Recce Pharmaceuticals
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ACN 124 849 065

Spark Plus Healthcare Day Investor Presentation

SYDNEY Australia, 3 November 2022: Recce Pharmaceuticals Ltd (**ASX:RCE**, **FSE:R9Q**) (the **Company**), the Company developing a New Class of Synthetic Anti-infectives, is pleased to confirm its participation in Spark Plus's Healthcare Day on Thursday, 3 November 2022. The event will be presented live via Zoom with a Q&A opportunity following a 15-minute presentation.

The event will be held online via Zoom on **3rd November, Thursday at 5:45PM AEDT**

Please register using the link below:

https://us02web.zoom.us/webinar/register/3016662416846/WN_hg_zoqpnRRuems_eUjfr_A

A copy of the presentation slides can be found below

This announcement has been approved for release by Recce Pharmaceuticals Board.

Corporate Presentation

Spark Plus Healthcare Day 2022

recce.com.au

ASX:RCE FSE:R9Q

November 2022

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Management Structure

Dr John Prendergast – 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 – Chief Executive Officer
BCom (Entrepreneurship), GAICD

5 years as former Executive Director at RCE. Invested alongside 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

- Biotech company developing **Anti-infectives** targeting both bacterial and viral indications
- **Strong IP** and **own manufacturing** capability
- Qualified Infectious Disease Product designation
  - 10 years market exclusivity plus fast track approval*
- **Versatile delivery platform** – oral, intravenous and topical formulations
- Designed to safely provide treatment **without developing resistance** over time
- Multiple infectious disease opportunities with RECCE® 327

**Awarded by the US FDA in 2017 for R327 bacteraemia (broad-spectrum bacterial sepsis). Time starts only from potential market approval.*

Strong Pipeline

Over Various Indications and Upcoming Inflection Points

Asset and Route of Administration	Indications	Discovery	Pre-Clinical	Phase I	Phase II	Phase III	Market
R327 Intravenous*	Serious/life threatening bacterial infections including sepsis						
	Urinary tract infections including urosepsis						
	Multidose, early stage sepsis efficacy study						
R327 Topical*	Wound infections including infected burns						
	Diabetic Foot Ulcers						
RCE Compounds*	*Helicobacter pylori* pre-clinical program						
	Bacterial Sinusitis pre-clinical program						
	Mycobacterium abscessus pre-clinical program						
R327 Nasal**	COVID & Influenza						
R529 Intravenous & Intranasal**	COVID						

**Anti-bacterial program*
***Anti-viral program*

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].
- Is the **most expensive condition to treat** in the last 8 years[5].
  - **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

Sepsis Patient Journey

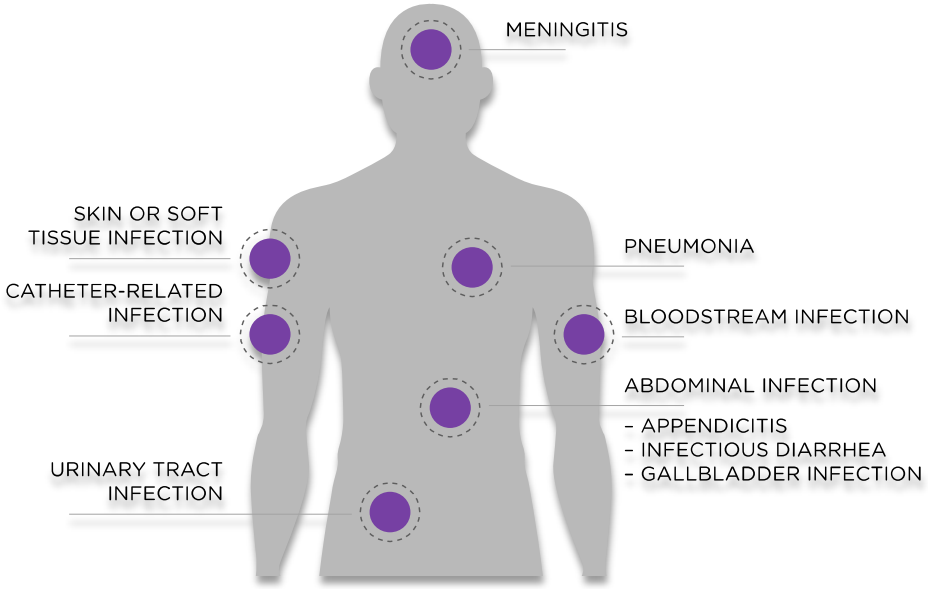
Patient Presents at the Hospital

- 1/3 of patients present non-specific symptoms, leading to delayed treatment and high mortality rate.
- Mortality from sepsis increases by as much as 8% for every hour that treatment is delayed.
- Cost of sepsis care for inpatient admissions and skilled nursing facility: in-patient rehab medical treatment centre admissions was more than USD $62bn/year (USD $170m/day).

Current Treatment Paradigm

- Introducing broad-spectrum antibiotic (s)
- Running antibiograms
- Adjusting antibiotics based on antibiogram results

Early treatment with the correct antibiotic is key to improving patient outcome



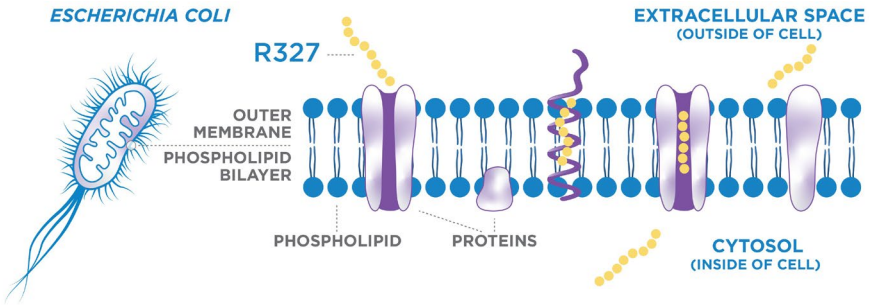
The Need for a New Class of Antibiotics: Synthetic Anti-Infectives

- **NO** pre-formed natural superbugs.
  - Entirely **man-made** and designed with purpose.
    - **Universal Mechanism of Action** - does not succumb to resistance.
    - **Broad Spectrum capability** and maintains its activity even with repeated use.
  - **Empowers clinicians** to confidently and quickly administer an effective antibiotic at first patient presentation.
- On-track to be the only **global clinical stage company** whose drug is shown to be **efficacious** against the full suite of **ESKAPE pathogens.**

Independent Study Undertaken on R327 MoA[1]

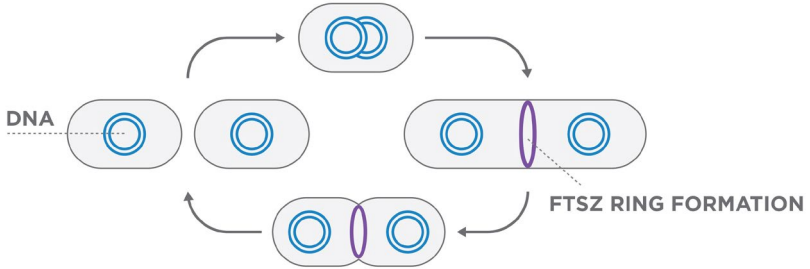
By Leading Experts in Bacterial MoA Analysis

Stage 1



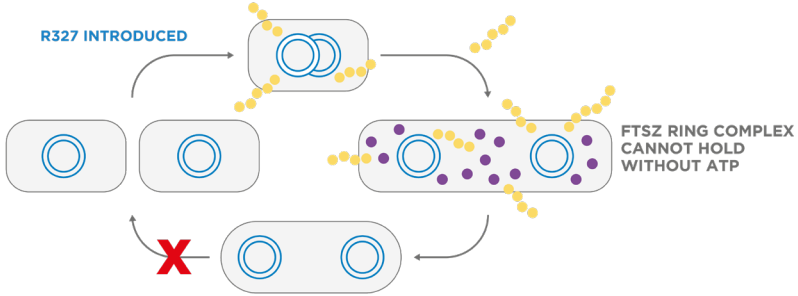
R327 permeabilizes cell membrane and enters the cell

Stage 2



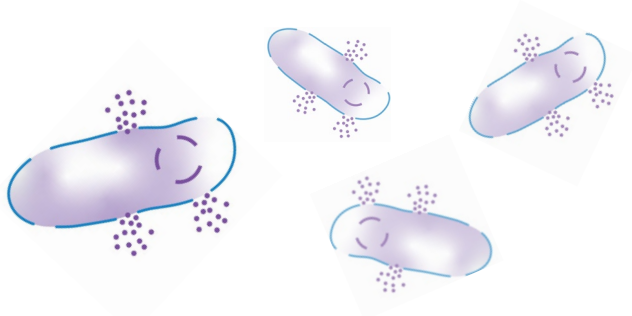
R327 interrupts bacterial cellular energetics via ATP Synthesis

Stage 3



Cellular division & non-dividing cell functions are disrupted

Stage 4



R327 is rapidly and irreversibly bactericidal - at high concentrations causes cell lysis

1 – Dilizia, M., Tsunemoto, H., Quach, D. et al. Elucidating the Mechanism of Action of Novel Polymer-based Synthetic Anti-infective Compound RECCE 327 - Abstract

RECCE® 327 Multi-Layered Mechanism of Action[1]

R327 rapidly & irreversibly shuts down cellular energetics (adenosine triphosphate (ATP) production) – primary MoA.

R327 affects the assembly of bacterial cell division complex, components that require cellular energy to remain assembled, confirming its ability to disrupt cellular bioenergetics.

R327 results in the decreased formation of the bacterial cell division complex into ring-like structures (Z-rings) in a concentration dependent manner.

R327 permeabilises the cell membrane/alters the integrity of the outer membrane of *E. coli* cells – intended activity without toxicity.

At higher concentrations and subsequent to ATP shut down cell lysis can occur as a further MoA (bacterial bursting due to their uniquely high internal pressure).

R327 rapidly and irreversibly bactericidal to slow-growing quiescent or stationary phase *E. coli* cells in addition to actively dividing *E. coli* cells.

Within a minute, the highest concentration of R327 used, 5x MIC, was **observed to reduce viable cell counts** reported as cell forming units per millilitre of culture (CFU/ml) 100-fold (>$1x10^7$ to $1x10^5$ at timepoint 0).

Current antibiotics rarely retain bactericidal activities against non-dividing or stationary phase bacterial cells; however, R327 showed remarkable activity against slow-growing bacteria, indicating potential antibacterial activity in biofilms.

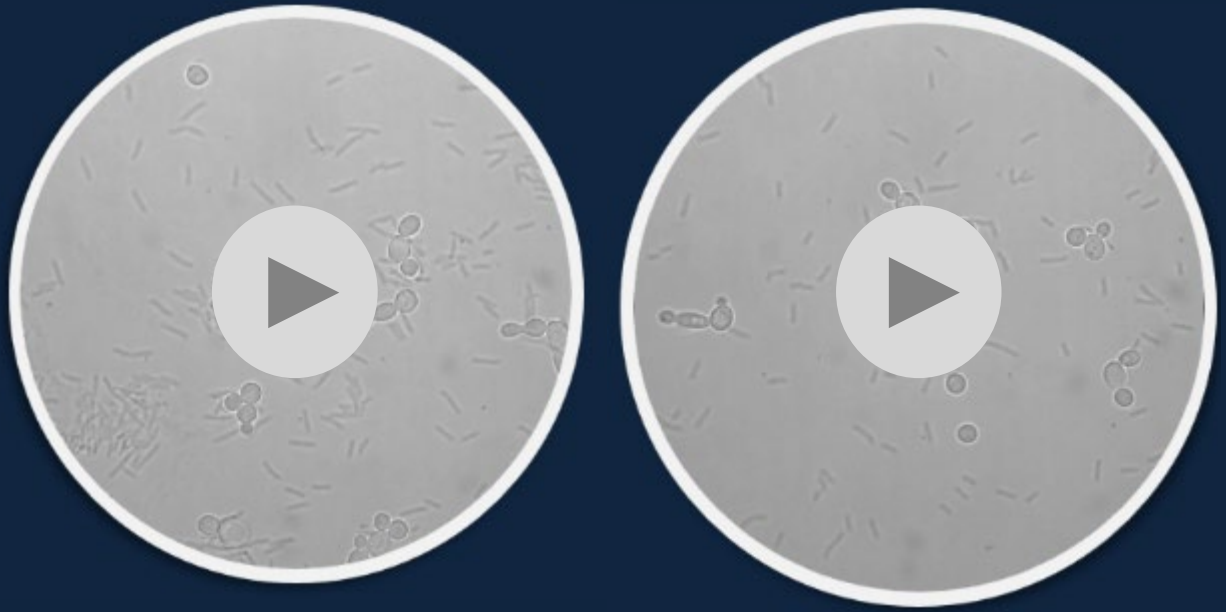
In comparison to ampicillin and ciprofloxacin, **R327 is able to outperform both of these antibiotics** in bactericidal activity (measured by viable cell counts) against stationary cells.

1 – Dilizia, M., Tsunemoto, H., Quach, D. et al. Elucidating the Mechanism of Action of Novel Polymer-based Synthetic Anti-infective Compound RECCE 327 - Abstract

RECCE® 327 Activity Against *Escherichia coli*

- *E. coli* grows fast. Eukaryotic cells healthy and not affected.
- R327 at 3,000 ppm shown to be highly effective against *E. coli* without affecting growing, healthy eukaryotic cells.
- R327 rapidly and irreversibly shuts down the ATP in *E. coli*, not allowing it to divide and grow.

Without R327 ***R327 (3,000 ppm)***

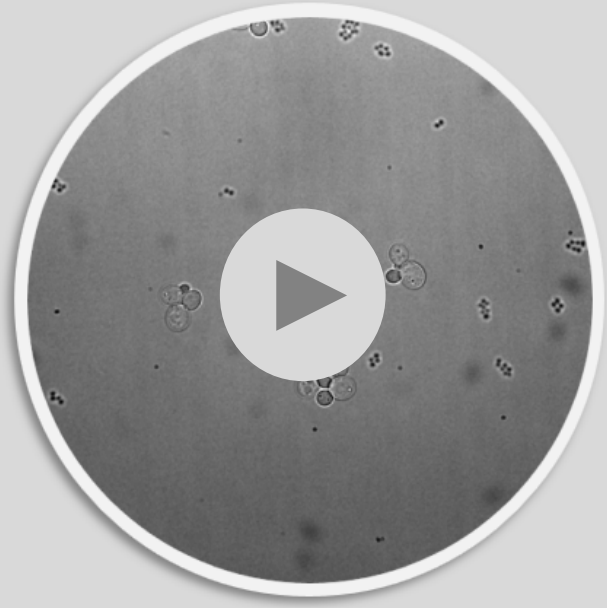


eukaryotic cells ***E. coli***

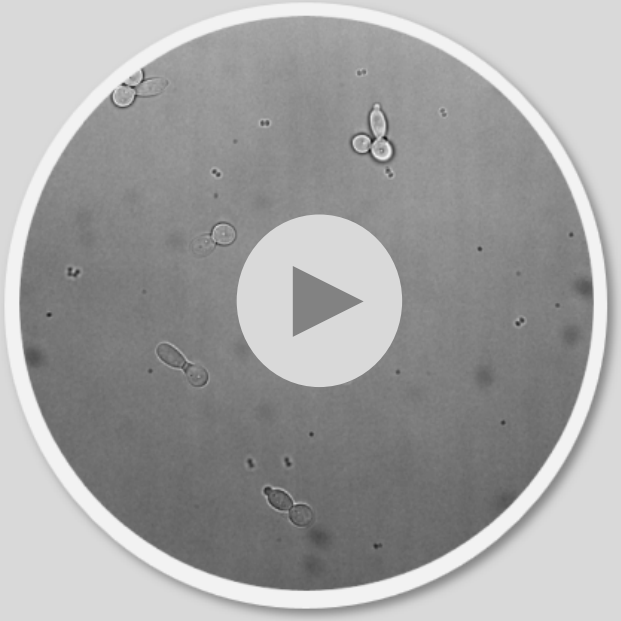
RECCE® 327 Activity Against *Staphylococcus aureus*

- *S. aureus* bacterial growth slower than *E. coli,* not affecting eukaryotic cells.
- **R327 at 2,300 ppm** shows to be highly effective against *S. aureus* without affecting growing, healthy eukaryotic cells.
- **R327 rapidly and irreversibly shuts down the ATP in *S. aureus***, not allowing it to divide and grow.

Without R327



R327 (2,300 ppm)



eukaryotic cells ***S. aureus***

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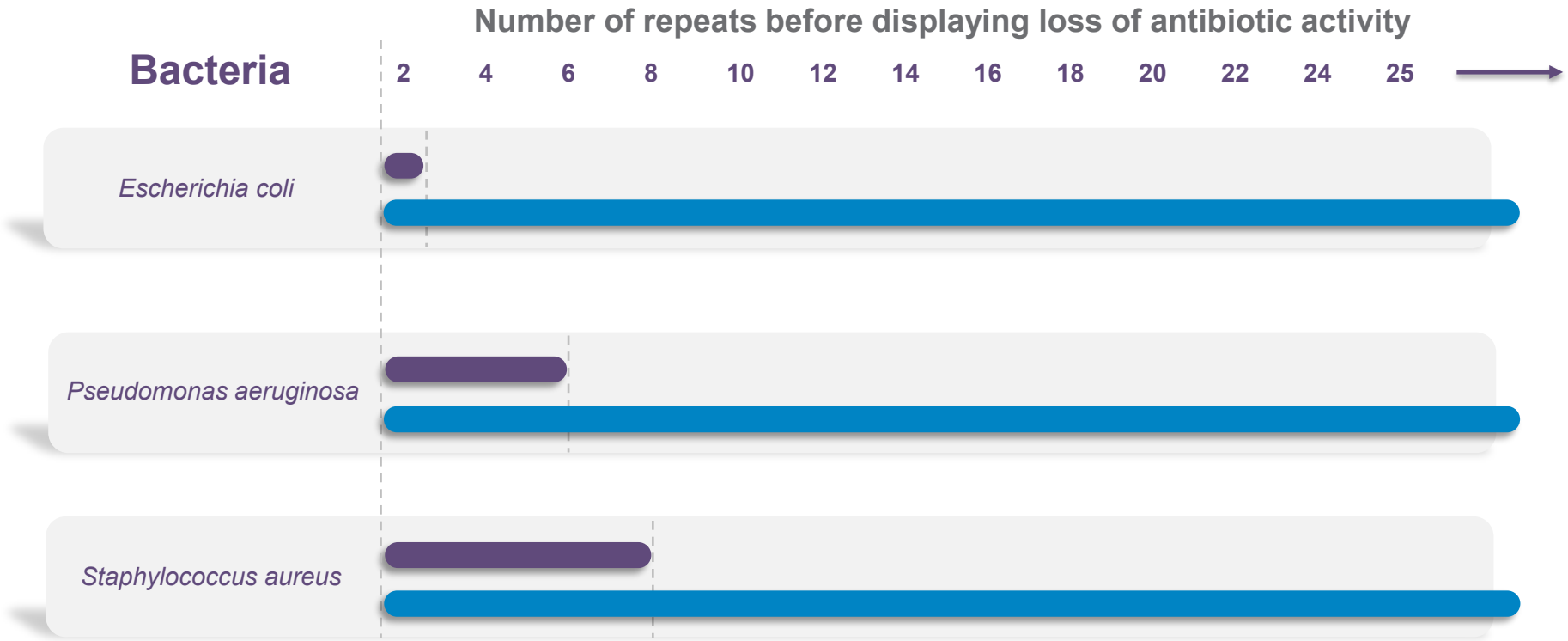
RECCE® 327 Maintains Activity[1]



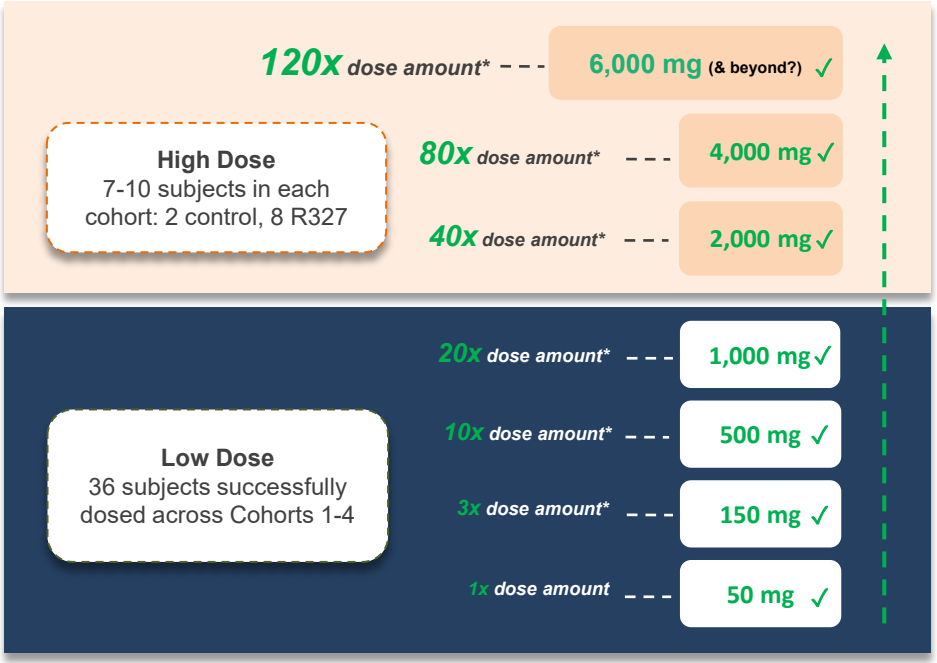
The commercial antibiotic loses activity after a number of repeats; >25 repeats RECCE® 327 **DOES NOT**

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

RECCE® 327

Phase I Human Clinical Trial

- **Study to assess IV infusion of RECCE® 327 in 80 healthy male subjects as a single ascending dose.**
- 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.

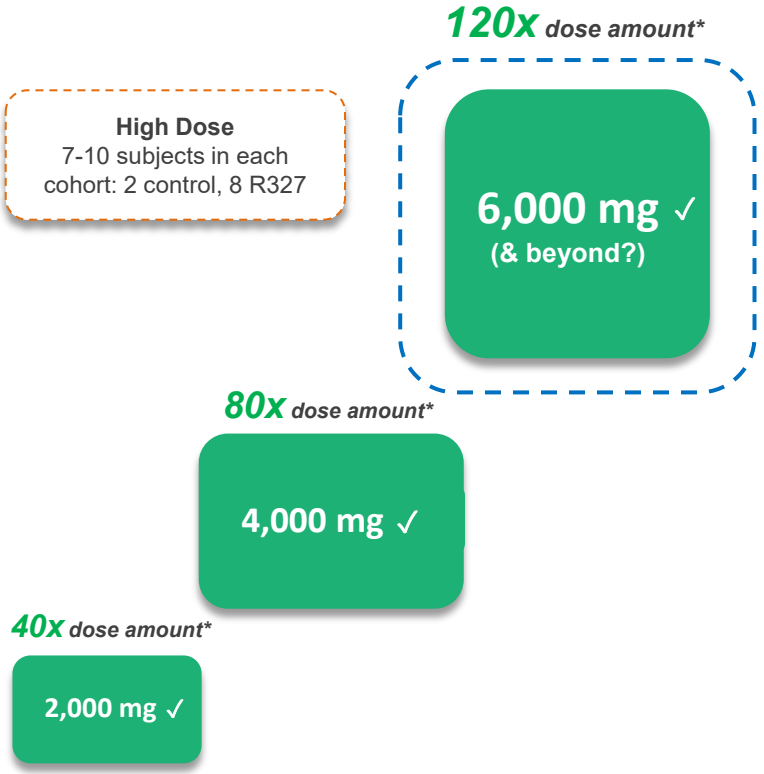


*Dose increase fold based off 50mg

Phase I Human Clinical Trial – ‘High Dose’

Why 6,000mg (R327) over 1 hour infusion?

- Study objectives **broadly achieved** – now ‘dose-ceiling’ focused.
- 6,000mg (6 grams) over 1 hour IV is HIGH.
- **R327 dosing broadly in efficacy range** based on animal models – Phase II (efficacy) to determine.
- Phase I (IV Safety/Tolerability) data sets opportunity for multiple Phase II (efficacy) study potential.
- Next Phase preparations **well underway**



*Dose increase fold based off 50mg

Phase I Clinical Single-dose safety and PK study

Reason for Optimism in Treating UTI/Sepsis

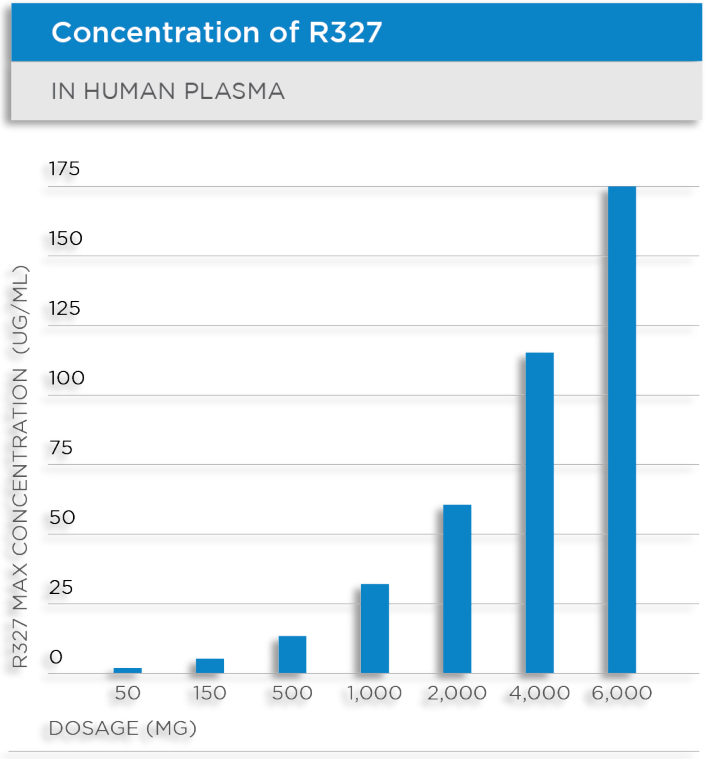
- **R327 primary route of elimination** appears to be through the kidney to the ureters and bladder.
- **High concentrations of R327** noted in the urine of Phase I healthy subjects.
- **Insight consistent** with pre-clinical *in-vivo* kidney and UTI bacterial infection studies.
- **Opportunities for therapeutic in array of UTIs (uncomplicated UTI - single dose, complicated UTI, recurrent UTI, treatment resistant etc).**
- Suggests **broader anti-infective treatment model** in pre-sepsis.

Concentration of R327 in Urine Compared to Plasma

In over 60 healthy subjects

Dose (mg)	Concentration of R327 in Human Plasma – R327 Max Concentration (ug/ml)	Concentration of R327 in Human Urine – R327 Max Concentration (ug/ml)	Ratio Urine/Plasma -
50	1.4	21.3	**15x**
150	5.1	68.5	**13x**
500	13.5	204.5	**15x**
1,000	32	529.5	**17x**
2,000	60.5	860.7	**14x**
4,000	115	2352.2	**20x**
6,000	175	2295.7	**13x**

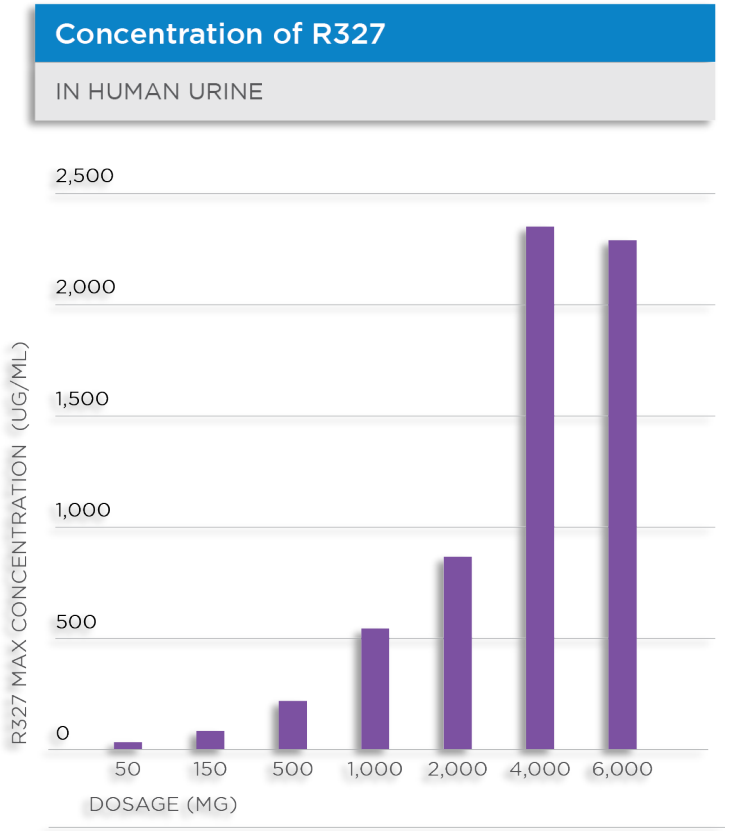
Phase I Single-dose clinical study – R327 in Human Plasma



- Significant dose dependant concentration of R327 in subjects plasma (blood)
- R327 in human plasma – potential for interreaction with bacteria in the blood
- Compelling profile for a sepsis drug candidate

Dose (mg)	Concentration of R327 in Human Plasma – R327 Max Concentration (ug/ml)
50	1.4
150	5.1
500	13.5
1,000	32
2,000	60.5
4,000	115
6,000	175

Phase I Single-dose clinical study – R327 in the Urinary Tract

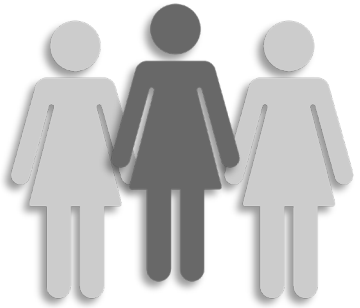


- Significant dose dependant concentration of R327 in subjects urine
- Compound concentrated in the urinary tract – potential for site specific interreaction with bacteria
- Compelling profile for a UTI drug candidate

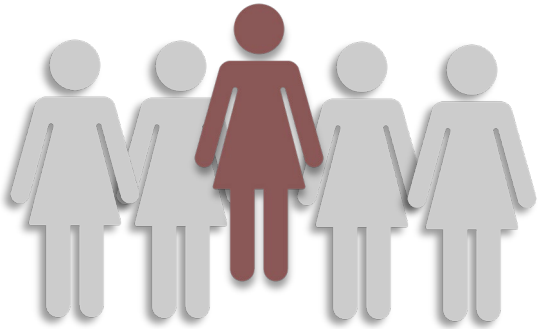
Dose (mg)	Concentration of R327 in Human Urine - R327 Max Concentration (ug/ml)
50	21.3
150	68.5
500	204.5
1,000	529.5
2,000	860.7
4,000	2352.2
6,000	2295.7

Market Update – Background on UTIs

- **Urinary tract infection** (UTI) is **one of the most common infectious diseases**
- The most common pathogen causing UTIs is *Escherichia coli* (*E. coli*) with 62%
  - The **resistance** among the **isolates of *E. coli*** are: ampicillin (86%), amoxicillin (76%), tetracycline (71%), trimethoprim-sulfamethoxazole (64%), cephalexin (61%), and cefalothin (60%)
- **Globally, more than 404.6 million individuals had UTIs in 2019**
  - USD $6 billion dollars in direct health care expenditure
  - Previous years have demonstrated the likelihood of antibiotics killing most UTIs is rapidly dropping



One in three uncomplicated UTIs in young healthy women are Bactrim-resistant

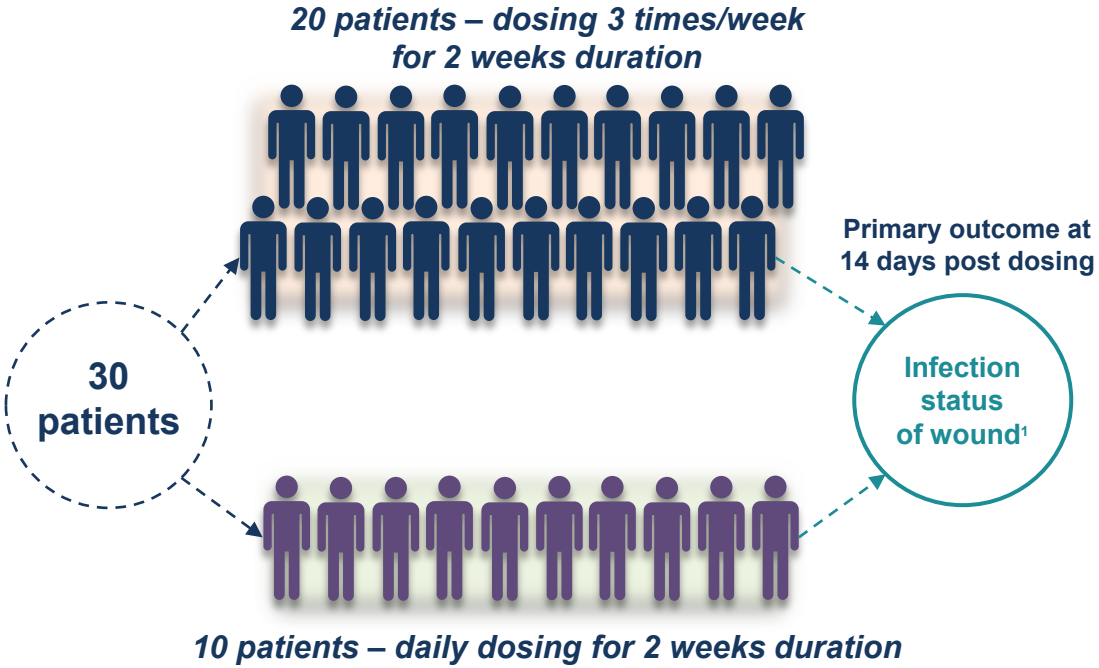


One in five are resistant to five other common antibiotics.

Topical RECCE® 327 - Phase I/II

Burn wound infections

- **Phase I/II** to assess Topical RECCE® 327 in burn wound infections commenced in Q4 2021.
- Sponsored by the South Metropolitan Health Service, Department of Health, Government of Western Australia.
- **Multiple patients have been dosed with R327.**
- **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).



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

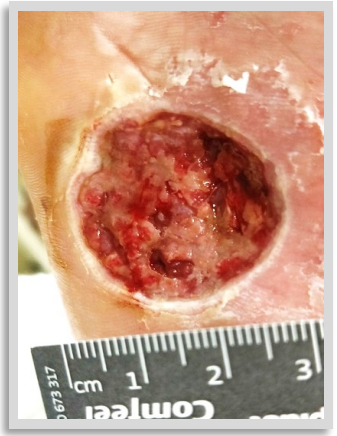
Topical RECCE® 327 – Phase I/II

Patient examples from ongoing Burn Wound trial

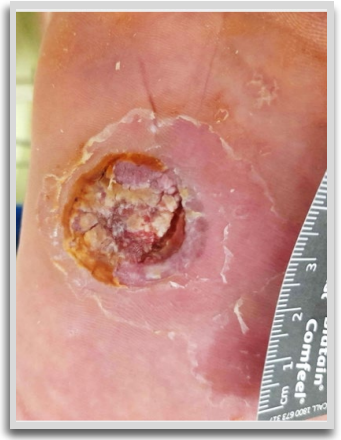
- Patients suffered major burn injury.
- Multiple bacterial species in and surrounding wound.
- Growth swabs with organisms including pathogens from the ESKAPE group of bacteria.
- **Post R327 treatment: healthy skin growth return, reduced swelling and infection, indications of tissue penetration to underlying infection.**

  Study data now under-review for next-step considerations.

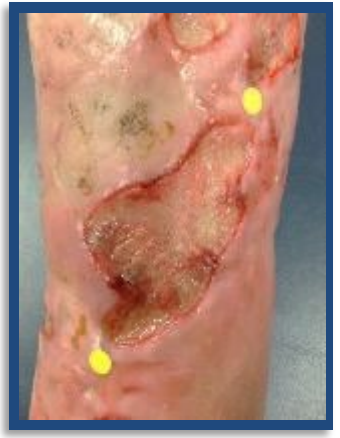
- Building upon the success of these results, the Company has built out its topical treatment programs to include a new Phase II clinical study for Diabetic Foot Ulcer infections.



Pre-treatment, significant bacterial infection



Post R327 treatment



Patents

Four families across all major markets

Country	Title	Case_Status	Grant_Date	Applicant	Family
Australia	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	25/08/2011	Recce Pharmaceuticals Ltd	Family 1
China	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	25/11/2015	Recce Pharmaceuticals Ltd	Family 1
France	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	7/10/2015	Recce Pharmaceuticals Ltd	Family 1
Germany	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	7/10/2015	Recce Pharmaceuticals Ltd	Family 1
Italy	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	7/10/2015	Recce Pharmaceuticals Ltd	Family 1
Japan	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	3/10/2014	Recce Pharmaceuticals Ltd	Family 1
Spain	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	7/10/2015	Recce Pharmaceuticals Ltd	Family 1
Sweden	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	7/10/2015	Recce Pharmaceuticals Ltd	Family 1
United Kingdom	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	7/10/2015	Recce Pharmaceuticals Ltd	Family 1
USA	ANTI-MICROBIAL POLYMERS AND THEIR COMPOSITIONS	Granted	1/09/2015	Recce Pharmaceuticals Ltd	Family 1
Australia	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	8/11/2018	Recce Pharmaceuticals Ltd	Family 2
China	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Response Lodged		Recce Pharmaceuticals Ltd	Family 2
France	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	28/08/2019	Recce Pharmaceuticals Ltd	Family 2
Germany	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	28/08/2019	Recce Pharmaceuticals Ltd	Family 2
Italy	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	28/08/2019	Recce Pharmaceuticals Ltd	Family 2
Japan	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	25/10/2019	Recce Limited	Family 2
Spain	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	28/08/2019	Recce Pharmaceuticals Ltd	Family 2
Sweden	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	28/08/2019	Recce Pharmaceuticals Ltd	Family 2
United Kingdom	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	28/08/2019	Recce Pharmaceuticals Ltd	Family 2
USA	COPOLYMER AND METHOD FOR TREATMENT OF BACTERIAL INFECTION	Granted	12/03/2019	Recce Pharmaceuticals Ltd	Family 2
Australia	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Report Received		Recce Pharmaceuticals Ltd	Family 3
China	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	22/06/2021	Recce Pharmaceuticals Ltd	Family 3
France	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	21/04/2021	Recce Pharmaceuticals Ltd	Family 3
Germany	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	21/04/2021	Recce Pharmaceuticals Ltd	Family 3
Hong Kong	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	25/02/2022	Recce Pharmaceuticals Ltd	Family 3
Italy	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	21/04/2021	Recce Pharmaceuticals Ltd	Family 3
Japan	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	18/12/2020	Recce Pharmaceuticals Ltd	Family 3
Spain	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	21/04/2021	Recce Pharmaceuticals Ltd	Family 3
Sweden	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	21/04/2021	Recce Pharmaceuticals Ltd	Family 3
United Kingdom	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	21/04/2021	Recce Pharmaceuticals Ltd	Family 3
USA	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Granted	29/06/2021	Recce Pharmaceuticals Ltd	Family 3
USA	ANTI-VIRUS AGENT AND METHOD FOR TREATMENT OF VIRAL INFECTION	Filed		Recce Pharmaceuticals Ltd	Family 3
Australia	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Exam Requested		Recce Pharmaceuticals Ltd	Family 4
Brazil	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filed		Recce Pharmaceuticals Ltd	Family 4
Canada	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filed		Recce Pharmaceuticals Ltd	Family 4
China	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filing Sent		Recce Pharmaceuticals Ltd	Family 4
Europe	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filing Sent		Recce Pharmaceuticals Ltd	Family 4
Hong Kong	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	To be Filed		Recce Pharmaceuticals Ltd	Family 4
India	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filed		Recce Pharmaceuticals Ltd	Family 4
Japan	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filing Sent		Recce Pharmaceuticals Ltd	Family 4
PCT	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	PCT Filed		Recce Pharmaceuticals Ltd	Family 4
USA	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filed		Recce Pharmaceuticals Ltd	Family 4
Vietnam	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER	Filing Sent		Recce Pharmaceuticals Ltd	Family 4
Israel	PROCESS FOR PREPARATION OF BIOLOGICALLY ACTIVE COPOLYMER COMPRISING AN ACROLEIN DERIVATIVE AND A POLYALKYLENE GLYCOL OLIGOMER	Direction Issued		Recce Pharmaceuticals Ltd	Family 4

Recce's patent portfolio includes more than 40 patents and patent applications in the world's major markets.

In-house 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 approx. 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 standards

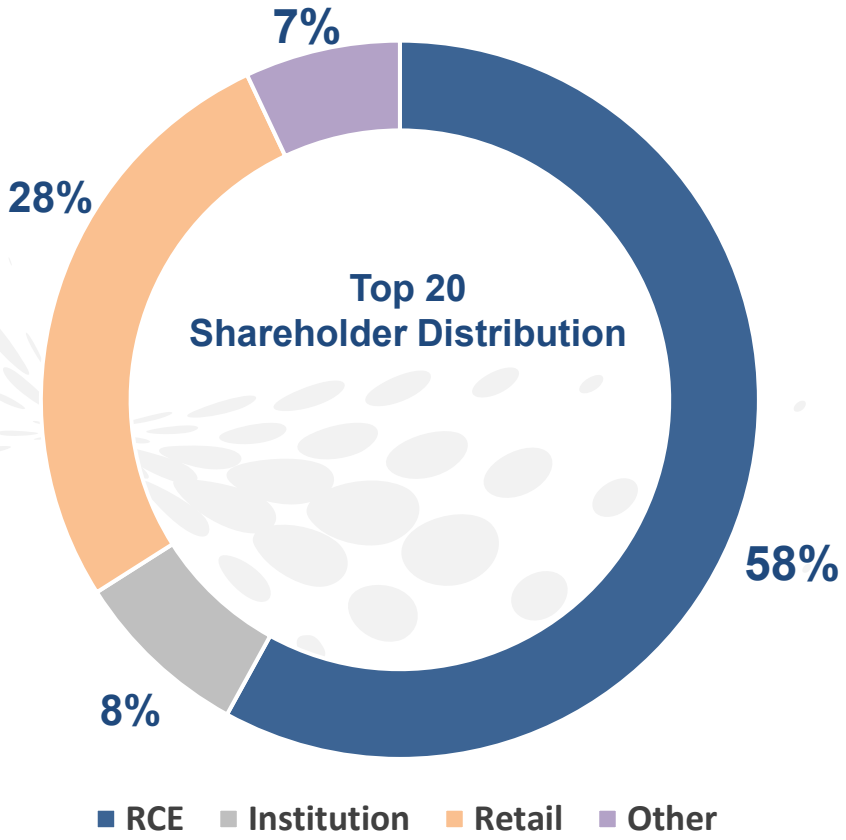
recce.com.au

Recce Pharmaceuticals Ltd – Capital Structure

Snapshot

Tickers	ASX:**RCE**, FSE:**R9Q**
Market Cap (approx.) Priced at $0.655	**AUD $116 million**
Cash and deposits* 1 October 2022	**AUD $5.73 million**
Outstanding shares	**178.08 million**
Average daily volume 3 months	**82.41k**
Debt	**Nil**

**Pre >$3.5m R&D rebate + other non-dilutionary cash in-flows expected this quarter - actual cash runway circa AUD $10 million*



Upcoming Clinical Milestones

- ***In vivo pre-clinical***
  - Pre-Sepsis UTI Models in Rats ✓
- **Phase I clinical trials**
  - R327 I.V. Single Dose, Safety/Tolerability/PK study in healthy subjects ✓
- **Phase II UTI clinical trial (Pre-Sepsis)**
  - Single (as now completed Phase I) efficacy study – Q1 2023
  - Multiple-dose treatment of UTIs - complicated/resistant/chronic/etc. H1 2023
- **Phase Ib/IIa Sepsis clinical trial**
  - R327 I.V. Multiple Dose, Safety/Tolerability/PK study in healthy subjects (First patient dosing Q4 2022)
  - Multiple-Dose efficacy study in **urosepsis*** (sepsis derived from UTI infections) – efficacy signal
- **Phase II Diabetic Foot Ulcer (DFU) clinical trial**
  - R327 as a spray-on (topical) broad-spectrum antibiotic for mild skin and soft tissue DFU (First patient dosing expected Q4 2022)

**Urosepsis – 25 percent of sepsis cases originate from the urogenital tract*

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, Diabetic Foot Ulcers, COVID-19** and a suite of pre-clinical indications.*

***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**.*

***Multiple Phase I and Phase II clinical programs**, addressing unmet medical needs*

Thank you

James Graham
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