22 April 2026

ASX RELEASE

ACCENT TRIAL MATURE DATA PRESENTED AT INTERNATIONAL CONFERENCE

HIGHLIGHTS

- *Mature data from Amplia's ACCENT trial in pancreatic cancer is being presented at the prestigious American Association of Cancer Research (AACR) annual meeting*
- *The ACCENT trial investigates the combination of narmafotinib with standard-of-care chemotherapy*
- *The data presented includes additional analysis of the promising efficacy and survival data reported last month*

MELBOURNE, AUSTRALIA: Amplia Therapeutics limited (ASX:ATX | OTCQB:INNMF), ("Amplia" or the "Company") announces that an oral presentation highlighting mature data from the Company's ACCENT trial in metastatic pancreatic cancer is being delivered today at the annual meeting of the AACR. The presentation includes more detailed analysis of the recently reported data from the ACCENT study, which is investigating the Company's best-in-class FAK inhibitor narmafotinib in combination with standard-of-care chemotherapy.

The presentation is included as part of a mini-symposium entitled *Advances in Precision Oncology* being held in the San Diego Convention Center, San Diego USA, and will be delivered by Amplia's Director of Translational Biology, Dr Terrie-Anne Cock, at 3:44 pm local time. A copy of the slides is included with this announcement.

The key points from the presentation are:

- Narmafotinib displays a manageable toxicity profile, with no significant tolerability burden over chemotherapy alone
- Independent (central) reading of data identified 5 confirmed Complete Responses (CR's) from 64 patients, an 8% CR rate compared to a 0.2% rate for chemotherapy alone
- A response rate of 36% is observed (23 of 64 patients); 42% if unconfirmed responses included
- A Disease Control Rate (DCR) of 70% was determined, compared to 50% for chemotherapy alone
- Median overall survival (mOS) was found to be 11.1 months, while median progression-free survival (mPFS) was 7.7 months, both showing improvements of over two months compared to chemotherapy alone
- A trend to improved Overall Survival is observed when comparing Stable Disease, Partial Response and Complete Response patients

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- The combined efficacy data is superior to chemotherapy alone across all measures despite the intermittent narmafotinib dosing schedule employed (12 days of each 28 day treatment cycle)
- Subsequent trials will employ a daily dosing regimen of narmafotinib given the tolerability observed to date, which may lead to improved responses

Dr Chris Burns, CEO and Managing Director of Amplia, commented: "We are excited to present this mature ACCENT data at the AACR annual meeting. Being able to present the extremely promising clinical responses to colleagues and peers at one of the world's most prestigious oncology conferences allows us to demonstrate the potential narmafotinib has in the treatment of this terrible disease. We are now focused on building on this promising data with additional clinical studies, including a pivotal study based on the ACCENT trial, as well as combination studies with the exciting new class of drugs called kRAS inhibitors."

This ASX announcement was approved and authorized for release by the Board 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 desired outcome in achieving a response rate of 31%, superior to chemotherapy alone and an interim PFS of 7.6 months has been reported. A second trial – AMPLICITY – has recently opened and is being run under an IND at two sites in Australia, investigating the combination of narmafotinib with the chemotherapy FOLFIRINOX in advanced pancreatic cancer patients.

About the ACCENT Trial

The ACCENT trial is entitled '*A Phase 1b/2a, Multicenter, Open Label Study of the Pharmacokinetics, Safety and Efficacy of AMP945 in Combination with Nab-paclitaxel and Gemcitabine in Pancreatic Cancer Patients*'.

The trial is a single-arm open label study conducted in two stages. The first stage (Phase 1b), completed in November 2023, determined an optimal dose of narmafotinib (AMP945) by assessing the safety,

tolerability, pharmacokinetics and preliminary efficacy when dosed in combination with gemcitabine and Abraxane in first-line patients with advanced pancreatic cancer.

The second stage (Phase 2a) of the trial is designed to assess efficacy in combination with gemcitabine and Abraxane. The primary endpoints are Objective Response Rate (ORR) and safety and tolerability, with secondary endpoints including Progression Free Survival (PFS) and Overall Survival (OS).

The trial is being conducted at seven sites in Australia and five sites in South Korea.

More information about the ACCENT trial can be found via the ACCENT trial site, the Amplia Therapeutics website and at ClinicalTrials.gov under the identifier NCT05355298.

Narmafotinib (AMP945) in combination with gemcitabine and nab-paclitaxel in first-line patients with advanced pancreatic cancer (ACCENT trial) a Phase 1b/2a study: Interim analysis

Terrie-Anne Cock PhD
Amplia Therapeutics
Australia

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FOCAL ADHESION KINASE INHIBITION IN CANCER

FAK enzyme overactive in pancreatic cancer

FAK levels are elevated in pancreatic cancer

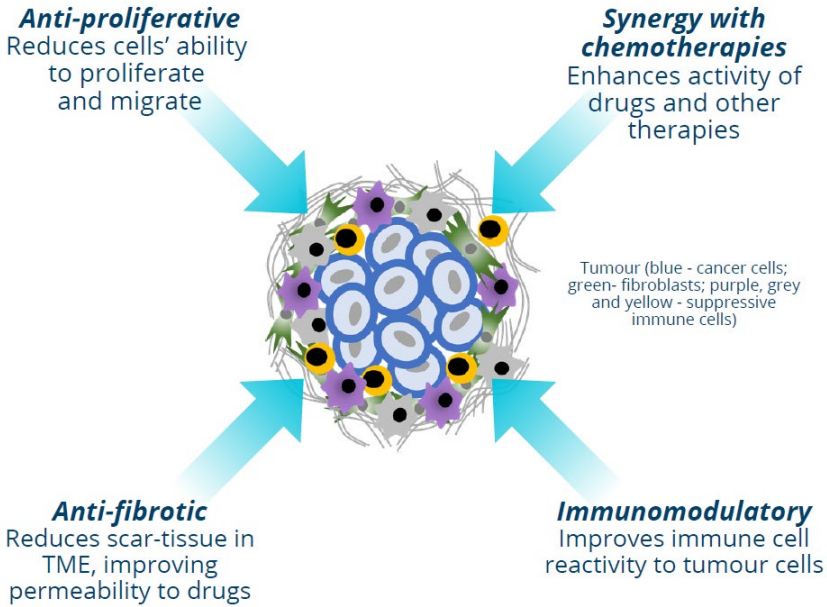
- Correlate with worse patient outcomes

FAK is a cellular stress-buffer that sustains tumor survival especially under therapeutic stress

FAK overactivity in both cancer cells and fibroblasts

- Causes fibrosis and immune suppression
- Tumor growth
- Metastasis
- Treatment resistance

Benefits of FAK Inhibition



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

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NARMAFOTINIB

A Potent and Selective FAK Inhibitor

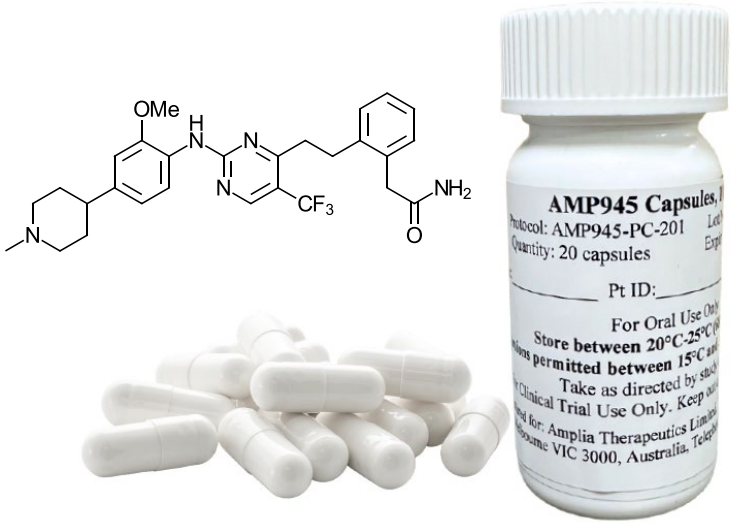
Drug-like small molecule

- Highly potent and highly selective FAKi
- Pharmacokinetic (PK) profile supports oral once-a-day dosing ($t_{½}$ ~20 h)
- Dose-proportional PK
- Patient population not limited by genetics

Safe to combine with other medicines

- Low risk of significant drug-drug interactions (CYPs: IC_{50} > 20 μM)
- Ability to combine with a broad range of standard of care therapies

Evidence of **FAK target engagement** preclinically and in the clinic



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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 (Gem/nab-P)
- Patients with newly diagnosed metastatic disease

PRIMARY ENDPOINTS

- Safety, Tolerability
- ORR (RECIST 1.1)*

ADDITIONAL ENDPOINTS

- Progression free survival (PFS)
- Overall Survival (OS)
- Disease Control Rate (DCR)

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

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ACCENT TRIAL IN PANCREATIC CANCER

Phase 1b/2a study in Australia and Korea

AACR American Association for Cancer Research Annual Meeting April 17-22, 2026 SAN DIEGO
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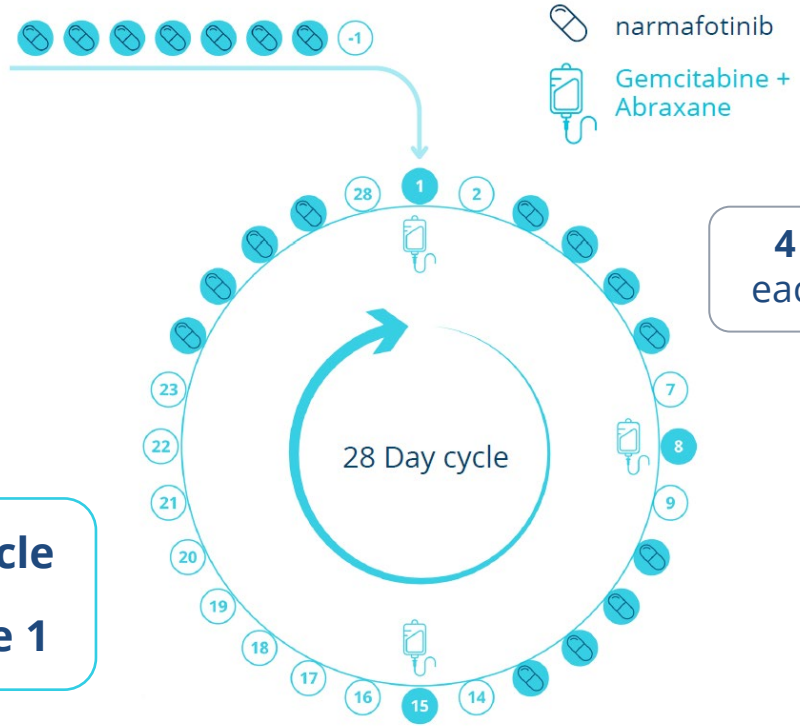
7 days priming prior to Gem/nab-P on Cycle 1 Day 1

Intermittent dosing schedule



4 days of dosing prior to each Gem/nab-P thereafter

12 days out of 28-day cycle

43% coverage after cycle 1

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ACCENT TRIAL IN PANCREATIC CANCER

Phase 1b/2a study in Australia and Korea

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Demographics All 400 mg patients	
Patient # (total study)	64
Geographic area (%)	Australia (52%) / Korea (48%)
Female (%)	32 (50%)
Age median (min-max)	63y (37 – 87)
ECOG PS 0	21 (33%)
ECOG PS 1	43 (67%)
Ethnic background	
Caucasian	28 (44%)
Asian	34 (53%)
Australian Aborigine / Torres Strait Islander	1 (1.6%)
Unknown	1 (1.6%)

Part A: Dose escalation to select dose for Part B

- 3 patients at 100 mg
- 3 patients at 200 mg
- 9 patients at 400 mg

Part B: Single arm, non-blinded Simon 2-Stage design

- 55 patients at 400 mg

Total of 64 patients at 400 mg

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ACCENT TRIAL IN PANCREATIC CANCER

RECIST 1.1 analysis ACCENT

Abstract data

- **Investigator read**
- Requested in real time to assess patient progress
- RECIST 1.1 analysis standard in clinical trials NOT standard in clinical practice

Data presented today

- **Independent review (central read)** performed by specialist global contract organization
- Two independent experts
- Blinded to investigator assessment and blinded to patient clinical data

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ACCENT TRIAL IN PANCREATIC CANCER

Narmafotinib treatment results in negligible extra patient burden

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Adverse Event (AE) Grade ≥ 3	Narmafotinib +Gem/nab-P (ACCENT N=64)	PIVOTAL STUDY: Gem/nab-P (MPACT; N=421)	PIVOTAL STUDY: Gem/nab-P (NAPOLI 3; N=379)
Neutropenia	39%	38%	39%
Anemia	17.2%	13%	18%
Diarrhea	6.3%	6%	5%
Peripheral neuropathy	6.3%	17%	6%
Vomiting	3.1%	NR	2%
Febrile Neutropenia	4.7%	3%	NR
Thrombocytopenia	3.1%	13%	NR
Fatigue	NR	17%	5%
Hypokalemia	NR	NR	4%
Nausea	4.7%	NR	3%

NR: not reached; Common generally refers to TRAEs in ≥ 5% of patients (%); For ACCENT: Peripheral Neuropathy includes events of both Peripheral Sensory Neuropathy and Neuropathy Sensory; Neutropenia includes events of both Neutropenia and Neutrophil Count Decreased; Thrombocytopenia includes events of both Thrombocytopenia and Platelet Count Decreased; Not all pivotal trials reported on all AE's or used fully consistent terminology; Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies: MPACT Von Hoff et al., N Engl J Med. 2013 and NAPOLI Wainberg et al., Lancet 2023. Interim data based on safety data cut-off 20 Jan 2026.

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ACCENT TRIAL IN PANCREATIC CANCER

Narmafotinib treatment results in negligible extra patient burden

Narmafotinib-related TEAEs in were mostly gastrointestinal events predominately mild to moderate

Narmafotinib Related Adverse Events Any grade (≥ 5%)	Narmafotinib 400 mg (N=64) N (%)
Nausea	19 (29.7)
Vomiting	13 (20.3)
Diarrhea	12 (18.8)
Gastroesophageal reflux disease	7 (10.9)
Fatigue	7 (10.9)

Abbreviations; N = number of participants.
Interim data based on safety data cut-off 20 Jan 2026

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ACCENT TRIAL IN PANCREATIC CANCER

Exceptional complete response rate

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Excellent response rate observed

- ***5 confirmed Complete Responses (CR)***
- **18 confirmed Partial Responses (PR);** Incl. 1 patient with **pathological Complete Response (pCR)**
- **Confirmed objective response rate (ORR) of 36%.** Unconfirmed objective response rate 42%
- Disease control rate (DCR) of 70%
- **12 patients on trial >12 months***
- ***4 patients are still on study***

	ACCENT Trial (Narmafotinib/ Gem/nab-P) (N=64)	MPACT Trial (Gem/nab-P)
CR	**5 (8%)**	0.2%
PR	**18 (28%)**	23%
SD	22 (34%)	27%
PD	6 (9%)	20%
NE	13 (20%)	30%
ORR	**36%**	23%
DCR	70%	50%

Interim data based on central read data cut-off 17 March 2026. All responses were confirmed, and efficacy was assessed using an intention-to-treat analysis in accordance with RECIST criteria. NE - Non-evaluable. N = number of participants.
** Patients continued on trial based on investigator read RECIST results*

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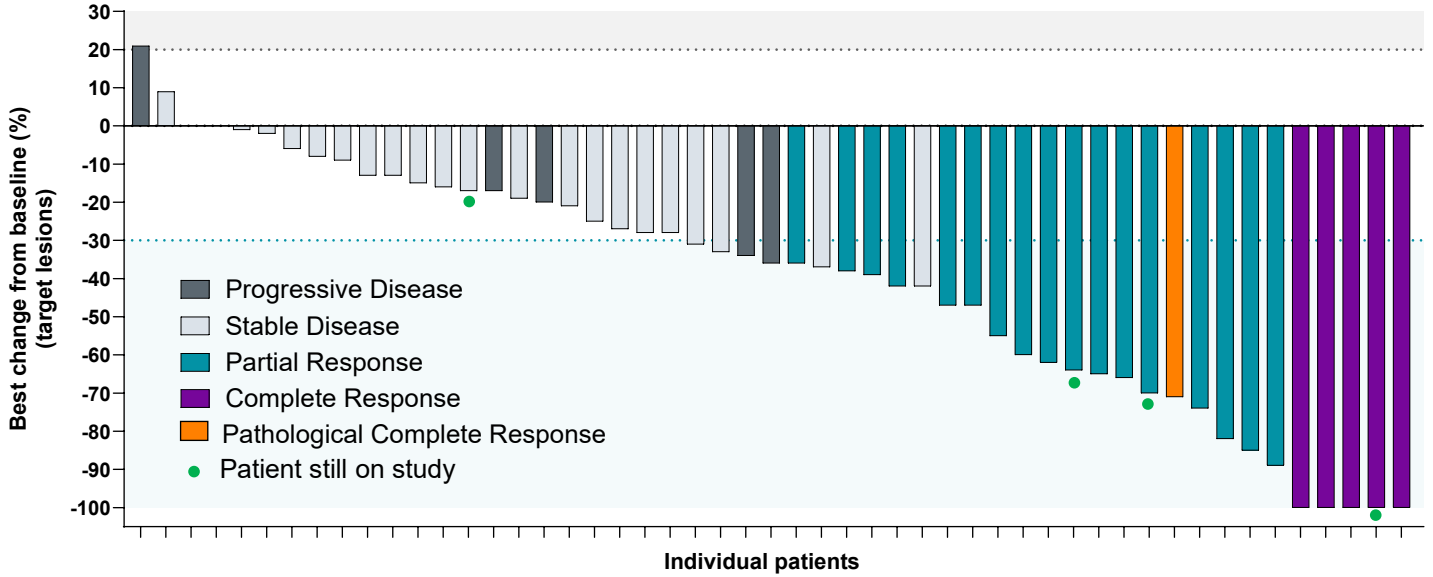
ACCENT TRIAL IN PANCREATIC CANCER

Enhanced depth of response



Average tumor volume reduction of ~69% (PR and CR)

Interim data based on central read data cut-off 17 March 2026. All responses were confirmed, and efficacy was assessed using an intention-to-treat analysis in accordance with RECIST criteria. Non-evaluable not shown

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ACCENT TRIAL IN PANCREATIC CANCER

Early and sustained deep tumor shrinkage

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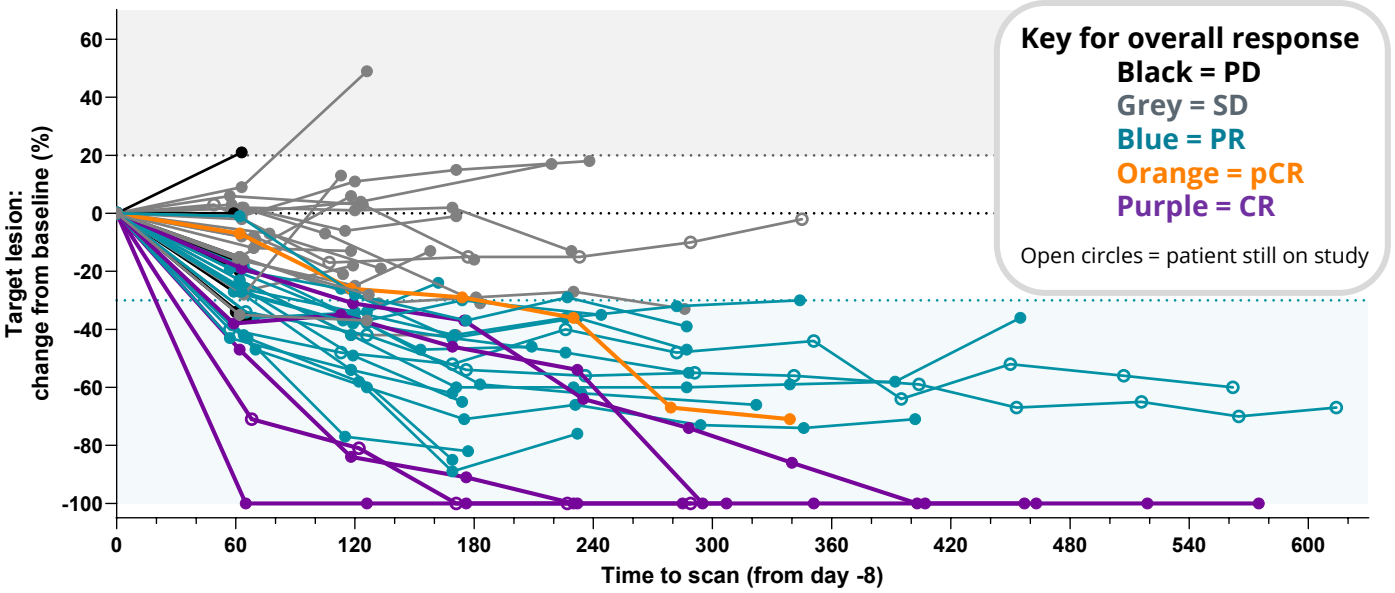

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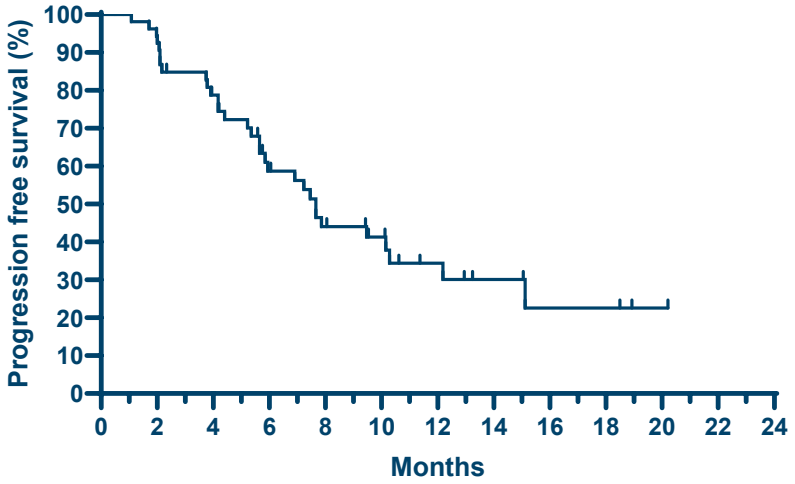
ACCENT TRIAL IN PANCREATIC CANCER

Improved PFS over chemotherapy alone

Median Progression Free Survival (mPFS)

- Currently determined at **7.7 months** - substantially better than Gem/nab-P chemotherapy alone (5.5 months)
- Improvement over FOLFIRINOX chemotherapy (6.4 months)

	ACCENT Trial (Narmafotinib + Gem/nab-P)	MPACT Trial (Gem/nab-P)	PRODIGE Trial (FOLFIRINOX)
mPFS	**7.7 months**	5.5 months	6.4 months



Interim data based on central read data cut-off 17 March 2026

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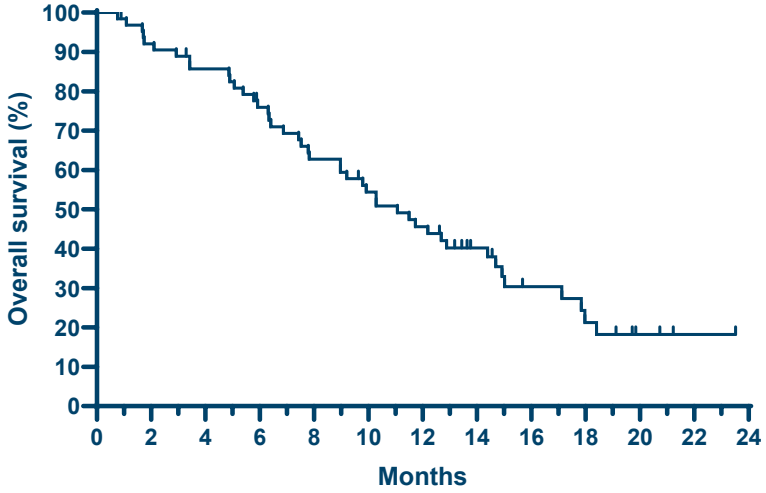
ACCENT TRIAL IN PANCREATIC CANCER

Improved overall survival – sustained response

Median Overall Survival (mOS) data

- Currently determined at **11.1 months** - substantially better than Gem/nab-P chemotherapy alone (8.5-9.2 months)
- Comparable to FOLFIRINOX chemotherapy (11.1 months)

	ACCENT Trial (Narmafotinib + Gem/nab-P)	MPACT Trial (Gem/nab-P)	NAPOLI Trial (Gem/nab-P)
mOS	**11.1 months**	8.5 months	9.2 months



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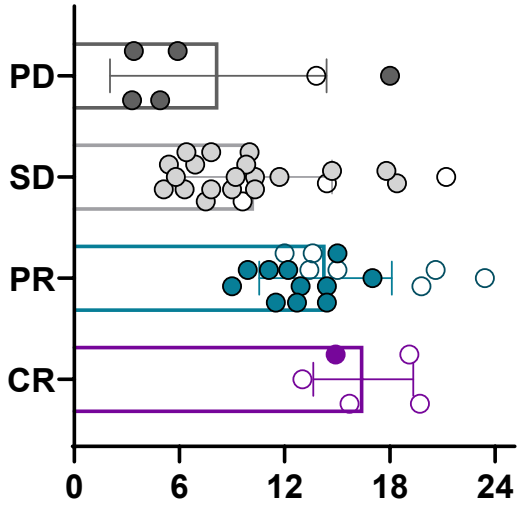

White circles indicate patients known to be alive at recent follow up

Interim data based on central read data cut-off 17 March 2026

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ACCENT TRIAL IN PANCREATIC CANCER

Summary

Deep and fast response

64 patients 400 mg
- **5 CR**
- 18 PR (incl. **1 pCR**)

Improved PFS (7.7 mo) over Gem/nab-P and FOLFIRINOX

Durable and sustained response

12 patients on trial >12 months

Improved **OS (11.1 mo)** over Gem/nab-P

Deep and sustained response for many patients

Demonstrated tolerability

Good tolerability profile

Minimal additional burden on patients above standard of care

In ACCENT, narmafotinib is dosed intermittently, subsequent studies including pivotal trials will utilise daily dosing, which may further enhance efficacy

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