

## 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 2<sup>nd</sup> 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 medical 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](http://www.ptxtherapeutics.com) or connect with us via Twitter [@PTX\\_AUS](https://twitter.com/PTX_AUS) and [LinkedIn](https://www.linkedin.com/company/ptxtherapeutics).

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

### **For more information please contact:**

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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](#)

Internal use only



**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<sup>1</sup> A\$0.17

**Market Capitalisation<sup>1</sup>** **A\$120 M**

**Market Cap fully diluted<sup>1</sup>** **A\$140 M**

**Cash Position<sup>2</sup>** **A\$21M**

Top 20 Own 16%



1 - AS AT 24 OCT 2022

2 - UNAUDITED, POST OCT 2022 CAPITAL RAISING

# Investment Highlights



## World class pedigree.

We license from the best;  
and work with the best



THE UNIVERSITY OF TEXAS



**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

Analysts only

Key OmniCAR patent granted in US

FDA Orphan Drug status for PTX-100

OmniCAR platform extensions

QGen to manufacture OmniCAR cells

Strategic collaboration with MD Anderson

Unveiling CellPryme-A adjuvant platform

Successful capital raising bolsters cash to \$21.9m



# 4 Innovative Personalised Oncology Assets

## 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

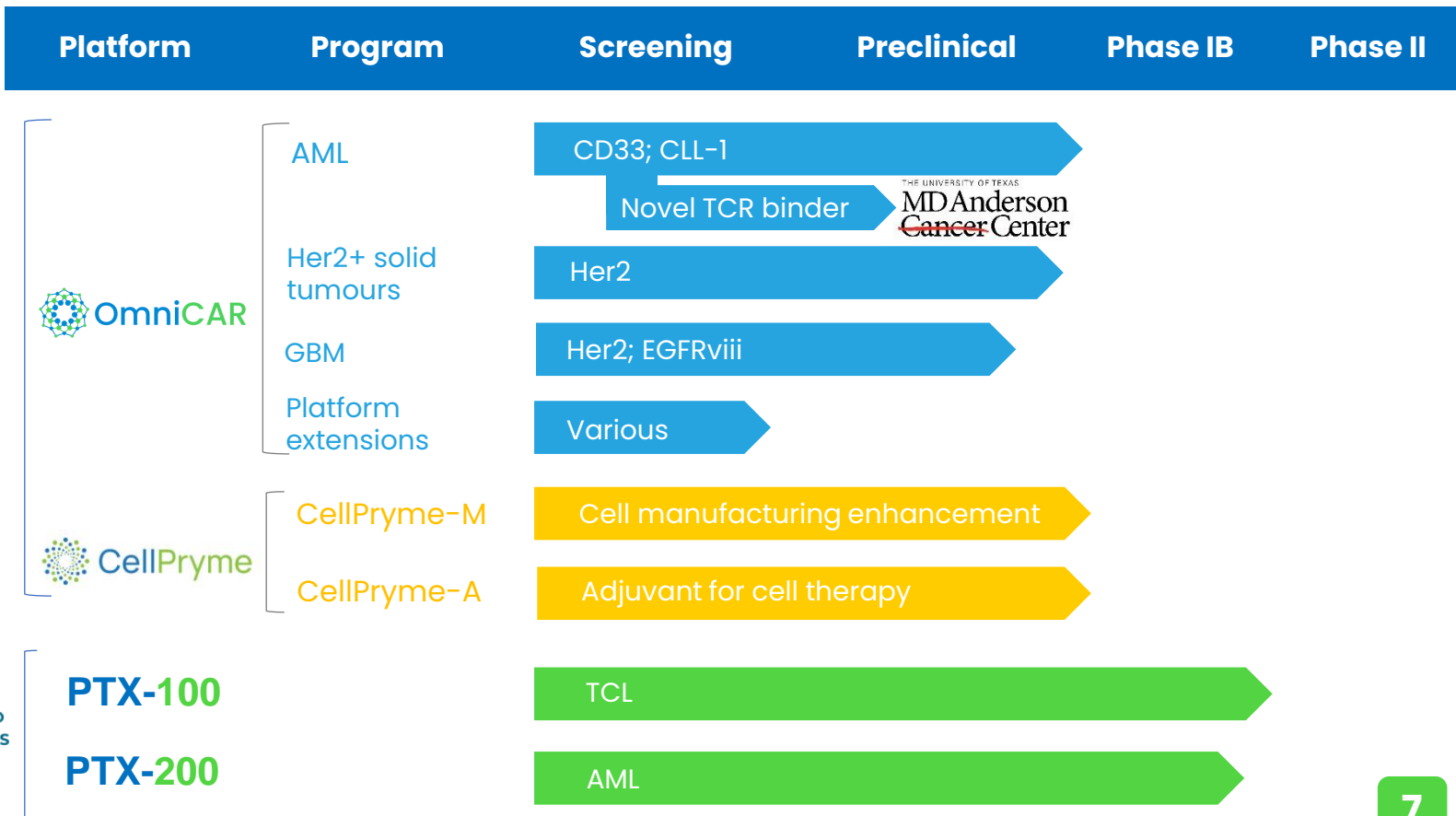
**PTX-100**

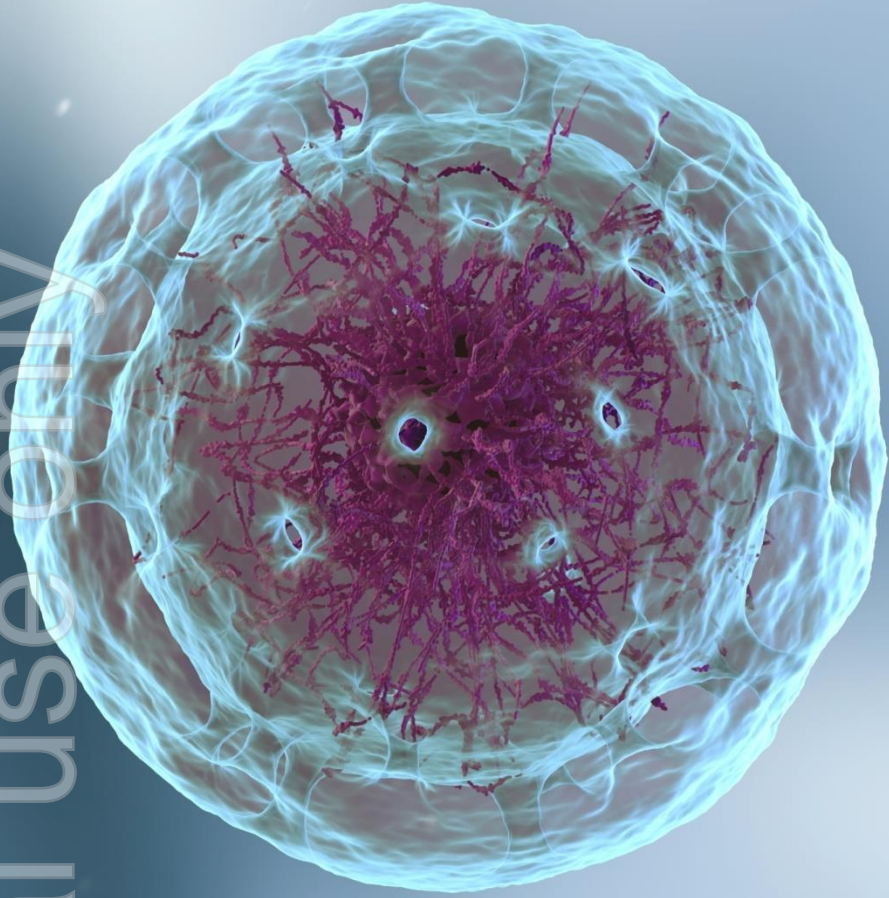
Ras / Rho  
inhibitor

**PTX-200**

Novel AKT  
inhibition

# Innovative pipeline in personalised medicine





# TARGETED THERAPIES

# 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
  - Responses
  - Time on therapy

- Granted Orphan Drug Designation by US FDA for Peripheral TCL



Licensed from



Yale University

Principal Investigator



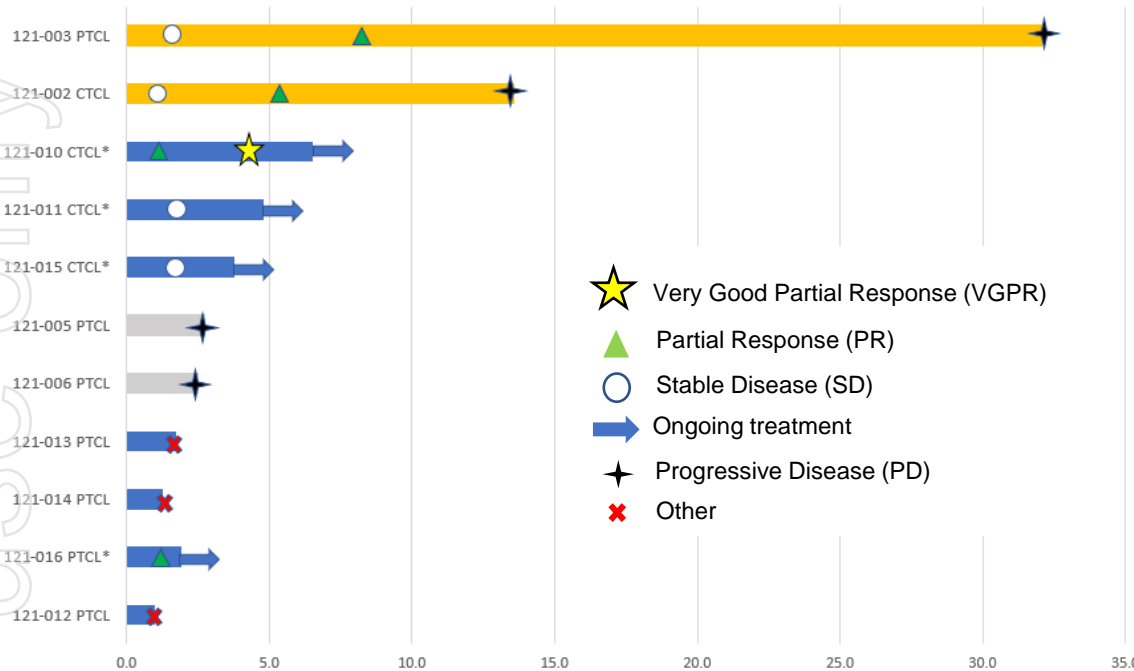
Professor H. Miles Prince, AM



Epworth

# Trial update: continued encouraging responses & time on treatment

## CLINICAL REPOSSES & MONTHS ON TREATMENT



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

- 2 PD
- 3 withdrawn

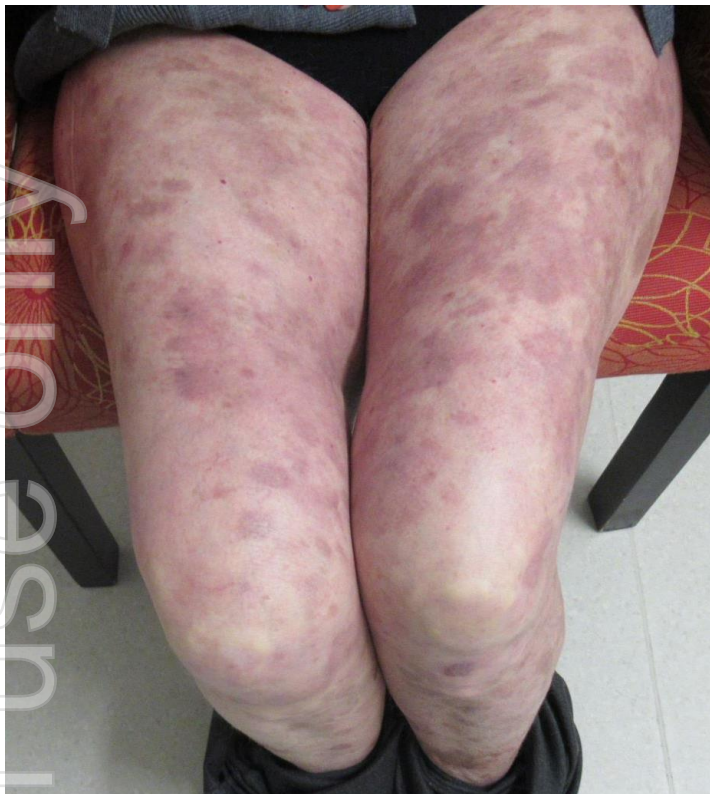
★ Very Good Partial Response (VGPR)  
▲ Partial Response (PR)  
○ Stable Disease (SD)  
➔ Ongoing treatment  
✦ Progressive Disease (PD)  
✖ Other

PTX-100 dose

- 500 mg/m<sup>2</sup>
- 1000 mg/m<sup>2</sup>
- 2000 mg/m<sup>2</sup>

	121-012 PTCL	121-016 PTCL*	121-014 PTCL	121-013 PTCL	121-006 PTCL	121-005 PTCL	121-015 CTCL*	121-011 CTCL*	121-010 CTCL*	121-002 CTCL	121-003 PTCL
*still on study	1.0	1.9	1.3	1.8	2.5	2.8	3.8	4.8	6.5	13.6	32.1

**Before**



**After**

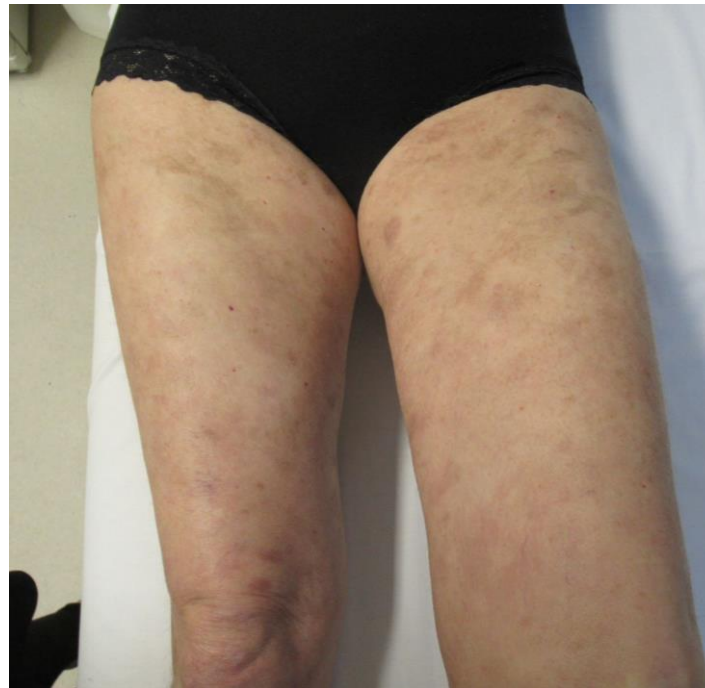


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**Before**



**After**

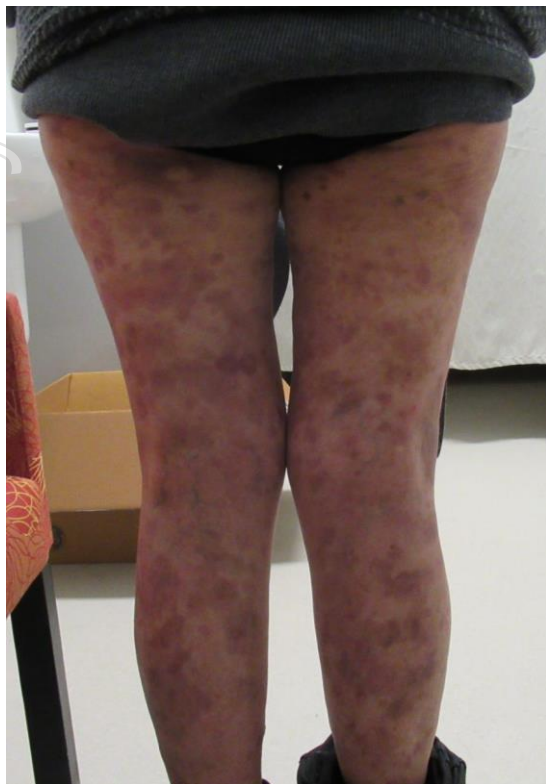


**ASX: PTX**

For personal use only



**Before**



**After**



**ASX: PTX**

For personal use only

**Before**

**After**

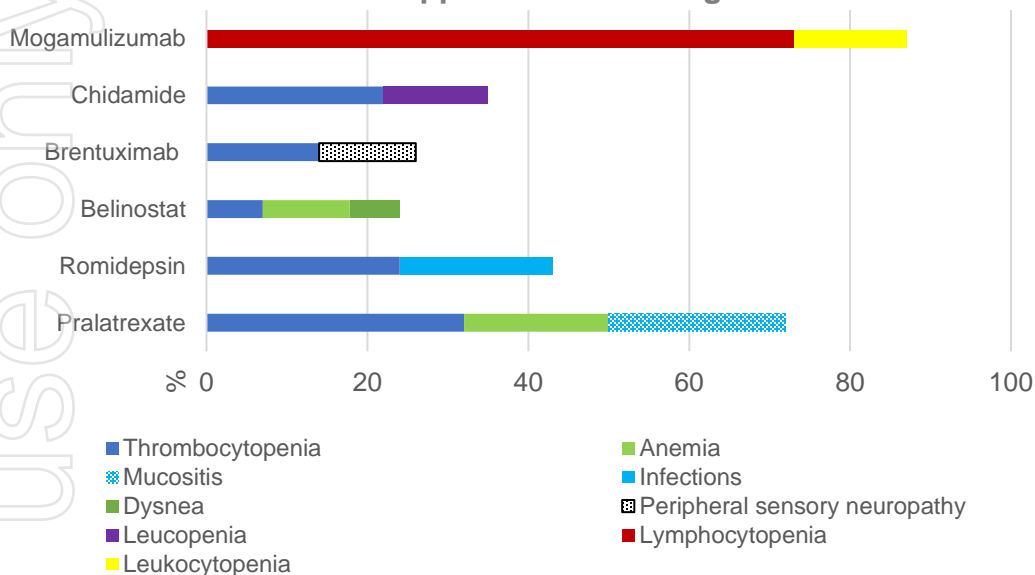


**ASX: PTX**

# 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

# 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

**FOLOTYN**  
(pralatrexate injection) 



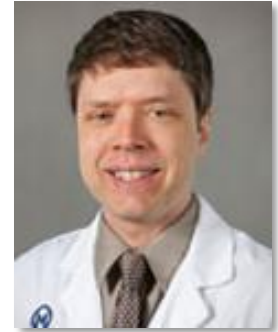
# PTX-200

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<sup>2</sup> as continuous infusion
  - 4 patients with CR/CRi so far
  - 1 patient with PR
- Currently treating expansion cohort at 45 mg/m<sup>2</sup>
- Granted Orphan Drug Designation by US FDA

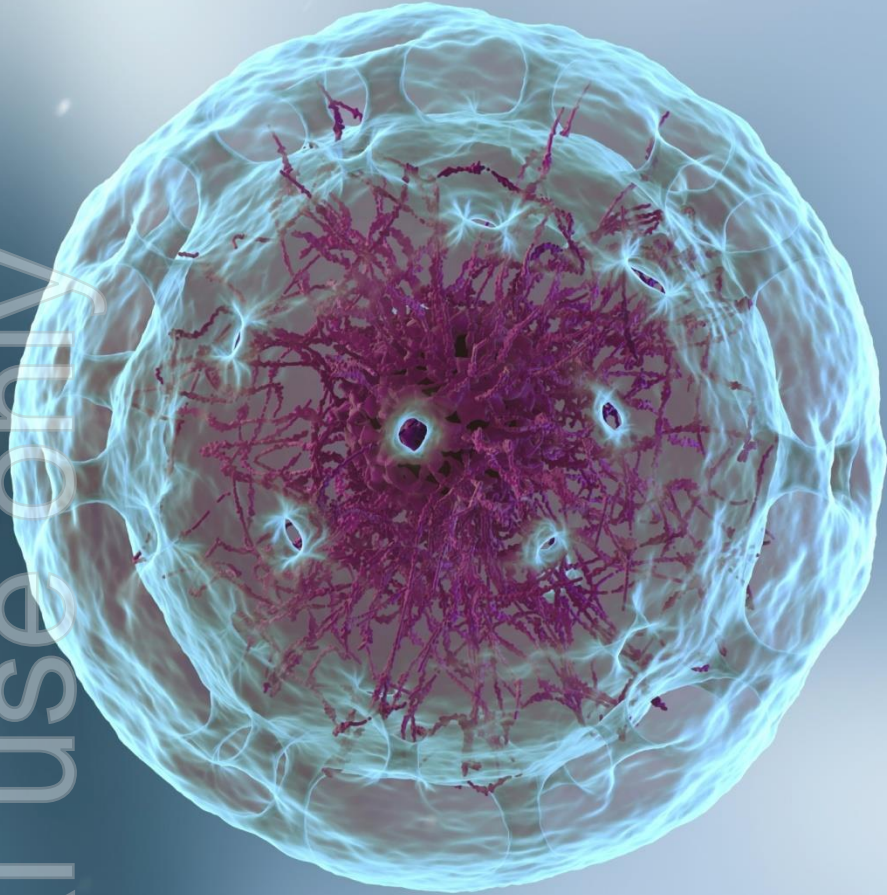
Principal Investigator



Jeffrey E Lancet, M.D.

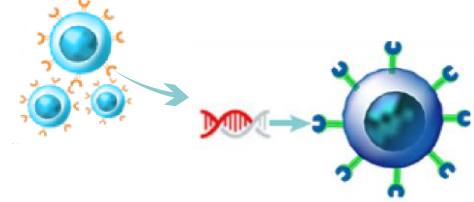
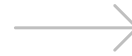
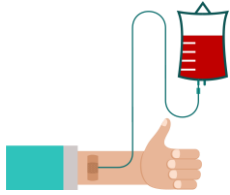


CR: COMPLETE REMISSION  
CRi: COMPLETE RESPONSE WITH INCOMPLETE HEMATOLOGIC RECOVERY  
PR: PARTIAL RESPONSE



# CELL THERAPY PLATFORMS

# The CAR-T process



1

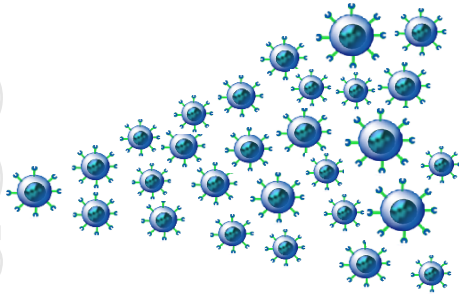
Blood is collected from the patient

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

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

2000

2012  
CAR-T licensed from Penn by Novartis to develop Kymriah®

2012

2017  
FDA designates CARs a "break-through" therapy

2017

2023  
GlobalData forecasts Kymriah® sales to exceed US\$1bn

2023

2028  
GlobalData forecasts CAR-T sales to exceed US\$37bn

2028

2014  
First CARs cross the regulatory finish line

2014

## 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**

# Platforms to overcome CAR-T's key challenges

## Challenge






### 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

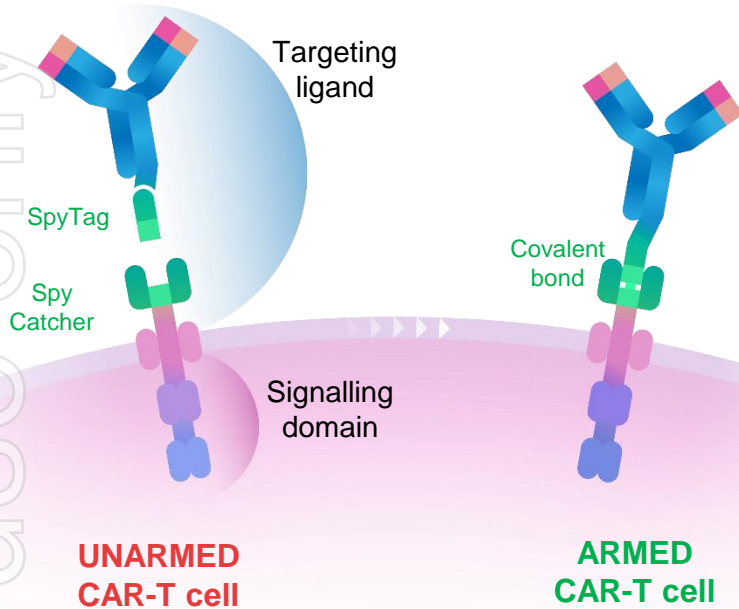




# OmniCAR

**Universal, Next Gen  
CAR-T Platform**

# OmniCAR: flexible, modular CAR platform



Using any  
targeting  
ligand...

...with any  
immune  
cell



Associate Professor  
Daniel J. Powell, Jr



Professor  
Andrew Tsourkas



UNIVERSITY OF  
OXFORD

mal use only

T-cell



# 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



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



## OmniCAR



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



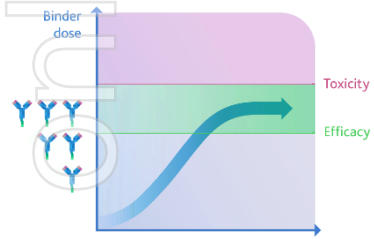
Send **images** back to  
base in real time



# OmniCAR: Control Features

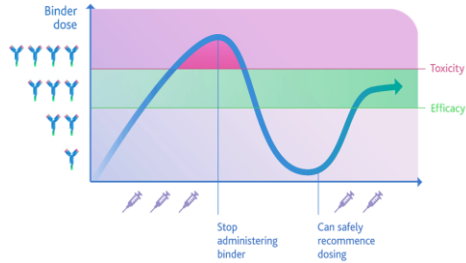
Modular and covalent architecture of OmniCAR enables true **post-infusion control** of CAR functionality

## Dose Titration



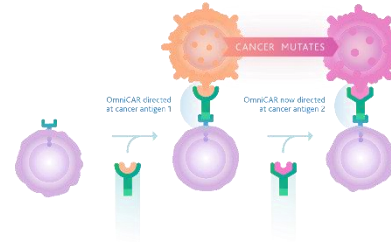
Control activity to **safe and efficacious** levels

## On/off switch



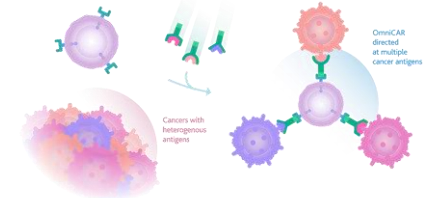
Turn therapy on/off/on without killing or re-administering cells = **safety & persistence**

## Target Re-direction



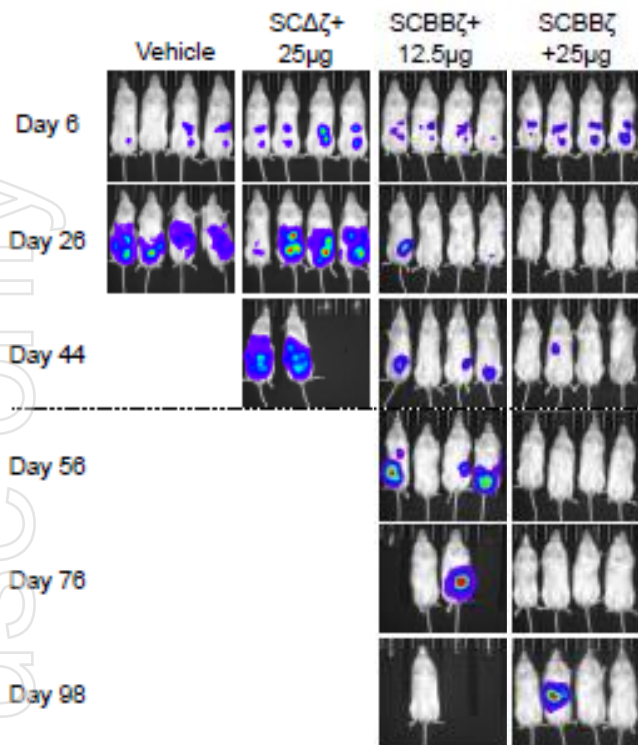
Re-direct cells from one cancer target to another in vivo

## Multi-Antigen Targeting

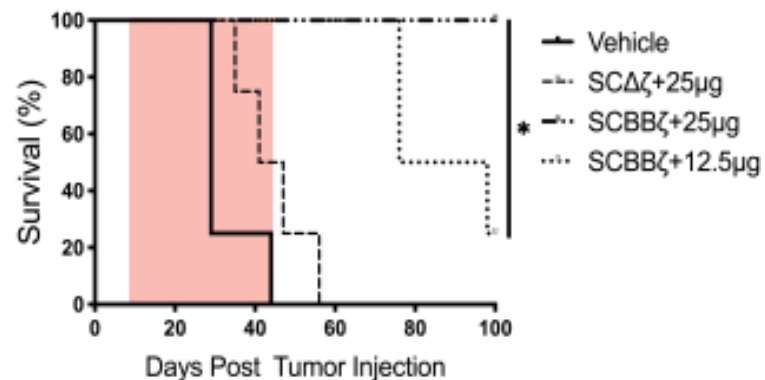


Target **multiple cancer antigens simultaneously** for thorough cancer killing

# 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



# OmniCAR cells can be Re-Armed



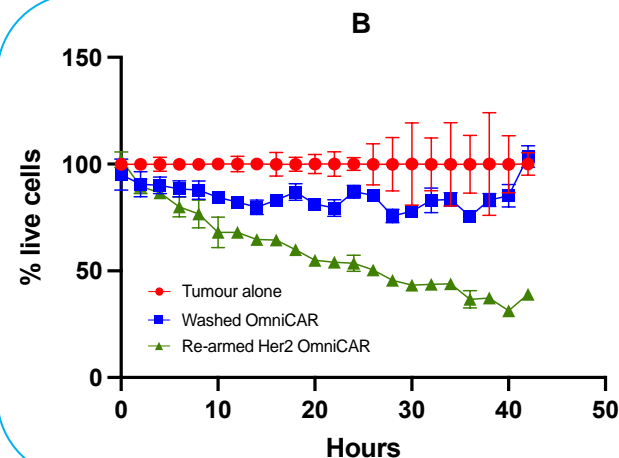
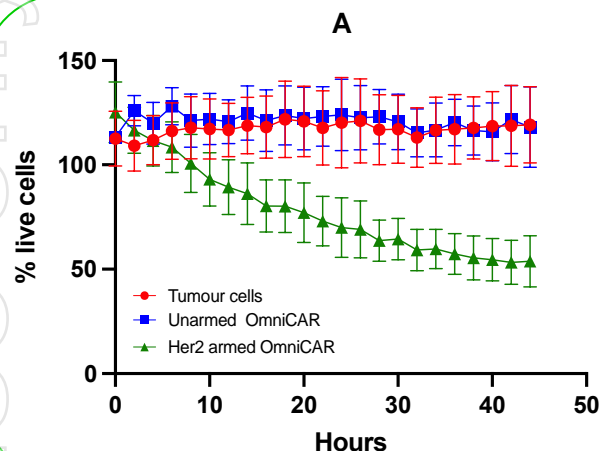
Wash; Rest

Re-armed

Cytotoxicity assay

Day 12

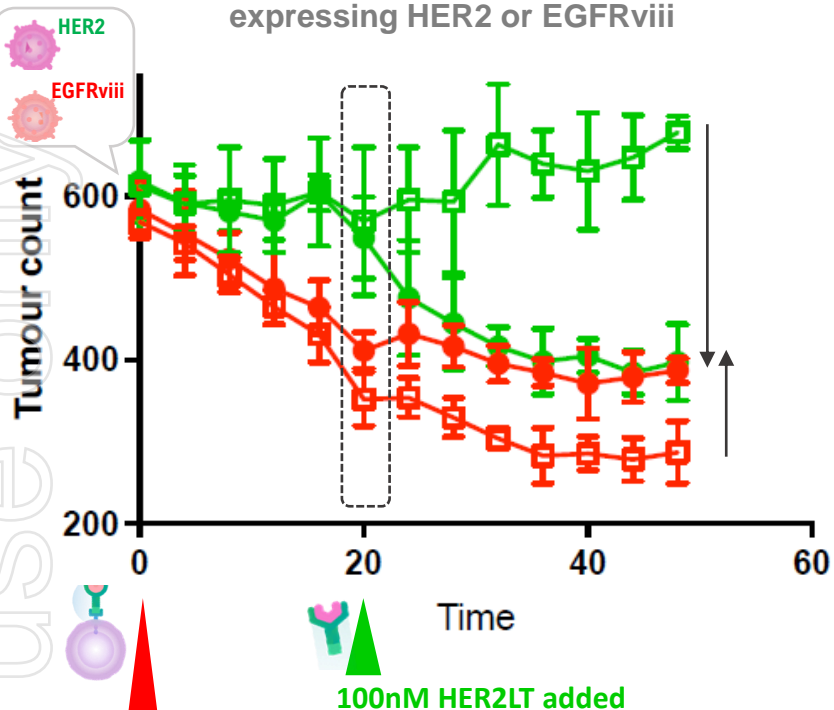
Days 13–14



- 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

Target Re-direction in Coculture of GBM Cells expressing HER2 or EGFRviii



1

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

→ Rapid cytotoxicity to EGFRviii+ cells

2

Add Her2 binder

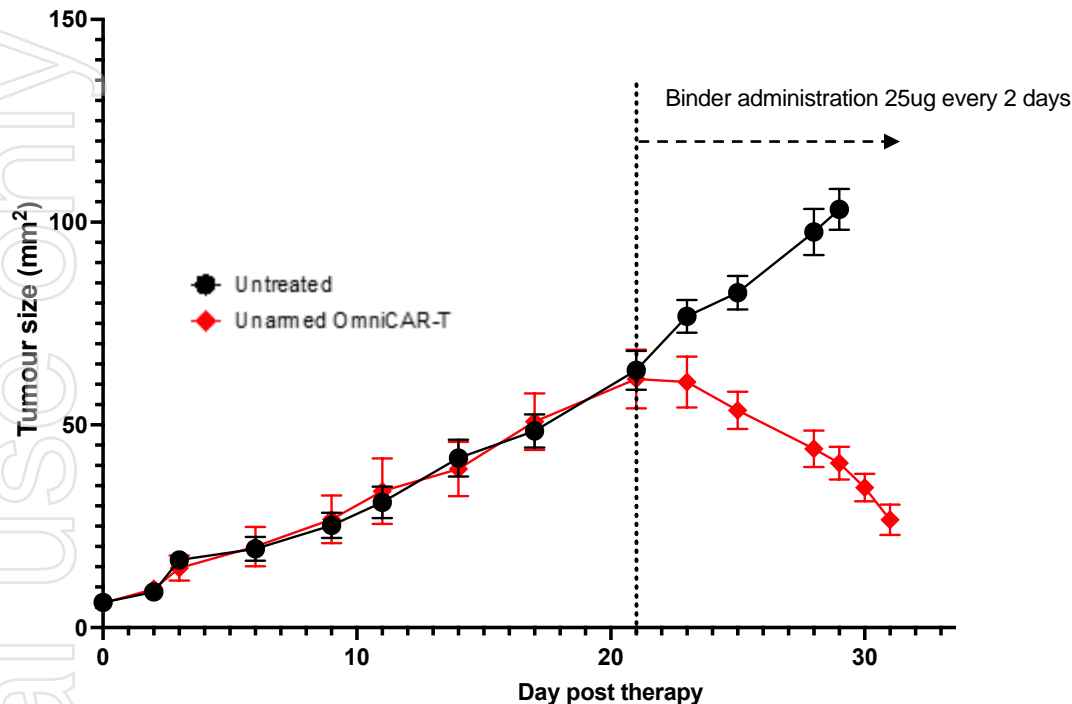
→ Rapid switching & cytotoxicity to Her2+ cells

No new cells required

# OmniCAR cells viable & armable for weeks

Mice with OC25 tumours

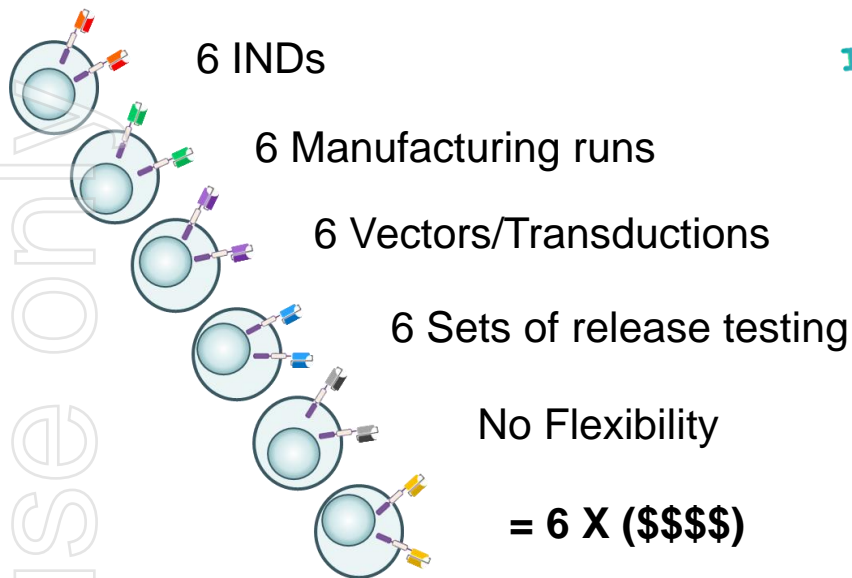
Binder administered from day 21



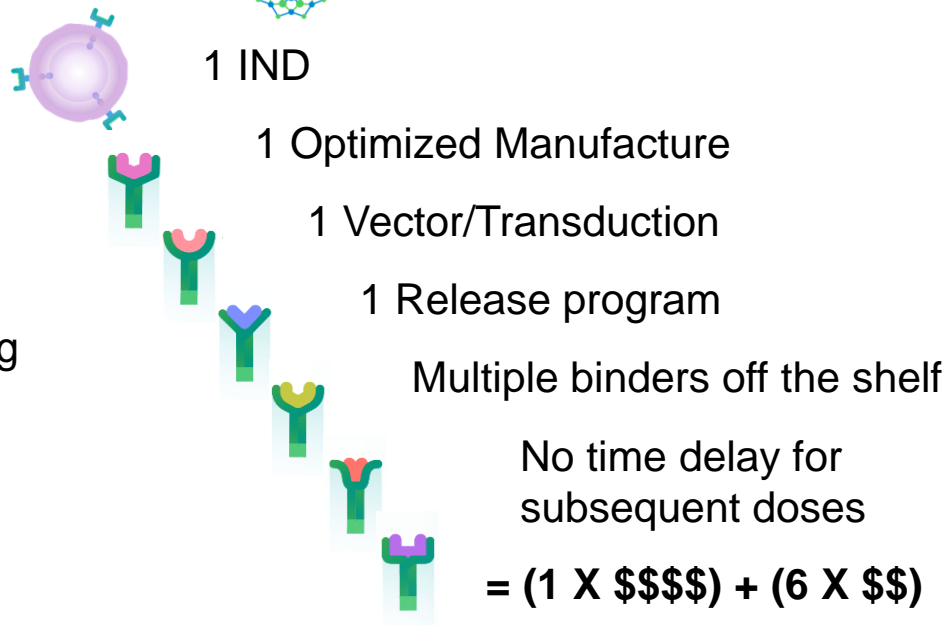
- Unarmed & armed OmniCAR-T cells are viable for weeks
- Can be armed at will
- Results in immediate cytotoxicity

# Regulatory, manufacturing & COGS advantages

## Conventional CAR-T



## OmniCAR





OmniCAR

Next Gen CAR-T Programs

# OmniCAR internal program summary

Targets	Indications	OmniCAR features	Comments
<b>CD33 + CLL-1</b>	Acute Myeloid Leukemia (AML)	<ul style="list-style-type: none"> <li>• <b>Titration</b> for improved safety</li> <li>• <b>Co-arming</b> against CD33 &amp; CLL-1</li> <li>• <b>Sequential targeting</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Validated</b> targets; expressed on 90%+ of AML blasts &amp; LSCs</li> <li>• <b>1 of 5 programs worldwide</b>; the only next-gen program</li> </ul>
<b>HER2</b>	Ovarian; breast & gastric cancers	<ul style="list-style-type: none"> <li>• <b>Titration</b> for improved safety</li> <li>• <b>Persistent binder dosing</b> for improved efficacy</li> <li>• <b>TME</b> and checkpoint enhancements</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Most mature</b> next-gen HER2 CAR-T program</li> <li>• Builds on Penn <b>pre-clinical PoC</b></li> </ul>
<b>HER2 + EGFRviii</b>	Glioblastoma multiforme (GBM)	<ul style="list-style-type: none"> <li>• <b>Titration</b> for improved safety</li> <li>• <b>Co-arming</b> against HER2 &amp; EGFRviii</li> <li>• <b>Persistent binder dosing</b> for improved efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1 of 3 multiple antigen programs in the world</b></li> <li>• Single antigen targeting is inadequate in GBM</li> </ul>



# 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



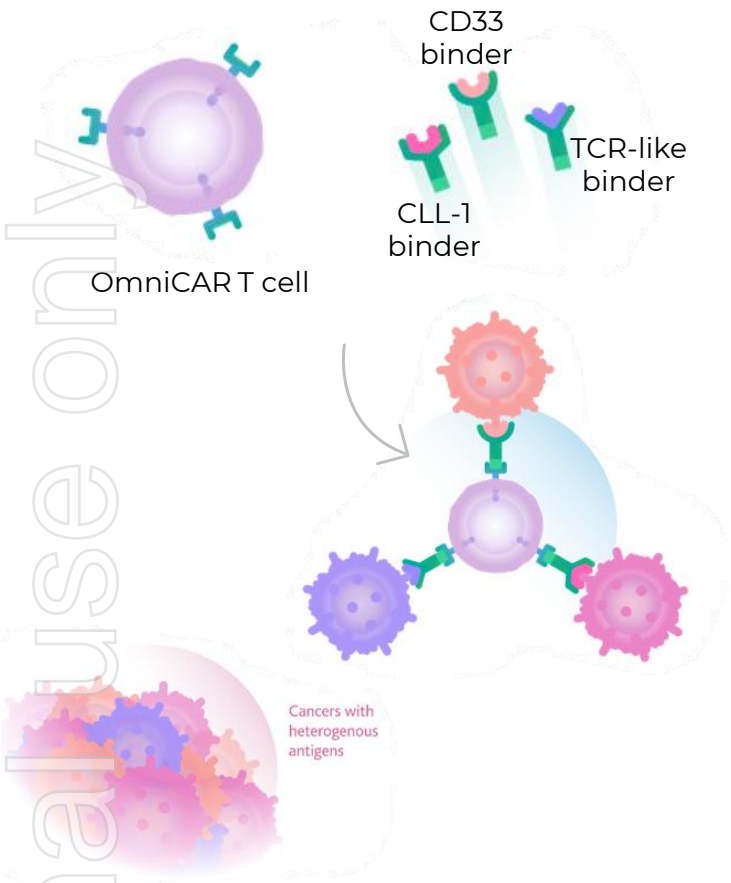
## MD Anderson's novel TCR-like binder library

- 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

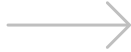
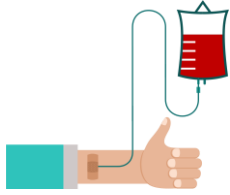
Internal use only



CellPryme

**CELL THERAPY  
ENHANCEMENTS**

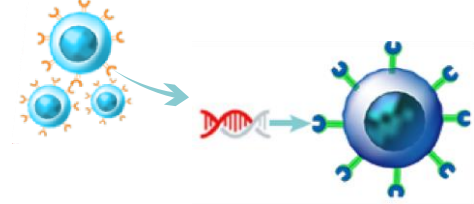
# The CAR-T process



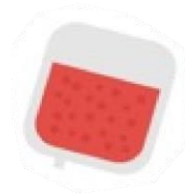
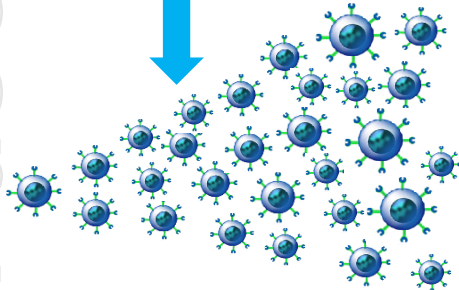
**1** Blood is collected from the patient



**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



## 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

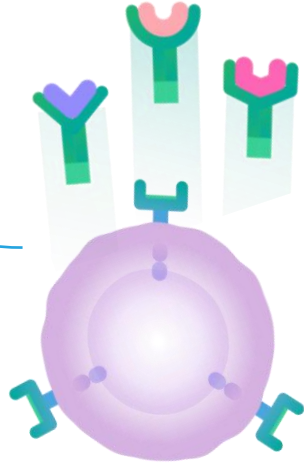
- Overcomes hostile TME
- Reduces Tregs
- Increases expansion of CAR-T cells *in vivo*
- Doubles penetration of CAR-T cells into tumours

# CellPryme Complements OmniCAR



## OmniCAR

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



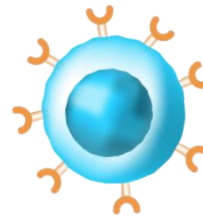
Next generation  
Cell therapies



## CellPryme-M

Process that produces  
a better cell type

- Persistence
- Trafficking



Current generation cell  
therapies



## CellPryme-A



Adjuvant therapy

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





CellPryme-M

Cell manufacturing  
enhancement

# CellPryme-M Executive Summary



## 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

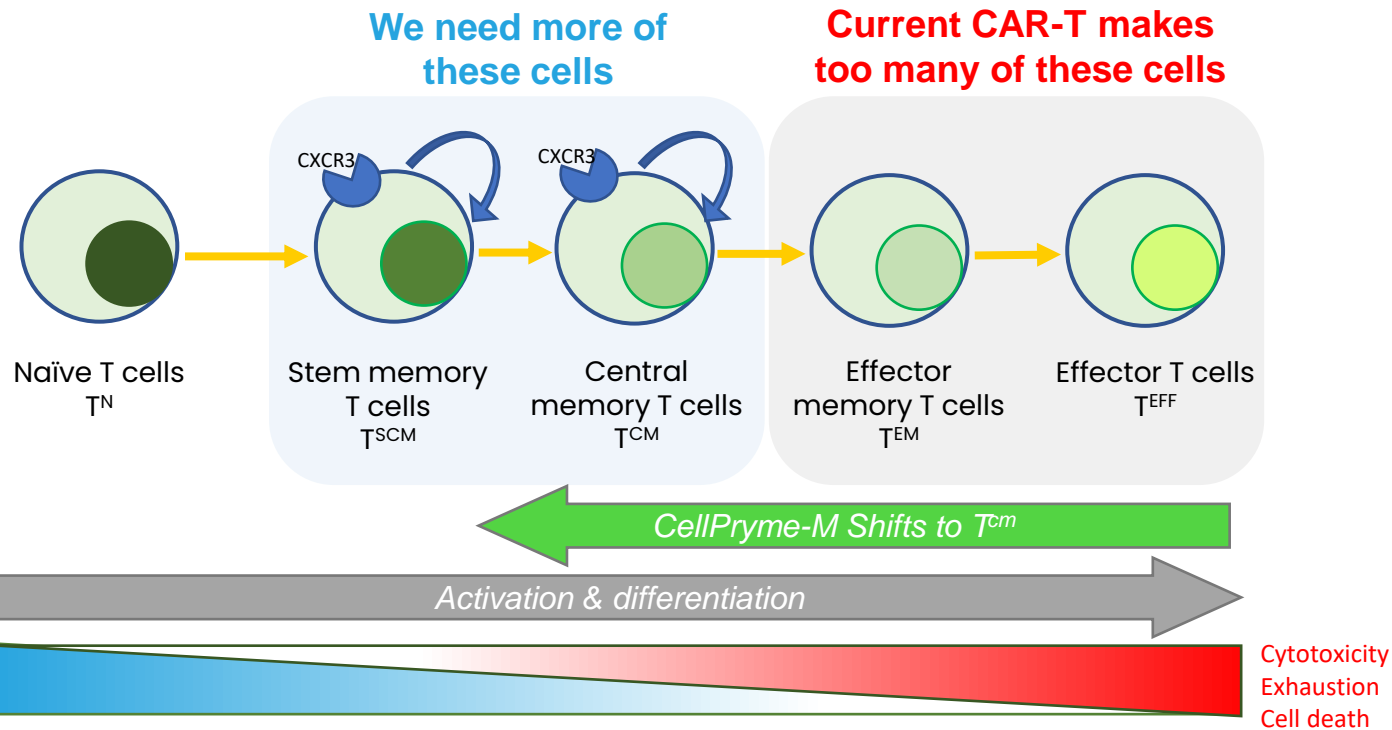


## Anti-viral

Cells with potent anti-viral characteristics

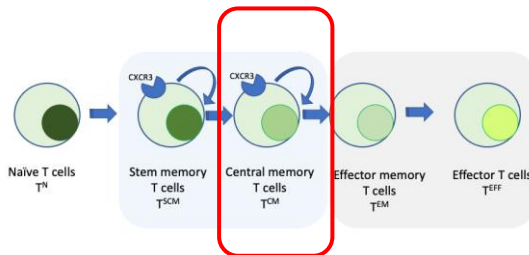
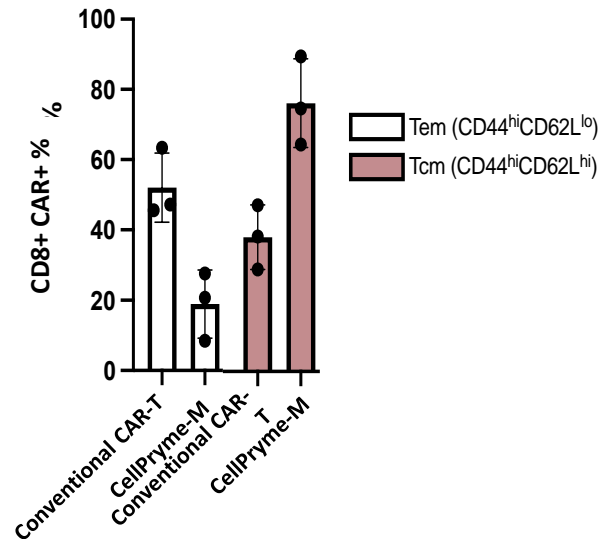
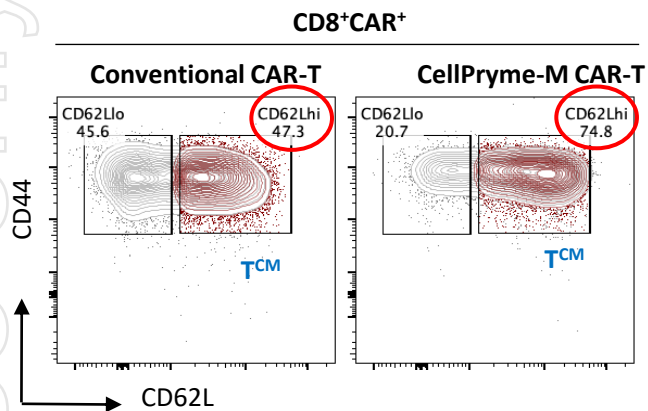
# More memory cells required for clinical efficacy

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



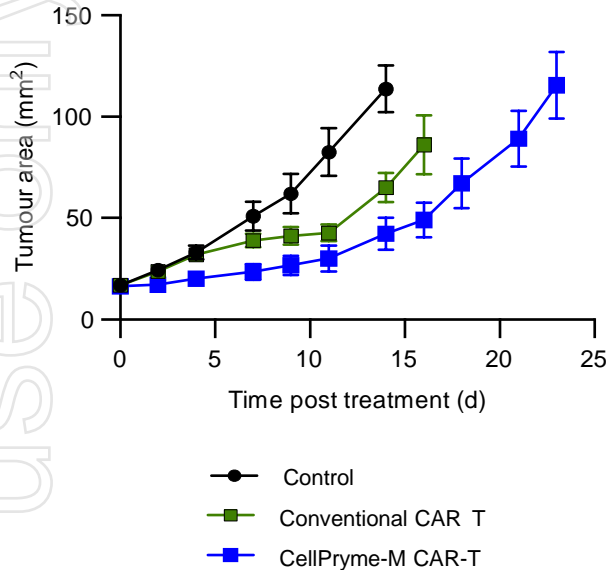
# Greater Persistence: 50% more central memory cells than conventional CAR-T

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

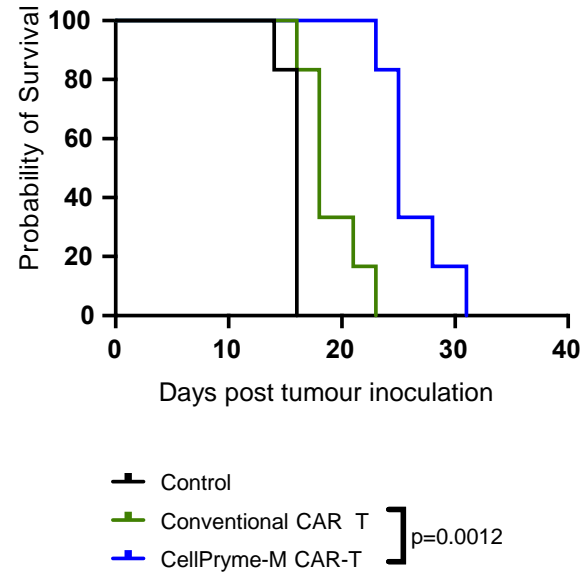


# CellPryme-M doubles tumour control and survival

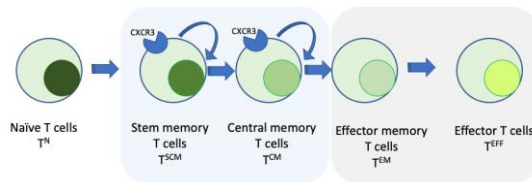
## CellPryme-M nearly doubles CAR-T tumour control



## CellPryme-M doubles survival



# Greater Persistence/Less Exhaustion

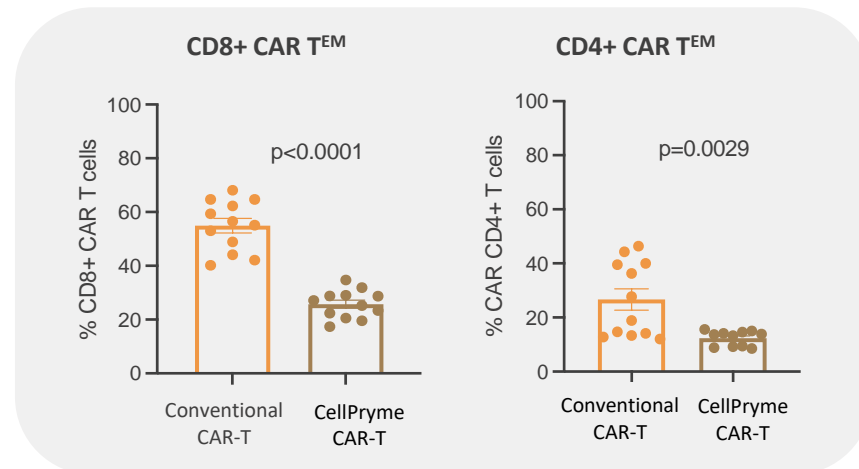
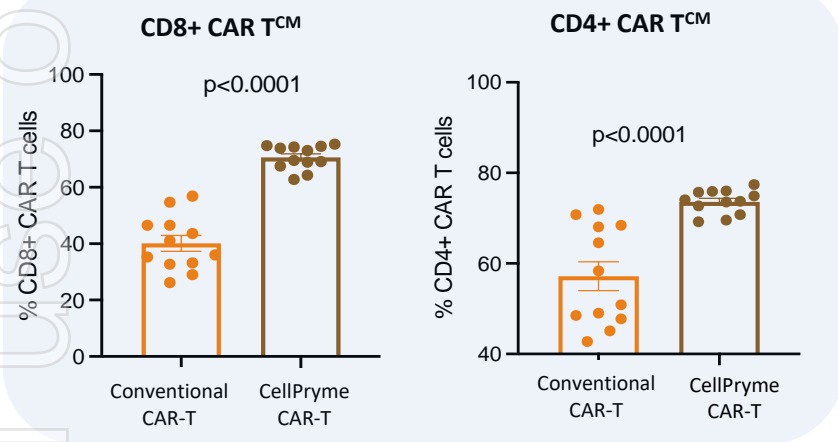


Sustained increase in  $T^{CM}$

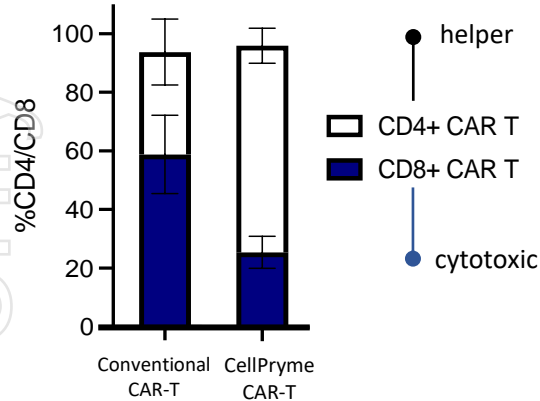
for both cytotoxic CD8+ and helper CD4+

Sustained decrease in  $T^{EM}$

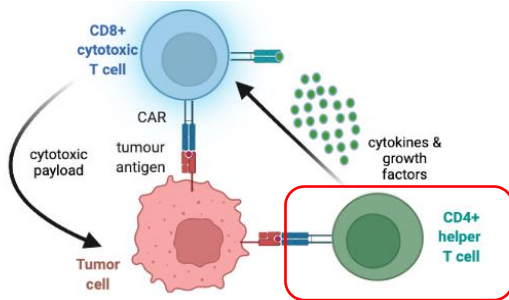
for both cytotoxic CD8+ and helper CD4+



# Synergy: CellPrime-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

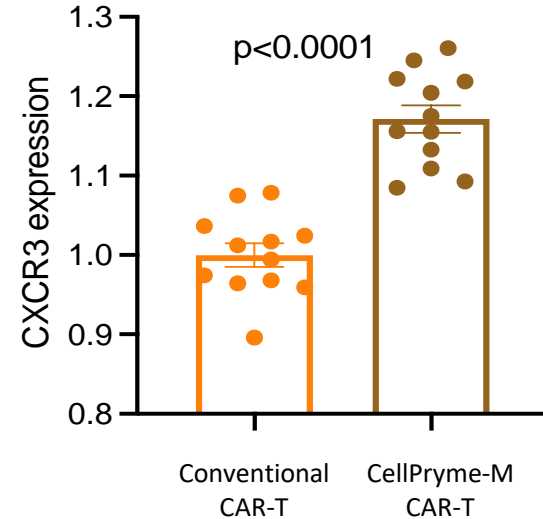




# Trafficking: greater chemokine receptor expression

- 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 penetration

## Chemokine receptor expression on CD8+ cytotoxic CAR-T cells





# CellPryme-A

**Adjuvant for enhancing  
cell therapies**

# CellPryme-A Summary

## 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

## READY FOR CLINICAL TESTING

- GMP material ready

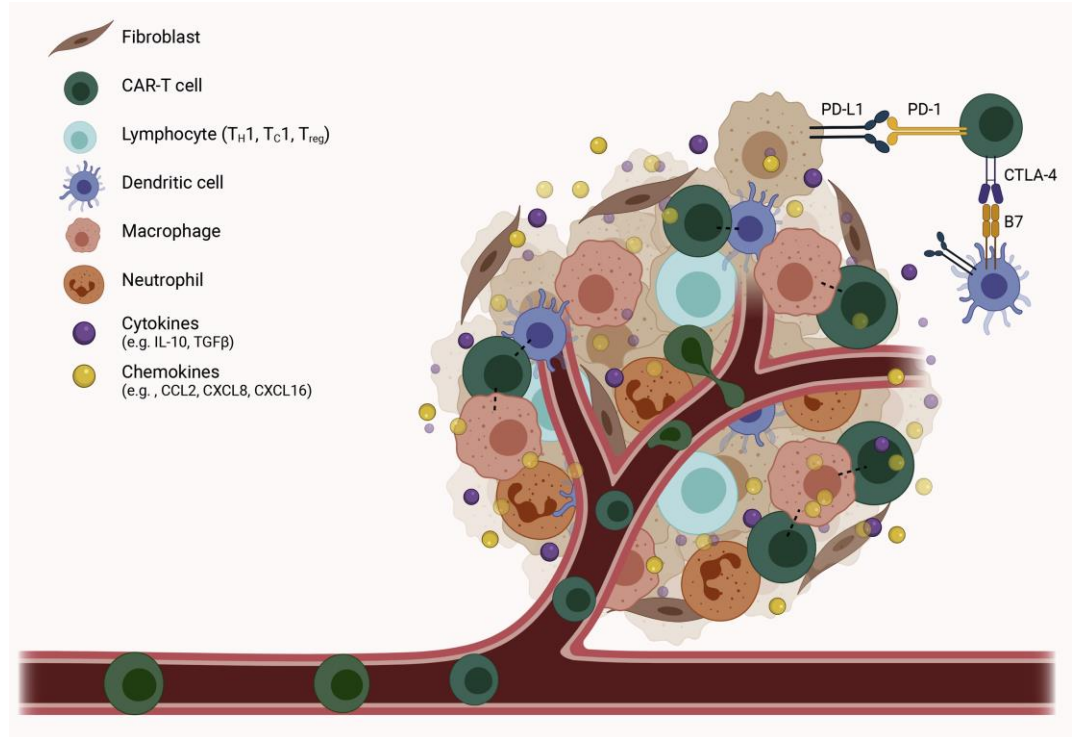
## BOOSTS CAR-T EXPANSION *IN VIVO*

## DEVELOPMENT OPPORTUNITIES

- PTX & 3<sup>rd</sup> 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 blunts the effectiveness of cancer therapies





# Summary of CellPryme-A effects



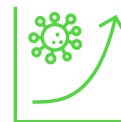
**Boosts tumour killing** by conventional CAR-T cells



**Improved survival**



Reduces problematic **Treg cells** by 66%



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

- 2x ↑ CAR-T cell expansion
  - 9x ↑ Cytotoxic T cells
  - 6x ↑ Helper T cells
- with CellPryme-M



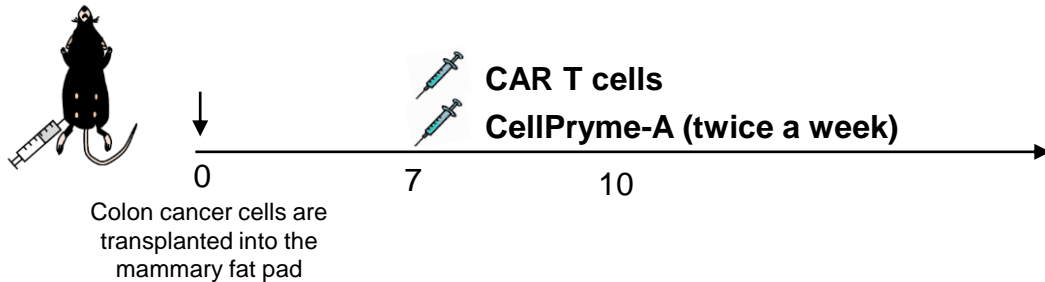
Increases ability of T cells to **penetrate solid tumours**

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

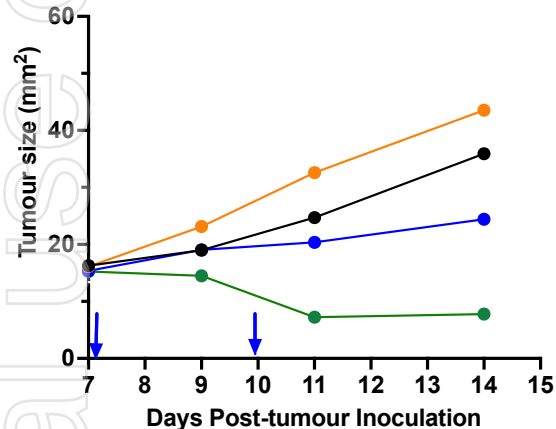


Synergises with CellPryme-M for **even greater benefits**

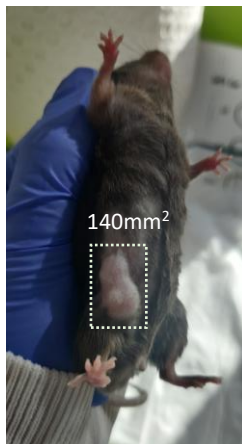
# CellPryme-A significantly boosts CAR-T efficacy



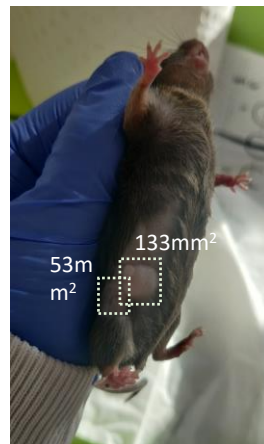
- Untreated
- CAR-T cells
- CAR T cells + CellPryme-A
- CellPryme-M CAR-T cells + CellPryme-A



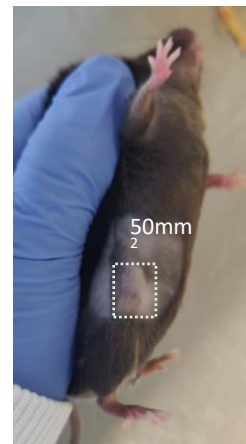
Untreated



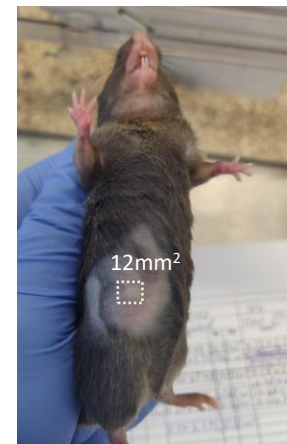
CAR-T cells alone



CellPryme-A + CAR-T cells

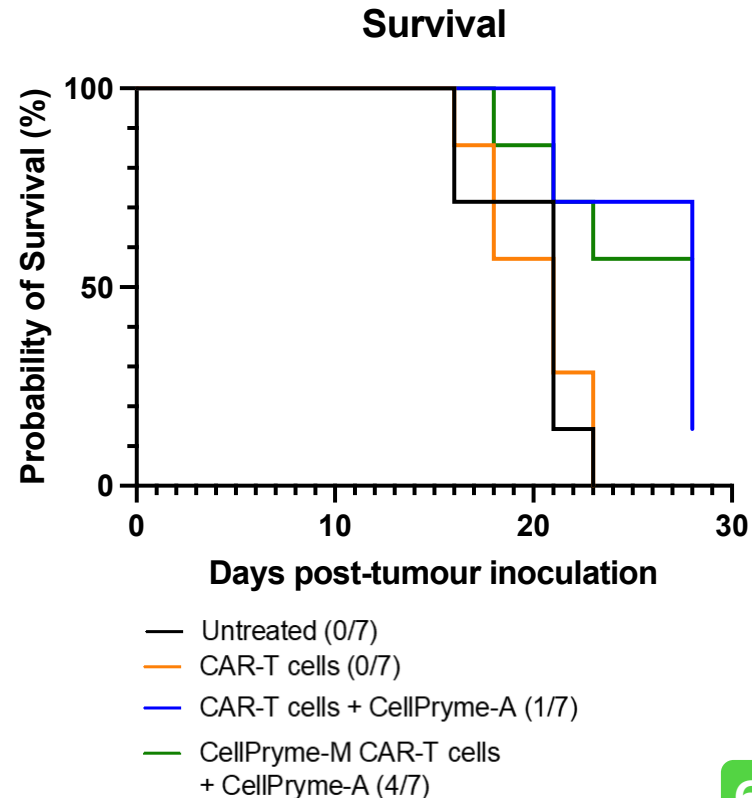


CellPryme-A + CellPryme-M CAR-T cells



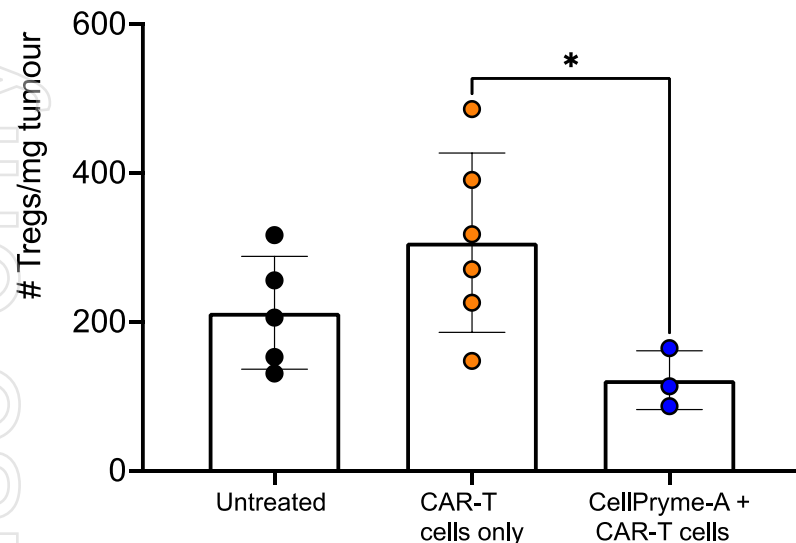
# CellPryme-A improves survival

- 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<sup>2</sup> or up to 28 days on study unless other humane endpoints are reached





# CellPryme-A significantly decreases problematic Tregs in tumours

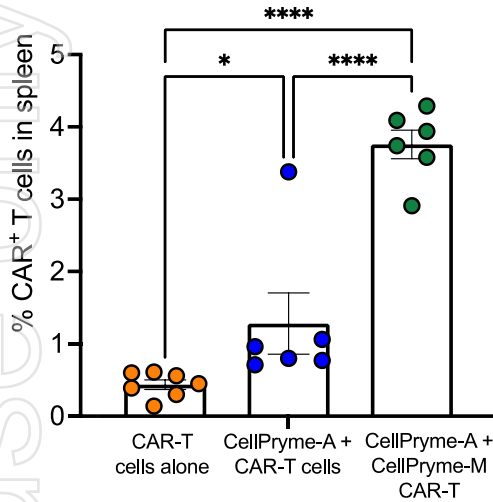


CellPryme-A significantly reduced  
intra-tumoural Tregs by two-thirds

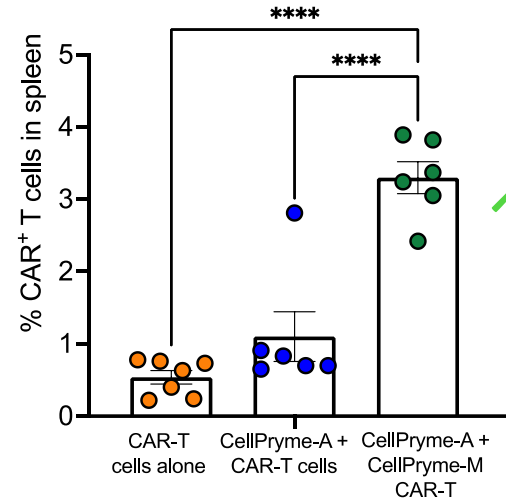
Conventional Her2 CAR-T cell therapy followed by CellPryme-A adjuvant therapy

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

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

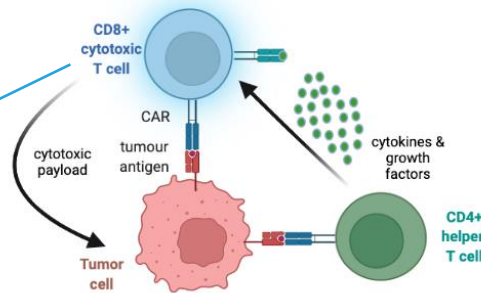


↑9x



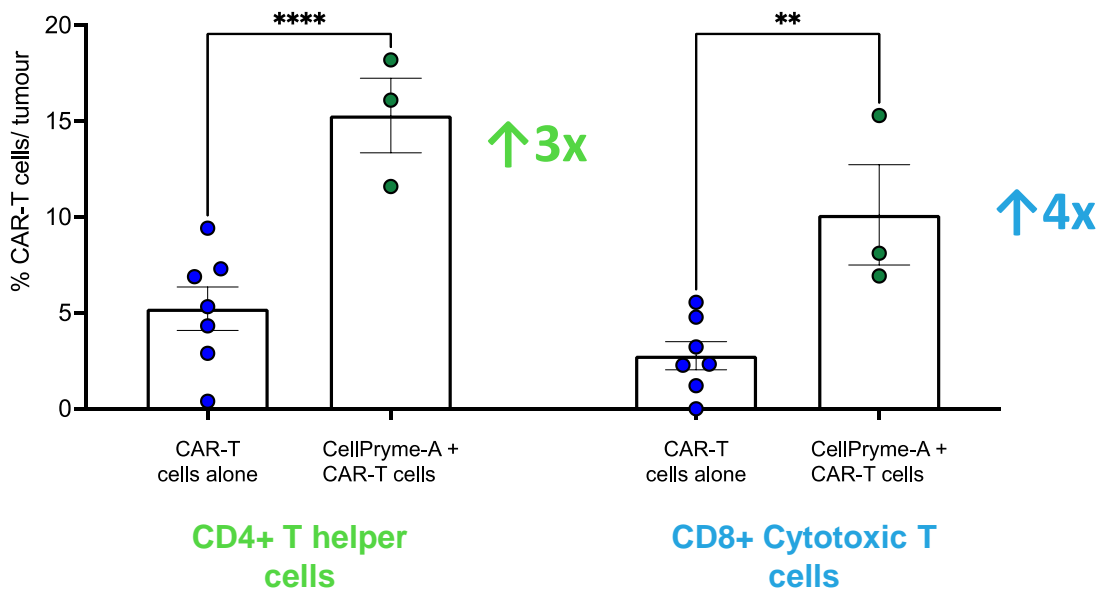
↑6x

CD8+ Cytotoxic T cells



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

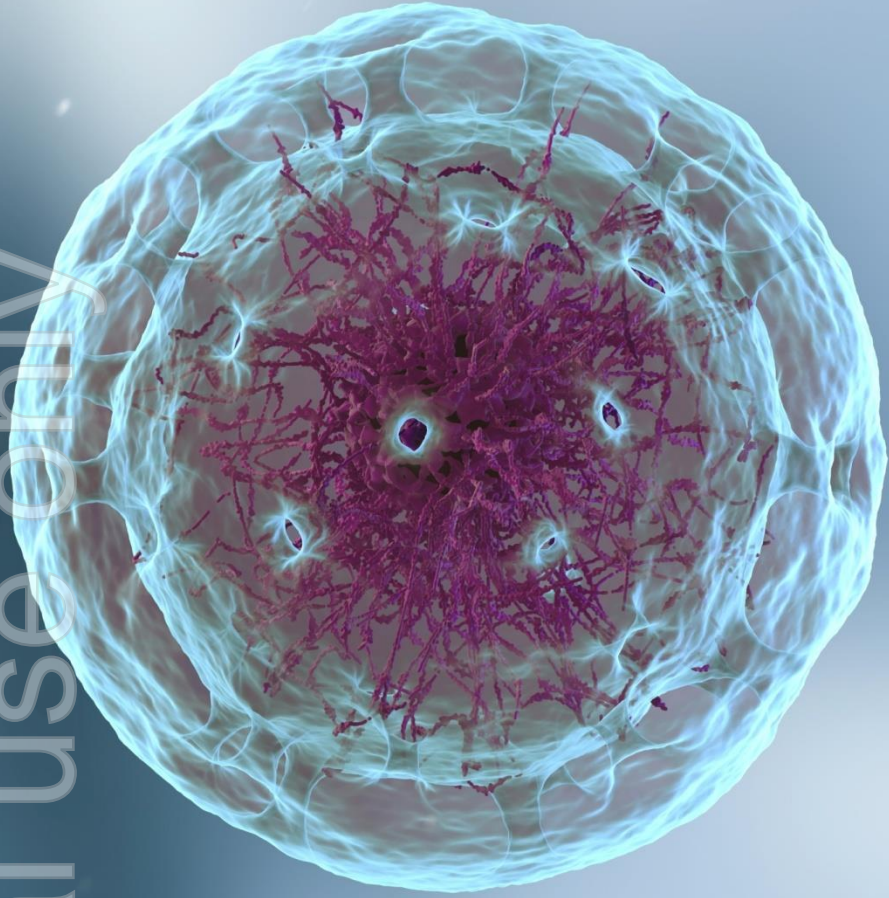
- Ready for clinical testing as adjuvant/neoadjuvant therapy
- Straightforward to incorporate adjuvant into other CAR-T programs
- Robust regulatory package
- Clinical grade material available

CAR-T cells



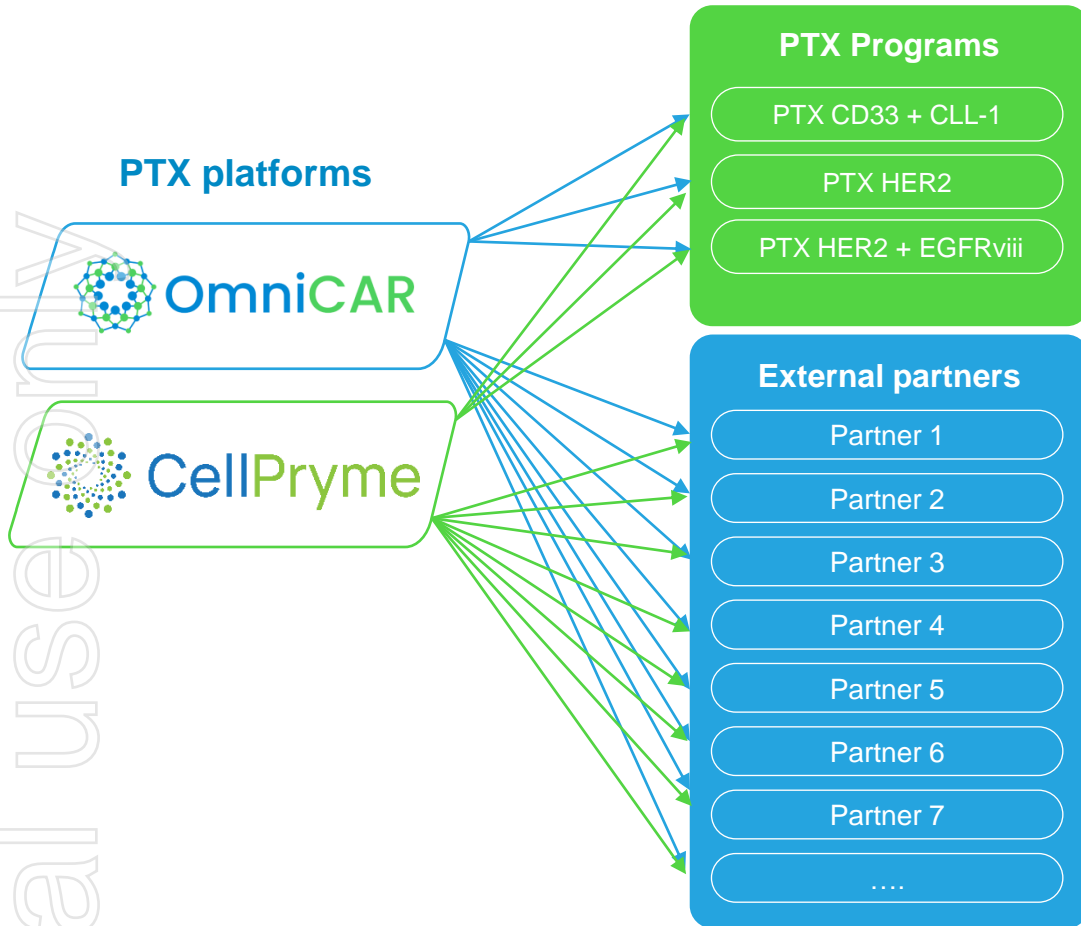
 CellPryme-A





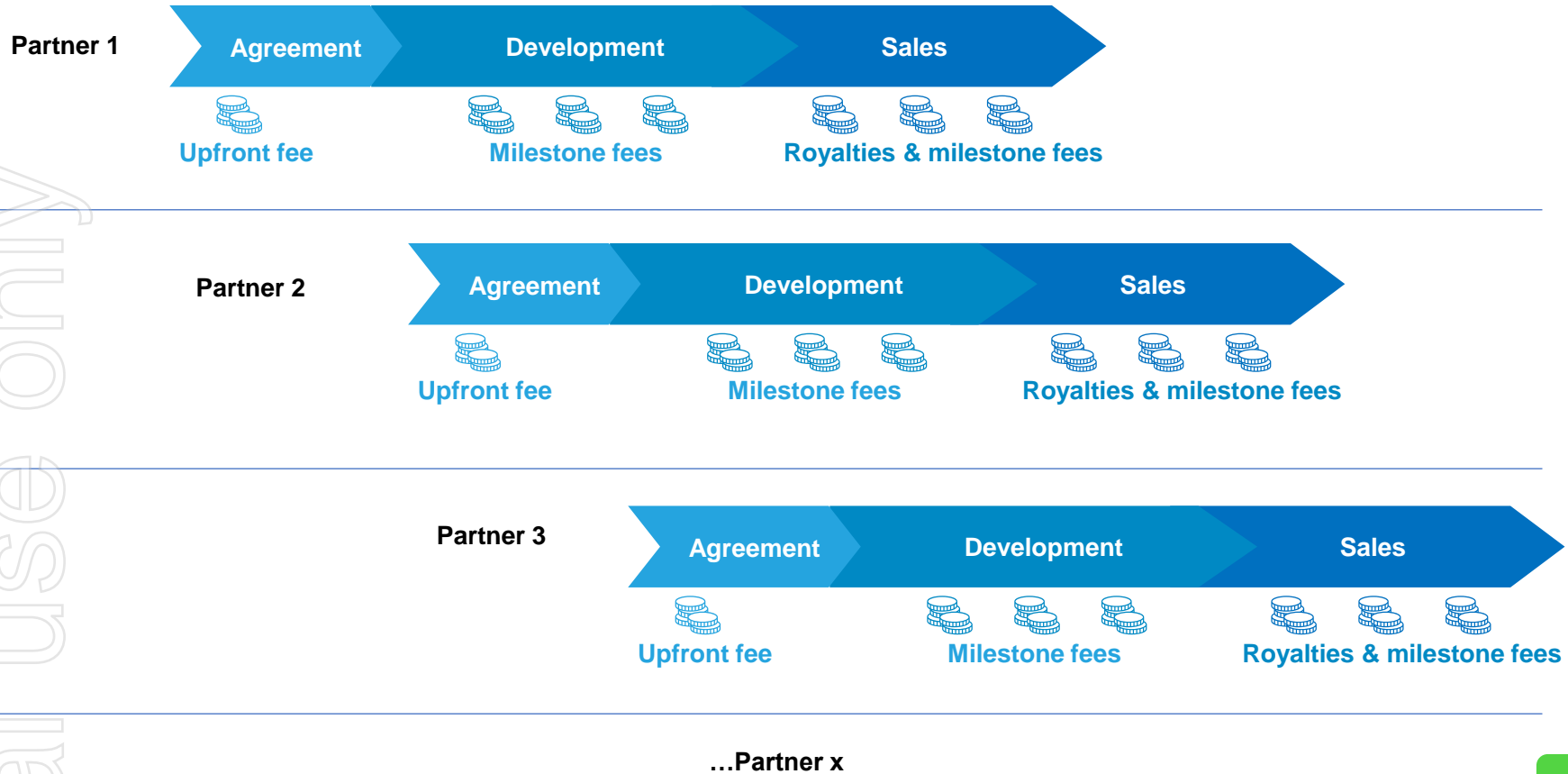
# **BUSINESS MODEL & SCOPE**

# 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

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

## Step 4:

Bespoke therapy with post-infusion control

## Step 3:

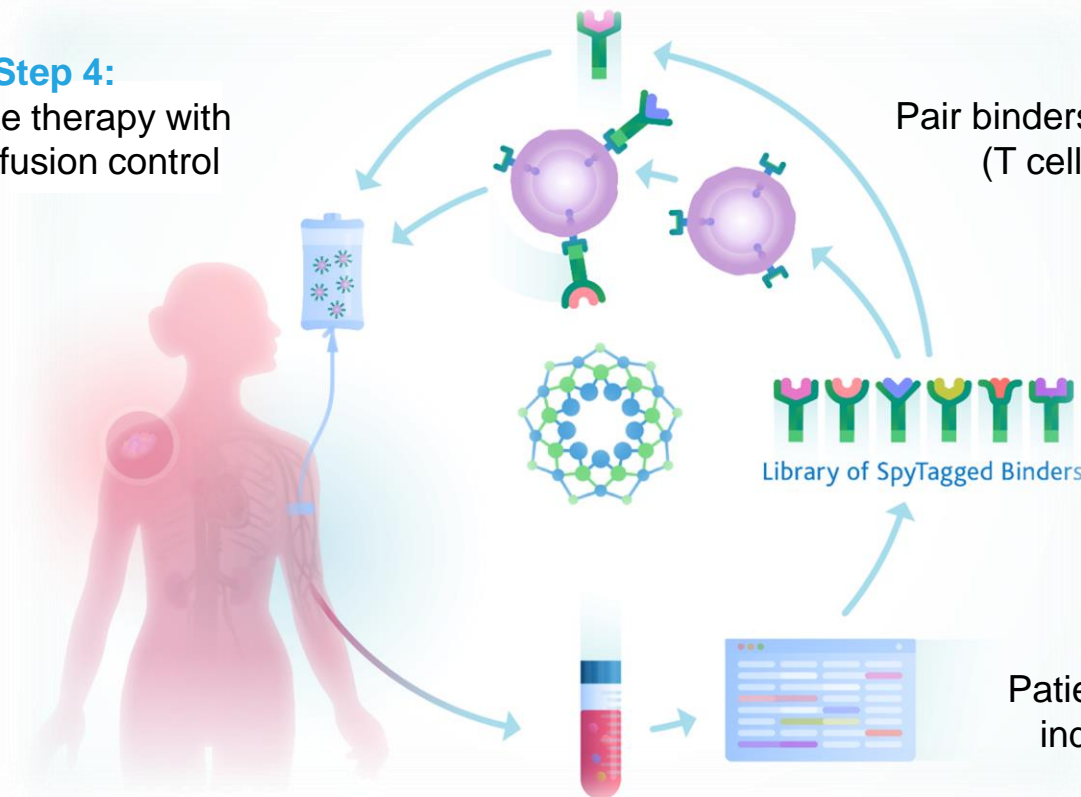
Pair binders with OmniCAR cells (T cells; NK; auto/allo)

## 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

Biggest Market in Healthcare?



## Oncology\*

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

2

Fastest growing area in oncology?

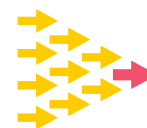


## Cell Therapies (CAR-T)

- >US\$37bn by 2028<sup>^</sup>

3

Forefront of Cell Therapy?



## 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





**Prescient**  
Therapeutics

Thank you!

ASX code: PTX

[www.ptxtherapeutics.com](http://www.ptxtherapeutics.com)

Internal use only