



ASX Release

COMPANY PRESENTATION

Eastland Medical Systems Ltd (ASX:EMS) is pleased to attach a copy of the presentation delivered last week by Mr Calvin Ross and Mr Dermot Patterson to brokers and investors in Sydney, Melbourne and Perth.

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Highlights

- **Positive results achieved from Phase I multi and single dose clinical studies for ArTiMist™ indicating the formulation was well tolerated and showed no adverse effects in any of the study subjects.**
- **ArTiMist™ Clinical Field Trial completed in February 2010 in Rwanda.**
- **Very Positive successful results achieved from Phase IIa ArTiMist™ trial.**

Eastland Medical Systems Ltd

Developing the World's First Sublingual
Malaria Treatment for Children

Investor Presentation July 2010

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About Eastland Medical Systems

- Eastland Medical Systems Ltd (ASX: EMS) is an Australian pharmaceutical company **commercialising low-risk pharmaceutical projects**
- Lead product **ArTiMist™**, a malaria treatment developed specifically for children with severe malaria
- Eastland's **intellectual property** originates from ProtoPharma Ltd, UK. Company's **strategy is to commercialise ArTiMist™ via licensing agreement into the global market for malaria treatments**



“One Child Dies Every 30 Seconds”

A Child Dies every 30 seconds

WHY?

The majority of deaths from severe malaria in children are caused by the delayed administration of effective antimalarial treatment

Product Development Focus

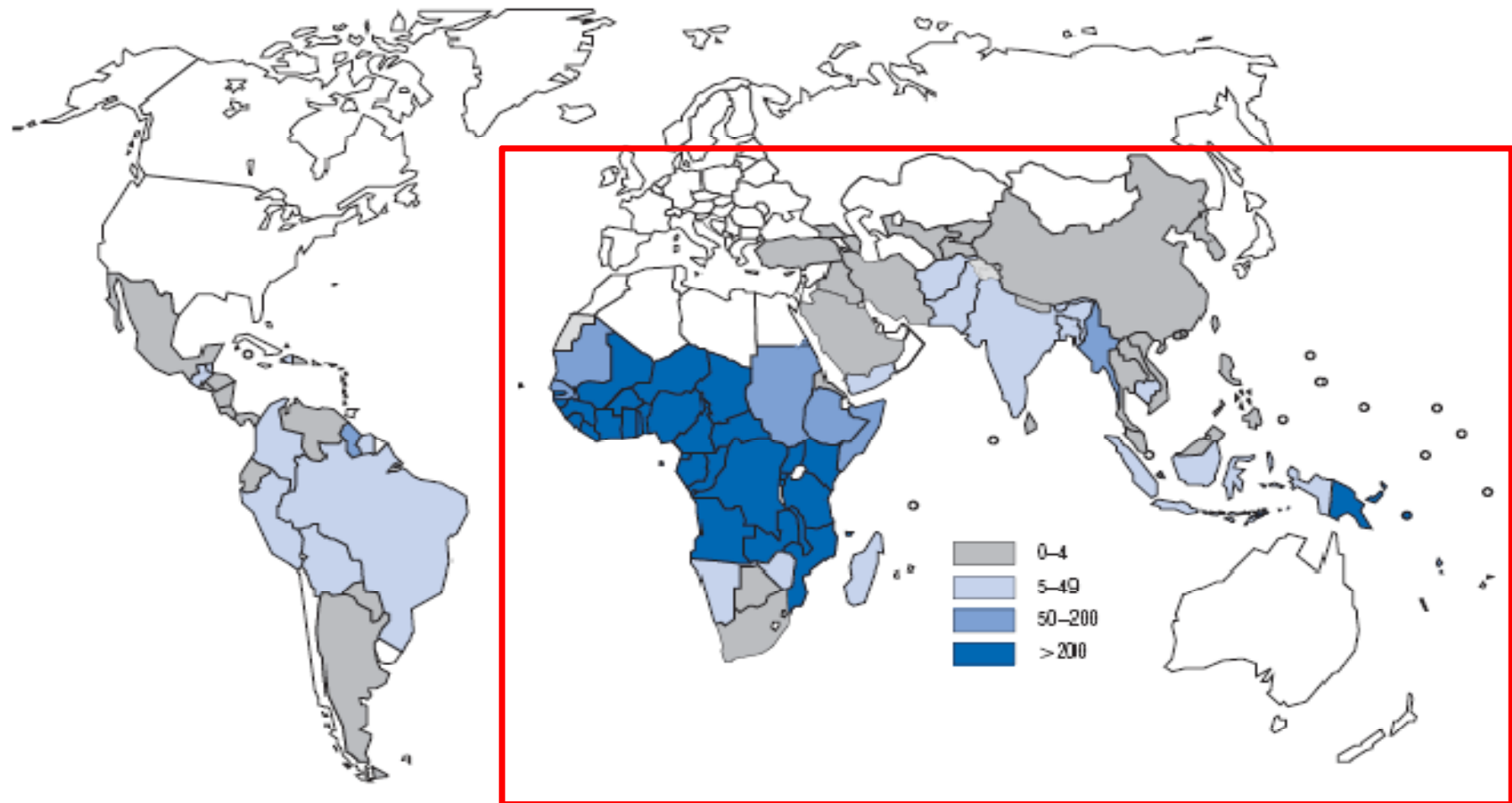
- Produce a product suitable for treating severe malaria in infants & young children
- Product to be suitable for children with uncomplicated malaria with GI complications
- Conduct clinical trials in Africa & Asia
- Supply stable commercial finished product

Malaria Facts

- 500 million cases reported annually
- 200 million of these are children
- **Most deaths in Children are aged *Under 5***
- ***Most Deaths in Africa!***
- 40%+ of planet population exposed
- Malaria increasing due to global changes in weather & temperature

Malaria Infected Regions

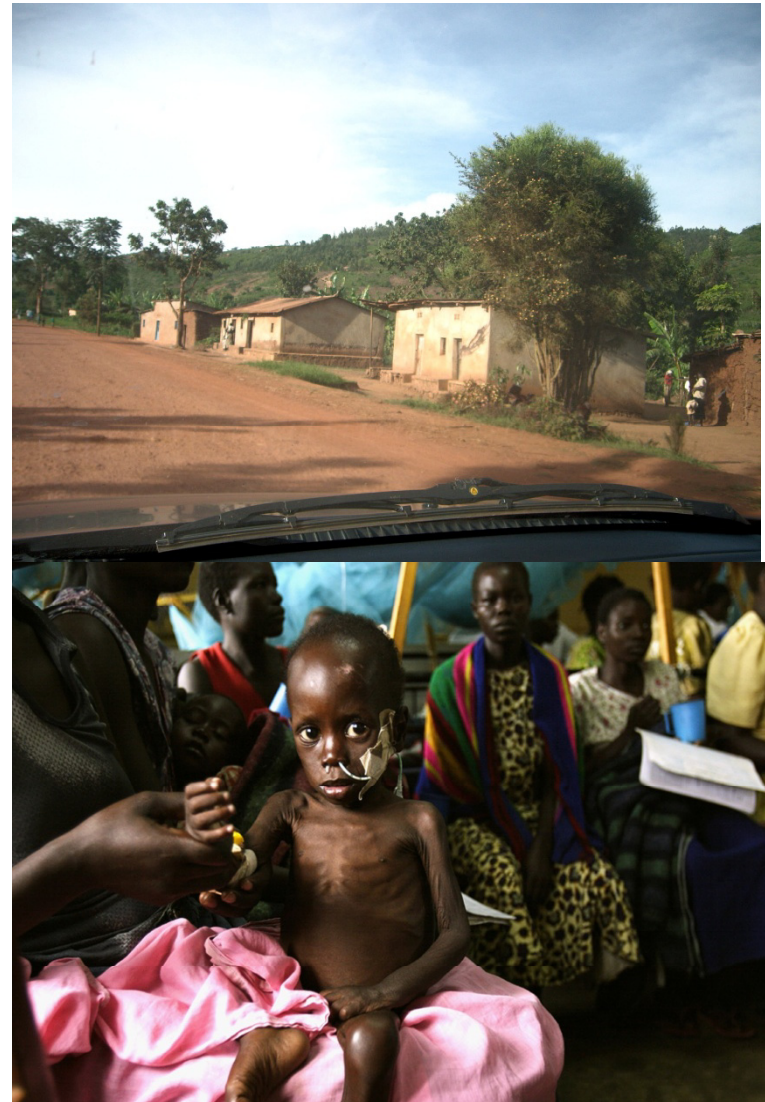
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Source: World Health Organisation

Malaria Reality in Infants

- Fever
- Dehydration
- Vomiting
- Diarrhoea
- Poor nutrition
- Comatose
- Death



ArTiMist™ vs IV Quinine

IV Treatment

- Ampoules of quinine
- iv fluid packs containing dextrose or saline solution
- Cannula
 - Medical training required
 - Chance of infection
- Needles & syringes to transfer from drug ampoule to iv pack
- 21 administrations of quinine

ArTiMist™ Treatment

- Single easy to store multi-dose pack
- Easy to administer
 - No drug to swallow
- 6 administrations only
- Simple training required
 - Can be used in remote areas
- Rapid absorption
 - Avoids first pass effect
 - **Improved bio availability**

ArTiMist™ Revolutionary Treatment

- Most deaths from severe malaria in young children caused by delayed administration of effective malaria treatments
- Important point with ArTiMist™ is many rural clinics **do not** have doctors or IV drugs & may only have malaria tablets. ArTiMist™ can be used successfully in all situations
- Advantages of ArTiMist™ over IV treatments are ArTiMist™:
 - Does not need medically trained personnel for administration
 - Negates risk of infection from needle use
 - Cheaper to administer, reducing the cost burden on families & healthcare systems

ArTiMist™ Sublingual Spray

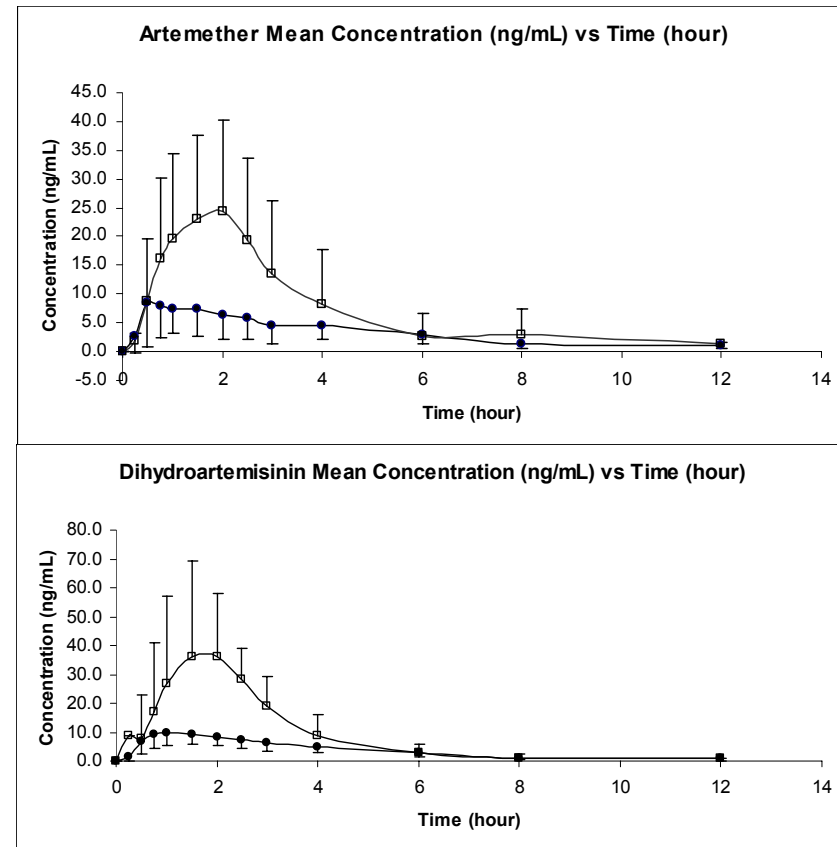
- Multi dose pack
- Existing Drug (DMF in place)
- Analytical methods in place
- Stable formulation
- Manufactured in UK

Regulatory Requirements

- Toxicology data that is in public domain
- No animal studies required
- Local toleration study completed
- Phase I completed
- Phase II completed
- Back up requirements in place
- Drug master file in place
- Device registration for pump spray

Phase 1 studies

- Clinical studies in South Africa & Malaysia
- Single dose study in Malaysia & multi dose study in South Africa
- Clinics in both regions
- **ArTiMist™** safe and tolerable
- **ArTiMist™** better bio-availability than oral artemether
- Studies completed



The Rawandan Phase IIa Trial

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Phase IIa Results

- **ArTiMist™** is rapidly absorbed with high plasma concentrations of artemether & DHA reached shortly after dosing
- Thirteen (86.7%) patients had negative parasite counts by the second day of treatment
- With ease of administration & rapid absorption of **ArTiMist™** effective concentrations may be achieved earlier than with IV administration of medication, given the difficulty of venous access, mixing medications & time of infusions

Phase IIa Results

- 14 (93.3%) patients met the primary endpoint criteria compared to 10 (66.7%) patients treated with intravenous quinine
- Both treatments safe and well tolerated
- ArTiMist™ has good local tolerability in children

DOSAGE ADMINISTERED TO PATIENTS

- ArTiMist™ 6
- Quinine 21

Phase III Confirmatory Trial

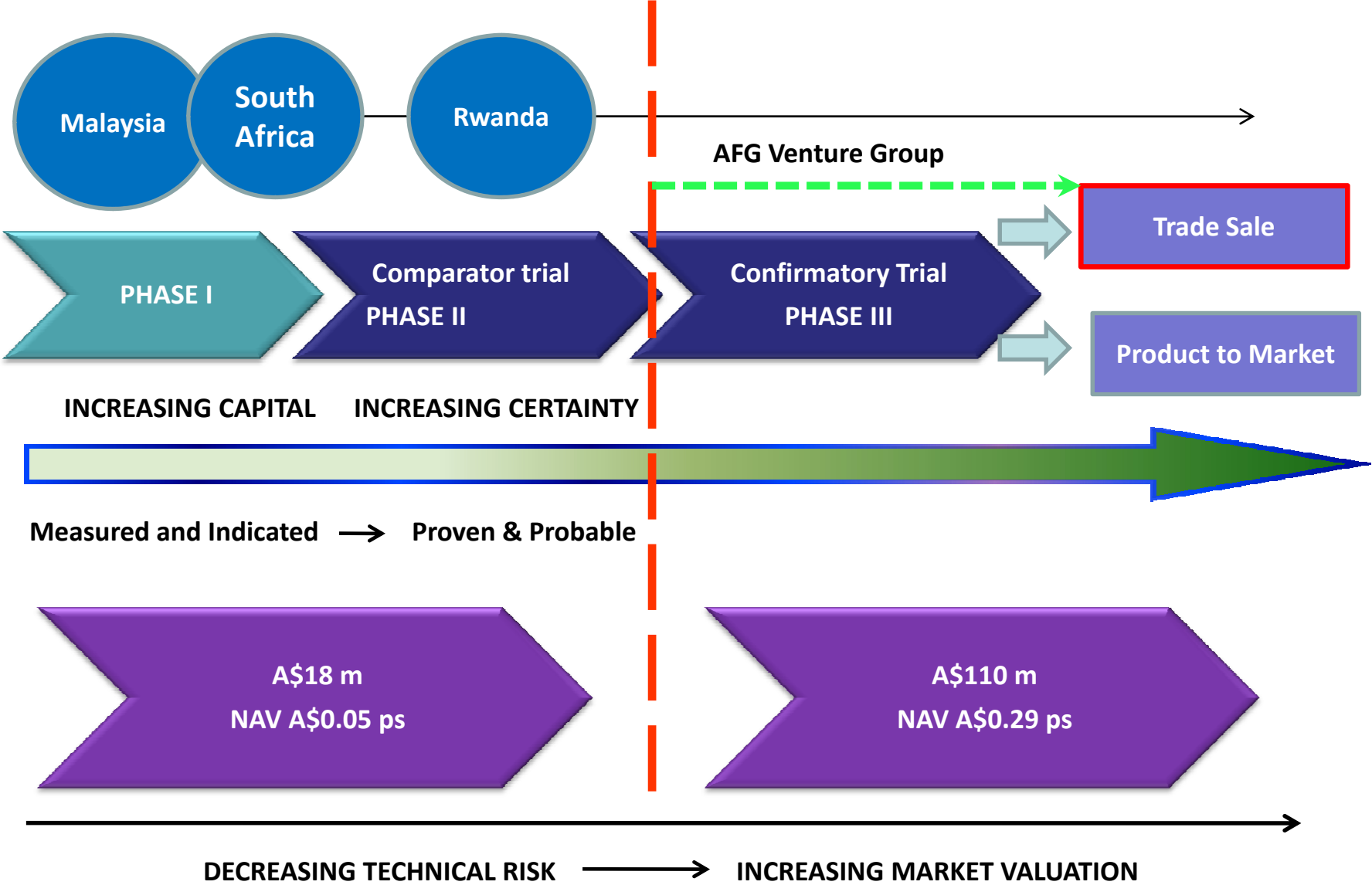
- Title of Study
 - Phase III randomised, open labelled, active controlled, multicentre, superiority trial of ArTiMist™ versus intravenous quinine in children with severe or complicated falciparum malaria, or uncomplicated falciparum malaria with gastrointestinal complications
- Primary Objective
 - Demonstrate superiority of ArTiMist™ over intravenous quinine in establishing parasite success
- 150 patients in two arms
- Multi Site Multi Country
 - Rwanda, Uganda, Tanzania & Ghana

Value Drivers


- **ArTiMist™** addresses major global un-met medical need in the treatment of children with severe malaria
- 2 patent families, granted in some countries and undergoing examination via pct in others
- Phase III confirmatory trial start early 4thQ 2010
- Progressing rapidly to commercialisation of world's first sublingual malaria treatment for children
- Appointment of AFG Venture Group to deal with project licensing transactions

Value Proposition

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A woman with a serious expression is sitting on a bed. She is wearing a vibrant, patterned top with orange, black, and white designs, and a blue skirt with a green and orange patterned waistband. A baby is lying on the bed next to her, covered with a blue and white checkered blanket. The background is a plain green wall.

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difference**

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