PERSPECTIVE THERAPEUTICS

Investor Call

NANETS 2024 Presentation

November 21, 2024

NYSE AMERICAN: CATX

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Forward-looking statements contained in this presentation are made as of this date, and the Company undertakes no duty to update such information whether as a result of new information, future events or otherwise, except as required under applicable law.

PERSPECTIVE™ THERAPEUTICS

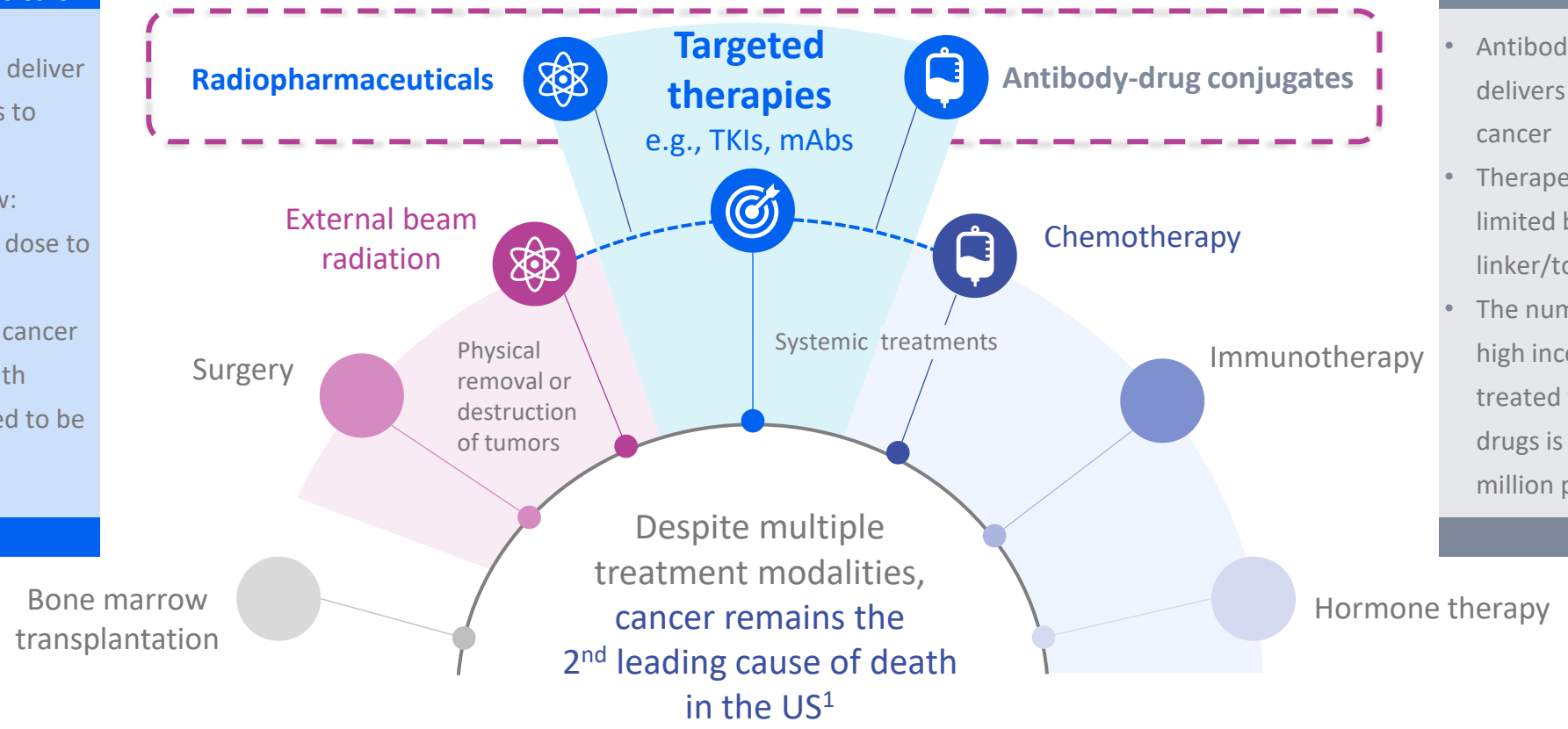
Radiopharmaceutical Therapy Poised to Revolutionize Oncology Treatment

Technology Developments Enable Higher Potency Payloads with Cancer-Specific Targeting

Radiopharmaceuticals

- Targeted molecules deliver radioactive isotopes to cancer
- Therapeutic window: limited by radiation dose to healthy tissues
- The number of U.S. cancer survivors treated with radiation is projected to be 4.2 million in 2030[2]

"Next Generation Therapies" combining cytotoxicity with cancer-specific targeting



ADCs

- Antibody-based targeting delivers chemotherapy to cancer
- Therapeutic window: limited by unstable linker/toxin
- The number of patients in high income countries treated with chemotherapy drugs is projected to be 4.7 million per year in 2040[3]

[1]U.S. Centers for Disease Control and Prevention; [2]Bryant et al, *Cancer Epidemiol Biomarkers Prev* (2017), DOI: 10.1158/1055-9965.EPI-16-1023; [3]Wilson et al, *The Lancet Oncology* (2019), DOI: 10.1016/S1470-2045(19)30163-9

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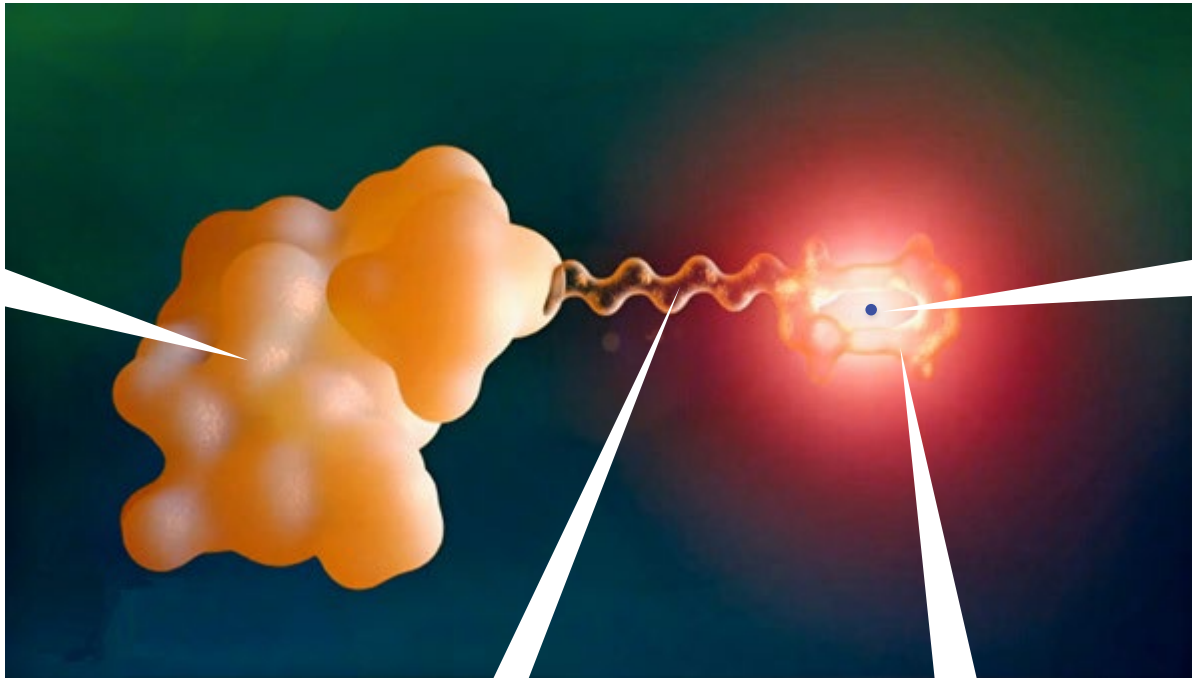
Perspective's Radiopharmaceutical Optimization Process

Unique Payload Delivery Technology Offers Pan-Cancer Opportunities

Targeting Peptide

Engineered for cancer specific receptors to ensure highly directed uptake



Isotope

^{203}Pb for SPECT imaging

or

^{212}Pb for alpha particle therapy

Linker

Selected to assist peptide binding and optimize clearance from blood and healthy tissues

Chelator

Perspective's proprietary platform technology enabling stable radiolabeling with Pb isotopes

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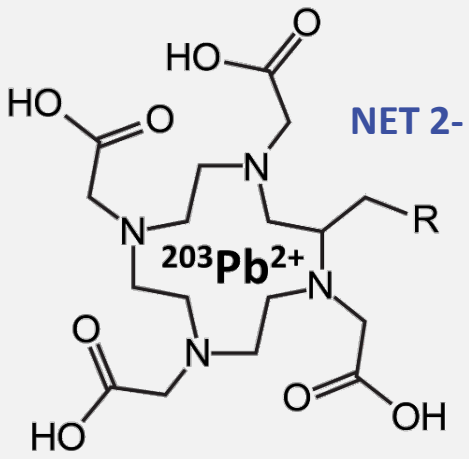
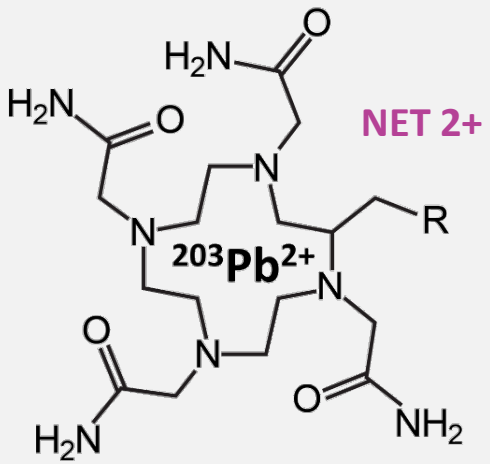
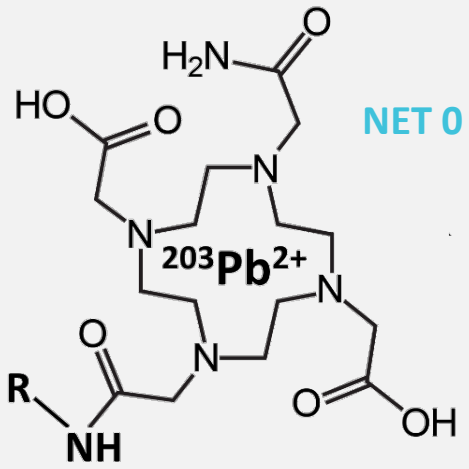
Designed to Deliver a Potent Payload + Optimized Therapeutic Window

Perspective's proprietary technology integrates a chelator optimized for $^{212/203}$Pb

DOTA	TCMC	PSC[1]	Perspective's PSC Chelator
 NET 2-	 NET 2+	 NET 0	• Proprietary • Designed specifically for Pb isotopes • Optimized for rapid renal clearance through neutralized formal charge • Improves radiolabeling, receptor binding & internalization • **Generic chelators leak the ^{212}Bi alpha-emitting daughter up to 36%[2]**
Commercially Available		Perspective's Chelator	

Retention of alpha-emitting ^{212}Bi can direct higher radiation dose to tumors and less radiation in off-target organs

[1]"Pb-Specific Chelator"; [2]Mirzadeh et al., Radiochimica Acta, 1993

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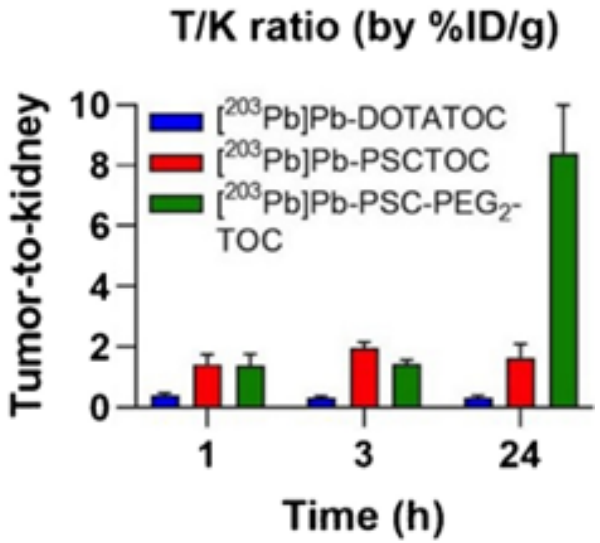
Preclinical Results: Evidence of a Differentiated Biodistribution Profile

Comparative biodistributions of constructs with different chelators

Estimated cumulative tumor and kidney doses over time

	Estimated dose (Gy/MBq)		
Radiopeptide	Tumor	Kidney	T/K
[^{212}Pb]Pb-DOTATOC	2.43	7.03	0.35
[^{212}Pb]Pb-PSCTOC	9.19	5.41	1.70
[^{212}Pb]Pb-PSC-PEG$_2$-TOC	12.70	6.22	2.04
[^{212}Pb]Pb-PSC-PEG$_2$-TOC (+ Lysine)	8.65	3.24	2.67

Tumor to kidney ratio at select time points



Lee D, Li M, Liu D, et al. Structural modifications toward improved lead-203/lead-212 peptide-based image-guided alpha-particle radiopharmaceutical therapies for neuroendocrine tumors. *Eur J Nucl Med Mol Imaging*. 2024;51(4):1147-1162. doi:10.1007/s00259-023-06494-9

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Broad Proprietary Pipeline

Construct	Target Disease	Discovery	Human Clinical Imaging	First in Human Therapy	Phase 1/2	Phase 3
VMT-α-NET	Neuroendocrine tumors	Initial results at NANETS 2024				
	Other SSTR2 expressing tumors					
VMT01/02	Melanoma (MC1R imaging & therapy)	Monotherapy initial results at SMR 2024				
		Combination with nivolumab open				
PSV359 *(FAP)*	Multiple solid tumors					
PSV40X *(Small Molecule)*	Prostate (PSMA imaging & therapy)					
Other Programs *(Novel Peptides)*	Solid and hematological tumors					
Pre-targeting Platform						
Antibodies & Proteins	Multiple solid and hematological tumors					

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Neuroendocrine Tumors: VMT-α-NET

Targeting the somatostatin receptor to treat rare neuroendocrine-type cancers

Neuroendocrine Tumors: VMT-α-NET

Targeting the Somatostatin Receptor to Treat Neuroendocrine and Other Cancers

Targeting somatostatin receptor type 2 (SSTR2) for the imaging and treatment of neuroendocrine tumors with possible expansion into other SSTR2+ tumor types

Initiated therapy (2022) investigator led study in India – data on 10 NETs patients presented at EANM in October 2024

Fast Track Designation for received October 2022
Phase 1/2a Therapeutic trial in PRRT naïve setting currently recruiting throughout the US

US Phase 1 study in PRRT refractory patients recruiting at the University of Iowa
VMT-α-NET will potentially expand into this population as well as PRRT naïve patients

Neuroendocrine tumors (NETs)

- Neuroendocrine cells are specialized cells that secrete hormones and other bioactive substances
- Neuroendocrine cells are found throughout the body. Often grow in the pancreas or other areas of the gut, such as the stomach, small intestine, rectum, colon or appendix

SSTR2 is expressed widely in various tumors

- Small cell lung cancer
- Breast cancer
- Meningioma
- Nasopharyngeal carcinoma
- Thyroid cancer
- Merkel cell carcinoma
- Neuroblastoma

Image Panel: Whole body SPECT scan of NETs patient imaged with [^{203}Pb]VMT-α-NET

In NETs, the Desired Primary Activity is Direct Cell Death, Requiring a Potent Payload

Cytoreductive | **Immunostimulatory**

RPT injection

1. Targeted cell death

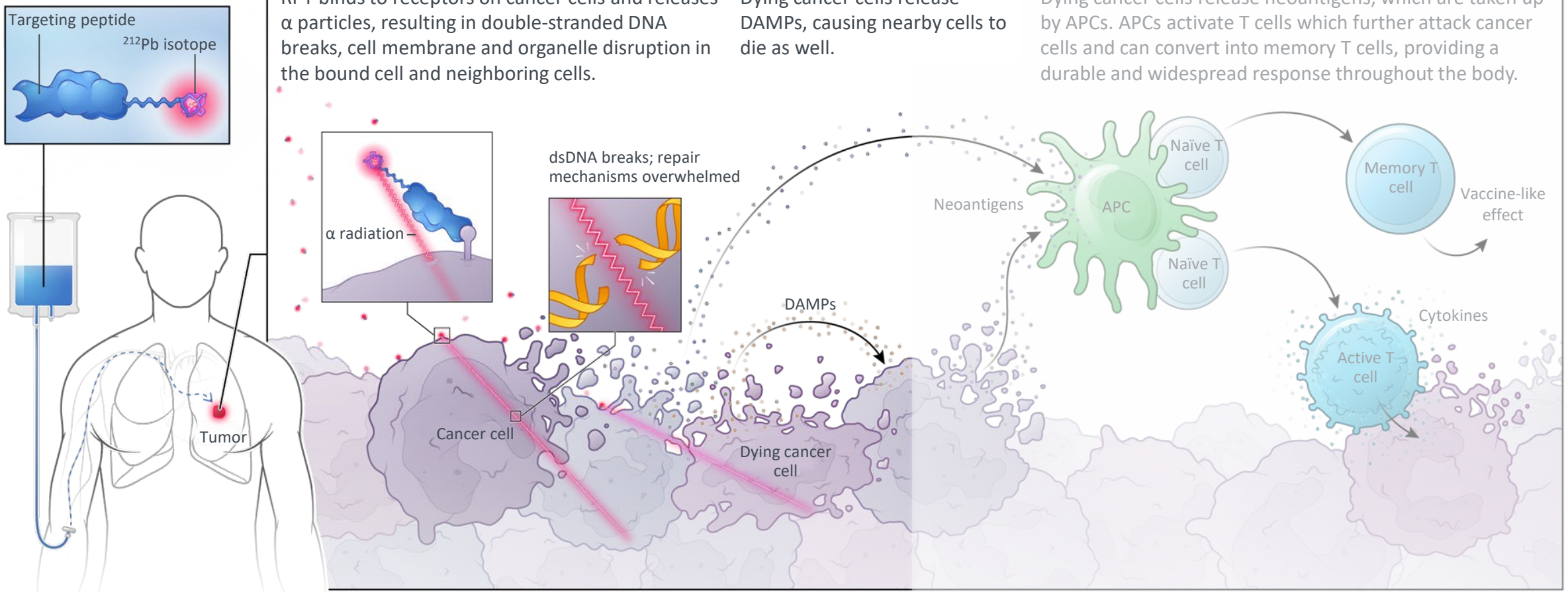
RPT binds to receptors on cancer cells and releases α particles, resulting in double-stranded DNA breaks, cell membrane and organelle disruption in the bound cell and neighboring cells.

2. Bystander effect

Dying cancer cells release DAMPs, causing nearby cells to die as well.

3. Immune activation

Dying cancer cells release neoantigens, which are taken up by APCs. APCs activate T cells which further attack cancer cells and can convert into memory T cells, providing a durable and widespread response throughout the body.



Abbreviations: APC, antigen-presenting cell; DAMPs, damage-associated molecular patterns; dsDNA, double-stranded DNA; RPT, radiopharmaceutical therapy.

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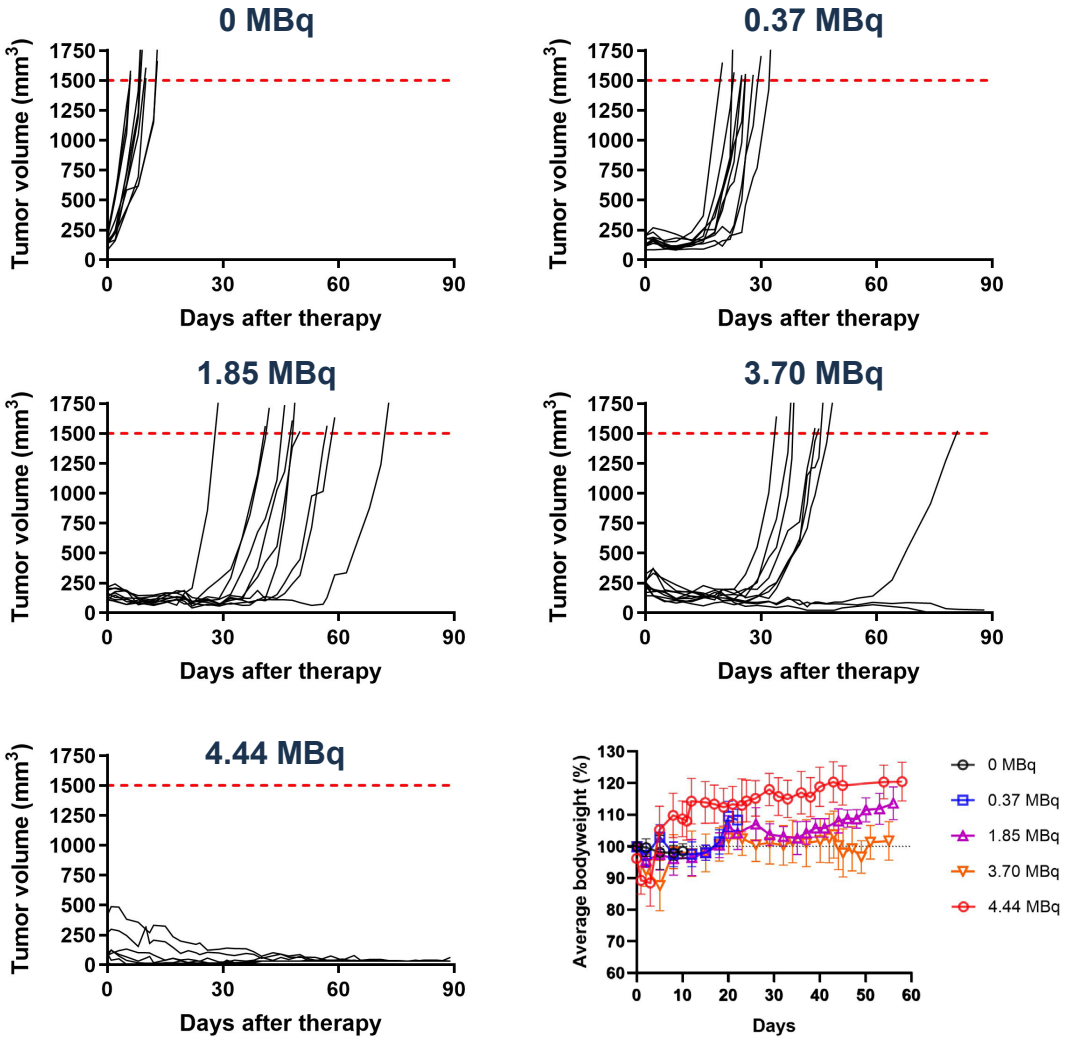
Preclinical Results: Linear Dose-Response



Spider plots of AR42J NET tumor volumes over time post treatment with [^{212}Pb] VMT-alpha-NET

Single ascending doses from 0 – 4.4 MBq

Red dashed line indicates tumor growth beyond limits for compassionate animal sacrifice

Bottom right graph of animal body weights per treatment group is a surrogate for general health

Tumor growth inhibition or regression correlates with increasing administered activity. All doses were well tolerated.

Lee D, Li M, Liu D, et al. Structural modifications toward improved lead-203/lead-212 peptide-based image-guided alpha-particle radiopharmaceutical therapies for neuroendocrine tumors. *Eur J Nucl Med Mol Imaging*. 2024;51(4):1147-1162. doi:10.1007/s00259-023-06494-9
Liu D, et al. European Association of Nuclear Medicine EANM, 15-19 Oct 2022, Barcelona, Spain.

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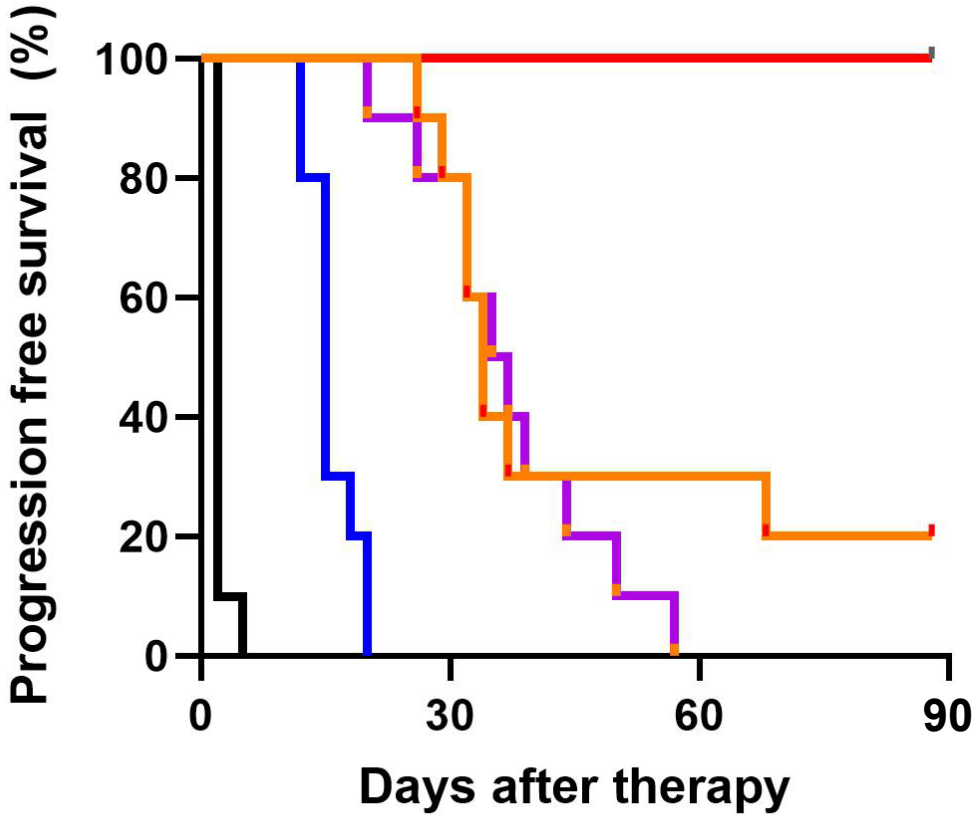
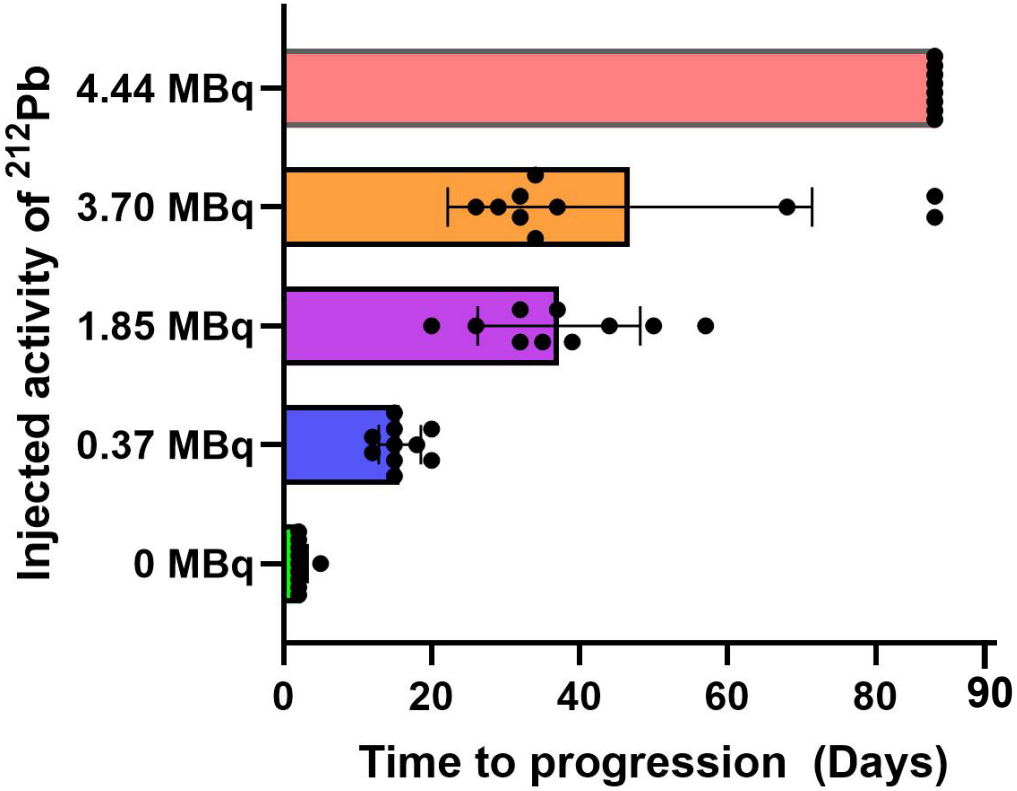
Preclinical Time to Progression and Survival By Administered Dose





- More than 20% increase to the initial tumor volume has been assumed to be progressive
- Study plan of 90 days duration

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Competitive Landscape: NET Radiopharmaceutical Trials

Rationale for testing higher doses of VMT-α-NET

	^{177}Lu-DOTATATE	^{177}Lu-DOTATATE	^{212}Pb-DOTAMTATE	^{225}Ac-DOTATATE	VMT-α-NET
Study	NETTER-1 (1) (2) RCT; randomized 2:1 N = 229	NETTER-2 (4) RCT; randomized 2:1 N = 226	Phase I/II (5) Single arm N=44	ACTION-1 Phase Ib/III (6) Phase Ib: Single arm N=17	Investigator led research (7) N=13
Dose Level (administered)	4 x Q8W 200 mCi	4 x Q8W 200 mCi	4 x Q8W 67 µCi/kg → 4.7 mCi/70 kg	4 x Q8W 3.2 uCi/kg → 0.23 mCi/70 kg	4 x Q8W 67 µCi/kg → median 2.9 mCi
Patient Population	SSTR2+, GEP-NETs	SSTR2+, GEP-NETs	SSTR2+, GEP-NETs	SSTR2+, GEP-NETS	SSTR2+ GEP-NETs, B-NETs, MTCs
Prior PRRT	0%	0%	0%	100%	62%
Median time from dx	3.8 years	1.9 months	5 years	5 years	N/A
Performance Status	Karnofsky Performance Scale Median was 90	Karnofsky Performance Scale 83% at 90-100	N/A	ECOG 0 (59%), 1 (41%)	ECOG 0 (38%), 1(31%), 2 (31%)
Histology	Well differentiated G1 (66%), G2 (35%)	Well differentiated G2 (73%), G3 (27%)	Well differentiated G1 (18%), G2 (68%), G3 (7%)	Well differentiated G1 (47%), G2 (53%)	Well differentiated G1 (15%), G2 (85%)
PFS	Median 28.4 vs 8.5 months (3)	Median 22.8 vs 8.5 months	74.3% at 24 months	NE (95% CI: 12 months, NE)	Median 16.4 months
ORR (CR/PR)	13% (1%/12%) vs. 4% (0%/4%)	43% (5%/38%) vs. 9% (0%/9%)	56%	29.4% confirmed 41.2% (6%/35%) w/ unconfirmed	62% (0%/62%) confirmed
AEs (>20%)	Nausea, vomiting, fatigue, diarrhea, abdominal pain, multiple laboratory abnormalities	Nausea, diarrhea	Alopecia, nausea, fatigue, appetite↓, diarrhea, dysphagia, lymphocyte count↓, abdominal pain, vomiting, weight↓, blood glucose↑	Nausea, fatigue, weight↓, hyperglycemia, abdominal pain, constipation, vomiting, multiple laboratory abnormalities	>10 events: alopecia, anemia, fatigue, nausea
Grade 3+ (>10%)	Lymphopenia (44%), GGT↑ (20%)	TEAE: 35%	TEAE: 52% Lymphocyte count↓ (25%)	TEAE: 53% Anemia (18%), lymphocyte count↓ (18%), creatinine clearance↓ (12%)	Anemia (2 events)
Other notes	5 Lu-177 treated patients withdrew due to renal-related events	Nephrotoxicities 13 (8.8%) vs. (2.0%)	Dysphagia treated with Botox injection		Transient dysphagia resolved without intervention

(1) US prescribing information; (2) DOI: 10.1056/NEJMoa1607427; (3) NANETS 2021; (4) DOI: 10.1016/S0140-6736(24)00701-3; (5) ASCO 2024; (6) ASCO 2024; (7) SNMMI 2024.
No head-to-head studies between the products have been conducted. Given the different study designs and methods, cross-trial comparisons cannot be made.
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PERSPECTIVE THERAPEUTICS

Preliminary Safety and Efficacy Data of [^{212}Pb]VMT-α-NET in Somatostatin Receptor 2 (SSTR2) Expressing Neuroendocrine tumors (NETs)

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Disclosures for Dr. Richard Wahl and FDA Status

Abdera: consultant

Molecular Targeting Technologies, Inc.: consultant, stock options

Siemens Healthineers: consultant

Voximetry: consultant, stock options

Techspert: consultant

Clarity Pharmaceuticals: stockholder

Perspective Therapeutics: consultant, research

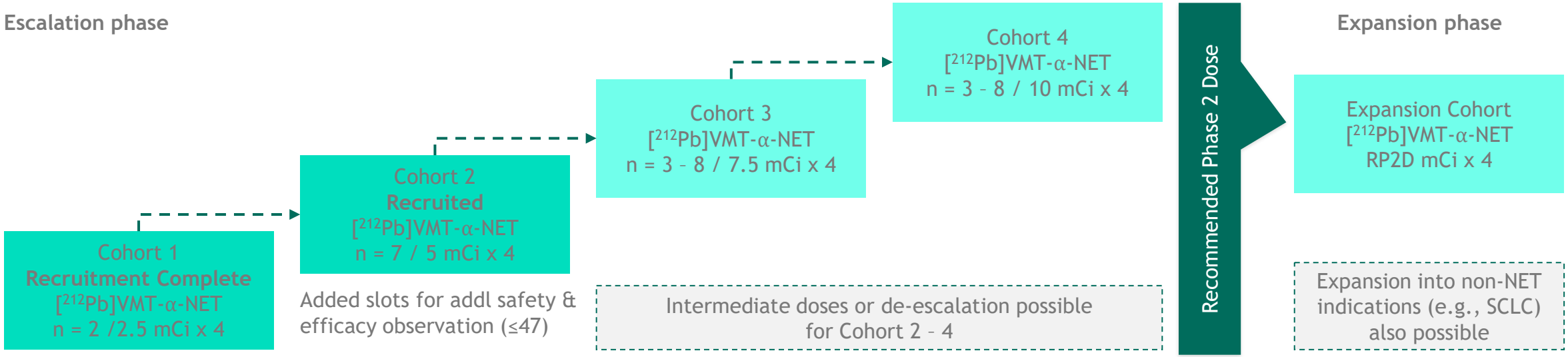
Fusion Pharmaceuticals: research contract

Rayze Pharmaceuticals: research contract

White Rabbit AI: research contract

[^{212}Pb]VMT-α-NET is not FDA approved. It is being used under an FDA IND in a clinical trial

Trial Design: [^{212}Pb]VMT-α-NET mTPI-2 Phase 1/2a For Neuroendocrine Tumors



Trial Parameters

Escalation Stage Population

- Advanced/unresectable or metastatic NETs
- Progressive disease on prior therapy
- PRRT naïve
- FDA approved SSTR2 PET/CT avid disease

Key Study Features

- Bayesian mTPI-2 design based on iterative toxicity probability monitoring
- Dosimetry to be assessed during screening period for cohorts 1 & 2 using 5-7 mCi [^{203}Pb]VMT-α-NET

Study Endpoints

- **Primary**: To measure incidence of DLTs following a single administration of [^{212}Pb]VMT-α-NET in order to determine the MTD and/or MFD, and RP2D
- **Secondary / exploratory**:
  - ORR, DOR and PFS by RECIST v1.1, OS
  - Using dosimetry, estimate selected organ and whole body absorbed radiation doses for [^{212}Pb]VMT-α-NET

[1] mTPI-2: Modified toxicity probability index | https://clinicaltrials.gov/study/NCT05636618

Patient Characteristics (all patients as treated)

	All Treated (N = 9)
Age (years)	
Median	63
Range	37,78
Sex, n (%)	
Female	4 (44)
Male	5 (56)
Race, n (%)	
White	8 (89)
Asian	1 (11)
Tumor Type, n (%)	
Pancreatic NET	3 (33)
Non-pancreatic NET	6 (66)
Grade, n (%)	
G1	3 (33)
G2	6 (66)

Data cutoff 10/31/24

	All Treated (N = 9)
Time since diagnosis (months)	
Mean	70
Median	37
Range	12, 181
Number of prior systemic therapies	
Median	1
Range	0, 2
Prior systemic therapies (patients with each)	
Somatostatin analogues	7
Capecitabine, temozolomide	1
Small molecule (sunitinib, everolimus)	2
ECOG Performance Status, n (%)	
0	8 (89)
1	1 (11)
Disease at Baseline, median (range)	
RECIST median sum of target lesions (cm)	6.7 (2.9, 8.7)
SUV max SUV mean	41.5 (18, 162) 30 (12, 102)

Patient Disposition and Exposure (all patients as treated)

Green line denotes timepoint through which all post-cycle scans are available to the study team.

Cohort	Subject	Subject Status	Weight (kg)	Adm Activity (mCi)	Adm Activity per Weight (µCi/kg)	C1D1	C2D1	C3D1	C4D1
1	103-101	Follow-Up	53	2.5	50.1	✓	✓	✓	✓
1	103-102	Follow-Up	61	2.5	40.8	✓	✓	✓	✓
2	103-103	Follow-Up	157	5	31.7	✓	✓	✓	✓
2	109-103	Progressive disease	78	5	63.9	✓			
2	102-101	Follow-Up	91	5	54.5	✓	✓	✓	✓
2	103-104	Follow-Up[1]	59	5/2.5	84.5/42.3	✓	✓	✓	✓
2	102-103	Follow-Up	80	5	62.1	✓	✓	✓	*scheduled*
2	112-101	Follow-up	101	5	49.1	✓	✓	✓	✓
2	103-105	Follow-up	73	5	68.7	✓	✓	✓	✓

1 Patient experienced syncope and dose was reduced for cycle 3 and cycle 4 to 2.5 mCi of administered activity
Additional notes: (1) 17 patients screened, (2) one patient (102-102) experienced a decline in renal function prior to administration of [^{212}Pb]VMT-α-NET and was not treated.
Data cutoff 10/31/24

Treatment Emergent Adverse Events (occurring in ≥ 2 patients and/or Grade ≥ 2) (1/2)

Incidence of TEAEs	[^{212}Pb]-VMT-a-NET 92.5 MBq (2.5 mCi) (N=2)			[^{212}Pb-VMT-a-NET 185 MBq (5.0 mCi) (N=7)			Total (n=9)		
Grade	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 3
AEs by Preferred Term and Grade Reported by Patient [Number patients with AE (% of pts treated per cohort)]									
Most Common (Occurring in ≥ 2 patients and/or grade ≥ 2									
Fatigue	1 (50)	1 (50)	-	3 (43)	2 (28)	-	4 (44)	3 (33)	-
Alopecia	2 (100)	-	-	4 (57)	-	-	6 (66)	-	-
Lymphocyte count decreased	-	1 (50)	-	2 (29)	3 (42)	-	2 (22)	4 (44)	-
Nausea	-	1 (50)	-	4 (57)	1 (14)	-	4 (44)	2 (22)	-
Anaemia	-	2 (100)	-	3 (43)	-	-	3 (33)	2 (22)	-
Diarrhoea	2 (100)	-	-	2 (29)	1 (14)	1 (14)	4 (44)	1 (11)	1 (11)
Haematocrit decreased	1 (50)	1 (50)	-	2 (29)	-	-	3 (33)	1 (11)	-
Red blood cell count decreased	1 (50)	1 (50)	-	2 (29)	-	-	3 (33)	1 (11)	-
White blood cell count decreased	2 (100)	-	-	-	-	-	2 (22)	-	-
Abdominal pain	-	-	-	2 (29)	-	-	2 (22)	-	-
Haemoglobin decreased	-	-	-	2 (29)	-	-	2 (22)	-	-
Hyperglycaemia	-	-	-	2 (29)	-	-	2 (22)	-	-
Blood alkaline phosphatase	-	-	-	2 (29)	-	-	2 (22)	-	-
Constipation	-	-	-	2 (29)	-	-	2 (22)	-	-
Haematuria	-	-	-	2 (29)	-	-	2 (22)	-	-
Headache	1 (50)	-	-	1 (14)	-	-	2(22)	-	-
Lethargy	1 (50)	-	-	1 (14)	-	-	2(22)	-	-
Aspartate aminotransferase incr'd	1 (50)	-	-	1 (14)	-	-	2(22)	-	-
Dizziness	1 (50)	-	-	1 (14)	-	-	2(22)	-	-

All patients as treated
Data cutoff 10/31/24

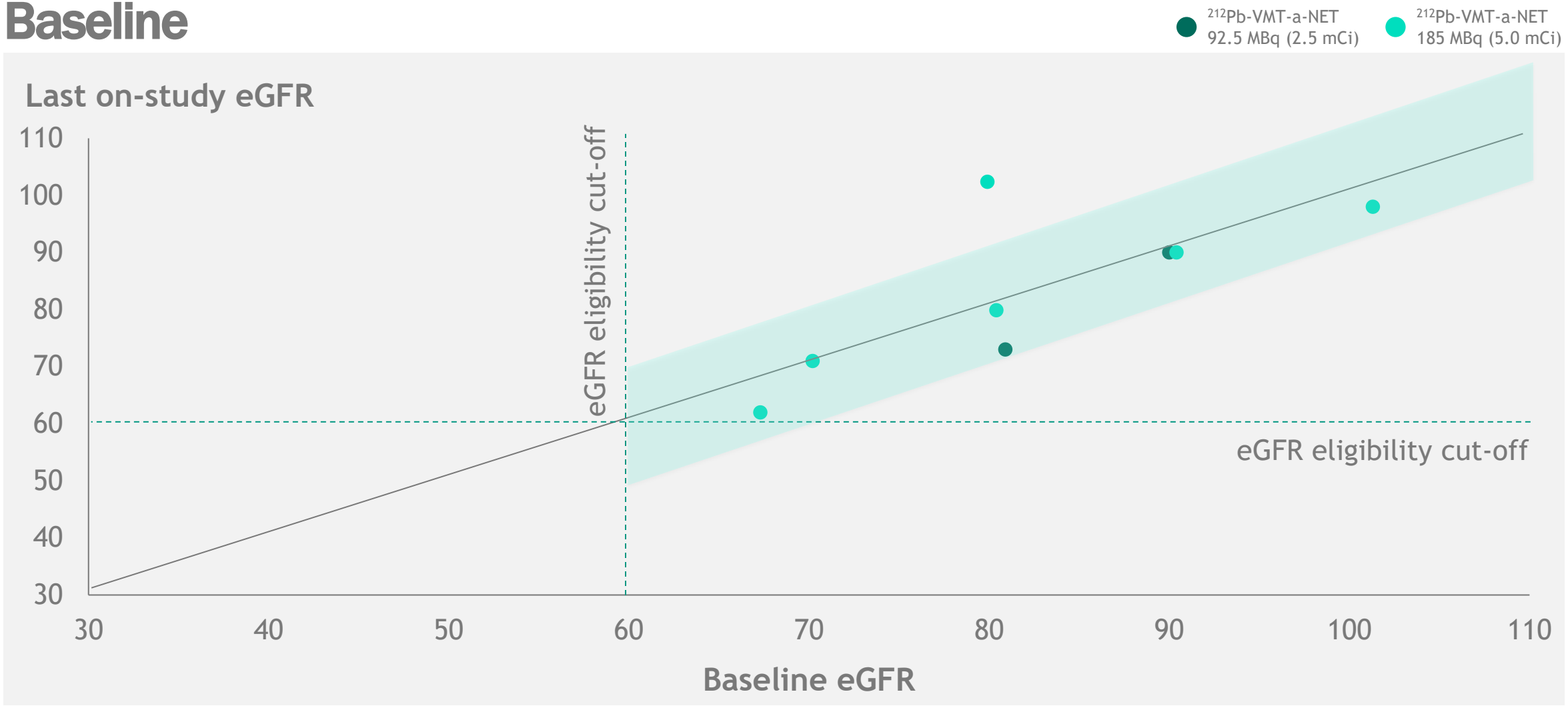
Treatment Emergent Adverse Events (Occurring in ≥ 2 patients and/or Grade ≥ 2) (2/2)

Incidence of TEAEs	[^{212}Pb]-VMT-a-NET 92.5 MBq (2.5 mCi) (N=2)			[^{212}Pb-VMT-a-NET 185 MBq (5.0 mCi) (N=7)			Total (n=9)		
Grade	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 3
AEs by Preferred Term and Grade Reported by Patient [No patients with AE (% of pts treated per cohort)]									
Grade ≥ 2									
Presyncope	-	-	-	-	1 (14)		-	1 (11)	
Syncope	-	-	-	-	-	1 (14)	-	-	1 (11)
Amylase increased	-	1 (50)	-	-	-	-	-	1 (11)	-
Hypercalcemia	-	1 (50)	-	-	-	-	-	1 (11)	-
Weight decreased	-	-	-	-	1 (14)	-	-	1 (11)	-

Note: No renal insufficiency or dysphagia were observed.

All patients as treated
Data cutoff 10/31/24

Estimated Glomerular Filtration Rate (eGFR), Most Recent versus Baseline



Data cutoff 10/31/24

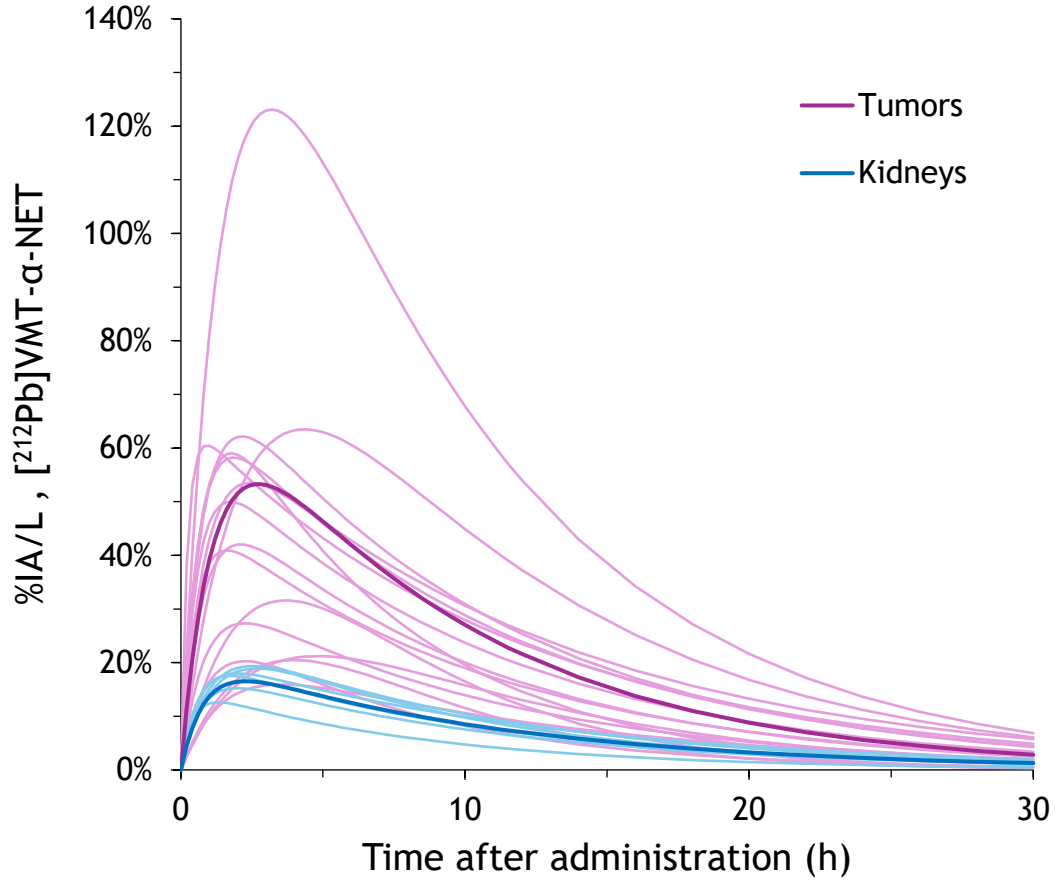
Safety Summary

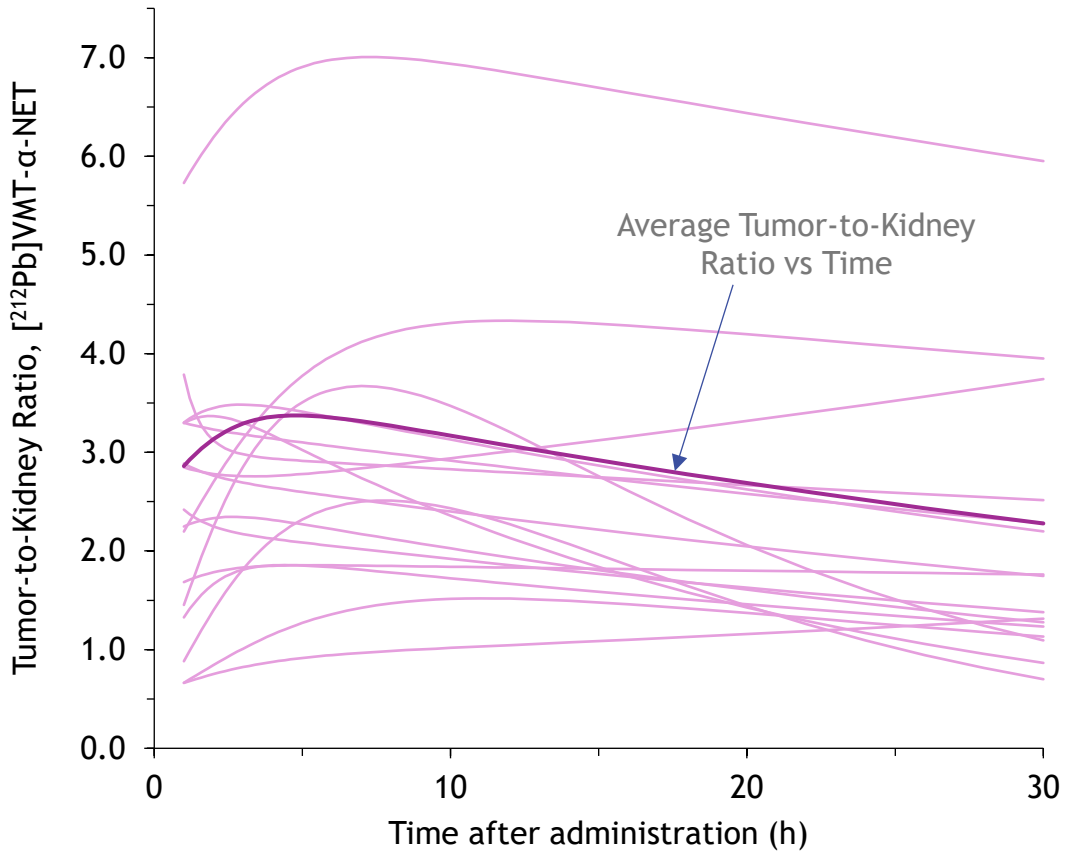
- No DLTs were observed in either cohort
- No grade 4, grade 5 or serious AEs were observed
- No decline in renal function was observed
- Hematologic AEs were few in number and low grade
- No dysphagia was observed
- No treatment discontinuations due to AE have occurred

Data cutoff 10/31/24

Predicted Tumor to Kidney Activity of [^{212}Pb]VMT-α-NET Over Time

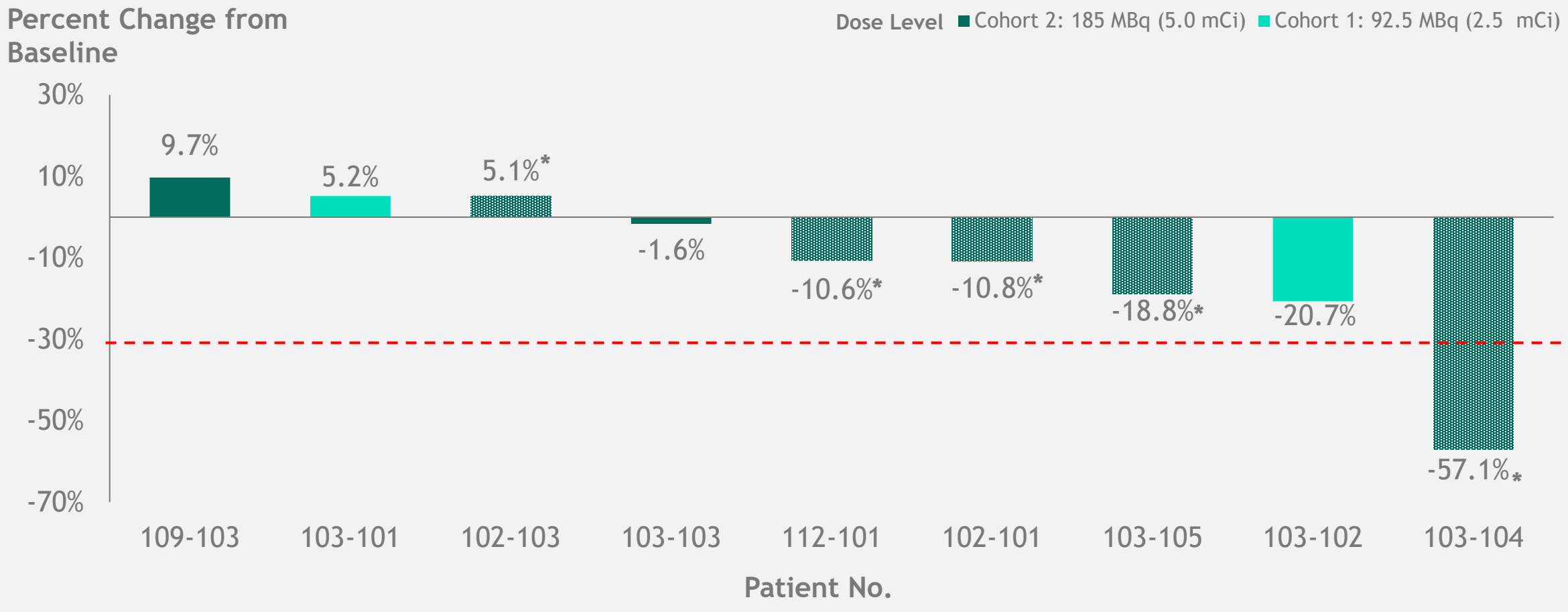
(Based on Pre-Treatment [^{203}Pb]VMT-α-NET SPECT Imaging and Dosimetry Analysis)





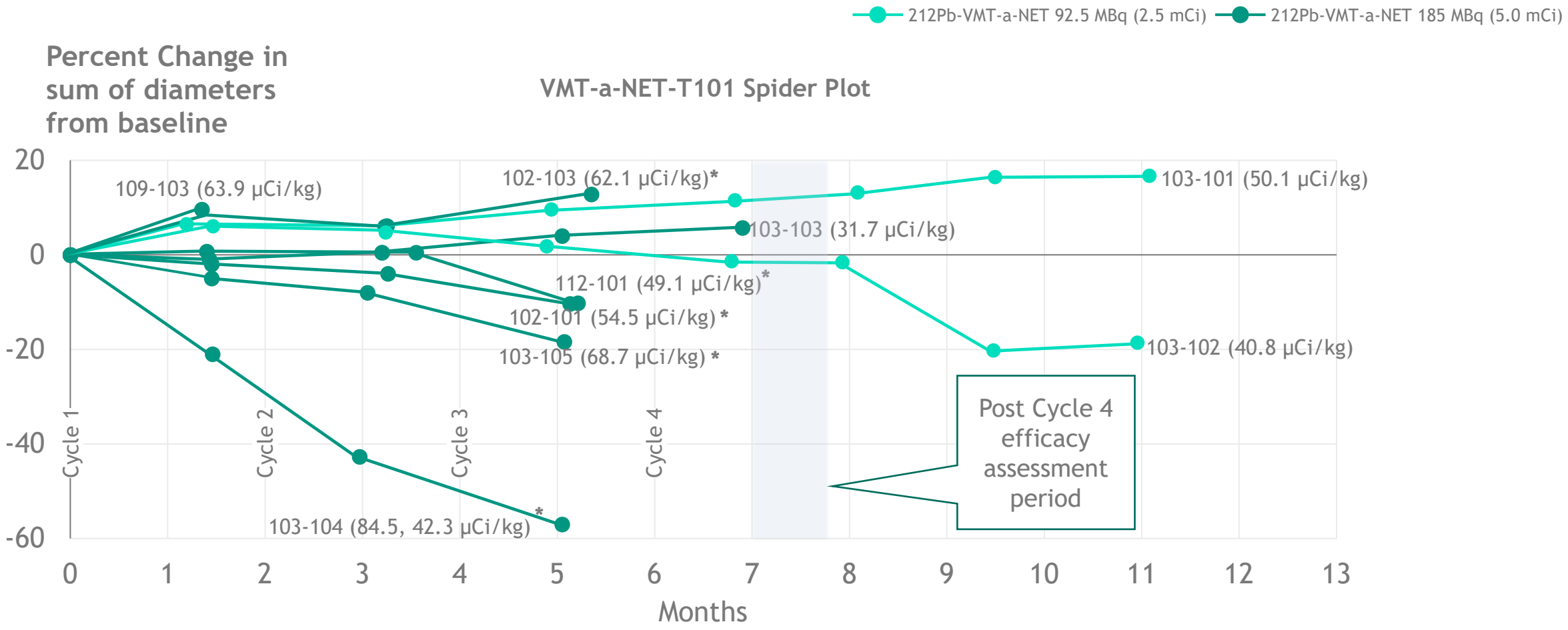
Time activity curves for [^{212}Pb]VMT-α-NET are derived from pre-treatment SPECT imaging using 5-7 mCi [^{203}Pb]VMT-α-NET at 1, 4, and 24 hours (n=6). The bold line represents the average across all samples in the dataset for tumors (magenta) and kidney (blue). Measurements of %IA/L in tumors and kidneys has been corrected for partial volume effects. However, SPECT imaging may still underestimate the true tumor to kidney ratio of absorption.
Data cutoff 10/31/24

Preliminary Response Assessment by RECIST v1.1 by Patient



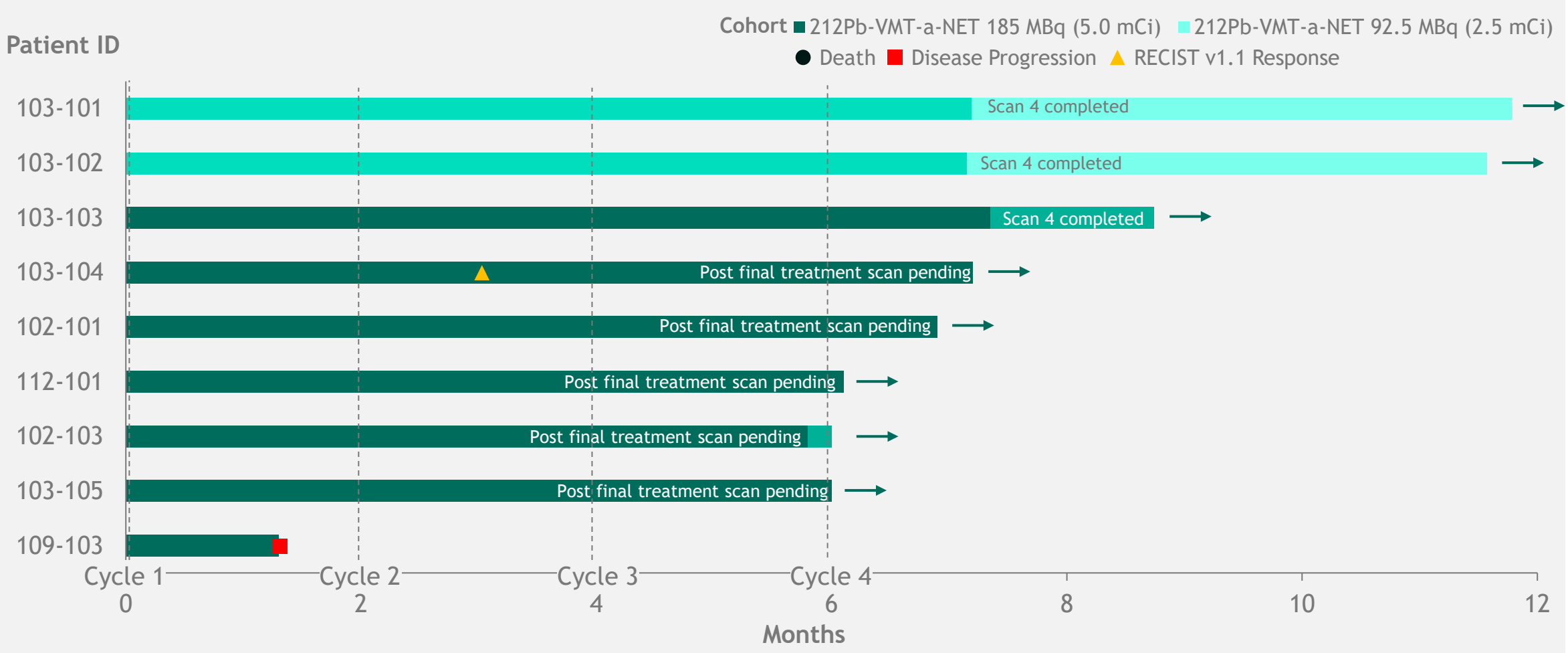
* The full sets of scans following cycle 4 are not yet available to the study team for five patients.
Note: Patient 109-103 experienced progressive disease by unambiguous progression of non-target lesions
Data cutoff 10/31/24

Kinetics of Treatment Response



* The full sets of scans following cycle 4 are not yet available to the study team for five patients.
Notes: Patients had progressive disease prior to enrollment on study, and patient 109-103 experienced progressive disease by unambiguous progression of non-target lesions
Data cutoff 10/31/24

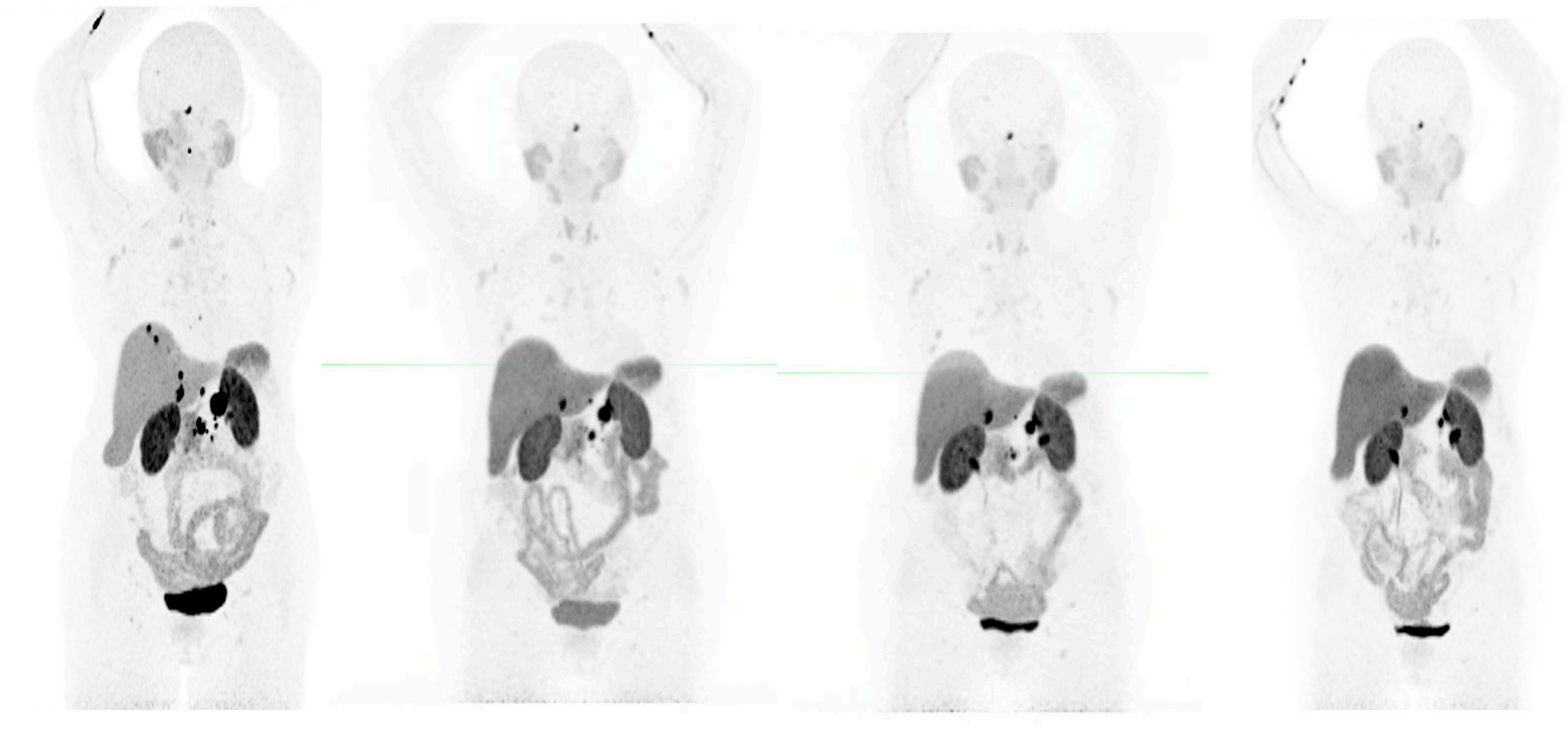
Preliminary Assessment of Disease Control Durability



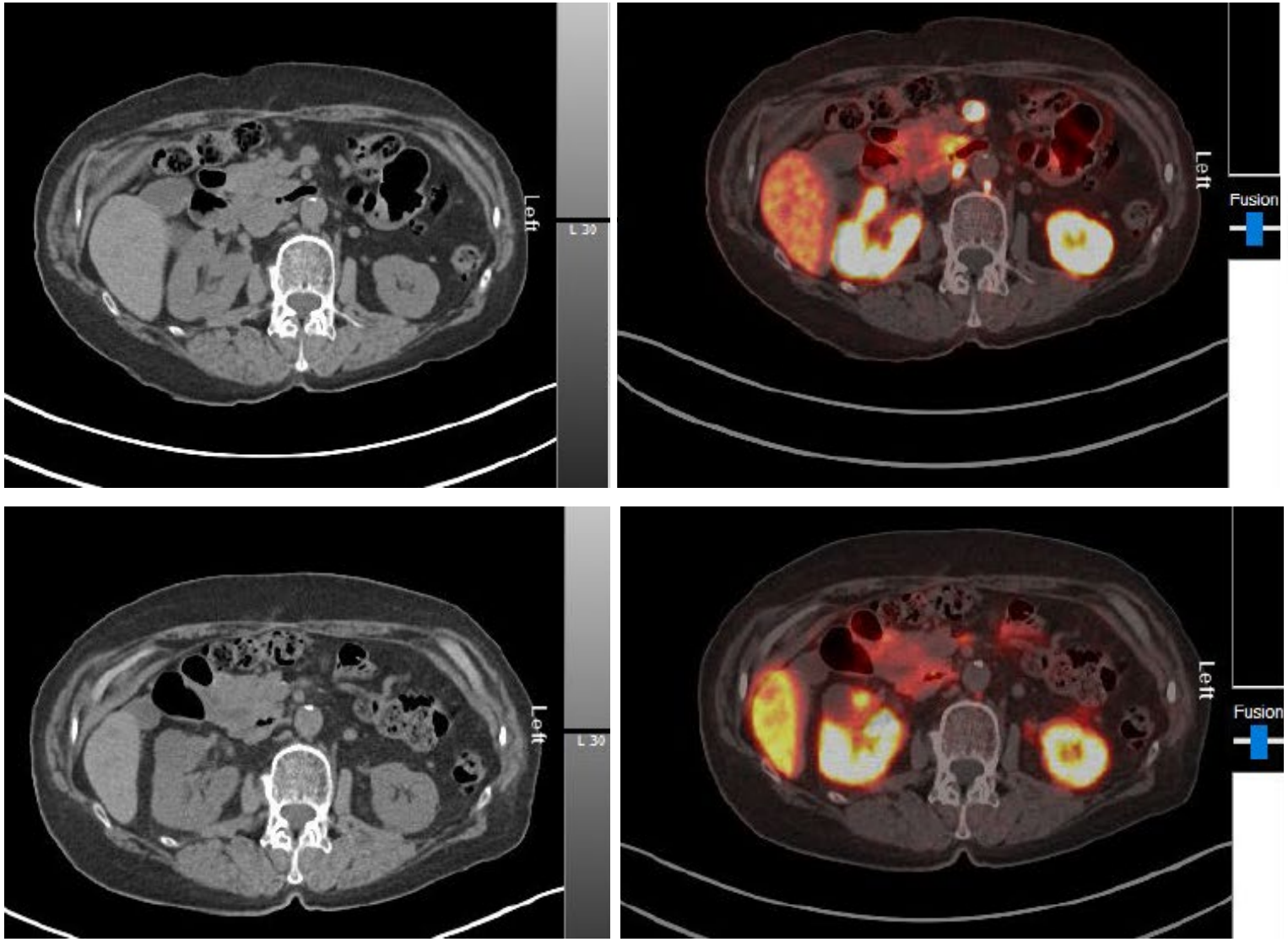
Data cutoff 10/31/24

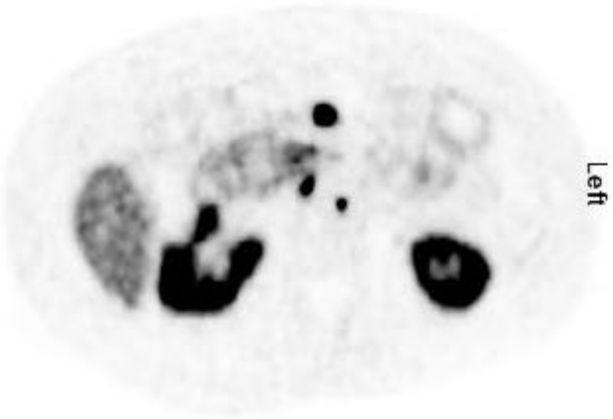
Patient 103-104 – ^{212}Pb VMT alpha NET Rx 5 mCi x 2, 2.5 mCi x 2

March 2023 | May 2023 | June 2023 | Oct 2024



Patient 103-104 – ^{212}Pb VMT alpha NET Rx 5 mCi x 2, 2.5 mCi x 2





Pre-Rx
3/2024

Post Rx
10/2024

Conclusions

[^{203}Pb]VMT-α-NET and [^{212}Pb]VMT-α-NET were well-tolerated

- No DLTs were observed
- No grade 4, grade 5 AEs or SAEs were observed
- No decline in renal function was observed
- Hematologic AEs were low in number and low grade
- No treatment discontinuations due to AE have occurred

Appreciable activity was been observed with treatment at this early timepoint in the study

- 8 of 9 (89%) patients had durable control of disease
- Analysis of cohort 1 and 2 at this early stage already shows clear signs of clinical activity
- The study will continue to define the RP2D with further dose escalation cohorts

The Safety Monitoring Committee has recommended dose escalation which will be considered with FDA

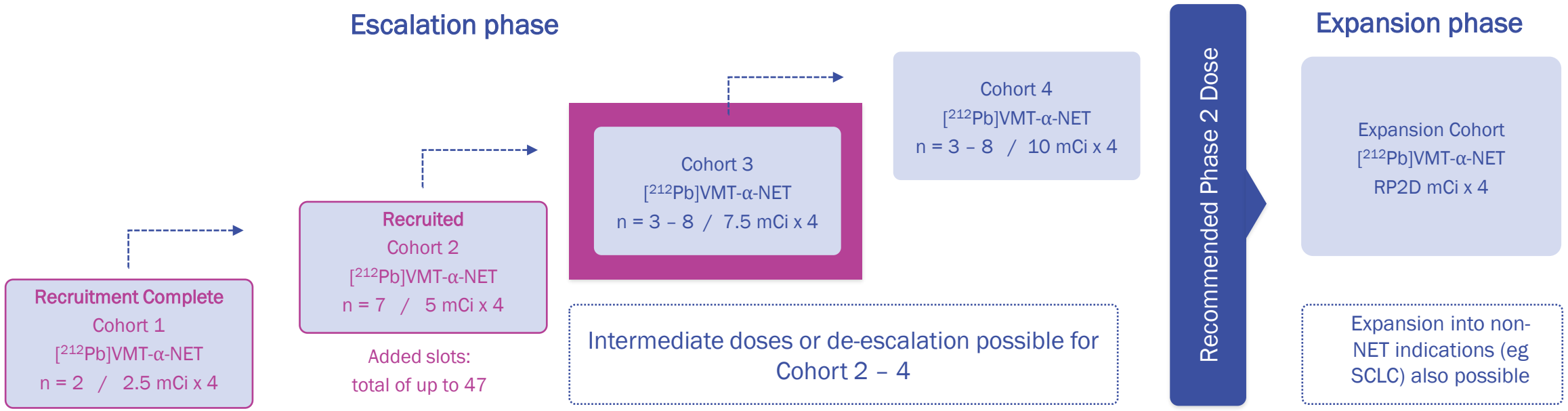
Acknowledgements

Multi Center trial thanking all investigators and the patients who participated.

Special thanks to Doctors Vikas Prasad and Nikos Trikalinos, Lauren Sandner and the CCTR (Center for Clinical Theranostics Research) staff from Washington University for their major contributions, and also Markus Puhlmann, MD, MBA and Ian Marsh, PhD, from Perspective Therapeutics, Inc.

Next steps and concluding remarks

Trial Design: [^{212}Pb]VMT-α-NET mTPI-2 Phase 1/2a For Neuroendocrine Tumors



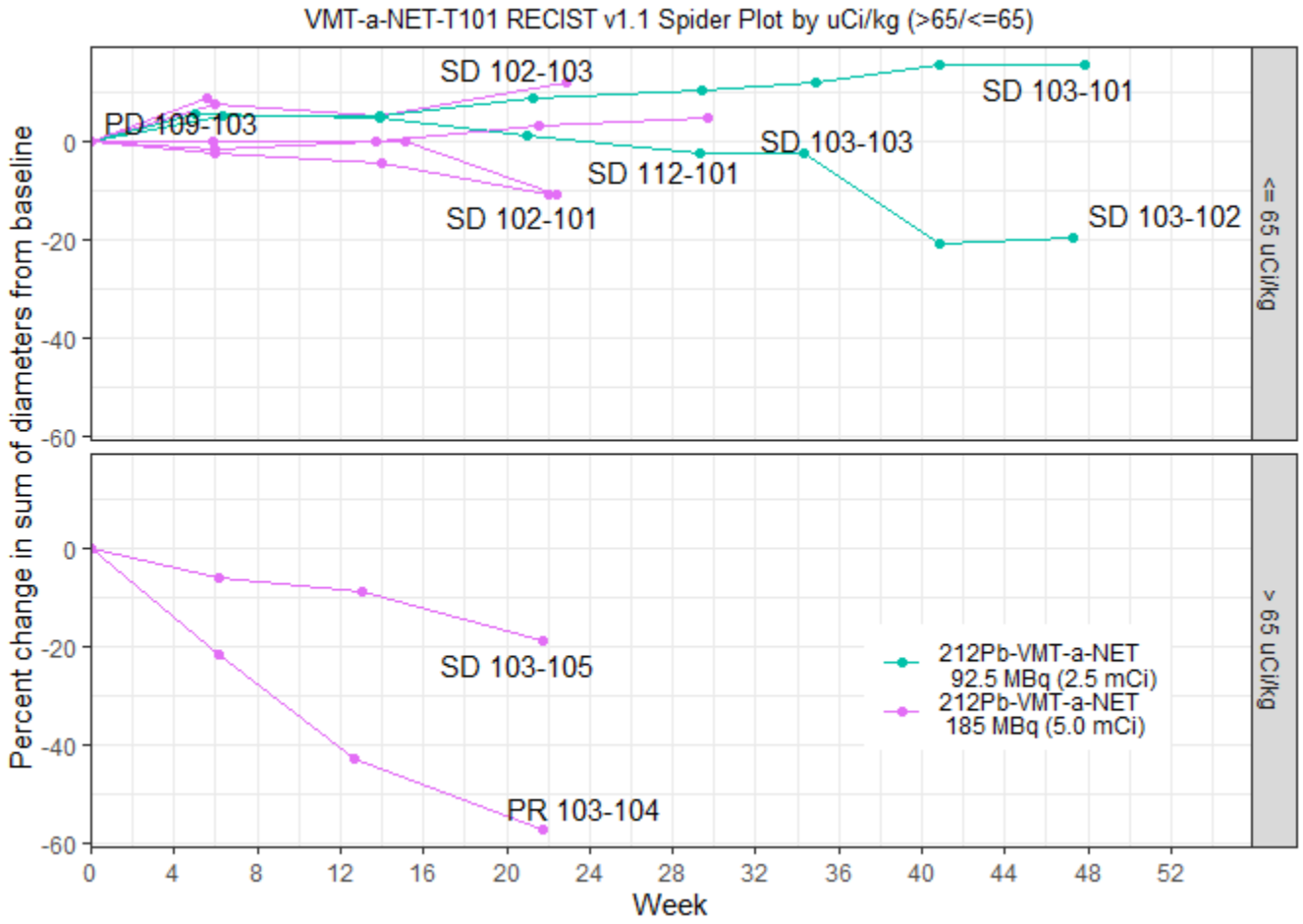
Trial Parameters

Escalation Stage Population	Key Study Features	Study Endpoints
▪ Advanced/unresectable or metastatic NETs ▪ Progressive disease on prior therapy ▪ PRRT naïve ▪ FDA approved SSTR2 PET/CT avid disease	▪ Bayesian mTPI-2 design based on iterative toxicity probability monitoring ▪ Dosimetry to be assessed during screening period for cohorts 1 & 2 using 5-7 mCi [203Pb]VMT-α-NET	▪ **Primary:** to measure incidence of DLTs following a single administration of [^{212}Pb]VMT-α-NET in order to determine the MTD and/or MFD, and RP2D ▪ **Secondary / exploratory:** • ORR, DOR, PFS, OS by RECIST v1.1 • Using dosimetry, estimate selected organ and whole body absorbed radiation doses for [^{212}Pb]VMT-α-NET

[1]mTPI-2: Modified toxicity probability index | https://clinicaltrials.gov/study/NCT05636618

PERSPECTIVE THERAPEUTICS

Deeper RECIST Responses Occur with Higher Administered Activity per Kg Body Weight



Delivering Momentum Across Solid Tumor Programs

Platform for consistent generation and development of new assets

Program	Target	Tumor Types	Nominate Candidate	IND Filing	Initiate Cohort 1	Enrolled Cohort 2	Preliminary Update	RP2D[2] Status
VMT-α-NET	**SSTR2**	**Neuro-endocrine Tumors**	☑	☑	☑	☑	☑ North American Neuroendocrine Tumor Society (NANETS) 2024	Pending Cohort 3 outcome
VMT01/ VMT02	**MC1R**	**Metastatic Melanoma**	☑	☑	☑	☑	☑ Society of Melanoma Research 2024	ICI combo study with nivolumab results expected 2025
PSV359	**FAP-α**	**Multiple solid tumors**	☑	Expected late 2024	Expected 2025			
Various Discovery Programs	PSMA	Prostate	Expected late 2024					
	Undisclosed	Breast						
	Undisclosed	Lung						

Key future milestones & expected timelines

Cohorts 1&2
Duration of results: 2025

Cohort 3:
Pending FDA interaction

Cohorts 1&2
Duration of results: 2025

Combination cohorts
Initial dosing: 2H 2024
Initial results: 2025

[1] Investigator led research in India in patients with neuroendocrine tumor and medullary thyroid carcinomas.
[2] RP2D = recommended Phase 2 dose; ICI = immune check point inhibitor.

PERSPECTIVE THERAPEUTICS

Q & A