ASX RELEASE
14 SEPTEMBER 2022

KAZIA TO PRESENT TO HCW BIOCONNECT INVESTOR CONFERENCE

Sydney, 14 September 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 H C Wainwright Global Investment Conference in New York, NY on 14 September 2022.

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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 glioblastoma, the most common and most aggressive form of primary brain cancer in adults. Licensed from Genentech in late 2016, paxalisib commenced recruitment to GBM AGILE, a pivotal study in glioblastoma, in January 2021. Seven additional studies are active in various forms of brain cancer. 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 AT/RT in June 2022.

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 James Garner, Chief Executive Officer, Managing Director.

KAZIA THERAPEUTICS

A Diversified Oncology Drug Development Company

Presentation to HC Wainwright Global Investment Conference

New York, NY
14 September 2022

ASX: KZA | NASDAQ: KZIA | Twitter: @KaziaTx

Forward-Looking Statements

This presentation contains **forward-looking statements** within the meaning of the safe-harbor provisions of the Private Securities Litigation Reform Act of 1995. Such statements involve 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

KAZIA THERAPEUTICS

Paxalisib	EVT801
Brain-penetrant pan-PI3K / mTOR inhibitor • Well-validated class with 5x FDA-approved therapies • Only brain-penetrant PI3K inhibitor in development	**Selective VEGFR3 inhibitor** • Avoid off-target toxicity of older angiokinase inhibitors • Primarily targets lymphangiogenesis
Currently in phase III for glioblastoma • Only FDA-approved drug is ineffective for 2/3 cases • Orphan indication with very high unmet clinical need	**Currently in phase I for advanced solid tumors** • Adaptive, biomarker-rich study ongoing at 2 sites in France
7 other ongoing clinical trials • Focus on DIPG, Brain Metastases, Glioblastoma • Collaborations with world-leading cancer centers	**Potential use in many solid tumors** • Potential indications include: renal cell carcinoma, liver cancer, colon cancer, thyroid cancer, and sarcoma
Rich commercial opportunity • Glioblastoma alone sized at US$ 1.5 billion per annum • Commercial licensee in place for China	**Potential combination with immunotherapy** • Strong evidence of synergy in preclinical data opens possibility of monotherapy or combination use
Final Phase III Data: 2H CY2023	**Initial Phase I Data: 2H CY2022 / 1H CY2023**

Company is dual-listed on NASDAQ (KZIA) and ASX (KZA) with market cap around US$ 30 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

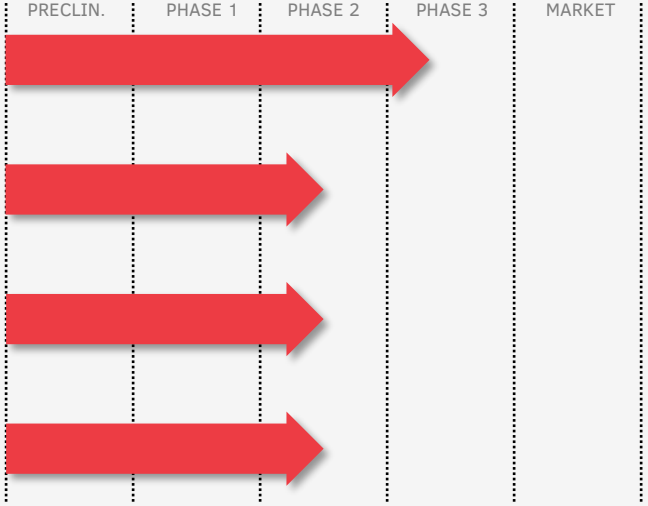
Lean virtual pharma model, with ~75% of cashflows applied directly to clinical trials

Pipeline

Two world-class assets in clinical trials

Paxalisib (formerly GDC-0084)
Small molecule, highly potent, brain-penetrant inhibitor of PI3K / mTOR

licensed from: Genentech



Glioblastoma
Most common primary brain cancer

DIPG
Highly aggressive childhood brain cancer

Primary CNS Lymphoma
Uncommon form of non-Hodgkin's lymphoma

Brain Metastases
Cancer that spreads to brain from elsewhere

Simcere · Weill Cornell Medicine · Global Coalition for Adaptive Research
Pacific Pediatric Neuro-Oncology Consortium · St. Jude Children's Research Hospital
Dana-Farber Cancer Institute
NIH National Cancer Institute · Dana-Farber Cancer Institute · Memorial Sloan Kettering Cancer Center

EVT801
Small molecule, highly specific inhibitor of VEGFR3

licensed from: evotec

Advanced Solid Tumors
Patients w/ highly treatment-resistant cancer

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Paxalisib – Kazia's Lead Program

Multiple signals of clinical efficacy in brain tumors

Glioblastoma

15.7 months overall survival

in newly-diagnosed patients with unmethylated MGMT promotor

(vs. 12.7 months for existing standard-of-care therapy)

International pivotal study in glioblastoma now ongoing, with final data expected 2H CY2023

Wen et al. (2022) *J Clin Oncol*. 40(16 Suppl): 2037

Single-arm phase II study of paxalisib in newly-diagnosed unmethylated glioblastoma (n=30); comparator figures are from Hegi et al. (2005).

Brain Metastases

100% overall response rate

in combination with whole brain radiotherapy (WBRT)

(vs. 20-50% in comparable studies of WBRT in brain metastases)

Potential second indication, with >200,000 patients per annum in United States alone

Yang et al. (2022) Oral presentation at SNO-ASCO brain mets conference

Single-arm phase I study of paxalisib in combination with WBRT for brain mets of any origin (n=9);

DIPG

"dramatic reductions in tumor volume and complete resolution of disease symptoms, extending overall survival"

in case reports from compassionate use experience

(vs. 9-11 months median survival with existing standard-of-care)

Potential to secure a pediatric priority review voucher (pPRV) if initially approved in DIPG

Dun et al. (2022) Presentation at ISPNO conference

Compassionate experience in 2 children (16yo & 6yo) treated with pax+ONC201; second patient remains ongoing

Operating Model

In-licensing advanced assets drives earlier value realization

License under-valued assets from larger organisations	Develop value through innovative clinical trial approaches	Partner for late-stage development and commercialisation
2016 Paxalisib licensed from Genentech	**2016 - 2021** Paxalisib taken from phase I to phase III in GBM	**2021** Paxalisib partnered with Simcere in China
2021 EVT801 licensed from Evotec		**2021** Legacy Cantrixil assert partnered with Oasmia

A Proven Strategy

TESARO™

Jun 2010 – licensed niraparib from Merck
Mar 2017 – Zejula® (niraparib) approved by FDA
Dec 2018 – Tesaro acquired by GSK

$360 million	→	$5.1 billion
IPO (2012)		Acquisition (2018)

ARRAY BIOPHARMA

Dec 2014 – reclaims binimetinib from Novartis
Sep 2017 – licenses encorafenib from Novartis
Jun 2018– combination approved by FDA

$49 million	→	$11.4 billion
Raised at IPO (2000)		Acquisition (2019)

Leadership

160+ years of international drug development experience

Board

Iain Ross
Chairman

Executive and Board roles in pharma and small biotech

Bryce Carmine
Deputy Chairman

36 years executive experience in Eli Lilly

Steven Coffey
Non-Executive Director

Chartered accountant with extensive governance experience

Dr James Garner
Chief Executive Officer
& Executive Director

Physician / MBA; Extensive drug development experience

Management Team

Dr James Garner
Chief Executive Officer
& Executive Director

Physician / MBA; Extensive drug development experience

Dr John Friend
Chief Medical Officer

Industry physician with >25 years experience in oncology drug development

Karen Krumeich
Chief Financial Officer

Accountant with >20 years experience as a biotech CFO in public and private companies

Kate Hill
Company Secretary

Former audit partner at Deloitte and experienced Board director for multiple public companies

Scientific Advisory Board

World-leading experts in brain cancer

Priscilla K Brastianos, MD

Associate Professor of Medicine
Harvard Medical School

Assistant Physician in Medicine, Hematology/Oncology
Massachusetts General Hospital

John de Groot, MD

Division Chief, Neuro-Oncology
UCSF

formerly
Director of Clinical Research
MD Anderson Cancer Center

Alan Olivero, PhD

Drug Development Consultant

formerly
Senior Director, Discovery Chemistry & Head of Research Operations
Genentech, Inc

Patrick Y Wen, MD

Professor of Neurology
Harvard Medical School

Director of the Center for Neuro-Oncology
Dana-Farber Cancer Institute

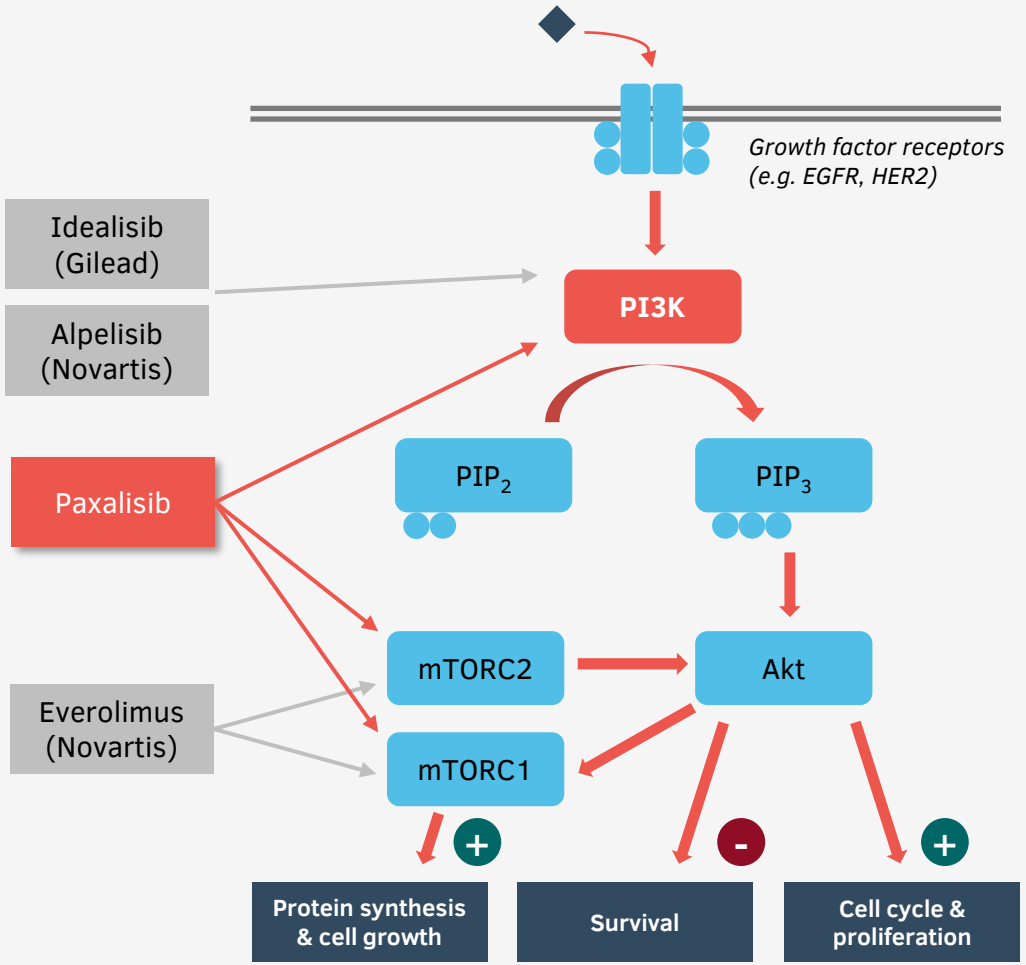
>400 peer-reviewed academic publications

>40 patent inventorships

>100 brain cancer clinical trials as principal investigator

Extensive relationships with NIH, NCI, SNO, NBTS, and other organizations

Paxalisib is one of the most broadly potent PI3K inhibitors in the global pipeline



Paxalisib Among Most Potent PI3K Inhibitors

	IC_{50} (nM)				
	p110α	p110β	p110γ	p110δ	mTORC 1/2
Paxalisib	**2**	**46**	**10**	**3**	**70**
Idelalisib	820	565	89	2.5	>1,000
Alpelisib	5	1200	250	290	>9,100
Buparlisib	52	166	262	116	4,600
Pilaralisib	39	383	23	36	>15,000

Note: lower IC_{50} implies more potent activity
Source: HF Zhao et al. (2017) *Molecular Cancer*. 16:100

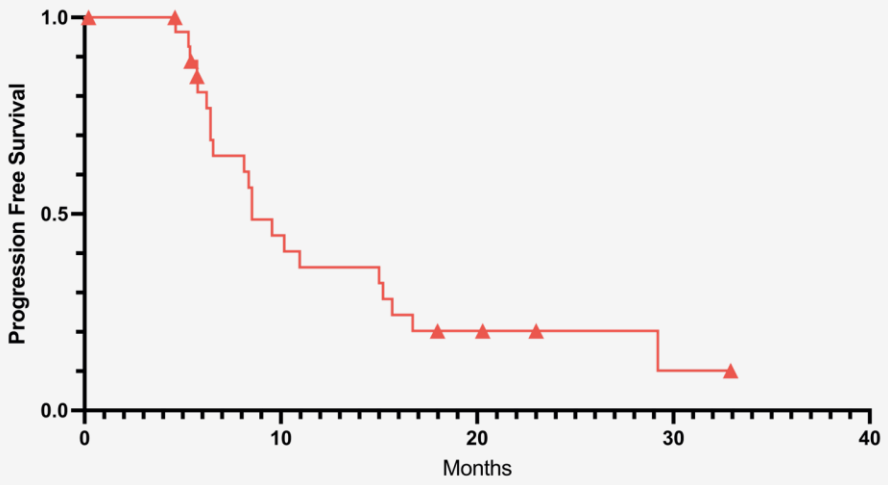
The PI3K inhibitor class is well-established, but paxalisib is unique in its ability to cross the blood-brain barrier

	Zydelig (idelalisib)	Aliqopa (copanlisib)	Copiktra (duvelisib)	Piqray (alpelisib)	Ukoniq (umbralasib)	**paxalisib**
						
	FDA Approved **July 2014** (blood cancers)	FDA Approved **September 2017** (blood cancers)	FDA Approved **October 2018** (blood cancers)	FDA Approved **May 2019** (breast cancer)	FDA Approved **February 2021** (blood cancers)	In pivotal study for FDA Approval in glioblastoma
Crosses Blood-Brain Barrier	✗	✗	✗	✗	✗	✓
Safety	Potentially fatal liver toxicity and diarrhoea	Potentially fatal infections	Potentially fatal infections and diarrhoea	Modest toxicities to date	Serious infections, hepatotoxicity, and diarrhoea	Modest toxicities to date

Phase II study of paxalisib mono-therapy in newly-diagnosed GBM provides robust signal of clinical efficacy

Progression-Free Survival (PFS)

(n=30)

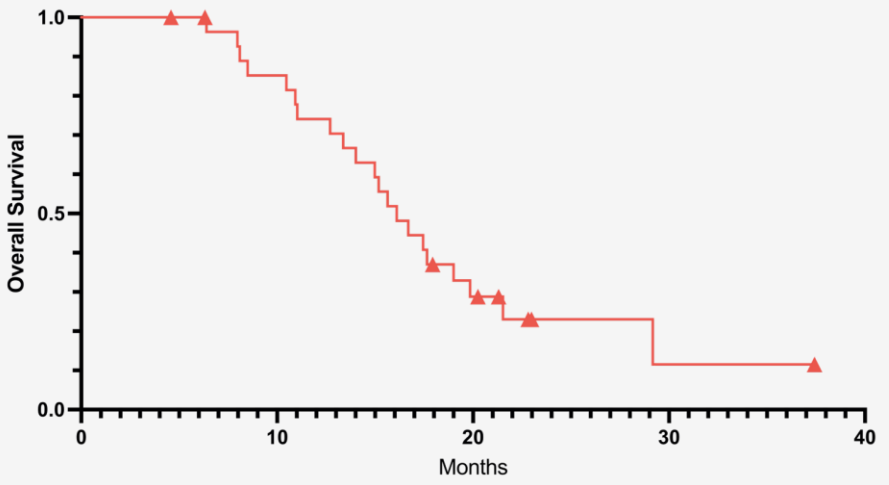


Median PFS: **8.6 months** (6.6-11.0)

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

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Efficacy signal is generally corroborated by comparison against multiple comparative reference data points

Study	Year	*n*	OS (95% CI)	Applicability	Comments
Kazia Phase II Study	2022	30	15.7 (11.1-19.1)		
EORTC-NCIC Hegi et al.	2005	60	12.7 (11.6-14.4)	Good	Pivotal study that led to the approval of temozolomide for glioblastoma
Motomora et al.	2011	29	12.5	Moderate	Single-center retrospective study in Japan
RTOG-0525 Gilbert et al.	2013	254	14.6 (13.2-16.5)	Poor	All patients were dosed to 12 cycles of TMZ, an unapproved regimen
RTOG-0825 Gilbert et al.	2014		14.6	Moderate	Some patients were dosed to 12 cycles of TMZ, an unapproved regimen
CORE Nabors et al.	2015	89	13.4 (12.2-14.3)	Good	
Stupp et al.	2017	95	14.7 (9.8-24.8)	Moderate	Large proportion of patients recruited outside US / EU
VERTU Sim et al.	2021	41	12.8 (9.5-15.8)	Good	

Note: all data is for newly-diagnosed unmethylated patient group; applicability based on comparability of patient population and study design to Kazia phase II study

Safety Profile in the phase 2 clinical study in GBM patients is generally mild to moderate, reversible, and manageable

Number of Patients at Any Dose (n=30) Experiencing AEs 'Possibly' or 'Likely' Related to Paxalisib (affecting ≥10% of patients)

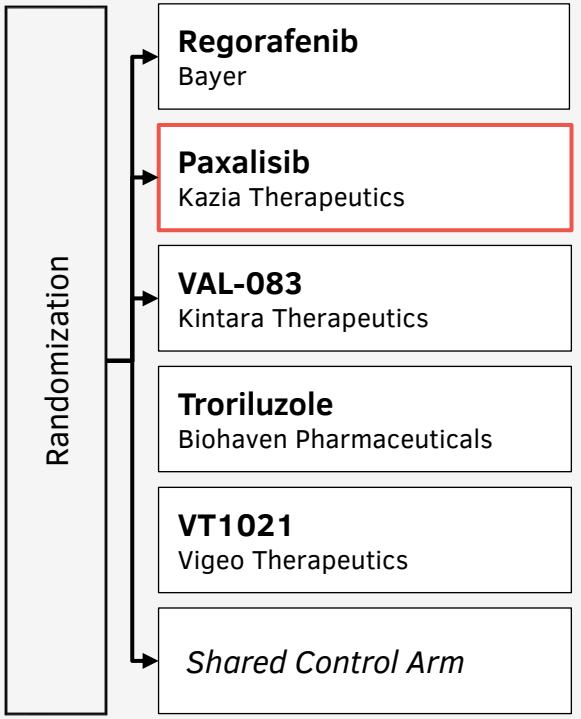
Term	Gr 1	Gr 2	Gr 3	Gr 4	Total (%)
Fatigue	3	13	2		18 (60%)
Stomatitis	4	7	3		14 (47%)
Decreased appetite	6	6	1		13 (43%)
Hyperglycemia	3	1	6	2	12 (40%)
Nausea	4	6	1		11 (37%)
Rash, maculo-popular	1	1	7		9 (30%)
Diarrhea	7	1			8 (27%)
Vomiting	4	2	1		7 (23%)
Rash	2	4	1		7 (23%)
Neutrophils decreased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

GBM AGILE international pivotal study is underway

Sponsored by GCAR with support of GBM key opinion leaders

Key Points

- A 'platform study', 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 acknowledgement that data expected suitable for registration



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

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

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

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

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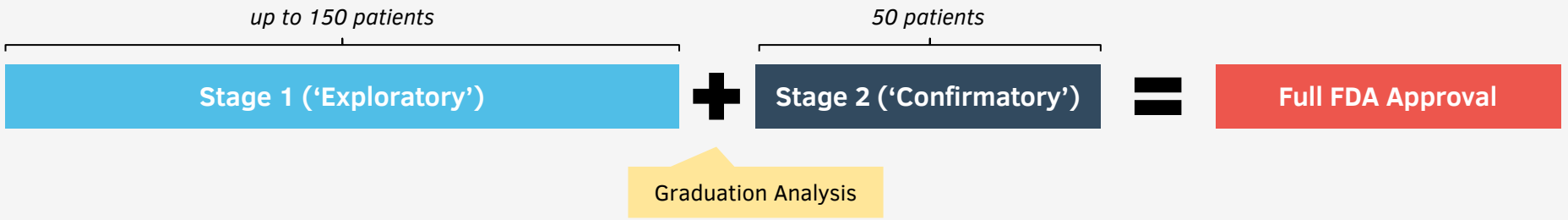
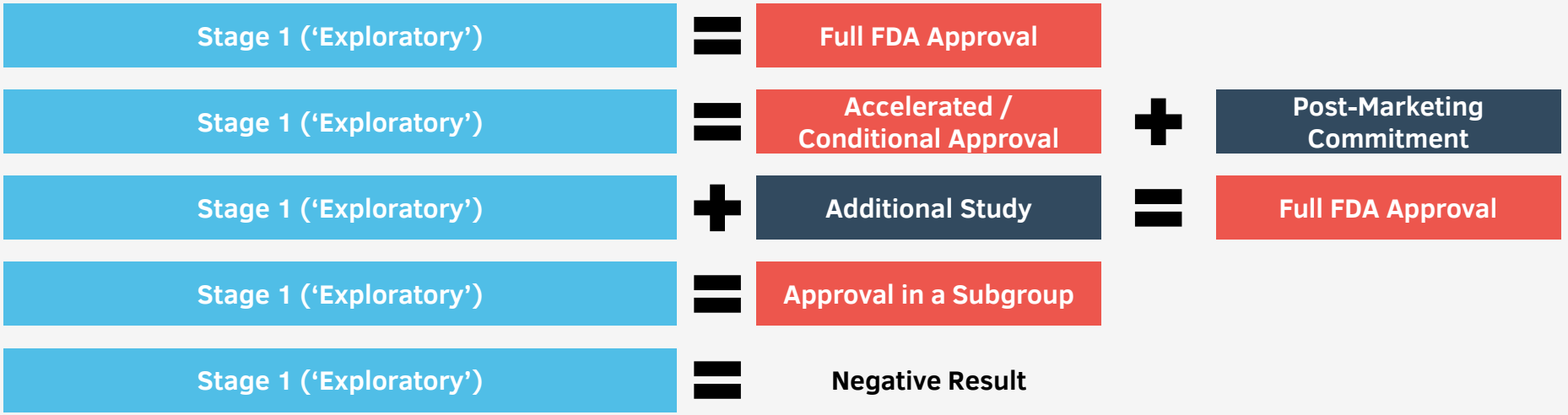
GBM AGILE was designed as a two-stage study; first stage may provide sufficient data for registration

OVERALL STUDY DESIGN



POTENTIAL OUTCOMES FOR PAXALISIB, GIVEN DECISION IN AUGUST 2022 NOT TO GRADUATE TO STAGE 2



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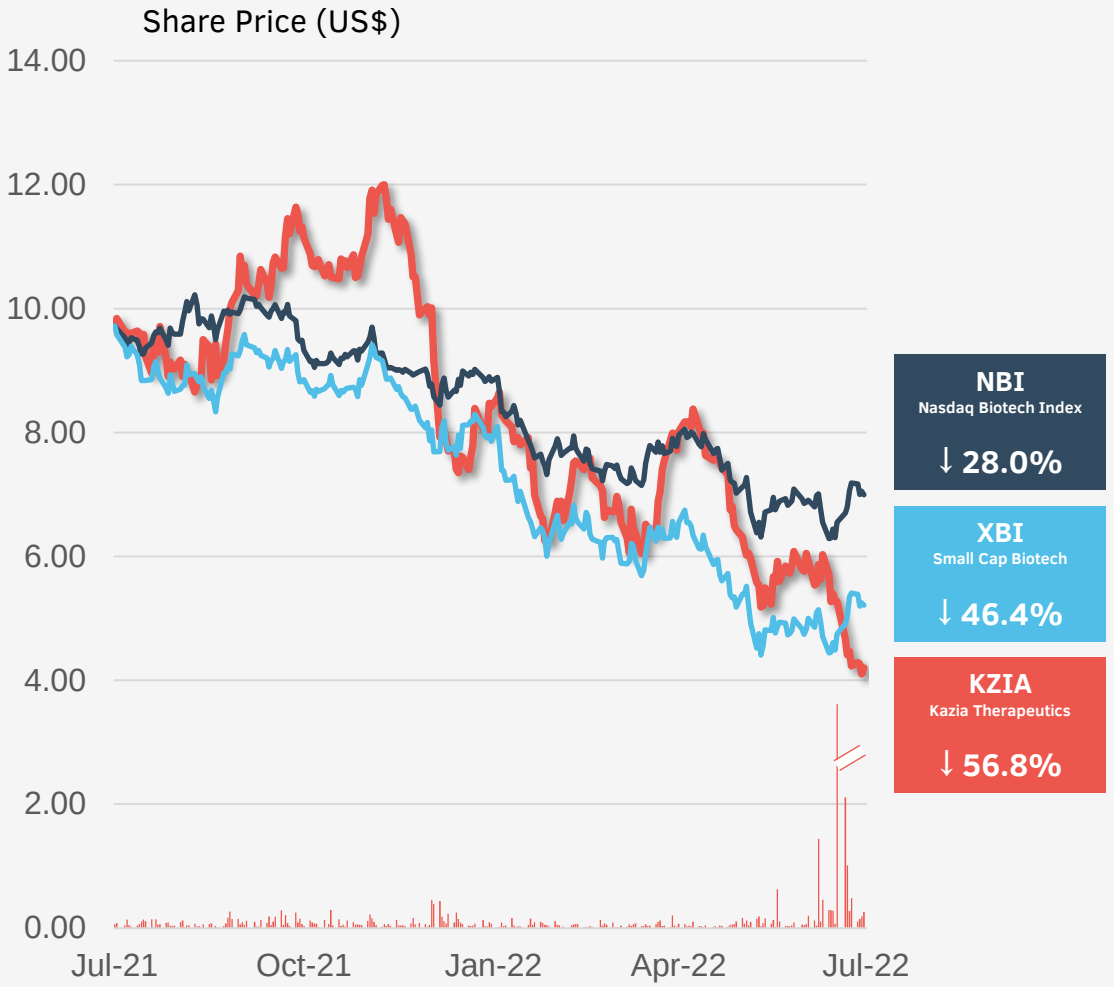
Financial Metrics

Lean operating model drives financial efficiency



Market Capitalisation	**US$ 60M**

Listing	
ASX (primary)	KZA
NASDAQ (ADSs @ 1:10 ratio)	KZIA
Shares on Issue	138M
Average Daily Volume (12 months)	$525,000

Balance Sheet	US$
Cash (at 30 Jun 22)	$5M
Monthly Burn Rate	~$1M

Substantial Shareholders	
Willoughby Capital	14%
Quest Asset Partners	8%
Platinum Asset Management	5%
Board and Management	2%

CY2022 Milestones and Newsflow

Multiple catalysts across two clinical programs

Open GBM AGILE **paxalisib** arm to recruitment in EU	1H CY2022	✓
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	✓
Initial interim data from **paxalisib** + radiotherapy phase I brain mets study at Memorial Sloan-Kettering	*2H CY2022*	✓
Paxalisib granted orphan drug designation in AT/RT by FDA	1H CY2022	✓
Paxalisib granted rare pediatric disease designation in AT/RT by FDA	2H CY2022	✓
*Further preclinical data on **paxalisib** in childhood brain cancer published in peer-reviewed journals*	*2H CY2022*	
Initial interim data from **paxalisib** phase II PCNSL study at Dana-Farber	*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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