CLARITY PHARMACEUTICALS

Shareholder Briefing

Developing the next-generation of radiopharmaceuticals to improve treatment outcomes for children and adults with cancer

Dr Alan Taylor, Executive Chairperson

18 September 2024

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Who is Clarity

Our Team

Our diverse team brings together many years of in-depth expertise spanning corporate finance, management, operations, commercialisation and industry.

Our Shared Values

Innovation	Reliability & trust
Thought leadership	Honesty & integrity
Collaboration	Environment

Internal snapshot at 17 September 2024

Total employee count	58 employees
Growth from July 2023	41 to 58 employees
Gender diversity	71% female
Geographic location	59% AUS 41% USA
Internal promotions FY23/24	Greater than 30%

Senior Executive Team

Dr Alan Taylor, PhD
Executive Chairperson

Michelle Parker
Chief Clinical Officer & Executive Director

Kathryn Williams Day
VP, Regulatory Affairs & Quality

Eva Lengyelova
VP, Clinical Development

Dr Othon Gervasio, DDS, MS, PhD
Chief Medical Officer

Dr Colin Biggin, PhD
Chief Executive Officer & Executive Director

Dr Matt Harris, PhD, MBA
Chief Scientific Officer

Shaemus Gleeson
Executive VP, Operations

David Green
Chief Financial Officer

Non-Executive Directors

Rosanne Robinson
Non-Executive Director & Lead Independent Director

Dr Chris Roberts
Non-Executive Director

Dr Thomas Ramdahl, PhD
Non-Executive Director

Corporate Snapshot

Proprietary SAR Technology: a true platform technology

Three best-in-class products in clinical development and many in pre-clinical development protected by 29 patent families

Global leader in Targeted Copper Theranostics (TCTs)

Employs copper-64 for diagnosis and imaging and copper-67 for therapy offering high accuracy and precision for both diagnosing and treating disease

Significant supply, logistical, dependability and scalability benefits

Mass production of isotopes on cyclotrons and e-accelerators with finished products having an ideal product shelf life

Environmental advantages over current isotopes

No reliance on nuclear fuel cycle; TCTs do not generate long-lived waste products

Targeted clinical development strategy

Commercialisation of diagnostic products first, generating revenue to fund late-stage therapeutic trials

Highly experienced leadership team

Diverse and in-depth expertise spanning corporate finance, operations, commercialisation & industry. Significant radiopharmaceutical experience across all functions

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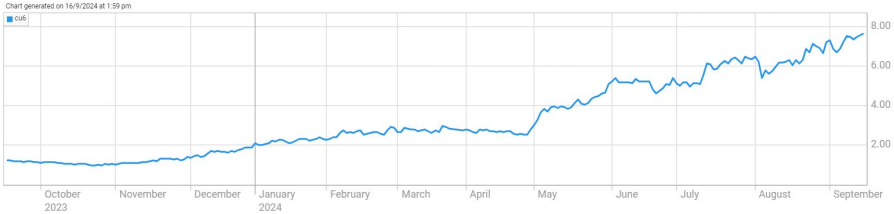
Clarity Pharmaceuticals is a clinical stage radiopharmaceutical company developing next-generation products to address the growing need for better diagnostics and treatments in oncology

ASX code:	CU6
Share Price[1]	A$7.58
Cash at bank[2]	A$136.5M
Shares on issue[1]	315.8M
Options on issue[1]	25.2M
Market cap (undiluted)[1]	~A$2.4B

1. As at 13 September 2024
2. As at 30 June 2024

CU6: 12 month Share Price



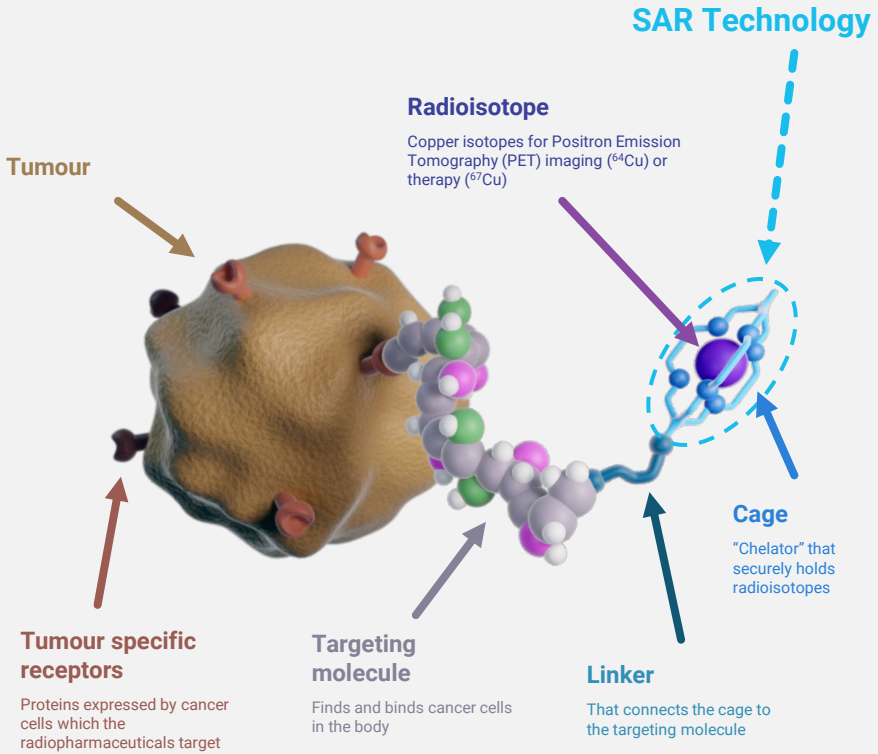
ASX300 **MSCI** **ASX200?**

Clarity – The Copper Theranostics Company

Targeted Copper Theranostics are the next-generation disruptive platform in radiopharmaceuticals that employ the “perfect pairing” of copper-64 (^{64}Cu) and copper-67 (^{67}Cu) for diagnosis and therapy

Proprietary SAR Technology enables Targeted Copper Theranostics

- Clarity’s SAR technology is a proprietary, highly specific and highly stable bifunctional cage (chelator) with a superior ability to retain copper isotopes within it and prevent their leakage into the body
- TCTs deliver a compelling combination of high accuracy and high precision in the treatment of a range of cancers, as well as providing supply and logistical advantages over current theranostics

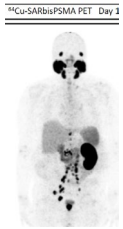


Why Copper?

The physical properties of copper-64 and copper-67 have optimal characteristics for global commercialisation

Diagnostic radionuclides

	Copper-64	Gallium-68	Fluorine-18
Half life	12.7 hours	1.1 hours	1.83 hours
Typical product shelf life	Up to 48 hours	Up to 4 hours	Up to 10 hours
Production	Cyclotron	Mainly from Generators	Cyclotron
Imaging window	From 1 to 48 hours	~60 mins	~60 mins
Ability to centrally manufacture	Yes	No	No



Therapeutic radionuclides

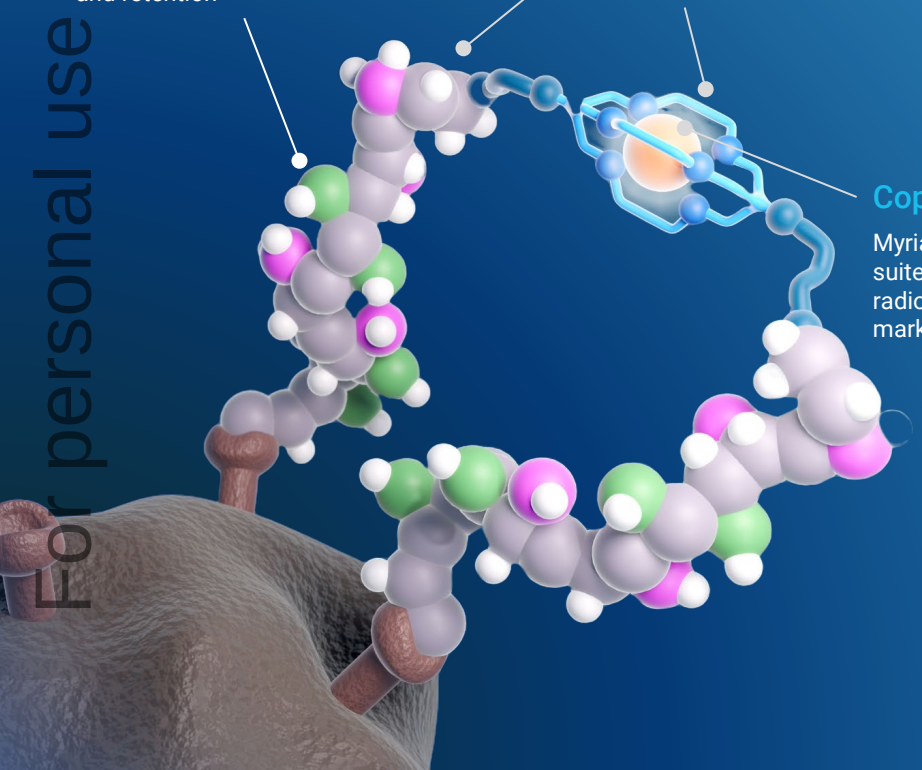
	Copper-67	Lutetium-177
Half life	2.6 days	6.7 days
Decay mode	Beta emitter	Beta emitter
Range in tissue	~0.2mm	~0.7 mm
Production mode	Electron accelerators	Nuclear reactors
Cost to scale supply	~US$15M	>US$1Bn
Time to scale supply	<18 months	~10 years

Dual PSMA targeting

Unique dimer with two targeting molecules leads to increased tumour uptake and retention

Two Proprietary Positions

1. Composition of matter on **chelator** that securely holds copper
2. Composition of matter on **SAR-bisPSMA** dual targeting molecule



Copper isotopes

Myriad benefits ideally suited for today's radiopharmaceutical market

SAR-bisPSMA

What's all the hype?

Precision Targeting

Same product for imaging and therapy ($^{64}Cu/^{67}Cu$)

Game changing treatment outcomes

Increased uptake & retention in lesions and detection of more & smaller lesions offer improved patient outcomes

Optimised dosing

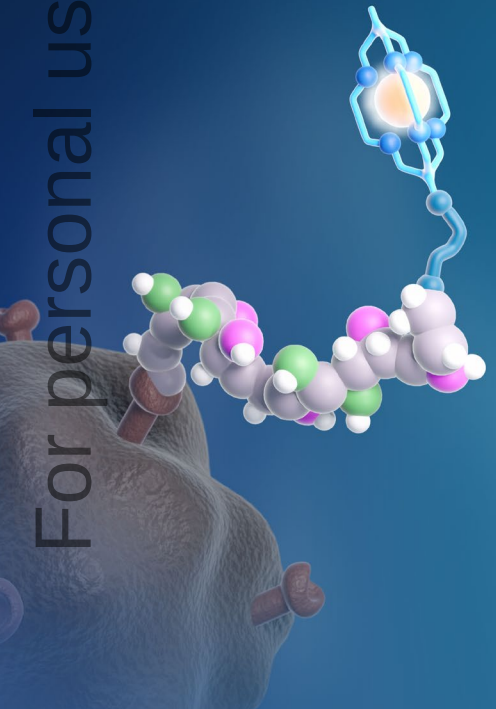
^{67}Cu offers opportunity for higher dosing compared to competitors

Broad impact in patient care

Remarkable efficacy and safety profile from first diagnosis to late-stage therapy

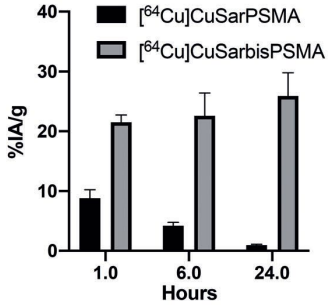
Monomer

- Pluvicto®
- Pylarify ®
- ^{68}Ga-PSMA-11
- ^{177}Lu-PNT2002

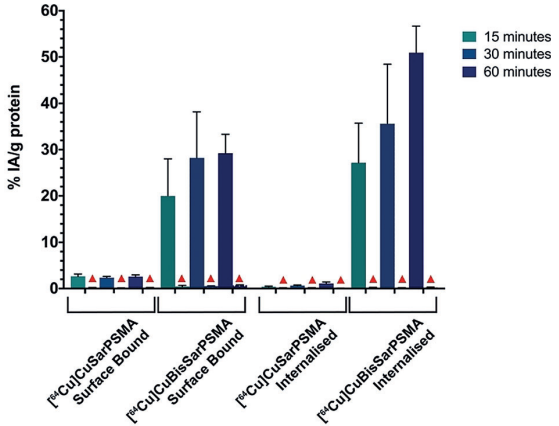


vs

Superior performance of bisPSMA compared to monomer PSMA



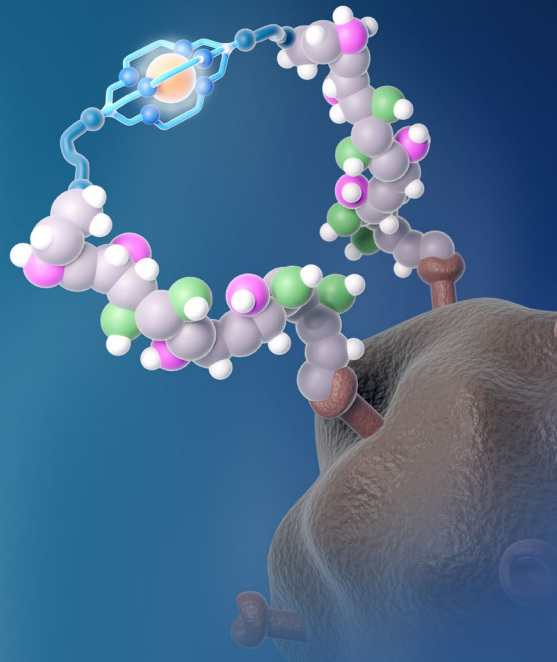
Significantly better binding and internalisation



Zia et al., 2019. Ang.Chem

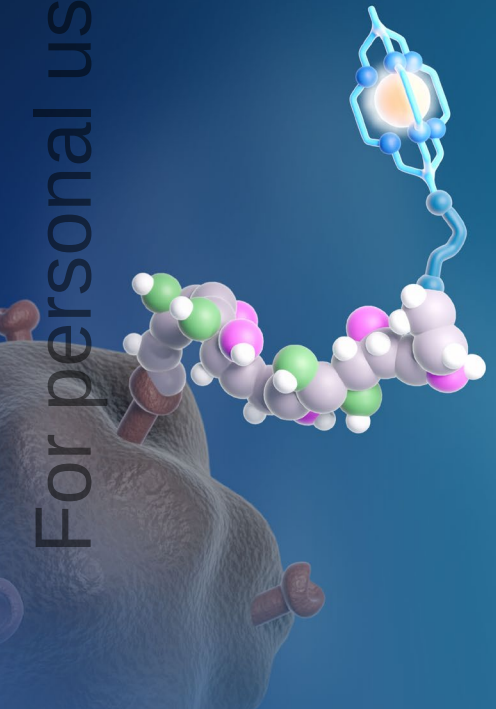
Dimer

- SAR-bisPSMA



Monomer

- Pluvicto®
- Pylarify ®
- ^{68}Ga-PSMA-11
- ^{177}Lu-PNT2002



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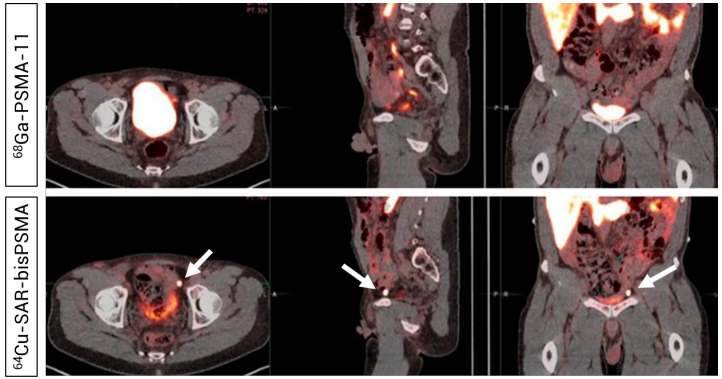
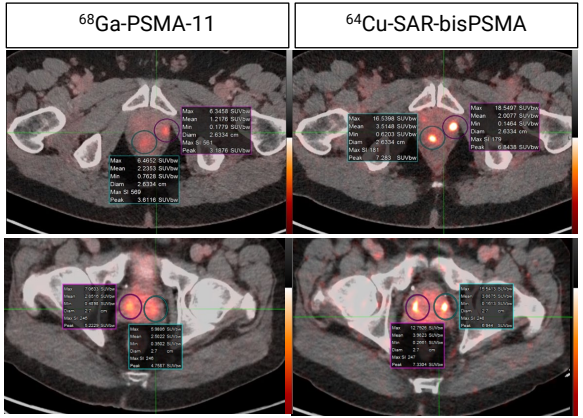
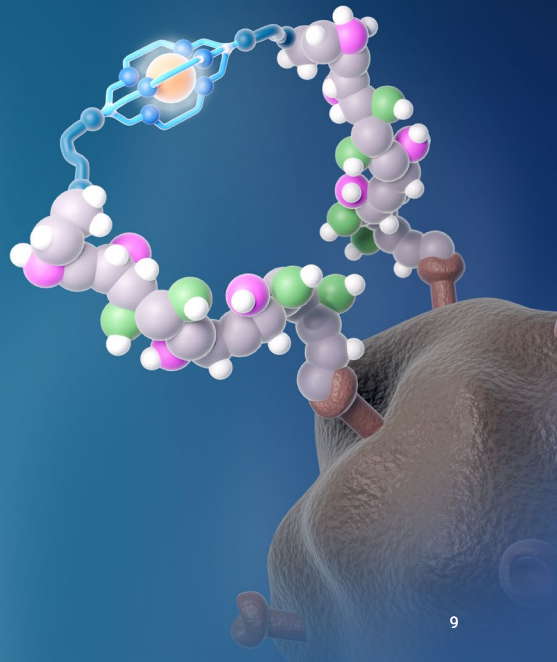
Superior performance of bisPSMA compared to monomer PSMA





Dimer

- SAR-bisPSMA



SECuRE study design

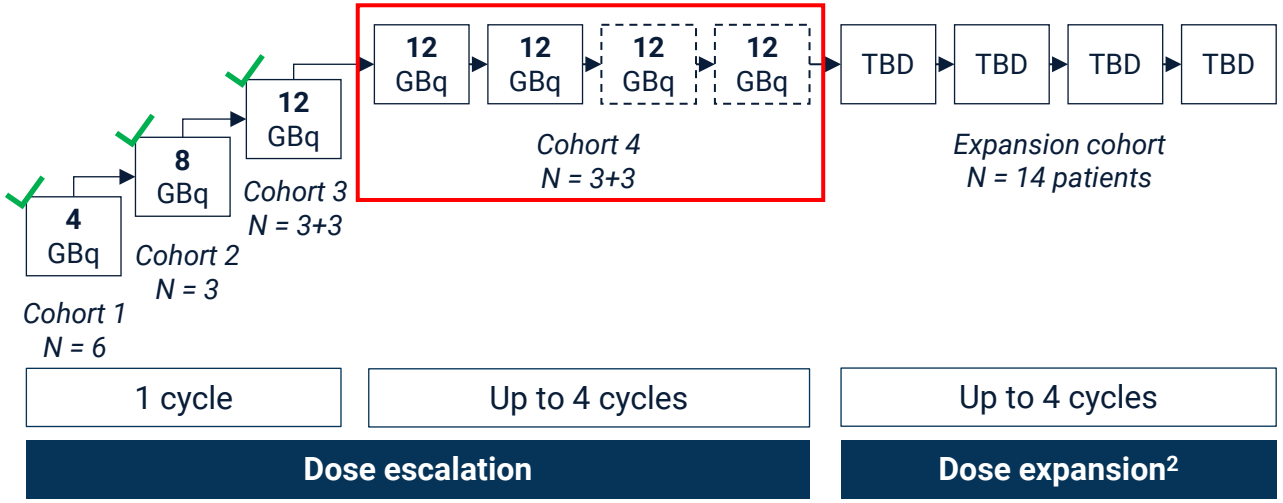
Phase I/IIa: safety and efficacy of ^{67}Cu-SAR-bisPSMA in metastatic castrate-resistant prostate cancer (mCRPC)

Key eligibility criteria

- Progressive mCRPC, prior ADT and at least one ARPI (pre- or post-chemotherapy)
- Positive ^{64}Cu-SAR-bisPSMA PET/CT scan (uptake [SUVmax] of at least 1 lesion higher than that of the liver)
- Patients with PSMA-negative lesions on MRI/CT are excluded

Maximum dose being investigated

- 12GBq (>50% higher than the approved dose of Pluvicto®)[1]



Primary objectives include

- To investigate the safety and tolerability of ^{64}Cu/^{67}Cu-SAR-bisPSMA
- To investigate the anti-tumour efficacy of ^{67}Cu-SAR-bisPSMA (PSA and radiographic response)

No dose limiting toxicities have been observed in cohorts 1, 2, 3 and 4 to date. Recruitment is ongoing at sites in the United States.

1. Pluvicto® FDA Approved Product Information. Information as of 15 March 2024.
2. Dose level of the expansion cohort will be determined based on safety review from cohort 4 (TBD: to be determined). Dosimetry Phase not shown. Cohorts 1, 2 and 3 completed. Cohort 4 is currently recruiting (red box). Patients in cohort 4 will receive 2 doses of ^{67}Cu-SAR-bisPSMA (12GBq) and will be allowed to receive 2 additional doses of ^{67}Cu-SAR-bisPSMA in cohort 4 if there is no radiographic progression. A Safety Review Committee meeting will take place after participants receive their 2 doses, with a period of 6 weeks for safety follow-up. Additional eligibility criteria apply NCT04868604.

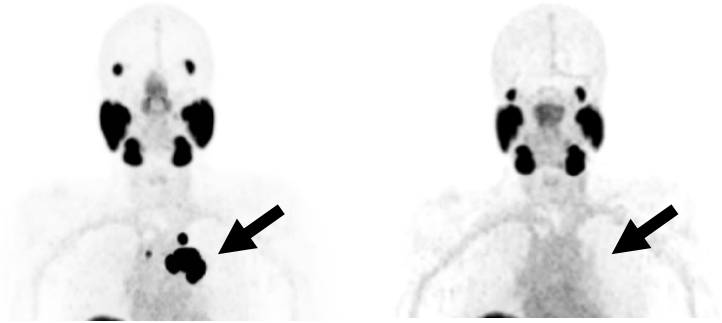
Johnson et al. SECuRE study. SNMMI, 2024.

Complete response following 2 cycles of ^{67}Cu-SAR-bisPSMA (8GBq)

Multi-dose of ^{67}Cu-SAR-bisPSMA under Expanded Access Program (EAP)

- Complete **anatomical** response (CT; RECIST v1.1)
- Complete **molecular** response (PET)
- Complete **biochemical** response (undetectable PSA)

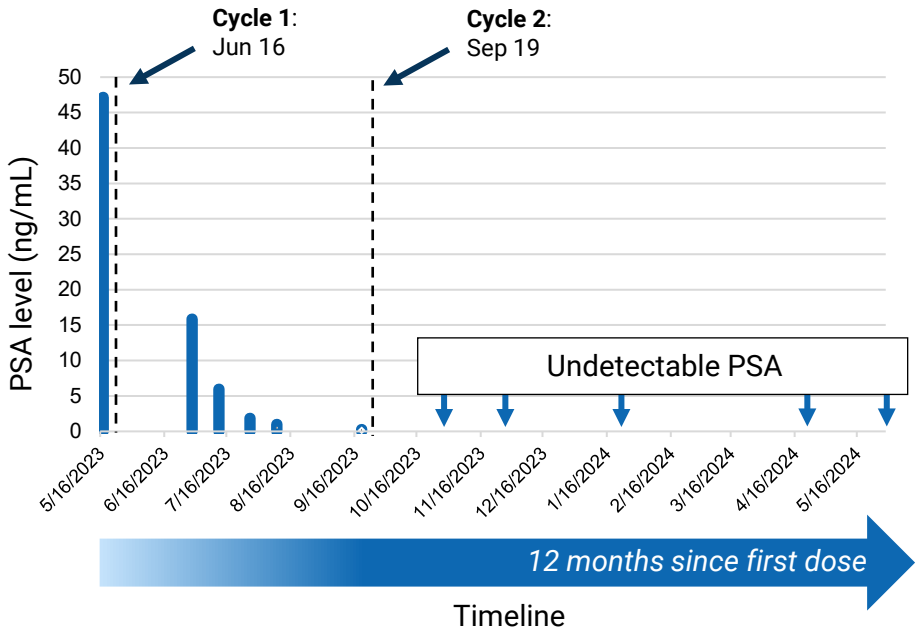
^{64}Cu-SAR-bisPSMA PET - MIP



Screening

Post-cycle 2 of ^{67}Cu-SAR-bisPSMA

PSA reduction following 2 doses of ^{67}Cu-SAR-bisPSMA



74-year-old male with Gleason 9 (5+4) metastatic castrate-resistant prostate cancer (diagnosed in 2017). Previous treatments included androgen deprivation therapy, docetaxel, abiraterone, enzalutamide and a clinical trial with a PARP inhibitor. Images show reduction in lesion uptake of ^{64}Cu-SAR-bisPSMA after two doses of ^{67}Cu-SAR-bisPSMA (no uptake post-2 cycles). Local RECIST assessment: complete response. No adverse events reported as related to ^{64}Cu-SAR-bisPSMA. Adverse events related to ^{67}Cu-SAR-bisPSMA: dry mouth, altered taste and thrombocytopenia (all Grade 1, improved), fatigue (Grade 2, resolved), anaemia (Grade 3, improved to Grade 2). Dash lines: administration of ^{67}Cu-SAR-bisPSMA. Timeline. "12 months": time since the first dose of ^{67}Cu-SAR-bisPSMA to most recent follow-up. EAP: Expanded Access Program. Data-cut off 19 April 2024. PSA Limit of detection: 0.05 ng/ml. Images: maximum intensity projection.

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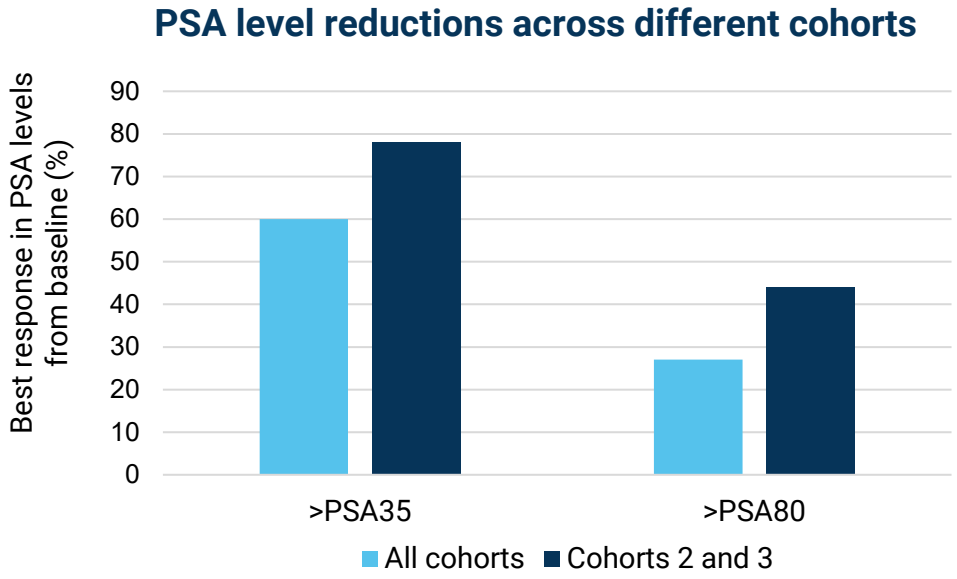
Johnson et al. SECuRE study. SNMMI, 2024.

^{67}Cu-SAR-bisPSMA single dose leads to PSA reductions in heavily pre-treated mCRPC patients



78%

of patients showed reductions in PSA levels >35% (cohorts 2 and 3)

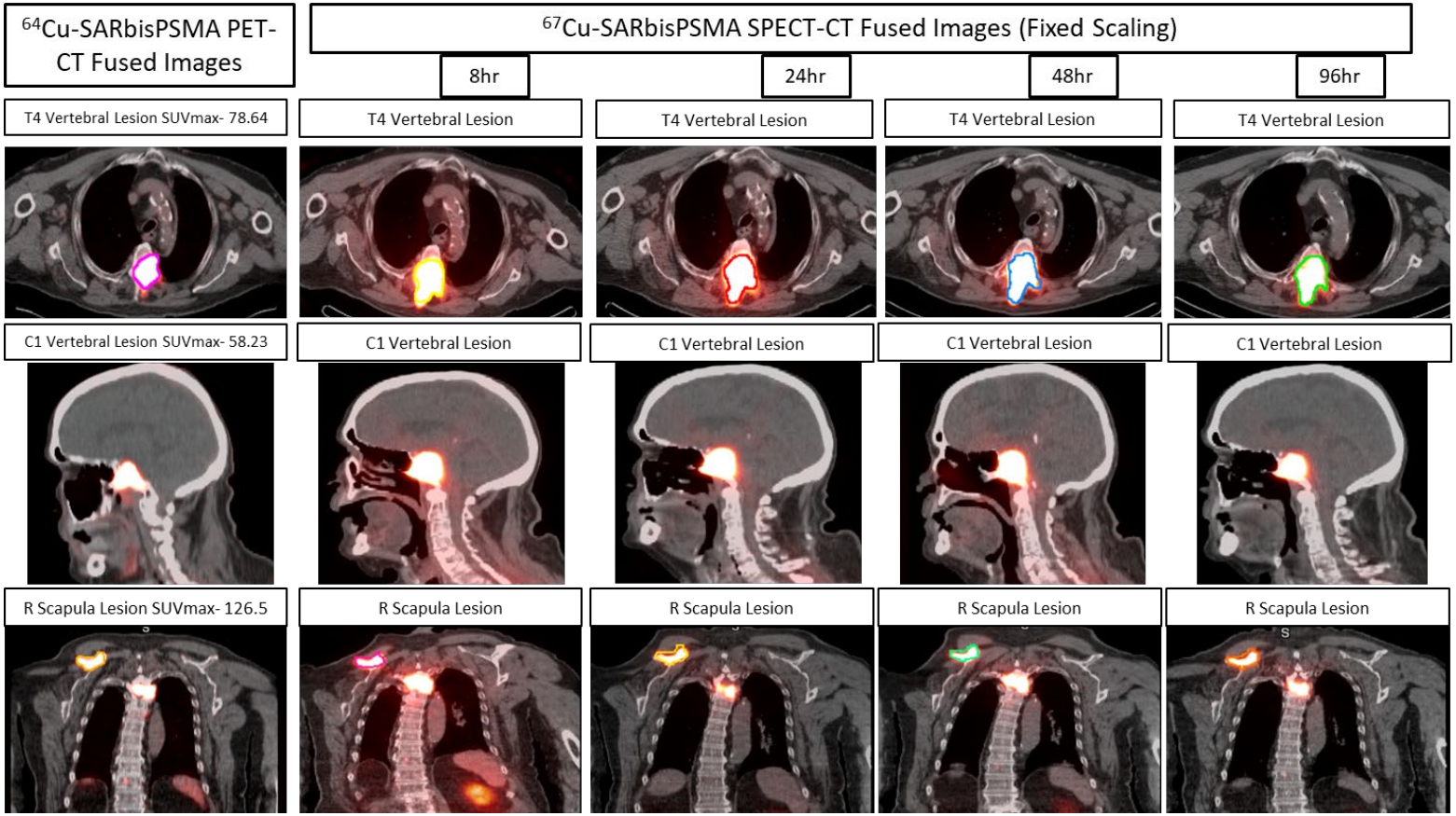
44%

of patients showed reductions in PSA levels >80% (cohorts 2 and 3)

PSA reductions shown as the response observed post-single dose of ^{67}Cu-SAR-bisPSMA. PSA pre-dose value represents the most recent test result prior to the administration of ^{67}Cu-SAR-bisPSMA. At study entry, patients had median PSA of 117.1 ng/ml.

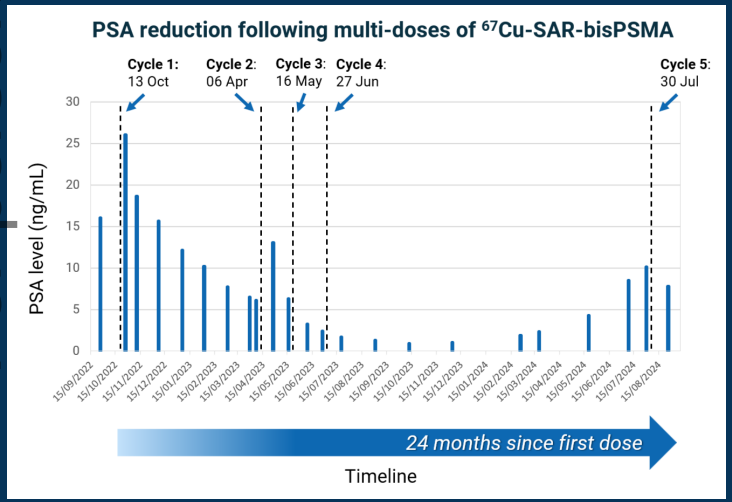
Data on file. Data cut-off: 6 March 2024 for PSA levels; 3 April 2024 for demographics. NCT04868604.

SECuRE cohort 1 - 4GBq dose level

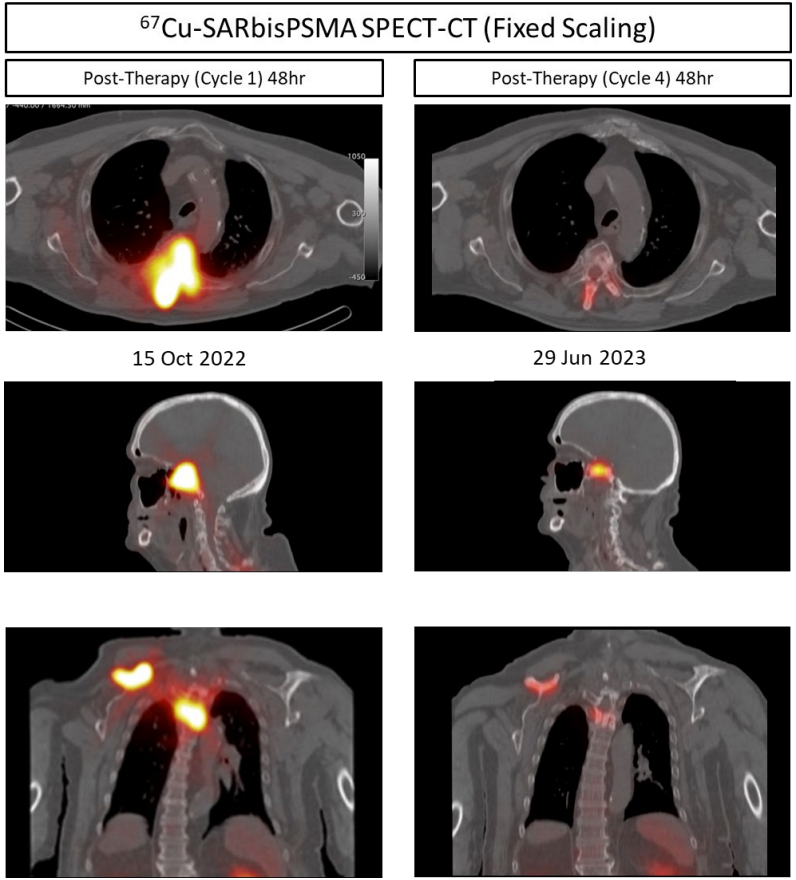


US FDA Expanded Access Program

- Additional therapy cycles of ^{67}Cu-SAR-bisPSMA at the lowest 4GBq dose level have been requested under the US FDA EAP
- Early data indicates positive effects
- SPECT-CT images (on the right) demonstrate a reduction in the intensity of product uptake at the tumour sites after four doses, signalling tumour shrinkage
- Patient experienced a reduction in PSA levels >60% following the first dose, and a >90% decline in PSA after dose 4

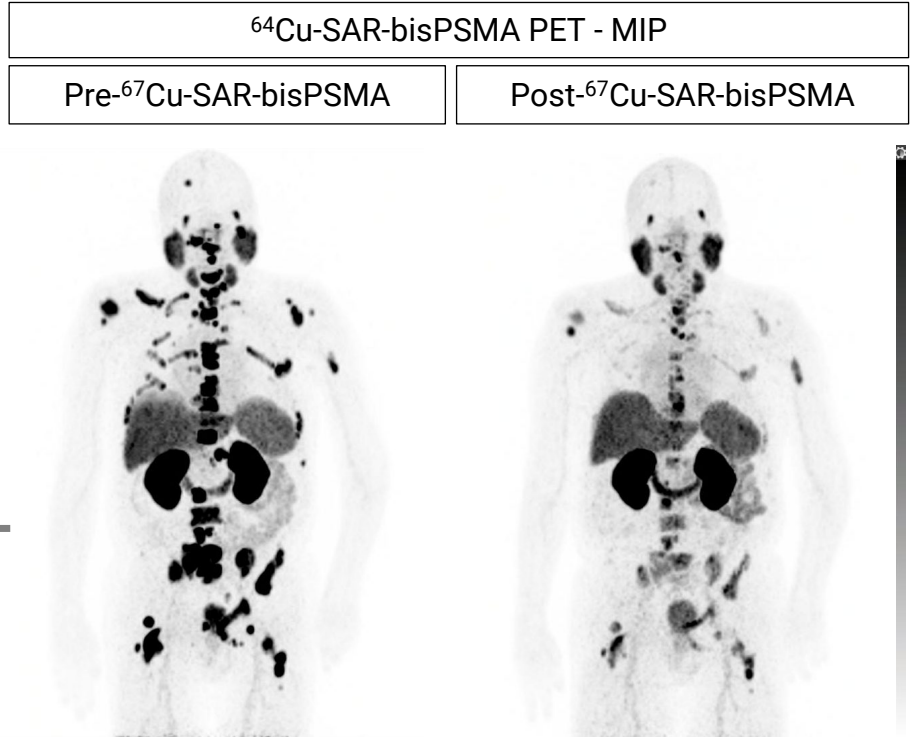


4GBq of ^{67}Cu-SAR-bisPSMA over 4 cycles



^{67}Cu-SAR-bisPSMA (12GBq single dose) leads to PSA and tumour volume reductions – Cohort 3

SECuRE



⬇92% PSA reduction achieved 8 weeks post-^{67}Cu-SAR-bisPSMA

	Pre Tx	Post Tx	Δ (%)
PSA	270.9	20.8	-92.3
SUVmax	51.74	19.03	-63.22
Tumour Volume (ml)	1,040.92	635.44	-38.95

Participant from cohort 3 showing reduction in uptake of ^{64}Cu-SAR-bisPSMA in prostate cancer lesions. Previous treatments: ADT, ARPI, chemotherapy and 2 investigational agents prior to enrolling in the SECuRE study. The participant received a single dose of ^{67}Cu-SAR-bisPSMA (12GBq). MIP: maximum intensity projection. Data on file. Data cut-off: 6 March 2024. NCT04868604.

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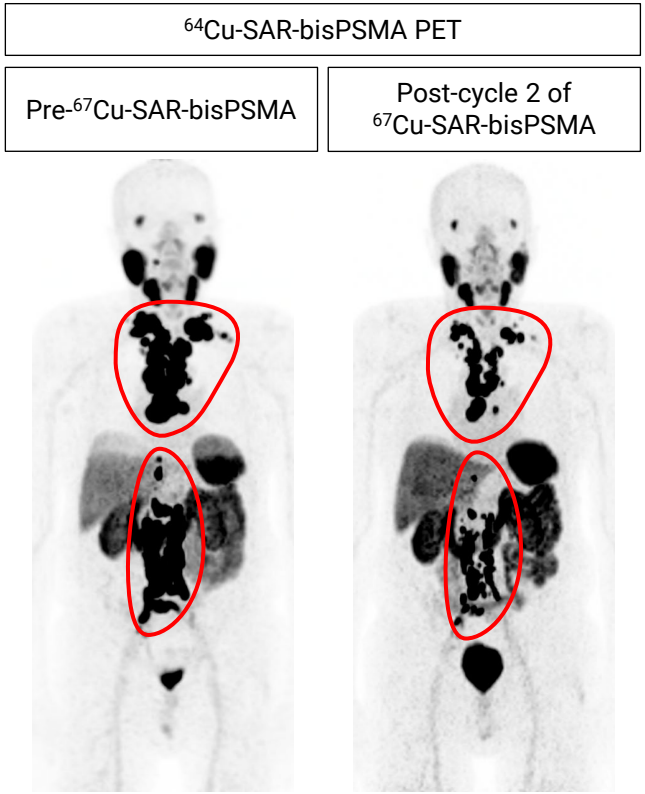
Two doses of 12GBq of ^{67}Cu-SAR-bisPSMA lead to PSA and tumour volume reductions – Cohort 4



⬇92% PSA reduction achieved post-2 doses of ^{67}Cu-SAR-bisPSMA *(PSA continues to decline)*

	Pre Tx	Post Tx	Δ (%)
PSA	157.4	12.1	-92.3
SUVmax	80.0	71.2	-9.1
Tumour Volume (ml)	868.2	342.5	-60.6

mCRPC participant from cohort 4 showing reduction in uptake of ^{64}Cu-SAR-bisPSMA, following 2 cycles of 12GBq ^{67}Cu-SAR-bisPSMA (extensive metastasis of prostate cancer to the lymph nodes, regions highlighted by the red lines). Previous treatments: ADT, ARPI and an investigational agent prior to enrolling in the SECuRE study. Post-cycle 2 scan (^{64}Cu-SAR-bisPSMA) performed approximately 8 weeks after the second dose of ^{67}Cu-SAR-bisPSMA. Data cut-off: 7 September 2024. MIP: maximum intensity projection. NCT04868604.

^{67}Cu-SAR-bisPSMA has a favourable safety profile

Cohorts 1-3 Adverse event (AE)	Grade 3 N = 15 (100%)
Any drug-related AEs	3 (20)
Occurring in at least 1 participant	
Anaemia	2 (13)
Thrombocytopenia	1 (7)
Leukopenia	1 (7)
Lymphopenia	1 (7)

Demographics summary: all participants had mCRPC at study entry. Median number of lines of therapy prior to receiving ^{67}Cu-SAR-bisPSMA: 4 (range 2-6). Previous treatments included ADT, ARPI, investigational agents, chemotherapy (67%, 10/15) and other radioligand therapies. Median PSA at study entry: 117.1 ng/ml (range 0.11-1,494.2).

Cohorts 1-3 (single dose): most adverse events (AEs) were lower Grade, with only 3/15 patients developing Grade 3 AEs (no Grade 4/5)

- No AEs were related to ^{64}Cu-SAR-bisPSMA
- AEs were reported as related to ^{67}Cu-SAR-bisPSMA in 8 out of the 15 trial participants (all Grades)
- Most AEs related to ^{67}Cu-SAR-bisPSMA were Grade 1 or 2
- No Grade 4 or 5 AEs were reported in the study

Cohort 4 (multi-dose): almost all AEs were mild or moderate (majority either resolved or improved at the last assessment). No DLTs observed.

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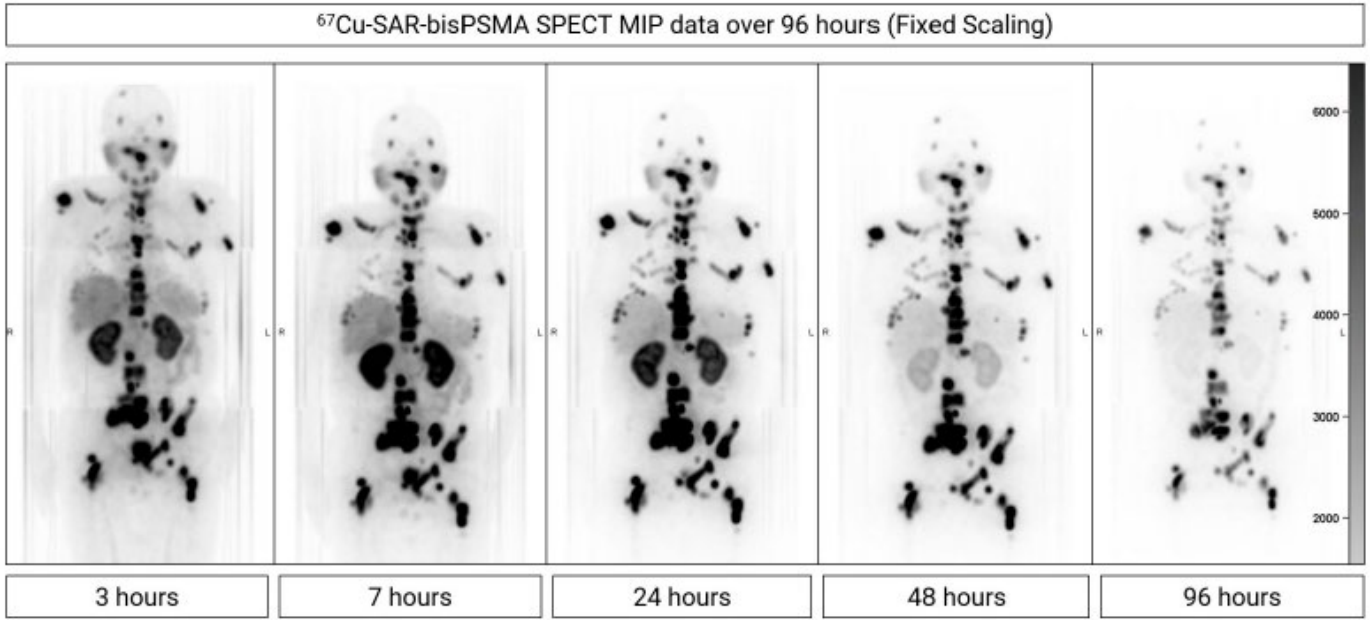
Data on file. Data cut of: 6 March 2024. NCT04868604.

Dosimetry and clearance

Serial SPECT imaging after administration of therapy showed prolonged tumour retention of ^{67}Cu-SAR-bisPSMA with non-tumour bound activity clearing rapidly via the kidneys.



Dosimetry assessment in a participant from cohort 3 (12GBq). SPECT was performed at different timepoints (3, 7, 24, 48, and 96 hours post-injection of ^{67}Cu-SAR-bisPSMA). Images show fast clearance from the kidneys, compared to prolonged retention of ^{67}Cu-SAR-bisPSMA in lesions.

Next-generation SAR-bisPSMA diagnostic is coming

Improved uptake of SAR-bisPSMA may support better diagnosis compared to first-generation PSMA PET agents. Significant market opportunity to displace currently approved products, which generated >US$1.1Bn in 2023

Lantheus: PYLARIFY® (^{18}F-DCFPyL) US sales Q2 24: ~US$273M

Telix: Illuccix® (generic PSMA-11 kit) US sales Q2 24: ~ US$121M

→

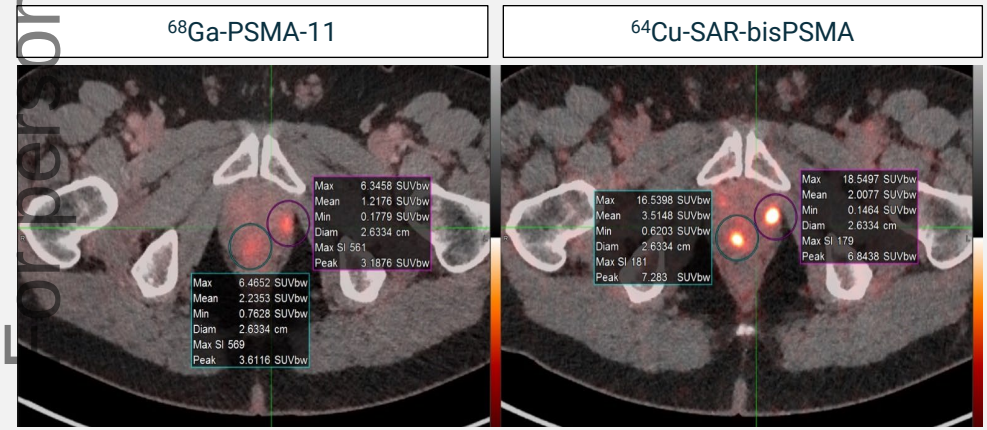
Specificity - High ✓

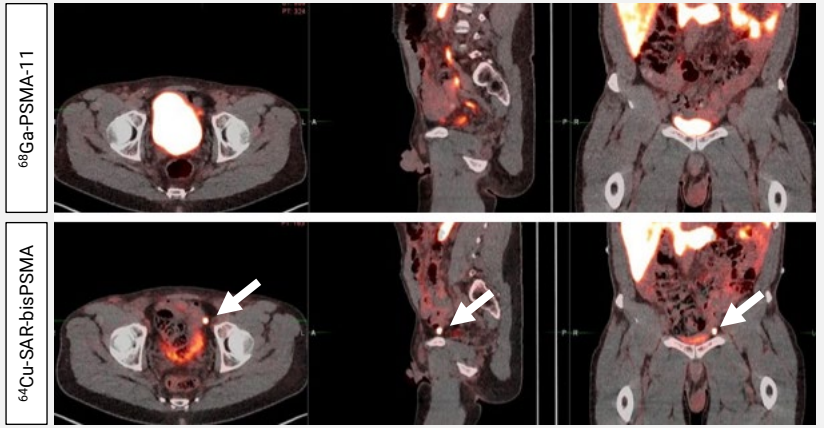
Sensitivity - Low ✗

^{64}Cu-SAR-bisPSMA vs. ^{68}Ga-PSMA-11 – PROPELLER study (pre-prostatectomy)

2-3x more uptake and contrast

More lesions identified



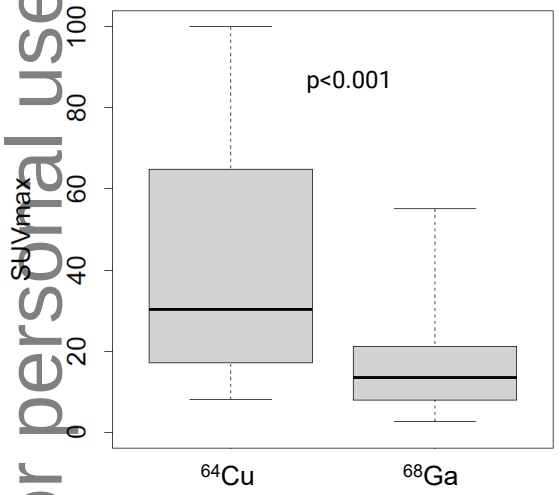


Left images: concordant lesions (same patient). SUVmax, SUVmean, tumour-to-background ratio: 2-3x increased values in ^{64}Cu-SAR-bisPSMA vs. ^{68}Ga-PSMA-11 PET (p<0.001). Right images: pelvic lymph node identified by ^{64}Cu-SAR-bisPSMA but not by ^{68}Ga-PSMA-11 (PC confirmed by histopathology). Lengyelova & Emmett et al. PROPELLER study. ASCO, 2023.

^{64}Cu-SAR-bisPSMA led to 2-3x higher SUVmax/mean and TBR than ^{68}Ga-PSMA-11

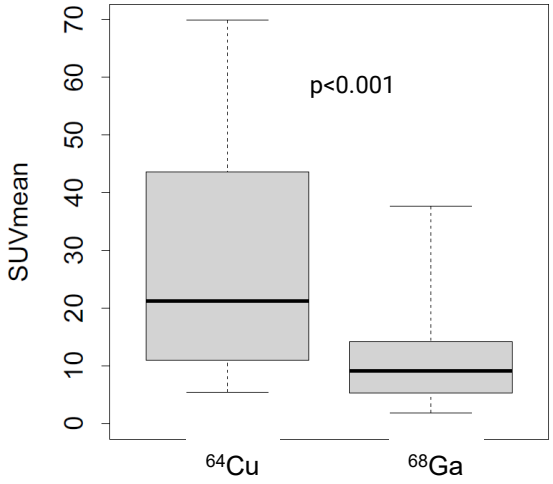
PROPELLER

SUVmax



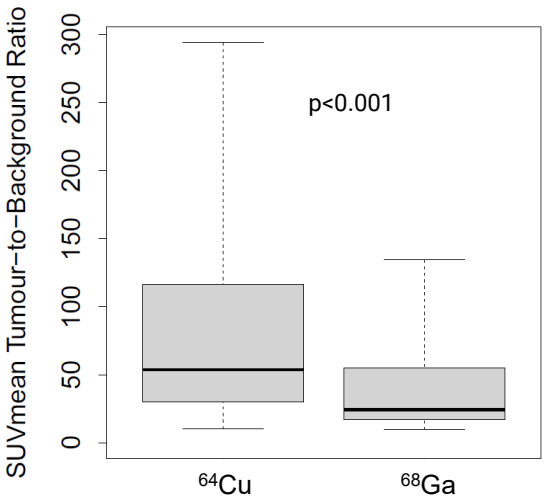
2.5x Tracer higher SUVmax

SUVmean



2.6x Tracer higher SUVmean

SUV Tumour-to-background ratio



2.7x Tracer higher TBR

Box plots shown from reader 1; similar results were also reported by reader 2. The differences in all parameters were statistically significant, for both readers (p<0.001, two-sided Wilcoxon signed-rank test). Fold changes were calculated by the average of the median values of both readers. Lengyelova & Emmett et al. PROPELLER study. ASCO, 2023.

CLARITY PHARMACEUTICALS

Copper brings significant additional advantages

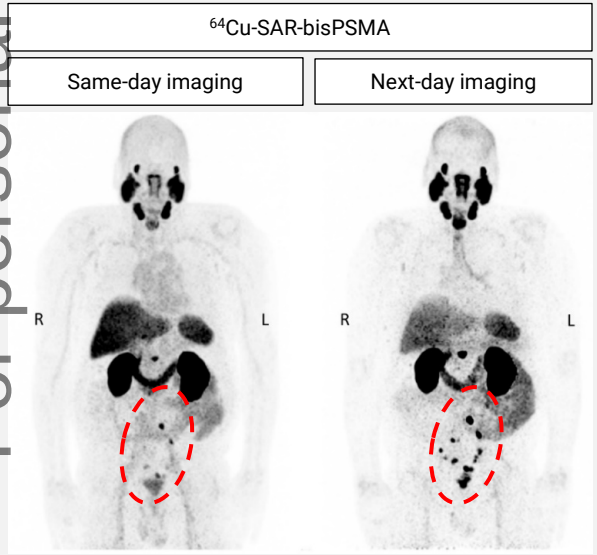
COBRA

Beyond the supply chain advantages of a 12.7-hour half-life PET imaging agent, SAR-bisPSMA allows patients to be imaged from 1 hour to >24 hours post administration.

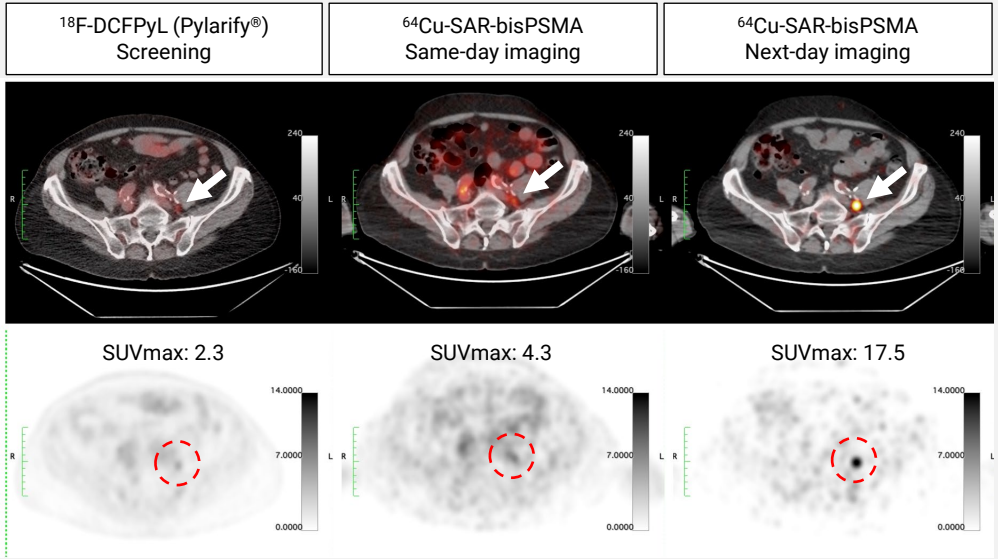
^{64}Cu-SAR-bisPSMA enhanced performance could lead to considerable impact on treatment decisions and outcomes

Patients with negative/equivocal SOC scans - COBRA study (biochemical recurrence)

82% more lesions detected on next-day imaging (2 mm-range)



34% more patients with a positive scan on next-day imaging

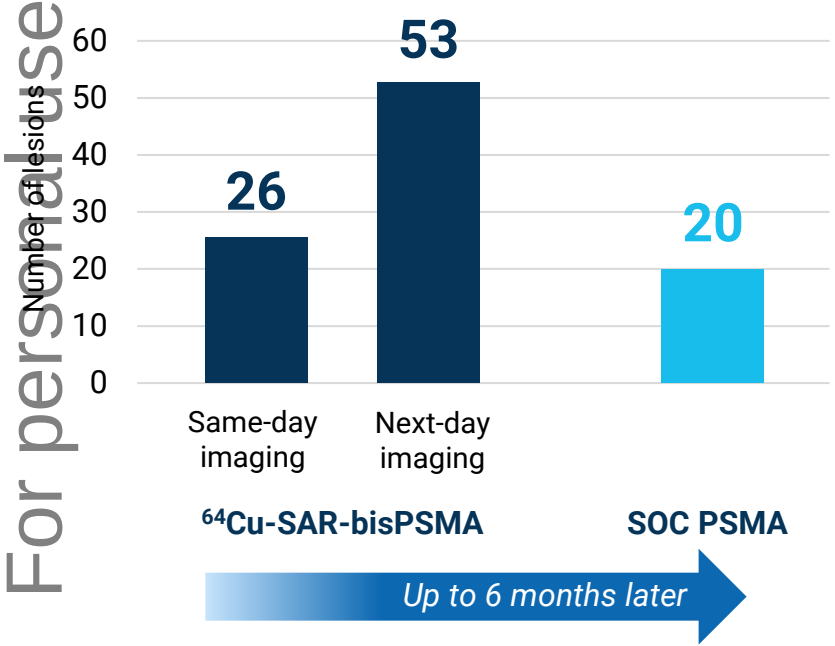


CLARITY PHARMACEUTICALS

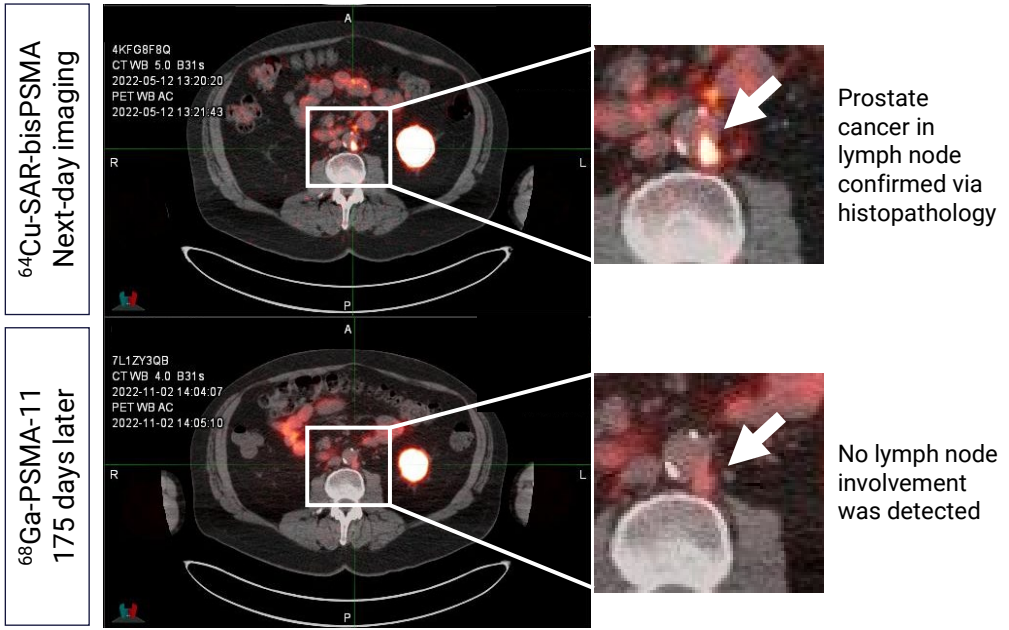
Left images. Up to 80 to up lesions detected on same-day imaging vs. up to 153 lesions on next-day imaging across all participants. Right images: pelvic lymph node detected by ^{64}Cu-SAR-bisPSMA on next-day imaging, but not with Pylarify® at screening. Patients with a positive ^{64}Cu-SAR-bisPSMA scan: from up to 58% to up to 80%, same and next-day imaging respectively). Nordquist et al., SNMMI 2024.

^{64}Cu-SAR-bisPSMA identifies lesions months before currently approved PSMA PET agents

Number of lesions identified by ^{64}Cu-SAR-bisPSMA and SOC PSMA agents



^{64}Cu-SAR-bisPSMA detects lymph node missed by ^{68}Ga-PSMA-11 (SOC PET performed ~6 months later)



Graph: Average number of lesions identified by the readers on same-day, next-day imaging (^{64}Cu-SAR-bisPSMA) or standard of care (SOC) PSMA PET (^{68}Ga-PSMA-11 or ^{18}F-DCFPyL) in a subset of 20 participants with follow-up SOC PSMA PET: 26.3, 52.7 and 20, respectively. Median number of days between Day 0 and the follow-up SOC scan: 73.5 (range 29-180). Images: retroperitoneal lesion detected by ^{64}Cu-SAR-bisPSMA on next-day imaging (confirmed by all 3 readers). ^{68}Ga-PSMA-11 scan performed 176 days post-Day 0 (175 days post-Day 1) did not show uptake of tracer. PET/CT fusion.

Higher uptake and contrast in lesions on next-day imaging and detection of lesions in the 2-millimeter range

COBRA

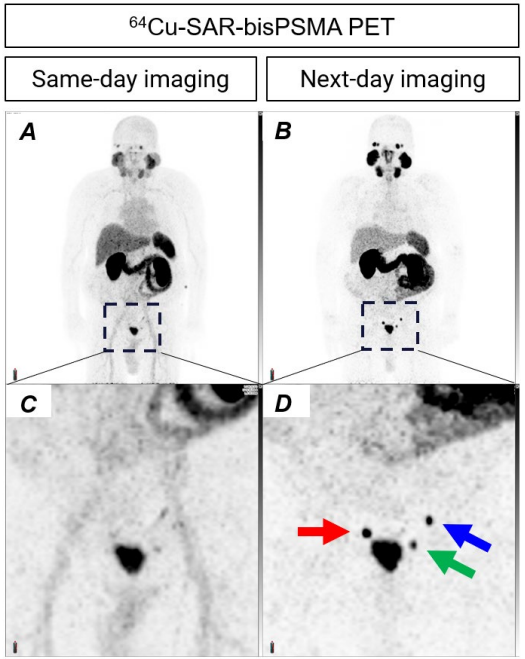
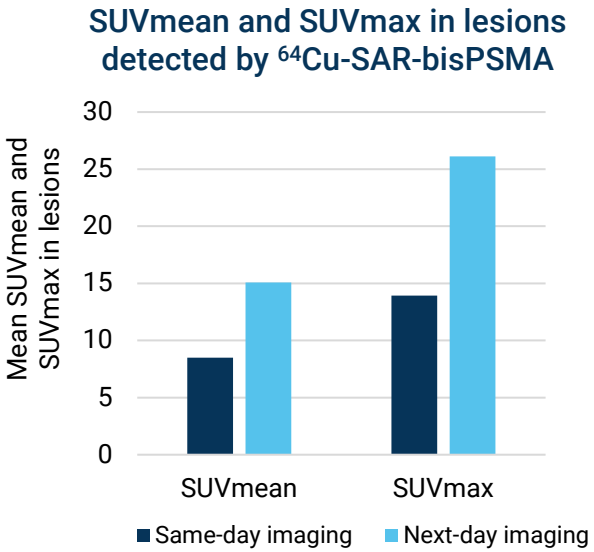
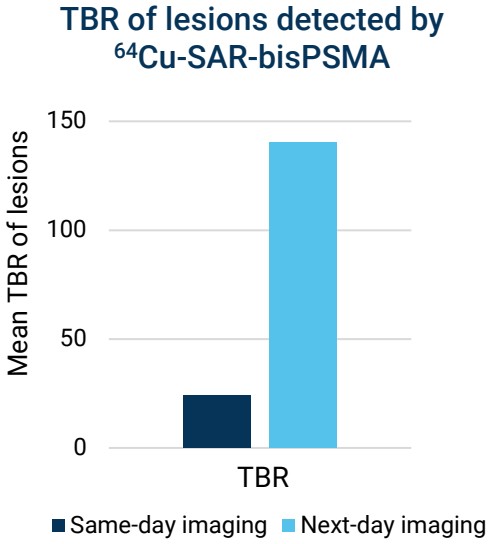


Figure 1. Pelvic lymph nodes showing uptake of ^{64}Cu-SAR-bisPSMA on next-day imaging (arrows, B and D). Blue arrow: lesion size 3.8 mm x 4.4 mm, SUVmean 20.6, SUVmax 22.1 and TBR 130.1. Green arrow: lesion size also 3.8 mm x 4.4 mm, SUVmean 11.9, SUVmax 12.8 and TBR 75.3. Red arrow: size >5 mm. Inset in top images (A, B) displays pelvic region (bottom images, C and D).



>80% increase in mean SUVmean and SUVmax
(same-day vs. next-day imaging)



>5x higher mean TBR
(same-day vs. next-day imaging)

Figure 2. SUVmean/max and TBR comparing same-day (Day 0) and next-day (Day 1) imaging. Average increase across 3 readers. SUVmean: mean standardised uptake value. SUVmax: maximum standardised uptake value. TBR: tumour-to-background ratio. The SUVmax, SUVmean and TBR were assessed in up to 25 lesions per patient on each ^{64}Cu-SAR-bisPSMA scan. Ranges across the readers for same-day and next-day imaging, respectively: SUVmean 6.6-9.9 and 14.7-15.8; SUVmax 13.9-14.0 and 22.2-33.4; TBR 23.2-25.4 and 118.1-181.7. TBR = SUVmax of the lesions / SUVmean of the gluteus region.

CLARITY

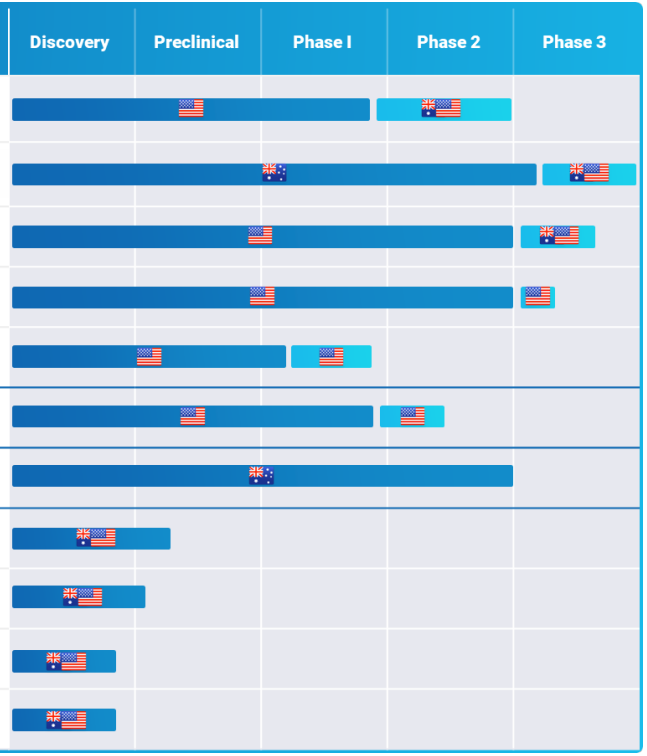
Nordquist et al. COBRA study. SNMMI, 2024.

Clinical development in multiple cancers

Clarity's products are progressing through sponsored clinical trials in the US and Australia

Clinical development pipeline as of 30 August 2024

Indication	Product	Application	Current Trial
Prostate Cancer	SAR-bisPSMA	Theranostic mCRPC	SECURE
	SAR-bisPSMA	Diagnostic in pre-radical prostatectomy	CLARIFY
	SAR-bisPSMA	Diagnostic in BCR PCa	COBRA
	SAR-BBN	Diagnostic in BCR PCa	SABRE
	SAR-BBN	Theranostic mCRPC	COMBAT
Neuroblastoma	SARTATE	Theranostic	CL04
NETs	SARTATE	Diagnostic	DISCO
SAR Discovery Platform	Ac-bisPSMA	Theranostic	
	TCT and I/O combination	Theranostic	
	Pan-cancer TCT	Theranostic	
	Multiple novel TCTs	Theranostic	



Current progress

12 month progress

Note clinical development pipeline is indicative only, subject to review.

All US studies are conducted under Investigational New Drug Applications

Robust IP driving the Discovery program

Clarity's proprietary SAR Technology platform can be used in conjunction with any number of targeting ligands to create new products and new IP

Broad Patent Portfolio

Platform Protection

- Granted and new chelator patents used in further developing lead and back-up products

Product Protection

- Maintenance of pending applications for potential continuation or divisional filings on existing important patents
- New patents filed on lead and back-up compounds

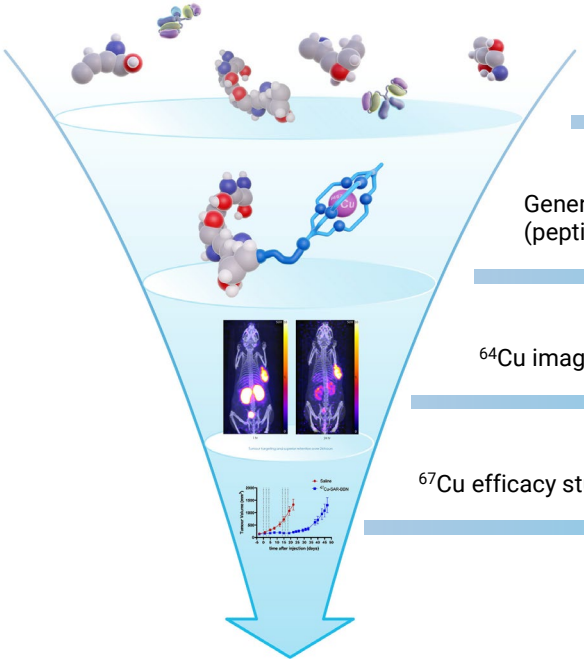
Pipeline Protection

- New chelator patents used in future discovery products
- New patents filed on novel treatment regimes for radiopharmaceutical applications

Manufacturing & Process Protection

- Manufacturing and formulation patents
- New patents filed on manufacturing processes

Discovery Engine



Select high value cancer targets

Generate and radiolabel compounds (peptides and/or antibodies)

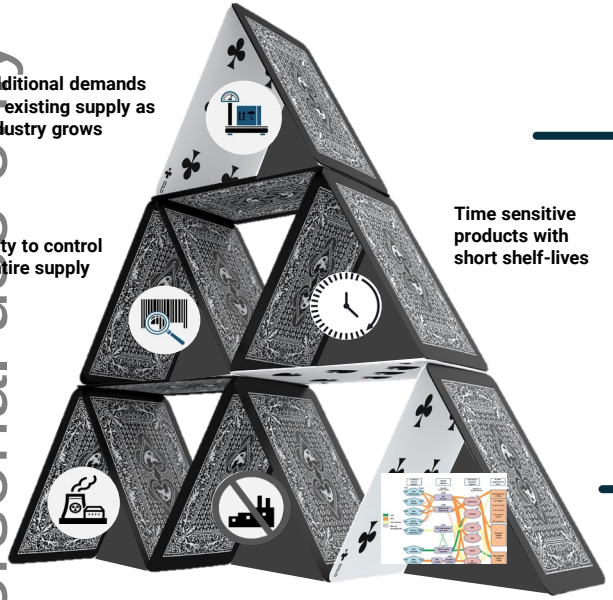
^{64}Cu imaging in tumour models

^{67}Cu efficacy studies in tumour models

SAR Technology platform

High value clinical candidates: SARTATE, SAR-bisPSMA, SAR-Bombesin, etc.

Current industry challenges with ^{68}Ga & ^{177}Lu



Additional demands on existing supply as industry grows

Inability to control the entire supply chain

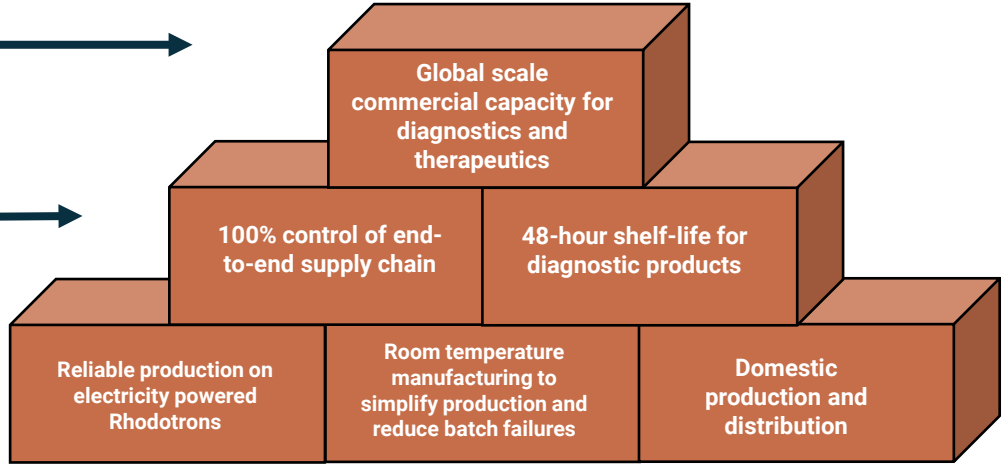
Reliance on ageing nuclear reactor fleet

Manufacturing outages

Complex international supply chains

Time sensitive products with short shelf-lives

Clarity's TCT Solution with ^{64}Cu & ^{67}Cu



MANUFACTURING

Novartis halts US production of cancer radiotherapies, citing potential quality issues

By Angus Liu • May 5, 2022 12:44pm

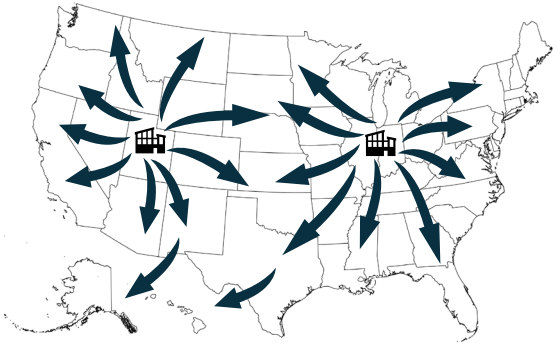
"We have patients on months long waiting lists when this may be all the time they have, and so it's been really disheartening to have to deal with these things"

- Roby Thomas, MD, a medical oncologist and hematologist at UPMC Hillman Cancer Center

Next-generation theranostics provide solutions to the challenges with current-generation radiopharmaceuticals

Opportunities with ^{64}Cu (half-life = 12.7h)

- Can be mass produced on cyclotrons with solid targetry
- Every US zip code covered from 1 location
- Patient flexibility with product shelf life of up to 48 hours
- Operational flexibility with imaging timepoints up to 72 hours
- 9-22 times lower exposure than commonly used ^{18}F products
- Ability to centralise investments and supply the country
- Delivered as a ready-to-use cGMP product



Opportunities with Rhodotron produced ^{67}Cu

- Commercially available high powered rhodotron with a small footprint (10’ diameter and 11’ tall)
- Scalable with relatively small investments
- Purpose-built supply in the markets of focus, including a US domestic supply
- Only inputs are electricity and Zinc
- No long-lived impurities
- Exclusive supply agreement with NorthStar Medical Isotopes
- **A single rhodotron can produce commercial quantities of ^{67}Cu**

“Access to reactors will soon become the bottleneck for ^{177}Lu”[1]

1. https://jnm.snmjournals.org/content/jnumed/early/2023/08/17/jnumed.123.265907.full.pdf

Strong strategic interest in radiopharmaceutical assets

Date	Target	Acquirer	Acquisition value	Main asset
May 24	Mariana Oncology	Novartis (NYSE: NVS)	Up to US$1.75bn[1]	Preclinical stage assets, led by ^{225}Ac-MC-339
Mar 24	Fusion Pharmaceuticals	AstraZeneca plc (LON:AZN)	US$2.4bn[1]	^{225}Ac-PSMA I&T for mCRPC
Dec 23	RayzeBio, Inc.	Bristol-Myers Squibb Company (NYSE:BMY)	US$4.1bn	^{225}Ac-DOTATATE
Oct 23	POINT Biopharma Global Inc.	Eli Lilly (NYSE:LLY)	US$1.4bn	Early Phase FAP product & production Facility. *Main clinical assets already licensed to Lantheus in 2022*

Note: 1. Including upfront cash portion and maximum potential contingent value payments

"The willingness of large pharma companies to pay high premiums for radiopharmaceutical companies further demonstrates the burgeoning interest in the field"

- Nature, March 2024

Clarity's copper platform, strong prostate pipeline and therapeutic and diagnostic efficacy data represents an attractive opportunity to grow a significant radiopharmaceutical franchise in oncology and other indications

- Four major deals in the global radiopharmaceuticals sector over the last 8 months highlights the strong strategic interest in radiopharmaceuticals
- Extremely limited number of clinically advanced radiopharmaceutical companies remaining globally which would provide pharmaceutical companies with a platform entry point to radiopharmaceutical therapeutics
- Clarity's TCT platform, potential best-in-class assets in large indications, strong IP position, and significant supply chain advantages differentiate Clarity in the market
- Exciting efficacy and safety data in therapies and diagnostics has attracted interest from a range of pharmaceutical companies
- A strong Balance Sheet allows Clarity to fully exploit its platform, products and positioning to maximise shareholder value

Summary

Global leader in Targeted Copper Theranostics (TCTs)

- **Exciting efficacy and safety data to date with therapy and imaging**
- **Extensive pipeline** of TCTs based on ^{64}Cu for diagnosis and ^{67}Cu for therapy
- Multiple therapeutic and diagnostic trials in progress, including a **Phase III registrational trial**
- TCTs address the current **manufacturing and logistical** limitations in the growth of radiopharmaceuticals
- TCTs are **scalable, sustainable and dependable**
- **Broad and defensible IP portfolio** of patent families across the SAR Technology platform, pipeline and products
- Pipeline includes large and orphan indications, with **focus on the US for first approvals**
- Led by **an experienced management team and Board** with significant years of active involvement in the radiopharmaceutical industry
- **Highly active M&A sector** with numerous recent acquisitions

Thank you

Contact details

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