RADIOPHARM THERANOSTICS

ASX: RAD | NASDAQ: RADX

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

Clinical-stage oncology radiopharmaceuticals — diagnostics and therapeutics

July 2026

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Company Pipeline in Clinical Stage

First two programs reporting strong clinical data. Additional upside from the other three Phase I trials

PROGRAM	INDICATION	ISOTOPE	PHASE I	PHASE II	PHASE III	CATALYSTS
RAD101	Imaging — brain mets	^{18}F				**Positive Phase 2b read-out** July 2026
RAD204	PD-L1+ solid tumors	^{177}Lu				**Clinical activity reported** July 2026 **Dose-escalation completion** Q4 2026 – Q1 2027
RAD202	HER2+ solid tumors	^{177}Lu				**Dose-escalation completion** H1 2027
RAD402	KLK3 (prostate cancer)	^{161}Tb				**Dose-escalation completion** H2 2027
RV01	B7-H3 (solid tumors)	^{177}Lu				**Dose-escalation completion** H2 2027

One Phase IIb imaging lead (RAD101) and four Phase I therapeutics across validated oncology targets.

^{177}Lu, lutetium-177; ^{161}Tb, terbium-161; ^{18}F, fluorine-18; B7-H3, B7 homolog 3; HER2, human epidermal growth factor receptor 2; KLK3, kallikrein-3; PD-L1, programmed death ligand-1.

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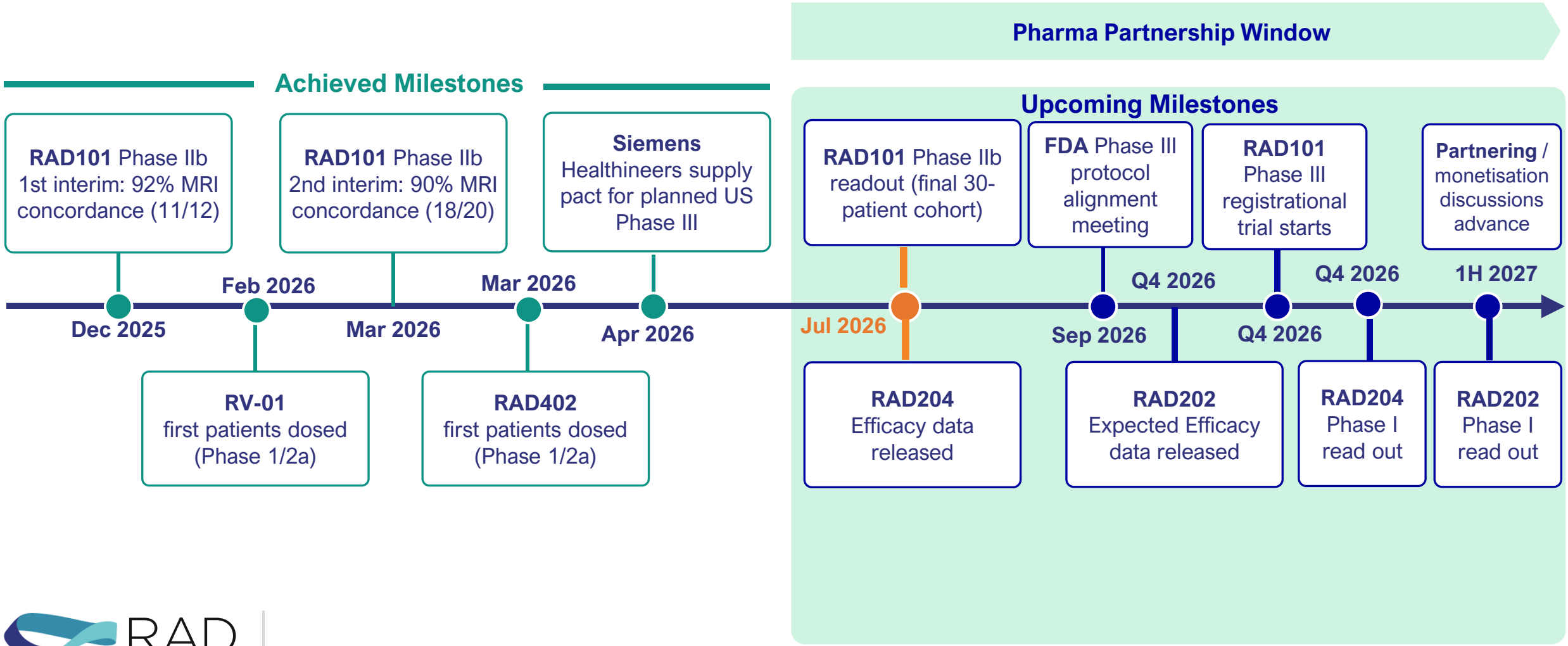
KEY CATALYSTS & MILESTONES

Consistent clinical & regulatory delivery since mid-2025, with multiple value-driving catalysts approaching from mid-2026 into 2027



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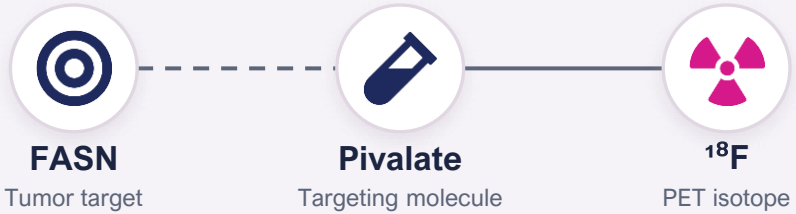
Achieved milestones sourced from Radiopharm Theranostics ASX and GlobeNewswire announcements (Jul 2025 - Apr 2026); upcoming timing reflects management expectations and is indicative. Phase IIb topline readout (Jul 2026) not yet reported.

Imaging lead asset — RAD 101

First-in-class PET imaging agent for brain metastases

THE AGENT



- **Short-chain fatty-acid analogue**
- **Brain-metastasis indication**

Fatty acid synthase (FASN) — a validated target

- Targets the FASN fatty-acid metabolism pathway
- Detects recurrence after stereotactic radiosurgery (SRS)
- Addresses a major diagnostic gap in neuro-oncology
- High unmet need in early relapse detection

FDA Fast Track

Phase 2b Positive Read-out

First-in-class PET imaging for post-SRS brain-metastasis recurrence — no direct competitor.

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FASN, fatty acid synthase; ^{18}F, fluorine-18; PET, positron emission tomography; SRS, stereotactic radiosurgery.

Imaging lead asset — RAD101

First-in-class PET tracer to advance to Phase 3 — near-term value and optionality

THE NEED

High unmet need - SoC MRI falls short

Early identification of recurrent brain metastases is urgent need in suspected relapse after SRS.

THE MARKET

300,000

~300,000 new brain-metastasis patients post-SRS each year (US) — with no direct competitor in this imaging sector.

THE ASSET

First-in-class PET tracer

RAD101 (^{18}F-pivalate) is a FASN-targeted PET tracer designed to close this diagnostic gap.

THE DATA

Phase 3 preparation started

Company-sponsored Phase 2b (US, N=30); Positive Phase IIb data

Islam S, et al. EJNMMI 2025. doi.org/10.1007/s00259-025-07118-0. FASN, fatty acid synthase; MRI, magnetic resonance imaging; PET, positron emission tomography; SoC, standard of care; SRS, stereotactic radiosurgery; SUV, standardized uptake value.

RAD101 Phase IIb — primary endpoint readout

Primary endpoint met — high concordance with MRI.

PRIMARY ENDPOINT

Concordance with MRI

SUCCESSFULLY ACHIEVED

93%

28 / 30 patients concordant

*3/30 Patient data not yet available

SECONDARY ENDPOINT · INTERIM ANALYSIS

SENSITIVITY

INTERIM

86%

12 / 14 patients

SPECIFICITY

PENDING

Not yet available

Read-out expected Q4 2026

Primary endpoint met — 93% concordance with MRI · full sensitivity and specificity read-out expected Q4 2026.

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MRI, magnetic resonance imaging.

RAD101 - Next steps to Phase 3

A clear, de-risked path to a Phase 3 start in Q4 2026

MILESTONES

May 2026

Advisory Board

Supportive of Phase 3

Sep 2026

FDA protocol meeting

Align on trial design

Q4 2026

Phase 3 start

Ready to initiate

Trial design

N=150–200 patients · primary endpoints: sensitivity & specificity

Supply & logistics

US radiolabeling & distribution outsourced to a global leader — **contract signed with Siemens PETNET**

Partnering opportunity assessment — contract signed with a radiopharma specialist in M&A

Why RAD101 will be adopted

Four reasons RAD101 fits — and wins — in post-treatment neuro-oncology imaging.

THE NEED

Clear unmet need

MRI is frequently equivocal in post-treatment brain metastases.

THE FIT

Fits existing workflow

PET is already standard — no new infrastructure required.

THE MOMENT

High-value decision point

Resolves the critical post-SRS recurrence question.

THE WHITE SPACE

No direct competitor

First-in-class PET agent for this indication.

Clear unmet need · fits existing PET workflow · high-value decision point · no direct competitor.

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MRI, magnetic resonance imaging; PET, positron emission tomography; SRS, stereotactic radiosurgery.

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

Validated immuno-oncology target

- First-in-class
- PD-L1 targeted
- ^{177}Lu radiotherapy

POTENTIAL POSITIONING

LEAD INDICATION

Post-IO NSCLC

High unmet-need setting after immunotherapy

EXPANSION

Multiple solid tumors

Across PD-L1–expressing tumor types

Expands a proven IO target into a new therapeutic modality

IO, immuno-oncology; NSCLC, non-small cell lung cancer; PD-L1, programmed death ligand-1; ^{177}Lu, lutetium-177.

RAD204: early efficacy signal

First patient dosed at Cohort 3 (90 mCi) — dose escalation ongoing under a Bayesian (BOIN) design

TRIAL DESIGN

PRIMARY OBJECTIVES

- Safety & tolerability of ^{177}Lu-RAD204
- Recommended Phase 2 dose

STUDY DESIGN

- BOIN dose-finding design
- Population: **prior PD-L1+ (>1%)** metastatic disease

Phase I — Treatment (dose escalation)

DL1–DL2: Tumor uptake confirmed; favorable safety profile, no DLT. **DL3: Early clinical signal (see next slide).**

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

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RAD204: early clinical activity

First patient at 90 mCi achieved a confirmed RECIST Partial Response with durable (7+ months) tumor shrinkage

Partial Response
RECIST Confirmed (Pt #7)

7+ months PFS
No evidence of progression

Stable disease
Positive trend in tumor reduction (Pt #8)

2+ months PFS
No evidence of progression

DOSE LEVEL #3 · 90 mCi (3.3 GBq) · NSCLC

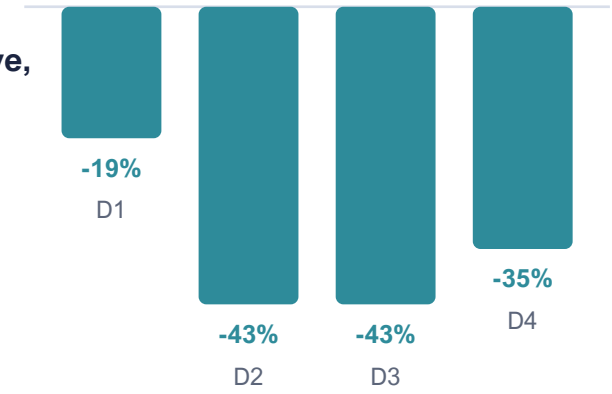
Patient #7 NSCLC · No DLT

PARTIAL RESPONSE

Safety	**No DLT**
Kidney dose*	**8.1 Gy (cumulative, 4 doses)**
PFS	**7+ months, no progression**

Completed 4 doses.

Tumor shrinkage by cycle (dose)



Patient #8 NSCLC · No DLT

STABLE DISEASE

Safety	**No DLT**
Kidney dose*	**2.5 Gy (cumulative, 2 doses)**
PFS	**2+ months, no progression**

2 doses received, continuing to dose #3

Tumor shrinkage by cycle (dose)

*FDA guidance = 23 Gy (under discussion).

Patient #9 (to complete dose level #3) - NSCLC · In screening- to be dosed in August

Patient #7 — first patient treated at 90 mCi

Durable confirmed RECIST partial response across multiple cycles

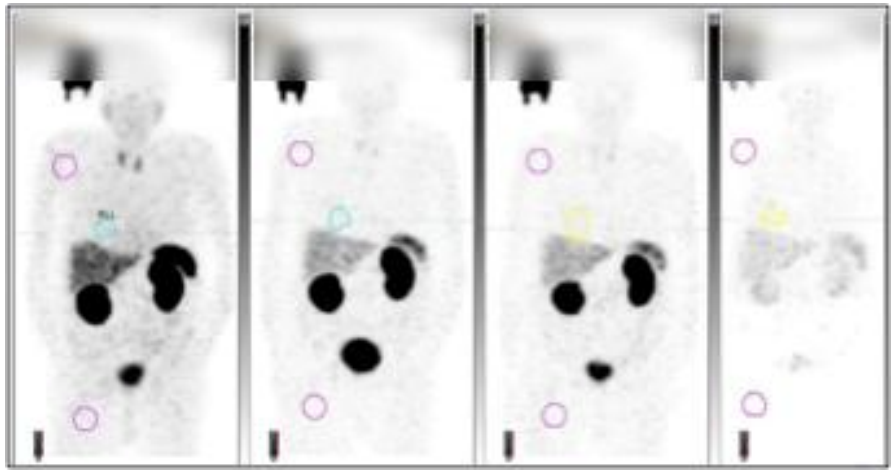
NSCLC — progressed after multiple prior therapies

- External-beam radiotherapy
- Chemotherapy (carboplatin, taxane)
- PD-L1 checkpoint inhibitor

Expected PFS
4–6 months

Treated with RAD204 at 90 mCi

- Confirmed RECIST PR
- 43% tumor-size reduction
- PFS 7 months & ongoing



SPECT/CT — Complete Response

RLL primary at IM, C1–C3
SUV_{max} 2.71 → 1.14 → 0.93 → 0 / nd

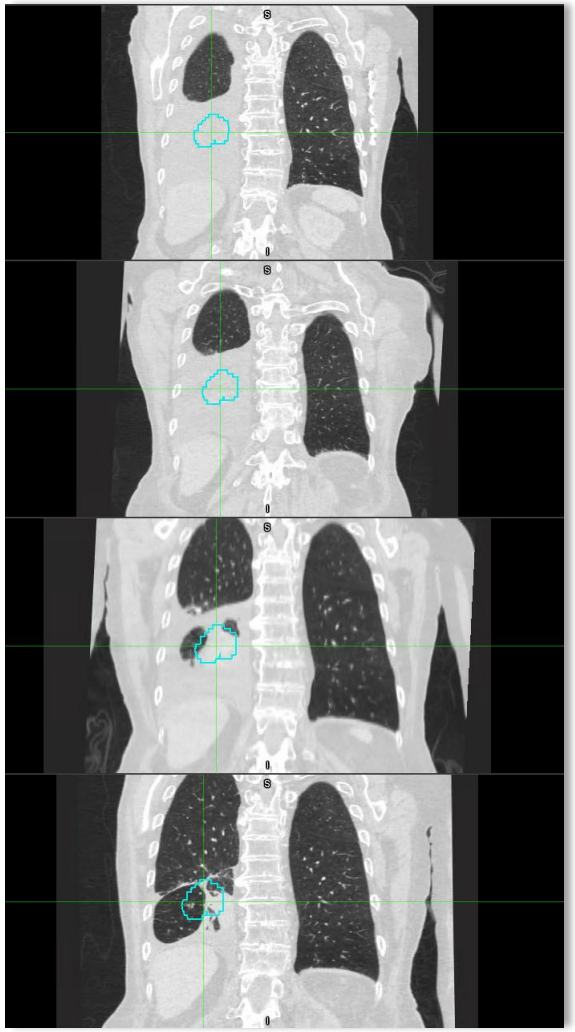
CORONAL CT · RLL PRIMARY

Baseline
October ‘25

1st dose
November ‘25

2nd dose
January ‘26

3rd dose
March ‘26



RAD204 Investment Case

PD-L1 is the largest and most validated immuno-oncology target

Targeted radiotherapy introduces a new principle combining two synergistic mechanisms of action

Addressable market (US, post-IO NSCLC)

40,000–65,000

patients per year

Platform enables continued optimization across the pipeline

✓ **Early clinical signal already observed at dose level #3**

✓ **First-in-class: no radiopharma competitors identified**

RAD202: Cohort #3 expected to complete by September

Evidence of tumor radiation at Dose Level 3 (130 mCi)

Completing by September
3 patients dosed in Cohort #3

No DLT to date
Safety assessment ongoing

Next dose: 200 mCi
Escalation planned

DOSE LEVEL 3 · 130 mCi (4.8 GBq)

#8 Patient #8
Colorectal — PD

Safety	**No DLT**
Kidney (at risk)	**10 Gy · avg 2 doses**
Tumor uptake	**2.4 Gy · avg 2 doses**
RECIST	—

Stable disease 3 mo (dose 1+2); progressive disease before 3rd dose.

#9 Patient #9
Breast — ONGOING, SD

Safety	**Assessment ongoing**
Kidney (at risk)	**11 Gy · 1 dose**
Tumor uptake	**9.8 Gy · 1 dose**
RECIST	**Stable Disease**

Unchanged after 1st dose; continuing to Dose 2 (Jul 14).

#10 Patient #10
Breast — ONGOING

Safety	**Assessment ongoing**
Kidney (at risk)	**5.8 Gy**
Tumor uptake	**12.3 Gy**
RECIST	—

Continuing to Dose 2 (Aug 4).

! High uptake of the drug in the patients

DLT, dose-limiting toxicity; Gy, gray; mCi, millicurie; RECIST, Response Evaluation Criteria in Solid Tumours

SUMMARY

A multi-asset radiopharmaceutical platform — a Phase III-ready imaging lead plus four clinical-stage therapeutics.

2026 CATALYSTS

RAD 101

Successful Phase 2b trial in Brain Mets

Advancing to single registrational Phase 3

No Competition

Attractive asset for M&A

RAD 204

Strong signal of Clinical Efficacy reported in Phase I, Dose Level 3

No dose-limiting toxicity reported

No Competitor identified

Very Large total addressable market

2027 CATALYSTS

PIPELINE UPSIDE

RAD 202 has very promising tumor uptake

RAD 402 & RV01 trials are enrolling fast, with read-out in 2027

No dose-limiting toxicities reported

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Thank You

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