ASX RELEASE

13 January 2020

KAZIA PRESENTS AT BIOTECH SHOWCASE

Sydney, 13 January 2020 – Kazia Therapeutics Limited (ASX: KZA; NASDAQ: KZIA), an Australian oncology-focused biotechnology company, is pleased to provide a copy of a presentation to be made to Biotech Showcase in San Francisco, CA later today.

[ENDS]

About Kazia Therapeutics Limited

Kazia Therapeutics Limited (ASX: KZA, NASDAQ: KZIA) is an innovative oncology-focused biotechnology company, based in Sydney, Australia. Our pipeline includes two clinical-stage drug development candidates, and we are working to develop therapies across a range of oncology indications.

Our lead program is paxalisib (GDC-0084), a small molecule inhibitor of the PI3K / AKT / mTOR pathway, which is being developed to treat glioblastoma, the most common and most aggressive form of primary brain cancer in adults. Licensed from Genentech in late 2016, paxalisib entered a phase II clinical trial in 2018. Interim data was reported in November 2019, and further data is expected in 1H 2020. Paxalisib was granted orphan designation for glioblastoma by the US FDA in February 2018.

TRX-E-002-1 (Cantrixil), is a third-generation benzopyran molecule with activity against cancer stem cells and is being developed to treat ovarian cancer. TRX-E-002-1 is currently undergoing a phase I clinical trial in Australia and the United States. Interim data was presented at the ESMO Congress in September 2019, and the study remains ongoing. Cantrixil was granted orphan designation for ovarian cancer by the US FDA in April 2015.

This announcement was authorized for release to the ASX by James Garner, Chief Executive Officer, Managing Director.

KAZIA THERAPEUTICS

A company developing innovative, high-impact drugs for cancer

Presentation to Biotech Showcase

San Francisco, CA
13 January 2020

ASX: KZA | NASDAQ : KZIA | Twitter: @KaziaTx

Forward-Looking Statements

This presentation contains “forward-looking statements” within the meaning of the “safe-harbor” provisions of the Private Securities Litigation Reform Act of 1995. Such statements involve known and unknown risks, uncertainties and other factors that could cause the actual results of the Company to differ materially from the results expressed or implied by such statements, including changes from anticipated levels of customer acceptance of existing and new products and services and other factors. Accordingly, although the Company believes that the expectations reflected in such forward-looking statements are reasonable, there can be no assurance that such expectations will prove to be correct. The Company has no obligation to sales, future international, national or regional economic and competitive conditions, changes in relationships with customers, access to capital, difficulties in developing and marketing new products and services, marketing existing products and services update the forward-looking information contained in this presentation.

Corporate Overview

Company Description	Oncology-focused, mid-clinical-stage, small-molecule biotechnology company, headquartered in Sydney, Australia
Pipeline	**Paxalisib** – brain-penetrant PI3K / mTOR inhibitor in phase II for glioblastoma **Cantrixil** – cancer stem cell-targeting agent in phase I for ovarian cancer
Financials	Listed on NASDAQ (KZIA) with a market capitalization of ~US$ 35 million Current assets at 30 June 2019 of ~US$ 5.5 million, augmented by ~US$ 2.8 million PIPE in October 2019

Investment Rationale

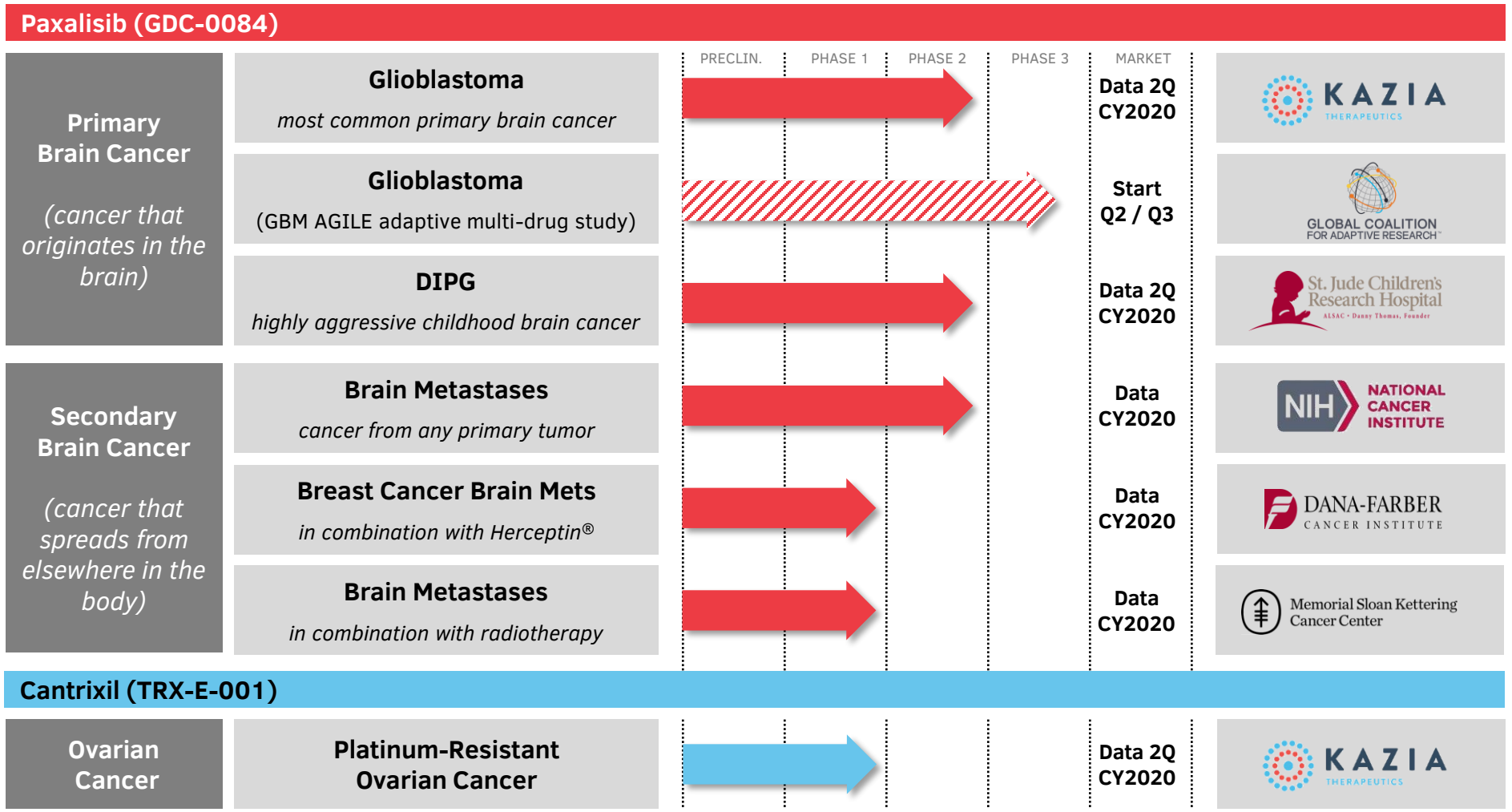
1. Our lead program, paxalisib, was **designed by Genentech**, the world's most successful cancer drug developer, and has completed a **successful phase 1 human trial**, showing it to be generally safe and providing signals of efficacy

2. Paxalisib is a PI3K inhibitor, a well-validated and well-understood class of cancer therapies with **four FDA-approved products**; unique differentiating feature of GDC-0084 is the **ability to cross the blood-brain barrier**

3. **Five clinical trials** of paxalisib are currently underway at leading US hospitals, of which four are primarily funded by external parties, covering a broad range of primary and secondary brain cancers to provide **multiple shots on goal**

4. Paxalisib has reported preliminary evidence of **clinical efficacy**, and has a clear **path-to-market** via the multi-drug adaptive study, GBM AGILE; glioblastoma represents a commercial opportunity of ~US$ 1.5 billion

Six ongoing trials across two assets; lead program covers full range of brain cancers



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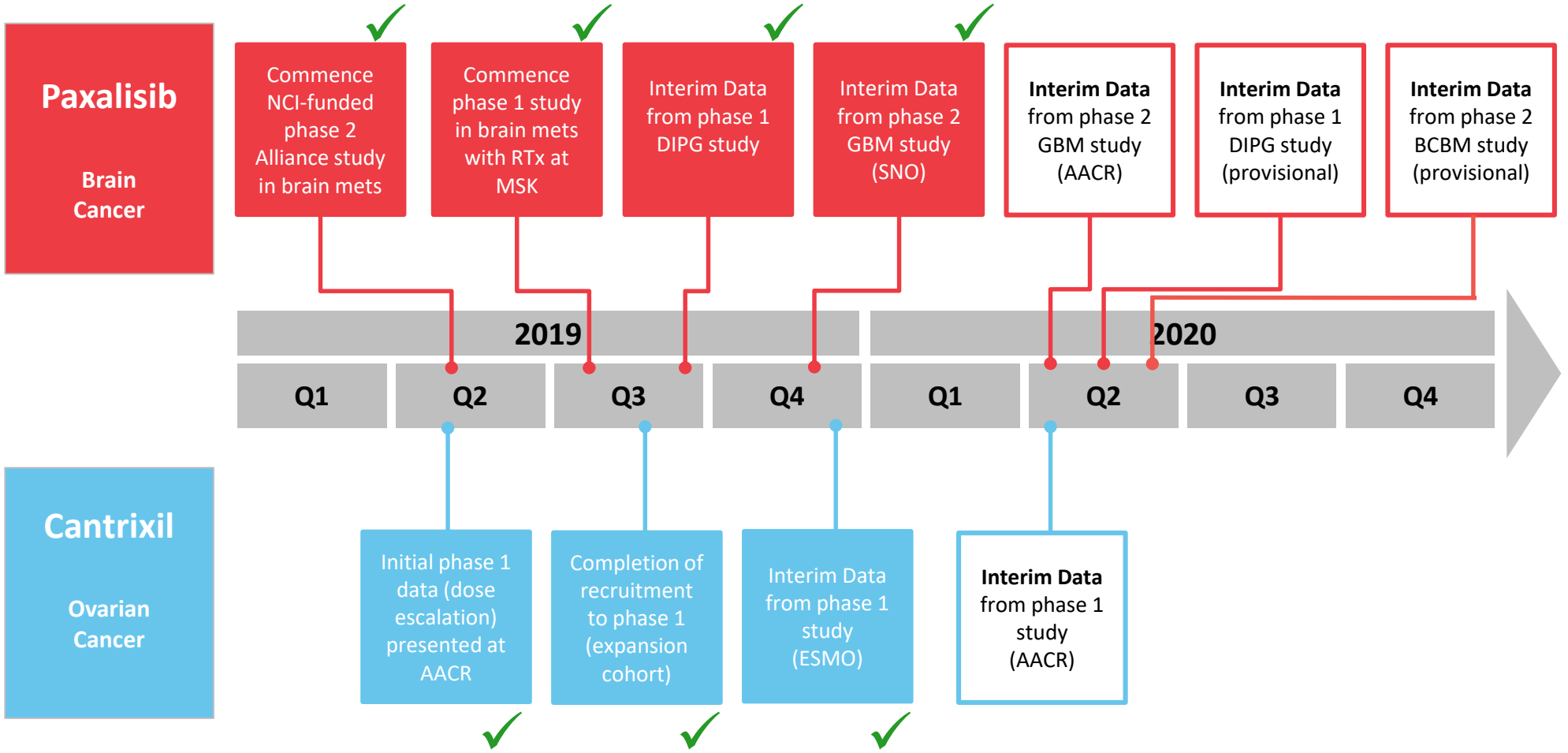
Kazia has delivered all milestones to date, with multiple data read-outs expected over 6-12 months



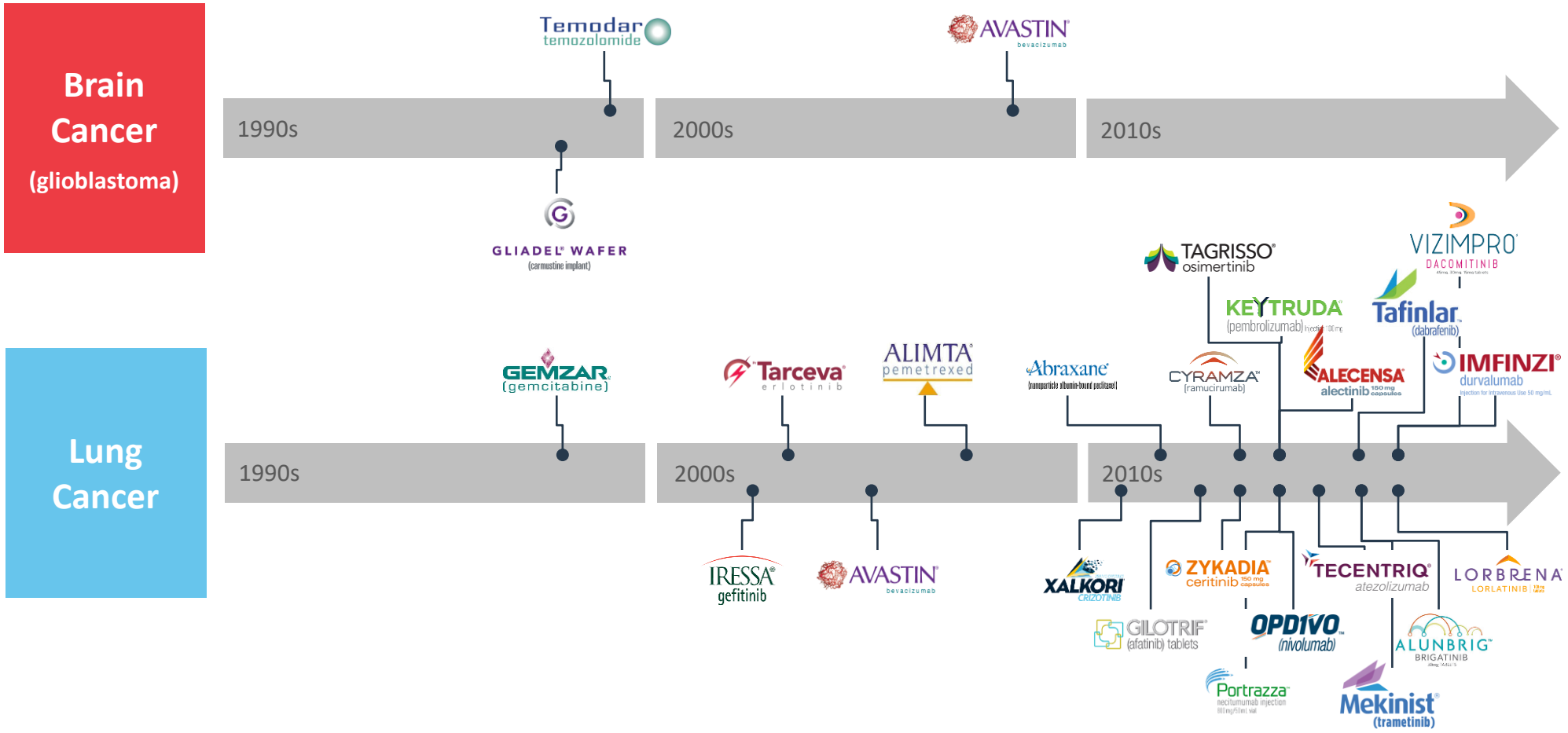
Note: forward-looking milestones are forecast and indicative but subject to revision

Paxalisib (GDC-0084)

Phase II

Glioblastoma Multiforme
& Other Brain Cancers

Treatment of brain cancer has improved little in recent decades, unlike other cancers



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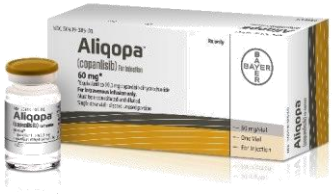
Paxalisib was designed specifically to overcome challenges associated with brain cancer treatment

Challenge	Approach
Tumour Heterogeneity Brain tumours exhibit a wide range of genetic aberrations	**Rational Target Selection** PI3K pathway is affected in 85-90% of GBM cases and many brain mets
Blood-Brain Barrier Most cancer therapies do not penetrate the BBB	**Brain-Penetration** GDC-0084 is designed to cross the blood-brain barrier
Toxicity Some PI3K inhibitors have shown evidence of significant toxicity	**Favourable Safety Profile** No evidence of GI, blood, renal, or CNS toxicities
Treatment Resistance Mechanisms Tumour rapidly develops resistance to single agent treatment approaches	**Multiple Pharmacological Activities** GDC-0084 active against all PI3K isoforms and also mTOR
Clinical Population GBM patients with recurrent disease often have significant morbidity	**Newly-Diagnosed Patients** Lead indication for GDC-0084 is first-line use in GBM

- Composition of matter through to 2031 in most jurisdictions
- Orphan designation granted by US FDA in January 2018
- Straightforward chemical synthesis and highly stable API
- 15mg capsule presentation for once-daily oral administration
- Toxicology and CMC packages largely sufficient for registration

PI3K class is well-established, but paxalisib is unique in its ability to cross the blood-brain barrier

GILEAD	BAYER	Verastem	NOVARTIS	KAZIA THERAPEUTICS
Zydelig (idelalisib)	Aliqopa (copanlisib)	Copiktra (duvelisib)	Piqray (alpelisib)	**GDC-0084**
				
FDA Approved **July 2014** (blood cancers) [accelerated approval] ✓	FDA Approved **September 2017** (blood cancers) [accelerated approval] ✓	FDA Approved **October 2018** (blood cancers) [accelerated approval] ✓	FDA Approved **May 2019** (breast cancer) [accelerated approval] ✓	In phase II human trials under US FDA oversight (brain cancer)
Does not cross blood-brain barrier ✗	Does not cross blood-brain barrier ✗	Does not cross blood-brain barrier ✗	Does not cross blood-brain barrier ✗	Does cross blood-brain barrier ✓
Potentially fatal liver toxicity and diarrhoea ✗	Potentially fatal infections ✗	Potentially fatal infections & diarrhoea ✗	Limited toxicities to date ✓	Appears generally safe and well-tolerated thus far ✓

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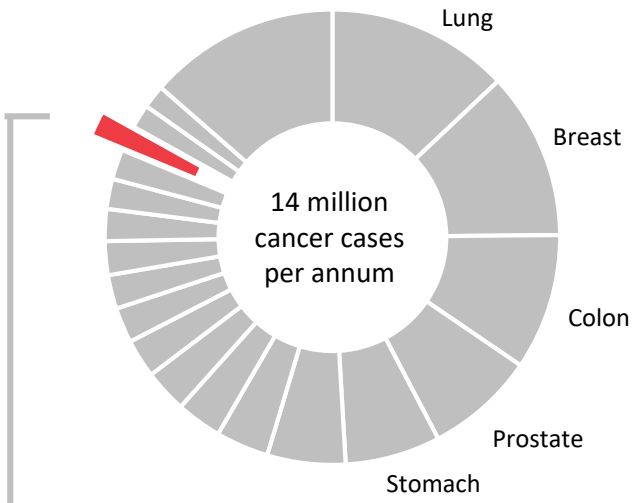
Glioblastoma (GBM) is the most common and most aggressive form of primary brain cancer



Glioblastoma Multiforme

133,000 cases per annum worldwide

Indicative Market Opportunity

US$ 1+ billion

No clear cause

or strong risk factors

3-4 months

untreated survival

12-15 months

average survival with treatment

Any age, but most common in

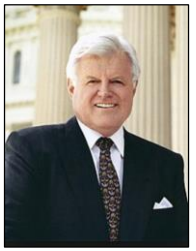
60s

Five-year survival

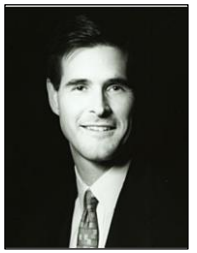
3 – 5%

(breast cancer: 90%)


Sen. John McCain


Sen. Ted Kennedy


Beau Biden


Dan Case

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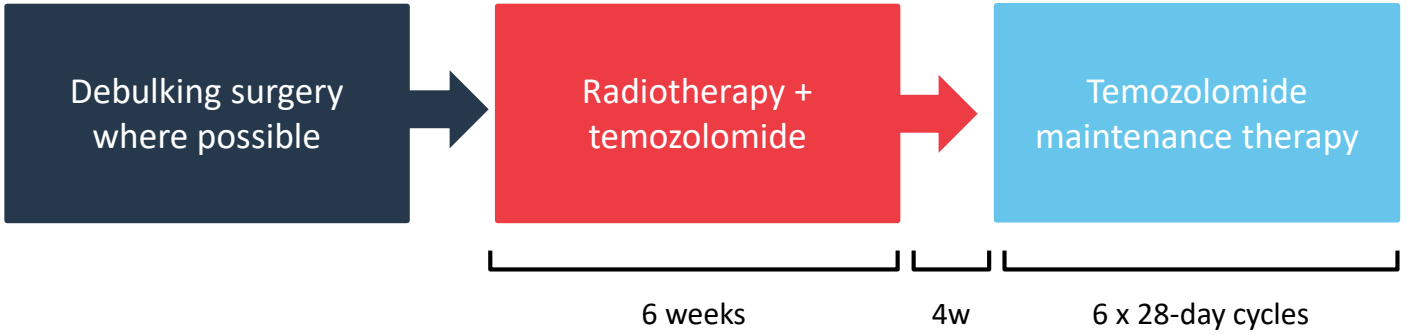
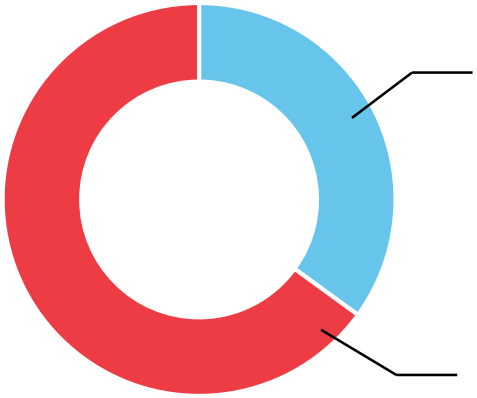
Temozolomide is only FDA-approved drug for GBM; it is ineffective in ~65% of cases

Standard of Care ('Stupp Regimen')





~35% of patients respond to temozolomide

Extends overall survival from 15 to 22 months

~65% of patients don't respond to temozolomide

Extends overall survival from 12 to 13 months

Paxalisib is being developed for the ~65% of newly-diagnosed GBM patients who will not respond to existing chemotherapy with temozolomide

For these patients, there is no effective pharmacological treatment currently available

Source: ME Hegi, A-C Diserens, T Gorlia, et al. (2005). *N Engl J Med* 352:997-1003

Note: Temozolomide is only approved therapy for newly-diagnosed patients; Avastin (bevacizumab) is approved for use in recurrent setting

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A phase 1 human trial of paxalisib in GBM showed favourable safety and multiple efficacy signals

Safety

- Phase I safety trial conducted by Genentech
- 47 patients enrolled with advanced glioma (grade 3/4); average of three prior lines of therapy
- Most common adverse events were oral mucositis and hyperglycemia (common effects of PI3K inhibitors)
- No evidence of liver, bone marrow, kidney toxicity, or mood disturbances
- Data presented at American Society for Clinical Oncology annual meeting in Chicago, June 2016

Efficacy Signals

	Paxalisib	Comparison
Arresting Tumour Growth	**40%** Achieved 'stable disease'	**21-52%** in studies of Avastin in similar patients
Potentially Delaying Progression	**21%** Remained on study for >3 months	Median progression-free survival of **1 month***
Slowing Tumour Metabolism	**26%** Showed 'metabolic partial response' on FDG-PET	Potentially better predictor of clinical response than MRI†

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UCLA University of California, Los Angeles

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center Making Cancer History®

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

Vall d'Hebron Institut de Recerca

* Taal et al., Lancet Oncology (2015): ORR and mPFS of Lomustine in 2L GBM were 2/41 (5%) and 1 months, respectively (n = 46)

† Schwarzenberg J, et al. Clin Cancer Res; 20(13); 3550–9

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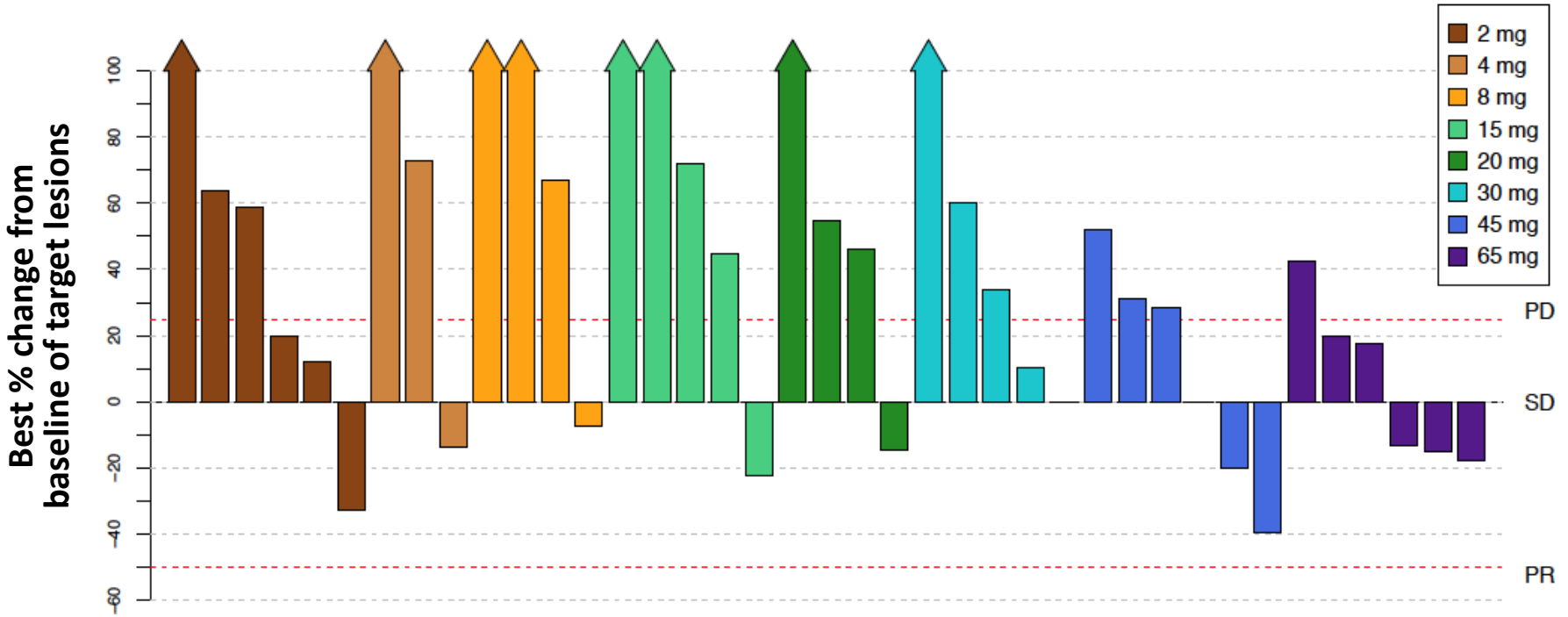
Response rate showed dose-dependent reduction in tumor growth (consistent with mode of action)



CR / PR: 0
SD: 19 (40%)
PD: 26 (55%)

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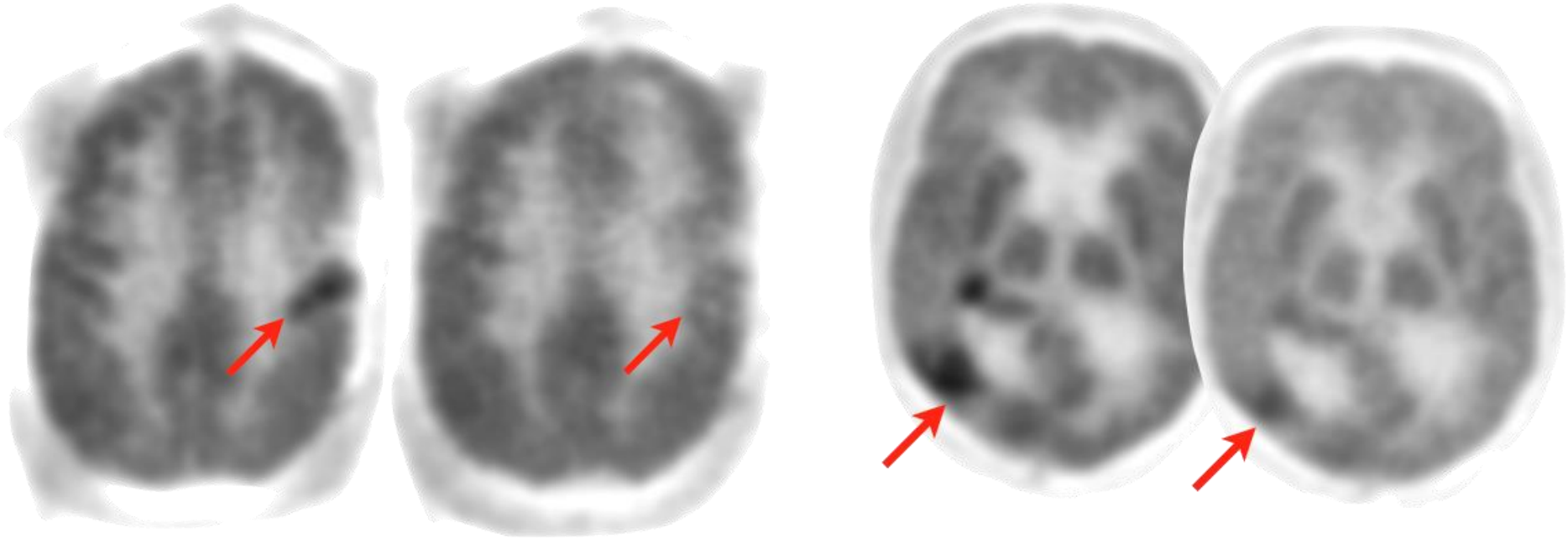
7 / 27 patients (26%) showed a ‘metabolic partial response’ on FDG-PET

Pre-Dosing *On GDC-0084* *Pre-Dosing* *On GDC-0084*



Analysis courtesy of Professor Ben Ellingson, UCLA Brain Tumor Imaging Laboratory

Safety profile appeared acceptable and consistent with PI3K class

Dose level	30 mg N = 7				45 mg N = 8				65 mg N = 6			
	Grade 1	Grade 2	Grade 3	All Grade	Grade 1	Grade 2	Grade 3	All Grade	Grade 1	Grade 2	Grade 3	All Grade
Any Adverse Events	2 (29%)	2 (29%)	2 (29%)	6 (86%)	2 (25%)	3 (38%)	2 (25%)	7 (88%)	1 (17%)	0	4 (67%)	5 (83%)
FATIGUE *	1 (14%)	0	1 (14%)	2 (29%)	2 (25%)	3 (38%)	0	5 (62%)	1 (17%)	2 (33%)	0	3 (50%)
HYPERGLYCAEMIA	2 (29%)	0	1 (14%)	3 (43%)	0	2 (25%)	0	2 (25%)	0	1 (17%)	2 (33%)	3 (50%)
NAUSEA	1 (14%)	0	0	1 (14%)	1 (12%)	1 (12%)	0	2 (25%)	2 (33%)	0	0	2 (33%)
RASH **	0	0	0	0	1 (12%)	2 (25%)	0	3 (38%)	2 (33%)	3 (50%)	0	5 (83%)
HYPER TRIGLYCERIDAEMIA	1 (14%)	1 (14%)	0	2 (29%)	1 (12%)	1 (12%)	0	2 (25%)	0	1 (17%)	0	1 (17%)
MUCOSITIS ***	0	0	0	0	1 (12%)	2 (25%)	1 (12%)	4 (50%)	1 (17%)	0	2 (33%)	3 (50%)
HYPO PHOSPHATAEMIA	0	0	0	0	1 (12%)	1 (12%)	0	2 (25%)	0	0	1 (17%)	1 (17%)
DECREASED APPETITE	0	0	0	0	3 (38%)	1 (12%)	0	4 (50%)	0	0	0	0
DIARRHOEA	0	1 (14%)	0	1 (14%)	0	1 (12%)	0	1 (12%)	2 (33%)	0	0	2 (33%)
VOMITING	0	0	0	0	1 (12%)	0	0	1 (12%)	1 (17%)	0	0	1 (17%)
CHOLESTEROL INCREASED	0	2 (29%)	0	2 (29%)	0	1 (12%)	0	1 (12%)	0	0	0	0
HYPER CHOLESTEROLAEMIA	0	0	0	0	0	0	0	0	0	1 (17%)	0	1 (17%)
PTL decreased	0	0	0	0	2 (25%)	0	0	2 (25%)	1 (17%)	0	0	1 (17%)
DIZZINESS	0	0	0	0	0	1 (12%)	0	1 (12%)	0	0	0	0
DRY MOUTH	0	0	0	0	2 (25%)	0	0	2 (25%)	0	0	0	0
DRY SKIN	0	0	0	0	1 (12%)	0	1 (12%)	2 (25%)	0	0	0	0
DYSGEUSIA	0	0	0	0	2 (25%)	0	0	2 (25%)	0	0	0	0
DYSPNOEA	0	0	0	0	2 (25%)	0	0	2 (25%)	0	0	0	0
PRURITUS	0	0	0	0	0	0	1 (12%)	1 (12%)	1 (17%)	0	0	1 (17%)
WEIGHT DECREASED	0	0	0	0	1 (12%)	0	0	1 (12%)	1 (17%)	0	0	1 (17%)

* FATIGUE includes FATIGUE and ASTHENIA.
** Rash includes rash and rash maculo-paular
***MUCOSITIS includes MUCOSAL INFLAMMATION and STOMATITIS

A broad-based clinical program is underway across multiple forms of brain cancer

Paxalisib (GDC-0084)

Primary Brain Cancer
(brain cancer that begins in the brain)

Glioblastoma
Most common and most aggressive brain tumour

Phase II

NCT03522298

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Glioblastoma
(planned pivotal study for approval [in set-up])

Phase II / III

NCT03970447

GLOBAL COALITION FOR ADAPTIVE RESEARCH

DIPG
Highly aggressive childhood brain tumour

Phase I

NCT03696355

St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder

Secondary Brain Cancer
(brain cancer that spreads from elsewhere in the body)

Brain Metastases
Cancer that has spread from any primary tumour

Phase II

NCT03994796

NIH NATIONAL CANCER INSTITUTE

Breast Cancer Brain Mets
(combination with Herceptin®)

Phase II

NCT03765983

DANA-FARBER CANCER INSTITUTE

Brain Metastases
(combination with radiotherapy)

Phase I

NCT04192981

Memorial Sloan Kettering Cancer Center

Funded by Kazia

Funded Primarily Through Partnerships and External Funding

Paxalisib is currently in a phase 2a study in newly-diagnosed GBM; aim to start pivotal study in 2020

- Newly-diagnosed patients with the unmethylated MGMT promotor (i.e. resistant to temozolomide)
- Paxalisib administered once daily, orally, as monotherapy in place of temozolomide
- Primary objective is dose determination (Step 1) and time to progression (Step 2)

Step 1: **Dose Optimisation**	***Step 2:*** **Expansion Cohort**
6 – 24 patients 12 months	**20 patients** 6 months
Primary objective is to determine the appropriate dose for newly-diagnosed patients (phase 1 was in end-stage patients)	Primary objective is to generate supportive data for FDA and to provide confirmatory signals of efficacy in newly-diagnosed population
Complete ✓ • Top-line data reported May 2019 • Dose of 60mg determined (higher than 45mg dose found in phase I)	**Ongoing** • Completion of recruitment anticipated in 4Q CY2019 • Data unlikely to be rate-limiting for pivotal study

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Note: timelines are estimated and subject to periodic revision based on recruitment performance and treatment effect

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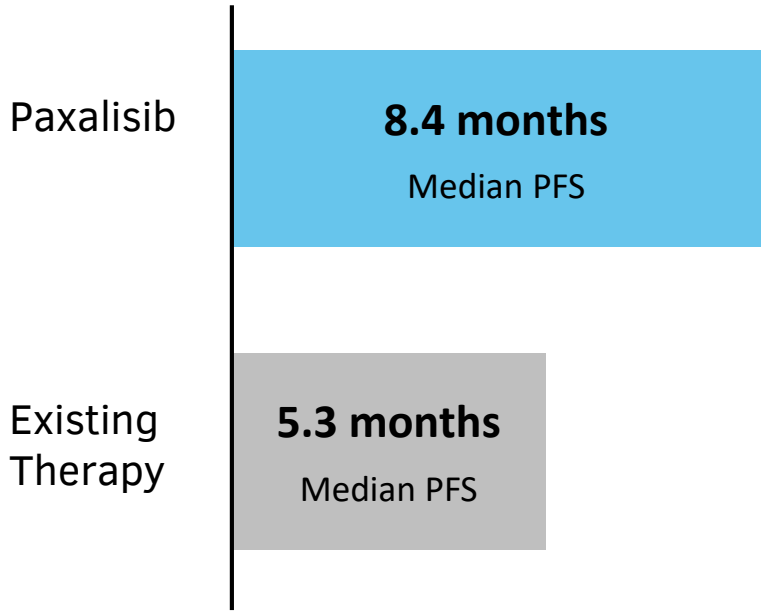
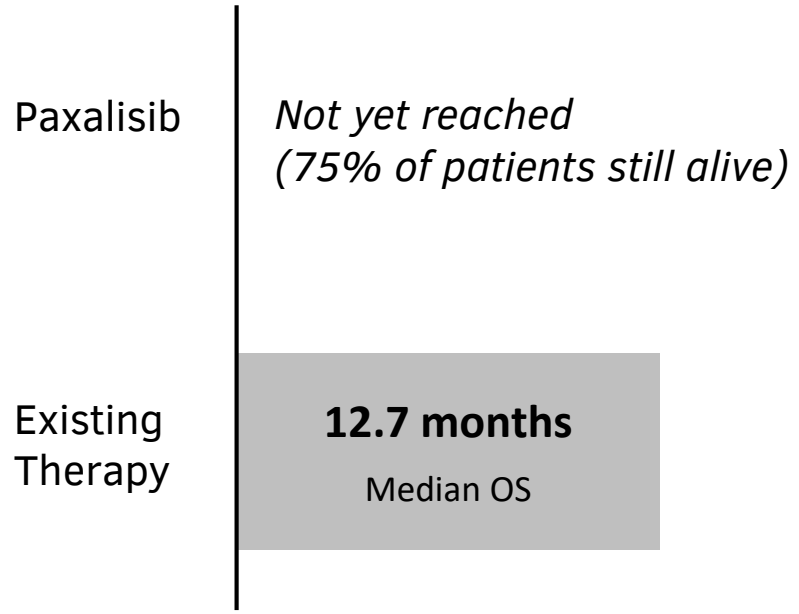
Interim analysis of the phase 2 study shows evidence of delaying tumour progression

Progression-Free Survival (PFS)



Overall Survival (OS)



Note: figures for existing therapy are for temozolomide, per Hegi et al. (2005); comparison between different studies is never perfectly like-for-like

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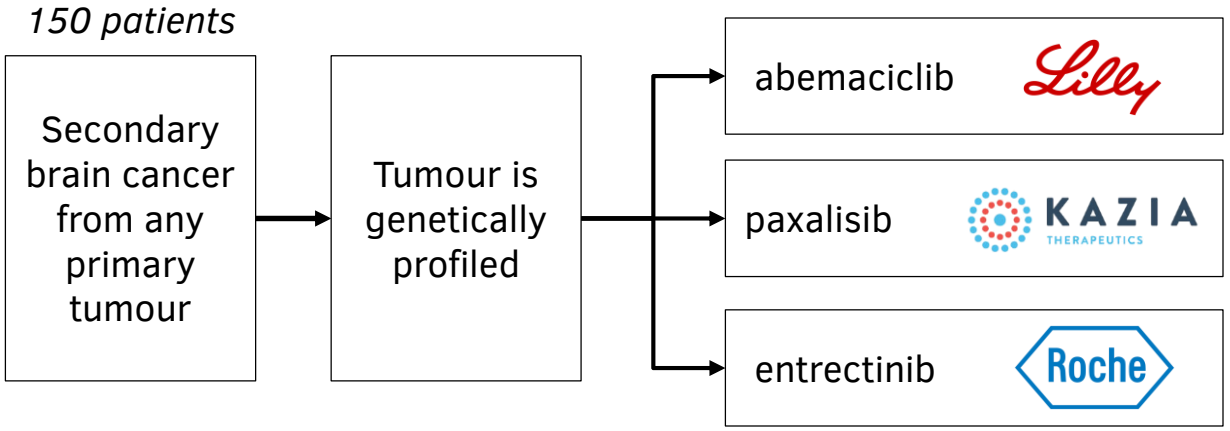
The NCI-funded Alliance study in brain metastases is a cutting-edge, multi-drug clinical trial



Funded by US National Cancer Institute

NIH NATIONAL CANCER INSTITUTE

Executed by Alliance for Clinical Trials in Oncology

Alliance for Clinical Trials in Oncology

Led by Dr Priscilla Brastianos, a world expert on brain mets

HARVARD MEDICAL SCHOOL

- 'Precision medicine' study in which treatment is guided by the specific genetic make-up of each individual patient's tumour
- Accepts patients with brain metastases from <u>any</u> primary tumour (estimated to be ~200,000 patients per annum in US)

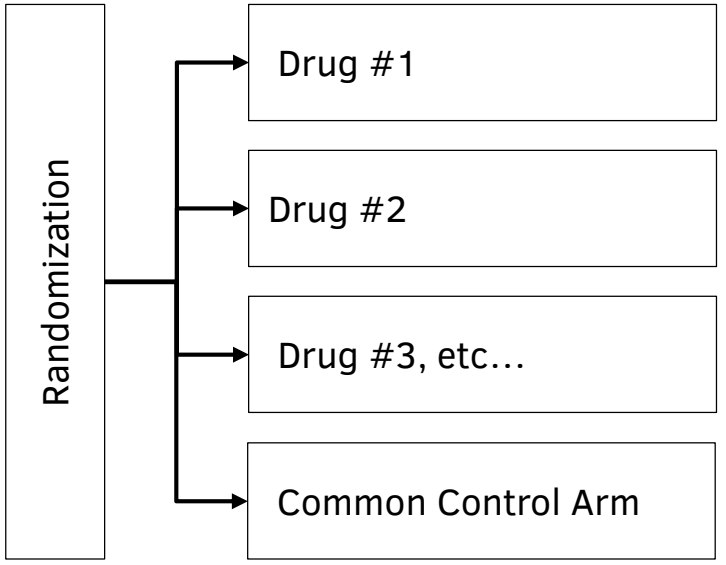
The St Jude study in DIPG has the potential for breakthrough designation and early approval

Step 1: Dose Escalation	*Step 2:* Expansion Cohort
6 – 24 patients	**12 patients**
Primary objective is to determine the appropriate dose for pediatric use (mg/kg dosing)	Primary objective is to provide initial evidence of clinical efficacy
Complete ✓ • Top-line data reported Sept 2019 • Dose of 27 mg/m^2 determined (comparable dose and safety profile to adult studies)	**Not Yet Started**

St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder

- All patients with DIPG or high-grade gliomas (2 – 22 years of age), following radiotherapy
- Paxalisib given once daily, orally, as monotherapy
- Primary objective is dose determination (Step 1) and time to progression (Step 2)
- Given no FDA-approved therapies for DIPG, a successful result could lead to discussion of early approval

GBM AGILE is an adaptive multi-drug registrational study, with strong FDA support



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

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

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

GBM AGILE features a two-stage design

Stage 1 *(Phase II)*	Stage 2 *(Phase III)*
upto 150 patients	50 patients

- Primary endpoint of both stages is overall survival (OS); final analysis performed on all patients from both stages, compared to all control patients recruited to date
- Stage 1 is the primary efficacy analysis; Stage 2 is a confirmatory component
- Study is designed to provide definitive data to support product registration if a candidate drug is efficacious

Current Status

- GBM AGILE: Recruiting
- Paxalisib Participation: In planning, with enrolment expected to commence in Q2 / Q3 CY2020

- Sponsored by Global Coalition for Adaptive Research (GCAR), a 501(c)(3) non-profit
- Paxalisib expected to be second drug to join the study
- Extensive funding support from National Brain Tumor Society, Cure Brain Cancer Foundation, and other bodies

Brain cancer represents a significant commercial opportunity for paxalisib with limited competition

Path to Market

Glioblastoma

12,500

patients p.a. in the US

~$1.5B+

market opportunity

Expansion Opportunities

Brain Metastases (secondary brain cancer)

Other Adult Primary Brain Cancers

Childhood Brain Cancers

'Blue Sky' Potential

Other Cancers with Disordered PI3K Pathway

(*e.g. breast, lung, blood*)

Cantrixil

Phase I

Ovarian Cancer

A second program, Cantrixil, is currently in a phase 1 study in ovarian cancer, with data reporting this year

Part A: Dose Escalation

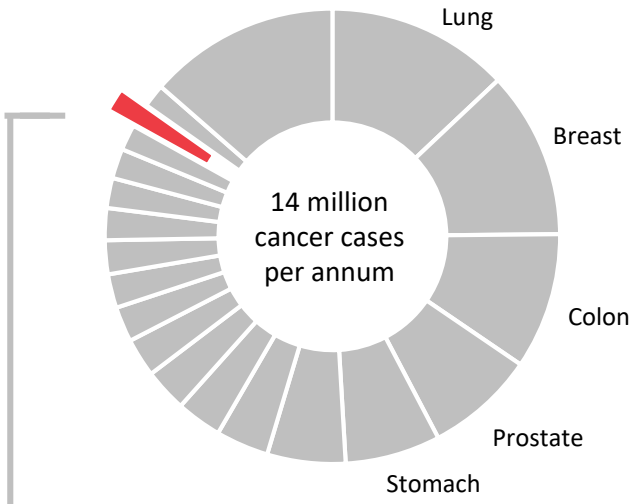
- 3 to 42 patients in up to 8 cohorts
- Seeks to establish maximum tolerated dose and understand safety profile

Part B: Dose Expansion

- 12 patients, all at MTD
- Seeks to provide potential efficacy signals
- Near full recruitment

- MTD of 5 mg / kg established
- Advanced, platinum-resistant population
- 2 / 9 patients (22%) with partial response (PR) on combination with chemotherapy
- PFS = 5.5 months (versus 3.4 months for historical controls)
- Mainly low-grade GI toxicities

Ovarian cancer remains a disease of high unmet medical need



Ovarian Cancer

239,000 cases per annum worldwide

Indicative Market Opportunity

US$ 1.5 billion

Cause of death for

1 in 100

women

>60%

of patients have disease spread at diagnosis

10%

of cases are primarily genetic in origin

80%

of patients are over 50 years of age

Five-year survival

45%

(breast cancer: 90%)

Chemotherapy only curative in ~20% of ovarian cancers

More than half of patients with advanced disease will recur within 1-4 years

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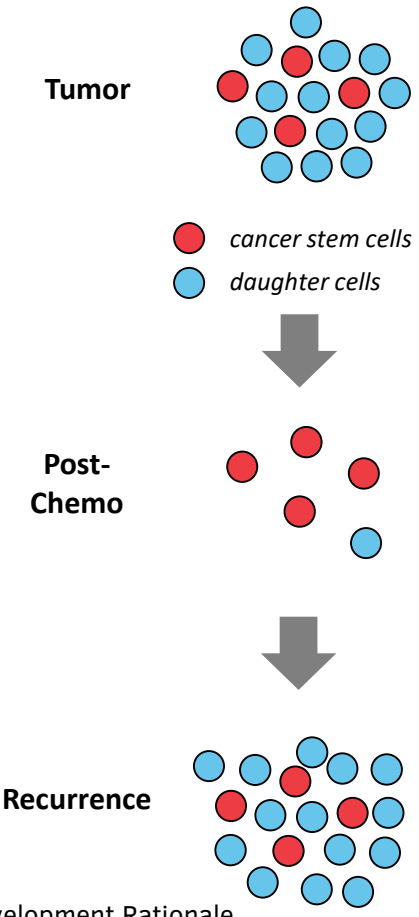
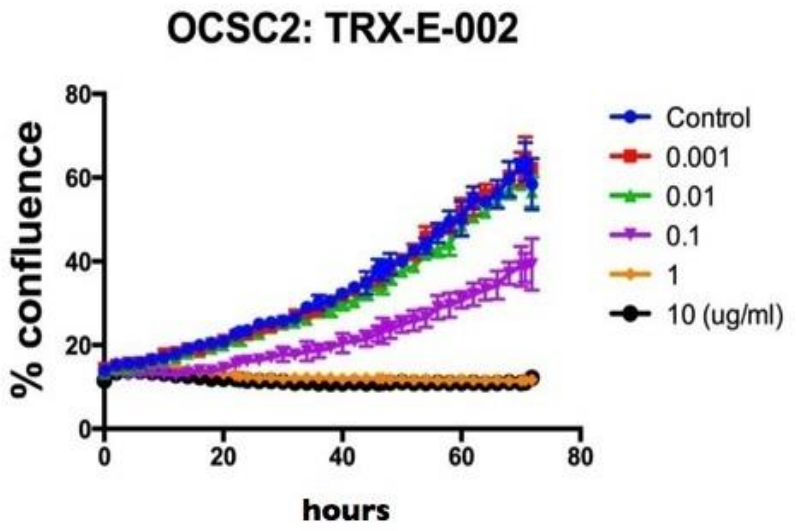
Cantrixil has been developed to target ‘cancer stem cells’ which are often resistant to chemotherapy



Ovarian cancer tumours contain a mixture of different cell types

Chemotherapy has limited activity against ‘cancer stem cells’

Cancer stem cells important to tumour recurrence and resistance



Cantrixil shows dose-dependent inhibition of CD44^{+ve} / My88^{+ve} ovarian cancer stem cells

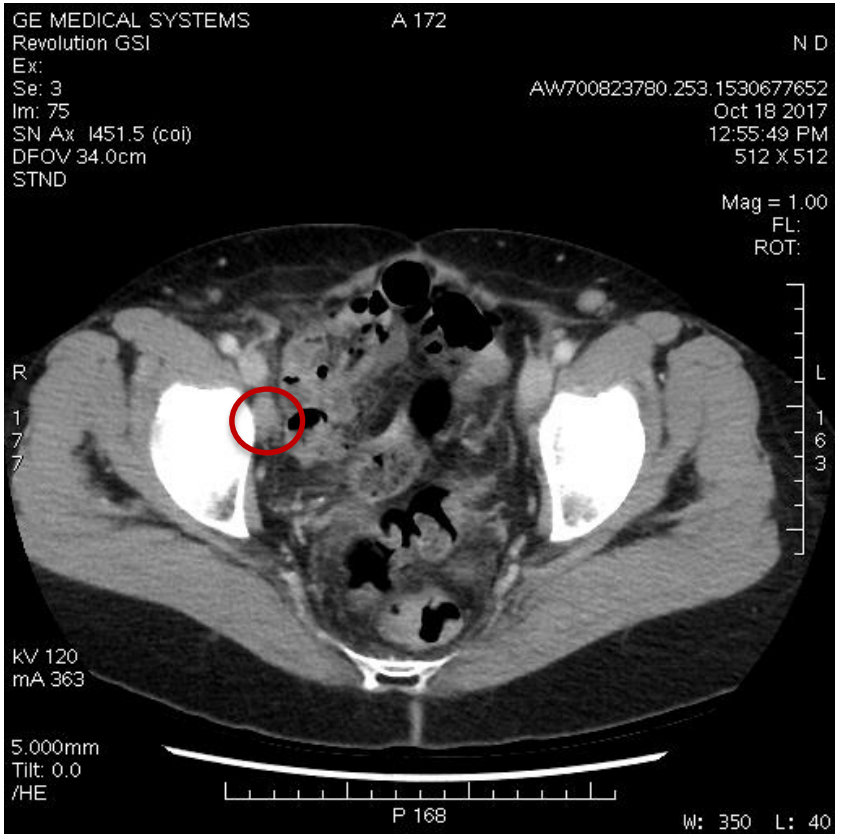
Yale | *Data courtesy of Prof Gil Mor, Yale University*

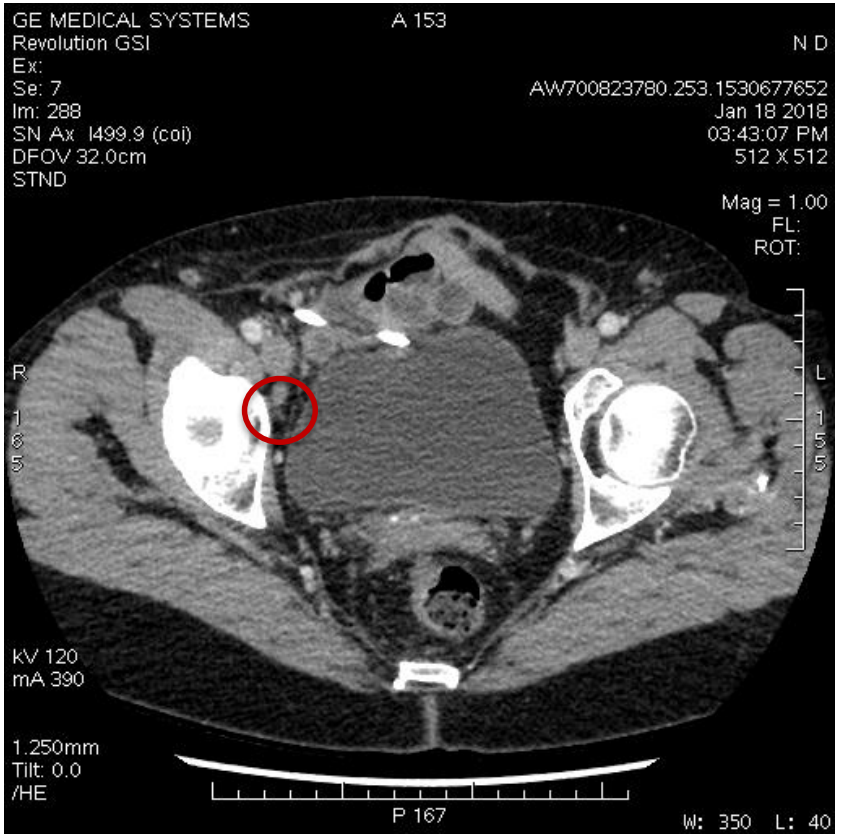
Development Rationale

KAZIA THERAPEUTICS

Part A has already shown evidence of activity with several partial responders to date

October 2017 (baseline)	January 2018





Source: images courtesy of Professor Jim Coward, Icon Cancer Centre

KAZIA THERAPEUTICS

Corporate Summary

KAZIA THERAPEUTICS

Recent institutional placement leaves the company well funded for next round of data read-outs

Market Capitalisation	~US$ 35 million
Listing	NASDAQ: KZIA (1:10 ratio) ASX: KZA

Successful placement in October 2019

Current Assets (30 June 2019)	AU$ 7.5 million
Institutional Placement (October 2019)	AU$ 4.0 million

Funded for multiple value-driving data readouts during 1H 2020

A strong team brings international experience in big pharma and early-stage biotech

Board

Iain Ross
Chairman

Executive and Board roles in pharma and small biotech

Bryce Carmine
Deputy Chairman

36 years executive experience in Eli Lilly

Steven Coffey
Non-Executive Director

Chartered accountant with extensive governance experience

Dr James Garner
Chief Executive Officer
& Executive Director

Physician / MBA; Extensive drug development experience

Scientific Advisory Board

Professor Sir Murray Brennan
Emeritus Chairman of Cancer Surgery at Memorial Sloan Kettering Hospital, New York

Dr Karen Ferrante
Former Chief Medical Officer at Millennium Pharmaceuticals

Professor Peter Gunning
Head of School of Medical Sciences at University of New South Wales

Professor Alex Matter
Former Global Head of Oncology Research at Novartis

Kazia has implemented a strategy of developing high-quality assets from external sources

Identify Value

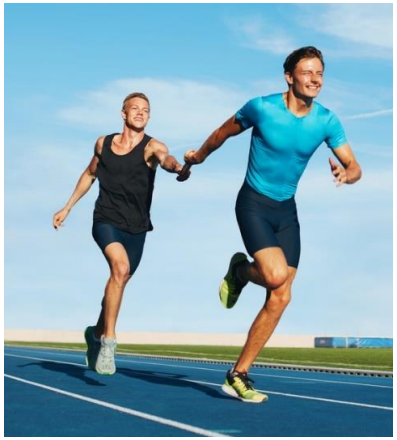
- Bring in under-valued assets from other pharmaceutical companies

Build Value

- Conduct focused clinical trials
- Identify optimal patient groups
- Understand safety and dosing
- Engage with external experts

Realise Value

- Partner with big pharma for late-stage development to bring to market



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Proceeds of outbound licensing reinvested in earlier-stage assets

Reduce cycle time and accelerate returns: 2-4 years to get to value inflection

Improve portfolio strength: access the best global innovation

Mitigate risk: bring in assets which already partially de-risked

The partnering market for new oncology drugs is active and driven by emerging data

Select CY2019 Licensing Transactions

Licensee	Licensor	Stage	Asset(s)	Deal Value (US$)
GILEAD	CARNA BIOSCIENCES	Discovery	Lipid kinase inhibitors	$470M
Johnson & Johnson	Genmab	Preclinical	Anti-CD38 antibody	$275M
Jazz Pharmaceuticals	Redx Pharma	Preclinical	RAS-RAF-MAPK inhibitors	$207M
Boehringer Ingelheim	LUPIN	Clinical	MEK inhibitor	$700M
Mallinckrodt Pharmaceuticals	SILENCE THERAPEUTICS	Discovery	Complement modulator	$2.0B

Select CY2019 M&A Transactions

Acquirer	Target	Stage	Asset(s)	Deal Value (US$)
Pfizer	ARRAY BIOPHARMA	Commercial	BRAF inhibitors	$11.0B
MERCK	Peloton Therapeutics	Clinical	HIF-2α inhibitors	$2.2B
AMGEN	NUEVOLUTION	Discovery	Discovery platform	$167M
Boehringer Ingelheim	AMAL Therapeutics	Clinical	Cancer vaccine platform	$367M

The next six months will be an exciting period for Kazia, and a crucial inflection point for our programs

February 2020	Half-Year Financial Report
1Q CY2020	Completion of patient dosing in Cantrixil phase 1 study
1Q CY2020	Completion of recruitment to paxalisib phase 2 study in glioblastoma
2Q CY2020	Potential initial efficacy data from St Jude paxalisib DIPG study
2Q CY2020	Potential initial efficacy data from Dana-Farber paxalisib breast cancer mets study
2Q CY2020	Further efficacy data from ongoing phase 2 study of paxalisib in glioblastoma
2Q CY2020	Further efficacy data from ongoing phase I study of Cantrixil in ovarian cancer
2Q / 3Q CY2020	Commencement of recruitment to GBM AGILE pivotal study
3Q CY2020	Full-Year Financial Statements

Note: all milestones are indicative and subject to periodic revision in light of operational factors and emerging data

www.kaziatherapeutics.com