

ASX RELEASE
9 November 2022

KAZIA TO PRESENT TO HCW BIOCONNECT INVESTOR CONFERENCE

Sydney, 9 November 2022 – Kazia Therapeutics Limited (NASDAQ: KZIA; ASX: KZA), an oncology-focused drug development company is pleased to provide the presentation due to be delivered by the CEO, Dr James Garner, to the Bell Potter Healthcare Conference in Sydney, Australia on Wednesday 9 November 2022.

About Kazia Therapeutics Limited

Kazia Therapeutics Limited (NASDAQ: KZIA; ASX: KZA) is an oncology-focused drug development company, based in Sydney, Australia.

Our lead program is paxalisib, a brain-penetrant inhibitor of the PI3K / Akt / mTOR pathway, which is being developed to treat multiple forms of brain cancer. Licensed from Genentech in late 2016, paxalisib is or has been the subject of ten clinical trials in this disease. A completed phase II study in glioblastoma reported promising signals of efficacy in 2021, and a pivotal study for registration, GBM AGILE, is ongoing, with final data expected in 2H CY2023. Other clinical trials are ongoing in brain metastases, diffuse midline gliomas, and primary CNS lymphoma, with several of these having reported encouraging interim data.

Paxalisib was granted Orphan Drug Designation for glioblastoma by the US FDA in February 2018, and Fast Track Designation for glioblastoma by the US FDA in August 2020. In addition, paxalisib was granted Rare Pediatric Disease Designation and Orphan Designation by the US FDA for DIPG in August 2020, and for atypical teratoid / rhabdoid tumours (AT/RT) in June 2022 and July 2022, respectively.

Kazia is also developing EVT801, a small-molecule inhibitor of VEGFR3, which was licensed from Evotec SE in April 2021. Preclinical data has shown EVT801 to be active against a broad range of tumour types and has provided compelling evidence of synergy with immuno-oncology agents. A phase I study commenced recruitment in November 2021.

For more information, please visit www.kaziatherapeutics.com or follow us on Twitter @KaziaTx.

This document was authorized for release to the ASX by Dr James Garner, CEO and Managing Director.

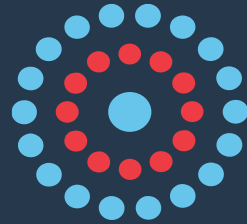
Board of Directors

Mr Iain Ross Chairman, Non-Executive Director

Mr Bryce Carmine Non-Executive Director

Mr Steven Coffey Non-Executive Director

Dr James Garner Chief Executive Officer, Managing Director



KAZIA
THERAPEUTICS



A Diversified Oncology Drug Development Company

Presentation to Bell Potter
Healthcare Conference

9 November 2022

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 substantial risks and uncertainties, not all of which may be known at the time. All statements contained in this presentation, other than statements of historical fact, including statements regarding our strategy, research and development plans, collaborations, future operations, future financial position, future revenues, projected costs, prospects, plans, and objectives of management, are forward-looking statements. Not all forward-looking statements in this presentation are explicitly identified as such.

Many factors could cause the actual results of the Company to differ materially from the results expressed or implied herein, and you should not place undue reliance on the forward-looking statements. Factors which could change the Company's expected outcomes include, without limitation, our ability to: advance the development of our programs, and to do so within any timelines that may be indicated herein; the safety and efficacy of our drug development candidates; our ability to replicate experimental data; the ongoing validity of patents covering our drug development candidates, and our freedom to operate under third party intellectual property; our ability to obtain necessary regulatory approvals; our ability to enter into and maintain partnerships, collaborations, and other business relationships necessary to the progression of our drug development candidates; the timely availability of necessary capital to pursue our business objectives; and our ability to attract and retain qualified personnel; changes from anticipated levels of customer acceptance of existing and new products and services and other factors.

Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, there can therefore be no assurance that such expectations will prove to be correct. The Company has no obligation as a result of this presentation to clinical trial outcomes, sales, partnerships, 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, or marketing existing products.

In addition, the extent to which the COVID-19 outbreak continues to impact our workforce and our discovery research, supply chain and clinical trial operations activities, and the operations of the third parties on which we rely, will depend on future developments, which are highly uncertain and cannot be predicted with confidence, including the duration and severity of the outbreak, additional or modified government actions, and the actions that may be required to contain the virus or treat its impact.

Any forward-looking statements contained in this presentation speak only as of the date this presentation is made, and we expressly disclaim any obligation to update any forward-looking statements, whether because of new information, future events or otherwise.

Company Overview

A late-clinical-stage oncology drug development company



Paxalisib

Brain-penetrant pan-PI3K / mTOR inhibitor

- Well-validated class with 5x 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, and primary CNS lymphoma

Well-validated asset

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

Rich commercial opportunity

- Glioblastoma alone sized at US\$ 1.5 billion per annum
- Commercial licensee in place for China

Final Phase III Data: 2H CY2023

EVT801

Selective VEGFR3 inhibitor

- Avoid off-target toxicity of older angiokinase inhibitors
- Primarily targets lymphangiogenesis

Currently in phase I for advanced solid tumors

- Adaptive, biomarker-rich study ongoing at 2 sites in France

Potential use in many solid tumors

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

Potential combination with immunotherapy

- Strong evidence of synergy in preclinical data opens possibility of monotherapy or combination use

Initial Phase I Data: 1H CY2023

Company is dual-listed on NASDAQ (KZIA) and ASX (KZA) with market cap around US\$ 20 million

Licensing-driven business model, with programs sourced from Genentech (paxalisib) and Sanofi / Evotec (EVT801)

Cash runway to 1Q CY2023, with potential opportunities for non-dilutive income via additional partnering activity

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

Lead Program – Paxalisib

Strategic focus on brain cancer

CORE FOCUS

Brain Metastases

Cancer that has spread to the brain from elsewhere in the body

- 200,000 new cases pa in US
- 3 ongoing trials of paxalisib

Glioblastoma

Most common and most aggressive primary brain cancer

- 13,000 new cases pa in US
- 2 ongoing trials of paxalisib

Diffuse Midline Gliomas

Most lethal cancer of childhood with no FDA-approved drug therapy

- 800 new cases pa in US
- 2 ongoing trials of paxalisib

EXPLORATORY AREAS

Primary CNS Lymphoma

Non-Hodgkin's Lymphoma that occurs in the brain

- 2,000 new cases pa in US
- 1 ongoing trial of paxalisib

Melanoma

Most lethal form of skin cancer

- 100,000 new cases pa in US
- Ongoing research with paxalisib

AT/RT

Rare form of childhood brain cancer with no FDA-approved drug therapy

- 200 new cases pa in US
- Ongoing research with paxalisib

Low-Grade Glioma

Less aggressive form of brain cancer, mainly in younger adults

- 3,000 new cases pa in US
- Area of research interest

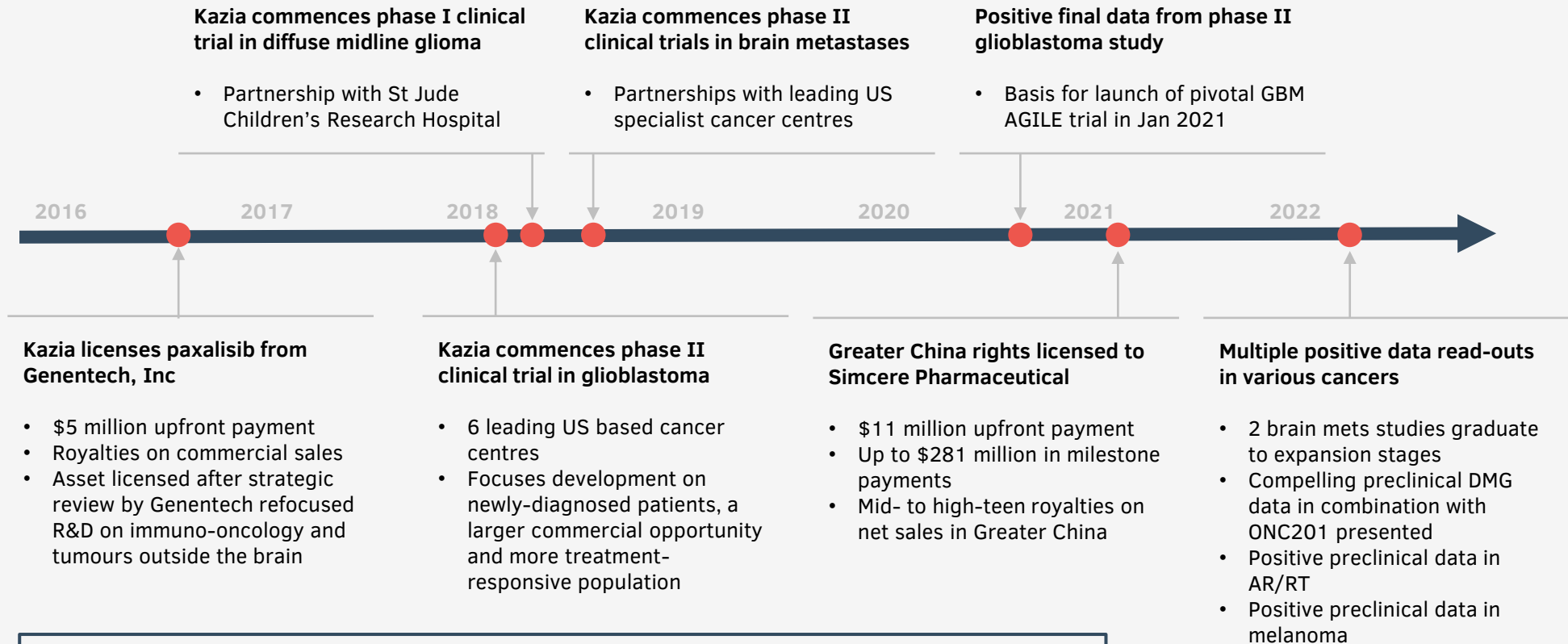
Breast Cancer

Most common cancer of female patients

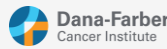
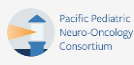
- 290,000 new cases pa in US
- Area of research interest

Paxalisib History

Asset licensed from Genentech in 2016



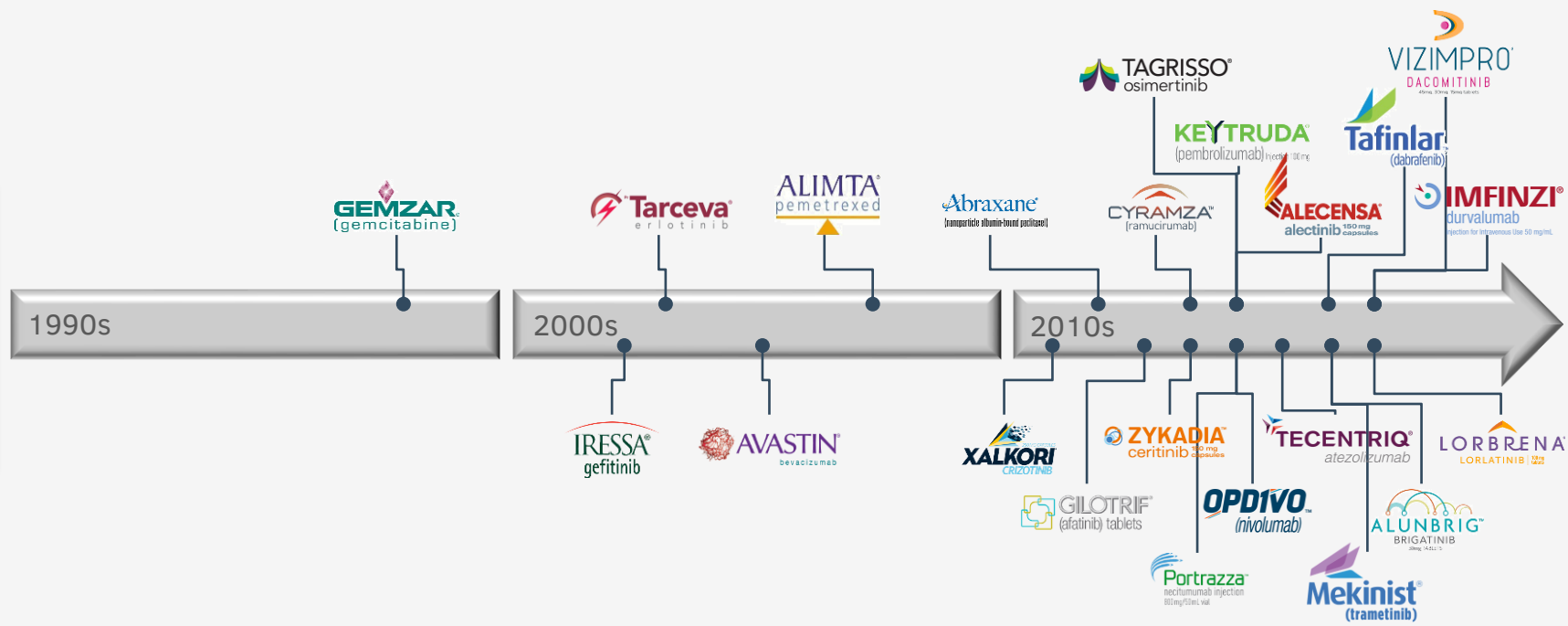
Collaborations with Leading Brain Cancer Research Centres



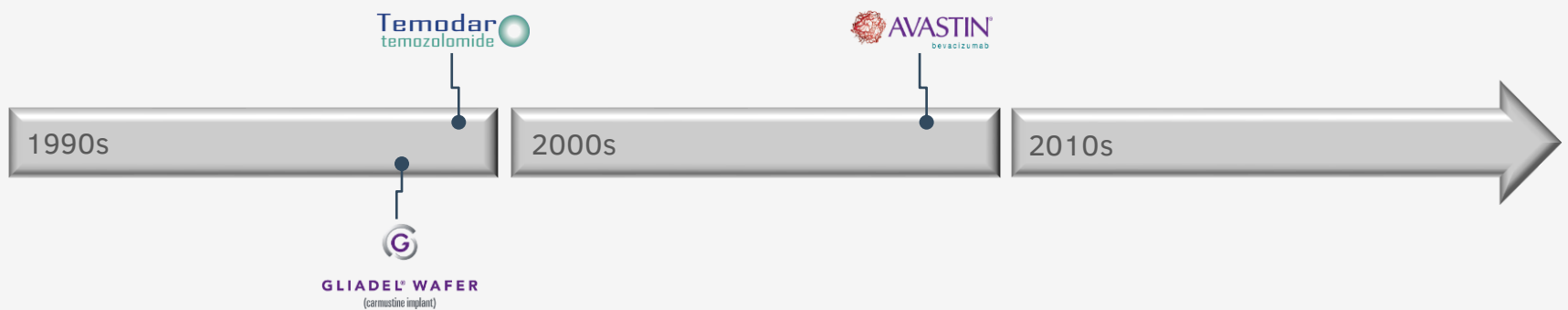
Competitive Landscape

Brain cancer is very poorly served by existing therapies

Lung Cancer









Brain Cancer (glioblastoma)



Paxalisib Mechanism of Action

Only brain-penetrant drug in well-proven 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) 50 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

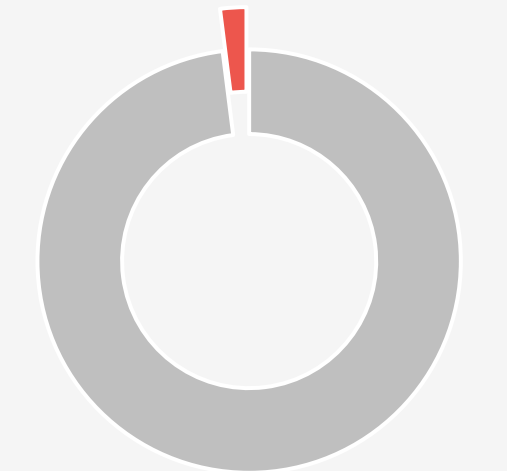
- Breast cancer

UKONIQ
umbralisib 200 mg tablets

- Follicular lymphoma

3 Paxalisib is the only brain-penetrant PI3K inhibitor

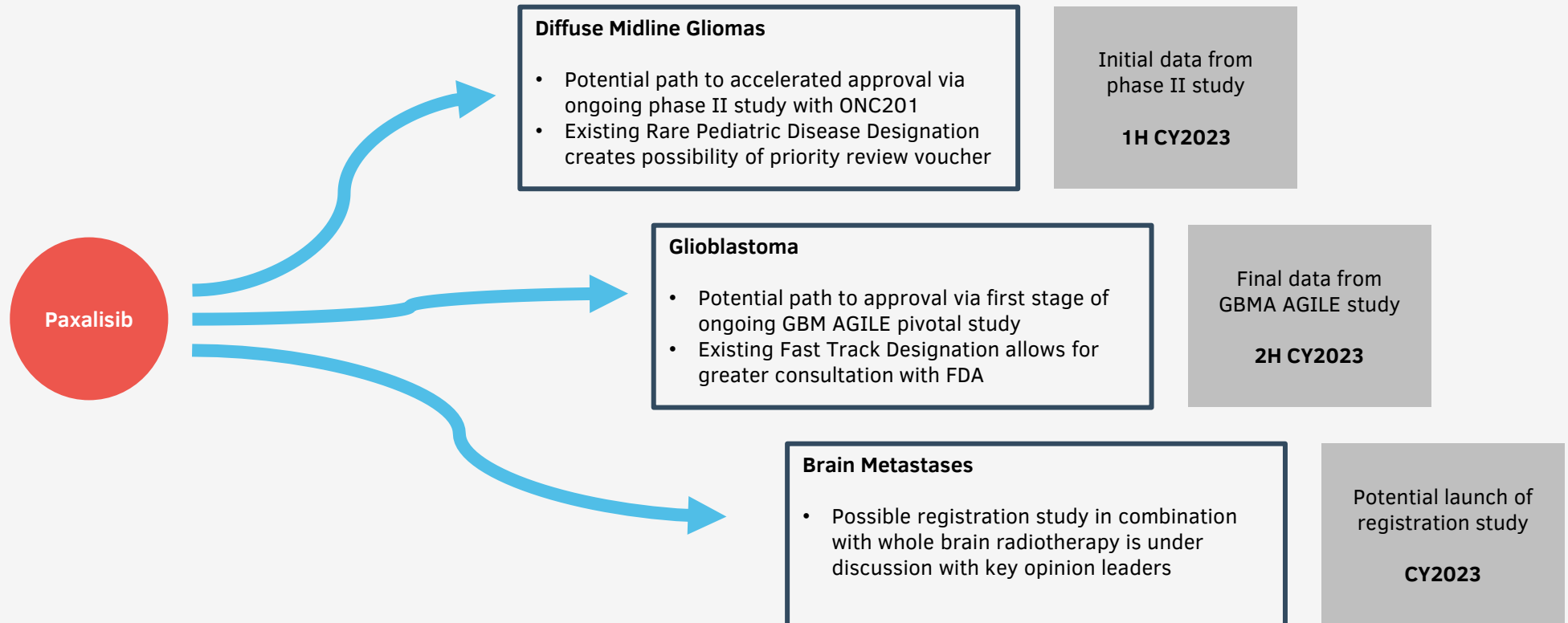
Only 2% of small-molecule drugs are brain-penetrant



- Not able to cross blood-brain barrier
- Able to cross blood-brain barrier

Paxalisib – Potential Paths to Registration

Multiple opportunities to become a marketed product

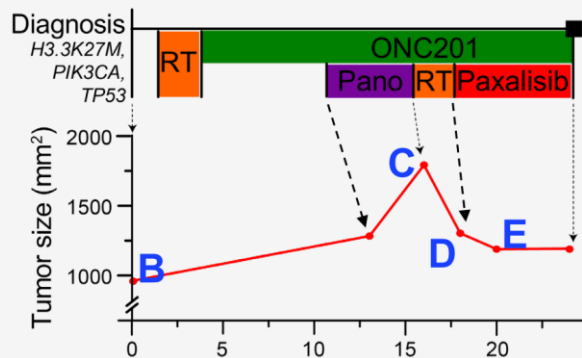


Paxalisib in Diffuse Midline Gliomas

Case studies from compassionate use suggest activity

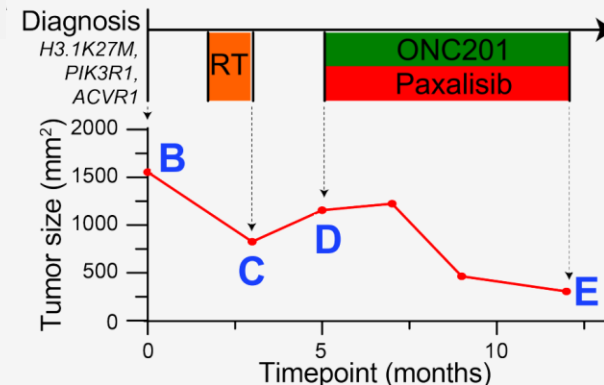
Patient 1

- Commenced ON201 + paxalisib immediately following re-irradiation
- At 5 months, MRI showed continued regression of primary tumour and clinical improvement
- Patient succumbed unexpectedly of pneumonia, with autopsy showing no evidence of new tumour growth or tumour-related mortality



Patient 2

- Commenced ONC201 + paxalisib following radiotherapy after diagnosis
- Tumour size has decreased by 80% (versus diagnosis) or 68% (versus post-RT)
- Patient has returned to school with marked reduction of DIPG-associated symptoms, and dramatic and continued tumour regression

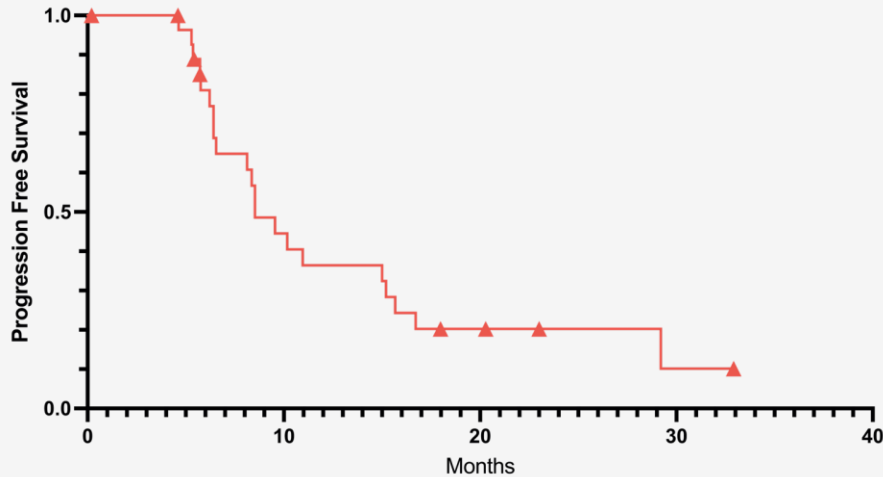


Paxalisib in Glioblastoma

Phase II study suggests efficacy superior to existing treatment

Progression-Free Survival (PFS)

(n=30)

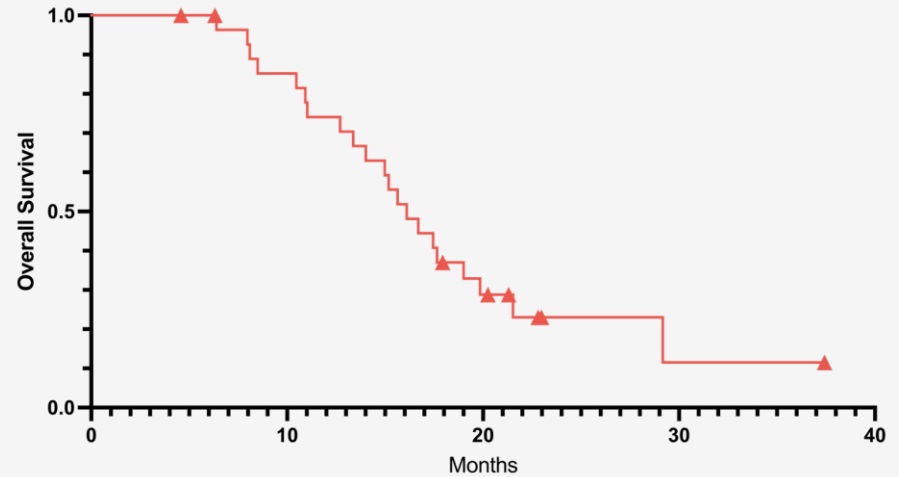


Median PFS: **8.6 months** (6.6-11.0)

Comparator figure for existing therapy: **5.3 months**
(Hegi et al. 2005)

Overall Survival (OS)

(n=30)



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

Comparator figure for existing therapy: **12.7 months**
(Hegi et al. 2005)

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

Paxalisib in Glioblastoma

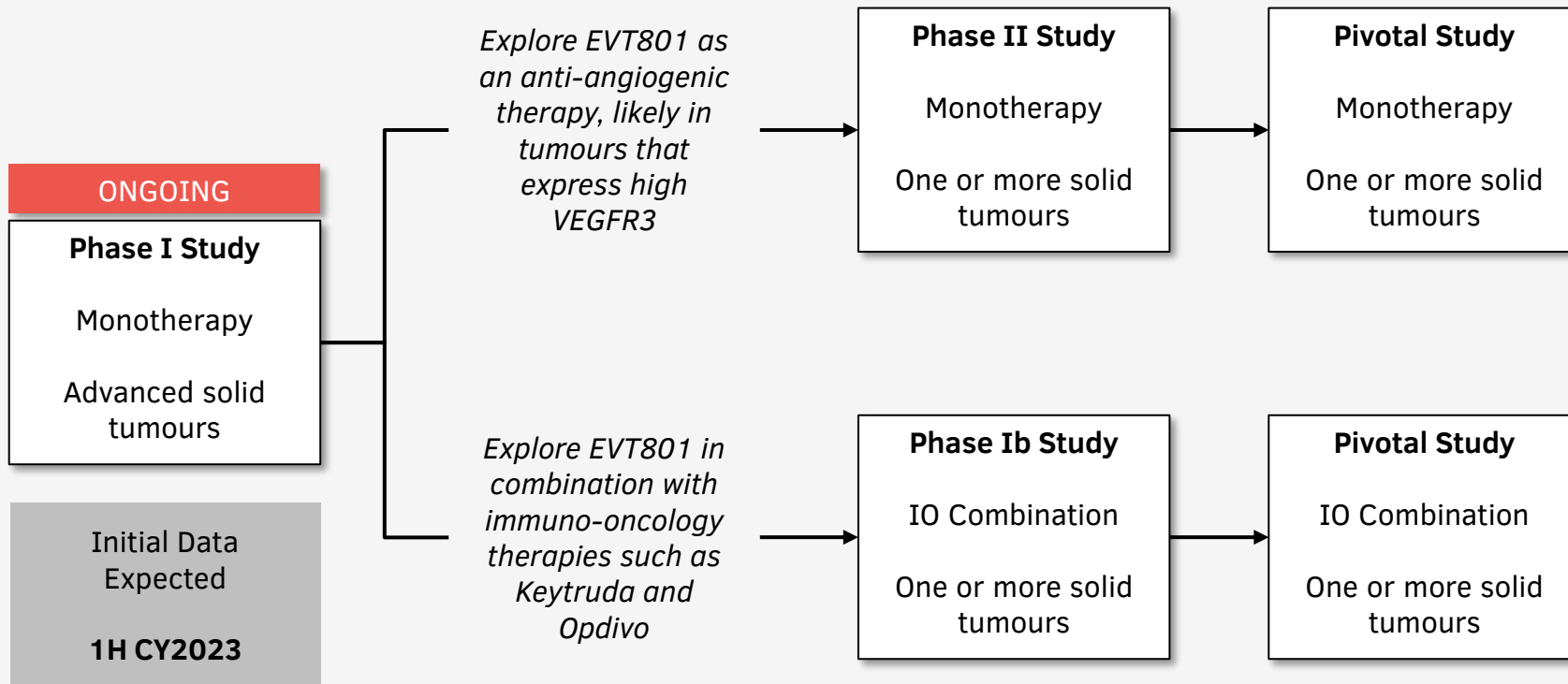
Safety profile is favorable for a drug in advanced cancer

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%)

Second Drug in Clinical Trials

EVT801 has potential in a wide range of cancers



Board and Management Team

Extensive experience in drug development

Board of Directors



Iain Ross
Chairman of the Board



Bryce Carmine
Independent Director



Steven Coffey
Independent Director



Dr James Garner
Managing Director



Management Team



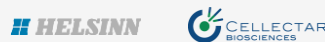
Dr James Garner
Chief Executive Officer



Karen Krumeich
Chief Financial Officer



Dr John Friend
Chief Medical Officer



Kate Hill
Company Secretary



Scientific Advisory Board



Priscilla Brastianos, MD



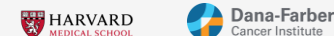
John de Groot, MD



Alan Olivero, PhD

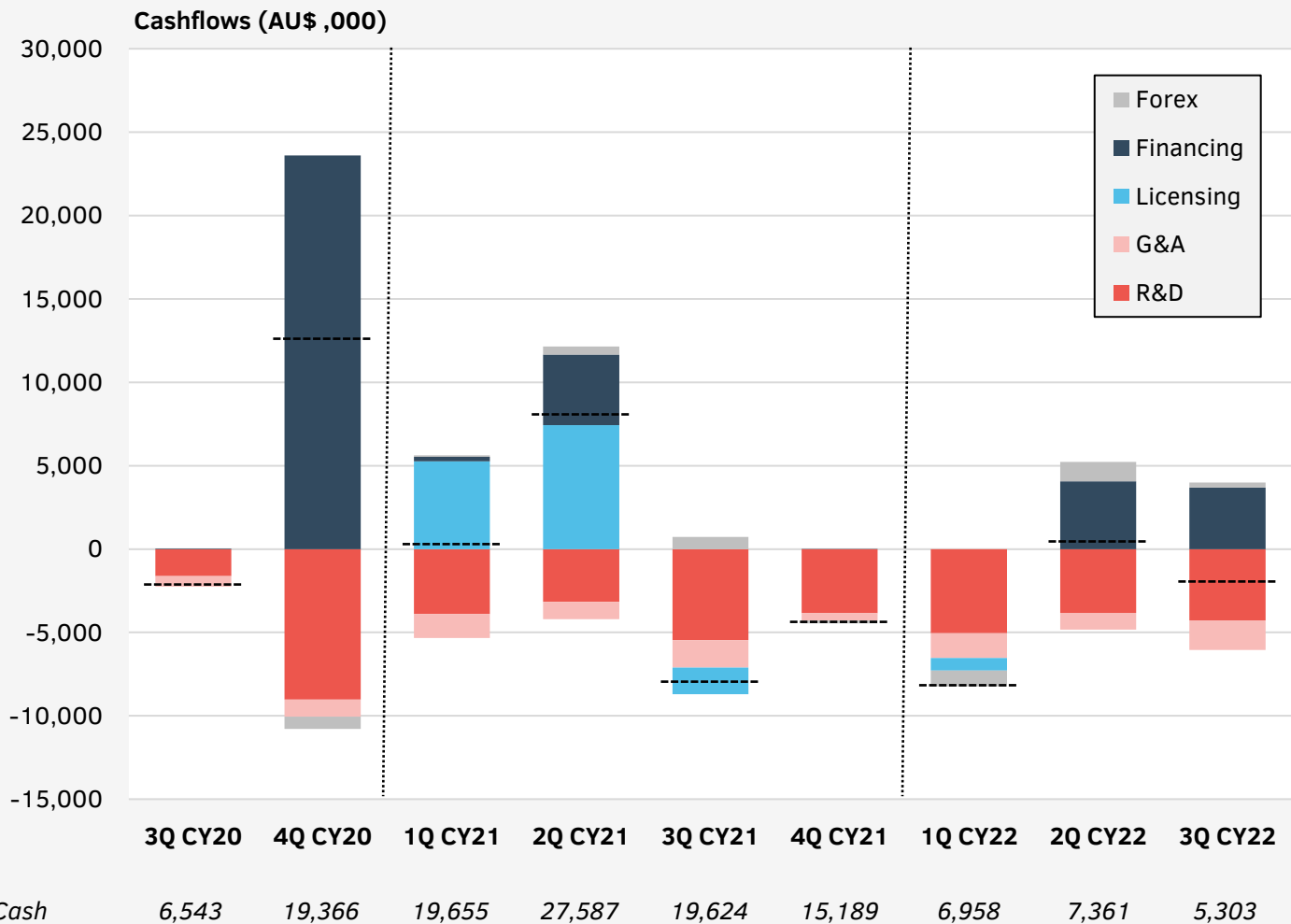


Patrick Y Wen, MD



Financial Metrics

Lean operating model drives high level of cash efficiency



Cash Position	
Cash (at 30 Jun 22)	AU\$ 7.4M ~US\$ 5M

Burn Rate and Runway	
Average Monthly Expenditure (FY22)	AU\$ 1.8M ~US\$ 1.2M
Runway	1Q CY2023

Operating Efficiency	
% Spend on R&D	~80%

Source: Company ASX Appendix 4C Filings

CY2022-23 Milestones and Newsflow

Multiple catalysts across two clinical programs

Commence recruitment to paxalisib phase II GBM study at Weill Cornell	1H CY2022	✓
Preclinical data for paxalisib in AT/RT presented at AACR (April 2022)	1H CY2022	✓
Preclinical data for paxalisib in DIPG presented at ISPNO (June 2022)	1H CY2022	✓
Final data from Kazia's paxalisib phase II study in GBM presented at ASCO (June 2022)	1H CY2022	✓
Initial data from paxalisib phase II brain metastases study with Alliance for Clinical Trials in Oncology	1H CY2022	✓
Paxalisib granted orphan drug designation and rare pediatric disease designation in AT/RT by FDA	1H/2H CY2022	✓
Initial interim data from paxalisib + radiotherapy phase I brain mets study at Memorial Sloan-Kettering	2H CY2022	✓
Preclinical data for paxalisib in melanoma presented at SMR (October 2022)	2H CY2022	✓
Initial interim data from paxalisib phase II PCNSL study at Dana-Farber	1H CY2023	
Initial interim data from paxalisib phase II DIPG study with PNOC	1H CY2023	
Further interim data from paxalisib brain metastases trials	1H CY2023	
Initial interim data from Kazia's EVT801 phase I trial	1H CY2023	
Final data from GBM AGILE pivotal study of paxalisib	2H CY2023	

Italics – updated guidance

Note: all guidance is indicative, and subject to amendment in light of changing conference schedules, operational considerations, etc.



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