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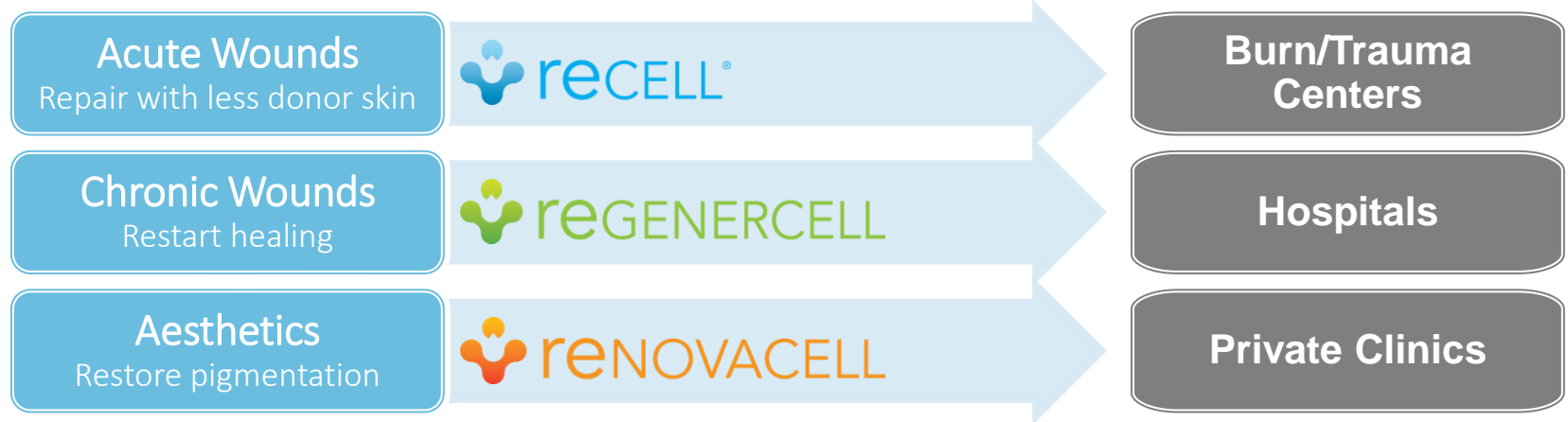
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Avita Medical - Company Background



- Platform autologous cell harvesting technology addressing unmet need in clinical indications encompassing a range of skin injuries and defects
- Cleared for marketing in EU, Australia, China
- U.S. FDA Pivotal Trial for *burns* underway, expect complete recruitment end of 2015
- Publicly-traded in Australia (ASX:AVH) and US ADRs (OTCQX:AVMXY)
- Clinical, regulatory and financial operations in Los Angeles with commercial operations in UK and Asia

A Global Pioneer in Regenerative Cell Therapy



Skin Regeneration Platform

- Autologous cell harvesting device used to prepare Regenerative Epithelial Suspension (RES™) for treatment of wounds and skin defects
 - Proprietary enzyme formulation
 - Processing unit including sterile enzyme soak-, buffer rinse- and filtering- chambers and a sterile tray for mechanical disaggregation of skin sample
 - Validated set of applicators designed to apply RES™
- Rapid (30 min) preparation of RES™ at point of care
 - Activated, autologous skin cells (keratinocytes, fibroblasts, melanocytes, including progenitor cells)
 - Signaling factors (cytokines, chaperones like hsp90, growth factors)
- RES™ applied, often in combination with conventional techniques (*with autografts, compression dressing, laser*)



ReCell® is an investigational device in the United States, limited by US federal law to investigational use.

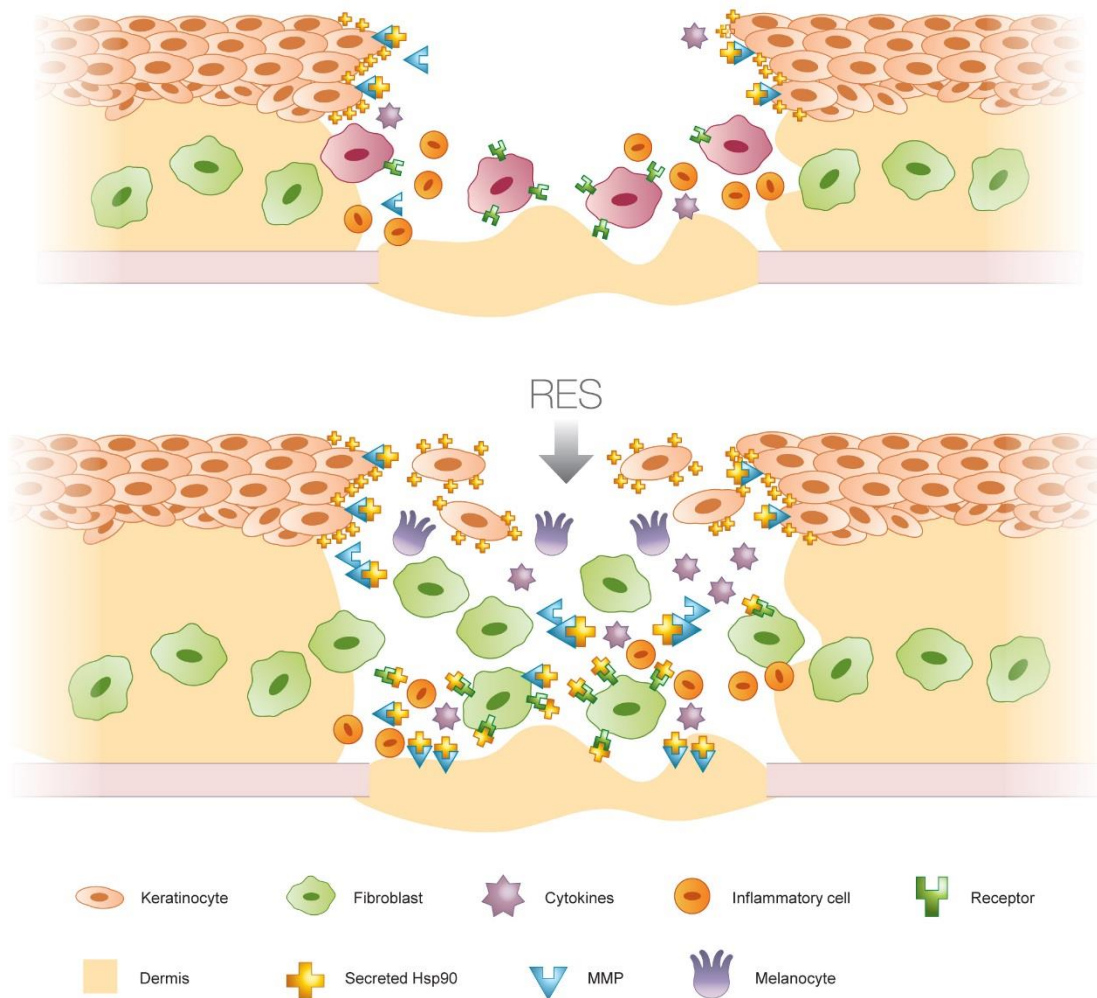
Fast, Easy, Safe and Efficacious On-Site Skin Regeneration System

Wood et al. 2012. *Burns* 38:44.



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RES™ in Skin Regeneration



- Autologous samples derived from healthy areas of the skin contain a complete mix of all skin cells (non-cultured) and factors to catalyse the healing process
- Cells in suspension are no longer contact-inhibited by neighbouring cells (unlike intact tissue) and undergo phenotypic changes to promote closure (free-edge effect)
- Application of RES overcomes the usual limited availability of healthy, signalling cells

Trim & Quick. 2015 J Wound Tech 27:20-24.
Singer & Clark. 1999. NEJM. 341 (10): 738.

Activated, Autologous, Available and Complete

RES™ in Combo with Mesh Graft: Evolving Standard of Care for Full Thickness Burn Injury

- Treatment of large surface/deep burns ***with limited donor site usage***
 - Addresses unmet need in burn care
 - Designed for clinical effectiveness with minimal donor site requirement



Pre-treatment
Excised 3rd degree burn



Treatment
ReCell + Mesh Graft



Week 14 post treatment



ReCell® in Burns – Pediatric Scald



Before treatment



10 months post treatment

Living The Mission of Transforming Lives

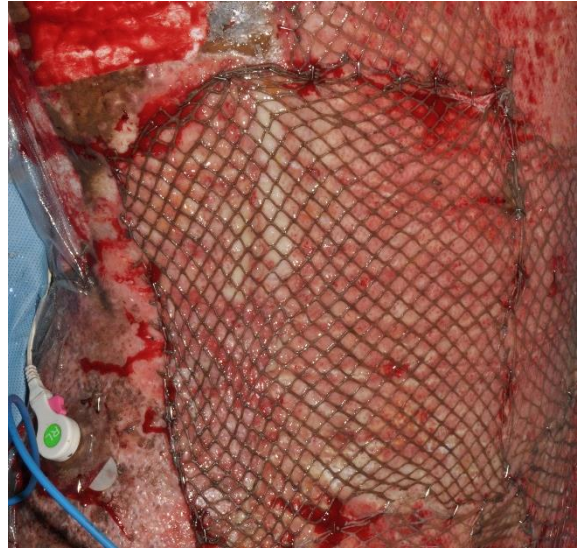


Courtesy of Jeremy M Rawlins FRCS(Plast)

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Massive Burn Injuries

- 19-y/o male, 75% TBSA (60% deep partial to full-thickness)
- Treated under Compassionate Use, with RES™ and meshed autograft expanded 1:6



6 months post treatment

Significance:

Autograft donor skin spared: 1,025 cm² (5% TBSA)

Definitive closure after 4 operations, vs 6-7 institutional average

Length of stay: 1.3 days per %TBSA, vs 2-3 days per %TBSA institutional average

Presented by Holmes, JH at the 17th Congress of the International Society for Burn Injuries (2014)



Autograft Sparing and Emergency Preparedness

- Great benefit is associated with use of less donor skin to achieve definitive closure and better long-term outcomes in burn care
- We are working to establish ReCell® as the **go-to** autograft-sparing technique, based on clinical and economic benefit
 - Autograft sparing reduces the burden on the already-injured patient faced with the harvesting of their healthy skin
 - Autograft sparing potentially reduces the number of procedures and overall length of hospital stay
 - The need for skin is a key bottleneck in mass response
- ReCell® is versatile, portable and self-contained

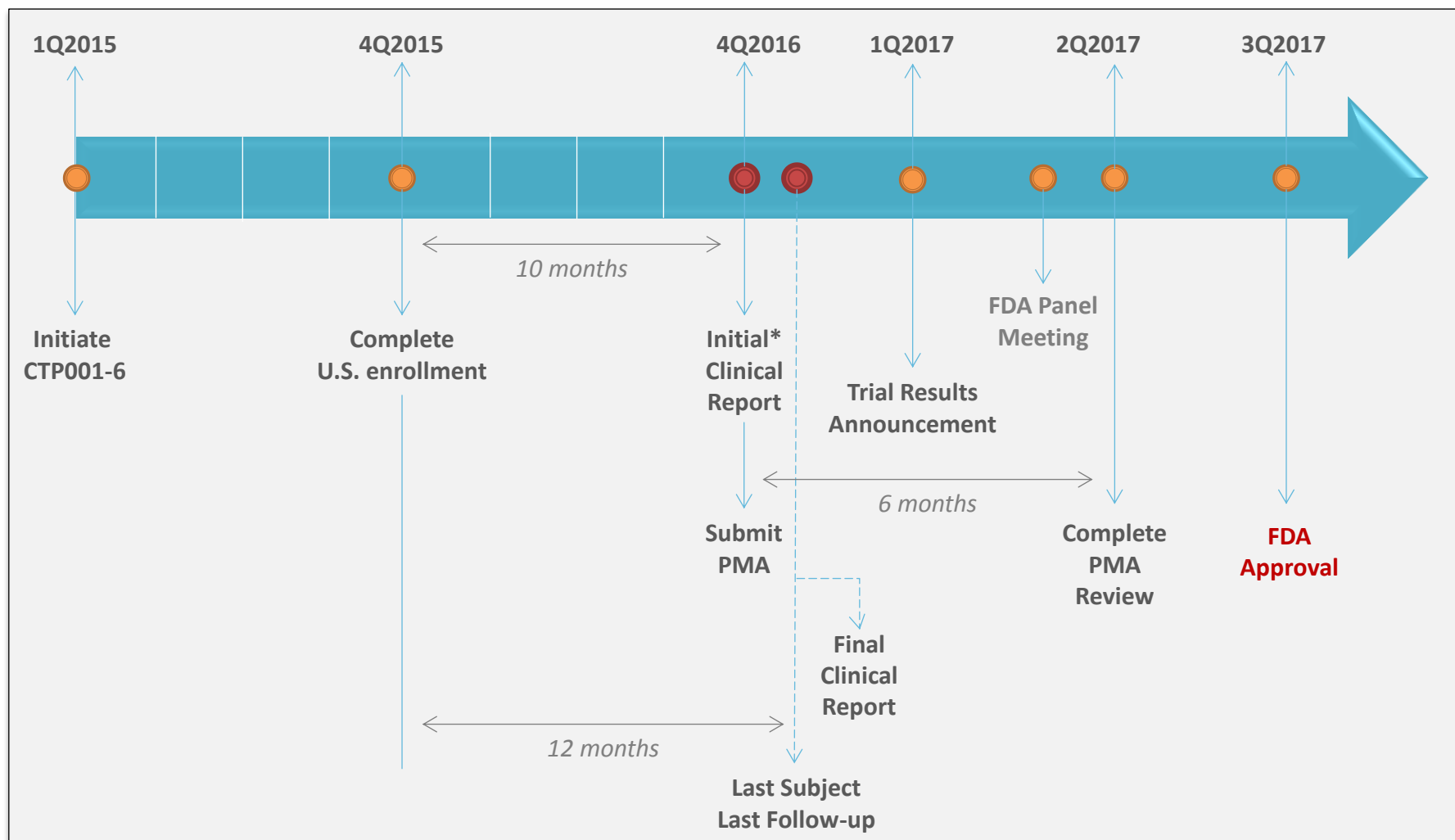


BARDA – HHS Office of the Assistant Secretary for Preparedness

- RES™ history in Mass Casualty Events
 - Bali bombing (2002)
 - Ashmore reef (2009)
 - Taiwan water park (2015)
- BARDA contract announced Sept 29, valued up to \$54m
 - Clear recognition of ReCell®'s potential for burns treatment in a mass casualty event
 - The funding awarded will support Avita through FDA PMA, and establishes vendor-managed inventory for 5,000 - 25,000 devices
 - Contract options allow for support of post-mark surveillance (CoA) and paediatric studies as needed.



Projected U.S. ReCell[®] Burns Approval Timeline

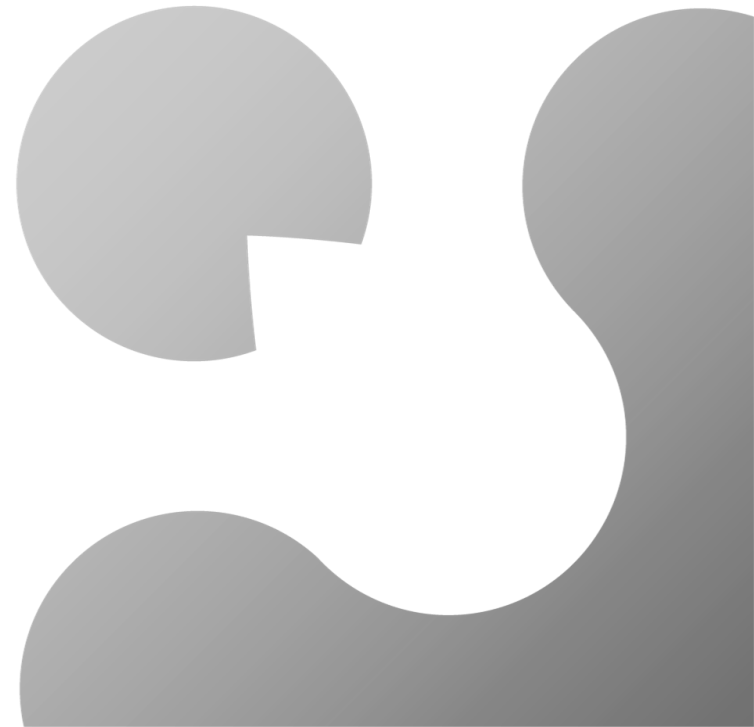


*Complete effectiveness data & interim (9-month) safety data



The AVITA Opportunity

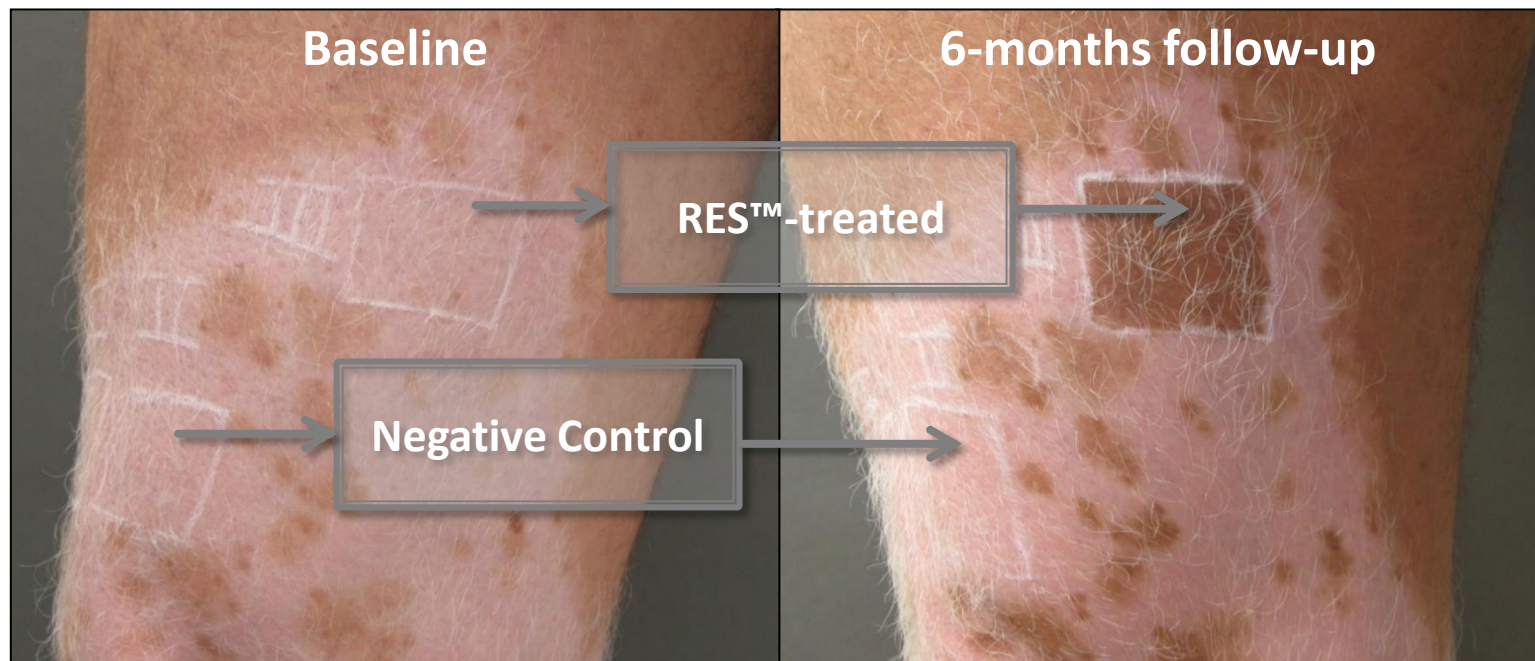
Beyond Burns



ReNovaCell: Simple Solution for Skin Repigmentation

- Repigmentation of hypo-pigmented skin due to old age, injury, skin treatments, vitiligo
 - Most significant unmet medical need in aesthetic dermatology
- Current Inadequate Treatment Options for Repigmentation
 - Non-surgical options “lotions & potions” and light therapy sometimes efficacious
 - Melanocyte transfer is sole surgical choice but expensive, time consuming
- ReNovaCell is the only simplified, cost-effective solution for skin repigmentation

From published RCT*: patient with segmental vitiligo (duration > 5yrs)



*Komen L, Vrijman C, Tjin EPM, Krebbers G, de Rie MA, Luiten RM, van der Veen JPW, Wolkerstorfer A. Autologous cell suspension transplantation using a cell harvesting device in segmental vitiligo and piebaldism patients: a randomized controlled pilot study. J Am Acad Dermatol 2015; 73(1):170-172.



ReGenerCell Can Achieve Unmet Need of Complete Wound Closure for Chronic Ulcers

Case Study: 84 yr old male with controlled high BP, colon cancer in remission, chronic venous insufficiency. Left ankle VLU open 7 yrs before treatment using ReGenerCell.



Baseline
VLU area = 55cm²

RES
Treatment



Week 7
VLU area = 8cm²
% Re-epithelialization vs baseline = 85%



Week 20 (5 mo)
VLU area = 2cm²
% Re-epithelialization vs baseline = 96%

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Substantial Opportunity Treating Large, Complex Wounds

Selected Indications <small>e.g., excludes plastic and maxillofacial surgeries</small>		Incidence/Prevalence (Patients)				Percent Applicable	Potential Market Size (assume 1 device per patient)
		US <i>pop. 316M</i> (11.4% diabetes ¹)	UK, FR, DE, IT <i>pop. 271M</i> (8% diabetes, avg ¹)	Aus <i>pop. 23M</i> (5.1% diabetes ¹)	China <i>pop. 1.4B</i> (9.3% diabetes ¹)		
Chronic Ulcers	DFU ²	9.0M	5.5M	0.3M	31.6M	20 – 40%	9 – 19M
	VLU ³	3.2M	2.7M	0.2M	13.6M	60 – 65%	12 – 13M
Burns <small>annual admissions</small>		40K ⁴	42K ⁵	8.6K ⁶	3.4M ⁷	90%	3.1M
Aesthetics <small>annual procedures⁸</small>		1.7M	585K	117K	157K	90%	2.3M
Vitiligo <small>0.1% to 2% of pop.⁹</small>		316K	271K	23K	1.4M	30%	0.6M
TOTAL *		14.3M	9.1M	0.7M	50.1M	35%-50%	~27-38M

¹ International Diabetes Federation (IDF) Diabetes Atlas, Sixth Edition (2014)

² [Lifetime incidence: 25% of diabetics] Singh et al. "Preventing foot ulcers in patients with diabetes." JAMA 293, no. 2 (2005): 217.

³ [Prevalence: 1% of pop.] Humphreys et al. "Management of mixed arterial and venous leg ulcers." Br. J. Surg. 94, no. 9 (2007): 1104.

⁴ American Burn Association 2013 Fact Sheet (www.ameriburn.org)

⁵ Brusselselaers et al. "Severe burn injury in Europe: a systematic review of the incidence, etiology, morbidity, and mortality." Crit Care 14 (5) (2010): R188.

⁶ Australian hospital statistics. Australian Institute of Health and Welfare. (2012)

⁷ Peck MD. Epidemiology of burn injuries globally www.uptodate.com

⁸ ISAPS 2013 International Survey on Aesthetic/Cosmetic Procedures Performed (dermabrasion, resurfacing, facial rejuvenation)

⁹ Alkhateeb A, Fain PR, Thody A, Bennett DC, Spritz RA. "Epidemiology of vitiligo and associated autoimmune diseases in Caucasian probands and their families." Pigment Cell Research 16, no. 3 (2003): 208-214.



Partnering to Maximize Commercial Strategy

- **2015: a watershed year in clinical strategy and product approval**
 - Broadened ex-US approvals; launch newly-branded products
 - Initiated FDA pivotal trial in burns; completion of enrollment expected 2H '15
 - Ongoing European RCT trials in VLU
- **Commercial strategy through corporate partnerships is the next focus**
 - Strategic deals by indication/call point/geography



- AVH: "To do" list**
- Secure Approvals
 - Distribute Product
 - Build Evidence Base
 - Demonstrate proof of concept commercial success
(model market: EU)



illustration purposes only

Sufficient Progress to Attract Strong Corporate Partners



Summary

- Leader in regenerative, cellular therapy for treating skin defects
- Multiple commercial products address ~\$15 billion WW complex wound and dermatology markets
- Differentiated by superior clinical data and compelling value proposition
- Extensive global patent portfolio provides strong barriers
- Management team with track record of commercial execution

In the Right Space, With the Right Products, at the Right Time



For more information

www.avitamedical.com

