



**Progress.
Positioning.**

**Annual General Meeting
November 2022**

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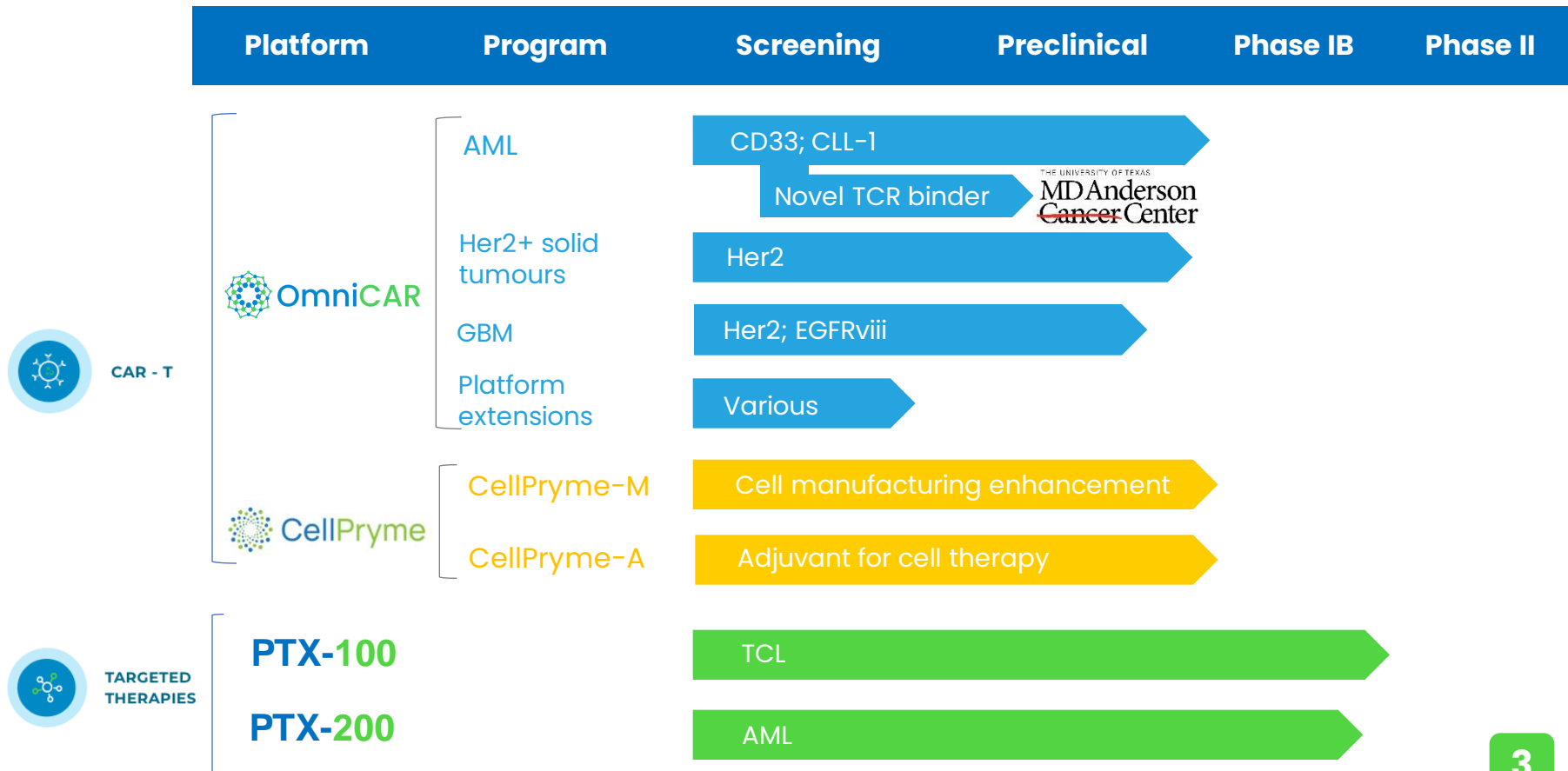
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Innovative pipeline in personalised medicine



Key achievements during another productive year

Targeted Therapy Achievements

- ✓ Excellent progress of PTX-100 trial
- ✓ Initiation and enrolment of expansion cohort in TCL
 - Initiation was significantly delayed by logistics bottlenecks in manufacturing and shipping drug, but good enrolment rate has made up ground
- ✓ Demonstrating excellent safety PTX-100
- ✓ Encouraging activity in terms of responses and event free survival

- ✓ Expansion of PTX-200 in AML after 4th complete remission

- ✓ Internal OmniCAR programs (AML; Her2+ solid tumours; GBM) progressing through pre clinical development
- ✓ Technical successes with various aspects of a highly novel platform
- ✓ Strategic collaboration with MD Anderson Cancer Center
 - Largest cancer centre in US
 - Novel TCR-like binder from proprietary leukemia database
- ✓ OmniCAR platform extensions
 - Non-viral transduction
 - Closed end, automated, scalable manufacturing
- ✓ QGen to manufacture OmniCAR T cells for clinical trial
- ✓ Key OmniCAR patent granted in US
- ✓ Building awareness with industry



CELL MANUFACTURING ENHANCEMENT

- ✓ Announced in June 2022
- ✓ Produces longer lasting, more “youthful” CAR-T cells
- ✓ Doubles helper T cells
- ✓ Doubles tumour control
- ✓ More chemokine receptors for locating tumours
- ✓ Ready for clinical testing



ADJUVANT THERAPY

- ✓ Announced in September 2022
- ✓ Overcomes hostile TME
- ✓ Reduces Tregs
- ✓ Increases expansion of CAR-T cells in vivo
- ✓ Doubles penetration of CAR-T cells into tumours
- ✓ Significant synergy with CellPryme-M
- ✓ Ready for clinical testing

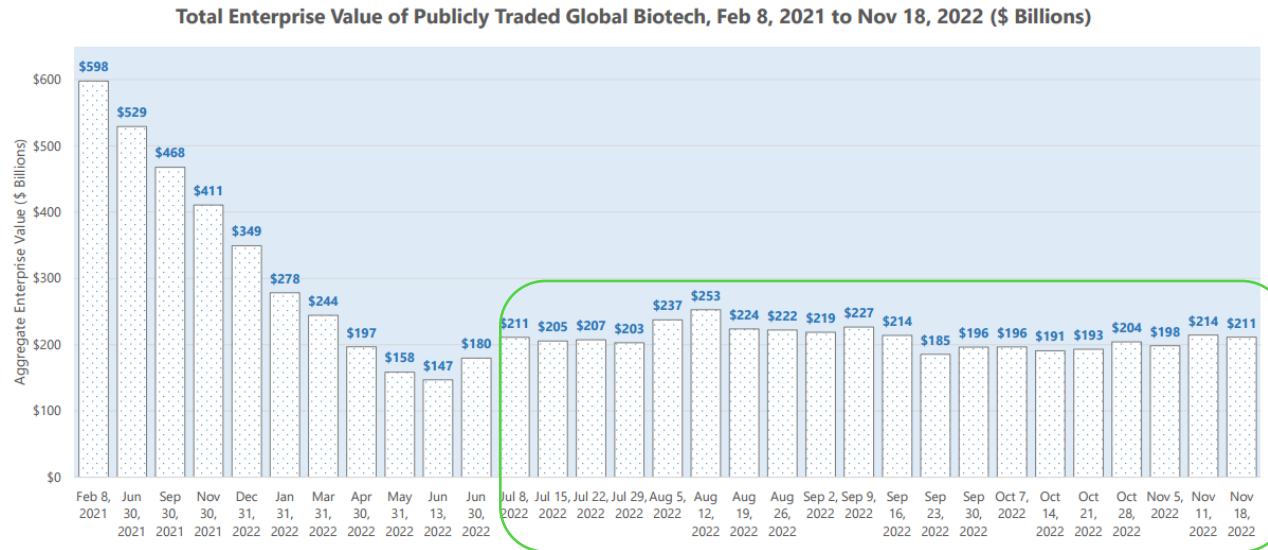
Market backdrop

Considerable sector headwinds

- Inflation hits tech and biotech companies harder, given its erosive effects on future-valued assets...
 - ...but eventually this is counterbalanced by elasticity of demand
- Geopolitical uncertainty further eroded risk appetite
- Generalist (“tourist”) investors that were attracted to the healthcare sector during the pandemic have since exited the sector in droves
- Plethora of early-stage deals in 2020 commensurately resulted in more frequent technical bad news being reported

Global Biotech valuations have stabilised

- Enterprise valuations* (a proxy for technology value) appear to have stabilised
- Distress signals are abating (e.g. number of companies with negative EVs are decreasing)



*EV = Market capitalisation – cash + debt
Source: Torreya

Factors that could see US biotech sector regain traction

- Signs that clean-out from generalist investors has ended (appears to have happened)
- Looking past the worst of inflation fears; stabilising rate movements
- Pressure to cover short positions
- Biotech fund inflows
 - Fund inflows remain very strong for US biotech funds and will need deploying
 - Less redemption activity in the new year
- Industry continues to deliver on technical, regulatory and commercial fronts
- M&A activity

PTX-100

FIRST IN CLASS
RAS PATHWAY INHIBITOR

PTX-100 Phase 1B Summary

- Licensed from Yale University
- Targeting cancers predisposed to Ras & Rho mutations

Phase 1b Expansion cohort in T-cell lymphomas (TCL)

- Excellent safety profile
- Encouraging signal in TCL
 - Responses
 - Time on therapy
- Granted Orphan Drug Designation by US FDA for Peripheral TCL



Licensed from



Principal Investigator



Professor H. Miles Prince, AM



Now in Expansion Cohort for TCL

- 8 – 12 patients with r/r T cell lymphoma
- Expanding number for CTCL patients in light of responses
- Potential bridge to registration study, although FDA guidelines seem to be changing
- Focussing on sweet spot in an area of considerable unmet need
- Shortest path to market

Case Study

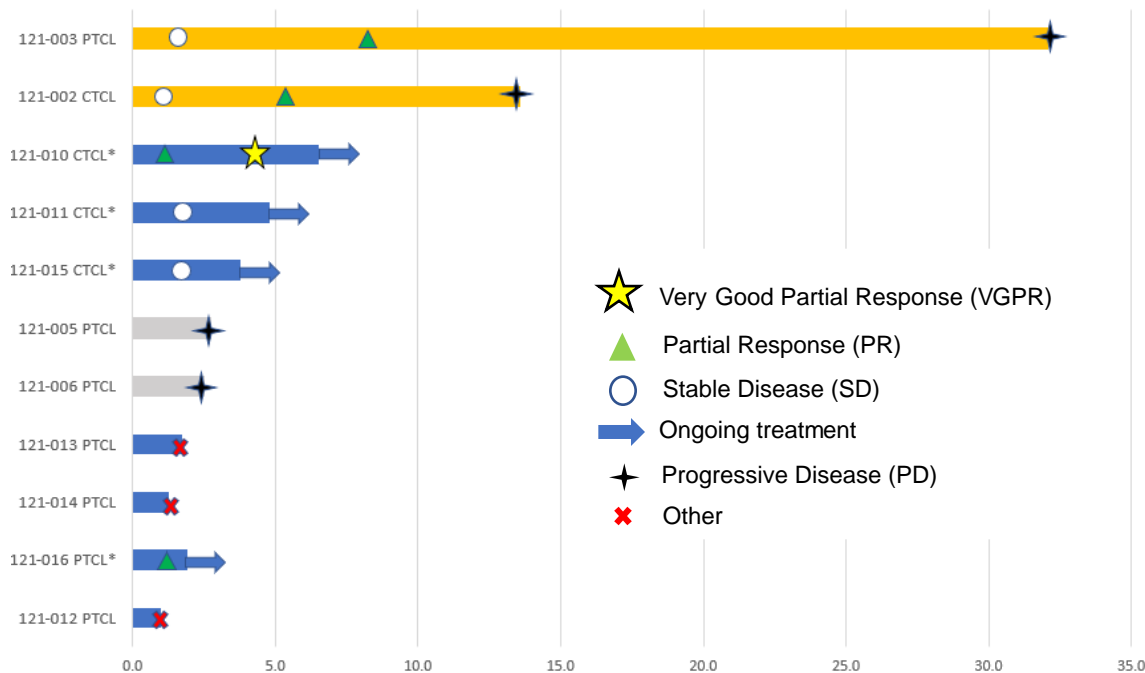
- pralatrexate (Folotyn[®])
- Approved for PTCL
 - 5,600 cases/year in US
- US\$450,540 per patient, per year

FOLOTYN
(pralatrexate injection) 



Trial update: continued encouraging responses & time on treatment

CLINICAL REPOSNES & MONTHS ON TREATMENT



- 1 VGPR (ongoing)
- 3 PRs (1 ongoing)
- 2 SDs (both ongoing)
- 2 PD
- 3 withdrawn

PTX-100 dose

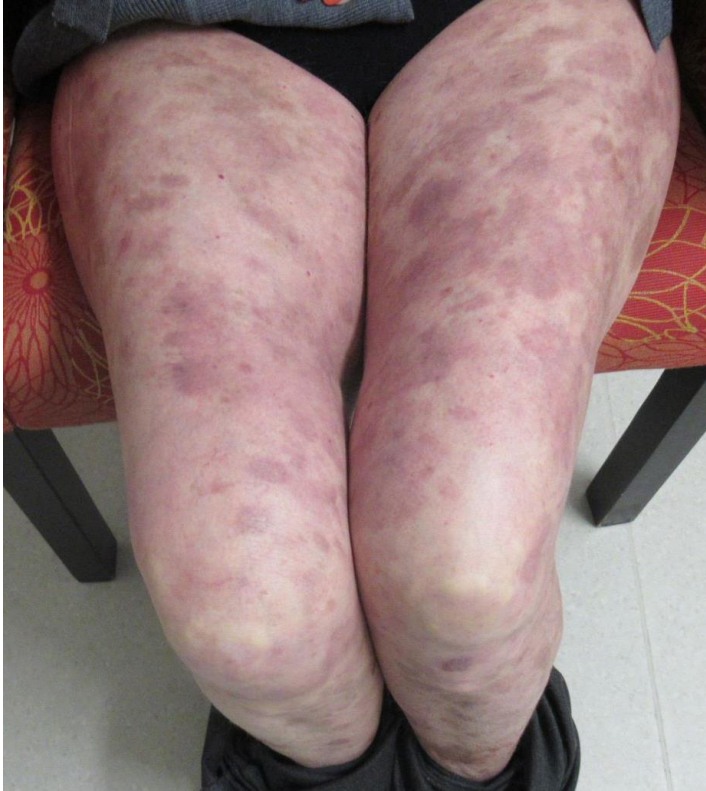
500 mg/m²

1000 mg/m²

2000 mg/m²

| *still on study | 121-012 PTCL | 121-016 PTCL* | 121-014 PTCL | 121-013 PTCL | 121-006 PTCL | 121-005 PTCL | 121-015 CTCL* | 121-011 CTCL* | 121-010 CTCL* | 121-002 CTCL | 121-003 PTCL |
|-----------------|--------------|---------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|--------------|--------------|
| | 1.0 | 1.9 | 1.3 | 1.8 | 2.5 | 2.8 | 3.8 | 4.8 | 6.5 | 13.6 | 32.1 |

Before



After



PTX-200

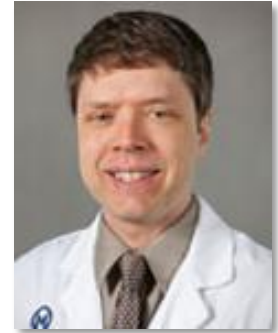
NOVEL AKT INHIBITION

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
- 24 patients with cytarabine held constant at 200-400 mg/m² as continuous infusion
 - 4 patients with CR/CRi so far
 - 1 patient with PR
- Currently treating expansion cohort at 45 mg/m²
- Granted Orphan Drug Designation by US FDA

Principal Investigator



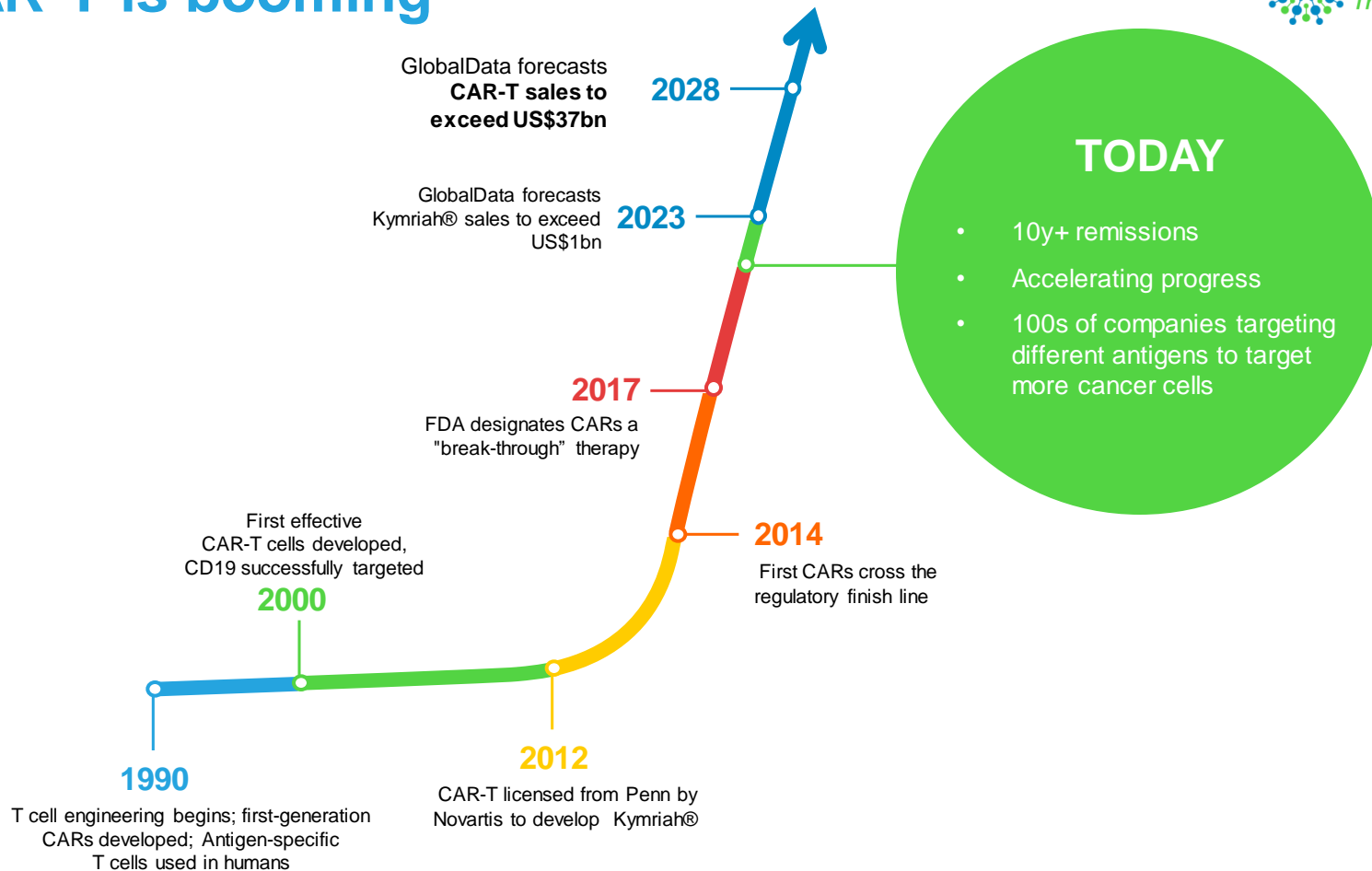
Jeffrey E Lancet, M.D.



CR: COMPLETE REMISSION
CRI: COMPLETE RESPONSE WITH INCOMPLETE HEMATOLOGIC RECOVERY
PR: PARTIAL RESPONSE

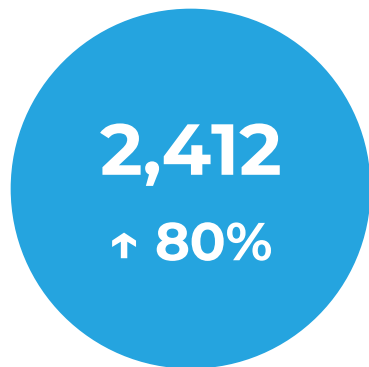
Prime positioning in the cell therapy industry

CAR-T is booming



CAR-T sector continues its considerable growth over last 12 months despite headwinds

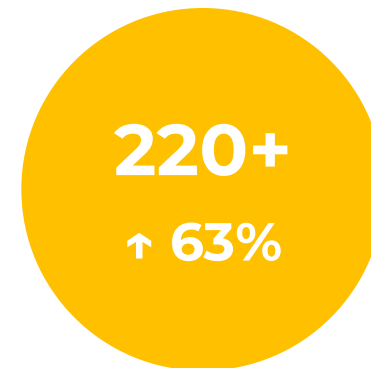
CAR-T Programs













Clinical Trials



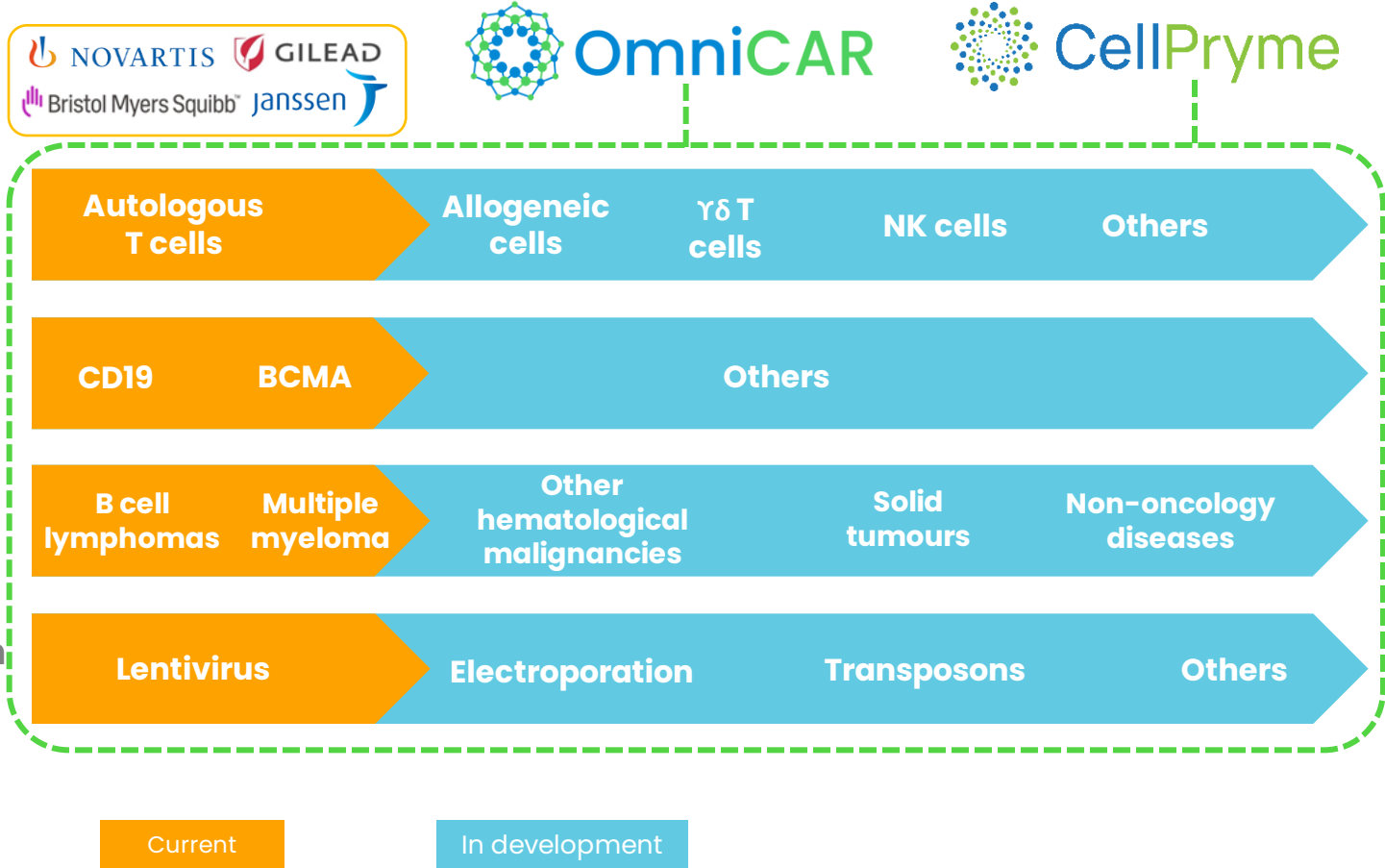
Target Antigens



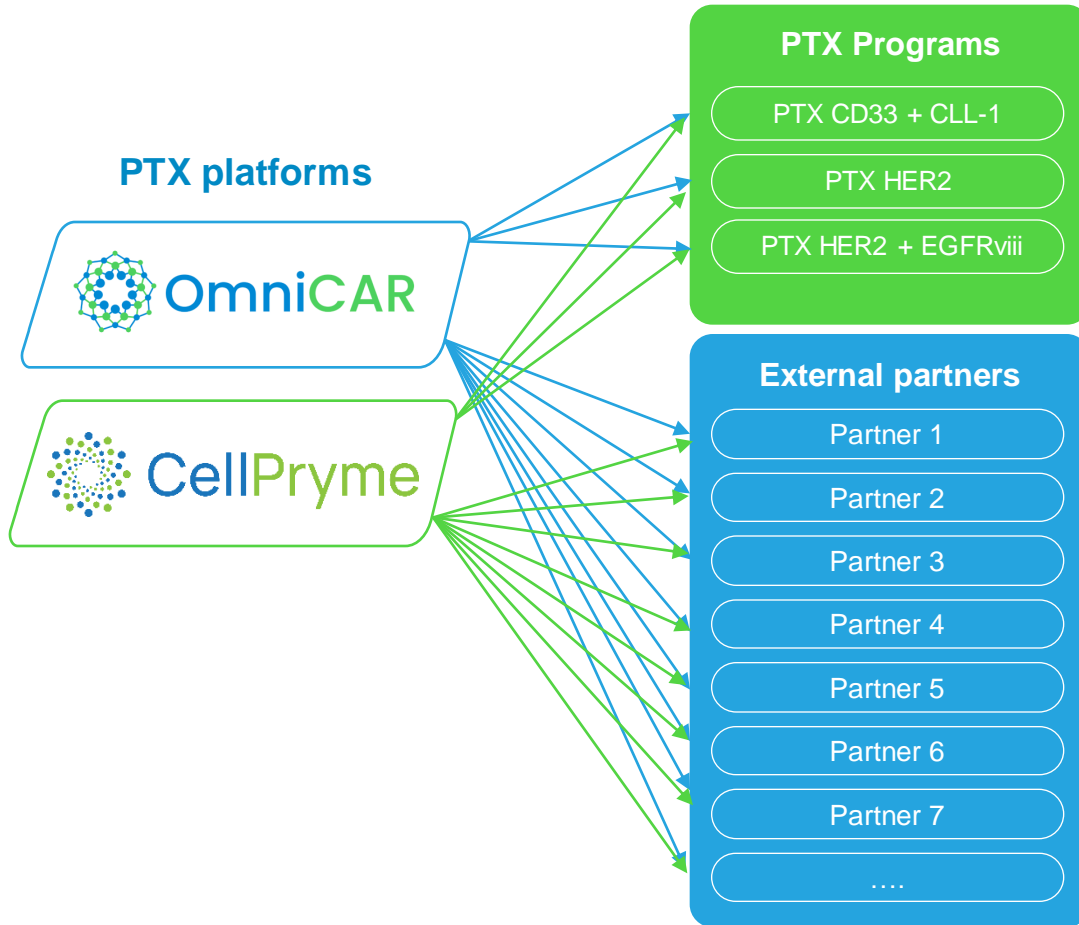
Platforms to overcome CAR-T's key challenges

| | Challenge |  OmniCAR |  CellPryme | | |
|--|-------------------------------|---|---|-----|--------------------|
|  | Safety / Control | No control post infusion | ✓ | - | |
|  | Targeting | Difficulties with targeting, antigen heterogeneity | ✓ | - | Safe |
|  | Escape | Difficulties with mutating antigens | ✓ | - | Effective |
|  | Production efficiency | Cost prohibitive & slow | ✓ | - | Sustainable |
|  | Exhaustion | Cells run out of steam | ✓ | ✓ | Affordable |
|  | Trafficking | Cells cannot find their way | ✓ | ✓ | Enduring |
|  | Tumor penetrance | Protective layer around tumor | ✓ | ✓ ✓ | |
|  | Tumor microenvironment | Suppresses immune cells | ✓ | ✓ ✓ | |

Strategically positioned in the rapidly moving cell therapy landscape



Prescient's CAR-T platform business model



- Huge market
- “Shovels to CAR-T goldrush”
- Diversified risk
- Highly scalable
- Earlier revenue potential

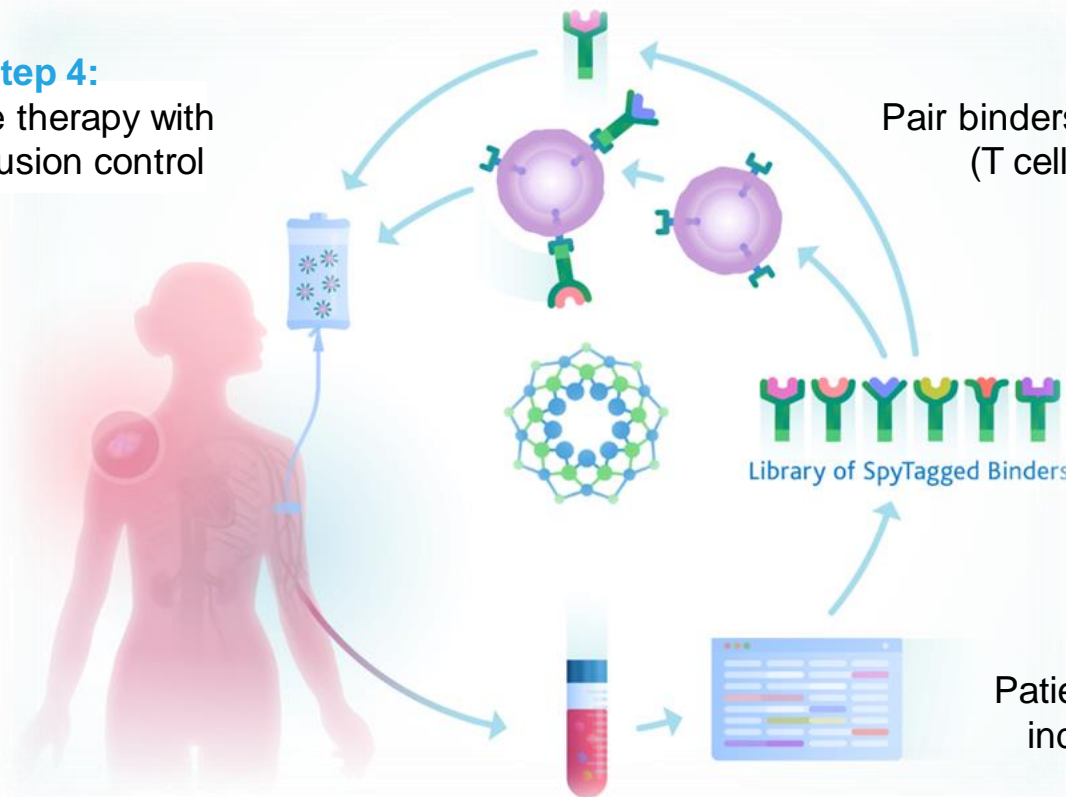
The End Game: Personalized “Plug & Play” Cell Therapy Ecosystem

Step 4:
Bespoke therapy with
post-infusion control

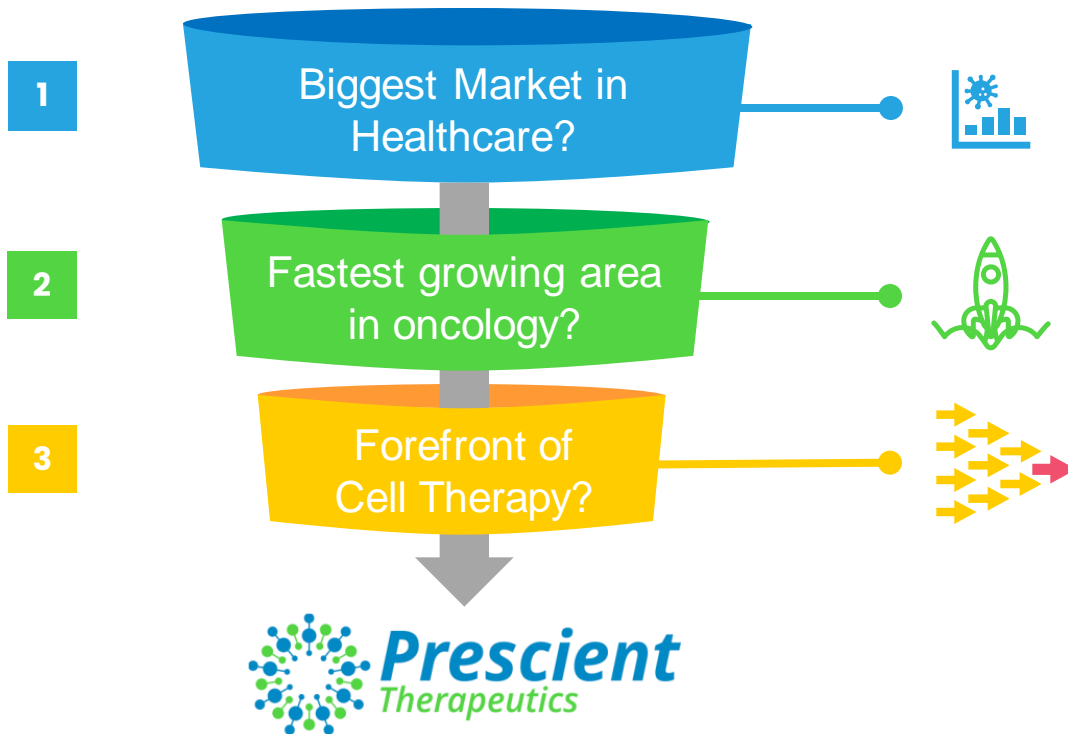
Step 3:
Pair binders with OmniCAR cells
(T cells; NK; auto/allo)

Step 2:
Match patient's antigens
to corresponding binders

Step 1:
Patient sample to determine
individual antigen profile



Top-down analysis is sensible for investors



Oncology*

- 2021: US\$ 280bn
- 2029: US\$ 536bn (8.2% CAGR)

Cell Therapies (CAR-T)

- >US\$37bn by 2028[^]

Prescient Therapeutics

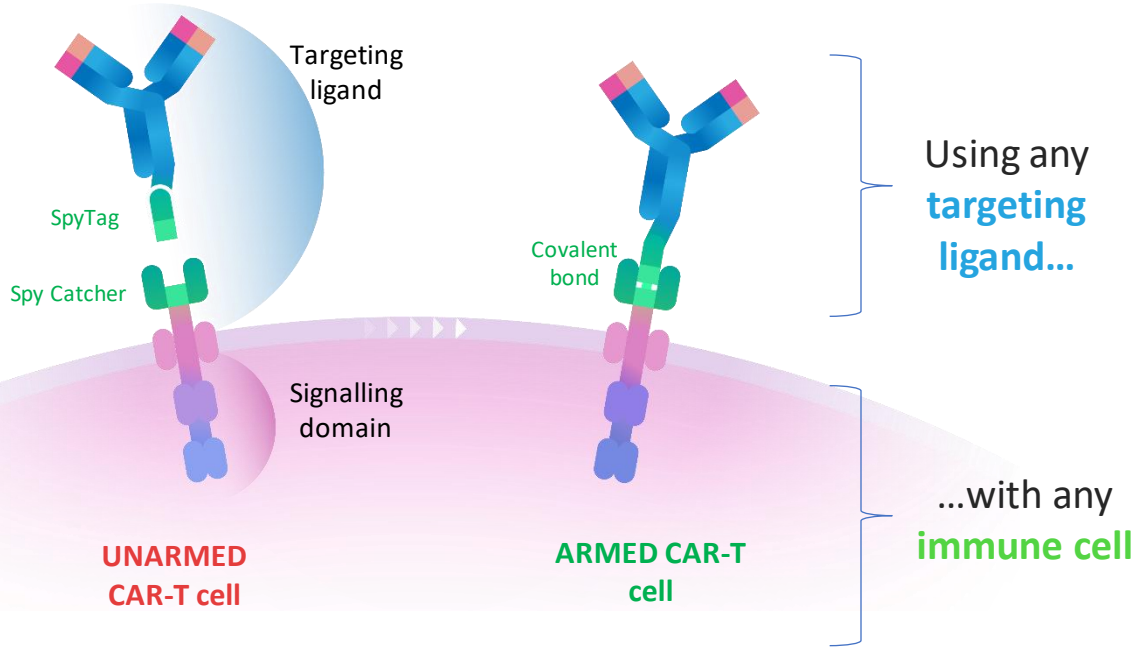
- Next gen platforms
- Scalable
- Controllable
- Any target; any cell
- “Shovels to goldrush” position
- Top pedigree



OmniCAR

**Universal, Next Generation
CAR-Therapies**

OmniCAR: flexible, modular CAR platform



Associate Professor
Daniel J. Powell, Jr



Professor
Andrew Tsourkas

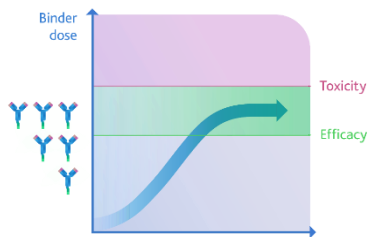


UNIVERSITY OF
OXFORD

OmniCAR: Control Features

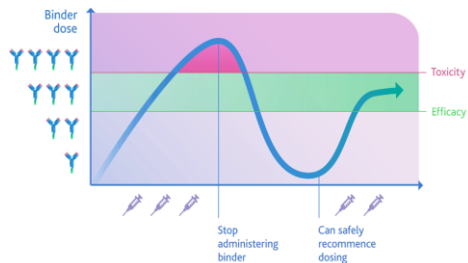
Modular and covalent architecture of OmniCAR enables true **post-infusion control** of CAR functionality

Dose Titration



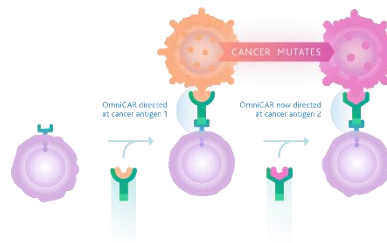
Control activity to **safe and efficacious** levels

On/off switch



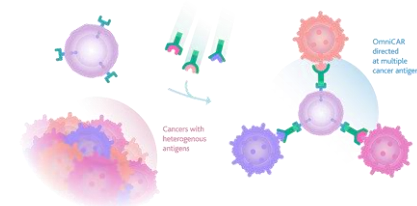
Turn therapy on/off/on without killing or re-administering cells = **safety & persistence**

Target Re-direction



Re-direct cells from one cancer target to another in vivo

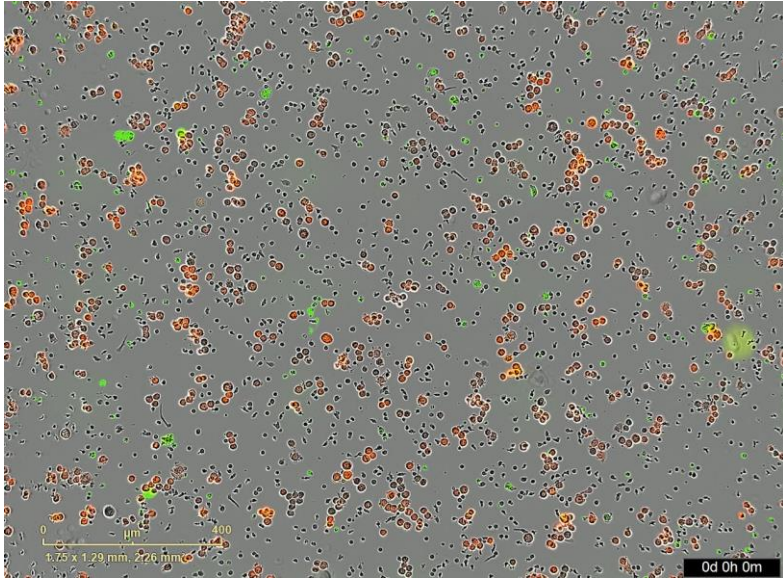
Multi-Antigen Targeting



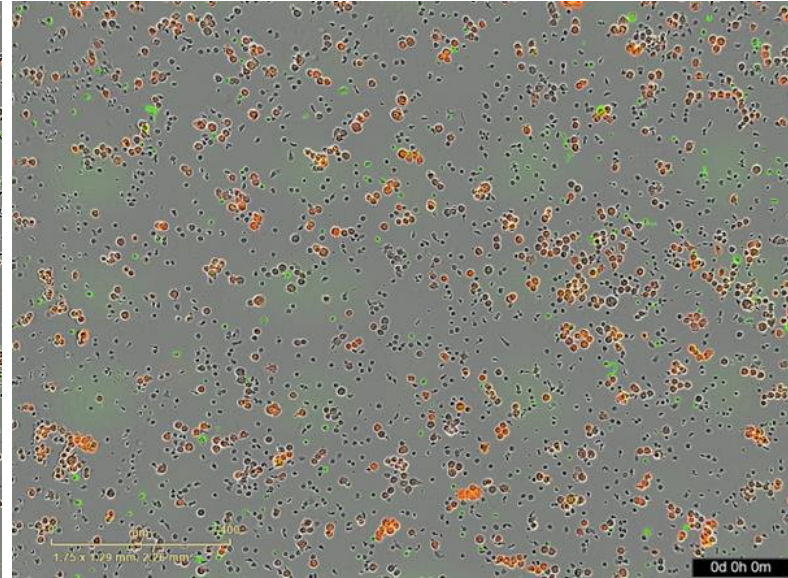
Target **multiple cancer antigens simultaneously** for thorough cancer killing

OmniCAR is at least as potent as conventional CAR-T

Conventional CAR-T (Her2)



OmniCAR (Her2)



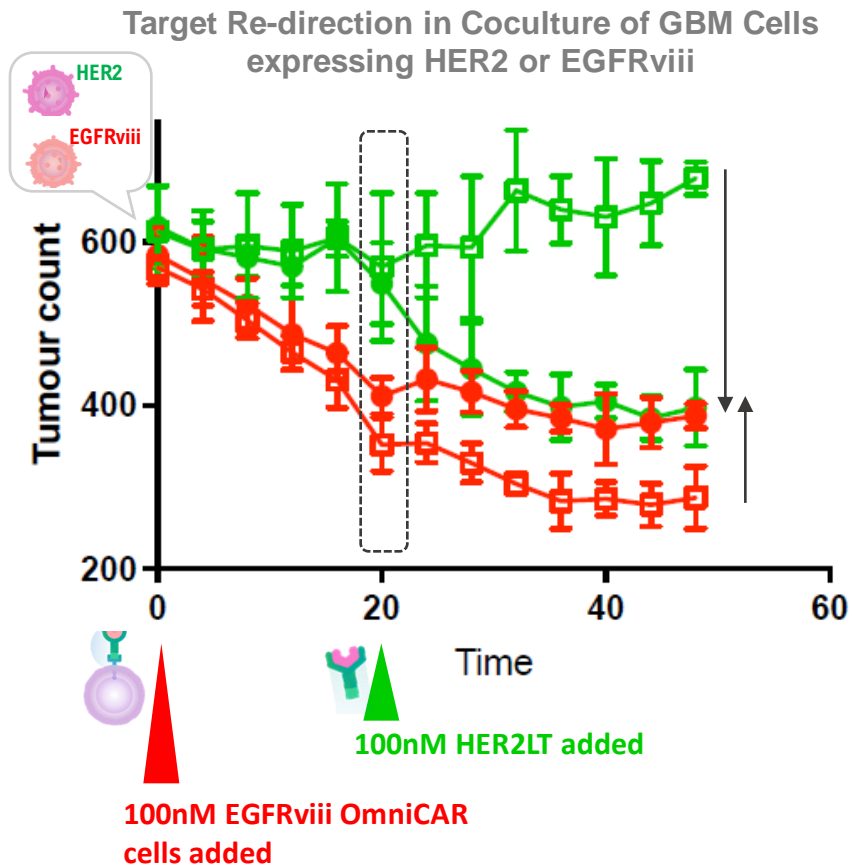
Her2+ breast cancer cell line MCF7 was co-cultured with either conventional CAR-T or OmniCAR-T cells **both at 2:1 ratio**

Red = live cancer cells

Green = dead cancer cells

No Loss of Potency with modular approach

OmniCAR cell can be Redirected

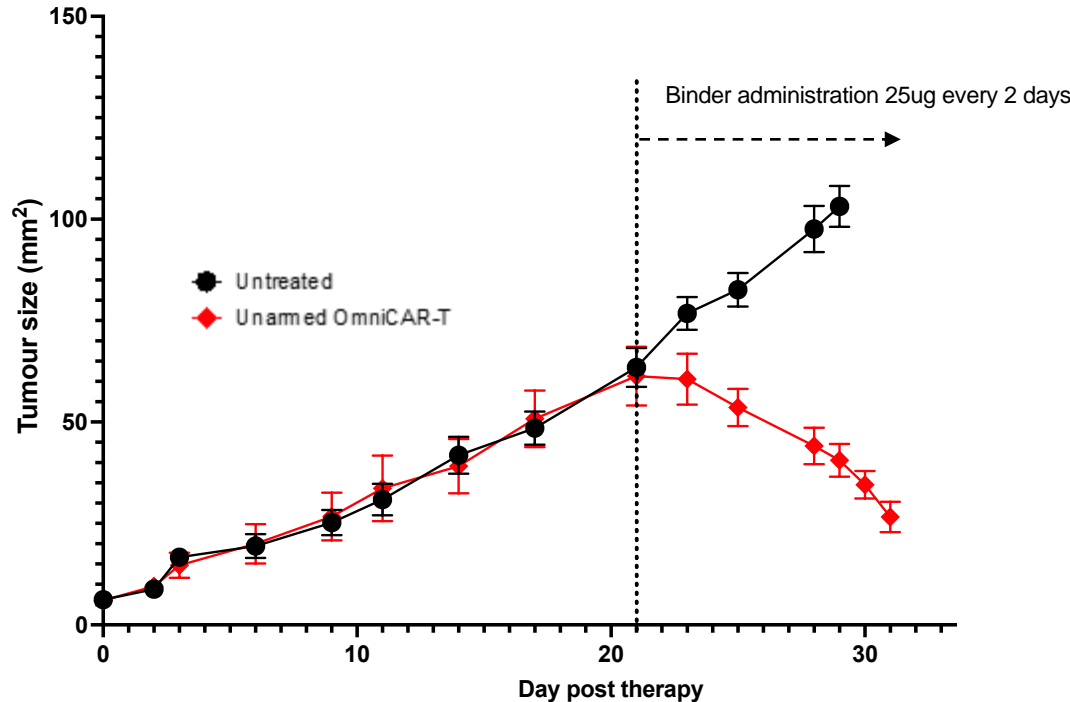


- 1 OmniCAR T cells **pre-armed with EGFRviii binder**
→ **Rapid cytotoxicity to EGFRviii+ cells**
 - 2 **Add Her2 binder**
→ **Rapid switching & cytotoxicity to Her2+ cells**
- No new cells required

OmniCAR cells viable & armable for weeks

Mice with OC25 tumours

Binder administered from day 21



- Unarmed & armed OmniCAR-T cells are viable for weeks
- Can be armed at will
- Results in immediate cytotoxicity

Strategic collaboration with MD Anderson



CD33
binder

CLL-1
binder

TCR-like
binder

OmniCAR T cell

THE UNIVERSITY OF TEXAS

MDAnderson
~~Cancer~~Center

Making Cancer History[®]

- MDACC is the largest cancer centre in US
- Using “plug & play” features of OmniCAR to combine novel TCR-like binder with CD33 & CLL-1 for AML
- Create best-in-class adaptable CAR-Ts for blood cancers
- An unprecedented level of multivalency and control.
- First example of 3rd party binder in the Prescient “app store”

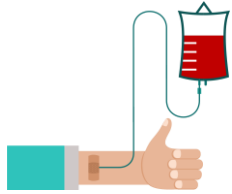
Cancers with
heterogenous
antigens



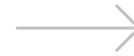
CellPryme

**CELL THERAPY
ENHANCEMENTS**

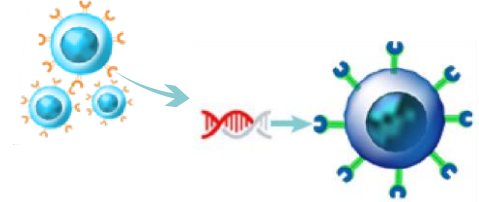
The CAR-T process



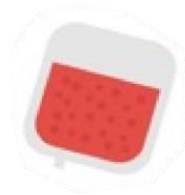
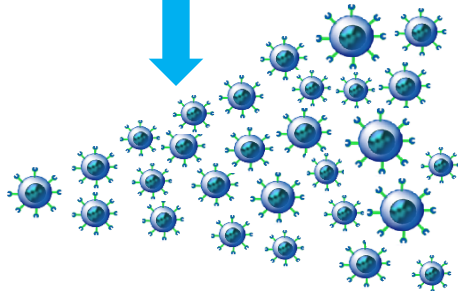
1 Blood is collected from the patient



2 T-Cells are isolated



3 T-Cells are genetically altered to have cancer-recognising receptors (CARs)



4 Millions of CAR-T cells are grown



5 CAR-T cells are administered to the patient

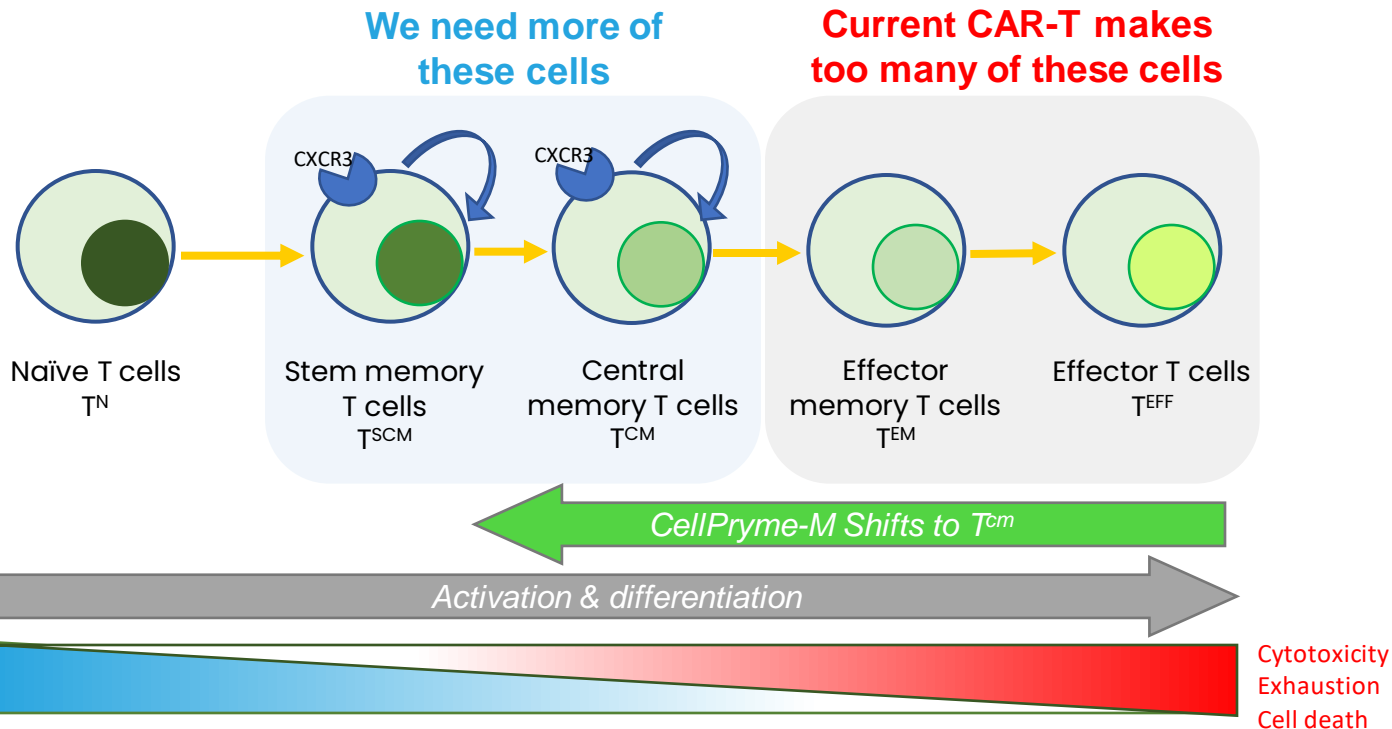


CellPryme-M

Cell manufacturing
enhancement

More memory cells required for clinical efficacy

- Clinical efficacy of CAR-T therapy remains dependent on the T cell phenotype
- It is possible to control this during the manufacturing step



CellPryme-M produces CAR-T cell types with ideal characteristics and attributes



Persistence

For longevity of effects and continued tumour control



Immune memory

Central memory T cells typically persist 10-20 years and as long as 75 years



Trafficking

CAR-T cells able to find their way to the tumour



Tumour penetrance

Cells that can penetrate solid tumours



Genomic stability

Cells with enhanced self-renewal due to greater genomic stability



Anti-viral

Cells with potent anti-viral characteristics

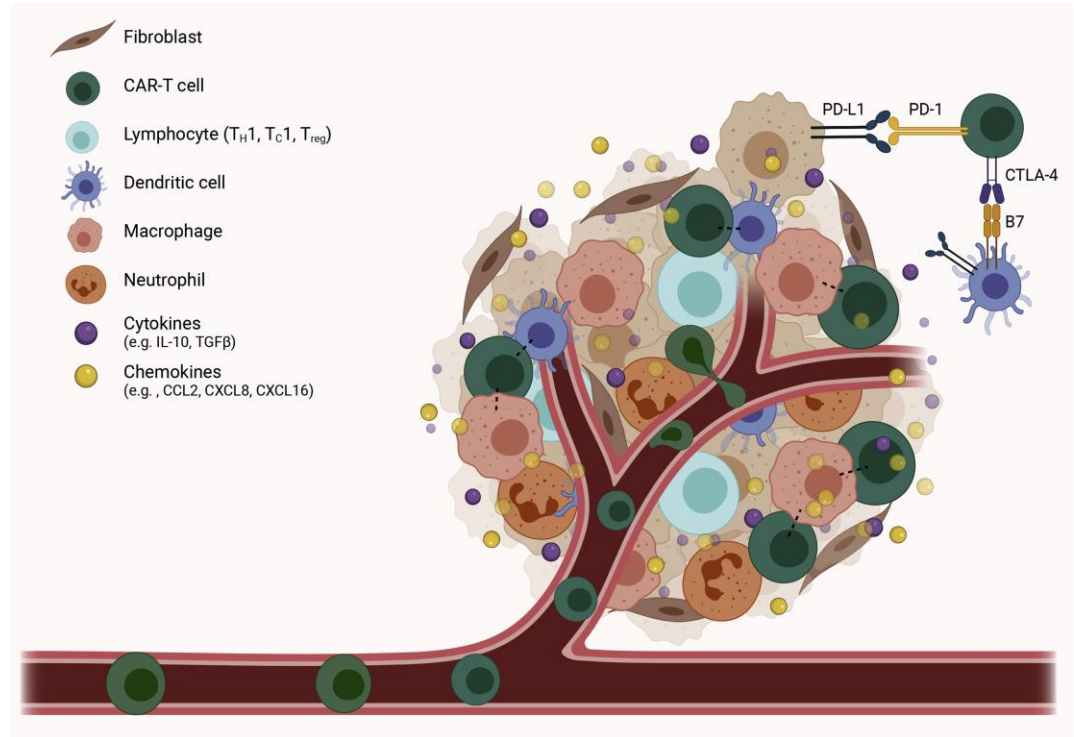


CellPryme-A

**Adjuvant for enhancing
cell therapies**

CellPryme-A addresses the hostile Tumour Microenvironment (TME)

- TME is the **complex ecosystem** surrounding solid tumours
- Protects and nurtures the cancer
- Acts as a **protective “force field”** that blunts the effectiveness of cancer therapies



Summary of CellPryme-A effects



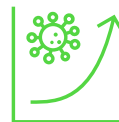
Boosts tumour killing by conventional CAR-T cells



Improved survival



Reduces problematic **Treg cells** by 66%



Dramatically increases

CAR-T cell expansion within

- 2x ↑ CAR-T cell expansion
 - 9x ↑ Cytotoxic T cells
 - 6x ↑ Helper T cells
- host] with CellPryme-M



Increases ability of T cells to **penetrate solid tumours**

- 4x ↑ Cytotoxic T cells
- 3x ↑ Helper T cells



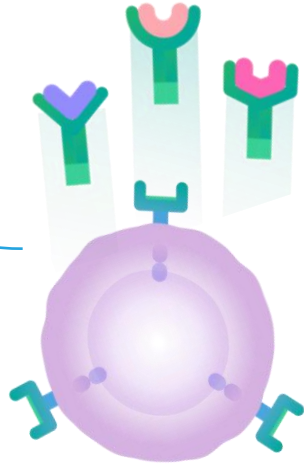
Synergises with CellPryme-M for **even greater benefits**

CellPryme Complements OmniCAR



OmniCAR

- Multi-targeting
- Redirection
- Control & safety
- Any target; any cell



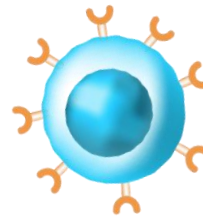
Next generation
Cell therapies



CellPryme-M

Process that produces
a better cell type

- Persistence
- Trafficking



Current generation cell
therapies



CellPryme-A



- Adjuvant therapy
- Reduces Tregs
 - Primes TME for cell therapy
 - Boosts CAR-T cell expansion *in vivo*

Summary

Key building blocks to Prescient's future value

1



OmniCAR

- Next generation universal CAR platform
 - AML
 - Her2+ solid tumours
 - GBM
- Clinical trial will be a huge catalyst
- 3rd party opportunities

2



CellPryme

- Enhancing current & next-gen cell therapies
- Manufacturing enhancements
- Adjuvant therapy
- 3rd party opportunities
- Clinic ready

3

Targeted therapies

- PTX-100
 - Exciting opportunity in TCL
 - US Orphan Drug designation
 - Could leap deep into clinical development
- PTX-200 in AML

Major catalysts to work towards next year

Prescient will continue to progress the development of programs across its considerable pipeline. Some notable catalysts to work towards include, but are not limited to:

- Read out on TCL of PTX-100 trial
- Clarification of next steps for PTX-100's clinical development in TCL
 - FDA is currently reviewing accelerated approval processes
- In vivo PoC data of OmniCAR in AML
- Initiation of OmniCAR AML clinical study
- Continue to build awareness of Prescient's programs as they progress, amongst industry, institutions, clinicians and investors
- Leveraging CellPryme and OmniCAR with external parties through collaborations and/or licenses

Investment Thesis Summary

4 blue chip oncology assets



2 next gen platforms



PTX-100 & PTX-200
in clinic



Top pedigree



OmniCAR **PTX-100**



CellPryme **PTX-200**

Superior positioning & model



Internal products
+ external partnering



Shovels to goldrush



Highly scalable



Huge & growing market



\$280bn industry



Growing demand



Cell therapy is the future

Biggest Market in
Healthcare?

Fastest growing area
in oncology?

Forefront of
Cell Therapy?





Thank you!

ASX code: PTX

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