Actinium Pharmaceuticals, Inc.

Investor Presentation

Targeted radiotherapies for patients with unmet needs

February 2024

ATNM: NYSE AMERICAN

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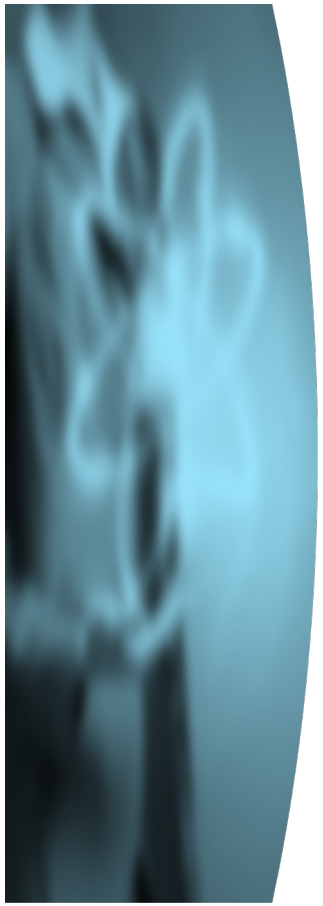
Company Highlights



- Leader in the development of targeted radiotherapies for patients with AML
- Positive Phase 3 SIERRA trial for lead asset Iomab-B; primary endpoint achieved with high significance ($p<0.0001$) supporting planned BLA, MAA and global regulatory filings
- Iomab-B being developed to address the high unmet need in conditioning for potentially curative BMT where a majority of patients are treated in a concentrated number of leading centers globally
- Actimab-A program exhibiting mutation agnostic backbone therapy potential and being advanced in collaboration with the NCI under a balance sheet sparing CRADA
- Strong commercial synergy between Iomab-B and Actimab-A focused on top 100 treatment centers where a majority of r/r patients are treated
- Vibrant and differentiated R&D enables next-generation conditioning Iomab-ACT program for rapidly growing cell and gene therapies as well as solid tumor indications
- Significant value creation expected due to combination of major milestones and balance sheet strength as ~$83.0 million cash is projected to fund operations through 2025

r/r AML = relapsed or refractory acute myeloid leukemia, BMT = bone marrow transplant, CRADA = Cooperative Research and Development Agreement.
position as of September 30, 2023

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

Robust Experience Across Multiple Validated Cancer Targets & Isotopes

CD45
Leukemia, Lymphoma and immune cells

CD33
AML, MDS and MM

Undisclosed
Solid tumor theranostics

CD38
MM and leukemia cells

ICI
Solid tumors and blood cancers

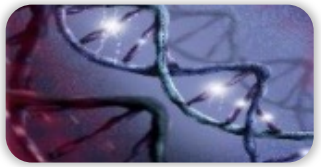
Iodine-131
Range: 2.3 mm
Energy: 0.6 MeV

Actinium-225
Range: .048 mm
Energy: 24 MeV

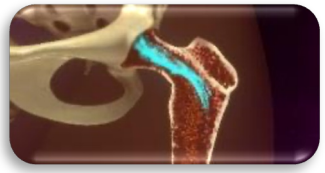
Lutetium-177
Range: 1.8 mm
Energy: 0.50 MeV

Broad Areas of Focus Leveraging Significant Clinical Development Experience

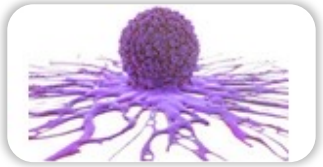
Hematology



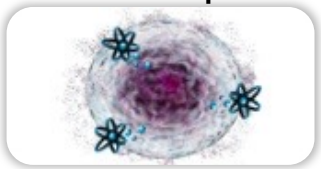
Targeted Conditioning



Solid Tumors



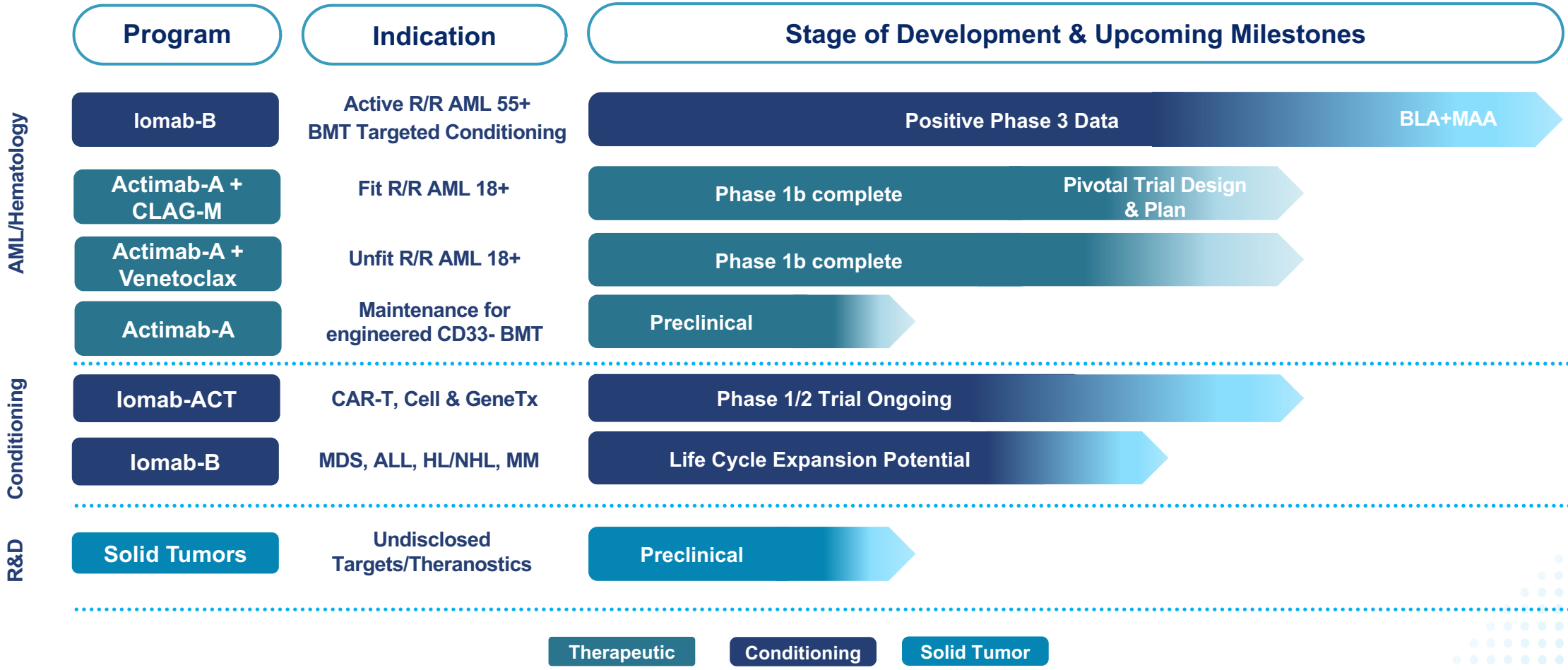
Next-Generation Radiotherapies



Strong, Growing IP Portfolio of 220+ Patents

ICI: Immune checkpoint Inhibitors
Actinium-225 linear energy transfer includes daughter emissions

Pipeline: Transformative Potential in AML, Cell & Gene and Solid Tumors



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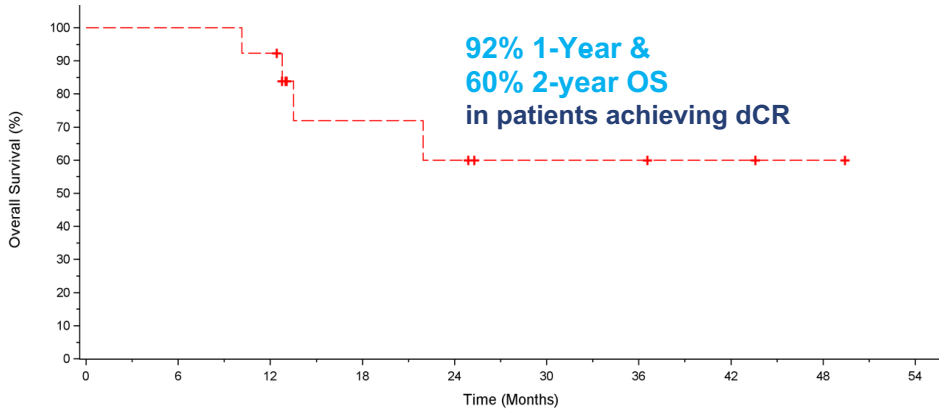
BMT – Bone Marrow Transplantation, BLA – Biologics License Application, MAA – Marketing Authorization Application

Producing Outcomes in Indications Where Other Modalities Cannot

Mutation agnostic targeted radiotherapies have demonstrated the potential to meaningfully improve survival outcomes in patients with difficult to treat R/R AML including those with a TP53 mutation

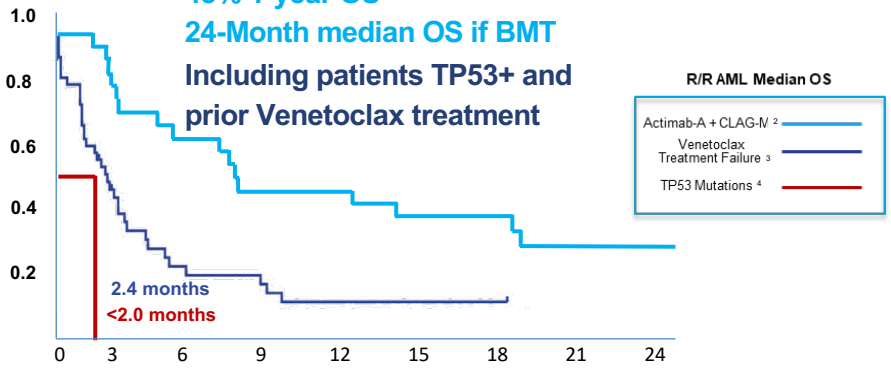
Iomab-B Phase 3 SIERRA Trial



92% 1-Year &
60% 2-year OS
in patients achieving dCR

R/R AML patients age ≥55

Actimab-A + CLAG-M POC Trial



48% 1-year OS
24-Month median OS if BMT
Including patients TP53+ and prior Venetoclax treatment

Fit R/R AML patients age ≥18

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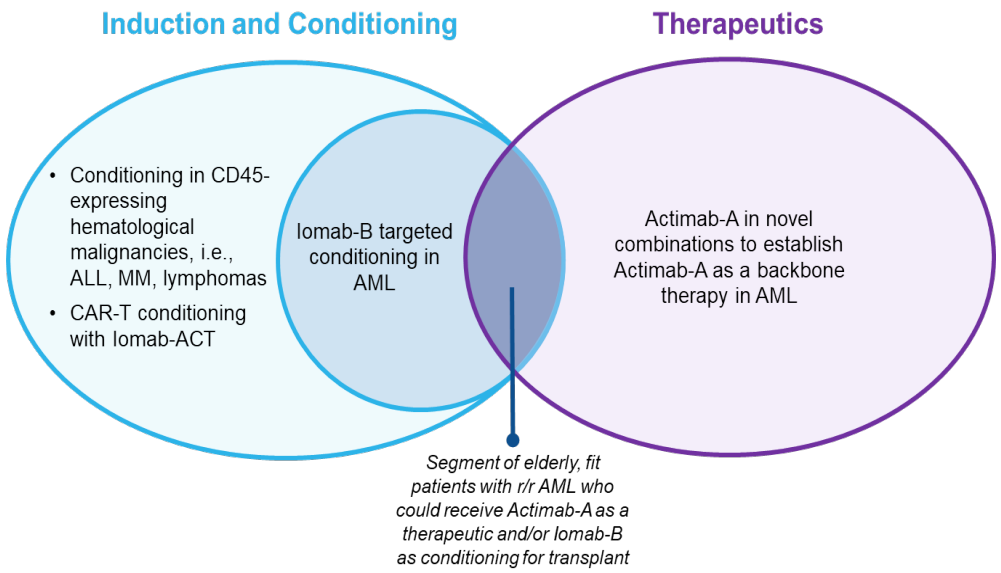
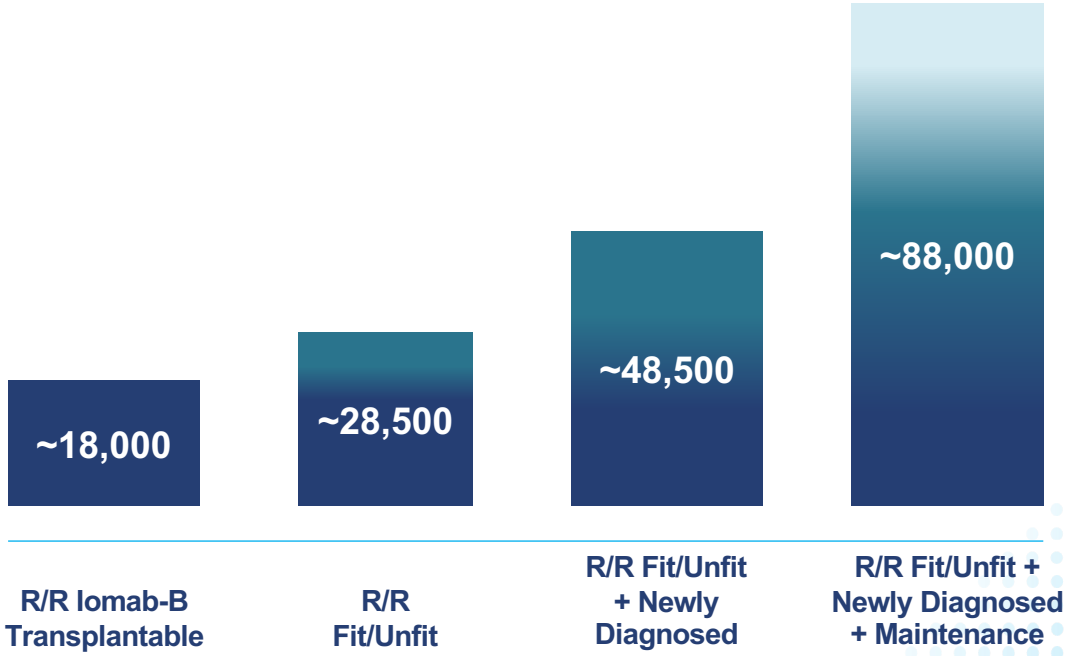
1) Late Breaking Abstract, TCT 2023, Efficacy and Safety Results of the Sierra Trial: A Multicenter, Pivotal Phase 3 Study of Iomab-B Prior to Allogeneic HCT Versus Conventional Care in Older Patients with Active, R/R AML
2) Abedin et al. Sequential Salvage Chemotherapy and Lintuzumab-Ac225 in Relapsed/Refractory AML Results in Deep Responses and Prolonged Survival in Adverse Risk AML and in AML Patients that Received Prior Venetoclax Therapy. SOHO 2023. Interim data analysis. Final results pending datasbase lock and final analysis.
3)) Maiti et al. Outcomes of relapsed or refractory acute myeloid leukemia after front-line hypomethylating agent and venetoclax regimens
4) 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)

Compelling Market Opportunity for Targeted Radiotherapy in AML

Programs address unmet needs across the patient journey



Potential to address >85K patients in the US & EU5 Alone[1,2,3,4]



For Illustrative Purposes Only, Not an Estimate of Size

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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

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Iomab-B

CD45 targeted radiotherapy – potential new standard of care enabling a curative BMT in currently non-transplantable r/r AML patients with poor survival prognosis

AML Fast Facts

AML is an aggressive disease that can progress rapidly despite treatments

≈21,000
AML patients annually in US[1]

68 years
Median age at diagnosis[1]

11 drugs
approved for AML patients since 2017

Older patients have limited treatment options and poor outcomes

Develop R/R disease[2]

of AML patients access BMT[3]

BMT is the only potential curative treatment
for R/R AML,

but only younger or fit patients can access it

Better therapeutic options and improved access to BMT are major needs for r/r AML patients who have poor survival prognosis

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1) SEER database; 2) Gyurkocza et al. Allogeneic hematopoietic cell transplantation in patients with AML not achieving remission: potentially curative therapy. Bone Marrow Transplantation (2017), 1-8;
3) Auletta JJ et al. Current use and outcome of hematopoietic stem cell transplantation: CIBMTR US summary slides, 2022.

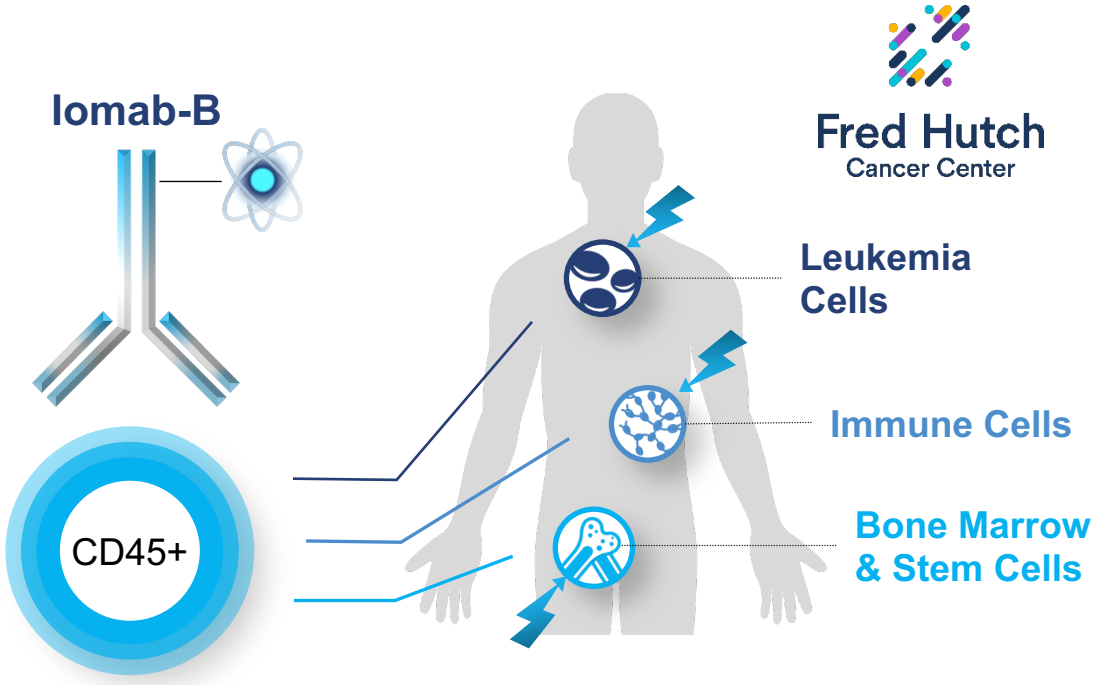
Challenges to Achieving Cures in AML via BMT

Patients must be able to overcome several challenges related to curative BMT

Challenge #1	**Need to attain a complete remission (CR)**	**Access**
Challenge #2	**Tolerate and survive effective BMT conditioning**	
Challenge #3	• **Achieve BMT engraftment** • **Achieve post-BMT CR**	**Outcomes**
Challenge #4	• **Surmount BMT related complications** – Graft failure – Side effects: sepsis, GVHD	

Overcoming these challenges can result in long-term survival and curative outcomes

Iomab-B: A Next Generation Approach to Improve BMT Access, Outcomes



400+ patients

12 clinical trials

6 diseases (AML, MDS, MM, ALL, NHL/HL)

Improved survival and curative outcomes

- Iomab-B targets CD45, which has high expression only in AML immune and stem cells, thereby sparing organs and with better tolerability
- Enables high amounts of radiation to be delivered to radiation sensitive AML and immune cells
- Induction and conditioning by simultaneously eliminating targeted cells
- Allows patients with active disease to go directly to BMT rapidly via a single infusion

Challenges Addressed: Iomab-B in the SIERRA Trial

- Challenges 1 and 2: Improved Access - CR not needed pre-BMT, effective disease control and targeted myeloablation
- Challenges 3 and 4: Improved outcomes - better post-BMT engraftment, CR and lower complications

ALL – Acute Lymphoblastic Leukemia; HL – Hodgkin Lymphoma; MDS – Myelodysplastic Syndrome; MM – Multiple Myeloma; NHL – Non-Hodgkin Lymphoma

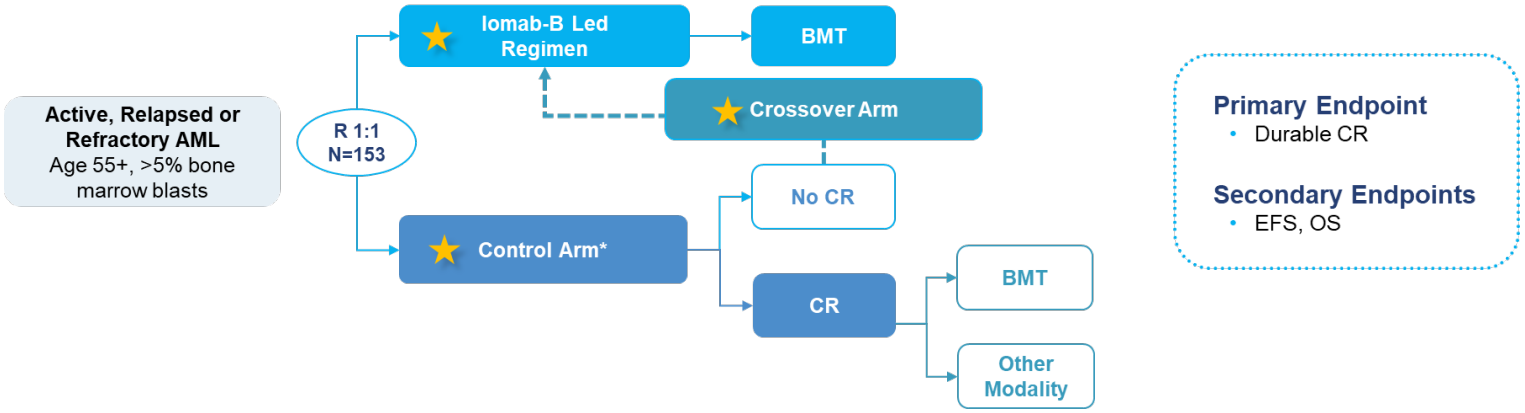
SIERRA: A Novel, Pivotal Phase 3 Study of Iomab-B in R/R AML

3 Novel Components of SIERRA Design

Iomab-B
Patients with active disease can go immediately to BMT

Control
≈20 agents that include CT/ targeted therapies allowed – anything to get patient to CR and subsequent BMT

Crossover
Patients with treatment failure can be rescued on Iomab-B arm



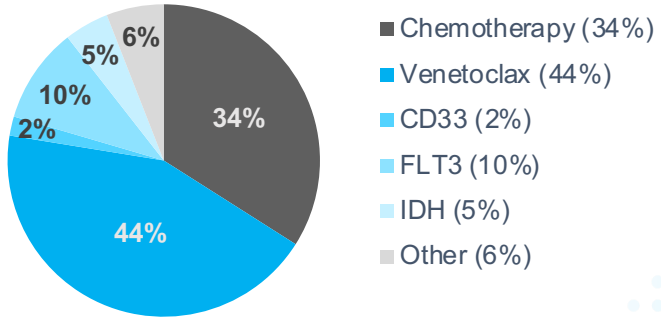
Primary Endpoint
- Durable CR

Secondary Endpoints
- EFS, OS

SIERRA Trial: Iomab-B Arm Patient Characteristics

- Median age: 64 (55-77)
- Intermediate and adverse cytogenetics and molecular risk: >90%
- Majority of patients had primary induction failure or first early relapse: 78%
- Median blast count: 30%
- Prior lines of treatment: 3 (1-8)

SIERRA Patients Had Significant and Diverse Prior Therapy Representative of Current AML Treatment



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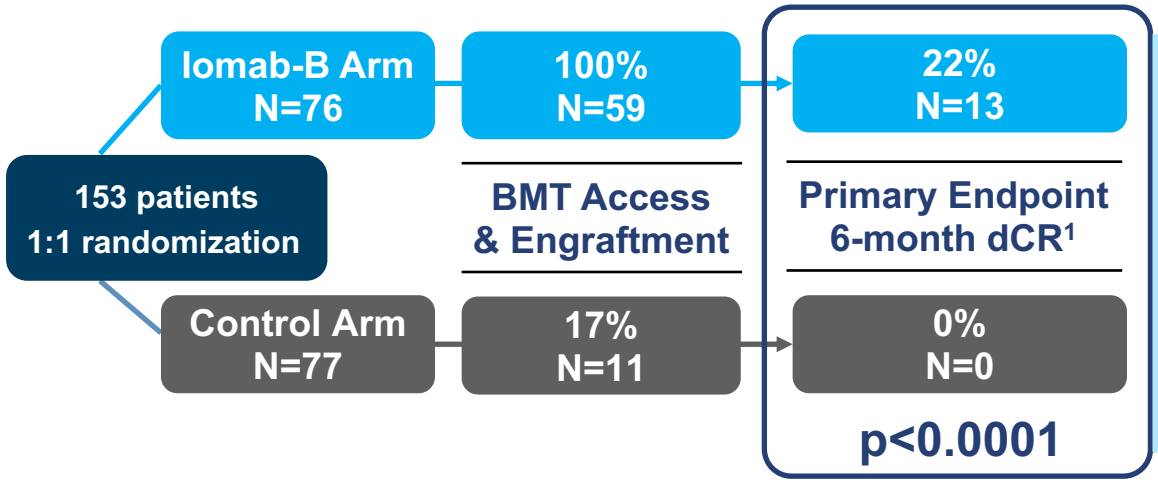
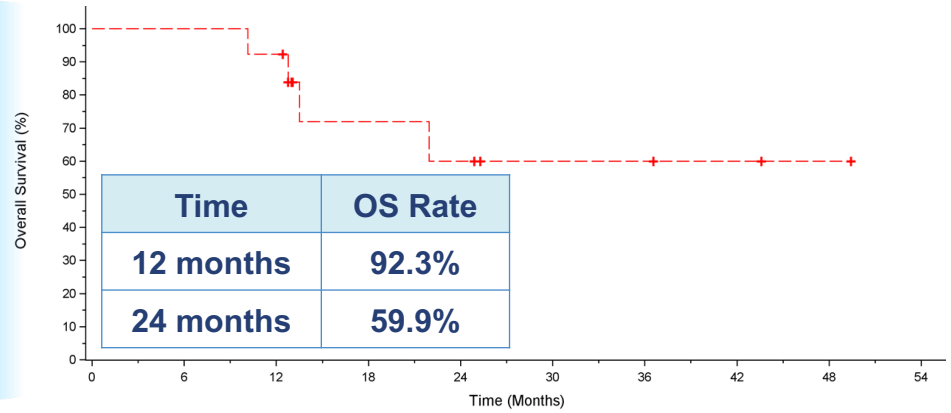
NCT02665065. CT – Chemotherapy
1) Durable defined as at least 6 months from time of initial CR

SIERRA Results: Iomab-B Overcomes Key BMT Challenges

Primary endpoint met with high significance: High rates of post-BMT remissions resulted in significantly higher durable remissions with Iomab-B





Time	OS Rate
12 months	92.3%
24 months	59.9%

Median OS not reached in patients achieving the primary endpoint; 2-year survival highly indicative of long-term outcomes including potential cure

Iomab-B patients were only allowed limited opportunity for maintenance therapy, which is not the norm

*Highly restrictive protocol limited optionality for maintenance therapy in Iomab-B patients

1) Both per protocol and intent to treat analysis yielded the same p-value of <0.0001 for the primary endpoint; all analyses are per protocol basis indicated otherwise

SIERRA Results: Iomab-B Improves Patient Outcomes

	100% BMT Access in Half the Time		Improved Outcomes Across All Efficacy Measures				Excellent Safety and Tolerability of Targeted Radiotherapy			
	Time to BMT	BMT & Engraftment %	Post-BMT CR Rate	Durable Complete Remission[1]	1-Year Overall Survival	Event Free Survival[1]	Sepsis	Febrile Neutropenia	Mucositis	Acute GHVD Gr II-IV
Iomab-B	29 Days	100%	75%	22% (p>0.0001)	26.1%	28% (HR=0.22)	6.1%	43.9%	15.2%	26.1%
Control Arm	66.5 Days	17%	6.3%	0%	13.1%	0.2%	28.6%	50.0%	21.4%	35.7%

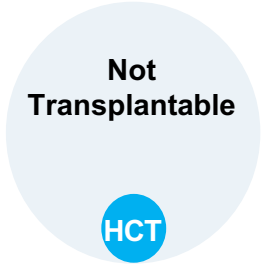
- Addresses Clear Unmet Need
- Improved Access
- Improved Outcomes
- Well Tolerated

*Highly restrictive protocol limited optionality for maintenance therapy in Iomab-B patients

1) EFS at 180 days

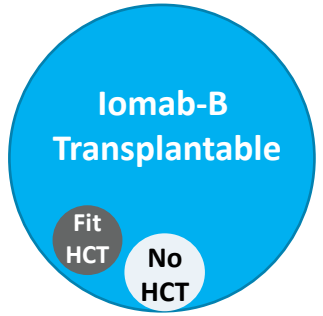
Iomab-B – New Paradigm To Upend BMT Access, Improve r/r AML Outcomes

Current BMT Practice: Low Access, Poor Outcomes



- Majority of patients are not transplantable
- <5% or ~400 r/r AML patients who are fit enough to achieve remission receive HCT[1]

Iomab-B's Paradigm Changing Potential: Unprecedented Access, Survival Benefit, Cure



- Majority transplantable. ~8,000 patients HCT eligible with Iomab-B[2]
- Iomab-B bridging plus myeloablative conditioning is tolerable by unfit, high-risk, heavily pre-treated R/R AML patients who are currently offered palliative care with poor survival prognosis

1) Auletta JJ, Kou J, Chen M, Shaw BE. Current use and outcome of hematopoietic stem cell transplantation: CIBMTR US summary slides, 2021.

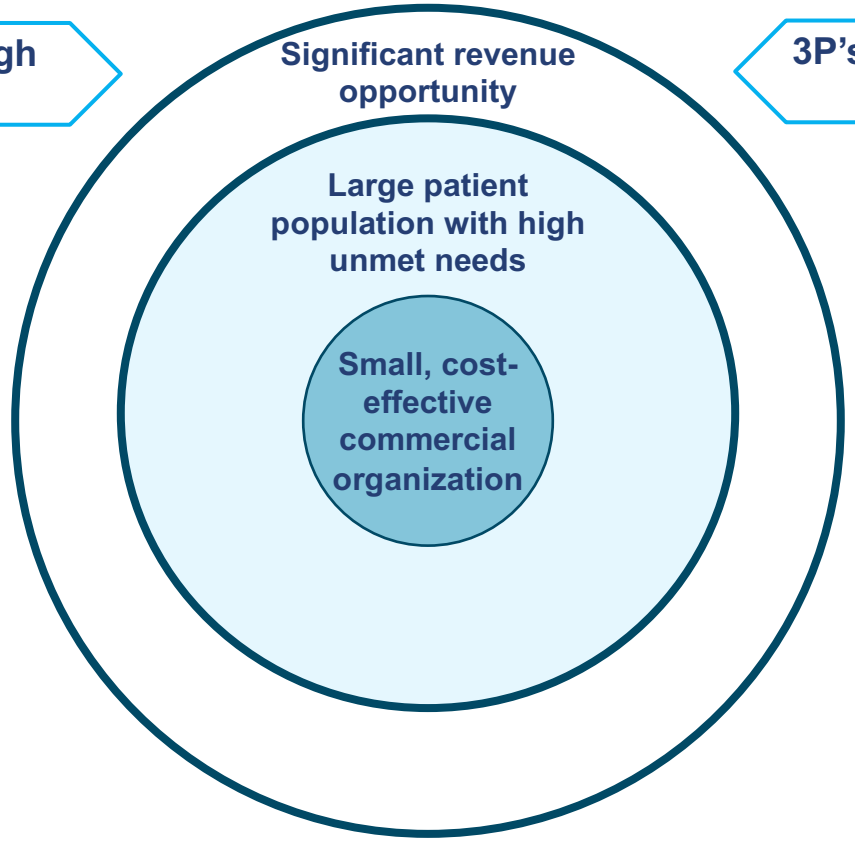
2) Credit Suisse Equity Research. Acute Myeloid Leukemia (AML): Clinical and Competitive Landscape July 13, 2022 and Company estimates

Images are for illustrative purposes only and may not be to scale

Favorable Dynamics Support Specialty Radiopharmaceutical Vision

Internal Core Competencies Through Clinical Execution

- **Robust Supply Chain**
- **Operational Excellence at the Point of Care**
- **Strong KOL Relationships**
- **Broad Reach Across Leading BMT Centers**
- **Global Medical Recognition and Support**



3P's, 2C's: Key variables align favorably for Iomab-B

Patients
Unprecedented access to potentially curative BMT

Physicians
Ability to treat patients who previously had no other options without changing practice

Payors
Strong pharmacoeconomic value proposition

Competition
No direct or visible competition for the next 5-10 years

Concentrated Market
Top 50 US centers perform 75% of BMTs, similar dynamic globally

Significant Contribution from EUMENA Opportunity

Attractive EUMENA market opportunity due to favorable market dynamics, timing of entry and lucrative partnership economics from Immedica AB

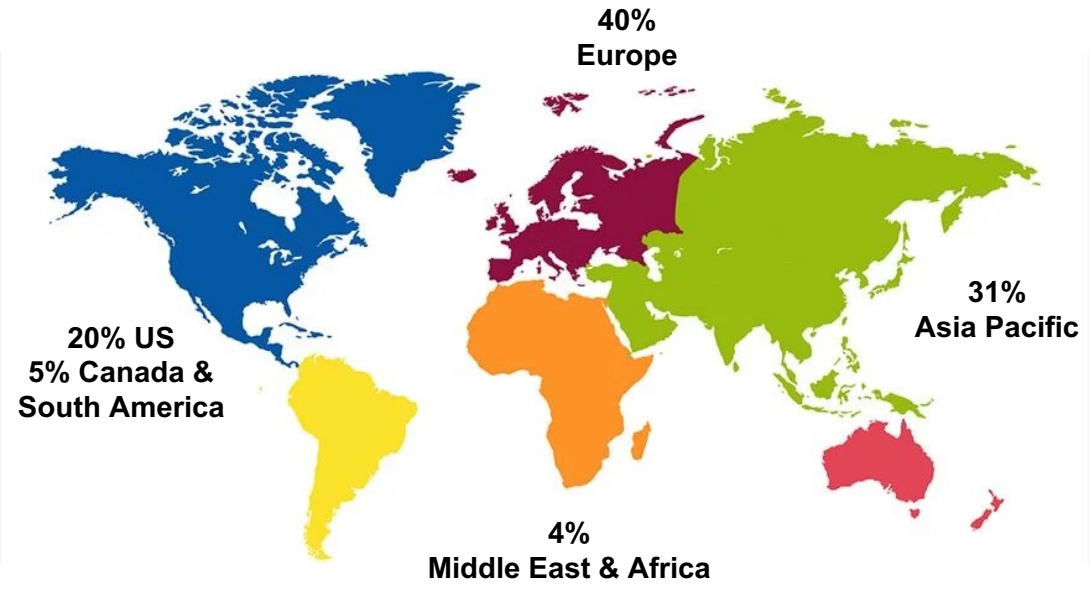
Favorable Dynamics in EUMENA for Iomab-B

- Positive Scientific Advice from EMA, SIERRA trial can support a marketing authorization with filing expected in 2024
- EU Orphan Designation
- Immedica has strong regulatory and commercial capabilities in the EUMENA region
- Positive alignment of 3Ps and 2C's similar to U.S.
- Immedica AB collaboration highlights: $35 million upfront, $417 million potential milestones, mid-twenty percent royalties

~7,200 BMTs for AML in EUMENA (2x U.S.) performed in concentrated number of centers

Large BMT Opportunity with Favorable Commercial Dynamics Globally

Number of BMTs performed globally doubled in 10 years with strong continued growth



Proportion of BMTs by Region[1,2]

- Consistent commercial dynamics globally with select leading BMT centers treating a majority of patients in each country/region
- Estimated ~70,000 allogeneic BMTs performed worldwide[1]
- U.S. Represents ~20% of allogeneic BMT volume
- EU has strong and established BMT community and performs the most all BMTs of any region
- Asia-Pacific has the fastest growth rate and is rapidly emerging
- AML represents ~40% of allogeneic BMTs in the U.S. and is the largest segment

1) Worldwide Network for Blood and Marrow Transplantation survey slides 2020
2) CIBMTR 2022 summary slides, Company estimates

Clear Pathway to Establishing Iomab-B as Standard of Care

Significant Upcoming Iomab-B Milestones

- **SIERRA Data Featured in TCT Late Breaker Presentation** ✓
- **Build Global Awareness at International Conferences** ✓
- **Launch Iomab-B Early Access Program, BLA, MAA & Other Regulatory Filings**
- **Life Cycle Planning Initiatives**
- **Potential Approval and Commercial Launch**
- **Iomab-B Established as Standard of Care** ✓

8 Oral Presentations at Global Hematology and BMT conferences in 2023 with 2 additional oral presentations in 2024

ASTCT · CIBMTR · EHA European Hematology Association · SNMMI Society of Nuclear Medicine and Molecular Imaging · EANM'23 · EBMT European Society for Blood and Marrow Transplantation · ONS Oncology Nursing Society · soho2023

Fred Hutch Cancer Center

- **400+ patients**
- **6 disease indications** (AML, MDS, MM, ALL, NHL/HL)
- **Improved survival and curative outcomes**

These data, together with the pivotal Phase 3 SIERRA trial will be leveraged to further expand Iomab-B's role in indications representing tens of thousands of patients with R/R disease with similar unmet needs to patients in SIERRA

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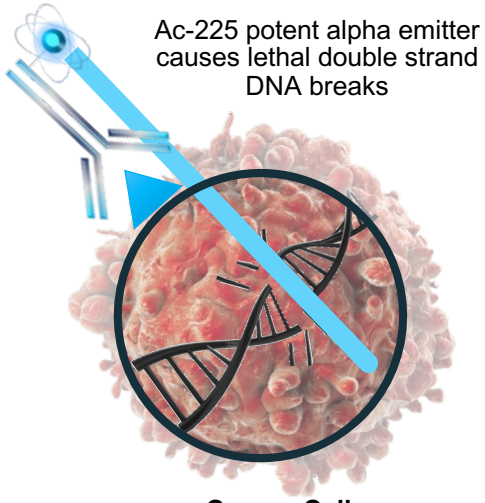
Actimab-A

CD33 targeting radiotherapeutic – mutation agnostic/resistant mechanism has potential as combination backbone therapy in highly radiosensitive, mutation rich AML

Actimab-A Program Overview

CD33 targeting antibody - CD33 expressed on virtually all AML cells

Ac-225 potent alpha emitter causes lethal double strand DNA breaks



Cancer Cell

Precision Targeting Against Validated CD33 Antigen

Mutation Agnostic, Mutation Resistant Mechanism of Action

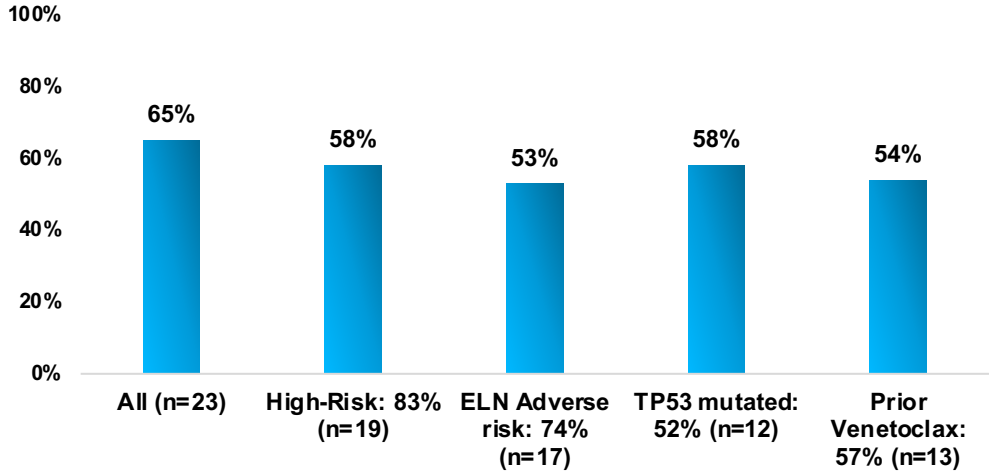
Opportunity to Develop Actimab-A as Combination Backbone for Practically all AML patients

- Actimab-A – antibody linked to Ac-225 alpha emitter targets validated CD33 antigen in a highly precise manner
- Clinical experience in ~150 AML patients across 6 clinical trials is also most developed Ac-225 program
  - Actimab-A clearly demonstrated high potency and minimal non-hematologic toxicities >grade 3 outside of myelosuppression in Phase 1/2 POC trial
- Current trials and research programs combine Actimab-A's potent cell killing power and demonstrated safety at lower doses with other treatment modalities
- Objective is to exploit the mutation agnostic mechanism of action of Ac-225 and radiosensitivity of AML cells to provide enhanced clinical benefit in this heterogenous disease
- Actimab-A + CLAG-M combination trial results provide strong validation of promise of this approach
- Multiple opportunities to use Actimab-A in combination with chemotherapy, targeted agents and immunotherapy are being explored. Recent NCI CRADA is expected to accelerate development

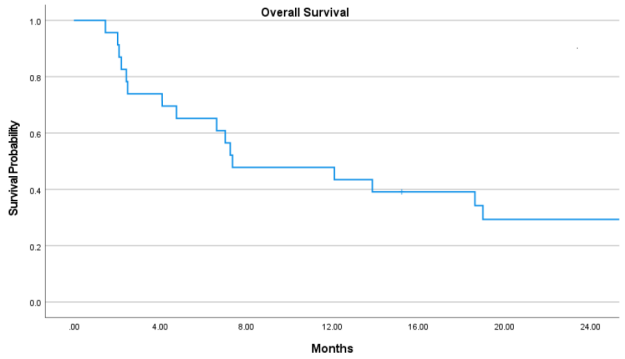
Actimab-A + CLAG-M: Impressive Outcomes In Heavily Pretreated R/R AML

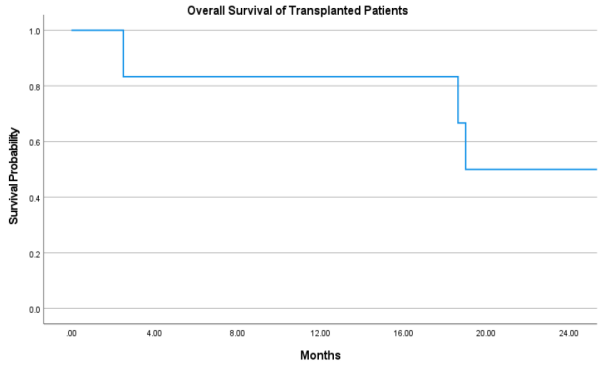
Actimab-A + CLAG-M Patient Characteristics

- Median of 2 lines prior therapy
- 57% prior BMT, 57% prior venetoclax
- 74% ELN Adverse Risk disease
- 52% TP53 mutations



Improved Survival Outcomes[1]





Patients	ORR	MRD Negativity	1 year OS
All (n=23)	65%	75%	48%
High-Risk (n=19)	58%	75%	42%
ELN Adverse Risk (n=17)	53%	67%	35%
TP53 mutated (n=12)	58%	80%	42%
Prior VEN (n=13)	54%	100%	46%

64% of eligible patients proceeded to transplant

Median survival of transplanted patients 24 mos.

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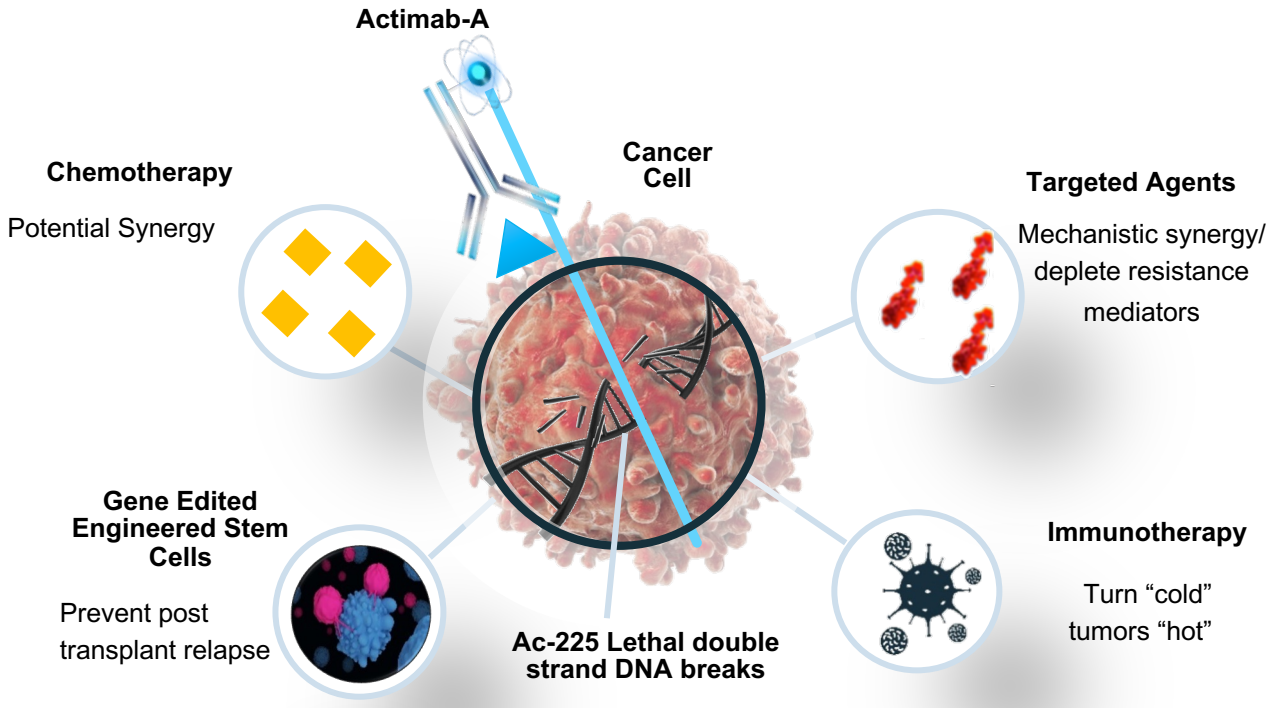
1) Abedin et al. Sequential Salvage Chemotherapy and Lintuzumab-Ac225 in Relapsed/Refractory AML Results in Deep Responses and Prolonged Survival in Adverse Risk AML and in AML Patients that Received Prior Venetoclax Therapy. SOHO 2023

Actimab-A Development Bolstered By Recent NCI CRADA

NCI sponsored Actimab-A development to include Phase 1, 2 and 3 trials with the potential to develop Actimab-A as a backbone of AML combination therapy



- CRADA provides access to 2,000 clinical trial sites in Experimental Clinical Trial Network – ECOG, SWOG and Alliance as well NCI's MyeloMATCH program
- Actinium to review and approve trials and protocols with NCI and has rights to all data
- Enables broad and aggressive development as single agent and combination-backbone

Balance sheet sparing with full rights to data – Actinium supplies Actimab-A while NCI covers all clinical trial execution and development expenses

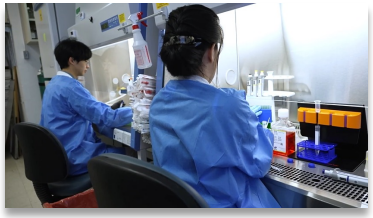
Actinium Pharmaceuticals, Inc.

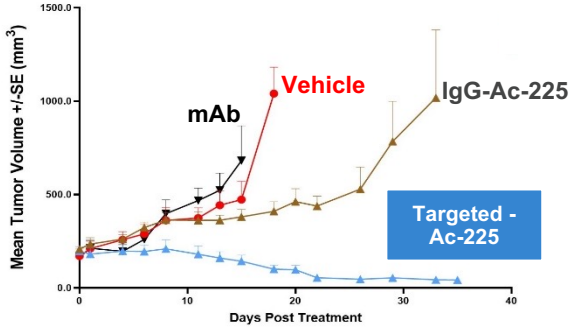
R&D, Technology and Core Capabilities

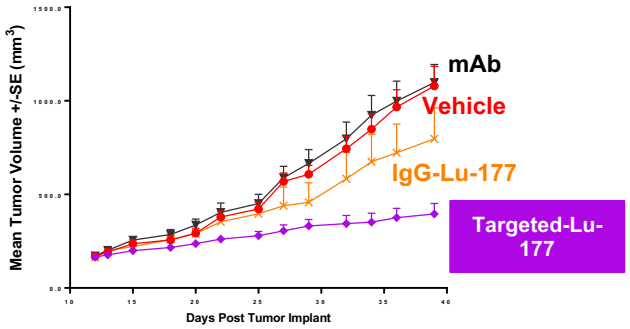
In-house R&D capabilities, strong IP portfolio including patents and know-how for Ac-225 production and proven supply chain provide foundation for continued future growth

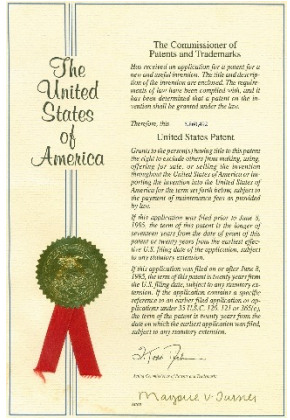
Proven R&D Capabilities Support Leading Edge Innovation

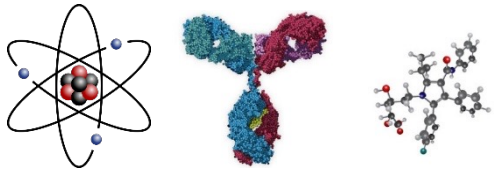
Actinium R&D lays the foundation for successful partnerships from IP protection to efficacy data











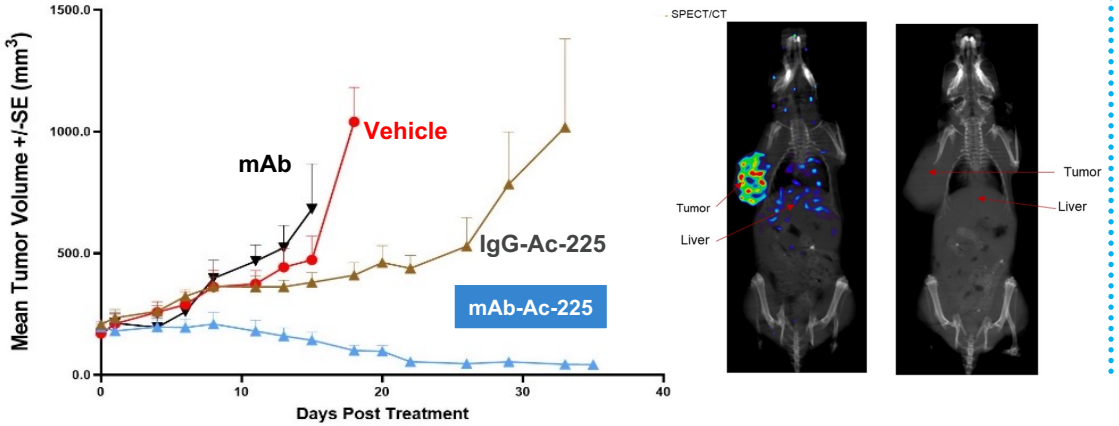
Modern labs with end-to-end support capacity

Translational Research Excellence

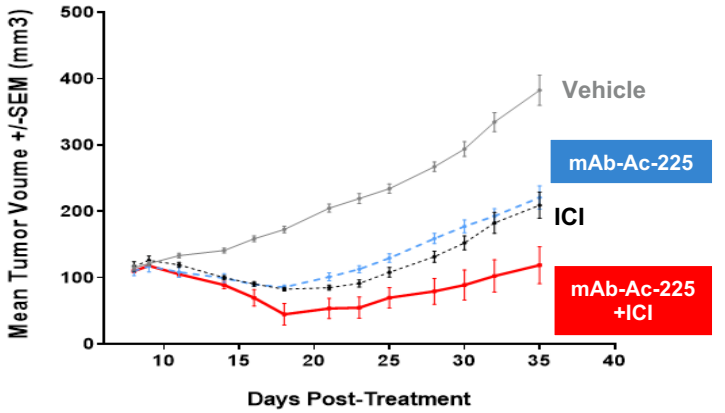
220+ Patent Intellectual Property Portfolio

Actinium's Technology Validated in Both Liquid and Solid Tumors

Targeted Ac-225 in NSCLC Model

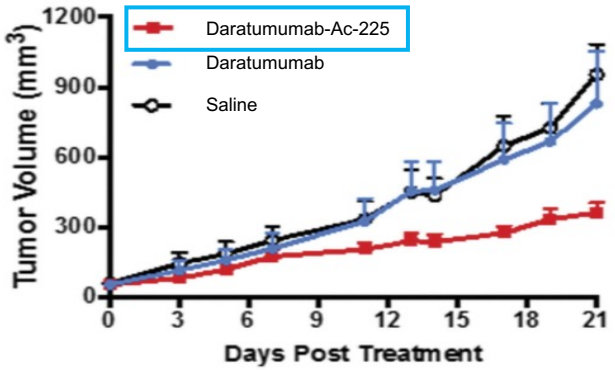


Targeted Ac-225 in Breast Cancer Model

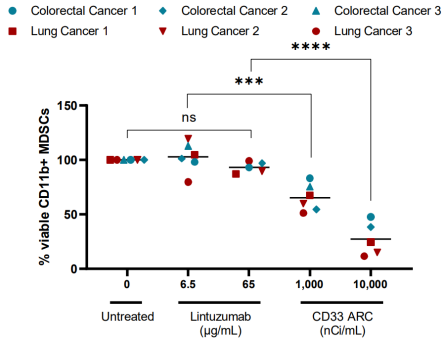


Daratumumab-Ac-225 in Multiple Myeloma

Xenograft model



MDSC Depleting CD33-Ac-225



Cancer patient *ex vivo* MDSC depletion

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ICI: Immune Checkpoint Inhibitors

Actinium Pioneered Ac-225 Cyclotron Production, Holds IP, Know-How

ATNM's patented technology has been successfully used to produce Ac-225 identical to that from a thorium cow

Production Routes for Ac-225

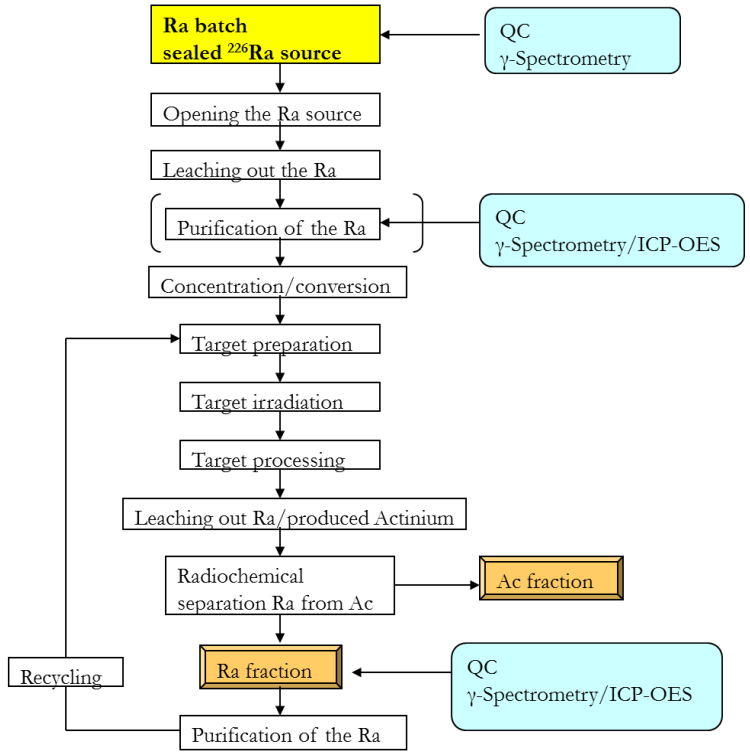
Key Factors	Th229 generator $^{229}Th \rightarrow {}^{225}Ac$	Proton method $^{226}Ra(p,2n)^{225}Ac$
Feasibility	Supply in place	Existing production
Scalability	Low/None	High
Vulnerability to interruptions	Low	Medium if single cyclotron
^{226}Ra dependent	No	Yes
^{227}Ac contaminant	No	No
Equipment / Facility required	Thorium cow	Medium energy cyclotron(s)

- No issues identified
- Scalable solutions in progress
- Ability to address key factor to be determined
- Factor limiting scalable supply

Current supply for majority of Ac-225 programs

Scalable supply through ATNM's patented technology

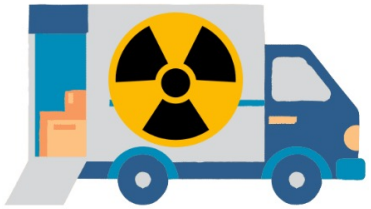
ATNM's Production Process Flow



- ATNM has 5 US issued patents and 49 Ex-US patents on Ac-225 production covering:
  - Methods of purification and recycling of Ra-226 from a variety of different sources
  - Target design and preparation of Ra-226 targets for proton irradiation via a cyclotron
  - Methods of purification of 99.7% pure Ac-225 from irradiated Ra-226 targets free of Ac-227

Proven Radiotherapeutic Supply Chain Excellence

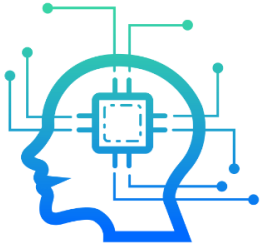
Actinium has dosed hundreds of patients with targeted radiopharmaceuticals and built key expertise regarding management of the demanding radiopharmaceutical supply chain



Proven ability to deliver "just in time" radiotherapeutics

Established redundant supply for radioisotopes

- >500 patients dosed in ~18 clinical trials
- Proven supply capabilities as evidenced by not a single missed dose
- Robust supply chain established in over 45 large cancer hospitals



Strong IP & know-how to produce Ac-225

- Expert technical operations team experienced with facility design and buildout
- Scalable, flexible and commercially viable manufacturing operations in place to support U.S. and international commercial sales

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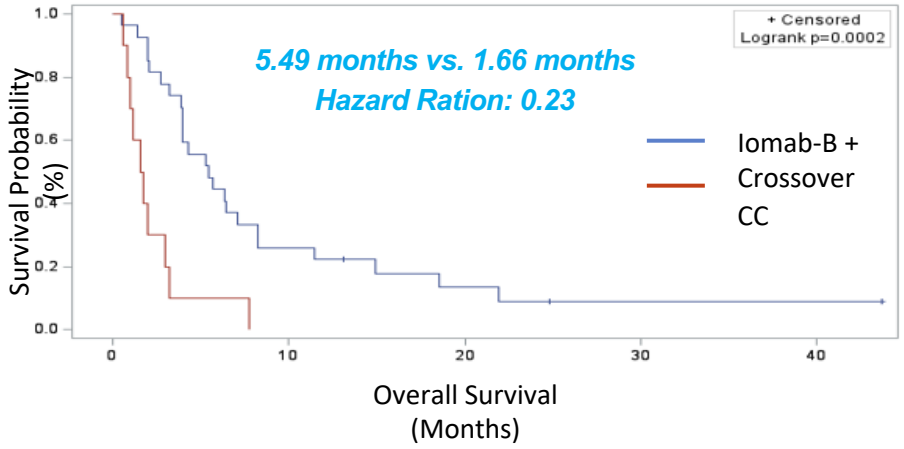
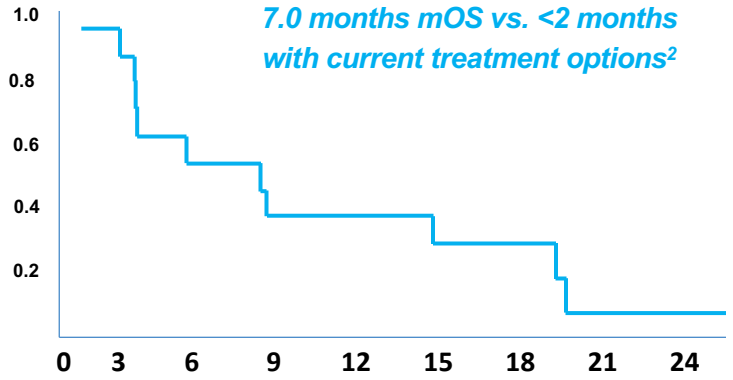
AML Opportunity & Milestones

Opportunity for Actinium to radically improve outcomes of r/r AML patients by launching two radiotherapy drugs in 5 years that address significant unmet therapeutic and transplant needs and create significant value

Producing Positive Outcomes in TP53+ Where Other Modalities Cannot

Mutation agnostic mechanism support by clinical trials showing both of Actinium's targeted radiotherapies are effective against TP53 mutation; the most commonly mutated gene in all human cancers[1]





	Phase 3 SIERRA Trial	Actimab-A + CLAG-M Phase 1b	AML
TP53 mutation rate	24%	53%	5-15% of all patients and up to 25% of elderly patients
mOS in TP53+ patients	5.49 months	7 months; 26 months in patients proceeding to BMT	<2 months in R/R patients

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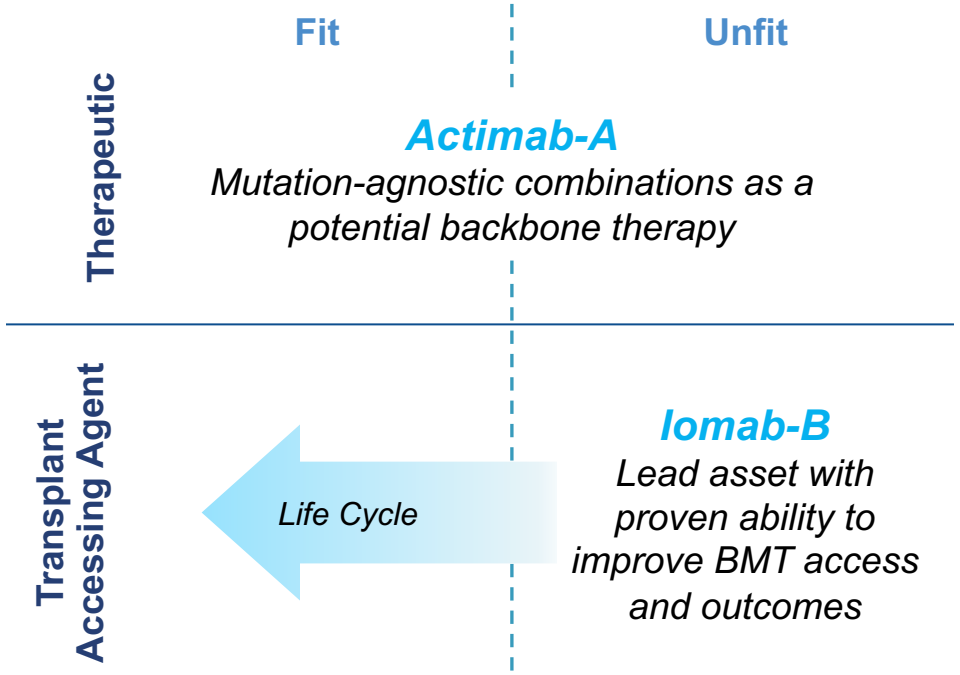
Source: 1) Granowicz EM, Jonas BA. Targeting TP53-Mutated Acute Myeloid Leukemia: Research and Clinical Developments. Onco Targets Ther. 2022 Apr 21;15:423-436. doi: 10.2147/OTT.S265637. PMID: 35479302; PMCID: PMC9037178. 2) Zucenka, A., et al. Outcomes of relapsed or refractory acute myeloid leukemia patients failing venetoclax-based salvage therapies. Eur J Haematol. 2020; 106: 105– 113

Actinium's Opportunity to Transform Treatment Outcomes in AML

Iomab-B and Actimab-A together afford Actinium the unique opportunity to significantly modify the dismal status quo in AML in a complementary manner



Actinium's Ability to Deliver on this Opportunity

- Addressable patient population >50% R/R with dismal outcomes
- Patient population largely treated in top 100 quaternary care centers
- Favorable commercial dynamics for a successful Iomab-B launch with a lean commercial organization
- Operational excellence at the point of care and efficient supply chain

Our mission is to deliver on the promise to modify AML outcomes and create a highly differentiated, specialty radiotherapeutics company focused on the top 100 hospitals

Upcoming Value Creating Milestones

Program	Milestone	Status & Timing
Iomab-B	Positive Phase 3 SIERRA Results	✓
	ASH Oral Presentation: Iomab-B improves outcomes for patients with TP53 gene mutation	✓
	BLA/MAA Filing	1H/2H:2024
	US/EU Early Access Program	1H/2H:2024
	Life Cycle Management Initiatives	2H:2024
Actimab-A	Positive Survival Results in Actimab-A CLAG-M Combination Study	✓
	Secure CRADA with NCI for Broad Development of Actimab-A & Pivotal Trial Update	✓
	Finalize Plan for Registrational Trial of Actimab-A + CLAG-M	1H:2024
	Updated Data from Actimab-A Venetoclax Combination Study	✓
Iomab-ACT	POC Data from MSKCC/NIH Clinical Trial	2024
	CAR-T Development Strategy Update	2024
	Gene Therapy Proof of Concept Data/Secure Development Partner	2024
R&D	Advance Ongoing Collaborations and Additional Collaborators	Ongoing

Actinium Pharmaceuticals, Inc.

Thank you

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ATNM:NYSE AMEX