Telix Pharmaceuticals Limited
ACN 616 620 369
Suite 401, 55 Flemington Road
North Melbourne
Victoria, 3051
Australia

ASX RELEASE

Telix Presentation to Jefferies Global Healthcare Conference

Melbourne (Australia) – 10 June 2022. Telix Pharmaceuticals Limited (ASX: TLX, Telix, the Company) today releases an updated investor presentation being delivered at the Jefferies Global Healthcare Conference being held in New York on June 8-10, 2022.

A live webcast of the presentation will be available at this link https://wsw.com/webcast/jeff240/tlx/1721400 on June 10 at 11.30am ET (June 11 at 1.30am AEST). A replay will be made available on the Telix website.

About Telix Pharmaceuticals Limited

Telix is a biopharmaceutical company focused on the development and commercialisation of diagnostic and therapeutic products using Molecularly Targeted Radiation (MTR). Telix is headquartered in Melbourne, Australia with international operations in Belgium, Japan, Switzerland, and the United States. Telix is developing a portfolio of clinical-stage products that address significant unmet medical need in oncology and rare diseases. Telix is listed on the Australian Securities Exchange (ASX: TLX). For more information visit www.telixpharma.com and follow Telix on Twitter (@TelixPharma) and LinkedIn.

Telix's lead product, gallium-68 (^{68}Ga) gozetotide (also known as ^{68}Ga PSMA-11) injection, has been approved by the U.S. Food and Drug Administration (FDA),[1] and by the Australian Therapeutic Goods Administration (TGA).[2] Telix is also progressing marketing authorisation applications for this investigational candidate in Europe[3] and Canada.[4]

Telix Investor Relations

Ms. Kyahn Williamson
Telix Pharmaceuticals Limited
SVP Corporate Communications and Investor Relations
Email: kyahn.williamson@telixpharma.com

U.S. Contact

Lisa Wilson
In-Site Communications, Inc.
Email: lwilson@insitecony.com
T: 917-543-9932

[1] ASX disclosure 20 December 2021.
[2] ASX disclosure 2 November 2021.
[3] ASX disclosure 10 December 2021.
[4] ASX disclosure 16 December 2020.

results, levels of activity, performance or achievements to differ materially from any future results, levels of activity, performance or achievements expressed or implied by these forward-looking statements. Forward-looking statements are based on the Company's good-faith assumptions as to the financial, market, regulatory and other considerations that exist and affect the Company's business and operations in the future and there can be no assurance that any of the assumptions will prove to be correct. In the context of Telix's business, forward-looking statements may include, but are not limited to, statements about: the initiation, timing, progress and results of Telix's preclinical and clinical studies, and Telix's research and development programs; Telix's ability to advance product candidates into, enrol and successfully complete, clinical studies, including multi-national clinical trials; the timing or likelihood of regulatory filings and approvals, manufacturing activities and product marketing activities; the commercialisation of Telix's product candidates, if or when they have been approved; estimates of Telix's expenses, future revenues and capital requirements; Telix's financial performance; developments relating to Telix's competitors and industry; and the pricing and reimbursement of Telix's product candidates, if and after they have been approved. Telix's actual results, performance or achievements may be materially different from those which may be expressed or implied by such statements, and the differences may be adverse. Accordingly, you should not place undue reliance on these forward-looking statements.

To the maximum extent permitted by law, Telix disclaims any obligation or undertaking to publicly update or revise any forward-looking statements contained in this announcement, whether as a result of new information, future developments or a change in expectations or assumptions.

Telix Pharmaceuticals

Dr Christian Behrenbruch
Group CEO and Managing Director

Jefferies Healthcare Conference
June 8-10 2022

Disclaimer

The information contained in this presentation is not intended to be an offer for subscription, invitation or recommendation with respect to shares of Telix Pharmaceuticals Limited ("Telix") in any jurisdiction, including the United States. No representation or warranty, express or implied, is made in relation to the accuracy or completeness of the information contained in this document or opinions expressed in the course of this presentation. The information contained in this presentation is subject to change without notification.

This presentation may contain forward-looking statements which can be identified by the use of words such as "may", "should", "will", "expect", "anticipate", "believe", "estimate", "intend", "scheduled" or "continue" or similar expressions. Any forward-looking statements contained in this presentation are subject to significant risks, uncertainties, assumptions, contingencies and other factors (many of which are outside the control of, and unknown to Telix, and its directors, officers, employees, agents or associates), which may cause the actual results or performance to be materially different from any future result so performed, expressed or implied by such forward-looking statements.

There can be no assurance or guarantee that actual outcomes will not differ materially from these statements. The data and results pertaining to clinical subjects used in this presentation are illustrative of medical conditions and outcomes associated with potential applications of Telix's product pipeline. Actual results from clinical trials may vary from those shown.

Telix's lead product, Illuccix® (TLX591-CDx) for prostate cancer imaging, has been approved by the Australian Therapeutic Goods Administration (TGA), and the U.S. Food and Drug Administration (FDA). Telix is also progressing marketing authorisation applications for Illuccix in the European Union and Canada.

Full United States prescribing information for Illuccix can be found at http://illuccixhcp.com/s/illuccix-prescribing-information.pdf

A global leader in radiopharmaceuticals

Commercial stage company with extensive pipeline of therapeutic and diagnostic assets

1st FDA approval achieved in late-2021[1]

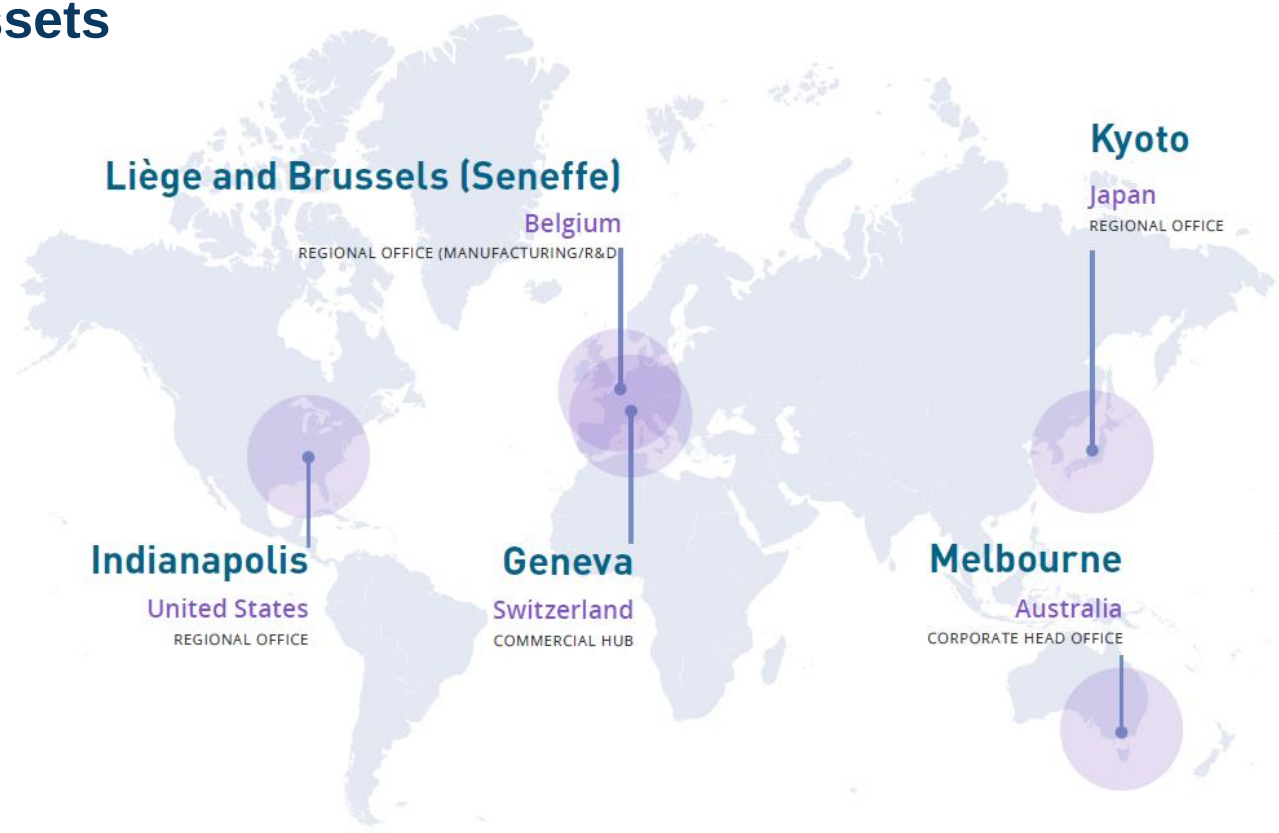
20 active clinical studies across 8 indications[2]

AU$154.7M cash balance (as of 31 March 2022)[3]

Underpinned by a secure global supply chain and distribution network

80 countries in the distribution network, enabling access to all major markets across North America, EMEA, APAC and Latin America

11 countries with a manufacturing footprint

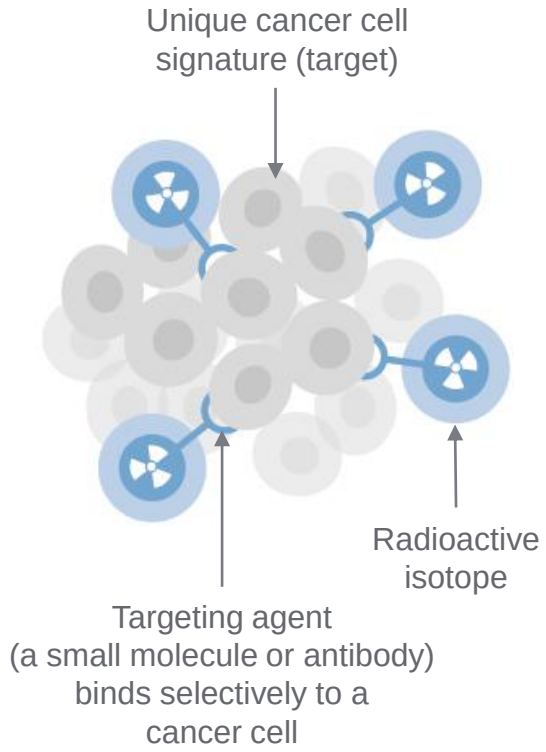


1. United States Food and Drug Administration – ASX 20 December 2021.
2. Includes partnered investigator-led studies.
3. All currency expressed in AUD unless specified. USD = ~1.4 AUD

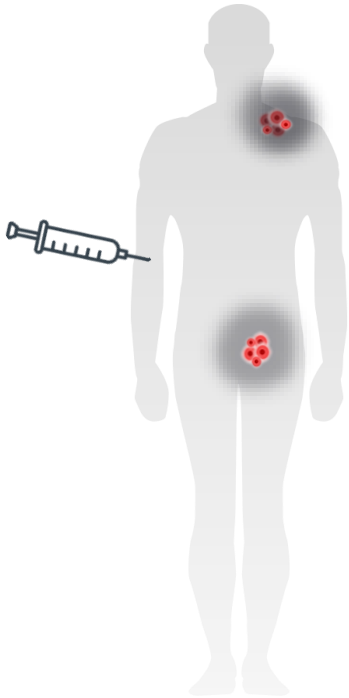
Our strategy: See it. Treat it.

Personalized, precision medicine

Targeted radiation delivery



Systemically administered



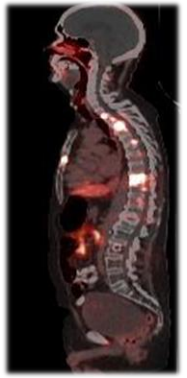
Imaging

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

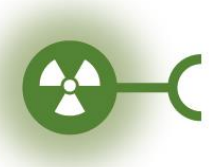
Enables **PET images** of cancer

PET[1] scanner

TLX591-CDx[2]
(Prostate cancer)



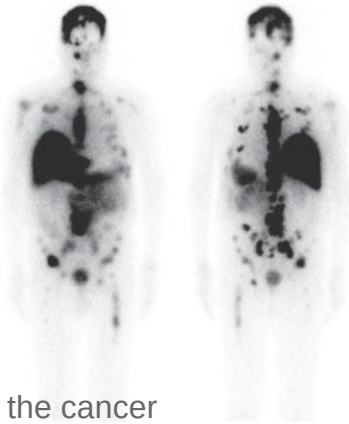
Therapy



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

Enables precise **radiation delivery** to the cancer

TLX591
(Prostate cancer)



1. Positron emission tomography
2. Courtesy of Ammar Chaudhry MD, City of Hope, Duarte CA, USA

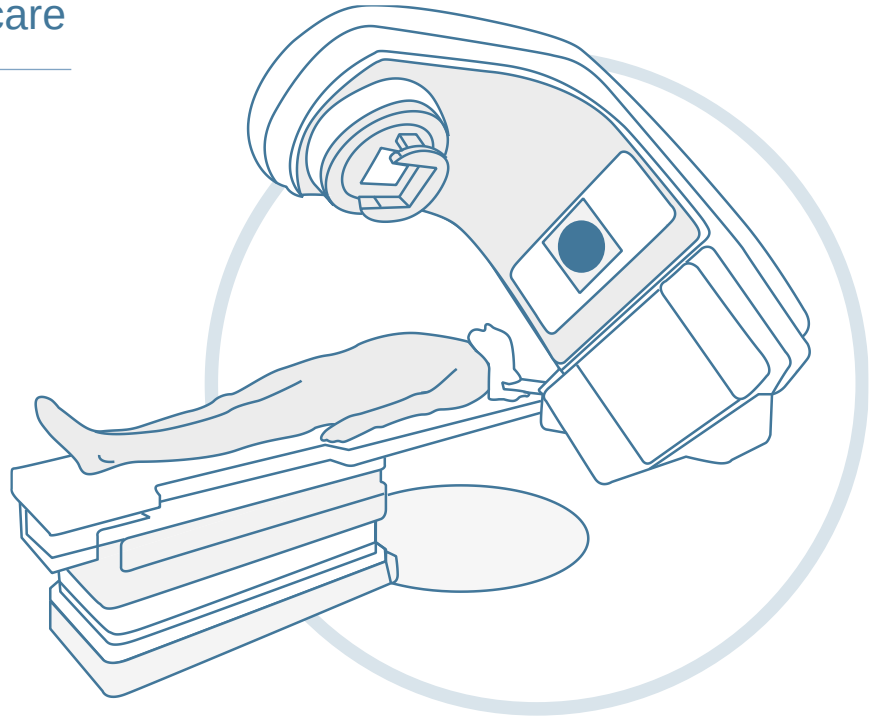
Radiation has never been more important in cancer care

From radiation in a “box” to radiation in a “shot”

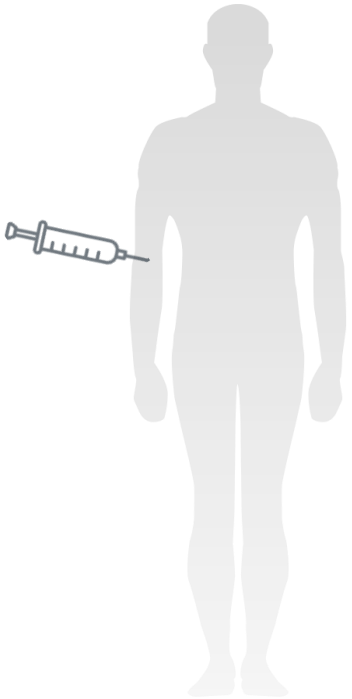
The evolution from external-beam radiation to **systematically-delivered** and **targeted** radiation is transforming the role of radiation in cancer care

- 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’



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®)[6]			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.
4. Bone marrow conditioning and rare disease.
5. Cluster of differentiation 66.
6. Scintimun® is a registered trademark of Curium Pharma.

Telix is pioneering a new cancer modality

Glioblastoma

Ph	Name	Asset	Dx/Tx
I/II	IPAX-2	TLX101	Tx
II	IPAX-L (Linz, IIT)	TLX101	Tx

Breast Cancer

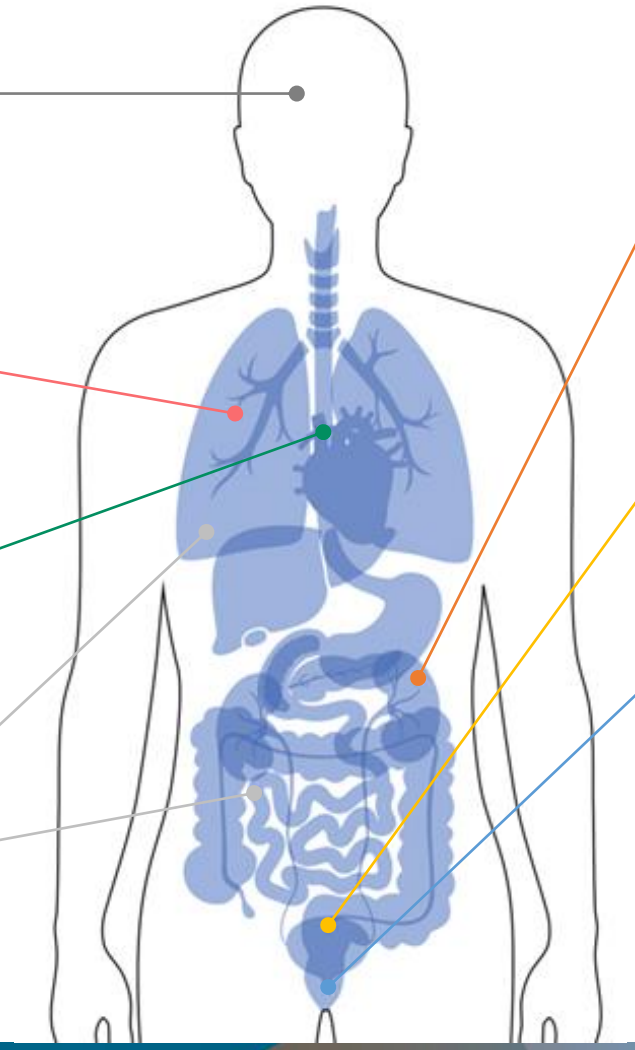
Ph	Name	Asset	Dx/Tx
II	OPALESCENCE (IIT)	TLX250-CDx	Dx
I	Emory University (IIT)	TLX591-CDx	Dx

Bone Marrow Conditioning

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

Lung and Ovarian Cancers

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



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

Bladder Cancer

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

Prostate Cancer

Ph	Name	Asset	Dx/Tx
III	University of Linz (IIT)	TLX591-CDx	Dx
II	Emory University (IIT)	TLX591-CDx	Dx
II	ENHANCING (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

* Great Ormond Street Hospital (London, UK)
**Registry Study
IIT: Investigator initiated study

Strategic roadmap

Use Illuccix as a commercial launchpad

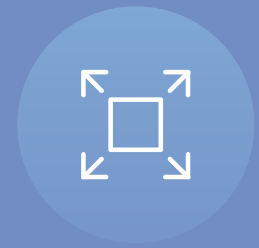
Establish Telix's leadership in urologic oncology

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

Illuccix® commercial launch

TELIX PHARMACEUTICALS

Illuccix® is approved in the United States

PSMA PET imaging established and included in the major guidelines

- Illuccix is a kit for the preparation of gallium-68 (^{68}Ga) gozetotide (also known as PSMA-11) injection, a radioactive diagnostic agent indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in patients with prostate cancer with:
  1. Suspected metastasis who are candidates for initial definitive therapy;
  2. Suspected recurrence based on elevated serum prostate-specific antigen (PSA) level
- PSMA PET imaging is now included in the major practice guidelines in the US and EU
- New scientific publications reinforce that PSMA PET is established as the standard of care

Important Safety Information:
https://www.illuccixhcp.com/important-safety-information

Please see full Prescribing Information at
http://illuccixhcp.com/s/illuccix-prescribinginformation.pdf

^{68}Ga-PSMA-11 Positron Emission Tomography (PET)

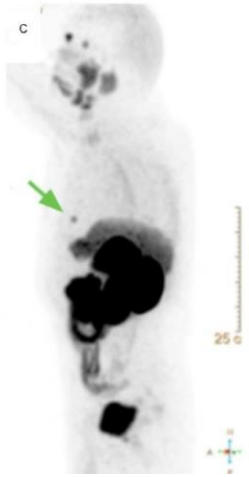
Example: In patients with biochemical recurrence (BCR)

Prostate cancer patients with biochemical recurrence were evaluated for bone metastases (n=32)[1]

BCR vs. bone scan

^{68}Ga-PSMA-11 performed better than bone scan at identifying the presence and absence of bone metastases in BCR patients

	^{68}Ga-PSMA-11 PET/CT	Bone scan
Sensitivity	83%	50%
Specificity	92%	84%



C ^{68}Ga-PSMA-11 PET/CT

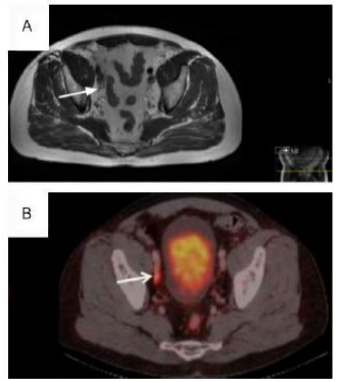
^{68}Ga-PSMA-11 PET/CT of patient (56 y) after radical prostatectomy (Gleason Score 9=4+5) with PSA 0.49 ng/ml shows pathological ^{68}Ga-PSMA uptake of the left rib

Prostate cancer patients with biochemical recurrence were evaluated for lymph node metastases (n=32)[1]

BCR vs. bone scan

^{68}Ga-PSMA-11 performed better than mpMRI at identifying lymph node metastases in BCR patients

	^{68}Ga-PSMA-11 PET/CT	mpMRI
Sensitivity	83%	42%
Specificity	80%	94%
Accuracy	91%	72%



A mpMRI

mpMRI unspecific local pelvic lymph node is seen

B ^{68}Ga-PSMA-11 PET/CT

^{68}Ga-PSMA PET/CT in the right iliac lymph node with SUVmax=5 (arrow)

[1] Sonni, I, et al., J Nucl Med. 2020; 61:1153-1160

Illuccix® launch update

Flexibility and access a key differentiator

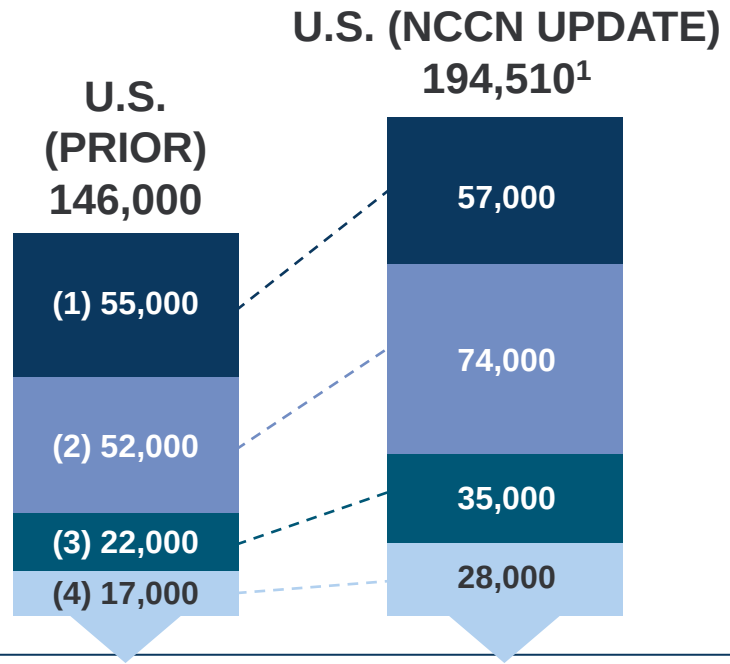
- Access to ~>85% eligible PET sites via distribution partners Cardinal Health, PharmaLogic and UPPI via 128 pharmacy sites
- On-demand pharmacy-based production with a high yield product
- Customer and patient scheduling flexibility is Illuccix's major advantage and uptake has been very strong since launch
- Will likely add an additional 30-40 pharmacies to meet significant customer demand over the next quarter
- High degree of engagement from academic centres
- Reimbursement on track, including for 1 July pass-through, CMS "Red Book" price of US $4,700 for 5mCi dose (HCPCS)

Prostate cancer imaging market

Large market opportunity with potential to grow

Potential clinical utilisation:

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 (Future)
4. Patient selection for targeted radio-ligand therapy (Future)



U.S. total addressable market (TAM) value	**USD $575M**	**USD $750M**
TAM value including E.U.[2]	**USD $900M**	**USD $1,08B[3]**

Based on per dose estimate USD $4,000

1. American Cancer Society (ACS). Cancer Facts & Figures 2021. Atlanta, GA: American Cancer Society; 2021.
2. EU countries included in MAA submission to Danish Medicines Authority on 30 April 2020.
3. Dollar ($) values are management estimates based on ACS (US) and Globocan (EU) reported incidence.

Clinical programs overview

TELIX PHARMACEUTICALS

Prostate cancer therapy PSMA program

Target: Prostate Specific Membrane Antigen (PSMA)

Lead therapy program:

TLX591 (^{177}Lu-rosopatamab)

Targeting molecule: Antibody

Development status:

Three concurrent studies underway:

- ProstACT GLOBAL Phase III – AU, international expansion
- ProstACT TARGET Phase II – recruiting
- ProstACT SELECT Phase I – recruiting

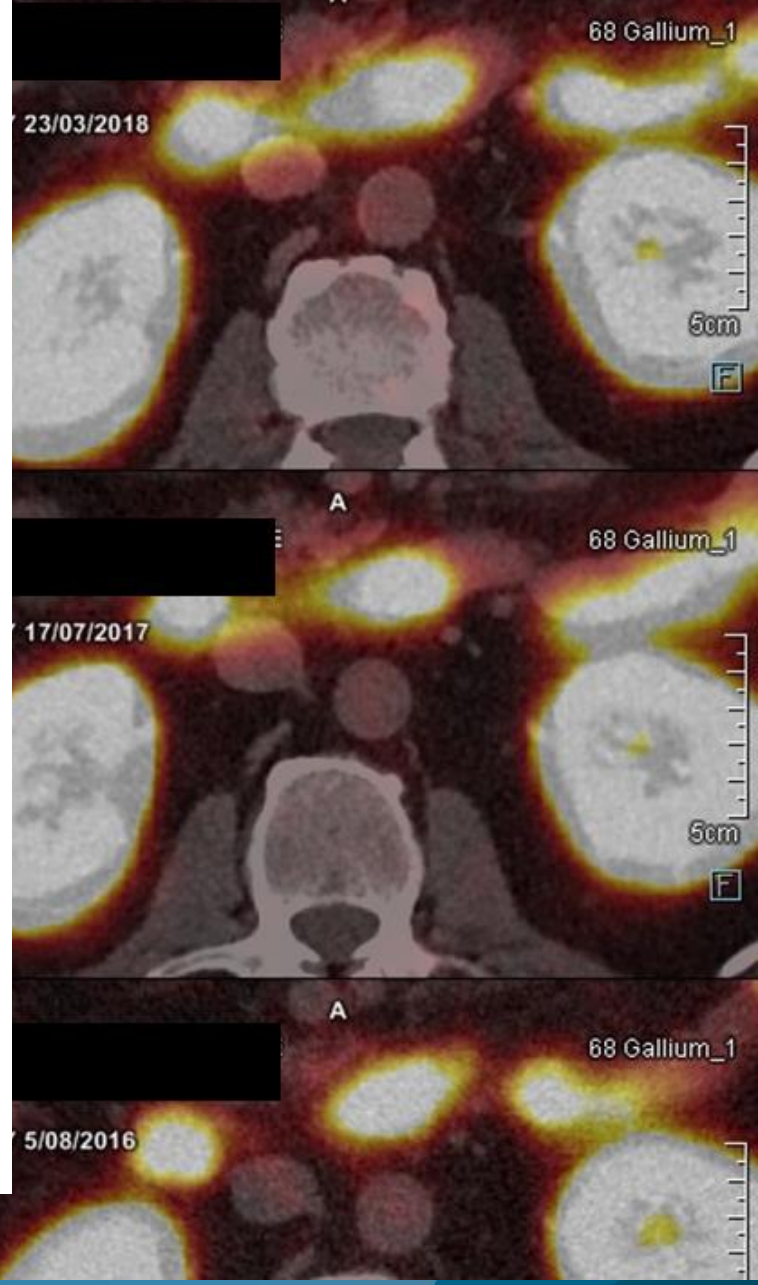
Next-generation alpha therapy program:

TLX592 (^{225}Ac-RADmAb®)

Targeting molecule:
Engineered antibody

Development status:

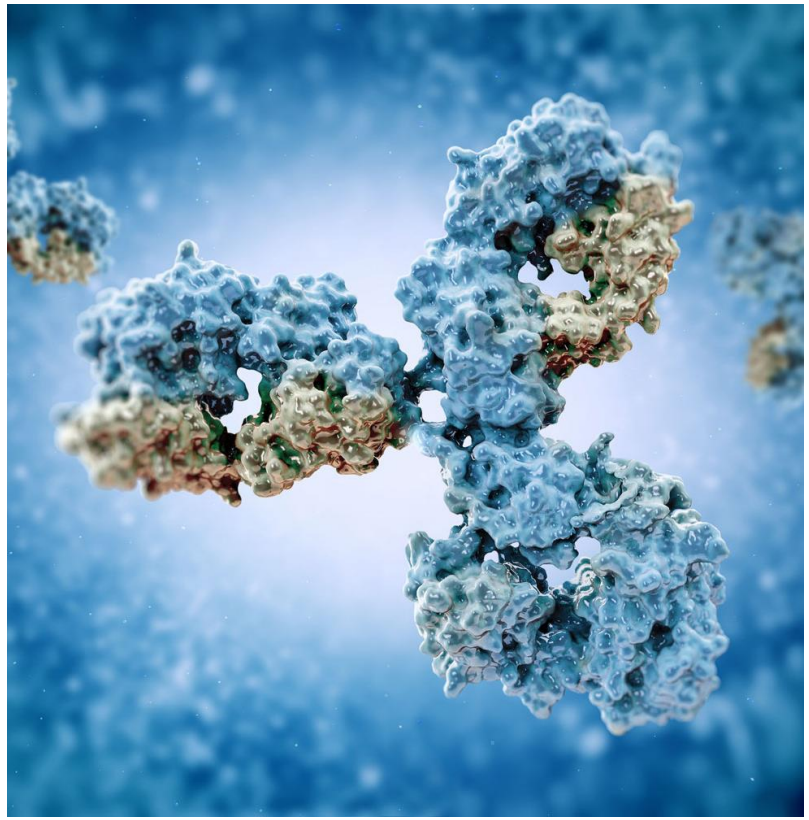
- CUPID Phase I/II dosing patients (dosimetry)



TLX591: A differentiated approach to PSMA therapy

Antibody-based PSMA program, with potential to offer treatment options across the disease spectrum

- Potential advantages:
  - More efficient delivery of radiation compared to small molecule
  - Shorter, patient-friendly dosing (2 x 3.5Gbq, 14 days apart)
  - Better efficacy and quality of life
- Multi-study program enables multiple data readouts throughout the Phase III program duration



Recent updates / upcoming milestones

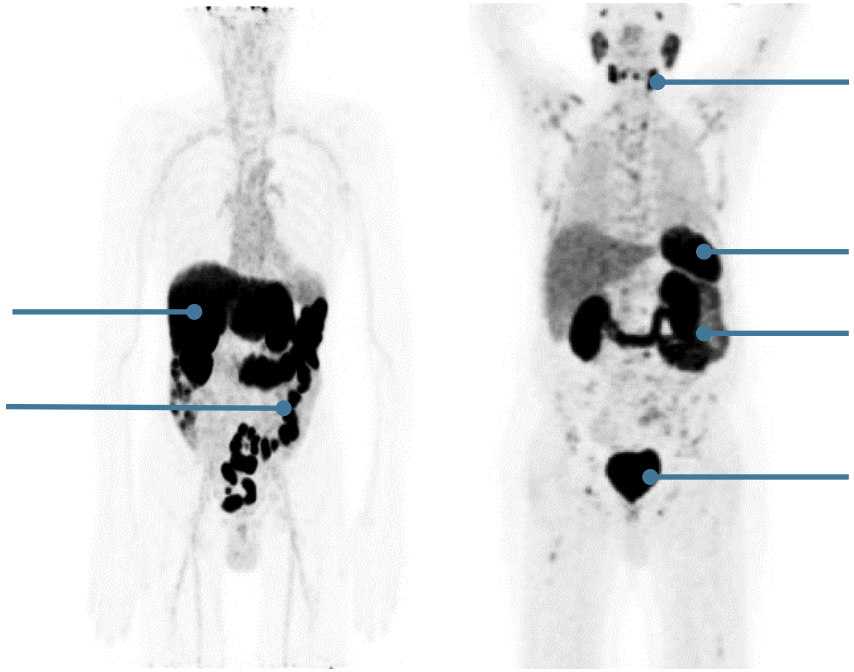
- First patients dosed in ProstACT SELECT. ProstACT TARGET commencing recruitment shortly (study approved). Key focus in on expanding ProstACT GLOBAL to US and EU sites

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



SMALL MOLECULE

Small molecule radioligands taken up by endogenous PSMA

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

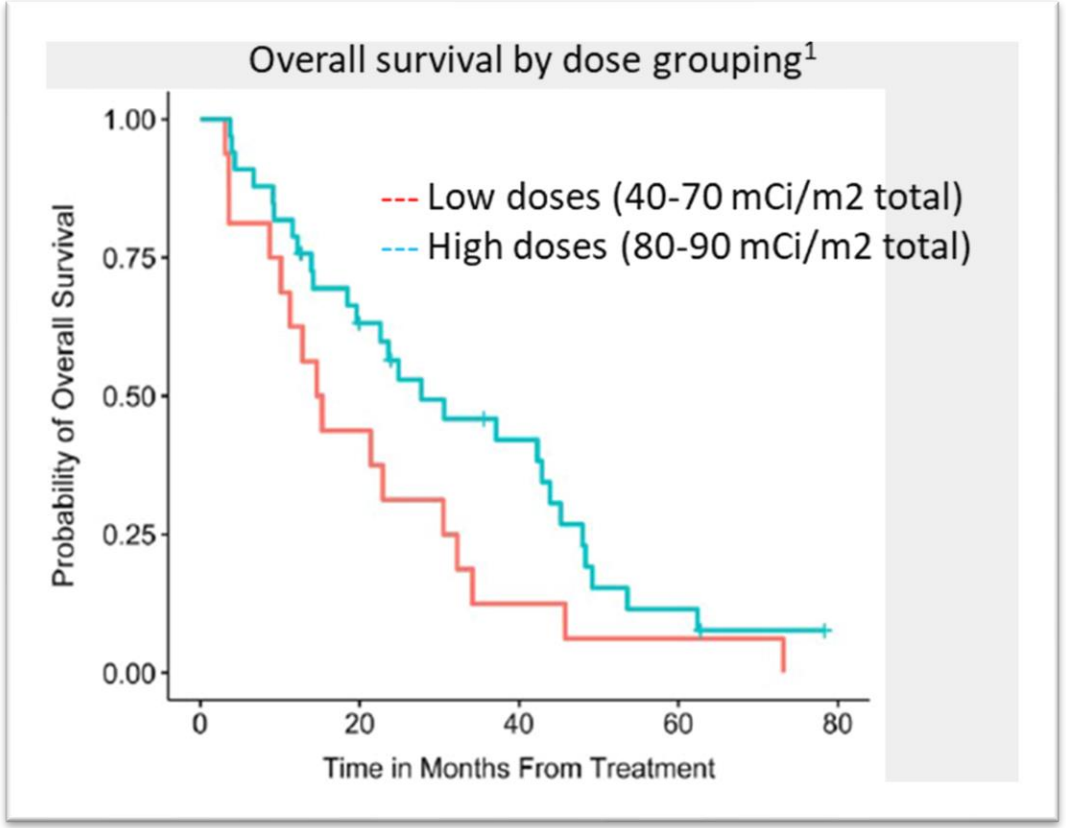
- Dry eye
- Xerostomia
- Back pain from ganglia irradiation

Data courtesy of Prof. Neil Bander, WCMC.

TLX591: Promising clinical data

Demonstrated anti-tumour effect and overall survival benefit

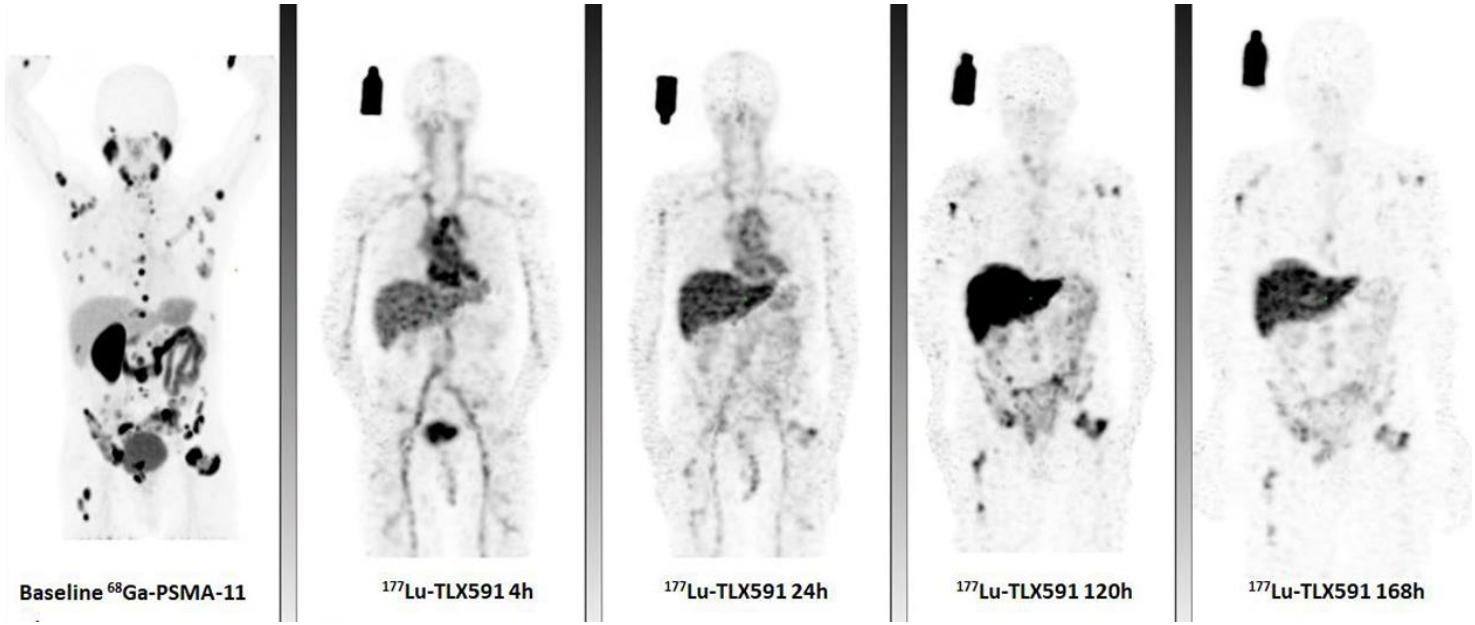
- TLX591 (^{177}Lu-DOTA-rosopatamab) has been evaluated in ~200 prostate cancer patients in five Phase I and Phase II studies
- Clear evidence of anti-tumor effect and a dose-response profile for key measures of activity
  - PSA response
  - Overall survival (OS) – published 40+ months median survival in end-stage (heavily pre-treated) patients
- Well tolerated with predictable and transient reductions in hematological parameters, with subsequent recovery
- Fractionated dosing addresses hematologic safety while delivering a targeted and potent radiation dose to metastatic prostate cancer[1]



1. Tagawa et al, Cancer 2019.

Survival benefit from radiation retention

Demonstrates high retention of ^{177}Lu in the tumor



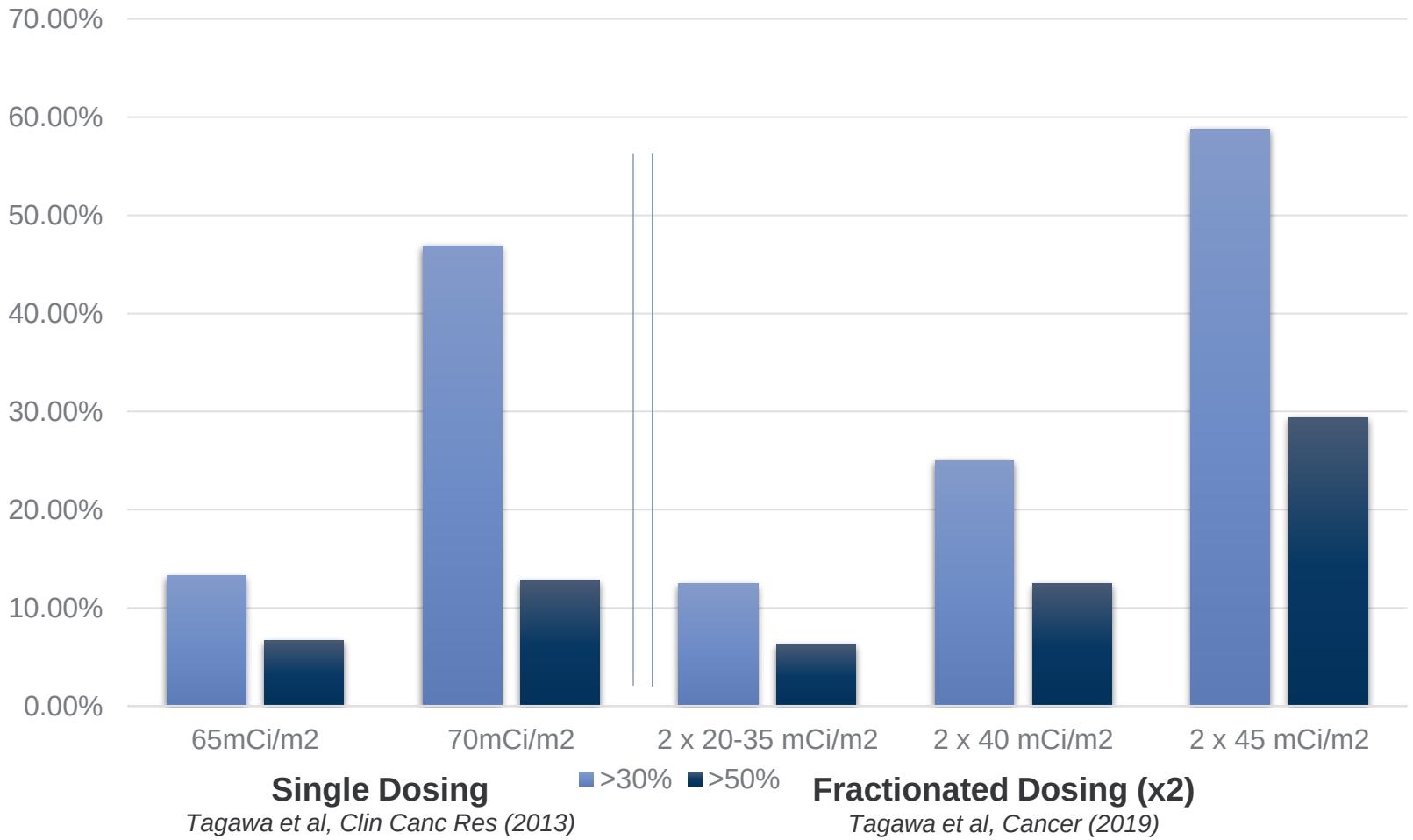
ProstACT SELECT

- Biodistribution data indicates TLX591 antibody is retained in the tumour (and metastases) up to 7 days post injection
- In this patient, a therapeutic dose of 2800 MBq TLX591 would deliver a whole-body effective dose of 0.73 Sv, and organ doses of ~8.7 Gy to liver
- ^{177}Lu half-life is 6.7 days
- Longer-term retention of TLX591 in the tumour (and metastases) appears to maximise the cell-killing effect of the ^{177}Lu radioisotope at the cancer sites

Source: Lenzo, N, Meyrick, D, Hayward, C - 177Lu-DOTA-TLX591 Safety, Biodistribution and Dosimetry Study poster - presented at ASCO 2022

Anti-tumour activity by PSA reduction

Dose-dependent treatment response



Single Dosing

Tagawa et al, Clin Canc Res (2013)

Fractionated Dosing (x2)

Tagawa et al, Cancer (2019)

- *Reduction* in PSA is a common biological measure of prostate cancer response to therapy
- In both single-dose and repeat-dose studies, TLX591 demonstrates a clear dose-response profile and significant PSA reductions in PCa patients with advanced disease

Renal cancer / CA9 program

Target: Carbonic Anhydrase IX (CAIX / CA9)

Lead imaging candidate:

TLX250-CDx (^{89}Zr-girentuximab)

Targeting molecule: Antibody

Development status:

- ZIRCON Phase III study in clear cell renal carcinoma (ccRCC) target enrolment of 252 patients complete
- Trial read-out early 2H 2022

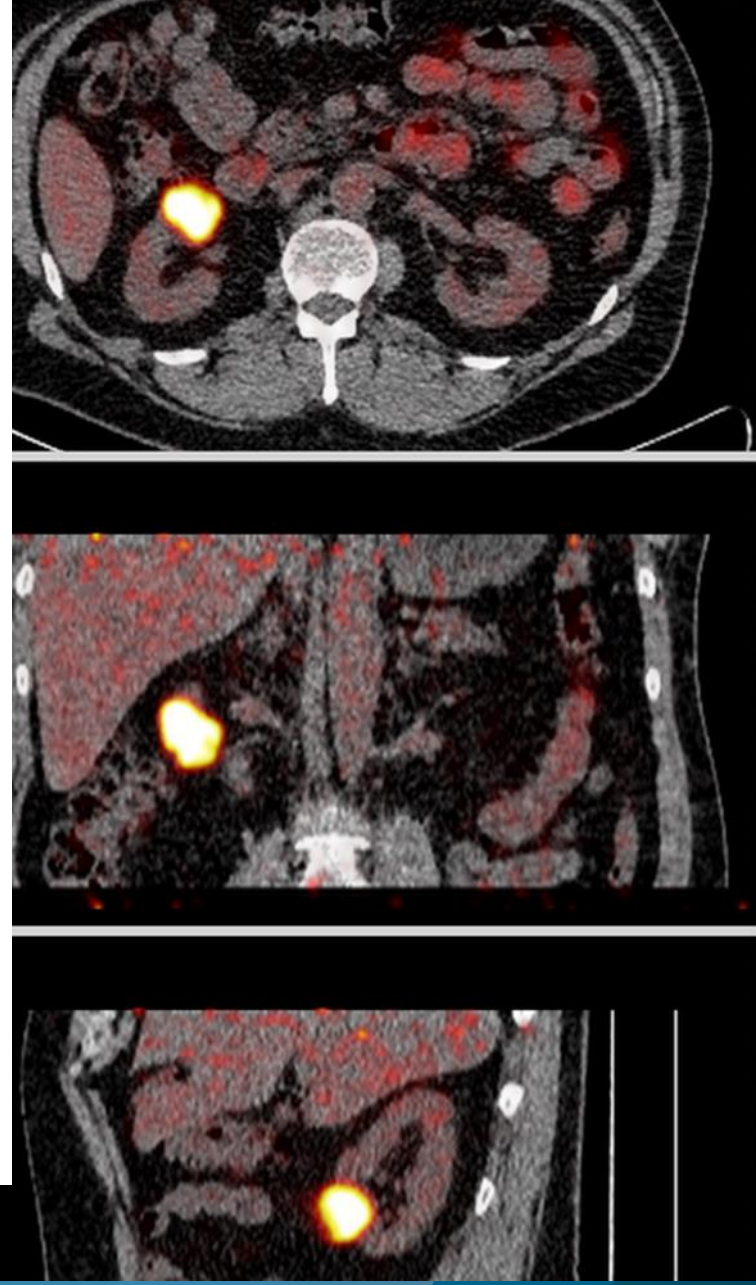
Lead therapy candidate:

TLX250 (^{177}Lu-girentuximab)

Targeting molecule: Antibody

Development status:

- FDA has approved the IND for each Phase II STARLITE study of TLX250 in combination with immunotherapy
- STARLITE 2 dosing patients
- STARLITE 1 Institutional Review Board (IRB) approval pending



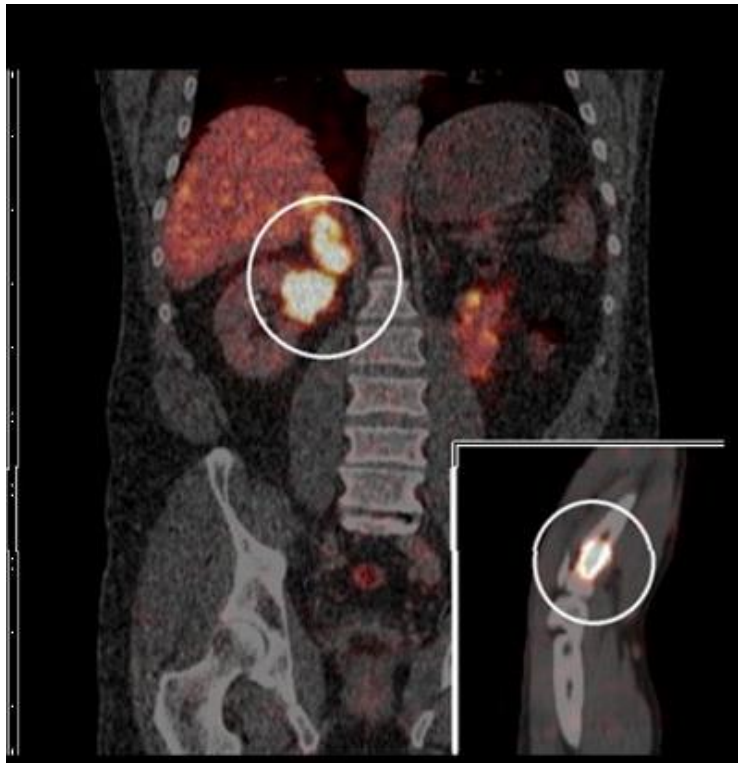
None of the product candidates described in this slide have received a marketing authorization in any jurisdiction.

TLX250-CDx: Follow-on product to Illuccix®

“Breakthrough” designation, clinical leadership opportunity

TLX250-CDx is being developed as an imaging agent for clear cell renal carcinoma (ccRCC)

- Phase III ZIRCON study has completed target enrolment of 252 patients, data readout H2 2022[1]
- Expanded access program (EAP) planned 2H 2022
- Being studied as an imaging agent assessing ability to determine if “indeterminate renal masses” are malignant through improved, whole-body imaging
- Current options for patients are limited, potential for clinical leadership with a non-invasive imaging modality for ccRCC
- Potentially offer improved surgical staging
- Biologics Licence Application (BLA) consultation process with FDA has commenced



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.[2]

1. ASX disclosure 8 March 2022
2. Hekman et al, *European Urology*. 2018.

TLX250 (therapy): Harnessing MTR[1] as an "immune primer"

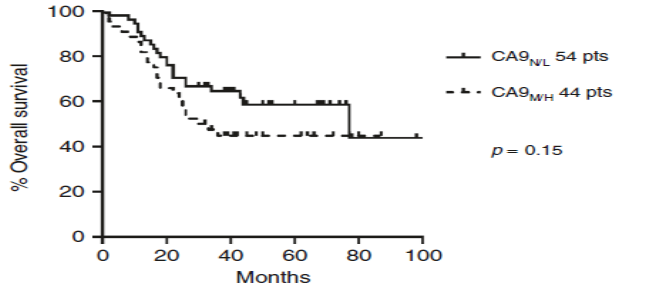
Potential to "bolt on" to the $100B[2] immunotherapy market

CA9 is over-expressed in many solid tumours and in patients who are likely to demonstrate a more limited response to cancer immunotherapy

- CA9 is upregulated in over 95% of ccRCC cases and in many hypoxic solid tumours, with low expression in most normal tissue
- Tumour hypoxia correlates with progression and resistance to therapy
- Targeted radiation may act as an "immune system primer", creating an opportunity to act in combination with immunotherapy
- Multiple investigator-led studies underway, indicates the high level of interest in this target
- Investigator-led studies are being used to "indication scout" for future therapy applications, highlighting the value of a "theranostic" approach

Recent updates / upcoming milestones

- Phase II STARLITE study progress updates (patient dosing)



CA9 expression is correlated with the presence of tumour-infiltrating lymphocytes, which may confer resistance to immunotherapy.[3]

1. Molecularly targeted radiation (MTR).
2. Global Immuno-Oncology Market Size, Status and Forecast 2021-2027.
3. Giatromanolaki et al. *British Journal of Cancer*. 2020.

Glioblastoma / LAT-1 program

Target: Large amino acid transporter 1 (LAT-1)

Lead imaging program:

TLX101-CDx (^{18}F-FET)

Targeting molecule: Small molecule

Development status:

- Preparing New Drug Application (NDA) package for FDA submission

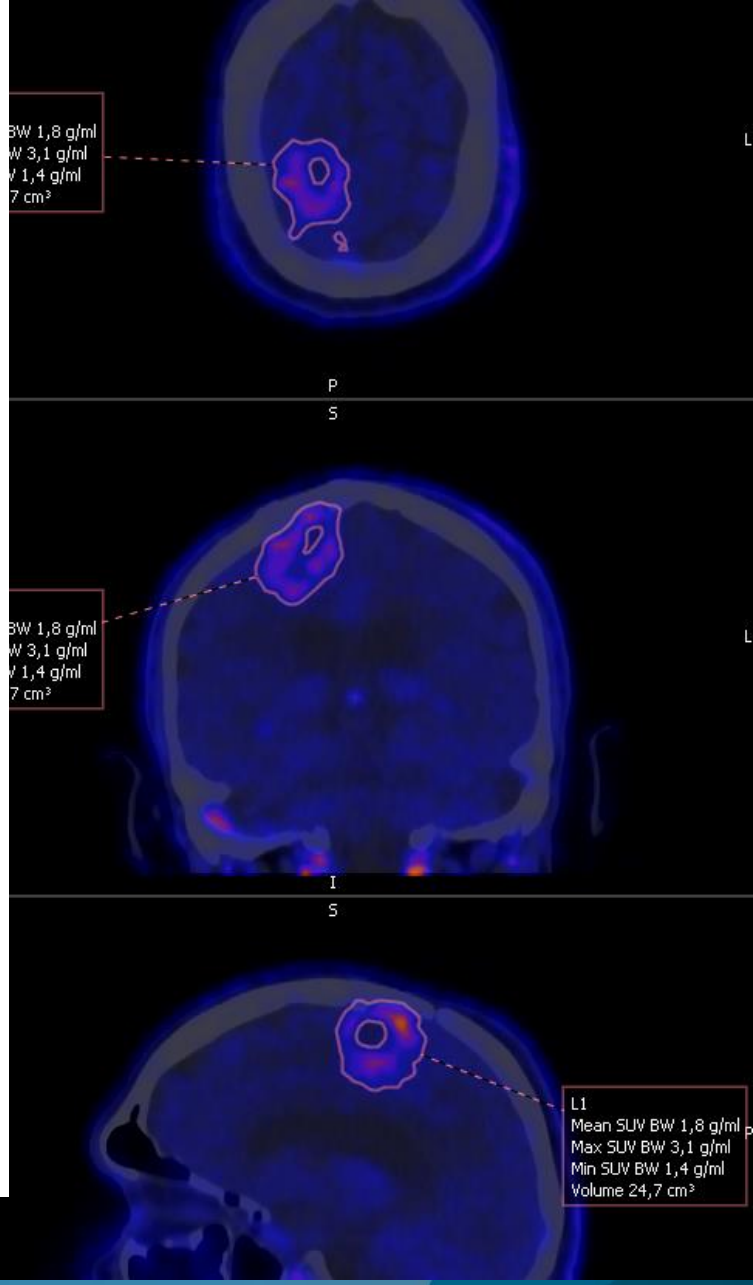
Lead therapy program:

TLX101 (^{131}I-IPA)

Targeting molecule: Small molecule

Development status:

- Ethics approval granted for follow on IPAX 2 (Phase I component) and I-PAX Linz (institutional Phase II)
- IPAX 2 Phase I/II study to commence shortly



Imaging key to managing an aggressive cancer

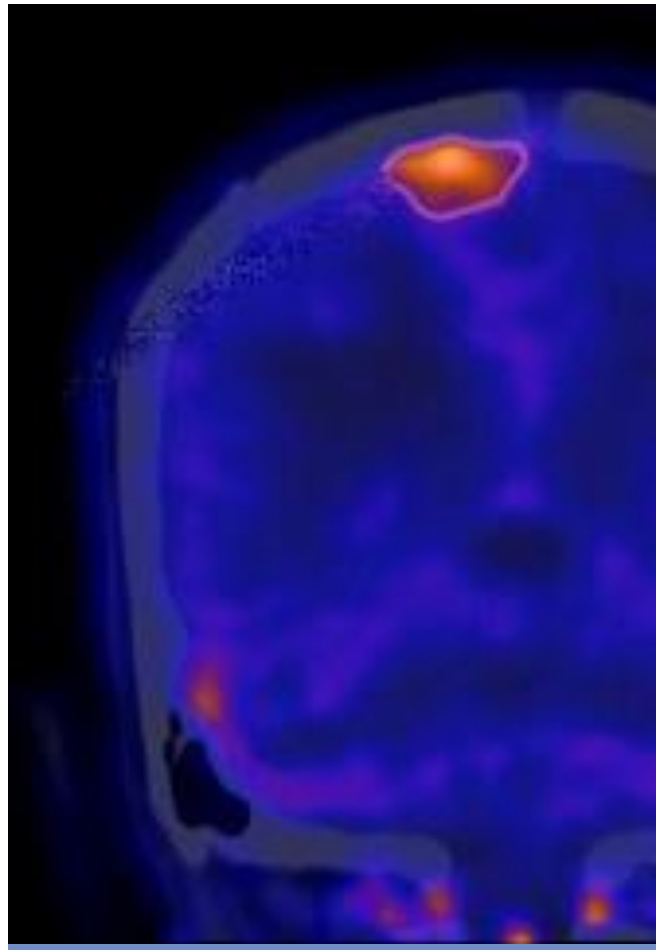
Advancing towards US regulatory filing

Brain cancer imaging expected to be Telix's third commercial imaging product

- Glioblastoma (GBM) is the most common primary brain cancer in adults, approximately 50% of brain tumours
- Imaging plays a key role in diagnosis, radiotherapy planning, and monitoring of treatment response in GBM
- FET-PET is used widely in Europe and is demonstrated to provide greater diagnostic sensitivity compared to standard imaging procedures
- Agreement with FIG[1] study (led by the Olivia Newton-John Cancer Research Institute) will provide additional clinical data to support regulatory filing[2]

Recent updates / upcoming milestones

- NDA strategy in development, targeting regulatory submission late 2022 / early 2023



PET/CT scan showing uptake of ^{18}F-FET in GBM lesions

1. FET-PET in Glioblastoma (FIG).
2. Telix media release 22 December 2021.

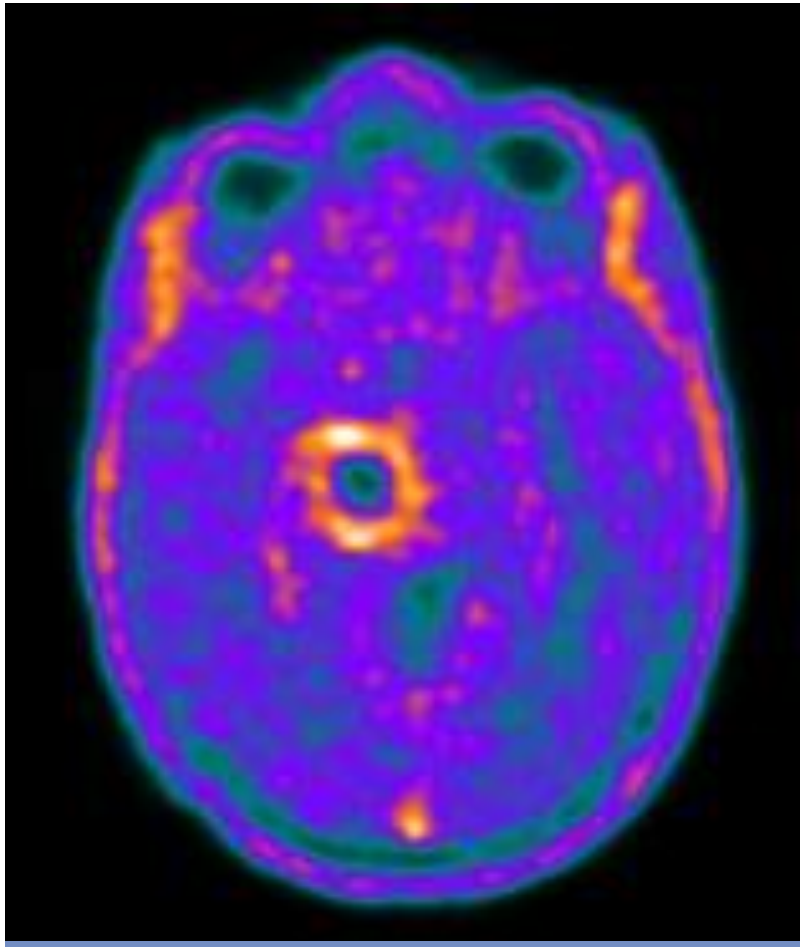
Building on the IPAX-1 experience

Promising data warrants investigation in a front-line setting

- IPAX-1 multi-centre Phase I trial of TLX101 in combination with external beam radiation therapy (EBRT) in patients with recurrent GBM completed in 2021
- Promising survival data: interim analysis showed promising median overall survival to date, based on 9 patients – OS follow-up to report 2H 2022
- Treatment well tolerated
- Evidence of anti-tumour effect from both imaging and clinical assessment
- Follow-on study will evaluate potential for DNA damage from targeted radiation using TLX101 to enhance SOC radio-chemotherapy for newly diagnosed glioma

Recent updates / upcoming milestones

- Investigator initiated trial (IIT) to commence, continued access for second-line patients in Europe (Phase II)
- Ethics approval granted for IPAX-2 follow on study (Phase I arm)



PET/CT scan visualising an area of post-treatment necrosis (TLX101)

Bone marrow conditioning / CD66

Target: CD66 (Cluster of differentiation 66)

Lead imaging program:

TLX66-CDx (^{99m}Tc-besilesomab)
Scintimun® for scintigraphic bone imaging

Targeting molecule: Antibody

Development status:

- Marketing authorisation granted in Europe / RoW (30 countries)
- US market feasibility assessment underway for several high-value indications

Lead therapy program:

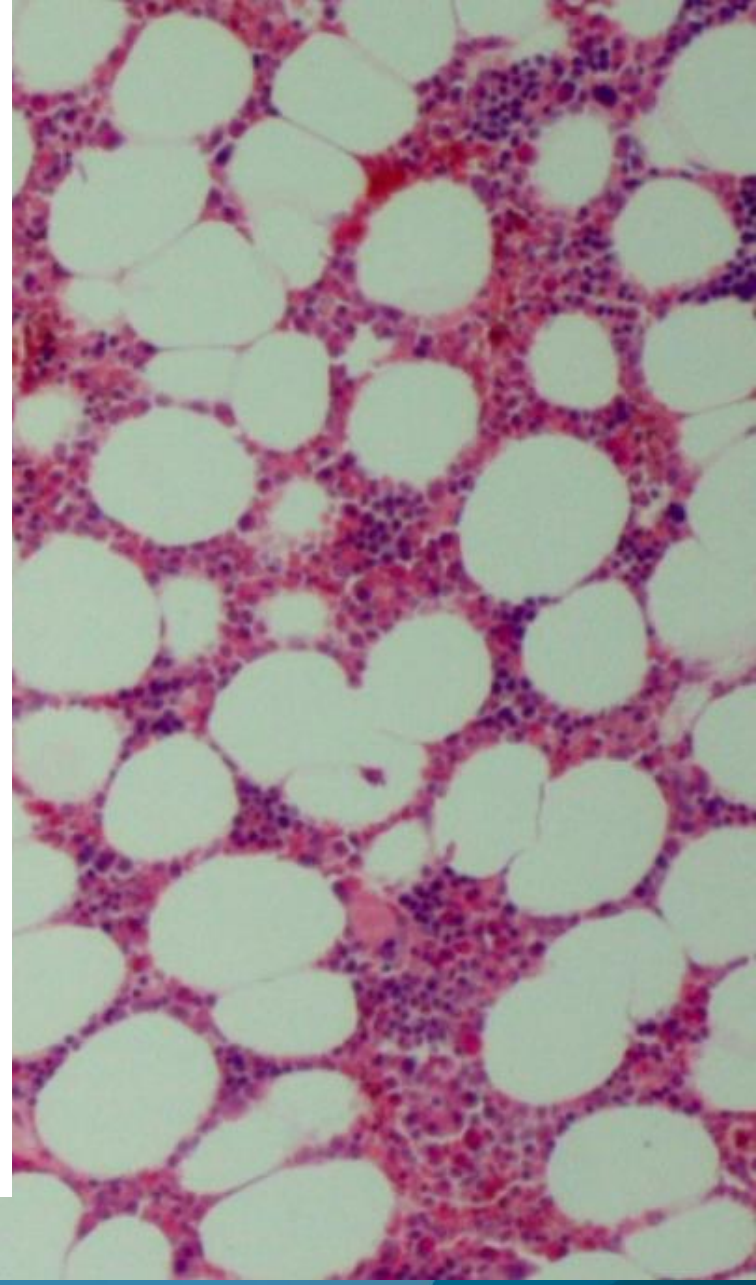
TLX66 (^{90}Y-besilesomab)

Bone marrow conditioning (BMC) for systemic amyloid light chain amyloidosis

Targeting molecule: Antibody

Development status:

- Phase I TRALA study complete, met primary end-point of safety
- 100% patient engraftment, PR/CR in 7/9 patients
- Follow on study in planning
- US FDA and EMA ODD[1] granted for TLX66 for BMC



1. Orphan Drug Designation.

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 insights gained from imaging, link to therapeutic outcomes

Radio-guided surgery

Bringing molecular imaging into the operating room

TELIX PHARMACEUTICALS

Catalysts

Recent milestones	Q2 2022	2H 2022
Illuccix® first commercial doses in US	HCPCS code and pass-through granted for Illuccix ✓	Full reimbursement effective in US for Illuccix (pass-through)
ZIRCON Phase III study 252 patients enrolled	IPAX-2 (brain cancer) study patient enrolment	ZIRCON study data readout
Tiffany Olson appointed to Board	First commercial sales of Illuccix in Australia (July)	ProstACT GLOBAL patients added ex-AUS
Brain cancer therapy advancement – IPAX-2 and I-PAX Linz ethics approval	STARLITE study patient dosing commenced ✓	TLX250-CDx regulatory BLA filing status update
ProstACT TARGET ethics approval		CUPID alpha therapy interim update
US FDA ODD granted for TLX66 for bone marrow conditioning		
Licence agreement with Lilly for olaratumab		

Thank you and questions

Investor relations contact:

Kyahn.williamson@telixpharma.com