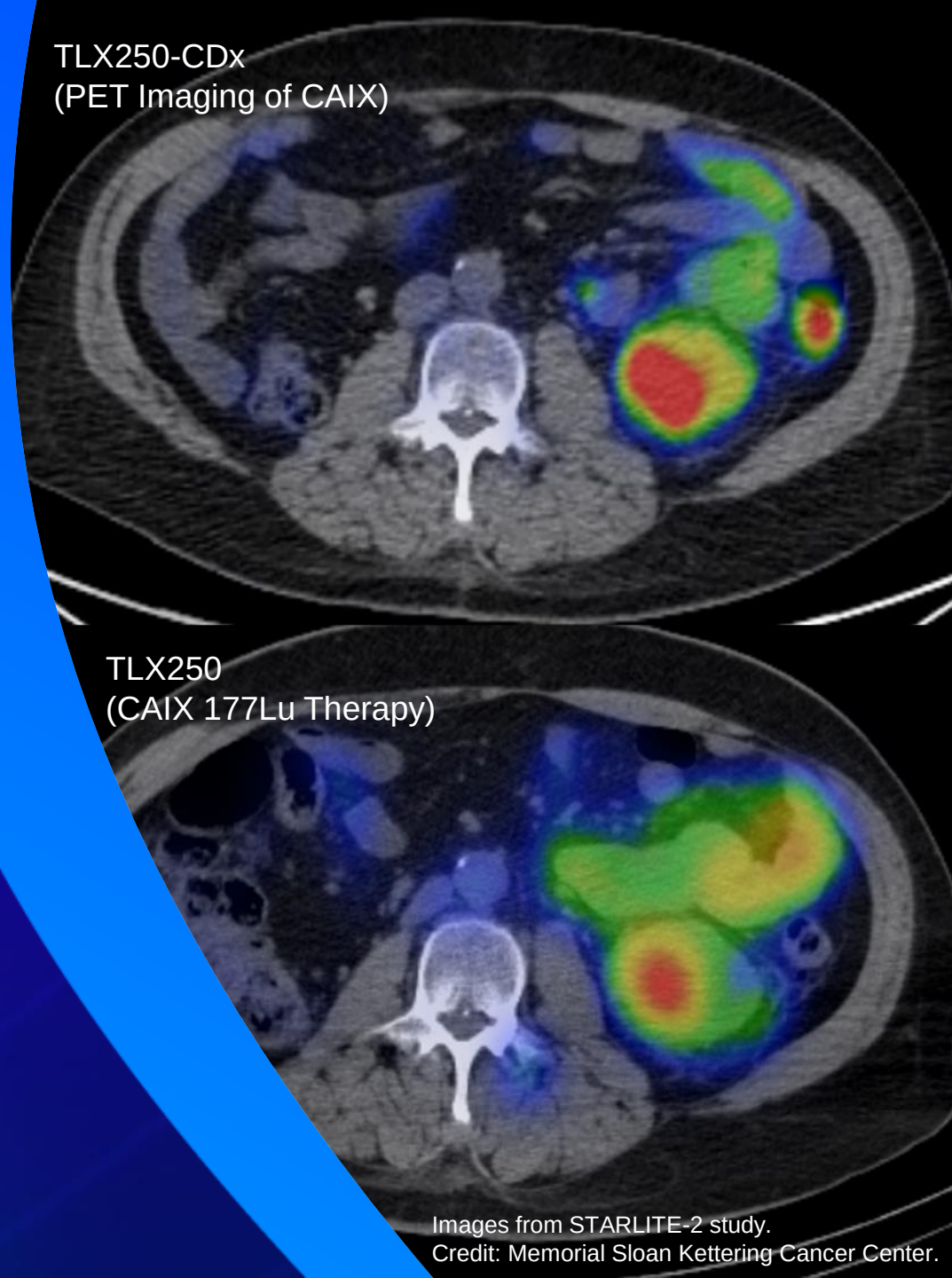
Telix Pharmaceuticals

J.P. Morgan Healthcare Conference
San Francisco, January 8 - 11, 2024
ASX: TLX



Images from STARLITE-2 study.
Credit: Memorial Sloan Kettering Cancer Center.

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

Telix’s lead imaging product, Illuccix® (TLX591-CDx) for prostate cancer imaging, has been approved by the Australian Therapeutic Goods Administration (TGA), the U.S. Food and Drug Administration (FDA), and Health Canada. With the exception of Illuccix® as noted above, no Telix product has received a marketing authorization in any jurisdiction.

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

All figures are in AU$ unless otherwise stated. 2023 financial year figures provided on an unaudited basis.

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Telix: A leading “theranostic” radiopharma company

Deep pipeline focused on oncology and rare diseases

INDUSTRY LEADING PIPELINE

- Late-stage **therapeutic and diagnostic “theranostic”** assets in clinical trials
- First-in-class **rADC[1] for prostate cancer therapy** in Phase 3 trial (TLX591)
- Highly differentiated therapeutic pipeline utilizing **alpha and beta** emitters

COMMERCIAL STAGE IMAGING (DIAGNOSTIC) PORTFOLIO

- **Significant growth from Illuccix®**, total revenue up 214% to A$502.5M[2] in 2023
- BLA[3] filing commenced for TLX250-CDx (**Zircaix™**)[4] for kidney cancer imaging
- Preparing to file NDA[5] for TLX101-CDx (**Pixclara™**)[4] for imaging of glioma

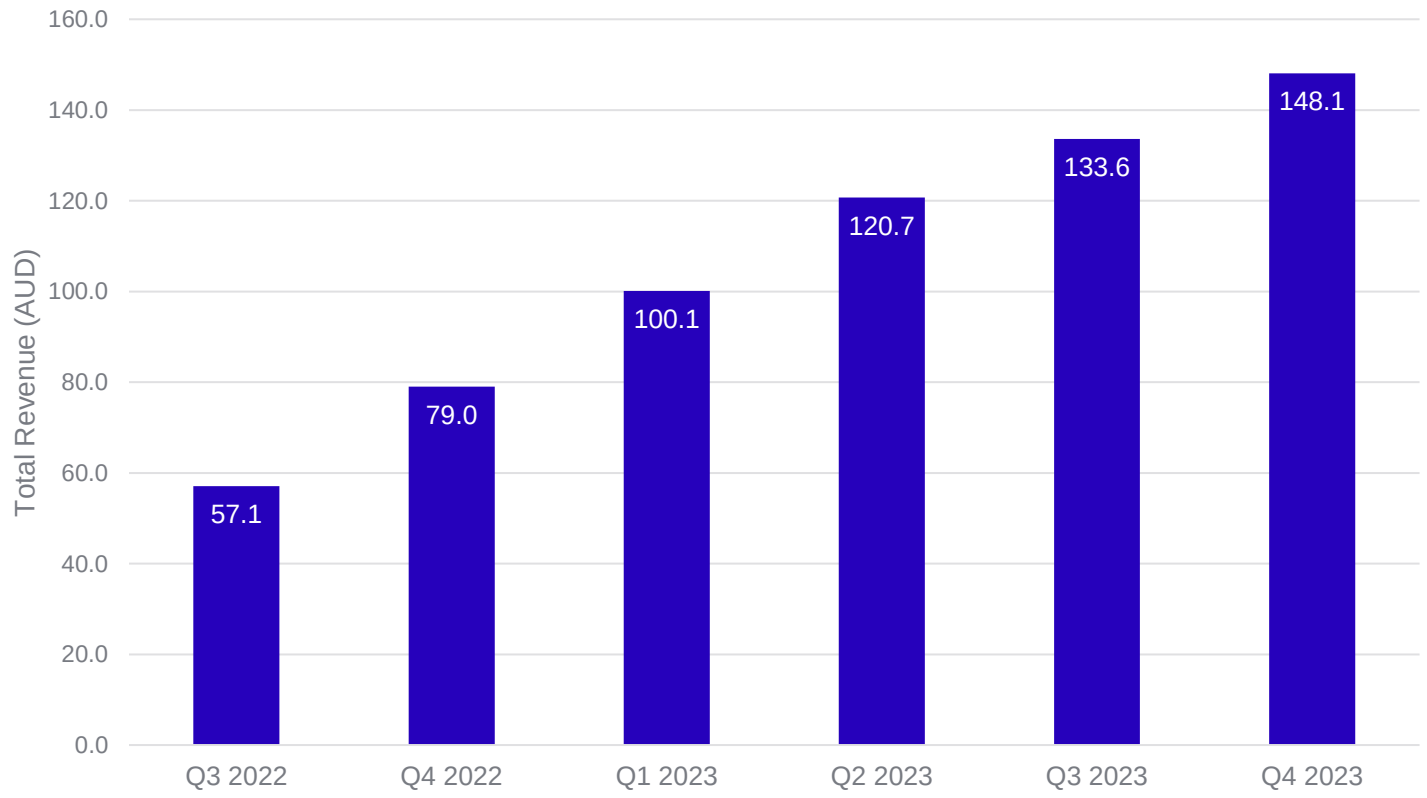
INVESTING FOR FUTURE GROWTH

- Commercial **revenue funds substantial R&D** activity
- Addition of complementary technologies and capability through **acquisition**
- **Vertically integrated** and world-class supply, logistics and manufacturing

1. Radio antibody drug conjugate
2. FY2023 revenues are unaudited, preliminary and based on management’s estimate as of the date of this presentation and are subject to completion of the Company’s financial closing procedures.
3. Biologics License Application, Telix ASX disclosure 19 December 2023.
4. Brand name subject to final regulatory approval.
5. New Drug Application.

Q4 2023: Total revenue update

U.S. sales driving consistent, strong growth



FY2023 Total Revenue (unaudited)[1]

$502.5M

Up 214% from $160.1M in FY2022

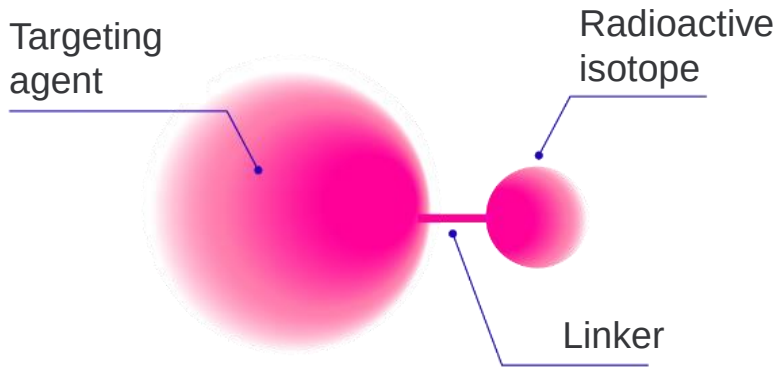
1. FY2023 revenues are unaudited, preliminary and based on management's estimate as of the date of this presentation and are subject to completion of the Company's financial closing procedures.

Deep radiopharma expertise

Broad development toolkit enables development of first-in-class / best-in-class assets

Innovation and development expertise drives pipeline candidate selection:

- **Deep understanding** of radiation biology
- **First-in-class** or **best-in-class** products
- **Isotope agnostic** (both alpha- and beta-emitters under development)
- Validated clinical **targets**
- Vector tailored to tumor-type and situation



Choice of radioisotope

- Emission profile
- Depth of penetration
- Tumor size / distribution
- Tumor microenvironment

Choice of targeting agent

- Route of excretion from the body
- Pharmacokinetics
- Binding and cancer specificity
- Internalization and revisualization

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Core pipeline: Oncology and rare diseases

	TARGETING AGENT	ISOTOPE	Dx/ Tx	PHASE 1	PHASE 2	PHASE 3	COMMERCIAL	UPCOMING MILESTONES
Prostate **PSMA[1]**	Antibody	^{177}Lu	Tx	TLX591 (^{177}Lu rosopatamab tetraxetan)				ProstACT GLOBAL interim readout: Q1 2025
	Antibody	α (alpha)	Tx	TLX592 (alpha-RADmAb®)				Phase 1 CUPID trial results: H1 2024
	Small molecule	^{68}Ga	Dx	TLX591-CDx (^{68}Ga-PSMA-11, Illuccix®)				EU approval decision: H1 2024 Phase 3 China bridging study complete: H2 2024
Kidney **CAIX[2]**	Antibody	^{177}Lu	Tx	TLX250 (^{177}Lu-girentuximab)				Phase 2 trial data readouts: H2 2024
	Antibody	^{89}Zr	Dx	TLX250-CDx (^{89}Zr-girentuximab, Zircaix™*)				FDA approval decision: H2 2024
Brain **LAT-1[3]**	Small molecule	^{131}I	Tx	TLX101 (^{131}I-IPA)				Phase 1 IPAX-2 trial data readout: H1 2025
	Small molecule	^{18}F	Dx	TLX101-CDx (^{18}F-floretyrosine)				FDA approval decision: H2 2024
STS[4] **PDGFRα[5]**	Antibody	Undisclosed	Tx	TLX300 (-olaratumab)				Phase 1 trial commencement: H1 2024
	Antibody	^{89}Zr	Dx	TLX300-CDx (^{89}Zr-olaratumab)				
BMC[6] **CD66[7]**	Antibody	^{90}Y	Tx	TLX66 (^{90}Y-besilesomab)				Phase 2 trial commencement: H1 2024
	Antibody	^{99m}Tc	Dx	TLX66-CDx (^{99m}Tc-besilesomab, Scintimun®[8])				

*Note: Nominated brand name subject to final regulatory approval.

1. Prostate-specific membrane antigen.
2. Carbonic anhydrase IX.
3. L-type amino acid transporter 1.
4. Soft tissue sarcoma.
5. Platelet derived growth factor receptor alpha.
6. Bone marrow conditioning.
7. Cluster of differentiation 66.
8. Marketed under license by Curium Pharma.

A strong foundation for growth

R&D program to drive value creation

Progress late-stage pipeline

- Phase 3 ProstACT GLOBAL trial for prostate cancer therapy (TLX591)
- Phase 2 STARLITE trials and Phase 1b STARSTRUCK trial of TLX250
- Phase 2 trials exploring CAIX pan-cancer utility

Commercialize diagnostics

- Planned launch of Zircaix™ and Pixclara™[1]
- Geographic expansion of Illuccix®
- Illuccix® life cycle management

Advance next-generation radiopharmaceuticals

- Additional trial of alpha therapy candidate for prostate cancer (TLX592)[1]
- Phase 1 trial of TLX300-CDx in soft-tissue sarcoma expected to commence in 2024[1]

Vertically integrate supply chain

- Continue to expand U.S. manufacturing footprint
- Enhance in-house process development and production capacity

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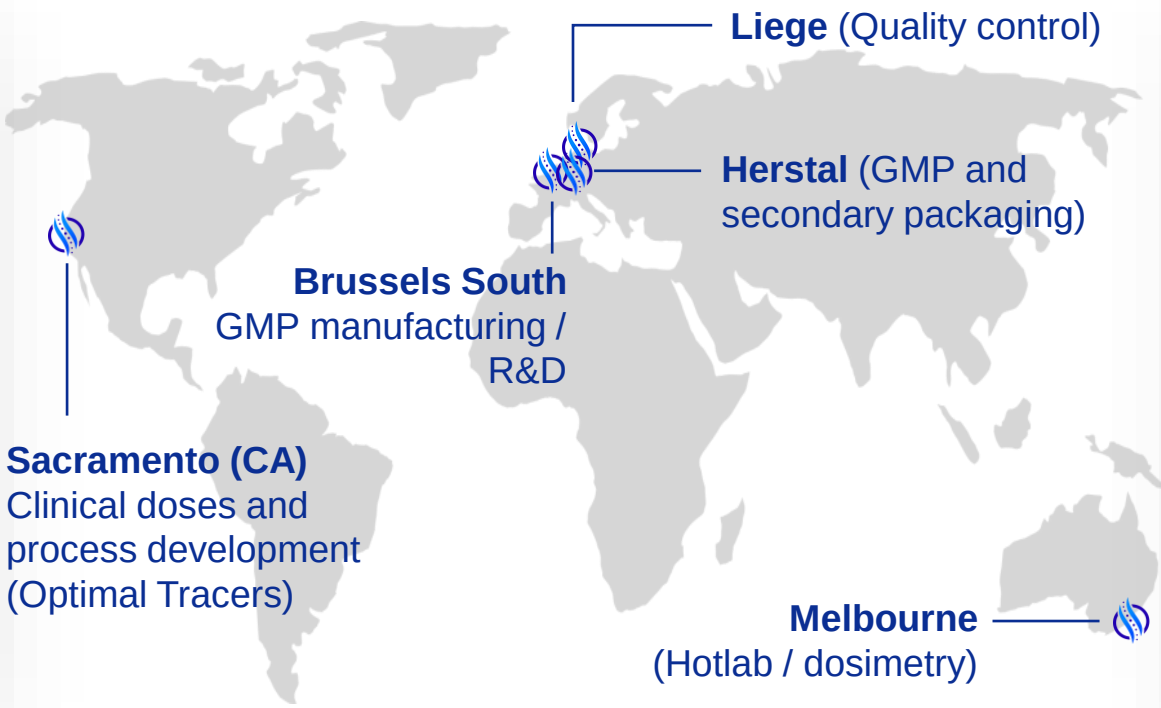
1. Subject to regulatory approval.

Building a vertically integrated business

World-class innovation and manufacturing infrastructure

Equipped to deliver patient doses globally

- Global supply chain
- In-house EU production facility
- “AlphaLab” for specialty R&D
- Radiochemistry and U.S. clinical dose production



Global production, process development and R&D sites

Continuing to invest in-house development and production capacity

- Isotope production at EU facility
- End-to-end process development and manufacturing technologies

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Prostate cancer therapy program

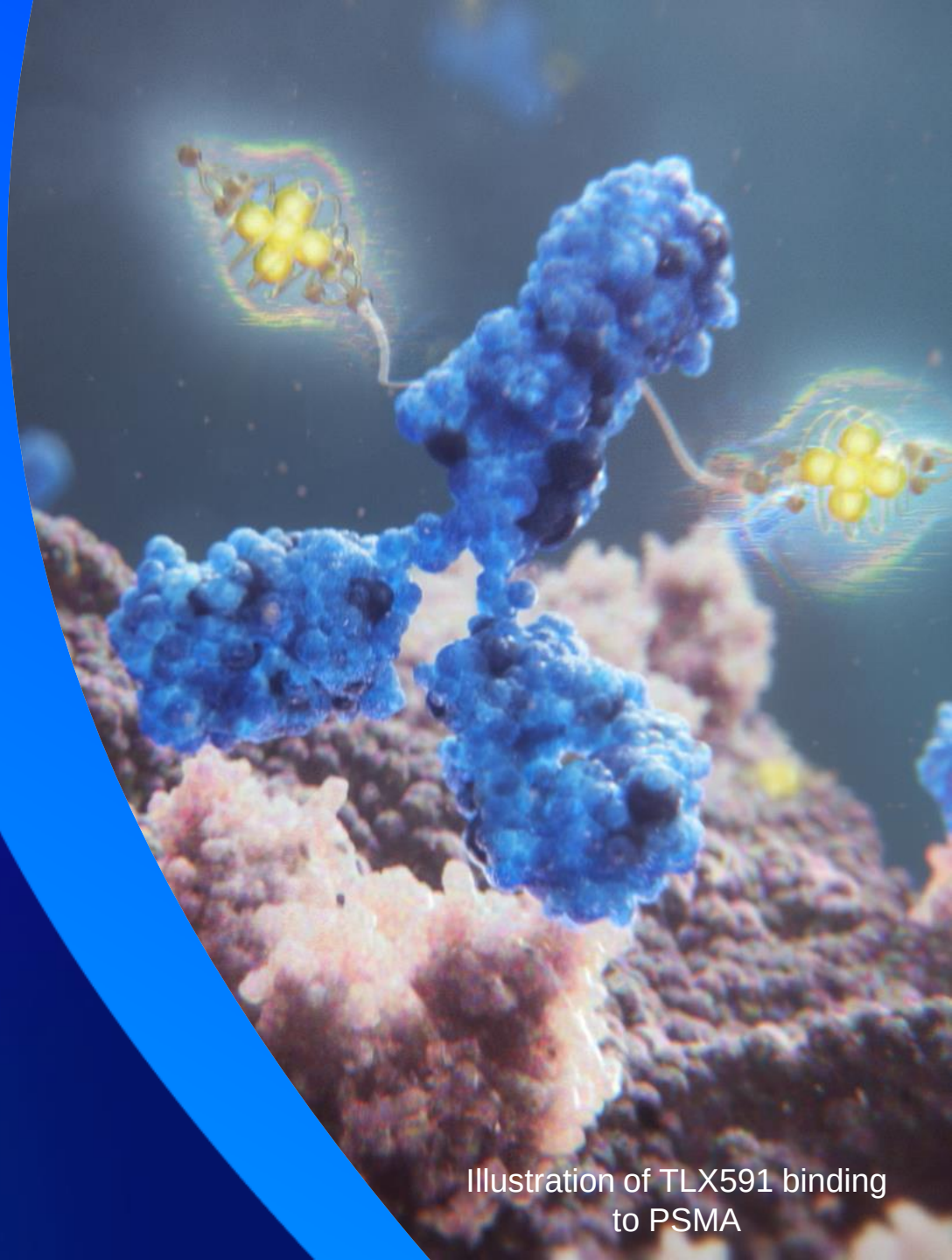

Illustration of TLX591 binding to PSMA

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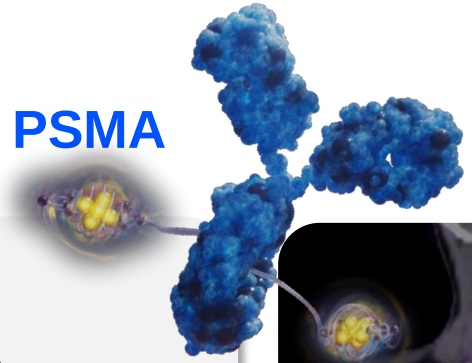
TLX591: Phase 3 prostate cancer therapy

First-in-class radio-antibody drug conjugate (rADC) targeting PSMA



Product

TLX591 (^{177}Lu rosopatamab tetraxetan)

Targeting molecule

Monoclonal antibody (mAb)

Indication

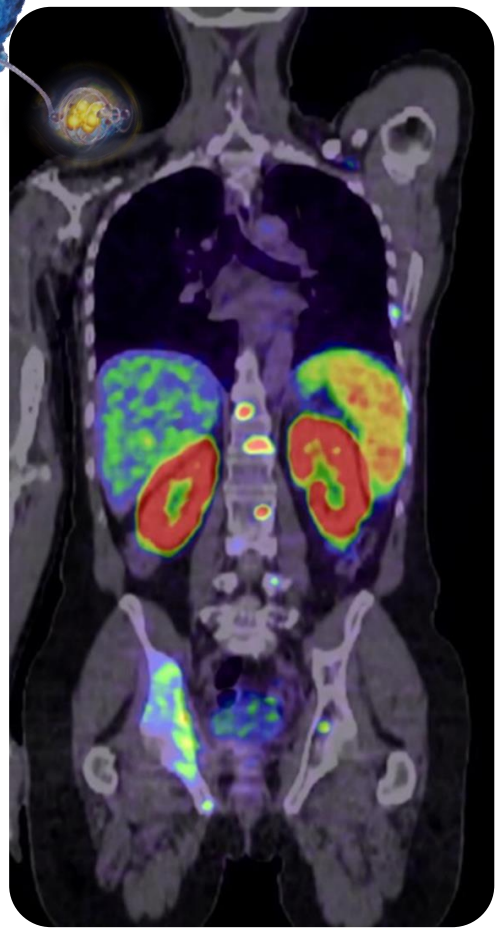
Prostate cancer (mCRPC[1])

Scientific rationale

- Antibodies are functionally specific for tumor-expressed PSMA
- High internalization and long retention with high selectivity for tumor-expressed PSMA
- “Patient-friendly” 2 dose regimen with low occurrence of off-target side effects
- Liver-cleared and excreted

Development pathway

- Recently initiated ProstACT GLOBAL Phase 3 trial, expect to report an interim analysis after 96 events (120 patients)
- Final readout of the ProstACT SELECT Phase 1 trial expected mid-2024



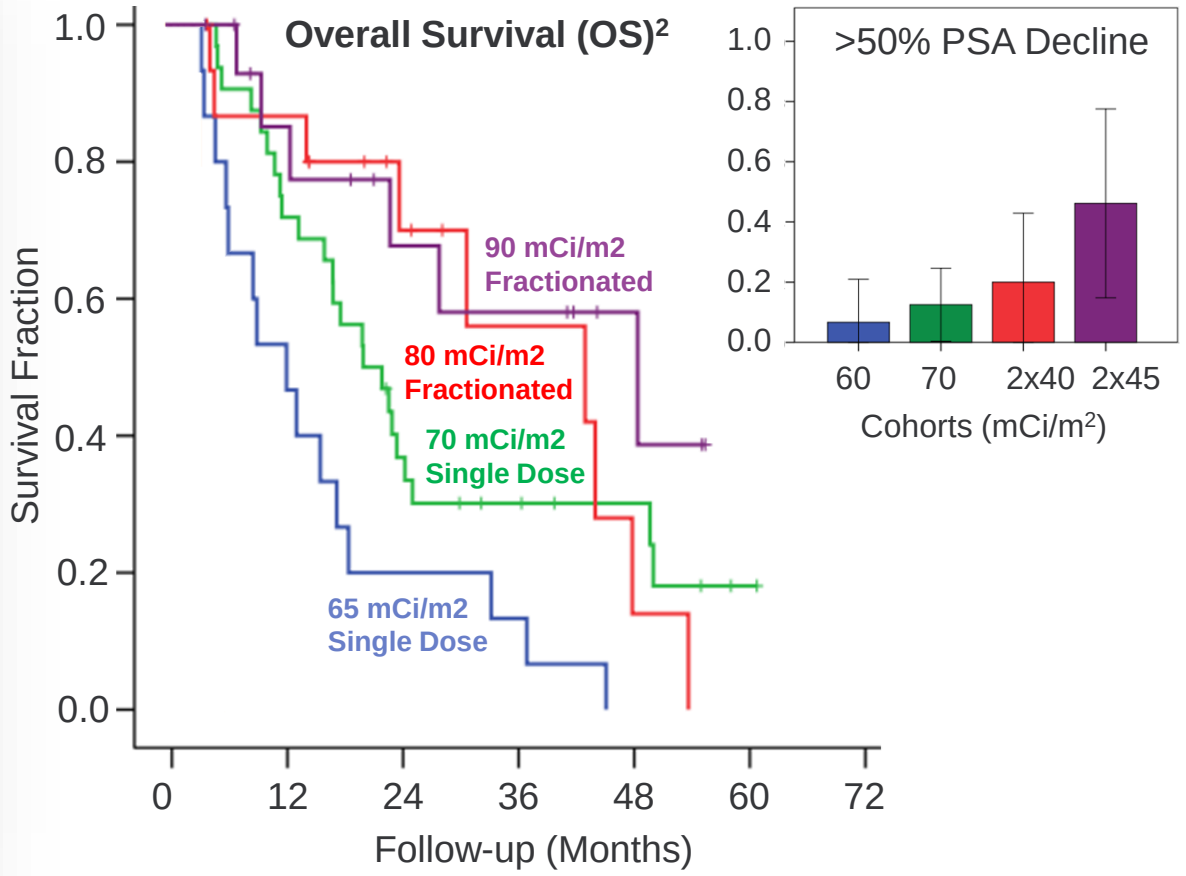
1. Metastatic castrate-resistant prostate cancer.

TLX591 data generated to date

Demonstrated evidence of anti-tumor effect and overall survival benefits[1,2]

- Previously evaluated in 242 prostate cancer patients in eight Ph1/2 studies
- Evidence of anti-tumor effect and a clear dose-response profile for key measures of activity
  - Prostate-specific antigen (PSA) response
  - Overall survival (OS) – **published 42.3 months** median survival in end-stage (heavily pre-treated) patients[1]
- Well tolerated with predictable and transient reductions in hematological parameters, with subsequent recovery

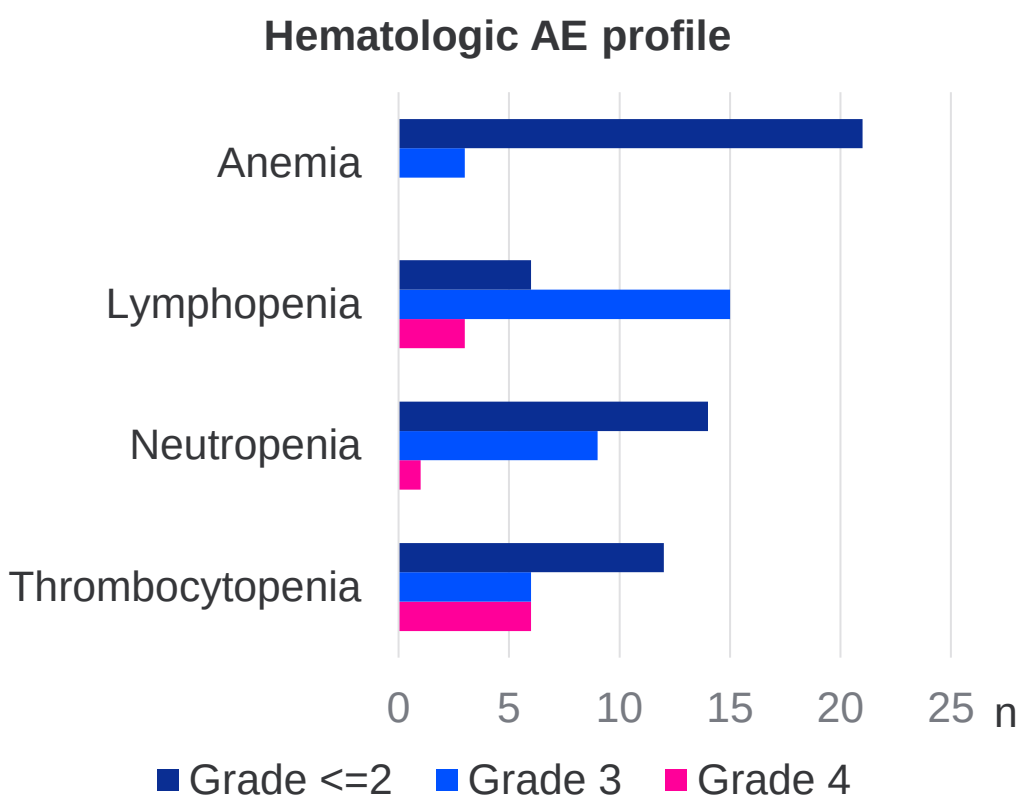
Fractionated dosing manages hematologic safety while delivering a highly targeted and potent radiation dose to prostate cancer metastases



1. Tagawa et al, *Cancer.* 2019.
2. Vallabhajosula et al. *Curr Radiopharm.* 2016.

TLX591 safety data reported from SELECT study[1]

Safety and tolerability profile confirmed



Key observations

Hematologic laboratory profile

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

Non-hematologic events

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

1. ASX release 23 October 2023. Total evaluable patient population, N=28.

ProstACT GLOBAL trial design

First patient recruited, designed to integrate with real-world standard of care

ProstACT GLOBAL

Phase 2/3 trial in patients with mCRPC[1] progressing on 1st line androgen agents or docetaxel

TLX591 + Standard of Care (SoC) vs. SoC alone

Product designed to be "patient-centric", only requires two treatments with TLX591 compared with up to six treatments with competitor products. Potential for less off-target toxicity.

Global study enrolling ~400 patients. Interim readout after 96 events.

N = ~400 patients

Randomization stratification

- SoC – ARPI[2] or taxane
- Disease burden
- Visceral disease

Patients progressing on minimum of 12 weeks ARPI → **PSMA-positive disease**

Endpoints

Primary: rPFS[3]

Secondary: OS, PFS,[4] SSE,[5] PSA50,[6] Quality of life and safety and tolerability

Group A
2 x 76mCi TLX591 + SoC

Group B
SoC

SoC, either:
- ARPI alone
- Taxane alone

1. Metastatic castrate-resistant prostate cancer.
2. Androgen receptor pathway inhibitor.
3. Radiographic progression-free survival
4. Progression-free survival.
5. Symptomatic skeletal event.
6. Prostate-specific antigen decline of >50%.

TLX591: benefits rival small molecule-based approach

Efficacy → Promising overall survival seen in early phase studies[1]
Dosing schedule enables combination with concurrent therapies

Patient comfort → No dry eye, no xerostomia (salivary gland ablation), no ganglia irradiation
Implications for alpha therapy

Patient-centric dosing → Short treatment duration/significantly fewer hospital visits – 2 weeks total vs. up to 36 weeks, supports close supervision by medical oncology

Reduced radioactivity → 152mCi cumulative radiation exposure with TLX591[2] vs 1200mCi with current approved treatment[3] = reduced costs and radiation protection implications

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1. Tagawa et al, *Cancer.* 2019.
2. Administered every two weeks for up to two weeks for up to two treatments, solution for injection contains 76mCi (2.8GBq) at time of use.
3. Pluvicto® prescribing information. Administered every six weeks for up to six treatments, solution for injection contains 200mCi (7.4GBq) at time of use..

TLX592: "Next gen" alpha therapy for prostate cancer

RADmAb® PK engineered antibody with novel properties to facilitate rapid clearance

Product

TLX592 (^{225}Ac-RADmAb)

Targeting molecule

Engineered antibody (RADmAb)

Indication

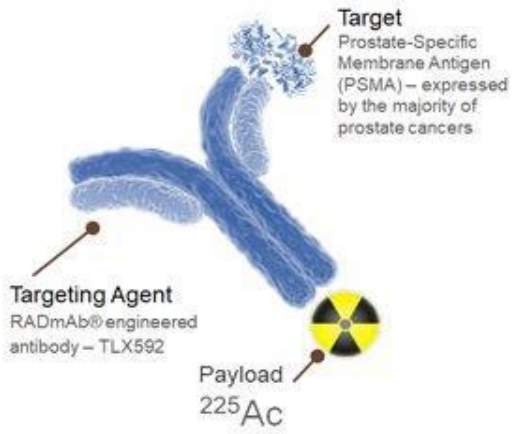
Prostate cancer (mCRPC)

Scientific rationale

- RADmAb® is a proprietary antibody engineered for use with ^{225}Ac for targeted alpha therapy
- Faster elimination from circulation than standard antibodies, yet slower than small molecules
- Designed to reduce bone marrow residence time to mitigate hematologic toxicity and retain PSMA-mediated tumor localization and cytotoxic activity
- Liver-cleared, no exocrine uptake[1]

Development pathway

- Phase 1 CUPID biodistribution study dosing final cohort, ahead of initiating Phase 1/2 efficacy study



1. Report QR-NC-2020-003.

TLX592: CUPID study dosing final cohort

Taking TLX592 into patients with a “theranostic” approach

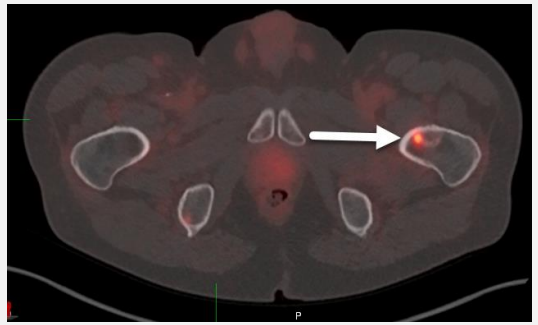
- TLX592 is being developed as a targeted alpha therapy, complementary to TLX591
- May be suitable for patients with very early-stage metastatic disease with low disease burden AND also may be suitable for patients with very late-stage disease and no longer responding to PSMA-therapy
- First clinical program to utilize Telix’s proprietary RADmAb® platform technology

CUPID trial

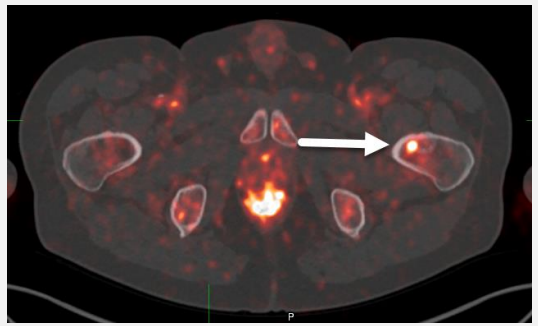
- Phase 1 safety, PK, biodistribution and dosimetry trial
- Uses ^{64}Cu (copper-64) which is detectable with PET[1] imaging, as a proxy for ^{225}Ac (not detectable by PET), to confirm biological properties of TLX592 and predict therapeutic behavior (dosimetry)
- 3 + 3 dose escalation study with 4 cohorts of TLX592 – final cohort recruiting
- Expected to advance to ^{225}Ac therapeutic Phase 1/2 study in 2024

Early signs of encouraging tumor discrimination

Illuccix® (^{68}Ga-PSMA-11)



^{64}Cu-TLX592

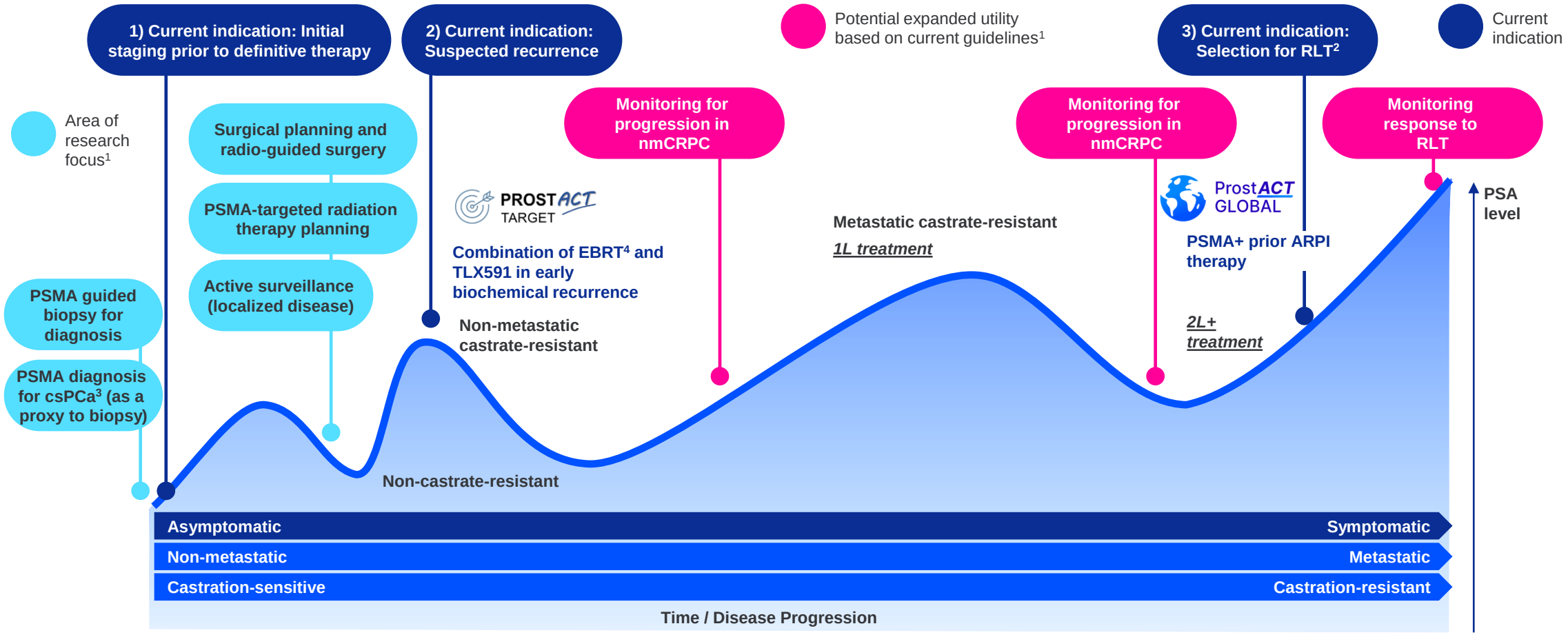


Note: Sample patient response only, individual results may vary.

1. Positron emission tomography.

Supporting patients and physicians throughout the journey

Solutions across the prostate cancer patient care continuum



1. Areas of research focus and expanded utility are not approved indications for Illuccix in any jurisdiction.
2. Radioligand therapy.
3. Clinically significant prostate cancer.
4. External beam radiation therapy.

Other therapeutic programs

Illustration of TLX250 binding to CAIX

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Core pipeline: clinical highlights

Recent updates and progress

PROSTATE CANCER THERAPY	ProstACT SELECT positive interim readout	ProstACT GLOBAL APAC dosing patients	ProstACT GLOBAL expected to open at U.S. sites in H1 2024[1]	CUPID (TLX592) dosing final cohort
CAIX PROGRAM (INCLUDING RENAL CANCER)	TLX250-CDx (Zircaix™) BLA submitted	OPALESCENCE positive data in Triple Negative Breast cancer	Zircaix™ U.S. launch on FDA approval	Progress therapy trials (STARLITE, STARSTRUCK)
GLIOMA IMAGING AND THERAPY	IPAX-2 first patient cohort dosed	IPAX-Linz surpassed 70% enrolment	TLX101-CDx EAP[2] filed, preparing NDA for U.S.	Preparing global label-indicating study for TLX101
RARE DISEASES PROGRAM[3]	TLX300-CDx trial in soft tissue sarcoma to commence in H1 2024[1]	Preparing AU sites for Phase 2 study of TLX66 in AML[4]	Preparing for patient dosing in study of TLX66 in pediatric leukemia	

1. Subject to regulatory approval.
2. Expanded Access Program.
3. Rare Disease program includes programs for bone marrow conditioning and soft tissue sarcoma.
4. Acute myeloid leukemia.

TLX250: Phase 2 renal cancer therapy

Potential to further develop as a “pan-cancer” solid tumour therapeutic targeting CAIX

Product

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

Targeting molecule

Monoclonal antibody (mAb)

Indication

Kidney: Studies underway to assess treatment in kidney cancer

Other CAIX-expressing tumors: potential to develop as a pan-cancer therapy

Scientific rationale

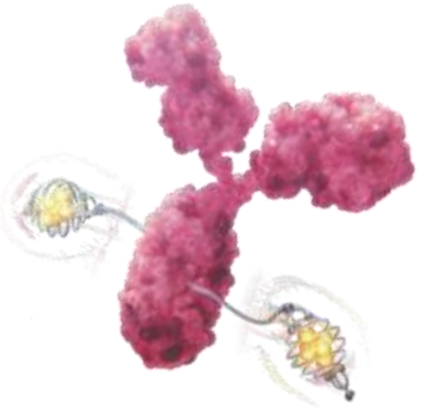
- CAIX expressed in up to 95% of ccRCC[1] and many hypoxic / resistant solid tumors, with low expression in normal tissue
- Hypoxia correlates with progression and resistance to therapy[2]

Development pathway

- Phase 2 STARLITE studies for kidney cancer therapy and Phase 2 STARBURST study investigating expression in patients with solid tumors dosing patients
- Under investigation for combination with protein kinase inhibitor candidate for solid tumors

Targeting Agent: girentuximab

IgG1 monoclonal antibody



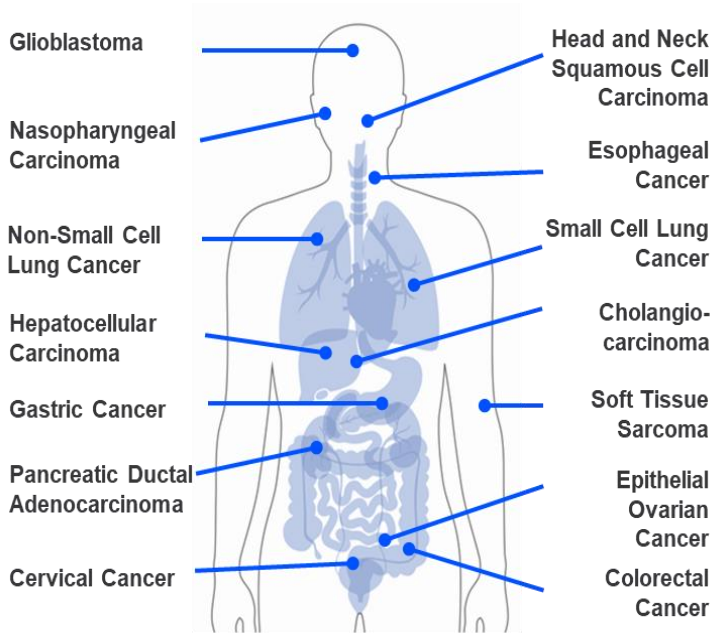
Payload: ^{177}Lu

1. Clear cell renal cell carcinoma.
2. Muz et al. *Hypoxia (Auckl).* 2015.

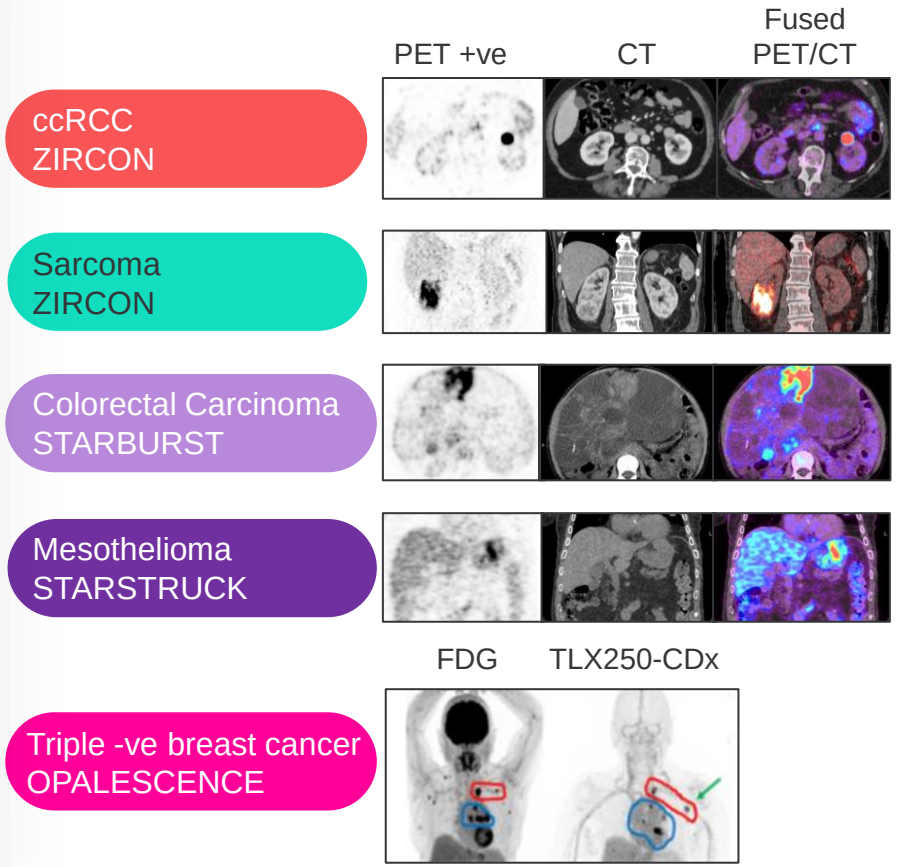
CAIX expression is associated with poor clinical outcomes

Studies in progress reinforce potential of CAIX as a therapeutic target

CAIX expression



TLX250-CDx detection of CAIX expressing tumors



"Theranostic" trials of TLX250-CDx and TLX250

STARBURST

- Phase 2 imaging study scouting "theranostic" utility

STARLITE-1 STARLITE-2

- Phase 2 combination I-O[1] therapy studies (IITs[2])

STARSTRUCK

- Phase 1b combination therapy study TLX250 + Merck KGaA DNA Damage Response Inhibitor (DDRi, peposertib)

1. Immuno-oncology.
2. Investigator-initiated trials.

TLX101: Phase 2 brain cancer therapy

Large amino acid transporter 1 (LAT-1) program

Product

TLX101 (^{131}I-IPA)

Targeting molecule

Small molecule

Indication

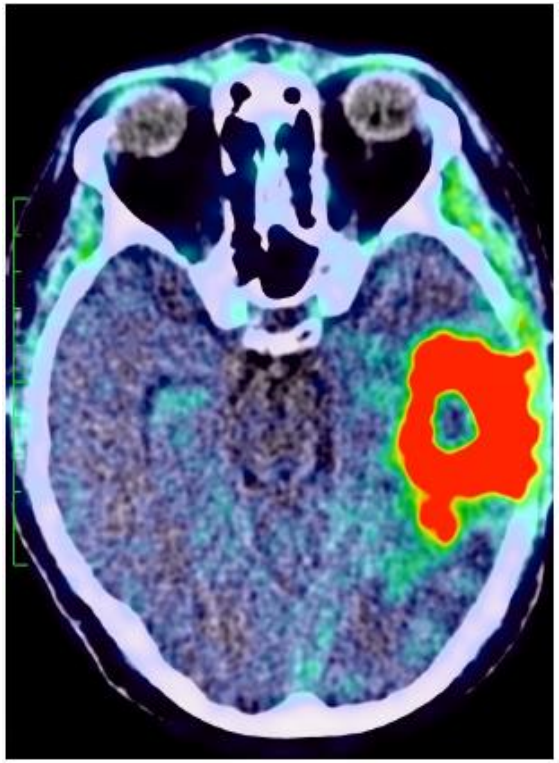
Brain: Undergoing evaluation in both front-line and recurrent glioblastoma (GBM)

Scientific rationale

- A novel approach that is readily able to pass through the blood-brain barrier
- IPAX-1 trial demonstrated median OS of 13 months from the initiation of treatment in the recurrent setting, or 23 months from initial diagnosis[1]

Development pathway

- Orphan drug designation granted in U.S. and EU[2]
- Phase 1 IPAX-2 study in front-line setting, dosing patients
- Phase 2 IPAX-Linz (IIT) continuing investigation in second line (refractory) setting, 70% recruited



Note: Sample patient response only, individual results may vary.

1. Telix ASX disclosure 21 September 2022.
2. https://www.ema.europa.eu/en/medicines/human/orphan-designations/eu-3-06-363.

TLX300: Soft tissue sarcoma therapy

Leveraged clinically established targeting antibody olaratumab

Product

TLX300 (olaratumab)

Targeting molecule

Antibody

Indication

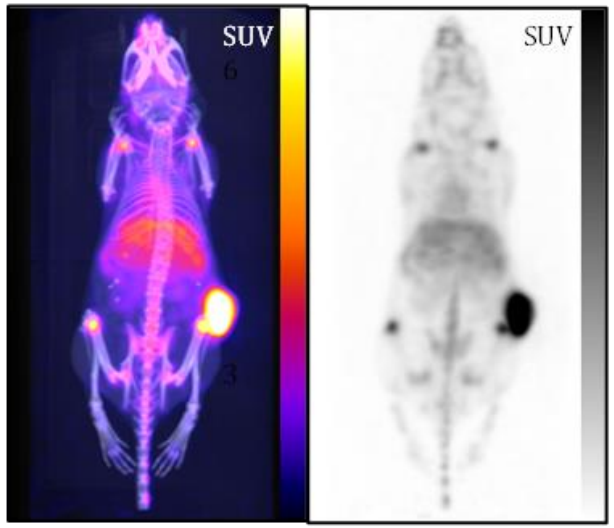
Soft tissue sarcoma (STS)

Scientific rationale

- STS is a radiation susceptible cancer that may be inherently amenable to systemic radionuclide therapy[1]
- Ability to target PDGFRα[2] makes TLX300 a promising candidate for use as a radionuclide targeting agent in a range of cancers
- Excellent tumor targeting and retention of **TLX300-CDx** demonstrated in a mouse biodistribution study[3]

Development pathway

- mAb safety demonstrated in pre-clinical repeat-dose toxicology studies
- Preparing to commence Phase 1 trials (nuclide not disclosed)



PET image of a mouse 120 hours after dosing with TLX300-CDx demonstrating high tumor uptake and retention.

1. Haas et al. *Radiation Research.* 2021.
2. Platelet-derived growth factor alpha.
3. Ivashkevich, A. Presentation to ANZSA Annual Scientific Meeting 2023, Melbourne, Nov 11, 2023.

Radiolabelled olaratumab (TLX300) advancing to clinical trials

Strong scientific, clinical and commercial rationale for development

Olaratumab (Lartruvo®) was commercialized by Lilly as a "naked" antibody[1]

- In-licensed from Lilly in April 2022 with exclusive rights to develop as a radiopharmaceutical[2]
- It has an established clinical safety profile, favorable toxicology dataset and advanced manufacturing
- Lartruvo® was granted an accelerated approval for the treatment of soft tissue sarcoma (STS) based on Phase 2 data, but was subsequently withdrawn voluntarily from market

High unmet medical need for treatment of STS

- Poor prognosis (12-18 months in advanced metastatic cases) and few treatment options
- While STS is generally responsive to radiation, external beam radiation can be difficult to administer in patients with advanced disease
- A rare disease, meets eligibility criteria for orphan designation[3]
- Annual incidence rates:[4] U.S., 13,040 and Europe, 23,600 patients

PDGFRα (platelet-derived growth factor receptor alpha)

1. On October 19, 2016 the FDA granted accelerated approval for Olaratumab (LARTRUVO, Eli Lilly and Company).
2. Telix ASX disclosure April 11 2022.
3. Haas et al. *Radiation Research.* 2021.
4. www.cancer.org.

TLX66 program

Phase 2 therapeutic clinical trial to commence in H1 2024

Product

TLX66 (^{90}Y-DTPA-besilesomab)

Targeting molecule

Monoclonal antibody

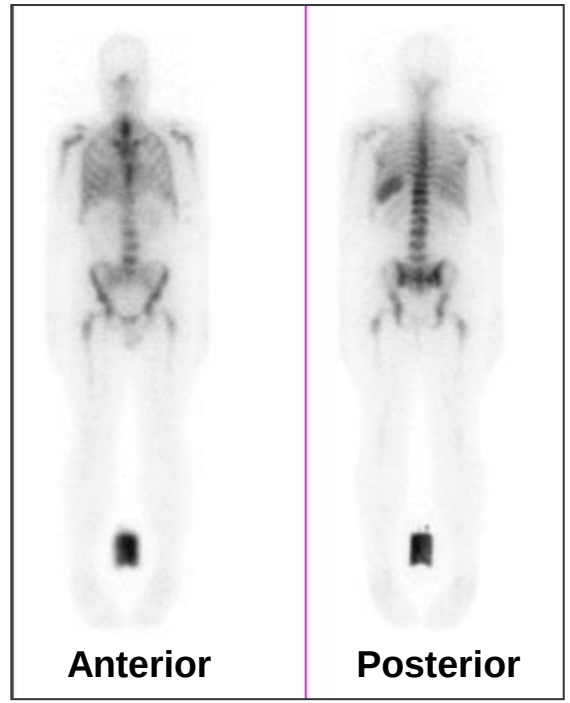
Indication

Bone Marrow Conditioning e.g. in acute myeloid leukemia

Scientific rationale

- The target of TLX66 – cluster of differentiation 66, or CD66 – is a well validated leukocyte / neutrophil target
- 98 patients treated in several Phase 1 and 2 investigator-initiated trials of TLX66 in different hematological diseases (AML, MM, SALA) requiring autologous or allogeneic stem cell transplantation
- US FDA and EMA Orphan Drug Designation granted for TLX66 for bone marrow conditioning

Whole-body imaging 24h post infusion of ^{111}In-labelled TLX66



Excellent Biodistribution: Minimal uptake in non-hematopoietic organs such as liver, kidneys and gut

Note: Patient representative sample - individual results may vary.

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TLX66: Clinical data in 98 patients

Excellent safety profile and encouraging efficacy signals

TLX66 has been tested in 98 patients (including children) with a range of hematological malignancies:

- *Phase 1*: Dose-escalation study in hematological malignancies (n=55 pts)
- *Phase 1:* Study in childhood relapsed/refractory leukemia (n=9 pts)
- *Phase 1/2*: Targeted Radiotherapy for AL-Amyloidosis (n=10 pts)
- *Phase 2*: A randomised phase 2 in multiple myeloma (n=24 pts)

Safety

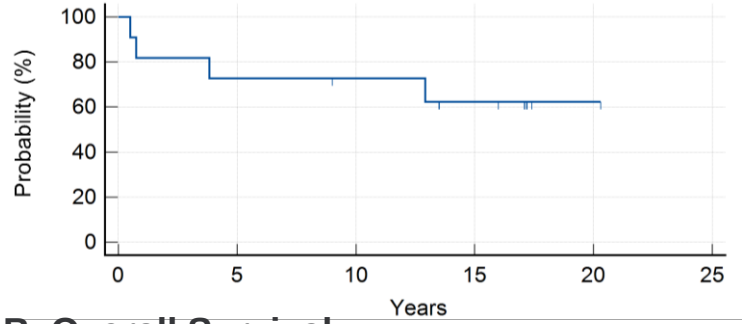
- No significant toxicities, no detectable non-hematological toxicity such as mucositis/colitis avoiding hospitalization
- In the pediatric population, the therapy was well-tolerated with no serious toxicities

Efficacy

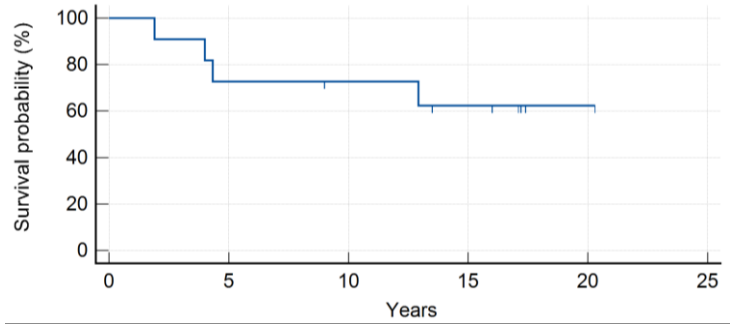
- Encouraging increases in relapse free survival (RFS) and OS detected relative to historical data

Encouraging long-term RFS and OS in high-risk AML patients
(RFS and OS >10 years in most patients)[1]

A. Relapse Free Survival



B. Overall Survival



1. Unpublished data.

Kidney and brain cancer imaging for “theranostics”

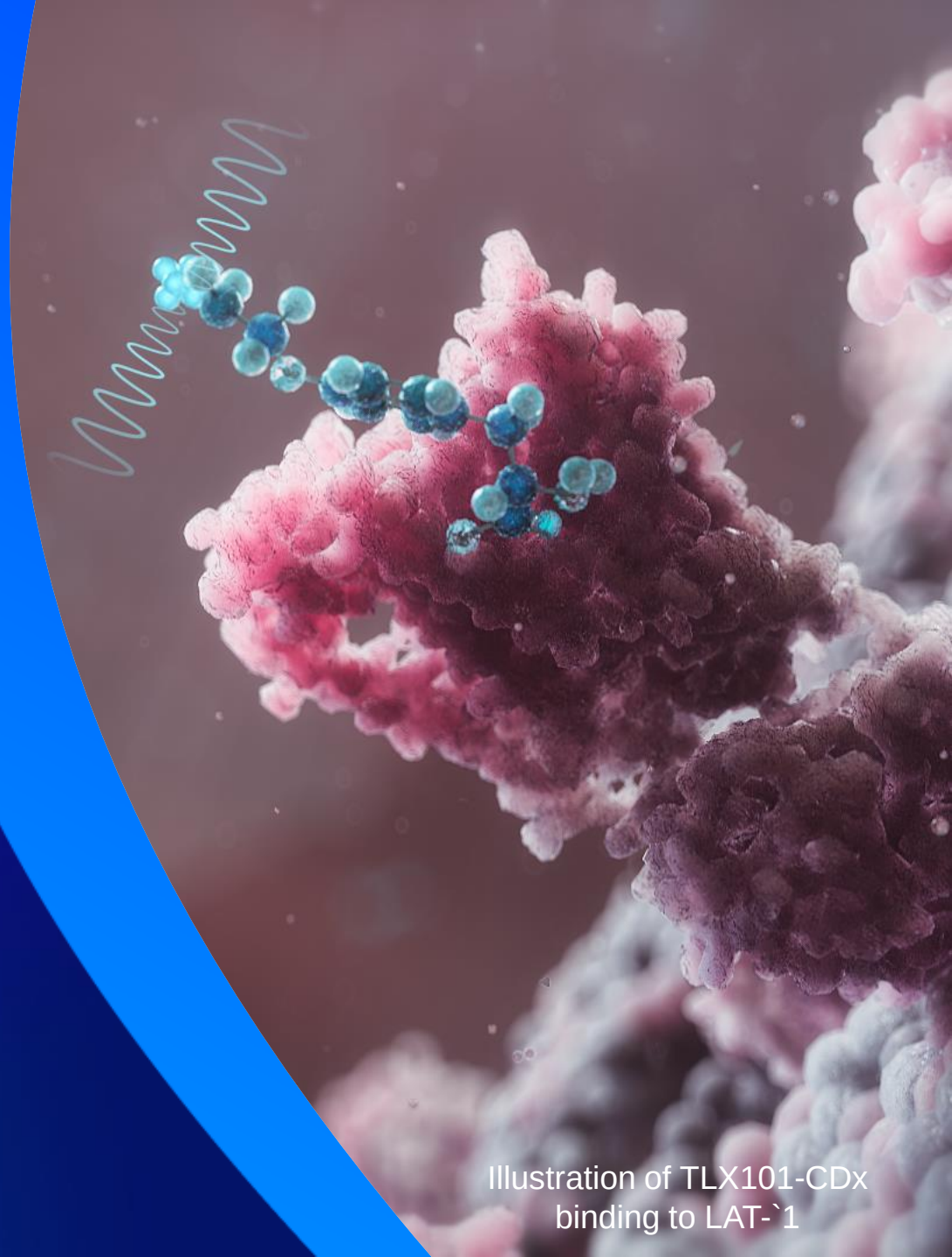


Illustration of TLX101-CDx binding to LAT-`1

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TLX250-CDx (Zircaix™) for imaging of kidney cancer

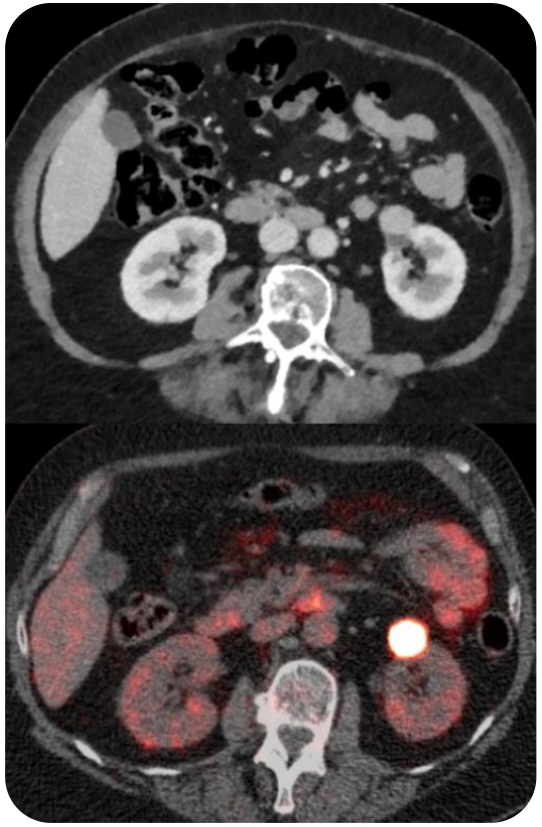
Antibody-based PET imaging targeting CAIX

Antibody: Girentuximab

- Binds with high specificity to CAIX and is internalized
- Extensive safety experience with girentuximab in prior imaging and therapeutic studies
- Hepato-biliary excretion allows optimal renal visualization
- Hepatically cleared

High unmet need: Market opportunity >US$500M[1]

- ccRCC is the most common and aggressive form of kidney cancer
- Potential to change standard of care in the diagnosis and management of renal masses and ccRCC
- Sensitivity of ≥84% and specificity of ≥84% in all three readers in ZIRCON Phase 3 trial[2]



Positive TLX250-CDx PET scan in ccRCC
Source: Ph3 ZIRCON study

U.S. BLA for TLX250-CDx (Zircaix™) filing commenced[3]

1. Dollar ($) value is management estimate based on U.S. reported incidence; assumes 1-2 scans per patient as a baseline.
2. Telix ASX disclosure 7 November 2022
3. Telix ASX disclosure 19 December 2023.

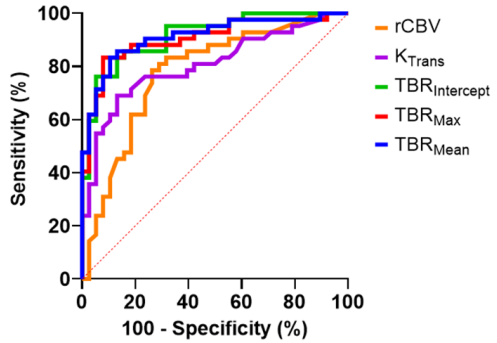
TLX101-CDx (Pixclara™) for imaging of glioma

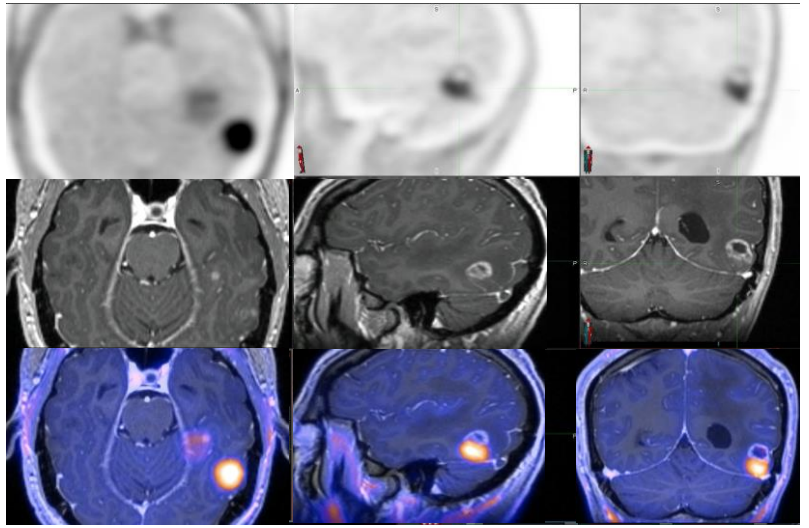
Unmet need for delineating progressive disease from treatment-induced changes

Preparing to file U.S. NDA for TLX101-CDx (^{18}F- floretyrosine):

- **Initial indication:** Characterizing recurrent glioma or treatment-induced change
- A potential tool for management of progression/ treatment monitoring
- ~US$90M initial U.S. market opportunity[1]
- **Orphan drug designation,** potential to meet major unmet need
- **Widely used in Europe and recommended** in the EANM/EANO/RANO/SNMMI guidelines for PET imaging of gliomas[2]
- **First PET-based response assessment criteria** for diffuse gliomas issued by RANO in January 2024[3]

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





Note: Patient representative sample - individual results may vary.

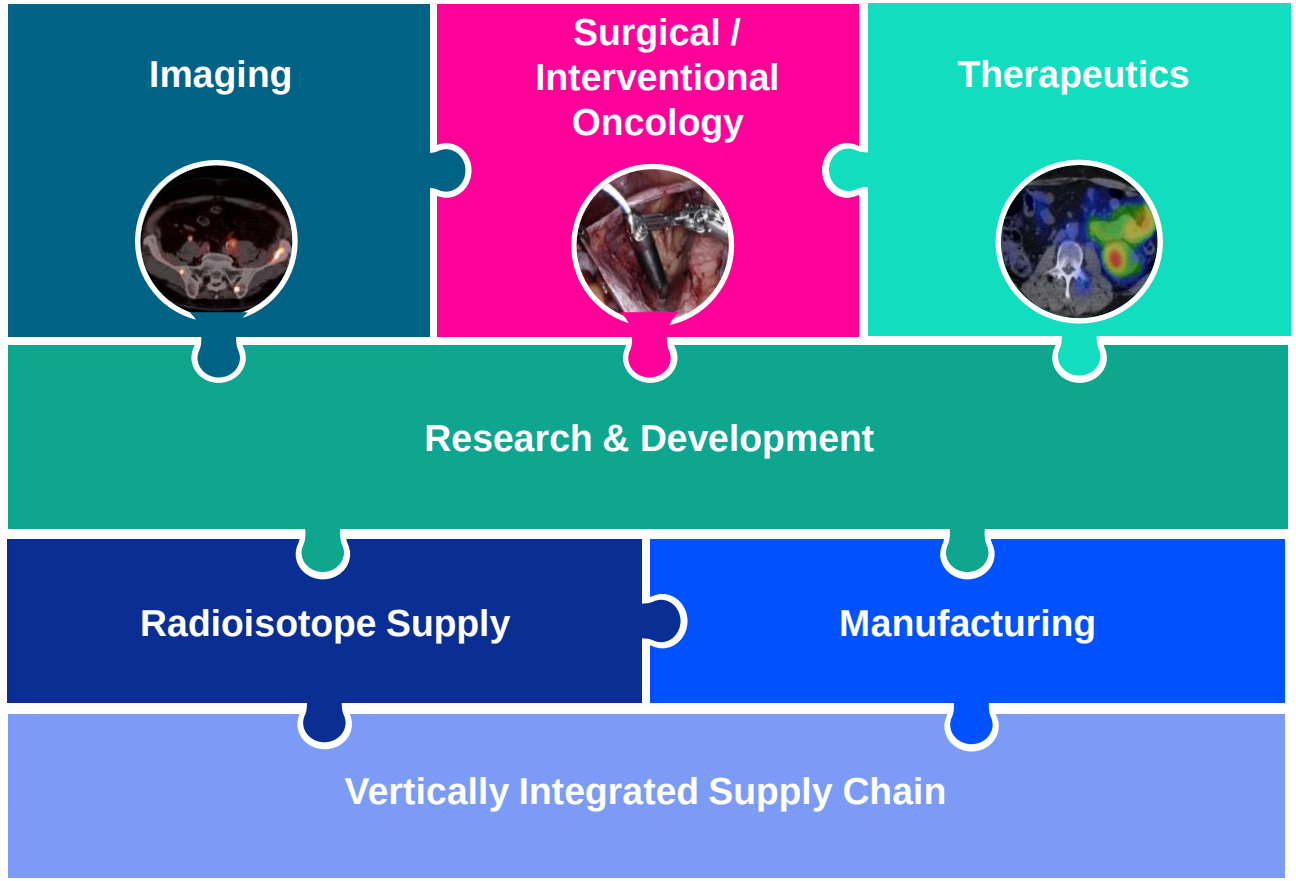
1. Dollar ($) value is management estimate based on U.S. reported incidence; assumes 1-2 scans per patient as a baseline.
2. Joint European Association of Nuclear Medicine//European Association of Neurooncology/Response Assessment in Neurooncology practice guidelines/Society for Nuclear Medicine and Molecular Imaging procedure standards for the clinical use of PET imaging in gliomas.
3. Albert et al. *Lancet Oncol.* 2024.
4. Veronesi et al. *J Nucl Med.* 2023.

Telix is pioneering the next generation of radiopharmaceuticals

Therapeutic pipeline underpinned by deep understanding of drug development

Summary

- **Pioneers in radiopharmaceutical drug development**, team with a collective 320+ years experience
- **Expertise in cancer + radiation biology** driving pipeline selection, exemplified by our first-in-class rADC for prostate cancer therapy (Phase 3) and proprietary RADmAb® antibody platform
- Differentiated by our **end-to-end offering** for the field of urology and specialist commercial team
- Underpinned by a **vertically integrated** manufacturing and robust global supply chain



Telix

Contact details:

Kyahn Williamson

SVP Investor Relations and
Corporate Communication

kyahn.williamson@telixpharma.com

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