RACE ONCOLOGY

ASX Announcement

Race Oncology 2023 Chair's Address & AGM Presentation

27 November 2023 – Race Oncology Limited ("Race") is pleased to attach a copy of the Chair's address and CEO's presentation for today's Annual General Meeting (AGM) of shareholders.

Mary Harney will provide the Chair's address and conduct the official business of the meeting. Dr Daniel Tillett will deliver the CEO's presentation. Shareholders will be invited to participate in a Q+A session, together with the Race Board and members of the Race management team.

Investors wishing to attend the Annual General Meeting in person or online can find access details in the Notice of Meeting as lodged with the ASX on 25 October 2023 and available via the Company's website at www.raceoncology.com/investors.

A video recording of the AGM presentation will be released to shareholders once available, later this week.

The Race team looks forward to welcoming all those shareholders able to attend the meeting in person or online.

-ENDS-

About Race Oncology (ASX: RAC)

Race Oncology (ASX: RAC) is an ASX-listed clinical stage biopharmaceutical company with a dedicated mission to be at the heart of cancer care.

Race's lead asset, bisantrene, is a small molecule chemotherapeutic. Bisantrene has a rich and unique clinical history with demonstrated therapeutic benefits in both adult and paediatric patients, a well characterised safety profile, and compelling clinical data demonstrating an anticancer effect and less cardiotoxicity over certain anthracyclines, such as doxorubicin.

Race is advancing a reformulated bisantrene (RC220) to address the high unmet needs of patients across multiple oncology indications, with a clinical focus on anthracycline combinations, where we hope to deliver cardioprotection and enhanced anti-cancer activity in solid tumours. Race is also exploring RC220 as a low intensity treatment for acute myeloid leukaemia.

Race is investigating the effect of bisantrene on the m6A RNA pathway, following independent research published by the City of Hope identifying bisantrene as a potent inhibitor of FTO (Fat mass and obesity-associated protein). Dysregulation of the m6A RNA pathway has been described in numerous peer reviewed studies to be a driver of a diverse range of cancers.

Race Oncology has collaborated with Astex, City of Hope, MD Anderson, Sheba City of Health, UNC School of Medicine, University of Wollongong and University of Newcastle, and is actively exploring partnerships, licence agreements or a commercial merger and acquisition to accelerate access to bisantrene for patients with cancer across the world.

Learn more at www.raceoncology.com.

If you have any questions on this announcement or any past Race Oncology announcements, please go to the Interactive Announcements page in our Investor Hub https://announcements.raceoncology.com.

Race encourages all investors to go paperless by registering their details with the Company's share registry, Automic Registry Services, at www.automicgroup.com.au.

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27 November 2023

Chair's Address - Race Oncology 2023 AGM

Good afternoon and welcome to Race Oncology's Annual General Meeting for the 2023 financial year.

My name is Mary Harney, and I am the Chair of the Board. Joining me on stage from the Race Board today are: Executive Director, Dr Pete Smith and Non-Executive Director, Mr Phil Lynch. Also with us are our recently appointed Chief Executive Officer, Dr Daniel Tillett, our Chief Medical Officer, Dr Michelle Rashford who has travelled from the US to be here, and our Company Secretary, Mr Peter Webse.

And finally, moderating the online Q+A for today's proceedings we have Jane Lowe from IR Department.

Today's AGM is being held as a hybrid meeting, so I welcome all those shareholders who have joined us in person today and also those joining us online via the Automic platform. All shareholders and proxies, including those online, have the ability to ask questions and submit votes.

Turning to this past financial year – FY23 has been a critical one for Race. We have taken crucial steps to reshape the business and apply available funding in the most effective way to maximise the commercial potential of bisantrene and ultimately, to positively impact the lives of people living with cancer. Our primary focus is advancing our new bisantrene formulation – RC220 – through the clinic.

A major communications package was released last week which included the appointment of Dr Daniel Tillett as Race Oncology's CEO, together with an updated clinical strategy for the business and a bonus loyalty option issue.

Anyone who has been following Race over time will know that Daniel has been an integral part of the company across the past four years, with an in-depth understanding of bisantrene and a deep passion and enthusiasm for the opportunities it presents. He is also a major shareholder and has reaffirmed his commitment to Race by stepping into this role, while electing a remuneration package that is aligned to shareholder interests.

As CEO, Daniel will have carriage of the clinical strategy, implementation and shareholder engagement, and will work closely with Executive Director Pete Smith, who will be focused on partnering, business development and our institutional outreach strategy.

In reflecting on the changes to the Board and senior management team over the past year, I wish to extend my sincere thanks to my predecessor, our former Chair, Dr John Cullity.

John served on the Board for five years, during which time he was fundamental to the growth and development of the Company, seeing it through many achievements, inclusive of a period where he acted in an executive capacity. As a haematological oncologist with an investment banking background, John shared both his own knowledge and his network of contacts to Race, which afforded us many excellent opportunities and insights. He invested his time and capital in Race and remains an important shareholder. We are grateful for John's many contributions.

My appointment as Chair was a component of a planned Board renewal strategy, which also saw us welcome Dr Pete Smith, initially as Independent Non-Executive Director and now as Executive Director. Pete brings exceptional pedigree in both capital markets and healthcare, grounded in an oncology background. He is an outstanding appointment for Race.

I would also like to recognise the significant contribution of Phil Lynch. We owe a great vote of thanks to Phil for his strategic stewardship of Race over the past three years. He joined us initially as a Non- Executive Director, and then stepped up into the CEO role at a time when the company needed his leadership. During that period, Race grew rapidly from a nano-cap biotech to a Company with global opportunities and aspirations. We are extremely fortunate to retain Phil's skills and wisdom on the Board as a Non-Executive Director.

With a renewed structure now in place, Race is strongly positioned to move the business forward and to implement a strategy and clinical plan that will ultimately deliver outcomes for patients and our shareholders.

The evolved strategy, which was released to the market last week, is focussed on undertaking our clinical development within Australia and provides a clear path to obtaining valuable clinical data, supported by both current resources and the bonus option issue.

With the evolved strategy we have considered how to move the company forward in a manner which recognises bisantrene's rich clinical history and also considers the current macro-economic environment.

RC220 is a new formulation of bisantrene, designed to benefit a much larger number of patients, including those with solid tumours, and the clinicians who treat them. With RC220 also comes additional, robust intellectual property that adds significant commercial value to Race.

The recent manufacture of RC220 bisantrene under cGMP conditions will enable us to conduct human trials in all regulatory jurisdictions in the future. This is a critically important criterion that we have met for this improved version of our drug and we have a number of additional important milestones coming through the next quarters.

Our updated clinical program has been designed to show that we can protect the heart from anthracycline induced damage and will also look for signals of biological effects on the m6A pathway using RC220 in a range of solid tumours. We have also included an AML program to build upon the very extensive history that bisantrene has in treating patients with the disease, and with recent KOL interest spurred following the interim Phase 2 data published by the team of Professor Arnon Nagler at the Chaim Sheba Medical Centre in Israel.

We know that there is strong interest from clinicians and KOL's in new agents that can reduce anthracycline-related cardiotoxicity. Therefore, our objective with this clinical strategy is to develop bisantrene to meet this unmet medical need for patients, while driving towards a high value pharma transaction.

Our RC220 Phase 1a/b trial is an 'all comers' Bayesian dose escalation trial in solid tumour patients where anthracycline use is indicated. I will leave it to Daniel and Pete to go into more detail about the trial as part of their presentation, but what I would like to reiterate is that it leverages an Australian-focused Phase 1a/1b trial design, such that it can be fully funded with existing cash resources and will be eligible for the Australian R&D Tax rebate.

The Phase 1a/b study is designed to establish optimal bisantrene/anthracycline dosing and safety, and to generate proof-of-concept cardioprotection efficacy data for RC220 in combination with anthracyclines. I note that achieving efficacy signals from a Phase 1 is not a typical outcome – that we can do this comes down to clever trial design.

The Phase 1 “all comers” or “basket” trial design enables us to include any patients with relevant solid tumours. Given our prior history and experience with bisantrene, we still expect it will have a strong relevance in breast cancer treatment and are strongly driven by the potential to help breast cancer patients and of course, those suffering with AML. Indeed, given this drug’s provenance, we hope to find many other indications where we can be supportive. Importantly, this trial will build a robust data set to support our Phase 2 efficacy trial.

We have a clear plan for Phase 2 which will generate efficacy data for AML, solid tumour cardioprotection plus anticancer efficacy, and M6A RNA commercial opportunities.

One consideration in evolving this strategy was how we could leverage the excellent clinical trial capability in Australia and in doing so, make maximum benefit of the R&D tax rebate- a powerful backstop to our cash reserves. I am delighted that we have found a way to do this. The team has already completed extensive feasibility studies to ensure we can recruit the required patient population for the trials and that we have the clinician support.

The strategy released last week evolved from one which was ultimately very sound clinically but was recast to take advantage of our unique Australian tax concessions and framework. While the clinical trials have become broader, the underlying target – of initially building on our strong legacies in AML and breast cancer – have not changed, and I want to acknowledge the significant groundwork of; pre-clinical, non-clinical studies and establishment with both key opinion leaders and industry that our former CEO and Managing Director, Damian Clarke-Bruce put in place. And the sterling work by our internal preclinical and clinical teams. By very many measures, we have made substantial progress in 2023.

Our commitment to Race and to our lead asset bisantrene remains steadfast and the Race team is excited about what is ahead of us.

2024 will see us move into the clinic with an enhanced, IP-strengthened, formulation, for the benefit of patients. Underpinning this, we have compelling support from leading medical institutions and key opinion leaders in the oncology and cardio-oncology arenas, who we will continue to work closely with to drive forward our commercialisation goals.

In closing I would like to thank the entire Race team, for working tirelessly and passionately to drive this Company forward. We share a common purpose to help cancer patients around the world, while also delivering value to our shareholders.

With the evolution of Race’s clinical strategy and the renewal of the Board and senior management team, the past year has without a doubt been a challenging one. I acknowledge that this has been reflected in the share price. That said, I am confident that with our refined focus, we will deliver on the many near term value inflection points we have ahead of us. With all this in mind, I sincerely thank you, our shareholders, for your ongoing support of Race Oncology.

We will now proceed with the formal business of the meeting.

Thank you.

NOVEMBER 2023

RACE ONCOLOGY

AT THE HEART OF CANCER CARE

2023 CEO AGM PRESENTATION

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Why Invest in Race Oncology?

Solid Clinical Strategy: cost effective Australian-focused clinical program across solid tumours and AML designed to optimally leverage commercial opportunities in anticancer + cardioprotection, m^6A RNA & AML

Bisantrene: a unique drug with a extensive clinical history of safety and efficacy

RC220: Race has developed a reformulated bisantrene formulation for greater patient/clinician convenience with strong IP protection

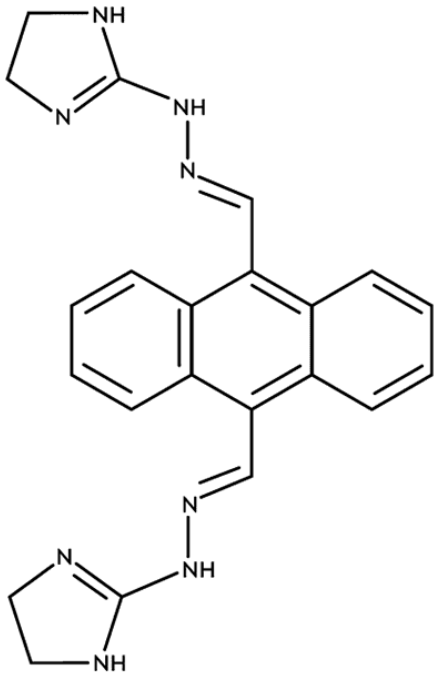
Right Team: focused on maximising shareholder return, via sale / license to pharma partner

AT THE HEART OF CANCER CARE

Bisantrene

Small molecule chemotherapeutic with clinical efficacy in a diverse range of solid and hematological cancers

- Studied in over 50 clinical trials, 166 peer-reviewed publications. Approved for use in AML in France in 1988
- Used in >1500 cancer patients. Development ended by Lederle in the late 1980s to focus clinical attention on mitoxantrone
- **Demonstrated clinical anticancer efficacy with an excellent safety profile**
- Clinically shown to have reduced cardiotoxicity risk compared to current anthracycline chemotherapeutics
- Cardioprotective & chemotherapeutic mechanisms of action



Bisantrene + Anthracycline Improved Anticancer Activity[1]

Bisantrene shows potent cell-killing activity against a diverse range of human cancers

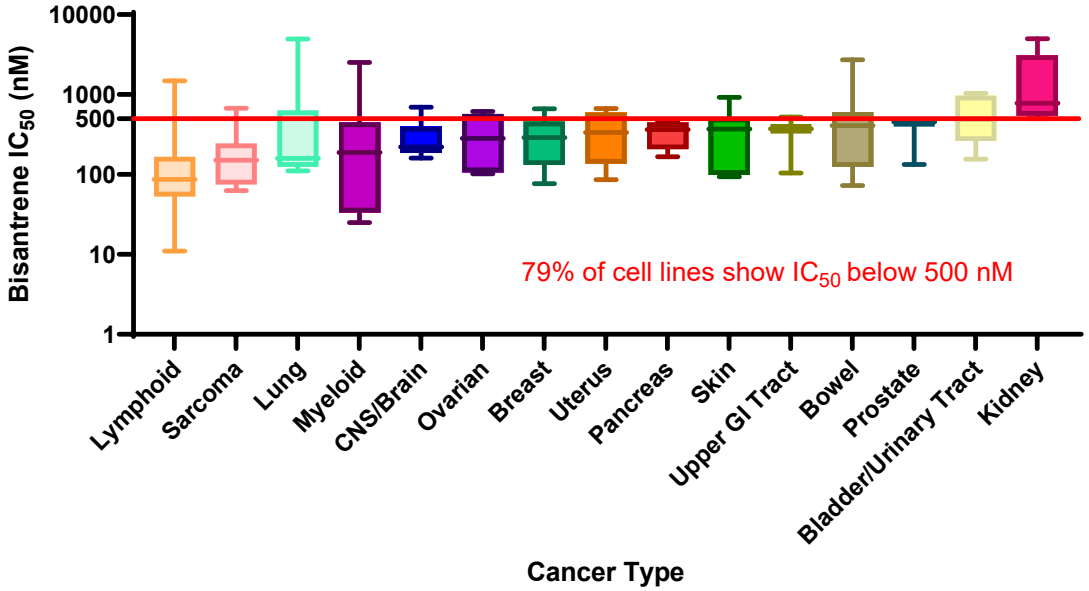


Figure 1. Bisantrene shows broad anti-cancer activity. The half-maximal inhibitory concentration (IC_{50}) was determined for bisantrene against 143 cancer cell lines derived from diverse human tumour types. Boxes show the 25%-75% range, with the line within each box representing the median IC_{50} value. The upper and lower edges of the box represent the 75th and 25th percentiles, respectively. Whiskers show the minimum and maximum IC_{50} values observed for each cancer cell type.

Bisantrene significantly improves the cancer cell killing activity of doxorubicin

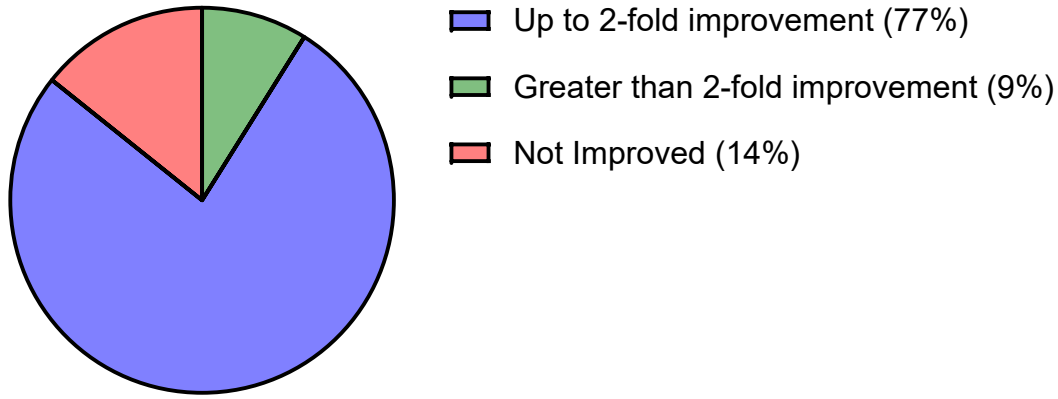


Figure 2. Combining bisantrene with doxorubicin increases cell-killing activity. Proportion of cell lines showing improved (i.e. lower) IC_{50} values when comparing doxorubicin + bisantrene treatments to doxorubicin alone. A significant difference was observed for the median IC_{50} of cells treated with doxorubicin + bisantrene when compared to doxorubicin alone, $p<0.0001$. Statistical analysis was performed using the non-parametric Wilcoxon matched-pairs signed rank test.

1. ASX Announcement: 21 September 2023

Bisantrene + Anthracycline Protecting the Heart[1]

Bisantrene protects the hearts of mice from permanent damage caused by the anthracycline doxorubicin

Heart protection was achieved using higher levels of chemotherapy treatment with no extra toxicity observed

Data supports using bisantrene with anthracyclines to protect the hearts of patients from chemotherapy

Promise of better cancer treatment with less side effects

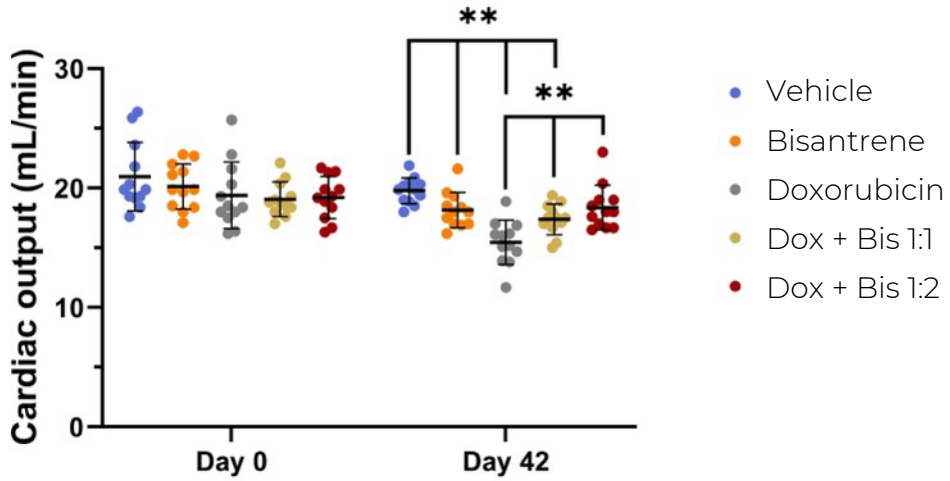


Figure 1. Cardiac output of C57BL/6 mice treated with either vehicle control (blue), bisantrene alone (orange), doxorubicin alone (grey), 1:1 molar ratio doxorubicin + bisantrene (yellow), or 1:2 molar ratio doxorubicin + bisantrene (red) at Day 0 and Day 42. All mice were dosed intravenously weekly with either: vehicle control, 7.33 mg/kg bisantrene, 5 mg/kg of doxorubicin, 5 mg/kg of doxorubicin + 3.67 mg/kg of bisantrene, 5 mg/kg of doxorubicin + 7.33 mg/kg of bisantrene. n=12 per group. Error bars = SEM. **p < 0.01.

1. ASX Announcement: 30 June 2022

New Bisantrene Formulation - RC220[1]

RC220 – a high value reformulation

- Proprietary formulation for peripheral and central line IV use
- Designed to avoid drug precipitation issues whilst maintaining the activity and PK/PD properties of prior bisantrene formulations
- **Provides strong IP protection** – expected patent life into 2044
- Considered a new drug product by regulators and so requires a new non-clinical toxicology & safety data package – expected Q2 2024
- Currently being cGMP manufactured at Ardena – to be delivered Q1 2024

RC220 expected to be available for clinical use H2 2024[1]

1. ASX Announcement: 9 November 2023

Anthracyclines* – Effective & Enduring

Highly effective chemotherapeutics across a wide range of cancers

For most cancer patients, a therapy targetable mutation cannot be identified, & immunotherapy is ineffective

Can cause serious adverse reactions, including cardiotoxicity, alopecia, nausea/vomiting, & myelosuppression

In the *NCI-MATCH* study of 795 cancer patients, only 5.1% were able to be assigned a targeted therapy after genomic screening[1]

In the follow-up *ComboMATCH* study of 6,391 cancer patients, only 17.8% were able to be assigned a targeted therapy after genomic screening[2]

Oncologists will continue to rely on broad acting chemotherapy drugs like anthracyclines to effectively treat most cancer patients for the foreseeable future

*daunorubicin, doxorubicin, liposomal doxorubicin (Doxil), epirubicin, idarubicin, mitoxantrone, and valrubicin

1. Flaherty, K. T. et al. THE MOLECULAR ANALYSIS FOR THERAPY CHOICE (NCI-MATCH) TRIAL: LESSONS for GENOMIC TRIAL DESIGN. JNCI: J. Natl. Cancer Inst. 112, 1021–1029 (2020).
2. Meric-Bernstam, F. et al. National Cancer Institute Combination Therapy Platform Trial with Molecular Analysis for Therapy Choice (ComboMATCH). Clin. Cancer Res. 29, 1412–1422 (2023).

Anthracycline Cardiotoxicity

An under-appreciated problem in oncology

Anthracyclines cause permanent damage to the hearts of patients

Current solution – exclude use in high-risk patients and reduce lifetime dosing so that the acute, clinically-defined cardiotoxicity rate is now less than 2%, although most clinicians recognise sub-clinical heart damage with long-term serious health consequences is still common[1]

Issue – standard-of-care measures of heart damage with the patient at rest miss the significant impact anthracyclines have on the heart function when the patient is active (Quality of Life)

Cardiotoxicity biomarker breakthrough – VO_2Peak[1]

The Baker Institute found in 206 cancer patients that standard-of-care cardiac measures are not strongly correlated with functional capacity or long-term heart failure risk

Anthracycline exposure was found to reduce average VO_2Peak in patients by 8-11% (equivalent of 8 to 11 years of normal ageing) with the **rates of functional disability nearly doubled (15% vs. 26%)**

43% of the anthracycline exposure patients experienced a 10% or greater reduction in VO_2Peak performance levels

VO_2Peak offers a clinically relevant endpoint that can provide clear evidence of cardioprotection and improvement in patient Quality of Life

1.Howden, E. J. et al. Traditional markers of cardiac toxicity fail to detect marked reductions in cardiorespiratory fitness among cancer patients undergoing anti-cancer treatment. Eur. Hear. J. - Cardiovasc. Imaging 22, 451–458 (2021).

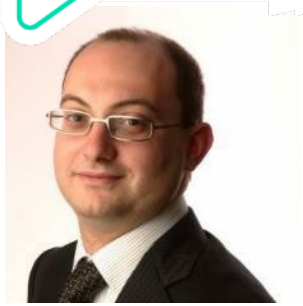
Key Opinion Leaders

> Scope for new cardio-protective therapy in addition to doxorubicin if it increases anti-cancer efficacy

Dr Chau Dang
Medical Oncologist (Breast Cancer)
Memorial Sloan Kettering Cancer Center
NY, USA

Memorial Sloan Kettering Cancer Center

> 9-14% of patients on anthracycline regimens develop symptomatic cardiac dysfunction



Prof Aaron Sverdlov
Cardiologist
University of Newcastle, NSW, Australia

THE UNIVERSITY OF NEWCASTLE AUSTRALIA
CARDIO-ONCOLOGY NEWCASTLE

> It depends how carefully you look, but at least 30% of patients who are treated with anthracyclines have evidence of cardiac toxicity

Prof Tom Neilan
Cardio-Oncologist
Harvard Medical School, Boston, MA, USA

HARVARD MEDICAL SCHOOL

> Toxicity is highest in the first year, but risk of heart failure remains increased for the rest of their life

Prof Josh Mitchell
Cardio-Oncologist
Washington University, St Louis, MO, USA

Washington University in St. Louis

RC220 Phase 1a/b Trial – Fully Funded[1]

An 'all comers' Bayesian dose escalation Phase 1a trial of RC220 in any solid tumour patient where anthracycline use is indicated

Size: 25-50 patients; up to 10 sites in Australia and internationally
Sponsor: Race Oncology
Primary endpoints: Safety & optimal Phase 2 dose
Exploratory endpoints: Standard & advanced cardiac markers including VO_2Peak, m^{6}A RNA levels, & anticancer efficacy
Start: First patient H2 CY2024 (subject to RC220 availability)
Timeline: 12–18 months due to Bayesian design uncertainty around total patient number (patient recruitment)

Cohort extension (Phase 1b) in patient sub-groups to optimise bisantrene dosage in different drug combination settings

Expands market potential of bisantrene beyond breast cancer to all cancers where anthracyclines are used

Effect of bisantrene on the m^{6}A RNA system will be collected by using a lead-in dose of bisantrene given 7 days prior to the first anthracycline combination dose – provides 'clean' PK/PD, m^{6}A RNA & single-agent anticancer efficacy data

Cost: A$11 million (based on 50 patients)

1. Fully funded from existing cash and anticipated R&D Tax Rebate.

RC220 Phase 1a/b Trial Outcomes

Leverages an Australian-focused Phase 1a/1b trial design to ensure trial can be fully funded from existing cash resources

Phase 1a establishes optimal bisantrene anthracycline dosing and safety

Phase 1b generates proof-of-concept cardioprotection efficacy data in combination with anthracyclines

Trial will provide data on RC220 safety and cardioprotection proof-of-concept

Exploratory data generated on single-agent anticancer efficacy and the effects on the m^6A RNA system

Builds robust data set to support Phase 2 efficacy trial

Cardioprotection & m^{6}A RNA Phase 2 Trial[1]

A placebo-controlled, double-blinded, umbrella Bayesian combination trial of RC220. Focus on breast cancer plus any cancer or patient population that shows exceptional response to treatment in Phase 1

Size: 80-120 patients; up to 20 sites in Australia and internationally
Sponsor: Race Oncology
Primary endpoints: Cardioprotection assessed by standard & advanced cardiac markers including VO_2Peak
Secondary & exploratory endpoints: Anticancer efficacy & effect on m^{6}A RNA levels
Start: After completion of Phase 1
Timeline: 18-24 months due to Bayesian design uncertainty around total patient number (patient recruitment)

Generates gold-standard, double-blinded efficacy data of bisantrene as a cardioprotective agent and provides supportive data on anticancer efficacy & effect on m^{6}A RNA system

Trial uses same single-agent bisantrene 7-day lead-in dosing to generate robust clinical data on the effects of bisantrene on the m^{6}A RNA system and single-agent anticancer activity

Cost: A$32 million (based on 120 patients)

1. Fully funded assuming 75% or greater conversion of Piggyback Options in 2026

AML Phase 1/2 Investigator Initiated Trial[1]

A low intensity salvage treatment for patients unable or unwilling to tolerate high intensity chemotherapy who have failed standard of care AML treatments.

Size: 40-60 patients; up to 10 sites in Australia
Sponsor: Investigator
Primary endpoints: Safety & tolerability of bisantrene; Overall Response Rate
Exploratory endpoints: Event-free Survival; Overall Survival; Time to remission; Frailty scores; Time on treatment; Molecular response; Cardiac markers; Quality of Life
Start: Late H2 2024/early H1 2025
Timeline: 18-24 months recruitment + 2 year follow up; interim results in 24 months

Trial to use low dose bisantrene (RC220) in combination with oral decitabine (ASTX727) (Astex)

Trial will provide clinical efficacy data supporting the use of bisantrene in low intensity AML combination protocols that are compatible with standard of care use of venetoclax

Cost: A$4 million (based on 60 patients)[2]

1. Proposal as received from the Investigator in November 2023. May be subject to modification.
2. Fully funded from 75% or greater bonus option conversion in June 2024

Preclinical Activities

Continue studies to determine the cardioprotection mechanism of action

Develop the next generation bisantrene with a focus on the m^6A RNA opportunity

Continue building the preclinical data package needed to support pharma transaction/partnering activities

Generate data to enable an FDA IND application

Bonus Option Timetable

Date	Item
Announce Bonus Option Plan Lodge Appendix 3B and issue Cleansing Notice	Wednesday, 22 November 2023
Ex Date of the Bonus Options Offer	Wednesday, 29 November 2023
Record Date for Bonus Options Offer	7:00 pm AEDT Thursday, 30 November 2023
Issue date and lodgement of Appendix 3G with ASX for the Bonus Options issued under the Bonus Options Offer	5:00 pm AEDT Monday 4 December 2023
Opening Date of the Piggyback Options Offer	Monday, 4 December 2023
Bonus Options Expiry Date	5:00 pm AEDT Tuesday, 4 June 2024
Closing Date of the Piggyback Options Offer	5:00 pm AEDT Tuesday, 4 June 2024
Issue date and lodgement of Appendix 3G with ASX for the Piggyback Options issued under the Piggyback Options Offer	Within 5 business days after the receipt of a duly completed form of notice of exercise, on the terms set out in Section 4.1(g).

* Race retains the discretion to alter any or all of these dates

Coming Milestones

- Bisantrene Phase 2 AML Trial Data to be presented at the 65th ASH[1] Annual Meeting 9-12 Dec 2023
- cGMP RC220 released by Ardena for use in human clinical trials
- Ethics submission for Phase 1a/1b trial in solid tumours
- Governance approval for Phase 1a/1b trial in solid tumours
- Completion of non-clinical safety studies
- Filing Investigational New Drug application with US Food and Drug Administration for RC220
- First patient treated in the RC220 solid tumour (all comers) Phase 1a/b Trial
- Updates on new molecule work to target m^6A RNA pathways
- Additional preclinical results on bisantrene mechanism of action and efficacy

1. American Society for Hematology Annual Meeting (ASX: 6 November 2023)

Race – An Exciting Future

Uniquely situated to provide a future where the hearts of cancer patients are protected from the most widely used class of chemotherapeutics, anthracyclines

Strong clinician support for and interest in new cardioprotective agents

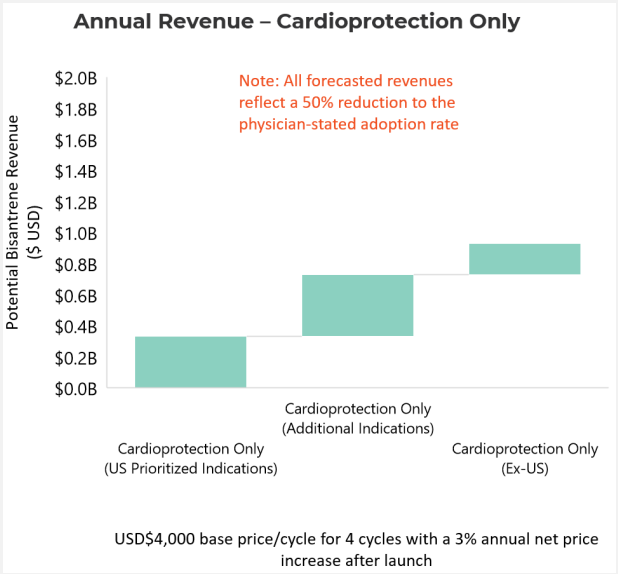
Potential to have impact across a wide range of cancers, with decades of clinical history behind bisantrene

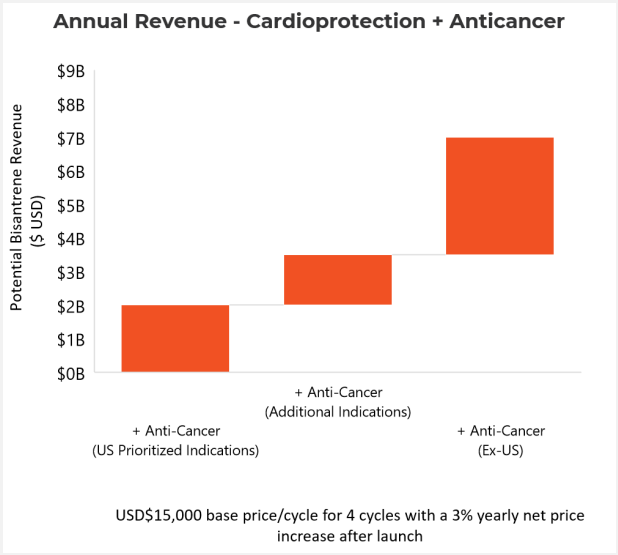
Substantial IP creation and value uplift driven by RC220, with partnering in focus

Straddling many major market opportunities, with the potential of blockbuster global revenue prospects

Opportunity for investors to support the next steps via loyalty bonus options, supported by coming inflection points.

Bisantrene Market Potential – World[1]





1. Triangle Insights (ASX Announcement: 14 April 2023)

Summary

- Phase 1a/1b Australian trial fully funded from existing cash
- A clear and fully funded plan (subject to shareholder support) to generate Phase 2 efficacy data for the AML, solid tumour cardioprotection + anticancer & m^6A RNA commercial opportunities aimed at maximising shareholder return on equity via a pharma transaction/sale
- Opportunity for rapid, lower-cost approval from Phase 2 efficacy data via FDA Accelerated Approval (subject to clinical data and discussion with regulators)
- Right team with incentives fully aligned with shareholders

RACE ONCOLOGY

Questions

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