ASX Release

Investor Presentation

Melbourne, Australia (16 May 2017): Prescient Therapeutics Ltd (ASX: PTX) is a clinical-stage oncology company focused on identifying, developing and commercializing novel cancer treatments to serve unmet needs has today released an updated investor presentation ahead of investor meetings being held during May 2017.

With three clinical trials underway in the indications of breast cancer, acute myeloid leukemia and ovarian cancer, and a fourth in planning in rare lymphomas, there are a number of near-term catalysts for Prescient Therapeutics, detailed in the presentation.

Investment Highlights

- Two targeted therapies, with impeccable scientific pedigree and novel mechanisms, being developed in indications where there is significant unmet need;
- Multiple shots on goal with Akt and Ras pathway inhibitors in multiple trials; targets with high levels of pharmaceutical industry interest;
- Recent encouraging results in Phase 1b breast cancer trial;
- One of the deepest clinical trial pipelines on the ASX;
- Funded through to value-accretive catalysts, with a high share quality share register;
- Highly credentialed scientific and clinical team with a proven record of success;
    - Phase 1b/2 AML being led by globally renowned leukemia expert, Professor Jeff Lancet who led Celator Pharmaceutical's ground breaking VYXEOS trial in AML
- Identification of a unique niche opportunity in rare hematological cancers with PTX-100

Near Term Milestones

- Completion of the second cohort in Phase 1b of the AML trial
- Continuation of Phase 2 in the Breast Cancer trial, building on positive results from completion of Phase 1b
- Completion of the second cohort in Phase 1b of the Ovarian Cancer trial
- Commencement of pilot trial in rare hematological cancers

Prescient's CEO and Managing Director, Steven Yatomi-Clarke said, *"On the back of recent positive results in Phase 1b of the breast cancer trial for PTX-200, additional data from our AML and ovarian cancer studies are highly anticipated. The company is well funded, and with a number of near-term catalysts for value creation, we are entering a very exciting period for Prescient Therapeutics."*

Further enquiries:

Steven Yatomi-Clarke
CEO & Managing Director
Prescient Therapeutics Limited
+61 417 601 440

Kyahn Williamson
WE Buchan
+61 3 9866 4722

TWO NOVEL TARGETED THERAPIES YIELDING A DEEP ONCOLOGY CLINICAL PIPELINE

Prescient Therapeutics Limited (ASX: PTX)
Broker presentation
May 2017

DISCLAIMER AND SAFE HARBOR

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.

Certain statements contained in this document, including, without limitation, statements containing the words "believes," "plans," "expects," "anticipates," and words of similar import, constitute "forward-looking statements." Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the actual results, performance or achievements of Prescient to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. Such factors include, among others, the following: the risk that our clinical trials will be delayed and not completed on a timely basis; the risk that the results from the clinical trials are not as favorable as we anticipate; the risk that our clinical trials will be more costly than anticipated; and the risk that applicable regulatory authorities may ask for additional data, information or studies to be completed or provided prior to their approval of our products. Given these uncertainties, undue reliance should not be placed on such forward-looking statements. The Company disclaims any obligation to update any such factors or to publicly announce the results of any revisions to any of the forward-looking statements contained herein to reflect future events or developments except as required by law.

This document may not contain all the details and information necessary for you to make a decision or evaluation. Neither this document nor any of its contents may be used for any other purpose without the prior written consent of the Company.

COMPANY OVERVIEW

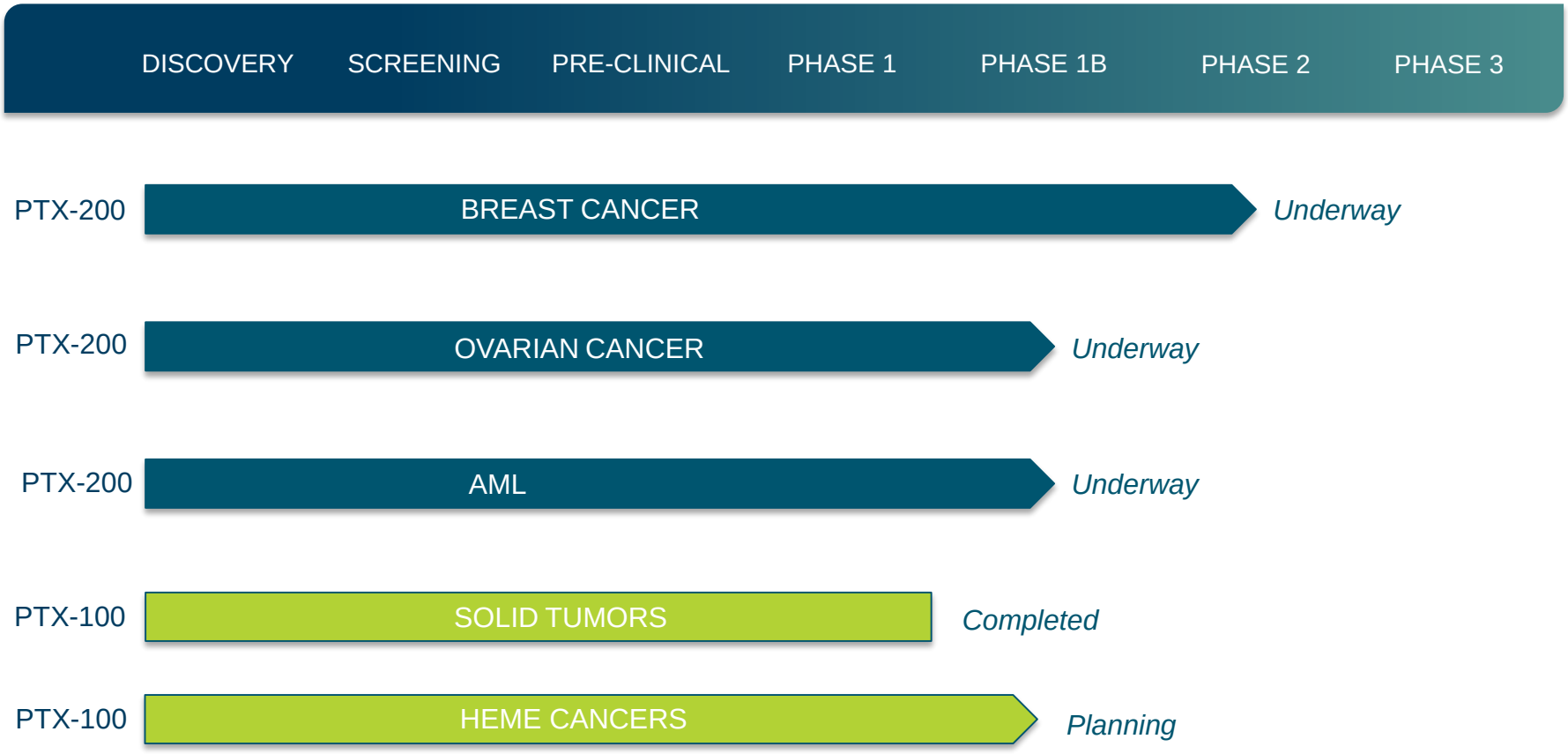
INVESTMENT HIGHLIGHTS

2 DRUGS » 3 TRIALS » IMMINENT CATALYSTS » FUNDING IN PLACE » UNDISCOVERED VALUE

- **2 targeted therapies** with impeccable scientific pedigree
- Multiple shots on goal with **Akt and Ras pathway inhibitors** in **multiple trials**
- **One of deepest clinical pipelines on the ASX**
  - » Targeting important areas of unmet clinical need
- **Funded through to value-accretive catalysts**, with a fantastic share register
- Phase 1b/2 AML trial is being led by globally renowned leukemia expert, Professor Jeff Lancet
  - » Professor Lancet also led Celator Pharmaceuticals' ground-breaking VYXEOS trial in AML
- Great scientific and clinical team with a **proven record of success**
- Recent **encouraging breast cancer results** in Phase 1b, now in Phase 2
- **Catalysts not far away**
- **Planning a transformative trial in rare heme cancers**

DEEP, CLINICAL STAGE PRODUCT PIPELINE

- PTX-200 currently in three clinical trials
- Focus is now on further development of PTX-100 in rare hematological cancers



Prescient Therapeutics

CORPORATE SNAPSHOT

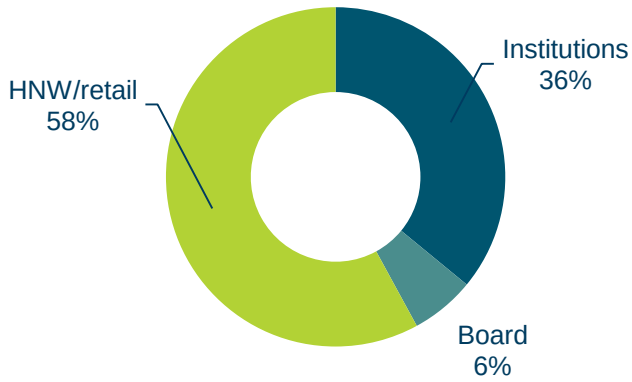
KEY METRICS

ASX Ticker	PTX
Total Issued Capital	211.3 M shares
Options	57.8 M
Share Price[1]	A$0.093 (US$0.069)

Market Capitalisation[1]	A$20 M (US$14.8 M)
Cash Position[2]	A$8.7 M (US$6.4 M)
Top 20 Own	52%
6 month turnover[1]	56.7 M shares; A$6.0 M (US$4.3 M)

SHARE PRICE PERFORMANCE

SHAREHOLDER BASE



1 - AS AT 12 MAY 2017
2 – AS AT 31 MARCH 2017

Prescient Therapeutics

HOW OUR DRUGS WORK: “MOLECULAR SWITCHES”

Akt & Ras are growth molecules found in cells – when they are stuck “on”, they send **constant signals to the cancer cell to grow**

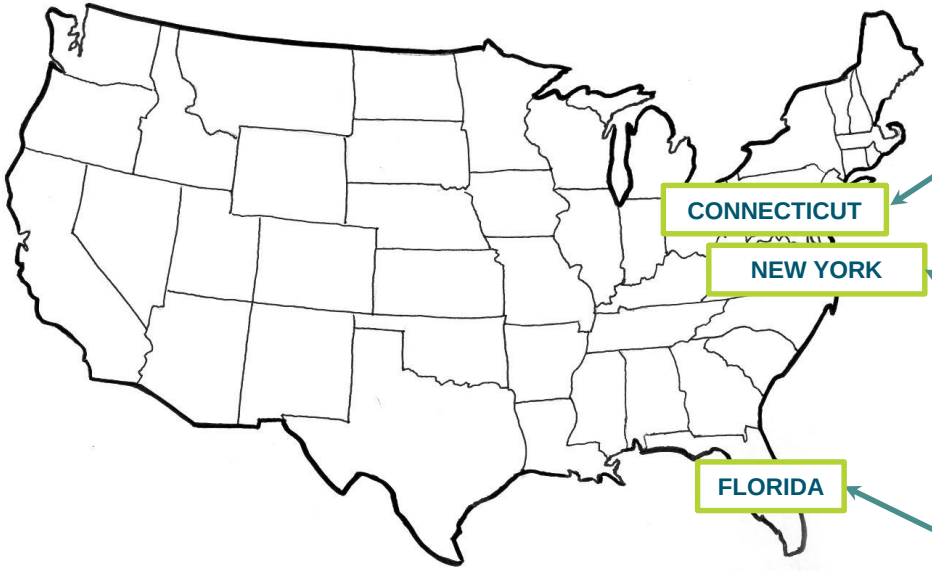
PTX’s drugs block the Akt & Ras growth pathways, switching the growth signals off and **causing the cancer cell to die**

PTX-100

PTX-200

Prescient Therapeutics

WORLD CLASS CENTERS & COLLABORATIONS



Yale CANCER CENTER

EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

MOFFITT CANCER CENTER

PREVIOUS CLINICAL TRIALS CONDUCTED AT:

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History

Memorial Sloan Kettering Cancer Center

Penn
University of Pennsylvania

INDIANA UNIVERSITY

NATIONAL CANCER INSTITUTE

Prescient Therapeutics

DRUGS DON'T DEVELOP THEMSELVES!
PTX DEVELOPMENT TEAM WITH BENCH TO BEDSIDE SUCCESS

Proven success from discovery and clinical development, through to FDA approvals

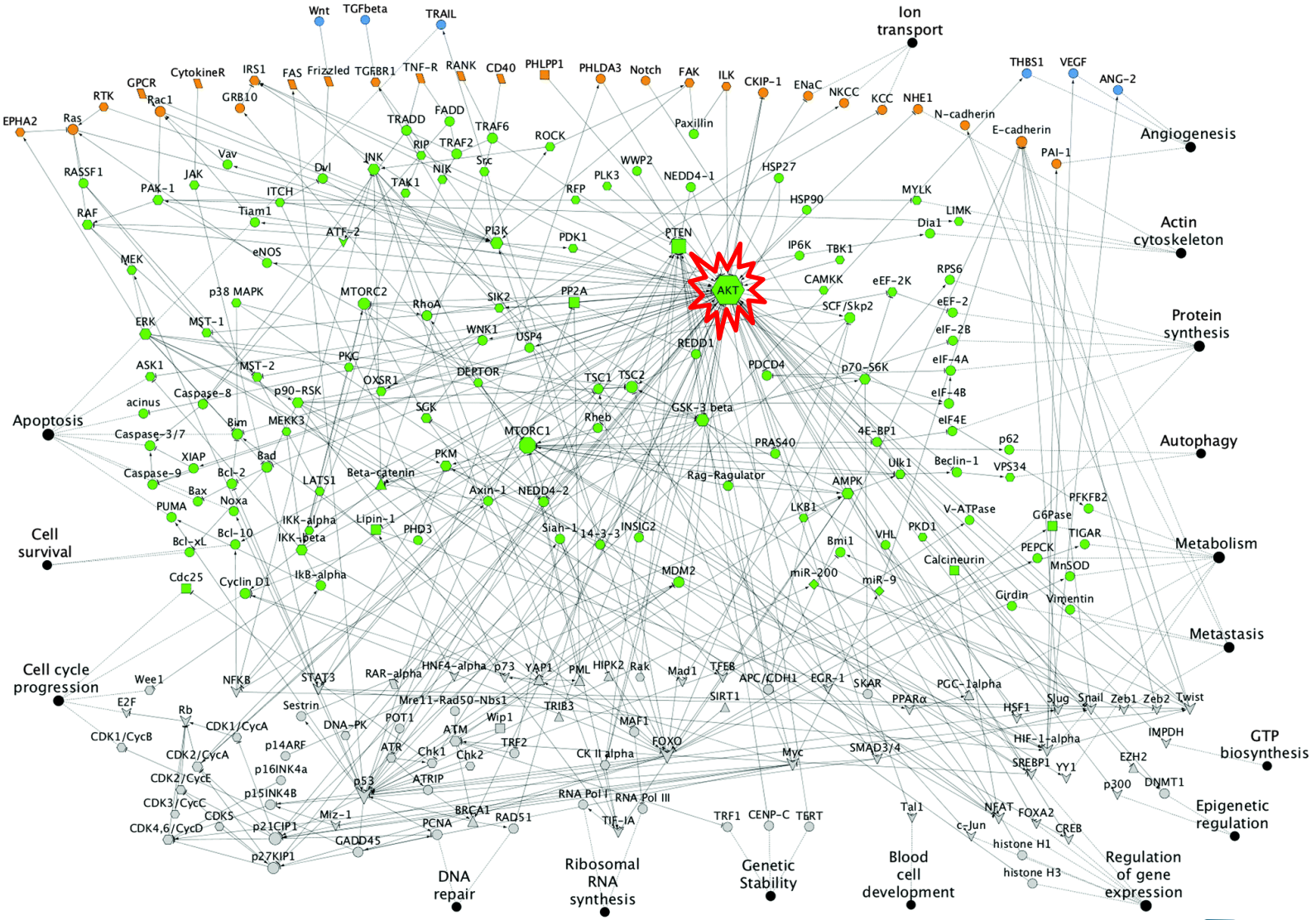
	**Said Sebti, PhD** Chief Scientific Officer	• Professor and Chair, Department of Drug Discovery - Moffitt Cancer Center • Co-inventor of PTX-100 & PTX-200 • **Named among top 20 Translational Researchers in the world by Nature Publishing Group**
	**Terry Chew, M.D.** Chief Medical Officer	• Hematologist/oncologist with 20 years experience in biotech & pharma • **5 New Drug Applications** including DaunoXome, Taxotere and DepoCyte • **PTX is only 1 of only 2 ASX biotechs with a CMO that has successfully approved drugs**
	**Mandeep Grewal** VP – Clinical Operations	• Extensive clinical trial management experience with pharma, biotech & CROs • Certifications: CRCP, CCRA, CCRP • Formerly Exelixis, Quark Pharma, Fibrogen, Cytokinetics, Chiron, Abbott, Quintiles
	**Mike Preigh, PhD** VP - CMC	• **Led CMC at Array BioPharma for 10 years** • Successfully brought >20 drug candidates to IND & clinical development • Previously Pfizer
	**Claudia Gregorio-King, PhD** VP - Operations	• Extensive experience in the management of pre-clinical and clinical research and intellectual property • Regulatory affairs and clinical project management experience with small and large CROs
	**Chaline Strickland, Pharm.D.** Regulatory Affairs	• Senior Director of Clinical Affairs at Ground Zero Pharmaceuticals • Involved in dozens of New Drug Applications

PTX-200

NOVEL AKT INHIBITION

AML
Breast cancer
Ovarian cancer

AKT IS A MASTER SWITCH FOR CELLULAR GROWTH & SURVIVAL

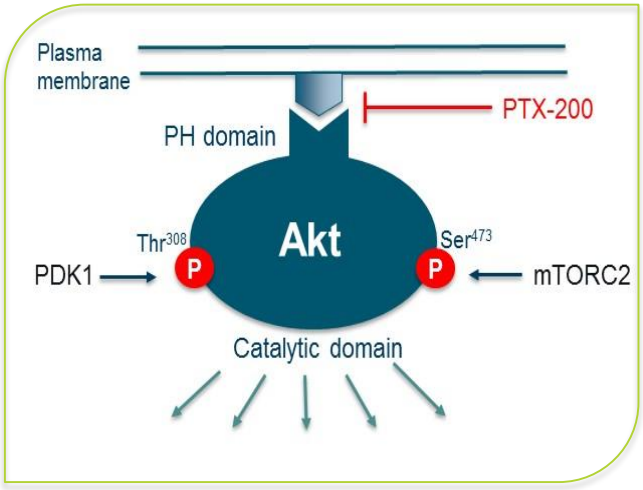


ERSAHIN, T. ET AL; MOL. BIOSYST., 2015,11, 1946-1954

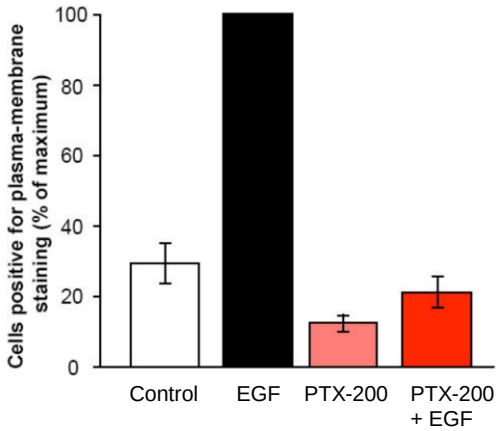
Prescient Therapeutics

PTX-200: NOVEL AKT INHIBITION VIA PH DOMAIN BINDING

- Akt must be bound to the plasma membrane to be activated
- PTX-200 **prevents Akt binding to plasma membrane** by binding to the PH domain, thereby **inactivating Akt**
- This approach has an advantage over other Akt attempts, which are ATP mimic/direct kinase inhibitors.
  - » These approaches have been hampered by inhibition limitations and off-target (safety) issues



Prevents Akt binding, even in the presence of stimulus (EGF)

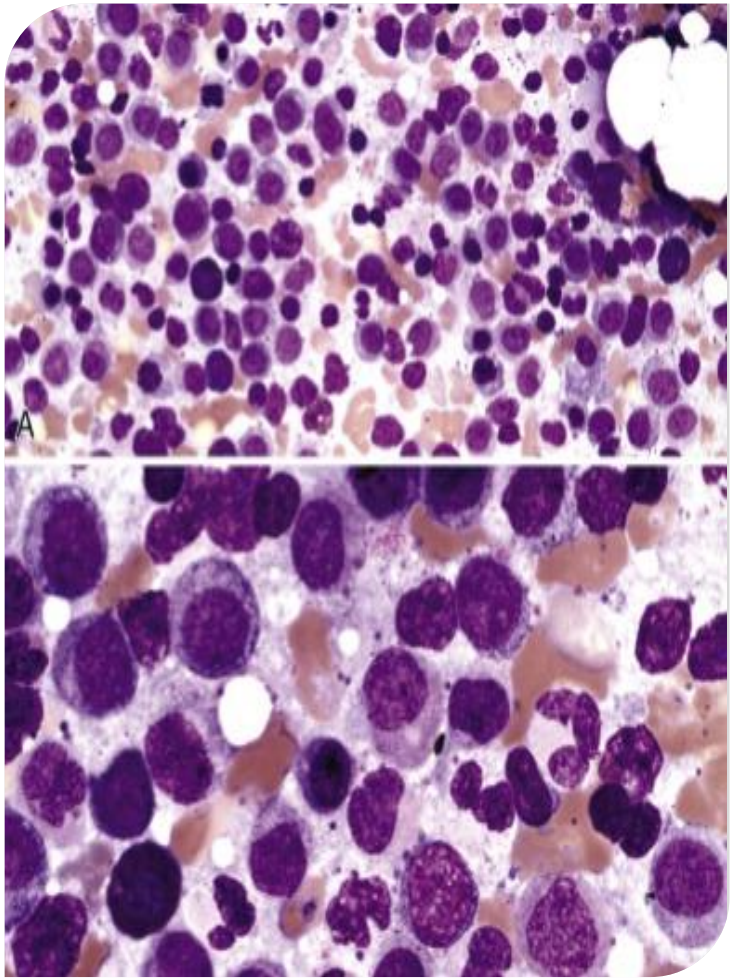


PTX-200 specifically inhibits cancers addicted to high pAkt

BERNDT, ET AL. CELL DEATH DIFFER. 2010; 17(11): 1795-1804
YANG, ET AL. CANCER RESEARCH 2004; 64, 4394-4399

Prescient Therapeutics

ACUTE MYELOID LEUKEMIA OVERVIEW



- AML is a type of cancer that affects the blood and bone marrow
  - » Patient cannot produce normal blood cells
  - » Blood cells cannot function properly nor fight disease
- Progresses very quickly; 5 year survival only 25%
- More common in adults over 60 years old, so the market is growing rapidly in developed economies
  - » 50% increase in incidence since 2013 in the US alone!
- After initial chemo, most patients relapse
- There are poor options for relapsing and refractory AML patients. **Treatment has barely changed in ~40 years!**
- **PTX-200's approach mirrors other current successful development approaches in AML of targeted therapies complementing a "backbone" of chemo**
- PTX-200's compelling efficacy signals has attracted interest of renowned clinicians and investors

PTX-200 IN AML – OVERVIEW

- Akt is highly relevant in AML (**high pAkt = inferior survival**)
- **PTX-200 address 72% of AML mutations**
- Like other recent successful strategies in AML, PTX-200 is a targeted therapy complementing a "backbone" of standard chemotherapy (cytarabine)
- PTX-200 **synergizes with cytarabine** in AML cells
- Successful Phase 1 trial completed in acute leukemias with **PTX-200 as a monotherapy**
  - » 1 complete response, 2 partial responses in r/r AML; 1 response in refractory CMML
  - » Overall 53% stable disease in a highly pre-treated population with advanced disease
  - » PTX-200 reduced pAkt in AML patient blasts
- **Phase 1b trial now underway (PTX-200 + cytarabine) under the leadership of world-leading AML authority, Prof Jeff Lancet**

SPECTACULAR STORY OF CELATOR PHARMACEUTICALS

- Celator (NASDAQ: CPXX) soared to ~$780M valuation on positive Phase 3 data in AML (naïve/newly diagnosed secondary AML) 31 March 2016
- Jazz Pharmaceuticals announced **US$1.5B** cash takeover of CPXX on 31 May 2016
- Reformulation of existing standard of care (liposomal cytarabine + daunorubicin)
- Professor Jeff Lancet MD was the Principal Investigator – also leading PTX's AML trial
- Fantastic precedent for PTX in improving current standard of care in AML!

Prescient Therapeutics

PHASE 1B AML TRIAL UNDERWAY

- Phase 1 results with PTX-200 (monotherapy) very encouraging
- Now PTX-200 + cytarabine in refractory or relapsed acute leukemia
  - 15 -18 patients
  - 3+3 design, single arm
  - Up to 4 dose levels of PTX-200 starting at 25 mg/m^2 (days 1, 8, 15)
  - Cytarabine held constant at 400 mg/m^2 as continuous infusion (days 2-6)
- Professor Jeff Lancet at Moffitt Cancer Center leading the trial
- Yale Cancer Center second site participating in trial
- **First cohort successfully completed (announced March 8)**
  - 3 AML patients treated at 25 mg/m^2
  - Early signs of efficacy
- **Second cohort at 35 mg/m^2 now underway**

Jeffrey E Lancet, M.D.
Principal Investigator

MOFFITT CANCER CENTER

Prescient Therapeutics

BREAST CANCER OVERVIEW

- Breast cancer market currently US$10 B; due to double by 2023
- Most breast cancer drug sales are for HER2+ cancers, but this only represents ~20% of all breast cancers
- By contrast, HER2- has “flown under the radar” of drug developers, due to high profile successes in HER2+ drugs…
- …but ~80% of breast cancers are still HER2-
- Comparative lack of new drug development for HER2- patients, despite the need
- Evidenced by American Society of Clinical Oncology (ASCO) issuing a new practice guidelines in 2014
  - » Concluded that doctors should encourage HER2- patients to enroll in clinical trials for new HER2- drugs
- **pAkt** overexpression is an **adverse prognostic factor** for breast cancer and correlated with **worse disease-free survival**
- **PTX’s targeted niche: preoperative (neoadjuvant) therapy for HER2- disease**

IMS HEALTH
BOYLE, ET AL; ANN ONCOL (2012) 23 (SUPPL 6): VI7-VI12.
PARTRIDGE AH, RUMBLE RB, CAREY LA, ET AL. AMERICAN SOCIETY OF CLINICAL ONCOLOGY CLINICAL PRACTICE GUIDELINE. JCO 2014
THE PROGNOSTIC VALUE OF PHOSPHORYLATED AKT IN BREAST CANCER: A SYSTEMATIC REVIEW SCIENTIFIC REPORTS | 5 :7758, 2015
CANCER RESEARCH PUBLISHED ONLINE ON JUNE 26, 2014; DOI: 10.1158/0008-5472.CAN-13-3382

Prescient Therapeutics

PHASE 1B BREAST CANCER TRIAL SUCCESSFULLY COMPLETED

- PTX-200 in combination with paclitaxel, followed by AC (doxorubicin & cyclophosphamide)
- Patients with metastatic and locally advanced HER2- breast cancer
  - Albert Einstein College of Medicine Montefiore Medical Center and the H. Lee Moffitt Cancer Center
  - Single arm
  - Exploring 3 does levels of PTX-200 15 -35 mg/m^2 (3/4 weeks up to 9 doses)
  - Paclitaxel 80mg/m^2/week x 12 weeks
  - Expansion cohort: dose-dense AC every 2 weeks
- 29 patients dosed; 12 in expansion cohort at 35 mg/m^2
- **Preliminary efficacy on 8 patients encouraging:**
  - 1 complete response
  - 4 partial responses
  - 2 stable disease
  - 1 progressive disease
- 5 patients from Phase 1b qualifying for Phase 2 analysis

Joseph Sparano, M.D.
Principal Investigator

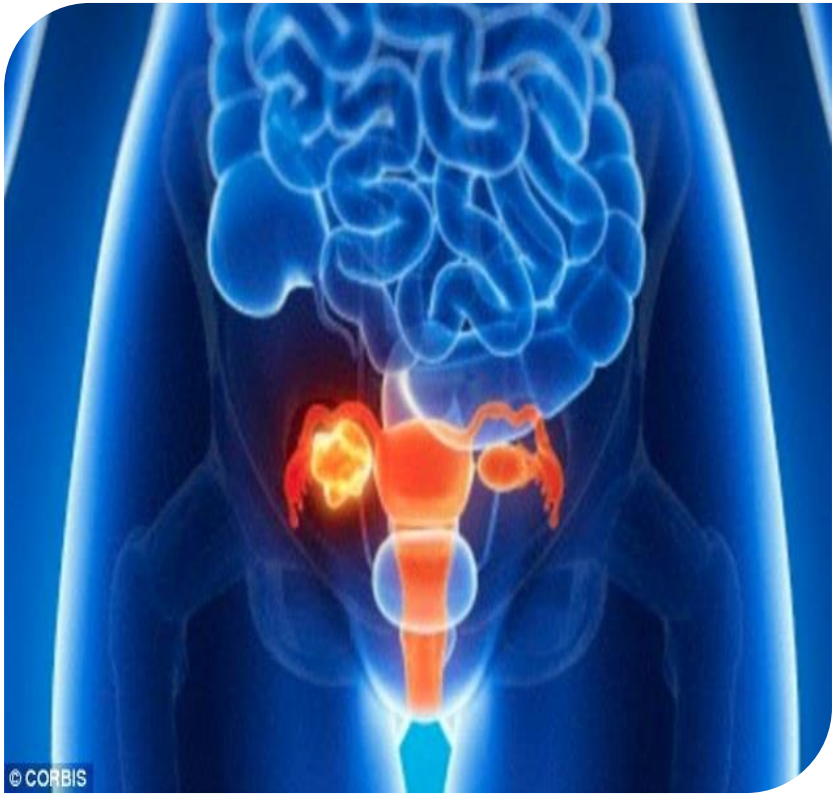
EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Heather Han, M.D.

MOFFITT CANCER CENTER

Prescient Therapeutics

OVARIAN CANCER OVERVIEW



- One of the most common cancers in women - increasing with an ageing population
- Due to reach US$1.7 B by 2019
  - » Market size currently constrained by old generic drugs that just aren't good enough
- Standard of care has not changed in decades (often generic paclitaxel & carboplatin)
  - » Initially effective, with 70% of patients entering remission, but…
  - » …almost all patients eventually relapse
  - » They have become chemoresistant
- **There remains a severe gap in the market for new drugs for relapsing patients and platinum resistant patients**
- **This is the gap that PTX is pursuing in ovarian cancer**

Prescient Therapeutics

PHASE 1B OVARIAN CANCER TRIAL UNDERWAY

- Significant need for new products to treat platinum-resistant ovarian cancer
- Testing PTX-200 plus carboplatin in patients with platinum resistant ovarian cancer
- PTX-200 already proven **overcome cisplatin resistance** and **synergize with cisplatin** in pre-clinical studies
- **Phase 1b underway**
- Currently recruiting at H. Lee Moffitt Cancer Center
- Up to 12 patients with an additional 18 in expansion cohort
- **Now at second dose level**

Robert Wenham, M.D.
Principal Investigator

MOFFITT CANCER CENTER

Prescient Therapeutics

PTX-100

FIRST IN CLASS
INHIBITOR OF RAS PATHWAY

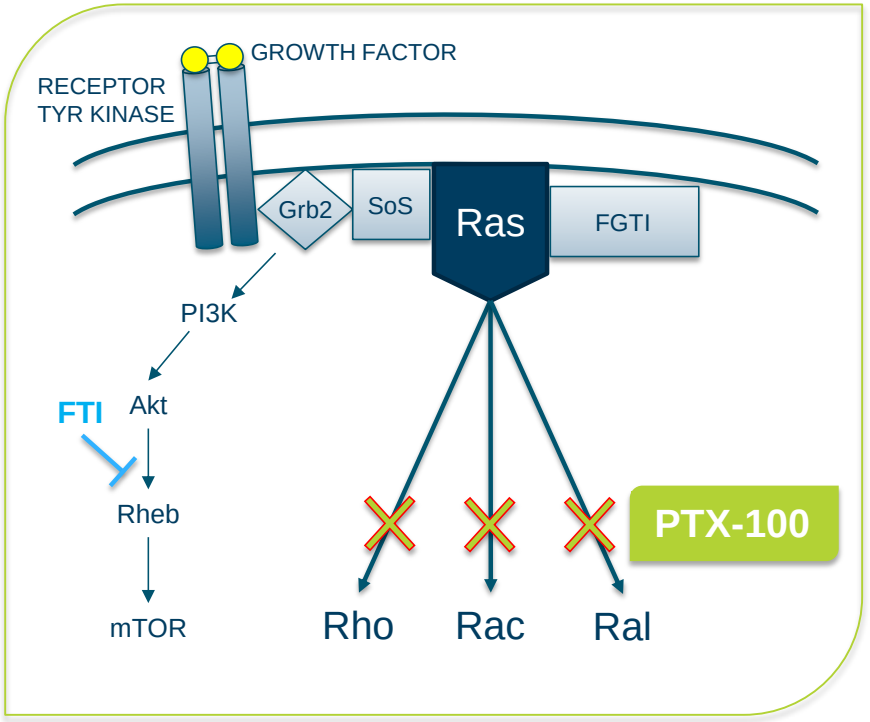
Phase 1 in solid tumors completed;

Now planning a transformative trial in rare heme cancers

Prescient Therapeutics

RAS PATHWAY IS AN IMPORTANT BUT ELUSIVE TARGET

- Ras mutated in 30% of all human cancers and 90% in certain cancers
  - » A staggering 3 million new cancers diagnosed worldwide each year with Ras mutations
- Mutant Ras tumors are often unresponsive to current treatments
- **Patients with Ras mutant cancers are still significantly underserved due to a lack of suitable targeted therapies**
- NCI identified targeting Ras as a high priority with a major initiative to discover therapies for Ras mutant cancers

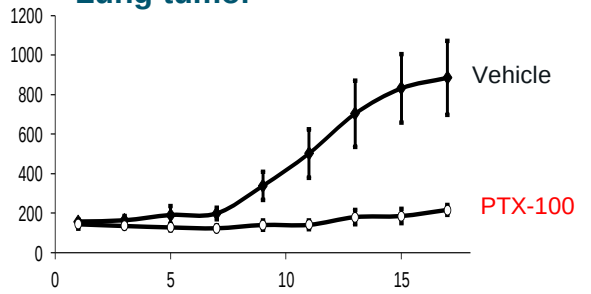


- Ras, Rho and Ral post-translational modifications with the lipids Farnesyl and/or GeranylGeranyl are critical to their cellular localization and cancer-causing activity
- Targeting Ras directly has proven elusive; **PTX disrupts the Ras pathway by inhibiting post-translational modification of Ral, Rac and Rho required for their activation**

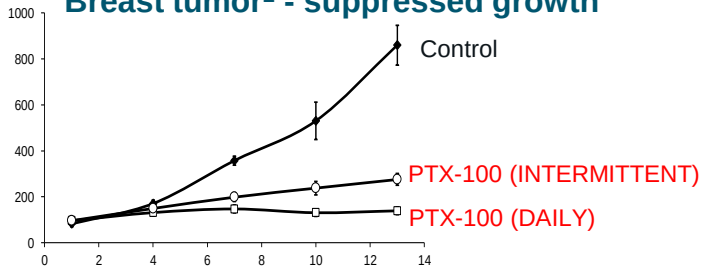
Prescient Therapeutics

PTX-100 IS A HIGHLY EFFECTIVE ANTI TUMOR AGENT IN PRE-CLINICAL MODELS AND FRESH PATIENT BIOPSIES

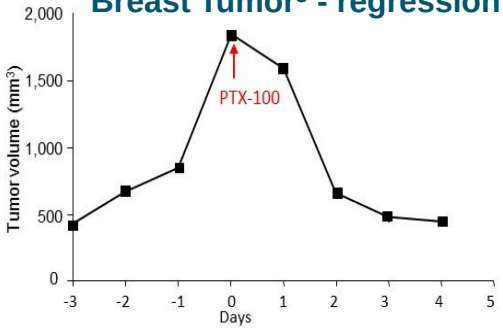
Lung tumor[1]



Breast tumor[2] - suppressed growth



Breast Tumor[3] - regression



- PTX-100 inhibits tumor growth and metastasis, induces tumor regression, and increases survival in various mouse models:
  - » **Inhibits tumor growth** in human lung, breast, multiple myeloma and pancreatic cancer mouse xenografts
  - » **Induces regression** in Her2-driven breast cancer in transgenic mice
  - » **Dose regimen response** in breast cancer model
  - » **Inhibits metastasis to the liver** in a pancreatic cancer mouse model
  - » **Increases the survival** of mice in an aggressive multiple myeloma mouse model
- PTX-100 is effective at inhibiting the viability of **Multiple Myeloma** fresh biopsies from patients refractory to Multiple Myeloma standard therapy
- PTX-100 is **highly synergistic** with Bortezomib and Carfilzomib at inhibiting the viability of Multiple Myeloma fresh biopsies from patients refractory to Multiple Myeloma standard therapy

1. A54 MOUSE XENOGRAFTS
2. MDA-231 MOUSE XENOGRAFTS
3. ERBB2 TRANSGENIC MICE

Prescient Therapeutics

PTX-100: COMPLETED PHASE 1 IN ADVANCED SOLID TUMORS

Patients	• 13
Trial Centers	• University of Pennsylvania & Indiana University
Patient Inclusion	• Heavily pre-treated patients with refractory, advanced solid tumors » 5 rectal; 5 colon; 1 hepatocellular; 1 carcinoid; 1 esophageal • Median 4 prior regimens.
Study Objectives	• Determine dose limiting toxicity (DLT) • Assess safety, tolerability & pharmacokinetics • Observe clinical response
Methods	• 30-min IV infusion on days 1-5 every 21 days • 8 dose levels from 120 – 2060 mg/m^2. 1 patient/dose level until tox, then 3+3
Results	• Well tolerated – nausea main adverse event • Elevation in Liver Function Test identified as dose limiting toxicity for only 1 patient out of 6, thus DLT was never reached • **Durable stable disease achieved in 4 cancer patients (31%)** » 2 rectal cancer patients had durable SD (6-7 cycles at 500-750 mg/m^2) » 1 hepatocellular carcinoma patient had durable SD (3 cycles at 330 mg/m^2) » 1 carcinoid tumor patient had durable SD (8 cycles at 2,060 mg/m^2) • **PK at dose level 5 (1050 mg/m^2) was 36,000x the IC50 value to inhibit GGT-1 in vitro**

Penn
University of Pennsylvania

INDIANA UNIVERSITY

Prescient Therapeutics

RARE DISEASES CAN TRANSFORM SMALLER COMPANIES

- Rare diseases (<200,000 patients in US) can present big opportunities for smaller companies
- Markets may be too small for some Big Pharma, but are big enough to transform smaller companies
  - e.g. Folotyn (Spectrum Pharmaceuticals)
  - For relapsed & refractory Peripheral T-cell lymphoma (5,600 cases/year in US)
  - Approved on overall response rate of 27%
  - Currently priced at US$450,540 per year

- Attractions of rare diseases
  - Typically much **smaller trials** required
  - Lower development **cost**
  - Faster development **time**
  - Support from regulators, including potential **expedited review**
  - **Guaranteed market exclusivity** post approval (irrespective of patent status) 7 years in US; 10 years in EU

- Implications for a small biotech:
  - Typically require **fewer resources**
  - Means a company is not forced to partner earlier than it would like
  - Ability to find a niche with **less competition**
  - Small patient populations **may not require a large sales force**. Patient can be well informed and networked with other patients with the same disease

BIG OPPORTUNITY IN RARE HEMATOLOGICAL NICHE

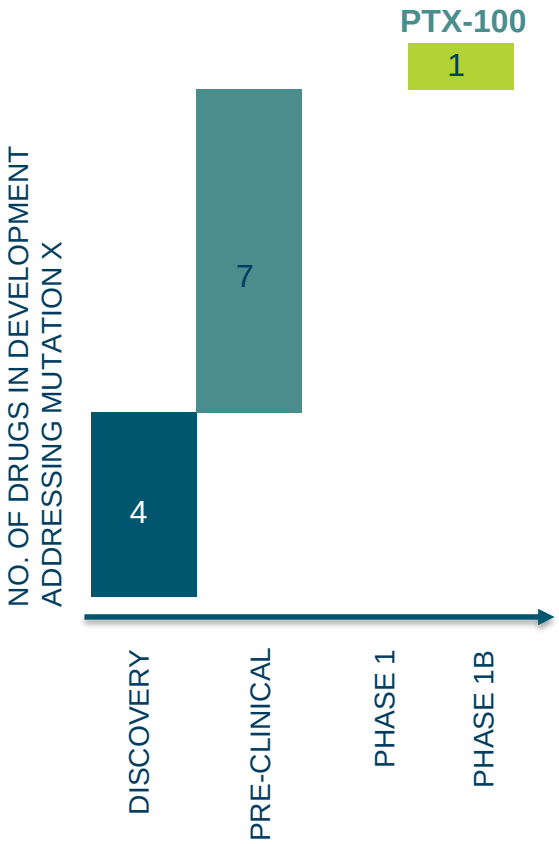
- Recent research has revealed that a certain mutation (mutation X) is a key driver in certain haematological cancers

- Some of these conditions are characterized by:
  - Being rare
  - Having poor prognoses with short median survival
  - Very few existing treatment options
  - Very few drugs in development

- **Area of high unmet need**

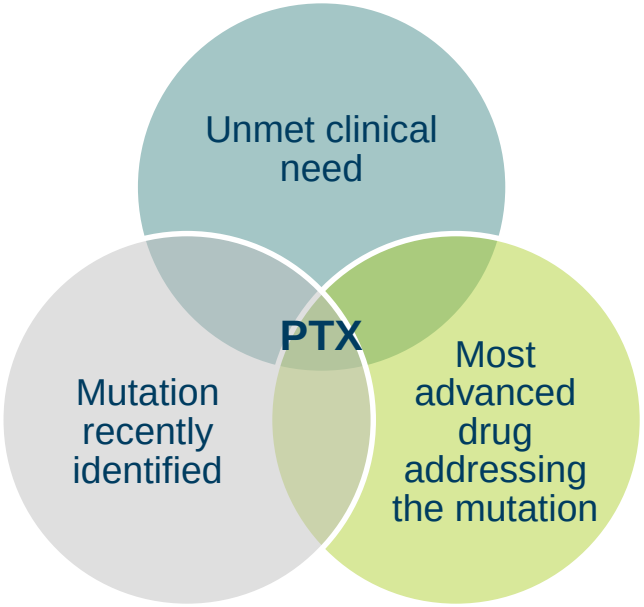
- **PTX-100 is uniquely positioned to address this unmet need due to its mechanism of action**

PTX-100 THE MOST ADVANCED DRUG TARGETING MUTATION IN QUESTION



- Only 12 oncology drugs in development in addressing mutation X
  - » No others are in the clinic
  - » None are in hematology indications
  - » PTX-100 is the most advanced

- **PTX-100 has a head start and unique position in these diseases**



Prescient Therapeutics

VALUE PROPOSITION

PTX OPERATES IN AREAS WITH RICH DEAL ACTIVITY

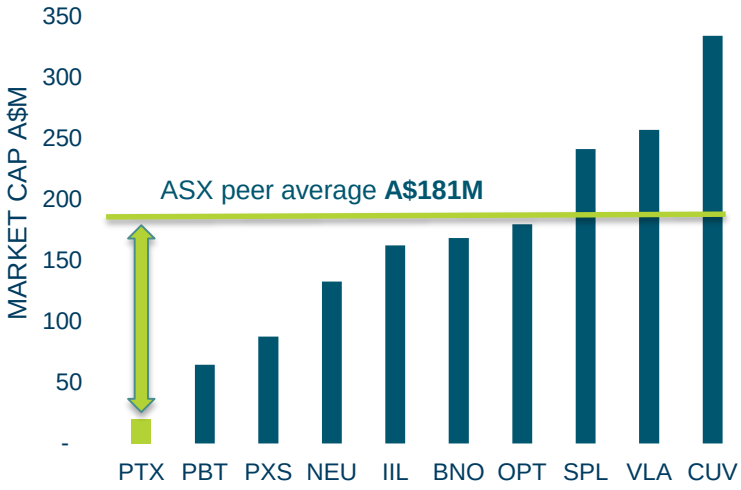
Deals[1] since Jan 2016

	# transactions	Median deal size (US$M)
Breast cancer[2]	30	255
AML	44	143
Ovarian cancer	36	234
Rare diseases (oncology)[3]	972	154

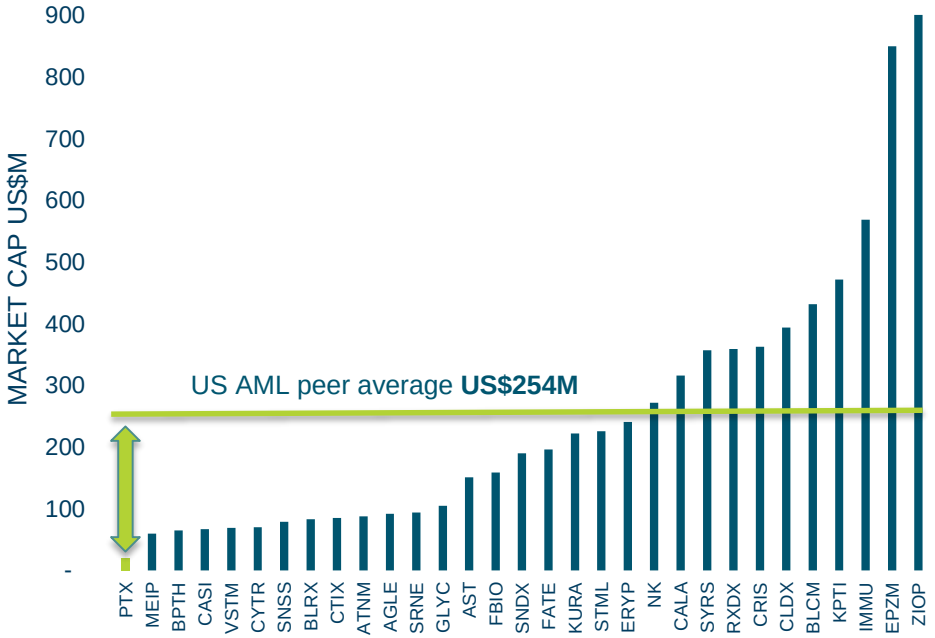
1. Deals defined as mergers, acquisitions, licenses and strategic alliances
2. Breast cancer deals only includes small molecules (like PTX-200) and does not include biologics
3. Totals all deals in oncology for indications that are rare diseases (<200,000 patients in US)

SIGNIFICANT VALUATION ARBITRAGE

Significant valuation arbitrage against comparable ASX peers…



…Arbitrage against US AML peers is even more pronounced



Comparisons are complicated by most companies in having multiple indications (as does PTX). For illustrative purposes this **comparison was narrowed to US biotechs with AML drugs in development and no revenue**

BLOOMBERG 21 APRIL 2017
GOOGLE FINANCE 21 APRIL 2017
GLOBALDATA 21 APRIL 2017

Prescient Therapeutics

CONTINUING TO DELIVER MEANINGFUL PROGRESS

RECENT PROGRESS

PTX-200

- ✓ AML: Phase 1b study initiated at Moffitt and Yale; first cohort successfully completed
- ✓ Breast Cancer: Phase 1b completed and Phase 2 initiated
- ✓ Ovarian Cancer: First cohort completed
- ✓ New drug product manufactured

PTX-100

- ✓ New clinical plan developed

Corporate

- ✓ $10.5 M capital raising; reputable institutional investors added to share register
- ✓ IP bolstered with granted patents
- ✓ Bolstered team

PLANNED UPCOMING ACTIVITIES

PTX-200

- AML: Completion of second cohort
- Breast cancer: Phase 2
- Ovarian cancer: Completion of second cohort

PTX-100

- Manufacturing new drug product
- Protocol writing & trial preparation for new trial

Corporate

- Continue to build awareness amongst clinicians, investors and corporates
- Pipeline development

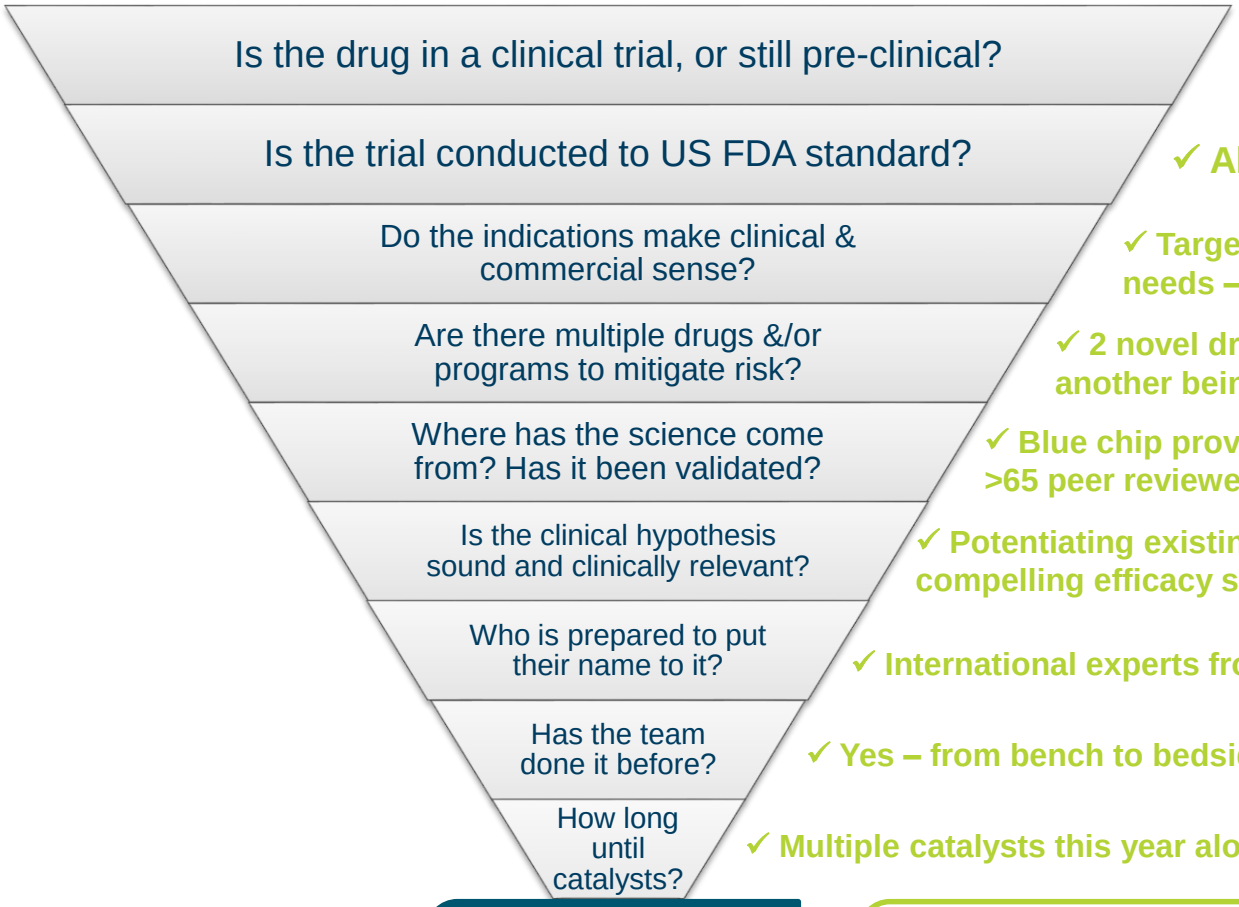
Prescient Therapeutics

INVESTMENT HIGHLIGHTS

2 DRUGS » 3 TRIALS » IMMINENT CATALYSTS » FUNDING IN PLACE » UNDISCOVERED VALUE

- **2 targeted therapies** with impeccable scientific pedigree
- Multiple shots on goal with **Akt and Ras pathway inhibitors** in **multiple trials**
- **One of deepest clinical pipelines on the ASX**
  - » Targeting important areas of unmet clinical need
- **Funded through to value-accretive catalysts**, with a fantastic share register
- Phase 1b/2 AML trial is being led by globally renowned leukemia expert, Professor Jeff Lancet
  - » Professor Lancet also led Celator Pharmaceuticals' ground-breaking VYXEOS trial in AML
- Great scientific and clinical team with a **proven record of success**
- Recent **encouraging breast cancer results** in Phase 1b, now in Phase 2
- **Catalysts not far away**
- **Planning a transformative trial in rare heme cancers**

INVESTMENT DECISION FUNNEL FOR ANY BIOTECH



✓ **Both drugs clinical stage**

✓ **All INDs (under US FDA)**

✓ **Targeting unmet/poorly met medical needs – relapse & refractory; hot areas**

✓ **2 novel drugs. 3 clinical trials, with another being planned**

✓ **Blue chip provenance. multiple US grants >65 peer reviewed publications!**

✓ **Potentiating existing treatments; clinician buy-in; compelling efficacy signals provide confidence**

✓ **International experts from world leading institutions**

✓ **Yes – from bench to bedside; FDA approvals; into market**

✓ **Multiple catalysts this year alone**

- ✓ Cashed up
- ✓ Great share register
- ✓ Valuation a fraction of relevant peers
- ✓ Multiple layers of value with risk mitigation

Prescient Therapeutics

CONTACT

Steven Yatomi-Clarke
CEO & Managing Director
Prescient Therapeutics Limited

e: steven@ptxtherapeutics.com
t: +61 417 601 440
w: ptxtherapeutics.com