Prescient Therapeutics

Investor Briefing

April 2026

ASX: PTX

ptxtherapeutics.com

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Company snapshot

Key Metrics

ASX Ticker	PTX
Total Issued Capital	1,051 M shares
Share Price[1]	A$0.059
Market Capitalisation[1]	**A$58 M**
Cash Position[2]	**A$11.9M**
Top 20 Own	21%

1. As at 10 March 2026
2. As at 31 March 2026 (4C)

Our Focus

Bringing new hope
to people with cancer

Pioneering a therapeutic approach with the potential to address ~1 in 5 cancers

Creating value
for both investors and patients

Our unique value proposition

First-in-class approach to a proven pathway

Pioneering technology

- PTX-100 is the most advanced selective GGTase-1 inhibitor currently in clinical development[1]
- Platform opportunity: Biology targeted is implicated in approximately 22% of cancers[2]

First disease target (CTCL) delivering strong data

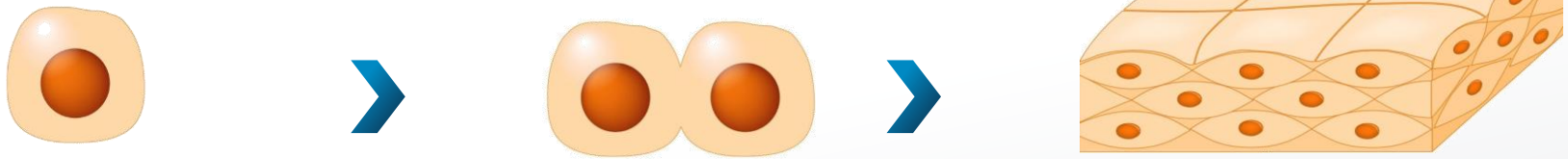
- One of the most advanced cancer therapies on the ASX
- Efficacy signals seen in Phase 1b results
- Of the patients treated and assessable, all showed clinical benefit with either having tumours reduced or halted
- FDA granted key designations to support market exclusivity, reduced costs and faster review
- Clinical data generated to date may support future partnering discussions

1. Based on public data
2.The RAS Problem: Turning Off a Broken Switch - NCI : Clinical applicability beyond CTCL remains unproven

Background

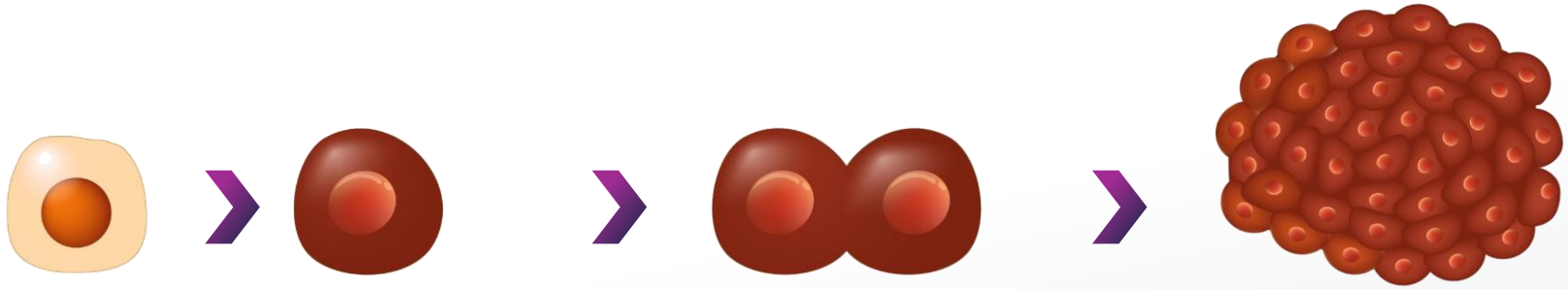
What causes cancerous mutations?

Normal cell growth



Normal cell → Cell division → Healthy tissue

Abnormal cell growth



Normal cell → Genetic changes → Cancerous cell division **Mediated by the RAS family** → Malignant tumour

Source: https://www.cancerfoundation.org.au/what-is-cancer-.html

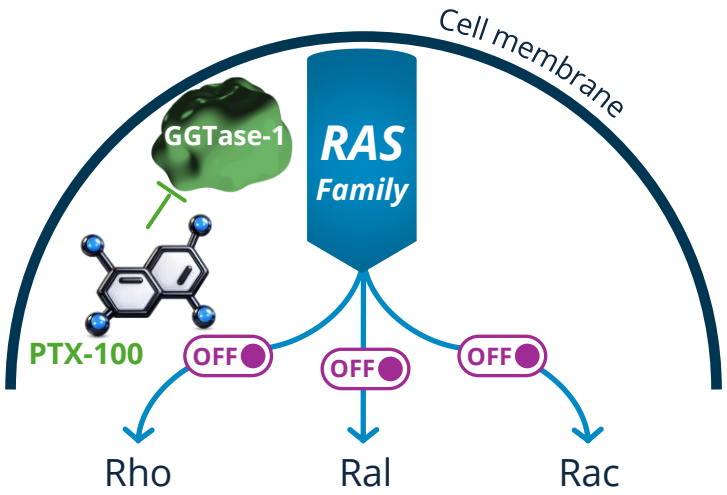
PTX-100 technology highlights

PTX-100 is licensed from Yale University

First-in-class drug candidate: Most advanced against its target in clinical development[1]

Inhibits the enzyme GGTase-1, crucial to the RAS pathway

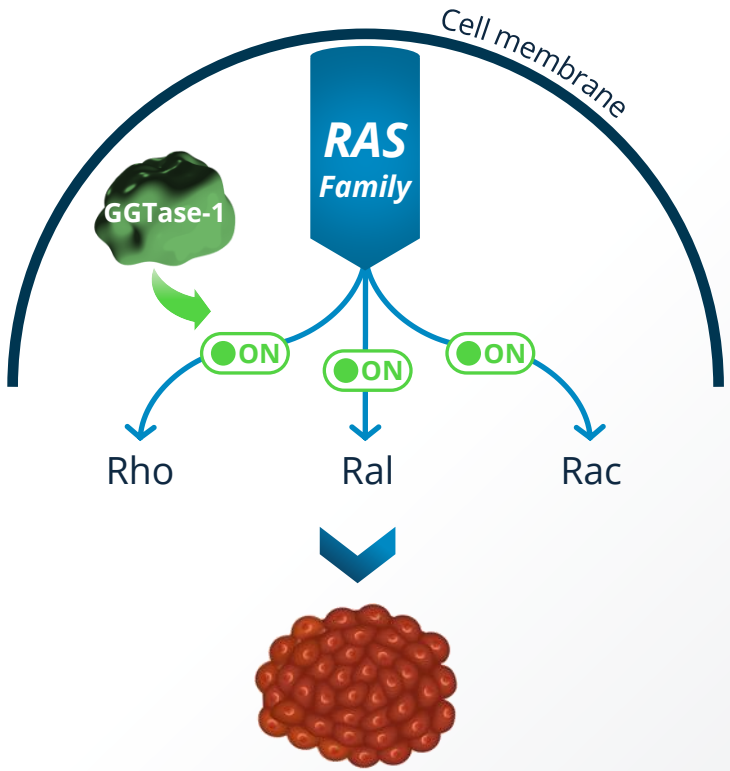
- RAS proteins are among the highest priority targets in cancer drug development
- Mutations in RAS proteins drive the development and worsening of many cancers
- GGTase-1 has broad control over the activity of many proteins in the RAS pathway



1. Per public data.

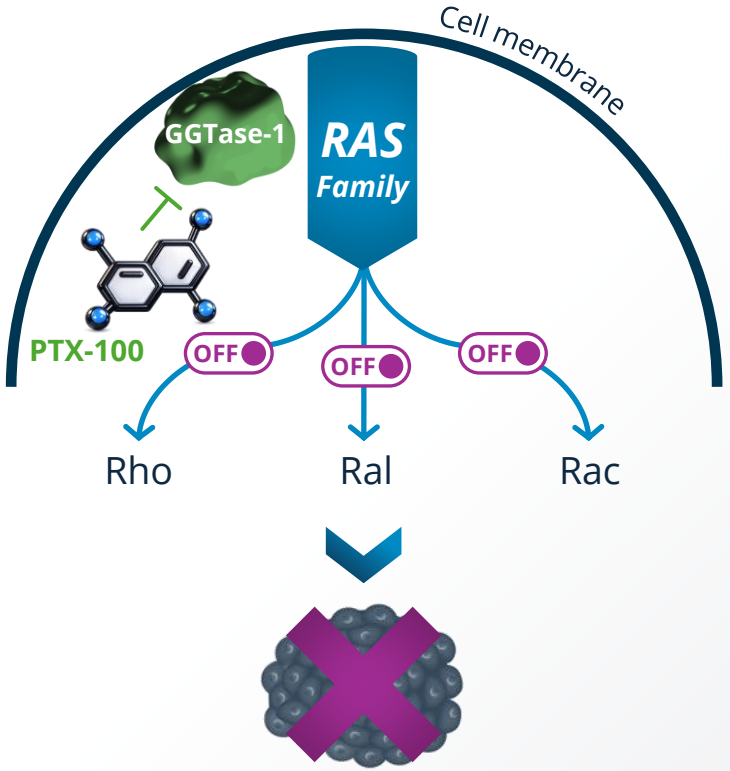
Placeholder: How PTX-100 works

RAS proteins can drive overgrowth of cells through many signaling pathways, regulated by GGTase-1



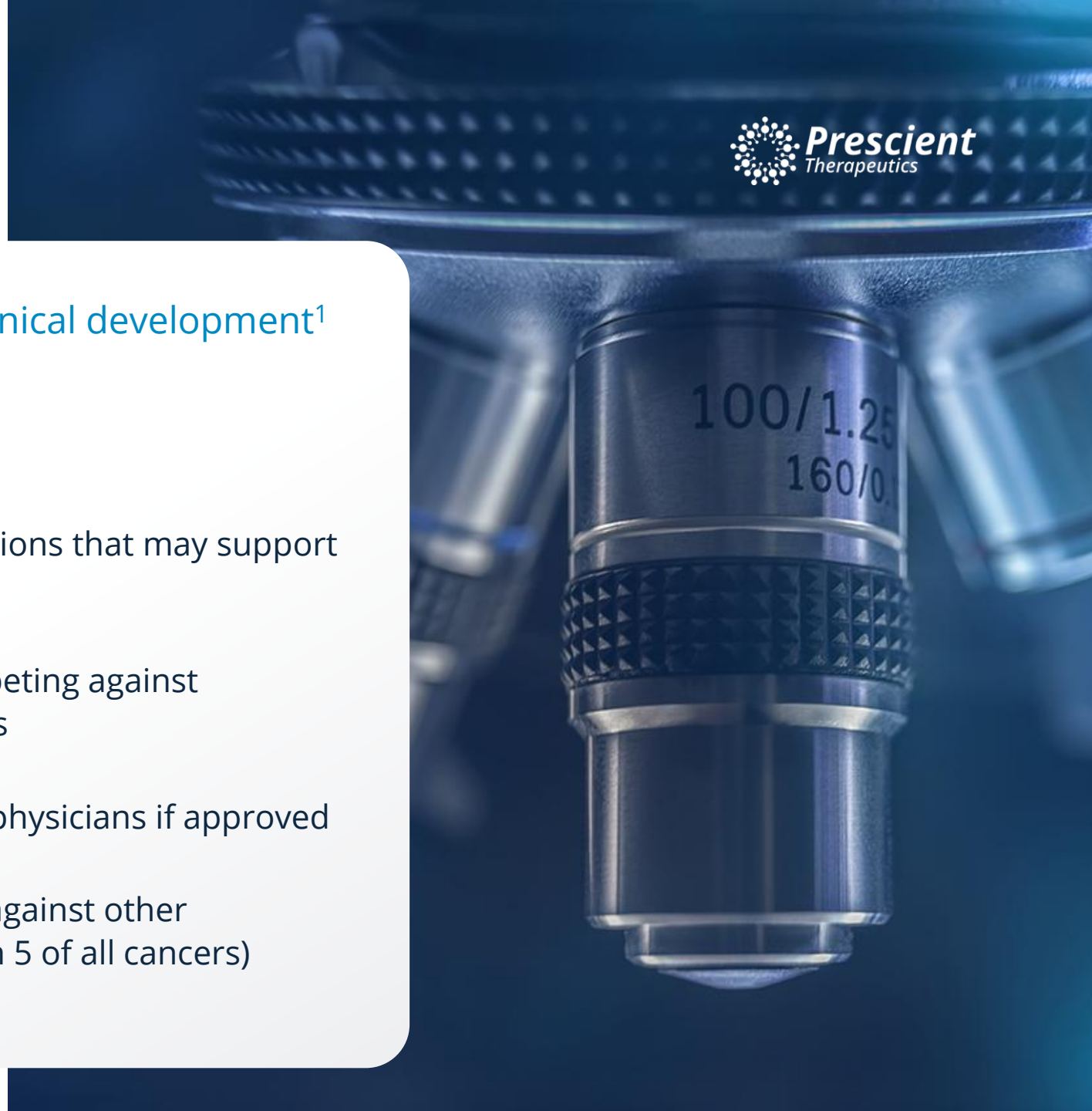
Pro-tumor effects

PTX-100 blocks GGTase-1, broadly inhibiting RAS proteins signaling



Anti-tumor effects

First-in class advantages



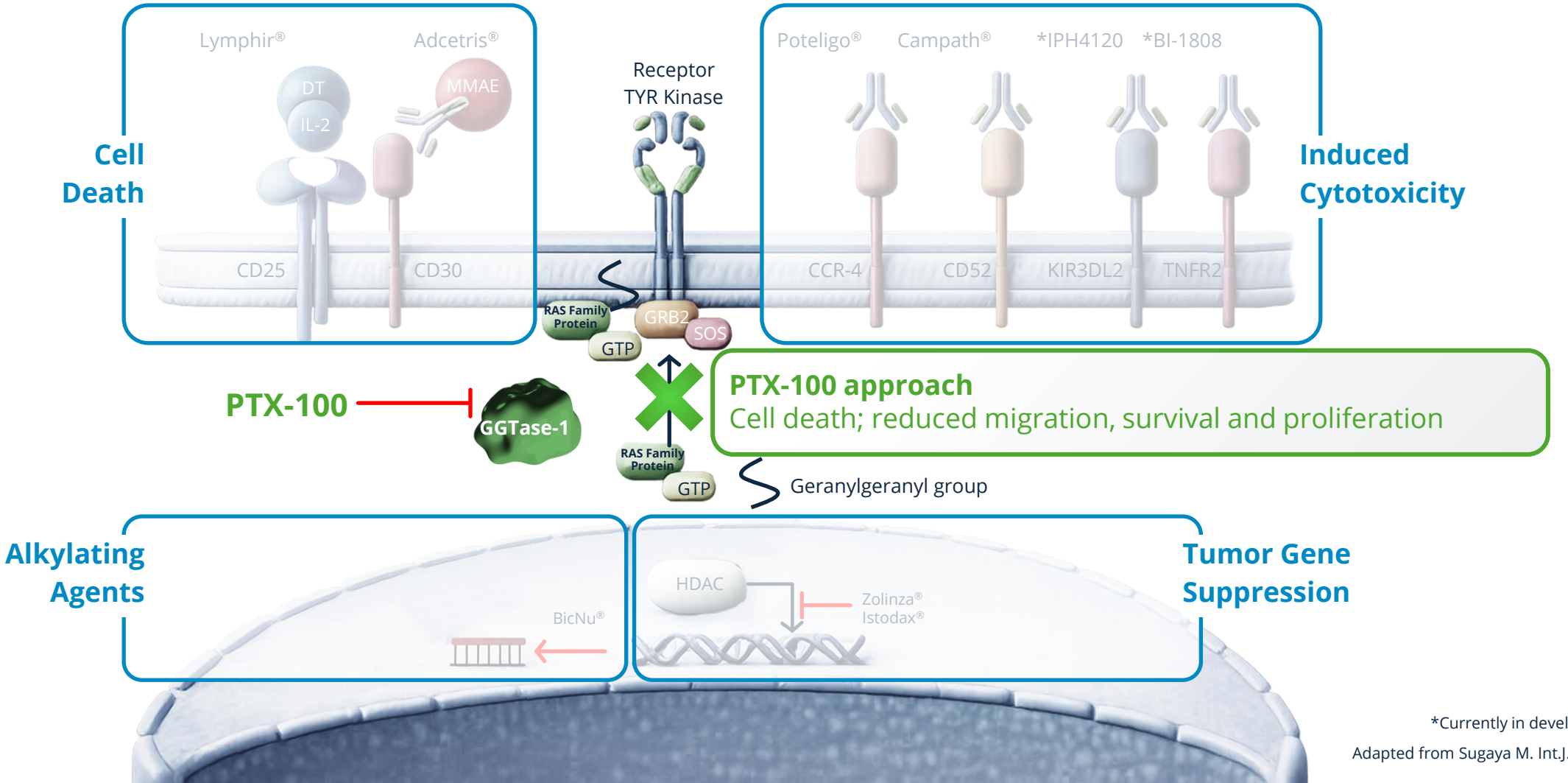
First and only GGTase-1 inhibitor to reach clinical development[1]

This position potentially allows Prescient to:

- Eligibility for favorable regulatory designations that may support expedited development timelines[2]
- Move through development without competing against other GGTase-1 inhibitor data benchmarks
- Build a strong ‘first to market’ brand with physicians if approved
- Potentially extend first-mover advantage against other cancers (relevant biology is involved in 1 in 5 of all cancers)

1. Based on public data
2. Subject to regulatory approval

A differentiated mode of action



*Currently in development

Adapted from Sugaya M. Int.J.Mol.Sci. 2021

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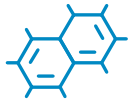
PTX-100 for CTCL

Strategy and data



First indication chosen for:

- Strong RAS involvement
- High unmet need
- Strong chance of regulatory support
- Significant addressable market
- Moderate or low competition

Selection made: CTCL

- RAS family involvement
- Orphan disease
- Advanced stages currently seen a death sentence: existing therapies not effective/safe enough
- Estimated $1.2 billion US market in 2034[1]

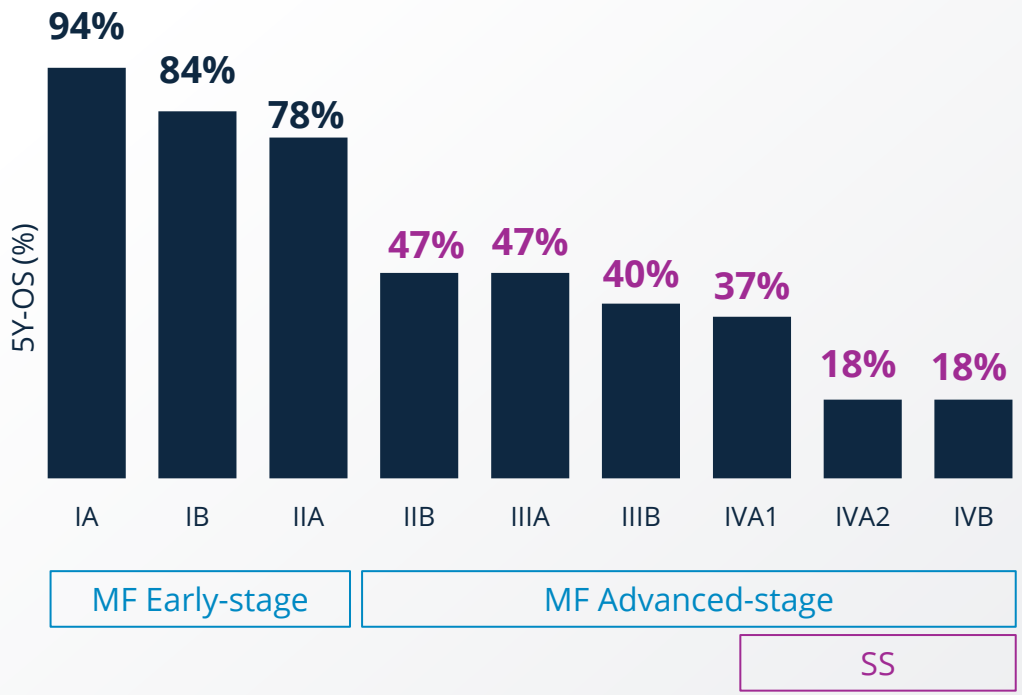
Outcomes so far:

- **Phase 1b results: 100% clinical benefit[2] (including stable disease) and no drug-related serious adverse effects observed to date**
- **Received FDA's Fast Track and Orphan Drug designations for the US and EU**

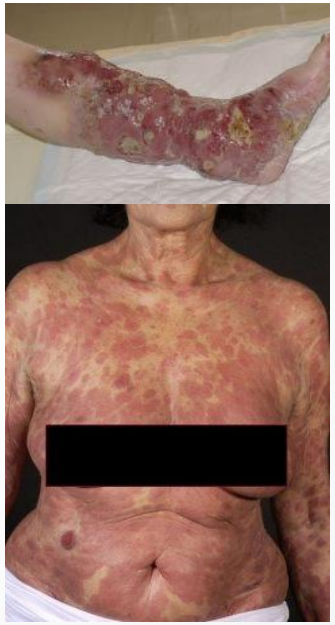
1. DelveInsight: Market Insight, Epidemiology And Market Forecast – 2034
2. CTCL subgroup, n=7 evaluable patients

CTCL patients face a high unmet medical need

Poor outcomes in advanced stages



Significant impact on quality of life



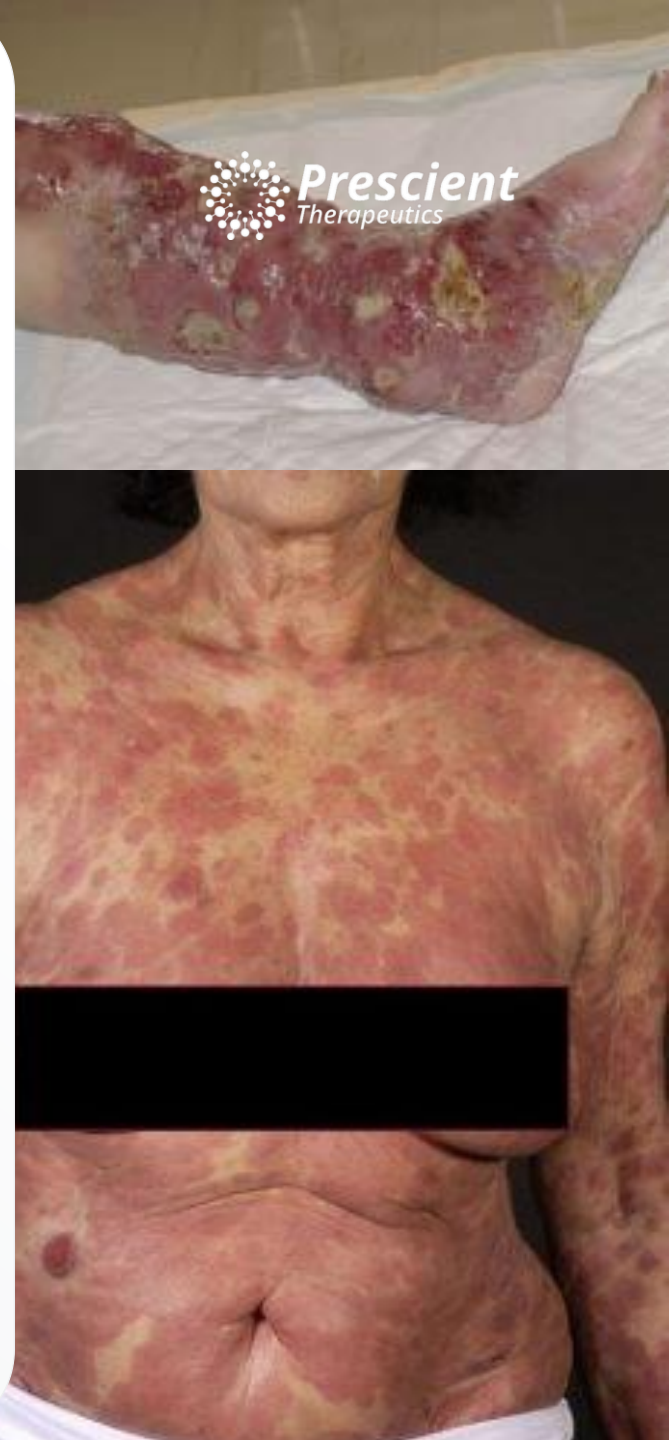
- Pruritus (itching)
- Secondary infections
- Appearance impacted by skin involvement
- Sleep disturbance and fatigue

CTCL: Cutaneous T-Cell Lymphoma; 5Y OS: 5-Year Overall Survival; MF: Mycosis Fungoides; SS: Sézary Syndrome. Agar et al, J Clin Oncol, 2010,

Mayo Clinic; Lymphoma Australia; EF Hutton
Images courtesy of *Derm In-Review and ADV Vol 90, Issue 6*

CTCL has limited effective treatment options

- A rare type of cancer of white blood cells (T cells), normally involved in immune function
- These cancerous T cells are present in the skin, where they divide uncontrollably, attacking the skin and eventually impacting nodes and viscera and blood
- Current treatment options for later stage disease are limited by modest efficacy and poor durability, with few patients achieving sustained responses
- High toxicity burden across available systemic therapies restricts long-term use
- Limited options for patients with relapsed or refractory CTCL
- Orphan disease: 3,000[1] new cases in US each year and increasing



1. JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236

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CTCL Clinical Data

Phase 1b with sub-analysis of CTCL patient cohort

Response rates, safety and duration are key drivers

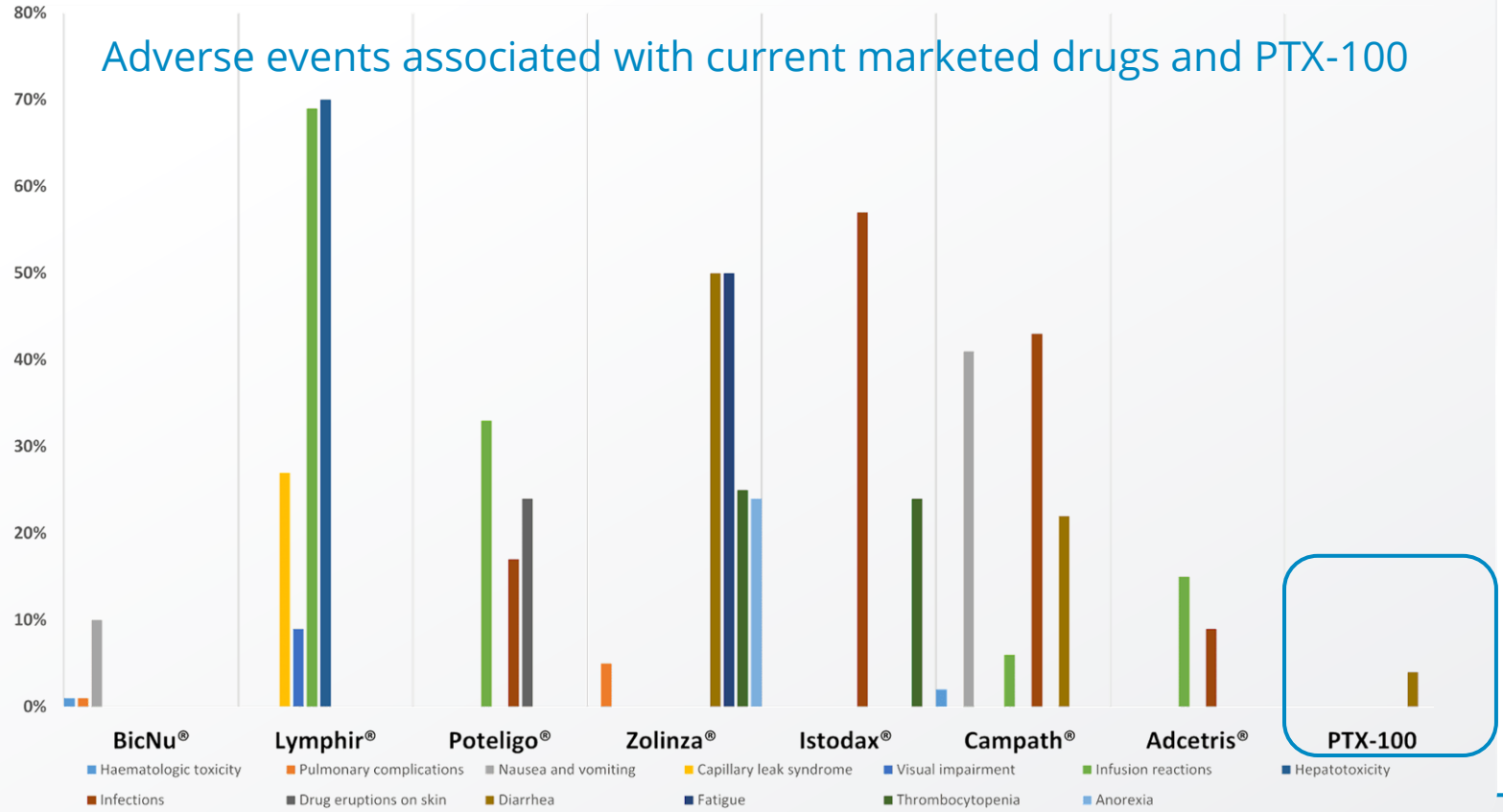
	Benchmark[1]	Lymphir[2,3]	PTX-100 (Phase 1B)[4]	PTX-100 (CTCL only)[5]
Response Rate	30%	36%	45%	43%
Clinical Benefit Rate	45%	NA	64%	100%
Duration of Response	9-13 months CTCL 3-4 Months PTCL	6.5 months (CTCL)	10.7 months	12.4 months
Serious Adverse Events	<30%	38%	0%[6]	0%[6]

Comparisons shown are not from head-to-head studies. Differences in trial phase, patient population, endpoints, and study design may materially affect outcomes.

1. Considered a target benchmark by Prescient and its investigators, with reference to currently available therapies in r/r TCL. Clinical Benefit rate includes: complete and partial response and stable disease
2. Label as per FDA.gov; Fierce Pharma; EF Hutton report
3. Approved by the FDA 8 Aug 2024: LYMPHIR is an IL2-receptor-directed cytotoxin indicated for the treatment of adult patients with relapsed or refractory Stage I-III cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy.
4. 11 evaluable patients
5. 7 evaluable patients
6. Serious Adverse events that were treatment related

PTX-100: Favourable safety profile compared to peers

Recommended CTCL drugs have challenging safety profiles, with adverse events occurring in up to 70% of patients



PTX-100 has a favourable safety profile

- Data from completed early studies show no serious adverse events deemed related to PTX-100
- Suits fragile patient population
- Good candidate for combination therapy

Sugaya M. Int.J.Mol.Sci. 2021

PTX-100 has demonstrated a favourable safety profile to date in early-stage clinical studies, noting that larger studies are required to further characterise safety.

Progressing PTX-100 Through Phase 2

r/r CTCL

2 lines of prior systemic treatment

Enrolment

X 40 patients (pts)

Randomization

500mg/m^2 x 20 pts

Phase 2a
Dose Optimisation

1000mg/m^2 x 20 pts

Dose Optimisation Committee

Dose confirmation

Phase 2b
Efficacy
X 75 pts

Multicenter clinical trial


3

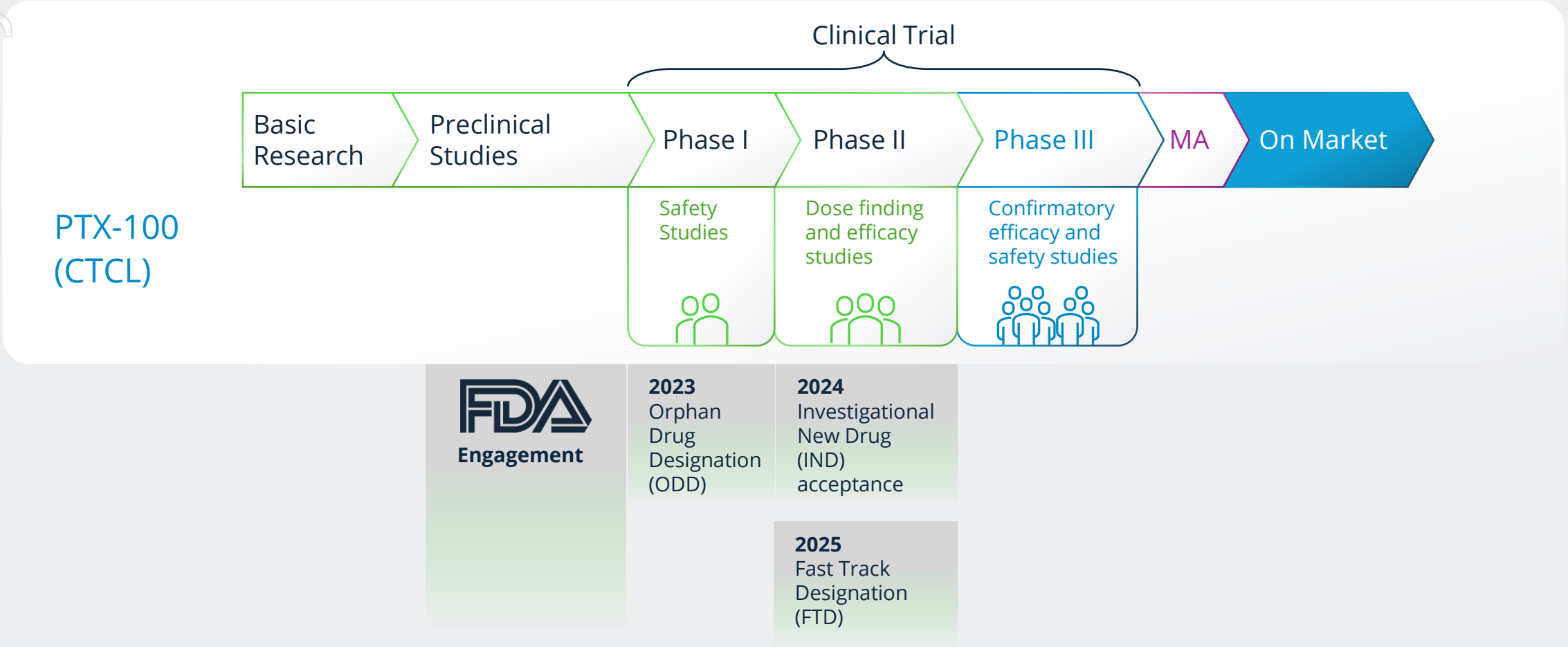

5


3


4

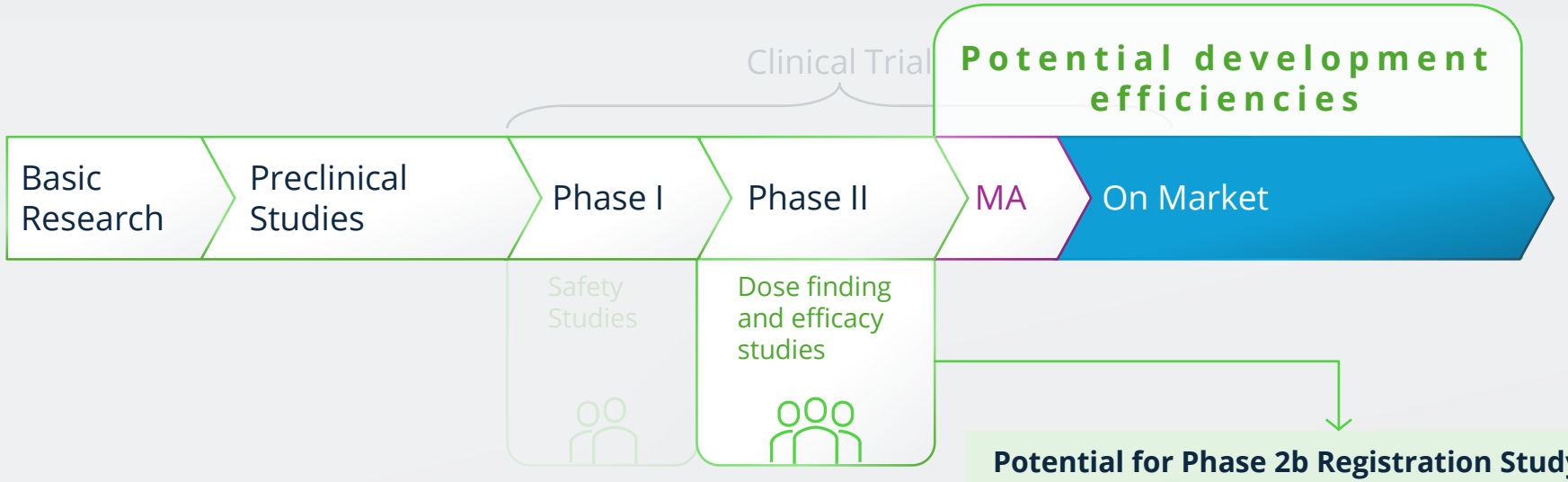
- Phase 2a: N=40 pts with r/r CTCL (dose optimisation)
- Phase 2b: N=75 pts with r/r CTCL will be treated at the recommended dose from Phase 2a
- Involving international experts in CTCL treatment

PTX-100 (CTCL): Status



MA = Marketing Authorization
Adapted from Capuano, A. et al; Front. In Pharmacol.; Feb 2019

PTX-100 (CTCL): Proposed approach



Potential for Phase 2b Registration Study (Subject to FDA agreement on endpoints)

- Potential eligibility for accelerated approval pathways, subject to outcomes and regulatory review
- Faster commercialisation
- Enter US$1.2B* US CTCL market
- Opportunity to explore other cancer pathways

(Subject to regulatory approvals)

MA = Marketing Authorization
Adapted from Capuano, A. et al; Front. In Pharmacol.; Feb 2019

* DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 2034

Total addressable market

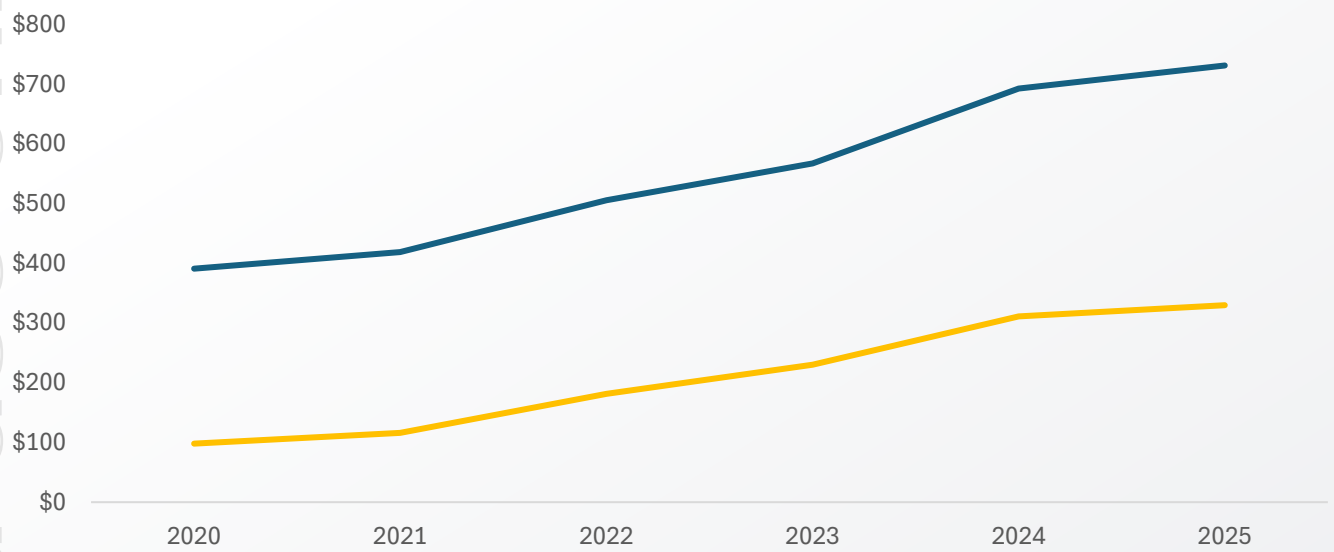
High unmet need = large market opportunity

US market for CTCL

- 3000[1] new CTCL cases per year in the US
- Estimated US CTCL market size of approximately ~US$1.2bn / year by 2034[2]

1. JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236
2. Based on third party forecasts and subject to assumptions regarding pricing, treatment duration, competition and reimbursement. DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 2034

New entrants for CTCL can grow the market



Early results position PTX-100 well against current therapies

- Enable market share growth
- Unique MOA supports combination opportunities
- Treatment duration
- Pricing comparisons

1. DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 2034
Mogamulizumab was FDA Approved in 2018 in R/R mycosis fungoides (MF) or Sézary syndrome (SS) after at least one prior systemic therapy
60% Patient growth from entry of mogamulizumab from 2020 to 2024 in Delveinsight data for second line Early and Advanced stage CTCL in the US

CTCL program
Summary

	PTX-100 (Phase 1B)[1]	PTX-100 (CTCL only)[2]
Response Rate	45%	43%
Clinical Benefit Rate	64%	100%
Duration of Response	10.7 months	12.4 months
Serious Adverse Events	0%[3]	0%[3]

- Phase 1B results exceed benchmarks and existing drugs
- Allows for new indications with PTX-100 to go straight into Phase 1b/2a
- FDA support
- US$1.2bn focus market[4] for CTCL
- Currently in Phase 2a: potential for 2b registration study

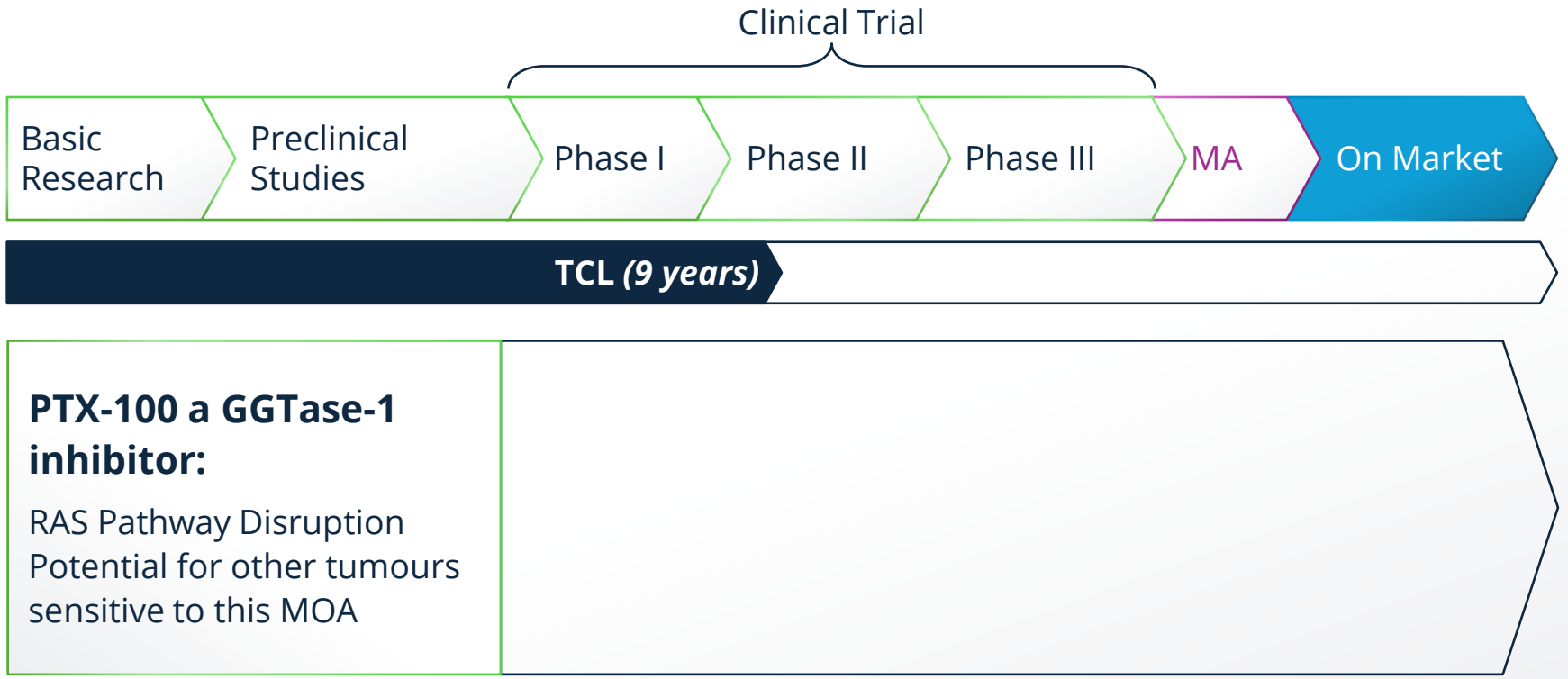
1. 11 evaluable patients
2. 7 evaluable patients
3. Serious Adverse events that were treatment related
4. DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 203

PTX-100's Wider Platform Opportunity

Major expansion opportunity with PTX-100

RAS pathway alterations are reported in ~ 22% of cancers

- Underlying biology targeted is relevant to 1 in 5 cancers
- Potential to progress future indications into Phase 1b or 2a[1]



1. Subject to preclinical and regulatory review
MA = Marketing Authorization

Expansion strategy

Stage 1: CTCL-centric

- ✓ Demonstrate efficacy & safety
  - Potentially partner the asset
- ✓ FDA support (ODD, FTD)
- Complete phase 2b registrational study
- CTCL commercial pathways

Stage 2: Expansion

- Bring new indications onto platform
- Progressively address further cancers
- Strategic commercial pathways

Board and management

Experienced team of drug developers and deal makers with track record in blood cancers

Management Team

James McDonnell
CEO

Dr Rebecca Tunstall
COO

Dr Marissa Lim
Chief Medical Officer

Upaly Bahadure
Director
Clinical Affairs & Operations

Dr Luis Malaver-Ortega
Director Research
and Development

Board of Directors

Dr James Campbell
Non-Executive Chairman

Dr Allen Ebens
Non-Executive Director

Dr Ellene Feigal
Non-Executive Director

Dr Gavin Shepherd
Non-Executive Director

Melanie Farris
Non-Executive Director

Experienced gained in global companies

Bristol Myers Squibb®
Telix
GSK
IPSEN
Cephalon
BeiGene
Genentech
VIFOR PHARMA
CSL
JUNO THERAPEUTICS
NOVARTIS
AMGEN

Our unique value proposition

First-in-class approach to a proven pathway

Pioneering technology

- PTX-100 is the most advanced selective GGTase-1 inhibitor currently in clinical development[1]
- Platform opportunity: Potentially applicable to 22% of all cancers[2]

First disease target (CTCL) delivering strong data

- One of the most advanced cancer therapies on the ASX
- Efficacy signals seen in Phase 1b results
- Of the patients treated and assessable, all showed clinical benefit with either having tumours reduced or halted
- FDA granted key designations to support market exclusivity, reduced costs and faster review
- Clinical data generated to date may support future partnering discussions

1. Based on public data
2. The RAS Problem: Turning Off a Broken Switch - NCI

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Thank you

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Appendix