
# *Corporate Presentation*

***ASX:RCE, FSE:R9Q***

## *EU Non-Deal Roadshow*

***June 2021***

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# Management Structure

**Dr John Prendergast** – Chairman
*BSc (Hons), MSc (UNSW), PhD (UNSW), CSS (HU)*

US based, current Chairman and Co-founder of Palatin Technologies, Inc. (NYSE: PTN) and Lead Director of Heat Biologics, Inc. (NASDAQ: HTBX) – extensive experience in the international commercialisation of pharmaceutical technologies.

**James Graham** – Chief Executive Officer
*BCom (Entrepreneurship), GAICD*

5 years as former Executive Director. Invested along-side shareholders in most capital rounds since inception. Background in marketing, business development and commercialisation of early-stage technologies.

**Michele Dilizia** – Chief Scientific Officer
*BSc (Med Sci), Grad Dip Bus (Mkting), BA (Journ), GAICD, MASM*

Co-inventor and qualified medical scientist; specialisation in medical microbiology and regulatory affairs requirements.

# A Versatile Technology Platform

- **Anti-infective** focused Biotech company targeting both bacterial and viral indications
- **Strong IP** and **own manufacturing** capability
- **Versatile platform** delivering oral, intravenous and spray formulations for a range of use-cases
- Designed to safely provide treatment **without developing resistance** over time
- Multiple opportunities with RECCE® 327 interim **first in human** data expected in 2021

327 435 529

# Strong Pipeline

## Over Various Indications and Upcoming Inflection Points

| Asset<br>Route of administration | Indications | Discovery | Preclinical | Phase I | Phase II | Phase III | Next data readout | Market Size |
|---|---|---|---|---|---|---|---|---|
| **Anti-bacterial programs** | | | | | | | | |
| **R327**<br>**Intravenous & Intranasal** | Serious/life threatening bacterial infections including sepsis | | | | | | Phase I interim data readout Q4 2021 | 47-50 million cases worldwide |
| | Pre-sepsis - kidney & UTI infections | | | | | To start post Phase II in sepsis | | |
| **R327**<br>**Topical** | Wound infections including infected burns | | | | | | Phase I/II readout Q4 2021 | 11 million burn wound cases requiring medical intervention. Majority of which escalate to infection |
| **R435**<br>**Oral R529** | *Helicobacter pylori* in stomach ulcers | | | | | | | Up to 4.4 billion worldwide |
| **Anti-viral programs** | | | | | | | | |
| **R327**<br>**Nasal** | COVID & Influenza | | | | | | | |
| **R529**<br>**IV and Intranasal** | COVID | | | | | | | |

# *RECCE® 327 as an Antibiotic*

Recce Pharmaceuticals

# Sepsis – it's a big problem!

**48.9 million incident cases** of **sepsis** recorded worldwide[1]

**11 million sepsis** related **deaths** recorded[2]

**One in three** patients who die in hospital have sepsis[3]

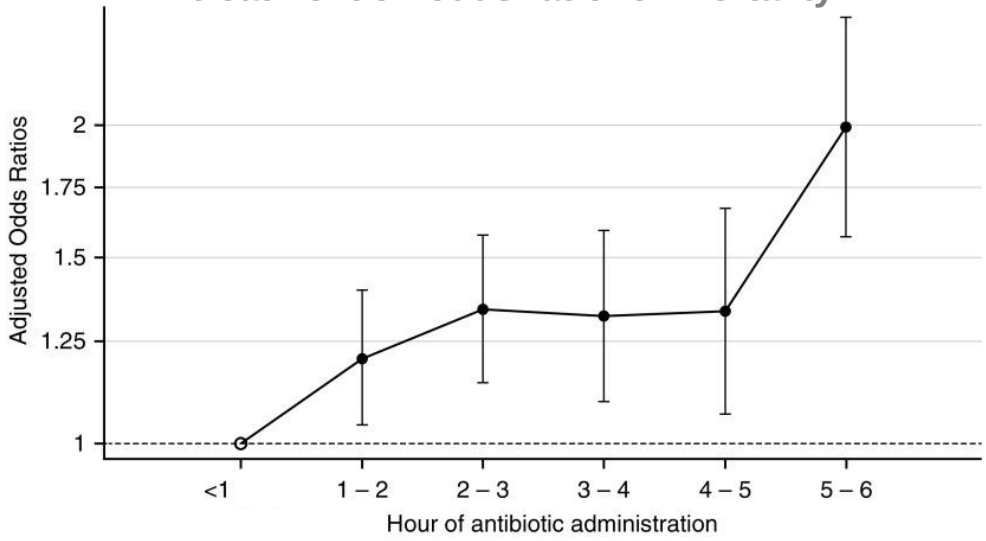
- Sepsis is a life-threatening inflammatory response to infection that has spread in the body.
  - Kills more people in the US than **prostate**, **breast cancer** and **HIV/AIDS** combined.[4]
- Has been the **most expensive condition to treat** in the last 8 years - **double the average cost per stay across all other conditions**.[5]
- ***Currently no drug therapies specifically for the treatment of sepsis.***[6]

*1,2,3 – The Lancet*
*4 – BioMed Central*
*5 – University of Texas*
*6 – International Medicine Journal RACP*

# Treatment Paradigm

- Current treatment paradigm relies on:
  - Introducing broad spectrum antibiotic(s)
  - Running antibiograms
  - Adjusting antibiotics based on antibiogram results


**Impact of delayed antibiotic treatment on odds ratio for mortality[1]**




***Early treatment with the correct antibiotic is key to patients' outcome***

***Mortality from sepsis increases by as much as 8% for every hour that treatment is delayed[2]***



1 – Vincent X. Liu et al. The Timing of Early Antibiotics and Hospital Mortality in Sepsis - Am J Respir Crit Care Med. 2017 Oct 1; 196(7): 856–863.
2 – https://www.sepsis.org/wp-content/uploads/2017/05/Sepsis-Fact-Sheet-2018.pdf

# Natural Antibiotics vs Synthetic Antibiotics

**Natural Antibiotics**

- **Pre-formed** natural superbugs
- All Fungi or Bacteria based
  - "*Penicillin allergy is the most common drug allergy and is reported in up to 15 percent of hospitalized patients*" [1]
- Only as good as what's found in nature
- Has always had naturally occurring superbugs, now multiplying out of control!

**Synthetic Antibiotics**

- **NO** pre-formed natural superbugs
- Entirely man-made and designed with purpose
- Universal Mechanism of Action - detailed experimentation demonstrates it does not succumb to superbugs
- Contains only what we want - not reliant on what's found in nature
- Broad Spectrum capability and maintains its activity even with repeated use!

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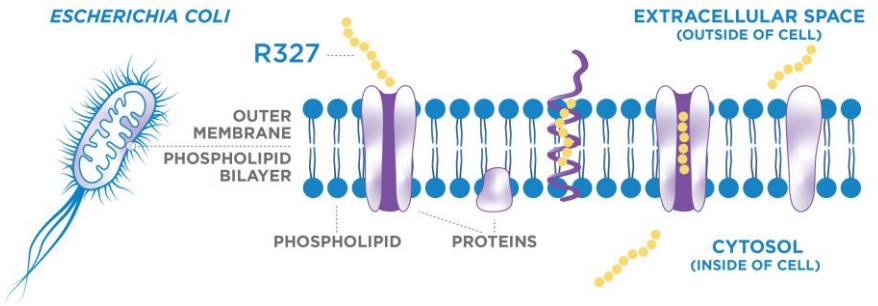
1- Lee, C E et al. "The incidence of antimicrobial allergies in hospitalized patients: implications regarding prescribing patterns and emerging bacterial resistance." Archives of internal medicine vol. 160,18 (2000): 2819-22. doi:10.1001/archinte.160.18.2819

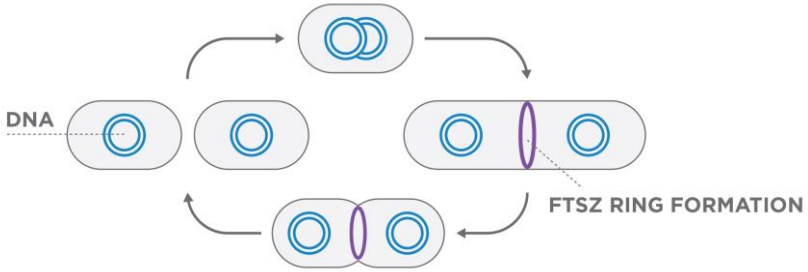
# Hypothesized Mechanism of Action

## Stage 1



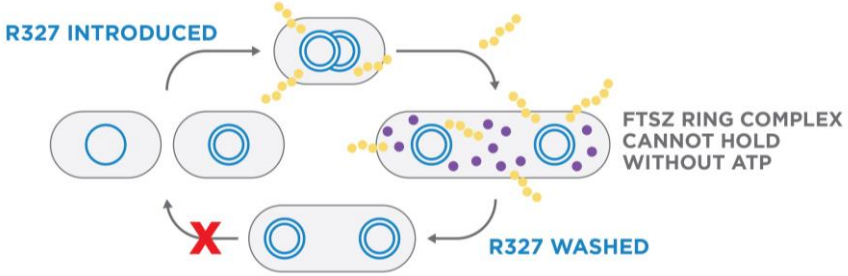

*R327 permeabilizes cell membrane & enters the cell*

## Stage 2



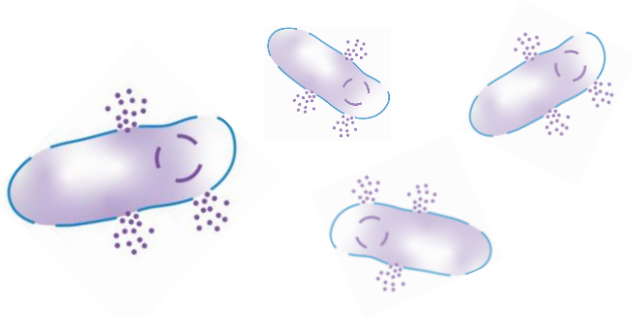

*R327 interrupts bacterial cellular energetics via ATP Synthesis*

## Stage 3




*Cellular division & non-dividing cell functions are disrupted*

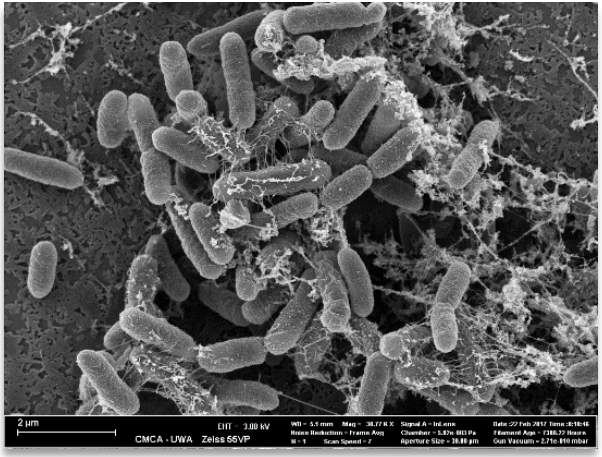
## Stage 4



*R327 rapidly & irreversibly bactericidal & at high concentrations cell lysis*

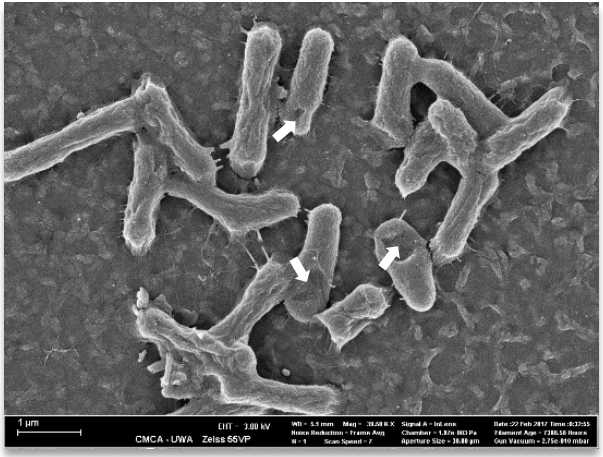
# RECCE® 327 Mechanism of Action in practice

**00 minutes**



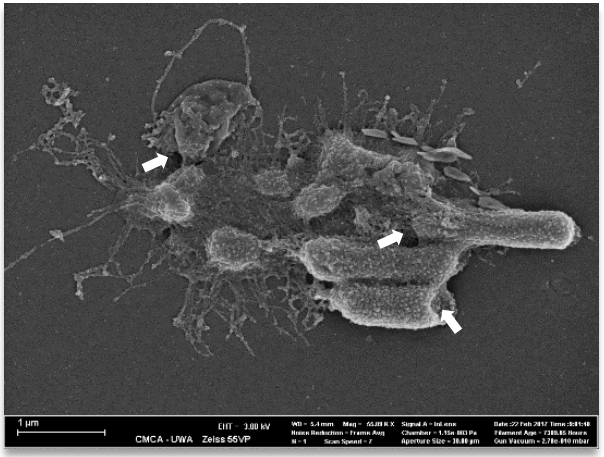

Before application of R327, the *E. coli* bacteria cells are healthy, smooth and intact

**20 minutes**




After application of R327, the *E. coli* bacteria cell membrane begins to weaken and is disrupted

**180 minutes**



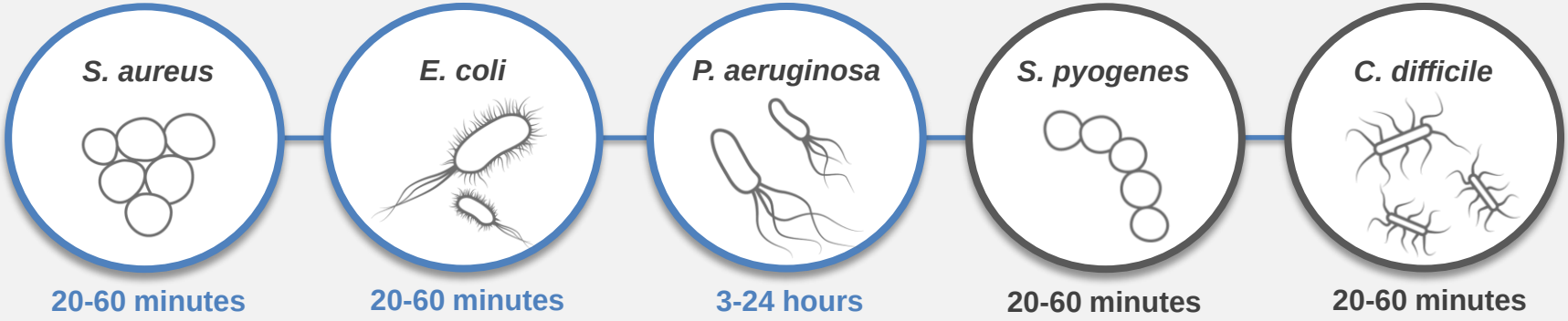

*E. coli* bacteria cells (10e6 cfu/ml) having their outer membrane weakened – and bursting from treatment with R327 (1000 ppm)



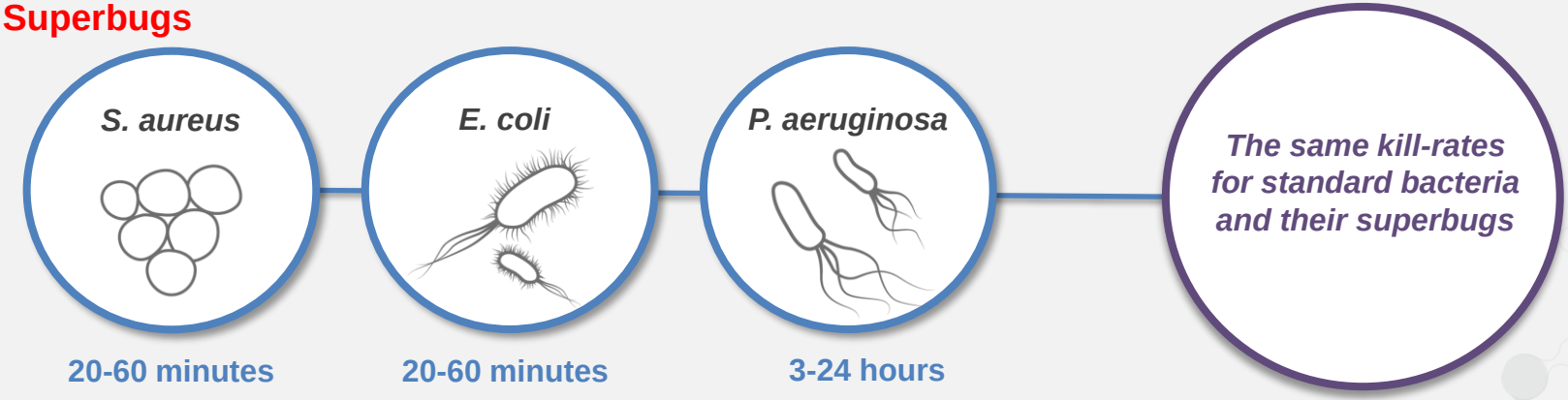
This is a high-definition electron microscope image generated in February 2017 by Dr Peta Clode and Lyn Kirilak of the Centre for Microscopy, Characterisation and Analysis, University of Western Australia. It was taken to demonstrate RECCE® 327's unique mechanism of action

# RECCE® 327 Kills at Practical Speeds

## Standard Bacteria




## Superbugs

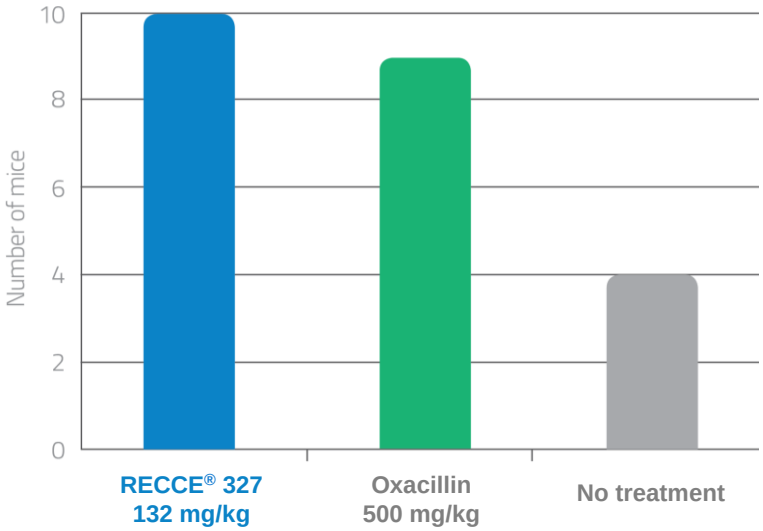





*All concentrations of bacteria (germ) were 10 cfu/ml*
*Concentration of RECCE antibiotic was 1,000 ppm against all bacteria except P. aeruginosa for which 2,000 ppm was used*

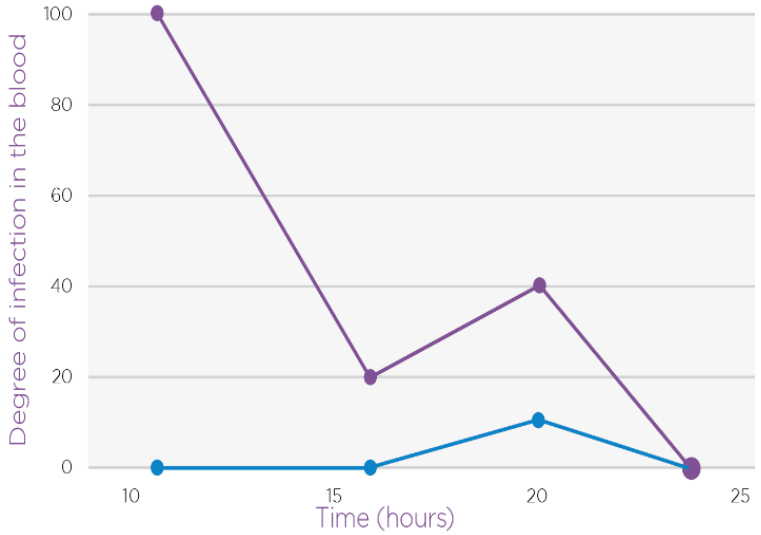
# RECCE® 327 – Cures and Prevents Sepsis in Mice*

**No. of mice that survived Sepsis from *S. aureus (superbug)***




- All ten mice treated with RECCE® antibiotic survived sepsis

**Infection in mice from *S. pyogenes***




- **Group 1 of ten mice** were administered a 167 mg/kg dose of RECCE® 327 at 0 hours. **Group 2** received no antibiotic.
- Both groups inoculated with the *S. pyogenes* burden into the bloodstream. Mice results first monitored after 12 hours allowing bacteria to develop and establish an infection.
- Bacteria in the blood were rapidly killed and unable to establish an infection in the kidneys of mice who received RECCE® 327.

**** Results from an independent laboratory in USA***

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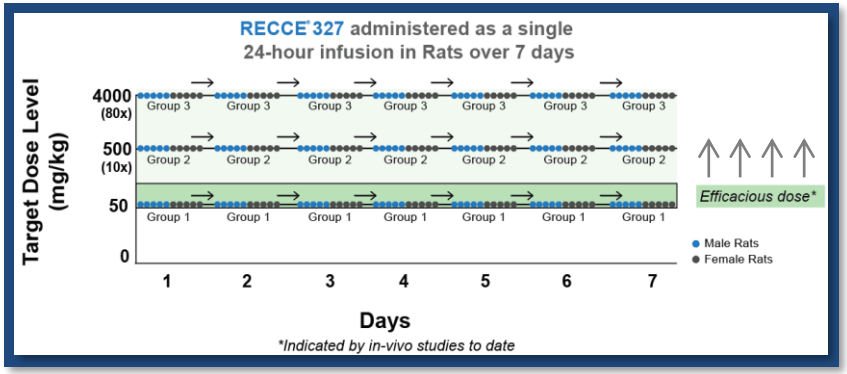
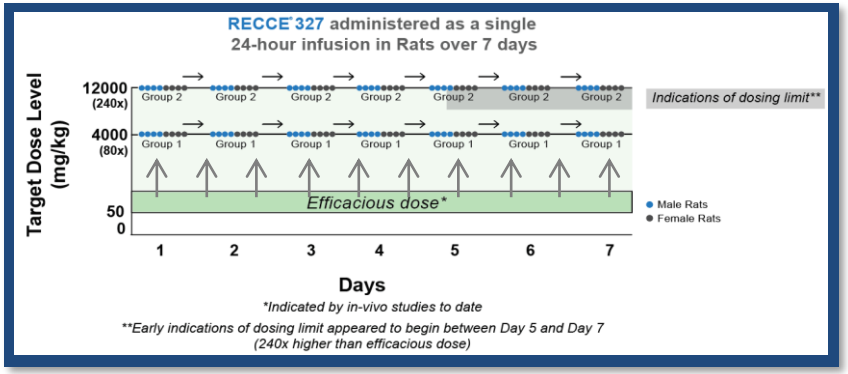
# Single Dose & Range-Finding Repeat Dosing

## Rats

- Phase Ia (24-hour), Phase Ib (24-hour over 7 days):
  - A separate single 24-hour intravenous infusion administration of RECCE® 327 up to 12,000 mg/kg over the course of 7-days was carried out.
  - Results of up 12,000 mg/kg/day was well tolerated from Days 1 to 4 (inclusive); with no mortalities or clinical signs.
  - **No Observed Adverse Effect Level (NOAEL) of 24-hour 500mg/kg (10x indicated efficacious dose).**
- RECCE® 327 is indicated to be efficacious from as little as 50mg/kg and shows that tolerability can be sustained over at least 7 days of continuous daily exposure at doses up to and including 500 mg/kg.

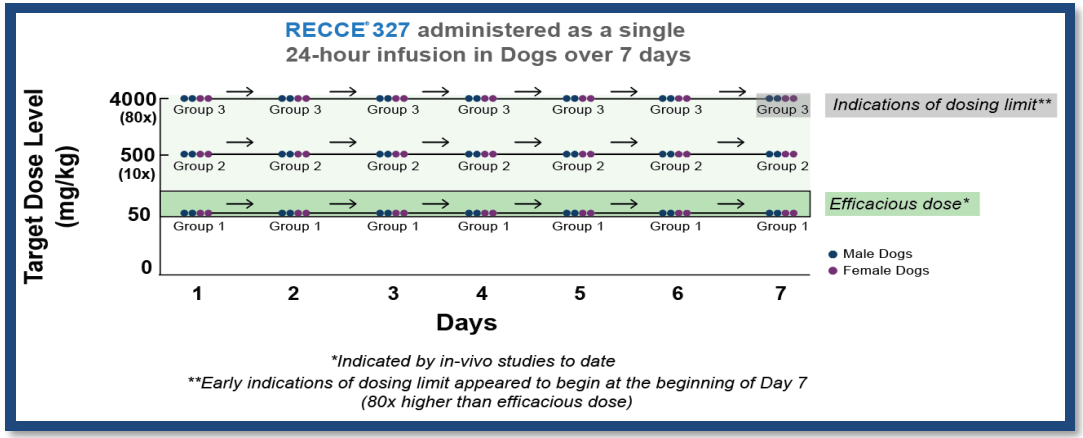


# Single Dose & Range-Finding Repeat Dosing

## Dogs

- A 7-day intravenous infusion administration of RECCE® 327 up to 4,000 mg/kg was well tolerated, with no mortalities, clinical signs, changes in body weight, coagulation, clinical chemistry or salient macroscopic abnormalities.
  - Indications of dosing limit was observed on Day 7 at 4,000 mg/kg in Group 3
- RECCE® 327 is indicated to be efficacious from as little as 50mg/kg.
- No Observed Adverse Effect Level (NOAEL) of 24-hour 500 mg/kg (10x indicated efficacies dose).
- Therapeutic dose window appears considerably wider than Vancomycin and other antibiotics[1].






[1]https://pubmed.ncbi.nlm.nih.gov/17879216/

# RECCE® 327 Does Not Lose Activity![1]

**Number of repetitive uses before displaying loss of antibiotic activity**

| Bacteria | Commercial Antibiotic | RECCE® 327 |
|---|---|---|
| *S. aureus* | 8 Repeats | >25 Repeats |
| *E. coli* | 2 Repeats | |
| *P. aeruginosa* | 6 Repeats | |

[1] After repetitive use, the commercial antibiotic loses activity; >25 repeats **RECCE® 327 DOES NOT**



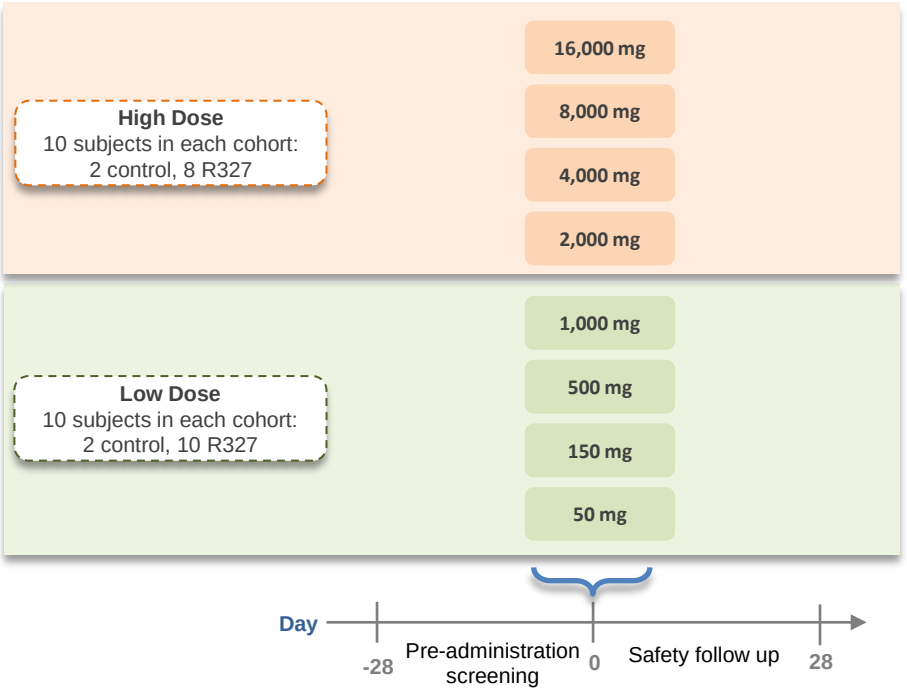
*'Commercial Antibiotic' generates over US $10bn in revenue

# Phase I Human Clinical Trial

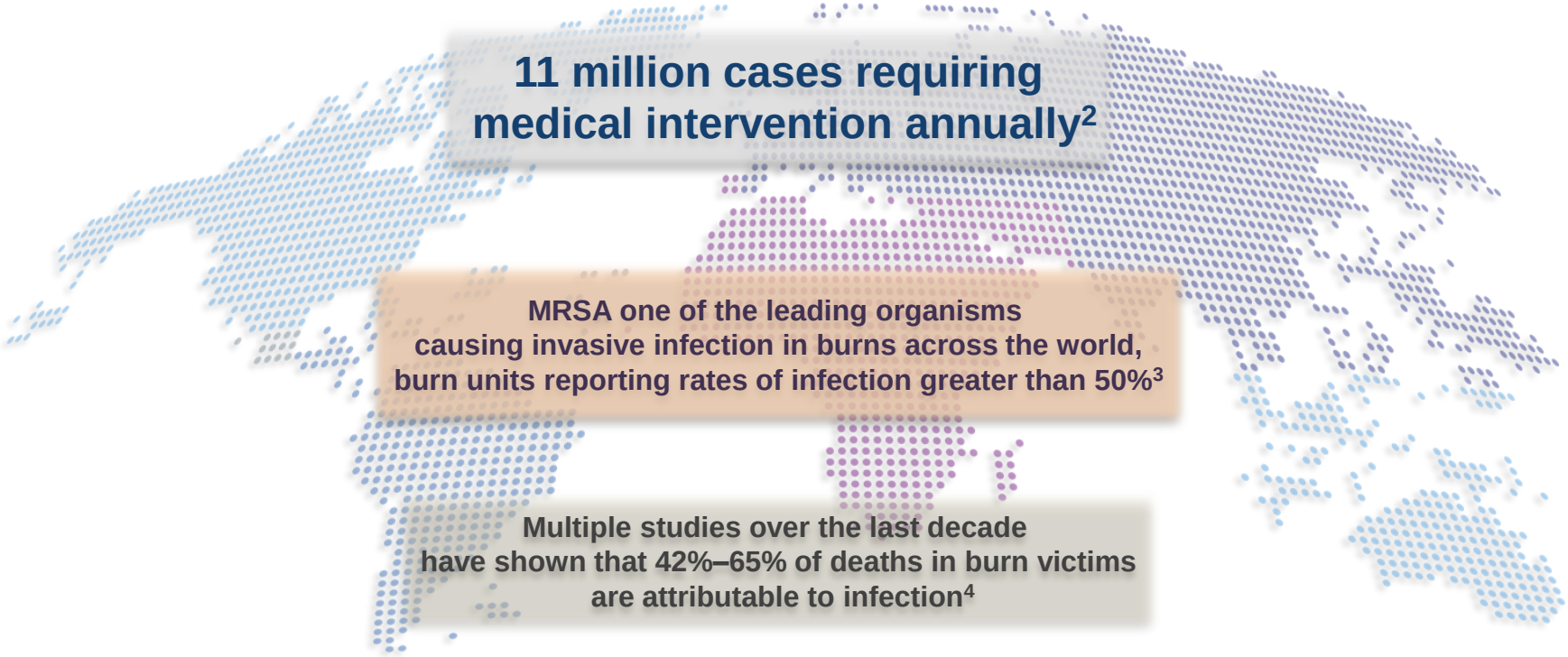
## Safety and Tolerability Interim Data Expected Late 2021

- **Study to assess IV infusion of RECCE® 327 in 80 healthy male subjects as a single ascending dose**
- Formal subject recruitment expected to open for enrolments shortly
- Randomized, double blind, placebo controlled, safety, tolerability and pharmacokinetics study
- Single dose of a 1-hour via IV infusion at a uniform rate in hospital setting
- Primary endpoint: vital signs, 12-lead ECG parameters, clinical chemistry, hematology, and urinalysis.

**Interim data expected late-2021**
**Full data expected early-2022**



# Burn Wound Infections Affects ~60%[1] of Patients

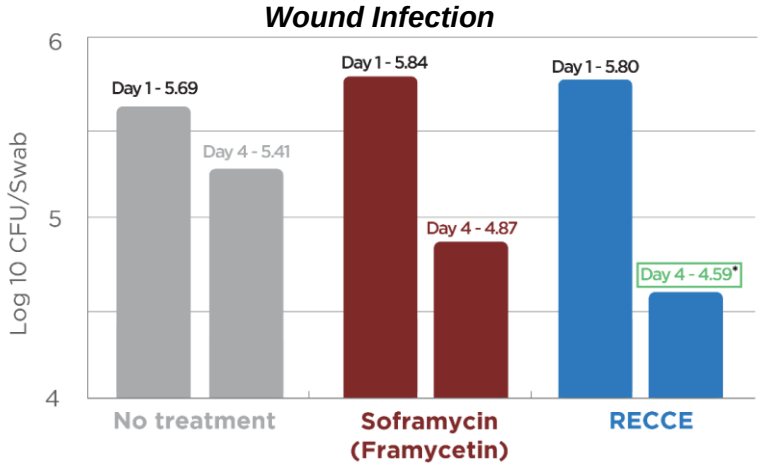


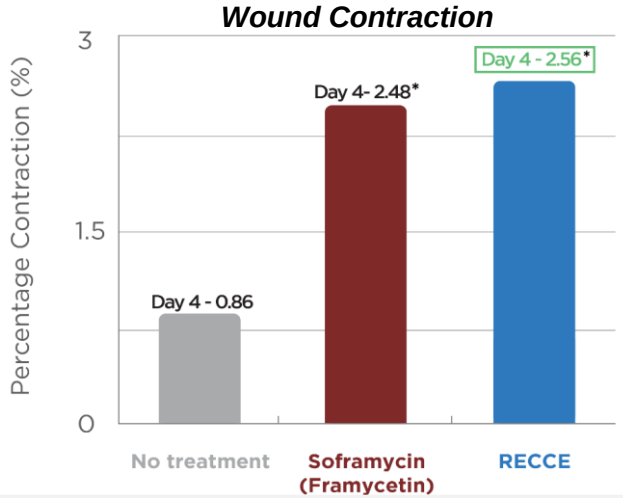

1 - https://pubmed.ncbi.nlm.nih.gov/27246641/
2 - https://www.who.int/news-room/fact-sheets/detail/burns
3 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4790211/#:~:text=aureus%20now%20is%20one%20of,%25%20%5B9%2C10%5D
4 - https://academic.oup.com/cid/article/65/12/2130/4372276

# Topical Efficacy

## Wound Infection and Contraction

### Superbug Methicillin-Resistant *S. aureus (MRSA)* in Rats




***RECCE® 327** showed significant reduction in bacterial load on day four*** *compared to day one vs* ***Soframycin***, the current standard of care, which did not show significant efficacy*** *on day four.*

***RECCE® 327**** *Vs* ***Soframycin***** ***showed a significant reduction in wound on day four*** *(p<0.05) when compared to day one and to the vehicle control.*

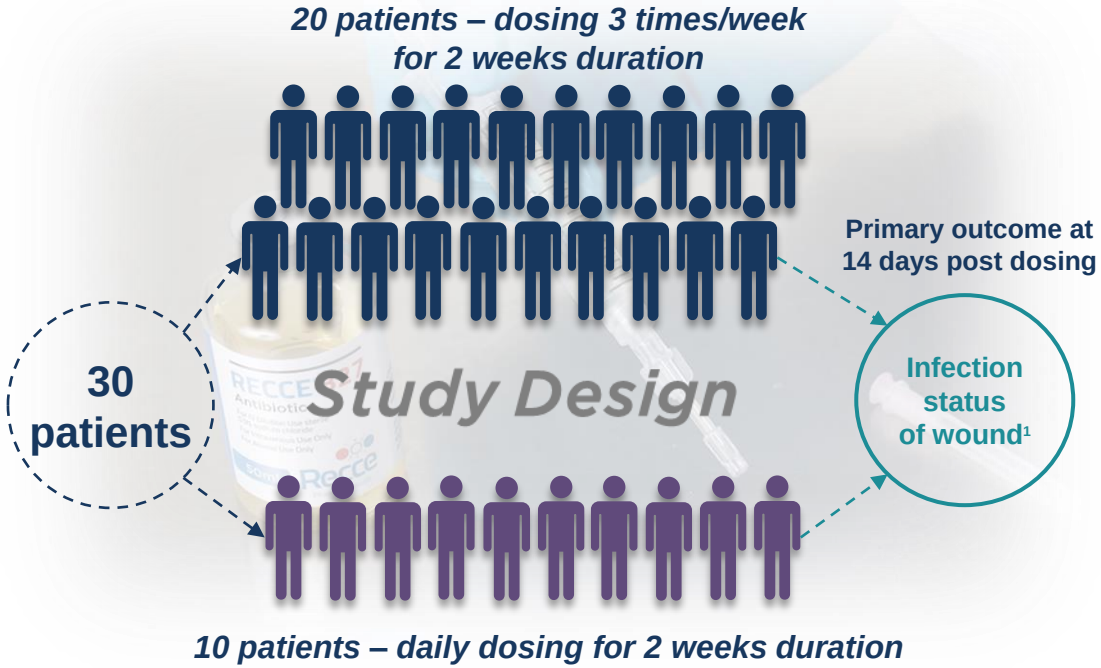
*Significantly different from vehicle control (p<0.05, 1-way ANOVA)
Results from an independent laboratory in USA

***100 µl (19.15 mg/ml), topical, once daily, over three days)*
**** 30 mg, topical, twice daily, Q=12hr, over three days*

# Topical RECCE® 327 - Phase I/II

## Burn wound infections – Interim Data expected in Q3 2021

- **Phase I/II** to assess Topical RECCE® 327 Topical in burn wound infections
- Sponsored by the South Metropolitan Health Service, Department of Health, Government of Western Australia
- **Trial Investigators:**
  - Dr Edward Raby (Clinical Microbiologist and Infectious Diseases expert at Royal Perth and Fiona Stanley Hospitals)
  - Professor Fiona Wood (Head of Burns) – world-renowned burns specialist and spray-on skin pioneer
  - Dr Chris Heath (Head of Infectious Diseases)
- Full data expected in Q4 2021






1 - Using the consensus clinical criteria of the International Wound Infection Institute

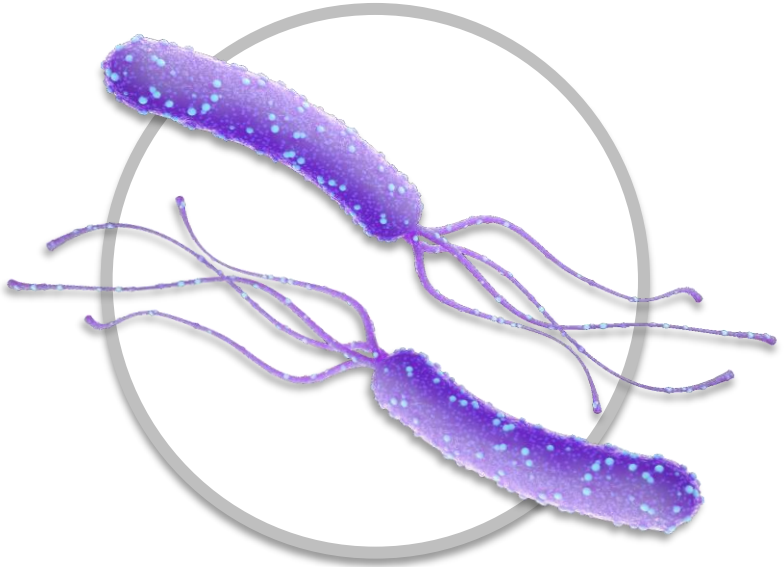
# RECCE® 435 - Targeting *Helicobacter pylori*

Recce Pharmaceuticals

# R435 in *Helicobacter pylori (H. pylori)* infection

## Potency as an Oral Formulation

- *H. pylori* is a common type of bacteria that grows in the digestive tract and has a tendency to attack the stomach lining
- It is **estimated to affect 4.4 billion people worldwide** (over half of the global population)
- **Approximately 89% of all gastric cancers are attributed to *H. pylori* infection** and the eradication of this infection has known to reduce gastric cancer incidence
- Global unmet medical need for the treatment of *H. pylori* with no first-line therapy curative in all patients
- Recce in agreement with Murdoch Children's Research Institute to conduct pre-clinical studies to tackle this deadly pathogen
- RECCE® 435's potential as an oral formulation to be assessed for the treatment of *H. pylori* infections



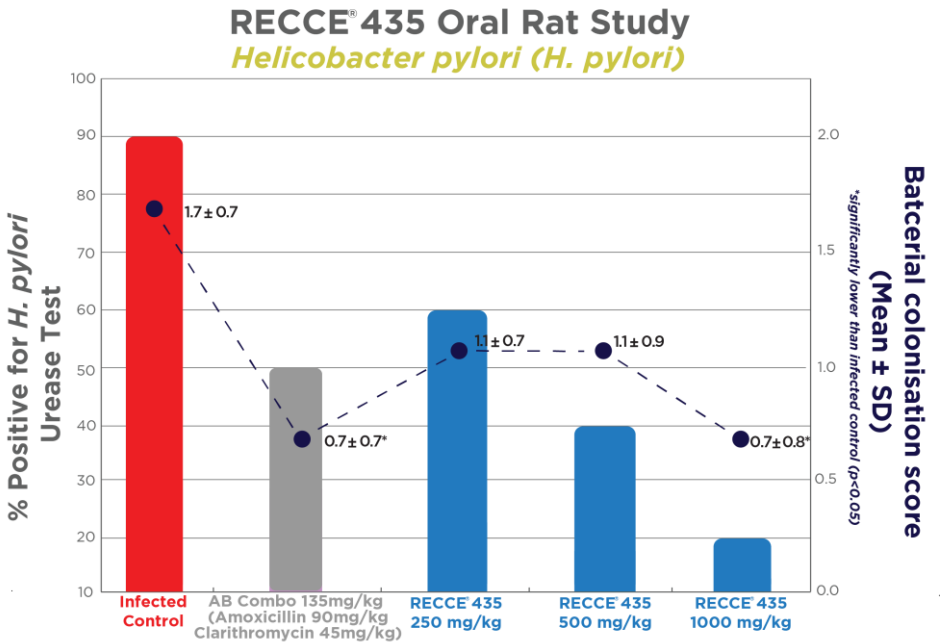
***Helicobacter pylori***

# RECCE® 435 Efficacy

## Efficacious at Reducing *H. pylori* Colonisation

- **Dose-dependent efficacy was seen at all doses with significant reduction in bacterial load**
- High solubility and antibacterial effect supportive of a ‘targeted’ oral therapy for stomach infection
- Two weeks post infection with bacteria isolated from a duodenal ulcer patient, rats were treated twice a day for 7 days with:

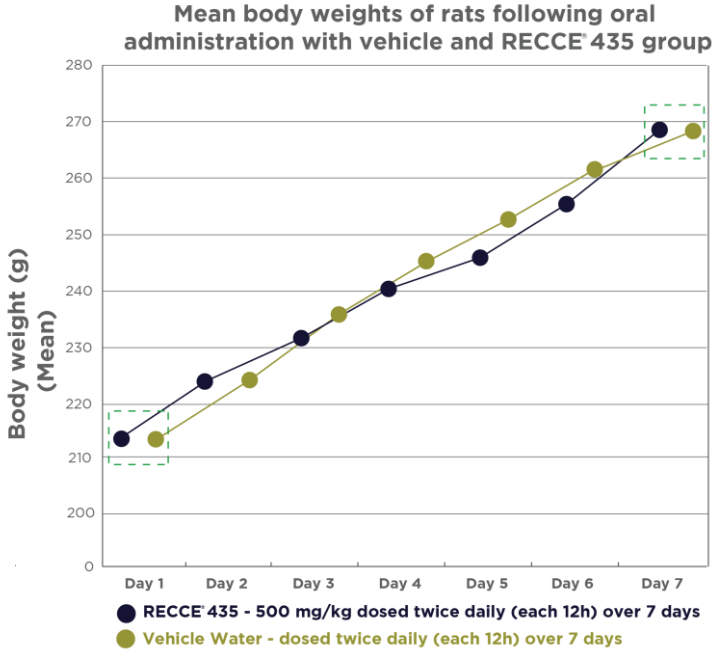
| | |
|---|---|
| 10 rats Control | No treatment |
| 10 rats Control | Amoxicillin + Clarithromycin |
| 10 rats Treatment 1 | RECCE® 435 250 mg/kg |
| 10 rats Treatment 2 | RECCE® 435 500 mg/kg |
| 10 rats Treatment 3 | RECCE® 435 1,000 mg/kg |




| Group | Group ID | Rats | Urease test | | % Positive for *H. pylori* [Urease Test] |
|---|---|---|---|---|---|
| | | | Positive | Negative | |
| 1 | Uninfected control | 10 | 0 | 10 | 0 |
| 2 | Infected control | 10 | 9 | 1 | 90 |
| 3 | AB Combo 135 mg/kg (Amoxicillin 90 mg/kg + Clarithromycin 45 mg/kg) | 10 | 5 | 5 | 50 |
| 4 | Infected + RECCE® 435 - 250 mg/kg | 10 | 6 | 4 | 60 |
| 5 | Infected + RECCE® 435 - 500 mg/kg | 10 | 4 | 6 | 40 |
| 6 | Infected + RECCE® 435 - 1000 mg/kg | 10 | 2 | 8 | 20 |

# RECCE® 435 Safety Oral Study in Rats

- RECCE® 435 / Vehicle were administered twice daily for 7 days
- Data indicates their feeding habits, which contributes to weight gain
  - **RECCE® 435 had no impact on weight gain/loss vs control**
  - **Supports overall general and gastrointestinal health**




| Mean body weights of rats following oral administration with vehicle and RECCE® 435 group | Body weight (g) (Mean ± SD) | | | | | | |
|---|---|---|---|---|---|---|---|
| Days | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| Vehicle Water – dosed twice daily (each 12h) over 7 days | 213 ± 8.09 | 224.4 ± 6.73 | 236.2 ± 4.82 | 246 ± 5.15 | 253.2 ± 4.15 | 262.6 ± 3.65 | 268.2 ± 5.81 |
| RECCE® 435 - 500 mg/kg dosed twice daily (each 12h) over 7 days | 213.4 ± 4.56 | 223.4 ± 9.32 | 231.6 ± 7.7 | 240 ± 4.74 | 246.8 ± 5.89 | 255.2 ± 9.65 | 269.4 ± 5.77 |

# R435 Pre-clinical Studies

## Further Pre-clinical Studies planned with R435 against *H. pylori*

- **Murdoch Children's Research Institute (MCRI) to evaluate *in-vivo* antimicrobial activity of RECCE® 435 oral formulation against *H. pylori* in pre-clinical studies program**
- **Study led by *H. pylori* infectious disease expert Prof. Philip Sutton**
  - **Using mice as a highly validated animal model for *H. pylori***
- **MCRI is one of the top three children's health research institutes worldwide for research quality and impact**
- Recce and MCRI will work together on the oral antibiotic dosing program with a particular focus on optimal dosing and the effect of RECCE® 435
- Anticipated completion at approximately mid-2022, at which time Recce may pursue a human clinical trial second half of 2022

# *RECCE® 327 and RECCE® 529 as Anti-virals against COVID-19*

Recce Pharmaceuticals

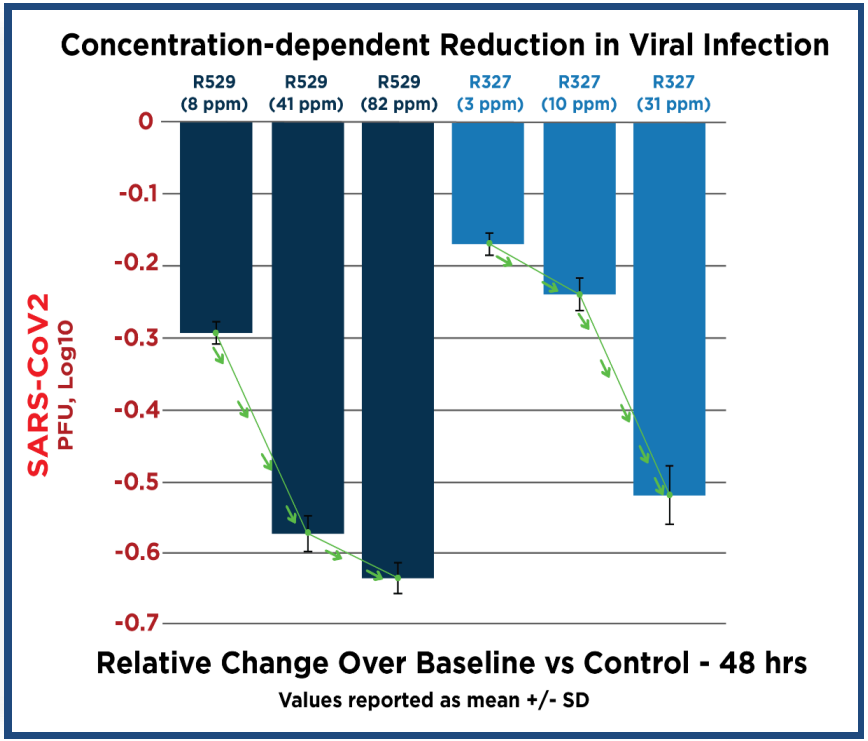
# SARS-CoV-2 Antiviral Program

Despite vaccinations availability, an effective pharmaceutical **treatment against all current and future strains of COVID-19** is needed to gain control over the global pandemic

RECCE® 327 was **selected as priority 1 test candidate** for testing against COVID-19 - in the **Australian government SARS-CoV-2 Antiviral program**

Therapeutic anti-viral treatment focus with added potential benefit **against secondary bacterial infections**

Studies in mammalian cells showed **safety and efficacy in preclinical studies**

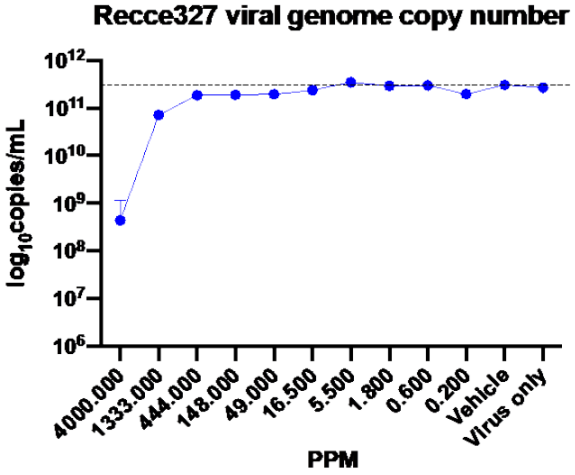


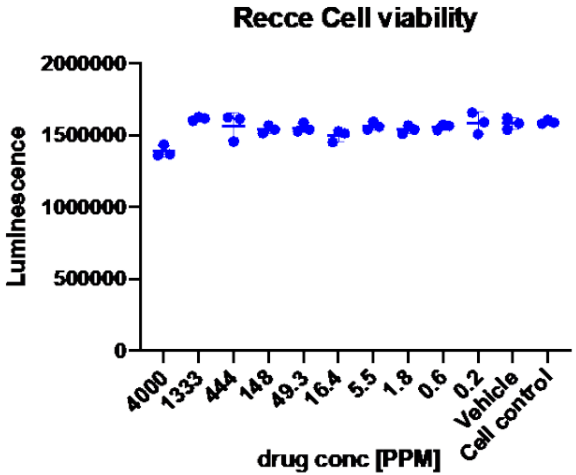

**RECCE® 327 and RECCE® 529 have shown concentration-dependent reduction of SARS-CoV-2 virus in Vero (monkey) cells**

# SARS-CoV-2 Antiviral Program

- At 4,000ppm, RECCE® 327 demonstrated *in-vitro*:
  - **99.9% efficacious with a 3-log drop in viral genome copies**
  - No virus detectable by virus titration
  - Some cytotoxicity detected at 4,000ppm but not at lower concentration
- International *in-vivo* studies expanded to include new UK and South African COVID strains.

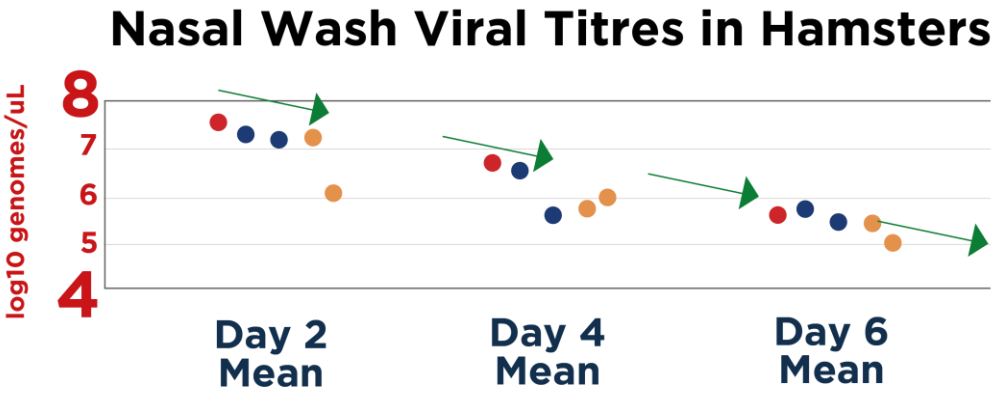
***RECCE 327 RT-PCR and Cell Viability Data***



# Nasal administration

## RECCE® 327 and RECCE® 529 in Hamsters




**Key**

- Placebo (Saline Wash)
- R327 Low (200 mg/kg)
- R327 High (400 mg/kg)
- R529 Low (100 mg/kg)
- R529 High (200 mg/kg)

| *Understanding logs** |
|---|
| A 1-log kill is a 90% reduction |
| A 2-log kill is a 99% reduction |
| A 3-log kill is a 99.9% reduction |

**5 groups with 8 hamsters each, administrated with:**

| Saline nasal wash | R327 200 mg/kg | R327 400 mg/kg | R529 100 mg/kg | R529 200 mg/kg |
|---|---|---|---|---|

Drug administrated twice daily for 5 days

qPCR of samples from nasal wash at day 2,4,6

- RECCE® 327 and RECCE® 529 demonstrated **dose-dependent activity *in-vivo*** against SARS-CoV-2 virus in Syrian golden hamsters
- Data conveyed a mean log reduction within groups on Day 4 where low **R529 dose achieved a log reduction in the order of 1.5 logs** and a **high dose of R327 achieved log reduction of 1.25 logs**



*https://halosil.com/what-are-logs-and-why-do-they-matter-in-preventing-infections/
**Statistical significance was not assessed in this study

# *Full Control through Strong IP and Manufacturing*

Recce Pharmaceuticals

# Patents

## Three families across all major markets

***Recce's patent portfolio includes more than 20 issued patents and patent applications in the world's major markets, including the United States, Europe, Japan, China and Australia.***

| Filed | Patent Family 1 | Expiry | Patent Family 2 | Expiry | Patent Family 3 | Expiry |
|---|---|---|---|---|---|---|
| Australia | ✓ | 2028 | ✓ | 2035 | Pending | 2037 |
| USA | ✓ | 2029 | ✓ | 2035 | Allowed | 2037 |
| Europe | ✓ | 2028 | ✓ | 2035 | ✓ | 2037 |
| Japan | ✓ | 2028 | ✓ | 2035 | ✓ | 2037 |
| China | ✓ | 2028 | Pending | 2035 | Allowed | 2037 |

✓ Granted

**Patent Family 1 – Antimicrobial Polymers and their Compositions**

- Family 1 group relates to the Company's unique and highly economical manufacturing process and use of the polymer in treatment of diseases

**Patent Family 2 – Copolymer for use in Method of Treatment of a Parenteral Infection**

- Family 2 relates to the method of manufacture, administration and application to treat a broad range of common human infections.

**Patent Family 3 – Anti-Virus Agent and Method for Treatment of Viral Infection**

- Family 3 relates to a method of treatment of a broad range of viral infections, particularly parenteral viral infection

# Insourced Manufacturing Capabilities


**Wholly owned, automated manufacturing facility in Sydney's Macquarie Park**

- Raw **materials plentiful and cheap** – few $/Kg
- **No expensive waste** – 99.9% product yield

- Automated **manufacture process taking approximately 1 hour**
- **500 doses** per fully automated run

- Currently producing in **volumes to support** planned **Phase I & II clinical trials**.

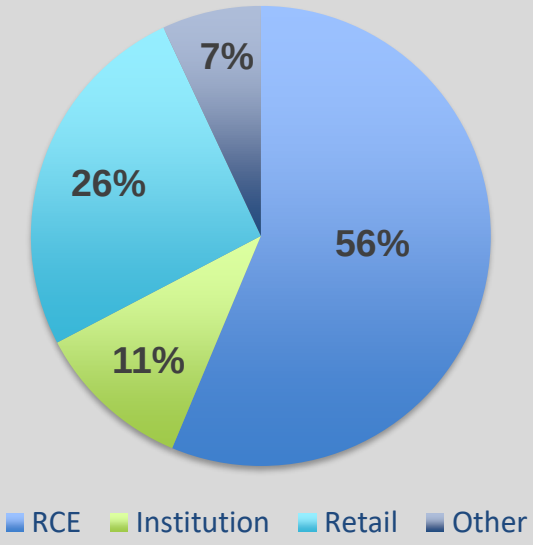
- Facility built to pharmaceutical specification.
- Packaging and labelling to international 'tamper-proof' standards

# Recce Pharmaceuticals Ltd – Capital Structure

## Snapshot*

| | |
|---|---|
| Tickers | ASX:**RCE,** FSE:**R9Q** |
| Amount Raised to Date | **USD $35.6 million**<br>*AUD $46 million* |
| Market Cap (approx.)<br>3 June 2021 | **USD $143 million**<br>*AUD $185 million* |
| Cash and deposits<br>31 March 2021 | **USD $17.7 million**<br>*AUD $22.9 million* |
| Outstanding shares | **173.8 million** |
| Average daily volume<br>3 months | **255.37K** |

## Top 20 Shareholders Distribution




***AUD converted to USD on 7 June 2021 at AUD 1 = USD 0.77***

# Investment Summary

*Proprietary **new class of anti-infectives** against bacteria and viruses, protected by Composition of Matter Patent.*

*Fast development plans initially targeting: **Sepsis, Burn wounds, Helicobacter Pylori** and **COVID-19**.*

***Strong pre-clinical data package** demonstrating **high bactericidal activity** combined with **very good safety** at expected human therapeutic range.*

*State of the Art manufacturing capacities ensuring **highly attractive manufacturing costs and scalability**.*

***R327 Phase I clinical trial** patient dosing in Q3 2021 delivering interim data by late 2021.*
***Topical Phase I/II human clinical study of R327 is underway** delivering full data Q4 2021 with interim data throughout.*

***Robust financial position** to deliver clinical data.*

# Thank you

**James Graham**
Chief Executive Officer
Recce Pharmaceuticals
ASX:RCE; FSE:R9Q

+61 2 9256 2572
james.graham@recce.com.au

# Board and Management Structure

**Dr John Prendergast** – Non-Executive Chairman

*BSc (Hons), MSc (UNSW), PhD (UNSW), CSS (HU)*

US based, current Chairman and Co-founder of Palatin Technologies, Inc. (NYSE: PTN) and Lead Director of Heat Biologics, Inc. (NASDAQ: HTBX) – extensive experience in the international commercialisation of pharmaceutical technologies

**James Graham** – Managing Director & Chief Executive Officer

*BCom (Entrepreneurship), GAICD*

5 years as former Executive Director

Invested along-side shareholders in most capital rounds since inception.

Background in marketing, business development and commercialisation of early-stage technologies.

**Dr Alan Dunton** – Non-Executive Director

*BSc (BioChem) Hons, M.D. (NYU)*

US based, Director of Palatin Technologies. Over three decades of senior pharmaceutical experience incl. President and MD of Janssen Research Foundation (J&J Research). Dr Dunton has advanced a number of blockbuster antibiotics through regulatory review and commercialization at fortune 500 companies including J&J and Roche.

**Michele Dilizia** – Executive Director & Chief Scientific Officer

*BSc (Med Sci), Grad Dip Bus (Mkting), BA (Journ), GAICD, MASM*

Co-inventor and qualified medical scientist; specialisation in medical microbiology and regulatory affairs

**Dr Justin Ward** – Executive Director & Principal Quality Chemist

*BSc (Chem), PhD (Chem), MRACI, CChem*

A quality control expert who has worked with leading pharmaceutical companies, he is bringing Recce's research and development, and manufacturing up to US FDA requirements

**Alistair McKeough –** Company Secretary (Outsourced – **Automic Group)**

Alistair is a qualified lawyer and Principal of Automic Legal Pty Ltd, Alistair has broad experience as a commercial litigator and Company Secretary to ASX Listed companies

**Justin Reynolds** – CFO (Outsourced - **Pitcher Partners Sydney)**

Justin is a qualified accountant and Partner of Pitcher Partners Sydney, Justin has broad experience covering all areas of accounting, taxation and assurance. Justin's areas of expertise are business services and outsourced accounting

**Arthur Kollaras** – Principal Engineer & Head of Manufacturing

*BSc BEng (Chem), PhilEng (Enviro), MIEAust, MISPE*

Highly qualified in chemical engineering and microbiology, has significant experience taking a new technology concept to pilot plant and full-scale FDA standards and production internationally

**Dr David Bowers –** Chair of Clinical Advisory Committee

Leading spinal injury physician at Royal North Shore Hospital. Dr Bowers has a specialist interest in the treatment of complex and life-threatening antibiotic resistant infections, particularly among patients with severe spinal cord injuries.

**Professor Philip Sutton –** Head of *H. pylori* Development Program

Global infectious disease expert with over 30 years of research and industry experience, having served as former Head of Immunology at CSL Ltd in Melbourne. Chief Editor of textbook "*Helicobacter pylori* in the 21st Century" and has co-authored 92 manuscripts published in peer-reviewed journals. Professor Sutton currently leads Mucosal Immunology Group at Murdoch Children's Research Institute.