DISCLAIMER AND SAFE HARBOR

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

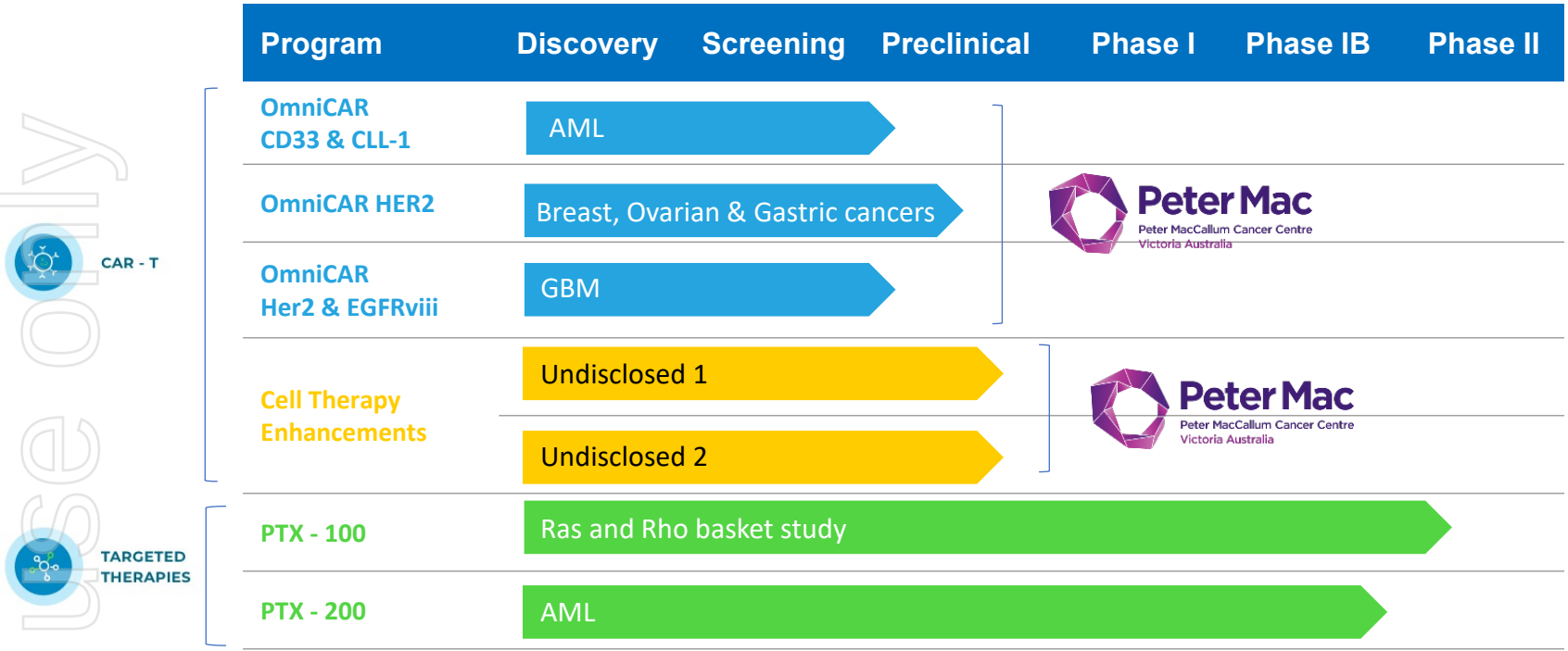
Certain statements contained in this document, including, without limitation, statements containing the words "believes," "plans," "expects," "anticipates," and words of similar import, constitute "forward-looking statements." Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the actual results, performance or achievements of Prescient to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. Such factors include, among others, the following: the risk that our clinical trials will be delayed and not completed on a timely basis; the risk that the results from the clinical trials are not as favorable as we anticipate; the risk that our clinical trials will be more costly than anticipated; and the risk that applicable regulatory authorities may ask for additional data, information or studies to be completed or provided prior to their approval of our products. Given these uncertainties, undue reliance should not be placed on such forward-looking statements. The Company disclaims any obligation to update any such factors or to publicly announce the results of any revisions to any of the forward-looking statements contained herein to reflect future events or developments except as required by law.

This document may not contain all the details and information necessary for you to make a decision or evaluation. Neither this document nor any of its contents may be used for any other purpose without the prior written consent of the Company.

The contents of this document are confidential information of Prescient. These contents are made available on a 'for your eyes only' basis to the person to whom it was sent by Prescient. The purpose of the disclosure is to facilitate commercial and confidential discussions between the disclosee and Prescient. It should not be forwarded without without the prior written consent of the Company.

At the 2020 AGM we said:

Innovative Pipeline in Personalised Medicine



Key achievements during another productive year

Cell Therapies

- Strategic review of OmniCAR to identify three highly differentiated internal programs
  - AML
  - Her2+ solid tumours
  - GBM
- Initiation and progress of these OmniCAR programs
- Manufacturing and testing of key OmniCAR components
- Successful demonstration of unique OmniCAR features
- CAR-T agreement with Peter Mac
- Transitioned Cell Therapy Enhancement program to Peter Mac

Targeted Therapies

- Progression of PTX-200 in AML
- Completion of PTX-100 Phase 1b basket trial
  - Excellent safety profile
  - Encouraging data in area of unmet need
- Manufacturing PTX-100
- Investigating IST opportunities

Operations

- **Building world class capabilities**
- Bolstering PTX team in areas including:
  - cell therapy
  - immunology
  - biologic engineering
  - clinical operations
- PTX & Peter Mac: a very productive and cohesive relationship
- Full time post docs at Peter Mac together with Professor Phil Darcy
- Significant business development interest

Rebecca Lim, PhD

Director of Scientific Affairs

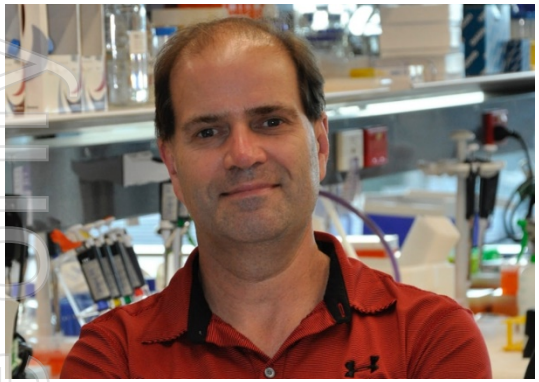
Daniel A. Shelly, PhD, MBA

VP – Business Development & Alliances

Leanne West

Director of Clinical Affairs and Operations

Assembling a world class Scientific Advisory Board



Professor Phil Darcy

Eminent CAR-T expert

Professor H. Miles Prince, AM

Internationally renowned haematologist

Professor Don O'Rourke, MD

Neurosurgeon & brain cancer key opinion leader

Achievements becoming reflected in company valuation

- PTX one the best performing biotech stocks on ASX this year
- Significantly improved liquidity

5 November 2021; Google Finance

Overcoming challenges

COVID-19

- No specific and material disruptions, but impossible to escape its impact
- US disruptions in 2021
  - AML recruitment
  - Manufacturing and logistics bottlenecks
  - Assay development
- Things back on track
- Pre-clinical work forged ahead despite Australian lockdowns

Science and technical

- New modality required bolstering in-house expertise in new areas
- Matched by world-class SAB and Peter Mac collaboration
- Would novel experiments work in our hands? Even then, how long would it take?
- Outcomes: successful and rapid progress across programs

Building OmniCAR awareness

- One challenge of being “ahead of the curve” is educating stakeholders on cell therapy limitations and OmniCAR’s capabilities
- Industry, clinicians, investors
- The more parties understand cell therapy, the more they appreciate the value of the platform!
- Playing the long game, and it is starting to pay off.

Prescient Therapeutics

PTX-100

FIRST IN CLASS
RAS PATHWAY INHIBITOR

PTX-100 PHASE 1B BASKET STUDY COMPLETED

- Phase 1b PK/PD safety study
- Focus on cancers prone to Ras and Rho mutations
- Basket trial of:
  - Gastric cancer
  - Pancreatic cancer
  - Colorectal cancer
  - Myeloma
  - T-cell lymphomas

Professor H. Miles Prince, AM
Principal Investigator

Epworth

PTX-100 PHASE 1B SUMMARY

Prescient takes its PTX-100 trial to next level after Phase 1b success

July 28, 2021 02:50 PM AEST

Prescient Therapeutics (ASX:PTX) expands trial of PTX-100

Health Care

Excellent safety profile

- PTX-100 well tolerated up to and including 2,000 mg/m^2
- No SAEs related to PTX-100

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: **17 months so far** (24 cycles, still on therapy)

SAE: SERIOUS ADVERSE EVENT
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

PROGRESSING TO EXPANSION COHORT

- 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
- Awaiting delivery of drug product to Australia – US-wide manufacturing and logistics bottlenecks!
  - Working closely with manufacturer

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, with Dr Tara Lin at KUMC
- 18 patients with cytarabine held constant at 200-400 mg/m^2 as continuous infusion
  - 3 CRs so far
- Both sites were impacted by general COVID-19 disruptions in 2021, which impacted recruitment and correlative analysis
- Currently screening second cohort at 45 mg/m^2
- Granted Orphan Drug Designation by US FDA

Jeffrey E Lancet, M.D.
Principal Investigator

MOFFITT CANCER CENTER

Prescient Therapeutics

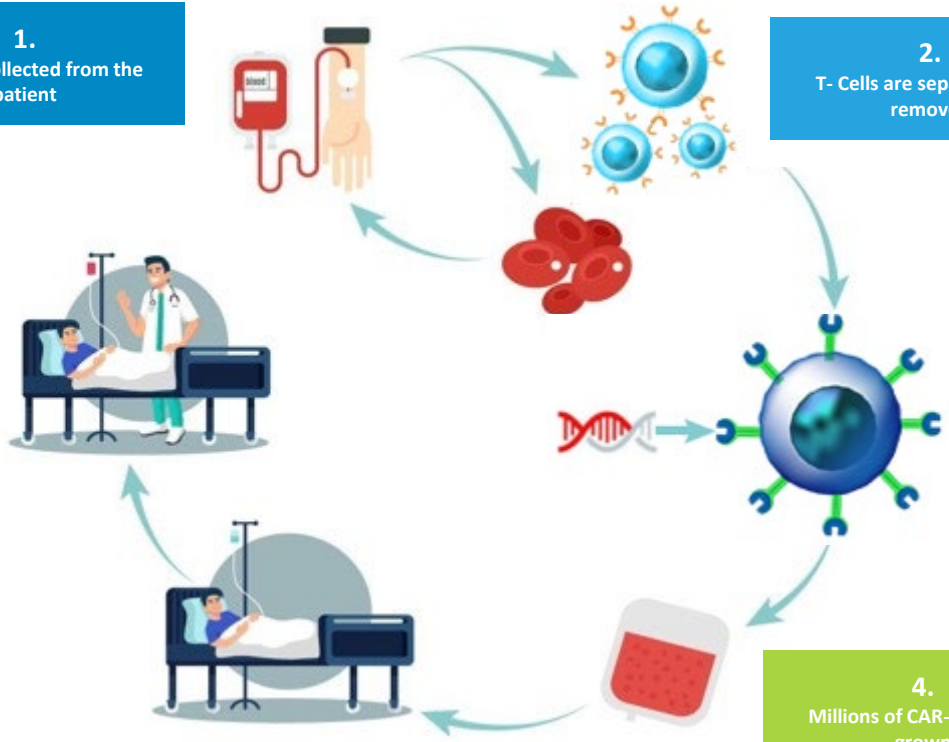
OmniCAR

Universal, Next Generation CAR-T

How does the CAR-T process work?

1.
Blood is collected from the patient

2.
T- Cells are separated and removed



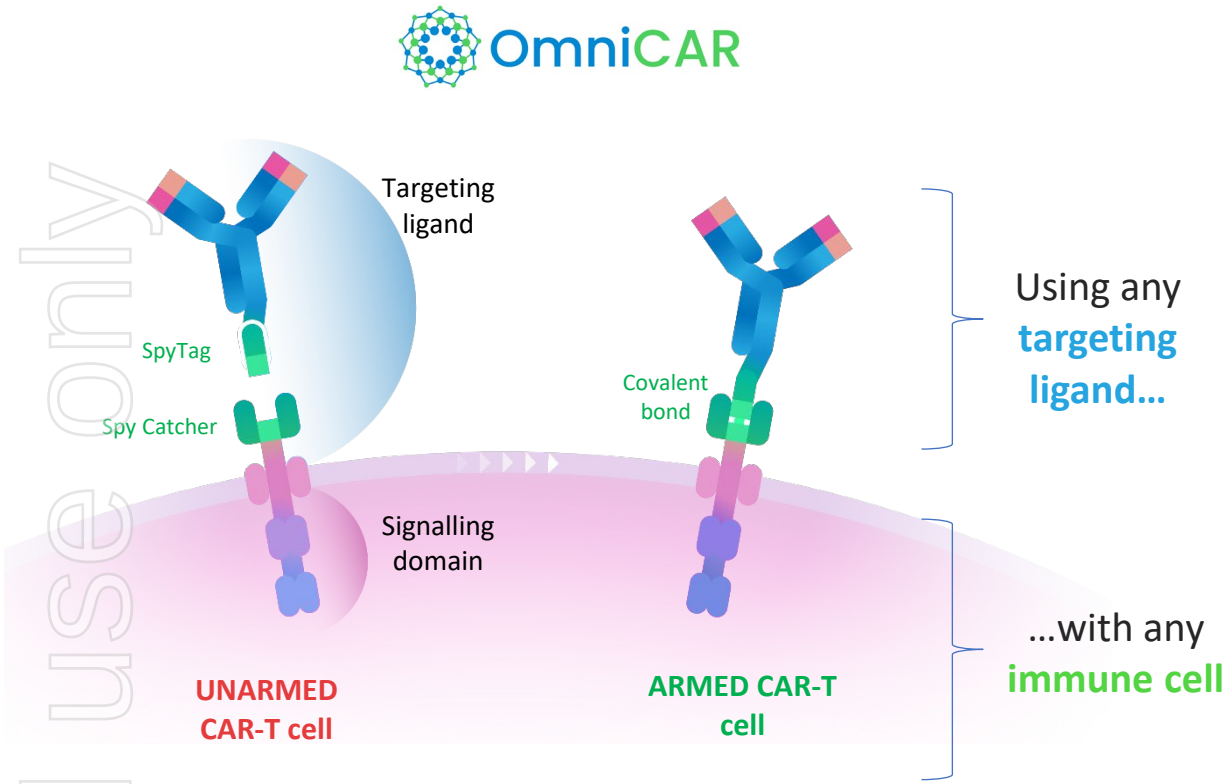
3.
T-Cells are genetically altered to have special cancer-recognising receptors called Chimeric Antigen Receptor (CAR)

4.
Millions of CAR-T cells are grown

5.
Patient first receives Chemotherapy, and then the CAR – T cells are delivered to the patient

OmniCAR: flexible, modular CAR platform

Prescient Therapeutics

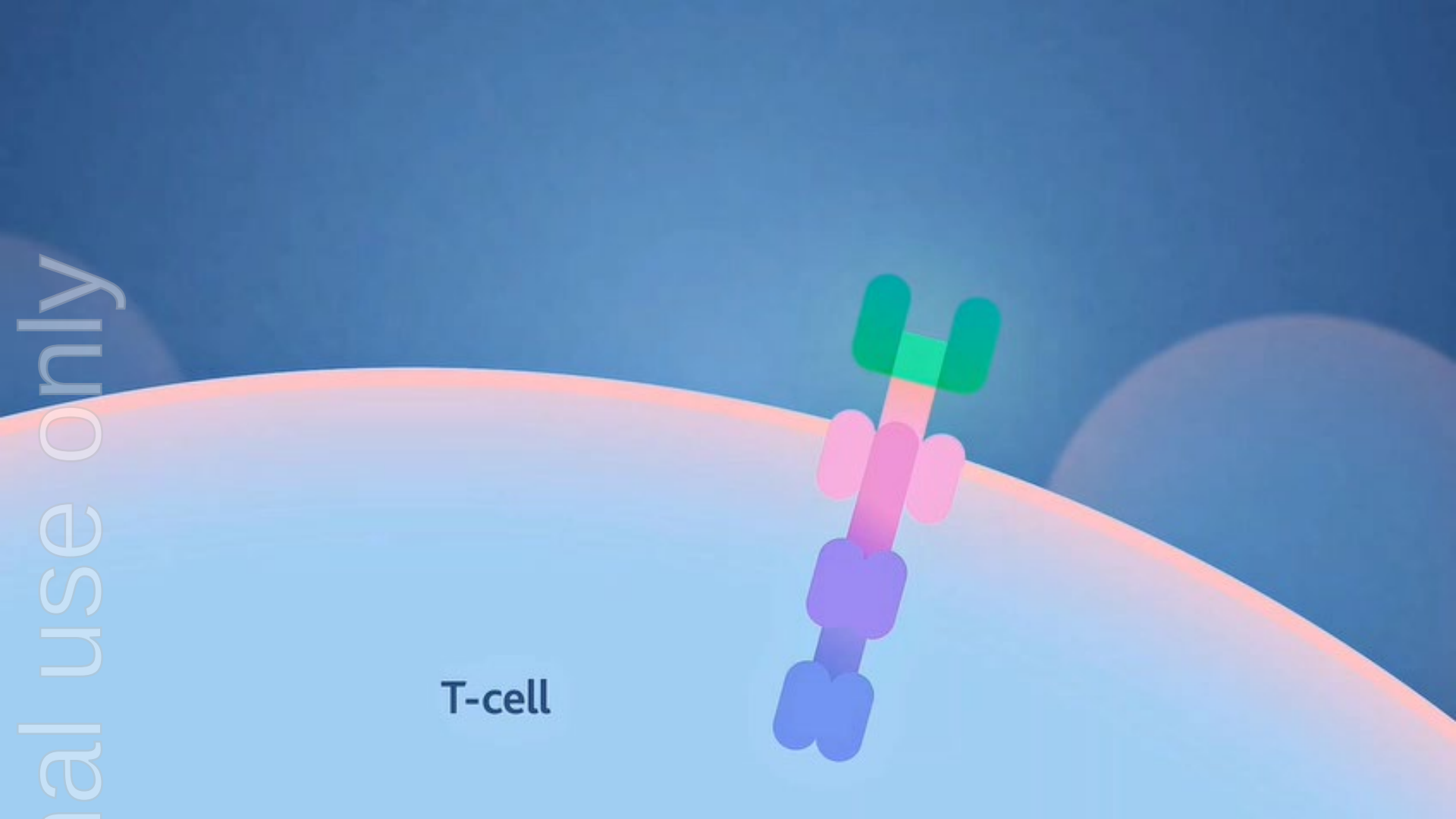


Penn
University of Pennsylvania

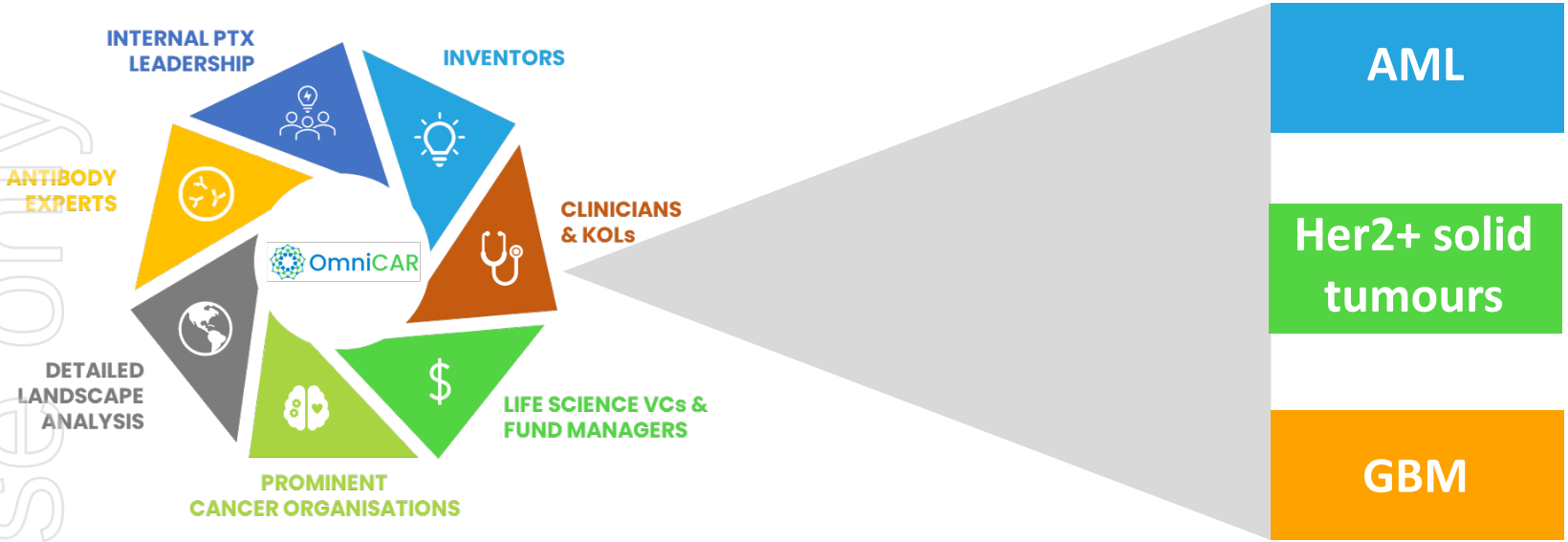
Associate Professor
Daniel J. Powell, Jr

Professor
Andrew Tsourkas

University of Oxford



Thorough strategic review yielded 3 internal OmniCAR programs



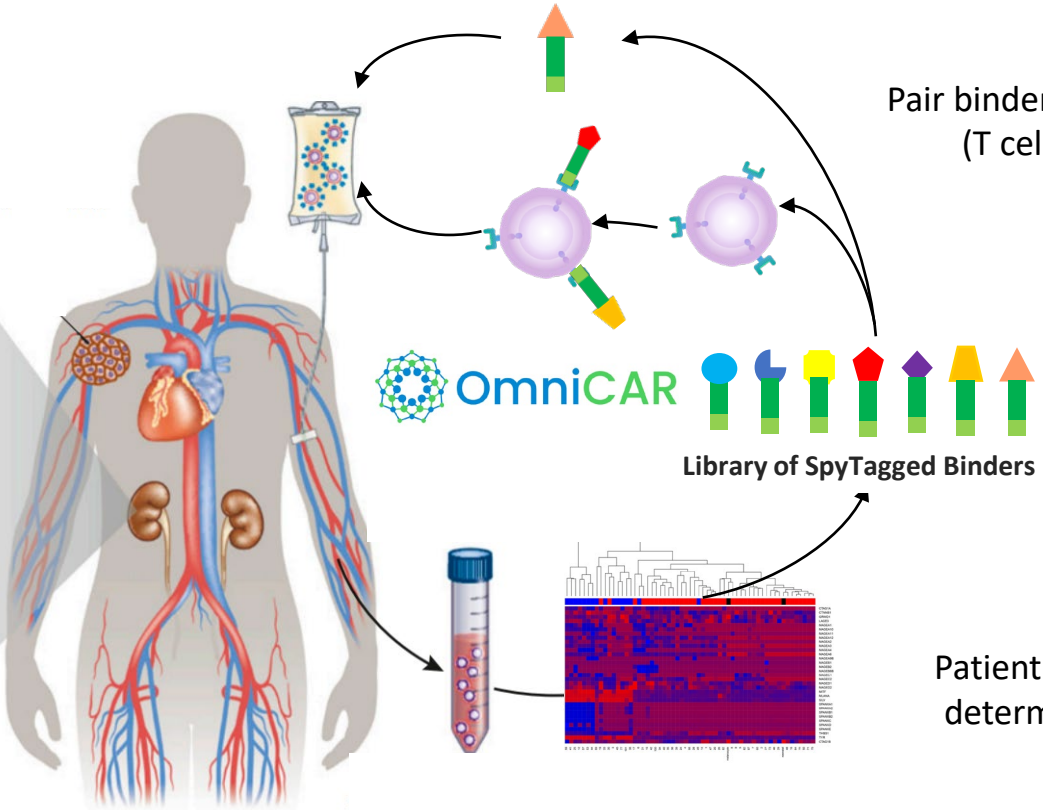
- Prescient understands the landscape, challenges and opportunities

Prescient Therapeutics

What is the broader vision for cell therapy?

The future is efficient yet personalized:
OmniCAR cells + “plug & play” binder library

Prescient Therapeutics



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

Step 2:
Match patient’s antigens
to corresponding
binders

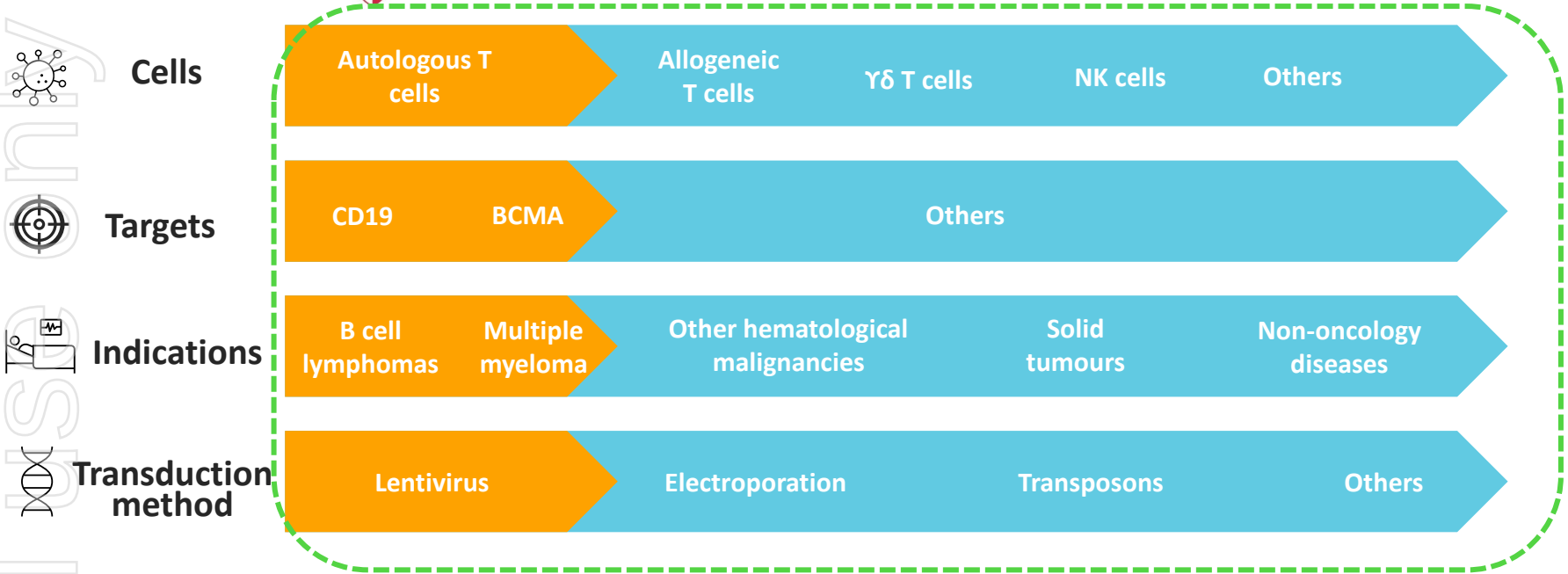
Step 1:
Patient sample analysed to
determine antigen profile

Step 4:
Tailored, optimised & safe:
OmniCAR- induced tumor killing with post-infusion control

Strategically positioned in a rapidly moving landscape for cell therapy

NOVARTIS
Bristol Myers Squibb
GILEAD

OmniCAR



Current

In development

With OmniCAR, this is just the start for CAR-T

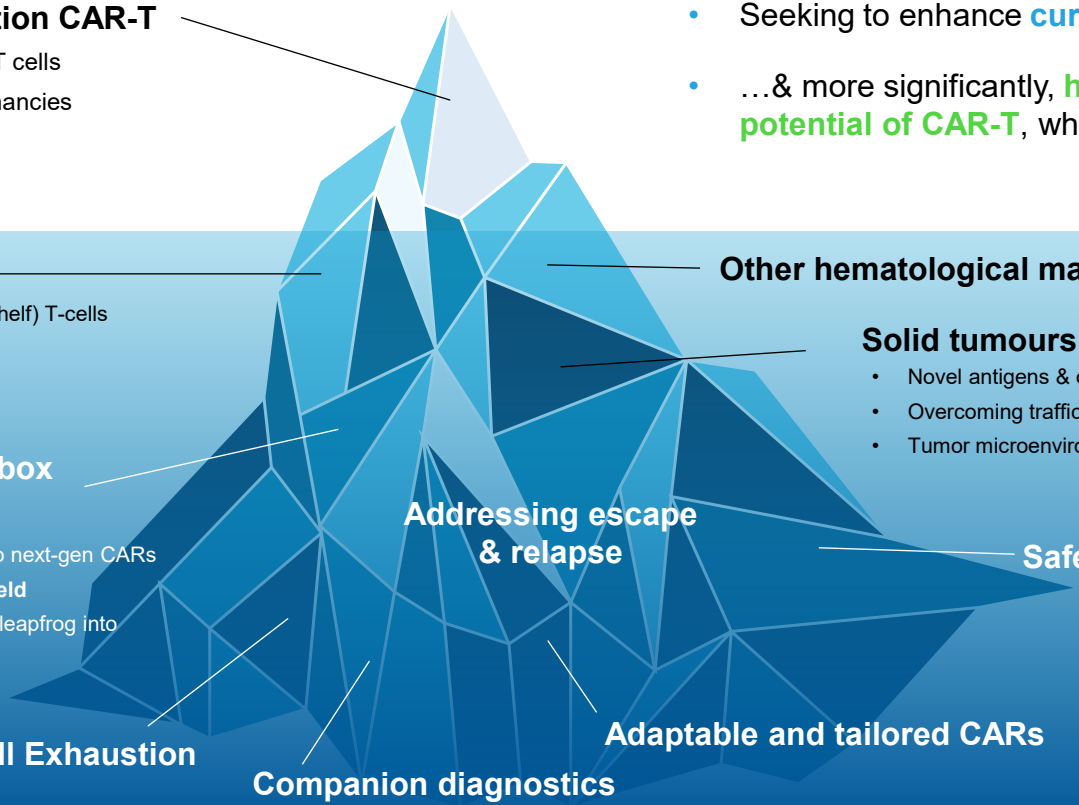
Prescient Therapeutics

OmniCAR

- Seeking to enhance **current generation CAR-Ts**….
- …& more significantly, **help realise the broader potential of CAR-T**, which is much bigger opportunity!

Current generation CAR-T

- Autologous T cells
- B-cell malignancies



Cell types

- Allogeneic (off the shelf) T-cells
- iPSC derived cells
- NK cells

Other hematological malignancies

Solid tumours!!!

- Novel antigens & optimising antigen combinations
- Overcoming trafficking
- Tumor microenvironment

A whole new toolbox of Binders

- Re-purposing antibodies into next-gen CARs will **accelerate the whole field**
- Non-CAR-T companies can leapfrog into next-gen CAR-T

Addressing escape & relapse

Safer CAR-T = more applications

- Safer and more controllable next-gen therapies will bring CAR-T to many more patients
- Opens opportunities beyond oncology

Overcoming T-cell Exhaustion

Companion diagnostics

Adaptable and tailored CARs

Business development

- Extremely active business development activities, spearheaded by Dr Dan Shelly (US)
- Different parties have different drivers
  - **Incumbent cell therapy players:** Top priorities are maximizing returns on their existing programs
  - **Emerging companies:** Believe the “second mouse will get the cheese”; looking for technologies to leapfrog competitors
  - **Companies with binders:** e.g. antibody companies. See OmniCAR as a way to add enter the cell Tx field and bolster their pipelines
- OmniCAR can benefit all these groups!
- Prescient is playing the long game for the right parties

Considerations include:

What is the party brining to the table, and how will it help us win?

Balance between doing a deal and not jeopardising the bigger picture

Summary

Key building blocks to PTX Future Value

Prescient Therapeutics

1

OmniCAR

- Next generation universal CAR platform
- AML
- Her2+ solid tumours
- GBM
- 3rd party opportunities

2

Cell Therapy Enhancements

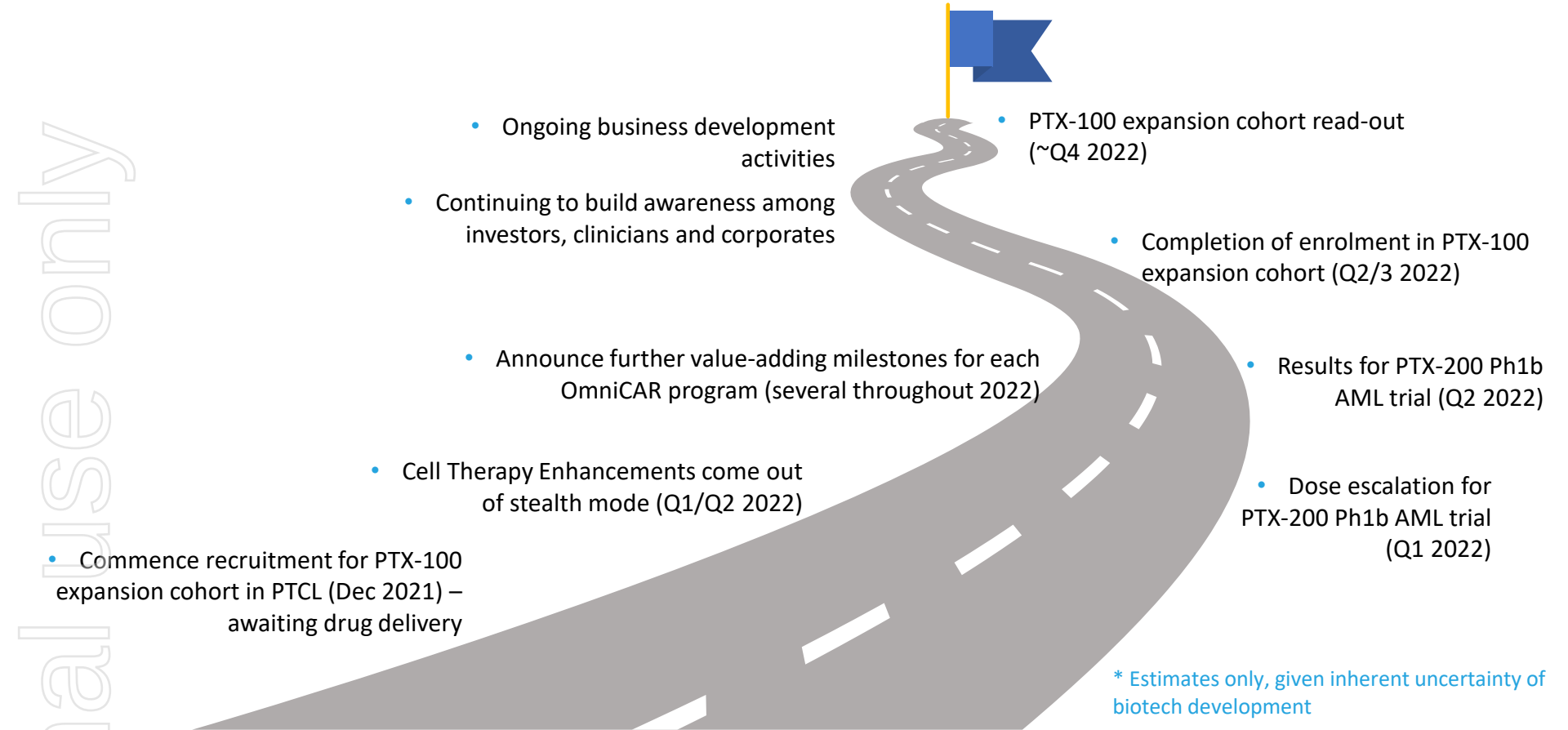
- Enhancing current generation CAR-T
- Also applicable to next gen
- Collaboration with Peter Mac
- 100% ownership of Intellectual Property

3

Targeted therapies

- PTX-100
- PTX-200

In the next 12 months we will work towards:



- Ongoing business development activities
- Continuing to build awareness among investors, clinicians and corporates
- PTX-100 expansion cohort read-out (~Q4 2022)
- Completion of enrolment in PTX-100 expansion cohort (Q2/3 2022)
- Announce further value-adding milestones for each OmniCAR program (several throughout 2022)
- Results for PTX-200 Ph1b AML trial (Q2 2022)
- Cell Therapy Enhancements come out of stealth mode (Q1/Q2 2022)
- Dose escalation for PTX-200 Ph1b AML trial (Q1 2022)
- Commence recruitment for PTX-100 expansion cohort in PTCL (Dec 2021) – awaiting drug delivery

* Estimates only, given inherent uncertainty of biotech development

Prescient Therapeutics

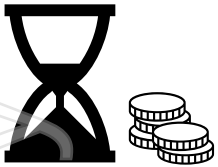
Thank you!

ASX code: PTX

www.ptxtherapeutics.com

Appendices

Key Challenges confronting the field of CAR-T



Time and Cost

of delivering treatment

Safety

CAR-T can have serious safety concerns

No Control

Clinicians have no control of cells post infusion

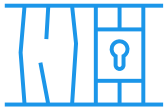
Targets

Finding targets that work;

Antigen heterogeneity - esp. in solid tumours

Exhaustion

Persistent stimulation of CAR-Immune cells leads to exhaustion



Escape

Antigen loss leads to relapse

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

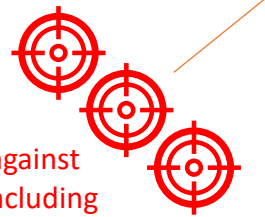
OmniCAR

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

Prescient Therapeutics

OmniCAR

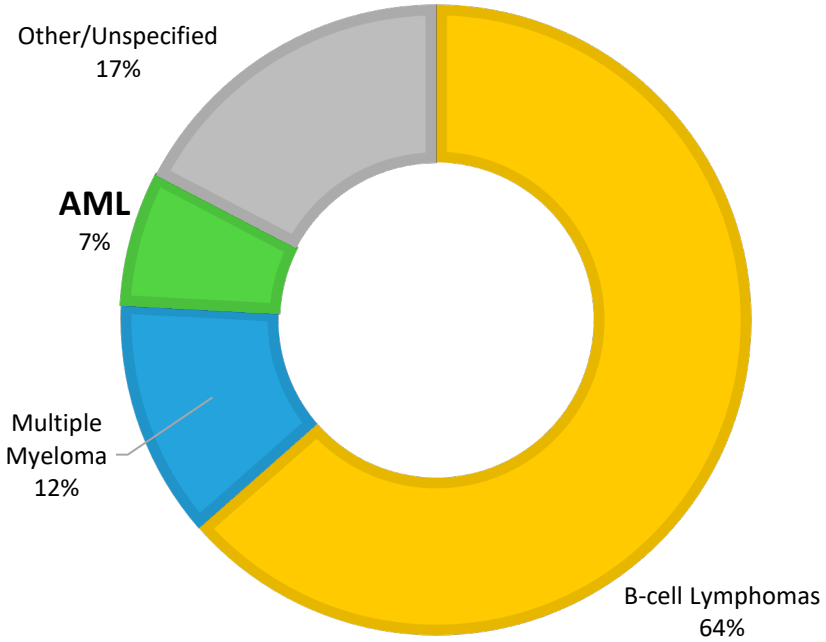
CD33 & CLL-1 for AML

Global AML market opportunity

- AML market is expected to reach **US$5.1B in 2029**
- CAGR of 13.6%
- Growth assumptions largely based on new targeted therapies
- **Any CAR-T breakthrough in AML would grow this market further**

GlobalData; June 2020

Landscape for CAR-T in blood cancers



Company data

For CAR-T to succeed in AML, it must overcome:

Safety

AML patients are especially ill with many unable to tolerate vigorous therapies like CAR-T

Rapidly Mutating Disease

AML can mutate mid-therapy, quickly rendering single CAR-Ts infective

Rapid Disease Progression

Even if multiple current generation CAR-T therapies were available, resistant patients are likely to progress before subsequent therapies are manufactured for them

OmniCAR is uniquely placed to address these CAR-T challenges in AML

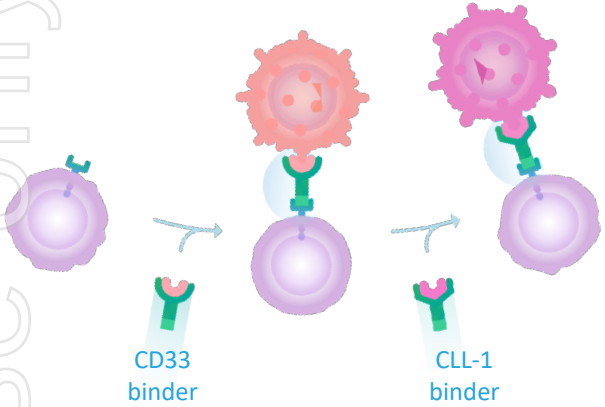
OmniCAR CD33/CLL-1 for AML

Targets	OmniCAR features	Comments
CD33 + CLL-1	• **Titration** (and ability to switch off/on) for improved safety & tolerability • **Co-arming** against CD33 & CLL-1 • **Sequential or simultaneous targeting** • Ability to **cease treatment** to avoid neutropenia	• **Validated** targets • Expressed on >90% of AML blasts & LSCs • Only **1 of 3 programs worldwide** targeting CD33 & CLL1

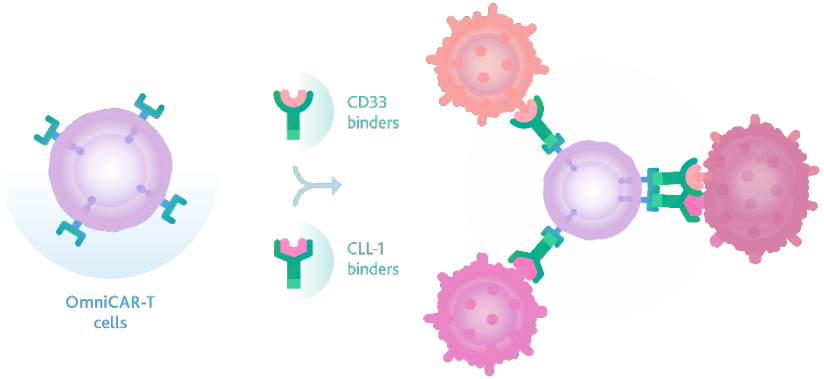
Unique OmniCAR flexibility important in AML

Prescient Therapeutics

Sequentially



Simultaneously



AML peer with CD33/CLL1 CAR-T

	Legend Biotech Corp	Prescient Therapeutics
Ticker	NASDAQ: LEGN	ASX: PTX
Market Cap	A$8.2B	A$174M
AML program	CD33 + CLL1	OmniCAR CD33 + CLL1
Generation	**Current generation**, autologous	**Next generation**, autologous
Stage of development	Phase 1	Discovery/Pre-clinical
Titratable for safety	✗	✓
Switch on/off	✗	✓
Persistent dosing without new cell product	✗	✓
Able to switch antigen targeting	✗	✓

Legend Biotech Corp; Google Finance

Prescient Therapeutics

OmniCAR

Her2 for Ovarian, Breast & Gastric cancers

Key challenges for CAR-T in solid tumours

Targets

Limited targets that are cancer-specific

Leads to on-target, off-tumour effects

Safety

Ability to titrate doses safely and switch off in the event of adverse events

Trafficking

Inability of T-cells to reach tumour sites and penetrate physical barriers

TME

Overcoming an immunosuppressive Tumour Microenvironment once they get there

OmniCAR's features enable it to address these solid tumour challenges

Huge market opportunities for Her2+ cancers

	New Her2+ cases/year
Ovarian Cancer	87,000
Breast Cancer	340,000
Gastric Cancer	209,440

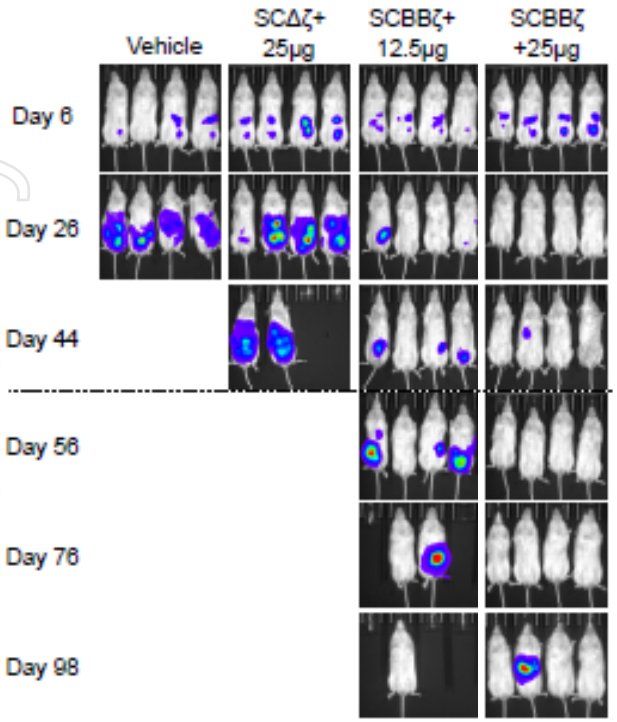
- Very large patient populations
- “Basket study” approach
- Patients failing Herceptin treatment would make excellent candidates

1. World Cancer Research Fund
2. Shang AQ, et al. Relationship between HER2 and JAK/STAT-SOCS3 signaling pathway and clinicopathological features and prognosis of ovarian cancer. *Cancer biology & therapy*. 2017:1–9
3. Luo, H et al, The prognostic value of HER2 in ovarian cancer: A meta-analysis of observational studies. *PLoS ONE* 13(1) 2018
4. Bang YJ, et al. Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): a phase 3, open-label, randomised controlled trial. *Lancet* 2010;376:687-97.

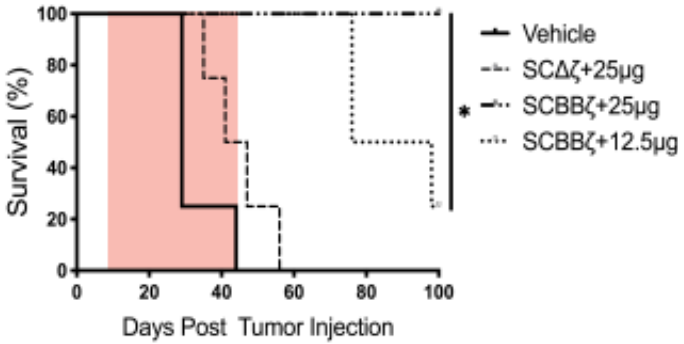
OmniCAR Her2 for Her2+ solid cancers

Target	OmniCAR features	Comments
Her2	• **Titration** for improved safety & tolerability • **Persistent binder dosing** for **improved efficacy** and **persistence** • **TME** and checkpoint enhancements	• **Validated target** • Large difference of antigen expression on tumor vs healthy tissue • **Most mature** next-gen Her2 CAR-T program

OmniCAR Her2: durable, 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

Notable Her2 CAR-T peers

- Prescient the **most advanced next-generation CAR-T** program in Her2

	Shenzhen Geno-Immune Medical Institute[1]	Tessa Therapeutcs[2]	Fate Therapeutics	Novartis[3]	Calibr	Xyphos	Prescient Therapeutics
Status	Hospital	Private Company	NASDAQ: FATE; Market cap A$9.3B	Global pharma company	Research Institute	Acquired by Astellas 2019	ASX: PTX Market cap A$174M
Indications	Breast cancer	Multiple cancers	Breast & other unspecified cancers	Ovarian cancer	Breast cancer	Solid cancers (unspecified)	Ovarian, Breast, Gastric
Generation	Current generation, autologous	Current generation + oncolytic virus	Current generation, autologous	Current generation, autologous	**Next generation**, autologous	**Next generation**, autologous	**Next generation**, autologous
Stage of development	Phase 2	Phase 1	Discovery	Discovery	Discovery	Discovery	Pre-clinical

Company data; Google Finance

1. Together with The Sixth Affiliated Hospital of Sun Yat-sen University
2. Together with Baylor College of Medicine
3. Together with the University of Pennsylvania

Prescient Therapeutics

OmniCAR

Her2 & EGFRviii for GBM

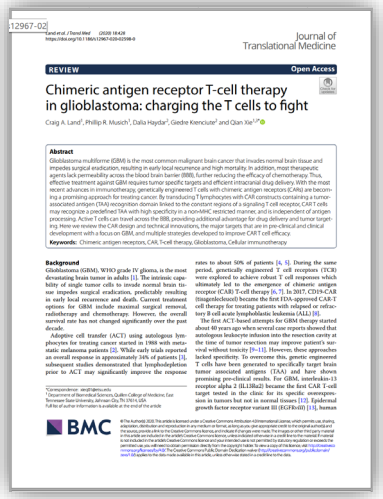
CAR-T challenges in GBM: single antigen targeting

- Limited effectiveness of CAR-Ts only targeting a single antigen in GBM

*"A major limitation of a single-antigen targeting in GBM is the inherent heterogeneity and plasticity of the tumor cells, allowing some cells to **escape CAR-T** cell killing due to the **loss of the targeted antigen**…"*

*"…**single antigen-targeting** CAR-T cells **fail to completely eradicate** brain tumors resulting in antigen negative **relapses**"*

- By contrast, CAR-Ts targeting multiple antigens have demonstrated **anti tumor responses** and **more importantly prevented antigen escape** *in vivo*



Journal of Translational Medicine

REVIEW Open Access

Chimeric antigen receptor T-cell therapy in glioblastoma: charging the T cells to fight

Craig A. Land[1], Phillip R. Musich[1], Dalia Haydar[2], Gledre Kencluste[2] and Qian Xie[1,2*]

Abstract

Glioblastoma multiforme (GBM) is the most common malignant brain cancer that invades normal brain tissue and impedes surgical eradication, resulting in early local recurrence and high mortality. In addition, most therapeutic agents lack permeability across the blood brain barrier (BBB), further reducing the efficacy of chemotherapy. Thus, effective treatment against GBM requires tumor specific targets and efficient intracranial drug delivery. With the most recent advances in immunotherapy, genetically engineered T cells with chimeric antigen receptors (CARs) are becoming a promising approach for treating cancer. By reproducing T lymphocytes with CAR constructs containing a tumor-associated antigen (TAA) recognition domain linked to the constant regions of a signaling T cell receptor, CAR T cells may recognize a predefined TAA with high specificity in a non-MHC restricted manner, and is independent of antigen processing. Active T cells can travel across the BBB, providing additional advantage for drug delivery and tumor targeting. Here we review the CAR design and technical innovations, the major targets that are in pre-clinical and clinical development with a focus on GBM, and multiple strategies developed to improve CAR T cell efficacy.

Keywords: Chimeric antigen receptors, CAR, T-cell therapy, Glioblastoma, Cellular immunotherapy

Background

Glioblastoma (GBM), WHO grade IV glioma, is the most devastating brain tumor in adults [1]. The intrinsic capability of single tumor cells to invade normal brain tissue impedes surgical eradication, predictably resulting in early local recurrence and death. Current treatment options for GBM include maximal surgical removal, radiotherapy and chemotherapy. However, the overall survival rate has not changed significantly over the past decade.

Adoptive cell transfer (ACT) using autologous lymphocytes for treating cancer started in 1988 with metastatic melanoma patients [2]. While early trials reported an overall response in approximately 34% of patients [3], subsequent studies demonstrated that lymphodepletion prior to ACT may significantly improve the response rates to about 50% of patients [4, 5]. During the same period, genetically engineered T cell receptors (TCR) were explored to achieve robust T cell responses which ultimately led to the emergence of chimeric antigen receptor (CAR) T-cell therapy [6, 7]. In 2017, CD19-CAR (tisagenlecleucel) became the first FDA-approved CAR-T cell therapy for treating patients with relapsed or refractory B cell acute lymphoblastic leukemia (ALL) [8].

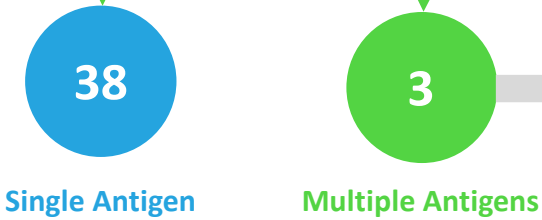
The first ACT-based attempts for GBM therapy started about 40 years ago when several case reports showed that autologous leukocyte infusion into the resection cavity at the time of tumor resection may improve patient's survival without toxicity [9–11]. However, these approaches lacked specificity. To overcome this, genetic engineered T cells have been generated to specifically target brain tumor associated antigens (TAA) and have shown promising pre-clinical results. For GBM, interleukin-13 receptor alpha 2 (IL13Rα2) became the first CAR T-cell target tested in the clinic for its specific overexpression in tumors but not in normal tissues [12]. Epidermal growth factor receptor variant III (EGFRvIII) [13], human

BMC

Land, CA, et al; Chimeric antigen receptor T-cell therapy in glioblastoma; *J Transl Med;* 2020

Competitive landscape in CAR-T GBM

Stage	# CAR-T programs
Discovery/Pre-clinical	25
Clinical	16
TOTAL	**41**



OmniCAR 1 of only 3 targeting multiple antigens

- OmniCAR the only next gen CAR-T
- (The 2 other programs are at a not-for profit)

Company data

OmniCAR Her2/EGFRviii for GBM

Targets	OmniCAR features	Comments
Her2 + EGFRviii	• **Multivalent** antigen targeting • **Persistent binder dosing** for improved **efficacy** & **persistence** • **Titration** for improved safety	• **1 of 3 multiple antigen programs in the world** • Single antigen targeting is inadequate in GBM