9 October 2014

World Leading Clinical Expert Professor Peter Trainer to Present to Shareholders on Successful ATL1103 Phase II Trial Results

Antisense Therapeutics Ltd (ASX:ANP or "the Company") is pleased to announce that Dr Peter Trainer, Chief Investigator of the Company's successful Phase II clinical trial of ATL1103 for Acromegaly is to visit Australia to give shareholder and investor presentations on 20 – 21 October 2014.

Professor of Endocrinology, The Christie NHS Foundation Trust, UK, Professor Trainer is due to present on the successful outcomes of the Phase II trial at the 7th International Congress of the GRS and IGF-I Society in Singapore, 15 – 18 October 2014.

Dr. Trainer was involved in the clinical trials of a number of existing drugs to treat acromegaly, including the drug Somavert® which has the same biological target as ATL1103 (the Growth Hormone receptor) and sales of approximately US$200 million per annum. Please see Professor Trainer's biography at the end of this announcement.

Professor Trainer's Australian presentation will cover acromegaly as a disease, current therapeutic approaches for treating acromegaly and details on ANP's drug ATL1103, including the recent Phase II clinical trial results. The presentations will be held in Melbourne and Sydney and will also include a brief update on the Company from Mark Diamond, MD and CEO of Antisense Therapeutics.

Details on the presentations are as follows:

Melbourne
Date: Monday 20th October 2014
Time: 11.00am – 12.00pm
Venue: *Patersons Securities Limited, Melbourne

Sydney
Date: Tuesday 21st October 2014
Time: 11.00am – 12.00pm
Venue: *TBC

Shareholders who wish to attend will need to register their attendance by contacting Annabel Murphy on amurphy@buchanwe.com.au or (02) 9237 2800. Please note that numbers are restricted so you will need to register your attendance by 16th October, 2014.

If you are unable to attend either event, the Melbourne presentation will also be available via webcast which you will be able to access via the Company's website homepage www.antisense.com.au.

*Further details of the venues will be provided upon registration.



Biography – Professor Peter Trainer

Professor Peter Trainer qualified in Edinburgh and continued with his higher training in St. Bartholomew's hospital London, Aberdeen, Utrecht Holland and Portland, Oregon, USA. He was a senior lecturer in endocrinology at Saint Bartholomew's Hospital Medical School in London before becoming a consultant endocrinologist at The Christie Hospital in 1998.

Professor Trainer is an active leader in the medical community. He has served on the senior executive committees of the Society for Endocrinology (UK), the American Endocrine Society and the European Society for Endocrinology. He chaired the programme organizing committee for the European Congress of Endocrinology (2011) and the clinical programme of the American Endocrine congress in 2007. He has published extensively with over 150 papers in peer-reviewed journals. He is a sought after lecturer and teacher and chair of the European Society for Endocrinology education committee. He has served on the editorial boards of Journal of Clinical Endocrinology and Metabolism, Clinical Endocrinology, Treatments in Endocrinology, and GH and IGF Research.

Background Information

ATL1103 Phase II trial is a randomised, open-label, parallel group study of the safety, tolerability, pharmacokinetics and efficacy of two subcutaneous dosing regimens of ATL1103 in 26 adult patients with acromegaly dosed with ATL1103 for 13 weeks (3 months) with two months of follow up. Two ATL1103 dosing regimens were tested (a) 200 mg 3 times in the first week then once weekly thereafter (200 mg/week) or (b) 200 mg 3 times in the first week then twice weekly thereafter (400 mg/week). The primary endpoints or main purposes of the trial as listed on the trial protocol are (i) to evaluate the safety and tolerability of ATL1103 in patients with acromegaly, and (ii) to evaluate the single dose and multiple dose pharmacokinetic profiles of ATL1103 via the subcutaneous route in patients with acromegaly. Another important endpoint that is also on the trial protocol is the evaluation of ATL1103's effect on serum insulin like growth factor I (IGF-I) levels in patients. This efficacy endpoint is the average percentage reduction in serum IGF-I levels at one week past the end of treatment compared to baseline levels for each of the two dosing regimens used in the Phase II study.

ATL1103 is a second generation antisense drug designed to block growth hormone receptor (GHr) expression thereby reducing levels of the hormone insulin-like growth factor-I (IGF-I) in the blood and is a potential treatment for diseases associated with excessive growth hormone and IGF-I action. These diseases include acromegaly, an abnormal growth disorder of organs, face, hands and feet, diabetic retinopathy, a common disease of the eye and a major cause of blindness, diabetic nephropathy, a common disease of the kidney and major cause of kidney failure, and some forms of cancer. Acromegalic patients are known to have significantly higher blood IGF-I levels than healthy individuals. Reduction of these levels to normal is accepted by clinical authorities as the primary marker of an effective drug treatment for the disease. GHr is a clinically validated target in the treatment of acromegaly. In the case of diabetic retinopathy, published clinical studies have shown that treatments producing a reduction in IGF-I levels retarded the progression of the disease and improve vision in patients. Scientific papers have been published on the suppression of blood IGF-I levels in mice (Tachas et al., 2006, J Endocrinol 189, 147-54) and inhibition of retinopathy in a mouse retinopathy model (Wilkinson-Berka et al., 2007, Molecular Vision 13, 1529- 38;) using an antisense drug to the GHr. ANP have also reported that ATL1103 suppressed circulating levels of IGF-I in primates. In a Phase I study in normal volunteers, ATL1103 was assessed as being safe and well tolerated, while also demonstrating a preliminary indication of drug activity including suppression of IGF-I and the target GHR (growth hormone binding protein) levels. ATL1103 commercialisation is covered by patents to at least 2024, with the potential for extensions up to 2029 in some countries and 2030 in the US.

Acromegaly is a serious chronic life threatening disease triggered by excess secretion of growth hormone (GH) by benign pituitary tumours. Oversupply of GH over stimulates liver, fat and kidney cells, through their GH receptors, to produce excess levels of (IGF-I) in the blood manifesting in abnormal growth of the face, hands and feet, and enlargement of body organs including liver, kidney and heart. The primary treatments for acromegaly are to surgically remove the pituitary gland and/or drug therapy to normalize GH and serum IGF-I levels. In North America and Europe there are approximately 85,000 acromegaly patients with about half requiring drug therapy. Cost of drug therapy ranges from approximatelyA$30,000/annum to over A$60,000/annum depending on the treatment.

Antisense Therapeutics Limited (ASX: ANP) is an Australian publicly listed biopharmaceutical drug discovery and development company. Its mission is to create, develop and commercialise second generation antisense pharmaceuticals for large unmet markets. ANP has 4 products in its development pipeline that it has in-licensed from Isis Pharmaceuticals Inc. (NASDAQ:ISIS), world leaders in antisense drug development and commercialisation - ATL1102 (injection) which has successfully completed a Phase II efficacy and safety trial, significantly reducing the number of brain lesions in patients with multiple sclerosis, ATL1103 a second-generation antisense drug designed to block GHr production and thereby lower blood IGF-I levels and is in clinical development as a potential treatment for growth and other GH-IGF-I disorders, ATL1102 (inhaled) which is at the pre-clinical research stage as a potential treatment for asthma and ATL1101 a second-generation antisense drug at the pre-clinical stage being investigated as a potential treatment for cancer.