



ASX / Media Release
4 May 2016

**OncoSil Medical Presents at Asia Biotech Invest Conference,
5 & 6 May 2016
Updated Corporate Presentation**

Sydney, Australia - 4 May 2016: OncoSil Medical Limited (ASX: OSL) (**OncoSil Medical** or the **Company**) a late stage medical devices company focused on localised treatments for patients with pancreatic and liver cancer, today announced that Chief Executive Officer, Daniel Kenny will present at the *Asia Biotech Invest conference* at the Hong Kong Convention Centre, Hong Kong on Thursday 5 May 2016.

The *Asia Biotech Invest conference* is hosted by AusBiotech as part of their Global Investment Event Series and runs from 5 to 6 May 2016 bringing together a number of institutional investors, partners and life sciences companies from across the Asia Pacific region. Mr Kenny and Chief Financial Officer, Tom Milicevic will also participate in one-on-one meetings with Asian investors during and prior to the conference.

OncoSil Chief executive Officer, Daniel Kenny commented:

“As we move into our next phase of commercialisation as a Company, we are excited to be presenting at this high quality conference and introducing the OncoSil story to new institutional investors in Asia. This is the next step in our plans for broader shareholder engagement and activities both domestically and internationally.”

The Company’s updated Presentation which will be presented at the conference and investor meetings is attached and is also available at the Company’s website www.oncosil.com.au.

- ENDS -

Company	Investor Enquiries	Media
Mr Daniel Kenny CEO & Managing Director E: daniel.kenny@oncosil.com.au T: +61 2 9223 3344	David Allen or John Granger Hawkesbury Partners E: dallen@hawkesburypartners.com T: +61 2 9325 9046	James Moses Mandate Corporate E: james@mandatecorporate.com.au M: +61 420 991 574

About OncoSil

OncoSil is a clinical-stage medical device company seeking to provide a new medical radiation treatment for cancer patients. OncoSil's lead product, OncoSil™ is silicon and phosphorus (p32) beta emitter, able to be implanted by an endoscopically placed catheter in localised solid tumours of patients with pancreatic cancer. Treatment with the OncoSil™ device, known as brachytherapy, is intended to deliver more concentrated and localised beta radiation compared to external beam radiation. OncoSil has conducted four clinical trials with encouraging results on tolerability, safety and efficacy. A CE Mark application for regulatory approval to commercially sell the OncoSil™ device in the EU and other non-US markets is under review with commercial launch planned for 2H2016, subject to approval. An Investigational Device Exemption has also been lodged with the United States Food and Drug Administration to seek approval to conduct a clinical trial of the OncoSil™ device aimed at supporting an FDA approval. Pancreatic cancer is typically diagnosed at a later stage, when there is a poor prognosis for long-term survival. The World Cancer Research Fund estimated that in 2012, 338,000 people globally were diagnosed with pancreatic cancer. The prognosis for patients diagnosed with pancreatic cancer, regardless of stage, is generally poor; the relative five-year survival rate for all stages combined is approximately 5%. The estimated world-wide market opportunity for OncoSil™ in pancreatic cancer exceeds \$1b.

Hepatocellular carcinoma (HCC) or liver cancer, is the 6th most common cancer in the world with 782,000 new cases diagnosed in 2012. While hepatocellular carcinoma can be treated by surgery or transplantation, the majority of patients with HCC have disease which is too advanced for surgery and their survival ranges from a few months to two or more years. The value of the hepatocellular cancer market is expected to triple in size to \$1.4b by 2019.

Forward Looking Statements

This document contains certain forward-looking statements as at the date of this presentation relating to OncoSil's business, which can be identified by the use of forward-looking terminology such as "promising", "plans", "anticipated", "will", "project", "believe", "forecast", "expected", "estimated", "targeting", "aiming", "set to", "potential", "seeking to", "goal", "could provide", "intends", "is being developed", "could be", "on track", or similar expressions, or by express or implied discussions regarding potential filings or marketing approvals, or potential future sales of product candidates. Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause actual results to be materially different from any future results, performance or achievements expressed or implied by such statements. There can be no assurance that any existing or future regulatory filings will satisfy the FDA and other national and international authorities' requirements regarding any one or more product candidates, nor can there be any assurance that such product candidates will be approved by any authorities for sale in any market or that they will reach any particular level of sales, nor that that any specific objective of the Company will be achieved or that any particular performance of the Company or of its shares will be achieved. In particular, the Company's expectations regarding the approval and commercialisation of the product candidates could be affected by, amongst other things, unexpected trial results, including additional analysis of existing data, and new data; unexpected regulatory actions or delays, or government regulation generally; changes in legislation or regulatory requirements, our ability to obtain or maintain patent or other proprietary intellectual property protection; competition in general; government, industry, and general public pricing pressures; and additional factors that involve significant risks and uncertainties about our Company, products, product candidates, financial results and business prospects. Should one or more of these changes, risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described herein as anticipated, believed, estimated or expected. OncoSil is providing this information as of the date of this document and does not assume any obligation to update any forward-looking statements contained in this document as a result of new information, future events or developments or otherwise. You are urged to consider all of the above and advice from your own advisers carefully in evaluating the forward-looking statements and are cautioned not to place undue reliance on the forward-looking statements. The information in this presentation is not financial product advice, is not an offer to invest in the securities of OncoSil and does not take into account your investment position or objectives, financial situation or any particular requirements.

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ASX.OSL

Advancing Pancreatic & Liver Cancer Treatment

Asia Biotech Invest 2016
Hong Kong Convention Center
May 5, 2016

Important notice

This Presentation has been prepared by Oncosil Medical Ltd (ASX:OSL) (**Oncosil** or the **Company**) to provide an overview of the Company. This Presentation and the information contained may require further explanation and/or clarification. Accordingly, this Presentation and the information contained should be read in conjunction with past and future ASX announcements made by Oncosil and should not be relied upon as an independent source of information. Please contact Oncosil and/or refer to the Company's website www.oncosil.com.au for further information.

Not an Offer for Securities

Nothing in this Presentation constitutes investment advice or should be construed as either an offer to sell or a solicitation of an offer to buy or sell shares in the Company, in any jurisdiction.

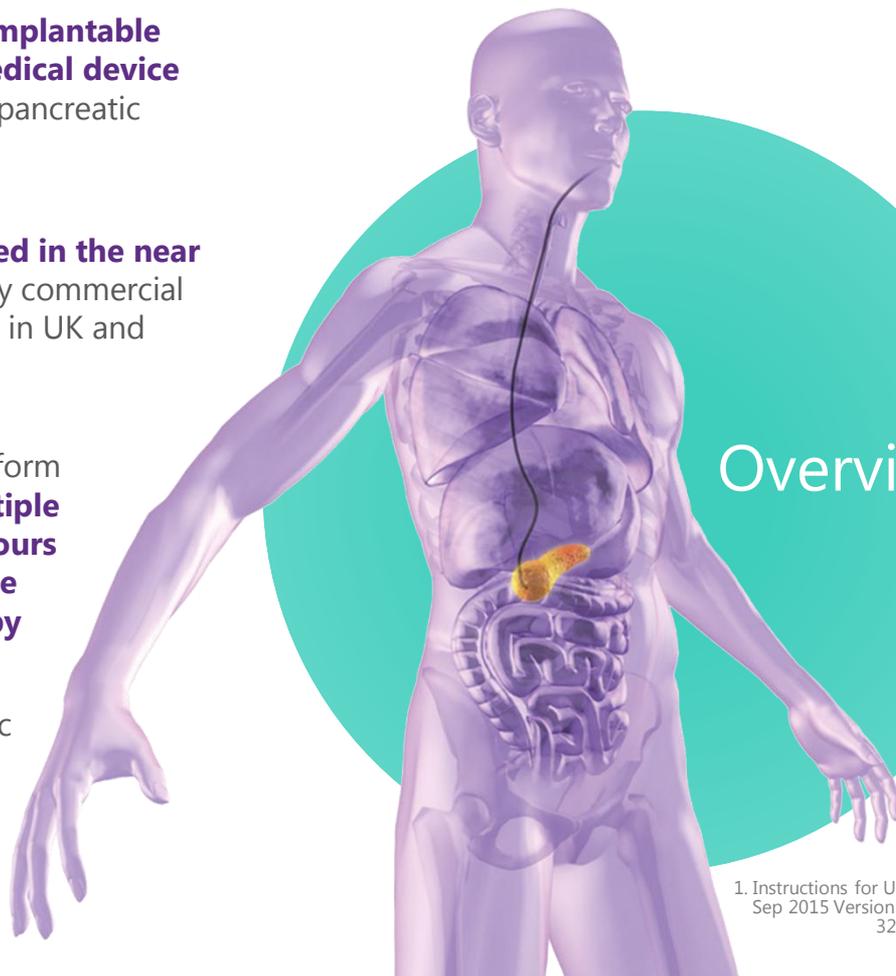
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- Developing an **implantable radiotherapy medical device 'OncoSil™'** for pancreatic and liver cancer
- **CE Mark targeted in the near term** followed by commercial launch and sales in UK and then Australia
- Technology platform suitable for **multiple solid state tumours** providing **a more targeted therapy**
- Global pancreatic cancer market > **US1\$B**



Overview

- US market entry underway
- **IDE planned 2Q 2016**
- **New leadership team**
 - Daniel Kenny CEO (ex Baxter, Roche) and Dr Chris Roberts (ex Cochlear CEO), Chairman-elect
- **Proprietary** technology with robust patent portfolio
- ASX listed
~\$70 market cap and **funding through 2018**



Device overview

Radiation therapy delivered directly into the tumour



Pure **“soft beta”** radiation source (P32) to avoid systemic side effects

Localised radiation therapy using “sticky” microparticles

Carrier particles are **inert silicon**

Particles are suspended in fluid to allow direct injection into the tumour

Single Injection under anesthesia takes **30 minutes**

Local radiation in the tumour lasts around **3 months**

OncoSil™ procedure*



OncoSil™ is suspended in a shielded syringe in the operating theatre



Endoscope guided into the upper intestine



Using CT or real-time imaging, needle guided into the target lesion



OncoSil™ injected directly into the tumour

* Above procedure is for treating pancreatic cancer. Treatment of liver cancer (HCC) is similar, using needle and imaging to enable OncoSil™ to be injected into the tumour in the liver.



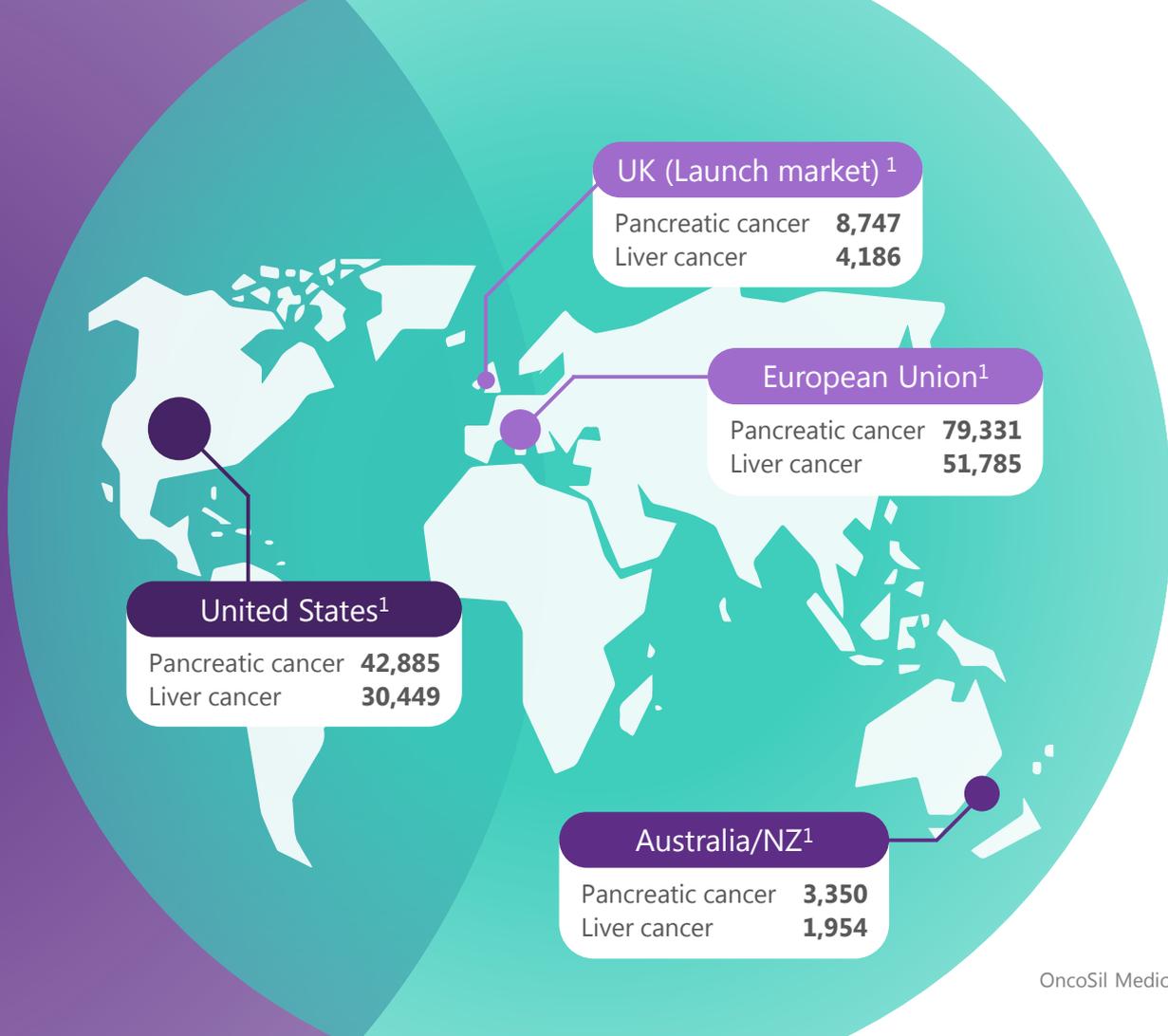
Target markets

Annual incidence

Global opportunity²

Pancreatic cancer	US\$1.0bn
Chemo regime	US\$60,000
External radiation	€9,000
<hr/>	
Liver cancer	US\$1.4bn

1. GLOBOCAN 2012: Estimated Cancer Incidence Worldwide in 2012 (IARC/WHO). Accessed 22 Apr 2016, from http://globocan.iarc.fr/Pages/fact_sheets_population.aspx
 2. Datamonitor Healthcare 2013





Pancreatic cancer

Unmet need

Patient profile

60 yrs and older | Males & females

Symptoms

Weight loss, malaise, jaundice
Cancer metastases around the body into lymph nodes, lungs etc.

Causes

Hereditary
Type 2 diabetes
Pancreatitis, often triggered by alcohol

Diagnosis

CT or ultrasound imaging
Diagnosis confirmed with biopsy performed with endoscopy

Treatments

Surgery (resection) if diagnosed early
Chemotherapy (Gemcitabine) in combination with Paclitaxel
External Radiation (ablation) therapy

Issues

Prognosis even with therapy is poor
Median survival (8 months and 5 year survival less than 5%)¹
Radiation therapy is actually toxic for the patient's GI tract
Despite metastatic disease, **data suggests uncontrolled local disease kills 30% pancreatic cancer patients**

Goal



Regulators and payers seeking progression free survival

1. American Cancer Society. 2010. Accessed on 9 September 2015

Current treatments are limited

Pancreatic cancer

Surgical re-section 15%

Locally advanced 35-40%

Metastatic disease 40-45%

First-line

Salvage

GEMZAR
gemcitabine HCl
(for injection)

Abraxane[®]
nanoparticle albumin bound paclitaxel

OncoSil
MEDICAL Ltd

FOLFIRINOX Chemotherapy
(folinic acid, fluorouracil, irinotecan, oxaliplatin)

Chemoradiotherapy
(chemotherapy + external beam radiation)

Xeloda
capecitabine

GEMZAR
gemcitabine HCl
(for injection)

Fluorouracil

GEMZAR
gemcitabine HCl
(for injection)

Abraxane[®]
nanoparticle albumin bound paclitaxel

OncoSil
MEDICAL Ltd

Tarceva[®]
erlotinib
tablets

Xeloda
capecitabine

FOLFIRINOX Chemotherapy
(folinic acid, fluorouracil, irinotecan, oxaliplatin)

Xeloda
capecitabine

GEMZAR
gemcitabine HCl
(for injection)

Fluorouracil

SIF-Spheres[®]
microspheres

(for Liver Mets)

*OncoSil™ is not currently approved for commercial sale. OncoSil™ positioning of First-line therapy is illustrative of planned positioning once approved

Competitive landscape

Device	Provider	Cancers treated			Delivery	Product	Approvals		Notes
		Liver (HCC)	Pancreas	Other			FDA	CE	
Y-90 RadioGel™	Advanced Medical Isotope (OTC:ADMD)	●	●	Prostate, breast, head neck	Needle injection	Highly insoluble Y-90 particles contained within a biodegradable polymer seed		●	Completing studies to address FDA questions
TheraSphere®	BTG International (LSE:BTG)	●	X	X	Needle injection into liver artery – into tumour via bloodflow	Small glass microspheres containing radioactive Y-90	●	●	Limited approval – Humanitarian Device Exemption
QuiremSpheres®	Quirem Medical (Private)	●	X	X	Injected by catheter in liver artery – into tumour via bloodflow	Radioactive microspheres that treat liver metastases through intra-arterial radioembolisation		●	
SIR-Spheres®	Sirtex Medical (ASX:SRX)	●	X	X	Micro catheter in liver artery – into tumour via bloodflow	Y-90 resin microspheres used to selectively deliver a dose of internal radiation to liver tumours	●	●	
Oncosil™	Oncosil Medical (ASX:OSL)	●	●	X	Needle on endoscope to enable injection directly into tumour	Phosphorus (P32) microparticles suspended in fluid to treat both pancreatic and liver cancer		○	CE Mark decision expected near term



OncoSil™ results in pancreatic cancer

Four clinical studies completed

2 x Primary Liver/HCC & 2 x Pancreatic Cancer

Study DB2-201

– Open label, Phase IIa safety study

17 patients with locally advanced pancreatic cancer

Treated with OncoSil™ and gemcitabine chemotherapy

Significant anti-cancer activity

– 82% disease control

2 partial responders and 12 patients with stable disease

2 patients with progressive disease¹

1. Ross PJ et al, 2008, "Novel delivery via endoscopic ultrasound of a 32P brachytherapy device in addition to gemcitabine (G) in advanced pancreatic cancer", ASCO, Chicago, Illinois.

Average reduction in pain of 35%

69% max. pain reduction
– weeks 8 and 11 following implant

Median progression free survival was 121 days¹

Median overall survival was 10+ months¹

(compared with a typical 5.7 months with gemcitabine alone)



Tumour reduction and Increased survival

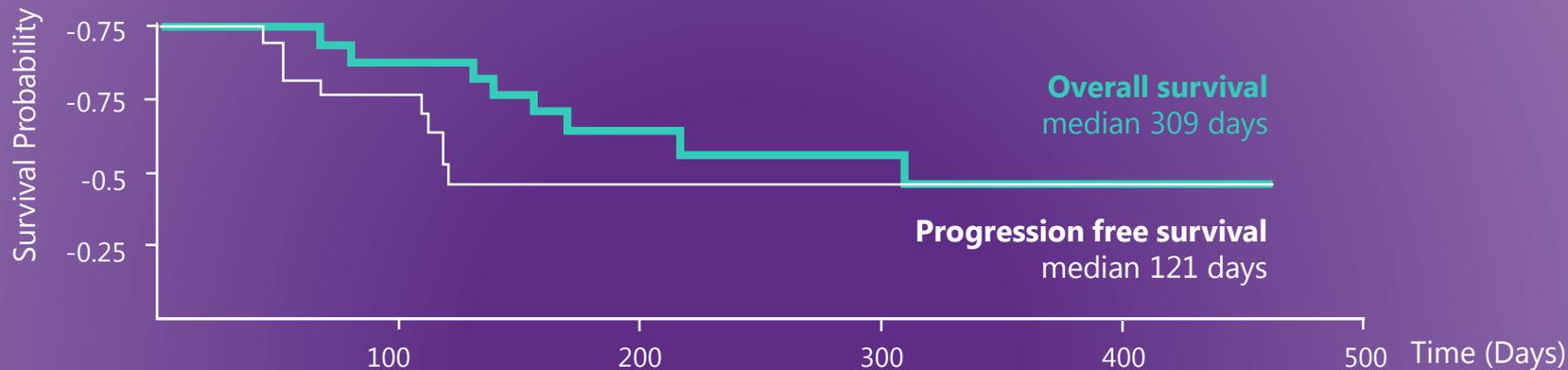
Tumour
response rate of

81.25%

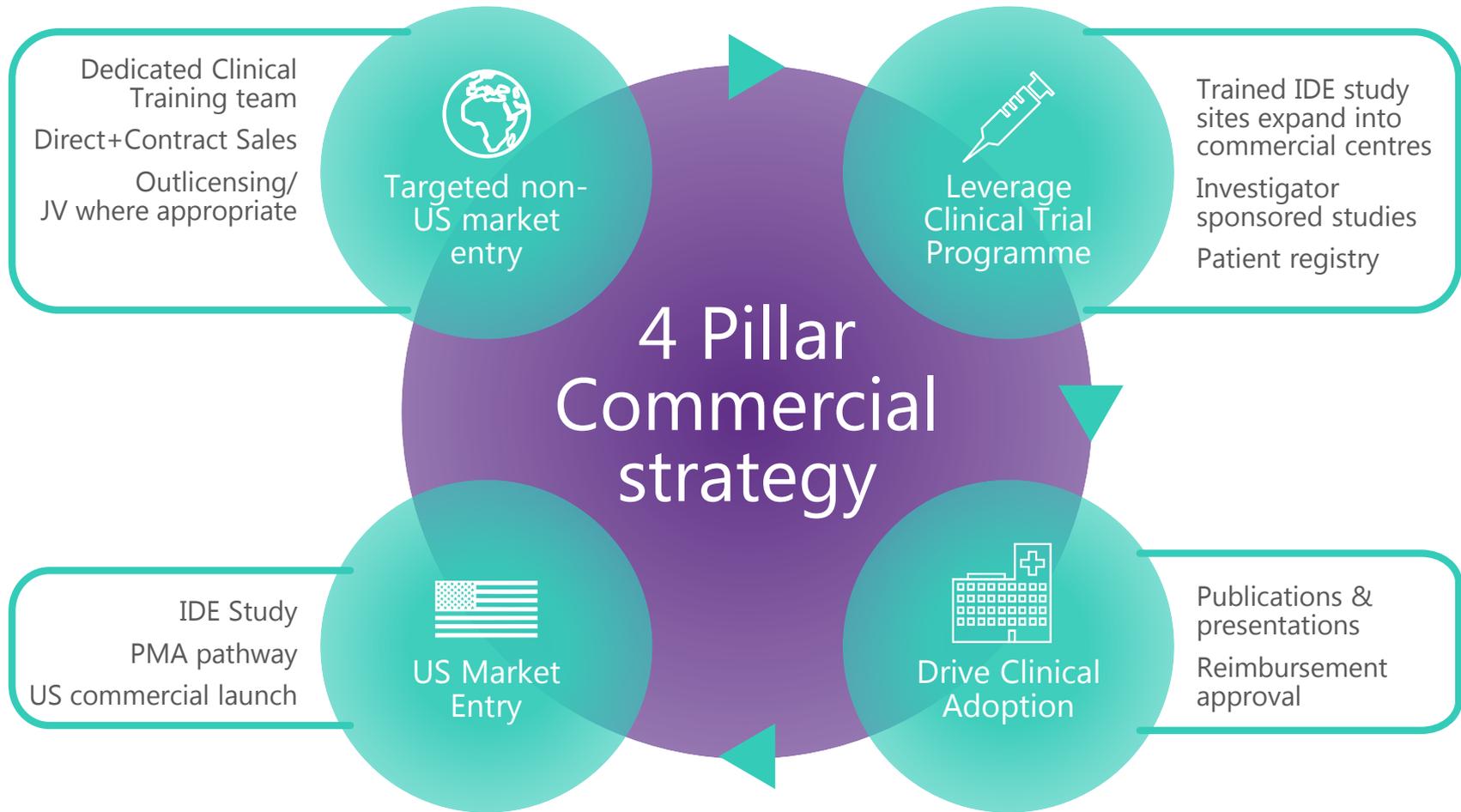
**Reduction in target tumour volume
for 13 of 16 treated patients**

15% 11 of the
13 patients

50% 7 of the
13 patients



1. Ross PJ et al, 2008, "Novel delivery via endoscopic ultrasound of a 32P brachytherapy device in addition to gemcitabine (G) in advanced pancreatic cancer", ASCO, Chicago, Illinois.





Manufacturing & supply chain



Expertise to manage execution risk

In-house expertise
– over 20 years with nuclear medicine products

ISO certified process using **outsourced GMP** manufacturers

3 x Nuclear Reactors
verified for OncoSil
– more to be added

Manufacturing capacity to meet needs

Base Material is ultra pure polysilicon and ultra pure red phosphorous

Final product is 30 microns, acid washed and suspended in diluent

Current Inventory is sufficient to meet Clinical Trial and early commercial needs

Supply chain in place

Storage, handling & distribution by **partner, Eckhart & Ziegler** in Germany

Device air freighted to hospital as ordered

Margins attractive at scale – **one batch can service 50 treatments**



US market entry

Regulatory strategy

Focus on pancreatic cancer indication – potential for future other indications

Oncosil™ will seek Pre-marketing Approval (**PMA**) (Class III device) from the FDA

Status and timing

Investigational Device Exemption (IDE) lodged December 2015

Supplemental information provided and follow up meeting in April 2016

Targeting IDE with agreed trial protocol in 2H 2016

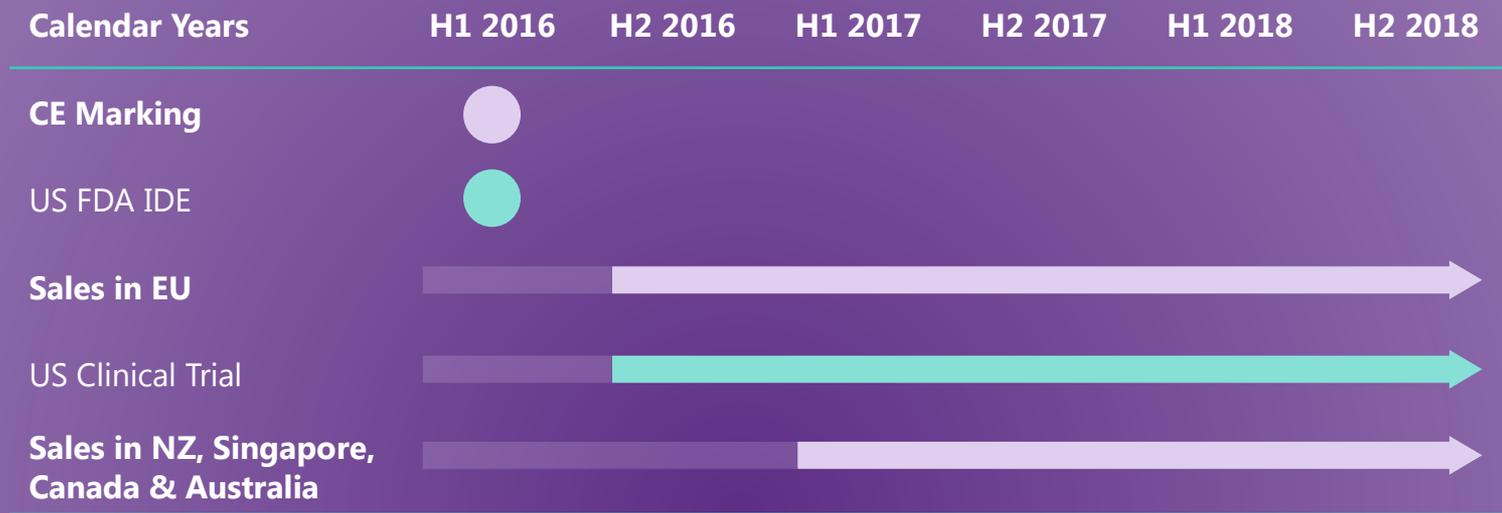
Planned trial structure

Pivotal Study ~ 30 centres in the U.S. and internationally

International centres participating in Trial can also treat patients commercially (with CE Mark)

High profile U.S. centres and PI's at advanced stage of discussions

Targeted milestones



*These Milestones are based on the Company's estimates and may change at any time.

Revamped Leadership team

Dr Chris Roberts

Director & Chairman Elect

Former Cochlear CEO

Highly experienced director and senior executive with 40 years experience in the Medical innovation space



Mr Daniel Kenny

CEO & MD

Former senior Roche & Baxter executive. Accomplished and proven business leader with over 30 years experience. Leading multiple \$1bil+ franchises since 2000



Mr Tom Milicevic

Chief Financial Officer & Company Secretary

Seasoned CFO with over 20 years experience in the Medical Device sector, with investor relations and also Company Secretary duties



Dr Ashish Soman

Chief Medical Officer

Former country medical director, AstreZeneca Australia. Over 20 years' experience in clinical practice and the biopharmaceutical industry



Dr David James

Manufacturing & Operations Manager

Ex Sirtex Medical global operations manager for 6 years. 25 years experience in pharmaceutical manufacturing and operations



Corporate details – ASX.OSL*

Share Price	A\$0.15
52 week range	A\$0.070-0.275
Daily Liquidity – 3 months	~\$0.47m
Shares on Issue	422.2m
Options – 18.3m expires 30 June 2016	37.3m
Market Cap	A\$61.2m
Free float	100.0%
Reported Cash (31 March 2016)	A\$14.4m
Quarterly cash burn	A\$1.3m

Shareholder Base – ASX.OSL

Substantial Holders

Regal Funds Management	9.7%
Webinvest	7.3%

Management & Directors* ~ **11.4%**

Total Number of Shareholders ~ **2,700**

Corporate snapshot



1. *Closing Price 28 April 2016 ** Includes Loan Shares issued but not options



Value proposition

Poised for commercial launch

– pending CE Mark in near term

Strong, **revamped leadership** team

– manage execution risk

Proprietary technology platform provides **a more targeted treatment**

Oncosil™ delivered intra-tumourally - not to the artery to reach tumour via bloodflow

Pancreatic cancer is **6th most common cancer** – poor treatment options

Median overall survival ↑ by 2 months to 8.5 months over the past **20 years**

Developing additional **data to support adoption and reimbursement**

Near term target of IDE for US ROW clinical study

Initial target markets offer **significant revenue opportunities**



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Appendices

Asia Biotech Invest 2016
Hong Kong Convention Center
May 5, 2016

Clinical advisory board

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Dr. Joseph Michael Herman, M.D., M.Sc.

Johns Hopkins University, Baltimore USA

Co-Director, Pancreatic Cancer Multidisciplinary Clinic, Associate Professor of Radiation Oncology and Molecular Radiation Sciences –. The involvement of Dr Herman is important, not only because of this clinical expertise, but also because Johns Hopkins is a high volume, prestigious medical institution in the United States. Its participation in the clinical trial is important for overall credibility and in achieving accelerated recruitment. Dr Herman is a panel member for the NCCN Guidelines on pancreatic cancer.

Professor Stephen Clarke

Royal North Shore Sydney

Professor Clarke practices in Sydney and has an extensive resume including more than 100 publications in peer reviewed journals.

Professor Dale Bailey

Royal North Shore Sydney

Professor Bailey is the Principle Physicist, Department of Nuclear Medicine, Royal North Shore Hospital, Sydney.

Professor Pierce Chow

Singapore General Hospital

Professor Chow was recently appointed as Chairman of the Company's primary liver cancer Scientific Advisory Board. Professor Chow is acknowledged as a global leader in oncology, with particular emphasis on primary liver cancer, and the development of medical devices, and his appointment represents a major endorsement of OncoSil's plans to actively pursue the primary liver cancer indication. He is Professor at the Duke-NUS Graduate Medical School and Senior Consultant Surgeon at the National Cancer Centre in Singapore and the Singapore General Hospital. Professor Chow is also a member of the OncoSil Pancreatic Cancer Clinical Advisory Board.

Professor Richard Epstein

St Vincents Sydney

Professor Epstein has an extensive career in Cancer Research and now consults to the Garvan Institute for Medical Research and maintains a practice at St. Vincent's in Sydney.

Intellectual property

Region	Granted	Latest Expiry Date
USA	3	Sep-2028
Canada	1	Feb-2022
Europe (ex. UK)	14	Dec-2024
United Kingdom	2	Dec-2024
Asia	6	Dec-2024
Australia & NZ	2	Feb-2022
TOTAL	28	

Exclusive licence from pSiMedica for 8% net sales royalty

28 patents granted and 6 filed

Patents protect OncoSil™ technology

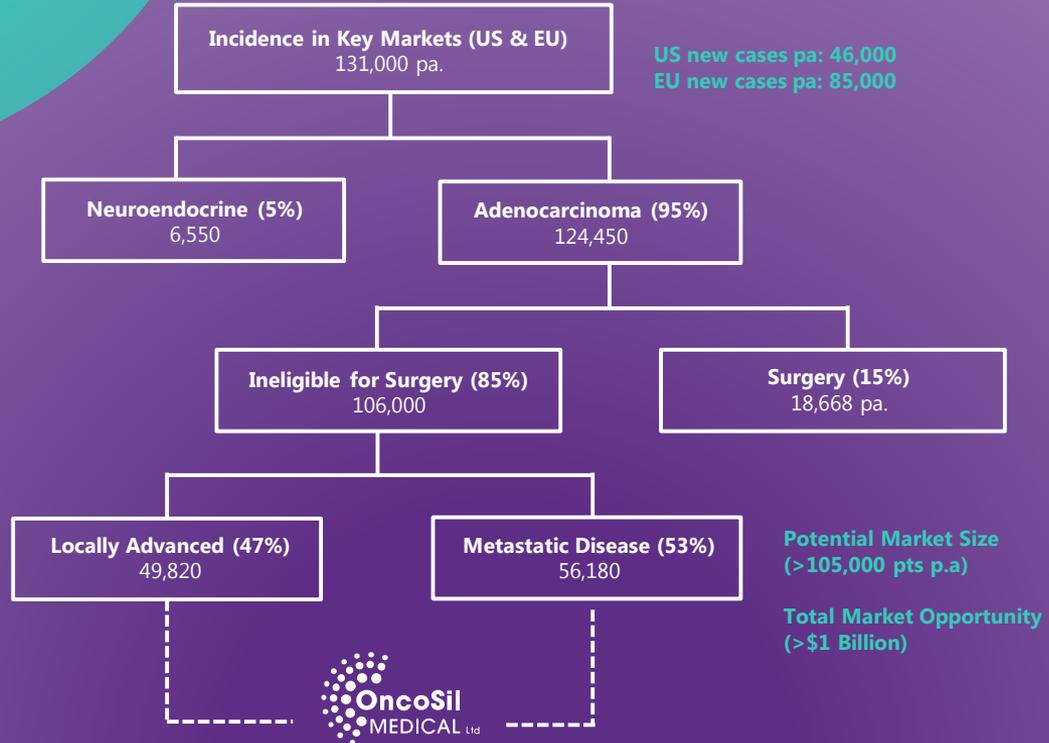
- Devices & methods for treating cancer
- Material and manufacturing method
- Radioactive solutions for treating cancer

Ongoing patent protection for new IP

Trademark granted for OncoSil™ in key markets UK, EU, Australia, New Zealand, Singapore, Japan and USA

Pancreatic cancer

Patient Pool Assumptions – US & EU



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