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Prescient
Therapeutics

IN FRONT OF THE BIGGEST WAVE IN ONCOLOGY

August 2022

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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 Capitalisation¹ | A\$141 M (US\$99 M) |
| Market Cap fully diluted¹ | A\$162 M (US\$114 M) |
| Cash Position² | A\$14.7M (US\$11M) |
| Top 20 Own | 16% |



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

Investment Highlights



World class pedigree.

We license from the best;
and work with the best

Yale



UNIVERSITY OF
OXFORD



Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia



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

Cell therapy platforms



Next-gen CAR-T therapies

CD33/CLL-1
Acute Myeloid
Leukaemia

Her2/EGFRviii
Glioblastoma
Multiforme

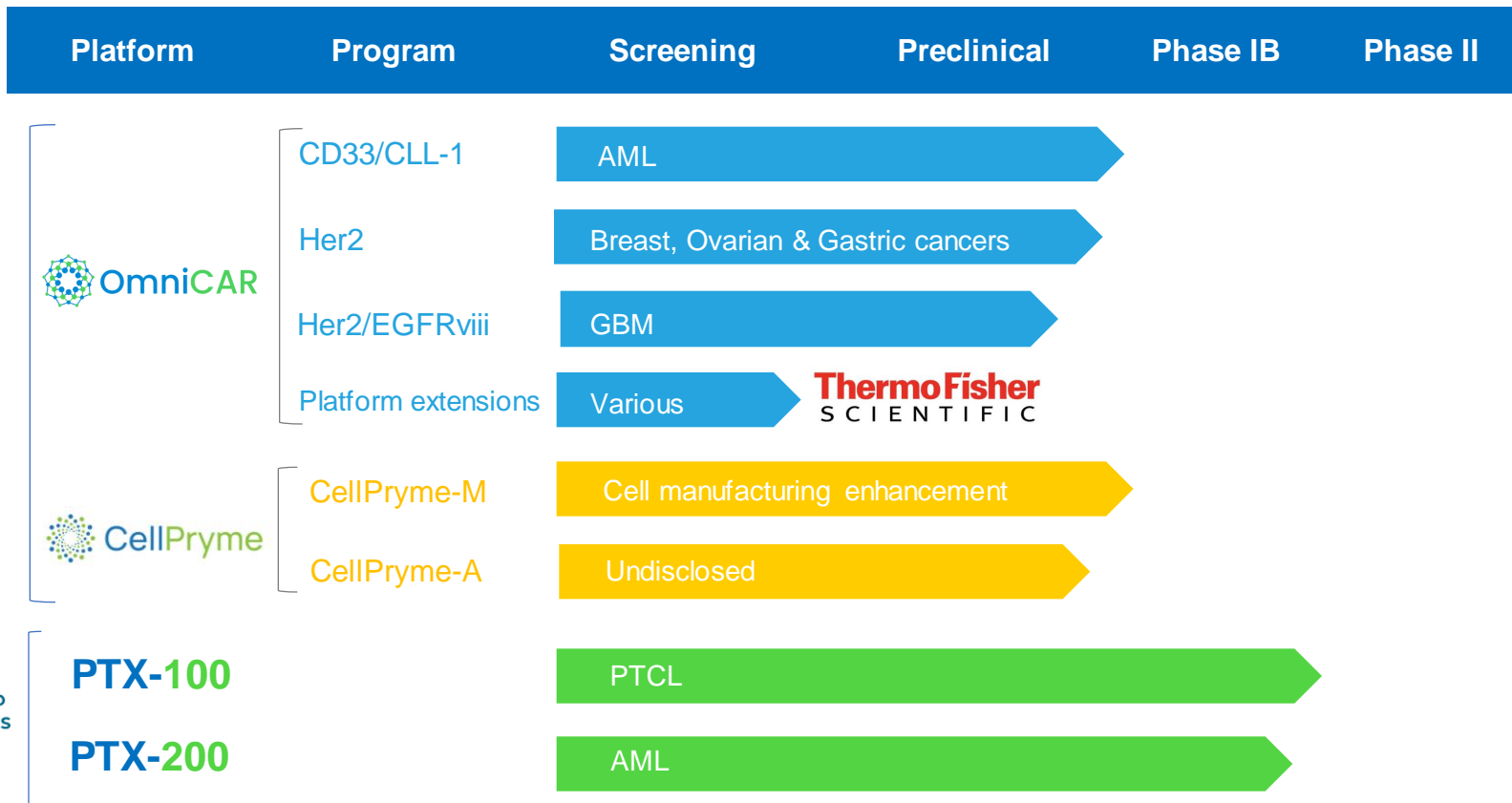
Her2
Breast, Ovarian &
Gastric cancers

Targeted therapies

PTX-100
Ras / Rho
inhibitor

PTX-200
Novel AKT
inhibition

Innovative pipeline in personalised medicine

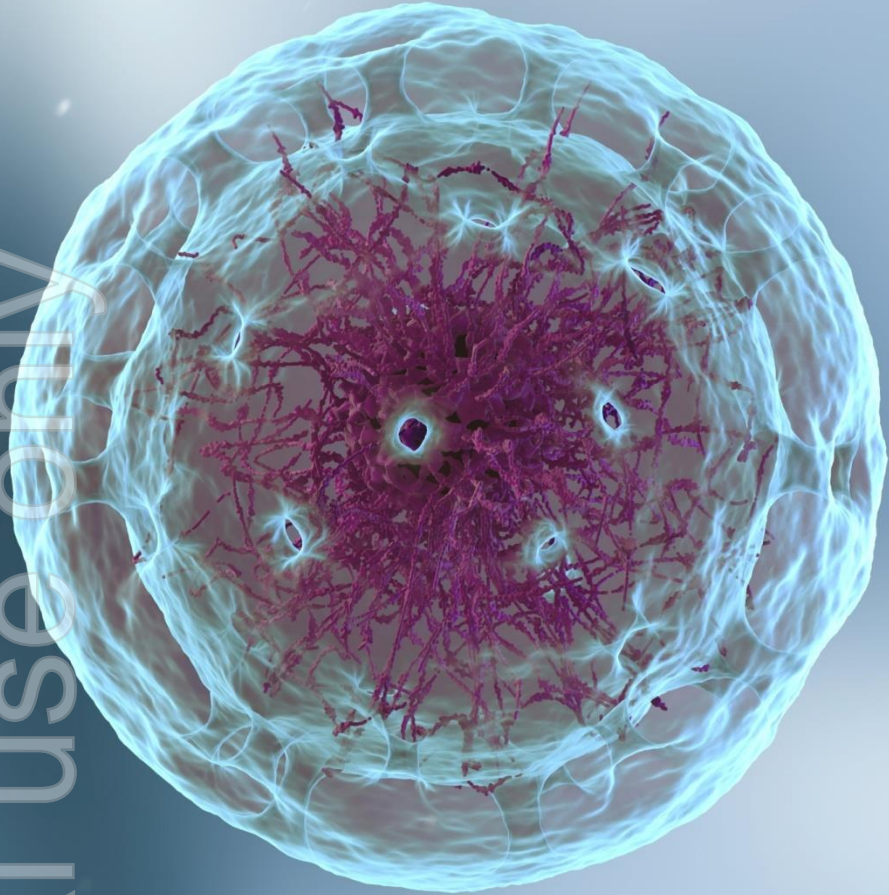


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CAR - T

TARGETED THERAPIES



TARGETED THERAPIES

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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

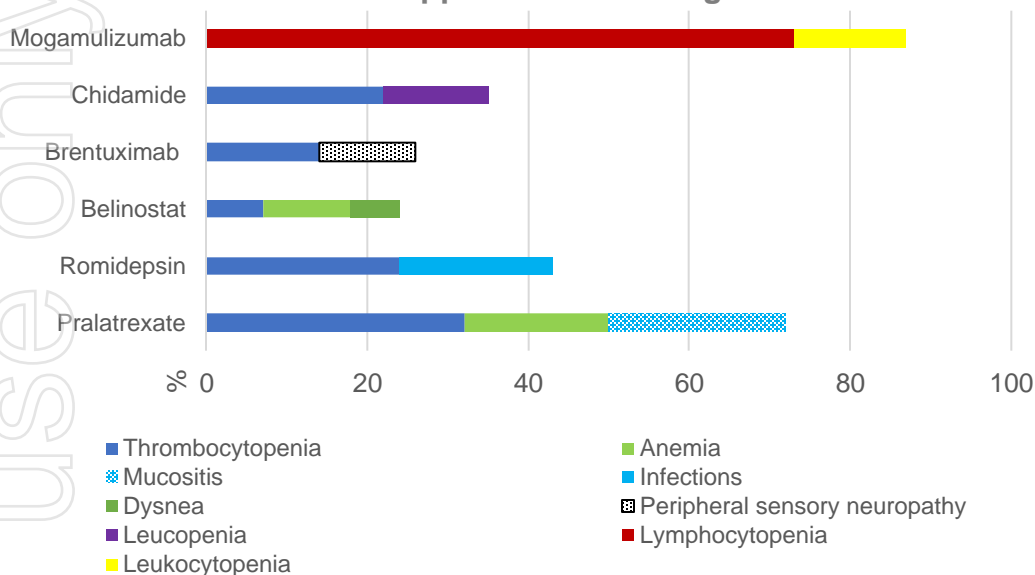


Epworth

Favourable safety profile compared to peers

Approved PTCL drugs have troublesome safety profiles

% Serious Adverse Events (≥Grade 3)
for Approved PTCL Drugs



PTX-100 HAS AN EXCELLENT SAFETY PROFILE

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

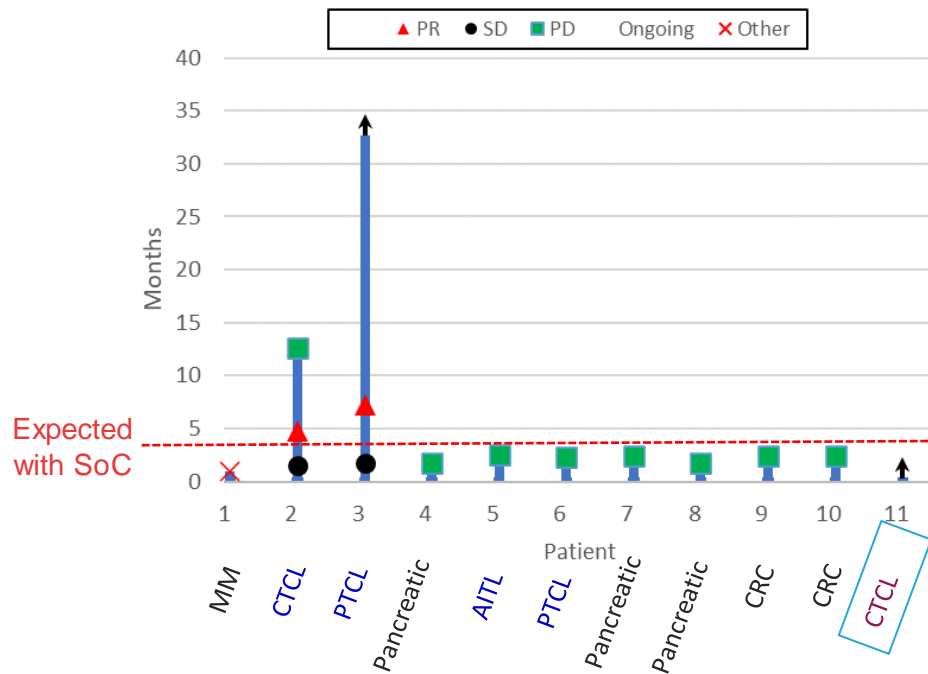
Encouraging activity in TCL

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 (Foloty[®])
- Approved for PTCL
 - 5,600 cases/year in US
- US\$450,540 per patient, per year

FOLOTYN
(pralatrexate injection) 



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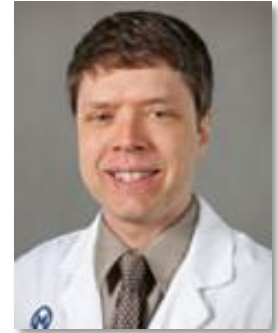
PTX-200

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/m² as continuous infusion
 - 4 patients with CR/CRi so far
 - 1 patient with PR
- Currently treating expansion cohort at 45 mg/m²
- Granted Orphan Drug Designation by US FDA

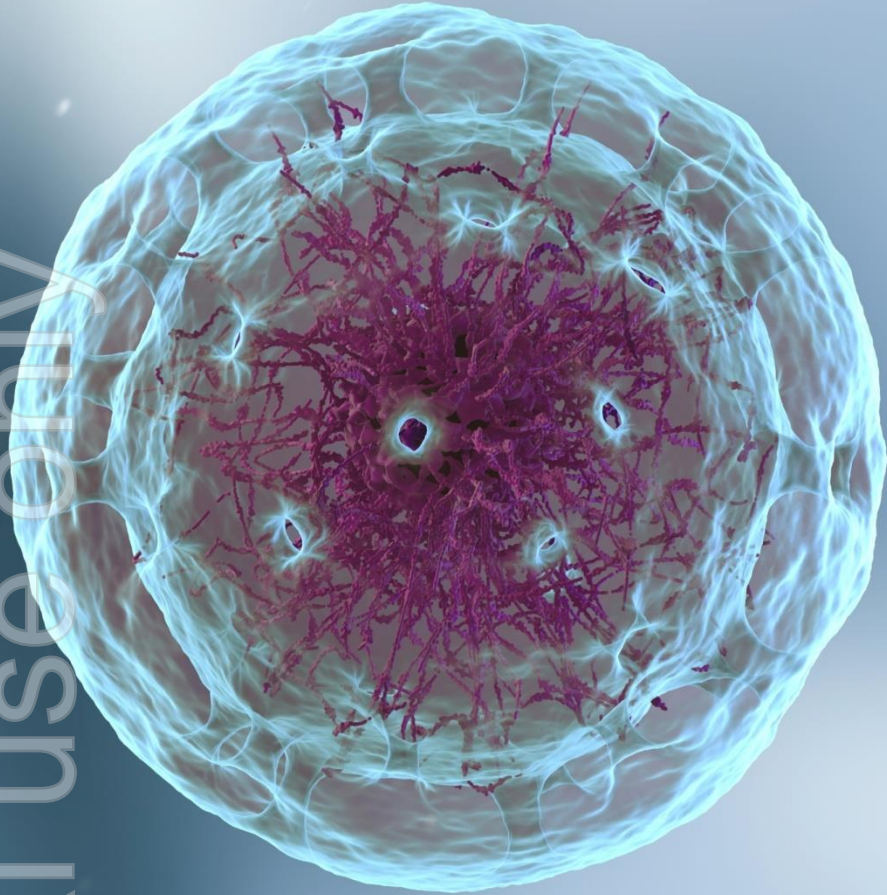
Principal Investigator



Jeffrey E Lancet, M.D.

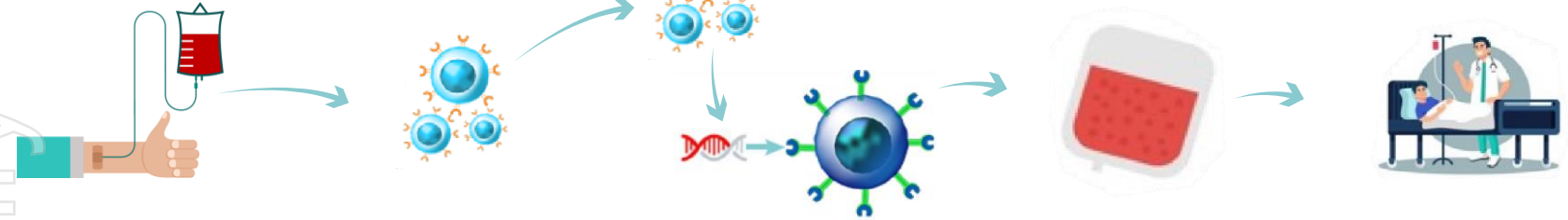


CR: COMPLETE REMISSION
CRi: COMPLETE RESPONSE WITH INCOMPLETE HEMATOLOGIC RECOVERY
PR: PARTIAL RESPONSE



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



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

the pharma letter

Janssen gains EC green light for
CAR-T therapy Carvykti



98%
Overall
response rate

CAR-T is booming

Immune cells shown to protect mice from cancer, origin of T cells discovered

1960

1990

T cell engineering begins; first-generation CARs developed; Antigen-specific T cells used in humans

2000

First effective CAR-T cells developed, CD19 successfully targeted

2012

CAR-T licensed from Penn by Novartis to develop Kymriah®

2017

FDA designates CARs a "break-through" therapy

2014

First CARs cross the regulatory finish line

2023

GlobalData forecasts Kymriah® sales to exceed US\$1bn

2028

GlobalData forecasts CAR-T sales to exceed US\$37bn

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



original use only

- 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






Safety / Control

No control post infusion



-



Targeting

Difficulties with targeting, antigen heterogeneity



-

Safe



Escape

Difficulties with mutating antigens



-

Effective



Production efficiency

Cost prohibitive & slow



-

Sustainable



Exhaustion

Cells run out of steam



Affordable



Trafficking

Cells cannot find their way



Enduring



Tumor penetrance

Protective layer around tumor



Tumor microenvironment

Suppresses immune cells

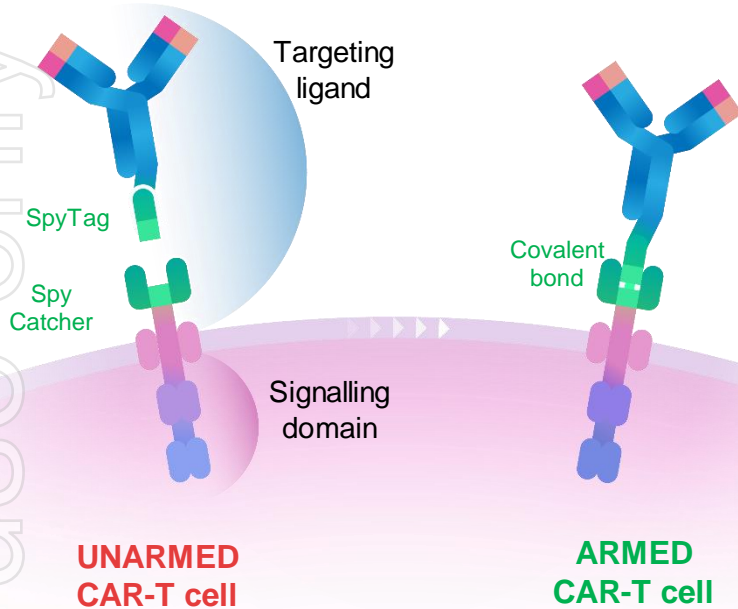




OmniCAR

Universal, Next Gen
CAR-T Platform

OmniCAR: flexible, modular CAR platform



Associate Professor
Daniel J. Powell, Jr



Professor
Andrew Tsourkas











UNIVERSITY OF
OXFORD

mal use only

T-cell



Complementary platforms to address CAR-T challenges

| | 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

Conventional CAR-T



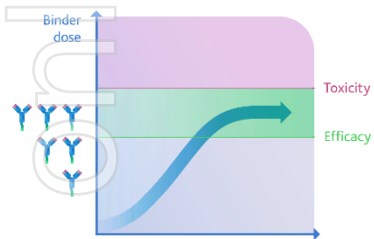
- Soldier with only one map
- Single weapon
- Only trained to hit one target
- Incapable of redirection
- No communication or control in the field



OmniCAR: Control Features

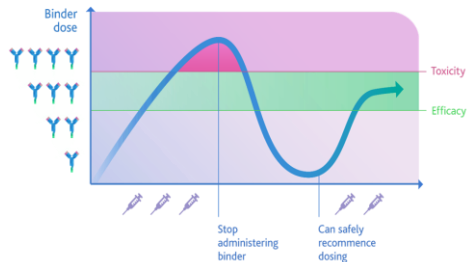
Modular and covalent architecture of OmniCAR enables true **post-infusion control** of CAR functionality

Dose Titration



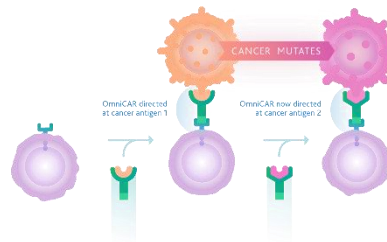
Control activity to **safe and efficacious** levels

On/off switch



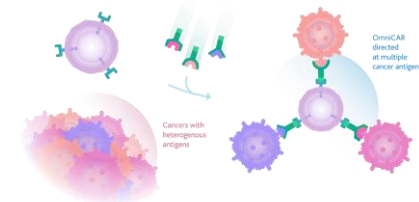
Turn therapy on/off/on without killing or re-administering cells = **safety & persistence**

Target Re-direction



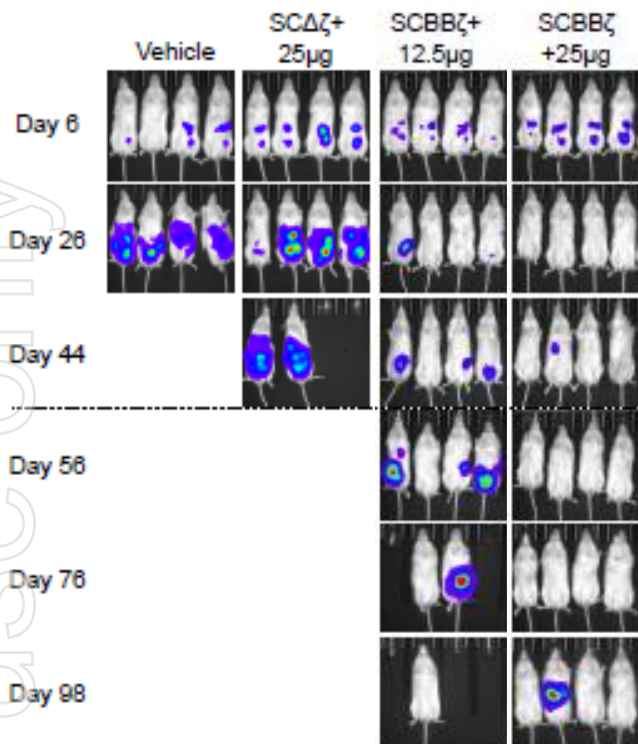
Re-direct cells from one cancer target to another in vivo

Multi-Antigen Targeting

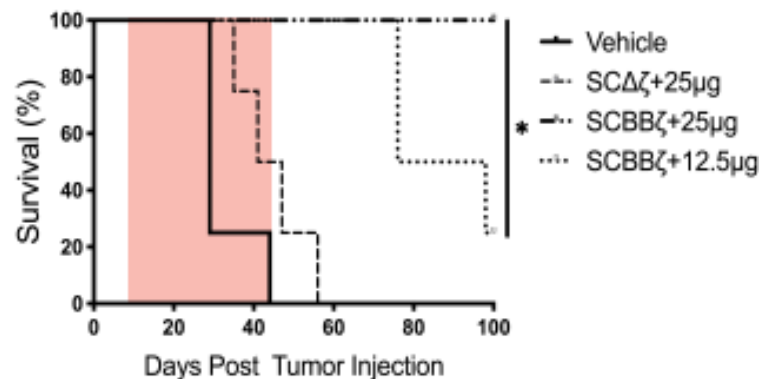


Target **multiple cancer antigens simultaneously** for thorough cancer killing

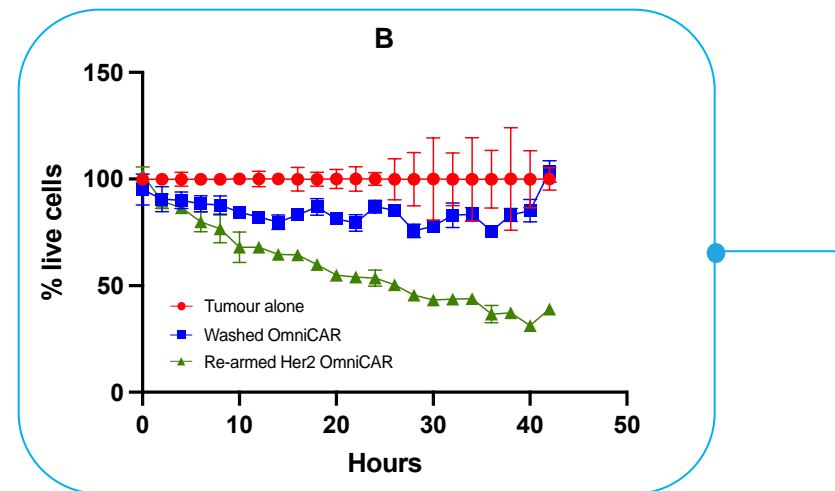
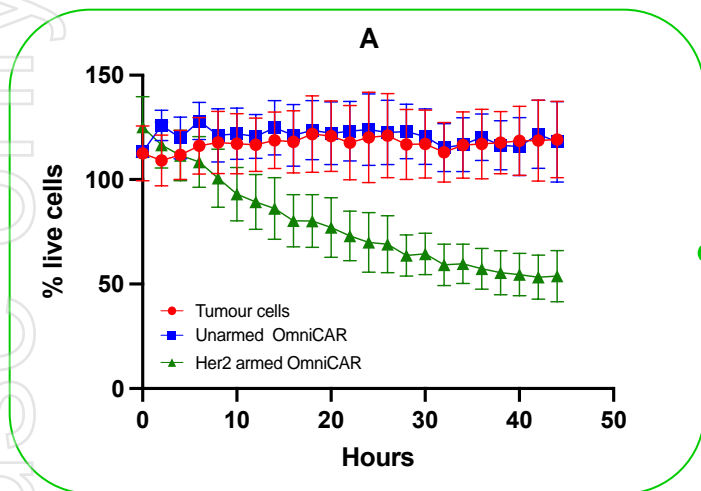
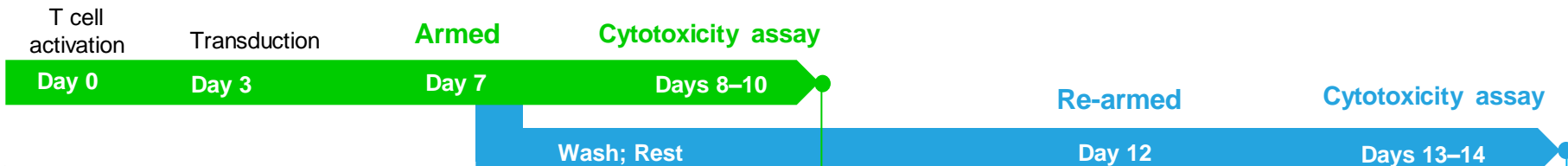
Control: Dose-dependent CAR-T activity



- 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



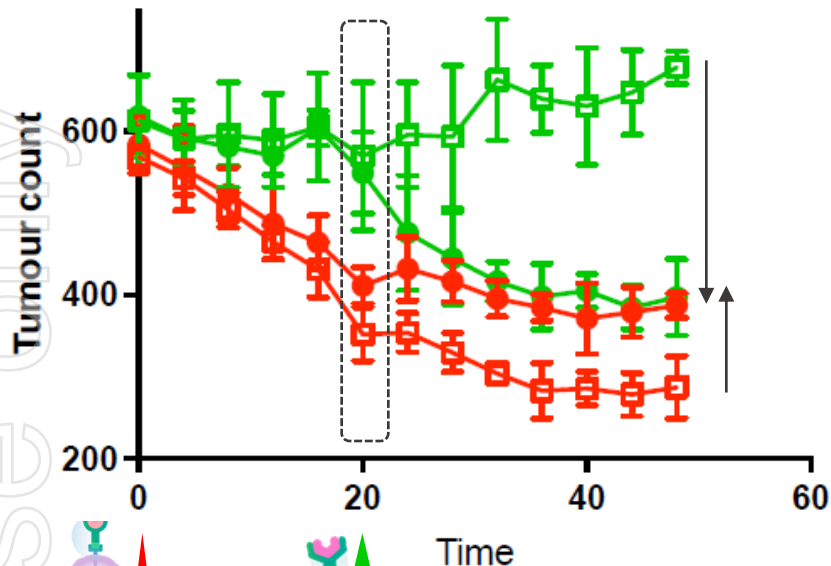
OmniCAR cells can be Re-Armed



- 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

Coculture of U251 GBM Cells
expressing **HER2** or **EGFRviii**



- U251MG-EGFRviii (no switching)
- U251MG-HER2 (no switching)
- U251MG-EGFRviii (HER2 switching)
- U251MG-HER2 (HER2 switching)

- 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

Internal use only



OmniCAR

Next Gen CAR-T Programs

OmniCAR internal program summary

| Targets | Indications | OmniCAR features | Comments |
|------------------------|-----------------------------------|---|---|
| CD33 + CLL-1 | Acute Myeloid Leukemia (AML) | <ul style="list-style-type: none"> • Titration for improved safety • Co-arming against CD33 & CLL-1 • Sequential targeting | <ul style="list-style-type: none"> • Validated targets; expressed on 90%+ of AML blasts & LSCs • 1 of 5 programs worldwide; the only next-gen program |
| HER2 | Ovarian; breast & gastric cancers | <ul style="list-style-type: none"> • Titration for improved safety • Persistent binder dosing for improved efficacy • TME and checkpoint enhancements | <ul style="list-style-type: none"> • Most mature next-gen HER2 CAR-T program • Builds on Penn pre-clinical PoC |
| HER2 + EGFRviii | Glioblastoma multiforme (GBM) | <ul style="list-style-type: none"> • Titration for improved safety • Co-arming against HER2 & EGFRviii • Persistent binder dosing for improved efficacy | <ul style="list-style-type: none"> • 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

ThermoFisher S C I E N T I F I C

- 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)**

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

Internal use only



CellPryme

Cell therapy enhancements

CellPryme: Prescient's newest family member



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

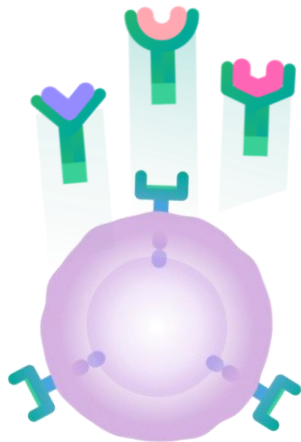
CELLS THAT CAN BETTER LOCATE THE TUMOUR

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

CellPryme-M complements OmniCAR



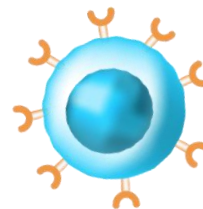
- Multi-targeting
- Redirection
- Control & safety
- Any target; any cell



Next generation
Cell therapies











- Process that produces a better cell type
- Persistence
 - Trafficking



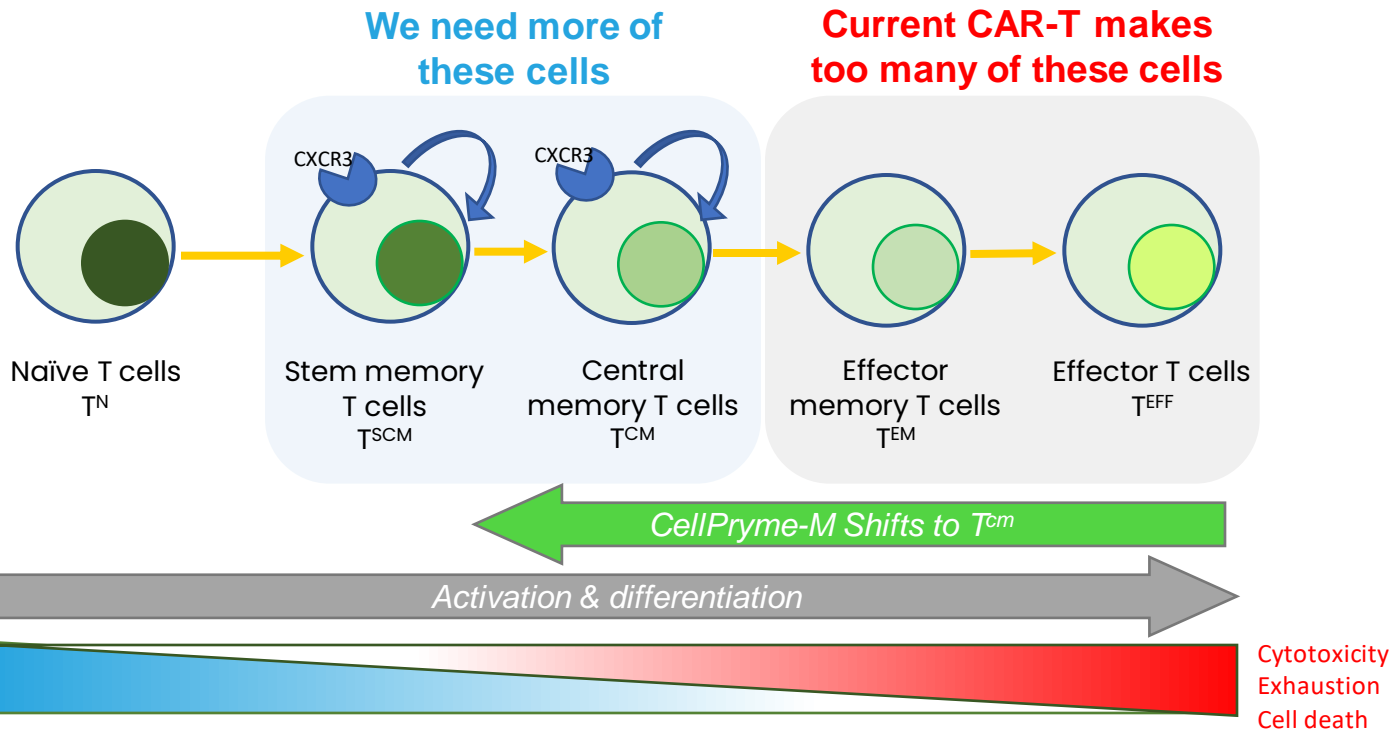
Current generation
cell therapies

Complementary platforms to address CAR-T challenges

| | 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 |

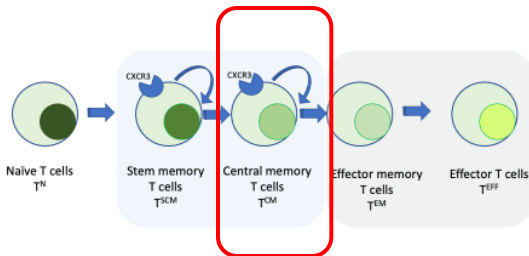
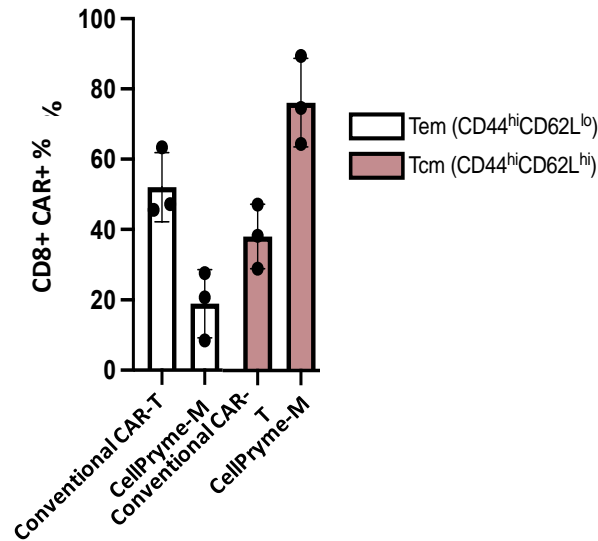
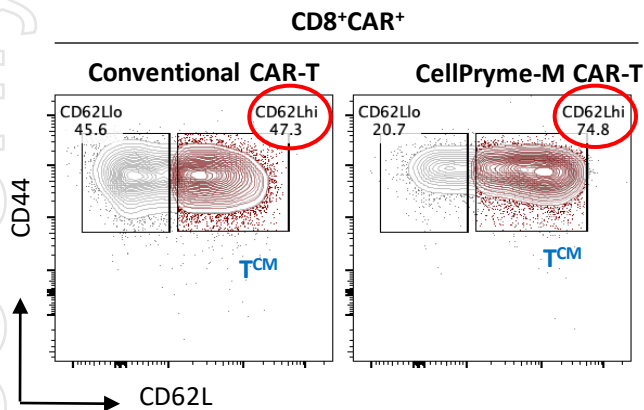
More memory cells required for clinical efficacy

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



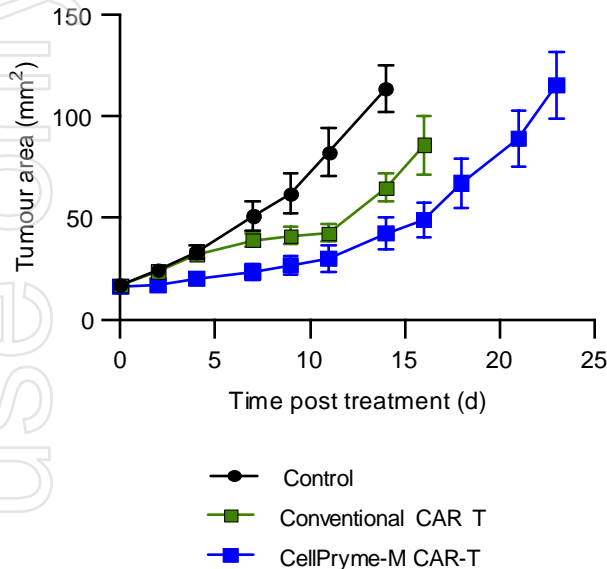
Greater Persistence: 50% more central memory cells than conventional CAR-T

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

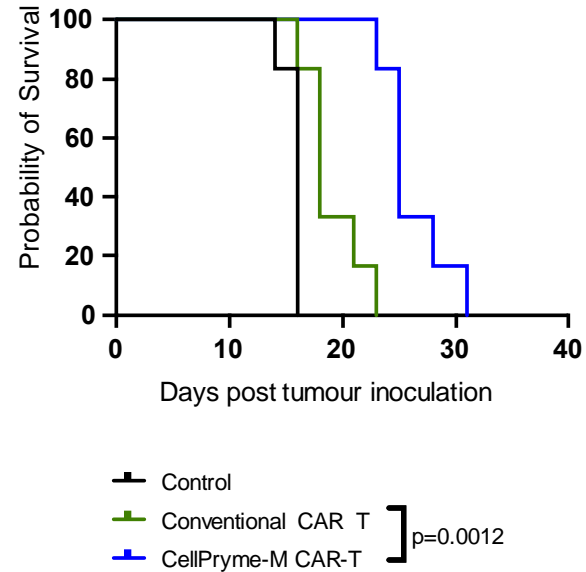


CellPryme-M doubles tumour control and survival

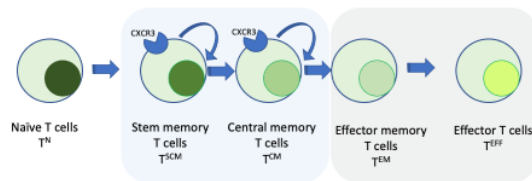
CellPryme-M nearly doubles CAR-T tumour control



CellPryme-M doubles survival



Greater Persistence/Less Exhaustion

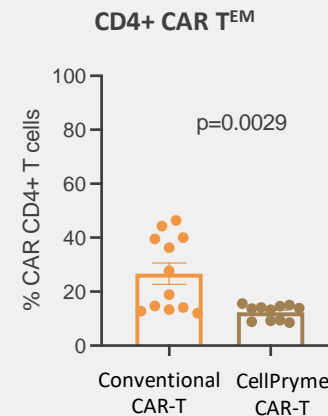
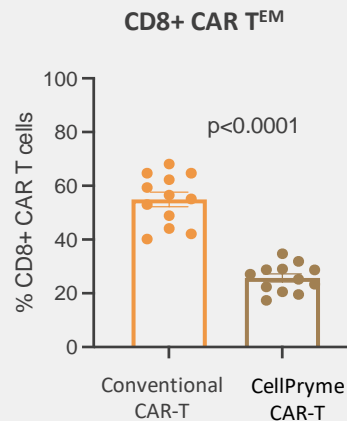
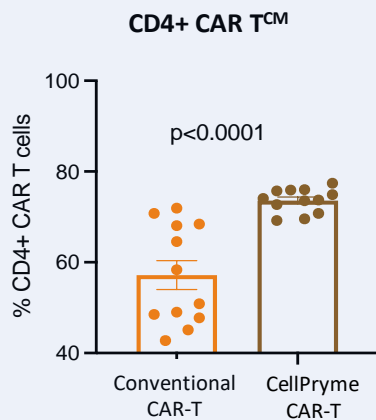
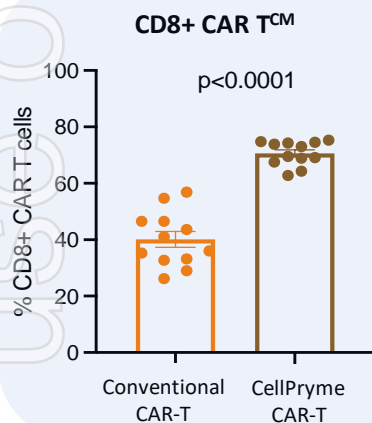


Sustained increase in T^{CM}

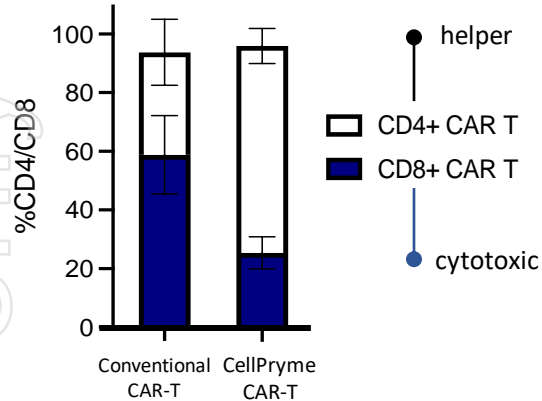
for both cytotoxic CD8+ and helper CD4+

Sustained decrease in T^{EM}

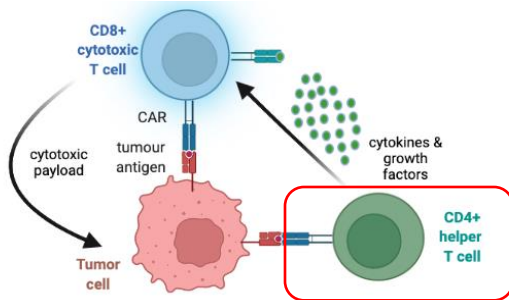
for both cytotoxic CD8+ and helper CD4+



Synergy: CellPryme-M doubles proportion of helper T cells



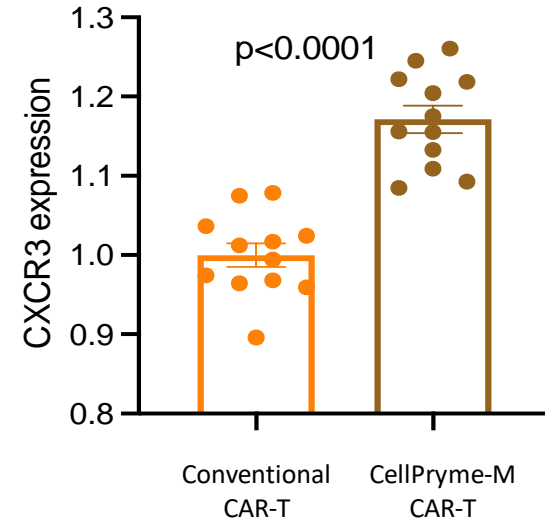
- Shift towards dominant helper CD4+ CAR T cells
- Helper T cells are known to prevent the exhaustion of cytotoxic CD8+ T cells
 - Some can also have tumour killing ability
- Helper & cytotoxic T cells work in synergy to increase CAR-T persistence



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



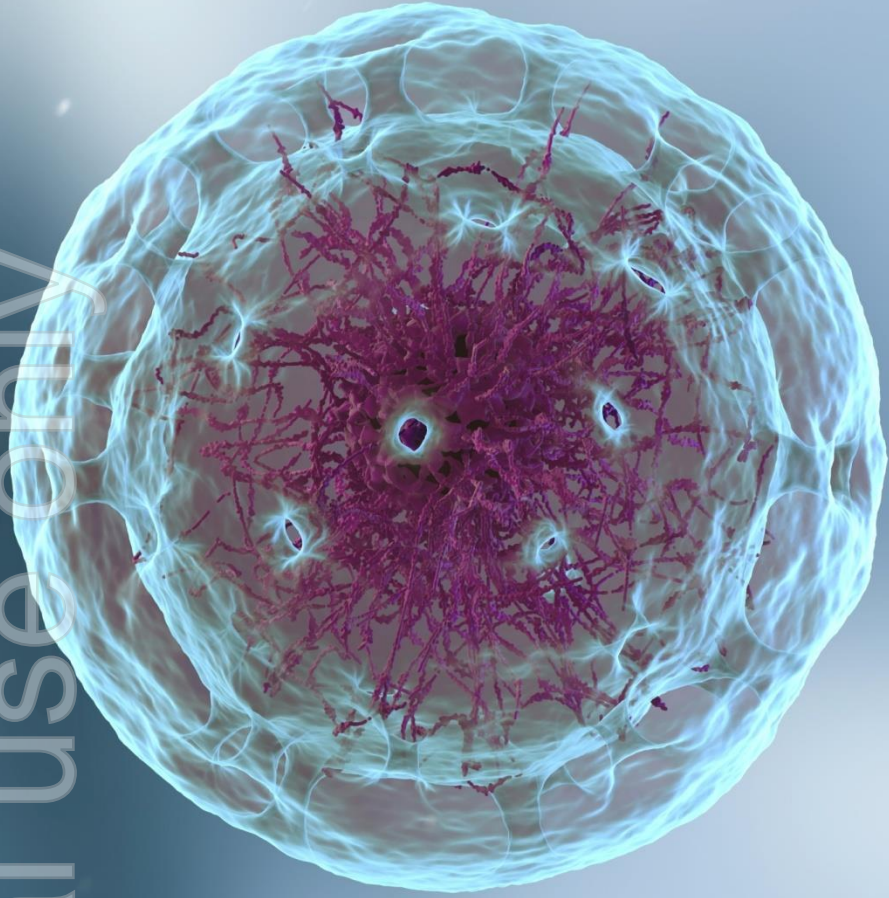
Genomic stability

Cells with enhanced self-renewal due to greater genomic stability



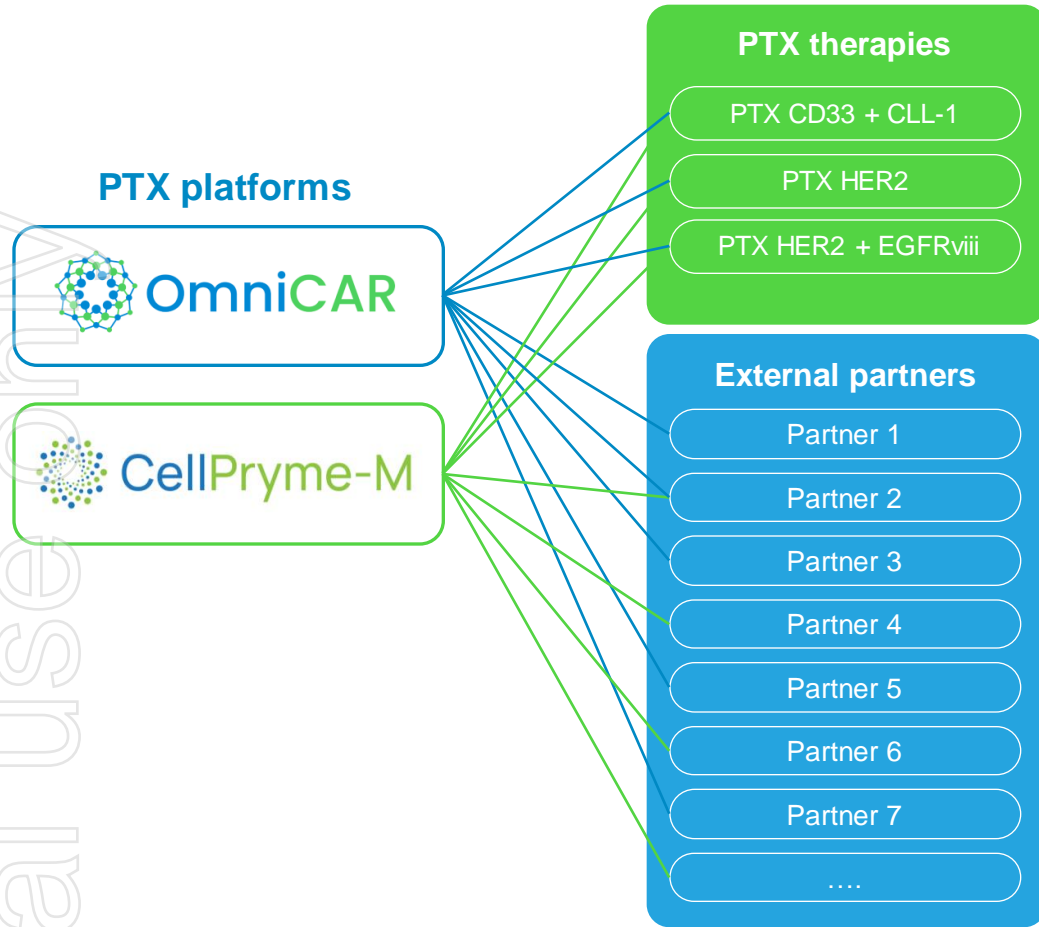
Anti-viral

Cells with potent anti-viral characteristics



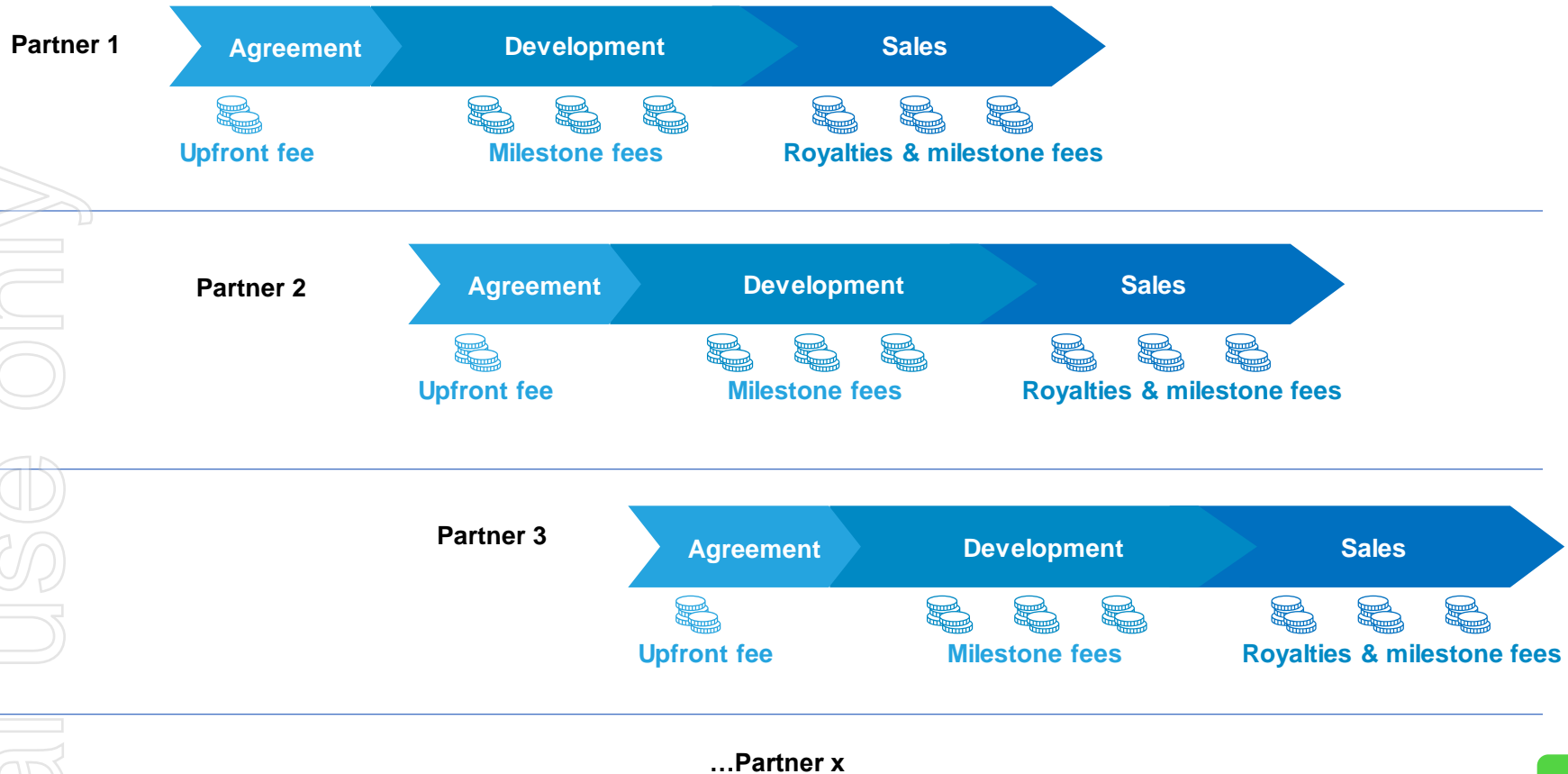
BUSINESS MODEL & SCOPE

Prescient's CAR-T platform business model



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

Commercial models - Partners



Internal use only

OmniCAR Platform **business model**



**NEXT GENERATION
PRODUCTS
IN-HOUSE**

OmniCAR CD33/CLL1
for AML

OmniCAR Her2
For **Solid Tumours**

OmniCAR Her2/EGFRviii
for **GBM**



OmniCAR

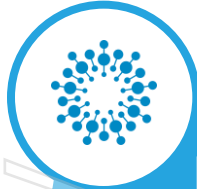


**COLLABORATE &
LICENSE TO 3RD
PARTIES**

Partners for
TARGETS & BINDERS

Partners for
CELL TYPES

Partners for
**SPECIFIC
CONSTRUCTS**



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:

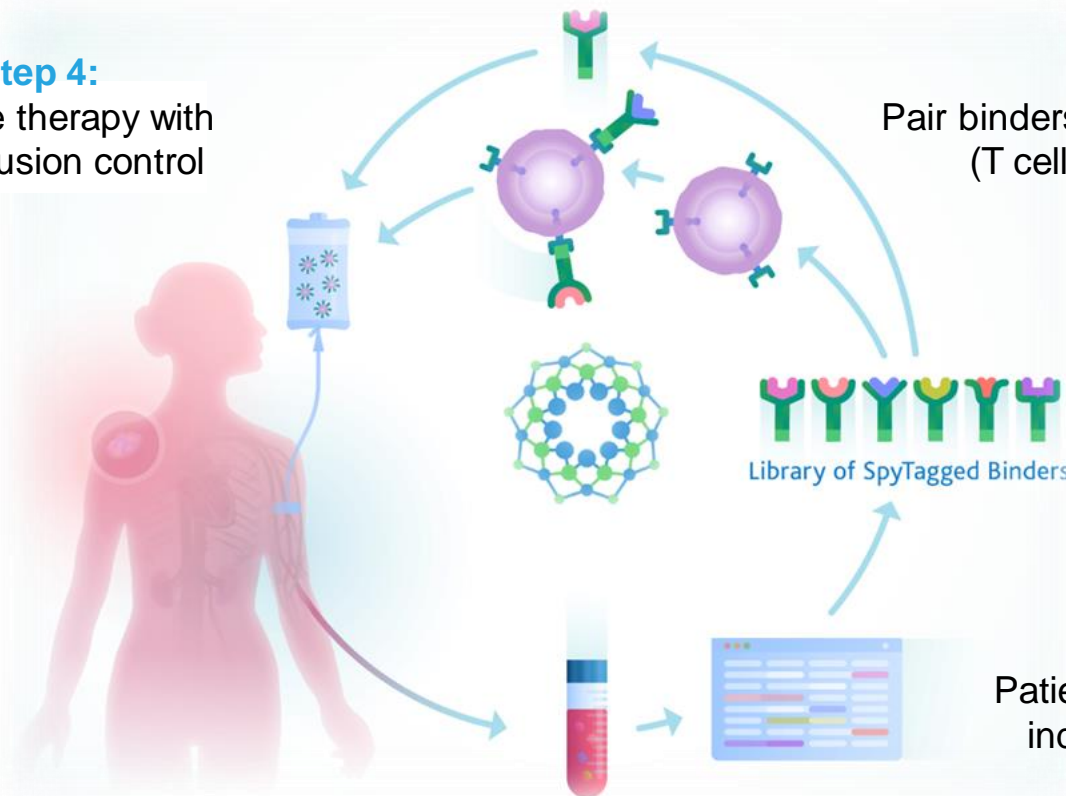
Pair binders with OmniCAR cells (T cells; NK; auto/allo)

Step 2:

Match patient's antigens to corresponding binders

Step 1:

Patient sample to determine individual antigen profile



Summary

Top-down analysis is sensible for investors

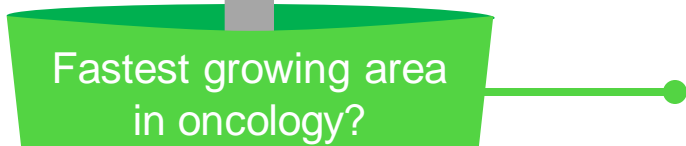
1



Oncology*

- 2021: US\$ 280bn
- 2029: US\$ 536bn (8.2% CAGR)

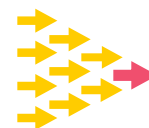
2



Cell Therapies (CAR-T)

- >US\$37bn by 2028[^]

3



Prescient Therapeutics

- Next gen platforms
- Scalable
- Controllable
- Any target; any cell
- “Shovels to goldrush” position
- Top pedigree



Investment Thesis Summary

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





Thank you!

ASX code: PTX

www.ptxtherapeutics.com

Internal use only