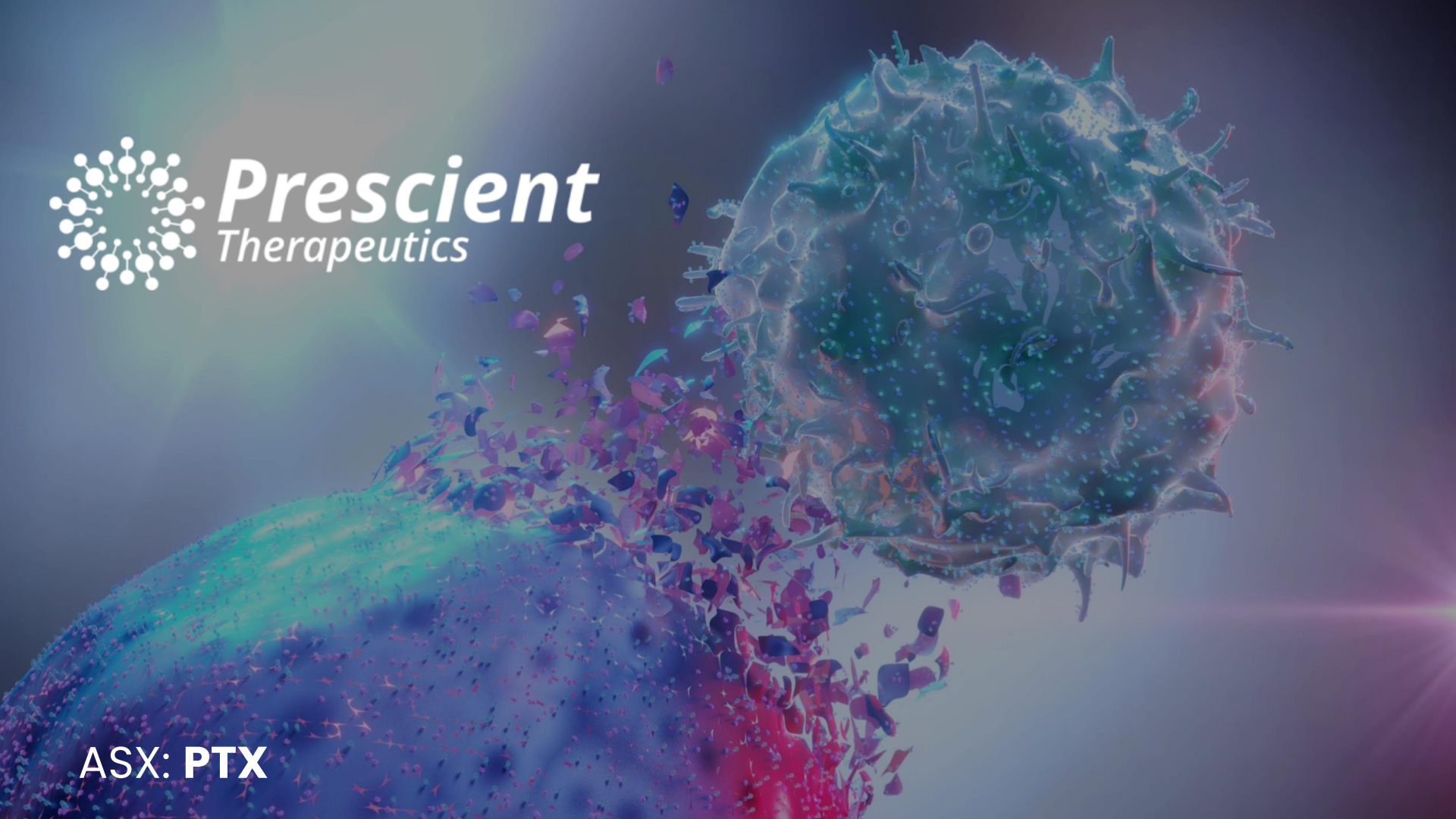
Prescient
Therapeutics
ASX: PTX

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PTX-100 is one of the most advanced cancer therapies on the ASX

Overview

- One of the most advanced cancer therapies on ASX
- Treats high-mortality cancers with unmet need
- FDA Orphan Drug Designation & IND in place
- Just received **FDA Fast Track Designation**
- **Total TCL focus market (2030): US$1.8B ***

*GlobalData
8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

Results & progress

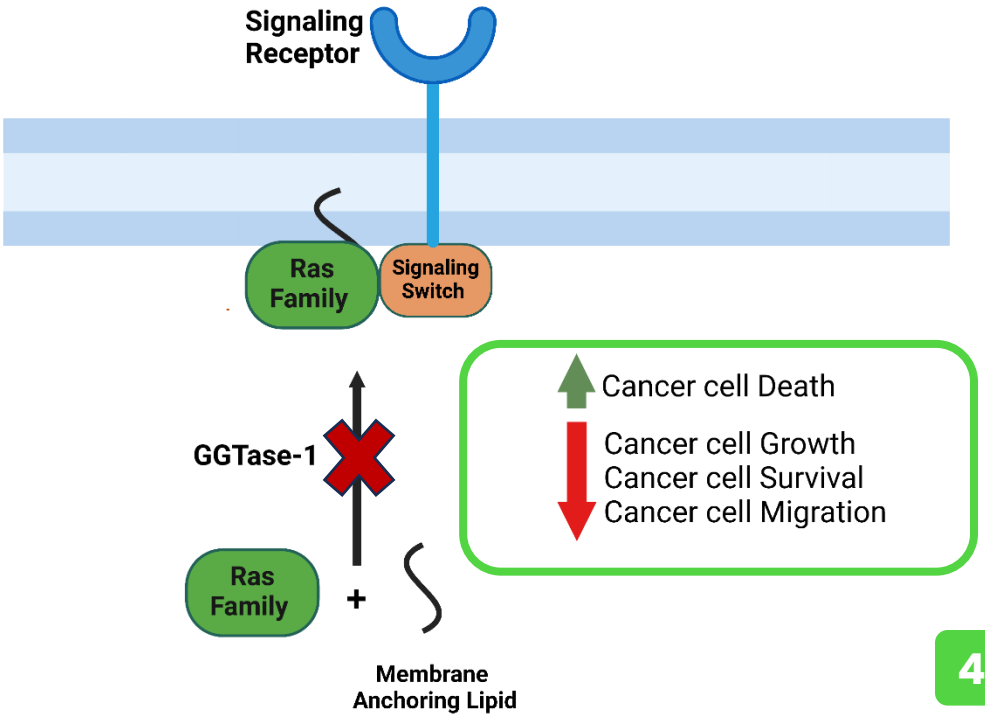
- **Promising Phase 1b results for T-Cell Lymphoma**
  - ✓ Strong response (64% halting or reducing disease)
  - ✓ Extended duration of response compared to approved alternatives
  - ✓ Favourable safety profile compared to peers
- **Now in Phase 2 for Cutaneous T-Cell Lymphoma**

PTX-100 First in Class Targeted Therapy

Inhibition of GGT-1 disrupts small GTPases including:

the RAS family pathway

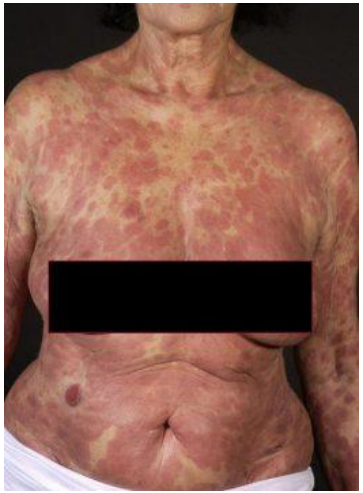
- Mutations in *RAS* are estimated to be responsible for approximately 22% of all human cancers[1]
- PTX-100 **targets and blocks** an enzyme called GGTase-1, **disrupting** the **RAS family pathways**
- This interferes with the way cancer cells grow and spread

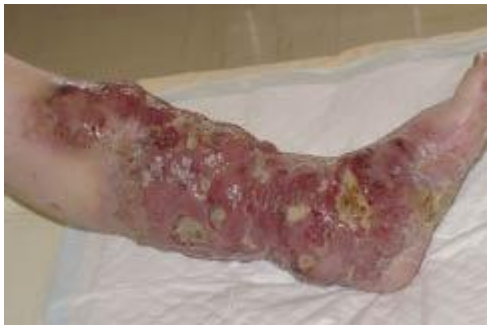


1. The RAS Problem: Turning Off a Broken Switch - NCI

Cutaneous T-cell Lymphoma (CTCL) Overview

- A rare type of cancer of white blood cells (T cells), normally involved in immune function
- These cancerous T cells travel to and live in the skin, where they grow and divide uncontrollably, attacking the skin
- CTCLs include subtypes, most commonly Mycosis Fungoides and Sezary Syndrome
- Can be indolent or aggressive, and range from rash-like patches through to plaques and tumours
- Limited options for patients with relapsed or refractory CTCL
- Orphan disease: 3,000[#] new cases in US each year and increasing
- Market projected to grow to US$600M in the US by 2032





Mayo Clinic; Lymphoma Australia; EF Hutton
Images courtesy of *Derm In-Review* and *ADV* Vol 90, Issue 6
[#] JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236

Cutaneous T-cell Lymphomas (CTCL) a serious unmet need

Professor Miles Prince

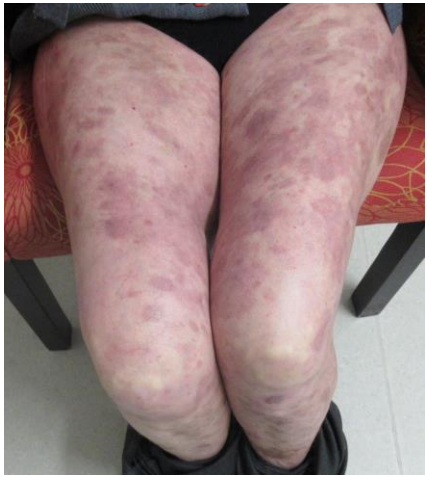
"Unfortunately, T-Cell lymphomas (…) is universally incurable in patients that have not responded to initial therapy. So, we are in desperate need of a treatment that will allow patients to respond and give them prolonged remissions."

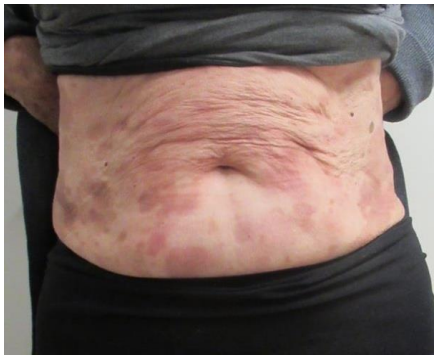

FLU

“We are seeing responses in our patients who weren’t responding to any other treatments”

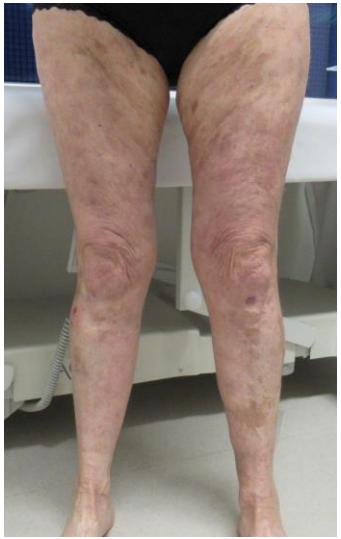
Professor H. Miles Prince
Principal Investigator

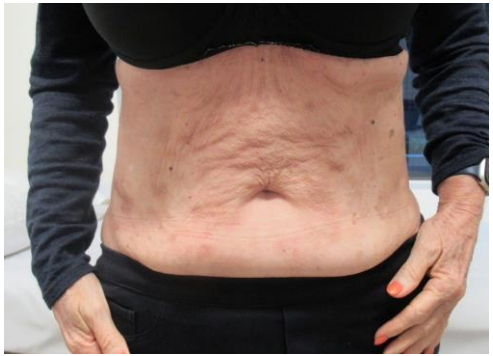
Before





After





PTX-100 Phase 1b responses:
Strong response rates in evaluable patients

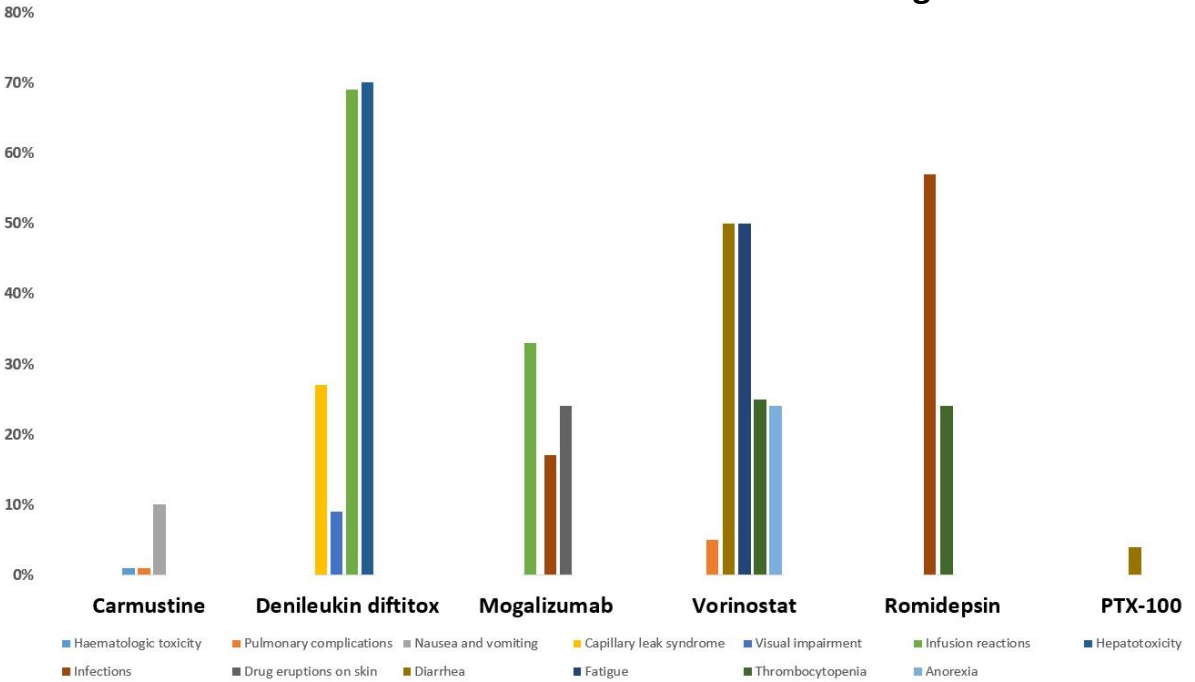
	Benchmark[1]	Lymphir[2,3]	PTX-100 (Phase 1B)
Response Rate	30%	36%	45%
Clinical Benefit Rate	45%	NA	64%
Duration of Response	9-13 months CTCL 3-4 Months PTCL	6.5 months (CTCL)	10.7 months
Serious Adverse Events[4]	>30%	36%	4%

1. Considered a target benchmark by Prescient and its investigators, with reference to currently available therapies in r/r TCL
2. Label as per FDA.gov; Fierce Pharma; EF Hutton report
3. Approved by the FDA 8 Aug 2024
4. Assessed as related to drug

PTX-100: Favorable safety profile compared to peers

Recommended CTCL drugs, as outlined in international cancer treatment guidelines, have challenging safety profiles, **with adverse events occurring in up to 70% of patients**

Adverse Events Associated with current Marketed Drugs* and PTX-100



PTX-100 HAS A FAVOURABLE SAFETY PROFILE

- **Minimal Serious Adverse Events related to PTX-100**
- Suits fragile patient population
- Good candidate for combination therapy

*Other serious but less common events include Progressive multifocal leukoencephalopathy leading to death, Pancreatitis and Tumour Lysis syndrome. **Brentuximab vedotin** can cause rare but fatal progressive multifocal leukoencephalopathy, and more often pneumonitis, pancreatitis, opportunistic infections, infusion reactions and tumor lysis syndrome.

Sugaya M. Int.J.Mol.Sci. 2021

Rationale of prioritising r/r CTCL for Ph2 trial

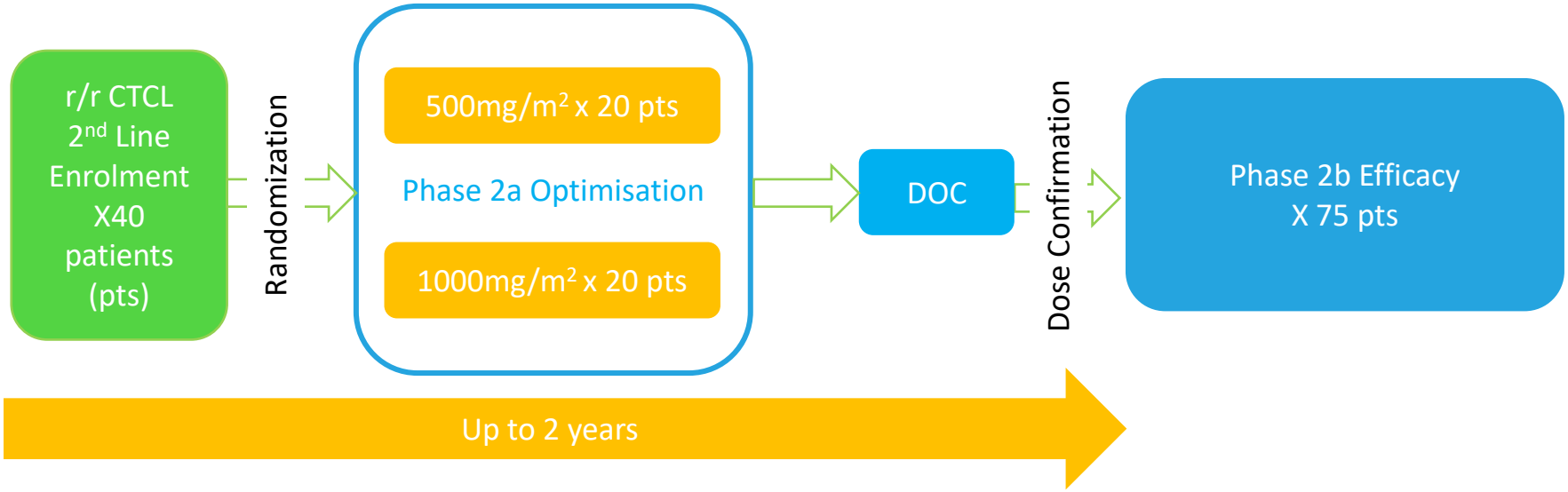
CTCL

- **Higher confidence** of PTX-100 in CTCL (more data; more responders)
- **Greater need** for new therapies
- Likely to **recruit faster** than PTCL because of lack of trial competition
- **Larger patient pool** because of high prevalence/longer patient life expectancy
- Likely **smaller, faster, cheaper trial design**

PTCL

- Peripheral T Cell Lymphoma (PTCL) is more prevalent than CTCL, but even though PTCL is still an unmet need, it has more existing and emerging competition
- PTCL more likely to require larger, more expensive studies that may require a comparator arm
- Further studies will be conducted under investigator led programs

Progressing PTX-100 to Phase 2



Multicenter clinical trial

Australia (3) USA (6)

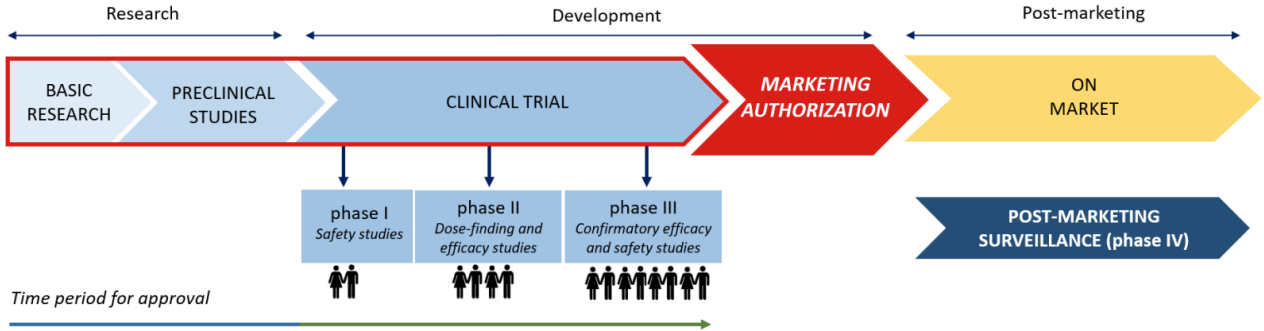
France (3) Italy (3)

- **Phase 2a:** N=40 pts with r/r CTCL (dose optimization)
- **Phase 2b:** N=75 pts with r/r CTCL will be treated at the recommended dose from Phase 2a
- **Involving international experts in CTCL treatment**

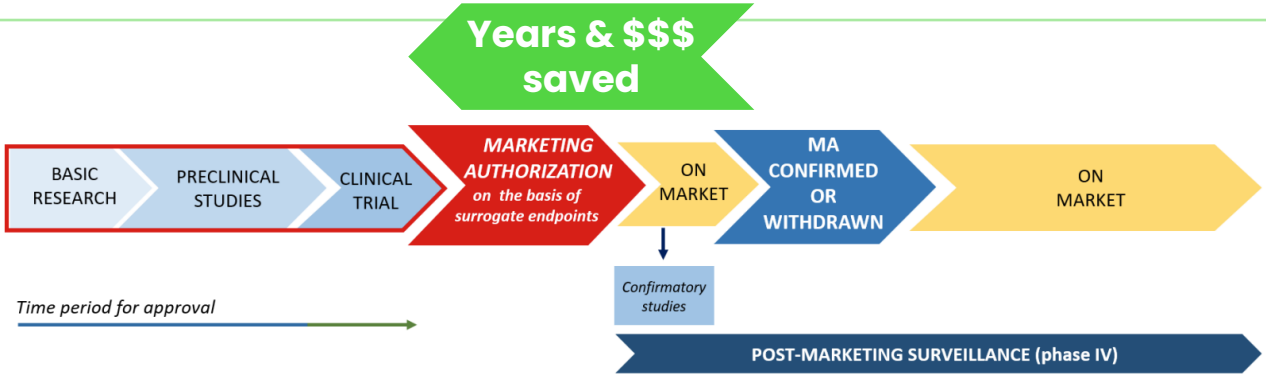
DOC = Dose Optimisation Committee

Aiming for shortened registrational pathway

Regular drug development process



Potential for Registrational study



Adapted from Capuano, A. *et al; Front. In Pharmacol.*; Feb 2019

Aiming for shortened registrational pathway

	Benchmark[1]	PTX-100 (Phase 1B)
Response Rate	30%	45%
Clinical Benefit Rate	45%	64%
Duration of Response	9-13 months CTCL 3-4 Months PTCL	10.7 months
Serious Adverse Events	>30%	4%

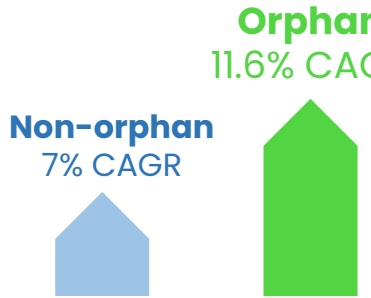
Adapted from Capuano, A. *et al; Front. In Pharmacol.*; Feb 2019

Advantages of Orphan Drugs

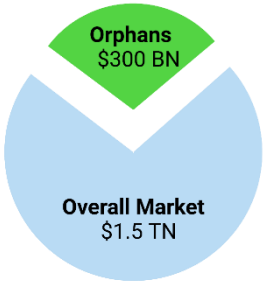
7 years of **guaranteed market exclusivity** in US (10 years in Europe)

Higher prices

Sales are **more resilient** to cycles



Consistently higher sales growth than non-orphan drugs



Total orphan sales to reach **$US300B** by 2028

Evaluate Ltd, 2023

T-cell lymphomas (TCL):

High unmet need = Large market opportunity

Total Addressable Market (TAM)

- 27,263 new cases / year in the 8 major markets
- Almost all will relapse
- Potential of **$1.8B / year by 2030** (67% in the US)

CTCL US alone

- Incidence 3,000 patients /annum[#]
- Almost all will relapse
- Combination therapy likely development
- Potential of **$600M / year in 2032**

GlobalData
8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

[#] JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236
* Estimated cost per patient from Lymphir example

Key Milestones in the near future:
Implementation will drive value

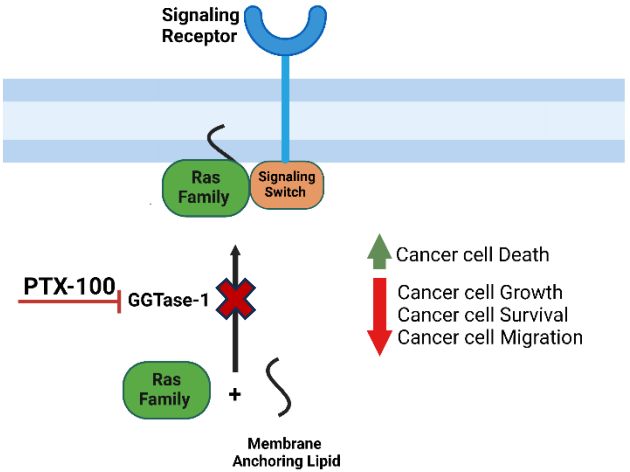
Key Milestones	Expected Timing (CY)
First patient in and dosed with PTX-100 (FPID)	April/May
FDA Fast Track designation	Q2
First US site activated and recruiting	Q2/3
First European site activated and recruiting	Q2/3
Continuous review of data during the Phase 2a	Q4 +
Validation of the new OmniCAR receptor and targets for AML	End Q4
Potential channel partner for CellPryme-M	Discussions ongoing

First in Class PTX-100 beyond TCL

- First in class enzyme inhibitor disrupting the RAS super - family pathway, in particular, RHO, RAC and RAL
- 22% of all cancers have RAS involvement

Examples:

- The RAS super family of genes consists of RAL, RAC, RHO-A/B, plus N-RAS and K-RAS. There are up to 153 proteins. Some examples of cancer types involving mutations of members of the RAS super family are listed below:
    - RAL mutations: Lung, bladder, prostate, hepatocellular, ovarian, pancreatic cancers
    - RHO-A mutations: Burkitt's lymphoma, gastric and breast cancers, PTCL
    - RAC mutations: Breast and prostate cancer, germ cell tumours including testicular cancer



Experienced team

- Experienced team of drug developers and deal makers with track record in blood cancers

Management Team

James McDonnell
CEO

Dr. Marissa Lim
Chief Medical Officer

Upaly Bahadure
Director – Clinical Affairs & Operations

Mariam Mansour, PhD
Director – Clinical Development and Translational Sciences

Luis Malaver-Ortega, PhD
Director Research and Development

Board of Directors

Dr James Campbell
Non-Executive Chairman

Dr Allen Ebens
Non-Executive Director

Dr Ellen Feigal
Non- Executive Director

Dr Gavin Shepherd
Non-Executive Director

Experienced gained in global companies

Bristol Myers Squibb

Telix

CSL

BeiGene

AMGEN

IPSEN

NOVARTIS

JUNO THERAPEUTICS

Cephalon

VIFOR PHARMA

Genentech

Summing up PTX-100:
Driving a major inflection point

Prescient Therapeutics

Results:

Phase 1b

- 64% Clinical Benefit
- 10.7 months Duration of Response
- 4% ≥ Grade 3 SAE
- Confidence to move to Phase 2a

Timelines:

- Phase 2a is starting now
- Multiple sites globally
- International experts involved
- Recruitment will drive timing

Regulatory Pathway/milestones:

- Orphan Designation
- IND acceptance
- Fast Track designation
- TCL aligns with FDA interest in sponsors developing treatments for unmet medical needs
- Registrational potential

Market Size:

- TCL market estimated US$1.8B in 8 major markets in 2030
- CTCL market in US alone estimated at US$600M in 2032


Prescient
Therapeutics
THANK
YOU
ASX: PTX