

Investor Briefing on the back of 1st patient dosing

Prescient Therapeutics Limited (ASX: PTX) will be holding a live and online investor briefing on Thursday, 29th May at 12pm (AEST), following 1st patient dosing in Phase 2A. CEO, James McDonnell will provide an overview of the company and discuss the trial design in the context of the development pathway.

Register for the session or request a recording from the link below:

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

After registering, you will receive a confirmation email containing a calendar invite and information about joining the webinar.

The attached presentation forms the basis of the market update.

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

For more information please contact:

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About Prescient Therapeutics Limited (Prescient)

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

Targeted Therapy

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 has recently completed a Phase 1b expansion cohort study in T cell lymphomas, where it showed encouraging efficacy and safety. The US FDA has granted PTX-100 Orphan Drug Designation for all T Cell Lymphomas and Fast Track Designation for the treatment of adults with relapsed or refractory (r/r) mycosis fungoides, the most common subtype of CTCL. A Phase 2 study in Cutaneous T cell lymphoma (CTCL) has completed the first dose in a patient and expects to enrol up to 40 patients in the phase 2a part of the trial.

Cell Therapy Platforms

CellPryme-M: Prescient's novel, ready-for-the-clinic, CellPryme-M technology enhances adoptive cell therapy performance by shifting T towards a central memory phenotype, improving persistence, and increasing the ability to find and penetrate tumours. CellPryme-M is a 24-hour, non-disruptive process during cell manufacturing. Cell therapies that could benefit from additional productivity in manufacturing or increased potency and durability in-vivo, would be good candidates for CellPryme-M.

CellPryme-A: CellPryme-A is an adjuvant therapy designed to be administered to patients alongside cellular immunotherapy to help them overcome a suppressive tumour microenvironment. CellPryme-A significantly decreases suppressive regulatory T cells; increases expansion of CAR-T cells in vivo; increases tumour penetration of CAR-T cells. CellPryme-A improves tumour killing and host survival of CAR-T cell therapies, and these benefits are even greater when used in conjunction with CellPryme-M pre-treated CAR-T cells.

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. OmniCAR is in pre-clinical development.

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.

Find out more at www.ptxtherapeutics.com or connect with us via [LinkedIn](#).

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, 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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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.

Supplemental COVID-19 Risk Factors

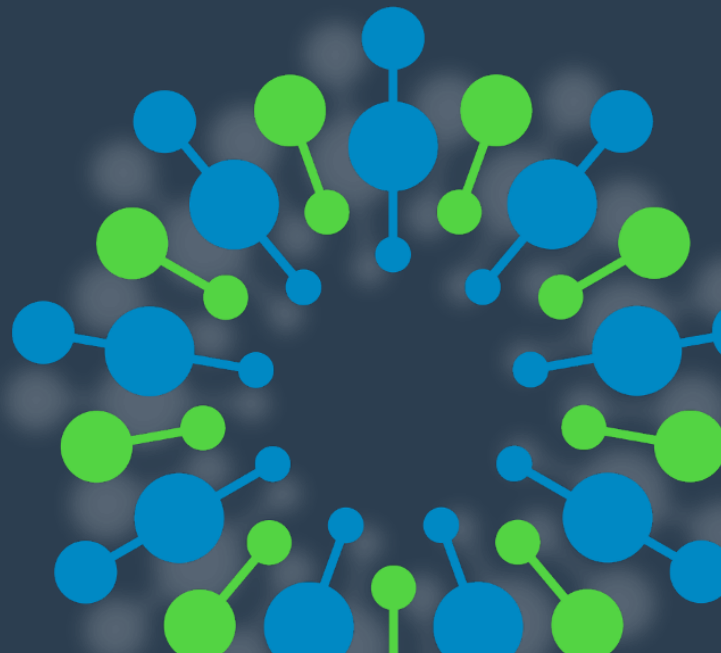
Please see our website: [Supplemental COVID-19 Risk Factors](#)



Investor Briefing

May 2025

ASX: PTX



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Targeted RAS therapies for cancers of unmet need

- ✓ Potential application to 22% of all cancers
- ✓ PTX-100 (Advanced/Phase 2a)



Platforms supporting CAR-T therapies

- ✓ OmniCAR
- ✓ CellPryme



Targeted RAS therapies for cancers of unmet need

✓ Potential application to 22% of all cancers

✓ PTX-100 (Advanced/Phase 2a)

Our Lead Asset– PTX-100

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

Our technology:
PTX-100 RAS Pathway disruptor

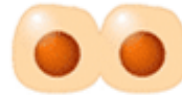


What causes cancerous mutations?

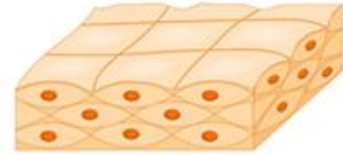
Normal cell growth



Normal cell



Cell division



Healthy tissue

Abnormal cell growth



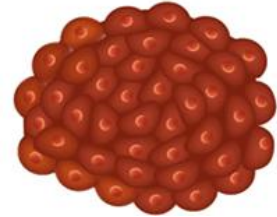
Normal cell



Genetic changes



Cancerous
cell division



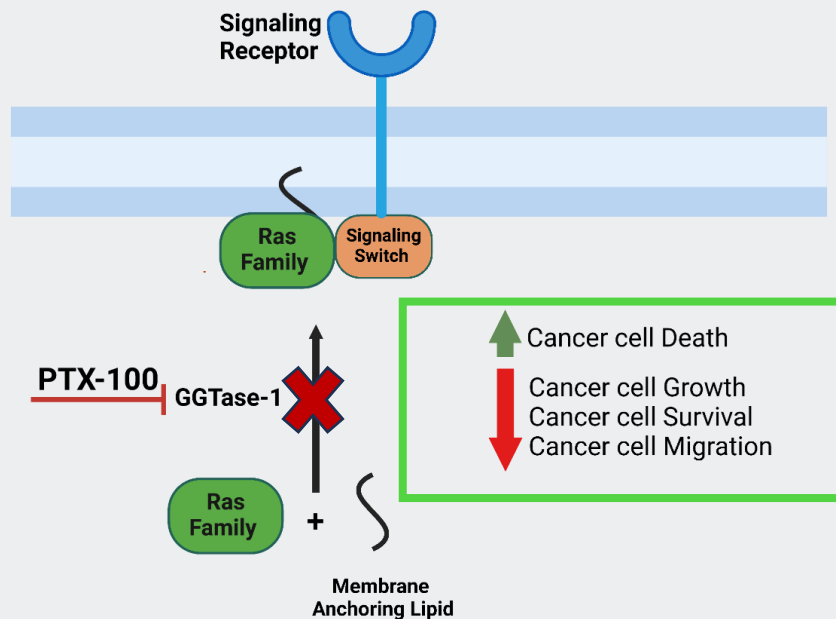
Malignant tumour

Our Technology

PTX-100 First in Class Targeted Therapy

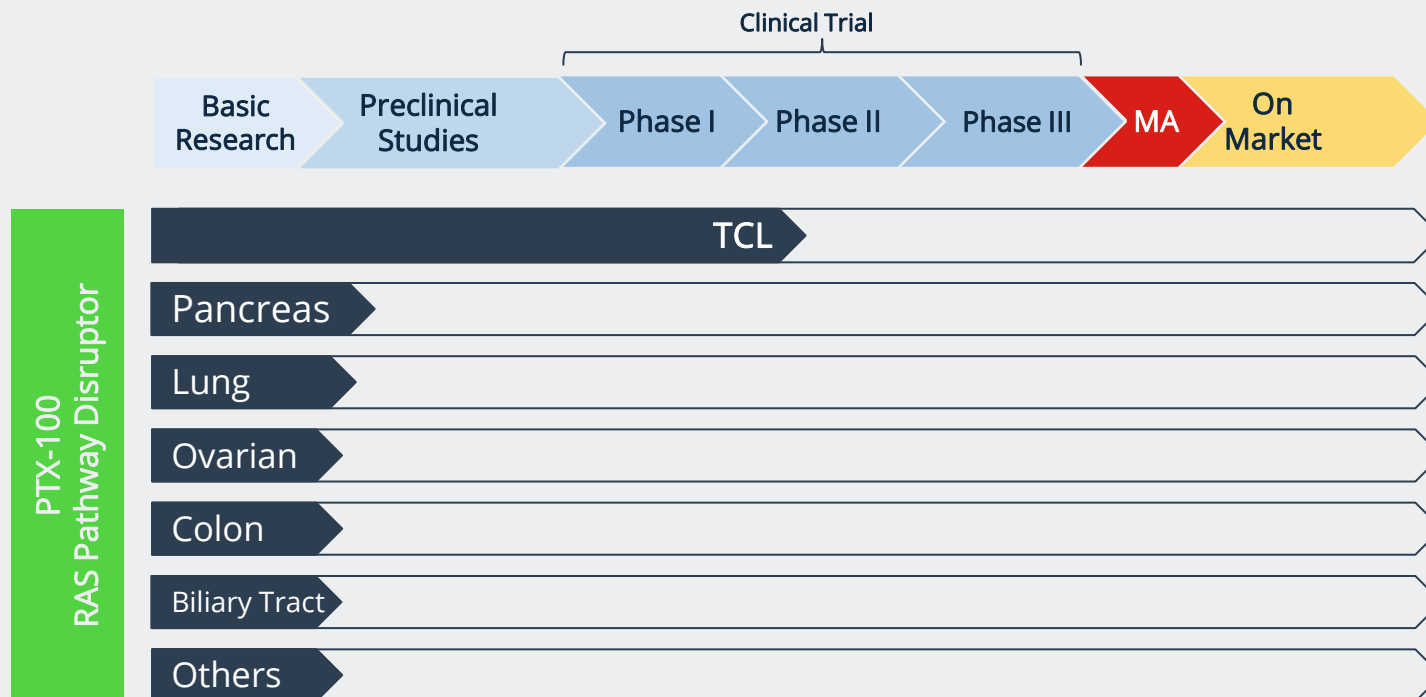
Inhibition of GGT-1 disrupts small GTPases including:
the RAS family pathway

- 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](#)

22% of cancers have RAS mutations present

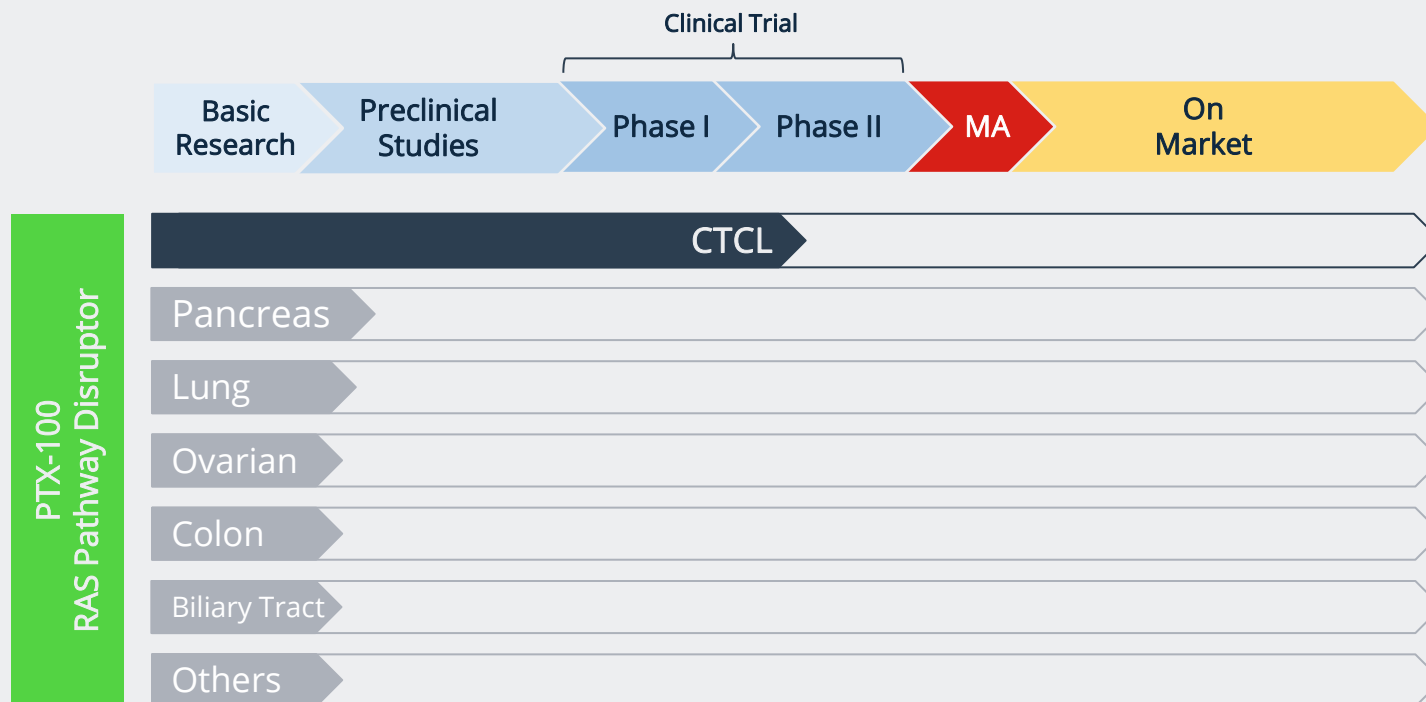


MA = Marketing Authorization

Reference for mutations in cancer types:

Ian A. Prior, Paul D. Lewis, and Carla Mattos A comprehensive survey of Ras mutations in cancer
 Cancer Res. 2012 May 15; 72(10)

Potential for accelerated approval for PTX-100 (CTCL)



First PTX-100 indication:
Cutaneous T-cell Lymphoma (CTCL)



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

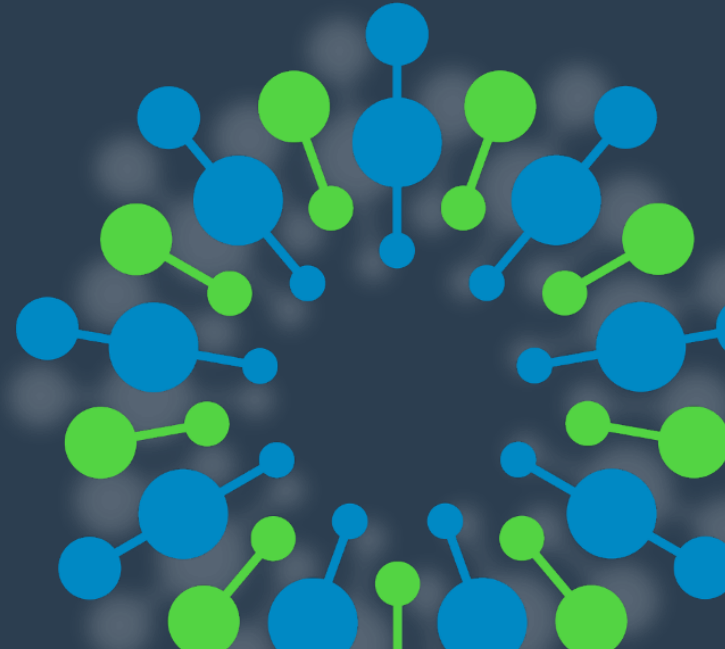
Cutaneous T-cell Lymphomas (CTCL) a serious unmet need



"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."

— **Professor Miles Prince**
Principal Investigator

PTX-100 Clinical Results



*"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

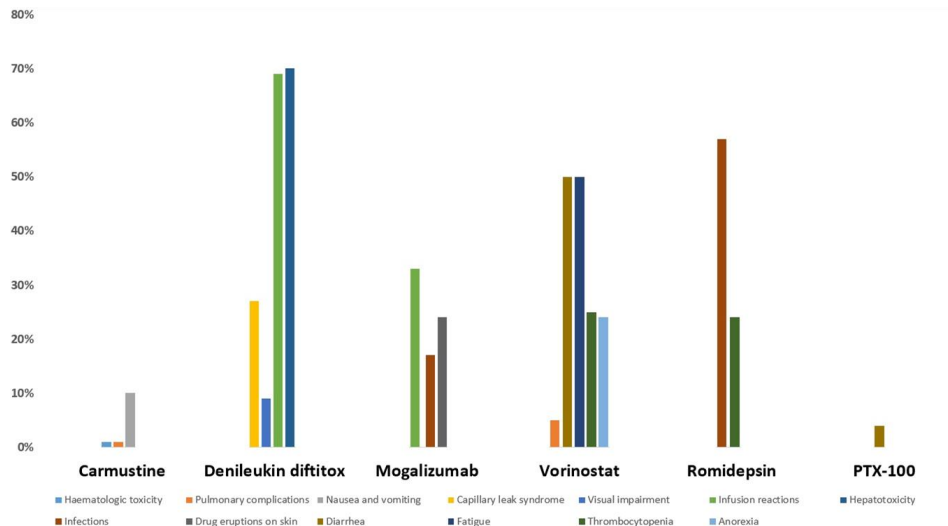
Strong response rates in evaluable patients

	Benchmark ¹	Lymphir ^{2,3}	PTX-100 (Phase 1B) ⁵
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
5. 11 evaluable patients

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.**



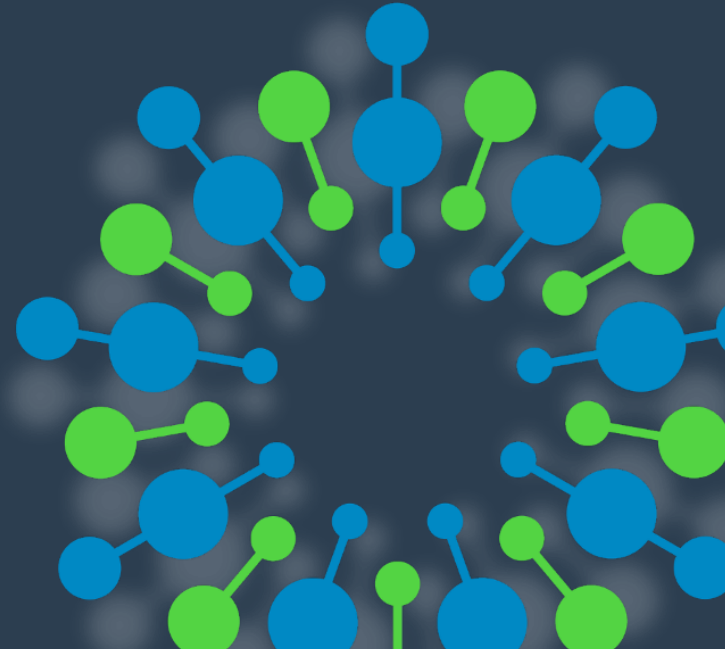
Adverse Events Associated with current Marketed Drugs* and PTX-100

*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

PTX-100 into Phase 2



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

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

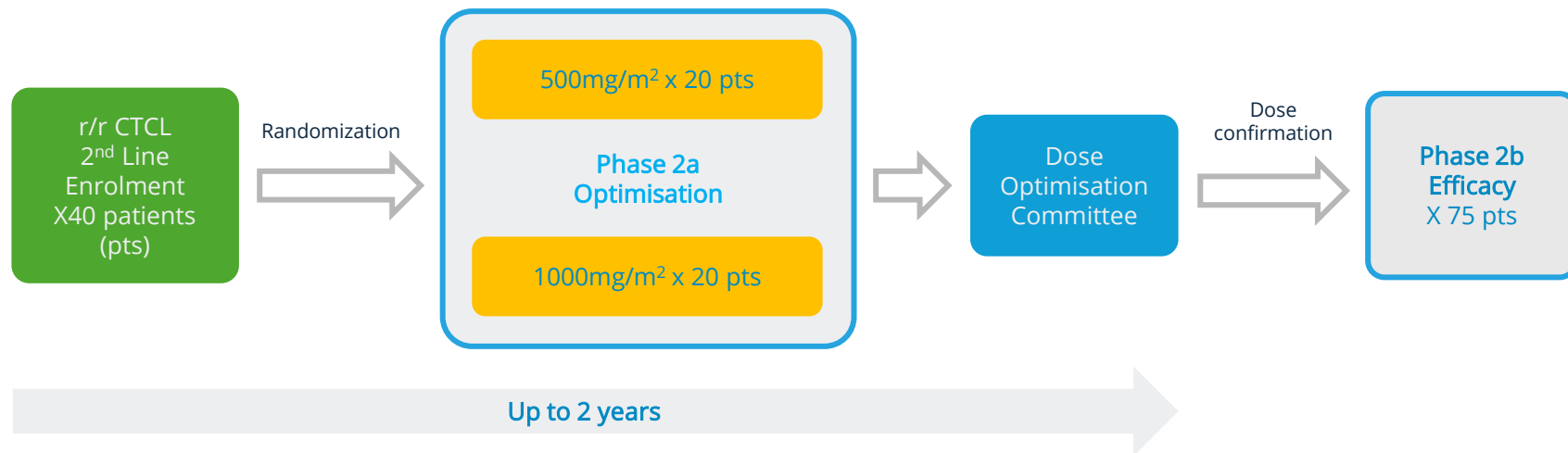
PTCL (Peripheral T Cell Lymphoma)

More incidence 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

Progressing PTX-100 Through Phase 2

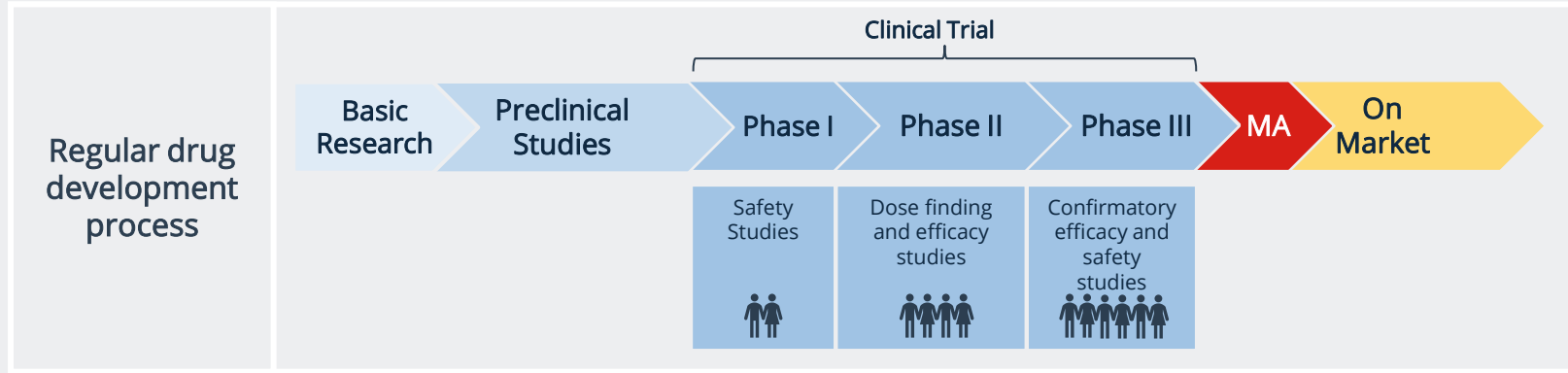


Multicenter clinical trial

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

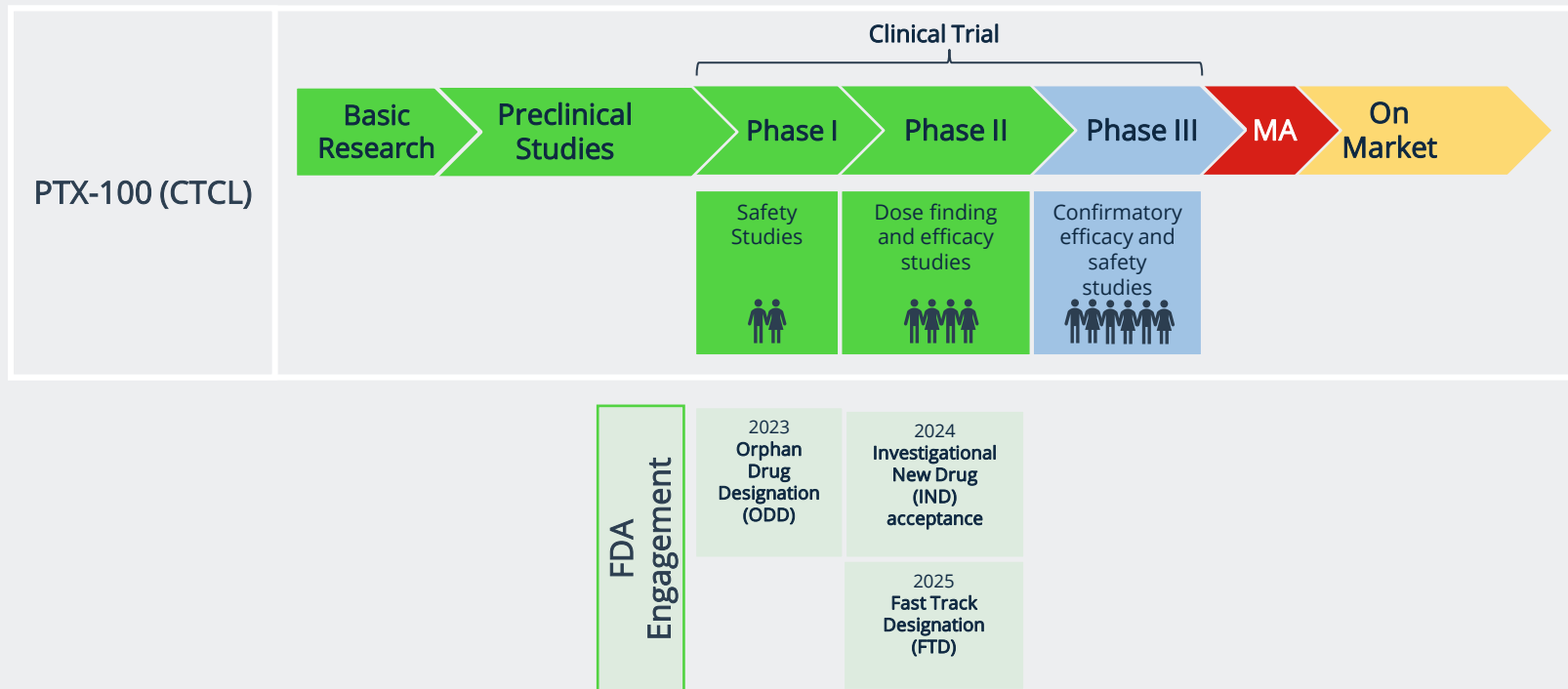
Regular Drug Development Process



MA = Marketing Authorization

Adapted from Capuano, A. *et al*; *Front. In Pharmacol.*; Feb 2019

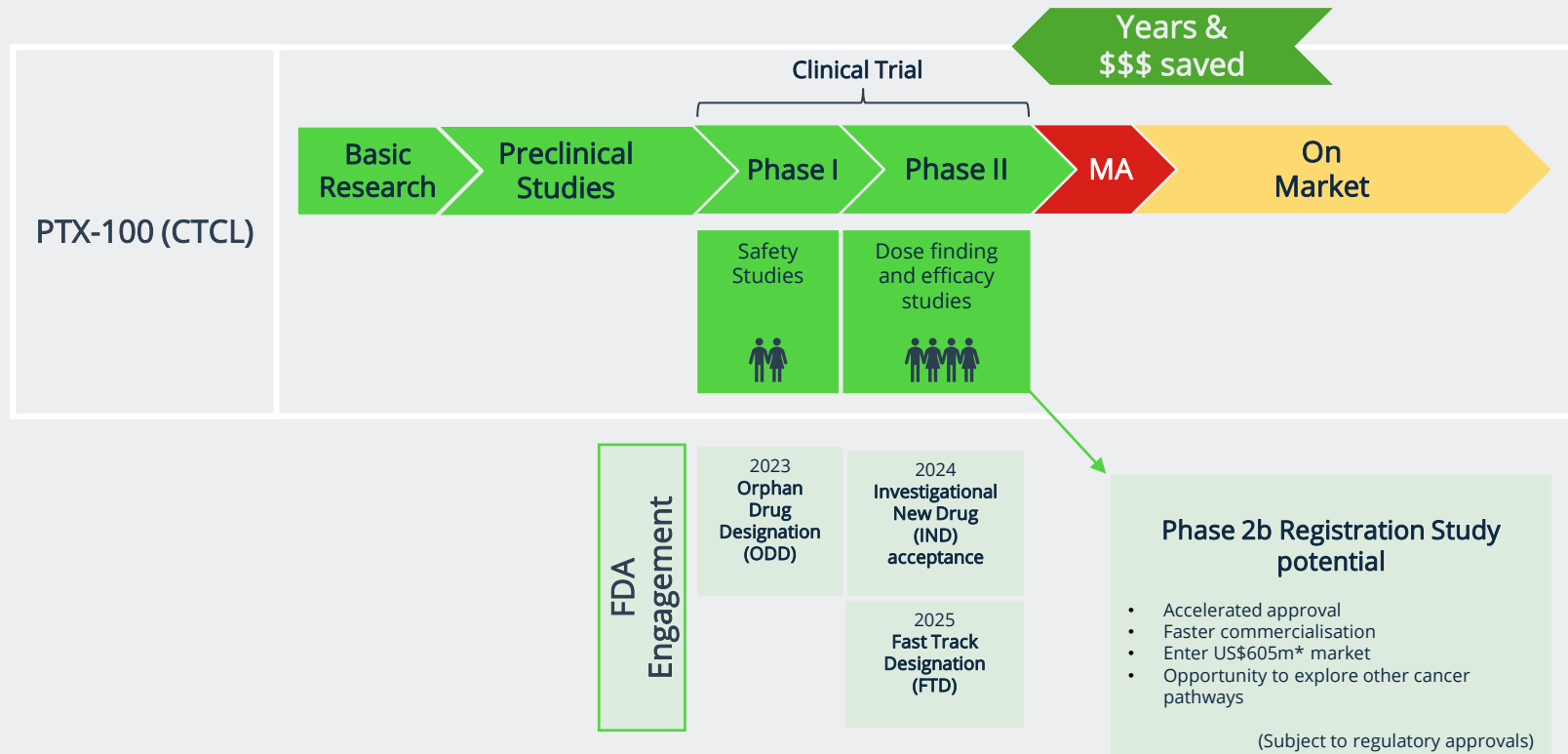
PTX-100 (CTCL) – Status Quo



MA = Marketing Authorization

Adapted from Capuano, A. *et al*; *Front. In Pharmacol.*; Feb 2019

Aiming for shortened registrational pathway



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

Aiming for shortened registrational pathway

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Without
treatment

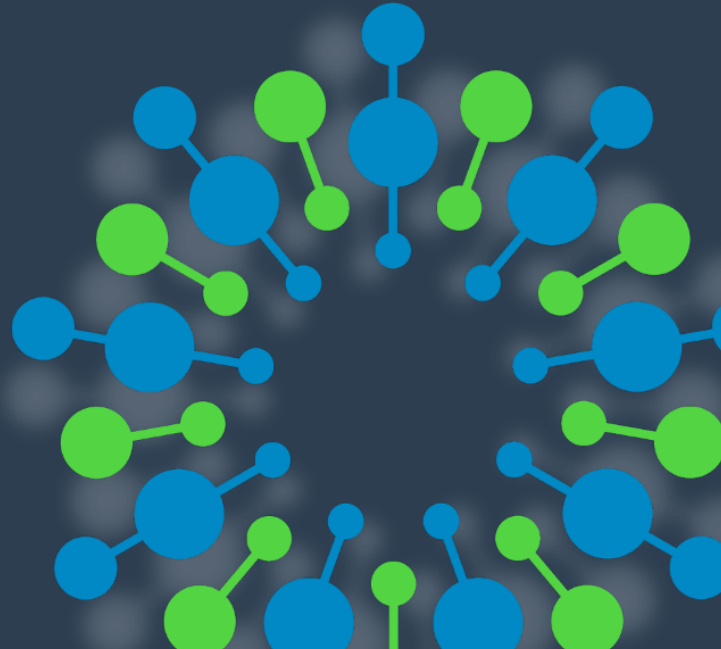


With PTX-100
treatment

ration Study

oval
alisation
market
explore other

The path forward



FDA Engagement and Enabling Outcomes

2023

Orphan Drug Designation
(ODD)

7 years guaranteed
market exclusivity

2024

Investigational New Drug
(IND) Acceptance

Groundwork for Phase 2
trials and FDA access

2025

Fast Track Designation
(FTD)

Increased FDA access and
rolling submissions of
New Drug Application

Advantages of orphan drugs



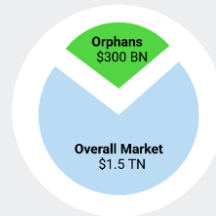
7 years of
guaranteed
market
exclusivity
in US
(10 years in
Europe)



Higher
prices



Sales are
more
resilient to
cycles



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



Higher
chance of
phase 2
progression¹

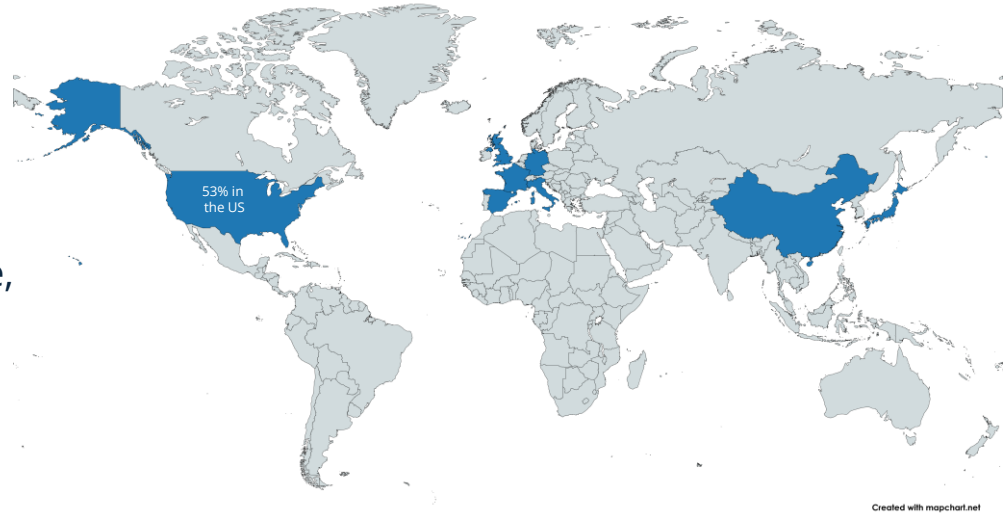
1. Based on Empirical analysis by Wong, Siah, Lo (MIT), 2019

T-cell lymphomas (TCL):

High unmet need = large market opportunity

Total Addressable Market (TAM)

- 27,263 new TCL cases per year based in the 8 major markets: US, France, Germany, Italy, Spain, UK and China
- Potential by 2030: ~US\$1.8bn / year*



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 (Complete)
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

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

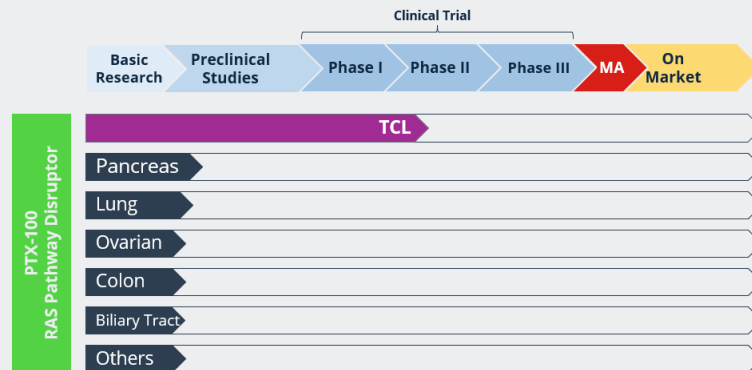


NOVARTIS

AMGEN

First PTX-100 indication: Cutaneous T-cell Lymphoma (CTCL)

	PTX-100 (Phase 1B)
Response Rate	45%
Clinical Benefit Rate	64%
Duration of Response	10.7 months
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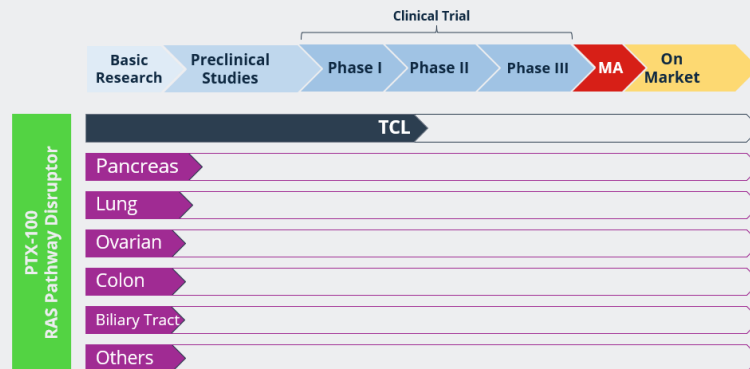
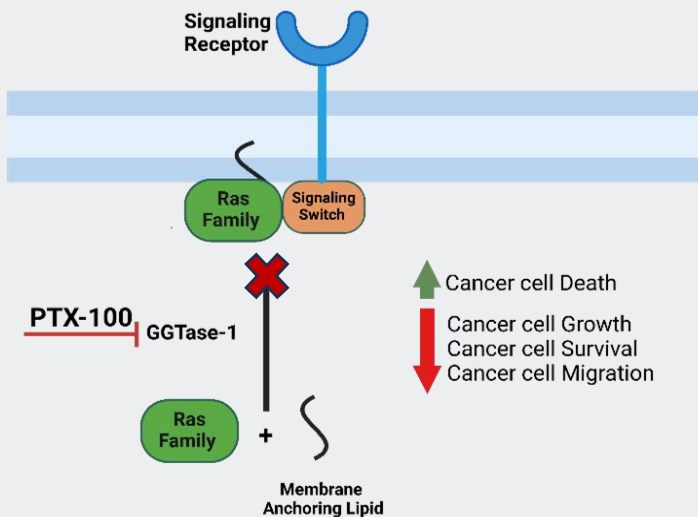


- Results beyond benchmarks and existing drugs
- FDA support
- US\$1.8bn focus market* for TCL
 - US\$605M in CTCL
- In Phase 2a, potential for 2b registration study

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

Our Technology

PTX-100 First in Class Targeted Therapy

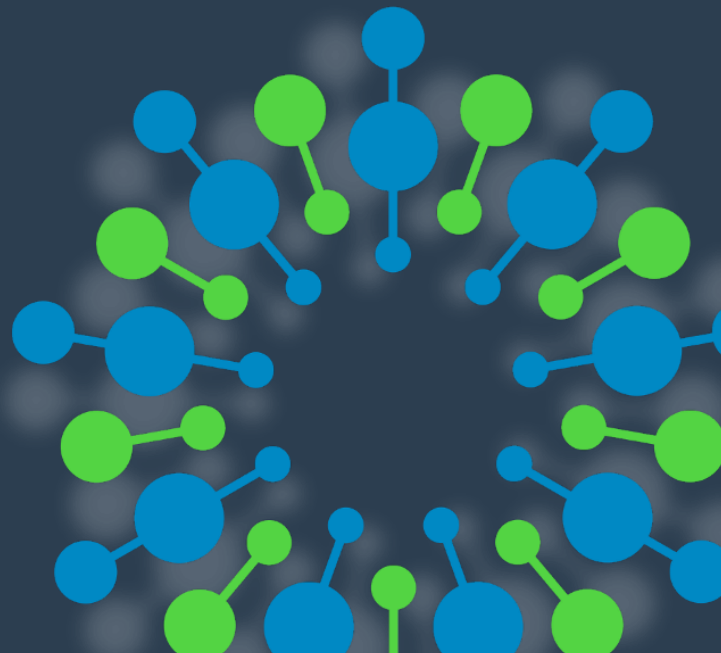


- Potential application to 22% of cancers
- First in class enzyme inhibitor
- PTX-100 (TCL) = proof of concept
- Opportunity for significantly larger cancer markets



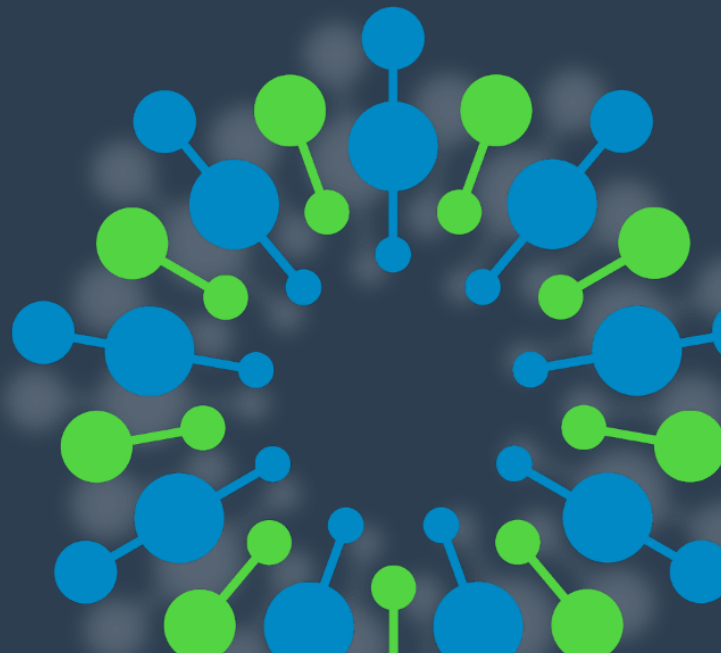
Thank you

ASX: PTX





Appendix



RAS pathway – and its relevance to the development and treatment of cancers mutations?

RAS proteins are a family of small GTPase proteins crucial for cell signaling, regulating processes like cell growth, differentiation, and apoptosis. They act as molecular switches, cycling between active (GTP-bound) and inactive (GDP-bound) states. Mutations in RAS genes can lead to their persistent activation, contributing to cancer development.

Function:

RAS proteins act as signal transducers, relaying signals from cell surface receptors to downstream pathways, influencing cell growth, survival, and differentiation.

Switch Mechanism:

RAS proteins are binary switches, cycling between active and inactive states.

Regulation:

This switching is regulated by guanine nucleotide exchange factors (GEFs) and GTPase-activating proteins (GAPs).

Cancer:

Mutations in RAS are present in approximately 22% of all human cancers. The mutations can render RAS proteins constitutively active, leading to uncontrolled cell growth.

Ras Family:

The RAS family includes several members, such as KRAS, HRAS, and NRAS, which have overlapping but distinct functions.

Downstream Pathways:

RAS proteins activate various downstream signaling pathways, including the MAP kinase pathway, which is involved in cell proliferation, differentiation, and survival.

Therapeutic Target:

Due to the importance of RAS in cancer, inhibiting RAS activity is an important target for cancer therapy.