9 JANUARY 2026

ASX RELEASE

ACCENT DATA PRESENTED AT 2026 ASCO GASTROINTESTINAL CANCER SYMPOSIUM

HIGHLIGHTS

- *Results from the Phase 2a ACCENT trial in pancreatic cancer have been presented at the specialist conference ASCO Gastrointestinal Cancer Symposium*
- *Updated data analysis continues to show that Narmafotinib combination compares favourably with gemcitabine and Abraxane combination alone.*

Melbourne, Australia: Amplia Therapeutics Limited (ASX:ATX; OTCQB:INNMF), ("Amplia" or the "Company"), is pleased to announce that interim data from the ongoing ACCENT trial in metastatic pancreatic cancer was showcased in a poster presentation on Friday 9 January (US time) at the American Society for Clinical Oncology: Gastrointestinal Cancer Symposium (ASCO GI) by Chief Medical Officer, Dr Jason Lickliter. The ACCENT trial is Amplia's lead clinical program, assessing the efficacy of the company's leading FAK inhibitor, narmafotinib, in combination with standard chemotherapy, for patients with advanced pancreatic cancer.

The poster shares data that highlight both the effectiveness and safety of narmafotinib, showing promise for improving treatment results in patients with pancreatic cancer. Key points from the poster are:

- The updated progression-free survival (PFS) is 7.7 months, compared to 5.5 months for Gemcitabine and Abraxane alone[1]
- The overall response rate (ORR) is 35%; this increases to 42% when including unconfirmed responses
- Narmafotinib continues to be well tolerated by patients with the adverse effect profile of the narmafotinib – chemotherapy combination similar to chemotherapy alone

A copy of the poster is included with this announcement.

Dr Chris Burns, CEO of Amplia, commented, "We are pleased to present our research findings to clinicians and scientists at this conference, one of the world's premier pancreatic cancer meetings. Presenting at ASCO GI positions Amplia among leading biotechnology and pharmaceutical companies internationally and underscores the company's exciting progress in the development of narmafotinib in pancreatic cancer."

[1] *New England Journal of Medicine* 2013, 369, 1691 – 703

ABN 16 165 160 841

+61 (0) 3 9123 1140 | info@ampliatx.com

Level 5, 90 William Street, Melbourne VIC 3000 Australia

www.ampliatx.com

The company wishes to thank all investigators, collaborators, and patients involved in these studies.

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

Investor Contact:

Dr Chris Burns
Chief Executive Officer
chris@ampliatx.com

U.S. Contact:
Robert Giordano
rjgiordano@ggrouplifesciences.com

+1 917 327 3938

Media Contact:

H^CK Director, Haley Chartres
haley@hck.digital
+61 423 139 163

U.S. Media:
media@ampliatx.com

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.

Narmafotinib (AMP945) in combination with gemcitabine and nab-paclitaxel as first-line treatment for patients with metastatic pancreatic cancer (ACCENT Trial): Phase 2a results

Nick Pavlakis[1], Sumitra Ananda[2], Howard Chan[3], Marion Harris[4], Warren Joubert[5], Jin Won Kim[6], Choong-kun Lee[7], Woo-Jin Lee[8], Lara Lipton[9], Adnan Nagrial[10], Do-Youn Oh[11], Joon Oh Park[12], Terrie-Anne Cock[13], Sarah Kinkel[13], Nicole Kruger[13], Christopher J. Burns[13], Jason Lickliter[13].

[1]GenesisCare, Sydney Australia; [2]Epworth Cancer Services Clinical Institute Melbourne, Australia; [3]Calvary Mater Hospital, Newcastle, Australia; [4]Monash Medical Centre Melbourne, Australia; [5]Greenslopes Oncology Brisbane, Australia; [6]Seoul National University Hospital, Bundang, Korea; [7]Yonsei University Health System, Seoul, Korea; [8]National Cancer Center, Seoul, Korea; [9]Sunshine Hospital, Melbourne, Australia; [10]Westmead Cancer Care Centre, Sydney Australia; [11]Seoul National University Hospital, Seoul, Korea; [12]Samsung Medical Center, Seoul, Korea; [13]Amplia Therapeutics, Melbourne, Australia.

Narmafotinib

Narmafotinib (AMP945) is a potent, selective and orally bioavailable inhibitor of focal adhesion kinase (FAK).

FAK is a non-receptor tyrosine kinase that acts through key signaling pathways to mediate communication between cells and their environment to regulate normal cellular stress responses[1].

Aberrant FAK signaling has been implicated in cancer progression via its role in tumor growth, migration and chemoresistance, as well as immunosuppression and tumor fibrosis[2-4].

FAK is frequently overexpressed in a variety of cancers, including pancreatic cancer (PCa)[4], a highly fibrotic and aggressive malignancy with a poor 5-year survival rate[5], in which high FAK expression correlates with poor prognosis[6,7].

ACCENT Study Overview

ACCENT trial (NCT05355298):

Phase 1b/2a, open label study of the pharmacokinetics, safety and efficacy of narmafotinib in combination with gemcitabine and nab-paclitaxel as first-line therapy in patients with metastatic pancreatic cancer.

Part A (Phase 1b): Narmafotinib dose escalation (100, 200 and 400 mg) was completed, and the recommended phase 2 dose (400mg) was identified.

Part B (Phase 2a): Gem (1000 mg/m^2) and NabP (125 mg/m^2) were given on days 1, 8 and 15 of a conventional 28-day cycle. Patients also received narmafotinib (400 mg, p.o. mane) priming on days -8 to -2 of cycle 1 and then combined as 4-day pulses beginning on days 3, 10 and 24 of each 28-day chemotherapy cycle.

The primary endpoint was investigator assessed objective response rate (ORR) by RECIST v1.1. Key secondary endpoints included adverse events (AEs, using NCI CTCAEv5.0), progression free survival (PFS) and overall survival (OS).

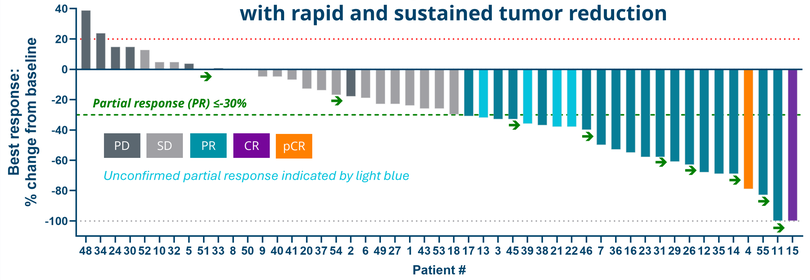
Tumor imaging assessments were conducted every 2 months and evaluated using RECIST 1.1.

All patients planned for the ACCENT Phase 2a study were recruited between 16th Jan 2024 and 17th Feb 2025 in Australia and South Korea.

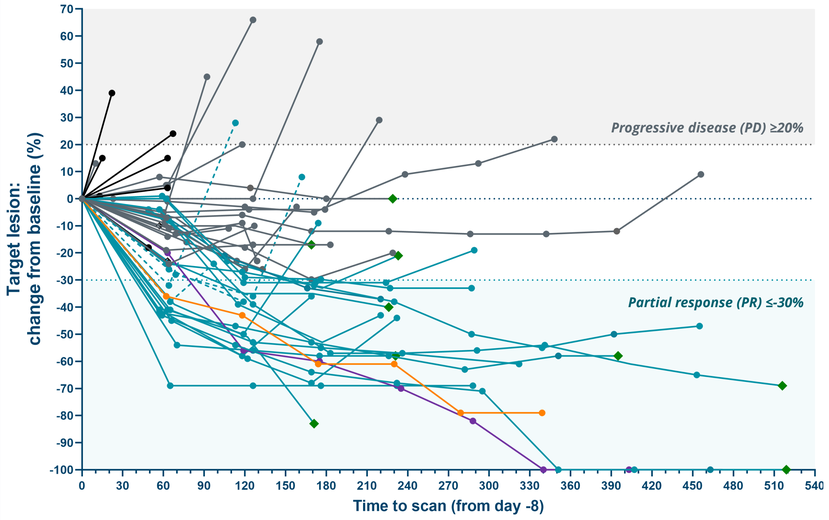
Demographics	
Patient # (total study)	55
Geographic area (%)	Australia (44%) / Korea (56%)
Female (%)	49%
Age median (min-max)	64 (37 - 87)
ECOG PS 0	17 (31%)
ECOG PS 1	38 (69%)
Ethnic background	
Caucasian	21 (38%)
Asian	33 (60%)
Australian Aborigine / Torres Strait Islander	1 (2%)

ACCENT Trial Phase 2a results

Encouraging antitumor activity with rapid and sustained tumor reduction



Arrow indicates patients still on trial. **pCR** indicates pathological complete response. Only patients with a valid post-baseline RECIST assessment scan are shown.



The preliminary results presented here include safety (cut-off 20th July 2025) and efficacy data (cut-off 25th Sept 2025).

19 confirmed responses observed to date: including,

- 1 confirmed complete response and 1 pathological complete response

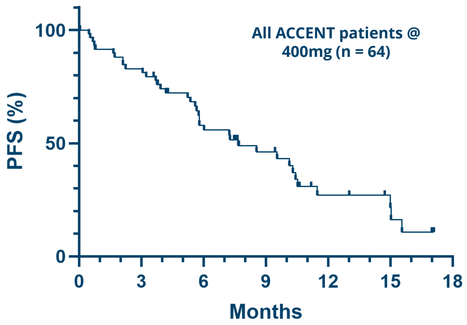
7 patients on study > 1 year: range: 21 – 548 days, with **9 patients still on trial**

	ACCENT Trial* (n) %	[8]MPACT Trial
CR	(1) 2%	0.2%
PR	(18) 33%	23%
SD	(23) 42%	27%
PD	(7) 13%	20%
NE	(6) 11%	30%
ORR (CR+PR)†	(19) 35%	23%
DCR (CR+PR+SD)	(42) 76%	50%

**Numbers calculated on the ITT population of n=55*
† Unconfirmed ORR: (23) 42%

Progression Free Survival (PFS)

- PFS determined using all ACCENT patients on 400mg narmafotinib (Part A and Part B)
- Median PFS **7.7 months**
- Compares favourably with Gem/NabP alone (5.5 months)[8] and FOLFIRINOX (6.4 months)[9]



Narmafotinib is safe and well tolerated in combination with Gem/NabP

PIVOTAL STUDY	Narmafotinib +Gem/NabP (ACCENT N=55)	Gem/ NabP ([8]MPACT; N=421)	Gem/ NabP ([9]NAPOLI 3; N=379)
Adverse Event (AE) Grade ≥ 3			
Neutropenia	**38.2%**	38%	39%
Anemia	**9.1%**	13%	18%
Diarrhea	**5.5%**	6%	5%
Peripheral neuropathy	**3.6%**	17%	6%
Vomiting	**3.6%**	NR	2%
Febrile Neutropenia	**5.5%**	3%	NR
Thrombocytopenia	**NR**	13%	NR
Fatigue	**NR**	17%	5%
Hypokalemia	**NR**	NR	4%
Nausea	**3.6%**	NR	3%

NR: not reported

Narmafotinib-related AEs in ≥ 5% of patients, n (%)		
Severity of Treatment-Related AEs	**Any grade n (%)**	**Grade ≥ 3 n (%)**
Nausea	16 (29.1)	2 (3.6)
Diarrhea	9 (16.4)	2 (3.6)
Vomiting	8 (14.5)	1 (1.8)
Fatigue	6 (10.9)	0
Gastroesophageal reflux disease	4 (7.3)	0
Constipation	3 (5.5)	0

Only 2 patients (3.6%) had narmafotinib withdrawn due to a related AE.

Toxicity was overall similar to that reported for chemotherapy alone.

Narmafotinib combined with Gem/NabP was associated with manageable toxicity and the P2a study met its primary efficacy endpoint.

Amplia has initiated (Q2 2025) a Phase 1b/2a study to investigate narmafotinib in combination with modified FOLFIRINOX in pancreatic cancer patients (AMP945-PC-202)

1.Lim ST, *et al.* Mol Cell. 2008 Jan 18;29(1):9-22.
2. Sulzmaier FJ, *et al.* Nat Rev Cancer. 2014 Sep;14(9):598-610.
3. Dawson JC, *et al*. Nat Rev Cancer. 2021 May;21(5):313-324.
4. Zhang Z, *et al.* Front Cell Dev Biol. 2022 Nov 2;10:1040311.
5. Siegel RL, *et al.* Cancer statistics, 2023. CA Cancer J Clin 2023; 73, 17-48.
6. Zaghdoudi S, *et al.* EMBO Mol Med. 2020;12(11):e12010.
7. Jiang H, *et al.* Nat Med. 2016;22(8):851-860.
8.Von Hoff DD, *et al.* N Engl J Med. 2013 Oct 31;369(18):1691-703
9.Wainberg , *et al.* Lancet. 2023 Oct 7;402(10409):1272-1281.

Jason Lickliter, Amplia Therapeutics
Email: jason@ampliatx.com
Website: www.ampliatx.com