

Living Cell Technologies Ltd

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Living Cell Technologies Presents at Rodman & Renshaw 9th Annual Healthcare Conference

October 22, 2007; Melbourne, Australia and Auckland, New Zealand - Living Cell Technologies Limited (ASX:LCT; OTC:LVCLY.PK), world-leading cell therapy company today announced that the Company is scheduled to present at an international biotechnology investor conference, Rodman & Renshaw 9th Annual Global Healthcare Conference, on 7 November 2007 in New York City.

Dr. Paul Tan, Living Cell Technologies Chief Executive Officer will present the latest Phase I/IIa clinical trial data on the Company's lead product for treatment of type 1 diabetes, DiabeCell®. The presentation will be followed by a question and answer session and a live webcast may be accessed at the Company's website, www.lctglobal.com or at <http://www.wsj.com/webcast/rrshg12/lct.au>. A replay of the presentation will be archived for 90 days after the conference, at the same locations.

Over 2000 members from the international investment community attended last year's Rodman and Renshaw Annual Global Healthcare Conference with presentation from about 350 private and public companies. LCT is one of a number of leading Australasian companies attending the conference.

Presentation Key Points:

- LCT's DiabeCell® is a porcine islet cell implant that secretes insulin in response to the patient's blood glucose levels. People with type 1 diabetes are not able to produce their own insulin because their pancreatic cells are not functioning properly. DiabeCell® has been developed, using proprietary micro-encapsulation technology, to enable implantation without rejection or the need for immunosuppressant drugs, and to achieve near-normal blood glucose levels without administration of insulin or with significantly reduced levels of insulin.
- The first of two DiabeCell® Phase I/IIa clinical trials began earlier this year at the Sklifosovsky Clinical and Research Institute in Moscow. The 12-month trial is being conducted in six type 1 (insulin-dependent) diabetics, who are being given the lowest clinically effective dose to demonstrate safety, with dosing to be repeated for additional clinical benefit. The patients receive an initial implant dose equivalent to 5,000 IEQ (islet equivalents/kg) administered by injection into the peritoneal cavity, followed by a second implant six months later. Follow up monitoring continues for 12 months.
- The first patient was injected with his first dose in June 2007, without adverse effects. Control of blood glucose levels has been maintained, while his daily insulin requirement was gradually reduced by about 40% over the past four months.
- The second recipient was implanted with her first dose of DiabeCell® in September 2007, without adverse effects and control of blood glucose has been maintained with progressive reduction of daily insulin requirements. At one month following the implant, this patient has been weaned off insulin altogether.
- LCT intends to conduct a second DiabeCell® Phase I/IIa clinical trial of 12 months duration in New Zealand with a patient group composed of eight long-standing type 1 diabetics. Patients will receive higher doses of DiabeCell® than in the trial currently underway. It is anticipated that this trial will start in late 2007 and will then be followed by a larger pivotal trial.

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About Living Cell Technologies: www.lctglobal.com

Living Cell is developing live cell therapy products to treat life threatening human diseases. The company owns a biocertified pig herd that it uses as a source of cells for treating diabetes and neurological disorders. For patients with type 1 diabetes, the company transplants microencapsulated islet cells so that near-normal blood glucose levels may be achieved without the need for administration of insulin or at significantly reduced levels. The company entered clinical trials for its diabetes product in 2007.

Further background information on the trial is available at <http://www.lctglobal.com/news/167.php>
<http://www.lctglobal.com/news/149.php>

LCT disclaimer

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