Prescient Therapeutics

Shareholder Briefing

August 2026

ASX: PTX

ptxtherapeutics.com

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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.

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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 cancers[1]

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

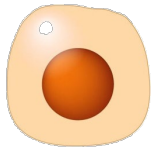
Prescient Therapeutics

Background

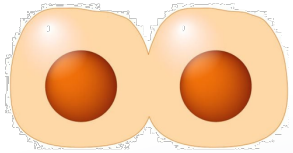
What causes cancerous mutations?

Prescient Therapeutics

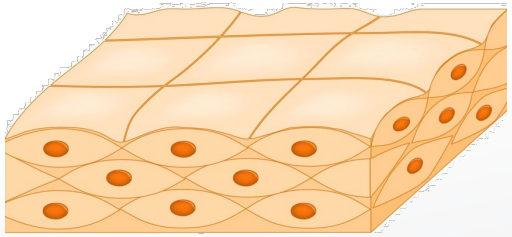
Normal cell growth



Normal cell

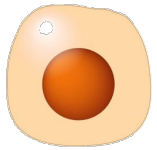


Cell division

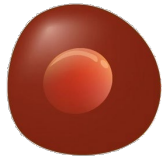


Healthy tissue

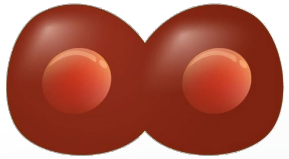
Abnormal cell growth



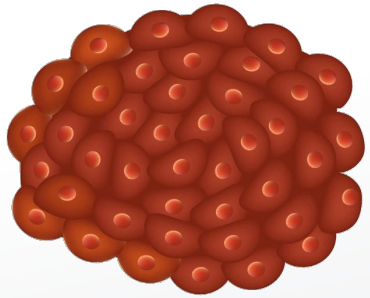
Normal cell



Genetic changes



Cancerous cell division
Mediated by the RAS family

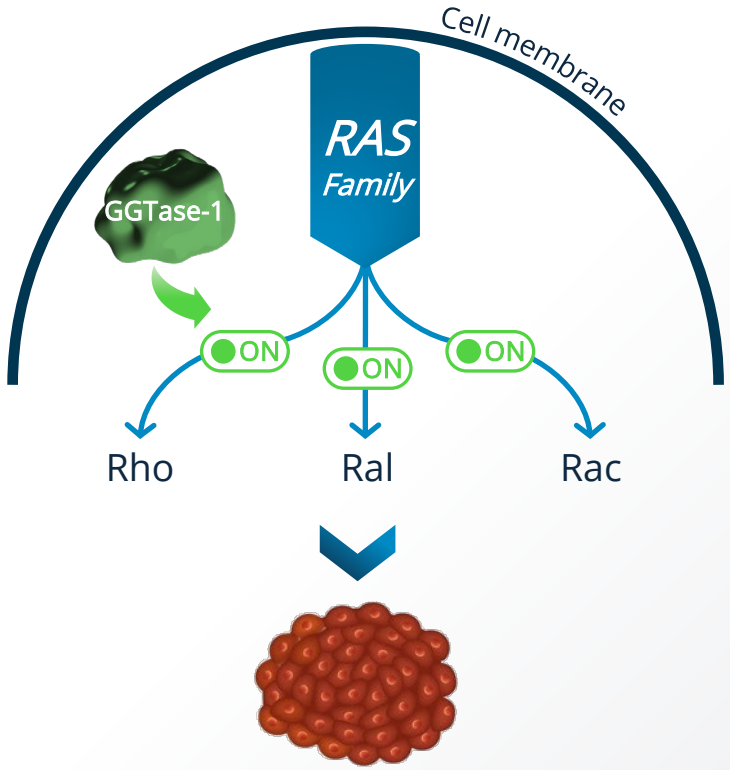


Malignant tumour

Source: https://www.cancerfoundation.org.au/what-is-cancer-.html modifed with RAS involvement

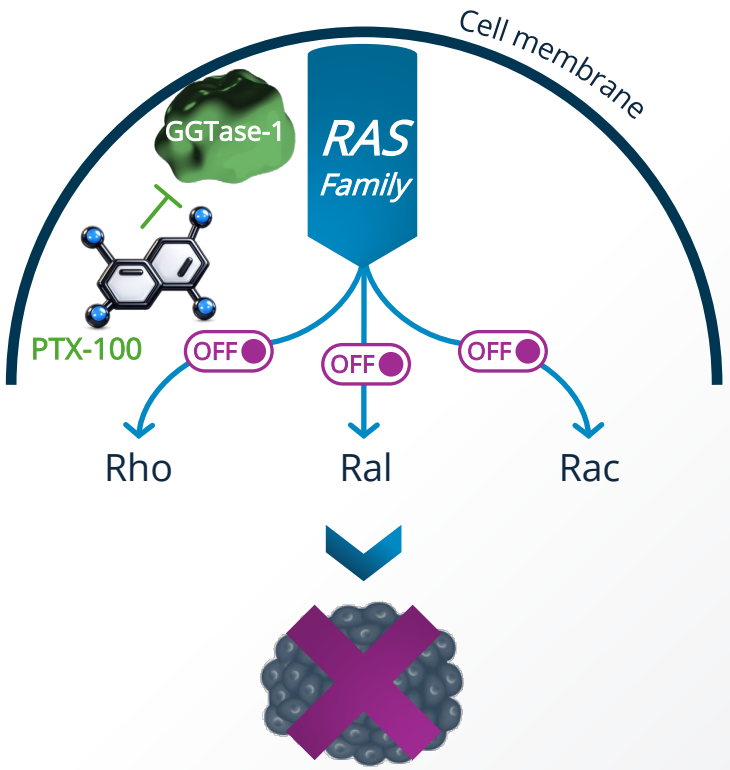
How PTX-100 works

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

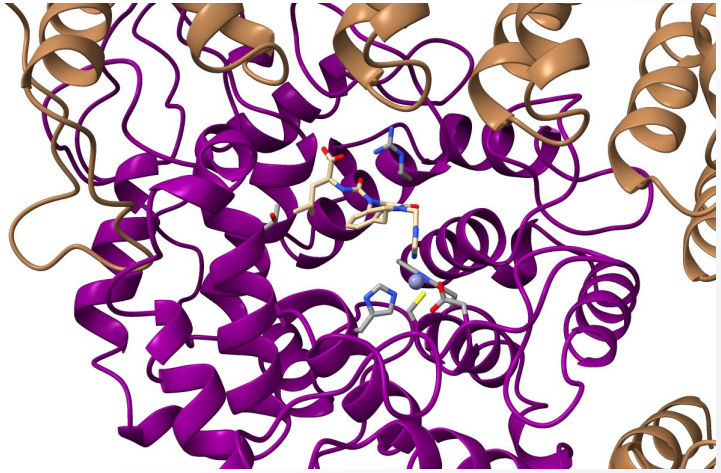


Anti-tumor effects

A clever design for specific inhibition

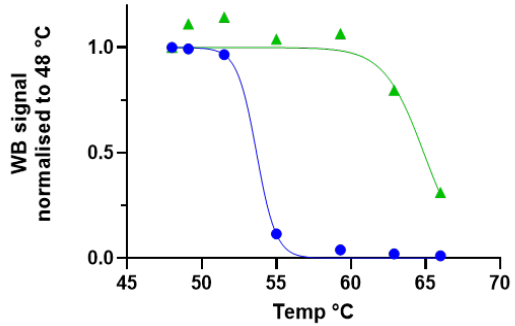
AI- and physics-based modelling

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®)

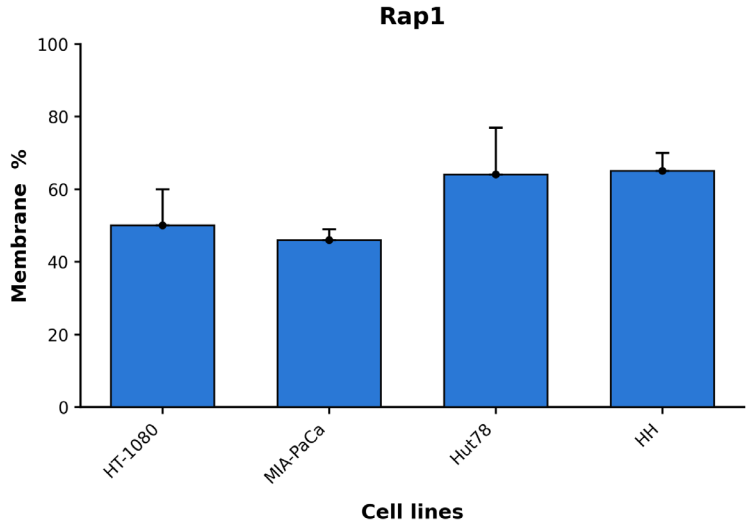
PTX-100 exhibits strong binding to its cellular target as demonstrated by a shift in the observed thermal melting behavior



	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



Unpublished data. Primary PK/PD studies conducted at CSIRO

First-in class advantages

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

This position potentially allows Prescient Therapeutics 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

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

Prescient Therapeutics

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 2034[1]

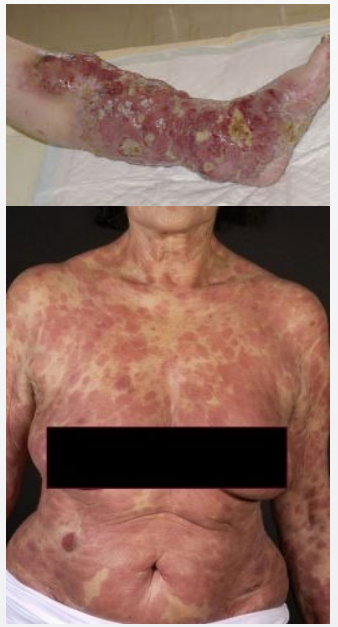
Outcomes so far PTX-100:

- Phase 1b results: 43% objective response rate[2] 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
- ~3,000[1] new cases in US / year and increasing
- Most prevalent CTCL forms: Mycosis Fungoides (MF) and Sézary Syndrome (SS)



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

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

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

Not all CTCL patients are the same

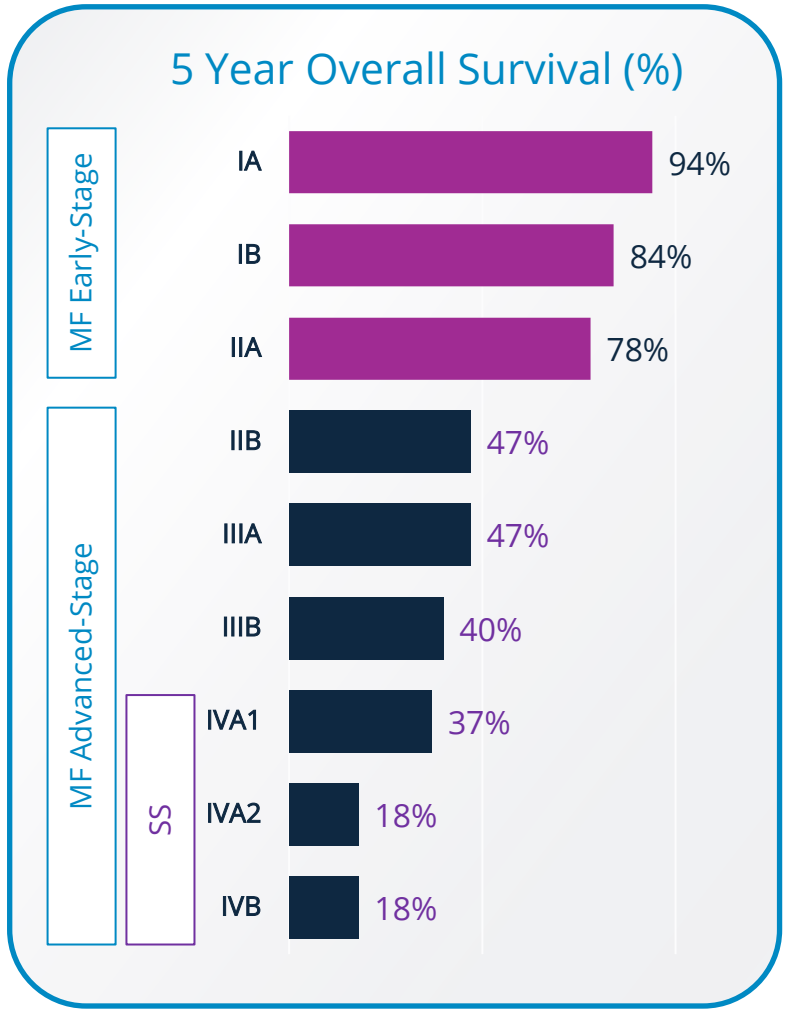
Poor Outcomes in Advanced Stages

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)

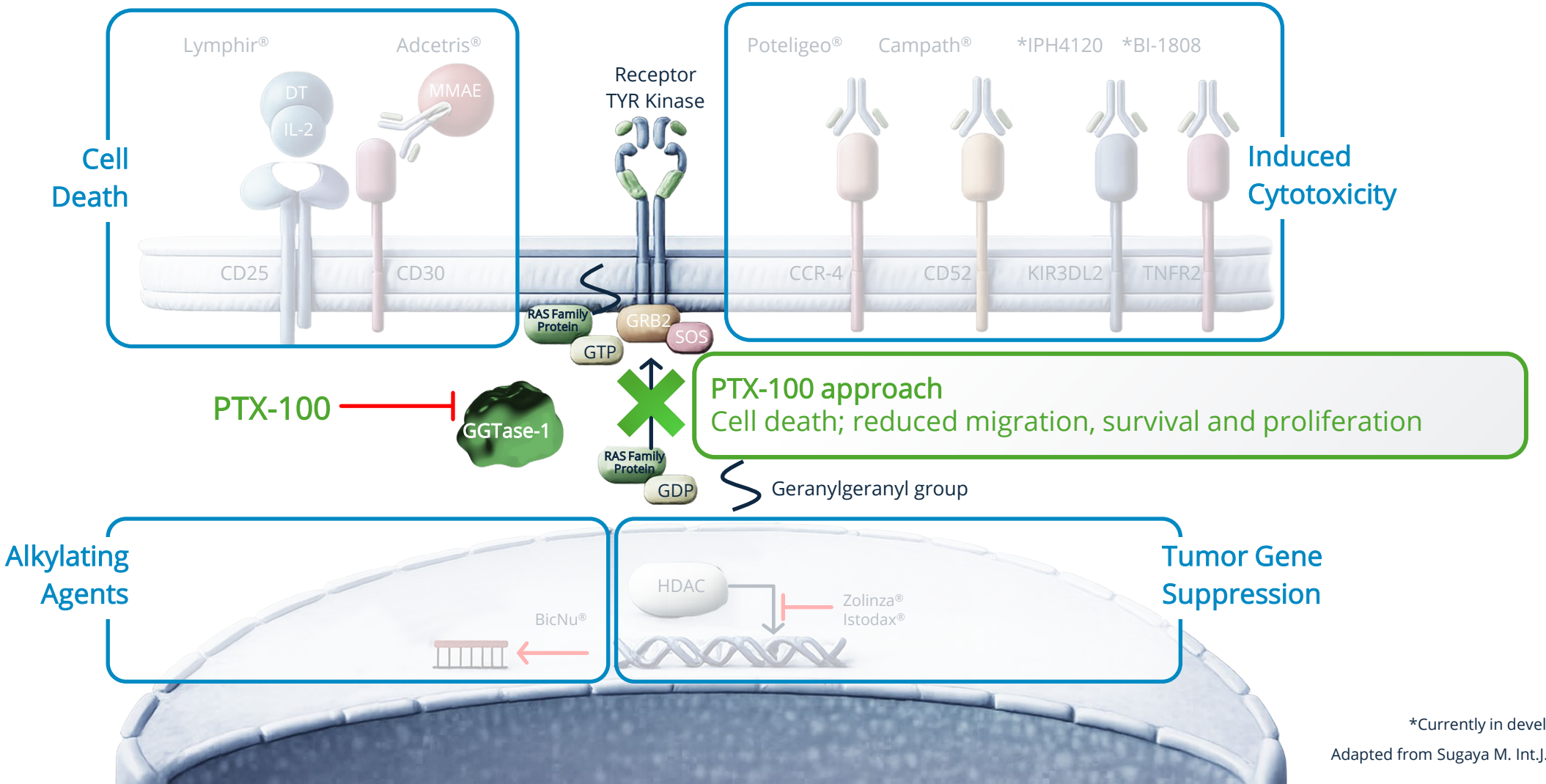
- Rare (<5% of cases); aggressive leukemic variant defined by erythroderma, lymphadenopathy and blood involvement (Sézary cell count >1,000/µL)



- 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

MF/SS defining features: Jawed et al, J Am Acad Dermatol, 2014; Jonak et al, JDDG, 2021. Survival data: Agar et al, J Clin Oncol, 2010

A differentiated mode of action



*Currently in development

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

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

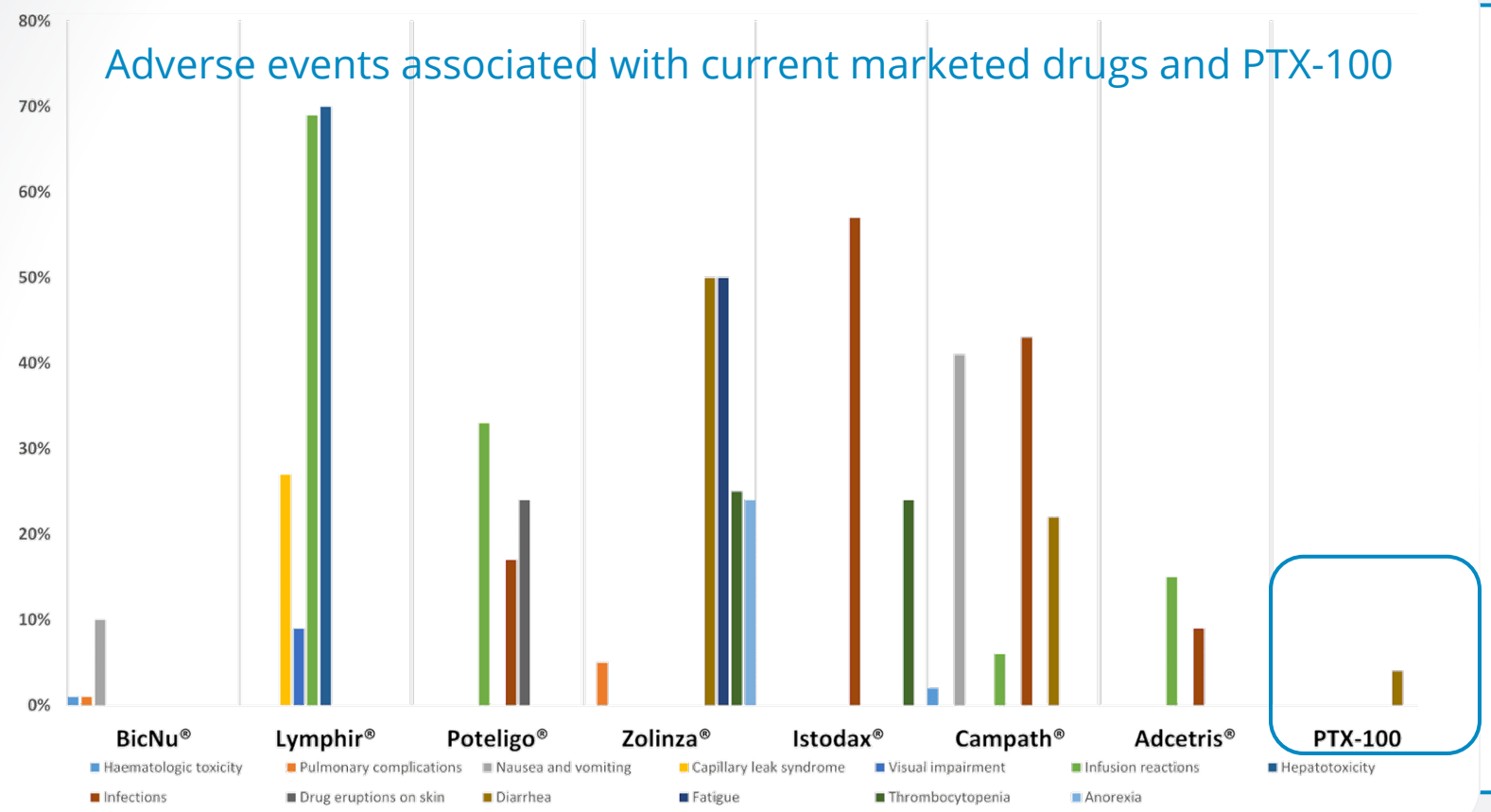
	Benchmark[1]	Lymphir[2,3]	Poteligeo[4]	Lacutamab[5,6]	PTX-100 (CTCL only) [7]
Objective Response Rate (ORR)	30%	36%	28%	42.9% (SS) 22.4% (MF)	43% [8]
Clinical Benefit	45%	NA	NA	NA	100%
Duration of Response (DOR)	9-13 months	6.5 months	14.1 months	25.6 months (SS)	12.4 months
Serious Adverse Events	<30%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



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 (MF & SS)

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

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

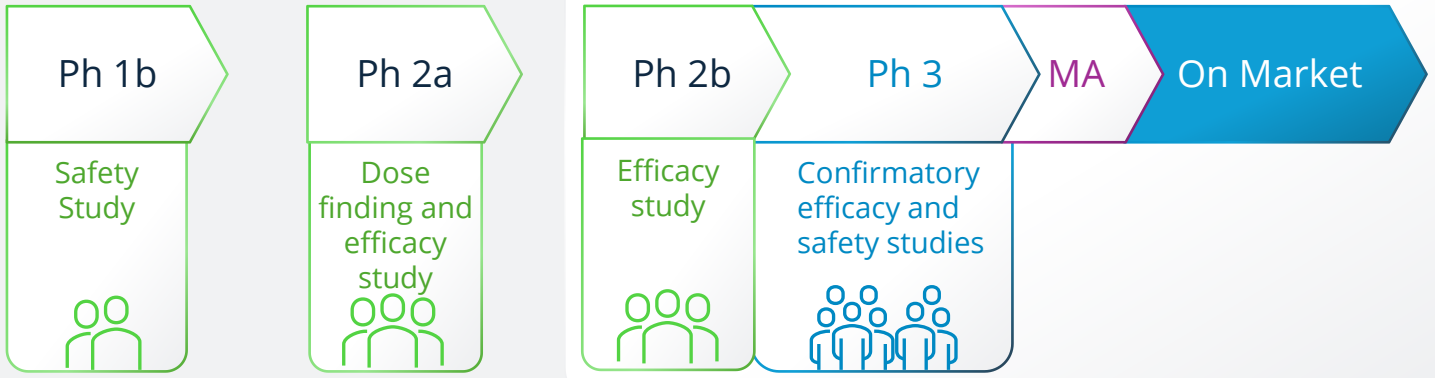
Evaluate the effects on Quality of Life (QoL)

*To be activated in H1 2027

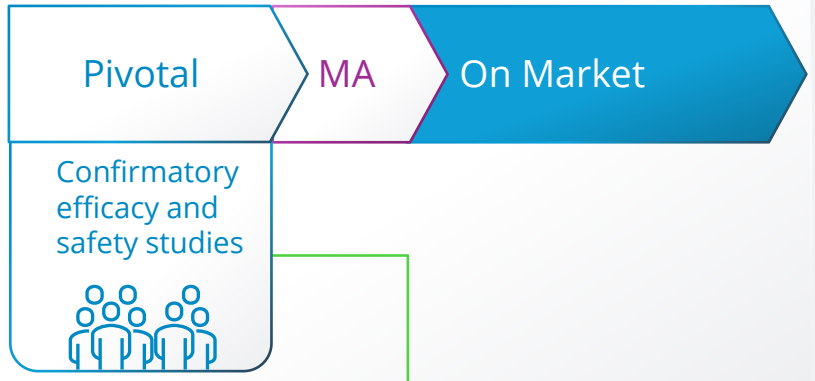
PTX-100 (CTCL): Clinical Trial Plan

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

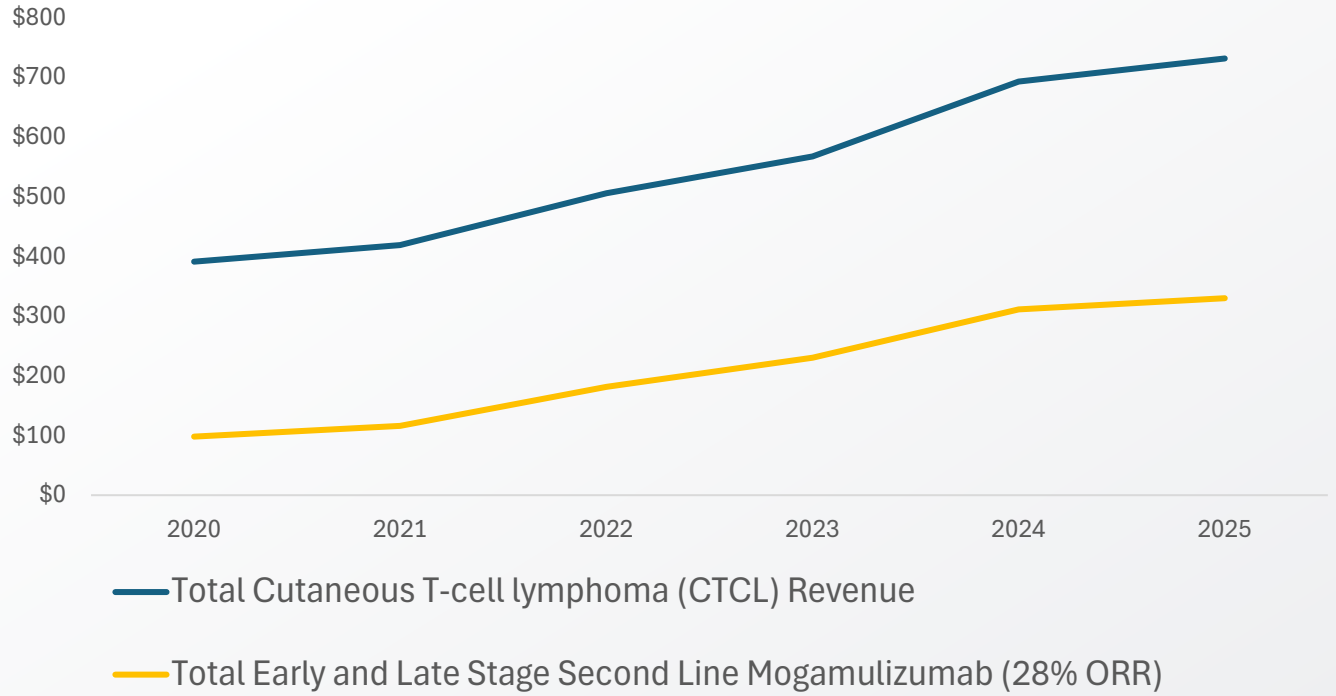
High unmet need = large market opportunity

US market for CTCL

- 3,000[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 2025 in Delveinsight data for second line Early and Advanced stage CTCL in the US

Expansion strategy

Stage 1: CTCL-centric

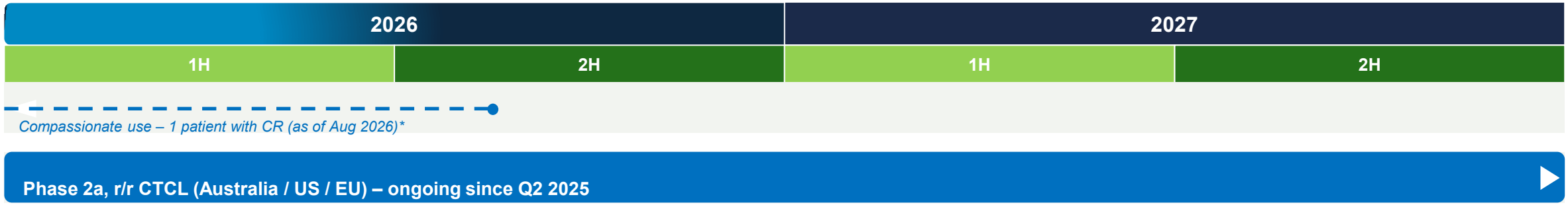
- ✓ Demonstrate efficacy & safety
- ✓ FDA support (ODD, FTD)
- Complete registrational study
- CTCL commercial pathways
  - Potentially partnering the asset

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



* 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

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 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

Prescient Therapeutics

Thank you

August 2026

ASX: PTX

ptxtherapeutics.com