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## ATL1103 Update

- ATL1103 Phase II clinical trial data submitted for publication in high-quality scientific journal
- Partnering interactions progressing

Antisense Therapeutics Limited (ASX:ANP or “the Company”) provides the following update on ATL1103, an antisense drug targeting the Growth Hormone receptor (GHR), in clinical development for acromegaly.

### Scientific Publication

A manuscript entitled “Antisense Oligonucleotide Therapy in Acromegaly: A Randomized Phase II Study” has recently been submitted for publication in a high-quality peer reviewed scientific journal. The lead author of the publication is Dr Peter Trainer, Professor of Endocrinology, The Christie NHS Foundation Trust, Manchester, UK, who was the Principal Investigator of the Phase II clinical trial of ATL1103. Publication of the clinical trial results in a journal having one of the highest impact factors in the field would provide additional verification of the quality of the trial and aid the Company's future development and partnering plans for ATL1103 in acromegaly.

### ATL1103 partnering interactions

ANP continues its discussions with potential development and commercialization partners on the ongoing development of ATL1103 and as part of this process has provided confidential information on ATL1103 under relevant non-disclosure agreements. The Company will advise the market should any of these interactions lead to a material partnering commitment. It is the Company's view that providing any estimated guidance on the timing or other aspects of these discussions could disadvantage potential partnering outcomes.

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### **About ATL1103**

ATL1103 is a second-generation antisense drug designed to block growth hormone receptor (GHR) expression thereby reducing levels of the hormone insulin-like growth factor-1 (IGF-1) in the blood and is a potential treatment for diseases associated with excessive growth hormone and IGF-1 action. These diseases include acromegaly, an abnormal growth disorder of organs, face, hands and feet, diabetic retinopathy, a common disease of the eye and a major cause of blindness, diabetic nephropathy, a common disease of the kidney and major cause of kidney failure, and some forms of cancer. Acromegalic patients have significantly higher blood IGF-1 levels than healthy individuals. Reduction of these levels to normal is accepted by clinical authorities as the primary marker of an effective drug treatment for the disease. GHR is a clinically validated target in the treatment of acromegaly. In the case of diabetic retinopathy, published clinical studies have shown that treatments producing a reduction in IGF-1 levels retarded the progression of the disease and improve vision in patients. Scientific papers have been published on the suppression of blood IGF-1 levels in mice (Tachas et al., 2006, J Endocrinol 189, 147-54) and inhibition of retinopathy in a mouse retinopathy model (Wilkinson-Berka et al., 2007, Molecular Vision 13, 1529- 38) using an antisense drug to inhibit the production of GHR. In a Phase I study in healthy subjects, ATL1103 demonstrated a preliminary indication of drug activity, including suppression of IGF-1 and the target GHR (via circulating growth hormone binding protein) levels. In a Phase II trial in acromegalic patients, ATL1103 met its primary efficacy endpoint by showing a statistically significant average reduction in sIGF-1 levels from baseline ( $P < 0.0001$ ) at week 14 (one week past the last dose) at the twice weekly 200 mg dose tested. Antisense has also recently completed a successful higher dose study in acromegaly patients. ATL1103 has Orphan Drug designation in the US and Europe.

**Antisense Therapeutics Limited** (ASX: ANP) is an Australian publicly listed biopharmaceutical drug discovery and development company. Its mission is to create, develop and commercialise second generation antisense pharmaceuticals for large unmet markets. The products in ANP's development pipeline are in-licensed from Ionis Pharmaceuticals Inc., world leaders in antisense drug development and commercialisation. ATL1102 (injection) has successfully completed a Phase II efficacy and safety trial, significantly reducing the number of brain lesions in patients with relapsing-remitting multiple sclerosis (RRMS). ATL1103 drug designed to block GHR production successfully reduced blood IGF-I levels in Phase II clinical trials in patients with the growth disorder acromegaly.