Viralytics

Developers of Oncolytic Immunotherapies

Oncolytic Immunotherapies
for Difficult-to-Treat Cancers

Annual General Meeting

November 18 2015

Disclaimer

Certain statements made in this presentation are forward looking statements within the meaning of the safe harbour provisions of the United States Private Securities Litigation Reform Act of 1995. These forward looking statements are not historical facts but rather are based on Viralytics' current expectations, estimates, assumptions and projections about the industry in which Viralytics operates. Material referred to in this document that use the words 'estimate', 'project', 'intend', 'expect', 'plan', 'believe', 'guidance' and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. These forward looking statements are not a guarantee of future performance and involve known and unknown risks and uncertainties, some of which are beyond the control of Viralytics or which are difficult to predict, which could cause the actual results, performance or achievements of Viralytics to be materially different from those which may be expressed or implied by these statements. These statements are based on our management's current expectations and are subject to a number of uncertainties and risks that could change the results described in the forward-looking statements. Risks and uncertainties include, but are not limited to, general industry conditions and competition, general economic factors, the impact of pharmaceutical industry regulation and health care legislation in the United States and internationally, and challenges inherent in new product development. Investors should be aware that there are no assurances that results will not differ from those projected and Viralytics cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of Viralytics only as of the date of this presentation. Viralytics is not under a duty to update any forward-looking statement as a result of new information, future events or otherwise, except as required by law or by any appropriate regulatory authority.

Positioned for Growth

- Lead investigational product CAVATAK™ with demonstrated potential in a range of indications and treatment settings
- Opportunity for use as monotherapy or in combination with new 'blockbuster' agents
- Transformational $27M capital raise in 2014 from international healthcare institutions
- Resources to conduct key global clinical trials
- Collaborative clinical program with Merck in lung and bladder cancer trial
- Corporate strategy to license, partner or sell at key value point

CALM and CALM extension:
Success in Phase 2 melanoma trial (US)

STORM:
CAVATAK / KEYTRUDA®
Collaboration with Merck in second stage in Lung and Bladder Cancer (UK)

CANON:
Superficial bladder cancer (UK)

MITCI:
CAVATAK / YERVOY™
melanoma trial (US)

CAPRA:
CAVATAK / KEYTRUDA®
melanoma trial (US)

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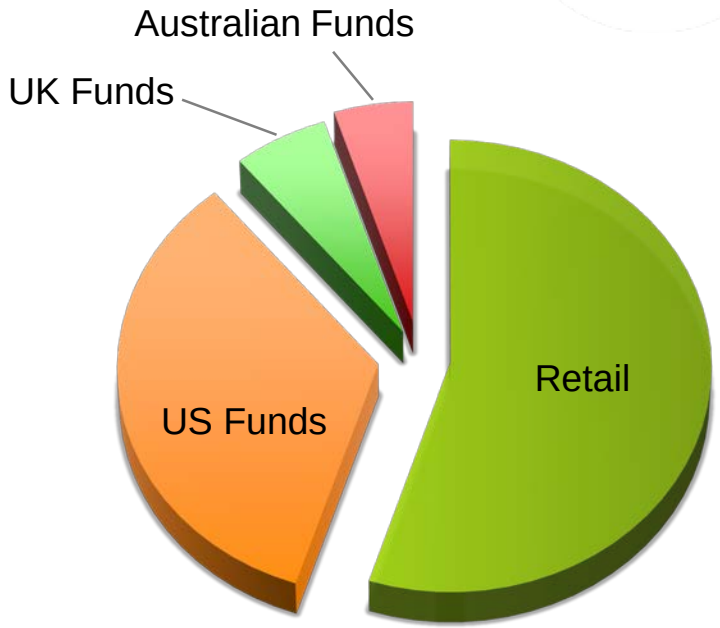
Strong Financial Foundation

Key Statistics	
Ticker Code	ASX: VLA OTCQX: VRACY
Share Price (Nov 17, 2015)	A$0.675
Market Capitalisation	A$124.5M
Trading Range (12 month)	A$ 0.28-0.93
Institutional investors	45%
Cash position (September 30, 2015)	A$19.5M
Net operating cashburn 2014/15	A$2.8M



- Strong institutional register
- Leading specialist healthcare institutional investors

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Cancer Immunotherapy: Emerging, High-Value Therapeutic Platform

- Rapidly emerging field, transforming cancer therapy
- Oncolytic virus immunotherapy value highlighted by Amgen acquisition of Biovex (TVec™) in 2011. US $425 million cash upfront; US $575 million future milestone payments
- Multiple recent commercial transactions and collaborations
- Big pharma race to find complementary agents
- Merck, BMS, Roche, GSK, Astra Zeneca, Pfizer all active
- Cancer immunotherapy annual revenues could exceed US $35 billion by 2023*

Opportunities for CAVATAK™ in multiple settings including combination with new agents

Leerink Swann
October 2013 review:

"50% of all cancer treatment could involve immunotherapy within the next decade."

'Science' Magazine
Cancer immunotherapy – Breakthrough of the Year 2013

* Citigroup report 2013

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CAVATAK™
Lead Product, Many Indications Under Study

- Proprietary formulation of Coxsackievirus A 21
- Targeted to specific receptor overexpressed on cancer cells (ICAM-1)
- Kills local and metastatic cells by both oncolytic *and* immunotherapeutic activity
- Potential application across a range of cancer types:
  - Intratumoural – melanoma
  - Intravenous – melanoma, prostate, lung, metastatic bladder
  - Intravesical – non-muscle invasive bladder cancer
- Well tolerated in patients
- Potential to enhance activity of new blockbuster cancer immunotherapies
- Manufactured under cGMP at SAFC USA
- Oncolytic virus immunotherapy pathway forged by Amgen's TVec™ - FDA approved in October 2015

Cancer Type	Rank *	Estimated New Cases in the US in 2014 *
Prostate	1st	220,800
Lung	3rd	221,200
Melanoma	5th	73,870
Bladder	6th	74,000

* USA National Cancer Institute, 2015

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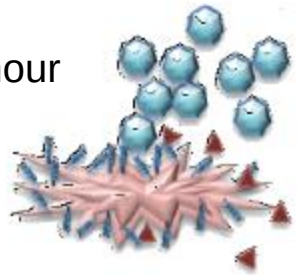
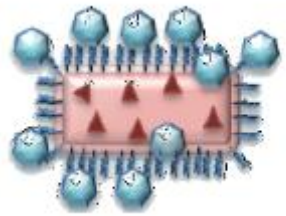
CAVATAK™
Local and Systemic Activity

Administration
- *Intravenous*
- *Intralesional*
- *Intravesical*

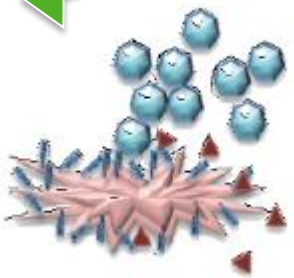
CAVATAK™ released from tumour (repeats)

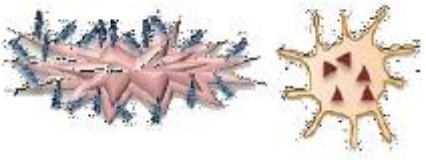


activates host anti-tumour immune response

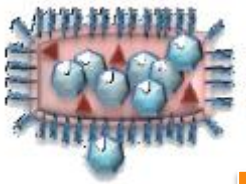


1. **Oncolytic lysis** and death of cancer cell





CAVATAK™ binds externally to tumour cells



infects

2. Viral induced tumor **inflammation**

replicates and destroys

3. Stimulation of **host-immune** response against cancer cells

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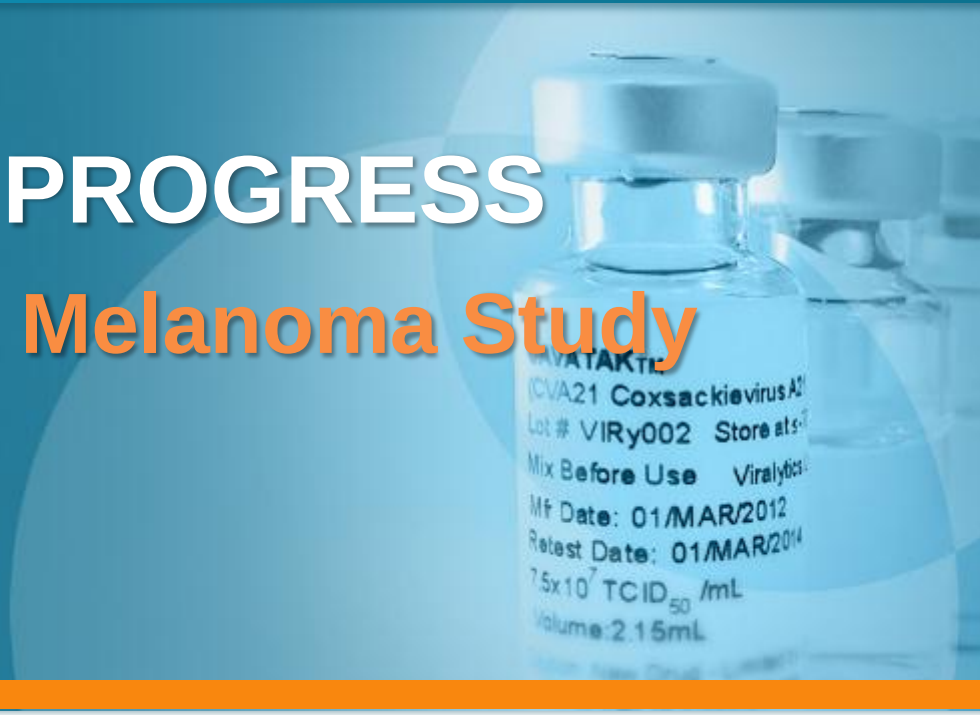
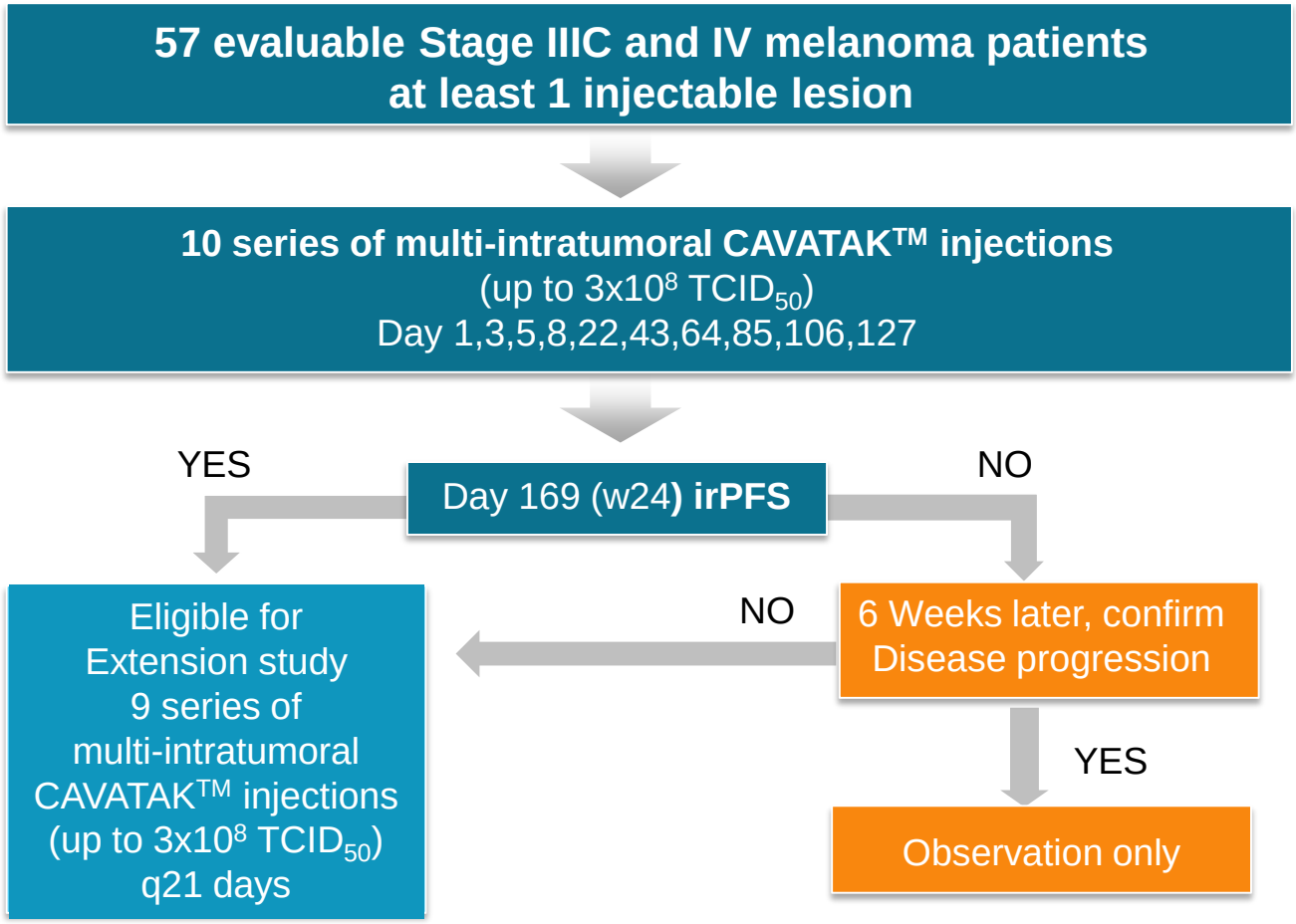
CLINICAL TRIAL PROGRESS

CALM Phase 2 Melanoma Study



CAVATAK™ – Phase 2 CALM Melanoma Study

(CAVATAK IN LATE STAGE MELANOMA)



- 11 leading US cancer centres
- Primary endpoint achieved
- Responses in injected and metastatic (non injected) tumours
- Well tolerated
- Final results at ASCO June 2015

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CAVATAK™ / Biovex OncoVex™ Results

	Viralytics CAVATAK™ Phase 2 CALM Melanoma Final Data *	Biovex OncoVex™ Phase 2 Melanoma Final Data ^
Number of patients	57	50
Stage of Disease	IIIC-IV	IIIC-IV
Primary Endpoint ≥ 10/ 54 patients with ir Progression-Free Survival at 6 months	39% (22/57)	Not reported
One-year survival rate	75.4% (43/57)	58%
Median Overall Survival (OS)	26.7 months	Not reported **
Overall Response Rate	28% (16/57) 8 CR's + 8 PR's	26% (13/50) 8 CR's and 5 PR's
Durable Response Rate (DRR)	21% (12/57)	Not reported **
Median Time to Response (TTR) Onset	3.4 months	Not reported **
Activity in injected and non injected lesions	✓	✓
No grade 3 or 4 drug-related adverse events	✓	

* Final data lodged with ASX and Investigator assessed (refer ASX announcement and ASCO poster presentation for full details)

^ Data from Senzer et al, 2009. J. Clin.Oncol., (34):5763-7

** Median OS of 23.3 months, DRR of 16% and Median TTR reported at 4.1 months in Phase 3 trial ESMO 2013

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CALM Phase 2 Trial
CAVATAK™ — Well Tolerated in Clinical Testing

CAVATAK-related adverse events

AE Term	*Grade 1 n(%)	Grade 2 n(%)	Grade 3 n(%)	Grade 4 n(%)
Injection site pain	16 (28%)	2 (4%)		
Tiredness (fatigue)	15 (26%)	2 (4%)		
Chills	15 (26%)			
Pyrexia	7 (12%)			
Injection site erythema	7 (12%)			
Myalgia	6 (11%)			
Headache	6 (11%)			
Hyperhidrosis	5 (9%)			

No drug-related grade 3 or 4 or serious adverse events

Toxicity is a well recognized shortcoming in established therapies and new cancer immunotherapies

* Only Grade 1 AE's occurring in ≥ 10% of patients are listed.

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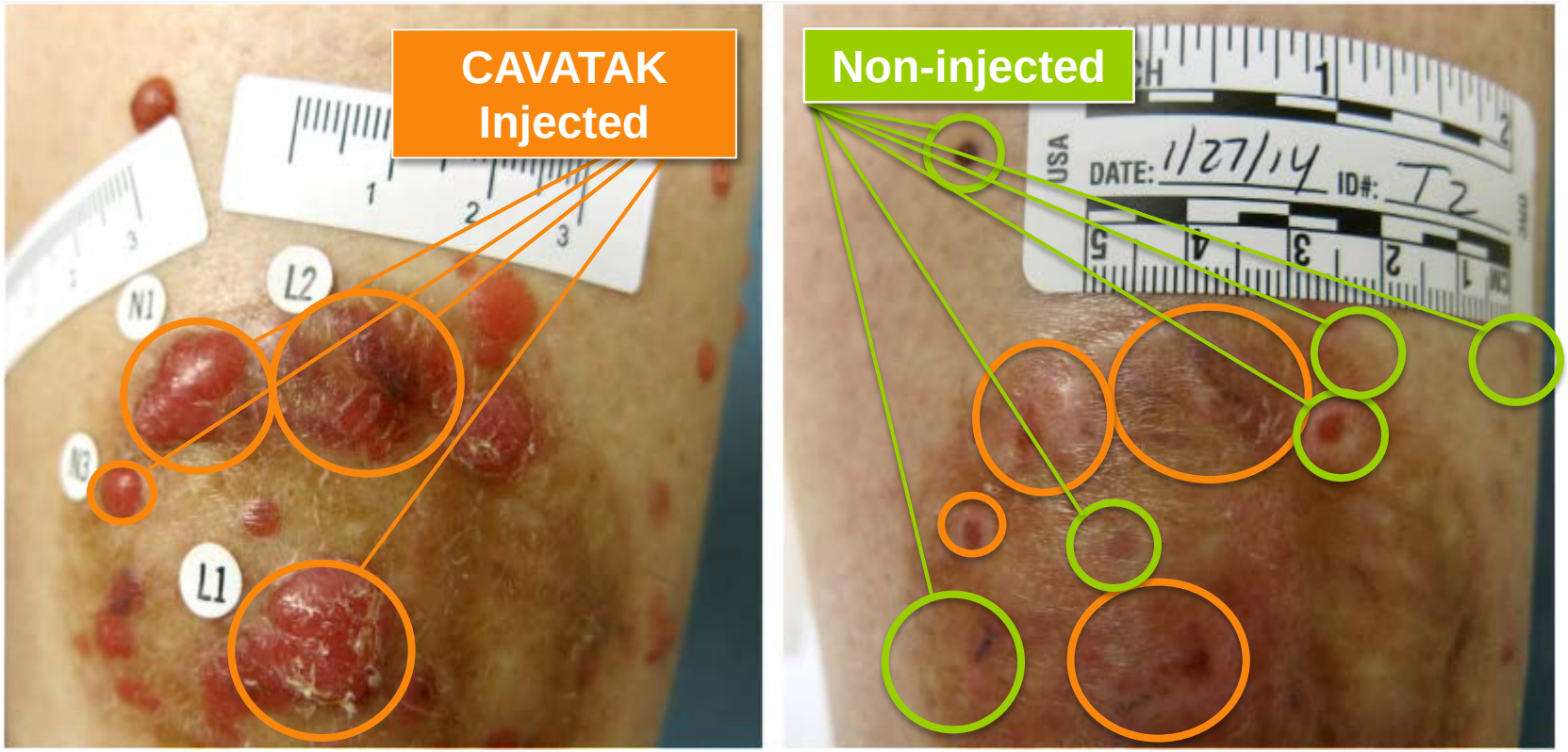
CALM Phase 2 trial

Local Injected And Non-injected Lesion Responses

Baseline

Day 85



Male with metastatic melanoma to the leg. Injection in leg lesions.

Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

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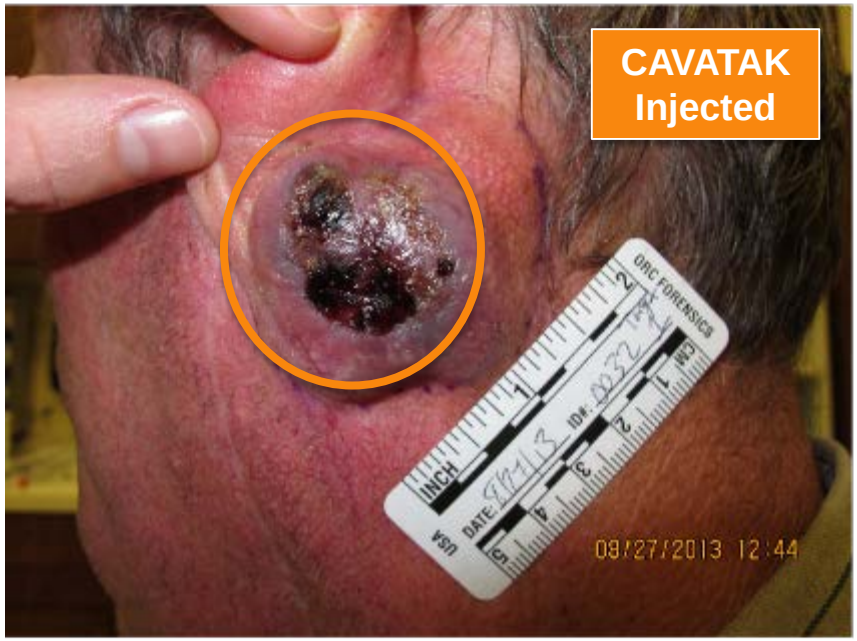
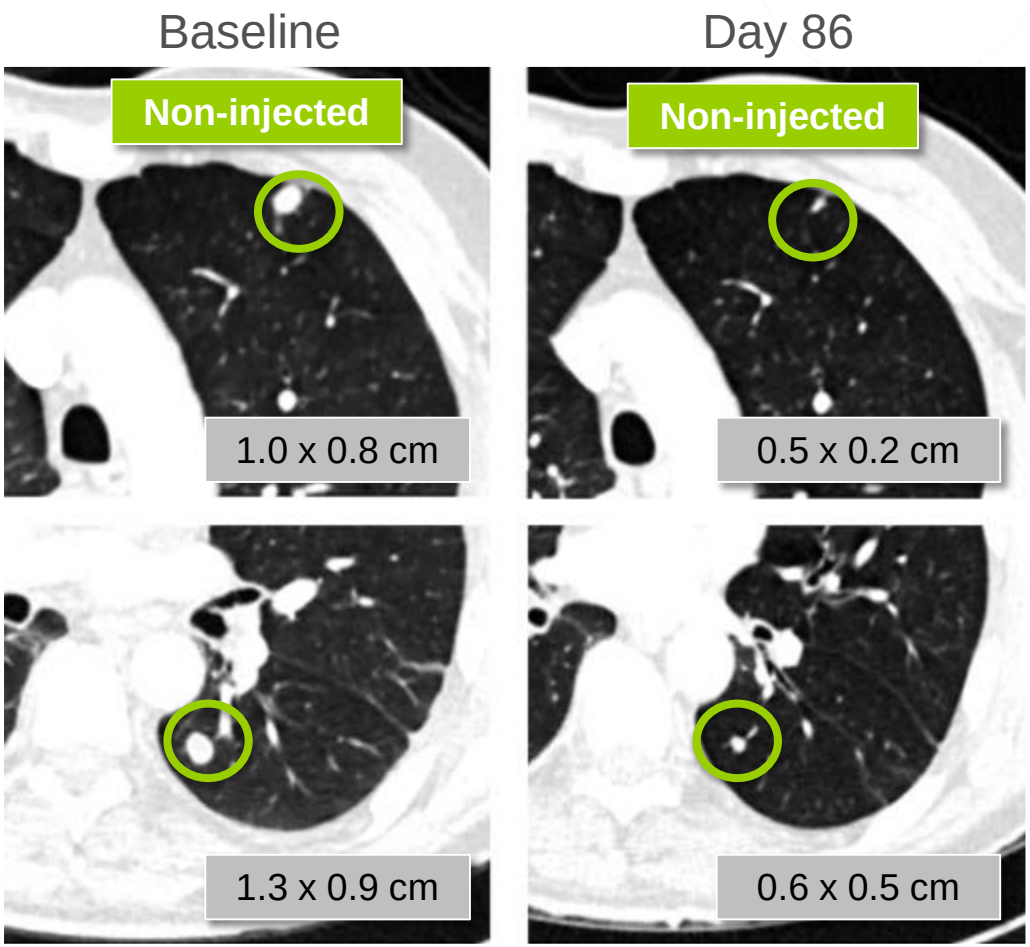
CALM Phase 2 Trial
Non-injected Distant Visceral Lesion Response



Male with metastatic melanoma to left neck and lungs. Injection in left neck.



Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

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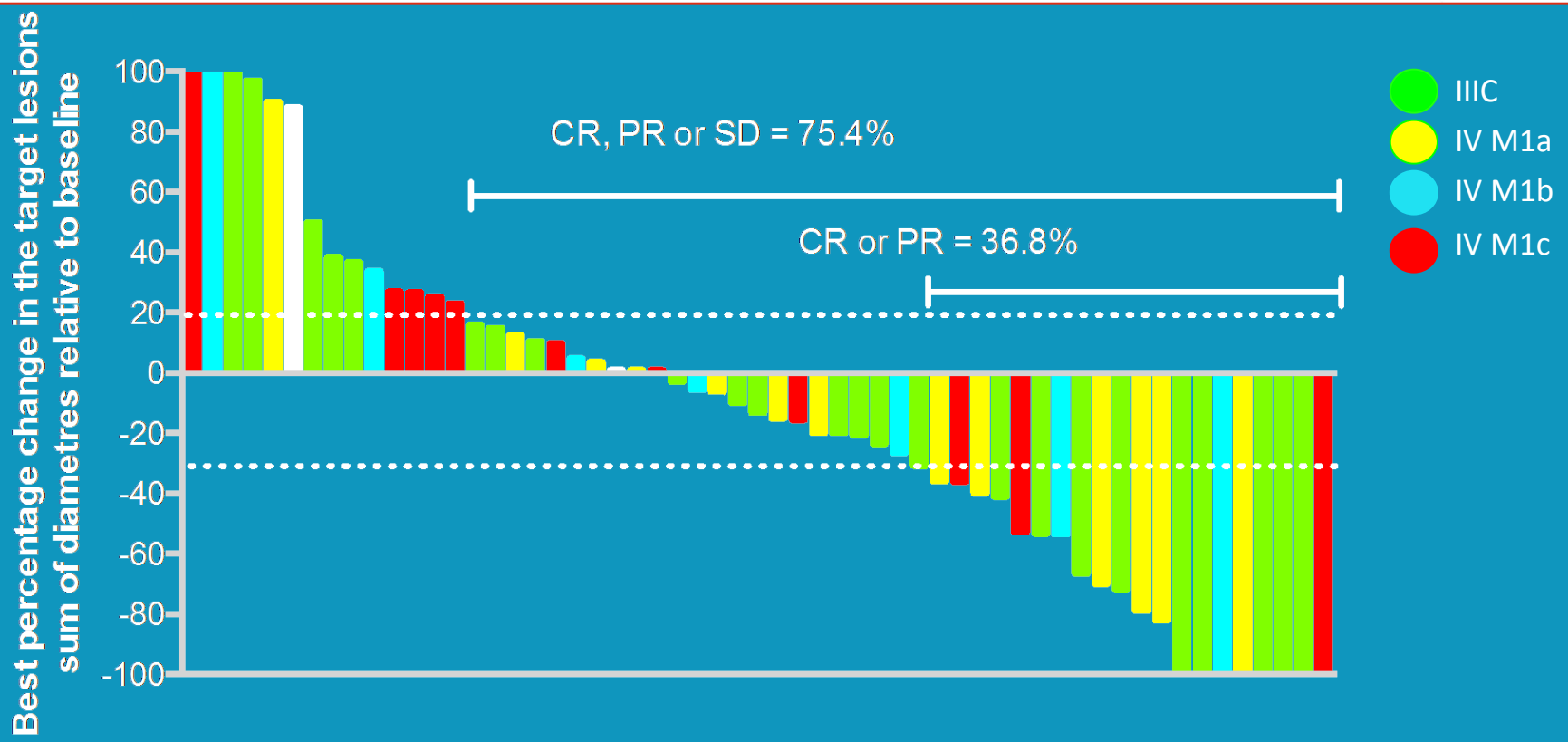
CALM Phase 2 trial:
Best Percentage changes in Target Lesions



•Analysis excludes patients satisfying protocol criteria but not on study long enough for 6 week tumor response assessment; CR=Complete response, PR= Partial response, SD= Stable disease and PD= Progressive disease

Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

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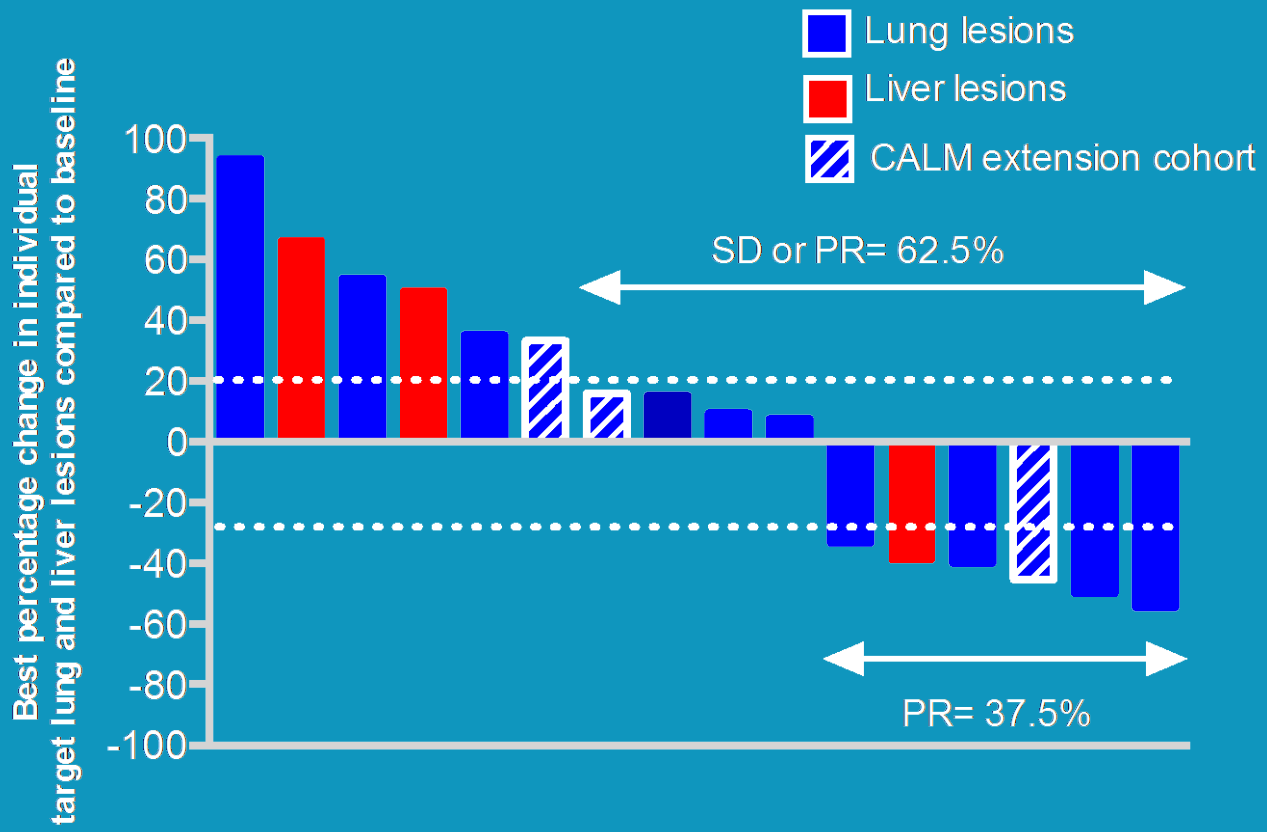
CALM Phase 2 trial:
Best Percentage change in non-injected target lung and liver lesions



Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

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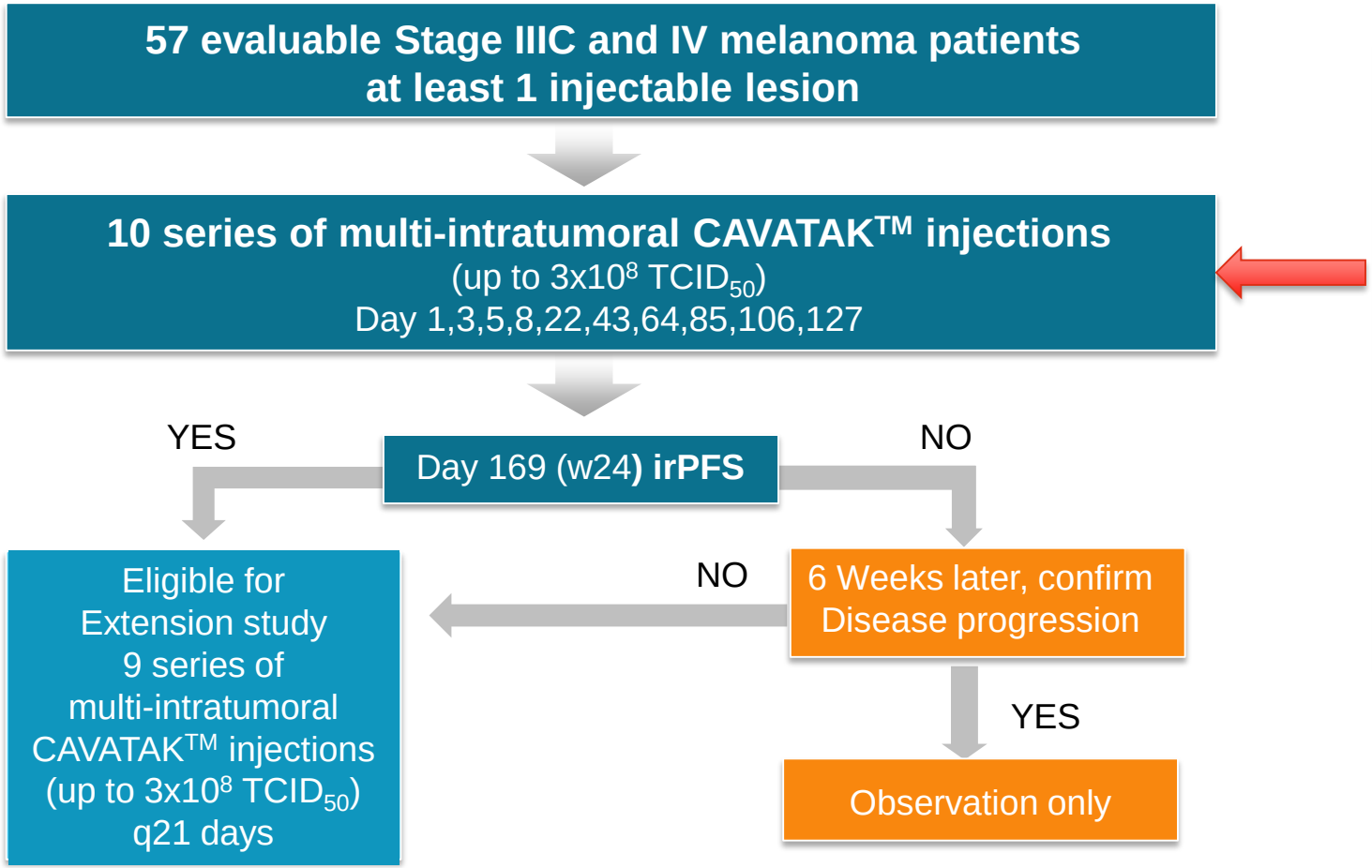
CALM Phase 2 trial:
Extension Cohort – Biopsy Study



- **Further** 13 Stage IIIC and IV melanoma patients
- At least 1 injectable lesion
- Mandatory pre/ post biopsy
- Multi-spectral analysis
- NanoString Immune panel

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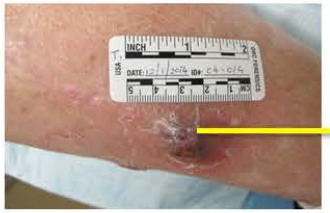
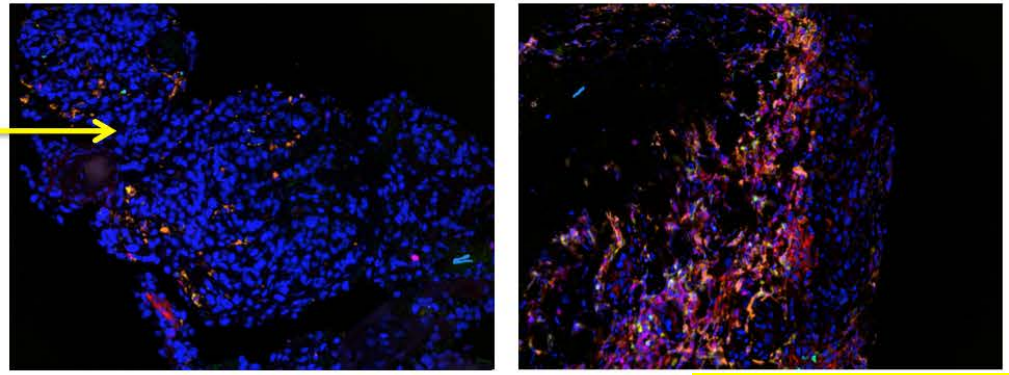
CALM Phase 2 trial:
Extension Cohort – when checkpoint inhibitors fail

Pt 04-014

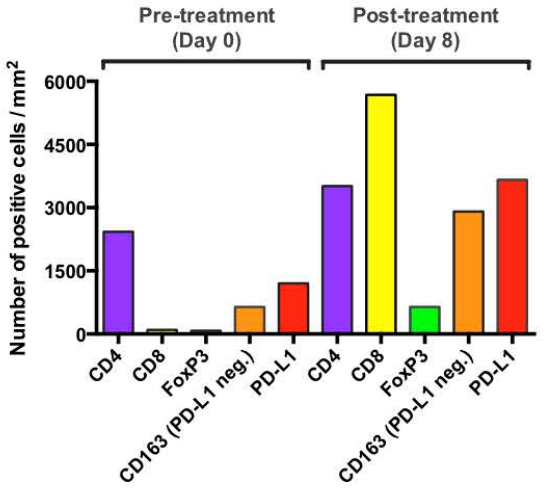
Day 0 (pre-treatment) | Day 8 (post-treatment)





- *Male: Stage IV M1c with melanoma to the leg and lungs*
- *Prior treatment with ipilimumab*
- *and pembrolizumab*

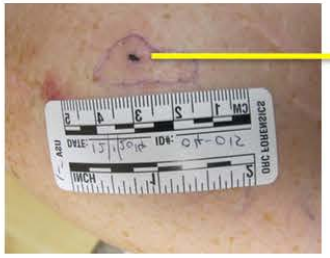
PD-L1, CD3, CD8, FoxP3, CD163, DAPI

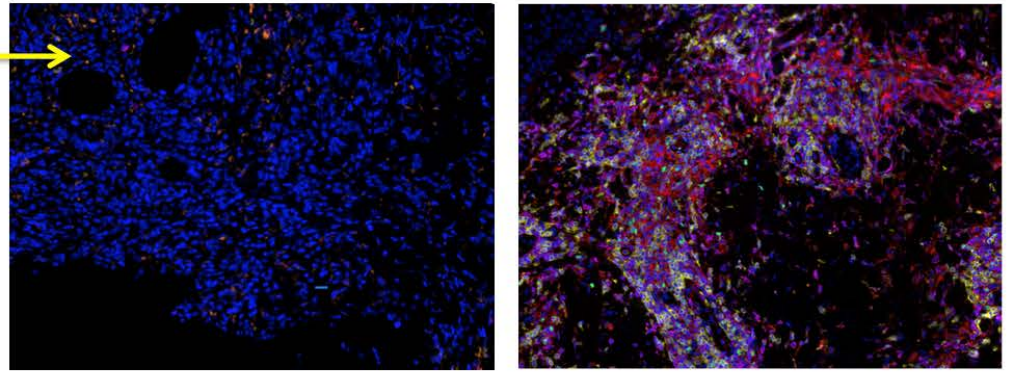


Partial Response in both patients

Pt 04-015

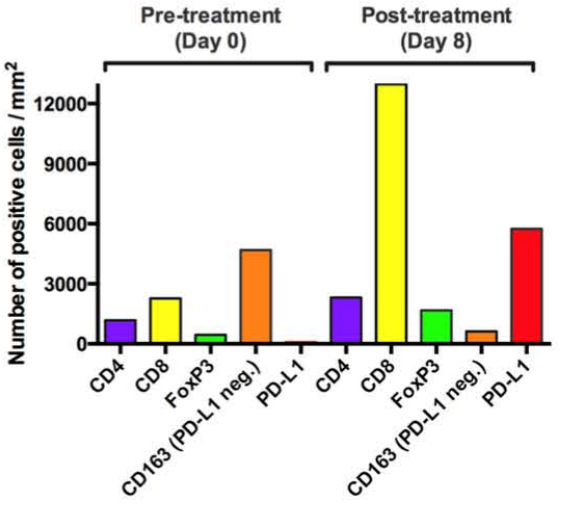
Day 0 (pre-treatment) | Day 8 (post-treatment)





- *Female: Stage IIIC with melanoma to legs*
- *Prior treatment with ipilimumab and pembrolizumab*

PD-L1, CD3, CD8, FoxP3, CD163, DAPI



Courtesy Dr R Andtbacka, Lead Study Investigator, Huntsman Cancer Institute as presented at ASCO 2015

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CAVATAK™
CALM Melanoma Study – Results and Next Steps

- Successful study with primary endpoint achieved
- Significantly exceeded secondary endpoints
  - Overall response rate of 28%
  - Durable response in 21% patients
  - Activity in non injected distant lesions including lung and liver metastases
  - CAVATAK induced changes in the tumor including increases in immune cell infiltrates and expression of PD-L1 in the extension study
  - Observation of CAVATAK induced changes suggests that combination with checkpoint inhibitors might result in enhanced anti-tumour activity

Strong data flow to drive partnering discussions

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CAVATAK™
Melanoma - Next Steps in Clinical Development

Combination with Checkpoint Inhibitors in late-stage melanoma patients

1. Intralesional CAVATAK
   - **MITCI:** CAVATAK / YERVOY™ in Phase 1b study
   - **CAPRA:** CAVATAK / KEYTRUDA® in Phase 1b study
2. Intravenous CAVATAK
   - Study in planning stage

"The observation of CAVATAK-induced immune cell infiltration within the tumour, combined with the encouraging results seen in the CALM trial, point to CAVATAK as an investigational agent with real promise in combination with checkpoint inhibitors such as anti-CTLA-4 (YERVOY™) and/or anti-PD-1 (KEYTRUDA®). ***I look forward to further studies assessing CAVATAK by both the intralesional and intravenous delivery route in the combination setting in late stage melanoma patients."***

Dr Robert Andtbacka Huntsman Cancer Institute

" ***I am eager to explore the combination of CAVATAK and KEYTRUDA® in human trials.*** *Although KEYTRUDA® and other checkpoint inhibitors represent a major advance in the treatment of melanoma, there is great interest in the potential of oncolytic viruses such as CAVATAK to improve upon these outcomes in patients with melanoma."*

Dr Howard Kaufman – Rutgers Cancer Institute

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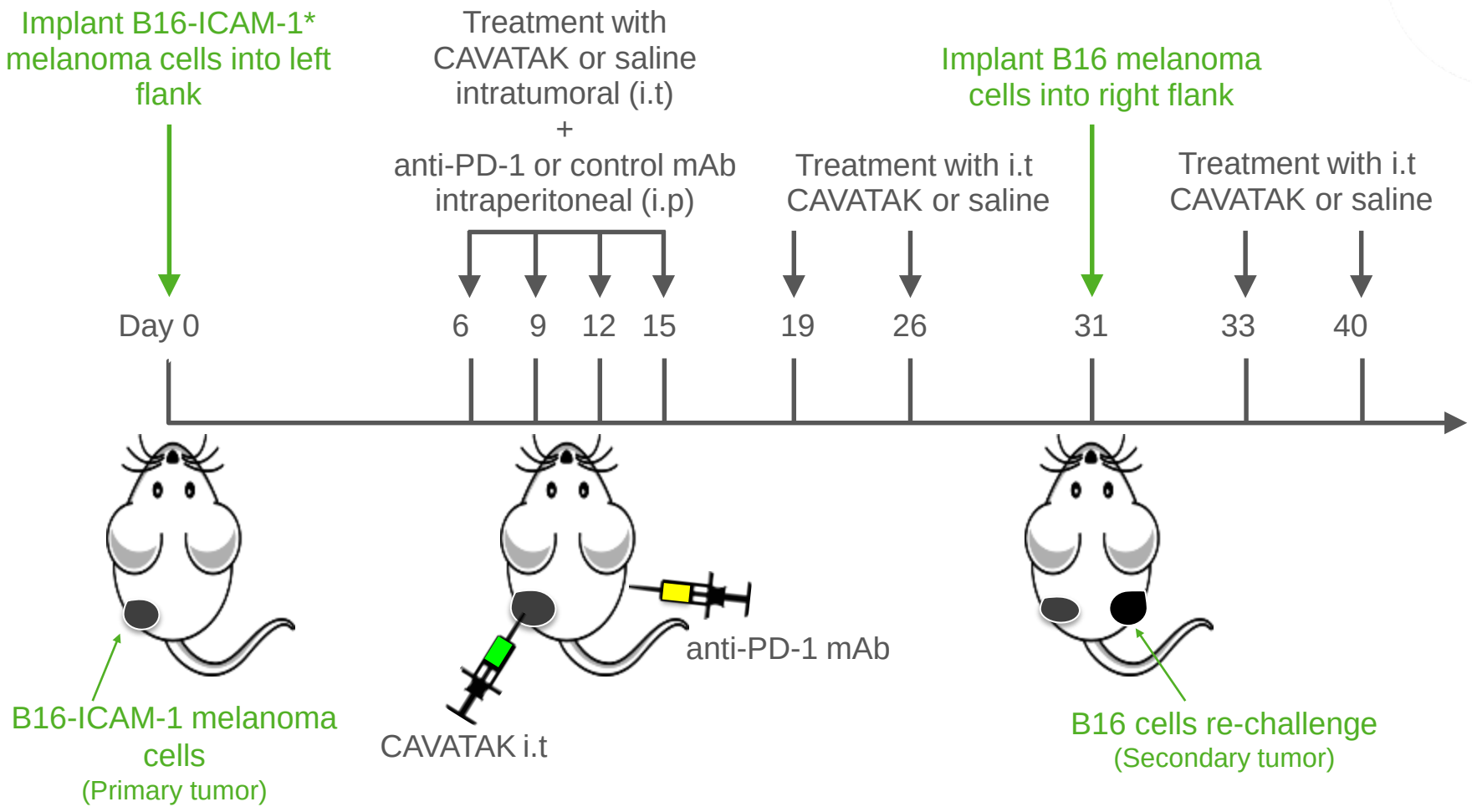
Preclinical Assessment of Combination of Intratumoural CAVATAK and Anti-PD-1 Antibody in mice



* B16-ICAM-1 cells are murine melanoma B16 cells stably transfected to express human ICAM-1 to allow CVA21 binding and cell infection

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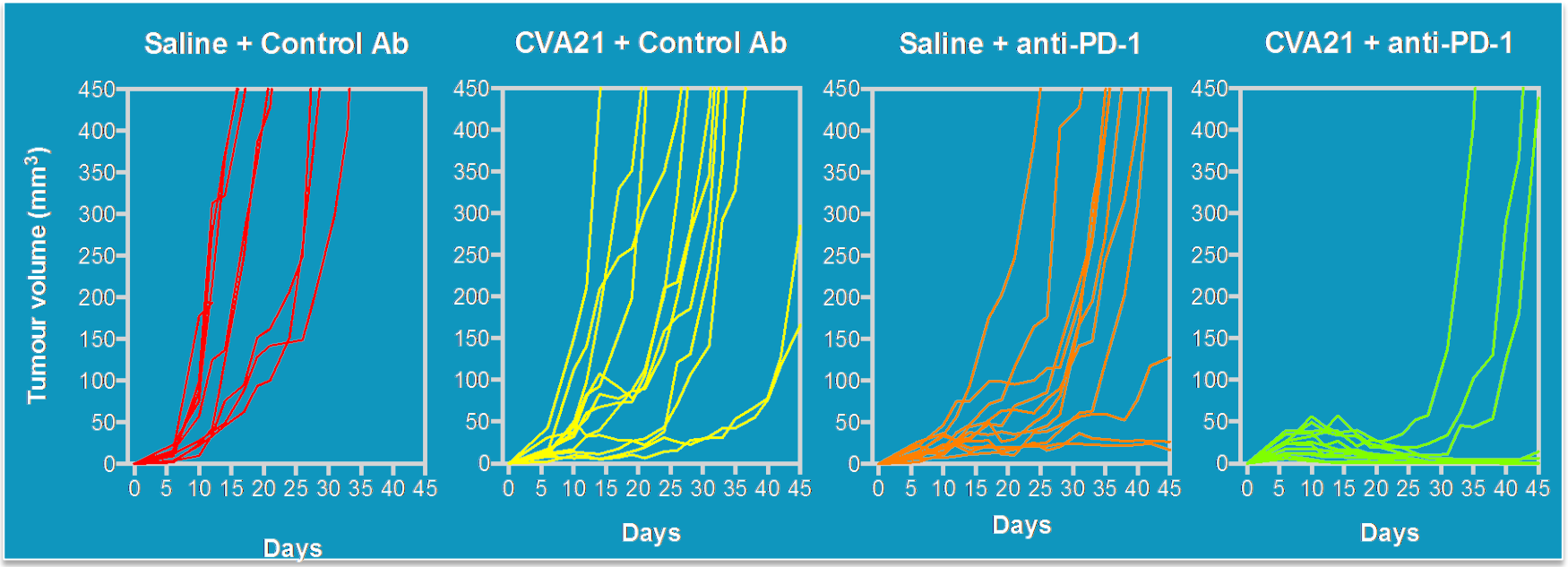
Preclinical Assessment of Combination of Intratumoural CAVATAK and Anti-PD-1 Antibody In mice

B16-ICAM-1 melanoma
(Primary treated tumor)

Spider plots of individual primary B16-ICAM-1 tumor growth



Study Day 45				
	0% Tumor-free	0% Tumor-free	0% Tumor-free	75 % Tumor-free

Shafren et al ESMO 2014

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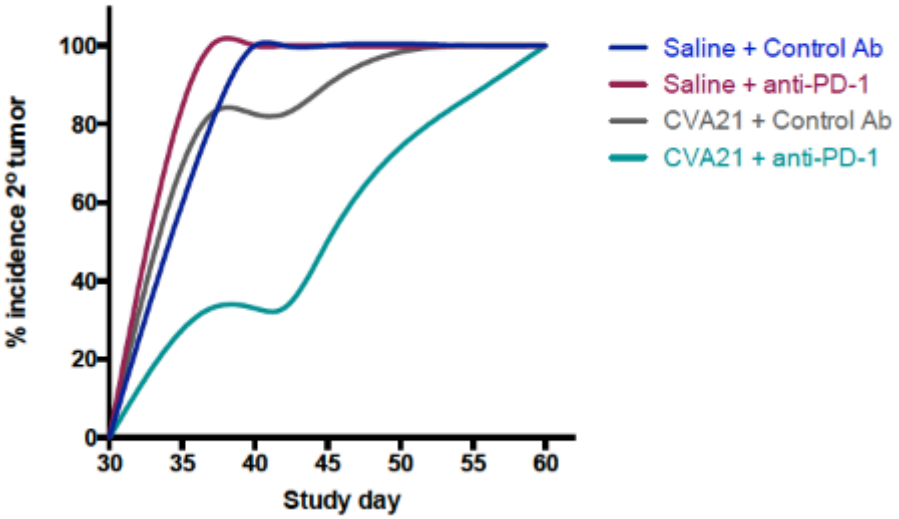
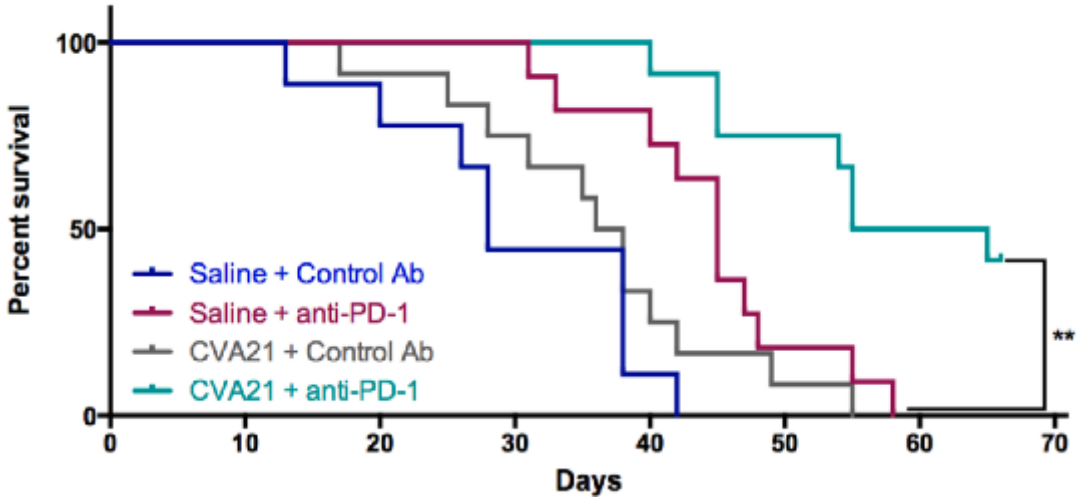
Preclinical Assessment of Combination of Intratumoural CAVATAK and Anti-PD-1 Antibody in mice

B16 cell re-challenge
(Secondary tumor
Non-treated)

Incidence of palpable secondary B16 tumor *



Survival



Similar responses seen when CAVATAK used in combination with anti-CTLA4 antibody (murine form of ipilimumab - YERVOY™) and in intravenous CAVATAK studies

* Preliminary on-going analysis

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CAVATAK Combined with Checkpoint Inhibitors

- Preclinical studies demonstrate that combination of checkpoint inhibitors and CAVATAK by intralesional or intravenous delivery is:
  - Well tolerated, with
  - Significant anti-tumour activity
- Checkpoint inhibitors active across a range of cancer types, including melanoma, lung and bladder cancer; these cancers also targets for CAVATAK
- Checkpoint inhibitors, likely backbone of immunotherapy, with forecast annual sales of $24Bn by 2023 (Citibank)
- Evaluation of a combination of CAVATAK and checkpoint inhibitors in melanoma, NSCLC and metastatic bladder cancer patients is warranted

Checkpoint inhibitors:

Anti- PD-1 mAb approved in USA (Merck KEYTRUDA® and BMS OPDIVO™) in late stage melanoma and lung cancer patients

Merck, Astra Zeneca, BMS and Roche have anti-PD-1 / PD-L1 mAb in development in a range of cancer types

Anti-CTLA4 mAb approved globally (YERVOY™ - BMS) in late stage melanoma patients

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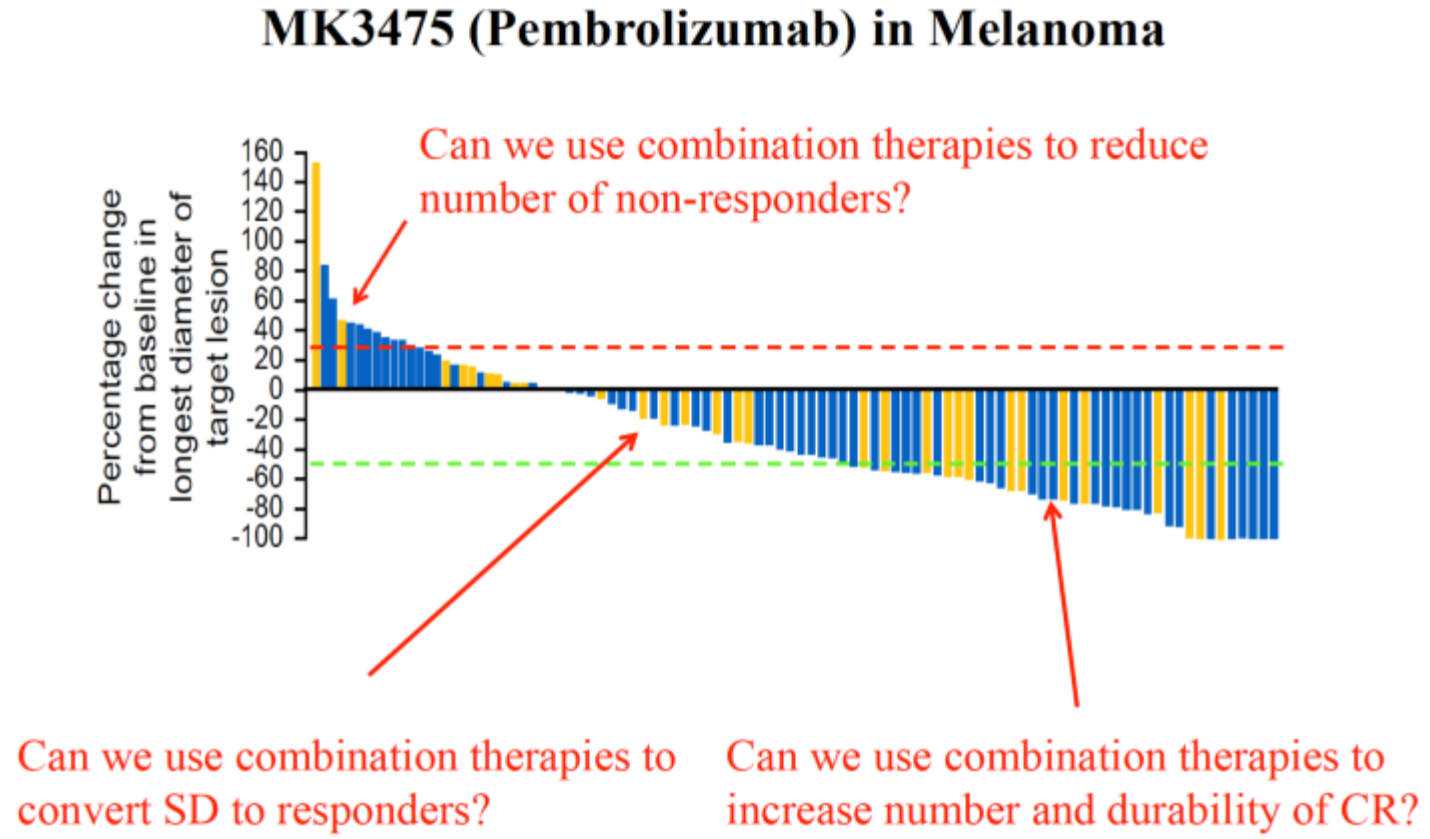
Checkpoint inhibitors
Room to Improve through Combination with New Therapies



Big Pharma focused on improving activity of these agents through combination therapy

Goal: To enhance performance with manageable toxicity

Also potential to enhance activity of targeted agents (BRAF / MEK inhibitors)

Courtesy of Professor K. Harrington – ESMO 2014

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CAVATAK™ - MITCI Phase 1b Study

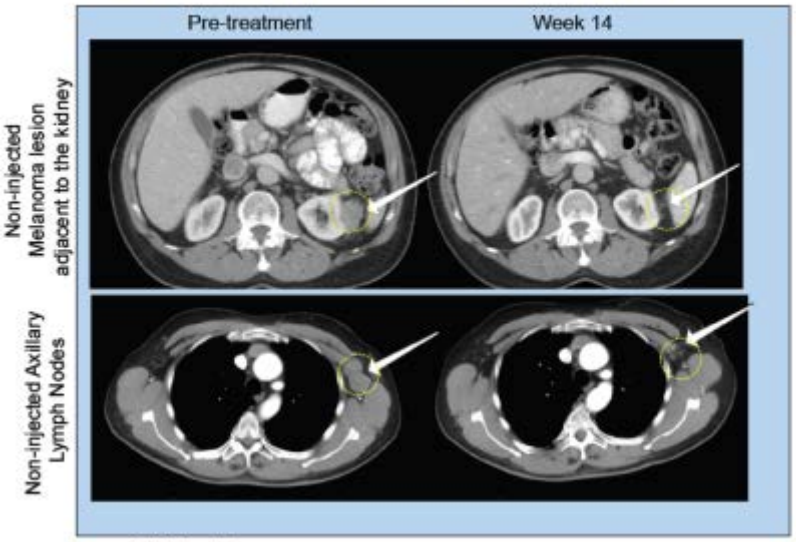
MELANOMA INTRA-TUMORAL CAVATAK AND IPILIMUMAB

- Phase 1b Company Sponsored Open Label Study at 3 US sites
- Intralesional CAVATAK and YERVOY™ (ipilimumab)
- 26 patients with late stage melanoma (stage IIIC/ IV)
- Dr Brendan Curti MD, Providence Cancer Center, Portland, Oregon, lead investigator
- Can lead into a randomized Phase 2 combination study
- Treatment with CAVATAK on days 1, 3, 5 and 8; both agents co administered on days 22, 43, 64 and 85
- Patients with clinical benefit can continue for up to one year
- No serious adverse events have been observed in patients administered with CAVATAK /YERVOY combination to date
- Case report of first patient showing early signs of anti-tumour activity in metastatic lesions at 14 weeks post-treatment initiation

Primary Objective:
Evaluate the safety and tolerability of multiple intratumoral injections of CAVATAK when given in conjunction with ipilimumab as assessed by incidence of dose-limiting toxicities

Secondary Objective:
Investigate the objective response rate to CAVATAK and ipilimumab in patients with advanced melanoma

*Partial tumour response Stage IV M1c (Pt 13-12003)**



*, irWHO criteria

CAVATAK™ - CAPRA Phase 1b Study

CAVATAK AND **P**EMB**R**OLIZUMAB in **A**DVANCED MELANOMA

- Phase 1b Company Sponsored Open Label Study
- Intralesional CAVATAK and KEYTRUDA® (pembrolizumab)
- 30 patients with late stage melanoma (stage IIIC/ IV)
- Dr Howard Kaufman MD FACS, Rutgers Cancer Institute of New Jersey, New Brunswick lead investigator
- Can lead into a randomized Phase 2 combination study
- Treatment with CAVATAK on days 1, 3, 5 and 8; and then at 3-weekly intervals (up to a maximum of 19 total injections), with KEYTRUDA starting on day 8 and continuing every 3 weeks for up to 2 years

Primary Objective:
Assess the safety and tolerability of intravenous pembrolizumab with intratumoral CAVATAK™ by incidence of dose-limiting toxicities

Secondary Objective:
To assess the clinical efficacy in terms of immune-related progression-free survival at 12 months and other measures of response and survival

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Deep Clinical Development Experience

Dr Darren Shafren
Chief Scientific Officer, inventor of CAVATAK™

25 years' experience in oncolytic virotherapy and cancer cell interactions

Dr Leonard Post
Director

Biomarin CSO
formerly Onyx, Biovex

Extensive experience including Nexavar™ from IND through FDA approval for kidney cancer

Dr Robert Andtbacka
CALM Phase 2 Principal Investigator

Huntsman Cancer Institute, University of Utah

Dr Keith Flaherty
Scientific Advisory Board

Massachusetts General Hospital Cancer Center

Professor Howard Kaufman
CALM Phase 2 Investigator
CAPRA Phase 1b Principal Investigator
Rutgers Cancer Institute
Rutgers, The State University of New Jersey

President Society for Immunotherapy of Cancer

Professor Hardev Pandha
STORM and CANON trial Principal Investigator

University of Surrey

Dr Brendan Curti
CALM Phase 2 Investigator
MITCI Phase 1b Principal Investigator

Providence Cancer Center
Portland, USA

Professor Kevin Harrington
STORM trial Investigator

The Royal Marsden, London

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Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

STORM Phase 1 Study

Multidose IV CAVATAK™ — STORM Phase 1 Study

(SYSTEMIC TREATMENT OF RESISTANT MALIGNANCIES)

VLA-009A (Monotherapy)

18 subjects with advanced melanoma, prostate, NSCLC or bladder cancer with <1:16 anti-CAVATAK serum antibodies

IV infusions of CAVATAK in 100 mL saline over 30 min on Day 1,3,5,21,43,64,85,106,127,158

Cohort 1
Any cancer
1 x10^8 $TCID_{50}$
n=3

↓

Cohort 2
Any cancer
3 x 10^8 $TCID_{50}$
n=3

↓

Cohort 3
1 x 10^9 $TCID_{50}$
Mandatory lesion biopsy (Day 8)
Melanoma ,NSCLC, Bladder
And Prostate cancer n=3 each

VLA-009B (Combination with KEYTRUDA)

Cohort 1
NSCLC or Bladder cancer
CAVATAK (1 x10^8 $TCID_{50}$)
+ Keytruda
n=3

↓

Cohort 2
NSCLC or Bladder cancer
CAVATAK (3 x10^8 $TCID_{50}$)
+ Keytruda
n=3

↓

Cohort 3: Expansion
NSCLC or Bladder cancer
CAVATAK (1 x$10^9$$TCID_{50}$)
+ Keytruda
~n=80

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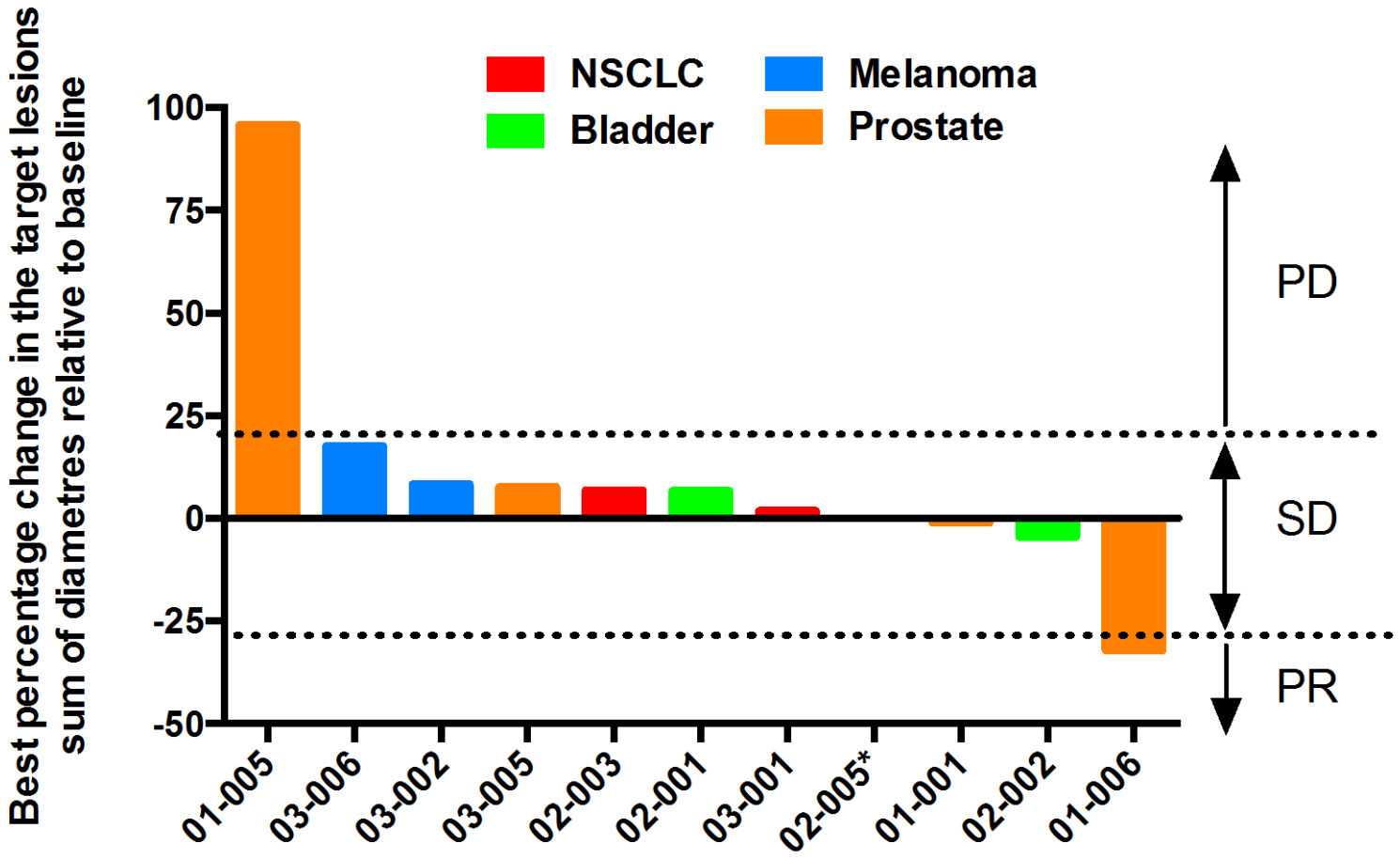
STORM Phase 1 Study Part A
Best percentage change in target lesions



*, No lesion assessment available

Viralytics

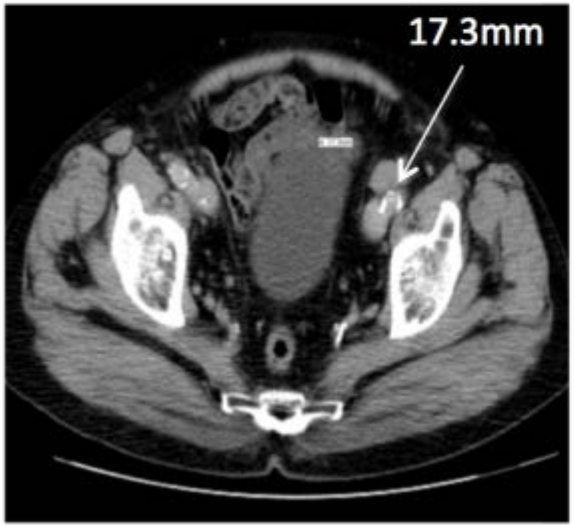
STORM Phase 1 Study Part A
Target lesion response: Cohort 3

Pt 01-006: Cohort 3
Male with castrate resistant prostate cancer

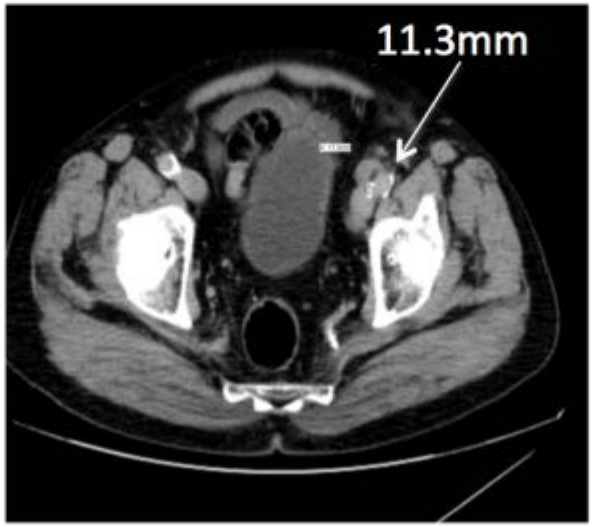
External ILIAC Lymph Node

35% reduction

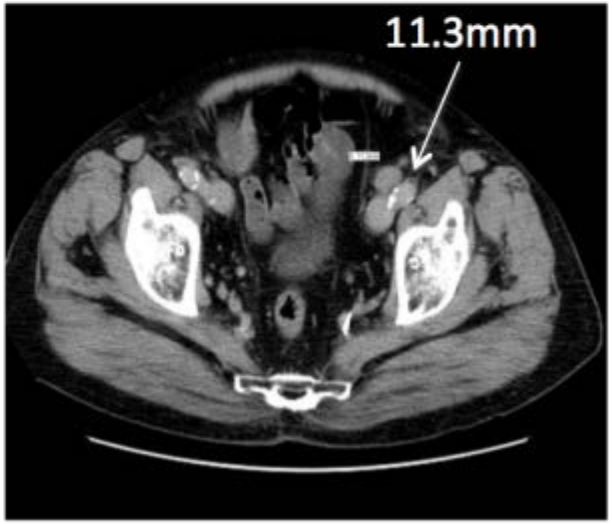
Day 0



Day 42



Day 163



Preliminary data, investigator assessed

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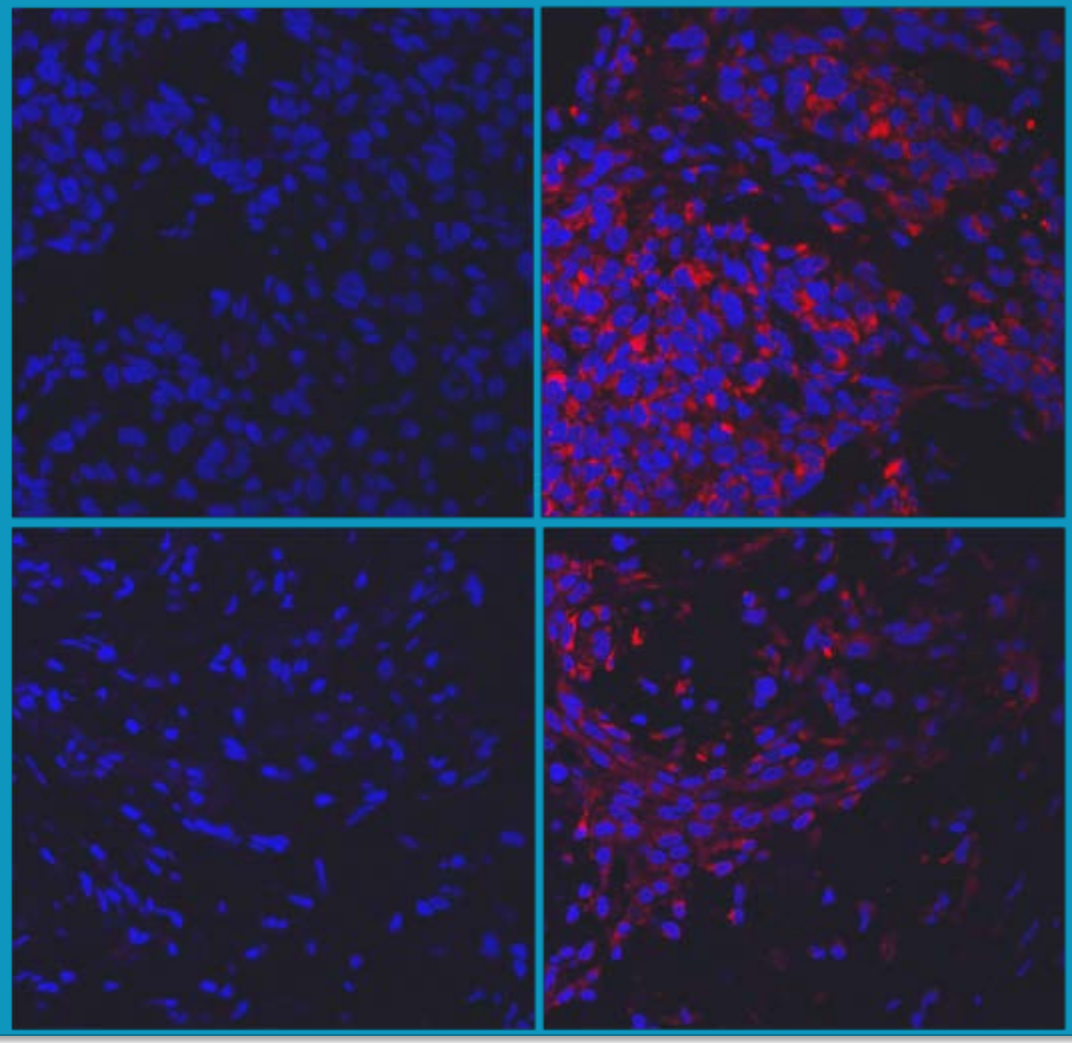
STORM Phase 1 Study Part A

CAVATAK tumor targeting: Biopsy viral protein staining (day 8): Cohort 3



CAVATAK targeting of melanoma cells

Nucleus

Cytoplasmic CAVATAK viral proteins

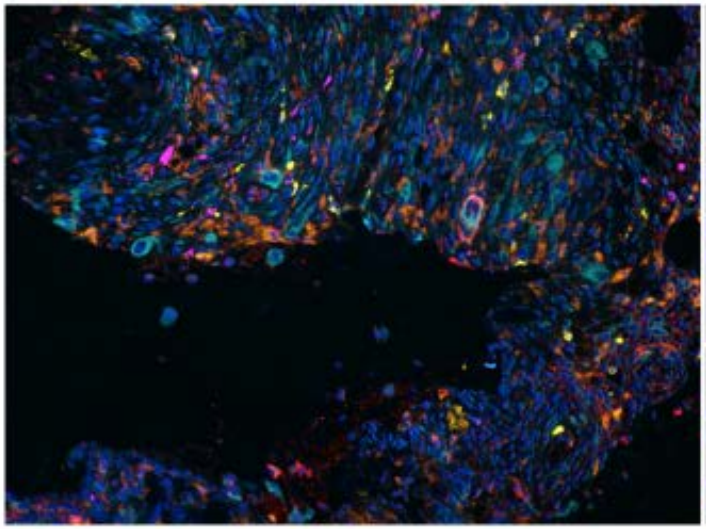
STORM Phase 1 Study Part A

Immune cell infiltrates in biopsies at 8 days post-treatment

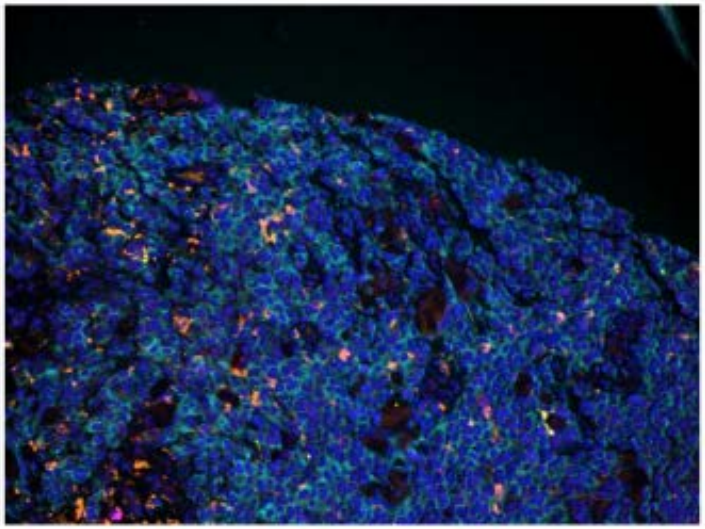
Cohort 3: Melanoma

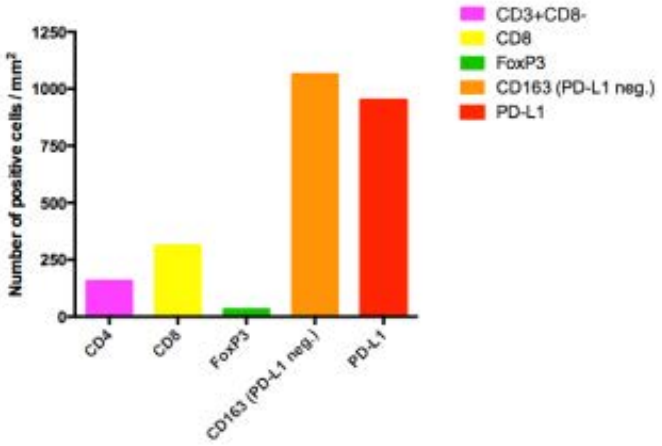
FoxP3
CD163
DAPI
PD-L1
CD3
CD8

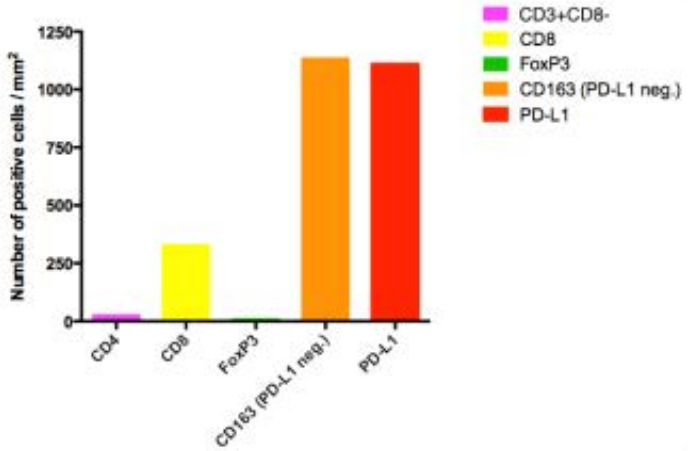
Pt 03-006



Pt 02-005







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STORM Phase 1 Study Part A Preliminary Results

- Part A – planned 18 patients
  - Advanced melanoma, prostate, lung and metastatic bladder cancers
- Well tolerated in first 12 patients (into 3rd cohort)
- Encouraging preliminary results with anticancer activity in some individual lesions
- Signs of possible secondary tumour specific viral replication in some patients
- Evidence of tumor targeting with the first 2 melanoma patients in Cohort 3 displaying CAVATAK replication in tumor biopsies
- A number of patients have displayed disease stabilization, with 1 of 5 patients in Cohort 3 displaying a confirmed partial response

Cancer Type	Rank *	Estimated New Cases in the US in 2014 *
Prostate	1st	220,800
Lung	3rd	221,200
Melanoma	5th	73,870
Bladder	6th	74,000

* USA National Cancer Institute, 2015

Potential to significantly broaden applications and expand partnering discussions

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Merck KEYTRUDA® / CAVATAK Combination
STORM Phase 1 Study Part B

Merck Collaboration

- Combination intravenous CAVATAK / KEYTRUDA in late-stage patients (~ 80 patients)
- Targeting two key indications for checkpoint inhibitors
  - Non Small Cell Lung Cancer
  - Metastatic Bladder Cancer
- Phase 1b study to be initiated in 2016
- May extend into a Phase 3 study

"We believe that there may be potential benefit in combining CAVATAK with our anti-PD-1 therapy, KEYTRUDA – which have different, yet complementary approaches to engaging the immune system to fight cancer –and look forward to seeing results from this study."

Dr. Eric Rubin, vice president and therapeutic area head, oncology early-stage development, MSD Research Laboratories

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Developers of Oncolytic Immunotherapies

CLINICAL TRIAL PROGRESS

CANON Phase 1 Study

CAVATAK™ — CANON Phase 1 Study

(**CA**VATAK in **NON**-MUSCLE INVASIVE BLADDER CANCER)

- Common cancer with high unmet need; no advances in last decade
- Non-toxic effective agents needed
- CAVATAK active in preclinical studies
- Intravesicular CAVATAK in neo-adjuvant, frontline setting NMIBC
- 30-40 patients in 2 stages at Royal Surrey Hospital, UK
- Study to assess safety and tolerability of CAVATAK administered alone and in combination with the standard chemotherapy, mitomycin C
- Study will examine the pharmacodynamics of CAVATAK as well as document any evidence of anti-tumour activity

Cancer Type	Rank *	Estimated New Cases in the US in 2014 *
Prostate	1st	220,800
Lung	3rd	221,200
Melanoma	5th	73,870
Bladder	6th	74,000

* USA National Cancer Institute, 2015

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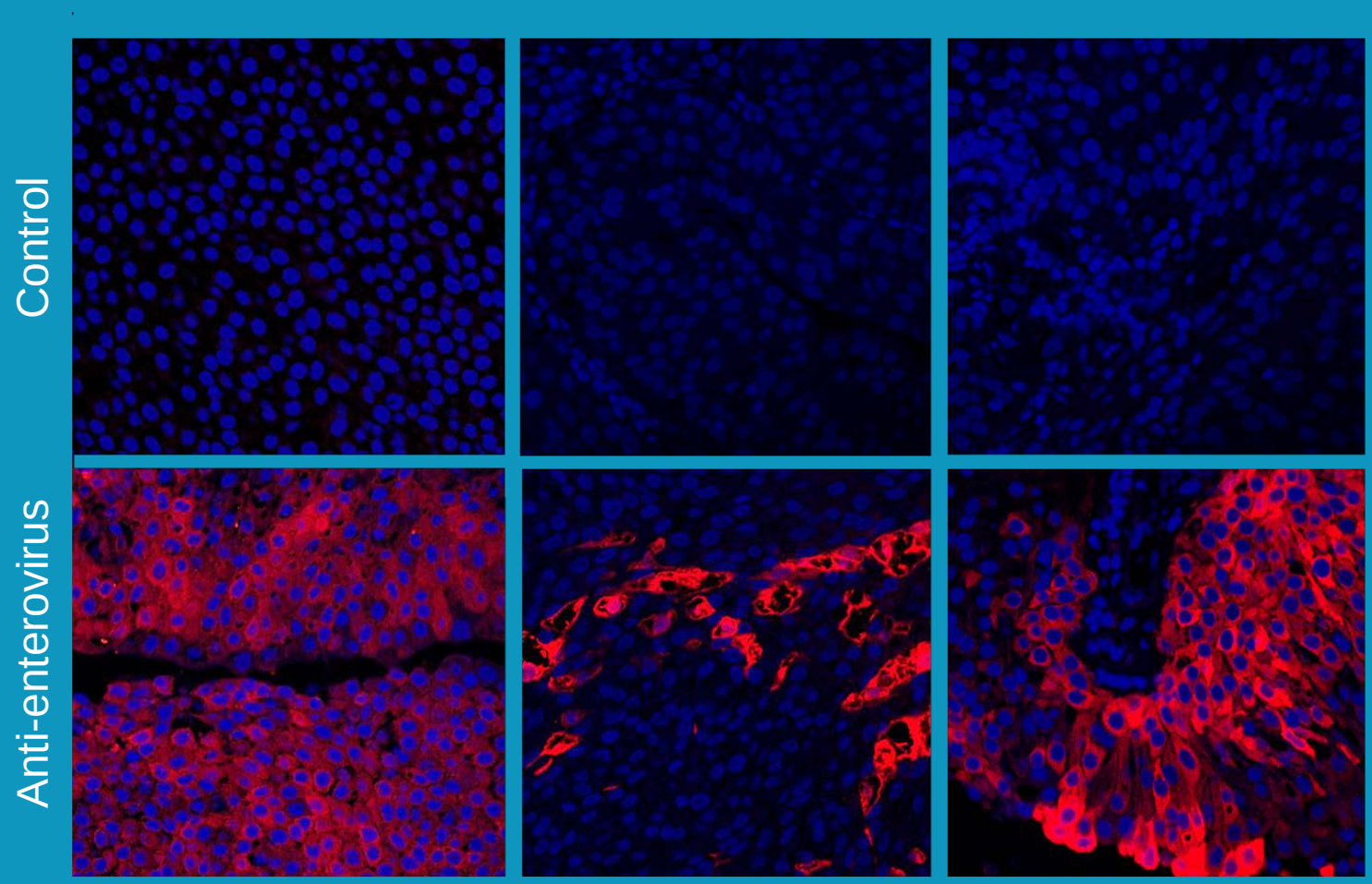
VLA-012 (CANON study) Phase I trial: Intralesional CAVATAK viral protein in Transuretheral resection tissue; Cohort 1: 1 x 10^8 $TCID_{50}$



CAVATAK targeting of bladder cancer cells

Nucleus

Cytoplasmic CAVATAK viral proteins

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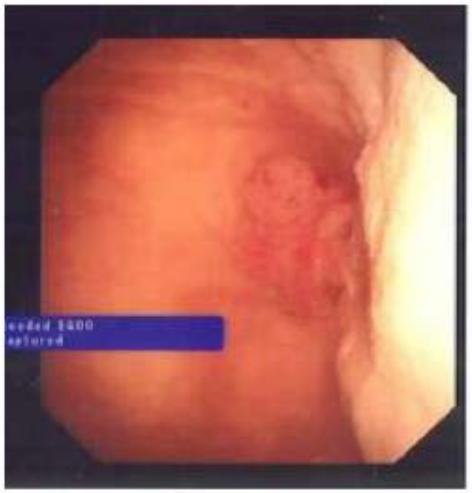
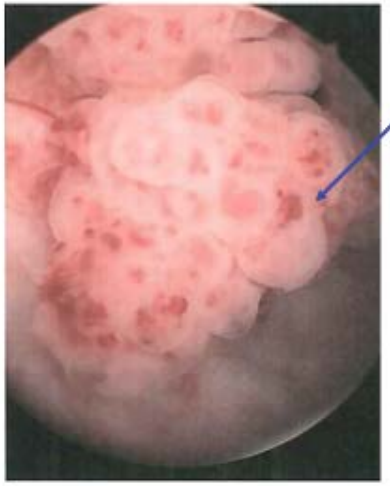
VLA-012 (CANON study): Tumour response pre- and post CAVATAK

Pre-treatment

Post-treatment Day 8

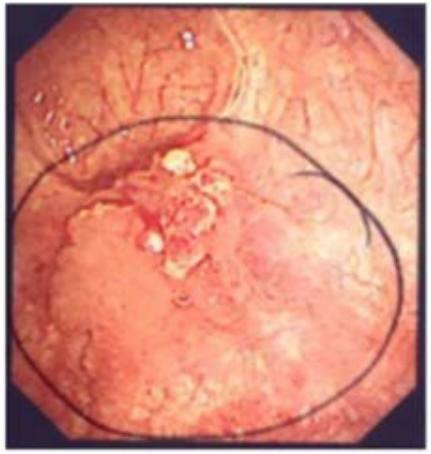
Cohort 1:
Pt 01-B001

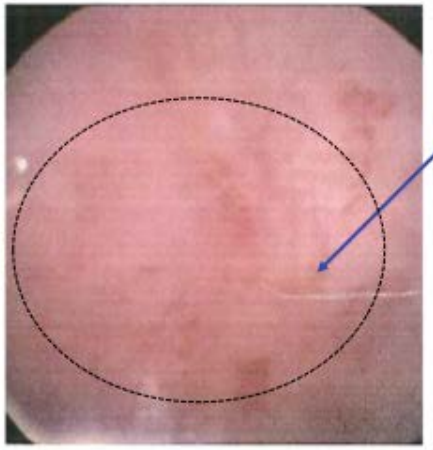




Surface hemorrhage and inflammation of the tumor

Cohort 3:
Pt 01-B008





Complete clinical response (confirmed by histopathology)

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CAVATAK™ — CANON Phase 1 Study Preliminary Results and Next Steps

- CANON Phase I trial: Assessing intravesicular administration of CAVATAK
- Initial results from the monotherapy part of the study
- To date intravesicular administration of CVA21 has been generally well tolerated with no Grade 2,3 or 4 CAVATAK-related AE's
- Observed tumor targeting with viral replication
- Complete Response in one of first 3 patients in highest dose
- Potential to generate both a strong local and systemic antitumor immune response
- Commercial opportunity in neoadjuvant setting prior to transurethral resection of tumour or in combination with checkpoint inhibitors

Potential to broaden partnering discussions

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Developers of Oncolytic Immunotherapies

SUMMARY

CAVATAK Clinical Trial Program

CAVATAK™

Intratumoural

Intravenous

Intravesicular

Phase 2: CALM study
Advanced melanoma
N=57

Phase 2: CALM extension cohort
Advanced melanoma
N=13

Phase 1: STORM study (Part A)
Advanced melanoma, NSCLC, Bladder and Prostate cancer
N=18

Phase 1: CANON study
Non-muscle invasive bladder cancer
N=30 – 40

Combination Studies

- **Lung Cancer and Bladder Cancer**
  - **STORM Part B: Merck collaboration – CAVATAK / KEYTRUDA® Phase 1b study (N=80)**
- **Melanoma:**
  - **MITCI – CAVATAK / YERVOY™ Phase 1b (N=26)**
  - **CAPRA – CAVATAK / KEYTRUDA® Phase 1b study (N=30)**
  - **Intravenous CAVATAK / PD-1 in planning stage**

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2015 – A Year of Achievements

Fully enrolled extension cohort in CALM study	**Achieved**
Initiate CANON Phase 1 bladder cancer study	**Achieved**
Initiate MITCI (YERVOY™ combination) Phase 1b study in melanoma patients	**Achieved**
Final results CALM Phase 2 melanoma study	**Achieved**
Initiate CAPRA (KEYTRUDA® combination) Phase 1b study in melanoma patients	**Achieved**
Announce Merck collaboration studies	**Achieved**
Interim results first stage of STORM Phase 1 study	**Achieved**
Interim results CANON Phase 1 Bladder cancer study	**Achieved**

Compelling Near-Term Value Builders

- Lead product CAVATAK™ - potential in a range of cancer types
- Collaborating with leading oncologists in US and Europe
- Investment by leading global specialist funds
- Impressive activity in CALM Study
- Promising results in preclinical studies with blockbuster new agents
- MITCI Phase 1b YERVOY™ combination trial – update Q2 2016
- CAPRA Phase 1b KEYTRUDA® combination trial - update Q2 2016
- CANON Phase 1 bladder cancer trial – update Q2 2016
- Encouraging initial results in STORM trial in patients with solid cancers
- Collaborative clinical development agreement with Merck
- Assessment of CAVATAK with KEYTRUDA® in lung and bladder cancer patients - recruitment to begin in 2016
- Data from multiple clinical trials to drive partnering discussions and shareholder value
- Recent high value transactions in cancer immunotherapy

Strong pharma company interest in combination strategies

Viralytics corporate strategy to build value through to licensing or partnering transaction

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Developers of Oncolytic Immunotherapies

Thank You

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