

4 October 2021

Antisense Therapeutics appoints new Non-Executive Director

The Board of Directors of Antisense Therapeutics Limited [ASX:ANP | US OTC:ATHJY | FSE:AWY], (the Company) today announced the appointment of Dr Gil Price, Antisense Therapeutics' US-based Consultant Medical Director to the Company's board as a non-executive director.

Dr Gil Price's appointment is effective immediately and will be confirmed with shareholders following the 2021 Annual General Meeting at which time William Goolsbee, current non-executive director of ANP will retire from the Board of Directors.

The Board of Antisense Therapeutics would like to take this opportunity to thank Bill for his contribution to the growth of the Company over the last six years. The board and management were fortunate to be able to draw on Bill's extensive experience in the development of antisense therapies and in the field of Duchenne muscular dystrophy (DMD) as a former director and ex-Chairman of Sarepta Therapeutics Inc. (NASDAQ: SRPT) (2007-2014). Bill was instrumental in the establishment of Antisense Therapeutics' DMD scientific advisory board and relationships with DMD Advocacy Groups.

Dr Gil Price's appointment as Non-Executive Director is in line with the board's strategy of strengthening the Company's clinical and scientific resources and governance ahead of the imminent initiation of Phase IIb clinical trial of ATL1102 in DMD in Europe. Gil brings to the board a deep understanding and experience in DMD drug development as a clinical physician and extensive commercial development experience combined with a depth of expertise across clinical asset investment strategy, evaluation, financing and execution gained serving as director on multiple boards of private, not-for-profit and public entities, including as non-executive director of Sarepta Therapeutics, Inc. (2007-2016), where he also worked alongside Bill Goolsbee for many years.

Gil's ongoing engagement with Key Opinion Leaders in the treatment of DMD and DMD Patient Advocacy Groups has helped increase the awareness of the Company's ATL1102 for DMD development program and to translate the features and benefits of the program to these audiences and to advocates internationally and in the capital markets. This important work has recently resulted in the Company being invited to be a member of the Pharmaceutical Advisory Board for the development of the New Duchenne Guidance by Parent Project Muscular Dystrophy (PPMD) for the US FDA.

Antisense Therapeutics CEO Mark Diamond said, "I am delighted that Gil has joined the Board at this key point in time as we embark on our multinational Phase IIb trial in DMD boys to help steer us through the clinical complexity that always presents in the conduct of pivotal clinical trials. I would though like to take this opportunity to thank Bill for his most valuable insights and significant contributions over his six years of service to the Company. I'd also like to thank him for his guidance in taking us from a Company that had an idea for a possible DMD treatment to one that is about to enter the final stage of clinical development. Finally, it is personally very pleasing that the business again sees the opportunity for former work colleagues to pass the baton between them at the appropriate juncture in the race to commercialize our promising DMD therapeutic."

Dr Charmaine Gittleston, ANP Chair said, "As the Company moves into late stage, pivotal clinical development, Dr Price's acceptance of a non-executive director role is welcomed. His experience with the DMD treatment and patient community will be invaluable and we look forward to working with Gil

in this new capacity. I'd like to take this opportunity to thank Bill for his support and important contributions and specifically wish to acknowledge his indelible impact on the Company's culture in his consistent mantra of ensuring that the patient be central to all decision making."

This announcement has been authorised for release by the Board

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About Antisense Therapeutics Limited [ASX: ANP | US OTC: ATHJY | FSE: AWY] is an Australian publicly listed biotechnology company, developing and commercializing antisense pharmaceuticals for large unmet markets in rare diseases. The products are in-licensed from Ionis Pharmaceuticals Inc. (NASDAQ: IONS), an established leader in antisense drug development. The Company is developing ATL1102, an antisense inhibitor of the CD49d receptor, for Duchenne muscular dystrophy (DMD) patients and recently reported highly promising Phase II trial results. ATL1102 has also successfully completed a Phase II efficacy and safety trial, significantly reducing the number of brain lesions in patients with relapsing-remitting multiple sclerosis (RRMS). The Company has a second drug, ATL1103 designed to block GHr production that successfully reduced blood IGF-I levels in Phase II clinical trials in patients with the growth disorder acromegaly.

About ATL1102 ATL1102 is an antisense inhibitor of CD49d, a subunit of VLA-4 (Very Late Antigen-4). Antisense inhibition of VLA-4 expression has demonstrated activity in a number of animal models of inflammatory disease including asthma and MS with the MS animal data having been published in a peer reviewed scientific journal. ATL1102 was shown to be highly effective in reducing MS lesions in a Phase IIa clinical trial in patients with RR-MS. The ATL1102 Phase IIa clinical data has been published in the medical Journal **Neurology** (Limmroth, V. et al Neurology, 2014; 83(20): 1780-1788).

About DMD Duchenne Muscular Dystrophy (DMD) is an X-linked disease that affects 1 in 3600 to 6000 live male births (Bushby *et al*, 2010). DMD occurs as a result of mutations in the dystrophin gene which causes a substantial reduction in or absence of the dystrophin protein. Children with DMD have dystrophin deficient muscles and are susceptible to contraction induced injury to muscle that triggers the immune system which exacerbates muscle damage as summarized in a publication co-authored by the Director of the FDA CDER (Rosenberg et al, 2015). Ongoing deterioration in muscle strength affects lower limbs leading to impaired mobility, and also affects upper limbs, leading to further loss of function and self-care ability. The need for wheelchair use can occur in early teenage years for patients on corticosteroids with a mean age of 13, with respiratory, cardiac, cognitive dysfunction also emerging. Patients with a greater number of immune T cells expressing high levels of CD49d have more severe and progressive disease and are non-ambulant by the age of 10 despite being on corticosteroid treatment (Pinto Mariz et al, 2015). With no intervention, the mean age of life is approximately 19 years. The management of the inflammation associated with DMD is currently addressed via the use of corticosteroids, however they are acknowledged as providing insufficient efficacy and are associated with significant side effects. As a consequence, there is an acknowledged high need for new therapeutic approaches for the treatment of inflammation associated with DMD.

Rosenberg AS, Puig M, Nagaraju K, *et al*. Immune-mediated pathology in Duchenne muscular dystrophy. *Sci Transl Med* 2015, 7: 299rv4.

Bushby et al for the DMD Care Consideration Working Group/ *Diagnosis and management of Duchenne muscular dystrophy, part 1* Lancet Neurol. **2010** Jan;9(1):77-93 and *part 2* Lancet Neurol. **2010** Feb;9(2):177-89 .

Pinto-Mariz F, Carvalho LR, Araújo AQC, *et al*. CD49d is a disease progression biomarker and a potential target for immunotherapy in Duchenne muscular dystrophy. *Skeletal Muscle* 2015, 5: 45-55.