





## VIRTUAL INVESTOR BRIEFING

**5 June 2020 – Perth, Australia:** PharmAust Limited (ASX:PAA), a clinical-stage oncology company, is pleased to announce it is holding a Virtual Investor Briefing on Wednesday 10 June 2020 from 12:00 pm AWST / 2:00 pm AEST.

Executive Chairman, Dr Roger Aston will provide an update on the status of the development of the Company's primary drug candidate, Monepantel (MPL) including discussion on the significant progress in recent trials.

The Virtual Investor Briefing will be viewed live via Zoom over the internet and will provide investors the opportunity for Q&A. Please register for this event at <a href="mailto:events@jpequity.com.au">events@jpequity.com.au</a> by 9:00am (AWST) on Tuesday 9<sup>th</sup> June. Registered guests will receive a link to join the meeting 24-hours beforehand.

A recorded copy of the Virtual Investor Briefing will be made available following the event. A copy of the investor presentation to be delivered during the Virtual Investor Briefing will be released on the ASX market announcement platform prior to the Webinar.

This announcement is authorised by the Board.

## **Enquiries:**

Sam Wright
PharmAust Limited
Finance Director & Company Secretary
sam@pharmaust.com

Daniel Rootes
JP Equity Partners
Corporate Advisor – Asia/Australia
drootes@jpequity.com.au

## About PharmAust (PAA):

PAA is a clinical-stage company developing targeted cancer therapeutics for humans and animals. The company specialises in repurposing marketed drugs lowering the risks and costs of development. PAA's subsidiary, Epichem, is a successful contract medicinal chemistry company.

PAA's lead drug candidate is monepantel (MPL), a novel, potent and safe inhibitor of the mTOR pathway – a key driver of cancer. MPL has been evaluated in Phase I clinical trials in humans and dogs; was well tolerated and produced a significant reduction in key prognostic biomarkers. PAA is uniquely positioned to commercialise MPL for treatment of human and veterinary cancers as it advances the drug in Phase II clinical trials.