11 DECEMBER 2025

ASX RELEASE

ADDITIONAL CONFIRMED RESPONSE REPORTED AS PART OF AMPLIA INVESTOR PRESENTATION

HIGHLIGHTS

- *An additional confirmed partial response has been recorded in the ongoing ACCENT trial*
- *This brings the confirmed Objective Response Rate to 35%*
- *Updated data to be presented at the Life Sciences Virtual Investor Forum*

Melbourne, Australia: Amplia Therapeutics Limited (ASX:ATX; OTCQB:INNMF), ("Amplia" or the "Company"), is pleased to announce that an additional confirmed partial response (PR) has been recorded in the ongoing **ACCENT** trial in metastatic pancreatic cancer. The trial investigates the combination of the Company's best-in-class FAK inhibitor narmafotinib in combination with the chemotherapies gemcitabine and nab-paclitaxel (Abraxane®).

The additional PR brings the confirmed objective response rate (ORR) to 35% (19/55) which compares favourably to the ORR of 23% recorded for gemcitabine and nab-paclitaxel alone in the benchmark MPACT trial upon which ACCENT is based.

A presentation outlining the data from the ACCENT trial will be presented by Amplia CEO Dr Chris Burns at the Life Sciences Virtual Investor Forum on Thursday December 11 at 3pm US ET (Friday December 12 7am AEDT) and is attached to this announcement.

This ASX announcement was approved and authorised for release by the CEO of Amplia Therapeutics.

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About Amplia Therapeutics Limited

Amplia Therapeutics Limited is an Australian pharmaceutical company advancing a pipeline of Focal Adhesion Kinase (FAK) inhibitors for cancer and fibrosis. FAK is an increasingly important target in the field of cancer and Amplia has a particular development focus in fibrotic cancers such as pancreatic and ovarian cancer. FAK also plays a significant role in a number of chronic diseases, such as idiopathic pulmonary fibrosis (IPF). For more information visit www.ampliatx.com and follow Amplia on X (@ampliatx) and LinkedIn.

About Narmafotinib

Narmafotinib (AMP945) is the company's best-in-class inhibitor of the protein FAK, a protein over-expressed in pancreatic cancer and a drug target gaining increasing attention for its role in solid tumors. The drug, which is a highly potent and selective inhibitor of FAK, has shown promising data in a range of preclinical cancer studies. Narmafotinib is currently undergoing a clinical trial (the ACCENT trial) where it is dosed in combination with the chemotherapies gemcitabine and Abraxane in first-line patients with advanced pancreatic cancer. The trial has already achieved its primary endpoint in achieving a confirmed response rate of 35%, superior to 23% reported in the benchmark MPACT study for gemcitabine and Abraxane alone. An interim median PFS of 7.6 months has also been reported. A second trial – AMPLICITY – has recently opened and is being run under an IND at sites in Australia and the US, investigating the combination of narmafotinib with the chemotherapy FOLFIRINOX in advanced pancreatic cancer patients.

Amplia THERAPEUTICS

Life Sciences Virtual Investor Forum

11 December 2025

Chris Burns PhD

ampliatx.com | @ampliatx
ASX: ATX | OTCQB: INNMF

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EXECUTIVE SUMMARY

Developing a pipeline of small molecule inhibitors of FAK

- Lead drug **narmafotinib** is best-in-class FAK inhibitor in development
- **Promising efficacy, durability and tolerability** in Phase 2a ACCENT clinical trial in pancreatic cancer
- **New trial of narmafotinib** in pancreatic cancer now underway
- **FAST-track** and **Orphan Drug Designation** granted from US FDA

BOARD + MANAGEMENT

World-class experts

BOARD

Warwick Tong

MB ChB MPP GAICD

Chair

Robert Peach

PhD

Director

Jane Bell

LLB LLM (Lond) FAICD

Director

Chris Burns*

PhD GAICD

CEO and MD

SENIOR MANAGEMENT

Rhiannon Jones

PhD GAICD

COO

Jason Lickliter

MBBS FRACP

CMO

Tim Luscombe

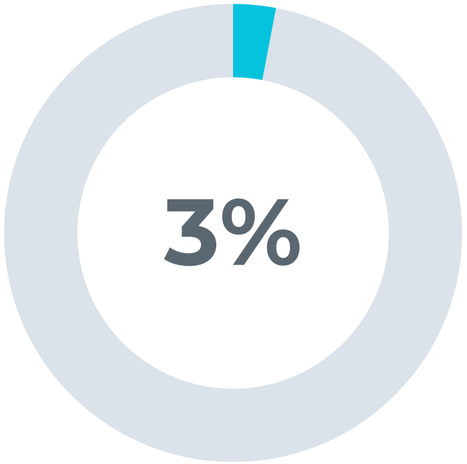
BCom CA GIA(Cert)

CFO

METASTATIC PANCREATIC CANCER

Limited treatment options; poor patient outcomes

5Y Survival



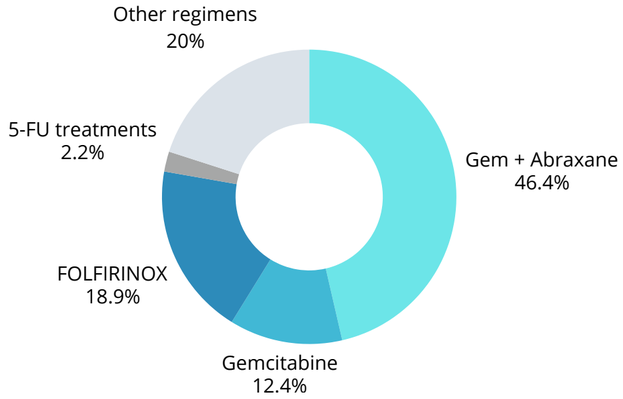
Highly aggressive with multiple genetic drivers

>50% pancreatic cancer patients **diagnosed with advanced** (metastatic, stage 4) disease at the time of diagnosis

Limited Treatment Options

Treatment	Median Progression Free Survival	Median Overall Survival	Tolerability
Gemcitabine + nab-paclitaxel *(MPACT study)*	**5.5 months**	**8.5 months**	😐
FOLFIRINOX *(Prodige study)*	**6.4 months**	**11.1 months**	☹

Most patients receive gemcitabine + nab-paclitaxel or FOLFIRINOX or variations of these†



MPACT Trial - *N Engl J Med.* 2013, 369, 1691-703; PRODIGE trial - *N Engl J Med.* 2011, 364, 1817-1825; † - *The Oncologist* 2022, 27, 469–475

FAK INHIBITION IN CANCER

FAK enzyme overactive in pancreatic cancer

FAK levels are elevated in pancreatic cancer

- Correlate with worse patient outcome

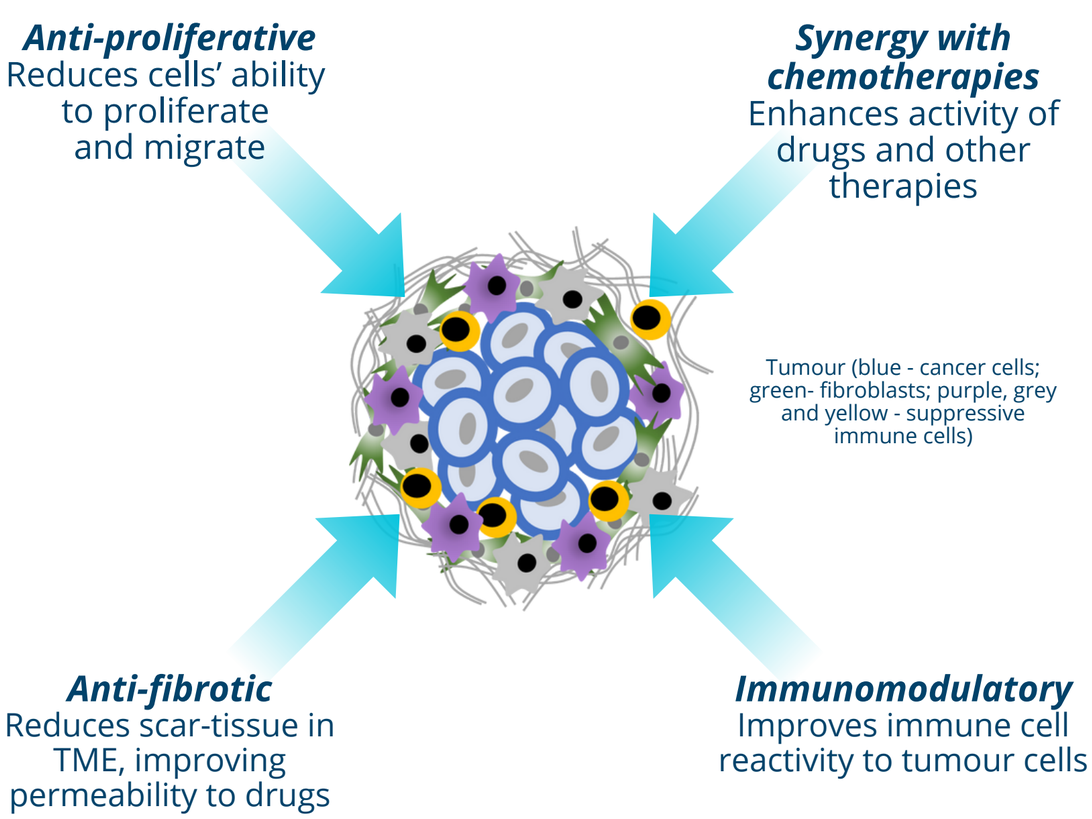
FAK inhibition blocks processes that support:

- Tumour growth
- Metastasis
- Treatment resistance

FAK over-activity in both cancer cells and surrounding cells

- Cause fibrosis *and* immune suppression

Benefits of FAK Inhibition



FAK - Focal Adhesion Kinase

Modified from *Journal for ImmunoTherapy of Cancer* (2017) 5:17

NARMAFOTINIB

A Potent and Selective FAK Inhibitor

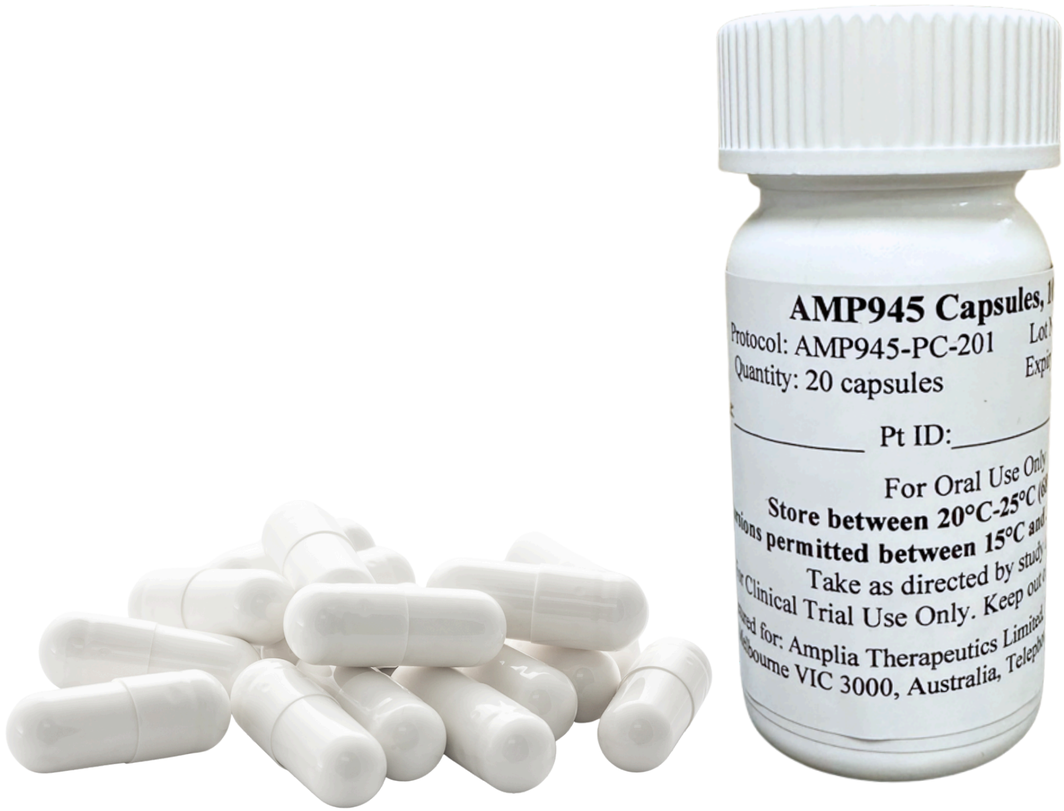
Drug-like small molecule

- Potent activity in laboratory models of human pancreatic cancer
- Once a day oral dosing by capsule
- Storage at room temperature

Safe to combine with other medicines

- No evidence of drug-drug interactions

Evidence of FAK target engagement preclinically and in the clinic



FAK - Focal Adhesion Kinase

ACCENT TRIAL IN PANCREATIC CANCER

Phase 1b/2a study in Australia and Korea

OBJECTIVE

- To determine safety and efficacy of narmafotinib in combination with gemcitabine and nab-paclitaxel
- Patients with newly diagnosed metastatic disease

PRIMARY ENDPOINTS

- Safety, Tolerability
- ORR (RECIST 1.1)*

ADDITIONAL ENDPOINTS

- Duration on Trial (DoT)
- Progression free survival (PFS)
- Overall Survival (OS)
- Disease Control Rate

Demographics	
Patient # (total study)	55
Geographic area (%)	Australia (44%) / Korea (56%)
Female (%)	49%
Age median (min-max)	64 (37 - 87)
ECOG PS 0	17 (31%)
ECOG PS 1	38 (69%)
Ethnic background	
• Caucasian	21 (38%)
• Asian	33 (60%)
• Australian Aborigine / Torres Strait Islander	1 (2%)

* ORR - Objective Response Rate; RECIST - Response Evaluation Criteria in Solid Tumours, *Eur J Canc.* 2009, 45, 228-247.

ACCENT TRIAL TOPLINE DATA

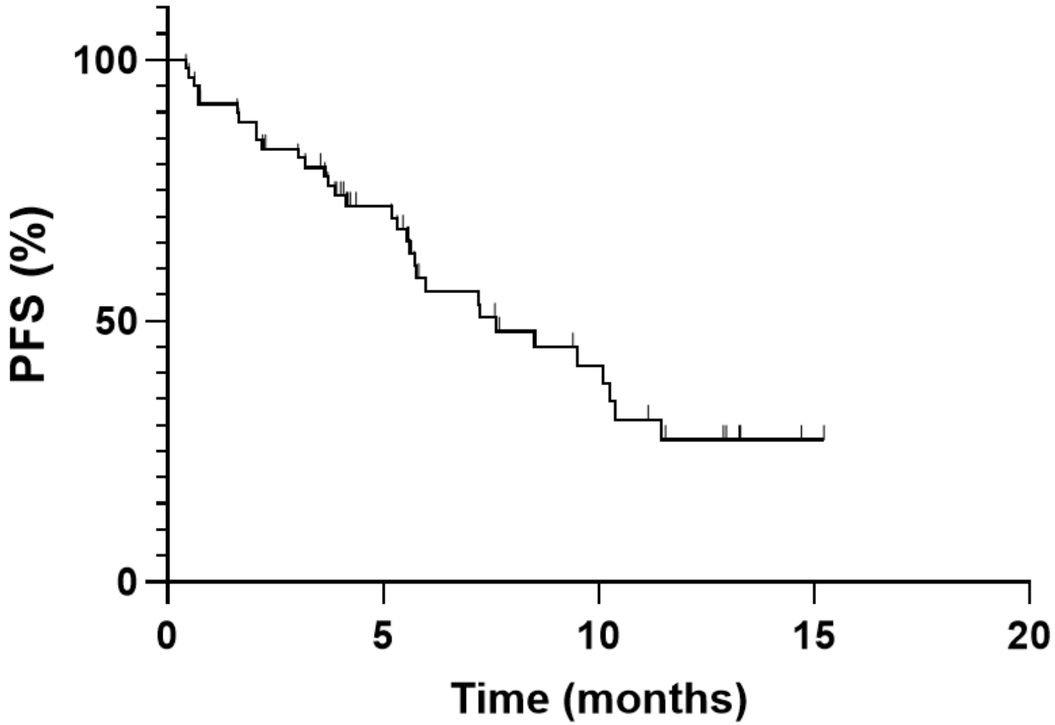
Promising evidence of efficacy, durability and tolerability

Median Progression Free Survival (mPFS) data

- Currently determined at 7.6 months - substantially better than chemotherapy alone (5.5 months)
- Improvement over FOLFIRINOX chemotherapy (6.4 months)

	ACCENT Trial (Narmafotinib/Gemcitabine/Abraxane)	MPACT Trial (Gemcitabine/Abraxane)	PRODIGE Trial (FOLFIRINOX)
mPFS	7.6 months	5.5 months	6.4 months

All ACCENT patients @ 400 mg (n = 64)



PFS data calculation included patients from Phase 1b dosed with narmafotinib (400 mg) and all patients in Phase 2a. Interim data based on data cut-off 20 Jul 2025.

ACCENT TRIAL INTERIM DATA

Promising evidence of efficacy, durability and tolerability

Excellent response rate observed

- **1 confirmed Complete Response (CR)**
- **18 confirmed Partial Responses (PR)**
  - Incl. 1 patient determined to be a **pathological Complete Response**
- **Confirmed** objective response rate (ORR) of 35%
  - Unconfirmed objective response rate 42%
- Disease control rate (DCR) of 76%

	ACCENT Trial (Narmafotinib/Gemcitabine/ nab-paclitaxel)	**MPACT Trial** (Gemcitabine/ nab-paclitaxel)
CR	2%	0.2%
PR	33%	23%
SD	44%	27%
PD	13%	20%
NE	11%	30%
ORR	33%	23%
DCR	76%	50%
DoT	219 days	117 days

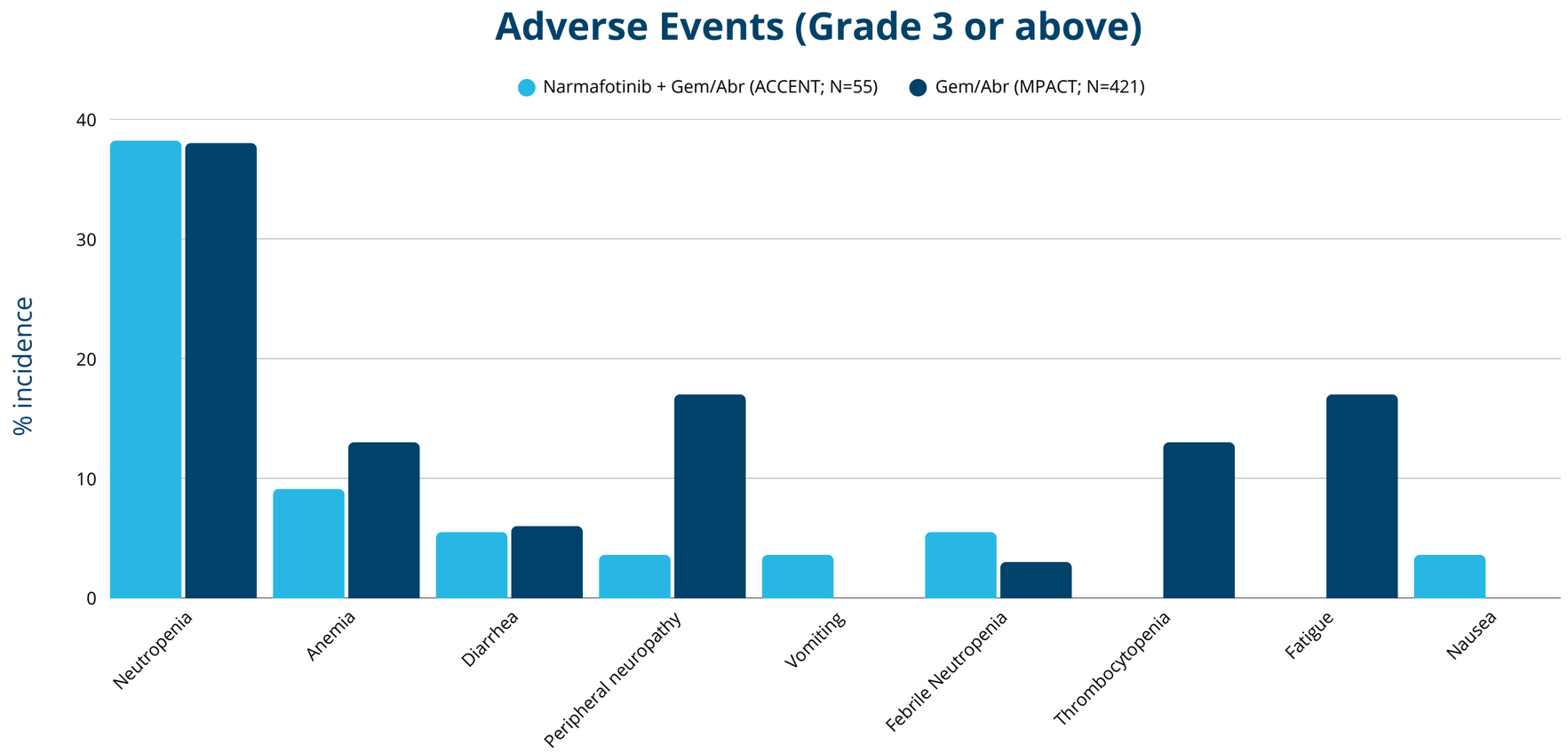
Interim data based on data cut-off 10 Dec 2025. Responses are investigator read. NE - Non-evaluable

ACCENT TRIAL TOPLINE DATA

Promising evidence of efficacy, durability and tolerability

Excellent tolerability observed to date

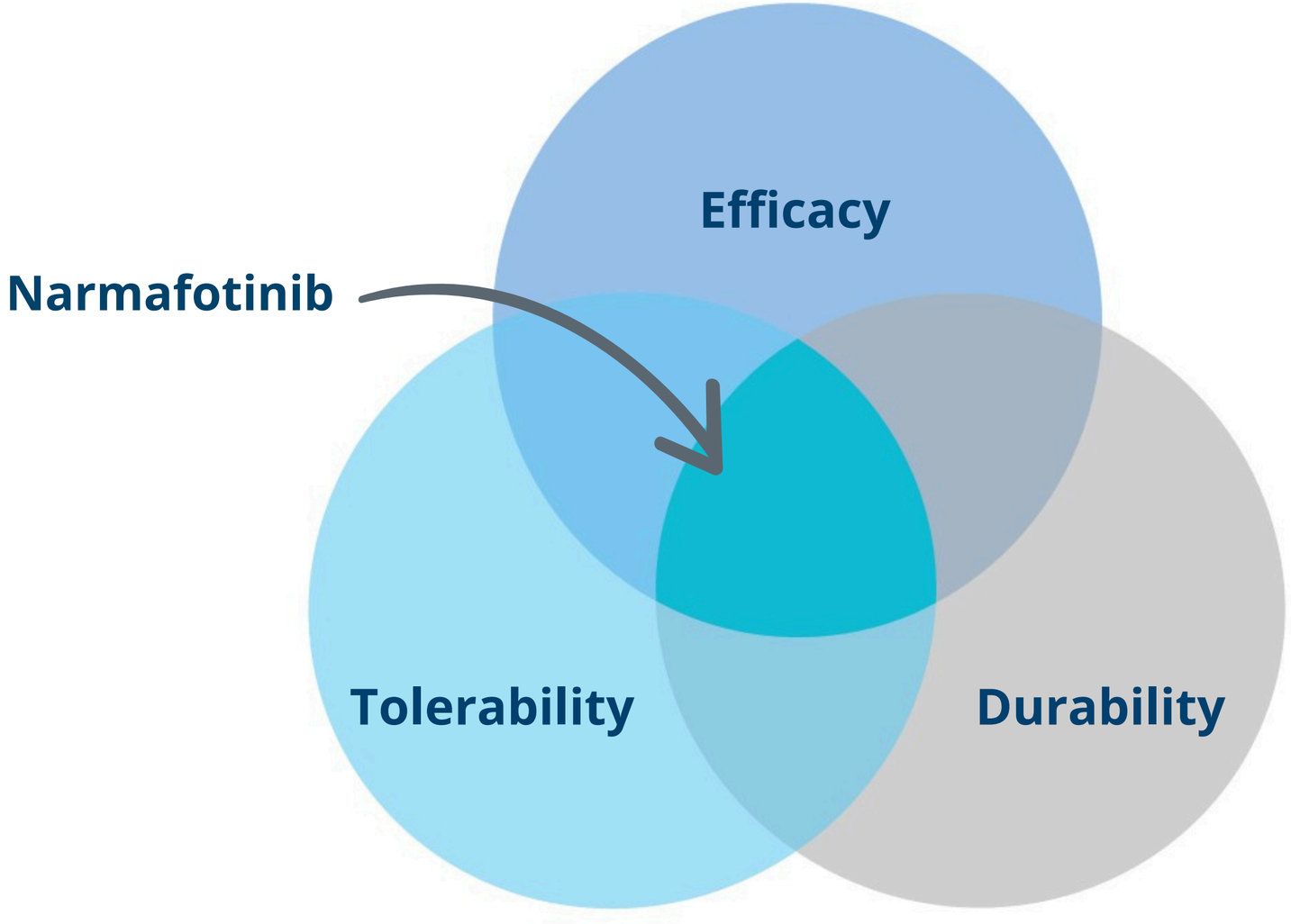
- Narmafotinib treatment results in negligible extra patient burden



ACCENT and MPACT trials have very similar inclusion criteria and trial designs however no head-to-head clinical trial has been conducted. Differences exist between ACCENT and other trials in design, inclusion criteria and patient demographics. NR - Not Reached. NAPOLI 3 Trial - *The Lancet* 2023, 402(10409),1272-1281

THE AMPLIA ADVANTAGE

Three critical features



FUTURE OPPORTUNITIES

FAK inhibition will enhance multiple therapeutic strategies

Narmafotinib
(FAK inhibition)

CHEMOTHERAPY
Clinical and preclinical data incl. ACCENT study

IMMUNOTHERAPIES
Preclinical data

KRAS INHIBITORS
Preclinical data, incl. NEXT&BIO collaboration

RADIOTHERAPY
Published data

ANTIBODY DRUG CONJUGATES
Published data

AMPLICITY TRIAL in mPDAC

Phase 1b/2a study in the US and Australia

OBJECTIVE

- To determine safety and efficacy of narmafotinib when added to FOLFIRINOX in newly diagnosed metastatic patients

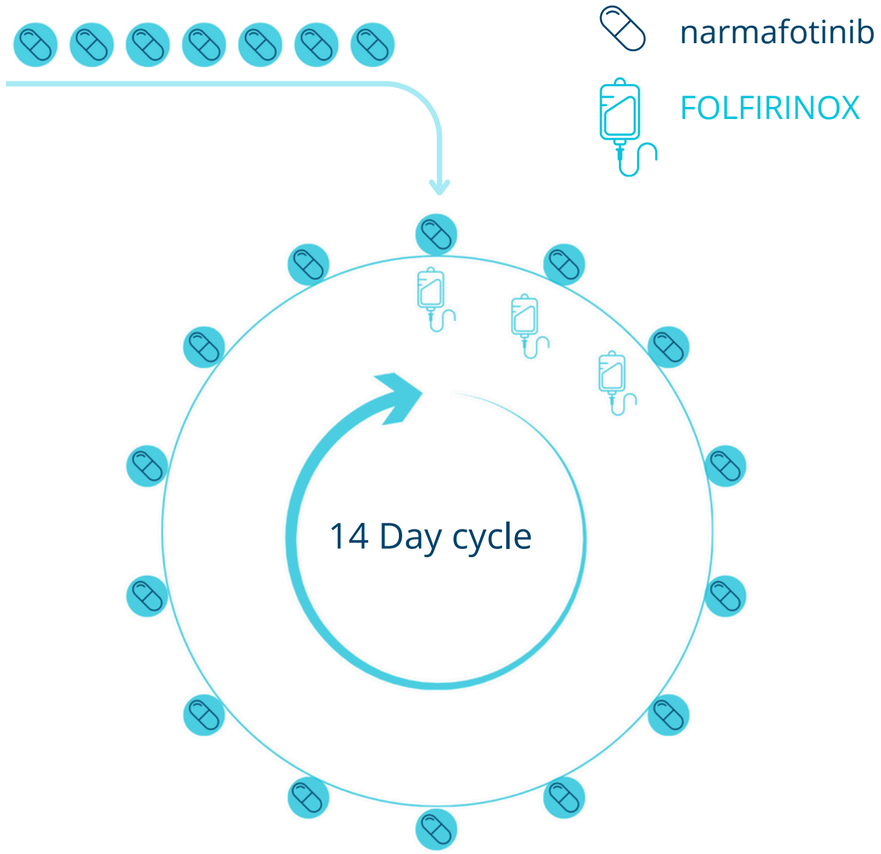
TRIAL DESIGN

- Dose escalation phase (up to 27 patients)
- Dose expansion phase (40 patients)

TRIAL UNDERWAY

- Under IND
- 2 sites in Australia
- 5 Sites in US
  - Opening over comings weeks

Moving from intermittent to daily dosing



FUTURE MILESTONES

Key deliverables

ACCENT (NARMAFOTINIB + GEMCITABINE + ABRAXANE)

AMPLICITY (NARMAFOTINIB + FOLFIRINOX)

THANK YOU

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