



ASX: LCT - OTCQX: LVCLY

Diabetes – Neurodegenerative Diseases – Cell Encapsulation

Consolidation & Acceleration

CEO REPORT

AGM 2012



SAFE HARBOR 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 commercialization 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 materialize, 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.



A company on a mission

Cell based therapies to improve the lives of people with serious disease

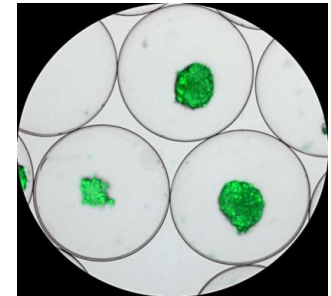
Null virus pig herd



GMP manufacture

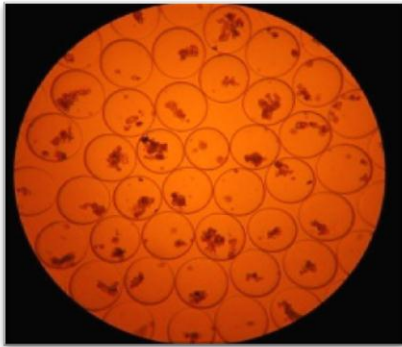


Encapsulation



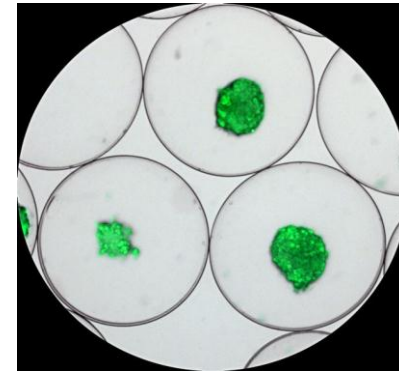
Comprehensive IP portfolio - US, EU, world

Lead products advancing in the clinic



NTCELL®

NEW HOPE IN PARKINSON'S DISEASE



DIABECCELL®

BREAKTHROUGH IN TYPE 1 DIABETES



Type 1 Diabetes

- Destruction of insulin-producing cells insulin
- Lifetime complications
 - Daily insulin regime restricts life activities
 - Increased risk of kidney, eye and vascular co-morbidities
- Daily risks
 - Dangerously high (hyper) or low (hypo) blood glucose levels



Insulin therapy & hypoglycaemia

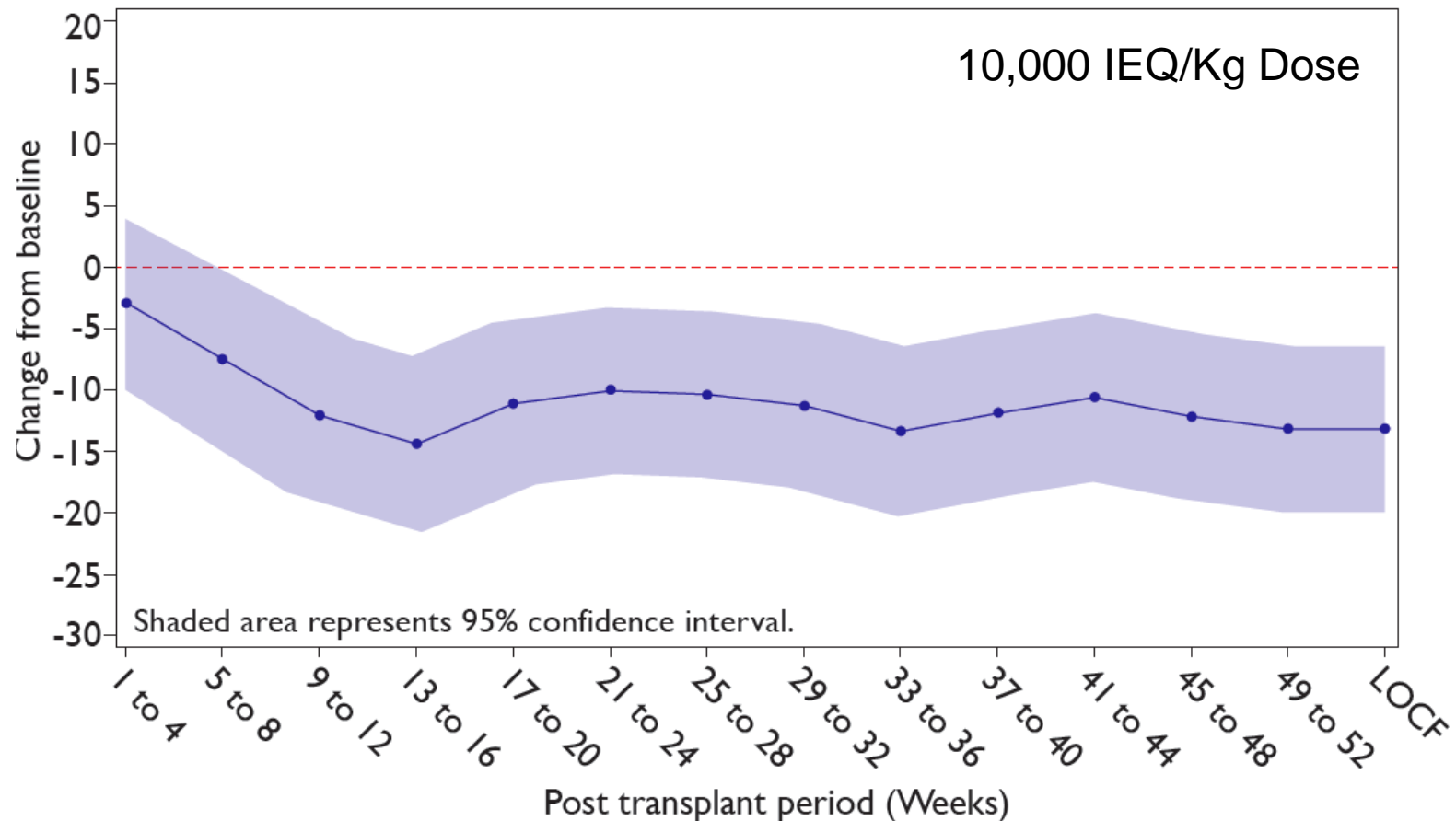
- Standard of care for T1DM is intensive insulin therapy
- Artificial insulin lacks feedback mechanisms of natural pancreas
 - **Strict** glucose control = 3x increased risk of hypoglycaemia
- Long term intensive insulin treatment may lead to increased unaware hypoglycaemia
 - Sudden & unexpected loss of consciousness
 - Significant loss of quality of life

DIABECELL – changing lives

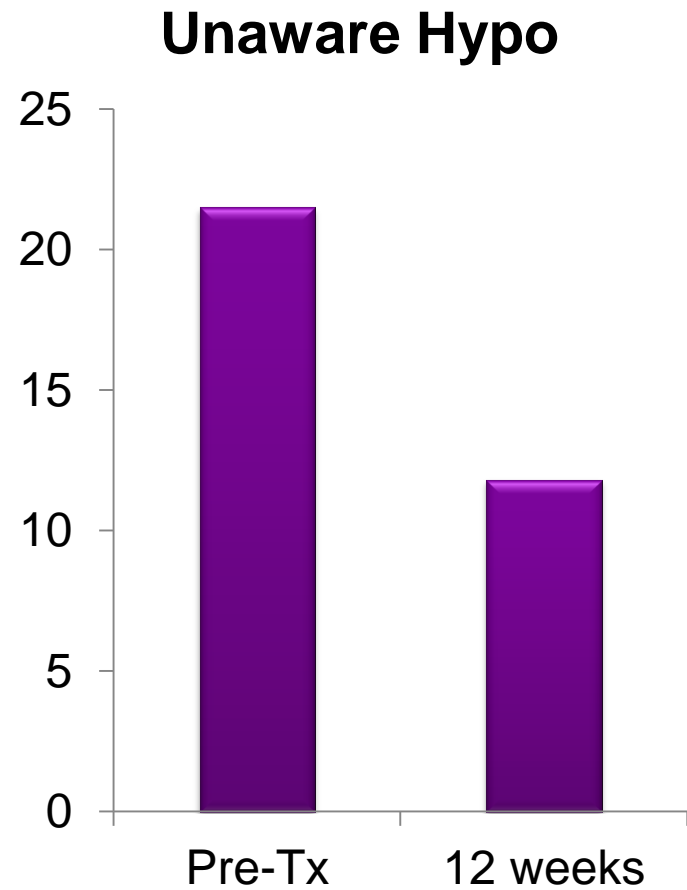
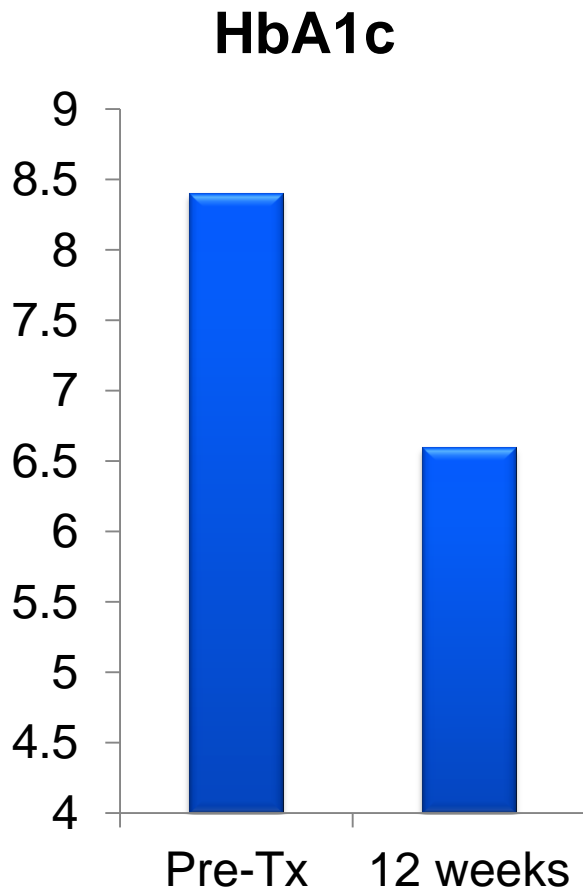
- Patients with “unstable Type I diabetes” despite intensive insulin therapy
 - Wide fluctuations in blood glucose levels
 - Increased Hba1c
 - Frequent episodes of unaware hypoglycaemia
- DIABECELL offers replacement of β -cell function without the need for immunosuppressants



NZ Phase I/IIa – reduction in hypoglycaemic events



Arg Phase I/IIa - improved clinical outcomes



Single implant - 10,000 IEQ/Kg Dose

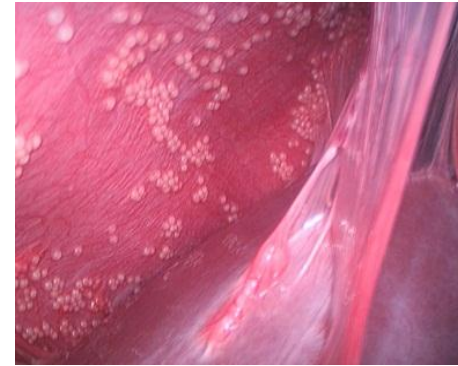


Arg Phase I/IIa – DIABECCELL retrieval

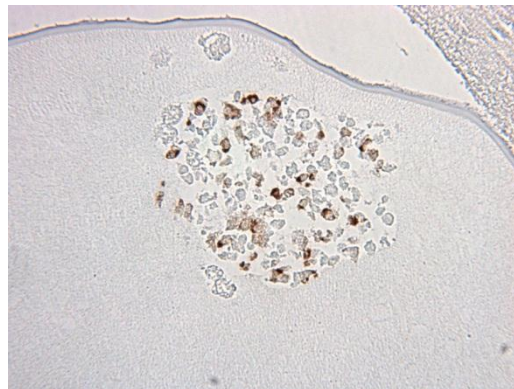
Day of the first implant



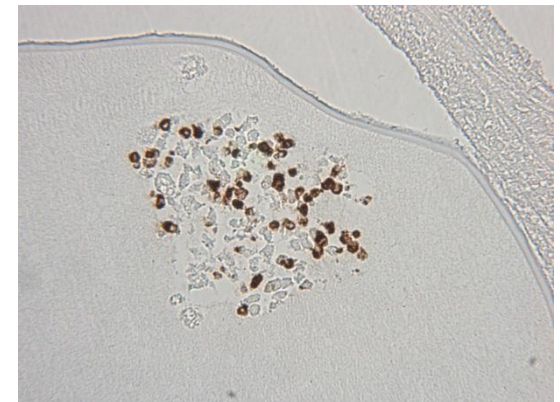
Three months after first implant



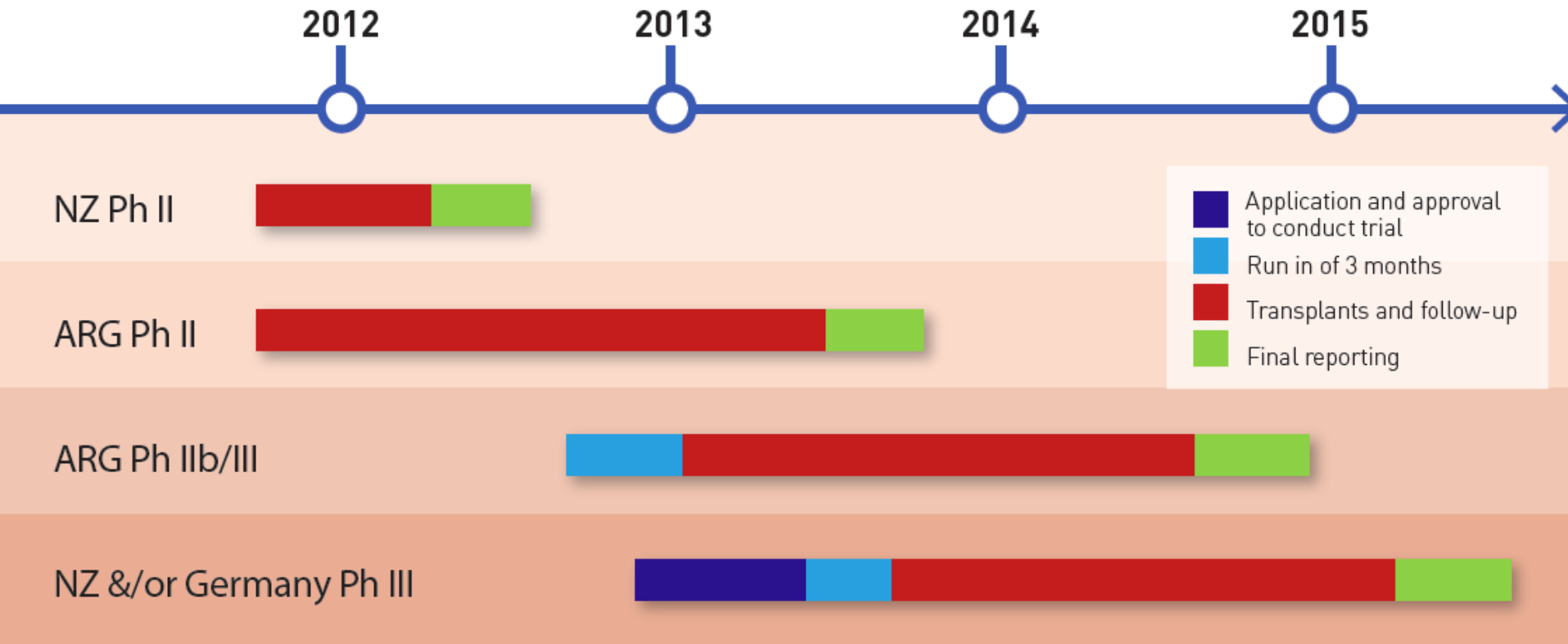
Insulin



Glucagon

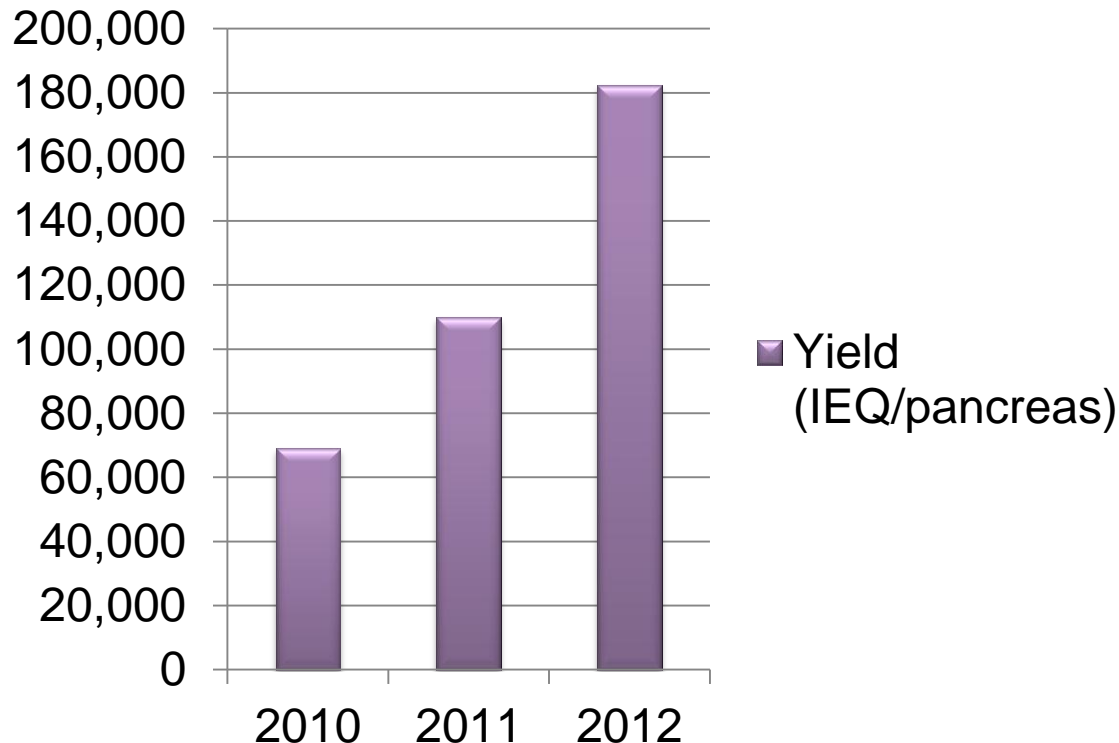


DIABECCELL – The path to patients



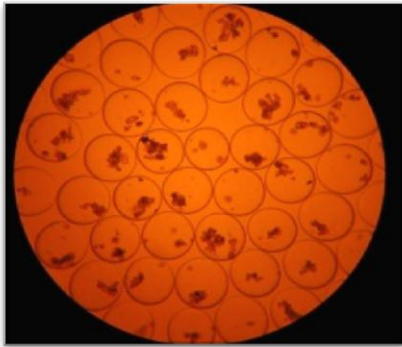
Manufacturing in a commercial environment

Yield (IEQ/pancreas)



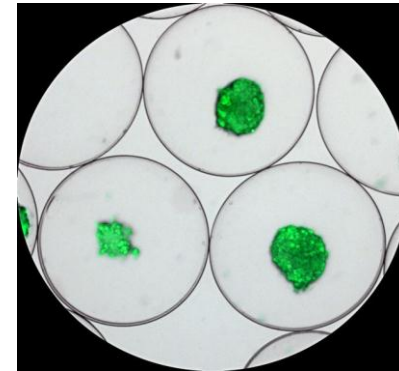
- Treat more patients
- Reduced COGs
- Improve profit

Lead products advancing in the clinic



NTCELL

NEW HOPE IN PARKINSON'S DISEASE



DIABECCELL®

BREAKTHROUGH IN TYPE 1 DIABETES



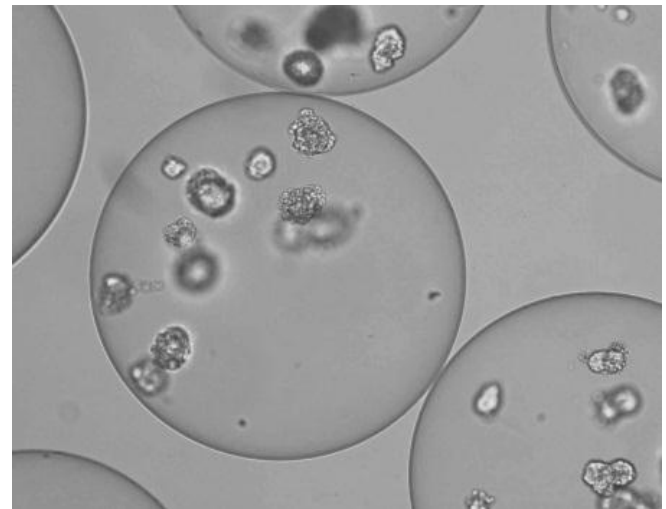
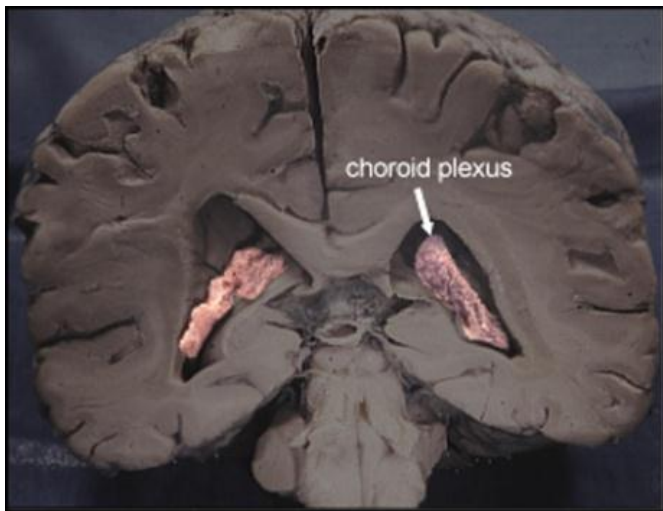
Significant unmet clinical need in Parkinson's disease

- Loss of dopamine producing cells in the brain
 - movement, emotion, motivation, memory, problem solving and attention
- 4 – 6 million sufferers worldwide
- Current treatment = dopamine replacement
 - Effectiveness declines as disease progresses
 - Symptomatic only – does not stop disease
- \$2bn market for these small molecule treatments



NTCELL

- Choroid plexus (CP) cells naturally produce factors that protect brain and nerve cells from degeneration or injury and enhance repair
- NTCELL: Porcine-derived CP cells encapsulated with IMMUPEL™



Phase I clinical trial in Parkinson's

- MEDSAFE authorisation Oct 2012 – ACHIEVED
- Ethics approval Nov 2012 - ACHIEVED



Phase I clinical trial design

- 4 patients
- Safety study
 - Safety is primary endpoint
 - efficacy measures as secondary



World class clinical investigator team

| | |
|-----------------------|---|
| Dr Barry Snow, | MB ChB; FRACP, Neurologist, Auckland Hospital |
|-----------------------|---|

| | |
|-----------------------|---|
| Dr Arnold Bok, | MB ChB (SA); FCS (SA); MMed (SA); FRACS, Neurosurgeon, Auckland Hospital |
|-----------------------|---|

| | |
|------------------------|--|
| Dr Jon Stoessl, | MD Neurologist, PET Studies, Vancouver Hospital and Health |
|------------------------|--|



Second product entering clinic in 2013

NTCELL™ for the treatment of Parkinson's

| Feature | |
|--|---|
| Product | Encapsulated porcine choroid plexus cells |
| Target market | Patients with mid-stage Parkinson's disease - 1.6m patients |
| Product differentiator | Restoration of normal function by regeneration of appropriate neural pathways |
| Stage of development | Phase I planned in NZ 2013 |
| Expected date of filing for registration | 2018 |



GOALS 2012/2013

- Commence Phase III DIABECCELL in Type I diabetes
 - Argentina, NZ and Germany
 - Complete all implants during 2013
- Commence Phase I NTCELL in Parkinson's
 - Complete all implants during 2013
- Commence clinical program in second indication for NTCELL
- Finalise & communicate commercialisation plan for DIABECCELL
- Secure additional partnerships
 - On going funding of current products
 - Strengthen product pipeline with new products



Sound finances & safe hands

| Fundamental | Details |
|--|----------------|
| Shares outstanding | 357m |
| 5day VWAP (29/10/12) | 0.051 |
| 52 wk Hi/Low | 0.13-0.04 |
| Cash on hand (AUD) (30/9/12) | 2.9m |
| Current burn/annum (AUD) | 1.7m |
| Estimate first product revenues | 2016 |

Board

Roy Austin (Chair)
Professor Bernie Tuch
Robert Wilcox
Laurie Hunter
Professor Bob Elliott

Management

Dr Andrea Grant (CEO)
Professor Bob Elliott (acting CSMO)
John Cowan (Finance)
Peter Hosking (Operations)
Isobel Cooper (Animal welfare)



A big thank you – staff & management



ANDREA GRANT | CEO | +64 210 785 421 | agrant@lctglobal.com

Equally big thank you

- Board and partners, in particular Otsuka Pharmaceutical Factory





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Diabetes – Neurodegenerative Diseases – Cell Encapsulation

**Thank you to our shareholders for your
continued commitment and support**

