



SPP Presentation

Join the CEO of PTX James McDonnell for a live and interactive shareholder briefing on Friday, 28th August 11am (AEST) where he will discuss the Share Purchase Plan, use of funds and how to participate.

Register here: <https://prescienttherapeutics.investorportal.com.au/shareholder-briefing-spp/>

After registering, you will receive a confirmation email containing a calendar invite and information about joining the webinar.

The attached presentation forms the basis of the Shareholder Briefing.

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

For more information please contact:

Company enquiries

James McDonnell
CEO
Prescient Therapeutics
james.mcdonnell@ptxtherapeutics.com
ics.com

Investor & Media enquiries

Patrick Nelson
Reach Markets
1300 805 795
ir@reachmarkets.com.au

About Prescient Therapeutics Limited (Prescient)

Prescient Therapeutics is a clinical-stage oncology company developing personalised cancer treatments through targeted therapies and advanced cell therapy enhancement platforms.

Targeted Therapy

PTX-100 is a first-in-class compound with the ability to block an enzyme that can contribute to cancer growth known as geranylgeranyl transferase-1 (GGTase-1). Blocking this target disrupts oncogenic Ras pathways by inhibiting the activation of Rho, Rac and Ral signaling circuits in cancer cells, leading to their apoptosis (death). Mutations in Ras pathways are believed to be involved in up to 22% of all cancers.

PTX-100 demonstrated safety and early clinical activity in a previous Phase 1 study and in a recent PK/PD basket study of hematological and solid malignancies. PTX-100 has recently completed a Phase 1b expansion cohort study in T-cell lymphomas, where it showed encouraging efficacy and safety. The US FDA has granted PTX-100 Orphan Drug Designation for all T-Cell Lymphomas and Fast Track Designation for the treatment of adults with relapsed or refractory (r/r) mycosis fungoides, the most common subtype of CTCL. A Phase 2 study in Cutaneous T-cell lymphoma (CTCL) is recruiting globally and expects to enrol up to 40 patients in the Phase 2a part of the trial.

Cell Therapy Platforms

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. OmniCAR is in pre-clinical development.

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.

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.

CellPryme-M: Prescient's novel, ready-for-the-clinic, CellPryme-M technology enhances adoptive cell therapy performance by shifting T 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.

Find out more at www.ptxtherapeutics.com or connect with us via [LinkedIn](#).

Forward-Looking Statements

This announcement contains forward-looking statements based on current expectations, estimates, and assumptions. These statements are subject to risks and uncertainties that may cause actual results to differ materially. Readers are cautioned not to place undue reliance on forward-looking statements, which speak only as of the date of this announcement. Prescient undertakes no obligation to revise forward-looking statements except as required by law.



Shareholder Briefing

August 2026

ASX: PTX

ptxtherapeutics.com

ersonal use only



Disclaimer and Safe Harbour



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. Nothing in this document should be considered financial advice. Please consult your professional investment adviser who understands your risk appetite and financial objectives before considering an investment in Prescient.

Company snapshot



Key Metrics

ASX Ticker	PTX
Total Issued Capital	1,051 M shares
Share Price ¹	A\$0.072
Market Capitalisation ¹	A\$76 M
Cash Position ²	A\$9.03M
Top 20 Own	21%



1. As at 24 August 2026
2. As at 30 June 2026 listed in Annual Report 21 August 2026

Highlights



Yale

PTX-100

Lead drug candidate
licensed from Yale
University



Pioneering a drug
platform with the
potential to address ~1 in
5 cancers¹



**First-in-class drug candidate
(PTX-100)**

Most clinically advanced
against its target ²



Rare blood cancer initial
focus of PTX-100 with Phase
1 showing encouraging
efficacy and safety



Near-term milestone expected
by year end with the Phase 2a
Dose Optimisation Committee
review



Creating value in
our preparation for
potential partners

1. The RAS Problem: Turning Off a Broken Switch - NCI

2. Based on public data

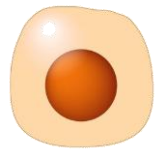


ersonal use only

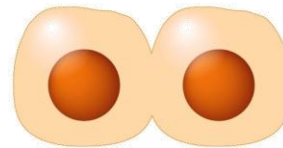
Background

What causes cancerous mutations?

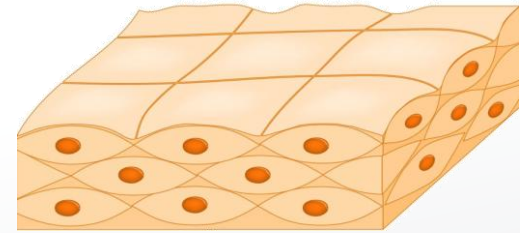
Normal
cell growth



Normal cell

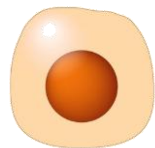


Cell division



Healthy tissue

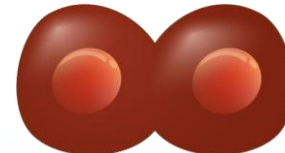
Abnormal
cell growth



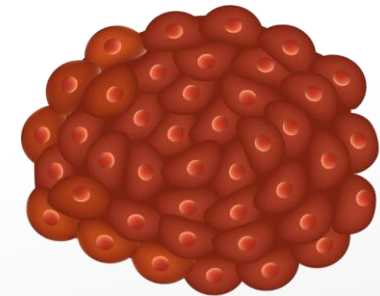
Normal cell



Genetic changes



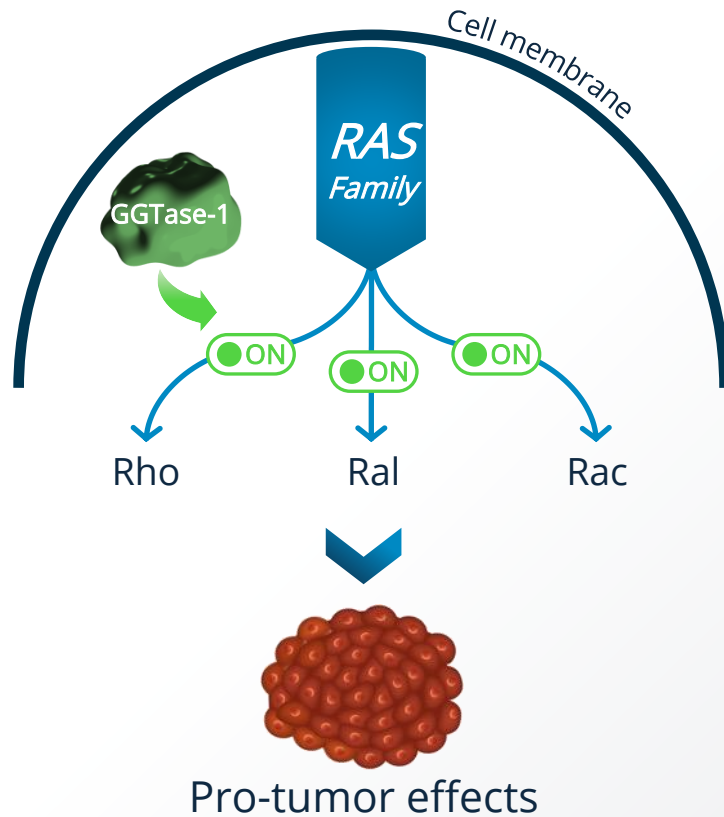
Cancerous cell division
Mediated by
the RAS family



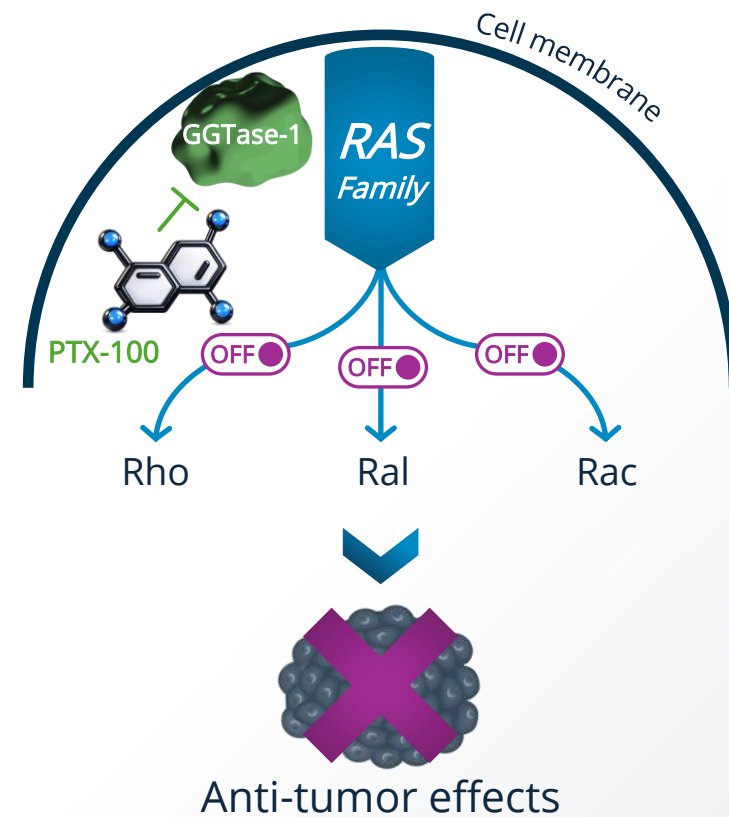
Malignant tumour

How PTX-100 works

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



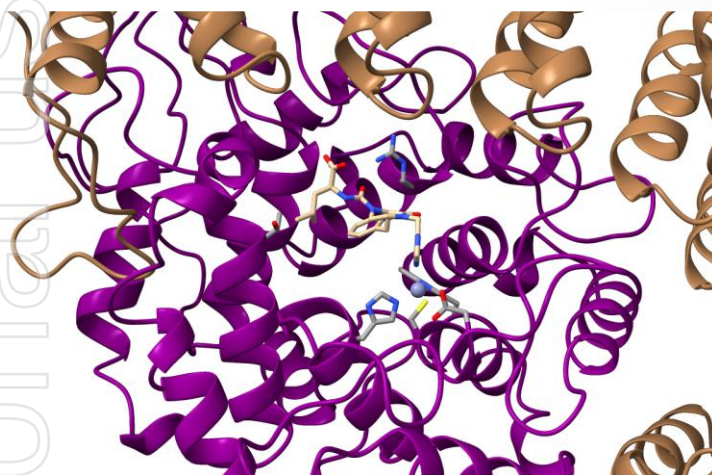
PTX-100 blocks GGTase-1, broadly inhibiting RAS proteins signaling



A clever design for specific inhibition

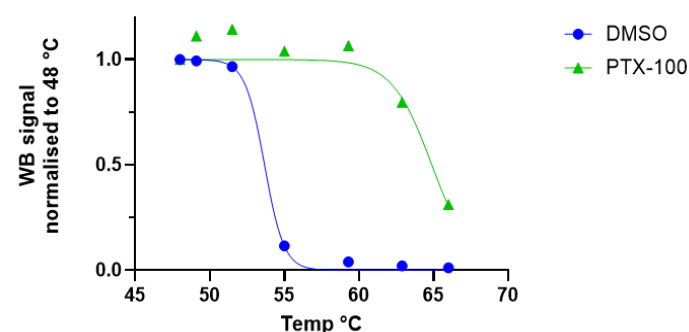
AI- and physics-based modelling

PTX-100 does not require the presence of the substrate to block the active site, and its design provides high specificity for GGTase-I



CELLular Thermal Shift Assay (CETSA®)

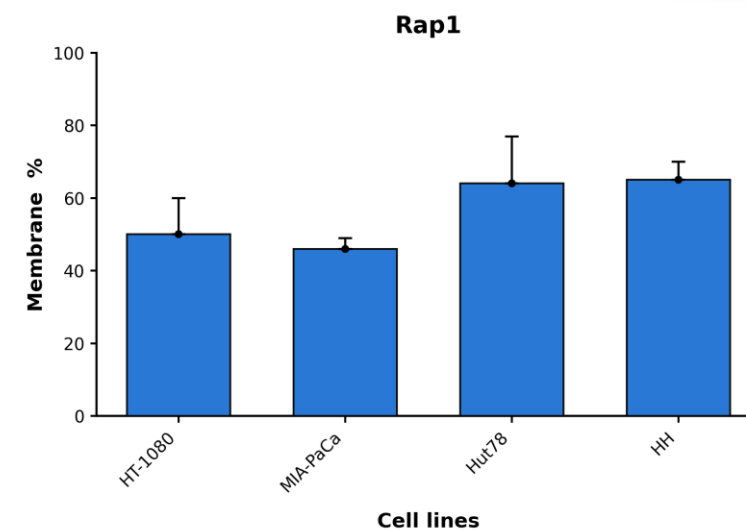
PTX-100 exhibits strong binding to its cellular target as demonstrated by a shift in the observed thermal melting behavior



	V50
DMSO	53.7
PTX-100	64.9

Percentage of anchored-prenylated Rap1

PTX-100 inhibition of GGTase-I induces a reduction in the percentage of Rap1 protein associated to the membrane



First-in class advantages



First and only GGTase-1 inhibitor to reach clinical development¹

This position potentially allows Prescient Therapeutics to:



Eligibility for favorable regulatory designations that may support expedited development timelines²



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

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



ersonal use only

PTX-100 for CTCL

Strategy and data



First indication chosen for:

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



Selection made: CTCL

- RAS family involvement
- Orphan disease
- Advanced stages currently seen a death sentence: existing therapies not effective/safe enough
- Estimated US\$1.2 billion US market in 2034¹



Outcomes so far PTX-100:

- Phase 1b results: 43% objective response rate² and no drug-related serious adverse effects observed
- Received FDA's Fast Track designation as well as US and EU Orphan Drug status ³

1. DelveInsight: Market Insight, Epidemiology And Market Forecast – 2034, Based on third-party forecasts and subject to assumptions regarding pricing, treatment duration, competition and reimbursement.

2. CTCL subgroup, n=7 evaluable patients

3. FDA Fast track Designation for Mycosis Fungoides (MF), Orphan Drug designations in US and EU for T Cell Lymphoma and MF plus Sezary Syndrome respectively

CTCL is a challenging disease

- Rare type of white blood cell (T cell) cancer
- Cancerous T cells attack skin, eventually impacting nodes, viscera and blood
- Significantly impacts quality of life
 - Pruritus (itching)
 - Secondary infections
 - Appearance impacted by skin involvement
 - Sleep disturbance and fatigue
- ~3,000¹ new cases in US / year and increasing
- Most prevalent CTCL forms: Mycosis Fungoides (MF) and Sézary Syndrome (SS)



Not all CTCL patients are the same



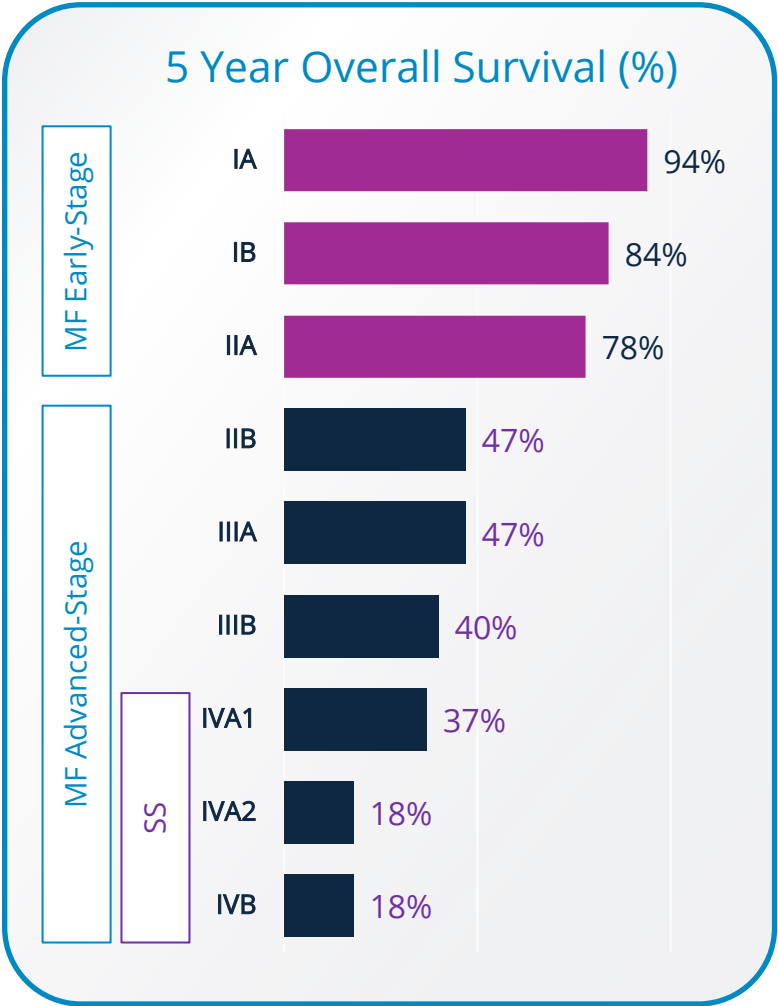
Poor Outcomes in Advanced Stages

Mycosis Fungoides (MF)

- Most common CTCL subtype (~50-70% of cases); indolent, skin-limited patches/plaques that can progress to tumors and, in advanced stages, nodal or blood involvement

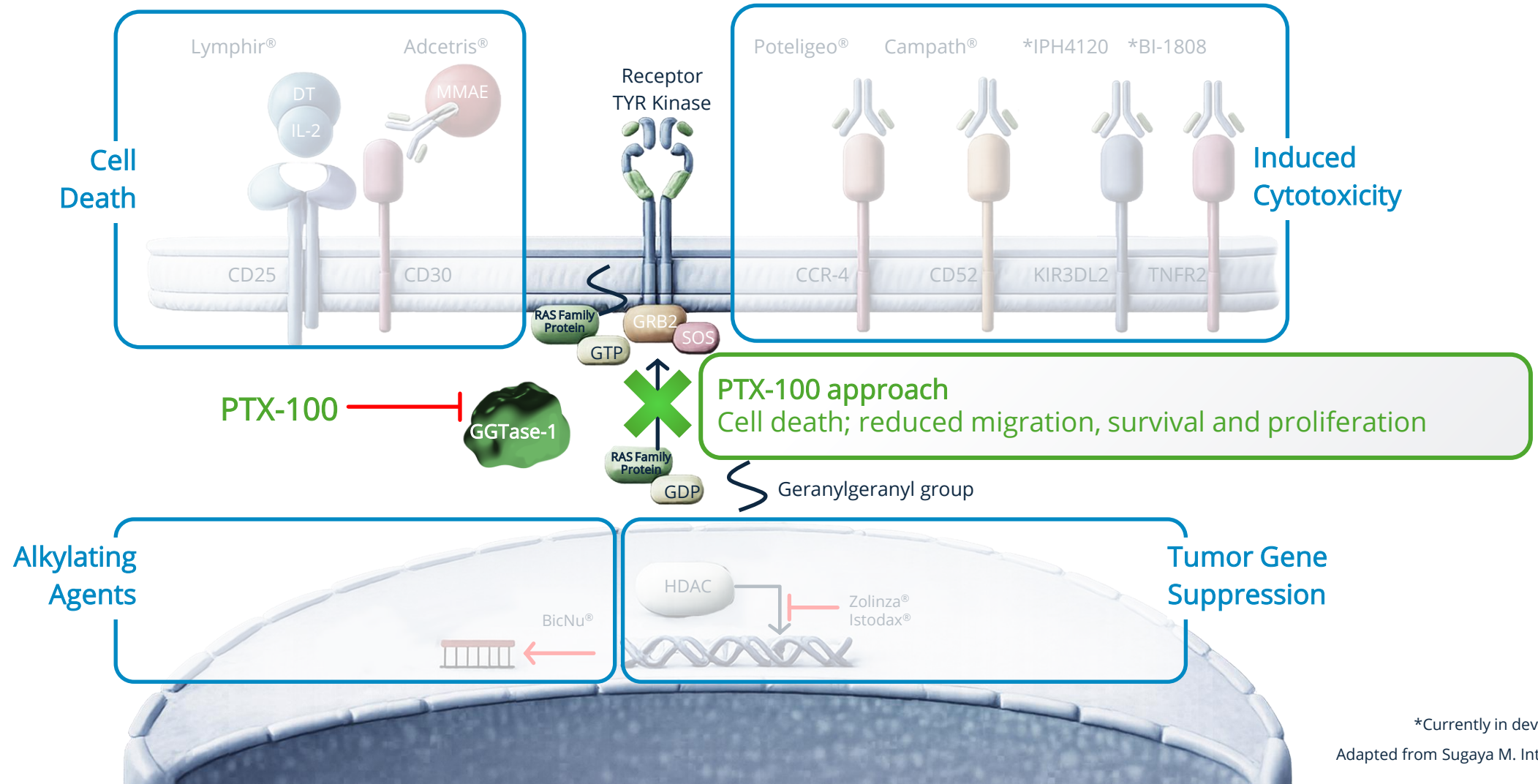
Sézary Syndrome (SS)

- Rare (<5% of cases); aggressive leukemic variant defined by erythroderma, lymphadenopathy and blood involvement (Sézary cell count >1,000/ μ L)



- Existing treatment options are poor with current drugs providing only modest efficacy and poor safety and tolerability
- Fewer options for relapsed or refractory CTCL patients
- PTX-100 has Fast Track Designation (FTD) for CTCL- Mycosis Fungoides (MF) patients

A differentiated mode of action



Phase 1b sub-analysis of CTCL patient cohort

CTCL response rates, safety and duration including consideration of other therapies are key drivers to initiation of Phase 2



	Benchmark ¹	Lymphir ^{2,3}	Poteligeo ⁴	Lacutamab ^{5,6}	PTX-100 (CTCL only) ⁷
Objective Response Rate (ORR)	30%	36%	28%	42.9% (SS) 22.4% (MF)	43% ⁸
Clinical Benefit	45%	NA	NA	NA	100%
Duration of Response (DOR)	9-13 months	6.5 months	14.1 months	25.6 months (SS)	12.4 months
Serious Adverse Events	<30%	38%	41%	9.5% ^{5,9}	0% ⁹

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 CTCL. 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. TGA approved Product Information

5. Lacutamab in patients with relapsed and refractory Sézary syndrome (SS): Long term follow-up from the TELLOMAK phase 2 trial. 2025 ASCO Abstract

6. Lacutamab in patients with relapsed and/or refractory mycosis fungoides (MF): Results from the TELLOMAK phase 2 trial https://ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.7082

7. 7 evaluable patients

8. 95% Confidence interval CI: 10%, 82%

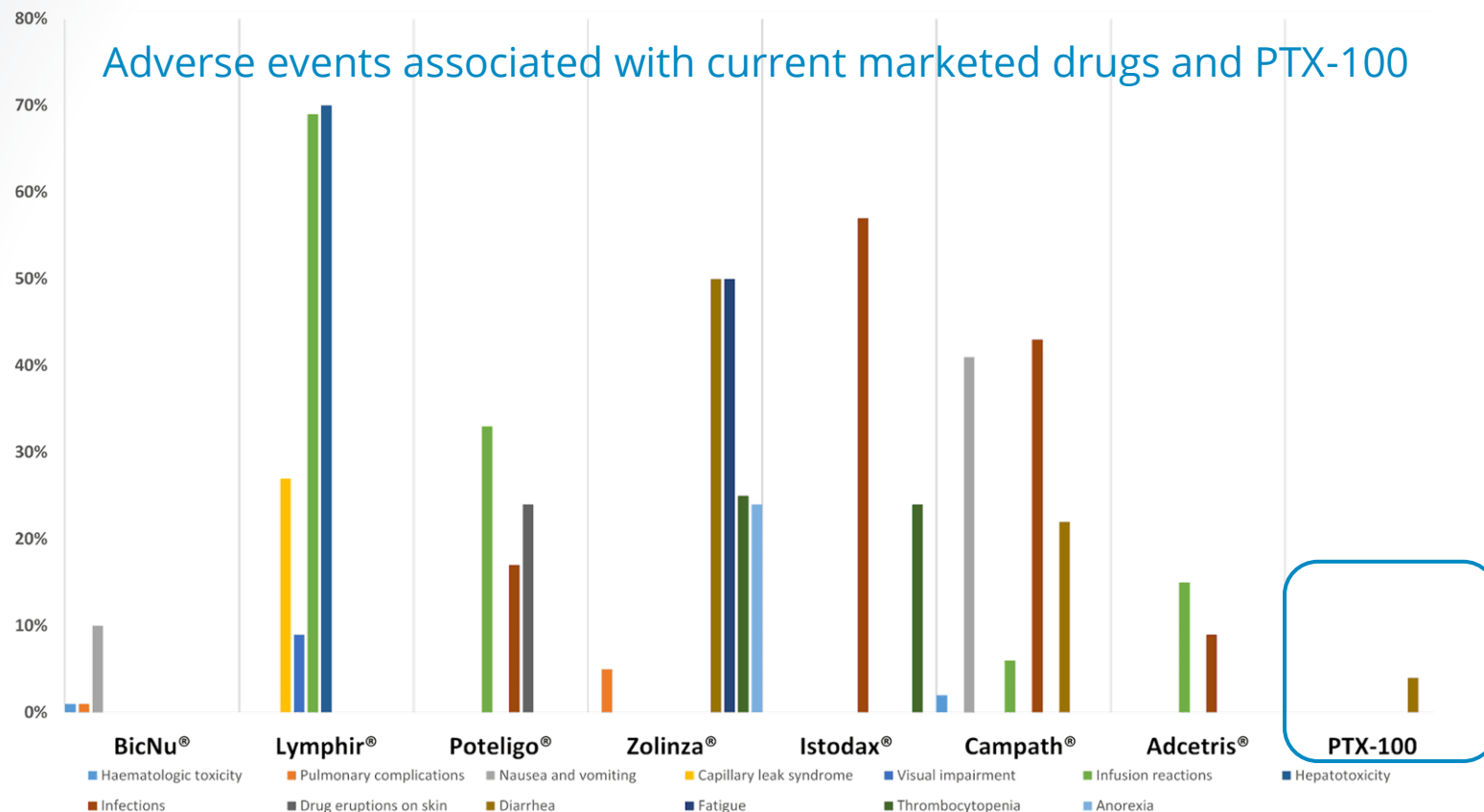
9. Serious Adverse events that were treatment related

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



Adverse events associated with current marketed drugs and PTX-100

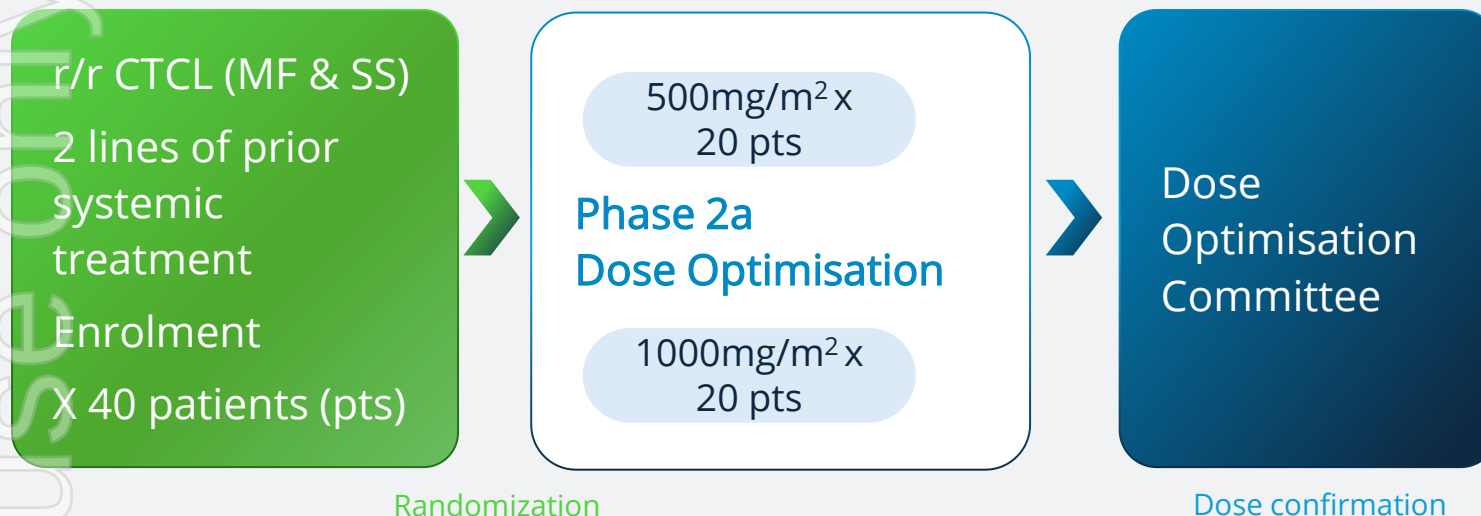


PTX-100 has a favourable safety profile

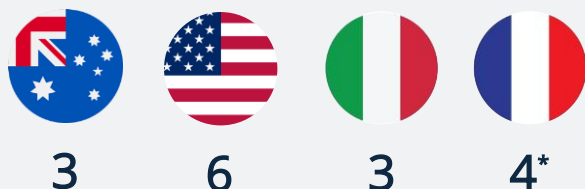
- Data from completed early studies show no serious adverse events deemed related to PTX-100
- Suits fragile patient population
- Good candidate for combination therapy

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

Progressing PTX-100 Through Phase 2



Multicenter clinical trial



Phase 2 Endpoints

Primary endpoint:

- Objective Response Rate (ORR)

Secondary endpoints:

- Skin response using mSWAT
- Progression-free survival (PFS)
- Duration of response (DOR)
- Time to response (TTR)
- Complete response rate (CRR)
- Overall survival (OS)

Determine safety and tolerability of PTX-100

Evaluate the effects on Quality of Life (QoL)

PTX-100 (CTCL): Clinical Trial Plan

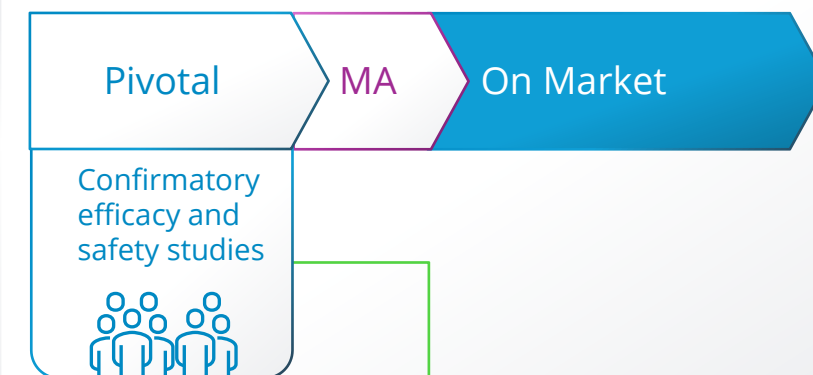
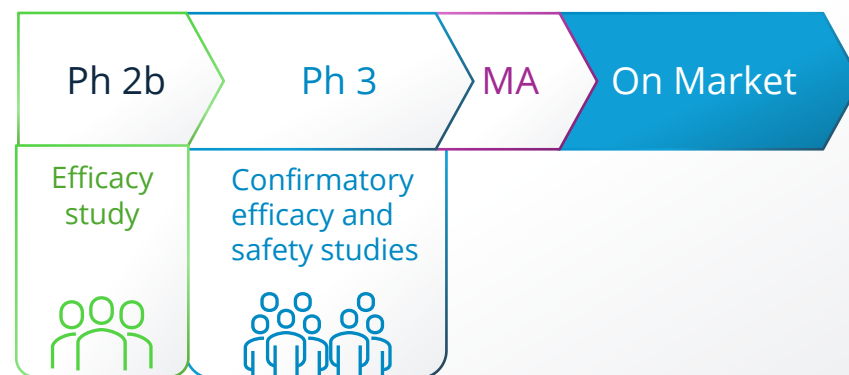
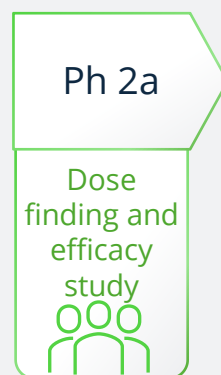
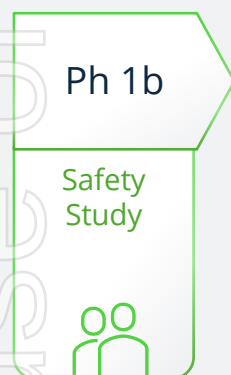


Completed

Ongoing

Expected Clinical Plan

Potential Clinical Plan



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

- 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)

Orphan Drug Designation (ODD)

Investigational New Drug (IND) acceptance

Fast Track Designation (FTD) for CTCL-MF

MA = Marketing Authorization
Adapted from Capuano, A. et al; Front. In Pharmacol.; Feb 2019
FTD granted specifically for CTCL-MF, 2025

* DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 2034 , Based on third-party forecasts and subject to assumptions regarding pricing, treatment duration, competition and reimbursement.

Total addressable market

High unmet need = large market opportunity



US market for CTCL

- 3,000¹ new CTCL cases per year in the US
- Estimated US CTCL market size of approximately ~US\$1.2bn / year by 2034²

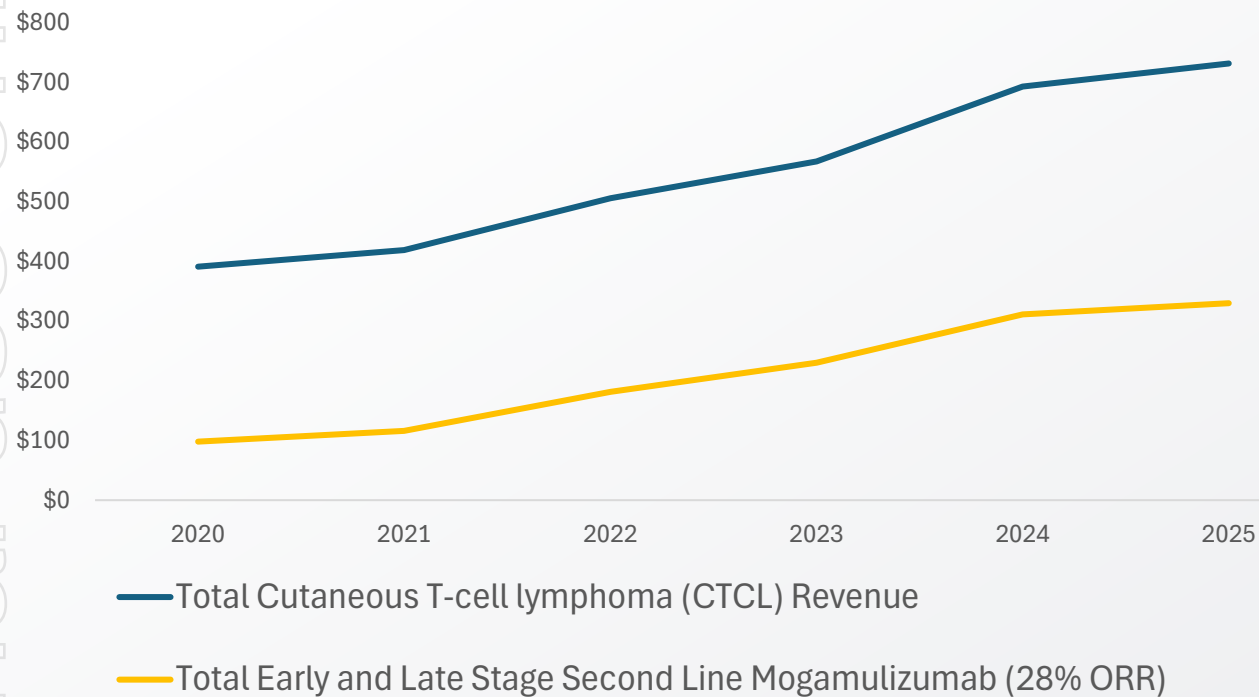
1. JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236

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

CTCL US Market 2020 to 2025¹(US\$M)



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 2025 in DelveInsight data for second line Early and Advanced stage CTCL in the US

Expansion strategy



Stage 1: CTCL-centric

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

Stage 2: Expansion

- Bring new indications onto platform
- Progressively address further cancers
- Strategic commercial pathways
- Leverage core competencies
- Review complementary assets

Key Events and Upcoming Milestones for PTX-100



✓ Q1 2023	Orphan Drug Designation for all TCL – US FDA
✓ Q4 2024	IND cleared for Phase 2a trial – US FDA
✓ Q1 2025	First Phase 2a site initiated
✓ Q2 2025	Fast Track Designation, r/r MF– US FDA
✓ Q2 2025	First Patient In Phase 2a trial
✓ Q4 2025	EU CTIS approval; Italy site activated
✓ Q4 2025	Orphan Drug Designation, CTCL (MF and SS) – EMA
✓ Q2 2026	26 patients enrolled by Q2 2026 (28 post quarter-end)

☐ Q4 2026	DOC review, 20 evaluable patients
☐ 1H 2027	France sites open
☐ 1H 2027	Phase 2a enrolment complete, 40 evaluable patients
☐ 2H 2027	DOC review, 40 evaluable patients
☐ 2H 2027	FDA type B meeting on Phase 2b design
☐ 1H 2028	Phase 2b CTCL trial commences



Compassionate use – 1 patient with CR (as of Aug 2026)*

Phase 2a, r/r CTCL (Australia / US / EU) – ongoing since Q2 2025

Phase 2b – commences 1H 2028

* Patient was rolled over onto compassionate access from the Phase 1b study having achieved a complete response (CR) and was still experiencing clinical benefit at the time of transition.

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 Rosalind Wilson
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 Chair



Dr Allen Ebens
Non-Executive Director



Melanie Farris
Non-Executive Director



Dr Ellen Feigal
Non-Executive Director



Dr Gavin Shepherd
Non-Executive Director

Experienced gained
in global companies



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 development¹
- Platform opportunity: Potentially applicable to 22% of all cancers²



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 will support future partnering discussions

1. Based on public data

2. The RAS Problem: Turning Off a Broken Switch - NCI



Share Purchase Plan

ptxtherapeutics.com

Summary of the SPP



SPP Offer

Raise Amount

Targeting \$7 million

Use of Funds

The proceeds from the SPP will support the ongoing development of the Company's first-in-class cancer treatment, PTX-100, allowing the Company to advance its targeted therapy beyond the Dose Optimisation Committee review targeted for the second half of calendar 2026 - an important checkpoint ahead of the Company's subsequent Dose Optimisation Committee reviews and progression into the next stage of development. The program aims to progress, subject to clinical results, toward regulatory approval and broader patient access in an area of significant unmet medical need.

Funds raised will also go towards general working capital, business development and portfolio management activities - which may include the evaluation of complementary pipeline opportunities - and costs of the offer.

Offer Details

Offer price of A\$0.065 per share, representing a discount of 18.8% to the 10-day VWAP (as of 24 August 2026)

Closing Date

5pm (AEST) on Tuesday, 8 September 2026



Thank you

August 2026

ASX: PTX

ptxtherapeutics.com

ersonal use only