

## Investor Presentation and Non-Deal Roadshow

**5 February 2024 – Perth, Australia:** PharmAust Limited (ASX: PAA & PAAOA) (“PharmAust” or “the Company”), a clinical-stage biotechnology company, is pleased to provide a copy of its updated investor presentation appended to this release.

Senior management will be meeting with investors as part of a non-deal roadshow across Australia this week to update them on the Company’s progress towards finalising the study results for the recently completed Phase 1 MEND Study, evaluating monepantel in patients with Motor Neurone Disease (MND) / Amyotrophic Lateral Sclerosis (ALS).

The presentation also highlights the significant achievements from the previous quarter and outlines future near-term catalysts anticipated over the first of CY2024.

The Board authorises this announcement.

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### **About Motor Neurone Disease:**

According to the International Alliance of ALS/MND Associations, MND affects over 350,000 people globally and kills more than 100,000 people yearly. The disease is invariably fatal, with the average life expectancy of someone with MND being around 27 months. The MND/ALS addressable market is US\$3.6Bn per annum, with the standard of care treatment, Riluzole, only prolonging life on average by 2-3 months.

The disease is progressive, meaning the symptoms get worse over time. MND has no cure and no effective treatment to reverse its progression. Independent studies have shown that one-third of patients die within 12 months after the first diagnosis.

### **About PharmAust Limited:**

PharmAust Limited is listed on the Australian Securities Exchange (ASX Code: PAA). PAA is a clinical-stage biotechnology company developing therapeutics for human and animal health applications. The company is focused on repurposing monepantel (MPL) for human neurodegenerative diseases and treating cancer in dogs.

MPL is a potent and safe inhibitor of the mTOR pathway. This pathway plays a central role in cell growth and proliferation of cancer cells and degenerating neurons. The mTOR pathway regulates the cellular “cleaning process”, where toxic protein is broken down into macromolecules to be reused. This autophagic process is disrupted in most neurodegenerative diseases, including motor neurone disease (MND/ALS).

PAA’s lead MPL program is for the treatment of MND/ALS, a rare, incurable disease. The company is currently completing a Phase 1 study in patients with MND/ALS. Top-line results are expected to be announced in Q1 CY2024. PAA anticipates starting a Phase 2 study in H1 2024 that could lead to accelerated approval with the US Food and Drug Administration in 2026. PAA is preparing to start a pivotal field trial in dogs with B-Cell Lymphoma to enable product registration in the US in 2025. PAA has previously successfully completed a Phase 1 oncology clinical study of monepantel in humans and pilot studies in canine cancer.

### **PharmAust Investor Hub:**

For any enquiries concerning PharmAust, we encourage you to utilise our Investor Hub. This platform offers an opportunity to submit questions, share comments, and view video summaries of key announcements.

Access the investor hub by scanning the QR code or visit: <https://investorhub.pharmaust.com/>

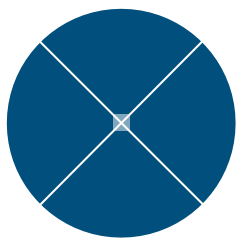


# Investor update

February 2024

Dr Michael Thurn





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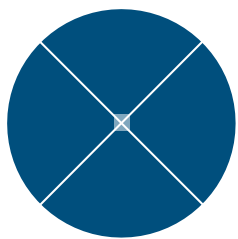
### **FUTURE MATTERS**

This presentation contains reference to certain intentions, expectations, future plans, strategy and prospects of the Company. Those intentions, expectations, future plans, strategy and prospects may or may not be achieved. They are based on certain assumptions, which may not be met or on which views may differ and may be affected by known and unknown risks. The performance and operations of the Company may be influenced by a number of factors, many of which are outside the control of the Company. No representation or warranty, express or implied, is made by the Company, or any of its directors, officers, employees, advisers or agents that any intentions, expectations or plans will be achieved either totally or partially or that any particular rate of return will be achieved.

Given the risks and uncertainties that may cause the Company’s actual future results, performance or achievements to be materially different from those expected, planned or intended, recipients should not place undue reliance on these intentions, expectations, future plans, strategy and prospects. The Company does not warrant or represent that the actual results, performance or achievements will be as expected, planned or intended.

### **US DISCLOSURE**

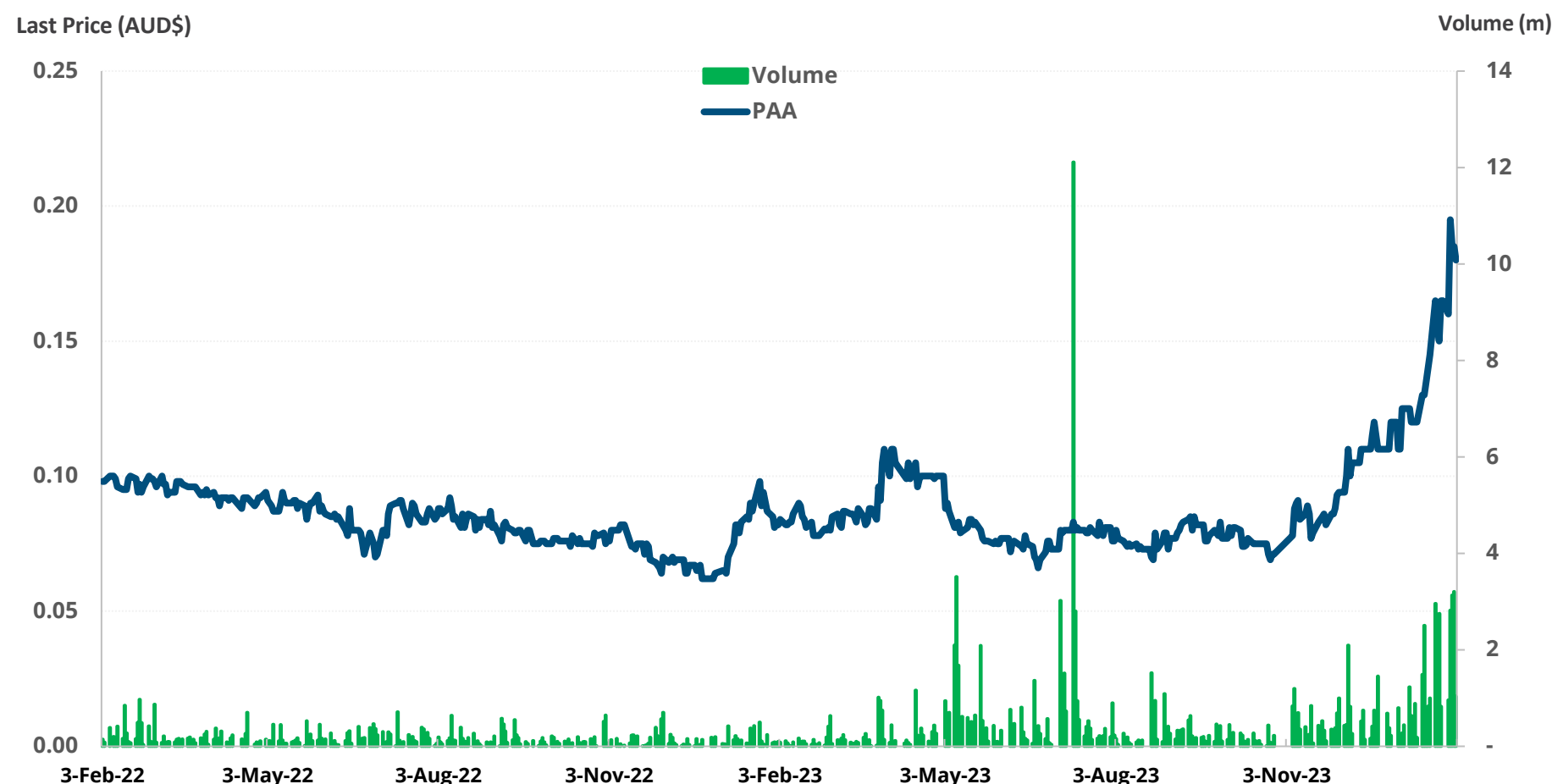
This document does not constitute any part of any offer to sell, or the solicitation of an offer to buy, any securities in the United States or to, or for the account or benefit of any “US person” as defined in Regulation S under the US Securities Act of 1993 (“Securities Act”). The Company’s shares have not been, and will not be, registered under the Securities Act or the securities laws of any state or other jurisdiction of the United States, and may not be offered or sold in the United States or to any US person without being so registered or pursuant to an exemption from registration including an exemption for qualified institutional buyers.



## Corporate Overview

Mid-stage biotechnology company targeting human neurodegenerative diseases

### Share Price Performance



### Board & Management

|                              |                                       |
|------------------------------|---------------------------------------|
| <b>Dr Roger Aston</b>        | Non-Exec Chairman                     |
| <b>Dr Michael Thurn</b>      | Chief Executive Officer               |
| <b>Mr Neville Bassett AM</b> | Non-Exec Director                     |
| <b>Mr Robert Bishop</b>      | Non-Exec Director                     |
| <b>Dr Thomas Duthy</b>       | Non-Exec Director                     |
| <b>Mr Sam Wright</b>         | Non-Exec Director & Company Secretary |

### Capital Structure (AUD\$)

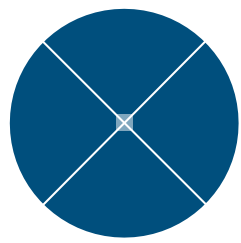
02 Feb 2024

|   |                   |
|---|-------------------|
| Current Share Price (PAA/PAAOA)         | \$0.180 / \$0.074 |
| 52 Week Low / High (PAA)                | \$0.21 / \$0.06   |
| No. of Shares (PAA)                     | 384,965,597       |
| Listed Options (PAAOA)                  | 121,949,093       |
| <b>Market Capitalisation</b>            | <b>\$69.2m</b>    |
| <b>Monthly Turnover</b>                 | <b>\$4.9m</b>     |
| Cash (as at 31-Dec-23)                  | \$5.5 m           |
| Debt (as at 31-Dec-23)                  | Nil               |
| <b>Net Cash</b>                         | <b>\$5.5m</b>     |
| <b>Enterprise Value</b>                 | <b>\$22.4m</b>    |
| Unlisted Options (10c/15c/17.5c)        | 11.4 m            |
| <b>Enterprise Value (fully diluted)</b> | <b>\$63.7m</b>    |

### Top Shareholders\*

|   |       |
|---|-------|
| Hybrid Holdings Pty Ltd <Darcy Family Super Fund A/C>                                   | 5.78% |
| Mr Gerald James Van Blommestein & Mrs Gillian Van Blommestein <Van Blommestein S/F A/C> | 4.75% |
| Dr Roger Aston  | 3.91% |
| Board & Management  | 7.84% |

\* As at 31 Jan 2024



# Product candidates for both human and animal health applications



## Human and Animal Health

Mid stage biotechnology company focused on large and growing markets in human and animal health



## Strong IP Position

Strong intellectual property with patent protection beyond 2030



## Repurposing Monepantel

Repurposing an approved veterinary product – monepantel – anthelmintic for sheep



## Pipeline Synergies

Pipeline synergies to leverage commercial infrastructure across human and animal health applications



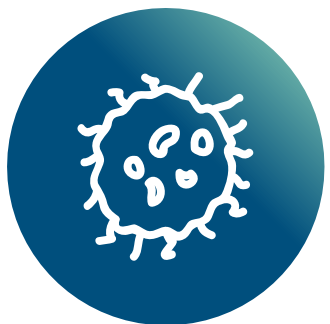
## Motor Neurone Disease

Lead clinical program for the treatment of motor neurone disease (MND/ALS)



## Experienced Management

Experienced management team with demonstrated execution capabilities



## Canine B-Cell Lymphoma

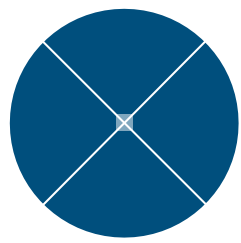
Phase 2 Veterinary program for the treatment of dogs with B-Cell Lymphoma



## Broad Investor Base

Healthy mix of loyal institutional and retail investors





# Meet Our Team – Chairman and Management



### **Dr Roger Aston Non-Executive Chairman**

Roger brings more than 30 years experience in the pharmaceutical and healthcare industries in senior roles in the UK, Asia Pacific and Australia. He has had extensive experience including FDA and EU product registration, clinical trials, global licensing agreements, fundraising through private placements, and a network of contacts within the pharmaceutical, banking and stock broking sectors

### **Dr Michael Thurn Chief Executive Officer**

Michael has over 25 years experience in technical, regulatory, commercial and management roles in research organisations and industry, including early stage, fast growing, private and publicly listed biotechnology companies. Michael has led a variety of US IND applications across a range of therapeutic areas and evaluated drugs and vaccines for registration during his engagement at the TGA.

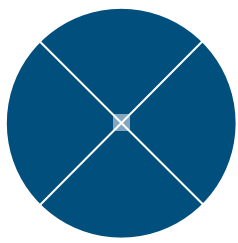
### **John Clark Chief Operating Officer**

John has over 20 years of pharmaceutical industry experience in phase I – IV clinical trials across numerous therapeutic areas and multiple geographical regions. John has a thorough knowledge of ICH-GCP and regulatory requirements and held clinical operations leadership roles responsible for implementing global clinical programs.

### **Dr Carol Worth CMC Operations Manager**

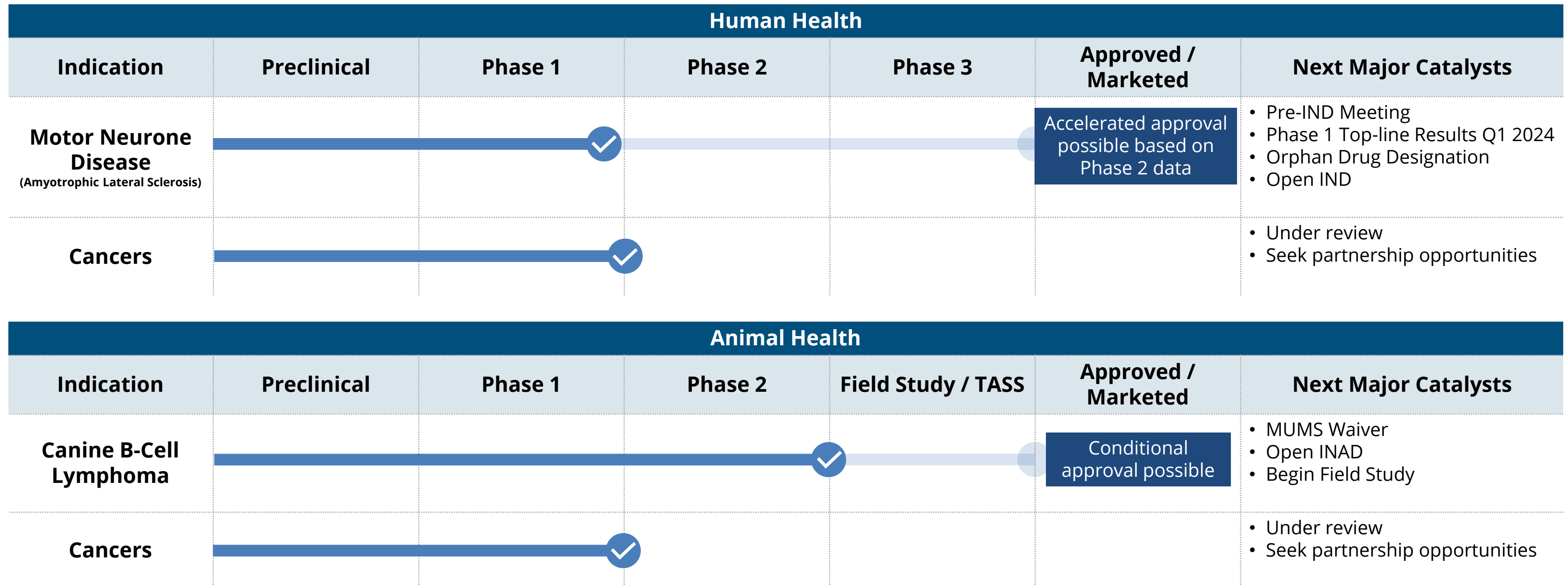
Carol brings over 30 years of industry experience and a passion for focusing on quality control and quality assurance. She recently served as Quality Manager at Epichem Pty Ltd as Chief Technical Officer at Suda Pharmaceuticals and Solbec Pharmaceuticals. Carol has also led product development programs at Thermalife International Pty Ltd/Pharmasolv Laboratories Pty Ltd





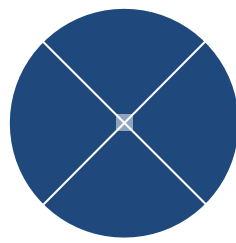
# Pipeline

Multiple synergistic product opportunities in human and animal health by repurposing monepantel



IND – Investigational New Drug  
MUMS – Minor Use Minor Species  
INAD – Investigational New Animal Drug  
TASS – Target Animal Safety Trial



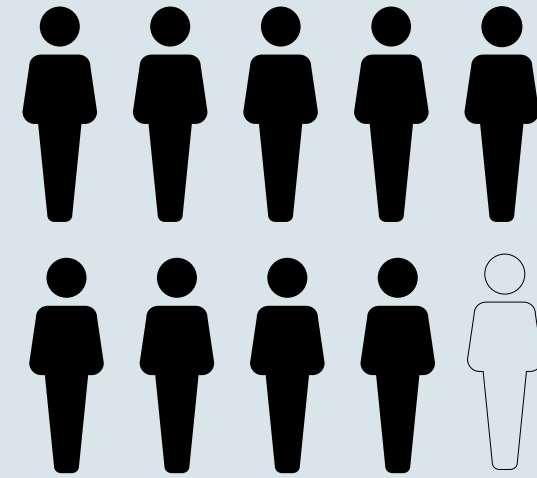


# MND /ALS Statistics & Treatments

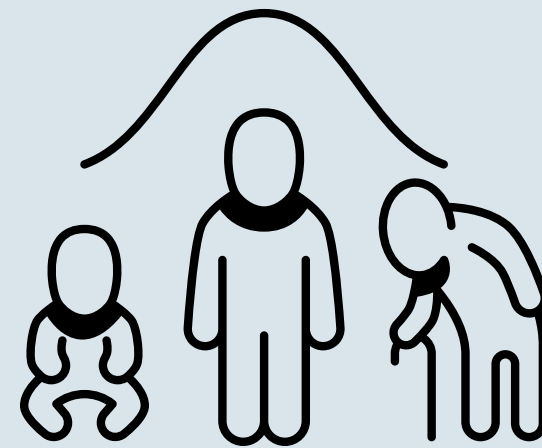
There is no cure and MND/ALS is always fatal



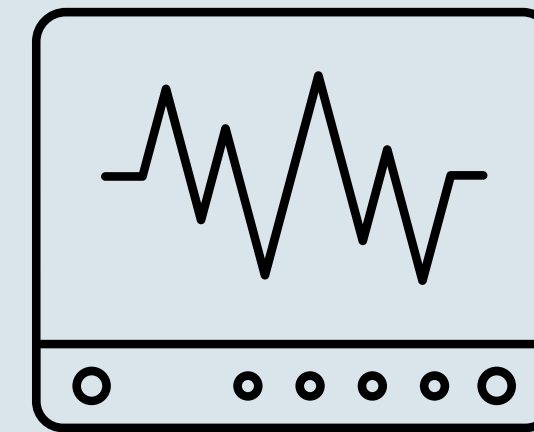
Every **90 minutes** someone is **diagnosed and dies** with MND/ALS



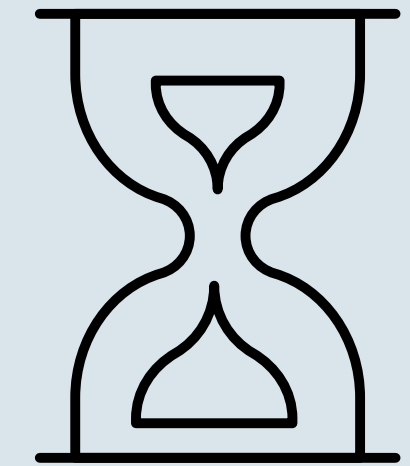
**90%** of cases occur **without a family history**



**Onset** is usually between the ages of **40 & 70 years**



**Life expectancy** on average is just over **2 years**



By **2040** the **incidence** of MND/ALS is expected to **increase by 70%**

## Current Treatments



**Qalsody (tofersen)**  
Developed to treat ALS associated with a mutation in the superoxide dismutase 1 (SOD1) gene. The FDA approved Qalsody to treat SOD1-ALS in 2023.



**Rilutek (riluzole)**  
This was the first FDA-approved drug available to treat ALS — in 1995. It inhibits glutamate release and prolongs life ~3 months.

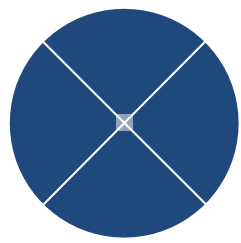


**Radicava™ (edaravone)**  
The FDA approved Radicava™ in 2017, making it the first new treatment specifically for ALS in 22 years. Prolongs life ~6 months.



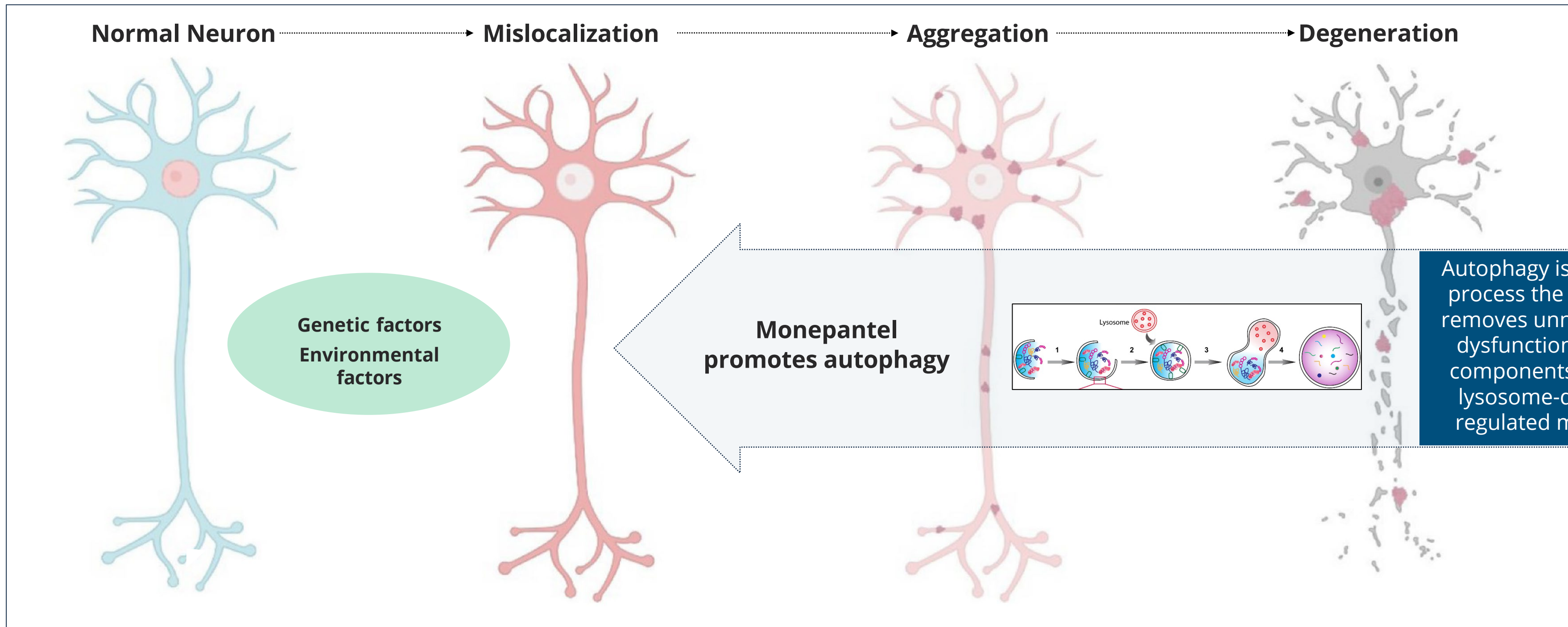
**Relyvrio (AMX0035)**  
RELYVRIO is a combination of two drugs, sodium phenylbutyrate and taurursodiol. The FDA approved RELYVRIO for use to treat ALS in 2022. Prolongs life ~ 9 months.

These drugs provide limited relief and slow disease progression by only months



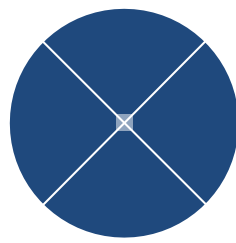
# MND /ALS Pathology & Disease Progression

Characterised by progressive degeneration of nerve cells in the spinal cord and brain, MND/ALS affects the voluntary control of the arms and legs, eventually leading to trouble with breathing and death



**Protein aggregation<sup>1</sup>** is an important feature of MND/ALS pathology. Amyloid deposits from different proteins such as TDP-43, C9ORF72 dipeptide repeats, phosphorylated high molecular weight neurofilament protein, rho guanine nucleotide exchange factor, and FUS have been detected in MND/ALS motor neurons. These aberrant protein deposits become toxic to the cells, leading to neurodegeneration and are targets for therapeutic interventions.

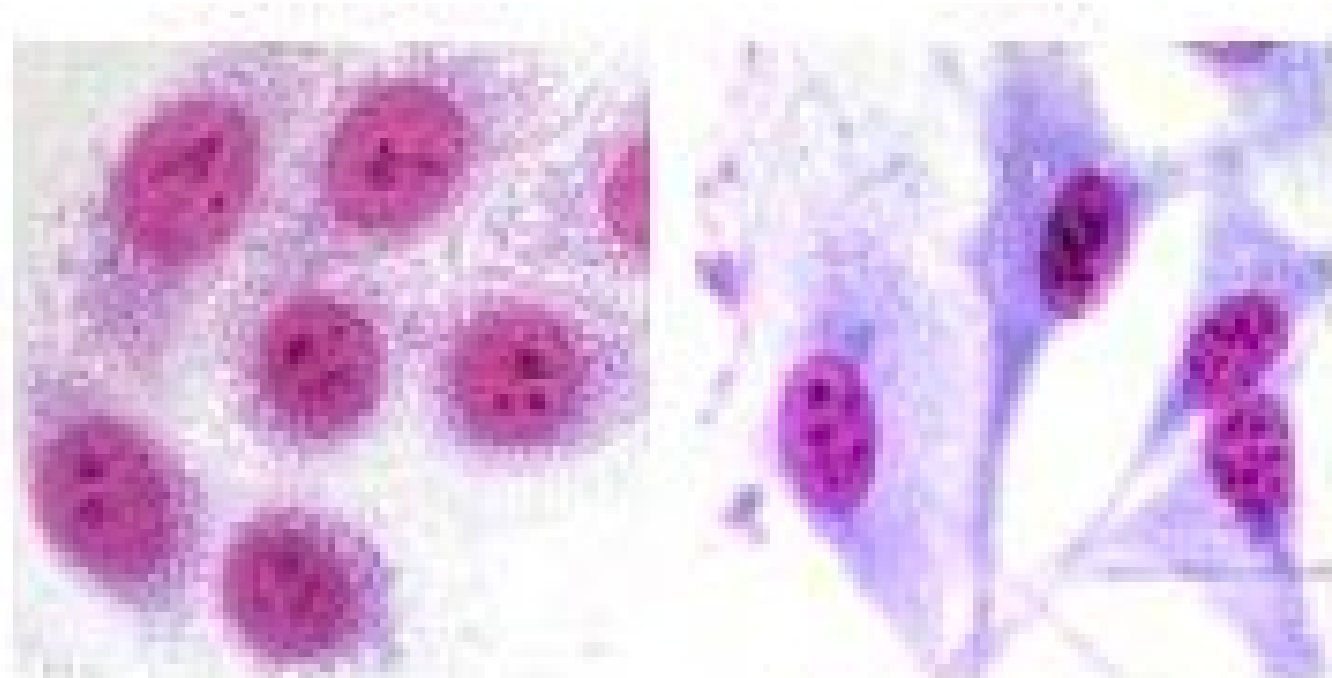
<sup>1</sup>Suk, T.R., Rousseaux, M.W.C. The role of TDP-43 mislocalization in amyotrophic lateral sclerosis. *Mol Neurodegeneration* **15**, 45 (2020). <https://doi.org/10.1186/s13024-020-00397-1>



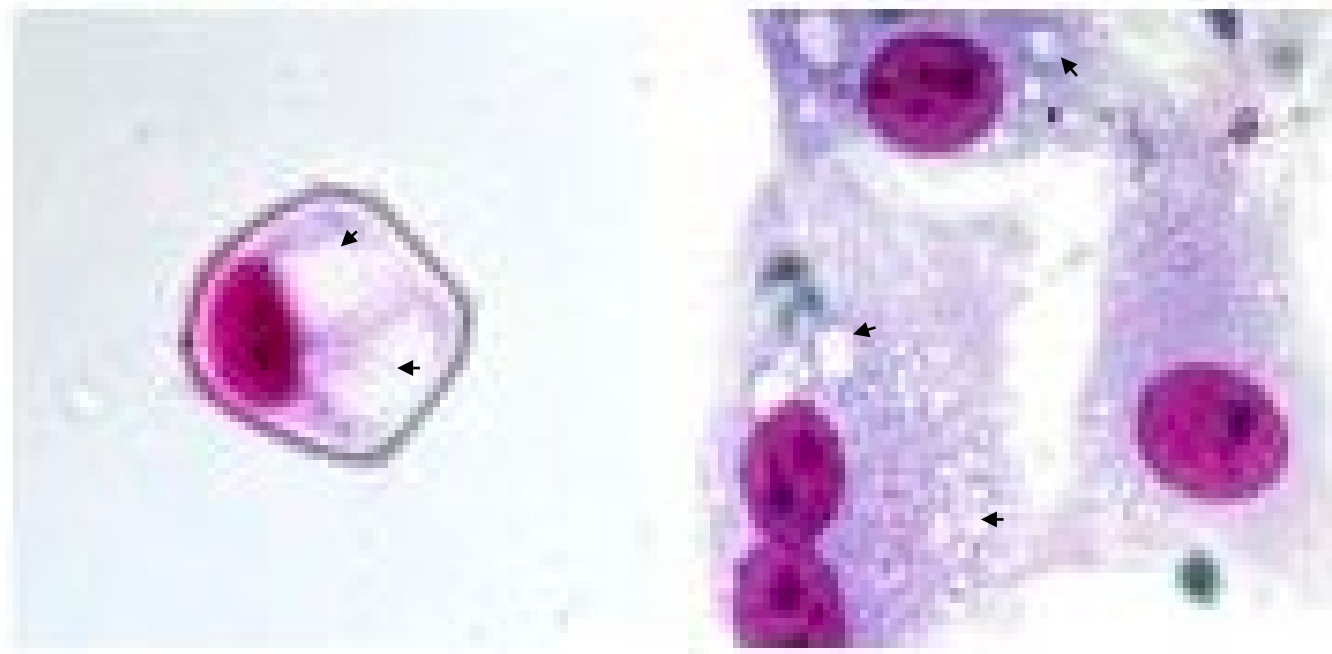
# Monepantel Induces Autophagy

Accumulating evidence suggests that impaired autophagy contributes to the accumulation of intracellular inclusion bodies consisting of misfolded proteins, which is a hallmark of most neurodegenerative diseases

Control



Monepantel (25 μM)



A2780 ovarian cancer cells

U87-MG glioma cells

International Journal of Molecular Sciences

Review

**Autophagy in Neurodegenerative Diseases: A Hunter for Aggregates**

Hyungsun Park <sup>1,2</sup>, Ju-Hee Kang <sup>2,3</sup> and Seongju Lee <sup>1,2,\*</sup>

frontiers | Frontiers in Aging Neuroscience

Targeting the autophagy-lysosomal pathway | **Huntington disease: a pharmacological perspective**

TYPE Mini Review  
PUBLISHED 25 May 2023  
DOI 10.3389/fnagi.2023.1175598

Junsheng Yang\* and Chaoyue Zhang

REVIEW Open Access

**Therapeutic potential of autophagy-enhancing agents in Parkinson's disease**

Tim E. Moors<sup>1\*</sup>, Jeroen J. M. Hoozemans<sup>2</sup>, Angela Ingrassia<sup>1</sup>, Tommaso Beccari<sup>3</sup>, Lucilla Parnetti<sup>4</sup>, Marie-Christine Chartier-Harlin<sup>5,6</sup> and Wilma D. J. van de Berg<sup>1</sup>

Contents lists available at ScienceDirect

Ageing Research Reviews

journal homepage: [www.elsevier.com/locate/arr](http://www.elsevier.com/locate/arr)

Review

**Autophagy in Alzheimer's disease pathogenesis: Therapeutic potential and future perspectives**

Zhigang Zhang<sup>a,b</sup>, Xifei Yang<sup>d</sup>, You-Qiang Song<sup>b,c,\*</sup>, Jie Tu<sup>a,\*\*</sup>

Clinical and Experimental Immunology, 2022, 209, 140–150  
<https://doi.org/10.1093/cei/uxac017>  
Advance access publication 16 February 2022

Clinical & Experimental IMMUNOLOGY OXFORD

Review

**Autophagy modulation in multiple sclerosis and experimental autoimmune encephalomyelitis**

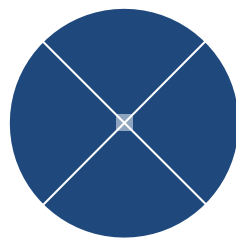
Donghui Shen<sup>1,\*</sup>, Kang Liu<sup>2</sup>, Hongyan Wang<sup>1</sup> and Haifeng Wang<sup>1\*</sup>

REVIEW Open Access

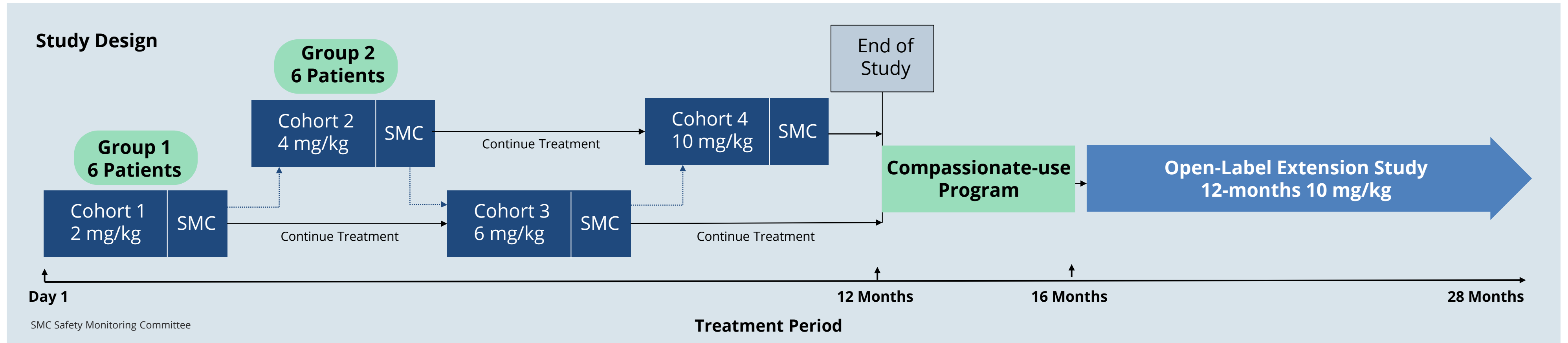
**Is amyotrophic lateral sclerosis/ frontotemporal dementia an autophagy disease?**

Zhiqiang Deng<sup>1,2,3</sup>, Patricia Sheehan<sup>3</sup>, Shi Chen<sup>1,2\*</sup> and Zhenyu Yue<sup>3\*</sup>

\* Arrows depict autophagolysosomes (small lysosomal sacs or vacuoles that breaks down the cellular junk in our cells during the process of autophagy)



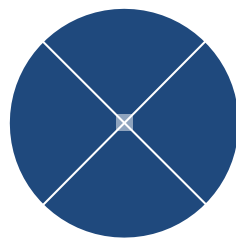
The Phase 1 MEND Study is an open label, multicentre study involving 12 patients with MND/ALS with the goal of determining the recommended Phase 2 dose based on safety and preliminary efficacy



**Study Update**



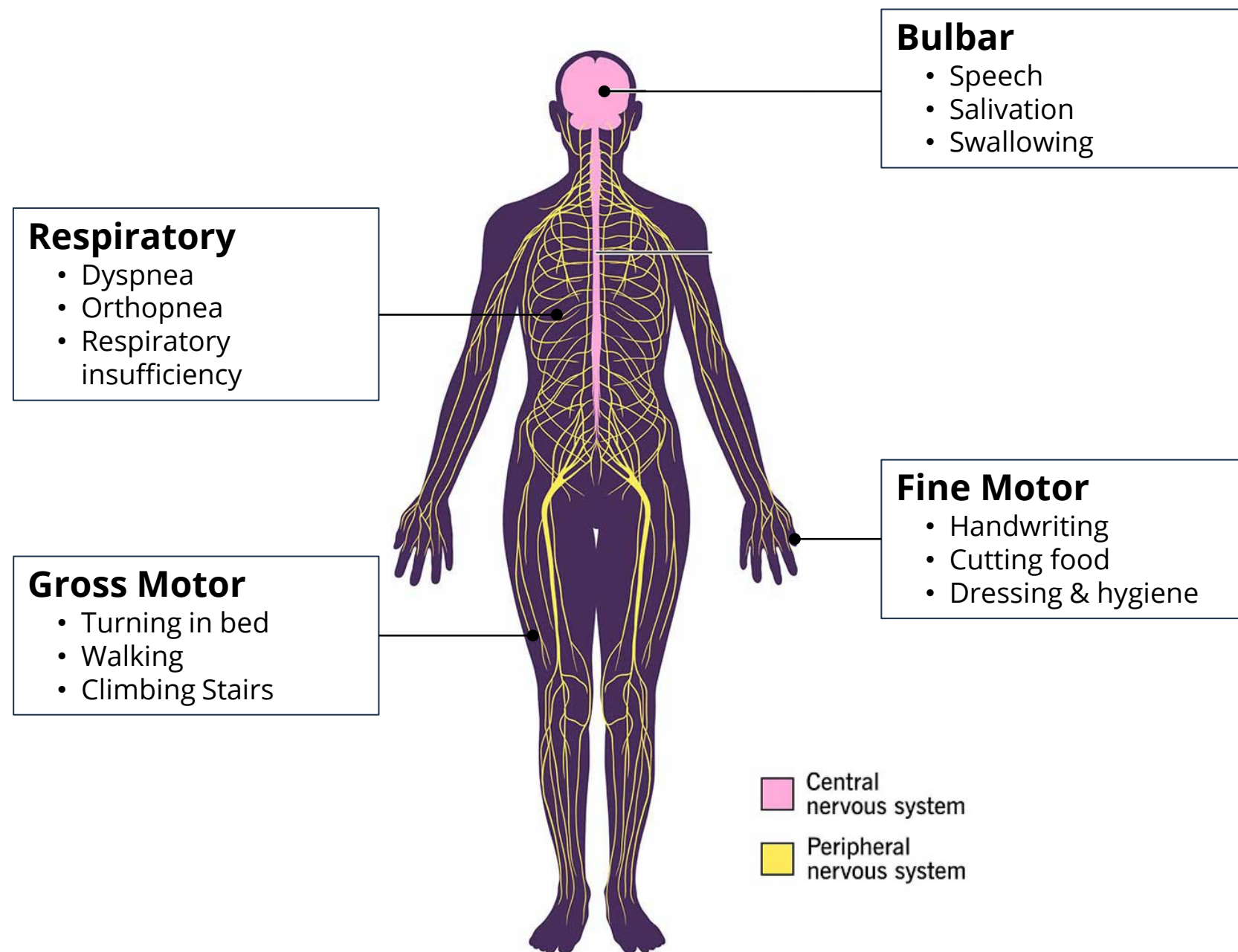
- Analysis near completion to support release of top-line data by end of Q1 CY24
- All patients willing and able to roll-over into 12-month Open-Label Extension Study
- Patients have continued treatment with monepantel under a compassionate-use program
- Treatment continues to be very well-tolerated
- First Group of 6 patients entering their 16 month of continuous treatment with monepantel
- Data will be used to support the Orphan Drug Designation application and to open an IND with the US FDA to commence an adaptive Phase 2/3 Study in H1 CY24



# Phase 1 Amyotrophic Lateral Sclerosis Function Rating Score – Revised (ALSFRS-R)

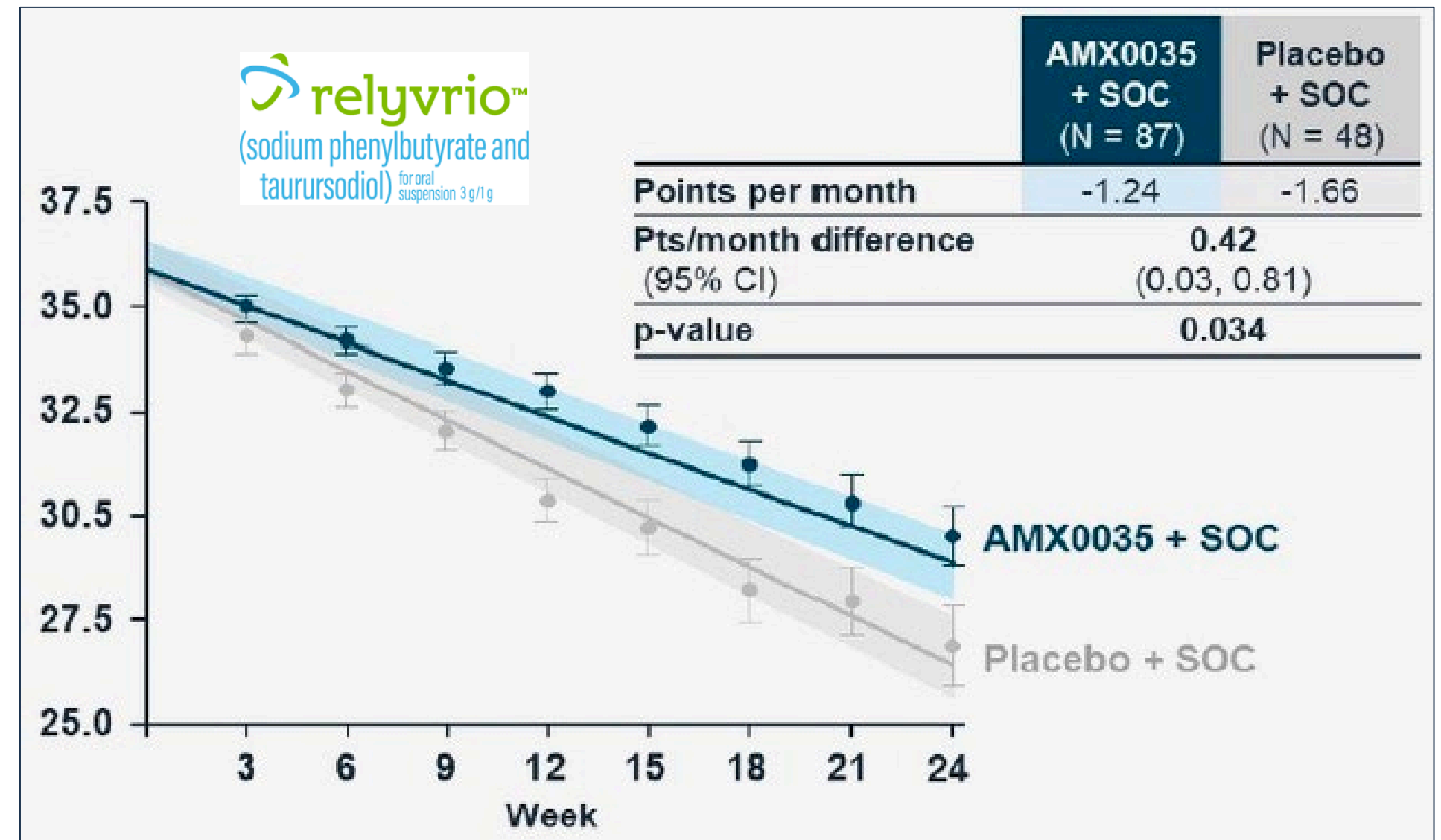
ALSFRS-R is a predictor of survival time in ALS patients.<sup>1</sup> The speed at which ALS progresses, measured by the rate of decline in a patient’s ALSFRS-R score over time, can be used to confidently predict disease prognosis.

## ALSFRS-R Domains Assessed



Each task is rated on a five-point scale from 0 = can't do, to 4 = normal ability. Individual item scores are summed to produce a reported score of between 0=worst and 48=best.

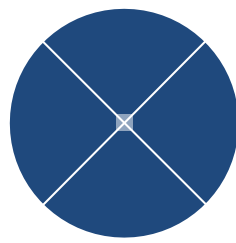
## AMX0035 – 25% Slower Decline in ALSFRS-R



Slowing the decline in ALSFRS-R by 16.5%

=

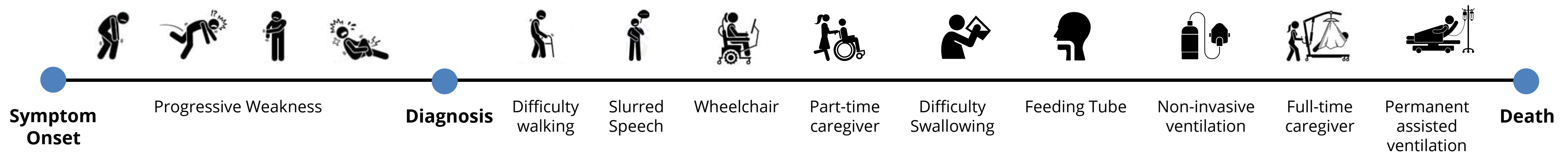
4-5 months median survival<sup>2</sup>



# MND/ALS Progression Statistics

About 50% of patients with ALS live at least 3 years or more after diagnosis; 20% live 5 years or more; and up to 10% survive for more than 10 years<sup>1</sup>

MND / ALS Progression – Typically 2-3 years<sup>2,3</sup>



## Survival



- Median survival ~2 years from diagnosis<sup>4</sup>
- Time to diagnosis on average is 12 months in the US<sup>2</sup>
- Population-based prospective registries report 1 year mortality rates after diagnosis ranging from 22% to 34%<sup>5</sup>
- Shortest time since diagnosis ~16 months compared to the longest ~49 months for the completed Phase 1 MEND Study

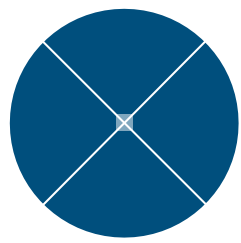
<sup>1</sup>Cruz MP, Edaravone (Radicava): A Novel Neuroprotective Agent for the Treatment of Amyotrophic Lateral Sclerosis. P T. 2018 Jan;43(1):25-28. PMID: 29290672; PMCID: PMC5737249.

<sup>2</sup>Paganoni S, Cudkowicz M, Berry JD. Outcome measures in amyotrophic lateral sclerosis clinical trials. Clin Investig (Lond). 2014;4(7):605-618. doi: 10.4155/cli.14.52. PMID: 28203356; PMCID: PMC5305182.

<sup>3</sup>Chiò A, Logroscino G, Hardiman O, Swingler R, Mitchell D, Beghi E, Traynor BG; Eurals Consortium. Prognostic factors in ALS: A critical review. Amyotroph Lateral Scler. 2009 Oct-Dec;10(5-6):310-23. doi: 10.3109/17482960802566824. PMID: 19922118; PMCID: PMC3515205.

<sup>4</sup>Karanevich, A.G., Statland, J.M., Gajewski, B.J. et al. Using an onset-anchored Bayesian hierarchical model to improve predictions for amyotrophic lateral sclerosis disease progression. BMC Med Res Methodol 18, 19 (2018).

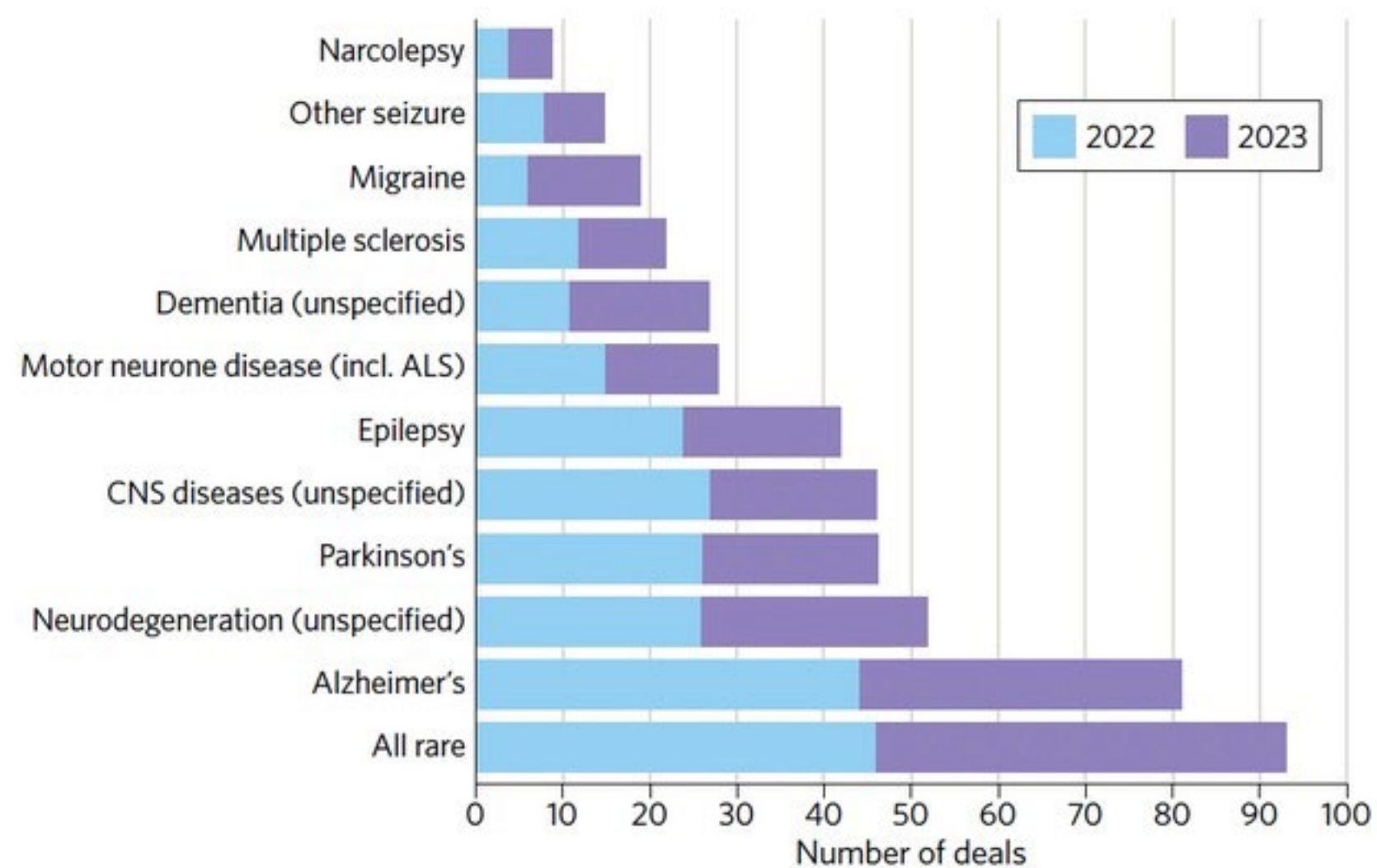
<sup>5</sup>Wolf, J., Safer, A., Wöhrle, J.C. et al. Factors predicting one-year mortality in amyotrophic lateral sclerosis patients - data from a population-based registry. BMC Neurol 14, 197 (2014). <https://doi.org/10.1186/s12883-014-0197-9>



# Rare Central Nervous System disease market

The global CNS rare disease treatment market is expected to reach US\$13.8 billion by 2027 (CAGR > 8.5%)<sup>1</sup>

Neurological disease deals by therapy type in 2022 and 2023 (October)<sup>2</sup>



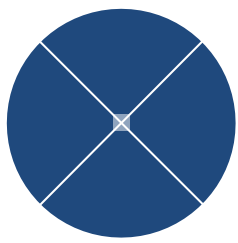
Selected partnering deals in the CNS field in 2023<sup>2</sup>

| Date     | Stage       | Companies                           | Deal Value   | Target  |
|----------|-------------|-------------------------------------|--|---|
| Jul 2023 | Phase 3     | Biogen / Reata Pharmaceuticals<br>  | US\$7.3 Billion Acquisition<br>• Reata just launched Skyclarys (omaveloxolone) in US, under regulatory review in Europe to treat Friedreich's ataxia | Omaveloxolone<br>• Possesses antioxidative and anti-inflammatory activities |
| Mar 2023 | Phase 1     | Biohaven / Hangzhou Highlightll<br> | US\$970 Million License<br>• US\$20 million in cash and equity upfront, development and commercial milestones. tiered royalties                      | BHV-8000<br>• Dual Tyrosine Kinase 2 (TYK2)/Janus Kinase 1 (JAK1) inhibitor |
| Sep 2023 | Preclinical | Takeda / Acurastem<br>              | US\$580 Million License<br>• Combined upfront payment and milestones could reach US\$580 million in total, alongside royalties                       | AS-202<br>• PIKFYVE-targeted antisense oligonucleotide                      |

Over 49 deals were announced 2023 involving rare CNS diseases, with disclosed deal values totalling more than US\$13.2 billion

<sup>1</sup>The Insight Partner March 2020

<sup>2</sup>Mark Zipkin, Neurodegeneration and rare diseases drive CNS therapy deals. Biopharma Dealmakers News Feature. 1 December 2023. doi: <https://doi.org/10.1038/d43747-023-00128-7>



# MND R&D timeline

## Timeline

- MEND Study Patient Completes
- ODD Submission
- Management Hires
- Compassionate-use Program
- FightMND Grant Invitation



Q4  
CY2023

- Pre-IND Meeting Request
- Berry Consultants Partnership
- OLE Study HREC Approval
- MEND Study Top-line Results
- SAB Appointments



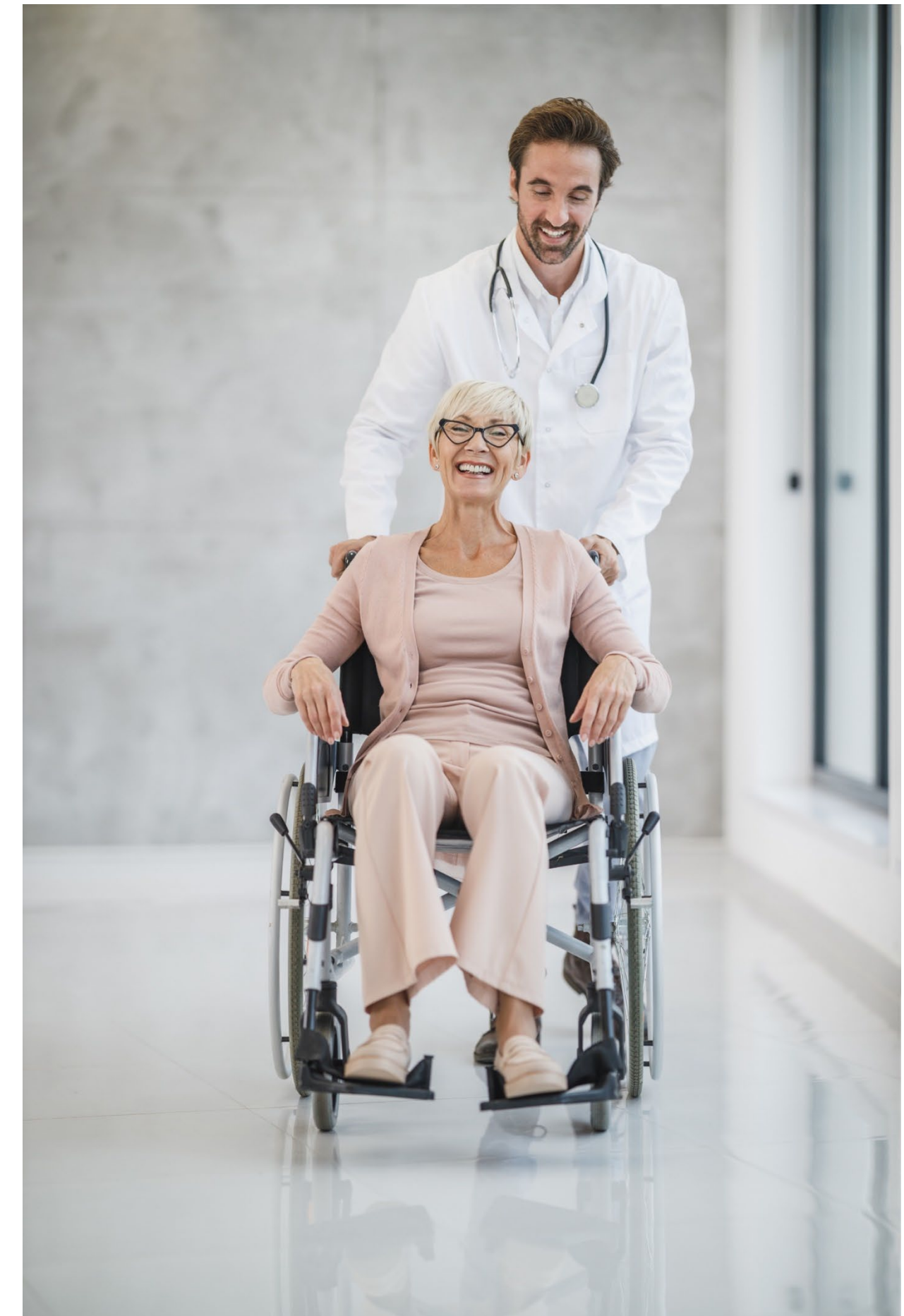
Q1  
CY2024

- ODD Response
- Open IND Phase 2 MND Study
- Phase 2/3 Study HREC Approval
- First Patient Dosed MND Study



Q2  
CY2024

IND – Investigational New Drug; ODD – Orphan Drug Designation; OLE – Open Label Extension; SAB – Scientific Advisory Board







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