

# ResApp Health

## Over reaction

**ADD** (no change)

Current price:	A\$0.100
Target price:	A\$0.24
Previous target:	A\$0.35
Up/downside:	135.5%
Reuters:	RAP.AX
Bloomberg:	RAP AU
Market cap:	US\$49.18m
	A\$69.31m
Average daily turnover:	US\$0.89m
	A\$1.23m
Current shares o/s	659.0m
Free float:	90.2%

### Key changes in this note

FY19F revenue down by 100.0%.

FY20F revenue down by 52.0%.

FY21F revenue down by 34.1%.



Price performance	1M	3M	12M
Absolute (%)	-52.4	-28.6	44.9
Relative (%)	-45.9	-21.1	46.8

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Analyst(s) own shares in the following stock(s) mentioned in this report:

– ResApp Health

- RAP released its top-line results from its US SMARTCOUGH study, with positive results in the largest market indications for LRTI, URTI and asthma, and expects to lodge its FDA de novo application before year end.
- Clinical diagnosis in the US of respiratory disease proves to be highly variable with a third of tests requiring a third adjudicator to act as a tie-breaker.
- While disappointed that the pneumonia results fell short of the benchmark 70% PPA and NPA, we believe the market has overreacted considering the relatively small market size for this indication in the US.
- We have lowered our forecasts to reflect timing of telehealth revenue. The target price has been reduced to A\$0.24 from A\$0.35. Add recommendation maintained.

### SMARTCOUGH-C-2 results – major indications successful

RAP produced a positive top-line read-out from the pivotal US children’s study for three out of six indications recording above 70% positive percent agreement (PPA) and negative percent agreement (NPA). We view this result as sufficient to gain regulatory approval for lower respiratory tract infection (LRTI), upper respiratory tract infection (URTI) and asthma. The results for croup have been delayed and are expected by November. However pneumonia and bronchiolitis indications did not reach the threshold and will require further study. While a miss on these indications is disappointing, these markets are relatively small in RAP’s major markets. Issues hampering the results were high levels of disagreement between clinical adjudicators, with a third of diagnoses requiring a third clinician to act as a tie-breaker. This point shows the level of subjectivity in respiratory diagnosis even with all available tests to clinicians (chest x-rays, microbiology testing, stethoscope), which we believe further enhances the need for objective diagnostics.

### What’s next?

RAP expects to make its formal FDA and CE mark and TGA submissions by the end of CY18, with regulatory approval due by mid-CY19. The Australian adult study is also expected to be completed shortly with results expected by end CY18. The adult market is 3x larger than the children’s market and is a key catalyst. Following on from its successful sleep apnoea study, we expect RAP to compare the algorithm to the Home Sleep Test (HST) over the next 12 months which potentially will diversify its revenue opportunities.

### Forecasts revised down

We have revised our forecasts by reducing the fee per test to US\$4 (from US\$5) reflecting fewer indications to be approved and a delay in the timing of signing up telehealth customers.

### Investment view – overreaction presents opportunity

Given the changes to forecasts our DCF valuation reduces to A\$0.24 from A\$0.35. We have set our target price at the same level. The key downside risk is failure to achieve FDA approval. RAP is recommended only for investors with a higher risk profile. We retain an Add recommendation.

### Financial Summary

	Jun-17A	Jun-18A	Jun-19F	Jun-20F	Jun-21F
Revenue (A\$m)	1.14	1.00	0.00	6.72	25.20
Operating EBITDA (A\$m)	(9.97)	(6.49)	(7.04)	(0.52)	17.53
Net Profit (A\$m)	(10.03)	(6.53)	(7.24)	(0.68)	17.40
Normalised EPS (A\$)	(0.015)	(0.010)	(0.010)	(0.001)	0.024
Normalised EPS Growth	204%	(35%)	5%	(91%)	
FD Normalised P/E (x)	NA	NA	NA	NA	4.23
DPS (A\$)	-	-	-	-	-
Dividend Yield	0%	0%	0%	0%	0%
EV/EBITDA (x)	NA	NA	NA	NA	2.83
P/FCFE (x)	NA	NA	NA	NA	4.56
Net Gearing	(75.4%)	(60.4%)	(94.8%)	(92.5%)	(92.9%)
P/BV (x)	5.81	11.89	12.27	9.54	2.84
ROE	(73%)	(77%)	(129%)	(10%)	104%
% Change In Normalised EPS Estimates			(72%)	(111%)	(42%)
Normalised EPS/consensus EPS (x)			1.04	(0.09)	0.59

SOURCE: MORGANS, COMPANY REPORTS



### SMARTCOUGH-C-2 results

RAP has released its top-line results for the pivotal US children’s study. The results signify a pivotal point for RAP and it will now look to engage with the FDA for approval for its three largest target indications. We anticipate strong interest for the diagnostic, in particular from large telehealth providers and expect to see newflow regarding potential partnerships developing heading into the FDA de novo / CE mark / TGA approval process.

**Figure 2: AUS & US paediatrics results**

Condition	US study (n = 1,251)				Outcome
	# patients	# patients	PPA %	NPA %	
<b>Lower Respiratory Tract Disease</b>	<b>Y</b>	<b>N</b>			
- cough + patient symptom input	412	775	73%	77%	+ve
95% CI level			68-77%	74-80%	
<b>Asthma/Reactive Airways Disease</b>					
- cough + patient symptom input	176	886	71%	86%	+ve
95% CI level			64-78%	83-88%	
<b>Asthma/Reactive Airways Disease (&gt;2 year old)</b>					
- cough + patient symptom input	166	779	75%	84%	+ve
95% CI level			68-82%	82-87%	
<b>Croup</b>					
- cough alone	n.a.	n.a.			n.a.
95% CI level					
<b>Pneumonia</b>					
- cough + patient symptom input	100	1150	63%	62%	-ve
95% CI level			53-72%	59-65%	
<b>Primary Upper Respiratory Tract Infection</b>					
- cough + patient symptom input	166	453	77%	71%	+ve
95% CI level			73-80%	66-78%	
<b>Bronchiolitis</b>					
- cough + patient symptom input	42	89	76%	60%	-ve
95% CI level			60-88%	59-70%	

SOURCE: MORGANS RESEARCH, COMPANY

### Sleep Apnoea results

RAP recently released some positive results from its Prospective Sleep Apnoea Clinical Study. The study showed a strong correlation with the gold standard in-laboratory polysomnography testing, with 80% - 84% specificity (test results identifying OSA against a positive diagnosis) and 80% - 83% specificity (test results identifying patient does not have OSA against a negative diagnosis) with patients with mild to severe OSA (AHI 5-14/h = Mild, AHI 15-29/h = Moderate, AHI >30/h = Severe).

We view the results as highly encouraging and expect RAP to next compare the algorithm to the Home Sleep Test (HST) over the next 12 months which potentially will diversify its revenue opportunities.

**Figure 3: OSA study results**

	Patients <sup>1</sup>		AUC	Sensitivity	Specificity
	Y	N			
AHI ≥ 5/h	507	47	0.9	84%	83%
			(95% CI, 0.87-0.93)	(95% CI, 80-87%)	(95% CI, 69-92%)
AHI ≥ 15/h	346	205	0.88	80%	80%
			(95% CI, 0.85-0.91)	(95% CI, 75-84%)	(95% CI, 73-85%)
AHI ≥ 30/h	191	372	0.9	82%	82%
			(95% CI, 0.87-0.93)	(95% CI, 76-87%)	(95% CI, 77-86%)

1. Number of patients clinically scored above or below the AHI threshold where the algorithms provided a result. For each test, the algorithms were not able to provide a result for a small number of patients [AHI ≥ 5/h, 28 (5%) patients; AHI ≥ 15/h, 31 (5%) patients; AHI ≥ 30/h, 19 (3%) patients].

SOURCE: MORGANS RESEARCH, COMPANY

## Changes to forecasts

**Figure 4: OSA study results**

	FY19F			FY20F			FY21F		
	Prev	Rev	% chg	Prev	Rev	% chg	Prev	Rev	% chg
Revenue	3.0	0.0	-100.0%	14.0	6.7	-52.0%	38.3	25.2	-34.1%
EBITDA	(4.1)	(7.0)	-71.7%	6.6	(0.5)	-107.8%	30.3	17.5	-42.2%
NPAT	(4.3)	(7.2)	-68.3%	6.6	(0.7)	-110.4%	30.4	17.4	-42.8%
EPS	(0.6)	(1.0)	-72.2%	0.9	(0.1)	-110.6%	4.0	2.4	-41.6%
Div yield	0.0%	0.0%	n.a.	0.0%	0.0%	n.a.	0.0%	0.0%	n.a.

SOURCE: MORGANS RESEARCH, COMPANY

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