

# Shareholder Update



## Dimerix Completes Recruitment of Part A of Phase II trial of DMX-200 in Chronic Kidney disease

Work is now underway to prepare for Part B of our Phase II clinical trial to determine the safety and efficacy of our lead compound DMX 200 as a potential treatment for chronic kidney disease (CKD). The start of the second phase follows successful completion of recruitment for Part A in November 2016.

People suffering from chronic kidney disease usually have some type of inflammatory damage and their kidneys don't retain protein needed by the body. This symptom of CKD is called proteinuria.

In October 2016, interim data from the first group of patients showed DMX 200 was well tolerated with an 'encouraging safety profile.'

Researchers found three of 11 participants (27 per cent) who reached mid-point showed a 50 per cent or greater reduction in proteinuria over and above the current standard of care.

The full results from the first half of the Phase II study are due to be released in July 2017.

### DMX-200 progress summary

- Interim clinical data released October 2016 suggests strong evidence of safety and likely efficacy
- 27 per cent of participants at mid point showed a 50 per cent reduction in proteinuria over and above standard of care
- One participant achieved a 60 per cent reduction at a 90 mg dose
- Full trial outcomes from Part A of the study are to be released July 2017

## Dimerix's Receptor-HIT Data Presented by Takeda at British Pharmacology Society Meeting



In collaboration with Takeda Pharmaceutical Company Limited, our screening assay was used to identify an interaction between a G-protein coupled receptor (Sphingosine 1-Phosphate receptor or S1PR) and an orphan receptor. We were delighted to have these findings presented at the recent British Pharmacology Society meeting by Dr Louise Dickson from Takeda.

Orphan receptors are typically grouped with other structurally similar receptors, but have not been associated with a naturally occurring ligand (molecules that activate them). If ligands for such receptors are later discovered, they are referred to as 'adopted' orphan receptors.

After identifying the interaction, Takeda went on to use our Receptor-HIT technology in a high-throughput screening format to discover new molecules active on the receptor's complex surface.

This work demonstrates the potential of Receptor-HIT to establish new GPCR functions, which in turn lead to the development of novel therapies. Dimerix Chairman Dr James Williams has highlighted how useful our technology could be in the wider pharmaceutical industry where drugs targeting GPCRs already account for more than 30% of all approved drugs.

### News Summary

Below are the links to our most recent announcements. Please take time to read them if you haven't had the time to already.

» Japanese Patent allowance

» Company presentation

» Dimerix raises \$2m

» Dimerix Receptor-HIT data presented by Takeda

» Dimerix Completes Recruitment of Part A Phase II

» Appointment of Chief Executive Officer

### Facts about chronic kidney disease

- Chronic Kidney Disease represents a major unmet medical need worldwide
- Developing a treatment for this disease is the focus of our current lead clinical program
- People suffering from kidney failure are often susceptible to a higher rates of cardiovascular disease and potentially a premature death
- It is estimated 26 million people in the US suffer from chronic kidney disease
- An estimated US\$2.6 billion is spent in the US each year on late stage therapies due to lack of early stage treatment options

## Notable global industry developments

### American Society of Nephrology (ASN) Meeting

In November 2016, Dimerix attended the annual 'Kidney week' in Chicago, the peak international meeting for advances in Nephrology. The meeting was a great opportunity to speak to Key Opinion Leaders in the Kidney space, as well as to see the latest research in the field. US based listed company Retrophin presented additional information about the results of their phase 2 trial in FSGS, including confirmatory analysis on complete and partial responders as a predictor of success in long term maintenance of kidney function. This suggests a move away from the current industry trend to reporting 'average' response, and is consistent with Dimerix's approach of reporting on 'number of responders'

### Chronic kidney disease (CKD)

In December 2016, a Swiss based speciality pharma company with existing nephrology products, agreed to pay NASDAQ listed Chemocentryx \$50 million upfront for an option to develop their CCR2 antagonist, CCX140, for chronic kidney disease outside of the US. The agreement includes additional payments on achieving certain milestones, as well as tiered double digit royalties on net sales of CCX140. This news supports the prospect that CKD remains an area of high interest for licensing deals of significant value.

### Non-alcoholic steatohepatitis (NASH)

In December 2016, Swiss based global drug company Novartis agreed to pay \$50 million to US-based Conatus Pharmaceuticals Inc. to co-develop a fatty liver disease drug. The agreement will enable the two companies to jointly develop the Conatus drug emricasan, an experimental oral treatment for non-alcoholic steatohepatitis (NASH) with advanced fibrosis and cirrhosis. Several big drug makers are pursuing new treatments for NASH; a chronic, progressive fatty liver condition involving inflammation and scarring that is seen as a huge unmet need with a potentially enormous patient population. Dimerix is developing a promising treatment for NASH, which is currently in pre-clinical tests.

## Congratulations: Appointment of Chief Executive Officer, Kathy Harrison



Congratulations to our new Chief Executive Officer Kathy Harrison, formerly General Manager of Dimerix Biosciences, who was formally promoted to this expanded role on 7 November 2016. Kathy is a stalwart of the Australian biotechnology industry; with over 20 years of experience working with ASX listed companies. She has a passion for commercialising intellectual property to help create new therapies and value.

Kathy's diverse career has provided her with many valuable skills. From working as a Patent and Trademark Attorney for nine years at Watermark, to becoming head of intellectual property at YM Biosciences Australia. She has moved from strength to strength being promoted to executive roles at her former workplace Phosphagenics, and also here at Dimerix. Kathy's industry expertise will help her to lead our business forward through the next few critical stages of drug development.

After graduating from Swinburne University of Technology, Kathy went on to do a Master of Science degree at the University of Manchester, UK, and a Graduate Diploma in IP law at the University of Melbourne. She also holds a Certificate in Governance from the Governance Institute of Australia.



### Sign up!

We encourage all shareholders to receive the latest announcements from Dimerix when they are issued to the ASX. Simply go to [www.dimerix.com/investors](http://www.dimerix.com/investors) and enter your email address. Dimerix will never share your details with external third parties. We will only send you updates when they are issued to the ASX.

### Get in contact

#### Licensing and Partnering Enquiries

Kathy Harrison  
Chief Executive Officer  
T: +61 (0)419 359 149  
E: [kathy.harrison@dimerix.com](mailto:kathy.harrison@dimerix.com)

Dr James Williams  
Executive Chairman  
T: +61 (0)409 050 519  
E: [info@dimerix.com](mailto:info@dimerix.com)

#### Clinical Trials Enquiries

Dimerix Bioscience Limited  
PO Box 24231  
Melbourne Victoria 3000  
Australia  
E: [info@dimerix.com](mailto:info@dimerix.com)

#### Share Registry Enquiries

Automic Pty Ltd  
[www.automic.com.au](http://www.automic.com.au)  
T: (08) 9324 2099 or  
1300 288 664  
E: [info@automic.com.au](mailto:info@automic.com.au)

#### Media Enquiries

**International**  
Sue Charles/Daniel Gooch  
T: +44 (0)20 7866 7905  
E: [dimerix@instinctif.com](mailto:dimerix@instinctif.com)

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