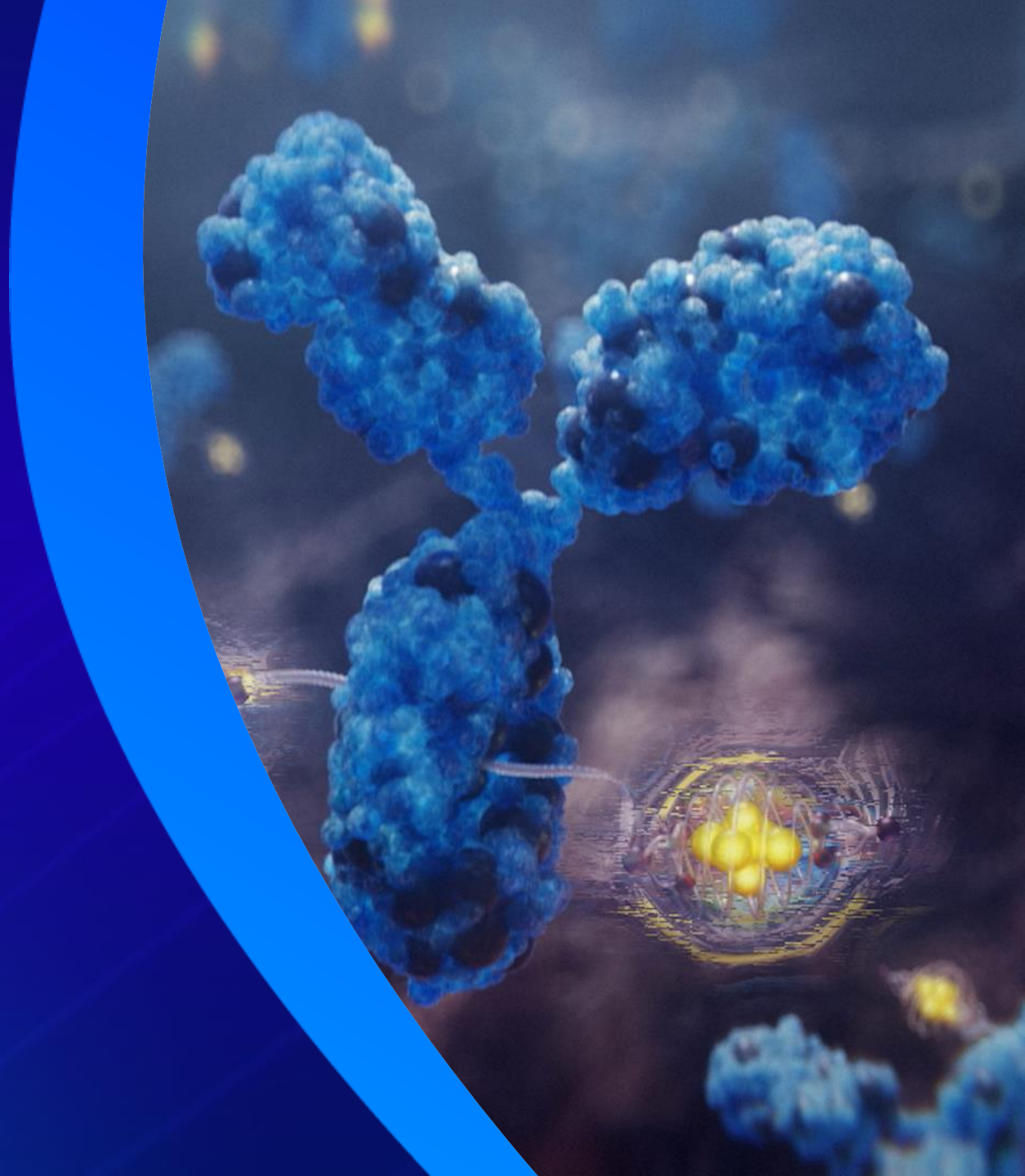




Pipeline overview

January 12, 2026

NASDAQ: TLX | ASX: TLX



Forward looking statement

This presentation should be read 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 presentation is not intended to be an offer for subscription, invitation or recommendation with respect to shares of Telix Pharmaceuticals Limited (Telix) in any jurisdiction, including the United States. The information and opinions contained in this presentation 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 presentation, 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 this presentation.

This presentation 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 Telix’s 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.

This presentation also contains estimates and other statistical data made by independent parties and by Telix relating to market size and other data about its industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of Telix’s future performance and the future performance of the markets in which it operates are necessarily subject to a high degree of uncertainty and risk.

Telix’s first generation PSMA-PET imaging product, gallium-68 (⁶⁸Ga) gozetotide injection (also known as ⁶⁸Ga PSMA-11 and marketed under the brand name Illucix®), has been approved in multiple markets globally. Gozellix® (kit for the preparation of gallium-68 (⁶⁸Ga) 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.

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.

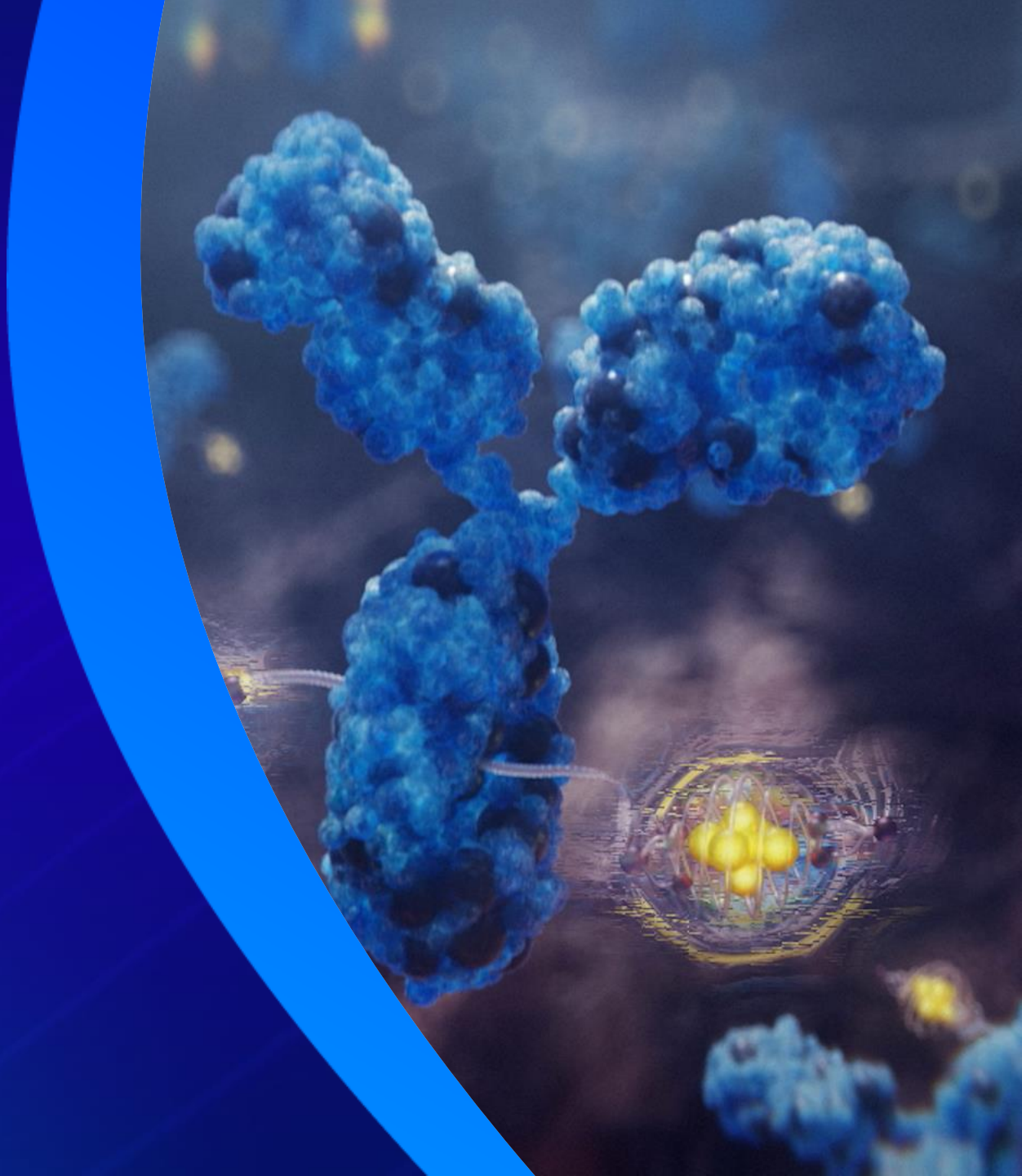


Contents

- 01 **Therapeutics pipeline overview**
- 02 TLX591-Tx: Prostate cancer
- 03 TLX592-Tx: Prostate cancer (α)
- 04 TLX250-Tx: Kidney cancer therapy
- 05 TLX252-Tx: Kidney + other CAIX-expressing cancers (α)
- 06 TLX090-Tx: Bone metastases and pain palliation
- 07 TLX101-Tx: Glioblastoma (brain cancer)
- 08 TLX102-Tx: Glioblastoma and leptomeningeal disease (α)
- 09 TLX400-Tx: FAP-expressing cancers (pan tumor potential)
- 10 TLX300-Tx: Soft tissue sarcoma + other PDGFR α -expressing cancers
- 11 TLX66-Tx: Bone marrow conditioning
- 12 **Research and clinical innovation: 602-Tx (α), TLR603-Tx (α)**
- 13 **Precision medicine pipeline overview: Illuccix®, Gozellix®,
TLX250-Px (Zircaix®), TLX101-Px (Pixclara®, TLX593-Px (AlFluor™)**



Therapeutics pipeline overview



Therapeutics pipeline: Late-stage and next-generation assets

Building a leadership position in urologic and neurologic oncology

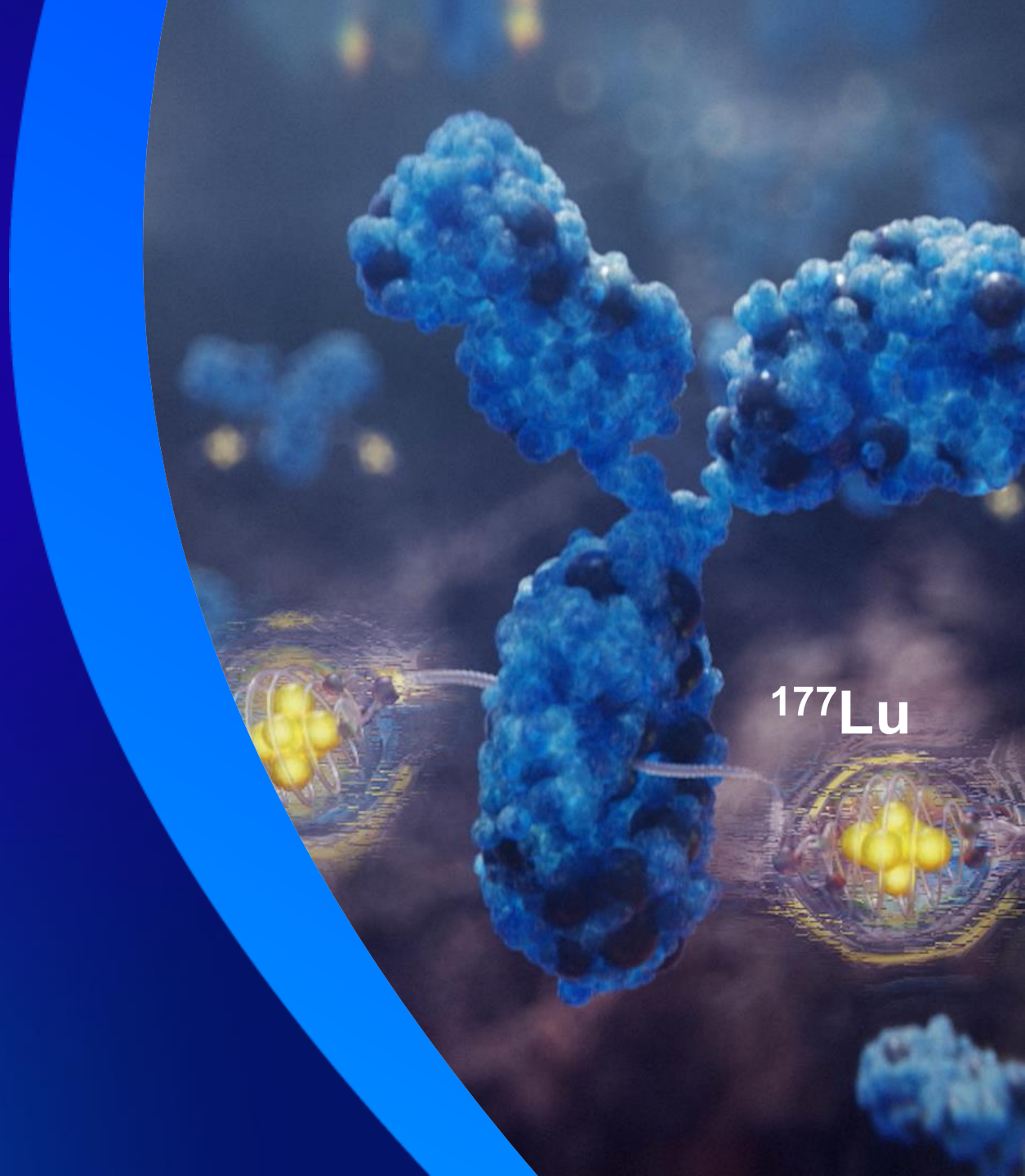
	Asset	Targeting agent	Isotope	Target	Phase 1	Phase 2	Phase 3
Urologic oncology	TLX591-Tx	mAb	¹⁷⁷ Lu	PSMA			
	TLX250-Tx	mAb	¹⁷⁷ Lu	CAIX			
	TLX592-Tx	mAb	²²⁵ Ac (α)	PSMA			
	TLX090-Tx	SM	¹⁵³ Sm	Bone mets			
	TLX252-Tx	mAb	²²⁵ Ac (α)	CAIX			
Neurologic oncology	TLX101-Tx	SM	¹³¹ I	LAT1			
	TLX102-Tx	SM	²¹¹ At (α)	LAT1			
Other tumors	TLX66-Tx	mAb	⁹⁰ Y	CD66			
	TLX400-Tx	SM	¹⁷⁷ Lu	FAP			
	TLX300-Tx	mAb	Undisclosed	PDGFRα			



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



TLX591-Tx: Program overview



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 trials¹

ProstACT SELECT study demonstrated safety profile and biodistribution²

Median radiographic Progression-Free Survival, rPFS of 8.8 months³

Clinical trial

Name: ProstACT Global

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

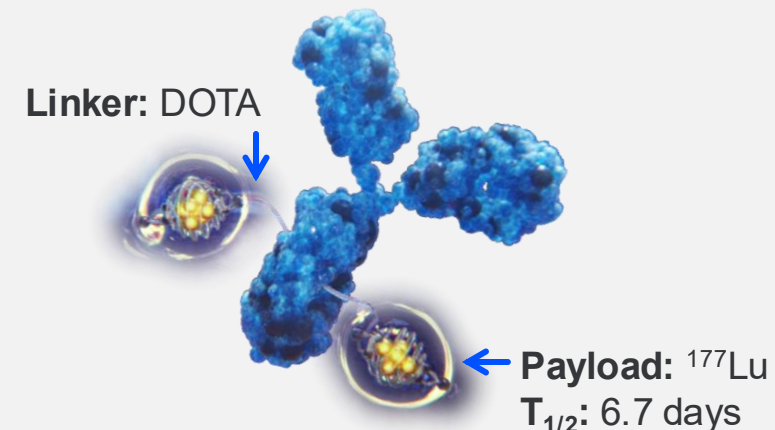
Phase: 3

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



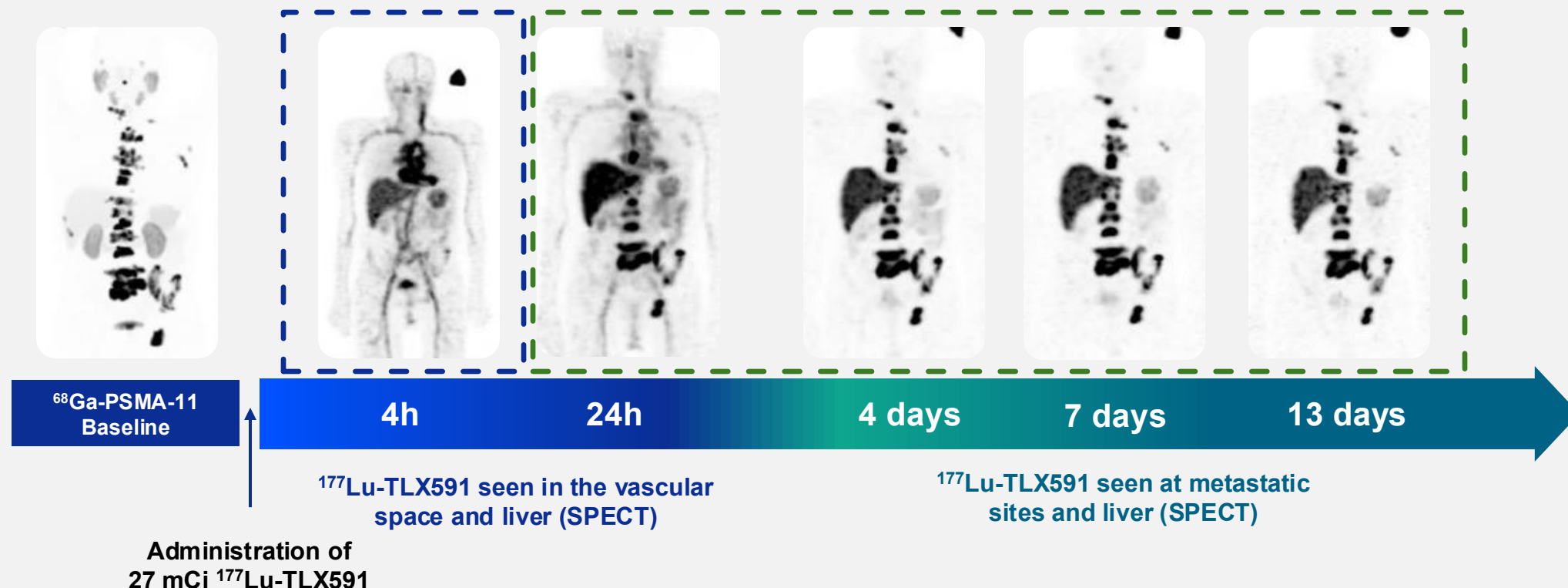
1. Bander et al. *J Clin Oncol*. 2005. Tagawa et al. *Clin Cancer Res*. 2013. Tagawa et al. *Cancer*. 2019. Batra et al. *Urol Oncol*. 2020. Niaz et al. *Oncologist*. 2020.
2. Telix ASX disclosure 19 October 2023. ClinicalTrials.gov ID: [NCT04786847](https://clinicaltrials.gov/ct2/show/study/NCT04786847).
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 mCRPC².

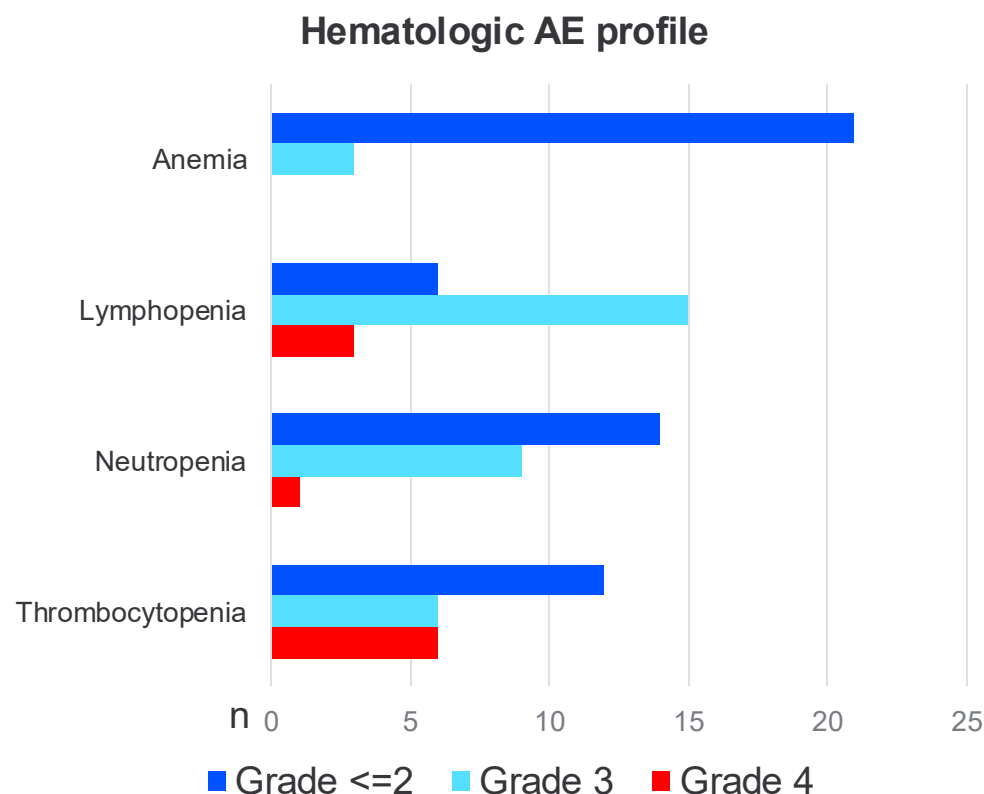
*Scans of high disease burden patient with mCRPC from ProstACT SELECT¹.

⁶⁸Ga=gallium 68; ¹⁷⁷Lu=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 profile¹



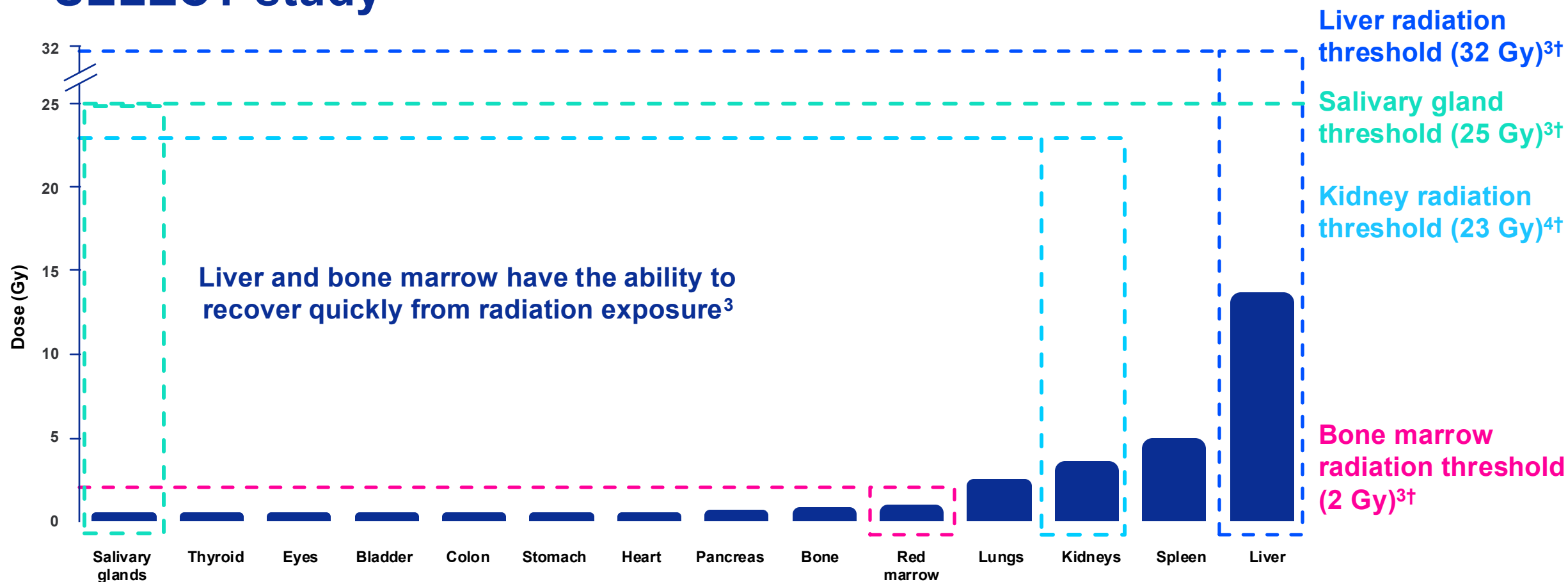
Hematologic laboratory profile²

- 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 events²

- 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%)

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 ¹⁷⁷Lu-TLX591 in patients with PSMA-expressing mCRPC.

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

†External beam radiation limits.

1. Data on file. Final clinical study report, December 2025.

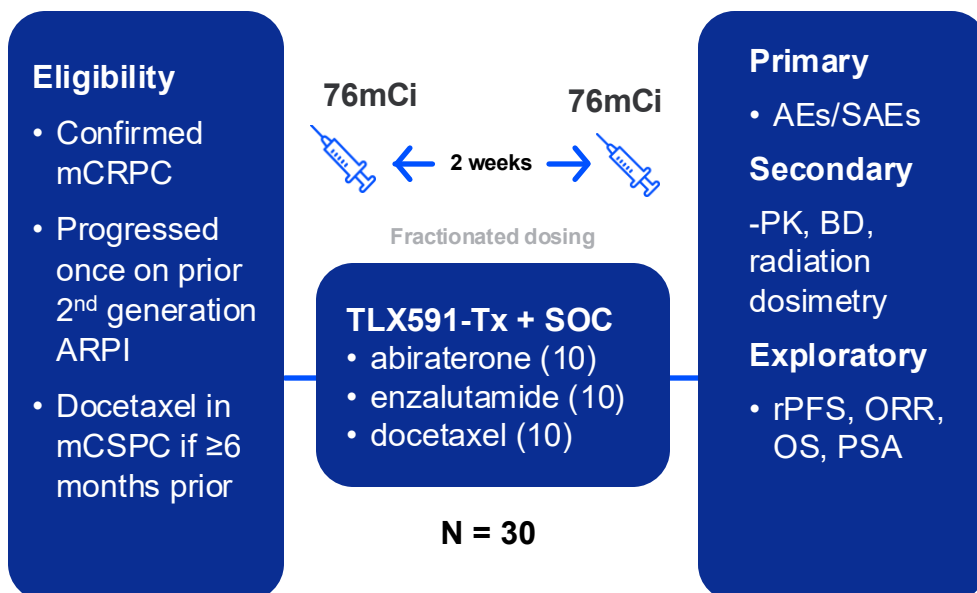
2. Lenzo N, et al. *J Nucl Med*. 2024.

3. Wahl RL, et al. *J Nucl Med*. 2021.

4. <https://www.fda.gov/media/144845/download.5>.

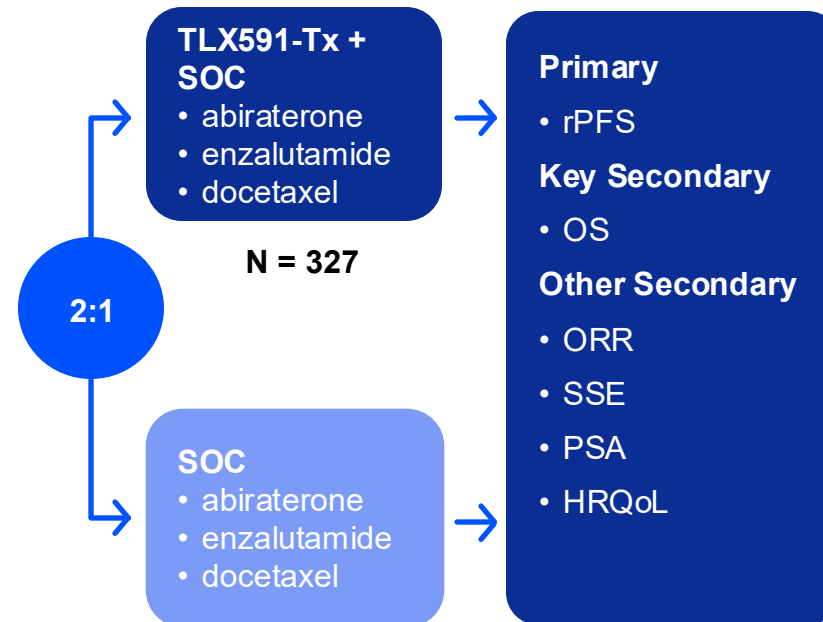
TLX591-Tx: ProstACT Global, Phase 3 trial design

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



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

Part 2: Randomized Treatment Expansion (n = 490)



Futility Analysis



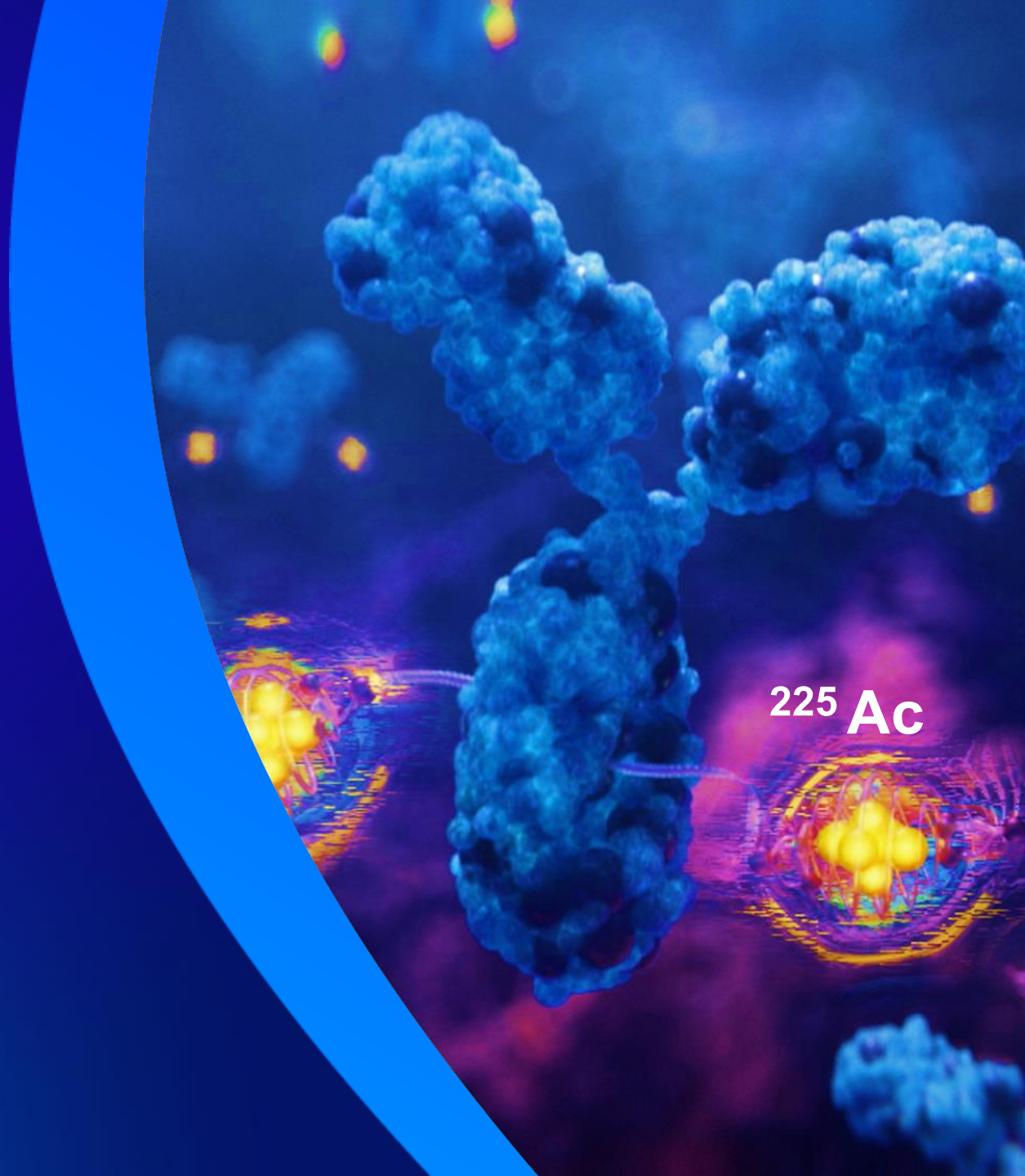
Milestones: Part 1 data readout



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

TLX592-Tx



TLX592-Tx: Program overview

AlphaPRO™

Product candidate

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

Targeting agent/target

Monoclonal antibody engineered for faster clearance¹

Prostate-specific membrane antigen, PSMA

Potential indication(s)

Metastatic castrate resistant prostate cancer, mCRPC

Clinical experience

CUPID² 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 tolerated³

Clinical trial⁴

Name: AlphaPRO

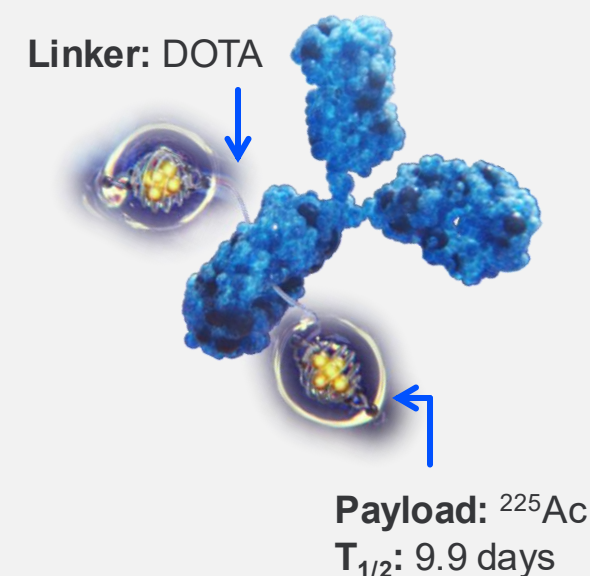
Description: First-in-human escalation study of ^{225}Ac -TLX592 administered activity in metastatic castrate resistant prostate cancer, mCRPC patients

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



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}

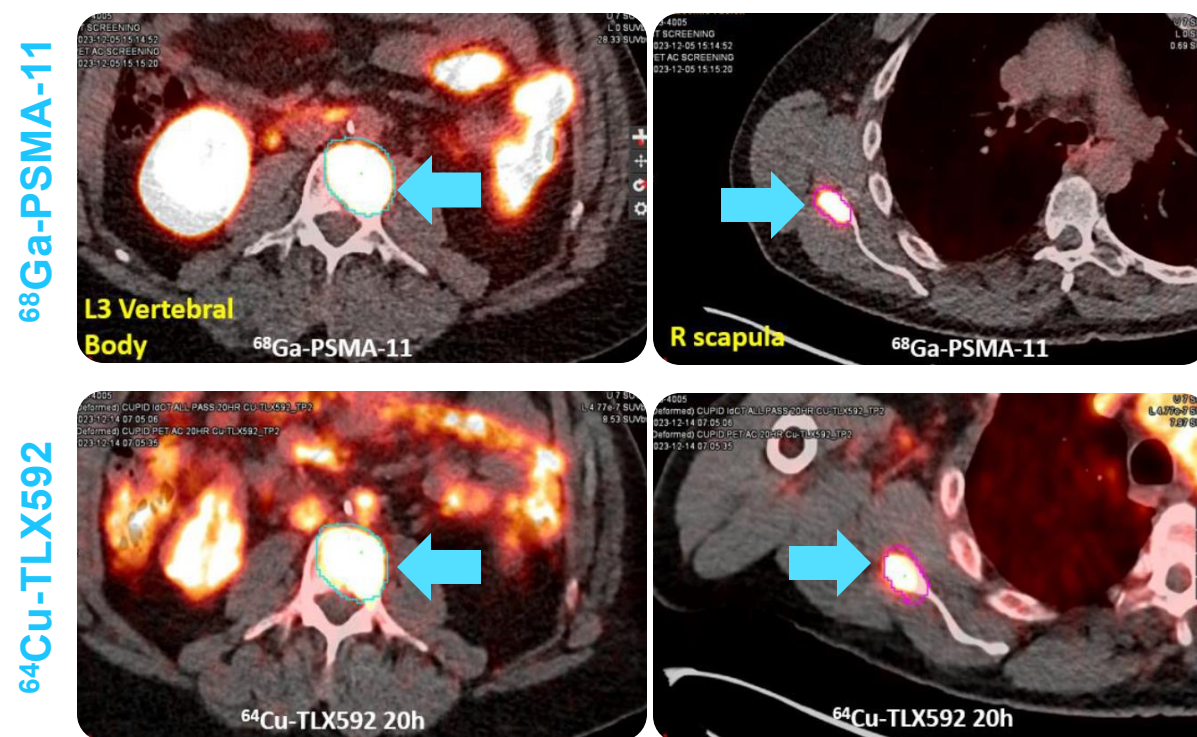
Next generation alpha emitter for mCRPC

CUPID Phase 1 Study demonstrated ^{1,2}:

- Promising data showing a shorter blood clearance $T_{1/2}$ for Cu-TLX592 when compared to TLX591-Tx with comparable overall biodistribution
 - ^{64}Cu -TLX592: $T_{1/2} = 19.86 \pm 1.96\text{h}$
 - ^{177}Lu -TLX591: $T_{1/2} = 33.65 \pm 11.04\text{h}$
- 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®

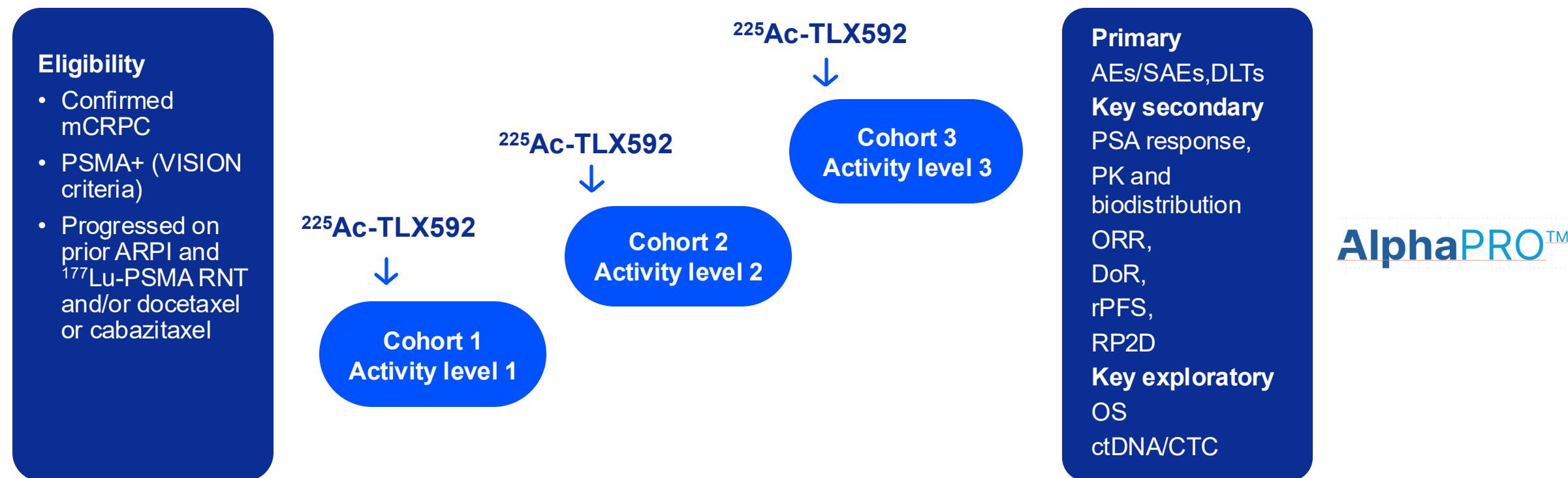


1. Telix ASX disclosure, 21 May 2024.
2. Refers to CUPID imaging study, using ^{64}Cu -PSMA-RADmAb, presented at ASCO GU, February 2025, ClinicalTrials.gov ID: [NCT04726033](#).
3. Presented at ASCO GU, February 2025. NCT04726033.

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



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

TLX250-Tx

TLX250 —○—
 ^{177}Lu



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 doses¹

Clinical trial

Name: LUTEON

Description: randomised, multi-center, open-label study to evaluate the safety and efficacy of ^{177}Lu -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

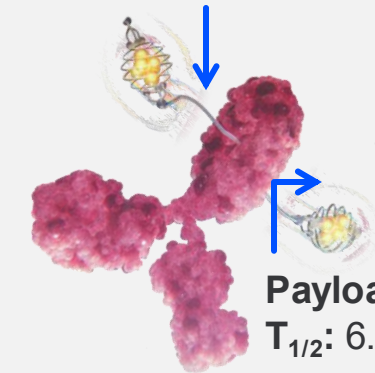
Secondary endpoints: pharmacokinetics (PK), biodistribution (BD), dosimetry, overall response rate (ORR), Duration of Response (DoR), Progression Free Survival (PFS), Disease Control Rate (DCR), Overall Survival (OS), HACA, neutralizing antibodies (nAbs)

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); ^{177}Lu 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

TLX250-Tx: First in class rADC targeting ccRCC

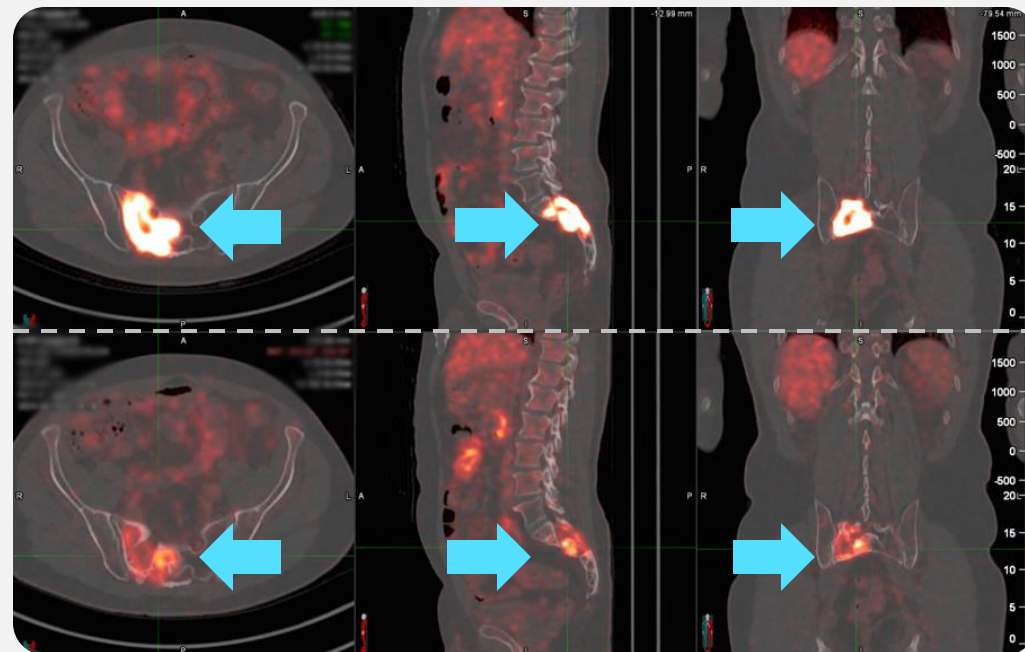
Positioned to be first CAIX-targeting rADC to market

- 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 tumors¹
- Validated ability to image CAIX with girentuximab targeting agent², 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: ⁸⁹Zr-girentuximab PET/CT at baseline showing uptake in a sacral metastatic lesion in a patient with ccRCC

BOTTOM: ⁸⁹Zr-girentuximab PET/CT after three cycles of ¹⁷⁷Lu girentuximab and peposertib therapy

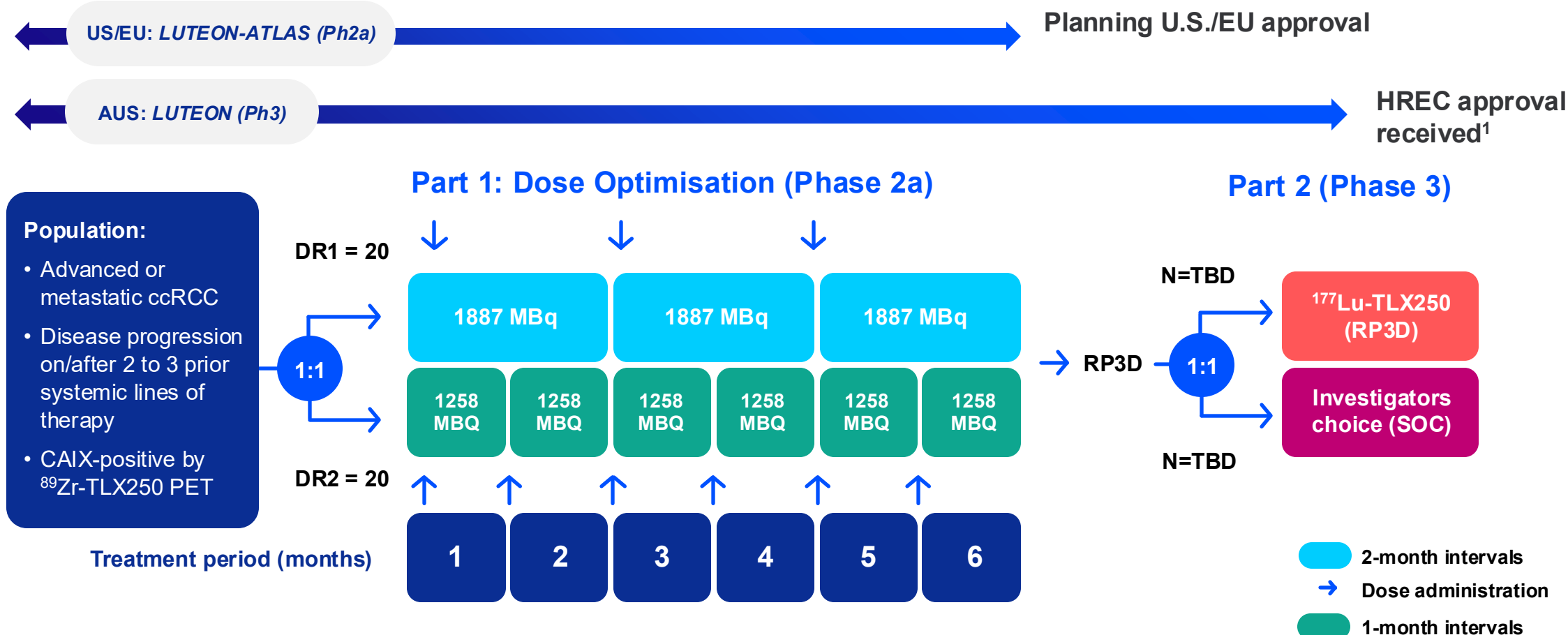


1. Pastorekova S and Gillies RJ. *Cancer Metastasis Rev.* 2019.
2. Shuch et al. *Lancet Oncology* 2024.

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

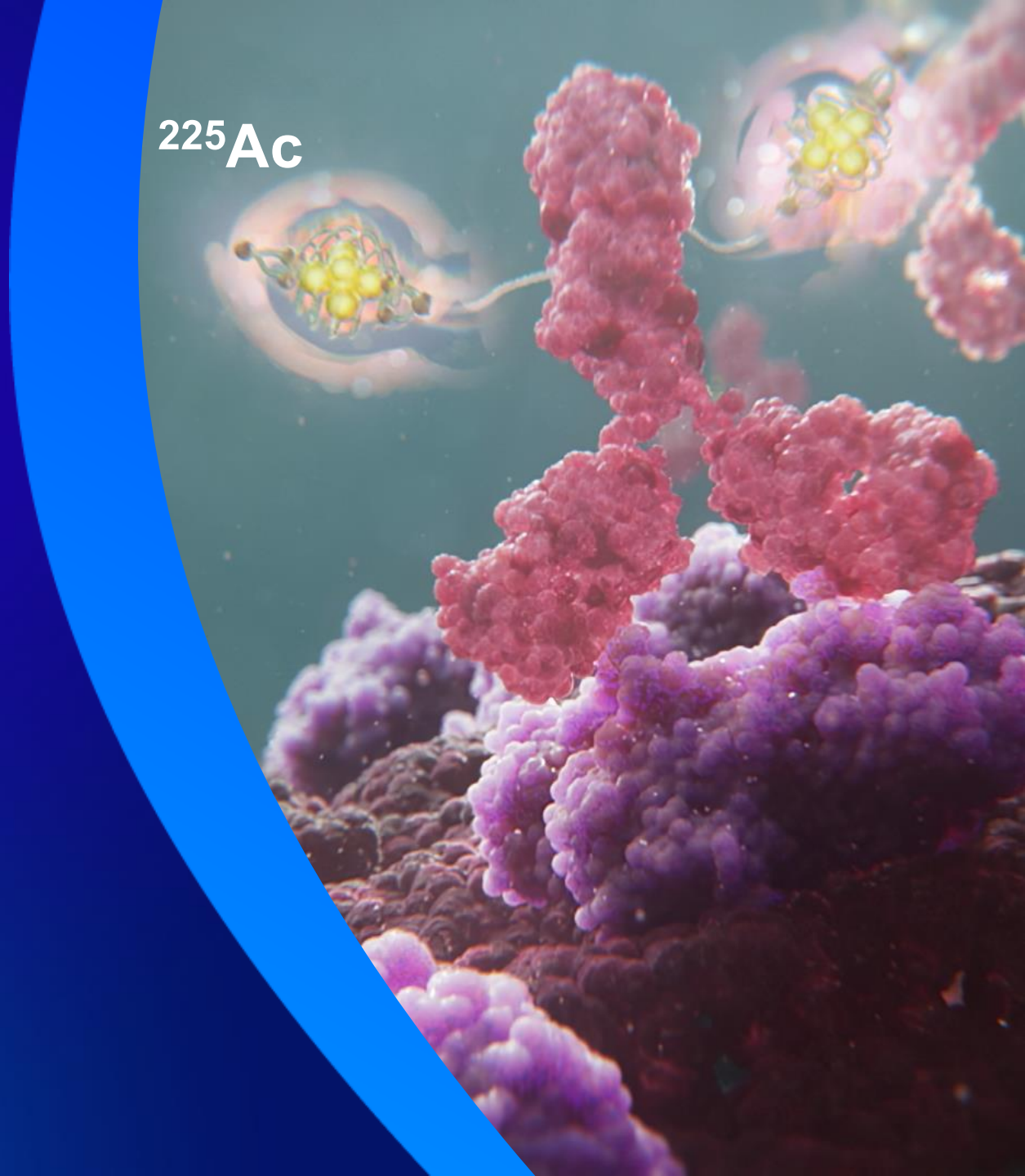


1. ClinicalTrials.gov ID NCT07197580

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

^{225}Ac



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

- ZIRCAIX¹ is used as an imaging surrogate for ^{225}Ac -TLX252. The ZIRDOSE Phase 1 study² characterized its biodistribution and dosimetry in ccRCC, enabling extrapolation to ^{225}Ac .
- Investigator-initiated trials showed effective tumor targeting with ZIRCAIX¹ in triple-negative breast cancer³ and non-muscle-invasive bladder cancer⁴, 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

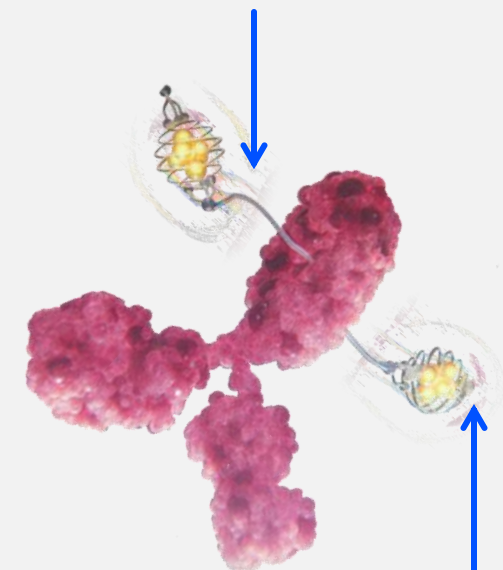
Phase: 1

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)

Linker: DOTA



Payload: ^{225}Ac
T_{1/2}: 9.9 days

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 hypoxia¹

- Significantly poorer overall survival, shorter disease-free survival, and greater risk of recurrence and metastasis¹
- 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}

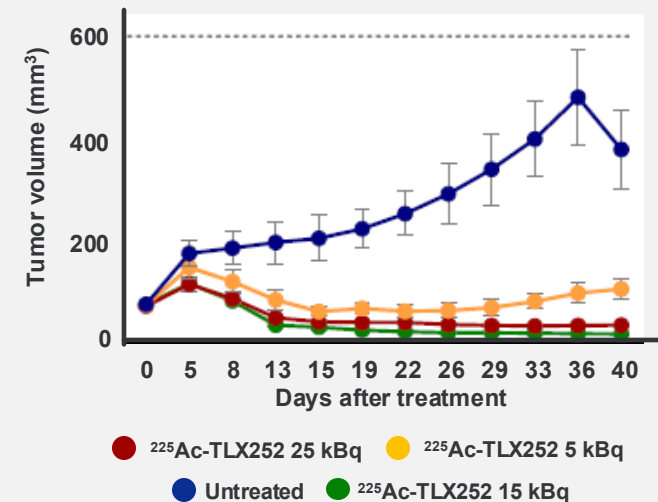
Opportunity to overcome hypoxia-driven treatment resistance with ^{225}Ac -TLX252

- α -particles, such as those emitted by ^{225}Ac , have unique properties that may help overcome treatment resistance in aggressive tumors⁷

Demonstrated efficacy of ^{225}Ac -TLX252 in preclinical model⁸

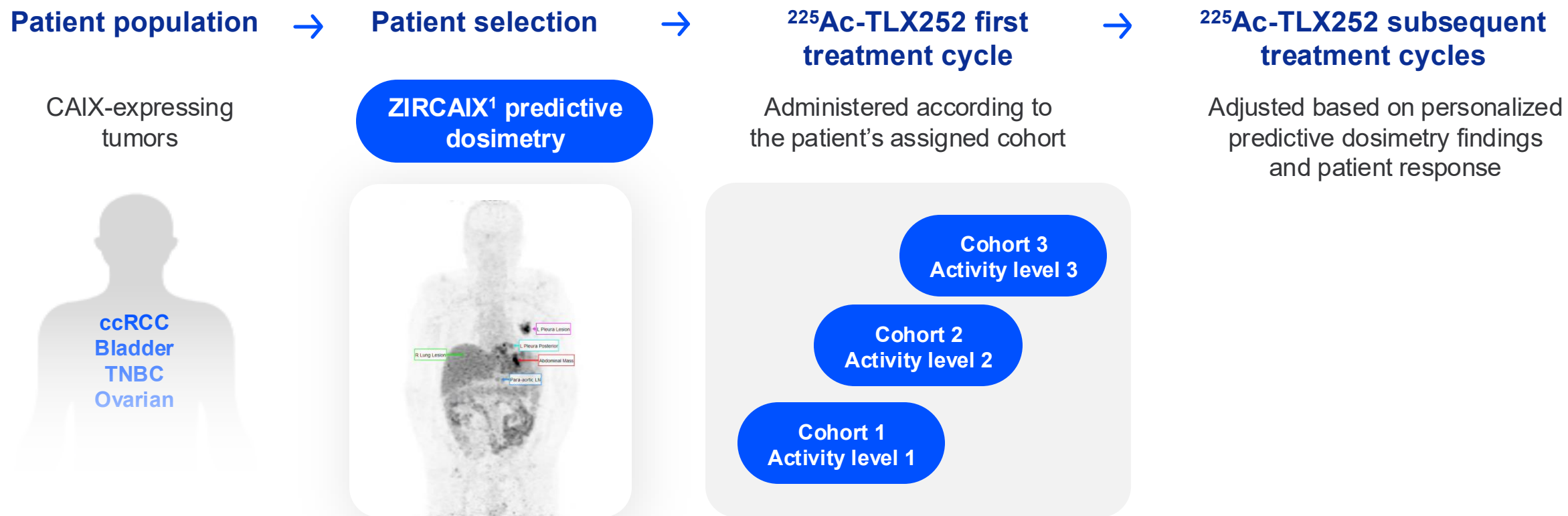
Tumor regression seen in triple negative breast cancer mouse model

Triple Negative Breast Cancer MDA-MB-468 model



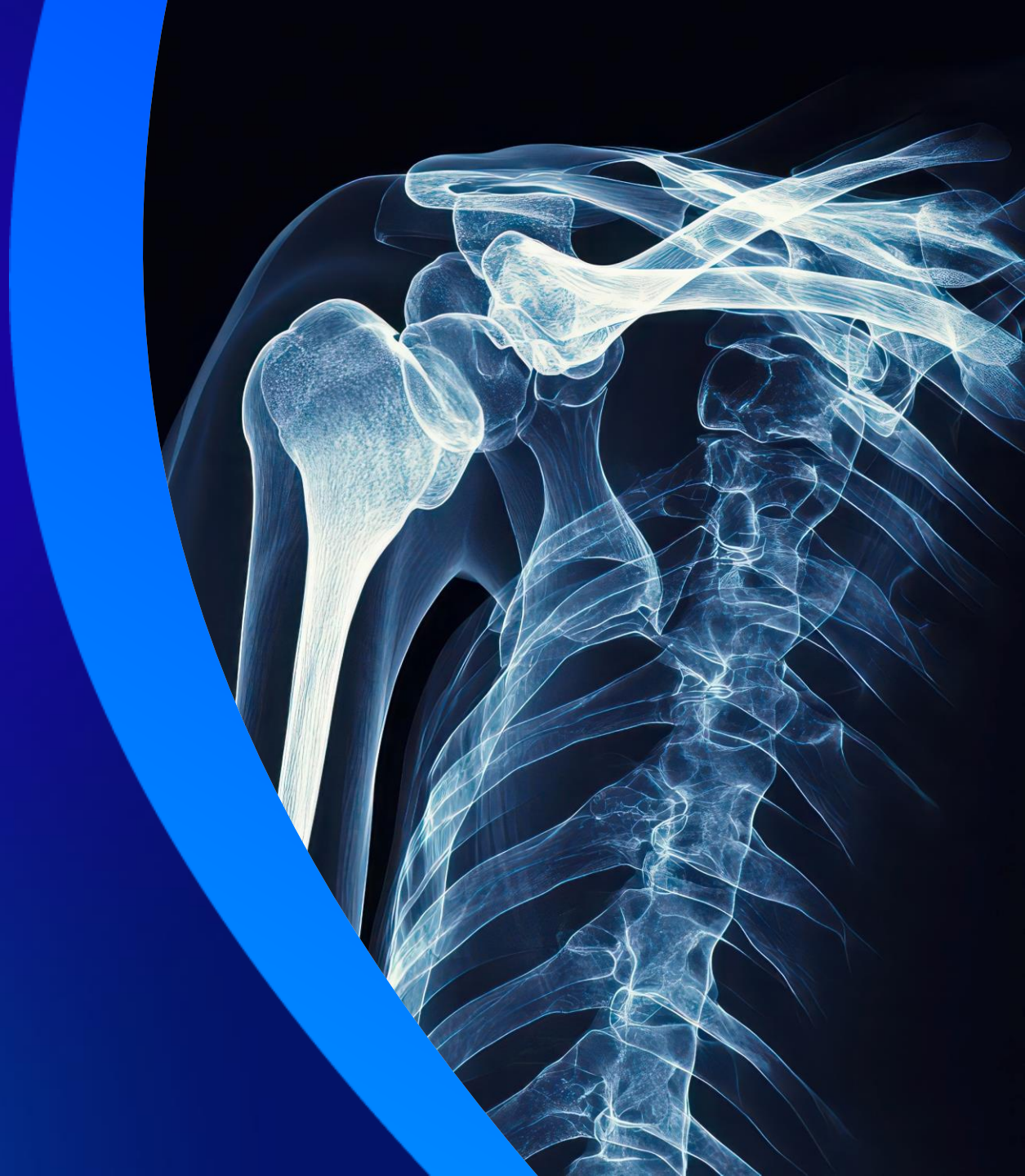
TLX252-Tx: ALPHIX, entering first-in-human study

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



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

TLX090-Tx



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 signal¹

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

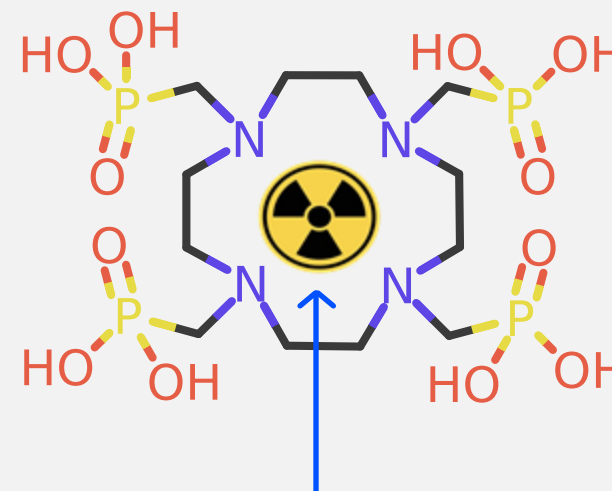
Part A: Dose escalation, n = 9-12

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

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

Phase 1 data¹ 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 diagnosed² 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 data¹ 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 15086.
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 data¹ demonstrate favorable early safety profile

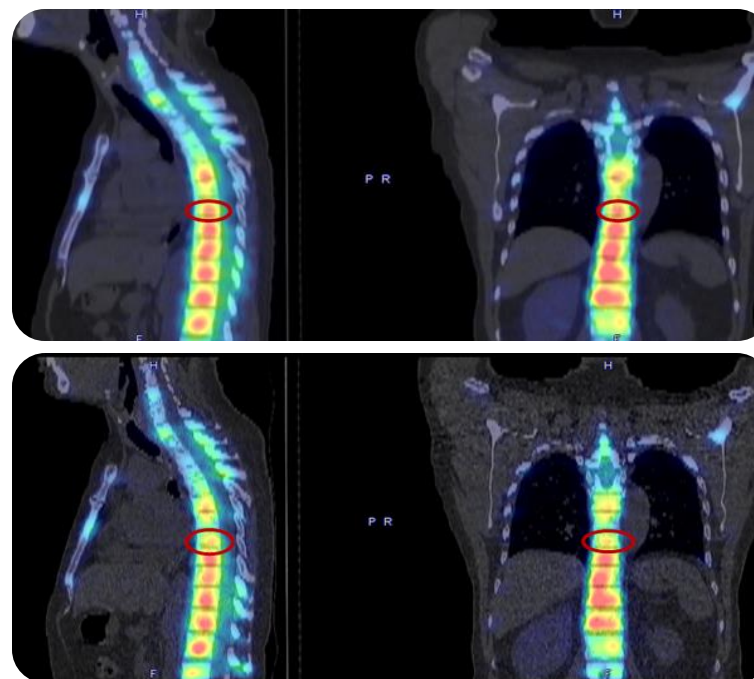
Favorable safety profile¹

- 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 events¹

- One case of thrombocytopenia in a patient with extensive skeletal metastases (superscan features)
- One Grade 3 QTc² 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.

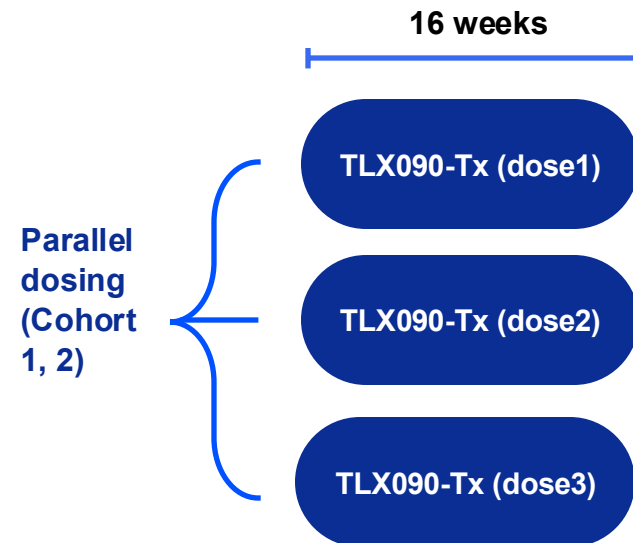
Illustrative case study only. Individual outcomes may vary.

TLX090-Tx: SOLACE trial design

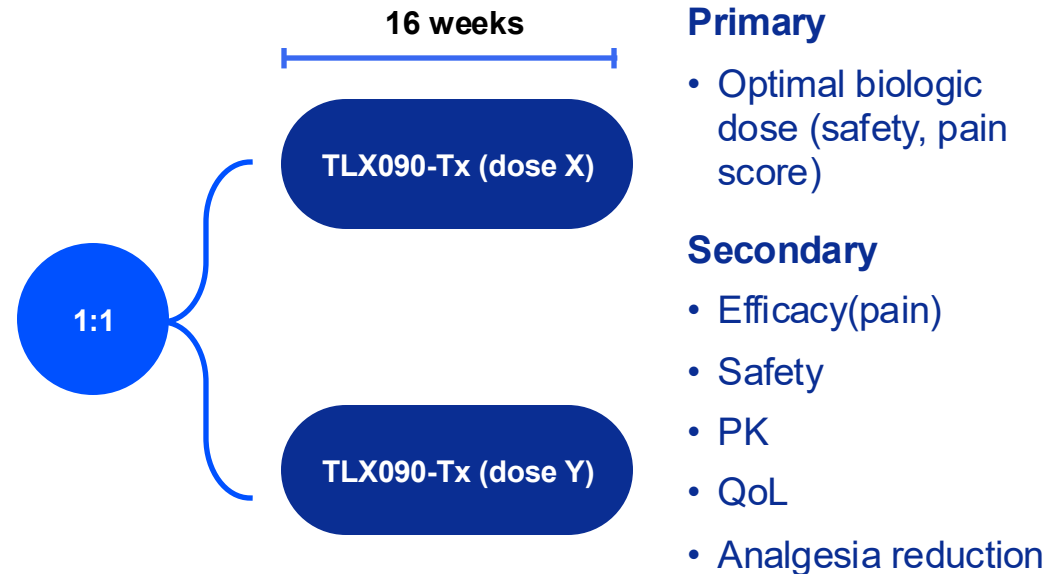
Currently dosing patients¹

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

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



Part B: Dose Selection
(n = 18)



131I

TLX101-Tx



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-Linz¹: 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-1²: 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

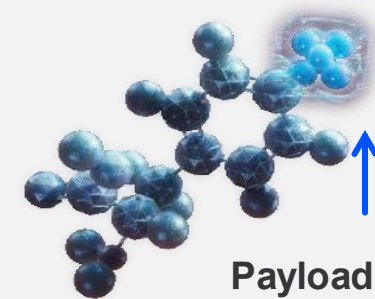
Primary: Safety, tolerability, dose optimization

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](https://clinicaltrials.gov/ct2/show/study/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

IPAX-Linz results: Summary from top-line results¹

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



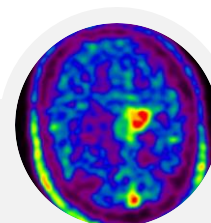
Patient population

- 8 total recurrent GBM patients treated
- 5 had MGMT² 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

TLX101-Tx: IPAX-BrIGHT study design

A pivotal, global registration enabling trial in recurrent glioblastoma



IPAX BrIGHT

Part 1: Dosimetry/safety

Data review

Part 2: Randomization

Part 1a

Part 1b

Eligible Patients

- Ages ≥18 years
- Confirmed recurrent glioblastoma



TLX101-Tx + Lomustine
Safety/Dosimetry Lead-
in BOIN Design

TLX101-Tx + Lomustine
Dose Expansion Safety
Cohort

Screen



1:1

TLX101-Tx +
Lomustine

Lomustine

OS

¹⁸F-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



BOIN – Bayesian Optimal Interval

Full clinical trial design available at [Clinicaltrials.gov](https://clinicaltrials.gov) under NCT07100730.

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

TLX101-Tx: IPAX-2 study design

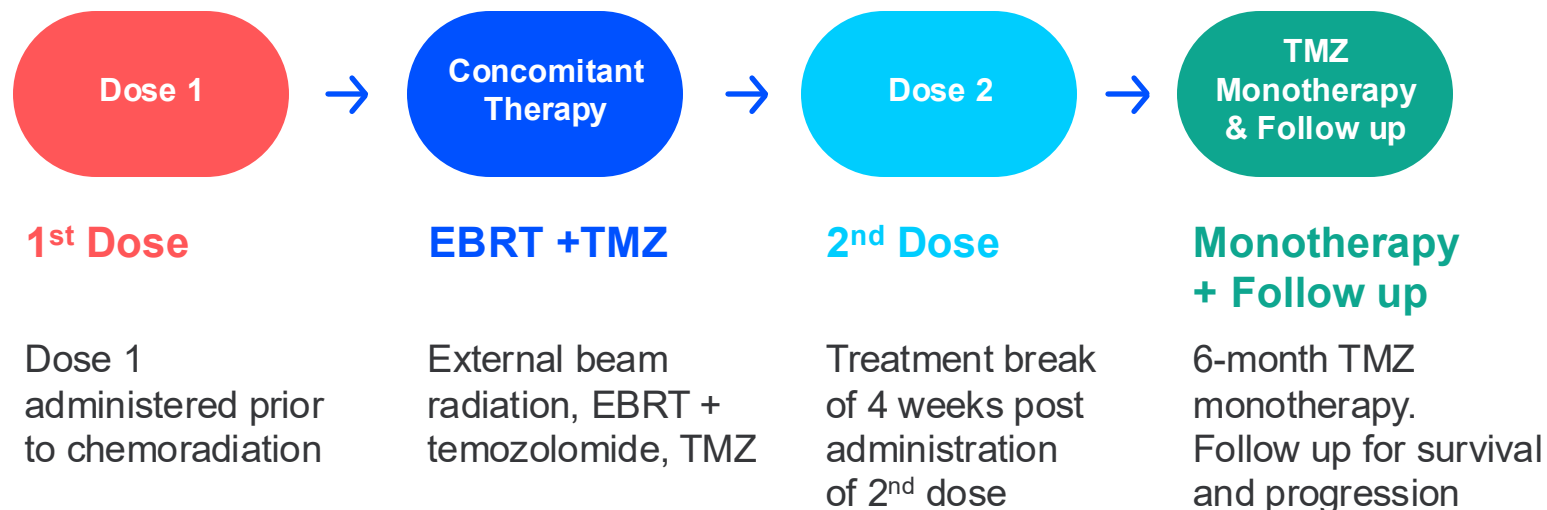
Phase 1 dose escalation (3+3 design with up to 4 escalation cohorts)

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



SoC:

- Radiotherapy 60Gy/30 fractions for 6 weeks plus 75 mg/m² TMZ, daily
- 3 weeks treatment break



Open label, single arm, parallel-group, multicenter, dose finding study to evaluate the safety of ascending radioactive dose levels of [¹³¹I]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 sponsored study. <https://www.clinicaltrials.gov/ct2/show/NCT05450744>
TMZ = Temozolomide, Fup = Follow up

TLX102-Tx



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

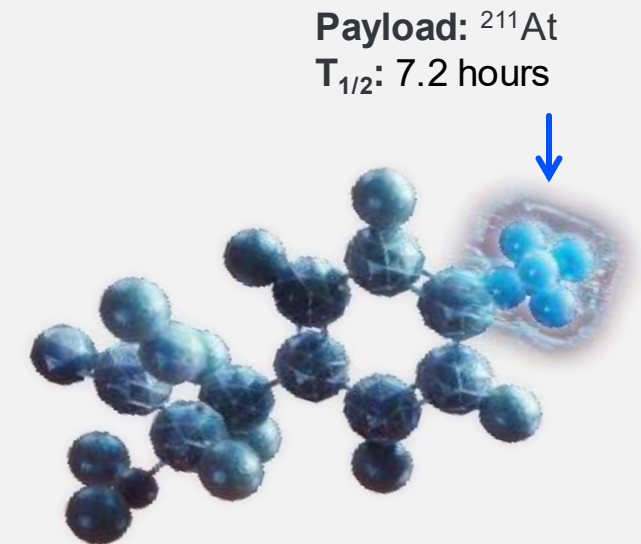
- Preclinical data in glioma models demonstrated tumor growth inhibition, acceptable safety profile (no observed weight loss)¹
- TLX102-Tx also permeates the blood-brain barrier and enables simple intravenous administration

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)



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 available¹

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

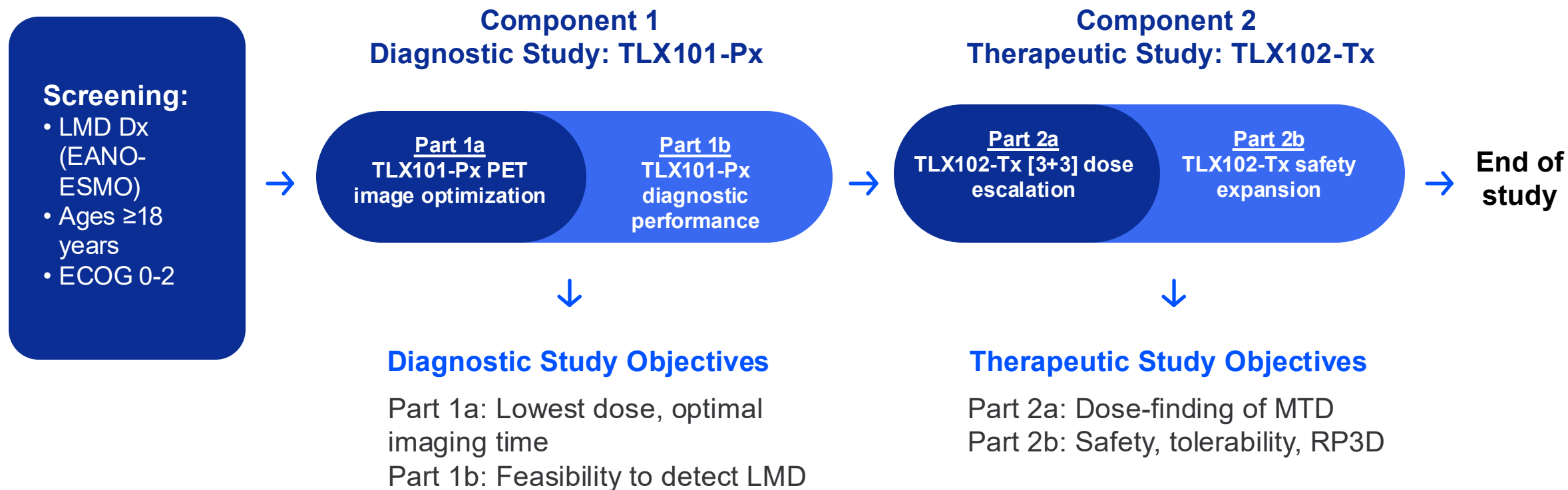
LMD is known to express LAT1- Telix is planning to conduct a **Phase 1 safety and tolerability study** of TLX102-Tx (²¹¹At-APA) in patients with LMD from solid tumors



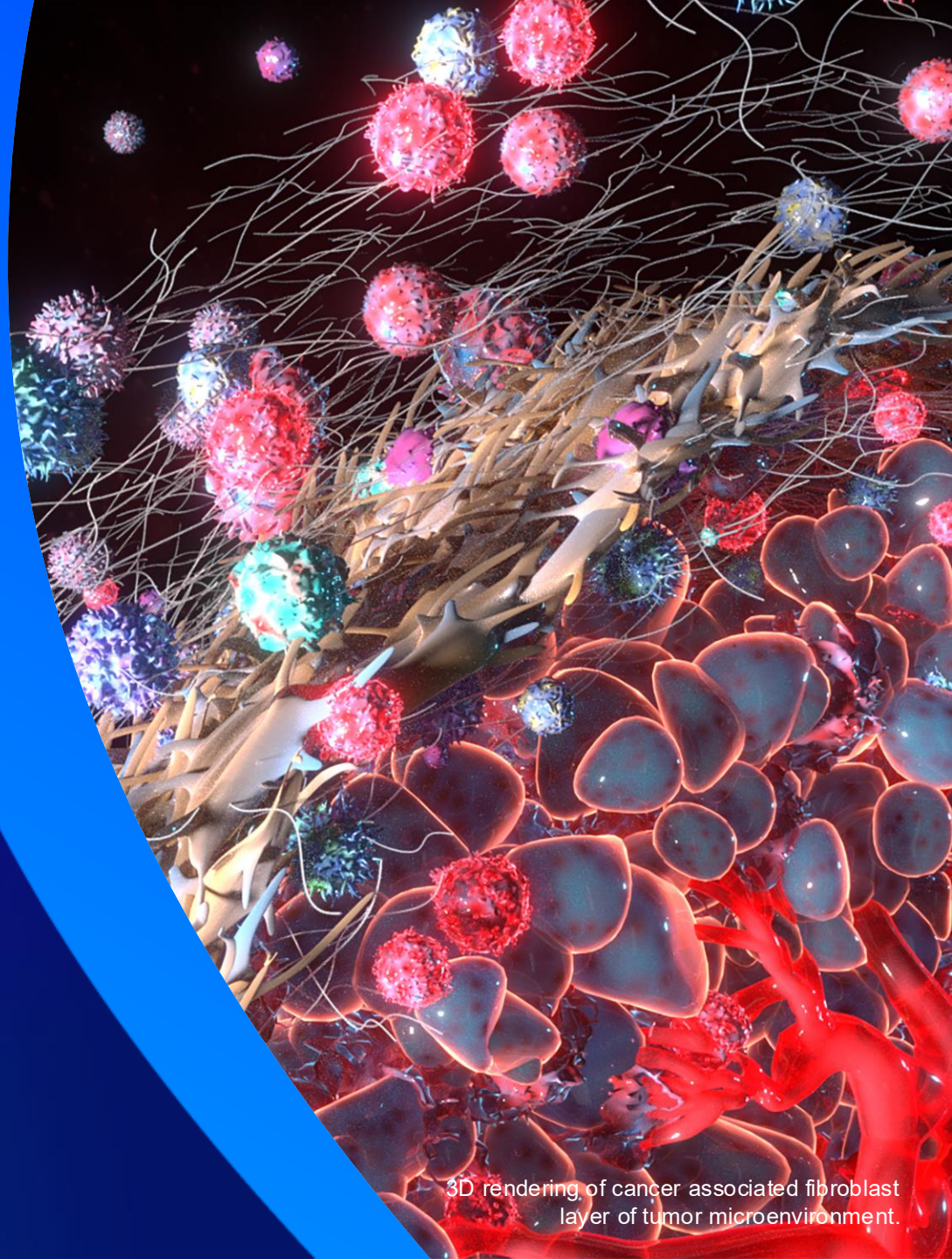
1. Nguyen, Andrew et al. "Leptomeningeal Metastasis: A Review of the Pathophysiology, Diagnostic Methodology, and Therapeutic Landscape." Current oncology (Toronto, Ont.) vol. 30,6 5906-5931. 19 Jun. 2023, doi:10.3390/curroncol30060442
2. Batool A, Kasi A Leptomeningeal Carcinomatosis. StatPearls. 2023.
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.

TLX102-Tx: Proposed study design¹

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



TLX400-Tx



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

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 publications¹

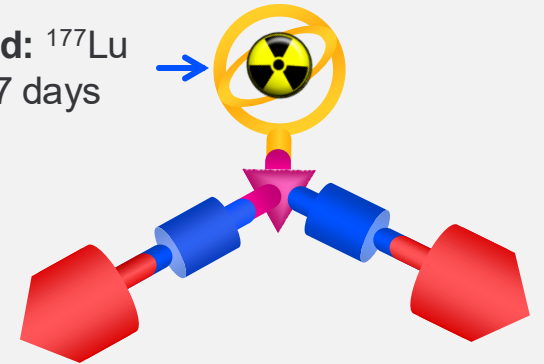
Planned clinical activity

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



Broad FAP expression profile enables potential pan-cancer theranostic

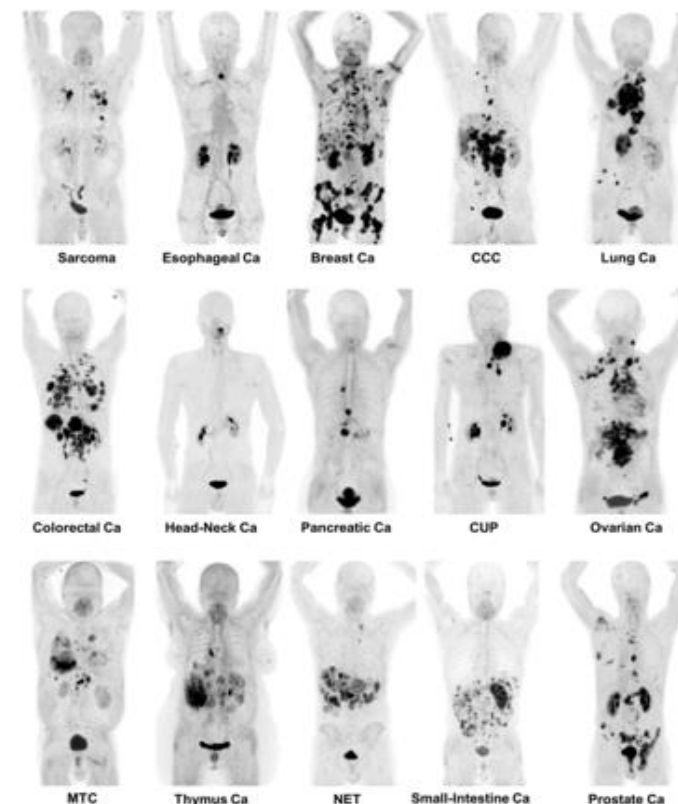
Opportunity to treat a spectrum of tumors with a single FAP-targeted product

- 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 Cancer¹

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.



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, PFS that compare favorably to existing SoC treatments in earlier stage patients

Cancer	Patients (#)	Median OS/PFS		Tumour Response			
		OS	PFS	CR	PR	SD	N/A
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%

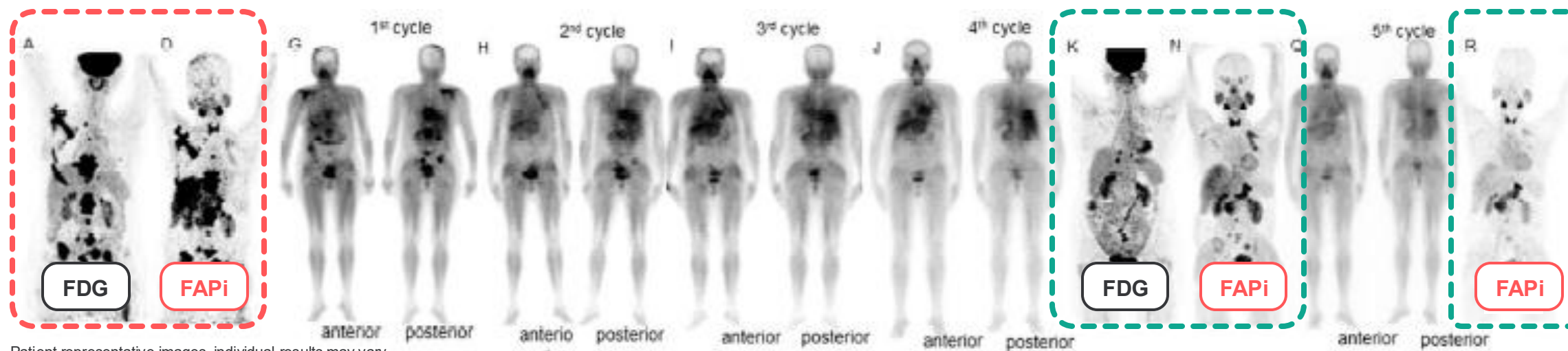
NR = Not reached, CR = Complete response, PR = Partial response, SD = Stable disease, PD = Progressive disease



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 cancer¹



Baseline scans

4 cycles of [¹⁷⁷Lu]-DOTAGA.Glu.(FAPi)₂
Scans taken 24h post-therapy

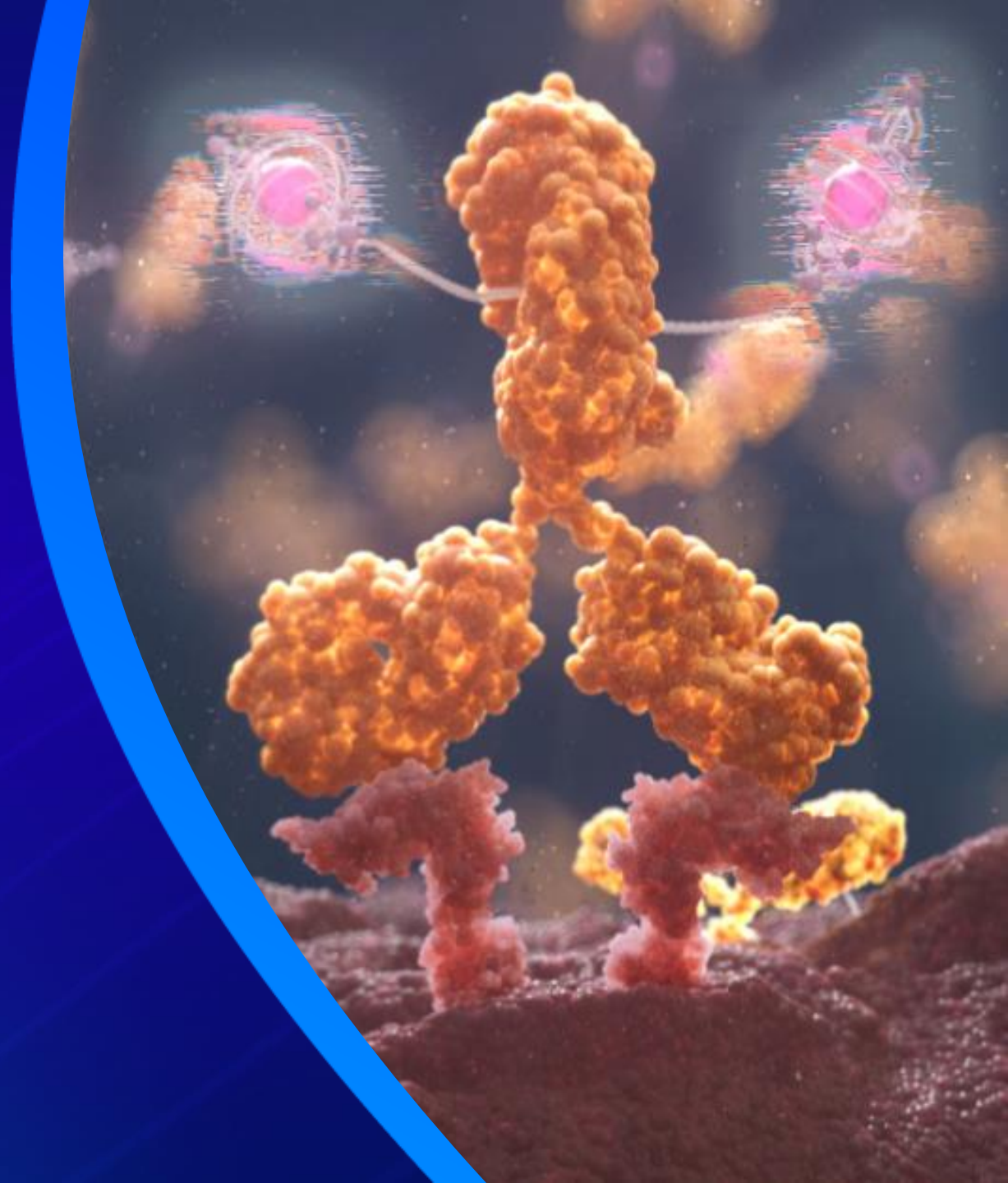
Follow-up scans

5th
Cycle

Follow-
up scan

The scans show significant reduction in disease burden

TLX300-Tx



TLX300-Tx: Program overview

Product candidate

TLX300-Tx

Targeting molecule / target

Antibody (olaratumab)/

Platelet-derived Growth Factor Receptor alpha (PDGFR α)

Potential indication(s)

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

Clinical experience

- Olaratumab was in-licensed from Eli Lilly and Company with exclusive rights to develop as a radiopharmaceutical¹
- 657 STS patients have been treated with olaratumab (across Ph 1b/2 and Ph 3 trials). Clinical safety profile was favorable²

Clinical trial

Name: ZOLAR imaging study

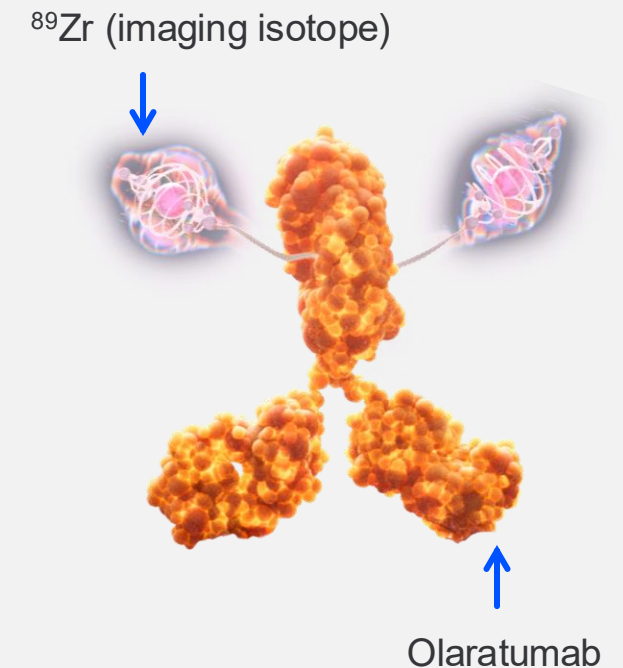
Description: Evaluate the safety, pharmacokinetics, biodistribution and dosimetry of ⁸⁹Zr-labelled-olaratumab

Phase: 1 (dose optimization)

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

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

Secondary endpoints: Determine a suitable antibody mass dose for administration

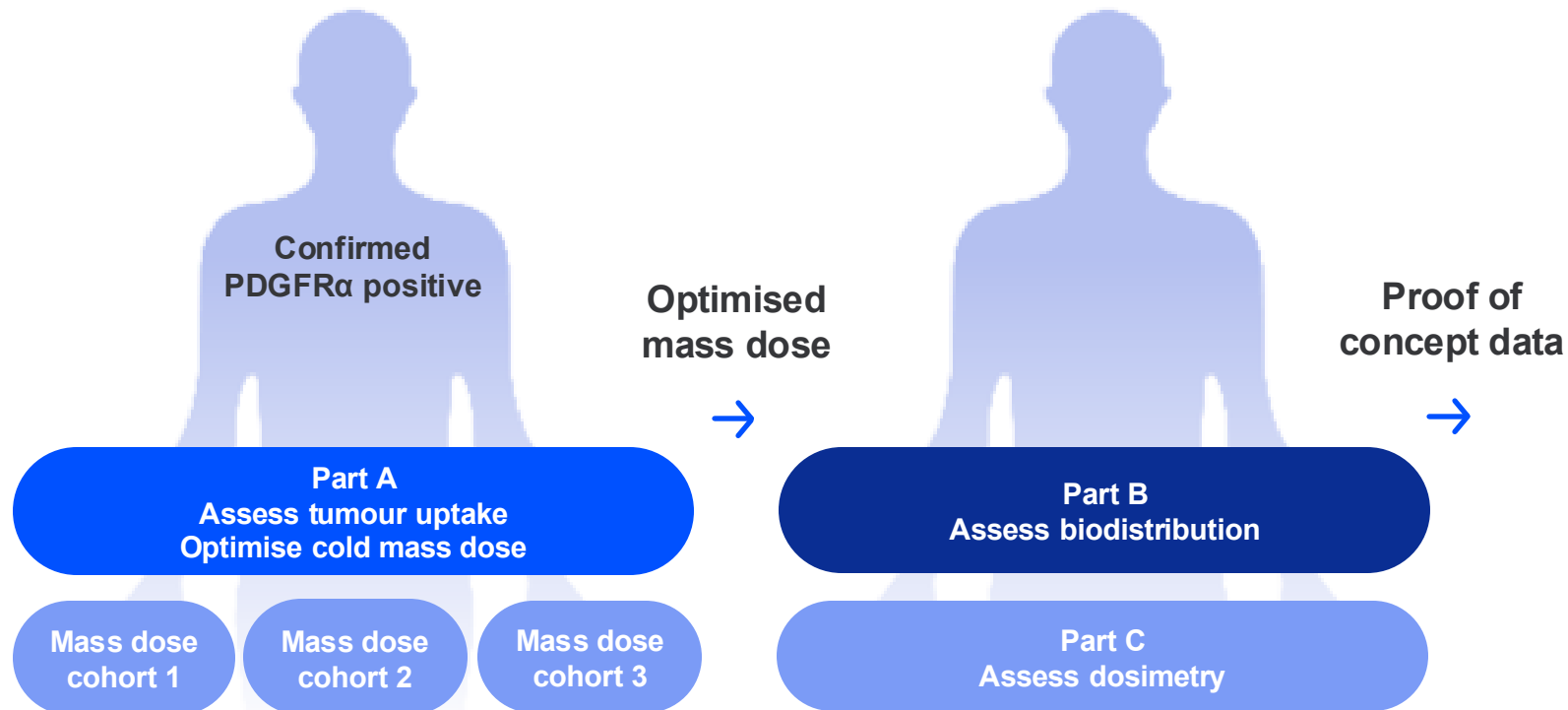


ZOLAR: Phase 1 imaging and dosimetry study

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

Active Trial: Phase 1 Imaging Trial (ZOLAR)

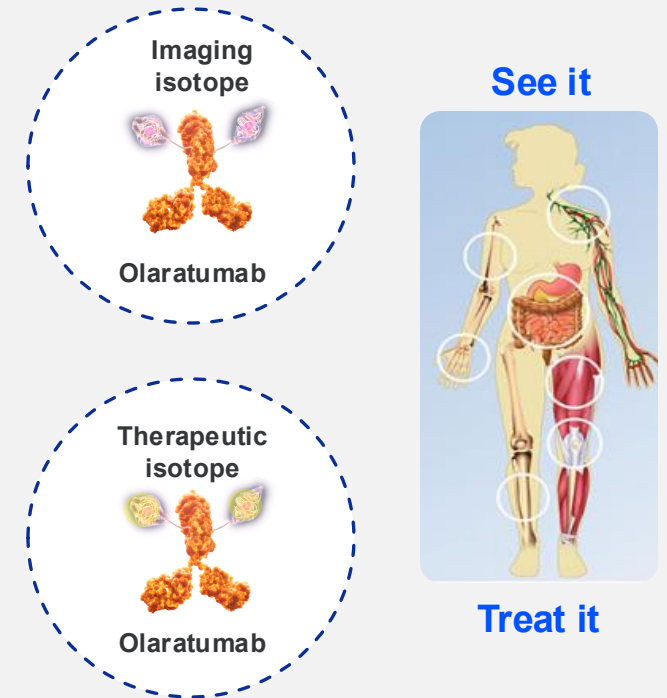
Patient Population: Adult STS Patients*



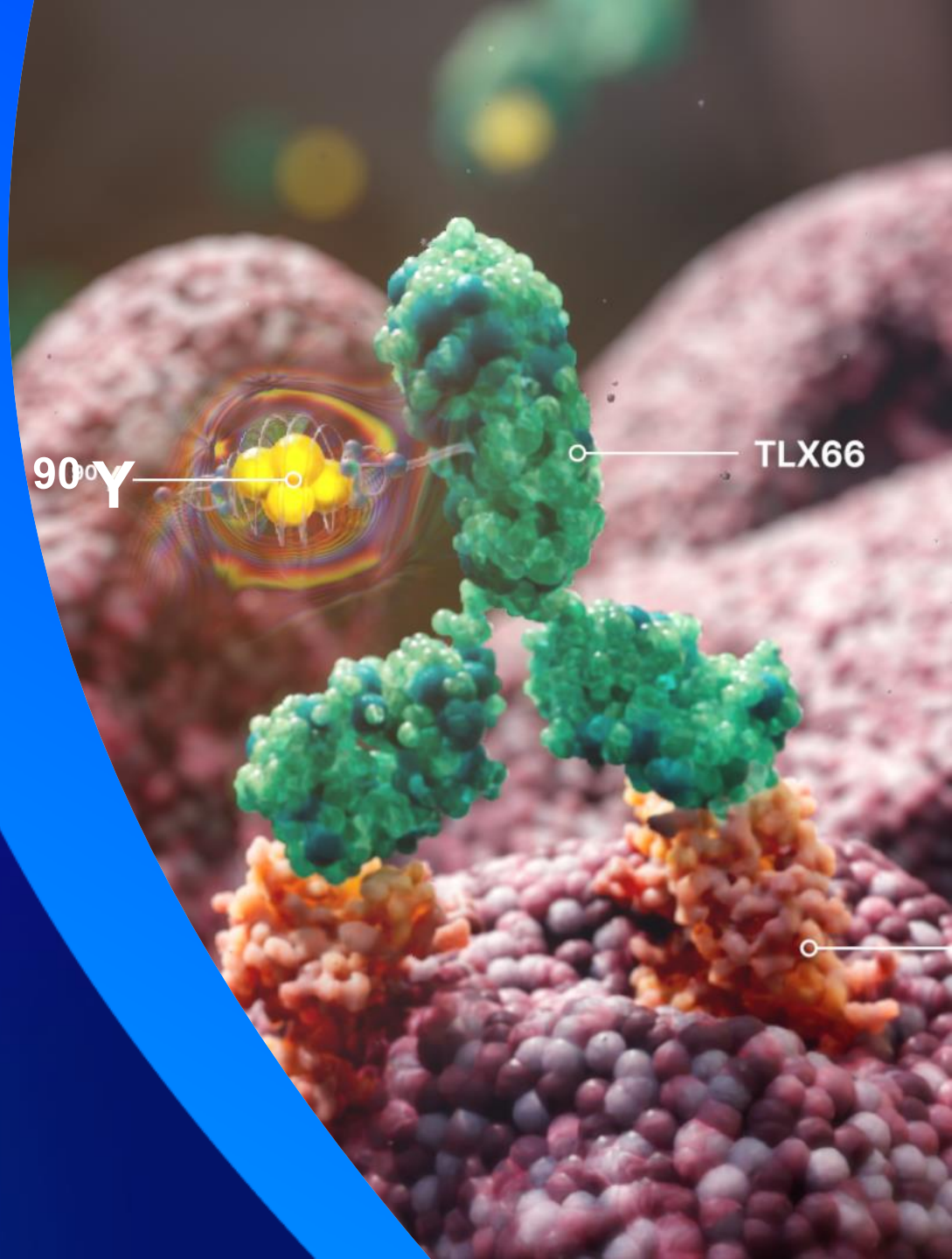
Phase 1 Imaging Trial Recruiting

Program Future

Develop theranostics platform



TLX66-Tx



TLX66-Tx: Program overview

Product candidate

TLX66-Tx, ^{90}Y -besilesomab

Targeting molecule / target

Antibody/Cluster of differentiation 66 (CD66)

Potential indication(s)

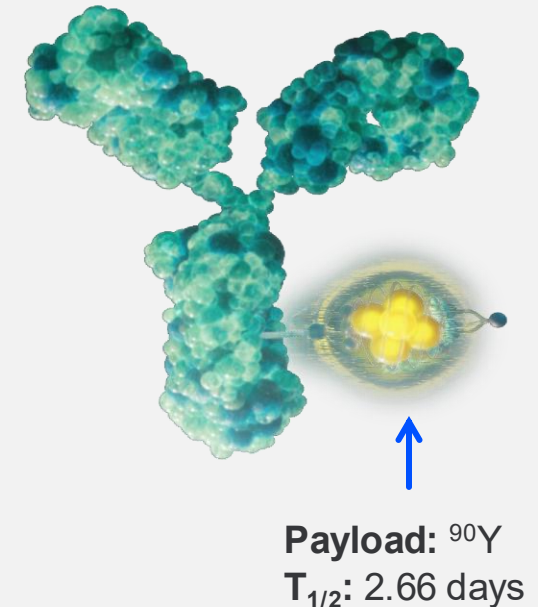
Bone marrow conditioning for allogeneic stem cell translation in acute myeloid leukemia (AML)

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 transplantation¹

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



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.

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

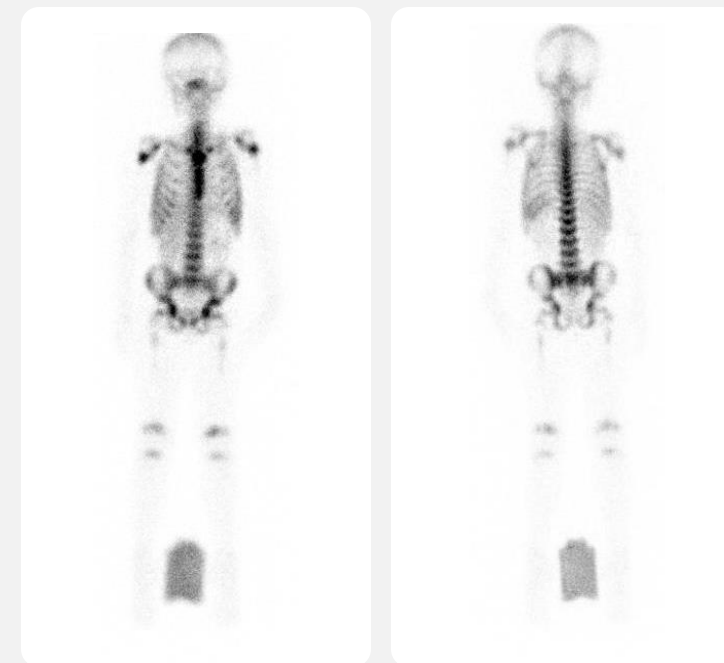
Disease: High risk or relapsed/refractory leukemia

Number of Patients to enroll: 25

Age: 6 months - 16 years old

Sponsor: Great Ormond Street Hospital for Children NHS Foundation Trust

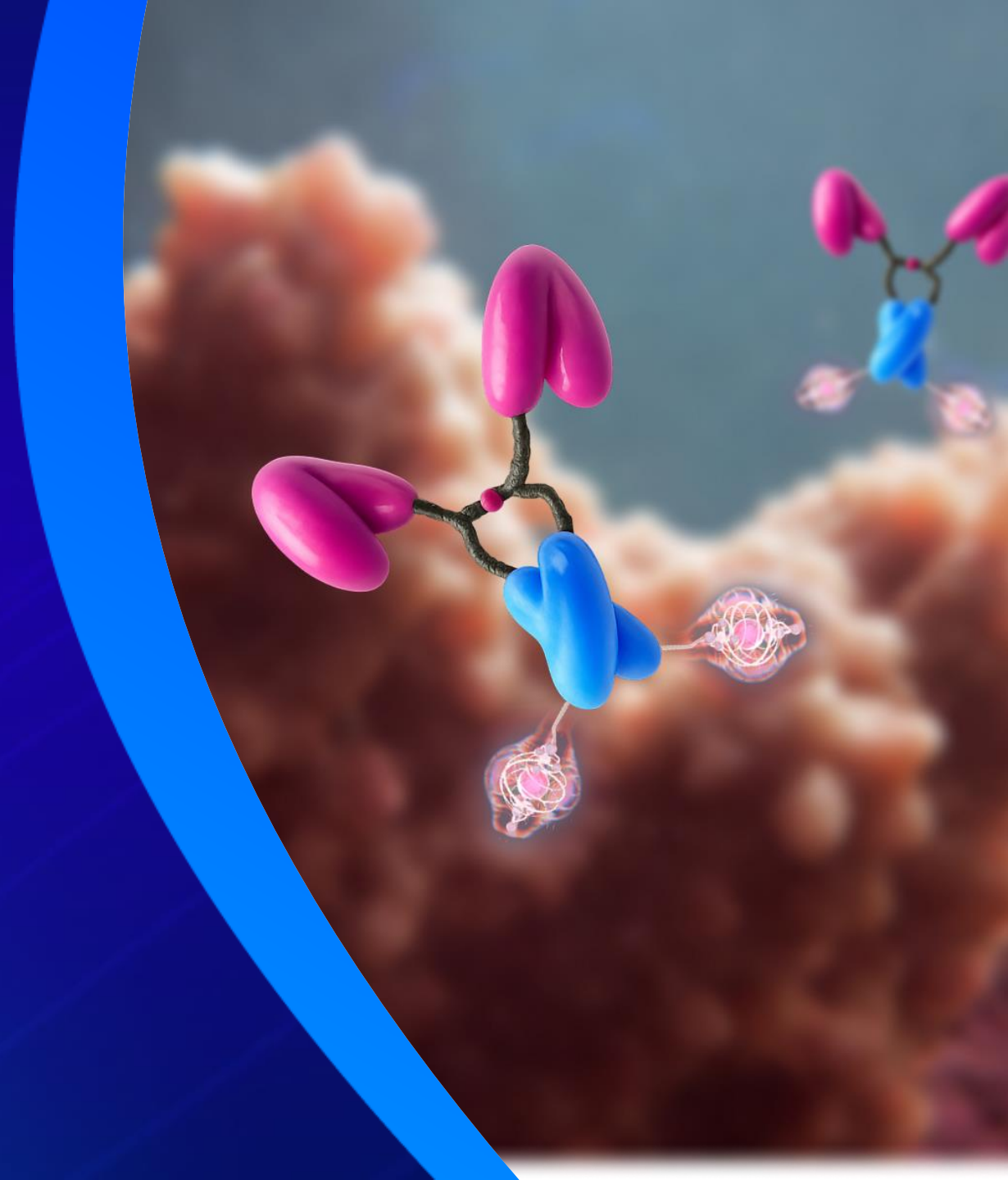
SPECT Image of 10 yr old male with AML¹



Patient representative images, individual results may vary.

Research & Clinical Innovation

Early-stage Research Candidates under Development (TLR designation)



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

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

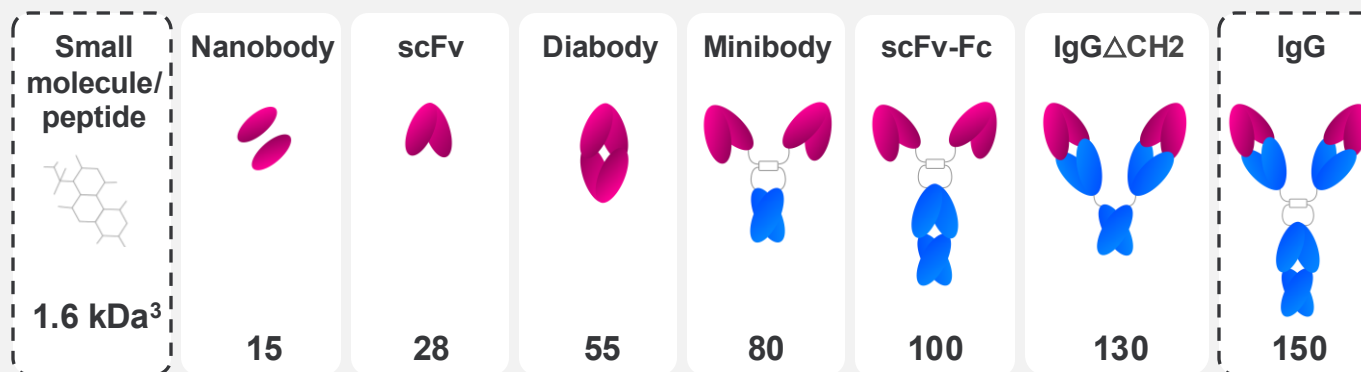
Disease targets: novel indications for established assets, and validated targets e.g. DLL3 and integrin $\alpha\text{v}\beta 6$

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

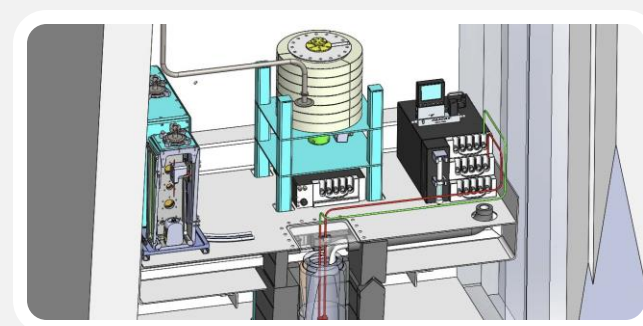
Telix Targeting Technologies, T3



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 $\alpha\text{v}\beta 6$ 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, $^{212}\text{Pb}/^{225}\text{Ac}$

Targeting molecule / target

Minibody (engineered antibody)/ $\alpha\text{v}\beta 6$
Integrin

Potential indication(s)

Non-Small Cell Lung Cancer, NSCLC

Current status / planned activity

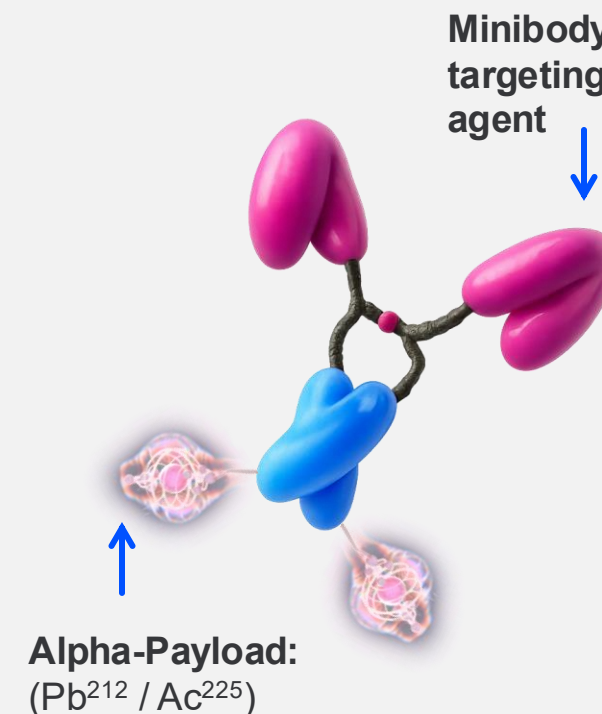
Planning FIH imaging study at TMS North Melbourne to demonstrate clinical proof of concept as ^{89}Zr -TLR602

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

Target Validation

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

- 90%+ ovarian cancer¹, 19k U.S. patients diagnosed/year⁴
- 90%+ pancreatic cancer², 66k U.S. patients/year⁴
- 50%+ NSCLC³, 187k+ U.S. patients/year⁴



TLR602-Tx: Integrin $\alpha\beta6$ targeting candidate, preclin. summary¹

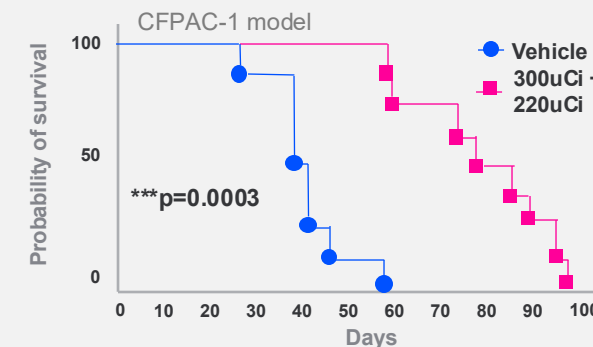
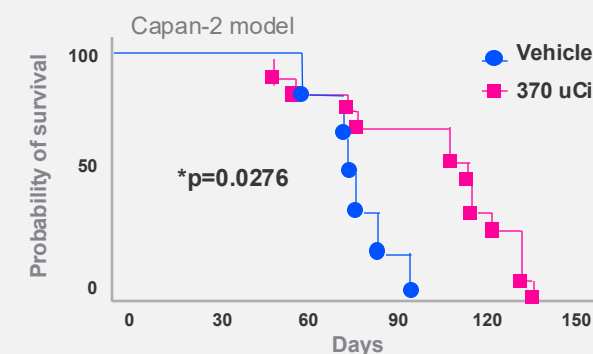
Favorable dosimetry and efficacy

- 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 $\alpha\beta6$ but does not block $\alpha\beta6$ 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



TLR603-Tx: Program overview

Product candidate

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

Targeting molecule / target

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

Potential Indication(s)

Small Cell Lung Cancer (SCLC)

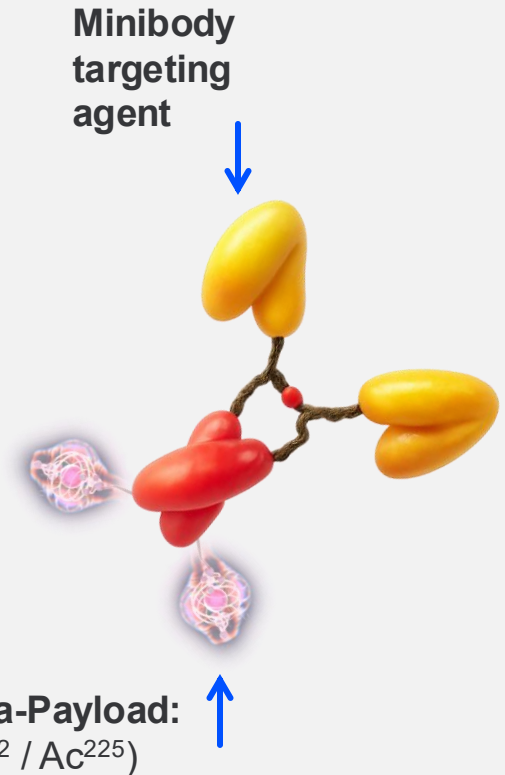
Target Validation

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



TLR603-Tx: DLL3 targeting candidate- preclinical summary¹

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

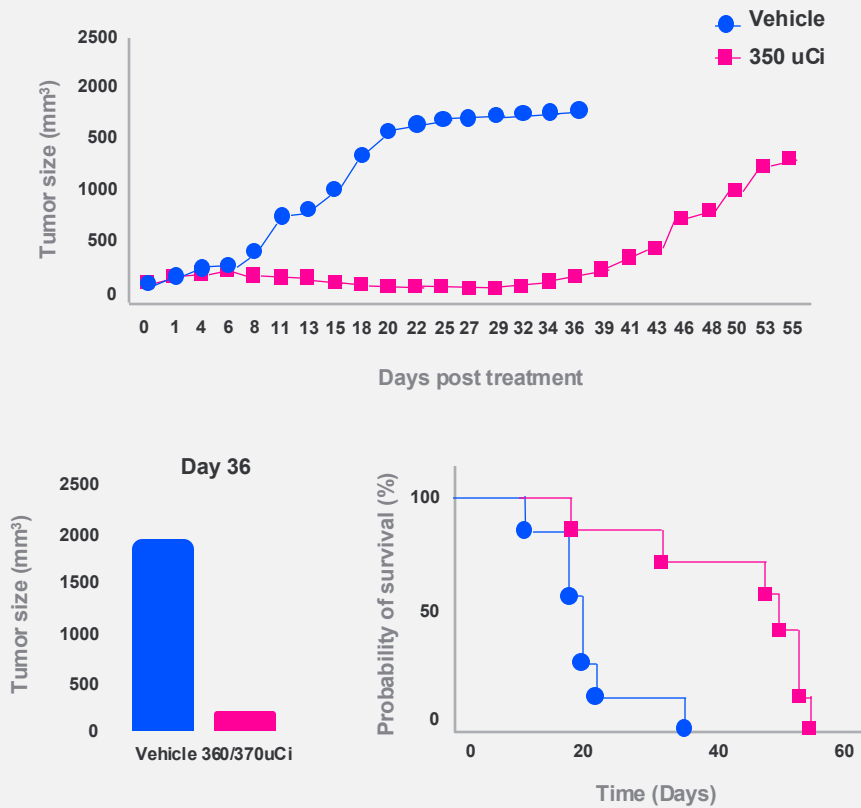
Pre-clinical dosimetry well below established toxicity thresholds

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



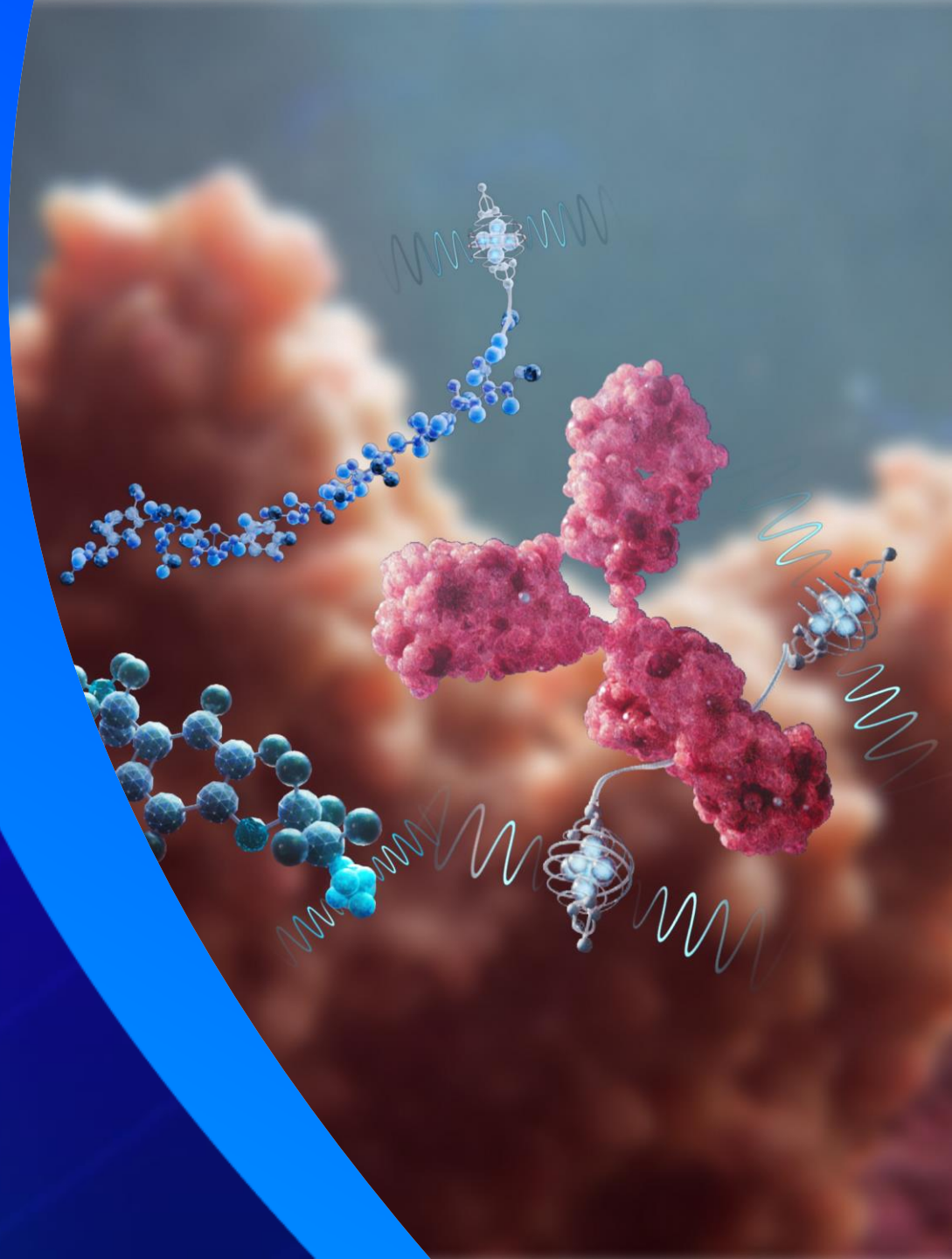
1. ImaginAb data presented at AACR 2024.

Preclinical efficacy in lung cancer model





Precision Medicine pipeline overview



Iluccix, Gozellix New Indication



BiPASS: Biopsy of the Prostate Avoidance Stratification Study

Men with elevated PSA values will often be recommended for MRI¹, 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 negative²

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

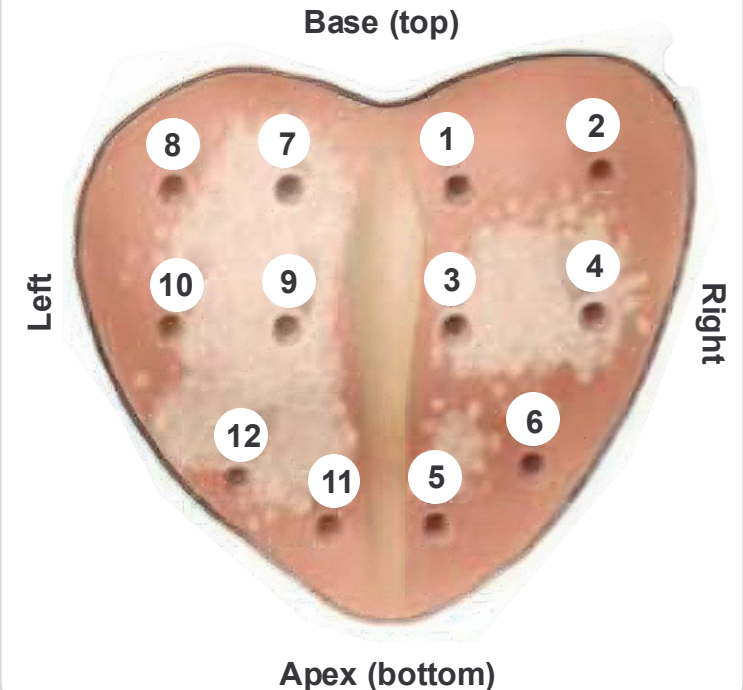
Biopsies carry real risks⁴

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

Up to 25% of patients refuse a recommended biopsy⁵

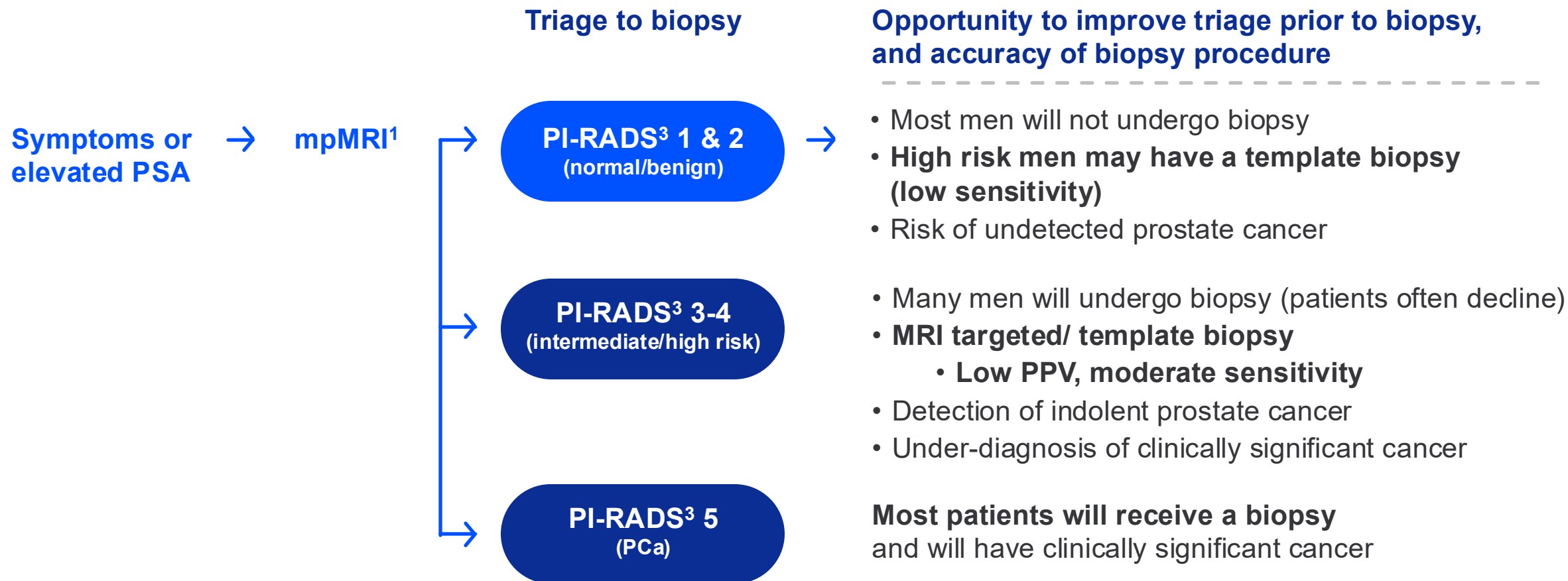
- Reasons for refusal include fear or pain of complications
- Skepticism about the necessity of the procedure

Areas of biopsy⁶



Prostate cancer: Current diagnosis pathway

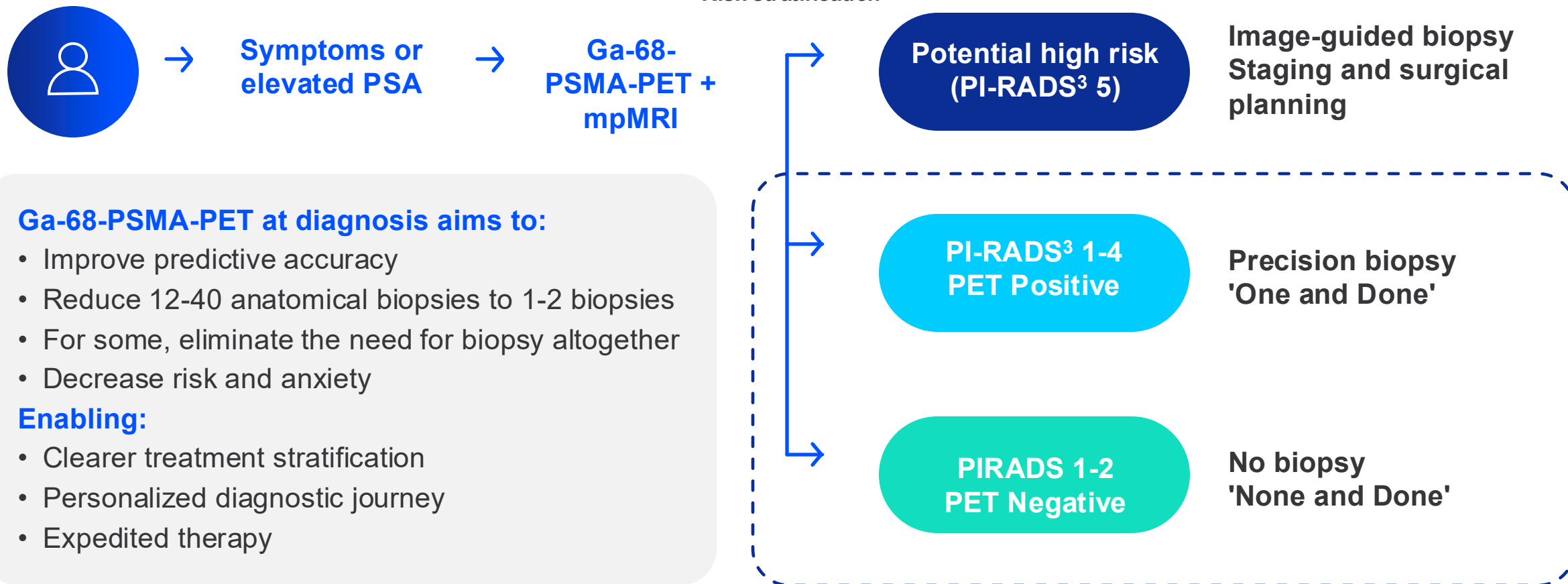
Low sensitivity of MRI leads to high rate of biopsy



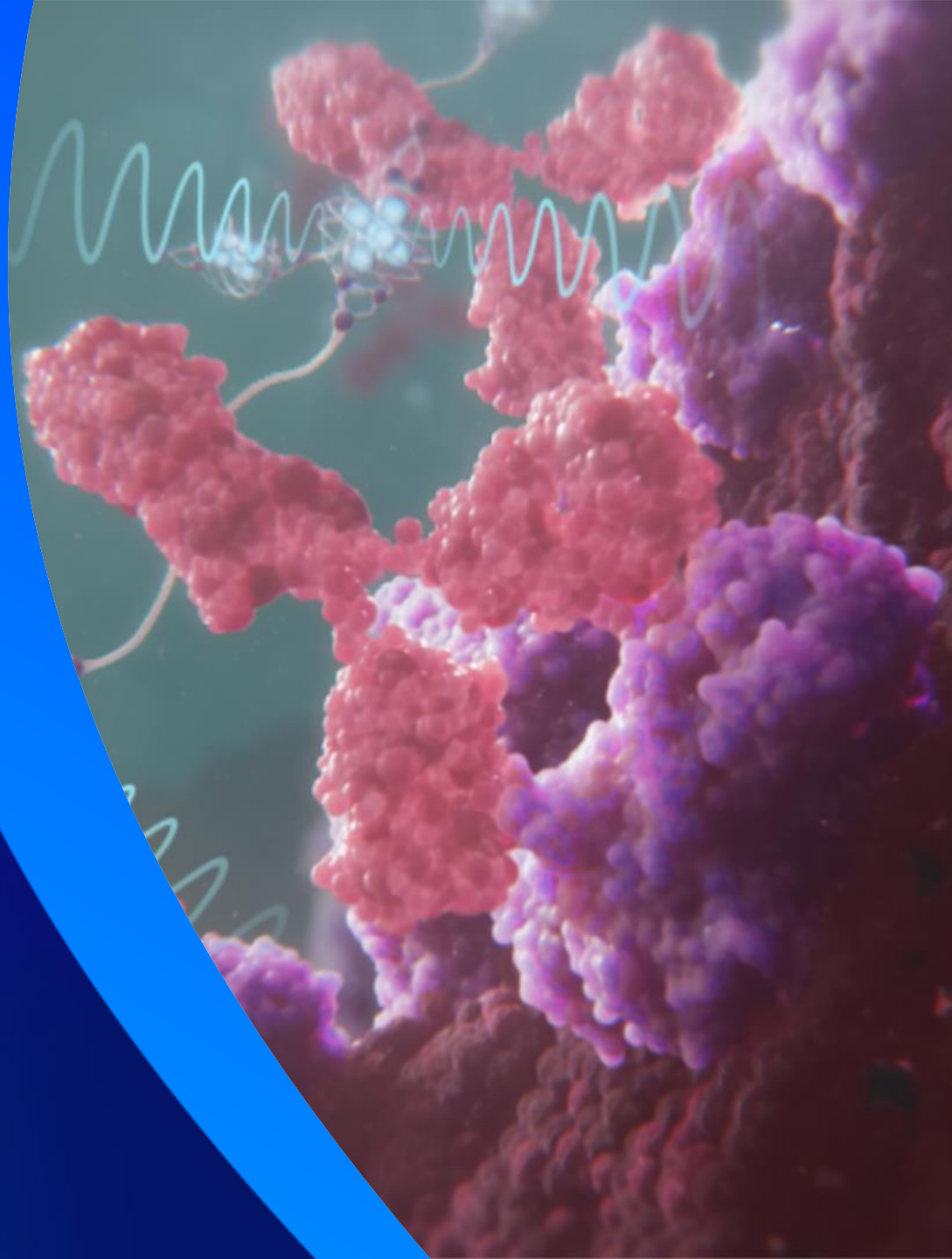
BiPASS: Redefining the diagnostic pathway in prostate cancer

Smarter triage BEFORE biopsy. Integrating imaging WITH biopsy.

Risk stratification



TLX250-Px (Zircaix)



TLX250-Px (Zircaix): Program overview

Product candidate

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

FDA Breakthrough Therapy designation¹

Targeting molecule / target

Antibody /

Carbonic anhydrase IX (CAIX)

Potential indication(s)

Clear cell renal cell carcinoma

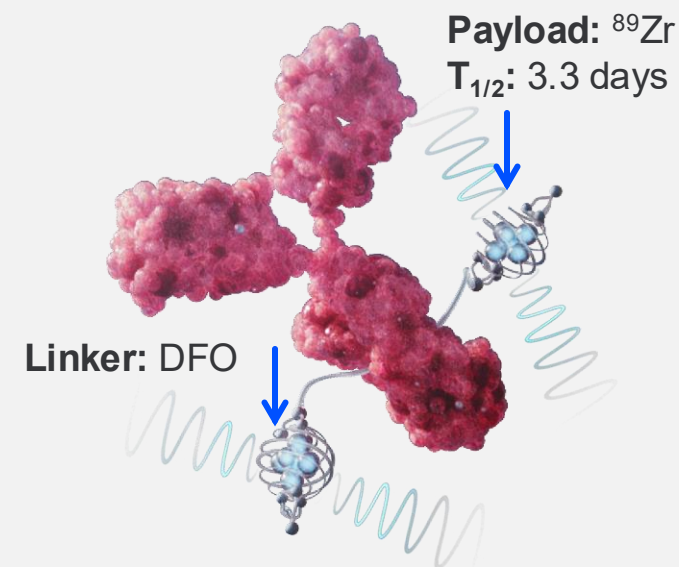
Clinical experience

Demonstrated accuracy and favorable safety profile in Phase 3 ZIRCON study and real-world cases²

- 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

TLX250-Px (Zircaix): Highly accurate in detecting ccRCC¹

Phase 3 ZIRCON trial validates CAIX as a novel target

⁸⁹Zr-girentuximab

- IgG1 **CAIX-targeting** mAb
- Hepatically cleared
- Demonstrated accuracy and favorable safety profile in **Phase 3 ZIRCON study** and real-world cases²

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



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](https://clinicaltrials.gov/ct2/show/study/NCT03849118).

Zircaix brand name and marketing authorization subject to regulatory approval.

TLX101-Px (Pixclara)



TLX101-Px (Pixclara): Program overview

Product candidate

TLX101-Px (Pixclara¹)

¹⁸F-floretyrosine or ¹⁸F-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

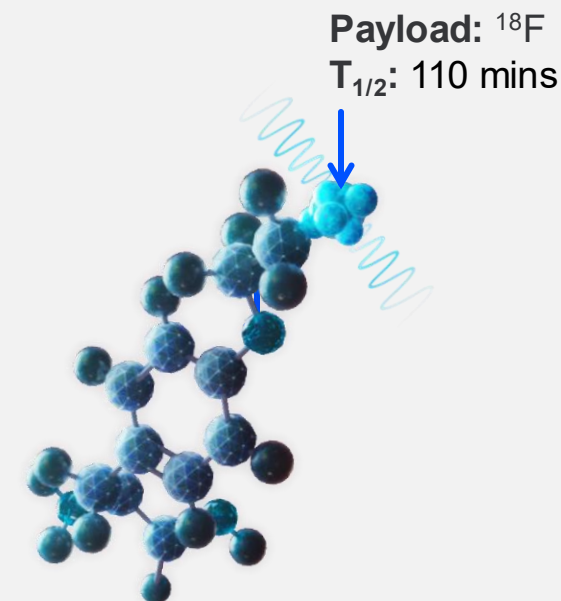
Clinical experience

Widely used in Europe and recommended in the EANM/EANO/RANO/SNMMI guidelines for PET imaging of gliomas²

First PET-based response assessment criteria for diffuse gliomas issued by RANO in January 2024³

Current status

- Positive type A meeting held with the FDA. Finalizing the package to re-file the New Drug Application, NDA⁴
- 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.

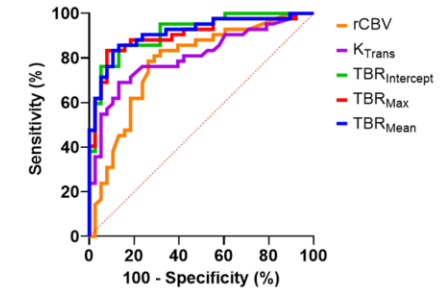
3. Albert et al. *Lancet Oncol.* 2024.

4. Telix ASX Disclosure 22 July 2025

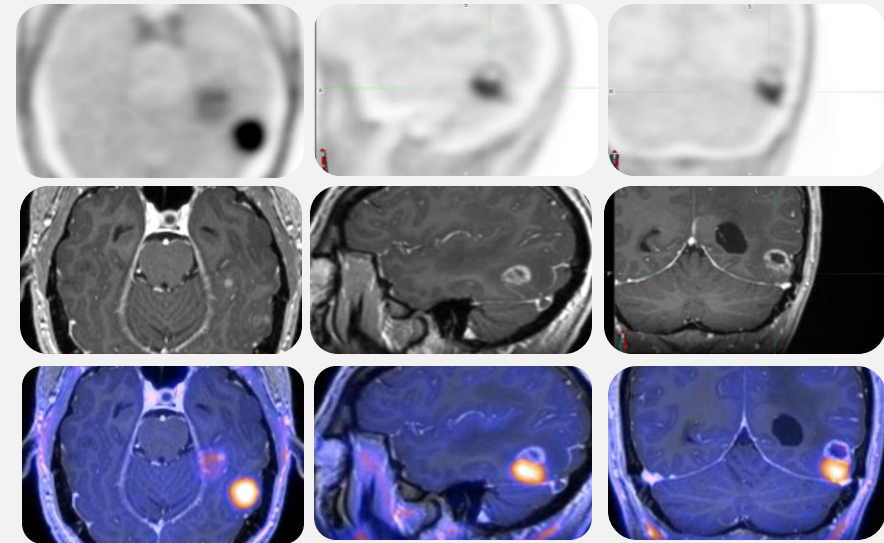
TLX101-Px (Pixclara): For imaging of glioma

- 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 gliomas²
- **First PET-based response assessment criteria** for diffuse gliomas issued by RANO in January 2024³

ROC analysis of 80 patients with grade 3/4 glioma or brain metastases demonstrated superior accuracy of ^{18}F -FET PET compared with MRI⁴



Patient representative sample - individual results may vary.



TLX593-Px (AlFluor™)

^{18}F



TLX593-Px: Program overview

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

Product candidate

F18-AIF-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

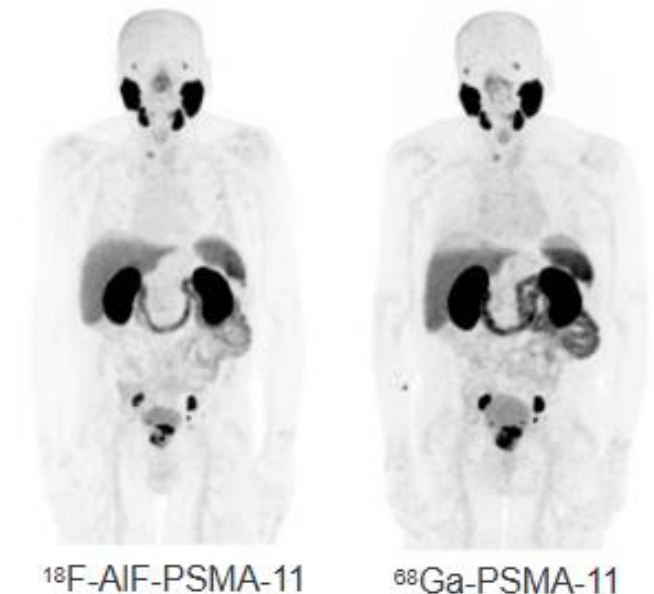
Signed agreement with University Hospital Ghent and Ghent University for a novel AIF-PSMA-11 targeting agent, including safety and efficacy data from Phase 3 trial

- Phase 3 trial, 96 patients, using PSMA-11 interchangeably with 18F and 68Ga demonstrated
- a) diagnostic performance comparable to commercial ⁶⁸Ga-labeled PSMA-11 agents such as Ilucix® and Gozellix®, both known to deliver high specificity (~90%) for metastatic detection at initial staging¹
- Favorable biodistribution, high tumor-to-background ratios, low off-target uptake in multiple studies²

Current status

Commenced engagement with regulators to determine path for approval

Side-by-side comparability



¹⁸F-AIF-PSMA-11

⁶⁸Ga-PSMA-11

Patient representative sample - individual results may vary.