

Extraordinary General Meeting, March 7 2016

Opthea Limited (ASX:OPT, OTCQX:CKDXY)

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Opthea Limited

- Clinical stage biotechnology company
- Developing a novel therapy for wet AMD
- Wet AMD is the leading cause of blindness in the Western world in older adults
- Technology is based on targeting signals that control blood vessel growth and leakage
- Lead compound OPT-302 blocks VEGF-C and VEGF-D
- Ongoing Phase 1/2A clinical trial being conducted at US sites in wet AMD patients
 - Potential to expand development program in a range of eye diseases
 - Investigating OPT-302 as monotherapy and in combination with existing treatments
 - Combination therapy more completely shuts down pathways involved in disease progression
- Near-term clinical milestones

OPT-302 Wet AMD Program: Milestones

IND Approval for OPT-302

June 2015

✓

Initiated Phase 1/2A clinical trial: 30 June 2015

Ph 1 Primary Safety Data Analysis: 1Q16 (20 patients)

Ph 2A Primary Data Analysis: 2H16 (~30 patients)



Financial Position (Unaudited)

Key Financial Details	ASX: OPT
Ticker Symbol	ASX:OPT
Share Price (as at Mar 5 2016)	~A\$0.375
Total Ordinary Shares on Issue	150,190,303
Options on Issue	49,722,697
Market Capitalisation (as at Mar 4 2016)	~A\$56.3m
Trading Range (last 12 months)	A\$0.14 - 0.55
Cash Balance (at 31 Dec 2015)	~A\$17.8m
Listed Investments	~A\$0.9m
Top 10 Shareholders Own	69%

Substantial Shareholders	% Holding
Biotechnology Value Fund (BVF)*	18%
Baker Bros (NY, USA)	9%
Packer & Co.	8.5%





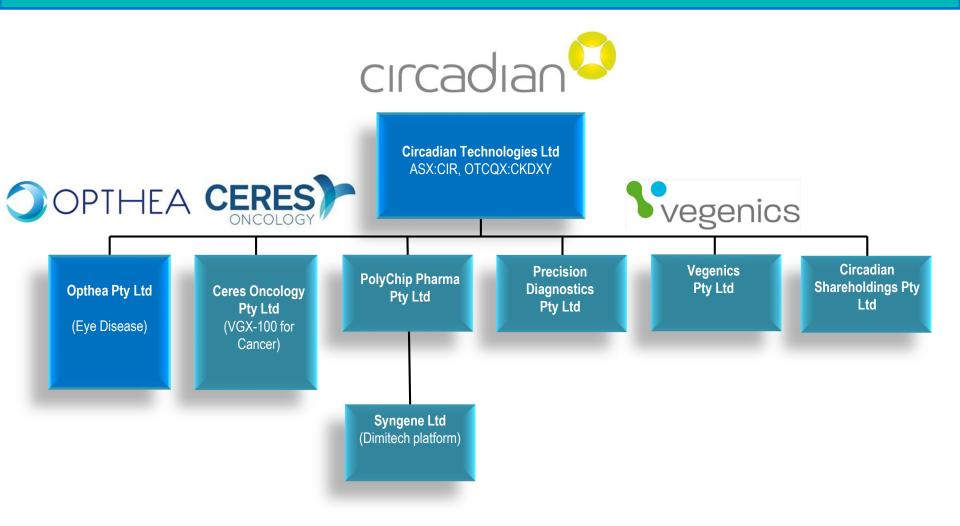
Corporate Achievements – last 12 months

Corporate

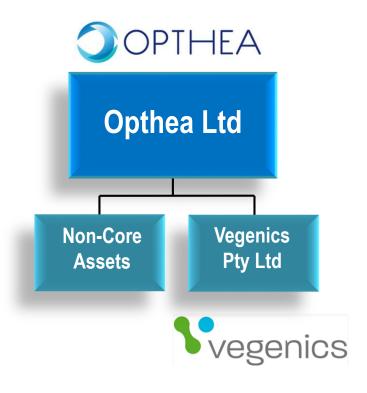
- ✓ Board renewal
- Company name change
- Continued execution of strategy to focus on ophthalmology
- ✓ Prudent financial management post A\$17.4m capital raising Nov '14
- √ ~A\$3m R&D tax rebate (2014-15) on local & international R&D expenditure
- ✓ Regained VEGFR-3 intellectual property licensed to Eli Lilly
- Simplification of the Group by initiation of deregistration of subsidiaries
 - ✓ Including solvent members' voluntary liquidation of Syngene Ltd
 - ✓ Pro-rata allocation of remaining capital to Syngene shareholders



Corporate Re-Structure



Simplification of Corporate Structure*



Program Achievements

Opthea

- ✓ Completed IND-enabling GLP safety/toxicology studies to support Ph 1/2A trial
- ✓ Completed preclinical pharmacokinetic studies to support Ph 1/2A
- ✓ Produced clinical grade OPT-302 to US FDA specifications required for Ph 1/2A
- ✓ US FDA approval of IND
- ✓ Initiation of Phase 1/2A clinical trial for OPT-302 in wet AMD patients
- ✓ Continued patient recruitment, 14 trial sites open
- ✓ Grown local & international profile
- ✓ Presented OPT-302 data at international conferences (ARVO, ASCRS and World Congress on Angiogenesis) and Ophthalmology Innovation Summit (OIS/AAO)
- Established world recognised Clinical Advisory Board



Program Update OPT-302 for Wet AMD

Lead Program: OPT-302 for Wet AMD

Lead molecule:

OPT-302 (soluble VEGFR-3, VEGF-C/-D 'Trap')

Mechanism:

- Blocks VEGF-C and VEGF-D:
 - > Inhibits blood vessel growth
 - > Inhibits vessel leak

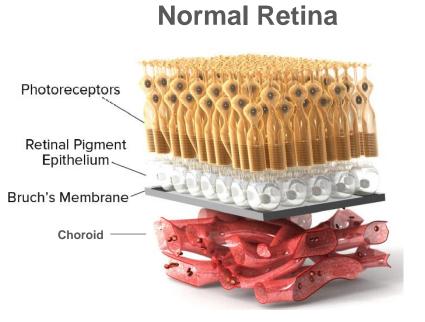
Strategy:

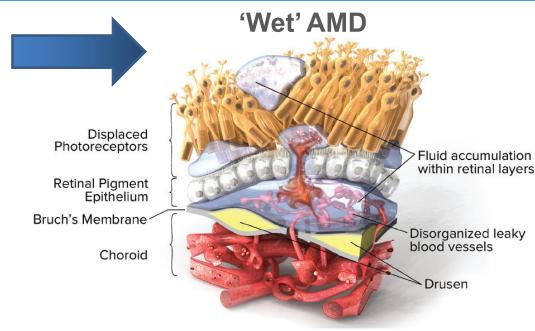
- To investigate activity as a monotherapy
- To develop OPT-302 for use in combination with existing VEGF-A inhibitors for the treatment of wet AMD
- Achieve complete blockade of the VEGF pathway
- Blocks a mechanism of 'escape' from existing therapies





The disease process of 'wet' (neovascular) AMD











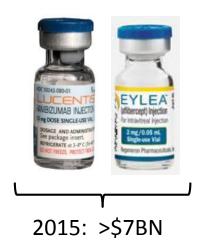
Large and growing market opportunity

- Wet AMD is the leading cause of blindness in the western world
- Increasing prevalence due to ageing population
- Prevalence expected to double by 2020



Approved therapies for wet AMD target VEGF-A, but not VEGF-C or VEGF-D

Our approach is novel and differentiated from the existing therapies, yet targets a validated pathway in wet AMD disease progression





>\$10BN Worldwide

Market Opportunity*:

An unmet medical need despite availability of VEGF-A inhibitors

Despite receiving a VEGF-A inhibitor (Lucentis®, Eylea® or Avastin®):

>50%

do not achieve significant vision gain

2/3

will continue to have fluid at the back of the eye

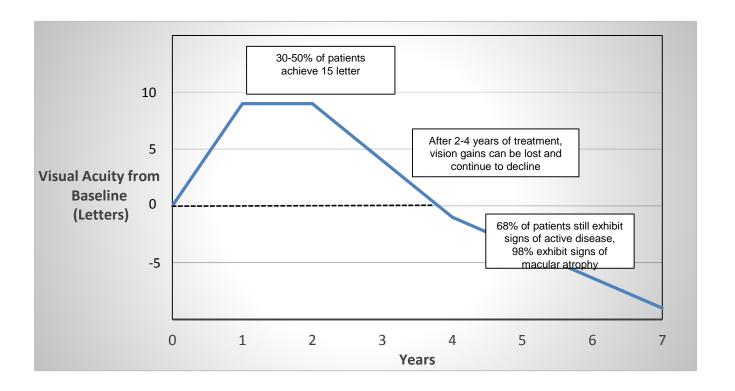
25%

will have further vision loss at 12 mos



The opportunity for OPT-302: An unmet medical need remains despite anti-VEGF-A therapy

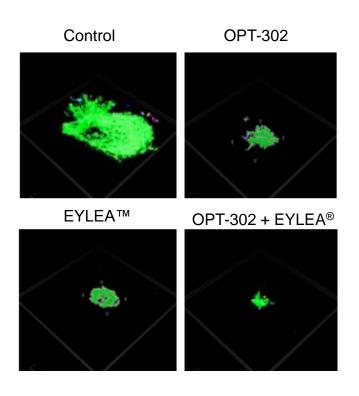
- To increase the number of patients who experience a significant gain in vision
- To increase the magnitude of the vision gain
- To prolong response to therapy and prevent visual decline
- Potential to reduce dosing frequency

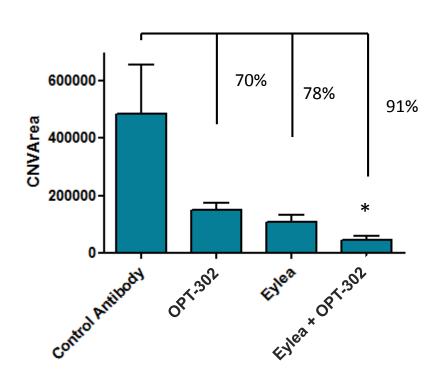




Significant additive activity of OPT-302 & Eylea® in mouse AMD

Combined inhibition of VEGF-A (Eylea®), VEGF-C and VEGF-D (OPT-302) is more effective than inhibition of VEGF-A alone



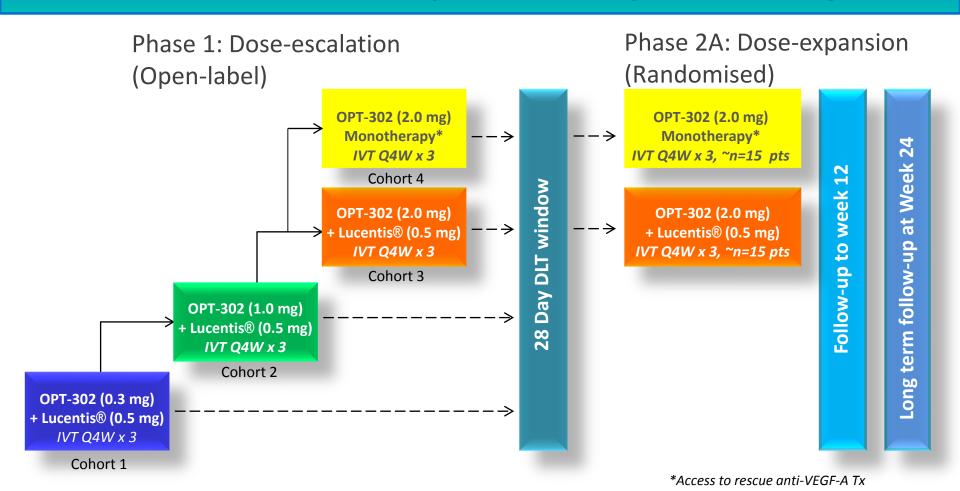


* Pairwise comparison: OPT-302 vs Eylea + OPT-302 (p<0.02) Eylea vs Eylea + OPT-302 (p<0.05)



OPT-302 Phase 1/2A: Protocol: OPT-302-1001

Dose-escalation & dose-expansion of repeated IVT injections



- Comprises of 4 treatment cohorts of 5 subjects each.
- Should a dose limiting toxicity (DLT) occur, 3 additional subjects will be enrolled in that cohort.
- OPT-302 and ranibizumab given as separate IVT injections (each 0.05 mL) once every 4 weeks at day 1, 29 and 57.
- When used in combination, the ranibizumab IVT injection will be given 30 mins prior to sequential IVT OPT-302.

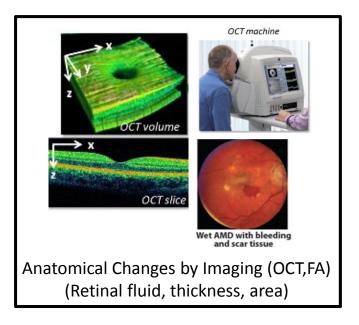
Phase 1/2A Trial Endpoints

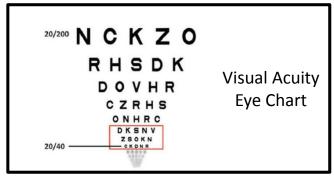
Primary Endpoint of Phase 1/2A trial:

Safety

Secondary Endpoints:

- Preliminary measures of clinical activity
- Vision (Eye-Chart)
- Size of lesion
- > Fluid
- Need for 'rescue therapy' in monotherapy cohort
- Need for a-VEGF-A therapy in long-term follow-up







In combination with a VEGF-A inhibitor, OPT-302 achieves more effective VEGF suppression

- OPT-302 is a novel 'trap' that blocks the alternative VEGF-C/VEGF-D pathway
- Used in combination, OPT-302 can achieve more effective VEGF suppression and target a key mechanism of sub-responsiveness to existing therapies
- Combination OPT-302 + a-VEGF-A therapy may:
 - improve visual acuity outcomes
 - reduce retreatment rates
 - lead to larger treatment free intervals for patients
- Potential for:
 - Improved patient responses
 - Reduced treatment burden





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