KINTARA Therapeutics

Developing Advanced Oncology Therapies for Rare Unmet Medical Needs

Corporate Presentation

July 2021

CONFIDENTIAL

Forward Looking Statements

This presentation contains forward-looking statements based upon Kintara's current expectations. This communication contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are identified by terminology such as "may," "should," "expects," "plans," "anticipates," "could," "intends," "target," "projects," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar words. These statements are only predictions. Kintara has based these forward-looking statements largely on its then-current expectations and projections about future events, as well as the beliefs and assumptions of management. Forward-looking statements are subject to a number of risks and uncertainties, many of which involve factors or circumstances that are beyond Kintara's control, and actual results could differ materially from those stated or implied in forward-looking statements due to a number of factors, including but not limited to: (i) risks associated with the impact of the COVID-19 pandemic; (ii) risks and uncertainties relating to Kintara's ability to develop, market and sell products based on its technology; the expected benefits and efficacy of Kintara's products and technology; the availability of substantial additional funding for Kintara to continue its operations and to conduct research and development, clinical studies and future product commercialization; and, Kintara's business, research, product development, regulatory approval, marketing and distribution plans and strategies (ii) whether the recently closed merger with Adgero Biopharmaceuticals will be successful, and (iii) those risks detailed in Kintara's most recent Annual Report on Form 10-K and subsequent reports filed with the SEC, as well as other documents that may be filed by Kintara from time to time with the SEC. Accordingly, you should not rely upon forward-looking statements as predictions of future events. Kintara cannot assure you that the events and circumstances reflected in the forward-looking statements will be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. The forward-looking statements made in this communication relate only to events as of the date on which the statements are made. Except as required by applicable law or regulation, Kintara undertakes no obligation to update any forward-looking statement to reflect events or circumstances after the date on which the statement is made or to reflect the occurrence of unanticipated events. Investors should not assume that any lack of update to a previously issued "forward-looking statement" constitutes a reaffirmation of that statement.

About Kintara

Diversified oncology company with two late-stage products

- Novel therapeutics targeting clear unmet cancer needs
  - Glioblastoma Multiforme (GBM): VAL-083 (>$1B[1] market opportunity) – Registrational study initiated
  - Cutaneous Metastatic Breast Cancer (CMBC): REM-001 (~$500M[2] market opportunity) – Phase 3 ready
- Supported by an extensive efficacy and safety database with an estimated $240M combined investment[3] in R&D to date

Selection into the Global Coalition for Adaptive Research (GCAR) GBM AGILE pivotal registration study provides optimal path forward for lead asset (VAL-083)

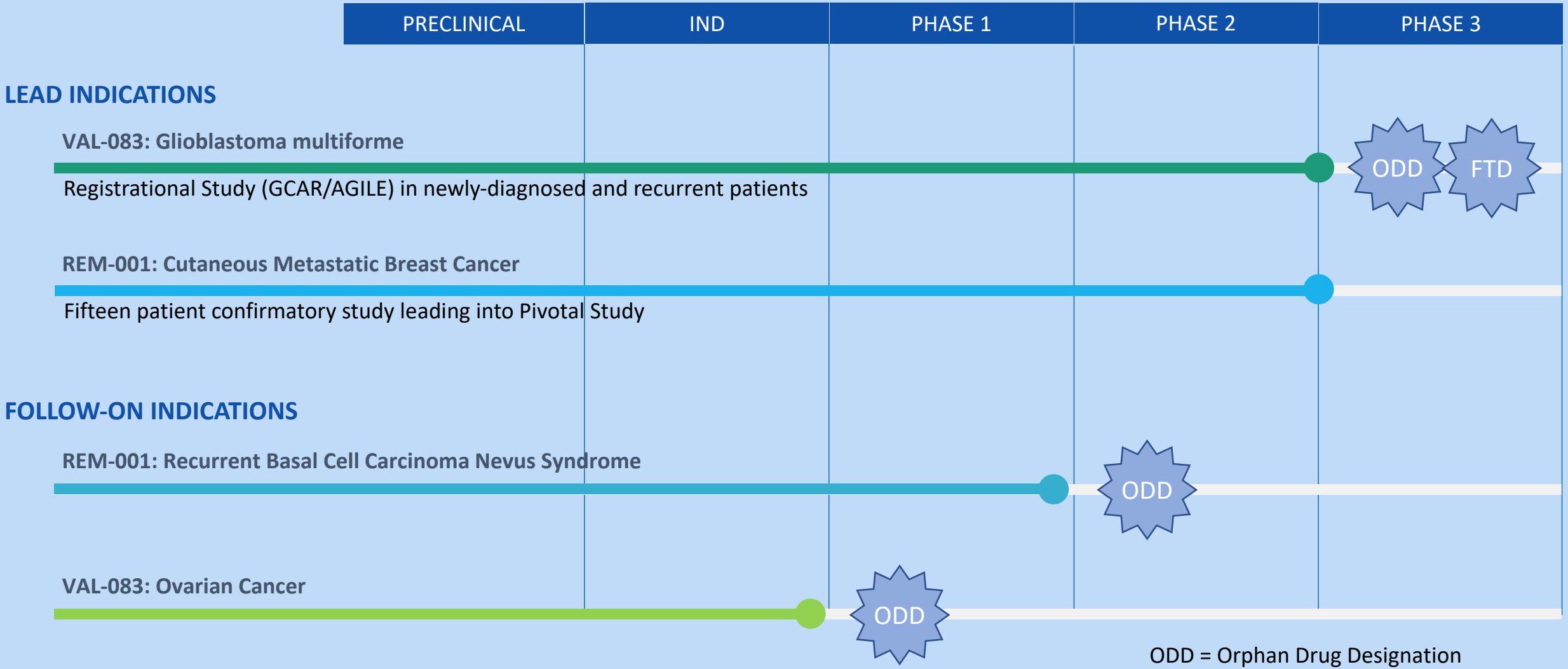
- Accelerates Phase 3 development times while reducing expenses and provides 3 shots on goal unique to VAL-083

Multiple follow-on indications with existing Orphan designations and/or approved INDs

Compelling investment opportunity with significant near-term value generating milestones

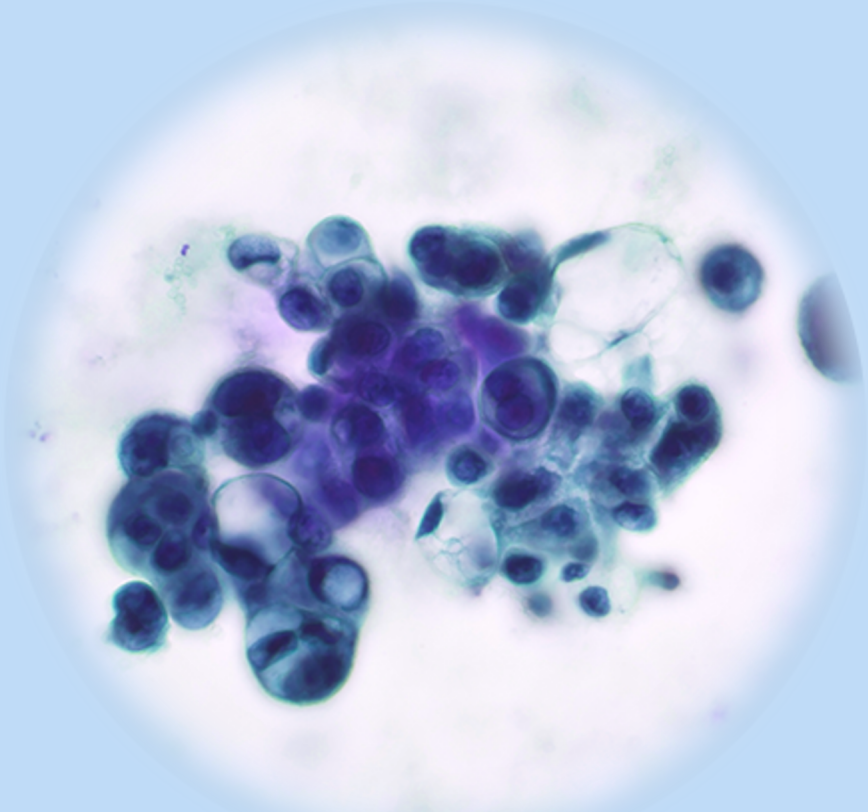
[1]GlobalData November 2018
[2]Charles River Associates April 2018
[3]Management's estimate of previous expenditures by NCI, Miravant, and Adgero

Kintara Product Pipeline – Multiple Shots on Goal



ODD = Orphan Drug Designation
FTD = Fast Track Designation

VAL-083: GBM Opportunity



VAL-083 demonstrates activity in a wide range of cancer cell lines, including pediatric and adult GBM cell lines and GBM cancer stem cells.

Major unmet medical need

>$800M market growing to $1.4B in 2027[1]

- ~30,000 newly-diagnosed patients in US/EU
- ~14,000 recurrent patients in US/EU

GBM AGILE Phase 2/3 registration study:

- FDA approved & strongly endorsed adaptive design
- Involvement from numerous KOLs
- Partnership with Global Coalition for Adaptive Research (GCAR)

Kintara is the only company currently approved to initiate trial for all 3 GBM patient groups:

- Newly-Diagnosed Unmethylated (>60% of GBM patients)
- Newly-Diagnosed Methylated (<40% of GBM patients)
- Recurrent

[1]GlobalData November 2018

VAL-083: Clinical Data - Ongoing Phase 2 Studies

Newly-Diagnosed Patients (MGMT-unmethylated)	Evaluable 30 mg Patients*	Median Progression Free Survival	Median Overall Survival
TMZ Historical Comparator		*5.3-6.9 months[1,2]*	*12.7-16.0 months[1,2]*
SYSUCC Newly-Diagnosed [First Line]	n=25	8.7 months	19.1 months
MDACC Newly-Diagnosed [Adjuvant]	n=33	10.0 months	16.5 months

Recurrent Patients (MGMT-unmethylated)	Evaluable 30 mg Patients**	Median Overall Survival
Lomustine Historical Comparator		*7.2 months[3]*
MDACC Recurrent	n=48	8.0 months

[1]Hegi et al N Eng J Med 352; 997-1003 (2005)
[2]Tanguturi et al. NeuroOncol. 19(7): 908-917 (2017)
[3]Wick et al N.Eng.J.Med . 377:1954-1963 (2017)

Open label Phase 2 studies in unmethylated patients; treatment dose for GCAR GBM AGILE Study;
**data from AACR Posters April 2021*
***topline results June 2021*

VAL-083: FDA Approved Expedited Development and Registration Pathway

Collaboration with the Global Coalition for Adaptive Research (GCAR)

Adaptive Global Innovative Learning Environment (AGILE) Study

- International effort in newly-diagnosed and recurrent glioblastoma
- Master Protocol with three experimental arms versus a common control
- Primary endpoint: overall survival
- "Seamless" transition to Phase 3, Phase 2 patients are used in final analysis
- Led by KOLs in the field, with strong regulatory endorsement

GLOBAL COALITION FOR ADAPTIVE RESEARCH™

150 to 200 Patients maximum stratified by three subtypes

- Newly-diagnosed methylated
- Newly-diagnosed unmethylated[1]
- Recurrent[2]

[1]Comparable to MDACC Phase 2 trial – adjuvant cohort
[2]Comparable to MDACC Phase 2 Trial – recurrent cohort

GCAR/AGILE Advantages

Regulatory buy-in at highest level with strong FDA letter of support

Rapid study startup and patient enrollment

- Turn-key solution
- Over 35 US sites currently enrolling patients
- 2021 expansion to Canada, EU, and China
- Shared control group:
  - Contains costs and accelerates speed of study
  - Has been enrolling for two years
- Provides significant time and cost savings vs. multiple trials
- Avoids company scale up of fixed expenses for trial execution

GLOBAL COALITION FOR ADAPTIVE RESEARCH™

"Platform trials can accelerate the time from discovery in the laboratory to implementation in the clinic. ***GBM AGILE will raise the bar for all clinical trials****."*

Janet Woodcock, M.D.
Director of the Center for Drug Evaluation and Research
U.S. Food and Drug Administration

https://www.businesswire.com/news/home/20190619005230/en/Global-Coalition-Adaptive-Researchs-Innovative-Clinical-Trial

GCAR: GBM AGILE Trial Sponsor

Principal Investigators of Kintara's arm of the GBM AGILE study:

Dr. John de Groot
Professor
Department of Neuro-Oncology
MD Anderson Cancer Center

Dr. James Perry
Professor of Neurology
University of Toronto
Sunnybrook Research Institute

With over 35 sites already enrolling, GBM AGILE includes Key Opinion Leaders and leading clinical sites:

- Henry Ford Health System - Detroit
- Memorial Sloan Kettering Center - New York
- University of Texas - MD Anderson Cancer Center
- Mayo Clinic Cancer Center - Jacksonville
- Dana Farber Cancer Institute - Boston
- Mount Sinai - New York
- Cleveland Clinic - Cleveland
- Duke University Medical Center - Durham

"GBM AGILE is an innovative clinical trial approach that enables us to simultaneously and dynamically study the effects of multiple new drug candidates. With the inclusion of paxalisib and VAL-083 for newly-diagnosed unmethylated and recurrent GBM patients, as well as VAL-083 for the additional methylated GBM patient group, we are excited to offer all GBM patients access to these latest therapies,"

- Dr. James Perry

VAL-083: FDA Approved Expedited Development and Registration Pathway

Current Status

Kintara's VAL-083 joins Bayer's Regorafenib and Kazia's Paxalisib as the three compounds in the GBM AGILE trial

Kintara's VAL-083 is the only drug currently participating in all three patient subtypes:

- Newly-Diagnosed MGMT-Unmethylated (>60% of GBM patients)
- Newly-Diagnosed methylated (<40% of GBM patients)
- Recurrent

Kintara's VAL-083 arm has initiated patient randomization in the GBM AGILE trial as of January 6, 2021

REM001: CMBC Overview

Major unmet medical need

40,000 patients in the U.S.[1], representing $500M market opportunity[2]

Clinical aspects: Highly morbid form of breast cancer

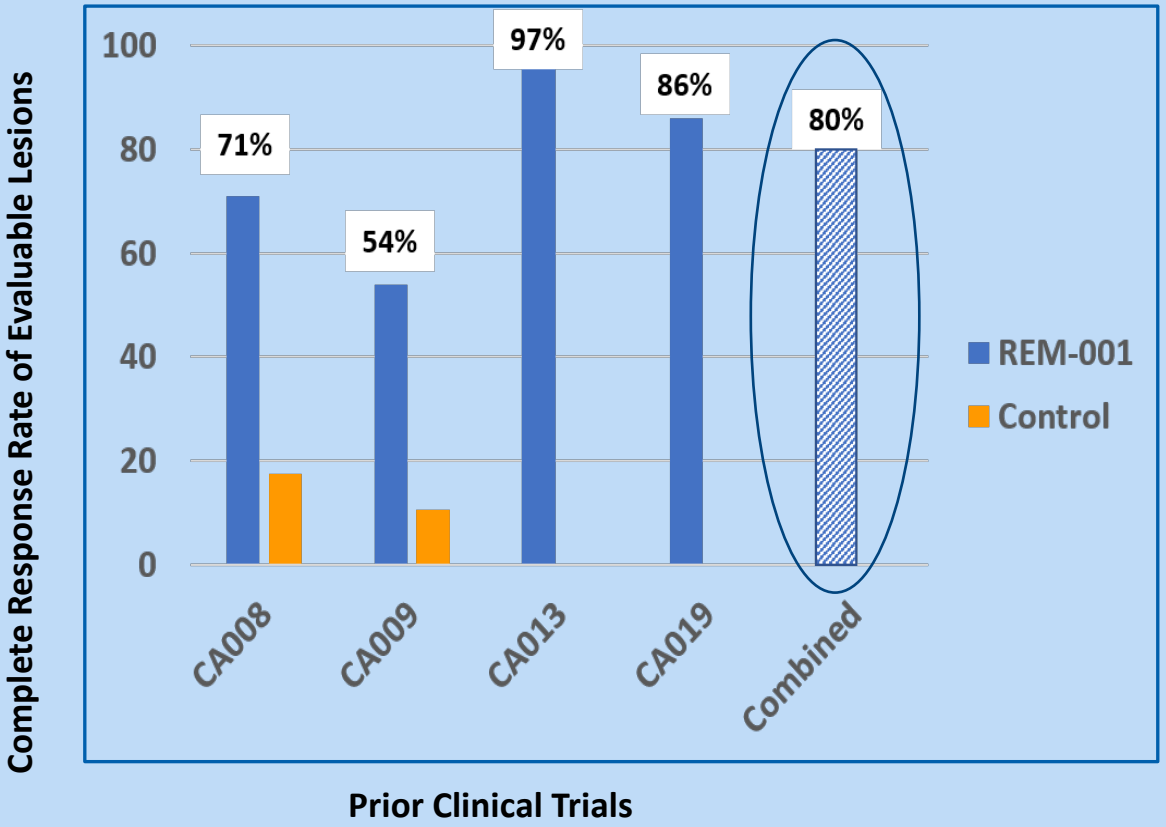
- Bleeding, infectious and malodorous lesions on chest wall, neck and back
- Narcotics for pain control

Limited current therapies

- Chemotherapy: generally non-responsive
- Radiation: dose limiting toxicities, lesions are often refractory to radiation

[1]Source (a): Saika et al, 2009; Kamaraju et al, 2016; Vano-Galvan et al, 2009; GlobalData Report on Metastatic Breast Cancer; Schoenlaub et al, 2001
[2]Charles River Report April 2018

REM-001: High Response Rates in CMBC



Second Generation Photodynamic Therapy

Extensive data from prior Phase 2/3 clinical trials

- 149 patients treated in 4 trials
  - 80% complete response rate in 674 evaluable lesions

Localized Outpatient Treatment

- Drug infusion accumulates in tumors
- Activated by simple red light

Safety database ~1,100 patients

Previous trial experience used to optimize current trial design

REM-001: CMBC Development Plan

Development plan optimized for success while minimizing cost

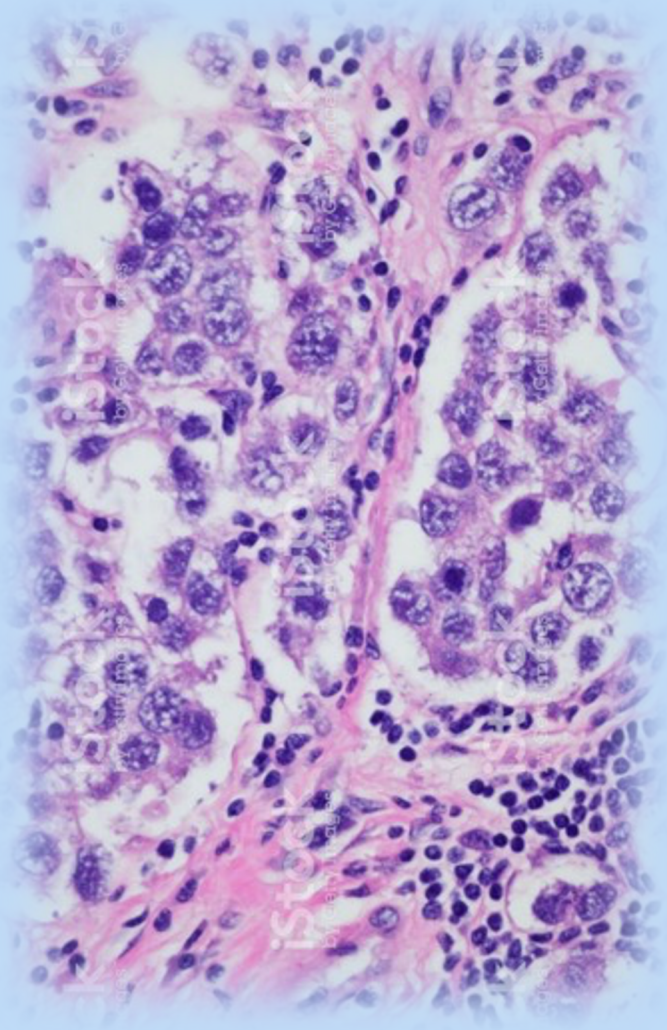
- Leverages prior data indicating lower dose should improve outcome
  - Faster healing
  - Less photosensitivity
- Initial open-label, 15 patient study to confirm lower dose and optimize trial design
- Seamless transition into Phase 3

Basic Design

- REM-001 = 0.8 mg/kg (IV)
- Light treatment = 100 J/cm^2 – 24 hours after REM -001 infusion
- Patients continue on Treatment Physician's Choice (TPC) for systemic disease
- Primary Endpoint: Best Overall Response Rate of cutaneous lesions up to week 24 as assessed by independent review of standardized photographs
- Drug product for clinical trial currently being produced from existing drug substance
- Drug substance and drug product manufacturing, and associated analytical methods, currently being optimized for Phase 3 and Commercial CMC

Anticipated study start - Q4 2021 / Q1 2022

Future Pipeline Opportunities



VAL-083

- Platinum resistant Ovarian Cancer[1]
- Non-Small Cell Lung Cancer[1]
- Other Solid Tumors, including pediatric indications

REM-001

- Other Cutaneous Metastatic Cancers
- Recurrent Basal Cell Carcinoma Nevus Syndrome[2]
- Locally Advanced Basal Cell Carcinoma (laBCC)
- Peripheral Lung Cancer
- Hemodialysis Arteriovenous (AV) Access

[1]*Prior Phase 1 and Phase 2 studies completed by NCI*

[2]*Demonstrated positive results in prior sponsor's Phase 2 study*

Barriers to Competition

VAL-083

GBM Orphan drug designation in US & EU
- Seven years market exclusivity after approval in US
- 10 years market exclusivity after approval in Europe

Sixteen patent families
- Claims to methods of use, dosing and administration, combinations, manufacturing, analytical methods, and mechanism of action

Thirteen US granted patents and twenty patents granted worldwide
- Expiry dates range from 2031 to 2038

Ovarian Orphan Drug Designation in US

REM-001

New Chemical Entity
- Five years data exclusivity after approval in US
- 8+2+1 Regime in Europe

Combination Product Regulatory Pathway
- REM-001 and Laser Device

Follow-on Indication Orphan Drug Designations in US
- Basal cell carcinoma nevus syndrome (BCCNS)
- Hemodialysis access grafts

Near-Term Targeted Major Milestones

Q1 2021

- Commence Enrollment - GCAR GBM AGILE Registration Study ✓

Q2 2021

- AACR Posters – Data updates for Phase 2 GBM Studies ✓
- Top Line Results - Phase 2 Recurrent GBM Study ✓

Q3 2021

- Top Line Results - Phase 2 Adjuvant GBM Study

Q4 2021 / Q1 2022

- First Patient Enrolled - CMBC Lead-In Study

H1 2022

- GCAR GBM AGILE Registration Study graduation from Stage 1 (safety and efficacy; 100-150 patients) to Stage 2 (confirmatory; 50 additional patients)

Senior Leadership Team

Saiid Zarrabian President and CEO	CEO of Kintara since November 2017; previously served as Chairman and Board Member of La Jolla Pharmaceutical Company, as President of the Protein Production Division of Intrexon Corporation, as CEO and member of the Board of Cyntellect, Inc, as President and COO of Senomyx, Inc., as COO of Pharmacopeia, Inc. and as President & COO of its MSI Division; has served on numerous private and public company boards, including at Immune Therapeutics, Inc., Exemplar Pharma, LLC, Ambit Biosciences Corporation, eMolecules, Inc., and Penwest Pharmaceuticals
John Liatos Senior VP, Bus Dev	Interim CEO of Adgero since April 2018; prior to joining Adgero, was the co- founding partner at Aceras BioMedical, LLC., a healthcare-focused investment firm; responsible for business development, overall formation, and business strategy of Aceras and its portfolio companies
Greg Johnson (Acting) Head of Operations	28 years of international clinical research and drug development experience at contract research and biotech organizations; M.Sc. in Clinical Research; Project Management Professional (PMP) certification; Fellow of the Institute of Clinical Research (FICR)
Scott Praill CFO	CFO of Kintara since January 2013; previously consulted with multiple companies including Kintara; served as Director of Finance for Inflazyme Pharmaceuticals; worked at PricewaterhouseCoopers LLP for four years and completed a CPA in 1996
Dennis Brown CSO	Kintara founder, and Chief Scientific Officer since January 2013; served as a member of Board of Directors from February 2013 to April 2018; more than thirty years of successful drug discovery and development experience; B.A. in Biology and Chemistry, M.S. in Cell Biology, Ph.D. in Radiation and Cancer Biology
Steve Rychnovsky VP, R&D	Co-founder and VP of Operations & Product Development of Adgero; experienced in all aspects of Adgero's photodynamic therapy technology; played a key role in development of Adgero's business strategy and implementation of plans for the development and commercialization of REM-001

GBM Scientific Advisory Board

Dr. Napoleone Ferrara
University of California, San Diego
World renowned scientist and Distinguished Professor of Pathology and a Distinguished Adjunct Professor of Ophthalmology and Pharmacology

Dr. John de Groot
MD Anderson Cancer Center
Professor in the Department of Neuro-Oncology

Dr. Timothy Cloughesy
David Geffen School of Medicine (UCLA)
Professor of Neurology
UCLA Brain Research Institute and Jonsson Comprehensive Cancer Center
Member

Dr. David Reardon
Dana-Farber Cancer Institute
Clinical Director of the Center for Neuro-Oncology
Harvard Medical School
Professor of Medicine

Dr. Nicholas Butowski
UCSF Medical Center
Neuro-oncologist
Brain Tumor Center
Director of Translational Research in Neuro-Oncology and Researcher

CMBC Scientific Advisory Board

Mario Lacouture, MD
Memorial Sloan Kettering Cancer Center
Director, Oncodermatology Program
Leading expert in treatment of cutaneous metastases in cancer

Thomas S. Mang, PhD
University at Buffalo (UB), School of Dental Medicine*
Director of Research for Oral and Maxillofacial Surgery Department
Recognized PDT expert and prior clinical work with REM-001 Therapy

Stephen B. Solomon, MD
Memorial Sloan Kettering Hospital
Chairman, Interventional Radiology and Co-Director, Image-Guided Intervention
Specializes in image-guided interventions in cancer

Leonard A. Farber, MD
Weill Cornell Hospital*
Radiation Oncologist
Specialties include adult radiation oncology for breast cancer patients
Experience in treating CMBC and recurrent basal cell carcinoma

**Prior affiliations*

Investment Highlights

Late-stage Oncology company focused on multiple unmet medical indications:

- Initiated GBM AGILE registrational trial for 3 GBM patients subtypes on Jan 6, 2021
- Plans and funding in place for near term initiation of our Phase 3 study for CMBC
- ~$500M to $800M market opportunity[1,2] for lead indications
- $25M gross financing in August 2020
  - Priced at market with zero up front warrants
  - Sufficient capital in hand to fully fund multiple value accretive clinical milestones
- Multiple US/EU Orphan Drug and Fast Track Designations

GCAR GBM AGILE Registration study provides optimal path forward

- Accelerated pathway with strong regulatory support and over 35 sites currently enrolling
- Shared control group, adaptive randomization, and lean cost structure
- Three shots on goal with VAL-083 being only trial arm currently enrolling all three patient subtypes

[1]GlobalData November 2018
[2]Charles River Associates April 2018

KINTARA Therapeutics

Canadian Office

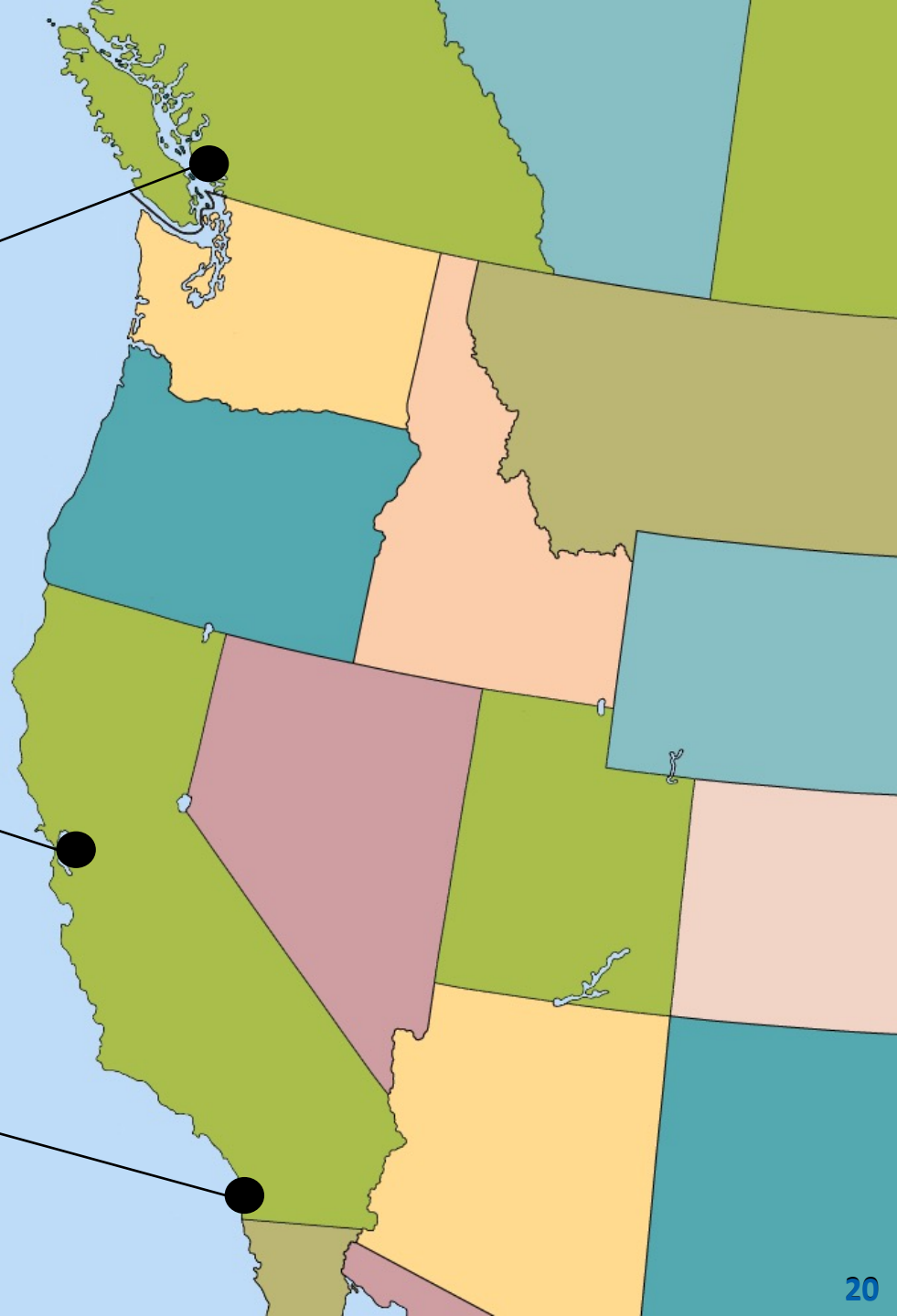
720-999 W Broadway
Vancouver BC V5Z 1K5
Canada

Clinical Operations

3475 Edison Way, Suite R
Menlo Park, CA 94025
USA

Corporate Headquarters

12707 High Bluff Dr., Suite 200
San Diego, CA 92130
USA

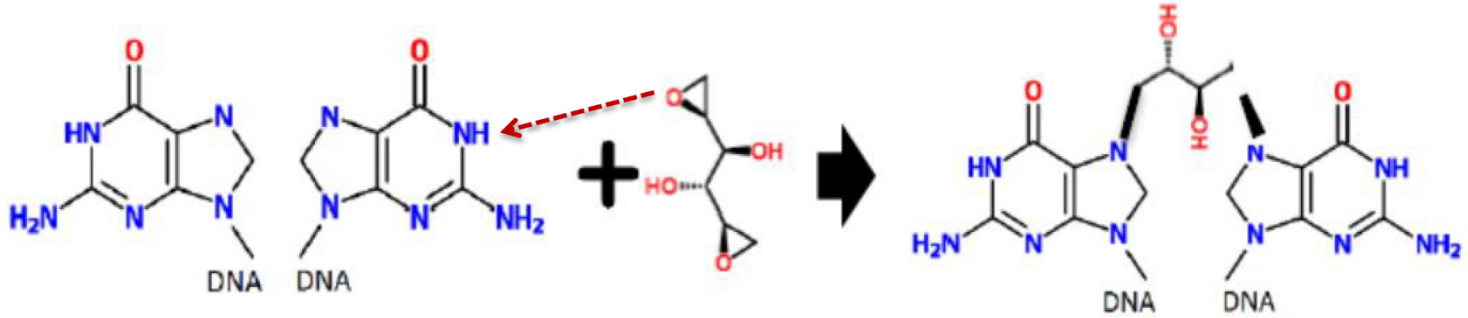


Appendix

VAL-083 Mechanism of Action

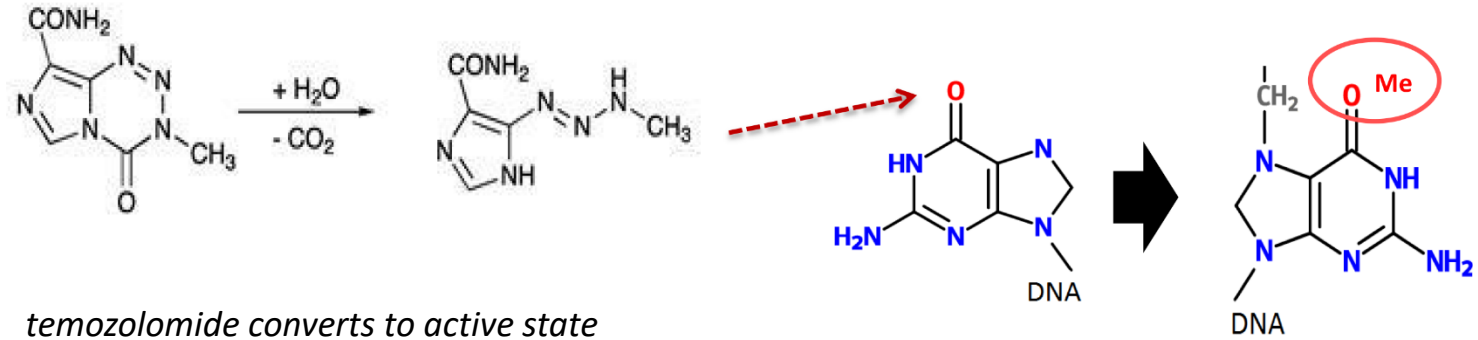
VAL-083's unique cytotoxic mechanism circumvents MGMT-mediated chemoresistance and differentiates it from other therapies used in the treatment of GBM, including TMZ.

Mechanism of VAL-083 via crosslinks at N^7 of guanine



2 guanine bases on DNA *VAL-083* *VAL-083 – interstrand crosslink (ICL)*

Mechanism of temozolomide (TMZ) via alkylation at O^6 of guanine



temozolomide converts to active state (MTIC) at physiological pH *guanine base on DNA* *alkylation of O^6 guanine*

VAL-083's unique mechanism of action creates inter-strand DNA cross-links at the N^7 position of guanine, resulting in double-strand DNA breaks and cancer cell death via apoptosis

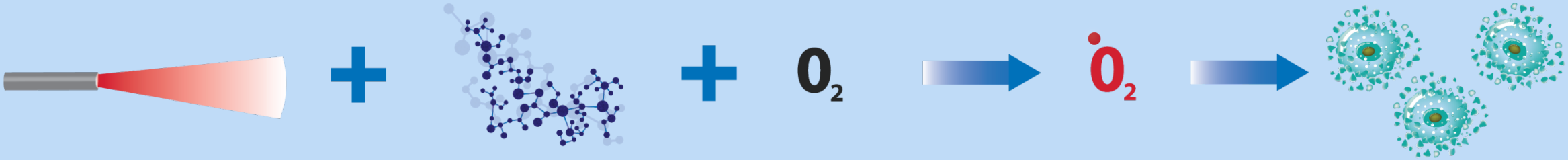
VAL-083 vs. TMZ for ND methylated MGMT GBM

- VAL-083 is a bifunctional DNA alkylating agent; TMZ is monofunctional
- VAL-083 induces DNA interstrand crosslinks: TMZ does not
- VAL-083 induces double strand DNA breaks (DSB): TMZ induces single strand DNA breaks (SSB)
- Double strand breaks are non-repairable and lethal: single strand breaks can be repaired
- VAL-083 is administered IV with very reproducible pharmaco-kinetics: TMZ is an oral prodrug with varying bioavailbility
- VAL-083 achieves peak brain concentrations that are ~20% higher than corresponding plasma levels: TMZ achieve peak brain concentrations ~80% lower than peak plasma levels

VAL-083 vs TMZ

- VAL-083 activity is similar in both methylated and unmethylated MGMT GBM cells: TMZ is very resistant in the unmethylated MGMT GBM cells
- For the methylated MGMT GBM cells: VAL-083 is twice as potent as TMZ
- In addition, VAL-083 is also active in GBM cells independent of DNA mismatch repair (MMR), another DNA repair mechanism. MMR also increases drug resistance for TMZ similar to MGMT
- VAL-083 should be active in subclones of cells in ND methylated MGMT GBM that might be unmethylated

Photodynamic Therapy Mechanisms of Action



Light
Energy Source

Photosensitizer
Catalyst to Activate, Absorb & Transfer Energy to Oxygen in Cells

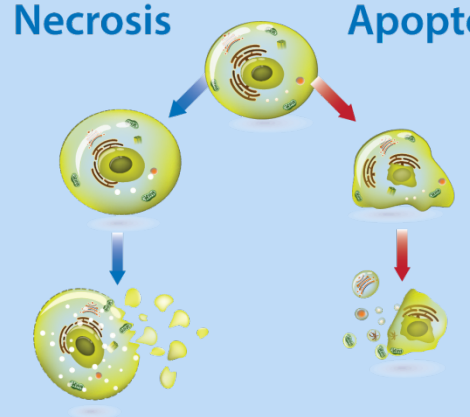
Oxygen in Cell
Converted to ROS by Energy Transfer

Reactive O_2 (ROS)
Created by Energy Transfer

Diseased Cell Death
ROS Provides Mechanism of Action

PDT induces elimination of diseased cells by immune response, apoptosis, antiangiogenesis and necrosis

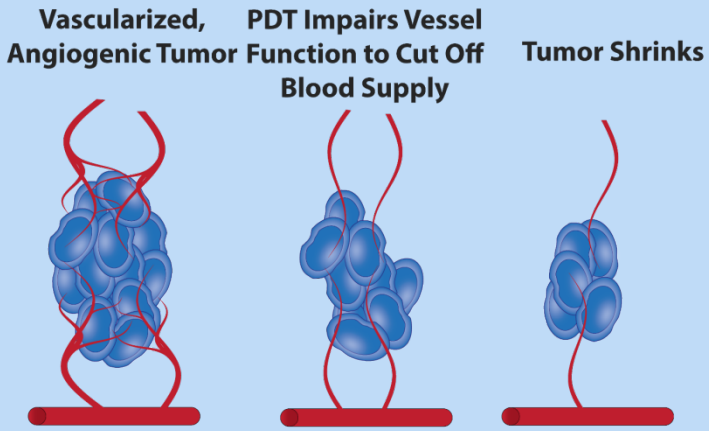
Necrosis / Apoptosis



Enzymatic Digestion and Leakage of Cellular Contents

Phagocytosis of Apoptotic Cells and Fragments

Antiangiogenic / Anti-vascular



T - Cell Response