

Vantia Therapeutics' pipeline continues to mature

VA106483 completes Phase IIa trial and VA111913 completes Phase I dosing

Southampton, UK, 24 March 2009 – Vantia Therapeutics, a company focusing on first-in-class therapies for unmet medical needs, announces further clinical trial progress with its two lead development compounds, VA106483 for nocturia associated with benign prostatic hypertrophy (BPH) and VA111913 for dysmenorrhoea. The Phase IIa trial of VA106483 has completed, while dosing is complete in the Phase I trial of VA111913. With this news and developments in Vantia's preclinical pipeline, the company is continuing to generate value from its extensive library of small molecule antagonists of hormones and proteases.

Following the completion of the 27-patient Phase IIa trial of VA106483, a vasopressin agonist, results are expected in H1 2009, with the Phase IIb study expected to start in the second half of the year. Up to 200 males with nocturia are expected to be involved in this dose-finding placebo-controlled study, which is expected to complete in the first half of 2010.

Given Vantia Therapeutics' strategy of developing products to the end of proof of concept/Phase IIb trials, the product is expected to be outlicensed for further development after the Phase IIb results. Nocturia in BPH is believed to represent a potential market in excess of \$1bn, and VA106483's potential in follow-on indications such as overactive bladder and general nocturia could add significant extra value.

The Phase I trial for VA111913 has recruited the last of its 99 volunteers, and is also expected to report data in H1 2009. Phase IIa trials are expected to start in the second half of this year, involving over 100 patients and completing in H2 2010. VA111913 is a vasopressin antagonist, with dysmenorrhoea (painful menstruation) believed to represent a multibillion dollar market for which there is currently no targeted therapy.

There has also been progress in Vantia Therapeutics' preclinical portfolio. The lead indications for the kallikrein inhibitor candidate VA118020, which moved into preclinical development at the end of last year, will be asthma and COPD. Clinical trials are expected to start in 2010. The company has also initiated a new programme involving an oral plasma kallikrein inhibitor which may have potential in the treatment of hereditary angioedema (HAE). HAE, which is thought to affect up to 15,000 people world wide, is characterised by episodes of swelling in various parts of the body including the airways. It can lead to pain, nausea, vomiting and death by asphyxiation, and an oral treatment would be expected to provide advantages over existing therapies.

Dr Jim Phillips, CEO of Vantia Therapeutics, said 'Vantia is pleased to report that its two lead drug candidates continue to make clinical progress, and is looking forward to the trial results. As the next development steps proceed we will be engaging with potential partners for these products. In addition, our preclinical progress emphasises the ability of Vantia's small molecule library to populate our pipeline and our expertise in this area.'

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Contact details:

Vantia Therapeutics

Dr Jim Phillips, CEO +44 (0)238 076 3433

ir@vantiatherapeutics.com +44 (0)7515 397176

Citigate Dewe Rogerson

Chris Gardner, Mark Swallow, Emma Palmer Foster +44 (0)207 638 9571

chris.gardner@citigatedr.co.uk / mark.swallow@citigatedr.co.uk / emma.palmer@citigatedr.co.uk

Notes to Editors

About Vantia Therapeutics:

Vantia Therapeutics is a UK-based R&D company focused on first-in-class therapies for recognised markets which are underserved by current therapies. Formed in 2008 as a spin-out of Ferring Research Ltd's small molecule R&D, it has two clinical phase products, VA106483 for the treatment of nocturia in BPH patients and VA111913 for the treatment of dysmenorrhoea, as well as preclinical and discovery programmes based on protease inhibition with potential in the areas of oncology and inflammation. The company's investors include MVM Life Science Partners, SV Life Sciences and Novo A/S. Vantia Therapeutics is situated on Southampton Science Park, UK, where it occupies 10,000 sq ft of chemistry and biology facilities. For further information, please go to www.vantiatherapeutics.com.

About nocturia:

Nocturia (defined as waking to void at night) is a common condition, with prevalence increasing markedly with age. It is often the presenting symptom of benign prostatic hypertrophy (BPH) with at

least 70% of BPH patients complaining of nocturia. Whilst some symptoms of BPH are successfully addressed by the standard BPH therapies of alpha blockers and 5-alpha reductase inhibitors, nocturia remains inadequately treated. With estimates putting the number of BPH/nocturia sufferers at 55 million in the seven largest markets world wide, and only 10% of these believed to be receiving any kind of treatment, it is a clear area of unmet medical need estimated to be worth in excess of \$500m. The hormone vasopressin is involved in the regulation of the body's water content and as a vasopressin agonist VA106483 has been shown to act as an anti-diuretic.

About dysmenorrhoea:

Current treatments for dysmenorrhoea include over-the-counter (OTC) painkillers such as the NSAIDs naproxen and ibuprofen. Similar approaches are also taken by GPs and obstetrician/gynaecologists, as well as the off-label use of oral contraceptives. Vasopressin levels are raised in women with dysmenorrhoea, with an abundance of V1a receptors at in the uterus, and it is believed that as a vasopressin antagonist VA111913 decreases abnormal smooth muscle contractility. There is the potential for VA111913 to be used both as a treatment and for prevention of dysmenorrhoea.