Forward-Looking Statements

Any statements contained in this presentation that do not describe historical facts may constitute forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995 and Canadian securities laws. Any forward-looking statements contained herein or made in the course of the presentation are based on current expectations, but are subject to a number of risks and uncertainties. The factors that could cause actual future results to differ materially from current expectations include, but are not limited to, risks and uncertainties relating to the Company’s ability to develop, market and sell products based on its technology; the expected benefits and efficacy of the Company’s products and technology; the availability of substantial additional funding for the Company to continue its operations and to conduct research and development, clinical studies and future product commercialization; and, the Company’s business, research, product development, regulatory approval, marketing and distribution plans and strategies. These and other factors are identified and described in more detail in our filings with the SEC and the British Columbia Securities Commission, including our current reports on Form 8-K’s, Form 10-Q’s and most recent Form 10-K. We do not undertake to update these forward-looking statements made by us.

Rights for Purchasers in Ontario

Securities legislation in Ontario provides certain Ontario purchasers (other than (a) a “Canadian financial institution” or a “Schedule III bank” (each as defined in National Instrument 45-106 – Prospectus and Registration Exemptions), (b) the Business Development Bank of Canada or (c) a subsidiary of any person referred to in (a) or (b) above, if the person owns all the voting securities of the subsidiary, except the voting securities required by law to be owned by the directors of that subsidiary) with a statutory right of action for damages or rescission against an issuer where an offering memorandum, such as this document, contains a “misrepresentation” (as defined in the Securities Act (Ontario)) without regard to whether the purchaser relied on the misrepresentation. The right of action for damages is exercisable not later than the earlier of 180 days from the date the purchaser first had knowledge of the facts giving rise to the cause of action and three years from the date on which payment is made for the securities. The right of action for rescission is exercisable not later than 180 days from the date on which payment is made for the securities. If a purchaser elects to exercise the right of action for rescission, the purchaser will have no right of action for damages against the issuer. In no case will the amount recoverable in any action exceed the price at which the securities were offered to the purchaser and if the purchaser is shown to have purchased the securities with knowledge of the misrepresentation, the issuer will have no liability. In the case of an action for damages, the issuer will not be liable for all or any portion of the damages that are proven to not represent the depreciation in value of the securities as a result of the misrepresentation relied upon. These rights are in addition to, and without derogation from, any other rights or remedies available at law to an Ontario purchaser. The foregoing is a summary of the rights available to an Ontario purchaser. Ontario purchasers should refer to the complete text of the relevant statutory provisions.
Investment Highlights

• Developing VAL-083 as a "first-in-class" small molecule therapeutic for orphan cancer indications

• VAL-083's anti-cancer activity demonstrated across a range of cancers in prior US National Cancer Institute (NCI)-sponsored clinical trials

• DelMar reported promising interim outcomes data from ongoing Phase 1/2 trial of VAL-083 in refractory GBM at ASCO 2015

• DelMar intends to initiate open-label Phase 2/3 registration trial of VAL-083 in refractory GBM in 2015

• Newly allowed patents provide intellectual property protection for VAL-083 until 2032

• VAL-083 orphan designation for glioma granted in USA and EU

• Experienced management and clinical teams with successful development and commercialization of >20 oncology products
## Near-Term Milestones Expected to Drive Value

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete dose-escalation of Phase 1/2 trial of VAL-083 and confirm MTD in GBM</td>
<td>✓ COMPLETE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advance VAL-083 into Phase 2/3 registration-directed clinical trials for GBM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present VAL-083 interim data at scientific meetings: AACR, ASCO, SNO</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Initiate clinical trials with VAL-083 in NSCLC</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate Phase 2 study with VAL-083 in front-line GBM</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pursue a national exchange listing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seek strategic opportunities to expand asset base</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to build a robust IP portfolio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Business Model

**CLINICAL VALIDATION**

> 40 NCI-sponsored clinical trials

Ex-USA clinical research

**New I.P.**

**Modern Biological Understanding**

**Unmet Medical Needs in Cancer**

- **Reduced Risk:** Historical evidence of clinical activity
- **Reduced Cost:** Leverage prior investments
- **Reduced Time:** Speed up development process with substantial prior data
VAL-083: First Product Candidate

• Assessed in 42 NCI sponsored Phase 1 and Phase 2 clinical trials
  – Clinically active in multiple cancers including lung, brain, blood, and cervical
  – “First-in-class” chemistry
  – Novel alkylating agent

• Unique Anti-cancer Mechanism
  – Inter-strand DNA cross link @ N7 position of guanine

• Pharmacokinetics/Pharmacodynamics
  – Selective for tumor vs. healthy tissue
  – Rapidly crosses blood brain barrier

• Safety profile established by NCI
  – Dose limiting toxicity: Myelosuppression
VAL-083: Building a Pipeline that Addresses Major Unmet Medical Needs in Oncology

<table>
<thead>
<tr>
<th>VAL-083</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>NDA / COMMERCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractory GBM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front-line GBM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSCLC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Potential to expand pipeline in additional indications*

China CFDA Approved

Lung Cancer
*China: CFDA Approval – Partnered with Guangxi Wuzhou Pharma*

CML
*China: CFDA Approval – Partnered with Guangxi Wuzhou Pharma*
Glioblastoma Multiforme
First Target Market for VAL-083

• Glioblastoma Multiforme (GBM): The most common and aggressive form of brain cancer
• Large market opportunity: >$1 billion annual sales\(^{(a)}\)
• Significant unmet need: Affects approx. 15,000 adults each year in United States\(^{(b)}\)
  Median survival without treatment = 4 ½ months\(^{(c)}\)
  Approximately half of patients’ tumors fail all other treatments\(^{(c)}\)
  5 year survival <3%\(^{(c)}\)

---
\(^{(a)}\) Evaluate Pharma reports  
MGMT Enzyme

The Culprit in Temodar® Failure\(^{(a)}\)

\[\text{Tumor DNA} \rightarrow \text{Temodar Chemotherapy} \rightarrow \text{O6-Guanine Methylated DNA} \rightarrow \text{MGMT repairs} \rightarrow \text{Repaired DNA} \rightarrow \text{Tumor Grows}\]

\[\text{Tumor DNA} \rightarrow \text{VAL-083 Chemotherapy} \rightarrow \text{N7-Guanine Cross-Linked DNA} \rightarrow \text{MGMT cannot repair} \rightarrow \text{Double-strand DNA Breaks} \rightarrow \text{Tumor Cell Death}\]

\(^{(a)}\) Stupp et al; ASCO 2011
VAL-083
Active Independent of MGMT Resistance Mechanism

- VAL-083 is active independent of MGMT chemo-resistance mechanism \textit{in vitro}$^{(a)}$
- Measurement of MGMT provides a validated biomarker for patient selection in future clinical trials

\begin{itemize}
  \item U251 cell line
  \begin{itemize}
    \item Adult GBM
    \item MGMT negative, TMZ sensitive
  \end{itemize}

  \item T98G
  \begin{itemize}
    \item Adult GBM
    \item MGMT positive, TMZ resistant
  \end{itemize}
\end{itemize}

$^{(a)}$ Hu \textit{et al}; AACR 2012
### VAL-083: Historical NCI Phase 2 Studies support activity in GBM

**VAL-083 Outcomes Against Today’s Standard of Care**

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Trial (n=evaluable patients)</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eagan</td>
<td>Randomized VAL-083 vs. VAL-083 + XRT, parallel design (n=42)</td>
<td>Median Survival: XRT Only = 8.8 Mos</td>
</tr>
<tr>
<td><em>JAMA (1979)</em></td>
<td></td>
<td>VAL-083+XRT = 16.8 Mos</td>
</tr>
<tr>
<td>Espana</td>
<td>Open label, single arm VAL-083 + XRT (n=14, including 4 patients refractory to CCNU)</td>
<td>Response rate in CCNU failures: 75%</td>
</tr>
<tr>
<td><em>Cancer Treat Rep (1978)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eagan</td>
<td>Open label parallel design in recurrent GBM (n=30)</td>
<td>Tumor regression</td>
</tr>
<tr>
<td><em>Oncology (1982)</em></td>
<td></td>
<td>2 drug combo: 40%</td>
</tr>
<tr>
<td></td>
<td>• 2-drug combo: VAL-083 + VP-16</td>
<td>3 drug combo: 33%</td>
</tr>
<tr>
<td></td>
<td>• 3-drug combo: VAL-083 + VP-16 + TZT</td>
<td></td>
</tr>
<tr>
<td>Eagan</td>
<td>Open label, single arm (n=42)</td>
<td>Tumor regression: 47%</td>
</tr>
<tr>
<td><em>Cancer Treat Rep (1982)</em></td>
<td></td>
<td>Stable disease: 37%</td>
</tr>
<tr>
<td></td>
<td>• Combination VAL-083 + BCNU</td>
<td></td>
</tr>
</tbody>
</table>
# VAL-083 Phase 1/2 Clinical Trial Overview

**Clinicaltrials.gov Identifier: NCT01478178**

<table>
<thead>
<tr>
<th>Design</th>
<th>Single-arm, open label</th>
</tr>
</thead>
</table>
| Intervention    | Treatment: VAL-083 (single agent)  
                  Dosing: i.v. 3 consecutive days every 21 days; escalating cohorts from 1.5mg/m²/day in 3+3 design  
                  Patients undergo a single treatment cycle unless stable disease or tumor regression is observed |
| Summary Inclusion Criteria | Histologically confirmed GBM, now recurrent  
\hspace{1cm} Previously treated with surgery & radiation; failed Temodar® (temozolomide) and Avastin® (bevacizumab)  
\hspace{1cm} Wash-out period from prior therapy  
\hspace{1cm} Karnofsky performance status >50% |
| Outcome Measures | Determination of maximum tolerated dose (MTD)  
\hspace{1cm} Tumor response by MRI  
\hspace{1cm} Pharmacokinetic analysis  
\hspace{1cm} MGMT assessment (optional) |
| Anticipated Enrollment | Phase 1: up to 40 patients  
\hspace{1cm} Phase 2: 14 patients |
| Five Current Sites (July 2015) | UC San Francisco  
\hspace{1cm} Mayo Clinic (Rochester, MN)  
\hspace{1cm} Sarah Cannon Cancer Research Institute (Nashville; Denver, Sarasota) |

**Goal:** Determine dose for advancement to registration-directed Phase 2/3 registration trial
VAL-083 Clinical Trial
“Hit the Tumor Harder; More Often”

Illustrative Comparison of Dosing Regimen

- NCI regimen from published efficacy studies (1970s)
- DelMar Pharma “modernized” dosing regimen

Begin 2\textsuperscript{nd} cycle
- DAY 21 DMPI
- DAY 35 NCI
## DelMar GBM Phase 1/2 Trial Results to Date:

### Dosing Higher than NCI in Clinical Trials

**Society for Neuro-Oncology Annual Meeting (Nov 2014)**

<table>
<thead>
<tr>
<th>DOSE &amp; STUDY</th>
<th>Single Dose</th>
<th>Acute Regimen (single cycle)</th>
<th>Comparative Dose (@ 35 days)</th>
<th>Dose Density (dose per week)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCI GBM (Eagan) daily x 5 q 5wks (cycle = 35 days)</td>
<td>25 mg/m²</td>
<td>X 5 d = 125 mg/m²</td>
<td>125 mg/m²</td>
<td>25mg/m²/wk</td>
<td>Historical Regimen <strong>MYELOSUPPRESSION REPORTED</strong></td>
</tr>
<tr>
<td>DelMar VAL-083 daily x 3 q 3wks (cycle = 21 days)</td>
<td>30 mg/m²</td>
<td>X 3 d = 90 mg/m²</td>
<td>180 mg/m²</td>
<td>30mg/m²/wk</td>
<td>No DLT</td>
</tr>
<tr>
<td></td>
<td>40 mg/m²</td>
<td></td>
<td>120 mg/m²</td>
<td>40mg/m²/wk</td>
<td>No DLT</td>
</tr>
<tr>
<td></td>
<td>50 mg/m²</td>
<td></td>
<td>150 mg/m²</td>
<td>50mg/m²/wk</td>
<td><strong>DLT Observed</strong></td>
</tr>
</tbody>
</table>

Copyright 2015, DelMar Pharmaceuticals All rights reserved.
VAL-083 Clinical Trial: AACR 2015
Observation of DLT = End of Dose Escalation

• Thrombocytopenia (low platelets) observed in 50mg/m² cohort
  – Observed DLT is consistent with published literature
  – DLT resolved rapidly and spontaneously, consistent with published literature

• 14 patient Phase II trial expansion initiated at 40mg/m²
  – Data will guide design of registration-directed Phase II/III trial
  – Small (3 pt) 45mg/m² exploratory cohort approved by IRB at two sites. Patients will be continued at 45mg/m² if safety data warrants

• PK Observations
  – Tissue exposure sufficient for anti-tumor activity @40 mg/m²
# VAL-083 Clinical Trial: ASCO 2015

## Improved Survival & Dose Response

**Clinically meaningful survival & dose-response trend observed in VAL-083 Phase I/II Clinical Trial**

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Number of GBM patients</th>
<th>VAL-083 Cohort mg/m²</th>
<th>Median PFS after start of BEV (mo)</th>
<th>Median PFS after start of VAL-083(mo)</th>
<th>Median # Cycles of VAL-083</th>
<th>Median survival after start of VAL-083 (mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>all</td>
<td>29</td>
<td>All</td>
<td>5.9</td>
<td>1.2</td>
<td>2.0</td>
<td>4.6</td>
</tr>
<tr>
<td>1 - 3</td>
<td>9</td>
<td>&lt;10</td>
<td>8.8</td>
<td>1.2</td>
<td>2.0</td>
<td>4.4</td>
</tr>
<tr>
<td>1 – 5</td>
<td>16</td>
<td>&lt;30</td>
<td>6.0</td>
<td>1.2</td>
<td>2.0</td>
<td>5.6</td>
</tr>
<tr>
<td>1 - 7</td>
<td>22</td>
<td>&lt;40</td>
<td>7.0</td>
<td>1.2</td>
<td>2.0</td>
<td>5.7</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>30</td>
<td>9.0</td>
<td>1.3</td>
<td>2.0</td>
<td>9.2</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>40</td>
<td>4.2</td>
<td>1.4</td>
<td>2.0</td>
<td>8.8</td>
</tr>
<tr>
<td>6+7</td>
<td>6</td>
<td>30 and 40</td>
<td>6.6</td>
<td>1.4</td>
<td>2.0</td>
<td>9.0</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>50</td>
<td>3.6</td>
<td>1.4</td>
<td>1.0</td>
<td>1.7*(na)</td>
</tr>
</tbody>
</table>

*Three of 7 patients in Cohort #8 (including current median) are still alive, two of whom have only recently begun treatment, thus explaining the short median survival in this cohort.*
VAL-083: Clinical Impact in Refractory GBM

- No currently approved therapies in post Avastin GBM
- VAL-083 Therapeutic Dose: Observed overall Survival of 9 months offers clinically meaningful benefit

Avastin Failure

<table>
<thead>
<tr>
<th></th>
<th>3 mo</th>
<th>6 mo</th>
<th>9 mo</th>
<th>12 mo</th>
</tr>
</thead>
</table>

- Hospice Only: 2 months*
- VAL-083 Low Dose: 4.4 months**
- Available Salvage Therapy: 5.2 months*
- VAL-083 Therapeutic Dose: 9 months**

*Iwomoto (2009)
**DelMar ASCO (2015)
VAL-083 PFS and Survival Data Interpretations

- **Median PFS on VAL-083 following failure of prior therapies is short: 1.2–1.4 mo.**
  - Short PFS expected: Patients not-resected following failure of prior therapy

- **Observed median survival of 9.0 mo. @ doses > 30 mg/m² is clinically meaningful**
  - Suggests slowed tumor growth benefiting survival

- **Observed Overall Survival (29 GBM patients)**
  - 6 month OS: 41.4% (with 2 additional patients alive, but not yet at 6 months)
  - 12 month OS: 17.2% (with 4 additional patients alive, but not yet at 12 months)

- **Dose-response is suggested: 9 month OS @ high dose vs. 4.4 month at low dose**
  - Small sample size considered, this a promising trend
  - 14 patient Ph II expansion cohort will provide further data regarding median survival

- **Hypothetical sample size estimates for controlled Phase II/III clinical trial**
  - Median survival values control vs. VAL-083 therapy (1:1 randomization, α = 0.05, power = 80%)
    - 4.4 vs. 9.0 mo.: 33 patients/arm
**VAL-083 Clinical Trial: Next Steps**  
*Refractory GBM – Target Timelines*

<table>
<thead>
<tr>
<th>KEY MILESTONES</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve MTD*</td>
<td>✓ COMPLETED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTD Dose Expansion (14 pts)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FDA Advisory Meeting*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Directed Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Trial Enrollment</td>
<td>~12 months from initiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td>~6 months from final patient enrollment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NDA Preparation</td>
<td>~6 months from final data “lock”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NDA Filing</td>
<td>Late 2016 / Early 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial Launch</td>
<td>2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*FDA guidance meeting to be requested during MTD Dose Expansion Cohort (to be scheduled w/in 75 days of request)*
VAL-083: Blockbuster Potential

Current Phase 1/2 clinical trial in USA will lead to two development programs to address $1+ billion market opportunity

(a) Company estimate
(b) Evaluate Pharma reports
Expanding the GBM Opportunity: Front-line

**Potential market opportunity: >$1 Billion**

- Modernized dosing regimen from current Phase 1/2 study can be advanced for newly diagnosed patients
- 2/3 of newly diagnosed patients have unmethylated MGMT promoter & are resistant to Temodar® (a)
  - MGMT expression correlates with resistance to front-line Temodar + radiotherapy
  - MGMT is measurable by a CLIA-approved companion diagnostic
  - VAL-083 is active independent of MGMT resistance

**VAL-083 represents a potential paradigm shift in front-line chemotherapy for GBM**


DelMar AACR Data (2015)
Building Our Pipeline: New Indications

- VAL-083 cytotoxic mechanism is distinct from platinum based chemotherapy
  - not dependent on p53 activation in vitro
- VAL-083 is more potent than standard platinum therapy on an equimolar basis in vivo
- VAL-083 is active against both platinum-resistant and TKI-resistant NSCLC strains in vivo
- VAL-083 can be combined synergistically with platinum based-therapy in vitro and in vivo

### Comparative Resistance

<table>
<thead>
<tr>
<th></th>
<th>WT vs. Mut p53</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin</td>
<td>&gt;3-fold</td>
<td></td>
</tr>
<tr>
<td>Oxaliplatin</td>
<td>&gt;6-fold</td>
<td></td>
</tr>
<tr>
<td><strong>VAL-083</strong></td>
<td>&lt;2-fold</td>
<td></td>
</tr>
</tbody>
</table>

*DMPI Data: AACR 2015*

#### Activity against A549 NSCLC Cell Lines

*DMPI Data: AACR 2015*
Building Our Pipeline: New Indications

Potential Target Cancers for VAL-083

- Lung Cancer
- Ovarian Cancer
- Cervical Cancer
- Other Solid Tumors

Venn Diagram:
- Pt-based chemotherapy = standard of care
- P53 mediated resistance = unmet medical need
- VAL-083 historical clinical activity
Building Our Pipeline: NSCLC

- Lung cancer is a leading cause of cancer death world-wide
- Non-small cell lung cancer (NSCLC)
  - Current drugs represent >$6 billion in world wide annual sales\(^{(a)}\)
  - Overall 5 year NSCLC survival rate: 15%
  - CNS metastases – a leading cause of NSCLC mortality
- Existing and new data support potential of VAL-083 in NSCLC
- VAL-083 is approved in China for the treatment of lung cancer
- DelMar has established a collaborative partnership with Guangxi Wuzhou Pharmaceuticals for VAL-083 in China
  - Guangxi Wuzhou Pharma is exclusive CFDA registration holder for VAL-083 in China

\(^{(a)}\) Transparency Market research
Building Our Pipeline: NSCLC

- **NCI clinical data supporting VAL-083 activity in NSCLC:**
  - Published Phase II single-agent studies
    - *Eagan et al* – 1980
  - Published Phase II combination studies
    - *Hess et al* – 1976
    - *Eagan et al* – 1977
    - *Hess et al* – 1981

- **NSCLC Next Steps**
  - Confirmatory Phase IV trial to be conducted in China
    - *Will be conducted as post-market study under existing CFDA approval*
    - *DelMar’s partner will fund clinical research costs in China*
    - *Results will establish Phase 2 proof of concept for global development outside of China*
Robust Intellectual Property Protection

• >10 patent applications filed

• Five US patents and one international patent allowed/issued to date
  – Patent protection into 2032 in USA

• VAL-083 granted orphan drug designation in USA & EU
  – Seven years market exclusivity after approval in USA
  – 10 years market exclusivity after approval in Europe
Financial Snapshot

$3 million cash as of 31-March = operating funds thru Q1’2016

Pro Forma at March 31, 2015 (unaudited)

Shares Outstanding

DMPI Shares 35.2 m
ExchangeCo 4.2 m
Total outstanding 39.4 m

Warrants* 13.5 m
Options 3.6 m
Fully Diluted 56.5 m

*4.3 million investor warrants can be called at $0.80/share if stock is >$1.60/share for 20 consecutive trading days
Experienced Management Team

Jeffrey Bacha, BSc MBA: CEO & President
- 20 years of experience in biotech and pharmaceuticals
- Founding CEO, Inimex Pharmaceuticals
- Senior Manager & Director, KPMG Health Ventures
- MBA Emory Univ.; BSc UC San Diego, BioPhysics/PreMed

Dennis Brown, PhD: Chief Scientific Officer
- 30 years cancer drug discovery and development
- Founder: Matrix Pharmaceuticals (acquired by Chiron)
- Founder: Chemgenex Pharmaceuticals (acquired by Cephalon)
- Academic Appointments: Harvard & Stanford Medical Schools
- NYU, PhD Radiation and Cancer Biology

Richard Schwartz, MD: Chief Medical Officer
- 35 years oncology clinical development
- Director: Oncology Clinical Research Bayer AG
- Stanford University School of Medicine: Hematology & Oncology

Scott Praill, CPA: Chief Financial Officer
- CFO, Strata Oil & Gas
- Director Finance, Inflazyme Pharmaceuticals
- Accountant Articling: PricewaterhouseCoopers LLP
- Finance Degree BC Institute of Technology; BSc Simon Fraser University

... and an experienced clinical team responsible for successful development & commercialization of >20 oncology products
# Directors & Advisors

## Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey Bacha, BSc MBA</td>
<td>Chairman, President &amp; CEO / Cofounder</td>
</tr>
<tr>
<td>Dennis Brown, PhD</td>
<td>Chief Scientific Officer / Cofounder</td>
</tr>
<tr>
<td>John K. Bell, CPA</td>
<td>Independent Director, President of Onbelay Capital</td>
</tr>
<tr>
<td>Lynda Cranston, MScN, ICD.D</td>
<td>Independent Director, Healthcare Executive</td>
</tr>
<tr>
<td>William J. Garner, MD</td>
<td>Independent Director; Founder of Update Pharma, Inc.</td>
</tr>
<tr>
<td>Erich Mohr, PhD, R.Psych</td>
<td>Independent Director, Chairman of MedGenesis Therapeutix</td>
</tr>
<tr>
<td>Robert J. Toth</td>
<td>Independent Director, Former Wall Street Analyst</td>
</tr>
</tbody>
</table>

## Advisors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victor Levin, MD</td>
<td>Prof. Emeritus MD Anderson Cancer Center (Neuro-Oncology)</td>
</tr>
<tr>
<td>Susan Chang, MD</td>
<td>Chair, NeuroOncology Department UCSF</td>
</tr>
<tr>
<td>James Perry, MD</td>
<td>Chair, Canadian Brain Tumor Consortium</td>
</tr>
<tr>
<td>Howard Burris, MD</td>
<td>Director, Sarah Cannon Cancer Research Institute</td>
</tr>
<tr>
<td>Bill Bodell, PhD</td>
<td>Prof. Emeritus UC Berkley (DNA Damage &amp; Repair)</td>
</tr>
<tr>
<td>Dan Zhang, MD</td>
<td>SFDA Oncology Advisory Panel (China FDA)</td>
</tr>
<tr>
<td>Christine Charette</td>
<td>Former Biotech Analyst, BMO Nesbitt Burns</td>
</tr>
<tr>
<td>Sol Barer, PhD</td>
<td>Founder, Celgene</td>
</tr>
</tbody>
</table>
Investment Highlights

✓ Developing VAL-083 as a "first-in-class" small molecule therapeutic for orphan cancer indications

✓ VAL-083's anti-cancer activity demonstrated across a range of cancers in prior US National Cancer Institute (NCI)-sponsored clinical trials

✓ DelMar reported promising interim outcomes data from ongoing Phase 1/2 trial of VAL-083 in refractory GBM at ASCO 2015

✓ DelMar intends to initiate open-label Phase 2/3 registration trial of VAL-083 in refractory GBM in 2015

✓ Newly allowed patents provide intellectual property protection for VAL-083 until 2032

✓ VAL-083 orphan designation for glioma granted in USA and EU

✓ Experienced management and clinical teams with successful development and commercialization of >20 oncology products
DelMar Pharmaceuticals

Breakthrough Cancer Therapeutics

Corporate Headquarters:
Suite 720 – 999 W. Broadway
Vancouver, British Columbia
Canada V5Z 1K5

Clinical Operations:
3475 Edison Way, Suite R
Menlo Park, California 94025
USA

www.delmarpharma.com