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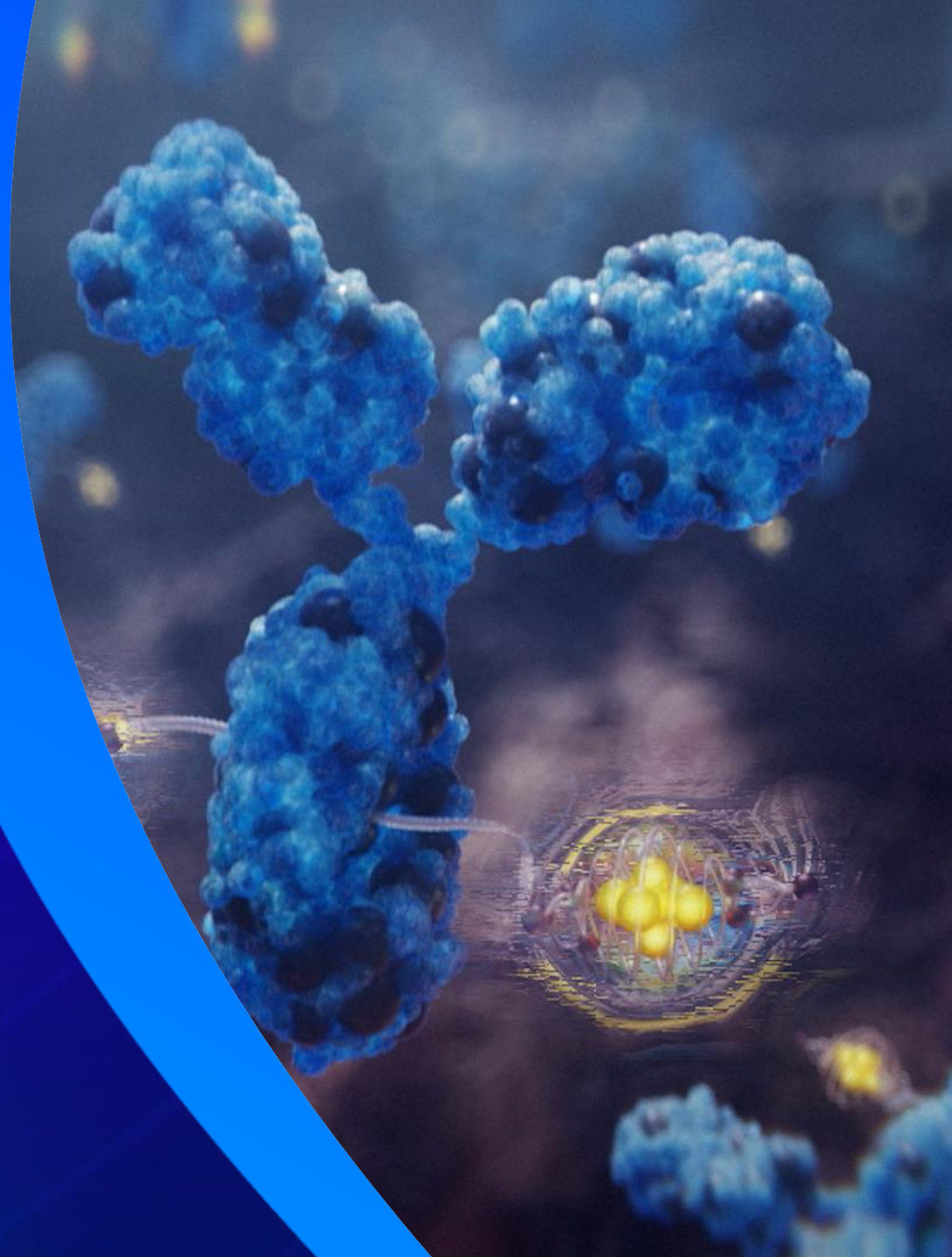
Pipeline overview

January 12, 2026

NASDAQ: TLX | ASX: TLX



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Zircaix and Pixclara brand names subject to final regulatory approval.

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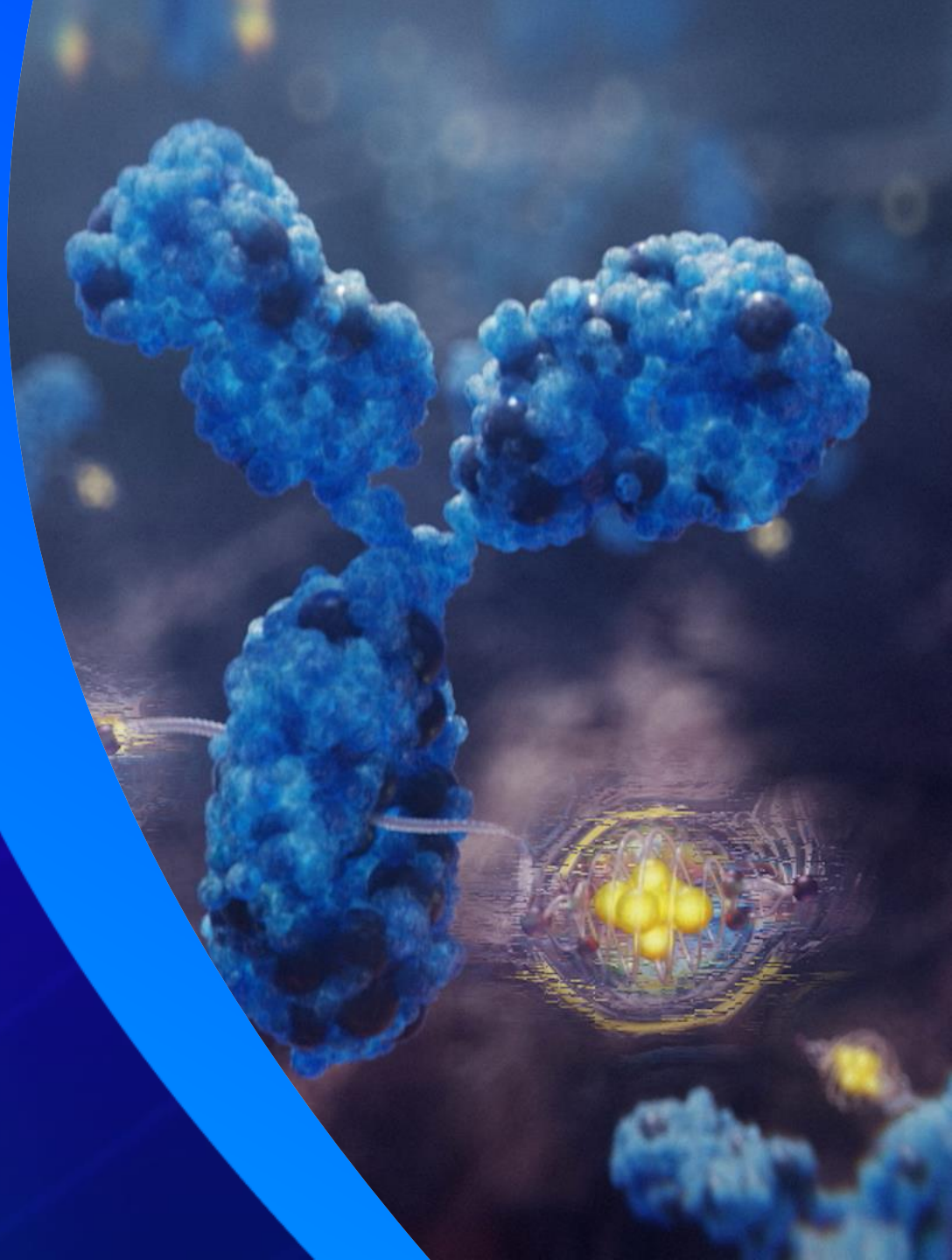
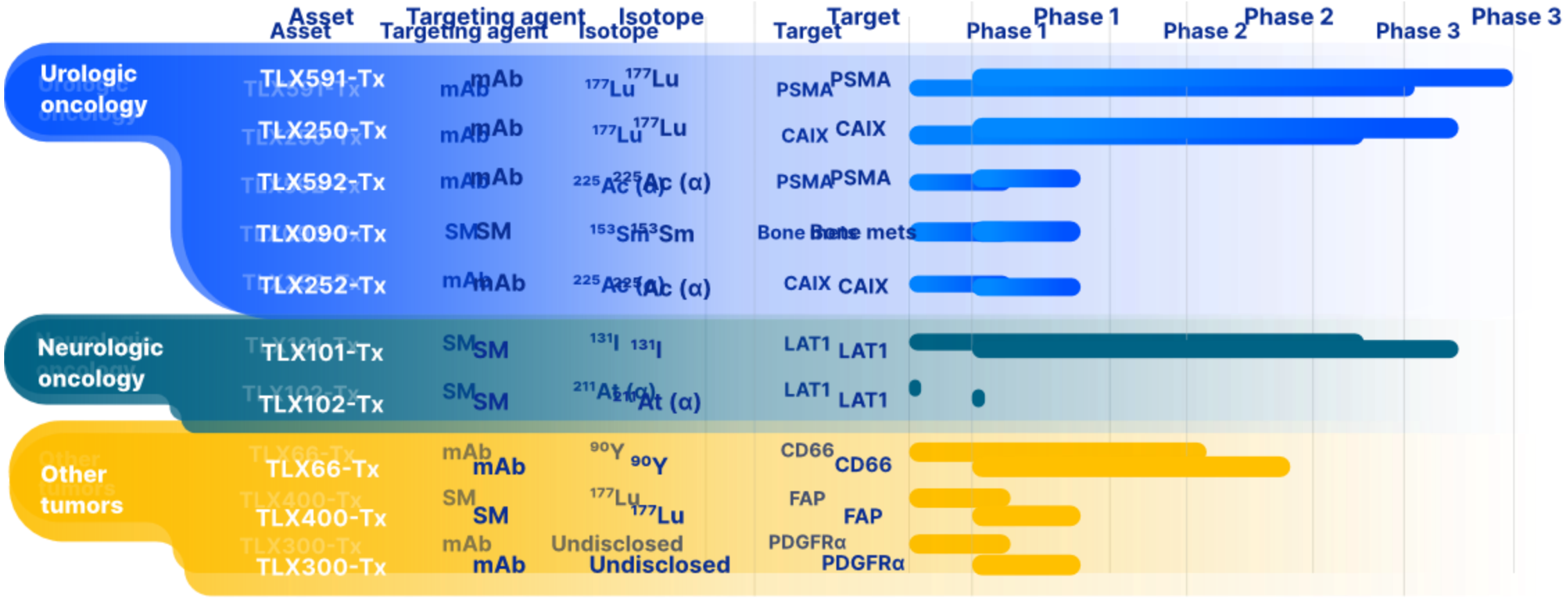
Therapeutics pipeline overview



Therapeutics pipeline: Late-stage and next-generation assets

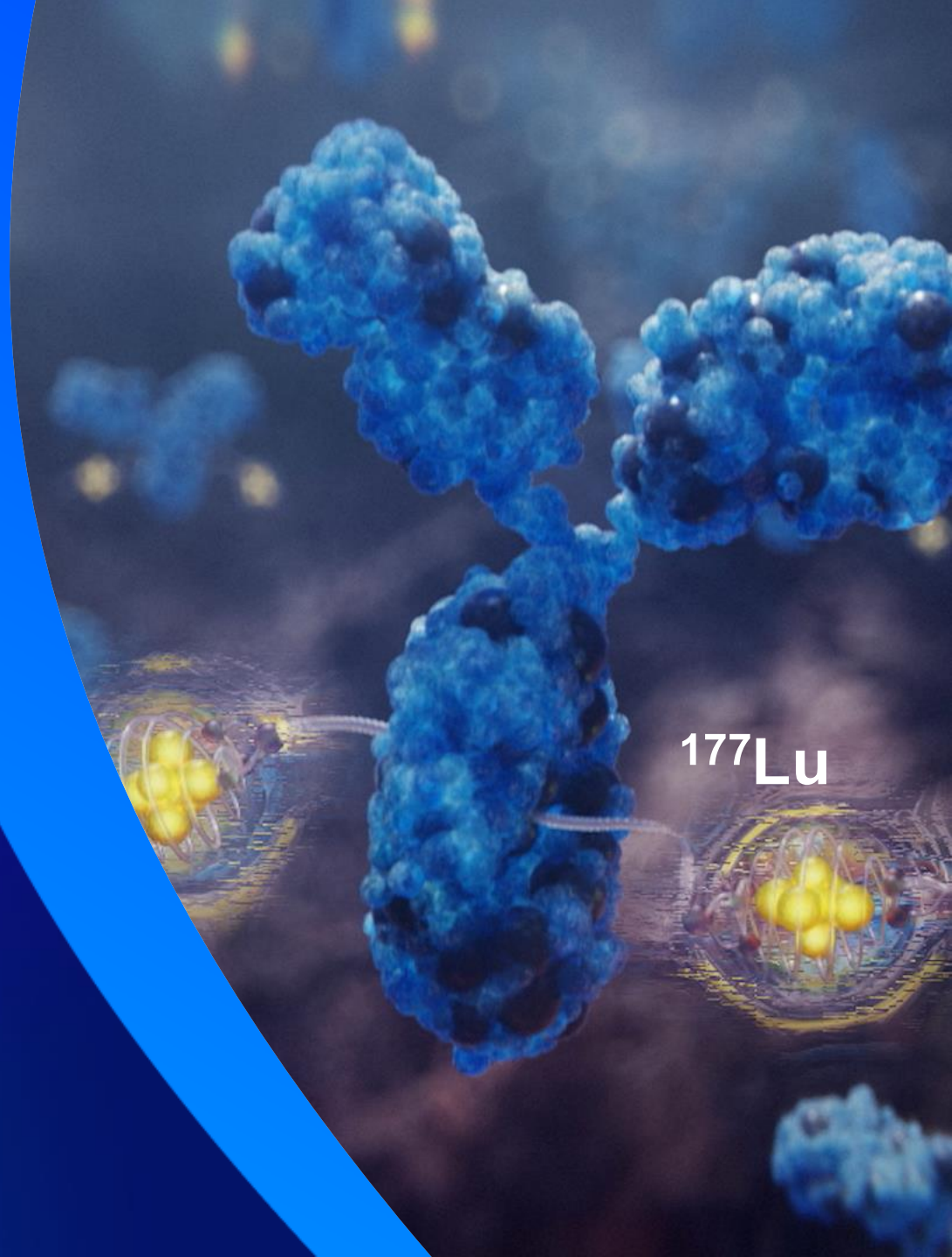
Building a leadership position in urologic and neurologic oncology



PSMA: Prostate-specific membrane antigen.
CAIX: Carbonic anhydrase IX.
LAT1: L-Type amino acid transporter 1.
CD66: Cluster of differentiation 66.

PDGFRα: Platelet-derived growth factor receptor alpha.
mAb: Monoclonal antibody.
SM: Small molecule.
FAP: Fibroblast activation protein.

TLX591-Tx



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TLX591-Tx: Program overview

ProstACT™ Global

Product candidate

TLX591-Tx (^{177}Lu-rosopatamab tetraxetan)

Targeting agent/target

Radiographic antibody drug conjugate, rADC / Prostate-specific membrane antigen, PSMA

Potential indication(s)

Metastatic castrate resistant prostate cancer, mCRPC

Clinical experience

242 patients, 8 Phase 1 and 2 trials[1]

ProstACT SELECT study demonstrated safety profile and biodistribution[2]

Median radiographic Progression-Free Survival, rPFS of 8.8 months[3]

Clinical trial

Name: ProstACT Global

Description: Combination therapy candidate with standard of care (abiraterone, enzalutamide, docetaxel). Two-part study (Part 1 and Part 2)

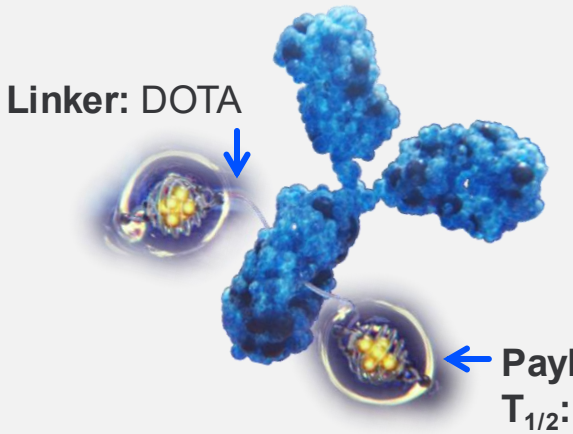
Phase: 3

Part 1 lead in: n=30

Endpoints

Primary: Safety and tolerability (Adverse events (AEs)

Secondary: pharmacokinetics (PK), biodistribution (BD) and radiation dosimetry



Part 2 (randomized treatment expansion), n=490

Endpoints

Primary: rPFS

Secondary: OS, ORR, symptomatic skeletal event (SSE)

ClinicalTrials.gov ID: NCT06520345

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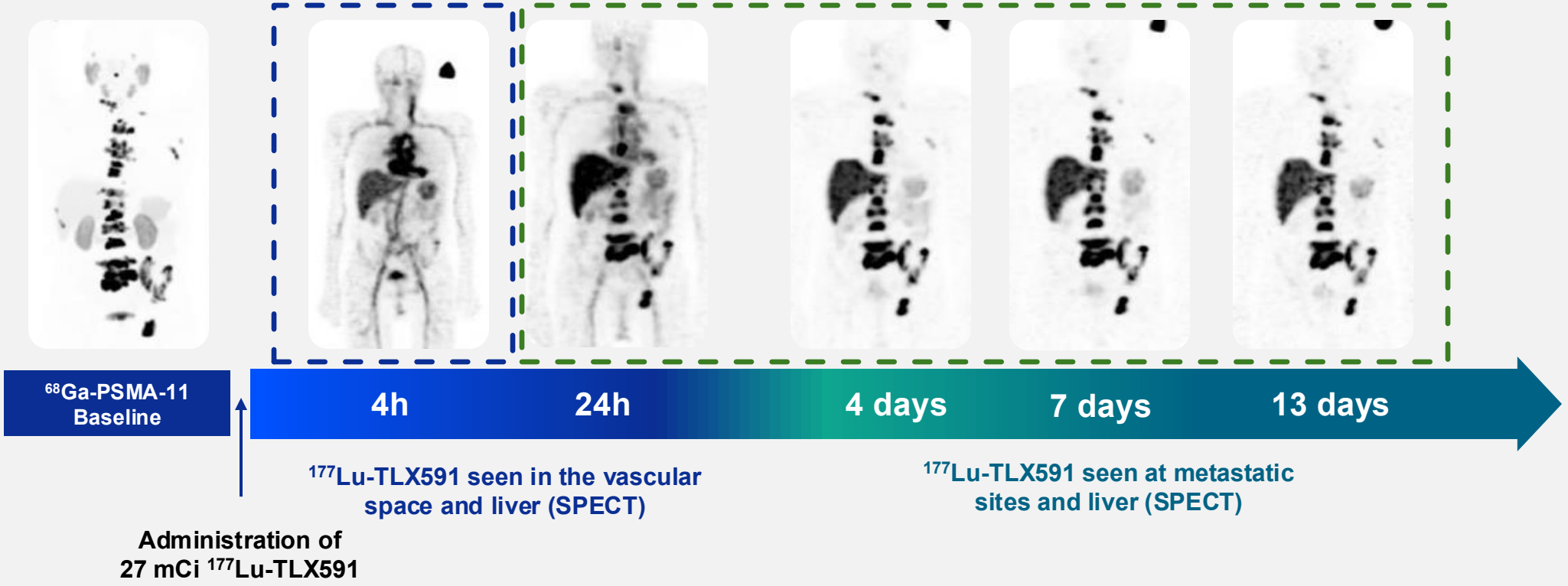
1. Bander et al. *J Clin Oncol*. 2005. Tagawa et al. *Clin Cancer Res*. 2013. Tagawa et al. *Cancer*. 2019. Batra et al. *Urol Oncol*. 2020. Niaz et al. *Oncologist*. 2020.
2. Telix ASX disclosure 19 October 2023. ClinicalTrials.gov ID: NCT04786847.
3. ProstACT SELECT, data on file. Final clinical study report, December 2025.

ProstACT SELECT: Biodistribution

TLX591-Tx in the blood is rapidly cleared by the liver

Distribution of ^{177}Lu-TLX591 over 13 days[1]*

Patient representative scans - individual results may vary.



Abbreviated ProstACT SELECT study design: A phase 1 study (N=28) to evaluate the safety, tolerability, biodistribution, and dosimetry of ^{177}Lu-TLX591 in patients with PSMA-expressing mCRPC[2].

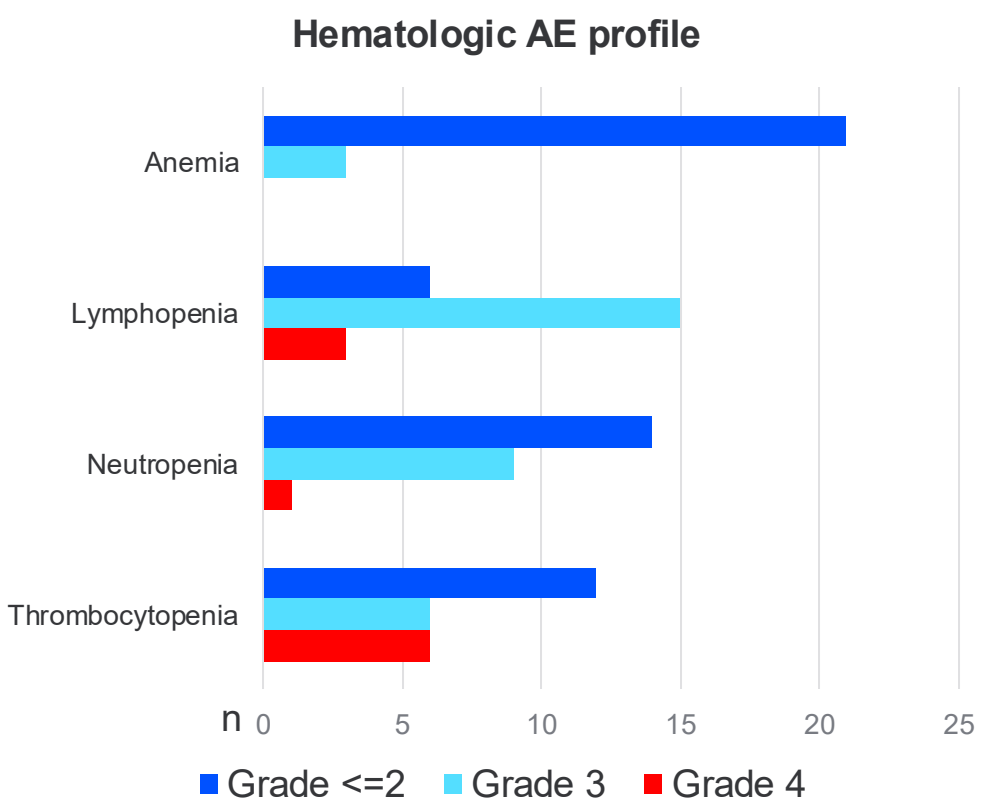
*Scans of high disease burden patient with mCRPC from ProstACT SELECT[1].

^{68}Ga=gallium 68; ^{177}Lu=Lutetium-177; mCRPC=metastatic castration-resistant prostate cancer; PSMA=prostate specific membrane antigen.

1. Data on File, ProstACT SELECT final clinical study report, December 2025. **2.** Lenzo N, et al. *J Nucl Med*. 2024.

ProstACT SELECT: Safety data

Safety and tolerability profile[1]



Hematologic laboratory profile[2]

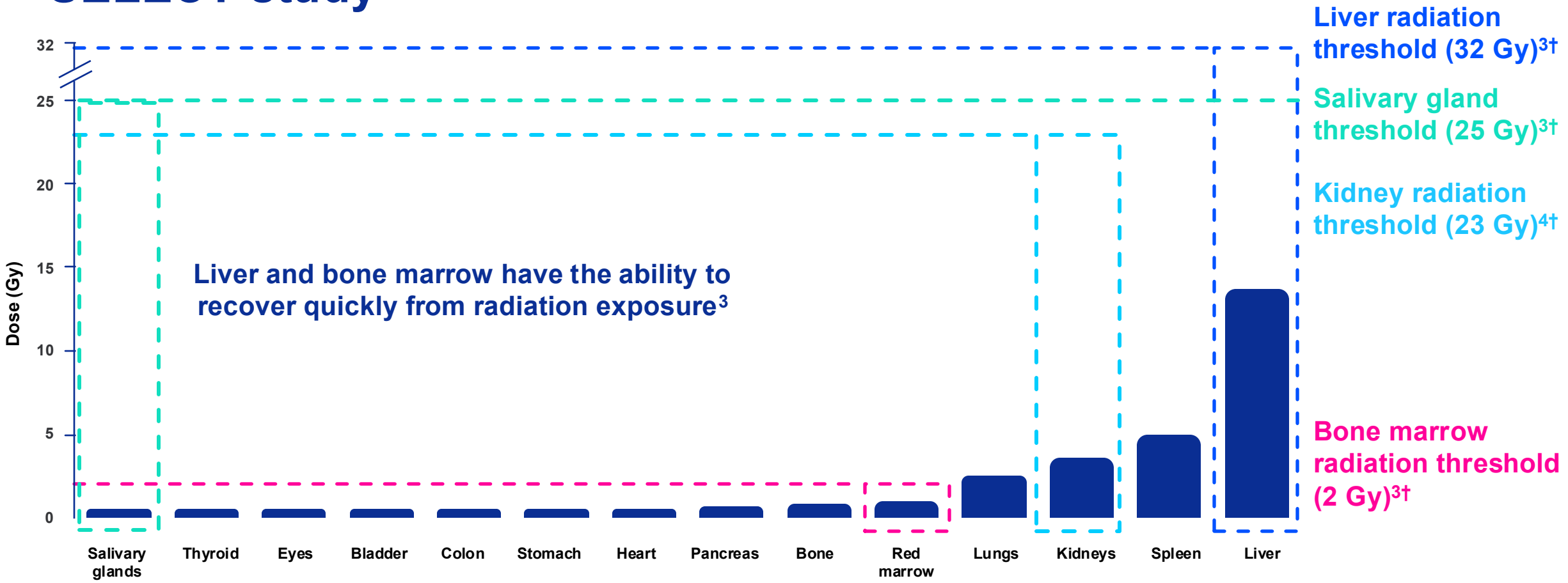
- Grade 3 thrombocytopenia (25%) and neutropenia (38%) events in line with profile expected for this class of therapy
- Grade 4 thrombocytopenia (25%) and neutropenia (4%) were transient
- Four patients (17%) received intervention for hematologic toxicity in the form of platelets, growth factors or both

Non-hematologic events[2]

- All drug-related non-hematologic events were grade 1 or grade 2
- The most prevalent non-hematological adverse events were fatigue (76%), nausea (20%) and loss of appetite (20%)

1. Telix ASX disclosure 19 October 2023. Total evaluable patient population, N=28. Interim analysis. ClinicalTrials.gov ID: NCT04786847.2. Data on file, final clinical study report, December 2025.

ProstACT SELECT: Liver, kidney and red marrow received radiation doses below recommended thresholds in ProstACT SELECT study[1,2]



Abbreviated ProstACT SELECT study design: A phase 1 study (N=28) to evaluate the safety, tolerability, biodistribution, and dosimetry of ^{177}Lu-TLX591 in patients with PSMA-expressing mCRPC.

*In cohort 2 of ProstACT SELECT (n=23), patients received 76 mCi of ^{177}Lu-TLX591 x 2 doses 14 days apart

†External beam radiation limits.

1. Data on file. Final clinical study report, December 2025.
2. Lenzo N, et al. *J Nucl Med*. 2024.
3. Wahl RL, et al. *J Nucl Med*. 2021.
4. https://www.fda.gov/media/144845/download 5.

TLX591-Tx: ProstACT Global, Phase 3 trial design

Part 1: Dosimetry & Safety Lead-In (n = 30)

Eligibility
- Confirmed mCRPC
- Progressed once on prior 2nd generation ARPI
- Docetaxel in mCSPC if ≥6 months prior

76mCi ← 2 weeks → 76mCi

Fractionated dosing

TLX591-Tx + SOC
- abiraterone (10)
- enzalutamide (10)
- docetaxel (10)

N = 30

Primary
- AEs/SAEs

Secondary

-PK, BD, radiation dosimetry

Exploratory
- rPFS, ORR, OS, PSA

Characterize biodistribution & safety profiles of TLX591-Tx + SOC combinations

Part 2: Randomized Treatment Expansion (n = 490)

2:1

TLX591-Tx + SOC
- abiraterone
- enzalutamide
- docetaxel

N = 327

SOC
- abiraterone
- enzalutamide
- docetaxel

N = 163
Futility Analysis

Primary
- rPFS

Key Secondary
- OS

Other Secondary
- ORR
- SSE
- PSA
- HRQoL

ProstACT

Milestones: Part 1 data readout

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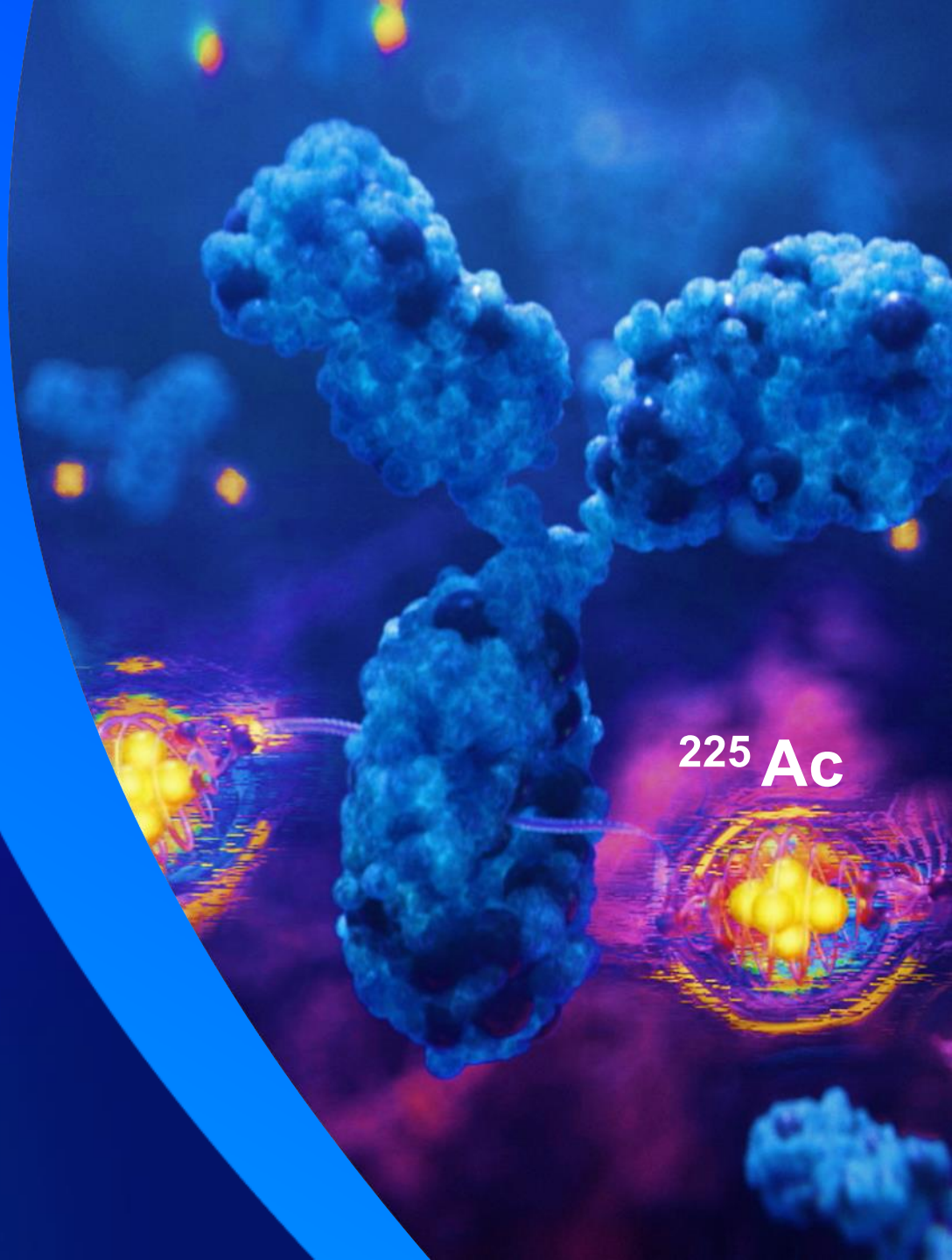
mCRPC = metastatic castrate resistant prostate cancer, ARPI = Androgen Receptor Pathway Inhibitor, SoC = Standard of Care, rPFS = radiographic progression free survival, OS = Overall survival, ORR = Overall response rate, SSE = symptomatic skeletal event, PSA= prostate specific antigen, HRQoL = Health related quality of life

ClinicalTrials.gov ID: NCT06520345

TLX592-Tx



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TLX592-Tx: Program overview

AlphaPRO™

Product candidate

TLX592-Tx (^{225}Ac-PSMA-RADmAb))

Targeting agent/target

Monoclonal antibody engineered for faster clearance[1]

Prostate-specific membrane antigen, PSMA

Potential indication(s)

Metastatic castrate resistant prostate cancer, mCRPC

Clinical experience

CUPID[2] Phase 1 imaging study demonstrated:

^{64}Cu-TLX592 clears the blood more rapidly than ^{177}Lu-TLX591 with similar biodistribution

^{64}Cu-TLX592 had acceptable safety profile and was well tolerated[3]

Clinical trial[4]

Name: AlphaPRO

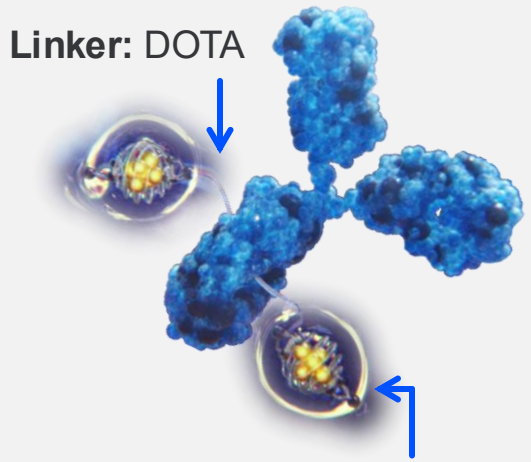
Description: First-in-human escalation study of ^{225}Ac-TLX592 administered activity in metastatic castrate resistant prostate cancer, mCRPC patients

Phase: 1

Endpoints

Primary: Incidence and severity of adverse events (AEs) and dose-limiting toxicities (DLTs)

Key Secondary: PSA response, objective response rate (ORR), duration of response (DoR), radiographic progression-free survival (rPFS), recommended Phase 2 dose (RP2D), pharmacokinetics (PK) and biodistribution



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1. Fletcher, N et al. *Mol. Pharmaceutics* 2025.
2. ClinicalTrials.gov ID: NCT04726033
3. Presented at ASCO GU, February 2025. NCT04726033.

ClinicalTrials.gov ID: NCT04726033

CUPID imaging study indicated an acceptable safety and biodistribution profile of ^{64}Cu-TLX592 (^{64}Cu-PSMA-RADmAb)[1,2]

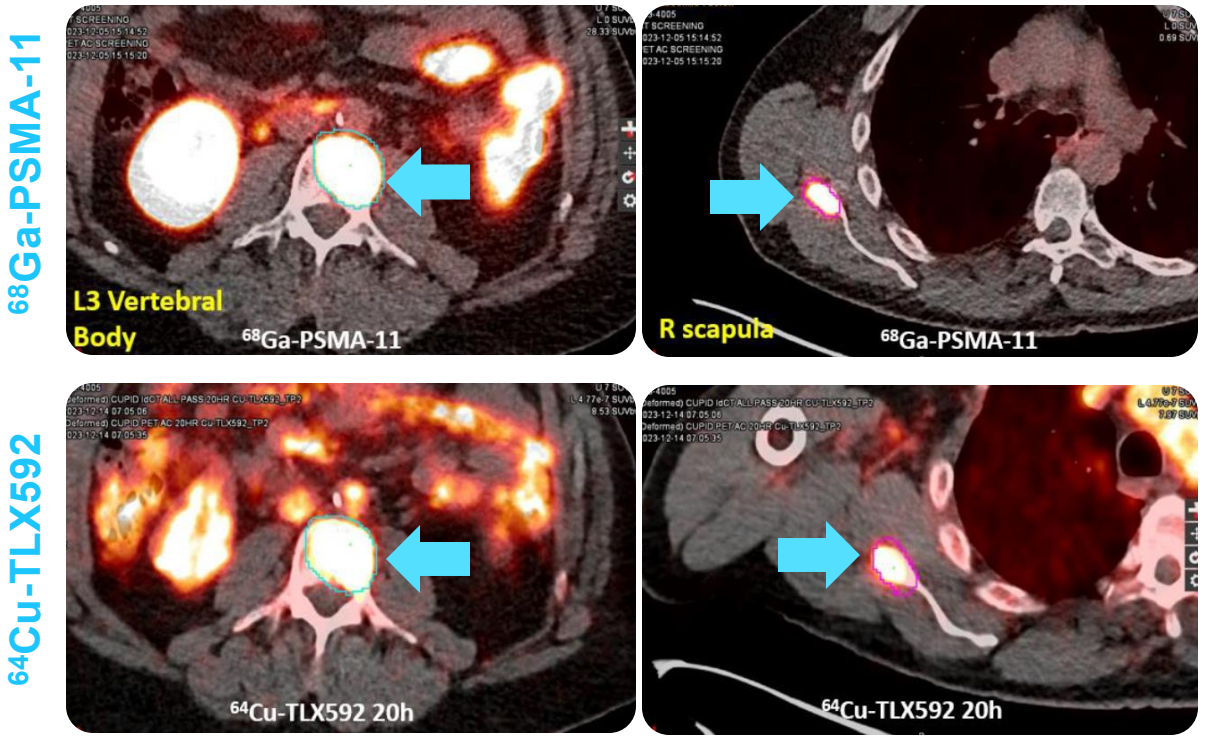
Next generation alpha emitter for mCRPC

CUPID Phase 1 Study demonstrated [1,2]:

- Promising data showing a shorter blood clearance T½ for Cu-TLX592 when compared to TLX591-Tx with comparable overall biodistribution
  - ^{64}Cu-TLX592: T½ = 19.86 ± 1.96h
  - ^{177}Lu-TLX591: T½ = 33.65 ± 11.04h
- Specific *tumor targeting* of ^{64}Cu-TLX592
- ^{64}Cu-TLX592 had *acceptable safety profile & was well tolerated*[3]

Optimized antibody clearance has the potential to minimize radiation exposure & augment safety & tolerability profile of antibody-based therapies

Confirmation of Tumor Targeting compared to Illuccix®



1. Telix ASX disclosure, 21 May 2024.
2. Refers to CUPID imaging study, using ^{64}Cu-PSMA-RADmAb, presented at ASCO GU, February 2025, ClinicalTrials.gov ID: NCT04726033.
3. Presented at ASCO GU, February 2025. NCT04726033.

Patient representative scans - individual results may vary.

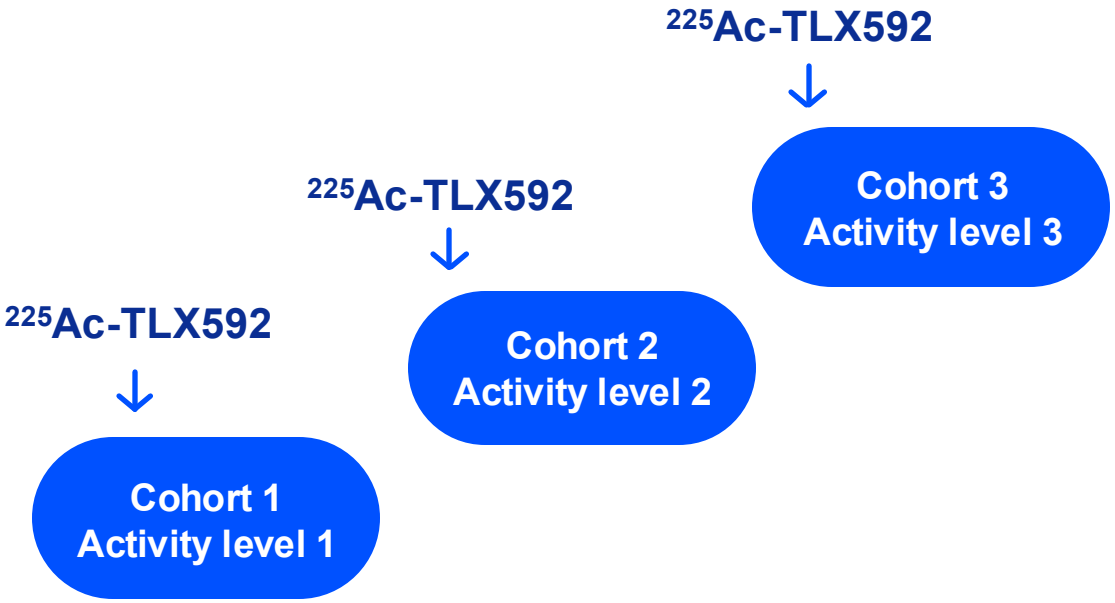
TLX592-Tx: AlphaPRO, First-In-Human Study

Targeting mCRPC patients post-ARPI, ^{177}Lu-PSMA RNT and/or Chemotherapy

Phase 1, administered-activity escalation study with single administration of ^{225}Ac-TLX592

Eligibility

- Confirmed mCRPC
- PSMA+ (VISION criteria)
- Progressed on prior ARPI and ^{177}Lu-PSMA RNT and/or docetaxel or cabazitaxel



Primary
AEs/SAEs, DLTs**K**
Key secondary
PSA response,
PK and biodistribution
ORR,
DoR,
rPFS,
RP2D
Key exploratory
OS
ctDNA/CTC

AlphaPRO™

Ethics approval obtained. Planning to commence patient enrollment at Australian sites in 2026

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mCRPC = metastatic castrate resistant prostate cancer, RNT = radionuclide therapy.

TLX250-Tx

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TLX250-Tx: Program overview

Product candidate

TLX250-Tx (^{177}Lu-DOTA-girentuximab)

Targeting agent/target

Monoclonal antibody / Carbonic anhydrase IC (CAIX)

Potential indication(s)

Clear cell renal cell carcinoma, ccRCC

Clinical experience

Promising signals of efficacy in Phase 1 and a Phase 2 RCC monotherapy studies with a manageable safety profile at lower doses[1]

Clinical trial

Name: LUTEON

Description: randomised, multi-center, open-label study to evaluate the safety and efficacy of 177Lu-girentuximab in participants with advanced, relapsed or recurrent, CAIX expressing ccRCC

Phase: 2/3

Part 1: n = 40

Primary endpoints: Safety/Recommended phase 3 dose, RP3D

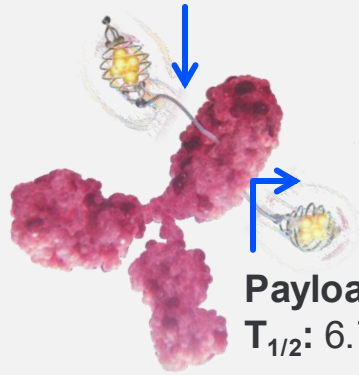
Secondary endpoints: pharmacokinetics (PK), biodistribution (BD), dosimetry, overall response rate (ORR), Duration of Response (DoR), Progression Free Survival (PFS), Disease Control Rate (DCR), Overall Survival (OS), HACA, neutralizing antibodies (nAbs)

Part 2: n= tbd

Primary endpoints: median progressive-free survival (mPFS)

Secondary endpoints: OS; ORR, DoR, DCR, exposure response evaluation, Quality of Life, safety, tolerability

Linker: DOTA



Payload: ^{177}Lu

$T_{1/2}$: 6.7 days

Name: STARLITE-1

Description: Investigator Initiated Trial (IIT); 177Lu girentuximab in combination with cabozantinib and nivolumab in treatment naïve patients with advanced ccRCC

Phase:1b/ 2 n = 100

Primary endpoints: 1) safety
2) Complete Response rate, CR

1. ClinicalTrials.gov ID: NCT05663710. 2. ClinicalTrials.gov ID: NCT05239533.
3. ClinicalTrials.gov ID: NCT05868174. 4. Stillebroer 2013 and Muselaers 2016

ClinicalTrials.gov ID: NCT05663710 **ClinicalTrials.gov ID: NCT07197580**

TLX250-Tx: First in class rADC targeting ccRCC

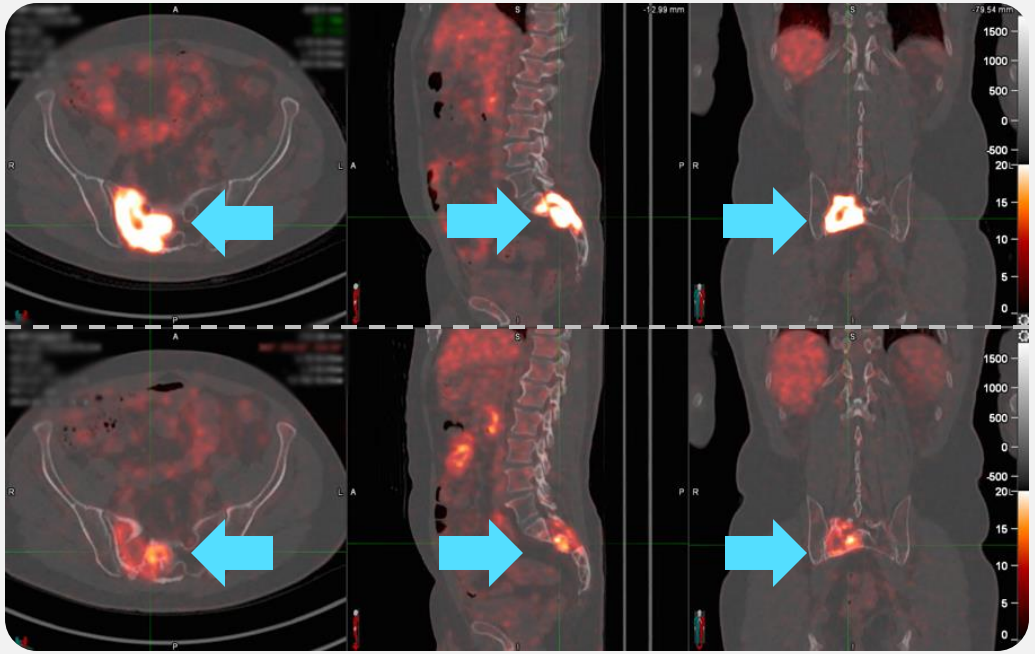
Positioned to be first CAIX-targeting rADC to market

- High unmet need in late-line RCC, with expansion potential to other solid tumors
- Promising target expressed in >95% of ccRCC (most common kidney cancer) and range of solid tumors[1]
- Validated ability to image CAIX with girentuximab targeting agent[2], use of extensively studied ^{177}-Lutetium payload de-risks clinical program
- Promising signals of efficacy in Phase 1 and Phase 2 RCC monotherapy studies with a manageable safety profile at lower doses[3,4]

rADC = radiographic Antibody Drug Conjugate,
ccRCC = clear cell Renal Cell Carcinoma

Images from Telix's STARSTRUCK Combination study with peposertib, data on file

Patient representative images, individual results may vary.

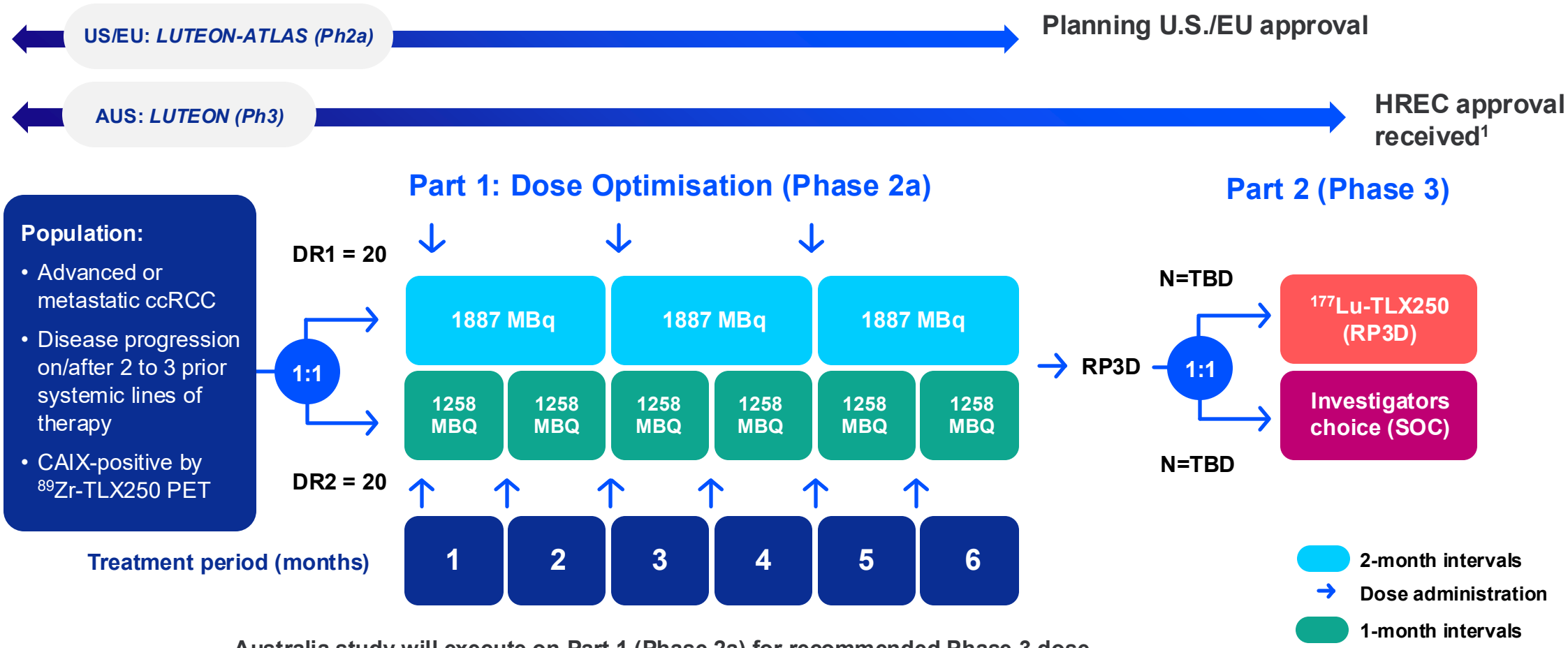


TOP: ^{89}Zr-girentuximab PET/CT at baseline showing uptake in a sacral metastatic lesion in a patient with ccRCC
BOTTOM: ^{89}Zr-girentuximab PET/CT after three cycles of ^{177} Lu girentuximab and peposertib therapy

1. Pastorekova S and Gillies RJ. *Cancer Metastasis Rev*. 2019.
2. Shuch et al. *Lancet Oncology* 2024.
3. Stillbroer et al. *European Urology*. 2013.
4. Muselaers et al. *European Urology*. 2016.

TLX250-Tx: LUTEON, Ph3 and LUTEON-ATLAS, Ph2a trial design

Monotherapy study schema is identical for Australia and U.S./EU



Australia study will execute on Part 1 (Phase 2a) for recommended Phase 3 dose

1. ClinicalTrials.gov ID NCT07197580

HREC = Human Research Ethics Committee, ccRCC = clear cell renal cell carcinoma, DR1 = Dosing regimen 1, DR2 = Dosing regimen 2, PET = positron emission tomography, R= randomization, RP3D = recommended Phase 3 dose, SoC = Standard of care

TLX252-Tx

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TLX252-Tx: Program overview

Product candidate

TLX252-Tx (^{225}Ac-DOTA-girentuximab)

Targeting agent/target

Monoclonal antibody /
Carbonic anhydrase IC (CAIX)

Potential indication(s)

Clear cell renal cell carcinoma, ccRCC and other CAIX- expressing tumors

Clinical experience

- ZIRCAIX[1] is used as an imaging surrogate for ^{225}Ac-TLX252. The ZIRDOSE Phase 1 study[2] characterized its biodistribution and dosimetry in ccRCC, enabling extrapolation to ^{225}Ac.
- Investigator-initiated trials showed effective tumor targeting with ZIRCAIX[1] in triple-negative breast cancer[3] and non-muscle-invasive bladder cancer[4], indicating the potential for CAIX-targeted alpha therapy beyond ccRCC.

Clinical trial

Name: ALPHIX

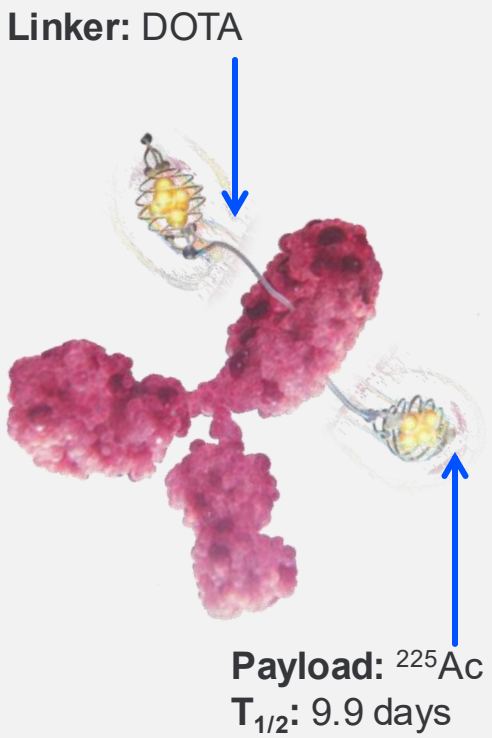
Description: First-in-human escalation study of ^{225}Ac-TLX252 administered activity in ccRCC and other CAIX-expressing tumors

Phase: 1

Endpoints

Primary: Incidence and severity of adverse events (AEs) and dose-limiting toxicities (DLTs)

Key Secondary: objective response rate (ORR), disease control rate (DCR), duration of response (DoR), progression-free survival (rPFS), time to tumour progression (TTP) and pharmacokinetics (PK)



1. Brand name subject to final regulatory approval.
2. ClinicalTrials.gov ID NCT03556046. Merkx, et al. *Eur J Nucl Med Mol Imaging* 2021.
3. ClinicalTrials.gov ID NCT04758780 (OPALESCENCE). Positive topline results presented at SABCS in December 2023, Telix media release 7 December 2023. Telix ASX disclosure 12 November 2025. Rousseau, C. et al. *Eur J Nucl Med Mol Imaging. 2025.*
4. ClinicalTrials.gov ID NCT04897763 (PERTINENCE). Telix ASX disclosure 24 August 2022. Rousseau C, et al. *Cancers* (Basel). 2025.

TLX252-Tx: Opportunity to address hypoxia-driven resistance

ZIRCAIX clinical data and ^{225}Ac-TLX252 preclinical efficacy support a move into Phase 1 therapy study

Significant unmet need for patients with CAIX-expressing tumors, a marker of hypoxia[1]

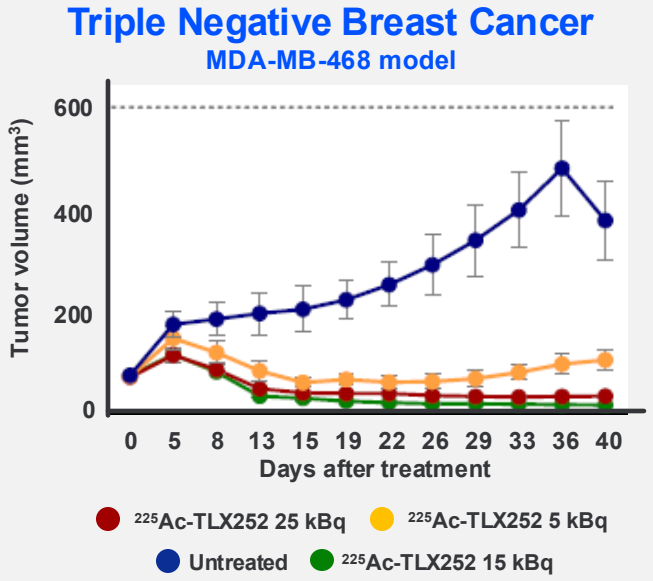
- Significantly poorer overall survival, shorter disease-free survival, and greater risk of recurrence and metastasis[1]
- Overall, approximately 30-70% of patients have CAIX-high tumors across solid cancer types.[2,3]
- CAIX is a broad indicator of aggressive, treatment-resistant disease in most solid tumors [4,5,6]

Opportunity to overcome hypoxia-driven treatment resistance with ^{225}Ac-TLX252

- α-particles, such as those emitted by ^{225}Ac, have unique properties that may help overcome treatment resistance in aggressive tumors[7]

Demonstrated efficacy of ^{225}Ac-TLX252 in preclinical model [8]

Tumor regression seen in triple negative breast cancer mouse model



Telix

1. van Kuijk et al. *Front Oncol.* 2016. 2. Betof, et al. *Br J Cancer.* 2012. 3. Williams et al. *Virchows Arch.* 2012. 4. Leite et al. *Clin Genitourin Cancer.* 2022. 5. Zandberg et al. *J Immunother Cancer.* 2021. 6. Pastorekova, S., Gillies, R.J. *Cancer Metastasis Rev.* 2019. 7. Sgouros G. *Cancer Research.* 2019; 8. Data on file.

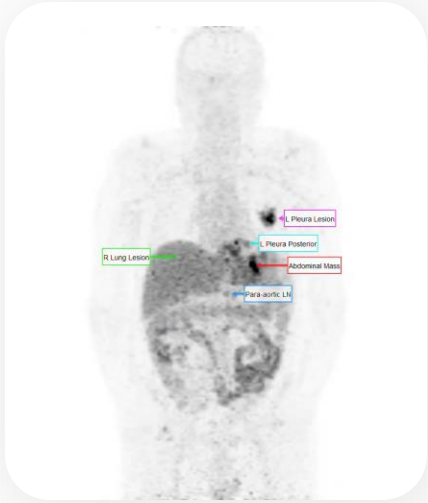
TLX252-Tx: ALPHIX, entering first-in-human study

ZIRCAIX clinical data and ^{225}Ac-TLX252 preclinical efficacy support Phase 1 Tx study

Patient population → **Patient selection** → **^{225}Ac-TLX252 first treatment cycle** → **^{225}Ac-TLX252 subsequent treatment cycles**

CAIX-expressing tumors

ZIRCAIX[1] predictive dosimetry



Administered according to the patient's assigned cohort

- Cohort 3 Activity level 3
- Cohort 2 Activity level 2
- Cohort 1 Activity level 1

Adjusted based on personalized predictive dosimetry findings and patient response

Ethics approval obtained. Planning to commence patient enrollment at Australian sites in 2026

Telix

1. Brand name subject to final regulatory approval.

TLX090-Tx

Telix

TLX090-Tx: Program overview

Product candidate

TLX090-Tx (^{153}Sm-DOTMP)

FDA Orphan Drug designation

Targeting agent/target

Small molecule / hydroxyapatite in areas of high bone turnover

Indication(s)

Palliation of bone pain from metastatic prostate cancer or breast cancer

Clinical experience

Phase 1 data demonstrate favorable early safety profile and encouraging efficacy signal[1]

Clinical trial(s)

Name: Solace

Description: SOLACE (Samarium Optimized for Long-lasting Analgesia in Cancerous End-stage bone pain) is an open-label Phase 1 clinical trial enrolling patients with advanced cancer that has metastasized to the bony skeleton

Phase: 1

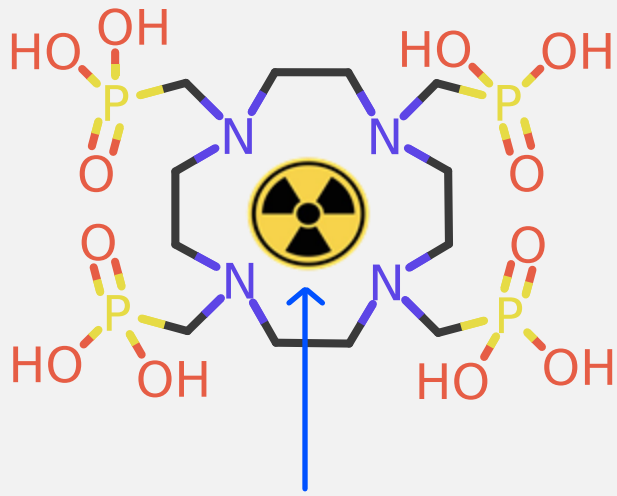
Part A: Dose escalation, n = 9-12

Part B: Dose selection, n= 18

Endpoints

Primary: Optimal biologic dose (safety, pain score)

Secondary: Efficacy (pain reduction), safety, Pharmacokinetics (PK), Quality of Life (QoL), Analgesic reduction



Payload: ^{155}Sm

1. Based on data generated by QSAM Biosciences. Data on file. Clinicaltrials.gov. ID: NCT 06008483, Study conducted under IND 156086.

ClinicalTrials.gov ID: NCT07197645

TLX090-Tx: Novel candidate for bone pain in patients with metastatic prostate and breast cancers

Phase 1 data[1] demonstrate encouraging efficacy signal

- Pain from osteoblastic bone metastases is one of the most common and debilitating symptoms in advanced cancer, with approximately 400,000 new cases diagnosed[2] each year
- Up to 90% of patients with metastatic prostate cancer[3,4] are affected, contributing to reduced quality of life and mental health.
- Despite the availability of opioids and external beam radiation therapy (EBRT), many patients remain under-treated, underscoring a critical unmet need for a systemic, targeted, and non-opioid solution that can deliver durable relief across multiple cancer types
- Encouraging pain reduction observed in Phase 1 study,[1] supporting potential for clinically meaningful benefit
  - Consistent pain reduction scores (VAS) observed for all patients
  - Anecdotal reports suggest improved mobility

Visual Analogue Scale (VAS) measures pain intensity on a scale of 100

0= no pain, 100 = worst pain

	Dose: 0.5 mCi/kg			Dose: 1 mCi/kg	
Day	**Patient 1**	**Patient 2**	**Patient 3**	**Patient 4**	**Patient 5**
1	18	64	70	50	70
43	17	7	20	30	40
4 months	**0**	**10**	**20**	**30**	

Phase 1 data[1] showed pain reduction scores on the VAS scale using two different doses of TLX090-Tx

1. Based on data generated by QSAM Biosciences. Data on file. Clinicaltrials.gov. ID: NCT 06008483, Study conducted under IND 156086.
2. Huang et al. *Ann Transl Med.* 2020.
3. Guo et al. *Skelet Radiol.* 2025,
4. Woolf et al. *Annals of Oncology.* 2015.

TLX090-Tx: Potential non-opioid solution for patients

Phase 1 data[1] demonstrate favorable early safety profile

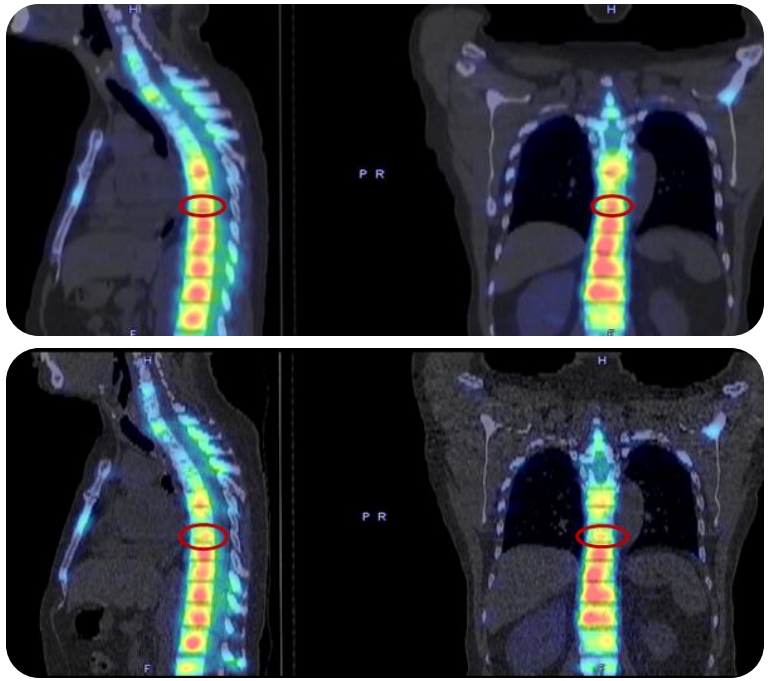
Favorable safety profile[1]

- Well tolerated: All patients completed treatment without dose-limiting toxicities
- Minimal hematologic impact: Hematologic toxicities were clinically insignificant
- Stable organ function: No clinically significant changes in liver or kidney function observed

Isolated adverse events[1]

- One case of thrombocytopenia in a patient with extensive skeletal metastases (superscan features)
- One Grade 3 QTc[2] prolongation in a patient with pre-existing cardiac comorbidities. No other Grade 3 or 4 adverse events reported

Patient with mCRPC bone metastasis treated with TLX090-Tx



Tumor shows 19% decrease in absorbed dose within 8 days indicating rapid efficacy.

Illustrative case study only. Individual outcomes may vary.

Telix

TLX090-Tx: SOLACE trial design

Currently dosing patients[1]

Single dose 153-Sm-DOTMP for treatment of metastatic bone pain

Part A: Dose Escalation
Dosimetry/Safety; (n = 9-12)

16 weeks

Parallel dosing (Cohort 1, 2)

- TLX090-Tx (dose1)
- TLX090-Tx (dose2)
- TLX090-Tx (dose3)

Part B:
Dose Selection (n = 18)

16 weeks

1:1

- TLX090-Tx (dose X)
- TLX090-Tx (dose Y)

Primary

- Optimal biologic dose (safety, pain score)

Secondary

- Efficacy(pain)
- Safety
- PK
- QoL
- Analgesia reduction

Solace

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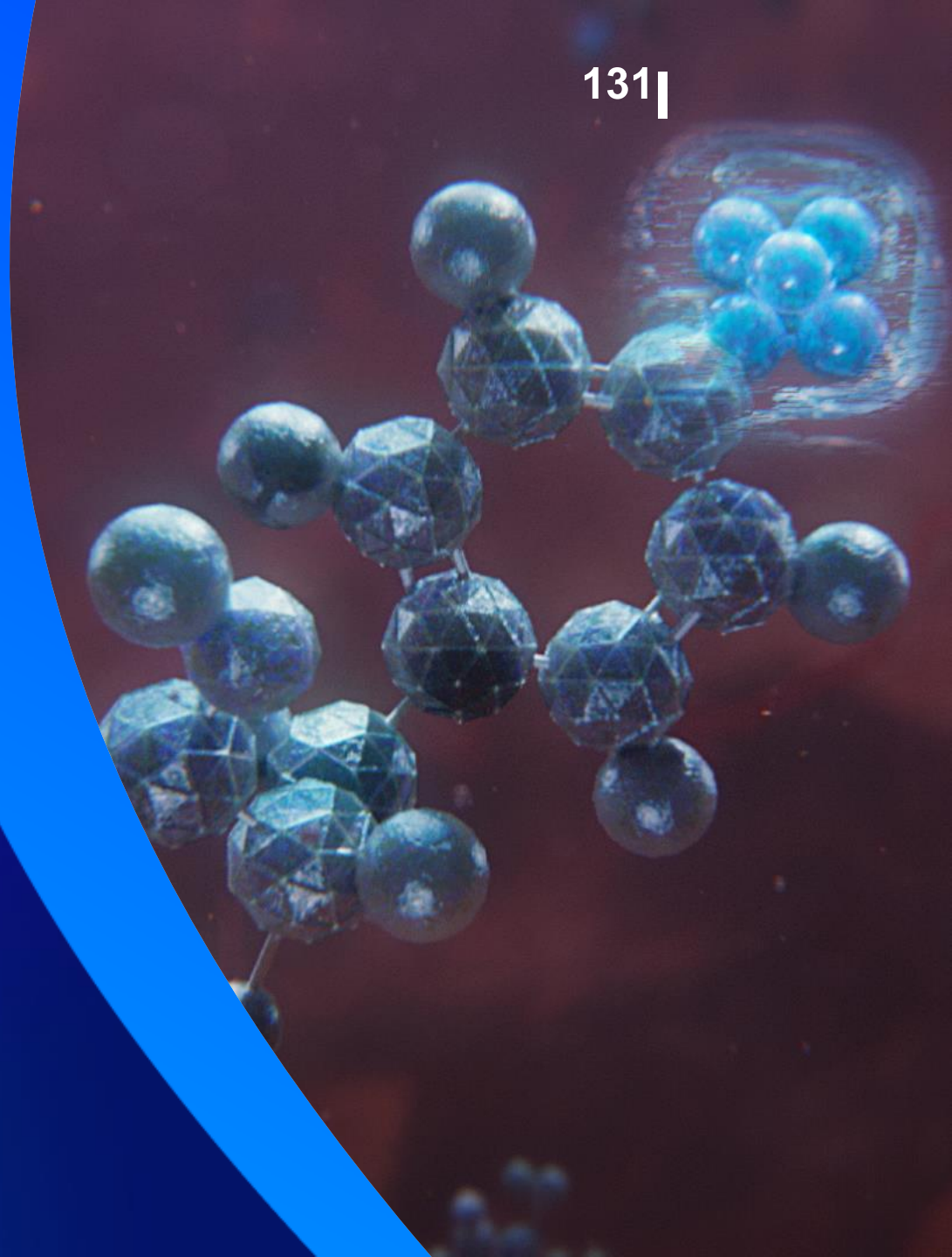
1. TLX ASX disclosure 22 October 2025.
Clinicaltrials.gov. ID: NCT 07197645.

TLX101-Tx



Telix

TLX101-Tx: Program overview

Product candidate

TLX101-Tx (^{131}I Iodofalan)

Orphan Drug designation, ODD (U.S. and EU)

Targeting agent/target

Small molecule / L-Type amino acid transporter 1 (LAT1)

Potential indication(s)

Glioblastoma, GBM

Clinical experience

Phase 2 IPAX-Linz[1]:8 patients with recurrent GBM; combination of EBRT plus TLX101-Tx

- Median overall survival (OS) of 12.4 months from initiation of TLX101-Tx dosing
- mOS of 32.2 months from initial diagnosis
- No serious adverse events (AEs)

Phase 1 IPAX-1[2]: 10 patients with recurrent GBM; tested different combinations of 101Tx plus EBRT

mOS 23 months from initial diagnosis

Clinical trial(s)

Name: IPAX BrIGHT

Description: A pivotal study of TLX101-Tx+ Lomustine versus Lomustine for the treatment of patients with radiographically confirmed recurrent glioblastoma at first recurrence. NCT07100730

Phase: 3

Part 1: Safety and dose optimization lead-in, n= up to 50

Endpoints

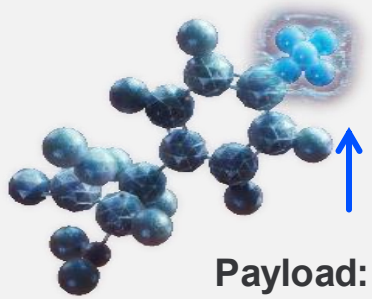
Primary: Safety, tolerability, dose optimization

Secondary: median progression free survival (mPFS)

Part 2: Randomized study, n= based on effect seen in Part 1

Primary: Overall survival (OS)

Secondary: Progression free survival (PFS)



Payload: ^{131}I

$T_{1/2}$: 8.02 days

Name: IPAX-2

Description: Phase 1 safety and dose finding study of ^{131}I -TLX101+ Standard of Care. SoC in patients with newly diagnosed glioblastoma

NCT05450744

Phase: 1; Dose Optimization

Primary endpoints: Safety and Tolerability

n= Up to 15 patients

1. Telix ASX disclosure 16 April 2025.
2. Telix ASX disclosure 21 September 2022. Pichler et al. *Neurooncol Adv.* 2024. ClinicalTrials.gov ID: NCT03849105.

IPAX-1 results: Summary

TLX101-Tx plus EBRT was associated with acceptable safety profile and specific tumor targeting in patients with recurrent GBM

Safety and tolerability profile

- All dosing regimens were well tolerated
- Organ-absorbed radiation doses confirmed no radiation-based toxicity

Radiological tumor response (at 3-month follow up, MRI)

- 44.4% patients had stable disease

Metabolic tumor response (at 3-month follow up, ^{18}F-FET PET)

- Based on peak uptake within the lesion, 66.7% patients had metabolic stable disease
- Based on mean lesion uptake, 77.8% patients had stable disease

Survival outcomes

- Median PFS: 4.3 mo.
- Median OS: 23 mo. from initial diagnosis

Telix

Full Results detailed in Pichler et al. NeuroOncology Advances; 2024.

IPAX-Linz results: Summary from top-line results[1]

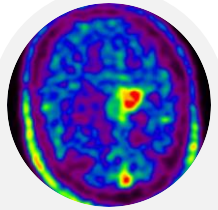
Further substantiates safety profile and efficacy signal generated in IPAX-1

Patient population

- 8 total recurrent GBM patients treated
- 5 had MGMT[2] unmethylated tumors which are associated with poor outcomes

Safety profile and tolerability

- Adaptive dosing regimen of up to 6 GBq total was well tolerated
- No serious adverse events (SAEs) related to TLX101-Tx



Survival outcomes

- Median OS: 32.2 mos from initial diagnosis
- Median OS from TLX101 + EBRT treatment: 12.4 mos

Next steps

- 6 GBq total dose was well tolerated which supports increased dosing in follow on studies

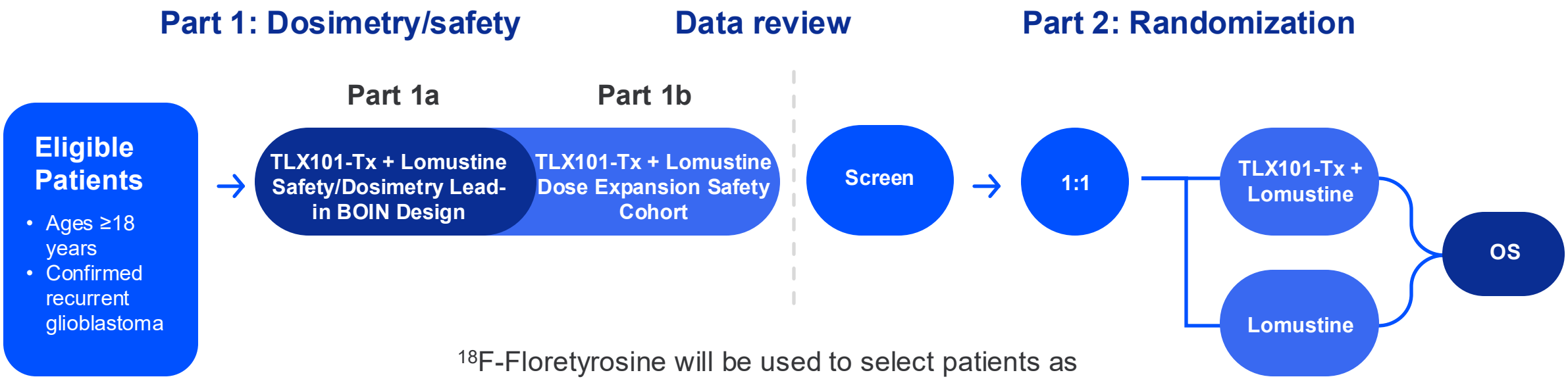
Telix

1. Telix ASX disclosure 16 April 2025.
2. MGMT = O^6-methylguanine-DNA methyltransferase

TLX101-Tx: IPAX-BrIGHT study design

A pivotal, global registration enabling trial in recurrent glioblastoma

IPAX BrIGHT



^{18}F-Floretyrosine will be used to select patients as well as assess response according to PET RANO

Ethics approval received in Australia. EU approval received.
Planning enrollment at Australian sites and in Europe in 2026

Telix

BOIN – Bayesian Optimal Interval
Full clinical trial design available at Clinicaltrials.gov under NCT07100730.

1. Telix ASX disclosure 16 April 2025.
2. Telix ASX disclosure 14 October 2025.

TLX101-Tx: IPAX-2 study design

Phase 1 dose escalation (3+3 design with up to 4 escalation cohorts)

Newly diagnosed glioblastoma, GBM patients. n = up to 15

SoC:
- Radiotherapy 60Gy/30 fractions for 6 weeks plus 75 mg/m^2 TMZ, daily
- 3 weeks treatment break

Dose 1 → **Concomitant Therapy** → **Dose 2** → **TMZ Monotherapy & Follow up**

1st Dose

Dose 1 administered prior to chemoradiation

EBRT +TMZ

External beam radiation, EBRT + temozolomide, TMZ

2nd Dose

Treatment break of 4 weeks post administration of 2nd dose

Monotherapy + Follow up

6-month TMZ monotherapy. Follow up for survival and progression

Open label, single arm, parallel-group, multicenter, dose finding study to evaluate the safety of ascending radioactive dose levels of [^{131}I]IPA administered with best standard of care in patients with newly dx GBM

Primary endpoints: Safety, optimal dose in combination with EBRT, recommended Phase 2 dose, incidence of treatment-emergent adverse events

The study is currently recruiting in Australia, Austria and Netherlands

Telix

Telix sponsored study. https://www.clinicaltrials.gov/ct2/show/NCT05450744
TMZ = Temozolomide, Fup = Follow up

TLX102-Tx

Telix

TLX102-Tx: Program overview

High potency isotope with shorter path length provides potential to expand adoption

Product candidate

TLX102-Tx (^{211}At astato-L-phenylalanine)

FDA Orphan Drug designation in Glioma and Multiple Myeloma

Targeting molecule / target

Small molecule/L-Type amino acid transporter 1 (LAT1)

Potential indication(s)

Glioblastoma, leptomeningeal disease (LMD)

Pre-clinical experience

- Preclinical data in glioma models demonstrated tumor growth inhibition, acceptable safety profile (no observed weight loss)[1]
- TLX102-Tx also permeates the blood-brain barrier and enables simple intravenous administration

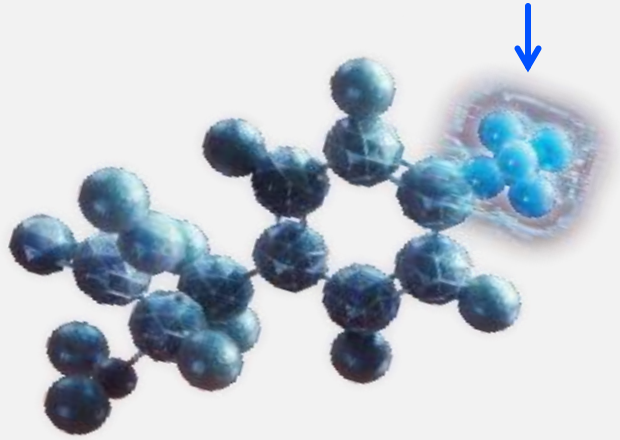
Clinical trial

Name: N/A

Description: A Pilot Study of TLX101-Px for Imaging and TLX102-Tx for Treatment of LMD from Solid Tumors

Phase: 1 (Planning in Progress)

Payload: ^{211}At
$T_{1/2}$: 7.2 hours



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1. Watabe T, et al. *Oncotarget*. 2020.

Targeting leptomeningeal disease: A serious, late-stage disease in oncology with critical unmet need

LMD is a rare complication in patients with late-stage cancers. **It affects over 110,000 patients per year in the US alone** (~5-10% of patients diagnosed with breast and lung cancer, melanoma and other solid tumors). LMD is characterized by multi-focal dissemination and deposition of malignant cells within the leptomeninges[1,2]

LMD has a devastating prognosis, with **median survival of 3 - 8.7 months** depending on primary tumor, and there are no FDA approved treatments available[1]

LMD is known to be radiation sensitivity due to the role EBRT plays in palliative care, but due to spinal cord/bone marrow toxicity, the full neuroaxis is **rarely treated effectively**[1,4]

Telix believes targeting LMD through LAT1-targeted alpha radioligand therapy offers a **potentially promising treatment to patients**[3]

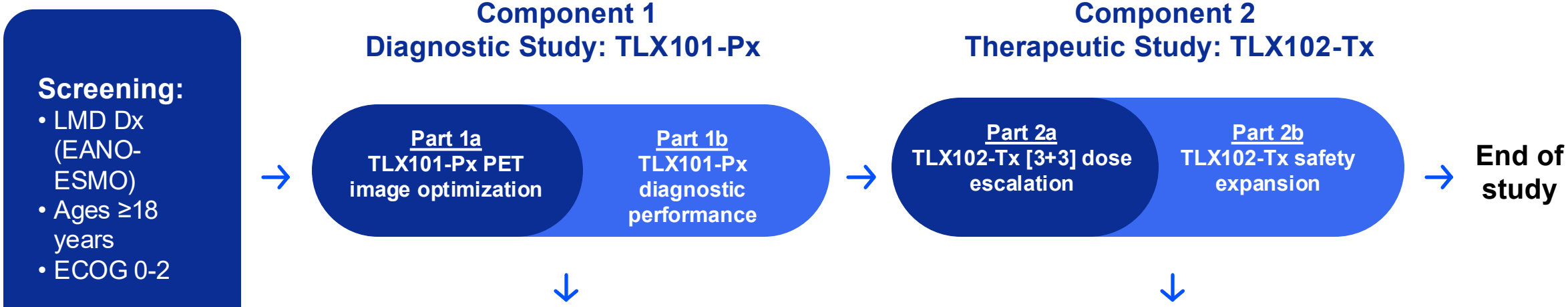
LMD is known to express LAT1- Telix is planning to conduct a **Phase 1 safety and tolerability stud**y of TLX102-Tx (^{211}At-APA) in patients with LMD from solid tumors

1. Nguyen, Andrew et al. “Leptomeningeal Metastasis: A Review of the Pathophysiology, Diagnostic Methodology, and Therapeutic Landscape.” Current oncology (Toronto, Ont.) vol. 30,6 5906-5931. 19 Jun. 2023, doi:10.3390/curroncol30060442
2. Batool A, Kasi A Leptomeningeal Carcinomatosis. StatPearls. 2023.
3. Deng J, et al. A Novel Brain-Permeant Chemotherapeutic Agent for the Treatment of Brain Metastasis in Triple-Negative Breast Cancer. Mol. Cancer Ther. 2021.
4. Barbour AB, et al. Radiation Therapy in the Management of Leptomeningeal Disease From Solid Tumors. Advances in Radiation Oncology. 2024.

Telix

TLX102-Tx: Proposed study design[1]

First-in-Human Phase 1 Pilot Study in Leptomeningeal disease, LMD



Diagnostic Study Objectives

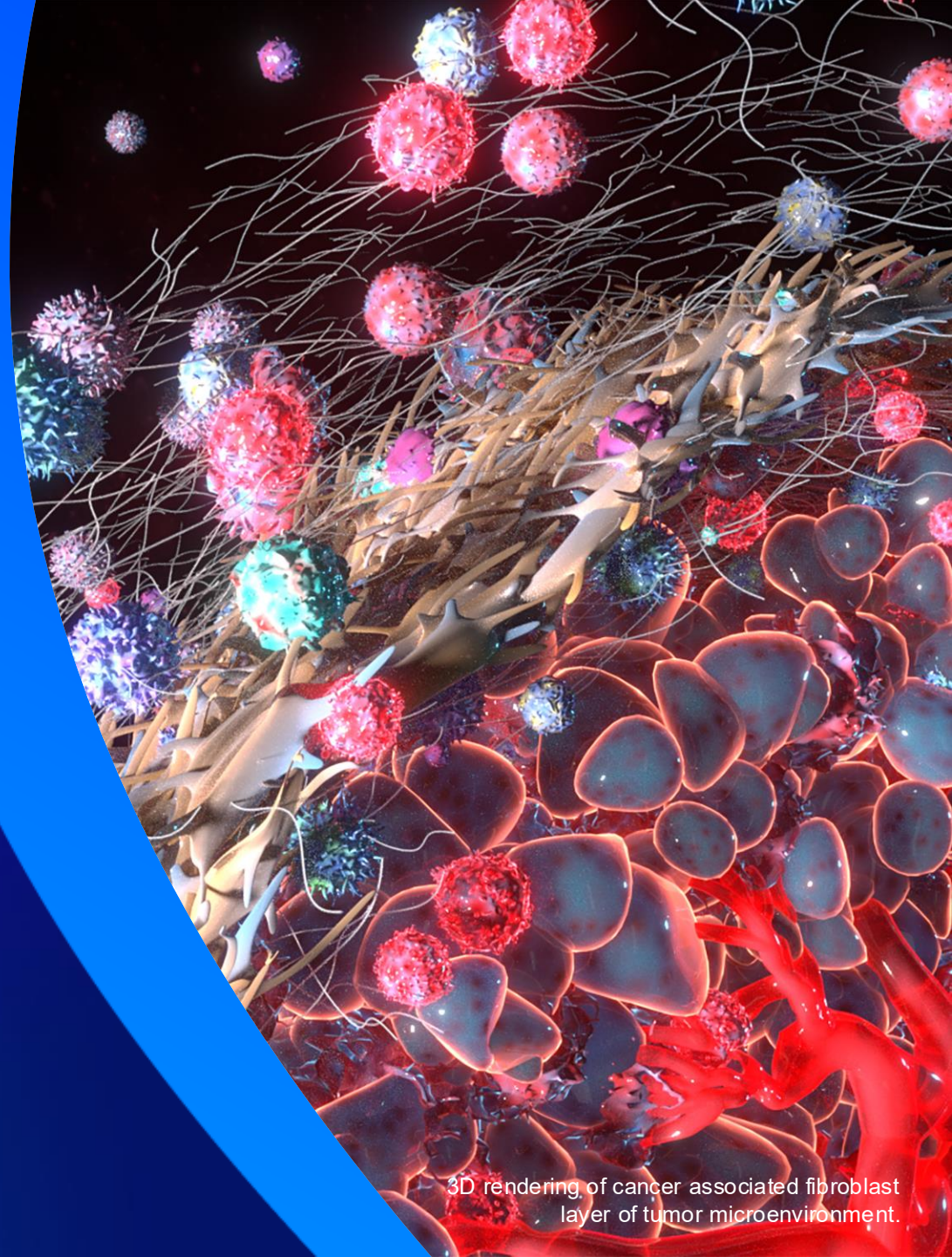
Part 1a: Lowest dose, optimal imaging time
Part 1b: Feasibility to detect LMD

Therapeutic Study Objectives

Part 2a: Dose-finding of MTD
Part 2b: Safety, tolerability, RP3D

Px = Precision Medicine
1. Proposed clinical trial design pending regulatory approval.

TLX400-Tx



3D rendering of cancer associated fibroblast layer of tumor microenvironment.

Telix

TLX400-Tx: Program overview

Product candidate

TLX400-Tx: [^{177}Lu]-DOTAGA.Glu.$(FAPi)_2$

Targeting molecule / target

Small molecule/Fibroblast Activation Protein (FAP)

Potential indication(s)

Multiple indications (pan cancer potential)

Clinical experience

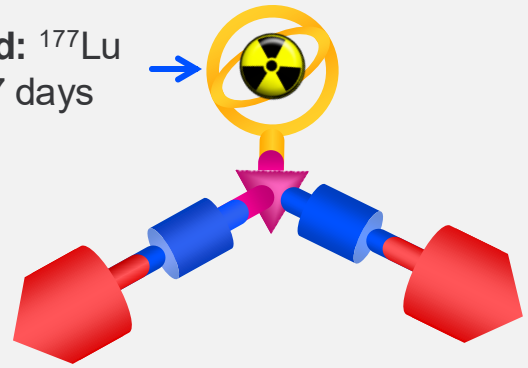
The diagnostic and therapeutic compounds have been clinically evaluated in ~150 patients across a variety of solid tumors and are the subject of multiple peer-review publications[1]

Planned clinical activity

Planned to commence clinical development program in 2026: Pan-cancer basket study + lead indication (undisclosed)

Therapeutic Dimer ^{177}Lu-DOTAGA.Glu.$(FAPi)_2$

Payload: ^{177}Lu
$T_{1/2}$: 6.7 days



1. Ballal et al. *Pharmaceuticals.* 2021. Ballal et al. *JNM.* 2022. Ballal et al. *JNM.* 2023. Bal et al. *JNM.* 2024. Bal et al. *Thyroid.* 2025.

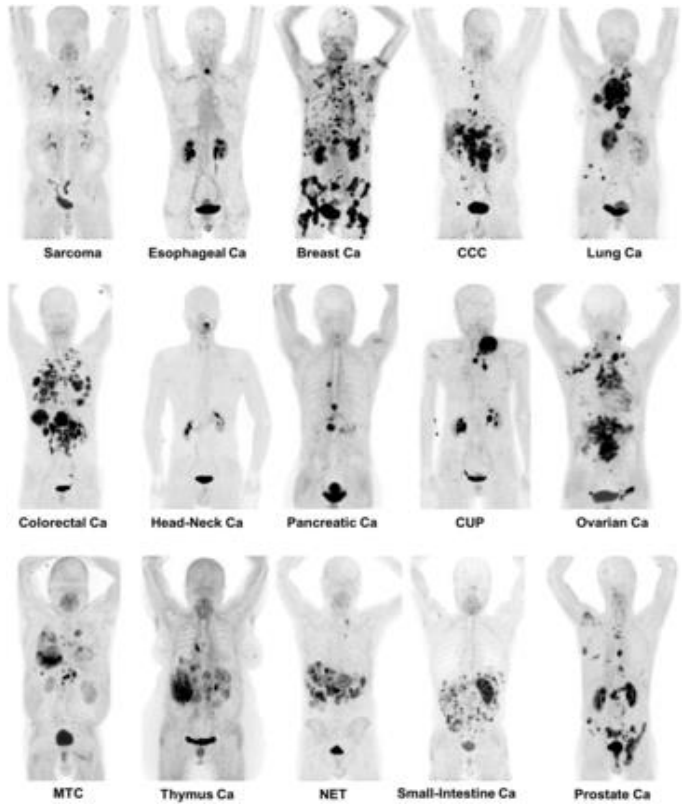
Broad FAP expression profile enables potential pan-cancer theranostic

Opportunity to treat a spectrum of tumors with a single FAP-targeted product

- FAP present on more than 90% of epithelial cancers, **identified as a potential target for molecular imaging and therapy**
- **Broad expression on tumor stroma across solid tumors** (including pancreatic, colorectal, breast, bladder) suggests pan-tumor potential
- In certain cancers (e.g., sarcoma, ovarian, pancreatic) FAP also expressed on cell surface, potentially enhancing efficacy
- **Not expressed in most normal adult tissues**
- This prevalence, along with the druggability of the target, is what makes FAP a potential Achilles' heel of cancer

SNMMI Image of the Year 2019

^{68}Ga-FAPI PET/CT: Tracer Uptake in 28 Different Kinds of Cancer[1]



Maximum-intensity projections of ^{68}Ga-FAPI PET/CT in patients reflecting 15 different histologically proven tumor entities (sorted by uptake in descending order). Ca = cancer; CCC = cholangiocellular carcinoma; CUP = carcinoma of unknown primary; MTC = medullary thyroid cancer; NET = neuroendocrine tumor.

1. Kratochwil et al. *J Nucl Med*. 2019

TLX400-Tx: High level of clinical confidence

Clinical benefit reported across multiple indications and in treatment refractory patients

Dataset: Clinical data available in patients across multiple cancer types (eg AIIMS, Rostock)

Safety: Treatment is well tolerated even in late-stage patients with poor prognosis

Low Normal Organ Uptake: Dosimetry data shows low normal organ uptake which enables the administration of higher radiation doses than most competitor products

Efficacy:

- Encouraging tumor responses (>50% Overall Response Rate, ORR across multiple tumor types)
- Encouraging overall survival, OS and progression free survival, PFA that compare favorably to existing SoC treatments in earlier stage patients

Cancer	Patients (#)	Median OS/PFS		Tumour Response			
RR-Thyroid Cancer[1]	15	OS	PFS	CR	PR	SD	N/A
		NR	NR	0%	27%	20%	53%
Medullary Thyroid[2]	21	OS	PFS	CR	PR	SD	PD
		NR	24 mo	NA	NA	NA	NA
RAI-R Follicular Thyroid carcinoma (FTC)[3,5]	73	OS	PFS	CR	PR	SD	PD
		32 mo	29 mo	0% (0/36)	50% (18/36)	25% (9/36)	25% (9/36)
Breast[4,6]	19	OS	PFS	CR	PR	SD	PD
		12 mo	8.5 mo	0%	25%	37%	37%
Sarcoma[3]	10	OS	PFS	CR	PR	SD	PD
		7 mo	6 mo	0%	20%	40%	40%

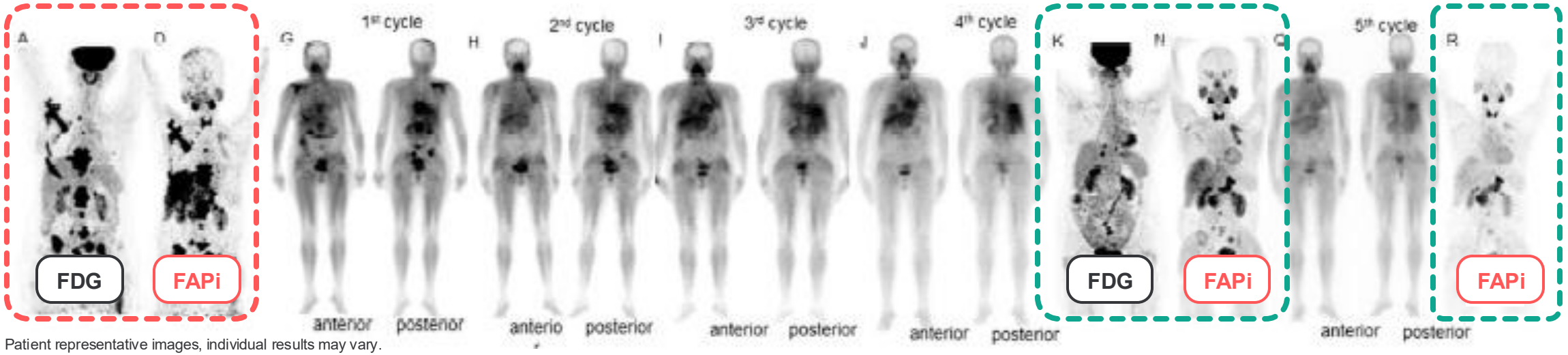
NR = Not reached, CR = Complete response, PR = Partial response, SD = Stable disease, PD = Progressive disease

Telix

Ballal et al., *Thyroid*, 2022. 2. S. Ballal, ICPO Theranostics Summit 2024. 3, Ballal et al, 2025 Submitted. 4. Yadav et al, 2023 EJNMMI; 5. Molecular response using [68Ga]Ga-DOTA.SA.FAPi was assessed by PERCIST in 36 of the 73 patients. 6. Molecular response using [68Ga]Ga-DOTA.SA.FAPi was assessed by PERCIST in 16 of the 19 patients; NR = Not Reached

Evidence of therapeutic effect of TLX400-Tx

Case study in breast cancer[1]



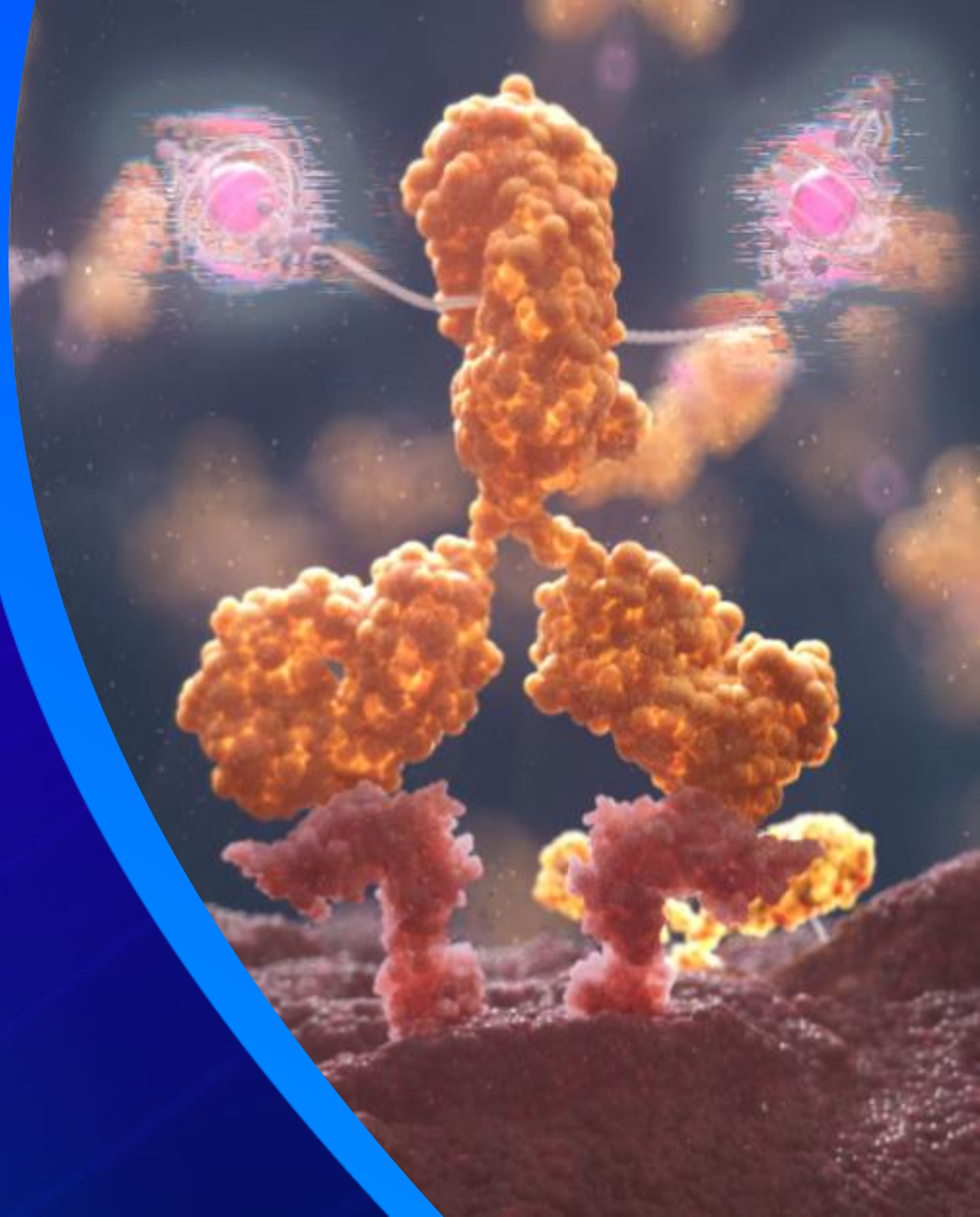
Patient representative images, individual results may vary.

Baseline scans	4 cycles of [^{177}Lu]-DOTAGA.Glu.(FAPi)$_2$ Scans taken 24h post-therapy	Follow-up scans	5th Cycle	Follow-up scan

The scans show significant reduction in disease burden

1. 54 year old female treated with TLX400-Tx after multiple lines of prior therapy. Yadav et al. Eur J Nucl Med Mol Imaging. 2024.

TLX300-Tx



Telix

TLX300-Tx: Program overview

Product candidate

TLX300-Tx

Targeting molecule / target

Antibody (olaratumab)/

Platelet-derived Growth Factor Receptor alpha (PDGFRα)

Potential indication(s)

Advanced metastatic Soft Tissue Sarcoma (STS), other PDGFRα expressing tumors

Clinical experience

- Olaratumab was in-licensed from Eli Lilly and Company with exclusive rights to develop as a radiopharmaceutical[1]
- 657 STS patients have been treated with olaratumab (across Ph 1b/2 and Ph 3 trials). Clinical safety profile was favorable[2]

Clinical trial

Name: ZOLAR imaging study

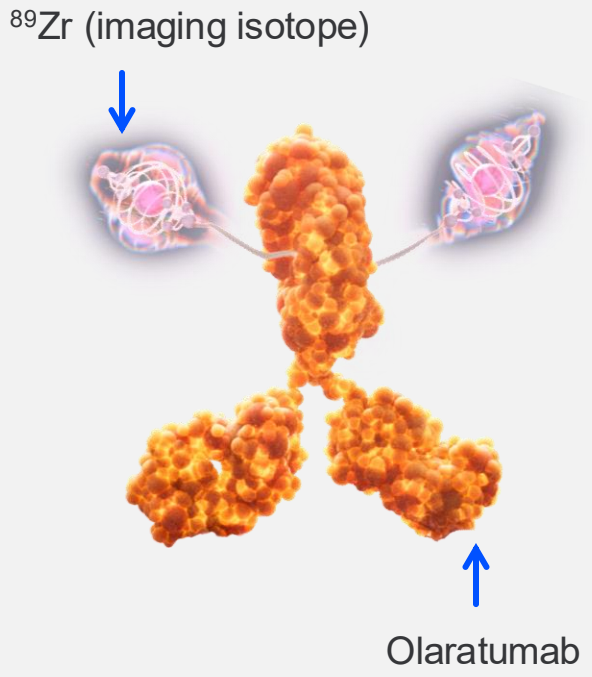
Description: Evaluate the safety, pharmacokinetics, biodistribution and dosimetry of ^{89}Zr-labelled-olaratumab

Phase: 1 (dose optimization)

Primary endpoints: Adverse events (AEs), /Serious Adverse events (SAEs)

Evaluate uptake of ^{89}Zr-labelled-olaratumab within tumors and normal organs

Secondary endpoints: Determine a suitable antibody mass dose for administration



1. Telix ASX disclosure 11 April 2022
2. Tap W.D., Jones R.L., Van Tine B.A., et al. Olaratumab plus doxorubicin versus doxorubicin alone for treatment of soft-tissue sarcoma: an open-label phase 1b and randomized phase 2 trial. *Lancet*. 2016.

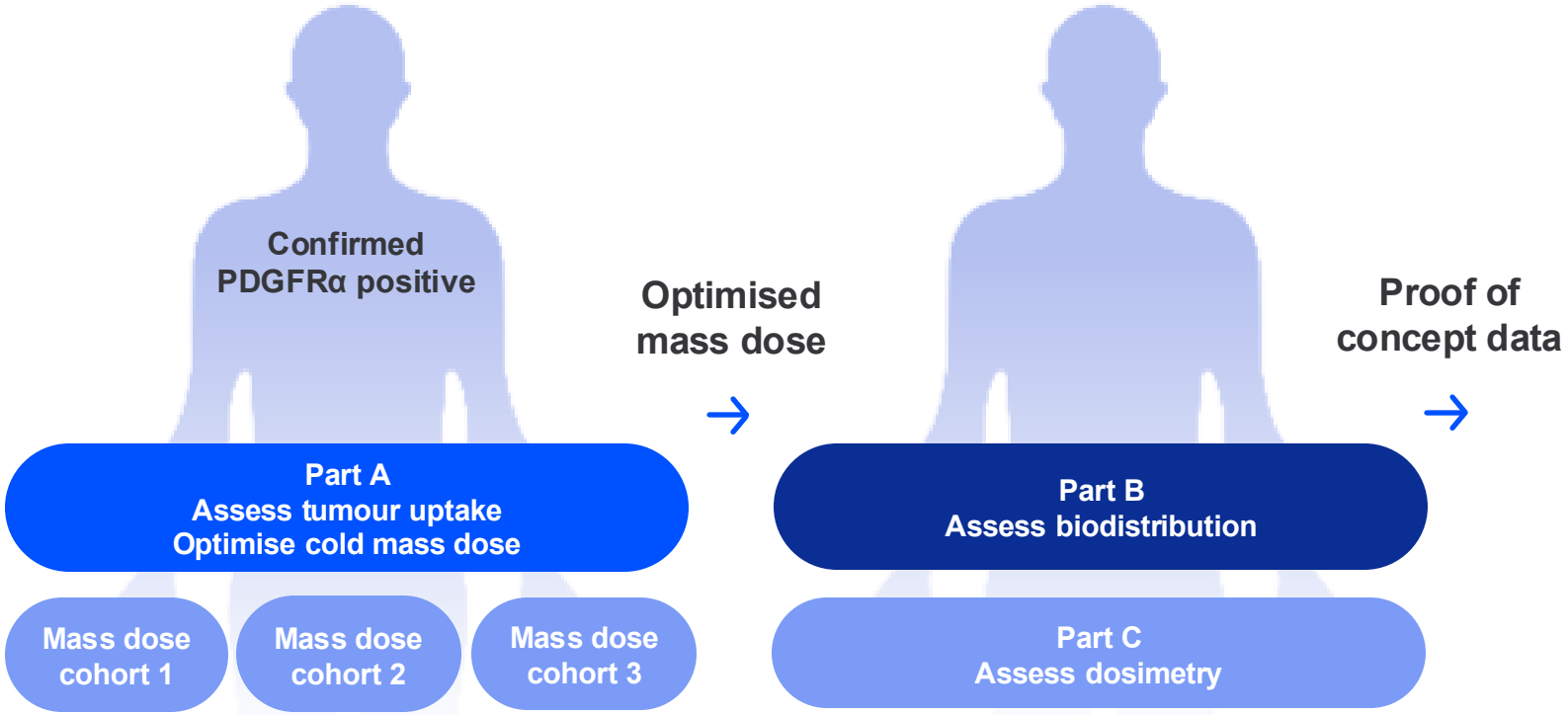
ClinicalTrials.gov ID: NCT06537596

ZOLAR: Phase 1 imaging and dosimetry study

Data from Phase 1 imaging trial will be leveraged to develop a therapeutic asset

Active Trial: Phase 1 Imaging Trial (ZOLAR)

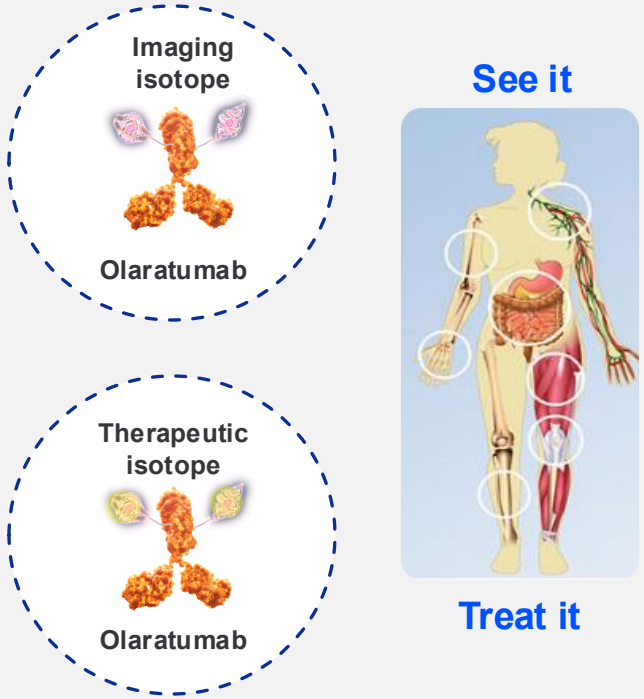
Patient Population: Adult STS Patients*



Phase 1 Imaging Trial Recruiting

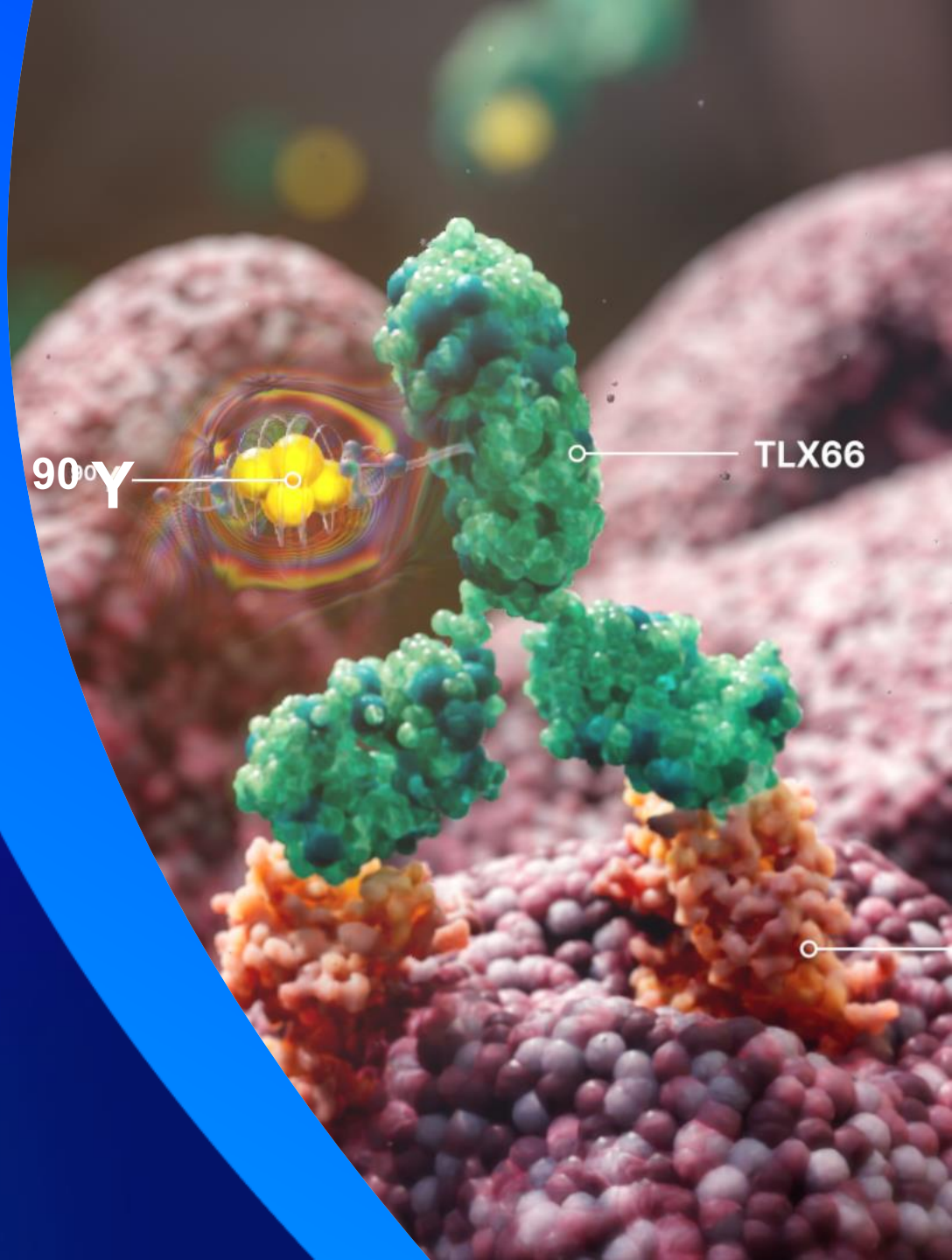
Program Future

Develop theranostics platform



1. * Non-STS patients with PDGFRα solid tumors may also be included in the Ph 1 imaging study to establish proof of concept data

TLX66-Tx



Telix

TLX66-Tx: Program overview

Product candidate

TLX66-Tx, ^{90}Y-besilesomab

Targeting molecule / target

Antibody/Cluster of differentiation 66 (CD66)

Potential indication(s)

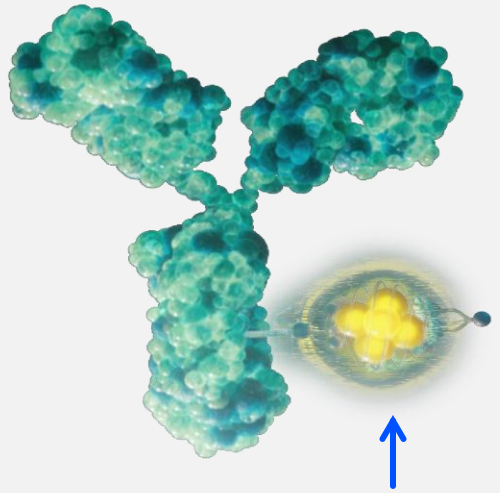
Bone marrow conditioning for allogeneic stem cell translation in acute myeloid leukemia (AML)

Clinical experience

~80 patients treated in Phase 1 & 2 Investigator initiated trials, IITs, in various hematological diseases (AML, multiple myeloma, systemic amyloid light chain amyloidosis) requiring autologous or allogeneic stem cell transplantation[1]

Clinical trial

- Phase 2 investigator-initiated trial in pediatric high-risk leukemia
- Dosing patients at Great Ormond Street Hospital in London
- U.S. FDA and EMA Orphan Drug Designation granted for TLX66-Tx for bone marrow conditioning



Payload: ^{90}Y
$T_{1/2}$: 2.66 days

1. Orchard K, et al. *Bone Marrow Transplant.* 2024; Jessel M et al. *Blood.* 2022. Orchard K, et al. *Data in 11 AML patients treated with TLX66 + RIC (unpublished, submitted for publication).* Scott BL, et al. *Transplant Cell Ther.* 2021.

Telix

ClinicalTrials.gov ID: NCT04856215

TLX66-Tx: Phase 2 Investigator Initiated Trial, IIT in pediatric acute myeloid leukemia and acute lymphoblastic leukemia

Completed Phase 1 Trial in Pediatric Population

Phase 1 trial in 9 pediatric patients (age 4-16 years) with relapsed AML or ALL completed

The study tested 3 different infused radiation activity levels (35MBq/kg, 45MBq/kg, 50MBq/kg body weight with 3 patients at each activity level

The radiolabeled anti-CD66 antibody was well tolerated at all doses with no dose-limiting toxicities and full engraftment in all patients

Phase 2 Trial: Recruiting

Title: 90Y-labelled Anti-CD66 antibody in Childhood High Risk Leukemia

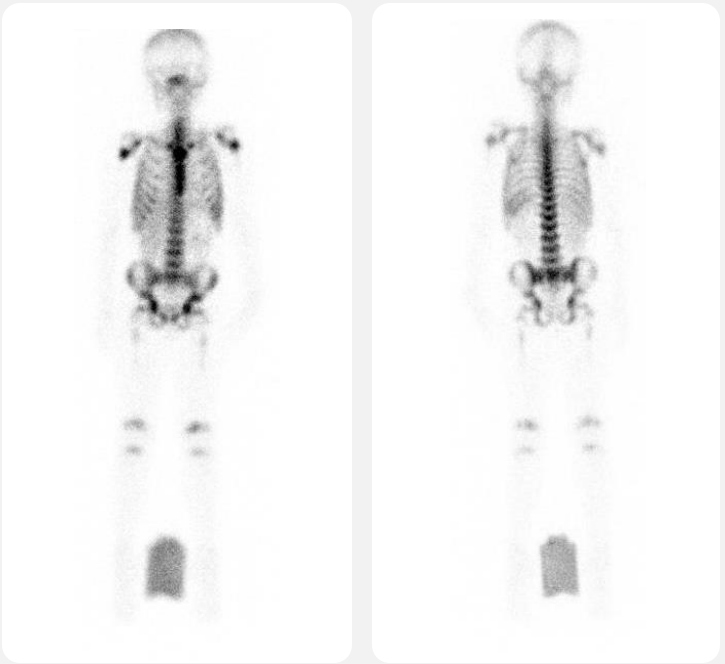
Disease: High risk or relapsed/refractory leukemia

Number of Patients to enroll: 25

Age: 6 months - 16 years old

Sponsor: Great Ormond Street Hospital for Children NHS Foundation Trust

SPECT Image of 10 yr old male with AML[1]



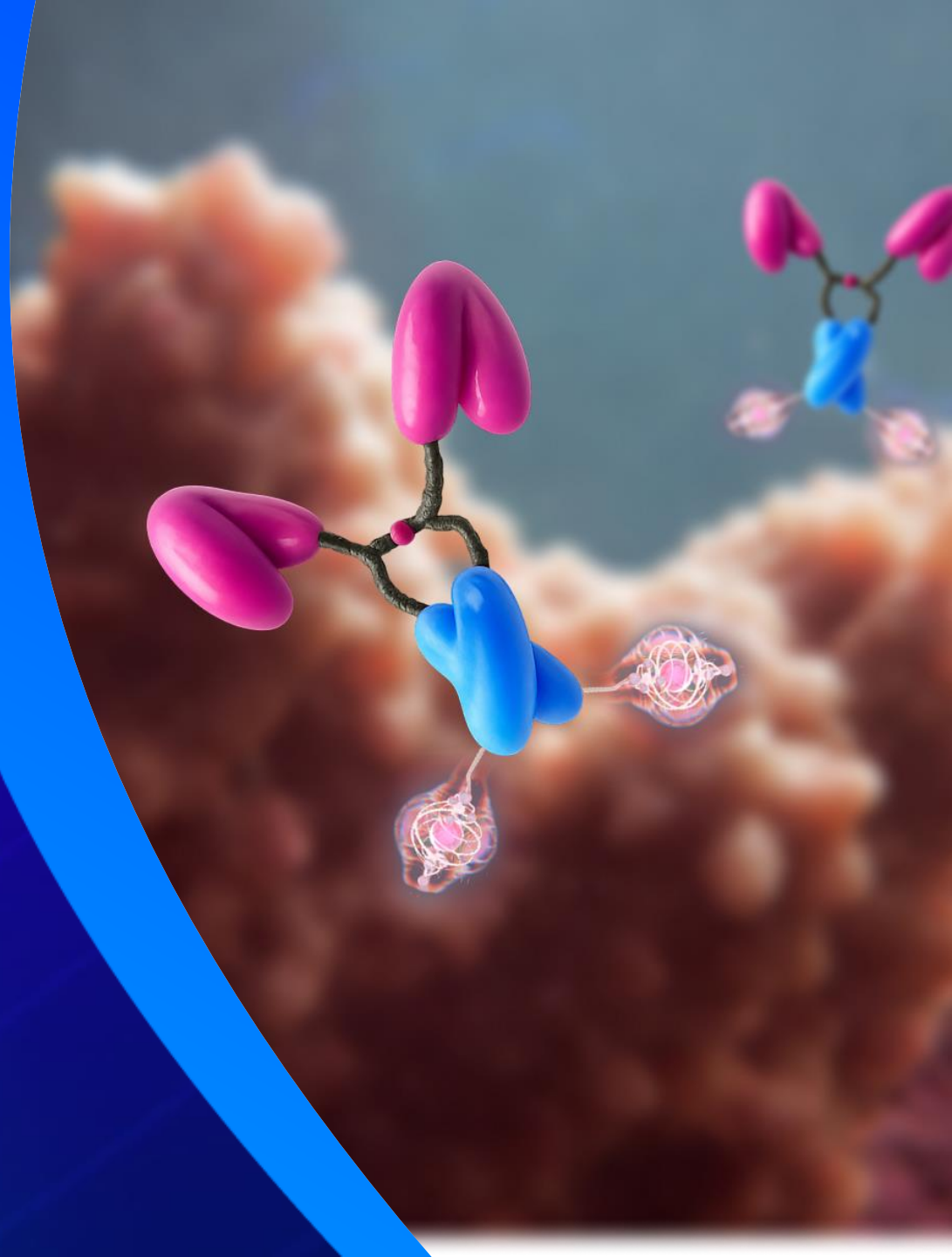
Patient representative images, individual results may vary.

Telix

ClinicalTrials.gov ID: NCT04856215

Research & Clinical Innovation

Early-stage Research Candidates under Development (TLR designation)



Telix

A science-driven, isotope and targeting agent agnostic approach to R&D

In-house R&D capabilities optimized for alpha-therapies

Disease targets: novel indications for established assets, and validated targets e.g. DLL3 and integrin αvβ6

Molecular platforms: antibody engineering, linker and chelator optimization

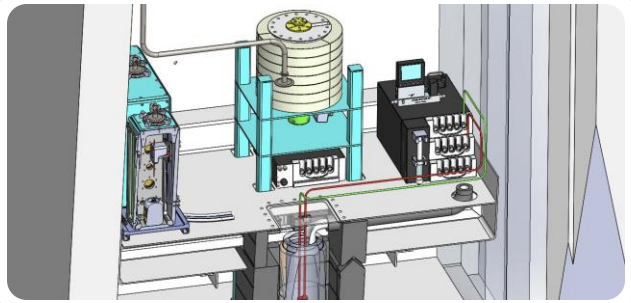
Isotope production: leveraging the ARTMS QIS and new generator technology (i.e. Pb-212) for reliable supply

Software and AI: enhancing workflows, dosimetry and treatment planning

Telix Targeting Technologies, T3

ARTMS- QIS Technology

Pb-212 Generator



1. Delta-like ligand 3, a cell surface protein overexpressed in high-grade neuroendocrine tumors and small cell lung cancer, SCLC
2. Integrin αvβ6 is a cell surface protein overexpressed during wound healing and in cancer
3. Kilodalton, a measure of molecular mass.

TLR602-Tx: Program overview

Product candidate

TLR602-Tx, $^{212}Pb/^{225}Ac$

Targeting molecule / target

Minibody (engineered antibody)/αvβ6 Integrin

Potential indication(s)

Non-Small Cell Lung Cancer, NSCLC

Current status / planned activity

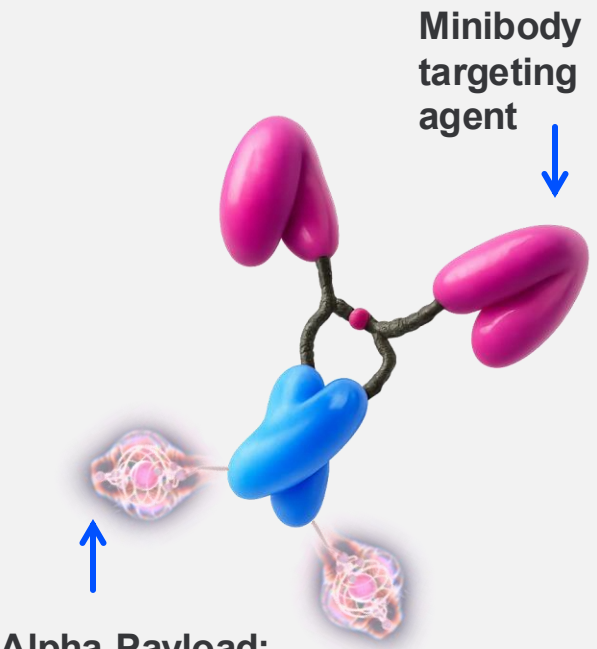
Planning FIH imaging study at TMS North Melbourne to demonstrate clinical proof of concept as [^{89}Zr]-TLR602

Ongoing completion of preclinical package to confirm alpha emitter payload; [^{212}Pb]/[^{225}Ac] -TLR602

Target Validation

Highly expresses across a range of cancers with high unmet need:

- 90%+ ovarian cancer[1], 19k U.S. patients diagnosed/year[4]
- 90%+ pancreatic cancer[2], 66k U.S. patients/year[4]
- 50%+ NSCLC[3], 187k+ U.S. patients/year[4]



Telix

1: Ahmed et al. *Carcinogenesis*. 2002. 2.: Sipos et al. *Histopathol*. 2004. 3. Elayadi et al. *Cancer Res*. 2007.
4. American Cancer Society, Key Statistics 2025 https://www.cancer.org/cancer/types.html

TLR602-Tx: Integrin αvβ6 targeting candidate, preclin. summary[1]

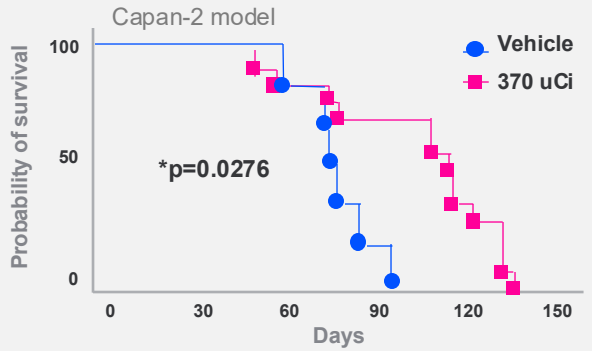
Favorable dosimetry and efficacy

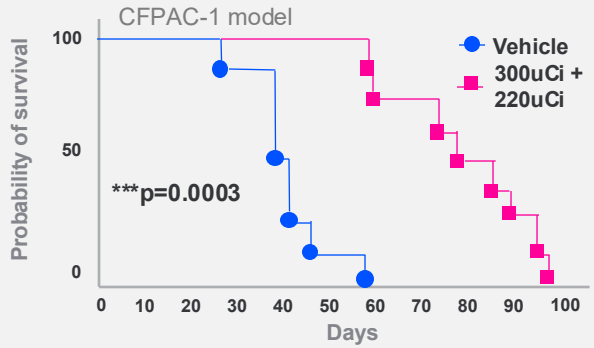
- Tumor targeting demonstrated in multiple relevant tumor xenograft models
- Efficacy studies highly reproducible, demonstrating significant tumor growth inhibition
- TLR602-Tx is highly selective for Integrin αvβ6 but does not block αvβ6 activity on healthy tissues, which could cause side effects

Pre-clinical dosimetry well below established toxicity thresholds

Organ	Dosimetry at 100mCi (Gy)	Tox Threshold (Gy)
Kidney	3.06	23
Liver	4.98	32
Spleen	2.16	40
Red marrow	0.04	2

Preclinical efficacy in multiple pancreatic cancer models





Telix

1. ImaginAb data presented at American Association for Cancer Research, AACR 2024.

TLR603-Tx: Program overview

Product candidate

TLR603-Tx, $^{212}Pb/^{225}Ac$

Targeting molecule / target

Minibody (engineered antibody)/Delta-Like Ligand 3, DLL3

Potential Indication(s)

Small Cell Lung Cancer (SCLC)

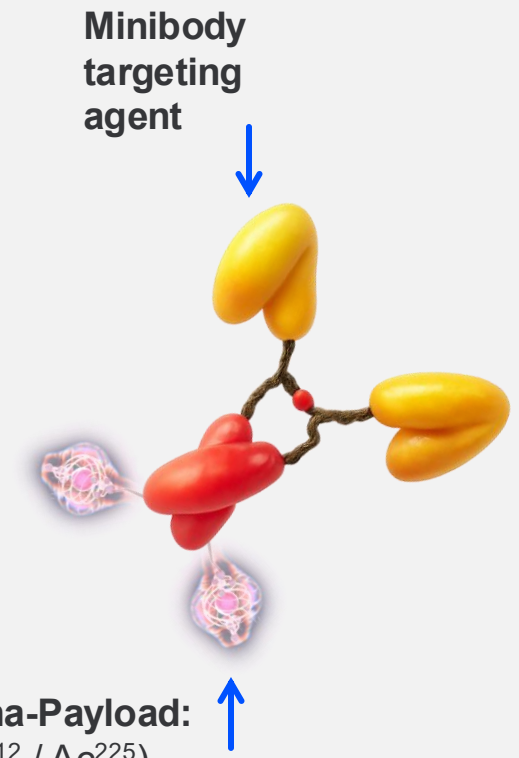
Target Validation

Expressed in 85% of SCLC patients [1]

- 23k+ U.S. patients diagnosed p.a.[2]
- High unmet need with 7% 5-year survival rate [2]

Current status / planned activity

- Planning for FIH imaging study at TMS North Melbourne to demonstrate clinical proof of concept as [^{89}Zr]-TLR603
- Ongoing completion of preclinical package to confirm alpha emitter payload; [^{212}Pb]/[^{225}Ac] -TLR603



Telix

1. Rojo et al. *Lung Cancer*. 2020. 2. American Cancer Society, Key Statistics 2024.

TLR603-Tx: DLL3 targeting candidate- preclinical summary[1]

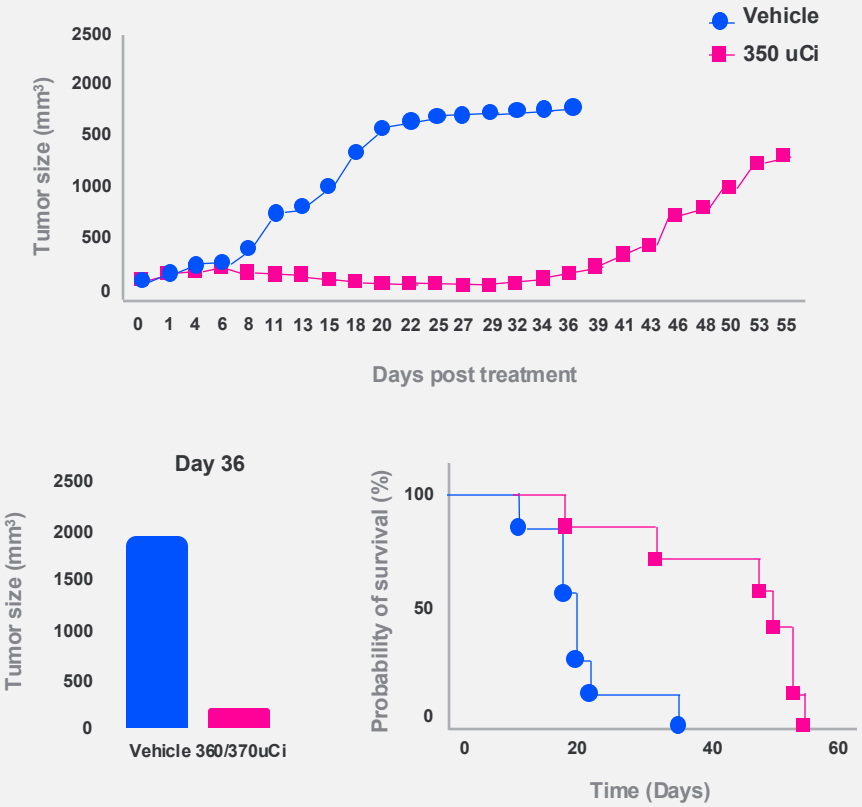
Demonstrated efficacy in an unmet clinical need

- Tumor targeting demonstrated in multiple SCLC xenograft models
- TLR603-Tx shows excellent manufacturability properties and cross-reactivity to ortholog DLL3 antigen
- TLR603-Tx demonstrates rapid treatment response in murine xenograft models

Pre-clinical dosimetry well below established toxicity thresholds

Organ	Dosimetry at 100mCi (Gy)	Tox Threshold (Gy)
Kidney	2.43	23
Liver	5.22	32
Spleen	1.69	40
Red marrow	0.12	2

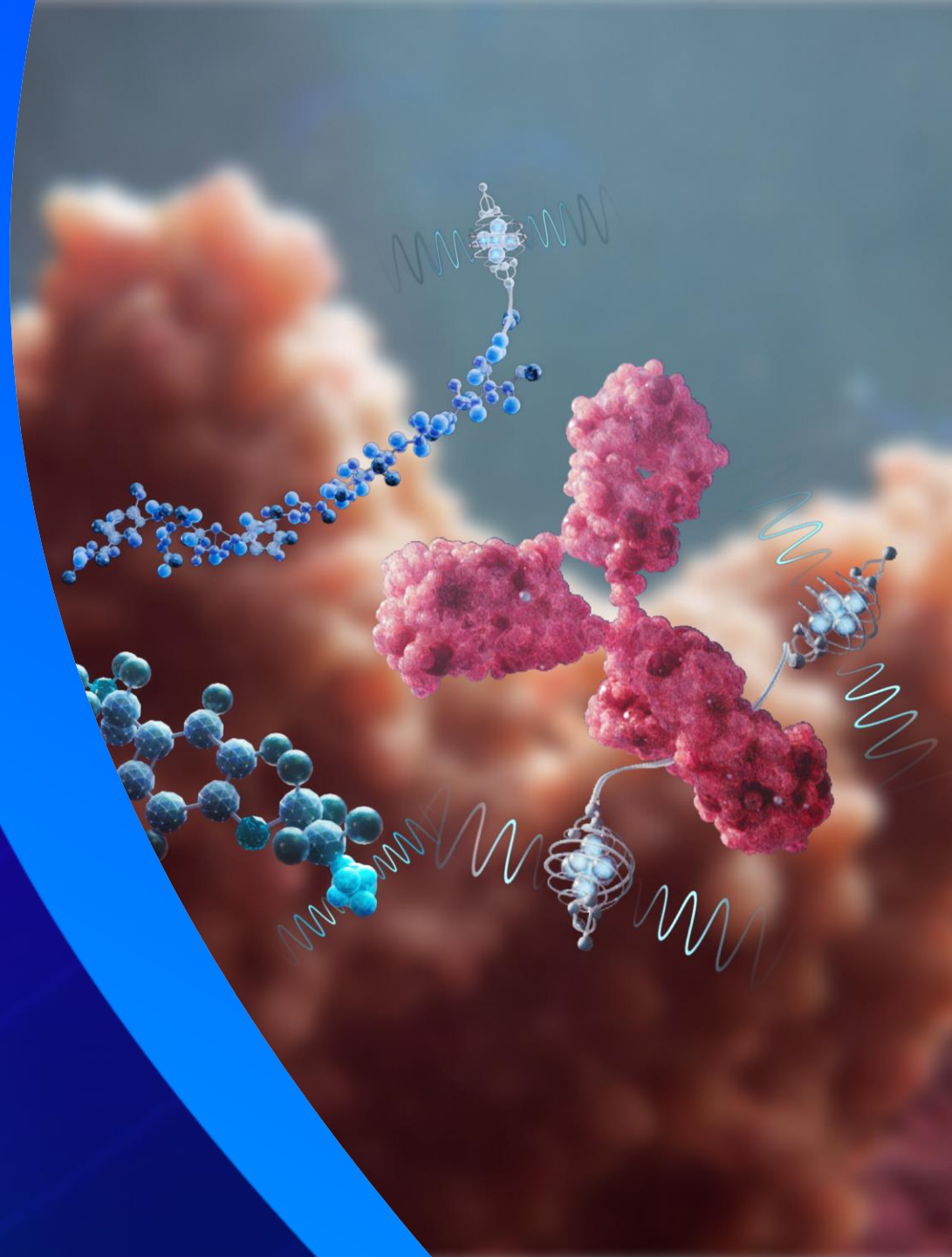
Preclinical efficacy in lung cancer model



1. ImaginAb data presented at AACR 2024.

Telix

Precision Medicine pipeline overview



Illuccix, Gozellix New Indication

Telix

BiPASS: Biopsy of the Prostate Avoidance Stratification Study

Men with elevated PSA values will often be recommended for MRI[1], followed by biopsy

- MRI is not specific and often inconclusive, leading to biopsy

Over 1M biopsies performed in the U.S. each year, majority for initial diagnosis, up to 75% are negative[2]

- Biopsy is blind to the location of cancer in the prostate
- Only 50% of biopsies successfully retrieve prostate tissue (false negatives)[3]

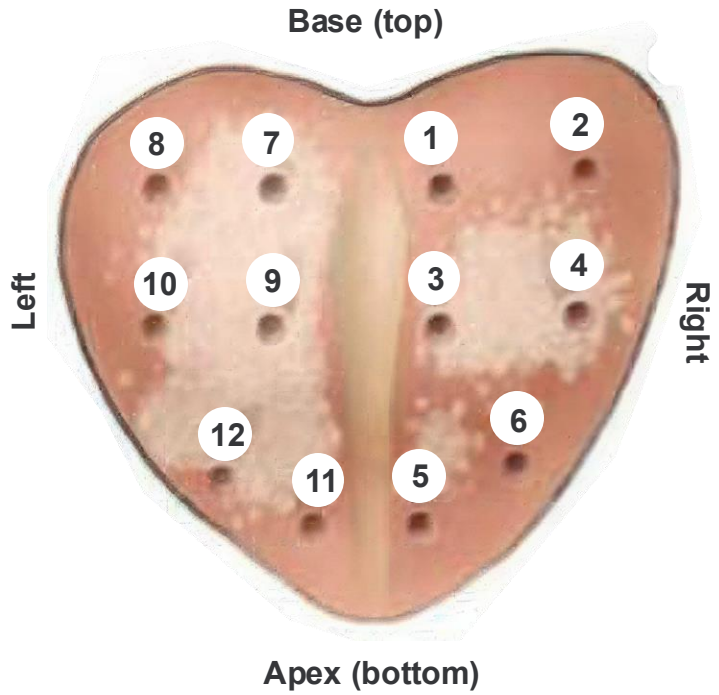
Biopsies carry real risks[4]

- Hematuria, rectal bleeding, hematospermia
- Inconsistent practice around anticoagulants adds complexity

Up to 25% of patients refuse a recommended biopsy[5]

- Reasons for refusal include fear or pain of complications
- Skepticism about the necessity of the procedure

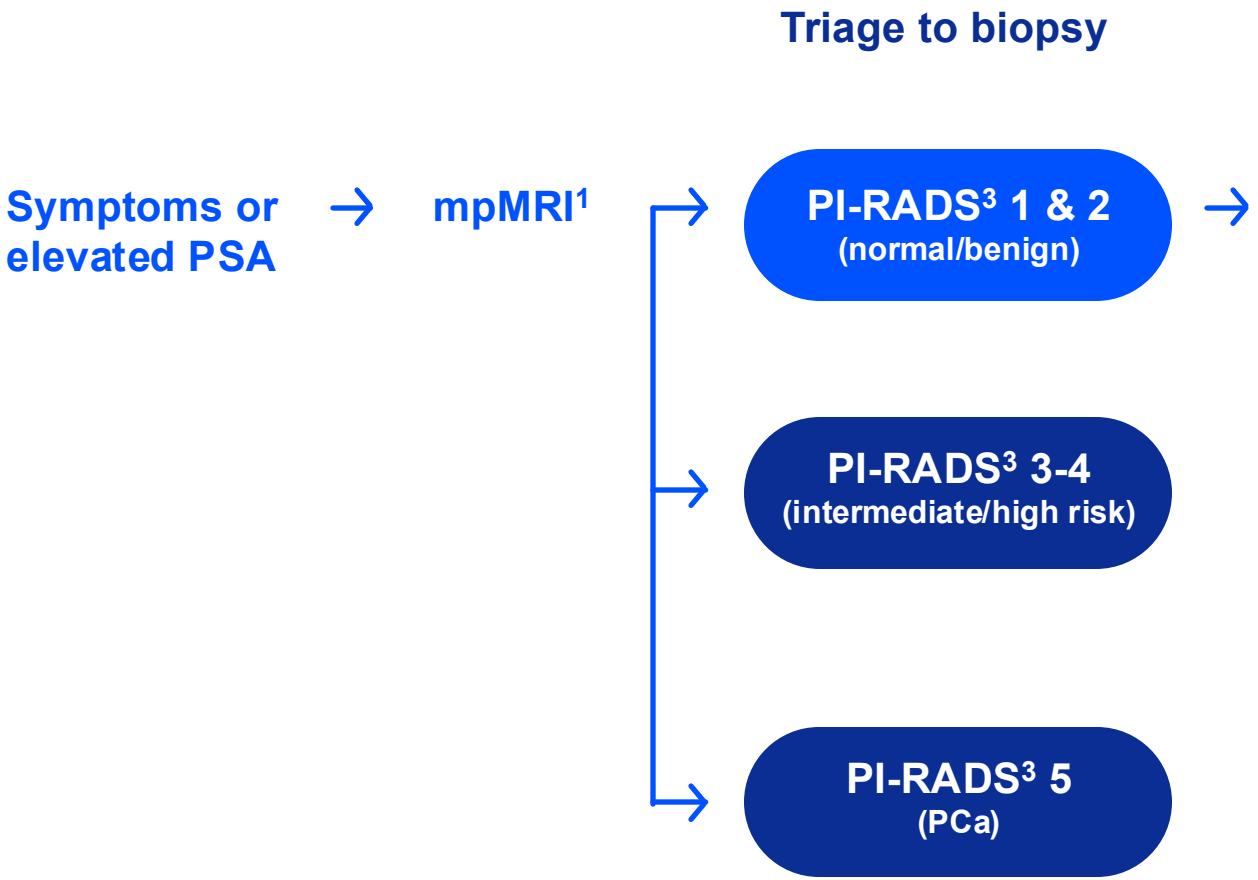
Areas of biopsy[6]



1. Magnetic resonance imaging
2. Vickers et al. *J Clin Oncol*. 2010.
3. Ahmed et al. *Lancet. 2017*.
4. https://www.researchgate.net/figure/Complications-of-transrectal-ultrasound-guided-prostate-biopsy_tbl1_10978264
5. Filho et al., 2025.
6. Picture credit: Georgia Radiation Therapy.

Prostate cancer: Current diagnosis pathway

Low sensitivity of MRI leads to high rate of biopsy



Opportunity to improve triage prior to biopsy, and accuracy of biopsy procedure

- Most men will not undergo biopsy
- **High risk men may have a template biopsy (low sensitivity)**
- Risk of undetected prostate cancer

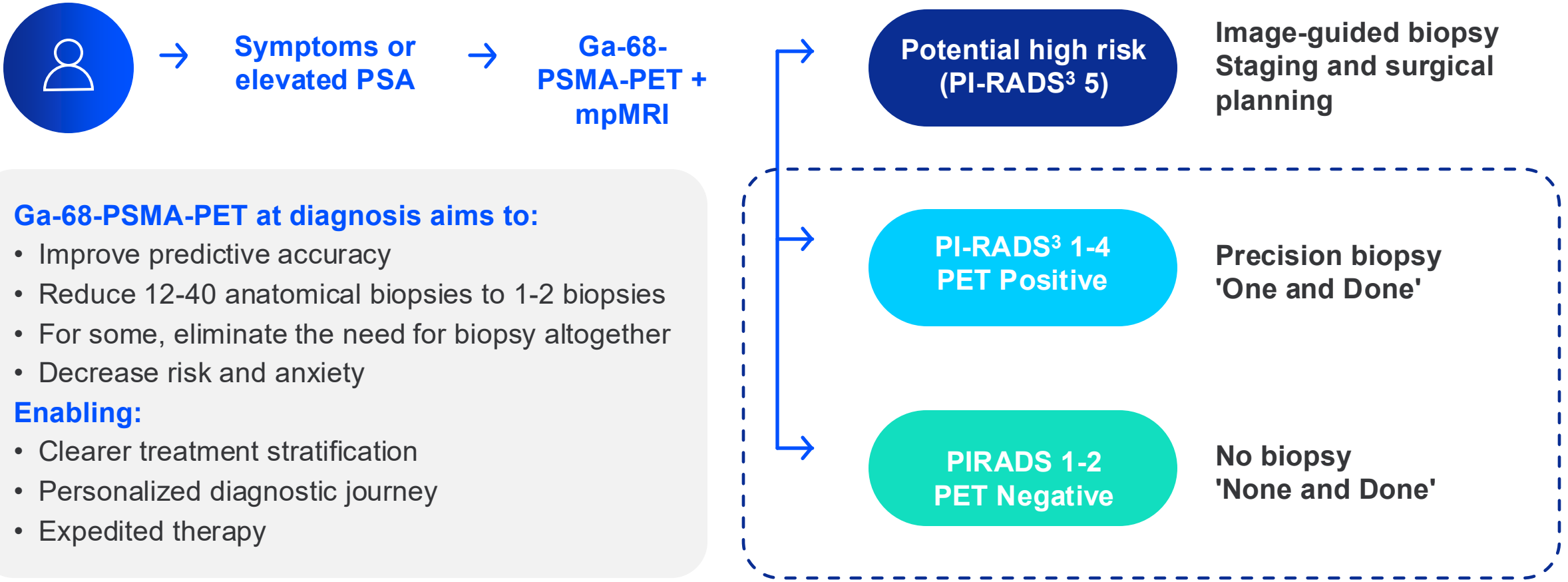
- Many men will undergo biopsy (patients often decline)
- **MRI targeted/ template biopsy**
  - **Low PPV, moderate sensitivity**
- Detection of indolent prostate cancer
- Under-diagnosis of clinically significant cancer

Most patients will receive a biopsy
and will have clinically significant cancer

1. Multiparametric MRI.
2. American Cancer Society, Key Statistics for Prostate Cancer, accessed February 2025.
3. Prostate Imaging Reporting and Data System, a scoring system used by radiologists to assess the likelihood of prostate cancer based on multiparametric mpMRI findings.

BiPASS: Redefining the diagnostic pathway in prostate cancer

Smarter triage BEFORE biopsy. Integrating imaging WITH biopsy.



Ga-68-PSMA-PET at diagnosis aims to:

- Improve predictive accuracy
- Reduce 12-40 anatomical biopsies to 1-2 biopsies
- For some, eliminate the need for biopsy altogether
- Decrease risk and anxiety

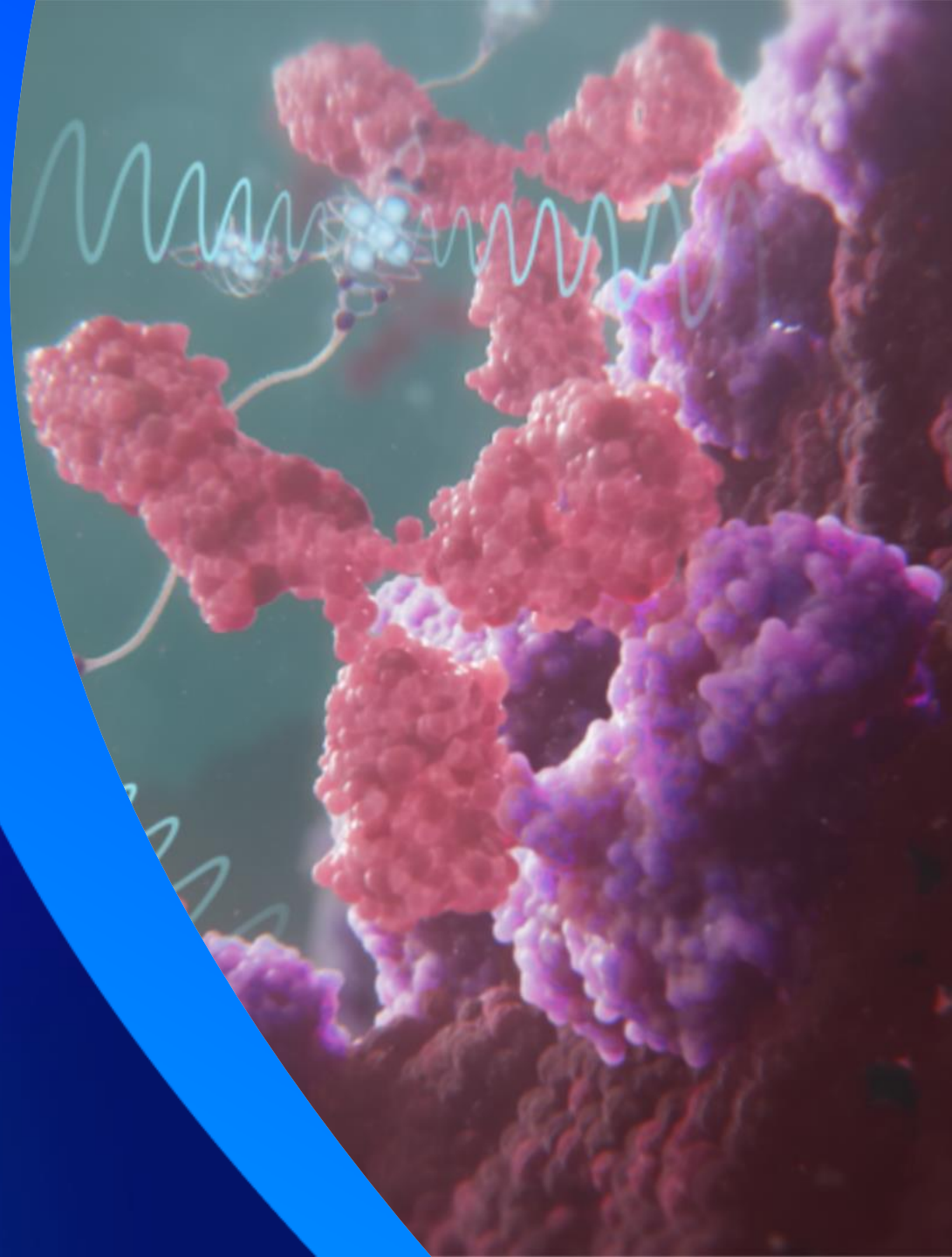
Enabling:

- Clearer treatment stratification
- Personalized diagnostic journey
- Expedited therapy

Telix

1. Multiparametric MRI.
2. American Cancer Society, Key Statistics for Prostate Cancer, accessed February 2025
3. Prostate Imaging Reporting and Data System, a scoring system used by radiologists to assess the likelihood of prostate cancer based on multiparametric mpMRI findings.

TLX250-Px (Zircaix)



Telix

Brand name subject to final regulatory approval.

TLX250-Px (Zircaix): Program overview

Product candidate

TLX250-Px (^{89}Zr-DFO-girentuximab)

FDA Breakthrough Therapy designation[1]

Targeting molecule / target

Antibody /

Carbonic anhydrase IX (CAIX)

Potential indication(s)

Clear cell renal cell carcinoma

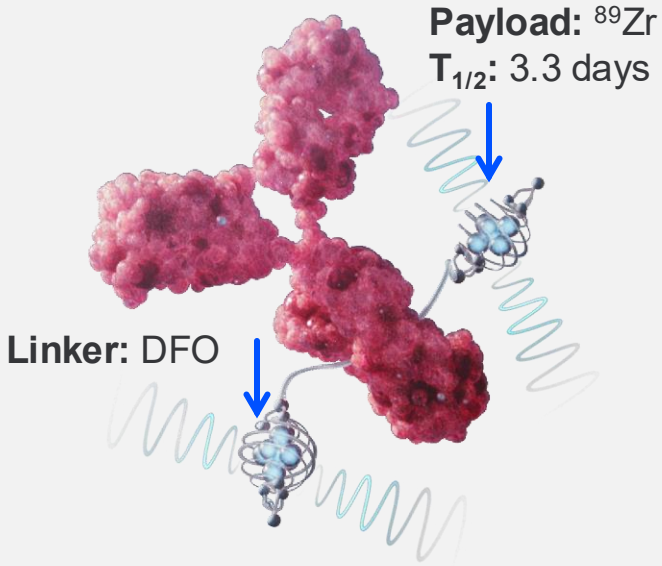
Clinical experience

Demonstrated accuracy and favorable safety profile in Phase 3 ZIRCON study and real-world cases[2]

- ZIRCON study demonstrated sensitivity of 86% and specificity of 87% in patients with a favorable safety profile and a positive predictive value of 91%[1,2]
- Included in International guidelines, Society of Nuclear Medicine and Molecular Imaging, SNMMI, European Association of Nuclear Medicine, and American College of Nuclear Medicine

Current status

- Positive type A meeting held with the FDA, to align on remediation of CMC deficiencies
- Additional meeting granted by the FDA in Jan, 2026 to align on data request to establish comparability between the drug product used in ZIRCON Phase 3 study and drug product intended for commercial use



- BLA resubmission to the FDA following alignment with the regulatory authorities
- Expanded access program remains active in the U.S. reflecting our commitment to serve patients

1. Telix ASX disclosure 1 July 2020.
2. ZIRCON ClinicalTrials.gov ID: NCT03849118.

Zircaix brand name and marketing authorization subject to regulatory approval.

TLX250-Px (Zircaix): Highly accurate in detecting ccRCC[1]

Phase 3 ZIRCON trial validates CAIX as a novel target

^{89}Zr-girentuximab

- IgG1 **CAIX-targeting** mAb
- Hepatically cleared
- Demonstrated accuracy and favorable safety profile in **Phase 3 ZIRCON study** and real-world cases[2]

THE LANCET Oncology

"As PET–CT imaging with PSMA revolutionized the management of prostate cancer, imaging using TLX250-Px has the potential to change clinical practice in renal cell carcinoma."

ZIRCON study results summary

Sensitivity & specificity (primary endpoints; n=284)	**Sensitivity: 86% | Specificity: 87%**
Sensitivity & specificity of small lesions	**≤4 cm (n=145)** • Sensitivity: 85% • Specificity: 90% **≤2 cm (n=20)** • Sensitivity: 97% • Specificity: 97%
Reader agreement	**The Fleiss' κ statistic for inter-reader variability:** 91% Cohen's κ statistic for intrareader **variability:** 100% for each reader
Safety & tolerability	**Favorable profile indicated**

ClinicalTrials.gov ID: NCT03849118

Telix

CAIX, carbonic anhydrase IX; ccRCC, clear cell renal cell carcinoma; mAb, monoclonal antibody; PET, positron emission tomography; rADC, radio antibody-drug conjugate; $T_{1/2}$, half-life.

1. Shuch B, et al. *Lancet Oncol*. 2024.
2. ZIRCON ClinicalTrials.gov ID: NCT03849118.

Zircaix brand name and marketing authorization subject to regulatory approval.

TLX101-Px (Pixclara)

Telix

Brand name subject to final regulatory approval.

TLX101-Px (Pixclara): Program overview

Product candidate

TLX101-Px (Pixclara[1])

^{18}F-floretyrosine or ^{18}F-FET

FDA Orphan Drug and Fast Track designations

Targeting molecule / target

Small molecule /

L-Type amino acid transporters 1 and 2 (LAT1 & 2)

Potential indication(s)

Characterization of progressive or recurrent glioma or treatment induced change

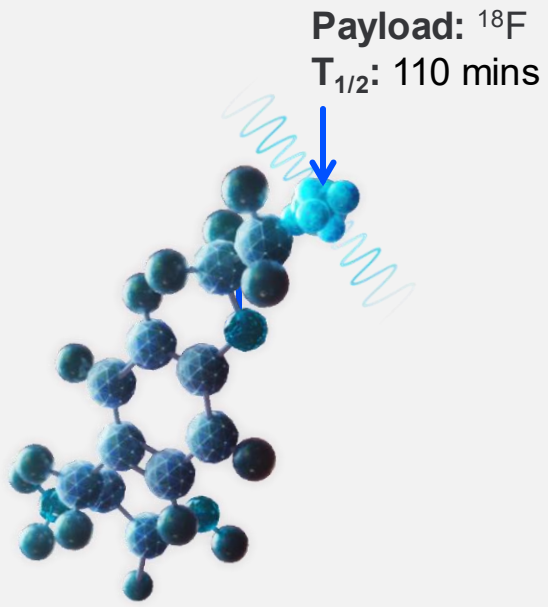
Clinical experience

Widely used in Europe and recommended in the EANM/EANO/RANO/SNMMI guidelines for PET imaging of gliomas[2]

First PET-based response assessment criteria for diffuse gliomas issued by RANO in January 2024[3]

Current status

- Positive type A meeting held with the FDA. Finalizing the package to re-file the New Drug Application, NDA[4]
- Expanded access program active in the U.S. reflecting our commitment to serve patients

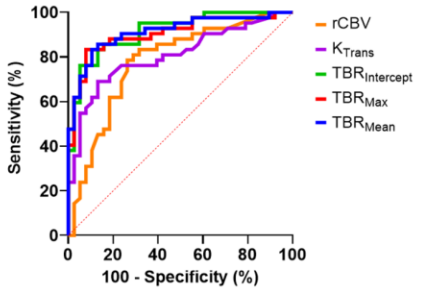


1. Brand name subject to final regulatory approval.
2. Joint European Association of Nuclear Medicine//European Association of Neurooncology/Response Assessment in Neurooncology practice guidelines/Society for Nuclear Medicine and Molecular Imaging procedure standards for the clinical use of PET imaging in gliomas.
3. Albert et al. *Lancet Oncol.* 2024.
4. Telix ASX Disclosure 22 July 2025

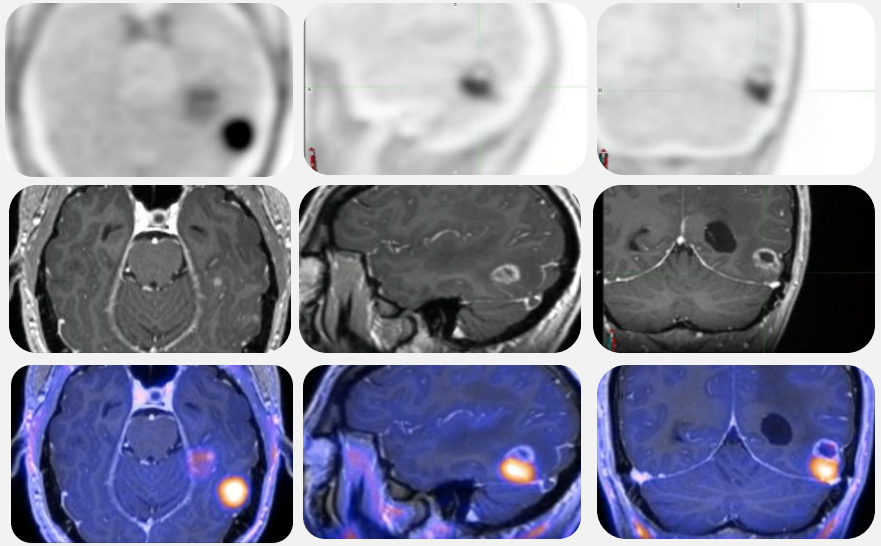
TLX101-Px (Pixclara): For imaging of glioma

- Investigator initiated studies in > 100 patients (EU) have validated basic pharmacology/biology, patient selection
- A potential tool for management of progression/ treatment monitoring
- **Orphan drug designation granted (U.S., EU)**
- **Widely used in Europe and recommended** in the EANM/EANO/RANO/SNMMI guidelines for PET imaging of gliomas[2]
- **First PET-based response assessment criteria** for diffuse gliomas issued by RANO in January 2024[3]

ROC analysis of 80 patients with grade 3/4 glioma or brain metastases demonstrated superior accuracy of ^{18}F-FET PET compared with MRI[4]



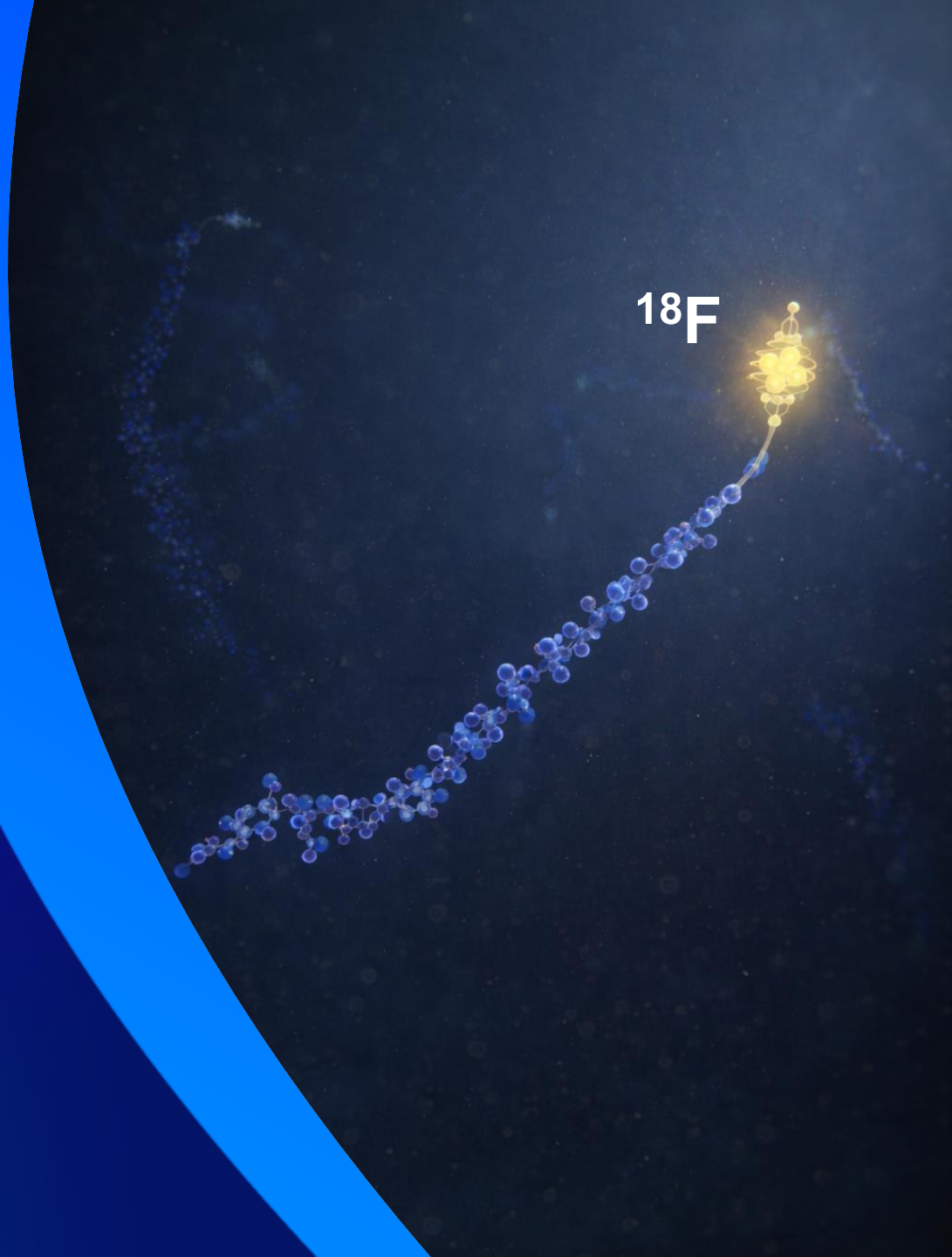
Patient representative sample - individual results may vary.



1. Joint European Association of Nuclear Medicine//European Association of Neurooncology/Response Assessment in Neurooncology practice guidelines/Society for Nuclear Medicine and Molecular Imaging procedure standards for the clinical use of PET imaging in gliomas.
2. Albert et al. *Lancet Oncol.* 2024.
3. Veronesi et al. *J Nucl Med.* 2023.

Pixclara brand name and marketing authorization subject to regulatory approval.

TLX593-Px (AlFluor™)



Telix

TLX593-Px: Program overview

AlFluor™ platform technology enables flexible radiolabelling of PSMA with F-18 or Ga-68

Product candidate

F18-AlF-PSMA-11, branded AlFluor

FDA Orphan Drug and Fast Track designations

Targeting molecule / target

Small molecule, PSMA-11 /

PSMA

Potential indication(s)

Not disclosed

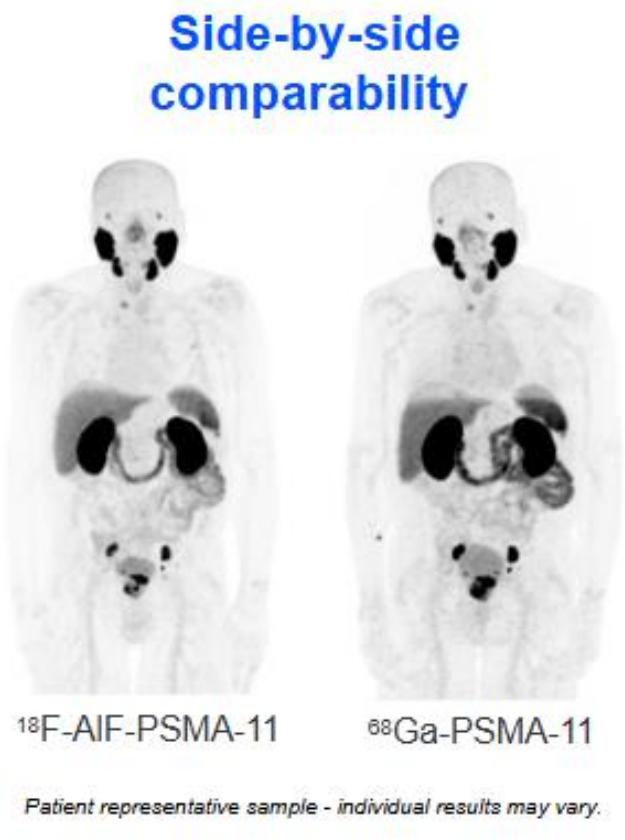
Clinical experience

Signed agreement with University Hospital Ghent and Ghent University for a novel AlF-PSMA-11 targeting agent, including safety and efficacy data from Phase 3 trial

- Phase 3 trial, 96 patients, using PSMA-11 interchangeably with 18F and 68Ga demonstrated
- a) diagnostic performance comparable to commercial ^{68}Ga-labeled PSMA-11 agents such as Illuccix® and Gozellix®, both known to deliver high specificity (~90%) for metastatic detection at initial staging[1]
- Favorable biodistribution, high tumor-to-background ratios, low off-target uptake in multiple studies[2]

Current status

Commenced engagement with regulators to determine path for approval



Telix

1. PSMA-PreRP clinical study. ClinicalTrials.gov ID: NCT02919111
2. Piron et al. Sci Rep. 2021. Malik et al., EJNMMI Res. 2020. Boschi et al. EJNMMI Res. 2020.