



Telix Pharmaceuticals Limited

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ASX ANNOUNCEMENT

Presentation to J.P. Morgan Healthcare Conference

Melbourne (Australia) and Indianapolis, IN (U.S.) – 12 January 2026. Telix Pharmaceuticals Limited (ASX: TLX, NASDAQ: TLX, “Telix”) is pleased to provide a copy of the presentation that will be delivered by Dr. Christian Behrenbruch, Managing Director and Group CEO at the 44th Annual J.P. Morgan Healthcare Conference being held in San Francisco, CA (U.S.).

The presentation takes place on Monday, 12 January 2026 at 9:00 am PST (12:00 pm EST / 4:00 am AEDT, 13 January 2026).

The event will be webcast live [here](#) and available on demand for 30 days via the Telix Investor Relations website at ir.telixpharma.com.

Telix has also published a comprehensive overview of all therapeutic pipeline assets in a dedicated presentation accessible on the Investor Relations website.

Financials for the fourth quarter of 2025, will be released on Tuesday, 20 January 2026.

About Telix Pharmaceuticals Limited

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

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

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

Legal Notices

Cautionary Statement Regarding Forward-Looking Statements.

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

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J.P. Morgan Healthcare Conference Presentation

Dr. Christian Behrenbruch
Managing Director and Group CEO

12 January 2026

ASX: TLX | NASDAQ: 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.

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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 Illuccix®), 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.

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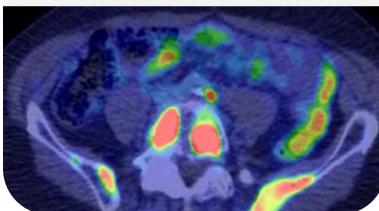


A pure-play radiopharma focused on therapeutics and precision medicine innovation

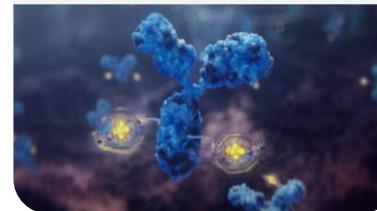


Integrated Theranostic Approach
See It. Treat It.

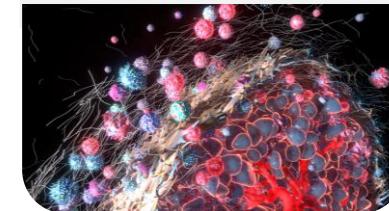
Commitment to precision medicine



Differentiated therapeutic candidates



Next-generation assets and R&D platform



Global manufacturing and supply chain excellence



Specialist commercial teams and franchise depth



A commercial stage company with a diversified portfolio of late- and early-stage assets



Note: Franchise refers to medical franchise.

Illuccix and Gozellix expanding patient reach



- Commercially available in **17 countries¹**
- Marketing authorizations secured in **24 countries²**
- NDA filed in China
- Phase 3 ongoing study in Japan



- Launched next-generation PSMA-PET imaging agent in the U.S.
- **Transitional Pass-Through** status effective 1 Oct 2025
- Longer shelf-life
- Increased Ga-68 production capacity through ARTMS QIS® and GE FASTlab™³ solid and liquid cyclotron target technologies



Two FDA-approved PSMA imaging agents

NDA = New Drug Application.

1. UK, France, Germany, Spain, Portugal, Belgium, Luxembourg, Netherlands, Denmark, Sweden, Finland, Norway, Australia, New Zealand, Brazil, U.S., Canada.

2. UK, France, Germany, Spain, Portugal, Belgium, Luxembourg, Netherlands, Denmark, Sweden, Finland, Norway, Australia, New Zealand, Brazil, U.S., Canada, Italy, Austria, Greece, Ireland, Czech Republic, Cyprus, Malta.

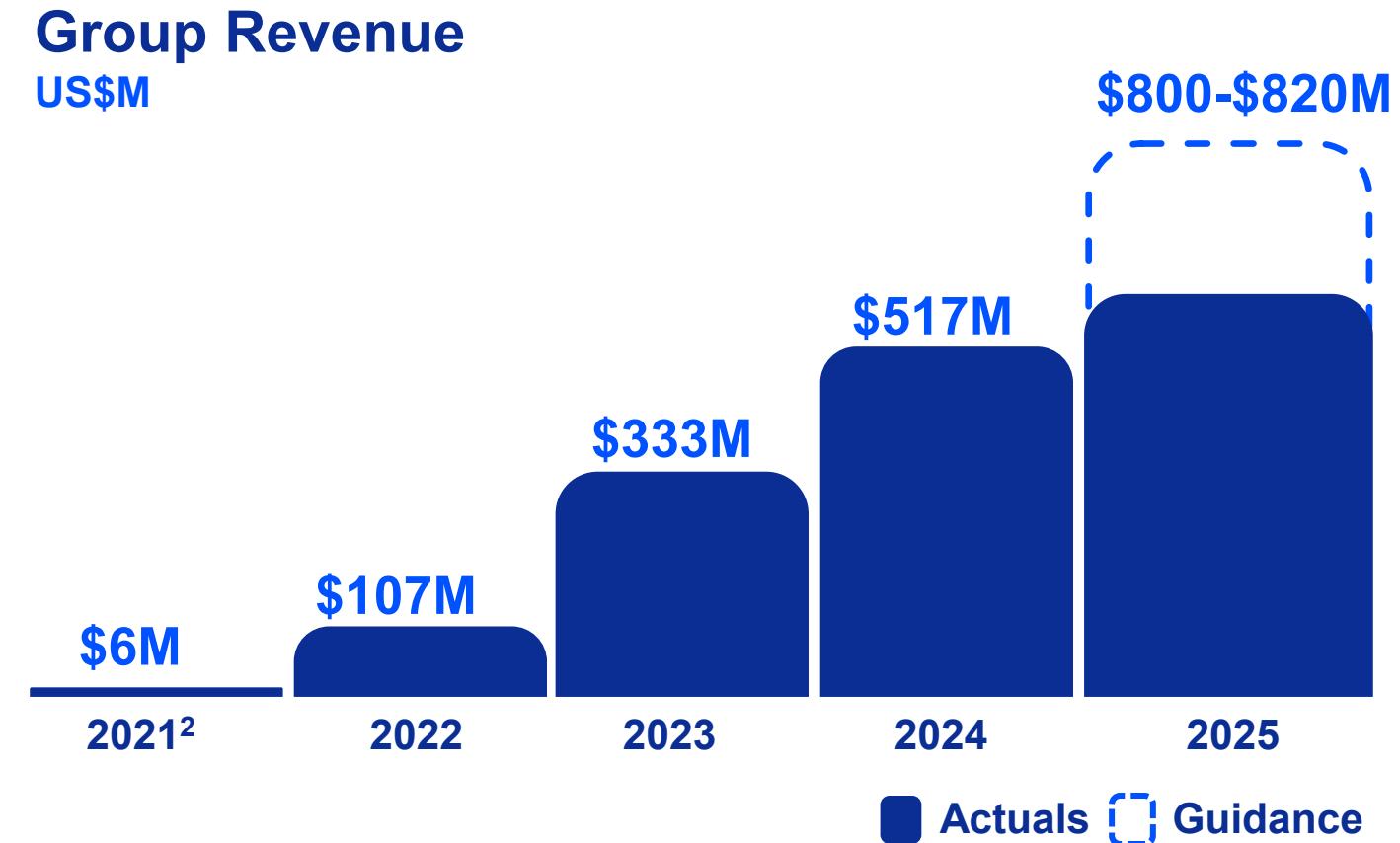
3. FASTlab is a trademark of GE Healthcare and its affiliates.



Commercial success driving growth and laying the foundation for therapeutics

Strong commercial ramp

- US\$596M¹ revenues as of Q3 2025, up 59% YoY driven by strong Illuccix sales
- Global launches of Illuccix in 17 countries
- U.S. launch of Gozellix
- RLS Radiopharmacy revenues of US\$126M¹ as of Q3 2025
- 2025 FY guidance raised to US\$800-\$820M³



YoY = Year-over-Year

1. Based on H1 2025 results announced on 21 August 2025 and Q3 2025 unaudited results Telix ASX disclosure 14 October 2025. Group revenue figure includes RLS contribution from acquisition date of 29 January 2025.

2. Using 2021 audited revenue in AUD utilizing exchange rate of 0.75.

3. Telix ASX disclosure 14 October 2025.

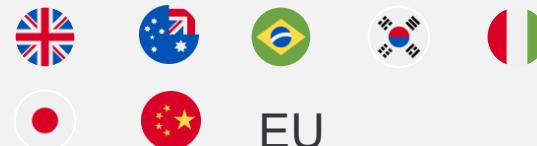
Precision medicine growth strategy based on three pillars

Expand product offerings



- Drive Gozellix market entry and expansion (U.S. and globally)
- Launch Zircaix and Pixclara¹ (U.S. and globally)

Expand geographies



- Progress global launches of Illuccix
- Global regulatory filings for Zircaix, Pixclara and Gozellix in planning

Expand indications



- Deliver BiPASS™² (Biopsy of the prostate avoidance stratification study) and drive commercial uptake

Commercial delivery

Leading specialist commercial teams

Robust manufacturing, supply chain and unique production technologies

Underpinned by Telix's innovation, service, and reliability



1. Brand names and launch subject to final regulatory approval.
2. ClinicalTrials.gov ID: [NCT07052214](https://clinicaltrials.gov/ct2/show/NCT07052214).

A market-leading PSMA imaging portfolio, driven by a commitment to innovation



GOZELLIX LAUNCH

Maximizing patient reach and customer choice, with our two-product strategy.

Reimbursement secured¹

Current U.S.
addressable market³
\$2.5B+

Expanded
market opportunity⁴
\$3.5B+

EXPAND THE MARKET

Potential to significantly grow market and improve patient outcomes with PSMA-PET + MRI for diagnosis of prostate cancer².

BiPASS™ dosing patients

Potential to upsize with label expansion⁵

\$6.7B+

DIFFERENTIATE THROUGH INNOVATION

AIFluor™ platform technology enables flexible radiolabeling of PSMA-11 with either AIF or gallium-68 (⁶⁸Ga)

Registration-enabling study in planning



1. Telix ASX disclosure 23 September 2025. Transitional pass-through 9 July 2025.
HCPCS code effective 1 October 2025.

2. Subject to favorable clinical trial results and regulatory approval.

3. Based on a price of US\$4,000 per scan, ~650,000 scans (management estimate).

4. Based on a price of US\$4,000 per scan, ~900,000 scans (management estimate).

5. Based on a price of US\$4,000 per scan, ~1.7 million scans (management estimate).

BiPASS redefining the diagnostic pathway in prostate cancer

More than 1 million biopsies are performed in U.S. annually; up to 75% are negative¹



(kit for the preparation of gallium
Ga 68 gozetotide injection)



kit for the preparation of gallium
Ga 68 gozetotide injection

First registrational study on MRI²
+ Ga68-PSMA-11 PET in diagnosing
prostate cancer

Opportunity for an additional
~800,000 potential annual scans (U.S.)
– upstream to current labels

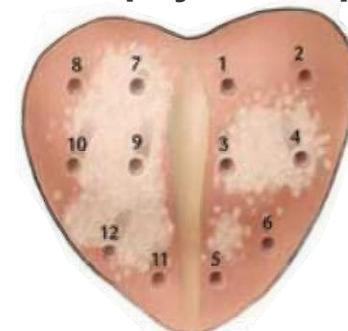
Study is open for enrollment
and has started dosing patients



PI-RADS = Prostate Imaging Reporting and Data System, a scoring system used by radiologists to assess the likelihood of prostate cancer based on multiparametric MRI.

1. Vickers et al. *J Clin Oncol.* 2010. 2. Multiparametric MRI. 3. https://www.researchgate.net/figure/Complications-of-transrectal-ultrasound-guided-prostate-biopsy_tbl1_10978264. 4. Filho et al., 2025. 5. Based on PI-RADS scores 1-2 and Ga68-PSMA-PET Negative. 6. Based on PI-RADS scores 1-4 and Ga68-PSMA-PET Positive. 7. Based on PI-RADS scores 5 and Ga68-PSMA-PET positive, potential high-risk patients.

Areas of biopsy of the prostate

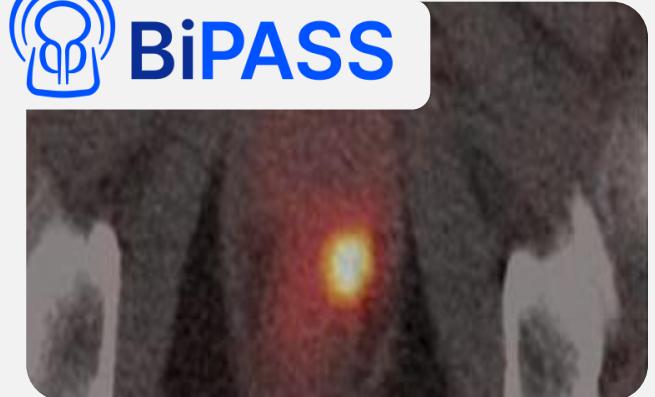


Transperineal biopsy of the prostate

- Highly invasive
- Biopsies carry risks³
- Up to 25% of patients refuse a recommended biopsy⁴



BiPASS



Ga68-PSMA-PET + MRI² at diagnosis

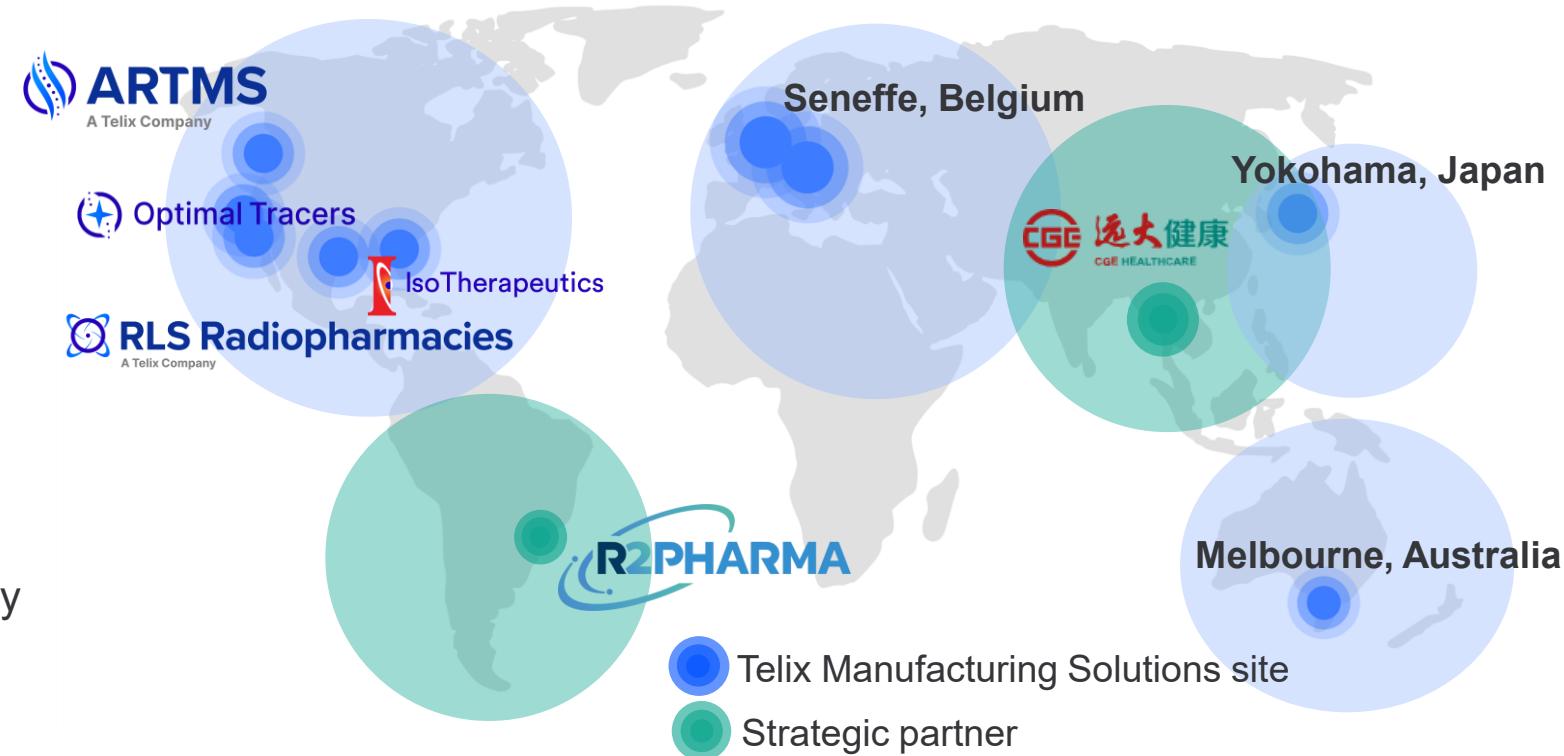
- Minimally invasive
- Aims to improve accuracy, significantly reduce/eliminate biopsies for low⁵/medium⁶ risk patients
- Image guided biopsies⁷

Scaling globally to reach more patients

Global manufacturing and supply chain footprint



- Significant U.S. investment in 2025 driven by the acquisition of RLS¹
- Yokohama, Japan, **new cyclotron facility** just opened
- Strategic distribution partnerships with 225 points of distribution in U.S.²
- Cyclotron installations underway at key RLS sites to strengthen production capacity

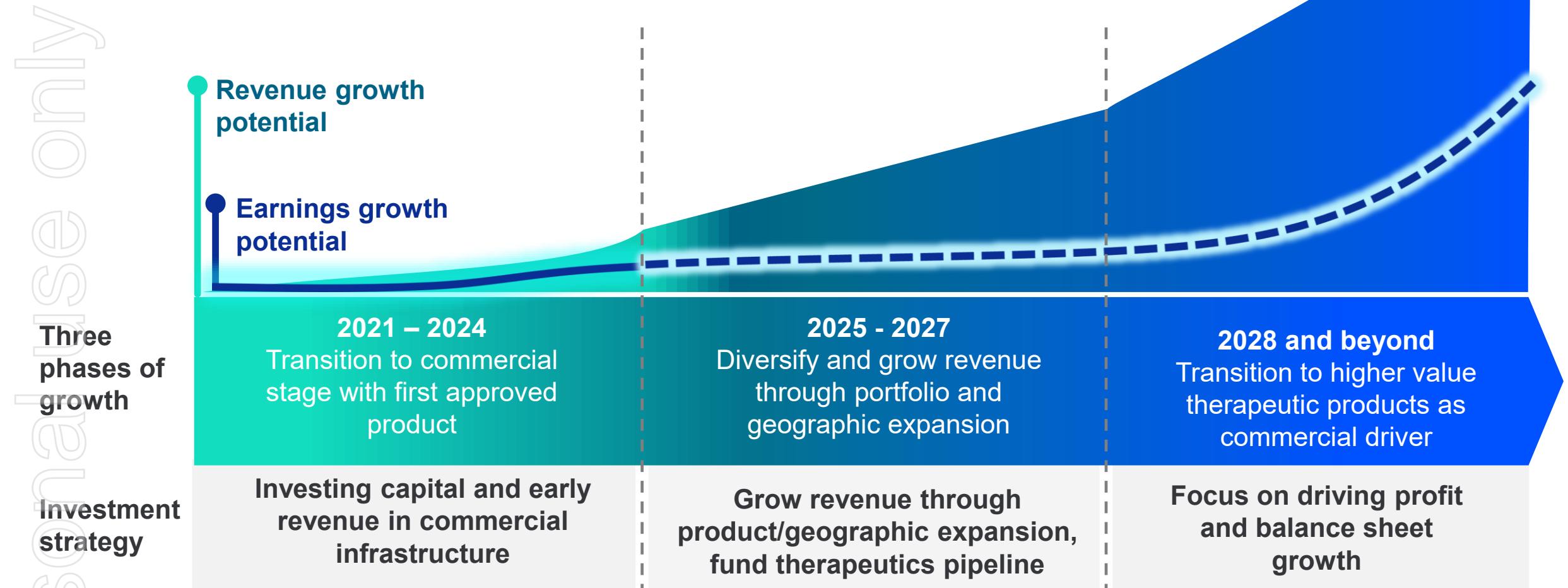


Delivering ~2.9 million² doses through our network annually

1. Completed acquisition 29 January 2025.

2. Data on file as of 17 December 2025.

Reinvesting capital to accelerate long term growth



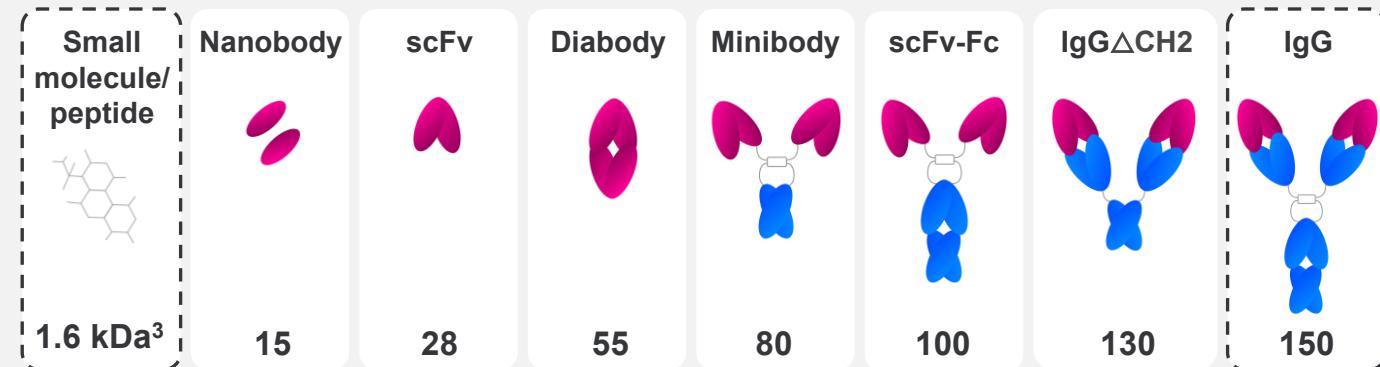
¹ Not intended as a forecast or guidance, subject to change due to market conditions and regulatory approvals.

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

In-house R&D capabilities optimized for alpha therapies

- **Disease targets:** novel indications for established assets, and validated targets (DLL3¹ and integrin $\alpha v \beta 6$ ²)
- **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

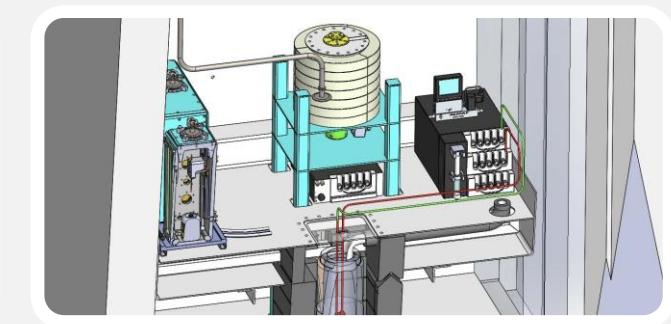
Telix Targeting Technologies (aka “T3”)



ARTMS- QIS Technology



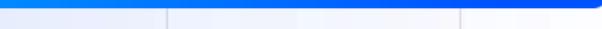
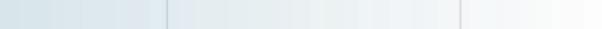
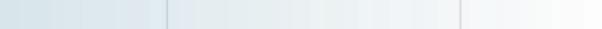
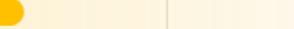
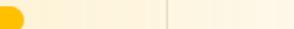
Pb-212 Generator



1. Delta-like ligand 3, a cell surface protein overexpressed in high-grade neuroendocrine tumors and small cell lung cancer, SCLC
2. Integrin $\alpha v \beta 6$ is a cell surface protein overexpressed during wound healing and in cancer
3. Kilodalton, a measure of molecular mass.

Therapeutics pipeline: Late-stage and next-generation assets

Building a leadership position in urologic and neurologic oncology

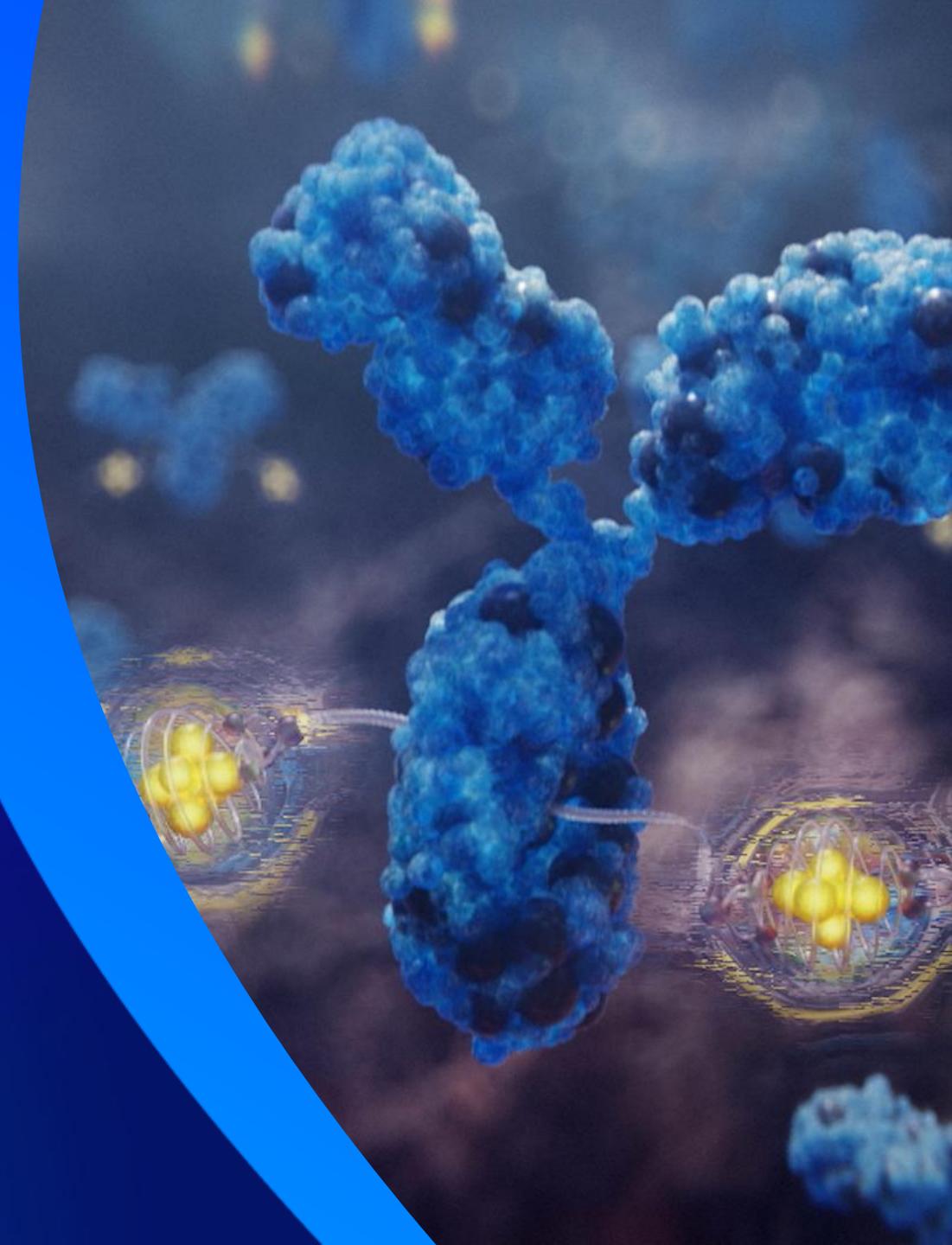
	Asset	Targeting agent	Isotope	Target	Phase 1	Phase 2	Phase 3
Urologic oncology	TLX591-Tx	mAb	¹⁷⁷ Lu	PSMA			
	TLX250-Tx	mAb	¹⁷⁷ Lu	CAIX			
	TLX592-Tx	mAb	²²⁵ Ac (α)	PSMA			
	TLX090-Tx	SM	¹⁵³ Sm	Bone mets			
	TLX252-Tx	mAb	²²⁵ Ac (α)	CAIX			
Neurologic oncology	TLX101-Tx	SM	¹³¹ I	LAT1			
	TLX102-Tx	SM	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.

ersonal use only

Urologic Oncology (select programs)



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

Phase 3 trial: Part 1 data readout imminent, Part 2 is enrolling patients outside U.S.¹

Differentiation

- High internalization, retention and selectivity for tumors expressing PSMA²⁻⁴
- Patient friendly dosing regimen (two-dose, two weeks apart)^{2,5}
- Limited off target side effects: renal toxicity, dry mouth, dry eye, ganglia irritation⁶⁻⁸

Prostate cancer is the second-leading cause of cancer death in American men and is the most common cancer in men in the U.S.⁹

Clinical data

- Safety and tolerability profile reported⁷
- Dosimetry data reported^{3,7-8}
- rPFS of 8.8months⁷
- mOS of 42.3 months in heavily pre-treated 2L+ mCRPC patients⁴

Phase 3 program



In combination with SoC (abiraterone, enzalutamide, docetaxel)

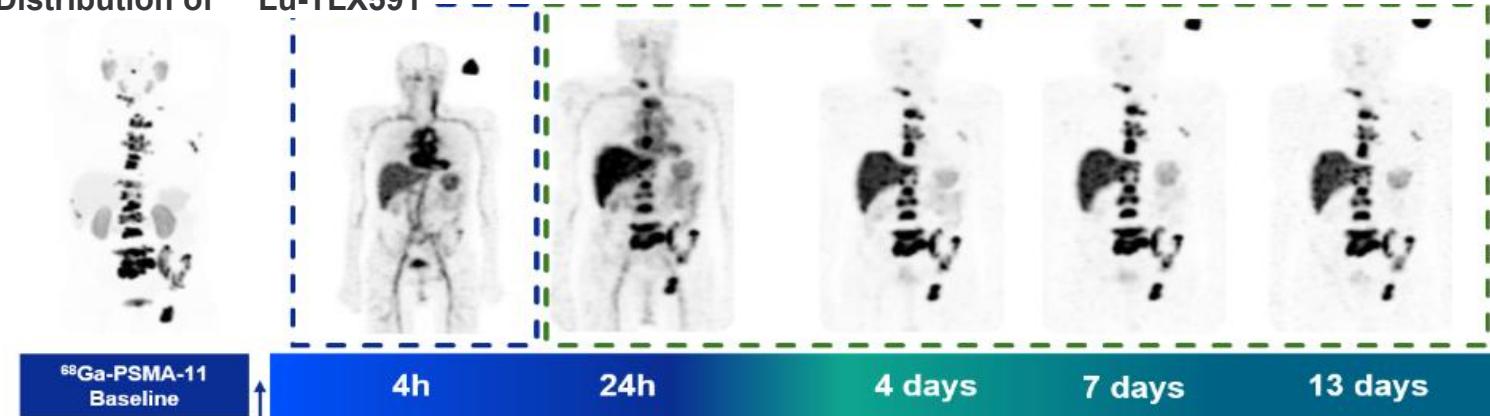
Part 1 (n=30) complete

- Primary/secondary endpoints: safety, dosimetry

Part 2 (n=490) treatment expansion

- Primary endpoint: rPFS

Distribution of ¹⁷⁷Lu-TLX591



Patient representative scan – individual results may vary

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

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



TLX592-Tx: Next-generation alpha-emitter for mCRPC

Differentiation

- Next-generation ^{225}Ac -PSMA-mAb – highly differentiated^{2,3} with potential to overcome limitations of non-specific salivary gland uptake and potential renal toxicity
- Optimized antibody clearance with potential to augment safety and tolerability profile of antibody-based therapies

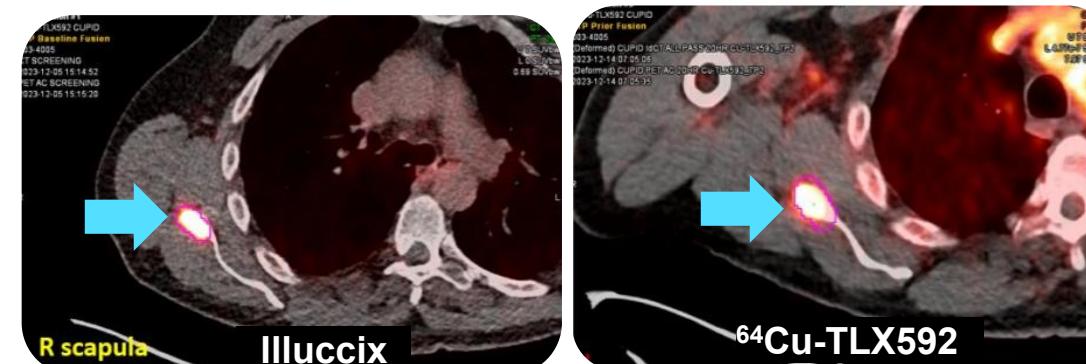
PET targeting of prostate cancer metastasis in right scapula (arrow)

Phase 1 imaging study – completed^{1,4}

Using ^{64}Cu -TLX592 as an imaging surrogate, the CUPID Phase 1 study demonstrated⁴

- ^{64}Cu -TLX592 cleared the blood more rapidly than ^{177}Lu -TLX591 with similar 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
- No treatment-related serious adverse events reported

Confirmation of tumor targeting compared to Illuccix



Patient representative scan – individual results may vary.

Phase 1 study

Alpha-PRO

- Regulatory approval granted to commence Phase 1 study in Australia⁵
- Targeting site activation in 2026



1. Telix ASX disclosure 21 May 2024. 2. Ruder et al. *J Clin Oncol*. 2024. 3. Shepard HM et al. *Clin Med (Lond)*. 2017. 4. Refers to CUPID imaging study, using ^{64}Cu -PSMA-RADmAb, presented at ASCO GU, February 2025. NCT04726033. 5. Telix ASX disclosure 21 August 2025.

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

Differentiation

- Novel chelating agent designed to address skeletal saturation with favorable safety and tolerability¹
- EBRT treats localized pain but is logistically complex and not systemic^{2,5}
- Opioids, steroids, and bisphosphonates give partial relief and carry risks^{4,5}

Up to 90% of metastatic prostate cancer patients^{2,3} and up to 80% of metastatic breast cancer patients develop bone lesions^{2,4} often with severe, multifocal pain

Positive Phase 1 data

- Phase 1 study demonstrated targeted uptake in bone tumors with a favorable safety and tolerability profile^{1,6}
- Preliminary data suggests potential for durable pain relief^{1,6}

Visual Analogue Scale (VAS) measures pain intensity on a scale of 100
0 = no pain, 100 = worst pain

Day	Dose: 0.5 mCi/kg			Dose: 1 mCi/kg	
	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 program⁷ Solace

Part 1 dose escalation (U.S.)

- Primary endpoints: dosimetry, Adverse Events (AEs)/Serious AEs (SAEs)
- Dosing patients

Part 2 dose selection

- Primary endpoint: Optimal biologic dose (safety, pain score)

Phase 1 data⁶ showed pain reduction scores on the VAS scale using two different doses of TLX090



EBRT, External beam radiation therapy. IND = Investigational New Drug Application.

1. Based on data generated in the QSAM program. 2. Huang JF, et al. *Ann Transl Med*. 2020. 3. Bubendorf L, et al. *Hum Pathol*. 2000.4. Pang L, et al. *Cancers (Basel)*. 2022. 5. Lutz S. *Curr Pain Headache Rep*. 2012. 6. Data on file. ClinicalTrials.gov ID: NCT06008483. Study conducted under IND 156086. 7. ClinicalTrials.gov ID: NCT07197645.

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

Differentiation

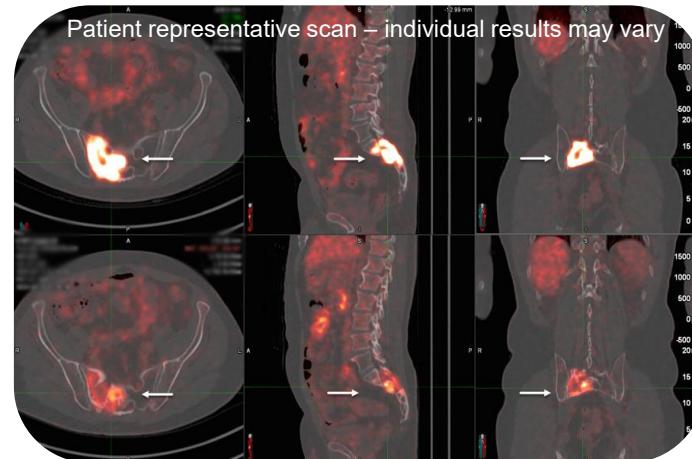
- Novel mechanism of action, positioned to be first CAIX targeting rADC to the market
- Promising target expressed in >95% of ccRCC (most common kidney cancer) and range of solid tumors¹
- Validated ability to image CAIX with girentuximab targeting agent, use of extensively studied 177-Lutetium payload de-risks clinical program²

Advanced ccRCC is the most common (75%) and aggressive form of renal cancer with 5-years survival rate of just 18.2% in patients with advanced disease¹

Phase 1 & Phase 2 data

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

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



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

Phase 2/3 trial

LUTEON, Pivotal monotherapy trial with optimized dosing regimen received Ethics approval in Australia⁵

Part 1 (n=40) dose optimization

- Primary endpoints: Safety/RP3D
- Site activations Q1 2026

Part 2 (n=tbd)

- Primary Endpoint: PFS
- Key Secondary Endpoint: OS

STARLITE-1, Phase 1b/2 combination therapy with cabozantinib and nivolumab in treatment naïve advanced ccRCC patients. Active and enrolling in U.S.⁶



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

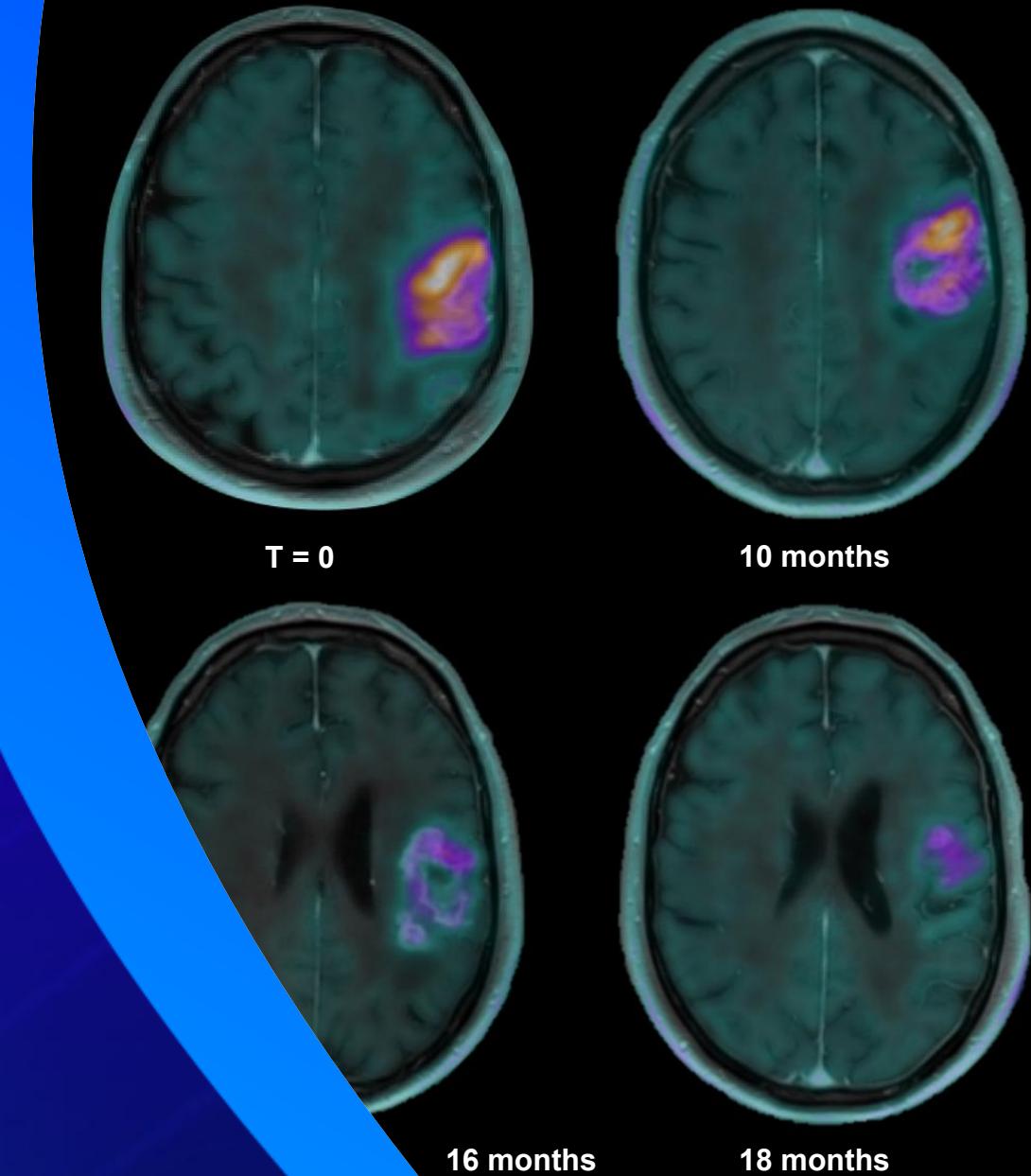
1. Pastorekova S and Gillies RJ. Cancer Metastasis Rev. 2019. 2. Shuch et al. Lancet Oncology, 2024. 3. Stillbroer et al. European Urology. 2013. 4. Muselaers et al. European Urology. 2016. 5. Telix ASX disclosure 14 October 2025, ClinicalTrials.gov ID: NCT07197580. 6. Investigator Initiated Trial, NCT05663710.

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Neurologic Oncology (select programs)

Glioblastoma patient (salvage) with clinically stable disease
18 months from initiation of TLX101 therapy



Patient representative scans - individual results may vary.
Credit A. Braat, Utrecht.

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

Differentiation

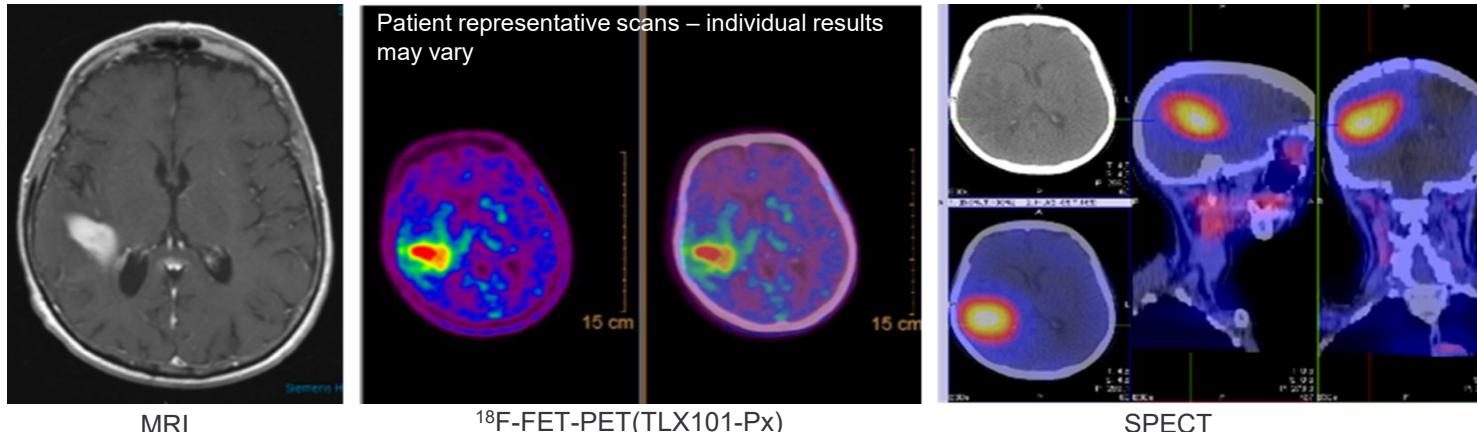
- Intravenous delivery with ability to cross blood brain barrier¹
- No established 2nd line of treatment
- ODD granted in the U.S. and EU for treatment of glioma (all grades)

Positive Phase 2 data

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

Survival rate for GBM patients with treatment at 1-year is 42%, 5-year survival rate remains poor, at 7%²

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



GBM = Glioblastoma. ODD = Orphan Drug Designation. SoC = Standard of Care. TMZ = temozolomide.

1. Pichler et al. 2024. 2. Price et al. 2025. 3. IPAX-L presentation from EANM 2025, Pichler. 4. ClinicalTrials.gov ID: NCT07100730.

Late- and early-stage trials

IPAX BrIgHT

Global pivotal study in recurrent GBM setting in combination with SoC (Lomustine)⁴

Part 1 (n = up to 50 patients)

- Adaptive dose optimization design
- Primary endpoints: AEs/SAEs and dosimetry
- Enrolling patients

Part 2 (powered based on Part 1)

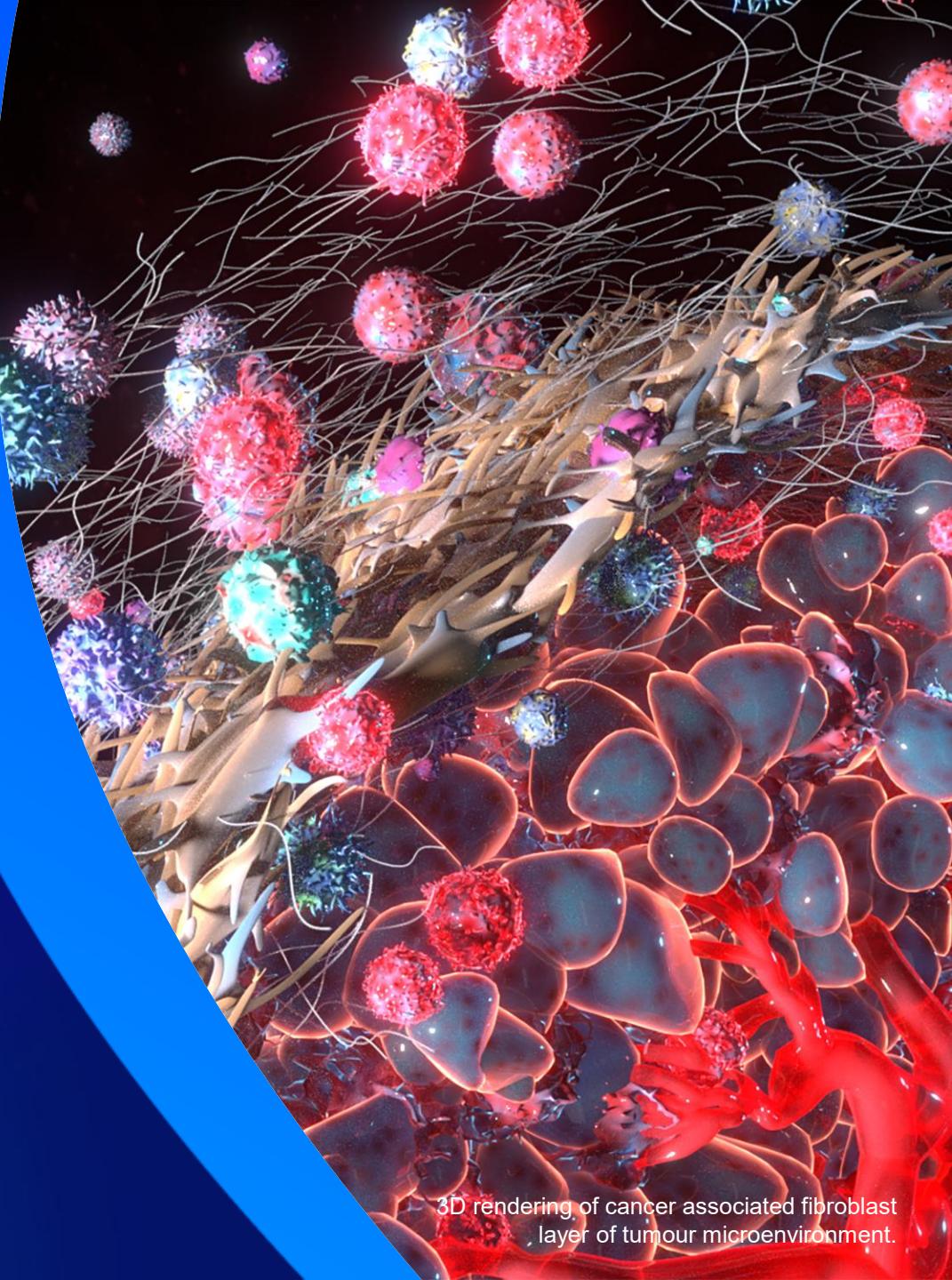
- Primary endpoint: OS

IPAX-2 (dose optimization)

Phase 1 study in front-line setting, SoC (EBRT + TMZ)

- Enrolling patients

Other Tumor Types (select programs)



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

TLX400-Tx: Potential pan-cancer candidate targeting the tumor micro-environment

Differentiation

- Engineered dimeric binder addressing limitations of first-generation FAP-targeted radiotherapies e.g. short tumor retention, off-target uptake
- Theranostic pair with corresponding monomer which maintains optimal imaging characteristics

Clinical data

- Clinical data in ~150 patients including sarcoma, breast and thyroid cancers, and extensive peer-reviewed clinical research¹
- Demonstrated low normal tissue absorbed doses and good safety profile²

FAP is a protein that is expressed in the tumor microenvironment of many epithelial cancers and on the surface of other cancer types

Therapeutic potential in breast cancer³

Baseline	FDG Scan	⁶⁸ Ga-TLX400 imaging agent
		

Patient representative scan – individual results may vary

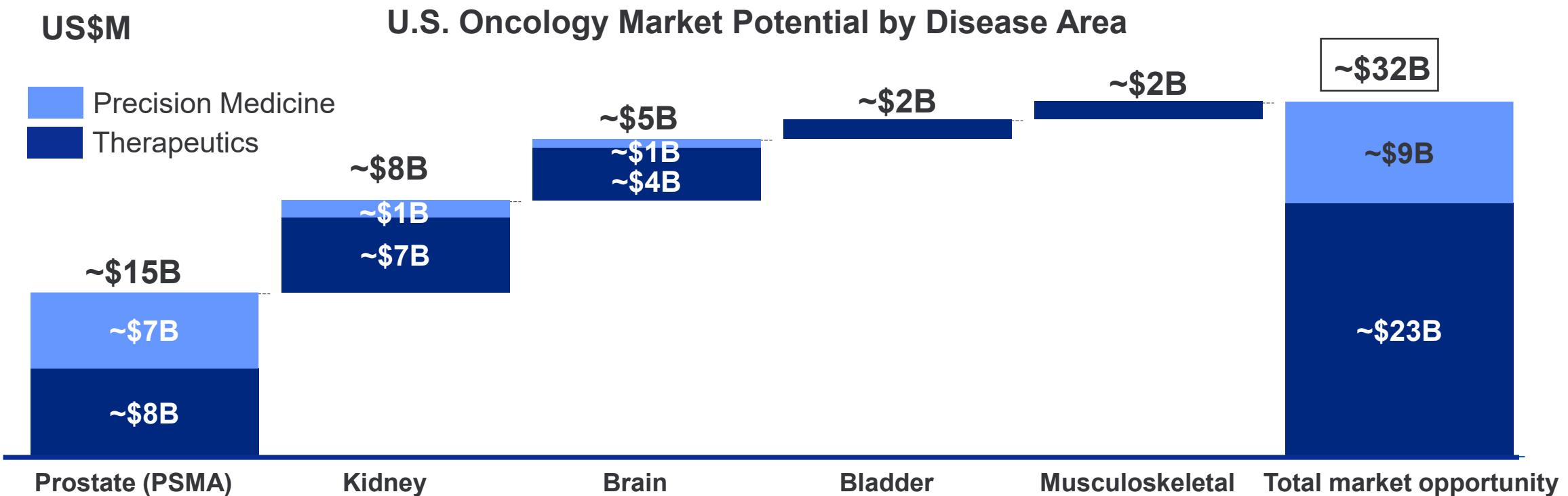
FDG = ¹⁸F-fluorodeoxyglucose. FAP = Fibroblast Activation Protein

1. Ballal et al. *Pharmaceuticals*. 2021; Ballal et al. *JNM*. 2025; Bal et al. *JNM*. 2025. Ballal et al. *Thyroid*. 2025.

2. Poch et al. EANM 2025 abstract #OP-779.

3. 54 year old female treated with TLX400-Tx after multiple lines of prior therapy. Yadav et al. *Eur J Nucl Med Mol Imaging*. 2024.

Our focus on oncology positions us within a \$32B U.S. TAM, driving long-term value creation



TAM = Total Addressable Market.

Sources: Prostate (PSMA): Datamonitor Cancer Patient-Based Forecast and Management Internal Estimates.

Kidney: Datamonitor Renal Cell Carcinoma patient-based forecast model and Management Internal Estimates.

Brain: Datamonitor Glioblastoma patient-based forecast model, and Management Internal Estimates.

Leptomeningeal disease (Brain): Nguyen, A.; Nguyen, A.; Dada, O.T.; Desai, P.D.; Ricci, J.C.; Godbole, N.B.; Pierre, K.; Lucke-Wold, B. Leptomeningeal Metastasis: A Review of the Pathophysiology, Diagnostic, and Therapeutic Landscape. *Curr. Oncol.* 2023.

Bladder: Datamonitor Bladder Cancer 2024.

Musculoskeletal: Lowery, Caitlin D., et al. "Olaratumab Exerts Antitumor Activity in Preclinical Models of Pediatric Bone and Soft Tissue Tumors." *Clinical Cancer Research*, vol. 24, no. 4, Feb. 2018, pp. 847-857. American Association for Cancer Research.

Entering a catalyst rich 2026

Select milestones for Therapeutics candidates

- **TLX591-Tx** for mCRPC, ProstACT Global
 - Part 1 data readout imminent
 - Part 2 international site expansion
- **TLX250-Tx** for ccRCC, LUTEON, site activations
- **TLX101-Tx** for recurrent GBM, IPAX BrIGHT, patient enrollment
- **TLX090-Tx** for bone pain, SOLACE, enrollment completion
- **TLX592-Tx** for mCRPC, AlphaPRO, patient dosing
- **TLX102-Tx** for recurrent GBM and leptomeningeal disease, trial commencement
- **TLX252-Tx** for ccRCC and other CAIX-expressing tumors, trial commencement
- **TLX400-Tx** site activations

Select milestones for Precision Medicine candidates

- **Pixclara** NDA resubmission (U.S.)
- **Zircaix** BLA resubmission (U.S.)
- **Illuccix, Gozellix** BiPASS enrollment completion
- **Illuccix** Japan trial - patient dosing
- **Illuccix** China - regulatory approval/launch
- **TLX593-Px (AIFluor™)** trial commencement

Select milestones for Telix Manufacturing Solutions

- Key RLS sites: commence **cyclotron** installations
- **TMS North Melbourne**, opening of R&D facility

We are well positioned to deliver long term growth and value creation

Strong commercial execution paving the way for therapeutics

- Two commercially available PSMA imaging agents (Illuccix, Gozellix)
- Generated \$596M¹ in revenues as of Q3 2025, FY25 guidance of \$800M - \$820M²

Deep, de-risked pipeline (therapeutic and precision medicine) with first-in-class or best-in-class candidates

- Advancing three late-stage therapeutic assets (TLX591-Tx, TLX101-Tx, TLX250-Tx)
- Entering first-in-human trials with two alpha-therapeutic candidates (TLX592-Tx, TLX252-Tx)
- Advancing BiPASS, a registration enabling trial for Illuccix and Gozellix with significant market potential
- Key, near term catalysts (Pixclara, Zircaix, TLX591-Tx Part 1 - data readout)

Manufacturing and supply chain (vertical integration)

- Secured a robust manufacturing and supply chain infrastructure (RLS), isotope production capabilities (ARTMS) and in-house R&D (Telix Targeting Technologies, T3)



1. Based on H1 2025 results announced on 21 August 2025 and Q3 2025 unaudited results. Telix ASX disclosure 14 October 2025.
2. Telix ASX disclosure 14 October 2025.

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