SPP Presentation

Join the CEO of PTX James McDonnell for a live and interactive shareholder briefing on Friday, 4th July 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.

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About Prescient Therapeutics Limited (Prescient)

Prescient Therapeutics (ASX: PTX) is a clinical stage oncology company developing personalised medicine approaches to cancer, including targeted and cellular therapies.

Targeted Therapy

PTX-100: is a first in class compound with the ability to block an important cancer growth enzyme known as geranylgeranyl transferase-1 (GGT-1). It disrupts oncogenic Ras pathways by inhibiting the activation of Rho, Rac and Ral circuits in cancer cells, leading to apoptosis (death) of cancer cells. PTX- 100 is believed to be the only GGT-1 inhibitor in the world in clinical development. PTX-100 demonstrated safety and early clinical activity in a previous Phase 1 study and 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) has completed the first dose in a patient and expects to enrol up to 40 patients in the phase 2a part of the trial.

Cell Therapy Platforms

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

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.

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.

Find out more at www.ptxtherapeutics.com or connect with us via LinkedIn.

Disclaimer and Safe Harbor Statement

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 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, global pandemics and related disruptions, the impact of pharmaceutical industry development and health care legislation in the United States and internationally, and challenges inherent in new product development. In particular, there are substantial risks in drug development including risks that studies fail to achieve an acceptable level of safety and/or efficacy. 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 announcement. 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 favourable 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.

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Prescient Therapeutics

Overview Presentation and Share Purchase Plan

July 2025

ASX: PTX

ptxtherapeutics.com

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Targeted RAS therapies for cancers of unmet need

- ✓ Potential application to 22% of all cancers
- ✓ PTX-100 (Advanced/Phase 2a)

Platforms supporting CAR-T therapies

- ✓ OmniCAR
- ✓ CellPryme

Prescient Therapeutics

Targeted RAS therapies for cancers of unmet need

✓ Potential application to 22% of all cancers

✓ PTX-100 (Advanced/Phase 2a)

Our Lead Asset– PTX-100

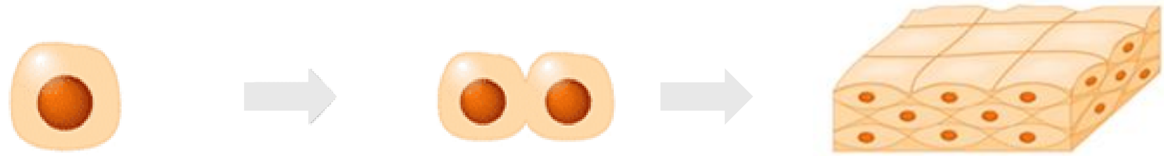
- Addressing high-mortality cancers of unmet need: T-Cell Lymphoma (TCL)
- Early results beyond benchmarks and existing drugs
- FDA support
- US$1.8bn focus market* for TCL
- In Phase 2a for CTCL
- Potential for 2b registration study

*Global Data, 8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

Our technology:
PTX-100 RAS Pathway disruptor

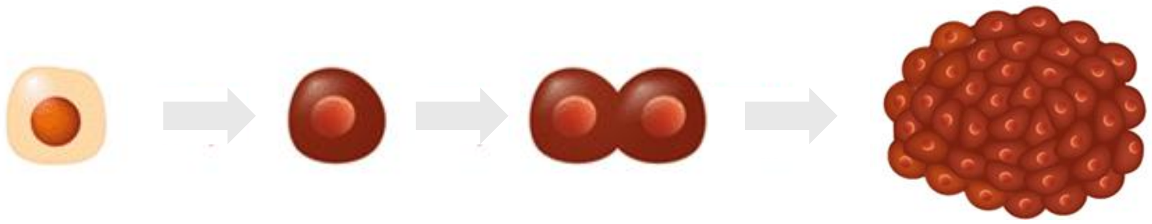
What causes cancerous mutations?

Normal cell growth



Normal cell — Cell division — Healthy tissue

Abnormal cell growth



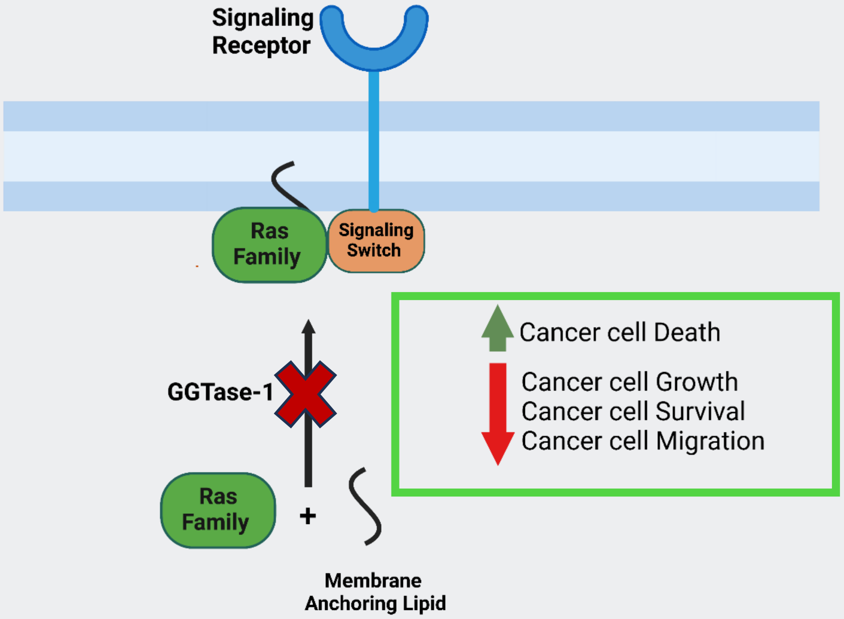
Normal cell — Genetic changes — Cancerous cell division — Malignant tumour

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

Our Technology
PTX-100 First in Class Targeted Therapy

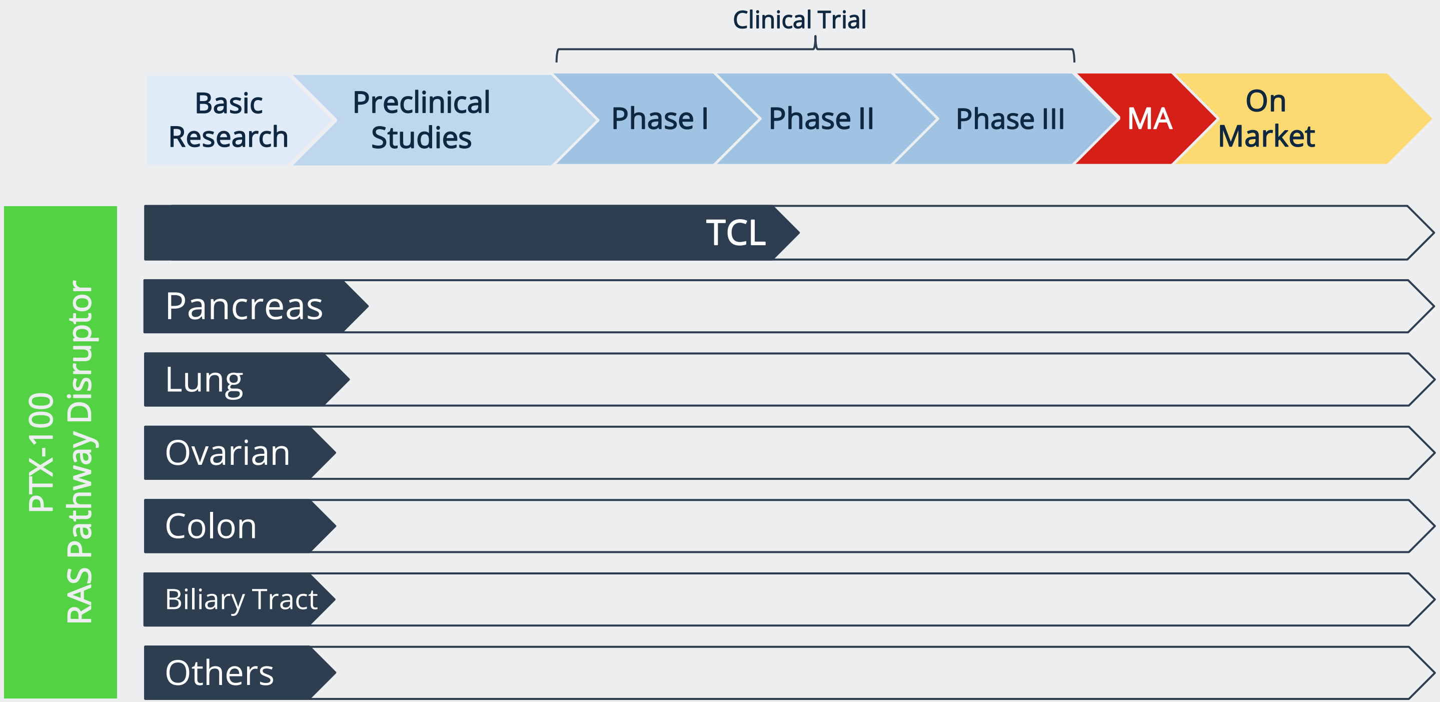
Inhibition of GGT-1 disrupts small GTPases including:
the RAS family pathway

- Mutations in *RAS* are present in approximately 22% of all human cancers[1]
- PTX-100 **targets and blocks** an enzyme called GGTase-1, **disrupting** the **RAS family pathways**
- This interferes with the way cancer cells grow and spread



1. The RAS Problem: Turning Off a Broken Switch – National Cancer Institute

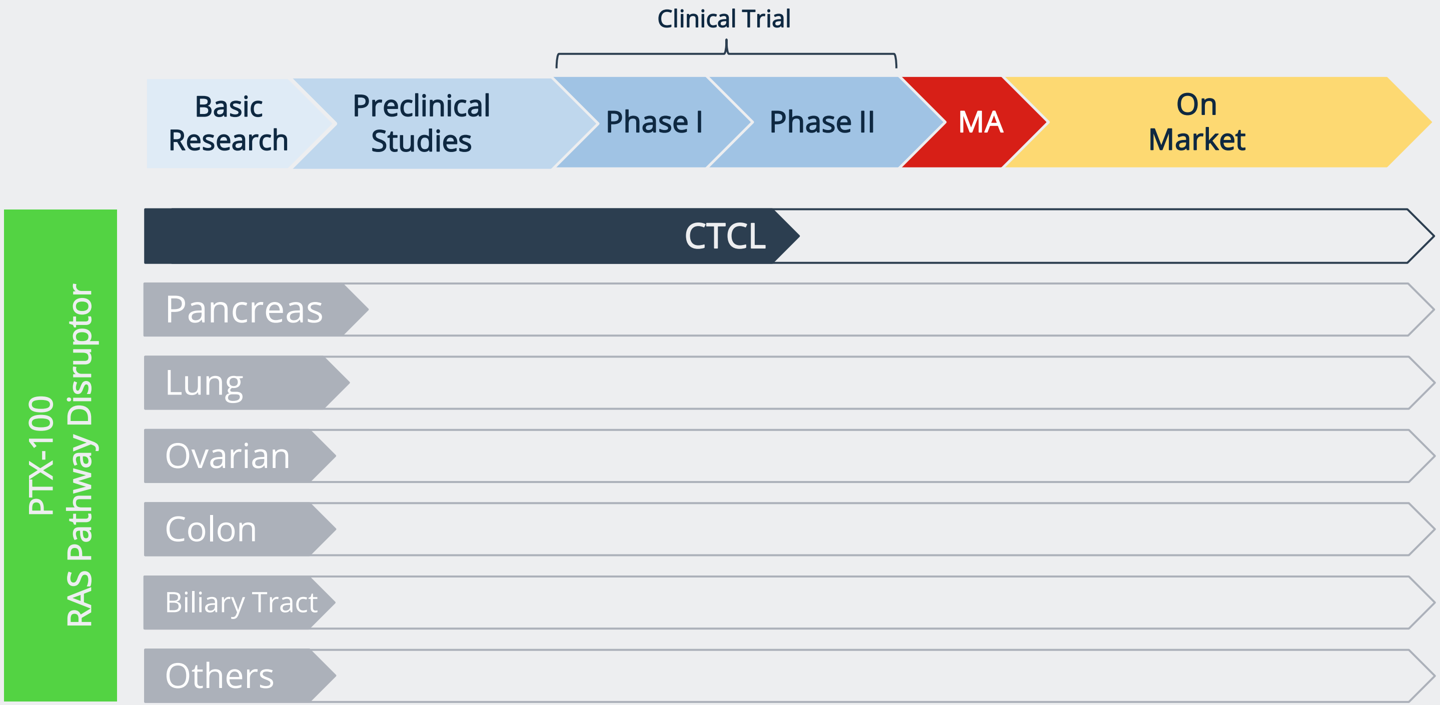
22% of cancers have RAS mutations present



MA = Marketing Authorization
Reference for mutations in cancer types:
Ian A. Prior, Paul D. Lewis, and Carla Mattos A comprehensive survey of Ras mutations in cancer
Cancer Res. 2012 May 15; 72(10)

Prescient Therapeutics

Potential for accelerated approval for PTX-100 (CTCL)



MA = Marketing Authorization

First PTX-100 indication:
Cutaneous T-cell Lymphoma (CTCL)

Cutaneous T-cell Lymphoma (CTCL) Overview

- A rare type of cancer of white blood cells (T cells), normally involved in immune function
- These cancerous T cells travel to and live in the skin, where they grow and divide uncontrollably, attacking the skin
- Limited options for patients with relapsed or refractory CTCL
- Orphan disease: 3,000[#] new cases in US each year and increasing
- Market projected to grow to US$605M in the 8 major markets by 2030*

Mayo Clinic; Lymphoma Australia; EF Hutton
Images courtesy of *Derm In-Review* and *ADV* Vol 90, Issue 6
[#] JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236
*GlobalData, 8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

Cutaneous T-cell Lymphomas (CTCL) a serious unmet need

"Unfortunately, T-Cell lymphomas (...) is universally incurable in patients that have not responded to initial therapy. So, we are in desperate need of a treatment that will allow patients to respond and give them prolonged remissions."

— Professor Miles Prince
Principal Investigator

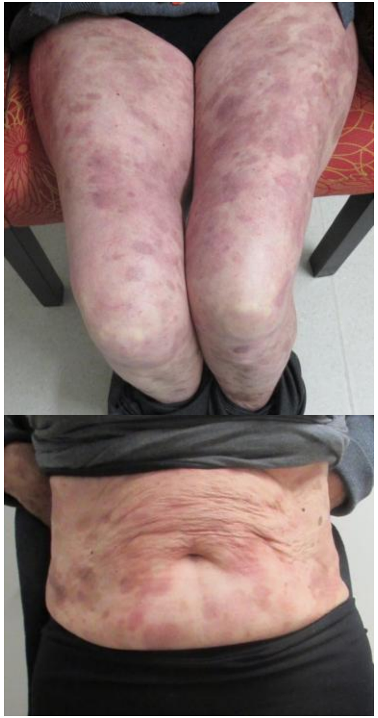
PTX-100 Clinical Results

Prescient Therapeutics

"We are seeing responses in our patients who weren't responding to any other treatments"

— Professor Miles Prince
Principal Investigator

BEFORE



AFTER

PTX-100 Phase 1b responses

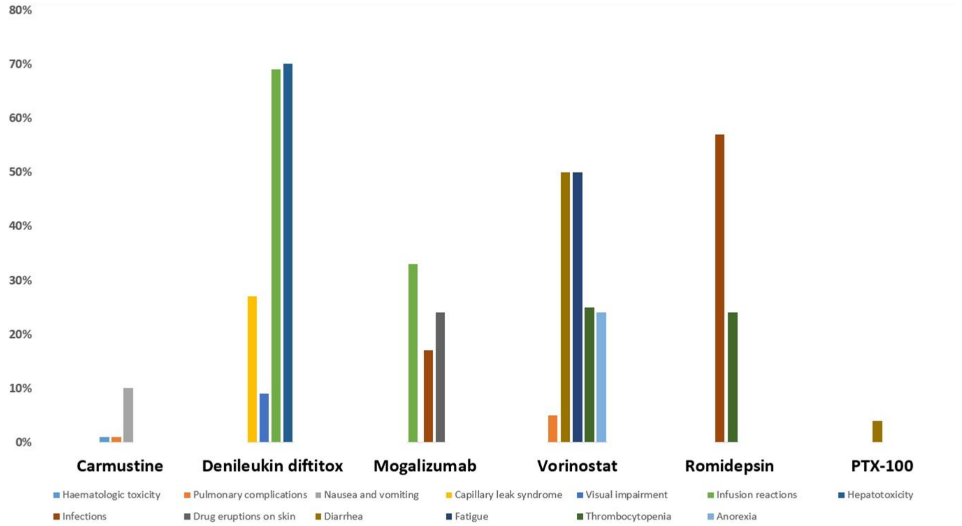
Strong response rates in evaluable patients

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

1. Considered a target benchmark by Prescient and its investigators, with reference to currently available therapies in r/r TCL
2. Label as per FDA.gov; Fierce Pharma; EF Hutton report
3. Approved by the FDA 8 Aug 2024
4. Assessed as related to drug
5. 11 evaluable patients

PTX-100: Favorable safety profile compared to peers

Recommended CTCL drugs, as outlined in international cancer treatment guidelines, 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

- **Minimal 'serious adverse events' related to PTX-100**
- Suits fragile patient population
- Good candidate for combination therapy

*Other serious but less common events include Progressive multifocal leukoencephalopathy leading to death, Pancreatitis and Tumour Lysis syndrome.**Brentuximab vedotin** can cause rare but fatal progressive multifocal leukoencephalopathy, and more often pneumonitis, pancreatitis, opportunistic infections, infusion reactions and tumor lysis syndrome.

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

PTX-100 into Phase 2

The building blocks of taking PTX-100 through Phase 2

Study design

- CTCL vs PTCL
- 2a / 2b design
- Existing data
- Dosages

Patient recruitment

- Geographies
- Clinics
- Experts
- Patients

FDA engagement

- Ongoing dialogue
- Goal: registration study
- FDA inputs on Phase 2b design

Rationale of prioritising r/r CTCL over PTCL for Phase 2 trial

CTCL (Cutaneous T Cell Lymphoma)

- **Higher confidence** – more data & responders
- **Greater need** for new therapies
- Likely to **recruit faster** – lack of trial competition
- **Larger patient pool** – high prevalence/longer patient life expectancy

Likely smaller, faster, cheaper trial design

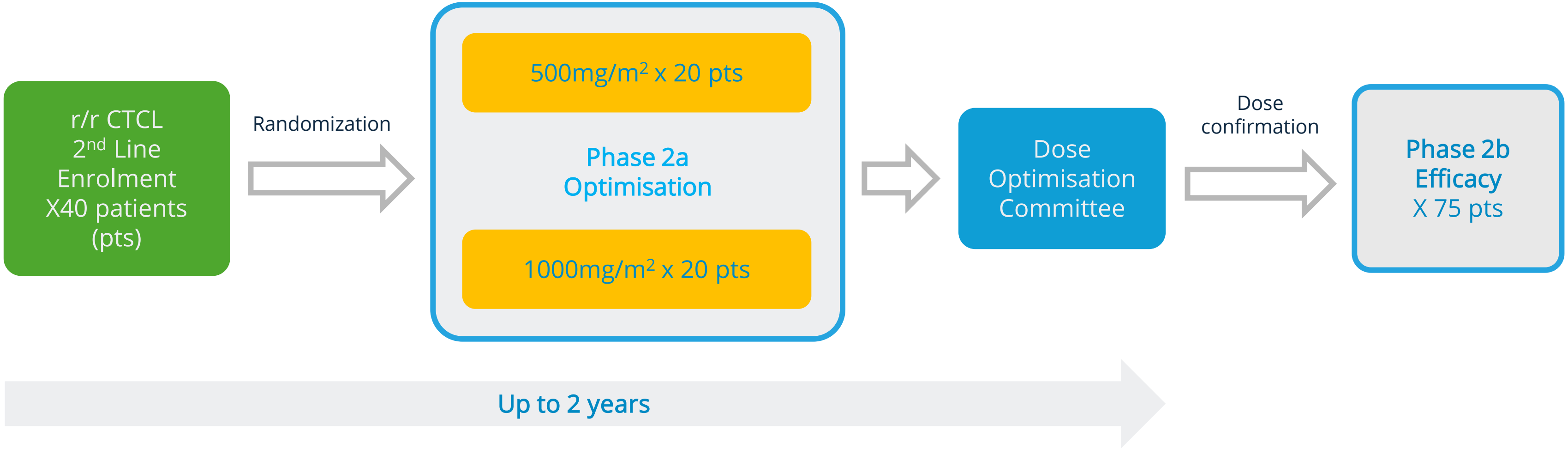
PTCL (Peripheral T Cell Lymphoma)

More incidence than CTCL, but…

- More existing and emerging **competition**
- More likely to require **larger, more expensive studies** that may require a comparator arm

Further studies to be conducted under investigator led programs

Progressing PTX-100 Through Phase 2

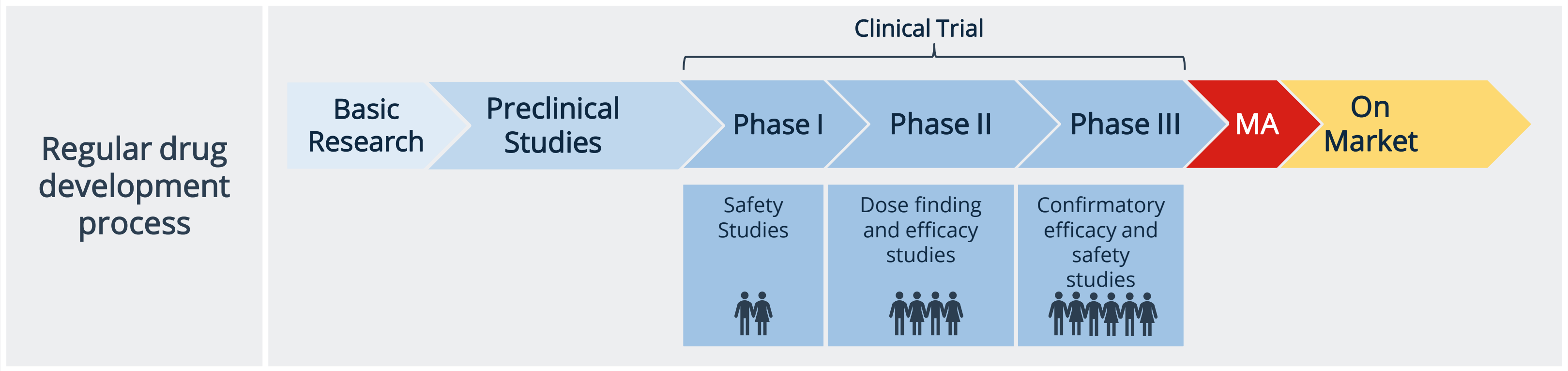


Multicenter clinical trial

Australia (3)	USA (6)
France (3)	Italy (3)

- **Phase 2a:** N=40 pts with r/r CTCL (dose optimization)
- **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**

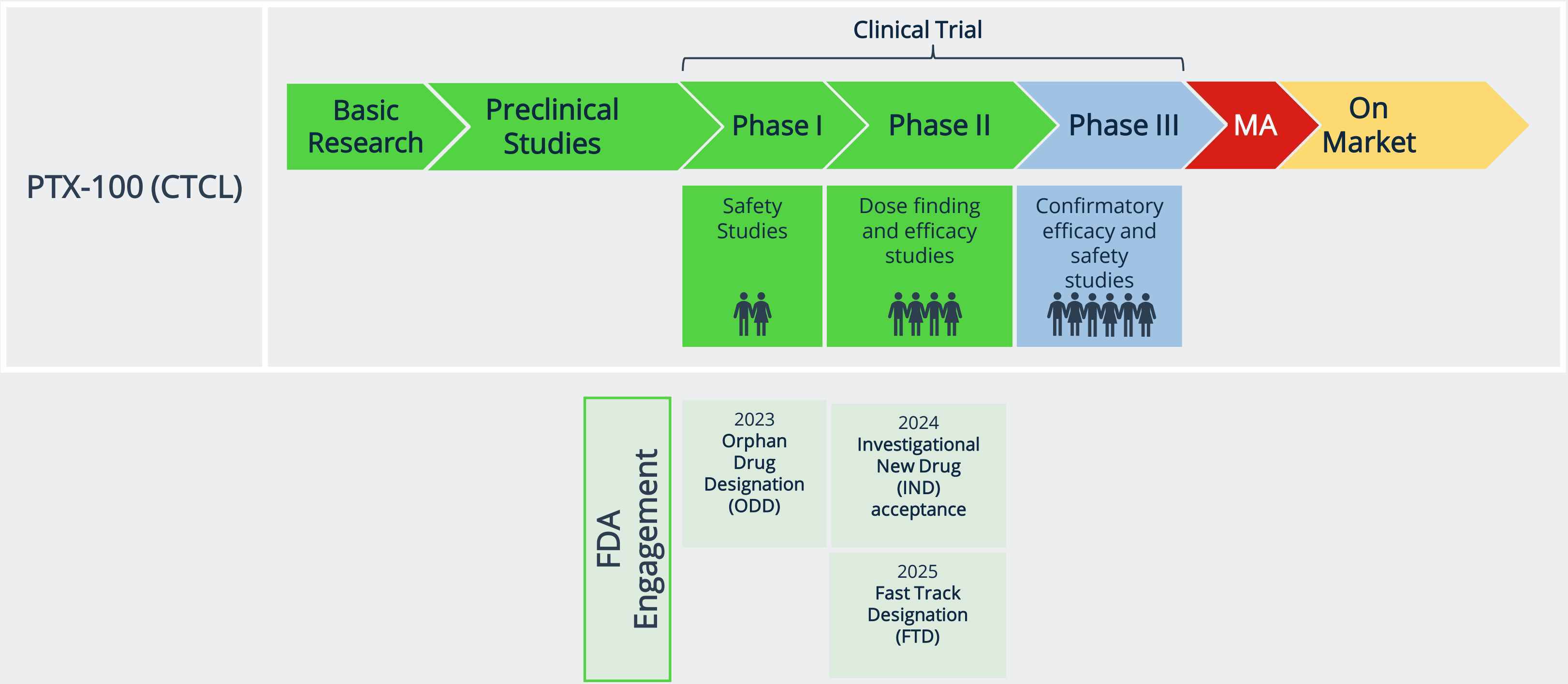
Regular Drug Development Process



MA = Marketing Authorization

Adapted from Capuano, A. *et al; Front. In Pharmacol.*; Feb 2019

PTX-100 (CTCL) – Status Quo



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Aiming for shortened registrational pathway

Years &
$$$ saved

PTX-100 (CTCL)

Clinical Trial

Basic Research → Preclinical Studies → Phase I → Phase II → MA → On Market

Phase I	Phase II
Safety Studies	Dose finding and efficacy studies

FDA Engagement

- 2023 Orphan Drug Designation (ODD)
- 2024 Investigational New Drug (IND) acceptance
- 2025 Fast Track Designation (FTD)

Phase 2b Registration Study potential

- Accelerated approval
- Faster commercialisation
- Enter US$605m* market
- Opportunity to explore other cancer pathways

(Subject to regulatory approvals)

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Adapted from Capuano, A. *et al; Front. In Pharmacol.*; Feb 2019

*Global Data, 8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

Aiming for shortened registrational pathway

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Without treatment

With PTX-100 treatment

PTX-100 (T

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Adapted from Capuano, A. *et al; Front. In Pharmacol.*; Feb 2019

The path forward

FDA Engagement and Enabling Outcomes

Prescient Therapeutics

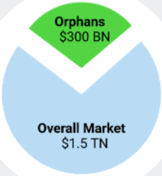
2023 Orphan Drug Designation (ODD)	2024 Investigational New Drug (IND) Acceptance	2025 Fast Track Designation (FTD)
7 years guaranteed market exclusivity	Groundwork for Phase 2 trials and FDA access	Increased FDA access and rolling submissions of New Drug Application

Advantages of orphan drugs

7 years of **guaranteed market exclusivity** in US (10 years in Europe)

Higher prices

Sales are **more resilient** to cycles



Total orphan sales to reach **$US300B** by 2028, in an overall market of $1.5T

Higher chance of phase 2 progression[1]

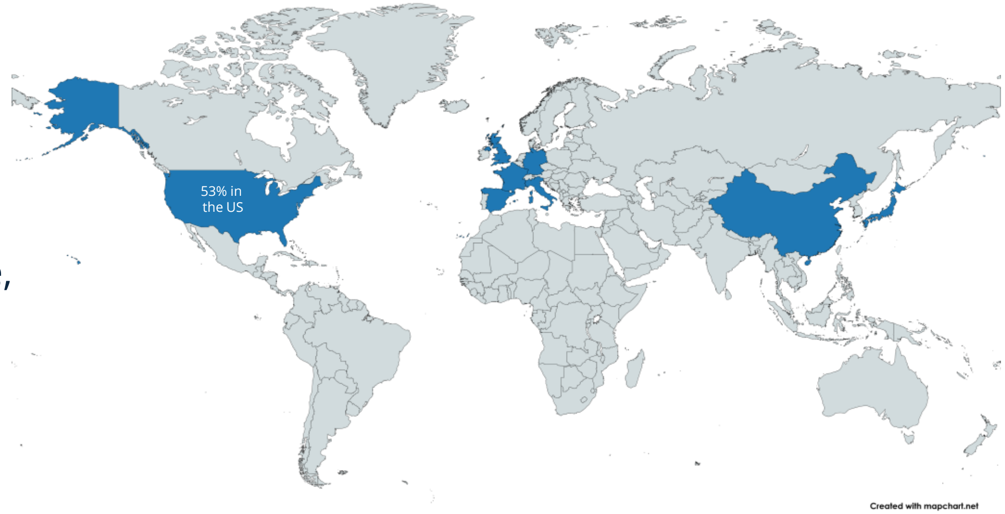
1. Based on Empirical analysis by Wong, Siah, Lo (MIT), 2019

Evaluate Ltd, 2023

T-cell lymphomas (TCL):
High unmet need = large market opportunity

Total Addressable Market (TAM)

- **27,263 new TCL cases per year** based in the 8 major markets: US, France, Germany, Italy, Spain, UK and China
- **Potential by 2030: ~US$1.8bn / year***



* Global Data, 8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

Key milestones in the near future
Implementation will drive value

Key Milestones	Expected Timing (CY)
First patient in and dosed with PTX-100 (FPID)	Q2 (Complete)
FDA Fast Track designation	Q2 (Complete)
EU Orphan Drug Designation	Q3
First US site activated and recruiting	Q3
First European site activated and recruiting	Q3/4
Continuous review of data during the Phase 2a	Q4/Q1 +
Validation of the new OmniCAR receptor and targets for AML	End Q4/Q1
Potential channel partner for CellPryme-M	Discussions ongoing

Experienced team

Prescient Therapeutics

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

Luis Malaver-Ortega, PhD
Director Research and Development

Board of Directors

Dr James Campbell
Non-Executive Chairman

Dr Allen Ebens
Non-Executive Director

Dr Ellen Feigal
Non- Executive Director

Dr Gavin Shepherd
Non-Executive Director

Melanie Farris
Non-Executive Director

Experienced gained in
global companies

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

First PTX-100 indication:
Cutaneous T-cell Lymphoma (CTCL)

	PTX-100 (Phase 1B)
Response Rate	45%
Clinical Benefit Rate	64%
Duration of Response	10.7 months
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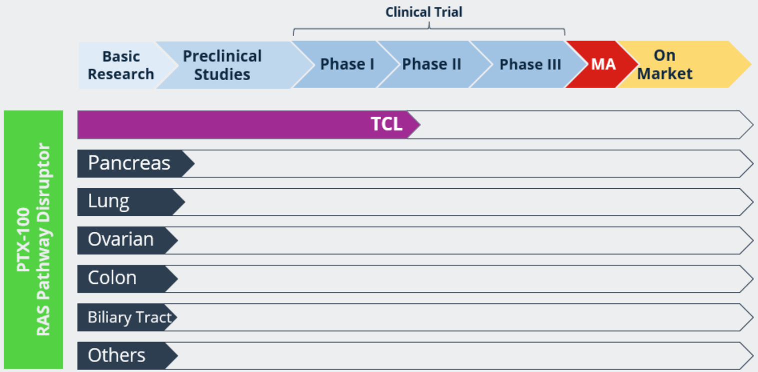
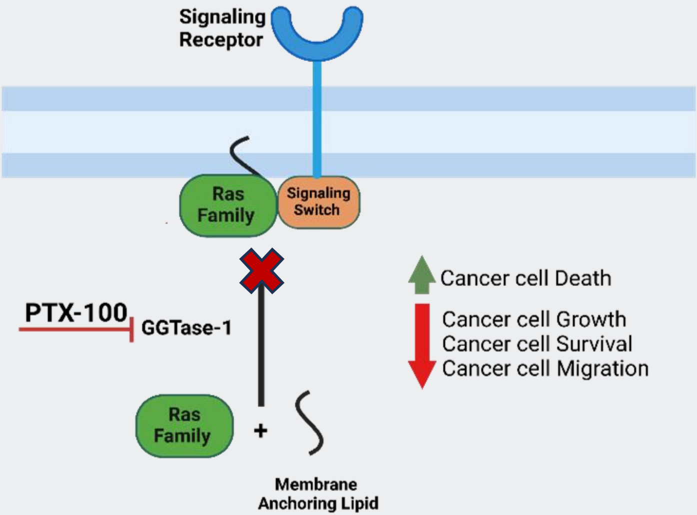
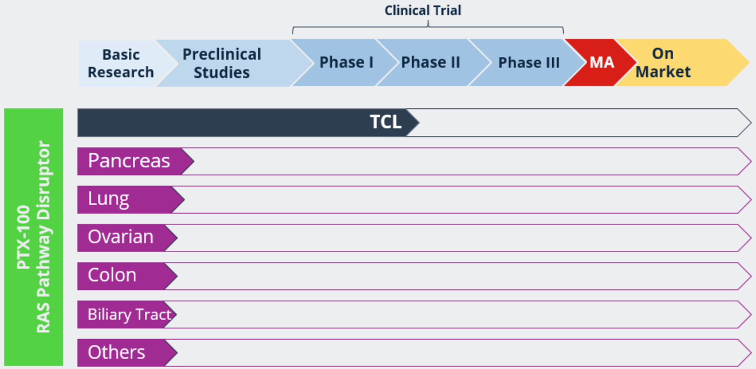


- Results beyond benchmarks and existing drugs
- FDA support
- US$1.8bn focus market* for TCL
  - US$605M in CTCL
- In Phase 2a, potential for 2b registration study

* Global Data, 8 major markets: US, France, Germany, Italy, Spain, UK, Japan, and China

Our Technology
PTX-100 First in Class Targeted Therapy





- Potential application to 22% of cancers
- First in class enzyme inhibitor
- PTX-100 (TCL) = proof of concept
- Opportunity for significantly larger cancer markets

Share Purchase Plan

Summary of the SPP

SPP Offer	
Raise Amount	Targeting $7 million
Use of Funds	Proceeds from the SPP will support the advancement of the Company's first-in-class targeted cancer therapy PTX-100, specifically by funding continued Phase 2 clinical development. Prescient is working to progress this potential therapy through clinical trials and toward regulatory approval and access for patients with significant unmet medical needs. Funds will also go towards general working capital and costs of the offer.
Offer Details	Offer price of A$0.040 per share, representing a discount of 16.7% to the 15-day VWAP (as of 30 June 2025)
Closing Date	5pm (AEST) on Tuesday, 15th July 2025

Prescient Therapeutics

Thank you

ASX: PTX

ptxtherapeutics.com

Prescient Therapeutics

Appendix

RAS pathway – and its relevance to the development and treatment of cancers mutations?

RAS proteins are a family of small GTPase proteins crucial for cell signaling, regulating processes like cell growth, differentiation, and apoptosis. They act as molecular switches, cycling between active (GTP-bound) and inactive (GDP-bound) states. Mutations in RAS genes can lead to their persistent activation, contributing to cancer development.

Function:

RAS proteins act as signal transducers, relaying signals from cell surface receptors to downstream pathways, influencing cell growth, survival, and differentiation.

Switch Mechanism:

RAS proteins are binary switches, cycling between active and inactive states.

Regulation:

This switching is regulated by guanine nucleotide exchange factors (GEFs) and GTPase-activating proteins (GAPs).

Cancer:

Mutations in RAS are present in approximately 22% of all human cancers. The mutations can render RAS proteins constitutively active, leading to uncontrolled cell growth.

Ras Family:

The RAS family includes several members, such as KRAS, HRAS, and NRAS, which have overlapping but distinct functions.

Downstream Pathways:

RAS proteins activate various downstream signaling pathways, including the MAP kinase pathway, which is involved in cell proliferation, differentiation, and survival.

Therapeutic Target:

Due to the importance of RAS in cancer, inhibiting RAS activity is an important target for cancer therapy.