



ASX Release

March 2018 Investor Presentation

Melbourne, Australia (19 March 2018): Clinical-stage oncology company Prescient Therapeutics Limited (ASX: PTX; Prescient) provides a copy of the attached March 2018 Investor Presentation, ahead of final Phase 1b breast cancer results with PTX-200.

For women with locally advanced ER+, HER2 negative breast cancer, typical expectations are a response rate of 25%. Prescient is currently undertaking the analysis of these results and is aiming to announce them in the coming weeks.

Investment Highlights

- Two targeted therapies with impeccable scientific pedigree and novel mechanisms, being developed in indications where there is significant unmet need and high levels of pharmaceutical industry interest
- Multiple shots on goal with 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
- Identification of a unique niche opportunity in rare hematological cancers with PTX-100
- Multiple catalysts this year
- Ph1b breast cancer results due imminently – looking for response rate >25%
- Following similar development path to that of targeted therapy success stories like Loxo Oncology (NASDAQ: LOXO)

Major 2018 Milestones

- Final PTX-200 Phase 1b breast cancer results
- Manufacturing run of PTX-100 and additional inventory of PTX-200
- Completion of the PTX-200 AML Phase 1b trial
- Re-entering the clinic with PTX-100
- Completion of the PTX-200 ovarian cancer Phase 1b trial

Prescient's CEO and Managing Director, Steven Yatomi-Clarke said, *"This is shaping up to be a transformative year for Prescient, as we anticipate many important milestones. Success in any one of them will be very positive for the Company. More broadly, the success of many targeted therapy cancer companies in the US highlights the value of the personalized medicine approach that Prescient is pursuing."*

ENDS



About Prescient Therapeutics Limited (Prescient)

Prescient Therapeutics is a clinical stage oncology company developing targeted therapies that address specific mutations that drive cancer and contribute to resistance.

Prescient's lead drug candidate **PTX-200** inhibits an important tumor survival pathway known as Akt, which plays a key role in the development of many cancers, including breast and ovarian cancer, as well as leukemia. Unlike other drug candidates that target Akt inhibition which are non-specific kinase inhibitors that have toxicity problems, PTX-200 has a novel mechanism of action that specifically inhibits Akt whilst being comparatively safer. This highly promising compound is now the focus of three current clinical trials:

- Phase 2 study examining PTX-200 in breast cancer patients at the prestigious Montefiore Cancer Center in New York and the Moffitt.
- Phase 1b/2 trial evaluating PTX-200 as a new therapy for relapsed and refractory Acute Myeloid Leukemia, being conducted at Florida's H. Lee Moffitt Cancer Center (Moffitt); Yale Cancer Center in New Haven, Connecticut (Yale) and Kansas University Medical Center (KUMC) under the leadership of Professor Jeffrey Lancet, MD.
- Phase 1b/2 trial of PTX-200 in combination with current standard of care is also underway in patients with recurrent or persistent platinum resistant ovarian cancer at the Moffitt.

Prescient's second novel drug candidate, **PTX-100**, is a first in class compound with the ability to block an important cancer growth enzyme known as geranylgeranyl transferase (GGT). It inhibits the activation of Rho, Rac and Rho circuits in cancer cells, which act as key oncogenic pathways, leading to apoptosis (death) of cancer cells. PTX-100 was well tolerated and achieved stable disease in a Phase 1 trial in advanced solid tumors and will be the focus of studies in Ras and RhoA mutant malignancies, namely RhoA mutant lymphomas.

Further enquiries:

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Prescient Therapeutics Limited
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Disclaimer and Safe Harbor Statement

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 announcement. 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.

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

DEVELOPING NOVEL TARGETED THERAPIES TO BEAT CANCER

ANTICIPATING PHASE 1B BREAST CANCER RESULTS

Prescient Therapeutics Limited (ASX: PTX)
Broker presentation
March 2018

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COMPANY OVERVIEW



INVESTMENT HIGHLIGHTS

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

- Multiple shots on goal with novel personalized cancer therapies
- **One of deepest clinical pipelines on the ASX**
- **Funded through to value-accretive catalysts**, with a fantastic share register
- Great scientific and clinical team with a **proven record of success**
- Transformative opportunity in rare blood (haem) cancers
- **Multiple catalysts this year**
- **Ph1b breast cancer results due imminently – looking for response rate >25%**

CORPORATE SNAPSHOT

KEY METRICS

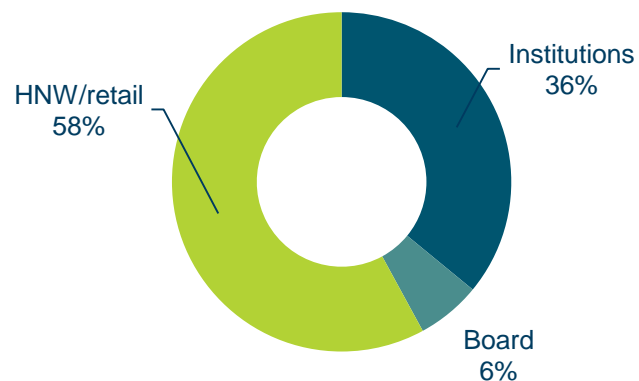
ASX Ticker	PTX
Total Issued Capital	211.3 M shares
Options	57.8 M
Share Price ¹	A\$0.089 (US\$0.07)

Market Capitalisation ¹	A\$18.8 M (US\$14.8 M)
Cash Position ²	A\$6.0 M (US\$4.7 M)
Top 20 Own	52%
6 month turnover ¹	22.7 M shares; A\$1.6 M (US\$1.3 M)

SHARE PRICE PERFORMANCE

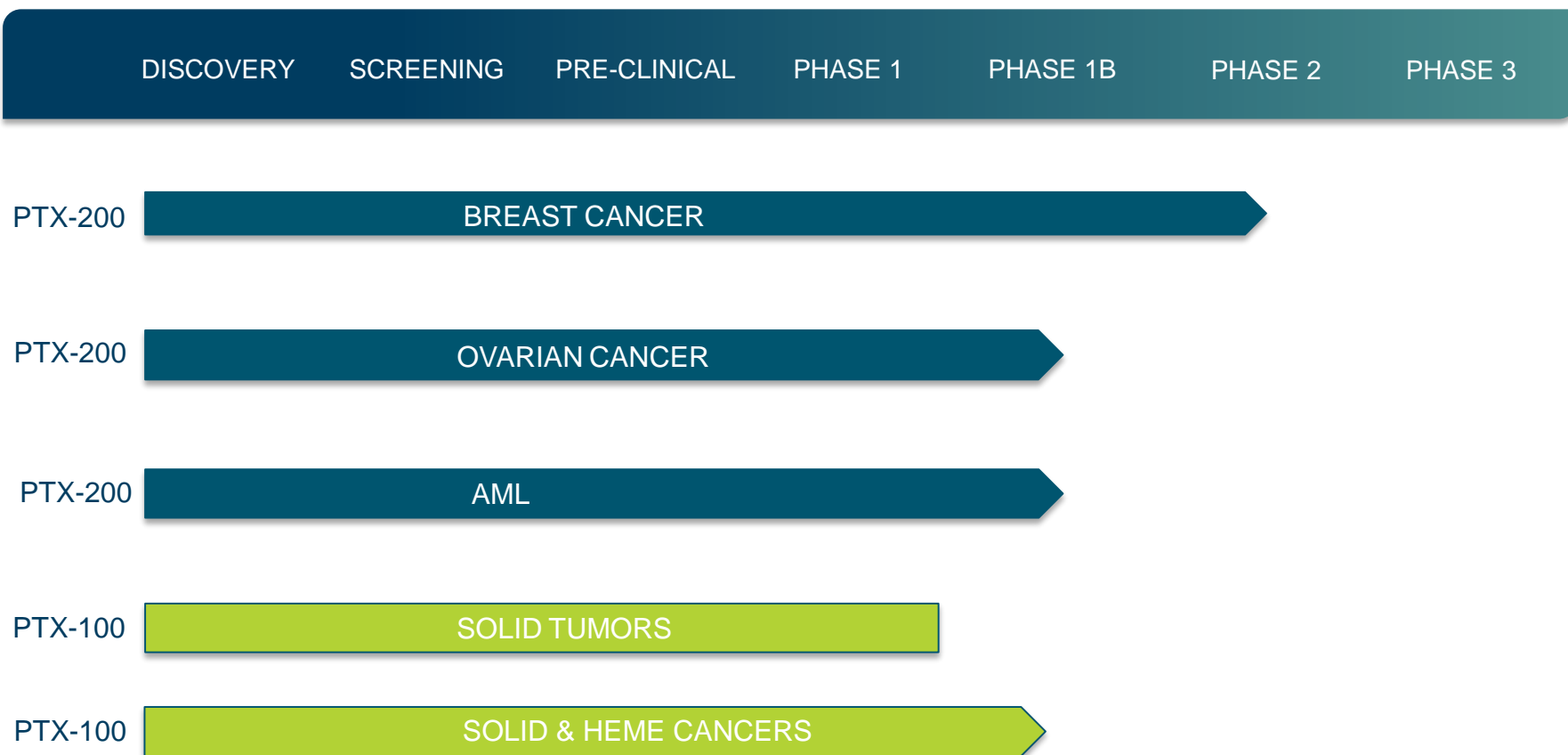


SHAREHOLDER BASE

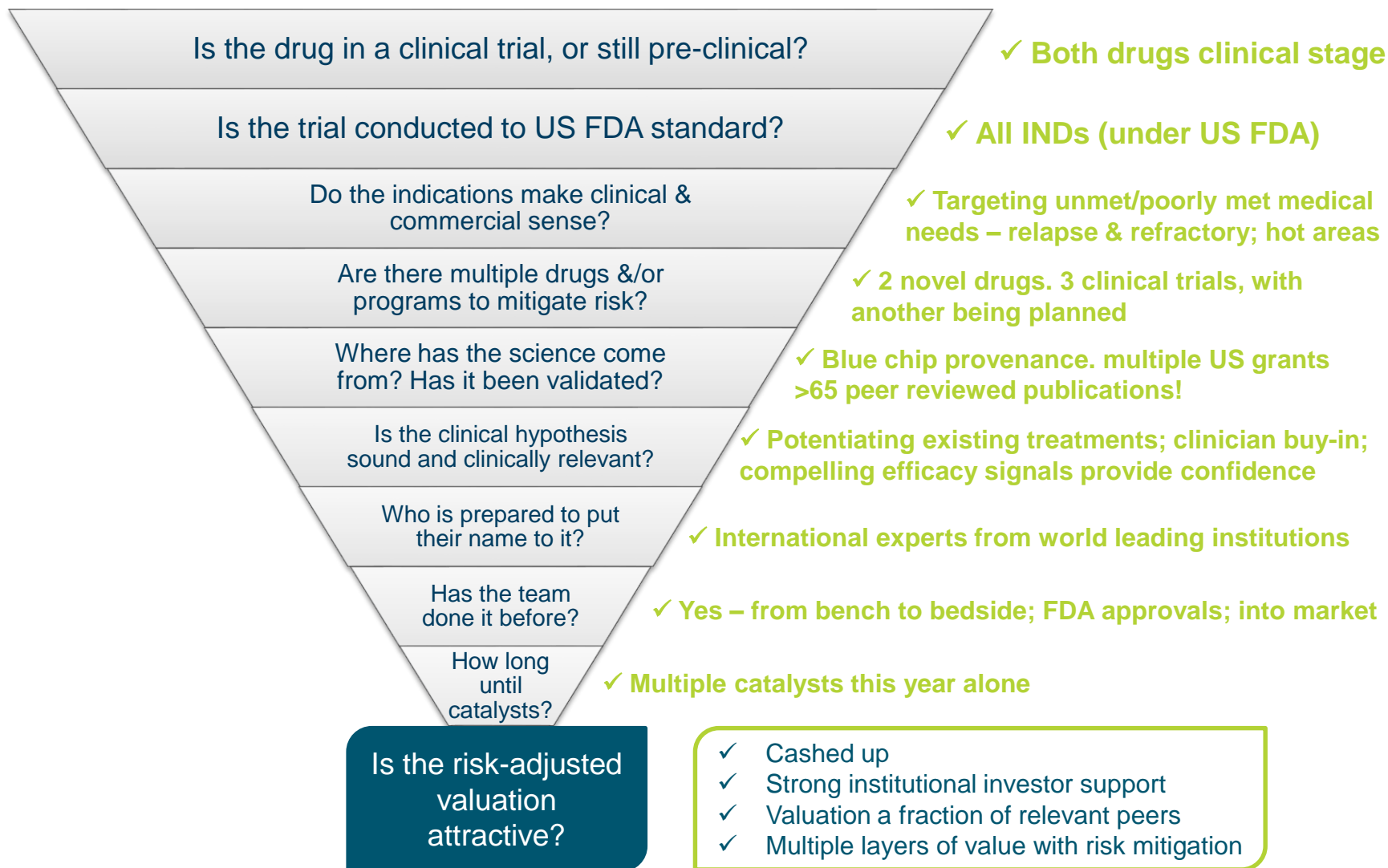


DEEP, CLINICAL STAGE PRODUCT PIPELINE

- PTX-200 currently in three clinical trials
- Advancing PTX-100 in rare hematological cancers - a transformative opportunity



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 DepoCyte
- **PTX is only 1 of only 2 ASX biotechs with a CMO that has successfully approved drugs**



Mark Sonnemann, JD
VP – Clinical Operations

- Extensive experience in all phases of clinical research, particularly in early phase drug development
- Regulatory and quality assurance experience in pharmaceutical, biotech, and medical devices
- Diverse background in clinical research, transplant, and law



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

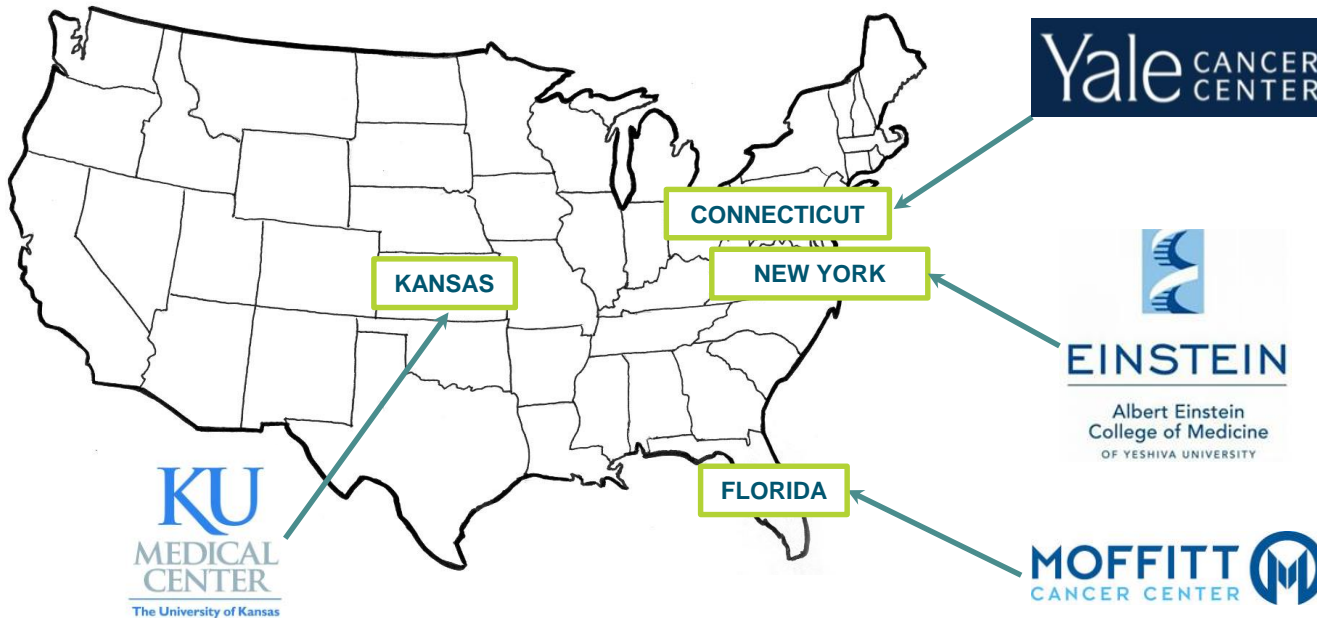
- Extensive experience in the management of pre-clinical and clinical research and intellectual property
- Regulatory affairs and clinical project management experience with small and large CROs



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**



HOW OUR DRUGS WORK: “MOLECULAR SWITCHES”

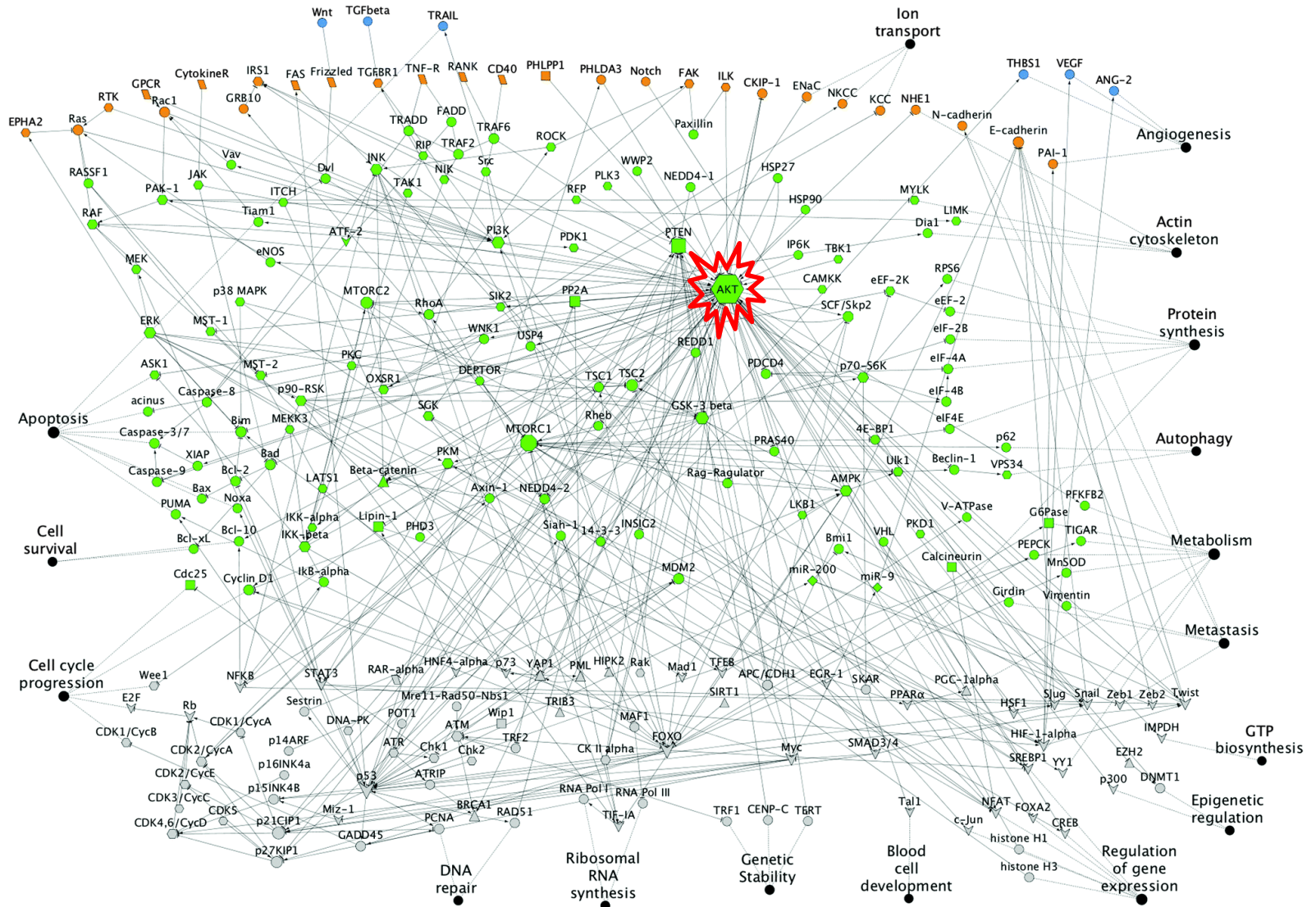
Akt & Ras are growth molecules found in cells – when they are stuck “on”, they send **constant signals to the cancer cell to grow**



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



TURNING OFF TUMOUR MASTER SWITCHES



PTX-200

NOVEL AKT INHIBITION

AML

Breast cancer

Ovarian cancer



BREAST CANCER OVERVIEW



- Breast cancer market currently US\$10 B; due to double by 2023
- HER2- breast cancer has “flown under the radar” of drug developers, due to high profile successes in HER2+ drugs...but **~80% of breast cancers are still HER2-** (TNBC & ER+)
- Comparative lack of new drug development for HER2- patients, despite the need
- Evidenced by ASCO issuing a new practice guidelines in 2014 encouraging 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

HYMAN, ET AL; J CLIN ONCOL 2017 JULY 10; 35(20):2251-2259

KIM, ET AL; LANCET ONCOL 2017 AUG 8 PII: S1470-2045(17)30450-3

HIGH P-AKT CORRELATED WITH POORER BREAST CANCER OUTCOMES

- pAkt overexpression associated with higher risk of death and disease recurrence
 - » Irrespective of population, status of hormone receptors, hormonal or trastuzumab treatment given
- **p-Akt overexpression is an adverse prognostic factor for breast cancer**
- Akt activation induces endocrine resistance in metastatic breast cancer, irrespective of the kind of endocrine agents administered
- p-Akt may be a useful predictor of resistance to endocrine therapy for breast cancer
- **Inhibition of Akt may increase the efficacy of endocrine therapy**
- Using primary breast tissue microarrays, and quantification of the levels of activated pAkt revealed that high pAkt status assessed by amplified-FRET correlated with **worse disease-free survival**
- **MSKCC identified utility of Akt inhibition in ER+ & TNBC (2017)**
- **Roche Akt inhibitor ipatasertib (ATP mimic) demonstrated positive Phase 2 data in metastatic TNBC (ASCO 2017)**

WHAT DOES SUCCESS LOOK LIKE FOR THIS DISEASE?

- Complete eradication of disease= pathological complete response (pCR)
- Partial eradication = partial response (PR). Complete + partial responses = overall response rate (ORR)
- Studies on all sub-types of locally advanced breast cancer receiving weekly chemo reports a wide range of pCR (8-28%)
- For women with locally advanced **ER+, HER2 negative breast cancer**, typical expectations are:
 - » **pCR of 16%** (11-22%)
 - » **ORR of 25%**
 - » Treatment with palbociclib + fulvestrant shows ORR of 25%; almost all were partial responses
 - » Median Progression Free Survival (PFS) of 9.5 months
 - » Fulvestrant alone PFS gives results about half as good
- Whilst Prescient is not measuring PFS in this study, pCR is recognised by the FDA as an endpoint to accelerated approval
- A meaningful improvement on these response rates would be seen as very encouraging

HORTOBAGYI, G, ET AL; J CLIN ONCOL 23:5983-5992; 2005

SPARANO, J, ET AL ; BREAST CANCER RES TREAT; JUNE 2014

SPARANO, J, ET AL ; BREAST CANCER RES TREAT; JUNE 2013

US FDA, (CDER). GUIDANCE FOR INDUSTRY: PATHOLOGICAL COMPLETE RESPONSE IN NEOADJUVANT TREATMENT OF HIGH-RISK EARLY-STAGE BREAST CANCER: USE AS AN END POINT TO SUPPORT ACCELERATED APPROVAL. OCTOBER 2014.

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
 - » Represent s the majority of breast cancer patients
 - » High p-Akt levels correlated with poorer outcomes for breast cancer patients
- 29 patients dosed; 12 in expansion cohort at 35 mg/m²
- Preliminary efficacy encouraging
- 5 patients from Phase 1b qualifying for Phase 2 analysis
- **Final Phase 1b results out Q1 2018**
- **Phase 2 trial currently underway**



Joseph Sparano, M.D.
Principal Investigator



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY



Heather Han, M.D.



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)
- World renowned expert 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, with early signs of efficacy
- Now at second cohort at 35 mg/m²



Jeffrey E Lancet, M.D.
Principal Investigator



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
- 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

PHASE 1 IN SOLID TUMORS COMPLETED

NOW PURSUING A TRANSFORMATIVE OPPORTUNITY IN
RARE BLOOD CANCERS



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
- 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

CASE STUDY : FOLOTYN

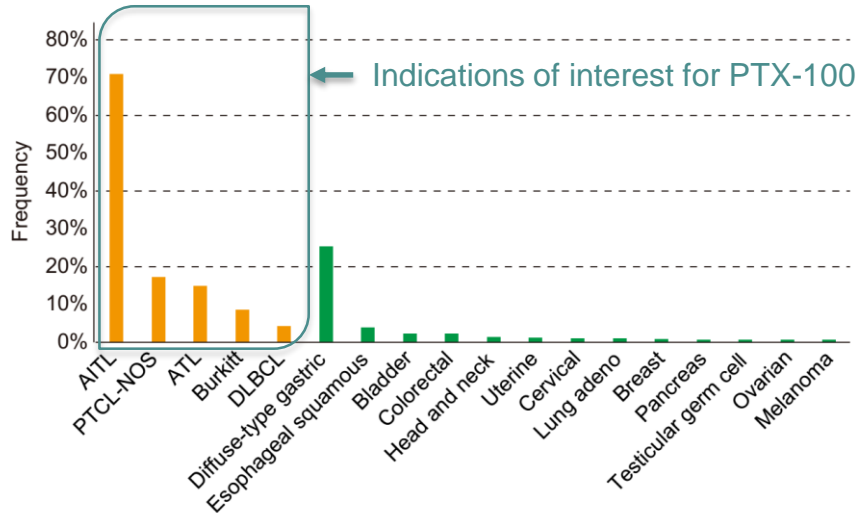
- Developed by Allos, acquired by Spectrum Pharmaceuticals
- For relapsed & refractory Peripheral T-cell lymphoma
 - » 5,600 cases/year in US
- Approved on overall response rate of 27%
- Currently priced at US\$450,540 per patient, per year

FOLOTYN
(pralatrexate injection) 



RAS PATHWAY, AND RHOA IN PARTICULAR, ARE IMPLICATED IN A NUMBER OF HEMATOLOGICAL MALIGNANCIES

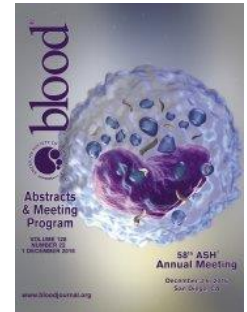
Frequency of RhoA mutations in human malignancies



nature
genetics

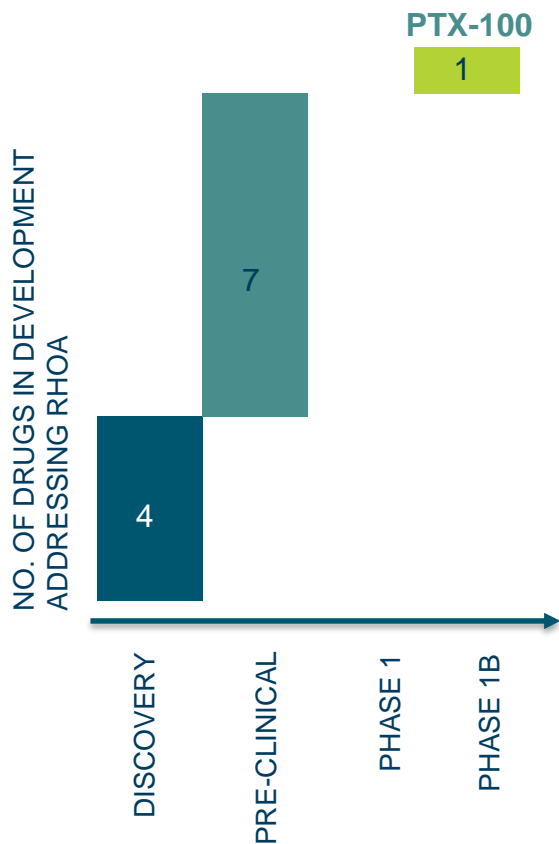


Experimental
Hematology

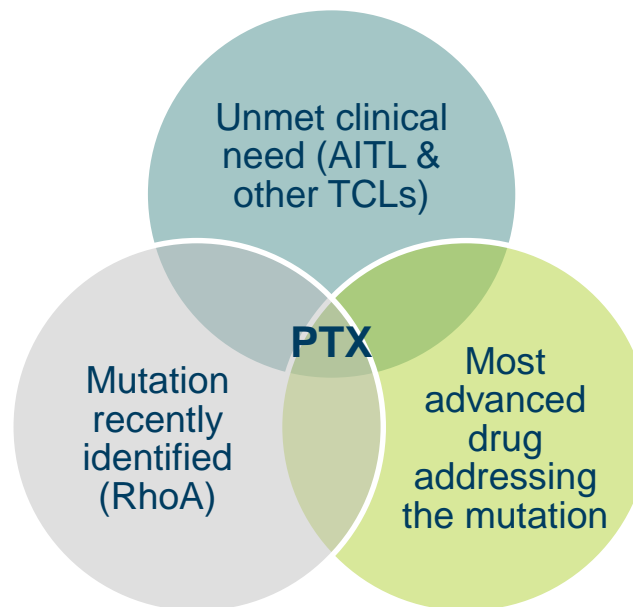


- In addition, **N-Ras** and **K-Ras** contribute to several heme malignancies including:
 - » Acute Myeloid Leukemia (AML)
 - » Chronic Myelomonocytic Leukemia (CMML)
 - » Juvenile Myelomonocytic Leukemia (JMML)
 - » Multiple Myeloma (MM)
 - » Ras-associated Autoimmune Leukoproliferative Disorder (RALD)

PTX-100 THE MOST ADVANCED DRUG TARGETING RHOA



- Only 12 RhoA inhibitors in development in oncology
 - » 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 RhoA mutant lymphomas**



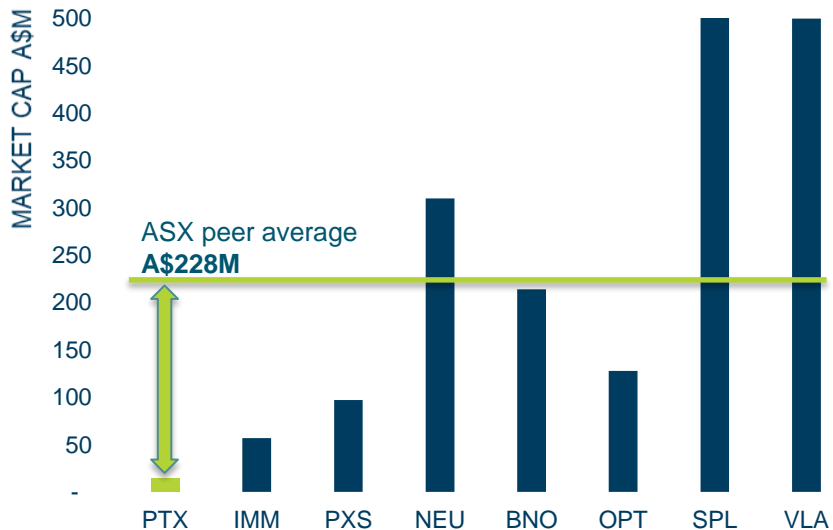
VALUE PROPOSITION



SIGNIFICANT VALUATION ARBITRAGE

Robust science and solid progress,
but still currently offering incredible value...

...But when the science is robust,
the valuation gap will not last forever!



Viralytics Ltd.

ASX: VLA - 8 Mar., 4:10 pm AEDT



TARGETED THERAPIES CASE STUDY #1: LOXO

Bayer agrees cancer drug deal with Loxo worth up to \$1.55 bln

November 14, 2017, 10:08:00 AM EDT By Reuters

- Loxo Oncology (NASDAQ: LOXO); US\$3.4B market cap
- TRK inhibitor targeting cancers with TRK fusions
- Deal for LOXO-101 and LOXO-195
- In mid-stage clinical trials. ORR 75%
- US\$400m upfront
- Loxo could earn up to US\$1.55 Billion
- Bayer and Loxo co-promote in US; Bayer solo RoW
- 776% return in 4 years



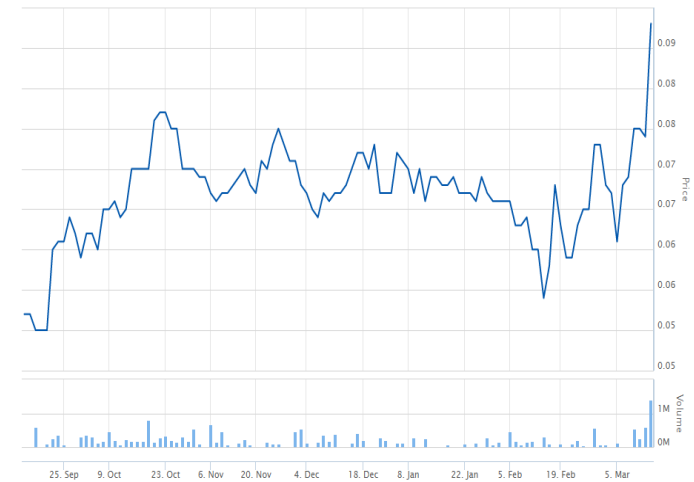
TARGETED THERAPIES CASE STUDY #2: BLUEPRINT

- Blueprint Medicines (NASDAQ: BPMC)
- Target therapies for cancer based on genomically defined diseases (abnormal kinase activation)
- 4x Phase 1 drugs
- 3 x discovery programs
- IPO April 2015: Valuation: US\$398M; \$16/share
- Today: Valuation: US\$3.8 B; \$64/share
- 375% return in <3 years



PRESCIENT FOLLOWING THE SAME DEVELOPMENT PATH

- Prescient Therapeutics (ASX: PTX); market cap \$18M
- Target therapies for cancer
- Hyper pAkt – PTX-200
 - » Orphan drug designation in AML
- Ras pathway mutations – PTX-100
 - » Ultra-orphan RhoA mutant lymphomas
- **A step behind some US peers, but treading the same path!**



IN THE NEXT 12 MONTHS WE WILL WORK TOWARDS:

- Removal of clinical hold on PTX-200 breast cancer trial (already done)
- Final data on the Phase 1b PTX-200 breast cancer trial
- Manufacturing run of PTX-100 and additional inventory of PTX-200
- Pre-clinical work in PTX-100 in RhoA mutant cancers
- Completion of PTX-200 AML Phase 1b trial
- Completion of PTX-200 ovarian cancer Phase 1b trial
- Re-entering the clinic with PTX-100
- Continuing to build awareness among investors, clinicians and corporates

INVESTMENT HIGHLIGHTS

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

- Multiple shots on goal with novel personalized cancer therapies
- **One of deepest clinical pipelines on the ASX**
- **Funded through to value-accretive catalysts**, with a fantastic share register
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