



Prescient Therapeutics – Investor Briefing

MELBOURNE Australia, 1 March 2022 – Prescient Therapeutics (ASX: PTX), a clinical stage oncology company developing personalised therapies to treat cancer, is pleased to announce that they will be holding an investor briefing on Thursday 3rd March at 1pm (AEDT).

To register for the investor briefing, visit this page:

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

CEO and Managing Director, Steven Yatomi-Clarke, will provide a company update outlining Prescient's cutting-edge pipeline and the major catalysts that can be expected going forward.

A copy of the investor presentation to be presented is attached.

- Ends -

To stay updated with the latest company news and announcements, [please update your details](#) on our investor centre.



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 GGT-1 inhibitor in the world in clinical development. PTX-100 demonstrated safety and early clinical activity in a previous Phase 1 study and recent PK/PD basket study of hematological and solid malignancies. PTX-100 is now in a Phase 1b expansion cohort study in T cell lymphomas.

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, PTX-200 has a novel mechanism of action that specifically inhibits Akt without non-specific kinase inhibition effects. 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.

The CEO and Managing Director of Prescient Therapeutics Limited has approved the release of this announcement.

Find out more at www.ptxtherapeutics.com or connect with us via Twitter [@PTX_AUS](https://twitter.com/PTX_AUS) and [LinkedIn](https://www.linkedin.com/company/ptxtherapeutics).

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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.

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Supplemental COVID-19 Risk Factors

Please see our website: [Supplemental COVID-19 Risk Factors](#)



IN FRONT OF THE BIGGEST WAVE IN ONCOLOGY

March 2022

DISCLAIMER AND SAFE HARBOR



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Investment Highlights



World class pedigree.

We license from the best; and work with the best



Many shots on goal for substantial value creation



PTX-100: FIC Ras/Rho inhibitor in Ph1b expansion in PTCL



PTX-200: Akt inhibitor in Ph1b/2 AML



OmniCAR



Game-changing cell therapy platform

3 highly differentiated next-gen CAR-T programs:

1. **AML**
2. **Her2+ solid tumors**
3. **GBM**



An **enabling technology** for 3rd parties

Corporate Snapshot

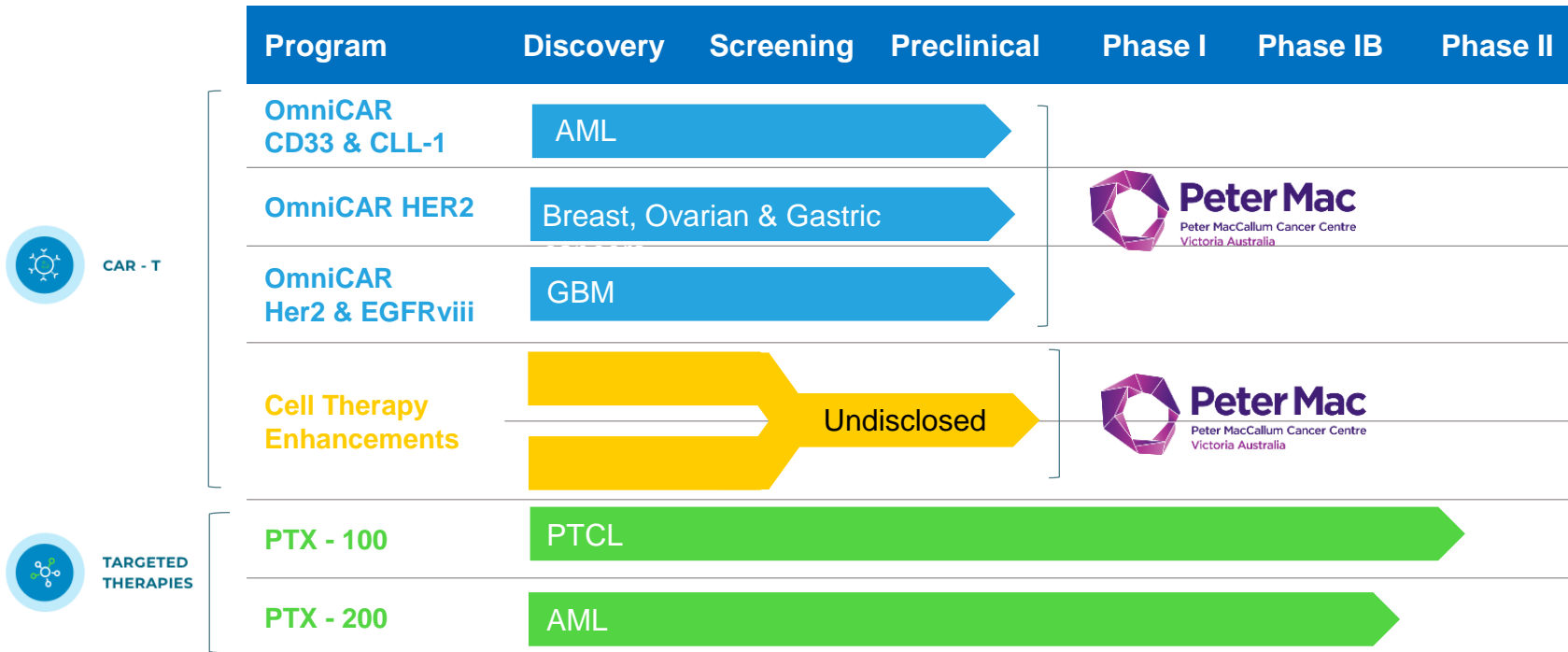


ASX Ticker	PTX
Total Issued Capital	648 M shares
Listed Options	95.4 M
Unlisted Options	12.1 M
Share Price ¹	A\$0.16 (US\$0.12)
Market Capitalisation¹	A\$103 M (US\$74 M)
Market Cap fully diluted¹	A\$119 M (US\$85 M)
Cash Position²	A\$14.7M (US\$11M)
Top 20 Own	17%



1 - AS AT 28 FEB 2022
2 - AS AT 31 DEC 2021

Innovative Pipeline in Personalised Medicine



PTX-100

FIRST IN CLASS

RAS PATHWAY INHIBITOR

PTX-100 PHASE 1B SUMMARY

Excellent safety profile

- No serious safety issues related to PTX-100

Early clinical activity

- **Expected PFS of <4 months on SoC**
- PRs in 2 patients with aggressive refractory TCL
 1. **12 months**
 2. **17 months so far**



Professor H. Miles Prince, AM
Principal Investigator



TCL: T CELL LYMPHOMA
PR: PARTIAL RESPONSE (REDUCTION OF DISEASE)
PFS: PROGRESSION FREE SURVIVAL (TIME UNTIL DISEASE WORSENS)
SOC: STANDARD OF CARE



PROGRESSING TO EXPANSION COHORT

- 8 – 12 patients with r/r T cell lymphoma (esp PTCL)
- Potential bridge to registration study
- Focussing on sweet spot in an area of considerable unmet need
- Shortest path to market

Case Study

- pralatrexate (Folotyn[®])
- Approved for PTCL
 - 5,600 cases/year in US
- US\$450,540 per patient, per year

FOLOTYN 
(pralatrexate injection)



PTX-200

NOVEL AKT INHIBITION

PHASE 1B TRIAL UNDERWAY: ACUTE MYELOID LEUKEMIA



- Building upon encouraging Phase 1 results with PTX-200 (monotherapy)
- PI Professor Jeff Lancet at Moffitt, Key Opinion Leader in AML
- 18 patients with cytarabine held constant at 200-400 mg/m² as continuous infusion
 - » 3 CRs so far
- Currently treating second cohort at 45 mg/m²
- Granted Orphan Drug Designation by US FDA



Jeffrey E Lancet, M.D.
Principal Investigator

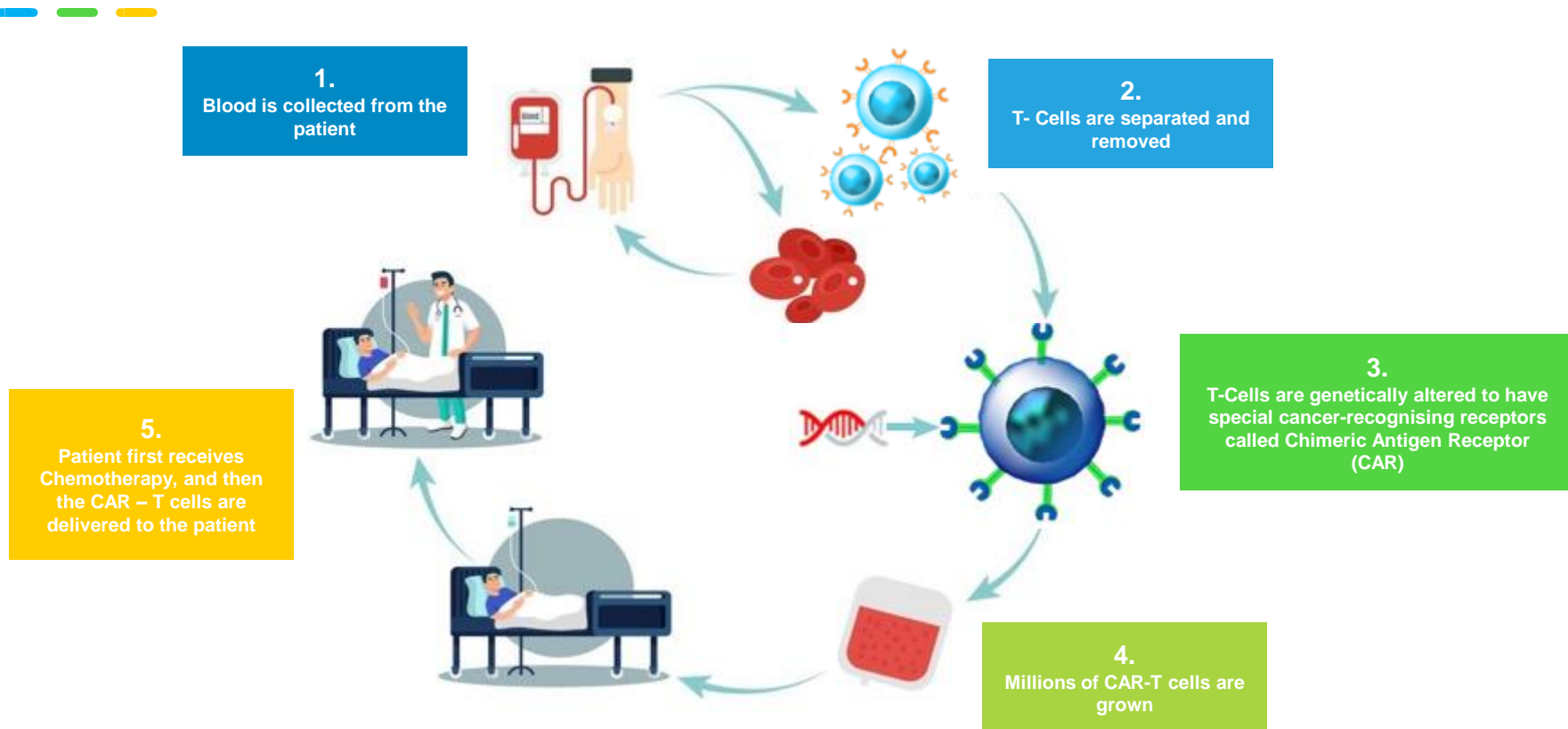




OmniCAR

Universal, Next Generation CAR-T

How does the CAR-T process work?



Carl June: 'We can now conclude that CAR-T cells can actually cure patients'



Carl June (Brian Ach/Getty Images for TIME 100 Health Summit)

February 2, 2022 11:00 AM EST Updated 12:00 PM | RGD, Discovery



The Guardian

First patients of pioneering CAR T-cell therapy 'cured of cancer'

Cancer-killing cells still present 10 years on, with results suggesting therapy is a cure for certain blood cancers



► Doug Olson still has cancer-killing cells 10 years after infusion. Photograph: AP

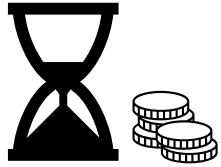
Penn is a pioneer and world leader in CAR-T



- Novartis licensed CAR-T technology from Penn in 2012
- Kymriah® became the first CAR-T therapy approved by the FDA
- Used for certain blood cancers
- Cost of treatment in excess of \$500,000 per treatment
- GlobalData forecasts Kymriah® sales to exceed US\$1 billion in 2023



Key Challenges confronting the field of CAR-T



Time and Cost
of delivering treatment



Targets

Finding targets that work;
Antigen heterogeneity - esp. in solid tumours



Safety

CAR-T can have serious safety concerns



Exhaustion

Persistent stimulation of CAR-Immune cells leads to exhaustion



No Control

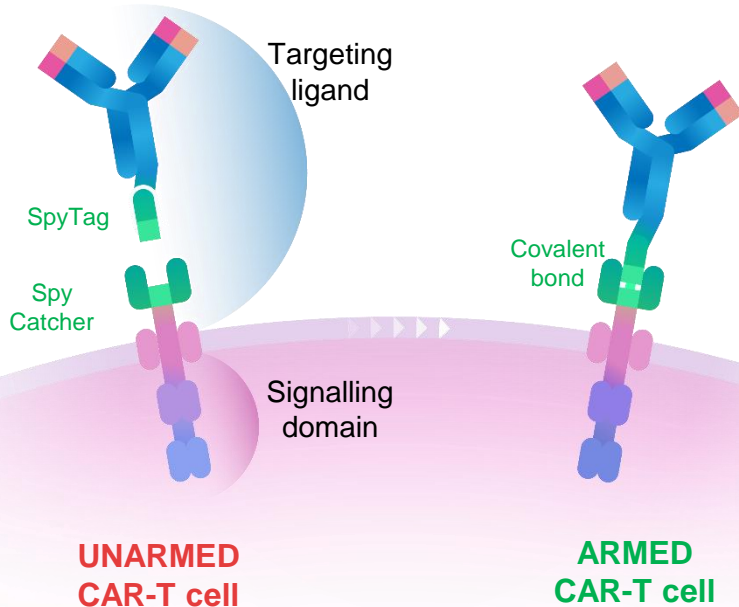
Clinicians have no control of cells post infusion



Escape

Antigen loss leads to relapse

OmniCAR: flexible, modular CAR platform



Using any
targeting
ligand...

...with any
immune
cell



Associate Professor
Daniel J. Powell, Jr



Professor
Andrew Tsourkas



OmniCAR can do what conventional CAR-T cannot

Conventional CAR-T



- Soldier with only one map
- Single weapon
- Only trained to hit one target
- Incapable of redirection
- No communication or control in the field



OmniCAR Platform Business Model

Next generation
products in-house

OmniCAR CD33/CLL1
for AML

OmniCAR Her2
for Solid Tumours

OmniCAR Her2/EGFRviii
for GBM



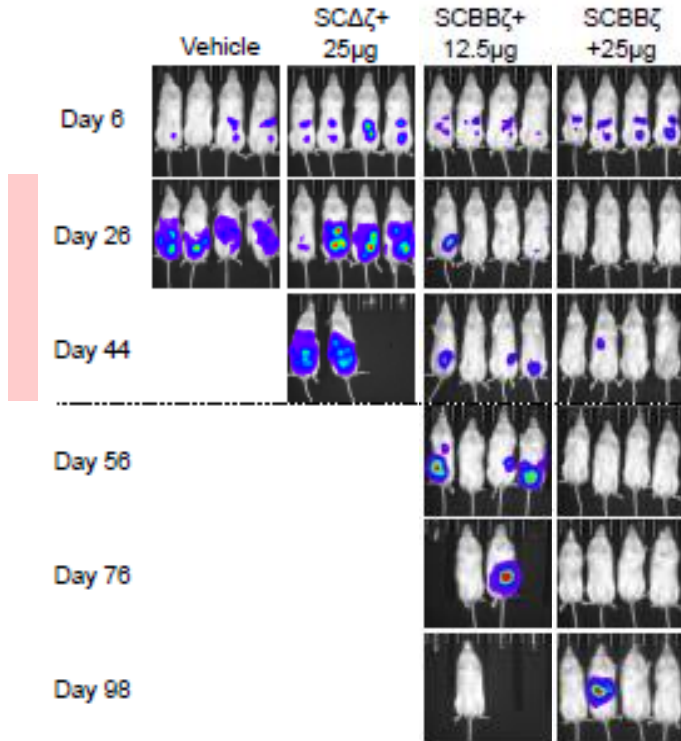
Collaborate & license
to third parties

Potential partner
based on
Targets

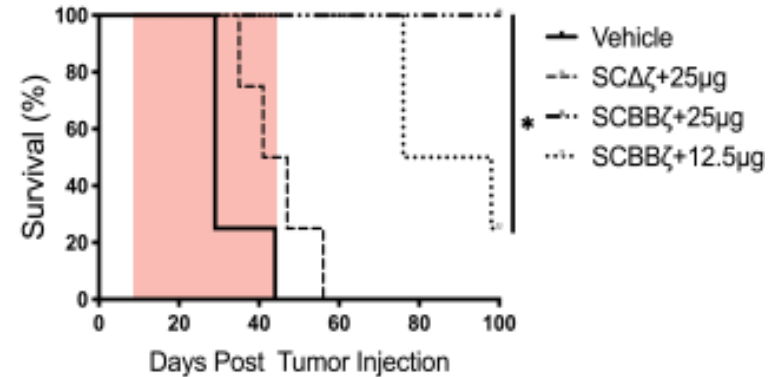
Potential partner
based on
Specific Constructs

Potential partner
based on
Cell Types

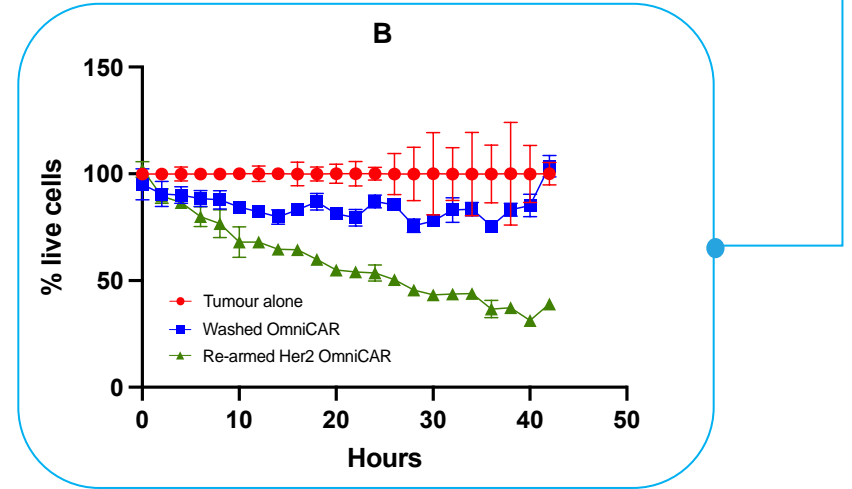
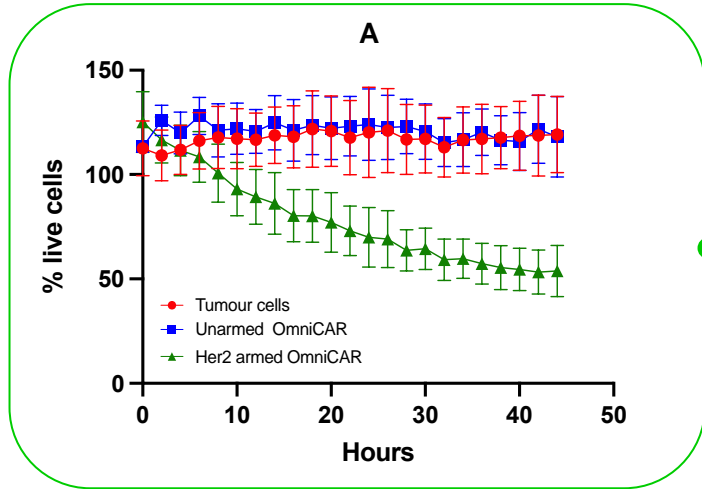
Control: Dose-dependent CAR-T activity



- Ovarian cancer model, using anti-HER2 OmniCAR
- Loading more binder results in **proportionate killing** of cancer...
- ...and **proportionate survival**
- **Lasting effects** even when cease dosing of binder



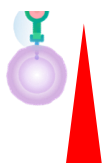
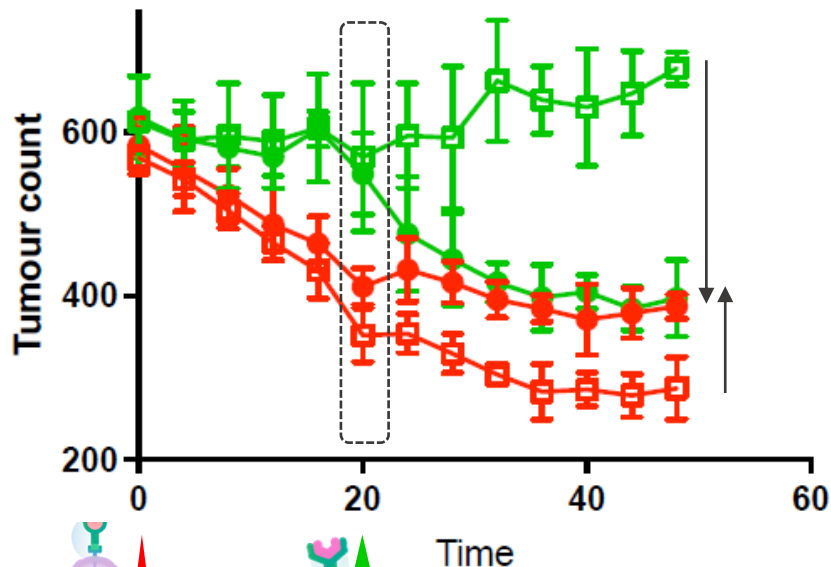
OmniCAR cells can be Re-Armed



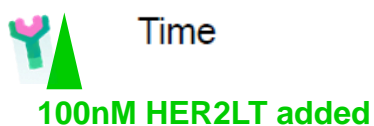
- OmniCAR T cells can be re-armed
- Re-arming results in **same levels and kinetics of cytotoxicity** as pre-armed
- Another example of **flexible** yet **predictable** activity

OmniCAR cells can be Redirected

Coculture of U251 GBM Cells
expressing **HER2** or **EGFRviii**



100nM EGFRviii OmniCAR cells
added




100nM HER2LT added


- U251MG-EGFRviii (no switching)
- U251MG-HER2 (no switching)
- U251MG-EGFRviii (HER2 switching)
- U251MG-HER2 (HER2 switching)


- Rapid cytotoxicity to EGFRviii
- Rapid switching and cytotoxicity** against HER2+ tumours upon administration of new binder
- OmniCAR cells can be **re-directed to different antigens** upon administration of a different SpyTagged binder **without new cells**


OmniCAR manufacturing advantages


Conventional CAR-T


Run 1  Individual production runs for each CAR-T product

Run 2 

Run 3 

Run 4 

Run 5 

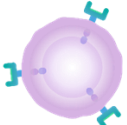
Run 6 

- Expensive (\$'000k / run)
- Time consuming (22 days/run)
- Cannot redirect to new targets
- Prohibitive


E.g. 6 x (\$\$\$\$)



OmniCAR



Single production run for OmniCAR Auto T-cell



Subsequent administration of binders

- Much cheaper
- No time delay
- Redirect against multiple targets

E.g. (1*\$\$\$\$) + (6*\$)

What's the Endgame?

The Apple Ecosystem



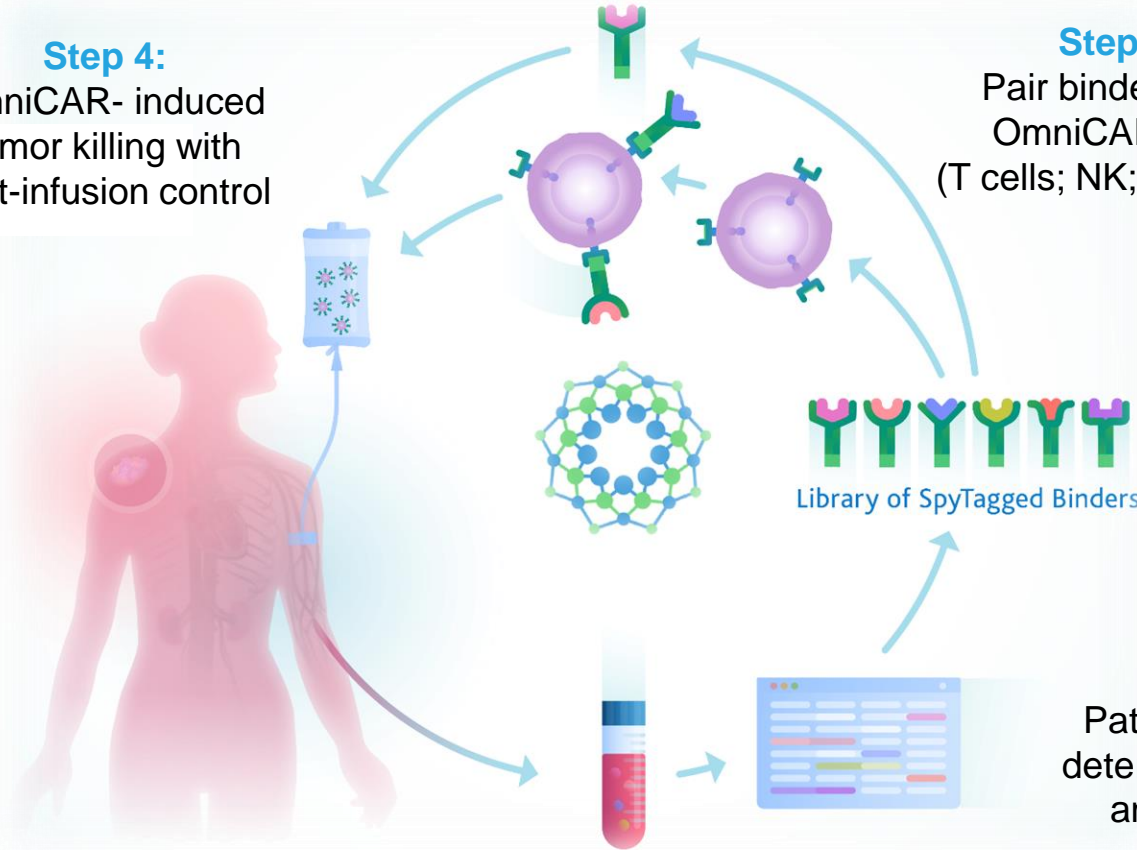
Personalized “Plug & Play” Cell Therapy Ecosystem

Step 4:
OmniCAR- induced
tumor killing with
post-infusion control

Step 3:
Pair binders with
OmniCAR cells
(T cells; NK; auto/allo)

Step 2:
Match patient's
antigens to
corresponding binders

Step 1:
Patient sample to
determine individual
antigen profile



Summary

Key building blocks to PTX Future Value

1

OmniCAR

- Next generation universal CAR platform
- AML
- Her2+ solid tumours
- GBM
- 3rd party opportunities

2

Cell Therapy Enhancements

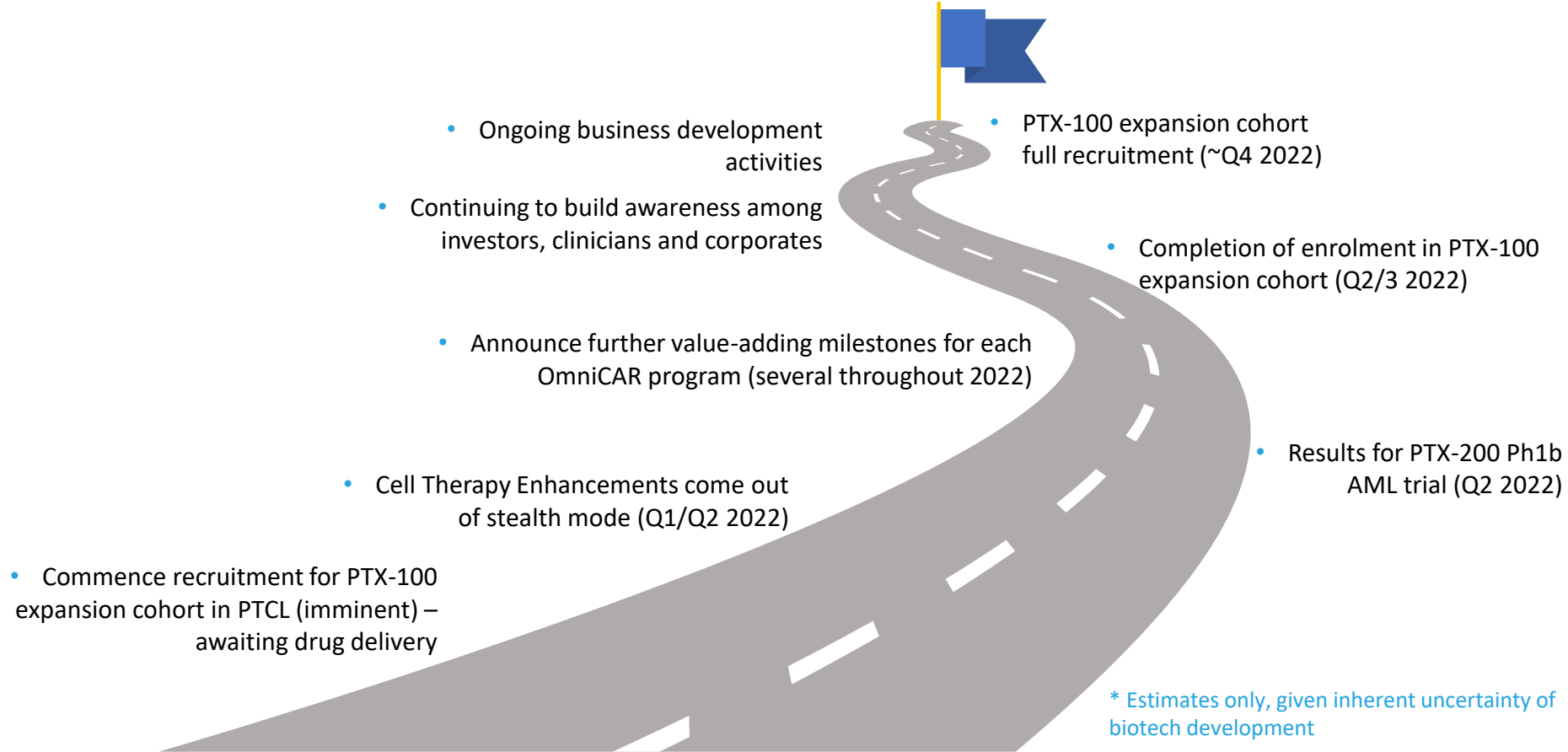
- Enhancing current generation CAR-T
- Also applicable to next gen
- Collaboration with Peter Mac
- 100% ownership of Intellectual Property

3

Targeted therapies

- PTX-100
- PTX-200

Multiple catalysts in 2022



Compelling investment case!



World class pedigree.

We license from the best; and work with the best



Many shots on goal for substantial value creation



PTX-100: FIC Ras/Rho inhibitor in Ph1b expansion in PTCL



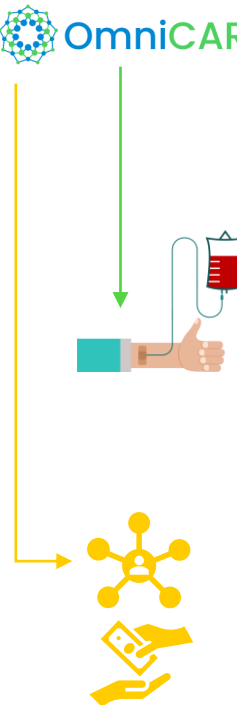
PTX-200: Akt inhibitor in Ph1b/2 AML



Game-changing cell therapy platform

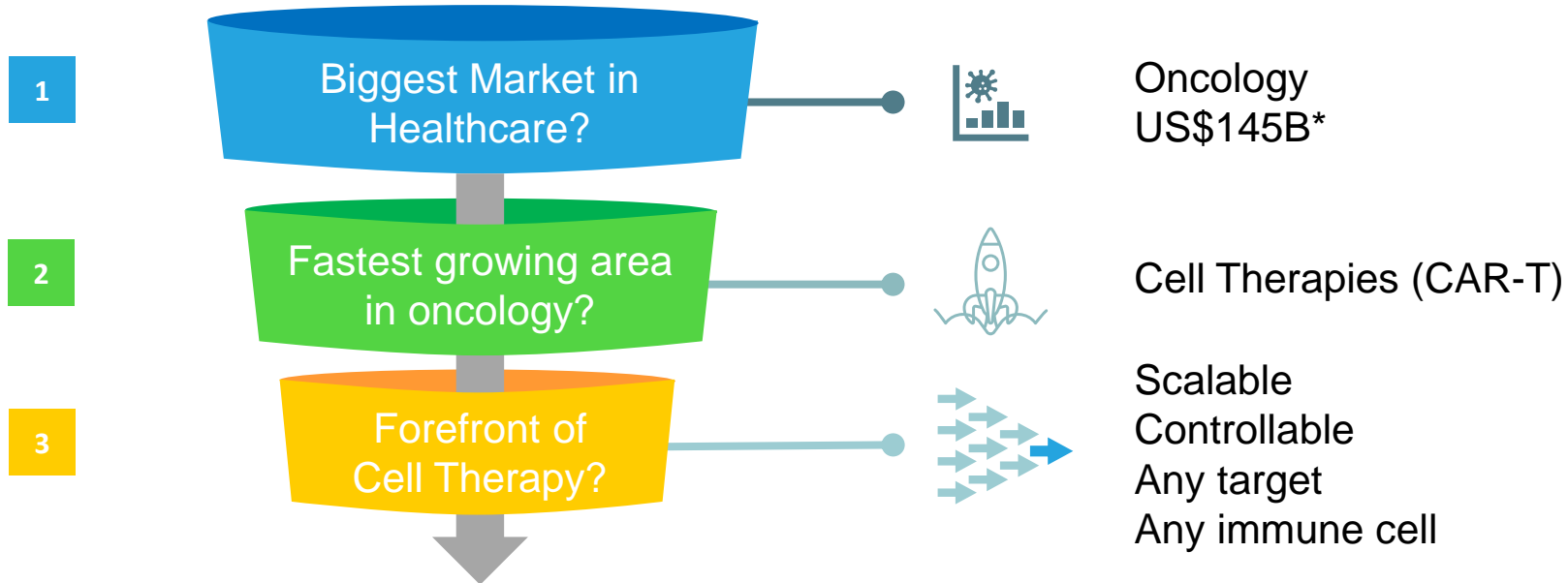
3 highly differentiated next-gen CAR-T programs:

1. **AML**
2. **Her2+ solid tumors**
3. **GBM**



An **enabling technology** for 3rd parties

Top-down analysis is sensible for investors





Thank you!

ASX code: PTX

www.ptxtherapeutics.com