RADIOPHARM THERANOSTICS

NASDAQ: RADX / ASX: RAD

A Multi-Asset, First-in-Class Radiopharmaceutical Platform

Protein-engineered radiotherapies targeting validated oncology pathways

COMPANY PRESENTATION

June 2026

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INVESTMENT HIGHLIGHTS

BUILDING ONE OF THE MOST DIFFERENTIATED RADIOPHARMA PIPELINES

Four clinical-stage RADIOTHERAPEUTICS

across PDL1; HER2; B7H3; KLK3

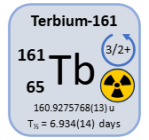
First in class targets
with validated biology

Protein-engineered MOLECULES

Designed for superior
biodistribution

Clinically proven β emitter ISOTOPES

Very solid supply chain



Capital Efficient Business Model

Distributed Development

Best-in-class Global Partners

Positioned for M&A and Partnering

in an active radiopharma
consolidation cycle

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MULTIPLE SHOTS ON GOAL WITH ASYMMETRIC UPSIDE ACROSS THE PORTFOLIO

RADIOPHARMA IS ENTERING ITS SECOND WAVE

The first wave proved radiopharma works — the second wave will be won by better delivery and new targets

FIRST WAVE (validated by Novartis)	LIMITATIONS
Lutathera & Pluvicto established radiopharma as effective therapy Significant commercial success	Kidney toxicity limits dose escalation (peptide renal clearance) Off-targets effects Limited Target Expansion (PSMA-centric)

NEXT WAVE REQUIREMENTS
New targets beyond PSMA, SSTR2 Improved biodistribution and tumor delivery Scalable multi-asset platform

RADIOPHARM THERANOSTICS IS BUILT TO ADDRESS THESE LIMITATIONS THROUGH PROTEIN-ENGINEERED RADIOTHERAPEUTICS

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RADIOPHARMA CONSOLIDATION CREATES A CLEAR EXIT PATHWAY

Large pharma actively acquiring radiopharma pipelines to expand beyond first-wave assets

	OBJECTIVE	TARGET COMPANY	EXAMPLES	
FIRST WAVE	INFRASTRUCTURE BUILD-OUT	**VERTICALLY INTEGRATED COMPANIES** Manufacturing (CDMO capabilities) Supply chain Distribution platforms	Novartis BMS AZN Lilly	AAA RayzeBio Fusion Point
SECOND WAVE	PIPELINE EXPANSION	**PIPELINE COMPANIES** New targets New modalities Differentiated assets	Novartis BMS E.Lilly	Mariana Oncology (B7H3) Philochen (ACP3) Radionetics (GCPR)

RADIOPHARM THERANOSTICS IS POSITIONED AS A PIPELINE COMPANY ALIGNED WITH CURRENT M&A DEMAND

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OUR CORE PLATFORM: PROTEIN-ENGINEERED RADIOTHERAPEUTICS

Designed to optimize tumor delivery and therapeutic index

NANOBODY PLATFORM

Small size → enhanced tumor penetration

Rapid clearance → reduced background exposure

Engineering flexibility → optimized biodistribution

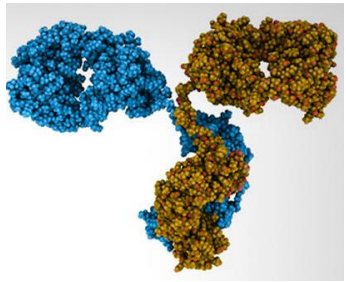
Proprietary Platform	
PDL1	**CLINICAL**
HER2	**CLINICAL**
PTK7	Preclinical
MD Anderson Cancer Center Target #1	Preclinical
MD Anderson Cancer Center Target #2	Preclinical

mAb PLATFORM

Liver excretion → minimal kidney accumulation

Sustained tumor uptake

Fc engineering → controlled clearance and reduced



MAb platform	
B7H3 Dual modification at FcRn & FcγR	**CLINICAL**
KLK3	**CLINICAL**

A PLATFORM APPROACH ENABLING MULTIPLE FIRST-IN-CLASS ASSETS WITH IMPROVED THERAPEUTIC INDEX

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LEADERSHIP WITH PROVEN RADIOPHARMA TRACK RECORD

Riccardo Canevari
CEO

Former Chief Commercial Officer at AAA, Novartis

Dr. Dimitris Voliotis
CMO

Former Global Head Clinical Development at Eisai and Bayer

EXPERIENCED CLINICAL AND REGULATORY TEAM

Clinical development	Regulatory
CMC	Radiochemistry
Quality	Preclinical

CAPITAL EFFICIENT OPERATING MODEL

~17 FTEs globally

Asset-focused structure

Outsourced execution via best-in-class partners

CAPITAL DEPLOYED DIRECTLY INTO CLINICAL PROGRAMS

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Therapeutic Pipeline – 4 clinical-stage assets in high-value oncology targets

		PROGRAM	TARGET	INDICATION	ISOTOPE	PRECLINICAL	PHASE I	PHASE II	NOTES
		LEAD PROGRAM ★							
THERAPEUTIC TRIALS	Nanobody Platform	RAD204	PD-L1	PD-L1+ solid tumors	Lu177				**FIRST IN CLASS RADIOTHERAPY** Phase I in 4 AUS centers, NCT06305962 Recruiting Dose Level #3 at 90mCi
		ADDITIONAL CLINICAL PROGRAMS							
	Nanobody Platform	RAD202	HER2	HER2+ solid tumors	Lu177				**LARGE AND EXPANDING POPULATION** Phase I in 5 AUS centers NCT06824155 Recruiting Dose Level #3 at 130mCi
	mAb platform	RAD 402	KLK3	Advanced prostate cancer (>90% express KLK3)	Tb161				**NEXT-GEN PROSTATE BEYOND PSMA** Phase I in 6 AUS centers NCT07259213 Recruiting Dose Level #1 at 30mCi
	mAb platform	RV01	B7-H3	B7-H3+ solid tumors	Lu177				**PAN-TUMOR TARGET** Phase I in 5 US centers NCT07189871 Recruiting Dose Level #1 at 35mCi

2026 KEY CATALYSTS

PHASE I DOSE ESCALATION COMPLETION IN Q4

EACH PROGRAM REPRESENTS AN INDEPENDENT OPPORTUNITY
FOR CLINICAL AND COMMERCIAL SUCCESS

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RAD204 - First-in-class PD-L1 targeted radiotherapy

Radiation delivered directly to PD-L1 expressing tumors

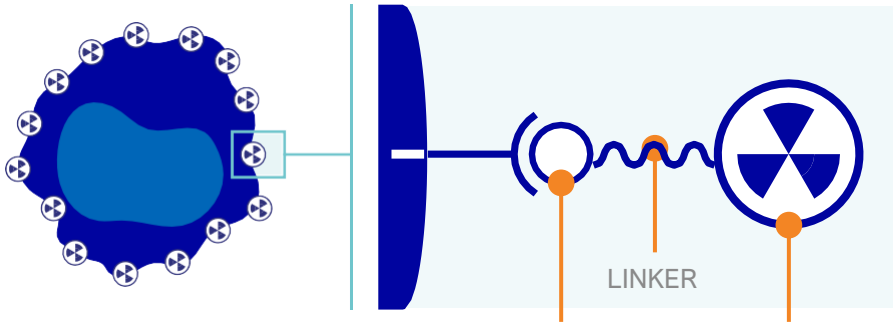
Validated Immuno-Oncology Target

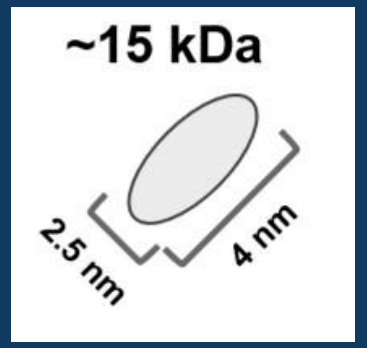
Potential positioning:

- Post-IO NSCLC
- Multiple Solid Tumors

EXPANDS A PROVEN IO TARGET INTO A NEW THERAPEUTIC MODALITY

EXTENDING PD-L1 TARGETING BEYOND CURRENT MODALITIES





Anti-PD-L1 Nanobody

- High-affinity single-domain monoclonal antibody
- Targeting a different epitope vs Atezolizumab

CHECKPOINT INHIBITORS

- Established efficacy
- Limited by resistance

ADCs

- Emerging
- Limited by systemic toxicity

RADIOTHERAPY ADVANTAGE

- Direct tumor cell killing
- Localized radiation delivery
- Potential synergy with IO

SUCCESS BAR (POST-IO NSCLC)

- ORR ~28-33 %
- mPFS ~4-6 months

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RAD204: Phase I dose escalating trial

Dosing Cohort 3

TRIAL DESIGN

Primary Objectives

- Safety and tolerability of ^{177}Lu-RAD204
- Recommended ph2 dose of ^{177}Lu-RAD204

Study Design

BOIN design
Population: History of PD-L1 positive (≥1%) metastatic tumors

Phase 0 (Imaging with ^{177}Lu-RAD204)	Imaging dose	10 (0.37 GBq)	in every patient, to confirm IHC PDL1+ with SPECT Imaging	
Phase I (Treatment with ^{177}Lu-RAD204)	**DOSE LEVEL**	**mCi/GBq**	**STATUS**	RESULTS
	DL1	30 mCi (1.1. GBq)	Completed 3 pts	Tumor uptake; favorable safety profile
	DL2	60 mCi (2.2 GBq)	Completed 3 pts	
	DL3	90 mCi (3.3 GBq)	Recruiting	
	DL4	tbd		

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BOIN, Bayesian optimal interval; DL, dose level; GBq, gigabecquerel; mCi, millicurie; PD-L1, programmed death ligand-1; PK, pharmacokinetics; TBD, to be determined.

Clinical data Phase I

- First (30mCi) and Second Cohort (60mCi) completed; data from n=6 subjects released.
- Tumor uptake confirmed in all the treated subjects.
- The safety profile has been favorable, with few adverse events and no related SAEs observed.
- Currently recruiting Third Cohort (90mCi). Expected to be completed in Q3.

Cohort #	Patient	
3 90 mCi	#7	Enrolled
	#8	Enrolled
	#9	Screening

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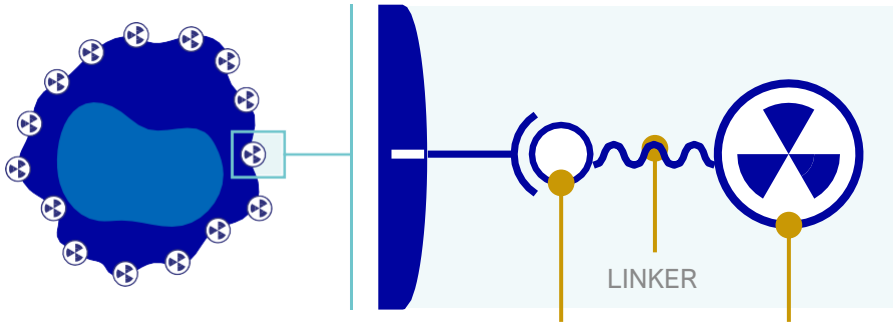
RAD202: HER2-TARGETED RADIOTHERAPY

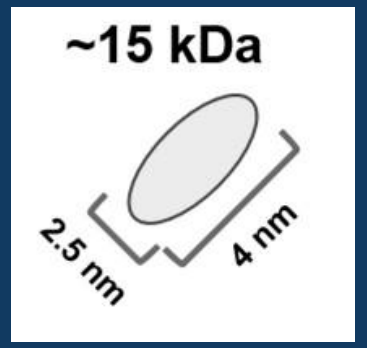
Bringing radiotherapy to one of the largest targetable oncology populations

HER2:	one of the most established oncology target
Not only HER2+	Expanding to HER2-low / very low populations
Potential positioning:	Post-Enhertu (trastuzumab deruxtecan)

VALIDATED BIOLOGY WITH POTENTIAL FOR BEST-IN-CLASS RADIOTHERAPEUTIC DELIVERY

EXTENDING HER2 TARGETING BEYOND CURRENT MODALITIES





Anti-HER2 Nanobody

- High-affinity single-domain antibody
- Targeting a different epitope vs Trastuzumab

CURRENT THERAPIES

Antibodies / ADCs (e.g., trastuzumab, Enhertu)

Limitations:

- *Resistance mechanisms*
- *Systemic toxicity*

RADIOTHERAPY ADVANTAGE

- *Direct cytotoxic radiation delivery*
- *Potential activity independent of resistance mechanisms*

SUCCESS BAR

- ORR ~30-33 %
- mPFS ~4-5 months

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HER2, human epidermal growth factor receptor 2; kDa, kilodalton; mAb, monoclonal antibody; nm, nanometer; Sd, single domain; .

PHASE I DOSE ESCALATION WITH FAVORABLE SAFETY PROFILE

First two cohorts completed with no DLTs

Dose escalation ongoing (up to 130 mci)

Early biodistribution confirms tumor targeting

Primary Objectives (Phase 1, Treatment):

- Safety and tolerability of ^{177}Lu-RAD202
- Recommended ph2 dose of ^{177}Lu-RAD202

Population:
Her2+ (IHC, ISH) a/m solid tumors

Phase 0 (Imaging with ^{177}Lu-RAD202)	Imaging dose	10 (0.37 GBq)	in every patient, to confirm IHC HER2+ with SPECT Imaging	
Phase I (Treatment with ^{177}Lu-RAD202)	**DOSE LEVEL**	**mCi/GBq**	**STATUS**	RESULTS
	DL1	30 mCi (1.1. GBq)	Completed 3 pts	Tumor uptake; favorable safety profile
	DL2	75 mCi (2.7 GBq)	Completed 3 pts	
	NEXT GEN FORMULATION INTRODUCED			
	DL3	130 mCi (4.8 GBq)	Recruiting	
	DL4	tbd		

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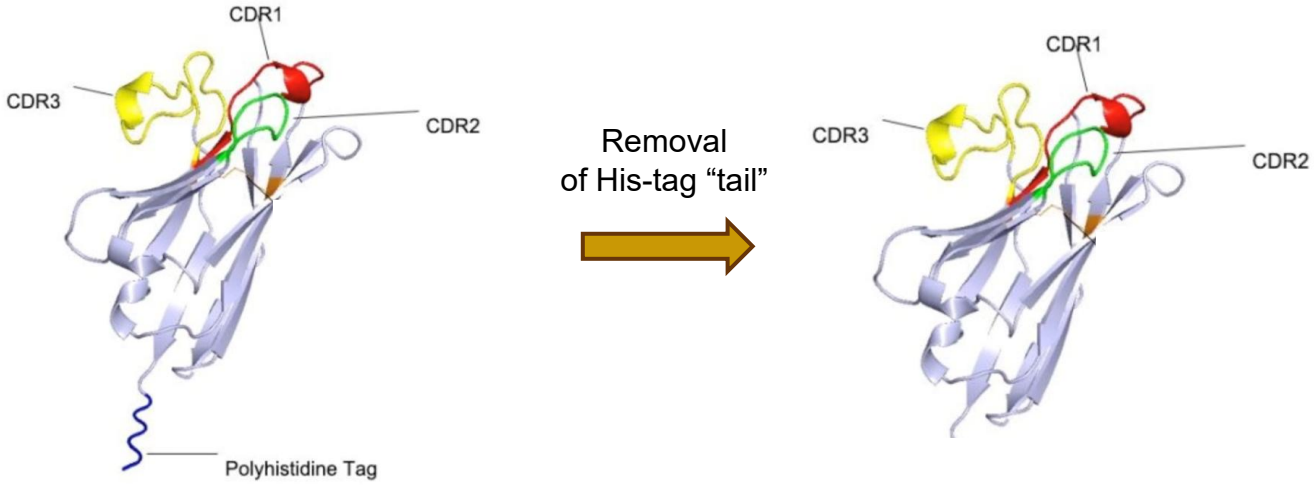
a/m, advanced or metastatic; DL, dose level; GBq, gigabecquerel; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization; Lu177, lutetium-177; mCi, millicurie; PK, pharmacokinetics; TBD, to be determined.

RAD202 NEXT GEN FORMULATION

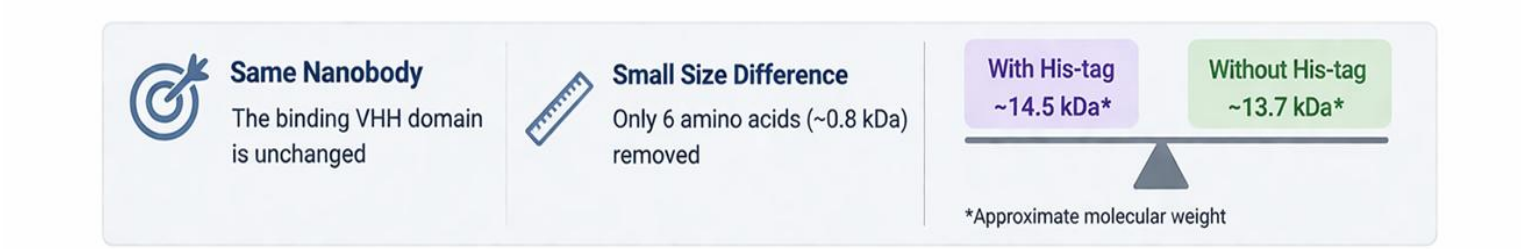
Second-generation molecule designed to improve therapeutic index



GOAL

- Improve tumor-to-kidney ratio
  (~50% kidney reduction shown in animal study)
- Maintain tumor affinity

Rapid iteration to improve tumor-to-kidney ratio and enable a higher effective dose



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TUMOR UPTAKE CONFIRMED ACROSS MULTIPLE COHORTS

Higher Tumor Uptake in Breast Cancer indication; ~linear increase from DL1 to DL2 in non-Breast tumors

		Absorbed Dose at C1 with 30 mCi (highest across different lesions)			Absorbed Dose at C1 with 75 mCi (highest across different lesions)			Absorbed Dose at C1 with 130 mCi (highest across different lesions)		
Tumor type	Cohort #1			Cohort #2			Cohort #3			
	Patient	Tumor (Gy) with PVC[1,2]	Kidney (Gy)	Patient	Tumor (Gy) with PVC[1,2]	Kidney (Gy)	Patient	Tumor (Gy) with PVC[1,2]	Kidney (Gy)
Breast	#1	3.6	4.4				#9	enrolled	
	#2	3.0	2.4				#10	screening	
Non-Breast	#3	1.2	2.1	#4	2.7	2.3	#8	enrolled	
				#5	2.4	4.2			
				#6	2.1	7.5			
				#7	3.4	4.4			

Next Gen formulation introduced in Patient #7

Cohort 3 is expected to be completed in Q3

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[1]Partial Volume Correction applied.
[2]Density of lesion: soft tissue = 1.0 g/mL. Bone = 1.3 g/mL
mCi = millicurie; Gy, gray;

RAD202 INVESTMENT CASE

- *HER2 is one of the largest and most validated oncology targets*
- *Radiotherapy introduces new mechanism of action*
- *Platform enables continued optimization and improvement*

Best-in-class potential in a large, expanding patient population

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Intellectual Property

Memorial Sloan Kettering Cancer Center

RAD 402: Next-generation prostate radiotherapy beyond PSMA

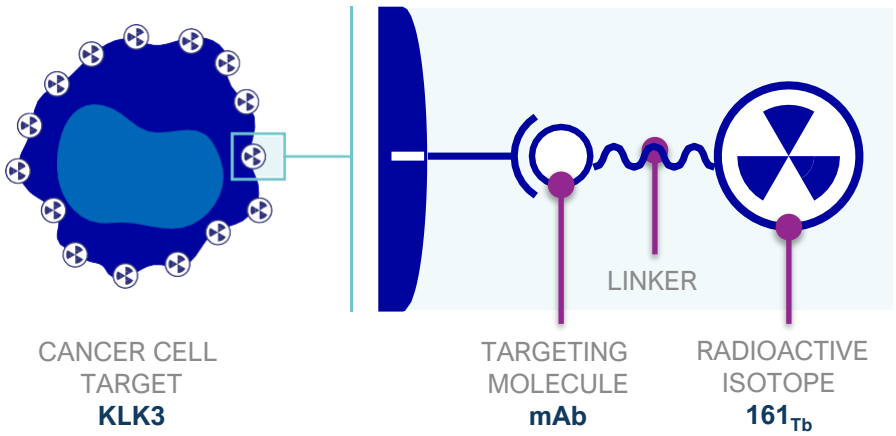
KLK3 (PSA) = highly specific prostate target

Alternative to PSMA-based therapies

Designed for
- Post-Pluvicto
- Potential earlier lines use

Differentiated target with potential to overcome PSMA limitations

RAD 402 first in class KLK3 targeting mAb



Potential for improved selectivity vs PSMA approaches

Highly differentiated approach in Prostate Cancer

- KLK3 = prostate-specific target (>90% expression)
- Internalizing mAb → efficient tumor delivery
- High binding affinity (~8-20pM)
- Tb161 dual emission (Beta+Auger)

Success Bar (Post Pluvicto settings)

- PSA50 ~28%
- rPFS ~3–4 months

Significant unmet need remains post-Pluvicto

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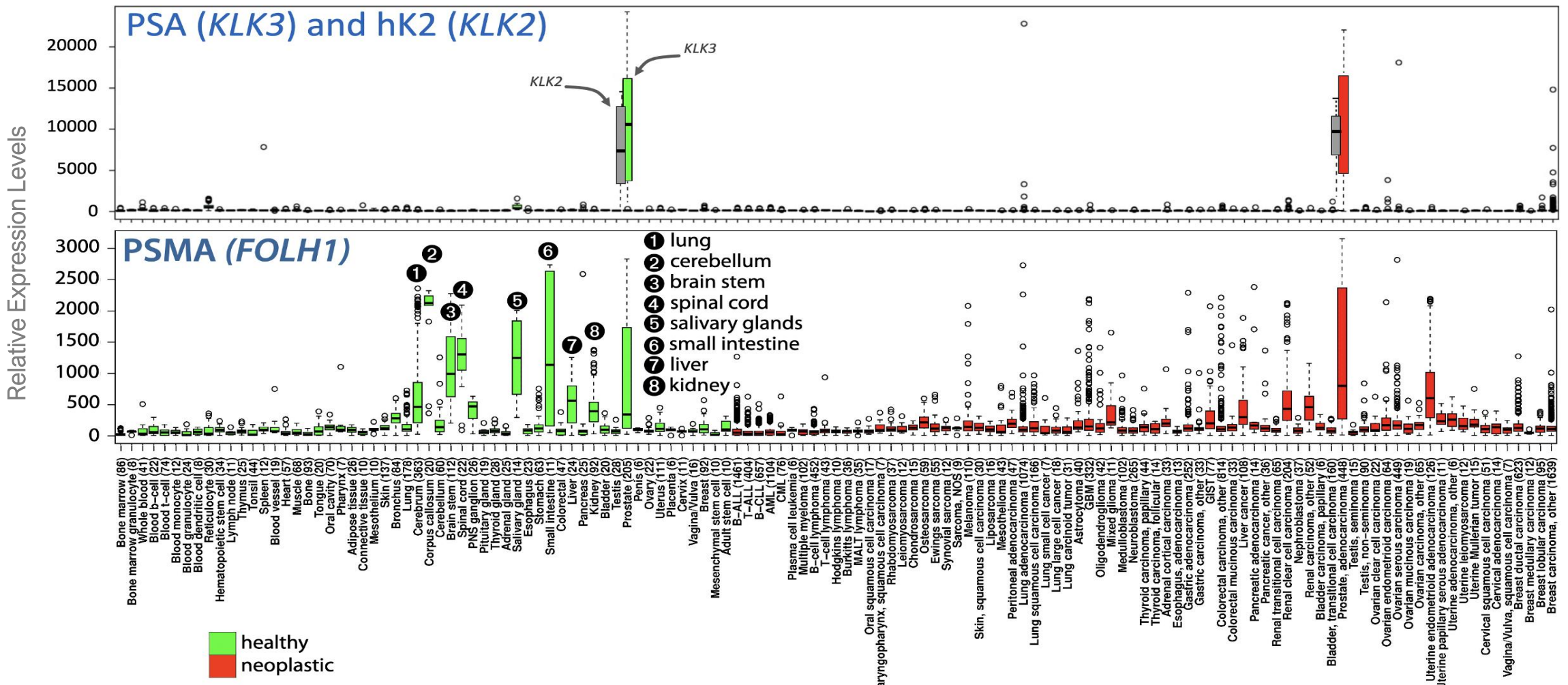
Addressing limitations of PSMA-based radiotherapy

KLK3 cleaner target and more selective for Prostate Cancer vs PSMA

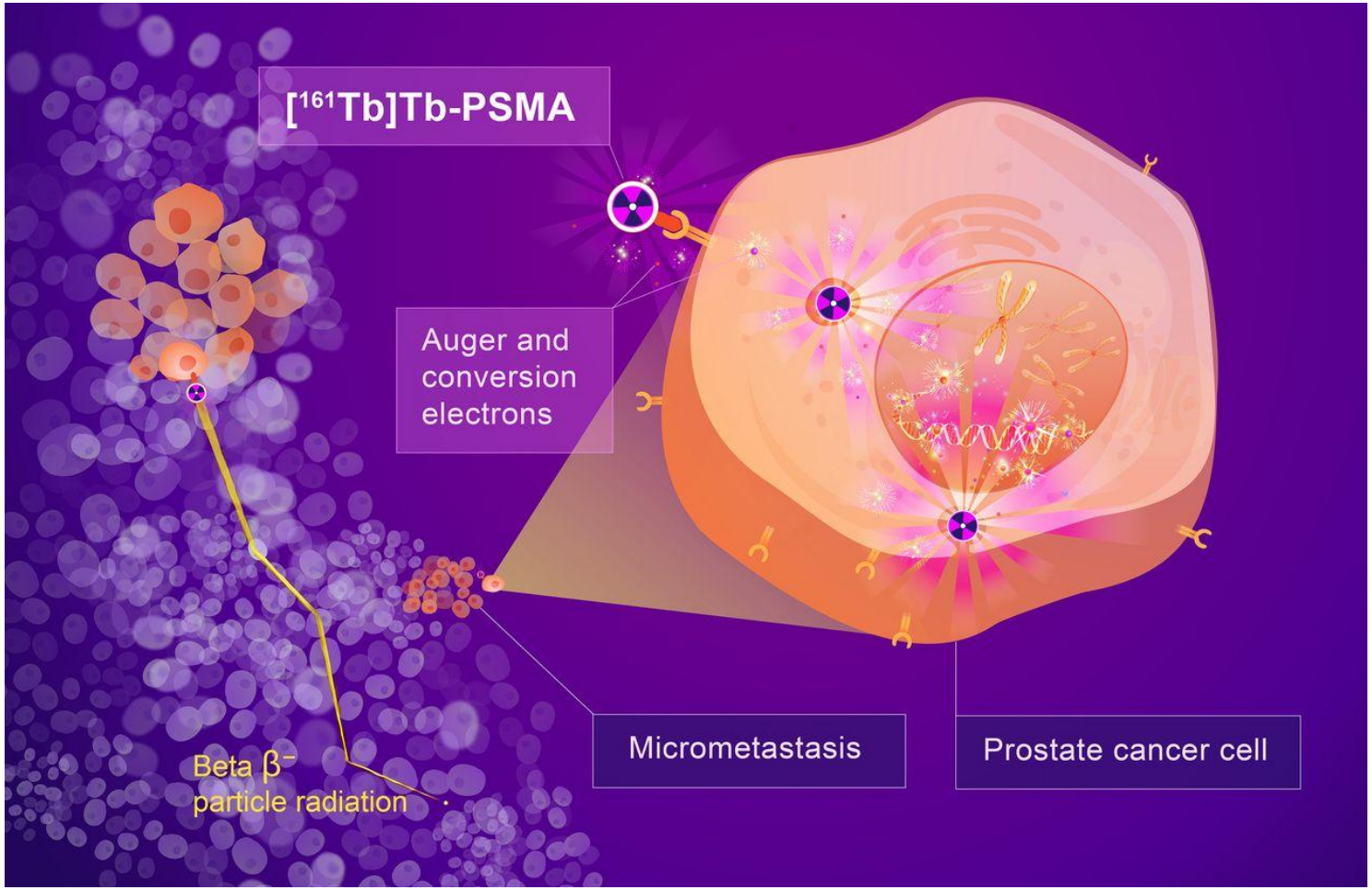


Tb161 — DIFFERENTIATED RADIOTHERAPEUTIC PROFILE

Dual emission radiotherapy

- Beta radiation → cross-fire effect
- Auger electrons → high local DNA damage
- Result:
  30% higher dose at same activity

Potential for improved efficacy vs standard beta emitters



(M Hofman et al, 2025)

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RAD402 CLINICAL STATUS

First-in-class Tb161 clinical program (Company Sponsored) – Phase I dose escalation underway

- **First Patient dose in March 2026**
- **Phase I Dose Escalation Underway**
- **Targeting Advanced Prostate Cancer**

	Dose Level	Dose	Status	Results
Phase I (Treatment with ^{177}Lu-RV01)	**DL1**	30 mCi (1.1 GBq)	Recruiting	
	DL2	tbd		

Primary Objectives (Phase 1, Treatment):

- Safety and tolerability of ^{161}Tb-RAD 402
- Recommended ph2 dose of ^{161}Tb-RAD 402

Population:
All comers, with advanced/metastatic prostate cancer

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RAD 402 INVESTMENT CASE

KLK3 + Tb161 = next-generation prostate radiotherapy beyond PSMA limitations

KLK3 specificity → highly selective target

Tb161 → dual radiation mechanism

Large prostate cancer market

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Intellectual Property

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

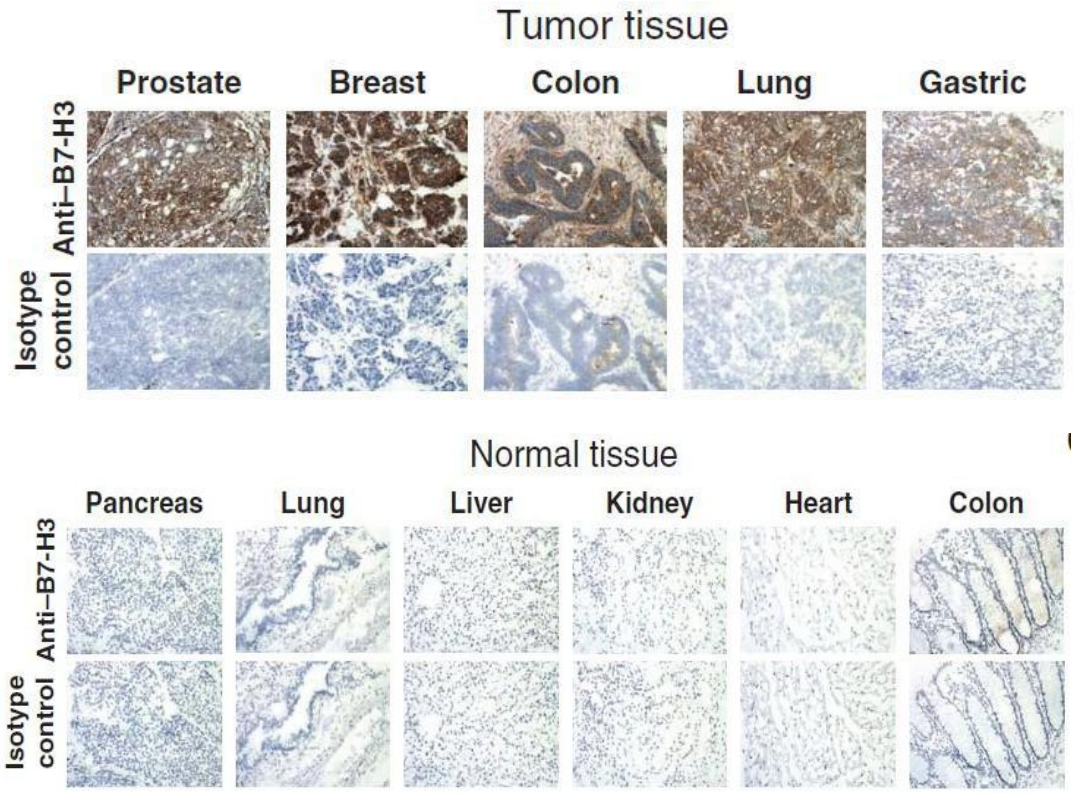
RV01: B7H3-targeted radiotherapy with pan-tumor potential

- B7H3 is one of the most pursued next-generation oncology targets
- Broad applicability
  NSCLC, prostate, breast, colorectal, ovarian, sarcoma
- Pan-tumor opportunity with scalable development pathway

Positions RAD in a high-interest, rapidly evolving target space

Large, underexploited target with broad expression

High tumor expression, limited normal tissue expression
Increasing interest from multiple companies



High B7-H3 Expression Levels in Solid Tumors

Potential Indications	B7-H3 Positive*		2+ or Above	
Head and Neck Cancer	19/19	100%	19/19	100%
Kidney Cancer	77/78	99%	75/78	96%
Glioblastoma	65/66	98%	63/66	95%
Thyroid Cancer	34/35	97%	33/35	94%
Mesothelioma	41/44	93%	39/44	89%
Melanoma	132/146	90%	94/146	64%
Prostate Cancer	88/99	89%	51/99	52%
Pancreas Cancer	69/78	88%	45/78	58%
Bladder Cancer	134/156	86%	123/156	79%
Lung Cancer	324/379	85%	300/379	79%
Breast Cancer	189/249	76%	156/249	63%
Ovarian Cancer	59/79	75%	36/79	46%

*B7-H3 positivity reflects any grade staining (1-3+) via FFPE tumor microarray (cytoplasmic, membrane, and vasculature staining); B7-H3 is expressed on tumor as well as tumor vasculature.

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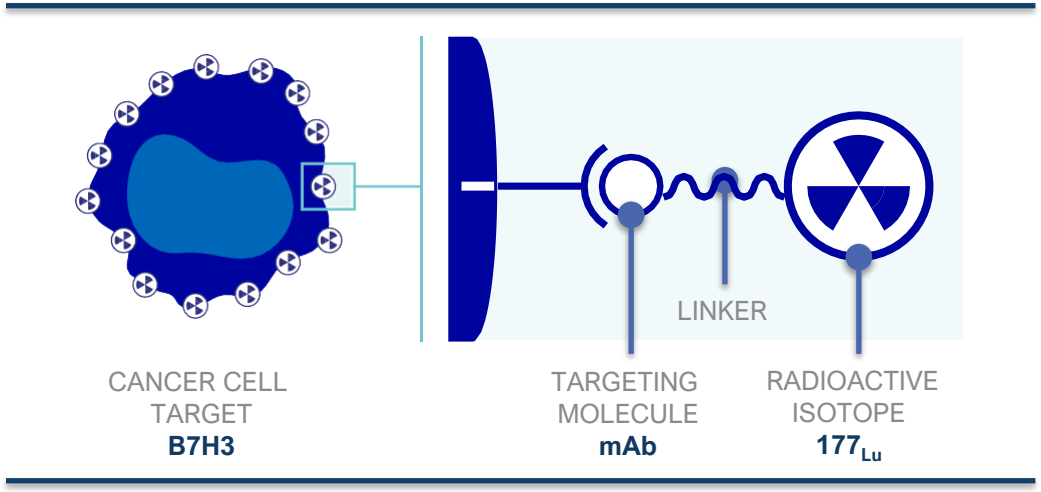
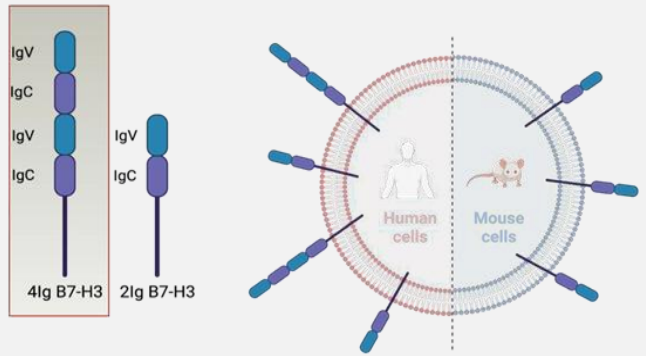
RV01 (Betabart) First-In-Class Selective Anti-B7H3 in Clinical Development





Targeting 4Ig - B7H3
with picomolar affinity

Soluble, blood circulating 2Ig-B7H3 isoform acts as a potential pseudo-target decoy (sink)

Engineered mAb designed for optimized biodistribution

- Reduced binding for FcRn for faster clearance

  Result: Hepatic excretion and shorter half-life
- Reduced binding for FcγR for reduced bone marrow exposure

  Result: Reduced hematologic toxicity risk

Isotope Selection

177 Lu Lutetium

- Favorable therapeutic index
- Solid supply Chain
- Cross-fire effect in small & large lesions

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PHASE I BASKET TRIAL UNDERWAY

- **First patient dosed (Feb 2026)**
- **Dose escalation ongoing**
- **Multiple tumor types enrolled**

	Dose Level	Dose	Status	Data Disclosed	Results
Phase I (Treatment with ^{177}Lu-RV01)	**DL1**	35 mCi (1.1 GBq)	Recruiting		
	DL2	70 mCi (2.2 GBq)			

Primary Objectives (Phase 1, Treatment):

- Safety and tolerability of ^{177}Lu-RV01
- Recommended ph2 dose of ^{177}Lu-RV01

Population:

All comers, with advanced/metastatic solid tumors:

- Prostate, lung (NSCLC & SCLC), colorectal, breast(TNBC), H&N, ovarian, endometrial

IMAGING COMPOUNDS

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IMAGING PORTFOLIO & STRATEGY

Imaging portfolio provides near-term value and optionality

Clinical-stage diagnostics platform

Potential:

- Standalone commercialization
- Partnering opportunity
- Strategic optionality
- Non-dilutive value creation

Complementary to therapeutics, without increasing capital intensity

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IMAGING PIPELINE

MOLECULE	PROGRAM	TARGET	INDICATION	ISOTOPE	PHASE I	PHASE II	NOTES
Small Molecule	**RAD101**	**Short Chain Fatty Acid**	Brain Mets	F18		30 pts/30 pts recruited	Phase 2b in US completed **NCT06777433** 20-patient interim analysis released (03/'26) **Primary Endpoint read-out June '26**
Peptide	**RAD301**	**Integrin AvB6**	Pancreatic /NSCLC	Ga68			Phase I enrolling, **NCT05799274** 8 pts dosed / 9 total

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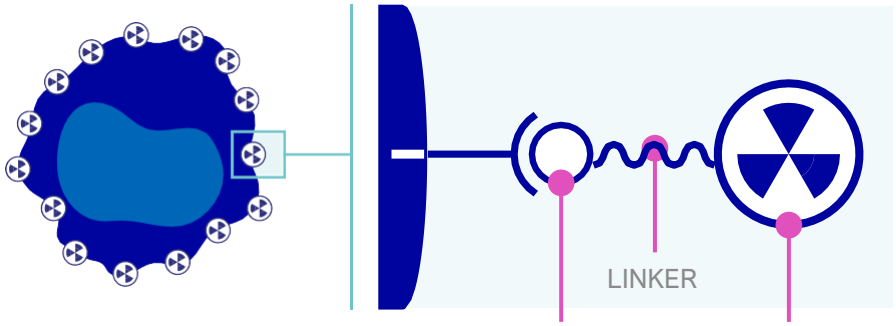
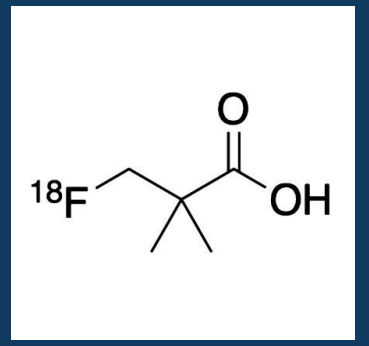
RAD101: First-in-class PET imaging agent for brain metastases





Imperial College London

RAD 101 (PIVALATE)
SMALL MOLECULE

Selectively targets fatty acid synthase: overexpressed in tumors but not normal brain cells

FATTY ACID SYNTHASE IS A VIABLE TARGET

- Targets fatty acid metabolism (FASN pathway)
- Designed to detect recurrence post-SRS
- Addresses a major diagnostic gap in neuro-oncology
- High unmet need in early relapse detection

RAD
RADIOPHARM THERANOSTICS

*NCT06777433
18F, fluorine-18; IIb, phase 2b; PET, positron emission tomography; US, United States.

STRONG INTERIM PHASE 2b CLINICAL SIGNAL

- 90% concordance with MRI (18/20 patients)
- Improved detection in equivocal cases
- Study fully recruited

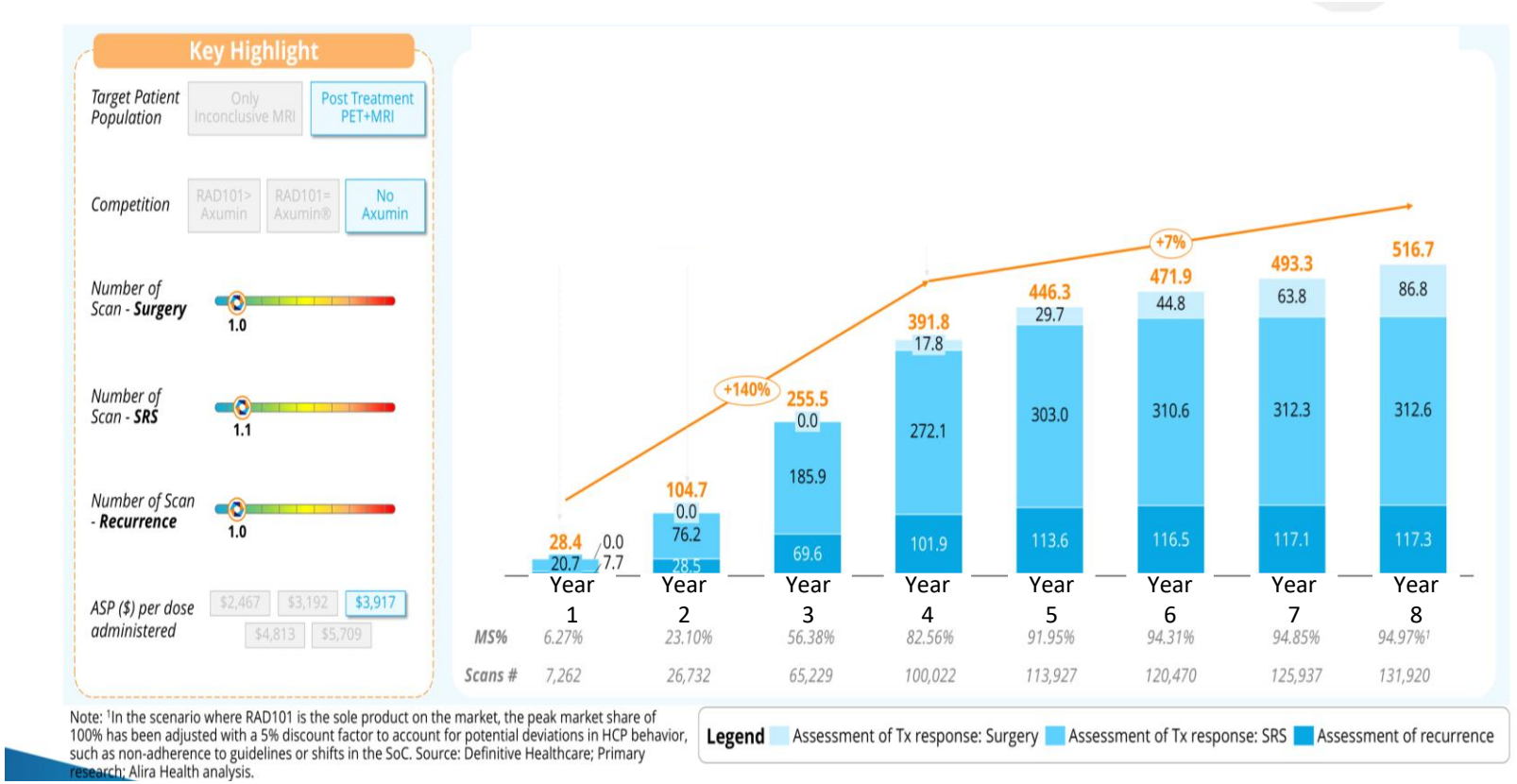
SUPPORTS PROGRESSION TOWARD PHASE III AND POTENTIAL COMMERCIALIZATION

POTENTIAL FIRST-IN-CLASS DIAGNOSTIC WITH COMMERCIAL SCALE

~300,000 patients/year (US), Potential >$500M annual sales (US)

Potential first-in-class diagnostic with scalable adoption

Clear pathway to monetization through partnering or commercialization



Note: [1]In the scenario where RAD101 is the sole product on the market, the peak market share of 100% has been adjusted with a 5% discount factor to account for potential deviations in HCP behavior, such as non-adherence to guidelines or shifts in the SoC. Source: Definitive Healthcare; Primary research; Alira Health analysis.

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WHY INVEST NOW

- Multiple catalysts + differentiated platform
- 4 clinical programs progressing in parallel
- Near-term readouts across pipeline
- Imaging Phase IIb readout and potential monetization
- Asymmetric opportunity with multiple shots on goal and near-term catalysts

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Thank You

www.radiopharmtheranostics.com

Appendix

RADIOPHARM THERANOSTICS

Chairman and Board

Paul Hopper
Executive Chairman

- Founder of Radiopharm Theranostics Ltd.
- 25 years experience as a life-sciences entrepreneur
- Founder, Chairman, non-executive director or CEO of more than fifteen companies in the US, Australia and Asia
- Previous and current Boards include Imugene, Chimeric Therapeutics, Viralytics, Prescient Therapeutics and Polynoma

Ian Turner

Hester Larkin

Noel Donnelly

Bruce Goodwin

Riccardo Canevari

RAD
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Isotope Selection and Supply Chain

Beta-Emitters: Best proven therapeutic index, secure and reliable sourcing

177-Lutetium

Beta Particles

- Most used therapeutic isotope
- Well proven therapeutic index
- FDA approved for solid tumors
- Long half-life allows for global distribution

161-Terbium

Beta & Auger Particles

- Innovative dual atomic particle functionality combining the benefits of Beta cross-fire effect and Auger short-distance high-energy (similar to alpha emission)
- Potential efficacy in both solid tumors & micrometastases
- Long half-life allows for global distribution

RADIOPHARM THERANOSTICS

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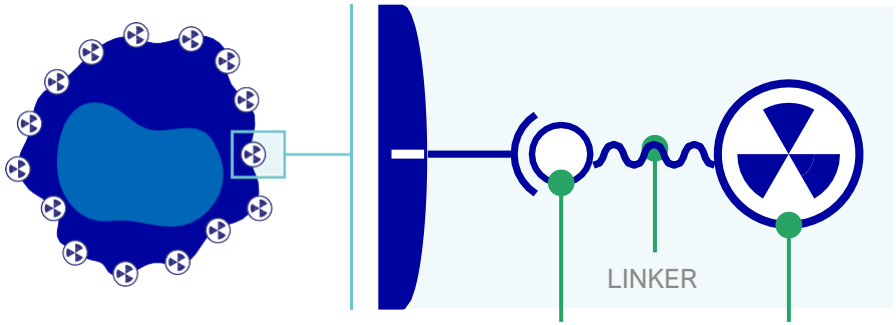
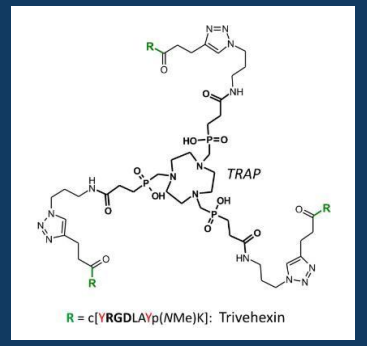
RAD301 — αvβ6-targeted imaging for pancreatic cancer

- Integrin αvβ6 = highly expressed in PDAC

- Potential application in:
  - Early detection
  - Disease monitoring

Potential best-in-class imaging performance





RAD 301 (Trivehexin) PEPTIDE

- RGD peptide (arginylglycylaspartic acid)
- Integrin αvβ6 receptor antagonist
- Design features include hydrophilicity to reduce non-specific uptake into undesired organs and increase clearance in plasma, trimerization to increase affinity, cyclicity for better selectivity, uptake and tumor retention

INTEGRIN αvβ6

- Higher specificity vs FDG
- Improved tumor-to-background contrast
- Improved diagnostic accuracy in difficult-to-detect tumors beyond Pancreatic Cancer

RADIOPHARM THERANOSTICS

68Ga, gallium-68; αvβ6, alpha-v beta-6; ADC, antibody drug conjugate; IIa, phase 2a; n, number of subjects; NSCLC, non-small cell lung cancer; RGD, arginylglycylaspartic acid; TGFβ, transforming growth factor beta; Tx, treatment.