TELIX PHARMACEUTICALS

Precision Oncology
See it. Treat it.

Investor Presentation

November 2021

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Telix's lead product, Illuccix® (TLX591-CDx) for prostate cancer imaging, has been approved by the Australian Therapeutic Goods Administration (TGA), and accepted for filing by the U.S. Food and Drug Administration (FDA). Telix is also progressing marketing authorisation applications for Illuccix in the European Union and Canada. With the exception of Illuccix in Australia and Scintimun®, none of Telix's products have received a marketing authorisation in any jurisdiction.

An established global leader in radiopharmaceuticals

Extensive portfolio of diagnostic and therapeutic assets with compelling clinical data

12,150 patient doses in past 12 months[1]

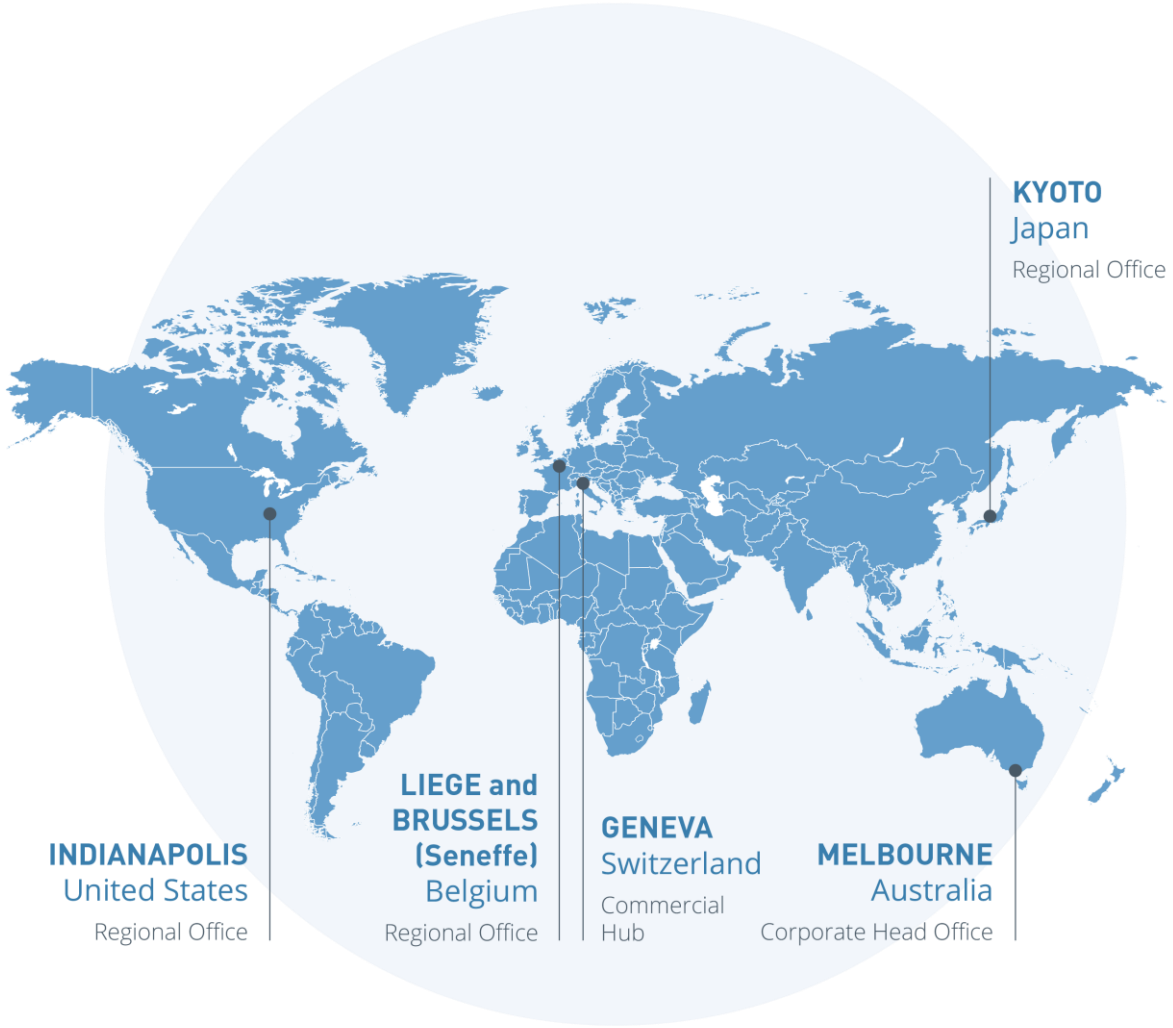
1st marketing authorisation approval for TLX591-CDx (Illuccix®) received[2]

17 active clinical trials (7 indications)[3]

Leading supply chain and distribution network

80 countries in the Telix distribution network

11 countries with a manufacturing footprint

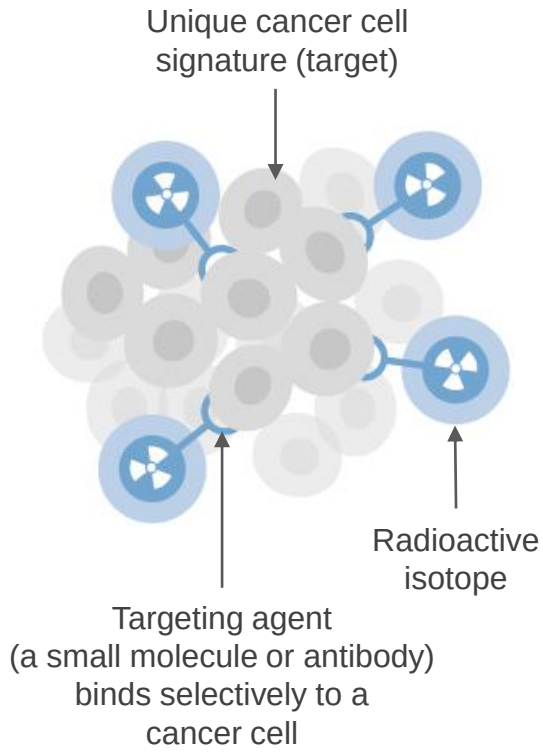


1. Clinical trial doses and magisterial / compassionate use of TLX591-CDx. 12 months from Q4 2020
2. Therapeutic Goods Administration (TGA) Australia – ASX 2/11/21
3. Includes partnered investigator-led studies.

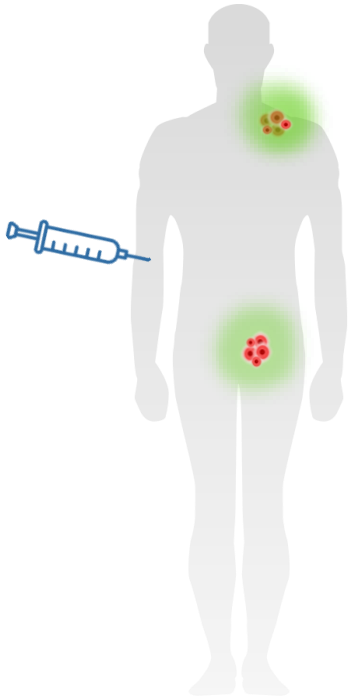
Our strategy: *See It. Treat it.*

Personalised, precision medicine

Targeted radiation delivery



Systemically administered



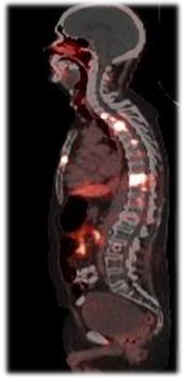
Imaging

^{68}Ga, ^{89}Zr
(diagnostic isotopes)

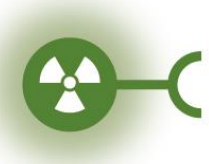
Enables **PET images** of cancer

PET scanner

TLX591-CDx[1]
(Prostate cancer)



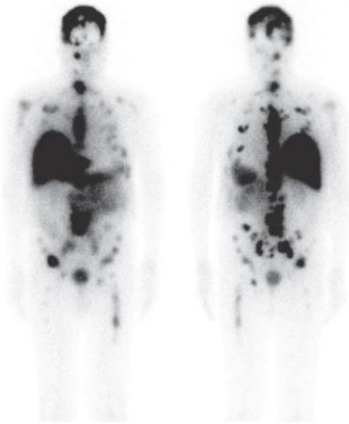
Therapy



^{177}Lu, ^{131}I, ^{225}Ac
(therapeutic isotopes)

Enables precise **radiation delivery** to the cancer

TLX591
(Prostate cancer)



1. Courtesy of Ammar Chaudhry MD, City of Hope, Duarte CA, USA.

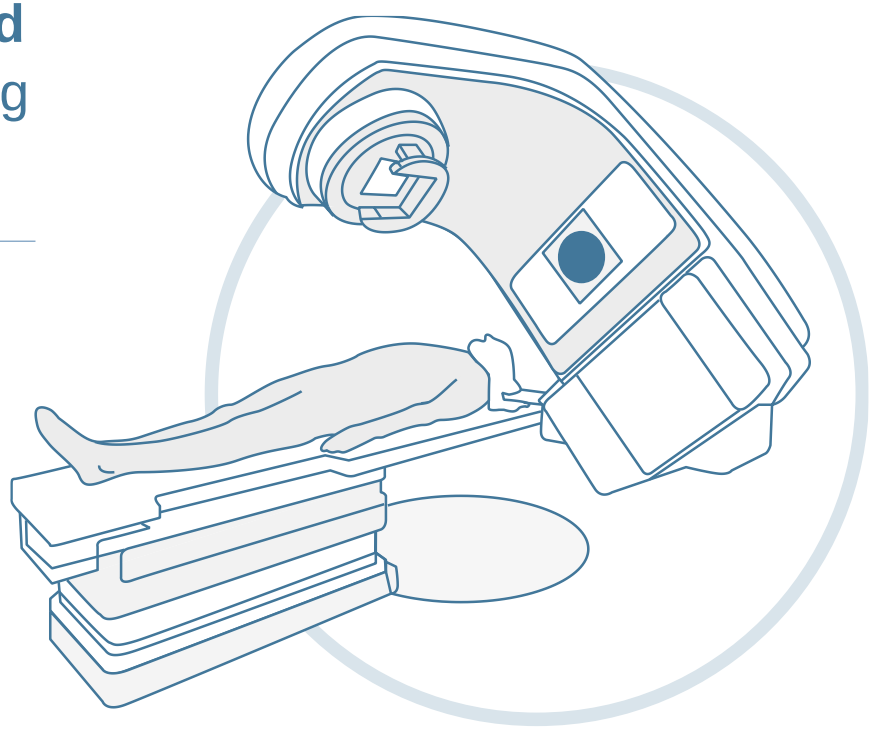
Radiation has never been more important in cancer care

Underpinned by the shift from radiation “in a box” to radiation “in a shot”

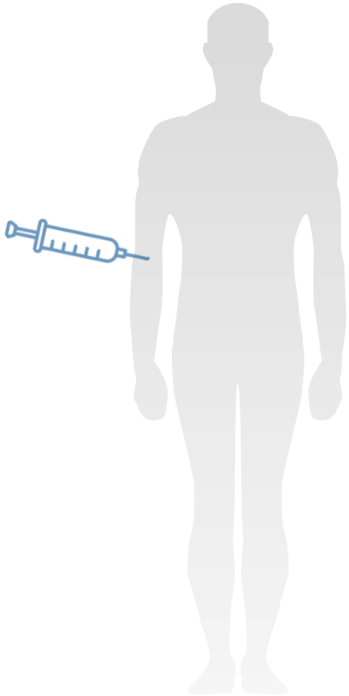
The evolution from external-beam radiation to **systematically-delivered** and **targeted** radiation is transforming the role of radiation in cancer care

- Synergy between imaging and therapy
- Broad cancer utility
- Potential to enhance existing drug classes (androgens, taxanes etc)
- A vitally important “primer” for immuno-oncology
- A future cornerstone modality for gene/cell therapy conditioning

From a ‘box’



To a ‘shot’



Telix is driving the integration of nuclear medicine and medical oncology with more targeted and personalised therapy and patient-friendly dosing regimens

Telix is pioneering a new cancer modality

Glioblastoma

Ph	Name	Asset	Dx/Tx
I/II	IPAX-1	TLX101	Tx

Breast Cancer

Ph	Name	Asset	Dx/Tx
II	OPALESCENCE (IIT)	TLX250-CDx	Dx
I	Emory University (IIT)	TLX591-CDx	Dx

Lung Cancer

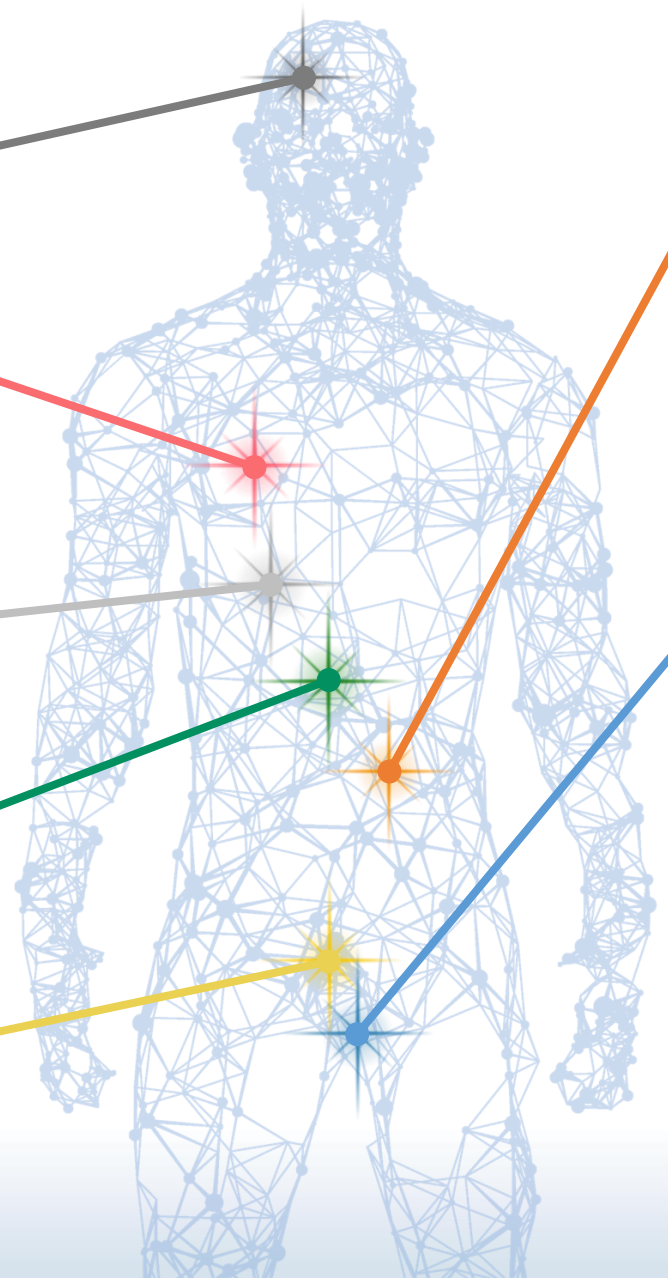
Ph	Name	Asset	Dx/Tx
I	Royal Adelaide (IIT)	APOMAB	Dx/Tx

Bone Marrow Conditioning

Ph	Name	Asset	Dx/Tx
I/IIa	TRALA (IIT)	TLX66	Tx

Bladder Cancer

Ph	Name	Asset	Dx/Tx
I	ZiP-UP (IIT)	TLX250-CDx	Dx



Kidney Cancer

Ph	Name	Asset	Dx/Tx
III	ZIRCON	TLX250-CDx	Dx
I/II	ZIRDAC	TLX250-CDx	Dx
II	STARLITE-1 (IIT)	TLX250	Tx
II	STARLITE-2 (IIT)	TLX250	Tx

Prostate Cancer

Ph	Name	Asset	Dx/Tx
III	University of Linz (IIT)	TLX591-CDx	Dx
II	Emory University (IIT)	TLX591-CDx	Dx
II	ENHANCING Enzalutamide-Enhanced Imaging (IIT)	TLX591-CDx	Dx
II	Mem. Sloan Kettering (IIT)	TLX591-CDx	Dx
N/A*	NOBLE	TLX599-CDx	Dx
III	PROSTACT	TLX591	Tx
I	CUPID	TLX592	Tx

*Registry study

Core pipeline: Oncology & rare diseases

	Targeting Molecule	Target	Radioactive Isotope	Phase I	Phase II	Phase III	Commercial
Prostate	Small molecule	PSMA(1)	^{68}Ga	TLX591-CDx (^{68}Ga-PSMA-11, Illuccix®)			Imaging
	Antibody	PSMA	^{177}Lu	TLX591 (^{177}Lu–rosopatamab)			Therapy
	Antibody	PSMA	^{225}Ac	TLX592 (^{225}Ac–RADmAb®)			Therapy (2nd Gen)
	Small molecule	PSMA	^{99m}Tc	TLX599-CDx (^{99m}Tc-iPSMA)*			Imaging/Surgery
	Small molecule	PSMA	^{68}Ga	TLX591-Sx (^{68}Ga-PSMA-IRDye)			Imaging/ Surgery
Kidney	Antibody	CA9(2)	^{89}Zr	TLX250-CDx (^{89}Zr–girentuximab)			Imaging
	Antibody	CA9	^{177}Lu	TLX250 (^{177}Lu–girentuximab)			Therapy
Brain	Small molecule	LAT-1(3)	^{18}F	TLX101-CDx (^{18}F-FET)			Imaging
	Small molecule	LAT-1	^{131}I	TLX101(^{131}I-IPA)			Therapy
BMC/RD(4)	Antibody	CD66(5)	^{99m}Tc	TLX66-CDx (^{99m}Tc-besilesomab, Scintimun®)			Imaging
	Antibody	CD66	^{90}Y	TLX66 (^{90}Y-besilesomab)			Therapy

Shaded arrows indicate completion expectations in the next 12 months.

*Registry study

1. Prostate-specific membrane antigen.
2. Carbonic anhydrase IX.
3. Large amino acid transporter 1.
4. Bone marrow conditioning and rare disease.
5. Cluster of differentiation 66.

Strategic Priorities

Use Illuccix as a commercial launchpad

Establish Telix's leadership in the urologic oncology domain

Create a high-value diagnostic portfolio

Kidney cancer imaging agent addresses major unmet need, builds on Illuccix engagement

Deliver on commercial value of therapeutics

Advance late-stage assets in the core pipeline that benefit from diagnostic market entrance

Expand the pipeline

Novel targets, clinical applications and manufacturing technologies

Near-term objectives

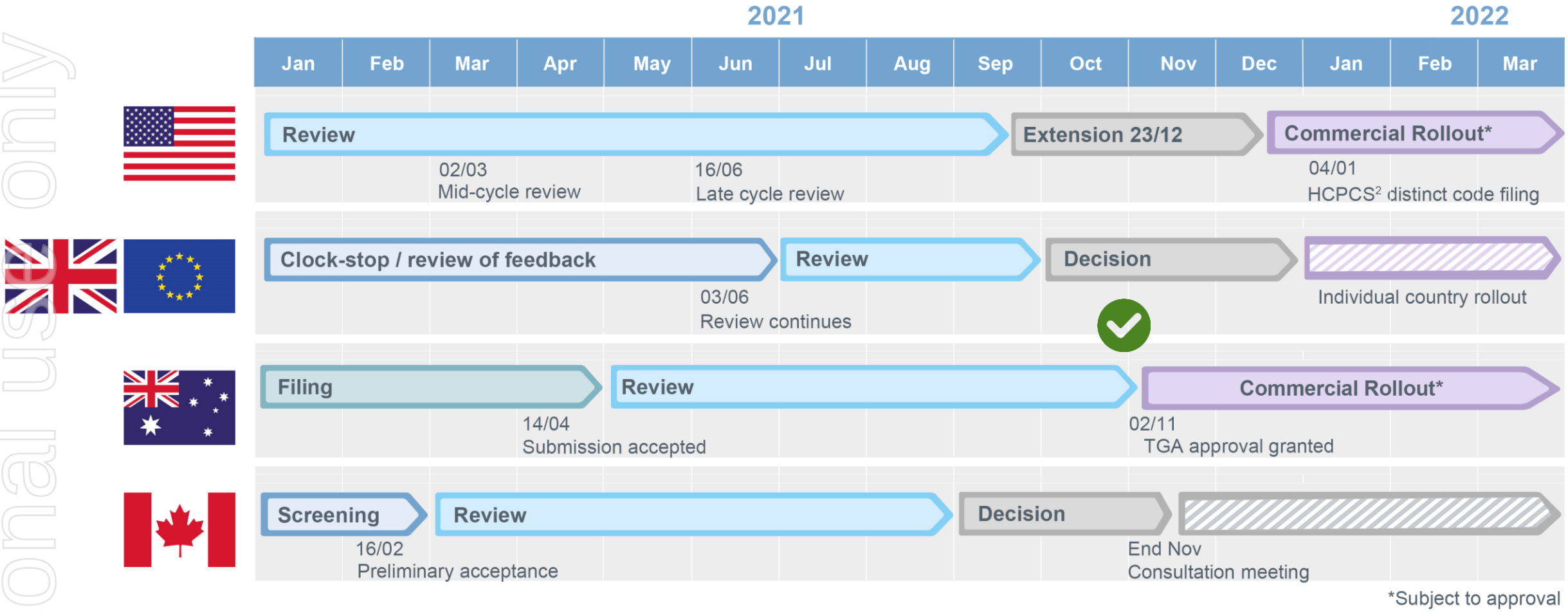
Unlocking the value in our pipeline

2021	2022
Launch Illuccix	Illuccix commercial rollout Establish a leading presence in the urologic oncology domain
Complete ZIRCON	Regulatory filing for kidney cancer imaging product to follow-on Illuccix
Commence ProstACT	Advance late-stage therapeutic portfolio to address significant unmet medical needs

Illuccix® Imaging
Ready to launch

Illuccix® approval and rollout milestones

US FDA PDUFA[1] goal date 23 December 2021

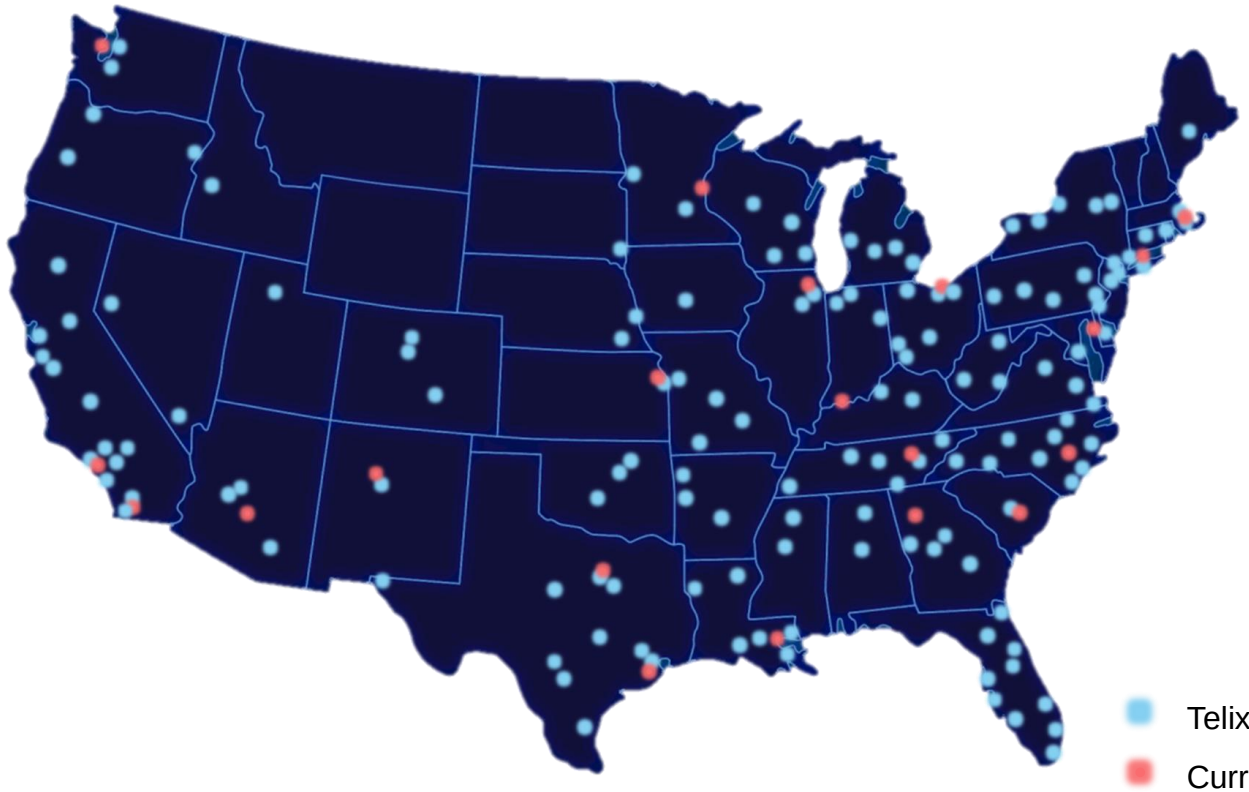


1. United States Food and Drug Administration (FDA) Prescription Drug User Fee Act, Goal Date
2. Healthcare Common Procedure Coding System

Illuccix (TLX591-CDx) PSMA-PET[1] imaging

A differentiated offering in the PSMA-PET market

- **Access** to ~90% of eligible PET sites
- **On-demand** pharmacy-based production with a high yield product
- **Customer** and patient scheduling flexibility



Telix / partner sites

Current competitor sites (4 November 2021)

Illuccix® (Kit for the preparation of ^{68}Ga-PSMA-11) has received marketing authorisation approval in Australia. In all other jurisdictions, including the United States, it is an investigational product and has not attained a marketing authorisation. Product launch in the United States is subject to FDA approval of a New Drug Application (NDA)

1. Prostate-specific membrane antigen (PSMA) Positron emission tomography (PET)

PSMA-PET imaging emerging as standard of care in prostate cancer

Inclusion in guidelines are driving clinical adoption and reimbursement

- Updated National Comprehensive Cancer Network Guidelines® include Ga-68 PSMA-11 PET/CT to be considered as an alternative to standard imaging of bone and soft tissue[1]
  - ✓ Conventional imaging no longer a necessary prerequisite to PSMA-PET
  - ✓ Expanded indication: detection of unfavourable intermediate, high and very high risk as well as recurrent prostate cancer
- Society of Nuclear Medicine and Molecular Imaging (SNMMI) updated Appropriate Use Criteria (AUC) recognises higher accuracy in the initial staging evaluation[2]
- Two of the four main Radiology Benefit Managers (RBMs) - AIM Specialty Health[3] and NIA Magellan[4] – are now recommending PSMA-PET *representing a significant portion of commercial payor (health insurance) reimbursement policies*

NCCN National Comprehensive Cancer Network®

AIM SpecialtyHealth®

NIA Magellan℠

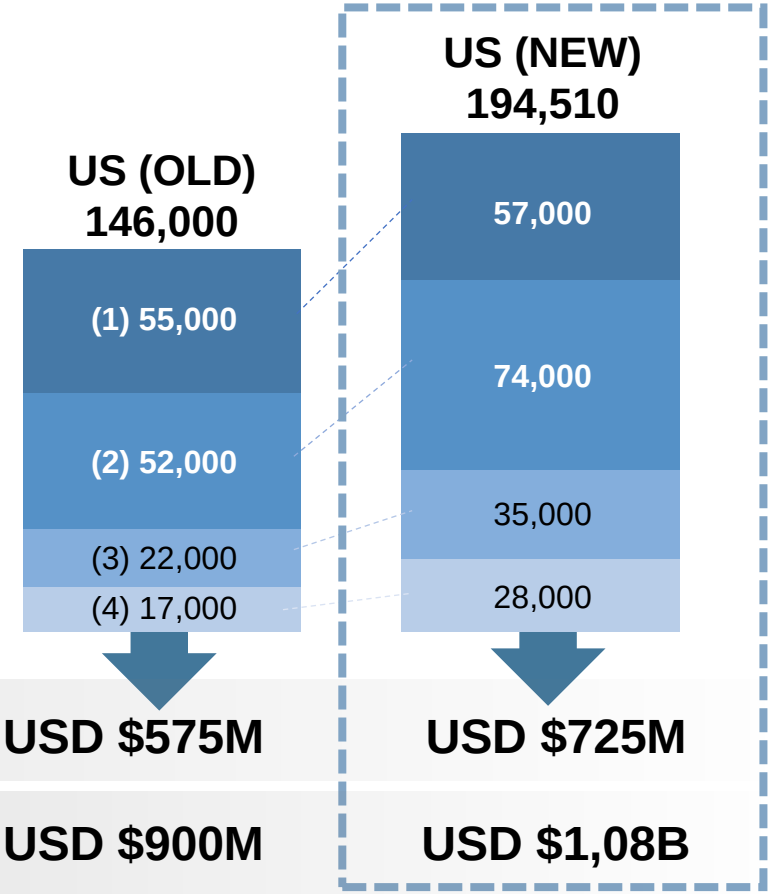
1. NCCN® Prostate Cancer Guidelines Update, Version 1.2022 – 10/09/21
2. SNMMI AUC for PSMA-PET Imaging: https://www.snmmi.org/ClinicalPractice/content.aspx?ItemNumber=38657
3. AIM Clinical Appropriateness Guidelines, Advanced Imaging. AUC: Oncologic Imaging (Effective 7/11/21).
4. National Imaging Associates Magellan Clinical Guidelines For Medical Necessity Review, Advanced Imaging Guideline (Effective 01/01/22)

Market opportunity expanded

Due to growing incidence rates and guideline inclusions

US patients with prostate cancer eligible for PSMA-PET imaging

1. **Primary staging in newly diagnosed high-risk prostate cancer**
2. **Biochemical recurrence following prostatectomy or radiation therapy**
3. Monitoring of response to systemic therapy
4. Patient selection for PSMA targeted radio-ligand therapy (RLT)



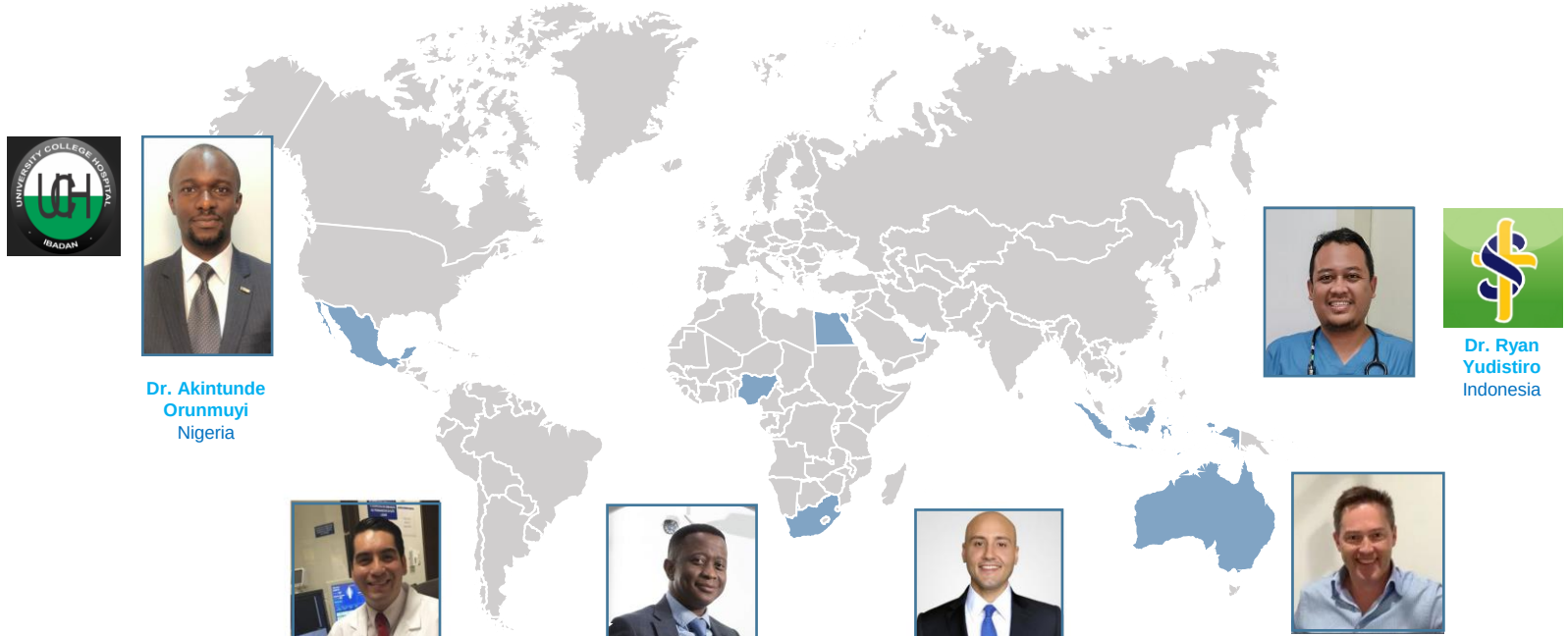
US total addressable market (TAM) value	USD $575M	USD $725M
TAM value including EU	USD $900M	USD $1,08B

1. Telix markets = US + EU countries included in MAA submission to Danish Medicines Authority on 30 April 2020.
2. American Cancer Society. Cancer Facts & Figures 2021. Atlanta, GA: American Cancer Society; 2021.
3. GLOBOCAN 2020 incidence of prostate cancer in Telix EU markets.
4. US TAM value = USD $750M, EU TAM value = USD $325M.

The NOBLE Registry (TLX599-CDx): Nobody left behind

Improving access to PSMA imaging

- Collaboration to investigate utility of ^{99m}Tc-iPSMA SPECT[1] imaging in prostate cancer
- Global consortium of clinical sites and investigators with experience using ^{99m}Tc-iPSMA
- Geographic focus on developing markets or remote regions where access to PET imaging is limited[2]
- Isotope (^{99}Tc) supply chain well established and inexpensive
- Rapid expansion planned including APAC



Dr. Batool Albalooshi
Ambassador | UAE

Chair

Dr. Akintunde Orunmuyi
Nigeria

Dr. Ivan E. Diaz Meneses
Ambassador | Mexico

Dr. Mike Sathekge
South Africa

Dr. Yehia Omar
Ambassador | Egypt

Dr. Ryan Yudistiro
Indonesia

Peter Tually
Australia

1. Single photon emission computed tomography
2. Worldwide SPECT cameras outnumber PET by 4:1 (MEDraysintell 2020)

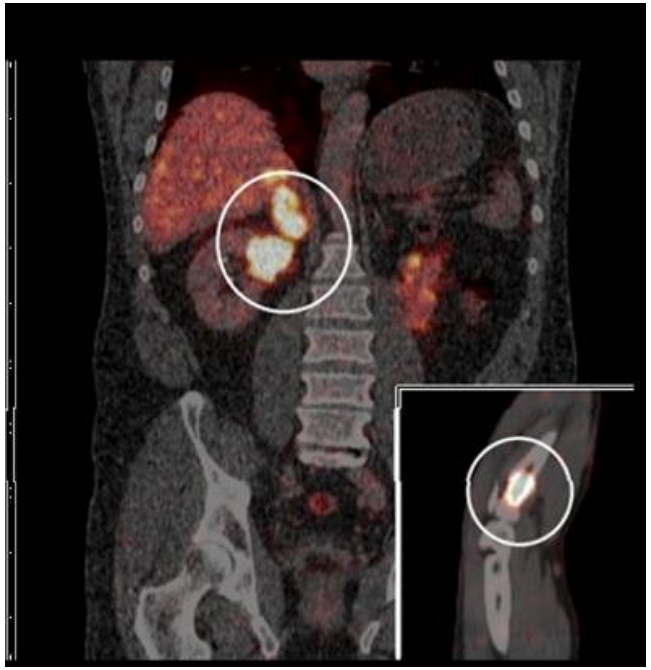
Kidney cancer program

A clinical leadership opportunity in diagnostics and therapy

Building a high-value diagnostics portfolio

"Breakthrough Therapy" designation, clinical leadership opportunity

- TLX250-CDx is an investigational product being developed for the imaging of clear cell renal cell carcinoma (ccRCC) with PET/CT
- Current options for patients are limited, potential for clinical leadership with a non-invasive imaging modality for ccRCC
- Being studied as an imaging agent assessing ability to determine if "indeterminate renal masses" are malignant through improved, whole of body imaging
- May aid decision making and avoids unnecessary surgical intervention
- Biologics License Application (BLA) consultation process to commence by end-year 2021
- Opportunity to follow prostate cancer imaging, with a second high-value product for the genitourinary (GU) oncology field



An example of PET/CT imaging showing the uptake of ^{89}Zr-girentuximab in a primary renal mass. The insert shows the identification of a metastatic lesion of the proximal radius, confirmed as ccRCC upon biopsy[1].

1. Hekman et al, European Urology (2018).

ZIRCON Phase III trial of TLX250-CDx for imaging of ccRCC

Study overview

ZIRCON

Eligible Patients

- Single indeterminate renal mass ≤7cm diameter on CT or MRI suspicious for ccRCC
- Scheduled for surgical removal as part of management plan

→ TLX250-CDx PET/CT scan →

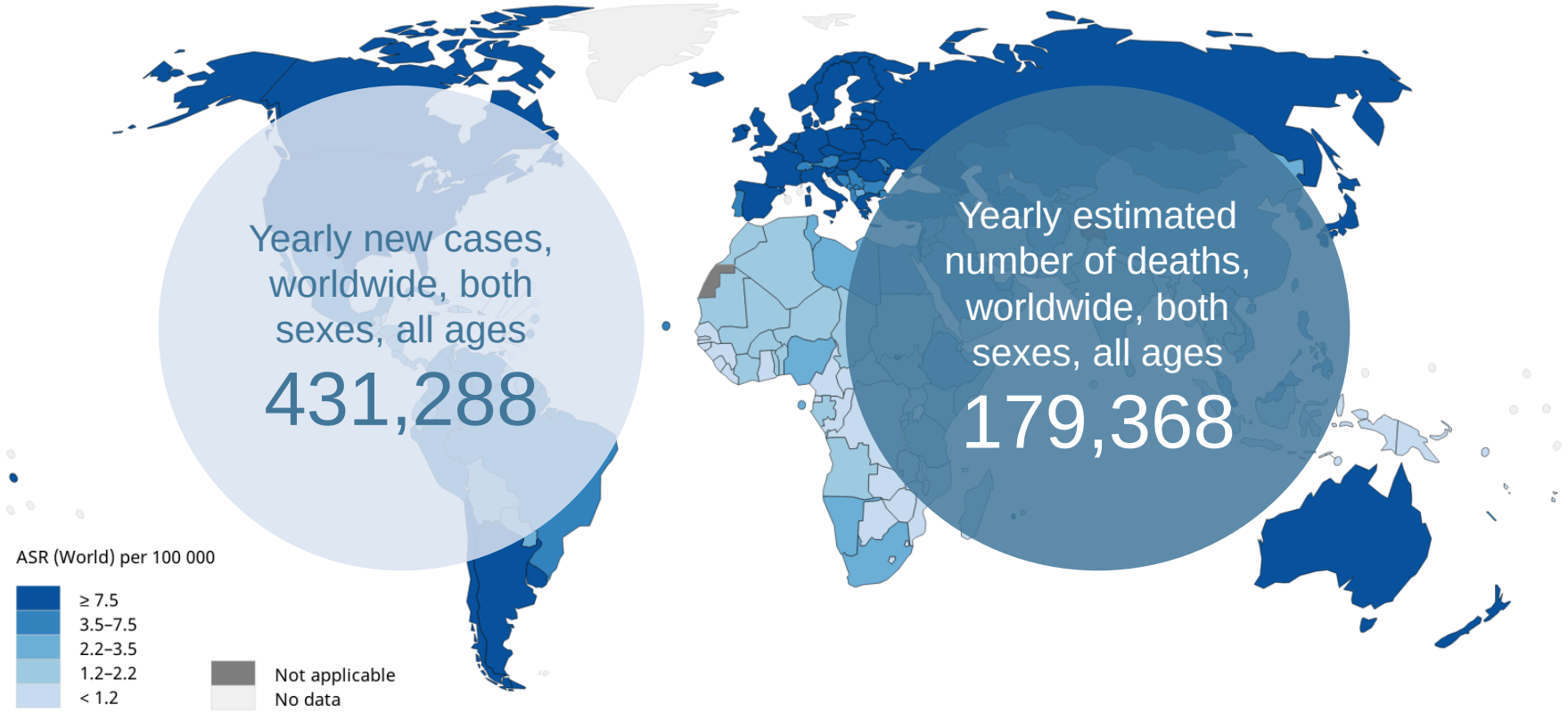
Surgical removal & histology as standard of truth

- International, multi-centre, Phase III trial in ~252 patients with an indeterminate renal mass suspicious of ccRCC
  - ✓ **Primary endpoint:** Sensitivity and specificity of PET/CT imaging with TLX250-CDx to non-invasively detect ccRCC in patients with indeterminate renal masses, using histology as standard of truth
- 34 sites participating
  - ✓ 75% recruited, progressing well towards completion
  - ✓ United States, Canada, Europe, Turkey, Australia
- ZIRDAC-JP Phase I/II bridging trial of TLX250-CDx in Japan
  - ✓ Phase I objectives met, Phase II in planning, potential to include Chinese patients to expand Asian utility

TLX250-CDx: Delivering an unmet need in kidney cancer imaging

- **Total addressable market value in US and Europe estimated at US$3-400M**
- **Potential for market leadership, given limited patient options**
- **Addresses a major unmet medical need**

Estimated age-standardized incidence rates (World) in 2020, kidney, both sexes, all ages



Data source: GLOBOCAN 2020
Graph production: IARC (http://gco.iarc.fr/today)
World Health Organization

CA9[1] is an exciting target

New understanding leads to potential for applications beyond kidney cancer

- A transmembrane protein and a tumor-associated carbonic anhydrase isoenzyme
- Over-expressed in mutated ccRCC and many hypoxic solid tumors, with low expression in most normal tissue
- High expression includes cervix, esophagus, lung, breast, colon, brain, and vulval cancers
- Imaging is being used to “indication scout” for future therapy applications

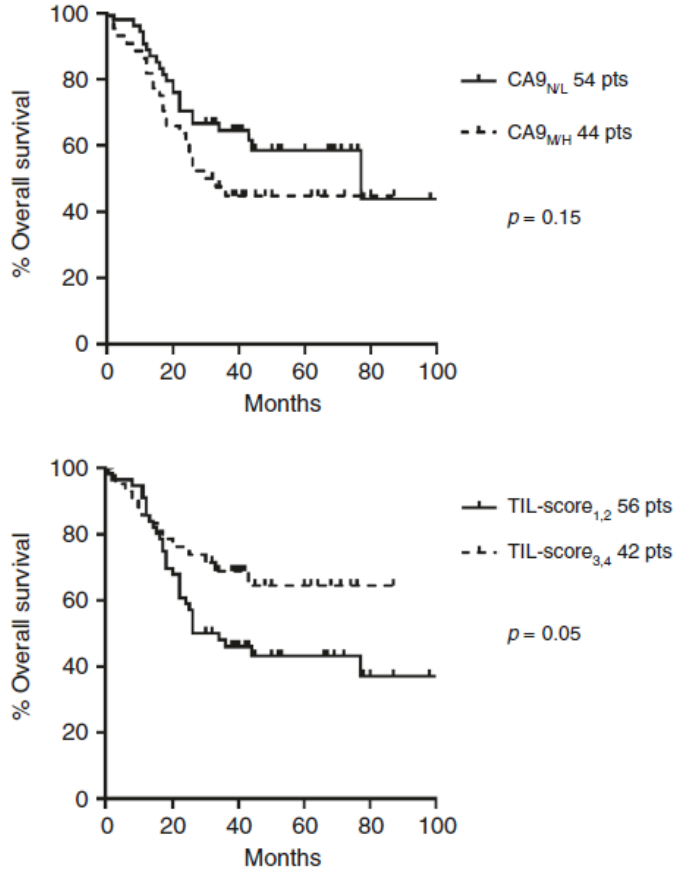
Potential Indication		Status
	Bladder or Urothelial Cancer	Commenced
	Triple Negative Breast Cancer	Commenced
	Lung Cancer	In planning
	Ovarian Cancer	In planning
	Colorectal Cancer	In planning
	Head and Neck Cancer	In planning
	Pancreatic Cancer	In planning

1. Carbonic Anhydrase IX (CAIX / CA9)

STARLITE 2 Phase II trial of TLX250 for Treatment of ccRCC

TLX250 in combination with immunotherapy

- Phase II trial of TLX250 plus nivolumab in with ccRCC who have progressed following prior immunotherapy
- Evaluates TLX250-delivered radiation as an immune system “primer”
  - ✓ Targets carbonic anhydrase IX (CA9)[1] – a protein highly expressed in patients that are likely to demonstrate a more limited response to cancer immunotherapy
- Primary endpoint
  - ✓ To determine the safety and efficacy of combination therapy with 177Lu-girentuximab (TLX250) as assessed by the number of tumours responding to the Telix therapy versus the current standard of care alone
- FDA Investigational New Drug Application (IND) accepted for STARLITE 2 study, being undertaken at Memorial Sloan Kettering Cancer Centre
- Additional Phase II study – STARLITE 1 - (first-line combination study) to be initiated at a second US site (submission in progress)



CA9 expression is correlated with the presence of tumour-infiltrating lymphocytes, which may confer resistance to immunotherapy.

1. Giatromanolaki et al. *British Journal of Cancer*. 2020.

Prostate cancer therapy

Our vision for prostate cancer

ProstACT program overview

Multiple opportunities to deliver insights into TLX591

Radiogenomics study
- ~50 patients
- First line mCRPC
- Rapid recruitment

Treat the scan
Correlation between imaging and therapy to optimise patient selection

Combination with EBRT in oligometastatic early recurrence (Phase II)
- ~50 patients
- Co-funded by GenesisCare

Early data in front line care
Efficacy data in patients in their first recurrence

Pivotal Phase III study in patients with mCRPC progressing on 1st line novel androgen agents
- 390 patients
- Second line mCRPC

TLX591 + Standard of Care (SoC) vs. SoC alone

SELECT – radiogenomics study enhances patient selection and supports indication expansion based on a “theranostic” approach

TARGET – in partnership with GenesisCare, evaluates TLX591 in a front-line setting

GLOBAL (Ph III) – Multiple data read-outs throughout the ProstACT program duration

ProstACT GLOBAL Ph III trial of TLX591 for the treatment of mCRPC[2]

Study overview

PROSTACT

Eligible Patients

- PSMA avid (defined by TLX591-CDx)
- mCRPC
- Progressed despite prior therapy with NAAD

TLX591 + Standard of care therapy

V

Standard of care therapy alone

- International, multi-centre, Phase III RCT in ~390 patients with PSMA-expressing metastatic prostate cancer (mCRPC), experiencing disease progression following prior treatment with an anti-androgen drug (NAAD[1])
- **Primary endpoint:** radiographic progression-free survival
- **Secondary endpoints include:** overall survival, quality of life, safety
- 2:1 randomisation and enrichment of study population, patient selection with TLX591-CDx
- ProstACT has been initiated in Australia and will add EU, US and potentially Chinese sites over the next six months, subject to satisfying the requisite regulator approvals

1. Novel androgen axis drug

TLX591 differentiation
Antibody vs small molecule

Efficacy	Significantly improved overall survival in a comparable end-stage patient population 40+ months vs. 15.3 months[1,2]
Patient comfort	Reduced potential for undesirable side-effects; dry eye, xerostomia (salivary gland ablation), back pain (ganglia irradiation)
Patient-centric regimen	Short treatment duration/significantly fewer hospital visits – two weeks total vs. 36 weeks, supports close supervision by medical oncology
Cost effective	Reduced ^{177}Lu isotope requirement via more targeted dosing/less waste COGS ~1/5 of competition, expected to also be available in “cold kit” format[3]

1. Tagawa et al, Cancer 2019.
2. Cross-trial comparison, randomised controlled trial (RCT) required for verification.
3. Modelled from publicly available information.

TLX591 patient experience

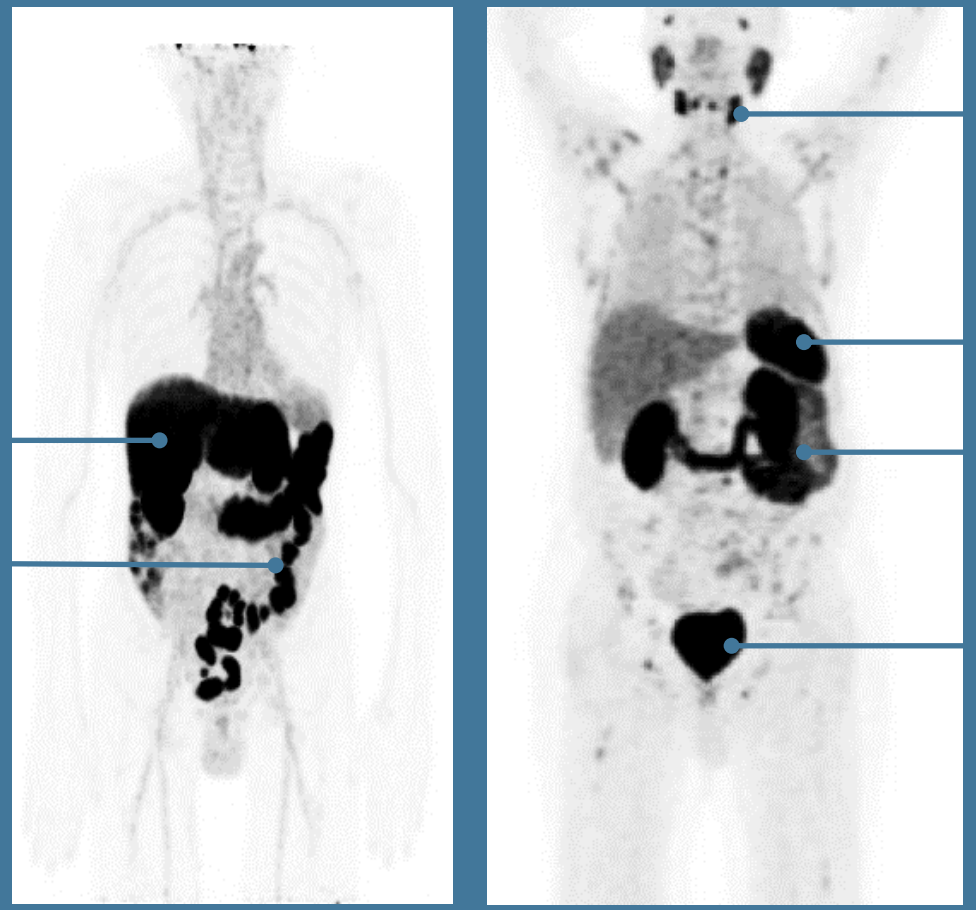
Off-target irradiation – quality of life matters

TLX591

Antibodies are functionally specific for tumour-expressed PSMA and do not “hit” most endogenous PSMA expression

Liver (preferred clearance organ)

Fecal excretion



Lacrimal, Parotid, Submandibular (salivary) glands

Spleen, Liver

Kidneys, Small bowel

Bladder (urinary excretion)

Small molecule

Small molecule radioligands taken up by endogenous PSMA

Additional off-target effects with small molecule radioligands (not experienced with TLX591):

- Dry eye
- Xerostomia
- Back pain from ganglia irradiation

Data courtesy of Prof. Neil Bander, WCMC.

Our long-term vision for prostate cancer

Improving access, imaging and treatment options for patients

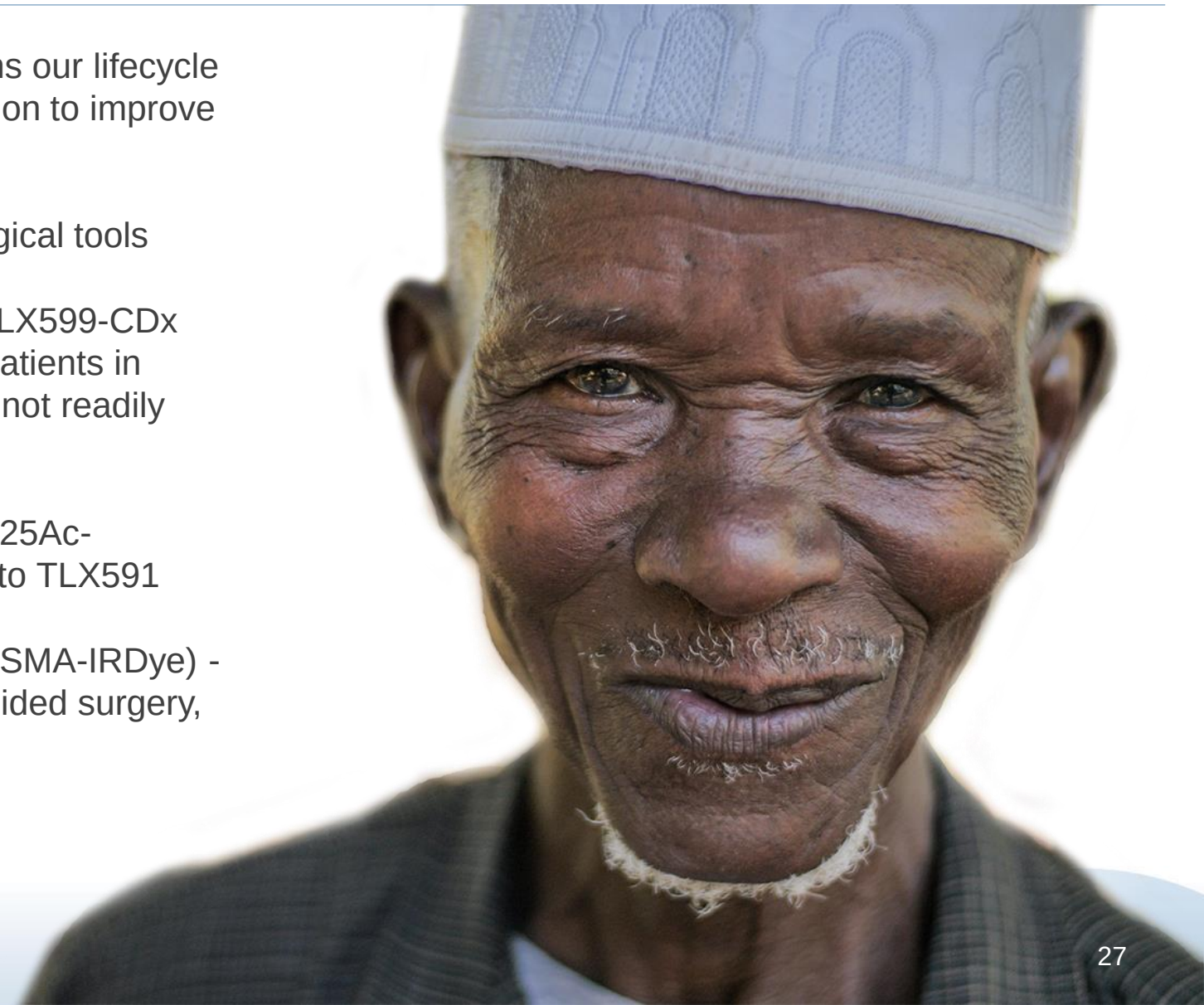
- Further development of the PSMA target underpins our lifecycle management strategy for prostate cancer and vision to improve patient outcomes

- PSMA pipeline includes imaging, therapy and surgical tools

  - **NOBLE Registry (PSMA-SPECT tracer):** TLX599-CDx (^{99m}Tc-iPSMA) – PSMA imaging access for patients in developing and remote areas, where PET is not readily available

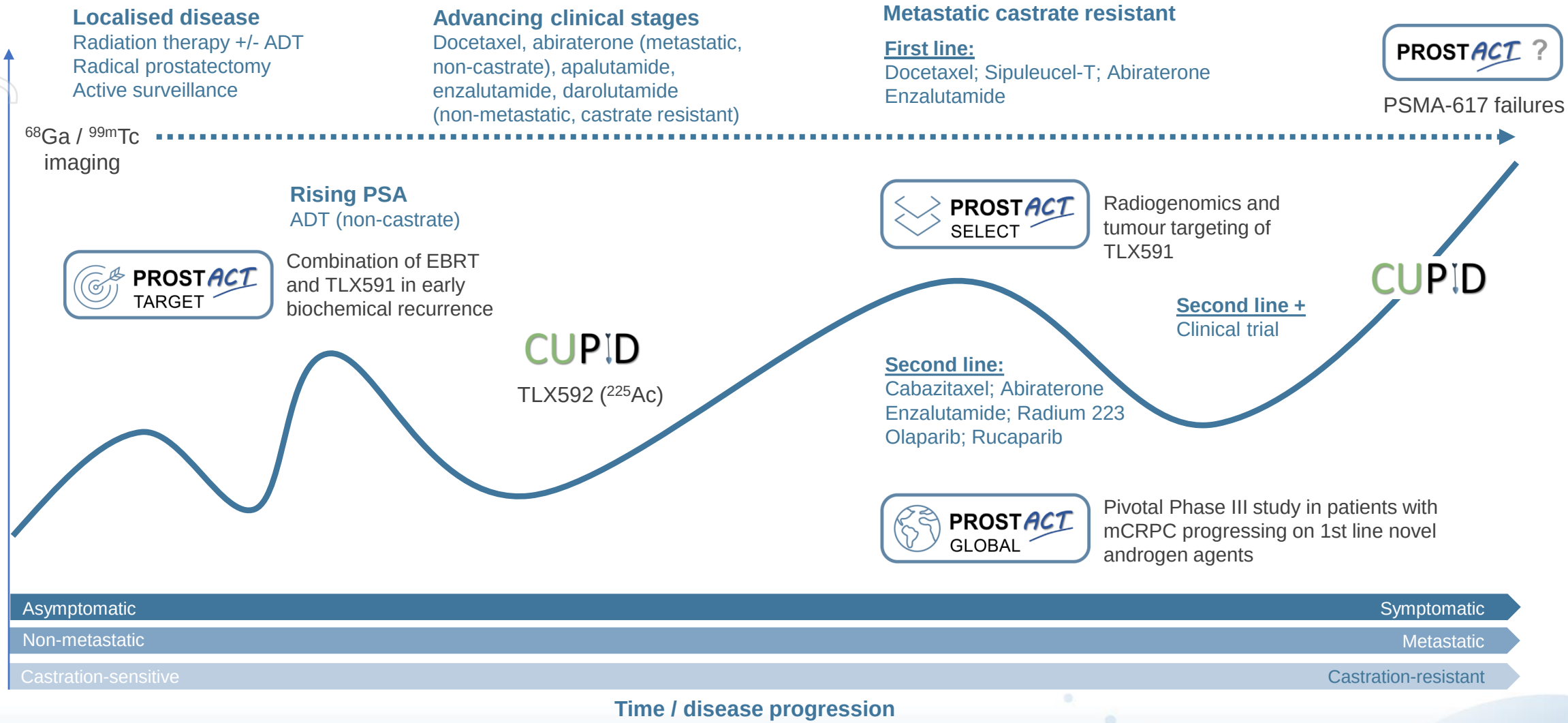
  - **Next-generation alpha therapy:** TLX592 (225Ac-RADmAb®) – high potency, complementary to TLX591

  - **Image guided surgery:** TLX591-Sx (^{68}Ga-PSMA-IRDye) - dual-labelled PET-optical tracer for image guided surgery, enables real-time cancer detection[1]



1. Imaging and Robotics in Surgery Alliance with Mauna Kea Technologies.

Our clinical mission: Support the patient every step of the way

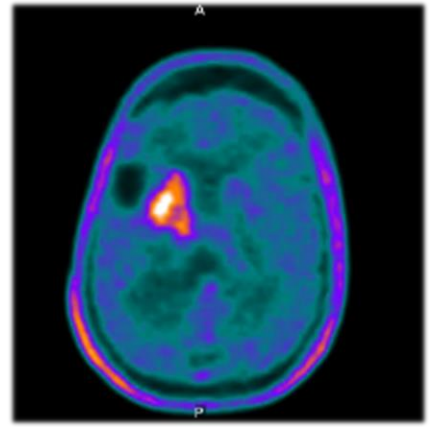


Rare diseases program
High potential, high impact

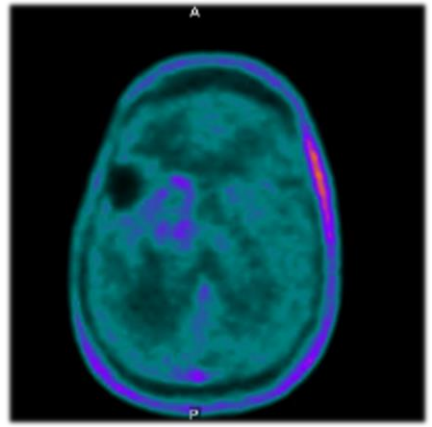
IPAX-I Phase I/II trial of TLX101 for the treatment of GBM[1]

TLX101 in combination with EBRT[2]

- Multi-centre Phase I/II trial of TLX101 in combination with EBRT in patients with recurrent GBM
  - ✓ **Primary endpoint:** Safety and tolerability
  - ✓ **Secondary endpoints include:** MTD[3], efficacy, dosimetry
- First-peer review data presented at Congress of Neurological Surgeons (CNS) Annual Meeting in October 2021
  - ✓ All patients evaluated received similar total activity dose of ~2GBq (2000 MBq) of TLX101, either in a single administration or a triple-fractionated regime.
  - ✓ Treatment well tolerated, typically grade 1 – 2 adverse events
  - ✓ Evidence of anti-tumour effect from both imaging and clinical assessment
  - ✓ Overall survival (OS) on this interim analysis shows median 15.97 months to date, with three patients exhibiting stable disease at day 135 and two with stable disease at day 180
  - ✓ 6/ 10 patients still alive and will be followed until 1 year after dosing for the final OS calculation (May 2022).



Baseline PET scan



Day 45 PET scan post TLX101 therapy

1. Glioblastoma Multiforme.
2. External beam radiation therapy.
3. Maximum tolerated dose.

Follow on study IPAX-2 in planning

Evaluating the potential of TLX101 in newly-diagnosed patients

- Initial dose finding study TLX101 plus standard of care (SOC) in patients with newly diagnosed glioblastoma, after surgery
- Evaluates the potential for “DNA damage” from targeted radiation using TLX101 to enhance SOC chemotherapy for newly diagnosed glioma
- Study objectives expected to include:
  - ✓ Maximum tolerated dose
  - ✓ Safety and tolerability in combination with the Stupp regimen (SOC)
  - ✓ 12 months overall survival
  - ✓ Progression free survival at a range of treatment intervals
- Single-arm, multi-centre trial, expected to enrol 12-15 patients
- Patients to be treated and monitored for up to 64 weeks
- Study protocol in final stages of design, IND / ethics approval submissions expected in late 2021 / early 2022

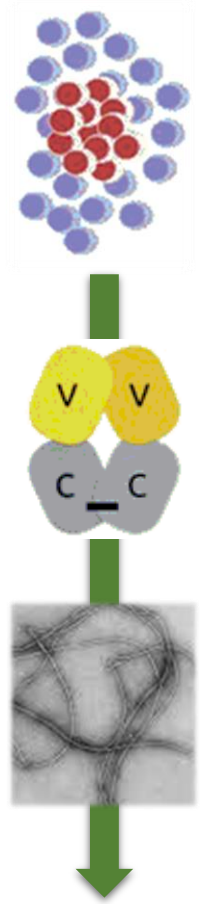
New hope in a rare disease

Progressing development of TLX66 in bone marrow conditioning

- SALA[1] is a rare disease with a poor prognosis (median survival ~11 months if untreated)
- Plasma cells in the bone marrow produce abnormal protein called ‘amyloid’ which accumulates in the organs and causes them to fail
- Prevalence of ~30,000 to 45,000 (US + EU combined) patients, ~US$600M TAM[3] in US and ‘EU5’
- Current standard of care comprises induction therapy (cyclophosphamide, bortezomib, dexamethasone) plus high dose melphalan BMC[4], followed by HSCT[5, 6]
- A novel monoclonal antibody, daratumumab has potential as an initial therapy for patients but is not curative or suitable for all patient populations.
- **TRALA study:** Phase I trial of ^{90}Y-besilesomab (TLX66) in SALA

✓ **Primary endpoint:** Safety and toxicity of ^{90}Y-besilesomab as the sole BMC regimen for autologous HSCT in patients with SALA

✓ Study complete, preliminary data (9 pts) demonstrated 100% engraftment and high PR/CR rate (5/2) survival data. Regulator consultation in progress for next phase of development

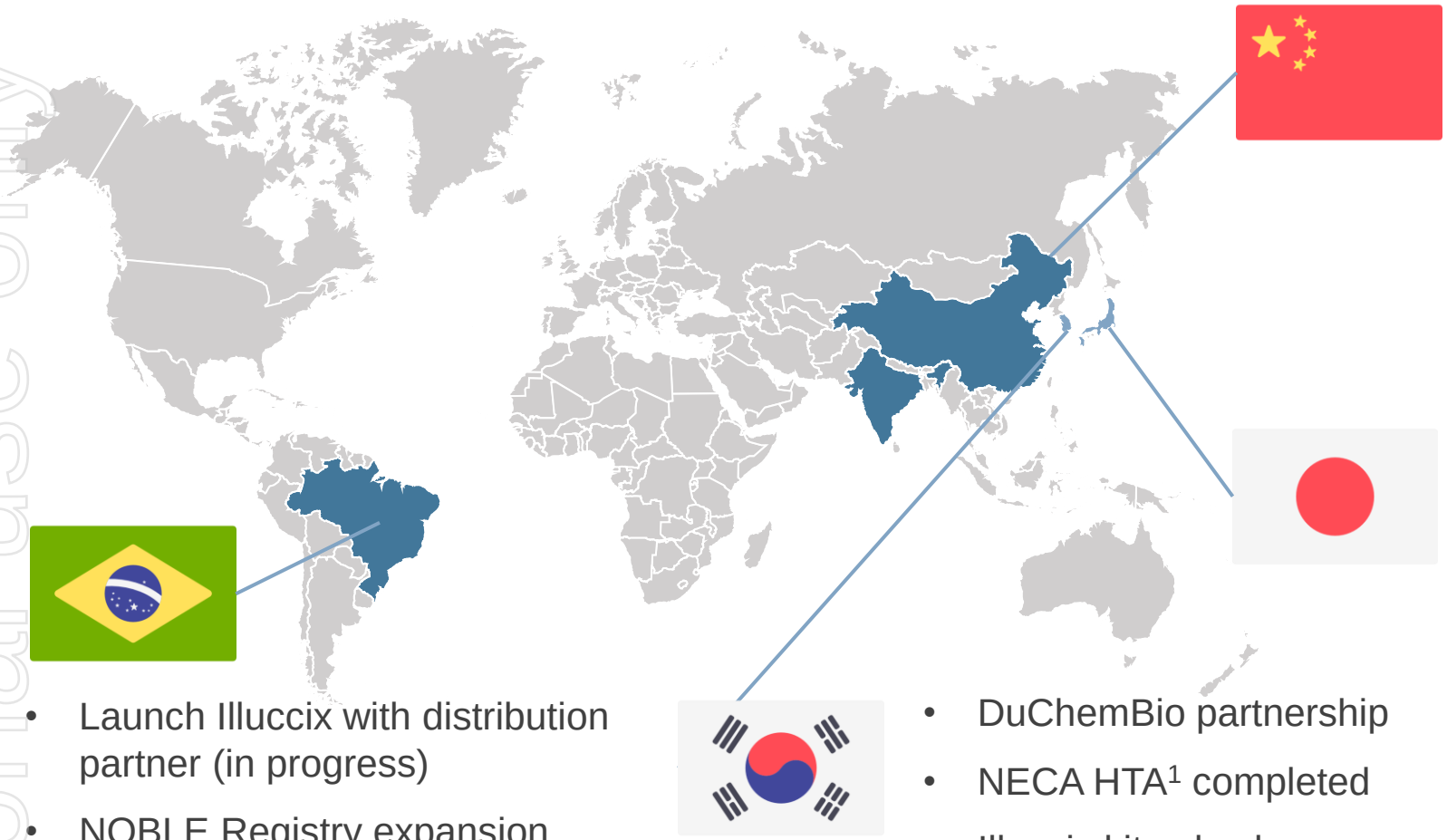


1. Systemic amyloid light chain amyloidosis.
2. https://www.clinicaltrialsregister.eu/ctr-search/trial/2015-002231-18/GB
3. Total addressable market.
4. Bone marrow conditioning.
5. Hematopoietic stem cell transplant.
6. Venner C, et al. *Blood.* (2012) 119 (19): 4387–4390.

Future value creation
Focus on innovation and growth markets

Near-term growth opportunities

Expansion into new geographic markets



- China Grand Pharma partnership
- NMPA consultations have commenced (Mainland China)
- Regulatory filings for Illuccix Q1 2022 (Taiwan, Hong Kong)

- Largest Asia Pacific market opportunity
- Key bridging clinical trials have been successfully completed (TLX591-CDx & TLX250-CDx)

- Launch Illuccix with distribution partner (in progress)
- NOBLE Registry expansion

- DuChemBio partnership
- NECA HTA[1] completed
- Illuccix kit sales have commenced, pursuing reimbursement

1. National Evidence-based Healthcare Collaborating Agency. Health Technology Assessment.

Buildout of the Brussels (Seneffe) manufacturing facility

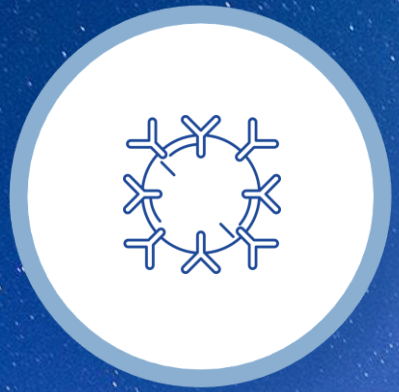
Vertical integration in Europe

- Seneffe will serve as the primary EU manufacturing site for Telix's products
  - ✓ Will also be used manufacture 131I-based products for export (i.e. TLX101) using Belgian-sourced isotopes (Belgium is a major global supplier)
  - ✓ One of the deepest isotope production licences in Europe
  - ✓ Provides certainty / control over supply chain
- Seneffe will be an integral part of Telix's EU R&D capability
- Allows us to capture the IP that is intrinsic in manufacturing scale-up of this class of drugs
  - ✓ Buildout has commenced
  - ✓ First cyclotron removed October 2021, second scheduled for November 2021
  - ✓ Removed in one piece, with the aim to recycle as much material as possible
- Build of two new cyclotrons to commence in early 2022

Future research and innovation focus

Targeted alpha therapy

"Next Generation" therapeutics with alpha-emitting radioisotopes



MTR + immuno-oncology

MTR sets the “groundwork” for cancer immuno-therapy in combination

Tumour microenvironment

Combining MTR with standard of care treatments for improved efficacy with biomarker-driven patient selection

Artificial intelligence (AI)

Tools to maximise clinical insigh ts gained from imaging, link to therapeutic outcomes

Radio-guided surgery

Bringing molecular imaging into the operating room (OR)

Near-Term Catalysts

Calendar Q4 2021

- Illuccix EU “clock stop” for final review (end-Nov)
- Illuccix US FDA decision (PDUFA goal date 23 Dec 2021)
- Distributors finalised for EU product launch
- First ProstACT patients
- STARLITE 1/2 trials active (FDA IND approval) and recruiting

Calendar Q1 2022

- Illuccix EU marketing authorisation decision
- HCPCS reimbursement submission for Illuccix in the US (Jan)
- ZIRCON trial enrolment completed
- IPAX-2 study launched (glioblastoma)
- US, AU Illuccix product launch