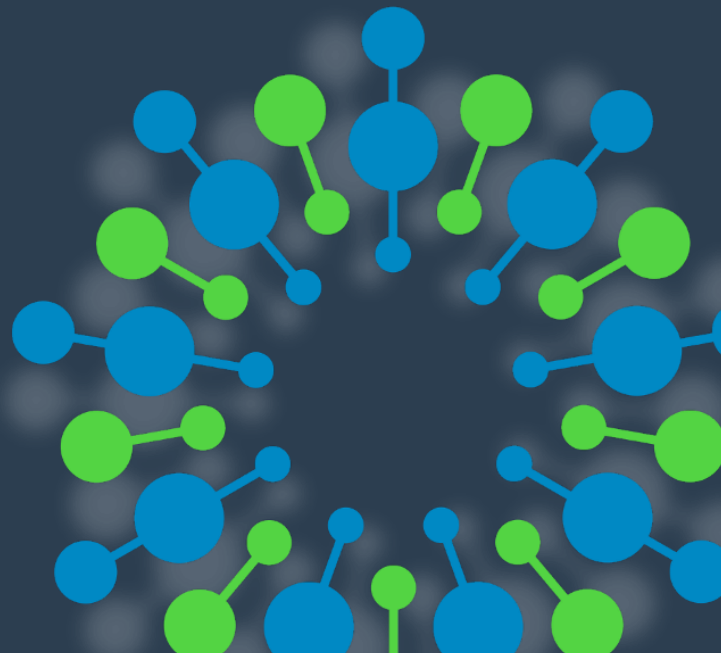




Investor Briefing

May 2025

ASX: PTX



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Targeted RAS therapies for cancers of unmet need

✓ PTX-100



Platforms supporting CAR-T therapies

✓ OmniCAR

✓ CellPryme



Targeted RAS therapies for cancers of unmet need

✓ PTX-100

- Addressing high-mortality cancers of unmet need T Cell Lymphoma (TCL)
- Results beyond benchmarks and existing drugs
- FDA support
- US\$1.8bn focus market* of TCL
- In Phase 2a – with potential for 2b registration study

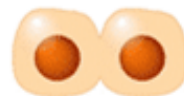
**PTX-100 is an advancing cancer therapy
on the ASX**

What causes cancerous mutations?

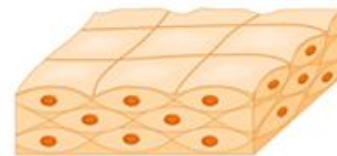
Normal cell growth



Normal cell



Cell division



Healthy tissue

Abnormal cell growth



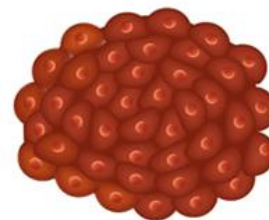
Normal cell



Genetic changes



Cancerous
cell division

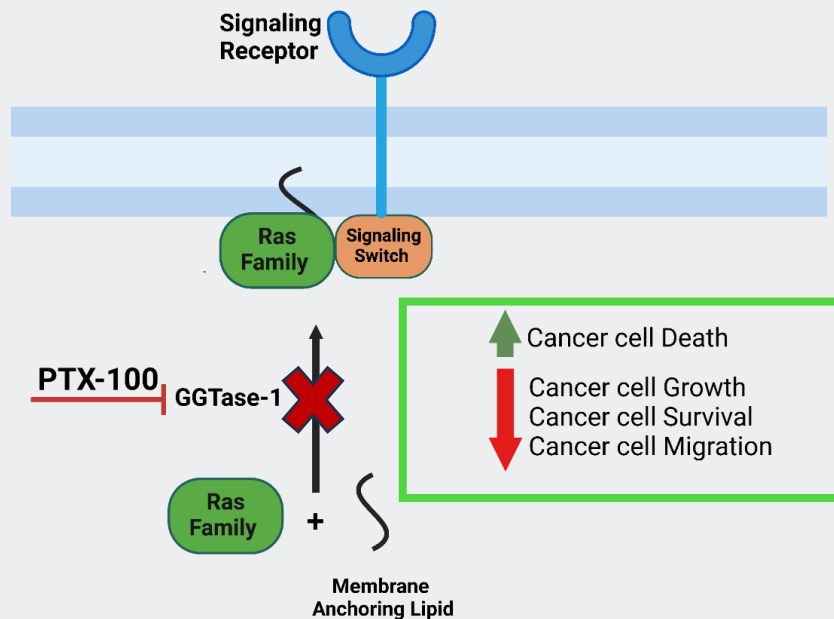


Malignant tumour

PTX-100 First in Class Targeted Therapy

Inhibition of GGTase-1 disrupts small GTPases including:
the RAS family pathway

- Mutations in *RAS* are present in approximately 22% of all human cancers¹
- PTX-100 **targets and blocks** an enzyme called GGTase-1, **disrupting the RAS family pathways**
- This interferes with the way cancer cells grow and spread



¹. [The RAS Problem: Turning Off a Broken Switch – National Cancer Institute](#)

Cutaneous T-cell Lymphoma (CTCL) Overview

- A rare type of cancer of white blood cells (T cells), normally involved in immune function
- These cancerous T cells travel to and live in the skin, where they grow and divide uncontrollably, attacking the skin
- Limited options for patients with relapsed or refractory CTCL
- Orphan disease: 3,000[#] new cases in US each year and increasing
- Market projected to grow to US\$605M in the 8 major markets by 2030^{*}



Mayo Clinic; Lymphoma Australia; EF Hutton

Images courtesy of *Derm In-Review* and *ADV* Vol 90, Issue 6

[#] JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236

^{*}GlobalData, 8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

Cutaneous T-cell Lymphomas (CTCL) a serious unmet need



"Unfortunately, T-Cell lymphomas (...) is universally incurable in patients that have not responded to initial therapy. So, we are in desperate need of a treatment that will allow patients to respond and give them prolonged remissions"

*"We are seeing responses in
our patients who weren't
responding to any other
treatments"*

— Professor Miles Prince
Principal Investigator



BEFORE



AFTER



PTX-100 Phase 1b responses

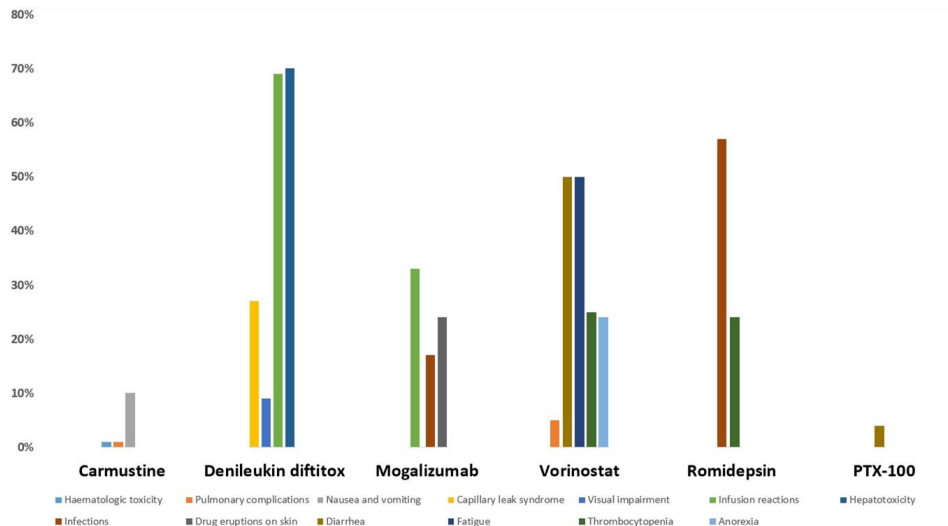
Strong response rates in evaluable patients

	Benchmark ¹	Lymphir ^{2,3}	PTX-100 (Phase 1B)
Response Rate	30%	36%	45%
Clinical Benefit Rate	45%	NA	64%
Duration of Response	9-13 months CTCL 3-4 Months PTCL	6.5 months (CTCL)	10.7 months
Serious Adverse Events ⁴	<30%	36%	4%

1. Considered a target benchmark by Prescient and its investigators, with reference to currently available therapies in r/r TCL
2. Label as per FDA.gov; Fierce Pharma; EF Hutton report
3. Approved by the FDA 8 Aug 2024
4. Assessed as related to drug

PTX-100: Favorable safety profile compared to peers

Recommended CTCL drugs, as outlined in international cancer treatment guidelines, have challenging safety profiles, **with adverse events occurring in up to 70% of patients.**



Adverse Events Associated with current Marketed Drugs* and PTX-100

*Other serious but less common events include Progressive multifocal leukoencephalopathy leading to death, Pancreatitis and Tumour Lysis syndrome. **Brentuximab vedotin** can cause rare but fatal progressive multifocal leukoencephalopathy, and more often pneumonitis, pancreatitis, opportunistic infections, infusion reactions and tumor lysis syndrome.

PTX-100 HAS A FAVOURABLE SAFETY PROFILE

- Minimal 'serious adverse events' related to PTX-100
- Suits fragile patient population
- Good candidate for combination therapy

The building blocks of taking PTX-100 through Phase 2



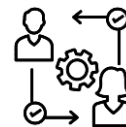
Study design

- CTCL vs PTCL
- 2a / 2b design
- Existing data
- Dosages



Patient recruitment

- Geographies
- Clinics
- Experts
- Patients



FDA engagement

- Ongoing dialogue
- Goal: registration study
- FDA inputs on Phase 2b design

Rationale of prioritising r/r CTCL over PTCL for Phase 2 trial

PTCL (Peripheral T Cell Lymphoma)

More prevalent than CTCL, but...

- More existing and emerging **competition**
- More likely to require **larger, more expensive studies** that may require a comparator arm

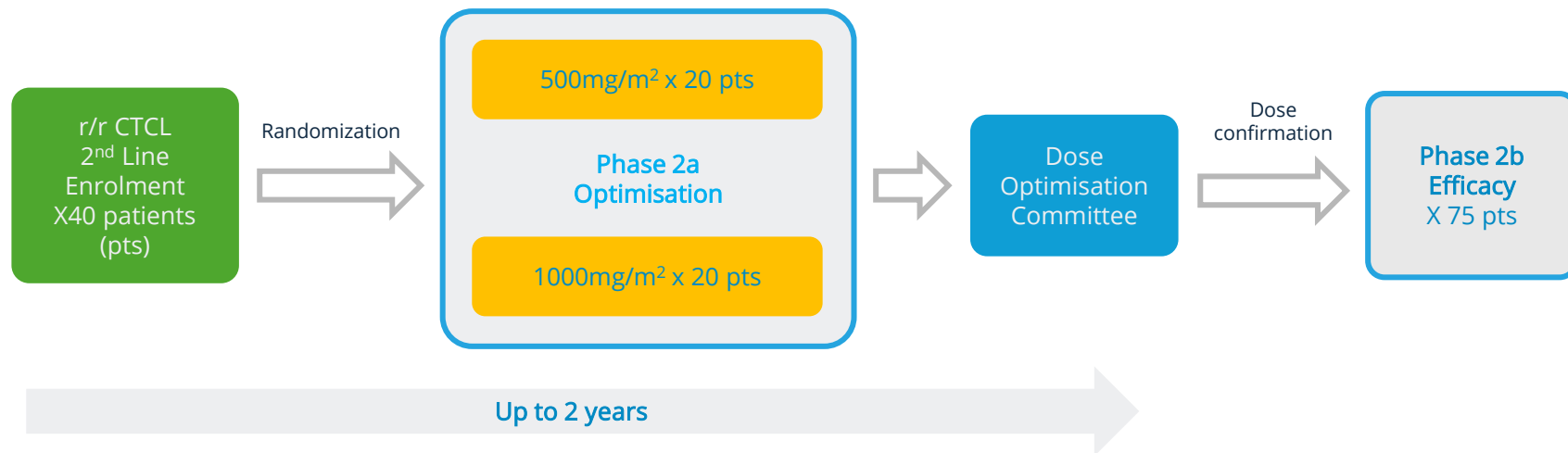
Further studies to be conducted under investigator led programs

CTCL (Cutaneous T Cell Lymphoma)

- **Higher confidence** – more data & responders
- **Greater need** for new therapies
- Likely to **recruit faster** – lack of trial competition
- **Larger patient pool** – high prevalence/longer patient life expectancy

Likely smaller, faster, cheaper trial design

Progressing PTX-100 to Phase 2

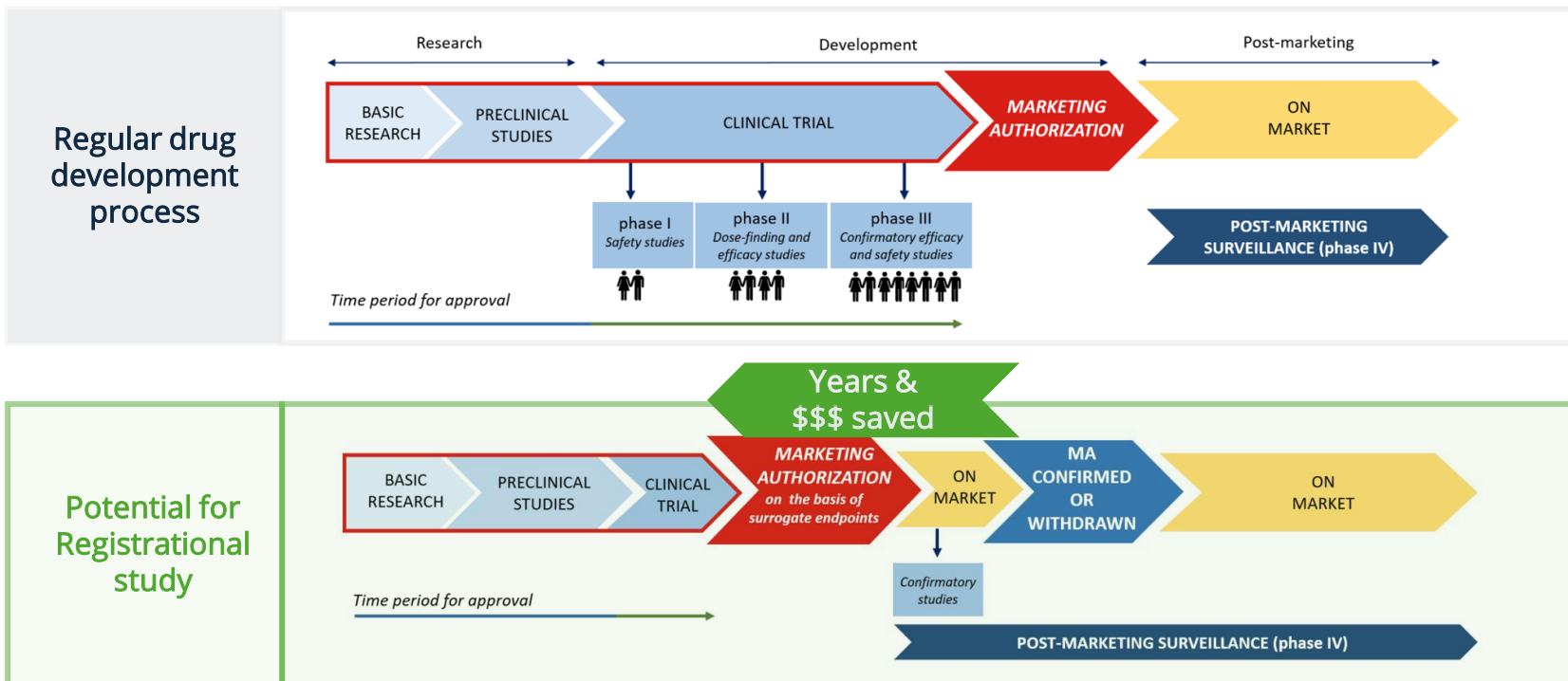


Multicenter clinical trial

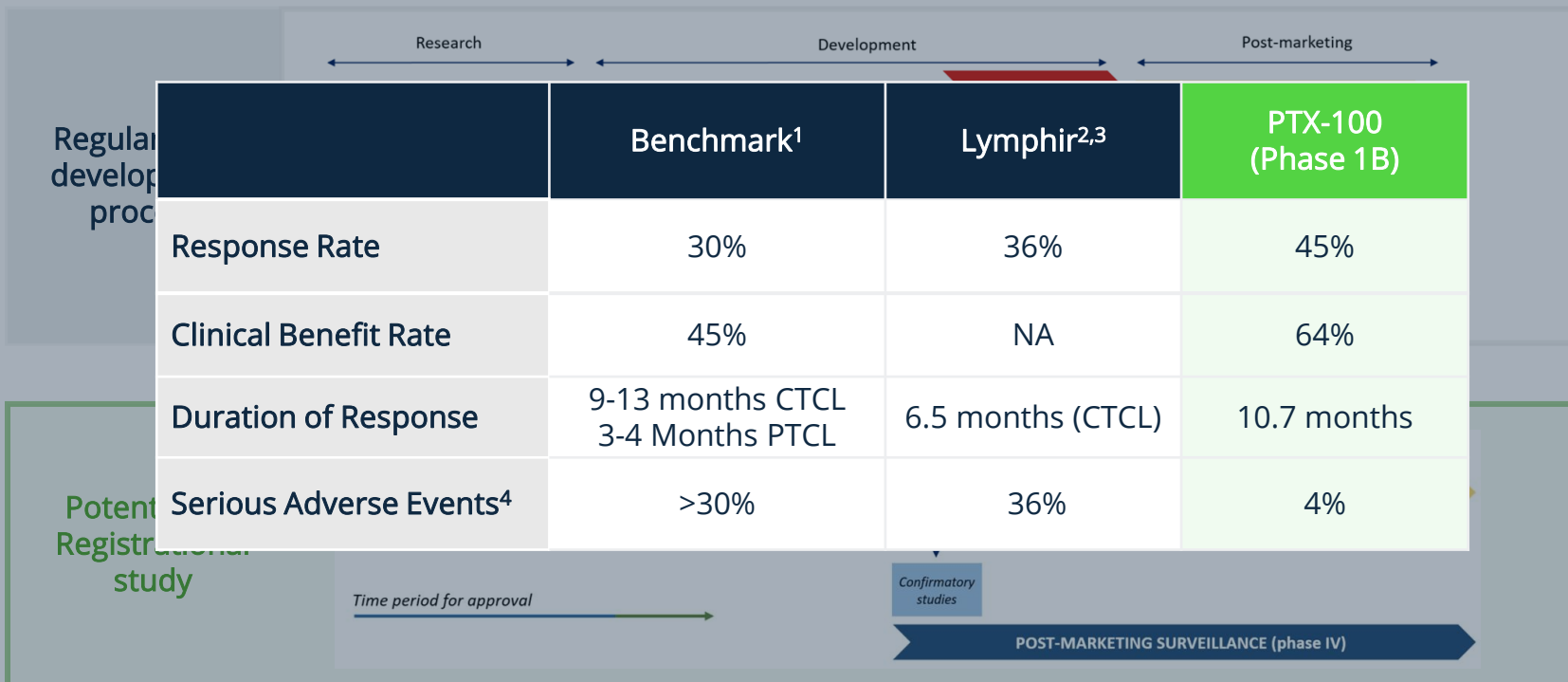
Australia (3) USA (6)
France (3) Italy (3)

- **Phase 2a:** N=40 pts with r/r CTCL (dose optimization)
- **Phase 2b:** N=75 pts with r/r CTCL will be treated at the recommended dose from Phase 2a
- Involving international experts in CTCL treatment

Aiming for **shortened** registrational pathway



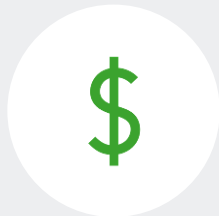
Aiming for shortened registrational pathway



Advantages of orphan drugs



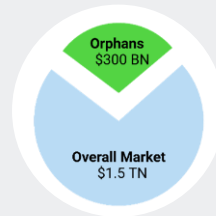
7 years of
guaranteed
market
exclusivity
in US
(10 years in
Europe)



Higher
prices



Sales are **more
resilient** to
cycles



Total orphan
sales to reach
\$US300B by
2028, in an
overall market
of \$1.5T



**Consistently
higher sales
growth (11.6%
CAGR)**
than non-
orphan drugs
(7% CAGR)

T-cell lymphomas (TCL):

High unmet need = large market opportunity

Total Addressable Market (TAM)

- 27,263 new cases / year in the 8 major markets
- Almost all will relapse
- Potential of **\$1.8B / year by 2030** (53% in the US)
- Potential of **\$605M / year in 2030** for CTCL alone

CTCL US alone

- Incidence 3,000 patients / annum[#]
- Almost all will relapse
- Combination therapy likely development

Key milestones in the near future

Implementation will drive value

Key Milestones	Expected Timing (CY)
First patient in and dosed with PTX-100 (FPID)	Q2
FDA Fast Track designation	Q2 (Complete)
EU Orphan Drug Designation	Q3
First US site activated and recruiting	Q3
First European site activated and recruiting	Q3/4
Continuous review of data during the Phase 2a	Q4/Q1 +
Validation of the new OmniCAR receptor and targets for AML	End Q4/Q1
Potential channel partner for CellPryme-M	Discussions ongoing

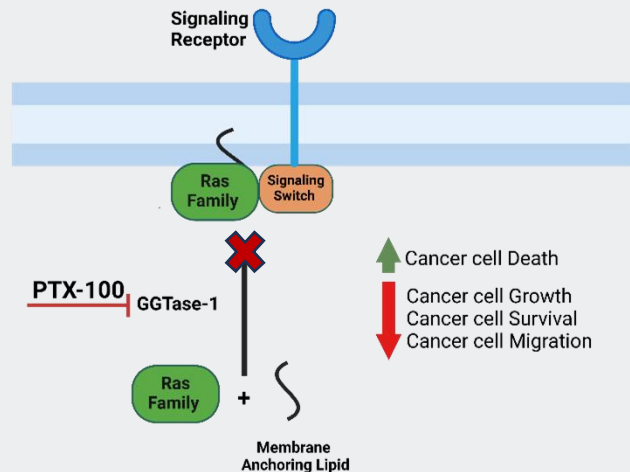
First in Class PTX-100 beyond TCL

First in class enzyme inhibitor disrupting the RAS super family pathway, in particular, RHO, RAC and RAL.

Examples:

The RAS super family of genes consists of RAL, RAC, RHO-A/B, plus N-RAS and K-RAS. There are up to 153 proteins. Some examples of cancer types involving mutations of members of the RAS super family are listed below:

- RAL mutations: Lung, bladder, prostate, hepatocellular, ovarian, pancreatic cancers
- RHO-A mutations: Burkitt's lymphoma, gastric and breast cancers, PTCL
- RAC mutations: Breast and prostate cancer, germ cell tumours including testicular cancer



**22% of all cancers have
RAS involvement**

Experienced team

Experienced team of drug developers and deal makers with track record in blood cancers.

Management Team



James McDonnell
CEO



Dr Rebecca Tunstall
COO



Dr. Marissa Lim
Chief Medical Officer



Upaly Bahadure
Director – Clinical Affairs &
Operations



Luis Malaver-Ortega, PhD
Director Research and
Development

Board of Directors



Dr James Campbell
Non-Executive Chairman



Dr Allen Ebens
Non-Executive Director



Dr Ellen Feigal
Non-Executive Director



Dr Gavin Shepherd
Non-Executive Director



Melanie Farris
Non-Executive Director

Experienced gained in
global companies

 Bristol Myers Squibb®

 **Telix**

 **IPSEN**

 **Cephalon**

 **BeiGene**

Genentech

 **VIFOR
PHARMA**

 **CSL**  **Juno
THERAPEUTICS**

 **NOVARTIS**

AMGEN

Summary – PTX-100 driving a major inflection point

PTX-100 in Phase 2

- Addressing an orphan disease
- Strong Phase 1 results
- FDA support
- Targeting registration study for 2b



US\$1.8bn focus market*

Wider RAS platform opportunity

- First in class enzyme inhibitor
- Multiple RAS pathways
- PTX-100 = proof of concept
- Partnership opportunity for other cancers



**US\$???bn focus market
(22% of all cancers have
RAS involvement)**

*Global Data, 8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China



Thank you

ASX: PTX

