Amplia THERAPEUTICS

BioShares Presentation

12 July 2024

ampliatx.com | @ampliatx

DISCLAIMER

This presentation (**Presentation**) contains summary information about Amplia Therapeutics Limited ACN 165 160 841 and its subsidiaries (the **Company** or **Amplia**) which is current as at 31 Mar 2024. By attending an investor presentation or briefing, or accepting, accessing or reviewing this Presentation, you acknowledge and agree to the terms set out below.

Summary Information: This Presentation has been prepared for information purposes only and is a summary only. It should be read in conjunction with Amplia's most recent financial report and other periodic and continuous disclosure information lodged with the Australian Securities Exchange (ASX), which is available at www.asx.com.au. Subject only to any legal obligation to do so, the Company does not have any obligation to correct or update the content of this Presentation.

Not financial product advice: This Presentation does not, and does not purport to, contain all information necessary to make an investment decision, is not intended as investment or financial advice (nor tax, accounting or legal advice) and must not be relied upon as such. This Presentation does not take into account the investment objectives, financial situation or needs of any particular investor. Investors are encouraged to seek independent professional advice when deciding if an investment in the Company is appropriate. The Company is not licensed to provide financial product advice in respect of its own securities. This Presentation is not a prospectus, product disclosure statement or other offering document under Australian law (or any other law). It is not, and does not constitute, an invitation or offer of securities for subscription, purchase or sale in any jurisdiction.

Investment risk and past performance: An investment in Amplia shares is subject to known and unknown risks, some of which are beyond the control of the Company and its directors. The Company does not guarantee any particular rate of return or the performance of Amplia. Past performance is not, and should not be relied on as being, indicative of future performance.

Future performance and forward-looking statements: This Presentation includes forward looking statements, which can generally be identified by the use of words such as "may", "will", "expect", "intend", "plan", "estimate", "anticipate", "outlook", "forecast" and "guidance", or other similar words. They may include, without limitation, statements regarding plans, strategies and objectives and anticipated business developments. Forward-looking statements inherently involve known and unknown risks, uncertainties and other factors that may cause Amplia's actual results, performance and achievements to differ materially from statements in this Presentation. Forward-looking statements are based on the Company's good faith assumptions as to the financial, market, regulatory and other relevant environments that will exist and affect Amplia's business and operations in the future. The Company does not give any assurance that the assumptions will prove to be correct. There may be other factors that could cause actual results or events not to be as anticipated, and many events are beyond the reasonable control of the Company. Readers are cautioned not to place undue reliance on forward-looking statements. Forward-looking statements in this Presentation are only made as at the date of this Presentation and the Company does not undertake any obligation to publicly update or revise any of the forward-looking statements or to advise of any change in assumptions on which any such statement is based.

Industry data and third party information: Industry data and third party information used in this Presentation may have been obtained from research, surveys, reports or studies conducted by third parties, including industry or general publications. Neither Amplia not its representatives have independently verified any such market or industry data.

Financial Information: This Presentation contains historical financial information based on the Company's results for the 12 month period ending 31 March 2024. All financial information disclosed in this Presentation is presented in Australian dollars unless otherwise noted. Any discrepancies between totals and sums of components in tables and figures contained in this Presentation are due to rounding.

Disclaimer: To the maximum extent permitted by law, Amplia and its officers, directors, employees, agents and advisers: (1) disclaim all responsibility and liability (including, without limitation, any liability arising from fault, negligence or negligent misstatement) for any loss arising from this Presentation or reliance on anything contained in or omitted from it or otherwise arising in connection with this Presentation; (2) disclaim any obligation or undertaking to release any update or revision to the information in this Presentation to reflect any change in expectations or assumptions; and (3) do not make any representation or warranty, express or implied, as to the accuracy, reliability, completeness of the information in this Presentation or that this Presentation contains all material information about Amplia or that a prospective investor or purchaser may require in evaluating a possible investment in Amplia or acquisition of shares, or the likelihood of fulfilment of any forward-looking statement.

SNAPSHOT

Amplia is developing a pipeline of small molecule **inhibitors of Focal Adhesion Kinase (FAK)** - a validated target in cancer

Amplia's drugs were discovered at the Cancer Therapeutics CRC, in collaboration with Australia's premier Medical Research Institutes (WEHI, Peter MacCallum Cancer Centre, St Vincent's Institute) and Universities (Monash and Griffith)

Amplia's lead compound **narmafotinib is the best-in-class FAK inhibitor** in development

DEVELOPMENT HIGHLIGHTS

Phase 2a clinical trial in advanced pancreatic cancer underway

- Well tolerated
- Preliminary signs of efficacy
- Interim readout planned for Q3 2024

Open IND* for narmafotinib trial in pancreatic cancer

Orphan Drug Designation from US FDA for pancreatic cancer and IPF

Compelling preclinical data in disease models:

- Pancreatic cancer
- Ovarian cancer
- Idiopathic Pulmonary Fibrosis (IPF)

Promising clinical and preclinical data positions narmafotinib as the preferred agent to enhance therapies used in the treatment of pancreatic cancer and other solid tumours

*Investigational New Drug

CORPORATE SUMMARY

ASX:ATX

Share price (9-Jul-24)	A$0.063
Shares on issue	271.9m
Market cap (9-Jul-24)	A$16.8m
Substantial Shareholders	• Platinum Investment Management Ltd • Blueflag Holdings Pty Ltd • Acorn Capital Ltd • Pengana

12 month share price chart

EXPERIENCED BOARD AND MANAGEMENT

BOARD

Warwick Tong

MB ChB MPP GAICD
Chair

Robert Peach

PhD
Director

Jane Bell

LLB, LLM (Lond), FAICD
Director

Chris Burns

PhD GAICD
CEO and MD

EXPERIENCED BOARD AND MANAGEMENT

SENIOR TEAM

Rhiannon Jones

PhD GAICD

COO

Cancer Therapeutics CRC

WEHI brighter together

Terrie-Anne Cock

PhD

Director Translational Science

gsk

(osi) pharmaceuticals

Charlotte Mulder

BVSc (Hons) MBA

Director Early Clinical Development

zoetis

Medicines Development for Global Health

Adrian Sulistio

B Eng (Hons), B Com, PhD

Manager Product Development

PolyActiva

CSIRO

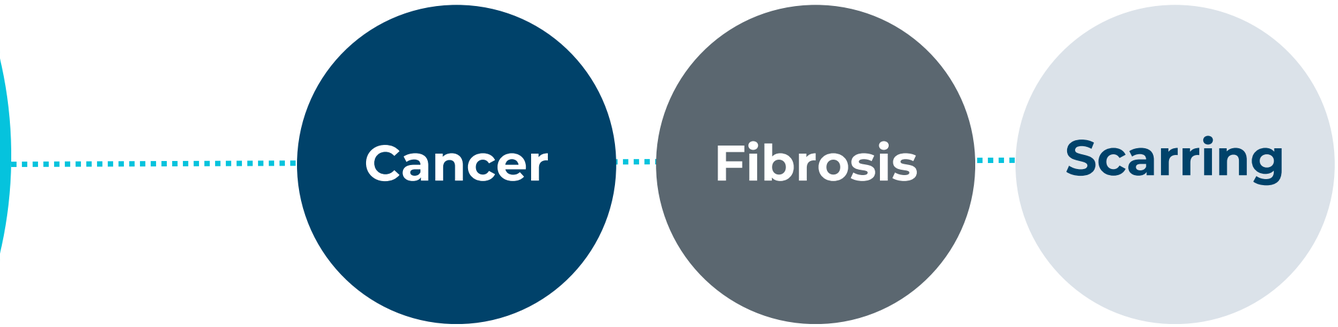
Amplia’s drugs inhibit the enzyme Focal Adhesion Kinase (FAK)

FOCAL ADHESION KINASE (FAK)

FAK is a critical protein in cancer growth and spread, and in formation of fibrotic (scar) tissue

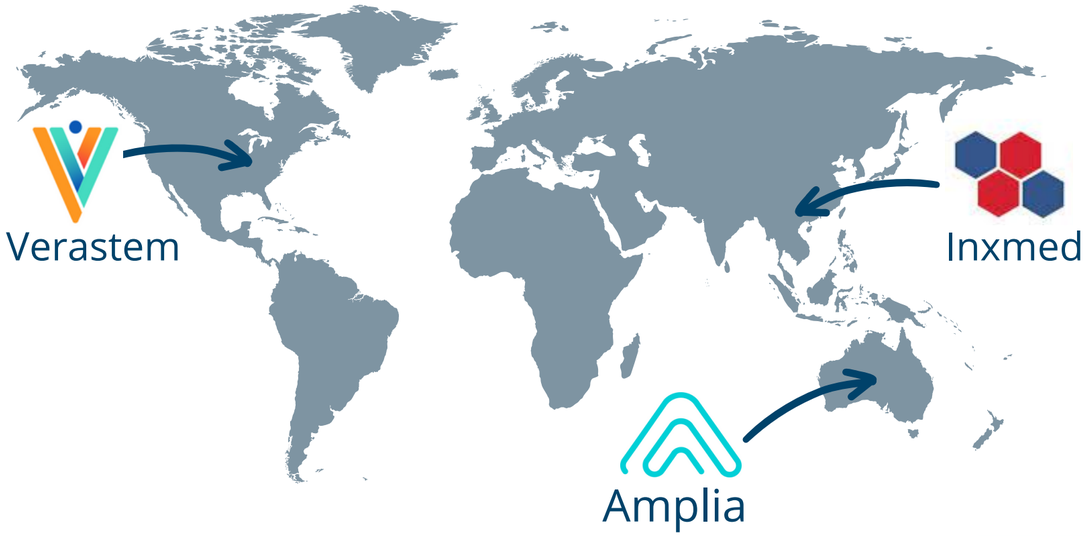
Amplia's drugs potently and selectively block the activity of the FAK protein

Broad clinical potential



FAK INHIBITORS IN DEVELOPMENT

Only 3 companies with bona fide FAK inhibitors in development



	Selectivity	Good PK profile	Good DDI profile	Clinical Notes	Stage
Narmafotinib (Amplia)	✓	✓	✓	Safe and well tolerated	Ph 2a
Defactinib (Verastem)	✗	✗	?	Promising data in Phase 2 LGSOC	Ph 2 and 3
Ifebemtinib (Inxmed)	✗	✓	?	High incidence of proteinuria (protein in urine)	Ph 2

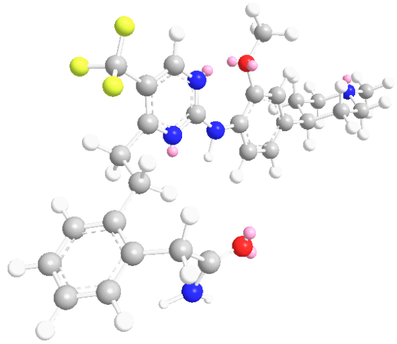
Narmafotinib has a superior profile to other compounds: best-in-class

PK = Pharmacokinetics
DDI = Drug-Drug Interaction
LGSOC = Low grade serous ovarian cancer

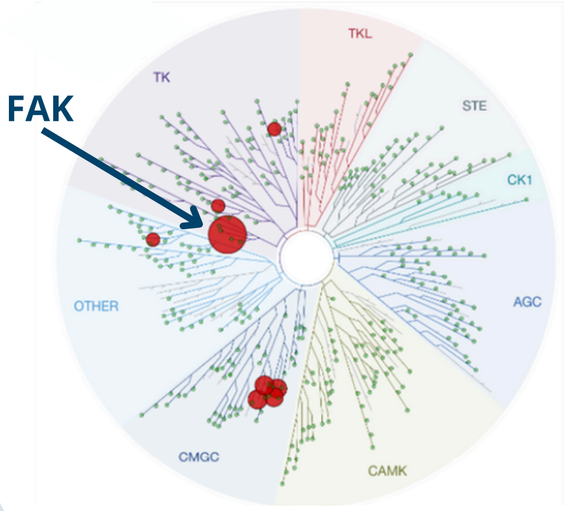
NARMAFOTINIB

- Drug-like small molecule
- Highly potent and selective
- Excellent PK; once-a-day dosing
- Minimal DDI* risk when combining with other drugs

Narmafotinib
Drug-like small molecule



Selectivity
Highly selective for FAK

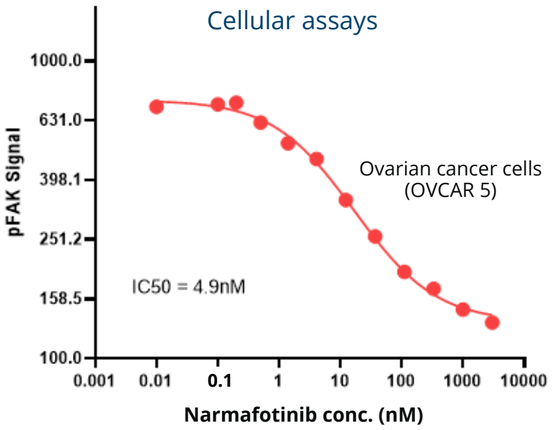


FAK Activity
Highly potent FAK inhibitor

Biochemical assays

IC_{50}	2.2 nM
K_D	29 pM

Cellular assays



*Drug-Drug Interaction

NARMAFOTINIB IN CANCER

Extensive preclinical data showing narmafotinib activity in cancer models

Early signals of efficacy from ACCENT clinical trial

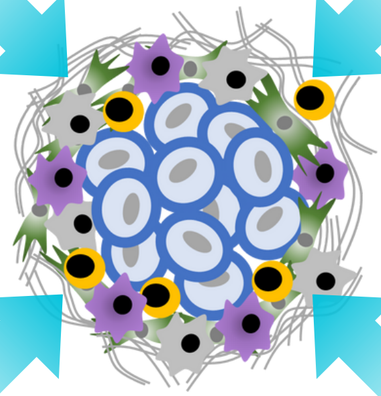
Developing clinical datasets from Verastem and Inxmed further validate approach

FAK inhibitors block critical pathways supporting tumour growth

Multi-action of narmafotinib

Anti-proliferative
Reduces cell's ability to proliferate and migrate

Synergy with chemotherapies
Enhances activity of drugs and other therapies



Tumour (blue - cancer cells; green- fibroblasts; purple, grey and yellow - suppressive immune cells)

Anti-fibrotic
Reduces scar-tissue in TME*, improving permeability to drugs

Immunomodulatory
Improves immune cell reactivity to tumour cells

*Tumour Microenvironment

BROAD POTENTIAL FOR FAK INHIBITORS IN CANCER

FAK inhibitors can enhance effects of existing therapeutic approaches in solid tumours

- Chemotherapy
- Radiotherapy

… but also newer targeted treatments

- Kinase Inhibitors
- Immune Checkpoint Inhibitors
- Antibodies and ADCs
- kRas Inhibitors
- Cell Therapies

Clinical studies of narmafotinib in pancreatic cancer

Amplia THERAPEUTICS

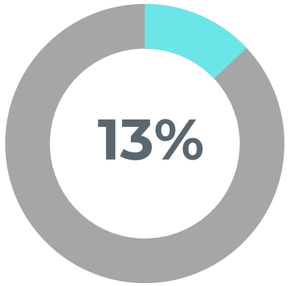
PANCREATIC CANCER

An unmet need

Increasing Prevalence

Estimated 66,000 diagnoses and 50,000 deaths in US this year*

4,500 diagnoses in AU in 2023**



5 year survival

Difficult-to-treat: typically detected late in disease progression**

Market size

Global treatment market estimated over US$6 billon in 2023

Projected to grow to ~US$36 billion by 2036†

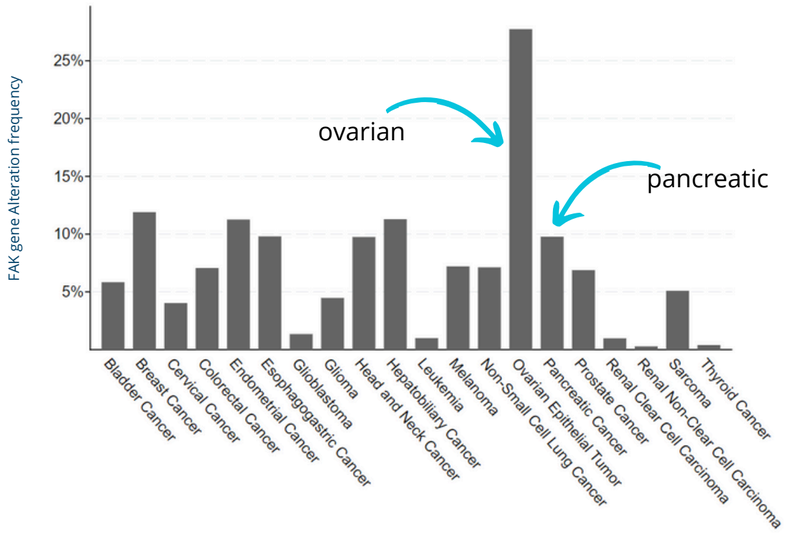
* American Cancer Society (link)
** Cancer Australia (link)

† Research Nester (link)

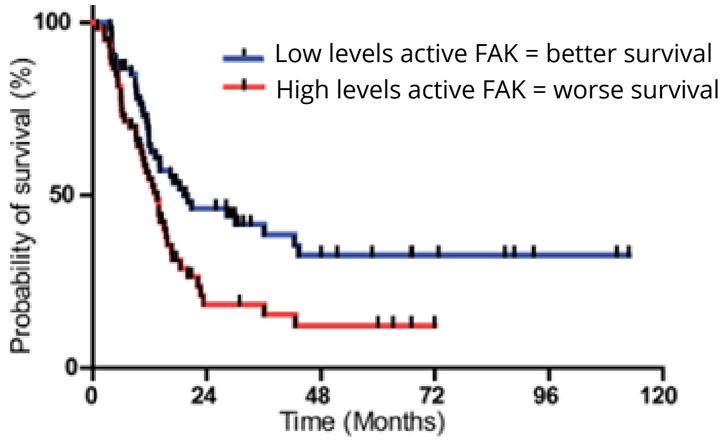
PANCREATIC CANCER

Undisputed role of FAK in disease progression

Over-expression and increased FAK activity



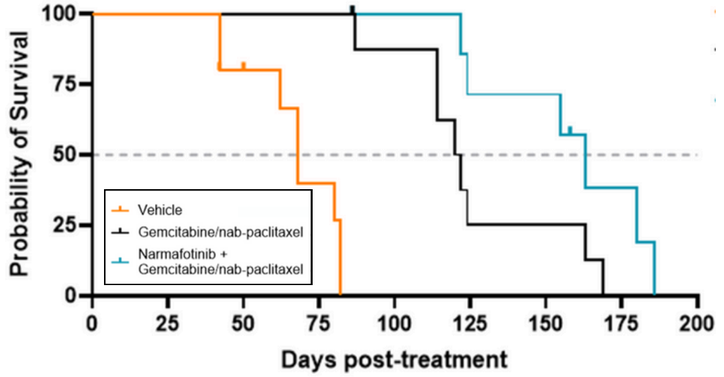
FAK activity correlates with worse outcome



EMBO Mol Med 2020, 12, e12010

Beneficial preclinical efficacy with FAK inhibition

- Narmafotinib decreases tumour fibrosis (collagen)
- Narmafotinib treatment improves survival in disease models



- FAK inhibition synergises with SOC* chemotherapies and targeted therapies

*Standard-of-care

Clinical data indicates narmafotinib safe and well tolerated with preliminary signs of efficacy

Amplia THERAPEUTICS

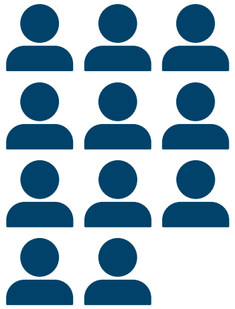
ACCENT TRIAL DESIGN

Narmafotinib in combination with standard-of-care gemcitabine and Abraxane

- Orally-dosed narmafotinib in the days preceding weekly chemotherapy

Phase 1b

14 patients



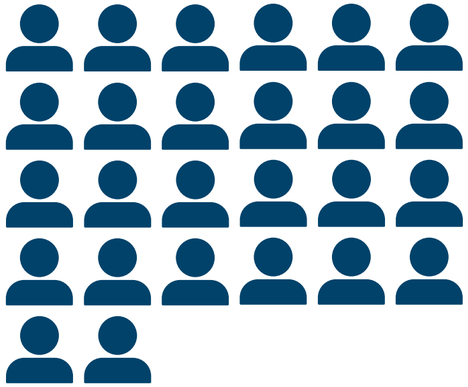
COMPLETED

Dose Selected

(400 mg)

Phase 2a

26 patients



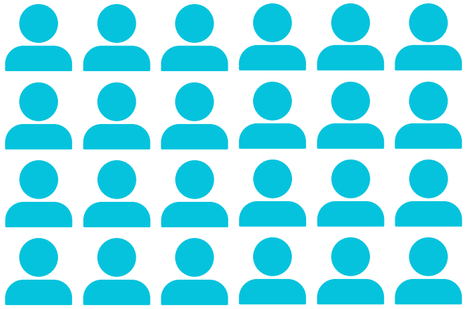
RECRUITED

Interim Analysis

>6 PR's

Phase 2a (cont)

24 patients



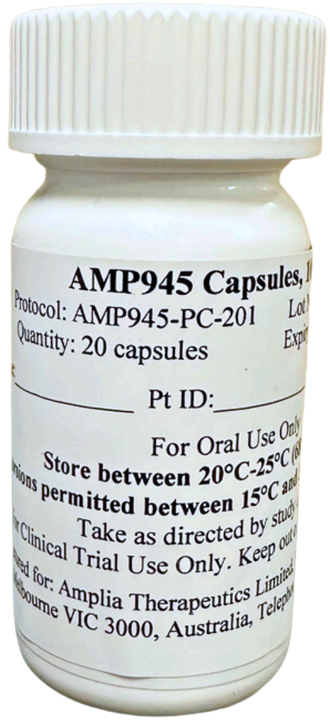
ACCENT PHASE 1b

3 Cohorts (100 mg, 200 mg, 400 mg)

- Orally dosed (capsules)
- Once-a-day

Safe and well tolerated

- All patients elected to stay on drug post cycle 1
- One DLT*: uncontrolled nausea
- Fatigue (Grade 3 or below) in more than 1 patient likely drug related



*DLT = Dose Limiting Toxicity

ACCENT PHASE 1b

Preliminary signs of efficacy observed

Improved response rate (PR and SD) compared to historical gemcitabine/Abraxane alone

- **Comparison to pivotal trial (2013)****

Better objective response (tumour reduction) at higher doses

- 4 of 6 PRs with top dose narmafotinib

Duration on trial significantly improved vs gemcitabine/Abraxane alone

- Average treatment time at top dose ~2x longer

Best Response (all patients)

Classification	ACCENT Best Overall Response* n=14	Historical Best Overall Response** (n=431)
Complete Response (CR)	0 (0%)	<1%
Partial Response (PR)	6 (43%)	23%
Stable Disease (SD)	8 (57%)	27%
Disease Control Rate (CR+PR+SD)	14 (100%)	50%
Progressive Disease (PD)	0 (0%)	20%
Not evaluable	0 (0%)	30%

* Investigator reviewed
** Independent review as part of MPACT trial (NEJM 2013: 369; 1691-1703)
NB. Phase 1b trial not powered for efficacy

ACCENT PHASE 1b

Preliminary signs of efficacy observed

Improved response rate (PR and SD) compared to historical gemcitabine/Abraxane alone

- Comparison to pivotal trial (2013)**

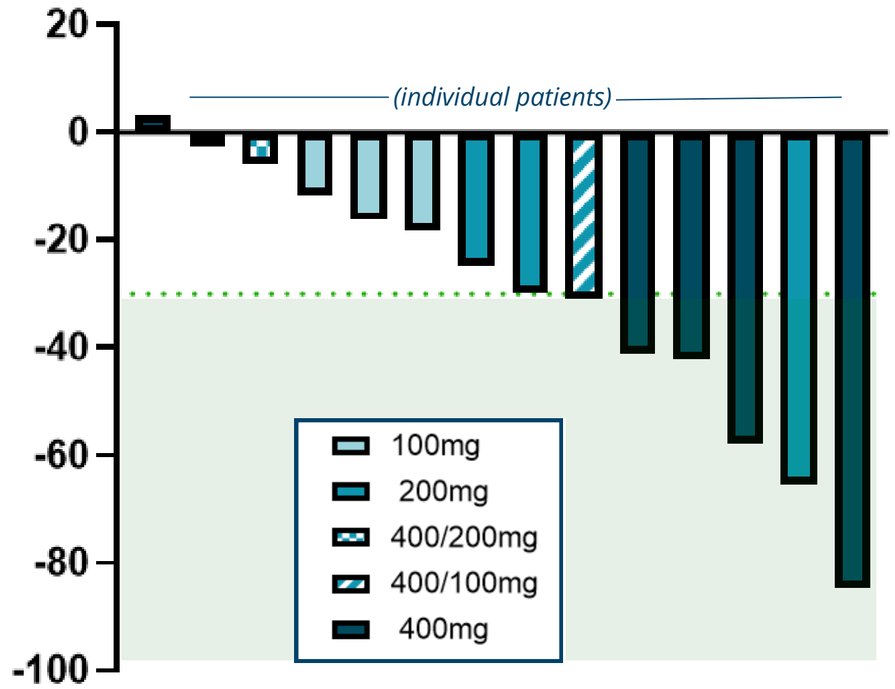
Better objective response (tumour reduction) at higher doses

- **4 of 6 PRs with top dose narmafotinib**

Duration on trial significantly improved vs gemcitabine/Abraxane alone

- Average treatment time at top dose ~2x longer

Tumour Reduction
(% change from baseline)



* Investigator reviewed
** Independent review as part of MPACT trial (NEJM 2013: 369; 1691-1703)
NB. Phase 1b trial not powered for efficacy

ACCENT PHASE 1b

Preliminary signs of efficacy observed

Improved response rate (PR and SD) compared to historical gemcitabine/Abraxane alone

- Comparison to pivotal trial (2013)**

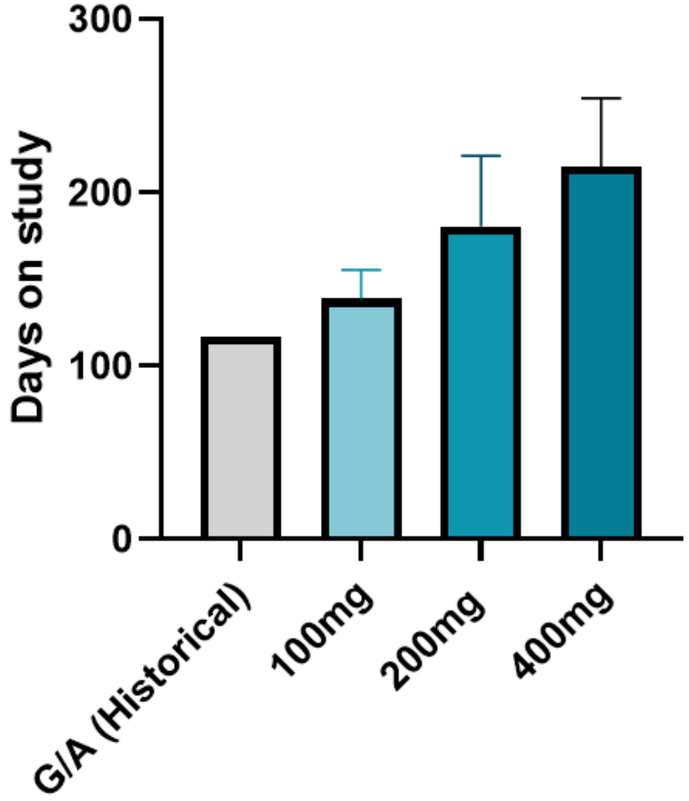
Better objective response (tumour reduction) at higher doses

- 4 of 6 PRs with top dose narmafotinib

Duration on trial significantly improved vs gemcitabine/Abraxane alone

- **Average treatment time at top dose ~2x longer**

Duration on trial



* Investigator reviewed
** Independent review as part of MPACT trial (NEJM 2013: 369; 1691-1703)
NB. Phase 1b trial not powered for efficacy

Positioning narmafotinib as the preferred agent to enhance activity of drugs for solid tumours

Amplia THERAPEUTICS

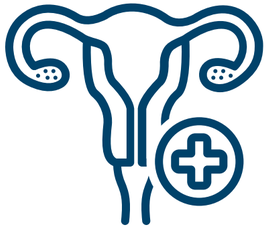
CLINICAL FOCUS AND OPPORTUNITY

Combinations in pancreatic cancer

Gemcitabine and Abraxane (ACCENT trial)

-

FOLFIRINOX (US trial with open IND)

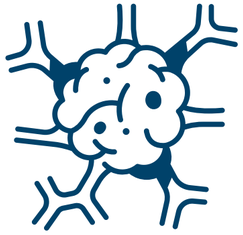


Combinations in ovarian cancer

Platinum resistant disease

-

Maintenance therapy post surgery



Preclinical evidence - other solid cancers

Bile duct, oesophageal, head and neck cancer

-

kRAS-mutant cancers (e.g. lung, colorectal)

-

Other fibrotic cancers (e.g. liver cancer)

RECENT AND PLANNED MILESTONES

2H 2023 / 1H 2024	2H 2024	1H 2025
☑ Complete Phase 1b ACCENT trial - October	☑ 26 Patients recruited ACCENT trial - July	☐ Completion enrolment 50 pts ACCENT trial - March
☑ Korean regulatory approval - November	☐ Interim ACCENT trial data - October	☐ Initiation ovarian cancer trial - April
☑ First patient dosing Phase 2a ACCENT trial - January	☐ Preclinical data (kRAS inhibitor combinations) - November	☐ Initiation pancreatic cancer trial (combination FOLFIRINOX under IND) - April
☑ Clearance of IND - January	☐ Rolling regulatory submissions	
☑ Completion of CMC campaign - May		

VALUATIONS OF SIMILAR SMALL MOLECULE ONCOLOGY COMPANIES

Company	Lead Asset	Lead Indication	Current Status	Market Cap (US$)
Verastem	Defactinib / Avutometinib	LGSOC	Positive Phase 2 results in KRAS mutant cancers	74.5M
Ikena Oncology	IK-595	RAS & RAF mutant cancers	Ongoing Phase 1 trial	78.6M
Revolution Medicine	RMC-6236	PDAC / NSCLC	Successful FIH studies will lead to Phase 2 2L studies	6.09B
Nurix Therapeutics	NX-2127	B-Cell Malignancies	Phase 1b	1.15B
Erasca Therapeutics	Naporafenib	NRASm melanoma	Dose optimisation for Phase 3	559.2M
Ideaya Biosciences	Darovasertib	metastatic Uveal Melanoma	Ongoing Phase 2/3	2.99B

ONCOLOGY LICENSING DEALS

Company	Buyer	Nature of Deal	Year	Indication	Asset	Stage	Value (USD)
Joyo Pharmatech	Erasca	Exclusive license (excl mainland China)	May 2024	RAS and KRAS mutant tumours	small molecule	Preclin	12.5M upfront; 176M in milestones
Medshine Discovery	Erasca	Exclusive License	May 2024	RAS and KRAS mutant tumours	small molecule	Preclin	10M upfront; 160M in milestones
G1 Therapeutics	Pepper Bio	License	May 2024	HCC	small molecule	Phase 2	135M in milestones
SystImmune	BMS	Collaboration	Dec 2023	NSCLC	ADC	Phase 1	800M upfront; 7.6B in milestones
Hansoh Pharma	GSK	Exclusive License (excl Greater China)	Oct 2023	Ovarian and Endometrial Cancer	ADC	Phase 1	85M upfront; 1.485B in milestones
AnHeart Therapeutics	Nippon Kayaku	Regional License Japan	Oct 2023	NSCLC	small molecule	Phase 2	40M upfront

PHASE 2 ONCOLOGY M&A

Company	Buyer	Nature of Deal	Year	Indication	Lead Asset	Value (USD)
Profound Bio	Genmab	Acquisition	May 2024	Ovarian Cancer	ADC	1.8B
AnHeart Therapeutics	Nuvation Bio	Acquisition	Mar 2024	NSCLC	small molecule	undisclosed
Fusion Pharma	AstraZeneca	Acquisition	Mar 2024	Prostate Cancer	radio-pharmaceutical	2B
Ambrex	J&J	Acquisition	Jan 2024	Prostate Cancer	ADC	2B
Apexigen	Pyxis	Acquisition	May 2023	solid tumours	antibody	16B
Turning Point Therapeutics	BMS	Acquisition	Jun 2022	NSCLC; advanced solid tumours	small molecule	4.1B

Amplia
THERAPEUTICS

Chris Burns PhD GAICD
CEO and MD

chris@ampliatx.com

ampliatx.com | @ampliatx