

Digital healthcare for respiratory disease

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Digital healthcare for respiratory disease

- Developing the world's first clinically-tested, regulatory-approved respiratory disease diagnostic test for smartphones
 - No additional hardware needed
 - Unique opportunity to integrate into **telehealth** providers' existing platforms
 - Apps to provide clinical-quality ('Gold Standard') diagnostic tests and chronic disease management tools directly to consumers and healthcare providers
- Huge global market, 700M+ doctor visits annually for respiratory disease¹
- High levels of accuracy demonstrated in clinical proof of concept study and in multi-site clinical study underway in Perth, Australia
- Fully-funded to bring product to market in late 2016

^{1.} Based on OECD doctor visits per capita data and assuming 10% of visits are for respiratory disease (based on US data)



Company overview

Capital Structure (ASX:RAP)

Shares on issue ¹	561M
Share price as of 6 November 2015	AU\$0.078
Market Cap	AU\$44M
Performance Shares ²	93.75M
Options ³	33.75M
Incentive Options ⁴	25M
Cash Balance as of 30 September 2015	AU\$3.4M

- 1. Includes 121M escrowed shares
- 2. Issued on achieving \$20M of annual revenue or on an acquisition
- 3. Exercise price of 2.6c, expire 31 December 2016
- 4. Issued to MD, 5M options at exercise price of 2.5c, 5M at 5c and 10M at 10c, 5 year expiry; Issued to Dr Abeyratne, 3M at 5c and 2M at 10c

Board of Directors

Dr Roger Aston

Non-Executive Chairman

(Chairman of Oncosil, former CEO of Mayne Pharma, Cambridge Antibody, cofounder of pSivida Corp)

Dr Tony Keating

Managing Director and CEO

(former Director, Commercial Engagement of UniQuest, engineering management roles with Exa Corporation)

Mr Adam Sierakowski

Non-Executive Director

Mr Chris Ntoumenopoulos

Non-Executive Director

Substantial Shareholders

UniQuest Pty Ltd: 7.51%

Freeman Road: 5.34%

Top 20 Shareholders: 36.95%



Diagnosis of respiratory disease is the most common outcome from a visit to the doctor



Acute conditions

URTIs, influenza, bronchitis, bronchiolitis, pneumonia, pertussis, croup



Asthma, COPD, cystic fibrosis, bronchiectasis



- 125M doctor visits¹ in the US for respiratory disease (10% of all visits)
- 6-8M doctor visits² in Australia for respiratory disease
- Est. 700M+ doctor visits globally³ for respiratory disease
- High prevalence and growth in Asia

Currently diagnosed using stethoscope, imaging (x-ray, CT), blood and/or sputum tests

^{3.} Based on OECD doctor visits per capita data and assuming 10% of visits are for respiratory disease (based on US data)



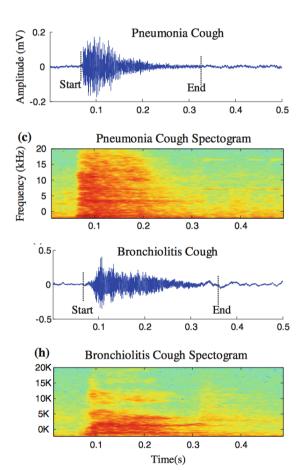
^{1.} Ambulatory case visits, National Ambulatory Medical Care Survey 2010

^{2.} Australian Lung Foundation

Revolutionary tool based on sound signatures

- Exclusive worldwide license to machine learning technology developed by A/Prof. Abeyratne at The University of Queensland
- Uses signatures in coughing and breathing sounds to diagnose disease
- Patent application filed in US, Australia, Europe, China, Japan and South Korea
- Can be delivered using today's smartphones, no additional hardware required







Strong clinical evidence

Proof of concept study (2013)

- Funded by The Bill and Melinda Gates
 Foundation and The University of Queensland
- Site: Sardjito Hospital, Indonesia
- 91 patients, majority under the age of 5
- Results published in peer-reviewed journals^{1,2}

Current study (started March 2015)

- Funded by ResApp
- Managed by The University of Queensland
- Sites: Joondalup Health Campus and Princess Margaret Hospital, Perth, Australia
- 340+ pediatric patients enrolled to date (continuing)

^{2.} Kosashi et al., IEEE Transactions in Biomedical Engineering, 2015



2013 Study	Sensitivity	Specificity	Accuracy
Pneumonia vs. all respiratory	94%	100%	96%
Asthma vs. pneumonia	100%	80%	90%
2015 Study	Sensitivity	Specificity	Accuracy
Pneumonia vs. no respiratory	100%	95%	97%
Asthma vs. no respiratory	97%	92%	95%
Bronchiolitis vs. no respiratory	100%	100%	100%
Croup vs. no respiratory	94%	100%	99%
URTI vs. no respiratory	100%	95%	96%
Pneumonia, croup or bronchiolitis vs. URTI	89-100%	90-95%	89-98%
Differential diagnosis of pneumonia, croup, URTI and bronchiolitis	92-100%	85-97%	91-99%
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^{1.} Abeyratne et al., Annals of Biomedical Engineering, 2013

Delivery of healthcare via telehealth is one of the biggest trends in healthcare

75M

US telehealth ('evisits') consults in 2014 (Deloitte)

56%

annual growth rate (IHS)

\$12-\$16B

Total US market opportunity (Goldman Sachs, Deloitte, Teladoc)

\$50B

Total global market opportunity (Deloitte)









- Teladoc and American Well: 10M+ customers each
- Insurers such as Cigna, Aetna, UnitedHealthcare
- Employers such as Bank of America, Volvo, Yahoo!
- Hospital systems such as Mount Sinai



 Two largest US pharmacy chains have recently announced partnerships with telehealth providers



ResApp directly addresses the most common disease encountered by telehealth providers

The market segment addressed by ResApp is enormous



- 30% of telehealth consults for acute respiratory disease¹
- **22.5M** telehealth consults per year <u>today</u> for acute respiratory disease
- Number of telehealth consultations growing at 56% per year²
- 700M+ global doctor visits each year for respiratory disease³
 - Access through growth in telehealth <u>plus</u> in-person tests (in-clinic, in-hospital)

^{3.} Based on OECD doctor visits per capita data and assuming 10% of visits are for respiratory disease (based on US data)



^{1.} Uscher-Pines and Mehrotra (Health Affairs, 2014)

^{2.} IHS

Multiple revenue streams tied to real customer value

Partnerships with telehealth providers

Direct to consumers & healthcare providers Partnerships with device manufacturers
& telcos

B2B - Per test fee

'In consultation' diagnosis.
Access partner's existing patients.















B2C - Install & per test fee

Download App via App Stores.
Use in home, in clinic & in hospital.
Pipeline to disease management.





B2B – Licensing

Reach huge installed base.















Big Data Insights

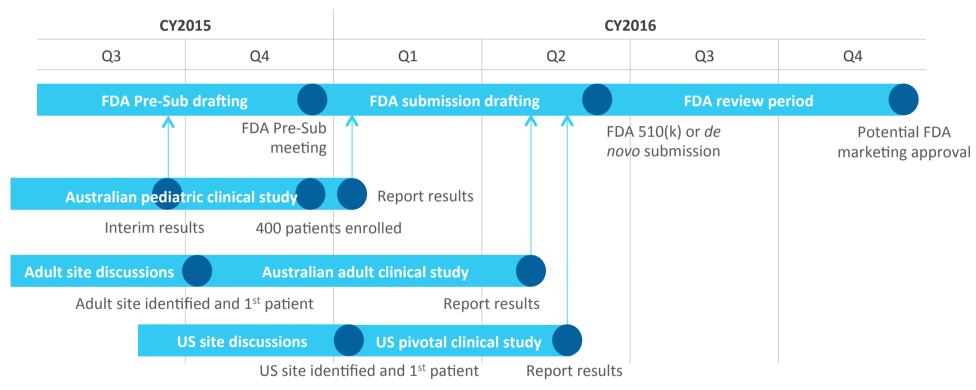


Successfully achieving key milestones in CY2015

- ✓ Australian pediatric clinical study progressing well
 - Patients 0-7 years of age with signs or symptoms of respiratory disease
 - Comparison to final clinical diagnosis as per treating team (after laboratory work and imaging)
 - 340+ patients enrolled to date
 - Expected to have 400 patients enrolled by end of CY2015
- ✓ Positive preliminary results from pediatric clinical study reported
 - >95% accuracy for pneumonia, asthma, bronchiolitis, croup and URTI classification
 - 89-99% accuracy for differential diagnosis of the most common respiratory conditions in children
 - Successfully demonstrated that voluntary coughs can achieve high levels of accuracy
- ✓ AU\$4M capital raising and listing on the ASX
- Appoint best-in-class FDA regulatory consultant Experien Group (Sunnyvale, CA)
- ☐ FDA Pre-Submission by end of CY2015
- Begin enrolment for Australian adult clinical study



Clinical and regulatory plan to bring product to market in late CY2016





Summary

- Revolutionary technology diagnosis and management of respiratory disease without the need for additional hardware
- Targeting a huge market, cough is the most common reason for visiting a doctor
- Successful clinical proof of concept funded by the Gates Foundation showed high accuracy for pneumonia and asthma diagnosis
- Multi-site clinical study progressing well with positive preliminary results demonstrating ≥95% accuracy for pneumonia, asthma, bronchiolitis, croup and URTI versus subjects with no discernible respiratory disease and 89-99% accuracy for differential diagnosis
- FDA Pre-Submission planned for Q4 CY2015
- Fully-funded to bring product to market in late 2016, launch via telehealth partner to reach millions of patients quickly

