KAZIA THERAPEUTICS

A company developing innovative, high-impact drugs for cancer

Presentation to Gold Coast Investment Showcase

Surfers Paradise, QLD
25 June 2019

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.

Reasons to invest in Kazia

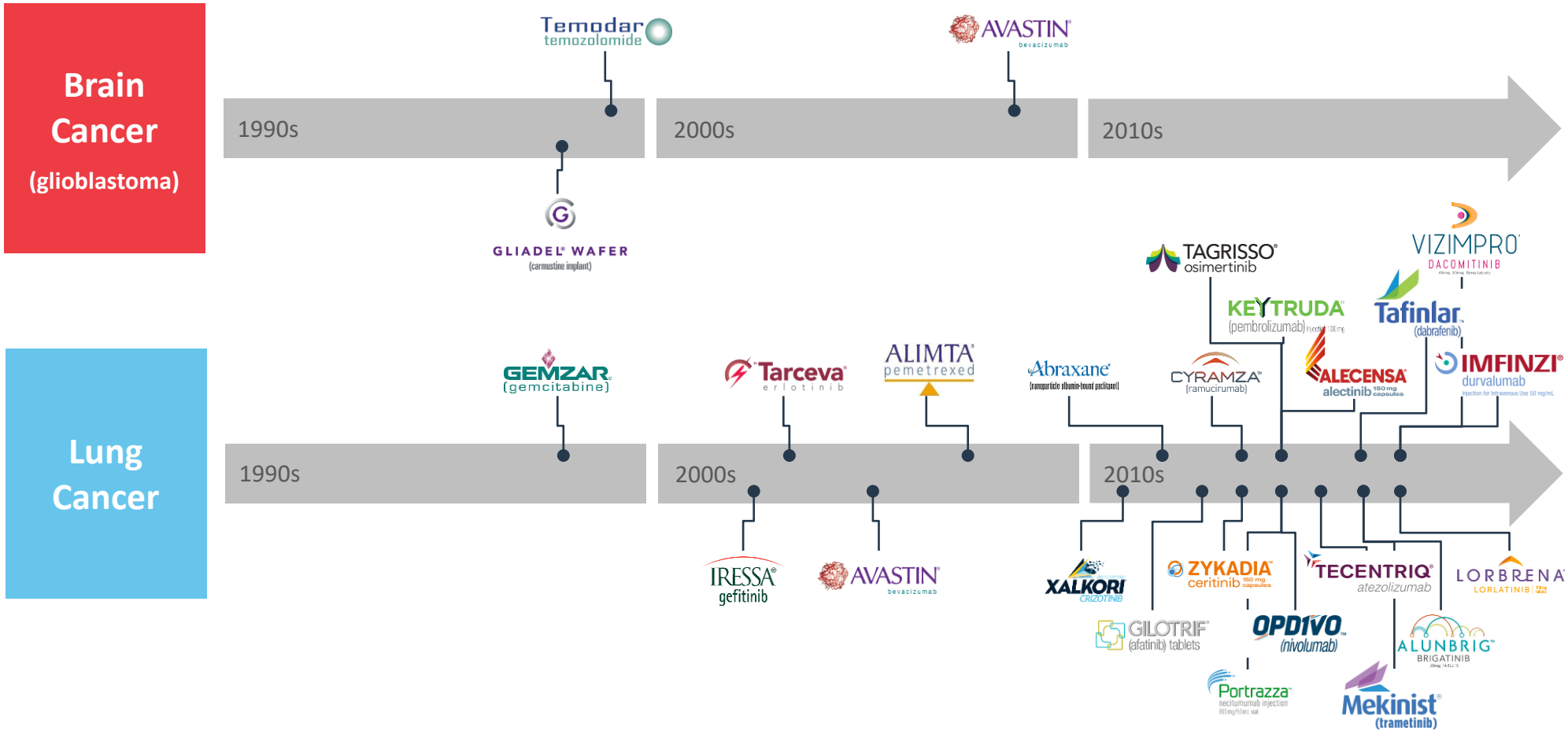
1. We are primarily targeting brain cancer, a disease affecting **hundreds of thousands of patients** each year, representing a **multi-billion dollar market**, and with almost no effective treatments available

2. Our lead program, GDC-0084, 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

3. **Multiple data read-outs** from international human trials at world-class cancer hospitals are being delivered during calendar 2019, each with significant potential to generate additional investor and partnering interest

4. The company is **fully funded** through calendar 2019, having completed a successful placement to **sector-specialist institutional investors** last year, and is listed on both ASX and NASDAQ

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



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Kazia has built a program of clinical trials around GDC-0084 covering the full range of brain cancers

GDC-0084

Primary Brain Cancer

Brain cancer that begins in the brain

Glioblastoma (GBM)

Most common and most aggressive form of primary brain cancer

Phase II

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DIPG

Highly aggressive childhood brain cancer

Phase I

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 to the brain from anywhere in the body

Phase II

NIH NATIONAL CANCER INSTITUTE

Breast Cancer Brain Metastases

Breast cancer that has spread to the brain (with Herceptin)

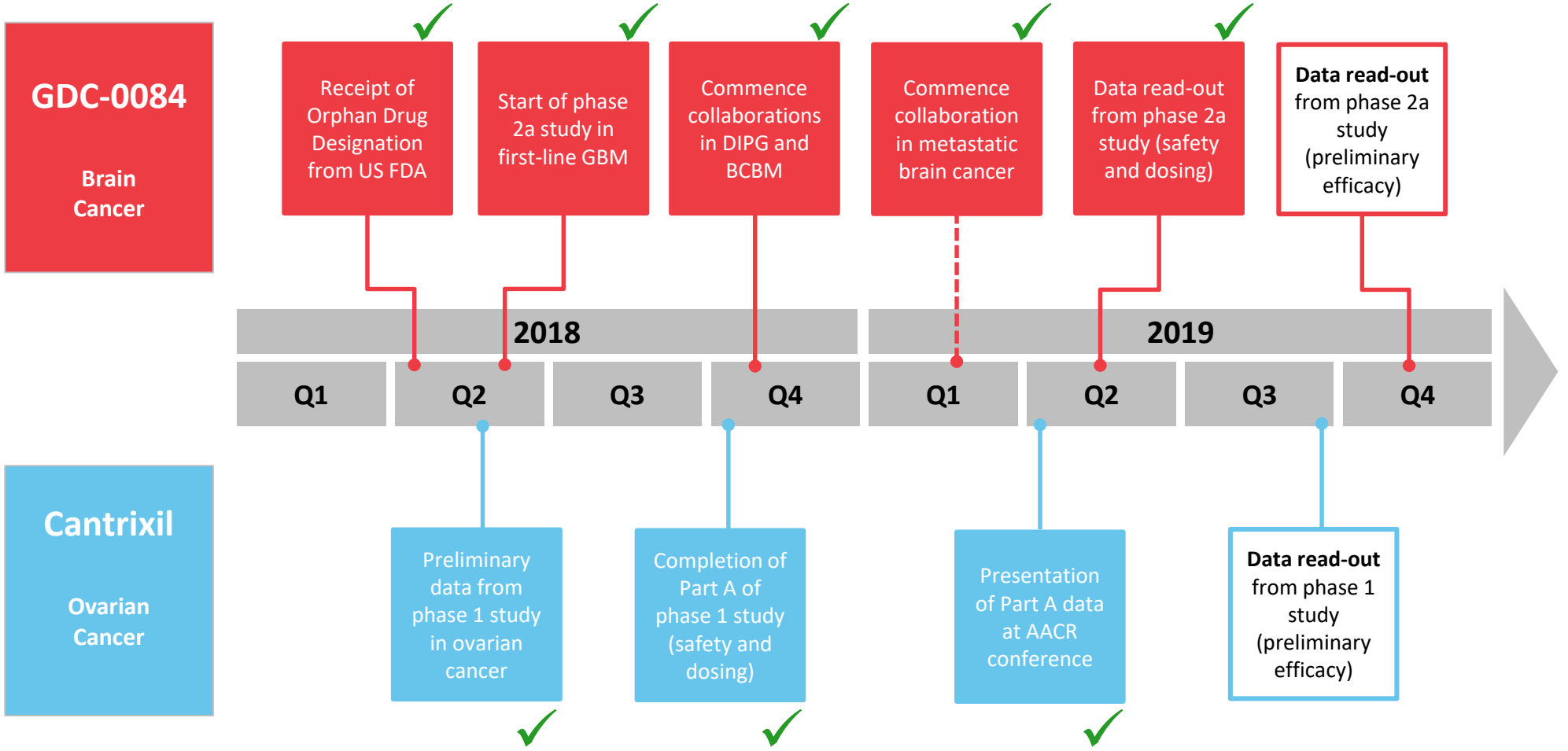
Phase II

DANA-FARBER CANCER INSTITUTE

Funded by Kazia

Funded Primarily Through Partnerships and External Funding

Kazia has been delivering all milestones on schedule, with key data read-outs remaining in 2H 2019



All dates are indicative and subject to operational factors

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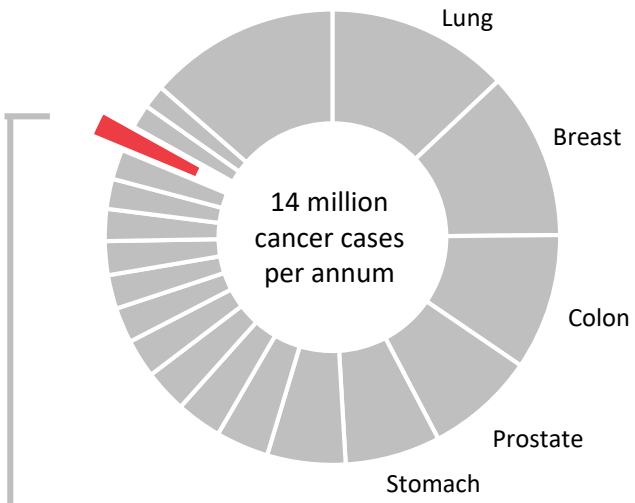
Glioblastoma (GBM) is the most common and most aggressive form of primary brain cancer



Glioblastoma Multiforme

133,000 cases per annum worldwide

Indicative Market Opportunity

US$ 1.5 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
US politician

Matt Price
ABC journalist

Stan Zemanek
Media personality

Andrew Olle
ABC journalist

Chris O'Brien, AO
Surgeon

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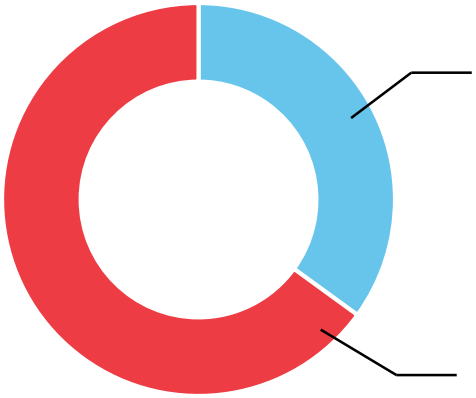
Current treatment is essentially ineffective in approximately 65% of GBM cases

Temozolomide is the <u>only</u> FDA-approved drug for newly-diagnosed patients



~35% of patients respond to temozolomide

Extends overall survival from 15 to 22 months

~65% of patients <u>don't</u> respond to temozolomide

Extends overall survival from 12 to 13 months

GDC-0084 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

GDC-0084 works by switching off PI3K, a critical control mechanism that drives many types of cancer

PI3K

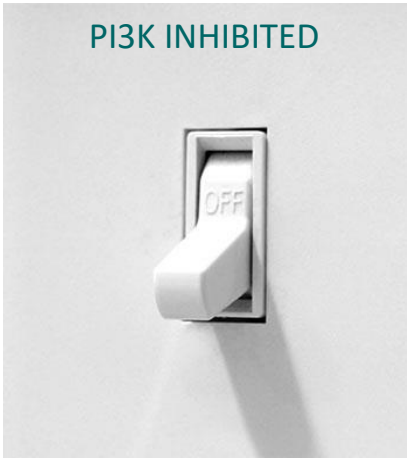
A central biochemical control mechanism in the growth of cells

PI3K ACTIVATED

TUMOUR GROWTH

85 – 90% of glioblastoma cases have PI3K 'switched on'

PI3K INHIBITED



TUMOUR INHIBITION

GDC-0084 **switches off** PI3K, halting growth of tumour cells

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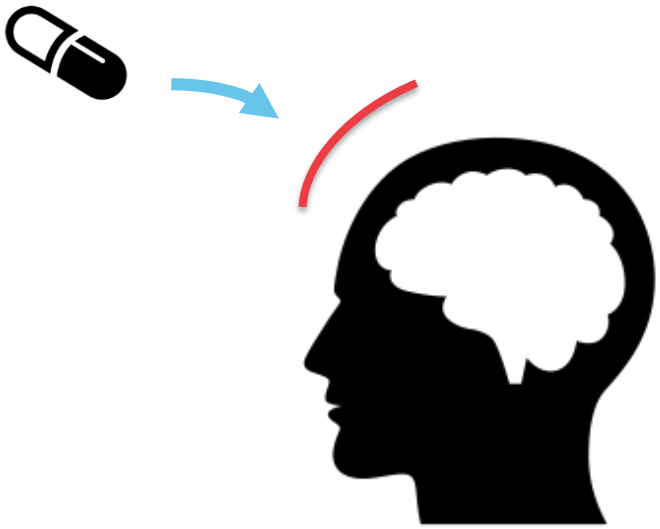
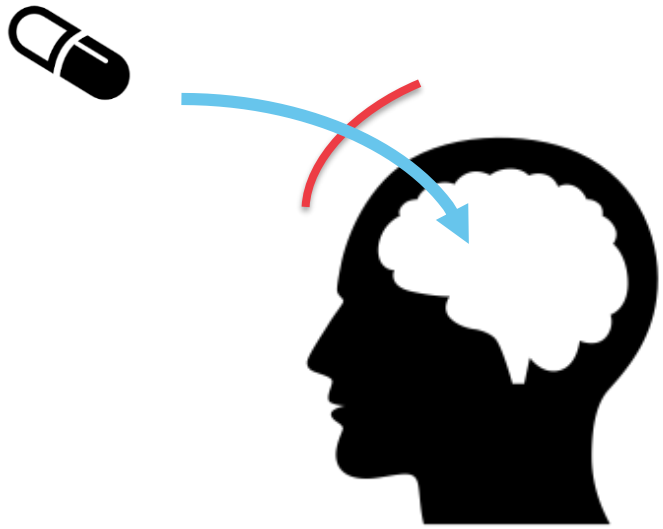
GDC-0084 is the only drug of its kind that is able to cross the ‘blood-brain barrier’ (BBB)

Most drugs cannot reach disease in the brain



The ‘blood-brain barrier’ prevents most drugs from getting into the brain, rendering them useless as treatments for brain cancer

GDC-0084 crosses the BBB



GDC-0084 was specifically designed for brain cancer, and has been engineered to cross the blood-brain barrier, making it well-placed to treat brain cancer

A phase 1 human trial of GDC-0084 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

	GDC-0084	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†

DANA-FARBER CANCER INSTITUTE

UCLA University of California, Los Angeles

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

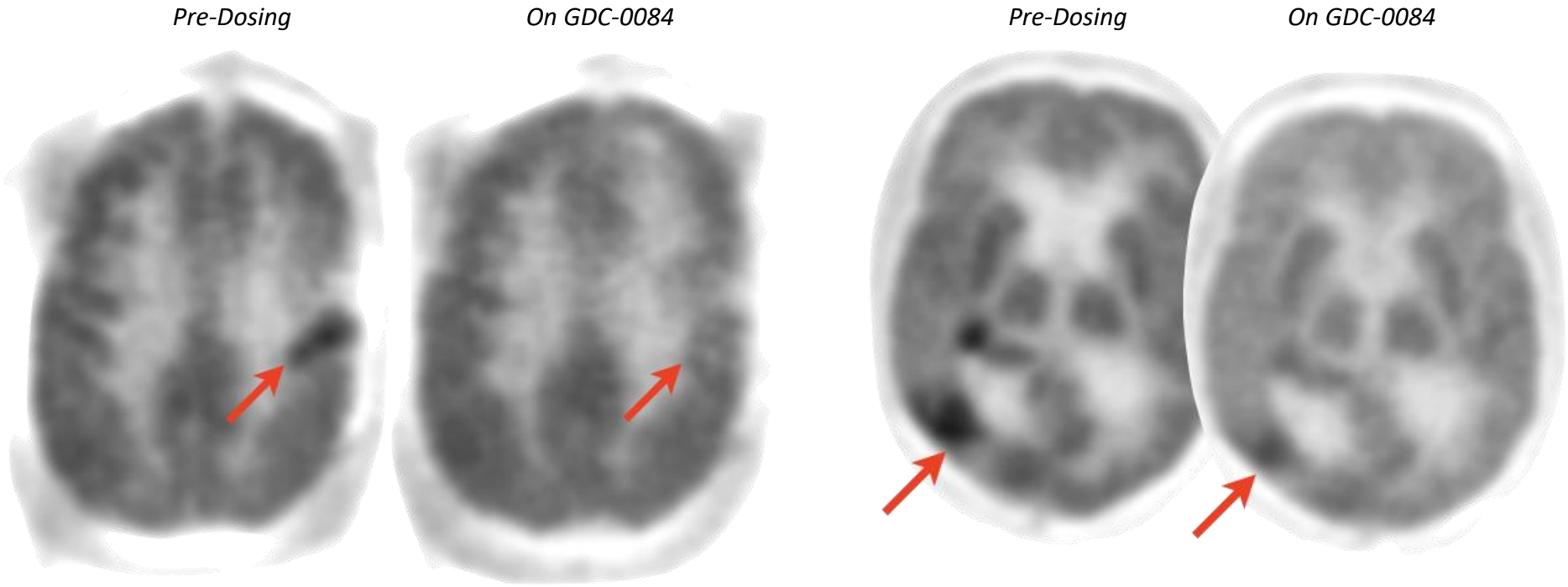
MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

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

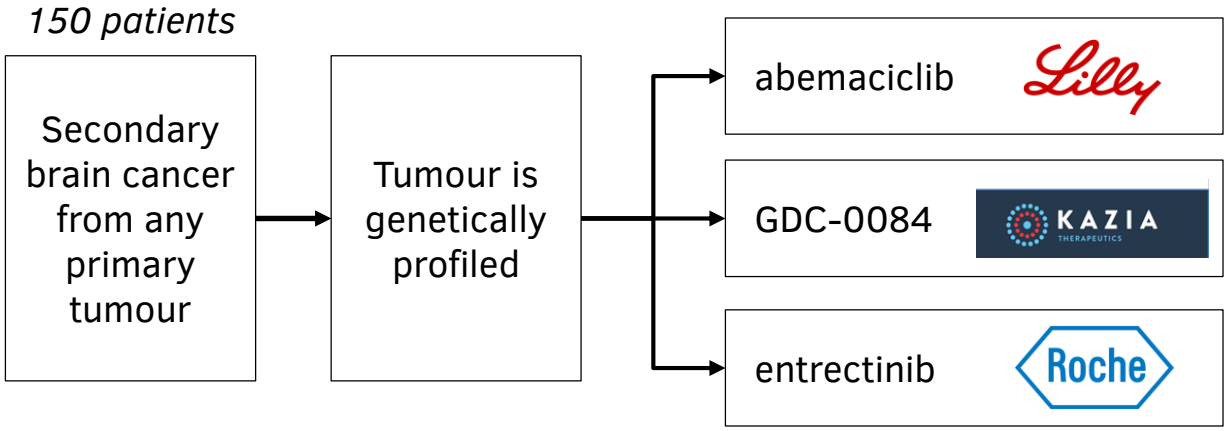
In the GDC-0084 phase 1 trial, 7 / 27 patients (26%) showed a response to drug*



* Metabolic partial response per FDG-PET

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

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



- '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)

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

Brain cancer represents a significant commercial opportunity for GDC-0084, 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

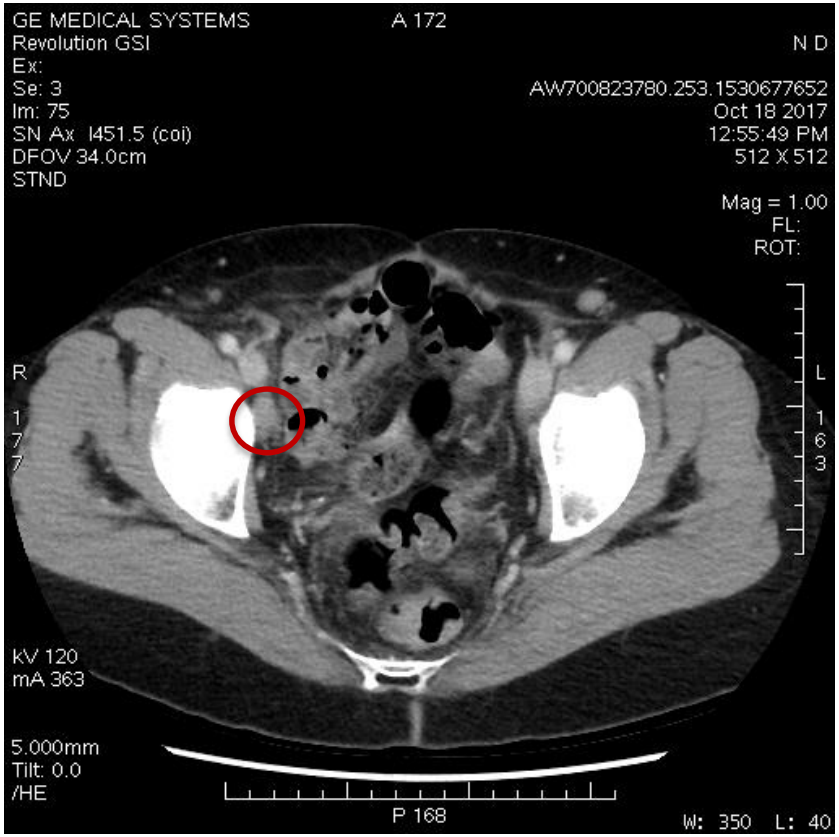
'Blue Sky' Potential

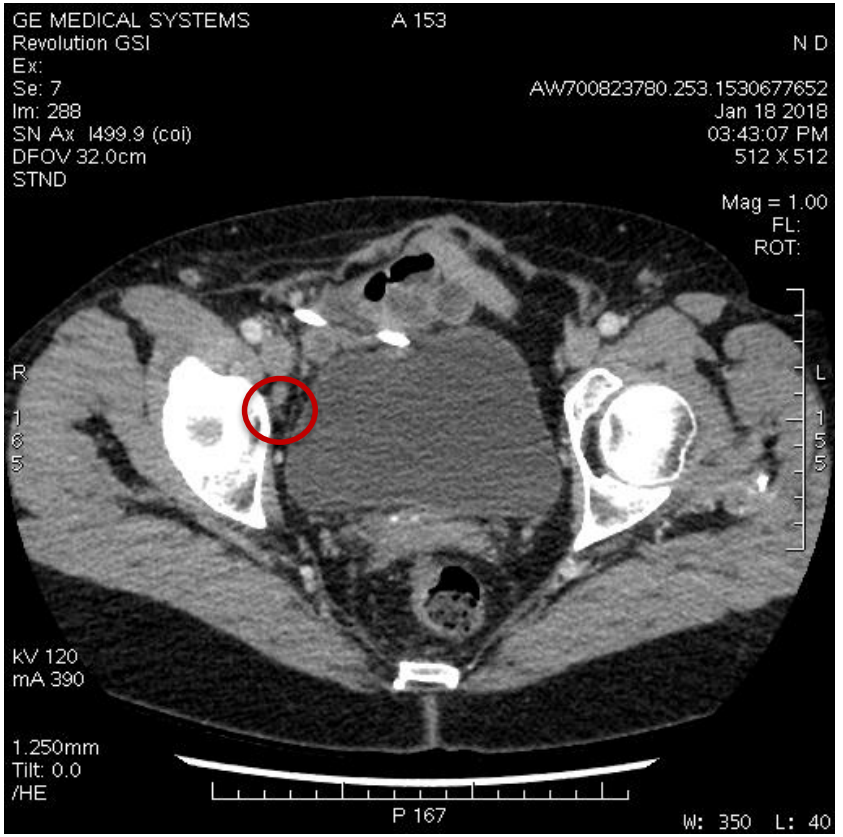
Other Cancers with Disordered PI3K Pathway

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

Cantrixil program in ovarian cancer has been showing positive results; further data expected 2H19

October 2017 (baseline)	January 2018





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

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Kazia is NASDAQ & ASX listed

Current Assets (Dec 18)	Debt
AU$ 11.6 million	Nil

Market Capitalisation	AU$ 22 million
Listing	NASDAQ: KZIA (1:10 ratio) ASX: KZA
Average Daily Volume	NASDAQ: 0.2% /day ASX: 0.1% /day
Average Daily Value	NASDAQ: US$ 21K /day ASX: AU$ 11K /day
Shares on Issue	62 million (25% US, 75% Australia)
Outstanding Options / Warrants	~6 million

KAZIA THERAPEUTICS

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

Other companies focused on the PI3K pathway have been highly-valued in the market

Infinity PHARMACEUTICALS	Single asset company with one PI3K inhibitor in phase I human trials	**US$ 90 million** Market Cap
TG Therapeutics	One PI3K inhibitor in phase II human trials, one other drug in phase III, and two in animal testing	**US$ 620 million** Market Cap
Verastem	One PI3K inhibitor approved in October 2018 for certain blood cancers, one other drug in human trials	**US$ 140 million** Market Cap
Calistoga Pharmaceuticals	One PI3K inhibitor in phase II human trials	Acquired by big pharma in 2011 for **US$ 375 million**

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www.kaziatherapeutics.com