

Developing high value drugs for challenging diseases

Tim Oldham PhD, CEO and Managing Director
July 2022

Disclaimer

Investment in AdAlta is subject to investment risk, including possible loss of income and capital invested. AdAlta does not guarantee any particular rate of return or performance, nor do they guarantee the repayment of capital.

This presentation is not an offer or invitation for subscription or purchase of or a recommendation of securities. It does not take into account the investment objectives, financial situation and particular needs of the investor. Before making any investment in AdAlta, the investor or prospective investor should consider whether such an investment is appropriate to their particular investment needs, objectives and financial circumstances and consult an investment advisor if necessary.

This presentation may contain forward-looking statements regarding the potential of the Company's projects and interests and the development and therapeutic potential of the company's research and development. Any statement describing a goal, expectation, intention or belief of the company is a forward-looking statement and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those inherent in the process of discovering, developing and commercialising drugs that are safe and effective for use as human therapeutics and the financing of such activities.

There is no guarantee that the Company's research and development projects and interests (where applicable) will receive regulatory approvals or prove to be commercially successful in the future. Actual results of further research could differ from those projected or detailed in this presentation. As a result, you are cautioned not to rely on forward-looking statements. Consideration should be given to these and other risks concerning research and development programs referred to in this presentation.

AdAlta at a glance



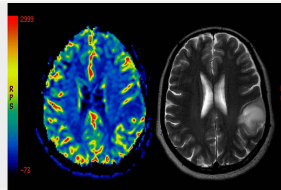
Building out pipeline

Targeting 10 programs by end 2023



Immuno-oncology: two co-development collaborations

1. i-CAR-T with **Carina Biotech**: US\$20b market by 2028
2. GZMB i-PET imaging agent with **GE Healthcare**: US\$6.4b market



Fibrosis/inflammation: wholly owned pipeline

1. **AD-214** first in class anti-fibrotic preparing for Phase II clinical trials
2. Second target in discovery



i-body platform

Powerful drug discovery tool for creating drugs against diseases underserved by traditional antibodies

Four human health needs AdAlta is addressing today



Antibodies cannot do everything!

AdAlta's i-bodies are a differentiated drug discovery platform for difficult diseases



Idiopathic Pulmonary Fibrosis: degenerative, fatal

AdAlta's AD-214 could meet a desperate need for new approaches for a debilitating disease



CAR-T cell therapy providing new hope ... for blood cancer patients

AdAlta and Carina's iCAR-T cells could offer same hope for patients with solid tumours



Immuno-oncology drugs revolutionising cancer treatment ... for some

AdAlta and GE Healthcare's GZMB iPET imaging agent could identify responders early

Platform: i-bodies

i-bodies: sdAB-like molecules with engineered binding loops conferring unique binding properties

1

AdAlta next generation protein therapeutics **i-bodies** are combination of a human protein with unique long loop binding sites that mimic the structural features of the shark single domain antibody system



Human
protein
scaffold

Engineered
target specific
binding loops

2

AdAlta next generation protein therapeutics **i-body library** contains 10^{10} unique i-bodies. Each unique i-body has different binding loops



12-15kDa protein
90% smaller than MAb
50% smaller than scFv

i-bodies allow for high affinity, high specificity binding to targets that are intractable for traditional antibodies

Small Molecules



i-bodies have high specificity, avoiding off-target issues of small molecules

Antibodies



i-bodies are ~10% the size of human antibodies, capable of engaging sterically hindered cell membrane receptors

i-bodies



The i-body CDR structure confers unique binding capabilities, enabling unique epitope engagement and tunable pharmacology

Flexible, modular formats



CAR cell therapy



ADC/
radiotherapeutic



Bi-specific



Fc-fusion



PEGylation



Naked i-body

Lead program: AD-214

About | Idiopathic Pulmonary Fibrosis (IPF)

Scarring and stiffening of the lungs progressively and irreversibly reduces lung function

>300,000 people living with IPF; 40,000 people die from IPF every year

Only 3.8 years median survival after diagnosis

Two current therapies sell for \$3b per year ...

... despite having limited effectiveness and serious side effects

Burden of fibrotic lung disease following COVID-19 likely to be high

“Long COVID” is a developing issue – further increasing the need for better anti-fibrotic drugs.*

* PM George, et al, “Pulmonary fibrosis and COVID-19: the potential role for antifibrotic therapy”, Lancet published online May 15, 2020.



AD-214 | Completed Phase I, multiple indication options

AD-214 is a first in class anti-fibrotic

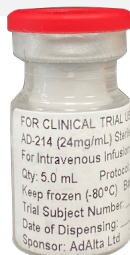
- i-body-Fc fusion targeting CXCR4
- Pre-clinical efficacy in lung, kidney, eye fibrosis

Phase I intravenous (iv) clinical study successfully completed¹

- AD-214 (iv) is well tolerated, binds CXCR4 tightly
- Preclinical animal data supports potential iv efficacy

Drug substance manufacturing secured for next clinical studies²

- Delivery late 2023
- Next clinical studies to commence first half of 2024³



Multiple indication and partner potential

- US\$ billion need in many fibrosis indications
- Unique formulations expands partnership options



Lung

IPF/ILD

>US\$3b
Inhalation



Eye

Wet-AMD

>US\$15b
Intravitreal



Kidney

RENAL FIBROSIS

>US\$10b
Intravenous

Preclinical development of inhaled formulation for IPF well advanced

Route of administration, indication priorities for clinical program to be finalized in 2H 2022

An inhaled formulation of AD-214 would be a superior option for IPF



Improved bioavailability

- **AD-214** delivered direct to fibrotic areas
- First pass liver clearance¹ avoided
- Dosing schedule flexibility to optimise receptor coverage



Greater patient convenience

- Self administration (no scheduled clinic visits; freedom of movement)
- Less invasive



Enhanced cost effectiveness

- Lower drug dose means lower cost of goods
- Lower healthcare costs for administration

1. ASX Release 19 July 2021; not observed for i-bodies to other targets; these studies were part supported by a Biomedical Translational Bridge grant, a program of Australia's Medical Research Future Fund administered by MTPConnect and supported by UniQuest

Inhaled AD-214 | Milestones and opportunities

September 2022 quarter

- Antifibrotic effects in cultured human lung tissue
- Imaging distribution, retention in sheep
- Efficacy in bleomycin mouse model*

December 2022 quarter

- Inhaled AD-214 formulation selected
- Preparation for inhalation toxicology studies

First half 2023













- Manufacturing AD-214 for toxicology studies
- cGMP manufacturing commences for Phase Ib/IIa clinical trials

Aim of pre-clinical studies

1. Demonstrate nebulised AD-214 can reach lower airways of sheep lungs (similar to human)
2. Demonstrate that AD-214 reaching the lower airways is retained in fibrotic tissue (bleomycin mice, sheep, cultured lung tissue)
3. Demonstrate AD-214 delivered to fibrotic tissue can moderate disease progression (bleomycin mice, cultured lung tissues and cells)

Pre-clinical success anticipated to accelerate existing partnering discussions

AD-214 | Valuable IPF partnering options as early as Phase I

Date	Licensee	Licensor	Transaction Terms	Clinical Phase
Nov-21			US\$254m Upfront	2 (Ready)
Nov-21			€320m Milestones	2 (Ready)
Sep-21			US\$152m Upfront +US\$602m Milestones	2 (Ready)
Nov-19			US\$390m Upfront +US\$1b Milestones	2
Feb-21			US\$517.5m Milestones	1
Jul-19			€45m Upfront +€1.1b Milestones	1

Co-developed immuno-oncology assets

About | CAR-T therapies

CAR-T therapies are providing new hope for patients with cancer who have failed all other options

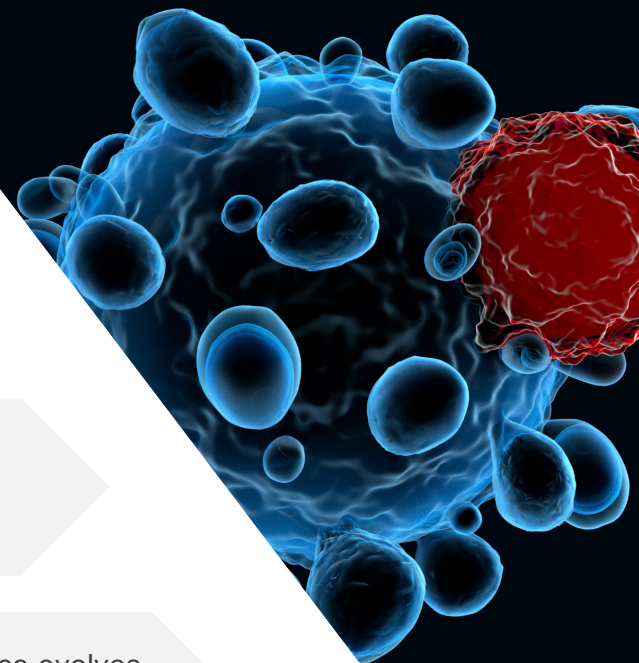
Therapy involves removing immune cells from blood and re-engineering them so they “see” cancer as a pathogen

Already 6 FDA-approved CAR-T therapies ... but so far only for blood cancers

>\$US1 billion earned by CAR-T therapy products in 2020

\$US20.3 billion¹ revenue forecast for 2028 as more products are commercialised, science evolves

Solid tumours to account for >50% of CAR-T revenues by 2030²

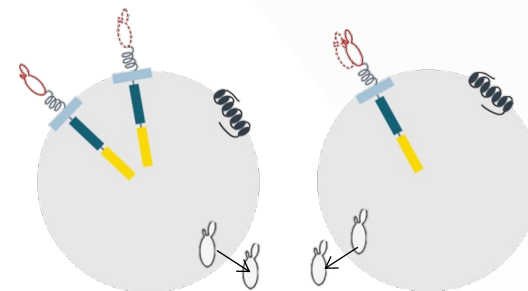


i-bodies enable optimized CAR constructs (i-CARs)

Feature	Benefit
Small size	<ul style="list-style-type: none">Increased CAR gene cassette/vector capacity, efficient multi-functional CAR cell creation
Long CDR3 binding domain	<ul style="list-style-type: none">Access to unique tumor antigens/epitopes and TME modulating proteins in cancer tissue
Tunable binding	<ul style="list-style-type: none">Control of immune synapse (length + strength)
Robust conformation	<ul style="list-style-type: none">Natural stability delivers robust CAR binding domain and stable secreted molecules

Superior i-CAR products

- CARs against novel tumor antigens
- Dual and bi-specific CARs for enhanced specificity, reduced tumor escape and logic gated CARs
- Secreted antibodies to modulate TME



i-CAR-T assets | Carina co-development collaboration

AdAlta and Carina are combining i-bodies and a world class CAR-T platform to create iCAR-Ts that could offer improved precision, performance and persistence

Further expands AdAlta's pipeline in an attractive deal space

- Collaborating on up to five tumour targets
- Sharing costs to pre-clinical proof of concept (in mice)
- Jointly own resulting products: ready for partnering or further development

Current status

- i-body enabled CAR-T (i-CAR-T) cells have been successfully generated by Carina and demonstrate *in vitro* cell killing (lysis)¹
- First target A selected, A-i-CAR-T cells incorporating i-bodies against Target A being built



AdAlta
next generation protein therapeutics

carina
biotech

**Co-developed iCAR-T
immuno-oncology asset**

1. .ASX release 29 November 2021

About | Immuno-oncology (I/O) PET imaging

Immuno-oncology (I/O) drug market is worth US\$95 billion¹ ...

... but only 20-40% of patients respond² to therapy

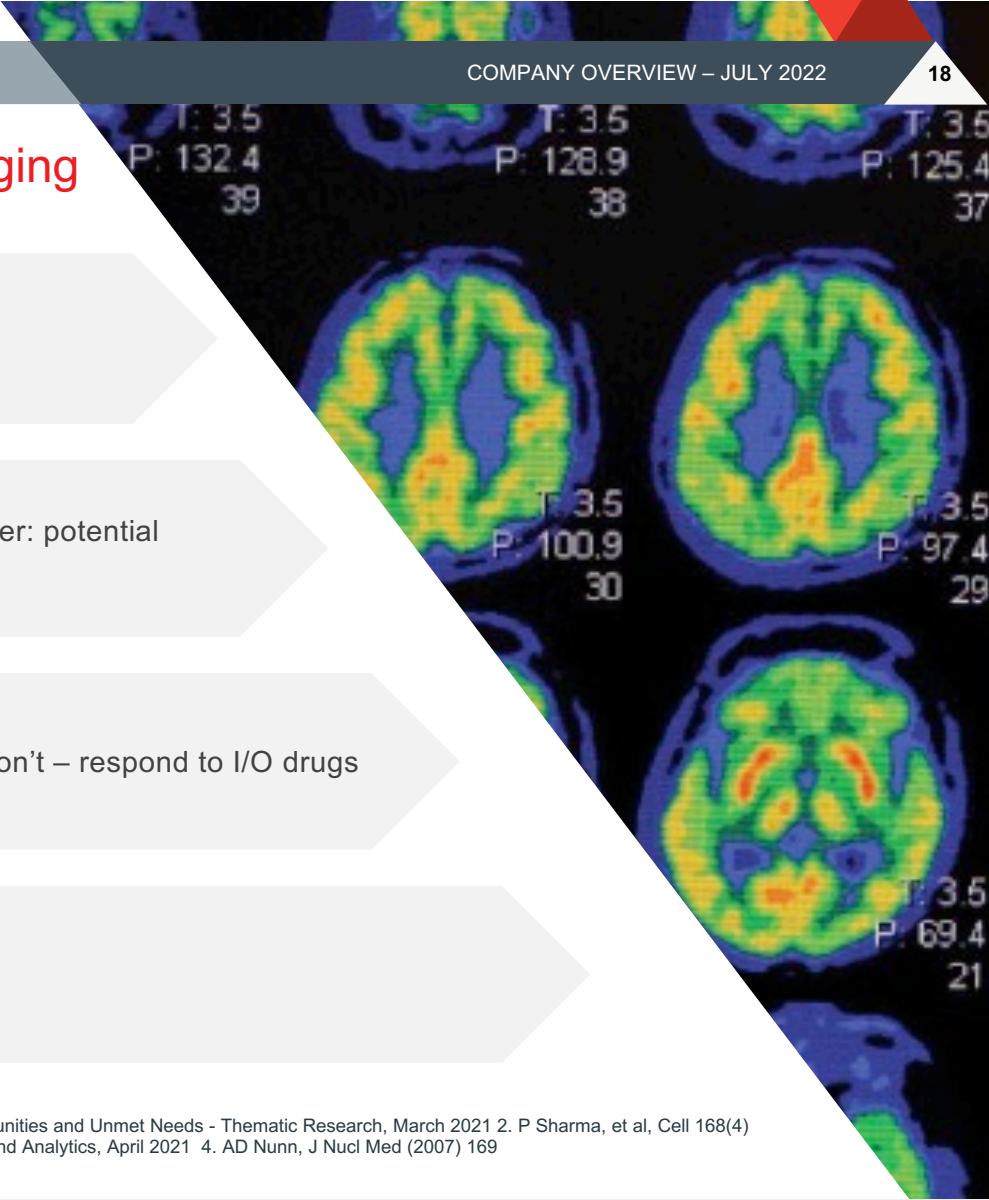
Granzyme B (GZMB) is produced by immune cells to kill cancer: potential biomarker of I/O drug activation of the immune system

PET imaging GZMB could help identify early who will – and won't – respond to I/O drugs

The PET imaging agent market is valued at US\$6.4billion³

Largest products >US\$400m⁴

1. 2026 forecast by ResearchandMarkets.com, Immuno-Oncology - Market Analysis, Trends, Opportunities and Unmet Needs - Thematic Research, March 2021 2. P Sharma, et al, Cell 168(4) 707 (2017) 3. 2027 forecast by Global Industry Analysts, Imaging Agents: Global Market Trajectory and Analytics, April 2021 4. AD Nunn, J Nucl Med (2007) 169



GZMB i-PET imaging asset | GE Healthcare co-development collaboration

AdAlta and GE are co-developing a GZMB i-body PET imaging (iPET) asset to evaluate the effectiveness of immuno-oncology drugs

Revenue generative pipeline asset

- AdAlta earns research fees, development and sales milestone payments and royalties on product sales
- A\$2.27 million revenue* earned to December 2021
- GZMB iPET asset could generate royalty revenue sooner than a therapeutic due to shorter diagnostic development timelines

Current status

- Panel of GZMB specific i-bodies identified
- Pre-clinical proof of concept studies and i-body optimization underway
- Manufacturing development underway



**Co-developed iPET imaging
immuno-oncology asset.**

* Milestones, research fees and contributions to third party costs; AdAlta Half Year Report 23 Feb 2022

I/O assets | Milestones and opportunities



September 2022
quarter

- Initial *in vitro* cancer cell killing screening assays for A-i-CAR-T
- i-CAR-T targets B and C selected

December 2022
quarter

- Full *in vitro* cancer cell killing assays complete for A-i-CAR-T

First half 2023

- A-i-CAR-T *in vivo* proof of concept studies commenced

TBD

- Updates provided in consultation with GEHC and as milestones are achieved



GE Healthcare

Corporate snapshot

Key financial details (21 July 2022)

ASX code	1AD
Market capitalisation	A\$15.08m
Share price (12 month closing range)	A\$0.048 (\$0.045 - 0.114)
12 month return	(58)%
Ordinary Shares (daily volume)	314,184,746 (277,395)
Unlisted Options	14,184,060
Cash (30 Jun 2022)	A\$8.66m

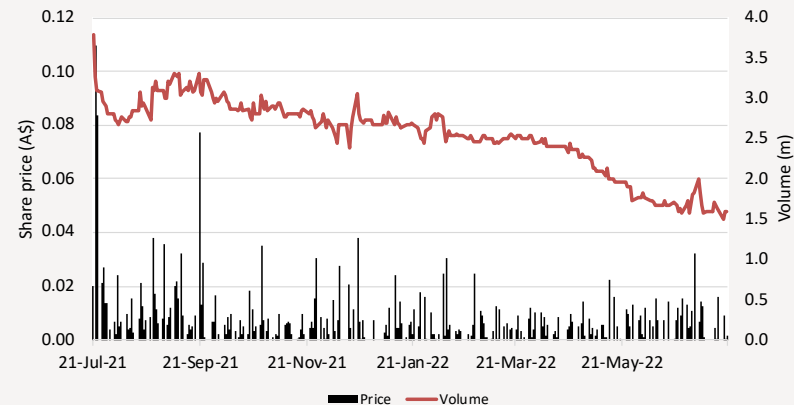
Major shareholders (21 July 2022)

	%
Yuuwa Capital LP	17.2
Platinum Asset Management	15.7
Meurs Holdings Pty Ltd	6.4
Radiata Super Pty Ltd	3.5
Sacavic Pty Ltd	3.1
Other (1,472 total holders)	54.1
Total	100%

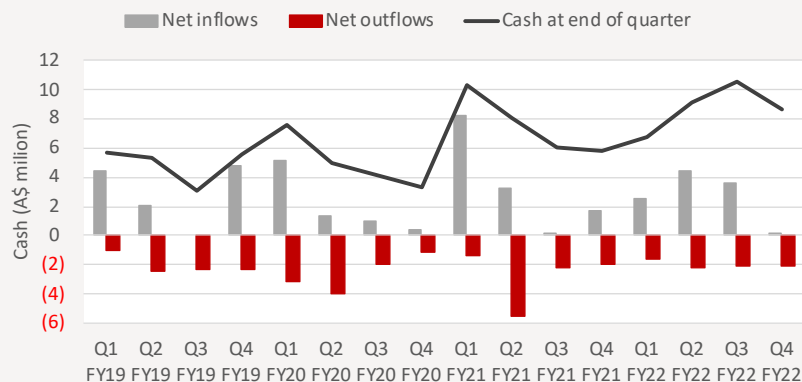
Analyst Coverage

Lodge Partners

Share price performance (last 12 months)



Quarterly cash flows (A\$ million)



Investment proposition



i-body platform to create value



Fibrosis/inflammation
Lead asset advancing to Phase II
>\$3b market potential in first indication¹

Discovery initiated on 2nd target



Immuno-oncology
2 x co-development collaborations to leverage platform

- ✓ Carina Biotech: \$20b CAR-T market²
- ✓ GE Healthcare: \$6b PET market³



Leading expertise



Clear vision for growth
through pipeline expansion



Regular near-term news flow

1. GlobalData, Idiopathic Pulmonary Fibrosis Opportunity Analysis and Forecasts to 2029, November 2020 2. 2028 forecast by Grandview Research, "T-cell Therapy Market Size, Share & Trends Analysis" Feb 2021 3. 2027 forecast by Global Industry Analysts, Imaging Agents: Global Market Trajectory and Analytics, April 2021

Contact:

Tim Oldham, CEO and Managing Director
enquiries@adalta.com.au
www.adalta.com.au