

Digital healthcare for respiratory disease

Tony Keating
Chief Executive Officer and Managing Director
tony@resapphealth.com.au

Canary Biotech & Healthcare Investor Roadshow 25 November 2015, Melbourne 26 November 2015, Sydney

ASX: RAP

Disclaimer

This presentation has been prepared by ResApp Health Limited ("ResApp"). The information contained in this presentation is a professional opinion only and is given in good faith. Certain information in this document has been derived from third parties and though ResApp has no reason to believe that it is not accurate, reliable or complete, it has not been independently audited or verified by ResApp. Any forward-looking statements included in this document involve subjective judgment and analysis and are subject to uncertainties, risks and contingencies, many of which are outside the control of, and may be unknown to, ResApp. In particular, they speak only as of the date of this document, they assume the success of ResApp's strategies, and they are subject to significant regulatory, business, competitive and economic uncertainties and risks. Actual future events may vary materially from the forward-looking statements and the assumptions on which the forward-looking statements are based. Recipients of this document (Recipients) are cautioned to not place undue reliance on such forward-looking statements. ResApp makes no representation or warranty as to the accuracy, reliability or completeness of information in this document and does not take responsibility for updating any information or correcting any error or omission which may become apparent after this document has been issued.

To the extent permitted by law, ResApp and its officers, employees, related bodies corporate and agents (Agents) disclaim all liability, direct, indirect or consequential (and whether or not arising out of the negligence, default or lack of care of ResApp and/or any of its Agents) for any loss or damage suffered by a Recipient or other persons arising out of, or in connection with, any use or reliance on this presentation or information.

This presentation is not an offer, invitation, solicitation or recommendation with respect to the subscription for, purchase or sale of any security, and neither this presentation nor anything in it shall form the basis for any contract or commitment whatsoever.

All amounts in Australian dollars unless stated otherwise.



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 24 November 2015	\$0.092
Market Cap	\$51.6M
Performance Shares ²	93.75M
Options ³	33.75M
Incentive Options ⁴	25M
Cash Balance as of 30 September 2015	\$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%

Brian Leedman: 5.45%

Freeman Road: 5.34%

Top 20 Shareholders: 44.7%



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)



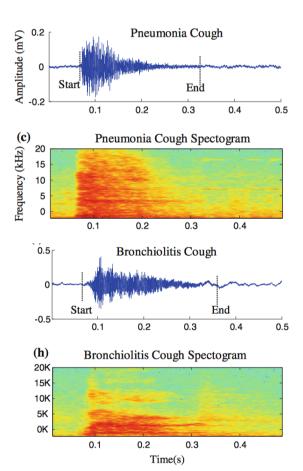
^{1.} Ambulatory case visits, National Ambulatory Medical Care Survey 2010

^{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
- 430+ 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 Preliminary Results	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%
			_

^{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 consults ('evisits') 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

Walgreens CVS/pharmacy®

 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

Market segments and business model

	Telehealth	Clinical use	Developing world	Direct to consumer
Commercial strategy	Partner with telehealth providers to reach 10s of millions of patients	Initial use in emergency departments (ED), extending to regular clinics	Partner with leading international aid agencies to equip field personnel	Direct to consumer via app stores to target growth in consumer-led health
Value proposition	 ✓ The only remote clinically-accurate diagnostic tool available ✓ Easily integrated into existing platforms 	 ✓ Reduce costs (<\$10 vs >\$200 for x-ray) ✓ Reduce time (x-ray adds ~30 mins) 	 ✓ Low cost, accurate & fast ✓ Usable by non-medical personnel ✓ Integrates into IMCI framework 	✓ Convenience✓ Low cost✓ Consumer empowerment
Revenue model	B2B per test fee (<\$10) from telehealth providers	B2B per test fee (<\$10) from healthcare payors	B2B low cost annual subscription from aid agencies	B2C download and per test fee direct from consumers
Market size	 22.5M respiratory-related US telehealth consults p.a. 56% growth rate Major telehealth providers have 10s of millions of customers each 	 13.4M US ED visits for respiratory disease p.a.¹ (~4.6M for children) 700M+ ambulatory respiratory consultations p.a.² 	 1M child deaths due to pneumonia p.a.³ 151M cases of pneumonia in developing countries p.a.³ 	 400M iPhone users⁴ 1.6B Android users⁴ mHealth app market expected to grow to \$25B by end of 2017⁵



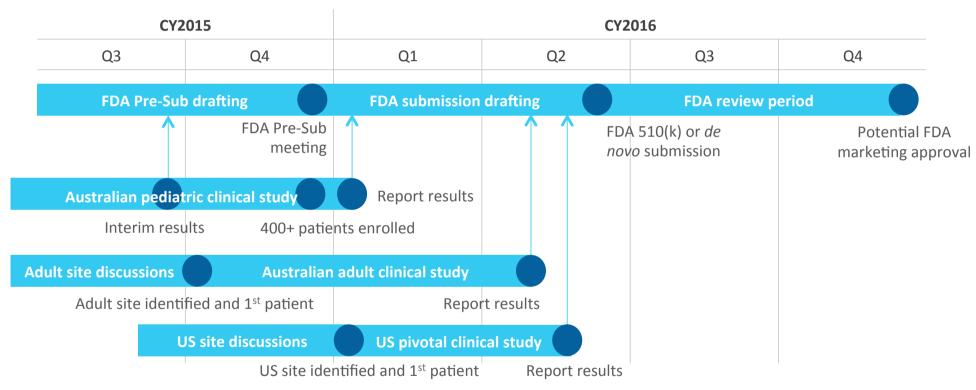
- 1. NHAMCS (2011)
- 2. ResApp estimate based on OECD per capita data
- 3. WHO estimate
- 4. Statista (2014 estimates)
- 5. Research2guidance mHealth App Developer Economics (2014)

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)
 - 430+ patients enrolled to date
 - Enrollment continuing
- ✓ 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

