

# Midatech Interims Presentation

Six months ended 30 June 2019

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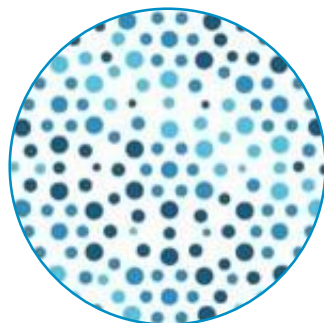
# Technologies That 'Make Medicines Better'

## Focus on rare cancer or tumour diseases of neurological nature

- Technologies aimed at **improving bio-delivery and bio-distribution of existing agents**

## Each technology is delivering:

- Successful clinical translation to date
- Ongoing clinical programmes
- Multiple opportunities beyond current programmes



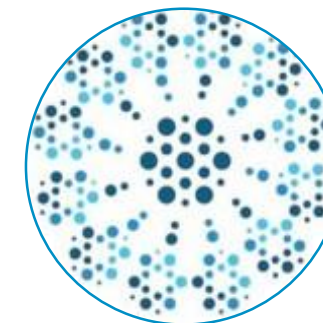
### Q-Sphera™

- Sustained delivery**
  - Precision clinical performance
  - Advanced technology manufacturing
  - Clear competitive advantage



### MidaSolve™

- Local delivery**
  - Converts oral meds into liquid meds
  - Increases routes of administration injected direct to tumour



### MidaCore™

- Targeted delivery**
  - Ultra-small size
  - Can bind multiple agents (targeting and therapeutic)

Technologies focussed on improving biodelivery and biodistribution of existing medications

Lead programme:  
MTD201  
Acromegaly & NET's

Lead programme:  
MTX110  
DIPG Childhood Brain Cancer

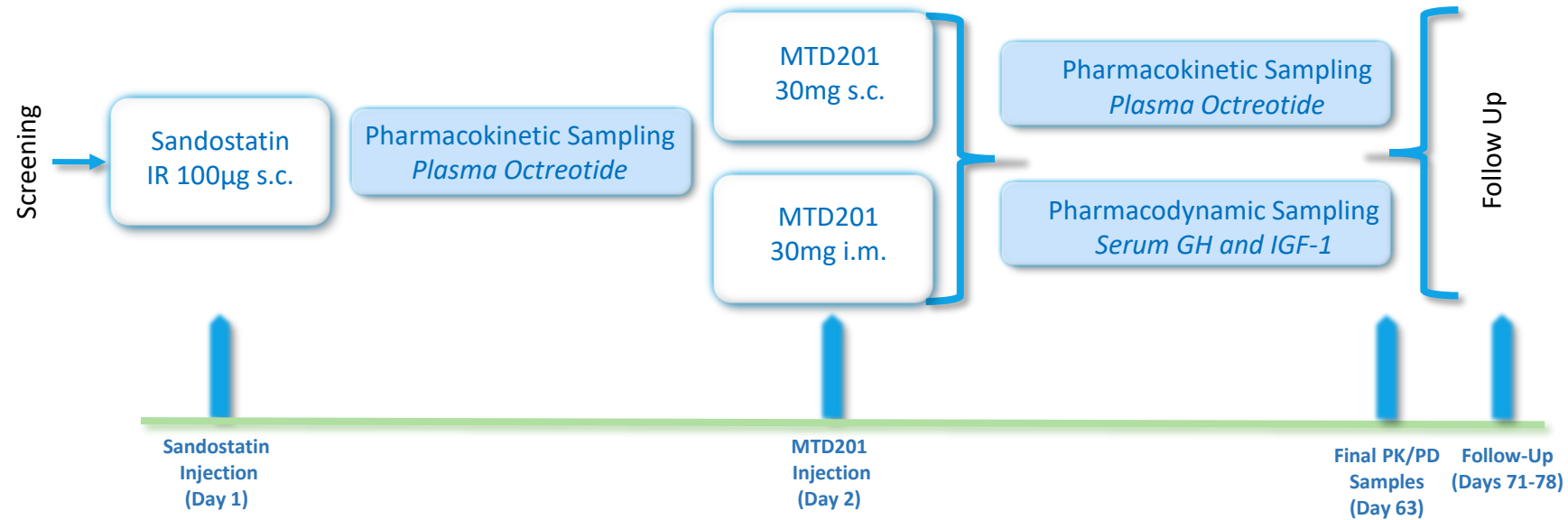
Early research

# MTD201 – A Better Product than Sandostatin® LAR® Targeted at a \$2.5Bn Market

Advantages of MTD201 VS Sandostatin LAR	Data Validation				Status
	Clinical Study	Phase	Subjects	Design	
Favourable 4-6 week profile (with intramuscular injection)	MTD201 - 101	Phase I	24 HV's	Randomised double blind	Completed
Consistent, low variability, predictable release kinetics					
No burst release					
Less painful injections					
Smaller needle gauge					
Quicker, simpler, reconstitution and injection					
Confirmation of higher strengths (30mg – 90mg)	MTD201 - Lab	Research	None	Laboratory Research	Completed
Subcutaneous dosing in addition to intramuscular	MTD201 - 102	Phase I	28 HV's	Randomised open label	Commenced Sept 2019
Acromegaly: IGF-1 control	MTD201-301	Pivotal	90 patients	Randomised double blind placebo controlled	Commence H1 2020
Neuroendocrine Tumours: symptom control	MTD201-302	Pivotal	90 patients	Randomised double blind placebo controlled	Commence H2 2020
Longer dose intervals (6-8 weeks) + Higher strengths (45, 60mg)	MTD201-303	Pivotal	tbc (~ 302 study)	Randomised double blind placebo controlled	Commence 2021

# MTD201-102 Phase I Study Initiated To Confirm Additional Subcutaneous Administration Option

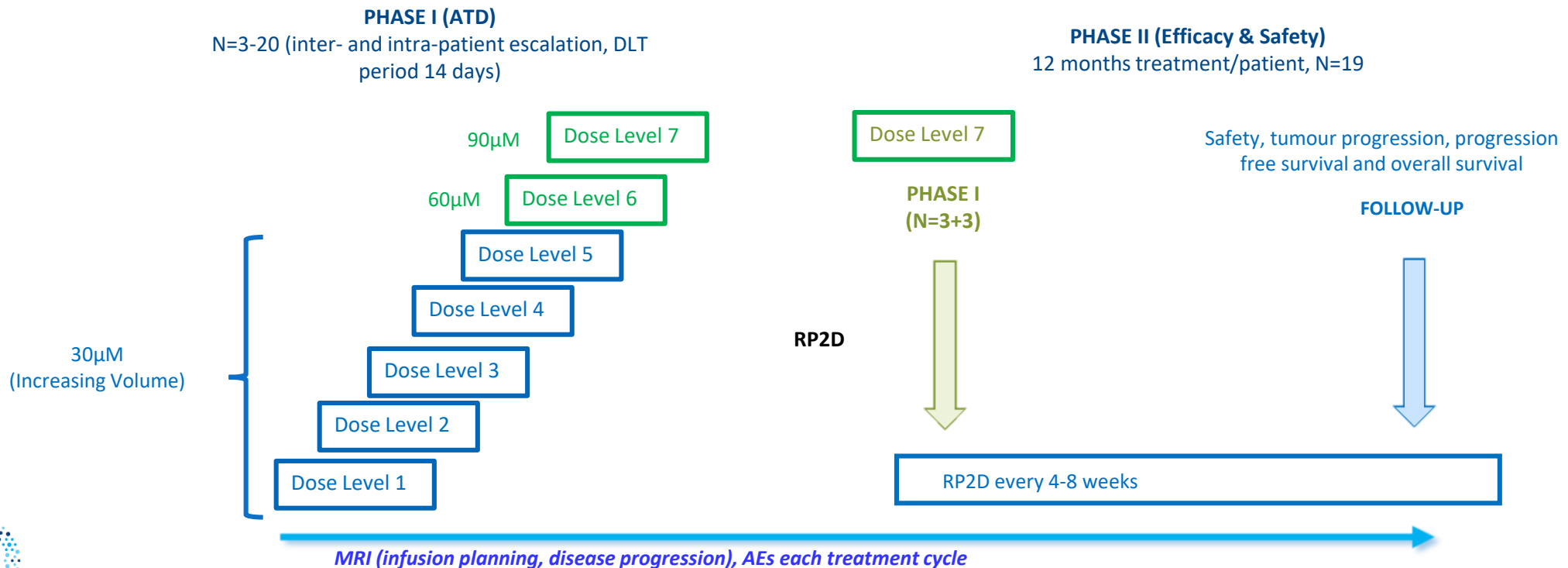
- CTA approval announced 20 September 2019



- Top line results Dec 2019 / Jan 2020

# MTX110 Phase I/II Accelerated Design To Safety and Efficacy Readout

- Combined Phase I (safety) and Phase II (efficacy) MTX110 study in DIPG patients commenced May 2018
- Phase I scheduled to complete in H2 2019 with the Phase II efficacy component to follow immediately thereafter
- Based on the Phase I progress to date, the Recommended Phase II Dose ("RP2D") has preliminarily been achieved
  - small cohort of three patients to be enrolled to complete the traditional standard dose escalation schedule





# Manufacturing Scale Up Commenced



- GMP certified facility in Bilbao continues to be a key component of our business
  - currently provides all clinical trial supply needs for our products
  - significant scale up project underway to provide commercial manufacturing supply needs
- Significant support from Spanish local and national government in total €8.5 million
  - late 2018: awarded Basque government grant worth €450k
  - January 2019: obtained €1.5 million soft loan with the Basque regional government
  - March 2019: secured €6.6 million soft loan finance with Spanish government Reindus programme (loan advanced September 2019)
- Final costs of full commercial capability still being finalised



# Summary Profit & Loss

- Revenue: £0.2m R&D collaborations, £0.2m grant funding
- R&D: MTX110 Phase I study and prep for MTD201 IM vs SC and pivotal trials
- Finance costs: MidCap loan interest 1H18
- Loss from continuing operations benefitted from corporate restructuring and cost reduction undertaken in 2018

£000s	1H 2018	1H 2019
Revenue	549	452
R&D	(4,595)	(3,459)
Distribution, sales & marketing	(105)	(191)
Administrative	(2,119)	(2,046)
Loss from Operations	(6,270)	(5,244)
Finance (net)	(239)	(7)
Tax	889	832
Loss from continuing operations	(5,620)	(4,419)
Loss from discontinued operations	(5,793)	-
Net loss	(11,413)	(4,419)
Loss per share (£)	(0.09)	(0.01)

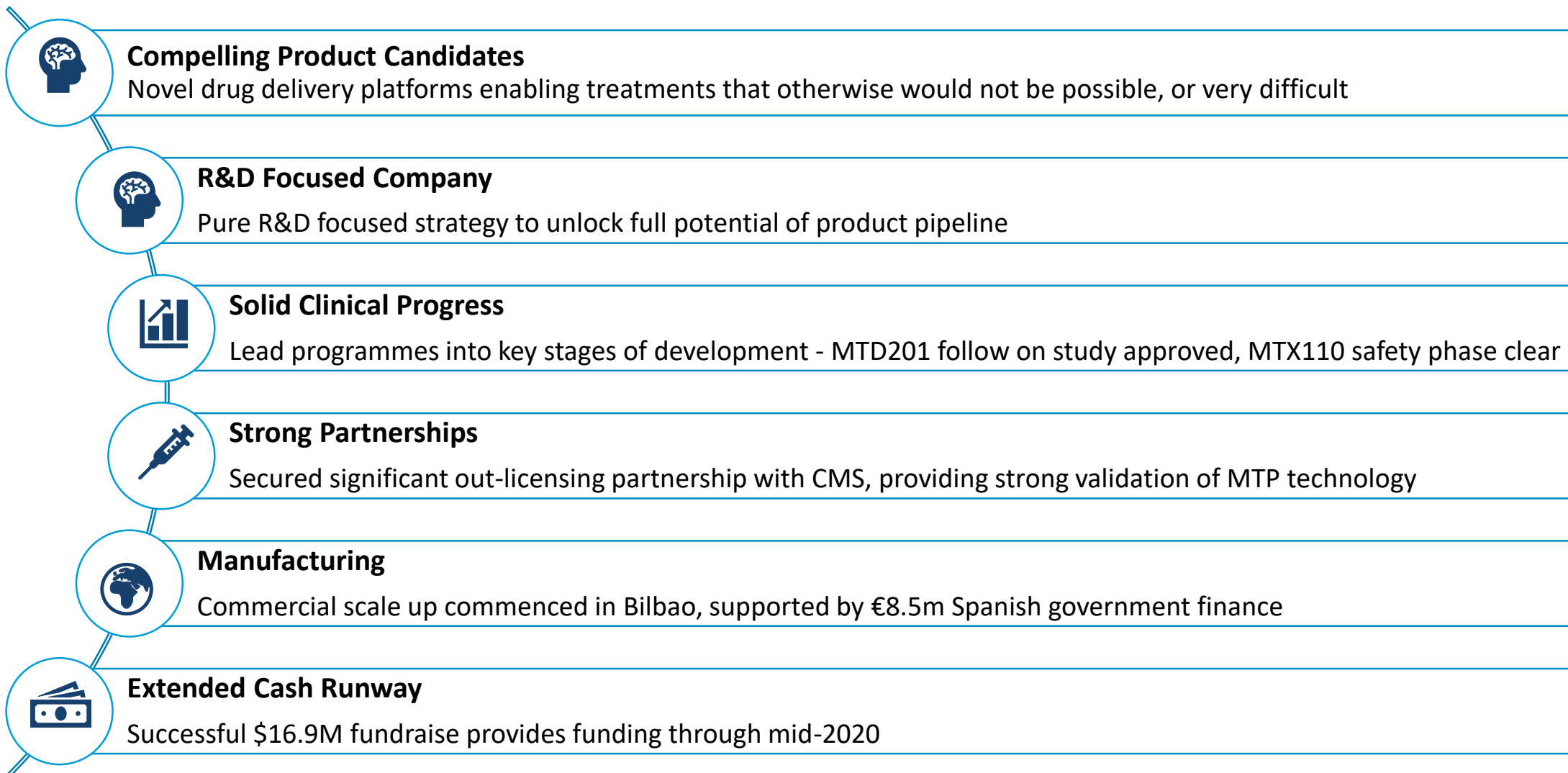


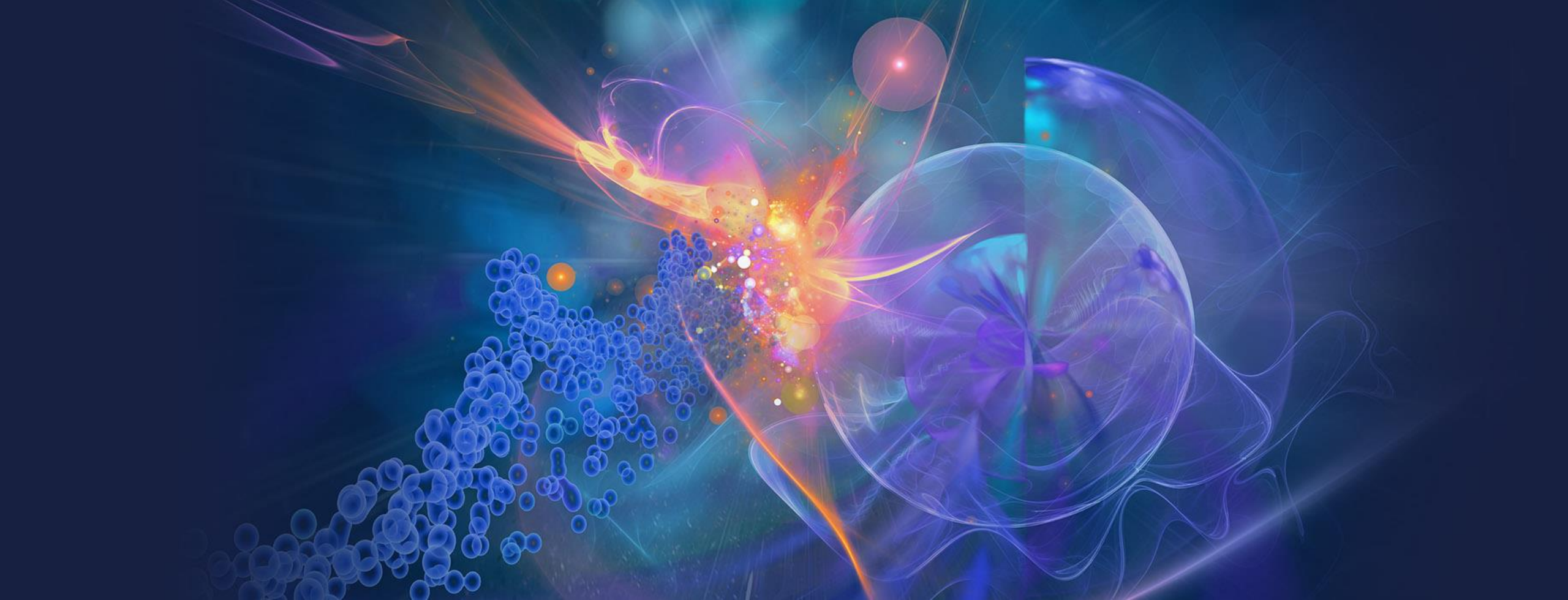
# Summary Cash Flow

- £12.3m (net) raised Feb 19 through Subscription, Placing & Open Offer
- £0.9m deposit paid to purchaser of MPUS re PDUFA included in receivables
- £6.7m cash at period end. Now, (including Reindus) ~£13m including £2.6m restricted
- Cash runway through to 2Q20

£000s	1H 2018	1H 2019
Loss after tax	(11,413)	(4,419)
Depreciation / amortisation	928	644
Impairment	4,701	-
Tax	(889)	(837)
Working capital (net)	(1,238)	43
Other operating	146	30
<b>Cash used in operating activities</b>	<b>(7,765)</b>	<b>(4,539)</b>
Capital expenditure	(317)	(20)
Deposit paid re MPUS	-	(947)
Other (net)	(310)	(81)
Equity raise	-	12,286
<b>Net increase /(decrease) in cash</b>	<b>(8,392)</b>	<b>6,699</b>
<b>Cash at 30 June</b>	<b>4,345</b>	<b>8,976</b>

# Key Progress And Investment Highlights

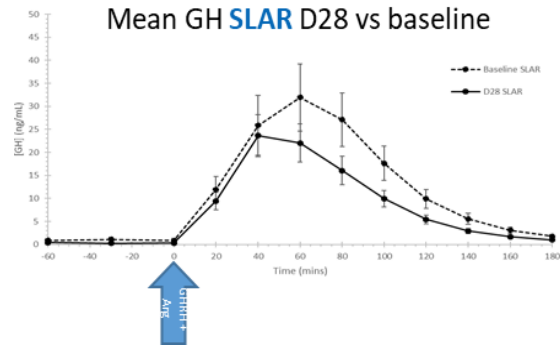
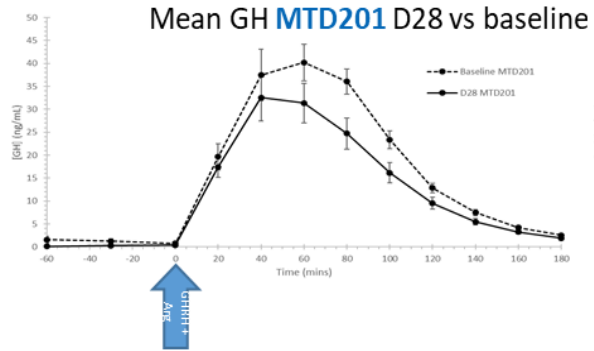




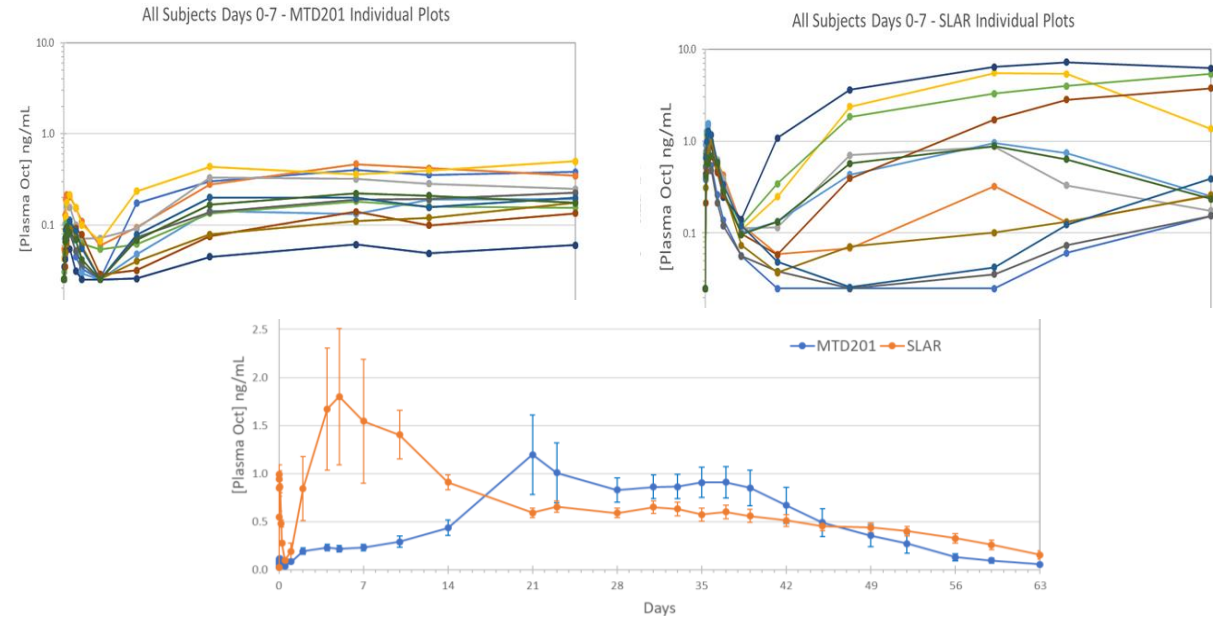
Thank You

# MTD201 Compelling Phase I Data vs SLAR

## Pharmacodynamics *Normalisation of Growth Hormone*

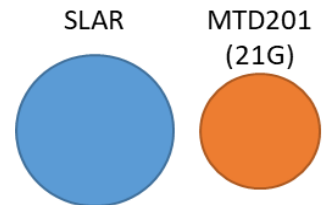


## Pharmacokinetics *Favourable Release Kinetics and Less Variability*



## Needle Size *Smaller and Less Painful*

- Small 21G needle for MTD201, whereas SLAR uses 19G needle – 40% smaller surface area
- Lower injection pain (8% vs. 25%) and lower injection site tenderness (8% vs 83%) (MTD201-101)



## Reconstitution Time *Quicker; and Stability Longer*

- MTD201 reconstitution from opening pack to injection in under 10 minutes, stable for 2 hrs
- SLAR reconstitution around 40 minutes by the published method, must be used immediately

