

10 January 2020

Antisense Therapeutics to Present at Neuroscience Innovation Forum in the US

Antisense Therapeutics Limited (ASX: ANP or "the Company") today announced that Mark Diamond, Chief Executive Officer and Managing Director will present at the 3rd Annual SACHS Neuroscience Innovation Forum at 14.50pm on 12 January 2020 PT in San Francisco, USA.

The 3rd Annual Neuroscience Innovation Forum for Business Development, Licensing and Investment is to be held at the Marines' Memorial Club, San Francisco. The Forum brings together biotech companies focused on central nervous system conditions with partnering executives from pharmaceutical, biotechnology and medtech companies along with investors and analysts from investment banks and funds.

The Neuroscience Innovation Forum is being held during the course of one of the industry's largest annual healthcare events, the 38th Annual JP Morgan Healthcare Conference, when investors and biopharmaceutical executives from around the world gather in San Francisco.

The Company's presentation at the Neuroscience Innovation Forum and participation in meetings during the week of JP Morgan Conference will provide an important opportunity to update international investors and pharma executives following the successful completion of dosing in the Phase II clinical trial of ANP's immunomodulatory therapy, ATL1102 for Duchenne Muscular Dystrophy which affirmed the drug's excellent safety profile and positive drug effects on disease progression endpoints at the low dose tested.

A copy of the presentation to be given at Neuroscience Innovation Forum will be lodged on Monday 13 January 2020 AEDT (the day of the presentation in the US).

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Announcement authorised by Mark Diamond, CEO of Antisense Therapeutics Limited

About Antisense Therapeutics Limited (ASX: ANP) is an Australian publicly listed biopharmaceutical company, developing and commercialising antisense pharmaceuticals for large unmet markets. The products are in-licensed from Ionis Pharmaceuticals Inc. (NASDAQ:IONS), 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. The Company is conducting a Phase II clinical trial of ATL1102 in DMD patients at the Royal Children's Hospital, Melbourne.

About ATL1102 ATL1102 is an antisense inhibitor of CD49d, a subunit of VLA-4 (Very Late Antigen-4). Antisense inhibition of VLA-4 expression has demonstrated activity in a number of animal models of inflammatory disease including asthma and MS with the MS animal data having been published in a peer reviewed scientific journal. ATL1102 was shown to be highly effective in reducing MS lesions in a Phase IIa clinical trial in RR-MS patients. The ATL1102 Phase IIa clinical data has been published in the medical Journal *Neurology* (Limmroth, V. et al *Neurology*, 2014; 83(20): 1780-1788)

About ATL1102 DMD Trial The Company is undertaking a clinical trial of ATL1102 in patients with Duchenne Muscular Dystrophy. The open label six-month dosing trial of ATL1102 in nine non-ambulant patients with DMD aged between 10 and 18 years is being conducted at the neuromuscular centre of the Royal Children's Hospital (RCH) which operates the largest clinic in the southern hemisphere treating children with DMD. The primary endpoints of the trial relate to the safety and tolerability of ATL1102. The efficacy of ATL1102 will also be assessed in terms of its effects on disease processes and progression (e.g. the upper limb strength and function of the boys). Further details on the trial are available [here](#) on the Australia and New Zealand Clinical Trials Registry.

About DMD Duchenne Muscular Dystrophy (DMD) is an X-linked disease that affects 1 in 3600 to 6000 live male births (Bushby *et al*, 2010). DMD occurs as a result of mutations in the dystrophin gene which causes a substantial reduction in or absence of the dystrophin protein. Children with DMD have dystrophin deficient muscles and are susceptible to contraction induced injury to muscle that triggers the immune system which exacerbates muscle damage as summarized in a publication co-authored by the Director of the FDA CDER (Rosenberg et al, 2015). Ongoing deterioration in muscle strength affects lower limbs leading to impaired mobility, and also affects upper limbs, leading to further loss of function and self-care ability. The need for wheelchair use can occur in early teenage years for patients on corticosteroids with a mean age of 13, with respiratory, cardiac, cognitive dysfunction also emerging. Patients with a greater number of immune T cells expressing high levels of CD49d have more severe and progressive disease and are wheelchair bound by the age of 10 despite being on corticosteroid treatment (Pinto Mariz et al, 2015). With no intervention, the mean age of life is approximately 19 years. The management of the inflammation associated with DMD is currently addressed via the use of corticosteroids, however they are acknowledged as providing insufficient efficacy and are associated with significant side effects. As a consequence, there is an acknowledged high need for new therapeutic approaches for the treatment of inflammation associated with DMD.

Rosenberg AS, Puig M, Nagaraju K, *et al*. Immune-mediated pathology in Duchenne muscular dystrophy. *Sci Transl Med* 2015, 7: 299rv4.

Busby et al for the DMD Care Consideration Working Group/ *Diagnosis and management of Duchenne muscular dystrophy, part 1* *Lancet Neurol.* **2010** Jan;9(1):77-93 and *part 2* *Lancet Neurol.* **2010** Feb;9(2):177-89 .

Pinto-Mariz F, Carvalho LR, Araújo AQC, *et al*. CD49d is a disease progression biomarker and a potential target for immunotherapy in Duchenne muscular dystrophy. *Skeletal Muscle* 2015, 5: 45-55