Actinium Pharmaceuticals, Inc.

Investor Presentation

Pioneering Differentiated Radiotherapies for Patients with Unmet Needs

November 2025

ATNM: NYSE AMERICAN

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Transformative Pipeline for Solid Tumors, Hematology & Conditioning

Four First-in-Class Radio Programs Each Addressing Blockbuster Market Opportunities

	Program	Indication	Stage of Development
			Preclinical / *Phase 1* / *Phase 2* / *Phase 3*
Solid Tumors	ATNM-400 (Undisclosed Target)	Prostate, Lung & Breast Cancers	
	Actimab-A with PD-1 inhibitors	MDSC Depletion in Solid Tumors	
	Undisclosed Targets / Theranostics	Solid Tumors	
AML and Hematology	Actimab-A + CLAG-M	Fit R/R AML	*Seeking Collaborator for Ph 2 /3*
	Actimab-A Triplet Combo	Frontline AML	
	Actimab-A Combinations *(FLT3, IDH 1/2, Menin expand backbone profile)*	R/R AML	
Conditioning	Iomab-ACT Prior to Commercial CAR-T	Hematological Malignancies	
	Iomab-ACT Prior to BMT / GeneTx	Sickle Cell Disease	
	Iomab-B BMT Targeted Conditioning	Active R/R AML	*Seeking U.S. Partner for Ph 2 /3*

2025 Reboot: Reprioritized, Revitalized Programs Drive Value Creation

Solid Tumors
ATNM-400 & MDSCs

- ✓ ATNM-400: novel, multi-indication first-in-class Ac-225 radiotherapy
- ✓ ATNM-400 target associated with disease biology including progression and treatment resistance in prostate, lung and other solid tumors
- ✓ Superior efficacy compared to blockbuster standard-of-care therapies, overcomes treatment resistance and synergistic potential in combination
- ✓ Large market expansion opportunity with Actimab-A in solid tumors targeting MDSCs with PD-1 inhibitors

Heme/Conditioning
Actimab-A & Iomab-B/ACT

- ✓ 3 programs in AML therapeutics and conditioning creates a multi-billion dollar opportunity
- ✓ Aligned with FDA on Phase 2/3 studies for Actimab-A and Iomab-B; seeking partnerships
- ✓ NCI CRADA supports broad development leveraging mutation-agnostic backbone therapy potential of Actimab-A
- ✓ Iomab-ACT actively recruiting patients across 3 clinical trials to address high unmet needs of commercial CAR-T and sickle cell disease markets

Radio Capabilities
R&D & Infrastructure

- ✓ In-house R&D responsible for highly differentiated and growing pipeline
- ✓ Strong radiochemistry and translational biology capabilities
- ✓ Large and comprehensive IP estate encompassing 240 patents
- ✓ Establishing in-house radiotherapy production to enhance operating efficiencies
- ✓ Exploring collaborations to leverage Ra-226 inventory and Ac-225 cyclotron production technology

Cash runway into 2028 enables value creation via clinical milestones, pipeline advancement and technology deployment

Actinium is Well Positioned in the Current Radio Landscape

The present radio landscape features largely undifferentiated programs by 50+ smaller companies and 6 Big Pharma's who are on the hunt for differentiated assets as their wave of acquisitions has left them with large infrastructure but relatively sparse and undifferentiated pipelines

$17 Billion in High-ROI M&A Focused on Later-Stage PSMA Prostate & NETs Assets and Manufacturing Infrastructure

6
Big Pharma's acquired radiotherapy presence

3
approved therapies
Pluvicto, Lutathera & Xofigo

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

3
targets dominate pipeline PSMA, SSTR2 & FAP

2024 & 2025:
$8 Billion of Novel Program & Platform Focused Transactions

NOVARTIS / PeptiDream	Lilly / AKTIS ONCOLOGY	NOVARTIS / mariana ONCOLOGY	Lilly / Radionetics Oncology	Bristol Myers Squibb / Philochem innovating chemistry
$2.7 B Peptide platform	**$1.1 B** Miniprotein platform	**$1.75 B** DLL3 & B7-H3 & platform	**$1.1 B** GCPR program	**$1.35 B** ACP3 prostate program

Recent Radio Transactions Indicate Trend to Heavy Investments into Differentiated Programs

ATNM-400: First-in-Class, multi-indication, Ac-225 solid tumor program
- ✓ Offers pipeline diversity and novel target aligned with pharma's existing oncology franchises

Actimab-A: MDSC Depletion in combination with PD-1 inhibitors
- ✓ Offers strong commercial synergy, existing market protection via new IP and potential new solid tumor indications

Robust in-house R&D capabilities
- ✓ Opportunity to further expand novel radio programs

Establishing in-house manufacturing
- ✓ Can enable seamless integration and clinical execution

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

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Solid Tumors: ATNM-400 & Actimab-A

ATNM-400: First-in-class, multi-indication Ac-225 targeted radiotherapy supported by robust preclinical data

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

ATNM-400: Highly Differentiated, Pan-Tumor First-in-Class Ac-225 Therapy

Blockbuster potential supported by compelling data in the largest solid tumor indications with potential across treatment settings

Prostate Cancer

~300K annual cases in the U.S.
1.5 million cases globally

- ✓ Superior efficacy compared to 177Lu-PSMA-617 (active agent in Pluvicto®) and ARPI enzalutamide (Xtandi®)
- ✓ Overcomes treatment resistance and is synergistic with enzalutamide the leading ARPI with $5.9 billion in sales
- ✓ PSMA-independent activity can address large segment of patients not eligible for or progressing on 177Lu-PSMA-617 therapy
- ✓ Prostate cancer represents a multi-billion market opportunity: ARPI sales of $10+ billion and Pluvicto® sales of $1.39 billion in 2024

Lung Cancer

~200K annual cases in the U.S.
2+ million cases globally

- ✓ 3x-5x greater tumor growth inhibition compared to 1st, 2nd and 3rd line approved EGFR therapies, a highly competitive space with sales of $7 billion
- ✓ Synergistic with 1st line therapy osimertinib with complete tumor regression in 100% of tumor bearing animals
- ✓ Clinical rationale for combination proven by study showing synergy of EBRT + osimertinib improved PFS of 32.2 months compared to 20 months with osimertinib
- ✓ ATNM-400 offers a more targeted, safer delivery of synergistic radiation

Breast Cancer

~300K annual cases in the U.S.
2+ million cases globally

- ✓ Anti-tumor activity in tamoxifen (hormone therapy) and trastuzumab (HER2 targeted therapy) resistant breast cancer
- ✓ Hormone receptor-positive, HER2 negative (HR+/HER2-) accounts for 70-75% of breast cancer cases
- ✓ Trastuzumab (Herceptin®, Roche and biosimilars) generated sales of $4 billion in 2024
- ✓ ATNM-400 breast cancer to be presented at the San Antonio Breast Cancer Symposium in December 2025

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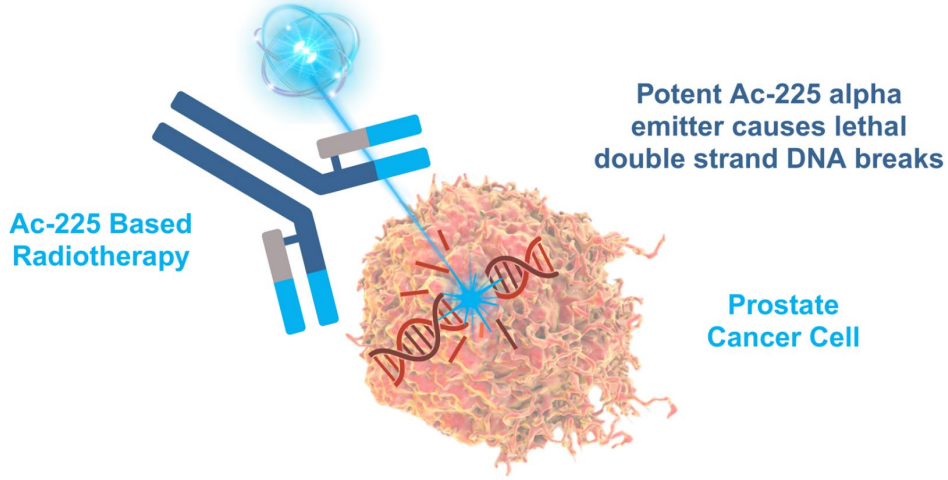
Sources: 1) American Cancer Society and Actinium Pharmaceuticals, Inc. research. 2) Actinium preclinical research on file 3) Astellas, J&J, Pfizer, and Novartis 2024 annual reports. 3) Actinium research and estimates 4) Sampath et al. Osimertinib plus consolidative radiotherapy for advanced *EGFR* mutant 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. https://clinicaltrials.gov/study/NCT03667820 EBRT = external beam radiotherapy

Next-Generation, Non-PSMA Prostate Cancer Radiotherapy

High Unmet Needs Exist in Prostate Cancer

- ~5-7% of patients have metastatic disease at diagnosis and ~20-30% will progress to metastatic disease (mCRPC)[1]
- Up to 30% of mCRPC patients have low or no PSMA expression, up to 60% of patients have at least 1 PSMA-negative lesion and 40-60K patients progress on ARPI therapy annually[2]
- Significant opportunity for ATNM-400 as a monotherapy, in combination or alternative for patients who do no respond or post-treatment failure

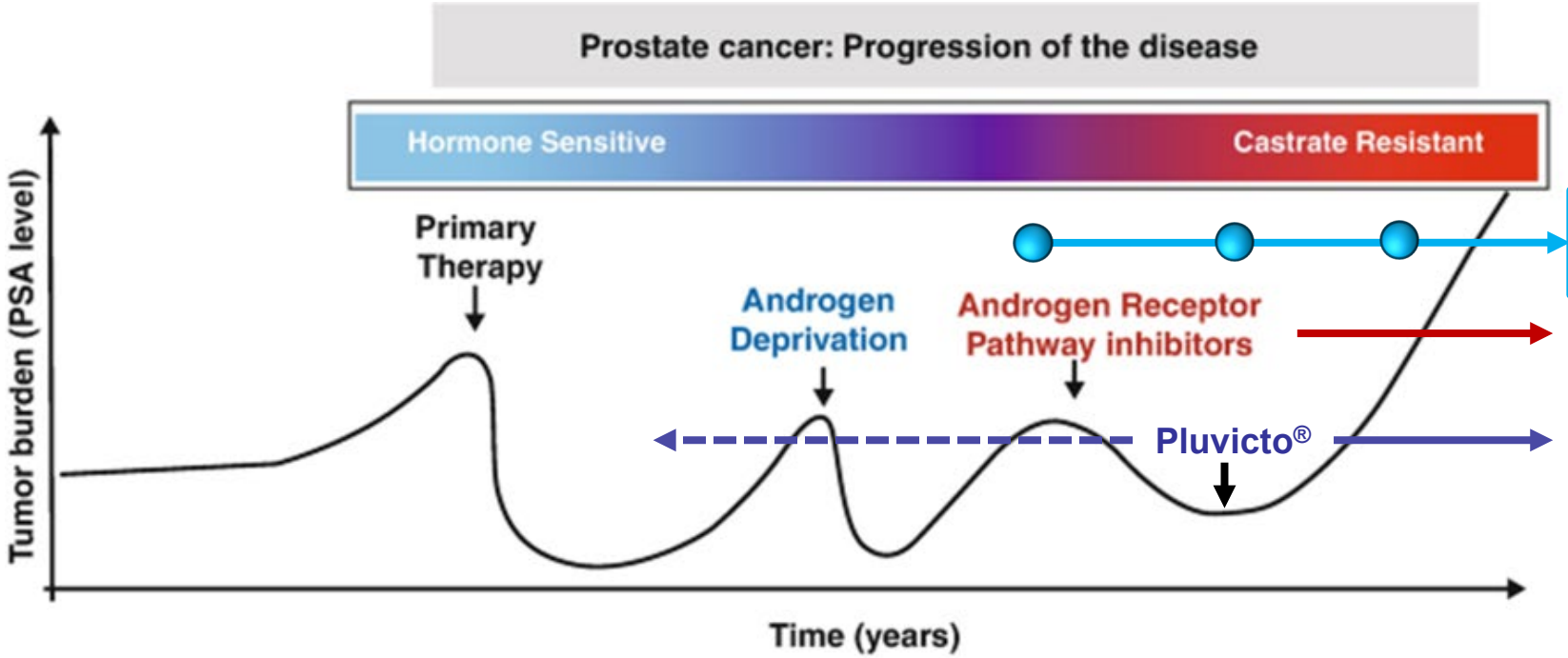
First-in-Class Ac-225 Therapy Directed Against Disease Driving Target



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

Sources: 1) American Cancer Society and Actinium Pharmaceuticals, Inc. research 2) Reversible epigenetic alterations mediate PSMA expression heterogeneity in advanced metastatic prostate cancer. Sayer et al. Journal of Clinical Insights. February 2023 https://doi.org/10.1172/jci.insight.162907.

ATNM-400 Market Opportunity in Prostate Cancer



ATNM:400
100,000+ Patient opportunity[1]

40 – 60K patients fail ARPI therapy
~35% progress < 12 months[2]

44K Pluvicto® eligible patients[3]
86.5K pts with label expansion[3]
~30% do not respond to Pluvicto®[4]
Majority of pts progress < 12 months[5]

ATNM-400: Multiple Opportunities Across Prostate Cancer Treatment Journey

2024 Sales: ARPIs: $10+ billion | Pluvicto®: $1.39 billion[6]

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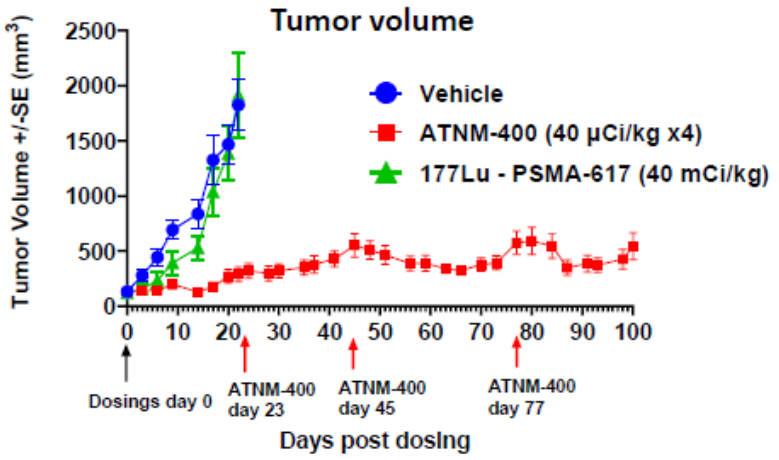
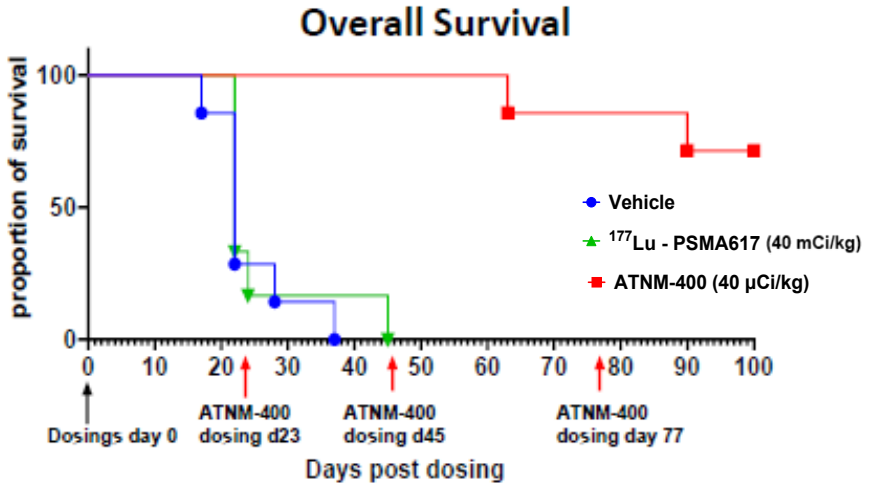
1) Actinium Pharmaceuticals, Inc. company estimates 2) Beer et al. Enzalutamide in Metastatic Prostate Cancer before Chemotherapy. New England Journal of Medicine. 2014 Volume 371 No. 5 :424-433 3) Novartis 2025 Company Reports 4) Sayer et al. Reversible epigenetic alterations mediate PSMA expression heterogeneity in advanced metastatic prostate cancer. Journal of Clinical Insights. 2023 https://doi.org/10.1172/jci.insight.162907. 5) Sartor et al. Lutetium-177-PSMA-617 for Metastatic Castration-Resistant Prostate Cancer. New England Journal of Medicine. 2021 Sep 16;385(12):1091-1103. **6**) Astellas, Pfizer and Novartis 2024 Annual Reports

Transformative Therapeutic Potential for Prostate Cancer

Superior Tumor Control Compared to Lu-177-PSMA-617, the Active Agent in Pluvicto®



ATNM-400 Improved Survival Versus Lu-177-PSMA-617



Data supports potential of ATNM-400 in mCRPC setting where Pluvicto generated $1.39 billion in sales in 2024 to become the first blockbuster radiotherapy

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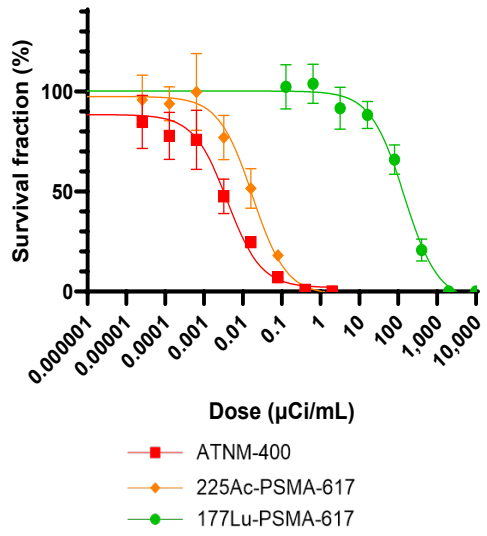
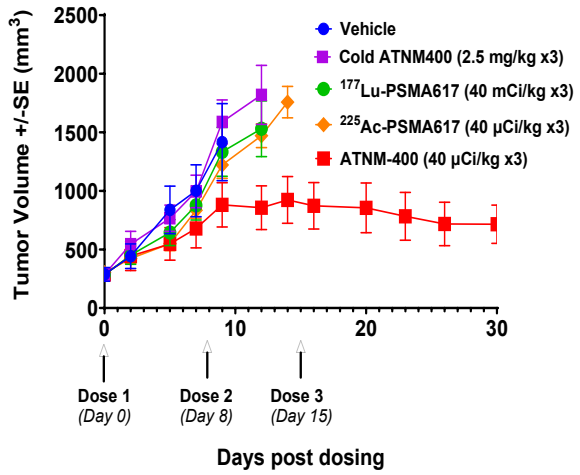
ATNM-400, a first-in-class Actinium-225 antibody radioconjugate, demonstrates potent anti-tumor activity and overcomes resistance to enzalutamide and 177Lu-PSMA-617 in prostate cancer models Human prostate cancer. Chin et al. Prostate Cancer Foundation Scientific Retreat 2025. 22Rv1 tumor xenografts.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

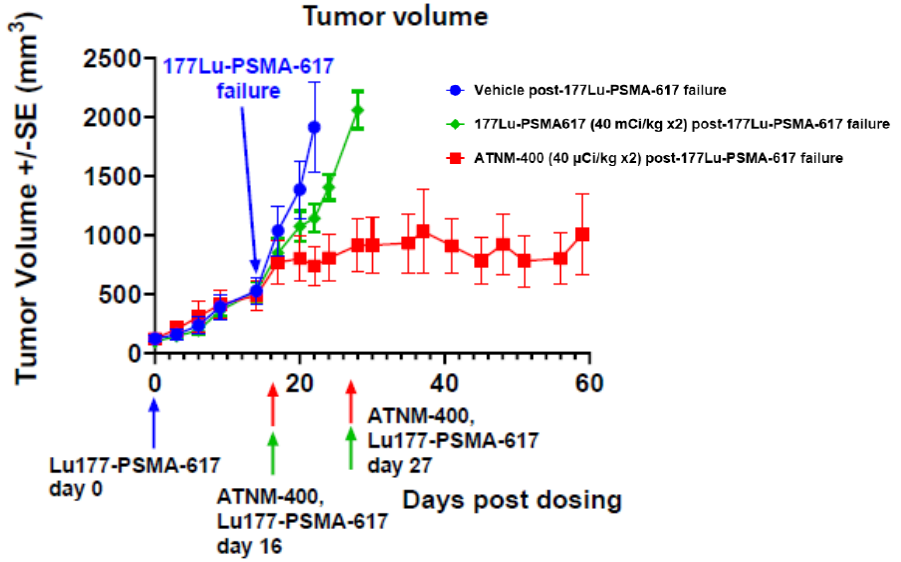
More Potent than Ac-225 PSMA, Overcomes Lu-177 Resistance

ATNM-400 Produced Greater Cell Killing and Tumor Control Compared to Ac-225-PSMA-617





Sustained Tumor Growth Inhibition Post Lu-177-PSMA-617 Failure



Enhanced prostate tumor cell killing and ability to overcome resistance providing attractive opportunity for future development

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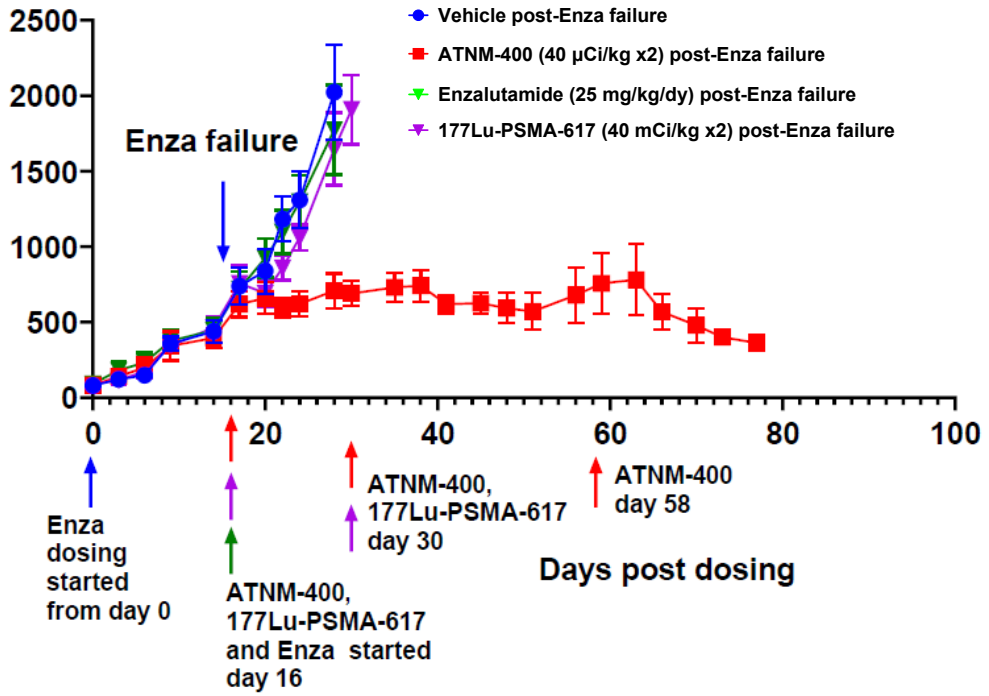
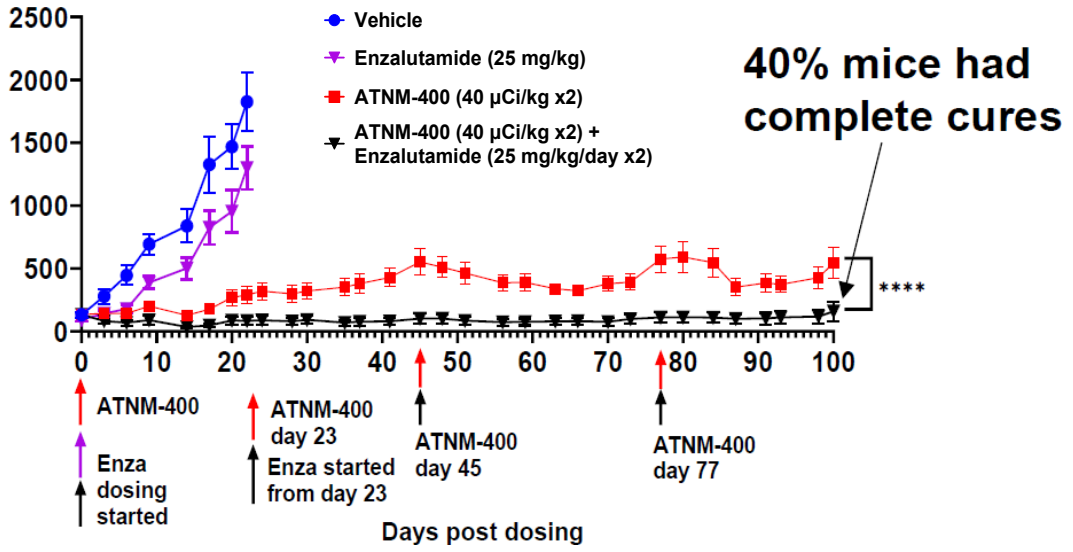
Opportunity as ARPI Alternative or in Combination

ATNM-400 More Efficacy Compared to Enzalutamide and Lu-177-PSMA-617 in Resistant Prostate Cancer



ATNM-400 has Durable Efficacy in Enzalutamide Resistant PCa Model and has Combination Activity



Implications of ATNM-400's target in prostate cancer disease biology supported by greater tumor control with ATNM-400 + Enzalutamide versus either agent alone

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Significant Market Expansion Opportunity Across NSCLC

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

- NSCLC accounts for ~85% of the 2+ million lung cancer cases globally
- ATNM-400's target antigen is overexpressed in NSCLC, associated with poor prognosis and linked to treatment resistance
- AstraZeneca and Johnson & Johnson are competing for market share with TAGRISSO® and RYBREVANT® combinations
- ATNM-400 offers a novel EGFR + radiotherapy combination supported by preclinical and clinical data

	EGFR - 1st Line	EGFR - 2nd Line	EGFR - 3rd Line
ATNM-400[1] Efficacy	✓ 3x Superior TGI ✓ Synergy in combination	✓ 5x Superior TGI	✓ 85% greater TGI
Therapy & Mechanism	TAGRISSO® osimertinib EGFR-TKI	DATROWAY® Dato-DXd Trop-2 ADC	RYBREVANT® amivantamab EGFR-cMET Bispecific
Company	AstraZeneca (AZ)	Daiichi Sankyo/AZ	J&J
Radiotherapy Presence	**Yes - Prostate Cancer**	**Yes - Prostate Cancer**	**Yes - Prostate Cancer**

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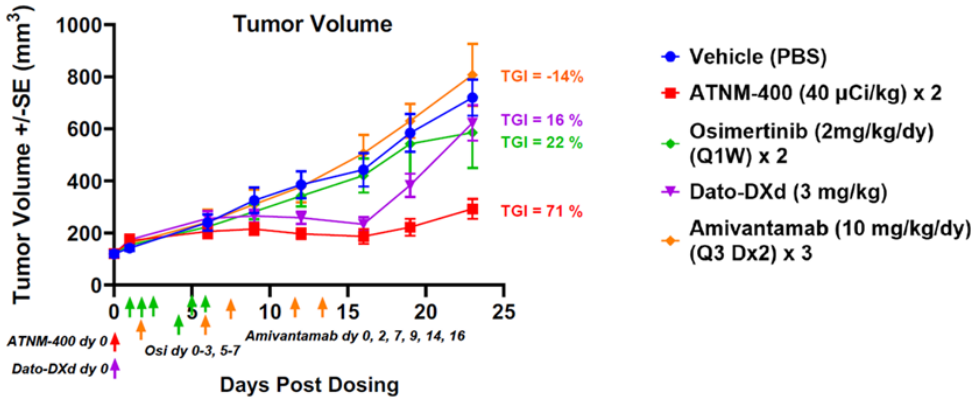
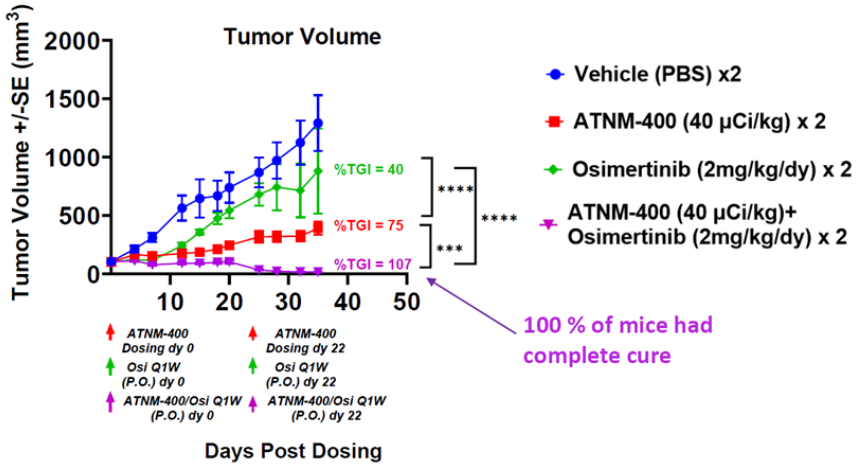
1) ATNM-400, a first-in-class Actinium-225 antibody radioconjugate, has superior anti-tumor activity compared to approved drugs (Osimertinib, Dato-DXd, and Amivantamab) in EGFR-mutant lung cancer preclinical models. Patel et al. AACR-NCI-EORTC International Conference on Molecular Targets and Cancer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

Compelling Efficacy Across All EGFR-Mutant NSCLC Treatment Settings

ATNM-400 outperformed 1st, 2nd & 3rd line therapies by 3-5x and had robust synergy in combination with 1st line osimertinimb that is supported by clinical data





- Head-to-head study in NCI-H1976 human lung cancer models
- ATNM-400 had 3-5x greater tumor growth inhibition compared to EGFR therapies

- ATNM-400 + Osimertinib produced 100% cures in tumor bearing animals
- ATNM-400 target is overexpressed post-Osimertinib treatment

Clinical rationale for combination supported by study showing synergy of EBRT + osimertinib improved PFS of 32.2 months vs. 20 months with osimertinib, Ac-225 is 4–8x more biologically lethal than low-energy EBRT that may translate to higher response rates, lower toxicity, and entry into new treatment segments

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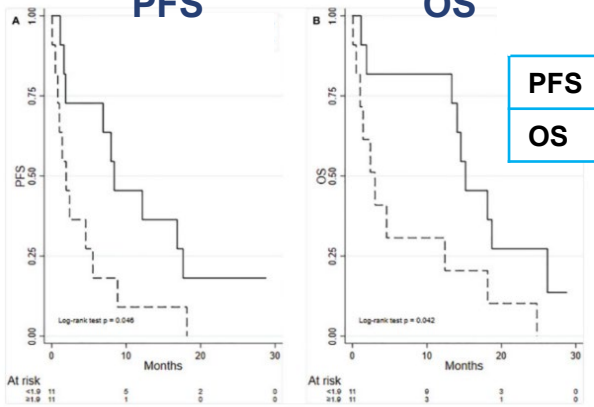
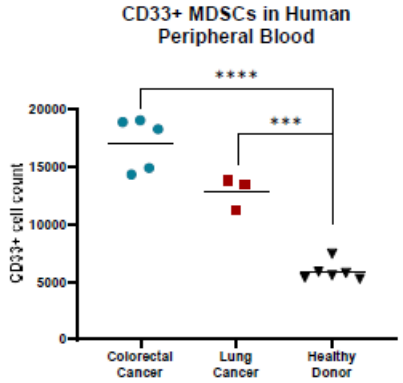
Actimab-A: Ability to Deplete MDSCs Provides Solid Tumor Opportunity

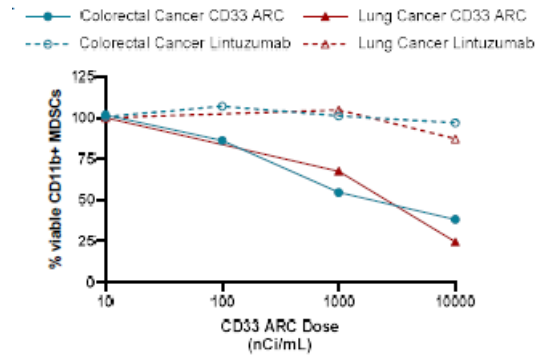
NSCLC Patients with Low-MDSCs had Significantly Longer PFS and OS with PD-1 Inhibitor Therapy[1]



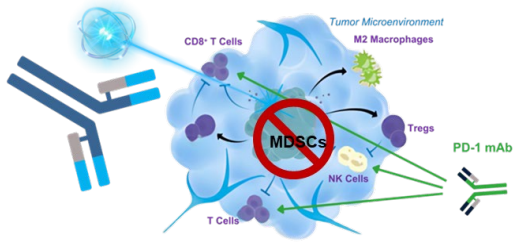
	Low MDSCs	High MDSCs
PFS	8.39	1.94
OS	15.15	3.03

Actimab-A Can Deplete CD33+ MDSCs in the Tumor Microenvironment to Reactivate the Immune System





MDSCs: only immune cell subtype to show a statistically significant association with tumor response[1]



MDSCs limit efficacy of PD-1 inhibitors, Actimab-A offers an opportunity to extend use and expand indications

Mechanistic synergy and clinical data strongly support the approach of depleting MDCSs with Actimab-A prior to PD-1 inhibitor therapy

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 2)) 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

Actimab-A Solid Tumor Program: Clinical Trials Overview

Program Comprised of Several Randomized, Head-to-Head Controlled Clinical Trials in HNSCC and NSCLC

Patient Population

- Relapsed or refractory locally advanced metastatic HNSCC and NSCLC
- No prior checkpoint inhibitor therapy
- Adults ≥18 years
- PD-L1 expression

1:1 randomization

Treatment Arm
Actimab-A + PD-1

KEYTRUDA® (pembrolizumab) Injection 100 mg

OPDIVO® (nivolumab)

Control Arm
PD-1 Alone

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

Proof of Concept Clinical Data Expected in 2026

Blockbuster Opportunity to Enhance PD-1 outcomes

PD-1 Inhibitors Generated $40+ Billion in Sales in 2024 Even with Limited Responses in Multiple Indications That May be Addressed in Combination with Actimab-A

Commercial Status	MDSC-rich Tumors	Actimab-A Opportunity	Addressable Market/Value Proposition
Approved PD-1's KEYTRUDA (pembrolizumab) Injection 100 mg OPDIVO (nivolumab) + others	Lung (NSCLC) Melanoma Renal (RCC) Colorectal (CRC)	• Re-sensitize tumors to PD-1 inhibitors • Extend duration of PD-1 inhibitor treatment • Improve patient outcomes	**Expand or Protect via new IP Existing $40 Billion Market[1]**
Only KEYTRUDA Approved KEYTRUDA (pembrolizumab) Injection 100 mg	Breast (TNBC) Head and Neck (HNSCC)		
Limited Clinical Responses, No Approvals KEYTRUDA (pembrolizumab) Injection 100 mg OPDIVO (nivolumab)	Pancreatic Prostate Ovarian Glioblastoma	• Sensitize tumors to PD-1 inhibitors • Expand PD-1 inhibitor treatment to currently unaddressed high-unmet need disease indications • Improve patient outcomes	**400,000+ Patients in the U.S. Annually[2]**

1) Actinium Pharmaceuticals, Inc. research based on AstraZeneca, BMS, BeOne, Merck and Regeneron 2024 annual reports 2) NCI SEER Database 2025 estimates

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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

Compelling Opportunity for Heme Portfolio Partnering or Licensing

Late-stage trials and differentiated radio assets enables near-term franchise opportunity in heme malignancies with high unmet needs

Heme Portfolio: 2 Phase 2/3 trials and 4 Phase 1 trials supported by CRADA

Iomab-B BMT Targeted 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 High-risk MDS	Phase 1
Actimab-A Combinations *(FLT3, IDH 1/2, Menin inhibitors)*	Planned
Actimab-A: AML Maintenance	Planned

Value Proposition: Addresses the Entire AML Treatment Journey with Additional Potential in MDS: 110,000 Patients in U.S. & EU

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 & Actimab-A
- **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

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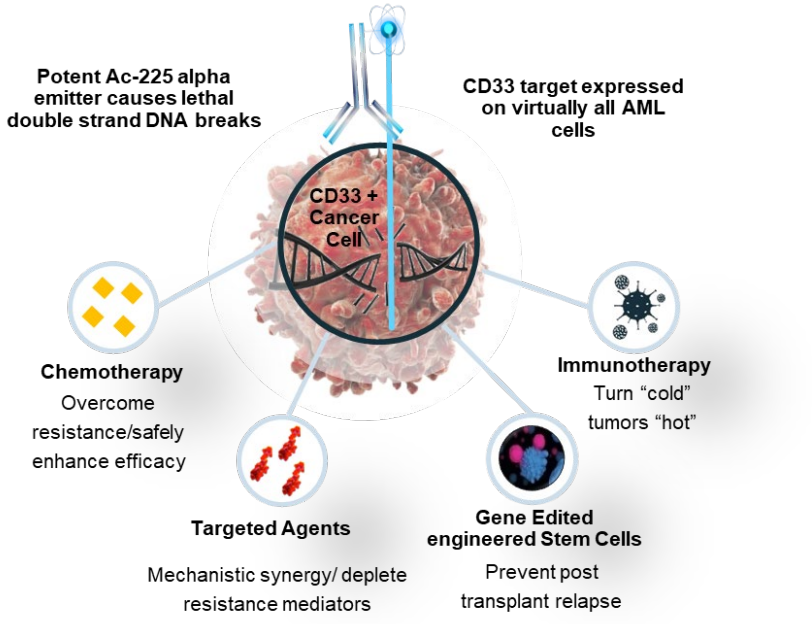
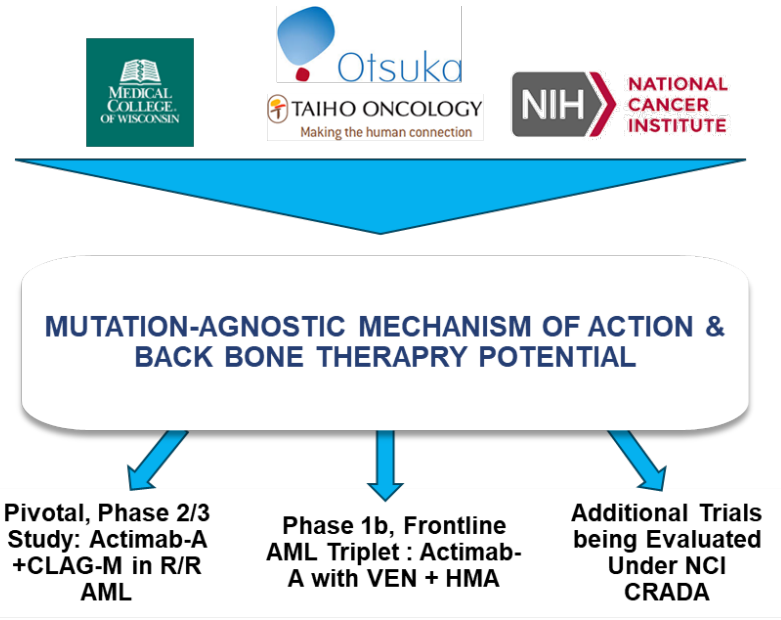
Indicates number of patients diagnosed with (incidence) or living with the disease (prevalence). Sources: 1. SEER 2. CancerMPact AML Treatment Architecture US 2022 3. CancerMPact AML Treatment Architecture EU5 2022 4. O. Visser et al, Incidence, survival and prevalence of myeloid malignancies in Europe,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

Actimab-A Program: Bolstered by Strong Clinical Data and NCI CRADA

Backbone Therapy Potential with Mutation Agnostic Mechanism of Action and Synergistic Potential



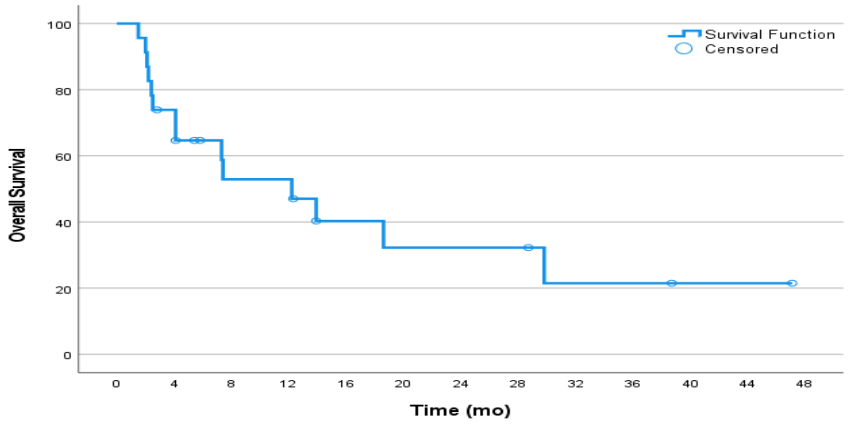
Clinical Experience Supports Late-stage Trials and Broad Development Enabled by Balance Sheet Sparing CRADA



Opportunity for multiples clinical milestones and data readouts from studies expected in 2026 and beyond

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

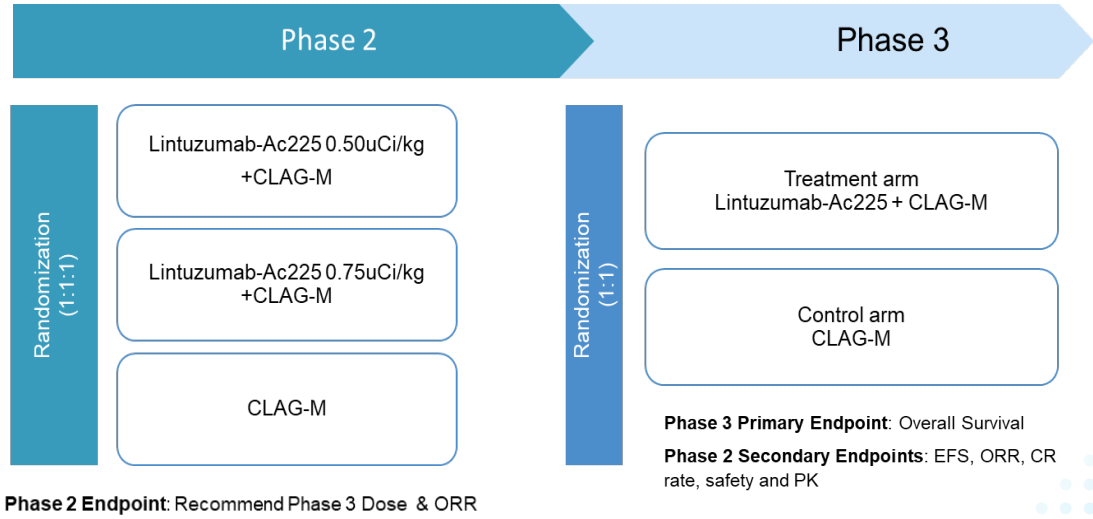
High Rates of MRD Negativity and Improved Survival Outcomes in High-Risk R/R Patients[1]



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**

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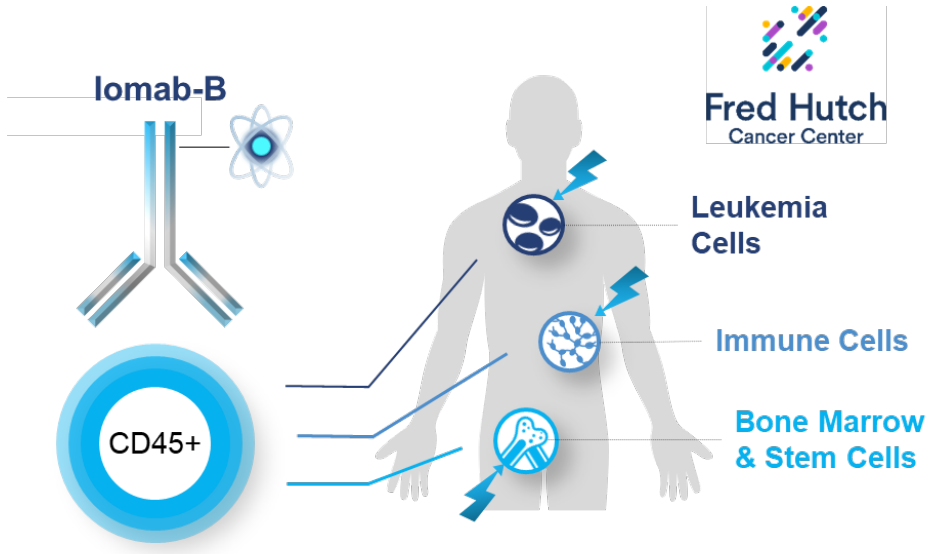
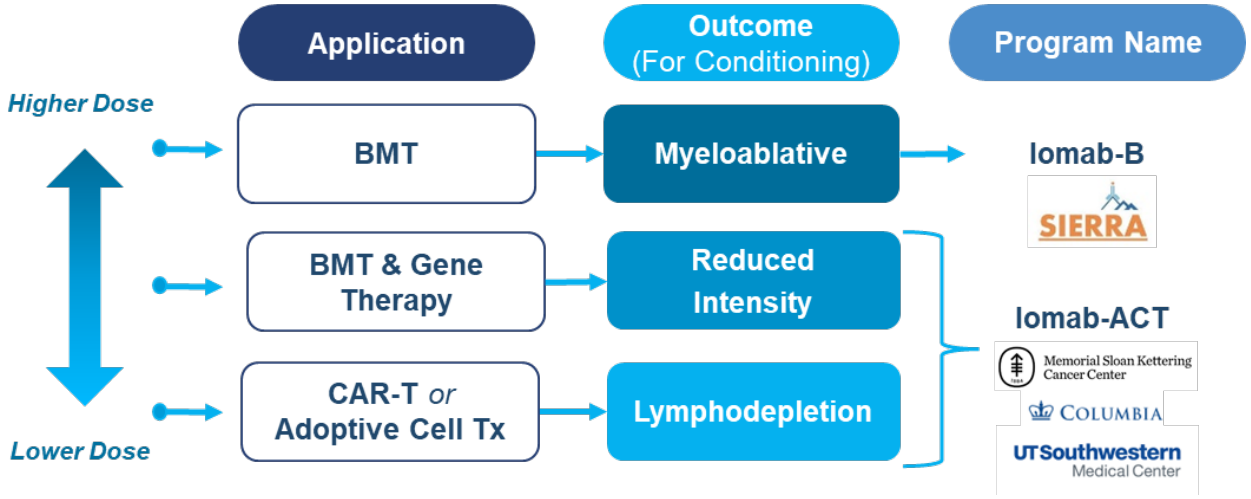
1) Abedin et al. Phase 1 study of lintuzumab-Ac225 combined with CLAG-M salvage therapy in relapsed/refractory acute myeloid leukemia. Leukemia February 2025. 2) Maiti et al. Outcomes of relapsed or refractory acute myeloid leukemia after front-line hypomethylating agent and venetoclax regimens 3) Zucenka, 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: Improve BMT, Cell & Gene Therapy Access and Outcomes

Only Clinical-Stage CD45 Targeted Conditioning Program in Development; Multi-indication Potential

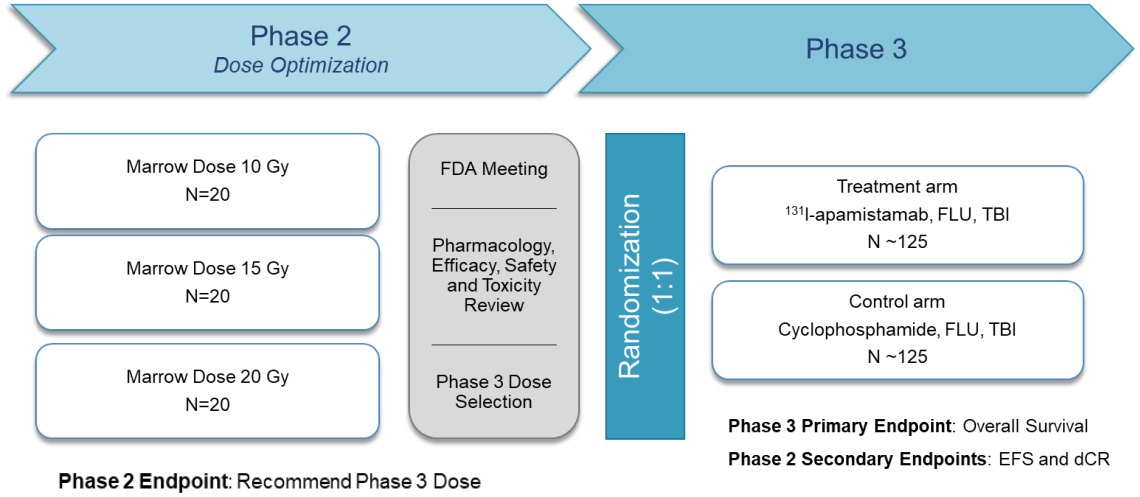




3 active Iomab-ACT clinical trials with data expected in 2026 and Phase 2/3 trial for Iomab-B available for partnering

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

FDA Aligned on Trial in Expand Patient Population to Include All R/R AML Patients age 18+ with Further Market Expansion Potential 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

Ongoing Iomab-ACT Trials Expected to Inform Pivotal Studies

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

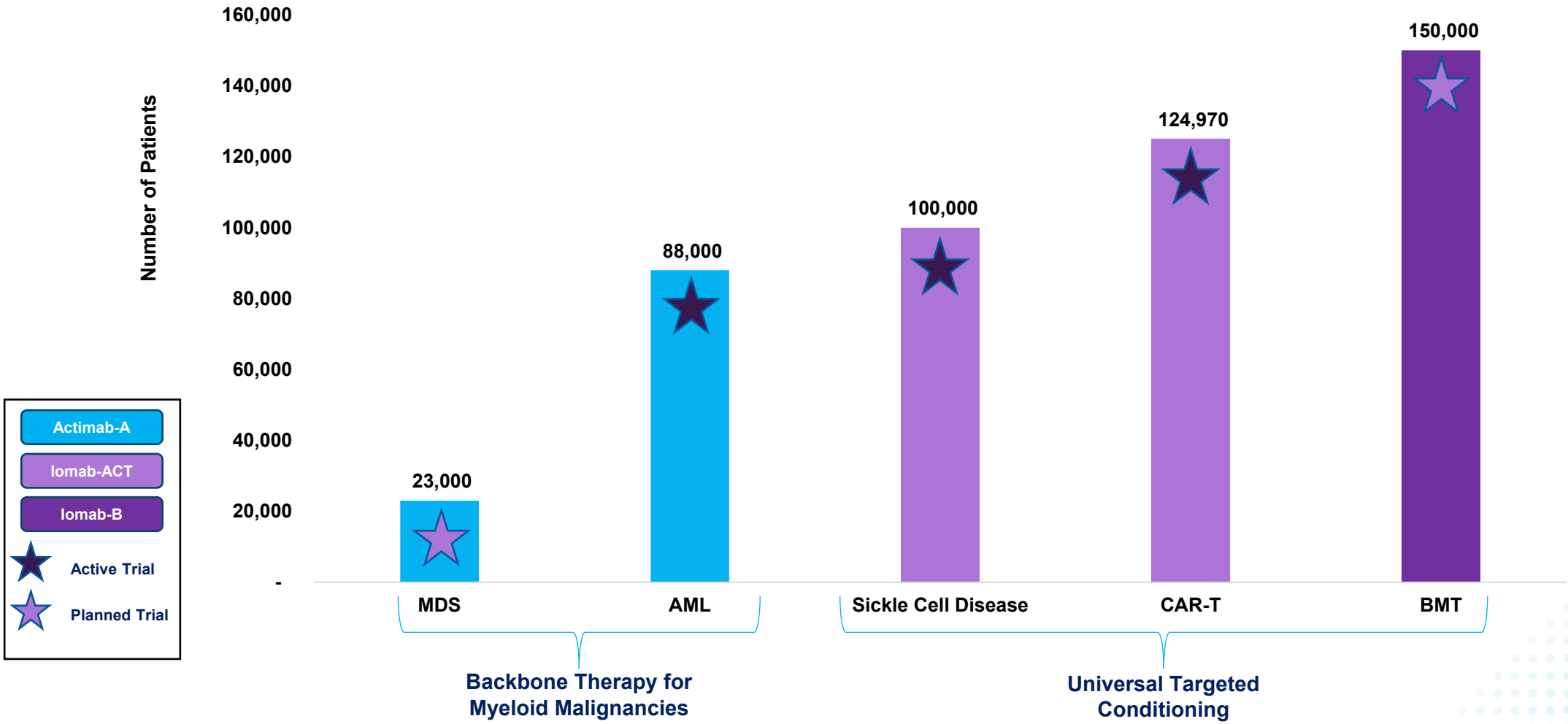
Advance to gene therapy conditioning

Columbia University Herbert Irving Comprehensive Cancer Center

Markus Mapara, MD
Professor of Medicine

Early POC Data expected 1H:2026

Blockbuster Opportunities for Three First-in-Class Heme Radiotherapies



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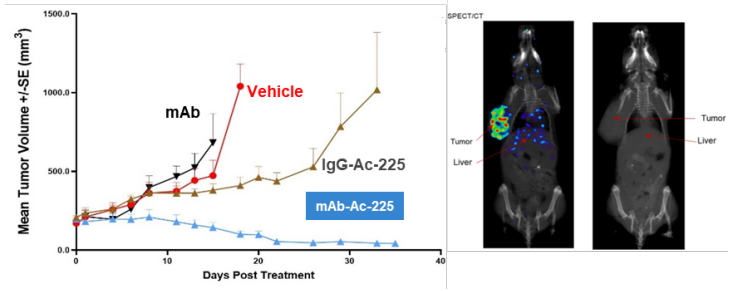
R&D, Ac-225 Manufacturing Technology, and Core Capabilities

Proven Actinium-225 Manufacturing Technology and In-House, Cutting-Edge R&D Synergize with Wide-Ranging Experience Navigating the Radiotherapeutic Supply Chain to Provide End-To-End Expertise

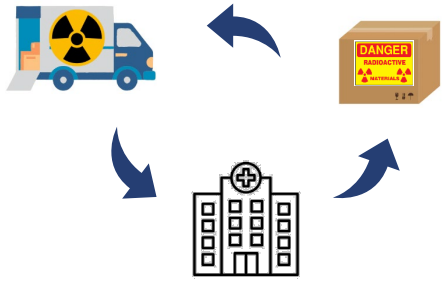
Proven End-to-End Radiotherapeutic Development Expertise

In-house R&D Facility with in vitro & in vivo Capabilities

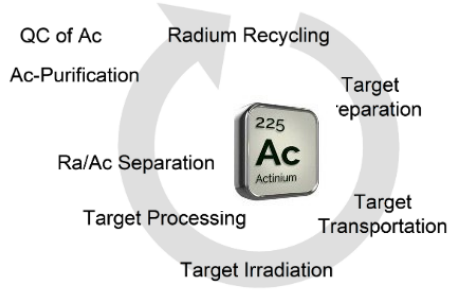
Demonstrated Leading-Edge Preclinical Radiochemistry & Translational Biology R&D



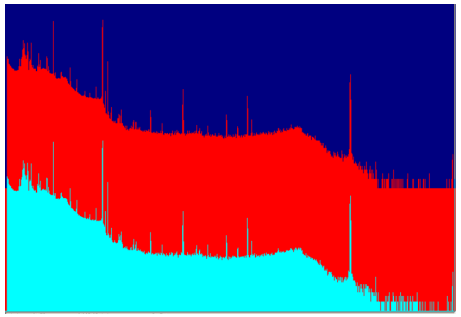
End-to-end Clinical Supply Chain Established at ~50 leading Hospitals & Redundant Isotope Supply



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



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

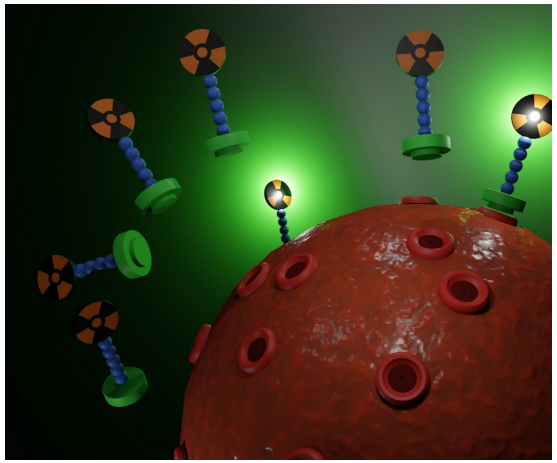


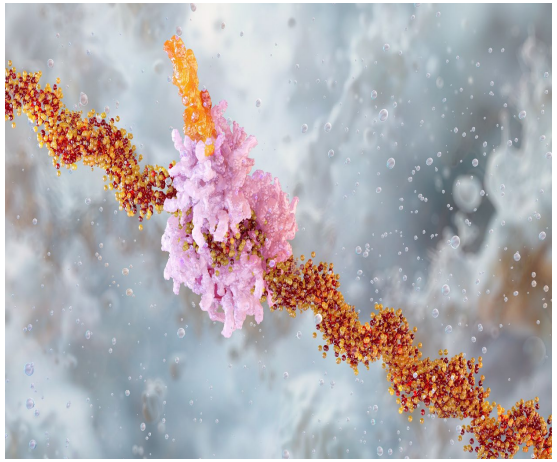
Innovation Focused R&D Yields Differentiated, High-Value Programs

Radiochemistry Expertise and Know-how

Strong Translational Biology Capabilities

Highly Differentiated, First-in-Class Programs





ATNM-400
Novel, Non-PSMA Targeting Ac-225 Prostate Cancer Program

Actimab-A
Mutation Agnostic, First-in-class CD33-Ac-225 AML Therapeutic

Iomab-ACT
Next-generation Targeted Conditioning for Cell & Gene Tx

Leading-edge radiotherapy R&D driving near-term opportunities with strong IP portfolio of 240 patents supporting future value creation

Outlook for Novel Targeted Radiotherapy Pipeline

Solid Tumors
ATNM-400 & MDSCs

- Present additional solid tumor data for ATNM-400
- Further advance ATNM-400 preclinically to support first-in-human clinical trials
- Commence patient enrollment in initial Actimab-A MDSC clinical trials in combination with KEYTRUDA and OPDIVO
- Generate clinical proof of concept data in HNSCC and NSCLC with Actimab-A and KEYTRUDA and OPDIVO

Heme/Conditioning
Actimab-A & Iomab-B/ACT

- Initiate Actimab-A Phase 2/3 trial in r/r AML, seek partner
- Generate initial clinical data in frontline AML trial under CRADA
- Initiate additional clinical trials in myeloid malignancies under CRADA
- Proof of concept data from UTSW commercial CAR-T study
- Initial results in Sickle Cell Disease BMT study and expansion into Gene therapy conditioning

Radio Capabilities
R&D & Infrastructure

- Progress additional differentiated solid tumor assets towards clinical development with strong supportive preclinical data packages
- Continue to support clinical programs and pipeline expansion
- Operationalize in-house radiopharmaceutical production capabilities
- Secure partnerships for Ac-225 cyclotron technology

Strong balance sheet with cash runway into 2028 enables several milestones with first-in-class programs across multiple blockbuster opportunities

Actinium Pharmaceuticals, Inc.

Thank You

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ATNM:NYSE AMEX