Actinium Pharmaceuticals

We Nuke Cancer

Investor Presentation

Pioneering Differentiated Radiotherapies for Patients with Unmet Needs

June 2026

ATNM: NYSE AMERICAN

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Investment Thesis: A Novel Biology-Driven Radiotherapy Pipeline

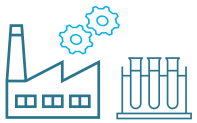
Deep understanding of disease biology shapes a differentiated radiotherapy portfolio at an inflection point with several key 2026 readouts supported by cash runway into 2028

Two Solid Tumor Assets with Pan-Cancer Blockbuster Opportunities

- **ATNM-400:** first-in-class asset with differentiated target and compelling preclinical data in prostate, lung and breast cancer
- **Actimab-A (MDSC):** potential to resensitize immunotherapies by depleting MDSCs in solid tumors

De-Risked, Partner-Ready Hematology and Conditioning Franchise

- Late-stage (Phase 2/3-ready) Actimab-A and Iomab-B address the full AML treatment journey; Iomab-ACT can serve as a universal conditioning agent for cell & gene therapies - a near-term value opportunity



Robust Capabilities, Platform & Near-Term Catalysts

- Deep R&D expertise, expanding in-house manufacturing (operational 2H:26) and robust IP (~250 patents, including Ac-225 production technology), with a cascade of significant data readouts expected in 2H:26

Strong Financial Position and Clean Capital Structure

- Cash runway into 2028 ($42.1M in cash and equivalents as of March 31, 2026); 31.4M shares outstanding with no debt, warrants or preferred stock

Radiopharma Landscape: A Strategic Void Awaits Differentiated Assets

6 Big Pharma's with an acquired radiotherapy presence

3 Targets Dominate industry pipeline (PSMA, SSTR2 & FAP)

$17 Billion In high value M&A on late-stage assets and infrastructure

300,000+ Sq. feet of underutilized radio mfg. infrastructure

Innovation Gap

Innovative Pipeline

Actinium Pharmaceuticals — We Nuke Cancer

$10+ Billion in investments focused on novelty & differentiation in 2024 – 2026 YTD

Bristol Myers Squibb · Lilly · sanofi · NOVARTIS · REGENERON

- **$2.7 B** Peptide platform
- **$1.75 B** DLL3 & B7-H3 & platform
- **$1.1 B** Miniprotein platform
- **$1.1 B** GCPR program
- **$0.65 B** PB-212 platform
- **$1.35 B** ACP3 prostate program
- **$2.1 B** Radiopharm platform

mariana ONCOLOGY · PeptiDream · AKTIS ONCOLOGY · Radionetics Oncology · oranomed · Philochem innovating chemistry · Telix

The radio landscape features largely undifferentiated programs by 50+ smaller companies and 6 Big Pharma players
A wave of M&A has left them with large infrastructure but sparse pipelines, creating an urgent need for truly novel assets

PSMA = Prostate Specific Membrane Antigen. SSTR2=Somatostatin Receptor 2, FAP = Fibroblast Activation Protein. Transaction values and manufacturing square footage via SEC filings and company press releases. Transaction values include total potential deal values.

Actinium is Well Positioned in the Current Radio Landscape

A Transformative Pipeline Across Three High Value Pillars

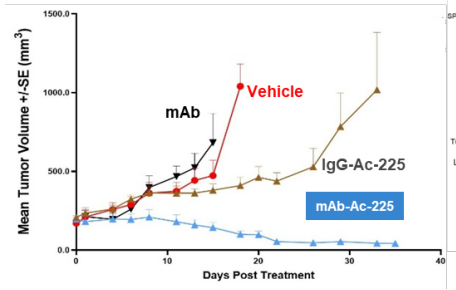
Pillar	Program	Differentiation & Indication	Stage of Development
			Preclinical / *Phase 1* / *Phase 2* / *Phase 3*
Solid Tumors  Growth & Value Driver	**ATNM-400 (Undisclosed Target)**	First-in-Class Ac-225 Program Targeting mCRPC, NSCLC & Breast Cancer	
	Actimab-A MDSC	Combinations with PD-1 Inhibitors to Overcome Resistance in MDSC-Rich Solid Tumors	
	Undisclosed Targets/Theranostics	Novel Solid Tumor Programs	
Hematology  Value Now/ Partner Ready	**Actimab-A + CLAG-M**	Mutation Agnostic Backbone Therapy for Fit R/R AML	**Seeking collaborator**
	Actimab-A Triplet Combo	Mutation Agnostic Backbone Therapy for Frontline AML	
	Actimab-A Monotherapy	Address Unmet Needs of High-risk HMA refractory MDS	
	Actimab-A Combinations *(FLT3, IDH 1/2, Menin)*	Novel Combinations for Frontline, R/R & Maintenance – AML/MDS	
Conditioning  Future of Cell & Gene Tx	**Iomab-ACT Commercial CAR-T**	Universal Conditioning to Improve Patient Access & Outcomes	
	Iomab-ACT BMT / GeneTx	Targeted Non-Chemotherapy Conditioning to Unlock Curative Therapies	
	Iomab-B BMT	Conditioning for Broad Active R/R AML Patient Population	**Seeking partner**

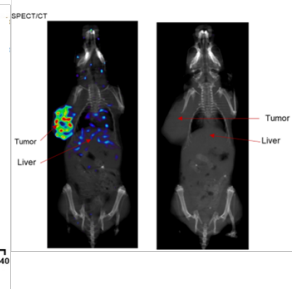
Innovation Focused R&D & Manufacturing Capabilities To Drive Value

Demonstrated ability to generate novel and highly differentiated radiotherapy programs as evidenced by our highly innovative pipeline

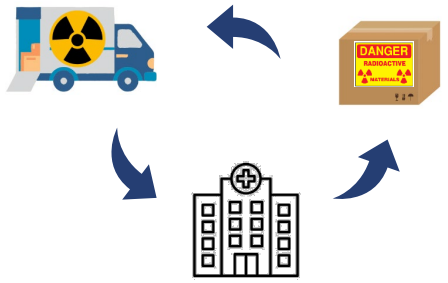
Strong In-house R&D to be Complemented by RLT Manufacturing 2H:26

Demonstrated Leading-Edge Preclinical Radiochemistry & Translational Biology

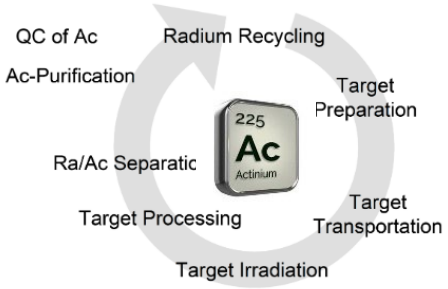




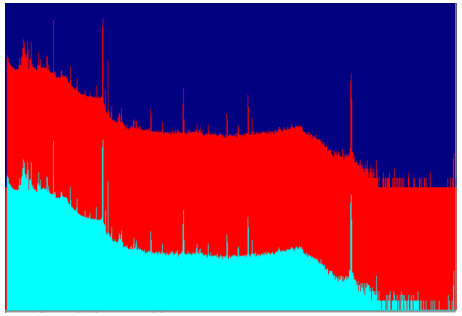
End-to-end Supply Chain Established at ~50 leading Hospitals & Redundant Isotope Supply



Proprietary Cyclotron Manufacturing Technology Enables Commercial-Scale, Low-Cost AC-225 Production



Radiochemical Purity Equivalent to Gold-Standard Thorium Method & No Long-Lived Contaminants

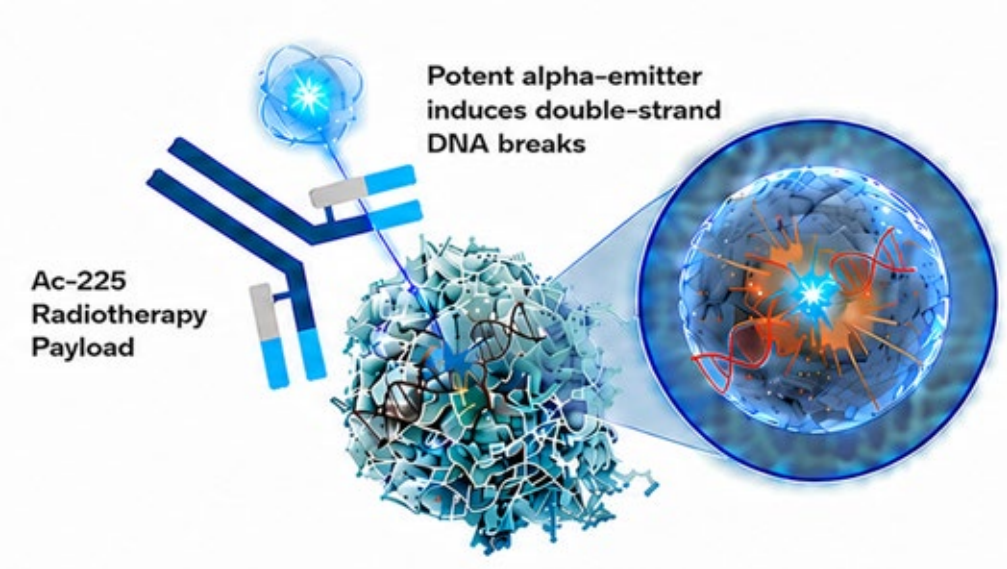


Solid Tumors: ATNM-400 & Actimab-A

ATNM-400: First-in-class, multi-indication Ac-225 targeted radiotherapy supported by robust preclinical data in mCRPC, NSCLC & Breast Cancer

Actimab-A: Potential to synergize with PD-1 and other immune checkpoint inhibitors in solid tumors by depleting CD33+ MDSCs

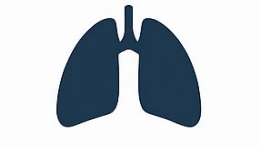
ATNM-400: Differentiated Radiotherapy Targeting 3 Blockbuster Indications



- **Target implicated in disease biology & treatment resistance**
- **Pan-tumor potential: target expressed across multiple solid tumor indications**
- **Theranostic approach with Zr-89 for imaging and Ac-225 for therapy**

Prostate Cancer (~300K U.S. patients)

- Non-PSMA target differentiates from Pluvicto, addresses non-responders/relapses and shows synergy with ARPIs for earlier line therapy



Lung Cancer (~200K U.S. patients)

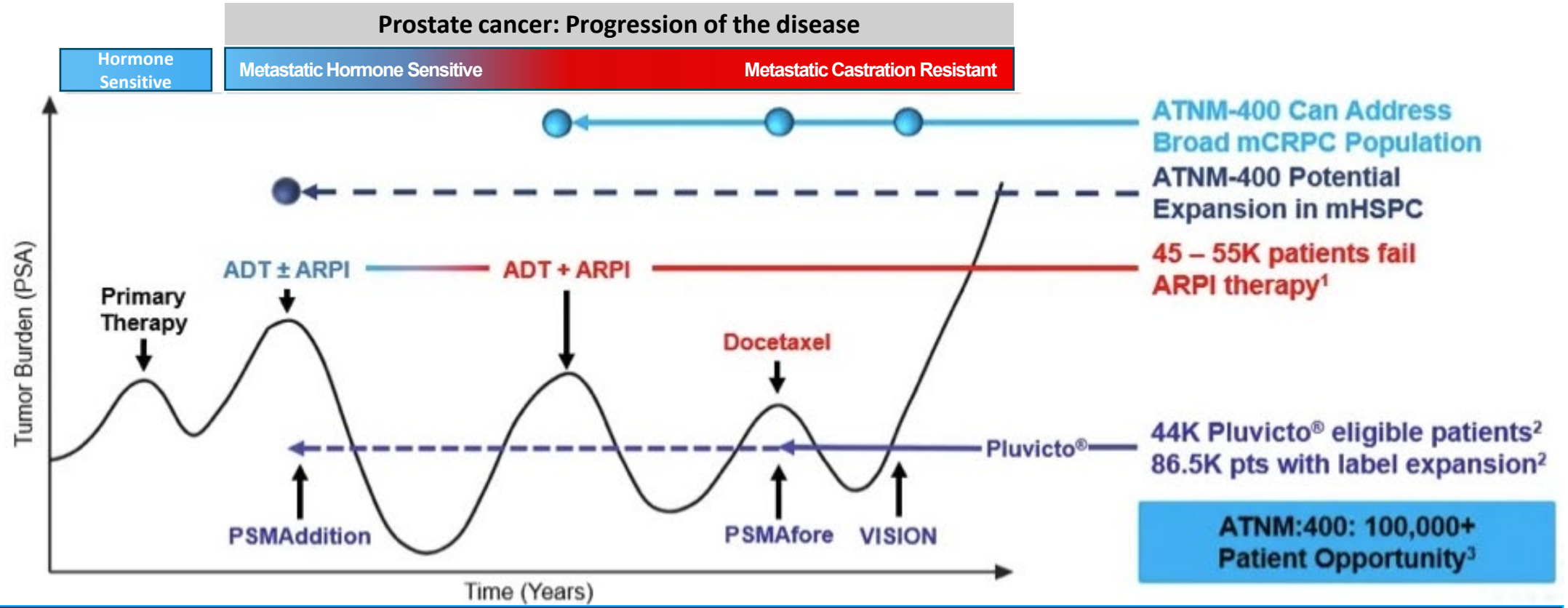
- Target is highly expressed in EGFR-mutant and KRAS-mutant NSCLC and increases in resistant disease, outperformed 1st, 2nd and 3rd line EGFR or 1st line KRAS therapies and is also synergistic in combination with 1st line EGFR

Breast Cancer (~300K U.S. patients)

- Robust Efficacy in HR+, TNBC and HER2-therapy-resistant models with the potential to avoid toxicities like ILD seen with ADCs and synergy with 1st line HER2 therapy

Blockbuster Market Opportunity for ATNM-400 in Prostate Cancer

Multiple near-term opportunities in non-responders and progressors with future expansion to earlier lines of treatment



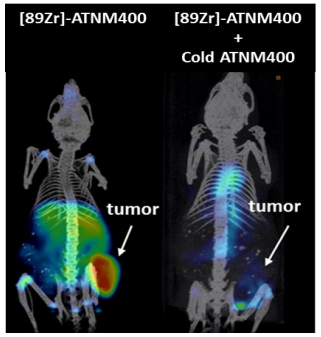
ATNM-400 Addresses Blockbuster Segments of mCRPC : ARPIs: $12+ billion | Pluvicto®: $2.0 billion[4]

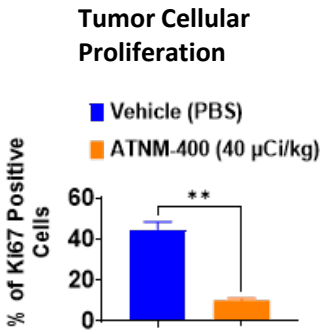
1) Beer et al. Enzalutamide in Metastatic Prostate Cancer before Chemotherapy. New England Journal of Medicine. 2014 Volume 371 No. 5 :424-433 2) Novartis 2025 Company Reports. 3) Actinium Pharmaceuticals, Inc. company estimates 4) Astellas, Pfizer, J&J and Bayer and Novartis 2025 Annual Reports

Transformative Therapeutic Potential of ATNM-400 for Prostate Cancer

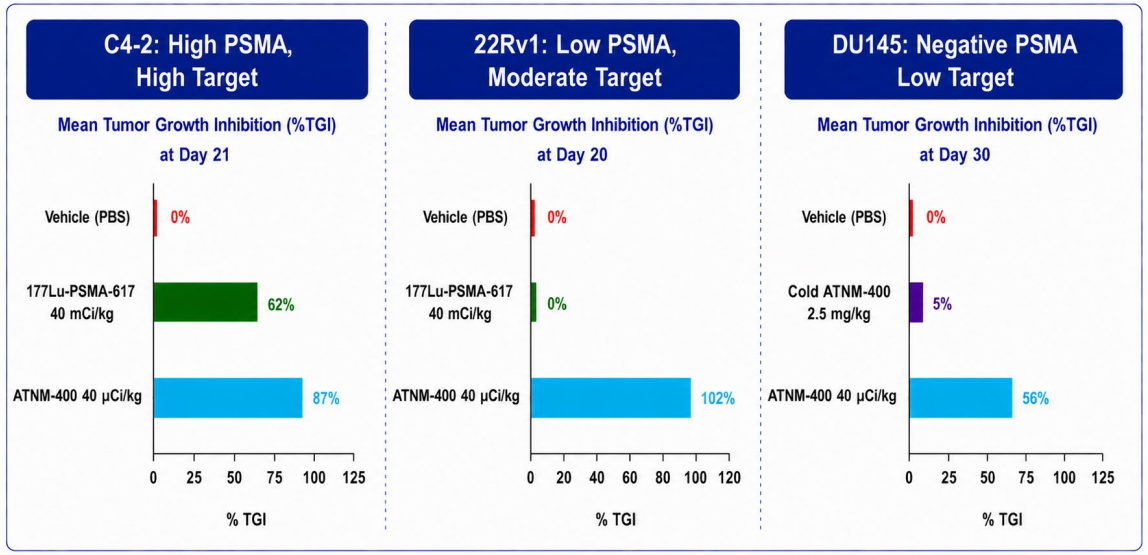
Robust in vivo data show ATNM-400 achieves specific tumor uptake, decreased tumor cell proliferation, and superior efficacy versus 177Lu-PSMA-617, active agent in blockbuster radiotherapy Pluvicto®

Specific Tumor Uptake & Decreased Cell Proliferation





ATNM-400 has Robust Efficacy in Prostate Cancer Xenograft Mouse Models with Low PSMA Levels where 177Lu-PSMA-617 is Ineffective



Target Considerations	ATNM-400	PSMA
Implicated in prostate cancer cell survival	✓	✗
Linked to rapid disease progression	✓	✗
Drives shorter time to castration resistance	✓	✗
Expressed in multiple solid tumors	✓	✗

- **30% mCRPC patients have low or no PSMA expression**
- **Up to 70% patients do not respond**
- **Nearly all patients progress on Pluvicto® in <12-mos**

ATNM-400, a first-in-class Actinium-225 antibody radioconjugate, demonstrates potent anti-tumor activity and overcomes resistance to enzalutamide and 177Lu-PSMA-617 in prostate cancer models Human prostate cancer. Chin et al. Prostate Cancer Foundation Scientific Retreat 2025. 22Rv1 tumor xenografts. Models consisted of human prostate cancer 22Rv1 tumor xenografts. 22Rv1 is resistant to Lu177-PSMA-617 and ARPI enzalutamide.

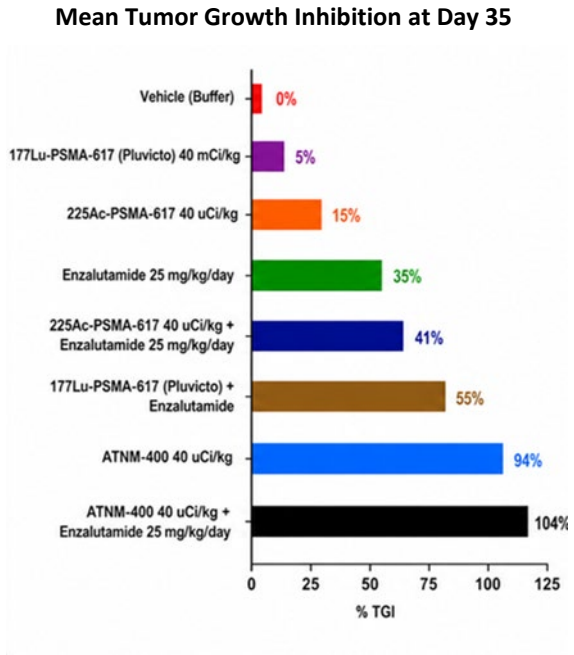
Greater Efficacy and Synergy with ARPIs Supports Large Market

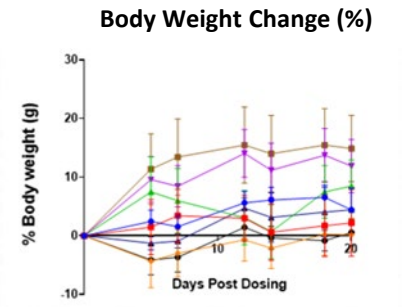
Mechanistic rationale & data supports potential of ATNM-400 in earlier line mCRPC as a monotherapy or ARPI combination

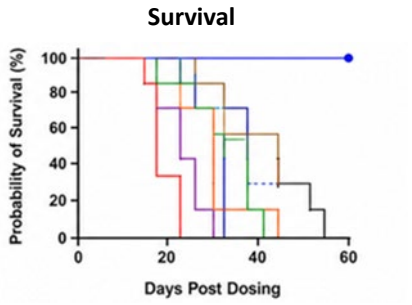
ATNM-400 Monotherapy or in Combination with ARPI Enzalutamide/XTANDI is Superior to PSMA-Targeted Agents in Prostate Cancer Model

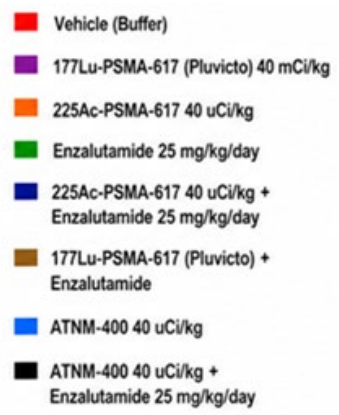
Mechanistic Synergy Supports Positive Results

- Enzalutamide resistance increases ATNM-400 target expression in prostate cancer models and mCRPC patients
- This provides a mechanistic rationale for the strong combination activity observed with ATNM-400 and ARPI enzalutamide









Similar data also observed with other ARPI's (apalutamide/ERLEADA and darolutamide/NUBEQA)

Up to 60,000 patients fail ARPI therapy and ~35% fail treatment in less than 12-months

ATNM-400, a first-in-class Actinium-225 antibody radioconjugate, demonstrates potent anti-tumor activity and overcomes resistance to enzalutamide and 177Lu-PSMA-617 in prostate cancer models Human prostate cancer. Chin et al. Prostate Cancer Foundation Scientific Retreat 2025. 22Rv1 tumor xenografts model has low PSMA and has an ARV7 splice variant thus making it resistant to AR ligand-binding domain ARPI's such as enzalutamide, apalutamide and darolutamide

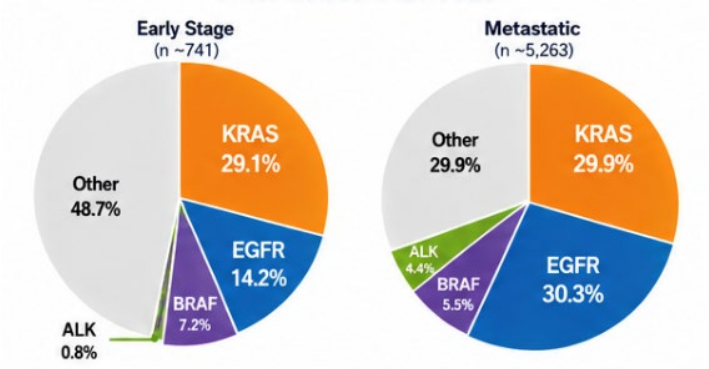
ATNM-400 Could Adress NSCLC Beyond Single-Mutation Therapies

Compelling preclinical data for ATNM-400 in NSCLC supported by target biology, the mutation agnostic mechanism of Ac-225 and combination studies with external beam radiotherapy support backbone type of opportunity in the 2x larger than prostate cancer NSCLC market

- NSCLC accounts for ~85% of the 2+ million lung cancer cases globally, a $30+ billion market
- No single mutation dominates NSCLC – existing therapies are segmented by mutation subtype
- ATNM-400's target antigen is overexpressed across NSCLC, associated with poor prognosis and linked to treatment resistance, creating a large opportunity where current drugs fail

NSCLC is a Large and Heterogenous Market

NSCLC Driver Mutations



Major Players in NSCLC

R = Radiotherapy Presence

From mutation-specific to mutation-agnostic potential

Current NSCLC Landscape
Mutation-specific therapies
↓
Narrow patient populations
↓
Resistance emerges

ATNM-400 Opportunity
Mutation-agnostic Ac225 strategy
↓
Broad NSCLC applicability
↓
Potential backbone therapy (alone or in combination)

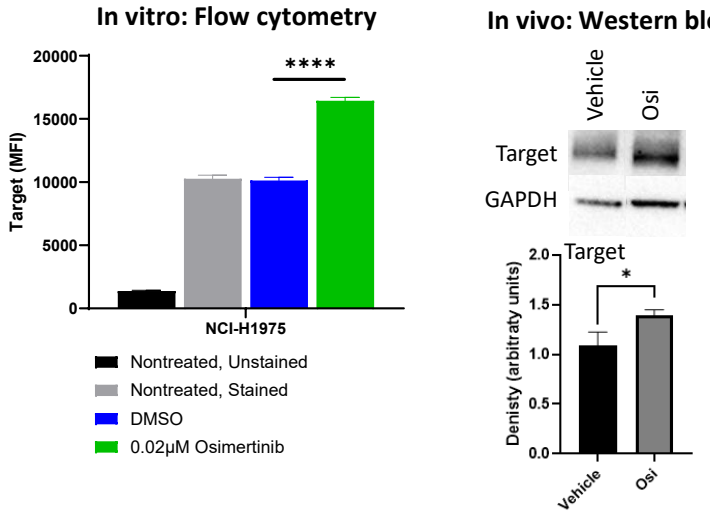
ATNM-400 has potential to expand beyond mutation-specific NSCLC therapies into a broader mutation-agnostic radiotherapy opportunity

Modified from Skoulidas and Heymach (2019), *Nature Cancer Reviews* 19:495-509

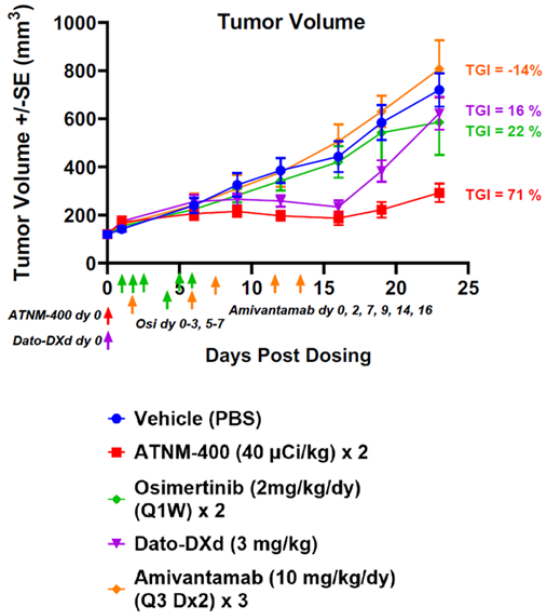
Significant Market Expansion Opportunity Across EGFR-mutant NSCLC

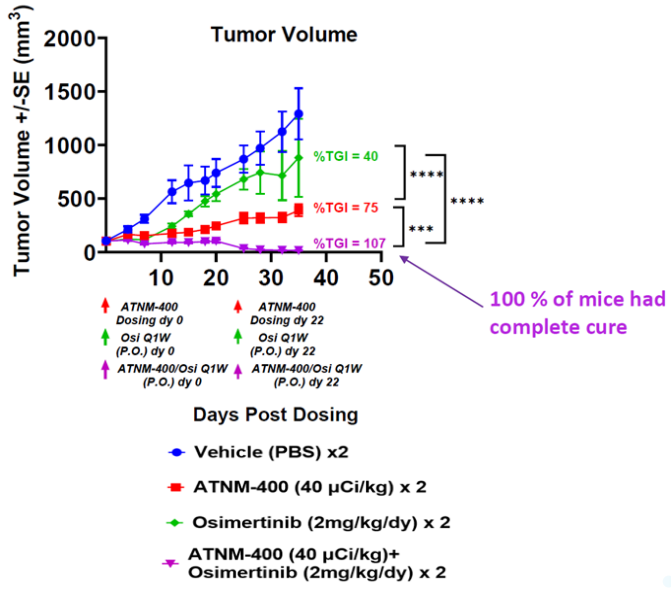
ATNM-400 outperformed 1st, 2nd & 3rd line approved therapies for EGFR-mutant NSCLC by 3-5x and had robust synergy in combination with 1st line osimertinib that is supported by clinical data with EBRT

Osimertinib treatment increases ATNM-400 target expression both in vitro and in vivo



ATNM-400 had 3-5x greater tumor growth inhibition vs approved EGFR therapies and 100% cures with osimertinib combination





Clinical rationale: EBRT + osimertinib Improved PFS vs. osimertinib (32.2 vs 20 months)
Ac-225 is 4-8× more biologically lethal than EBRT and could drive superior efficacy, reduced toxicity, and access to earlier-line treatment segments

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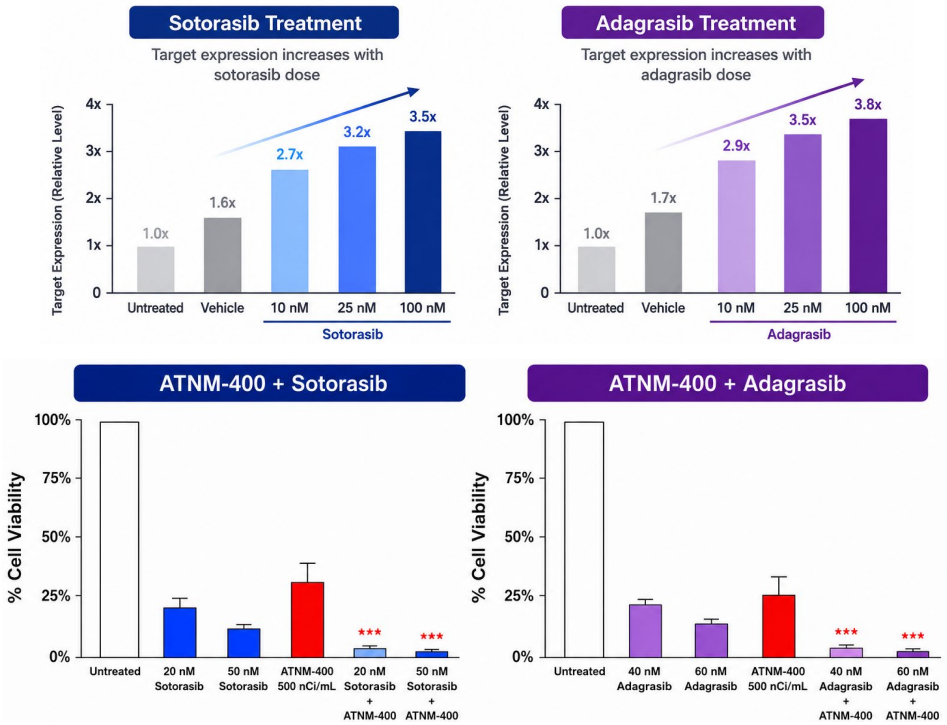
ATNM-400, a first-in-class Actinium-225 antibody radioconjugate, has superior anti-tumor activity compared to approved drugs (Osimertinib, Dato-DXd, and Amivantamab) in EGFR-mutant lung cancer preclinical models. Patel et al. AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2025. NCI-H1975 human lung cancer models with L885R and T790M EGFR mutations. 1) Sampath et al. Osimertinib plus consolidative radiotherapy for advanced *EGFR* mutant non-small cell lung cancer: a multicenter, single-arm, phase 2 trial. The Lancet eClinicalMedicine, Volume 87, 103435. https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00367-0/fulltext.EBRT = external beam radiotherapy

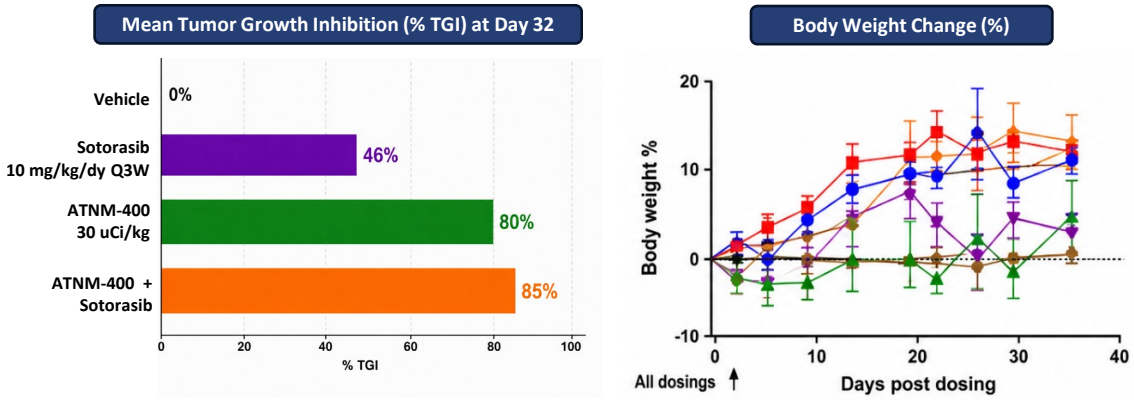
Significant Market Expansion Opportunity Across KRAS-mutant NSCLC

Broad activity across both EGFR-mutant NSCLC and KRAS-mutant NSCLC models supports the potential of ATNM-400 as a mutation agnostic targeted alpha therapy

Approved KRAS inhibitors increase ATNM-400 target levels & combination activity in KRAS G12C-mutant NSCLC model



ATNM-400 has monotherapy and combination efficacy in KRAS G12C-mutant NCI-H358 NSCLC models



- Approved KRAS inhibitors increases ATNM-400 target expression
- Combining ATNM-400 with approved KRAS inhibitors further reduces cancer cell viability in vitro and tumor growth inhibition in vivo, supporting the potential for improved efficacy with combination

Sotorasib (Lumakras®), Adagrasib (Krazati®) and drugs in the KRAS-mutant class in NSCLC are projected to have peak sales of over $5 billion[1]

1) Wall Street equity analyst research 2026

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Compelling Efficacy Across All EGFR, KRAS-Mutant NSCLC Settings

Results Strongly Support ATNM-400's Differentiated Profile in the Highly Competitive NSCLC Space and Potential Across 1st, 2nd & 3rd Line Settings, Alone or In Combination with Successful Therapies Competing for Market Share

- AstraZeneca and J&J are competing for market share with osimertinib (TAGRISSO®) and amivantamab (RYBREVANT®) combinations
- ATNM-400 offers a novel EGFR + radiotherapy combination supported by preclinical and clinical data
- ATNM-400 offers a novel KRAS + radiotherapy combination supported by preclinical data

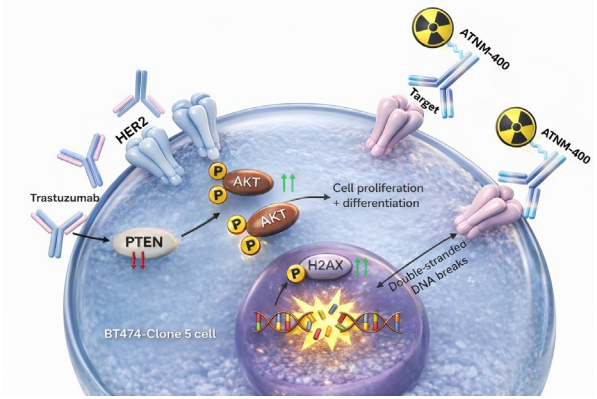
	EGFR - 1st Line	EGFR - 2nd Line	EGFR - 3rd Line	KRAS G12C – 1st Line
ATNM-400[1] Efficacy	✓ 3x Superior TGI ✓ Synergy in combination	✓ 85% greater TGI	✓ 5x Superior TGI	85% greater TGI
Therapy & Mechanism	Osimertinib (TAGRISSO®) +/- chemo EGFR-TKI	Amivantamab (RYBREVANT®) +chemo EGFR-cMET Bispecific	Dato-DXd (DATROWAY®) Trop-2 ADC	Sotorasib (LUMAKRAS®) or Adagrasib (KRAZATI®) $KRAS^{G12C}$ inhibitors
Manufacturer	AstraZeneca (AZ)	J&J	Daiichi Sankyo/AZ	Amgen (sotorasib) BMS (Adagrasib)
Targeted Radiotherapy Presence	**Yes - Prostate Cancer**	**Yes - Prostate Cancer**	**Yes - Prostate Cancer**	**Yes (BMS) – Prostate and GEP-NETs**

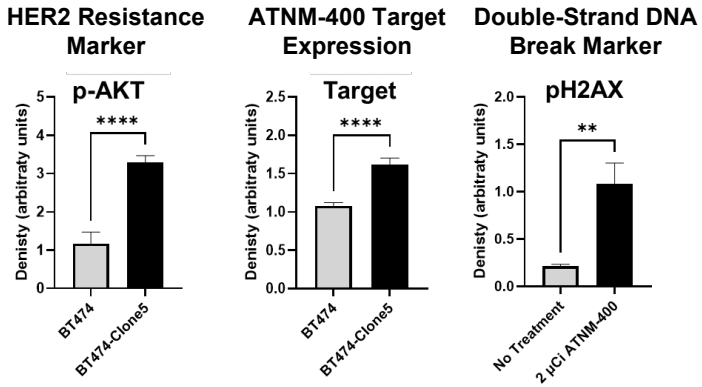
1) ATNM-400, a first-in-class Actinium-225 antibody radioconjugate, has superior anti-tumor activity compared to approved drugs (Osimertinib, Dato-DXd, and Amivantamab) in EGFR-mutant lung cancer preclinical models. Patel et al. AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2025. NCI-H1975 human lung cancer models with L885R and T790M EGFR mutations. 2) Studies vs control and not K-Ras inhibitors

Broad Potential Demonstrated Across Multiple Breast Cancer Settings

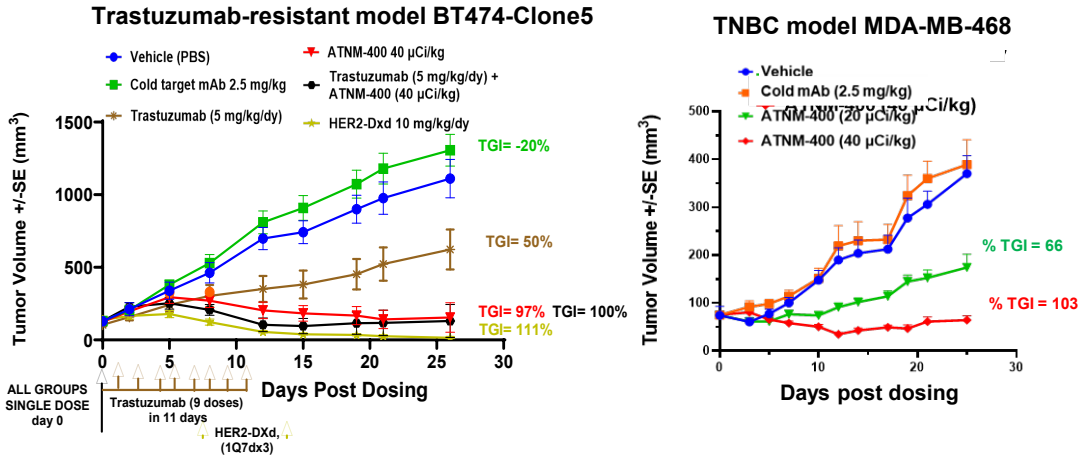
ATNM-400's target antigen is overexpressed in breast cancer including tumors resistant to endocrine therapies such as tamoxifen and HER2 targeted therapies like Herceptin® as well as in TNBC

HER2 Therapy Resistance Increases Survival Pathway via p-AKT & ATNM-400 Target Expression





Monotherapy and Combinations Eradicates Trastuzumab-Resistant Tumors and Triple-Negative Breast Cancer (TNBC)



- Robust efficacy and tumor regression as monotherapy and in combination with trastuzumab (Herceptin®) in trastuzumab-resistant, HR+ and TNBC models
- Herceptin® (Roche) and biosimilars generated sales of over $5 billion in 2025[1]
- Off-target toxicities like ILD with 2L therapies (HER2 or Trop-2 ADCs) restricts use
- ATNM-400 represents a novel therapeutic approach to address the high unmet needs in HR+, HER2- and TNBC as a monotherapy or in combinations

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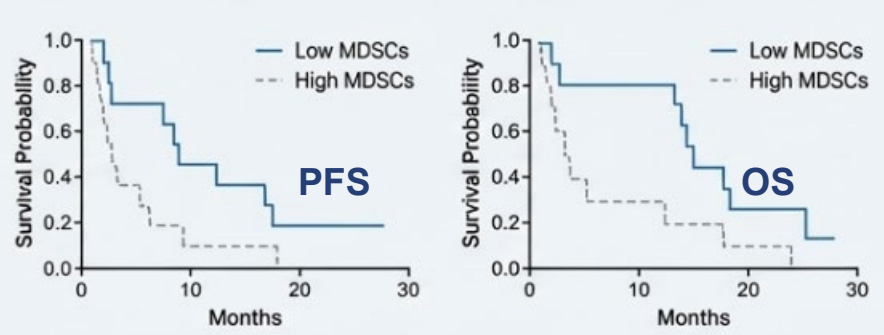
Anti-Tumor Activity of ATNM-400, a First-in-class Actinium-225 Antibody Radioconjugate, in Hormone-Positive, Triple-Negative, Tamoxifen-Resistant and Trastuzumab-Resistant Breast Cancer Models. Bardia et al. San Antonio Breast Cancer Symposium 2025. BT474-Clone5 breast cancer model is HER2 inhibitor trastuzumab-resistant. ILD - interstitial lung disease. ADC - antibody drug conjugate. p-AKT is a biomarker correlated with trastuzumab-resistance in breast cancer. p-H2AX is a marker of double-stranded DNA damage.
1) Per Data Insights Market

Actimab-A: Tap Into the Blockbuster PD-1 Market By Depleting MDSCs

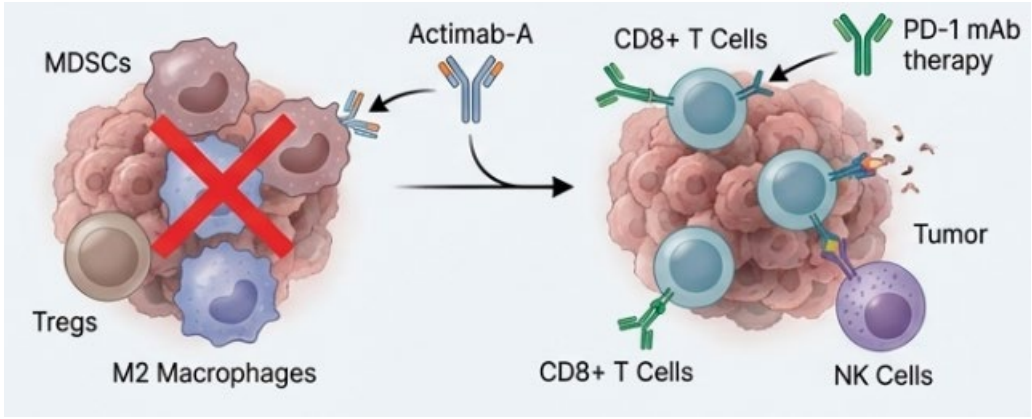
Actimab-A can be synergistic with PD-1 inhibitors by depleting MDSCs, an immune cell subtype implicated in poor response and outcomes to PD-1 inhibitors, potentially opening and expanding a $40+ billion market

Clinical Data Shows High MDSCs Lead to PD-1 Treatment Failure[1]



Outcomes	Low MDSCs	High MDSCs
PFS	8.39 months	1.94 months
OS	15.15 months	3.03 months

CD33+ MDSCs are Primed for Depletion with Actimab-A = ⬆ T-cell Proliferation



The Opportunity

Re-sensitize/Extend Responses

Enhance outcomes in the existing $40 billion PD-1 approved market (Lung, melanoma, etc.) and potential for new IP

Sensitize/Expand Indications

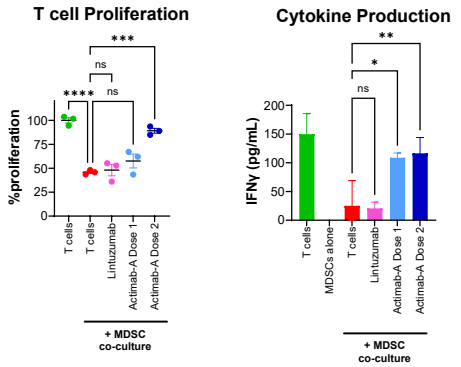
Open new markets for tumors with limited PD-1 response (Pancreatic, Prostate, Ovarian, etc.), representing 400,000+ patients annually

1) Bronte et al. High Levels of Circulating Monocytic Myeloid-Derived Suppressive-Like Cells Are Associated With the Primary Resistance to Immune Checkpoint Inhibitors in Advanced Non-Small Cell Lung Cancer: An Exploratory Analysis https://pmc.ncbi.nlm.nih.gov/articles/PMC9043492/. Frontiers in Immunology. 2022 Apr 13;13:866561

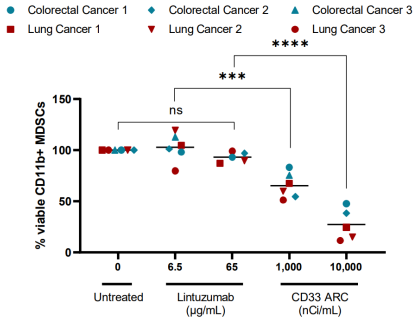
Actimab-A MDSC PD-1 Basket Trial: Data Expected 2H:2026

Trial supported by compelling preclinical data and mechanistic synergy will enroll patients across 4 tumor types

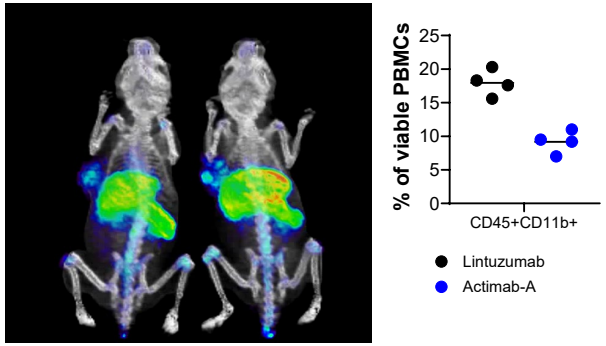
Actimab-A targeting of MDSCs rescues T cell response *ex vivo*[1]



Actimab-A is cytotoxic to patient-derived MDSCs *ex vivo*[1]



Actimab-A homes to tumor-resident MDSCs and depletes MDSCs in vivo[1]



Patient Population:

- R/R locally advanced metastatic HNSCC, NSCLC, GBM and Colorectal Cancer* (MDSC rich tumor types)
- No prior checkpoint inhibitor therapy
- Adults ≥18 years
- PD-1/L1 expression

KEYTRUDA® (pembrolizumab) Injection 100 mg / OPDIVO® (nivolumab)

+ Actimab-A

Real World Data Comparator

Endpoints:

- Evaluate Safety, tolerability of Actimab-A with Keytruda® or OPDIVO®
- Evaluate ORR, PFS and OS

Biomarkers:

- Evaluate pattern of depletion of CD33+ MDSCs in TME & Peripheral Blood
- T-Cell activity in Peripheral Blood

1)) Chin et al. Targeting Myeloid-Derived Suppressor Cells with Actinium-225 Lintuzumab, a CD33 Antibody Radioconjugate to Enhance Antitumor Immunity. Abstract 4221. ASH 2023 Annual Meeting * High-MSI colorectal cancer

Hematology Portfolio: AML Therapeutics & Targeted Conditioning

Actimab-A: Phase 2/3 ready, mutation agnostic Ac-225 AML therapy

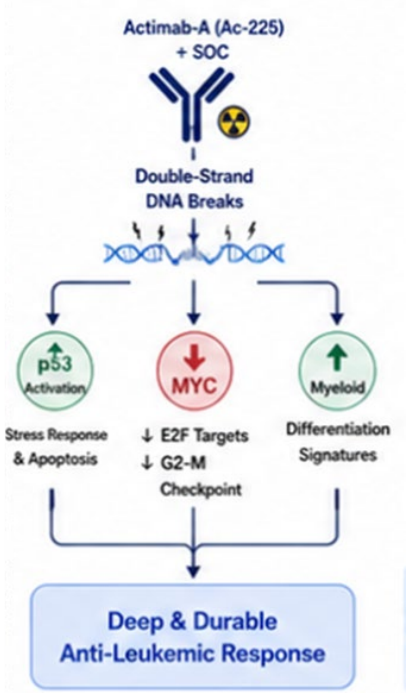
Iomab-B: Phase 2/3 ready BMT targeted conditioning agent

Iomab-ACT: Potential universal conditioning to improve access and outcomes for cell & gene therapies

Actimab-A: Mutation-Agnostic Combination Agent Overcomes Key AML Challenges

A universal backbone in AML that can synergistically combine with standard of care treatments across many common mutations

Genomics Profiling Reveals Biologic Reprogramming with SOC Combinations

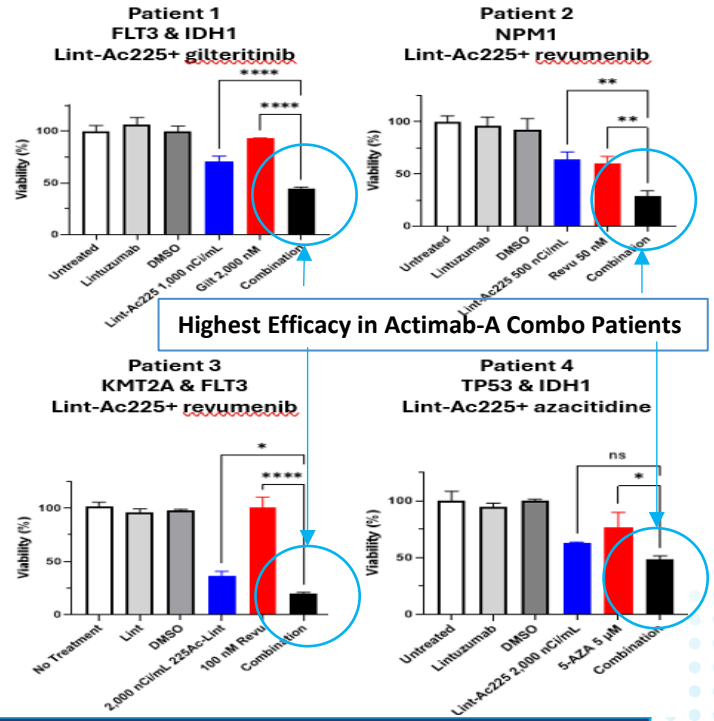


Combinations with SOC Drugs Due to Mutation-Agnostic Activity = A Large, Untapped Market Opportunity across all AML

FLT3	KMT2A
NPM1	IDH1
IDH2	TP53 ★

- AML is a "mutation-rich" disease commonly treated with mutation specific drugs
- Actimab-A's mutation-agnostic profile broadens addressable population and allows potent combinations
- Active in TP53-mutant AML where **no effective targeted therapy exists today**

Robust Combination Activity in Primary AML Patient Samples Across Mutations



Reinforces AML backbone strategy across the NCI CRADA, frontline triplet, and the registrational Phase 2/3 Actimab-A + CLAG-M program

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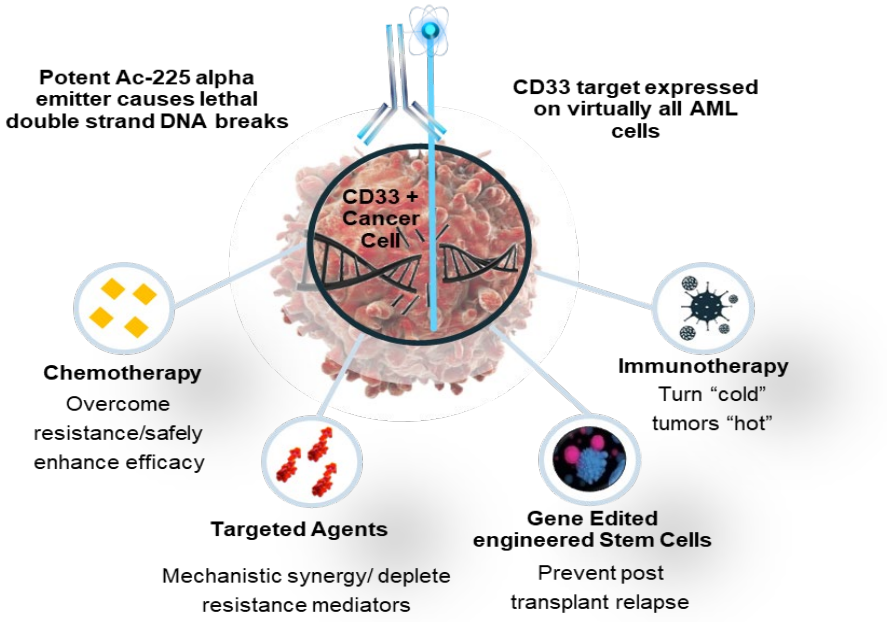
Source: Chin et al., AACR 2026 (Poster #5827). Lint-Ac225 = lintuzumab-Ac225 (Actimab-A).

Actimab-A: Universal AML Backbone, De-Risked and Partner-Ready

Only CD33 targeting clinical stage radiotherapy supported by strong data and Actimab-A NCI CRADA

Actimab-A: AML & MDS Therapeutics

- Mutation agnostic Ac-225 backbone therapy with strong data in high-risk patients
- Aligned with the FDA on Phase 2/3 for Actimab-A + CLAG-M in R/R AML. Actively seeking collaborator
- NCI CRADA supports broad development in cost effective manner and provides benefits of NCI network and resources



Potential to Transform the AML & MDS Treatment Journey

Late-stage differentiated radio assets have strong synergy with favorable commercial dynamics and can address the unmet needs of 110,000 patients in the U.S. and EU

Iomab-B BMT Conditioning: R/R AML	Phase 2/3
Actimab-A + CLAG-M: R/R AML	Phase 2/3
Actimab-A Triplet Combo: Frontline AML	Phase 1
Actimab-A Monotherapy: High-risk MDS	Phase 1
Actimab-A Combinations *(FLT3, IDH 1/2 & Menin inhibitors)*	Planned
Actimab-A: AML & MDS Maintenance	Planned

Medical College of Wisconsin · Otsuka · TAIHO ONCOLOGY Making the human connection · NIH National Cancer Institute

Indication	Therapy Front Line	Therapy R/R	BMT Conditioning	Post-BMT Maintenance
AML: 88K pts	●	●	●	●
MDS: 23K pts	Potential Expansion	●	Potential Expansion	Potential Expansion

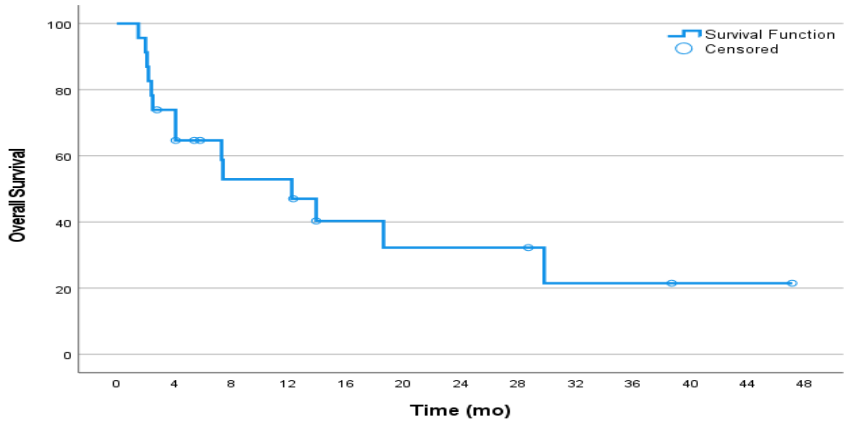
Key Value Drivers

- ✓ **Clinical Validation**: Over 500 patients treated with Iomab-B
- ✓ **Concentrated Commercial Market**: Patient population largely treated in top 100 quaternary care centers in U.S. & EU
- ✓ **Favorable Commercial Dynamics**: Strong synergy across Actimab-A, Iomab-B and Iomab-ACT
- ✓ **Unmet Medical Need:** Provides opportunity for commercial success with the only radiotherapies in development for these blockbuster markets

Indicates number of patients diagnosed with (incidence) or living with the disease (prevalence). Sources: 1. SEER 2. CancerMPact AML Treatment Architecture US 2022 3. CancerMPact AML Treatment Architecture EU5 2022 4. O. Visser et al, Incidence, survival and prevalence of myeloid malignancies in Europe, 2012; RARECARE 5. Competitor data 6. *High Risk MDS patient population includes select Intermediate Risk patients
7. Leukemia & Lymphoma society Facts & Statistic

Actimab-A + CLAG-M: Results Support Phase 2/3 Trial in R/R AML

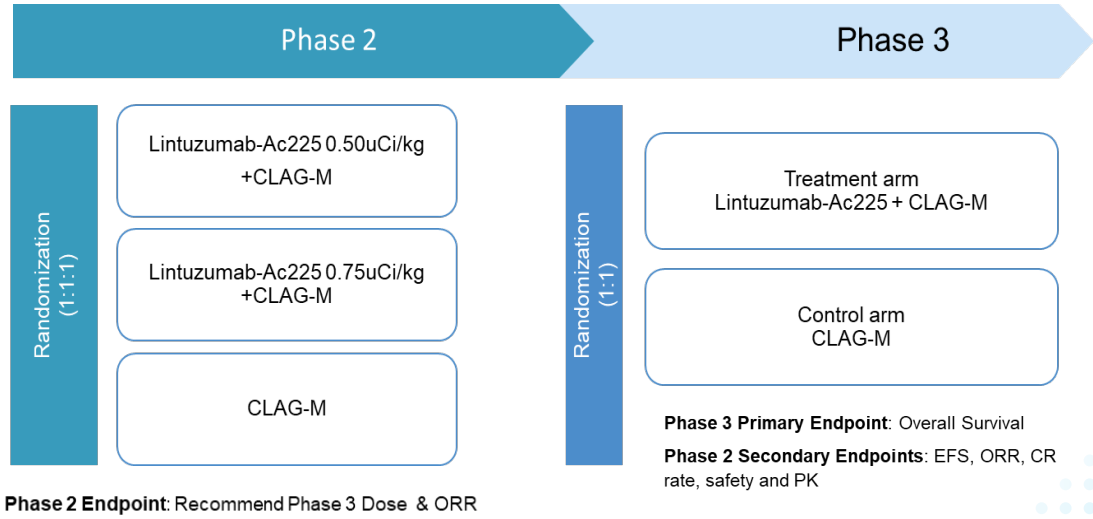
High Rates of MRD Negativity and Improved Survival Outcomes in High-Risk R/R Patients[1]



Patient segment	MRD Negativity	Median Overall Survival
1st/2nd Salvage (n=14)	80%	18.4 mo.
TP53mut (n=13)	83%	9.6 mo.
Prior Venetoclax (n=13)	100%	7.3 mo.

Phase 2/3 Trial to Enroll Patients with 1st or 2nd Salvage R/R AML, Group Had Best Outcomes in Phase 1b Trial

- 24-month median overall survival in the 70% of patients who proceeded to a BMT with Actimab-A + CLAG-M
- Results compare highly favorably to <2 mo. – 4 mo. overall survival in TP53+ or prior Venetoclax treated patients[2,3]



Phase 2 Endpoint: Recommend Phase 3 Dose & ORR

Phase 3 Primary Endpoint: Overall Survival

Phase 2 Secondary Endpoints: EFS, ORR, CR rate, safety and PK

Aligned with FDA on Phase 2/3 trial, Actively seeking collaborator

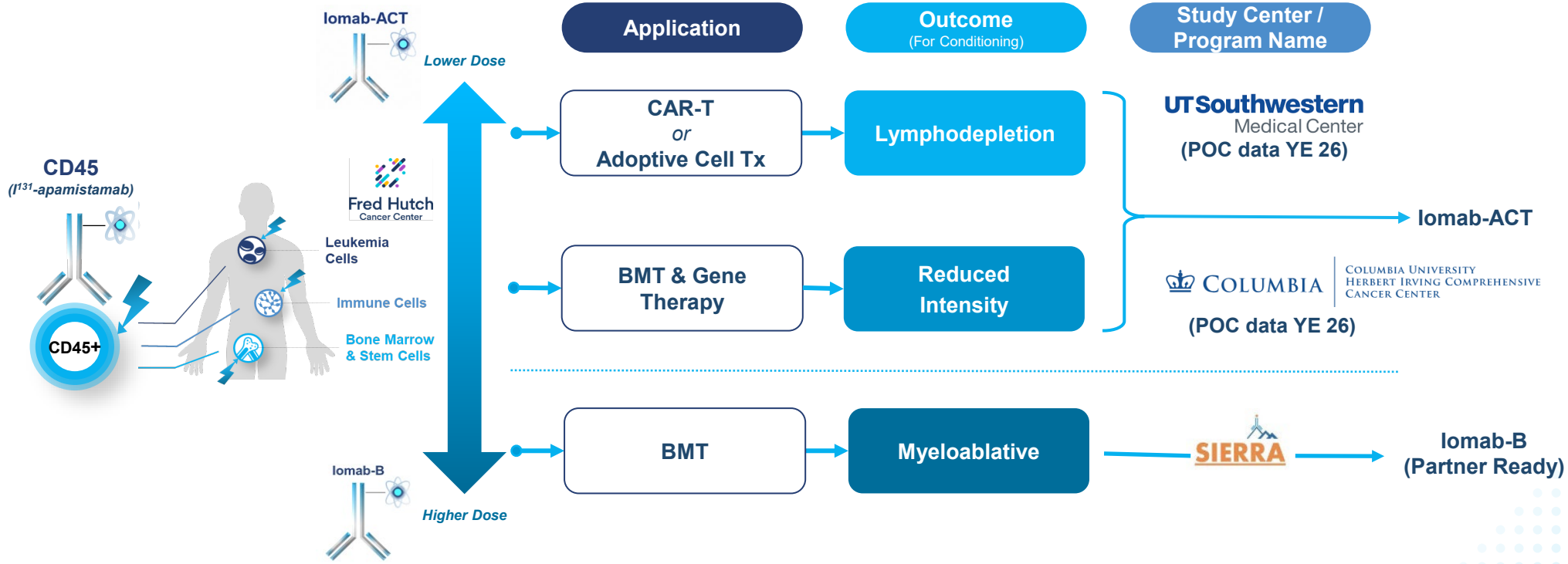
1) Abedin et al. Phase 1 study of lintuzumab-Ac225 combined with CLAG-M salvage therapy in relapsed/refractory acute myeloid leukemia. Leukemia February 2025. 2) Maiti et al. Outcomes of relapsed or refractory acute myeloid leukemia after front-line hypomethylating agent and venetoclax regimens 3) Zucenka, A., et al. Outcomes of relapsed or refractory acute myeloid leukemia patients failing venetoclax-based salvage therapies. Eur J Haematol. 2020; 106: 105– 1133)

Iomab-B/ACT: Targeted Conditioning to Unlock BMT, Cell & Gene Therapy

Only CD45-targeted conditioning radiotherapy in development — de-risked by SIERRA and 500+ patients treated

Iomab-B and Iomab-ACT: Targeted Conditioning, A Gateway to Curative Therapies

- Two CD45 targeted radiotherapies designed to improve access and outcomes to BMT, Cell & Gene Therapies
- Iomab-B aligned with FDA on Phase 2/3 trial in expanded R/R AML patient population. Actively seeking partner
- Iomab-ACT in 3 active trials for cell & gene therapy



Iomab-ACT Further Expands Heme Portfolio Market Opportunity

Commercial CAR-T Phase 1B/2 Trial

Trial Initiated; Actively Recruiting → *Enrollment* **N** = 30 patients (single arm) → **Initial PoC Data:** Expected: 2026

PRIMARY OBJECTIVES

Safety, tolerability, and efficacy of Iomab-ACT conditioning with CAR-T

SECONDARY OBJECTIVES

Incidences of CRS, ICANS

In vivo persistence and expansion of CAR-T cells

UT Southwestern Medical Center

Farrukh Awan, MD
Professor of Internal Medicine

BMT & Gene Therapy Conditioning – Sickle Cell Disease BMT Phase 1 Trial

Trial Initiated; Actively Recruiting → *Enrollment* **N** = 24 patients → **Initial PoC Data** Expected: 2026

PRIMARY & SECONDARY OBJECTIVES

Safety assessment by evaluating graft failure, grades III-IV GvHD, or death at 100 days

Advance to gene therapy conditioning

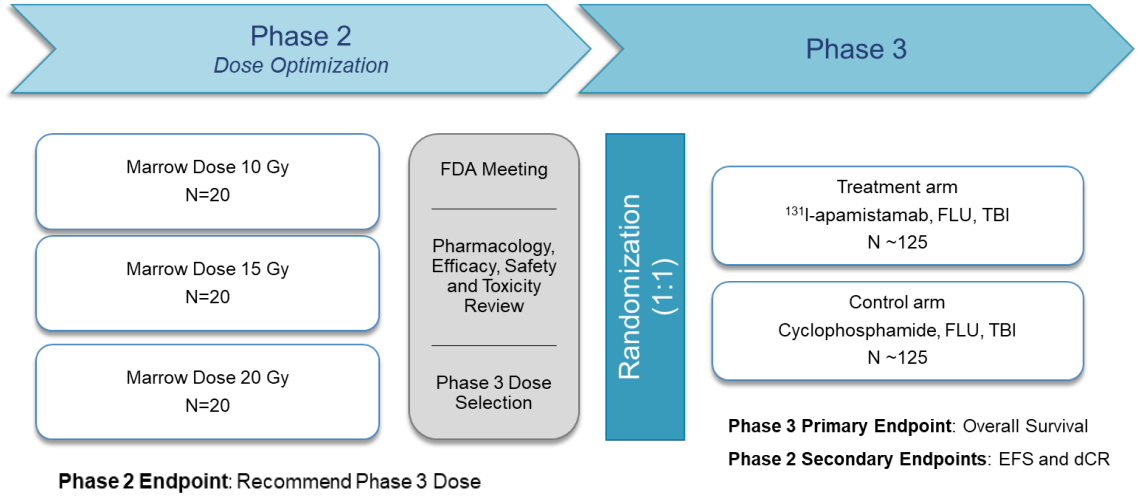
COLUMBIA | Columbia University Herbert Irving Comprehensive Cancer Center

Markus Mapara, MD
Professor of Medicine

Early POC Data Expected 2H:2026 That Can Inform Registration Trials

Iomab-B: Phase 2/3 Trial Ready for Initiation and Partnering

FDA Aligned on Trial in Expanded Patient Population to Include All R/R AML Patients age 18+, Potential Future Market Expansion Supported by Data in 5 Additional Disease Indications



Long-lived IP:

- Composition of matter patents extend to 2038

Strong Existing Use Base:

- 24 SIERRA sites continue to have strong interest in Iomab-B

Regulatory Clarity:

- Potential to leverage Phase 2 results with SIERRA data

Market Opportunity:

- ~ 150,000 addressable patients across 6 indications via improved BMT conditioning

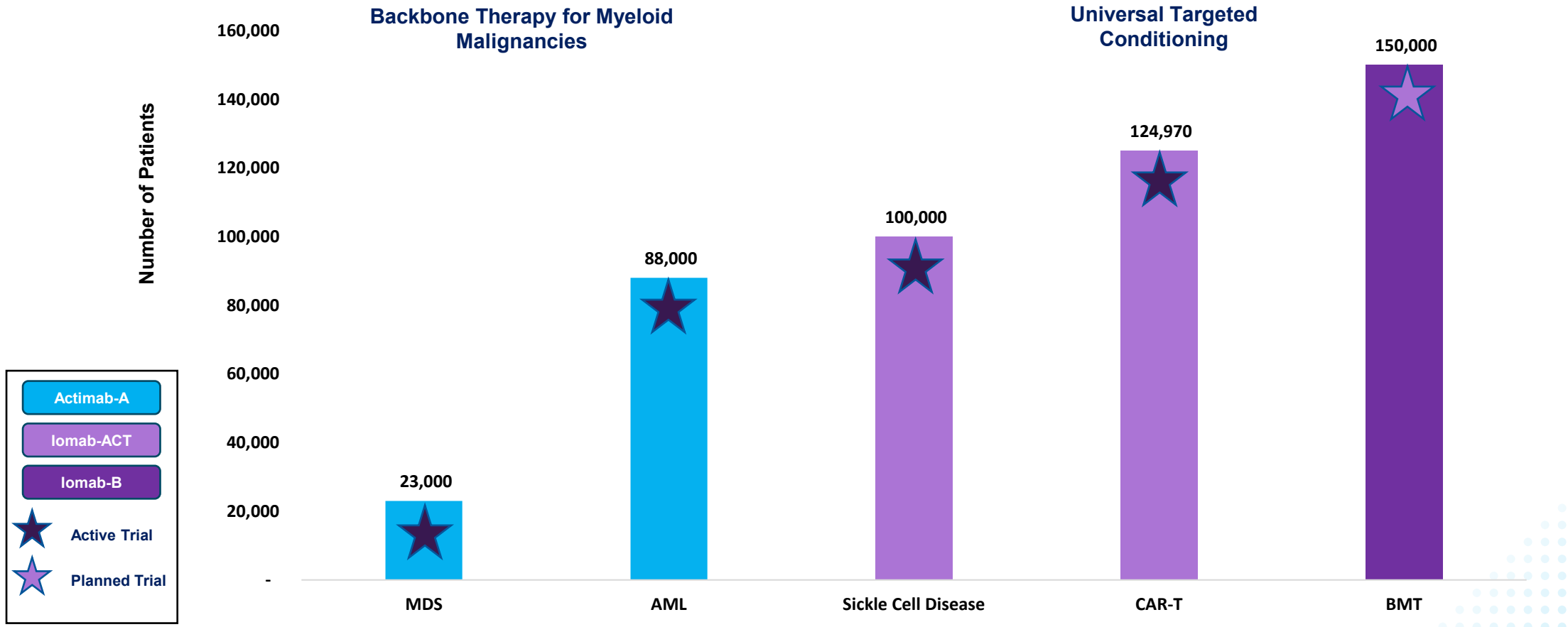
Robust and compelling clinical data supports near-term opportunity in r/r AML and indication expansion

- 400+ patients
- 12 clinical trials
- 6 diseases
- Improved survival and curative outcomes

Strong market awareness driven by 12 oral presentations at the most prestigious BMT, CAR-T hematology and nuclear medicine conferences

SIERRA trial supports Phase 2/3 in expanded population; Actively seeking partner

Blockbuster Opportunities for Three First-in-Class Heme Radiotherapies



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2026 Outlook & Milestones

Transformational year with multiple first-in-class therapies reaching inflection points supporting our vision to be a leading fully-integrated targeted radiotherapy company

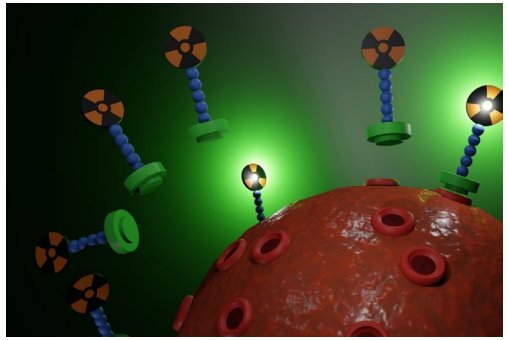
2026: A Year of Transformational Milestones and Data Readouts

ATNM-400	2H:26	Initial tumor targeting and biodistribution data
	FY:26	Present additional preclinical data in mCRPC, NSCLC and Breast Cancer
Actimab-A (MDSCs)	2H:26	Initial Phase 1 data from MDSC basket trial
	2H:26	Multi-tumor Phase 1 data from MDSC basket trial
Hematology Franchise	2H:26	Secure partner, Initiate Actimab-A+CLAG-M Phase 2/3 trial in r/r AML
	FY:26	Advance Phase 1 frontline AML trial with Actimab-A triplet
	2H:26	Present mutation agnostic data from MSKCC collaboration
Iomab-B/ACT (Conditioning)	2H:26	Initial safety and engraftment data from SCD and commercial CAR-T trials
	2H:26	Advance to SCD gene therapy conditioning, explore collaborations
	2H:26	Additional clinical data from Iomab-ACT SCD and commercial CAR-T trials
	FY:26/27	Secure partner for Iomab-B Phase 2/3 Trial
RLT Infrastructure & Supply Chain	2H:26	Complete facility buildout
	2H:26	Supply first GMP clinical batch
	FY:26/27	Secure partnership to produce lower-cost Ac-225 leveraging proprietary cyclotron technology

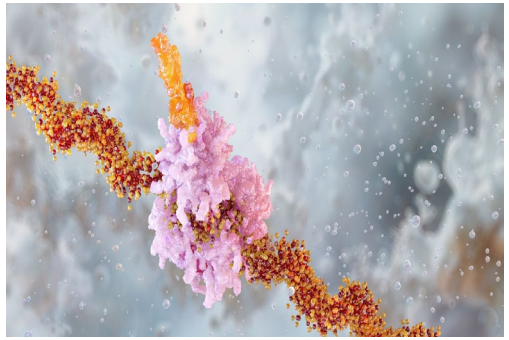
Actinium is Purpose-Built to Fill Pharma's Strategic Gaps

Multi-billion-dollar oncology opportunities addressed by differentiated assets and the capabilities to deliver

Large Solid Tumor Market Opportunity



Biology-Driven Edge Driving Effective Therapies



Control of Ac-225 Supply Chain*

Multiple 2026 Catalysts

Vision: A fully integrated radiotherapy company with compelling data supporting first-in-class targeted radiotherapies

RLT manufacturing facility being built out and expected to be operational in 2H:2026

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Thank You

Actinium Pharmaceuticals, Inc.

ATNM: NYSE AMERICAN