Telix

William Blair Growth Conference

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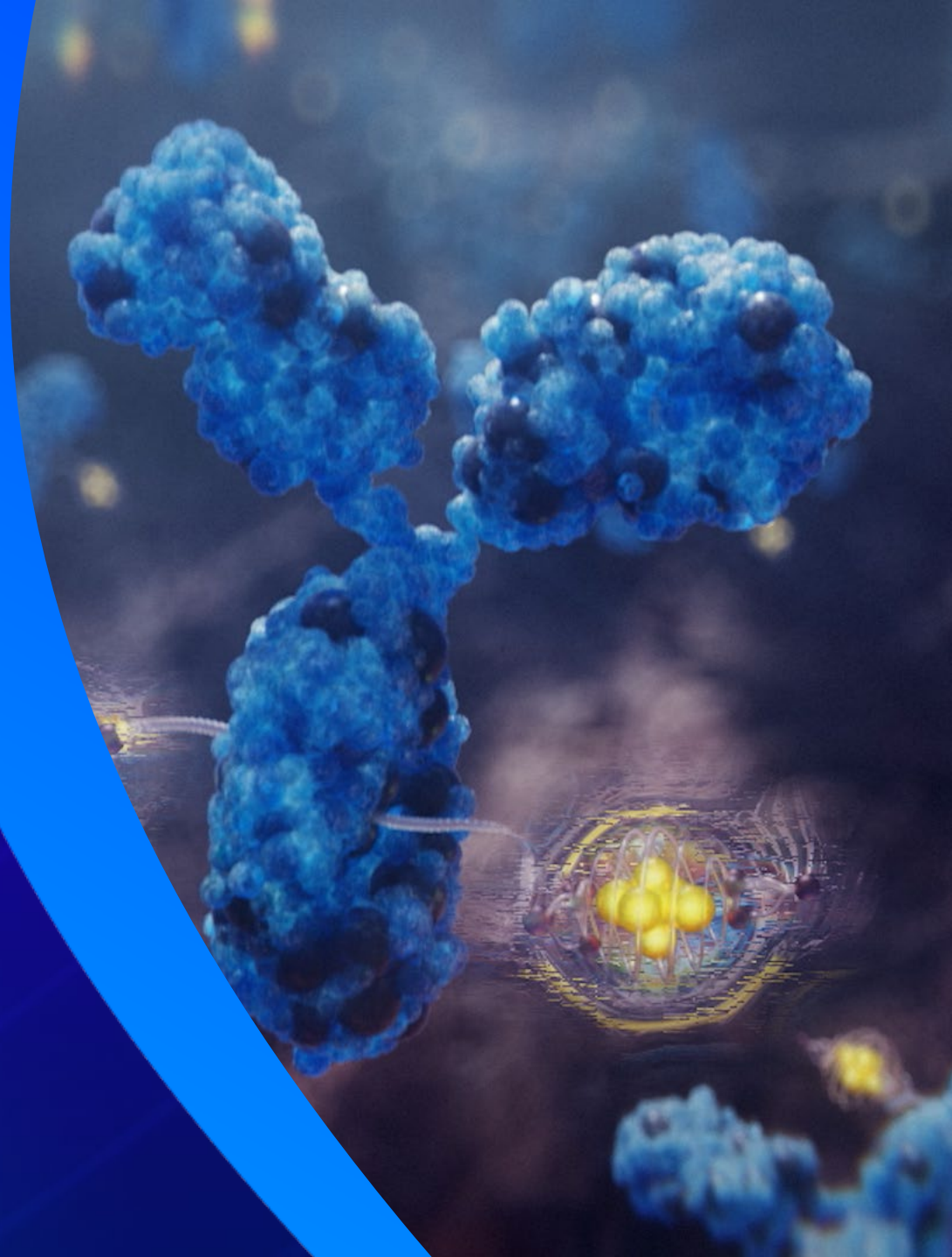
June 2, 2026



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Telix’s first generation PSMA-PET imaging product, gallium-68 (^{68}Ga) gozetotide injection (also known as ^{68}Ga PSMA-11 and marketed under the brand name Illuccix®), has been approved in multiple markets globally. Gozellix® (kit for the preparation of gallium-68 (^{68}Ga) gozetotide injection) has been approved by the U.S. FDA. Telix’s osteomyelitis (bone infection) imaging agent, technetium-99m (^{99m}Tc) besilesomab (marketed under the brand name Scintimun®) is approved in 32 European countries and Mexico. Telix’s miniaturized surgical gamma probe, SENSEI®, for minimally invasive and robotic-assisted surgery, is registered with the FDA for use in the U.S. and has attained a Conformité Européenne (CE) Mark for use in the EEA. Registrations vary country to country. Refer to your local approved label or regulatory authority status for full information.

No other Telix drug or device has received marketing authorization in any jurisdiction. Any other Telix drug or device that is discussed in this presentation, including Zircaix and Pixclara, is investigational or under development and not approved by any regulatory authority. The efficacy or safety profile of any unapproved drug or device has not been determined by any regulatory authority. In addition, Zircaix and Pixclara brand names and launch are subject to final regulatory approval.

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Five pillars defining our competitive leadership in radiopharma

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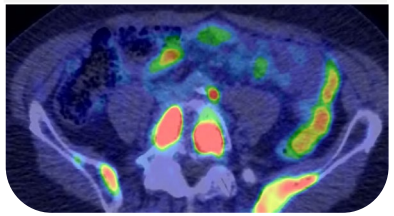
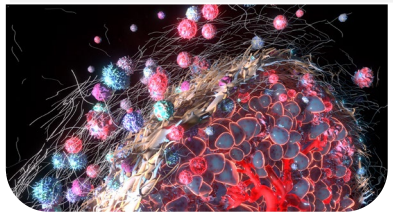
Integrated Theranostic Approach
See It. Treat It.

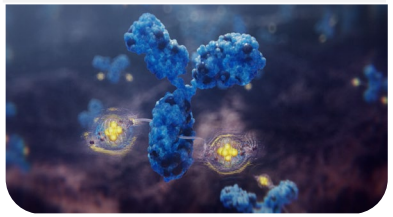
High value therapeutics pipeline



R&D platform for new molecular entities



Precision Medicine portfolio



Specialist commercial organization

Vertically integrated manufacturing and supply chain

Two FDA approved PSMA imaging agents on the market expanding patient reach

illuccix®
(kit for the preparation of gallium Ga 68 gozetotide Injection)

- Launched in **22 countries**[1]
- **17 countries**[1] **in Europe**
- NDA under review by NMPA in **China**[2]
- Registration enabling study in **Japan**[3]

Gozellix
kit for the preparation of gallium Ga 68 gozetotide injection

- Next-gen PSMA-PET imaging agent in the U.S. with **longer shelf-life**
- Reimbursement secured[4]
- Increased production capacity

BiPASS™ has the potential to double the addressable market through label expansion[5]

PSMA = prostate specific membrane antigen. NDA = New Drug Application. NMPA = National Medical Products Administration. BiPASS™ = Biopsy of the prostate avoidance stratification study.
1. Telix ASX disclosure April 6, 2026. 2. Telix ASX disclosure January 20, 2026. 3. Japan Registry of Clinical Trials identifier: JRCT2031250473.
4. Transition pass through status effective October 1, 2025. 5. Company estimates.

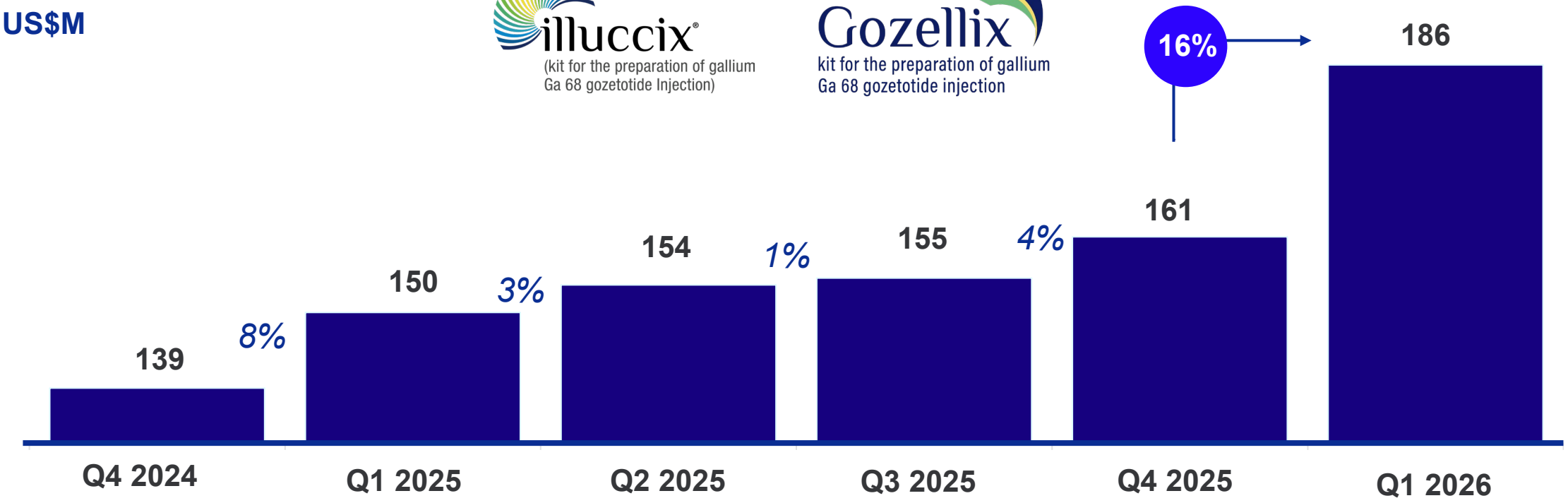
Accelerating revenue growth to record levels

16% QoQ growth in Q1, 2026

Precision Medicine sales
US$M

illuccix® (kit for the preparation of gallium Ga 68 gozetotide Injection)

Gozellix kit for the preparation of gallium Ga 68 gozetotide injection



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Two first-in-class imaging agents for glioma and renal masses potentially first to market[1,2]

Pixclara[3]
(floretyrosine F 18)

- PDUFA date: **Sep 11, 2026**
- Pixlumi®[3] **MAA accepted** in Europe
- Included in National Comprehensive Cancer Network (**NCCN®) guidelines**
- Inclusion in **International guidelines:** EANM/EANO/RANO/SNMMI

Potentially first to market (U.S.)[1] for imaging of gliomas

Zircaix[3]
(zirconium Zr 89 girentuximab senvedoxam-crdi)

- Completed **two type A meetings** with the FDA. BLA resubmission in progress
- Inclusion in the **International guidelines:** SNMMI, EANM and ACNM for molecular imaging of renal masses

Potentially first radiolabeled biologic to market[1] for imaging of renal masses

PDUFA = Prescription Drug User Fee Act. MAA = Marketing authorization application. EANM = European Association of Nuclear Medicine. EANO = European Association of Neuro-Oncology. RANO = Response Assessment in Neuro-Oncology. SNMMI = Society of Nuclear Medicine and Molecular Imaging. BLA = Biologics License Application. ACNM = American College of Nuclear Medicine.

1. Subject to FDA approval.
2. First to market for Pixclara®/Pixlumi® refers to the U.S.
3. Launch and brand names subject to final regulatory approval.

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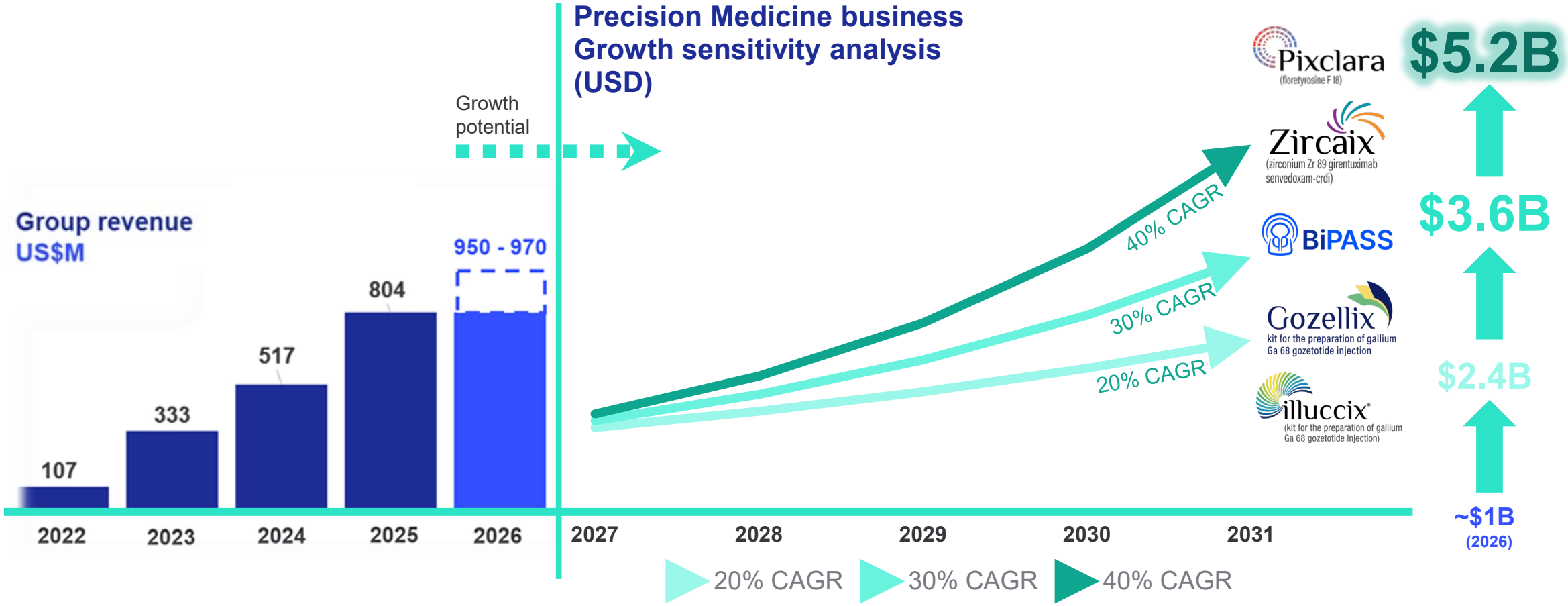
Precision Medicine portfolio near-term growth between 20% and 40% CAGR



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Not intended as a forecast or guidance, subject to change due to market conditions and regulatory approvals.

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

Collaboration with Regeneron

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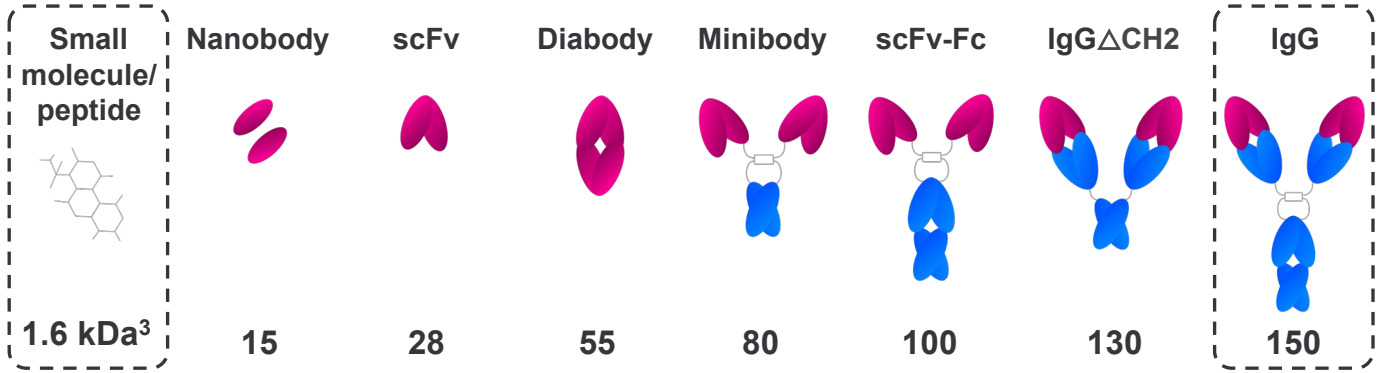
REGENERON
SCIENCE TO MEDICINE®

Four initial therapeutic programs (**$2.1B** development and commercial milestone payments)
+ **four** additional programs[1]

In-house R&D capabilities

Targeting agents



Radioisotopes

β: ^{67}Cu, ^{89}Sr, **^{90}Y**, **^{131}I**, **^{153}Sm**, ^{161}Tb, **^{177}Lu**, ^{188}Re, ^{212}Pb

β$^+$/γ: ^{11}C, **^{18}F**, ^{64}Cu, **^{68}Ga**, ^{86}Y, ^{89}Zr, ^{99m}Tc, ^{111}In, $^{123/124}$I, ^{155}Tb

α: **^{211}At**, $^{212/213}$Bi, ^{212}Pb, ^{223}Ra, **^{225}Ac**, ^{227}Th, ^{149}Tb

Auger: ^{58m}Co, ^{71}Ge, ^{103}Pd, ^{103m}Rh, ^{119}Sb, ^{191}Os

Pipeline candidates in blue

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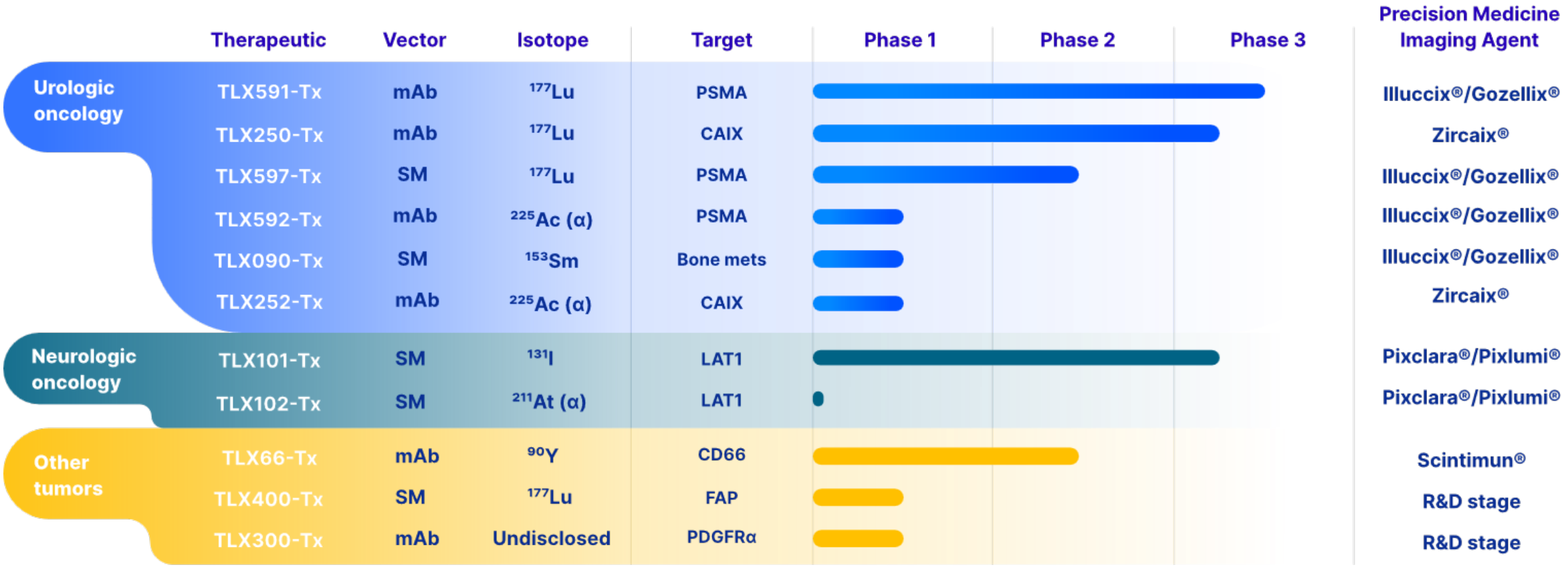
1. Telix ASX disclosure April 13, 2026.

Pipeline: Late-stage and “next-generation” assets



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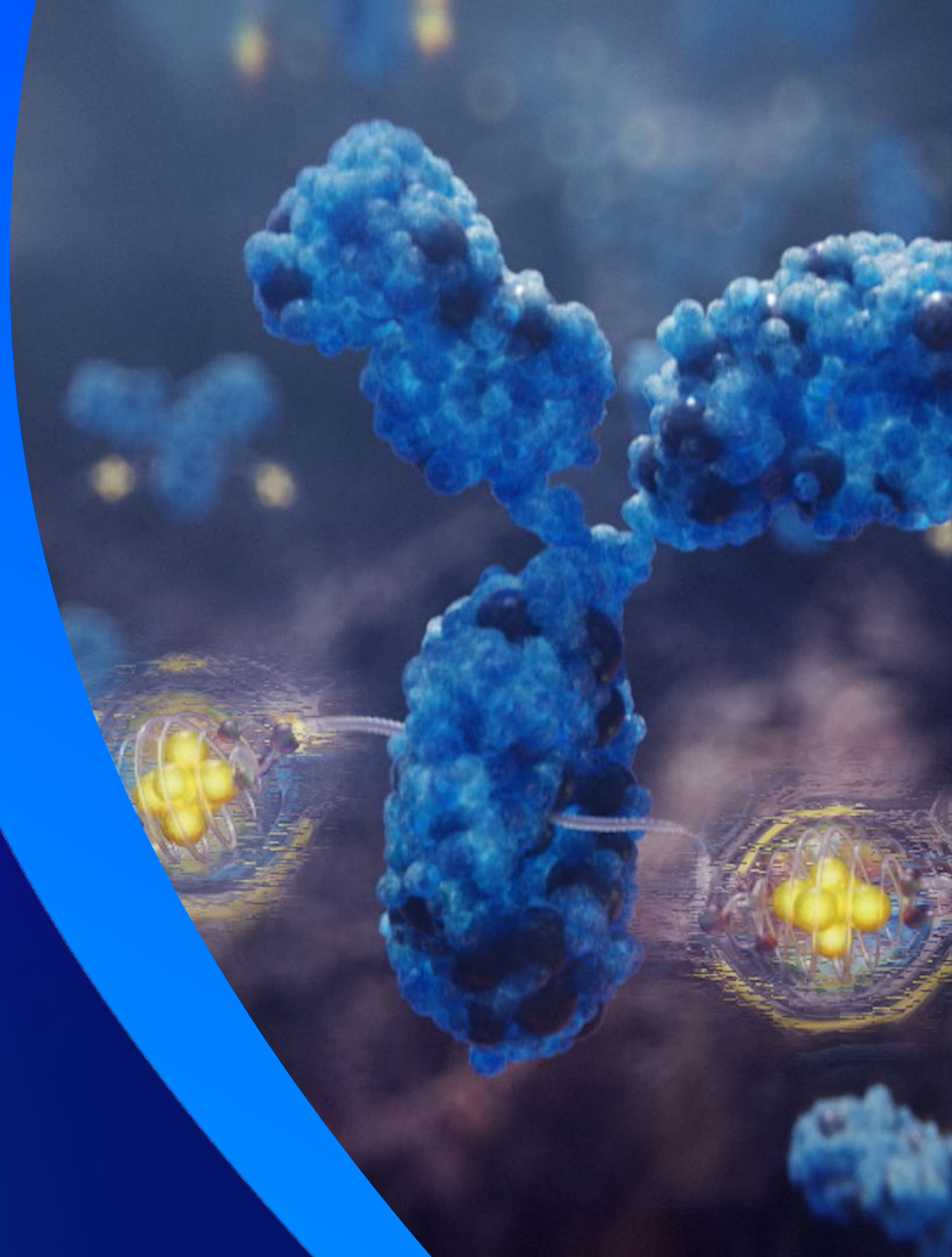
Select therapeutics pipeline programs



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A multi-product prostate cancer therapy portfolio

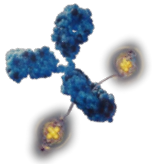
Aligned to disease state, patient needs and clinical opportunity

Hormone-sensitive → **Castration-resistant**

Metastatic hormone-sensitive

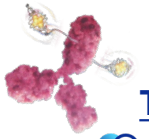
TLX597-Tx
OPTIMAL-E
Phase 2a in PSMA+ mHSPC patients

Metastatic castration-resistant



TLX591-Tx
ProstACT Global
Phase 3 in PSMA+ mCRPC patients previously treated with 1 ARPI

Palliative



TLX592-Tx
alphaPRO

TLX090-Tx
Solace

PSA tumor burden

Annual incidence, U.S. patients[1]	mHSPC 33,600	1L mCRPC 32,100	2L mCRPC 21,700	3L+ mCRPC 14,300

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1. Adapted from Calais J. UCLA 2023 EANM 2023. All figures reflect 2026 estimates. Clarivate Market Forecast, published July 2025.

TLX591-Tx: A novel first-in-class rADC in 1L/2L mCRPC

Phase 3 trial: Part 2 is enrolling patients outside U.S.[1]

Differentiation

- High internalization, retention and selectivity for tumors expressing PSMA[2-4]
- Patient friendly dosing regimen (two-dose, two weeks apart)[2,5]
- Limited off target side effects: renal toxicity, dry mouth, dry eye, ganglia irritation[6-8]

Prostate cancer is the second-leading cause of cancer death in American men and is the most common cancer in men in the U.S.[10]

Clinical data

- Safety and tolerability profile reported from Phase 3, Part 1[9]
- Dosimetry data reported[9]
- rPFS of **8.8 months**[7]
- mOS of 42.3 months in heavily pre-treated 2L+ mCRPC patients[4]

Phase 3 program

ProstACT™ Global

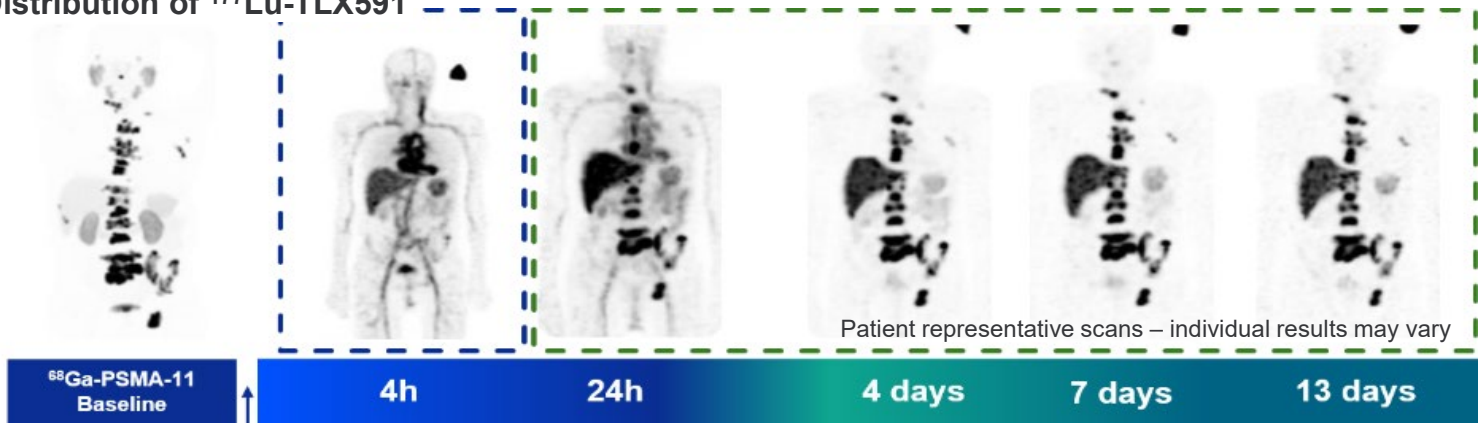
In combination with SoC (abiraterone, enzalutamide, docetaxel)

Part 1 (n=30) complete

Part 2 (n=490) treatment expansion

- Primary endpoint: rPFS
- Recruiting patients ex U.S.

Distribution of ^{177}Lu-TLX591



rADC = radio Antibody-Drug Conjugate. mCRPC = metastatic castrate resistant prostate cancer. OS = Overall Survival. rPFS = radiographic Progression Free Survival.

1. Telix ASX disclosure December 12, 2025. 2. Sun M, et al. Curr Oncol Rep. 2021. 3. Data on file. 4. Tagawa ST, et al. Cancer. 2019. 5. Sartor O, et al. Presented at: American Society of Clinical Oncology Annual Meeting, May 31, – June 4, 2024. 6. Sun M, Niaz MJ, Niaz MO, Tagawa ST. Curr Oncol Rep. 2021. 7. Telix ASX disclosure May 31, 2024. ProstACT SELECT data on file, final Clinical Study Report December 2025. 8. Lenzo N, et al. J Nucl Med. 2024. Abstract 241503. 9. Telix ASX Disclosure March 10, 2026. 10. American Cancer Society.

TLX597-Tx: next-gen small molecule candidate for mHSPC

Phase 2a trial: OPTIMAL-E study initiating

Differentiation

- Dosimetry suggests best-in-class small molecule profile
- Limited exposure to salivary glands and kidneys - better quality of life[1]
- Biodistribution supports dose intensification for improved efficacy

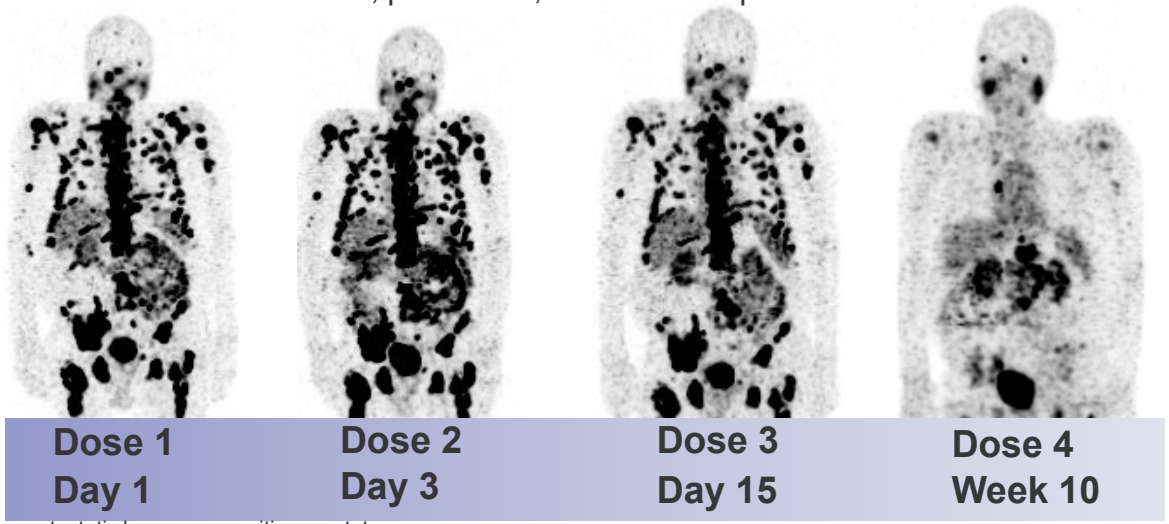
Clinical data

Proof of concept data from Ph2 IIT highlighting[2]:

- Low kidney and salivary gland uptake
- Compelling PSA reductions[2]
- Long tumor retention, high dose to lesions vs available agents[1]

Patient case: Post-chemo, post-ARPI, 97% PSA response at week 10

Favorable dosimetry enables dose intensification to markedly increase efficacy



Patient representative scans – individual results may vary

Phase 2 programs

OPTIMAL-PSMA[3] (n = 120), mCRPC
Evaluating a higher dose of 8.5GBq vs. 7.5GBq and upfront dose intensification vs. regular dosing intervals

- Phase 2 study
- Continues dosing patients (over 85 patients dosed)[4]
- Primary endpoint: PSA90

OPTIMAL-E[5] (n = 20), mHSPC
Evaluates a higher dose of 8.5GBq and upfront dose intensification in combination with enzalutamide and darolutamide

- Phase 2, dose optimization study initiating
- Primary endpoint: safety, dosimetry

mHSPC = metastatic hormone sensitive prostate cancer

1. Crumbaker at al. *Dose Optimisation and PSMA Receptor intensification with 177Lu-PSMA-597 in metastatic castration-resistant prostate cancer, the Randomised Phase II OPTIMAL-PSMA trial*, presented at ASCO GU 2026. 2. Omar et al, [177Lu]Lu-DOTA-PSMA radioligand therapy for patients with metastatic castration-resistant prostate cancer, presented at EANM 2025. 3. Investigator initiated trial, Australian New Zealand Clinical Trials Registry ID: ACTRN12625000971437. 4. Telix Press Release April 29, 2026. 5. Investigator initiated trial.

TLX101-Tx: First-in-class candidate for GBM, the most aggressive and common primary brain tumor

Differentiation

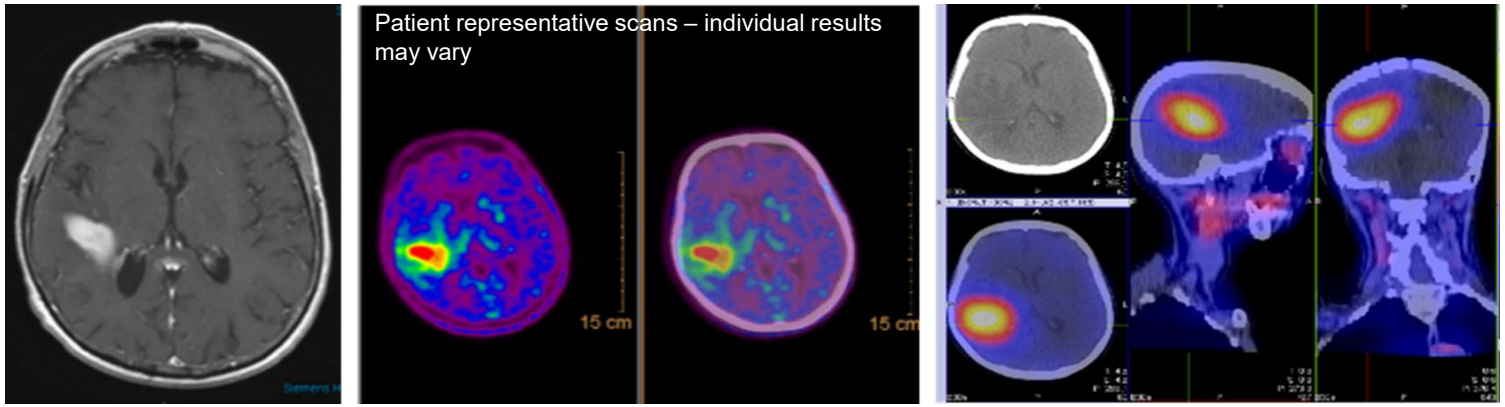
- Intravenous delivery with ability to cross blood brain barrier[1]
- No established 2nd line of treatment
- ODD granted in the U.S. and EU for treatment of glioma (all grades)[2]

Positive Phase 2 data

Median OS of 32.2 months from initial diagnosis and 12.4 months from treatment (IPAX-Linz)[3]

Survival rate for GBM patients with treatment at 1-year is 42%, 5-year survival rate remains poor, at 7%[4]

Patient with GBM treated with TLX101-Tx showing high lesion uptake (IPAX-Linz)[3]



MRI | ^{18}F-FET-PET(TLX101-Px) | SPECT

Late- and early-stage trials

IPAX BrIGHT

Global pivotal study in recurrent GBM setting in combination with SoC (Lomustine)[5]

Part 1 (n = up to 50 patients)
- Primary endpoints: AEs/SAEs and dosimetry
- Completed enrolling first cohort

Part 2 (powered based on Part 1)
- Primary endpoint: OS

IPAX-2 (dose optimization)

Phase 1 study in front-line setting, SoC (EBRT + TMZ)
- Completed enrollment and reported no DLTs[6]

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GBM = Glioblastoma. ODD = Orphan Drug Designation. SoC = Standard of Care. TMZ = temozolomide. DLT = dose limiting toxicity.
1. Pichler et al. NeuroOncology Advances 2024. 2. Telix Press Release October 6, 2020. 3. IPAX-L presentation from EANM 2025, Pichler. 4. Price et al. 2025. 5. ClinicalTrials.gov ID: NCT07100730 6. ClinicalTrials.gov ID: NCT05450744, Telix Press Release May 18, 2026

TLX250-Tx: First-in-class rADC targeting ccRCC

Differentiation

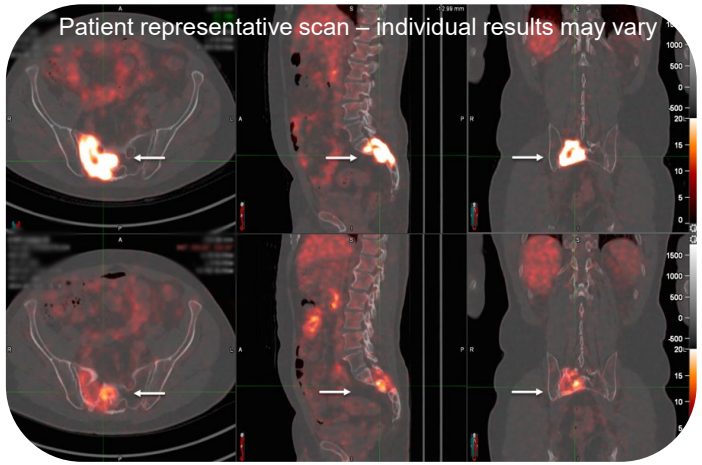
- Novel mechanism of action, positioned to be first CAIX targeting rADC to the market
- Promising target expressed in >95% of ccRCC (most common kidney cancer) and range of solid tumors[1]
- Validated ability to image CAIX with girentuximab targeting agent, use of extensively studied 177-Lutetium payload de-risks clinical program[2]

Advanced ccRCC is the most common (75%) and aggressive form of renal cancer with 5-years survival rate of just 18.2% in patients with advanced disease[1]

Phase 1 & Phase 2 data

Promising signals of efficacy in Phase 1 and a Phase 2 RCC monotherapy studies with a manageable safety profile at lower doses[3,4]

Images from Telix's STARSTRUCK combination study with peposertib, data on file[5]



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

Phase 2/3 trial

LUTEON, Pivotal **monotherapy** trial with optimized dosing regimen received Ethics approval in Australia[6]

Part 1 (n=40) dose optimization
- Primary endpoints: Safety/RP3D
- FDA clearance to proceed[7]

Part 2 (n=tbd)
- Primary Endpoint: PFS
- Key Secondary Endpoint: OS

STARLITE-1, Phase 1b/2 combination therapy with cabozantinib and nivolumab in treatment naïve advanced ccRCC patients. Active and enrolling in U.S.[8]

RP3D = recommended Phase 3 dose. ccRCC = clear cell renal cell carcinoma. RCC = renal cell carcinoma.

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. 5. ClinicalTrials.gov ID: NCT05868174 6. Telix ASX disclosure October 14, 2025, ClinicalTrials.gov ID: NCT07197580. 7. FDA granted 'May Proceed" letter April 30, 2026. 8. Investigator Initiated Trial, NCT05663710.

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Investor Relations & Corporate Communications

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