



***The Gift of Time: Allarity's
Patented Technology
Identifies Specific Patients
for Benefit from the Novel
Ovarian Cancer Therapy,
Stenoparib***

Thomas Jensen, CEO
Jeremy R Graff, PhD President and CDO

March 2025

Nasdaq: ALLR



Legal Statement



This presentation is provided for informational purposes only and is subject to change. The information contained herein does not purport to be all-inclusive. The data contained herein is derived from various internal and external sources, and may rely upon assumptions, stated or otherwise, and forward-looking statements discussed below. No representation is made as to the reasonableness of the assumptions made within or the accuracy or completeness of any forward-looking statements, modeling or any other information contained herein. Allarity Therapeutics, Inc. (collectively “Allarity Therapeutics,” “Allarity,” or the “Company”) assume no obligation to update the information in this presentation. This material is not for the benefit of, and does not convey any rights or remedies for the benefit of, any holder of securities or any other person. This material is not intended to provide the basis for evaluation of any transaction and does not purport to contain all information that may be required and should not be considered a recommendation or opinion of any kind with respect to any transaction.

No Offer or Solicitation. This material shall not constitute an offer to sell or a solicitation of an offer to buy any securities, nor shall there be any sale of such securities in any state or jurisdiction in which such offer, solicitation, or sale would be unlawful prior to registration or qualification under the securities laws of such state or jurisdiction. No offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended.

Forward-Looking Statements. This presentation contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements provide Allarity’s current expectations or forecasts of future events. The words “anticipates,” “believe,” “continue,” “could,” “estimate,” “expect,” “intends,” “may,” “might,” “plan,” “possible,” “potential,” “predicts,” “project,” “should,” “would” and similar expressions may identify forward-looking statements, but the absence of these words does not mean that a statement is not forward-looking. *These forward-looking statements include, but are not limited to, statements relating to estimated time periods for interim data read outs for our ongoing and prospective clinical trials and value inflection points, any resubmission of the NDA for dovitinib and PMA for the drug-specific DRP[®] companion diagnostic for dovitinib, and ongoing clinical trials for stenoparib and IXEMPRA[®]. Any forward-looking statements in this presentation are based on management’s current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to, the risk that the Company is unable to raise sufficient capital to fund its ongoing and prospective clinical trials and operations, the risk that results of a clinical study do not necessarily predict final results and that one or more of the clinical outcomes may materially change following more comprehensive reviews of the data, and as more patient data become available, the risk that results of a clinical study are subject to interpretation and additional analyses may be needed and/or may contradict such results, the receipt of regulatory approval for dovitinib, the drug-specific DRP[®] companion diagnostic for dovitinib, or any of our other therapeutic candidates or, if approved, the successful commercialization of such products, the risk of cessation or delay of any of the ongoing or planned clinical trials and/or our development of our product candidates, the risk that the results of previously conducted studies will not be repeated or observed in ongoing or future studies involving our therapeutic candidates, and the risk that the current COVID-19 pandemic will impact the Company’s current and future clinical trials and the timing of the Company’s preclinical studies and other operations. For a discussion of other risks and uncertainties, and other important factors, any of which could cause our actual results to differ from those contained in the forward-looking statements, see the section entitled “Risk Factors” in our annual report on Form 10-K on file with the Securities and Exchange Commission, available at the Securities and Exchange Commission’s website at www.sec.gov, and as well as discussions of potential risks, uncertainties and other important factors in the Company’s subsequent filings with the Securities and Exchange Commission. All information in this presentation is as of the date of the presentation, and the Company undertakes no duty to update this information unless required by law.*

Any financial projections in this presentation are forward-looking statements that are based on assumptions that are inherently subject to significant uncertainties and contingencies, many of which are beyond Allarity’s control. While all projections are necessarily speculative, Allarity believes that the preparation of prospective financial information involves increasingly higher levels of uncertainty the further out the projection extends from the date of preparation. The assumptions and estimates underlying the projected results are inherently uncertain and are subject to a wide variety of significant business, economic and competitive risks and uncertainties that could cause actual results to differ materially from those contained in the projections. The inclusion of projections in this communication should not be regarded as an indication that Allarity or their representatives, considered or consider the projections to be a reliable prediction of future events.



Allarity Therapeutics: Undervalued Company with Novel ph 2 Asset in Advanced Ovarian Cancer

➤ Stenoparib - Novel therapeutic, \$9B+ market











- Clinical Benefit, some longer than 1 year, in numerous advanced ovarian cancer patients
- Well-tolerated, oral medication taken twice daily
- Unique mechanism of action combining PARP and WNT pathway inhibition

➤ Allarity Therapeutics - built on proprietary patient selection technology, DRP[®]

- Allows Selection of patients most likely to benefit from Stenoparib
- Market cap currently ~ \$5M, new experienced management in place
- Phase 2 asset with multiple value drivers through 2026



Stenoparib: Best-in-Class in the \$9B+ PARPi Market*

Product	Owner	Stage	Response biomarker	Export Resistance (PgP mediated)	Absence of Myelotoxicity (Myelotox)	Multi-targeted (PARP/ Tankyrase)	PARP trapping	BBB penetration	Strong maintenance opportunity
Stenoparib		Phase 2	DRP®	✓	✓	✓	✓	✓	✓
Niraparib	 	Approved	Platinum response	✗	✗	✗	✓	✓	✓
Olaparib		Approved	BRCA	✗	✗	✗	✓	✗	✓
Rucaparib		Approved	Platinum response	✗	✗	✓	✓	✗	✓
Talazoparib		Approved	BRCA	✓	✗	✗	✓	✗	✓
Senaparib	 	Phase 3	BRCA	–	✗	✗	✓	–	✓
Veliparib		Phase 3	BRCA	✗	✗	✗	✗	✗	✗
Pamiparib		Phase 2/3	BRCA	✓	✗	✗	✓	✓	✓

BBB= Blood Brain Barrier

* PARPi market estimated at \$9B in 2023, climbing to \$22B by 2031 (*DataBridge Market Research 2024-2031*)



Our Senior Leadership Team



Thomas Jensen
CEO, Co-Founder

Mr. Jensen previously served as the Chief Technology Officer of our predecessor from 2004 to June 2020. Mr. Jensen is instrumental in building our investor relations operations, securing operational financing, and fostering the business growth of Allarity Therapeutics. Mr Jensen co-founded Allarity Therapeutics A/S in 2004. Amongst Mr. Jensen's accolades are his inventions of molecular biological techniques and guidelines for high quality reproducible RNA extraction and downstream processing. This allows for high resolution analysis of cancer patients' biopsies. Mr. Jensen's inventions are an important foundation of the DRP®-Drug Response Prediction platform.



Steen Knudsen, PhD
Chief Scientific Officer, Co-Founder

Steen Knudsen has been the Chief Scientific Officer of our predecessor since 2006 and continues to be our Chief Scientific Officer. Dr. Knudsen is the inventor of DRP®, the Drug Response Prediction Platform, which is our core technology and companion diagnostics platform. Dr. Knudsen is a former Professor of Systems Biology with extensive expertise in mathematics, bioinformatics, biotechnology, and systems biology



Jeremy R Graff, PhD
President & Chief Development Officer

Dr. Graff spent 16+ years in the Cancer Research division at Eli Lilly and Company, building and leading Lilly's Translation Oncology group. He and his group were responsible for delivering the science driving clinical development for the 31 assets in the Lilly Clinical portfolio, most notably that for Lilly's CD4/6 inhibitor, Verzenio. He was also part of the core diligence team for the \$6+B Imclone acquisition. Jeremy jumped to Biotech in 2014 and has held numerous C-suite roles (President, CSO, CDO) leading scientific, clinical and regulatory functions, carrying responsibility for investor outreach, pitch decks, etc. He has secured > \$200M in investment from Angels, Family offices and institutions. He orchestrated the sale of Biothera Pharmaceuticals in 2020.



Our Board of Directors



Jerry McLaughlin
Chairman

CEO of Life Biosciences, Inc. Prior CEO and Board Member of Neos Therapeutics as well as previous CEO, President and Board Member of AgeneBio, Inc.



Laura Benjamin
Non-Executive Director

CEO BioHybrid Solutions, Former CEO of OncXerna Therapeutics. Former VP in Oncology at Eli Lilly, leading cancer discovery. Expertise in biomarker R&D. Ph.D. in Molecular Biology.



Joseph Vazzano
Non-Executive Director

CFO of Abeona Therapeutics, Inc. Previous CFO at Avenue Therapeutics, Inc. and Assistant Corporate Controller at Intercept Pharmaceuticals, Inc. CPA in NJ.





Our DRP[®] (Drug Response Predictor) Can Identify Patients Most Likely to Benefit from Cancer Therapy

The DRP® Platform Addresses the Complexity of Cancer

Cancer is Very Complex

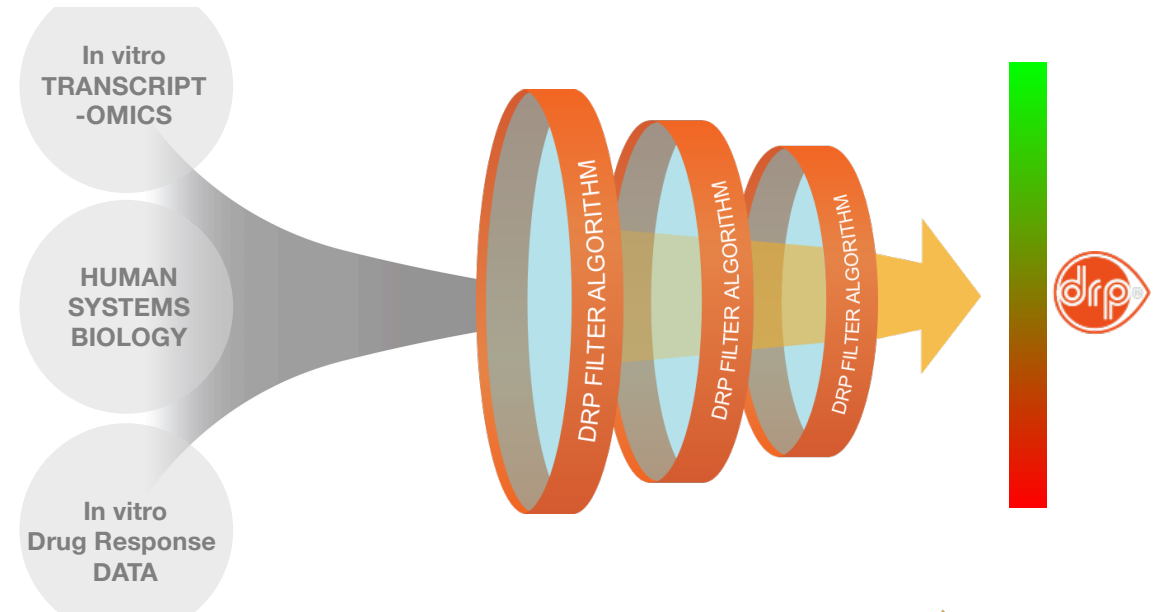
“Systems biology” is used to **analyze all genes** (~25,000) expressed in a cancer cell/tumor, without bias towards current knowledge of relevant drug targets or pathways.



Graph of all 680 non-redundant proteins

The Tumor Tells us What is Important

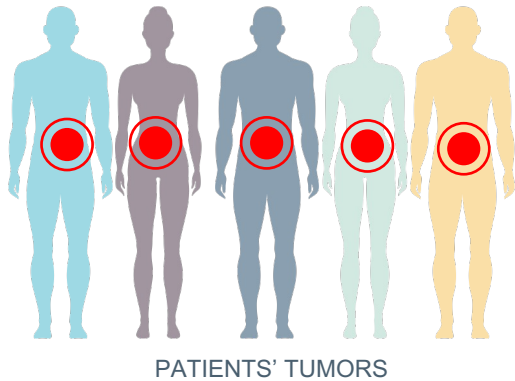
Input is generated by taking drug testing data from cancer cell lines. Our **DRP® engine** then **applies the system biology analysis** as a “filter” of human tumor biopsy data, to yield a 50 to 400 gene DRP® signature for that specific drug.



DRP[®] CDx: Predicting a Cancer Patient's Drug Response

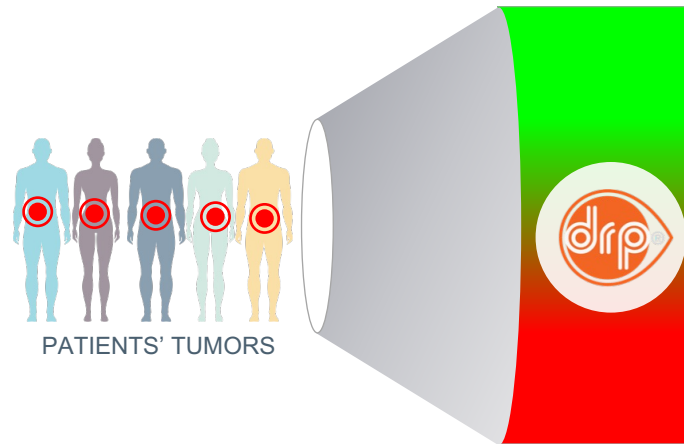
Step 1

Patients' biopsy samples



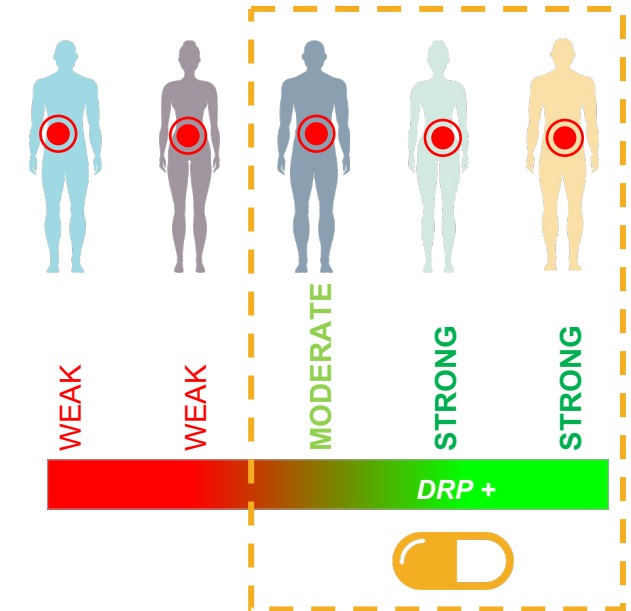
Step 2

Compare patients' tumor gene expression to DRP[®] signature



Step 3

Identify patients with high DRP[®] score for a given drug





Stenoparib: Allarity's novel phase 2 therapy for advanced ovarian cancer

Stenoparib: A Unique, Oral Dual PARP and Tankyrase Inhibitor

Best-in-class, orally administered small molecule inhibitor of PARP and Tankyrase

- PARP inhibition disables DNA Repair, leading to selective cancer cell death
- Tankyrase Inhibition blocks key cell survival pathways activated in cancer cells

Durable Clinical Benefit from Stenoparib monotherapy in heavily pre-treated patients

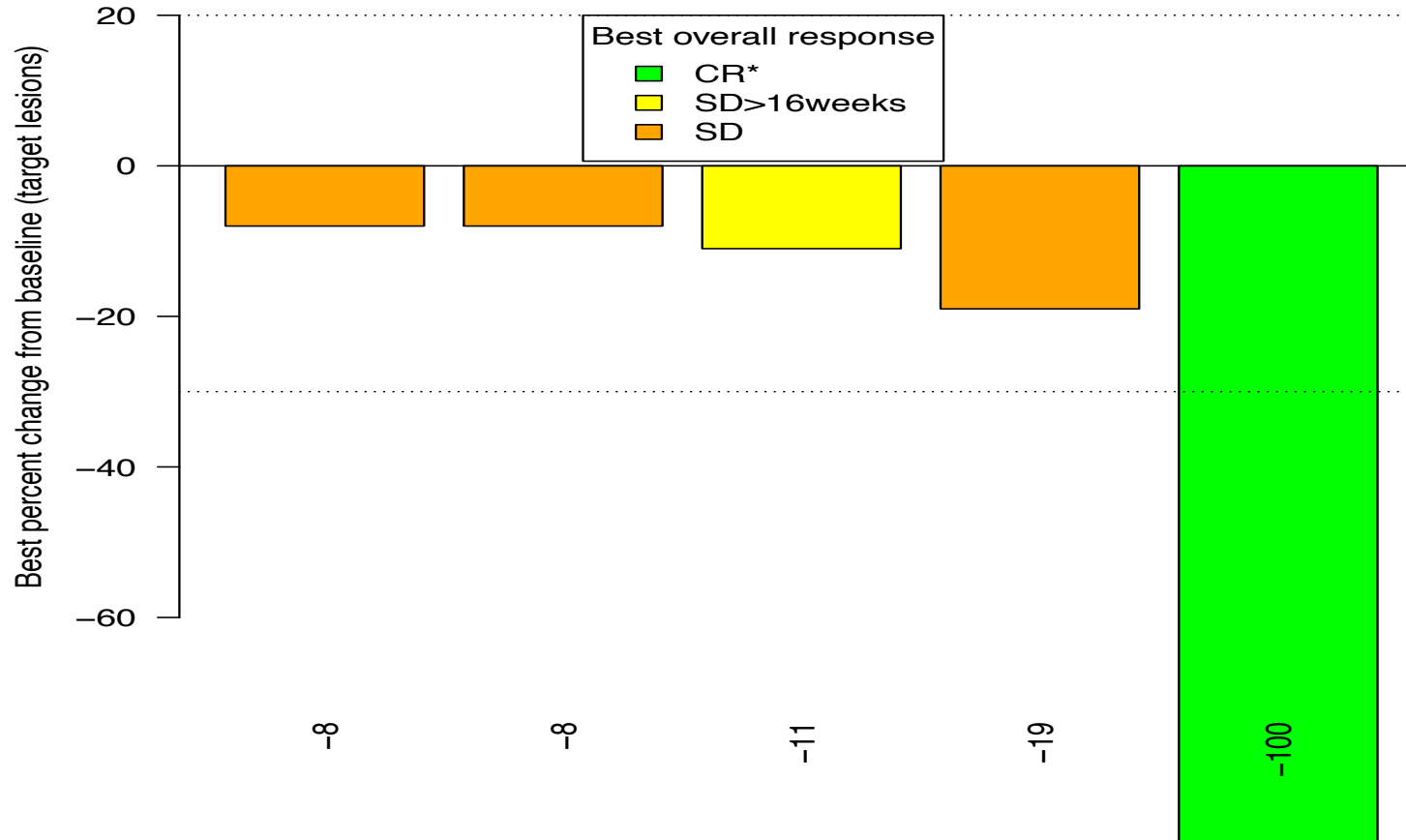
- Ongoing Phase 2 clinical trial in 3L+ Ovarian cancer patients- DRP preselected patients
- Prior Phase 1 clinical trial data in Ovarian and Pancreatic cancer patients
 - Stenoparib-DRP[®] correctly identified patients with clinical benefit in blinded, retrospective studies

Global rights, exclusively in-licensed from Eisai.

- GMP drug manufacturing contract in place with LONZA



Stenoparib monotherapy (BID Dosing): Patients selected by DRP showed clinical benefit



❖ Complete Responses (CRs) are unprecedented in the PARPi re-treated patient population

❖ 6 patients > 16 weeks on Tx

❖ 4 patients > 30 weeks on Tx

❖ 2 patients continue > 1 year

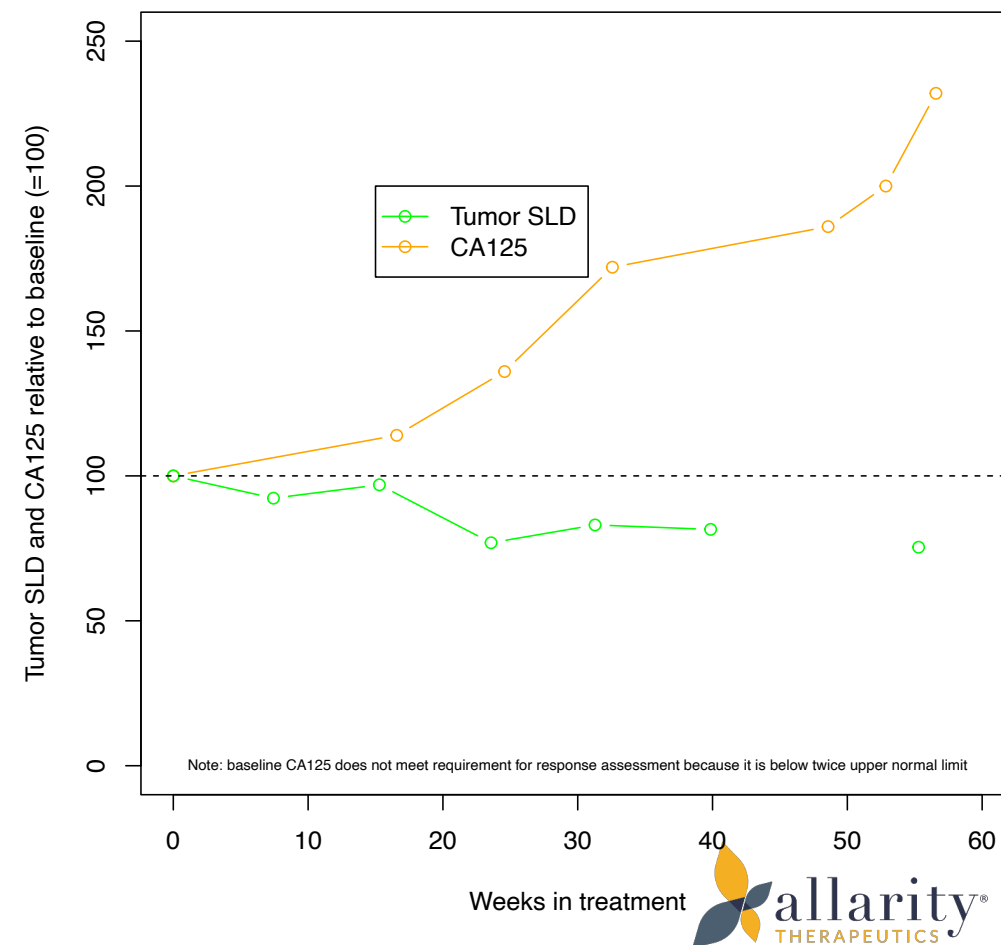
These patients typically progress in 3-4 months on standard chemotherapy

Patient 1: Stable Disease, on Treatment More Than 1 year

*Platinum Resistant, PARPi prior treatment, Post Elahere, Post Bevacizumab
Germline BRCA1 mutation, HRD positive*

Treatment History

- 2007 debulking surgery plus adjuvant chemotherapy (carboplatin + docetaxel) followed by maintenance paclitaxel
- 2012 recurrence treated with carboplatin and **olaparib**
- 2018 – 2021 treated with Mirvetuxemab (GYN59), carboplatin and bevacizumab and bevacizumab maintenance
- 2022 recurrence paclitaxel plus cisplatin
- 2023 paclitaxel monotherapy
- 2023 enrolled 2X-2001 DRP positive

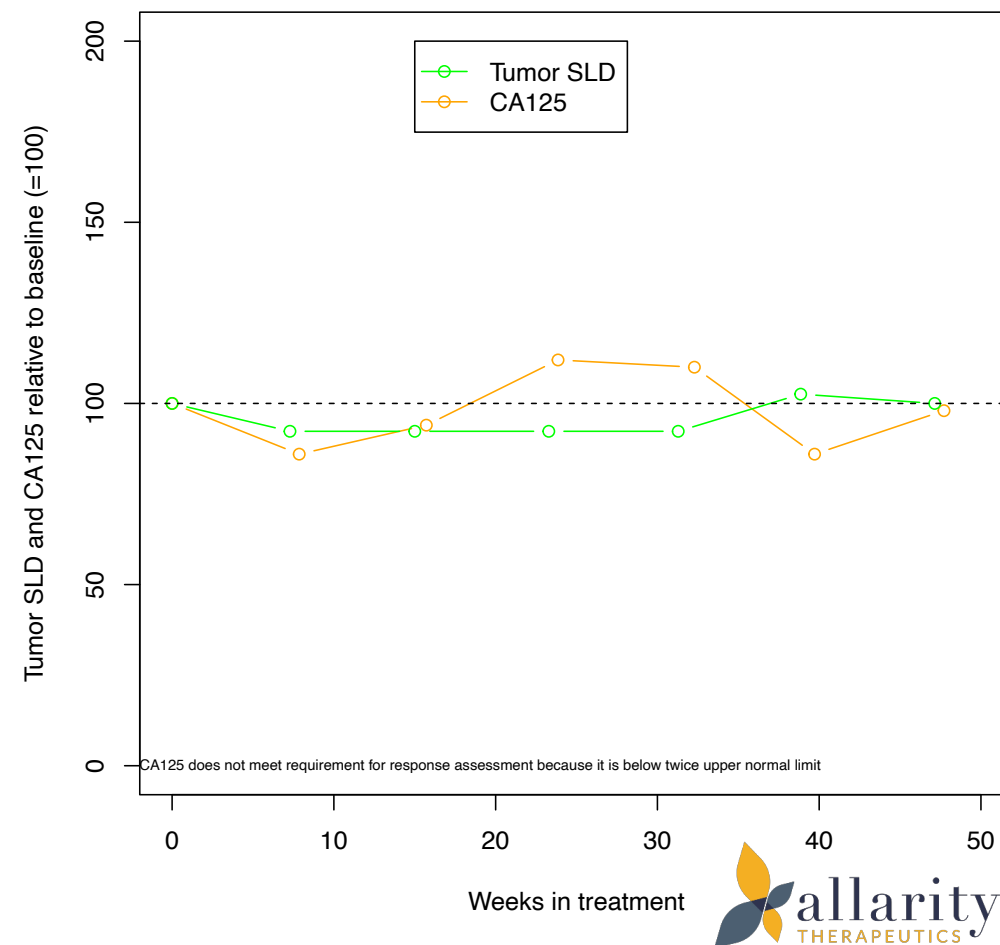


Patient 2: Stable Disease, on Treatment More than 1 year

Platinum Resistant, PARPi naïve, Germline BRCA wild type

Treatment History

- 2020 total hysterectomy and rectosigmoid tumor resection
- 2021 carboplatin plus gemcitabine
- 2022 doxil plus bevacizumab
- 2023 paclitaxel maintenance
- 2023 enrolled Stenoparib DRP positive

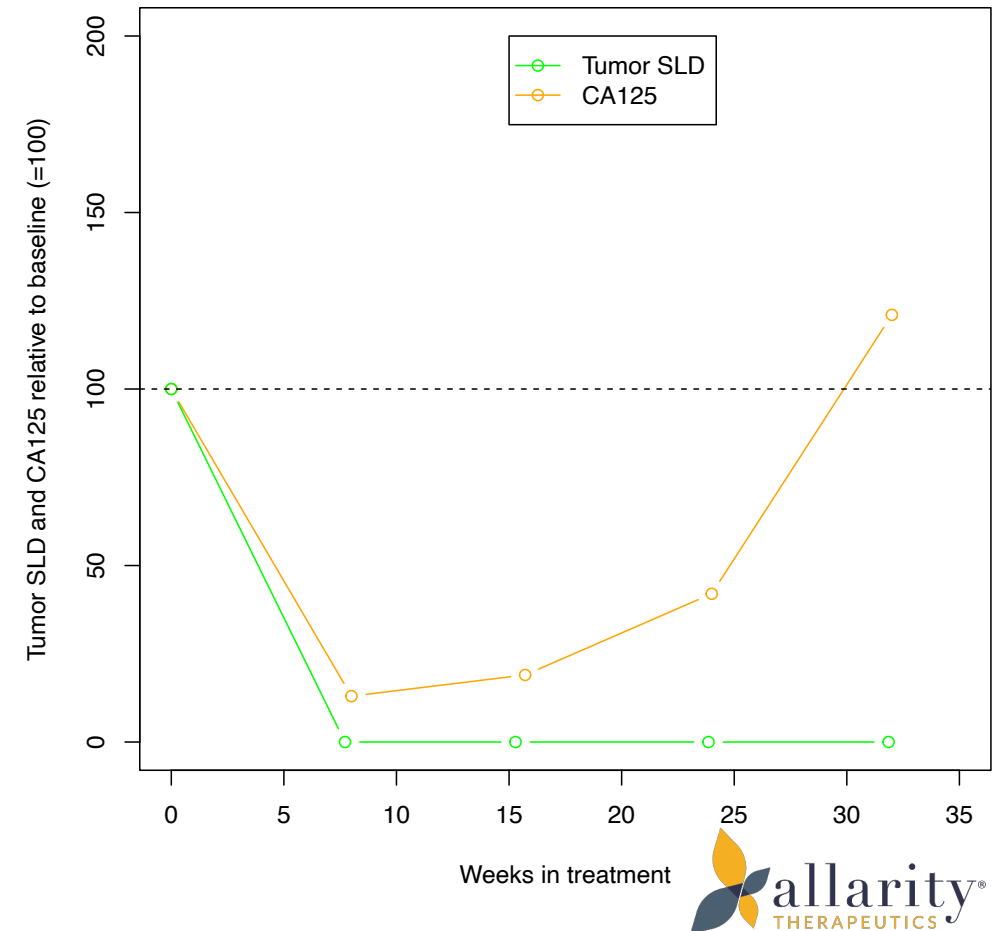


Patient 3: Confirmed Complete Response > 30 weeks on Treatment

*Platinum Resistant, prior PARPi, prior Checkpoint inhibitor
Tumor BRCA2 mutation, HRD positive*

Treatment History

- 2015 total hysterectomy w bilateral salpingo-oophorectomy followed by carboplatin and paclitaxel
- 2016 carboplatin and paclitaxel
- 2016 carboplatin and doxorubicin
- 2017 carboplatin and gemcitabine
- 2018 carboplatin and topotecan followed by **olaparib maintenance**
- 2019 ipilimumab and nivolumab (TAPUR trial)
- 2023 surgical removal of abdominal wall mass followed by radiotherapy
- 2023 enrolled 2X-2001 DRP positive



Stenoparib: Distinct Dual Mechanism of Action and Favorable Safety Profile

Current Takeaways

Emerging Evidence for Exceptional Clinical Benefit from Stenoparib monotherapy

- Clinical Benefit is substantially better than expected for these advanced patients
- Stenoparib is well-tolerated and has a differentiated therapeutic mechanism of action

Multiple Near Term Value Drivers

Multiple Investment Stages Upcoming

- *New phase 2 Clinical start solidifying patient population for FDA registration path*
- *Multiple Data reads starting Summer 2025- end of 2026*

Stenoparib represents a huge opportunity for advanced Ovarian Cancer patients





Thomas Jensen

CEO

tjensen@allarity.com

Jeremy R Graff, PhD

President and CDO

jgraff@allarity.com

allarity.com

NASDAQ: ALLR

