

A close-up photograph of a hand wearing a pink nitrile glove holding a clear glass vial containing a yellow liquid. A blue syringe is positioned above the vial, with its needle inserted into the vial's stopper. The background is a soft, out-of-focus white and light blue.

DEVELOPING NOVEL TARGETED THERAPIES TO BEAT CANCER

Prescient Therapeutics Limited (ASX: PTX)
Gold Coast Investment Conference
June 2017

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COMPANY OVERVIEW



INVESTMENT HIGHLIGHTS

2 DRUGS » 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
- **Multiple catalysts** for value creation
- **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 efficacy breast cancer results, despite SAE resulting in clinical hold**
- **Transformative opportunity in rare blood (heme) cancers**

CORPORATE SNAPSHOT

KEY METRICS

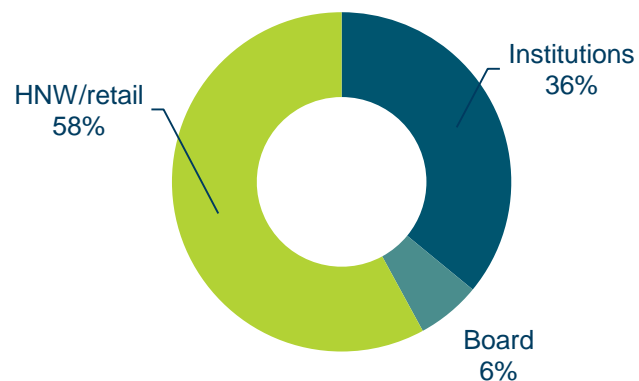
ASX Ticker	PTX
Total Issued Capital	211.3 M shares
Options	57.8 M
Share Price ¹	A\$0.052 (US\$0.04)

Market Capitalisation ¹	A\$11.2 M (US\$8.5 M)
Cash Position ²	A\$8.7 M (US\$6.4 M)
Top 20 Own	52%
6 month turnover ¹	40.7 M shares; A\$3.4 M (US\$2.6 M)

SHARE PRICE PERFORMANCE

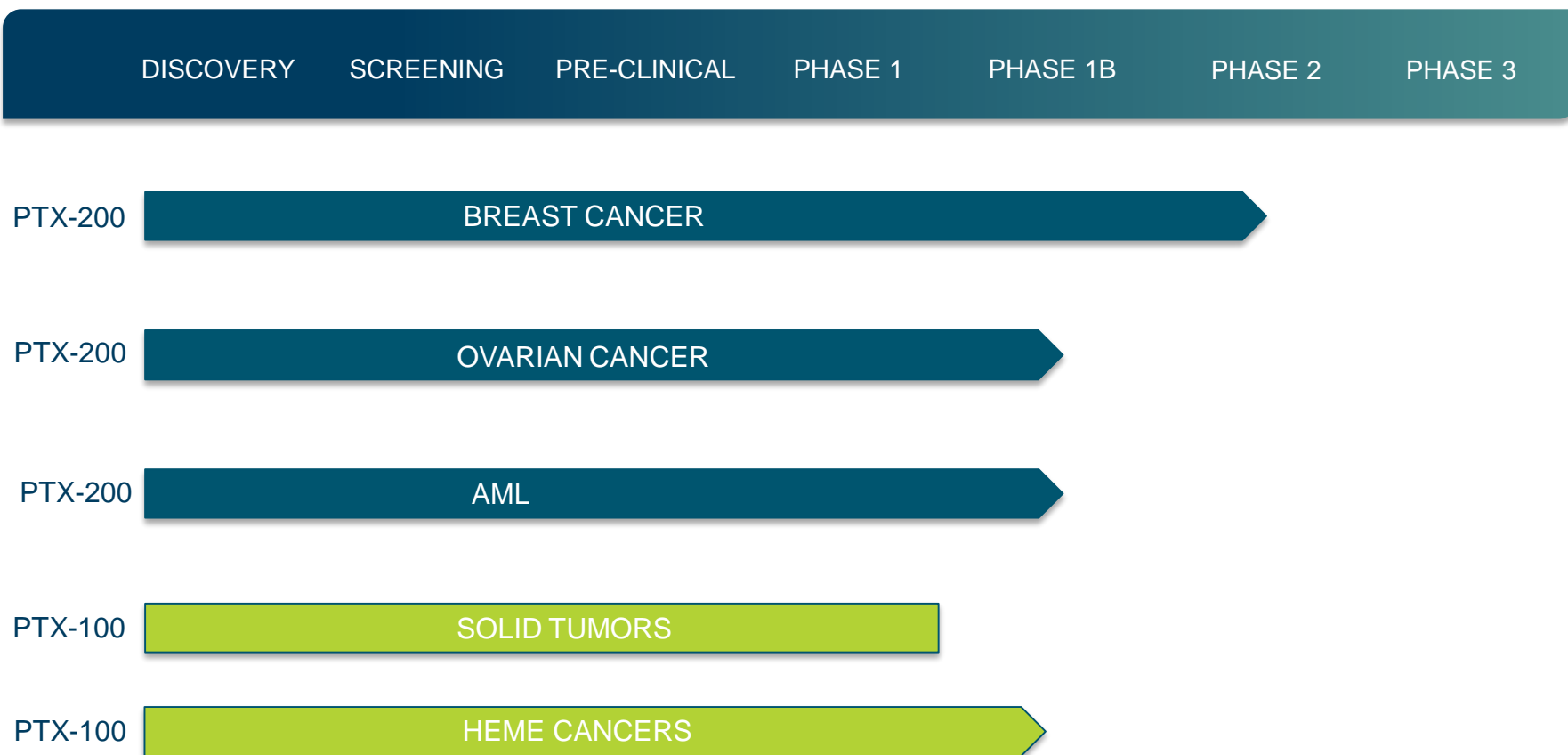


SHAREHOLDER BASE



DEEP, CLINICAL STAGE PRODUCT PIPELINE

- PTX-200 currently in three clinical trials, recruitment currently on hold pending SAE response
- Advancing PTX-100 in rare hematological cancers - a transformative opportunity



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-100

- Commence activities in new hematology indication

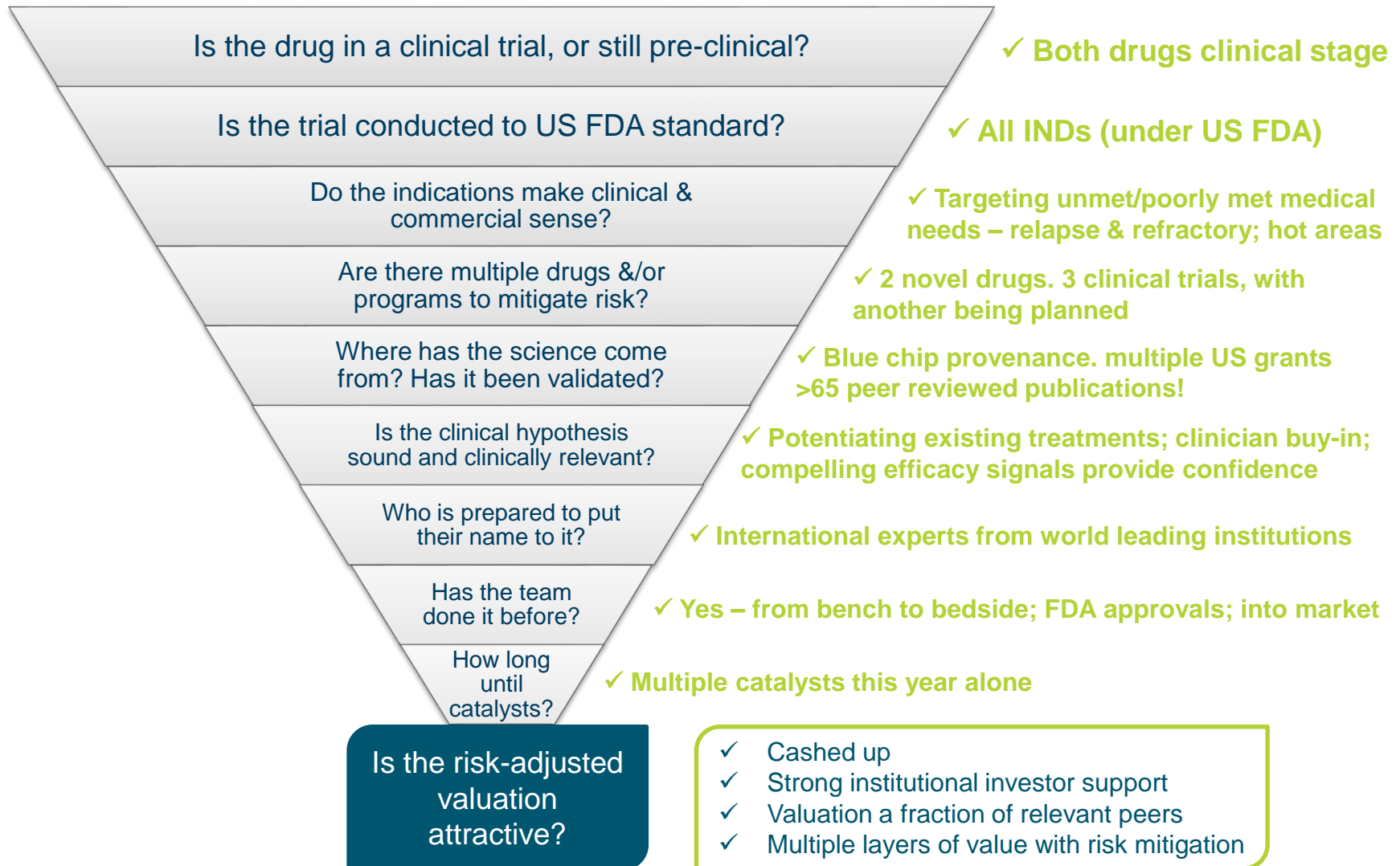
PTX-200

- Work with FDA to recommence recruitment
- AML: Completion of second cohort
- Ovarian cancer: Completion of second cohort

Corporate

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

INVESTMENT DECISION FUNNEL FOR ANY BIOTECH



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 DepoCyt
- **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

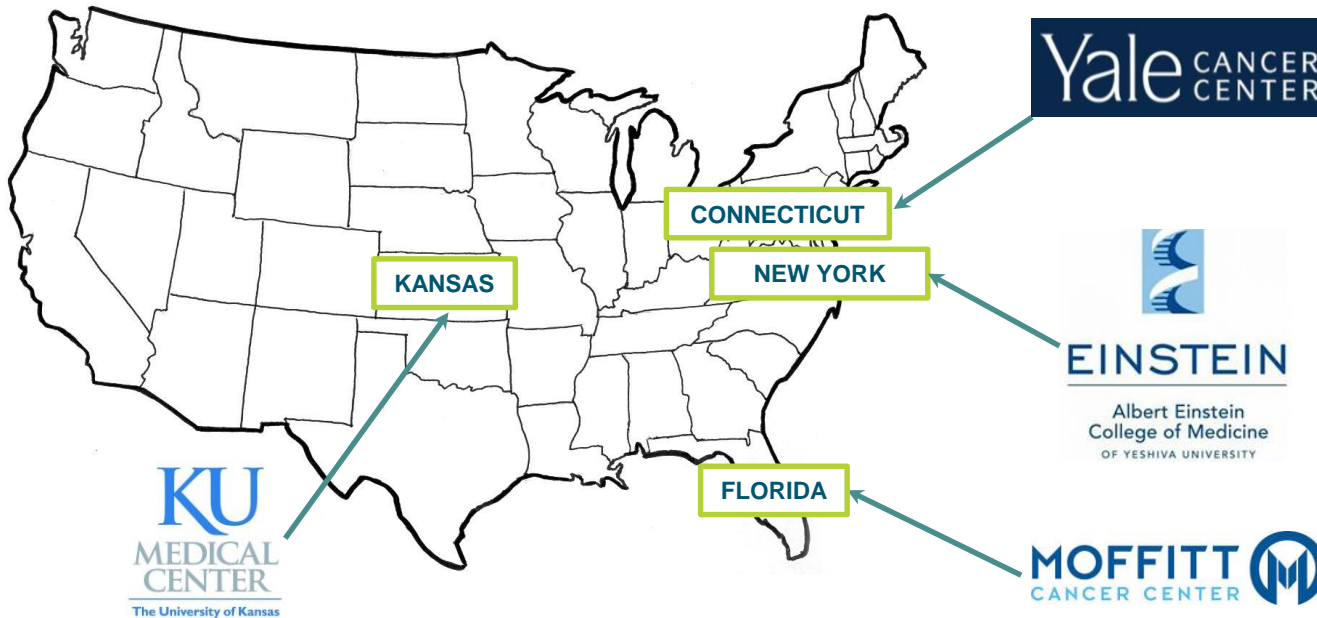
- Extensive experience in the management of pre-clinical and clinical research and intellectual property
- Regulatory affairs and clinical project management experience with small and large CROs



Chaline Strickland, Pharm.D.
Regulatory Affairs

- Senior Director of Clinical Affairs at Ground Zero Pharmaceuticals
- Involved in dozens of New Drug Applications

WORLD CLASS CENTERS & COLLABORATIONS



PREVIOUS CLINICAL TRIALS CONDUCTED AT:



Memorial Sloan Kettering Cancer Center



10 TARGETED THERAPIES
YIELDING A DEEP CLINICAL PIPELINE



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-200

NOVEL AKT INHIBITION

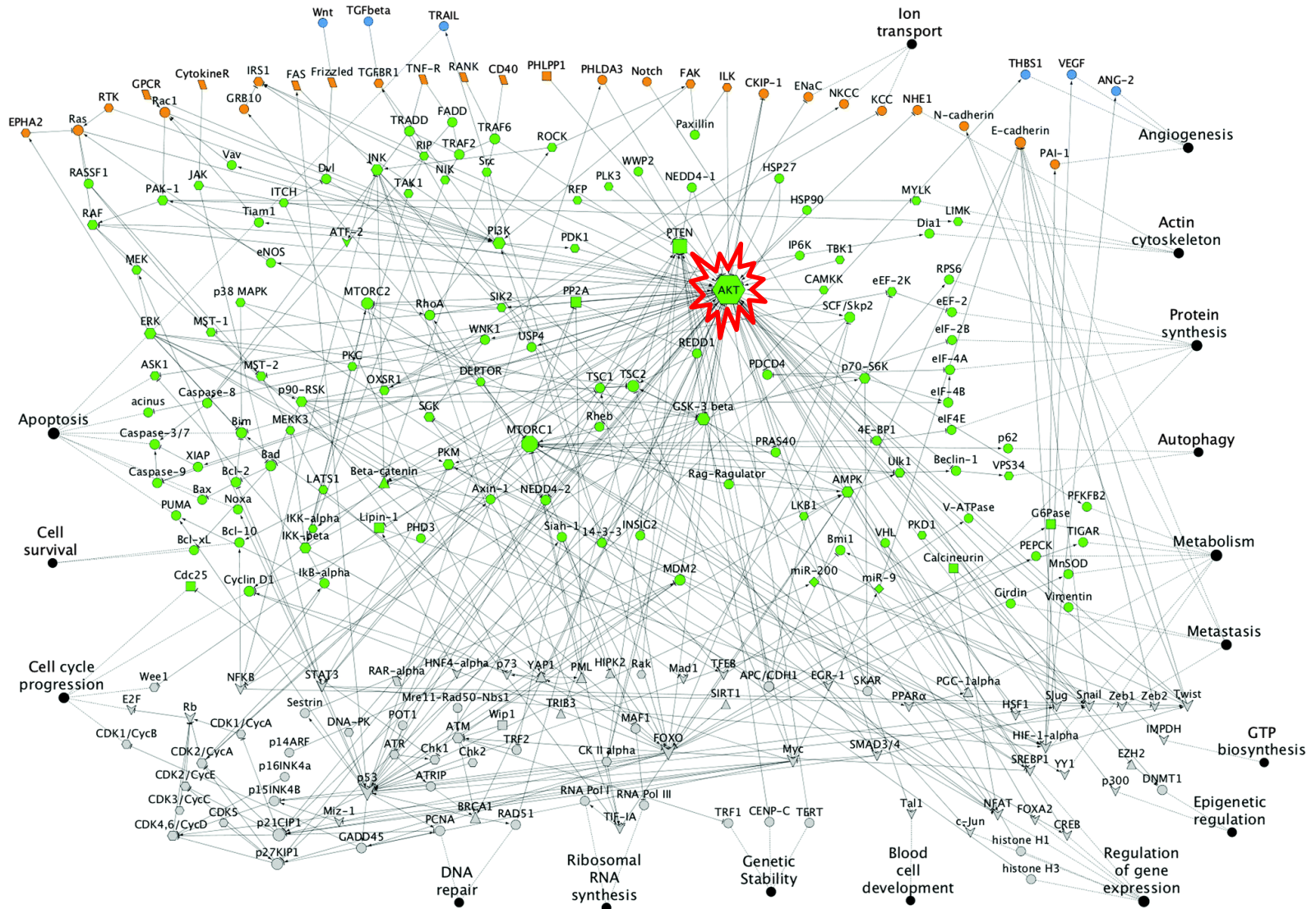
AML

Breast cancer

Ovarian cancer

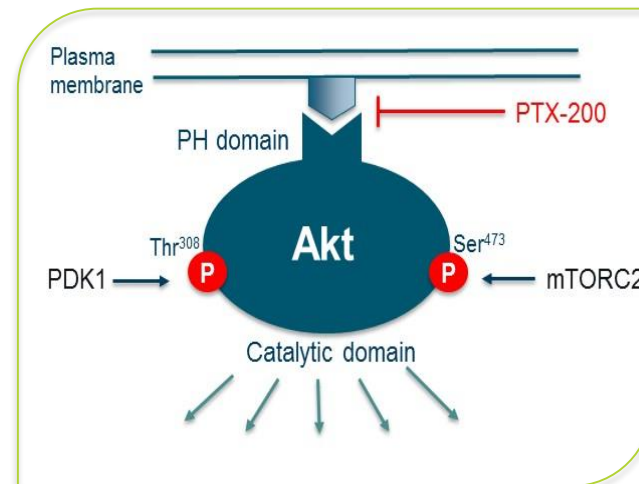


AKT IS A MASTER SWITCH FOR CELLULAR GROWTH & SURVIVAL

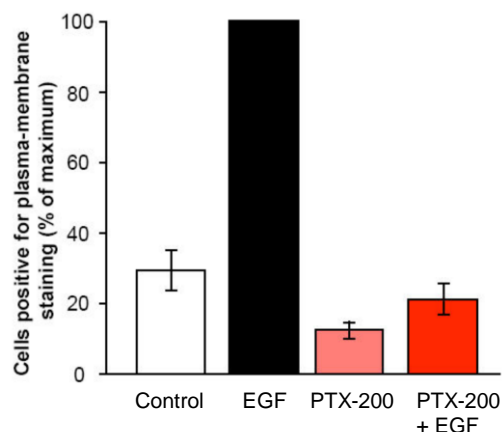


PTX-200: NOVEL AKT INHIBITION VIA PH DOMAIN BINDING

- 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



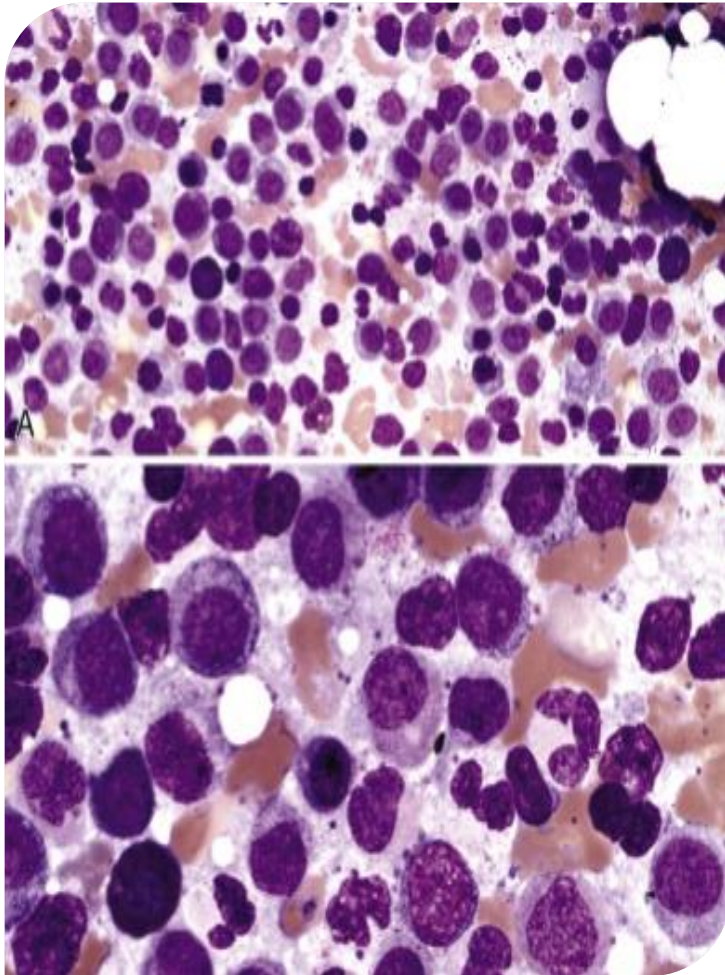
Prevents Akt binding, even in the presence of stimulus (EGF)



PTX-200 specifically inhibits cancers addicted to high pAkt



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 (PTX-200 + cytarabine) now underway (recruitment on hold) 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!



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/m² (days 1, 8, 15)
 - » Cytarabine held constant at 400 mg/m² as continuous infusion (days 2-6)
- Professor Jeff Lancet at Moffitt Cancer Center leading the trial
- Yale Cancer Center and Kansas University Medical Center also participating in trial
- **First cohort successfully completed (announced March 8)**
 - » 3 AML patients treated at 25 mg/m²
 - » Early signs of efficacy
- Now at second cohort at 35 mg/m² (recruitment on hold)



Jeffrey E Lancet, M.D.
Principal Investigator



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**

PHASE 1B BREAST CANCER TRIAL 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 dose levels of PTX-200 15 -35 mg/m² (3/4 weeks up to 9 doses)
 - » Paclitaxel 80mg/m²/week x 12 weeks
 - » Expansion cohort: dose-dense AC every 2 weeks
- 29 patients dosed; 12 in expansion cohort at 35 mg/m²
- **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
- Company has paused recruitment following recent adverse event
- Revising risk management and patient protocols, to ensure superior safety in a high risk patient group



Joseph Sparano, M.D.
Principal Investigator



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY



Heather Han, M.D.



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**

PHASE 1B OVARIAN CANCER TRIAL

- 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 (recruitment on hold)
- 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



PTX-100

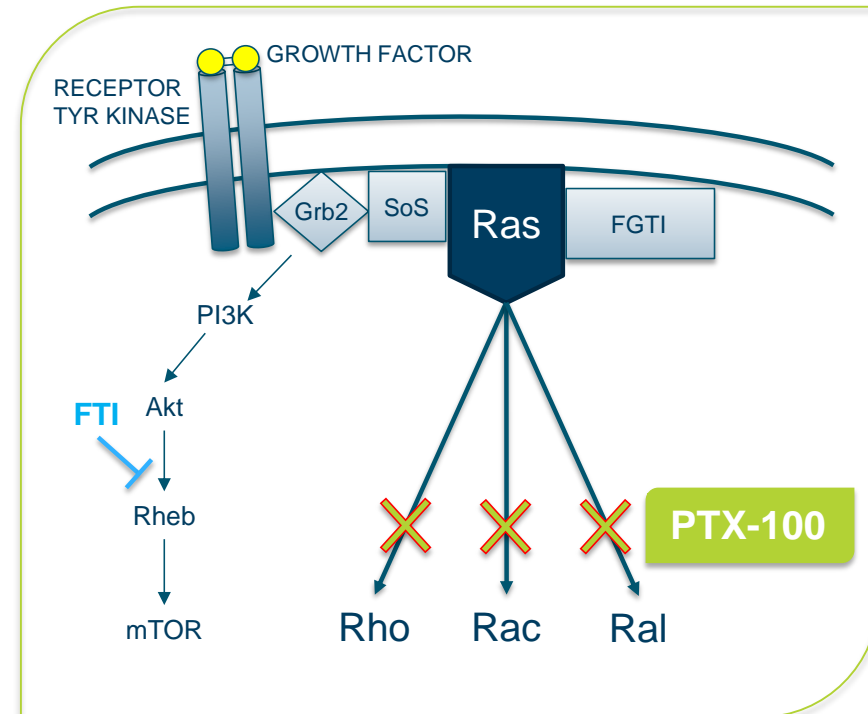
**FIRST IN CLASS
INHIBITOR OF RAS PATHWAY**

Phase 1 in solid tumors completed;
Now pursuing a transformative opportunity in rare blood cancers



RAS PATHWAY IS AN IMPORTANT BUT ELUSIVE TARGET

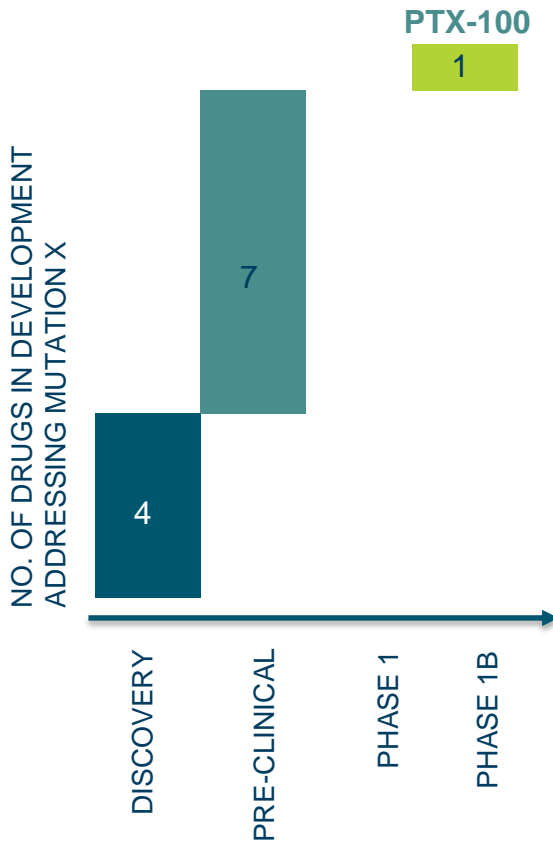
- Ras mutated in 30% of all human cancers and 90% in certain cancers
 - » A staggering 3 million new cancers diagnosed worldwide each year with Ras mutations
- Mutant Ras tumors are often unresponsive to current treatments
- **Patients with Ras mutant cancers are still significantly underserved due to 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
- Targeting Ras directly has proven elusive; **PTX-100 disrupts the Ras pathway by inhibiting the activation of Ral, Rac and Rho**
- **PTX-100 recently discovered to also inhibit a novel cancer causing pathway FBXL2**



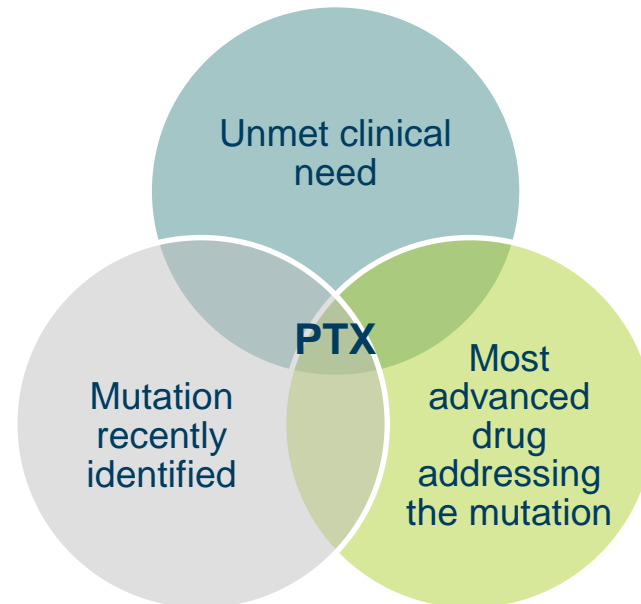
BIG OPPORTUNITY IN RARE HEMATOLOGICAL NICHE

- 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, with Phase 1 trial in solid tumours completed
- **PTX-100 has a head start and unique position in these diseases**



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. Folutyn (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

VALUE PROPOSITION



PTX OPERATES IN AREAS WITH RICH DEAL ACTIVITY

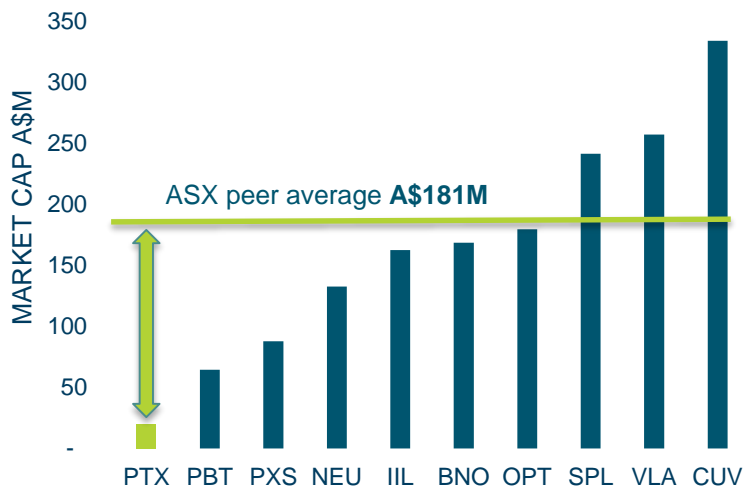
Deals¹ since Jan 2016

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

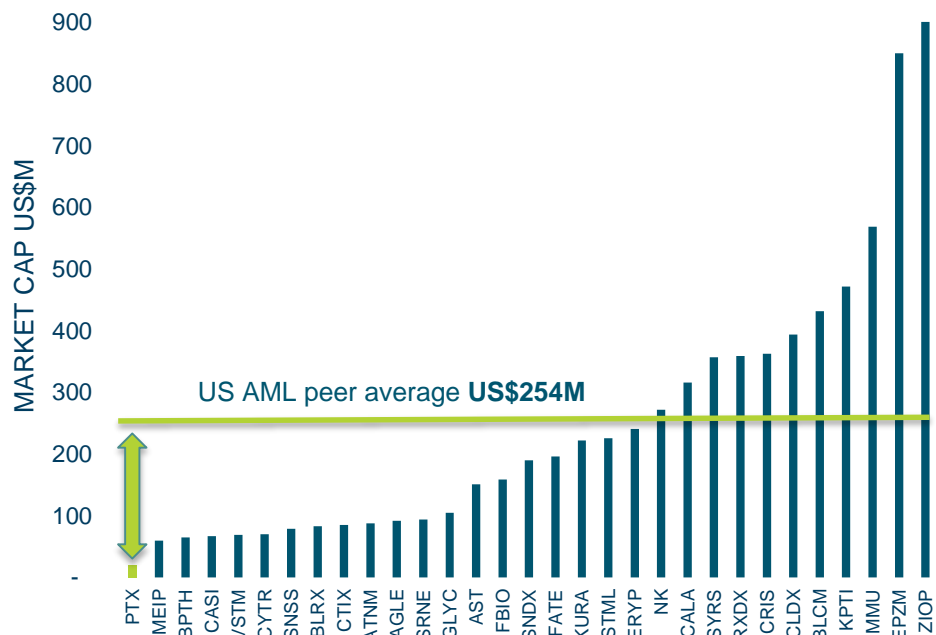
1. Deals defined as mergers, acquisitions, licenses and strategic alliances
2. Breast cancer deals only includes small molecules (like PTX-200) and does not include biologics
3. Totals all deals in oncology for indications that are rare diseases (<200,000 patients in US)

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

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CONTACT

Steven Yatomi-Clarke
CEO & Managing Director
Prescient Therapeutics Limited

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

