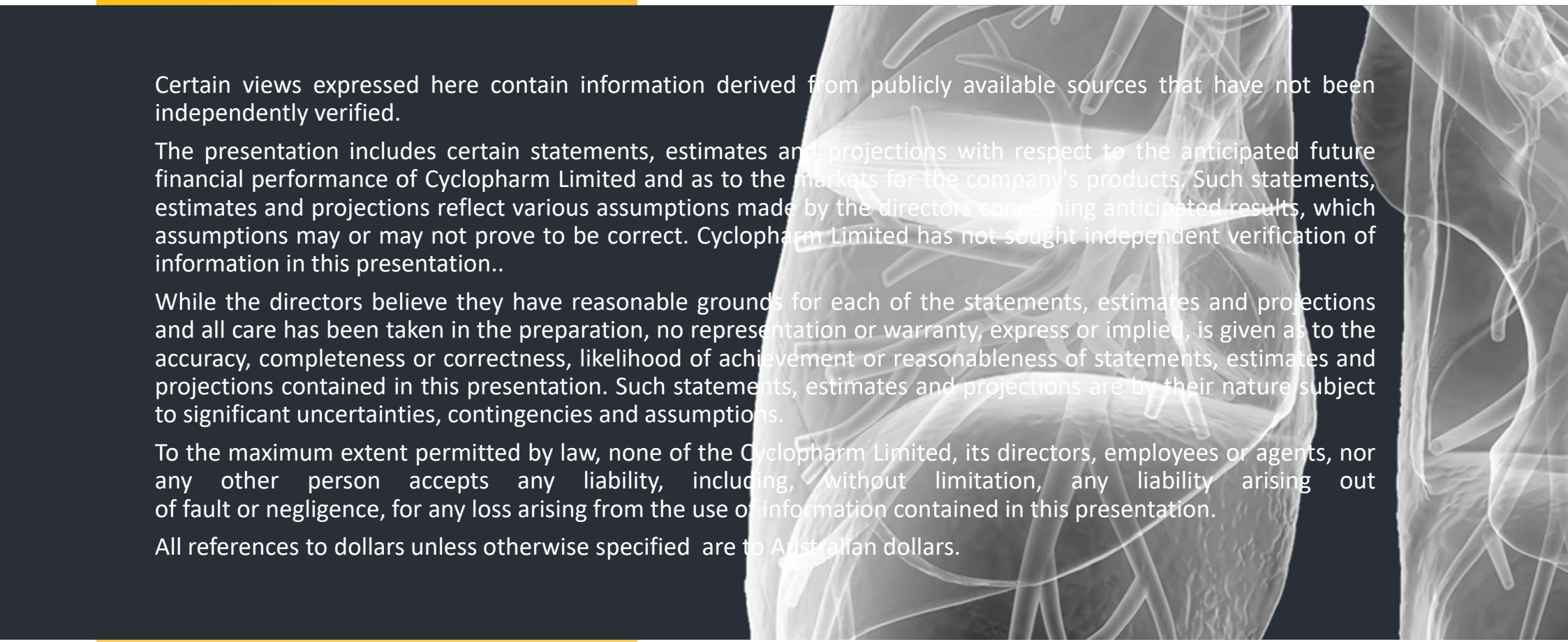
CYCLOPHARM (CYC)

AGM Presentation
2018 Financial Year Results

21 May 2019

Disclaimer



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All references to dollars unless otherwise specified are to Australian dollars.

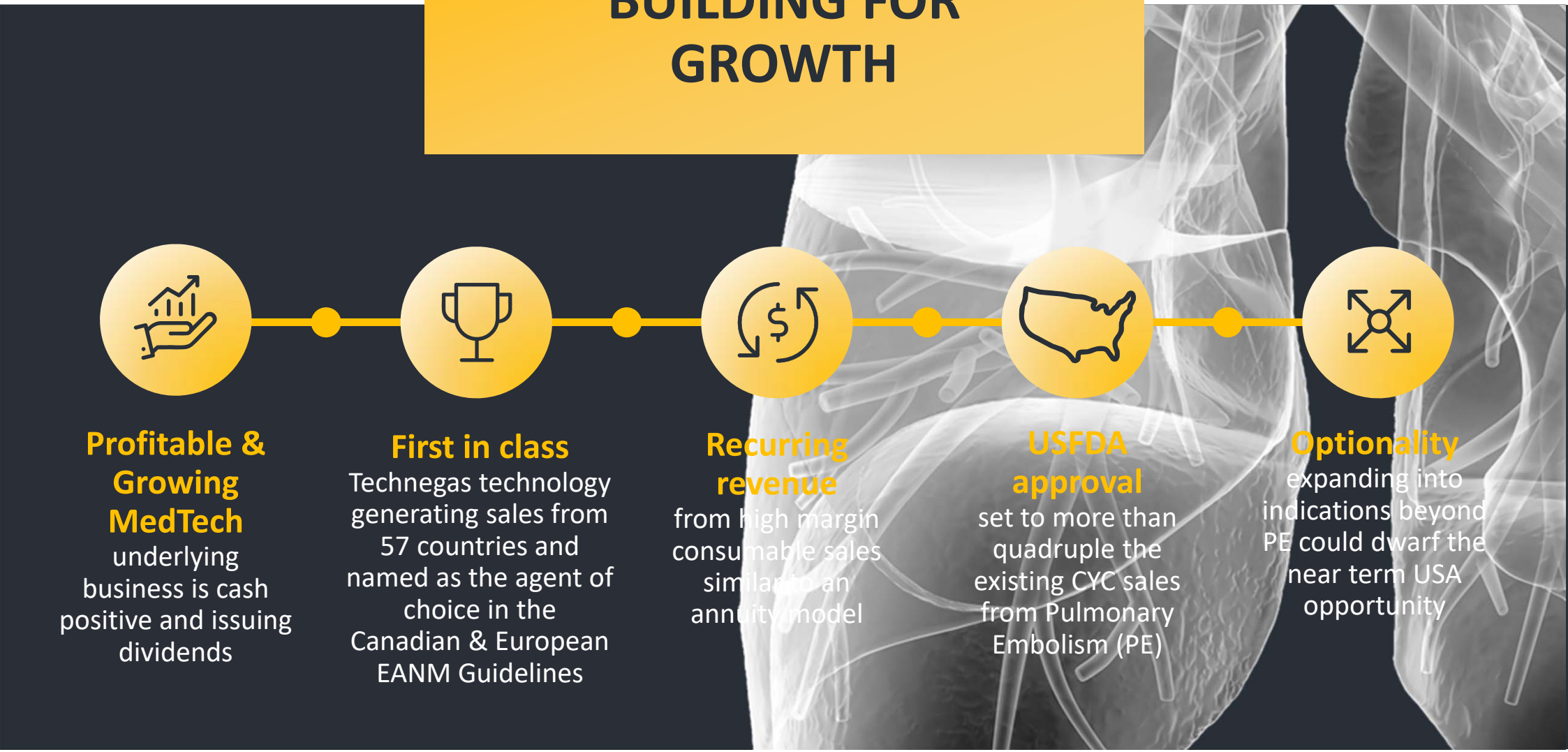
Chairman's Address

David Heaney

Managing Director's Address

James McBrayer

CYCLOPHARM BUILDING FOR GROWTH



Profitable & Growing MedTech
underlying business is cash positive and issuing dividends

First in class
Technegas technology generating sales from 57 countries and named as the agent of choice in the Canadian & European EANM Guidelines

Recurring revenue
from high margin consumable sales similar to an annuity model

USFDA approval
set to more than quadruple the existing CYC sales from Pulmonary Embolism (PE)

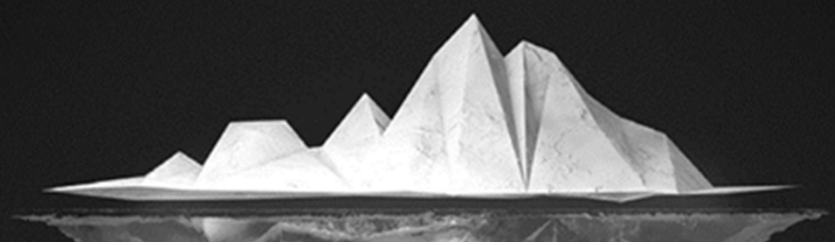
Optionality
expanding into indications beyond PE could dwarf the near term USA opportunity

FY2018 Results Highlights

Group Sales Revenue	**$13.40 million**
Gross Margin	$10.85 million
Net Loss After Tax	($0.04) million including USFDA investment
Total Dividend	1.0 cents per share
Underlying Technegas EBITDA[1]	$1.90 million
FDA Trial expenses	($2.96) million
Strong balance sheet[2]	$9.19 million of cash reserves as @ 31 Jan 2019
Guidance Affirmed	The Board expects continuing modest growth in underlying Technegas volumes from existing markets for FY19

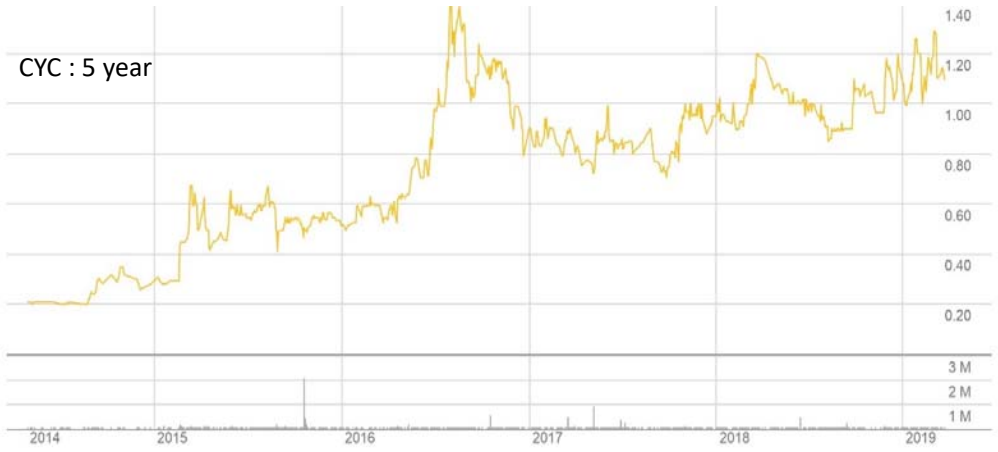
Note 1: Underlying Results represent results from the division excluding R&D tax incentive, reversal of contingent consideration, FDA expenses, Pilot Clinical Trial expenses and net expenses for Germany
Note 2: Cash reserves as at 31 December 2018 was $5.85 million

Operating Highlights



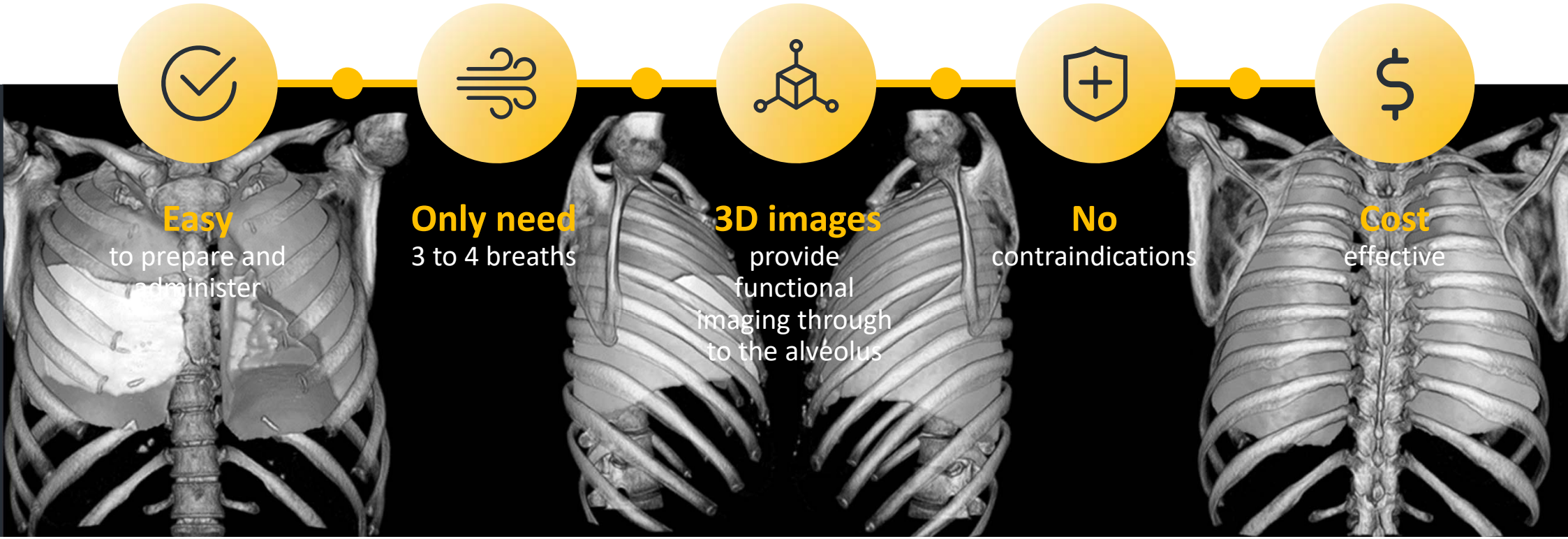
•Technegas is a substantially de-risked commercial proposition with significant upside in the US market

- Total **global sales of $104 m from** 2010
- Technegas currently available in **57 countries**
- Over **195,000 patient procedures** in 2018
- Over **4,200,000 patient procedures** since 1986
- **~1,600 Technegas generators** sold globally
- CYC is growing, underlying business is profitable and dividend paying company
- Stable gross margins of greater than 80%
- Around 80% of historical revenue is recurring consumable sales

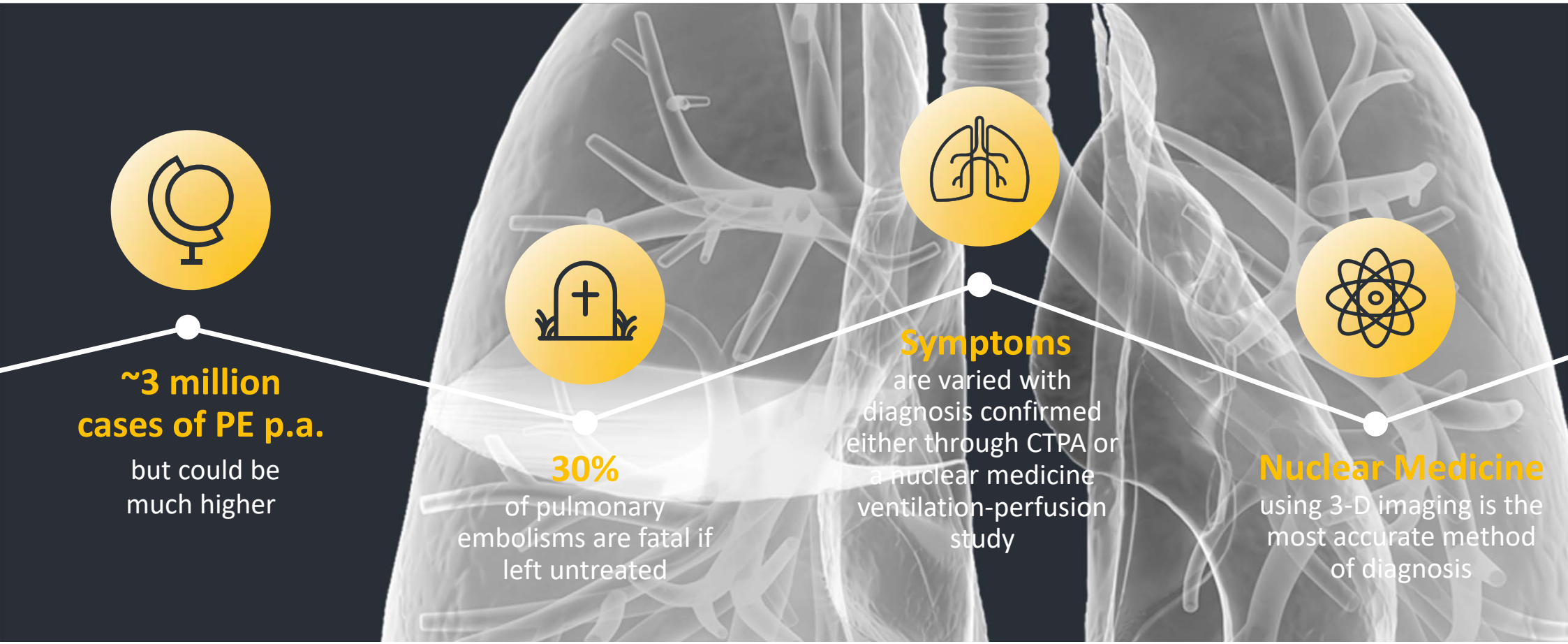


Share Price (17 May 2019)	$1.23
Shares on Issue	68.7 million
Market Capitalisation	$84 million
Cash (30 April 2019)	$7.14 million

Technegas
world's best functional lung ventilation imaging agent



Pulmonary Embolism



~3 million cases of PE p.a.

but could be much higher

30%

of pulmonary embolisms are fatal if left untreated

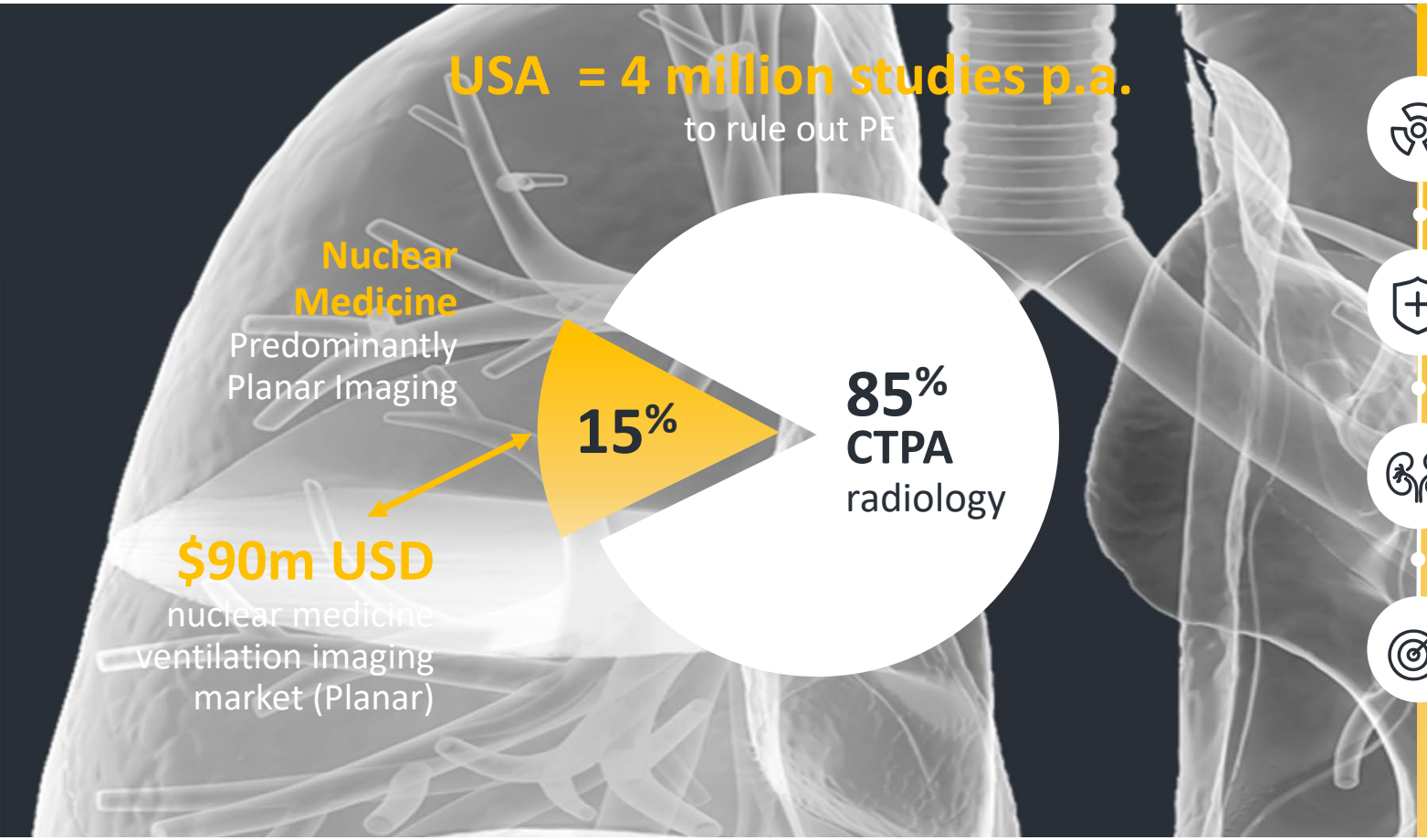
Symptoms

are varied with diagnosis confirmed either through CTPA or a nuclear medicine ventilation-perfusion study

Nuclear Medicine

using 3-D imaging is the most accurate method of diagnosis

Diagnosing Pulmonary Embolism in the USA



OPPORTUNITY TO DISPLACE CTPA:

High radiation burden
CTPA delivers at least 27 times more radiation to the breast as compared to V/Q SPECT

Contraindications
CTPA should not be performed with pregnancy, renal impairment, contrast media allergy, diabetes

AKI
Acute Kidney Injury occurs in up to 13% of CTPA cases

Lower Clinical Sensitivity
Planar = 67%
CTPA = 82%
SPECT = 93%

Technegas
FDA Clinical Trial Process and Design

Study Specifics

- Non-inferiority structural ventilation study comparing Xe133 vs. Technegas
- Special Protocol Assessment Granted
- Total estimated trial cost $7.5 million USD with $5.85m USD spent to date
- Assumes 240 patient study at up to 10 clinical sites
- CYC completed a preliminary 40 patient trial submitted to the FDA
- 135 Patients enrolled as at 17 May 2019
- Face to Face meeting with the FDA on 11 October 2018 – constructive guidance provided relating to an alternative 505(b)2 New Drug Application Pathway and a variation to the existing trial expected to expedite patient enrolment approved

Timeline

1H 2018

Finalise
Trial Site
Recruitment

1H 2018

Submit Preliminary
Trial Results
for FDA Review

2H 2019

Submit NDA

2020

Commence US
Commercialisation

Building from a strong & well established foundation

Near term opportunities providing significant growth potential beyond PE toward patient management

USA Market

nuclear medicine ventilation imaging market to diagnose PE equal to $90m USD with reimbursement already in place

Targeting USA CTPA PE market

opportunity to convert CTPA to nuclear medicine imaging by shifting market to SPECT imaging

Half billion

combined sufferers of Asthma and Chronic Obstructive Pulmonary Disease globally.

Trials underway

Clinical Study Strategy Beyond PE Underway

Hunter Medical Research Institute

100 patient trial targeting phenotyping and response to therapy in severe asthma. 100 patients enrolled as at 17/05/2019

Woolcock Institute

100 patient trial to commence 2Q 2019 targeting the diagnosis of mild to moderate COPD and response to therapy

Other clinical trials initiated

Lung Volume Reduction, assessment of Lung Transplant patients and early detection of COPD and response to therapy

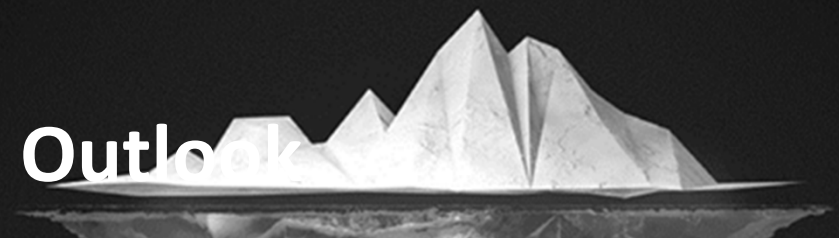
Protocol development underway

Clinical trial to determine the effectiveness of early detection of COPD in asymptomatic smokers

Ultralute Update

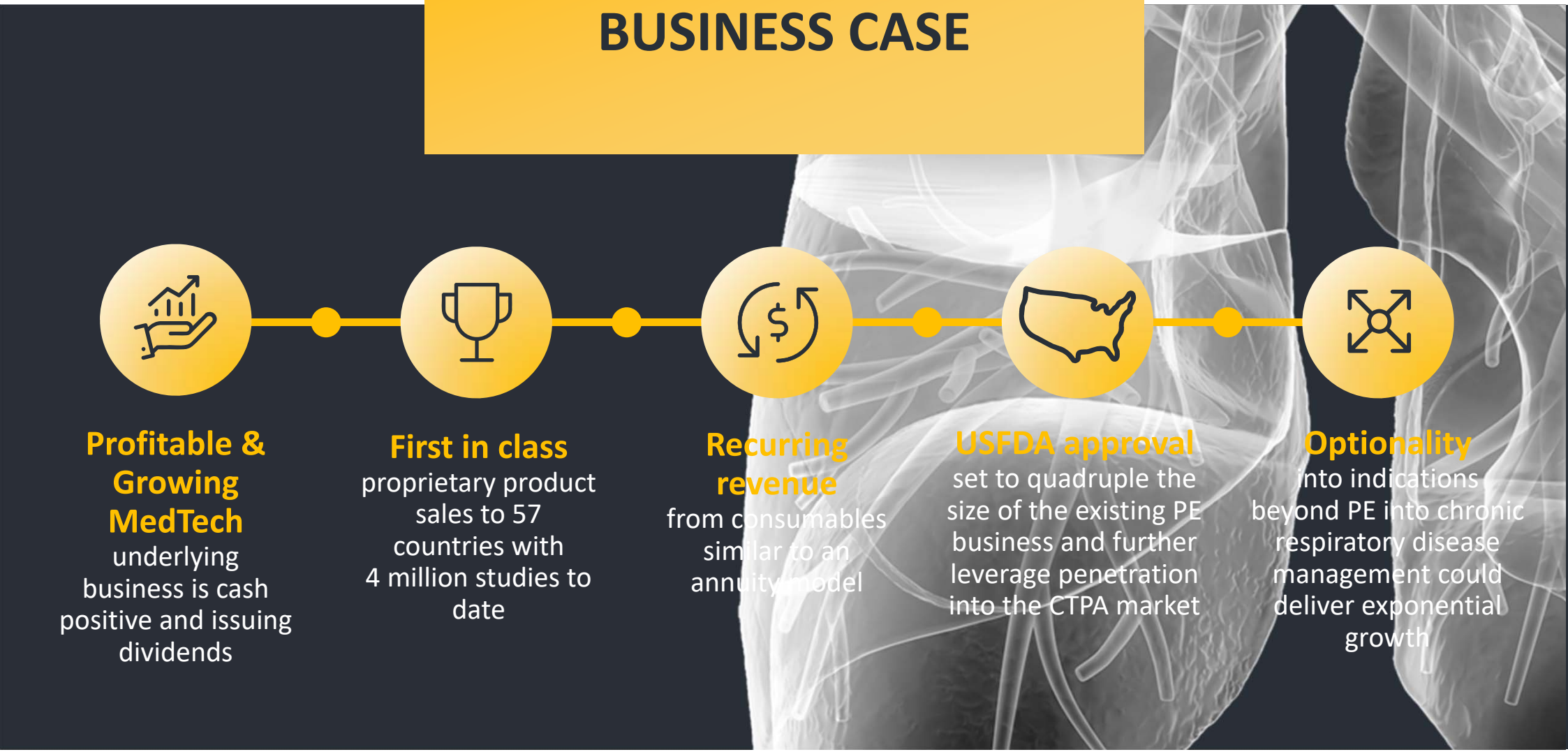
- Ultralute™ has the potential to bring significant cost savings in the delivery of pharmaceuticals used in nuclear medicine by extending the useful life of Molybdenum-99 (Mo-99) generators by up to 50%.
- First test sales in 2018,
- Decision taken to register Ultralute™ as a medical device technology within Europe
- Medical Device registration expected to broaden its overall market acceptance and optimise the commercial value of this technology.
- A full commercial launch of Ultralute™ in Europe is expected to commence following registration as a medical device targeted in late 2019.
- Meaningful commercial sales of Ultralute™ within the medical device category in Europe are expected in 2020.

2019 Strategic Priorities and Outlook



Strategic Goals & Guidance	Activity	Timeframe
United States FDA Approval & Commercialisation	Continue patient recruitment	Ongoing
	Finalise clinical trial sites (Mayo and Univ of Utah)	1H 2019
	Finalise paediatric plan and submit to USFDA	1H 2019
	Complete internal development of pharmaceutical and device manufacturing requirements to comply with USFDA requirements	1H 2019
	Submit New Drug Application to the USFDA	2H 2019
	Initiate USA Commercialisation Plan	1H 2019
Indication Expansion	Continue UoN-HMRI-JHH clinical trial	Ongoing
	Commence new pilot trials in Canada and Australia	1H 2019
	Commence COPD trial Woolcock Institute	1H 2019
	Expand clinical marketing	Ongoing
New Product – Ultralute™	Registration as a medical device technology in Europe	2H 2019
Expand Product & Service Offering	Identify and evaluate business prospects targeting growth, product extension, diversification, improved distribution models, accretion and enhanced returns	Ongoing
	Evaluate other acquisition opportunities	Ongoing
2019 Guidance - Affirmed	Continued underlying solid Technegas sales and underlying earnings growth	FY 2019
	Expenditure of approximately AUD $3.4 million on FDA approval process and regulatory / operational readiness for US launch	
	Finalise operational and regulatory readiness for USFDA launch	
	Ongoing investment in trials to support expanded use of Technegas supported by AusIndustry R&D grants	

CYCLOPHARM BUSINESS CASE



Profitable & Growing MedTech
underlying business is cash positive and issuing dividends

First in class
proprietary product sales to 57 countries with 4 million studies to date

Recurring revenue
from consumables similar to an annuity model

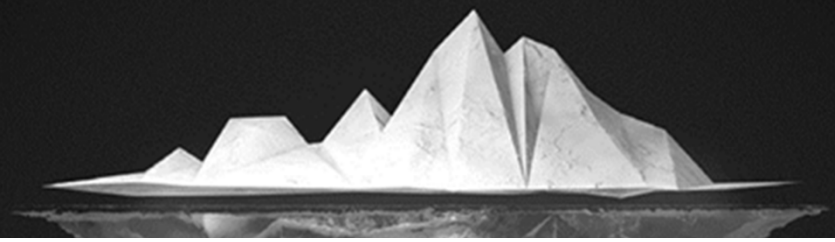
USFDA approval
set to quadruple the size of the existing PE business and further leverage penetration into the CTPA market

Optionality
into indications beyond PE into chronic respiratory disease management could deliver exponential growth

Thank You

AGM Formal Business

2019 AGM Formal Business



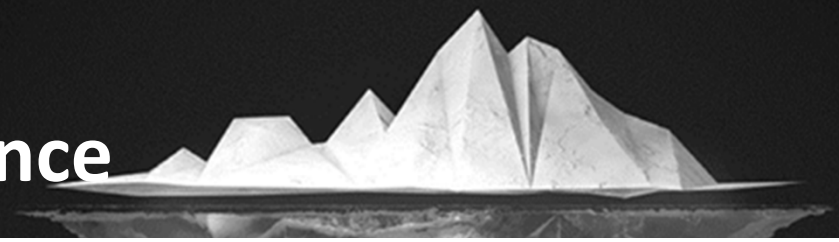
Resolution	Business	For *	Against	Abstain	Proxy's Discretion	Excluded
1	Remuneration report	28,764,048	31,617	1,854,369	13,211,332	12,185,066
2	Re-election of Tom McDonald	42,835,100	-	-	13,211,332	-
3	Removal of Nexia Sydney Audit & Assurance as Auditor	42,792,280	2,460	40,360	13,211,332	-
4	Appointment of Nexia Sydney Audit Pty Ltd as Auditor	42,794,740	-	40,360	13,211,332	-
5	Approval for share buy-back	42,813,061	22,039	-	13,211,332	-
6	Issue of shares to Managing Director	40,962,919	39,180	1,833,001	13,211,332	-
7	Issue of options to Managing Director	40,963,506	38,593	1,833,001	13,211,332	-
8	Increase in the Maximum Aggregate Annual Remuneration of Non-Executive Directors	28,759,211	57,822	1,833,001	13,211,332	12,185,066

*Includes Open Useable Proxies that have instructed the Chairman to vote on their behalf and have voted in favour of the resolution.

Appendix

- FY18 Results
- Technegas Clinical Information

Group Underlying Performance



Solid Underlying Financial Results

Year ended 31 December *($000's)*	2018	2017
Consolidated sales	**13,404**	**13,189**
Gross margin	10,855	10,740
Gross margin % sales	*81.0%*	*81.4%*
Consolidated EBITDA	**655**	**1,043**
Add back:		
CPET / Ultralute™ division EBITDA	335	457
Reversal of contingent consideration	(314)	-
Unrealised gain on forward exchange contract	(275)	-
Expenses net of writebacks for Germany	410	677
FDA expenses and other pilot trial expenses	3,216	2,855
R&D Tax Incentive	(2,122)	(2,391)
Technegas Underlying EBITDA	**1,905**	**2,641**

During the year, CYC continued to implement its strategic priorities, which are to:

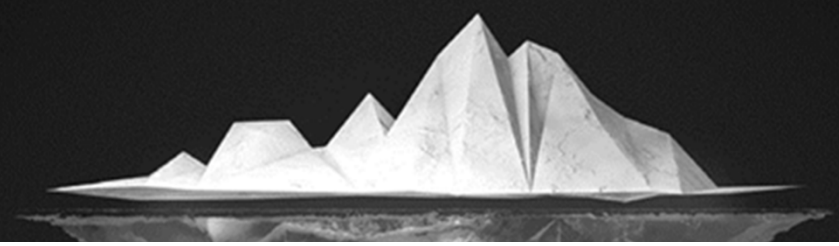
1. Accelerate the path to regulatory approval to sell Technegas into the world's largest and new highly prospective US market;

2. Pursue sales of Technegas in new applications: Chronic Obstructive Pulmonary Disease ("COPD") and Asthma which are significantly larger markets than the Pulmonary Embolism market where CYC traditionally operates;

3. Identifying, developing and commercialising complementary innovative technology such as Ultralute™; and

4. Leveraging our core global regulatory strengths, fiscal discipline, strong balance sheet and well-developed expertise in nuclear medicine and pulmonary healthcare to seek out complementary technologies and businesses.

Group Balance Sheet



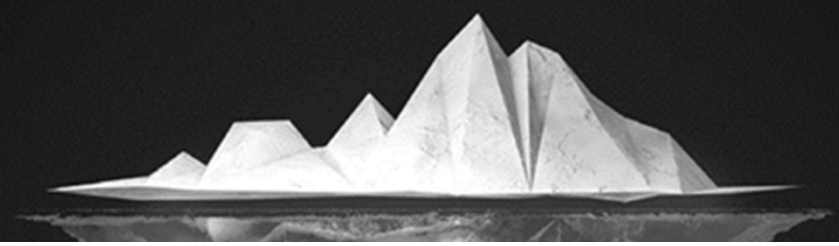
Financial Foundation to Leverage Growth Strategy

Year ended 31 December *($000's)*	**2018**	**2017**
Cash	5,855	8,690
Other current assets	9,600	8,139
Non-current Assets	8,082	6,548
Total Assets	**23,537**	**23,377**
Current Liabilities	5,219	5,212
Non-current Liabilities	1,302	916
Total Liabilities	**6,521**	**6,128**
Net Assets	**17,016**	**17,249**

During the year, CYC continued to implement its strategic priorities, which are to:

- Low debt & cash on hand – provides balance sheet and funding flexibility
- Funding used toward USFDA clinical trial enrolment and New Drug Application submission
- Strong financial position supports ongoing investment in R&D and expansion into new markets and indications

Group Cash Position



Cash Position Funding Growth

Year ended 31 December *($000's)*	**2018**	**2017**
Operating Activities	(1,107)	(682)
Investing Activities	(1,403)	(1,136)
Financing Activities	(353)	5,828
Net (Decrease) / Increase in Cash	(2,863)	4,010
Opening Cash	8,690	4,591
Foreign Exchange	28	89
Closing Cash @ 31 December ($000's)	**5,855**	**8,690**
Closing Cash @ 30 April 2019 ($000's)	**7,137**	

- Capital Raising $6.59 m June 2017 with 90% Shareholder Participation
- Benefited from expanded R&D tax Incentive Program resulting in Other Income of $2.12 million

TECHNEGAS™

FUNCTIONAL LUNG IMAGING

Clinical Information

Technegas is the preferred ventilation agent

Endorsed by the guidelines from the European[5] and the Canadian[6] Associations of Nuclear Medicine (EANM & CANM)

"…negas is according to clinical experience better th… the best aer…"

"…ferred to DTPA in patients with COPD"

"…n, 99m-Tc Technegas is the best-aerosol particularly in patients with COPD"

"…sols are inferior for SPECT and should not be used unless Tech… ot available"

"…widely available agent for ventilation is 99m-Tc-Technegas"

"…of the very small particle size, this agent is distributed in the lun… t like a gas and deposited in alveoli by diffusion, where they rem… st… lus providing the best possible images for ventilation SPECT"

"…er advantage is that only a few breaths are sufficient to achieve an … unt of activity in the lungs, reducing time and personnel e… re to radiation"

"…hnegas is considered the agent of choice in the COPD population as the… ral airway deposition, better peripheral penetration, and it d… s not wash out as quickly as traditional aerosols"

5. Bajc M, et al. Eur J Nucl Med Mol Imaging 2009; 36(8): 1356-70
6. Leblanc M, et al. CANM 2018; https://canm-acmn.ca/resources/Documents/Guidelines_Resources/MasterDocument_Final_Nov_21_incl-Exec-Sum_ver3_Dec.%2012_.pdf

Superior to competitive nuclear medicine products

Technegas

- Easy
- 3 to 4 breaths
- 3D images
- No contraindications
- Cost-effective

Xenon - 133

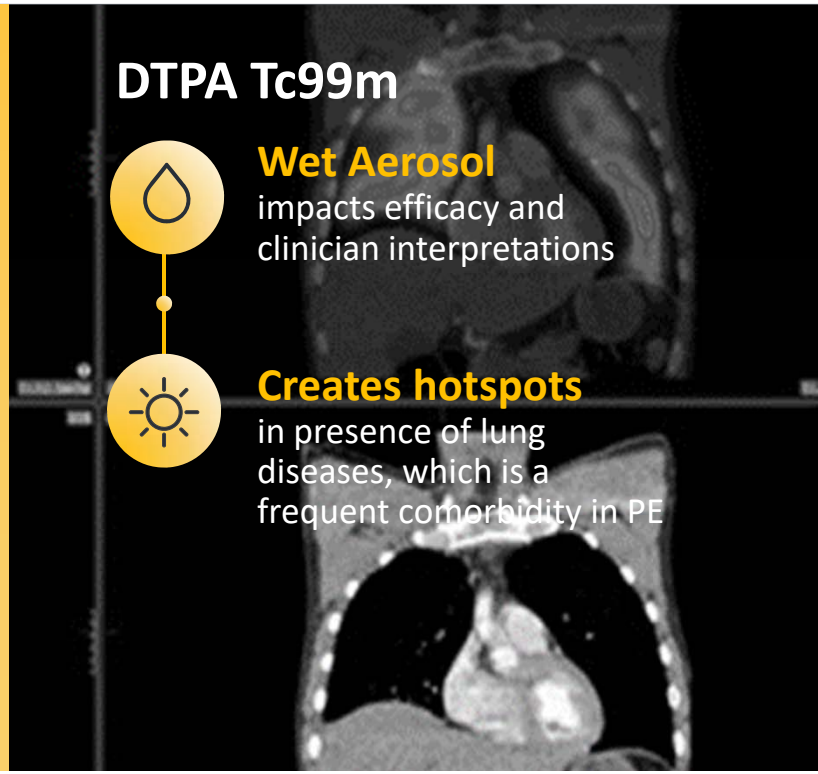
True radioactive gas
inhaled with full face mask

Constant inhale -exhale breathing
for 15 mins

No 3D images
limited to planar imaging resulting in inferior clinical outcomes

Requires special rooms
to contain radioactive gas in the event of a release

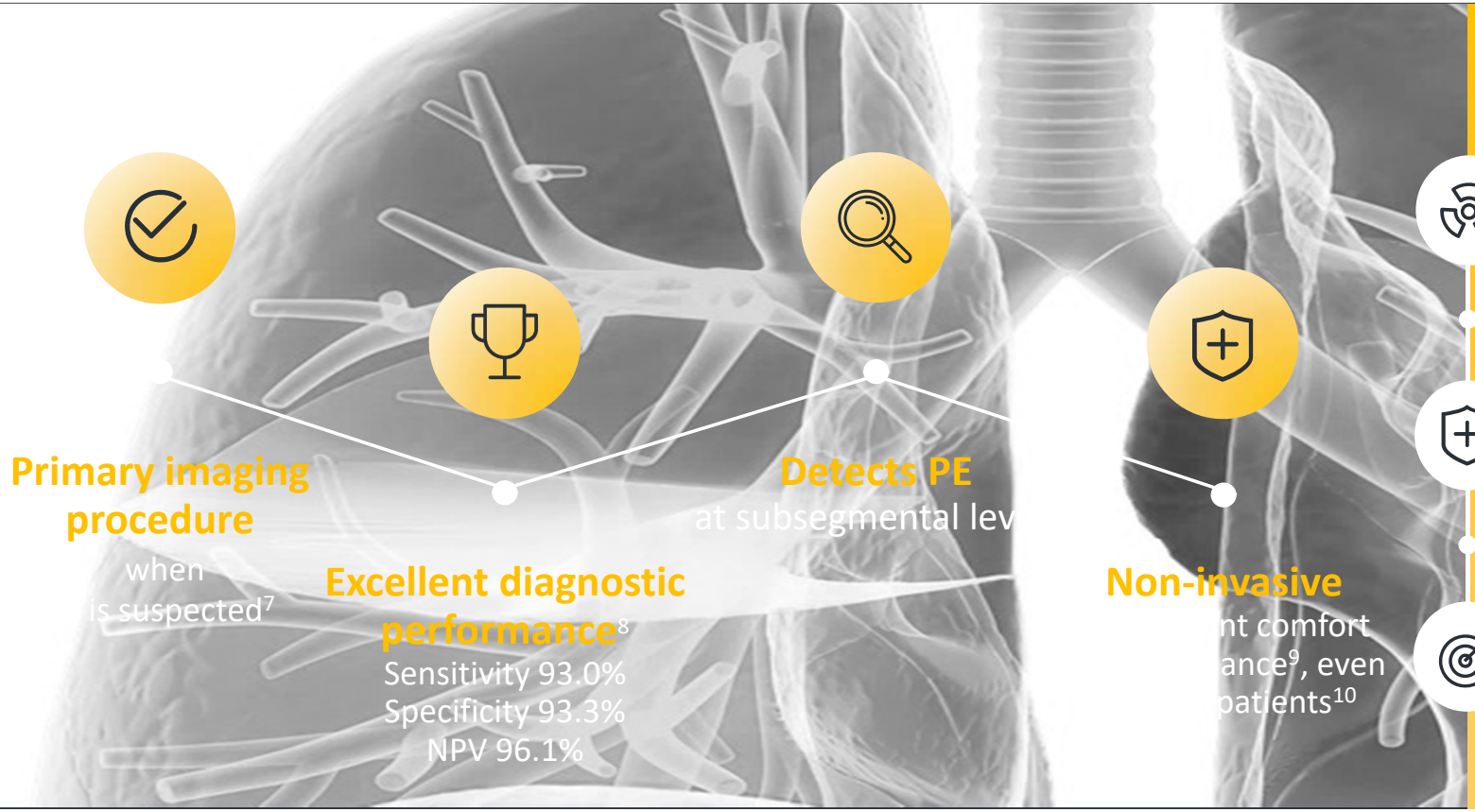
DTPA Tc99m



Wet Aerosol
impacts efficacy and clinician interpretations

Creates hotspots
in presence of lung diseases, which is a frequent comorbidity in PE

Diagnosing Pulmonary Embolism with V/Q SPECT



Primary imaging procedure

when
is suspected[7]

Excellent diagnostic performance[8]

Sensitivity 93.0%
Specificity 93.3%
NPV 96.1%

Detects PE

at subsegmental lev

Non-invasive

nt comfort
ance[9], even
patients[10]

COMPARED TO CTPA:

Less radiation burden

V/Q SPECT delivers 27 times less radiation to the breast as compared to CTPA[11]

Minimal exclusion criteria

V/Q SPECT can be performed in case of pregnancy[11-12], renal impairment[13], contrast media allergy[13] and diabetes[3]

Higher clinical sensitivity

V/Q SPECT has a higher sensitivity to diagnose PE compared to CTPA (93% vs 82% respectively)[8].

3. Roach PJ, et al. J Nucl Med 2013; 54: 1588-1596
7. Waxman AD, et al. J Nucl Med 2017; 58: 13N-15N
8. Hess S, et al. Semin Thromb Hemost 2016; 42(8): 833-845
9. Sánchez-Crespo A, et al. Nucl Med Commun 2008; 29(2): 173-177
10. Nasr A, et al. ECPRM 2017; 4(3): 85-91
11. Isidoro J, et al. Phys Med 2017; 41: 93-96
12. Bajc et al. Eur J Nucl Mol Imaging 2015; 42: 1325-1330
13. Miles S, et al. Chest 2009; 136: 1546-1553

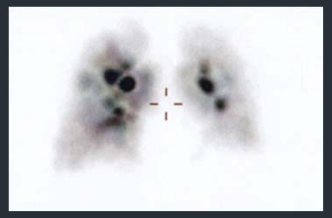
Hybrid V/Q SPECT/CT

V/Q SPECT provides **functional** information on ventilation and perfusion of the lungs[14-15]

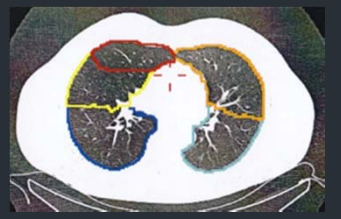
Low-dose CT provides **anatomical** information such as fissures delineation[16]

Combination of functional and anatomical information allow for objective results through **quantitative software**[15-16]

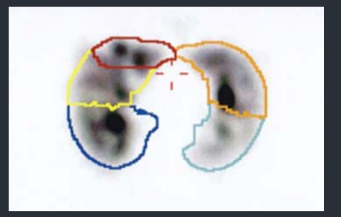
Ventilation SPECT



Low-dose CT



Fused SPECT/CT



Lobar distribution of ventilation

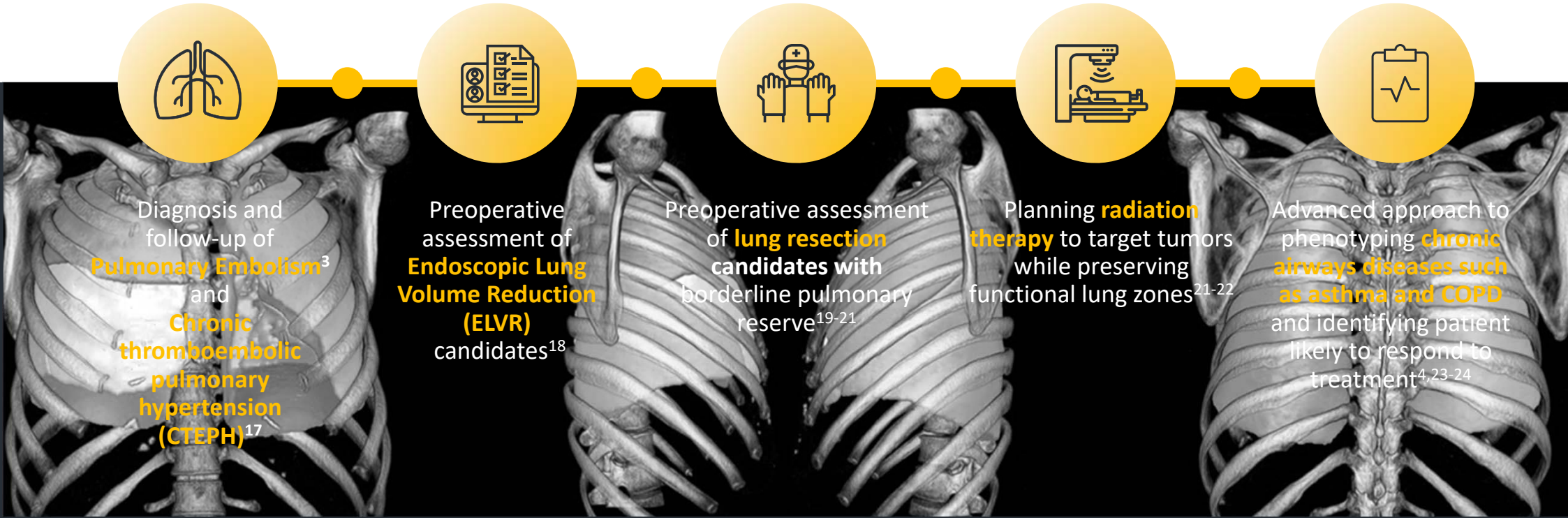
	RIGHT				LEFT		
	RUL	RML	RLL	Total	LUL	LLL	Total
Counts kcts	27% 254	11% 103	28% 261	66% 617	24% 227	10% 95	34% 321
Volume ml	24% 1256	9% 456	25% 1321	57% 3033	26% 1364	17% 914	43% 2278

Percentages, volumes and counts of individual lobes
(Images and 3D quantification provided by MMI)

IMPROVES DIAGNOSTIC CAPABILITIES AND OFFERS ANATOMICALLY-BASED QUANTIFICATION OF LOBAR CONTRIBUTION FOR INTERVENTIONAL THERAPIES

14. Reinartz P, et al. J Nucl Med 2004; 45: 1501-1508
15. King GG, et al. Semin Nucl Med 2010; 40(6): 467-473
16. Provost K, et al J Nucl Med Technol 2017; 45(3): 185-192

Beyond PE applications of V/Q SPECT/CT



Diagnosis and follow-up of **Pulmonary Embolism**[3] and **Chronic thromboembolic pulmonary hypertension (CTEPH)**[17]

Preoperative assessment of **Endoscopic Lung Volume Reduction (ELVR)** candidates[18]

Preoperative assessment of **lung resection candidates with** borderline pulmonary reserve[19-21]

Planning **radiation therapy** to target tumors while preserving functional lung zones[21-22]

Advanced approach to phenotyping **chronic airways diseases such as asthma and COPD** and identifying patient likely to respond to treatment[4,23-24]

3. Roach PJ, et al. J Nucl Med 2013; 54: 1588-1596
4. Farrow C, King GG. Semin Nucl Med 2019; 49(1): 11-15
17. Ohira H, et al. J Nucl Cardiol 2015;22(1): 141-157
18. Hsu K, et al. J Bronchology Interv Pulmonol 2018; 25(1): 48-53
19. Mortensen J, Berg RMG. Semin Nucl Med 2019; 49(1): 16-21
20. Wechalekar K, et al. Semin Nucl Med 2019; 49(1): 22-30
21. Elojeimy S, et al. AJR Am J Roentgenol 2016; 207(6): 1307-1315
22. Eslick EM, et al. Semin Nucl Med 2019; 49(1): 31-36
23. Jögi J, et al. Int J Chron Obstruct Pulmon Dis 2014; 10: 25-30
24. Bajc M, et al.. Int J Chron Obstruct Pulm Dis 2017; 12: 1579-1587

Treatment response in asthma patient

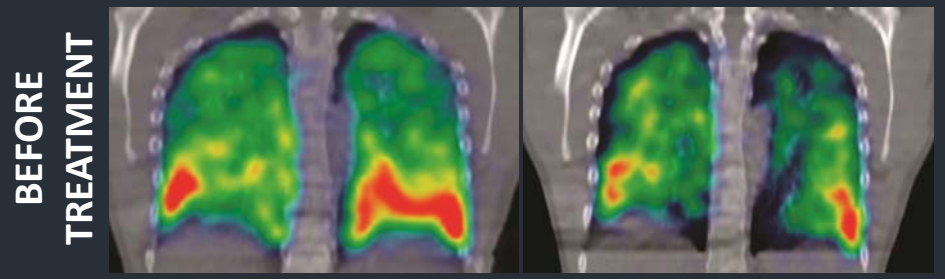
Case 1

CLINICAL HISTORY
Male patient of 25 years old with life-long asthma

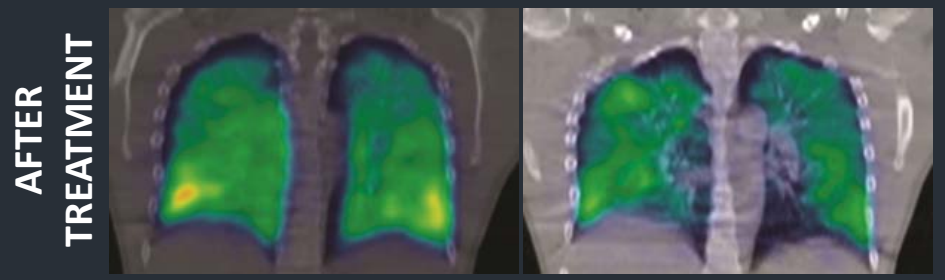
REFERRAL
Evaluation of asthma treatment efficacy

PROTOCOL
Ventilation SPECT/CT imaging at baseline and after methacholine challenge before and after asthma treatment

Images and data were kindly provided by the Woolcock Institute of Medical Research



Bronchoconstriction after methacholine challenge worsened ventilation function and increased ventilation heterogeneity. This was predicted by baseline peripheral ventilation heterogeneity



After treatment, ventilation improved and is more homogeneous on ventilation SPECT imaging, at baseline and also after methacholine-induced bronchoconstriction

VENTILATION SPECT/CT TO MONITORE TREATMENT RESPONSE IN PATIENTS WITH LIFELONG ASTHMA

Planning lung volume reduction surgery

Case 2

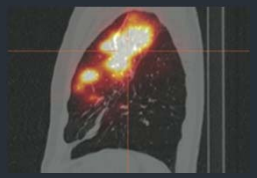
CLINICAL HISTORY
Male patient of 64 years old with emphysema

REFERRAL
Assessment of lung ventilation function before planning endoscopic lung volume reduction

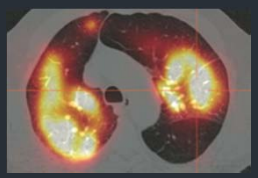
PROTOCOL
VQ SPECT/CT imaging with Technegas as ventilation agent

Images and data were kindly provided by Macquarie Medical Imaging

CORONAL FUSION



SAGITTAL FUSION



UPPER LOBES TRANSVERSE FUSION

LOWER LOBES TRANSVERSE FUSION

The ventilation SPECT/CT scan reveals the function of the lower lobes is severely affected. The left oblique fissure is intact so the left lower lobe should be a good target lobe for endobronchial valves insertion.

Assessment for collateral ventilation was confirmed using CHARTIS assessment tool during the procedure.

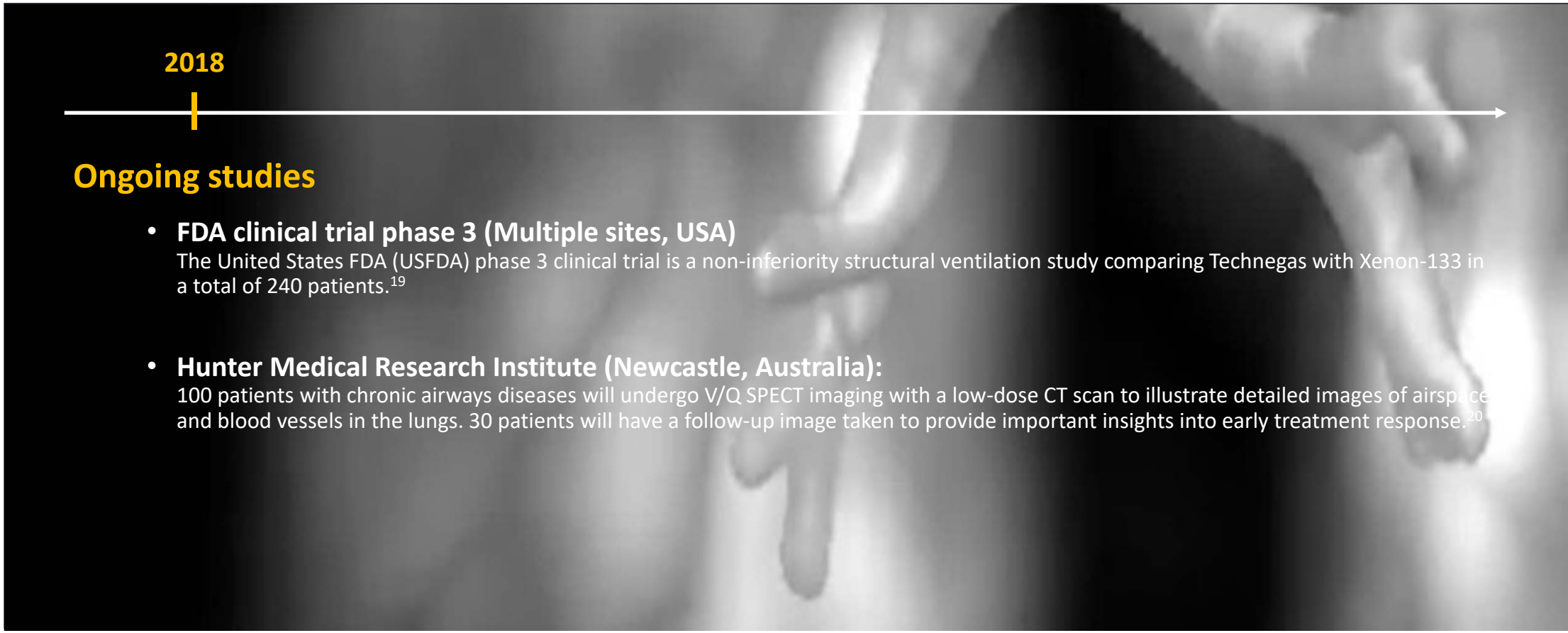
Decision: 3 valves were inserted into the left lower lobe.

VENTILATION RELATIVE UPTAKE [%]		
	Right	*Left*
UPPER	45 %	36 %
MIDDLE	12 %	N/A
LOWER	**3 %**	**4 %**
TOTAL	60 %	40 %

Lobar 3D quantification provided by Hermes

VENTILATION SPECT/CT AS A TOOL TO ASSIST IN PREDICTING FUNCTIONAL LUNG VENTILATION PRIOR TO LUNG VOLUME REDUCTION

Clinical Research



2018

Ongoing studies

- **FDA clinical trial phase 3 (Multiple sites, USA)**
  The United States FDA (USFDA) phase 3 clinical trial is a non-inferiority structural ventilation study comparing Technegas with Xenon-133 in a total of 240 patients.[19]

- **Hunter Medical Research Institute (Newcastle, Australia):**
  100 patients with chronic airways diseases will undergo V/Q SPECT imaging with a low-dose CT scan to illustrate detailed images of airspace and blood vessels in the lungs. 30 patients will have a follow-up image taken to provide important insights into early treatment response.[20]

25. NCT03054870 – A comparison of Technegas and Xenon-133 planar lung imaging in subjects referred for ventilation scintigraphy
26. ACTRN12617001275358 - Can functional lung ventilation imaging identify treatable traits in obstructive airway disease?

Clinical Research

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