Prescient Announces Internal OmniCAR Programs for Three Next-Gen CAR-T Therapies

MELBOURNE Australia, 18 January 2021 – Prescient Therapeutics (Prescient; ASX: PTX), a clinical stage oncology company developing personalised medicine approaches to cancer, is delighted to announce its internal development programs for OmniCAR, a next-generation CAR-T therapy platform.

OmniCAR is a universal immune receptor technology platform that offers a number of potential benefits over existing CAR-T therapies, including control, safety, flexibility and efficacy. With a platform technology with such a broad range of potential applications, it was important for Prescient to strategically select indications and applications for internal development that struck a balance between market opportunity, technical complexity and product differentiation.

The strategic review was led by Prescient and its Scientific Advisory Board. The review took into account all the known CAR-T programs in development worldwide and had input from leaders from multiple disciplines, including the inventors; clinicians; researchers; venture capitalists and healthcare investors; leading non-profit cancer organisations and antibody experts.

Prescient is pleased to announce three internal programs representing significant market opportunities, where current-generation CAR-T have faced challenges, but where the unique capabilities of OmniCAR may present distinct advantages. The development programs are:

- OmniCAR CD33 and CLL-1 for Acute Myeloid Leukemia (AML);
- OmniCAR Her2 for Her2+ solid tumours including breast, ovarian and gastric cancers; and
- OmniCAR Her2 and EGFRviii for glioblastoma multiforme (GBM).

The application of OmniCAR technology in these cancers is expected to have benefits over conventional CAR T therapy, including: titration for improved safety; the ability to switch antigen targeting; co-arming CAR-T against multiple antigens simultaneously; persistent dosing and tumour microenvironment enhancements to improve efficacy.

The vigorous development program will move OmniCAR towards clinical programs while demonstrating the unique features of the technology in treating patients, which will add tremendous value to the OmniCAR platform.

Prescient Therapeutics Managing Director and CEO Steven Yatomi-Clarke said, “We are delighted to select these internal programs as truly differentiated, next-generation CAR-T products for Prescient. Each of the programs represent a tremendous market opportunity.”

“Furthermore, Prescient will continue to seek collaborations with external parties on additional opportunities where OmniCAR can create additional next-generation CAR therapies with partners.”

Investor Briefing

Prescient will be hosting an investor briefing this **Thursday 21st January 2021 at 1pm AEST** where CEO Steven Yatomi-Clarke will discuss the OmniCAR development programs in greater detail.

Click the link below to register for the investor briefing:

https://prescienttherapeutics.investorportal.com.au/investor-briefing/

– Ends –

About Prescient Therapeutics Limited (Prescient)

Prescient Therapeutics is a clinical stage oncology company developing personalised medicine approaches to cancer, including targeted and cellular therapies.

Cell Therapies

OmniCAR: is a universal immune receptor platform enabling controllable T-cell activity and multi-antigen targeting with a single cell product. OmniCAR’s modular CAR system decouples antigen recognition from the T-cell signalling domain. It is the first universal immune receptor allowing post-translational covalent loading of binders to T-cells. OmniCAR is based on technology licensed from Penn; the SpyTag/SpyCatcher binding system licensed from Oxford University; and other assets.

The targeting ligand can be administered separately to CAR-T cells, creating on-demand T-cell activity post infusion and enables the CAR-T to be directed to an array of different tumour antigens.

OmniCAR provides a method for single-vector, single cell product targeting of multiple antigens simultaneous or sequentially, whilst allowing continual re-arming to generate, regulate and diversify a sustained T-cell response over time.

Prescient is developing OmniCAR programs for next-generation CAR-T therapies for Acute Myeloid Leukemia (AML); Her2+ solid tumours, including breast, ovarian and gastric cancers; and glioblastoma multiforme (GBM).

Cell Therapy Enhancements: Prescient has several other initiatives underway to develop new cell therapy approaches.

Targeted Therapies

PTX-100 is a first in class compound with the ability to block an important cancer growth enzyme known as geranylgeranyl transferase-1 (GGT-1). It disrupts oncogenic Ras pathways by inhibiting the activation of Rho, Rac and Ral circuits in cancer cells, leading to apoptosis (death) of cancer cells. PTX-100 is believed to be the only RhoA inhibitor in the world in clinical development. PTX-100 is currently in a PK/PD basket study of hematological and solid malignancies, focusing on cancers with Ras and RhoA mutations. In a previous Phase 1 trial in advanced solid tumours, PTX-100 was well tolerated and achieved stable disease.

PTX-200 is a novel PH domain inhibitor that inhibits an important tumour 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 has previously generated encouraging Phase 2a data in HER2-negative breast cancer and Phase 1b in recurrent or persistent platinum resistant ovarian cancer, with a Phase 1b/2 trial currently underway in relapsed and refractory AML.

COVID-19 Therapies

Two assets are being assessed by the Doherty Institute for antiviral activity against SARS-CoV-2, the virus that causes COVID-19 disease.

Find out more at ptxtherapeutics.com, or connect with us via Twitter @PTX_AUS and LinkedIn.

The Board of Prescient Therapeutics Limited has approved the release of this announcement.

For more information please contact:

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Certain statements made in this document are forward-looking statements within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. These forward-looking statements are not historical facts but rather are based on the current expectations of Prescient Therapeutics Limited ("Prescient" or the "Company"), their estimates, assumptions, and projections about the industry in which Prescient operates. Material referred to in this document that use the words 'estimate', 'project', 'intend', 'expect', 'plan', 'believe', 'guidance', and similar expressions are intended to identify forward-looking statements and should be considered an at-risk statement. These forward-looking statements are not a guarantee of future performance and involve known and unknown risks and uncertainties, some of which are beyond the control of Prescient or which are difficult to predict, which could cause the actual results, performance, or achievements of Prescient to be materially different from those which may be expressed or implied by these statements. These statements are based on our management's current expectations and are subject to a number of uncertainties and risks that could change the results described in the forward-looking statements. Risks and uncertainties include, but are not limited to, general industry conditions and competition, general economic factors, global pandemics and related disruptions, the impact of pharmaceutical industry development and health care legislation in the United States and internationally, and challenges inherent in new product development. In particular, there are substantial risks in drug development including risks that studies fail to achieve an acceptable level of safety and/or efficacy. 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 favourable 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.

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Supplemental COVID-19 Risk Factors

Please see our website : Supplemental COVID-19 Risk Factors

Prescient Therapeutics

OmniCAR

DEVELOPMENT PROGRAM

DIFFERENTIATED, NEXT-GEN CAR-T IN HIGH VALUE INDICATIONS

18 January 2021

Prescient Therapeutics

STRATEGY OVERVIEW

OmniCAR Universal Immune Receptor Platform

- Pre-clinical **modularised** universal immune receptor (**UIR)** platform
- Potential best-in class UIR
- Multi-disciplinary technology licensed from **Penn**
- Only UIR system with post-translational covalent binding
- Unique, powerful and flexible
  - **Controllable activity**
  - **Flexible antigen targeting**

Co-inventors

Associate Professor
Daniel J. Powell, Jr

Professor
Andrew Tsourkas

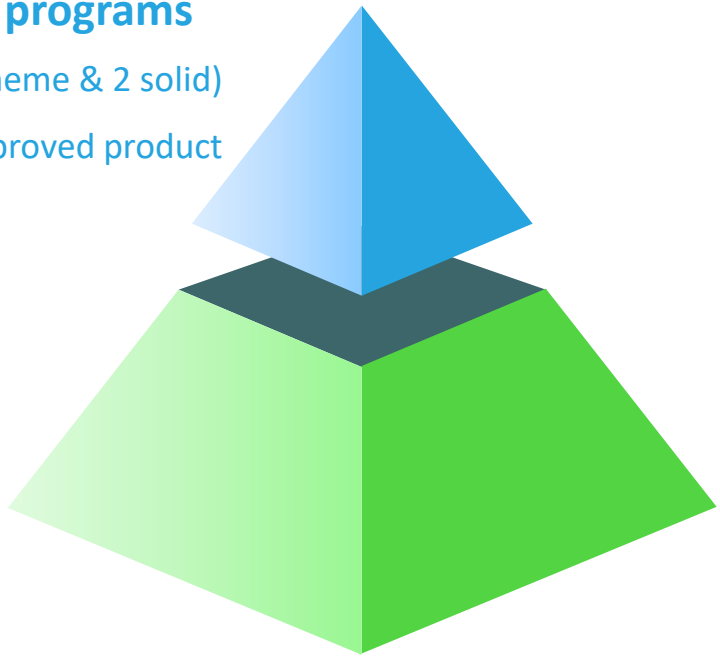
Powell, DJ et al, JACS; 2020

Prescient's overall development objectives for OmniCAR

Primary programs

3 lead programs (1 heme & 2 solid)

Shortest route to an approved product



Follow-on programs

Broader research programs to:

- Demonstrate OmniCAR properties
- Create future clinical candidates

Striking the balance in decision making

- The easiest route to demonstrate PoC may not generate a commercially viable therapy…

  …and on the other hand:

- …Pursuing clinical and commercial differentiation may involve higher development risk

- Prescient has struck an excellent balance between:
  - Likelihood of demonstrating PoC; and
  - Creating truly differentiated products (i.e. avoid creating a “me too” CAR-Ts)

OmniCAR features to test and exploit

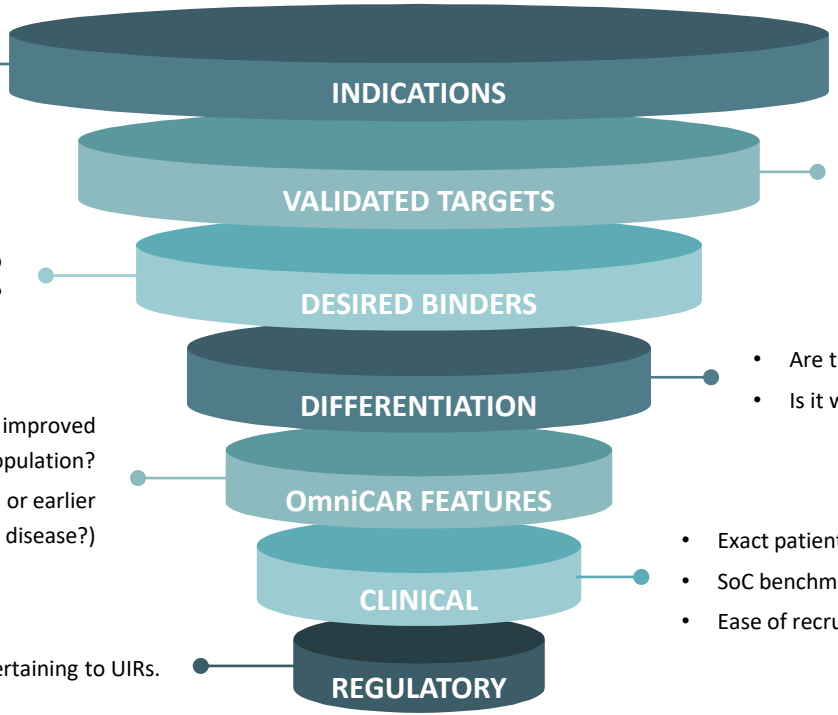
OmniCAR has many features that can be exploited in the development of new CAR therapies

- Enhanced safety & control:
  - Titration of T-cell activity post infusion to safe & efficacious levels
  - Switch off T-cell activity
  - Switch on T-cell activity/ rechallenge
- Pre-arming functional CAR-T product
- Co-arming CAR-T with of >1 binder to target multiple antigens simultaneously
- Target re-direction: Switching binders to target multiple antigens sequentially
- Metronomic stimulation with targeting antigen to overcome T-cell exhaustion
- “Backpack” to deliver cytokines to TME
- Ability to work with allogeneic T-cells and other cell types (e.g. NK)
- Companion Dx for patient selection
- Imaging for monitoring T-cell trafficking

Multiple considerations were funnelled

Prescient Therapeutics

Universe of indications, both solid & hematological



Validated targets are a lower risk for demonstrating OmniCAR PoC

Can we access mAbs or binders to these targets, in order to SpyTag them?

- Are there other CAR-Ts (or Tx) in this indication?
- Is it well served?

Can any of OmniCAR's features create an improved therapy, or access a new patient population? (E.g. a safer CAR-T for high risk patients or earlier stage disease?)

- Exact patient population
- SoC benchmark
- Ease of recruitment

- Regulatory considerations, including those pertaining to UIRs.

Multi-disciplinary input created well-rounded decisions

INTERNAL PTX LEADERSHIP

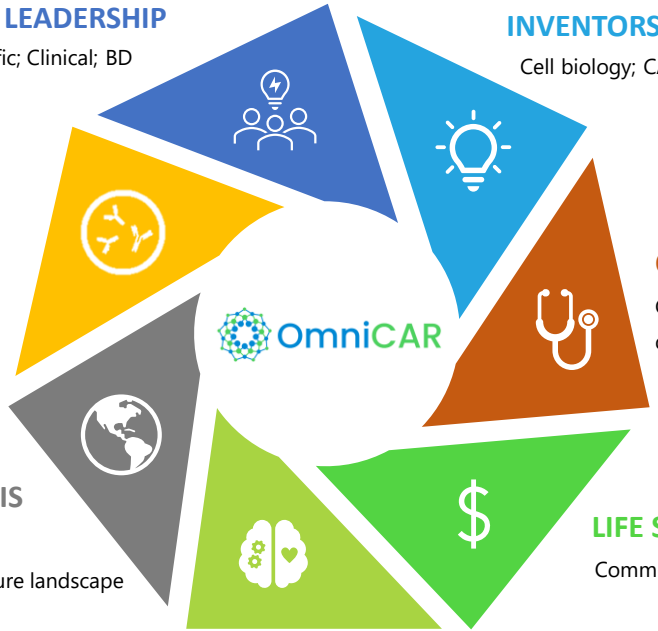
Medical, Scientific; Clinical; BD

INVENTORS

Cell biology; CAR-T; UIRs; protein engineering

ANTIBODY EXPERTS

Important in the consideration of binding domains of OmniCAR



CLINICIANS & KOLs

Global thought leaders with extensive expertise in the clinical development and use of CAR-T

DETAILED LANDSCAPE ANALYSIS

- All players; all indications; all targets
- Crucial in navigating the current and future landscape

LIFE SCIENCE VCs & FUND MANAGERS

Commercial; market & peer perspectives

PROMINENT CANCER ORGANISATIONS

Independent experts in current & future cancer treatments

OmniCAR Program Summary

Targets	Indications	OmniCAR features
CD33 + CLL-1	Acute Myeloid Leukemia (AML)	• Titration for improved safety • Co-arming against multiple targets (CD33 & CLL1) • Target switching (between CD33 & CLL1)
HER2	Ovarian; breast & gastric cancers	• Titration for improved safety • Persistent dosing of binder for improve efficacy • Tumour microenvironment and checkpoint enhancements
HER2 + EGFRviii	Glioblastoma multiforme (GBM)	• Titration for improved safety • Co-arming against multiple targets (Her2 & EGFRviii) • Persistent dosing of binder for improve efficacy

Prescient Therapeutics

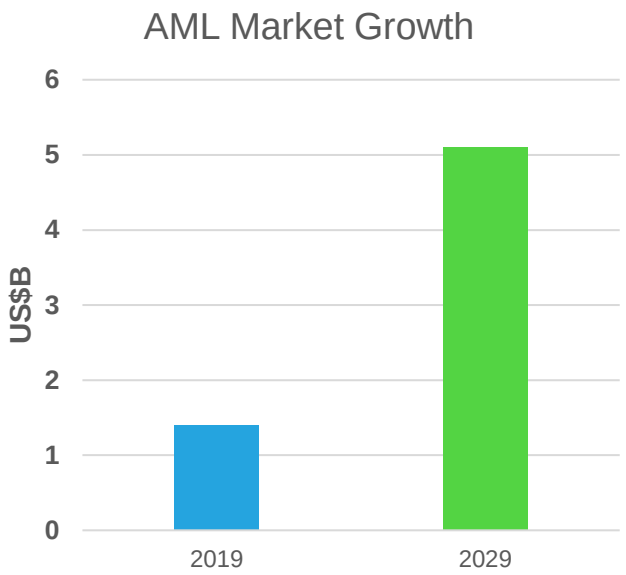
AML

OmniCAR CD33/CLL-1

OmniCAR for AML

- OmniCAR T cells armed against CD33 and CLL-1
- Application in Acute Myeloid Leukemia (AML)
- CD33 and CLL-1 are important and validated targets for AML
- Employ unique capabilities of OmniCAR to overcome issues current generation CAR-T faces in AML
  - Titration of duration and potency of T-cell activity post infusion to safe & efficacious levels, including **management of neutropenia, which is a consequence of AML treatment**
  - Target re-direction: Switching binders to target multiple antigens sequentially
  - Co-arming CAR-T with >1 binder to target multiple antigens simultaneously
- Not competitive with PTX-200 trial in AML, which is targeting high p-Akt patients

AML market opportunity

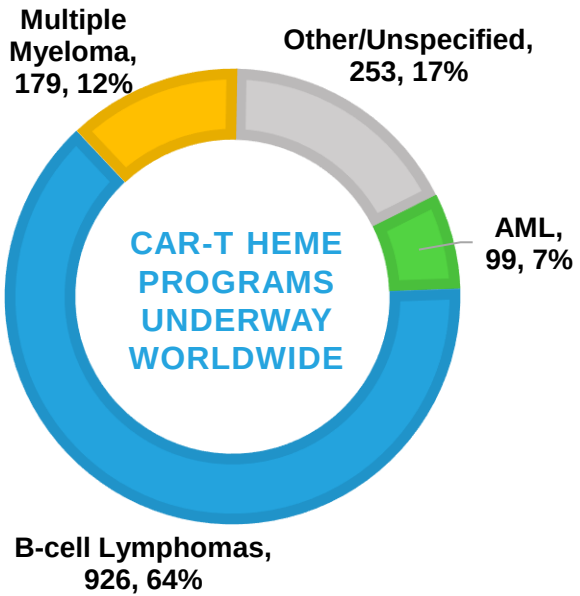


- Global incidence of 119,570 cases per year
- Disease progresses very quickly; 5 year survival only 24%
- Chemotherapy is still the standard of care, now together with targeted therapies
- Global AML market is expected to grow from US$1.4B in 2019 to **US$5.1B in 2029**
  - CAGR of 13.6%
- Growth assumptions largely based on new targeted therapies
- **Any CAR-T breakthrough in AML would grow this market further**

GlobalData; June 2020

CAR-T is increasingly crowded in certain hematological cancers, but not AML…yet

Multiple Myeloma is the second indication in which CAR-T is showing success, reflected in the growing number of MM programs



B-cell cancers represent the vast majority of programs investigated worldwide, due to the initial success of CAR-Ts in this space

- AML currently under-represented relative to incidence and large market opportunity
- AML is emerging as the next heme indication of interest for CAR-T
- But AML is not without unique challenges for current generation CAR-T In the meantime, chemotherapy and targeted therapies remain the best treatments for AML

Company data
Cancer.net

Yi, M., *et al.* The global burden and attributable risk factor analysis of acute myeloid leukemia in 195 countries and territories from 1990 to 2017: estimates based on the global burden of disease study 2017. *J Hematol Oncol* **13,** 72 (2020)

For CAR-T to succeed in AML, it must overcome:

Safety

AML patients are especially ill with many unable to tolerate vigorous therapies like CAR-T

Rapid Mutations

AML can mutate mid-therapy, quickly rendering single CAR-Ts infective

Rapid Disease Progression

Even if multiple current generation CAR-T therapies were available, resistant patients are likely to progress before subsequent therapies are manufactured for them

OmniCAR is uniquely placed to address these challenges for CAR-T in AML

Staying away from the crowded play

- Across all heme programs, over 70 target antigens are under investigation…
- …but **~70% focus on just four antigens**: CD19, BCMA, CD22, and CD20

CAR-T Heme targets	# programs
CD19	334
BCMA	104
CD22	67
CD20	49

- By contrast, **AML targets are more widespread**
- CD33 & CLL-1 are just 2 AML targets under investigation:

CAR-T AML targets	# programs
CD33	26
CLL-1	16

programs targeting **both** CD33 & CLL1: 3

Those that are next generation: **1** OmniCAR

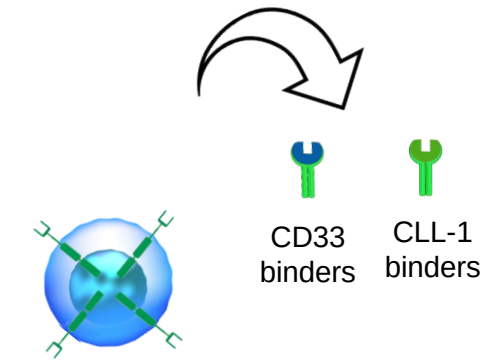
CD33 & CLL-1 are excellent AML targets for CAR-T

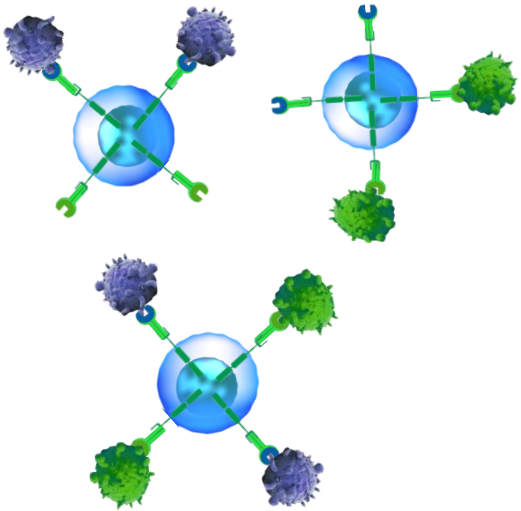
- CD33
  - Validated target in AML with approved anti-body drug conjugate (gemtuzumab ozogamicin, or Mylotarg)
  - CD33 is constantly expressed on both normal and malignant myeloid cells
  - CD33 expressed on >90% adult and childhood AML blasts and on leukemia stem cells, which have the ability to indefinitely replicate to produce cancerous leukemic cells, leading to relapse

- CLL-1
  - Expressed on 92% of AML cells
  - Absent from normal hemopoietic stem cells
  - Importantly, CLL1 is expressed on leukemic stem cells, which produce subsequent cancer cells leading to relapse

Borot, F,et al; Gene-edited stem cells enable CD33-directed immune therapy for myeloid malignancies; *PNAS*; Jun 2019, 116 (24)
Ma, H., Padmanabhan, I.S., Parmar, S. et al. Targeting CLL-1 for acute myeloid leukemia therapy. *J Hematol Oncol* 12, 41 (2019).

Targeting Multiple Antigens *Simultaneously*



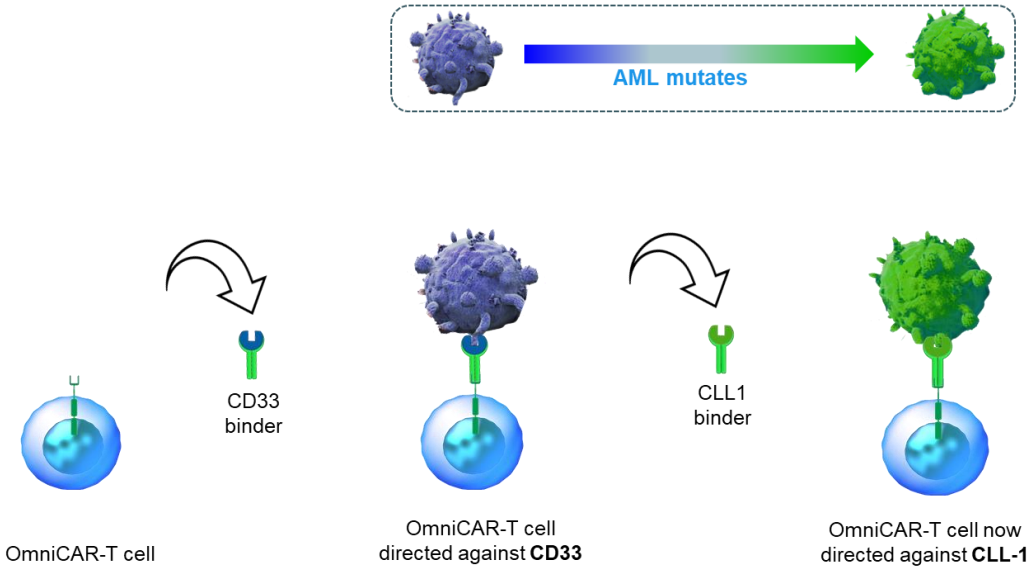


OmniCAR-T cells able to target AML cells expressing either:

- CD33
- CLL-1
- Or both

- Co-Arm against CD33 & CLL1 with single cell product
- Target several AML cell populations at once:
  - CD33+
  - CLL1+
  - CLL+/CD33+
- Could broaden anti-tumour immune response
- Higher copy number of targets on cancer surface can result in improved cancer killing

Targeting Multiple Antigens *Sequentially*



- Sequential administration of anti-CD33 & CLL1 binders
- Addresses antigen escape
- Switching binder redirects the T-cell
- Does not require another time consuming & expensive cell manufacturing run
- May be a more tolerable approach for sick AML patients

Sequence of binder administration could be CLL1, then CD33. Prescient will explore both.

AML peer with CD33/CLL1 CAR-T

	Legend Biotech Corp	Prescient Therapeutics
Ticker	NASDAQ: LEGN	ASX: PTX
Market Cap	A$4.8B	A$45M
AML program	CD33 + CLL1	OmniCAR CD33 + CLL1
Generation	**Current generation**, autologous	**Next generation**, autologous
Stage of development	Phase 1	Discovery/Pre-clinical
Titratable for safety	✘	✓
Switch on/off	✘	✓
Persistent dosing without new cell product	✘	✓
Able to switch antigen targeting	✘	✓

Legend Biotech Corp; Google Finance Jan 2021

Ovarian, Breast & Gastric cancers

OmniCAR Her2

OmniCAR for Her2+ Ovarian, Breast & Gastric Cancers

- OmniCAR T cells armed against Her2
- Builds upon the encouraging work already undertaken by UPenn with Her2
- Makes OmniCAR Her2 the most advanced next-generation Her2 CAR-T program
- Targeting a range of Her2+ solid cancers in a tissue agnostic “basket study” approach (akin to PTX-100 study)
- Using controllable and flexible features of OmniCAR to overcome the challenges that solid tumours present to current generation CAR-T programs

Landscape for CAR-T in solid cancers

- Solid tumours represent the vast majority of all cancers, with large patient populations and unmet needs driving intense research
- No CAR-T product has yet been approved in solid tumours
- In solid cancers, CAR-T research interest is more evenly distributed among indications with a large target population
- The field is grappling with overcoming several key challenges that OmniCAR is able to help address

Key challenges for CAR-T in solid tumours

Targets

Limited targets that are cancer-specific

Leads to on-target, off-tumour effects

Safety

Ability to titrate doses safely and switch off in the even of adverse events

Especially important for on-target, off-tumour activity

Trafficking

Inability of T-cells to reach tumour sites and penetrate physical barriers

TME

Overcoming an immunosuppressive Tumour Microenvironment once they get there

OmniCAR's features enable it to address these challenges for CAR-T in solid tumours

Solid tumour CAR-T targets more evenly researched

- ~ 95 target antigens are being researched in solid cancers for CAR-T
  - A function of the diversity of oncogenic signaling
- Greater heterogeneity of antigens in solid tumours
- Most tumour antigens are also expressed on healthy tissue in some form, creating safety issues for CAR-T
- Overall, research in solid tumour CAR-T targets is more evenly distributed and less crowded, creating an abundance of opportunities

Solid tumour targets	# programs
Her2/Erb family antigens	74
Mesothelin	45
GPC3	35
Mucin antigens	23

Her2 is an ideal place to start for solid tumour CAR-T

- Her2 one of the most studied and well understood cancer targets
- **Therapeutically validated target** thanks to anti-Her2 antibodies (e.g. Herceptin)
- **Very large differential** between level of Her2 expression on cancer cells versus healthy cells
  - This characteristic difficult to find in solid tumours; especially for validated targets
- **High level of target expression** on cancer cells correlated with **higher anti-cancer activity**
- Eventually tumours can become resistant to drugs like Herceptin, yet the cancer cells may **still express Her2** on their surface
- These can be targets for an anti-Her2 CAR-T, where the payload is a cytotoxic T-cell

Advantages of OmniCAR Her2 CAR-T

- The singular “one and done” CAR-T approach that has succeeded in heme malignancies thus far is likely to be insufficient for solid tumours
- OmniCAR offers a way to maintain **persistent stimulation** and antigen targeting through binder administration, but with a **single CAR-T cell infusion**
- Combination with checkpoint and tumour microenvironment enhancements
- OmniCAR features to address trafficking and overcoming the TME (undisclosed)
- **Builds upon encouraging Her2 data generated by UPenn to date using OmniCAR**

Huge market opportunities for Her2+ cancers

	New cases/year worldwide[1]	Proportion that are Her2+ [2,3,4]	New Her2+ cases/year
Ovarian Cancer	300,000	29%	87,000
Breast Cancer	1,700,000	20%	340,000
Gastric Cancer	952,000	22%	209,440

- Prescient will take a “basket study” approach to Her2+ cancers (akin to the development path of PTX-100)
- Very large patient populations
- Her2+ status correlated with poorer clinical outcomes, including survival
- Even when failing Her2 therapies, tumours can still express Her2, making these patients potential candidates for anti-Her2 CAR-T therapy

1. World Cancer Research Fund
2. Shang AQ, et al. Relationship between HER2 and JAK/STAT-SOCS3 signaling pathway and clinicopathological features and prognosis of ovarian cancer. *Cancer biology & therapy*. 2017:1–9
3. Luo, H et al, The prognostic value of HER2 in ovarian cancer: A meta-analysis of observational studies. *PLoS ONE* 13(1) 2018
4. Bang YJ, et al. Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): a phase 3, open-label, randomised controlled trial. *Lancet* 2010;376:687-97.

Notable Her2 CAR-T peers

- Prescient the **most advanced next-generation CAR-T** program in Her2

	Shenzhen Geno-Immune Medical Institute[1]	Tessa Therapeutcs[2]	Fate Therapeutics	Novartis[3]	Calibr	Xyphos	Prescient Therapeutics
Status	Hospital	Private Company	NASDAQ: FATE; Market cap A$10.1B	Global pharma company	Research Institute	Acquired by Astellas 2019	ASX: PTX Market cap A$45M
Indications	Breast cancer	Multiple cancers	Breast & other unspecified cancers	Ovarian cancer	Breast cancer	Solid cancers (unspecified)	Ovarian, Breast, Gastric
Generation	Current generation, autologous	Current generation + oncolytic virus	Current generation, autologous	Current generation, autologous	**Next generation**, autologous	**Next generation**, autologous	**Next generation**, autologous
Stage of development	Phase 2	Phase 1	Discovery	Discovery	Discovery	Discovery	Pre-clinical

Company data;
Google Finance

1. Together with The Sixth Affiliated Hospital of Sun Yat-sen University
2. Together with Baylor College of Medicine
3. Together with the University of Pennsylvania

Prescient Therapeutics

GBM

OmniCAR Her2/EGFRviii

OmniCAR for GBM

- GBM the most common form of brain cancer
  - Traditional drugs have trouble penetrating the blood brain barrier (BBB)
  - Active T-cells can cross BBB, making CAR-T a promising approach

- Early promise of CAR-T in GBM has been met with **relapse issues** due to single antigen targeting

- OmniCAR program in GBM will arm CAR-T cells armed against **Her2** and **EGFRviii**
  - Leveraging experience generated in OmniCAR Her2 program
  - Exploring additional GBM targets

- **OmniCAR will be one of only 3 CAR-T programs targeting multiple antigens in GBM**

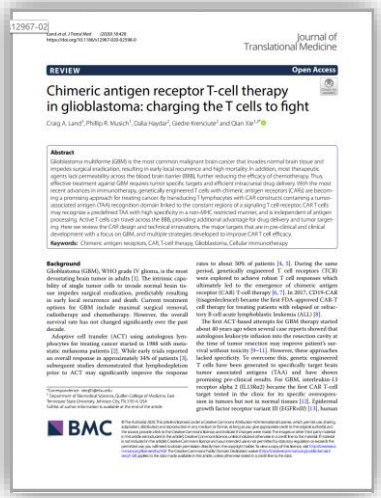
CAR-T challenges in GBM: single antigen targeting

- Composition of GBM, and its ability to rapidly mutate, limits the effectiveness of CAR-Ts only targeting a single antigen
- Targeting a single antigen targeting can result in relapse

"A major limitation of a single-antigen targeting in GBM is the inherent heterogeneity and plasticity of the tumor cells, allowing some cells to ***escape CAR-T*** *cell killing due to the* ***loss of the targeted antigen****…"*

*"…****single antigen-targeting*** *CAR-T cells* ***fail to completely eradicate*** *brain tumors resulting in antigen negative* ***relapses****"*

- By contrast, CAR-Ts targeting multiple antigens have demonstrated **anti tumor responses** and **more importantly prevented antigen escape** *in vivo*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Journal of Translational Medicine

REVIEW

Open Access

Chimeric antigen receptor T-cell therapy in glioblastoma: charging the T cells to fight

Craig A. Land[1], Phillip R. Musich[1], Dalia Haydar[2], Gedre Krenciute[2] and Qian Xie[1,3*]

Abstract

Keywords: Chimeric antigen receptors, CAR, T-cell therapy, Glioblastoma, Cellular immunotherapy

Background

BMC

Two targets are better than one in GBM

- Single antigen targeting has been inadequate in GBM
- By contrast, **combination** of Her2 and other antigen targeting shows early promise in overcoming relapse
- Prescient will also explore other targets for GBM

- Her2 occurs in 80% of GBM
- Linked with poor survival

- EGFRviii occurs in 45% of GBM
- Importantly, EGFRviii is only present on GBM and **is not found on healthy tissues**

Zhang, L et al; HER2-targeted recombinant protein immuno-caspase-6 effectively induces apoptosis in HER2-overexpressing GBM cells in vitro and in vivo; *Oncology Reports*; Sept 2016
Land, CA, et al; Chimeric antigen receptor T-cell therapy in glioblastoma; *J Transl Med* 2020
Hegde M, et al. Tandem CAR T cells targeting HER2 and IL13Ralpha2 mitigate tumor antigen escape. *J ClinInvest*. 2016

Advantages of OmniCAR in GBM

- **Multiple antigen targeting** (Her2 & EGFRviii) to prevent antigen escape and relapse
- OmniCAR can maintain **persistent stimulation** and antigen targeting through binder administration, but with a single CAR-T cell infusion
- OmniCAR features to address **trafficking** and overcoming the **TME** (undisclosed)

Competitive landscape in CAR-T GBM

- 41 programs overall…but 38 of these target single antigens
- Only three (including OmniCAR) are targeting multiple antigens
  - All at discovery stage
  - OmniCAR the only next generation CAR-T program
  - The two other programs are at a not-for profit institute

Competitive landscape of CAR-T in GBM

Stage	# CAR-T programs
Discovery/Pre-clinical	25
Clinical	16
TOTAL	**41**

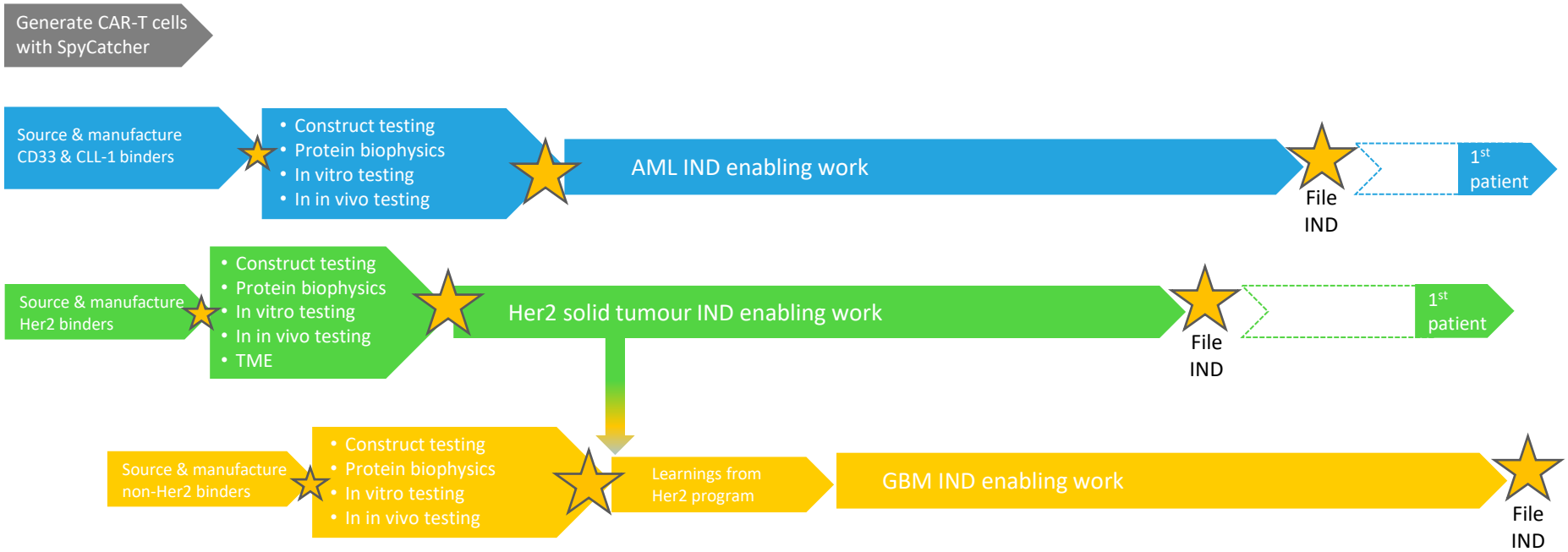
WORK PLAN OVERVIEW

Key development activities

- Source and generate SpyTagged binders
  - CD33; CLL1; HER2; EGFRviii
- Generate autologous SpyCatcher T-cells
- Incorporate new “infinite affinity” SpyTag/SpyCatcher developed by Oxford University
  - Expected to yield faster binding and enhanced CAR-T activity
- In vitro data generation in matrix development for data-rich research and faster decision making
  - Titration
  - Switch off/on
  - Co-arming
  - Antigen redirection
  - TME enhancements
- In vivo experiments and enabling studies towards clinic
- Work to be conducted by combination of
  - commercial providers &
  - institutional collaborators

- Whilst this work plan is for the development of Prescient products, it is important to keep in mind that OmniCAR is a next-generation platform with many **enabling capabilities addressing industry needs**
- Therefore **demonstrating each OmniCAR feature will generate inherent value in the underlying platform, especially to external parties**

Macro work plan



Summary

- Three next-gen CAR-T products, with input from multidisciplinary leaders
- All high value opportunities, with OmniCAR being an advantageous differentiator
  - OmniCAR T CD33 & CLL-1 for AML
  - OmniCAR Her2 for solid tumours
  - OmniCAR Her2 & EGFRviii for GBM
- Utilising the unique features of OmniCAR to overcome problems encountered by current generation CAR-T
- Vigorous work plan towards clinical programs
- Demonstrating OmniCAR features along the way adds tremendous value to OmniCAR platform, especially for external parties

ASX code: PTX

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