

# International Biotechnology Trust

## Beating the odds

Strategic positioning in mid-2018 helped International Biotechnology Trust (IBT) beat its benchmark over the past six months and close its discount to NAV. This continued its outperformance of the US Nasdaq Biotechnology Index (NBI) over three and five years. Active management of the portfolio and an increased focus on larger mid-caps played out well in terms of IBT's performance versus its peers.

IBT's manager is maintaining its established policy of active risk mitigation, designed to avoid exposure to binary events (typically Phase III readouts) that can cause large swings in the share price. This should be seen as another attraction to investors in the trust. IBT has recently moved to a premium and has been issuing stock.

## Access to the fast-growing biotech sector

IBT is the longest-established of the London-listed funds specialising in the biotech/healthcare sector. It aims to achieve long-term capital growth by investing in biotechnology and other life sciences companies, and offers investors the highest yield in the sector while keeping its day-to-day running costs low. The portfolio is invested primarily in quoted companies, but IBT also has some exposure to unquoted companies.

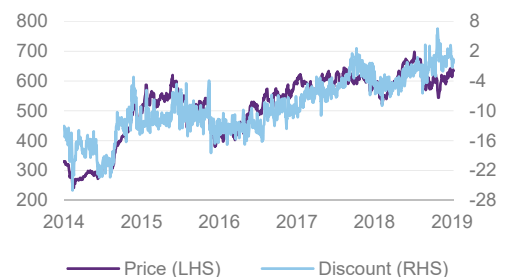
Year ended	Share price TR (%)	NAV total return (%)	NASDAQ Biotech Index TR (%)	MSCI UK total return (%)	MSCI World TR (%)
28/02/15	49.7	50.3	38.7	5.4	17.0
29/02/16	(14.1)	(15.8)	(16.1)	(9.2)	(1.3)
28/02/17	41.8	38.9	31.4	24.1	35.8
28/02/18	3.4	(4.4)	(0.8)	3.1	6.0
28/02/19	10.0	8.1	8.6	2.1	4.0

Source: Morningstar, Marten & Co

<b>Sector</b>	Sector specialist – biotechnology and healthcare
<b>Ticker</b>	IBT LN
<b>Base currency</b>	GBP
<b>Price</b>	634.00p
<b>NAV</b>	636.40p
<b>Premium/(discount)</b>	(0.4%)
<b>Yield</b>	4.4%

## Share price and discount

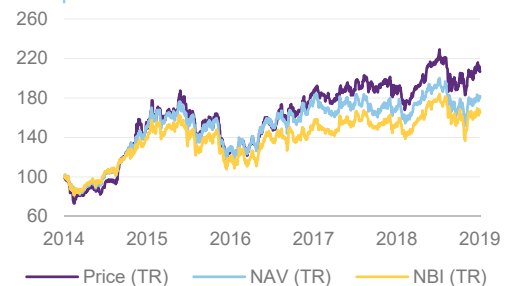
Time period 28/2/2014 to 5/3/2019



Source: Morningstar, Marten & Co

## Performance over five years

Time period 28/2/2014 to 28/2/2019



Source: Morningstar, Marten & Co

<b>Domicile</b>	England & Wales
<b>Inception date</b>	31 March 1994
<b>Manager</b>	SV Health Managers LLP
<b>Market cap</b>	240.0m
<b>Shares outstanding</b>	37.8m
<b>Daily vol. (1-yr. avg.)</b>	62.5k shares
<b>Net gearing</b>	-5.1%*

\*Note: net gearing as at 31 January 2019.

[Click here for our initiation note](#)

## Valuations / outlook

### Biotech stocks rebounding from H2 2018's bear market

Biotech stocks experienced a fairly severe bear market in the second half of 2018, albeit with prices rebounding on 24 December and increasing further into early 2019. Current valuations are considered by many sector investors (including IBT's managers at SV Health Investors) to be at historically low levels and this is also evidenced by the resurgence of M&A, with three deals announced in Q4 2018 and early January 2019.

The P/E ratios for the S&P 500 Biotech and healthcare indices over the past five years (shown in Figure 1), highlight the current, historically attractive, valuations for the earning-generating stocks in the sector.

Figure 1: S&P 500 Biotech Index P/E ratio and S&P 500 Healthcare Index P/E ratio over five years



Source: Bloomberg

## Manager's view

### Manager's view little changed since July 2018

The manager advises that little has changed otherwise, in terms of its long-term outlook, since our initiation in July 2018, and readers who require more detail should see pages 3 and 6 of that note. However, to summarise, IBT's manager:

- tends to favour mid-caps over large caps, believing these to offer a better risk/reward ratio over the long term;
- is particularly focused on investment opportunities in oncology, rare disease and central nervous system disorders, which it sees as having the best risk/reward. It believes these have the strongest growth prospects and are often more shielded from competition and price pressure than other therapeutic areas;
- remains cautious on gene therapy, which currently has a high profile with a number of notable FDA approvals expected this year. The manager believes the approach has an excellent future, but note the uncertainties over the "once and done" pricing model and unknown long-term efficacy; and
- is paying attention to possible M&A targets in the sector. These may be companies whose valuations have retracted, or single asset companies with an attractive wholly owned drug.

## Asset allocation

### Risk-mitigated investment strategy

IBT’s manager is a bottom up stock picker with a bias towards subsectors where it believes companies tend to enjoy pricing power or least are not subject to pricing pressure. Further details of IBT’s investment process are available in our July 2018 initiation note (see pages 7 and 8 of that note) but, to recap, IBT’s manager operates an active, risk-mitigated investment strategy that is designed to identify potentially successful drugs, via attractively priced equities, while, if possible, avoiding exposure to binary events.

This includes a comprehensive news-flow analysis, led by Ailsa Craig, which helps them to assess the likely timing of key data events. To add substance to their analysis, Marek Poszepczynski, whose background is in biotech business development (specifically M&A and licensing), runs various valuation analyses on companies whose market values seem out of kilter with their underlying assets. This helps to drive portfolio decisions and identify likely M&A candidates.

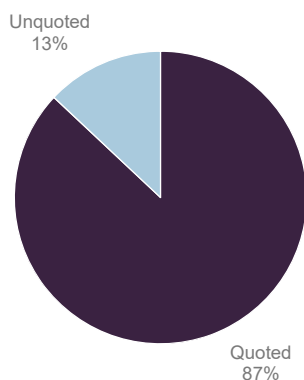
### Active portfolio management is visible

Diverse portfolio with 51 quoted holdings as at the end of January 2019.

The manager’s active management of the portfolio can be clearly seen in within the evolution of its top 10 holdings over the course of 2018, which, on our analysis, contrasts with that of many peer group trusts. As at the end of January 2019, IBT had 51 quoted holdings and 14 unquoted (65 in total). The unquoted portfolio, although relatively small in the context of NAV (see Figure 2), provides an element of diversification and risk mitigation, and tends to smooth the return profile over the longer term. It has historically generated average returns of 1.9x cash invested.

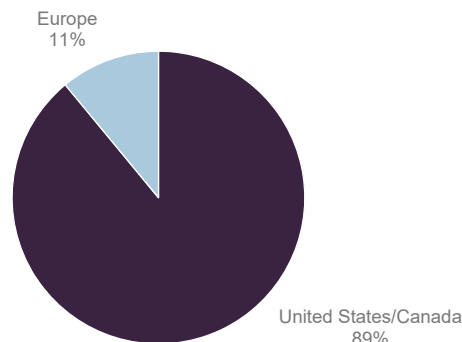
In terms of therapeutic area, the three largest are oncology (cancer), CNS and rare disease, which probably broadly reflects the distribution within the industry. Rare diseases qualify for certain regulatory incentives under orphan drug legislation, which tends to make this area particularly attractive for drug development.

Figure 2: IBT portfolio unquoted/quoted split at 31 January 2019



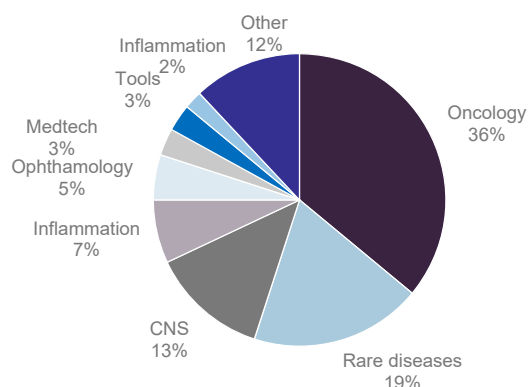
Source: International Biotechnology Trust, Marten & Co

Figure 3: IBT portfolio split by geography at 31 January 2019



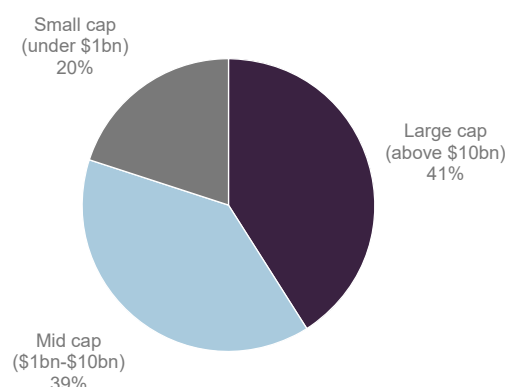
Source: International Biotechnology Trust, Marten & Co

Figure 4: IBT portfolio split by therapeutic area at 31 January 2019



Source: International Biotechnology Trust, Marten & Co

Figure 5: IBT portfolio split by market cap at 31 January 2019



Source: International Biotechnology Trust, Marten & Co

### 10 largest quoted holdings

Figure 6: Profile of top 10 holdings at 31 January 2019

Company	Ticker	Cap (\$m)	NAV (%)	NBI wt* (%)	Rev (\$m)	Key investment rationale
<b>Celgene</b>	CELG	58,120	7.2	7.88	15,265	Currently trades at >10% discount to BMS offer (one BMS share (\$90) plus \$50 in cash + CVR).
<b>Gilead</b>	GILD	82,930	6.5	7.10	21,667	Turnaround under new CEO, possible M&A, clarity on HIV and HCV franchise direction improves investor support.
<b>Incyte</b>	INCY	18,460	5.2	2.42	1,882	Revenue growth, possible M&A target.
<b>Exelixis</b>	EXEL	6,720	4.6	0.89	854	M&A target. US commercialisation of Cabometyx for RCC and HCC.
<b>Regeneron</b>	REGN	46,250	3.7	4.62	6,711	Commercialisation of Eylea, Praluent, and Libtayo.
<b>Vertex</b>	VRTX	48,260	3.3	4.16	3,038	Industry leader in cystic fibrosis.
<b>Acadia</b>	ACAD	3.74	3.2	0.47	224	Growth in sales of Nuplazid (guidance: +27-34%), Phase III trials in schizophrenia and MDD.
<b>Alexion</b>	ALXN	30,240	3.0	3.96	4,132	Conversion of PNH (and potentially aHUS, pending approval) patients from Soliris to Ultomiris, new indication NMO for Soliris.
<b>Stemline</b>	STML	445	2.9	N/A	1	US launch of Elzonris for BPDCN, potential EU approval and partnering.
<b>Illumina</b>	ILMA	45,980	2.3	5.63	3,333	Increasing demand for sequencing tools.

Source: IBT factsheets, Marten & Co. Data correct as of 1/3/2019; \* weighting in iShares Nasdaq Biotech ETF as of 27/2/19. Revenue is actual for 2018.

IBT currently holds two (Gilead and Celgene) of the top four NBI within its top 10, both are now modestly underweight positions (all the top four have a weighting of 7-8%). The two other top four NBI companies (Biogen and Amgen) are also held, albeit both are more underweight at just under about 2% of NAV. IBT has an under-weight position in Illumina (2.3% of NAV).

Exelixis, Acadia and Stemline are the most heavily overweight exposures within IBT's top 10 and further details on key data catalysts for the top 10 holdings are shown in the Appendix.

## Gearing employed tactically based on market volatility

IBT's articles of association permit it to use gearing up to 30% of total net assets but, in practice, the board allows the manager discretion to gear up to 15%. This is used tactically, based on market volatility.

## Performance

Figure 7: IBT versus the NBI and a peer group of listed biotech and healthcare trusts over five years to 28 February 2019



Source: Morningstar, Marten & Co

As illustrated in Figure 7, IBT, along with the NBI and the wider peer group, had a strong run of performance for much of 2018 but suffered heavily during the last two months of the year, as market sentiment shifted, growth and technology stocks fell out of favour. This put the sector in negative territory for 2018 as a whole, but markets have seen a sharp bounce so far during 2019. The mid-cap stocks were at the sharper end of the fall but these have also been among the stronger performers during the recovery. As illustrated in Figure 3 on page 3, the majority of IBT's holdings are US stocks and IBT has a significant exposure to the US dollar. As IBT's share price and NAV are denominated in sterling, and sterling has depreciated, this has generally benefitted IBT during the last two years.

Figure 8: Cumulative total return performance to 28 February 2019

Heading	1 month	3 months	6 months	1 year	3 years	5 years
<b>IBT NAV</b>	2.9	4.0	(8.6)	8.1	43.5	81.6
<b>IBT Price</b>	1.0	3.3	(7.2)	10.0	61.2	107.2
<b>NBI</b>	1.6	(0.8)	(9.7)	8.6	41.5	64.7
<b>Peer group NAV average</b>	3.6	(1.5)	(7.4)	13.5	48.8	78.8
<b>MSCI UK</b>	2.3	2.2	(2.9)	2.1	30.6	24.9

Source: Morningstar, Marten & Co

The three-month period in Figure 8 covers the fall and subsequent recovery. As can be seen, IBT's NAV and share price have both outperformed both the NBI and the wider peer group over this period. The manager aided performance by taking money off of

the table at the end of summer, ahead of the downdraft, and has highlighted two M&A candidates, Celgene and Tesaro, as making strong positive contributions since then.

Figure 9: Celgene share price (US\$)



Source: Bloomberg

### Celgene

Celgene is currently IBT’s top holding. Its share price rose strongly (20.7% on the day) following an offer from Bristol-Myers Squibb (BMS) on 3 January 2019. The offer is for one BMS share plus US\$50 in cash, which is worth roughly US\$101. Celgene’s share price had been falling ahead of the BMS bid. There was a change of management at the beginning of 2018 and a number of unexpected regulatory problems beset the company. IBT’s manager’s analysis concluded that, whilst the market appeared to have lost faith, Celgene’s cashflow generation is strong with longevity and the DCF valuation suggested that the market reaction was overdone.

The transaction requires regulatory and shareholder approvals and so Celgene continues to trade, and it is trading at a price that is at an approximate 15% discount to the value of the BMS bid. Ordinarily, arbitrage activity by hedge funds and the like would close the discount, but the transaction, which values Celgene at approximately US\$74 billion including debt, may be simply too large. IBT’s manager is, unusually, holding and even topping up the position in Celgene as it expects the discount to close as the deal concludes in the third quarter.

Figure 10: Tesaro share price (US\$)



Source: Bloomberg

### Tesaro

IBT also held Tesaro, another unloved stock that IBT topped up in advance of the takeover bid received from GlaxoSmithKline. Its PARP inhibitor was the leader in the space, but it lost this position to AstraZeneca’s, and subsequently saw its share price drift down. IBT’s manager liked the company and its DCF model suggested Tesaro was priced like a distressed asset. When Tesaro announced new bankers, IBT’s manager felt that this could be indicative that the company was up for sale, and so moved to top up the holding.

## Peer group

Figure 11: Peer group cumulative NAV total return performance to 28 February 2019

	1 month (%)	3 months (%)	6 months (%)	1 year (%)	3 years (%)	5 years (%)
<b>IBT</b>	2.9	4.0	(8.6)	8.1	43.5	81.6
<b>BB Healthcare</b>	5.5	0.5	(4.7)	30.0	0.0	0.0
<b>Biotech Growth</b>	2.3	(0.9)	(13.6)	0.4	21.8	39.0
<b>Polar Capital Global H’care</b>	2.5	(5.2)	(5.8)	12.0	33.7	54.5
<b>Worldwide Healthcare</b>	3.2	(1.1)	(6.8)	8.8	49.2	95.1
<b>IBT rank</b>	3	1	4	4	2	2
<b>Sector arithmetic avg.</b>	3.3	(0.5)	(7.9)	11.8	37.0	67.6

Source: Morningstar, Marten & Co.

You can access up-to-date information on IBT and its healthcare and biotechnology peer group at [www.QuotedData.com](http://www.QuotedData.com)

IBT sits within the AIC’s specialist biotechnology and healthcare sector, which, including IBT, has six constituents. Within this group, three of the funds are focused primarily on the wider healthcare sector: BB Healthcare, Polar Capital Global Healthcare and Worldwide Healthcare, and three are focused primarily on the higher-beta biotech area: IBT, The Biotech Growth Trust and Syncona. Of these, Biotech Growth is IBT’s closest comparator. Syncona has been excluded from the peer group

average (in Figures 11 and 12) as it is currently in a transition phase. Syncona was formed by the merger of the Battle Against Cancer Investment Trust and certain funds managed by the Wellcome Trust and Cancer Research UK. It currently holds both a fund of funds portfolio and a portfolio of direct investments in early-stage biotech companies.

As illustrated in Figure 11, IBT's cumulative NAV total return performance has underperformed the peer-group average during the last year but we think that, for strategies such as IBT's, performance is better assessed over the longer-term time horizons. It is therefore noteworthy that over the longer term three- and five-year periods, IBT is ahead of the peer group average. It has also outperformed its closest peer, Biotech Growth, over all of the time periods provided and is significantly ahead over the longer term three and five-year periods.

Figure 12: Peer group cumulative share price total return performance to 28 February 2019

	1 month (%)	3 months (%)	6 months (%)	1 year (%)	3 years (%)	5 years (%)
<b>IBT</b>	1.0	3.3	(7.2)	10.0	61.2	107.2
<b>BB Healthcare</b>	9.1	3.2	(0.7)	35.2	0.0	0.0
<b>Biotech Growth</b>	3.4	0.3	(14.0)	(2.2)	19.9	31.4
<b>Polar Capital Global H'care</b>	2.4	(7.3)	(5.4)	10.5	30.1	46.9
<b>Worldwide Healthcare</b>	3.5	(0.6)	(6.7)	8.4	58.9	100.1
<b>IBT rank</b>	5	1	4	3	1	1
<b>Sector arithmetic avg.</b>	3.9	(0.2)	(6.8)	12.4	42.5	71.4

Source: Morningstar, Marten & Co.

Figure 12 illustrates a similar story for share price total return, as for NAV total return. IBT's performance is markedly ahead of the sector average over the longer-term three- and five-year time horizons.

Figure 13: Peer group comparison – size, fees, discount, yield and gearing as at 5 March 2018

	Market cap (£m)	St. dev of NAV returns over 5 years	Ongoing charges (%)	Perf. fee	Discount (%)	Dividend yield (%)	Net gearing
<b>IBT</b>	233.1	30.7	1.15	Yes	(0.4)	4.4	(5.1)
<b>BB Healthcare</b>	517.6	25.5	1.36	No	3.4	0.0	5.6
<b>Biotech Growth</b>	383.2	34.1	1.09	Yes	(6.7)	0.1	12.1
<b>Polar Capital Global Healthcare</b>	256.0	16.8	1.22	Yes	(7.2)	2.2	11.3
<b>Syncona</b>	1,778.7	14.0	1.55	No	46.3	0.8	(3.0)
<b>Worldwide Healthcare</b>	1,409.3	22.4	0.91	Yes	0.6	0.6	7.9
<b>IBT rank</b>	6	5	3	N/A	3	1	1
<b>Sector average</b>	763.0	23.9	1.21	N/A	6.0	1.4	4.8

Source: Morningstar, Marten & Co.

As illustrated in Figure 13, as at 5 March 2019, IBT was the smallest fund in the peer group (as measured by market capitalisation) but it is of a comparable size to Polar Capital Global Healthcare. Despite being markedly smaller than the average, IBT's ongoing charges are below the sector average and are smaller than those of BB Healthcare and Syncona, both of which are considerably larger than IBT.

Moreover, if IBT continues to be successful in growing its asset base, the ongoing charges ratio should continue to fall, all else being equal, as its fixed costs are spread over a larger asset base. It is also worth noting that, while it is the smallest, IBT has decent liquidity in its shares; at current prices, the value of its one-year average daily volume of shares traded is £396.3k.

IBT's return volatility, as measured by the standard deviation of NAV returns over five years, is higher than the sector average. However, this is not surprising as biotechnology companies tend to be more volatile than healthcare companies. Perhaps more notable is that its volatility is lower than that of Biotech Growth. Reflecting its dividend policy, IBT offers the highest yield among its peers (Biotech Growth's yield is negligible). IBT also has the highest level of net cash.

Only IBT and Syncona have meaningful exposure to unquoted investments

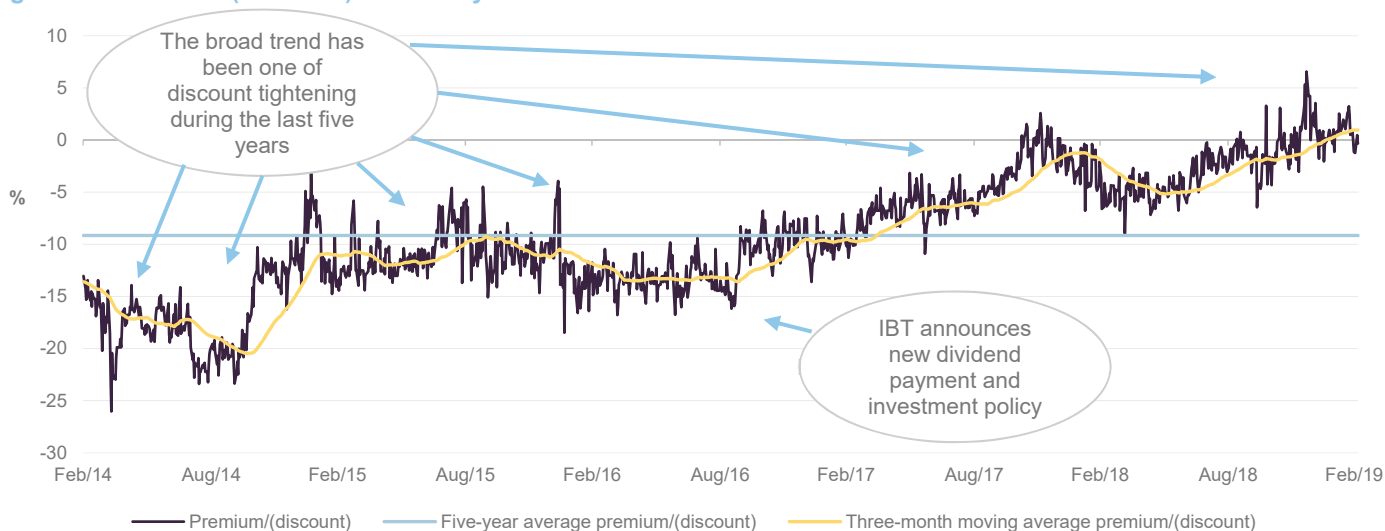
Discounts across the sector remain tight, perhaps reflecting the sector's strong long-term performance. The average is also pulled up by Syncona, although all of the funds are trading at a premium, with the exception of Biotech Growth and Polar Capital Global Healthcare. Syncona's premium is high and may represent investors' hopes for further successes within its portfolio of unquoted investments. IBT is the only other fund in this group that has meaningful exposure to unquoted investments.

## Premium/discount

### Premium rating has allowed IBT to issue stock

During the last 12 months, IBT has traded between a discount of 9.0% and a premium of 6.6%, with an average discount of 2.7%. As illustrated in Figure 14, the broad trend during the last five years has been one of a gradual tightening of IBT's discount, and the trust has recently been trading at a modest premium, which has allowed it to reissue stock from treasury. This has dual benefits for existing shareholders in that it should, all things being equal, lower the ongoing charges ratio as IBT's fixed costs are spread over a larger asset base and a larger shareholder base should also support greater liquidity in IBT's shares.

Figure 14: Premium/(discount) over five years



Source: Morningstar, Marten & Co

### Improved performance, revised investment policy and new dividend policy have supported discount narrowing

The discount tightening during the last five years has coincided with an improvement in IBT's performance, particularly against its peers. This has followed on from the



appointment of Carl Harald Janson as lead fund manager in September 2013, but also reflects additional resource allocated to the trust over the period.

It can also be seen that, following the announcement in September 2016 of IBT's new investment policy (IBT moved from holding unquoted directly to holding them via an SV fund) and dividend payment (a total dividend equivalent to 4% of the year end NAV, paid in two instalments), there has been a marked trend of tightening. The dividend appears to have been well-received by investors and IBT's annual report comments that, since its introduction, there has been a marked shift in IBT's shareholder base, with retail investors and private wealth now accounting for some 50% of the register (previously they accounted for less than 35%). No single shareholder accounts for more than 9% of the share register.

In fact, since this time, IBT has not undertaken any repurchases for discount management purposes.

## Fund profile

More information is available at the trust's website:  
[www.ibtplc.com](http://www.ibtplc.com)

IBT aims to achieve long-term capital growth by investing in biotechnology and other life sciences companies. Notably, it also provides a dividend equivalent to 4% of NAV, making it the highest-yielding fund in its peer group. This is despite it investing exclusively in a sector where companies do not usually provide income.

IBT is managed by SV Health Managers LLP, which is part of the wider SV group. Dr Carl Harald Janson, the lead manager, is assisted by Ailsa Craig (investment manager) and Marek Poszepczynski (portfolio manager). Kate Bingham (one of SV Health's managing partners) manages the trust's unquoted portfolio (around 10% of its NAV). The overwhelming majority of IBT's investments are in North American stocks and so investors should be aware that an investment in IBT represents a significant exposure to the US dollar.

## Previous publications

We published an initiation note on IBT – [\*Outperformance and income\*](#) – on 19 July 2018. This explains in some detail the workings of the trust, the background of the manager, the investment philosophy and approach that drives stock selection, fees, capital structure and the board. You can access the note by clicking on the link above or by visiting our website, [www.martenandco.com](http://www.martenandco.com).

# Appendix

Figure 15: Marten & Co's analysis of 2019 key catalyst events for top holdings as of 31 January 2019

Company	Catalyst
<b>Celgene</b>	<ul style="list-style-type: none"> <li>• FTC review of proposed acquisition by Bristol-Myers Squibb, completion pending shareholder approvals (Q3)</li> <li>• FSDA review of Abraxane plus Tecentriq for PD-L1-positive, metastatic triple negative breast cancer (mTNBC) (PDUFA date March 12).</li> <li>• Ozanimod US &amp; EU submissions in relapsing multiple sclerosis (Q1)</li> <li>• Luspatercept filing in 2L MDS and beta-thalassaemia (H1)</li> <li>• Liso-cel: data from pivotal TRANSCEND trial in relapsed/refractory DLBCL, US filing (H2)</li> <li>• Data from the KarMMa pivotal trial of Bb2121 in r/r MM (H2)</li> </ul>
<b>Gilead</b>	<ul style="list-style-type: none"> <li>• FINCH1 and 3 Phase III readouts for filgotinib in RA (March)</li> <li>• Interim data of STELLAR 3 study of selonisertib in NASH (Q2); STELLAR 3 study negative.</li> </ul>
<b>Incyte</b>	<ul style="list-style-type: none"> <li>• FDA review of Jakafi in steroid-refractory aGvHD. (based on REACH 1) (PDUFA date May 24).</li> <li>• Results from Phase III REACH 2/Reach 3 studies (acute/chronic GVHD)</li> <li>• FDA filing of pemigatinib in cholangiocarcinoma (FIGHT-202)</li> <li>• Data from Phase II pemigatinib in urothelial carcinoma (FIGHT-201)</li> <li>• Data from Phase II study of ruxolitinib cream in vitiligo.</li> <li>• Data from Phase III trial (GRAVITAS-301) of itacitinib in newly-diagnosed aGvHD.</li> </ul>
<b>Exelixis</b>	<ul style="list-style-type: none"> <li>• Data from CheckMate040 in 2L HCC (March)</li> <li>• Data from CheckMate-9ER in 1L RCC (September)</li> </ul>
<b>Regeneron</b>	<ul style="list-style-type: none"> <li>• FDA review of Eylea in diabetic retinopathy without DME (PDUFA date May 13).</li> <li>• Libtayo EMA decision for advanced cutaneous squamous cell carcinoma (CSCC)</li> <li>• FDA/EMA reviews of Praluent for CV risk reduction (PDUFA date April 28)</li> <li>• FDA decision on sBLA for Dupixent in atopic dermatitis in adolescent (PDUFA date March 11)</li> <li>• Results from Phase III study in of Dupixent in paediatric atopic dermatitis</li> <li>• EU decision of Dupixent in asthma</li> <li>• EU decision on Libtayo in advanced cutaneous squamous cell carcinoma</li> <li>• FDA decision for Praluent for first-line treatment of hyperlipidaemia (PDUFA date of April 29).</li> <li>• Results from Phase III of evinacumab in homozygous familial hypercholesterolaemia (HoFH).</li> </ul>
<b>Vertex</b>	<ul style="list-style-type: none"> <li>• NDA for triplet combination (mid-year)</li> <li>• US approval for Symdeko for children aged 6-12</li> <li>• Phase II data from VX-561 (once/day triplet)</li> <li>• Initiation of Phase I/II trial of sickle cell disease with CRISPR Therapeutics.</li> </ul>
<b>Acadia</b>	<ul style="list-style-type: none"> <li>• Phase III ENHANCE study in schizophrenia (mid-2019)</li> <li>• Revenue guidance for 2019 \$275-300m.</li> </ul>
<b>Alexion</b>	<ul style="list-style-type: none"> <li>• US review of Soliris for NMOSD (28 June).</li> <li>• Regulatory filings for Ultomiris in aHUS in US, EU and Japan.</li> <li>• Initiation of Phase III of Ultomiris in NMOSD and generalised myasthenia gravis.</li> </ul>
<b>Stemline</b>	<ul style="list-style-type: none"> <li>• Phase I/II data on Elzonris in SL-401 in high risk myeloproliferative neoplasms (June).</li> <li>• Potential approval of Elzonris in EU (H2 19).</li> </ul>
<b>Illumina</b>	<ul style="list-style-type: none"> <li>• Revenue guidance \$3.76–3.8bn in 2019, y-o-y growth of 13-14%</li> <li>• Launch second version of its VeriSeq NIPT product (H1)</li> </ul>

Source: Marten & Co.

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