KAZIA THERAPEUTICS

A Diversified Oncology Drug Development Company

Kazia Corporate Overview

April 2024

NASDAQ: KZIA | Twitter: @KaziaTx

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 and Kazia’s strategy and plans with respect to its programs, including Paxalisib and EVT-801.

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, related to regulatory approvals, risks related to Kazia’s executive leadership changes, and the 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.

Company Overview

A late-clinical-stage oncology drug development company

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Paxalisib	EVT801
Brain-penetrant pan-PI3K / mTOR inhibitor • Well-validated class with five FDA-approved therapies • Only brain-penetrant PI3K inhibitor in development	**Selective VEGFR3 inhibitor** • Designed to avoid off-target toxicity of older, non-selective angiokinase inhibitors • Primarily targets lymphangiogenesis
In development for multiple brain cancers • Clinical trials ongoing in brain metastases, childhood brain cancer, glioblastoma, IDH-mutant glioma, and primary CNS lymphoma	**Currently in phase I for advanced solid tumors** • Adaptive, biomarker study ongoing at 2 leading cancer sites in France
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	**Potential use in many solid tumors** • Potential indications include: ovarian cancer, renal cell carcinoma, liver cancer, colon cancer, and sarcoma
Rich potential commercial opportunity • Glioblastoma alone sized at US$ 1.5 billion per annum • Commercial licensee in place for China • Licensee for intractable seizures in rare CNS diseases	**Potential combination with immunotherapy** • Strong evidence of synergy in preclinical data supports potential of monotherapy or combination use
Top Line Ph. 3 Data: Anticipated 2Q CY2024	**Phase 1 Data: Anticipated 3Q CY2024**

Since delisting from Australian Securities Exchange (ASX) in November 2023, the Company has been solely listed on NASDAQ (KZIA)

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

Potential opportunities for non-dilutive income via additional partnering activity

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

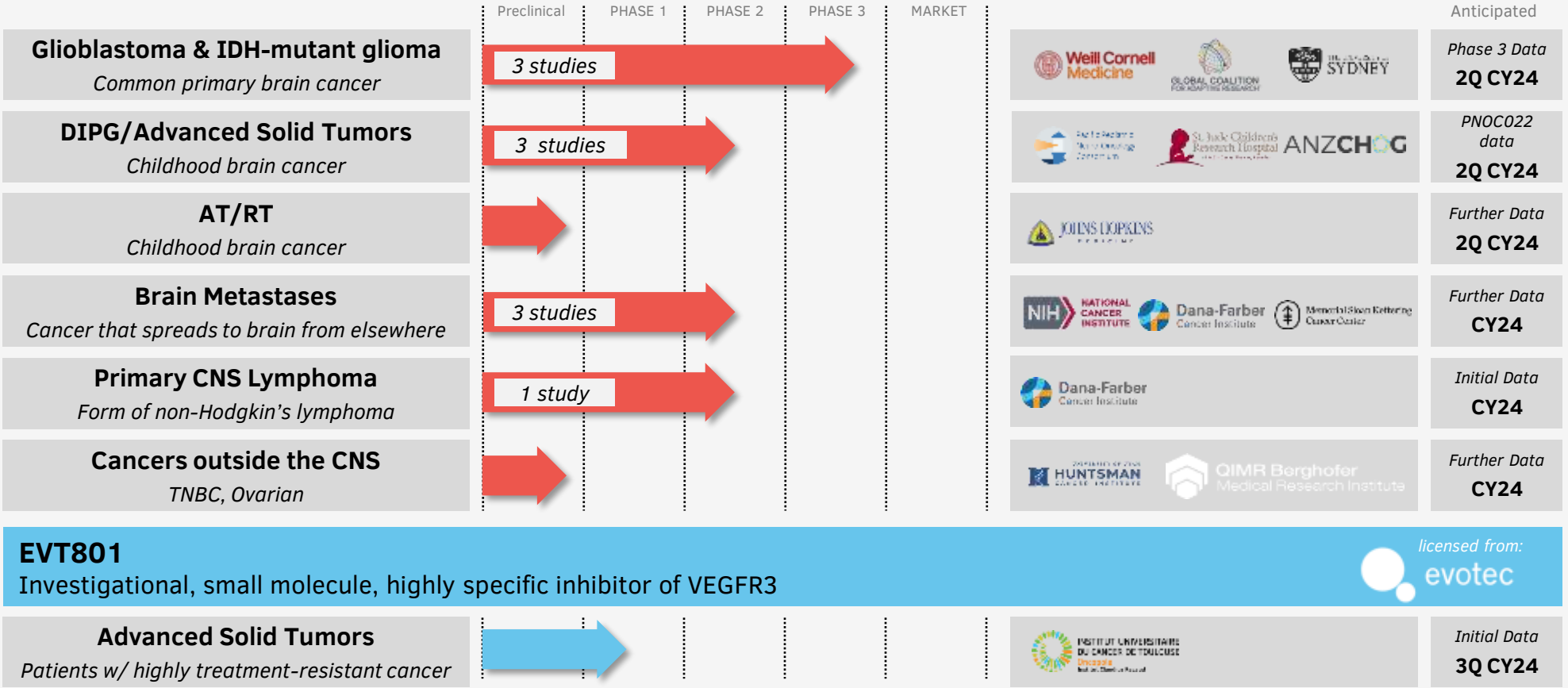
Pipeline – Two Differentiated Assets

CY2024 anticipated data releases has the potential to be transformative

Paxalisib

Investigational, small molecule, potent, brain-penetrant inhibitor of PI3K / mTOR

licensed from: Genentech



EVT801

Investigational, small molecule, highly specific inhibitor of VEGFR3

licensed from: evotec

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

Paxalisib Mechanism of Action

Only brain-penetrant drug in development within the 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) tablets
- Chronic lymphocytic leukemia
- Follicular lymphoma

Aliqopa (copanlisib)
- Follicular lymphoma

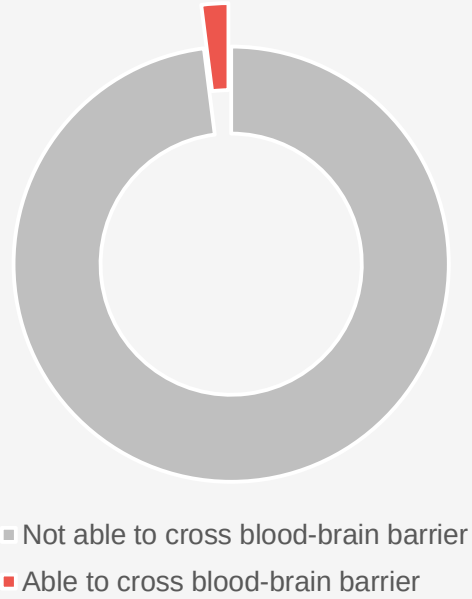
Copiktra (duvelisib)
- Chronic lymphocytic leukemia
- Follicular lymphoma

PIQRAY (alpelisib) tablets
- Breast cancer

UKONIQ umbralisib
- Follicular lymphoma

3 Paxalisib is the only brain-penetrant PI3K inhibitor

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



Source: Data on file

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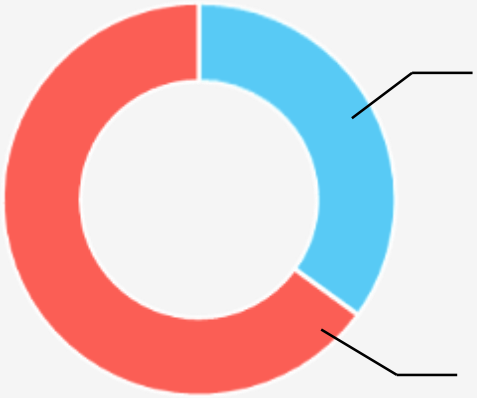
Glioblastoma

Paxalisib in Glioblastoma

High unmet need, especially in 'MGMT unmethylated' patients

Standard of Care ('Stupp Regimen')



Methylated MGMT Status

~35% of patients respond to temozolomide

Extends overall survival from 15 to 22 months

Unmethylated MGMT Status

~65% of patients don't respond to temozolomide

Extends overall survival from 12 to 13 months

Paxalisib is being developed primarily 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

Note: Temozolomide is only approved therapy for newly-diagnosed patients; Avastin (bevacizumab) is approved for use in recurrent setting

MGMT: O6-methylguanine-DNA methyltransferase

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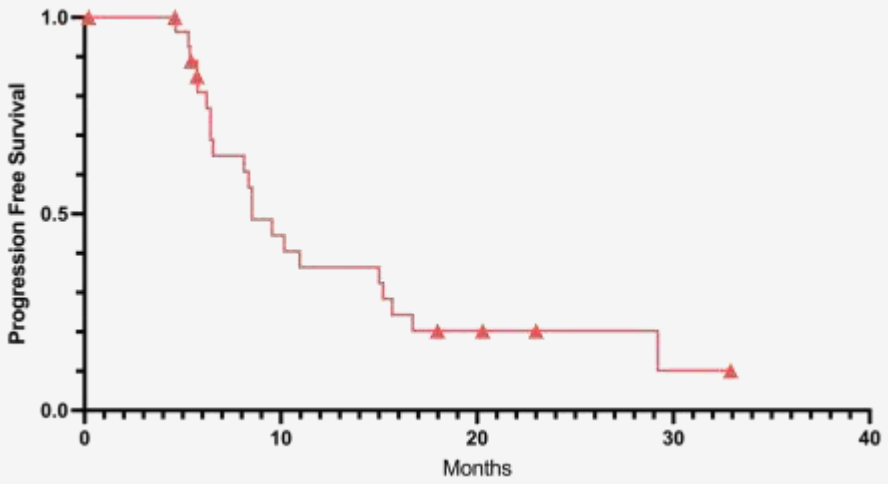
Paxalisib in Glioblastoma

Phase II study suggests encouraging PFS and OS in context of current treatment landscape

Progression-Free Survival (PFS)

(n=30)

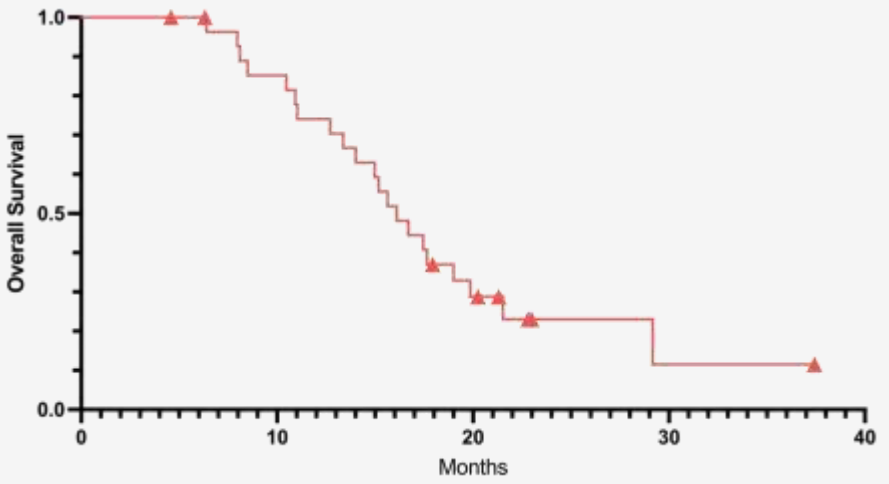


Median PFS: **8.6 months** (6.6-11.0)

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); No head-to-head studies have been published

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Paxalisib in Glioblastoma

Safety profile in Phase II study 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)

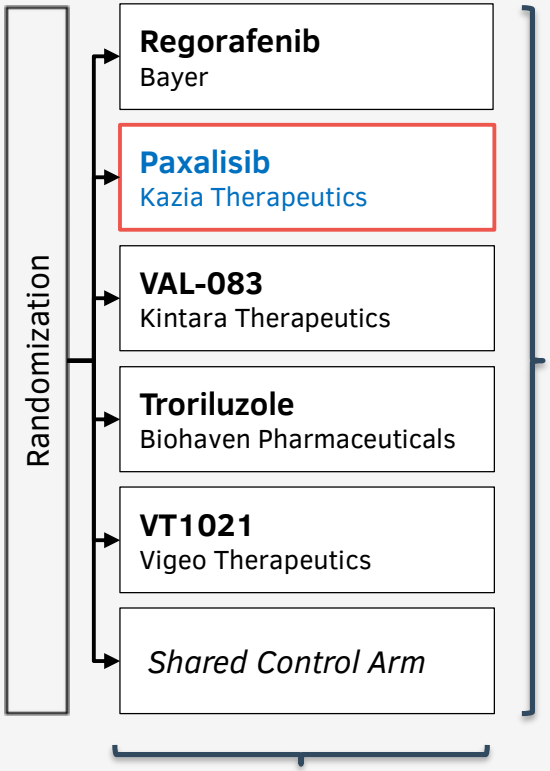
Term	Gr 1	Gr 2	Gr 3	Gr 4	Total (%)
Fatigue	3	13	2		18 (60%)
Stomatitis	4	7	3		14 (47%)
Decreased appetite	6	6	1		13 (43%)
Hyperglycemia	3	1	6	2	12 (40%)
Nausea	4	6	1		11 (37%)
Rash, maculo-popular	1	1	7		9 (30%)
Diarrhea	7	1			8 (27%)
Vomiting	4	2	1		7 (23%)
Rash	2	4	1		7 (23%)
Neutrophils decreased	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%)

Paxalisib in Glioblastoma

GBM-Agile: International, multi-center, adaptive, phase 3 study evaluating promising therapeutics in patients with glioblastoma

Key Points

- A 'platform study', sponsored by GCAR run independently of individual companies, designed to expedite the approval of new drugs for glioblastoma
- Multiple drugs are evaluated in parallel, saving time and money
- Not a 'winner-takes-all' approach: multiple drugs can succeed
- Cutting-edge 'adaptive design' avoids redundant recruitment, expediting path to market
- FDA acknowledged that GBM-AGILE data may be suitable for registration



2 *Comparison against a common control arm reduces overall subject numbers, saving time and cost (no arm vs. arm comparison)*

3 *Economies of scale due to multiple participating drugs allows for large site pool, robust study infrastructure, and reduced cost*

Completed
Negative outcome (Sep 22)

Final Top Line Data
2Q 2024

Ongoing
Negative outcome (Oct 2023)

Ongoing
Joined study in Jan 22

Ongoing
Joined study in Jan 22

1 *Adaptive study design limits number of subjects to that required to demonstrate efficacy, eliminating redundancy*

4 *Primary endpoint is overall survival (OS), the 'gold standard' for approval of new cancer drugs*

GCAR: Global Coalition for Adaptive Research

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Paxalisib in Glioblastoma

We believe *GBM AGILE's interim analysis may have been premature*

Top line final data anticipated 2Q CY2024

OVERALL STUDY DESIGN

up to 150 patients — *50 patients*

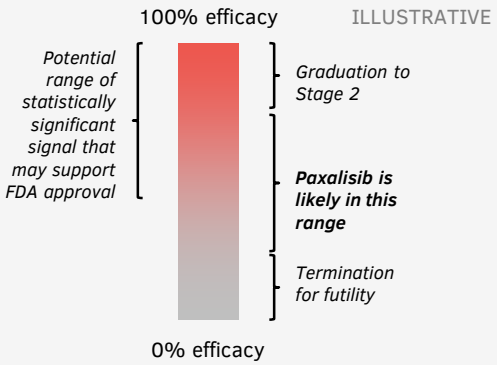
Stage 1 ('Exploratory') + **Stage 2 ('Confirmatory')** = **Full FDA Approval**

Blinded Graduation Analysis

On August 1, 2022, Paxalisib did not meet the threshold to graduate to Stage 2

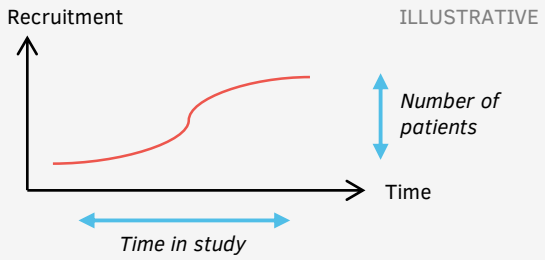
POTENTIAL CONTRIBUTORY FACTORS TO PAXALISIB GRADUATION RESULT

1 Graduation threshold is high



Avastin® (bevacizumab) was approved for recurrent glioblastoma by FDA in 2009 with no evidence of any survival benefit

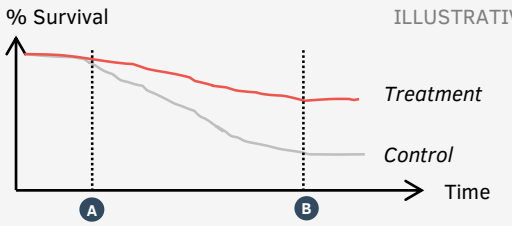
2 Back-loaded recruitment may have reduced statistical power at graduation



Statistical Power	=	Number of Patients	x	Time in study

The study recruited ~3-4 times faster than originally anticipated; many paxalisib patients likely had limited time in study at the time of the threshold analysis

3 Treatment effect typically becomes clearer as study matures



- **A** At an early point in the study, there is limited separation of curves
- **B** As the study matures over time, treatment effect becomes more apparent

Final analysis will be performed 12 months after last patient enrolled; graduation analysis may include <60% of final study information

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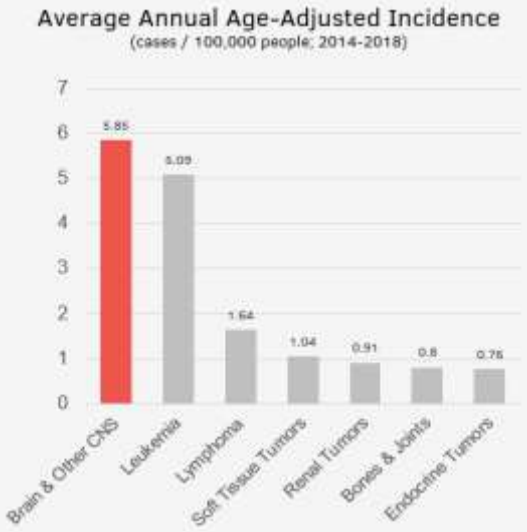
Childhood brain cancers

Paxalisib in Childhood Brain Cancer

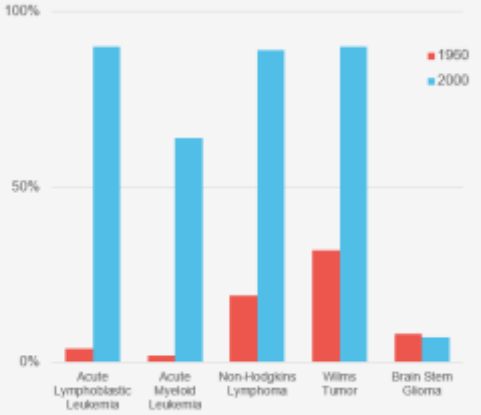
High unmet need especially in patients with diffuse midline gliomas (DMG)

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

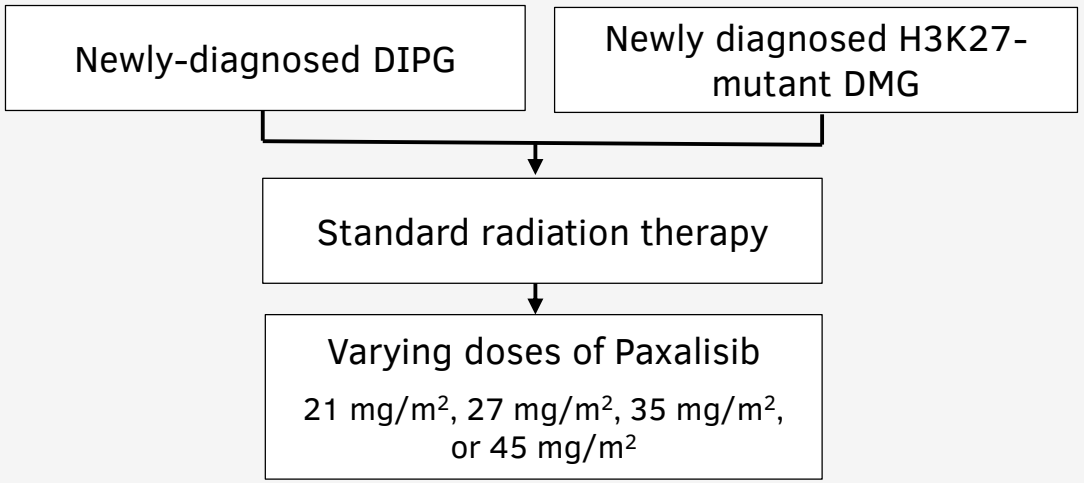
Kazia is actively pursuing three forms of childhood brain cancer

	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 I monotherapy clinical trial at St Jude Children's Research Hospital completed*	*Clinical trial opportunities under discussion*	*Additional clinical trial opportunities under discussion for medulloblastoma and HGG*
	PNOC022, Phase II clinical trial in combination with ONC201, ongoing		*Phase II clinical trial in combination with chemotherapy for treatment of high-risk malignancies commenced 2023*
Regulatory Interaction	*Orphan Drug Designation (ODD) and Rare Pediatric Disease Designation (RPDD) granted by FDA in Aug 2020*	*Orphan Drug Designation (ODD) granted by FDA in June 2022*	*Regulatory strategy under discussion*

Paxalisib in Diffuse Midline Gliomas

Phase I trial (St. Jude Children study) showed Paxalisib was generally well tolerated in children

OVERALL STUDY DESIGN



Results from Phase I trial

- ✓ Maximal Tolerated Dose of paxalisib was established
- ✓ Paxalisib exhibited a generally favorable tolerability profile in children, with toxicity profile (rash, hyperglycemia and neutropenia were the most common reported serious adverse events) being comparable to that observed in adults and consistent with other agents in the same class
- ✓ Data published SNO Scientific Meeting 2020

St. Jude Children's Research Hospital

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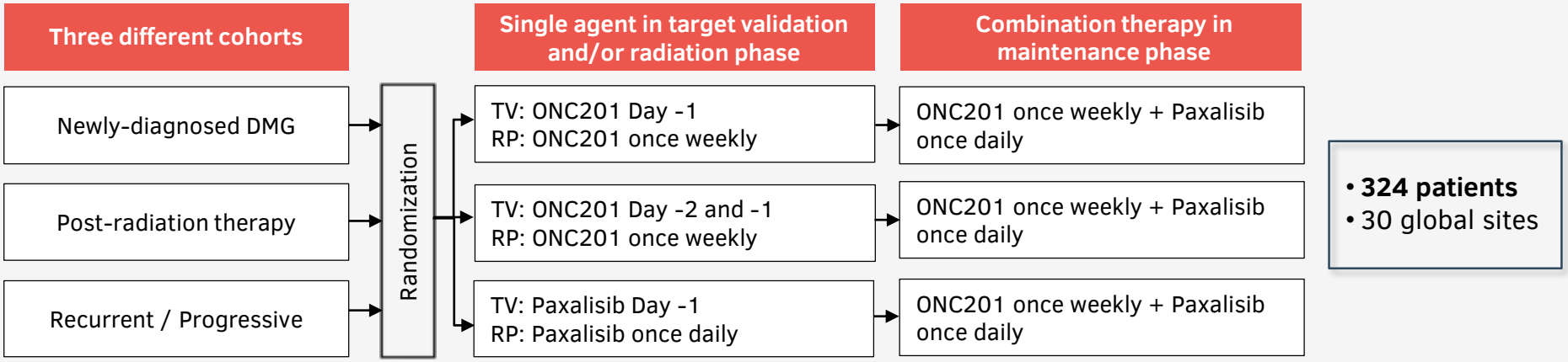
Paxalisib in Diffuse Midline Gliomas

Multi-arm, global site study, PNOC022, is underway

OVERALL STUDY DESIGN



REGULATORY STRATEGY

- ✓ Orphan Drug Designation in DIPG / DMGs
- ✓ Rare Pediatric Disease Designation in DIPG / DMGs
- Evaluate possibility of NDA filing in DIPG / DMGs on the basis of data from PNOC022 study (2H CY2024)
- Successful NDA approval may provide a pediatric Priority Review Voucher (pPRV) – current value ~USD $100M

Pacific Pediatric Neuro-Oncology Consortium

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Paxalisib in Diffuse Midline Gliomas

Interim data presented at Society of Neuro-Oncology 2023 Annual Meeting in Vancouver, Canada

- Sixty-eight patients with biopsy-proven DMG were enrolled between November 2021 and June 2023 (median age 9 years [range 3-37], n=41 female [60%])
- Median OS from time of diagnosis was 16.5 months (lower 95% confidence interval (CI) 11.6 months) with a median follow-up time of 9.9 months (95% CI: 8.5, 11.4)
- 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)
- The prognosis for patients diagnosed with DIPG remains poor–with the median survival range being from 8-11 months[1]
- Interim analyses ongoing for subsequent cohort of an additional 70 enrolled patients with plans for submission and presentation at upcoming medical meetings (2Q CY2024)

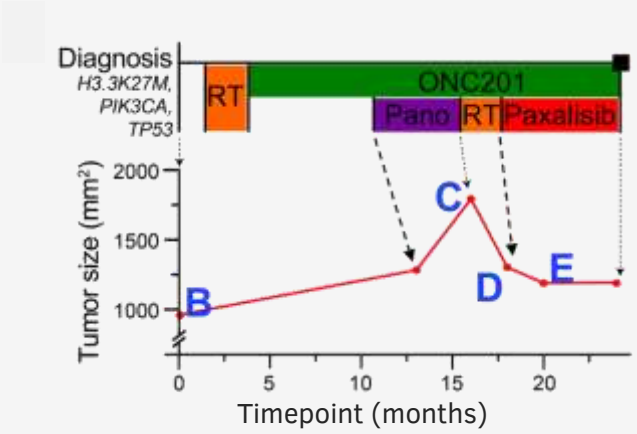
1. Hargrave, D., Bartels, U. & Bouffet, E. Diffuse brainstem glioma in children: critical review of clinical trials. Lancet Oncol 7, 241-8 (2006)

Paxalisib in Diffuse Midline Gliomas

Case studies from compassionate use suggest activity

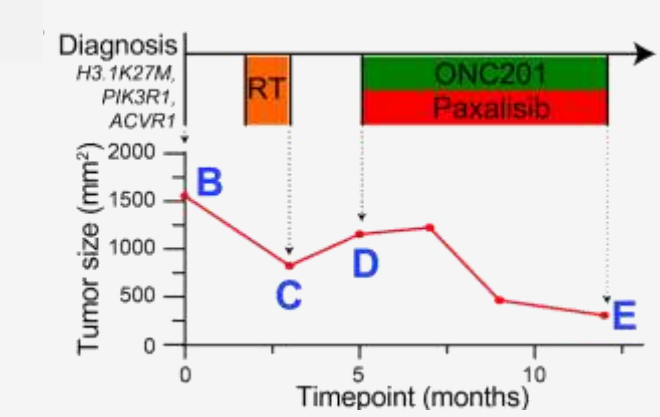
Patient 1

- Commenced Paxalisib + ONC201 immediately following re-irradiation
- At 5 months, MRI showed continued regression of primary tumor and clinical improvement
- Patient succumbed unexpectedly of pneumonia, with autopsy showing no evidence of new tumor growth or tumor-related mortality



Patient 2

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



Source: Jackson, et al. ONC201 in combination with paxalisib is a therapeutic strategy for diffuse midline glioma. Cancer Research, 2023/5/17

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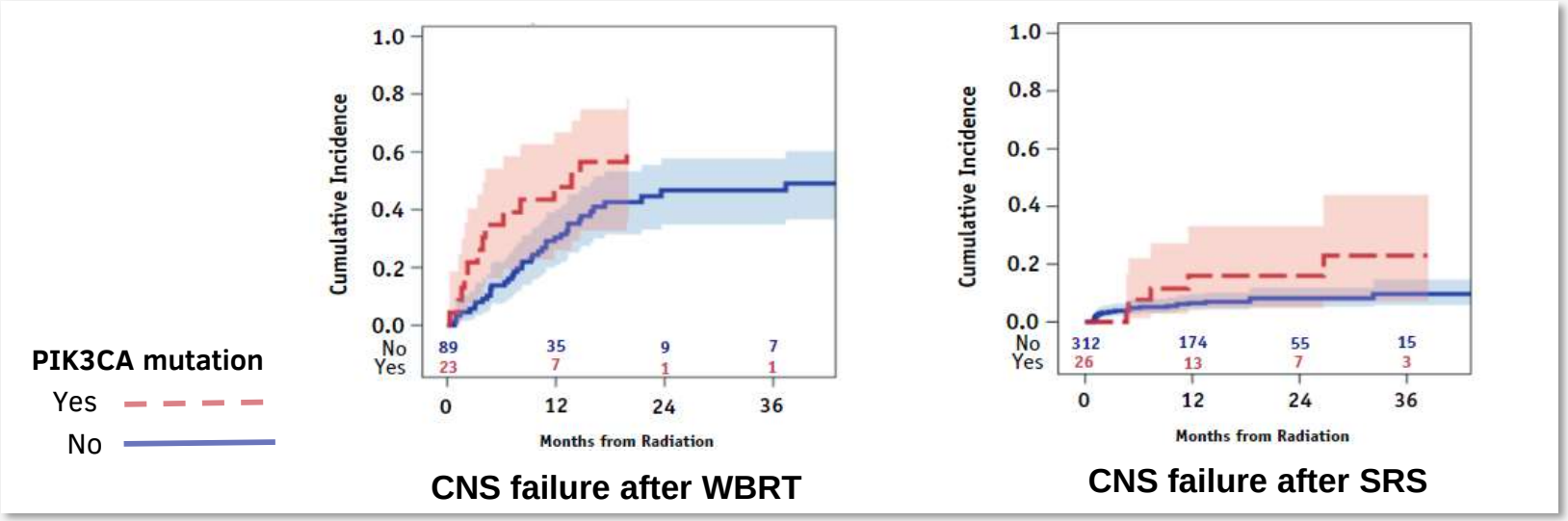
Brain metastases

Summary of Brain Metastases Clinical Studies Underway

Registration	Indication	Phase	N	Status	Sponsor
Secondary (Metastatic) Brain Cancer					
NCT04192981	Brain Metastases (combination with radiotherapy)	I	Up to 36	Recruiting	Memorial Sloan Kettering Cancer Center
NCT03765983	Breast Cancer Brain Metastases (combination with trastuzumab)	II	Up to 47	Recruiting	DANA-FARBER CANCER INSTITUTE
NCT03994796	Brain Metastases ('Alliance' multi-drug study)	II	50	Recruiting	NIH NATIONAL CANCER INSTITUTE

Paxalisib in Brain Metastasis

PI3K pathway mutations are common in brain metastases and associated with a worse prognosis



	+*PIK3CA* mutations at 1 yr	–*PIK3CA* mutations at 1 yr
CNS failure after WBRT, % (95% CI)	48 (26-67)	30 (21-40)
CNS failure after SRS, % (95% CI)	16 (5-33)	7 (CI 4-10)

CI, confidence interval. **SRS**, stereotactic radiosurgery. **WBRT**, whole-brain radiation therapy.

Source: Lockney NA, et al. *Int J Radiat Oncol Biol Phys*. 2018;101(4):833-844.

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Paxalisib in Brain Metastasis

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

OVERALL STUDY DESIGN

12 patients enrolled (9 evaluable, 3 did not complete protocol treatment)

Stage 1 ('Exploratory')

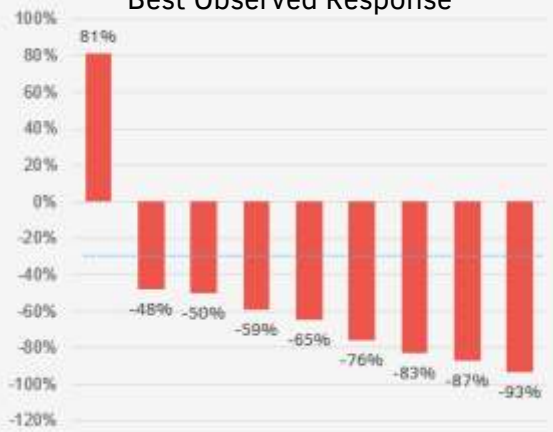
+

Additional 12 patients

Stage 2 ('Confirmatory')

Interim Analysis

Best Observed Response



- The most common histology was breast cancer
- The Maximum Tolerated Dose of paxalisib when combined with cranial RT has been established
- Robust response with all evaluable patients experiencing partial or complete response per RANO-Brain Mets criteria within 3 months of protocol therapy

Source: Jonathan Yang, et al, *Neuro-Oncology Advances*, 2022

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Paxalisib in Brain Metastasis

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

- August 2022: Data from the first stage was presented at 2022 Annual Conference on CNS Clinical Trials and Brain Metastases, jointly organized by the Society for Neuro-Oncology (SNO) and the American Society for Clinical Oncology (ASCO), and held in 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: FDA granted Paxalisib in combination with radiation therapy Fast Track Designation for patients with solid tumor brain metastases and PI3K pathway mutations based on the interim Stage 1 data

- February 2024: Announced the early conclusion based on Stage 2 positive safety and promising clinical response findings observed to date.
  - Anticipate data presentation at upcoming scientific congress in 2H CY2024
  - Coordinate and plan next clinical study in conjunction with Key Thought Leaders and FDA

Other solid tumors

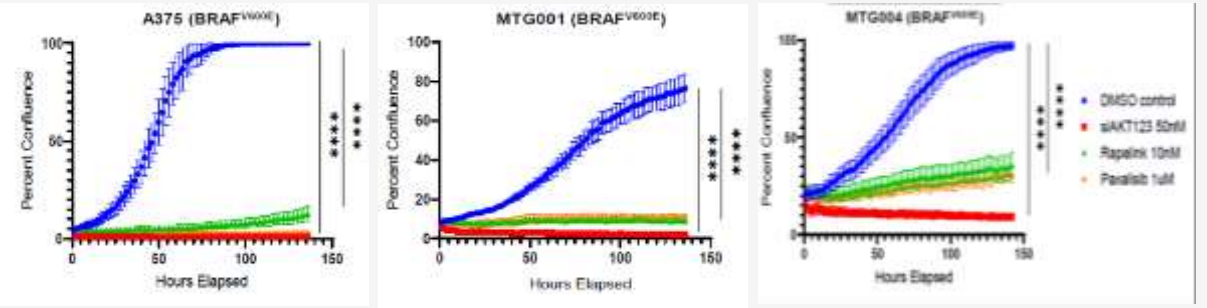
Paxalisib in Metastatic Melanoma

Paxalisib showed potential as therapeutic strategy in refractory melanoma

Unmet need

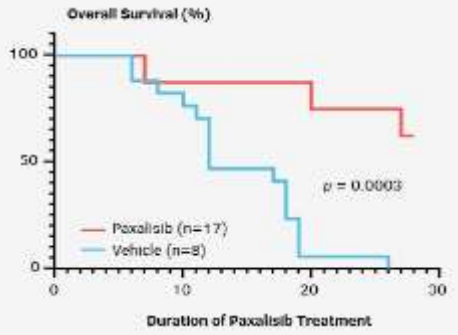
- Melanoma is the 5th most common cancer for men & women in the U.S.
- Approximately 50% of all melanomas harbor an activating BRAF mutation.
- Targeted therapy options for BRAF-mutant melanoma exist, but most patients will experience primary or secondary resistance
- The five-year survival rate of stage IV melanoma remains at 30%, highlighting the need for new therapeutics to treat this disease.

Paxalisib blocked proliferation in vitro (cell confluence assay)

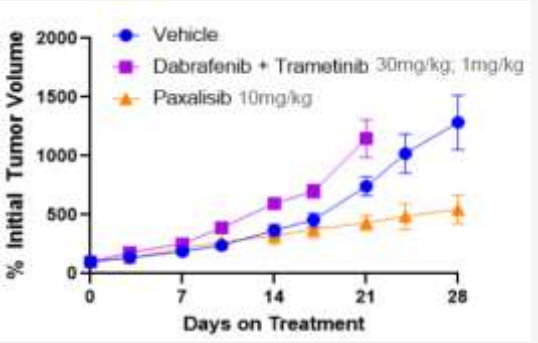


Paxalisib improved survival of BRAF-mutant mouse melanoma, and reduced growth of dabrafenib/trametinib resistant melanoma PDX in vivo

YUMM3.2 Kaplan-Meier Survival Curve



MTG004 Tumor Volume



Source: AACR 2023 abstracts

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Paxalisib in Triple Negative Breast Cancer

QIMR Berghofer Medical Institute collaboration

- As a leading expert in transcriptional biology and epigenetics, Professor Sudha 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 tumour, making it more susceptive to immunotherapy
  - "*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*"

1. Triple Negative Breast Cancer

Paxalisib in Triple Negative Breast Cancer

QIMR Berghofer Medical Institute collaboration

- The collaboration is nearing completion and anticipate preliminary update in 2Q CY2024 to include:
  - Combination Paxalisib + KEYTRUDA® (pembrolizumab) data in Triple Negative Breast Cancer 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 microenvironment
  - Intellectual Property (IP) update

Paxalisib in Triple Negative Breast Cancer

Projected TNBC market to exceed $1.4 Billion by 2030

- Breast cancer is the most commonly diagnosed cancer worldwide, with over 2.3 million new cases each year[1]
- According to the American Cancer Society, nearly 300,000 new cases of invasive breast cancer are diagnosed annually in the U.S.
- Triple negative breast cancer (TNBC) is the most aggressive form of breast cancer and is associated with a higher propensity for early relapse, an increased risk of metastasis, and a higher rate of mortality
  - TNBC accounts for around 15-20% of all breast cancers
- Market Potential
  - Data Bridge Market Research calculated the TNBC market at USD $953.8 million in 2022 and predicted it would grow to USD $1.5 billion by 2030[2].

1. National Institutes of Health (NIH): Current and future burden of breast cancer: Global statistics for 2020 and 2040
2. https://www.databridgemarketresearch.com/reports/global-triple-negative-breast-cancer-market

Paxalisib Licensing and Collaborations

Opportunistic partnering and strategic collaborations continue to add value

Licensing

- March 2021: Simcere Pharmaceutical Group Ltd (Simcere) to develop and commercialize Paxalisib in China and Taiwan
- March 2024: Sovargen Co., Ltd to develop, manufacture and commercialize Paxalisib as a potential treatment of intractable epilepsy in focal cortical dysplasia type 2 (FCD T2) and tuberous sclerosis complex (TSC) disease
- Both agreements resulted in non-dilutional upfront payments, and contingent clinical/regulatory milestone payments as well as a percentage of sub-licensing revenues and royalties on net sales

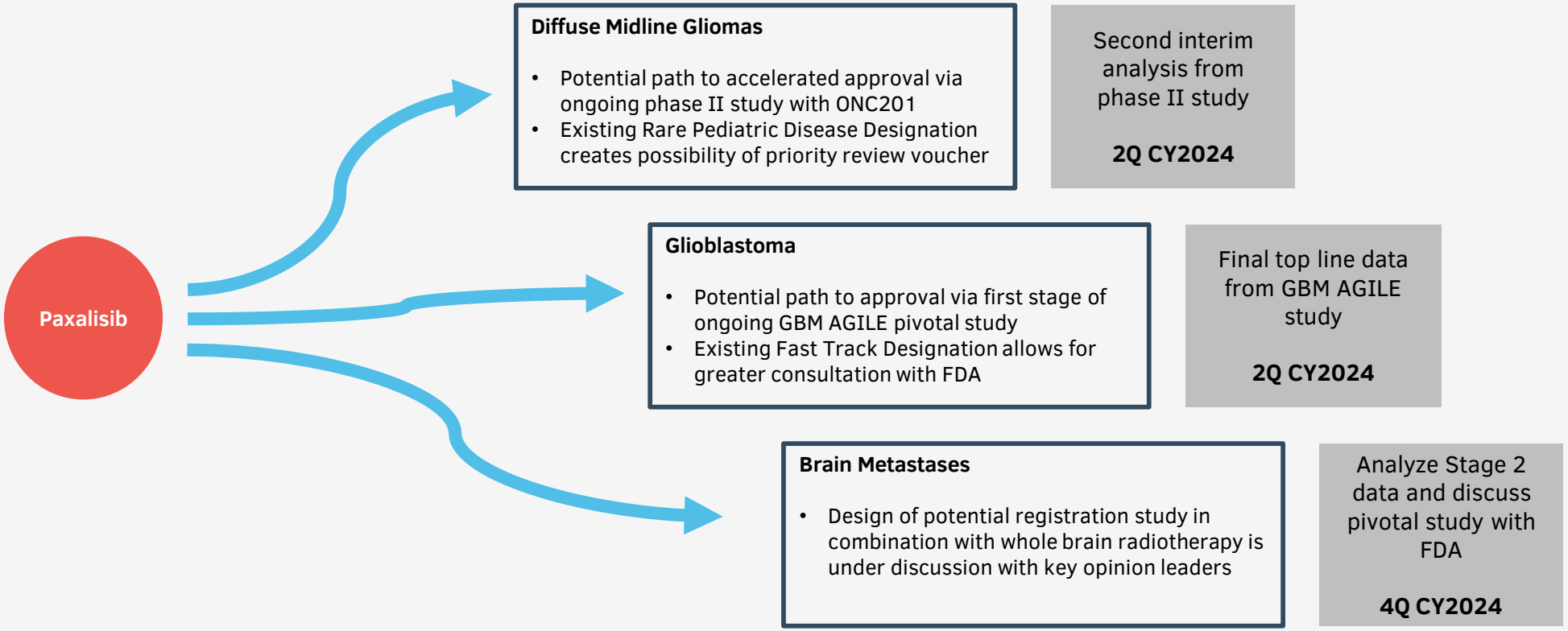
Key Collaborations

- QIMR-Berghofer Medical Institute
  - Cutting edge preclinical program to evaluate Paxalisib in combination with immuno-therapies for TNBC[1]
- Johns Hopkins University
  - Paxalisib alone and in combination with other targeted agents is active in preclinical models of AT/RT[2]
  - Preclinical data was presented as a Mini-symposium at AACR Annual Meeting 2024
  - Paxalisib was awarded Orphan Drug Disease and Rare Pediatric Disease Designations in AT/RT by FDA

1. Triple Negative Breast Cancer 2. Atypical Teratoid Rhabdoid Tumor

Paxalisib – Potential Paths to Registration

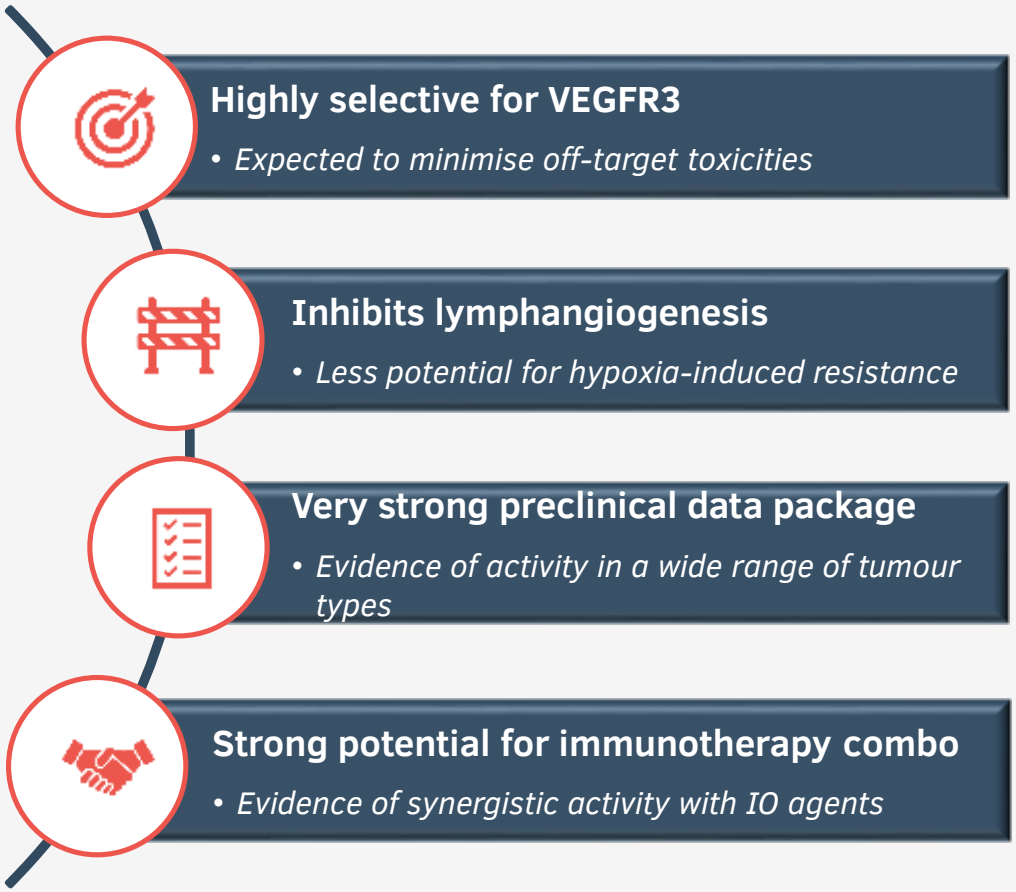
Multiple opportunities to become a marketed product



KAZIA THERAPEUTICS

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

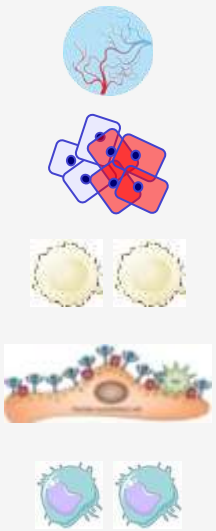
In Clinical Development
Currently undergoing Phase 1 clinical trial in Europe

EVT801 Mechanism of Action

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

Schematic overview based on pre-clinical data

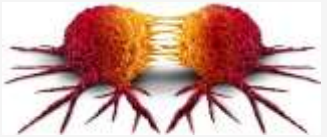
EVT801 activity on tumor microenvironment



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

EVT801
(SAR131675)

Tumor metastasis



Multiple cooperative modes of action

Cytokines involved in MDSC frequency ⬇

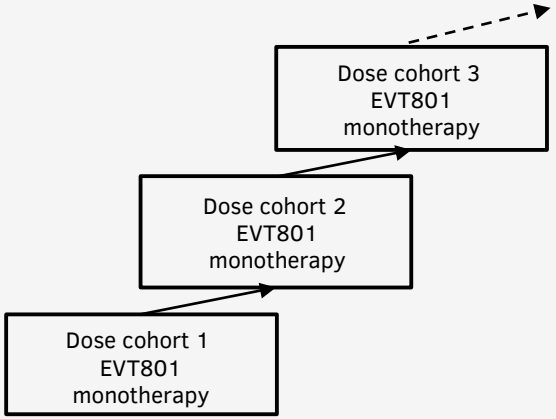
Myeloid-derived suppressor cells ⬇

Data from Tacconi & al. with SAR131675

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

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

STAGE 1
Monotherapy dose escalation
n≤48



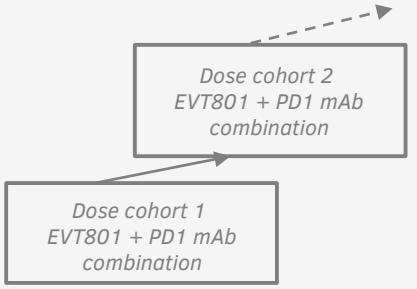
- Up to 8 cohorts
- Single-patient cohorts initially; expand to 3+3 when toxicity is encountered
- Mixed population of advanced solid tumors
- Doses from 50 mg QD to 800 mg BID

MTD
RP2D

STAGE 2
Biomarkers / PD Expansion cohort
n=12

- 6 patients PD cohort with Renal Cell Carcinoma
- 6 patients PD cohort with Soft Tissue Sarcoma

STAGE 3 *(Not yet approved by regulatory bodies)*
IO combination dose escalation
n≤36



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

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

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	To date 32 patients included in the study • 26 patients treated • 5 dosing cohorts completed up to 400mg BID • Actively enrolling patients in the 500mg BID cohort A number of patients have remained on treatment for two or more cycles with 7 reaching cycle 3 and one reaching Cycle 9 Biomarkers have shown strong VEGFR3 expression in some indications, and we have observed encouraging clinical activity in HGS* ovarian cancer patients (strongly expressing VEGFR3)

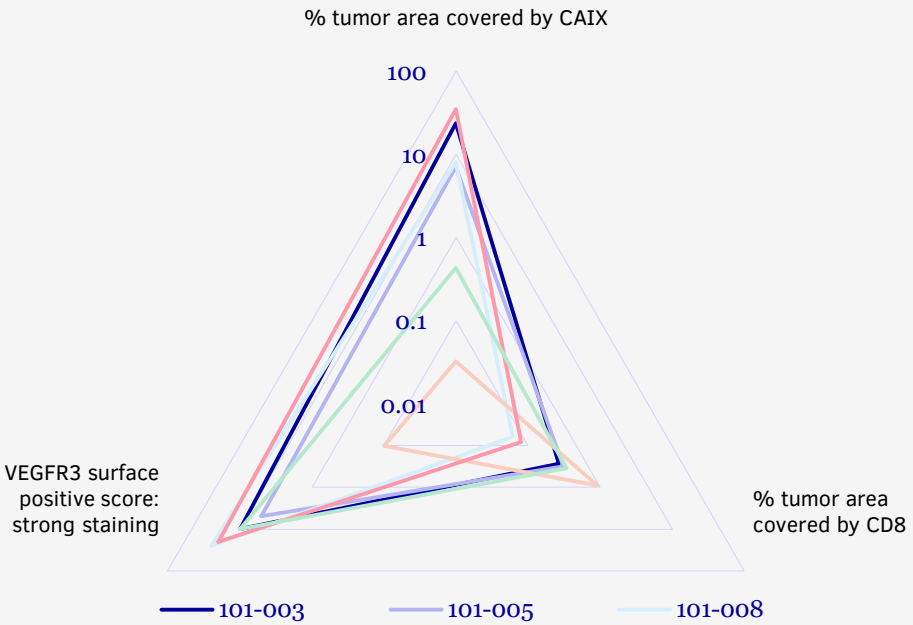
Stage 1 Clinical and Biomarker update accepted for presentation at AACR Annual Meeting 2024

*HGS: High grade serous

EVT801: Phase 1 dose-finding trial; KZA 0801-101 (NCT05114668)

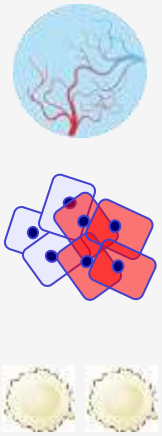
Preliminary data from ongoing study demonstrates patients with high grade serous ovarian cancer have moderate to high expression of VEGFR3

Preliminary data from ongoing KZA 0801-101 clinical study



In ovarian cancers patients, high VEGFR3 expression in vessels seems to be associated with a highest level of hypoxia and to a reduced CD8 infiltration

EVT801 pre-clinical activity on tumour microenvironment



Normalization of tumor (lymph)-angiogenesis ⬆

Hypoxia ⬇

CD8^{pos} T-cell infiltration ⬆

Hypoxic ovarian tumor poorly infiltrated with CD8^{+} T-cells and with high VEGFR3 expression could be a potential target for EVT801 treatment

KAZIA THERAPEUTICS

EVT-801 Key Points

1. Well-understood mechanism (anti-angiogenesis) with unique differentiating feature (high VEGFR3 selectivity)
2. Very strong preclinical data package, with evidence of activity in multiple tumours and favourable toxicology
3. Potential for combination use with immuno-oncology therapies
4. Ongoing phase 1 clinical study demonstrating robust safety and tolerability profile to date. Additional clinical and biomarker data accepted for presentation at AACR Annual Meeting 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 3Q CY2024

2024 Corporate Focus

Kazia Therapeutics: 2024 Corporate Focus

Objectives for Value Creation

- Complete Paxalisib phase 3 GBM Agile analysis and based on outcome, execute regulatory strategy to prepare for FDA discussions and NDA submission
- Execute Paxalisib pediatric and brain metastasis development programs
  - PNOC022 clinical study data consisting of approximately 140 patients with DIPG in 2Q CY2024
  - Accelerate development to evaluate Paxalisib + Radiation Therapy
- Advance Paxalisib development across other key oncology indications
  - Accelerate TNBC[1] program whereby encouraging signals of immune reinvigoration and cancer stem cell activity have been consistently observed in animal models
- Complete Stage one of EVT-801 phase 1 clinical study
- Corporate Business Development and continue to be opportunistic in terms of global and regional licensing for Paxalisib and EVT-801

1. Triple Negative Breast Cancer

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