ABN 16 165 160 841

ASX RELEASE **23 August 2024**

CEO & Managing Director's Presentation to Annual General Meeting

Melbourne, Australia: Amplia Therapeutics Limited (ASX: ATX) ("Amplia" or the "Company") is pleased to release the CEO & Managing Director's presentation to the Company's Annual General Meeting (YE 31 March 2024) to be held today.

This ASX announcement is authorised for release by the Company Secretary.

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About Amplia Therapeutics Limited

Amplia Therapeutics Limited is an Australian pharmaceutical company advancing a pipeline of Focal Adhesion Kinase (FAK) inhibitors for cancer and fibrosis. FAK is an increasingly important target in the field of cancer and Amplia has a particular development focus in fibrotic cancers such as pancreatic and ovarian cancer. FAK also plays a significant role in a number of chronic diseases, such as idiopathic pulmonary fibrosis (IPF). For more information visit www.ampliatx.com and follow Amplia on Twitter (@ampliatx), Threads (@ampliatx) and LinkedIn.

Amplia THERAPEUTICS

Annual General Meeting

23 August 2024

Dr Chris Burns
CEO and MD

ampliatx.com | @ampliatx

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SNAPSHOT

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

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

Amplia's ongoing trial of **narmafotinib** in advanced pancreatic cancer is showing the drug to be **well tolerated by patients with promising signs of efficacy**

DEVELOPMENT HIGHLIGHTS

Phase 2a clinical trial in advanced pancreatic cancer underway

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

Orphan Drug Designation from US FDA for pancreatic cancer and IPF*

- 7 years market exclusivity in US
- Assistance with development planning
- Tax credits for clinical costs
- Exemptions from certain fees

Preparing for narmafotinib trial in pancreatic cancer in the US

- US FDA has cleared Amplia's IND‡ application for a pancreatic cancer trial in the US
- In combination with FOLFIRINOX

Compelling preclinical data in multiple disease models:

- Pancreatic cancer
- Ovarian cancer
- IPF*

*Idiopathic Pulmonary Fibrosis
‡ Investigational New Drug

Narmafotinib is being positioned as the preferred agent to enhance activity of drugs for solid tumours

Amplia THERAPEUTICS

CORPORATE SUMMARY

ASX:ATX

Share price (22-Aug-24)	A$0.13
Shares on issue	274.21m
Market cap (22-Aug-24)	A$35.65m
Cash at hand (30-Jun-2024)	A$6.3m on a pro forma basis*
Substantial Shareholders	• Platinum Investment Management Ltd • Blueflag Holdings Pty Ltd • Acorn Capital Ltd

12 month share price chart

*After receipt of net FY24 RDTI refund

EXPERIENCED BOARD

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 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)

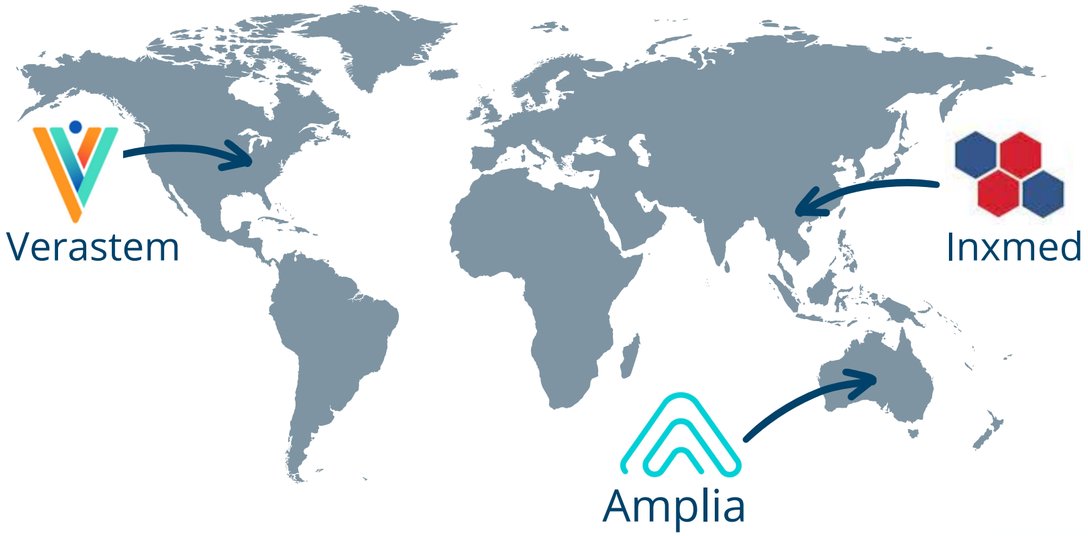
FAK is a critical protein in cancer growth and spread, and in formation of fibrotic (scar) tissue

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

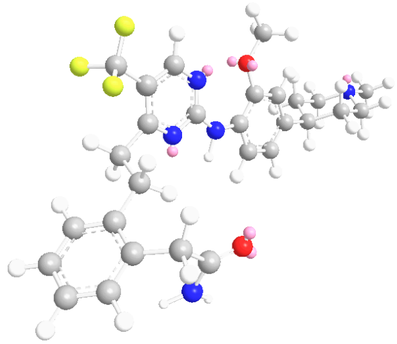
Narmafotinib has a superior profile to other compounds: best-in-class

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

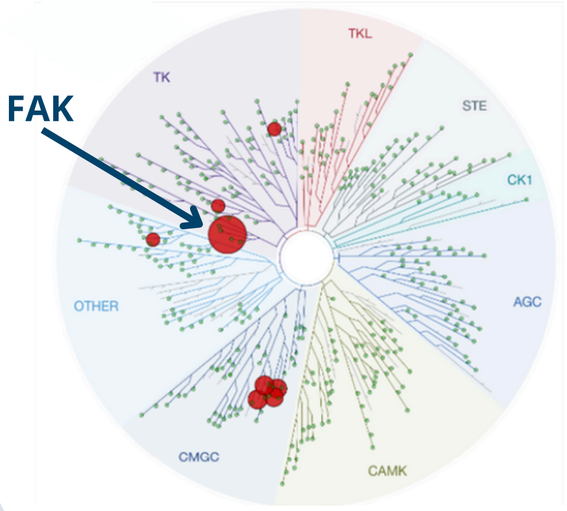
NARMAFOTINIB

- 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

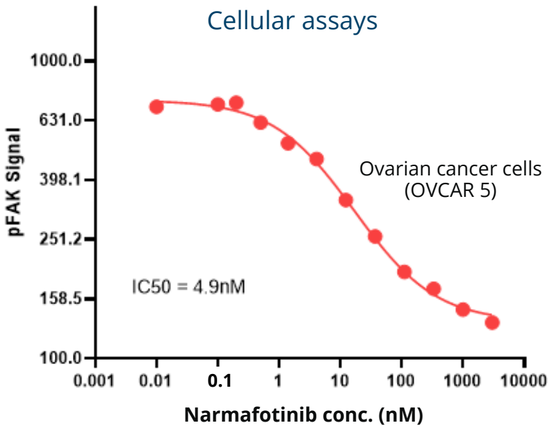


FAK Activity
Highly potent FAK inhibitor

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

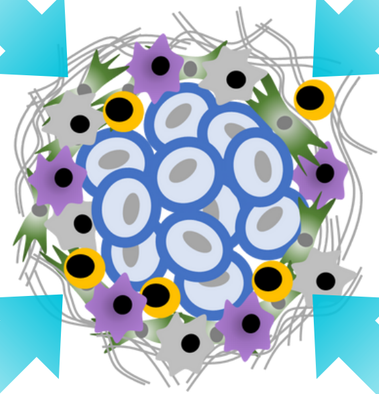
Developing clinical datasets from *Verastem* and *Inxmed* further validate anti-cancer activity

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 can also enhance newer targeted treatments

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

*Antibody Drug Conjugates

Clinical studies of narmafotinib in pancreatic cancer

Amplia THERAPEUTICS

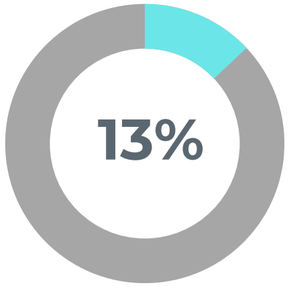
PANCREATIC CANCER

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†

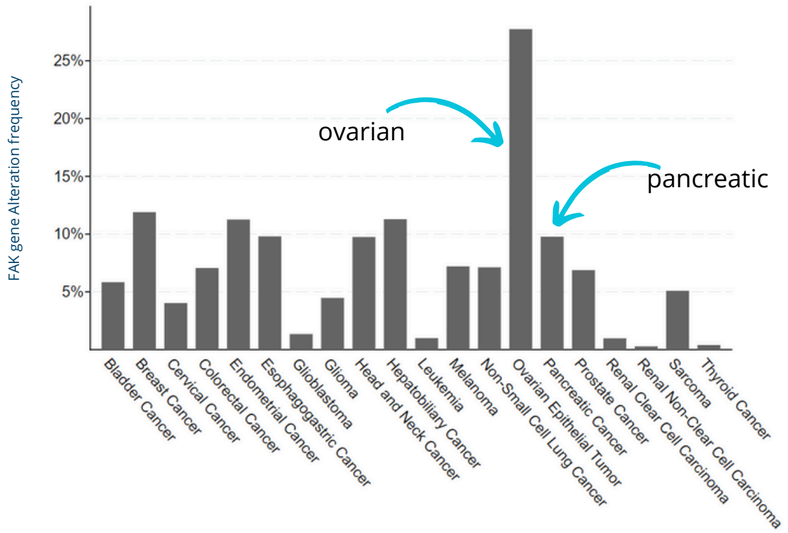
* American Cancer Society (link)
** Cancer Australia (link)

† Research Nester (link)

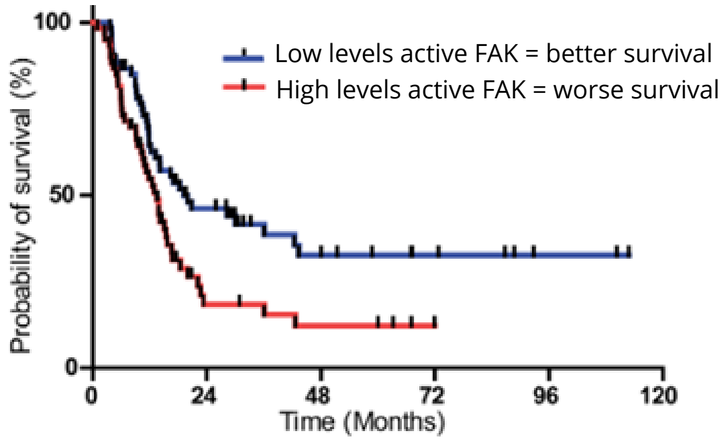
PANCREATIC CANCER

Undisputed role of FAK in disease progression

Over-expression and increased FAK activity



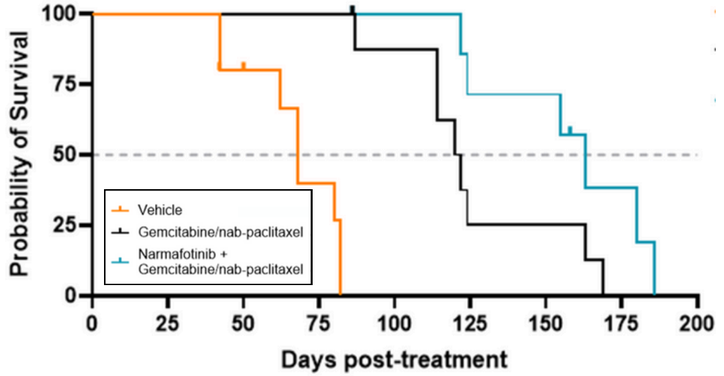
FAK activity correlates with worse outcome



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

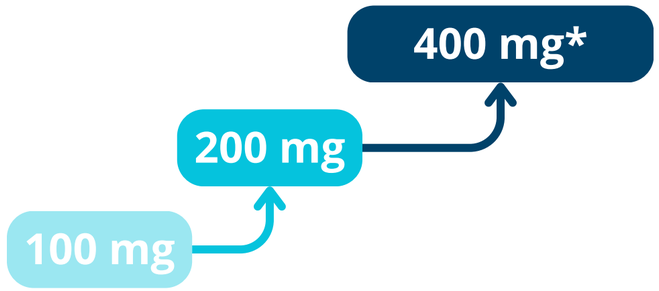
Clinical data indicates narmafotinib safe and well tolerated with preliminary signs of efficacy

Amplia THERAPEUTICS

ACCENT TRIAL DESIGN

Phase 1b
(Australia)

14 patients

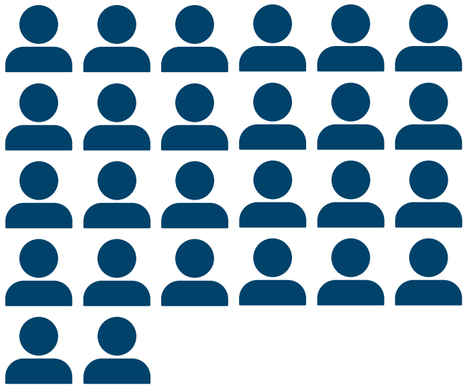


COMPLETED

Dose Selected

Phase 2a
(Australia and South Korea)

26 patients



RECRUITED

Interim Analysis

≥6 PR

Phase 2a (cont)
(Australia and South Korea)

24 patients

*Dose selected for Phase 2

ACCENT PHASE 1b

Key trial read-outs following industry standard criteria

- Primary Endpoint: **Objective Response Rate**
- Secondary Endpoint: **Duration on Trial**

Objective Response Rate categorised as:

- **Complete Response (CR)** - Disappearance of all tumour lesions; no new lesions
- **Partial response (PR)** - >30% decrease in tumour lesions; no new lesions
- **Stable Disease (SD)** - Tumour lesions have reduced in size by less than 30% or have shown either no growth or minimal growth (<20%)
- **Progressive Disease (PD)** - At least a 20% increase in tumour lesions; or new lesions

ACCENT PHASE 1b

Narmafotinib in combination with standard of care gemcitabine and Abraxane®

- Orally-dosed narmafotinib in the days preceding weekly chemotherapy

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	0 (0%)	<1%
Partial Response	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

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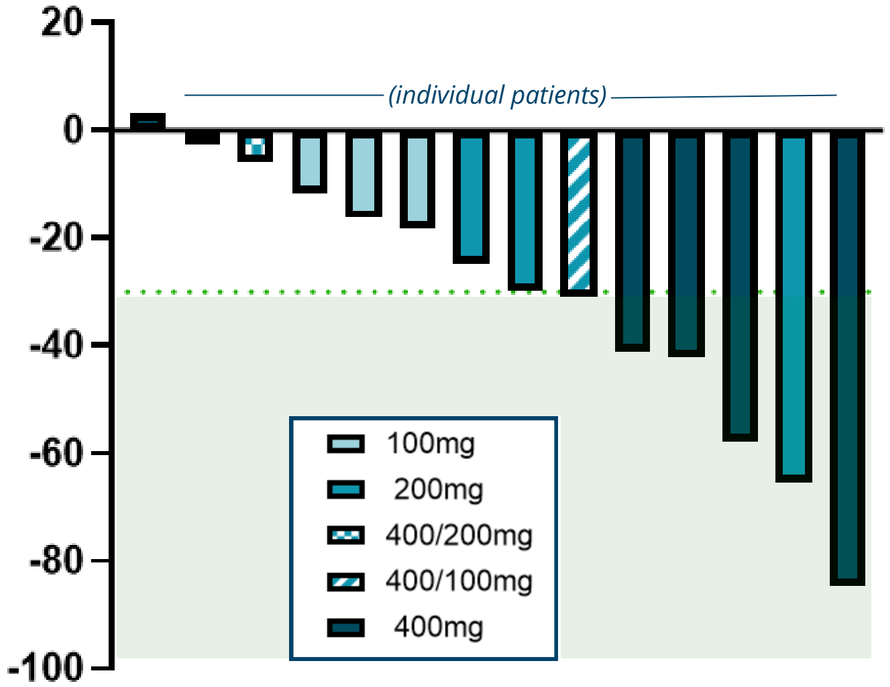
Tumour Reduction
(% change from baseline)



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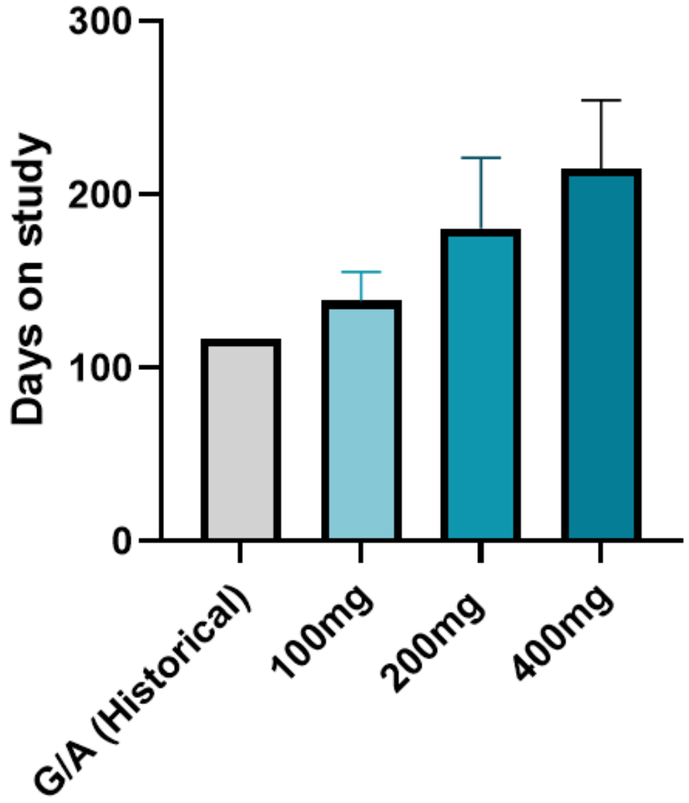
Duration on trial



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NB. Phase 1b trial not powered for efficacy

ACCENT PHASE 2a PRELIMINARY DATA

Require 6 or more PRs to progress to 50 patient total enrolment

By 21 August, **5 confirmed PRs have been observed** at 4 month timepoint

- >30% reduction in tumour lesion size sustained over 2 months
- No new lesions

In addition, 6 SDs also observed at this timepoint

- Reduction in tumour size (<30%), or no/minimal (<20% tumour growth)
- No new lesions

Summary

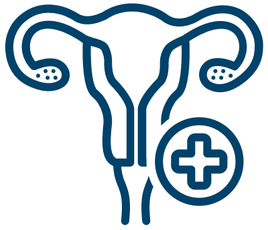
CLINICAL FOCUS AND OPPORTUNITY

Combinations in pancreatic cancer

Gemcitabine and Abraxane (ACCENT trial)

-

FOLFIRINOX (US trial with open IND)

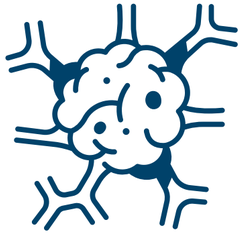


Combinations in ovarian cancer

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	☐ 6 Confirmed PRs - September	☐ Initiation ovarian cancer trial - April
☑ First patient dosing Phase 2a ACCENT trial - January	☐ Interim ACCENT trial data - October	☐ Initiation pancreatic cancer trial (combination FOLFIRINOX under IND) - April
☑ Clearance of IND - January	☐ Preclinical data (drug combination study) - November	
☑ Completion of CMC campaign - May	☐ Rolling regulatory submissions	
☑ Capital Raise - May		

Amplia
THERAPEUTICS

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CEO and MD

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