SAFE HARBOUR STATEMENT

This document contains certain forward-looking statements, relating to LCT’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’s and other health authorities’ requirements regarding any one or more product candidates nor can there be any assurance that such product candidates will be approved by any health authorities for sale in any market or that they will reach any particular level of sales.

In particular, management’s expectations regarding the approval and commercialisation of the product candidates could be affected by, among other things, unexpected clinical trial results, including additional analysis of existing clinical data, and new clinical data; unexpected regulatory actions or delays, or government regulation generally; 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 products, product candidates, financial results and business prospects.

Should one or more of these risks or uncertainties materialise, or should underlying assumptions prove incorrect, actual results may vary materially from those described herein as anticipated, believed, estimated or expected.

LCT is providing this information as of the date of this presentation 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.
LCT Status

1. Results of follow-up on outcome of LCT PD-015 Clinical Trial of NTCELL® in Parkinson’s disease

2. Results of Pilot Studies of other Projects

3. Next Steps
Parkinson’s Disease

- PD treatment remains symptomatic
- DBS advanced treatment
- No disease modifying treatments available
- PD progression measured clinically using UPDRS
- Trials focus on UPDRS improvements
  - Estimated minimal effect -2.5 points,
  - Moderate effect -5.2 points and
  - Large effect -10.8 points
- Motor (movement) effects
  - UPDRS Part III (Motor subscale)
  - Usual efficacy trial endpoint
LCT/PD-015 UPDRS Total OFF (78 Weeks)

15 point benefit in 80 capsule group vs 2 point benefit in placebo (p = 0.04)
20 point benefit in 80 capsule group vs baseline (p = 0.07)
12 point benefit in 40 capsule group vs baseline (p = 0.01)
LCT/PD-015 UPDRS Motor Sub-scale OFF (78 Weeks)

7 point benefit in 80 capsule group vs placebo (p = 0.1)
12 point benefit in 80 capsule group vs baseline (p = 0.01) – Meets Primary Efficacy Clinical Endpoint
LCT/PD-015 Clinical Trial

- The trial endpoints address the 3 questions raised by the Ministry of Health to qualify for conditional (fast track) consent to market:
  - Define efficacy and any placebo contribution
    - Clinical and statistical significant effect at 12 and 18 months in both UPDRS total and motor sub-scale measurements.
  - Define optimal dose of NTCELL implantation
    - 80 capsules bilaterally as 2 implants spaced to putamen.
  - Define initial target Parkinson’s disease patient subgroup
    - Patients failing symptomatic treatment, candidates for DBS

- Safety
  - No safety issues up to 80 capsules bilateral
LCT/PD-012 Long Term Follow-up

4 years after implant, Pat 001 has a 23 point benefit in the motor subscale vs baseline
Next measurement Dec 2018: Pat 001 – 5 years; Pat 002 and Pat 004 – 4 years
Next steps.

2. Include design of condition – A Phase 4 post-marketing efficacy study. Complete within 2 years.
3. Plan manufacture of GMP NTCELL.
4. Confirm with neurologists and neurosurgeons clinical site, patient management.
5. Global filings of patents
   - PCT application No. PCT/US2016/032543 entitled “Treatment of CNS disease with encapsulated inducible choroid plexus cells” and US application No. 15/154,709 was published 15 December 2016
   - PCT Application No. PCT/US2018/58797 entitled “Pericyte protective agents for neurological disorders including neurodegenerative diseases, central nervous systems diseases and others”
   - Encapsulation patents
Other Projects

Projects that can define efficacy preclinically and clinically to enable an exit within 3 years

- **CGRP Analogue**
  - Targets migraine

- **Pramlintide Analogue**
  - Targets obesity

- **Pericyte Protective Agent (PPA)**
  - Targets vascular dementia

- **Anti-proliferative compound**
  - Targets brain cancer - glioma
CGRP Analogue

Result: Reduces Vasodilation

Saline Control
CGRP Analogue
CGRP
Olcegepant

Increasing Blood Flow

Time (minutes)
Long-acting Pramlintide Analogue

Result: Analogue more active than Pramlintide in reducing body weight
Pericyte Protective Agent (PPA)

- Pericytes are important for maintenance of blood brain barrier and other CNS integrity
- NTCELL is a potent protector of oxidative damage to pericytes
- Progress in identifying active constituent of NTCELL
  - MW < 3kDa
  - Thermostable
  - Water soluble
- Next step – identification and synthesis
## Project Timeline Estimates

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<td>Regulatory Submission (Jun 2019)</td>
<td>Complete Pre-clinical Development</td>
<td>Phase 1a/b</td>
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LCT Cash

- September 2018 AUD 6.2million
- Callaghan Innovation Grant Extended to Jun 2020 – 20% Rebate on Research Spend
- Cash Runway to approx. Dec 2020 (dependent on projects)