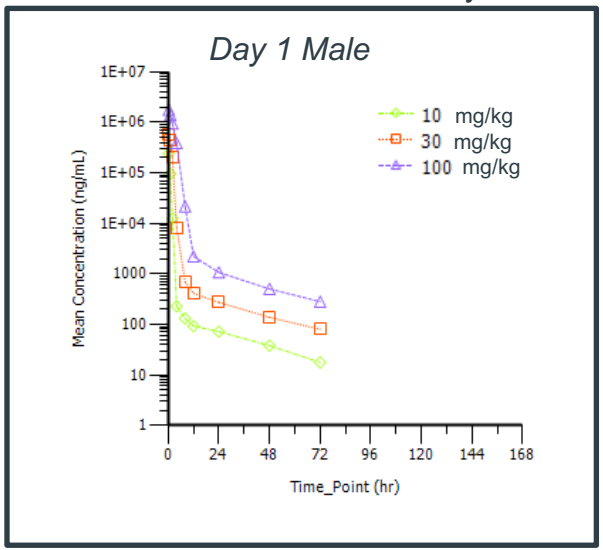
Tox study results were in line with expectations and in keeping with previous studies

Separate tissue cross reactivity and cytokine release study results of "little to no toxicological significance"

Non-human primate GLP toxicology: Phase I dose justification

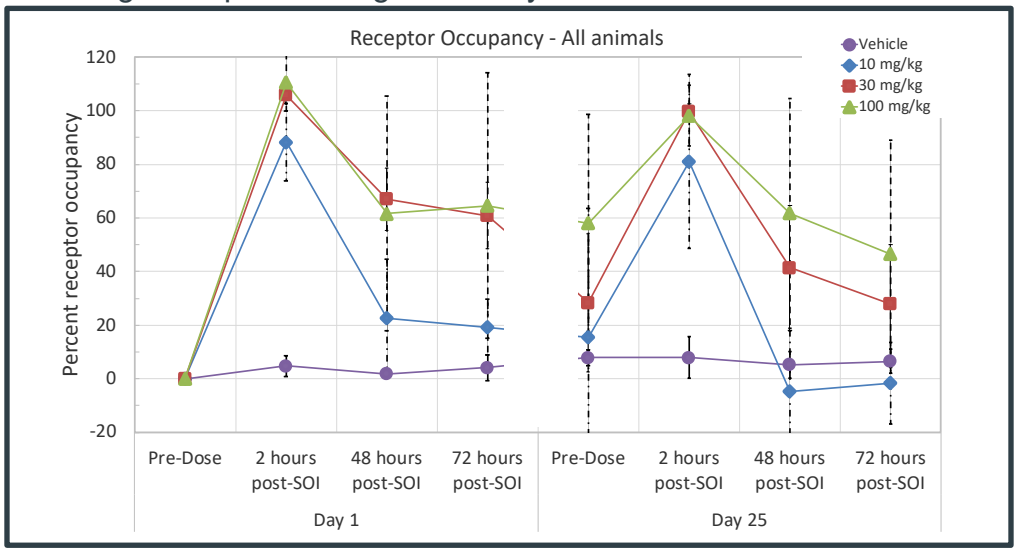
Pharmacokinetics

- Elimination half-life 22-29h
- Human equivalent: ~71h (estimate)
- AD-214 available for >3 days



Pharmacodynamics

- >60% receptor occupancy* for 72h at >30mg/kg
- Human equivalent: ~10mg/kg (estimate)
- High receptor binding for >3 days



Supportive of human therapeutic dose window including 10mg/kg intravenously, weekly or every second week

* On peripheral blood mononuclear cells (white blood cells)
Source: GLP NHP Toxicology Report; external expert pharmacological modelling; error bars are standard deviations (n=6-10 animals per group)

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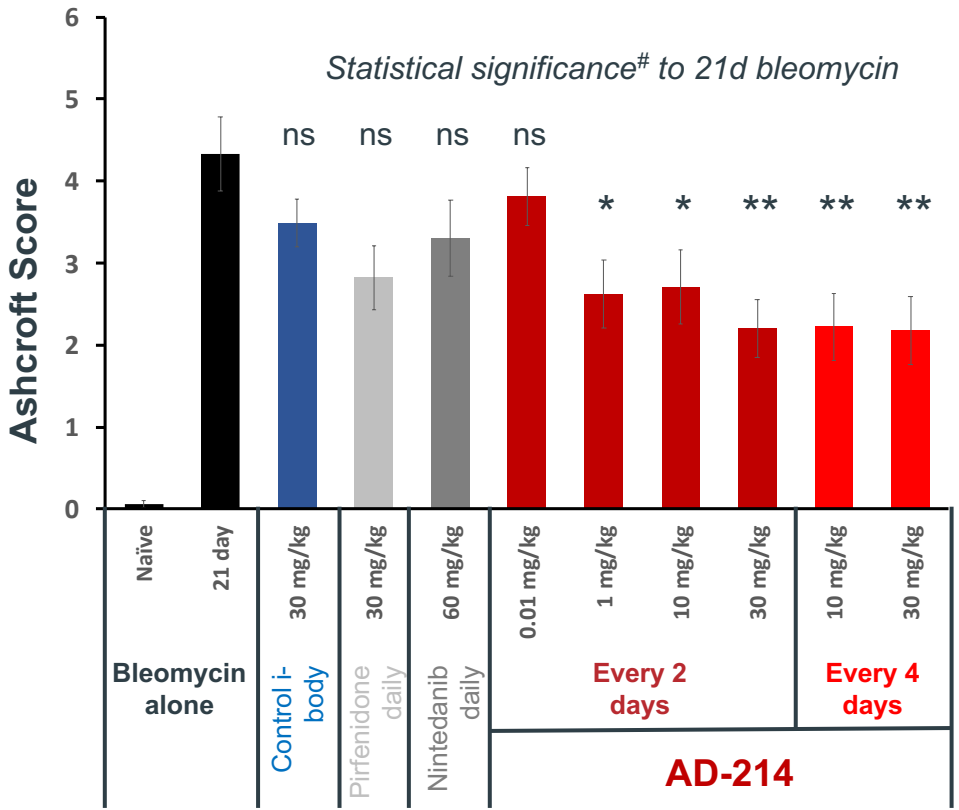
AD-214 induced reduction in progression of fibrosis in mouse bleomycin model



- AD-214 reduced Ashcroft Score with statistical significance compared to bleomycin treated mice at:
  - 1-30mg/kg every second day
  - 10-30mg/kg every fourth day
- Wide range of dosing regimens can be used to test efficacy
  - 10mg/kg every second day exhibited effectiveness by most study parameters
  - Human equivalent dose: 1mg/kg (estimated)

AD-214 efficacy demonstrated in gold standard IPF disease model

Supportive of potential human therapeutic window beginning as low as 1mg/kg

Statistical significance assessed using ANOVA and post-hoc Dunnett's test; ns (not significant) = p >0.05, * = p<0.05, ** = p < 0.01 relative to 21-day bleomycin vehicle; negative control is an i-body that does not bind specifically to CXCR4; error bars are standard error of the mean

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Three-part phase I design*

Phase I, dose-escalating study of the safety, tolerability, PK & PD of single and repeat doses of AD-214 in healthy volunteers (HVs) and patients with interstitial lung disease (ILD)

Part A
(Ongoing to early 2021)

Single dose, healthy volunteers (HV SAD)

- ~44 subjects
- 0.01-20 mg/kg iv
- 1 site

RECRUITING

Part B
(early 2021 to late 2021)

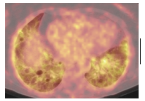
Single dose, ILD patients (Pax SAD)

- ~15-30 subjects**
- 0.1-20 mg/kg iv
- 2-3 sites

Part C
(late 2021 to mid-2022)

Multiple dose, ILD patients (Pax MAD)

- ~12-24 subjects**
- iv weekly, 4 weeks
- 2-3 sites



Includes AD-214 PET tracer for distribution and receptor occupancy

Objectives

Primary
- Safety, tolerability of AD-214

Secondary
- PK, PD of AD-214
- Immunogenicity of AD-214

Exploratory
- Effect of AD-214 on respiratory function
- Localisation/distribution of ^{89}Zr-AD-214 by PET-CT***

Contracted vendors

CNS Intelligent Development; CMAX CLINICAL RESEARCH; 360biolabs ENABLING FUTURE MEDICINES

Partners in development and clinical validation of PET tracer for Parts B and C

MONASH University; THE UNIVERSITY OF MELBOURNE; theAlfred; Austin HEALTH; Olivia Newton-John Cancer Research Institute; bTb Biomedical TRANSLATION BRIDGE PROGRAM; Powered by MTPConnect

* https://clinicaltrials.gov/ct2/show/NCT04415671?term=adalta&draw=2&rank=1; Part A is fully funded
** Standard 3 + 3 safety design: up to 3 additional ILD pts will be recruited into any dose group if required to provide additional safety
*** Subject to successful development and subsequent ethics approval of ^{89}Zr-Ad-214

AdAlta