



Prescient
Therapeutics

ASX: **PTX**

MAJOR

INFLECTION

POINT

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3 Key Messages

1 PTX-100

On the verge of a major inflection point

- Ph2 potential registration trial in 2024
- Exceeding SoC expectations in an area of unmet need

2 CellPryme OmniCAR

Lower risk exposure to cell therapy

- Improves 3rd party cell therapies
- Agnostic on cell type and targets

3 ~\$18M cash

Well capitalised to deliver on milestones

License from the best;
Work with the best.



Yale



UNIVERSITY OF
OXFORD



Previous collaborators include:



Memorial Sloan Kettering
Cancer Center

HARVARD
UNIVERSITY



EINSTEIN

Albert Einstein
College of Medicine
OF YESHIVA UNIVERSITY

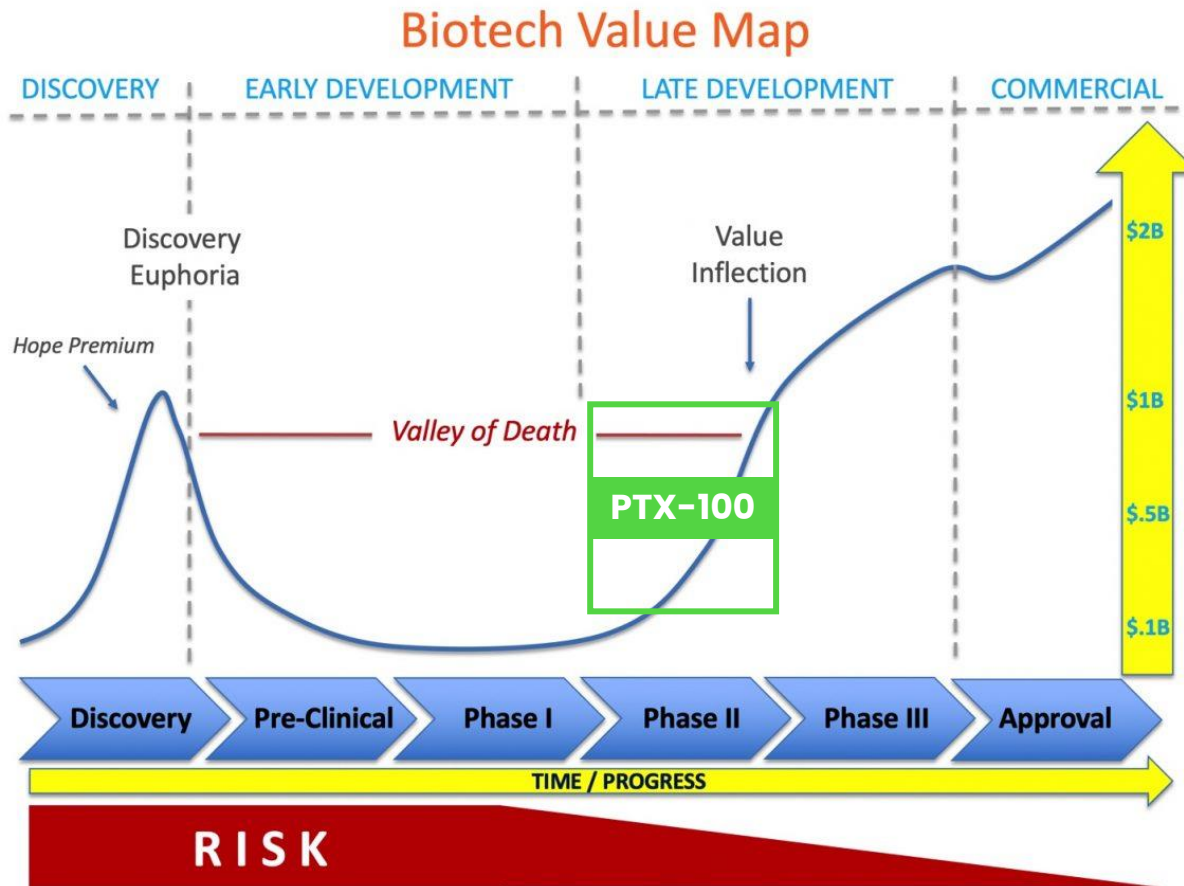
THE UNIVERSITY OF TEXAS
MDAnderson
~~Cancer Center~~

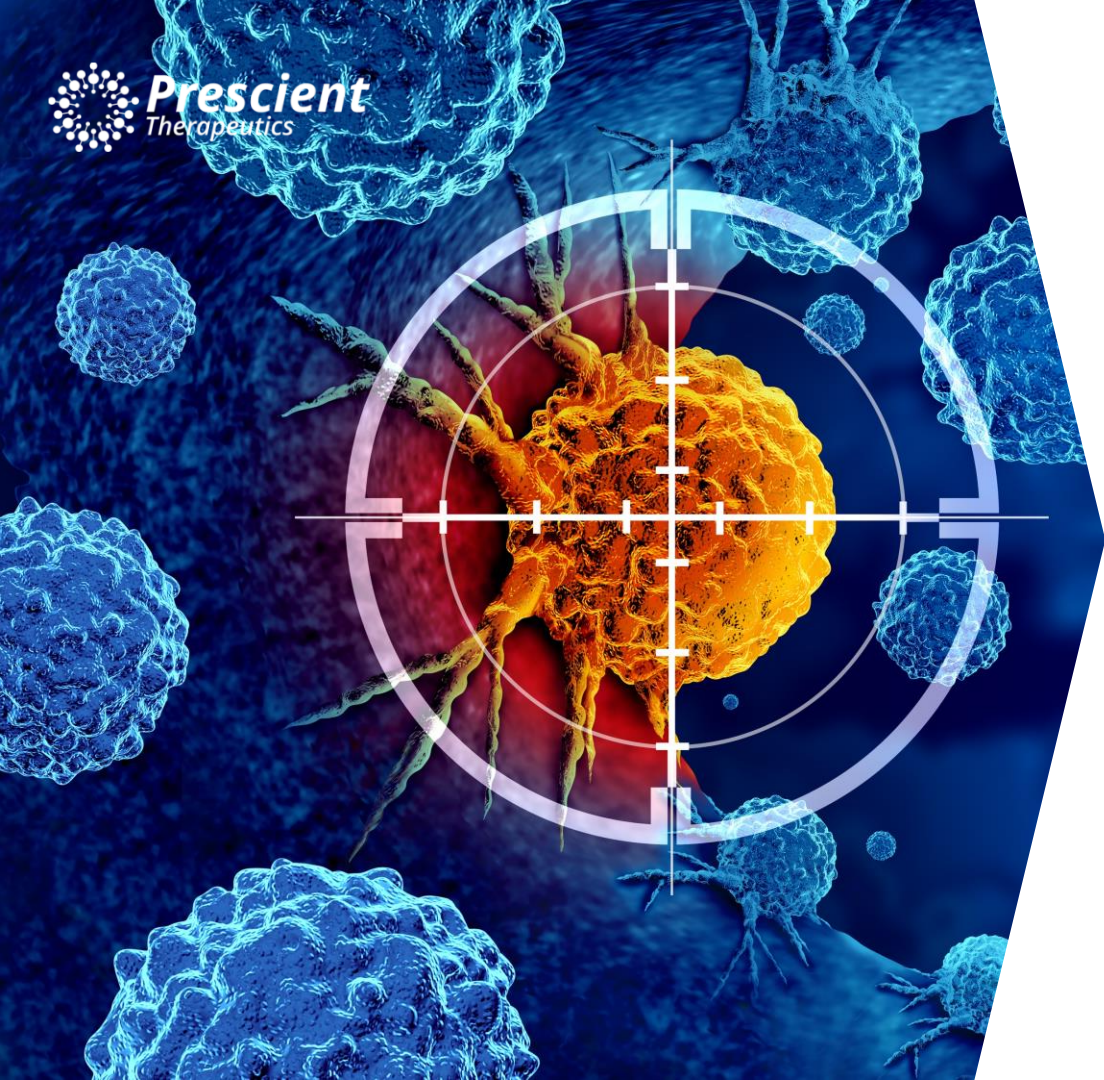
Making Cancer History



INDIANA UNIVERSITY

PTX is entering a major inflection point





PTX-100

1ST IN CLASS TARGETED THERAPY



Yale University



T-cell lymphomas:

High unmet need = Big market opportunity

- Total Addressable Market?
- 27,263 new cases / year in the 8 major markets
- Almost all will relapse
- A therapy @ **\$100,000**
= Potential TAM of **\$2.7B / year**

Case Study

- Folotyn: Approved 2009 for PTCL
- Overall Response Rate was 27%
- **US \$842,585** per patient, per year



Advantages of Orphan Drugs



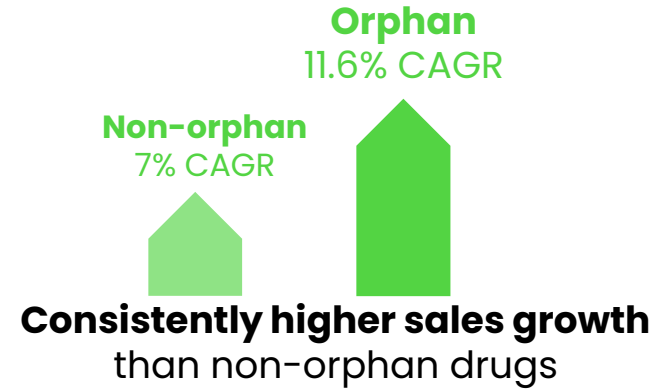
7 years of **guaranteed market exclusivity** in US



Enjoy **higher prices**



Sales are **more resilient** to cycles



Total orphan sales to reach **\$US300B** by 2028

PTX-100

Phase 1b study

PTX-100: Ph1b Clinical Summary

- **Aims:** Phase 1b to evaluate safety PK/PD
- **Design:** Dose escalation in advanced malignancies; expansion cohort in relapsed & refractory T cell lymphomas
- **Results:**
 - Excellent safety
 - Target engagement at all 3 doses
 - **Response rates (incl 2 CRs) and mPFS in assessable pts with r/r TCL exceeding that expected with SoC**
- **Granted Orphan Drug Designation by US FDA for all TCLs**



Professor H. Miles Prince, AM
Principal Investigator



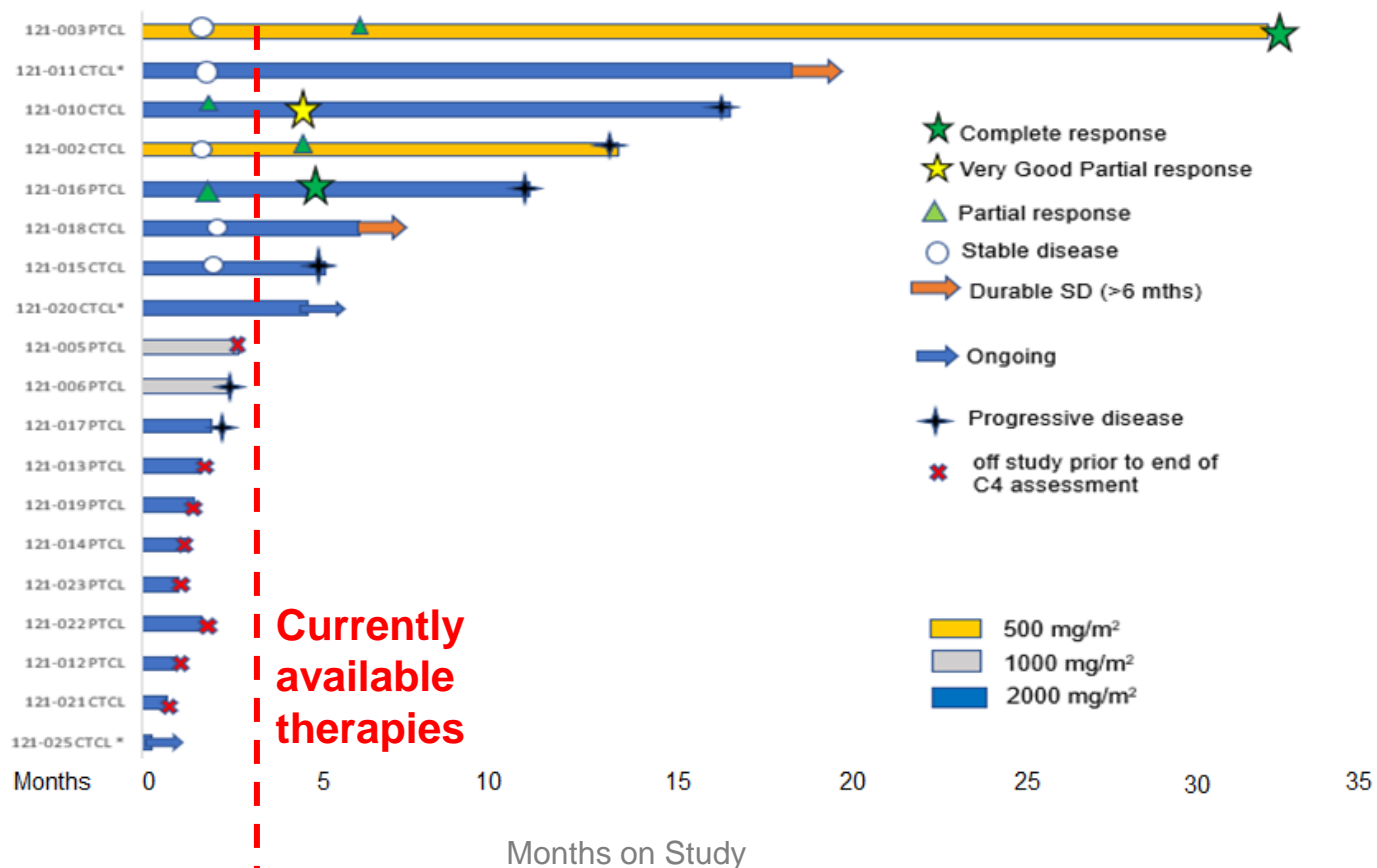
Strong response rates in difficult diseases

	Overall Response Rate	Clinical Benefit Rate
	CR + PR	CR + PR + SD>6months
Benchmark ¹	30%	45%
r/r PTCL (n=4)	50% (2/4)	50% (2/4)
r/r CTCL (n=5)	40% (2/5)	80% (4/5)
r/r TCL (n=9)	44% (4/9)	66% (6/9)

1. Considered a target benchmark by Prescient and its investigators, with reference to currently available therapies in r/r TCL

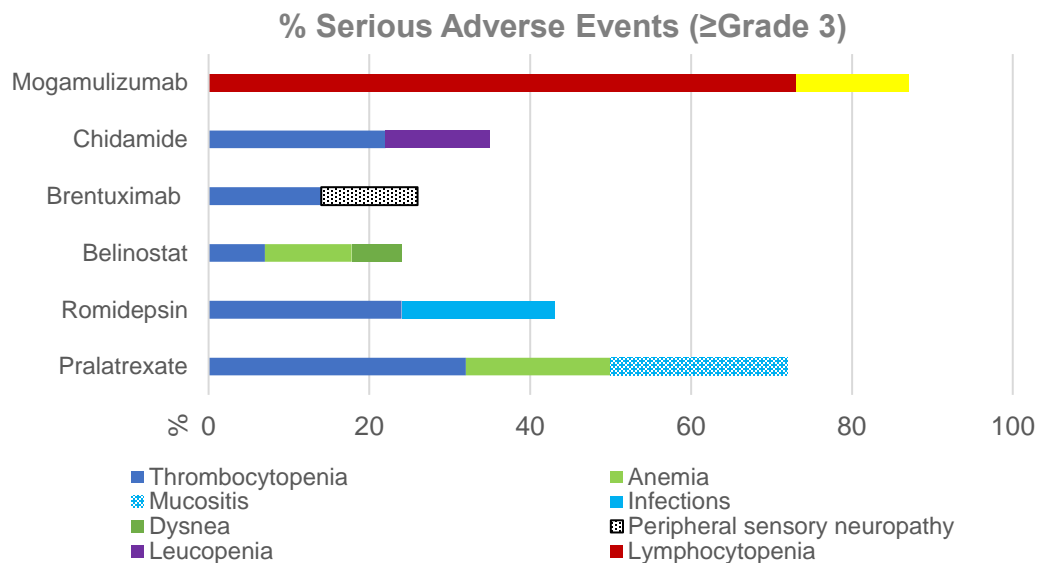
Enrollment completed but study ongoing; results as at 1 Dec 2023

Impressive responses and duration



Favourable safety profile compared to peers

Existing PTCL drugs have troublesome safety profiles

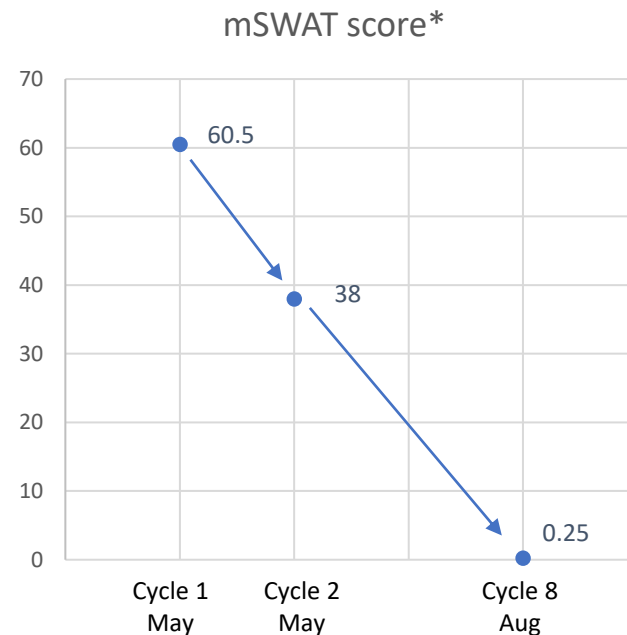


PTX-100 HAS AN EXCELLENT SAFETY PROFILE

- No serious adverse events related to PTX-100
- Suits fragile patient population
- Good candidate for combination therapy

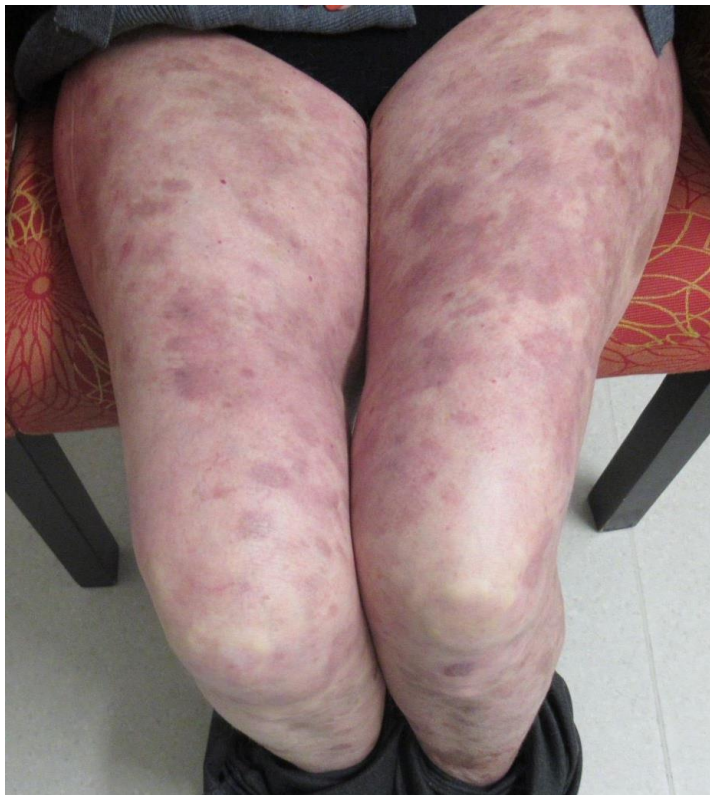
Case study: CTCL patient

- 80 y.o. female
- Diagnosed with CTCL in 2017
- **Failed 5 prior lines of therapy**
- **Rapid response to PTX-100 (near CR)**
- Good tolerability
- Symptomatic relief



*mSWAT (modified Severity Weighted Assessment Tool) is used to calculate cutaneous involvement of CTCL. Calculated as the sum of body surface area of each body region multiplied by a weighting factor for the type of lesion.

Before



After



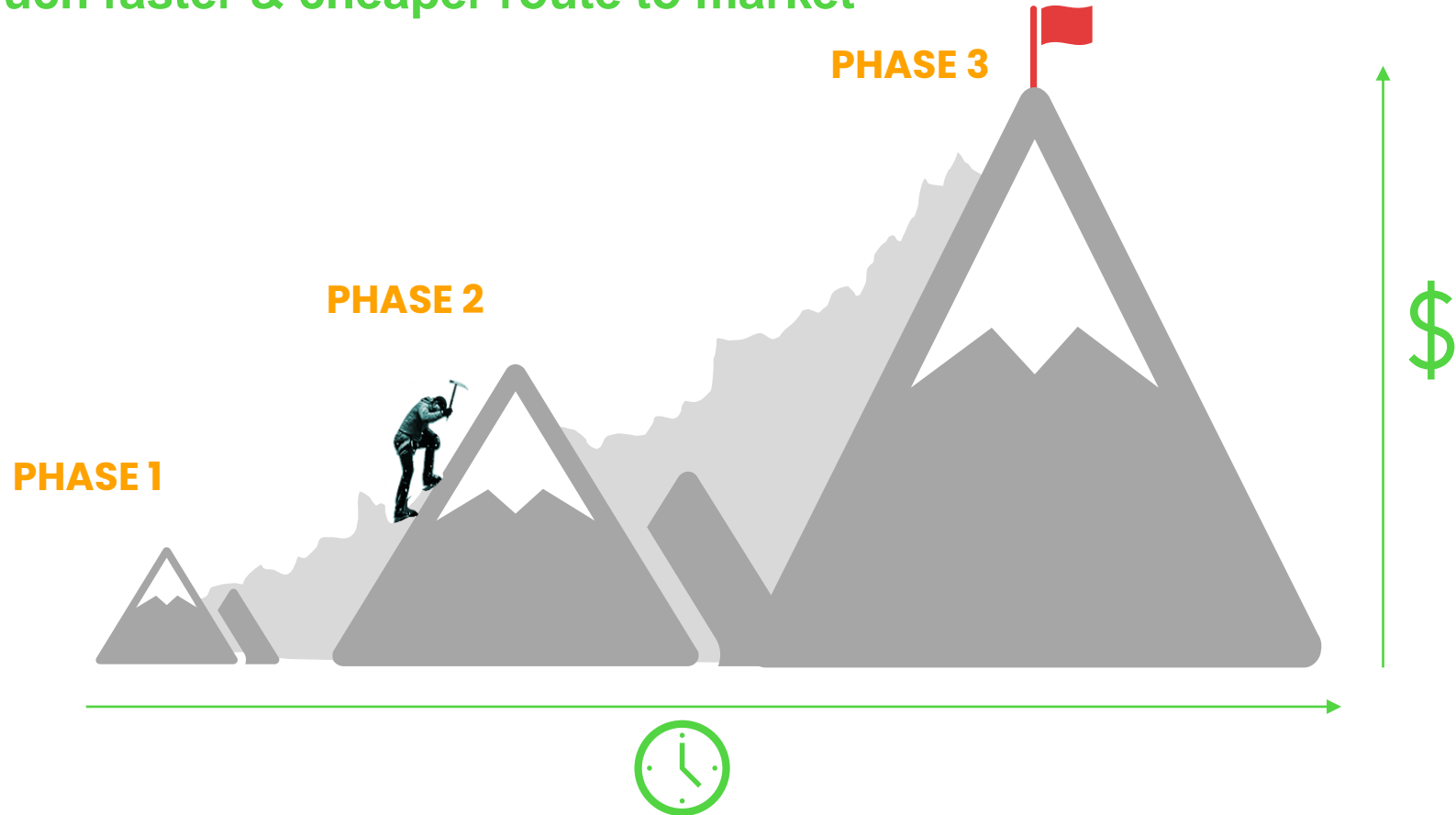
Before



After



Accelerated Approval in orphan diseases: Much faster & cheaper route to market



What does PTX-100's progress mean for PTX?

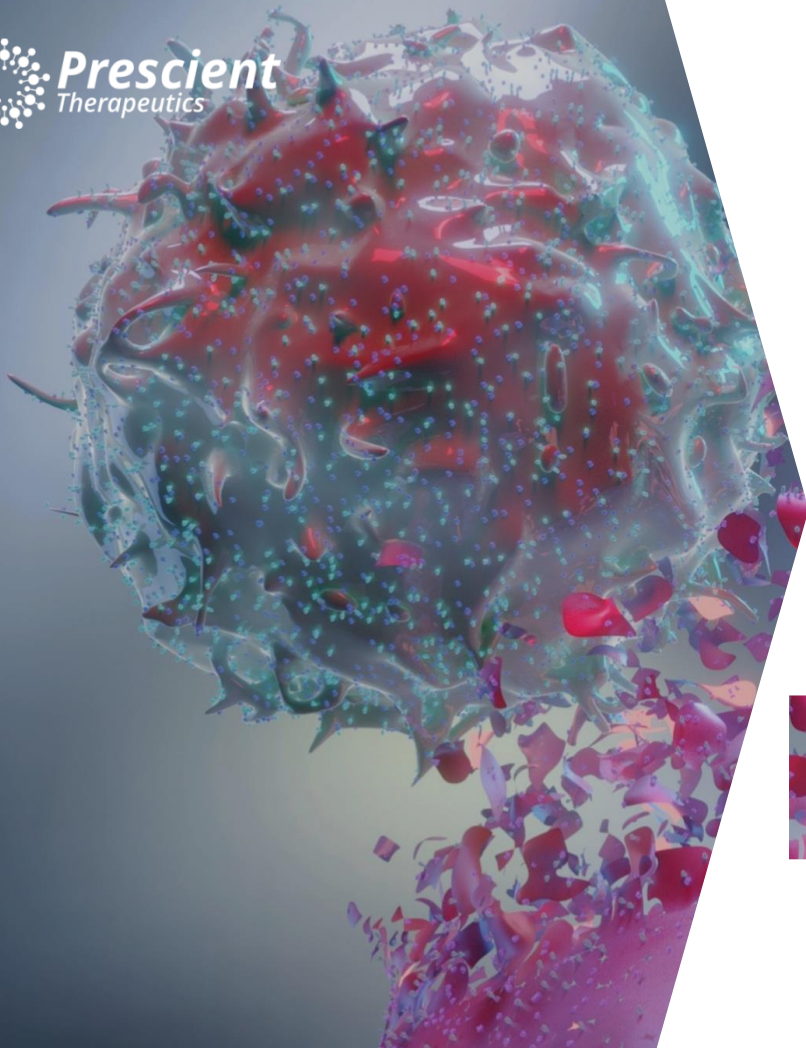


- Biggest catalyst in company's history, and the culmination of years of work
- Potential Phase 2 registration study (i.e. **the study required to get a drug into the market***)
 - Could **accelerate** clinical development
 - Greatly **truncate the time and money** required to approve PTX-100
- PTX could be the **only ASX-listed biotech company** with a drug in a potential registration study
- Orphan Drug Designation from FDA **protects PTX-100 for 7 years** post approval

* Subject to trial meeting or exceeding endpoints required by regulatory body

Next steps for PTX-100 trial

- FDA meeting Q2 2024
- **Initiating Ph2 study in ~mid 2024**
- New manufacturing campaign underway to registration standard
- Expansion into US, Asia, EU



CELL THERAPY PLATFORMS

Platforms to overcome CAR-T's key challenges

 OmniCAR
  CellPryme

	Safety & Control	✓	-
	Targeting	✓	-
	Escape	✓	-
	Production efficiency	✓	-
	Exhaustion	✓	✓
	Trafficking	✓	✓
	Tumor penetrance	✓	✓ ✓
	Tumor microenvironment	✓	✓ ✓



Safer

More effective

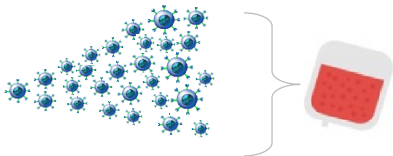
Accessible & affordable



CellPryme

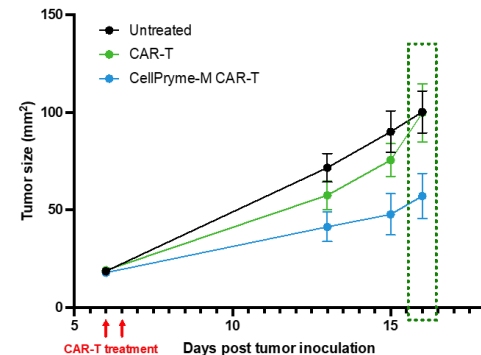
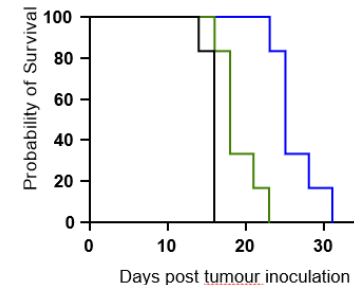
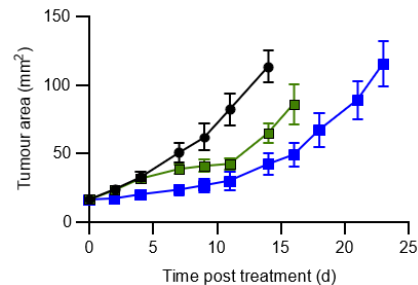
**CELL THERAPY
ENHANCEMENTS**

MANUFACTURING ENHANCEMENT



PRODUCES SUPERIOR CELLS

- 50% more “youthful” Tcm cells
- Last longer; potent killing
- Doubles helper Tcells
- **Doubles tumour control & survival**



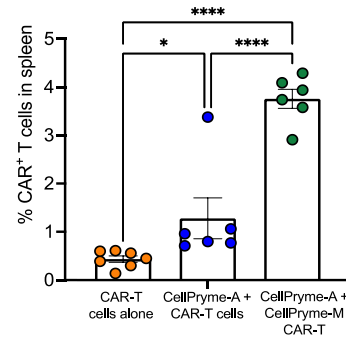
ADJUVANT THERAPY



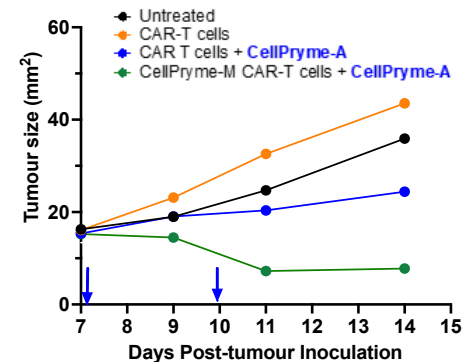
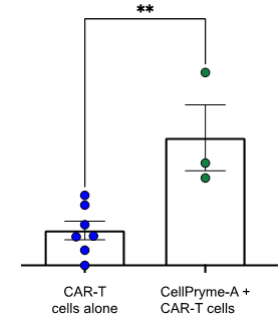
BREACHES THE CANCER'S CASTLE WALLS

- 9X more CAR-T cells
- 4x penetration the cancer's protective barriers
- **Very strong cancer killing synergies with CellPryme-M!**

↑9x expansion



↑4x tumour penetration





OmniCAR

Universal, Next-Gen cell therapies



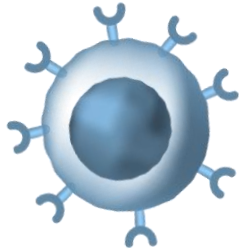
Penn
UNIVERSITY of PENNSYLVANIA



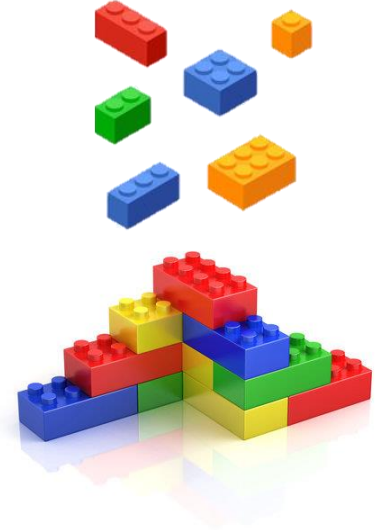
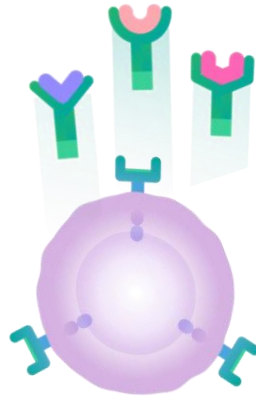
UNIVERSITY OF
OXFORD

OmniCAR: modular “plug & play” cells

Conventional
CAR-T



OmniCAR



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; **no control** in the field

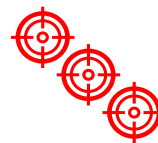
OmniCAR



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



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



Direct against **any** target,
Including **simultaneous** targets



Give **any** map;
Multiple deployments



Full **communication**
and **control** at all times,
even mid-mission

Strategically positioned in a rapidly moving field

Current generation CAR-Ts



Emerging immune cell types



Manufacturing methods



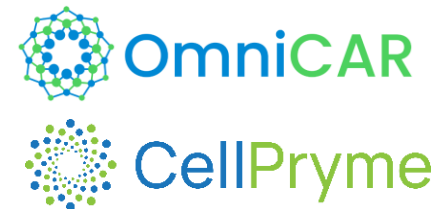
Emerging targets



Other cancers



Beyond oncology



Summary

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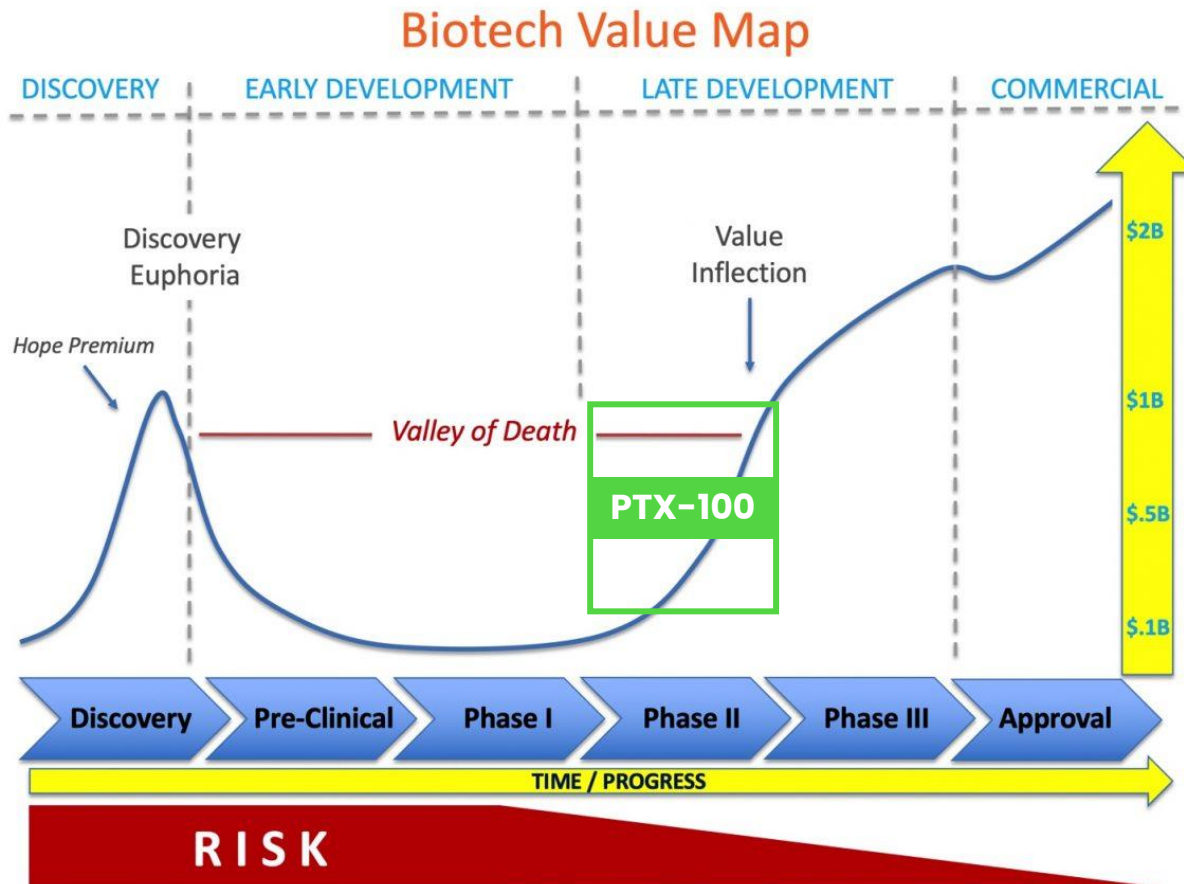
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THANK

YOU

ASX: PTX