

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

**FORM 6-K**

REPORT OF FOREIGN PRIVATE ISSUER  
PURSUANT TO RULE 13a-16 OR 15d-16 OF  
THE SECURITIES EXCHANGE ACT OF 1934

For the month of March, 2026

Commission File Number: 001-42128

**Telix Pharmaceuticals Limited**

(Translation of registrant's name into English)

**55 Flemington Road**  
**North Melbourne, Victoria 3051, Australia**  
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F  Form 40-F

---

**INFORMATION CONTAINED IN THIS FORM 6-K REPORT**

On March 10, 2026 (Melbourne, Australia), Telix Pharmaceuticals Limited filed announcements with the Australian Securities Exchange titled “ProstACT Global Phase 3 Study (Part 1) Achieves Primary Objectives,” a copy of which is attached to this Form 6-K as Exhibit 99.1, and “ProstACT Global Phase 3 (Part 1) Results Presentation,” a copy of which is attached to this Form 6-K as Exhibit 99.2.

The information contained in this Form 6-K, except for the commentary within Exhibit 99.1 appearing in the last paragraph on page 1 and the first paragraph on page 2, is incorporated by reference into our Registration Statement on Form F-3ASR (File No. 333-293611) and Registration Statement on Form S-8 (File No. 333-283917).

[99.1](#) Press release – March 10, 2026

[99.2](#) Presentation – March 10, 2026

---

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

**Telix Pharmaceuticals Limited**

Date: March 10, 2026

By: /s/ Genevieve Ryan  
Name: Genevieve Ryan  
Title: Company Secretary

---

### **ProstACT Global Phase 3 Study (Part 1) Achieves Primary Objectives**

- Webcast and conference call to be held today, Tuesday March 10 at 9:30 a.m. AEDT (Monday March 9 at 6:30 p.m. EDT). Investors can register at the following link: <https://s1.conf.com/diamondpass/10053620-ju7y6t.html>

Melbourne (Australia) and Indianapolis, IN (U.S.) – March 10, 2026. Telix Pharmaceuticals Limited (ASX: TLX, NASDAQ: TLX, “Telix”) today announces that Part 1 of the ProstACT Global Phase 3 study, the safety and dosimetry lead-in for its therapeutic candidate – TLX591-Tx (lutetium-177 (<sup>177</sup>Lu) rosopatomab tetraxetan) – has achieved its primary objectives, demonstrating an acceptable safety and tolerability profile with no new safety signals observed.

Key findings include:

- Tolerability profile supported by dosimetry and low-grade non-hematologic events.
- Lesion dosimetry indicates no difference in absorbed dose profile across cohorts.
- No adverse drug-drug interactions observed in TLX591-Tx combinations.
- Hematologic events are in line with expectations and transient and manageable, with similar rates of recovery across all patient cohorts.
- The results from Part 1 are consistent with prior clinical studies of this first-in-class lutetium radio antibody-drug conjugate (rADC) therapy.

Part 1 of the study confirmed the safety profile, biodistribution and dosimetry of TLX591-Tx administered in two doses, 14 days apart, in combination with one of three standard of care (SOC) therapies: abiraterone, enzalutamide or docetaxel. The patient population comprised prostate-specific membrane antigen (PSMA) positive metastatic castration resistant prostate cancer (mCRPC) patients previously treated with one androgen receptor pathway inhibitor (ARPI).

ProstACT Global is a differentiated Phase 3 trial comparing PSMA-targeted <sup>177</sup>Lu-rADC therapy administered with SOC versus SOC alone, a trial design intended to reflect current global clinical practice<sup>1</sup>. Telix has already advanced the study into Part 2 – a 2:1 randomized treatment expansion – in jurisdictions where the clinical trial has obtained approval from health authorities<sup>2</sup>. Part 1 data will be presented to the United States (U.S.) Food and Drug Administration (FDA) to seek an Investigational New Drug (IND) amendment to progress Part 2 in the U.S.

Neeraj Agarwal, MD, Professor of Medicine and Presidential Endowed Chair of Cancer Research at Huntsman Cancer Institute, Salt Lake City, and ProstACT Global Principal Investigator and Steering Committee member, commented, “These results reinforce the feasibility of integrating TLX591-Tx with current standard of care therapies for mCRPC, including ARPIs such as enzalutamide or abiraterone, or docetaxel. Hematologic events align with those typically seen in this patient population and therapeutic class, and these cases resolved quickly. The dosimetry profile, along with the low-grade nature of non-hematologic adverse events, further supports the tolerability profile of this investigational therapy.”

<sup>1</sup> National Comprehensive Cancer Network® Clinical Practice Guidelines in Oncology for Prostate Cancer V3.2026; Narayan et al. *Clin Genitourin Cancer*. 2024.

David N. Cade, MD, Group Chief Medical Officer, Telex added, “Despite advances in clinical practice, men with advanced prostate cancer still need improved first and second line treatment options. These results build on prior findings and highlight the potential for TLX591-Tx in combination with contemporary standard of care, to become a new first-line option for patients facing this aggressive disease. We are encouraged by the data and look forward to engaging with the FDA at the earliest opportunity, while continuing to advance enrollment in Part 2 in regions where clinical trial initiation has already been approved.”

### Summary results

ProstACT Global Part 1 dosed 36 patients, allocated across 3 cohorts:

- Cohort 1 (11 patients): TLX591-Tx + enzalutamide.
- Cohort 2 (11 patients): TLX591-Tx + abiraterone.
- Cohort 3 (14 patients): TLX591-Tx followed by docetaxel.

### Safety and tolerability

- An acceptable safety profile was observed across combination cohorts and tolerability of TLX591-Tx was consistent with prior studies.
- All 36 patients received both doses of TLX591-Tx per protocol, no new safety signals were observed.
- Almost all treatment-emergent non-hematologic events were Grade 1 or Grade 2. The most prevalent were fatigue (53%), nausea (28%) and dry mouth (25%).
- Hematologic events were transient and manageable.
- Grade 3 thrombocytopenia (14%) and neutropenia (22%), and Grade 4 thrombocytopenia (31%) and neutropenia (25%) events were in line with the profile expected for this class of therapy and extent of disease.

### Dosimetry and biodistribution

- Radiation exposure to key organs was well below established safety limits<sup>3</sup>.
- Limited dose to salivary glands and kidneys.
- Lesion dosimetry demonstrated uptake across tumor sites and across all cohorts.
- Pharmacokinetics demonstrated sustained activity at 15 days, corroborated by imaging which demonstrated prolonged tumor retention.
- No evidence of drug-drug interactions impacting TLX591-Tx targeting, distribution or clearance.

### About ProstACT Global

ProstACT Global (ClinicalTrials.gov ID: NCT06520345) is an international, multicenter trial in two parts: Part 1, safety and dosimetry lead-in with 36 patients (complete); and Part 2, 2:1 randomized global expansion with an overall target enrollment of approximately 490 patients. Eligible patients must have confirmed progressive mCRPC assessed with a <sup>68</sup>Ga-PSMA-11 PET<sup>4</sup> imaging agent (such as Illuccix®, kit for the preparation of gallium-68 (<sup>68</sup>Ga) gozetotide injection, or Gozellix®, kit for the preparation of gallium-68 (<sup>68</sup>Ga) gozetotide injection) following prior treatment with one ARPI.

The antibody approach demonstrates different targeting and pharmacology to that observed in other PSMA-targeted small molecule radioligand therapies (RLT). In contrast to these therapies<sup>5</sup>, collective long-term follow-up of patients administered with TLX591-Tx has not observed significant acute or delayed kidney toxicity, as the agent is primarily cleared through the liver, a comparatively

<sup>2</sup> Part 2 is enrolling in Australia, New Zealand, and Canada, and has also received regulatory approval to commence in China, Singapore, South Korea, Türkiye, and the United Kingdom.

<sup>3</sup> Wahl et al. *J Nucl Med.* 2021; Emami et al. *Int J Radiat Oncol Biol Phys.* 1991.

<sup>4</sup> Positron emission tomography.

radioresistant organ, instead of the kidneys<sup>6</sup>. Due to its large molecular weight, TLX591-Tx also demonstrates minimal salivary and lacrimal gland uptake, reducing dry mouth and dry eyes, common adverse effects of existing PSMA-targeted RLTs<sup>7</sup>.

Additional information on the Phase 3 ProstACT Global study can be found at: <https://telixpharma.com/prostact/>

#### About Telix Pharmaceuticals Limited

Telix is a global biopharmaceutical company focused on the development and commercialization of therapeutic and diagnostic radiopharmaceuticals and associated medical technologies, with the goal to address significant unmet medical needs in oncology and rare diseases. With international operations in the United States, United Kingdom, Brazil, Canada, Europe (Belgium and Switzerland), and Japan, Telix is headquartered in Melbourne, Australia. Telix is listed on the Australian Securities Exchange (ASX: TLX) and the Nasdaq Global Select Market (NASDAQ: TLX).

Telix's Precision Medicine franchise includes Illuccix®, approved in multiple markets globally, and Gozellix®, approved by the U.S. FDA<sup>8</sup>. TLX591-Tx has not received a marketing authorization in any jurisdiction.

Visit [www.telixpharma.com](http://www.telixpharma.com) for further information about Telix, including details of the latest share price, ASX and U.S. Securities and Exchange Commission (SEC) filings, investor and analyst presentations, news releases, event details and other publications that may be of interest. You can also follow Telix on LinkedIn, X and Facebook.

#### Telix Investor Relations (Global)

Ms. Kyahn Williamson  
SVP Investor Relations and Corporate  
Communications  
[kyahn.williamson@telixpharma.com](mailto:kyahn.williamson@telixpharma.com)

#### Telix Investor Relations (Australia)

Ms. Charlene Jaw  
Associate Director Investor  
Relations  
[charlene.jaw@telixpharma.com](mailto:charlene.jaw@telixpharma.com)

#### Telix Investor Relations (U.S.)

Ms. Annie Kasparian  
Director Investor Relations and Corporate  
Communications  
[annie.kasparian@telixpharma.com](mailto:annie.kasparian@telixpharma.com)

#### Media Contact

Eliza Schlefstein  
917.763.8106 (Mobile)  
[Eliza@schlefsteinpr.com](mailto:Eliza@schlefsteinpr.com)

*This announcement has been authorized for release by the Telix Pharmaceuticals Limited Disclosure Committee on behalf of the Board.*

#### Legal Notices

##### *Cautionary Statement Regarding Forward-Looking Statements.*

*You should read this announcement together with our risk factors, as disclosed in our most recently filed reports with the Australian Securities Exchange (ASX), U.S. Securities and Exchange Commission (SEC), including our Annual Report on Form 20-F filed with the SEC, or on our website.*

*The information contained in this announcement is not intended to be an offer for subscription, invitation or recommendation with respect to securities of Telix Pharmaceuticals Limited (Telix) in any jurisdiction, including the United States. The information and opinions contained in this announcement are subject to change without notification. To the maximum extent permitted by law, Telix disclaims any obligation or undertaking to update or revise any information or opinions contained in this announcement, including any forward-looking statements (as referred to below), whether as a result of new information, future developments, a change in expectations or assumptions, or otherwise. No representation or warranty, express or implied, is made in relation to the accuracy or completeness of the information contained or opinions expressed in the course of this announcement.*

<sup>5</sup> Tagawa et al. *Curr Oncol Rep.* 2021; Steinhelfer et al. *J Nucl Med.* 2024.

<sup>6</sup> Tagawa et al. *Cancer.* 2019.

<sup>7</sup> Pepin et al. *Pract Radiat Oncol.* 2025.

*This announcement may contain forward-looking statements, including within the meaning of the U.S. Private Securities Litigation Reform Act of 1995, that relate to anticipated future events, financial performance, plans, strategies or business developments. Forward-looking statements can generally be identified by the use of words such as “may”, “expect”, “intend”, “plan”, “estimate”, “anticipate”, “believe”, “outlook”, “forecast” and “guidance”, or the negative of these words or other similar terms or expressions. Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause our actual 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 Telix’s good-faith assumptions as to the financial, market, regulatory and other risks and considerations that exist and affect Telix’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, completion and results of Telix’s preclinical and clinical trials, and Telix’s research and development programs; Telix’s ability to advance product candidates into, enroll and successfully complete, clinical studies, including multi-national clinical trials; the timing or likelihood of regulatory filings and approvals for Telix’s product candidates, including the planned NDA resubmission for TLX101-Px and the planned BLA resubmission for TLX250-Px, manufacturing activities and product marketing activities; Telix’s sales, marketing and distribution and manufacturing capabilities and strategies; the commercialization of Telix’s product candidates, if or when they have been approved; Telix’s ability to obtain an adequate supply of raw materials at reasonable costs for its products and product candidates; estimates of Telix’s expenses, future revenues and capital requirements; Telix’s financial performance; developments relating to Telix’s competitors and industry; the anticipated impact of U.S. and foreign tariffs and other macroeconomic conditions on Telix’s business; 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.*

*Trademarks and Trade Names. All trademarks and trade names referenced in this press release are the property of Telix Pharmaceuticals Limited (Telix) or, where applicable, the property of their respective owners. For convenience, trademarks and trade names may appear without the ® or ™ symbols. Such omissions are not intended to indicate any waiver of rights by Telix or the respective owners. Trademark registration status may vary from country to country. Telix does not intend the use or display of any third-party trademarks or trade names to imply any affiliation with, endorsement by, or sponsorship from those third parties.*

©2026 Telix Pharmaceuticals Limited. All rights reserved.

<sup>8</sup> Telix ASX disclosure March 21, 2025.



**TLX591-Tx  
ProstACT Global Phase 3 study  
(NCT06520345)**

**Part 1 results: Safety and  
dosimetry**

**March 10, 2026**

**ASX: TLX | NASDAQ: TLX**



# Presenters



**Dr. Christian Behrenbruch**

Managing Director and  
Group CEO



**David N. Cade, MD**

Telix Group Chief  
Medical Officer



\*Independent expert speaker, not an employee of Telix.  
Views are speaker's own.



# Introductory remarks



# ProstACT Global Phase 3 (Part 1 Lead-in)

## Primary and secondary endpoints: Safety and dosimetry

- ✔ **Study objectives met:** Confirmed safety, pharmacokinetics, dosimetry across
- ✔ **No new safety signals:** Hematologic events transient and manageable
- ✔ **Tolerability profile** supported by dosimetry and low-grade non-hematologic
- ✔ Lesion dosimetry indicates no difference in **absorbed dose profile** across
- ✔ **No adverse drug-drug interactions** observed in TLX591-Tx combination

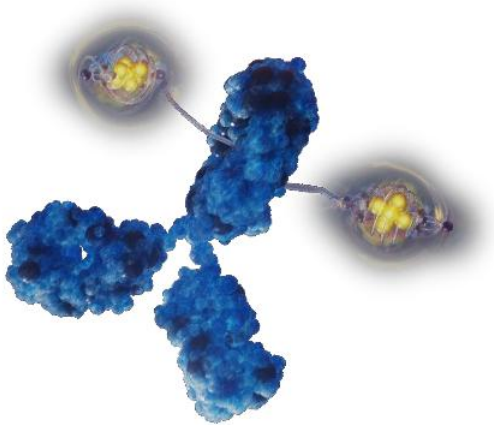
Demonstrates feasibility of integrating TLX591-Tx with contemporary



1. Source: ProstACT Global Part 1 data on file.

# TLX591-Tx is a novel therapy candidate for differentiated radiopharmaceutical using an antibody (mAb)

**TLX591-Tx:  
Lutetium (<sup>177</sup>Lu)  
rosopitamab tetraxetan**



**Radio antibody-drug conjugate (rADC) key unmet needs<sup>2-5</sup>**

- 1. Patient friendly two-dose regimen:** and ease of integration with standard
- 2. Safety and tolerability profile:** Low and kidneys, transient and manageable
- 3. Internalization and prolonged retention:** to the tumor, potentially maximizing c
- 4. Supply, access, and radiation protection:** from lower administered activity (76 n

Differences described are not derived from head-to-head clinical studies, cross



1. Prostate-specific membrane antigen.
2. Sartor O, et al. Presented at: American Society of Clinical Oncology Annual Meeting 2024; TPS5115.
3. Sun M, et al. *Curr Oncol Rep.* 2021.

4. ProstACT SELECT data on file. Clinical Study
5. Tagawa ST, et al. *Cancer.* 2019.

# TLX591-Tx rADC versus 1<sup>st</sup> generation sr

## Key differences underpin PSMA tumor targeting, internaliz

	rADC	1 <sup>st</sup> generation RL <sup>5</sup>
Radiopharmaceutical description	TLX591-Tx <sup>1-4</sup>	Small Molecule
Recommended dose	2 x 76 mCi (14 days apart)	6 x 200 mCi (6 weeks apart) <sup>6</sup>
Molecular weight (MW)	Antibody Large (mw ~150,000)	Small molecule (mw ~1,200)
Terminal half-life (t <sub>1/2</sub> )	5.6 days	1.7 days
Off-target organ exposure	Liver, spleen	Salivary glands, kidneys, GI <sup>7</sup> tract, other sites
Route of excretion	Hepatobiliary (liver)	Renal (kidneys)

Differences described are not derived from head-to-head clinical studies, cross-trial comparison should be interpreted as not being definit



1. Sartor O, et al. Presented at: American Society of Clinical Oncology Annual Meeting 2024; TPS5115.
2. Sun M, et al. *Curr Oncol Rep.* 2021.
3. Data on file. Telix Pharmaceuticals Limited.
4. Tagawa ST et al. *Cancer.* 2019.

5. Radio-ligand therap
6. Lu177-PSMA617. F every 6 weeks for t use.
7. Gastrointestinal.



# Study design and patient population



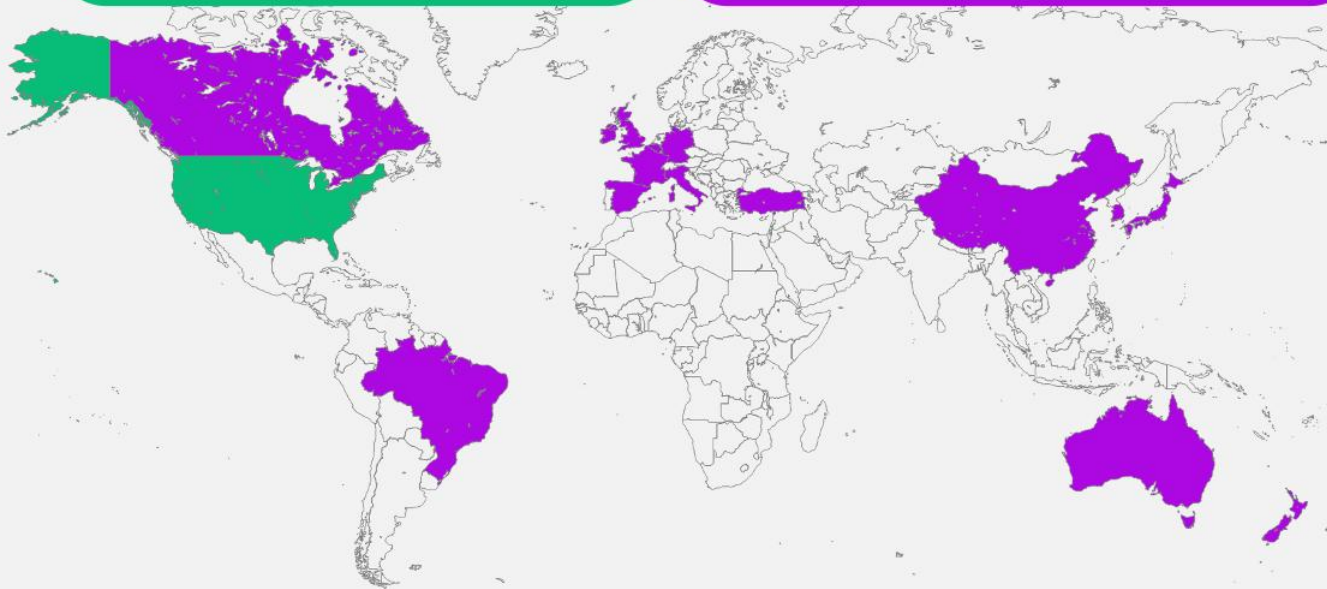
# ProstACT Global study design reflects global clinical practice

## Allows investigator to combine TLX591-Tx with ARPI or docetaxel

Typical clinical practice following disease progression on first ARPI

Predominantly ARPI Switch<sup>2</sup>

Predominantly Docetaxel<sup>3,4,5,6,7,8</sup>



1. Clarivate Prostate Cancer Market Forecast, July 2025.
2. Narayan V. et al. Treatment Patterns and Survival Outcomes Among Androgen Receptor Pathway Inhibitor- Experienced Patients with Metastatic Castration Resistant Prostate Cancer, *Clin Genitourin Cancer*, 2024.
3. 2025 Canadian Urological Association-Canadian Uro-oncology Group Guideline: Metastatic castration-resistant prostate cancer.
4. 2025 ESMO Treatment Guidelines / EAU Prostate Cancer Guidelines.
5. 2025 Chinese Society of Clinical Oncology Guideline.
6. Korean Guidelines for the Management of Metastatic Prostate Cancer.
7. Japanese Clinical Practice Guidelines for Prostate Cancer 2024.
8. Fontes et al. Treatment Patterns and Outcomes in Metastatic Prostate Cancer: An Analysis of a Private Cancer Care System. *Journal of Clinical Oncology*, 2024.
9. National Comprehensive Prostate Cancer V3.2024.

# ProstACT Global Phase 3 current status

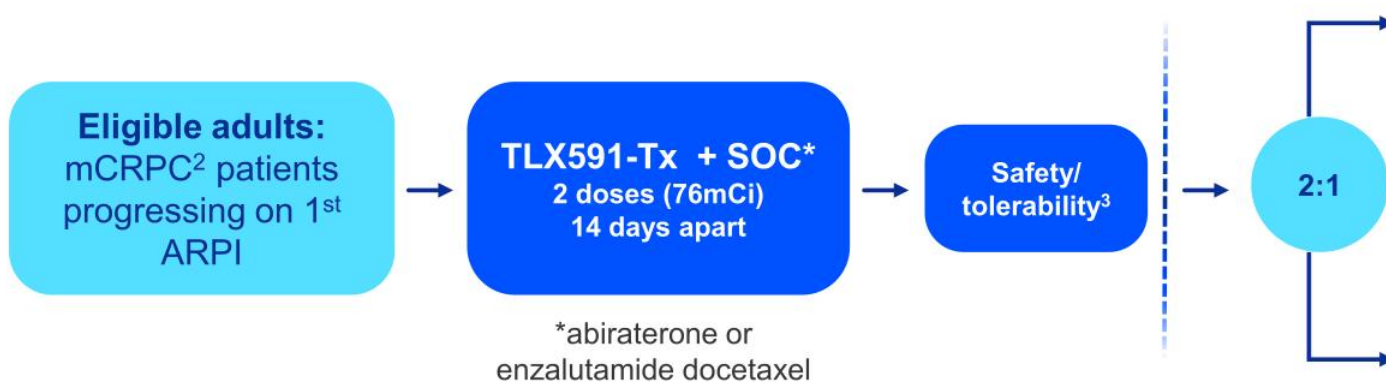
Part 2 approved in select jurisdictions and enrolling patients

Part 1 complete, prerequisite for progression to Part 2 in US



ClinicalTrials.gov ID:  
[NCT06520345](https://clinicaltrials.gov/ct2/show/study/NCT06520345)

Part 1 Safety & Dosimetry Lead In  
n = 30



1. Data to be submitted to FDA to seek IND amendment/Part 2 clearance.
2. Metastatic castration resistant prostate cancer.
3. Safety & tolerability reported as adverse events.
4. Independent Data Monitoring Committee review, October 2025.

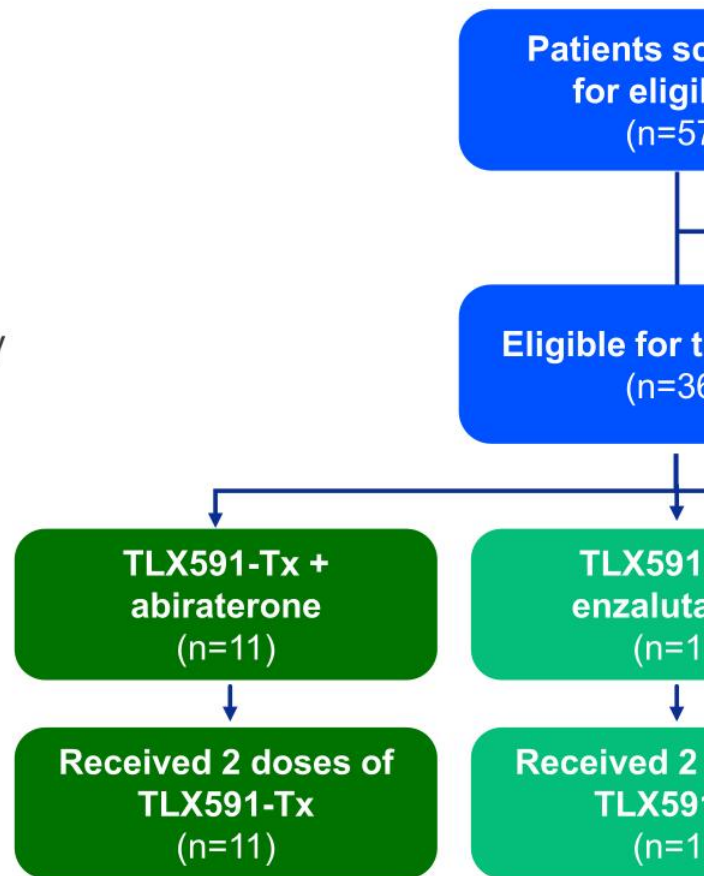
5. Japanese regulator has granted approval for Phase 2 patients, prior to commencing Phase 3.
6. Radiographic progression-free survival.
7. Blinded independent central review.

# Part 1 enrolled 36 patients each with one

All patients received two doses of TLX591-Tx

## Key observations

- No treatment-related deaths
- 32 patients remain alive
- 26 patients continuing on the study



# Part 1: Baseline demographics and prior t

## Majority of patients (n=36) are 2L mCRPC

### Baseline age demographics

Slightly older patient population compared to other <sup>177</sup>Lu-PSMA trials<sup>2</sup>

- Mean age: 75 years
- Median age: 77 years
- Age range: 59 – 88 years

Prior treatments	
Setting of 1 <sup>st</sup> ARPI indication, n (%)	
mCSPC <sup>3</sup>	10 (28)
mCRPC 1L	26 (72)
Prior ARPI therapy, n (%)	
Abiraterone	10 (28)
Apalutamide	3 (8)
Darolutamide	6 (17)
Enzalutamide	17 (47)
Prior taxane treatment in mCSPC, n (%)	
Yes	9 (25)
No	27 (75)



1. ProstACT Global Part 1 data on file. Telix Pharmaceuticals.  
2. Morris et al. *Lancet* 2024.  
3. Metastatic castration sensitive prostate cancer.

4. Prostate-specific antigen.



# Safety



# Acceptable safety profile confirmed with 1

## Non-hematologic events were low grade, hematologic events were low grade and manageable

### Key observations

#### Treatment emergent adverse events (TEAE)

- Most prevalent non-hematologic adverse events were fatigue (53%), nausea (28%) and dry mouth (25%)
- Almost all TLX591-Tx related non-hematologic events were grade 1 or grade 2<sup>2</sup>

#### Hematologic events: In line with profile expected for this class of therapy

- **Grade 3** thrombocytopenia 5/36 (14%) and neutropenia 8/36 (22%) events in line with profile expected for this class of therapy; single Grade 3 anemia
- **Grade 4** thrombocytopenia 11/36 (31%) and neutropenia 9/36 (25%)



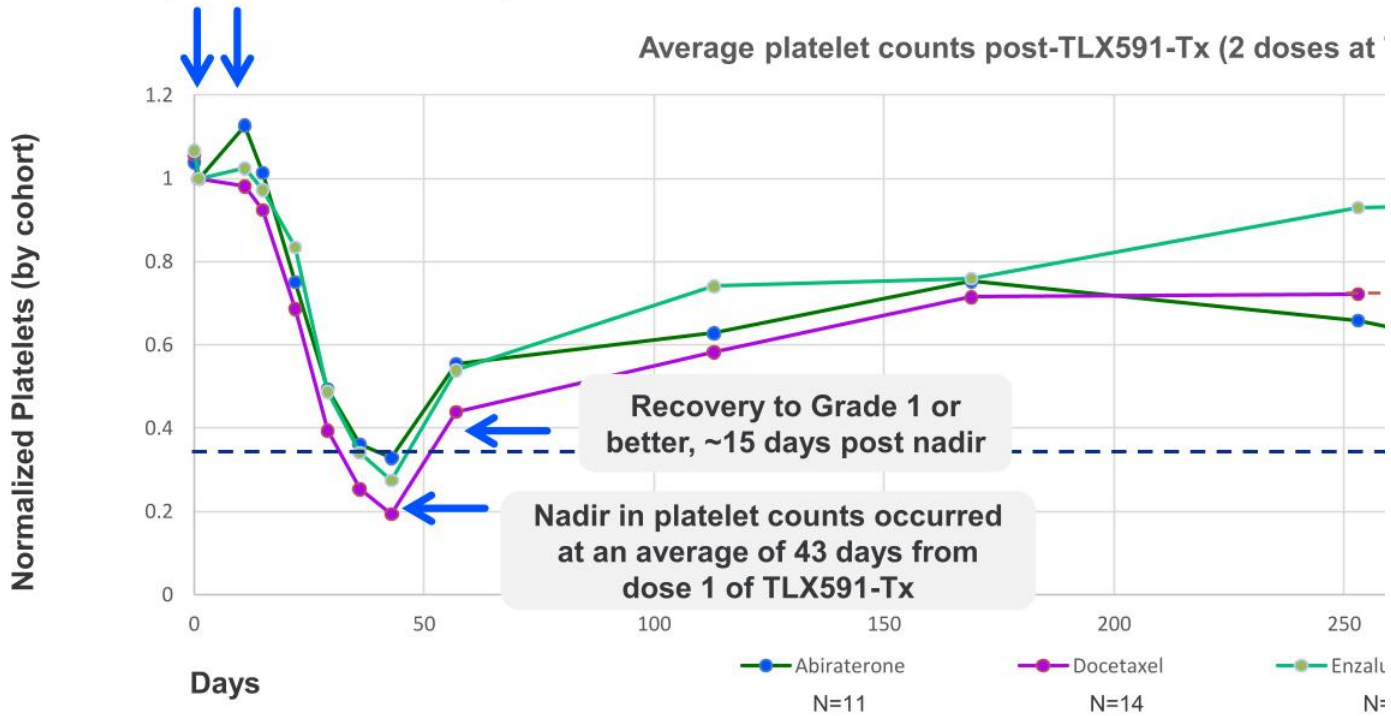
1. ProstACT Global Part 1 data on file. Telix Pharmaceuticals.  
 2. One grade 3 dizziness was considered treatment-related.  
 3. White blood cell.

ProstACT Global Part 1	Adverse Event
	<b>Non-hematologic</b>
	Fatigue
	Nausea
	Dry mouth
	Diarrhea
	Back pain
	Headache
	<b>Hematologic</b>
	Thrombocytopenia
	Neutropenia
	Anemia
	WBC <sup>3</sup> decrease
	Lymphopenia

# Hematological profile transient and consistent

## Platelet counts recovered consistently in all three cohorts

TLX591-Tx (2 doses at 76 mCi each)



1. G1 platelets 75,000/ $\mu$ L to 150,000 / $\mu$ L



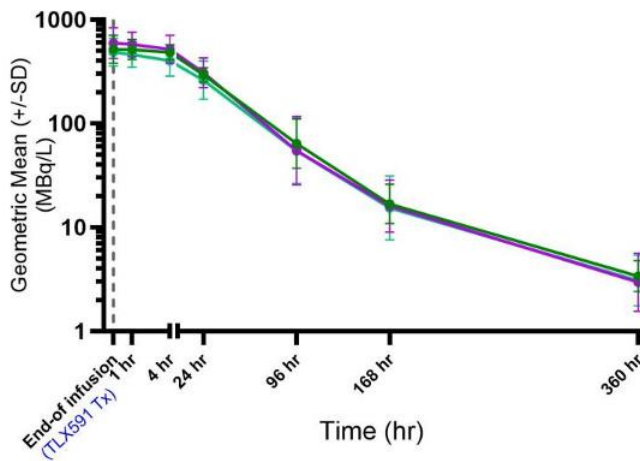
# Dosimetry



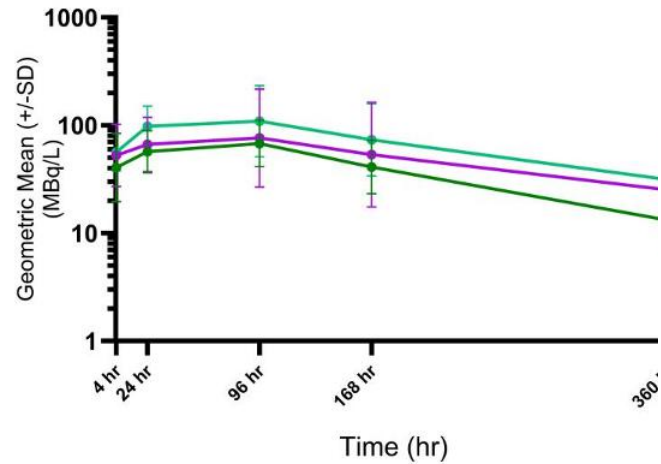
# Pharmacokinetic profile driven by TLX591

## Demonstrates sustained activity, consistent across cohort

**Blood radioactivity**  
Concentrations-Time Profile



**Lesion activity**  
Concentrations-Time profile



—●— Abiraterone<sup>2,3</sup>

—●— Docetaxel<sup>2,3</sup>

—●— Enzalutamide<sup>2,3</sup>

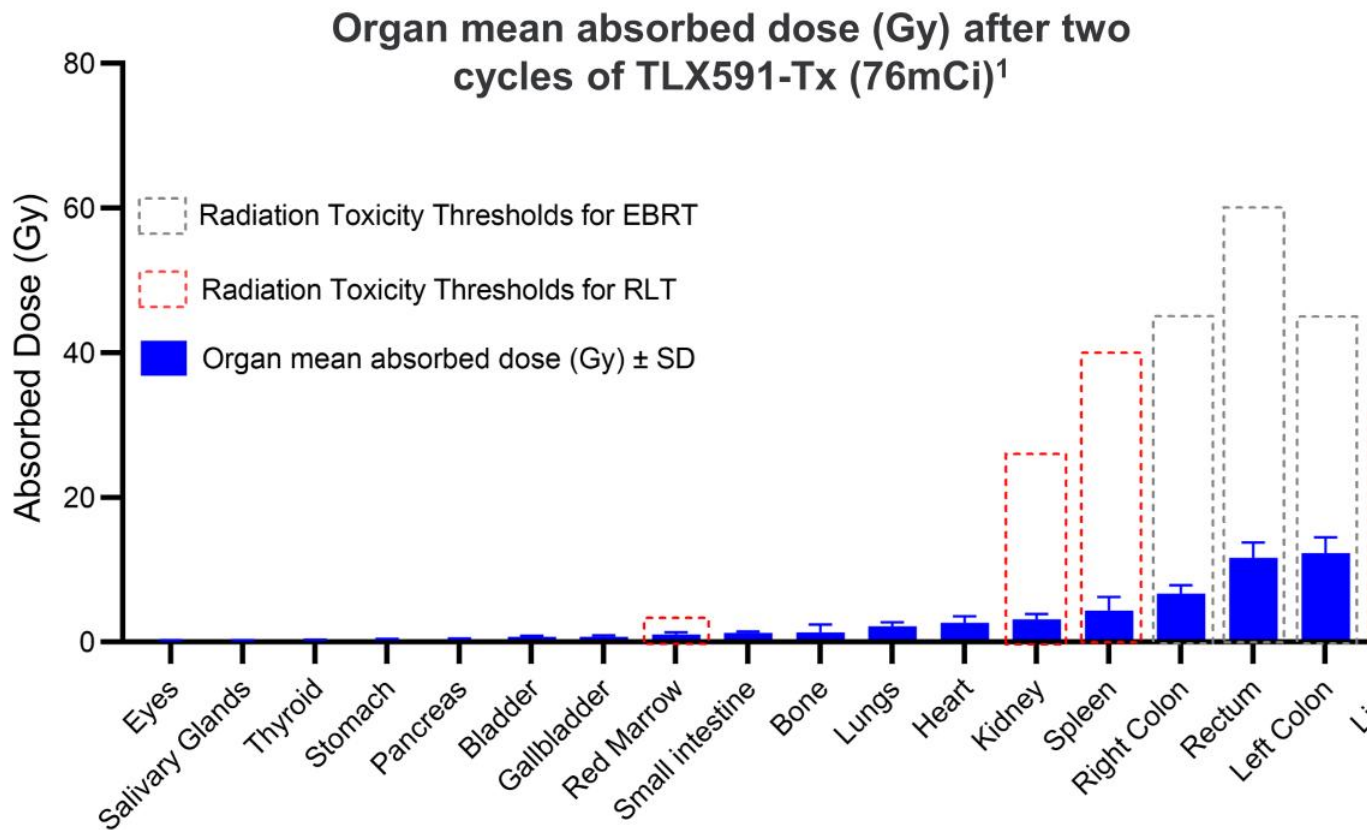


1. ProstACT Global Part 1 data on file. Telix Pharmaceuticals.
2. Lesion and blood activity concentrations were measured following the first TLX591-Tx dose (2.8 GBq; ~76 mCi).
3. Number of patients in abiraterone cohort (n = 11), Docetaxel (n = 13), Enzalutamide (n = 10).

PK and lesion activity an:  
Demographic and safety  
patient numbers reflect d

# Organ radiation exposure is well below es

## Low radiation to salivary glands and kidneys supports tole



1. ProstACT Global Part 1 data on file. Telix Pharmaceuticals. Organ mean absorbed dose reported in (n = 33) patients. Red Marrow dose determined from blood-based assay, 1.03 ± 0.31 Gy for 2 cycles of 76 mCi.  
 2. Wahl RL, Normal-Tissue Tolerance to Radiopharmaceutical Therapies, the Knowns and

the Unknowns, *J Nucl Med*  
 3. Emami et al. Tolerance of  
*Phys.* 1991.

# Lesion dosimetry confirmed TLX591-Tx u

## Meaningful absorbed dose across lesion locations and co

Tumor dose (Gy) after the administration of TLX591-Tx in 2 doses o

Tumor Sites	Mean	Median	Min
All lesions (n=132)	4.83	2.84	0.28
Bone (n=122)	5.00	2.92	0.28
Lymphatic nodes (n=8)	2.01	2.15	1.02
Soft tissue (n=2)	5.73	5.73	3.27

The mean tumor volume by site was  $13.47 \pm 16.22$  mL for  
for lymphatic tissue and  $9.87 \pm 0.15$  mL for soft

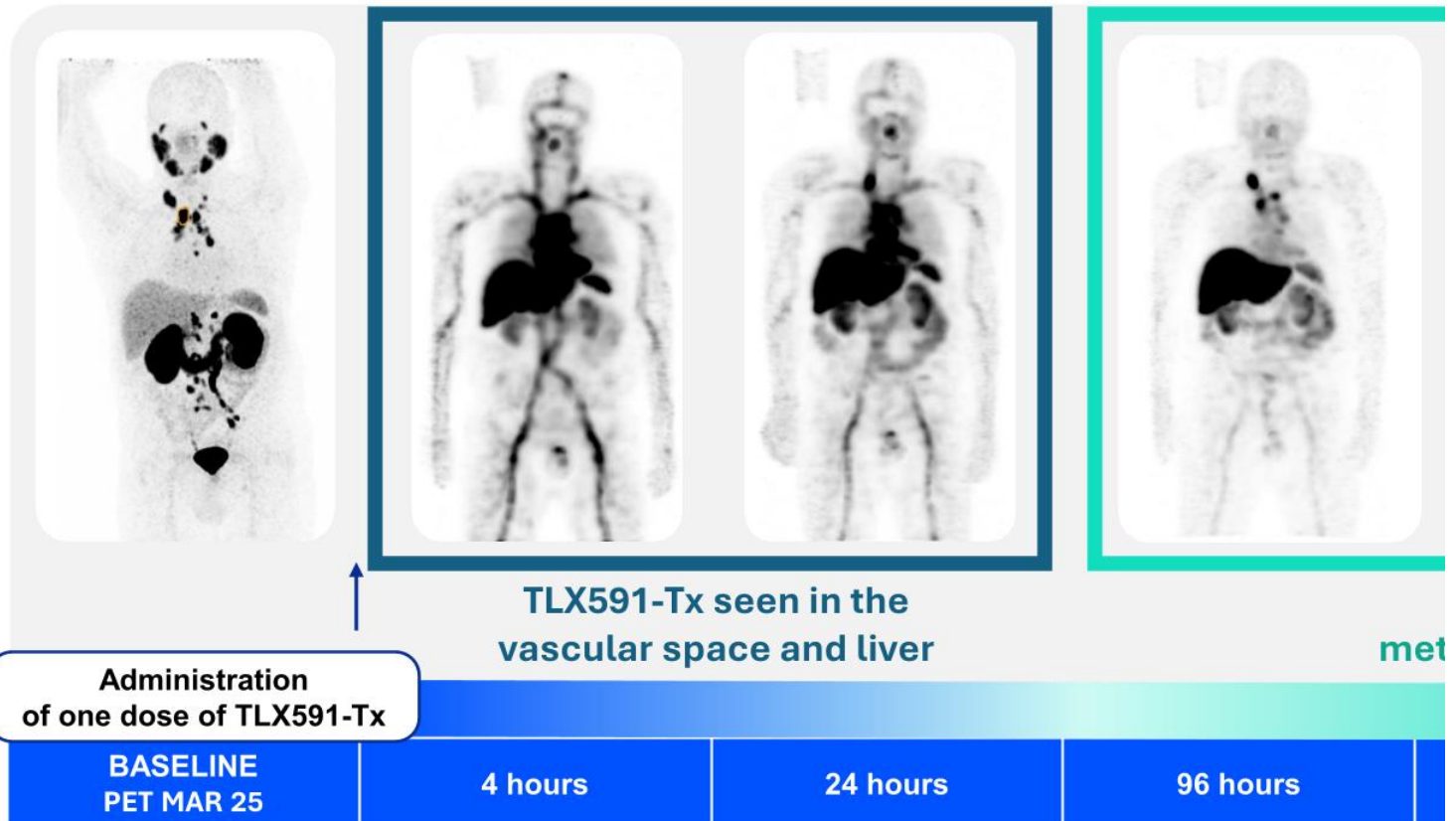


1. ProstACT Global Part 1 data on file. Telix Pharmaceuticals.

# Patient case: TLX591-Tx plus abiraterone

## 64-year-old patient with metastatic disease in lymph nodes

SPECT TLX591-Tx biodistribution: Single dose Distribution



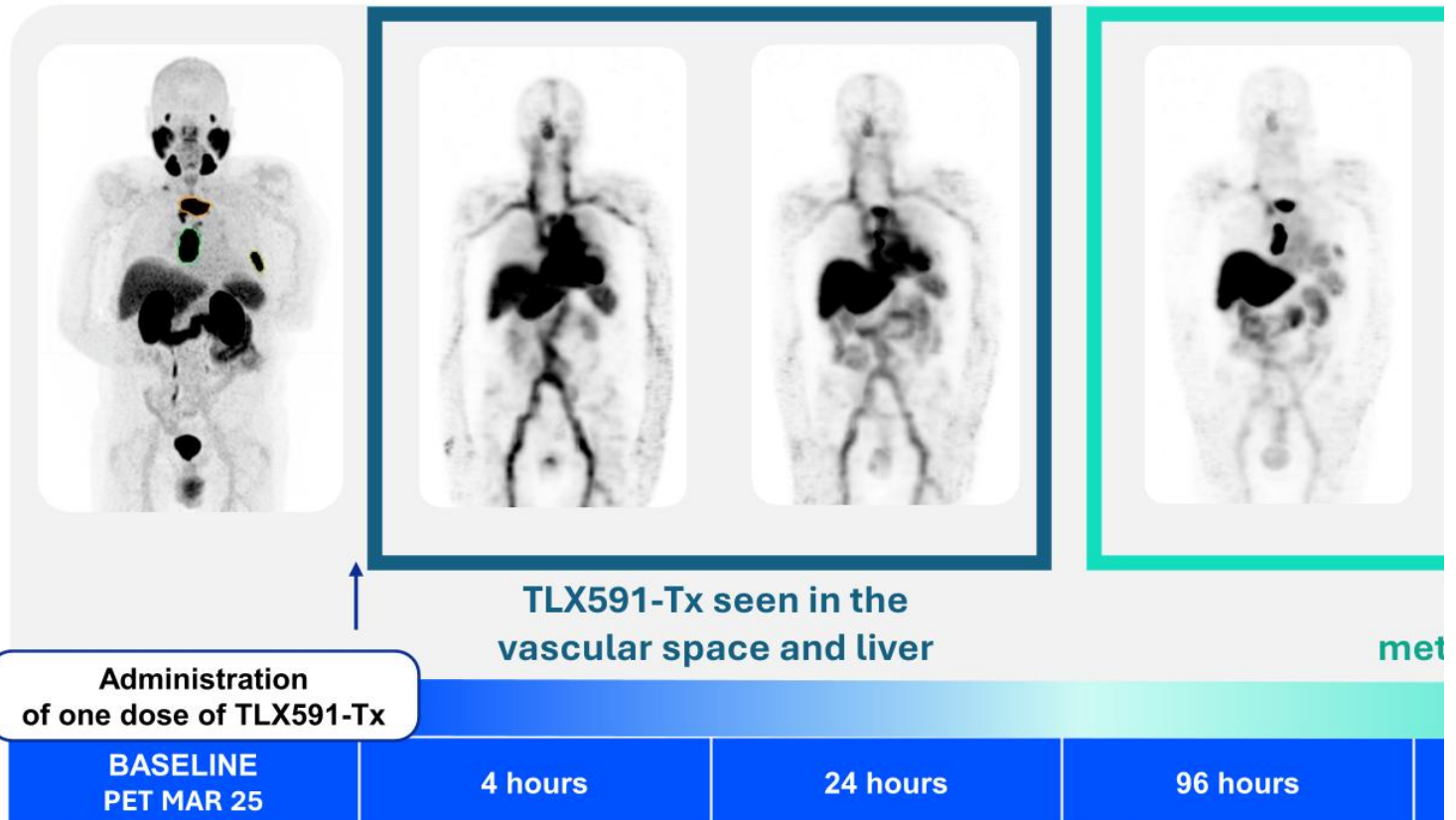
**Telix**  
Therapeutics

1. Subcarinal, right upper para-tracheal, abdominal, pelvic lymph nodes.
2. ProstACT Global Part 1 data on file. Telix Pharmaceuticals.

# Patient case: TLX591-Tx sequenced with (

## 83-year-old patient with bony metastatic lesions<sup>1</sup>

SPECT TLX591-Tx biodistribution: Single dose Distributio



Therapeutics

1. Thoracic vertebrae, ribs.
2. ProstACT Global Part 1 data on file. Telix Pharmaceuticals.



# Summary



# Summary: ProstACT Global Part 1

TLX591-Tx plus standard of care has acceptable safety and

- **Acceptable and manageable safety and tolerability** demonstrated across combination cohorts, no new safety signals or adverse drug-drug interactions
- **Low radiation exposure to salivary glands and kidneys** support acceptable tolerability profile
- **Pharmacokinetics supports sustained activity at 15 days**, imaging shows prolonged tumor retention
- **Patient friendly two dose regimen** supports compliance to treatment and ease of integration with standard of care (SOC)



1. ProstACT Global Part 1 data on file. Telix Pharmaceuticals.

## Investor Relations Contacts:

Kyahn Williamson (Global)  
SVP Investor Relations and Corporate Communications  
[kyahn.williamson@telixpharma.com](mailto:kyahn.williamson@telixpharma.com)

Telix Investor Relations (U.S.)  
Ms. Annie Kasparian  
Director Investor Relations and Corporate  
Communications  
[annie.kasparian@telixpharma.com](mailto:annie.kasparian@telixpharma.com)

Telix Investor Relations (Australia)  
Ms. Charlene Jaw  
Associate Director Investor Relations  
[charlene.jaw@telixpharma.com](mailto:charlene.jaw@telixpharma.com)