



Evidence Generating Care
www.emeraldclinics.com.au

Company Update – August 2020
Michael Winlo – MD & CEO

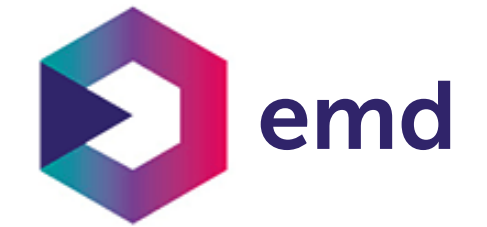
Disclaimer and notices

This presentation has been prepared by Emerald Clinics Limited ACN 625 085 734 (Company or Emerald). This presentation is not a financial product or investment advice or recommendation, offer or invitation by any person or to any person to sell or purchase securities in Emerald in any jurisdiction. This presentation contains general information only and does not consider the investment objectives, financial situation and needs of individual investors. Investors should make their own independent assessment of the information in this presentation and obtain their own independent advice from a qualified financial adviser having regard to their personal objectives, financial situation and needs before taking any action. No representation or warranty, express or implied, is made as to the accuracy, completeness, reliability or adequacy of any statements, estimates, opinions or other information, or the reasonableness of any assumption or other statement, contained in this presentation. Nor is any representation or warranty (express or implied) given as to the accuracy, completeness, likelihood of achievement or reasonableness of any forecasts, prospective statements or returns contained in this presentation. Such forecasts, prospective statements or returns are by their nature subject to significant uncertainties and contingencies, many of which are outside the control of Emerald. To the maximum extent permitted by law, Emerald and its related bodies corporate, directors, officers, employees, advisers and agents disclaim all liability and responsibility (including without limitation any liability arising from fault or negligence) for any direct or indirect loss or damage which may arise or be suffered through use or reliance on anything contained in, or omitted from, this presentation. An investment in Emerald securities should be considered speculative and is subject to investment and other known and unknown risks, some of which are beyond the control of Emerald. Emerald does not guarantee any rate of return or the absolute or relative investment performance of Emerald securities. The distribution of this presentation including in jurisdictions outside Australia, may be restricted by law. Any person who receives this presentation must seek advice on and observe any such restrictions.

This release may contain certain forward-looking statements with respect to matters including but not limited to the financial condition, results of operations and business of Emerald and certain of the plans and objectives of Emerald with respect to these items. These forward-looking statements are not historical facts but rather are based on Emerald's current expectations, estimates and projections about the industry in which Emerald operates, and its beliefs and assumptions. Words such as "anticipates," "expects," "intends," "plans," "believes," "seeks," "estimates", "guidance" and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services. These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties and other factors, some of which are beyond the control of Emerald, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward looking statements. Emerald cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of Emerald only as of the date of this release. The forward-looking statements made in this announcement relate only to events as of the date on which the statements are made. Emerald will not undertake any obligation to release publicly any revisions or updates to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this announcement except as required by law or by any appropriate regulatory authority.

Presentation release authorised by Michael Winlo, CEO and Managing Director

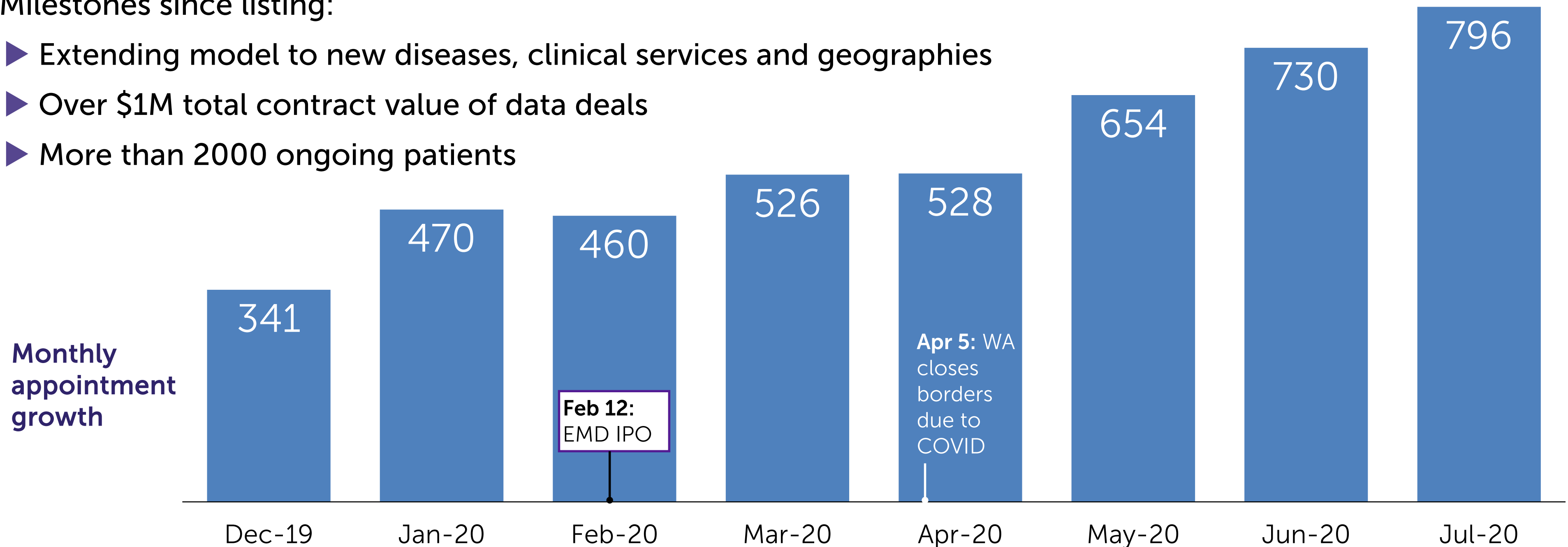
Funding history & milestones in first 6 months



- ▶ Listed on the ASX, 12 February 2020 (ticker: EMD)
- ▶ IPO funding \$6m | Last reported cash position (Q2, 2020): \$3.7M | Market cap: ~\$14.4M (18 Aug 2020)

▶ Milestones since listing:

- ▶ Extending model to new diseases, clinical services and geographies
- ▶ Over \$1M total contract value of data deals
- ▶ More than 2000 ongoing patients



Company focused on Real World Evidence



Emerald develops **services** and **technologies**.

To **improve health** and **generate evidence**.

Where it matters most.

In the real world.

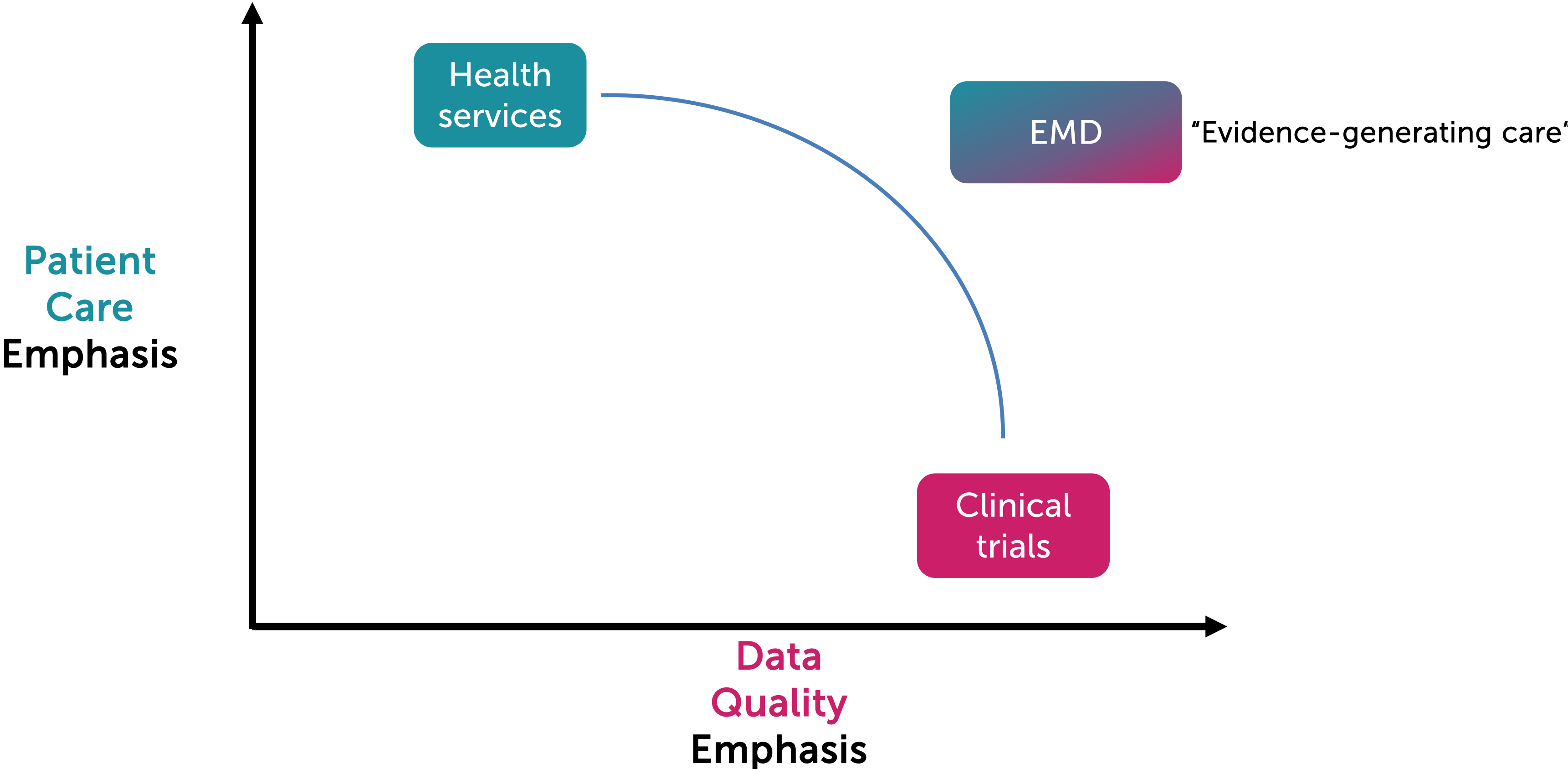


April 21, 2020

The surge in FDA approvals supported by RWE:

The U.S. Food and Drug Administration (FDA) is approving more drugs with the help of real-world evidence (RWE) than ever before. Between 1995 and 1997, 19.4 percent of the FDA's approvals came from having one adequate and well-controlled study plus confirmatory evidence, such as RWE. Between 2015 and 2017, that figure jumped to 47.2 percent.

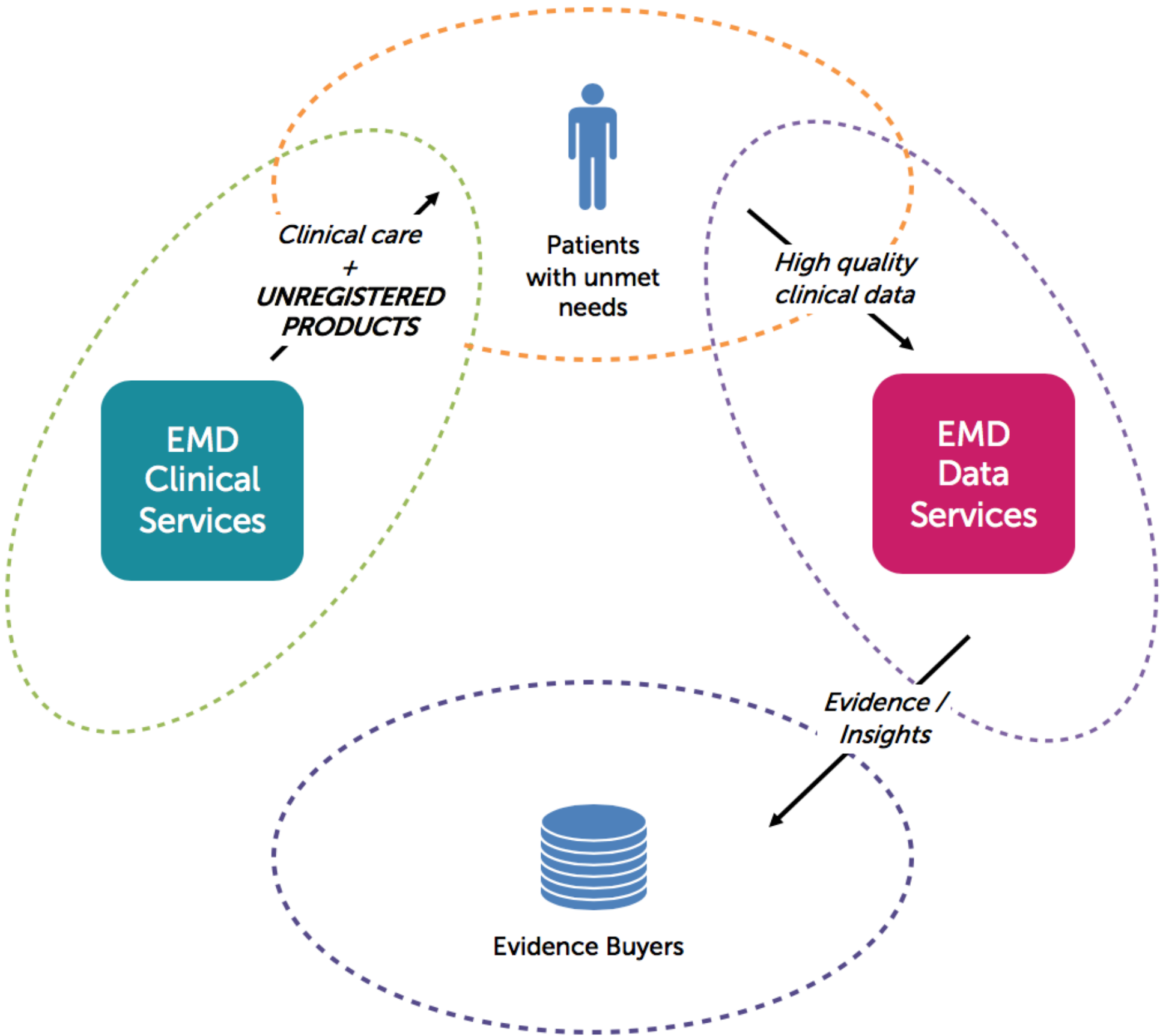
**RWE is becoming
more important to
regulators and
treatment developers**



Emerald's business model



Revenues from
care delivery



Revenues from
insight delivery



High-quality RWE, where it's needed most



Unregistered Treatments

Cannabinoids

Trial Drugs



Unmet Medical Needs

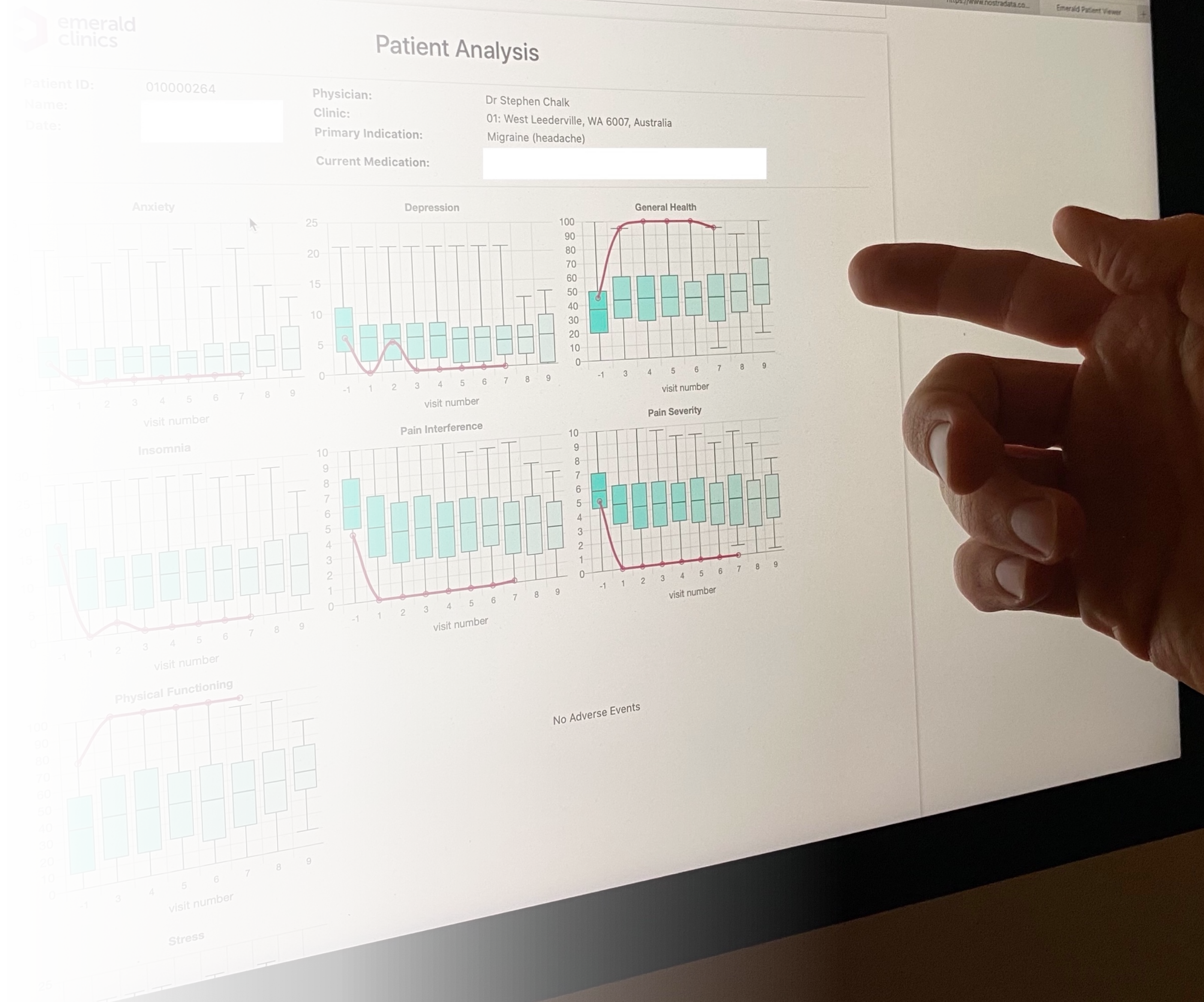
Chronic Diseases

COVID-19

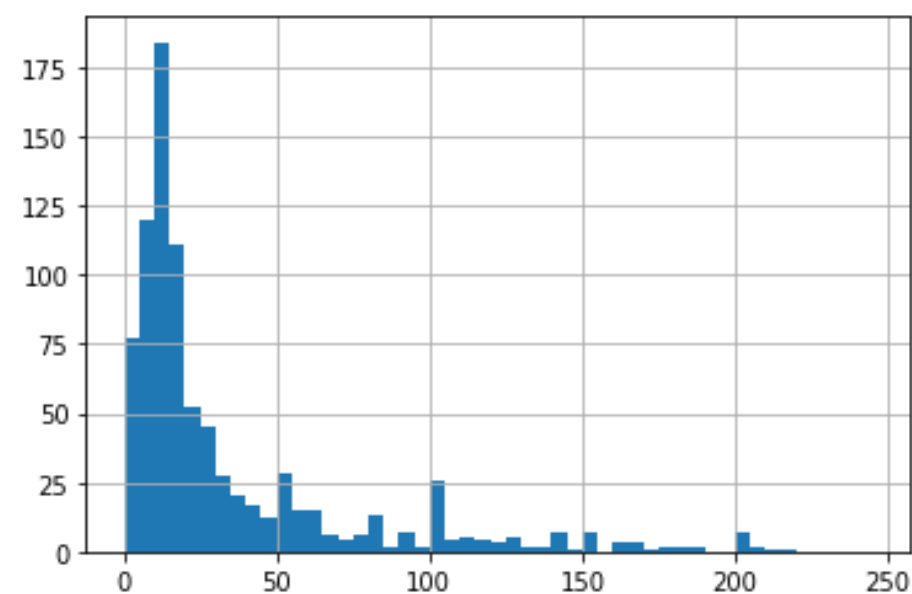
Openly



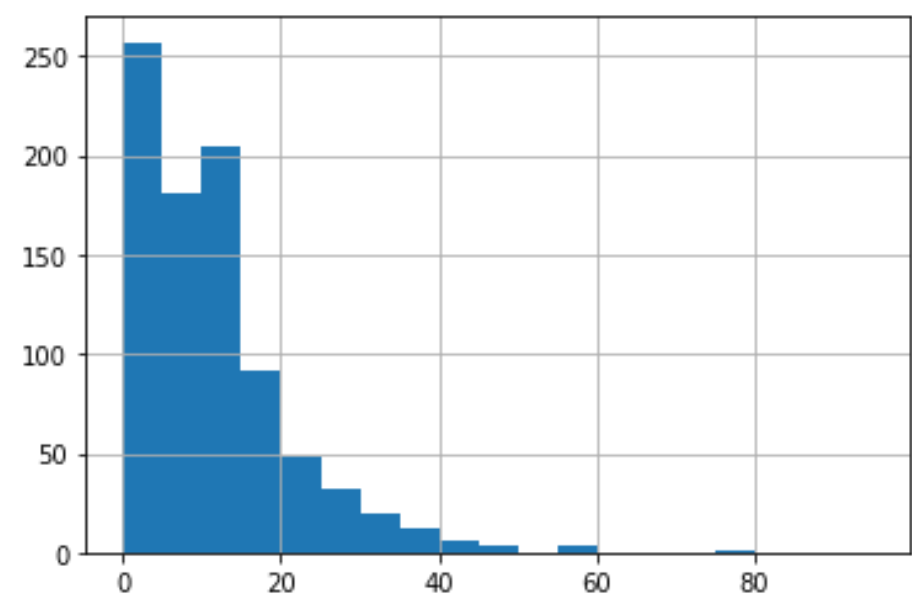
Real-world evidence for cannabinoid-based medicines (CBMs)



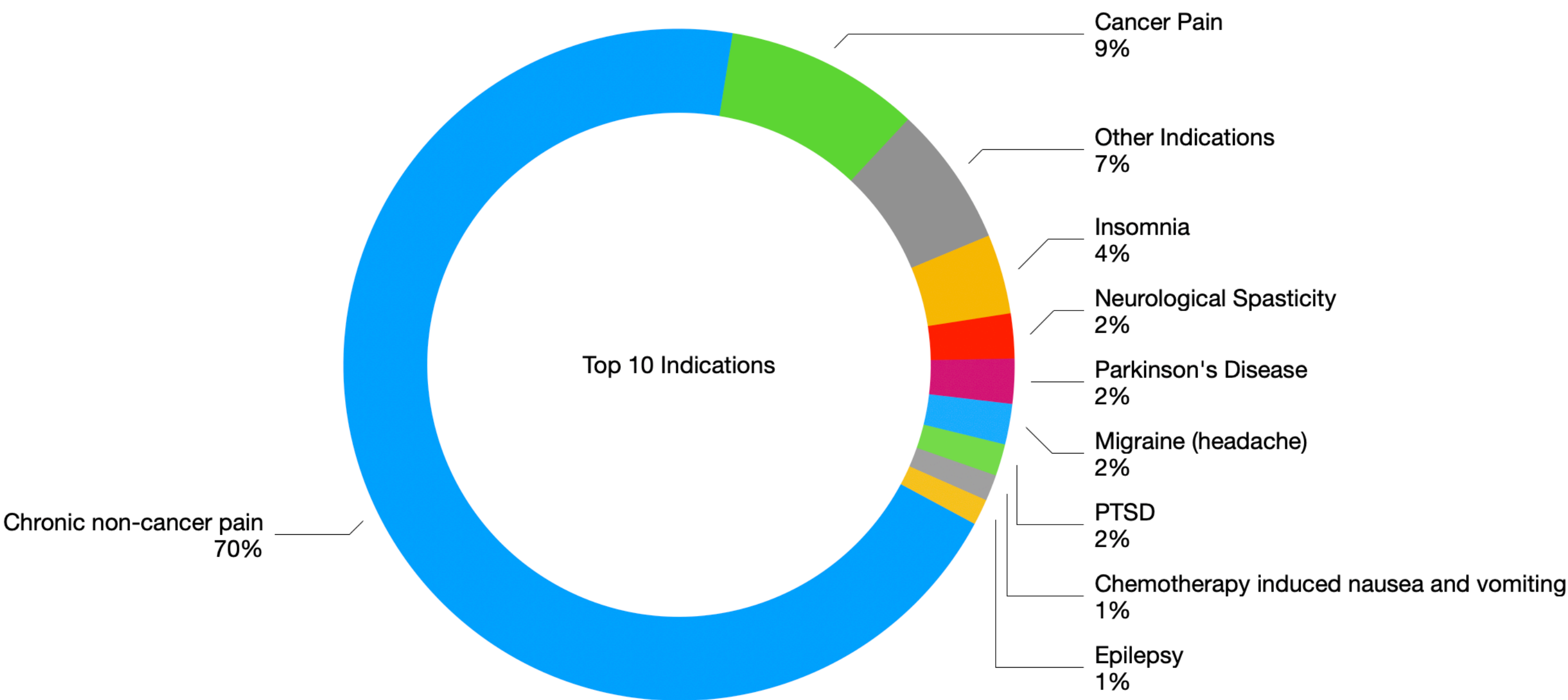
Emerald's cannabinoid medicine RWE asset



Histogram of average CBD dose/day/patient



Histogram of average THC dose/day/patient



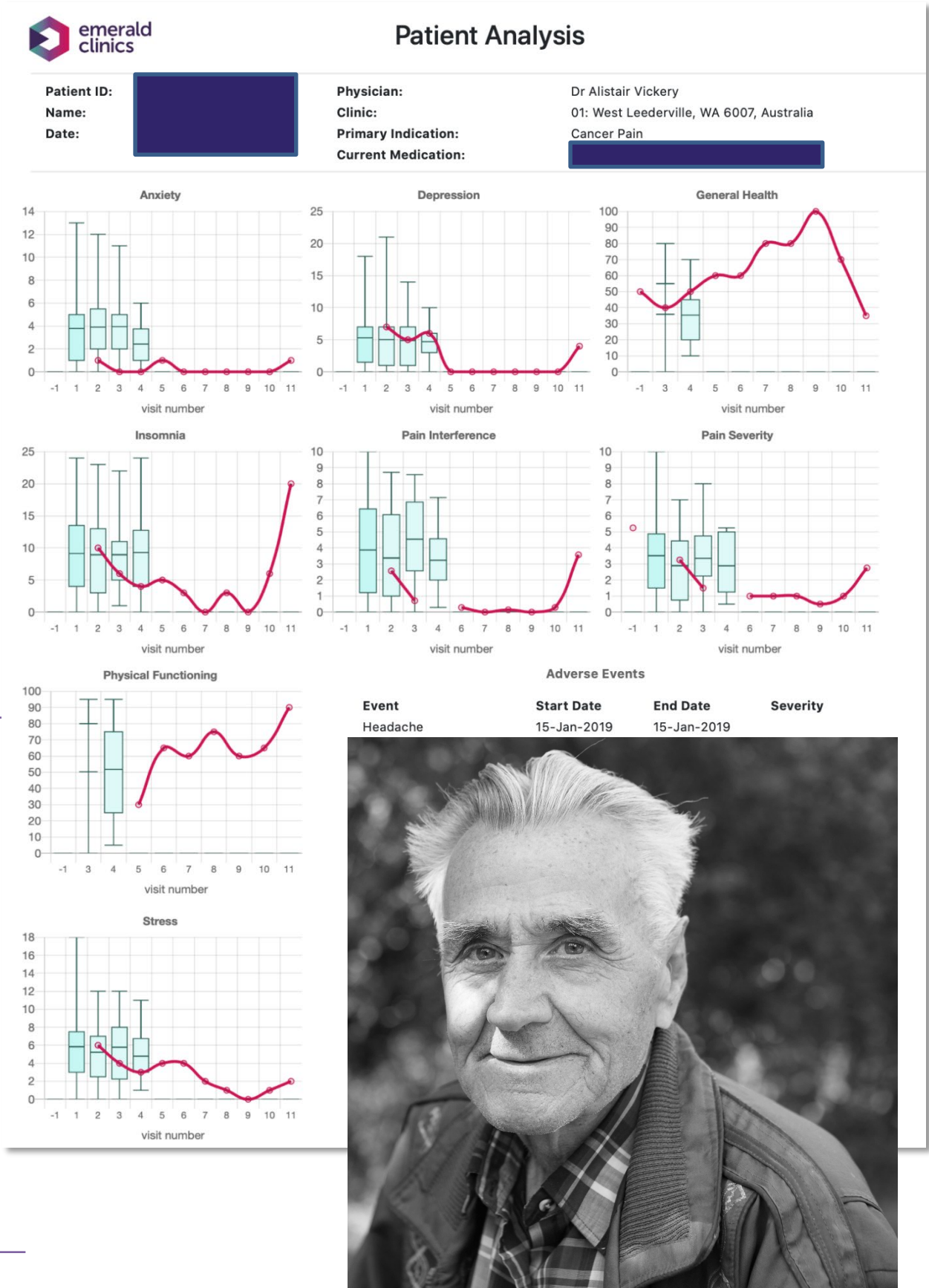
Case Study - Bob



- ▶ Vietnam Veteran injured by large tree fall in 1969 causing multiple fractures
- ▶ Long-standing chronic back pain, developed peripheral neuropathy thought to be due to exposure to Agent Orange with history of PTSD
- ▶ Under care of pain specialists using oxycontin, buprenorphine, pregabalin, gabapentin, PEA, duloxetine –with little relief and/or poorly tolerated side effects.
- ▶ **Now: Stable dose of 15mg 1:1 THC/CBD oil, ceased all opiates, pregabalin and PEA**

PEA

Scores	Initial assessment	Visit 5
BPI Pain severity score	5.0	1.75
BPI Pain interference score	5.29	0.86
Visual analogue scale	5.0	1.0
Insomnia severity score	12.0	1.0
DASS 42 Depression	14	4
DASS 42 Anxiety	16	2
DASS 42 Stress	16	12



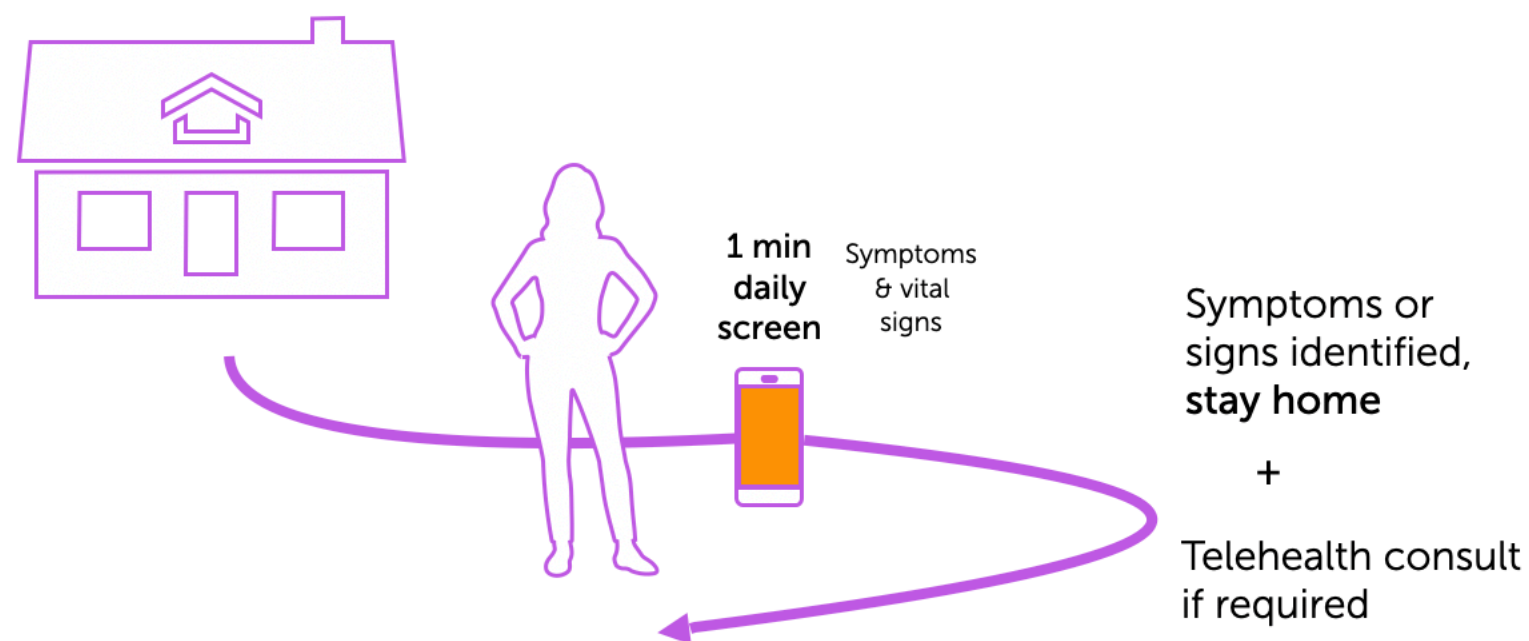
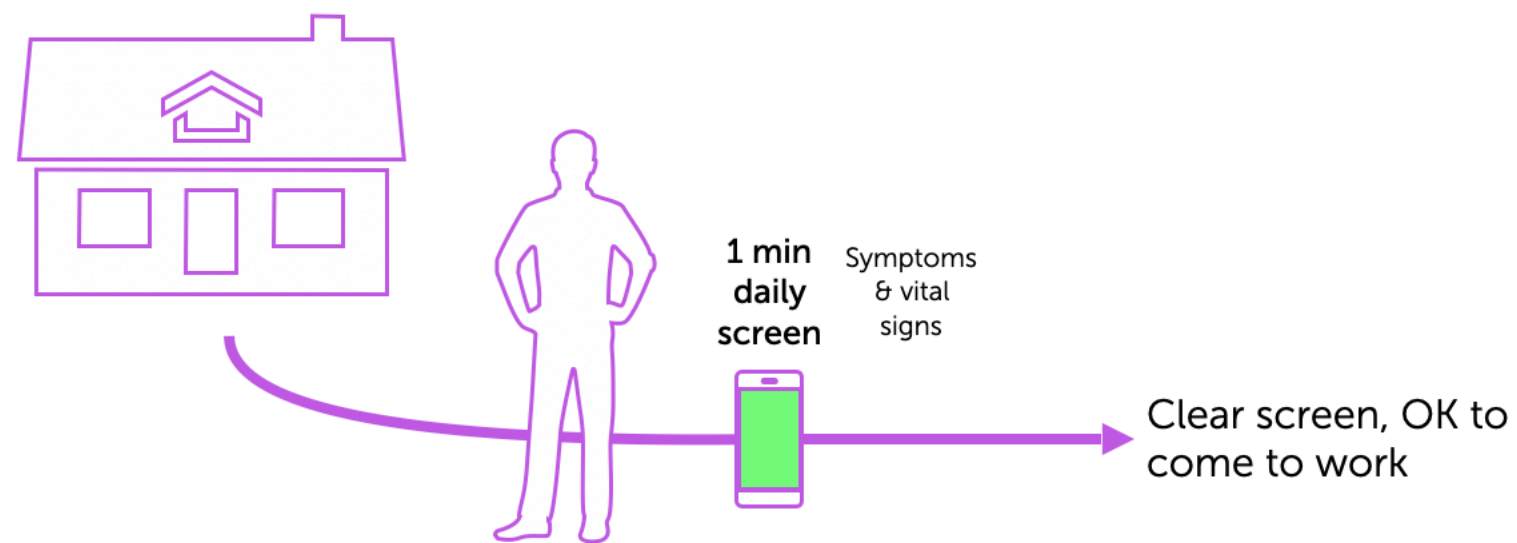
Openly

A wellness screening service
powered by your smartphone
and supervised by clinicians



Workforce screening approach*

Openly



- ▶ Screen and intervene before interaction with others = supports breaking transmission chain
- ▶ Symptoms and vital signs = supports improved screening
- ▶ App-based = promotes high engagement
- ▶ Clinical team manages program = preserves privacy
- ▶ No health data shared with employer
- ▶ Evidence based
- ▶ Telehealth available if required
- ▶ Can liaise with preferred healthcare providers

Temperature checks are emerging as problematic

Openly



- + Prevalence of fever as a symptom of COVID-19 is highly variable (studies suggest 25-65% of confirmed cases don't have fever)¹
- + Fever is not constant - it varies throughout the day and can be masked with medications
- + Non-contact thermometers measure skin temperature, not core temperature and are highly variable (sensitivity in studies ranges from 4-89%)²
- + Studies on temperature screening for SARS and influenza show non-contact thermometers consistently miss febrile passengers and generate a high rate of false positives³

1. Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area JAMA. 2020;323(20):2052-2059. doi:10.1001/jama.2020.6775 Published online April 22, 2020. Corrected on April 24, 2020; Lechien, Jerome R. Clinical and Epidemiological Characteristics of 1,420 European Patients with mild-to-moderate Coronavirus Disease 2019. Journal of internal medicine (0954-6820) [Internet] 2020 April. [cited 2020 May 11]; DOI: <https://doi.org/10.1111/joim.13089>;

2. Bitar, D., A. Goubar, and J.C. Desenclos, International travels and fever screening during epidemics: a literature review on the effectiveness and potential use of non-contact infrared thermometers. Eurosurveillance, 2009. 14(6): p. 19115. doi:<https://doi.org/10.2807/es.e14.06.19115-en>

3. Nishiura, H. and K. Kamiya, Fever screening during the influenza (H1N1-2009) pandemic at Narita International Airport, Japan. BMC infectious diseases, 2011. 11(1): p. 111.

Multi-modal screening (symptoms and vitals) benefits

Openly



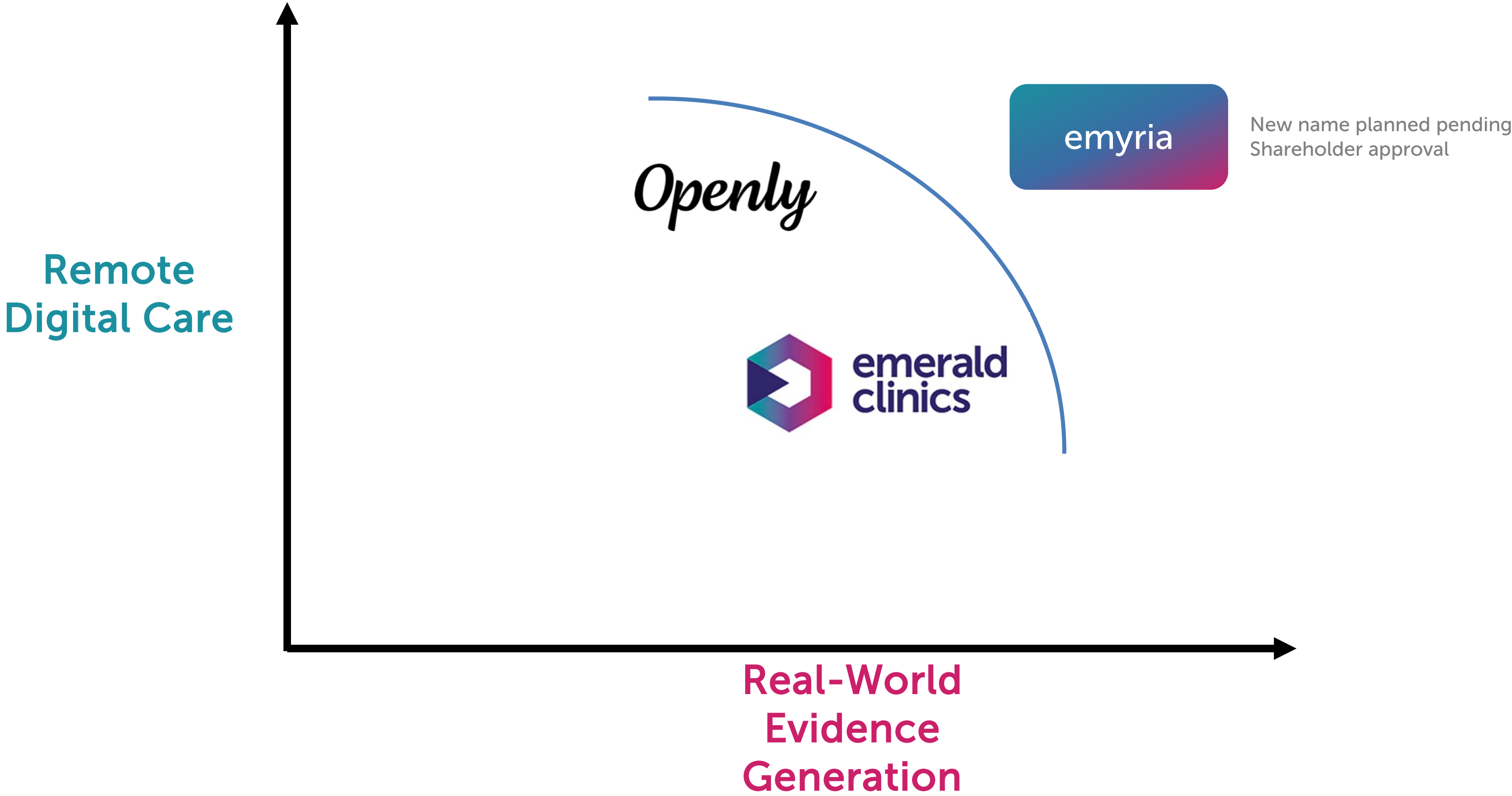
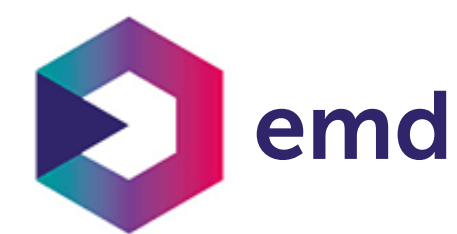
- + Cough, loss of taste and smell and shortness of breath are emerging as predictive symptoms of COVID-19 than temperature¹
- + Monitoring respiratory rate has been shown to detect COVID-19 illness prior to the onset of symptoms and also to correctly identify symptomatic cases²
- + Combining vital signs monitoring with symptom questionnaires has previously been demonstrated to be very sensitive for influenza detection³
- + Daily health monitoring allows higher risk people to be identified and managed – avoiding the need to regularly test the entire population

1. Menni C et al. Loss of smell and taste in combination with other symptoms is a strong predictor of COVID-19 infection. *MEdRxiv*; [Internet]. 2020 Mar [cited 2020 April 01]; MEDRXIV/2020/048421(preprint)

2. Miller et al Analyzing changes in respiratory rate to predict the risk of COVID-19 infection *MEdRxiv* doi: <https://doi.org/10.1101/2020.06.18.20131417>

3. Sun, G., et al., A portable infection screening system designed for onboard entry screening based on multi-parameter vital signs. *International Journal of E-Health & Medical Communications*, 2013. 4(3): p. 20-35.

Evidence-generating remote care is the future



Experienced board with medical focus



Key Person		Role	Previous Experience
	Dr Stewart Washer	Non-Executive Chairman / Founder	30 years of CEO and Board experience in medical and agrifood biotech companies. Chairman of Orthocell Ltd (ASX:OCC), regenerative medicine company, Founding Chairman and current Director of Cynata Therapeutics Ltd (ASX:CYP) stem cell therapies. Founder of AusCann Ltd (ASX:AC8), medical cannabis manufacturing, Co-founder of Zelda Therapeutics Ltd (ASX:ZLD) medical cannabis clinical studies and research. Stewart has held a number of Board positions in the past, including Chairman of Hatchtech that was sold in 2015 for A\$279m and was a Director of iCeutica Inc. that was sold to a US Pharma. He was also a Senator with Murdoch University and was a Director of AusBiotech Ltd
	Dr Michael Winlo	Chief Executive Officer / Managing Director	Former CEO of rapid growth clinical trial organisation, Linear Clinical Research, serving biotech start-ups through to multinational pharmaceutical companies across the USA, Europe, Japan and China. Previously, Health Lead at Palantir (a Peter Thiel founded company based in Silicon Valley) working on complex data integration and analysis for Fortune 50 companies; as well as the US and UK Governments. Holds multiple patents in data analysis as well as a Bachelor of Medicine and Bachelor of Surgery (MBBS) and an MBA from Stanford University Graduate School of Business. Member of AICD and has completed director's course.
	Dr Alistair Vickery	Chief Medical Officer / Executive Director	Specialist general practitioner with >30 years' experience in general practice. Associate Professor of Primary Health Care at the University of Western Australia and Deputy Chair of the Postgraduate Medical Council of WA and the clinical lead of the research group CHASM (The Collaborative for Health Care Analysis and Statistical Modelling) - providing high-level analysis and statistical modelling to inform clinical service evaluation and planning for WA Health. Chair of Black Swan Health, one of the largest primary health care service providers in WA and Fellow of the Australasian College of Health Service Management and AICD graduate.
	Matt Callahan	Non-Executive Director / Founder	Founder of Botanix Pharmaceuticals (ASX:BOT), iCeutica Inc. and Orthocell (ASX:OCC). Successfully developed 4 products through FDA approval. More than 20 years' legal, intellectual property and investment management experience. Former investment director for 2 venture capital firms in life sciences and was GM and general counsel with technology and licensing company Ipernica Limited, now Nearmap Limited (ASX:NEA), where he was responsible for licensing programs that generated more than \$120M in revenue.
	Professor Sir John Tooke	Independent Non-Executive Director	Senior Independent Director, BUPA Chile, Chair of Collaboration for the Advancement of Sustainable Medical Innovation (CASMI), UCL. Sir Tooke was Head of the School of Life and Medical Sciences at University College London (UCL) as Vice Provost (Health) and Academic Director of UCL Partners. Immediate past President of the Academy of Medical Sciences in the UK where he Chaired a report titled Enhancing the use of scientific evidence to judge the potential benefits and harms of medicine. Previous member of Google DeepMind Health's Independent Review Board. Leading advisor to the UK Government regarding health policy and was knighted in the United Kingdom in the 2007 New Year Honours for Services to Medicine.



Evidence Generating Care
www.emeraldclinics.com.au

Company Contacts

Media Enquires - media@emeraldclinics.com.au

Investor Enquires - investors@emeraldclinics.com.au

Partnership Enquiries - evidencepartners@emeraldclinics.com.au

Patient Enquiries - patients@emeraldclinics.com.au