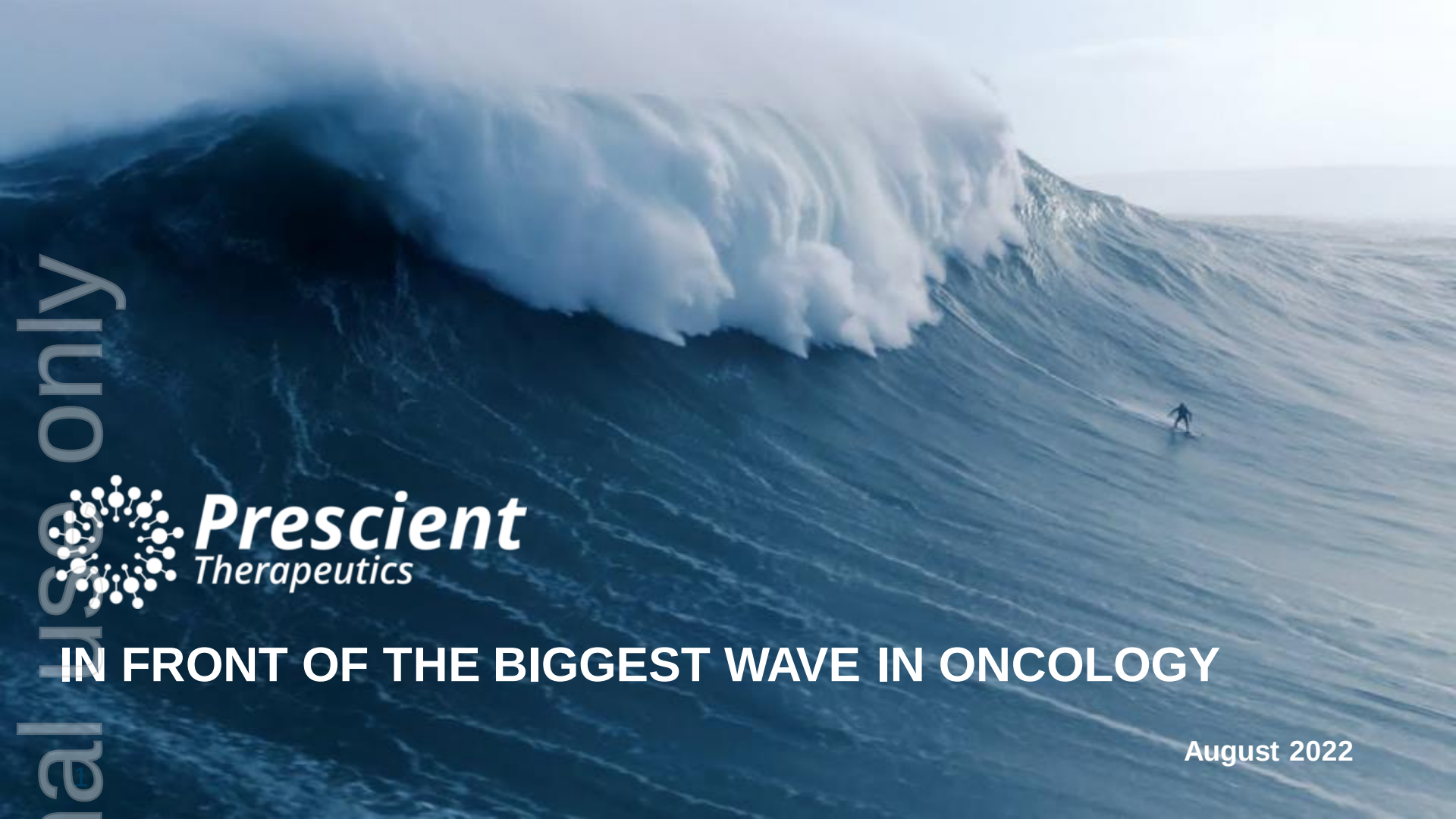

Prescient Therapeutics

IN FRONT OF THE BIGGEST WAVE IN ONCOLOGY

August 2022

Disclaimer and safe harbor

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, the impact of pharmaceutical industry development and health care legislation in the United States and internationally, and challenges inherent in new product development. 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 presentation. 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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Corporate snapshot

ASX Ticker	**PTX**
Total Issued Capital	648 M shares
Listed Options	95.4 M
Unlisted Options	12.1 M
Share Price[1]	A$0.21 (US$0.15)
Market Capitalisation[1]	**A$141 M (US$99 M)**
Market Cap fully diluted[1]	**A$162 M (US$114 M)**
Cash Position[2]	**A$14.7M (US$11M)**
Top 20 Own	16%

1 - AS AT 28 FEB 2022
2 - AS AT 31 DEC 2021

Investment Highlights

Prescient Therapeutics

World class pedigree.
We license from the best;
and work with the best

Yale · Penn (University of Pennsylvania) · University of Oxford · Peter Mac (Peter MacCallum Cancer Centre Victoria Australia) · Moffitt Cancer Center

Many shots on goal for substantial value creation

2 Cell Therapy platforms
Internal & external opportunities

2 Targeted Therapies
in clinic trials, showing activity

Upcoming newsflow
from multiple programs

4 Innovative Personalised Oncology Assets

Prescient Therapeutics

Cell therapy platforms

OmniCAR

CellPryme-M

Next-gen CAR-T therapies

CD33/CLL-1
Acute Myeloid Leukaemia

Her2/EGFRviii
Glioblastoma Multiforme

Her2
Breast, Ovarian & Gastric cancers

Targeted therapies

PTX-100
Ras / Rho inhibitor

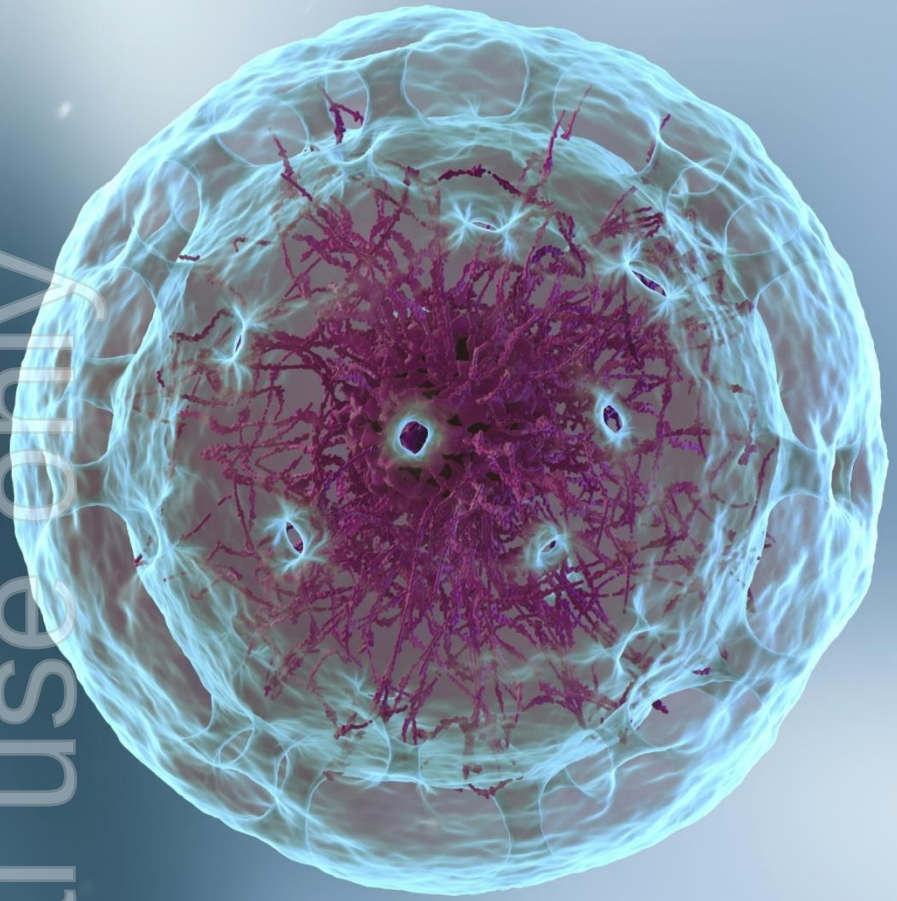
PTX-200
Novel AKT inhibition

Innovative pipeline in personalised medicine

Prescient Therapeutics

Platform	Program	Screening	Preclinical	Phase IB	Phase II
CAR - T	OmniCAR	CD33/CLL-1	AML		
		Her2	Breast, Ovarian & Gastric cancers		
		Her2/EGFRviii	GBM		
		Platform extensions	Various		
	CellPryme	CellPryme-M	Cell manufacturing enhancement		
		CellPryme-A	Undisclosed		
TARGETED THERAPIES	PTX-100		PTCL		
	PTX-200		AML		

ThermoFisher SCIENTIFIC



TARGETED THERAPIES

Prescient Therapeutics

PTX-100

FIRST IN CLASS
RAS PATHWAY INHIBITOR

PTX-100 Phase 1B Summary

- Phase 1b PK/PD safety study
- Targeting cancers predisposed to Ras & Rho mutations
- Basket trial of:
  - Gastric cancer
  - Pancreatic cancer
  - Colorectal cancer
  - Myeloma
  - T-cell lymphomas
- Encouraging signal in TCL
- Now expanding the trial in Peripheral T-cell lymphomas (PTCL)
- Granted Orphan Drug Designation by US FDA

Licensed from Yale University

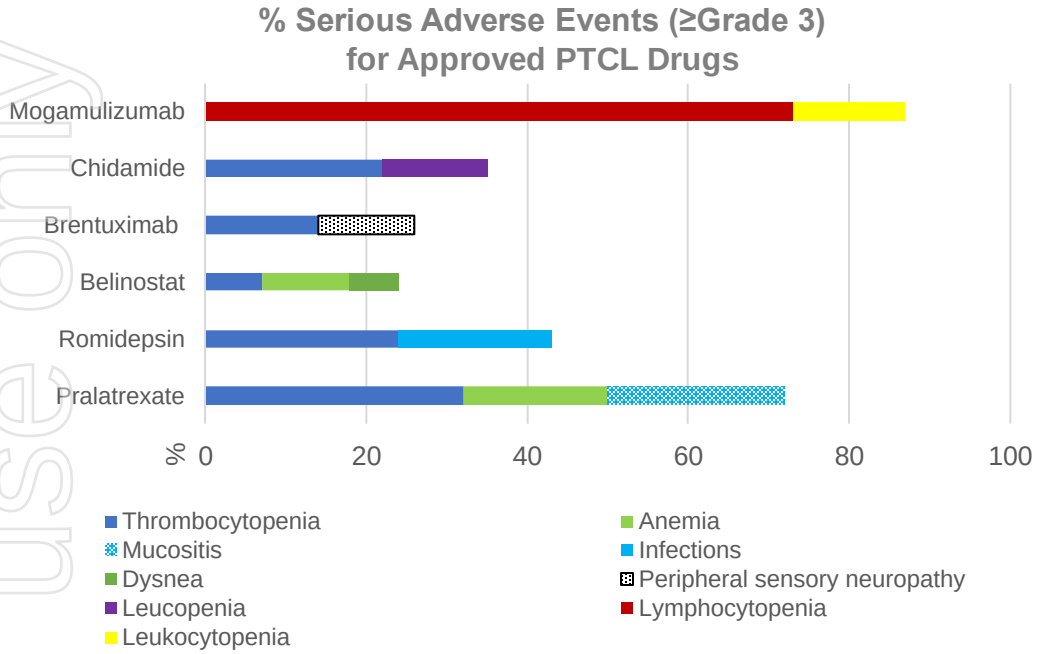
Principal Investigator

Professor H. Miles Prince, AM

Epworth

Favourable safety profile compared to peers

Approved PTCL drugs have troublesome safety profiles



PTX-100 HAS AN EXCELLENT SAFETY PROFILE

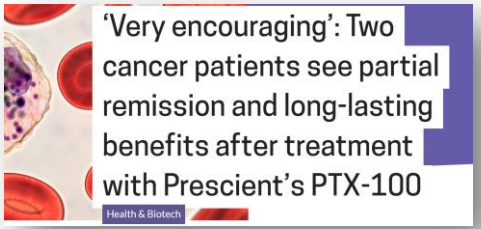
- **No serious adverse events related to PTX-100**
- Suits fragile patient population
- Good candidate for combination therapy

SALEH ET. AL. UPDATES IN THE TREATMENT OF PERIPHERAL T-CELL LYMPHOMAS; JOURNAL OF EXP PHARM 2021:13 577–591

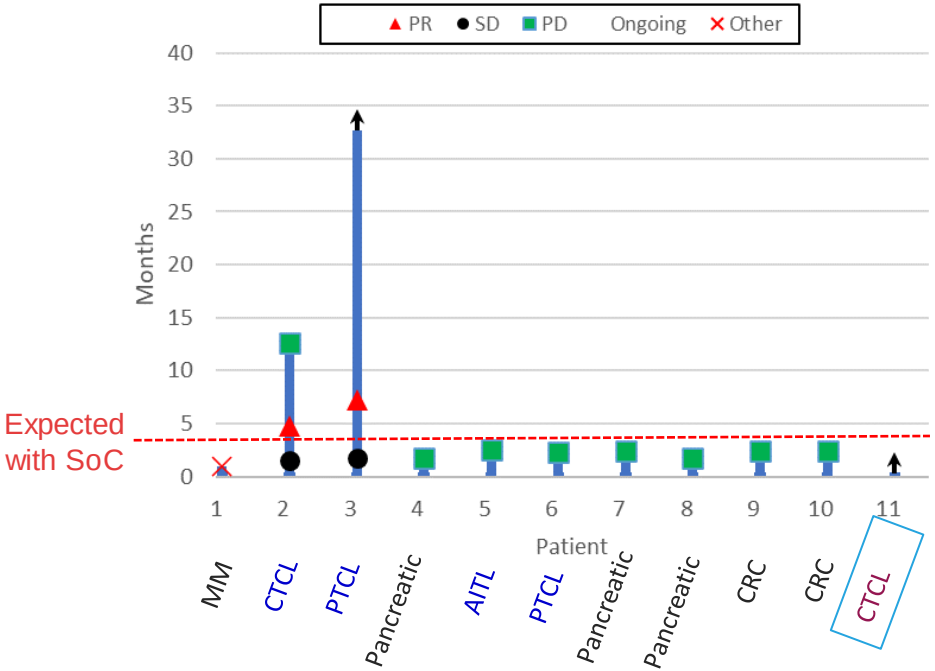
Encouraging activity in TCL

Early clinical activity

- PRs in 2 patients with aggressive refractory TCL
- **Expected PFS of <4 months on SoC**
  - r/r CTCL: **12 months** (19 cycles)
  - r/r PTCL: >**32 months so far** (37 cycles, still on therapy)
- Expansion cohort in TCL underway



Time on Treatment with PTX-100



PR: PARTIAL RESPONSE (REDUCTION OF DISEASE)
PFS: PROGRESSION FREE SURVIVAL (TIME UNTIL DISEASE WORSENS)
SOC: STANDARD OF CARE

TCL: T CELL LYMPHOMA
CTCL: CUTANEOUS T CELL LYMPHOMA
PTCL: PERIPHERAL T CELL LYMPHOMA

MM: MULTIPLE MYELOMA
AITL: ANGIOIMMUNOBLASTIC T CELL LYMPHOMA
CRC: COLORECTAL CANCER

Now in Expansion Cohort for TCL

- 8 – 12 patients with r/r T cell lymphoma (esp PTCL)
- Potential bridge to registration study
- 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

PTX-200

NOVEL AKT INHIBITION

Phase 1B trial underway: Acute Myeloid Leukemia

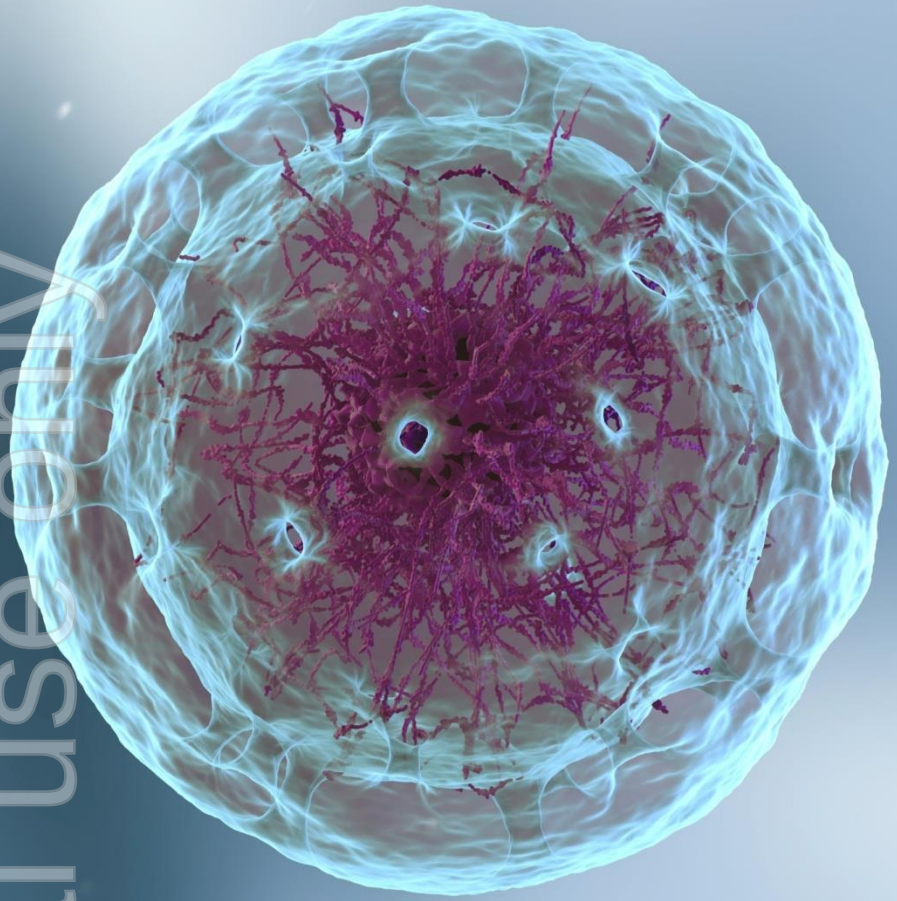
- Building upon encouraging Phase 1 results with PTX-200 (monotherapy)
- PI Professor Jeff Lancet at Moffitt, Key Opinion Leader in AML
- 24 patients with cytarabine held constant at 200-400 mg/m^2 as continuous infusion
  - 4 patients with CR/CRi so far
  - 1 patient with PR
- Currently treating expansion cohort at 45 mg/m^2
- Granted Orphan Drug Designation by US FDA

Principal Investigator

Jeffrey E Lancet, M.D.

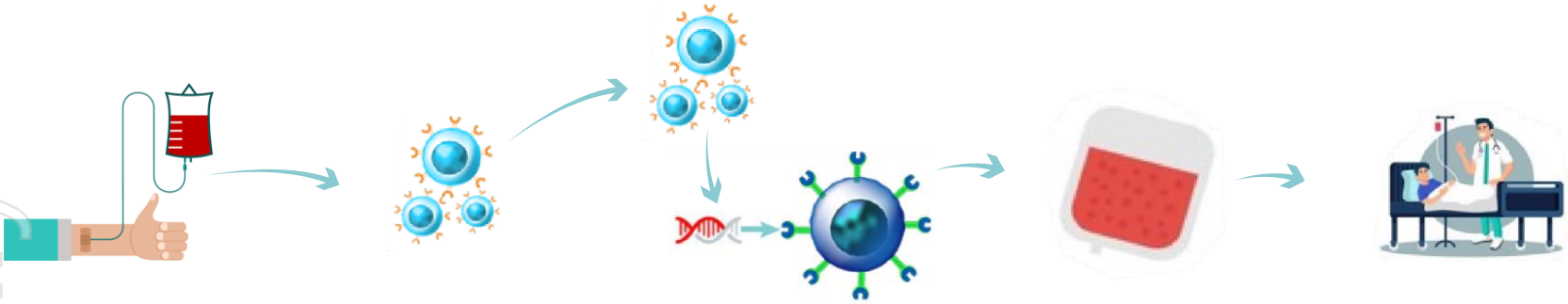
MOFFITT CANCER CENTER

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



PLATFORM TECHNOLOGIES

How does the CAR-T process work?



1

Blood is collected from the patient

2

T-Cells are separated and removed

3

T-Cells are genetically altered to have special cancer-recognising receptors called Chimeric Antigen Receptors (CAR)

4

Millions of CAR-T cells are grown

5

CAR – T cells are delivered to the patient

Cell Therapy is the future of oncology

Prescient Therapeutics

- Immune system focus
- Powerful cancer fighting potential
- Highly encouraging data
- Long-term remissions
- Still a lot to discover

ENDPOINTS NEWS

Carl June: 'We can now conclude that CAR-T cells can actually cure patients'

The Guardian

First patients of pioneering CAR T-cell therapy 'cured of cancer'

Doug Olson still has cancer-killing cells 10 years after infusion. Photograph: AP

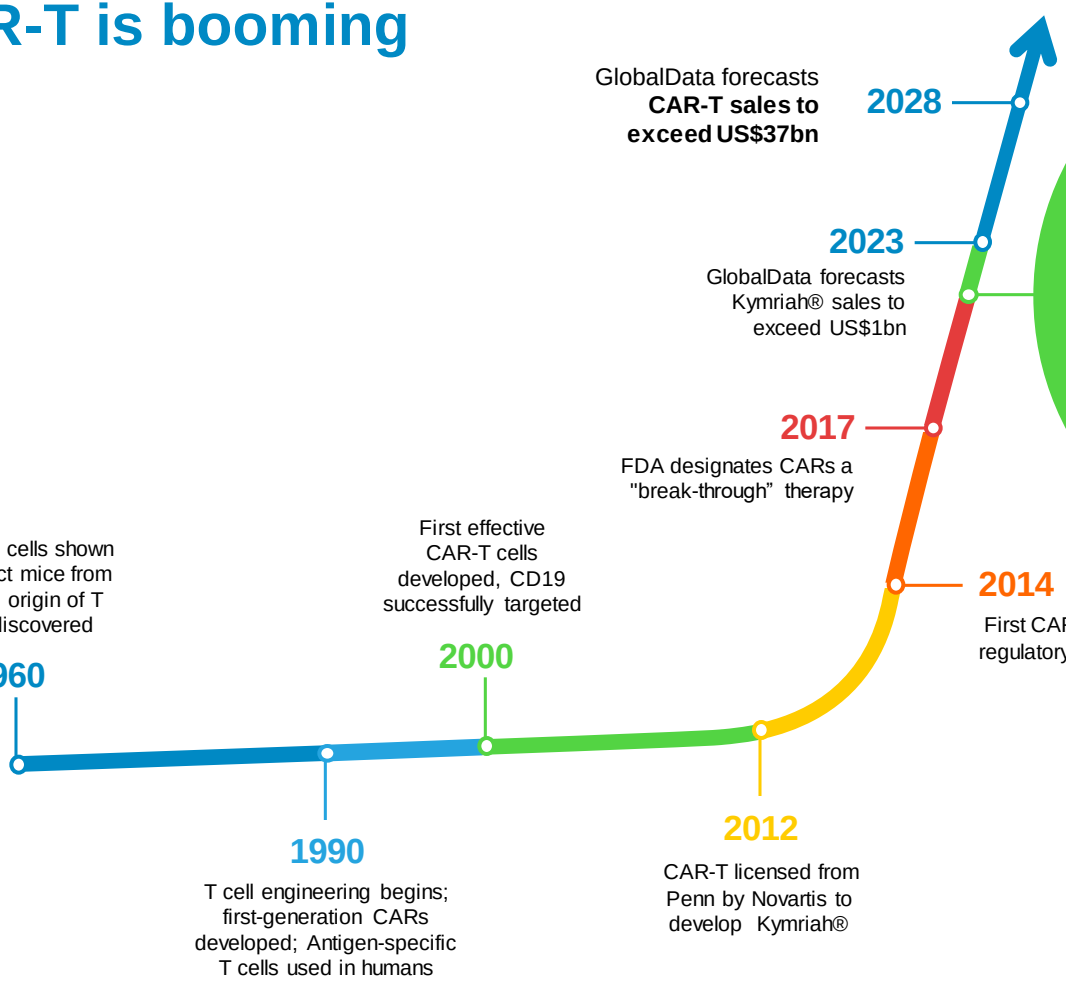
thepharmaletter

Janssen gains EC green light for CAR-T therapy Carvykti

98%

Overall response rate

CAR-T is booming



TODAY

- 10y+ remissions
- Continued positive data flow
- Some outstanding results
- 100s of companies targeting different antigens to target more cancer cells

Penn is a pioneer and world leader in CAR-T

Prescient Therapeutics

Penn
University of Pennsylvania

NOVARTIS

- Novartis licensed CAR-T technology from Penn in 2012
- Kymriah® became the first CAR-T therapy approved by the FDA
- Used for certain blood cancers
- Cost of treatment in excess of $500,000 per treatment
- GlobalData forecasts Kymriah® sales to exceed US$1 billion in 2023

CAR-T's key challenges

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

Unsafe

Less effective

Not sustainable

Too expensive

Don't last

CAR-T's key challenges

Prescient Therapeutics

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

Safe

Effective

Sustainable

Affordable

Enduring

Prescient Therapeutics

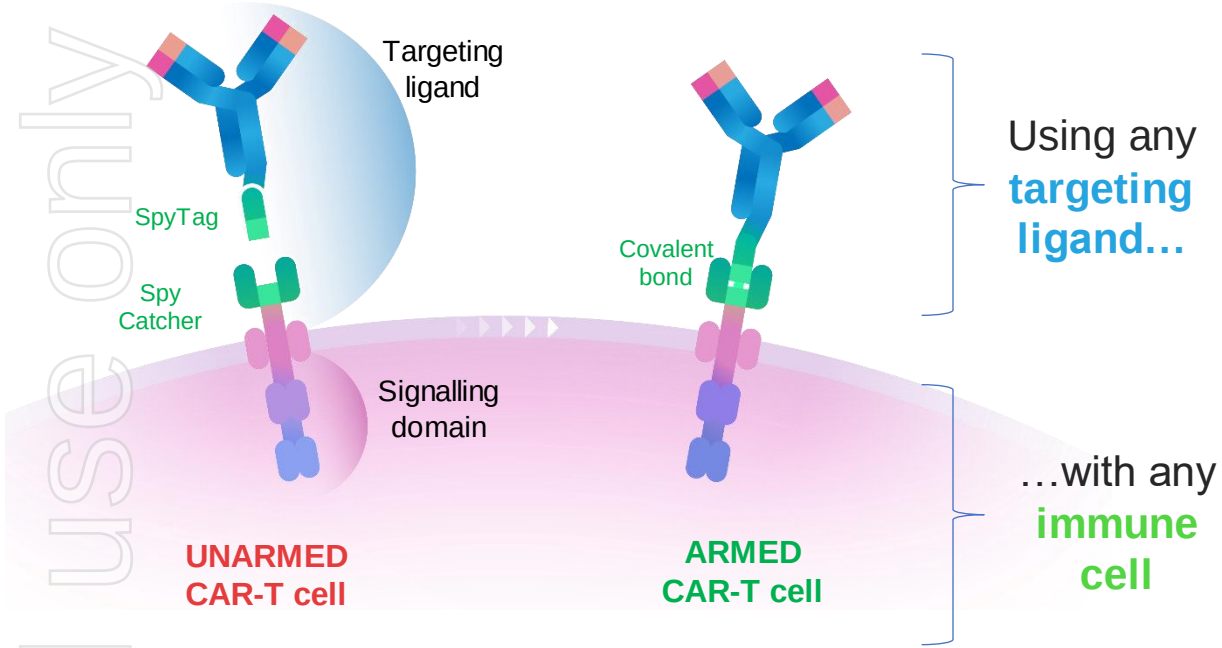
OmniCAR

Universal, Next Gen CAR-T Platform

OmniCAR: flexible, modular CAR platform

Prescient Therapeutics

OmniCAR

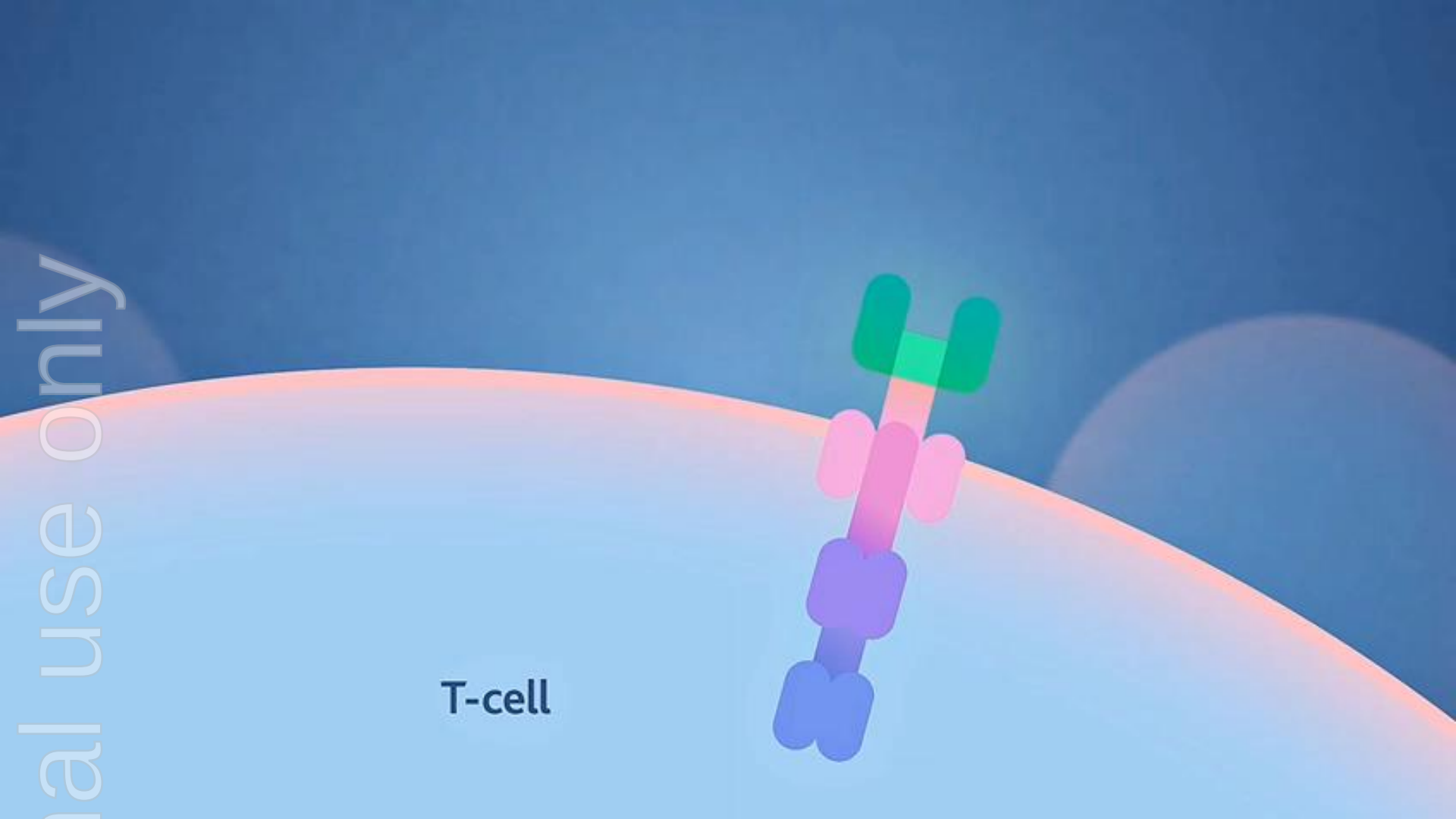


Penn
University of Pennsylvania

Associate Professor
Daniel J. Powell, Jr

Professor
Andrew Tsourkas

University of Oxford



Complementary platforms to address CAR-T challenges

Prescient Therapeutics

	Challenge	OmniCAR	CellPryme-M
Safety / Control	No control post infusion	Tune activity up/down; On/off	-
Targeting	Difficulties with targeting, antigen heterogeneity	Target multiple antigens	-
Escape	Difficulties with mutating antigens	Sequential targeting	-
Production efficiency	Cost prohibitive & slow	Far more efficient	✓
Exhaustion	Cells run out of steam	Longer-lasting cells	✓
Trafficking	Cells cannot find their way	Can direct cells	✓
Tumor penetrance	Protective layer around tumor	Can overcome	✓
Tumor microenvironment	Suppresses immune cells	Can overcome	✓

OmniCAR can do what conventional CAR-T cannot

Prescient Therapeutics

Conventional CAR-T

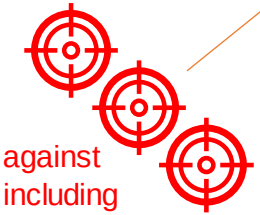
- Soldier with only one map
- Single weapon
- Only trained to hit one target
- Incapable of redirection
- No communication or control in the field

OmniCAR

Armed with **any weapon**
Including **several** at once

Can be given **any map**;
Multiple deployments

Full **communication**
and **control** at all times,
even mid-mission



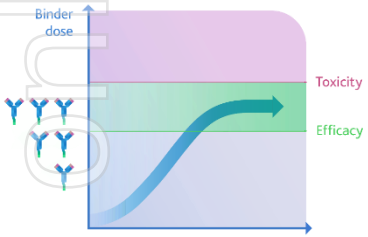
Can direct against
any target, including
simultaneous targets

Send **images** back to
base in real time

OmniCAR: Control Features

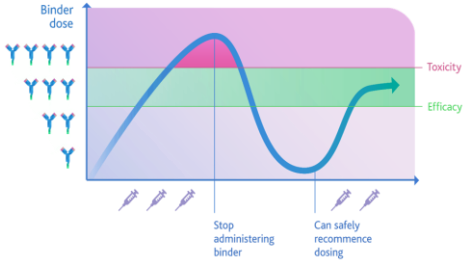
Modular and covalent architecture of OmniCAR enables true **post-infusion control** of CAR functionality

Dose Titration



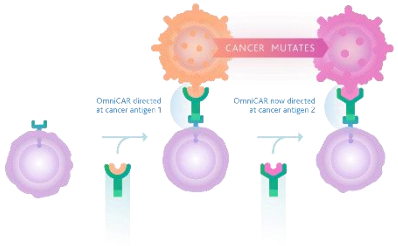
Control activity to **safe and efficacious** levels

On/off switch



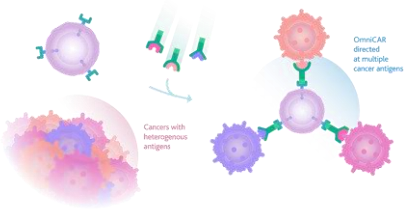
Turn therapy on/off/on without killing or re-administering cells
= safety & persistence

Target Re-direction



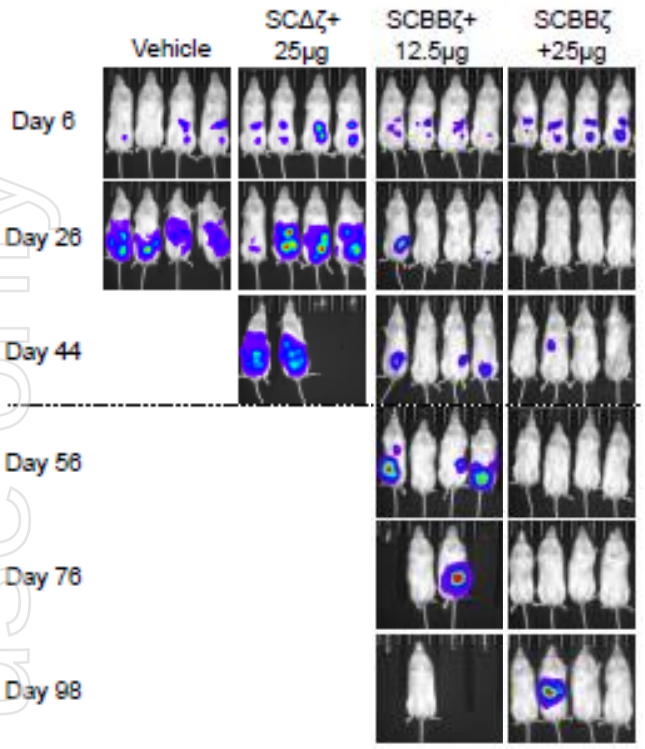
Re-direct cells from one cancer target to another in vivo

Multi-Antigen Targeting

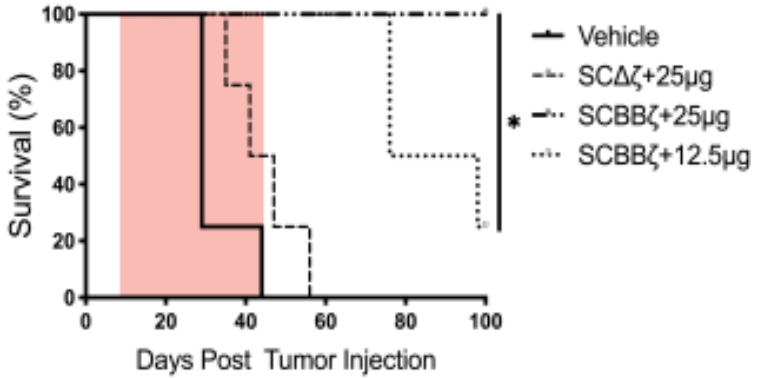


Target **multiple cancer antigens simultaneously** for thorough cancer killing

Control: Dose-dependent CAR-T activity



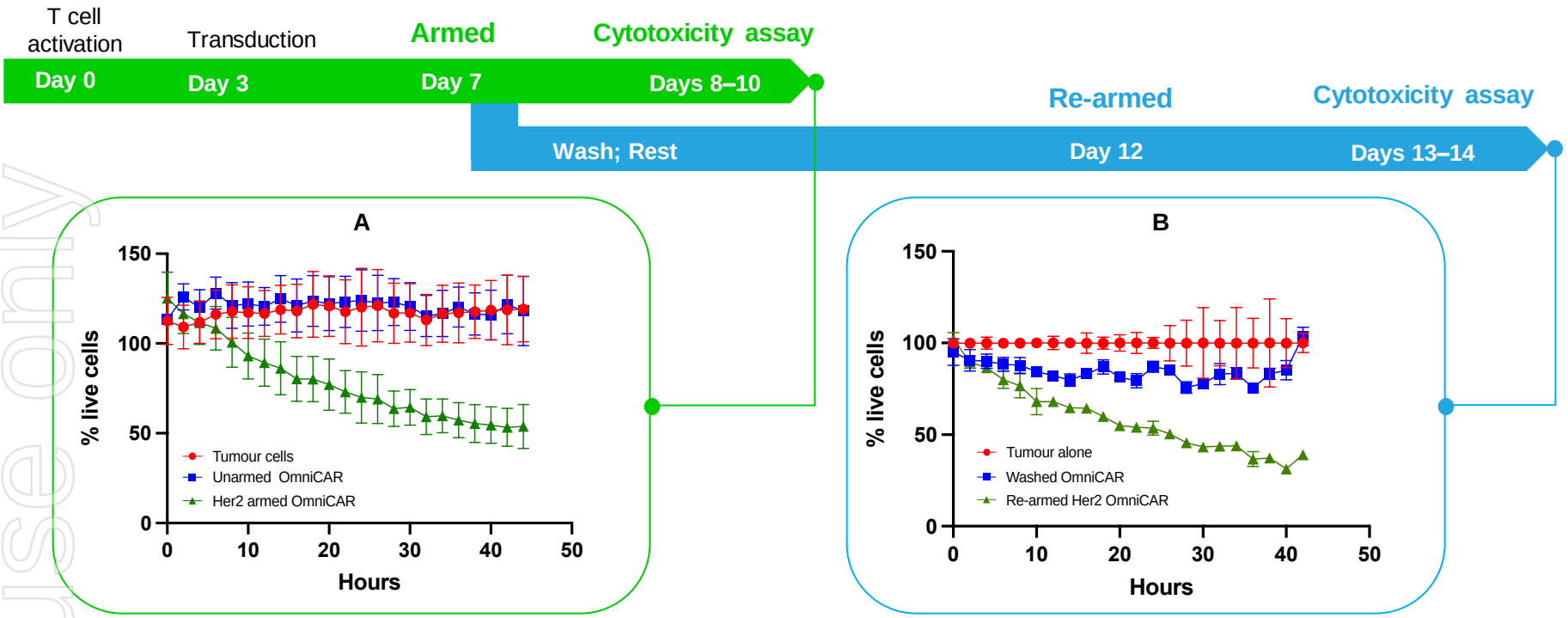
- Ovarian cancer model, using anti-HER2 OmniCAR
- Loading more binder results in **proportionate killing** of cancer…
- …and **proportionate survival**
- **Lasting effects** even when cease dosing of binder



Powell, DJ et al, JACS; 2020

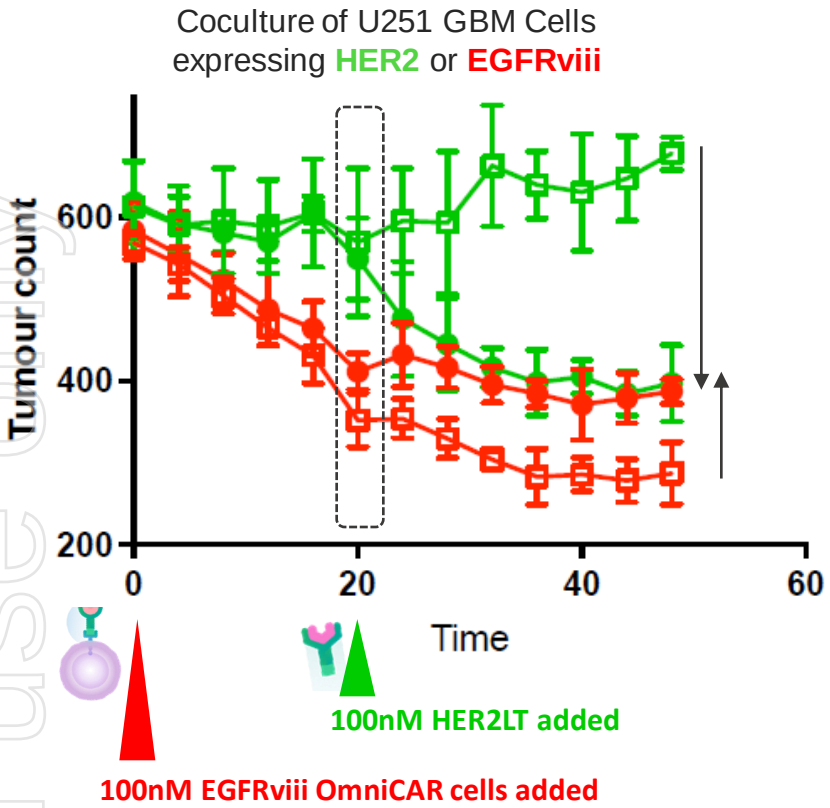
= dosing window of binder

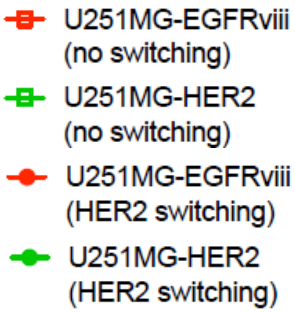
OmniCAR cells can be Re-Armed



- OmniCAR T cells can be re-armed
- Re-arming results in **same levels and kinetics of cytotoxicity** as pre-armed
- Another example of **flexible** yet **predictable** activity

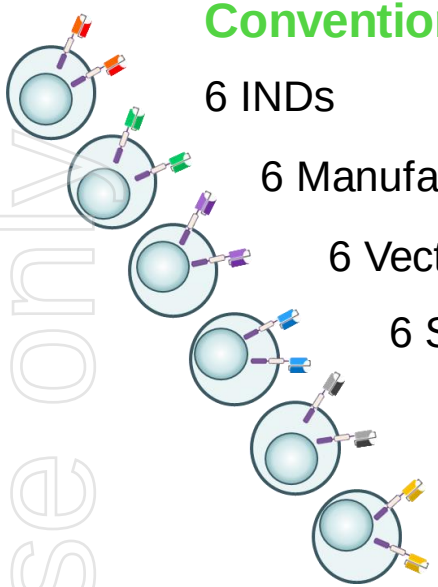
OmniCAR cells can be Redirected





- Rapid cytotoxicity to EGFRviii
- **Rapid switching and cytotoxicity** against HER2+ tumours upon administration of new binder
- OmniCAR cells can be **re-directed to different antigens** upon administration of a different SpyTagged binder **without new cells**

OmniCAR manufacturing & COGS advantages



Conventional CAR-T

6 INDs

6 Manufacturing runs

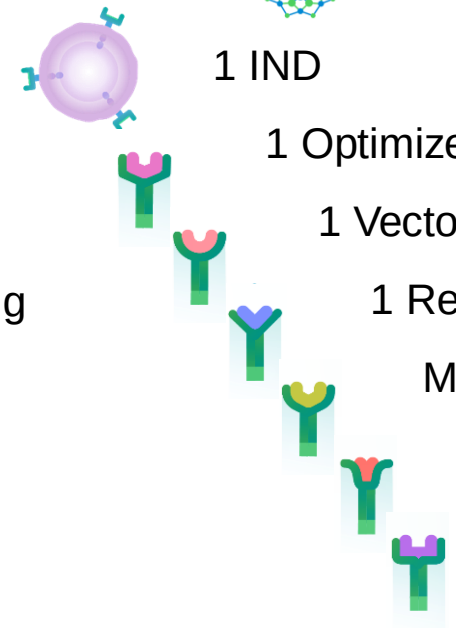
6 Vectors/Transductions

6 Sets of release testing

No Flexibility

= 6 X ($$$$)

OmniCAR



1 IND

1 Optimized Manufacture

1 Vector/Transduction

1 Release program

Multiple binders off the shelf

No time delay for subsequent doses

= (1 X $$$$) + (6 X $$)

Conclusion: OmniCAR would provide significant cost economics along with control and flexibility compared to conventional auto/allo CAR-T

Prescient Therapeutics

OmniCAR

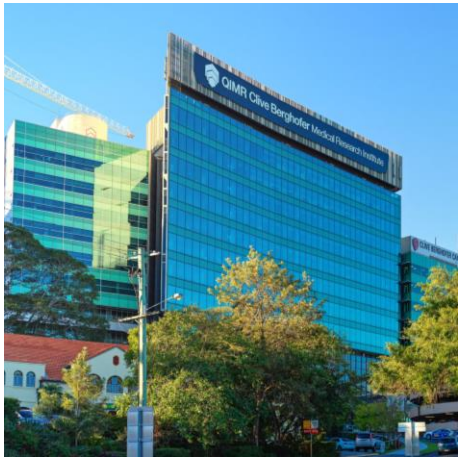
Next Gen CAR-T Programs

OmniCAR internal program summary

Targets	Indications	OmniCAR features	Comments
CD33 + CLL-1	Acute Myeloid Leukemia (AML)	• **Titration** for improved safety • **Co-arming** against CD33 & CLL-1 • **Sequential targeting**	• **Validated** targets; expressed on 90%+ of AML blasts & LSCs • **1 of 5 programs worldwide**; the only next-gen program
HER2	Ovarian; breast & gastric cancers	• **Titration** for improved safety • **Persistent binder dosing** for improved efficacy • **TME** and checkpoint enhancements	• **Most mature** next-gen HER2 CAR-T program • Builds on Penn **pre-clinical PoC**
HER2 + EGFRviii	Glioblastoma multiforme (GBM)	• **Titration** for improved safety • **Co-arming** against HER2 & EGFRviii • **Persistent binder dosing** for improved efficacy	• **1 of 3 multiple antigen programs in the world** • Single antigen targeting is inadequate in GBM

OmniCAR progressing towards clinic

- Steady progress across all programs
- OmniCAR AML likely the first program in clinical trials
- Q-Gen Cell Therapeutics appointed as cell manufacturer
  - Clinical grade cells
  - Autologous T cells expressing SpyCatcher
  - Incorporating CellPryme-M for superior phenotype



- Prescient to articulate regulatory path and clinical development details shortly

Thermo Fisher agreement for next version OmniCAR

Prescient Therapeutics

ThermoFisher SCIENTIFIC

- Global leader in scientific instrumentation & services
- US$40 billion revenue
- Expertise in cell & gene technologies and manufacturing

Research agreement (MTA) to extend OmniCAR platform:

- Non-viral methods of transduction
  - Greater transduction efficiency
  - Faster
  - Lower COGS
- Automated, closed-end manufacturing
  - Scalable & reproducible
- Gene edits for additional enhancements
- **Thermo Fisher carrying entire cost (substantial but undisclosed)**

Aims & Outcomes for OmniCAR

Further future-proofing OmniCAR platform

- V2 OmniCAR cells that:
  - Can be made in an **automated** process
  - Unmatched **reproducibility**
  - **Faster** production time
  - Substantially **lower COGS**
- Gene-edited OmniCAR cells with **functional enhancements**
- Seek to incorporate into Prescient's current OmniCAR programs

Positioning OmniCAR for technical & commercial success

- Manufacturing can be easily tech transferred to 3rd parties
- Amenable to decentralised manufacturing
- Ideal for multi-centre treatments:
  - During development
  - Commercial roll-out

Additional potential benefits of the Thermo Fisher agreement

- Early access to Thermo Fisher's new, state-of-the-art technologies
- Protocol and process optimization from Thermo Fisher's technical experts
- Regulatory support to enable Prescient's regulatory filings
- Ongoing support from Thermo Fisher as OmniCAR programs grow and advance

Prescient Therapeutics

CellPryme

Cell therapy enhancements

CellPryme: Prescient's newest family member

Prescient Therapeutics

PROCESS TO ENHANCE CELL THERAPIES

- Current gen and next gen
- Complementary to OmniCAR

2 SYNERGISTIC COMPONENTS

- CellPryme-M
- CellPryme-A (coming soon)

CellPryme-M

- Produces superior cells
- Use with any existing CAR-T manufacturing process

READY FOR CLINICAL TESTING

CellPryme-M IP FULLY OWNED BY PTX

Developed by PTX in collaboration with Peter Mac

What does CellPryme-M do?

CellPryme-M is a single, rapid manufacturing step that produces a better, more effective cell type:

LONGER LASTING CELLS FOR SUSTAINED TUMOUR KILLING

- 50% more memory T cells
- Doubles helper T cells
- Doubles tumour control

CELLS THAT CAN BETTER LOCATE THE TUMOUR

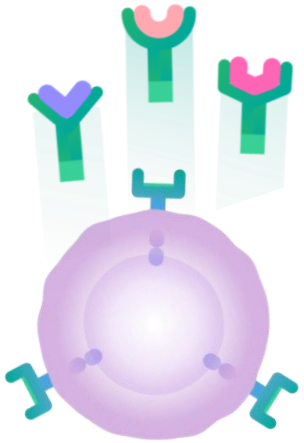
- Significantly more chemokine receptors for improved trafficking to tumour sites
- Important in solid tumours

CellPryme-M complements OmniCAR

Prescient Therapeutics

OmniCAR

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

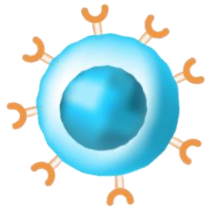


Next generation
Cell therapies

CellPryme-M

Process that produces a better cell type

- Persistence
- Trafficking



Current generation
cell therapies

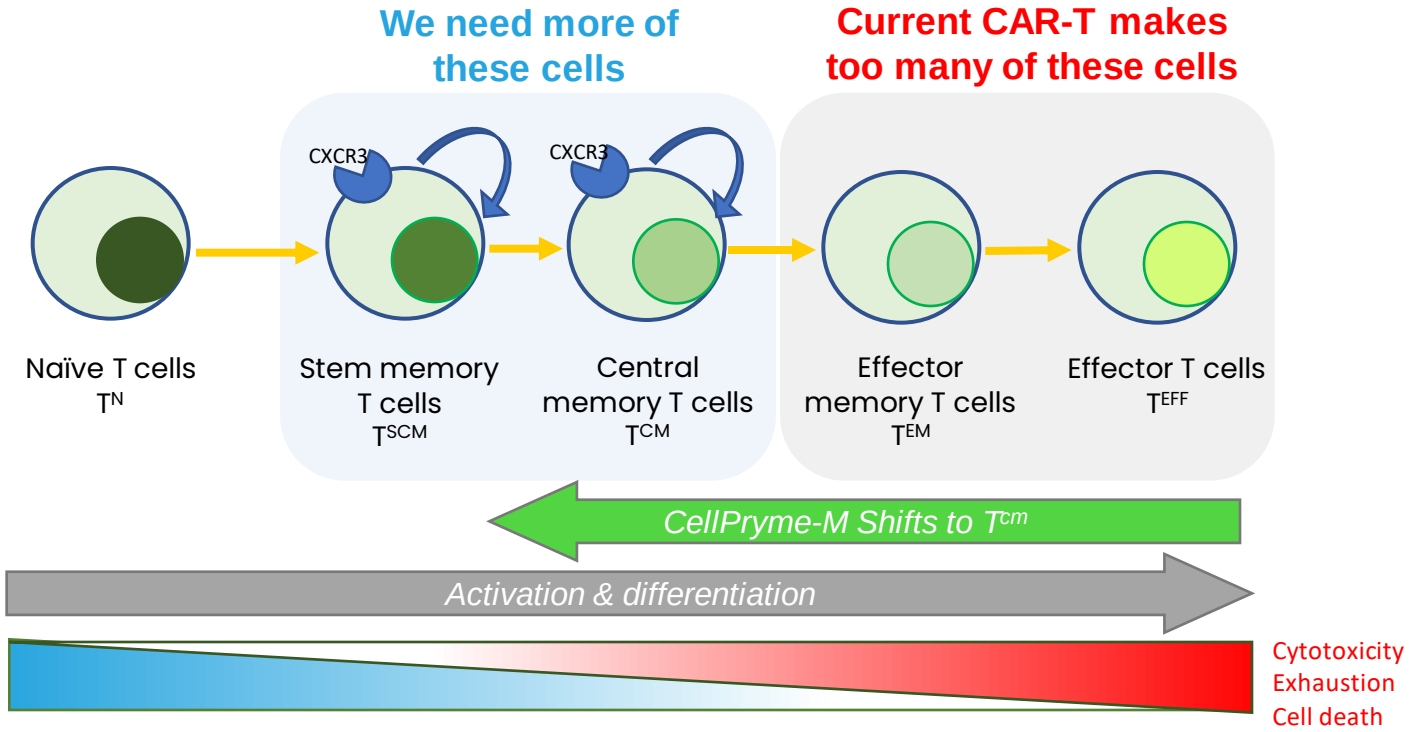
Complementary platforms to address CAR-T challenges

Prescient Therapeutics

	Challenge	OmniCAR	CellPryme-M
Safety / Control	No control post infusion	✓	-
Targeting	Difficulties with targeting, antigen heterogeneity	✓	-
Escape	Difficulties with mutating antigens	✓	-
Production efficiency	Cost prohibitive & slow	✓	Superior cells & yield
Exhaustion	Cells run out of steam	✓	Longer lasting
Trafficking	Cells cannot find their way	✓	Cells locate tumors
Tumor penetrance	Protective layer around tumor	✓	Better penetrance
Tumor microenvironment	Suppresses immune cells	✓	Less prone to suppression

More memory cells required for clinical efficacy

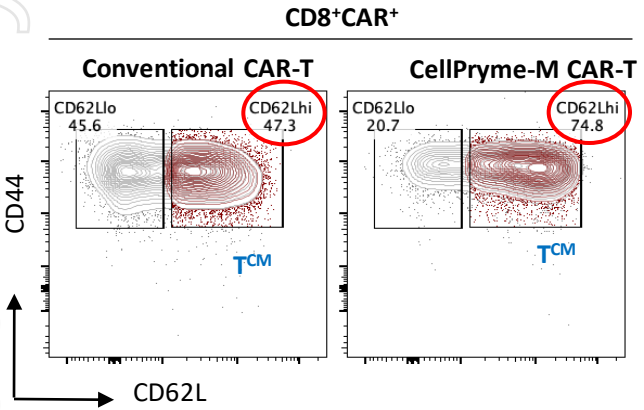
- Clinical efficacy of CAR-T therapy remains dependent on the T cell phenotype
- It is possible to control this during the manufacturing step

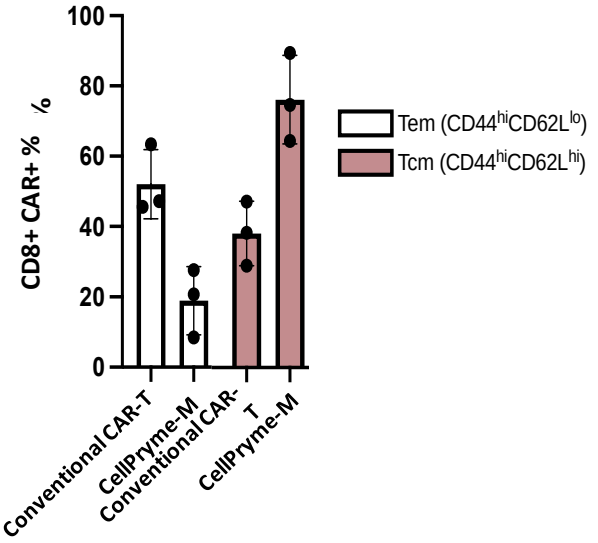


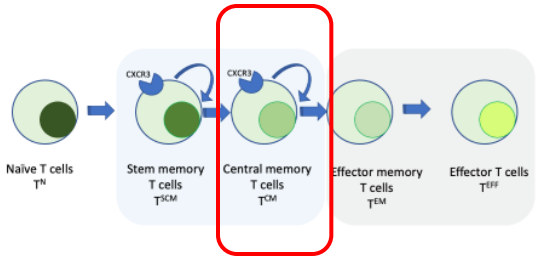
Greater Persistence: 50% more central memory cells than conventional CAR-T

Prescient Therapeutics

CellPryme-M increases central memory T cells 1.5-fold within 24hrs

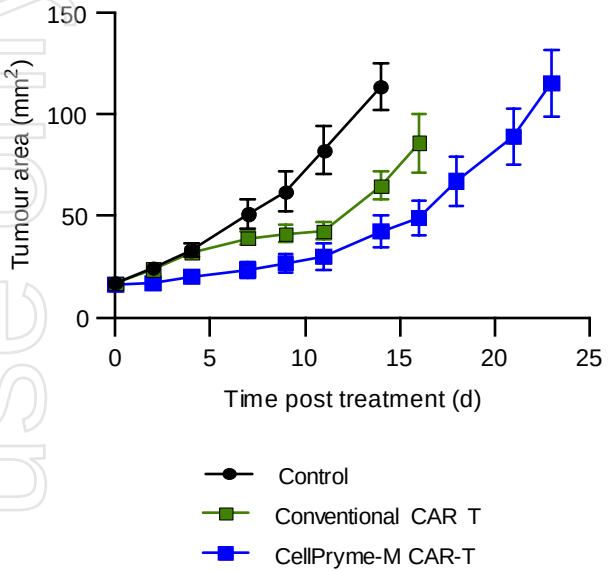




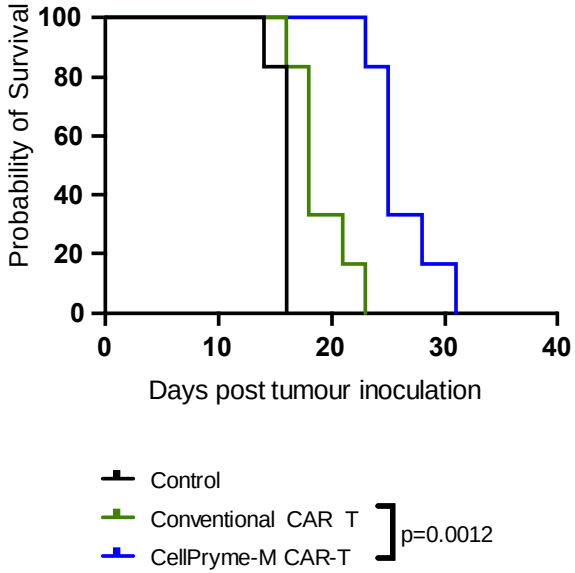


CellPryme-M doubles tumour control and survival

CellPryme-M nearly doubles CAR-T tumour control

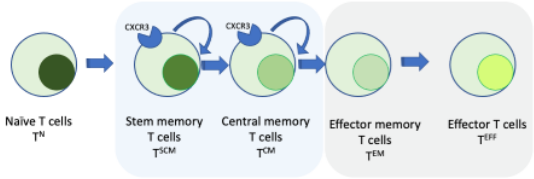


CellPryme-M doubles survival



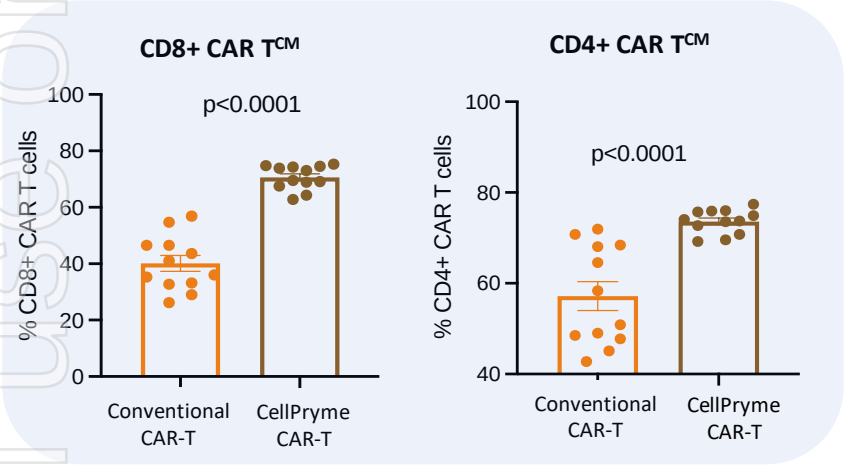
Her2+ E0771 breast tumour cells orthotopically transplanted into the mammary fat pad of syngeneic (immunocompetent) humanised Her2-C57Bl6 mice

Greater Persistence/Less Exhaustion



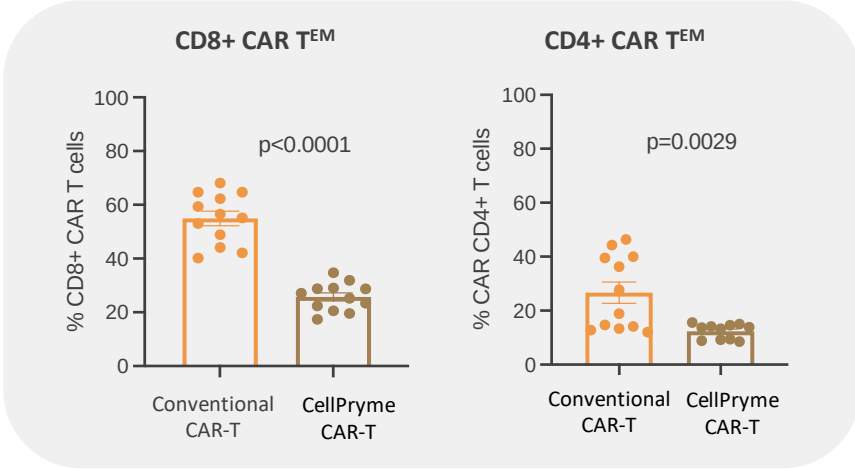
Sustained increase in T^{CM}

for both cytotoxic CD8+ and helper CD4+

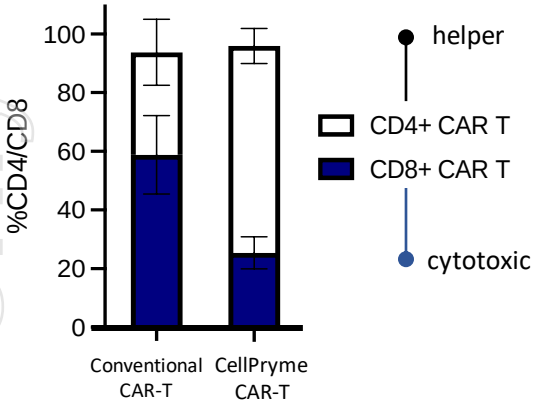


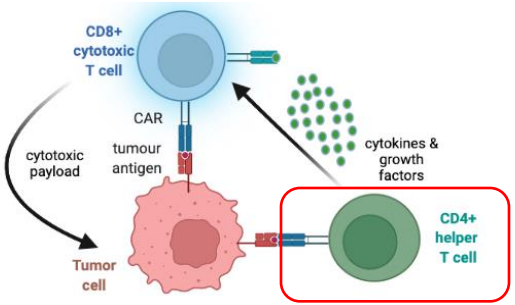
Sustained decrease in T^{EM}

for both cytotoxic CD8+ and helper CD4+



Synergy: CellPryme-M doubles proportion of helper T cells



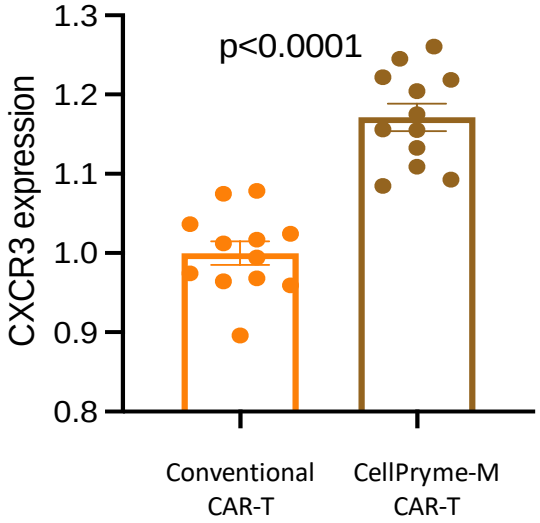


- Shift towards dominant helper CD4+ CAR T cells
- Helper T cells are known to prevent the exhaustion of cytotoxic CD8+ T cells
  - Some can also have tumour killing ability
- Helper & cytotoxic T cells work in synergy to increase CAR-T persistence

Trafficking: greater chemokine receptor expression

- Effector T cells can downregulate chemokine receptors (CXCR3), limiting the ability of conventional CAR-T cells to locate tumours
- CellPryme-M significantly increases CXCR3 expression on CAR-T cells
- Better trafficking to tumour site
- Better tumour penetrance

Chemokine receptor expression on CD8+ cytotoxic CAR-T cells



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

Persistence
For longevity of effects and continued tumour control

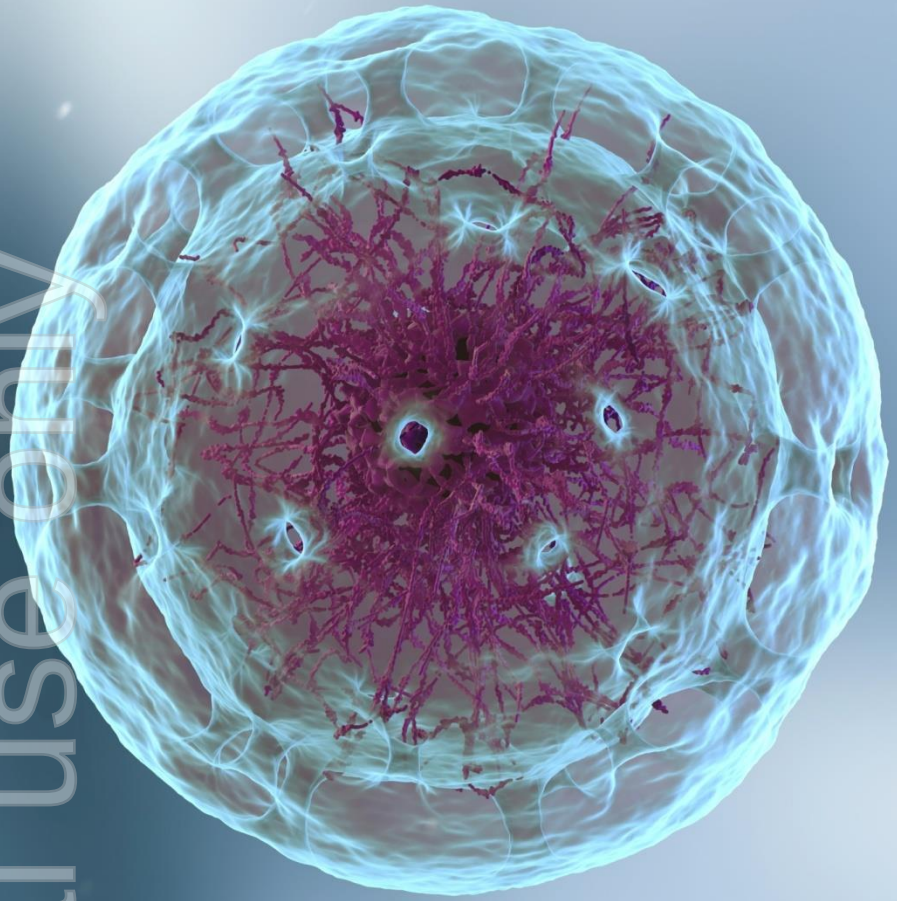
Immune memory
Central memory T cells typically persist 10-20 years and as long as 75 years

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

Tumour penetrance
Cells that can penetrate solid tumours

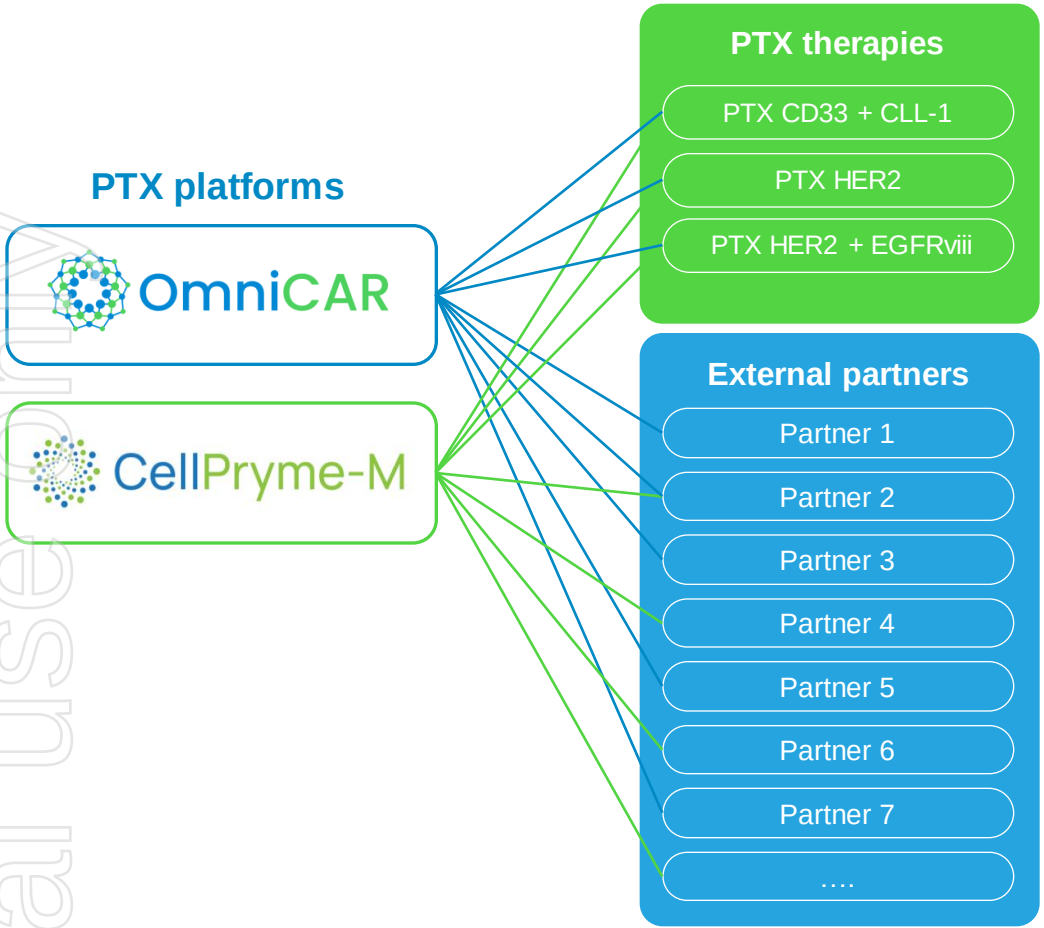
Genomic stability
Cells with enhanced self-renewal due to greater genomic stability

Anti-viral
Cells with potent anti-viral characteristics



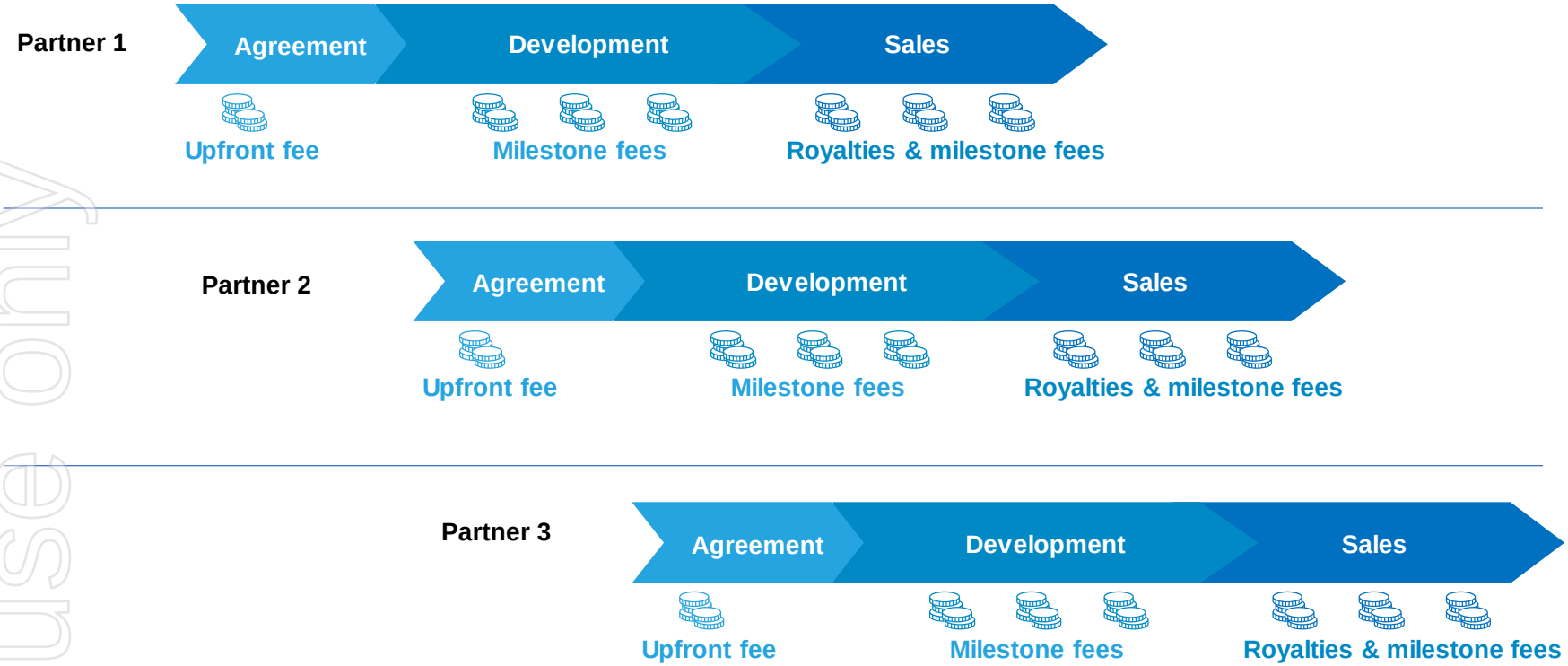
BUSINESS MODEL & SCOPE

Prescient's CAR-T platform business model



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

Commercial models - Partners



OmniCAR Platform business model

Prescient Therapeutics

NEXT GENERATION PRODUCTS IN-HOUSE

- OmniCAR CD33/CLL1 for **AML**
- OmniCAR Her2 For **Solid Tumours**
- OmniCAR Her2/EGFRviii for **GBM**

OmniCAR

COLLABORATE & LICENSE TO 3RD PARTIES

- Partners for **TARGETS & BINDERS**
- Partners for **CELL TYPES**
- Partners for **SPECIFIC CONSTRUCTS**

CellPryme-M Next steps and future applications

IN-HOUSE DEVELOPMENT

- PTX will be its own first customer
- Incorporate into internal OmniCAR programs
- Trade secret manufacturing process

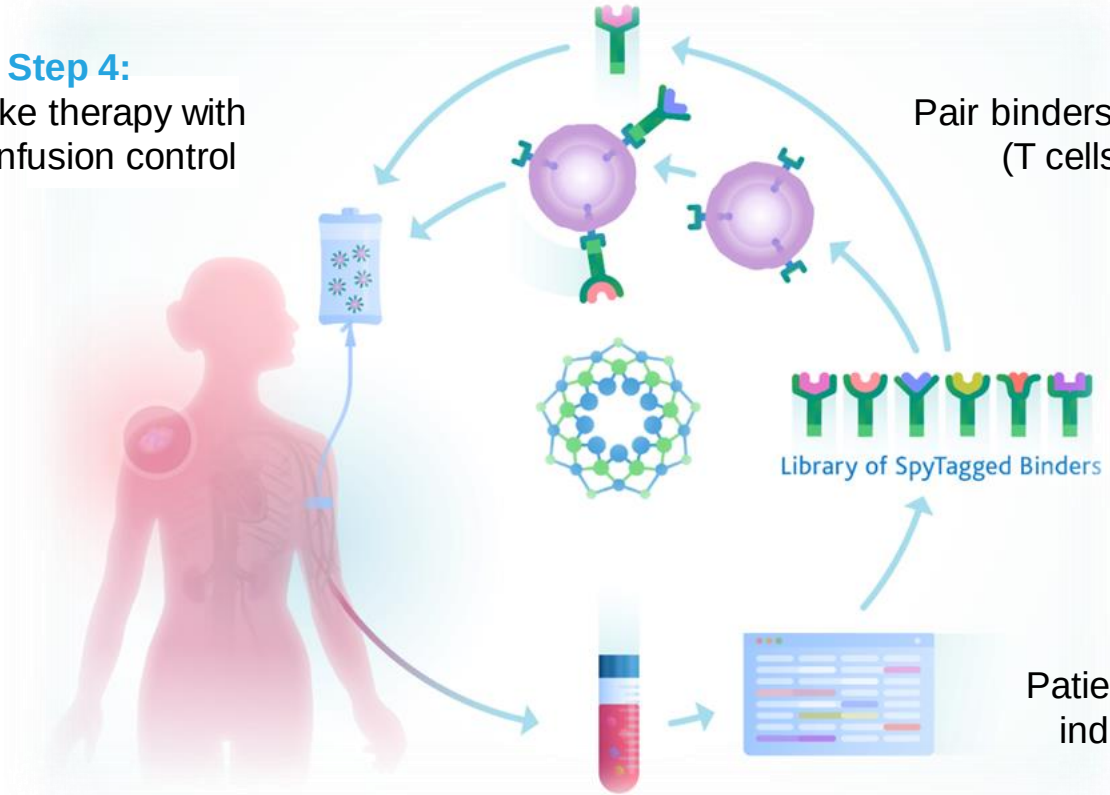
EXTERNAL OPPORTUNITIES

- Incorporate into 3rd party programs
- Attractive option for improving existing suboptimal CAR T products
- **Haematological malignancies**
  → to improve persistence
- **Solid tumours**
  → to improve trafficking and persistence
- Revenue potential for PTX

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)



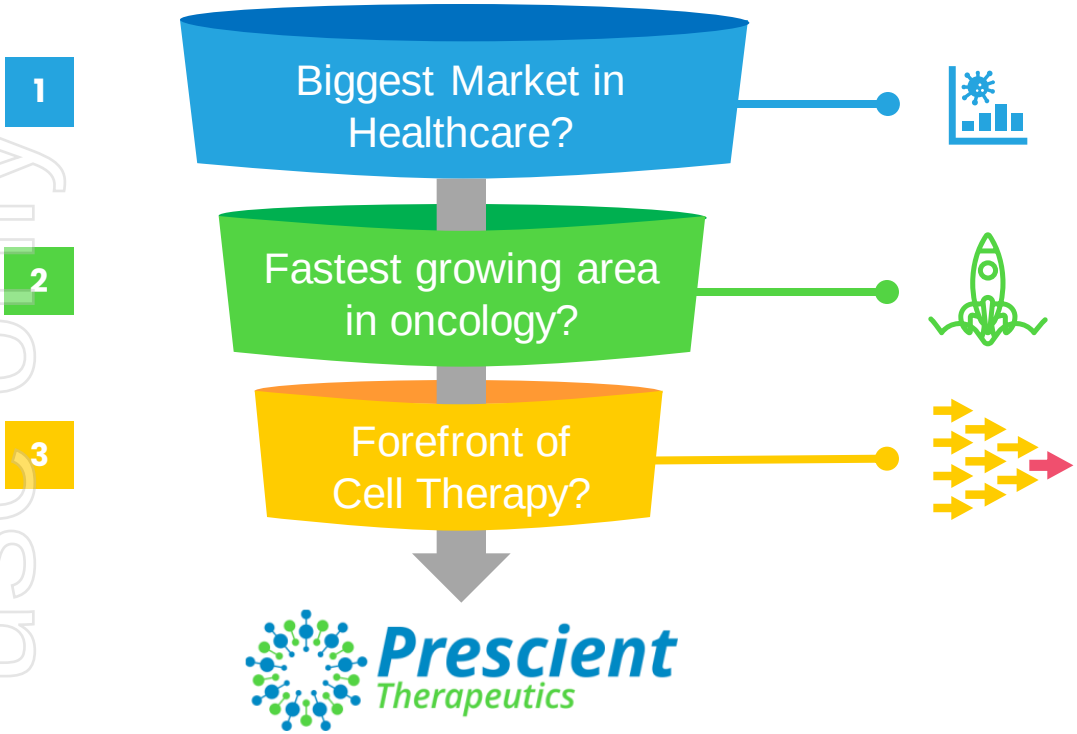
Step 2:
Match patient's antigens to corresponding binders

Step 1:
Patient sample to determine individual antigen profile

Prescient Therapeutics

Summary

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

*Precedence Research 2021
^GlobalData

Investment Thesis Summary

Prescient Therapeutics

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