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DR PETER FRENCH PROVIDES UPDATE ON TT-034 PHASE I/IIa TRIAL FOR HEP C

Sydney Australia, 12 May 2014: Benitec Biopharma Limited (ASX:BLT) is pleased to invite investors to listen to an audio interview with Managing Director and CEO, Dr Peter French. The interview covers progress made to recruit patients for Benitec's 'first in man' trial for the use of ddRNAi therapeutic, TT-034 for the treatment of Hepatitis C with a single injection.

In this audio cast, Dr French discusses:

- An update on the current status of patient screening at Duke Medical in the US;
- The rationale behind the selection of the first patients for dosing;
- Bringing the second trial site – the University of California San Diego, on line for patient screening, and
- An expansion of resources to advance the other Benitec pipeline programs

A transcript of the interview is attached.

To listen to the audio, please copy the following link into your browser:
http://www.brr.com.au/event/123347

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About Benitec Biopharma Limited:

Benitec Biopharma Limited is an ASX-listed biotechnology company (ASX Code: BLT) based in Sydney, Australia. The company has a pipeline of in-house and partnered therapeutic programs based on its patented gene-silencing technology, ddRNAi. Benitec is developing treatments for chronic and life-threatening human conditions such as Hepatitis C, Hepatitis B, wet age-related macular degeneration, cancer-associated pain, drug resistant lung cancer and oculopharyngeal muscular dystrophy based on this technology. In addition, Benitec has licensed ddRNAi technology to other biopharmaceutical companies who are progressing their programs towards the clinic for applications including HIV/AIDS, retinitis pigmentosa and Huntington's disease. For more information on Benitec refer to the Company's website at www.benitec.com.

"Benitec CEO discusses the Hepatitis C clinical trial"

Transcript of Boardroom Radio Interview with Dr Peter French

Boardroom Radio (BRR): Could we start by having you provide listeners with an update on the current status of recruitment for the trial?

Peter French (PF): By way of background, following the go ahead from the FDA on our IND application earlier in the year, we have been in the process of screening a number of subjects for the trial, through our primary trial site at Duke Medical in the US

As this is the first time this type of therapeutic has been used in humans and it is in fact a non-withdrawable therapy, we have an extremely rigorous screening process that includes many different types of inclusion criteria. Each patient takes a number of weeks to complete screening procedures to ensure that they meet the initial criteria and subsequently demonstrate stable viral levels, liver function and return acceptable results on other tests.

To date Duke has screened several HCV patients, however, the inclusion criteria are rigid and comprehensive, and as a result most of the patients have been ruled out as they did not met the inclusion criteria for various reasons.

The good news is that currently Duke have identified subjects who, so far, have satisfied the criteria, but, they now have to monitor the patients' blood markers before their final suitability for dosing can be confirmed

We will know at the end of that monitoring exercise if Duke has identified the right first candidate for TT-034 dosing, after which first dosing can occur. Of course we are continuing to screen other patients concurrently

We are also actively working with our second trial site at the University of California, San Diego, to bring it online to identify further subjects that meet these criteria.

BRR: I think you had originally believed dosing would occur earlier. Is there any concern that dosing will not occur?

PF: No – there is absolutely no such concern. Whilst clearly we are eager for the first patient to be dosed, the clinical team at Duke is comfortable with the way that this process is progressing.

Let me reiterate that this is the first time this type of therapeutic has ever been used systemically in humans, and we and the clinicians are gaining valuable information for future trials using ddRNAi for hepatitis C and B, and other diseases

It is absolutely, unequivocally important that we get the right patient population to commence this trial with.

If we started dosing a patient that does not satisfy all of the strict inclusion criteria, we are setting ourselves up for failure, which in this case could mean producing clinical data that fails to meet our primary outcome of safety – and I would rather start dosing a few weeks later with the right patient, than start sooner with the wrong patient

Remember, that if this trial goes to plan, we are talking about changing the way that Hepatitis C can be treated and even cured. It's important we take the time to get it right.

BRR: Finally, Peter – what can we expect from here?

PF: We'll be monitoring the activity at Duke, and at our second site, UCSD, as they screen patients for TT-034 trial eligibility, and we will of course keep the market updated as we make material progress around dosing and trial sites.

Furthermore, of course we are advancing our other programs in hepatitis B, lung cancer and age related macular degeneration in particular. In the next few weeks, we will be bringing on more resources both in Australia and the US to progress our programs more quickly, and we will also keep the market updated as we hit key milestones in those programs.

BRR: That sounds very positive for Benitec. Peter French, thanks for joining me on BRR today.