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Annual General Meeting

Chair's Address

14 October 2026
Dr James Campbell, Chair

Good morning, and welcome to Prescient Therapeutics' Annual General Meeting for 2026.

A year ago, I spoke to you about PTX-100 moving from Phase 1b into Phase 2a. This year, that study became a genuinely global trial. It has now reached the enrolment threshold for its first planned Dose Optimisation Committee review, which will convene in December. That progress is the focus of my remarks this morning.

Clinical Progress

At the start of the 25/26 financial year, one patient had been enrolled in our Phase 2a study in relapsed or refractory cutaneous T-cell lymphoma. By 30 June 2026, enrolment had reached 26 patients. Subsequent to year end, enrolment has increased to 29 patients as at 30 September 2026.

That growth came from steady site expansion. We opened our first US site, VCU Massey Comprehensive Cancer Center, in July 2025. In December 2025 we received European authorisation to commence the trial, and opened three sites in Italy. By April 2026, twelve sites were enrolling across Australia, the United States and Italy, with European expansion expected to take the network to up to sixteen sites.

In September, the study reached the pre-specified enrolment threshold for its first planned Dose Optimisation Committee review: 20 evaluable patients, ten in each of the two dosing arms. Patients are considered evaluable on completion of four cycles of treatment.

The Committee, comprising clinical and biostatistical experts, will convene in December 2026. It will review safety and efficacy data from both dosing arms to provide guidance on continuation of the study for further development, and we will update the market following its recommendation. The December review is a planned milestone in the study's dose optimisation design, not completion of the study. Enrolment continues internationally towards the full target of 40 evaluable patients.

Regulatory Position

In November 2025, the European Medicines Agency granted PTX-100 Orphan Drug Designation in CTCL, covering both the mycosis fungoides and Sézary syndrome subtypes. This complements the US FDA's Orphan Drug Designation for all T-cell lymphomas and Fast Track Designation for relapsed or refractory mycosis fungoides. PTX-100 now holds orphan status in both the United States and Europe.

Science and Pipeline

Our collaboration with CSIRO used artificial intelligence and computational modelling to build a three-dimensional model of PTX-100 binding its target enzyme. That work has deepened our understanding of how PTX-100 engages its target. The next stage is to map the downstream biological effects, which will help guide patient selection and the choice of future indications.

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Subject to the outcome of the Dose Optimisation Committee review and to available funding, we are also considering a further study of PTX-100 in peripheral T-cell lymphoma.

Consistent with our focus on PTX-100, investment in our cell therapy platforms, CellPryme and OmniCAR, was deliberately limited. Research with the Peter MacCallum Cancer Centre on CellPryme-A continued, and business development discussions for both platforms are ongoing.

Financial Position

The Company reported a net loss of $7.0 million for FY2026, a 4.4% reduction on the prior year. We received a $4.3 million R&D tax incentive refund in January 2026. Cash at 30 June 2026 was $9.0 million, with the great majority of spending directed to clinical and research activity.

Subsequent to year end, in September 2026, we completed a capital raise of approximately $6.0 million. This comprised almost $4.8 million through a Share Purchase Plan and $1.2 million through a follow-on placement to sophisticated and professional investors, both at 6.5 cents per share. These funds take the PTX-100 program beyond the December review and into its next stage of development.

On behalf of the Board, thank you to every shareholder who participated, both existing and new. The Board continues to manage spending carefully, and recognises that delivering the full program, including a Phase 2b study, will require further funding.

Leadership and Team

I want to thank our CEO, James McDonnell, and his team for a strong year of execution. In under two years, James has taken the Phase 2a program from a single site to a functioning multi-country trial, while running the business with discipline.

In July 2026, Dr Rosalind Wilson joined us as Chief Medical Officer. Ros brings more than 30 years of global oncology drug development experience, and now leads our clinical development strategy. I also sincerely thank Dr Marissa Lim for her contribution as Chief Medical Officer, and wish her well in her semi-retirement.

I thank my fellow directors for their guidance and diligence throughout the year.

Looking Forward

Our priorities for FY2027 are clear and concrete: complete the Dose Optimisation Committee review in December 2026; complete European site activation and continue enrolment towards 40 evaluable patients; prepare for a Phase 2b study which, subject to agreement with the FDA, has the potential to be registrational; evaluate complementary assets that could build optionality into our pipeline, and continue to manage the business efficiently.

Acknowledgments

On behalf of the Board, I thank the patients who take part in our trials and their families, the clinicians and researchers who work with us, and our shareholders for their continued support.

I now hand over to James for the CEO presentation.

Thank you.

The CEO AGM presentation follows.

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- ENDS -

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

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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. The Phase 2 study in r/r Cutaneous T-cell lymphoma (CTCL) is recruiting globally. With 20 evaluable patients (10 in each dosing arm) now enrolled, the first Dose Optimisation Committee review will take place in December 2026. Enrolment continues towards the planned 40 evaluable patients.

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 preclinical 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 pretreated 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.

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AGM CEO Presentation

James McDonnell, Chief Executive Officer

14th October 2026

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Disclaimer and Safe Harbour

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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, 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.

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Executive summary

PTX-100: first-in-class targeted therapy disrupting the RAS pathway

1 Unique and first

First-in-class GGTase-1 inhibitor disrupting the RAS superfamily pathway. Understood to be the only GGTase-1 inhibitor in clinical development.

2 Phase 2a progressed

29 patients enrolled across Australia, US and Italy. Threshold of 20 evaluable patients reached in September 2026 for the first Dose Optimisation Committee review.

3 Clear pathway, supported

FDA Orphan Drug (T-cell lymphomas) and Fast Track (r/r MF); EMA Orphan Drug (CTCL, MF and SS)[1] granted November 2025.

4 Near-term catalyst

Dose Optimisation Committee review targeted for December 2026. Funded beyond the review after A$6.0M raised in September 2026.

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1.Cutaneous T-cell lymphoma (CTCL), Refractory or relapsed Mycosis Fungoides (r/r MF), Sézary syndrome (SS)

Company snapshot

Key metrics

A$0.066

Share price[1]

A$11.8M

Cash at 30 Sept 2026 plus cap raise amount received in Oct 2026[3]

A$75.5M

Market capitalisation[1]

~1,144M Shares on issue[2]

A$6.0M

Raised Sept 2026 (SPP + shortfall)[4]

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1. As at 9 October 2026 2. ~1,051M pre-raise plus ~73.8M SPP and ~18.5M placement shares 3. 4C September Quarter Report 4. ASX 23 Sep 2026

FY2026 financial review

Year ended 30 June 2026: stable cost base, strengthened balance sheet

A$7.0M

Net loss (FY25: A$7.3M, down 4.4%)

A$3.44M

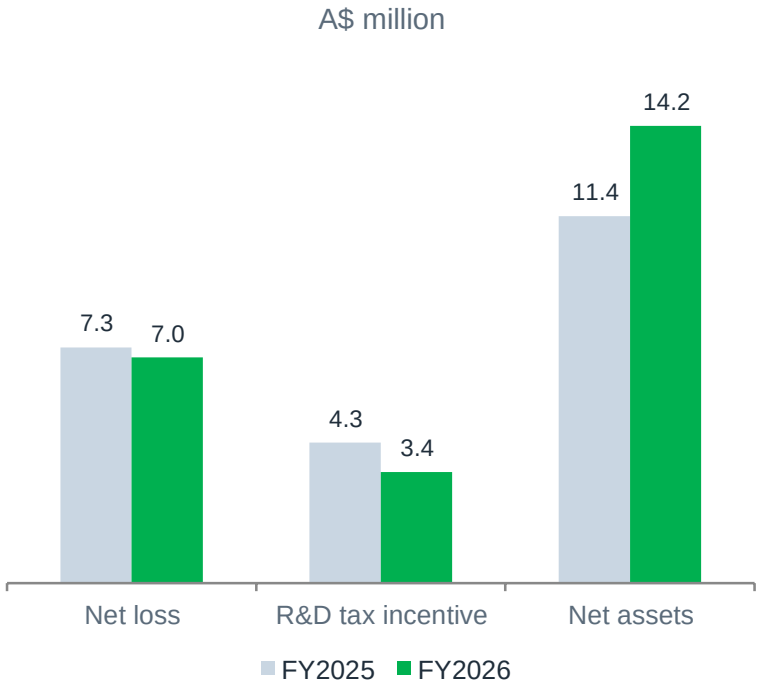
R&D tax incentive (FY25: A$4.36M)

A$14.2M

Net assets (FY25: A$11.4M)

A$9.03M

Cash and term deposits at 30 June



Source: Appendix 4E / Annual Report FY2026 (ASX 21 Aug 2026). Unmodified audit opinion.

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FY2026 milestone review

What we said we would do, and what we delivered

Jul 2025	A$6.8M SPP completed at A$0.04, plus follow-on placement
Sep 2025	7 Phase 2a sites active, 6 patients dosed
Nov 2025	EMA Orphan Drug Designation, CTCL (MF and SS)
Jan 2026	A$4.3M R&D tax incentive refund received
Mar 2026	11 Phase 2a sites active; Phase 1b study formally closed
Jun 2026	26 patients enrolled (14 in the quarter)
Jul 2026	Dr Rosalind Wilson appointed Chief Medical Officer
Sep 2026	20 evaluable patients reached; A$6.0M raised

Amber = post year-end. Sources: ASX announcements Jul 2025 – Sep 2026; quarterly activity reports.

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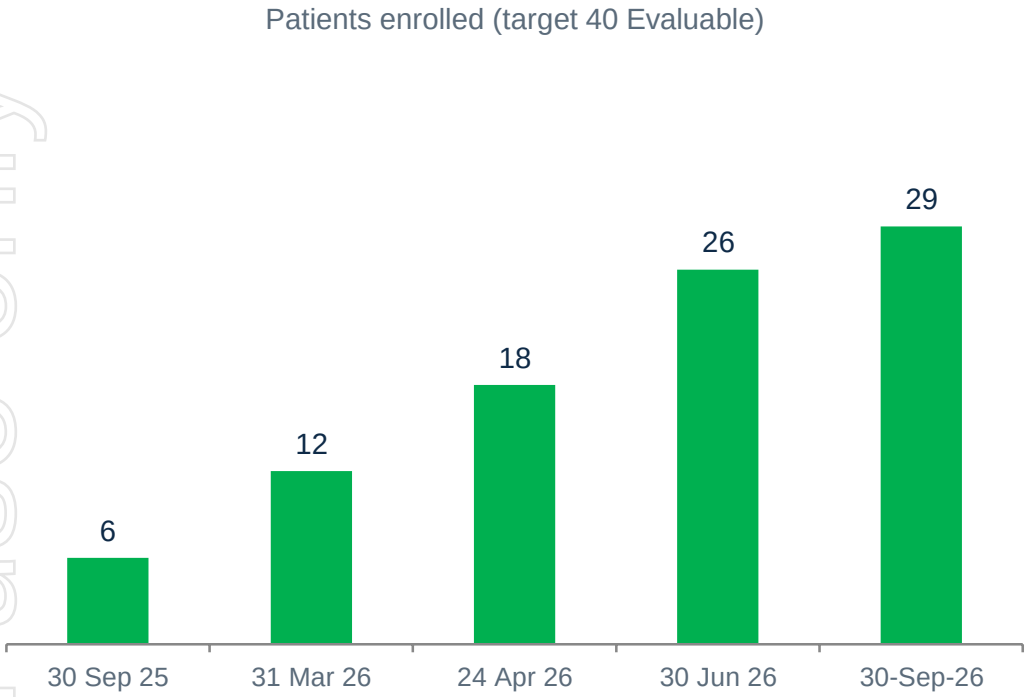
Phase 2a enrolment momentum

Recruitment accelerated through 2026



20

evaluable patients reached Sept 2026 (10 per arm)

12

sites across Australia, US and Italy; France to open

Dec 2026

first Dose Optimisation Committee review

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Evaluable = completed four treatment cycles. Sources: quarterly reports; ASX Sep 2026.

Board and management

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

Management Team

James McDonnell
Chief Executive Officer

Dr Rebecca Tunstall
Chief Operating Officer

Dr Rosalind Wilson
Chief Medical Officer

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

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

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Our lead asset: PTX-100

Targeted RAS-pathway therapy for cancers of unmet need

- First-in-class GGTase-1 inhibitor, licensed from Yale University
- Lead indication: relapsed/refractory cutaneous T-cell lymphoma (r/r CTCL)
- Phase 1b CTCL cohort: 43% ORR, 100% clinical benefit, no drug-related serious adverse events
- FDA Orphan Drug and Fast Track; EMA Orphan Drug
- Phase 2a dose optimisation underway; potential for a registrational Phase 2b (subject to FDA agreement)
- Platform potential: RAS pathway implicated in ~1 in 5 cancers

~US$1.2B

Estimated US CTCL market by 2034[1]

~3,000

New CTCL cases per year in the US[2]

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1. DelveInsight CTCL forecast to 2034; third-party estimate subject to assumptions 2. JAMA Oncology 2022;8(11):1690–1692

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

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Progressing PTX-100 Through Phase 2

r/r CTCL (MF & SS)

2 lines of prior systemic treatment

Enrolment

X 40 Evaluable patients (pts)

Randomization

500mg/m^2 x 20 pts

Phase 2a Dose Optimisation

1000mg/m^2 x 20 pts

Dose Optimisation Committee (DOC)

Dose confirmation

Multicenter clinical trial

3 6 3 4*

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)

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*To be activated in H1 2027

Building value beyond CTCL

A staged strategy

1 Stage 1: CTCL-centric

- Demonstrate efficacy and safety in Phase 2a
- Leverage FDA and EMA designations
- Complete a registrational study
- Establish commercial pathways, potentially via partnering

2 Stage 2: Expansion

- Bring new indications onto the platform (e.g. PTCL under evaluation)
- Progressively address further RAS-driven cancers
- Partner discussions for OmniCAR and CellPryme cell-therapy platforms
- Review complementary assets

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Approaching milestones – PTX-100

Execution will drive value (calendar years)

Q4 2026

- First DOC review (20 evaluable patients) – December
- INN name for PTX-100

1H 2027

- France sites open
- Phase 2a enrolment complete (40 evaluable)

2H 2027

- Second DOC review (40 evaluable)
- FDA Type B meeting on Phase 2b design

Ongoing: compassionate access patient from Phase 1b with complete response; **continuing partner engagement**

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Summary

Funded through a key value inflection point

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Thank you

October 2026

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