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Dear Shareholders,

Welcome to the quarterly newsletter updating you on our company's progress.

As you will see from the above highlights of the first 6 months we have been working at full pace to build shareholder value and bring to a successful conclusion several key company milestones for both MiCheck® and Miltuximab®. We have done this through face to face meetings built around attendance at the American Urology Association 2018 conference in San Francisco and subsequent visits to potential partners and investors in the US and Europe during May. These partners are engaged at various levels of diligence with Minomic.

1. Commercialisation of the MiCheck® Test

Commercialisation of the MiCheck® test continues to be our first priority. There are several parallel activities for the commercialisation of the MiCheck® test and the advances on each of these are discussed below.

Prospective Trial

As announced to shareholders and followers in May the company has completed its prospective clinical trial. The trial demonstrated significant utility in identifying patients with elevated PSA who did not require a biopsy. The prospective trial demonstrated that MiCheck® could reduce the number of patients (with a clinically elevated PSA) proceeding to biopsy by up to 58%. This represents a significant improvement in patient and health economics.

The trial was a prospective, non-randomized case-control study, with a primary endpoint of detecting prostate cancer vs no cancer and a secondary endpoint, differentiating between aggressive and non-aggressive cancer. Twelve research centers located across the US, all members of the CUSP Uro-Oncology Network, provided samples from 384 patients.

Both endpoints were met, demonstrating competitive sensitivity and specificity in both the identification of prostate cancer and differentiating aggressive from non-aggressive cancer.

The MiCheck® algorithm development has been performed by internal and external biostatisticians. Analysis of the data shows that MiCheck® is superior to other tests, robustly differentiating between diseased (cancer) and non-diseased (no cancer) health states.

Test	Sensitivity	Specificity	AUC
MiCheck®	0.76	0.71	0.82
PSA	0.88	0.26	0.57
Prostate Health Index	0.96	0.26	0.61
% Free PSA	0.62	0.73	0.67

Further data analysis shows that MiCheck® is superior to other tests on differentiating aggressive (Gleason ≥ 7) and non-aggressive cancer (Gleason < 7) health states.

Test	Sensitivity	Specificity	AUC
MiCheck®	0.90	0.63	0.83
PSA	0.96	0.27	0.61
PHI	0.99	0.09	0.54
% Free PSA	0.60	0.77	0.69

Minomic's clinical advisory panel has reviewed the MiCheck® algorithm data and provided guidance on the preferred test performance for detection of aggressive prostate cancers and the consequent number of biopsies saved.

Commercial Manufacture of the MiCheck® Test

Our chosen partner has manufactured and is now testing the performance of the panel of analytes that make up MiCheck® . This process will be completed mid-Q3 this year.

MiCheck® Rollout Strategy - USA

Our CLIA lab partner has now successfully run the MiCheck® test in their laboratory. This is the first step towards a commercial offering of the test in the US. This pathway should enable MiCheck® to be available to US and clinicians patients by late in 2018. We are working with our laboratory partner to finalise commercial terms and expect this to be completed during Q3. Minomic has commenced engagement with several key opinion leaders in the US to ensure that there is an immediate demand for MiCheck® once the test service is available. As noted our previous update appropriate CPT codes have been identified and steps toward ensuring reimbursement is available are well underway.

Engaging with Clinicians and Potential License Partners

During this quarter we attended the American Urology Association's 2018 Conference. The company built an agenda of appointments with clinical advisors at the conference as well as subsequent on-site visits with parties interested in licencing Minomic's technologies.

We were fortunate to have four of our five clinical advisory panel present at the AUA 2018 meeting which enabled us to hold a face-to-face review of the MiCheck® prospective trial results. The panel was very impressed with our reported results and offered valuable insights and suggestions which we are pursuing. We were fortunate to also have present Dr Maria Chan, our regulatory advisor, Professor Ganesh Palapattu, our colleague and collaborator from the University of Michigan and Dr John Cullity, our commercialisation advisor from BioSynergy Partners. Each of these offered additional useful and unique insights as we reviewed the prospective trial results.

Discussions were held around the US rollout and licencing of MiCheck® as well as providing interested parties with further clinical data from the First in Human trial of Miltuximab® . We are pleased to report excellent progress has been made in licencing discussions with a number of these parties.

Some of the Clinical Advisory Meeting Participants.
***L** to **R**: Mr Carl Stubbings, Prof David Gillatt (Chair CAP), Dr Brad Walsh, Prof Ganesh Palapattu (Uni. Mich), Dr Douglas Campbell, Prof Daniel Chan (CAP), Dr Maria Chan (Regulatory Advisor), Mr David Burdis*

2. Commercialisation of the MiCheck® Test

Following is an update on our early development of the therapeutic application of the GPC-1 antibody called Miltuximab®, a chimeric version of Minomic's MIL-38 anti-Glypican 1 antibody conjugated to the radioactive isotope 67Gallium (MILGa).

Miltuximab® First in Human Trial
As forecast in my last report, the last 2 patients in this trial were dosed in Q2 allowing us to complete enrolment having dosed all 12 patients in our pioneering clinical trial of Miltuximab®.

The Trial is a First in Human study to evaluate the safety and tumor targeting of the antibody in patients with metastatic prostate, bladder, and pancreatic cancer. The primary endpoint of the MILGa trial is safety and tolerability of Miltuximab®. Secondary endpoints include tumor targeting, pharmacokinetics and dosimetry to determine relative accumulation of Miltuximab®, in different organs. All patients have now been dosed and we are pleased to report Miltuximab® was well tolerated with no patients reporting any drug related adverse events. The secondary endpoints will be reported when data analysis is completed: to date this analysis is progressing well.

The results of this trial will inform the future development of Miltuximab® and most importantly the next step, progression to a Phase I therapeutic trial in Australia. As we successfully complete each milestone in this process the company's attractiveness to potential partners is greatly enhanced.

I would like to take this opportunity to thank the principal investigator Prof. Howard Gurney (featured in Section 6 of this update) and his team at Macquarie University Hospital for their assistance with our trial and their dedication to bringing new therapies to cancer patients.

Other Mechanisms of Action

We have now received quotes for timing and production required to produce a clinical grade batch of an antibody drug conjugate version of Miltuximab®. The company is presently performing the necessary due diligence on these quotes in order to determine the best supplier. Ethics approval has been granted for pre-clinical work in a bladder cancer model to inform use of this material in a bladder cancer specific trial using intravesical administration.

Commercialisation
In our last update, I highlighted the importance of demonstrating that we have a clearly identified "Market Access" strategy for Miltuximab®. This work has now been completed and is assisting our business development activities. Importantly, understanding the different market access channels for Miltuximab® has enabled us to expand the number of possible partners who should be interested in licensing our novel therapeutic. We are now well engaged with a number of large pharma and biotech companies all who are demonstrating a keen interest in our approach.

In addition, we are continuing to produce effective preclinical data toward other cancer indications. If we are able to demonstrate successful clinical results for Miltuximab® in one indication it will provide validation for the drugs use in other cancer indications, further enhancing the value of the compound and Minomic.

3. Minomic Collaborations

International Preclinical Collaborations
We provide an update of these exciting programs as follows:
Professor John Babich, Weill Cornell University, New York
The Minomic funded postdoctoral fellow, Dr Jay Tinklepaugh, has now commenced work with Professor Babich. The work on tissue expression of GPC-1 using in a number of different cancer types, including prostate and bladder, has now commenced with A/Prof Brian Robinson also of Weill Cornell.

Professor Ganesh Palapattu, University of Michigan, Michigan
In this quarter HaNK cells were shown to mediate bladder, prostate and pancreatic cancer cell killing in combination with Miltuximab® in vitro. The combination therapy was shown to inhibit the growth of bladder and pancreatic tumours in vivo in mice. Further testing will now proceed in in vivo mouse models of pancreatic, prostate and bladder cancers.

National Collaborations
Professors Thurecht and Mahler, University of Queensland, Brisbane
UQ's ARC Industrial Transformation Training Centre (ITTC) is now operational and Professor Thurecht has recruited a postdoctoral fellow to work on Minomic's anti-GPC-1 monoclonal antibody projects within this new centre. A shortlist of applicants for the PhD student positions has been prepared and the candidates will be interviewed in Q3 with a view to appointing them as soon as practicable.

Professors Nelson and Russell, The Queensland University of Technology, Brisbane
We are pleased to report pathology from the initial 177Lu Miltuximab® study mentioned last quarter has demonstrated no toxic effects of the drug. A repeat study is underway using a low and high dose of 177Lutetium. The high dose is showing significant reduction in tumour growth and concomitant survival extension. These studies support trials of Miltuximab® in combination with current prostate cancer therapies.

IDEAL ARC Hub grant – Professors Jin Dayong University of Technology, Sydney and Emily Hilder, University of South Australia, Adelaide

During this quarter Dr Douglas Campbell took part in an interview panel to select two post-doctoral fellows for Minomic Hub projects from a wide field of excellent candidates. The successful applicants have now been appointed.

4. Intellectual Property

In Q1 2018 we noted the Company had two papers accepted for publication in the journals Oncotarget and PLOSone. These have now been published – see these links if you want to download a copy of the papers: Oncotarget here and PLOSone here.

The table below gives an update of the patent estate and the stage of development of each family.

Patent Family	Stage of Development
1. **Cell Surface Prostate Cancer Antigen for Diagnosis**	National Phase process is continuing in AU, CN, CA, EU, JP, KR, HK and US. Registered in SG
2. **Monoclonal ANTI-GPC-1 Antibodies and Uses Thereof**	National Phase process is continuing in AU, CN, CA, EU, JP, KR, SG, HK and US
3. **Glypican Epitopes and Uses Thereof**	National Phase process is continuing in AU, CN, CA, EU, JP, KR, SG, HK and US
4. **Therapeutic antibodies and Uses Thereof**	National Phase process is continuing in AU, CN, CA, EU, JP, KR, SG, HK and US
5. **Biomarker Combinations for Prostate Disease**	National Phase process is continuing in AU, CN, CA, EU, JP, KR, SG, HK and US

5. Capital Raising

As indicated previously we are spinning out the therapeutic assets of Minomic in to a new entity called GlyTherix Ltd. Having now received the necessary advice from the Australian Tax Office and ASIC the directors intend to call a shareholders meeting to formally approve the demerger. A formal notice of meeting and explanatory memorandum will be sent to shareholders in the next week.

A capital raise for this GlyTherix Ltd is currently underway. Any shareholders interested in investing in GlyTherix Ltd may contact David Burdis (David.burdis@minomic.com) for an Information Memorandum and any further details.

6. Profile – Professor Howard Gurney, Principal Investigator, Miltuximab® Trial

Professor Howard Gurney is the Principal Investigator for the first in human study to evaluate the safety and tolerability of the monoclonal antibody conjugate Miltuximab® in patients with advanced prostate, bladder, and pancreatic cancer.

Prof. Gurney is the Director of Clinical Trials in the Faculty of Medicine and Health Sciences at Macquarie University Hospital. He is a Professor at Macquarie University and Clinical Associate Professor at University of Sydney. Professor Gurney has a firm background in clinical research and has sub-specialty interests in prostate, bladder, testis and kidney cancers. He has been the principal investigator for over 150 phase 1, 2 and 3 clinical studies.

7. Visit by Senator Zed Seselja and our local member John Alexander

Minomic had the pleasure of hosting a visit by our local member Mr John Alexander OAM, MP (Member for Bennelong and Chair of Standing Committee on Infrastructure, Transport and Cities) as well as Senator Zed Seselja (Assistant Minister for Science, Jobs and Innovation). During the visit the Minomic team was able to make a strong representation to Senator Seselja and Mr Alexander regarding the fundamental importance of maintaining the R&D Tax Incentive, they were both very supportive. We greatly appreciated the opportunity to share the vision of Minomic in cancer diagnosis and treatment as a proudly Australian company with Senator Seselja and Mr Alexander.

***L** to **R**: Mr David Burdis, Senator Zed Seselja, Dr Brad Walsh and Mr John Alexander, shown in the Minomic Laboratory.*

8. Upcoming Events

Bioshares Biotech Summit 2018 will be held in Queenstown, New Zealand, on 27 – 28 July, 2018. It's organised by Bioshares, Australia's leading independent biotech investment publication.

70th AACC Annual Scientific Meeting & Clinical Lab Expo will be held in Chicago, Illinois, on 29 July – 2 August, 2018. It is the largest global scientific conference and tradeshow in the field of laboratory medicine.

The Third Global Summit on Precision Diagnosis and Treatment of Prostate Cancer will be held in Boston, MA, on 3 – 5 August 2018.

In conclusion, the first half of this year has seen the pace quicken for commercialising both diagnostic and therapeutic assets. We anticipate exciting developments in both areas as the year moves on.

Yours sincerely,

Dr Bradley Walsh
CEO