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The Company Announcements Platform

ASX Limited

By E-lodgement

Prescient Shareholder Newsletter

Prescient Therapeutics (ASX: PTX), a clinical stage oncology company, provides the following market update via a shareholder newsletter.

About Prescient Therapeutics

Prescient Therapeutics is a clinical stage oncology company developing novel compounds that show great promise as potential new therapies to treat a range of cancers that have become resistant to front line chemotherapy.

Lead drug candidate PTX-200 inhibits an important tumor survival pathway known as AKT, which plays a key role in the development of many cancers, including breast and ovarian cancer, as well as leukaemia. This highly promising compound is now the focus of two current clinical trials. The first is a Phase 1b/2 study examining PTX-200 in breast cancer patients at the prestigious Montefiore Cancer Center in New York. A Phase 1b/2 trial of the compound in combination with current standard of care is also underway in patients with recurrent or persistent platinum resistant ovarian cancer at Florida's Lee Moffitt Cancer Center. These trials have been funded in part by grants from the U.S. Government, including the U.S. National Cancer Institute. In addition, Prescient is planning a Phase 1b/2 trial evaluating PTX-200 as a new therapy for acute myeloid leukemia in 2015.

Prescient's second novel drug candidate, PTX-100, is a first in class compound with the ability to block an important cancer growth enzyme known as geranylgeranyl transferase (GGT). It also blocks the Ral and Rho circuits in cancer cells which act as key oncogenic survival pathways, leading to apoptosis (death) of cancer cells. PTX-100 was well tolerated and achieved stable disease in a Phase 1 trial in advanced solid tumors. Prescient expects to commence Phase 1b/2 clinical trials in breast cancer and multiple myeloma in 2015. At the same time, Prescient plans to develop its novel p27 cancer biomarker as a companion diagnostic that will potentially identify those patients that are most likely to respond to PTX-100 therapy.

Prescient has licensed access to its Co-X-Gene™ platform technology to French biotechnology company Transgene for use in two immunotherapeutic products.

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Prescient Therapeutics is a clinical stage company developing new treatments for a range of cancers that have become resistant to chemotherapy.

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prescient therapeutics

FROM THE MANAGING DIRECTOR

We have taken great strides forward in recent months, achieving several important milestones that are critical to progressing our lead clinical programs.

Notably, we have received advice from the US Food and Drug Administration of the successful transfer of Investigational New Drug (IND) sponsorship for our lead drug candidate PTX-200 to our Company. This enables Prescient to take control of a current trial of this novel and highly promising compound in ovarian cancer patients.

Further, this IND transfer follows another important milestone: the reactivation of an additional IND for our second drug candidate PTX-100 in metastatic breast cancer.

These INDs are imperative to conduct clinical trials in the high value US market and represent a major regulatory pathway for gaining drug approval.

Investors should note we are already making progress on the Phase 1b/2a ovarian cancer trial and have enrolled the first patients at the prestigious Moffitt Cancer Center in Florida – a globally respected facility and the third largest cancer centre in the United States.

Patient recruitment is a key commercial and clinical milestone and we look forward to providing updates as the trial progresses and data becomes available.

OVARIAN CANCER STUDY

We have designed this study to further establish that our drug candidate PTX-200 (formerly known as TCN-P) is a novel and powerful therapy for ovarian cancer.

Critically, we hope to further establish that PTX-200 can tackle the significant problem of chemotherapy resistance.

Resistance to front line chemotherapy represents a major problem in the treatment of ovarian cancer globally and is linked to extremely poor survival rates.

Our investigation will examine PTX-200 in combination with carboplatin, a standard drug used to treat ovarian and other cancers. However, like most chemotherapy regimes, patients soon become resistant which renders the therapy ineffective.

PTX-200 works by targeting and blocking a key tumour survival pathway known as AKT. All data generated to date indicates this mechanism can moderate carboplatin sensitivity and help break the resistance cycle.

Achieving this goal represents an outstanding clinical and commercial opportunity.

PRINCIPAL INVESTIGATOR

Steering this important trial will be principal investigator Dr Robert Wenham, who brings an impeccable scientific background and a strong clinical background in women's cancers.

As well as a practising gynaecologic oncologist, he is also director of clinical research at the Center for Women's Oncology at the Moffitt Cancer Center. He has a strong interest in research and is also a principal investigator for the Gynaecologic Oncology Group, the premier national organisation developing clinical trials to improve cancer care for women. In addition, he is a principal investigator for the Total Cancer Care Protocol, Moffitt's unique approach to developing targeted personalised treatment for each cancer patient.

We are delighted to have an expert oncologist of this calibre steering our program.

We expect the initial Phase 1b component (which is focused on establishing a dosing schedule) of this trial program to be completed by the end of this year. We are expecting Phase 2 to begin early next year. In all, this clinical program should run for around 18-24 months.

As this trial is an open-label trial, as opposed to a closed blinded study, we will be positioned to update the market as data becomes available.

ABOVE: Dr Rob Crombie, Managing Director

HOW PTX-200 WORKS

PTX-200 has demonstrated an ability to block or inhibit a critical growth protein inside cancer cells called AKT.

The AKT pathway is regarded as a 'master switch' for many cancers, as it plays an important role in cancer cell division and is "activated" in a number of malignancies, including breast, ovarian and pancreatic cancers as well as blood cancers such as leukaemia.

Big pharma companies are showing strong interest in this drug target, which may be used as a monotherapy or an adjunctive therapy. Prescient is in a strong position to leverage this interest to advance potential partnering discussions.

POSITIVE PRE-CLINICAL DATA FOR PTX-100 PRESENTED AT AACR

While our ovarian cancer trial involves investigation of the PTX-200 compound, this novel candidate is being pursued in tandem with an equally encouraging drug candidate, PTX-100 (formerly known as GGTI-2418). This is a first in class compound that has undergone Phase 1 trials in solid tumors where it has demonstrated safety and tolerability.

Prescient is moving PTX-100 into Phase 1b/2 clinical trials as a potential new therapy for breast cancer and multiple myeloma. Longer term, it also has potential to be used for other cancers including prostate and pancreatic cancer.

Our researchers recently presented pre-clinical data from studies of PTX-100 to international oncologists at the prestigious American

FROM THE MANAGING DIRECTOR (CONTINUED)

Association for Cancer Research Annual Meeting.

Moffitt scientists examined the effect of the compound (which targets one of the RAS signalling pathways) in a mouse model relevant to multiple myeloma.

They found our drug decreased the percentage of multiple myeloma tumours within the bone and offered a substantial improvement on mouse median survival times.

Further, they established that PTX-100 was able to sensitise multiple myeloma cells which could potentially help overcome problems surrounding drug-resistance to standard chemotherapy treatments.

This information underpins our approach in upcoming trials of PTX-100 in multiple myeloma patients who are resistant to bortezomib, the current standard of care chemotherapy treatment (marketed as Velcade® by global pharmaceutical company Takeda Pharmaceticals Limited).

Again, we are highly encouraged by these findings and believe we are on the right track to making new targeted therapeutics available that are synergistic with current therapies, enabling them to work better and for longer.

PERSONALISED MEDICINE

Shareholders should note we are taking a 'personalised medicine' approach to trials of both our drug candidates PTX-200 and PTX-100.

Basically this involves targeting the right drug to the right patient for optimal outcomes.

Conducting our clinical trials at the Moffitt Cancer Center provides us not only access to some of the world's best clinicians but also to world leading research into personalised medicine.

P27

Further underpinning this personal approach, your Company announced in February that it had acquired cancer biomarker p27 from the Moffitt Cancer Center in the United States.

We plan to use this biomarker p27 as a tool for measuring the effectiveness of our drug in clinic and expect that it will ultimately be used as a companion diagnostic for PTX-100 because this biomarker should enable us to identify those cancer patients who are most likely to respond and benefit from PTX-100.

Clinically and commercially this again bolsters our prospects of successful trial outcomes.

In the long term, Prescient hopes p27 and PTX-100 will be used together to predict and thus select which patients are most likely to best respond.

Global medical experts have acknowledged that the successful development and commercialisation of new oncology drug candidates will largely depend on matching the right treatment to the right patient.

We have a great opportunity to position ourselves as leaders in personalised medicine and we are determined to optimally exploit this attractive, high value commercial proposition.

ROTH CONFERENCE

As we pursue our clinical agenda, we are also continually presenting our case to the investor market both in Australia and internationally.

In March, Prescient featured at the 27th Annual ROTH Conference held in Dana Point, California – a great platform to present our lead oncology technologies.

Our presentation attracted interest from institutional and private equity investors, venture capitalists and company executives.

US PATENT GRANTED FOR PTX-200

As we take steps forward in our key scientific programs, it is imperative we protect our assets with a robust intellectual property portfolio.

To this end, the US Patent and Trademark Office has recently granted Prescient's drug candidate PTX-200 two additional patents that will underpin our endeavour as we progress.

This IP confirms monopoly rights to this novel compound and will further provide extensive protection for the company's novel method of treating chemotherapy resistant ovarian cancer.

The second patent provides broader coverage for the compound's ability to treat other cancer types, including breast cancer.

FINALLY

We look forward to updating shareholders of our progress on key oncology programs and creating investor value as we achieve important milestones.

In all cancer indications there is a vital need for new therapies that may be used in conjunction with current standards of care.

We remain highly encouraged by data emerging for PTX-100 and PTX-200 and remain committed to unlocking the value of these novel drugs as potential new therapies in the oncology arsenal.

Thank you for your ongoing support.

Sincerely,

Dr Rob Crombie

EDISON INVESTMENT RESEARCH

Edison Investment Research recently initiated coverage of your Company, valuing Prescient at A$35 million or A$0.66 per share.

The report highlighted the two promising cancer compounds in development that have been acquired for modest upfront costs.

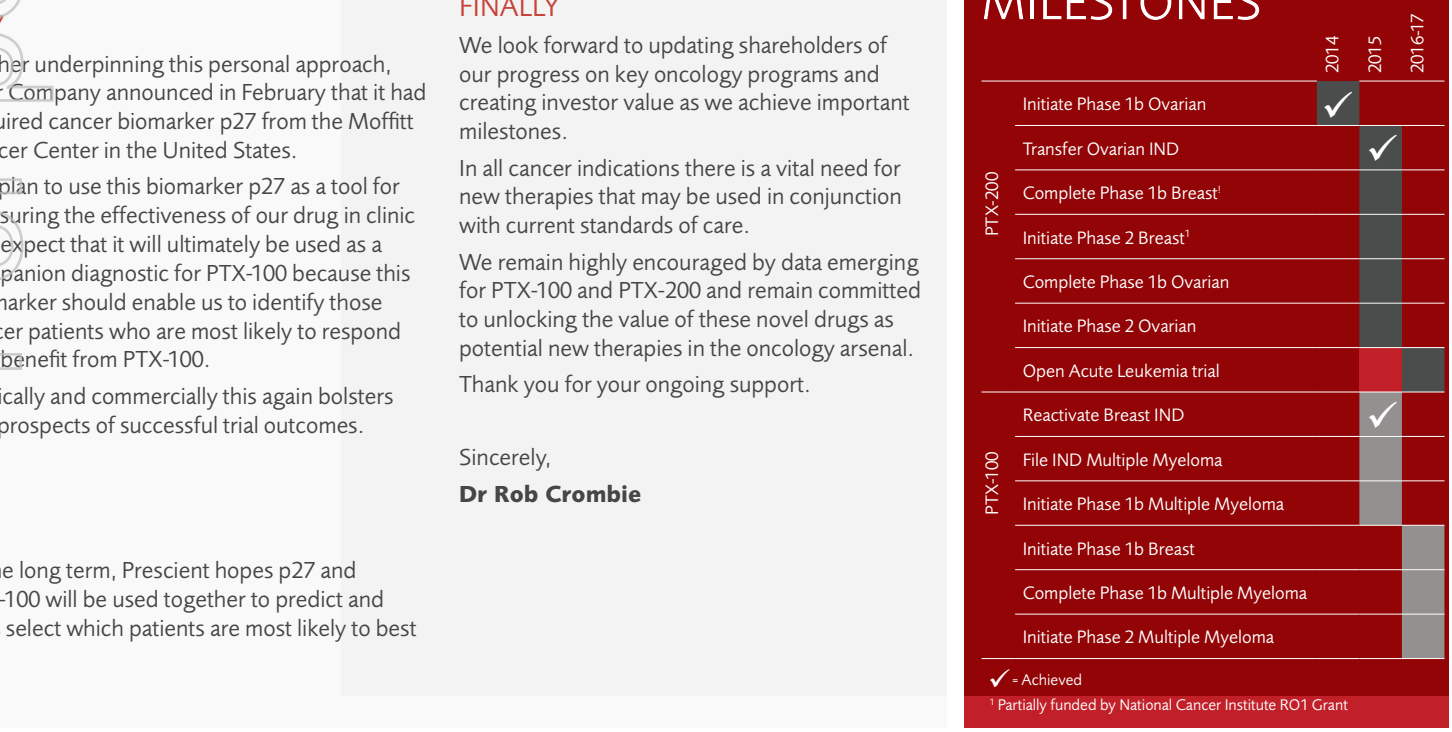
Analysts further noted several pending inflection points for investors, including a planned Phase 1b/2 study of PTX-200 in acute myeloid leukaemia in 2H2015 as well as the Phase 2 component of a breast cancer study of the same compound, also in 2H2015. Interim data from the PTX-200 breast cancer trail is expected to be generated in 1H2016.

In addition, our second novel candidate PTX-100 is expected to enter Phase 1b/2a clinical trials in myeloma later this year and in breast cancer in the first half of next year.

Edison researchers also noted that a number of big pharma companies (Merck, Genentech and GSK) are also developing small molecule AKT inhibitors in a range of solid tumors and haematological cancers. Our candidate PTX-200 is also an AKT inhibitor and big pharma interest in this target provides further validation of our approach.

The full report can be viewed on our website: **www.prescienttherapeutics.com** and following the links under Media.

MILESTONES



✓ = Achieved

[1] Partially funded by National Cancer Institute RO1 Grant

OUR TARGETS

While we are determined to unlock shareholder value, our commercial endeavour is underpinned by an altruistic desire to find and develop next generation cancer therapies that ultimately enable patients to live longer and live better.

The cancers we are targeting include breast, ovarian, leukaemia and multiple myeloma. These cancers are all areas where there is great demand for new, improved therapies that may break resistance to standard chemotherapies.

Both our new drug candidates, PTX-100 and PTX-200, are showing great promise as adjunctive therapies that may be used in combination with existing drugs to enable better outcomes.

We now know that cancer can't be treated with a single drug – it requires a multi-pronged approach targeting multiple tumor survival pathways. What may work for one individual may have little effect on another. By using biomarkers, like our p27 diagnostic, we expect to be able to tailor the right drug to the right patient.

Above: Dr Terrence Chew

MEET DR TERRENCE CHEW

Dr Chew was recently appointed Chief Medical Officer and will oversee all of Prescient's clinical programs. He brings more than 30 years' experience in drug development and has steered the successful approval of several anti-cancer drugs worldwide. He holds a bachelor's degree in biochemistry from the University of California and a Medical Doctorate from the University of California, Los Angeles. Here he discusses Prescient's ovarian cancer program.

Q: HOW COMMON IS OVARIAN CANCER?

A: Globally, around a quarter of a million women are diagnosed with ovarian cancer every year and around 140,000 of those women will die. These are unacceptable statistics. Despite vast amounts of research and sustained medical efforts, only modest progress has been made in improving survival times for women diagnosed with ovarian cancer. The fact remains that only 45% of women diagnosed will survive 5 years, compared to 89% five year survival rates for women diagnosed with breast cancer. That's a big difference and we are desperately looking for new treatments to improve those statistics.

Q: WHY ARE WOMEN WITH OVARIAN CANCER OFTEN NOT DIAGNOSED UNTIL LATE STAGE DISEASE?

A: The problem with ovarian cancer is that symptoms can be vague or dismissed. Things like tummy bloating and tiredness or lethargy are frequently brushed aside by women. The fact remains that most women don't know they have ovarian cancer until it is too late. We know that 75% of women are not diagnosed until late stage disease. Outcomes may be substantially improved with early diagnosis, when the disease is confined to the ovaries. At the moment however there is no early detection test for this disease and researchers around the world are avidly pursuing this goal.

Q: WHAT'S WRONG WITH EXISTING THERAPIES?

A: While most women with advanced ovarian cancer respond to first-line chemotherapy, most responses are not sustained. More than 80% of patients will relapse after first-line treatment, and more than half will die of recurrent disease within 5 years of diagnosis.

We have a major problem with chemotherapy resistance in ovarian cancer. Women who are diagnosed typically experience these periods of relapse and remission until chemotherapy resistance develops. Put simply, this means that the drugs that initially work to kill cancerous tumors are no longer effective.

New ways of treating the disease are needed in order to help tackle this widespread problem of chemotherapy resistance. We expect that in future, this will mean tackling cancers from multiple angles.

Q: WHAT IS THE CURRENT STANDARD OF CARE?

A: The most common drug therapy at the moment for ovarian cancer patients is carboplatin, a platinum based drug. As discussed, ovarian cancer is an insidious cancer and tumors develop a resistance to this treatment rapidly. We need new drugs that can break this cycle and improve survival times. This is where modern therapies like Prescient's PTX-200 may come into play.

Q: WHAT DOES THE EVIDENCE SAY ABOUT PTX-200 TO DATE?

A: All information to date suggests PTX-200 might be able to break this resistance cycle.

We are trialling PTX-200 in conjunction with standard of care carboplatin, which as discussed is a platinum based drug. This drug has been around since the 1980s.

PTX 200 works alongside carboplatin as an adjunctive therapy, but tackles the tumor in a different way – PTX-200 targets the AKT pathway. Our research suggests this route may be critical to moderating platinum sensitivity and therefore breaking the resistance cycle.

In this trial we are hoping to demonstrate that using PTX-200 may be able to make carboplatin more effective.

Q: WHAT ARE THE NEXT STEPS IN THIS TRIAL?

A: We have enrolled the first patients in this trial and this is a great step forward. We will report data as it becomes available.

Q: THIS PTX-200 TRIAL IS BEING CONDUCTED UNDER A US IND (INVESTIGATION NEW DRUG) APPLICATION. WHAT DOES THIS MEAN?

A: An IND is basically a green light from the US Food and Drug Administration to allow human patients to be treated with an experimental therapy.

The FDA only grants IND approval after careful and systematic examination of the experimental drug therapy.

For companies like Prescient, an IND is a major regulatory milestone toward obtaining approval for a new drug product.

Without FDA approval, clinical trials with the experimental drug cannot be undertaken.

Q: HOW MANY CLINICAL TRIALS ARE REQUIRED BEFORE A DRUG IS APPROVED?

A: The first stage of clinical testing is called Phase 1. In this phase, the drug is administered under careful supervision to better understand the compound characteristics as well as ascertain safety and tolerability.

The next stage is Phase 2. In this stage, clinical studies are performed to determine the effectiveness or efficacy of the drug. Sometimes the drug is so effective that drug approval is granted after Phase 2 development.

Typically the final stage of development is Phase 3, where definitive clinical studies are performed that, if successful, lead to drug approval.

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