

**Clinical Trial Overview
(Investor Briefing Supplement)**



PROSTACT

Phase III study of ^{177}Lu -DOTA-rosopitamab (TLX591) in patients with PSMA-positive metastatic castration-resistant prostate cancer (ProstACT)

Telix Pharmaceuticals Limited
3rd December 2020

Notice: The information provided in this briefing is not intended for patient guidance. TLX591 is not an approved drug in any territory, including the United States.

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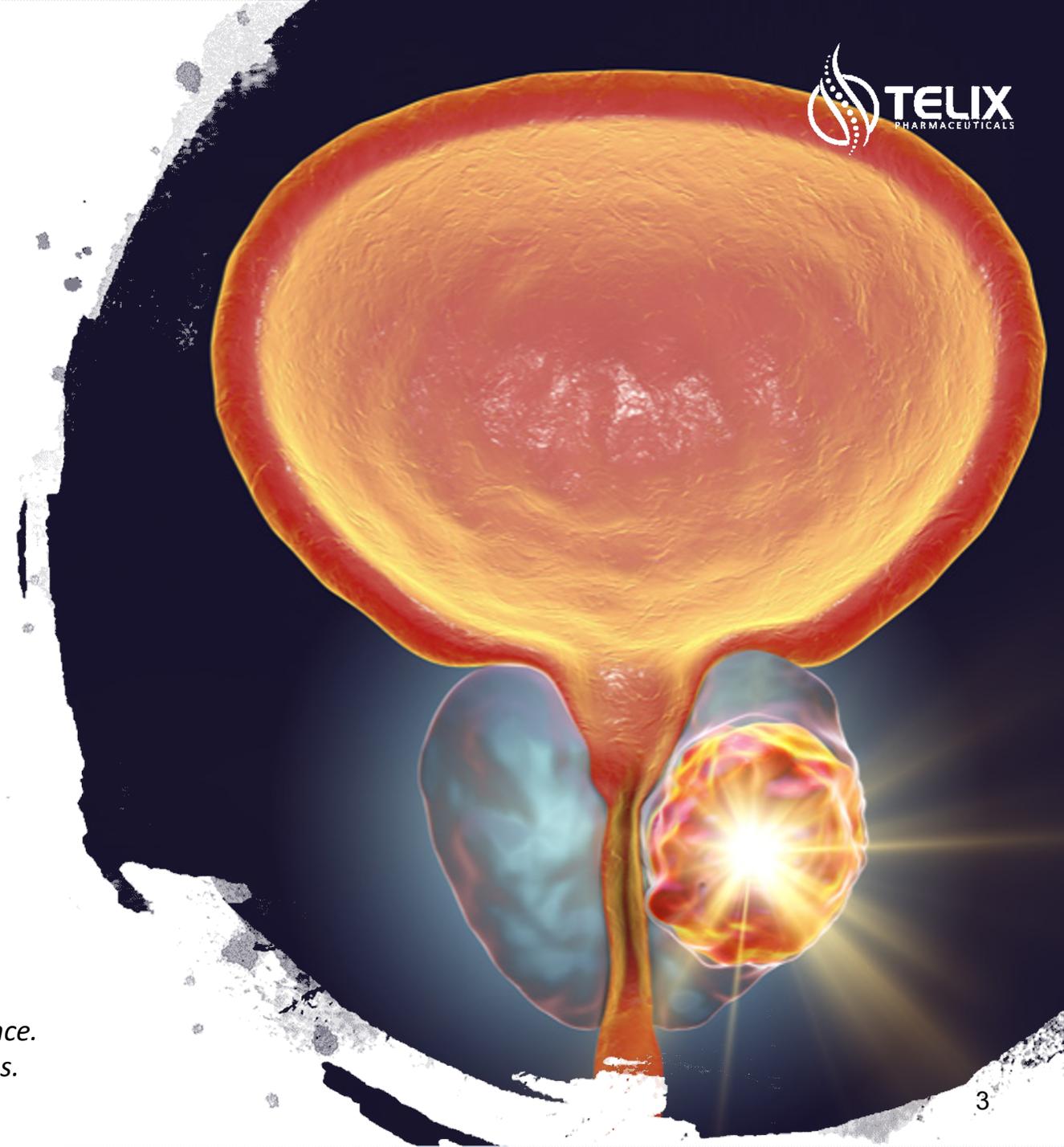
PROSTACT Study



Summary:

- A multi-national, multi-center, prospective, randomized, controlled, open label Phase III study with best standard of care with and without ^{177}Lu -DOTA-rosopitamab
- For men with PSMA expressing metastatic castration-resistant prostate cancer (mCRPC) progressing despite prior androgen deprivation therapy
- Expected to enroll ~390 patients
- 2:1 randomization
- Primary end-point : radiographic progression-free survival (rPFS)

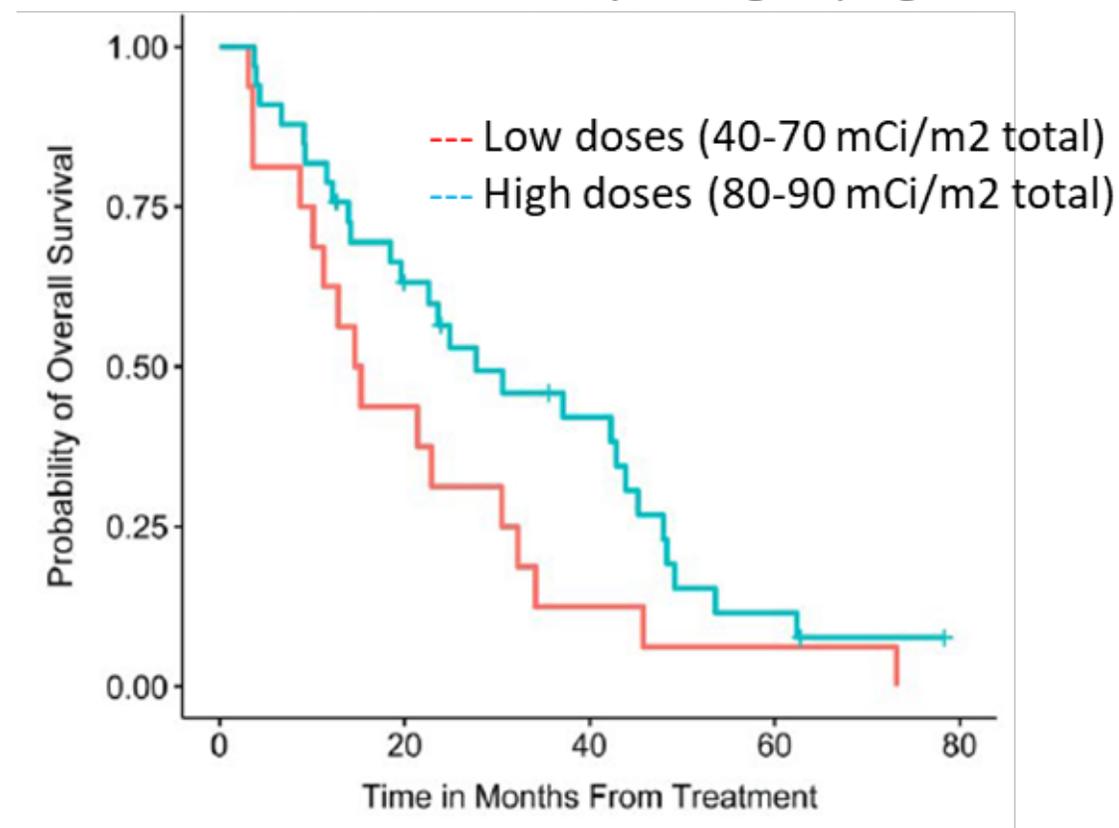
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TLX591 has been extensively evaluated in ~200 PCa patients in five Ph I and Ph II studies

- TLX591 (^{177}Lu -DOTA-rosopitamab) has clear evidence of anti-tumor effect and a dose-response profile for key measures of activity
 - ✓ PSA response
 - ✓ Overall survival
- Highly tolerated by patients with predictable and transient reductions in hematological parameters, with subsequent recovery
- Fractionated dosing addresses hematologic safety while delivering a targeted and potent radiation dose to metastatic prostate cancer¹

Overall survival by dose grouping¹

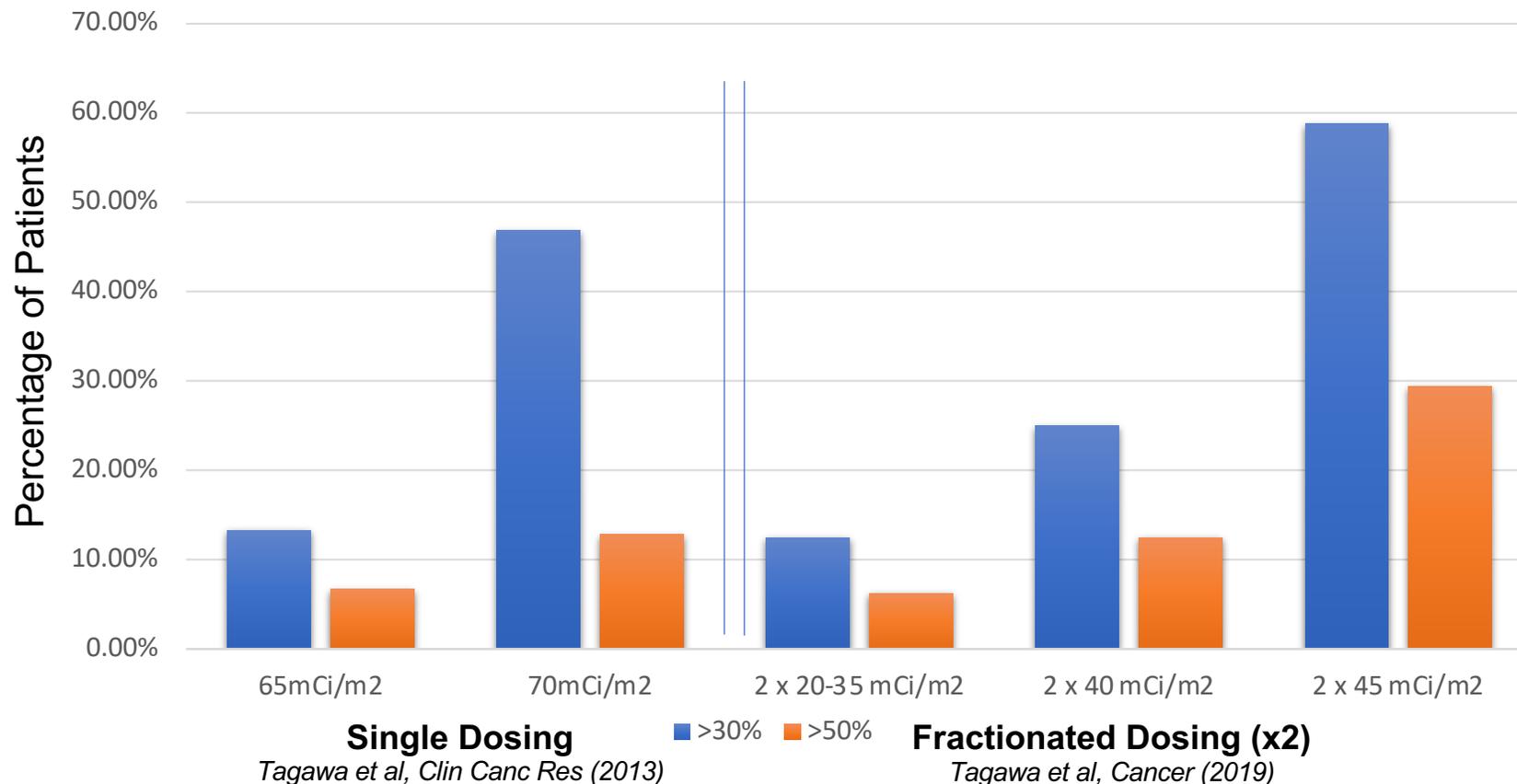


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PROSTACT Anti-Tumor Activity: PSA Response



PSA reduction at different dosing levels



PSA is a well-established measure of anti-tumor effect

- PSA (prostate-specific antigen) is a blood test that correlates with disease progression in prostate cancer patients
- *Reduction* in PSA is a common biological measure of prostate cancer response to therapy
- In both single-dose and repeat-dose studies, TLX591 demonstrates a clear dose-response profile and significant PSA reductions in PCa patients with advanced disease

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PROSTACT Design Features



Target population:

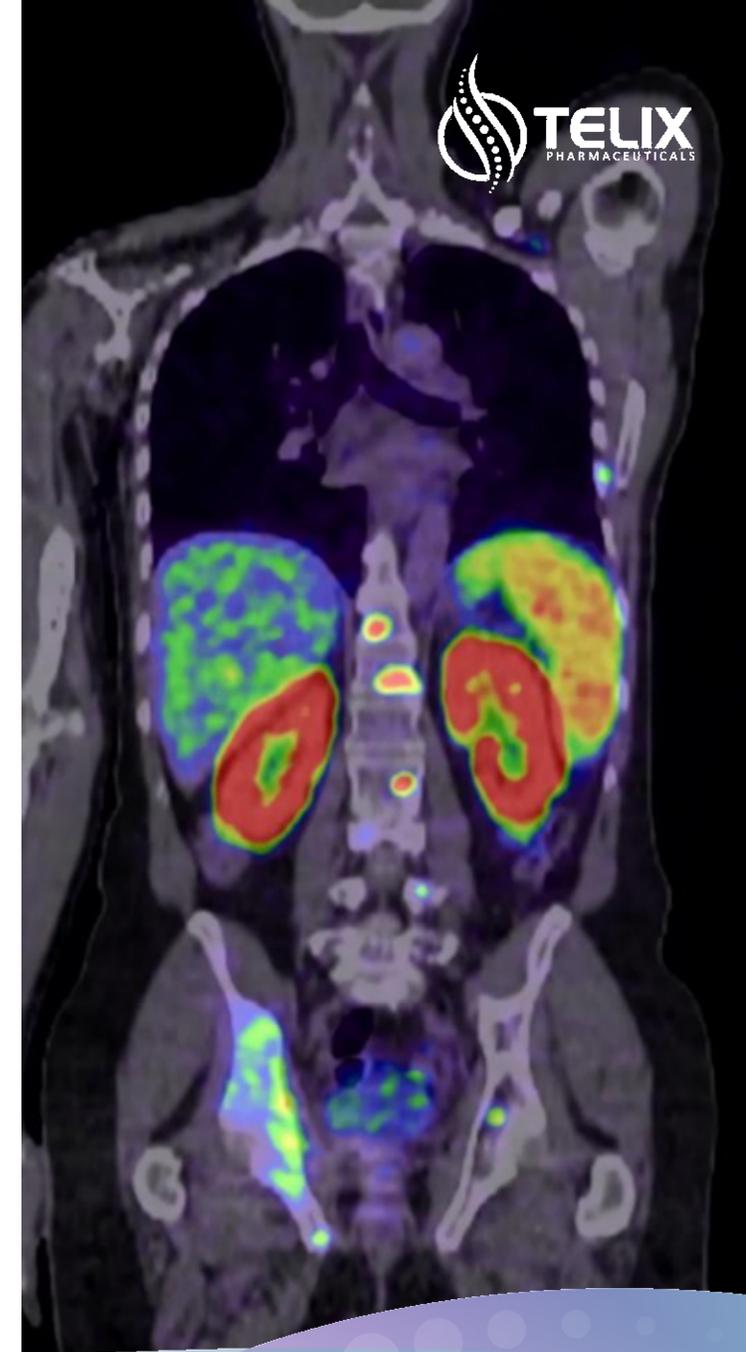
- Patients with prostate cancer progression whilst on a novel androgen axis drug (NAAD)

Comparator:

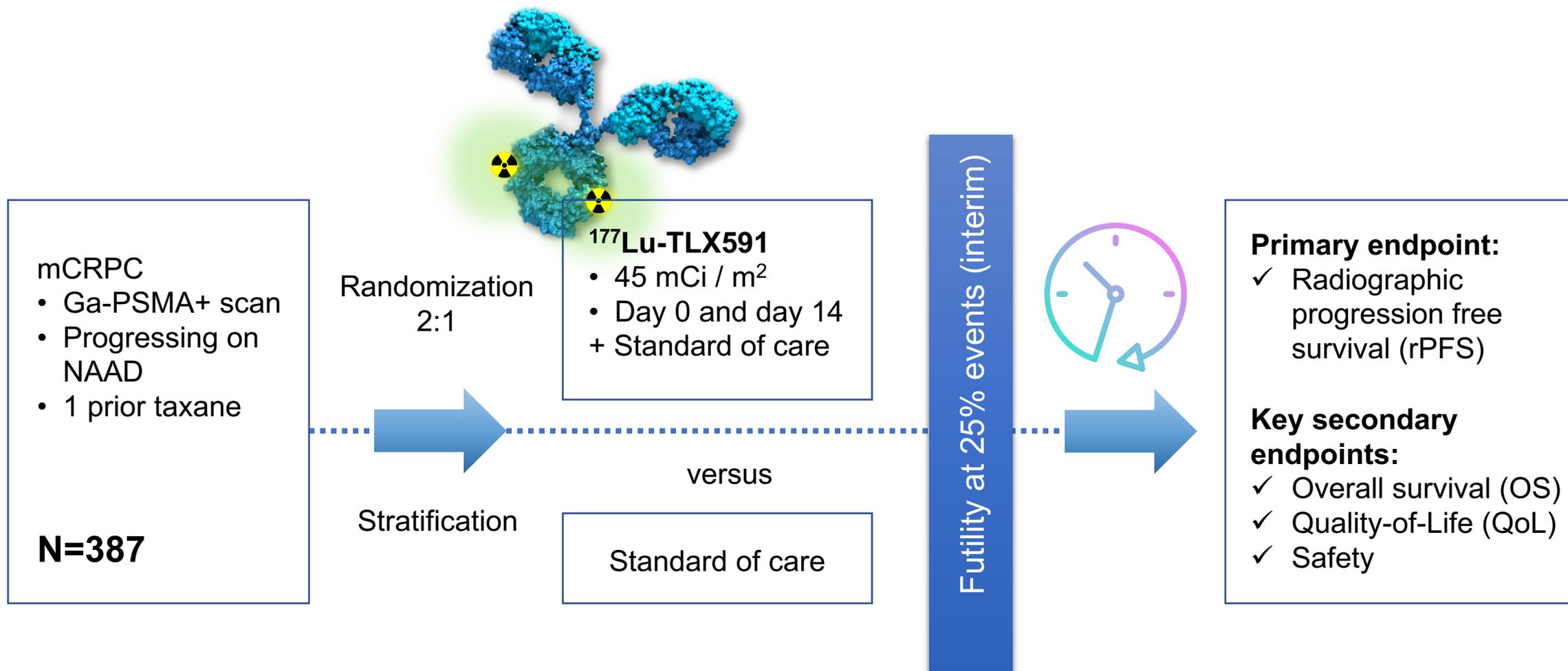
- Existing standard of care – “second-line” NAAD (e.g. abiraterone, enzalutamide etc.), not “salvage” chemotherapy

Key Inclusion Criteria	Key Exclusion Criteria
Metastatic castrate resistant prostate cancer (mCRPC)	Have received prior Lu-PSMA therapy
Prostate cancer PSMA-positive by ⁶⁸ Ga-PSMA PET scan	Have bleeding risk
Prior taxane (1 line of taxane), or ineligible for taxanes	Have received a PARP inhibitor / eligible to receive a PARP inhibitor
Adequate hepatic (liver) / hematological function	Diagnosed with concurrent malignancy

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PROSTACT Study Design Overview



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