

6 February 2024

SAD Trial Cohort 3

NEED TO KNOW

- 3rd cohort in SAD¹ clinical study dosed
- SAD study to confirm dosing for Phase 2a trial
- Cash at Dec 31, 2023 was A\$1m

ILA has announced that the third cohort of Single Ascending Dose (SAD) study has been dosed. The data will be added to Cohorts 1&2 to establish the effective and safe dosing for ILA's clinical trial program. **The results of the SAD study are anticipated for early CY24.**

With confirmation of the dose, ILA plans to **commence its PEACH Phase 2a clinical trial** to provide first clinical data in dengue infected subjects.

Market dynamics are favourable. There is no approved Dengue Fever (DF) treatment and challenges for the two 'approved' preventative vaccines.

Further funding will be required with cash at Dec 2023 of A\$1m.

Investment Thesis

Clear unmet need: There is no effective therapy and limited use of preventative vaccines. ILA is believed to likely offer both preventative and therapeutic roles.

Expanding potential market: The United Nations described 2023 as a 'horror year', with the ongoing spread of DF into southern EU and US.

ISLA-101 has the potential to be used in multiple indications: The mechanism of action of ISLA-101 supports potential application in Yellow Fever virus, West Nile virus, Japanese encephalitis and Zika virus.

Valuation

MST's 12-month forward valuation of A\$26m, \$0.19ps (unchanged), is based on the average market capitalisation of a cohort of ASX-listed biotechnology companies in Phase 1/2 trials, a similar stage of development. Upside risk presents with FDA confirmation for the commencement of the Phase 2a trial. MST also notes that data from the SAD study may allow for adaption of the planned clinical program, potentially bringing time savings and reduced costs.

Risks, Sensitivities

The valuation is subject to the usual drug development risks; regulatory approval, market entry, market size, market share, pricing, drug supply, competitor products, timing and potential licensing metrics – all may differ to MST assumptions, presenting upside/downside risk. MST notes realisation of the valuation over the short term will be difficult but expects positive trial results in FY24 to see a re-rating of the stock.

Equities Research Australia

Biotechnology & Plasma Products

Rosemary Cummins, Senior Analyst

rosemary.cummins@mstaccess.com.au



Antiviral therapeutics

ASX listed Island Pharmaceuticals (ILA.AX) is a drug research company, focused on repurposing drugs to prevent and/or treat viral illnesses. Repurposed drugs potentially offer shorter, lower cost routes to market and a higher probability of approval. ILA's first target is dengue infection. Its lead drug candidate, ISLA-101 (fenretinide), offers application in a number of other viral related illnesses. ILA aims to build a strong pipeline of drug candidates through in-licensing agreements and acquisition.

www.islandpharmaceuticals.com

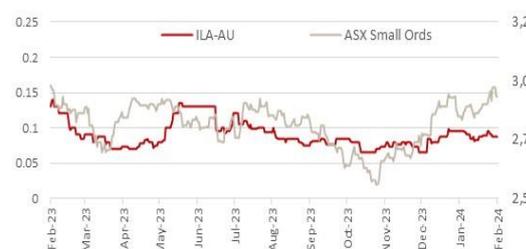
Valuation	A\$0.19 ps (unchanged)
Current price	A\$0.09 ps
Market cap	A\$7.3m
Cash on hand	A\$1m

Potential Upcoming Catalysts and Newsflow

H1CY24 – Read out of SAD study

CY24 – Confirmation and commencement of Phase 2a trial

Share Price (A\$) Performance



Source: FactSet, MST Access

¹ Single Ascending Dose

Report prepared by MST Access, a registered business name of MST Financial services ABN 617 475 180 AFSL 500 557

MST Access has been engaged and paid by the company covered in this report for ongoing research coverage. Please refer to full disclaimers and disclosures.

Figure 1: Financial Summary

Island Pharmaceuticals Limited						ILA-AU							
Year end 30 June													
MARKET DATA						12 month performance							
Share Price	A\$					0.08							
52 week low / high	A\$					0.15-0.061							
Valuation (12 month forward)	A\$					0.19							
Market capitalisation	A\$m					7.2							
Shares on issue	m					81.3							
Options	m					14.4							
Other equity	m					40.0							
Potential Shares on issue (diluted)	m					135.7							
INVESTMENT FUNDAMENTALS						PROFIT AND LOSS (A\$)							
EPS Reported (undiluted)	¢	(3.2)	(3.5)	(3.5)	(2.5)	(2.2)	Revenue & Other Income	\$m	-	0.0	0.4	-	-
EPS Underlying (undiluted)	¢	(3.2)	(3.5)	(3.5)	(2.5)	(2.2)	Expenses	\$m	(2.6)	(2.8)	(3.7)	(2.6)	(2.7)
Underlying EPS growth	%	n/m	n/m	n/m	n/m	n/m	EBITDA	\$m	(2.6)	(2.8)	(3.3)	(2.6)	(2.7)
P/E Reported (undiluted)	x	n/m	n/m	n/m	n/m	n/m	D&A	\$m	-	-	-	-	-
P/E at Valuation	x	n/m	n/m	n/m	n/m	n/m	EBIT	\$m	(2.6)	(2.8)	(3.3)	(2.6)	(2.7)
Dividend	¢	-	-	-	-	-	Interest	\$m	-	(0.0)	-	-	0.1
Payout ratio	%	0%	0%	0%	0%	0%	Pre-tax Profit	\$m	(2.6)	(2.8)	(3.3)	(2.6)	(2.6)
Yield	%	-	-	-	-	-	Tax	\$m	-	-	-	-	-
KEY RATIOS (A\$)							Underlying NPAT	\$m	(2.6)	(2.8)	(3.3)	(2.6)	(2.6)
Forecast year end shares	m	81	81	106	106	121	BALANCE SHEET (A\$)						
Market cap (Y/E / Spot)	\$m	6.5	6.5	8.5	8.5	9.7	Cash	\$m	4.8	1.4	4.1	1.0	3.4
Net debt / (cash)	\$m	(4.8)	(1.4)	(3.7)	(1.0)	(3.4)	Receivables	\$m	0.0	0.0	0.0	-	-
Enterprise value	\$m	1.7	5.1	4.8	7.5	6.3	Inventory	\$m	-	-	-	-	-
EV/Sales	x	n/a	n/a	n/a	n/a	n/a	PPE	\$m	-	-	-	-	-
EV/EBITDA	x	(0.7)	(1.8)	(1.5)	(2.9)	(2.4)	Other	\$m	0.1	0.0	0.0	0.0	0.0
EV/EBIT	x	(0.7)	(1.8)	(1.5)	(2.9)	(2.4)	Total Assets	\$m	4.9	1.5	4.1	1.1	3.5
Net debt / Enterprise Value	x	(2.8)	(0.3)	(0.8)	(0.1)	(0.5)	Creditors	\$m	0.5	0.2	0.2	-	-
Gearing (net debt / EBITDA)	x	1.8	0.5	1.1	0.4	1.3	Borrowings	\$m	-	-	0.4	-	-
Operating cash flow per share	\$	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	Other	\$m	0.0	0.1	0.1	0.1	0.1
Price to operating cash flow	x	n/m	n/m	n/m	n/m	n/m	Total Liabilities	\$m	0.6	0.3	0.6	0.1	0.1
Free cash flow	\$m	n/m	n/m	n/m	n/m	n/m	Shareholder's equity	\$m	4.3	1.2	3.5	1.0	3.4
Free cash flow per share	\$	n/m	n/m	n/m	n/m	n/m	CASH FLOW (A\$)						
Price to free cash flow	x	n/m	n/m	n/m	n/m	n/m	Receipts from customers	\$m	-	-	-	-	-
Free cash flow yield	%	n/m	n/m	n/m	n/m	n/m	Payments to suppliers and employer	\$m	(1.9)	(2.7)	(3.7)	(2.6)	(2.7)
Book value / share	\$	0.05	0.01	0.03	0.01	0.03	R&D rebate	\$m	-	-	0.4	-	-
Price to book (NAV)	x	1.5	5.5	2.4	8.3	2.8	Milestones	\$m	-	-	-	-	-
NTA / share	\$	0.05	0.01	0.03	0.01	0.03	Interest	\$m	-	0.0	-	-	0.1
Price to NTA	x	1.5	5.5	2.4	8.3	2.8	Tax	\$m	-	-	-	-	-
EBITDA margin	%	n/m	n/m	n/m	n/m	n/m	Other	\$m	-	-	-	-	-
ROE (Average Equity)	%	n/m	n/m	n/m	n/m	n/m	Operating cash flow	\$m	(1.9)	(2.7)	(3.3)	(2.6)	(2.6)
ROA (EBIT)	%	n/m	n/m	n/m	n/m	n/m	Capex	\$m	-	-	-	-	-
Interest cover (EBIT / net interest)	x	n/m	n/m	n/m	n/m	n/m	Acquisitions	\$m	-	-	-	-	-
							Other	\$m	-	-	-	-	-
							Investing cash flow	\$m	-	-	-	-	-
							Borrowings	\$m	-	(0.2)	0.4	(0.4)	-
							Equity	\$m	-	-	5.0	-	5.0
							Dividend	\$m	-	-	-	-	-
							Financing cash flow	\$m	-	(0.2)	5.4	(0.4)	5.0
							Change in Cash / FX	\$m	(1.9)	(2.9)	2.1	(3.1)	2.4
							Year end cash	\$m	4.8	2.0	4.1	1.0	3.4

Source: MST, Company Reports

Report prepared by MST Access, a registered business name of MST Financial services ABN 617 475 180 AFSL 500 557

MST Access has been engaged and paid by the company covered in this report for ongoing research coverage. Please refer to full disclaimers and disclosures.

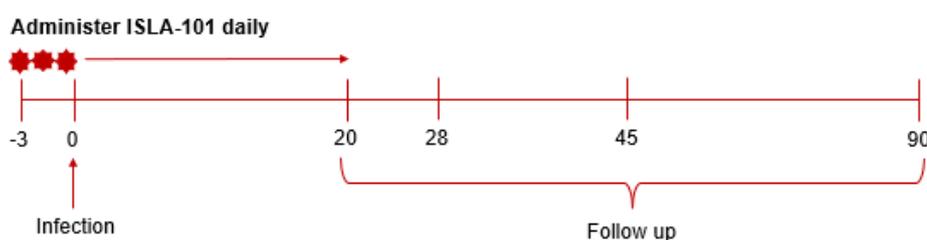
SAD study data to inform Phase 2a study

ILA has announced that the third and final cohort of its Single Ascending Dose (SAD) study has been dosed. The Data Safety Review Committee for its Single Ascending Dose (SAD) study has deemed that ISLA-101 was safe and tolerable for all three cohorts. The blood samples will be analysed by a laboratory to determine the blood concentration levels of ISLA-101.

The results for the study are planned for early CY24. The aim of the SAD study is to select a dose that is safe and predicted to be effective against the dengue virus in furtherance of the clinical trial program. ISLA-101 is an oral formulation. The studies to date have been undertaken with the candidates under fasted conditions. Following the selection of cohort with the highest safe dose, the dose will be repeated with the candidates under 'fed' conditions to determine if there is any effect from the absorption of food to the drug uptake.

ILA's PEACH Phase 2a clinical trial is planned to be a randomized, double blind, placebo-controlled study to investigate ISLA-101 in a prophylactic (disease preventing) role against dengue.

Figure 2: PEACH Phase 2a Clinical Trial Design



Inclusion

- Healthy Subjects
- Age 18 – 65
- Willing to use contraception for the duration of the study
- Informed consent

Primary endpoint

- Assess the prophylactic effect of ISLA-101 on fever, clinical symptoms, laboratory abnormalities and viremia after challenge with DENV-1-LVHC

Secondary endpoints

- Characterize the clinical, immunologic and virologic responses following ISLA 101 after challenge with DENV-1-LVHC
- Assess the safety of ISLA 101 in the challenge with DENV-1-LVHC

Source: ILA

Potential for ISLA-101 in current markets

ISLA101 offers potential roles as both a therapeutic and preventative therapy. From a competitive perspective, there is no approved therapy for Dengue Fever. Treatment is essentially confined to managing the presenting symptoms. Preventative therapies include two approved vaccines noting neither has had a straightforward path.

Preventative dengue market

- Sanofi (SYN) Pasteur's Dengvaxia® was first approved in 2015. Approval was granted in Europe and ~20 countries. The emergence of serious adverse effects in recipients who had not been exposed the dengue virus prior to vaccination has seen its use substantially limited. In 2019, the US Food and Drug Administration (FDA) approved the vaccine for children aged 9 to 16 years who have laboratory-confirmation of a previous dengue infection and live in areas where the disease is prevalent, such as Puerto Rico, the U.S. Virgin Islands and American Samoa.
- In 2023, Takeda Pharmaceuticals' (NYSE:TAK) QDenga® (TAK-003) preventative Dengue Fever vaccine was approved by the EU's Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA). The vaccine has also been approved in the United Kingdom, Brazil, Argentina, Indonesia, and Thailand. However, ongoing queries from the FDA has seen TAK voluntarily withdraw the U.S. Biologics License Application (BLA). TAK has stated that the future plan for TAK-003 in the U.S. will be further evaluated given the need for travellers and those living in dengue-endemic areas of the U.S.

Potential therapeutic market opportunity

As discussed, there are no approved treatments. The unmet need attracts interest in the sector. ISLA-101 joins a busy field of potential new entrants.

Figure 3: A busy field of potential Dengue Fever therapeutics

Dengue Fever therapeutics in clinical testing				
Drug name	Pre-clinical data	Clinical data	Route of administration	Trial stage
JNJ-64281802	Antiviral activity in vitro was shown for its analog, JNJ-A07. Decrease in viremia, viral burden, and inflammatory cytokines, and improved survival in immunocompromised mouse model of DENV infection	Clinical trials for dengue prophylaxis in healthy individuals (NCT05201794) as well as for dengue therapy in patients with confirmed dengue fever (NCT04906980) are in progress	Oral	Phase 2 completed
Eltrombopag		Randomized open-label placebo-controlled trial (n = 101) showed improved platelet recovery, increased platelet count, and reduced bleeding manifestations in grade II DHF patients (SLCTR/2019/037)	Intravenous	Phase 2 completed
UV-4B	Antiviral activity in vitro and in vivo	Phase 1a clinical trial (NCT02061358) with healthy subjects indicated that a single dose up to 1000 mg of UV-4B was safe and well tolerated	Oral	Phase 1a completed
Zanamivir	Reduction in DENV2 NS1-induced endothelial hyperpermeability and vascular leakage in vitro	Clinical trial to test efficacy against vascular leakage (NCT04597437) is currently on-going	Oral	Phase 1
VIS513	Diminished circulating infectious DENV in NHPs , and reduced viral load with improved survival in immunocompromised mice models of DENV infection	Clinical trial in progress (CTR/2021/07/035290)	Intravenous	Phase 2
Ketotifen	Reduced vascular leakage in mouse models of DENV infection	Clinical trial in progress (NCT02673840)	Oral	Phase 2
Montelukast	Reduced vascular leakage in mouse models of DENV infection [18]	One randomized open-label clinical trial (n = 200) reported reduced incidence and relative risk of DSS (narrow pulse pressure < 20 mmHg and hypotension for age) [95]. A randomized, double-blind, placebo controlled, superiority trial (NCT04673422) to test efficacy of montelukast is currently on-going	Oral	Phase 2/3
Rupatadine	Reduced vascular leakage in mouse model of DENV infection	Randomized placebo-controlled trial (n = 183) did not show reduction in leakage, but improved platelet counts and liver enzyme values (SLCTR/2014/023)	Oral	Phase 2
Metformin	Antiviral effect in DENV infected cells in vitro	A retrospective study (n = 223) showed decreased risk of severe dengue with metformin use in dengue patients with diabetes Clinical trial in progress (NCT04377451)	Oral	Phase 2
AV-1		Double-Blind, Placebo-Controlled, Single Ascending Dose Study to Determine the Safety and Pharmacokinetics of AV-1 in Healthy Male and Female Adult Subjects	Intravenous	Phase 1
Dengushield		Study to evaluate the safety of a single dose of Dengushield (dengue monoclonal antibody) in healthy adults.	Intravenous	Phase 1

Source: Company reports

While clinical efficacy is yet to be established, ISLA potentially offers a number of advantages;

1. roles as both a therapeutic as well as a preventative therapy
2. as an oral dose, it allows for greater convenience and access for the therapy.

Funding

ILA reported cash of A\$1m as at end of the CY23.

ILA's loan facility of A\$118K at December 2023 is unsecured at a flat rate of 4.95%. It matures on June 7 2024. ILA announced in November CY23 that it had received ~\$396K for the FY23 year under the Australian R&D Tax Incentive (RDTI). In December CY23, the company announced that it had negotiated a loan facility based on its forecasted FY24 RDTI. Under the loan facility, ILA is able to access up to 80% of its accrued RDTI. It received ~\$386K in December 2023. The company expects to settle the loan in October 2024 upon receipt of its FY24 RDTI refund.

Investment Thesis

ILA's approach offers a number of investment advantages. They include;

- **Drug Repurposing Strategy;** in comparison to a first-in-human drug, as a re-purposed drug, fenretinide, offers safety data from 45+ clinical trials in cancer and other nonviral diseases. Safety accounts for some 30-45% of clinical trials failures. The existing data allows for reduced time, risk and cost – noting there are no clinical data to indicate its efficacy in viral illnesses.
- **Probability of Success;** review of drug approvals for drugs targeting infectious diseases demonstrates they carry a higher probability of approval. The average for all conditions of ~8% compares to ~13% for infectious diseases².
- **Challenge Model Clinical Trial Design;** ILA plans to conduct the study using a Dengue Human Infection Model (DHIM) or Challenge model. Challenge studies involve injecting healthy subjects with an attenuated dengue virus and then studying effects of the infection in a controlled setting. Challenge trials offer competitive benefits including: fewer subjects are required, faster execution as there is no requirement to wait for natural infection; stricter control over trial variables.
- **Potential PR classification and Priority Review Voucher (PRV);** ISLA-101 candidate is potentially eligible for being awarded a Tropical Disease PRV.

The key classification criteria include:

- i) Be a drug or biological product for the prevention or treatment of a "tropical disease".
- ii) The drug must meet the criteria for a priority review of application. A Priority Review designation may be awarded for drugs that would significantly improve the treatment, diagnosis, or prevention of serious conditions. It allows for expedited review where the FDA aims to take action on an application for approval within six months, compared to 10 months under standard review.
- iii) The drug must contain no active ingredient that has been approved in any other therapy.
- iv) Supply the clinical data that are essential to the approval of the application.

As the investor market has seen with NEU, a company that is awarded a PRV may choose to sell the voucher. At the end 2022 Bluebird Bio sold its for US\$102m³. In 2023 Krystal Biotech (Nasdaq listed) announced it had sold its Rare Pediatric Disease Priority Review Voucher (PRV) for US\$100m⁴.

- **Expanding markets;** Dengue is already a major issue globally with up to 400m people infected each year, of which 100m show symptoms and ~40,000 die. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) described 2023 as a horror year for dengue⁵, with further expansion of the endemic areas. The current ~50% of the world's population at risk of dengue, is expected to continue to grow as global warming expands further into southern US,

² Clinical Development Success Rates Contributing Factors 2011-2020 Biotechnology Innovation Organisation et al

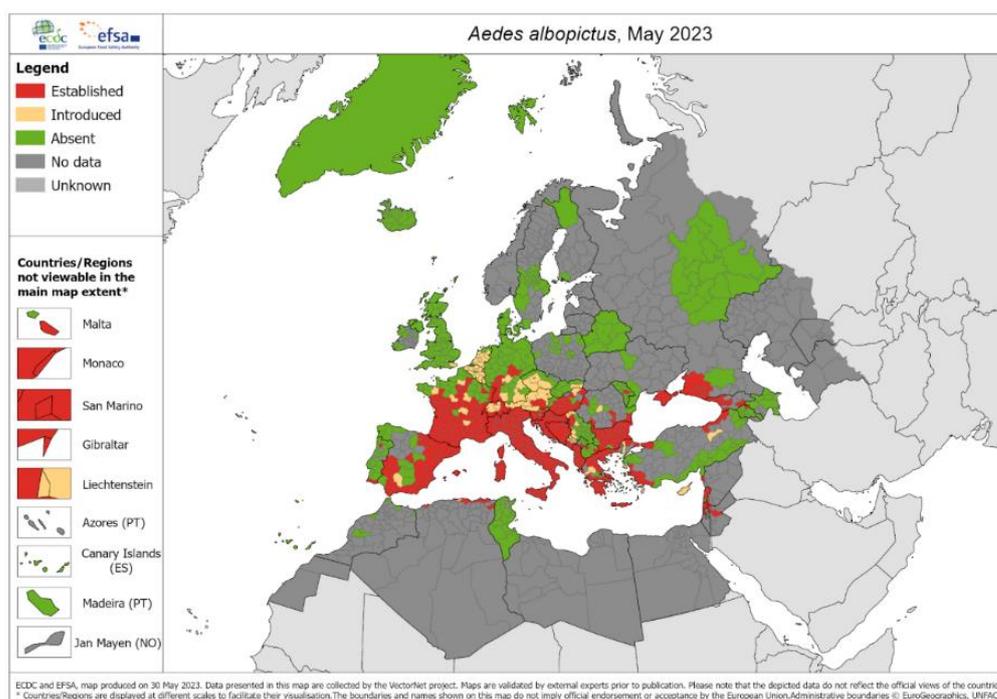
³ <https://www.businesswire.com/news/home/20221130005434/en/bluebird-bio-Sells-Priority-Review-Voucher-for-102-Million>

⁴ <https://ir.krystalbio.com/news-releases/news-release-details/krystal-biotech-announces-sale-priority-review-voucher-100>

⁵ <https://reliefweb.int/report/world/dengue-fever-least-5-million-cases-and-5500-deaths-horror-year>

southern Europe and new parts of Africa⁶.

Figure 4: EU's northward Aedes mosquito spread increases risk of diseases like dengue



Source: The European Centre for Disease Prevention and Control (ECDC)

- **Additional Markets;** Preclinical studies support ISLA-101's mechanism of action in a number of related viruses including Yellow Fever, West Nile and Japanese encephalitis and Chikungunya. ILA's strategy for dengue can be leveraged in these diseases, offering the same advantages; faster timelines and cost efficiencies. The use of ISLA-101 in new indications has allowed for new patent filings that should offer market protection to 2034.
- **Highly Credentialed Partners;** ILA's approach is further supported by a retinue of noteworthy partners, US National Cancer Institute (NCI) and US Army and Camargo Pharmaceutical Services. The ILA Board offers a depth of scientific and commercial expertise.

Valuations, Risks, Sensitivities

MST's peer-based valuation of ASX listed companies undertaking Phase 1 trials derives an average market capitalisation of A\$26m \$0.19ps (unchanged). It compares to a current market capitalisation of A\$7.2m. In MST's view, the discount reflects the uncertainty that has arisen from the FDA enquiries and delay to the planned start of the trial program. Completion of the SAD trial and confirmation of the commencement of its PEACH trial are likely to build investor confidence.

In MST's view, there is rationale for a premium for ILA. The key focus of Phase 1 and 2 trials is usually safety with early indications of efficacy often included in the Phase 2. As a repurposed drug, ISLA-101 offers strong safety data from over 45 previous clinical trials. The probability of approval rises from a Phase 1 of 13% to 23% from a Phase 2 trial⁷. Applying the premium to the comparable companies' average market capitalisation of A\$26m, presents a valuation of A\$46m⁶.

MST also notes that in its view, the current market cap of A\$7.2m does not recognise the potential value of PRV. Clinical data to emerge from the SAD study may see a re-rating of ILA. Upside/downside risks and sensitivities of drug development include clinical trial patient recruitment, timing and costs, regulatory approval and market entry, pricing, market penetration and sales, competitor drugs and potential royalties/licensing payments.

⁶ <https://www.reuters.com/business/healthcare-pharmaceuticals/dengue-will-take-off-southern-europe-us-africa-this-decade-who-scientist-says-2023-10-06/>

⁷ *Clinical Development Success Rates and Contributing Factors - 2011-2020* chrome-extension://efaidhbmnnnibpcjpcglcfindmkaj/https://go.bio.org/rs/490-EHZ-999/images/ClinicalDevelopmentSuccessRates2011_2020

Methodology & Disclosures

MST Access is a registered business name of MST Financial Services Pty Ltd (ACN 617 475 180 "MST Financial") which is a limited liability company incorporated in Australia on 10 April 2017 and holds an Australian Financial Services Licence (Number: 500 557). This research is issued in Australia through MST Access which is the research division of MST Financial. The research and any access to it, is intended only for "wholesale clients" within the meaning of the Corporations Act 2001 of Australia. Any advice given by MST Access is general advice only and does not take into account your personal circumstances, needs or objectives. You should, before acting on this advice, consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. If our advice relates to the acquisition, or possible acquisition, of a financial product you should read any relevant Product Disclosure Statement or like instrument.

This report has been commissioned by Island Pharmaceuticals Limited and prepared and issued by Rosemary Cummins of MST Access in consideration of a fee payable by Island Pharmaceuticals Limited. MST Access receives fees from the company referred to in this document, for research services and other financial services or advice we may provide to that company.

MST Financial also provides equity capital markets ("ECM") and corporate advisory services through its capital markets division, MST Capital Markets ("MST Capital"). MST Capital provides these services to a range of companies including clients of the MST Access service. As such, MST Capital may in future provide ECM and/or corporate advisory services to the company that is the subject of this research report and, accordingly, may receive fees from the company for providing such services. However, MST Financial has measures in place to ensure the independence of its research division is maintained, including information barriers between its Capital Markets and Research teams. In addition, neither MST Access, nor any of its research analysts, receive any financial benefit that is based on the revenues generated by MST Capital Markets or any other division of MST Financial.

The analyst has received assistance from the company in preparing this document. The company has provided the analyst with communication with senior management and information on the company and industry. As part of due diligence, the analyst has independently and critically reviewed the assistance and information provided by the company to form the opinions expressed in the report. Diligent care has been taken by the analyst to maintain an honest and fair objectivity in writing this report and making the recommendation. Where MST Access has been commissioned to prepare content and receives fees for its preparation, please note that NO part of the fee, compensation or employee remuneration paid will either directly or indirectly impact the content provided.

Accuracy of content: All information used in the publication of this report has been compiled from publicly available sources that are believed to be reliable, however we do not guarantee the accuracy or completeness of this report and have not sought for this information to be independently certified. Opinions contained in this report represent those of MST Access at the time of publication. Forward-looking information or statements in this report contain information that is based on assumptions, forecasts of future results and estimates of amounts not yet determinable, and therefore involve known and unknown risks, uncertainties and other factors which may cause the actual results, performance or achievements of their subject matter to be materially different from current expectations.

Exclusion of liability: To the fullest extent allowed by law, MST Access shall not be liable for any direct, indirect or consequential losses, loss of profits, damages, costs or expenses incurred or suffered by you arising out of or in connection with the access to, use of or reliance on any information contained in this report. No guarantees or warranties regarding accuracy, completeness or fitness for purpose are provided by MST Access, and under no circumstances will any of MST Financials' officers, representatives, associates or agents be liable for any loss or damage, whether direct, incidental or consequential, caused by reliance on or use of the content.

General Advice Warning

MST Access Research may not be construed as personal advice or recommendation. MST encourages investors to seek independent financial advice regarding the suitability of investments for their individual circumstances and recommends that investments be independently evaluated. Investments involve risks and the value of any investment or income may go down as well as up. Investors may not get back the full amount invested. Past performance is not indicative of future performance. Estimates of future performance are based on assumptions that may not be realised. If provided, and unless otherwise stated, the closing price provided is that of the primary exchange for the issuer's securities or investments. The information contained within MST Access Research is published solely for information purposes and is not a solicitation or offer to buy or sell any financial instrument or participate in any trading or investment strategy. Analysis contained within MST Access Research publications is based upon publicly available information and may include numerous assumptions. Investors should be aware that different assumptions can and do result in materially different results.

MST Access Research is distributed only as may be permitted by law. It is not intended for distribution or use by any person or entity located in a jurisdiction where distribution, publication, availability or use would be prohibited. MST makes no claim that MST Access Research content may be lawfully viewed or accessed outside of Australia. Access to MST Access Research content may not be legal for certain persons and in certain jurisdictions. If you access this service or content from outside of Australia, you are responsible for compliance with the laws of your jurisdiction and/or the jurisdiction of the third party receiving such content. MST Access Research is provided to our clients through our proprietary research portal and distributed electronically by MST to its MST Access clients. Some MST Access Research products may also be made available to its clients via third party vendors or distributed through alternative electronic means as a convenience. Such alternative distribution methods are at MST's discretion.

Access & Use

Any access to or use of MST Access Research is subject to the [Terms and Conditions](#) of MST Access Research. By accessing or using MST Access Research you hereby agree to be bound by our Terms and Conditions and hereby consent to MST collecting and using your personal data (including cookies) in accordance with our [Privacy Policy](#), including for the purpose of a) setting your preferences and b) collecting readership data so we may deliver an improved and personalised service to you. If you do not agree to our Terms and Conditions and/or if you do not wish to consent to MST's use of your personal data, please do not access this service.

Copyright of the information contained within MST Access Research (including trademarks and service marks) are the property of their respective owners. MST Access Research, video interviews and other materials, or any portion thereof, may not be reprinted, reproduced, sold or redistributed without the prior written consent of MST.