Corporate Overview

November 23, 2015

DelMar PHARMACEUTICALS

OTCQX: DMPI

Breakthrough Cancer Therapeutics

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.

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Clinical Development Progress and Pipeline Expansion Drive Significant Corporate Momentum

- **Presented promising interim Phase II data presented at 20th Annual Meeting of the Society for Neuro-Oncology (SNO)**
  - Data continue support a clinically meaningful survival benefit in refractory GBM
  - Confirm 40mg/m² as the maximum tolerated dose for advancement into registration-directed clinical trials
- **Completed enrollment of the Phase II expansion cohort in less than 4 months**
  - Five clinical sites Sarah Cannon Cancer Research Institute (3 sites), Mayo Clinic and UCSF Medical Center
- **Presented promising pre-clinical data supporting VAL-083 as a treatment for chemo-resistant cancers**
  - Pediatric Brain Tumors: AACR Advances in Pediatric Research: From Mechanisms and Models to Treatment and Survivorship
  - Ovarian Cancer: AACR Advances in Ovarian Cancer Research Conference
  - Non-Small Cell Lung Cancer: AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics
- **Launched a suite of online corporate communication channels, including Twitter, LinkedIn, Facebook, Google+ and The Chairman's Blog**
- **Accessed additional capital to support our drug development and research programs through a registered stock offering for gross proceeds of $2.6 million**

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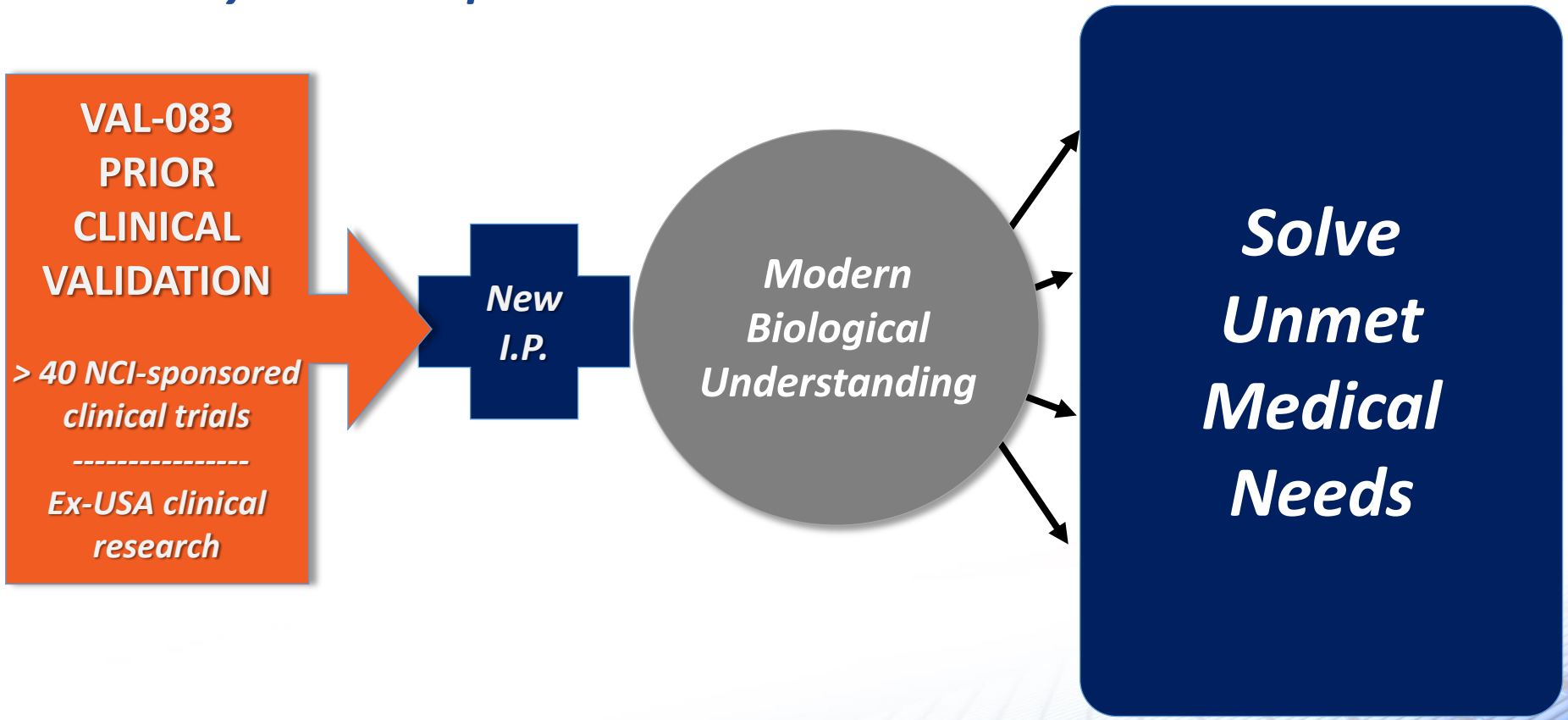
DelMar Pharmaceuticals
Drug Discovery & Development Strategy

Reduce Cost, Risk & Time in Drug Discovery & Development



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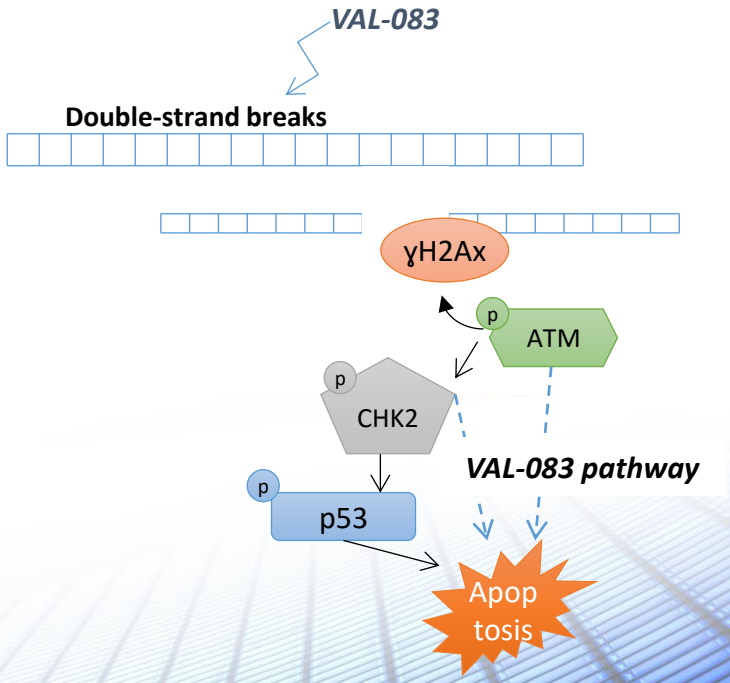
Leveraging Historical Clinical Data with Modern Science

- **Historical VAL-083:**
  - First-in-class small molecule chemotherapy
  - >40 NCI-sponsored clinical trials demonstrate clinical activity against multiple tumor types
  - Safety database of >1000 patients
    - Safety & toxicity
    - Pharmacokinetics
- **Modern VAL-083:**
  - Understanding the tumor
  - Understanding the mechanism
    - "Independence" from p53



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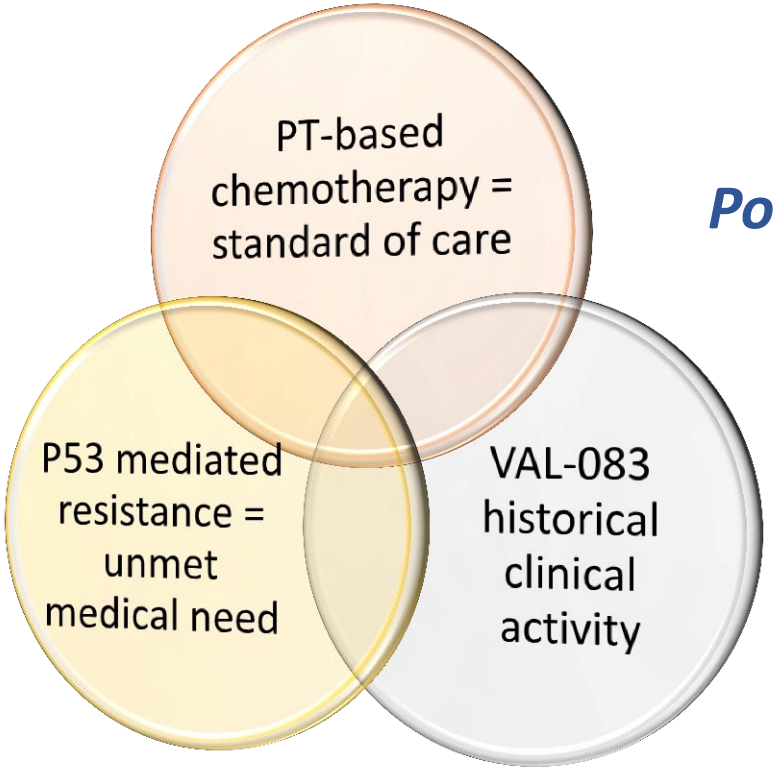
Building Our Pipeline: DelMar Research Supports New Indications



Potential Target Cancers for VAL-083

- *Glioblastoma Multiforme*
- *Lung Cancer*
- *Ovarian Cancer*
- *Cervical Cancer*
- *Other Solid Tumors*

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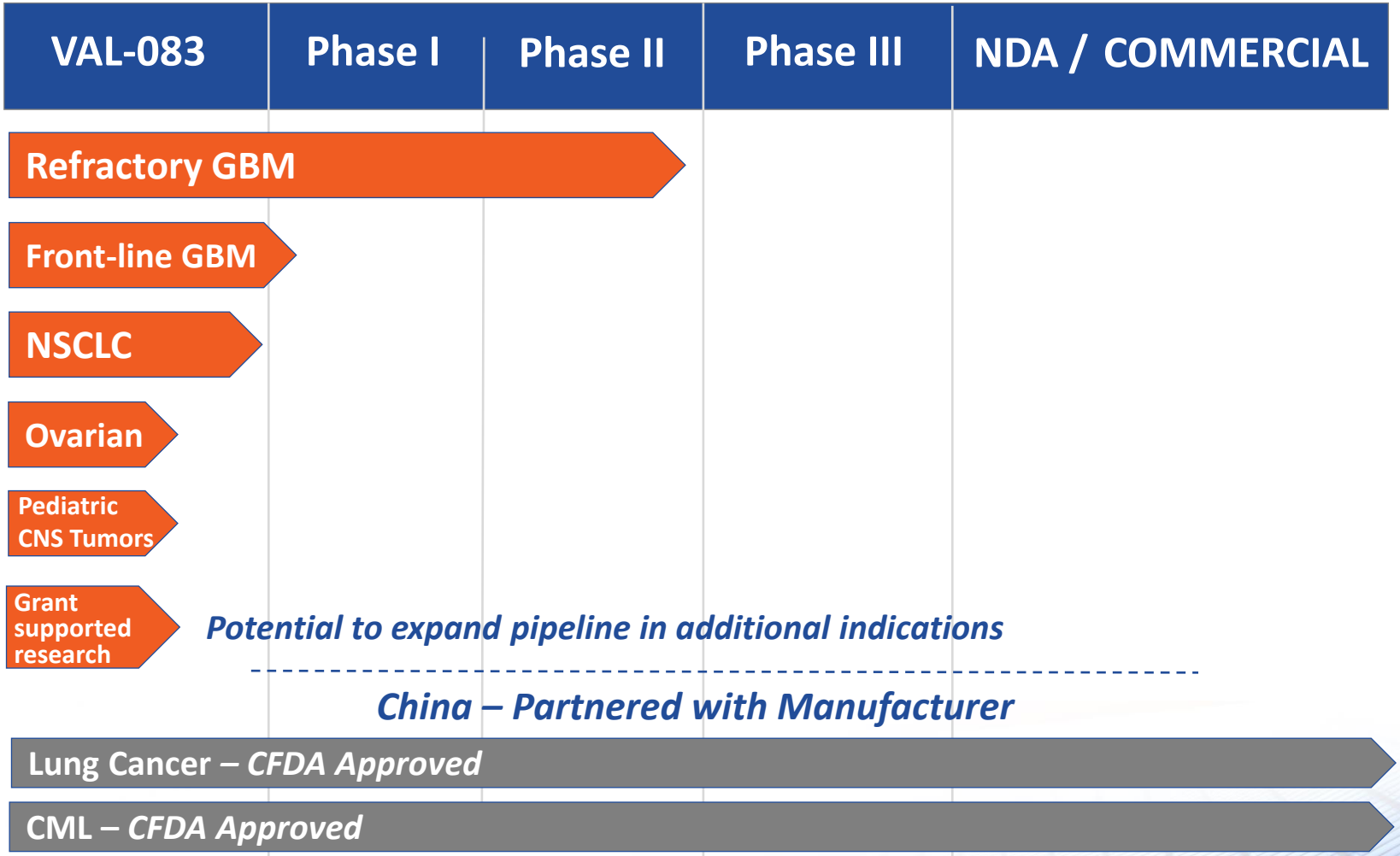
VAL-083: Building a Pipeline to Address Major Unmet Medical Needs in Oncology

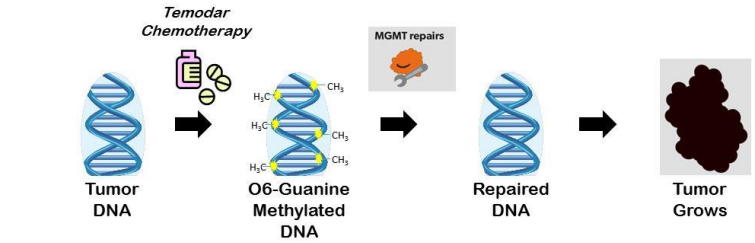


Glioblastoma Multiforme (GBM) First Target Market for VAL-083

- 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 treatment[c]*
  - *5 year survival <3%[c]*

Diagnosis
↓
Surgical "debulking"
↓
Temodar® + Radiation
↓
~2/3 patients fail
↓
Avastin®
↓
No impact on survival
↓
Experimental or Palliative Care

O_6 Methylguanine methyltransferase (MGMT)
The Culprit in Temodar® Failure and the VAL-083 solution



[a] *Evaluate Pharma reports*
[b] *Ostrom QT, Gittleman H, L iao P, et al. CBTRUS Statistical Report: Primary Brain and Central Nervous System Tumors Diagnosed in the United States in 2007-2011. Neuro Oncol. 2014*
[c] *Johnson, Derek R.; O'Neill, Brian Patrick (2011). "Glioblastoma survival in the United States before and during the temozolomide era". Journal of Neuro-Oncology **107** (2): 359–64*

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VAL-083's First Opportunity: GBM

- **VAL-083:**

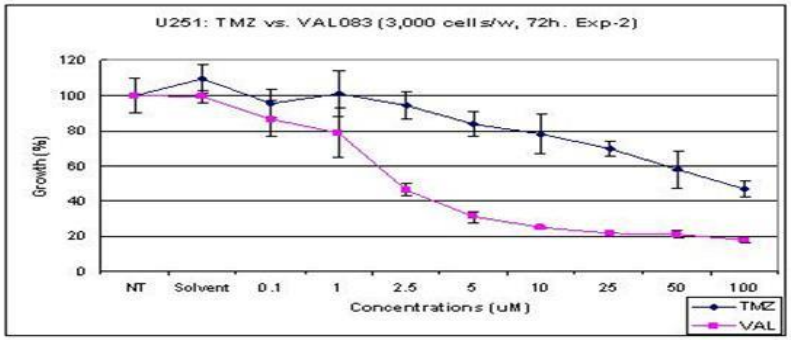
Active Independent of MGMT Resistance Mechanism

Historical NCI-sponsored clinical data demonstrates activity in GBM

Methylated MGMT (low expression)

U251 cell line *MGMT*

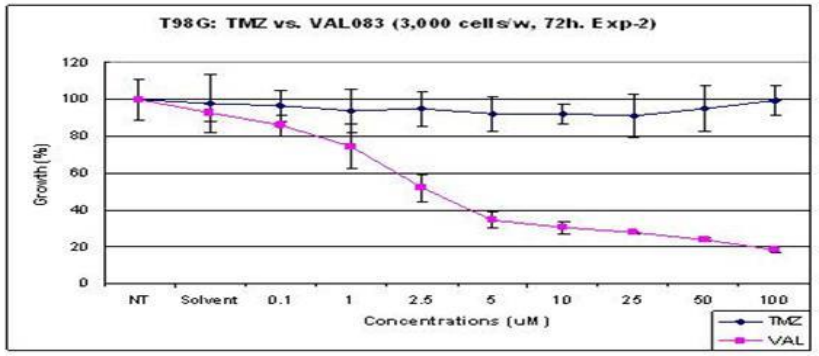
Treatment	IC50
VAL-083	2.5µM
TMZ	10µM



Unmethylated MGMT (high expression)

T98G *MGMT*

Treatment	IC50
VAL-083	2.5µM
TMZ	>>100µM



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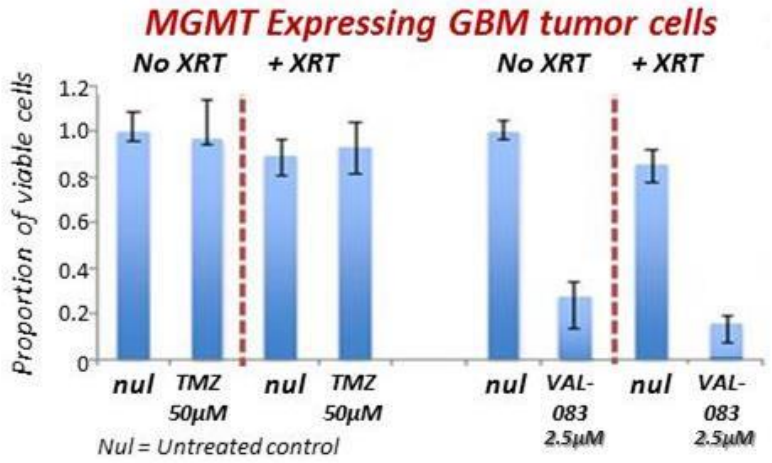
VAL-083's First Opportunity: GBM

- **2/3 of newly diagnosed patients have unmethylated MGMT promoter & are resistant to front-line therapy**
  - MGMT expression correlates with resistance to front-line Temodar + radiotherapy and poor patient outcomes
  - VAL-083 is active independent of MGMT-mediated resistance
  - MGMT measurement establishes a biomarker for patient selection



VAL-083 represents a potential paradigm shift in the treatment of GBM

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VAL-083 Refractory GBM Phase I/II Clinical Trial Overview

Clinicaltrials.gov Identifier: NCT01478178

Design	• Single-arm, open label
Intervention	• Treatment: VAL-083 (single agent) • Dosing: i.v. 3 consecutive days every 21 days; escalating cohorts from 1.5mg/m^2/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 • Previously treated with surgery & radiation; failed Temodar® (temozolomide) and Avastin® (bevacizumab) • Wash-out period from prior therapy • Karnofsky performance status >50%
Outcome Measures	• Determination of maximum tolerated dose (MTD) • Tumor response by MRI • Pharmacokinetic analysis • MGMT assessment (optional)
Anticipated Enrollment	• Phase 1: up to 40 patients • Phase 2: 14 patients
Five Current Sites	• UC San Francisco • Mayo Clinic (Rochester, MN) • Sarah Cannon Cancer Research Institute (Nashville; Denver; Sarasota)

Goal: Determine dose for advancement to registration-directed Phase II/III registration trial

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VAL-083 Phase I/II Clinical Trial
Phase I Observations

Safety Profile Supports 40mg/m^2 as MTD

Hematologic toxicities observed in patients in the Phase I dose escalation part and the interim 45 mg/m^2/d dose cohort of this clinical trial (CTCAE Grading).

Cohort		1 – 5	6	7	8	9 (interim)
Dose		***≤20 mg/m²/d***	***30 mg/m²/d (n=3)***	***40 mg/m²/d (n=3)***	***50 mg/m²/d (n=6)***	***45 mg/m²/d (n=3)***
Anemia *(Hct; Hg)*	G1	-	-	1/3 *(33.3%)*	5/6 *(83.3%)*	
	G2	-	-	-	-	
	G3	-	-	-	-	
	G4	-	-	-	-	
Leukopenia *(WBC)*	G1	-	1/3 *(33.3%)*	1/3 *(33.3%)*	3/6 *(50.0%)*	
	G2	-	-	-	2/6 *(33.3%)*	
	G3	-	-	-	2/6 *(33.3%)*	
	G4	-	-	-	-	
Neutropenia *(neutrophils)*	G1	-	-	1/3 *(33.3%)*	2/6 *(33.3%)*	
	G2	-	-	-	-	
	G3	-	-	-	1/6 *(16.6%)*	
	G4	-	-	-	1/6 *(16.6%)*	2/3 *(66.6%)*
Thrombo-cytopenia *(platelets)*	G1	-	2/3 *(66.6%)*	2/3 *(66.6%)*	1/6 *(16.6%)*	
	G2	-	-	-	-	
	G3	-	-	-	3/6 *(50.0%)**	1/3 *(33.3%)*
	G4	-	-	-	1/6 *(16.6%)**	2/3 *(66.6%)*

**DLT was observed at 50 mg/m²/d in 2 of 6 patients as defined by Grade 4 thrombocytopenia in 1 of 6 patients (16.6%) and Grade 3 thrombocytopenia with hemorrhage in 1 of 6 patients (16.6%).*

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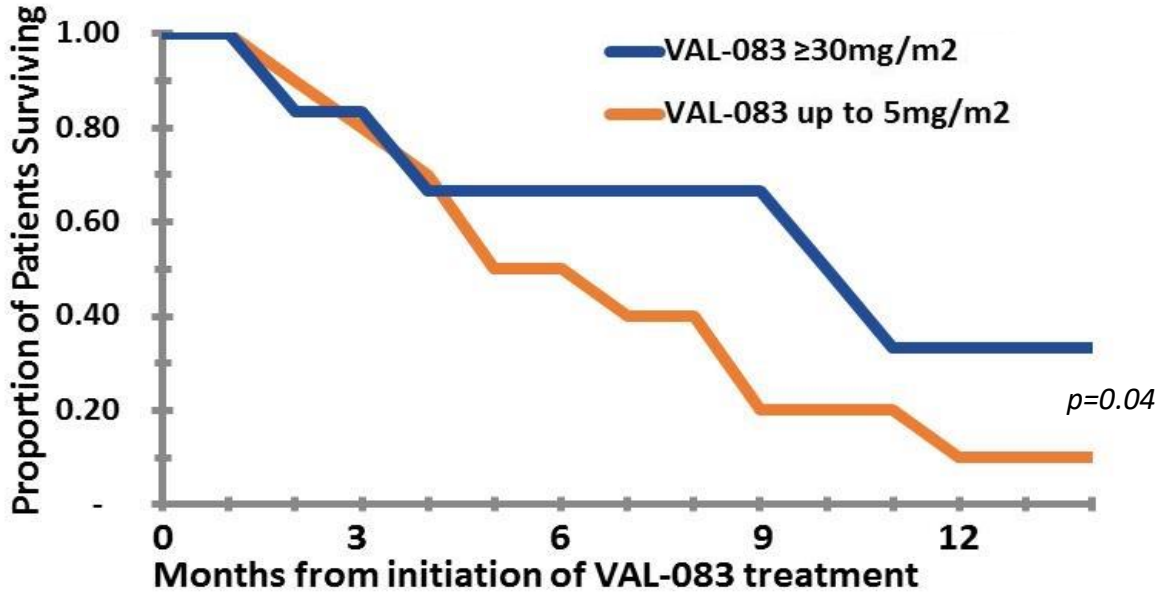
VAL-083 Phase I/II Clinical Trial
Phase I Observations

Interim Analysis of Phase I/II Study Supports a Promising Dose-response Trend



Dose Cohort Subgroups	6 months	9 months	12 months	Median
High *(30 & 40 mg/m^2 n=6)*	67%	67%	33%	9.2 months
Low *(up to 5mg/m^2 n=10)*	44%	33%	22%	5.1 months

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VAL-083 Phase I/II Clinical Trial
Phase I Observations

- **Pharmacokinetic observations are consistent with dose-response trend**

Dose x 3 days	Plasma Cmax @ day 3	Calculated Brain Tumor Tissue Concentration	IC_{50} in GBM Cell Lines	*Expected Activity?*
5mg/m^2	0.08 *µg/mL*	0.4 *µM*	2 – 4 *µM*	no
40mg/m^2	0.78 *µg/mL*	3.9 *µM*		***YES***

- **VAL-083 well tolerated at doses up to 40mg/m^2**
  - Dose limiting toxicity (DLT) observed at 50mg/m^2
    - Grade 4 thrombocytopenia, consistent with published literature
    - DLT resolved rapidly and spontaneously, consistent with published literature
- **Other factors such as patient age, KPS, tumor location, MGMT status, etc. do not explain dose-response trend**

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SNO2015
Interim Update from Phase II GBM Trial

- **Phase II fully enrolled (14 patients)**
  - All patients enrolled in the Phase II expansion cohort have received at least one cycle of treatment to date
- **Safety observations in the Phase II expansion cohort to date are consistent with the Phase I dose-escalation cohort**
  - Observed myelosuppression is mild (G1), with the exception of one patient
  - One subject previously treated with CCNU developed G4 thrombocytopenia suggesting patients with prior nitrosourea treatment who may exhibit higher susceptibility to thrombocytopenia
  - Inclusion criteria were modified to account for this observation
- **Conclusion**: ***40mg/m^2 is a well tolerated dosing suitable for advancement to registration-directed trials***

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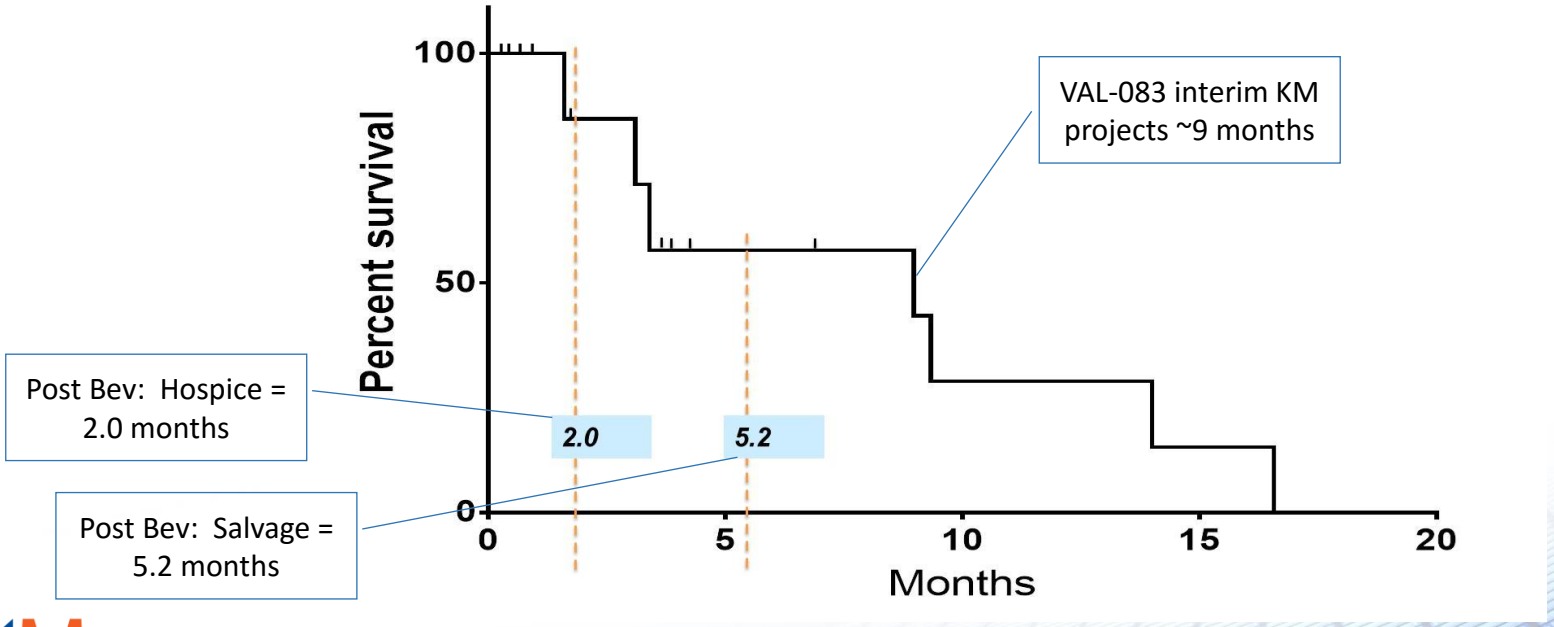
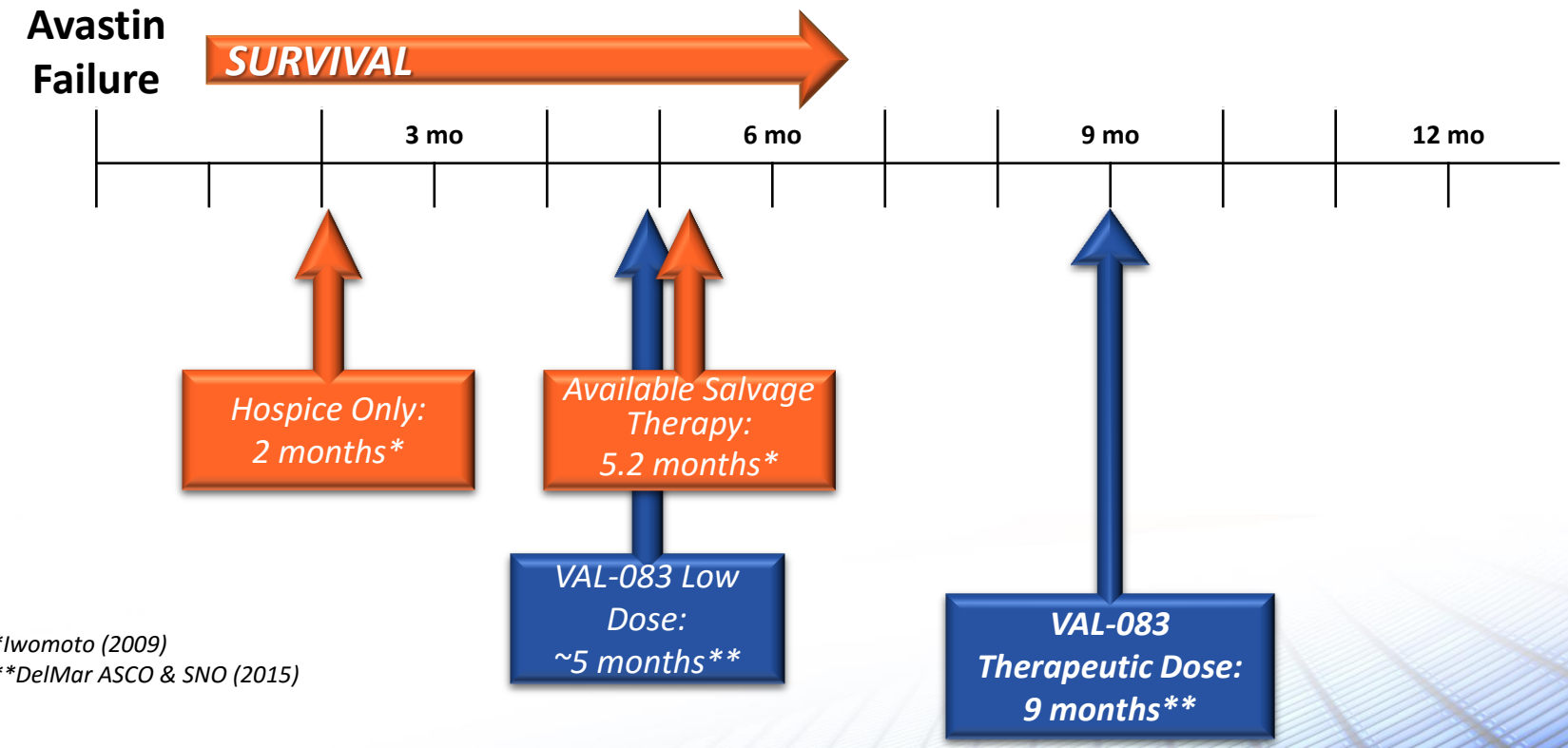
SNO2015
Interim Update from Phase II GBM Trial

- **20 patients have been enrolled at assumed therapeutic doses (≥30mg/m²)**
  - All patients enrolled in the Phase II expansion cohort have received at least one cycle of treatment to date
- **Preliminary Kaplan Meyer estimate based on interim data projects OS ≥9 months**



SNO2015
Interim Update from Phase II GBM Trial

- **<u>Conclusion</u>: VAL-083 continues to *demonstrate potential for clinically meaningful improvement survival outcomes in post-bevacizumab refractory GBM***



*Iwomoto (2009)
**DelMar ASCO & SNO (2015)

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VAL-083 Clinical Trial: Status & Next Steps
Refractory GBM – Target Timelines

- **Phase II expansion fully enrolled, interim data promising**
  - *Final data will guide design of registration-directed Phase II/III clinical trial*

KEY MILESTONES	2015	2016	2017
Phase I: Define MTD	✓ COMPLETED		
Phase II: Enrollment		✓ COMPLETED	
Registration Directed Activities: Target Timelines			
• Interim Data presentation: GBM 2015 & SNO		✓ COMPLETED	
• Request FDA Guidance Meeting		*H2 2015*	
• Initiate Phase II/III Registration Trial		*Within 9 - 12 months*	
• FILE NDA		*2017*	

  - Orphan designation allows for fast-track status
  - Potential break-through therapy to be considered at end of current Phase II and during Phase II/III

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VAL-083: Blockbuster Potential in GBM

VAL-083's distinct anti-cancer mechanism unlocks potential to overcome chemo-resistance and surpass the standard of care in the treatment of GBM …

… and lays foundation for global development programs to address $1+ billion market opportunity in front-line GBM.

(a) Company estimate
(b) Evaluate Pharma reports

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Building Our Pipeline: DelMar Research Supports New Indications

DelMar Non-clinical Data Supports Differentiation from Standard-of-Care Platinum-based Chemotherapy

- **Cytotoxic mechanism is distinct from platinum-based chemotherapy**
  - Not dependent on p53 activation *in vitro*
- **Active against both platinum-resistant and TKI-resistant NSCLC strains *in vitro* and *in vivo***
- **More potent vs. platinum-based chemotherapy on an equimolar basis *in vivo***
- **Synergy with platinum-based chemotherapy**
  - No evidence of over-lapping toxicity *in vivo*

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Building Our Pipeline: VAL-083 in NSCLC

- **Global partnering opportunity**
- **Lung cancer is the leading cause of cancer death world-wide**
- **Non-small cell lung cancer (NSCLC)**
  - Current drugs represent >$6 billion in world wide annual sales
  - 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**
- **Phase IV NSCLC trial to be initiated in 2015**
  - Funded by DelMar collaboration with Chinese manufacturer
  - Study Goals:
    - Provide guidance for treating physicians under exiting approval in China
    - Phase IIa proof-of-concept to support global development in NSCLC

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VAL-083 in NSCLC
Phase IV Clinical Trial Overview

Clinicaltrials.gov Identifier: TBD

Design	• Single-arm, open label
Intervention	• Treatment: VAL-083 (single agent) • Dosing: i.v. 40mg/day for five days, with 1-2 weeks rest, for 2 courses followed by maintenance therapy 40mg/day every 28 days • Patients will receive up to 12 cycles of therapy
Summary Inclusion Criteria	• Histologically confirmed diagnosis of non-small cell lung cancer • Measurable disease by RECIST 1.1 criteria, can include brain metastases • Must have failed prior platinum-containing doublet chemotherapy
Outcome Measures	• Assessment of disease control rate, defined as complete (CR), partial (PR) response rates and stable disease (SD) • To determine overall survival of NSCLC patients who have failed standard platinum double therapy
Anticipated Enrollment	• Up to 20 patients
Initial Site	• Lung Cancer Clinic, Shanghai Chest Hospital, Shanghai Jiao-Tong University

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Building Our Pipeline: VAL-083 in Ovarian Cancer & Pediatric Brain Cancer

Ovarian Cancer

- Pre-clinical and historical clinical data support potential of VAL-083 in Ovarian Cancer
  - *Data presented at AACR Advances in Ovarian Cancer*

Pediatric Brain Cancer

- Pre-clinical and historical clinical data support potential of VAL-083 in Medulloblastoma and other pediatric brain tumors
  - *Data presented at AACR Advances in Pediatric Cancer Research*
- Clinical strategies under development
- Potential global partnering opportunities

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DelMar Pharmaceuticals
Financial Snapshot

- **Cash @ September 30, 2015: $2.8 million (vs. $1.8 m @ 30-Jun)**
  - **Operating funds into Q3'2016**

Shares Outstanding	September 30, 2015
DMPI Shares	39.5 m
ExchangeCo	4.2 m
Total outstanding	43.7 m
Warrants	17.9 m
Options	3.6 m
Fully Diluted	65.2 m

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Non-Dilutive Funding Available from in-the-money Cash Exercise Warrants

Warrant Class	Expiry	Strike Price	Cash Available
Investor Warrants from 2013 RTO*	Mar 2018	$0.786	$3.4 million
Dividend Warrants from 2013 RTO	Jan 2018	$1.250	$4.0 million
Investor Warrants from 2015 Registered Offering	Jul 2020	$0.750	$3.2 million
Total			***$10.6 million***

**4.3 million investor warrants can be called at $0.786/share if stock is >$1.60/share for 20 consecutive trading days*

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Robust Intellectual Property Protection

- **Eight separate patent families with multiple patents**
  - Include use, manufacturing, analytical, mechanism, and composition claims
- **Five US patents and three 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

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Management and Advisors

Management

Jeffrey Bacha, BSc MBA: CEO & President
- 20 years biopharma experience
- Founding CEO, Inimex Pharmaceuticals
- Senior Manager & Director, KPMG Health Ventures

Dennis Brown, PhD: Chief Scientific Officer
- Founder Matrix Pharmaceuticals Chemgenex Pharmaceuticals (both acquired)
- Academic Appointments: Harvard & Stanford

Richard Schwartz, MD: Chief Medical Officer
- Oncology Clinical Research Bayer AG
- Stanford University School of Medicine

Scott Praill, CPA: Chief Financial Officer
- Experienced Public Company CFO
- PricewaterhouseCoopers LLP

Board of Directors

Jeffrey Bacha - *Chairman*

Dennis Brown, PhD

John Bell, CPA – *Audit Committee Chair*
- President, Onbelay Capital

Lynda Cranston, MScN ICD.D – *Comp. & Gov. Committee Chair*
- Healthcare Executive

Bill Garner, MD
- CoFounder DelMar Pharma

Erich Mohr, PhD, R. Psych
- Chair, Medgenesis Therapeutix

Rob Toth, MBA
- Former Analyst, Prudential Healthcare

Advisors

Victor Levin, MD – *Prof. Emeritus MDACC (neuro-oncology)*
Susan Chang, MD - *Chair, NeuroOncology Department UCSF*
James Perry, MD - *Chair, Canadian Brain Tumor Consortium*
Howard Burris, MD - *Director, Sarah Cannon Cancer Research Institute*
Bill Bodell, PhD - *Prof. Emeritus UC Berkley (DNA Damage & Repair)*
Dan Zhang, MD - *CFDA Oncology Advisory Panel (China FDA)*
Christine Charette - *Former Biotech Analyst, BMO Nesbitt Burns*
Sol Barer, PhD - *Founder, Celgene*

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Value-driving Milestones Position DelMar for a Transformational 2016

- Initiate registration-directed Phase II/III clinical trials for VAL-083 as a new treatment option for refractory GBM
- Initiate new clinical trials, including front-line GBM and NSCLC
- Continue to pursue non-clinical research with VAL-083 as a potential treatment option for chemo-resistant cancers
- Establish collaboration discussions with leading investigators to advance VAL-083 into clinical studies as a potential treatment for children suffering from recurrent medulloblastoma or high grade gliomas
- Maximize the value of the VAL-083 pipeline through potential partnering opportunities
- Continue to actively communicate DelMar's progress to the investment and medical communities through presentations at peer-reviewed scientific meetings
- Continue to build the Company's intellectual property portfolio
- Continue to implement strategies to enable DelMar to meet qualifications to list its shares on a national stock exchange

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Upcoming Conference Participation

- LD Micro Investor Conference - Dec. 2-3, 2015 (Los Angeles)
- ICV Manhattan Conference – Dec. 8-9, 2015 (New York)
- SeeThru Equity First Annual Healthcare Conference - January 11, 2015 (San Francisco)
- Biotech Showcase Investor Conference - January 11 -13, 2015 (San Francisco)
- Sachs 4th Annual Cancer BioPartnering & Investment Forum – February 24, 2015 (New York)

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DelMar Pharmaceuticals Investment Opportunity

- ✓ **VAL-083**
  - A "first-in-class" small molecule therapeutic with a unique mechanism of action
  - Anti-cancer activity demonstrated across a range of cancers in prior US National Cancer Institute (NCI)-sponsored clinical trials
  - Promising interim outcomes data from ongoing refractory GBM clinical trial
    - Phase II/III registration trial of VAL-083 in refractory GBM in 2016
  - Orphan drug designation in USA and EU
  - Newly allowed patent claims provide intellectual property protection through 2032
  - Pipeline expansion opportunities in high value oncology markets
- ✓ **Experienced Team with History of Success**
- ✓ **Proven Business Model**

DelMar PHARMACEUTICALS

OTCQX:DMPI

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Breakthrough Cancer Therapeutics