KAZIA THERAPEUTICS

A Diversified Oncology Drug Development Company

Kazia Corporate Overview

November 2024

NASDAQ: KZIA | X: @KaziaTx

Forward Looking Statements

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Company Overview

A late-clinical-stage oncology drug development company

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Paxalisib

Brain-penetrant pan-PI3K / mTOR inhibitor

- Well-validated class with five current FDA-approved therapies
- Only brain-penetrant PI3K inhibitor in development

In development for multiple brain cancers

- Clinical trials ongoing in brain metastases, childhood brain cancer, glioblastoma, IDH-mutant glioma, and primary CNS lymphoma

Unique asset being evaluated in multiple trials

- Multiple signals of clinical activity across several cancer types
- Fast Track, Orphan Drug, and Rare Pediatric Disease Designations from US FDA

Rich potential commercial opportunity

- Glioblastoma alone sized at US$ 1.5 billion per annum
- Commercial licensee in place for China
- Licensee for intractable seizures in rare CNS diseases

Top Line Ph. 3 Data: Reported July CY2024

EVT801

Selective VEGFR3 inhibitor

- Designed to avoid off-target toxicity of older, non-selective angiokinase inhibitors
- Primarily targets lymphangiogenesis

Completed phase I for advanced solid tumors

- Preliminary data from adaptive, biomarker study at 2 leading cancer sites in France to be presented at upcoming 2024 meeting

Potential use in multiple solid tumor types

- Potential indications include: ovarian cancer, renal cell carcinoma, liver cancer, colon cancer, and sarcoma

Potential combination with immunotherapy

- Strong evidence of synergy in preclinical data supports potential of monotherapy or combination use

Phase 1 Preliminary Data presented Sep CY2024

Corporate Highlights

Licensing-driven business model focused on high quality, differentiated clinical-stage assets sourced from Genentech (Paxalisib) and Sanofi / Evotec (EVT801)

Lean virtual pharma model, with ~75% of cashflows applied directly to clinical trials

Potential opportunities for non-dilutive income via additional partnering activity

Delisted from Australian Securities Exchange (ASX) in Nov 2023; now solely listed on NASDAQ (KZIA)

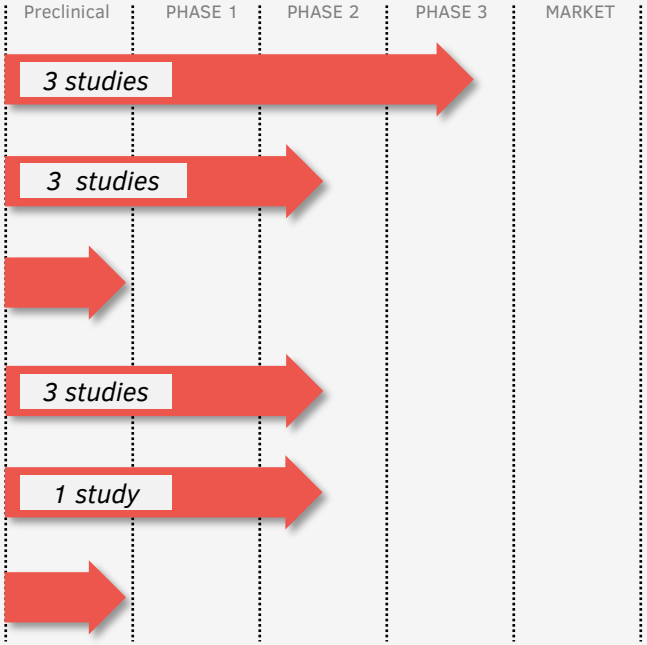
Pipeline – Two Differentiated Assets

CY2024 positive clinical data updates driving strong interest in oncology community

Paxalisib

Investigational, small molecule, potent, brain-penetrant inhibitor of PI3K / mTOR

licensed from: Genentech IN BUSINESS FOR LIFE



	Collaborators / Sponsors	Anticipated
Glioblastoma & IDH-mutant glioma *Common primary brain cancer*	Weill Cornell Medicine; Global Coalition for Adaptive Research; The University of Sydney	*Phase 3 Data* **July CY24**
DIPG/Advanced Solid Tumors *Childhood brain cancer*	Pacific Pediatric Neuro-Oncology Consortium; St. Jude Children's Research Hospital; ANZCHOG	*Further Update* **CY25**
AT/RT *Childhood brain cancer*	Johns Hopkins Medicine	*Further Update* **CY25**
Brain Metastases *Cancer that spreads to brain from elsewhere*	NIH National Cancer Institute; Dana-Farber Cancer Institute; Memorial Sloan Kettering Cancer Center	*Further Data* **4Q CY24**
Primary CNS Lymphoma *Form of non-Hodgkin's lymphoma*	Dana-Farber Cancer Institute	*Initial Data* **CY25**
Cancers outside the CNS *TNBC, Ovarian*	University of Utah Huntsman Cancer Institute; QIMR Berghofer Medical Research Institute	*Further Data* **4Q CY24**

EVT801

Investigational, small molecule, highly specific inhibitor of VEGFR3

licensed from: evotec

Advanced Solid Tumors *Patients w/ highly treatment-resistant cancer*	Institut Universitaire du Cancer de Toulouse Oncopole; Centre Léon Bérard	*Initial Data* **3Q CY24**

IDH: Isocitrate dehydrogenase, DIPG: Diffuse Intrinsic Pontine Glioma, AT/RT: Atypical Teratoid Rhabdoid Tumor, CNS: central nervous system, TNBC: triple negative breast cancer, VEGFR3: vascular endothelial growth factor receptor 3

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Paxalisib Mechanism of Action

Only brain-penetrant drug in development within the PI3K inhibitor class

1 The PI3K pathway is activated in many forms of cancer

	Glioblastoma	**90%**
	Breast	**80%**
	Lung	**75%**
	Endometrial	**60%**
	Ovarian	**60%**
	Prostate	**45%**

2 Five PI3K inhibitors have already been approved by FDA

Zydelig (idelalisib) 150 mg 100 mg tablets
- Chronic lymphocytic leukemia
- Follicular lymphoma

Aliqopa (copanlisib) 60 mg vial for injection
- Follicular lymphoma

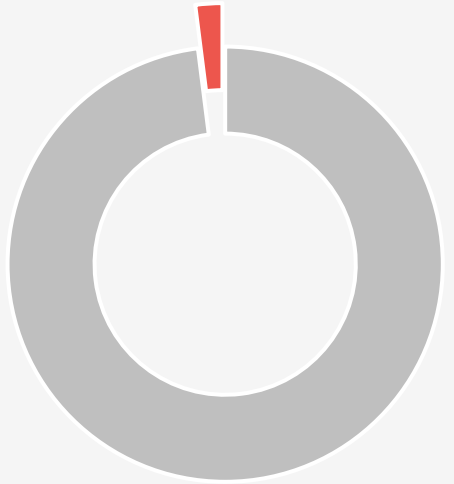
Copiktra (duvelisib) 15mg | 25mg capsules
- Chronic lymphocytic leukemia
- Follicular lymphoma

PIQRAY (alpelisib) tablets 50 mg · 150 mg · 200 mg
- Breast cancer

UKONIQ umbralisib 200 mg tablets
- Follicular lymphoma

3 Paxalisib is the only brain-penetrant PI3K inhibitor in development

Only 2% of small-molecule drugs are brain-penetrant



Source: Data on file

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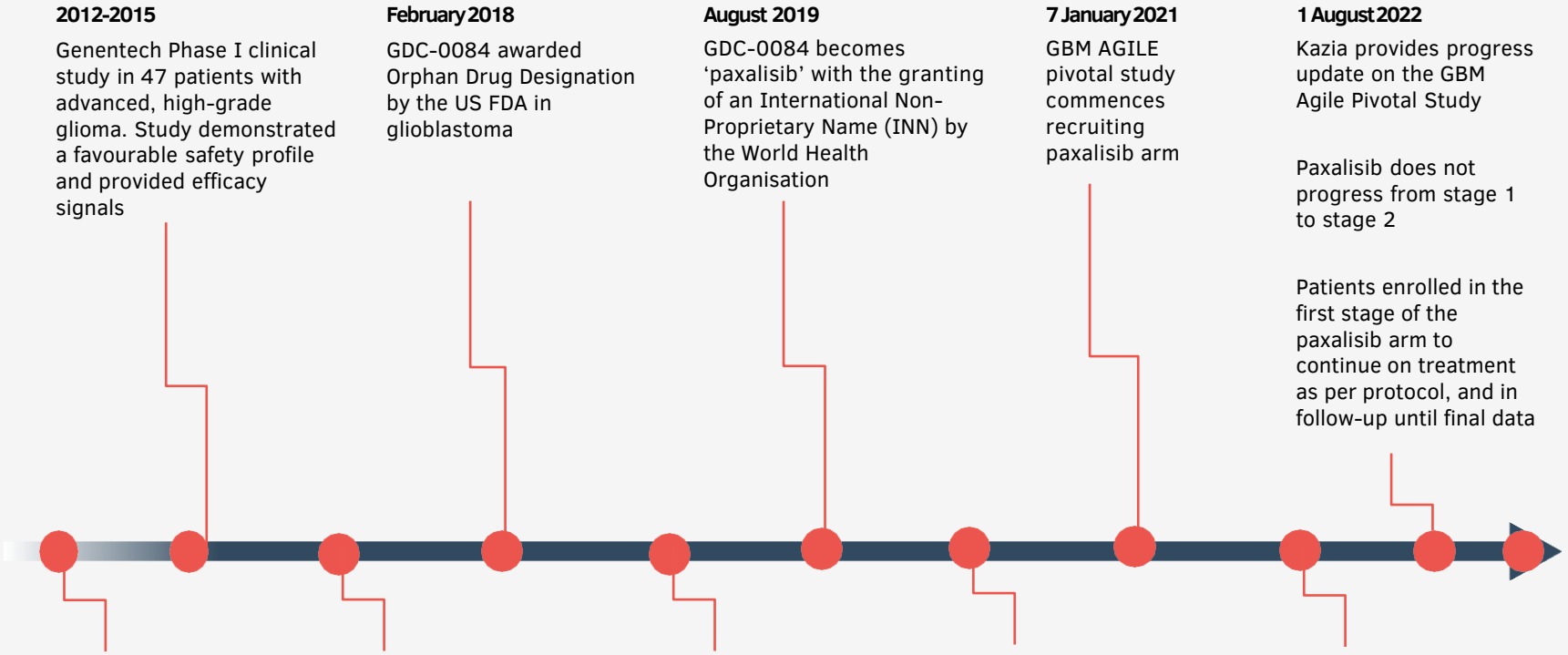
Paxalisib – *Development History*

Growing Body of Clinical Evidence Demonstrating Activity in GBM



Early 2000's

Genentech develops GDC-0084 as a potential new therapeutic for glioblastoma

2012-2015

Genentech Phase I clinical study in 47 patients with advanced, high-grade glioma. Study demonstrated a favourable safety profile and provided efficacy signals

2016

Kazia in-licenses GDC-0084 from Genentech following deep due diligence which included Phase I study and animal data

February 2018

GDC-0084 awarded Orphan Drug Designation by the US FDA in glioblastoma

March 2018

Kazia commences company-sponsored Phase II clinical study of GDC-0084 as a first line therapy in patients with glioblastoma

August 2019

GDC-0084 becomes 'paxalisib' with the granting of an International Non-Proprietary Name (INN) by the World Health Organisation

August 2020

Paxalisib granted Breakthrough Designation by the US FDA for glioblastoma

7 January 2021

GBM AGILE pivotal study commences recruiting paxalisib arm

3 December 2021

Phase II study of paxalisib mono-therapy in 30 newly-diagnosed GBM patients (NDU) provides efficacy data with mOS of 15.7 months

1 August 2022

Kazia provides progress update on the GBM Agile Pivotal Study

Paxalisib does not progress from stage 1 to stage 2

Patients enrolled in the first stage of the paxalisib arm to continue on treatment as per protocol, and in follow-up until final data

10 July 2024

GBM AGILE Phase II/III trial data showed clinically meaningful improvement in a prespecified secondary analysis for overall survival in paxalisib-treated, newly diagnosed unmethylated patients with glioblastoma

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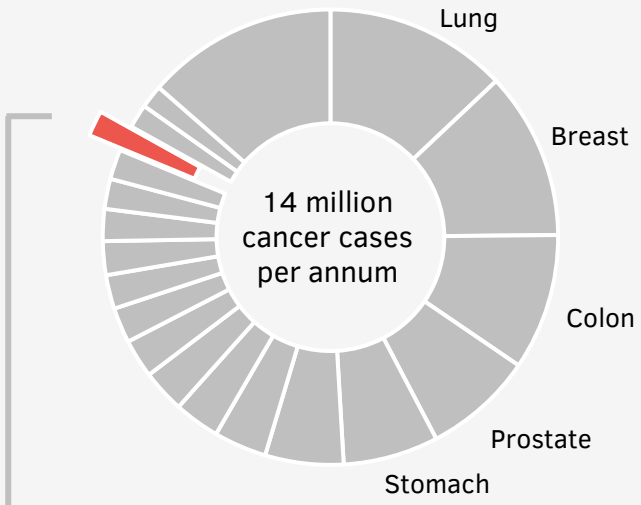
Glioblastoma
Background & Market potential

Glioblastoma Overview

The most aggressive malignant brain cancer



Glioblastoma Multiforme

133,000 cases per annum worldwide

GBM treatment market size (2022)

US$ 1.5 billion

No clear cause

or strong risk factors

Any age, but most common in

60s

No clear improvement in prognosis for

20 years

3-4 months

Survival, if untreated

Five-year survival

3 – 5%

(breast cancer: 90%)

"Even a few months increase in overall survival makes a huge difference for my patients, so efficacy of an approved therapeutic makes the largest impact."

US Neuro-Oncologist

Source: Data on file. Market research performed 2021

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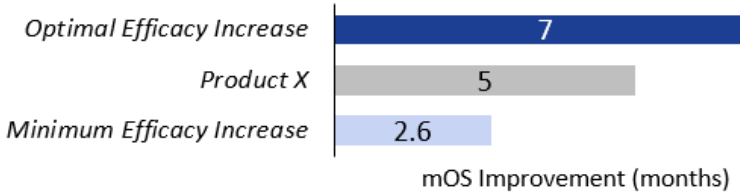
Primary Market Research Outcomes

Physicians indicated a 2-month minimum and 12-month optimum increase in efficacy for newly diagnosed unmethylated GBM treatments, but adoption would be high regardless

Physician receptivity to optimal and minimal mOS efficacy for ND* GBM

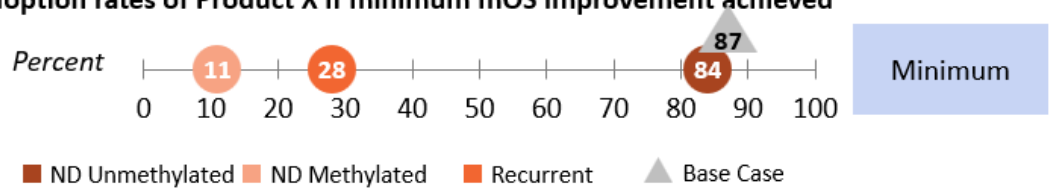
(N=15 Physicians)

Optimal and minimal mOS increase in newly diagnosed GBM patients



Adoption rates of Product X if optimal mOS improvement achieved

Adoption rates of Product X if minimum mOS improvement achieved



Key Takeaway

- Due to the high unmet need for a more efficacious therapy for Newly Diagnosed Unmethylated (NDU) GBM patients, physicians indicated high adoption rates if Product X (paxalisib)* is approved by the FDA and achieved their suggested minimum mOS improvement of 2-3 months for newly diagnosed unmethylated GBM patients

Source: Data on file. Company-sponsored market research performed in 2021

* There is no guarantee that the Paxalisib data generated to date will support an FDA approval for commercial use

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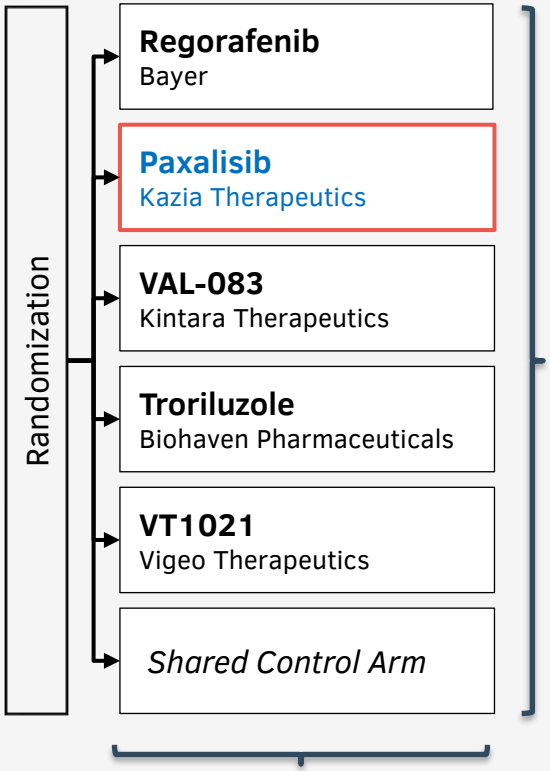
GBM AGILE study data –
Primary and secondary analysis

Paxalisib and GBM-Agile

International, multi-center, adaptive, phase 2/3 study evaluating promising therapeutics in patients with glioblastoma

Key Points

- A 'platform study', sponsored by GCAR run independently of individual companies, designed to expedite the approval of new drugs for glioblastoma
- Multiple drugs are evaluated in parallel, saving time and money
- Not a 'winner-takes-all' approach: multiple drugs can succeed
- Cutting-edge 'adaptive design' avoids redundant recruitment, expediting path to market
- FDA acknowledged that GBM-AGILE data may be suitable for registration



2 *Comparison against a common control arm reduces overall subject numbers, saving time and cost (no arm vs. arm comparison)*

3 *Economies of scale due to multiple participating drugs allows for large site pool, robust study infrastructure, and reduced cost*

Completed
Negative outcome (Sep 2022)

Final Top Line Data
July 2024

Completed
Negative outcome (Oct 2023)

Ongoing
Joined study in Jan 2022

Ongoing
Joined study in Jan 2022

1 *Adaptive study design limits number of subjects required to demonstrate efficacy, eliminating redundancy*

4 *Primary endpoint is overall survival (OS), the 'gold standard' for approval of new cancer drugs*

GCAR: Global Coalition for Adaptive Research

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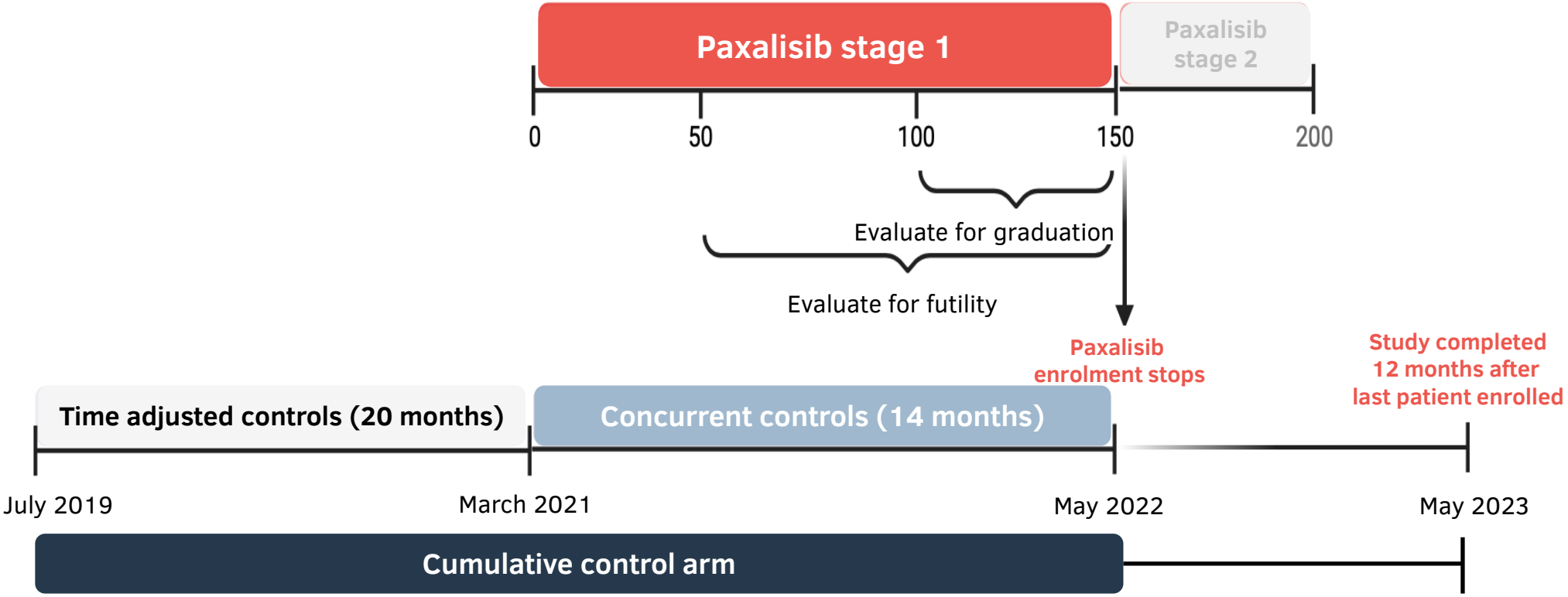
Paxalisib & GBM-Agile

Study schema; Paxalisib arm (n=154) enrolled Newly Diagnosed Unmethylated GBM patients (NDU) and Recurrent GBM patients



Important notes:

- The Cumulative control arm is a combination of Concurrent control patients and the "Time adjusted control" patients that were enrolled in the study before the Paxalisib arm joined the study
- Bayesian Primary Analysis uses data from the Cumulative control arm, while Prespecified Secondary Analysis uses data from the Concurrent Control Arm (i.e.. Compares paxalisib data with standard of care)
- All patients (Paxalisib, concurrent control, and cumulative control) were censored on May 2023 if still alive

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Paxalisib and GBM-Agile

Newly Diagnosed Unmethylated GBM patients (NDU)
Primary endpoint: median Overall Survival analyses (ITT)

Bayesian Primary Analysis:
Paxalisib (n=54) vs Standard of Care (n=77)[1]
14.77 months vs 13.84 months

Prespecified Secondary Analysis:
Paxalisib (n=54) vs Standard of Care (n=46)[2]
15.54 months vs 11.89 months

A prespecified sensitivity analysis in NDU patients showed a similar median OS difference between paxalisib treated patients (15.54 months) and concurrent SOC patients (11.70 months)

Important notes:

- The Cumulative control arm is a combination of Concurrent control patients and "Time adjusted control" patients that were enrolled in the study before the Paxalisib arm joined the study
- Primary Analysis comparator is the Cumulative control arm, while Prespecified Secondary Analysis comparator is the Concurrent Control Arm
- An efficacy signal was not detected in the recurrent disease population [median OS of 9.69 months for concurrent SOC (n=113) versus 8.05 months for paxalisib (n=100)]

[1.] Cumulative controls. [2.] Concurrent controls

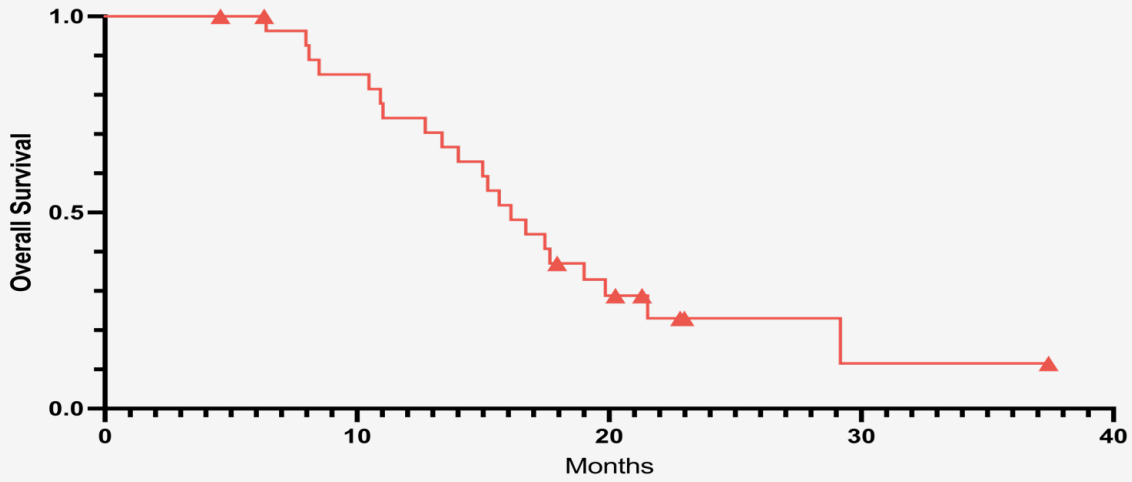
Recap and next steps for Paxalisib in glioblastoma

Paxalisib in Glioblastoma Phase II Clinical Study

Encouraging median OS (mOS) in Newly Diagnosed Unmethylated GBM patients

Overall Survival (OS)

(n=30)



Median OS: **15.7 months** (11.1-19.1)

Historical mOS for existing therapy: **12.7 months** (Hegi et al. 2005)

Note: Figures for existing therapy are for temozolomide, per Hegi et al. (2005); No head-to-head studies have been published

Paxalisib in Glioblastoma Phase II Clinical Study

Encouraging safety profile

Number of Patients at Any Dose (n=30) Experiencing AEs 'Possibly' or 'Likely' Related to Paxalisib (affecting ≥10% of patients)

Term	Gr 1	Gr 2	Gr 3	Gr 4	Total (%)
Fatigue	3	13	2		18 (60%)
Stomatitis	4	7	3		14 (47%)
Decreased appetite	6	6	1		13 (43%)
Hyperglycemia	3	1	6	2	12 (40%)
Nausea	4	6	1		11 (37%)
Rash, maculo-popular	1	1	7		9 (30%)
Diarrhea	7	1			8 (27%)
Vomiting	4	2	1		7 (23%)
Rash	2	4	1		7 (23%)
Neutrophils decreased	3	3		1	7 (23%)
Platelets decreased	6	1			7 (23%)
Weight decreased	5	2			7 (23%)
Lymphocytes decreased	2	3			5 (17%)
Dehydration		4	1		5 (17%)
Dysgeusia		4			4 (13%)
Cholesterol increased	4				4 (13%)
ALT increased	1		2		3 (10%)
Triglycerides increased	1	2			3 (10%)
Malaise	2	1			3 (10%)

Paxalisib in Glioblastoma

Consistent median Overall Survival data in two studies of NDU glioblastoma patients

Compelling Paxalisib data in NDU patients when compared to SOC

Paxalisib in GBM Agile	Paxalisib in Kazia sponsored phase II study
(n=54)	(n=30)
Median OS: **15.54 months***	Median OS: **15.7 months**

Standard of Care data GBM AGILE study (left) and STUPP historical controls (right) in NDU patients

Concurrent SOC GBM Agile	STUPP historical control
(n=46)	(N/A)
Median OS: **11.9 months***	Median OS: **12.7 months**

*GBM Agile; Prespecified secondary analysis of median Overall Survival

Paxalisib glioblastoma program highlights

Significant body of clinical evidence from two clinical trials supporting paxalisib's activity in newly diagnosed GBM

- ✓ **GBM AGILE Phase II/III trial data showed improvement in a prespecified secondary analysis for overall survival (15.5 months) in paxalisib-treated, newly diagnosed unmethylated patients with glioblastoma; presentation of data from GBM AGILE anticipated in 4Q CY 2024**

- ✓ **Earlier Phase II study of paxalisib as a mono-therapy in 30 newly-diagnosed GBM patients (NDU) provides additional clinical evidence of activity with mOS of 15.7 months**

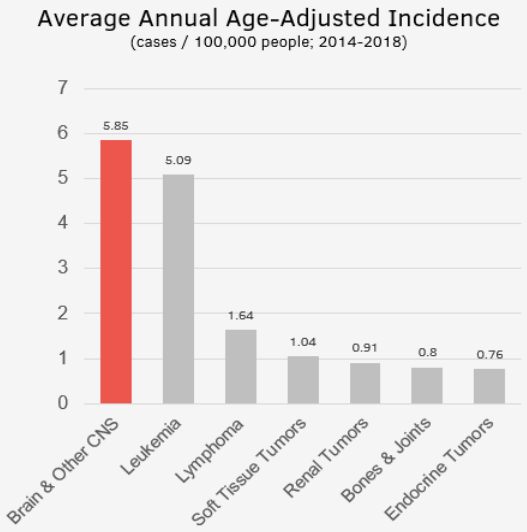
US FDA has granted a December 2024 Type C meeting with Kazia Therapeutics to discuss results and possible pathways to registration

Childhood Brain Cancers

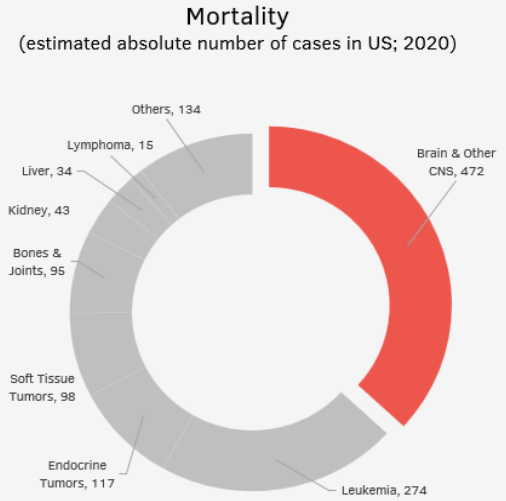
Paxalisib in Childhood Brain Cancer

High unmet need especially in patients with diffuse midline gliomas (DMGs)

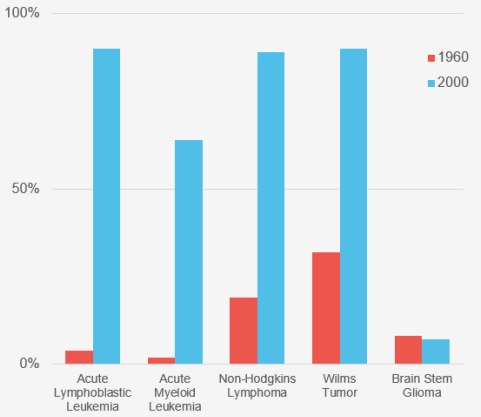
1 Brain cancer is the most common malignancy of childhood



2 Brain cancer represents about one third of childhood cancer deaths



3 Prognosis of childhood brain cancer, especially DMGs, has improved little in recent decades



FDA-Approved Drug Therapies	
Diffuse Midline Gliomas	Nil
Atypical Teratoid / Rhabdoid Tumors	Nil
Medulloblastoma	Nil

Source: CBTRUS; CDC; Ages 0-14 shown; Adamson PC, *CA Cancer J Clin*. 2015;65:212–220

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Summary of Paxalisib in Childhood Brain Cancer

Kazia is actively pursuing three forms of childhood brain cancer

	Diffuse Midline Gliomas (DMG, DIPG)	Atypical Teratoid / Rhabdoid Tumors (AT/RT)	Advanced Childhood Cancer (PI3K/mTOR activated)
Preclinical Research	*Positive preclinical data in combination with ONC201*	*Positive preclinical data as monotherapy and in combination (AACR 2022, 2023, 2024)*	*Research proposals under discussion*
Clinical Trials	*Phase I monotherapy clinical trial at St Jude Children's Research Hospital completed*	*Clinical trial design/execution discussions ongoing between PNOC and Kazia*	*Additional clinical trial opportunities under discussion for medulloblastoma and HGG*
	PNOC022, Phase II clinical trial in combination with ONC201, ongoing		*Phase II clinical trial in combination with chemotherapy for treatment of high-risk malignancies commenced 2023*
Regulatory Interaction	*Orphan Drug Designation (ODD) and Rare Pediatric Disease Designation (RPDD) granted by FDA in Aug 2020*	*ODD and RPDD granted by FDA in June and July 2022, respectively*	*Regulatory strategy under discussion*

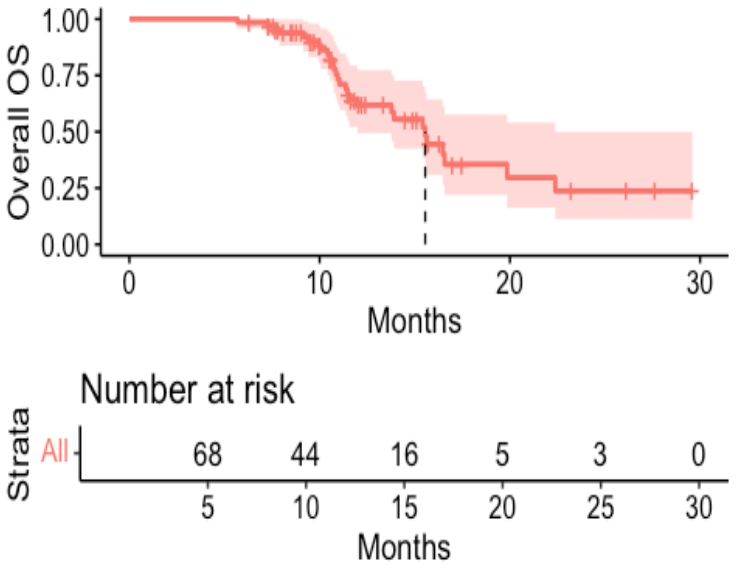
Paxalisib in Diffuse Midline Gliomas

Follow-up Phase II data presented at ISPNO 2024 Annual Meeting

In spite of research that has helped improve treatment for DIPG patients, the prognosis remains poor–with the median survival range being from 8-11 months[1]

- 68 patients with biopsy-proven DMG were enrolled in the PNOC Phase II study between November 2021 and June 2023 (median age 9 years [range 3-37], n=41 female [60%])
- Updated Median OS from time of diagnosis was 15.6 months (Confidence interval (CI) 12.0, 22.4)
- Cohort 3 enrolled 30 recurrent patients (in conjunction with radiation therapy) had median OS 8.7 months [CI 95% 8.5, NA]
- Most common grade 3 and above treatment-related adverse events were decreased neutrophil count (n=4); mucositis (n=3); and colitis, drug reaction with eosinophilia and systemic symptoms, decreased lymphocyte count, hyperglycemia, and hypokalemia (n=2)
- Next Steps: Further PK and biomarker analyses ongoing for subsequent cohorts; anticipate clinical update 1HCY2025

Overall Survival - Cohort 2 (post RT)
Median OS 15.6 months [CI 95%; 12.0, 22.4]



Central imaging review analysis of PFS ongoing

1. Hargrave, D., Bartels, U. & Bouffet, E. Diffuse brainstem glioma in children: critical review of clinical trials. Lancet Oncol 7, 241-8 (2006)

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Brain Metastases

Paxalisib in Brain Metastasis

MSKCC-sponsored Phase I trial's interim analysis showed encouraging clinical activity of paxalisib in combination with radiation therapy (NCT04192981)

12-13 August 2022

Data from first stage presented at **2022 Annual Conference on CNS Clinical Trials and Brain Metastases**, Toronto, Canada from 12-13 August 2022

All 9 patients evaluated for efficacy exhibited a clinical response, according to RANO-BM criteria, with breast cancer representing the most common primary tumor

July 2023

Fast Track Designation granted by US FDA for paxalisib in combination with radiation therapy in patients with solid tumor brain metastases and PI3K pathway mutations

Based on the interim Stage 1 data from the MSKCC-sponsored Phase I trial's interim analysis.

February 2024

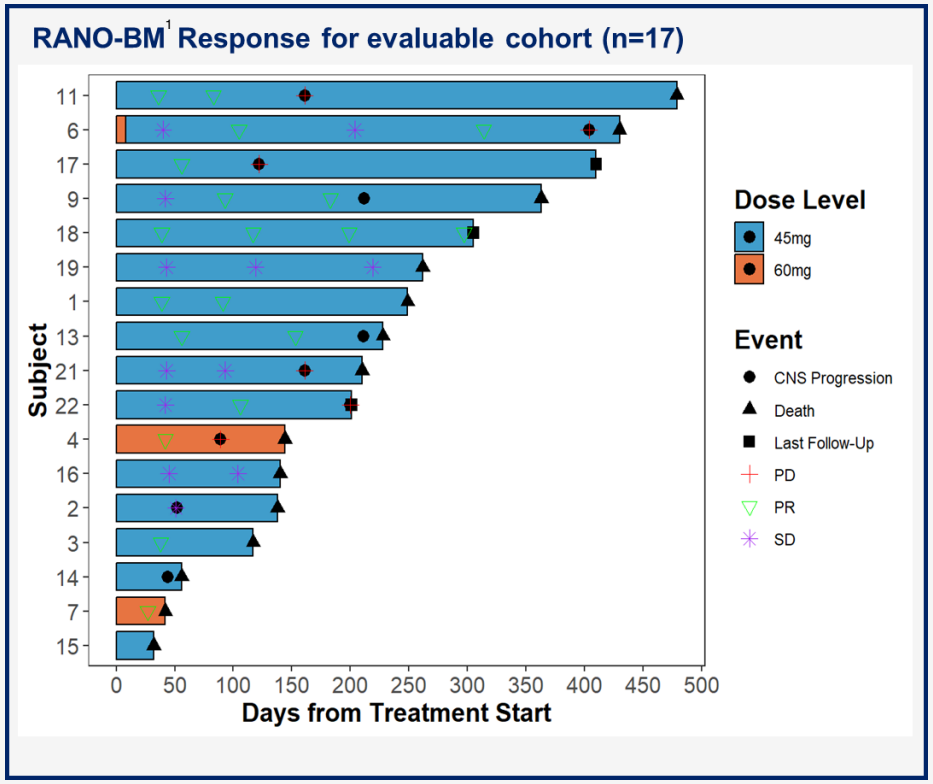
Announced early conclusion, based on Stage 2 positive safety data and **promising clinical response** findings observed to date.

- Data presentation anticipated at upcoming scientific congress in 2H CY2024
- Coordinate and plan next clinical study in conjunction key thought leaders and FDA

Paxalisib in Brain Metastasis

MSKCC-sponsored Phase I trial's interim analysis presented at 2024 ASTRO meeting showed encouraging clinical activity of paxalisib in combination with radiation therapy (NCT04192981)*

Robust response signal seen for concurrent paxalisib and brain RT



Overall Summary

- Primary objective of identifying the maximum tolerated dose (MTD) was met:
  - Concurrent daily administration of paxalisib with brain radiotherapy was generally well-tolerated at a maximum dose of 45 mg per day in advanced solid tumor patients with brain metastases and PI3K pathway mutations
- Over two-thirds of the patients at MTD achieved intracranial response which compares favorably to historical response rates (20-40%)[2] for WBRT alone
- Future goals include:
  - Extending the duration of PI3K inhibition, neoadjuvant, adjuvant and maintenance (ideally with complementary systemic therapy options)
  - Integrating PI3K inhibition with CNS tumor types with relevant pathway driver mutations and potentially SRS

* American Society for Radiation Oncology

1. Response assessment in neuro-oncology brain metastases (RANO-BM)
2. Zhou et al. 2021, Kim et al. 2020

Other Solid Tumors

Paxalisib in Triple Negative Breast Cancer

QIMR Berghofer Medical Institute collaboration

"*In treatment-resistant pre-clinical models of breast cancer, paxalisib (4T1 mouse model, TNBC[1]) has shown encouraging results in inhibiting both the primary tumor burden and metastasis by reinvigorating the immune system within the tumor microenvironment*" – Professor Sudha Rao, Group Leader, QIMR Berghofer

- Leading transcriptional biology and epigenetics expert, Prof Rao identified an entirely novel effect of PI3K inhibition:
  - Immune modulator of the tumor and the surrounding microenvironment
  - Administration of PI3K inhibitors such as paxalisib, at doses and frequencies different to those conventionally used, appears to activate or reinvigorate the immune system in the tumour, making it more susceptive to immunotherapy
- The preliminary data from our collaboration will be presented at an upcoming conference in 4Q CY2024

Combination Paxalisib + KEYTRUDA® (pembrolizumab) data in TNBC[1] preclinical models

Combination Paxalisib + LYNPARZA® (olaparib) data in advanced breast cancer preclinical models

Paxalisib influence on immune system (example, T cells, B cells, NK cells) and within the tumor and its micro-environment

Intellectual Property (IP) update

1. Triple Negative Breast Cancer

Triple Negative Breast Cancer Treatment Landscape

Projected TNBC market to exceed $1.5 Billion by 2030

2.3 million[1]

Cases / year Breast cancer most commonly diagnosed cancer

American Cancer Society says nearly

300,000

new cases of invasive BC in US

Triple negative breast cancer

TNBC

most aggressive form of breast cancer

Characteristics

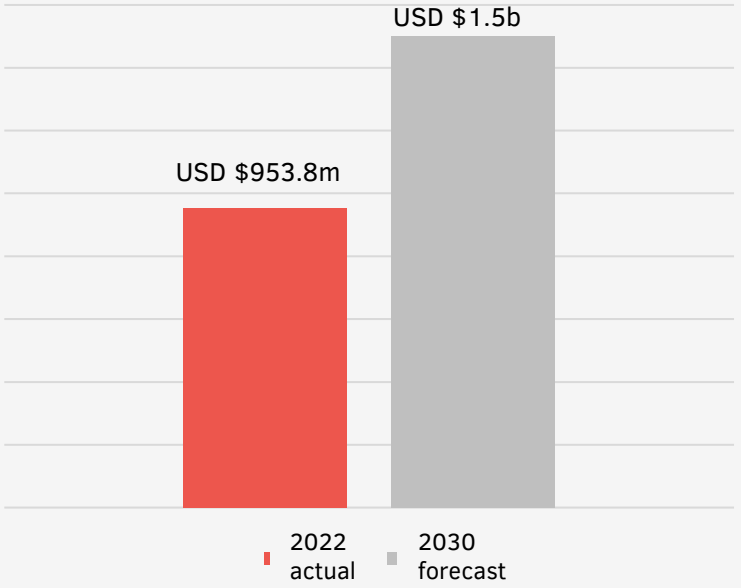
Higher early relapse rate, increased metastases risk and higher mortality rate

15-20%

Of all breast cancers attributed to TNBC

TNBC market valued at USD $953.8m in 2022. Predicted to grow to **USD $1.5b by 2030**[2]

TNBC market growth forecast[2]

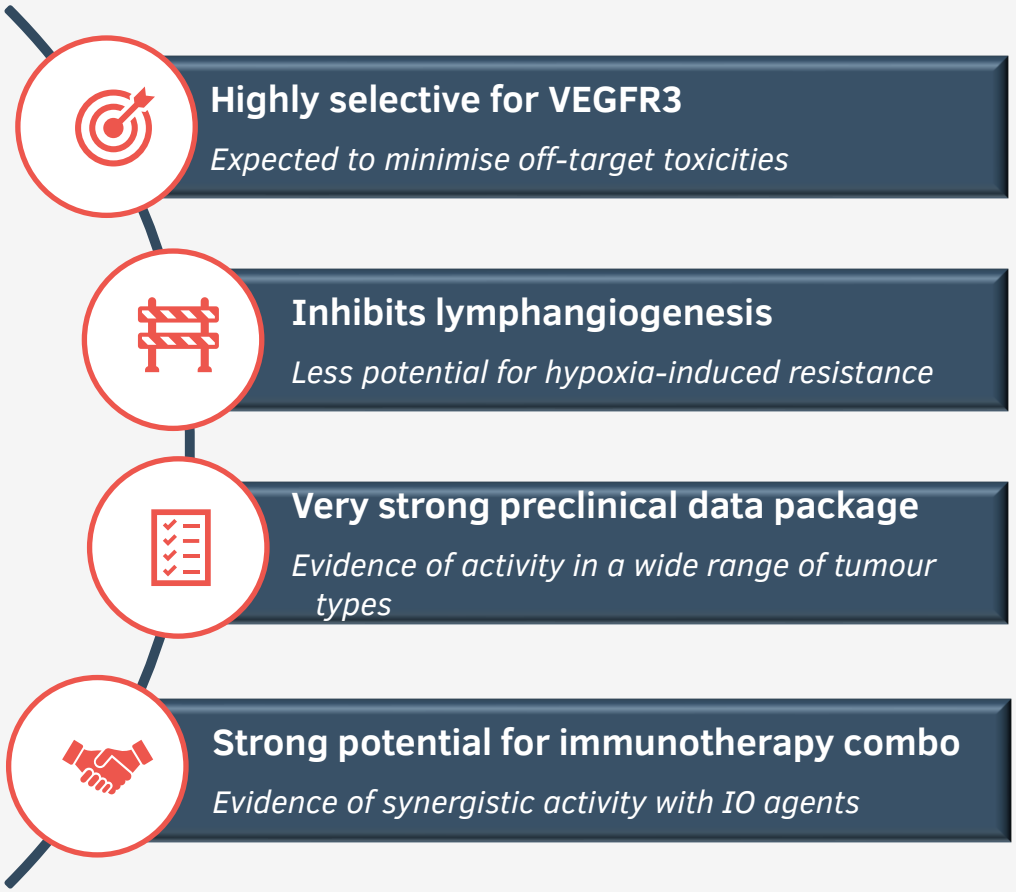


1. National Institutes of Health (NIH): Current and future burden of breast cancer: Global statistics for 2020 and 2040
2. https://www.databridgemarketresearch.com/reports/global-triple-negative-breast-cancer-market

KAZIA THERAPEUTICS

EVT801

EVT801 is a highly selective VEGFR3 inhibitor, primarily inhibiting lymphangiogenesis (formation of new lymphatic vessels)



Oral Presentation
Administered by mouth once or twice daily

Strong IP Protection
Composition-of-matter to 2032 / 2033 in most jurisdictions

Low Cost of Goods
Straightforward manufacture with excellent stability

Favourable Preclinical Toxicology
Limited evidence of toxicity in one-month GLP studies

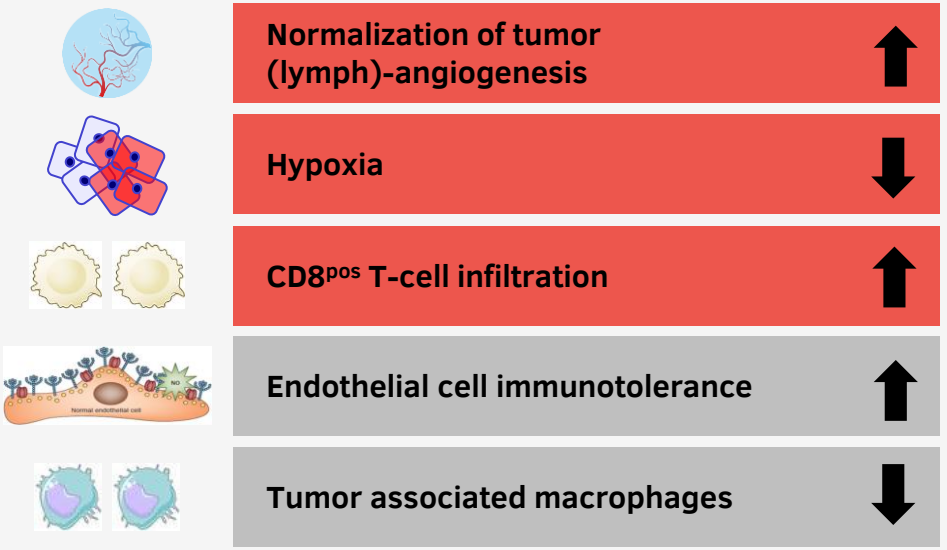
In Clinical Development
Phase 1 clinical trial completed

EVT801 Mechanism of Action

By targeting VEGFR3^{pos} tumor blood vessels, EVT801 may induce tumor blood vessel normalization, reduce hypoxia, and improve CD8 T-cells infiltration

Schematic overview based on pre-clinical data

EVT801 activity on tumor microenvironment



EVT801
(SAR131675)

Tumor metastasis

Multiple cooperative modes of action

Cytokines involved in MDSC frequency

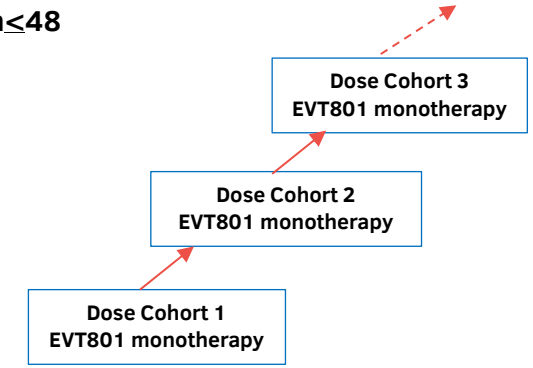
Myeloid-derived suppressor cells

Data from Tacconi & al. with SAR131675

KAZIA THERAPEUTICS

EVT801: Phase 1 dose-finding trial; KZA 0801-101 (NCT05114668)
Staged development in patients with advanced cancer

STAGE 1
Monotherapy dose escalation
n≤48

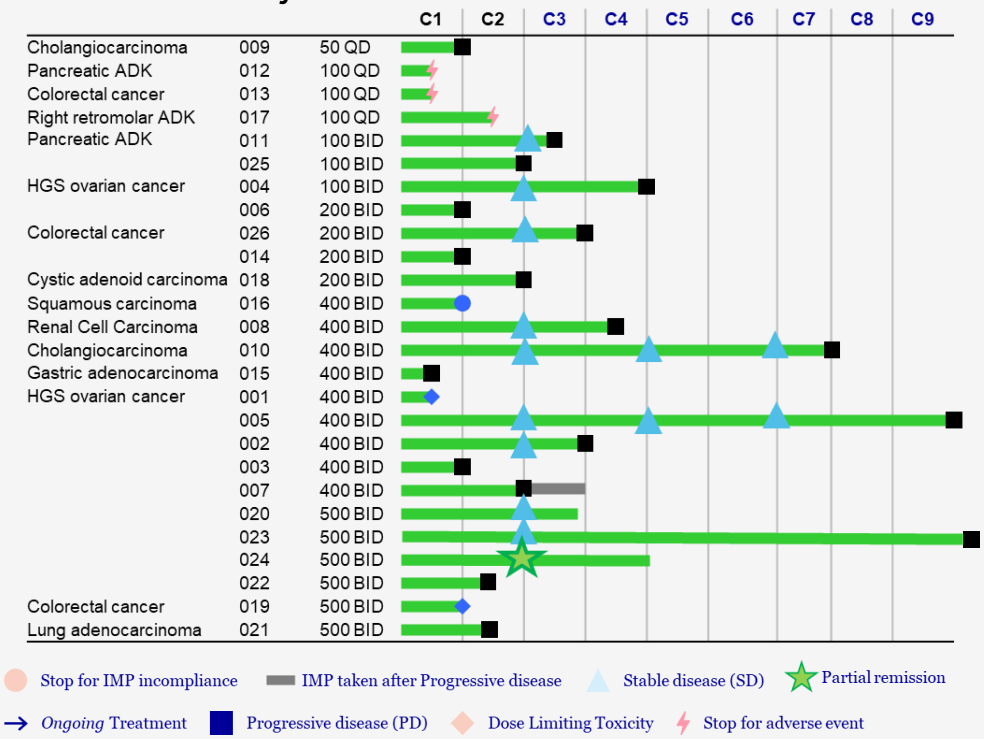


- Up to 8 cohorts
- Single-patient cohorts initially, expand to 3+3 when toxicity is encountered
- Mixed population of advanced solid tumors
- Doses from 50mg QD to 800mg BID

Phase 1 study in advanced cancer patients Completed

- Primary objective of stage one of the study was successfully met:
  - MTD has been reached at 500mg BID
  - The recommended dose for phase 2 is 400 mg BID* in continuous monotherapy administration

Number of cycles of treatment: Status on 11 October 2024



MTD = Maximum Tolerated Dose; RP2D = Recommended Phase 2 Dose
Human active dose prediction based on predicted human clearance of 2.5 mL/min/kg: 375 mg BID

EVT801 Key Points

1. Well-understood mechanism (anti-angiogenesis) with unique differentiating feature (high VEGFR3 selectivity)

2. Strong preclinical data package, with observed activity in multiple tumours and favourable toxicology

3. Potential for combination use with immuno-oncology therapies

4. Phase 1 completed demonstrating encouraging safety and tolerability profile to date:
   - Clinical and biomarker data presented at AACR Ovarian Cancer Research Symposium September 2024
   - Primary and secondary objectives successfully met, with MTD and RP2D identified
   - Encouraging signal of activity observed in High Grade Serous (HGS) ovarian cancer as well as strong VEGFR3 biomarker expression

5. Next clinical trial under discussion with scientific thought leaders:
   - Consolidate safety data at RP2D and our hypotheses on EVT801 mode of action
   - Validate HGS ovarian cancer as indication of choice for clinical trial phase 2 as monotherapy or in combination with standard-of-care (ex. PARPi)

2024 Corporate Update

Paxalisib Licensing and Collaborations

Opportunistic partnering and strategic collaborations continue to add value

Licensing

Summary	Simcere	Sovargen
Territories and responsibilities	To develop and commercialize Paxalisib in Greater China, Hong Kong, Macau, and Taiwan	To develop, manufacture and commercialize Paxalisib as a potential treatment for intractable epilepsy in focal cortical dysplasia type 2 (FCD T2) and tuberous sclerosis complex (TSC) disease
Upfront payment	US$11m, comprising US$7m in cash and a US$ 4m equity investment	US$1.5 million
Milestone payments	Contingent milestone payments of up to US$ 281 million in GBM + further milestones payable in indications beyond GBM	Potential milestone payments of up to US$19 million upon the achievement of development and regulatory milestones
Royalties on net sales	Mid-teen percentage royalties on commercial sales	A percentage of sub-licensing revenues and royalties on net sales of products incorporating paxalisib

Key Collaborations

QIMR Berghofer Medical Research Institute

Cutting edge preclinical program to evaluate Paxalisib in combination with immuno-therapies for Advanced Breast Cancer

Johns Hopkins University

- Paxalisib alone and in combination with other targeted agents is active in preclinical models of AT/RT[1]
- US FDA has awarded Orphan Drug Disease and Rare Pediatric Disease Designations in AT/RT
- If Paxalisib were to be approved, Kazia could be entitled to receive a **pediatric priority review voucher** which are tradeable and have historically commanded prices in excess of USD $100 million.

1. Atypical Teratoid Rhabdoid Tumor

Kazia Therapeutics: 2024-2025 Corporate Focus

Objectives for value creation

Progress paxalisib glioblastoma program	• Compile data from all clinical trials • FDA granted Type C meeting with Kazia in December 2024 • Propose potential pathways to registration
Execute paxalisib pediatric and brain metastasis programs	• PNOC team to complete PK/biomarker data analysis and provide update 1Q CY2025 • Additional data presentation and advance development to evaluate Paxalisib + Radiation Therapy 4Q CY2024
Paxalisib in other key oncology indications	• Advance TNBC[1] program stemming from QIMR collaboration whereby encouraging signals of immune reinvigoration and cancer stem cell activity have been consistently observed in animal models
EVT801 program	• Complete analysis Stage one of EVT801 Phase 1 clinical study • Data presented at AACR Ovarian Cancer Research Symposium, September 2024 • Discuss and plan for Phase 2 study in advanced ovarian cancer patients
Corporate business development	• Continue to be opportunistic in terms of global and regional licensing for paxalisib and EVT801

1. Triple Negative Breast Cancer

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