



ANGLE

Proactive Investors Forum

Parsortix non-invasive cancer diagnostics

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Personalised cancer care

- ❖ Incidence of cancer growing
 - 14 million new cases in 2012 up from 12.7 million cases in 2008
 - 8.2 million deaths up from 7.6 million
- ❖ Characteristic of cancer is that it continually evolves and mutates
 - Each patient's cancer is different
 - The individual patient's cancer changes over time
- ❖ Effective treatment requires personalised care
 - Understanding patient's cancer
 - Selecting drugs that target their specific cancer
 - Advanced analytical techniques provide the key
- ❖ Healthcare economic pressures
 - Efficient and effective use of resources
- ❖ Major pharma are developing much more selective drugs
 - Colorectal cancer KRAS+ Cetuximab
 - Lung cancer EGFR+ Iressa
 - Breast cancer HER2+ Herceptin

Obtaining cancer cells for analysis

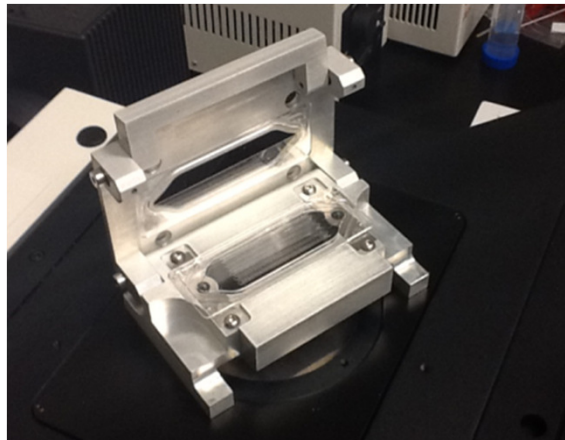
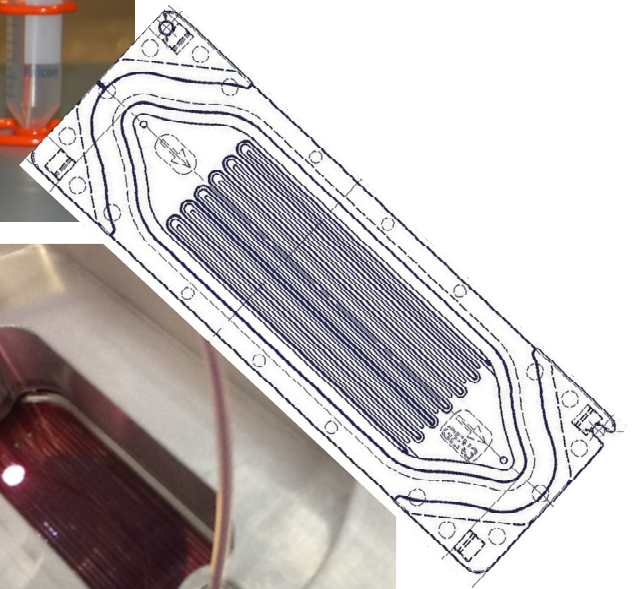
Existing approach: solid tumour biopsy

- ❖ Clinicians cut out the tumour and analyse the cancer cells
 - Breast cancer mastectomy or lumpectomy
 - Colorectal cancer colonoscopy tumour biopsy
 - Prostate cancer fine needle biopsy and prostatectomy
- ❖ Difficulty in accessing some tumours
 - Pancreatic cancer
 - Lung cancer
 - Brain cancer
- ❖ Repeat tumour biopsy to see how the cancer may have changed is problematic as tissue not available for excision
- ❖ Side effects and treatment delays

New approach: “liquid biopsy” retrieve cancer cells from blood

- ❖ Intense medical interest in liquid biopsy
- ❖ Non-invasive; Repeatable; Cost effective
- ❖ Challenge is only one circulating tumour cell (CTC) in one billion blood cells

Parsortix system



Key Opinion Leaders

ANGLE has formal research relationships with three leading UK institutions:



- ◆ Positive evaluation. Key advantages:
 - High level of capture (80-100%) and harvest (60-100%)
 - Does not use antibody capture
 - Exceptionally low WBC contamination
 - Harvested cells can be analysed
- ◆ Colorectal cancer patient validation
 - High CTC capture rate
 - Parsortix system demonstrated twice the sensitivity of currently accepted clinical practice for CTC capture
- ◆ Partnership to establish a Cambridge Parsortix laboratory
 - Bowel cancer including colorectal, pancreatic and oesophageal cancers
 - New drug compounds
 - Gene mutation analysis and next-generation sequencing (NGS)



Competitive advantages of Parsortix

- ❖ Parsortix patented step system is simple, effective and affordable
 - Captures a high proportion of CTCs
 - Can be used with all solid tumour cancers (including breast, prostate, lung, colorectal, pancreatic, ovarian, cervical, brain)
 - Captured CTCs are intact, viable and undamaged
 - CTCs can be harvested (recovered from system) for analysis
 - Purity of CTCs very high (i.e. very low background contamination from white blood cells) allowing direct molecular analysis of harvested cells

- ❖ System does not use antibodies to capture cells
 - Antibody systems miss key target cells such as mesenchymal cells
 - Antibody systems do not work at all for some cancers such as ovarian cancer
 - Antibody capture can compromise downstream molecular analysis
 - Antibody systems are complicated and expensive

- ❖ System does not use membranes to capture cells
 - Membrane systems can clog up and have high background contamination
 - Membrane systems cannot easily harvest CTCs for analysis



Commercial advantages of Parsortix

- ❖ FDA submission in process
 - Capture large cells in blood for molecular analysis
 - **Potential to be the first FDA authorised CTC harvesting system**
- ❖ In-house not CLIA (certified laboratory) remote service
 - Offer the hospitals a system that they can use in their own labs
 - Competitor systems very complicated and not FDA approved so can only offer a remote service
- ❖ No need for reimbursement codes
 - Our system is a lab tool and can be used immediately for treating patients
 - Other closed systems need a reimbursement code that will take 3-6 years to secure and be very expensive
- ❖ Open source with wide application
 - All solid cancers and all applications
 - Designed to work with existing medtech platforms (not to compete with them)
 - Clear route to market



Scientific Advisory Board

- ◆ Prof Adrian Newland, Barts Health NHS Trust
 - haematology, cancer diagnostics and National Institute for Clinical Excellence (NICE)

- ◆ Dr Clive Stanway, Cancer Research Technology
 - cancer drug development and major pharma

- ◆ Dr Harold Swerdlow, New York Genome Center
 - next-generation sequencing

- ◆ Prof Ashok Venkitaraman, Medical Research Council's Cancer Cell Unit
 - cancer cell biology and personalised cancer care



Objectives achieved during the year

- ❖ Strengthen balance sheet with sale of Geomerics - **achieved**
- ❖ Place Parsortix system with key opinion leaders – **ongoing**
- ❖ 3rd party validation of the Parsortix system - **achieved**
- ❖ Select a manufacturing partner and establish quality control systems - **achieved**
- ❖ Plan for regulatory authorisation for the product to be used in the clinical market - **achieved**
- ❖ CE Mark authorisation for clinical sales in the Europe - **achieved**
- ❖ Application to the FDA for authorisation for clinical sales in the United States - **achieved**
- ❖ Key opinion leader market entry plan for Parsortix - **achieved**



How ANGLE intends to secure its market position

- ◆ Further roll-out with key opinion leaders
- ◆ FDA authorisation target end of Q3 2014
- ◆ Sales into the research market
- ◆ Key opinion leader reporting
- ◆ Clinical applications supported by pilot studies
- ◆ Patient studies to support clinical applications
- ◆ Roll out of clinical sales

Parsortix system + regulatory authorisation + clinical application + patient data + key opinion leader = \$bn market

Personalised cancer care



"Personalised medicine is the most exciting change in cancer treatment since the invention of chemotherapy"

Professor Peter Johnson, Chief Clinician, Cancer Research UK

"The evaluation phase of our work is now successfully complete and we see great promise in the application of the Parsortix technology for harvesting CTCs for molecular analysis to enable personalised cancer care. We are now undertaking pilot studies using the Parsortix system in both colorectal cancer and pancreatic cancer."

Deputy and Genomics Leader within the Clinical & Experimental Pharmacology group at Cancer Research UK Manchester Institute, Ged Brady

"This agreement will greatly facilitate the use of ANGLE's Parsortix system in our research, and that of other colleagues in Cambridge. **We foresee several exciting research avenues to test different applications of the Parsortix system in the diagnosis and personalised treatment of cancer.**"

Medical Research Council Cancer Unit Director, Professor Ashok Venkitaraman

National Cancer Institute
at the National Institutes of Health

"Personalized cancer care is the future of medicine. The faster we can develop cancer treatments that are tailored to the individual characteristics of each patient, the better we can concentrate interventions on those who will benefit the most from them and avoid the expense, side effects and emotional involvement on those who will not."



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