Targeted therapies yielding a deep clinical pipeline

- *3 clinical trials in oncology*
- *First class team*
- *All eyes on AML trial*

Prescient Therapeutics Limited (ASX: PTX)
Rodman & Renshaw 18th Annual Global Investment Conference
September 2016

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Company Overview

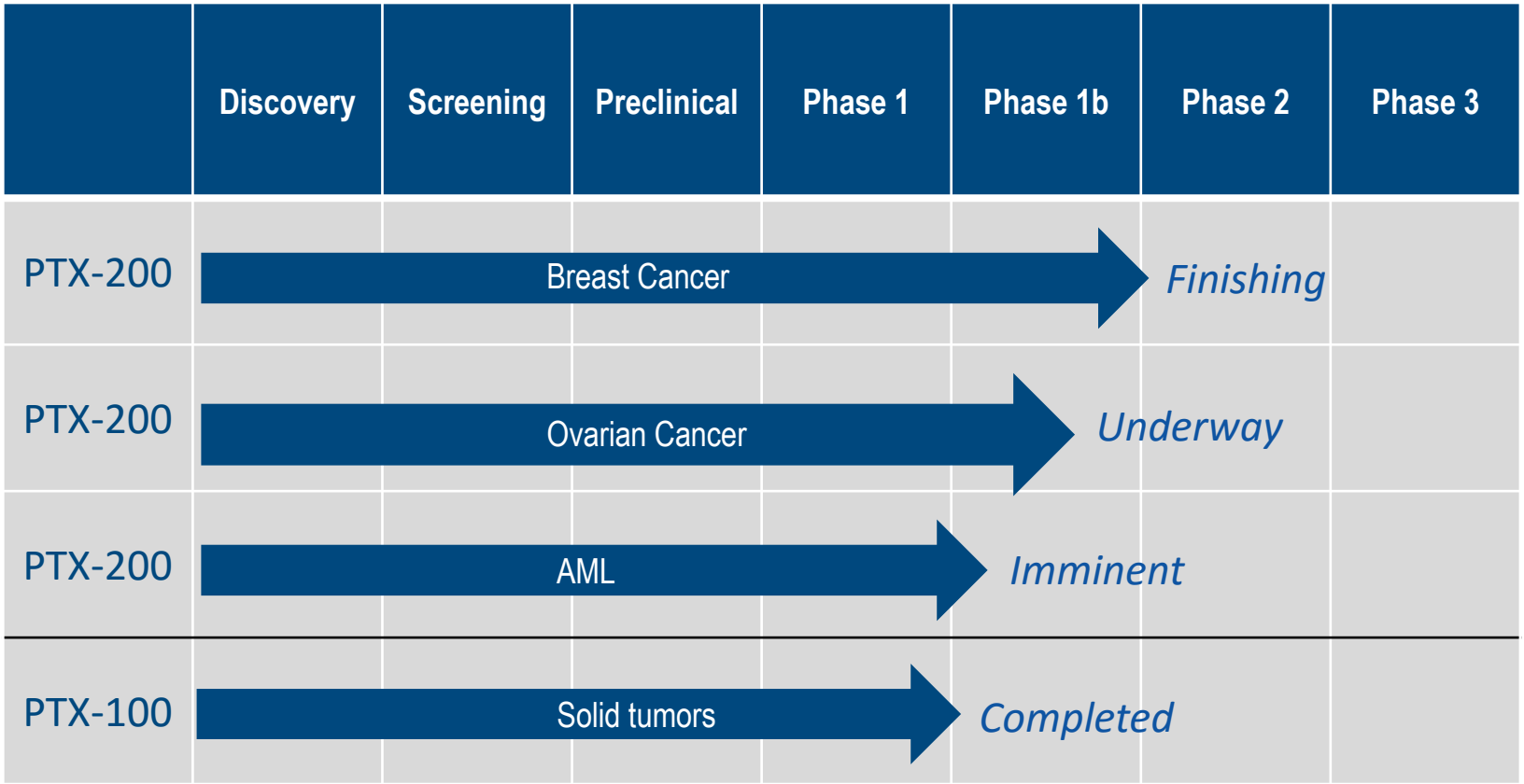
One of Deepest Clinical Pipelines on ASX	• **3 clinical trials in cancer**: 2 underway and 1 on track to initiate imminently • All under INDs
Two Clinical Stage Oncology Drugs	• 2 novel drug candidates targeting key cancer pathways » Akt (PTX-200) and Ras (PTX-100)
Distinguished Scientific Provenance	• Compelling science from leading US institutions – Yale University & Moffitt Cancer Center • >65 peer reviewed publications
Significant investment already made	• **Over $20 M invested to date** » Technologies have been awarded multiple prestigious US government grants
Proven Leadership & Management	• Experienced and **proven drug development team** on board to aggressively drive product development
Rich Upcoming News Flow	• **Multiple milestone announcements** and valuation inflection points across all clinical programs over next 12 to 18 months

Investment Highlights

- One of deepest clinical pipelines on the ASX
  - » Targeting hot areas of **unmet clinical need**
- Targeted therapies with impeccable scientific pedigree
- Funded through to value-accretive catalysts, with a fantastic share register
- **Phase 1b/2 AML trial is being led by renowned leukemia expert, Dr Jeff Lancet**
  - » Dr Lancet was also the Principal Investigator on Celator Pharmaceuticals' ground-breaking VYXEOS trial in AML
- Multiple shots on goal
- Brilliant scientific and clinical team with a proven record of success
- Catalysts not far away

Deep, Clinical Stage Product Pipeline

PTX has one of the **deepest** and **most mature** product pipelines on ASX



Corporate Snapshot

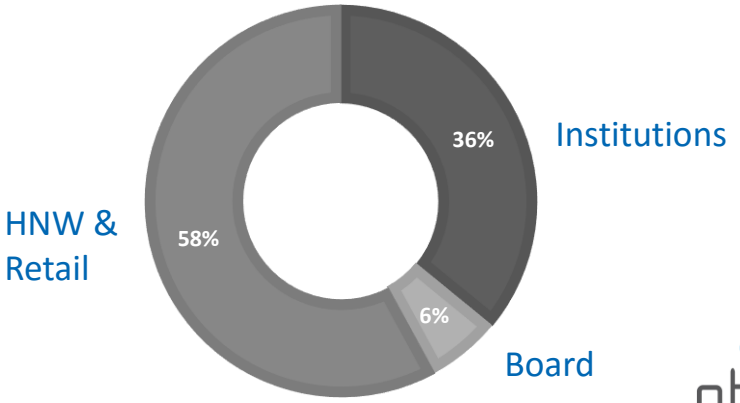
Key Metrics

ASX Ticker	PTX
Total Issued Capital	209.2 M shares
Options	53.8 M
Share Price[1]	A$0.105
Market Capitalisation[1]	A$22 M
Cash Position[2]	A$9.7 M
Top 20 Own	52%
6 month turnover[1]	37 M shares; A$3.9 M

1 - As at 30 August 2016
2- As at 30 June 2016. Not included after this reporting period is $1.3M shortfall placement and an anticipated R&D tax rebate of $0.64M.

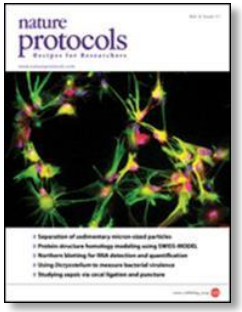
Share price performance

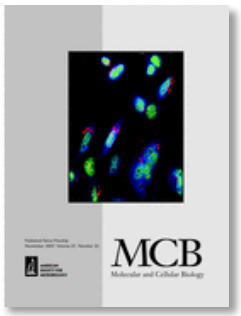
Shareholder Base

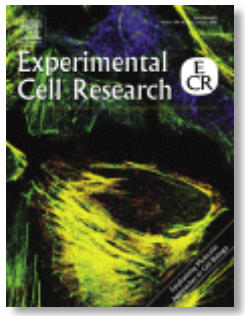


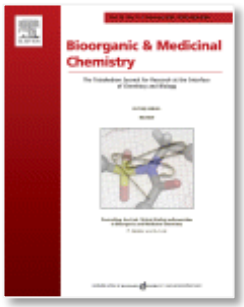
Underpinned by extensive peer reviewed work

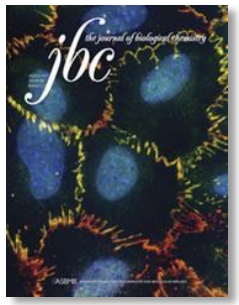
Science validated by **>65 peer reviewed publications**, including:











PTX's valuation obviously doesn't weigh up!

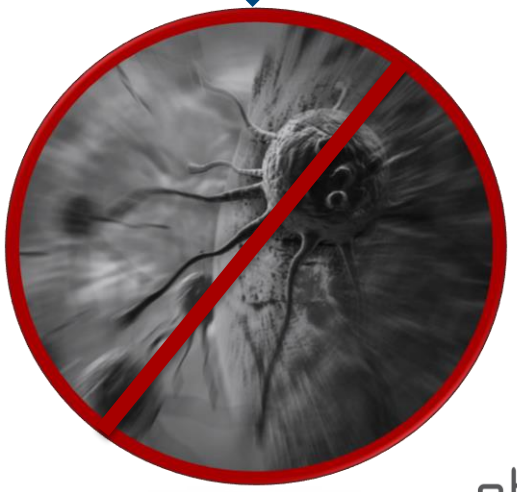
How Our Drugs Work: “Molecular Switches”

Akt & Ras are growth factors found in cancer cells – when they are turned on, they send a signal to the cancer cell to grow

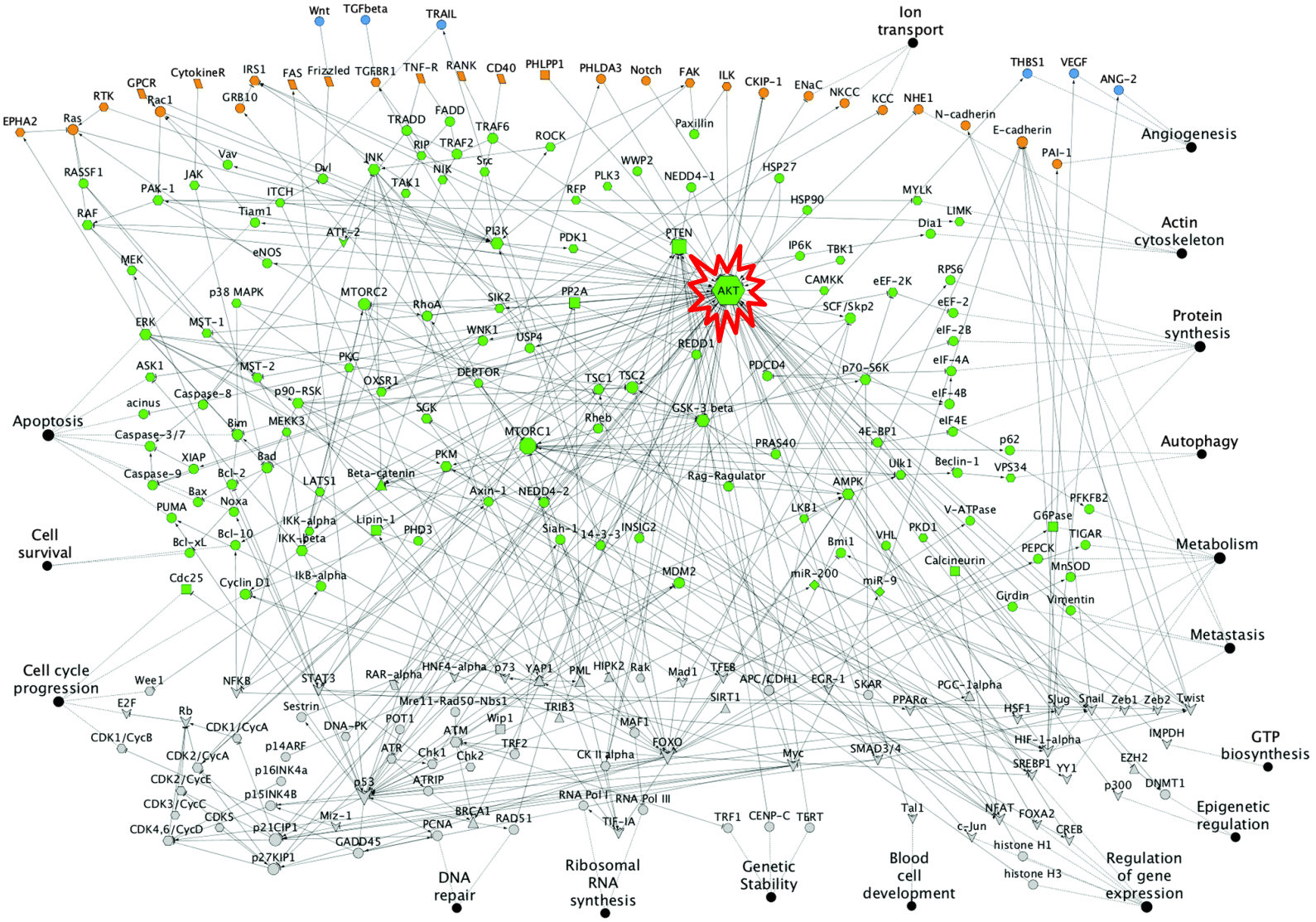
PTX’s drugs block the Akt & Ras growth signals, switching the growth signals off and **causing the cancer cell to die**

PTX-200

PTX-100



Akt is a Master Switch for Cellular Growth & Survival



Ersahin, T. et al; Mol. BioSyst., 2015,11, 1946-1954

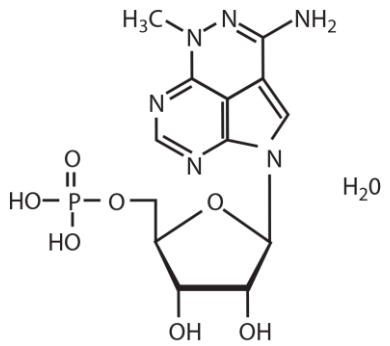
Akt is an Important Drug Target

- Akt pathway promotes cellular survival and growth
- **Hyperactive** Akt signaling has two deleterious effects:
  - » Plays key role in the **development of many cancers** including breast, ovarian, colorectal, prostate, pancreatic and hematologic cancers
  - » Confers **resistance to chemotherapy**
- Therefore there is strong pharma interest in Akt as a drug target
- Previous attempts at blocking Akt encountered fundamental problems leading to toxicities
  - » Focusing too far upstream (e.g. PI3K) or on single arms of pathways
  - » Multikinase inhibitors/ATP mimics
  - » Promiscuity leading to off target effects
  - » **All these non-specific, off-target effects lead to high toxicities**
- PTX-200 avoids these shortcomings!

PTX-200: Novel Akt inhibition

- A small molecule inhibitor of the Akt signaling pathway
- **Inhibits Akt without the toxicity** of other attempts
- **Anti-proliferative** AND **pro-apoptotic**
- Novel mechanism of action
  - » NOT an ATP mimic; not a direct kinase inhibitor
  - » Inhibits Akt by preventing Akt binding to the membrane
  - » Huge advantage in MoA; **avoids off target effects** of most kinase inhibitors
- PTX-200 synergistic with chemotherapy and biologics
- **Overcomes chemotherapy resistance and causes cancer cells to die**
- Completed Phase 1 trials demonstrated it is well tolerated, AML patients achieved stable disease (single cycle of monotherapy)

PTX-200 (TCN-P)



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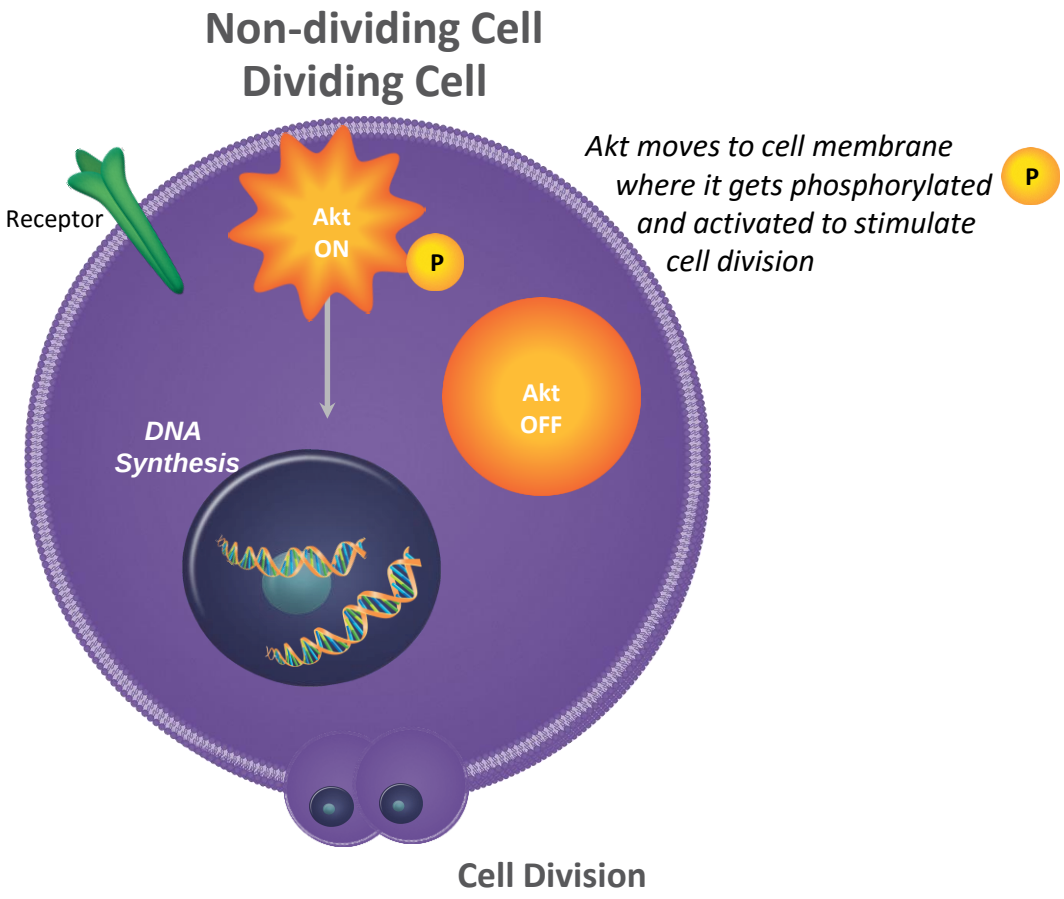
In normal cells, Akt switches growth ON & OFF

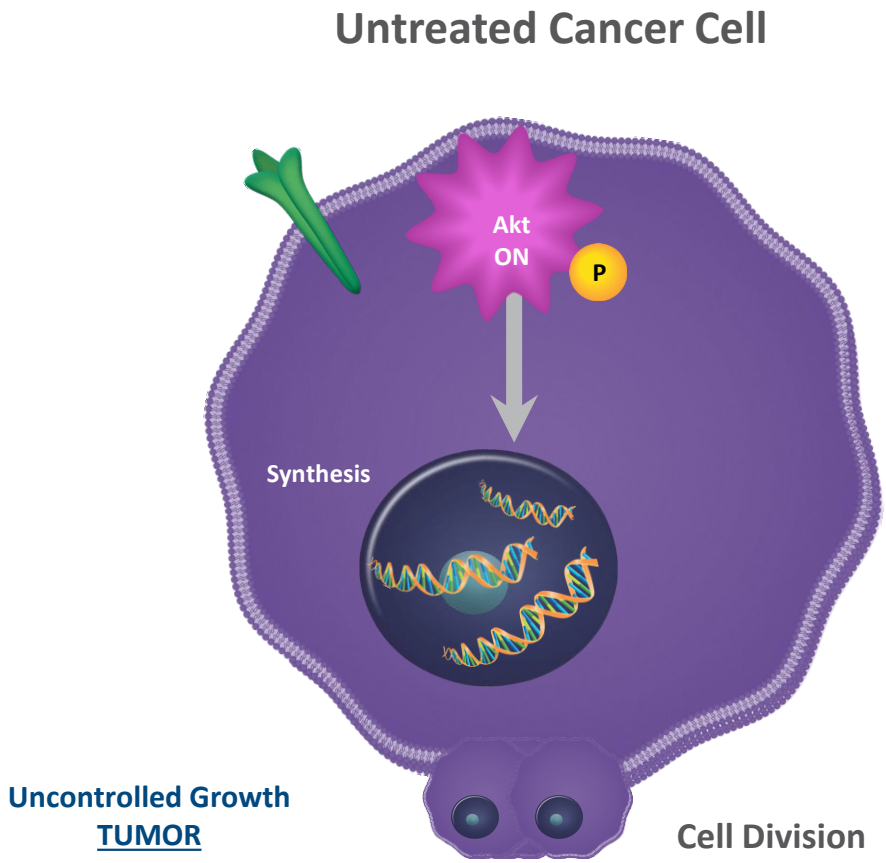
Add Growth Factor

Akt is **ON** when phosphorylated and **OFF** when not



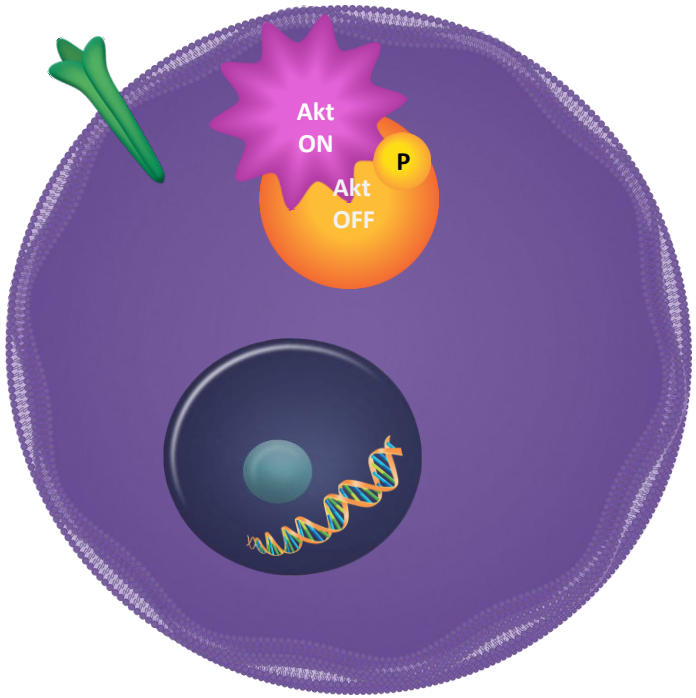
Controlled Growth

When Akt is permanently switched ON, uncontrolled growth (cancer) ensues



PTX-200: Mechanism of Action – switching Akt OFF

Cancer Cells treated with PTX-200

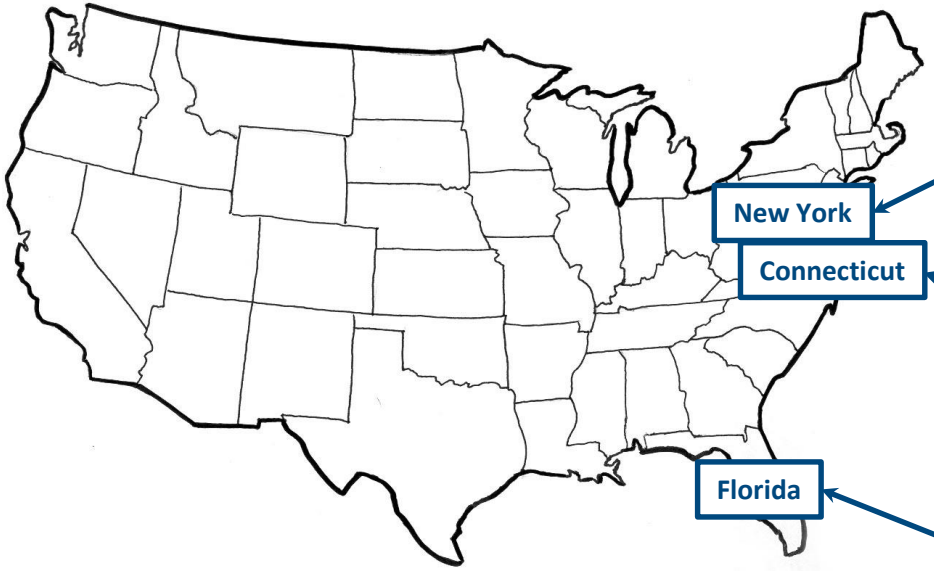


Treatment With PTX-200

Prevents Akt from moving to membrane - keeping it in the OFF position

Tumor Cells Stop Dividing

World Class Centers & Collaborations



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Previous clinical trials conducted at:

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History

Memorial Sloan Kettering Cancer Center

NATIONAL CANCER INSTITUTE

INDIANA UNIVERSITY

Penn
University of Pennsylvania

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Working with the Moffitt Cancer Center

- H. Lee Moffitt Cancer Center & Research Institute, established in 1986 in Tampa, Florida
- 3rd largest cancer centre in the US
- On one side of the campus is a world-leading "**comprehensive cancer clinic**" **(1)**
  - » offering patients medical oncology, surgical oncology and radiology, as well as ongoing care

- On the other side of the same campus is a renowned **cancer research institute (2)** dedicated to developing new cancer treatments
  - » 800 research scientists, postdocs, graduate students and support staff
  - » **Said Sebti is Head of Drug Discovery**
- The **perfect environment to conduct clinical trials**:
  - » Collaboration and synergy between leading researchers and clinicians
  - » Currently over 350 clinical trials
  - » Huge influx of patients for trial recruitment
  - » Bird's eye view of other cancer research and treatments

Drugs don't develop themselves!

- Proven success from discovery and clinical development through to FDA approvals.

Said Sebti, PhD
Chief Scientific Officer

- Professor and Chair, Department of Drug Discovery - Moffitt Cancer Center
- Co-Program Leader, Chemical Biology and Molecular Medicine - Moffitt Cancer Center
- Inventor of PTX-100 & PTX-200
- **Named among top 20 Translational Researchers in the world by Nature Publishing Group**

Terry Chew, M.D.
Chief Medical Officer

- Hematologist/oncologist with 20 years experience in biotech & pharma
- Formerly with Argos and Peregrine Pharmaceuticals
- **5 New Drug Applications** including DaunoXome, Taxotere and DepoCyte
- **PTX is only 1 of only 2 ASX biotechs with a CMO that has successfully approved drugs!**

Mandeep Grewal
Vice President – Clinical Operations

- Extensive clinical trial management experience with pharma, biotech & CROs
- Certifications: CRCP, CCRA, CCRP
- Formerly Exelixis, Quark Pharma, Fibrogen, Cytokinetics, Chiron, Abbott, Quintiles

Chaline Strickland
Clinical & Regulatory Affairs

- Doctor of Pharmacy
- Senior Director of Clinical Affairs at Ground Zero Pharmaceuticals
- Involved in dozens of New Drug Applications

Clinical Advocates Driving Our Programs

Acute Myeloid Leukemia

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Jeff Lancet, M.D.

- Section Chief of Leukemia in the Department of Malignant Hematology at Moffitt
- **Was Principal Investigator on Celator's transformative VYXEOS AML trial**

Breast Cancer

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Joseph Sparano, M.D.

- Prof. of Medicine & Obstetrics, Gynecology, & Women's Health - Albert Einstein College of Medicine
- Assoc. Chairman for Clinical Research - Montefiore Medical Center Dept of Oncology

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Heather Han, M.D.

- Assistant Prof. of Medicine at University of South Florida College of Medicine
- Medical oncologist, specializing in breast cancer
- The Center for Women's Oncology - Moffitt Cancer Center

Ovarian Cancer

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Robert Wenham, M.D.

- Section Head, Gynecologic Cancer Research
- Principal investigator Total Cancer Care Protocol

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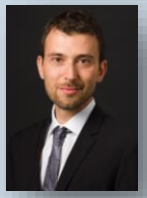
World Class Scientific Advisory Board

- Genuine international authorities, with particularly strong expertise in leukemia

	**Jeff Lancet, M.D.**	• Professor of Oncologic Sciences, H. Lee Moffitt Cancer Center and University South Florida • Section Chief of Leukemia in the Department of Malignant Hematology at Moffitt • Principal Investigator on Celator's groundbreaking VYXEOS trial in AML
	**Farhad Ravandi, M.D.**	• Professor, Department of Leukemia, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, Texas • Chief, Section of Developmental Therapeutics, Texas University MD Anderson Cancer Center, Houston, Texas
	**Thomas Prebet, M.D., PhD**	• Assistant Director of Myeloid Malignancy Research, Yale Cancer Center, New Haven Connecticut • Previously Associate Professor of Clinical Hematology at Intitut Paoli-Calmettes, Marseille, France
	**Douglas Joshua, PhD**	• Emeritus Professor of Hematology at the Sydney University Medical School • Consultant Hematologist, Royal Prince Alfred Hospital, Sydney • Member of the International Myeloma Foundation

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A Comprehensive Cancer Center Designated by the National Cancer Institute

Sydney Medical School

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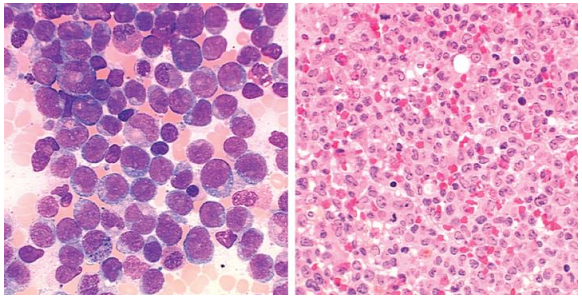
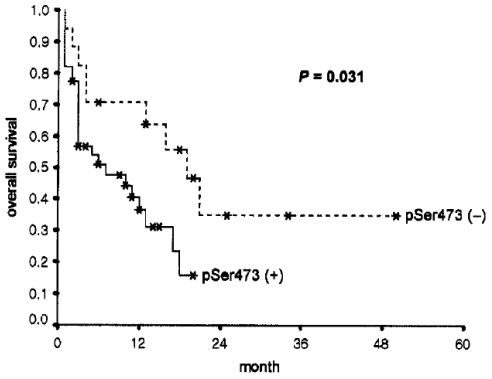
Acute Myeloid Leukemia Market Overview

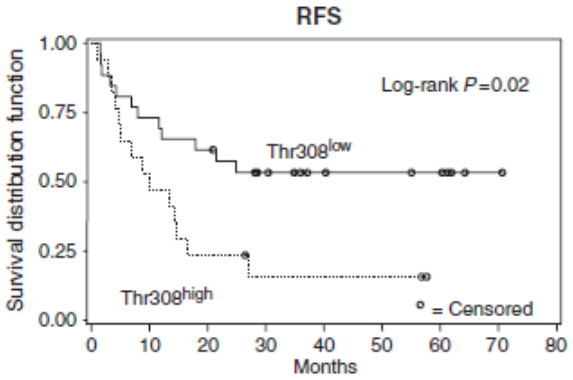


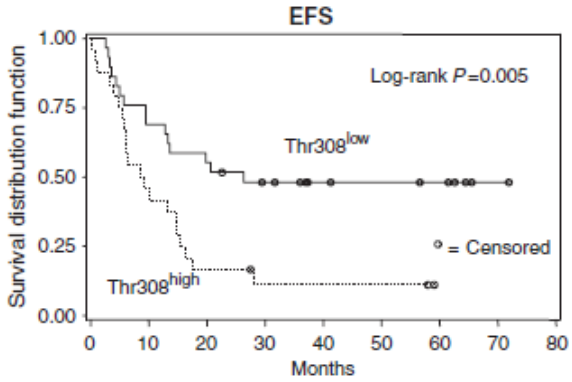
- AML is a type of cancer that affects the blood and bone marrow
  - » Patient cannot produce normal blood cells
  - » Blood cells cannot function properly nor fight disease
- Progresses very quickly & 5 year survival is a dismal 25%
- More common in adults over 60 years old, so the market is growing rapidly in developed economies
  - » 50% increase in incidence since 2013 in the US alone!
- After initial chemo, most patients relapse
- There are poor options for relapsing and refractory AML patients. **Treatment options have barely changed in ~40 years!**
- These ingredients explain the massive interest in relapsing & refractory AML
  - » A growing, ageing disease in rich countries
  - » Dismal survival
  - » No treatment options!
- **PTX's AML program was a clear focus of interest from both clinicians and specialist biotech funds in the US last year due its compelling efficacy signals**

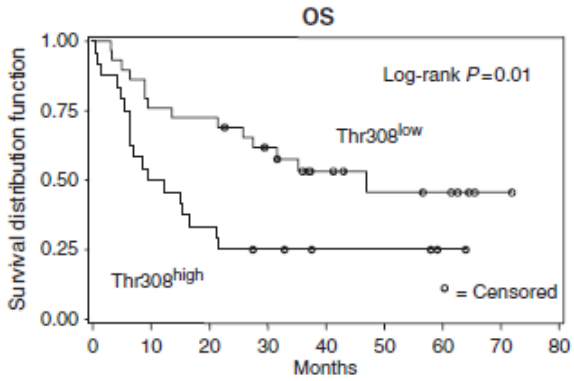
Relevance of Akt in AML

- Frequent constitutive Akt activation (phosphorylation) in AML
  - » Constitutive phosphorylation (Ser473 and Thr308) of Akt in AML compared to normal bone marrow cells in 44 out 66 of patients (72 %)
- Implications for Akt as a modulator of chemotherapy resistance in AML
- High Akt phosphorylation = inferior survival







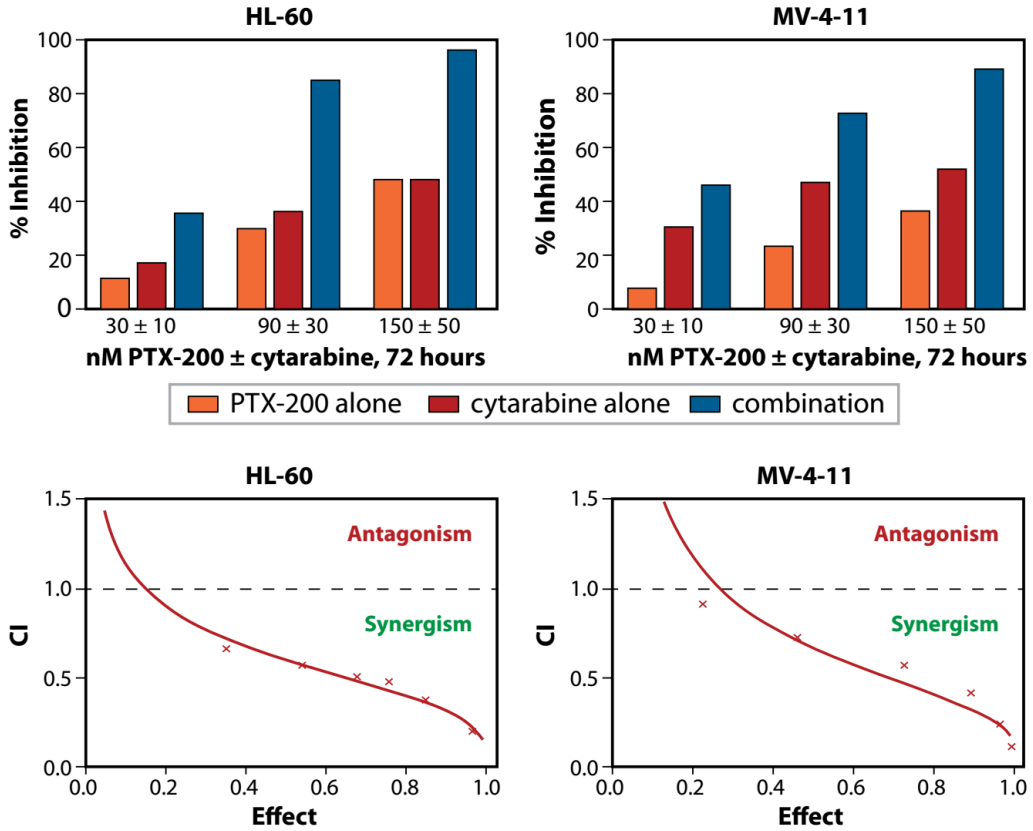


1. Min YH, et al. Leukemia 2003; 17:995
2. Gallay, et al. Leukemia 2009; 23:1029

PTX-200 synergizes cytarabine in AML cells

- PTX-200 highly synergistic with cytarabine current standard of care in AML cells
  - » PTX-200 + cytarabine = much more effective effect than the simple additive effect of either compound (i.e. 1 + 1 ≥ 2)

- As cytarabine is the current standard of care in AML, this suggests that PTX-200 may potentiate the standard of care



Sebti, S & Lancet, J

PTX-200: Completed Phase 1 in AML (monotherapy)

Patients	32
Trial Centers	MD Anderson & Moffitt
Patient Inclusion	Advanced hematologic malignancies (mainly AML)
Methods	Administration 1 hour IV infusion on days 1, 8, and 15. Cycles repeated every 21 days.
Study Objectives	To establish dosing regime and biological dose
Summary	• 17 out of 32 patients had stable disease after one cycle of treatment • 3 patients with AML achieved >50% bone marrow blast reduction • Compelling signals of efficacy • Further investigation of PTX-200 alone or in combination in patients with high Akt levels is warranted

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Published Leuk Res. 2013 Nov;37(11):1461-7

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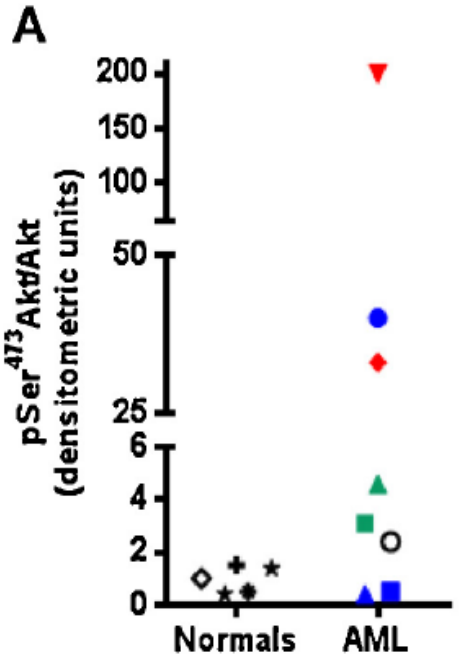
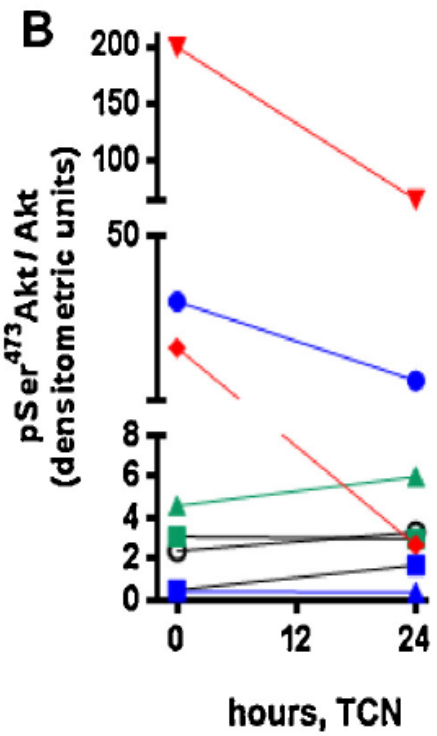
PTX-200 reduced p-Akt in AML blasts

- High p-AKT cells more sensitive to PTX-200

» p-Akt/Akt in AML samples before therapy



» Action of PTX-200 on Akt phosphorylation in AML blasts



Lancet, et al. Leuk Res 2013; 37:1461

Compelling evidence for PTX-200 in AML

Efficacy hypothesis	PTX-200 Evidence
• High p-Akt is correlated with inferior survival in AML.	• PTX-200 **decreased pAkt in AML blasts**.
• Inhibiting p-Akt improves response to chemo in the clinical setting.	• PTX-200 decreased pAkt in AML blasts, suggesting this method of reducing pAkt would similarly improve clinical outcomes.
• Phase I achieved safety?	• Yes.
• Any evidence of clinical benefit?	• Yes. **53% SD** in very sick patients with rapidly progressing disease, despite only using a single cycle of monotherapy. • **3 patients had >50% blast reduction**.
• Is there a comparable with any other attempted Akt inhibitor in AML?	• **PTX-200 had more compelling results than another Akt candidate MK2206** in Phase1 AML. (MK2206 development has since been discontinued by Merck).
» MK2206 successfully demonstrated apoptosis of AML cell lines in vivo, but failed to inhibit p-Akt in the clinical setting.	» PTX-200 successfully inhibited p-Akt in the clinical setting.
» Only saw one response out of 19 patients (5% SD).	» 17 out of 32 achieved stable disease (53% SD).
» Failed at MTD	» Succeeded well **below MTD**
• How does it combine with current standard of care?	• PTX-200 is **highly synergistic** with cytarabine in AML cells.
• Lessons from other trials currently running?	• In current Phase 1b breast cancer trial for PTX-200, interim analysis showed encouraging efficacy (including biomarker data).

➔ PTX-200 has lots of supportive data and efficacy signals that combine to give confidence leading into the Phase 1b/2 trial.

Phase 1b Trial imminent: Acute Myeloid Leukemia

- PTX-200 plus cytarabine in refractory or relapsed AML
- Phase 1 results very encouraging
- Phase 1b/2 IND recently allowed by FDA
- Jeff Lancet at Moffitt Cancer Center leading the trial
- Yale Cancer Center second site participating in trial
- Ready to initiate trial imminently
- 15 -18 patients
- Expected recruitment ~12 months
- Final reporting Phase 1b expected Q2-Q3 2017
- Recently bolstered PTX's Scientific Advisory Board with world class leukemia expertise from Moffitt, Yale and MD Anderson.

Jeffrey E Lancet, M.D.
Principal Investigator

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Breast Cancer Market Overview

- Breast cancer market currently US$10 B; due to double by 2023
- Most breast cancer drug sales are for HER2+ cancers, but this only represents ~20% of all breast cancers
- By contrast, **PTX is targeting "HER2 negative" (HER2-) breast cancer**
- HER2- has "flown under the radar" of drug developers, due to high profile successes in HER2+ drugs…
- …but **~80% of breast cancers are still HER2-**
- Comparative lack of new drug development for HER2- patients, despite the need
- Evidenced by American Society of Clinical Oncology (ASCO) issuing a new practice guidelines in 2014
  - » Concluded that doctors should encourage HER2- patients to enroll in clinical trials for new HER2- drugs

IMS Health

Boyle, et al; Ann Oncol (2012) 23 (suppl 6): vi7-vi12.
Partridge AH, Rumble RB, Carey LA, et al. American Society of Clinical Oncology Clinical Practice Guideline. JCO 2014

Phase 1b Breast Cancer Trial Almost Completed

- PTX-200 in combination with paclitaxel, followed by doxorubicin and cyclophosphamide
- Patients with metastatic and locally advanced breast cancer
  - » Recruiting at Albert Einstein College of Medicine Montefiore Medical Center and the H. Lee Moffitt Cancer Center
  - » Partially funded by National Cancer Institute grant
- **Encouraging early data**
  - » Evidence of safety & anti-tumor activity
  - » Inhibits important tumor survival pathway (Akt)
- **17 patients already dosed – now in expansion phase**
  - » n = 12 patients in Phase 1b expansion stage

Joseph Sparano, M.D.
Principal Investigator

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Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Heather Han, M.D.

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Ovarian Cancer Market Overview

- One of the most common cancers in women -increasing with an ageing population
- Due to reach US$1.7 B by 2019
  - » Market size currently constrained by old generic drugs that just aren't good enough
- Standard of care has not changed in decades (often generic paclitaxel & carboplatin)
  - » Initially effective, with 70% of patients entering remission, but…
  - » …almost all patients eventually relapse
  - » They have become chemoresistant
- **There remains a severe gap in the market for new drugs for relapsing patients and platinum resistant patients**
- **This is the gap that PTX is pursuing in ovarian cancer**

Phase 1b Ovarian Cancer Trial Commenced

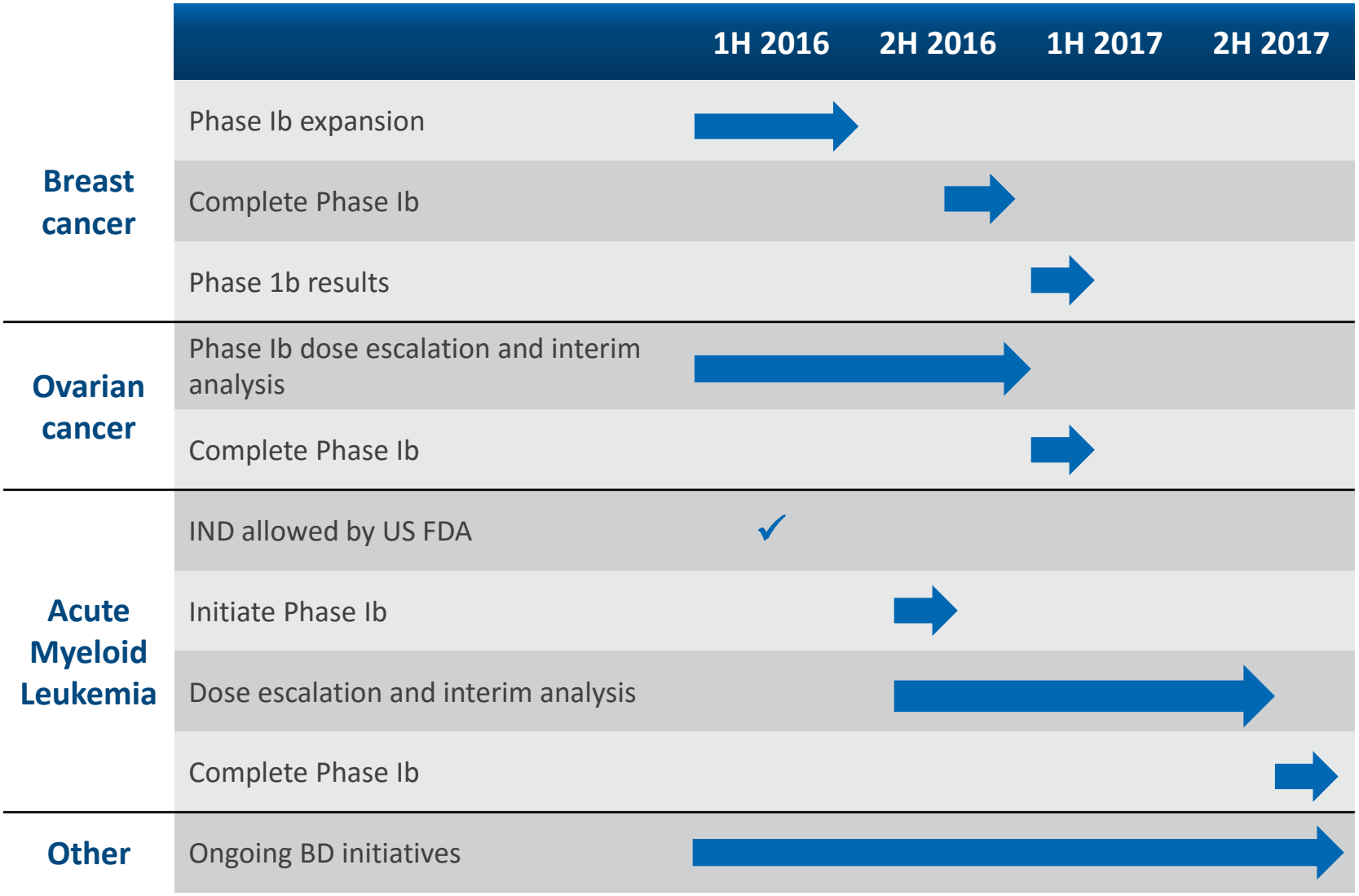
- Significant need for new products to treat platinum-resistant ovarian cancer
- Testing PTX-200 plus carboplatin in patients with platinum resistant ovarian cancer
- PTX-200 already proven **overcome cisplatin resistance** and **synergize with cisplatin** in pre-clinical studies
- **Phase 1b already underway**
- Currently recruiting at H. Lee Moffitt Cancer Center
- Up to 12 patients with an additional 18 in expansion cohort
- **6 patients already dosed**

Robert Wenham, M.D.
Principal Investigator

MOFFITT CANCER CENTER

ptx

Catalysts To Watch Out For



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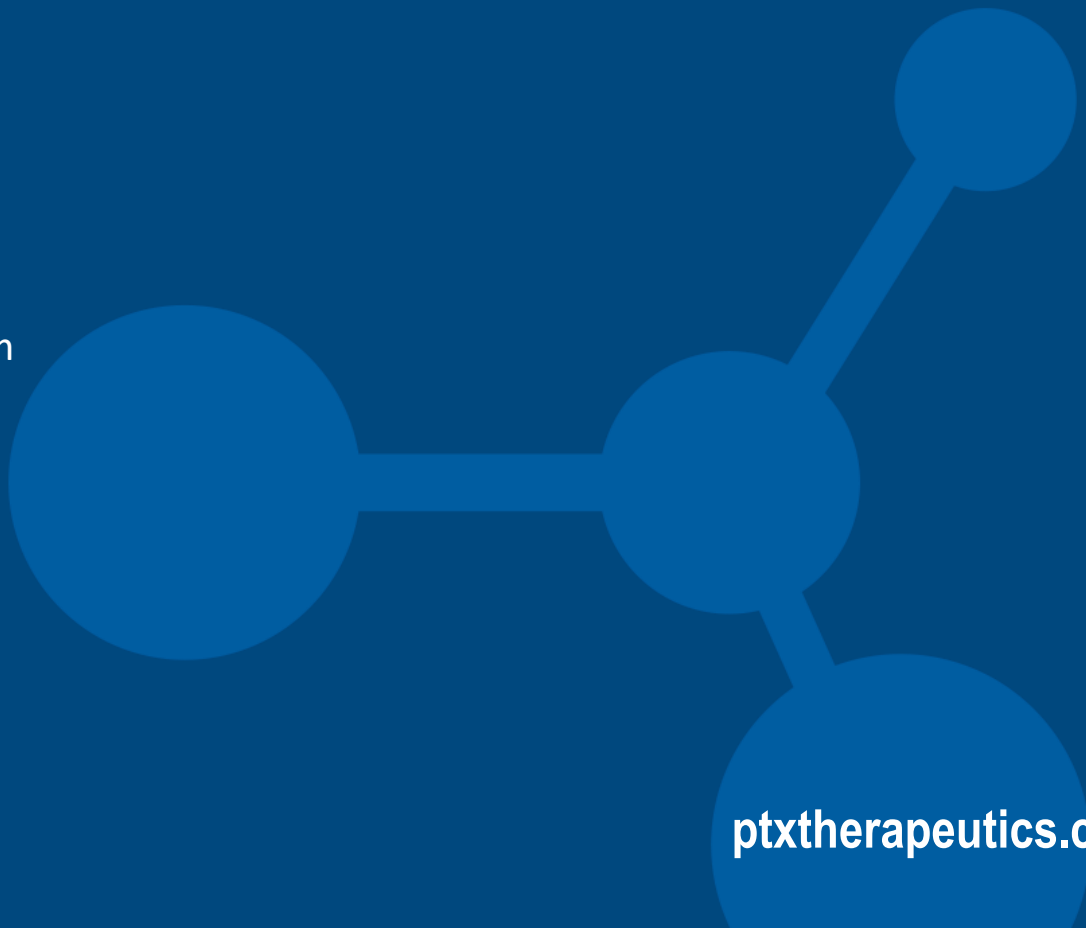

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