
UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

**CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF
THE SECURITIES EXCHANGE ACT OF 1934**

Date of Report (Date of earliest event reported): October 4, 2017

DELMAR PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Nevada

(State or other jurisdiction
of incorporation)

000-54801

(Commission
File Number)

99-0360497

(I.R.S. Employer
Identification Number)

Suite 720-999 West Broadway
Vancouver, British Columbia
Canada V5Z 1K5
(Address of principal executive offices) (zip code)

(604) 629-5989
(Registrant's telephone number, including area code)

(Former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

On October 4, 2017, DelMar Pharmaceuticals, Inc. (the “Company”) used the slides attached hereto as Exhibit 99.1 in connection with management presentations to describe its business.

The information in this Current Report on Form 8-K under Item 7.01, including the information contained in Exhibit 99.1, is being furnished to the Securities and Exchange Commission, and shall not be deemed to be “filed” for the purposes of Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing under the Securities Act of 1933 or the Securities Exchange Act of 1934, except as shall be expressly set forth by a specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) The following exhibit is furnished with this report:

99.1 [Presentation of DelMar Pharmaceuticals, Inc.](#)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

DELMAR PHARMACEUTICALS, INC.

Dated: October 4, 2017

By: /s/ Jeffrey Bacha

Name: Jeffrey Bacha

Title: Chief Executive Officer

Exhibit Index

99.1 [Presentation of DelMar Pharmaceuticals, Inc.](#)



Seeking New Horizons for Cancer Patients

Corporate Update

NASDAQ: DMPI

October 4, 2017

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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.



Agenda for Today's Call

- Introductions
- Recent Highlights
- Overview of Financial Results
- Update on VAL-083 Clinical Research Programs



Introductions - Management

Jeffrey A. Bacha, BSc MBA President & Chief Executive Officer

Dennis Brown, PhD Chief Scientific Officer

Scott Prail, CPA Chief Financial Officer



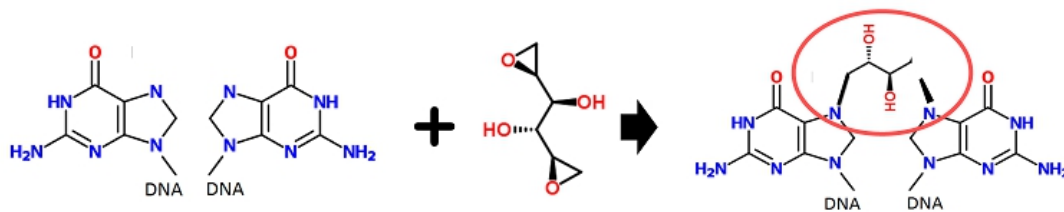
Introductions – VAL-083

A "first-in-class" DNA-targeting agent with a novel mechanism of action and the potential to overcome current therapy disadvantages

- Clinical activity demonstrated in multiple NCI-sponsored clinical trials
- Validated, unique mechanism of action differentiates VAL-083 from other chemotherapies
- Readily crosses the blood-brain-barrier
- Biomarker-driven patient selection reduces clinical risk and enhances commercial positioning
- Safety database of more than 1000 patients
- Optimized dosing improves therapeutic window
- Targeting GBM and ovarian cancer as initial opportunities

Novel Mechanism Of Action

Inter- and intra-strand alkylated crosslinks occur at N-7 guanine, trigger cell-cycle arrest, activation of homologous repair, and cancer cell death



Double-strand DNA

VAL-083

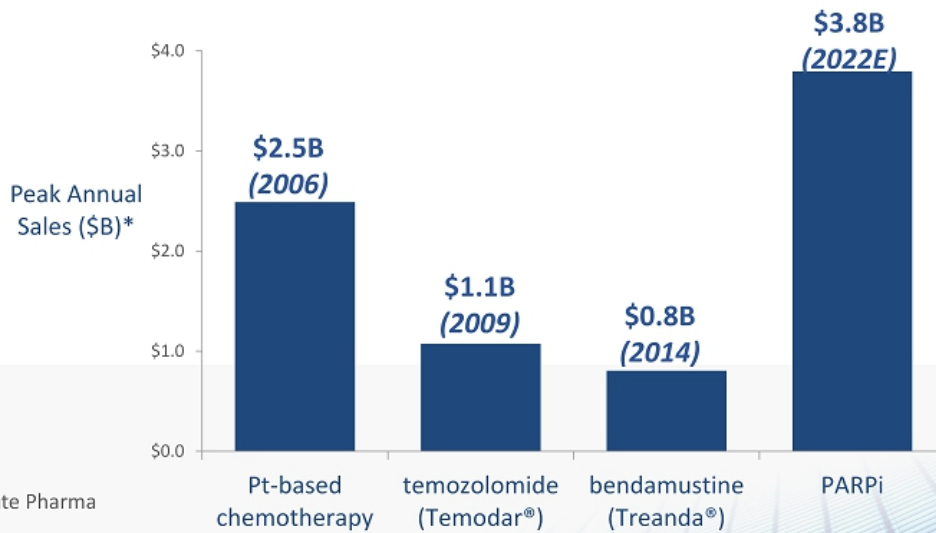
Unique Crosslink = Cell Death

Differentiation from Current DNA-targeting Agents

Agent	Mechanism	Outcome	Challenge
Temozolomide <i>(glioblastoma)</i>	DNA methylation at Guanine O6	Base pair mismatch	Readily repaired by MGMT
Platinum-based chemo <i>(solid tumors)</i>	Primarily intra-strand DNA crosslinks	Activates nucleoside excision repair	Resistance due to p53 mutations
VAL-083	DNA crosslinks at guanine N7	Activates homologous repair	Activity in treatment-resistant tumors

Large Attractive Market for DNA-Targeting Agents

DNA-targeting agents form the mainstay of cancer therapy representing billions of dollars in annual sales



*Source: Evaluate Pharma

DelMar
PHARMACEUTICALS

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Selected Recent Highlights

- Raised total gross proceeds of \$19 million via two financings
- Initiated pivotal Phase 3 VAL-083 STAR-3 clinical trial in refractory GBM
- Initiated patient recruitment in Phase 2 front-line MGMT-unmethylated GBM
- Received notice of allowance for Phase 1-2 VAL-083 REPROVe trial in platinum-resistant ovarian cancer
- Presented research results at numerous peer-reviewed scientific meetings
- Expanded network of collaborations with leading academic medical centers
- Continued to strengthen intellectual property portfolio
- Strengthened our Board of Directors



Summary Financial Results

R&D Expenses – Years Ended June 30

	<u>2017</u>	<u>2016</u>
R&D	5,003,640	3,360,878
Share Based Expenses Included in R&D	<u>(102,828)</u>	<u>(528,977)</u>
<i>R&D Net of Non-Cash Items</i>	<i>4,900,812</i>	<i>2,831,901</i>

R&D costs increased in H2-2017 largely related to preparation for initiation of the STAR-3 GBM trial

R&D costs are expected remain at current levels during FY-18 as STAR-3 enrollment commences

G&A Expenses – Years Ended June 30

	<u>2017</u>	<u>2016</u>
G&A	3,317,189	2,853,140
Share Based Expenses Included in G&A	<u>(667,521)</u>	<u>(659,957)</u>
<i>G&A Net of Non-Cash Items</i>	<i>2,649,668</i>	<i>2,193,183</i>

*Increase in 2017 related to professional fees, personnel
and costs related to initial NASDAQ listing*

Focus on G&A cost control efforts during 2018

Selected Balance Sheet Data & Financial Position

	<u>June 30, 2017</u>
Cash and deposits	7,605,897
Working capital	6,566,371
Stockholders' equity	6,578,524

Financial Position as at 30-Sep/2017 (proforma, est*)

Cash & deposits on hand	\$14.3 million
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Capitalization

Shares outstanding	21.6 million
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**\$10M registered direct offering completed Sep. 2017*



Update on VAL-083 Clinical Research Programs

-
- | | |
|-------------------------|-------------------------------------------|
| • Refractory GBM | Pivotal Phase 3 Trial (STAR-3) |
| • MGMT-unmethylated GBM | Two collaborator-supported Phase 2 trials |
| • Ovarian Cancer | Phase 1-2 VAL-083 REPROVe trial |
-

First Target Indication: Glioblastoma Multiforme (GBM)

- Arises from glial cells which surround neurons in CNS
- Approximately 18,000 US and 26,000 EU patients annually*
- Current standard of care: 1st-Surgery, chemotherapy and radiation; 2nd-Avastin in recurrent GBM; 3rd-none approved
- Recurrence is nearly universal
- Median survival from diagnosis estimated at 15 months**
- No new drug therapies increasing median survival have been approved in >30 years

* neuropathology-web.org/chapter7/chapter7bGliomas.html#gbm
** Stupp NEJM 2005

Study in Temozolomide-Avastin Refractory GBM (STAR-3)*

Phase 3 Pivotal Trial Design

- 180 patients randomized 2:1 (VAL-083 vs. physician's choice control) **
- Primary endpoint: overall survival
- Statistical design: 90% power to show 3 mo. benefit vs. control
- 25 centers in USA
- Planned interim analysis at 50% of events
- Ability to leverage historical data under 505(b)2 for NDA

No approved therapy for this patient population

* *clinicaltrials.gov: NCT03149575*

** *Investigators choice control = one of temozolomide, lomustine (CCNU) or carboplatin*

- Current Status (30-Sep/2017)

Sites initiated	4
IRB submissions	6
Under review / contract discussions	15
	<hr/>
	25

- First site opened recruitment: Aug 2017
- We are on target with our enrollment projections
- Study duration: ~ 2 years from patient enrollment
- Estimated remaining cost
 - Final event: ~\$9 million
 - Interim analysis: ~\$ 7 million

***Next update: Society for NeuroOncology (SNO) Annual Meeting
(November, 2017)***

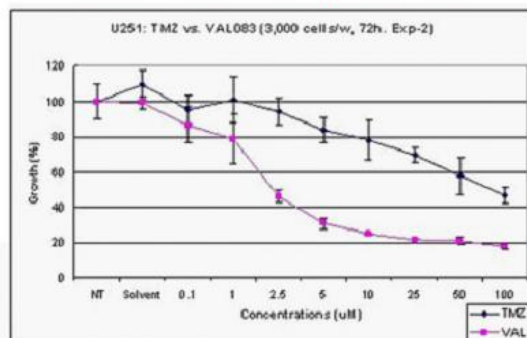
VAL-083 for MGMT-Unmethylated GBM

- MGMT is a naturally occurring DNA repair enzyme that functions to protect O6-guanine from damage
- Standard of care (TMZ) targets O6-guanine
- **Methylated** MGMT promoter results in **lower** enzyme levels, less DNA repair and **improved** response to TMZ/survival
- **Unmethylated** MGMT promoter results in **higher** enzyme levels, more DNA repair and **diminished** response to TMZ/survival
- ~60% of GBM patients exhibit **high** MGMT expression due to **unmethylated** promoter and are targets for VAL-083 treatment

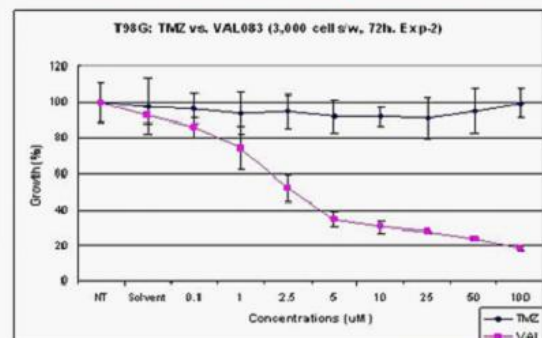
VAL-083: Activity Independent of MGMT Expression

- Unique mechanism overcomes MGMT-mediated resistance
- Targets guanine-N7, not guanine-O6 (TMZ)
- Maintains cytotoxic activity independent of MGMT-expression *in vitro*

U251 MGMT-methylated GBM



T98G MGMT-unmethylated GBM





MGMT-unmethylated GBM Market Opportunity

- An estimated 18,000 US and 26,000 EU GBM patients*
- Unmethylated MGMT represents ~60% of newly diagnosed GBM, or 26,500 US and EU patients**
- 90% of all GBM patients currently treated with TMZ recur within 2 years***
- GBM market is expected to exceed \$1.5 billion in 2022****
- VAL-083 has Orphan Drug Status in US and EU
- Two biomarker-driven Phase II studies underway

**neuropathology-web.org*


***Thon OncoTargets (2013)*

****Weller J.NeuroOnc (2013)*

*****Evaluate Pharma*



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VAL-083 for 2nd Line GBM Treatment

Recurrent MGMT-unmethylated GBM

(UT MD Anderson)

- Enroll 48 patients with first recurrence following temozolomide failure
- Single arm, Avastin-naïve, confirmed MGMT status
- Primary endpoint: Overall Survival
- Historical control: Lomustine arm of EORTC 26101 trial
OS = 7.1 months (2016)
- Data expands cumulative VAL-083 safety database
- Funding support from MD Anderson
- Positive outcome provides support for activity in MGMT-unmethylated GBM & strong therapeutic rationale for treatment of recurrent GBM

MDACC Study Status at 30-Sep/2017

- Current Status (30-Sep/2017)

Patients treated	12
Consented pending screening	<u>2</u>
Total	14
Screened, but not eligible	<u>9</u>
Total screened	23

- Study start mid-Feb 2017
- Projected enrollment @ Sept 30, 2017 = 9-10 pts (i.e. enrollment ahead of projections)

***Update on open label observations at SNO Annual Meeting
(Nov, 2017)***

VAL-083 for 1st Line GBM Treatment

Newly diagnosed MGMT-unmethylated GBM

(International Study)

Study initiated September, 2017

- Enroll 30 patients with newly diagnosed MGMT-unmethylated GBM
- Single arm, open label, combination VAL-083 + radiotherapy (XRT)
- Primary endpoint: Progression free survival (PFS)
 - Comparison to historical control: MGMT-unmethylated arm in RTOG 0525 Radiation+ adjuvant TMZ trial (2011) *PFS = 5.7 months*
- Estimated 18 months to top-line efficacy data; 9 months to safety data for combination VAL-083 + XRT
- Funding support from VAL-083 manufacturing collaboration
- Establishes dosing regimen for 1st-line randomized pivotal trial

Important Biomarker-Driven Cancer Treatments

Biomarker	Indication	% Prev	2016 US Sales (B) ⁸	Target Agents
CD20	B cell lymphoma	75-90 ^{1,2}	\$7.7	Rituxan, Zevalin, Bexxar, Arzerra, Gazyva, TG1101
BCR-ABL	CML	95 ³	\$7.2	Gleevec, Sprycel, Tasigna, Bosulif, Iclusig
EGFr	NSCLC	10-50 ^{4,5}	\$2.3	Iressa, Tarceva, Gilotrif, Tagrisso, Portrazza
HER2	Breast cancer	20 ⁶	\$9.7	Herceptin, Tykerb, Perjeta, Kadcyła, Nerlynx

MGMT

GBM

60⁷

NEW

VAL-083

1. Kosmas et al., 2002 *Leukemia*
2. Prevodnik et al., 2011 *Diagnostic Pathology*
3. [Novartis oncology.com](http://Novartisoncology.com)

4. Shi et al., 2015 *PLOS One*
5. <http://www.mycancergenome.org>
6. Mitri et al., 2012 *Chemother Res Pract*

7. Taylor, 2015 *Curr Neurol Neurosci Rep*
8. *Evaluate Pharma database*

VAL-083: A Paradigm Shift in the Treatment of GBM

- Pivotal STAR-3 trial streamlines path to market
- Potential to overcome chemo-resistance and surpass standard of care TMZ
- Overcoming MGMT-mediated treatment failure solves the most significant treatment problem in GBM
- Biomarker-driven patient selection using MGMT-methylation
- Could create a new survival paradigm for the first time in decades
- Addresses >\$1 billion market opportunity

Second Target Indication: Ovarian Cancer

- Ovarian cancer market is expected to exceed \$4.6 billion in 2022 (4-5% CAGR)*
- 195.7K prevalence, 22K incidence, 14K mortality**
- Typically goes undetected until advanced stages
- 5-year OS: Stage I = 90%; Stage IV = 17%
- Platinum-based chemotherapy is standard of care
- Treatment resistance is inevitable and correlated with p53 mutations

Platinum-refractory ovarian cancer represents a significant unmet medical need



Historic Validation of VAL-083 in Ovarian Cancer

- Studied in multiple NCI-sponsored trials for gynecologic malignancies in the early 1980s
- 60 – 75mg/m² once weekly dose was well tolerated
- VAL-083 + cisplatin combination demonstrated a 39% ORR in patients with advanced recurrent and metastatic disease
- VAL-083 was recommended for study in advanced clinical trials for ovarian cancer

VAL-083's unique mechanism of action offers an opportunity to treat platinum-resistant tumors

VAL-083 Remains Functional Across Different p53 Mutations

Ovarian Cancer Cell Line	A2780	2780CP	OVCAR-10	HEY	OVCA-433
Histology	Unknown	Unknown	Adenocarcinoma	HGSOC	HGSOC
p53 mutation	WT	V172F	V172F, G266R	P72R	P72R
Cisplatin sensitivity/resistance	Sensitive	Resistant	Resistant	Less sensitive	Resistant
VAL-083 IC ₅₀ μM	0.54	2.2	3.6	2.1	2.3
Cisplatin IC ₅₀ μM	0.22	12.0	9.0	3.1	10.2

Ovarian cancer data also corroborated in 11 NSCLC cell lines with different p53 mutation profiles

Clinical Development Strategy in Ovarian Cancer

Phase 1/2 trial in Recurrent Platinum-Resistant Ovarian Cancer (REPROVe Trial)

- PI: Dr. Bradley Monk (*led successful Tesaro Phase 3 PARPi ovarian trial*)
- Enroll up to 24 patients to establish proof of concept (PoC)
- Primary endpoint: Overall response rate vs. historical control
- If successful, expand study to 60 patients in Phase 2
- Positive results used to seek accelerated approval or to guide pivotal trial design

CURRENT STATUS

- IND allowance by FDA on Sept. 19, 2017
- Contract/budget discussions with clinical sites underway
- Top-line (PoC) results: ~18 months from initiation



Efficient VAL-083 Manufacturing

- Ease of manufacture: chemical synthesis is fewer than five steps
- Producing lyophilized drug product for iv administration
- European commercial-scale GMP manufacturing partner secured for Phase 3 trial and marketed drug supply
- Stability of API material is readily managed
- Small-molecule COGS are expected to drive attractive pharmaceutical margins



Strong Intellectual Property Protection

- 14 separate patent families covering broad claims
- Claims include use, manufacturing, analytical, mechanism of action, and composition
- 8 US patents and 8 international patents issued to date
- Issued claims provide US patent protection until 2033
- >100 patent filings + 4 provisional applications pending on a global basis
- VAL-083 granted Orphan Drug Designation in the US & EU

Board of Directors

Erich Mohr, PhD, R-Psych
Independent Chair

Founder, Chairman & CEO: MedGenesis Therapeutix; Co-founder: CroMedica

Jeffrey Bacha, BSc MBA

President & Chief Executive Officer

John K. Bell, CPA

Chairman, Onbelay Capital; Board of Royal Canadian Mint; Director, Canopy Growth Corp

Dennis Brown, PhD

Chief Scientific Officer
Founder, Chemgenex and Matrix Pharmaceuticals

Lynda Cranston, BScN, MScN,
ICD.D

Former CEO of the B.C. Provincial Health Services Authority

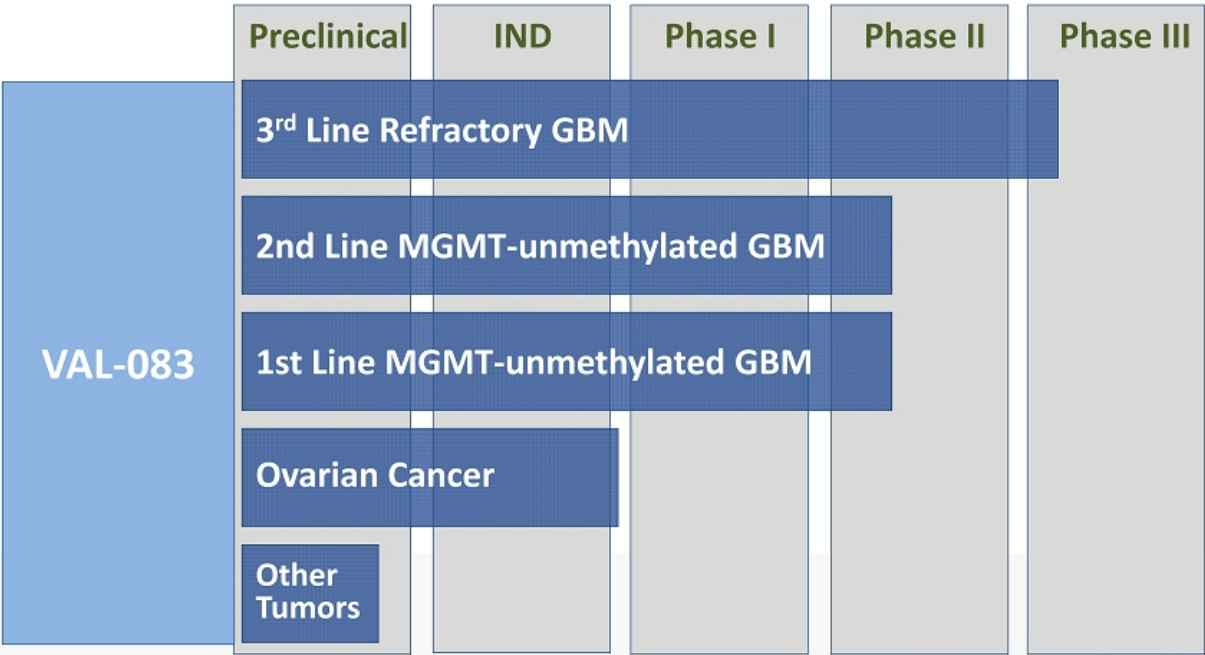
Robert J. Toth, MBA

Former Senior Vice President and Biotechnology Analyst, Prudential Securities

Saiid Zarrabian

Former Chairman Director of La Jolla Pharmaceutical Company

Expanding Product Pipeline





Investment Highlights

- Newly strengthened balance sheet positions us to advance multiple clinical programs
- Lead program in a single pivotal phase 3 clinical trial—GBM with expected interim read-out in early 2019
- Three additional clinical studies including one in ovarian cancer
- Potential for accelerated FDA approval timelines
- Targeting large market opportunities with significant unmet medical needs
- Orphan drug designation in multiple US and EU indications
- Strong intellectual property protection
- Leveraging 25 years of NCI clinical work and data

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Breakthrough Cancer Therapeutics