



Investor Presentation



Dr. Marie Roskrow, CEO & Managing Director
November 2012

ASX: PAB

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Why Invest in Patrys Now?

Patrys is an ASX-listed clinical-stage company focussing on the discovery and development of natural human antibodies for the treatment of cancer

Exciting Antibody (Ab) Platform & Pipeline	<ul style="list-style-type: none"><input type="checkbox"/> Unique antibody discovery platform producing Abs ripe for clinical development<input type="checkbox"/> Strong evidence that Patrys Abs are effective and safe in patients<input type="checkbox"/> Lead Ab (PAT-SM6) shows significant promise in melanoma and multiple myeloma<input type="checkbox"/> All Abs recognise novel cancer targets. Ability to generate intellectual property<input type="checkbox"/> Able to produce Abs to commercial scale
Good News Flow Expected in 2013	<ul style="list-style-type: none"><input type="checkbox"/> Clinical data from Phase I/IIa PAT-SM6 multiple myeloma trial<input type="checkbox"/> Additional preclinical data and publications on Abs and targets<input type="checkbox"/> Partnering of PAT-SC1<input type="checkbox"/> Additional collaborations with academic researchers: Data & IP
Good Cash Runway	<ul style="list-style-type: none"><input type="checkbox"/> Funded into early 2014. Low monthly burn and streamlined operations
Strong Board & Management	<ul style="list-style-type: none"><input type="checkbox"/> Significant experience in developing and commercialising anti-cancer drugs<input type="checkbox"/> Significant expertise in fund-raising and deal-making
Significantly Undervalued	<ul style="list-style-type: none"><input type="checkbox"/> Other clinical-stage Ab companies trading significantly higher than Patrys



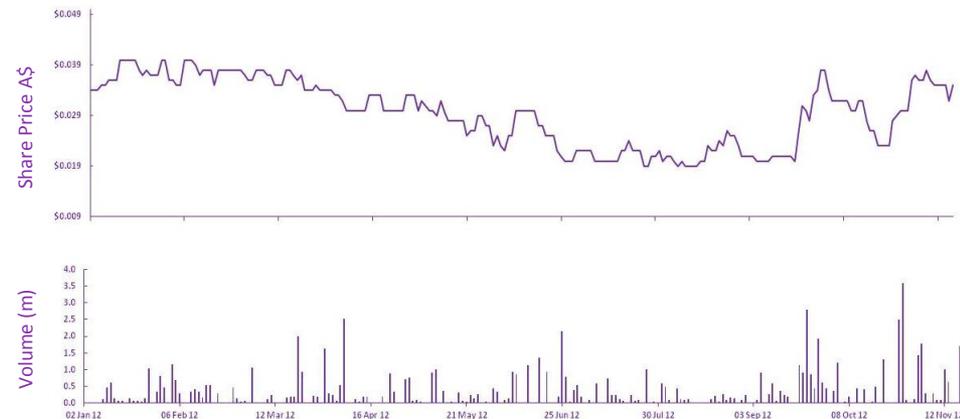
Corporate Overview



KEY STATISTICS – 20 NOVEMBER 2012 (AUD\$)

ASX Code	PAB
Current share price	\$0.037
52 Week High	\$0.047
52 Week Low	\$0.015
Shares on Issue	507,362,177
Market Capitalisation	\$18.8 m
Average Daily Volume	~325,000
Shareholders	
Founders/Mgt	25%
Institutional	30%
Retail	45%

2012 SHARE PERFORMANCE



SENIOR MANAGEMENT AND BOARD OF DIRECTORS

John Read: BSc (Hons), MBA, FAICD: Chairman, CVC Ltd

Marie Roskrow: BSc. (Hons), MBBS (Hons), Ph.D: MD, CEO

Alan Robertson: BSc., Ph.D: Non Executive Director, Pharmaxis Ltd

Suzy Jones: Non Executive Director, DNAink

Michael Stork : BBA: Non Executive Director

Roger McPherson: CPA, GAICD: CFO & Company Secretary

Deanne Greenwood: BSc. (Hons), Ph.D, MBA: Senior Director BD

Frank Hensel: Ph.D: Vice President R&D

2012 NEWS

- Nov. 2012- Australian Ethics Approval received for MM Trial
First patient enrolled in MM Trial in Germany
- Oct. 2012- Award for preclinical data on PAT-SM6 for MM
- Sep. 2012- PEI Approval received for MM Trial
PAT-SM6 data published by PLOS
- Aug. 2012 - Capital Raising - \$2.8m
- May. 2012 - Key patent granted for PAT-SM6
- Mar. 2012 - Successful PAT-SM6 melanoma trial, full data released
- Feb. 2012 - Completion of PAT-SM6 melanoma clinical trial
- Dec. 2011 - Suzy Jones joins Patrys Board
Capital Raising - \$3.4 m



FY12 Capital Raisings

2 December 2011

22 June 2012

Amount: \$3.4m

Amount: \$2.8m

Issue Price: 3 cents per share

Issue Price: 2 cents per share

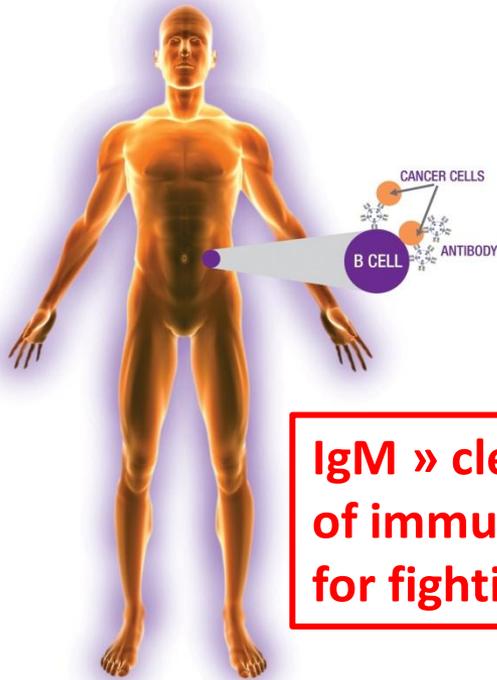
Method: Share Placement

**Method: Share Placement
&
SPP**

**Current cash position (Sept. 2012): \$7m
Runway to early 2014**



Patrys' Antibody Platform



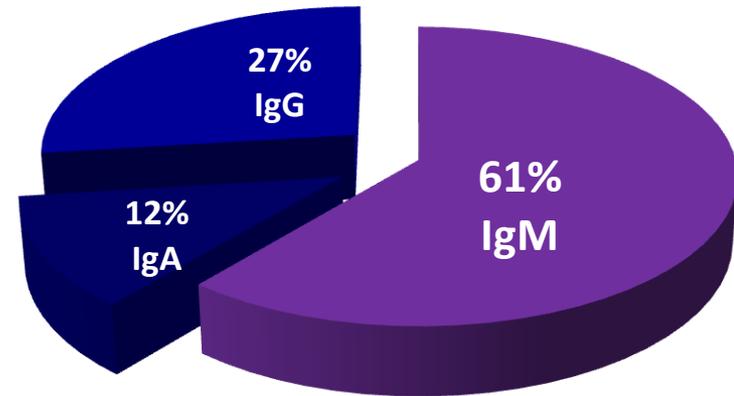
Spleen /
lymph nodes
isolated from
multiple
patients



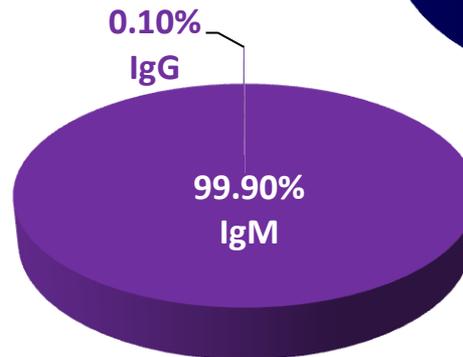
*Proprietary antibody
capture technology*

40,000 MAbs Captured

**IgM » clear choice
of immune system
for fighting cancer**



14 products
evaluated to
date



Screening Test

**>300 MAbs Passed Screening
Tests approx. 99.9% are IgM's**



Unique features of the Patrys Antibodies

- ❑ Produces IgM antibodies:
 - ❑ Body's 1st line of defence as part of innate immune response
 - ❑ Large structures capable of binding & killing several tumour cells at the same time

- ❑ Each antibody produced binds a unique cancer-specific target

- ❑ Strong evidence of safety and tolerability in patients:
 - ❑ PAT-SC1 Phase I/IIa trial in stomach cancer
 - ❑ PAT-SM6 Phase I trial in melanoma

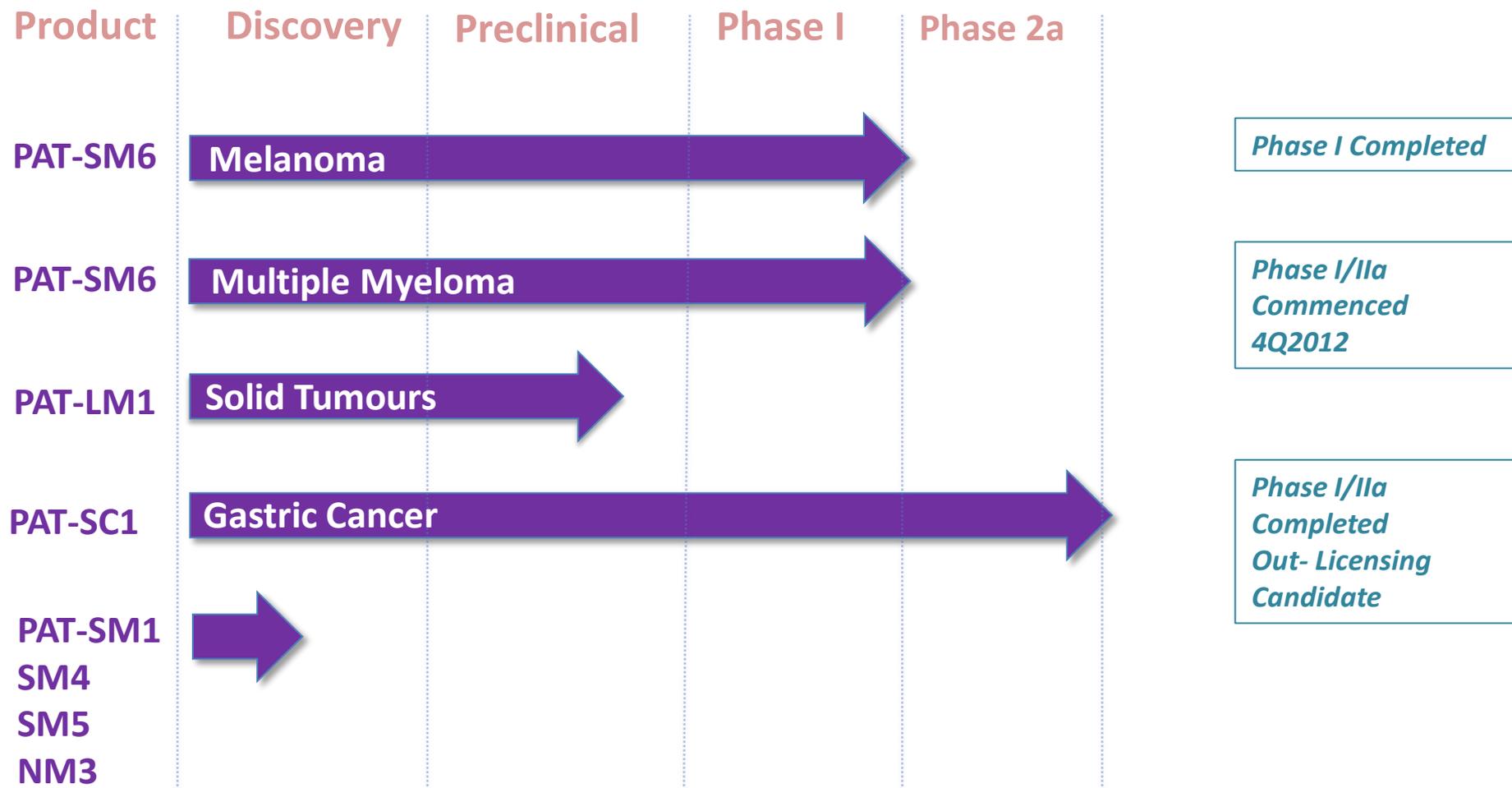
- ❑ Strong evidence of long-term effectiveness in patients:
 - ❑ Have ten year survival data from first proof-of-concept clinical trial (PAT-SC1 in stomach cancer)

- ❑ Able to be manufactured to commercial scale

- ❑ Avoid large royalty stack payable on IgG antibodies



Pipeline



Patrys Lead Antibody - PAT-SM6

PAT-SM6:

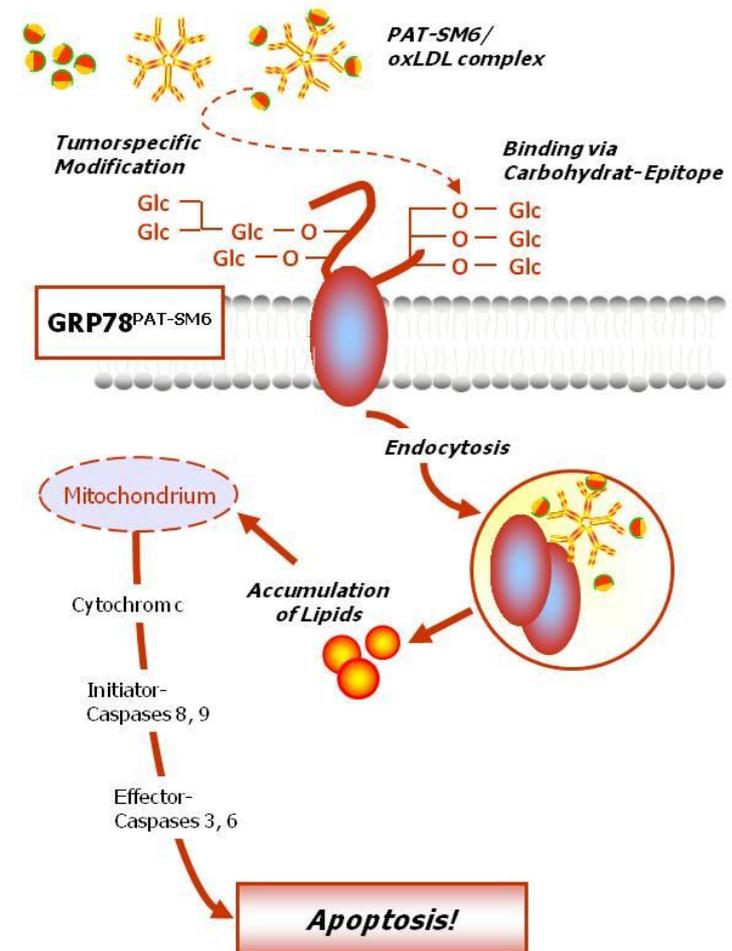
- ❑ IgM isotype, λ -light chain
- ❑ Isolated from stomach cancer patient
- ❑ Recombinantly expressed in PER.C6[®]
- ❑ Targets tumour specific epitope on GRP78
- ❑ Binds also to oxidised LDL and VLDL

Mode of Action:

- ❑ Internalisation upon binding of oxidised LDL & GRP78^{PAT-SM6}
- ❑ Internalisation triggers apoptosis

In vivo & In vitro Reactivity:

- ❑ Effective in multiple xenograft models
- ❑ Expression data show specific expression in wide range of tumours incl. melanoma and myeloma



- 9 Patients enrolled at Royal Adelaide Hospital and Princess Alexandra Hospital, Brisbane: October 2010 – February 2012

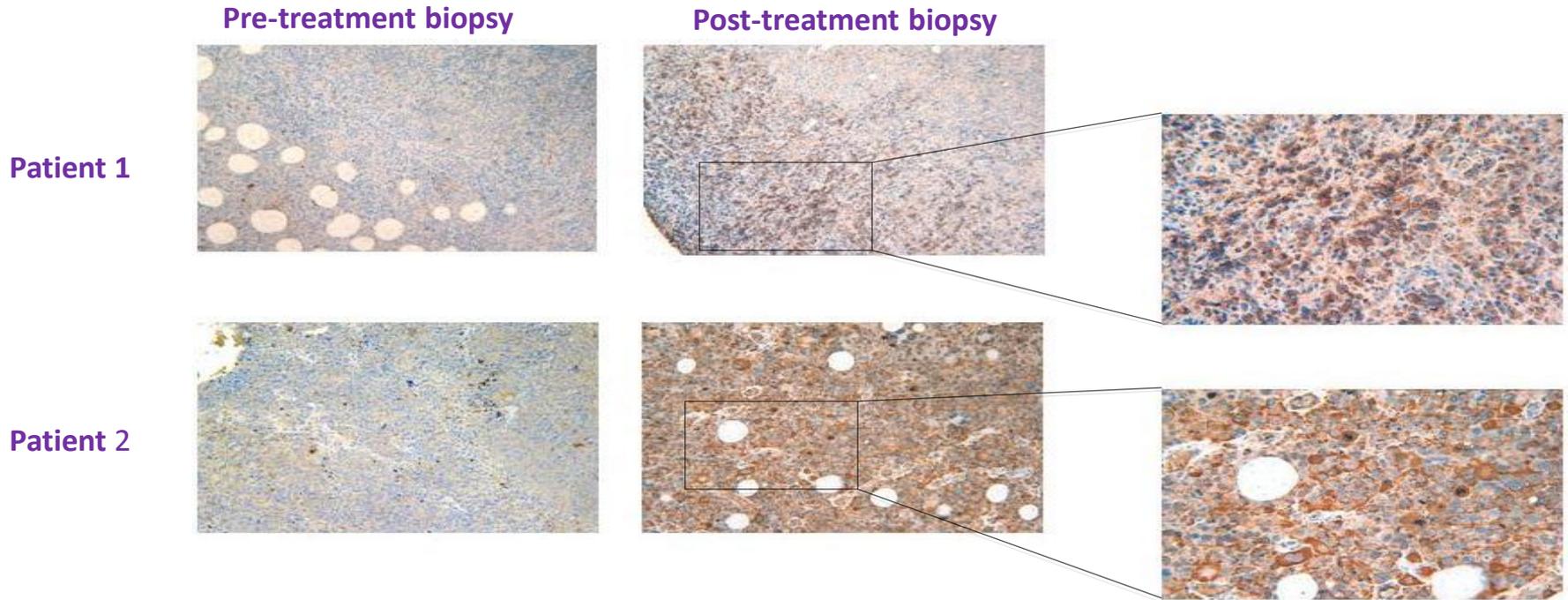
Primary endpoint:

- No adverse events recorded in any patient

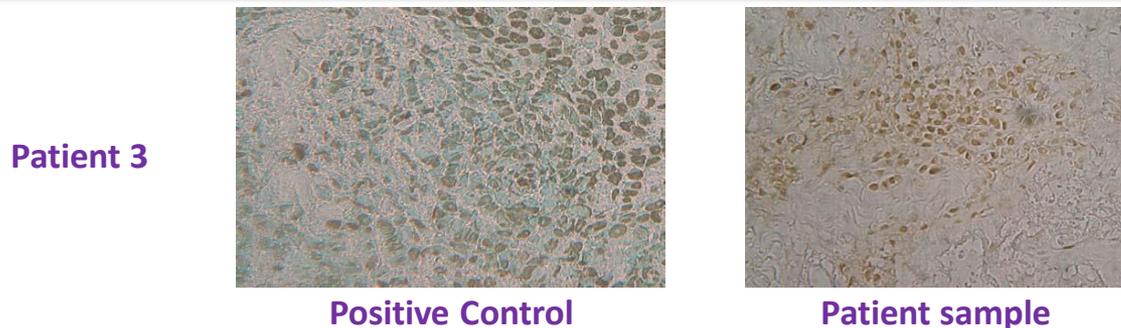
Secondary endpoints:

- Half-life of 5.7 hours reported (pharmacokinetics)
- No evidence of anti-PAT-SM6 antibodies (immunogenicity)
- Presence PAT-SM6 detected by IHC in 3 post-treatment biopsies
- Cell-death (apoptosis) detected in 2 post-treatment biopsies

PAT-SM6 Melanoma Trial IHC/Apoptosis



Tumour biopsies were collected pre and post treatment with PAT-SM6, fixed in formalin and embedded in paraffin. An antibody specific for PAT-SM6 (PAT-SM6 anti Idiotype antibody) was used to detect the infused antibody. Post treatment biopsies show positive staining results, indicating the presence of PAT-SM6 in the tumor



TUNEL staining; evidence of apoptosis in post-treatment patient biopsy

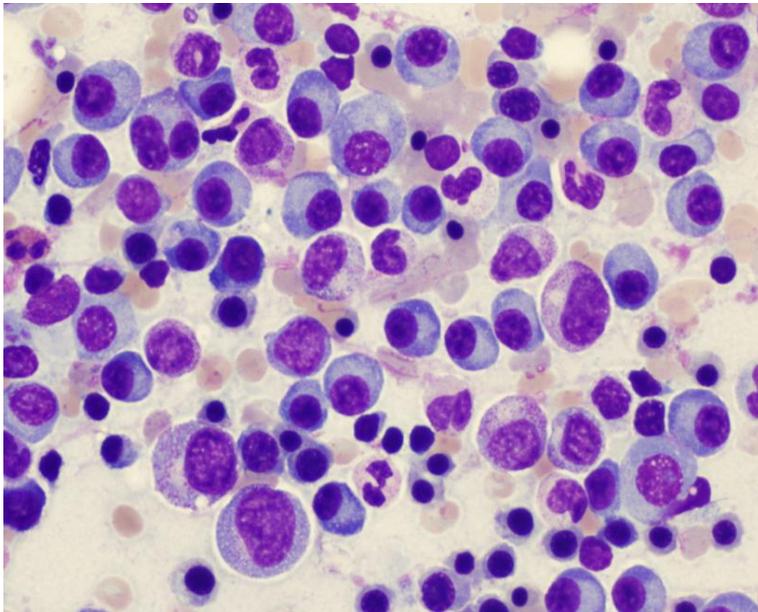
Multiple Myeloma - Opportunity

- ❑ A cancer of the plasma cells in bone marrow. These cells grow out of control and form tumours in solid bone, cause damage to other organs
- ❑ Estimated to be more than 220,000 cases worldwide and incidence increasing
- ❑ 5 year survival of 29%. Despite new marketed therapies, disease remains largely incurable and fatal
- ❑ Market expected to increase from ≈\$4.4B (2011) to >\$7.2B (2021)
- ❑ MM market dominated by 3 products:
 - Revlimid (net sales \$3.2B in 2011)
 - Velcade (net sales \$692M in 2011)
 - Thalidomide (net sales \$339M in 2011)
- ❑ Several MAbs currently in clinical development but none approved to date. Likely to be used in combination therapies
- ❑ Significant interest in MM from both large pharmaceutical and biotechnology companies

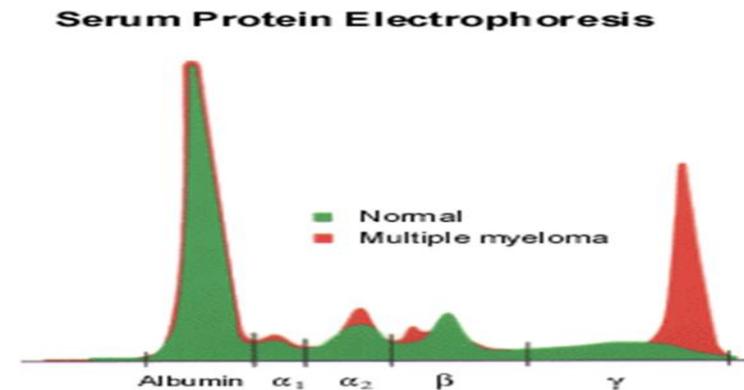


Multiple Myeloma - Pathology

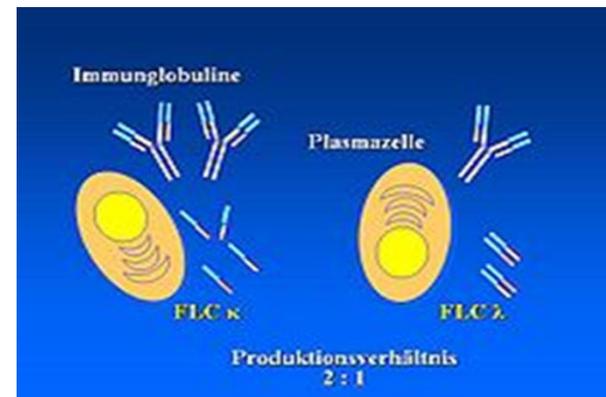
- ❑ Abnormal plasma cells (myeloma cells) secrete lots of “useless” antibodies (M proteins)
- ❑ Myeloma cells crowd out other blood cells resulting in anaemia, thrombocytopenia (bleeding) and leucopenia (infections)



- ❑ Monoclonal gammopathy detected by electrophoresis

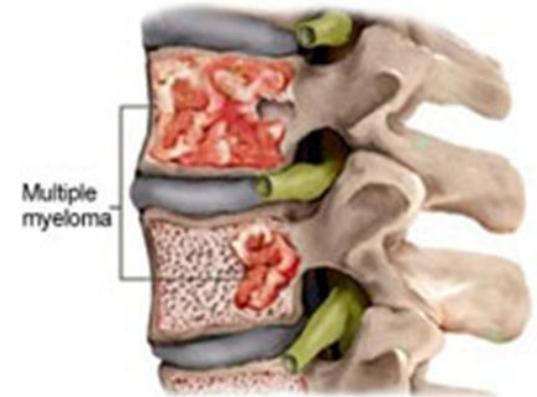
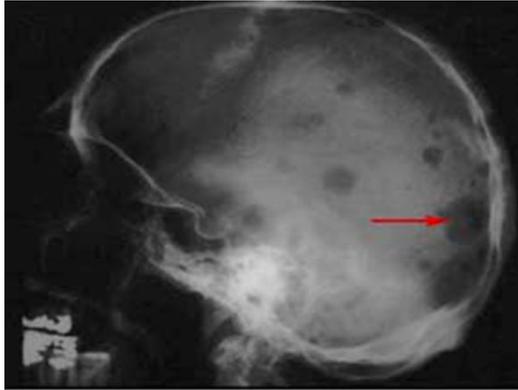


- ❑ Abnormal proteins (Bence Jones) detected in urine



Multiple Myeloma - Presentation

❑ Bone disease and hypercalcaemia



Multiple Myeloma - Presentation

❑ Evidence of bone marrow failure



Therapies for Multiple Myeloma

Proteasome inhibitors

- Bortezomib (Velcade)
- Carfilzomib (Kyprolis)

IMiDs

- Lenalidomid (Revlimid)
- Thalidomide

Chemotherapeutics

- Melphalan
- Cisplatin
- Cyclophosphamide
- Doxorubicin

Stem cell transplantation

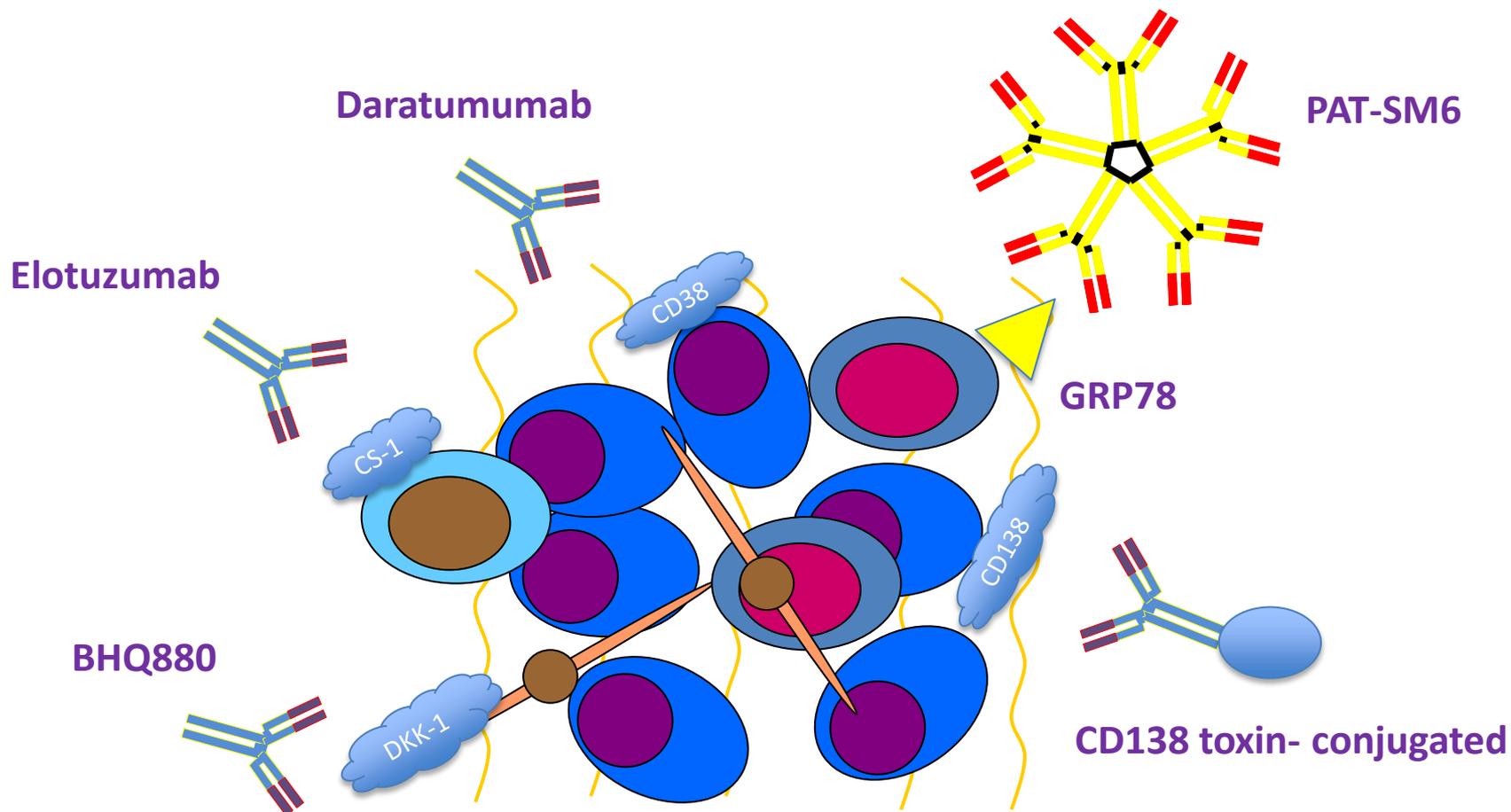
- Autologous
- Allogeneic

Clinical studies

- Small molecules
- Antibodies, peptides



Antibodies in Clinical Trials for MM

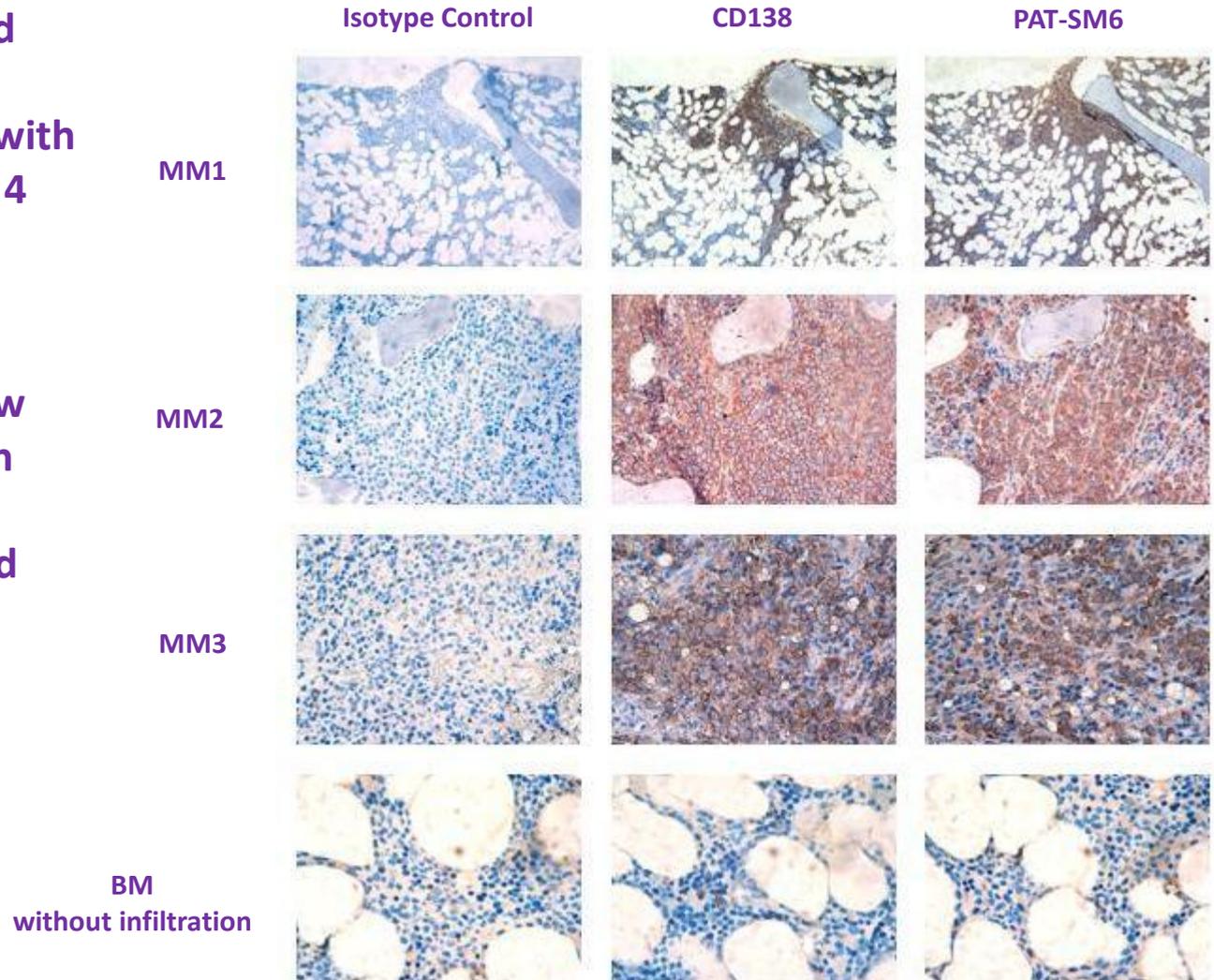


Antibodies in all stages of clinical development

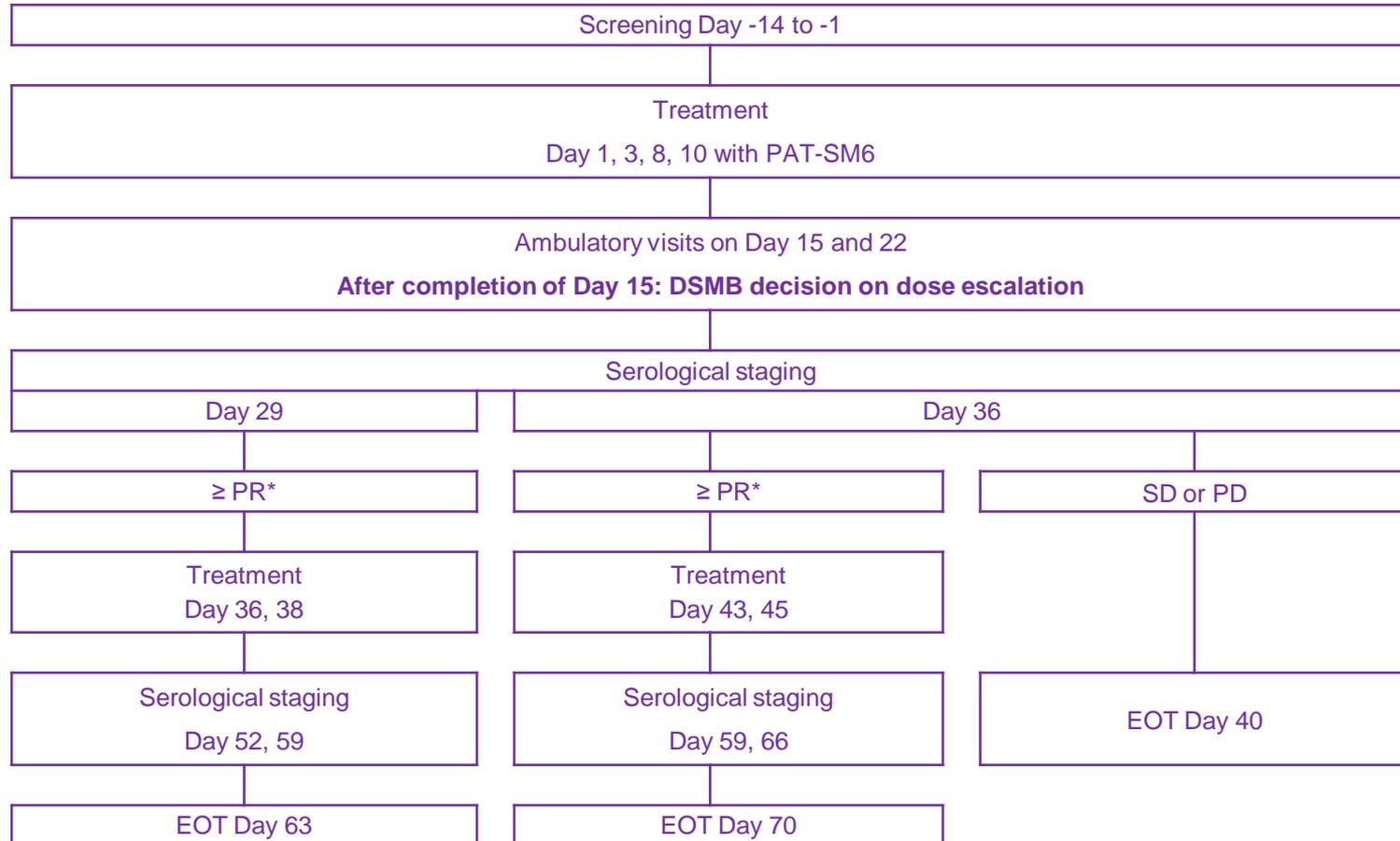


Preclinical Data I – Multiple Myeloma

- ❑ Patient tissue sourced from 11 patients at primary diagnosis, 9 with relapsed disease and 4 healthy controls
- ❑ IHC staining on bone marrow sections show binding of PAT-SM6 in 20/20 MM patients (primary and relapsed disease)



Phase I/IIa PAT-SM6 Multiple Myeloma Study Design



PR = Partial Response
SD = Stable Disease

PD = Progressive Disease
EOT = End of Trial Visit

*If a subject shows \geq PR after 4 doses (2 cycles), option to offer +2 doses (1 cycle) more



Projected Clinical Trial Timelines

- ❑ First patient enrolled Nov. 7th, 2012
- ❑ Data from 1st cohort expected 1Q2013
- ❑ Full recruitment expected within 12 months
- ❑ Data to be released on a “rolling” basis



- ❑ Positive Phase I/IIa MM clinical trial data + existing positive Phase I melanoma data + extensive preclinical package:

Option 1: Do a deal

- ❑ Genmab / J&J Janssen Biotech Daratumumab (anti-CD38): Phase I/IIa
 - ❑ Total deal worth up to \$1.135B announced August 2012
 - ❑ Upfront \$55M
 - ❑ Milestones \$1B
 - ❑ Equity \$80M
 - ❑ Double digit royalties

Option 2: Don't do a deal

- ❑ Raise significant cash and continue clinical development alone



Plans for 2013

- Execute PAT-SM6 Phase I/IIa open-label multi-dose multiple myeloma clinical trial
- Continue preclinical work with PAT-SM6 and multiple myeloma (animal models, drug combination studies)
- Expand external collaborations around all programmes to generate new data and intellectual property
- Publish 3-4 academic papers in peer-reviewed journals
- Continue out-licensing of PAT-SC1
- Continue preclinical development of PAT-LM1 and other, earlier stage, antibodies



For Further Information

Contact Details:

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- ❑ Email: info@patrys.com
- ❑ Website: www.patrys.com

PAT-LM1 Antibody & Target

PAT-LM1:

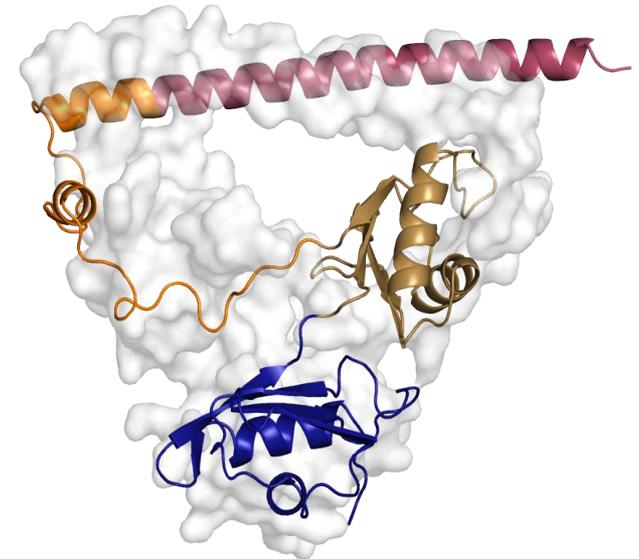
- IgM isotype, λ -light chain
- Isolated from a lung cancer patient
- Recombinantly expressed in PER.C6[®]
- Targets tumour-specific epitope of surface-expressed NONO (non-POU-domain-containing octomer binding protein)

Mode of Action:

- NONO mainly found in nucleus: involved in transcriptional and post-transcriptional gene regulation
- Unknown mechanism-of-transport to cell membrane

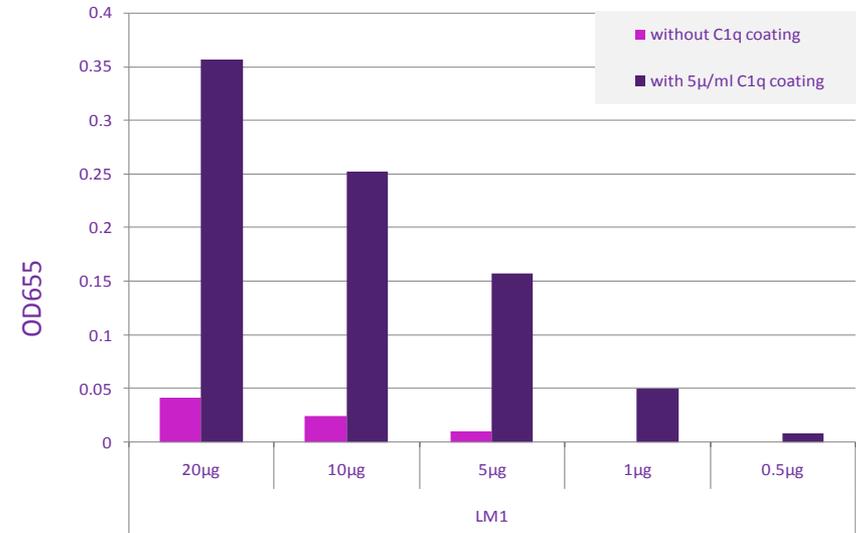
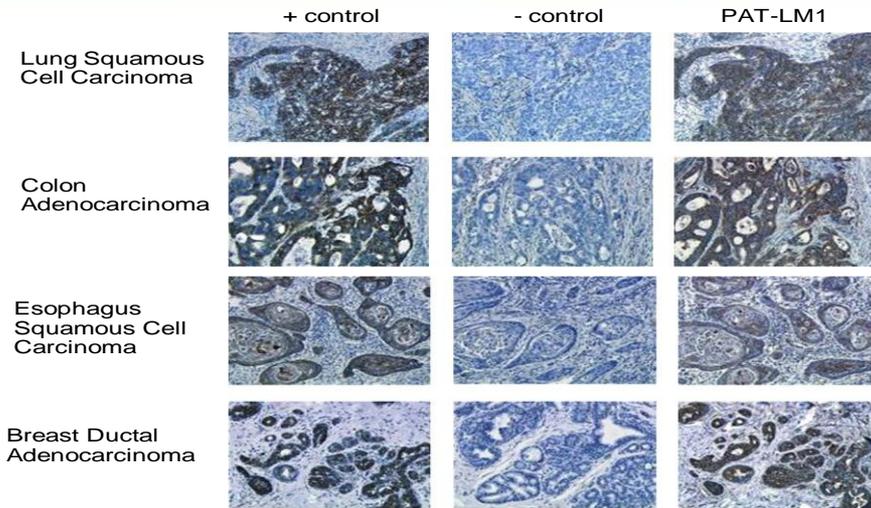
In Vivo & In Vitro Reactivity:

- Effective in several xenograft models
- Expression data show specific expression in a wide range of tumors incl. lung, pancreas and colon



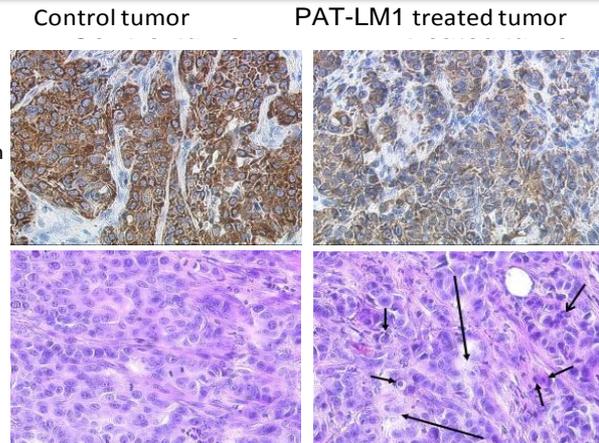
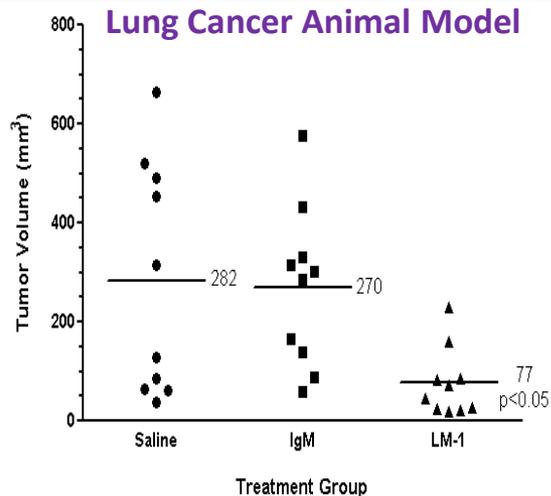
Crystal structure of NONO with PSC1
Passon et al PNAS 2012

PAT-LM1 Preclinical Data



IHC staining with PAT-LM1 on various tumour tissues

PAT-LM1 binds C1q, suggestive of CDC

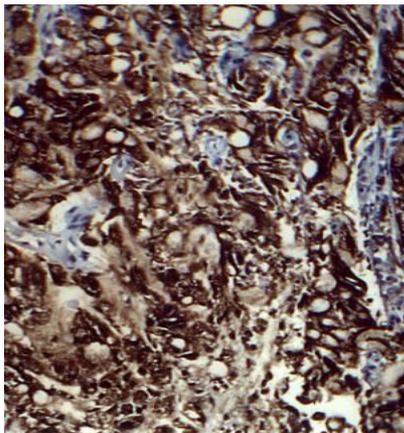


Apoptotic cells
 Regression
 Necrosis

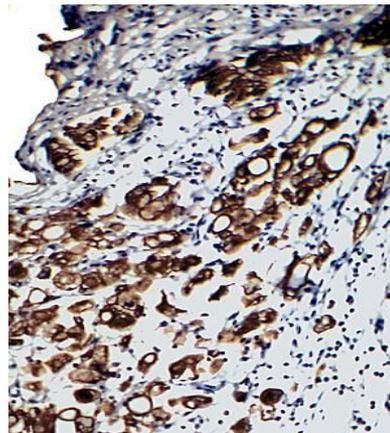
PAT-LM1 reduced tumour volume & tumours showed areas of apoptosis & necrosis

PAT-SC1 (Gastric Cancer)

Overview	<ul style="list-style-type: none">❑ Pentameric IgM antibody❑ First Patrys Ab evaluated in clinical trial
Target: CD55	<ul style="list-style-type: none">❑ Binds to isoform of CD55 (Decay Accelerating Factor) expressed on surface of multiple types of cancer cells
Trial Results	<ul style="list-style-type: none">❑ Phase I/IIa open-label trial conducted 1997-2001 (Germany)❑ Safe in 51 pts receiving single 20mg dose PAT-SC1❑ Significant 10 year survival benefit for 30 pts with minimal residual disease (R0) post-surgery vs. untreated pts (historic control)
Current Stage	<ul style="list-style-type: none">❑ Currently in out-licensing process with Japanese consultant
Competition	<ul style="list-style-type: none">❑ No other known clinical products targeting CD55



Pre PAT-SC1 treatment



48h post PAT-SC1 treatment

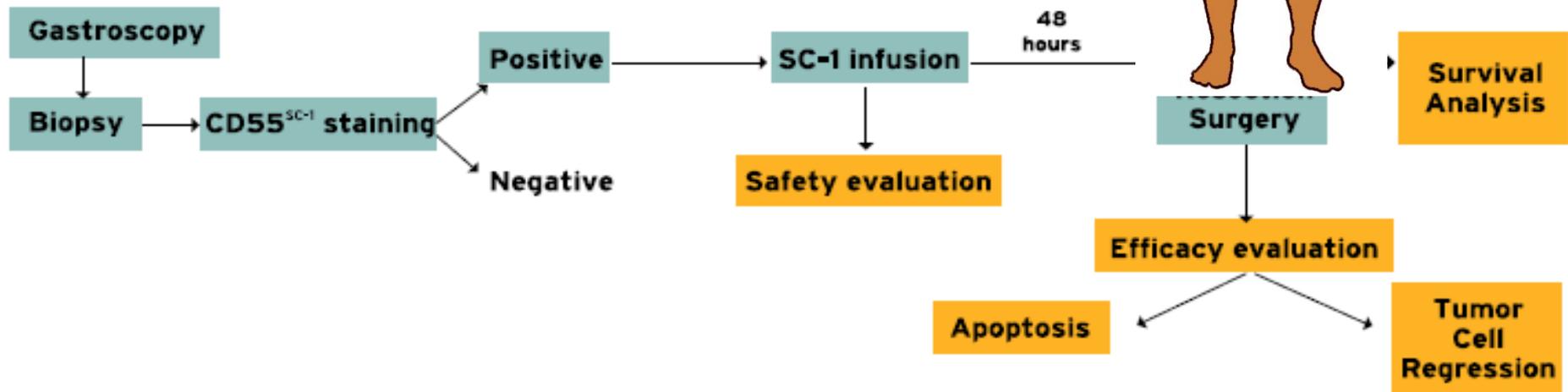
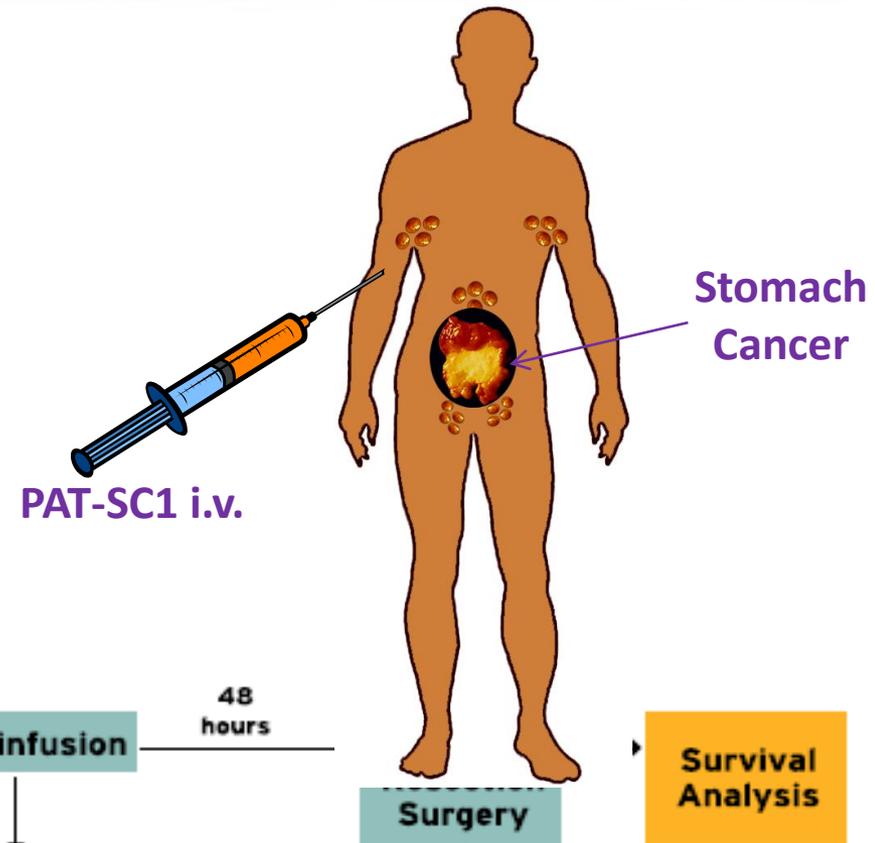
PAT-SC1 Trial IHC Results

- ❑ Tumour cell regression, seen as vacuoles in tumour structure with associated immune cell infiltration: seen in 54% of tumours

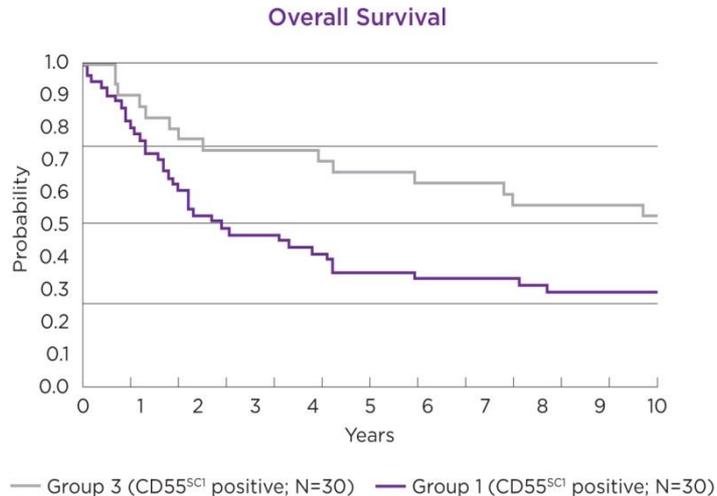


PAT-SC1 Human Trial - Overview

- Open-label, randomised investigator lead Phase I/II study between 1997 and 2001 conducted at the University of Würzburg, Germany using PAT-SC1 hybridoma material
- CD55^{SC-1} positive patients given 20 mg of PAT-SC1 over 2-4 hours (IV), 48 hours before complete gastrectomy



10-Year Survival Data



Suggestive that the presence of CD55^{PAT-SC1} is a negative prognostic factor

- Survival of treated patients (Group 3; CD55 positive and PAT-SC1 treated) patients followed over time and compared to historic control patients (Group 1; CD55 positive) with R0 stage gastric cancer who did not receive PAT-SC1 before surgery
- Ten year follow-up data now available on 30 of the PAT-SC1 treated (Group 3) patients. 55% of these patients still alive whilst only 30% of the control group have survived, indicating that the treatment of gastric cancer patients with PAT-SC1 confers a significant survival benefit ($p=0.0004$)

- **Conclusion:** a single pre-operative i.v. infusion of PAT-SC1 induced apoptosis in primary gastric tumours, leading to tumour cell regression in 50% of patients. Survival at 10 years is significantly higher for PAT-SC1 treated CD55^{PAT-SC1} positive R0 resected patients as compared to CD55^{PAT-SC1} positive untreated R0 resected patients. Furthermore, PAT-SC1 was well tolerated