



Localised Cancer Treatment

PCI Biotech

Fourth Quarter and Preliminary 2012 Results

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Highlights 2012

- Initiated the ENHANCE study – a Phase II study in head & neck cancer patients
 - Preliminary results suggest that treatment with intra-tumour illumination produce stronger local treatment effects than expected and desired
 - The Independent Data Monitoring Board suggested pausing patient inclusion requiring intra-tumour illumination until optimisation of this treatment regimen has been established
 - The company has initiated a process to determine the best approach going forward, to be completed in February
- Bile duct cancer (cholangiocarcinoma) selected as next indication for PCI with Amphinex™, using the marketed drug gemcitabine
 - A Phase 1/2 study has been designed, sites selected and all regulatory approvals in UK granted
 - Patient inclusion will start in Q1 or early in Q2 2013
- Promising results from preclinical program to investigate PCI used with vaccines.
 - Decided to continue the preclinical program to optimise a treatment regime, and to start a clinical study if beneficial

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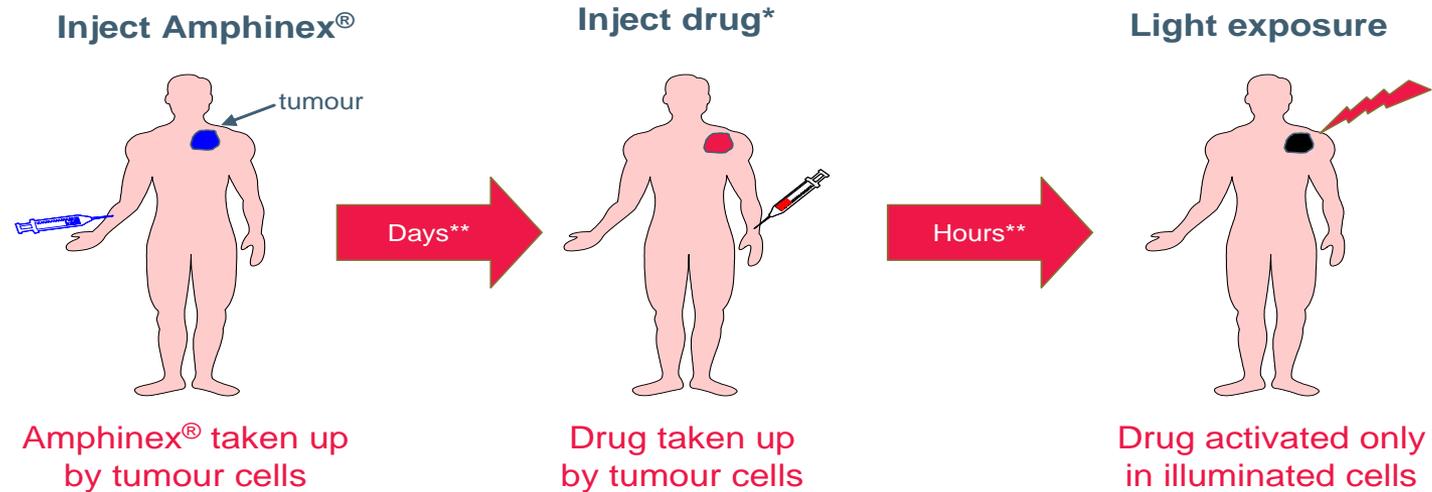
PCI Technology

Photochemical Internalisation – a new technology for localised cancer treatment



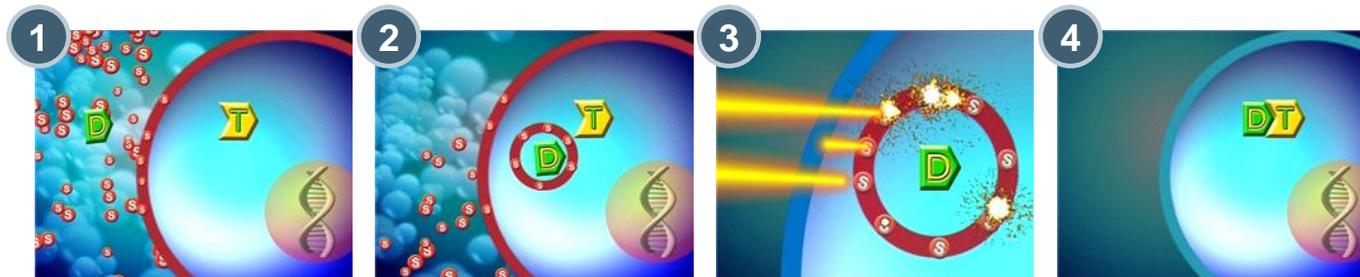
- Light-induced enhancement of various drugs, using a unique and patented photosensitiser, Amphinex to induce the enhancement
- PCI Biotech is developing Amphinex for local enhancement of marketed cancer drugs
- First clinical PCI study with Amphinex for enhancement of the generic cytotoxic bleomycin completed. The results indicate that the treatment induce strong tumour response and is well tolerated
- Preclinical studies suggest that Amphinex may enhance the effect of several important marketed cancer drugs

Significantly enhancing the local effect of cancer drugs



* PCI Biotech currently focus on generic drugs, such as bleomycin
** The optimal timing of injections and light exposure may vary with the drug to be delivered

Enabling drugs to reach intracellular therapeutic targets



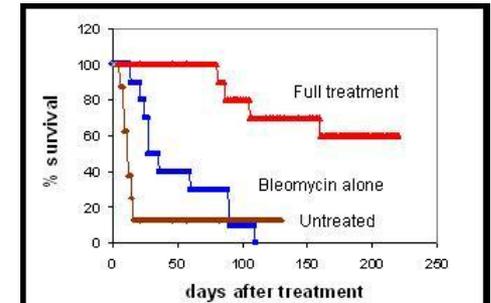
Amphinex may enhance the localised effect of a wide range of different cancer drugs



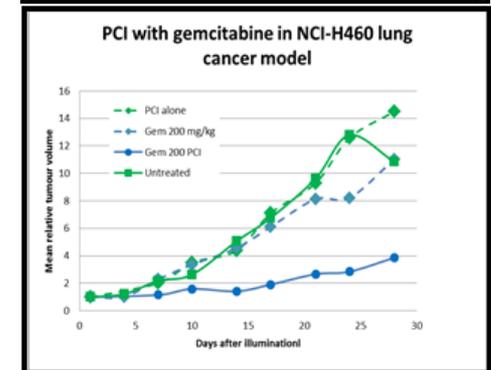
- Positive *in vivo* results with several marketed cancer drugs
 - Enhancement of the local effect of bleomycin in several models

- Significant enhancement of three widely used cancer drugs, including gemcitabine

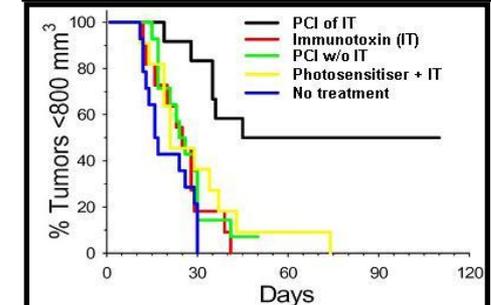
- Effective delivery of macromolecules
 - Proven effective delivery of several types of macromolecules, including targeted immunotoxins



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*Berg, K. *et al.* (2005) *Clin. Cancer Res.* 11, 8476

**Unpublished results

***Selbo, *et al.* (2009). *PLoS ONE*, 4, e6691

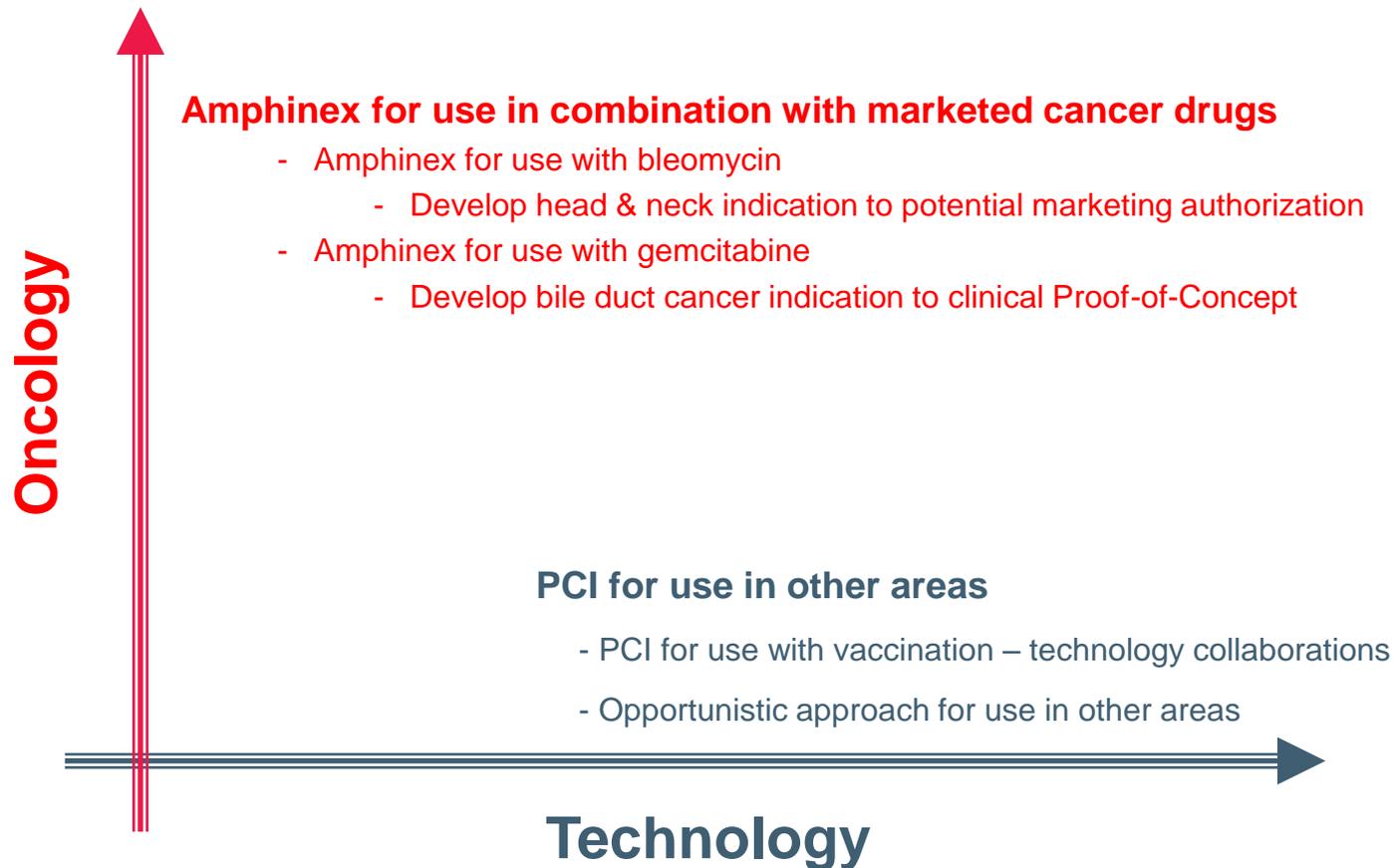
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Strategy

Growth of PCI Biotech via 2 axes

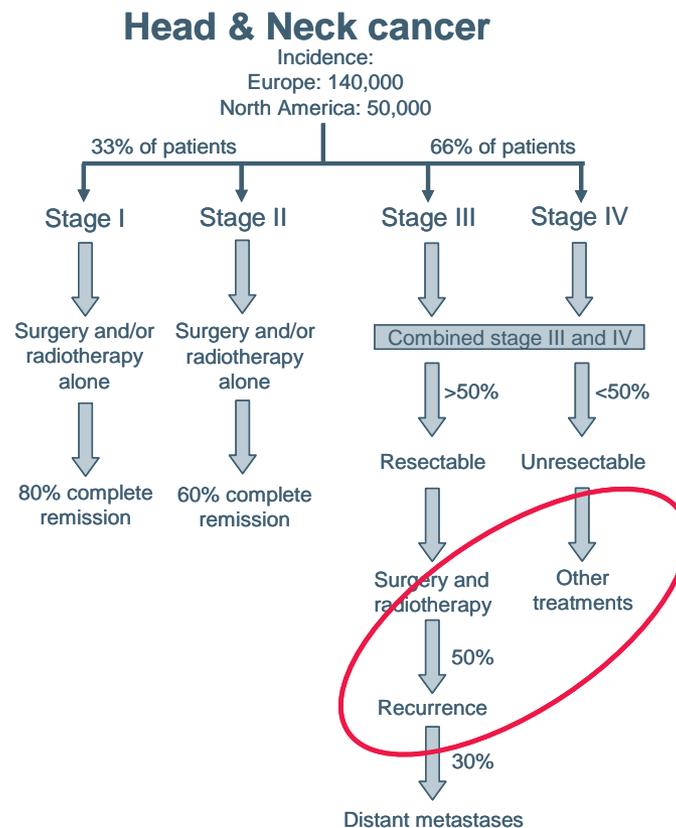


Head & neck cancer

Head & neck cancer – a disease in need of better localised treatment options



- Large patient population with high medical unmet need
 - Need of new treatments able to improve quality of life, reduce recurrence rates and prolong life
 - A field with lack of new innovations
- Current localised treatment options are often associated with functional and cosmetic impairments
 - Surgery
 - Radiotherapy
- Recurrent disease mainly given palliative treatment
 - Quality of life is an important endpoint in this population
 - Palliative chemo/targeted combination therapy is often the only possible choice



Head & neck cancer – market assessment by Bridgehead International



- Market assessment performed in France, Germany, Italy, UK and US
 - 65,000 - 70,000 head & neck cancer patients in EU big 5, representing approximately 50% of all European H&N cancer patients
 - 45,000 - 50,000 head & neck cancer patients in US
- Key findings from Key Opinion Leader interviews:
 - Large patient population with need of new treatments able to reduce recurrence rates and prolong life
 - Quality of life and locoregional control considered more important than overall survival
 - Cetuximab (Erbitux) most relevant price comparator
 - Approximately 20% of head & neck cancer patients eligible for Amphinex

Amphinex induced PCI of bleomycin in head & neck cancer – Phase II study



- Patient inclusion 2012 – 2014
- Target population Recurrent head & neck squamous cell carcinoma without distant metastases, unsuitable for radiotherapy and surgery
- Type of study Single arm, open label
- Primary endpoint Progression free survival at 6 months
- Number of patients 70-80
- Where Europe

Amphinex induced PCI of bleomycin in head & neck cancer – Phase II study

- First patient treated in Q2 2012 at The National Center for Tumor Diseases (NCT), University Hospital Heidelberg, Germany
- Six University hospitals currently involved in the study and further European hospitals in process
- Preliminary results suggest that treatment with intra-tumour illumination produce stronger local treatment effects than expected and desired
 - The Independent Data Monitoring Board suggested pausing patient inclusion requiring intra-tumour illumination until optimisation of this treatment regimen has been established
 - The company has initiated a process to determine the best approach to optimise the intra-tumour treatment regimen, to be completed in February

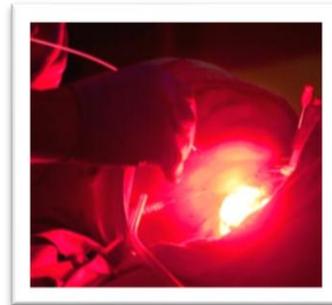


Light application procedures for PCI – surface and intra-tumour illumination

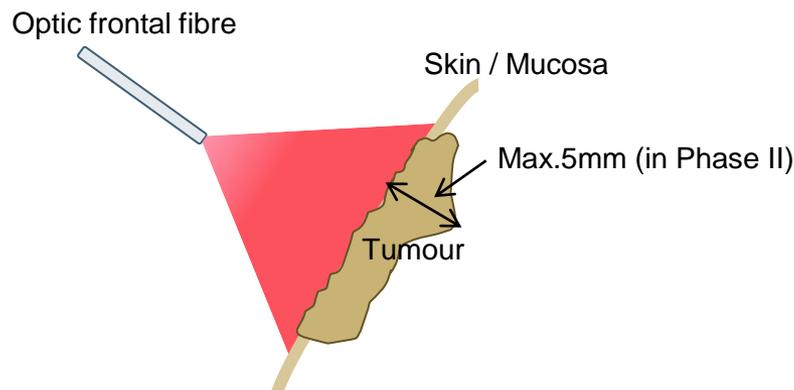
Surface illumination

Used in both Phase I & II

Applied to surface tumours
(max 0,5 cm depth in Phase II)



Light dose established in Phase I



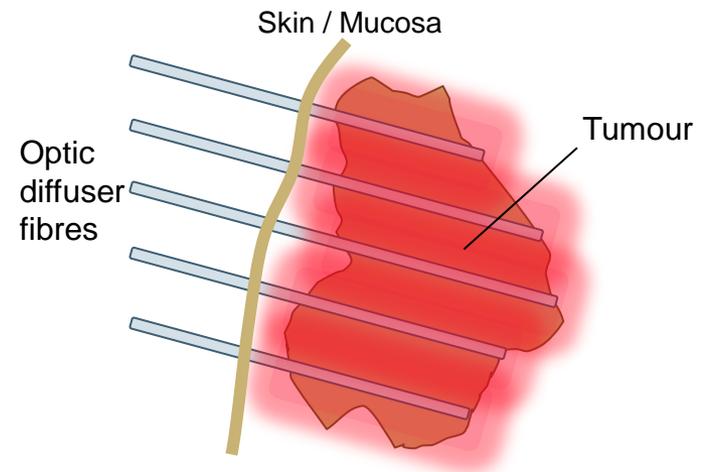
Intra-tumour illumination

Used in Phase II

Applied to deeper tumours,
such as tongue-base



Light dose theoretically estimated from Phase I



Phase II – findings and plan

Assessment by Independent Data Monitoring Board (IDMB)

- ⇒ Local effects with intra-tumour treatment are stronger than expected and desired – recommend to pause inclusion and optimise intra-tumour treatment procedure
- Patients experience a destruction of the treated area leading to side effects and functional defects
 - Light dose translation from surface to intra-tumour illumination needs to be reassessed, and the intra-tumour illumination procedure optimised

Plan and actions

- Paused intra-tumour treatment and continued inclusion of surface treatment patients only, while actions to correct the intra-tumour illumination procedure is assessed and agreed
- Process expected to be completed and agreed in February – will then initiate regulatory interactions to re-start inclusion of intra-tumour treatment patients for optimisation
- Patient inclusion expected to continue into 2014

Bile duct cancer

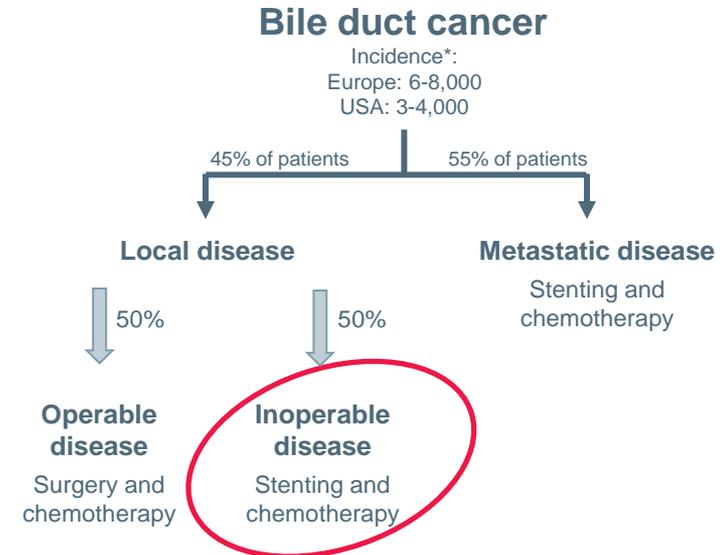
Bile duct cancer– selected as second indication for the development of Amphinex



- Patient population with high medical unmet need
 - Tumour resection is currently the only potential cure
 - Majority of patients are inoperable at presentation
 - Incidence and mortality rates are increasing worldwide
 - Remarkable resistance to common chemotherapy
 - Need of new treatments able to prolong and improve quality of life

- Could PCI play a role in treatment of bile duct cancer?

- Medical need for better local treatment methods
- Easy access with light through the endoscopic methods routinely in use
- Gemcitabine is one of the drugs that in preclinical studies are significantly enhanced by PCI, and is one of the most studied and used chemotherapies in bile duct cancer



*Source; Khan et al, Lancet 2005; 366:1303
Gatta et al, Eur J Cancer 2011; 47:2493

Amphinex induced PCI of gemcitabine in bile duct cancer – Proof of Concept study



- Patient inclusion Start by end of 1H 2013; finish 2014
- Target population Patients with inoperable bile duct cancer
- Study design Open-label, multi-center Phase I/II study in up to 45 patients to assess the safety and efficacy of Amphinex induced PCI of gemcitabine, followed by systemic cisplatin/gemcitabine

Phase I: A dose escalation study to assess the tolerance of local bile duct treatment

Phase II: randomized double-arm Phase II study
 - PCI arm: stenting followed by Amphinex induced PCI treatment of gemcitabine, followed by gemcitabine/cisplatin chemo
 - Control arm: stenting alone followed by gemcitabine/cisplatin chemo
 - Randomization ratio 2.5:1 in favor of the PCI arm

Amphinex induced PCI of gemcitabine in bile duct cancer – Proof of Concept study



- Endpoints in Phase II Primary endpoint – progression free survival
 Secondary endpoints include overall survival
- Number of patients Phase I: up to 12 patients. Patient inclusion approx. 6 months
 Phase II: up to 35 patients. Patient inclusion approx. 10 months
- Follow up in Phase II 15 months
- Where Phase I: 4-5 European hospitals
 Phase II: Approx. 10 European hospitals
- Cost Phase 1: approx. NOK 7 million
 Phase 2: approx. NOK 12 million
- Status All regulatory approvals in UK granted
 Patient inclusion to start in Q1 or early in Q2 2013



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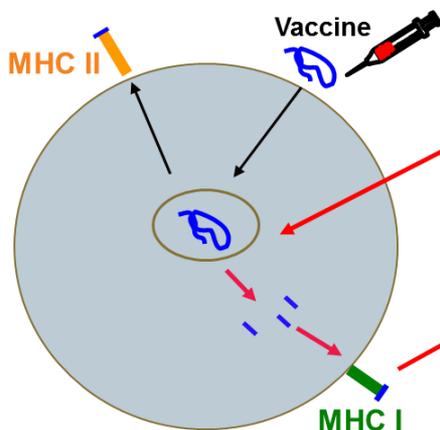
Vaccines

PCI for vaccination

- Therapeutic vaccines – an area with increased focus world wide
 - Rapid marked growth expected within therapeutic vaccines – first product on the market in 2010 and many products under development
- Vaccines identified as an interesting area for PCI, good strategic and mechanistic fit with the PCI technology
- Need of products that can enhance the therapeutic effect of vaccines

PCI for vaccination – enhancing cytotoxic T-cell response

- PCI – induce antigen presentation on MHC class I
 - Make it possible to achieve cytotoxic T-cell response with protein/peptide vaccines
 - Can solve a central problem for many vaccine approaches:
 - Therapeutic vaccines
 - Cancer
 - Chronic viral diseases
 - Some prophylactic vaccines



PCI - induce antigen presentation on MHC class I

- Make it possible to achieve cytotoxic T-cell response with protein/peptide vaccines
- This can solve a central problem for many vaccine approaches

- In addition PCI can give a more unspecific "adjuvant" immuno-stimulatory effect

PCI to enhance vaccines

- Promising results from preclinical studies performed at NTNU in Norway and University Hospital Zurich, Switzerland
 - Results show that under certain conditions, PCI can increase the effect of different antigens
 - Preclinical proof-of-principle established for *ex vivo* vaccination, studies ongoing for *in vivo* vaccination
- PCI to enhance *ex vivo* vaccines – preclinical program ongoing at University Hospital Zurich, CH
 - Will be completed by end of 1H 2013.
 - If positive results => Further development by partners
- PCI to enhance *in vivo* vaccines – preclinical program ongoing at University Hospital Zurich, CH
 - Optimised treatment regime to be developed during 2013 and start of a clinical study if considered beneficial
 - If positive results => Further development by partners



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Financial results

Financial key figures 2012 and 2011

<i>P&L (TNOK)</i>	Q4 2012	Q4 2011	2012	2011
Grants	1 398	2 765	6 765	7 423
Research and development costs	8 565	6 913	31 263	22 226
General and administrative costs	1 634	667	2 856	2 273
Total operating costs	10 199	7 580	34 119	24 499
Operating results	- 8 801	-4 815	-27 354	-17 076
Profit before tax	-8 363	-3 939	-25 259	-13 749
Cash flow (TNOK)				
Net cash flow from operations	-4 892	-3 683	-22 032	-15 699
Net cash flow from investments				
Net cash flow from financials				
Net cash flow	-4 892	-3 683	-22 032	-15 599

Financial key figures 2012 and 2011

<i>Balance (TNOK)</i>	31.12.2012	31.12.2011
Fixed assets	0	17
Short term receivables	5 118	5 033
Cash & cash equivalents	73 083	95 115
Equity	69 706	92 533
Long term debt	0	0
Short term debt	8 495	7 632

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Summary

PCI Biotech – well positioned for attractive development opportunities



- Amphinex with bleomycin**
 - Phase I/II study successfully completed – well tolerated & strong tumour response
 - Phase II study in head & neck cancer started
 - Initiated process to optimise intra-tumour treatment
 - Patient inclusion expected to continue into 2014
- Amphinex with gemcitabine**
 - Bile duct cancer and gemcitabine selected as next clinical indication
 - Clinical proof of concept study planned to start by end of 1H 2013
- Vaccination**
 - Proof of principle for *ex vivo* PCI enhancement of vaccination
 - Further pre-clinical work initiated
 - Start clinical study in 2013 if beneficial
- Other**
 - PCI 652 medical laser designed and approved for PCI treatment

2013

- Start PoC study in bile duct cancer
- Complete pre-clinical vaccination project
- Start clinical vaccination study if beneficial

2014

- Complete inclusion of Phase II head & neck cancer study
- Complete inclusion of PoC study in bile duct cancer
- Amphinex and/or vaccination partnering

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