

KAZIA
THERAPEUTICS



A Diversified, Clinical-Stage Oncology Drug
Development Company

EVT-801: A clinical stage, first-in-class
small molecule targeting tumor
(lymph)-angiogenesis

Non-confidential deck
March 2024

Forward-Looking Statements

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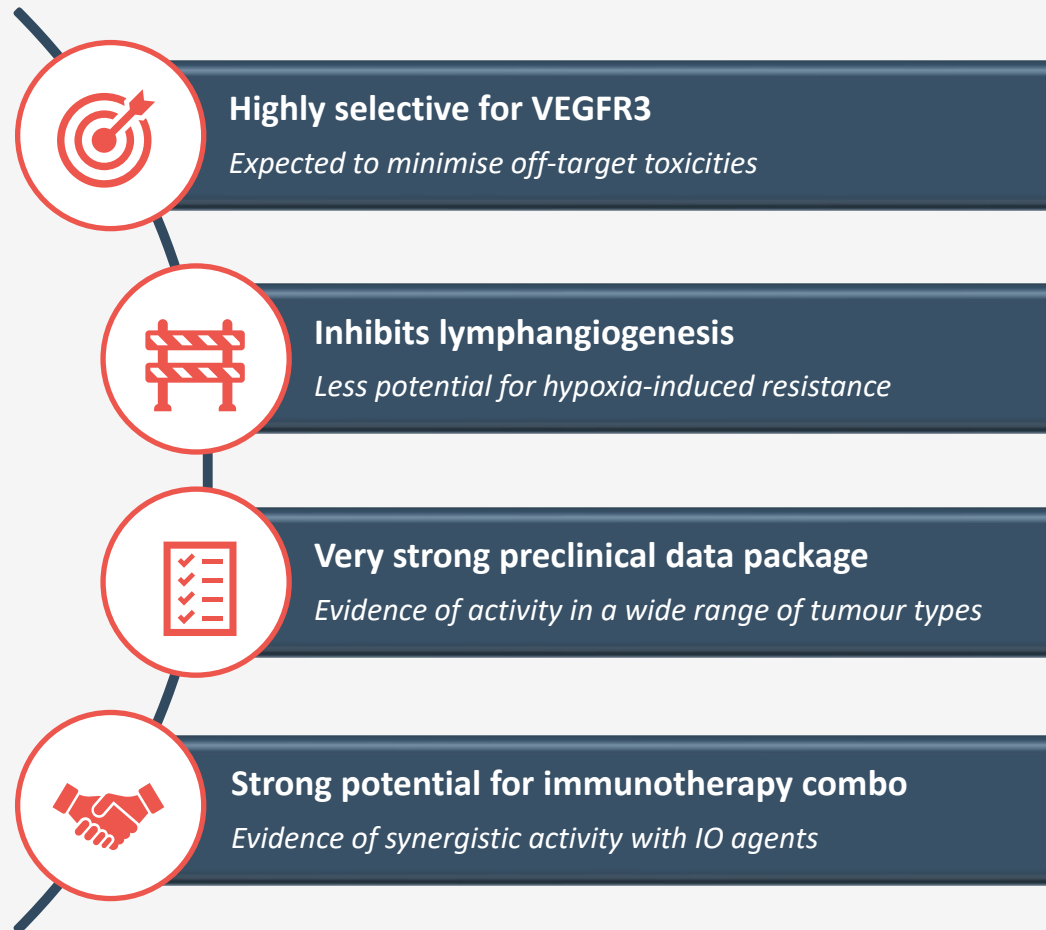
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EVT801 is a highly selective VEGFR3 inhibitor, primarily inhibiting lymphangiogenesis (formation of new lymphatic vessels)



Oral Presentation

Administered by mouth once or twice daily

Strong IP Protection

Composition-of-matter to 2032 / 2033 in most jurisdictions

Low Cost of Goods

Straightforward manufacture with excellent stability











Favourable Preclinical Toxicology

Limited evidence of toxicity in one-month GLP studies

In Clinical Development

Currently undergoing Phase 1 clinical trial in Europe

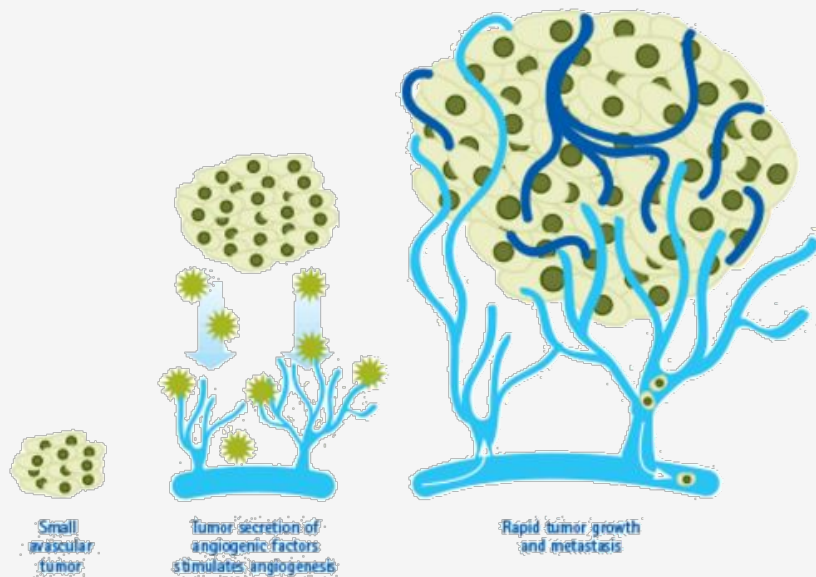
Targeting angiogenesis is a well-established approach in the treatment of cancer

Product	Company	Target	Indications	Annual Sales (US\$)*
 <p>AVASTIN[®] bevacizumab 100 MG/4 ML INJECTION FOR IV USE</p>	 <p>Genentech A Member of the Roche Group</p>	VEGF-A	<ul style="list-style-type: none"> • Colorectal cancer • Lung cancer • Breast cancer • Other cancers 	\$7 billion
 <p>Nexavar[®] (sorafenib) tablets</p>	 <p>BAYER</p>	VEGFRs PDGFRs RAF kinases	<ul style="list-style-type: none"> • Hepatocellular carcinoma • Renal cell carcinoma • Thyroid cancer 	\$1 billion
 <p>SUTENT[®] sunitinib malate capsules</p>	 <p>Pfizer</p>	VEGFRs PDGFRs	<ul style="list-style-type: none"> • Renal cell carcinoma • Gasto-intestinal stromal tumour 	\$750 million
 <p>Votrient[®] pazopanib tablets (200 mg)</p>	 <p>NOVARTIS</p>	VEGFRs PDGFRs c-Kit FGFRs	<ul style="list-style-type: none"> • Renal cell carcinoma • Soft tissue sarcoma 	\$1 billion
 <p>Inlyta[®] axitinib 1mg and 5mg tablets</p>	 <p>Pfizer</p>	VEGFRs c-Kit PDGFRs	<ul style="list-style-type: none"> • Renal cell carcinoma 	\$400 million

*approximate, based on company filings and market data

Despite their proven efficacy, angiogenesis inhibitors are limited by several key challenges

Angiogenesis inhibitors work by reducing the formation of **new blood vessels** around the tumour, starving it of vital nutrients needed for tumour growth, and limiting its ability to spread elsewhere in the body



1

Tumour Hypoxia

Sustained tumour hypoxia activates adaptive mechanisms, leading to secondary resistance and tumour progression



Limited Duration of Effect

2

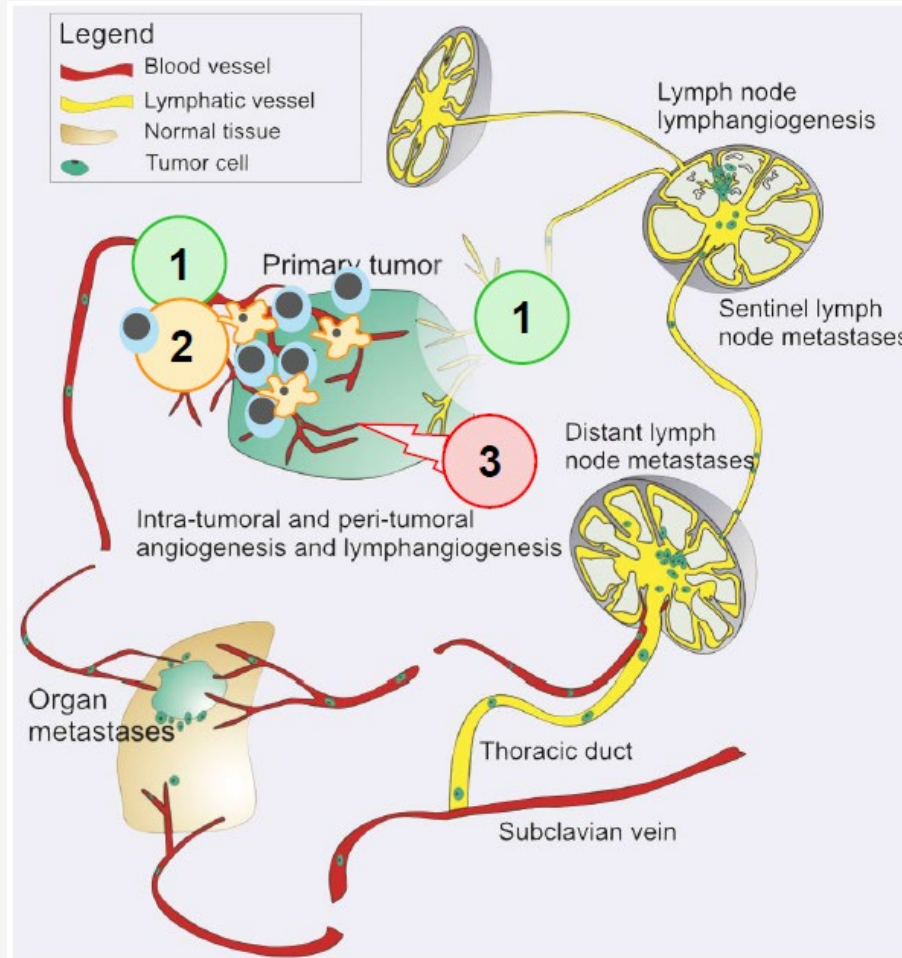
Off-Target Activity

Most small molecule angiogenesis inhibitors have a broad range of pharmacological activities, leading to substantial toxicity (e.g. hypertension proteinuria & hand-foot syndrome)



Significant Side Effects

EVT801: A differentiating anti-tumour approach



1 Inhibition of tumour escape and metastasis

- Stabilisation of tumour vasculature
- Inhibition of (lymph)-angiogenesis
- Avoidance of hypoxia decreases potential for metastatic spread

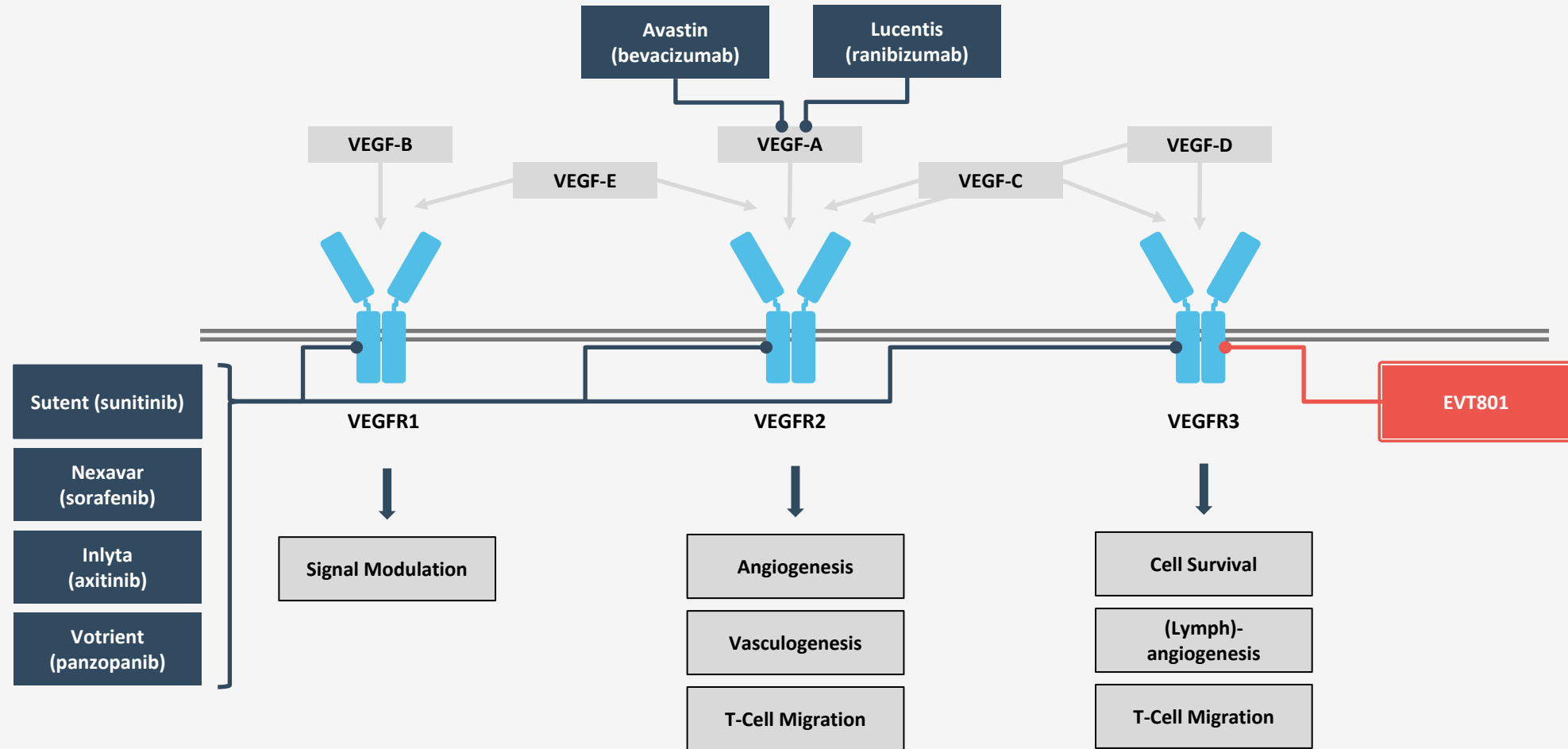
2 Increase in anti-tumour immune activity

- No impact on T-cells viability
- Increased infiltration of effector T-cells
- Reduction in immunosuppressive myeloid cells

3 Tumour Killing

- Direct effect on VEGFR3-expressing tumour cells (typically from endothelial origin, e.g. sarcoma)

EVT801 selectively inhibits VEGFR3



EVT801 has a unique mode of action compared to angiokinase inhibitors

Unique mode of action:

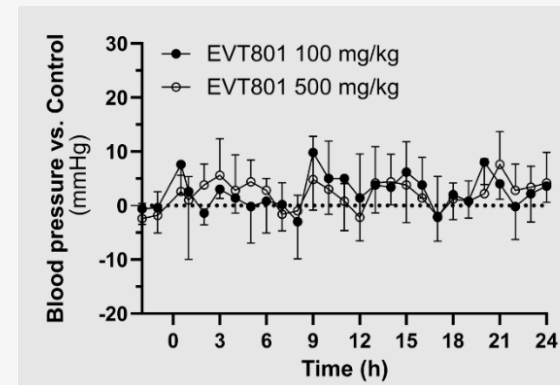
Characteristics	EVT801	Angiokinase inhibitors
Blood vessel normalization	<ul style="list-style-type: none"> Tumour blood vessel normalization through avoidance of hypoxia decreases potential for metastatic spread 	<ul style="list-style-type: none"> Tumour escape due to only transient tumour blood vessel normalization inducing hypoxia
Immune activity	<ul style="list-style-type: none"> No impact on CD3⁺ T-cells proliferation Reduction in immunosuppressive cells (CD45⁺ PDL1⁺ & M2) Increase in pro-inflammatory macrophages (M1) 	<ul style="list-style-type: none"> Inhibition of CD3⁺ T-cell proliferation Increase in immunosuppressive cells Decrease of pro-inflammatory macrophages (M1)

Safety:

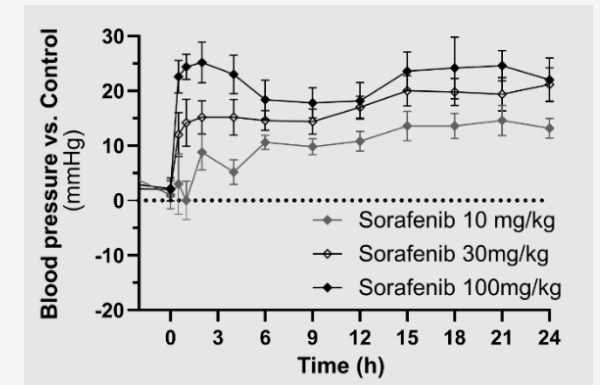
EVT801 does not induce hypertension in telemetered rats unlike sorafenib

- EVT801 does not induce any significant hypertension even after administration of 500mg/kg
- A single administration of sorafenib from 10mg/kg produces dose-dependant and long-lasting increases in mean arterial pressure with a rapid onset of action

EVT801



Sorafenib



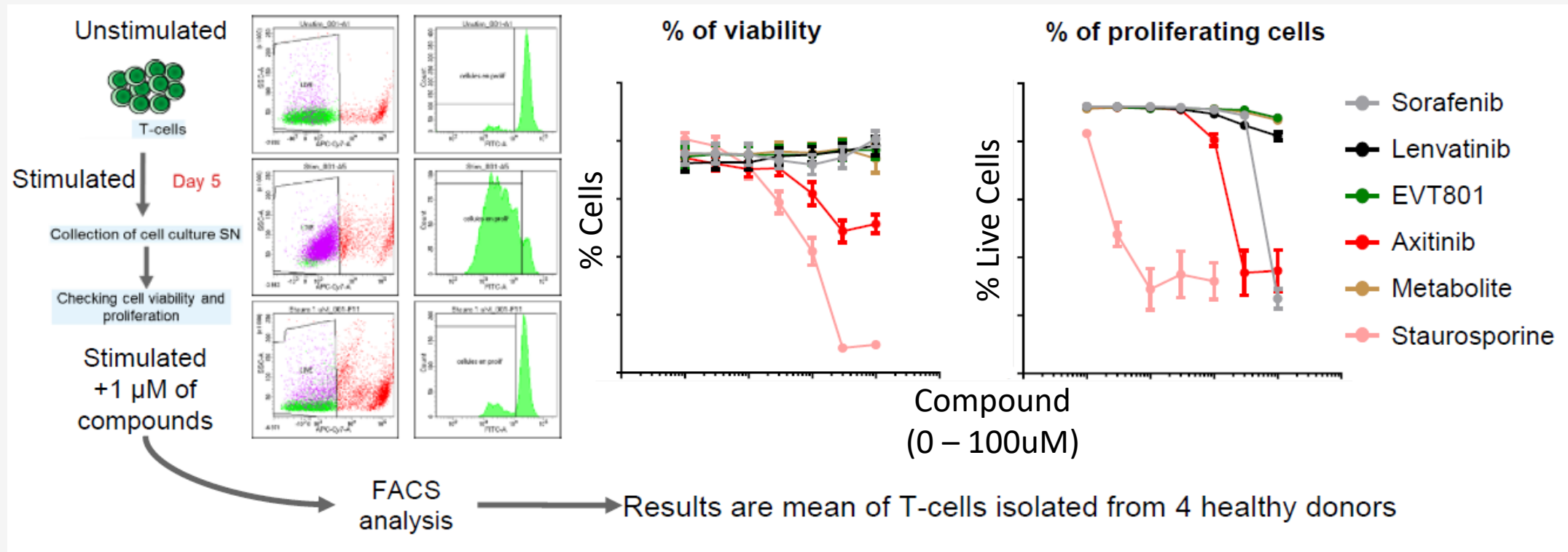
Current anti-VEGF agents have limitations

Target characteristic	EVT801	Multi-VEGF inhibitors
Potent small molecule VEGFR3 inhibitor	✓	✓
High selectivity over other VEGF receptors and TK panel	✓	X
Orally available	✓	✓
Effective as single agent in high VEGFR3 expression models	✓	✓
Potential companion diagnostic	✓	X
Equipotent to sorafenib	✓	✓
Reduced hypoxia/necrosis	✓	X
Well-tolerated in animal models	✓	✓
Reduce macrophage infiltration	✓	X
No inhibition of T cell function	✓	X
Potential for orphan status	✓	✓
Inhibits lymphangiogenesis	✓	X

Compound	Cellular <i>in vitro</i> IC ₅₀ (nM)	
	VEGFR2	VEGFR3
EVT801	241	21
EVT801 metabolite	424	37
Lenvatinib	58	390
Fruquintinib	568	2,097

- **More potent on VEGFR3** than second generation mTKIs
- **High cellular activity on VEGFR3** compared to key competitor compounds
- Active as single agent in range of models **without inducing hypoxia**
- Selective over GPCRs, ion channels, kinases
- **Negative** for Cytotoxicity, Ames, hERG, Cyp inhibition

Unlike many mTKIs, EVT801 does not inhibit CD3⁺ T-cell function



- Sorafenib and axitinib inhibit T-cell proliferation
- **EVT801 and its metabolite have no negative impact on T-cell viability and proliferation (as well as Lenvatinib)**

Preclinical data confirms activity of EVT801 (1/2)

Dramatic single-agent activity in DEN-induced Hepatocellular carcinoma model

Experimental Methods

- Syngeneic mouse model
- HCC chemically induced with diethylnitrosamine (DEN)
- Treatment with EVT801 in M10-M12

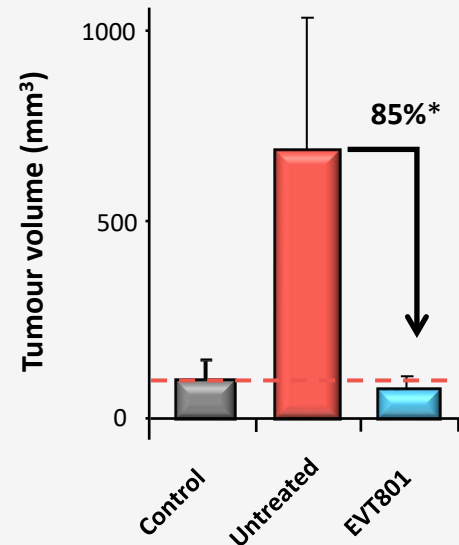
Conclusions

- EVT801 monotherapy causes marked reduction in growth of primary tumour versus untreated comparator
- EVT801 appears to have significant anti-metastatic effect

Tumour Growth

Total Tumour Volume

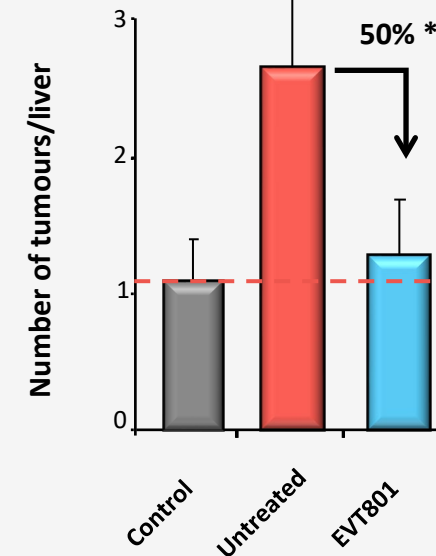
85% reduction



Metastasis

Number of Tumours in the Liver

50% reduction



* Statistically significant ($p < 0.05$)

Preclinical data confirms activity of EVT801 (2/2)

Synergistic activity in combination with anti-CTLA4 mAb

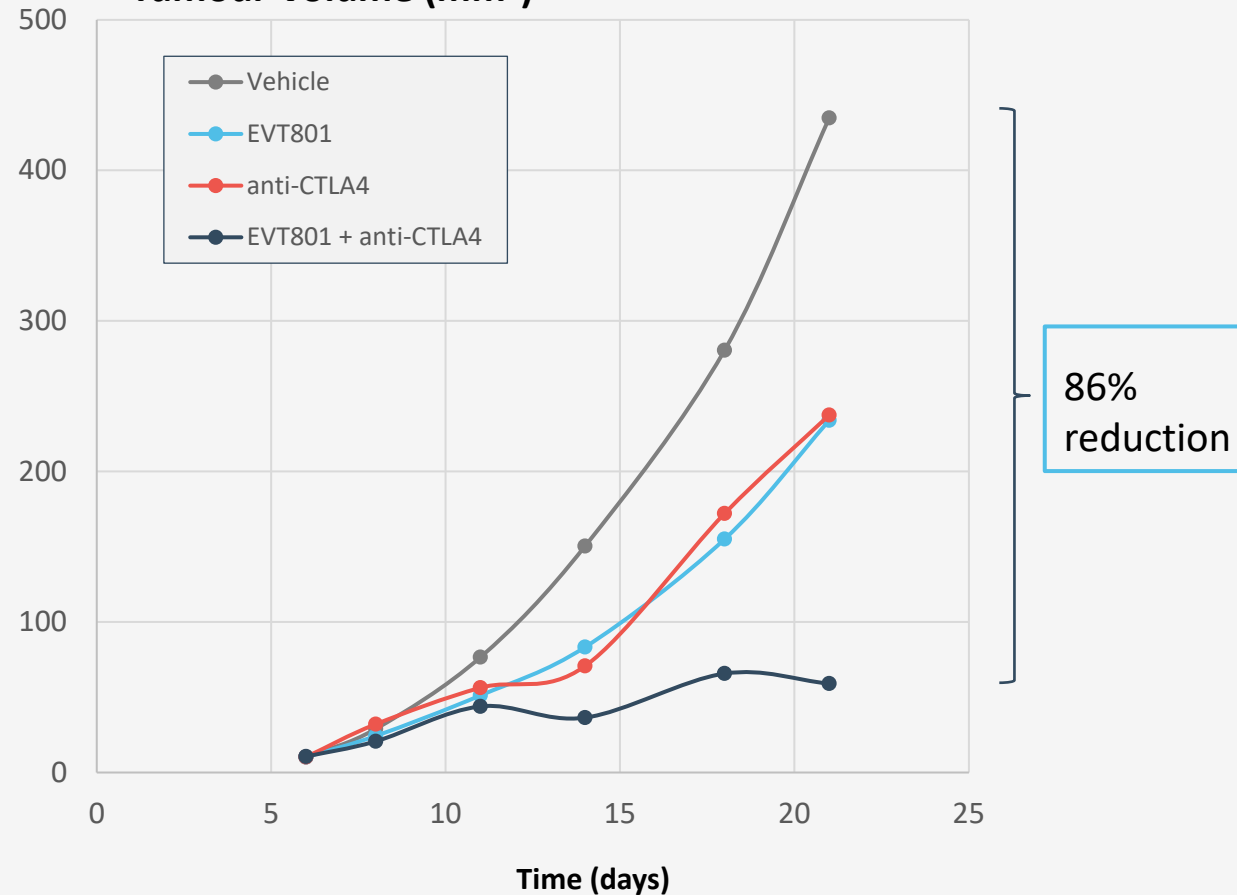
Experimental Methods

- Orthotopic tumour mouse model
- 4T1 tumour cells inoculated in BALB/c mice (mammary fat pad)
- Treatment with EVT801 on D7-D21 and with anti-CTLA4 on D7, D14, D21

Conclusions

- EVT801 monotherapy has approximately equivalent activity to anti-CTLA4 antibody
- Combination of EVT801 and anti-CTLA4 antibody is highly synergistic

Tumour Volume (mm³)

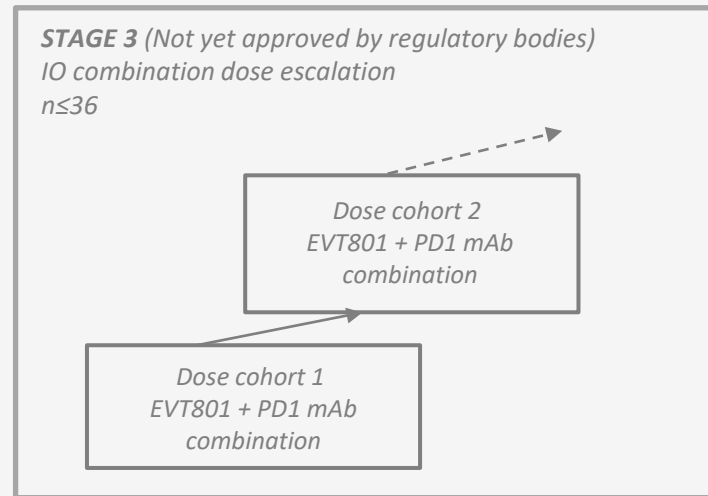
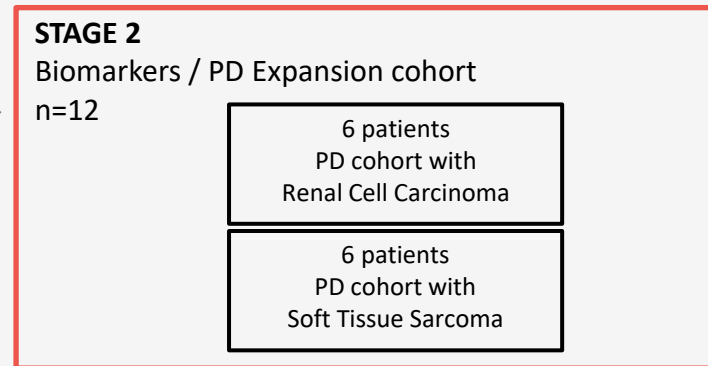
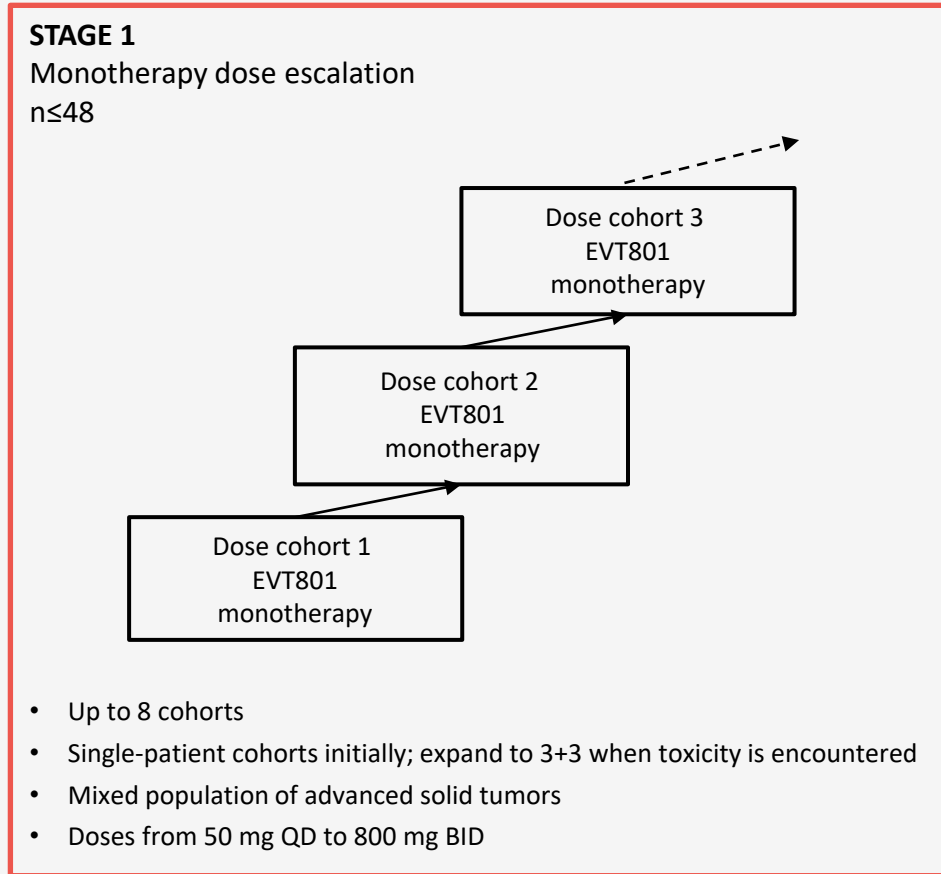


Data on file

Note: CTLA4 is the target of Yervoy® (ipilimumab), an approved immuno-oncology therapy

Phase 1 dose-finding trial ongoing in France – KZA 0801-101: NCT05114668

Target population: Histologically-confirmed advanced or metastatic solid tumours, unresponsive to standard treatment, or for whom no standard treatment is available or appropriate



Clinical sites (France only) :

- IUCT-Oncopole, Toulouse - PI : Dr Gomez-Roca
- Centre Léon Bérard, Lyon – PI : Dr Philippe Cassier

Stage 2: RCC: renal cell carcinoma; STS: soft tissue sarcoma; High grade serous (HGS) ovarian cancer under consideration

MTD = Most Tolerated Dose ; RP2D = Recommended Phase 2 Dose

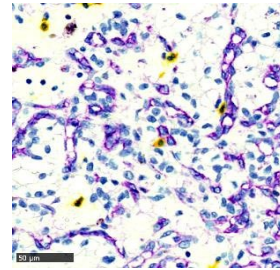
Exploratory biomarkers during Phase 1 clinical trial

EVT801 Biomarkers Strategy

1

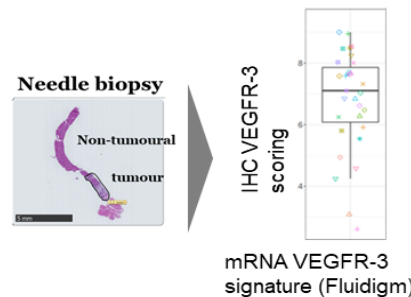
Patient characterization based on VEGFR-3 /CAIX/CD8 expression on archival tissues and/or biopsies

- VEGFR-3 protein signature by histology
 - VEGFR-3/CAIX/CD8/CD31/PD-L1



VEGFR-3 & Resistance to PD-1 mAb mRNA signatures on archival tissues and/or biopsies:

- VEGFR-3 mRNA signature by Fluidigm
- PD-1 mAb resistance mRNA signature



2

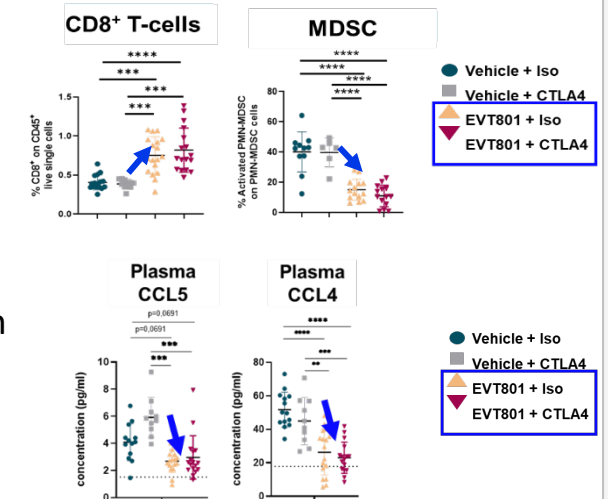
Unbiased biomarker:

- Total RNA sequencing on blood cells at C1D1 vs CD2D1

3

Circulating endpoint biomarkers:

- Immunomonitoring based on CD8^{pos} T-cells /MDSC ratio
- Proteins signature based on chemokines involved in inflammation & angiogenesis



4

Safety biomarkers to control hypertension:

- Blood pressure measurement as EVT801 dose not induce hypertension in preclinical toxicology model.

5

Resting samples will include:

Frozen plasma, frozen whole blood, frozen PBMCs

Status of Phase 1 Clinical Study: KZA 0801-101

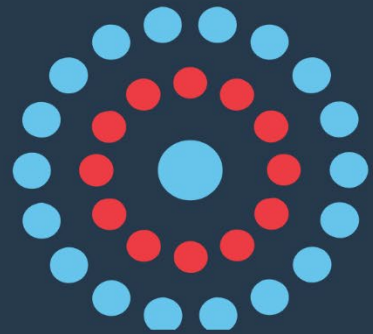
EVT801 Clinical Study		
Protocol Number	Study Name	Study Update
KZA 0801-101	A Phase 1, First in Human, Open Label Study to Assess the Safety, Tolerability, and Pharmacokinetics of EVT801 in Patients with Advanced Solid Tumours	<p>To date 32 patients included in the study</p> <ul style="list-style-type: none">• 26 patients treated• 5 dosing cohorts completed up to 400mg BID• Actively enrolling patients in the 500mg BID cohort <p>A number of patients have remained on treatment for two or more cycles with 7 reaching cycle 3 (one reaching Cycle 9)</p> <p>Biomarkers have shown strong VEGFR3 expression in some indications, and we have observed encouraging clinical activity in HGS* ovarian cancer patients (strongly expressing VEGFR3)</p>

Stage 1 Clinical and Biomarker update accepted for presentation at AACR 2024, April 5-10, San Diego, California

*HGS: High grade serous

Key Points

- 1 Well-understood mechanism (anti-angiogenesis) with unique differentiating feature (high VEGFR3 selectivity)
- 2 Strong preclinical data package, with evidence of activity in multiple tumours and favorable toxicology
- 3 Potential for combination use with immuno-oncology therapies
- 4 Ongoing phase 1 clinical study demonstrating favorable safety and tolerability profile to date. Additional clinical and biomarker data accepted for presentation at AACR 2024
- 5 Encouraging signal of activity in HGS ovarian cancer as well as strong VEGFR3 biomarker expression in multiple indications
- 6 Anticipate Stage 1 completion 2Q 2024



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www.kaziatherapeutics.com

info@kaziatherapeutics.com