KAZIA THERAPEUTICS

A Diversified Oncology Drug Development Company

Kazia Corporate Overview

August 2025

Forward Looking Statements

This presentation contains forward -looking statements, which can generally be identified as such by the use of words such as “may,” “will,” “estimate,” “future,” “forward,” “anticipate,” “plan,” “expect,” “explore,” “potential” or other similar words. Any statement describing Kazia's future plans, strategies, intentions, expectations, objectives, goals or prospects, and other statements that are not historical facts, are also forward-looking statements, including, but not limited to, statements regarding: the timing for interim or final results and data related to Kazia’s clinical and preclinical trials, or third-party trials evaluating Kazia’s product candidates, timing and plans with respect to enrolment of patients in Kazia’s clinical and preclinical programs, the potential benefits of paxalisib and EVT801, the potential results of combination studies of paxalisib and other collaborations, timing for any regulatory submissions or discussions with regulatory agencies, the potential market opportunity for paxalisib and EVT801, and Kazia’s strategy and plans with respect to its business and programs. Such statements are based on Kazia’s expectations and projections about future events and future trends affecting its business and are subject to certain risks and uncertainties that could cause actual results to differ materially from those anticipated in the forward-looking statements, including risks and uncertainties: associated with clinical and preclinical trials and product development, the risk that interim data may not be reflective of final data, related to regulatory approvals, and related to the impact of global economic conditions, including disruptions in the banking industry. These and other risks and uncertainties are described more fully in Kazia’s Annual Report, filed on Form 20-F with the SEC, and in subsequent filings with the SEC. Kazia undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events, or otherwise, except as required under applicable law. You should not place undue reliance on these forward-looking statements, which apply only as of the date of this presentation.

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Company Overview

A late-clinical-stage oncology drug development company

KAZIA THERAPEUTICS

Paxalisib

Advanced breast cancer trial launched 1Q CY2025

Potential best in class PI3K pathway inhibitor

- Designed to be best in class PI3K pathway inhibitor with modest mTOR activity
- Only brain-penetrant PI3K inhibitor in development

Overcoming immunotherapy drug resistance

- Reduced primary tumor burden & metastasis in combination with checkpoint inhibitor or PARP inhibitor in 4T1 TNBC model

Unique asset being evaluated in multiple trials

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

Rich potential commercial opportunity

- TNBC market predicted to grow to USD $1.5b by 2030
- Commercial licensee in place for China
- Licensee for intractable seizures in rare CNS diseases

EVT801

Phase 1 final data anticipated CY2025

Selective VEGFR3 inhibitor

- Designed to avoid off-target toxicity of older, non-selective angiokinase inhibitors
- Primarily targets lymphangiogenesis

Completed phase 1 for advanced solid tumors

- Preliminary data from adaptive, biomarker study at 2 leading cancer sites in France presented at 2024 AACR Ovarian Cancer Research Symposium

Potential use in multiple solid tumor types

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

Potential combination with immunotherapy

- Strong evidence of synergy in preclinical data supports potential of monotherapy or combination use

Corporate Highlights

Licensing-driven business model focused on high quality, differentiated clinical-stage assets sourced from Genentech (paxalisib) and Sanofi / Evotec (EVT801)

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

Potential opportunities for non-dilutive income via additional partnering activity

Delisted from Australian Securities Exchange (ASX) in Nov 2023; now solely listed on NASDAQ (KZIA)

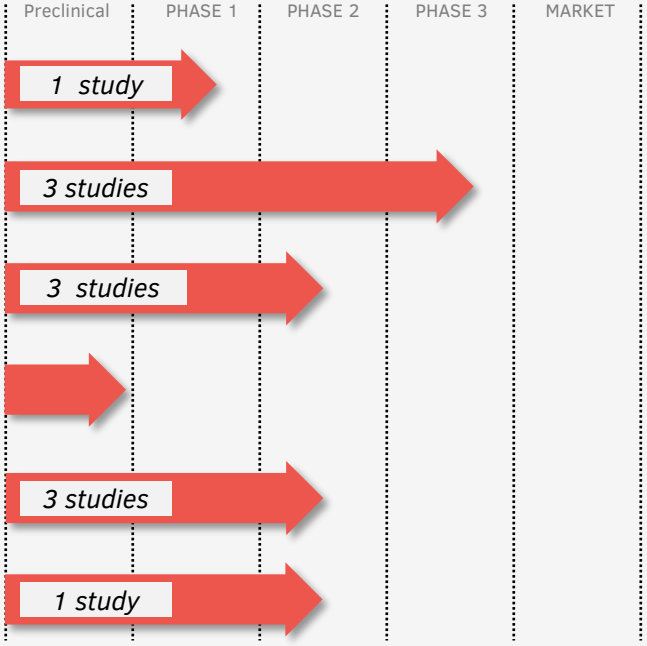
Pipeline – Two Differentiated Assets

Clinical progress in rare, resistant and relapsing cancers

Paxalisib

Investigational, small molecule, potential best-in-class, brain-penetrant inhibitor of PI3K / mTOR

licensed from: Genentech IN BUSINESS FOR LIFE



	Collaborators / Sponsors	Anticipated
Advanced Breast Cancer *Triple Negative Breast Cancer & HER2-*	QIMR Berghofer Medical Research Institute	*Study Launch* **1QCY25**
Glioblastoma & IDH-mutant glioma *Common primary brain cancer*	Weill Cornell Medicine; Global Coalition for Adaptive Research; The University of Sydney	*Further Update* **CY25**
DIPG/Advanced Solid Tumors *Childhood brain cancer*	Pacific Pediatric Neuro-Oncology Consortium; St. Jude Children's Research Hospital; ANZCHOG	*Further Update* **CY25**
AT/RT *Childhood brain cancer*	Johns Hopkins Medicine	*Further Update* **CY25**
Brain Metastases *Cancer that spreads to brain from elsewhere*	NIH National Cancer Institute; Dana-Farber Cancer Institute; Memorial Sloan Kettering Cancer Center	*Further Data* **CY25**
Primary CNS Lymphoma *Form of non-Hodgkin's lymphoma*	Dana-Farber Cancer Institute	*Initial Data* **CY25**

EVT801

Investigational, small molecule, highly specific inhibitor of VEGFR3

licensed from: evotec

Advanced Solid Tumors *Patients w/ highly treatment-resistant cancer*	Institut Universitaire du Cancer de Toulouse Oncopole; Centre Léon Bérard	*Final Data* **CY25**

IDH: Isocitrate dehydrogenase, DIPG: Diffuse Intrinsic Pontine Glioma, AT/RT: Atypical Teratoid Rhabdoid Tumor, CNS: central nervous system, TNBC: triple negative breast cancer, VEGFR3: vascular endothelial growth factor receptor 3

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Paxalisib Mechanism of Action

A brain-penetrant PI3K pathway inhibitor with modest mTOR activity, by design

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) 150 mg 100 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 50 mg · 150 mg · 200 mg	• Breast cancer
UKONIQ umbralisib 200 mg tablets	• Follicular lymphoma

3 Paxalisib – Unlocking the full potential of PI3K pathway inhibition

The only brain-penetrant dual pan-PI3K/mTOR inhibitor in development

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

Designed to be best in class PI3K pathway inhibitor with modest mTOR activity

Dual targeting required to inhibit cancer cell proliferation & migration in TNBC cell model

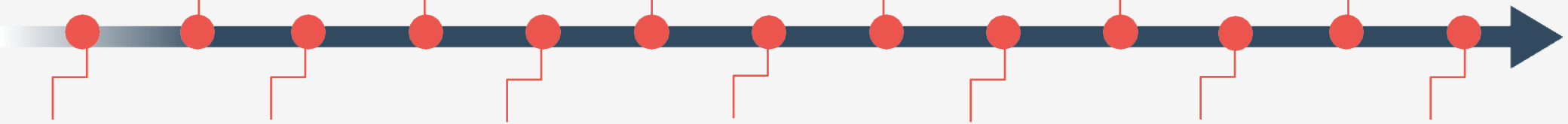
Overcoming metastasis and drug resistance in combination with immunotherapy

Epigenetic re-programming of dormant cancer cells and improved cancer immune visibility

Source: Data on file

Paxalisib – *Development History*

Expanding the clinical footprint of paxalisib into solid tumors beyond CNS



Early 2000's

Genentech develops **GDC-0084** as a potential new therapeutic for glioblastoma

2012-2015

Genentech **Phase 1** clinical study in 47 patients with advanced, **high-grade glioma**. Study demonstrated a favourable safety profile and provided efficacy signals

2016

Kazia in-licenses GDC-0084 from Genentech following deep due diligence which included Phase 1 study and animal data

February 2018

GDC-0084 awarded **Orphan Drug Designation** by the US FDA in glioblastoma

March 2018

Kazia commences company-sponsored **Phase 2** clinical study of GDC-0084 as a first line therapy in patients with **glioblastoma**

August 2019

GDC-0084 becomes '**paxalisib**' with the granting of an International Non-Proprietary Name (INN) by the World Health Organisation

August 2020

Paxalisib granted **Breakthrough Designation** by the US FDA for glioblastoma

7 January 2021

GBM AGILE pivotal study commences recruiting paxalisib arm

July 2022

Paxalisib granted **Rare Pediatric Disease Designation** by the US FDA for **rare childhood brain cancer, AT/RT**

July 2023

Paxalisib received **Fast Track Designation** by the US FDA for solid tumor **brain metastases** with PI3K pathway mutations in combination with radiation therapy

10 July 2024

GBM AGILE Phase 2/3 trial data showed clinically meaningful improvement in a prespecified secondary analysis for OS in paxalisib-treated, newly diagnosed unmethylated patients with glioblastoma

January 2025

Kazia commences **Phase 1b ABC-Pax study** of paxalisib in combination with immunotherapy in patients with **triple negative breast cancer (TNBC)**

July 2025

ABC-Pax Phase 1b preliminary results from the first TNBC patient achieved >50% reduction in circulating tumor cells

Advanced Breast Cancer

Invasive breast cancer - unmet need

Most worldwide common cancer among women

2.3 million[1]

Cases / year
Breast cancer most commonly diagnosed cancer

~1 in 8

Women in the US will be diagnosed with invasive breast cancer

American Cancer Society says

>300,000

new cases of invasive BC in US[2]

Incidence

Increased over the last decade by 1% annually, with steeper increase among women <50 years old

Current age	Diagnosed with invasive breast cancer	Dying from breast cancer
20	0.1% (1 in 1,344)	<0.1% (1 in 19,247)
30	0.5% (1 in 198)	<0.1% (1 in 2,192)
40	1.6% (1 in 62)	0.1% (1 in 723)
50	2.5% (1 in 41)	0.3% (1 in 348)
60	3.6% (1 in 28)	0.5% (1 in 217)
70	4.2% (1 in 24)	0.7% (1 in 141)
80	3.1% (1 in 32)	1.0% (1 in 103)
Lifetime risk	**13.1% (1 in 8)**	**2.3% (1 in 43)**

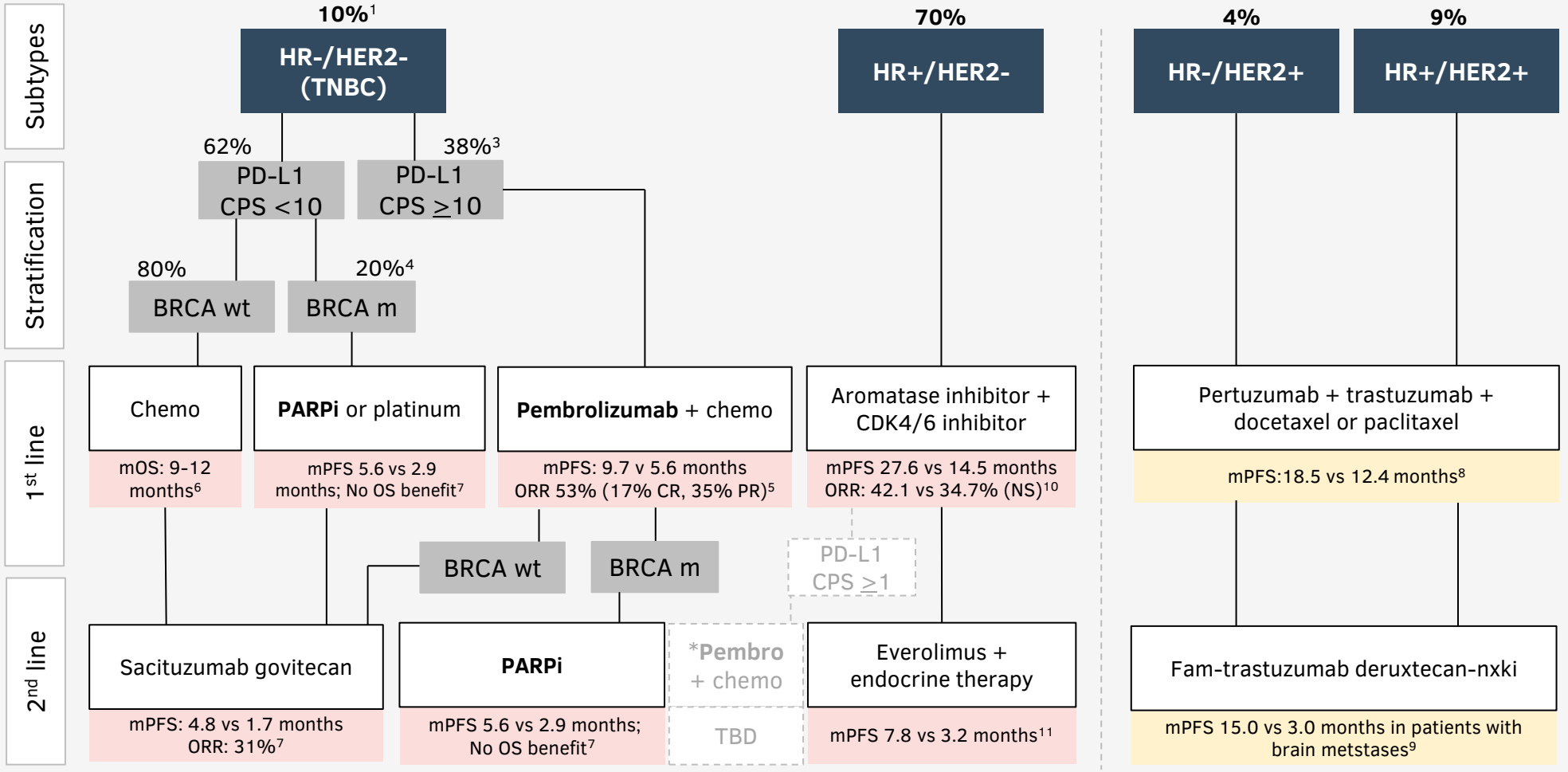
Probability is among those who have not been previously diagnosed with cancer and reflects the likelihood of diagnosis/death within 10 years of current age. Percentages and "1 in" numbers may not be numerically equivalent due to rounding.

Source: DevCan, Version 6.7.5.

1. National Institutes of Health (NIH): Current and future burden of breast cancer: Global statistics for 2022 and 2030
2. Cancer.org 2024

Advanced breast cancer treatment landscape

Modest results for HER2- subtypes, despite checkpoint and PARP inhibitors



1. BC subtypes and distribution: (7% unknown subtype) Cancer.org; 2. Treatment: NCCN Guidelines Version 4.2025, simplified and with focus on preferred regimens; 3. https://www.pdl1portal.com/tnbc/; 4. Pavese et al. 2022; 5. Keytruda.com; 6. Khosravi-Shani et al 2017; 7. Gacia-Saenz et al 2025; Bardia et al 2024; 8. Baselga et al 2012; 9. Jacobson 2022; 10. Wu et al 2020; 11. Yardley et al 2013

* Potential future regimen, depending on Keynote B49 readout (NCT04895358); CPS = Combined Positive Score; wt = wildtype; NS = not statistically significant

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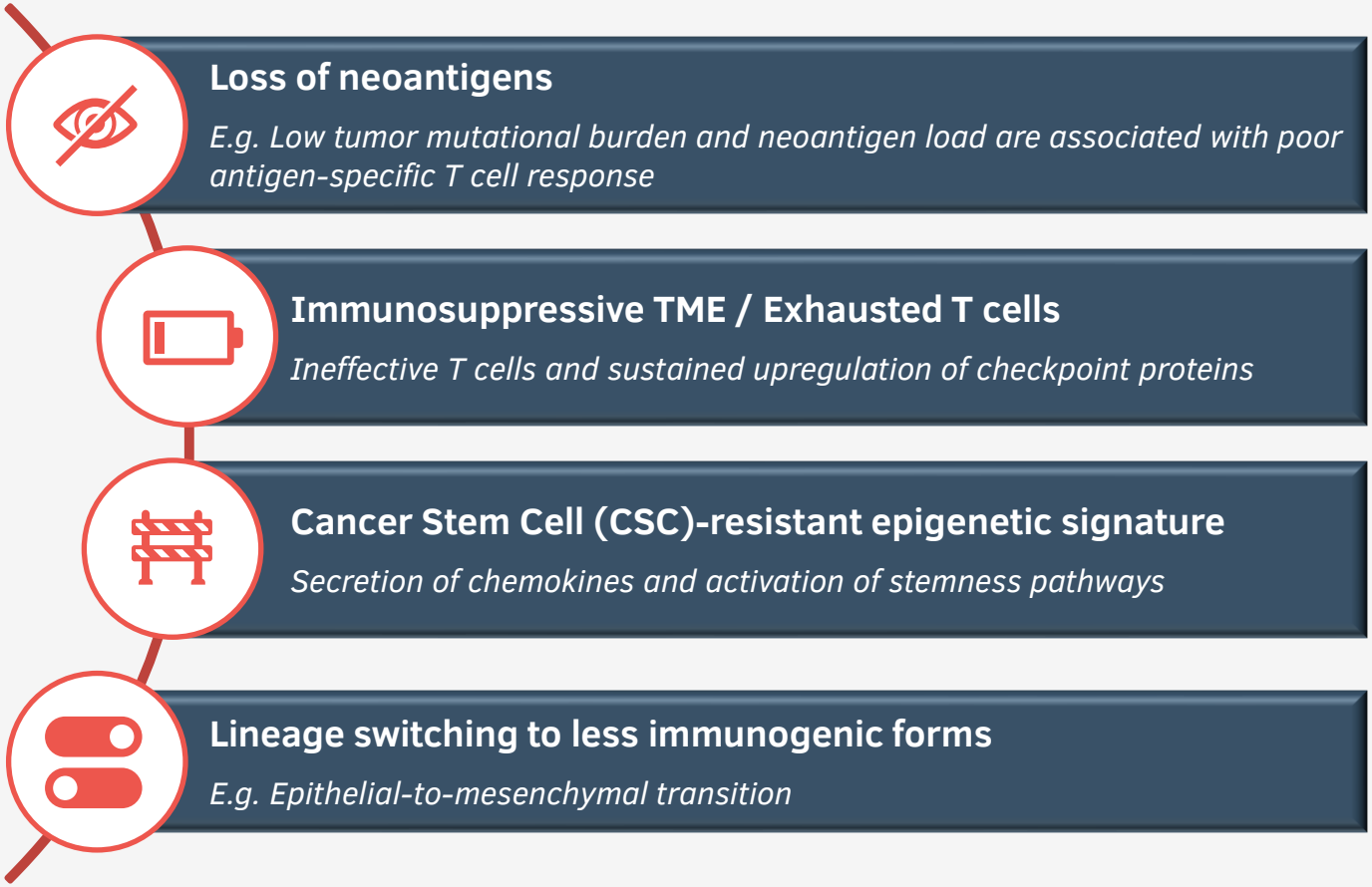
Resistance, recurrence and metastatic spread

Cancer Stem Cells and a functioning immune system play a critical role in recurrence and metastatic spread of cancers



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PI3K-mTOR inhibition may overcome metastasis and immunotherapy drug resistance

PI3K-mTOR inhibition

↓ Metastasis-initiating cells & EMT

- ↓ Highly aggressive $CD44^{high}/CD24^{low}$ cancer stem cell phenotype
- ↓ Persister cancer cell phenotype (p65, FOXQ1, NRF2, and NNMT)
- ↓ Drug resistance markers (ABCB5, SNAIL, and ALDH1)
- ↓ EMT (reduced expression of mesenchymal marker and increased expression of the epithelial marker)

↓ Inflammation

- Inhibits IL-6 and NF-κB inflammation signature

↑ Immune reinvigoration

- Epigenetic reprogramming of repressed T-cells
- Increased total tumor-infiltrating lymphocyte with reduction of exhausted T cells and Tregs

↑ Cancer immune visibility

- Increases expression of several viral mimicry genes, most profoundly GBP2
- Disrupts both the catalytic and noncatalytic axes of EZH2

PI3K-mTOR inhibition + Immunotherapy

↓ Primary tumor burden

↓ Metastases

Paxalisib (GDC-0084)

Designed to be best in class PI3K pathway inhibitor with modest mTOR activity

Paxalisib

- Potent, selective, oral, once a day dosing, no unexpected toxicities
- Pan PI3K inhibitor activity and modest mTOR, by design
  - Dual targeting required to inhibit cancer cell proliferation and migration in vitro
- Robust brain penetration
- More than 550 adult and pediatric patients have received paxalisib through phase 1-3 clinical trials or expanded access programs (8 clinical trials ongoing)

Relevant marketed or active clinical PI3K inhibitor programmes

	Paxalisib (Kazia)	Alpelisib (Novartis)	Gedatolisib (Celcuity)	WXFL-10030390 (Jiatan)[2]
Targets	Pan-PI3K / mTOR	PI3Kα only	Pan-PI3K / mTOR	PI3K / mTOR
Development stage	P3 (GBM) P1 (TNBC & HER2- BC)	Marketed (HER2- BC)	P3 (HER2- BC)	P2 in China (solid tumors)
Safety	No unexpected toxicities	Severe Hyper-sensitivity warning[3]	Grade 4 neutropenia reported in combo with palbociclib[1]	Unknown
RoA	Oral (QD)	IV	IV	Oral
Brain penetration	Yes	Poor	Partial	Unknown

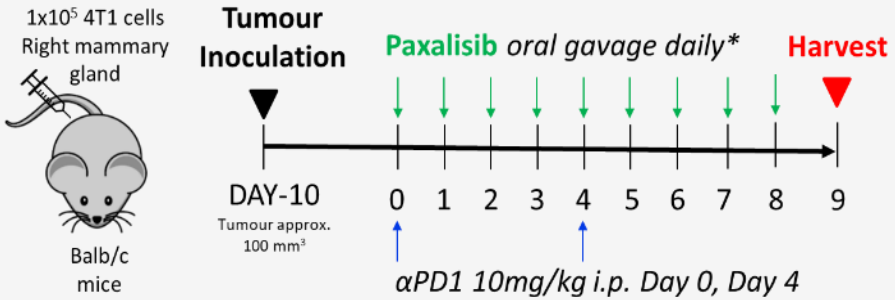
RoA = route of administration

1. Layman et al 2024 2. GlobalData 3. Piqray

Pre-clinical studies combining Paxalisib with either checkpoint inhibitor or PARP inhibitor resulted in highly consistent and statistically significant signals of efficacy

4T1 mouse model:

- Standard model for TNBC
- Immunotherapy resistant model
- Highly tumorigenic and invasive



Checkpoint Inhibitor

- Reduced tumor volume
- ↓ Lung metastases
- ↓ Lymph node metastases
- ↓ Liver inflammation
- ↓ Lung inflammation
- ↓ Liver and spleen EMH
- No observed toxicity

PARP inhibitor

- Reduced tumor volume
- ↓ Lung metastases
- ↓ Lymph node metastases
- ↓ Liver inflammation
- ↓ Lung inflammation
- ↓ Liver and spleen EMH
- No observed toxicity

* αPD1: pembrolizumab or "Pembro"

Kazia-sponsored clinical study overview

PAX-ABC STUDY: KZA-0084-ABC001

Phase 1b, multi-center, open-label, randomized study to evaluate the safety, tolerability, and clinical activity of combining paxalisib with olaparib or pembrolizumab/chemotherapy in approximately 24 patients with advanced breast cancer

Primary Objectives:

- To evaluate the safety and tolerability of paxalisib administered in combination with either olaparib or pembrolizumab/chemotherapy as per their labelled indications in patients with advanced breast cancer.
- To determine a recommended phase 2 dose (RP2D) of paxalisib for daily administration in combination with either olaparib or pembrolizumab/chemotherapy.

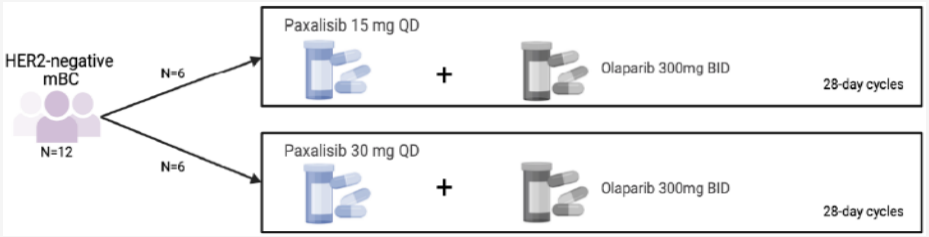
Secondary Objectives:

- To assess the utility of novel liquid biopsy assessments by monitoring circulating tumor cells in the blood as a predictor of recurrence and to examine immune cell signature as a predictor of immune reinvigoration
- To document measures of clinical activity including progression and response rates

Kazia-sponsored clinical study overview

KZA-0084-ABC001

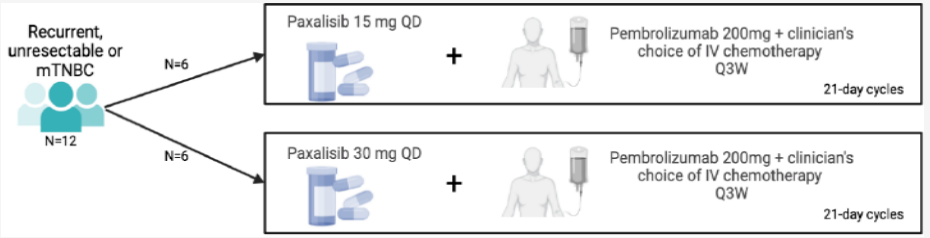
Arm A:
Paxalisib plus Olaparib
28 Day Cycle



Participant disease characteristics:

- HER2-negative stage IV (metastatic) breast cancer diagnosis based on pre-existing documented histopathology and medical imaging results
- Confirmed gBRCAm (BRCA1, BRCA2 or both)
- Prior treatment with chemotherapy in the metastatic setting
- Meet all current prescribing criteria for commencing olaparib therapy

Arm B:
Paxalisib plus Pembrolizumab/chemotherapy
21 Day Cycle



Participant disease characteristics:

- Recurrent, unresectable or metastatic TNBC, based on pre-existing documented histopathology and medical imaging results
- Confirmed that tumors express PD-L1 with a combined positive score (CPS) ≥ 10
- Meet all current prescribing criteria for commencing pembrolizumab therapy

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Early efficacy data from first TNBC patient in Phase 1b trial

Combination regimen results in >50% reduction in circulating tumor cells (CTCs)

Background

Patient profile

- 61-year-old woman with metastatic triple-negative breast cancer localized to the left upper lobe of the lung

Regimen

- Paxalisib, pembrolizumab (Keytruda ®), standard chemotherapy

Results at Day 21 (end-of-cycle 1)

- >50% reduction in total circulating tumor cells count
- Comparable reduction in CTC clusters — these aggregates are associated with heightened metastatic potential
- Reduction in the mesenchymal phenotype of the remaining CTCs; this phenotype is one of the hallmarks of aggressive metastatic seeding cancer cells
- Such results are not typically seen with chemotherapy or immunotherapy therapies

First-in-human data reflects mechanistic synergy consistent with the preclinical data

Kazia Press Release 10 July 2025

Development plan & timeline

Lead indication

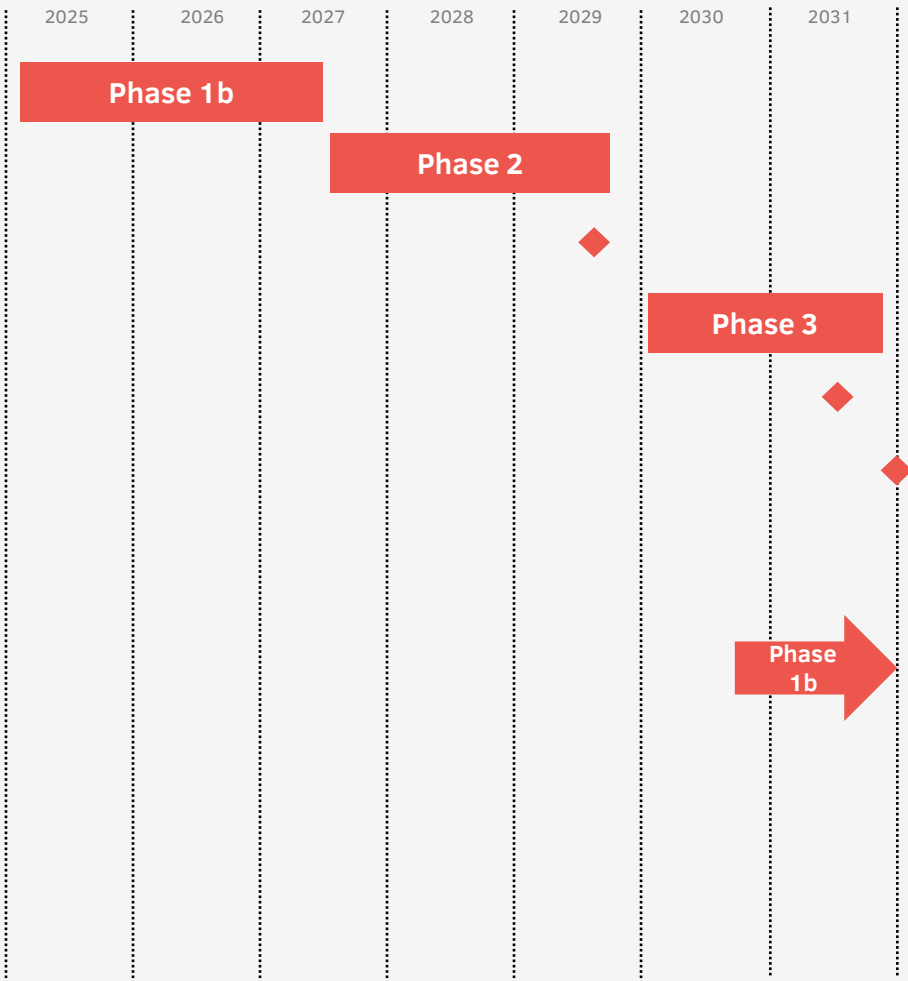
TNBC (Stage IV)
Combination with pembrolizumab
1st / 2nd line

Other opportunities

Early-stage / Neoadjuvant TNBC (Stage IIb/ III)
Combination with pembrolizumab + neoadjuvant chemo

HER2-negative & HER2-positive mBC
Combination with pembrolizumab or olaparib

Basket study in other solid tumors (ex. NSCLC, CRC, ovarian)



Milestones

- Readout H1 2027
- Start H2 2027
- Interim ORR/PFS readout / BTD request H2 2029
- Start H1 2030
- Submit NDA if threshold PFS/OS met H2 2031
- FDA decision H2 2031
- Start H2 2030
- TBD
- TBD

Triple negative breast cancer market

Projected TNBC market to exceed $1.5 Billion by 2030

Triple negative breast cancer

TNBC

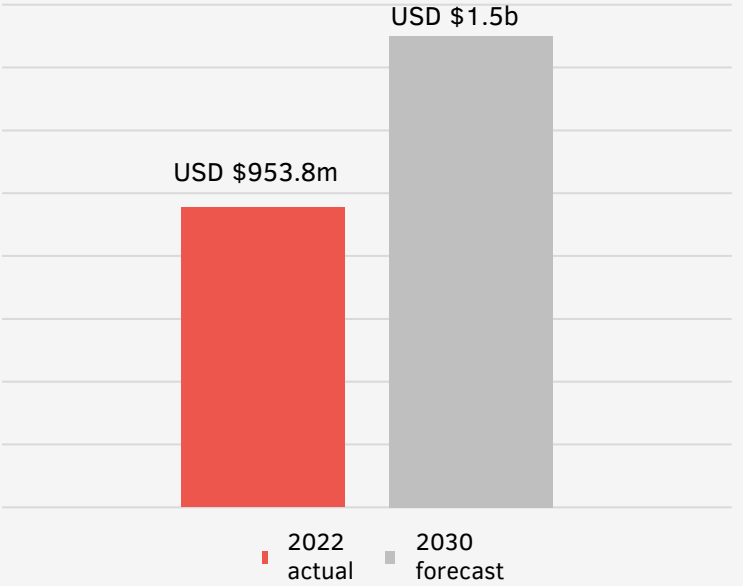
most aggressive form of breast cancer

15-20%

Of all breast cancers attributed to TNBC

TNBC market valued at USD $953.8m in 2022. Predicted to grow to **USD $1.5b by 2030**[2]

TNBC market growth forecast[2]



1. National Institutes of Health (NIH): Current and future burden of breast cancer: Global statistics for 2022 and 2030
2. https://www.databridgemarketresearch.com/reports/global-triple-negative-breast-cancer-market

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Intellectual property

QIMR Berghofer Collaboration

- Kazia has obtained an exclusive, worldwide, sub-licenseable, royalty-bearing license to the relevant patents from QIMR
- Patent Overview (WO2024/108256A1)
  - PI3K inhibitors in combination with immunotherapy (including PARP inhibitors) for treating or delaying the progression of cancer, or a recurrence
  - PI3K inhibitors results in epigenetic reprogramming of the repressed T-cells
  - PI3K inhibitors can inhibit the formation and maintenance of cancer stem cells (CSC), and in inducing mesenchymal to epithelial transition (MET), making them useful in treating solid tumors including recurrent cancers

- **Priority date: Nov 2022**

Paxalisib in triple negative breast cancer

QIMR Berghofer Medical Institute collaboration

"*In treatment-resistant pre-clinical models of breast cancer, paxalisib (4T1 mouse model, TNBC[1]) has shown encouraging results in inhibiting both the primary tumor burden and metastasis by reinvigorating the immune system within the tumor microenvironment*" – Professor Sudha Rao, Group Leader, QIMR Berghofer

- Leading transcriptional biology and epigenetics expert, Prof Rao identified an entirely novel effect of PI3K inhibition:
  - Immune modulator of the tumor and the surrounding microenvironment
  - Administration of PI3K inhibitors such as paxalisib, at doses and frequencies different to those conventionally used, appears to activate or reinvigorate the immune system in the tumor, making it more susceptive to immunotherapy
- Preliminary data from our collaboration was presented at San Antonio Breast Cancer Symposium 4Q CY2024

Combination Paxalisib + KEYTRUDA® (pembrolizumab) data in TNBC[1] preclinical models

Combination Paxalisib + LYNPARZA® (olaparib) data in advanced breast cancer preclinical models

Paxalisib influence on immune system (example, T cells, B cells, NK cells) and within the tumor and its micro-environment

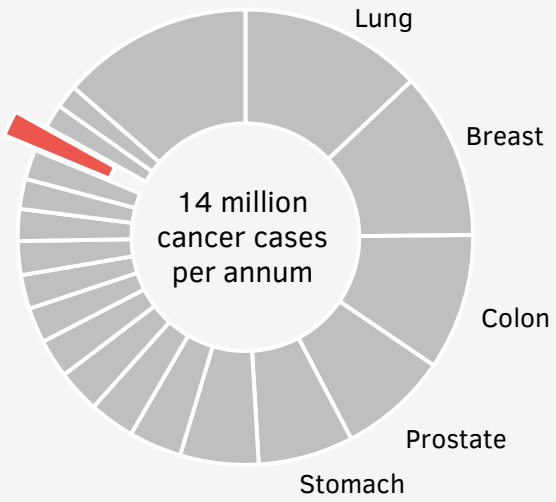
Intellectual Property (IP) update

1. Triple Negative Breast Cancer

Glioblastoma

Glioblastoma Overview

The most aggressive malignant brain cancer



Glioblastoma Multiforme

133,000 cases per annum worldwide

GBM treatment market size (2022)

US$ 1.5 billion

No clear cause

or strong risk factors

Any age, but most common in

60s

No clear improvement in prognosis for

20 years

3-4 months

Survival, if untreated

Five-year survival

3 – 5%

(breast cancer: 90%)

"Even a few months increase in overall survival makes a huge difference for my patients, so efficacy of an approved therapeutic makes the largest impact."

US Neuro-Oncologist

Source: Data on file. Market research performed 2021

Paxalisib in Glioblastoma

Consistent median Overall Survival data in two studies of NDU glioblastoma patients

Compelling Paxalisib data in NDU patients when compared to SOC

Paxalisib in GBM Agile	Paxalisib in Kazia sponsored phase 2 study
(n=54)	(n=30)
Median OS: **15.54 months***	Median OS: **15.7 months**

Standard of Care data GBM AGILE study (left) and STUPP historical controls (right) in NDU patients

Concurrent SOC GBM Agile	STUPP historical control
(n=46)	(N/A)
Median OS: **11.9 months***	Median OS: **12.7 months**

*GBM Agile; Prespecified secondary analysis of median Overall Survival

Paxalisib in Newly Diagnosed Unmethylated GBM Next Steps

FDA Type C meeting was held in December 2024 to discuss next steps with key highlights of the discussion below:

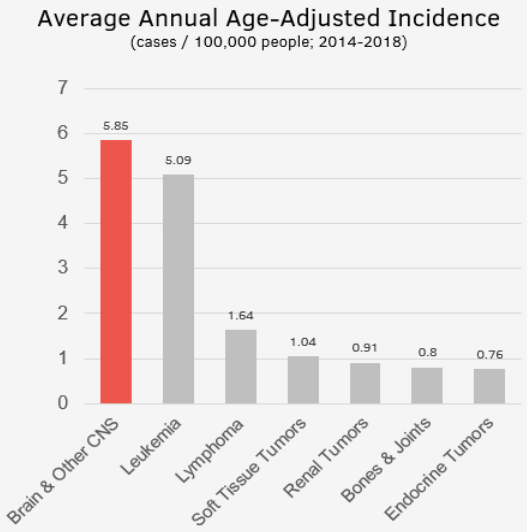
- The FDA's current position is that data on Overall Survival would generally not be appropriate for accelerated approval but could be considered to support a traditional/standard approval
- The Agency further commented that the secondary endpoint OS data from the GBM-AGILE study may be supportive and informative for designing and executing a pivotal registrational study in pursuit of a standard approval
- The Company aligned with the FDA on key aspects of the design of a proposed registrational/pivotal phase 3 study in Newly Diagnosed Unmethylated GBM patients
- Kazia is finalizing the protocol for the pivotal phase 3 study and discussing with a number of global contract research organizations (CRO) with experience in the Neuro-oncology drug development space. Anticipate further updates in CYQ25

Childhood Brain Cancers

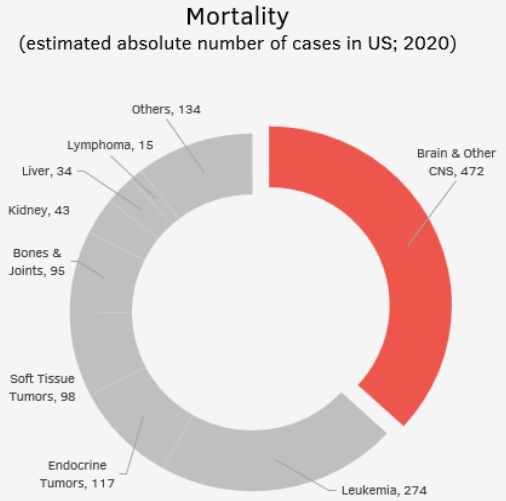
Paxalisib in Childhood Brain Cancer

High unmet need especially in patients with diffuse midline gliomas (DMGs)

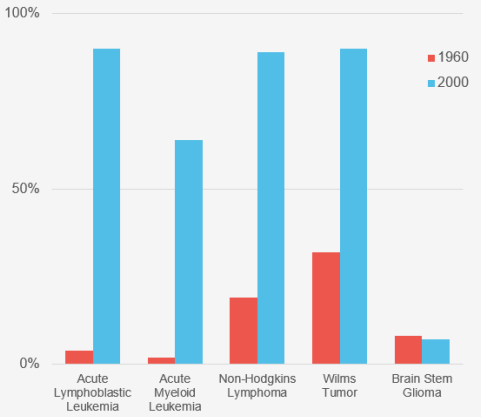
1 Brain cancer is the most common malignancy of childhood



2 Brain cancer represents about one third of childhood cancer deaths



3 Prognosis of childhood brain cancer, especially DMGs, has improved little in recent decades



FDA-Approved Drug Therapies

Diffuse Midline Gliomas	Nil
Atypical Teratoid / Rhabdoid Tumors	Nil
Medulloblastoma	Nil

Source: CBTRUS; CDC; Ages 0-14 shown; Adamson PC, *CA Cancer J Clin*. 2015;65:212–220

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Summary of Paxalisib in Childhood Brain Cancer

Kazia is actively pursuing three forms of childhood brain cancer

	Diffuse Midline Gliomas (DMG, DIPG)	Atypical Teratoid / Rhabdoid Tumors (AT/RT)	Advanced Childhood Cancer (PI3K/mTOR activated)
Preclinical Research	*Positive preclinical data in combination with ONC201*	*Positive preclinical data as monotherapy and in combination (AACR 2022, 2023, 2024)*	*Research proposals under discussion*
Clinical Trials	*Phase 1 monotherapy clinical trial at St Jude Children's Research Hospital completed*	*Clinical trial design/execution discussions ongoing between PNOC and Kazia*	*Additional clinical trial opportunities under discussion for medulloblastoma and HGG*
	PNOC022, Phase 2 clinical trial in combination with ONC201, ongoing		*Phase 2 clinical trial in combination with chemotherapy for treatment of high-risk malignancies commenced 2024*
Regulatory Interaction	*Orphan Drug Designation (ODD) and Rare Pediatric Disease Designation (RPDD) granted by FDA in Aug 2020*	*ODD and RPDD granted by FDA in June and July 2022, respectively*	*Regulatory strategy under discussion*

Paxalisib in Diffuse Midline Gliomas

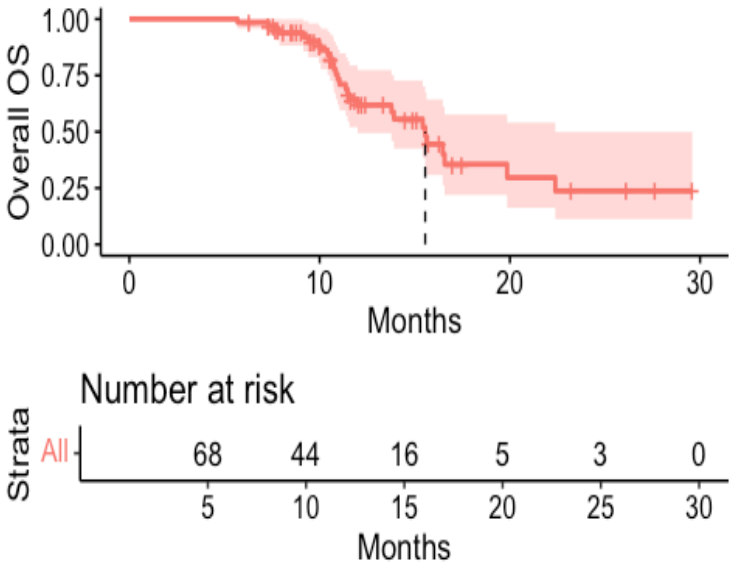
Follow-up Phase 2 data presented at ISPNO 2024 Annual Meeting

In spite of research that has helped improve treatment for DIPG patients, the prognosis remains poor–with the median survival range being from 8-11 months[1]

- 68 patients with biopsy-proven DMG were enrolled in the PNOC Phase 2 study between November 2021 and June 2023 (median age 9 years [range 3-37], n=41 female [60%])
- Updated Median OS from time of diagnosis was 15.6 months (Confidence interval (CI) 12.0, 22.4)
- Cohort 3 enrolled 30 recurrent patients (in conjunction with radiation therapy) had median OS 8.7 months [CI 95% 8.5, NA]
- Most common grade 3 and above treatment-related adverse events were decreased neutrophil count (n=4); mucositis (n=3); and colitis, drug reaction with eosinophilia and systemic symptoms, decreased lymphocyte count, hyperglycemia, and hypokalemia (n=2)
- Next Steps: Further PK and biomarker analyses ongoing for subsequent cohorts; anticipate further update CY2025

Overall Survival - Cohort 2 (post RT)

Median OS 15.6 months [CI 95%; 12.0, 22.4]



Central imaging review analysis of PFS ongoing

1. Hargrave, D., Bartels, U. & Bouffet, E. Diffuse brainstem glioma in children: critical review of clinical trials. Lancet Oncol 7, 241-8 (2006)

KAZIA THERAPEUTICS

Brain Metastases

Paxalisib in Brain Metastasis

MSKCC-sponsored Phase 1 trial's interim analysis showed encouraging clinical activity of paxalisib in combination with radiation therapy (NCT04192981)

12-13 August 2022

Data from first stage presented at **2022 Annual Conference on CNS Clinical Trials and Brain Metastases**, Toronto, Canada from 12-13 August 2022

All 9 patients evaluated for efficacy exhibited a clinical response, according to RANO-BM criteria, with breast cancer representing the most common primary tumor

July 2023

Fast Track Designation granted by US FDA for paxalisib in combination with radiation therapy in patients with solid tumor brain metastases and PI3K pathway mutations

Based on the interim stage 1 data from the MSKCC-sponsored Phase 1 trial's interim analysis.

February 2024

Announced early conclusion, based on Stage 2 positive safety data and **promising clinical response** findings observed to date.

Preliminary data presented at two scientific congresses* in CY2024

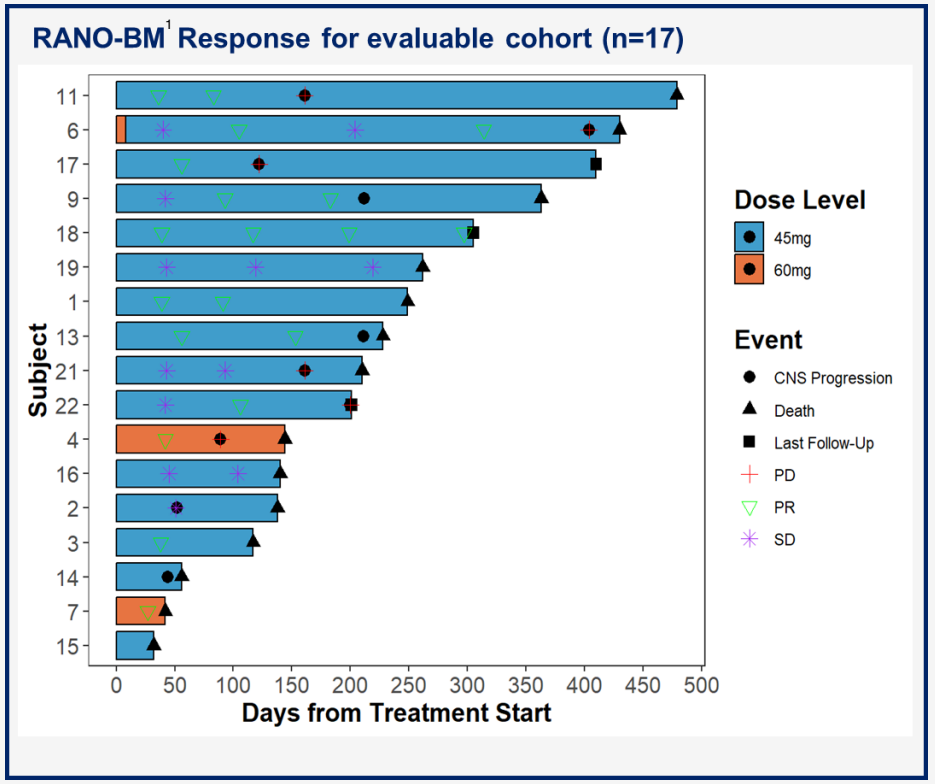
Coordinate and plan next clinical study in conjunction key thought leaders and FDA

*ASTRO 2024 Annual Meeting & 2024 SNO Annual Meeting

Paxalisib in Brain Metastasis

MSKCC-sponsored Phase 1 trial's interim analysis presented at 2024 ASTRO & Society of Neuro-oncology meetings showed encouraging clinical activity of paxalisib in combination with radiation therapy (NCT04192981)*

Robust response signal seen for concurrent paxalisib and brain RT



Overall Summary

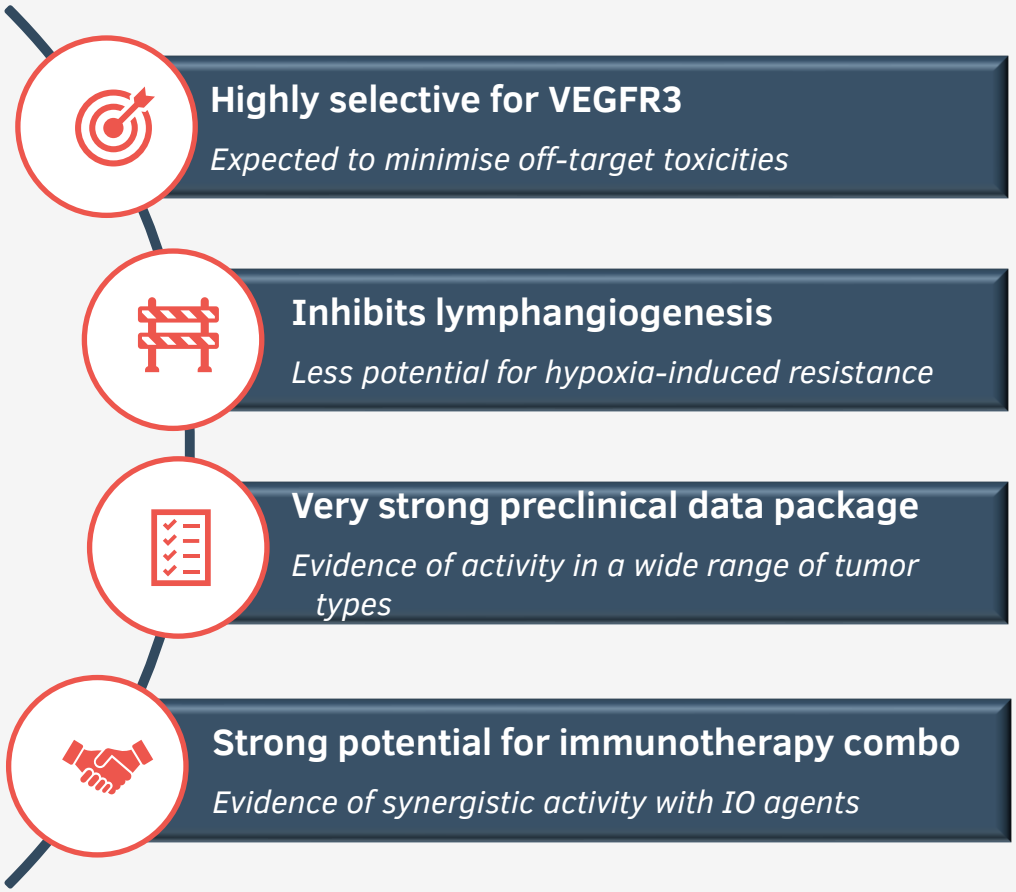
- Primary objective of identifying the maximum tolerated dose (MTD) was met:
  - Concurrent daily administration of paxalisib with brain radiotherapy was generally well-tolerated at a maximum dose of 45 mg per day in advanced solid tumor patients with brain metastases and PI3K pathway mutations
- Over two-thirds of the patients at MTD achieved intracranial response which compares favorably to historical response rates (20-40%)[2] for WBRT alone
- Future goals include:
  - Extending the duration of PI3K inhibition, neoadjuvant, adjuvant and maintenance (ideally with complementary systemic therapy options)
  - Integrating PI3K inhibition with CNS tumor types with relevant pathway driver mutations and potentially SRS

* American Society for Radiation Oncology

1. Response assessment in neuro-oncology brain metastases (RANO-BM)
2. Zhou et al. 2021, Kim et al. 2020

EVT801

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

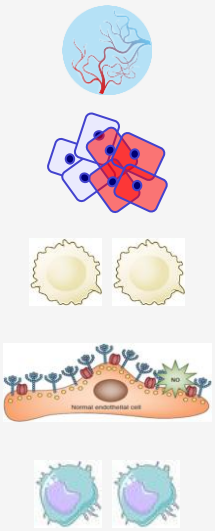
In Clinical Development
Phase 1 clinical trial completed

EVT801 Mechanism of Action

By targeting VEGFR3^{pos} tumor blood vessels, EVT801 may induce tumor blood vessel normalization, reduce hypoxia, and improve CD8 T-cells infiltration

Schematic overview based on pre-clinical data

EVT801 activity on tumor microenvironment



- **Normalization of tumor (lymph)-angiogenesis** ⬆
- **Hypoxia** ⬇
- **CD8^{pos} T-cell infiltration** ⬆
- **Endothelial cell immunotolerance** ⬆
- **Tumor associated macrophages** ⬇

EVT801
(SAR131675)

Cytokines involved in MDSC frequency ⬇

Myeloid-derived suppressor cells ⬇

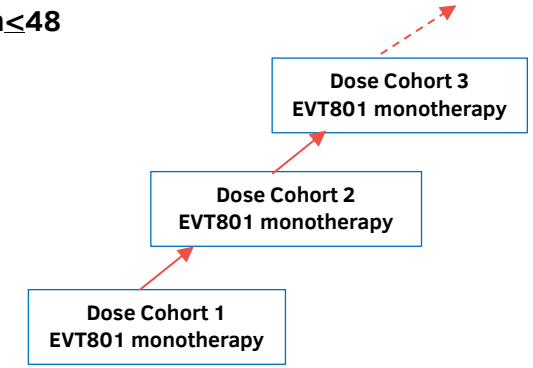
Tumor metastasis

Multiple cooperative modes of action

Data from Tacconi & al. with SAR131675

EVT801: Phase 1 dose-finding trial; KZA 0801-101 (NCT05114668)
Staged development in patients with advanced cancer

STAGE 1
Monotherapy dose escalation
n≤48

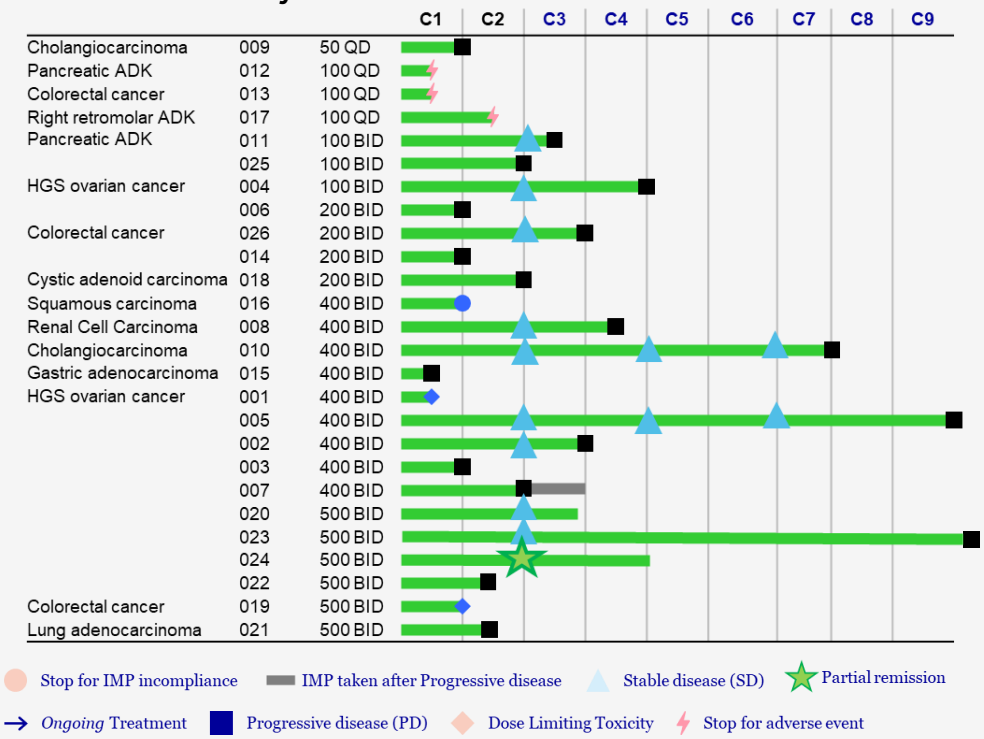


- Up to 8 cohorts
- Single-patient cohorts initially, expand to 3+3 when toxicity is encountered
- Mixed population of advanced solid tumors
- Doses from 50mg QD to 800mg BID

Phase 1 study in advanced cancer patients completed

- Primary objective of stage one of the study was successfully met:
  - MTD has been reached at 500mg BID
  - The recommended dose for phase 2 is 400 mg BID* in continuous monotherapy administration

Number of cycles of treatment: Status on 11 October 2024



MTD = Maximum Tolerated Dose; RP2D = Recommended Phase 2 Dose
Human active dose prediction based on predicted human clearance of 2.5 mL/min/kg: 375 mg BID

EVT801 Key Points

1. Well-understood mechanism (anti-angiogenesis) with unique differentiating feature (high VEGFR3 selectivity)

2. Strong preclinical data package, with observed activity in multiple tumors and favourable toxicology

3. Potential for combination use with immuno-oncology therapies

4. Phase 1 completed demonstrating encouraging safety and tolerability profile to date:
   - Clinical and biomarker data presented at AACR Ovarian Cancer Research Symposium September 2024
   - Primary and secondary objectives successfully met, with MTD and RP2D identified
   - Encouraging signal of activity observed in High Grade Serous (HGS) ovarian cancer as well as strong VEGFR3 biomarker expression

5. Next clinical trial under discussion with scientific thought leaders:
   - Consolidate safety data at RP2D and our hypotheses on EVT801 mode of action
   - Validate HGS ovarian cancer as indication of choice for clinical trial phase 2 as monotherapy or in combination with standard-of-care (ex. PARPi)

2025 Corporate Update

Paxalisib Licensing and Collaborations

Opportunistic partnering and strategic collaborations continue to add value

Licensing

Summary	Simcere	Sovargen
Territories and responsibilities	To develop and commercialize Paxalisib in Greater China, Hong Kong, Macau, and Taiwan	To develop, manufacture and commercialize Paxalisib as a potential treatment for intractable epilepsy in focal cortical dysplasia type 2 (FCD T2) and tuberous sclerosis complex (TSC) disease
Upfront payment	US$11m, comprising US$7m in cash and a US$ 4m equity investment	US$1.5 million
Milestone payments	Contingent milestone payments of up to US$ 281 million in GBM + further milestones payable in indications beyond GBM	Potential milestone payments of up to US$19 million upon the achievement of development and regulatory milestones
Royalties on net sales	Mid-teen percentage royalties on commercial sales	A percentage of sub-licensing revenues and royalties on net sales of products incorporating paxalisib

Key Collaborations

QIMR Berghofer Medical Research Institute

Cutting edge preclinical program to evaluate Paxalisib in combination with immuno-therapies for Advanced Breast Cancer

Johns Hopkins University

- Paxalisib alone and in combination with other targeted agents is active in preclinical models of AT/RT[1]
- US FDA has awarded Orphan Drug Disease and Rare Pediatric Disease Designations in AT/RT
- If Paxalisib were to be approved, Kazia could be entitled to receive a pediatric priority review voucher which are tradeable and have historically commanded prices in excess of USD $100 million.

1. Atypical Teratoid Rhabdoid Tumor

Kazia Therapeutics: 2025 Corporate Focus

Objectives for value creation

Progress paxalisib in advanced breast cancer	• Launch Kazia-sponsored phase 1b clinical study in advanced breast cancer patients • Provide additional preclinical data and updates from the QIMR collaboration throughout the year
Advance paxalisib glioblastoma program	• FDA meeting in Dec2024 confirmed standard approval pathway with single pivotal registrational study in NDU GBM patients • Finalize protocol, assess costs/timelines and select strategic CRO partner
Execute paxalisib pediatric and brain metastasis programs	• PNOC team to complete PK/biomarker data analysis and provide update CY2025 • Complete analysis and close out MSKCC clinical brain metastasis study
EVT801 program	• Complete analysis stage one of EVT801 Phase 1 clinical study • Discuss and plan for Phase 2 study in advanced ovarian cancer patients while seeking potential partners
Corporate business development	• Continue to be opportunistic in terms of global and regional licensing for paxalisib and EVT801

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