PTX-100 investor update and additional patient response

MELBOURNE Australia, 2 November 2022: Prescient Therapeutics (ASX: PTX), a clinical stage oncology company developing personalised therapies to treat cancer, will be holding an investor briefing on Wednesday 2nd November at 12pm (AEDT).

CEO and Managing Director Steven Yatomi-Clarke will provide a company update, outlining Prescient's cutting-edge pipeline and an update from the PTX-100 Phase 1b expansion cohort study.

Since Prescient's recent PTX-100 trial update on 25 October 2022, there has been an additional reported clinical response, with a patient with relapsed peripheral T cell lymphoma (PTCL) reporting a partial response. The increasing clinical responses observed in this study provides growing confidence in the potential for PTX-100 in this area of poorly met medial need.

To register for the investor briefing, visit this page:
https://prescienttherapeutics.investorportal.com.au/investor-briefing/

A copy of the investor presentation to be presented is attached.

- Ends -

To stay updated with the latest company news and announcements, please update your details on our investor centre.

About Prescient Therapeutics Limited (Prescient)

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

Cell Therapies

OmniCAR: is a universal immune receptor platform enabling controllable T-cell activity and multi- antigen targeting with a single cell product. OmniCAR's modular CAR system decouples antigen recognition from the T-cell signalling domain. It is the first universal immune receptor allowing post- translational covalent loading of binders to T-cells. OmniCAR is based on technology licensed from Penn; the SpyTag/SpyCatcher binding system licensed from Oxford University; and other assets.

The targeting ligand can be administered separately to CAR-T cells, creating on-demand T-cell activity post infusion and enables the CAR-T to be directed to an array of different tumour antigens. OmniCAR provides a method for single-vector, single cell product targeting of multiple antigens simultaneous or sequentially, whilst allowing continual re-arming to generate, regulate and diversify a sustained T-cell response over time.

Prescient is developing OmniCAR programs for next-generation CAR-T therapies for Acute Myeloid Leukemia (AML); Her2+ solid tumours, including breast, ovarian and gastric cancers; and glioblastoma multiforme (GBM).

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

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

Targeted Therapies

PTX-100 is a first in class compound with the ability to block an important cancer growth enzyme known as geranylgeranyl transferase-1 (GGT-1). It disrupts oncogenic Ras pathways by inhibiting the activation of Rho, Rac and Ral circuits in cancer cells, leading to apoptosis (death) of cancer cells. PTX- 100 is believed to be the only GGT-1 inhibitor in the world in clinical development. PTX-100 demonstrated safety and early clinical activity in a previous Phase 1 study and recent PK/PD basket study of hematological and solid malignancies. PTX-100 is now in a Phase 1b expansion cohort study in T cell lymphomas, where it has shown encouraging efficacy signals and safety.

PTX-200 is a novel PH domain inhibitor that inhibits an important tumour survival pathway known as Akt, which plays a key role in the development of many cancers, including breast and ovarian cancer, as well as leukemia. Unlike other drug candidates that target Akt inhibition, PTX-200 has a novel mechanism of action that specifically inhibits Akt without non-specific kinase inhibition effects. This highly promising compound is currently in a Phase 1b/2 trial in relapsed and refractory AML, where it has resulted in 4 complete remissions so far. PTX-200 previously generated encouraging Phase 2a data in HER2-negative breast cancer and Phase 1b in recurrent or persistent platinum resistant ovarian cancer.

Find out more at www.ptxtherapeutics.com or connect with us via Twitter @PTX_AUS and LinkedIn.

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

For more information please contact:

Company enquiries	**Investor enquiries**	**Media enquiries**
Steven Yatomi-Clarke	Sophie Bradley	Andrew Geddes
CEO & Managing Director	Reach Markets	CityPR
Prescient Therapeutics	+61 450 423 331	+61 2 9267 4511
steven@ptxtherapeutics.com	ir@reachmarkets.com.au	ageddes@citypublicrelations.com.au

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Certain statements made in this document are forward-looking statements within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. These forward-looking statements are not historical facts but rather are based on the current expectations of Prescient Therapeutics Limited ("Prescient" or the "Company"), their estimates, assumptions, and projections about the industry in which Prescient operates. Material referred to in this document that use the words 'estimate', 'project', 'intend', 'expect', 'plan', 'believe', 'guidance', and similar expressions are intended to identify forward-looking statements and should be considered an at-risk statement. These forward-looking statements are not a guarantee of future performance and involve known and unknown risks and uncertainties, some of which are beyond the control of Prescient or which are difficult to predict, which could cause the actual results, performance, or achievements of Prescient to be materially different from those which may be expressed or implied by these statements. These statements are based on our management's current expectations and are subject to a number of uncertainties and risks that could change the results described in the forward-looking statements. Risks and uncertainties include, but are not limited to, general industry conditions and competition, general economic factors, global pandemics and related disruptions, the impact of pharmaceutical industry development and health care legislation in the United States and internationally, and challenges inherent in new product development. In particular, there are substantial risks in drug development including risks that studies fail to achieve an acceptable level of safety and/or efficacy. Investors should be aware that there are no assurances that results will not differ from those projected and Prescient cautions shareholders and prospective shareholders not to place undue reliance on these forward- looking statements, which reflect the view of Prescient only as of the date of this announcement. Prescient is not under a duty to update any forward-looking statement as a result of new information, future events or otherwise, except as required by law or by any appropriate regulatory authority.

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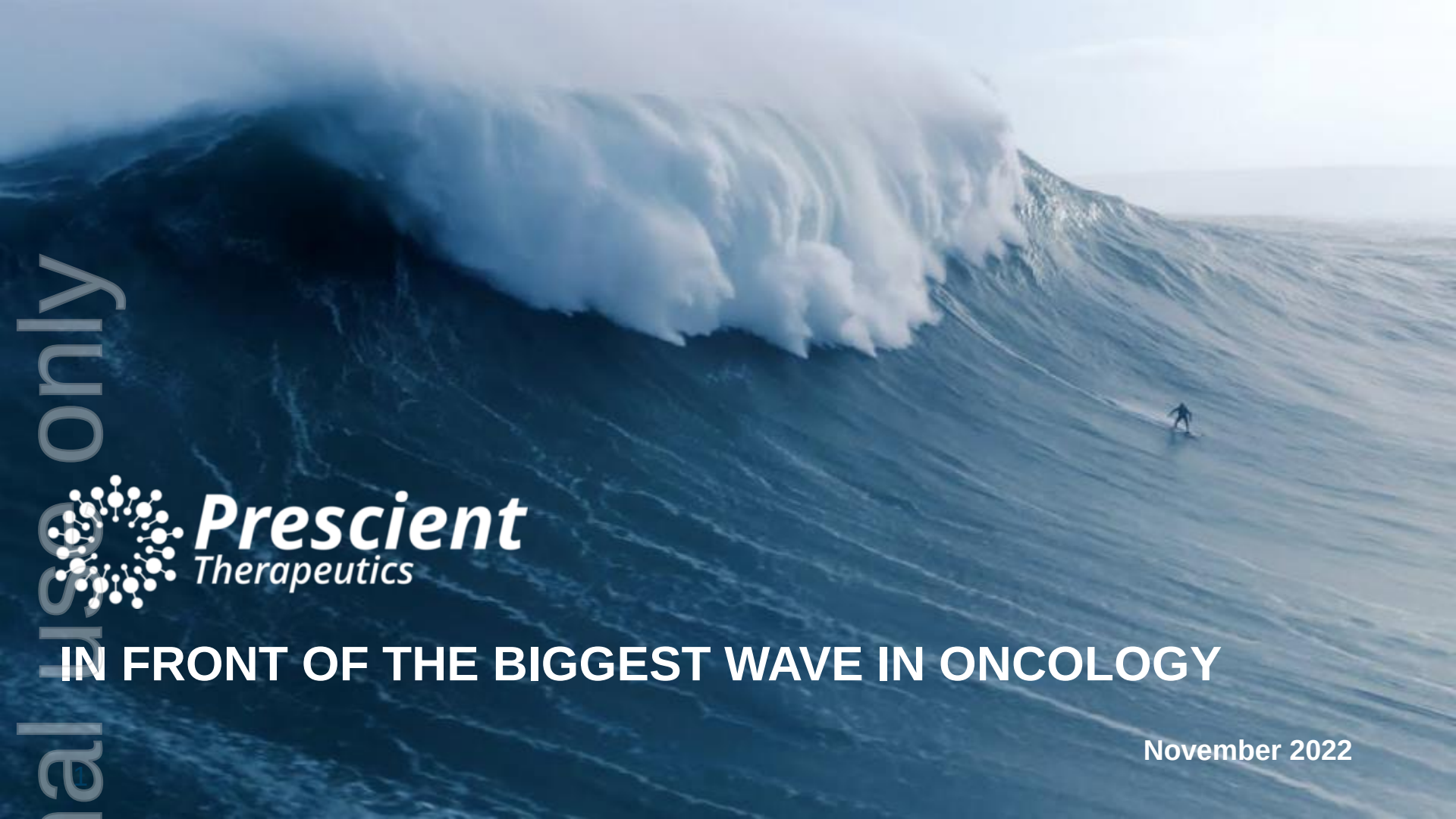
Supplemental COVID-19 Risk Factors

Please see our website: Supplemental COVID-19 Risk Factors



Prescient Therapeutics

IN FRONT OF THE BIGGEST WAVE IN ONCOLOGY

November 2022

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Corporate snapshot

ASX Ticker	PTX
Total Issued Capital	705 M shares
Listed Options	85.4 M
Unlisted Options	38.3 M
Share Price[1]	A$0.17
Market Capitalisation[1]	**A$120 M**
Market Cap fully diluted[1]	**A$140 M**
Cash Position[2]	**A$21M**
Top 20 Own	16%

1 - AS AT 24 OCT 2022
2 – UNAUDITED, POST OCT 2022 CAPITAL RAISING

Investment Highlights

Prescient Therapeutics

Yale · Penn (University of Pennsylvania) · University of Oxford · Peter Mac (Peter MacCallum Cancer Centre, Victoria Australia) · Moffitt Cancer Center · The University of Texas MD Anderson Cancer Center

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

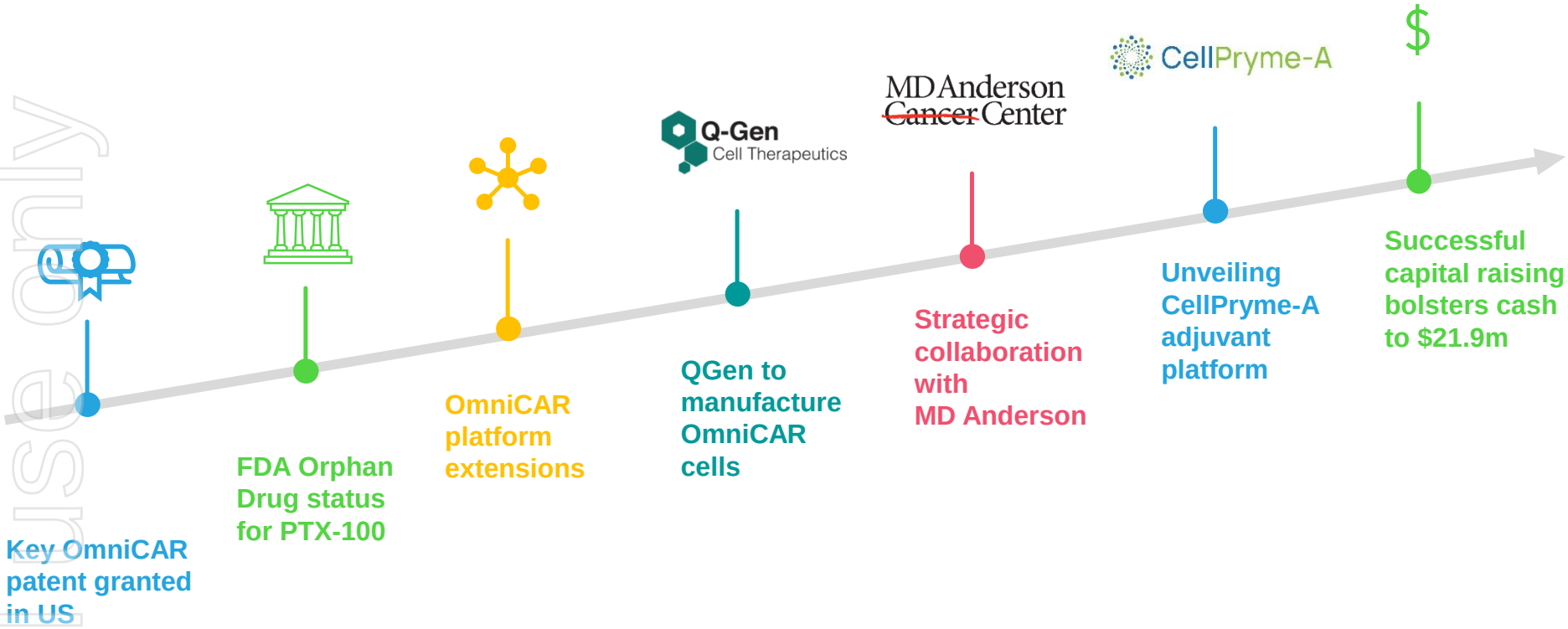
Many shots on goal for
substantial value creation

2 Cell Therapy platforms
Internal & external opportunities

2 Targeted Therapies
in clinical trials, showing activity

Upcoming newsflow
from multiple programs

Very productive Sept quarter



4 Innovative Personalised Oncology Assets

Prescient Therapeutics

Cell therapy platforms

OmniCAR

CellPryme-M

CellPryme-A

Next-gen CAR-T therapies

CD33/CLL-1
Acute Myeloid Leukaemia

Her2/EGFRviii
Glioblastoma Multiforme

Her2
Breast, Ovarian & Gastric cancers

Targeted therapies

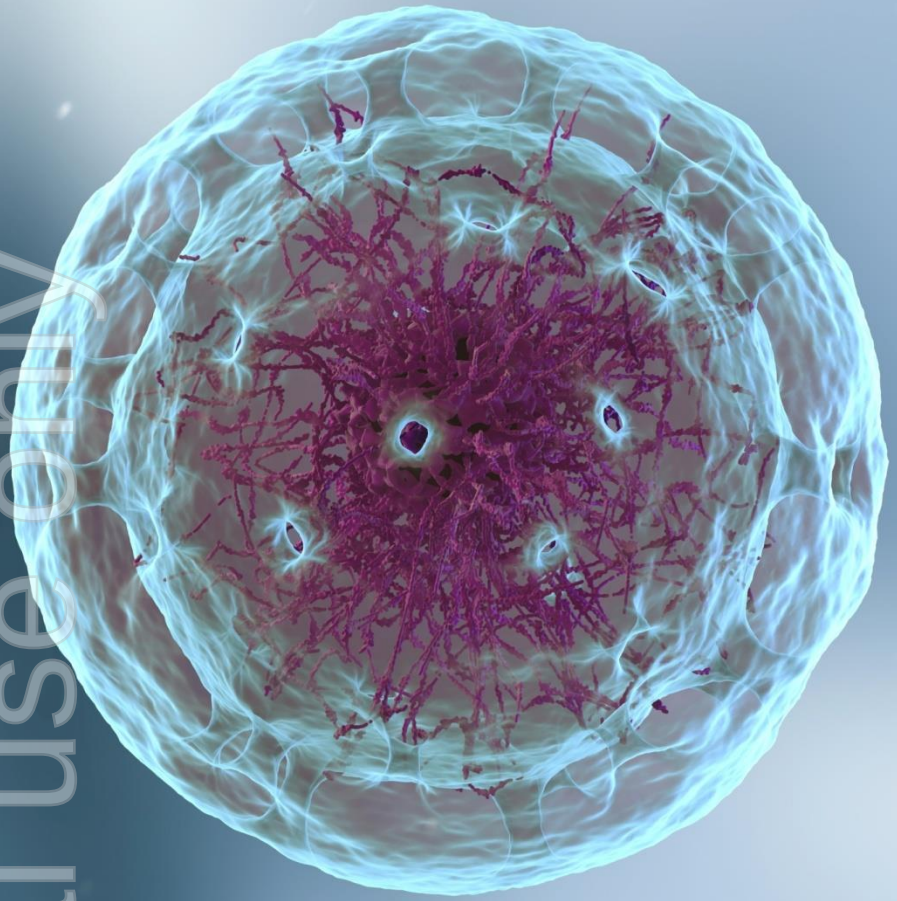
PTX-100
Ras / Rho inhibitor

PTX-200
Novel AKT inhibition

Innovative pipeline in personalised medicine

Prescient Therapeutics

Platform	Program	Screening	Preclinical	Phase IB	Phase II
CAR - T	OmniCAR	AML	CD33; CLL-1		
			Novel TCR binder (THE UNIVERSITY OF TEXAS MD Anderson Cancer Center)		
		Her2+ solid tumours	Her2		
		GBM	Her2; EGFRviii		
		Platform extensions	Various		
	CellPryme	CellPryme-M	Cell manufacturing enhancement		
		CellPryme-A	Adjuvant for cell therapy		
TARGETED THERAPIES	PTX-100		TCL		
	PTX-200		AML		



TARGETED THERAPIES

Prescient Therapeutics

PTX-100

FIRST IN CLASS
RAS PATHWAY INHIBITOR

PTX-100 Phase 1B Summary

- Licensed from Yale University
- Targeting cancers predisposed to Ras & Rho mutations

Phase 1b Expansion cohort in T-cell lymphomas (TCL)

- Excellent safety profile
- Encouraging signal in TCL
  - Reponses
  - Time on therapy

- Granted Orphan Drug Designation by US FDA for Peripheral TCL

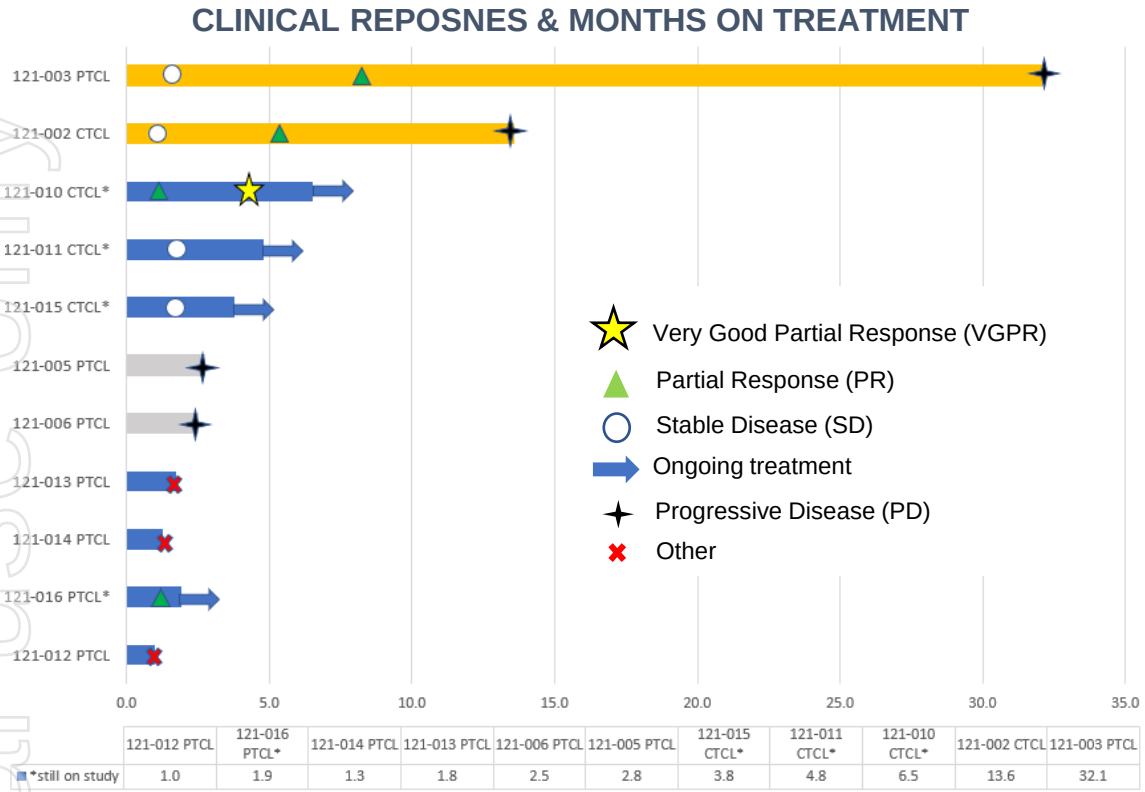
Licensed from Yale University

Principal Investigator

Professor H. Miles Prince, AM

Epworth

Trial update: continued encouraging responses & time on treatment



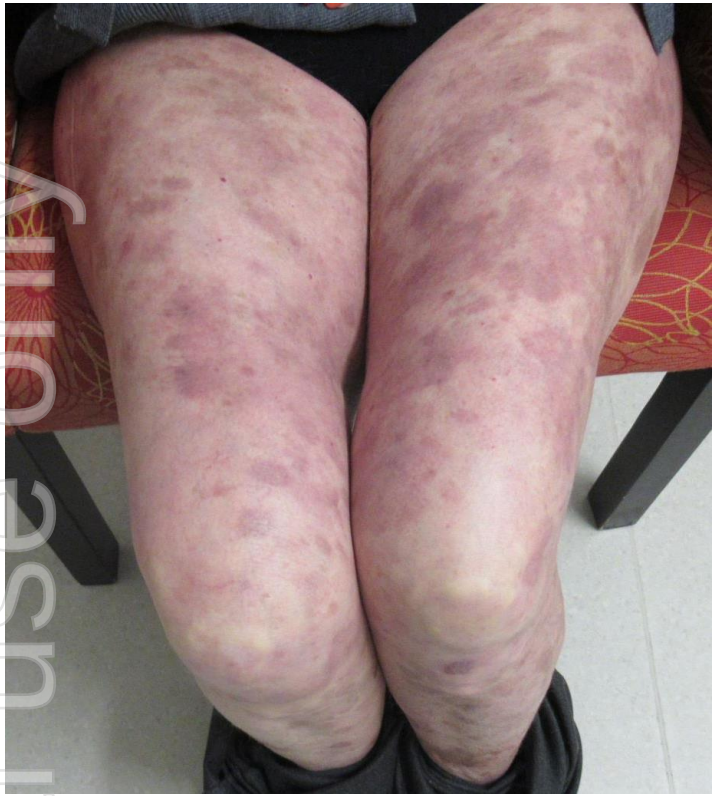
- 1 VGPR (ongoing)
- 3 PRs (1 ongoing)
- 2 SDs (both ongoing)
- 2 PD
- 3 withdrawn

PTX-100 dose

- 500 mg/m^2
- 1000 mg/m^2
- 2000 mg/m^2

Prescient Therapeutics

Before



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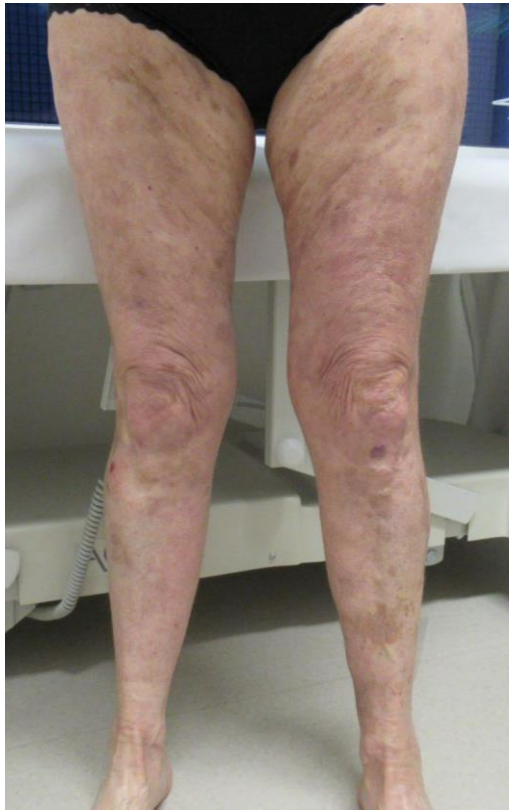
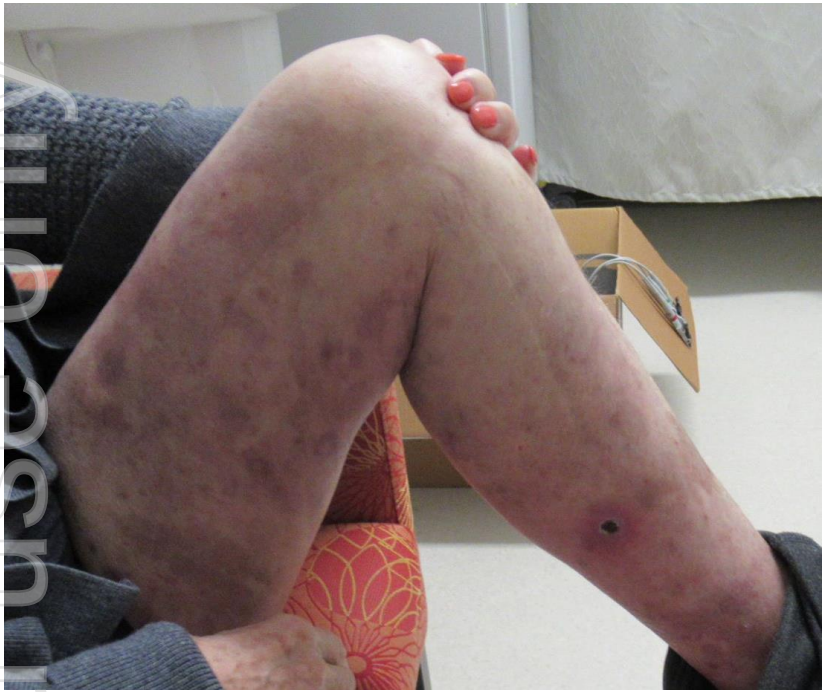


ASX: PTX

Prescient Therapeutics

Before



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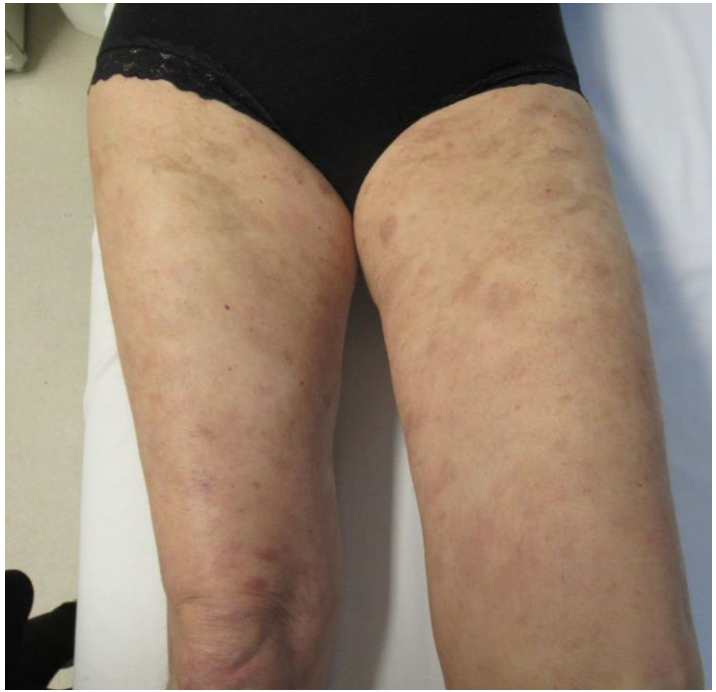
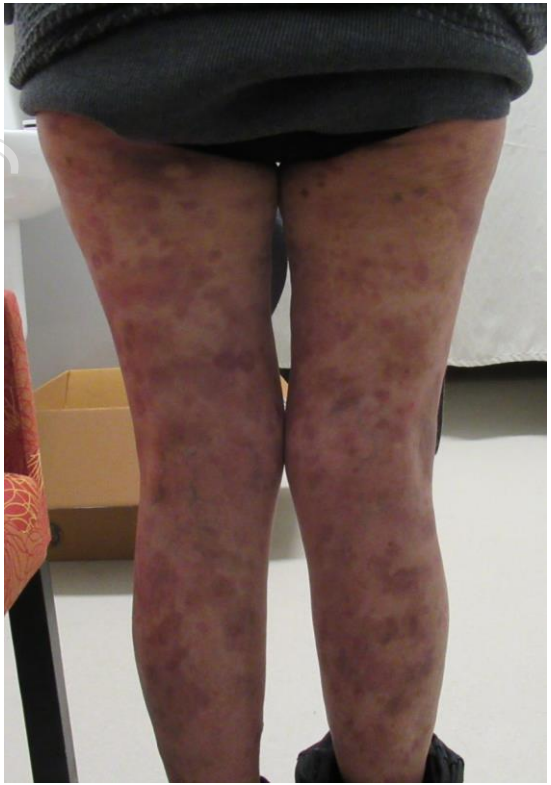


ASX: PTX

Prescient Therapeutics

Before



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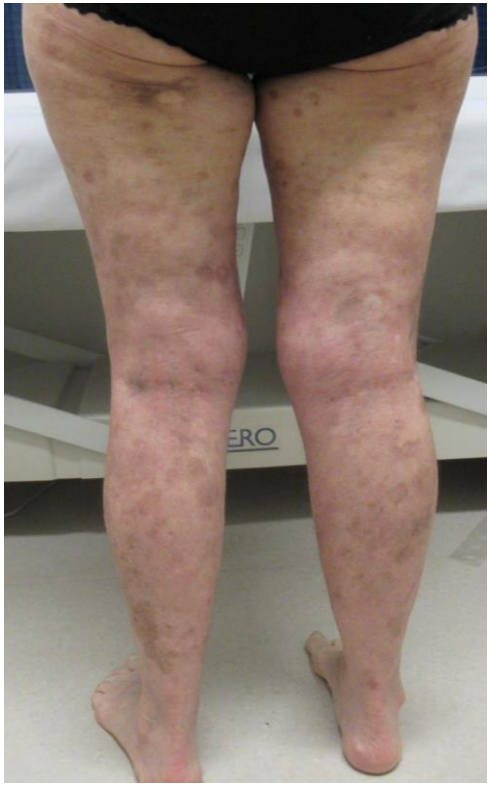
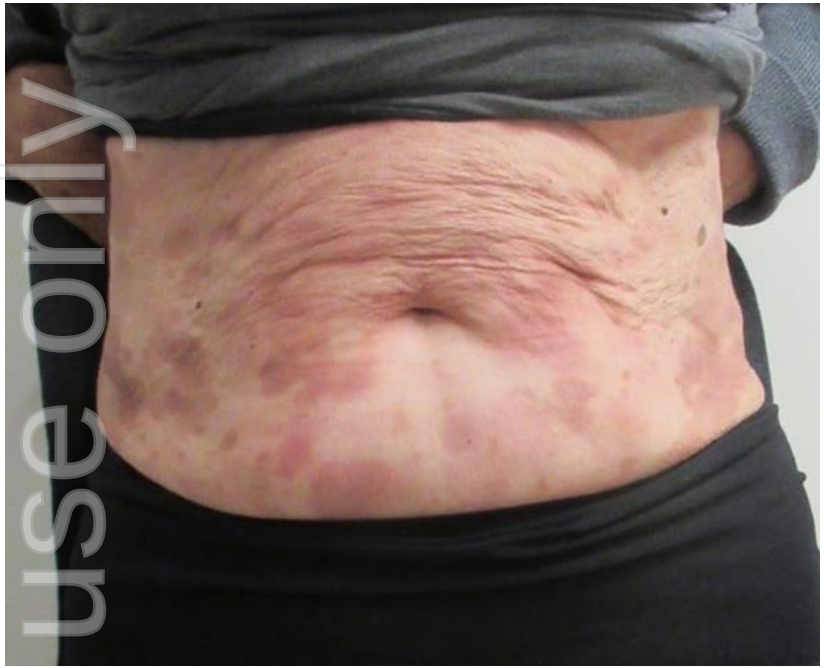


ASX: PTX

Prescient Therapeutics

Before



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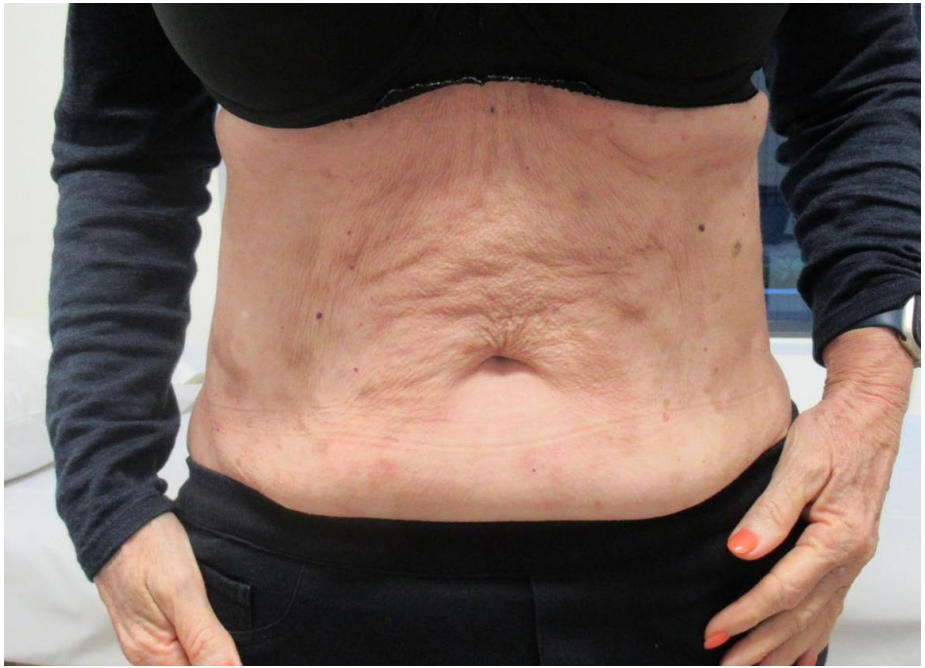
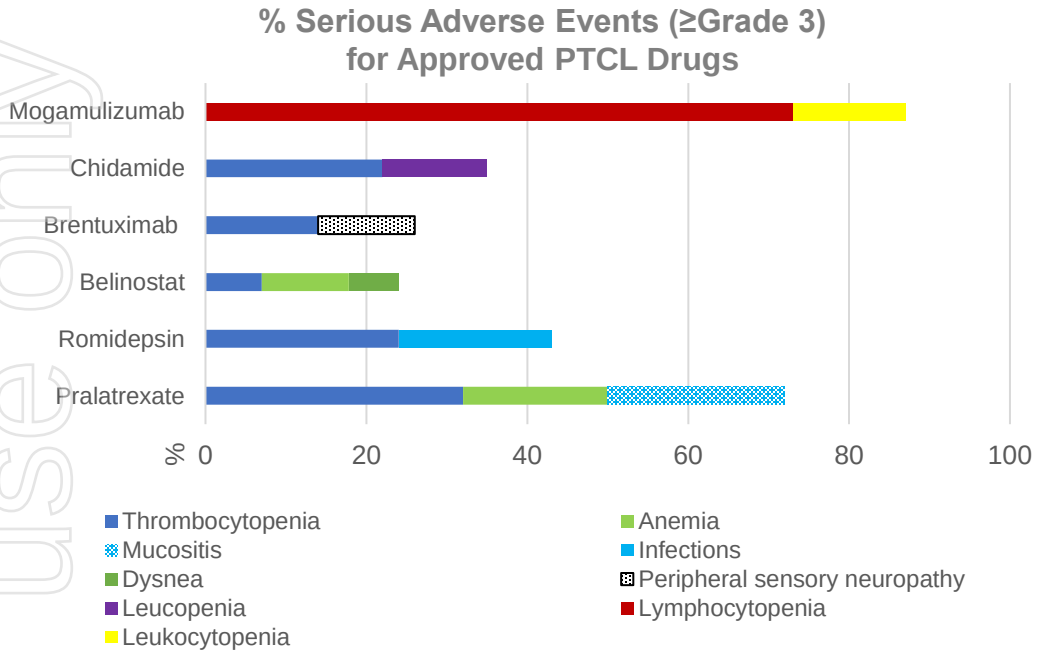


ASX: PTX

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

Now in Expansion Cohort for TCL

- 8 – 12 patients with r/r T cell lymphoma
- Expanding number for CTCL patients in light of responses
- 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

Prescient Therapeutics

PTX-200

NOVEL AKT INHIBITION

Phase 1B trial underway: Acute Myeloid Leukemia

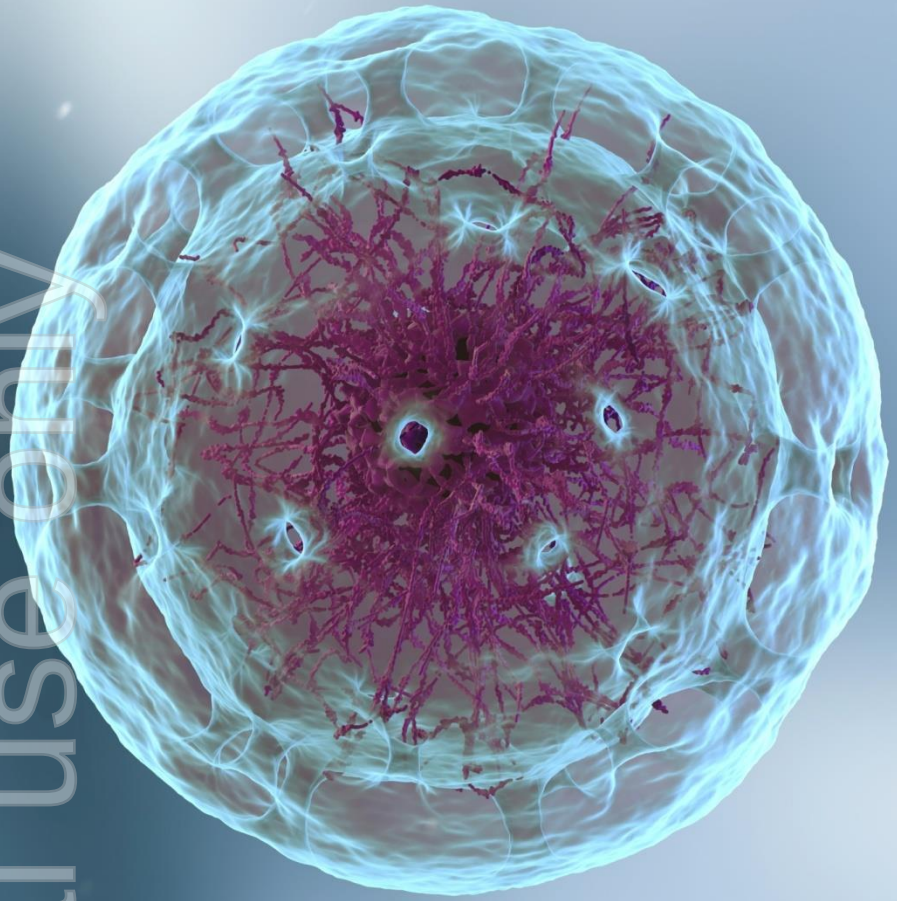
- Building upon encouraging Phase 1 results with PTX-200 (monotherapy)
- PI Professor Jeff Lancet at Moffitt, Key Opinion Leader in AML
- 24 patients with cytarabine held constant at 200-400 mg/m^2 as continuous infusion
  - 4 patients with CR/CRi so far
  - 1 patient with PR
- Currently treating expansion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

Principal Investigator

Jeffrey E Lancet, M.D.

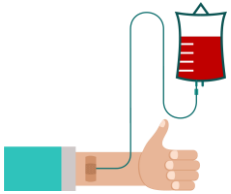
MOFFITT CANCER CENTER

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

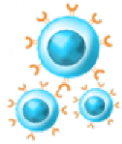


CELL THERAPY PLATFORMS

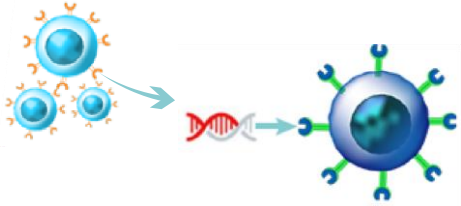
The CAR-T process



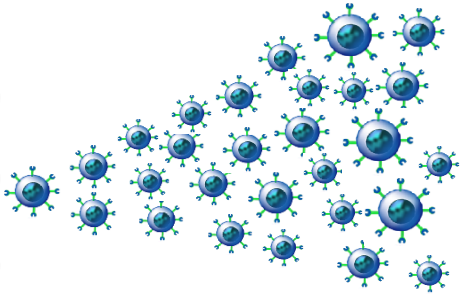
1 Blood is collected from the patient



2 T-Cells are isolated



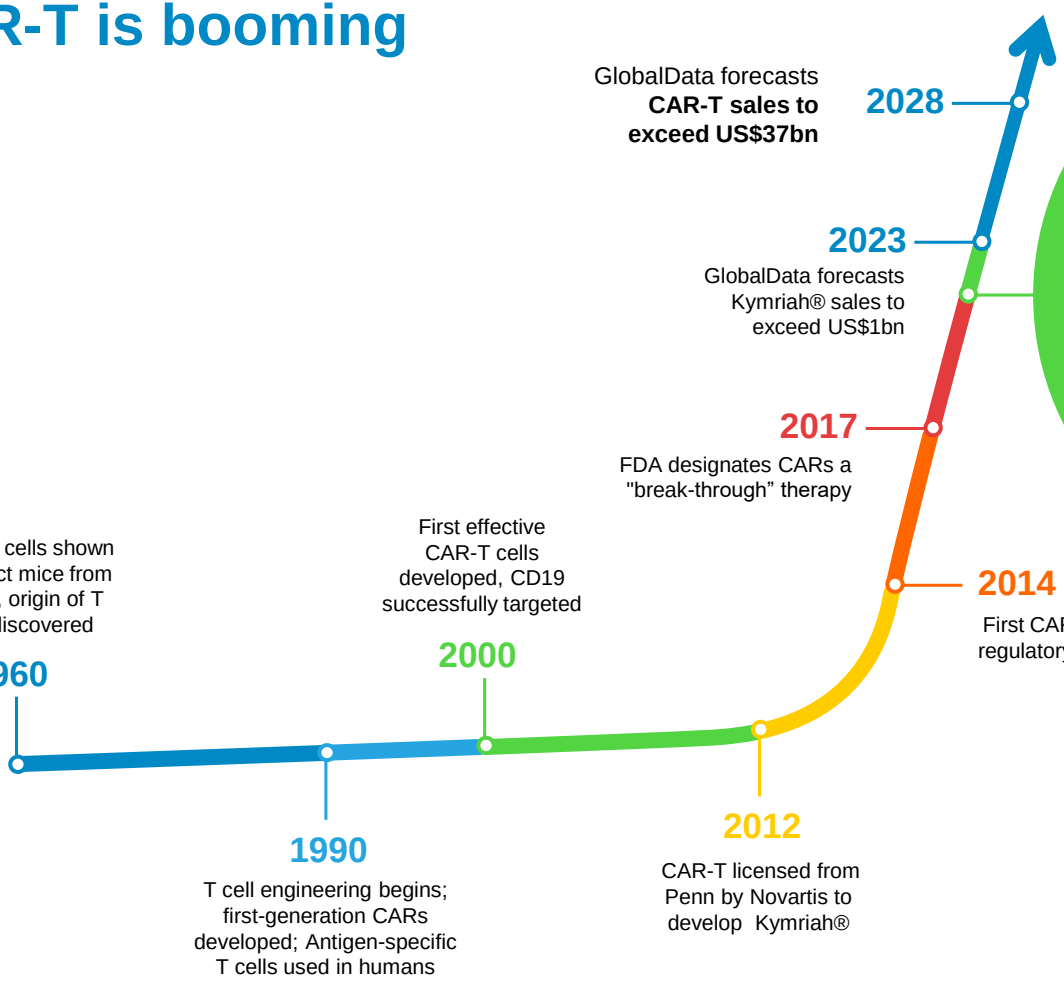
3 T-Cells are genetically altered to have cancer-recognising receptors (CARs)



4 Millions of CAR-T cells are grown

5 CAR-T cells are administered to the patient

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

Platforms to overcome CAR-T's key challenges

Prescient Therapeutics

	Challenge	OmniCAR	CellPryme
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

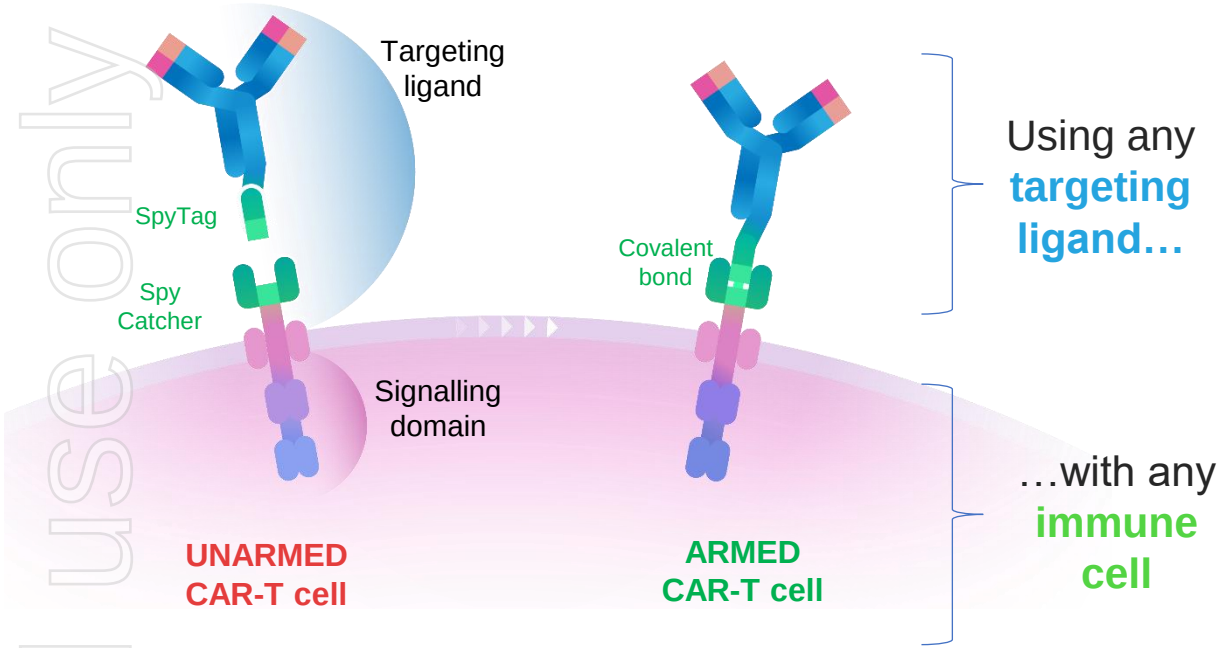
OmniCAR

Universal, Next Gen CAR-T Platform

OmniCAR: flexible, modular CAR platform

Prescient Therapeutics

OmniCAR

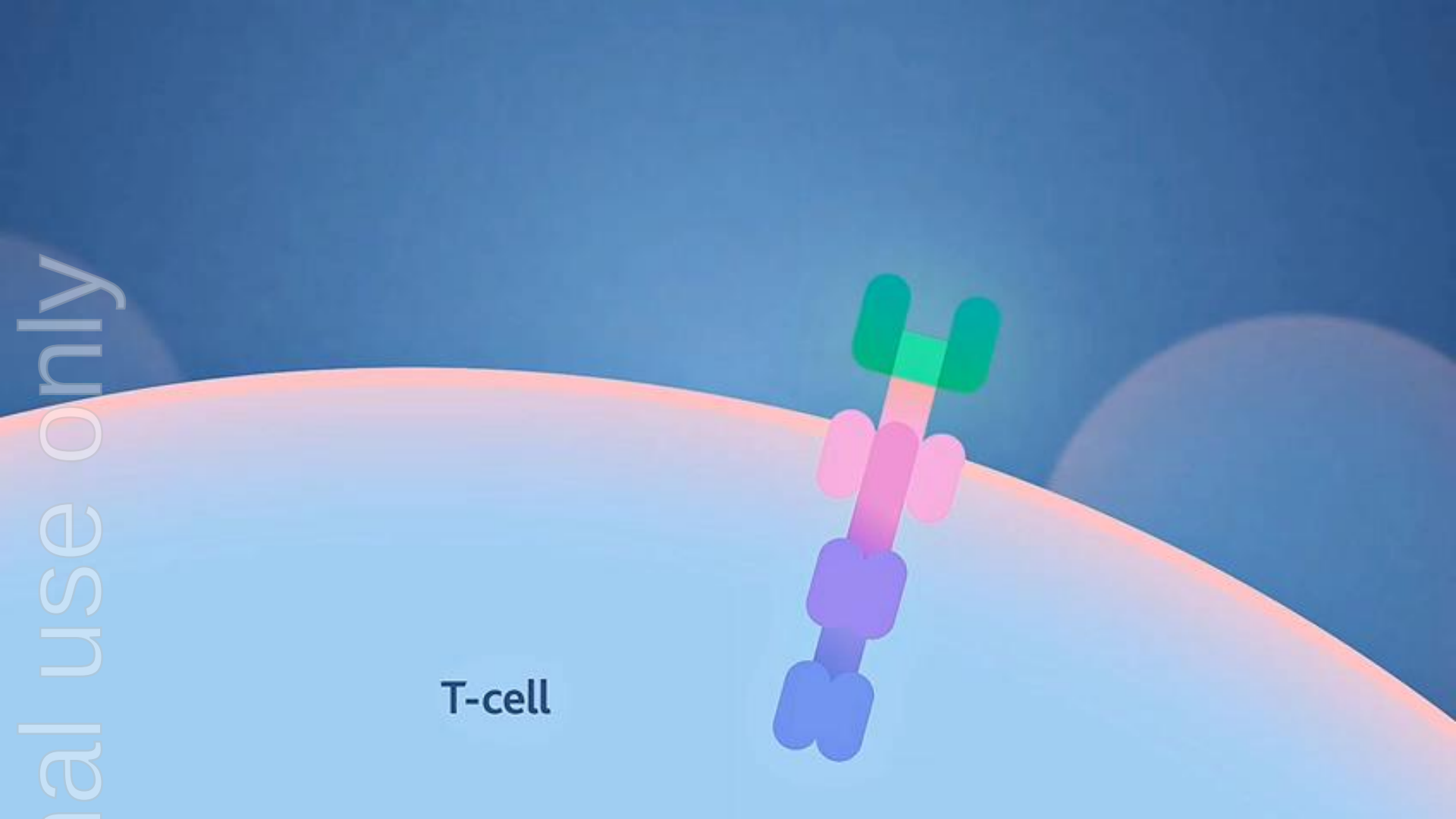


Penn
University of Pennsylvania

Associate Professor
Daniel J. Powell, Jr

Professor
Andrew Tsourkas

University of Oxford



OmniCAR can do what conventional CAR-T cannot

Prescient Therapeutics

Conventional CAR-T

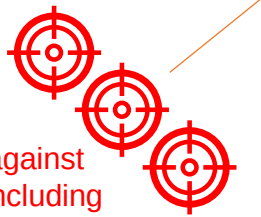
- Soldier with only one map
- Single weapon
- Only trained to hit one target
- Incapable of redirection
- No communication or control in the field

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



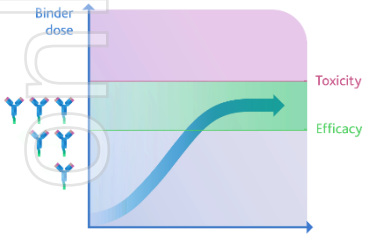
Can direct against
any target, including
simultaneous targets

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

OmniCAR: Control Features

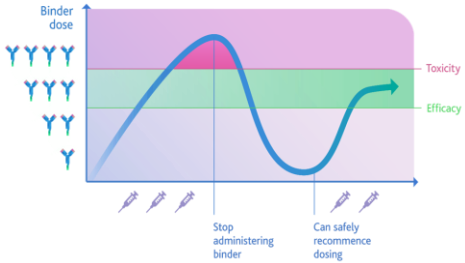
Modular and covalent architecture of OmniCAR enables true **post-infusion control** of CAR functionality

Dose Titration



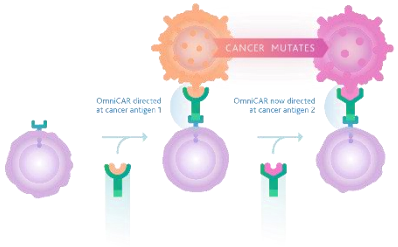
Control activity to **safe and efficacious** levels

On/off switch



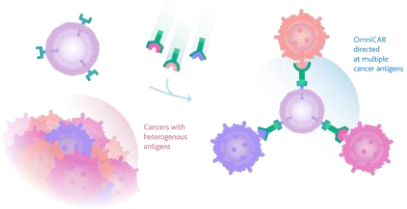
Turn therapy on/off/on without killing or re-administering cells
= safety & persistence

Target Re-direction



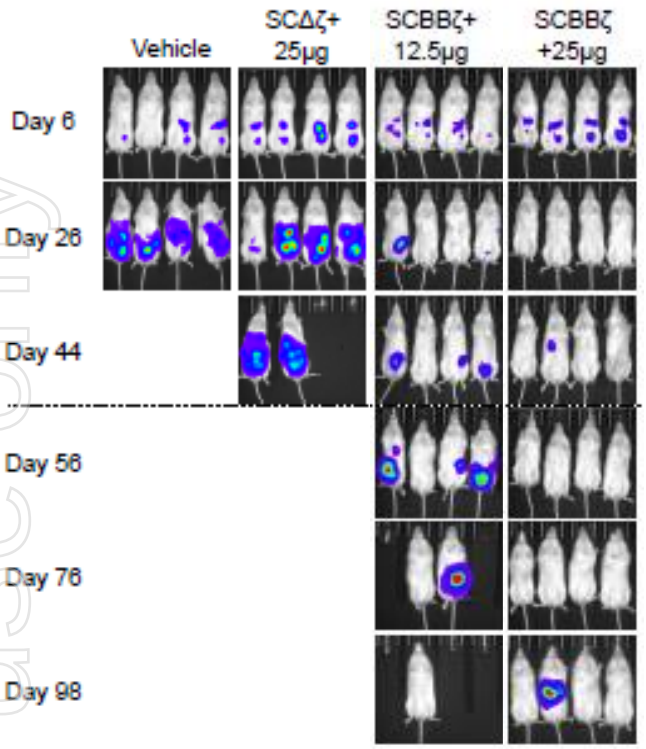
Re-direct cells from one cancer target to another in vivo

Multi-Antigen Targeting

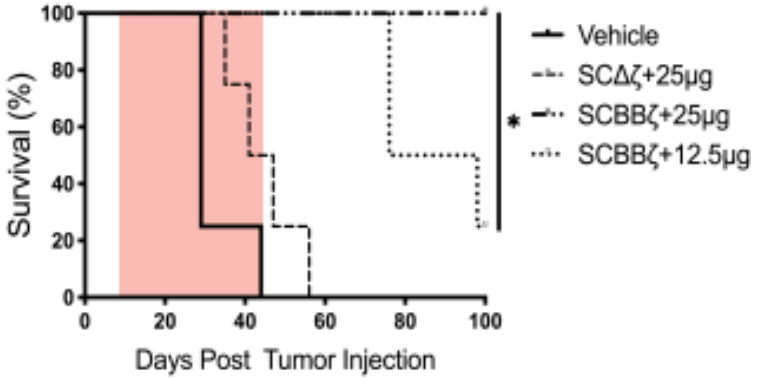


Target **multiple cancer antigens simultaneously** for thorough cancer killing

Control: Dose-dependent CAR-T activity



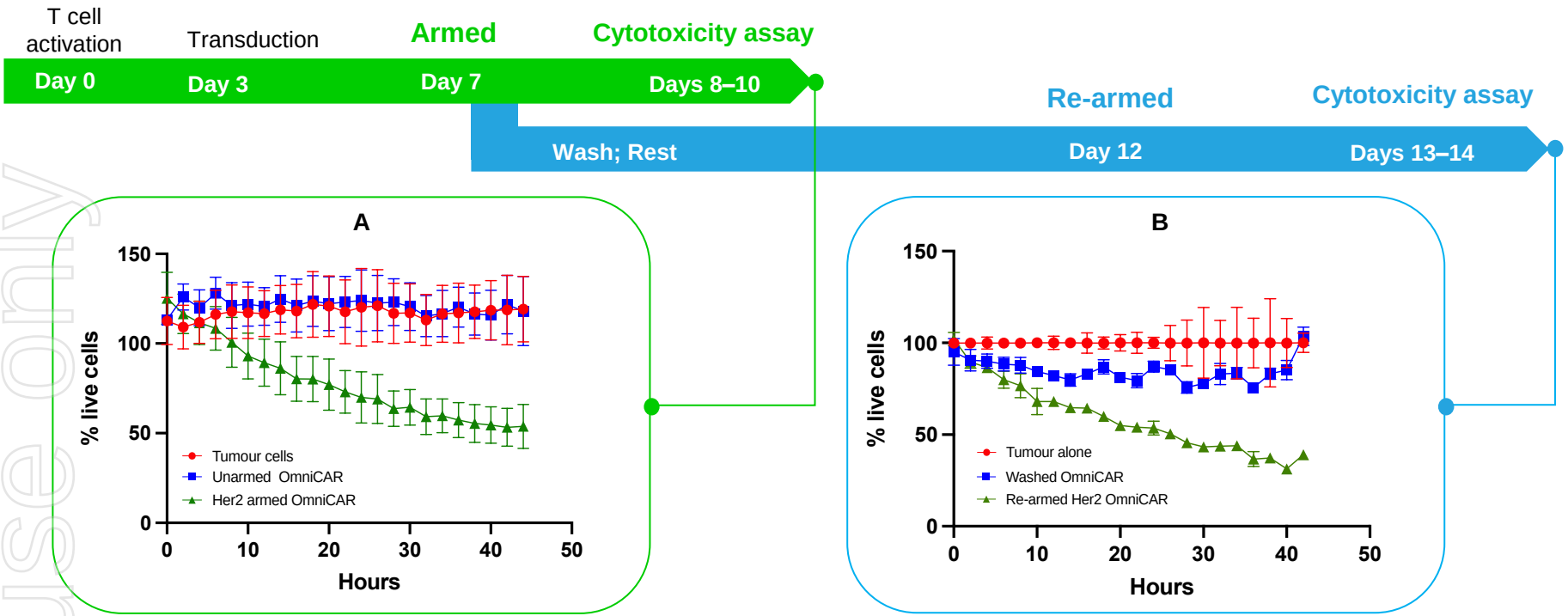
- Ovarian cancer model, using anti-HER2 OmniCAR
- Loading more binder results in **proportionate killing** of cancer…
- …and **proportionate survival**
- **Lasting effects** even when cease dosing of binder



Powell, DJ et al, JACS; 2020

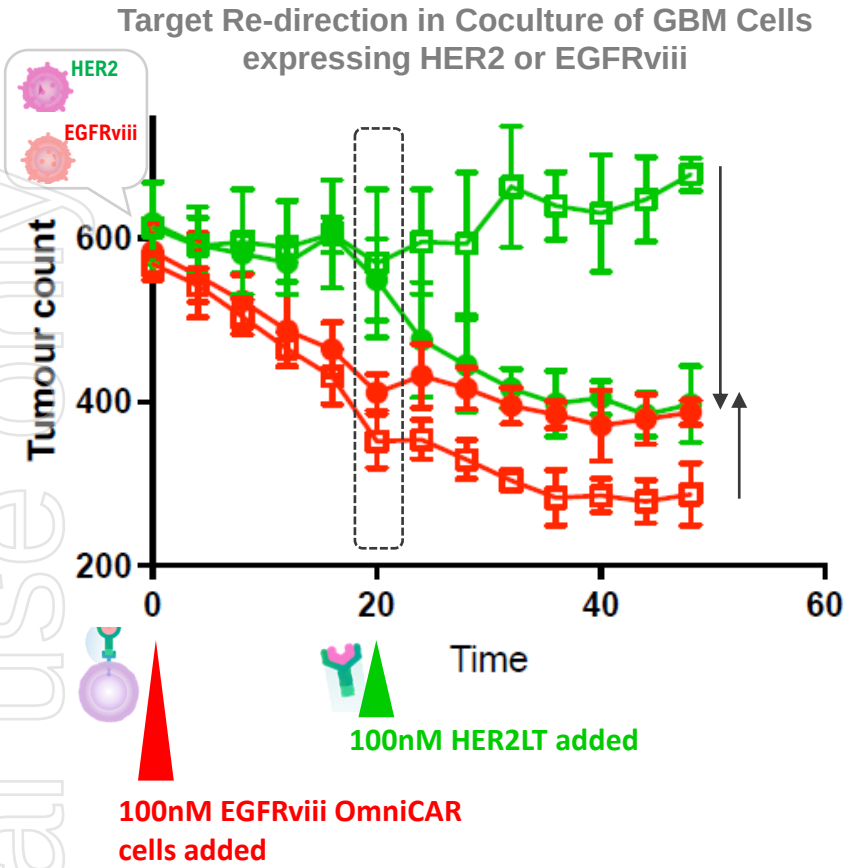
= dosing window of binder

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 cell can be Redirected



1. OmniCAR T cells **pre-armed with EGFRviii binder**

   → Rapid cytotoxicity to EGFRviii+ cells

2. **Add Her2 binder**

   → Rapid switching & cytotoxicity to Her2+ cells

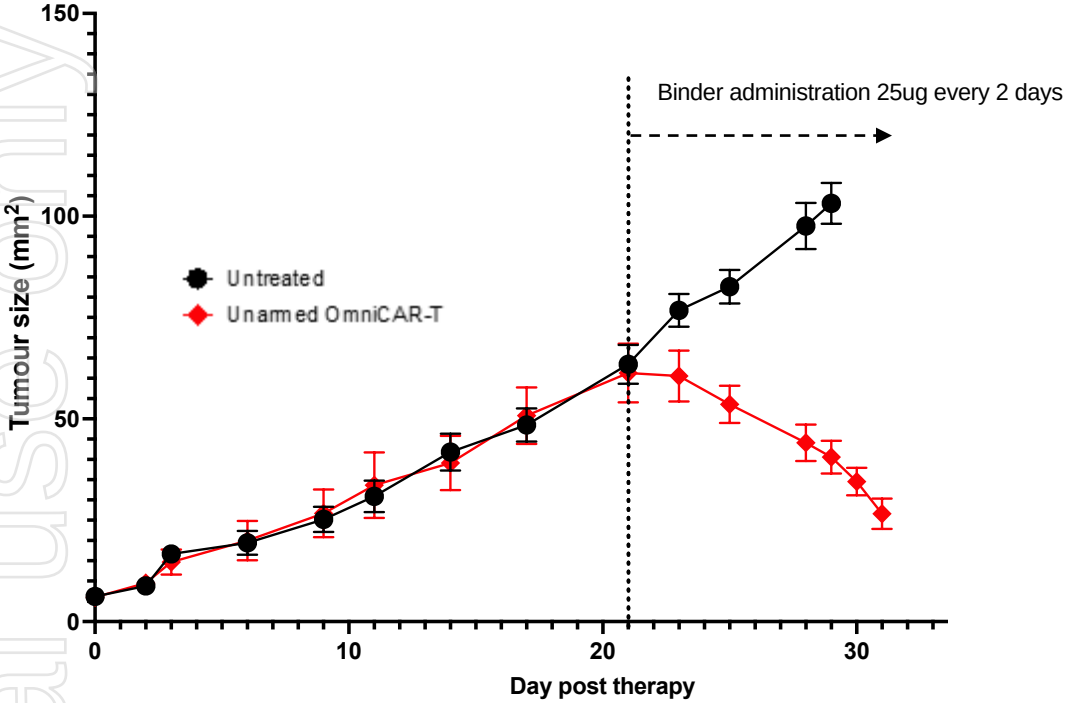
No new cells required

OmniCAR cells viable & armable for weeks

Prescient Therapeutics

Mice with OC25 tumours

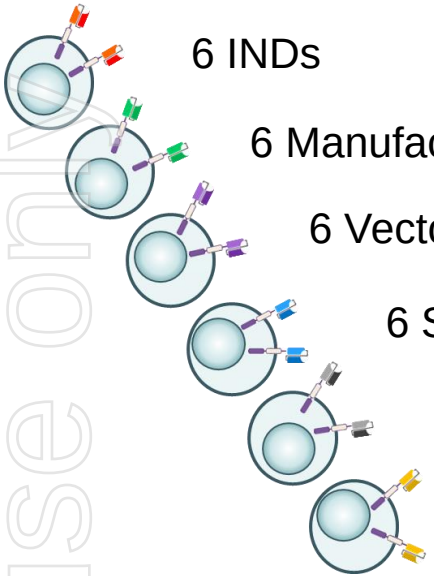
Binder administered from day 21



- Unarmed & armed OmniCAR-T cells are viable for weeks
- Can be armed at will
- Results in immediate cytotoxicity

Regulatory, manufacturing & COGS advantages

Conventional CAR-T



6 INDs

6 Manufacturing runs

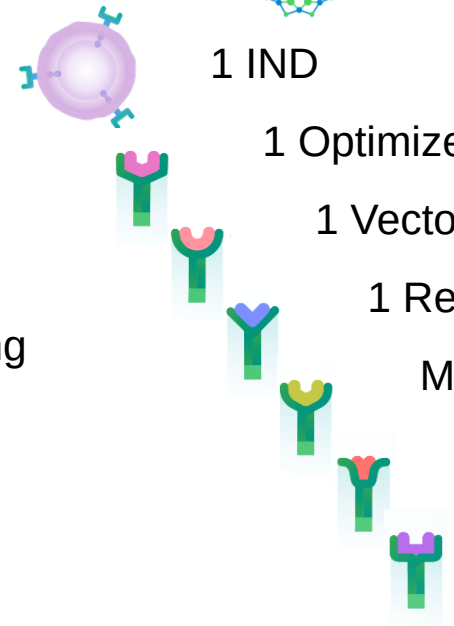
6 Vectors/Transductions

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 $$$$) + (6 X $$)

Prescient Therapeutics

OmniCAR

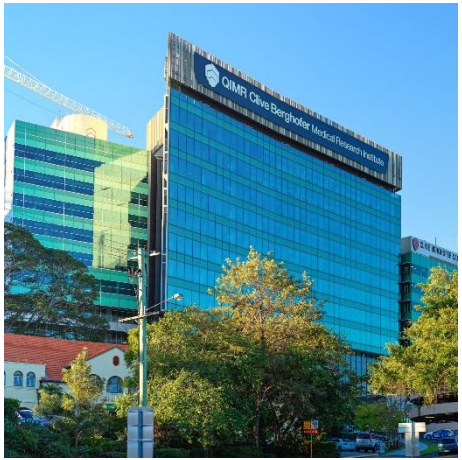
Next Gen CAR-T Programs

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



MD Anderson Cancer Center

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

MD Anderson's ECLIPSE platform has yielded novel TCR-like binders

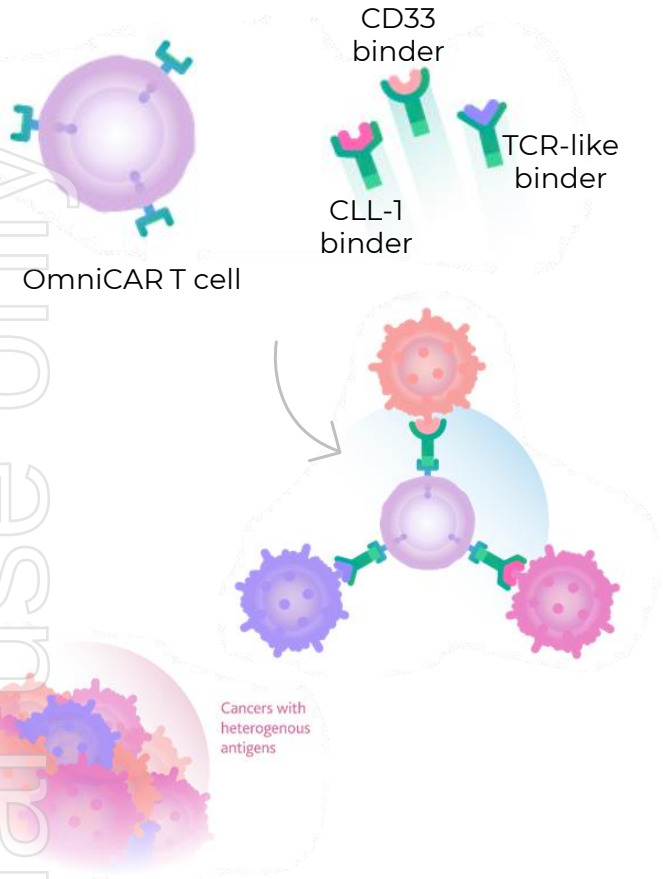
MD Anderson's novel TCR-like binder library

- Broad library of samples from leukemia patients (ECLIPSE platform)
- Uncovered unique TCR-like binders
- Targets blood cancer cells differently to CAR-T

Strategic Collaboration

- Strategic collaboration to add novel TCR binder to OmniCAR
- Create best-in-class adaptable CAR-Ts for blood cancers
- Shared costs and outcomes

Adding TCR-like binder to OmniCAR for AML



- Using “plug & play” features of OmniCAR to combine novel TCR-like binder with CD33 & CLL-1 for AML
- Create an unprecedented level of multivalency and control.
- **For the first time**, we will be able to test:
  - Multivalent T cells that **have both CAR and TCR** targeting ligands using the **single internal cytotoxic machinery**
  - Has the potential to **make OmniCAR-T cells >1000x more sensitive** to rare or low abundance antigens
  - The impact of periodic resting on TCR-directed killing

TCR BINDER TARGET IS UNDISCLOSED

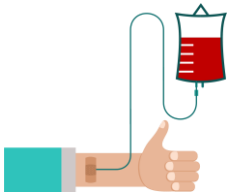
Prescient Therapeutics

CellPryme

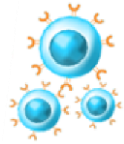
CELL THERAPY ENHANCEMENTS

The CAR-T process

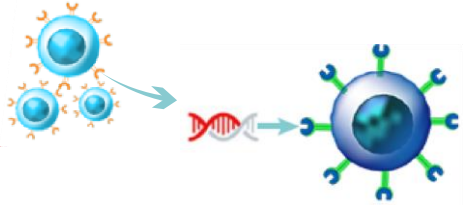
Prescient Therapeutics



1 Blood is collected from the patient

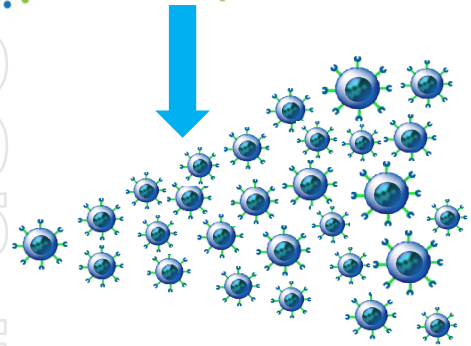


2 T-Cells are isolated



3 T-Cells are genetically altered to have cancer-recognising receptors (CARs)

CellPryme-M



4 Millions of CAR-T cells are grown

CellPryme-A

5 CAR-T cells are administered to the patient

Complementary cell therapy enhancement platforms

Prescient Therapeutics

CellPryme-M

MANUFACTURING ENHANCEMENT

- Produces longer lasting, more “youthful” CAR-T cells
- Doubles helper T cells
- Doubles tumour control
- More chemokine receptors for locating tumours

CellPryme-A

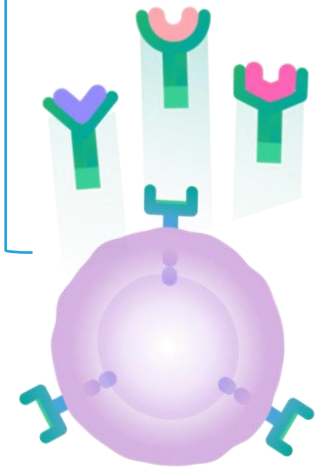
ADJUVANT THERAPY

- Overcomes hostile TME
- Reduces Tregs
- Increases expansion of CAR-T cells *in vivo*
- Doubles penetration of CAR-T cells into tumours

CellPryme Complements OmniCAR

OmniCAR

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

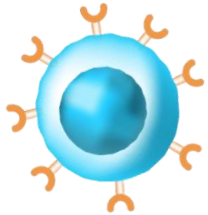


Next generation
Cell therapies

CellPryme-M

Process that produces a better <u>cell type</u>

- Persistence
- Trafficking



Current generation cell therapies

CellPryme-A

Adjuvant therapy

- Reduces Tregs
- Primes TME for cell therapy
- Boosts CAR-T cell expansion *in vivo*

Prescient Therapeutics

CellPryme-M

Cell manufacturing enhancement

CellPryme-M Executive Summary

Prescient Therapeutics

PROCESS TO ENHANCE CELL THERAPIES

- Incorporate into standard manufacturing
- Current gen and next gen
- Complementary to OmniCAR

PRODUCES SUPERIOR CELLS

- More “youthful” T cells
- More effective tumour killing
- Longer lasting

READY FOR CLINICAL TESTING

CellPryme-M IP FULLY OWNED BY PTX

Developed by PTX
in collaboration with Peter Mac

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

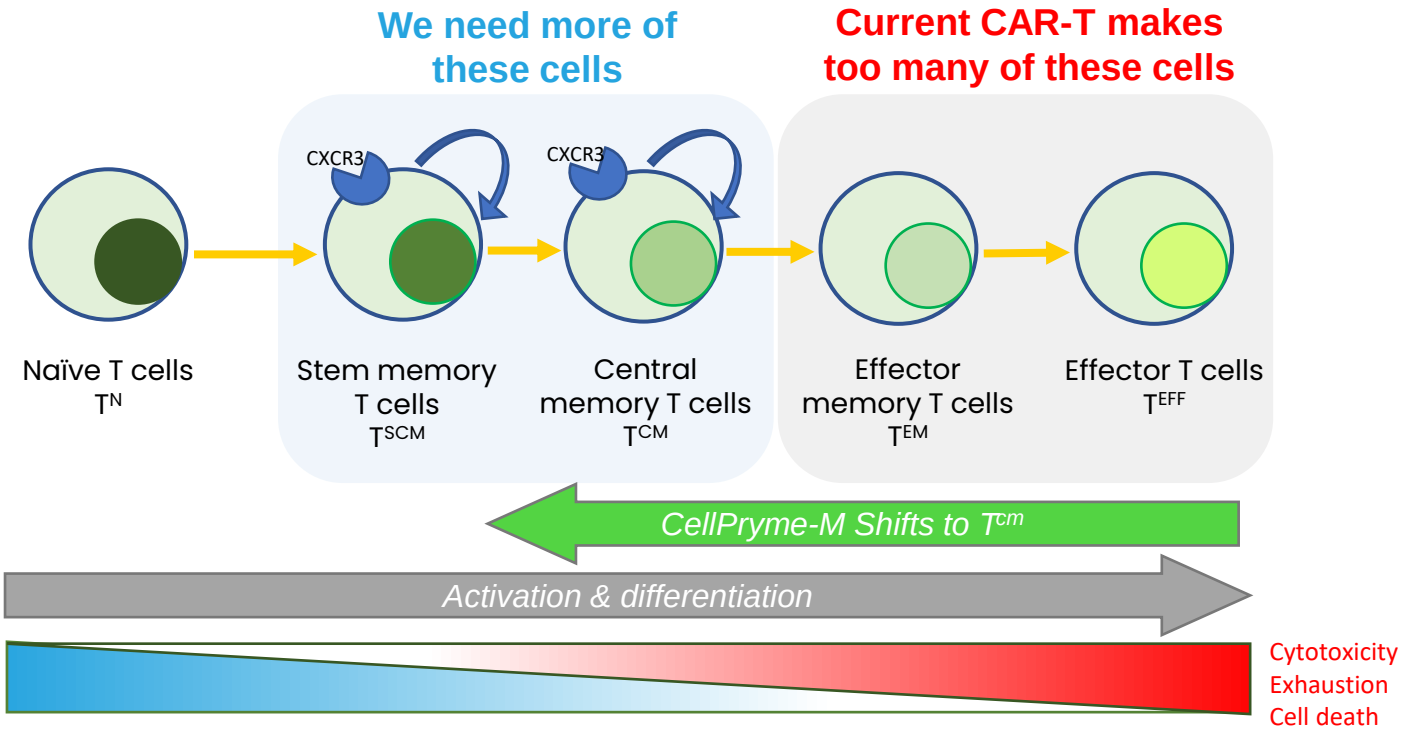
Tumour penetrance
Cells that can penetrate solid tumours

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

Anti-viral
Cells with potent anti-viral characteristics

More memory cells required for clinical efficacy

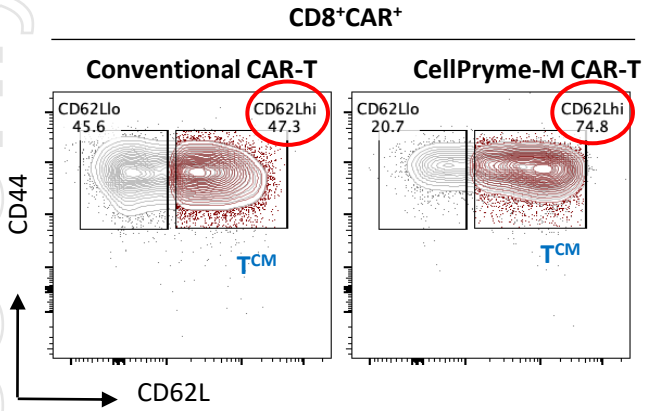
- Clinical efficacy of CAR-T therapy remains dependent on the T cell phenotype
- It is possible to control this during the manufacturing step

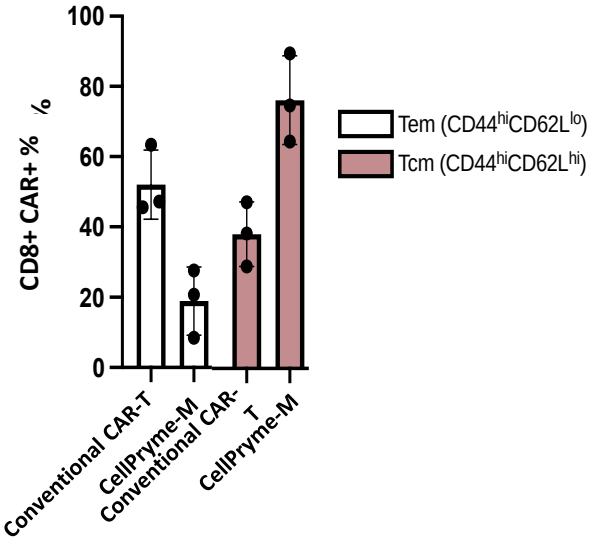


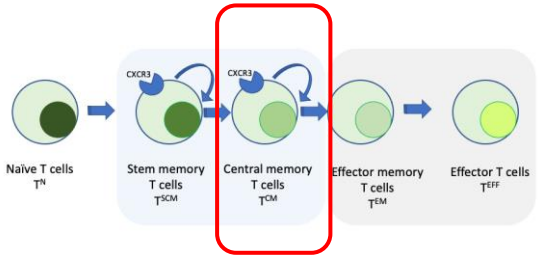
Greater Persistence: 50% more central memory cells than conventional CAR-T

Prescient Therapeutics

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

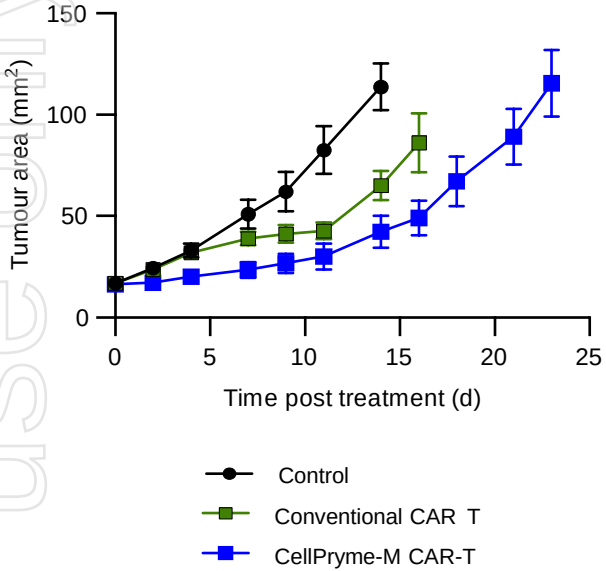




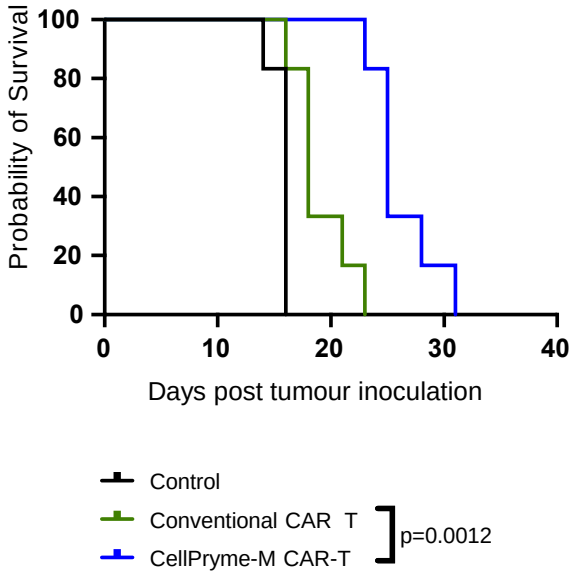


CellPryme-M doubles tumour control and survival

CellPryme-M nearly doubles CAR-T tumour control

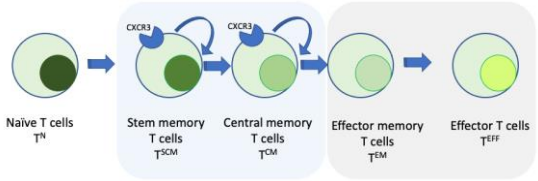


CellPryme-M doubles survival



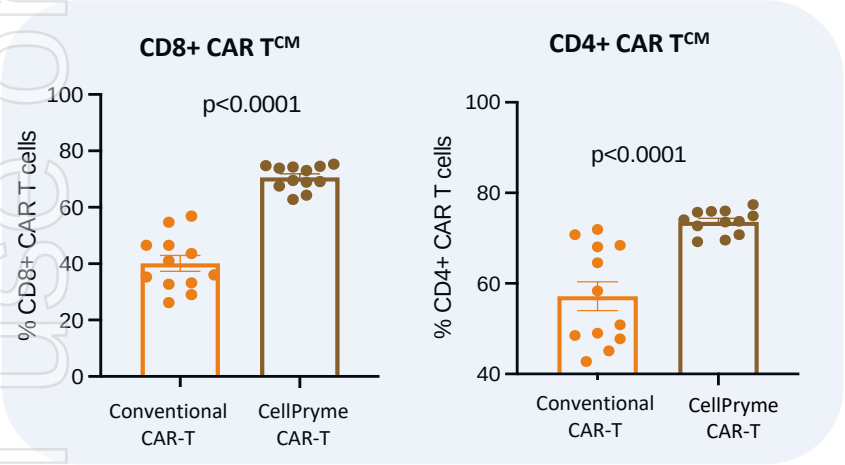
Her2+ E0771 breast tumour cells orthotopically transplanted into the mammary fat pad of syngeneic (immunocompetent) humanised Her2-C57Bl6 mice

Greater Persistence/Less Exhaustion



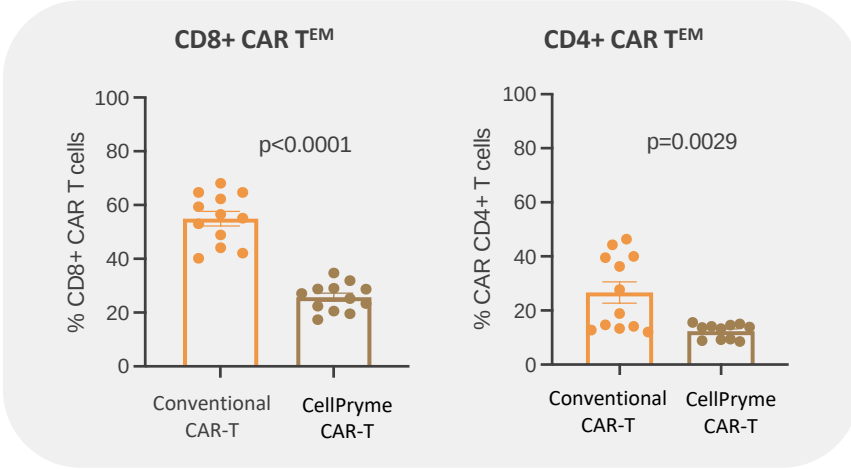
Sustained increase in T^{CM}

for both cytotoxic CD8+ and helper CD4+

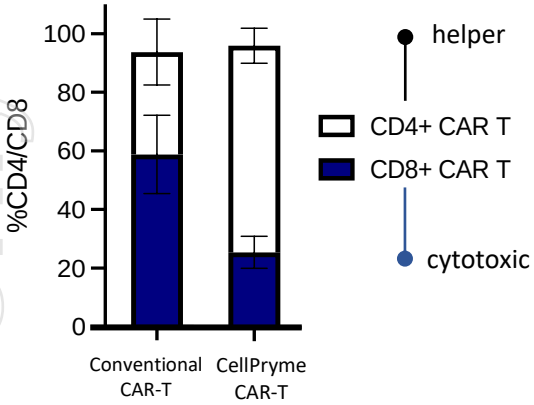


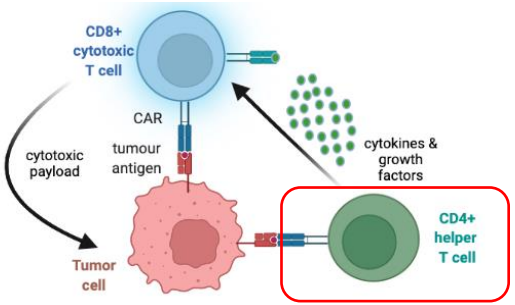
Sustained decrease in T^{EM}

for both cytotoxic CD8+ and helper CD4+



Synergy: CellPryme-M doubles proportion of helper T cells



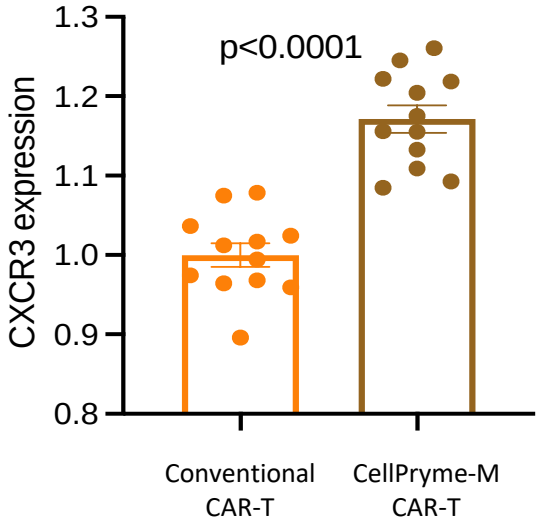


- Shift towards dominant helper CD4+ CAR T cells
- Helper T cells are known to prevent the exhaustion of cytotoxic CD8+ T cells
  - Some can also have tumour killing ability
- Helper & cytotoxic T cells work in synergy to increase CAR-T persistence

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



Prescient Therapeutics

CellPryme-A

Adjuvant for enhancing cell therapies

CellPryme-A Summary

Prescient Therapeutics

ADJUVANT PLATFORM TO ENHANCE CELL THERAPIES

- Current gen and next gen
- Complementary to CellPryme-M & OmniCAR

BREAKS DOWN HOSTILE TME

- Two-thirds less intratumoral Tregs
- Increases CAR-T cell penetration into tumours

IMPROVES TUMOUR KILLING AND SURVIVAL

BOOSTS CAR-T EXPANSION *IN VIVO*

READY FOR CLINICAL TESTING

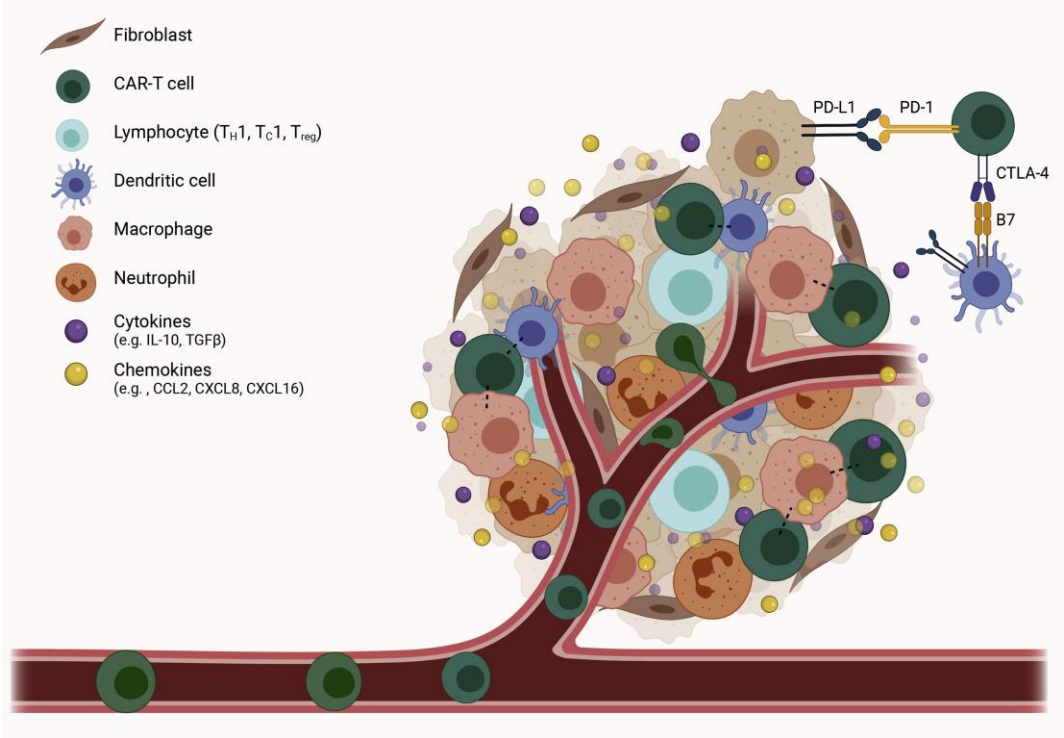
- GMP material ready

DEVELOPMENT OPPORTUNTIES

- PTX & 3rd party programs
- Use with any existing cell therapy for solid tumours

CellPryme-A addresses the hostile Tumour Microenvironment (TME)

- TME is the **complex ecosystem** surrounding solid tumours
- Protects and nurtures the cancer
- Acts as a **protective "force field"** that bluntens the effectiveness of cancer therapies

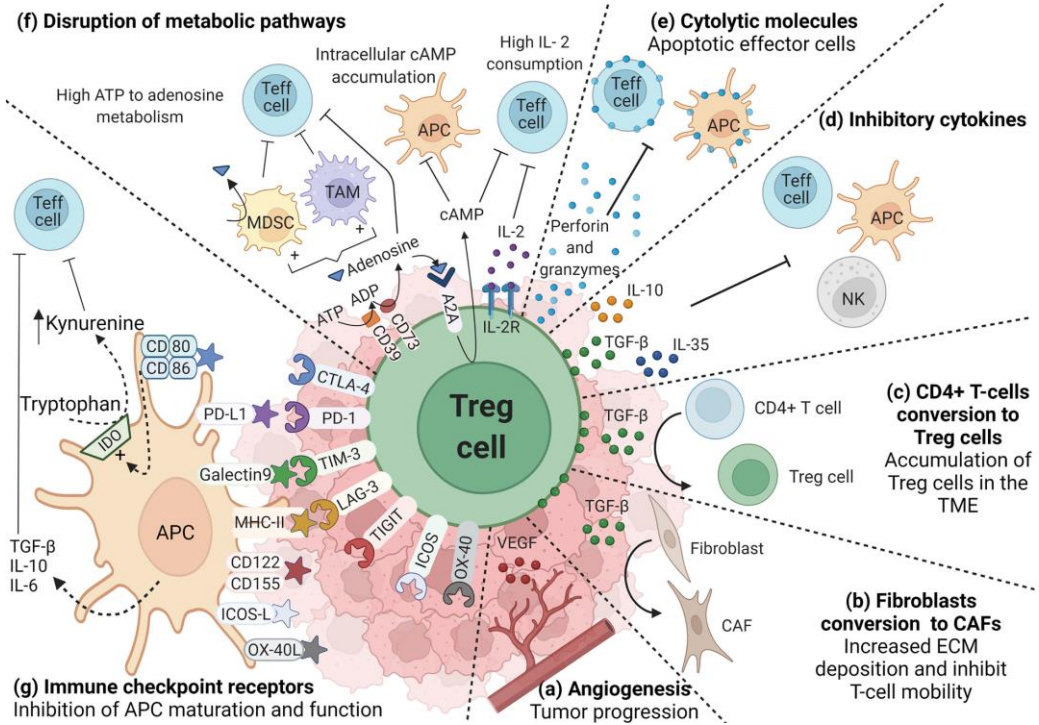


Treg cells are central players in the TME

Tregs are immunosuppressive cells in the TME

(i.e. **suppresses the immune response**)

- Causes T cell **exhaustion**
- Causes T cell **death**
- Produces cytokines that cause the tumour to go “**cold**”
- **Impairs NK** cell function



Reducing Tregs is key to successful CAR-T therapy

Coffer, PJ, et al; Front Immunol. 8 July 2022

Summary of CellPryme-A effects

Boosts tumour killing by conventional CAR-T cells

Reduces problematic **Treg cells** by 66%

Increases ability of T cells to **penetrate solid tumours**

- **4x ↑** Cytotoxic T cells
- **3x ↑** Helper T cells

Improved survival

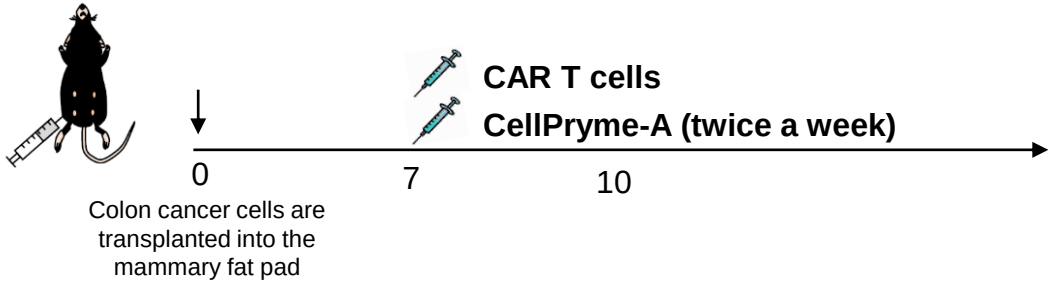
Dramatically increases **CAR-T cell expansion** within host

- **2x ↑** CAR-T cell expansion
- **9x↑** Cytotoxic T cells
- **6x ↑** Helper T cells

with CellPryme-M

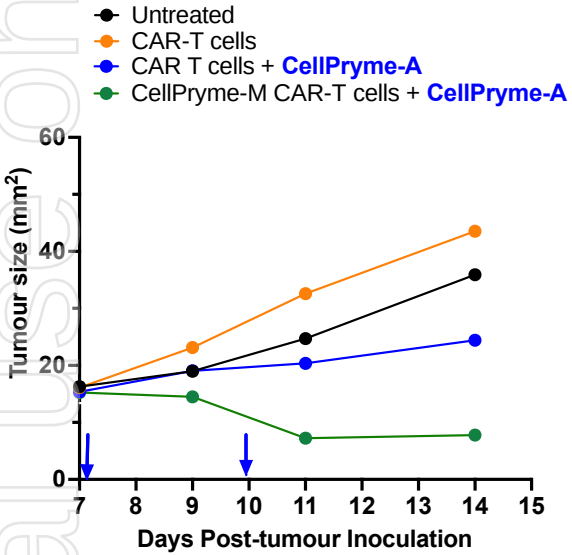
Synergises with CellPryme-M for **even greater benefits**

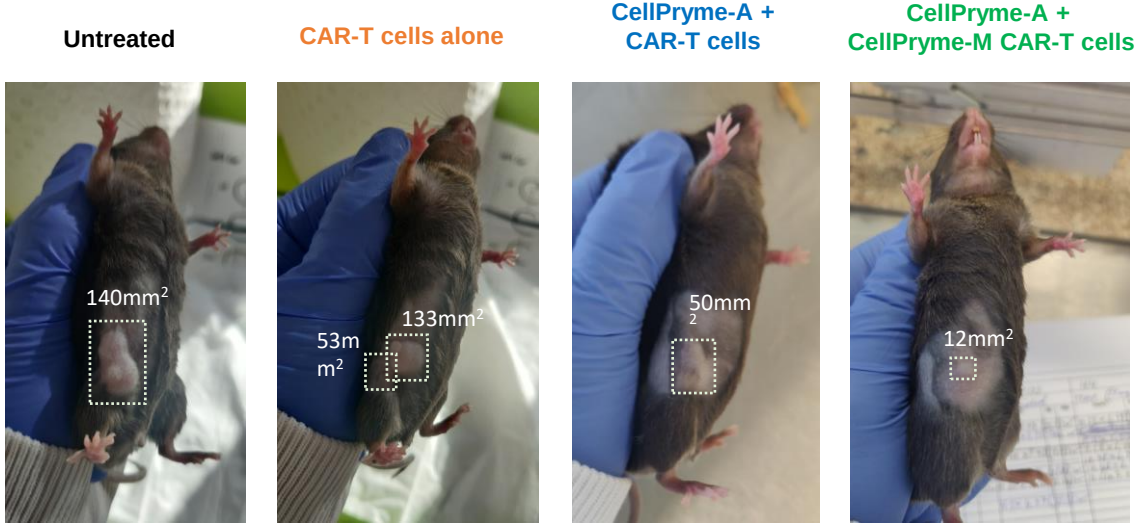
CellPryme-A significantly boosts CAR-T efficacy



Experimental end point

Tumour size > 150 mm^2 or ≤ 28 days unless other humane endpoints are reached

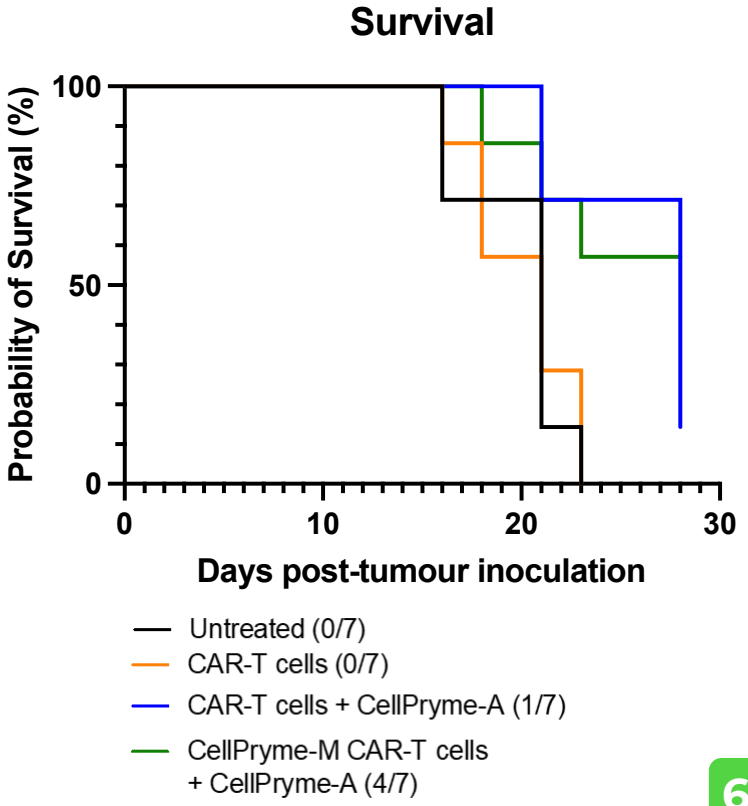




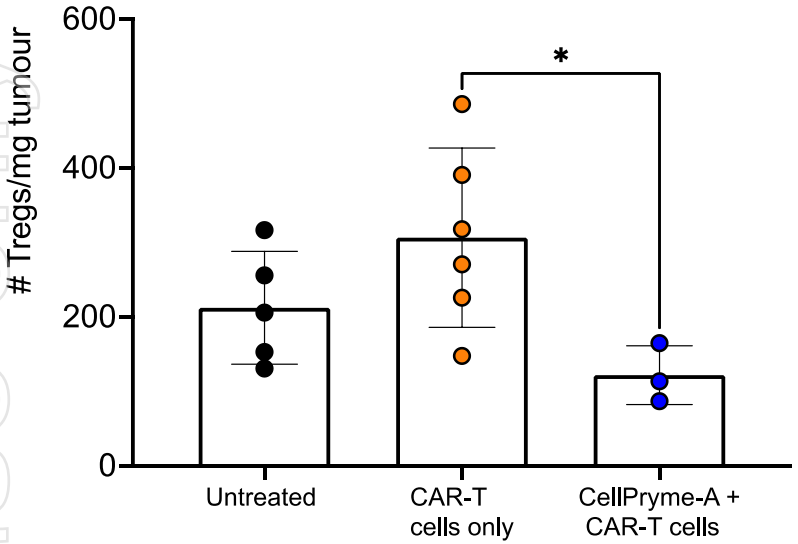
CellPryme-A improves survival

- Highly aggressive and resistant cancer model
- CAR-T cells did not improve survival in this model
- CellPryme-A improved the survival of animals given CAR-T cells by over 20% (5 days)
- The combination of CellPryme-A and CellPryme-M treated CAR-T cells **extended survival beyond the study period** in half of the animals under experimentation

Note: Animal ethics approval up to 150mm^2 or up to 28 days on study unless other humane endpoints are reached



CellPryme-A significantly decreases problematic Tregs in tumours

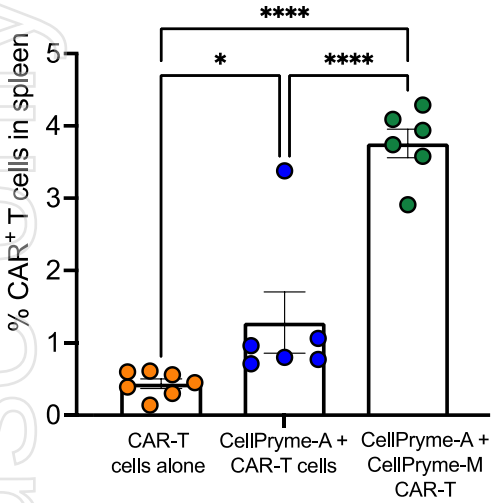


CellPryme-A significantly reduced intra-tumoural Tregs by two-thirds

Conventional Her2 CAR-T cell therapy followed by CellPryme-A adjuvant therapy

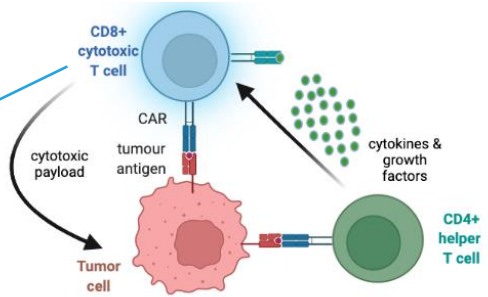
*p<0.05; Kruskal-Wallis one-way ANOVA

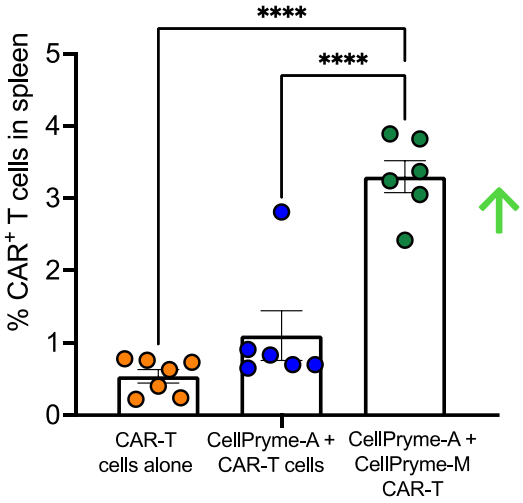
CellPryme-A synergises with CellPryme-M to dramatically expand CAR-T cells *in vivo*



↑9x

CD8+ Cytotoxic T cells

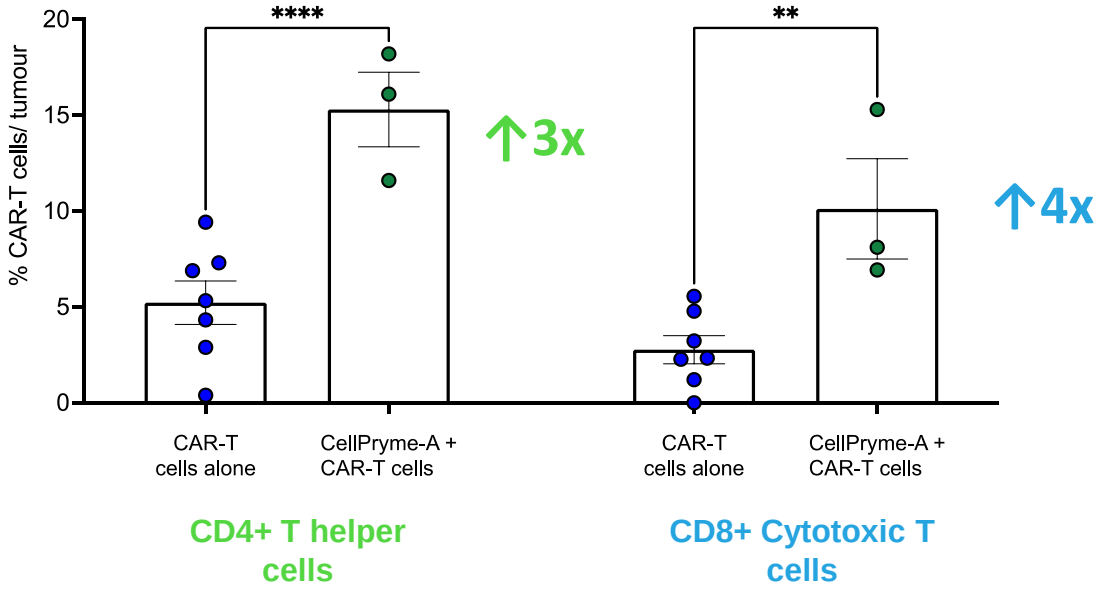




↑6x

CD4+ T helper cells

CellPryme-A significantly increases CAR-T cell penetration into tumours

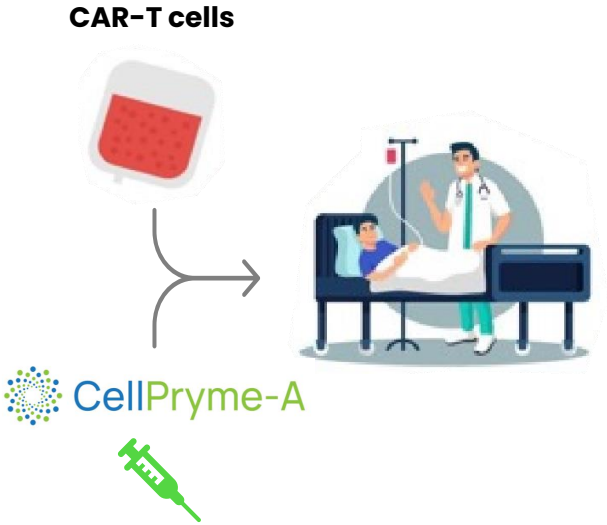


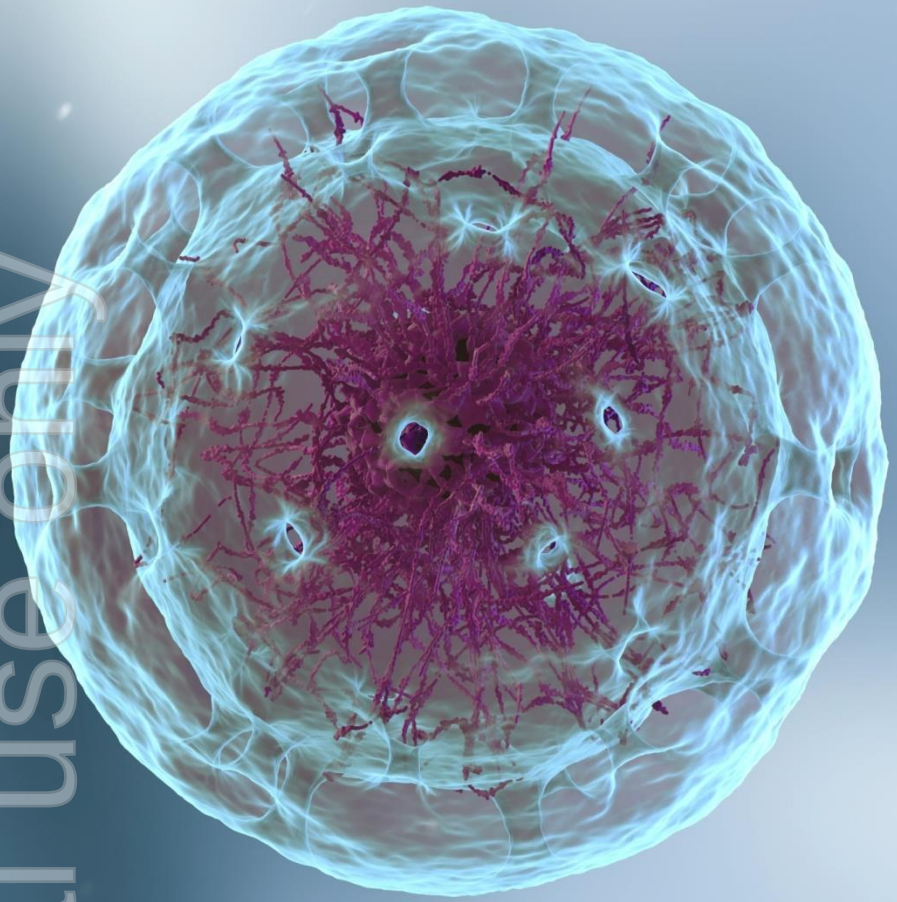
**p<0.01, ****p<0.0001, Mann-Whitney test
Tumours collected from parallel cohort of animals at Day 21

CellPryme-A ready for the clinic

CLINIC-READY THERAPY

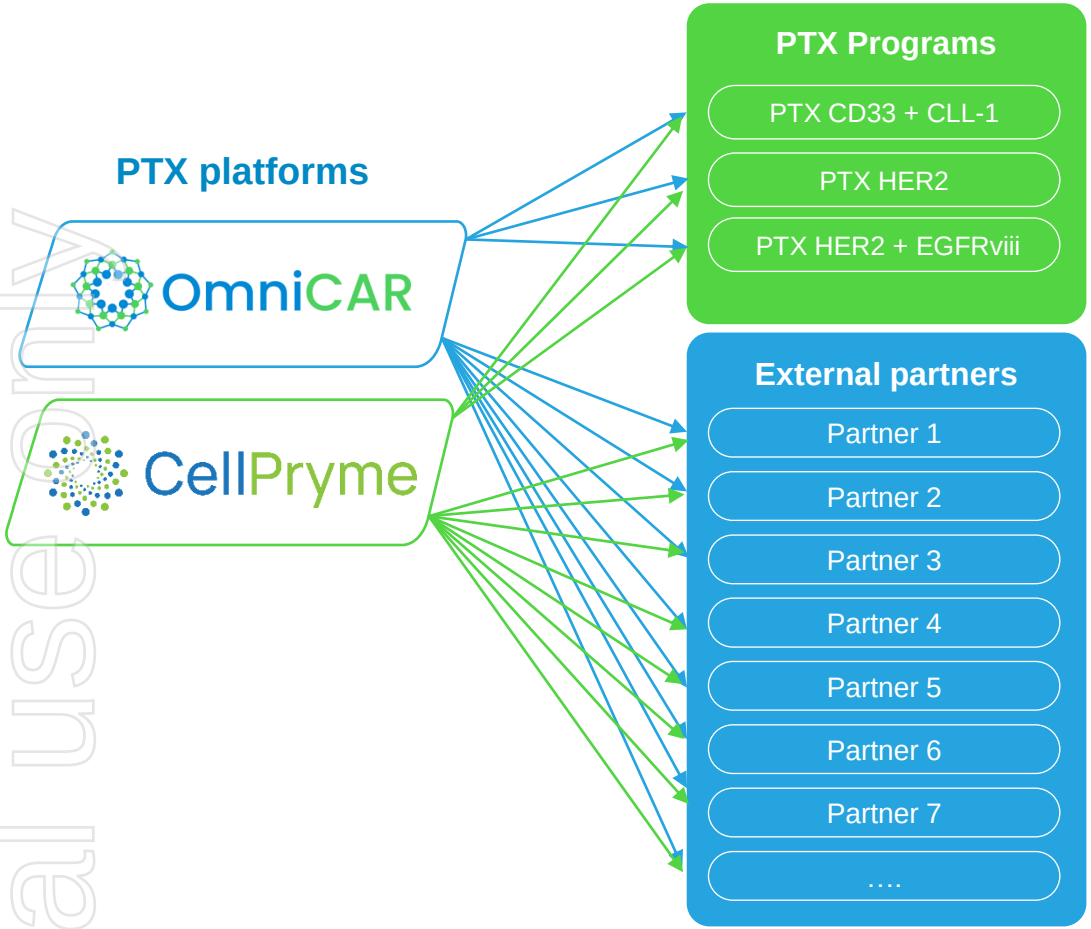
- Ready for clinical testing as adjuvant/neoadjuvant therapy
- Straightforward to incorporate adjuvant into other CAR-T programs
- Robust regulatory package
- Clinical grade material available





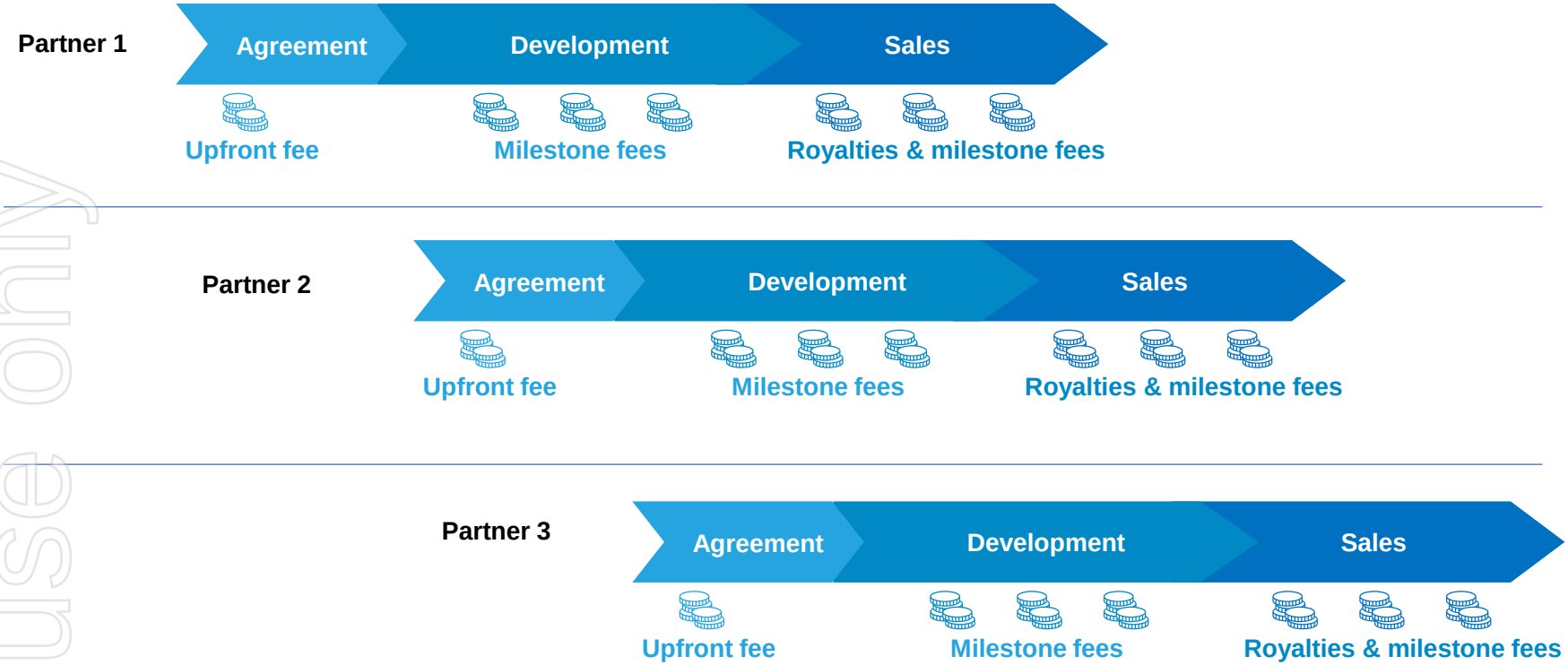
BUSINESS MODEL & SCOPE

Prescient's CAR-T platform business model



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

Commercial models - Partners

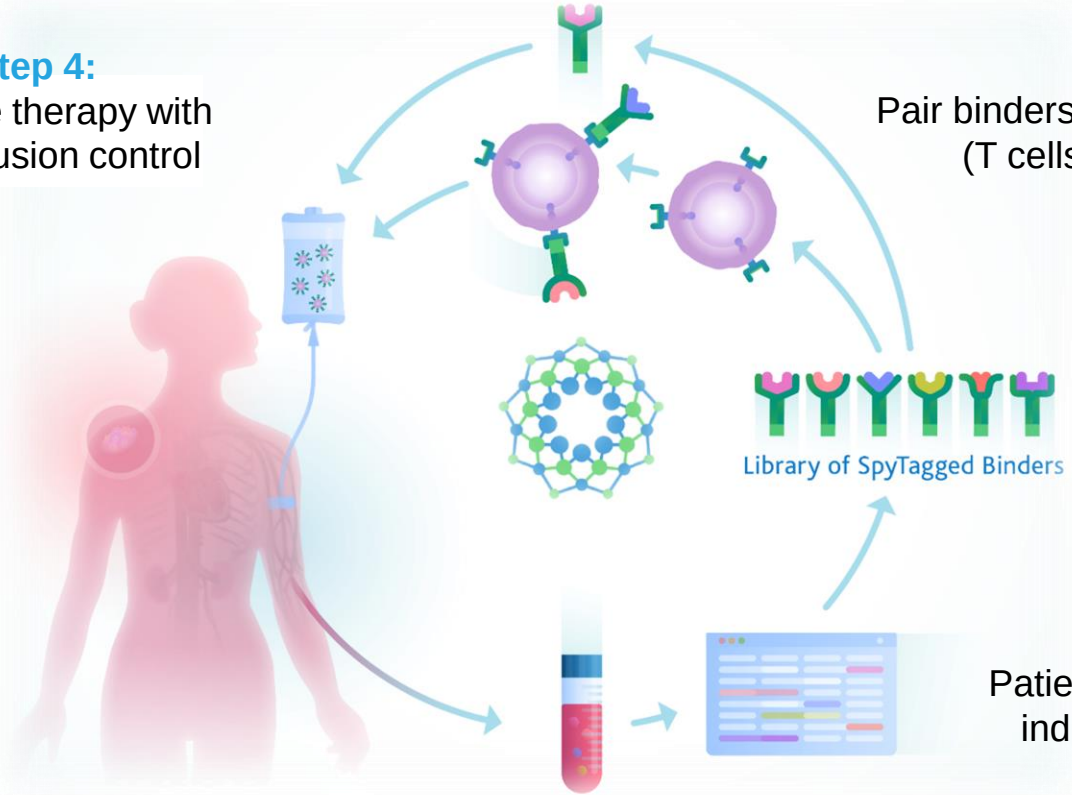


The End Game: Personalized “Plug & Play” Cell Therapy Ecosystem

Prescient Therapeutics

Step 4:
Bespoke therapy with post-infusion control

Step 3:
Pair binders with OmniCAR cells (T cells; NK; auto/allo)



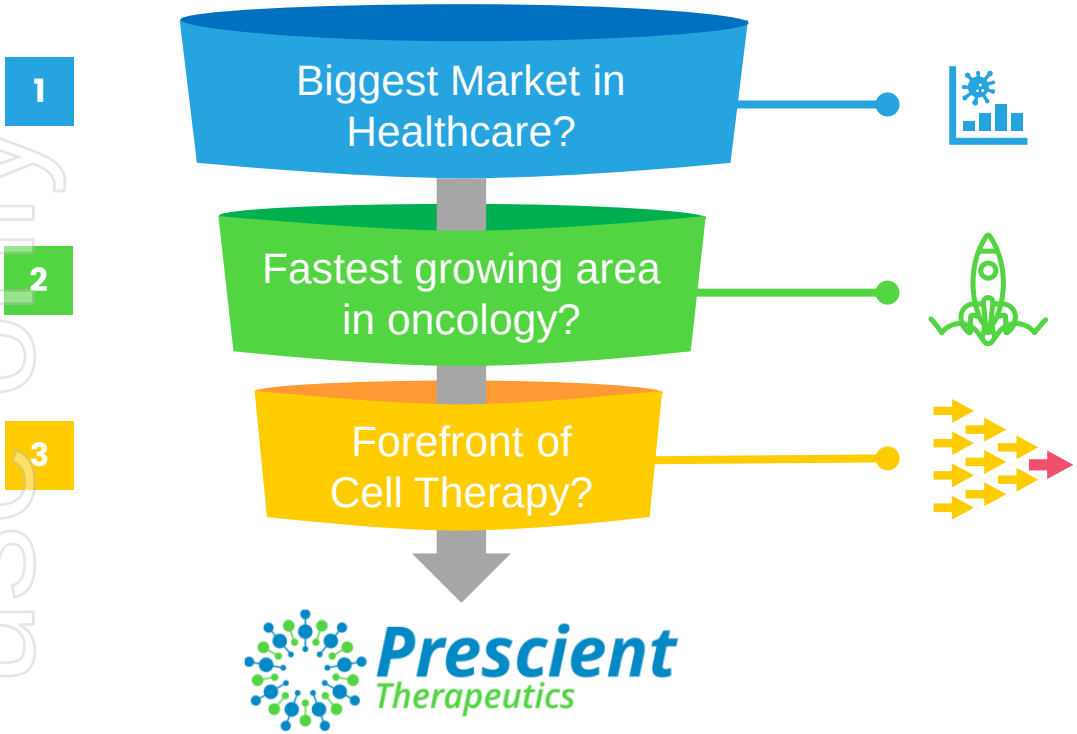
Step 2:
Match patient’s antigens to corresponding binders

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