RACE ONCOLOGY

ASX Announcement

Race Oncology 2024 Chair's Address and AGM Presentation

25 November 2024 – Race Oncology Limited ("Race") is pleased to attach a copy of the Chair's address and Annual General Meeting (AGM) presentation to shareholders.

Dr Pete Smith, Executive Chair will provide the Chair's address and conduct the official business of the meeting. He will then present an update to shareholders with CEO/MD, Dr Daniel Tillett. Shareholders will be invited to participate in a Q+A session with the Race Board and members of the Race management team after the presentation.

Investors wishing to attend the Annual General Meeting can find access details in the Notice of Meeting as lodged with the ASX on 23 October 2024 and available via the Company's website at www.raceoncology.com/investors. A video recording of the AGM presentation will be released to shareholders once available.

The Race team looks forward to welcoming all those shareholders able to attend the meeting.

-ENDS-

About Race Oncology (ASX: RAC)

Race Oncology (ASX: RAC) is an ASX-listed clinical stage biopharmaceutical company with a dedicated mission to be at the heart of cancer care.

Race's lead asset, bisantrene, is a small molecule chemotherapeutic. Bisantrene has a rich and unique clinical history with demonstrated therapeutic benefits in both adult and paediatric patients, a well-characterised safety profile, and compelling clinical data demonstrating an anticancer effect and less cardiotoxicity over certain anthracyclines, such as doxorubicin.

Race is advancing a reformulated bisantrene (RC220) to address the high unmet needs of patients across multiple oncology indications, with a clinical focus on anthracycline combinations, where we hope to deliver cardioprotection and enhanced anti-cancer activity in solid tumours. Race is also exploring RC220 as a low-intensity treatment for acute myeloid leukaemia.

Race is investigating the effect of bisantrene on the m^6A RNA pathway, following independent research published by the City of Hope identifying bisantrene as a potent inhibitor of FTO (Fat mass and obesity-associated protein). Dysregulation of the m^6A RNA pathway has been described in numerous peer reviewed studies as a driver of a diverse range of cancers.

Race Oncology has collaborated with Astex, City of Hope, MD Anderson, Sheba City of Health, UNC School of Medicine, University of Wollongong and University of Newcastle, and is actively exploring partnerships, licence agreements or a commercial merger and acquisition to accelerate access to bisantrene for patients with cancer across the world.

Learn more at www.raceoncology.com.

If you have any questions on this announcement or any past Race Oncology announcements, please go to the Interactive Announcements page in our Investor Hub https://announcements.raceoncology.com

Race encourages all investors to go paperless by registering their details with the Company's share registry, Automic Registry Services, at www.automicgroup.com.au.

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25 November 2024

Chair's Address – Race Oncology 2024 AGM

Good afternoon and welcome to Race Oncology's Annual General Meeting for the 2024 financial year.

Joining me on stage from the Race Board today are: Managing Director and CEO, Dr Daniel Tillett and Non-Executive Director, Dr Serge Scrofani and our Company Secretary, Mr Peter Webse.

Turning to this past financial year – FY24 has been one of important progress for Race, as we move closer to taking our new RC220 bisantrene formulation to patients for the first time building on our past success with bisantrene.

This steadfast focus on advancing RC220 to the clinic saw us achieve several significant milestones. These included completing manufacturing to Good Manufacturing Practice or GMP standards, concluding our required toxicology and safety pharmacology studies conducted under Good Laboratory Practice or GLP standards, as well as selecting our Contract Research Organisation, George Clinical to support our upcoming Phase 1a/1b trial of RC220.

Each of these activities required a huge effort from the entire Race team and are all extremely significant in their own right, and sets us up strongly for the next stage of our RC220 clinical program. All of this work has been conducted at a standard beyond that required to conduct a Phase I trial in Australia and will enable the same data to be used to support an Investigational New Drug application in the US next year. Although we don't need to file an IND to support the Phase 1 trial, it will give us the flexibility to support future trials in the US as well as sending a strong quality signal to any potential partner, be they US based, or elsewhere.

We continued our board renewal process and in September announced the retirement of Mary Harney as Non-Executive Chair and Phil Lynch as Non-Executive Director. We owe a great debt of gratitude to both Mary and Phil for their meaningful tenures at Race. The company grew and strengthened substantially through their many years of involvement, and I personally enjoyed working with them both immensely.

Following Mary's retirement, I was pleased to step into the position of Executive Chair, with my conviction in the company solidified, having served on the Board for the previous 15 months. In parallel, Dr Daniel Tillett moved from Chief Executive Officer to Chief Executive Officer and Managing Director, a reflection of the integral role he plays for Race and of his deep understanding and enthusiasm for the opportunities bisantrene presents.

The other important piece to the board renewal strategy was the appointment of Dr Serge Scrofani as an Independent Non-Executive Director. Serge has had a stellar career both academically and in industry, most notably at CSL where he had senior roles in strategy and business development. Already in his short time on the board, Serge has made a substantial impact, bringing deep insights in business strategy and commercialisation. I look forward to continuing to work closely with Serge in the months ahead as we focus on the significant commercial opportunity ahead of us.

In 2024 we focused on strengthening our Scientific and Clinical Advisory Boards and were delighted to welcome Associate Professor Erin Howden of the Baker Heart and Diabetes Institute. Associate Professor Howden's work in VO2peak is extremely important given our focus in cardio-oncology.

Furthermore, we established strong relationships with some of the key scientists and clinicians who were involved in bisantrene's initial development to help us further understand the drug, including distinguished oncologist Professor Daniel Van Hoff who joined our Clinical Advisory Board. Professor Von

Hoff is exceptionally well known in the industry, having been involved in the clinical development of numerous oncology drugs, including bisantrene in the 1980s. His willingness to work with us on RC220 is indicative of his undiminished enthusiasm for the molecule and he has already made numerous contributions to our thinking and clinical plans.

While we were preparing RC220 for the upcoming clinical studies, we announced a series of impressive preclinical results that reinforced the unique properties of bisantrene, owing to its anticancer and cardioprotective properties.

Preclinical work performed at Oncolines BV showed bisantrene's potent cancer- killing activity in 113/143 human cancer cell lines that represented a broad cross-section of the most common haematological (blood/liquid) and solid organ cancers. When used in combination, bisantrene improved the cancer-killing activities of doxorubicin, an anthracycline chemotherapeutic and one of the most widely used anticancer drugs, with more than 20 million doses provided to patients around the world each year.

In a similar study, bisantrene, in combination with decitabine displayed enhanced cancer-killing activity across the same broad panel of 143 cancer cell lines. Another very promising result.

Furthermore, additional preclinical work showed that bisantrene, as a single agent treatment, was found to be effective against human multiple myeloma in a mouse model and which would support future evaluation of bisantrene and carfilzomib combination as a potentially more effective treatment for multiple myeloma.

We were pleased to announce that the RC110 bisantrene Phase 1b/2, the investigator-sponsored trial led by Professor Arnon Nagler at the Chaim Sheba Medical Centre in Israel, had concluded having met its endpoints. Results showed that 40% of the patients with relapsed or refractory acute myeloid leukaemia (AML) in the Phase 2 efficacy stage responded to RC110 bisantrene in combination with clofarabine and fludarabine. Although the study focused on the original RC110 formulation, the results have stimulated further clinician interest in taking the drug forward in new AML trials. We are still discussing future clinical trials with an Australian investigator in the AML field and will update our shareholders when we received a formal request for support.

I am incredibly proud of the Race team's accomplishments over the past year. Their dedication to advancing bisantrene to the next stage remains unwavering, and we are all excited about the journey ahead.

The team has worked tirelessly to complete all regulatory paperwork required for human ethics submission for our RC220 Phase 1a/b trial in solid tumours. The next step is the submission of to the first human ethics committee in the near term. This will be a major milestone for us all!

At the foundation of all our efforts is the support of prominent medical institutions and respected experts in the fields of oncology and cardio-oncology. We remain committed to collaborating closely with them to advance our commercialisation objectives.

In conclusion, I want to express my gratitude to the entire Race team for their dedication to driving this company forward. Having been involved in many companies over the years I can say that the level of commitment, engagement and innovation in this team is exceptional, and it is a great pleasure to be working at Race. We are united by a shared mission to make a difference in the lives of cancer patients, wherever they may be, while creating value for our shareholders.

We will now proceed with the formal business of the meeting.

Thank you.

November 2024

RACE ONCOLOGY

AT THE HEART OF CANCER CARE

2024 Annual General Meeting

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Corporate snapshot

Race Oncology is an ASX-listed, clinical stage biopharmaceutical company with a dedicated mission to be at the heart of cancer care.

Key Data

ASX code	RAC
Share price	$1.45 [1]
Market capitalisation	$251.88m [1]
Cash at bank	$14.62m [2]
Debt	Nil
Enterprise value	$237.26m [1]
Shares on issue	173,712,723 [1]
Options on issue	33,087,248 [1]

1. *As at 22 November 2024*
2. *As at 30 September 2024*

Race 12-month trading history

Current Options

On 22 November 2023, Race issued a 1 for 20 bonus and piggyback option series to existing shareholders. The conversion of bonus options ($0.75) raised $5m and **the 19.9m piggyback options ($1.25) could raise an additional $25m before expiry 29 May 2026**

Race Oncology Board

Dr Daniel Tillett PhD
Managing Director / CEO

- Former CSO and Executive Director of Race Oncology (2019-2023)
- Responsible for development of RC220 & cardioprotection discoveries
- >25 years of biotech management experience (Nucleics)
- Largest Race Oncology shareholder (>10%)

Dr Peter Smith PhD
Executive Chair

- >30 years' experience in healthcare with focus on therapeutics / oncology
- Non-Executive Director at MycRx, and Founder and CEO of Amala.
- Former top-rated pharma analyst with UBS and HSBC

Dr Serge Scrofani PhD MBA
Non-Executive Director

- >28 years' experience in healthcare including research, strategy, licensing, M&A
- Principal at Poplar Advisory Pty Ltd, Executive Director at FinCap Pty Ltd, Non-Executive Director at Burnet Institute & The Centre for Eye Research Australia
- Former Vice President of Strategy & Corporate Development at CSL.

AT THE HEART OF CANCER CARE

Race Oncology Management Team

Dr Daniel Tillett PhD
Managing Director / CEO

- Former CSO and Executive Director of Race Oncology (2019-2023)
- Responsible for development of RC220 & cardioprotection discoveries
- >25 years of biotech management experience (Nucleics)
- Largest Race Oncology shareholder (>10%)

NUCLEICS
LA TROBE UNIVERSITY

Dr Michelle Rashford MBBS
Chief Medical Officer

- Former physician, with >25 years expertise in the successful development and commercialization of pharmaceuticals across oncology, virology, and immunology
- Former Head of Global Clinical Sciences with Kyowa Kirin, 5 years BMS and 20 years with Roche

KYOWA KIRIN
Roche
Bristol Myers Squibb

Dr Sophia Moscovis PhD
Vice President
of Operations & Strategy

- >20 years experience in healthcare with >10 years in the pharmaceutical industry
- PhD in Immunogenetics and Graduate Member of the AICD
- >10 years with Novartis across a range of areas including cardiology and business transformation

Forbes AUSTRALIA
BREAST CANCER TRIALS
NOVARTIS

Prof Michael Kelso PhD
Vice President of Research

- Internationally experienced researcher, with >25 years R&D experience across a wide range of areas in medicinal chemistry, incl. oncology, antimicrobial drug development and drug formulation
- 69 scientific research papers, 7 patents and 18 grants achieved

UNIVERSITY OF WOLLONGONG AUSTRALIA
Scripps Research
Science Changing Life

Dr Marinella Messina PhD
Vice President
of Clinical Development

- Highly experienced oncology clinical trials specialist, having managed a wide range of clinical trials over >10 years, across all development phases (I, II, III and IV)
- Former Noxopharm Clinical Operations Manager and Clinical Program Manager

NOXOPHARM
KOLLING Institute of Medical Research
Datapharm Australia
CLINICAL TRIAL SPECIALISTS

AT THE HEART OF CANCER CARE

Race Oncology Team

Dr Feroz Ahmad PhD
Senior Scientist II

- >8 years of preclinical research experience in cardiovascular and cardio-oncology fields, within industry and academia.
- Specialises in managing preclinical pharmacology and toxicology studies in GLP and non-GLP environments.
- PhD in Cardiovascular Medicine from the University of Reading (UK).

Dr Rodney Cusack PhD MBA
Senior Scientist IV

- >20 years experience in drug development within Australian biotech companies and Universities.
- Formerly Director of Human Drug Development at QBiotics and CEO of Cytomatrix.
- Strong experience in translational oncology programs targeting US FDA approval.

Sharon Sampath MScMed
Clinical Project Manager I

- >6 years experience in setup and management of phase I – III pharmaceutical, complementary medicine & medical device clinical trials across various indications including oncology.
- B.Eng (Chemical & Biomolecular), MScMed (Pharmaceutical & Medical Device Development) from the University of Sydney.

Michelle Huh MHP
Clinical Research Associate IV

- >10 years experience managing phase II, III, and IV oncology clinical trials at Westmead Hospital and Northern Cancer Institute.
- Clinical pharmacist with a B. Pharm, Dip. Clin Pharm, M. Health Policy, University of Sydney.
- Examiner for the Pharmacy Board of Australia.

Dr Peter Cuthbertson PhD
Scientist III

- > 2 years of preclinical research experience in oncology
- Flow cytometry and assay development expert
- PhD in Immunology/Cell Signaling from the University of Wollongong

Emily Ryan BMedBiotech
Associate Scientist III

- > 2 years of preclinical research experience in oncology and formulation development.
- Specialises in cell and molecular biology techniques.
- B. Med Biotech (Hons) (Dean'sSchol) from the University of Wollongong.

AT THE HEART OF CANCER CARE

2024 – a year of significant progress

Preparing for our RC220 clinical trial; funded our planned programs, driving value for patients and shareholders

March 2024
Associate Professor Erin Howden appointed to the Race Scientific Advisory Board

Brendan Brown appointed CFO

March 2024
RC220 manufactured to cGMP meeting the quality specifications required for human use

June 2024
FDA grants RC220:
Orphan Drug Designation.
Rare Paediatric Disease Designation for paediatric AML

June 2024
Identifying bisantrene as effective against human multiple myeloma in a mouse model

June 2024
George Clinical appointed to support clinical development of RC220

June 2024
Race completes the GLP safety & toxicology studies for RC220

June 2024
Shareholders support Race's program and raise $5m via bonus option issue (84% take-up) with up to $25m to be raised via piggyback options in 2026.

July 2024
July 2024, Race appoints distinguished oncologist Professor Daniel Von Hoff to the Race Clinical Advisory Board

July 2024
Phase 1b/2 AML trial successfully concluded at the Chaim Sheba Medical Centre meeting prespecified endpoints for success

September 2024
Dr Serge Scrofani joins the Board as Non-Executive, Dr Pete Smith appointed Executive Chairman & Dr Daniel Tillett appointed Managing Director

Mary Harney and Phil Lynch retire from the Board

November 2024
Race discovers 39 novel FTO inhibitor fragments which provide a platform for the development of novel and patentable molecules with the potential to become new drugs specifically targeting the m^6A RNA epigenetic pathway.

2024
Determined cardioprotective mechanism of action

Findings yet to be announced, but significant implications for Race

RACE ONCOLOGY

Ageing

Chemotherapy acceleration of ageing

Chemotherapy & accelerated ageing

"the increase in molecular age caused by chemotherapy was on average the same as 10–15 years of chronological ageing,"

CHEMOTHERAPY

Life gained, years lost?

New data demonstrate that chemotherapy causes a rapid increase in molecular markers of cellular senescence. Although mostly indicative of ageing of the haematopoietic system, these results indicate that molecular ageing might explain some of the delayed adverse events linked to cancer therapy.

The new data show that, in particular, levels of $p16^{INK4}$ mRNA, a key marker of senescence, increased by 75% in peripheral T cells from 33 patients with breast cancer after adjuvant chemotherapy. According to previously reported rates of change in $p16^{INK4}$ expression with ageing "the increase in molecular age caused by chemotherapy was on average the same as 10–15 years of chronological ageing," says Norman Sharpless, one of the leaders of the study.

"It seems this increase in molecular age persists for several years (if not forever)," continues Sharpless. In a retrospective cohort of 176 patients treated up to 18.8 years prior to analysis, chemotherapy increased molecular age by the equivalent of 10.4 years of chronological ageing compared with patients not exposed to chemotherapy.

Although most patients showed some increase in molecular ageing after chemotherapy, the effect size was highly variable. Thus, "a patient's molecular age might predict toxicity from a planned therapy," claims Sharpless "as patients who are physiologically older might exhibit more severe toxicity or disease than those who are physiologically younger, but have the same chronological age."

Quantification of molecular ageing could also be important to discern the long-term effects of various chemotherapy regimens, thus potentially leading to improved treatment approaches. "It is very important to note, however, that chemotherapy can cure breast cancer, and the cost of increased molecular ageing is likely worth the benefit of an increased rate of cancer cure," Sharpless concludes.

David Killock

Original article Sanoff, H. K. *et al.* Effect of cytotoxic chemotherapy on markers of molecular age in patients with breast cancer. *J. Natl Cancer Inst.* doi:10.1093/jnci/dju057

Bisantrene & accelerated ageing

Genotoxic chemotherapies like anthracyclines cause extensive cellular damage and accelerates the ageing of all tissues and organs by 10 to 15 years

Anthracycline cardiotoxicity is simply one aspect of the accelerated ageing caused by chemotherapy

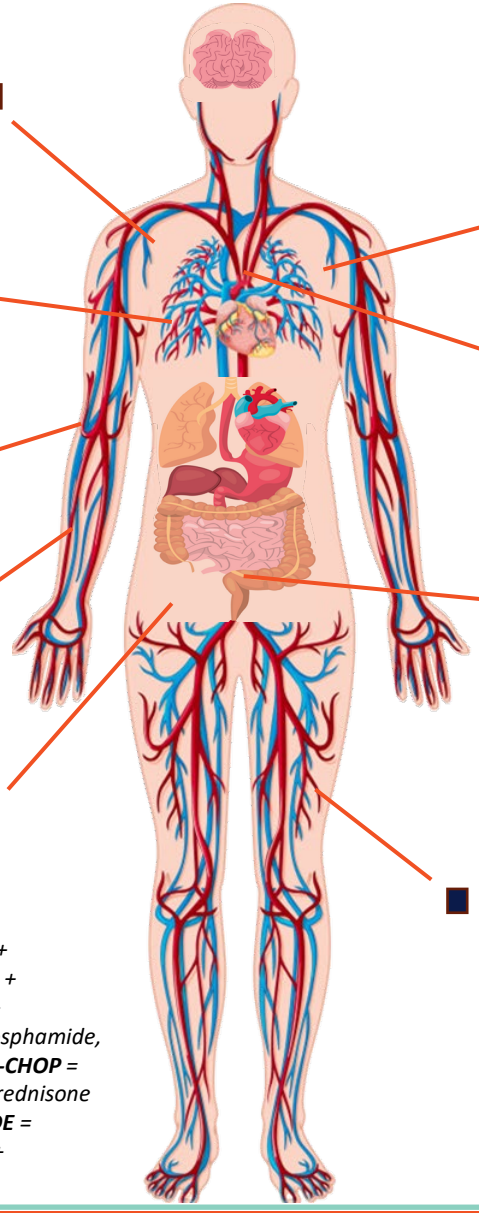
Mechanism of action studies suggest bisantrene may reduce chemotherapy accelerated ageing in all organs, not just the heart

RACE ONCOLOGY

Anthracyclines

Effective & enduring cancer drugs

Anthracyclines continue to be widely used



Lymphoma
ABVD, CHOP/R-CHOP, DA-EPOCH-R, others

Breast cancer
AC/AC-T, FAC/CAF, FEC, others

Acute myeloid leukemia
7+3/DA, ADE

Acute lymphoblastic leukemia
Hyper-CVAD, others

Various advanced or metastatic cancers

Small-cell lung cancer
CAV

Oesophageal cancer
ECF, EOX

Bladder cancer
Mono (Epi), ECM, Dox + cisplatin/gemcitabine, MVAC

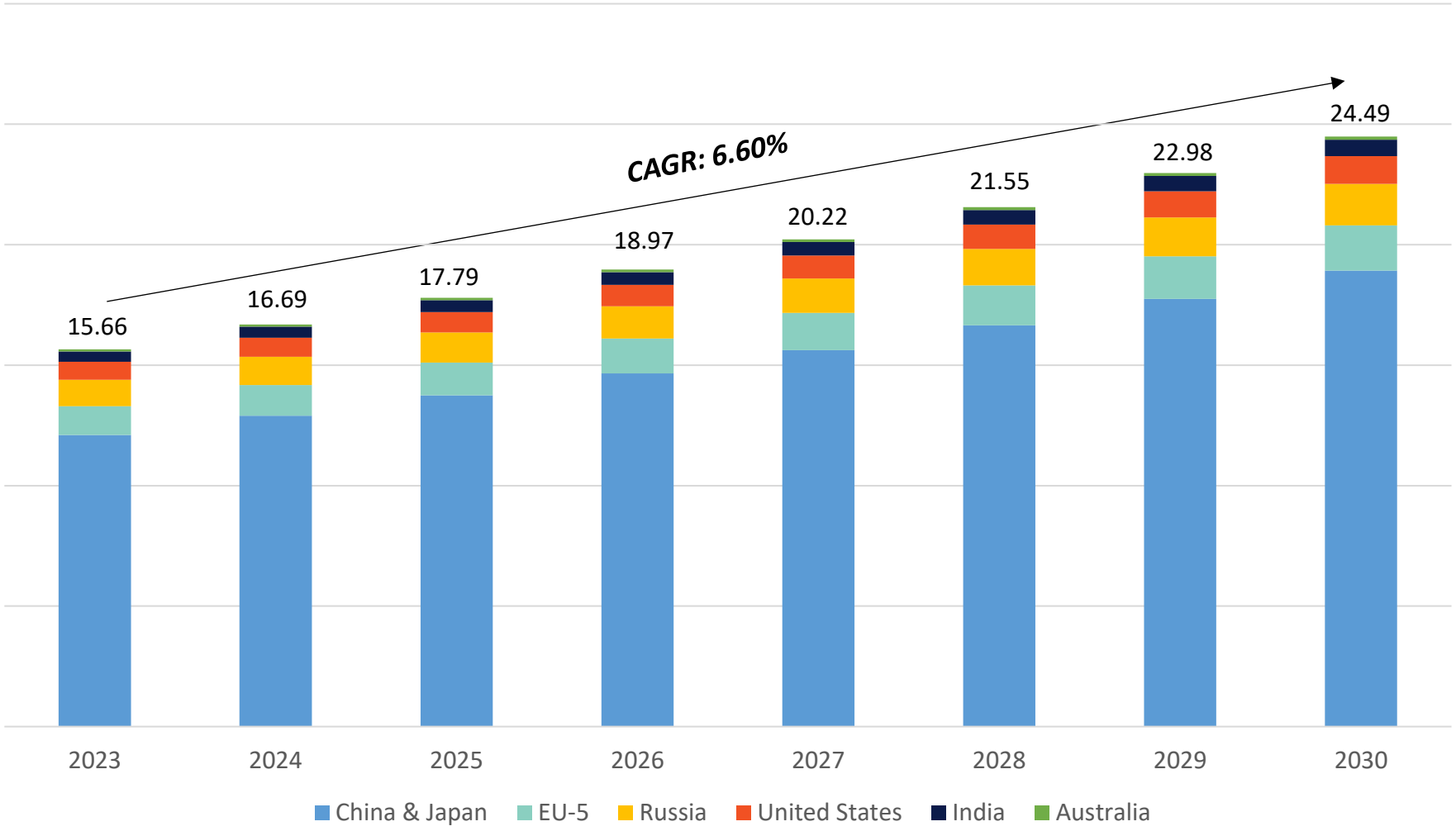
Soft tissue sarcoma
Mono, AI, DTIC

Legend: therapy types
- Neoadjuvant
- Induction
- Consolidation
- Adjuvant
- Combination chemotherapy
- Maintenance
- Palliative

Mono *= monotherapy,* ***Dox*** *= doxorubicin,* ***Epi*** *= epirubicin,* ***AI*** *= Dox + ifosfamide,* ***DTIC*** *= Dox + dacarbazine,* ***ECM*** *= Epi +cisplatin + methotrexate,* ***MVAC*** *= Methotrexate + Vinblastine + Dox + Cisplatin,* ***CAV*** *= cyclophosphamide + Dox + vincristine,* ***ECF*** *= Epi + cisplatin + 5FU,* ***EOF*** *= Epi + oxaliplatin + 5FU,* ***AC/ACT*** *= Dox + cyc;lophosphamide +/- taxane,* ***FAC*** *= 5FU + Dox + cyclophosphamide,* ***FEC*** *= 5FU + Epi + cyclophosphamide,* ***ABVD*** *= Dox + bleomycin + vinblastine + dacarbazine,* ***R-CHOP*** *= rituximab + cyclophosphamide + Dox + vincristine + prednisone,* ***DA-EPOCH-R*** *= etoposide + prednisone + vincristine + cyclophosphamide + Dox + rituximab,* ***7+3/DA*** *= cytarabine + daunorubicin,* ***ADE*** *= cytarabine + daunorubicin + etoposide,* ***Hyper-CVAD*** *= cyclophosphamide + vincristine + Dox + dexamethasone*

Anthracycline use is growing[1, 2, 3]

Estimated number of anthracycline doses used per year1

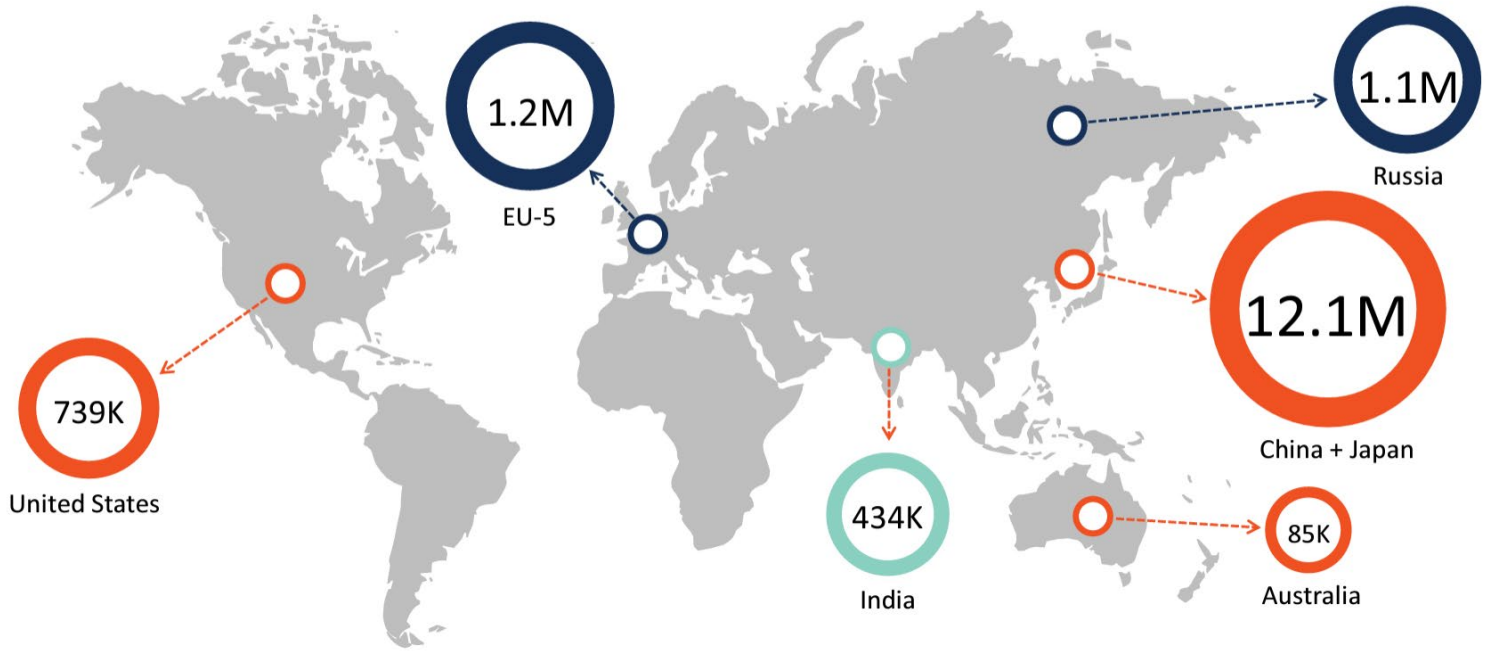


- According to Data Bridge Market Research, global anthracycline usage is expected to increase by a CAGR of 6.60% between 2023 and 2030

1. IQIVIA MIDAS AUDITED US VOLUME Anthracycline Data, Triangle Insights (ASX Announcement, slide 16: 14 April 2023)
2. Daunorubicin, doxorubicin, liposomal doxorubicin (Doxil), epirubicin, idarubicin, mitoxantrone, and valrubicin
3. Triangle Insights (ASX Announcement: 14 April 2023)

Global anthracycline use[1]

Global anthracycline usage[1]



FDA on label use[2, 3]		Off label use[2, 3]
Acute lymphocytic leukemia	Ewing sarcoma	Advanced Endometrial Cancer
Acute nonlymphocytic leukemia	Soft tissue sarcoma	Uterine Sarcoma
Acute myelogenous leukemia	Bone sarcoma	Metastatic Hepatocellular Cancer
Hodgkin's lymphoma	Thyroid sarcoma	Advanced Renal Cell Carcinoma
Non-Hodgkin's lymphoma	Neuroblastoma	Thymomas & Thymic Malignancies
Bladder cancer	Wilms tumor	Waldenstrom Macroglobulinemia
Breast cancer	Small cell lung cancer	
Ovarian cancer	Gastric carcinoma	
Osteogenic sarcoma	Bronchogenic carcinoma	
AIDS-related Kaposi's sarcoma	Prostate cancer	
	Multiple myeloma	

1. Estimated number of anthracycline doses used per year – Triangle Insights (ASX Announcement: 14 April 2023)
2. daunorubicin, doxorubicin, liposomal doxorubicin (Doxil), epirubicin, idarubicin, mitoxantrone, and valrubicin
3.. Triangle Insights (ASX Announcement: 14 April 2023)

RACE ONCOLOGY

RC220 Bisantrene

Building on the clinical legacy of bisantrene

Bisantrene's history of clinical success

Breast cancer[1]

471 patients across 9 Phase 2 & 3 clinical trials

Less toxic than standard-of-care doxorubicin
- reduced myelosuppression
- reduced alopecia (hair loss)
- no cardiac failures

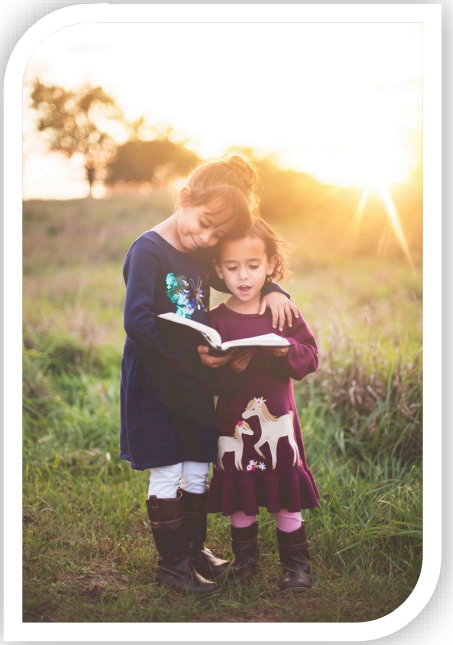
Phase 3. Overall patient survival greater in bisantrene treated patients (HR 0.92 95%CI = 0.7-1.21)

Acute Myeloid Leukaemia

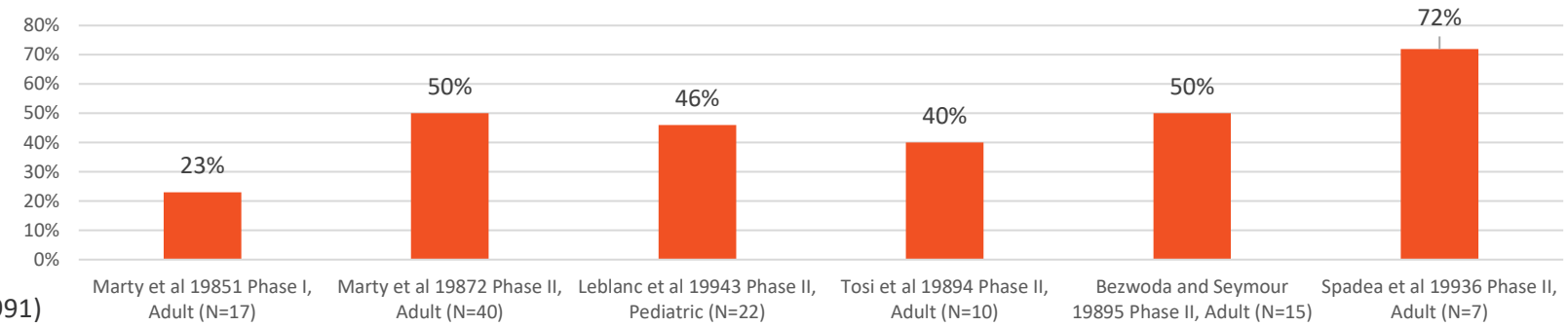
Approved in France in 1988, but Lederle (Pfizer) ended commercial development of bisantrene due to solubility issues

Complete response rates above 40% as a salvage agent for Acute Myeloid Leukaemia (AML)

Bisantrene cured two French girls with r/rAML in the 1980 & 90s. Both women are alive today and have their own families



Complete responses with bisantrene in paediatric and adult Acute Myeloid Leukaemia patients



1. Cowan, J. D. et al. . Natl. Cancer Inst. 83, 1077–1084 (1991)

RC220 – Building on bisantrene's history

Race has…

- Created RC220, a **new formulation** of bisantrene which is more soluble and can be delivered intravenously [1]
- RC220 **preserves the PK/PD** properties of the earlier clinically validated formulations of bisantrene
- Created **new intellectual property** with a long lifespan (20 years)
- Leveraged new science to understand bisantrene's **anticancer** and **cardioprotective** mechanism of action [2]
- Built on the >1,500 patients' worth of clinical data across a broad range of cancer indications, and generated **new Phase 2 clinical data in AML**
- RC220 is a new drug product, requiring a full non-clinical toxicology & safety data package – **delivered in June 2024** [3]

RC220 is a clinically and commercially attractive formulation with long IP life

1. ASX Announcement: 9 November 2023 | 2. ASX Announcement: 21 September 2023 | 3. ASX Announcement 27 June 2024

Bisantrene market potential – world

Annual revenue generic doxorubicin - 2023[1]

USD$100 base price/cycle for 4 cycles

Annual revenue bisantrene cardioprotection + anticancer[2]

USD$15,000 base price/cycle for 4 cycles with a 3% yearly net price increase after launch

Note: Forecasted revenue reflect a 50% reduction to the physician-stated adoption rate

1. https://www.theinsightpartners.com/reports/doxorubicin-market
2. Triangle Insights (ASX Announcement: 14 April 2023)

RACE ONCOLOGY

Clinical Strategy

Generating clinical evidence of efficacy for cardio & accelerated ageing protection, m^6A RNA & anticancer activity

Clinical pipeline

Asset	Indication	Sponsor	Discovery	IND enabling	Phase 1	Phase 2	Phase 3	Next milestone(s)
RC110	Acute Myeloid Leukaemia	Chaim Sheba Medical Centre, Israel	Phase 1/2					Successfully concluded in July 2024[1]
RC220	Cardioprotection + ageing protection + m^{6}A RNA + anticancer efficacy - solid tumours[2]	Race Oncology	Phase 1a/b			2026		Ethics / governance approvals First patient dosed
RC220	Acute Myeloid Leukaemia	Investigator sponsored	Phase 1/2					Awaiting formal request from investigator
m^{6}A molecule development	New FTO inhibitors[3]	Race Oncology	Preclinical					Preliminary results

1. https://announcements.raceoncology.com/announcements/6454612
2. https://announcements.raceoncology.com/announcements/6429352
3. https://announcements.raceoncology.com/announcements/5437127

RC220 Phase 1a/b Trial

An 'all comers' Bayesian dose escalation Phase 1a trial of RC220 in any solid tumour patient where doxorubicin use is indicated

Size: 25-40 patients; up to 10 sites in Australia and internationally
Sponsor: Race Oncology
Primary endpoints: Safety & optimal Phase 2 dose determination
Exploratory endpoints: Standard & advanced cardiac markers including VO_2peak, m^6A levels, accelerate ageing & anticancer efficacy
Start: First patient Q1 CY2025
Timeline: 12–18 months due to Bayesian design uncertainty around total patient number (patient recruitment)

Cohort extension (Phase 1b) in patient sub-groups to optimise bisantrene dosage in different drug combination settings

Expands market potential of bisantrene to all cancers where anthracyclines are used

Effect of bisantrene on the m^6A RNA system will be collected by using a lead-in cycle of bisantrene given 21 days prior to the first anthracycline combination dose – provides 'clean' PK/PD, m^6A RNA & single-agent anticancer efficacy data

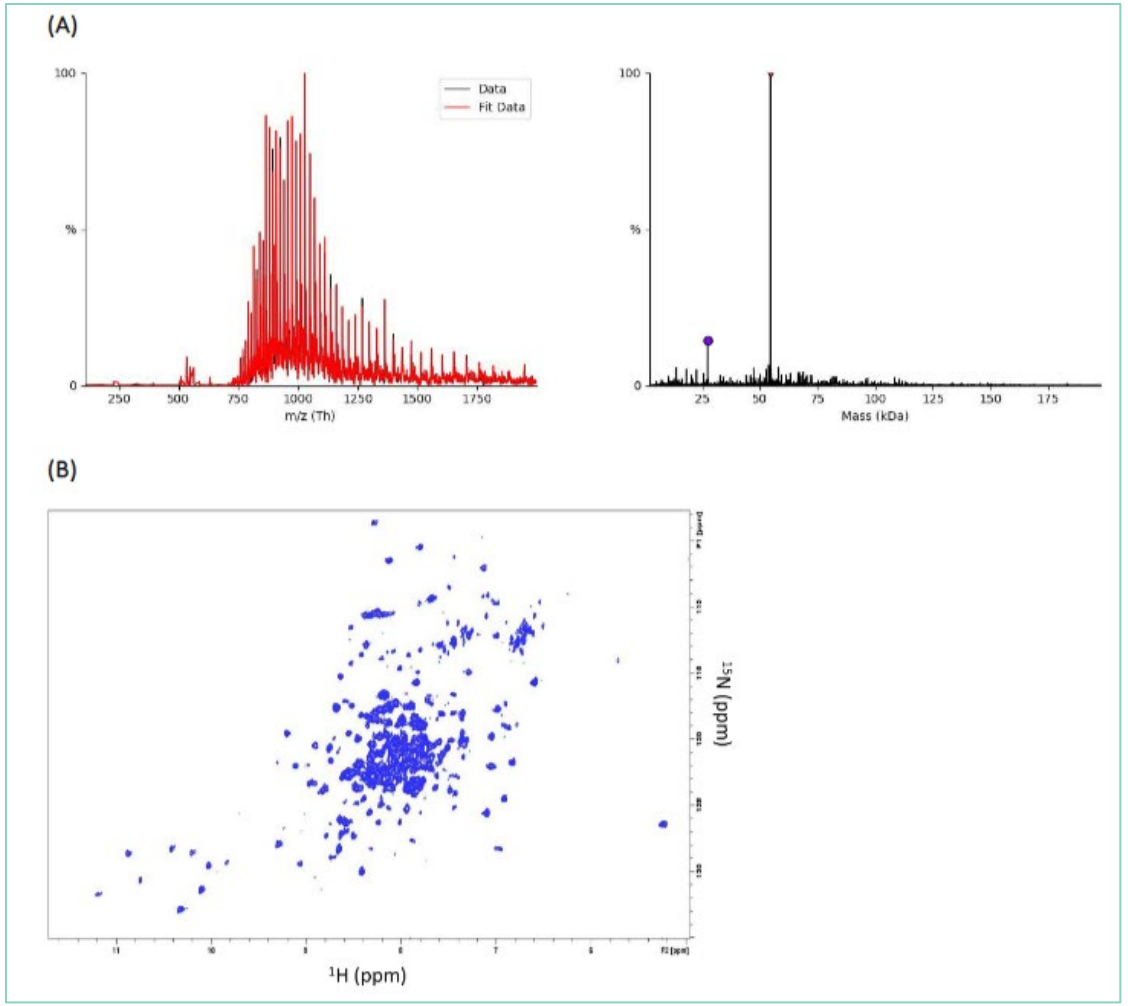
Cost: A$9 million (based on 40 patients)

New m^{6}A RNA molecule development

- Race has successfully completed an FTO-targeted drug discovery program at Monash University's Fragment Platform[1]
- 39 unique FTO protein-binding molecules identified using state-of-the-art NMR fragment screening
- Identified compounds are confirmed FTO-binding chemical structures for the development of novel FTO targeting drugs
- Provides valuable new IP aiding the development of novel m^{6}A RNA epigenetic pathway drugs

"Identification of chemical 'hits' that bind to a protein target of interest is a critical step in modern drug discovery. Our successful FTO program at Monash provides Race with valuable new IP in the RNA epigenetics space, an enormously exciting area at the cutting-edge of oncology research and drug development."

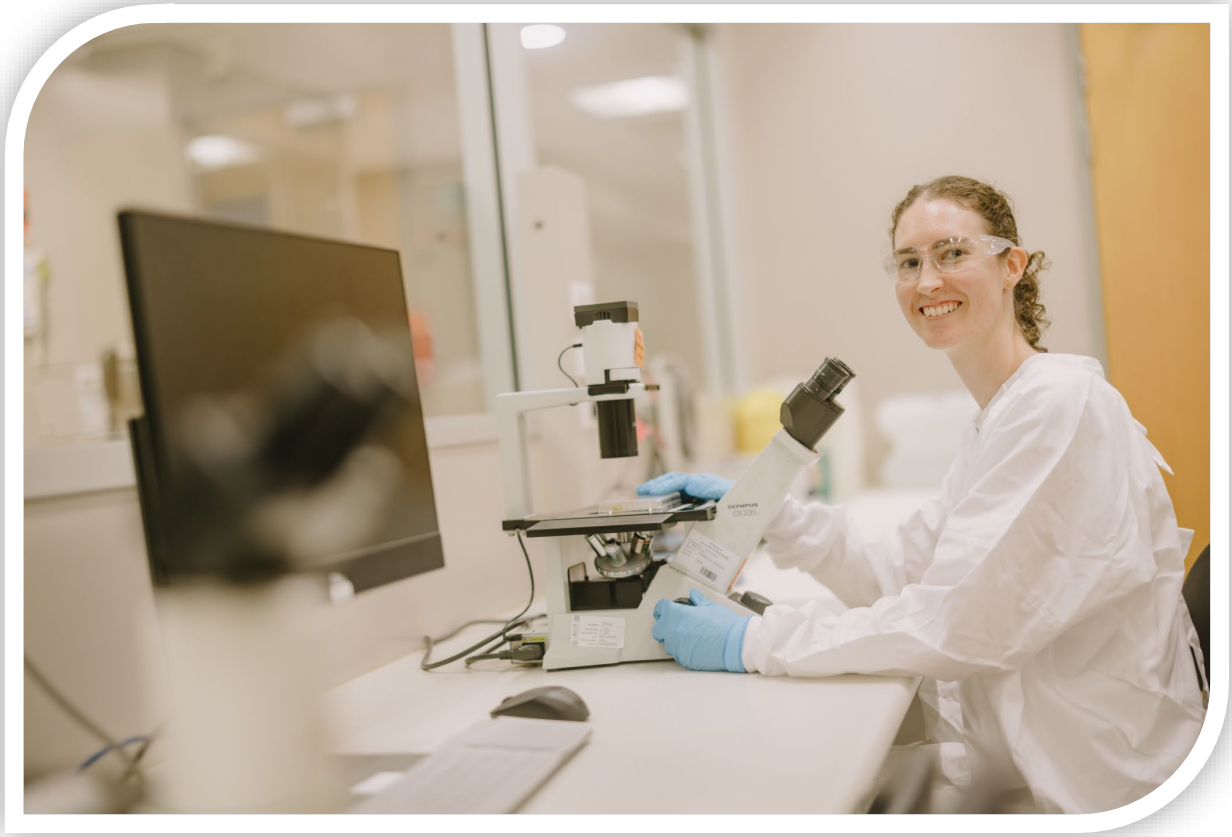
Vice President of Research, Prof. Mike Kelso



1. https://announcements.raceoncology.com/announcements/6641034

Key highlights of Race Oncology

1. **Bisantrene** – derisked & clinically proven anticancer drug offering ~80% chance of success - not ~3% common in oncology
2. Solves real & significant health problem – accelerated ageing caused by chemotherapy, a rising issue due to ageing population and post-cancer longevity
3. Bisantrene builds on a major existing market of 20m anthracycline doses/year, potential sales >US$5B/year
4. Low-cost development with an opportunity for a rapid pathway to market via the FDA accelerated approval process from Phase 2
5. Management invested with proven technical, deal & ASX track record



Questions

Race Oncology

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