MAJOR INFLECTION POINT

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Certain statements made in this document are forward-looking statements within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. These forward-looking statements are not historical facts but rather are based on the current expectations of Prescient Therapeutics Limited ("Prescient" or the "Company"), their estimates, assumptions, and projections about the industry in which Prescient operates. Material referred to in this document that use the words 'estimate', 'project', 'intend', 'expect', 'plan', 'believe', 'guidance', and similar expressions are intended to identify forward-looking statements and should be considered an at-risk statement. These forward-looking statements are not a guarantee of future performance and involve known and unknown risks and uncertainties, some of which are beyond the control of Prescient or which are difficult to predict, which could cause the actual results, performance, or achievements of Prescient to be materially different from those which may be expressed or implied by these statements. These statements are based on our management's current expectations and are subject to a number of uncertainties and risks that could change the results described in the forward-looking statements. Risks and uncertainties include, but are not limited to, general industry conditions and competition, general economic factors, the impact of pharmaceutical industry development and health care legislation in the United States and internationally, and challenges inherent in new product development. Investors should be aware that there are no assurances that results will not differ from those projected and Prescient cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of Prescient only as of the date of this presentation. Prescient is not under a duty to update any forward-looking statement as a result of new information, future events or otherwise, except as required by law or by any appropriate regulatory authority.

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3 Key Messages

1 PTX-100

A major inflection point with Phase 2 Initiation

- Phase 2a clinical trial has begun
- Encouraging data in an area of unmet need
- First in class with a wider application

2 CellPryme OmniCAR

Lower risk exposure to cell therapy sector

- Improves 3rd party cell therapies
- Agnostic on cell type and targets

3 $12.1 Million*

Well capitalised to deliver on milestones

*Near-term Liquidity (Jan 2025): $12.1m

- Cash (31 Dec): $6.4m
- Deposits (matured 9 Jan): $2.0m
- R&D Rebate (received 10 Jan): $3.7m

4C Jan 2025 for December 2024 quarter

PTX: Targeting Improved Oncology Patient Outcomes

Through novel approaches to treat cancer including targeted and cell therapies

Led by an experienced team of drug developers and deal makers with a track record in blood cancers

PTX-100

- Targeted therapy – one of the most advanced cancer therapies on ASX
- Treats cancers with high mortality rates and high unmet need
- Promising Phase 1b results in T Cell Lymphoma (TCL)
  - ✓ 64% response either halting or reducing disease
  - ✓ Extended duration of response compared to approved alternatives
  - ✓ Safety profile may have advantages in comparison to other treatment options
- Phase 2 study in Cutaneous T Cell Lymphoma (CTCL) underway
- FDA Orphan Drug Designation provides market exclusivity, regulatory support and fast-track approval potential
- Total TCL market US$1.8B market in 2030 for 8 major markets*

Pre-clinical assets

- OmniCAR and CellPryme platforms have potential to improve CAR-T therapies

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

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

Investment Snapshot

ASX Ticker	**PTX**
Total Issued Capital	805 M shares
Share Price[1]	A$0.048
Top 20 Own	18%
Market Capitalisation[1]	**$39M**
Near-term Liquidity[2]	**$12.1M**
Enterprise Value	**$27M**

Share price performance over past 12 months

1. As at 28 March 2025
2. Near-term Liquidity (Jan 2025): $12.1m
   - Cash (31 Dec): $6.4m
   - Deposits (matured 9 Jan): $2.0m
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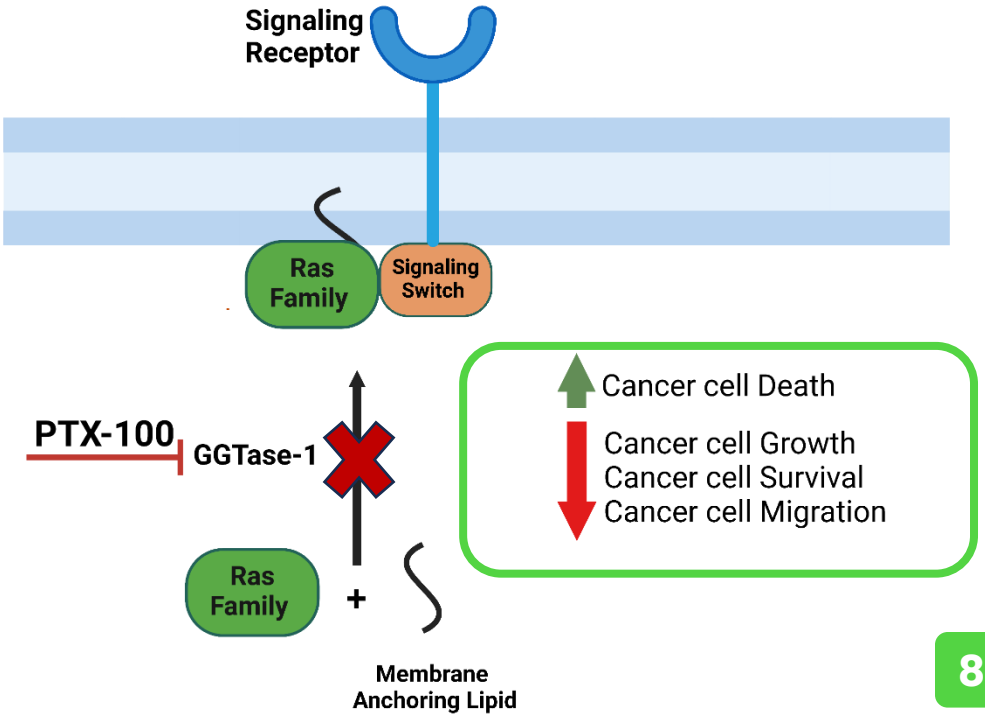
Portfolio Overview

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

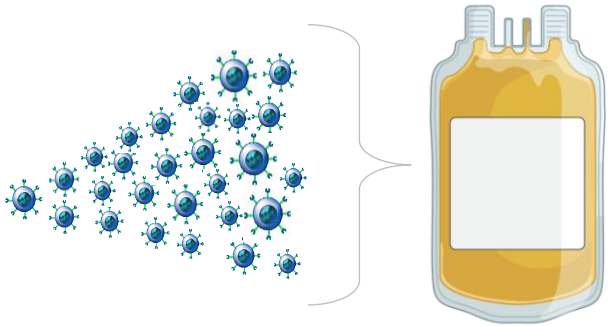


1. The RAS Problem: Turning Off a Broken Switch - NCI

CellPryme: enhancing cell therapies in two ways

CellPryme-M

MANUFACTURING



Seamless addition during manufacturing

Enhanced CAR-T phenotype

Synergy Effect

Enhanced Effectiveness

CellPryme-A

ADJUVANT

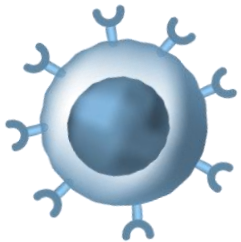
Safely administrated to patient

Enhanced CAR-T therapy

OmniCAR: modular “plug & play” cells

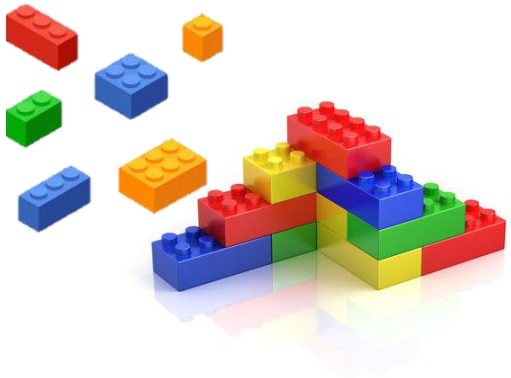
Prescient Therapeutics

Traditional CAR-T products



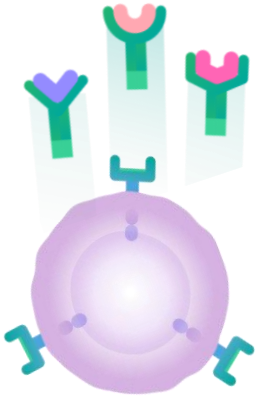
- Permanent target
- Single target
- Fixed

“Plug & play” offers:



- Increased flexibility
- Multiantigen target
- Better control over cell function

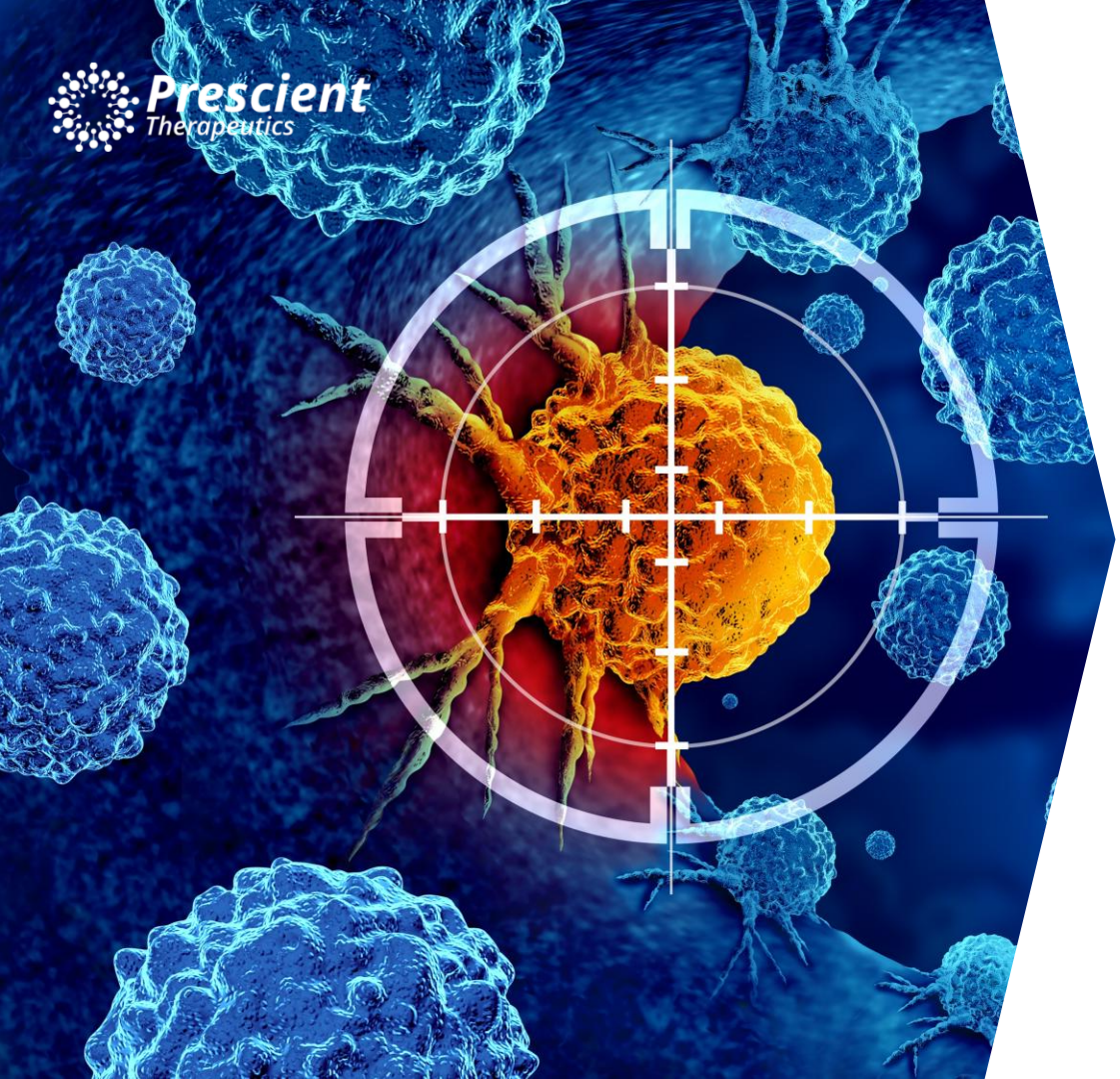
OmniCAR



Penn University of Pennsylvania

University of Oxford

- Modular/Adaptable
- Multi-target
- Tuneable



PTX-100

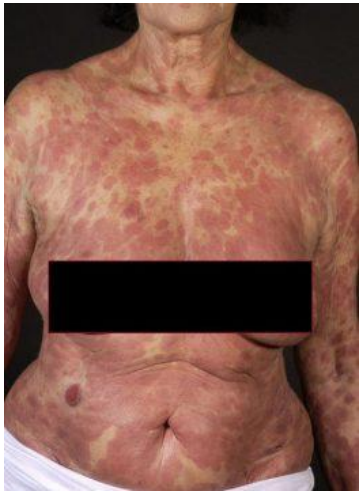
1ST IN CLASS TARGETED THERAPY

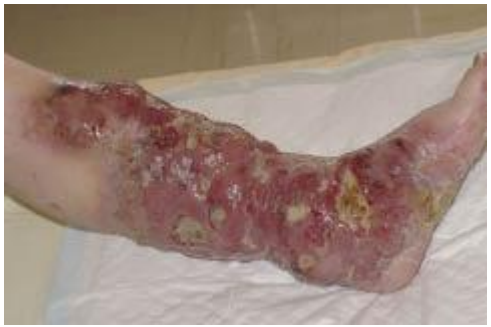
Yale University

MOFFITT CANCER CENTER

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

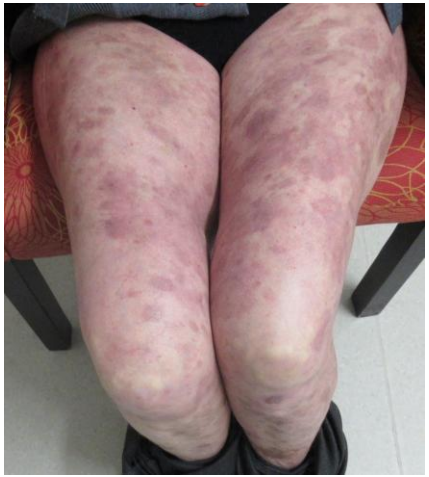
Professor Miles Prince

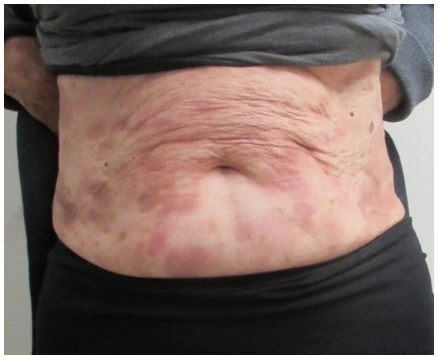
"Unfortunately, T-Cell lymphomas (…) is universally incurable in patients that have not responded to initial therapy. So, we are in desperate need of a treatment that will allow patients to respond and give them prolonged remissions."

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

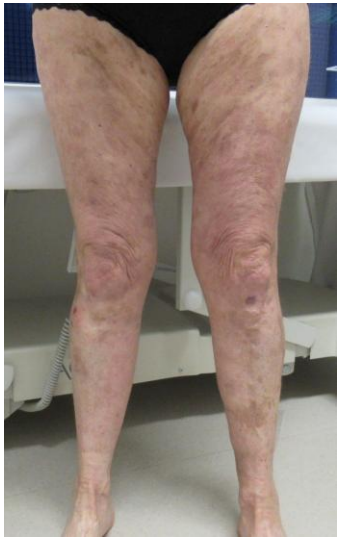
Professor H. Miles Prince
Principal Investigator

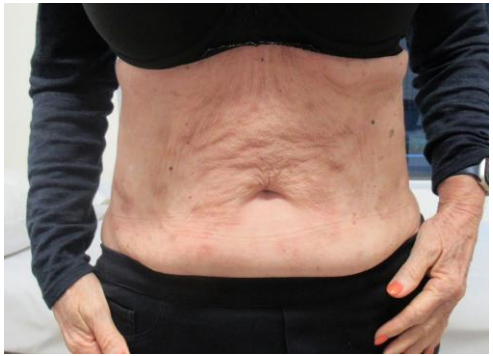
Before





After





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

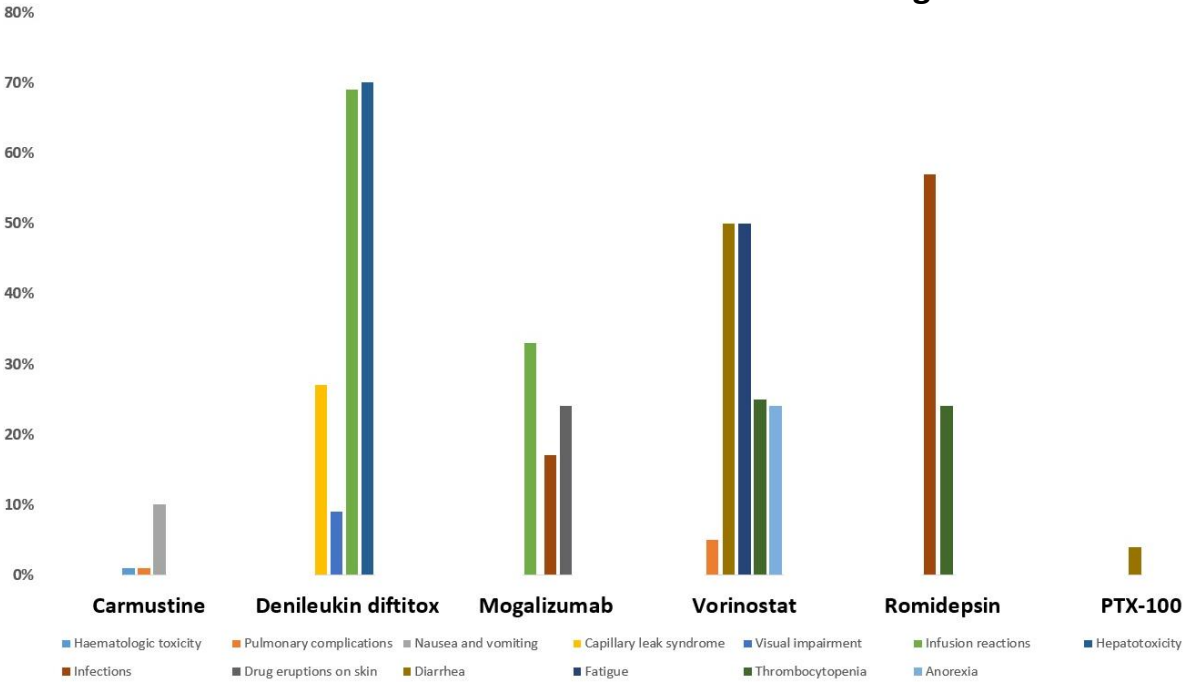
	Benchmark[1]	Lymphir[2,3]	PTX-100 (Phase 1B)
Response Rate	30%	36%	45%
Clinical Benefit Rate	45%	NA	64%
Duration of Response	9-13 months CTCL 3-4 Months PTCL	6.5 months (CTCL)	10.7 months
Serious Adverse Events[4]	>30%	36%	4%

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

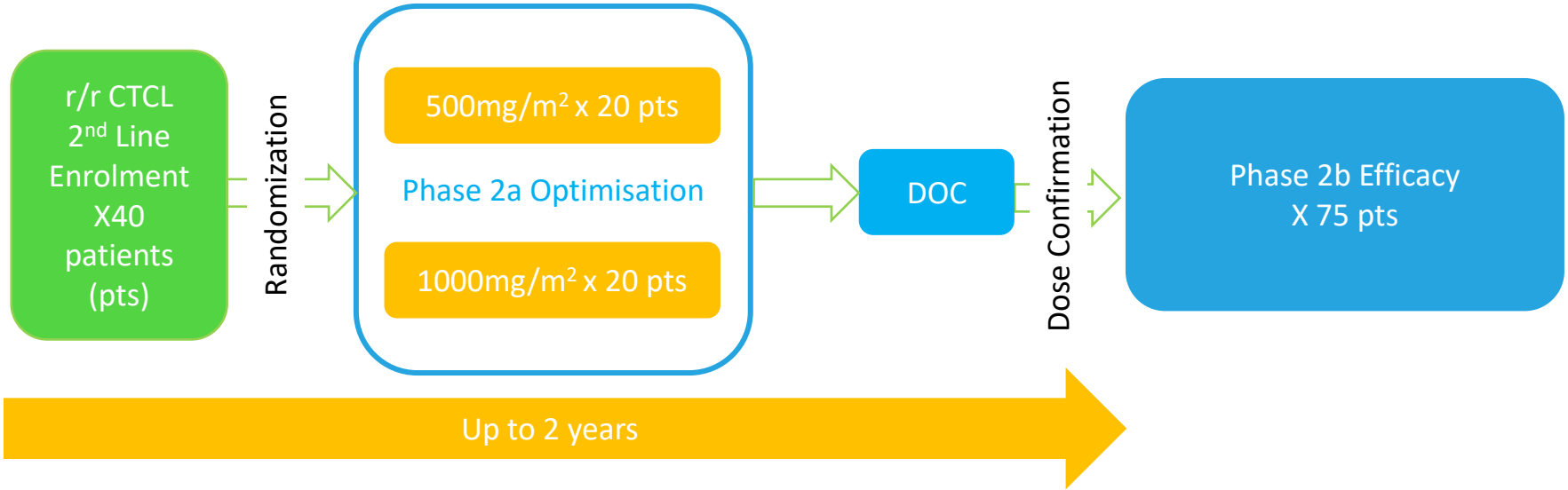
CTCL

- **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)

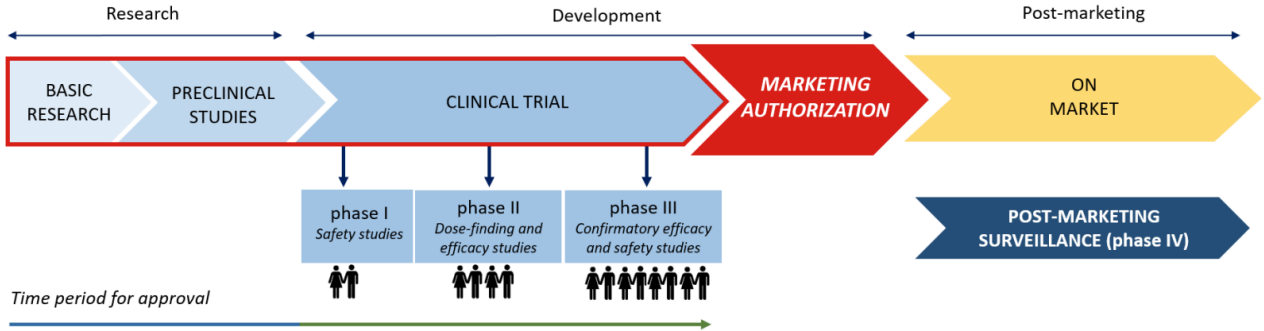
France (3) Italy (3)

- **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**

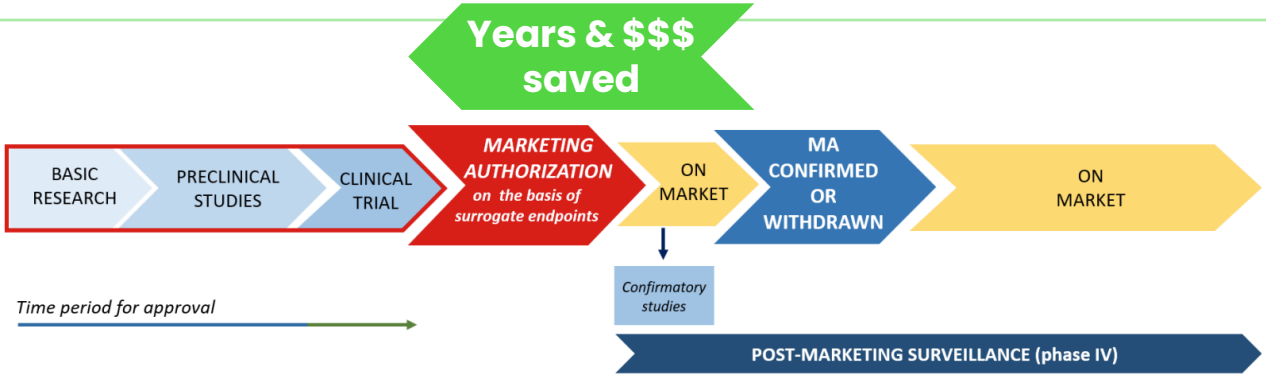
DOC = Dose Optimisation Committee

Aiming for shortened registrational pathway

Regular drug development process



Potential for Registrational study



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

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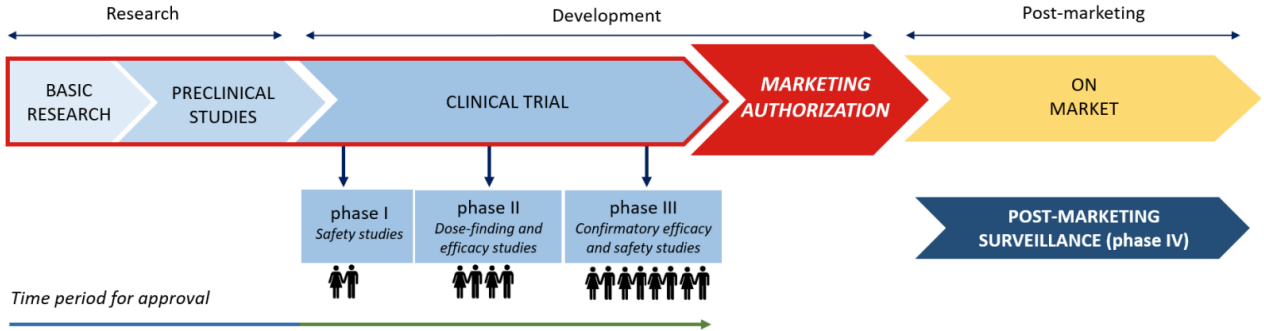

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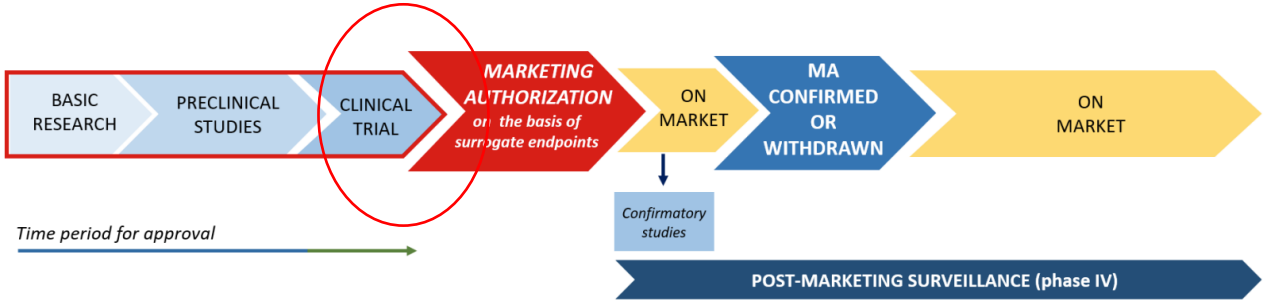

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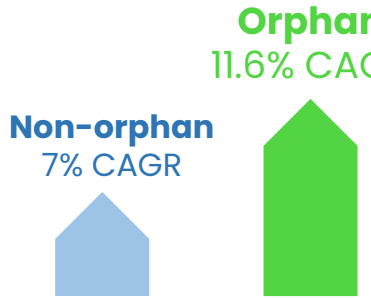
Advantages of Orphan Drugs

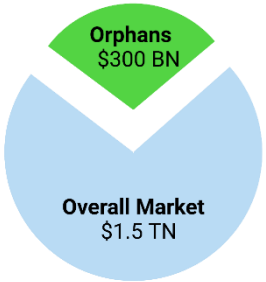
7 years of **guaranteed market exclusivity** in US (10 years in Europe)

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

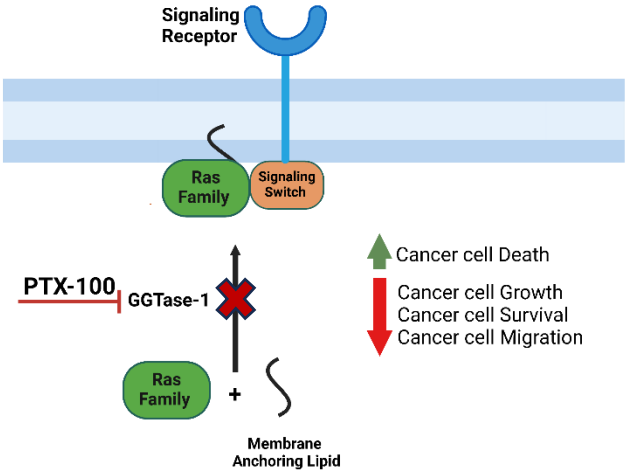
Key Milestones	Expected Timing (CY)
First patient in and dosed with PTX-100 (FPID)	April/May
Potential FDA Fast Track designation	Q2
First US site activated and recruiting	Q2/3
First European site activated and recruiting	Q2/3
Continuous review of data during the Phase 2a	Q4 +
Validation of the new OmniCAR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



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
- Potential 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

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Prescient
Therapeutics
THANK
YOU
ASX: PTX