Forward-Looking Statements

This presentation contains forward-looking statements. Such statements are valid only as of today and we disclaim any obligation to update this information. These statements are only estimates and predictions and are subject to known and unknown risks and uncertainties that may cause actual future experiences and results to differ materially from the statements made. These statements are based on our current beliefs and expectations as to such future outcomes. Drug discovery and development involve a high degree of risk. Factors that might cause such a material difference include, among others, uncertainties related to the ability to raise additional capital required to complete the development programs described herein, uncertainties related to the disruptions at our sole supplier of CLR 131, the ability to attract and retain partners for our technologies, the identification of lead compounds, the successful preclinical development thereof, the completion of clinical trials, the FDA review process and other government regulation, the ability of our pharmaceutical collaborators to successfully develop and commercialize drug candidates, competition from other pharmaceutical companies, product pricing and third-party reimbursement. This presentation includes industry and market data that we obtained from industry publications and journals, third-party studies and surveys, internal company studies and surveys, and other publicly available information. Industry publications and surveys generally state that the information contained therein has been obtained from sources believed to be reliable. Although we believe the industry and market data to be reliable as of the date of this presentation, this information could prove to be inaccurate. Industry and market data could be wrong because of the method by which sources obtained their data and because information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process and other limitations and uncertainties. In addition, we do not know all of the assumptions that were used in preparing the forecasts from the sources relied upon or cited herein. A complete description of risks and uncertainties related to our business is contained in our periodic reports filed with the Securities and Exchange Commission including our Form 10-K for the year ended December 31, 2017 and our Form 10-Q for the quarterly period ended September 30, 2018.
Developing orphan and rare pediatric oncology pipeline with multibillion-dollar\textsuperscript{1} sales potential

Advancing multiple clinical programs; demonstrated activity in hematologic malignancies

7 clinical data readouts planned through 2019 with potential for additional interim assessments

PDC\textsuperscript{2} tumor targeting platform validated through clinical trials, corporate partnerships and academic collaborations

Efficient capital allocation and low fixed-cost corporate structure allows for \$10M - \$12M annual cash burn

\textit{Multiple, Value-Creative, Near Term Milestone Potential}

\textsuperscript{1} ResearchAndMarkets.com. Neuroblastoma - Market Insights, Epidemiology and Market Forecast-2027 The market of Neuroblastoma in 7MM was found to be \$733.58 million in 2016, and is expected to increase at from 2016-2027. Market Research Future Jan 2018

\textsuperscript{2} The osteosarcoma market has been on the rise over the past few years. Based on the MRFR analysis, the market is projected to reach \$136.76 million by 2023 at a healthy CAGR of around 6.40%. Market Research Future July 2018

\textsuperscript{3} The global pediatric brain tumor market is expected to reach \$1659.4 million by 2023. 2. Phospholipid Drug Conjugate
### Projected Pipeline Key Development Milestones

<table>
<thead>
<tr>
<th>PDC Program</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLR 131</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>2H</td>
<td>1H</td>
<td>2H</td>
<td>1H</td>
</tr>
<tr>
<td></td>
<td>✅ Phase 1b Readout</td>
<td>✅ Phase 1 mOS²</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✅ Phase 1 mOS²</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLR 131</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-cell Lymphoma</td>
<td>2H</td>
<td>1H</td>
<td>2H</td>
<td>1H</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLR 131</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric</td>
<td>2H</td>
<td>1H</td>
<td>2H</td>
<td>1H</td>
</tr>
<tr>
<td></td>
<td>✅ ODD/RPDD</td>
<td>✅ Neuroblastoma</td>
<td>✅ Rhabdomyosarcoma</td>
<td>✅ Ewing’s Sarcoma</td>
</tr>
<tr>
<td><strong>CLR 131</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>2H</td>
<td>1H</td>
<td>2H</td>
<td>1H</td>
</tr>
<tr>
<td></td>
<td>✅ Select Candidate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLR 1900</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✅ Initiate Phase 1</td>
<td>✅ Initiate IND Enabling Studies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cellectar to Announce Additional Developments and Events as They Occur**

- Interim Data
- Designations Granted
- Initiations
- Data

1. Overview

2. Phase 2 R/R B-cell Lymphoma

3. Phase 1 R/R Multiple Myeloma

4. Phase 1 Pediatric Sarcoma, Neuroblastoma and Glioma
Radiotherapeutic Market

- Radiotherapeutic market forecast ~$9.3 billion revenue in 2020\(^1\)
- Bayer’s Xofigo\(^{®}\) revenue ~$500M in 2017\(^2\)
- Y-mABs Therapeutics market cap of ~$700M\(^3\)
  - Direct injection of ADC\(^4\) (iodine 131 payload) into CNS\(^5\) for brain metastases
- Progenics Pharma market cap of ~400M\(^3\)
  - Azedra\(^{™}\) (iobenguane I-131) for treatment of rare tumors of adrenal gland
- Recent acquisitions by Novartis
  - Advanced Accelerator Applications for $3.9 billion
    - Radiotherapy Lutathera\(^{™}\) and imaging portfolio
  - Endocyte for $2.1 billion
    - Radioligand therapy in mid-stage clinical trials

Strategic Positioning

- CLR 131 is a Targeted Radiotherapeutic
  - Cytotoxic radioisotope - iodine 131
  - Delivery platform provides novel mechanism of action
- Establish Phase 2 data for DLBCL & MM to drive potential partnerships
  - Potential for cost-effective & accelerated regulatory pathway for R/R\(^1\) MM
- Advance R/R niche market opportunities to commercialization
  - R/R B-cell lymphomas (LPL, MZL, MCL\(^2\))
    - Few approved therapies; accelerated route to market
    - Potential revenues \(\sim\$800M\) U.S. and \(\sim\$1.8B\) worldwide\(^3\)
  - R/R pediatric tumors
    - NB\(^4\), High Grade Glioma, RMS\(^5\), Ewing’s & Osteosarcoma
    - Approximately 40 U.S. treatment centers; \(\sim20\) MIBG I-131 for NB
    - Potential revenues \(\sim\$600M\) U.S. and \(\sim\$1.5B\) worldwide\(^6\)
• R/R Hematologic Phase 2 Study
  – DLBCL Interim Data
    • 33% Overall Response Rate (ORR) - 50% Clinical Benefit Rate (CBR)
  – Waldenstrom’s (LPL) Case Study
    • Challenging patient; presented with multiple large tumor nodules
• Multiple Myeloma
  • Achieved pre-determined efficacy hurdle to expand cohort

• R/R Multiple Myeloma Phase 1 Study
  – Heavily pretreated patient population
    • Average of 5 lines of prior systemic therapy
  – All 5 cohorts deemed safe and tolerable
    • No peripheral neuropathy, DVT’s, Cardio & GI toxicities
  – Median Overall Survival of 22 months
Pediatric Clinical Trial

- FDA approved Phase 1 protocol
  - Planned multicenter study (U.S. and International Sites)
  - Phase 1 ready to initiate\(^1\)

- Orphan drug designations (ODD) and rare pediatric designations (RPDD)
  - Neuroblastoma, Osteosarcoma, Rhabdomyosarcoma & Ewing's Sarcoma
  - All indications eligible for FDA breakthrough therapy designation
  - Any single approval results in Pediatric Voucher

- Neuroblastoma (NB) offers high clinical & commercial rationale
  - MIBG I\(^{131}\) is considered SOC for second line treatment
  - CLR 131 provides same payload (I\(^{-131}\)) with improved delivery and uptake
  - CLR 131 demonstrates ability to increase exposure, target primary NB tumors as well as metastatic sites in animal studies

1. Upon ex-U.S. regulatory authority approval to proceed or FDA allowance of CLR 131 drug supply to study sites
CLR 131

1. Overview
2. Phase 2 R/R B-cell Lymphoma
3. Phase 1 R/R Multiple Myeloma
4. Phase 1 Pediatric Sarcoma, Neuroblastoma and Glioma
Significant Unmet Needs Remain in Select B-cell Lymphomas

- **B-cell Lymphomas**
  - Represents cancers of lymphatic system
  - Indolent & aggressive tumors
  - Circulate in blood or form tumors in lymph nodes

- **Demographic Background**
  - Estimated 2018 U.S. incidence: 163,000
  - Median age at diagnosis: 67 years
  - Median age at death: 76 years

**CLR 131 Targeting ~75% of the Patients (Stage 2, 3, 4 and Unstaged)**

R/R B-cell Lymphoma Market Opportunity

New Drugs Needed in Select B-cell Lymphomas

High Mortality and Poor Response Rates Remain in Second and Third Line Treatments Compounded by Limited Durability of Responses
Patients Screened

- N=10 CLL/SLL, MZL, LPL
- N=10 MCL
- N=10 DLBCL
- N=10 MM

Interim efficacy assessments; expand cohorts based on performance

Final Efficacy Assessments

Follow-up (≥ 1 yr After Last Dose)

Day 1

Cycle 1
(15.625 mCi/m² x 2)

75-180 Days

Cycle 2
(15.625 mCi/m² x 2)

- Primary endpoint is efficacy as determined by response rate
- Upon study completion, individual cohorts may advance to a pivotal trial

All Patients Eligible for a Second Cycle at Day 75-180
Phase 2 DLBCL Interim Data

- Diffuse Large B-cell Lymphoma (DLBCL) is an aggressive form of Lymphoma, accounting for ~30% of newly diagnosed cases in the U.S.¹
- 33% Overall Response Rate (ORR) - 50% Clinical Benefit Rate (CBR)
- Of responses observed, overall tumor reduction ranged from 60-99%

¹ According to the Lymphoma Research Foundation.
Phase 2 LPL Patient Case Study (Waldenstrom’s)

- Baseline: Pleural effusion & multiple large tumor nodules; symptomatic with cough
- Following 1\textsuperscript{st} infusion: Dramatic improvements in cough and no significant cytopenias
- CT day 187 (64 days post 2nd infusion) showed >95% reduction in overall tumor burden as well as complete resolution of 4/5 tumors

\begin{itemize}
  \item Baseline: Pleural effusion & multiple large tumor nodules; symptomatic with cough
  \item Following 1\textsuperscript{st} infusion: Dramatic improvements in cough and no significant cytopenias
  \item CT day 187 (64 days post 2nd infusion) showed >95% reduction in overall tumor burden as well as complete resolution of 4/5 tumors
\end{itemize}
Proposed R/R B-cell Lymphoma Pivotal Study

Proposed Phase 2/3 Adaptive Design Pivotal Study (for LPL, MZL or MCL)

Program Timing
- Phase 2a to complete 2H19
- Phase 2b/3 initiation 2H20
- NDA submission 2022

Clinical Costs
- Phase 2b = $2 - $3 million
- Phase 3 pivotal trial = $9 - $12 million
- Eligible for pivotal trial SBIR Grant up to $4M per indication

Proposed Phase 2/3 Pivotal Study Design
- Relapsed/refractory niche lymphoma indication
- Phase 2b enrollment of ~20 patients
- Phase 3 pivotal, single-arm
  - Primary endpoint: Overall Response Rate (ORR)
  - Secondary endpoints: Overall Survival (OS), Progression Free Survival (PFS)

Randomization

Phase 2b Portion
- Cohort 1: Single dose
- Cohort 2: Multi-dose

n = 15-20

Phase 3 Pivotal Portion
- Optimal dosing

n = 60-80

Interim Assessment

1. Overview

2. Phase 2 R/R B-cell Lymphoma

3. Phase 1 R/R Multiple Myeloma

4. Phase 1 Pediatric Sarcoma, Neuroblastoma and Glioma
New Treatments are Needed

Response Rates for Fourth and Fifth Line TRx are 15% & 8%

Approximately 40% of TRx Eligible Patients in Third Line or Greater Elect Not to Receive Further TRx

Response Rates\(^1\)
Includes Single and Combination Treatments

2018 Estimated MM Patient Population\(^1\)

<table>
<thead>
<tr>
<th>Line of Therapy Post-Relapse</th>
<th>Diagnosed</th>
<th>% Treated</th>
<th>Treated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line</td>
<td>25,063</td>
<td>90%</td>
<td>22,557</td>
</tr>
<tr>
<td>Second Line R/R</td>
<td>16,900</td>
<td>75%</td>
<td>12,675</td>
</tr>
<tr>
<td>Third Line R/R</td>
<td>10,800</td>
<td>65%</td>
<td>7,020</td>
</tr>
<tr>
<td>Fourth Line R/R</td>
<td>5,600</td>
<td>55%</td>
<td>3,080</td>
</tr>
<tr>
<td>Fifth Line &amp; Later R/R</td>
<td>3,210</td>
<td>45%</td>
<td>1,445</td>
</tr>
</tbody>
</table>

1. DRG 2018
R/R Multiple Myeloma Market Opportunity

New Treatments are Needed

- Average mOS for 3rd line therapies is ~12 months\(^1\)
- Average mOS for dual refractory\(^5\) is ~9 months, irrespective of prior lines of therapy
- Average mOS for penta-refractory\(^6\) is ~9 months, irrespective of prior lines of therapy
- CLR 131 Phase 1 single dose patient population
  - 100% third line or later
    - Average prior lines of therapy = 5
  - ~33% dual refractory

\(^1\)Traditional monotherapy chemotherapy, protease inhibitor, and immunomodulating agents
\(^5\)Defined as refractory to at least one proteasome inhibitor and one immunomodulator
\(^6\)Defined as refractory to Revlimid, Pomalytst, Velcade, Kyprolis, and Darzlex

CLR 131 Achieved mOS of 22 Months in Single Dose Cohorts
R/R MM Phase 1 Study Overview

Primary endpoints are safety, tolerability and determination of maximum tolerated dose

**One 30-Minute Infusion**

- **Cohort 1**
  - 12.5 mCi/m^2
  - 4 of 4 Stable Disease

- **Cohort 2**
  - 18.75 mCi/m^2
  - 4 of 4 Stable Disease

- **Cohort 3**
  - 25.0 mCi/m^2
  - 4 of 4 Stable Disease

- **Cohort 4**
  - 31.25 mCi/m^2
  - 1 of 3 PR\(^1\)
  - 2 of 3 Stable Disease

**Fractionated 30-Minute Infusions**

- **Cohort 5**
  - 15.625 mCi/m^2 x 2 (Total dose 31.25)
  - 2 of 4 MR\(^2\)
  - 2 of 4 Stable Disease

- **Cohort 6**
  - 18.75 mCi/m^2 x 2 (Total dose 37.5)

**Patient Demographics**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Cohort 1 (12.5 mCi/m^2)</th>
<th>Cohort 2 (18.75 mCi/m^2)</th>
<th>Cohort 3 (25.0 mCi/m^2)</th>
<th>Cohort 4 (31.25 mCi/m^2)</th>
<th>Cohort 5 (15.625 mCi/m^2 x 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>68</td>
<td>70</td>
<td>71</td>
<td>65</td>
<td>71</td>
</tr>
<tr>
<td>Prior # of Treatment Lines</td>
<td>5.8</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Tumor Burden(^3)</td>
<td>2.71</td>
<td>2.86</td>
<td>4.19</td>
<td>4.36</td>
<td>2.69</td>
</tr>
<tr>
<td>≥ 1 Triple Combination Treatment</td>
<td>4/4</td>
<td>4/4</td>
<td>4/4</td>
<td>3/3</td>
<td>3/4</td>
</tr>
<tr>
<td>Stem Cell Transplant</td>
<td>1/4</td>
<td>3/4</td>
<td>4/4</td>
<td>2/3</td>
<td>1/4</td>
</tr>
</tbody>
</table>

**All Patients Have Advanced Disease and are Heavily Pre-treated**

1. Partial Response  
2. Minimal Response  
3. Based on baseline B2 Microglobulin
**R/R MM Tolerability & Median Overall Survival (mOS)**

### Key Results To Date¹

- All cohorts determined to be safe and well-tolerated by independent DMC
- No patients experiencing peripheral neuropathy, deep vein thrombosis, cardiotoxicities, embolisms or GI toxicities
- Cytopenias most common adverse events
  - All viewed as predictable & manageable
- ≥ Grade 3 fatigue and fever = 7%
- No change in liver enzymes or renal function

### Adverse Events

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Avg. Number²</th>
<th>Avg. Grade²</th>
<th>Median Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort 1 (12.50)</td>
<td>4.75</td>
<td>2.05 ± 0.91</td>
<td>2.0</td>
</tr>
<tr>
<td>Cohort 2 (18.75)</td>
<td>4.75</td>
<td>2.74 ± 0.93</td>
<td>2.0</td>
</tr>
<tr>
<td>Cohort 3 (25.00)</td>
<td>6.75</td>
<td>2.52 ± 1.22</td>
<td>3.0</td>
</tr>
<tr>
<td>Cohort 4 (31.25)</td>
<td>4.25</td>
<td>3.23 ± 0.93</td>
<td>3.0</td>
</tr>
<tr>
<td>Cohort 5 (15.625 x 2)</td>
<td>5</td>
<td>2.95 ± 1.10</td>
<td>3.0</td>
</tr>
</tbody>
</table>

### Pooled Phase 1 Study³: mOS n=15 - Average Prior Lines of Therapy = 5

Single 30 Minute Infusion Achieves Median Overall Survival of 22 Months

---

1. Study ongoing n=19 - Final results may differ from data presented
2. Per patient
3. Single dose cohorts 1-4
Overview

Phase 2 R/R B-cell Lymphoma

Phase 1 R/R Multiple Myeloma

Phase 1 Pediatric Sarcoma, Neuroblastoma and Glioma
Efficacy in Pediatric Preclinical Models

Preclinical Results

- Various mouse models demonstrate significant uptake of CLR 131
  - Neuroblastoma, Rhabdomyosarcoma, Ewing's Sarcoma, Osteosarcoma
- Uptake correlated to reduction in tumor volume and ~50% slowing of tumor growth
- Minimal adverse effects were seen on hematologic parameters

Efficacy in Mouse Models

Uptake in the Brain (Crossing BBB)
Pediatric Clinical Development Strategy

**FDA Agreement on Phase 1 Accelerated Study Design**

**Malignant Brain Tumors**

- **Level 1**
  - 15 mCi/m²
  - \( n=1 \)

- **Level 2**
  - 30 mCi/m²
  - \( n=3 \)

- **Level 3**
  - 45 mCi/m²
  - \( n=3 \)

- **Add’l levels**
  - +15 mCi/m²
  - \( n=3 \)

**Solid Tumors/Lymphomas**

- **Level 1**
  - 15 mCi/m²
  - \( n=1 \)

- **Level 2**
  - 30 mCi/m²
  - \( n=3 \)

- **Level 3**
  - 45 mCi/m²
  - \( n=3 \)

- **Add’l levels**
  - +15 mCi/m²
  - \( n=3 \)

**Proposed Phase 2/3 Pivotal Study Design**

- Granted ODD & RPDD for NB, RMS, Osteo & Ewing’s Sarcoma
- Eligible for Fast Track, Breakthrough and SPA submissions
- Initial enrollment of 10 - 15 patients to confirm dose; upon appropriate efficacy expand into Phase 3
- Phase 3 pivotal trial single arm ~65 patients
  - Primary endpoint: Overall Response Rate
  - Secondary endpoints: EFS, CBR, PFS

**Program Timing**

- Phase 1 to complete 3Q20
- Phase 2/3 pivotal initiation 2Q21
- NDA submission 2023

**Clinical Costs**

- Phase 1 = ~$4 million
- Phase 2/3 pivotal trial = ~$11 - $12 million

**Approval in Any Indication May Provide Priority Review Voucher and Potential for NCCN Compendium Listing for Other Tumor Types**

1. Upon ex-U.S. regulatory authority approval to proceed or FDA allowance of CLR 131 drug supply to study sites
2. Relapsed/Refractory
3. Estimated
4. Event Free Survival
5. Clinical Benefit Response Rate
## CLR 131 & MIBG Product Profile Comparison

**MIBG I-131 Currently Second Line Standard of Care for Neuroblastoma**

<table>
<thead>
<tr>
<th>Profile</th>
<th>CLR 131</th>
<th>MIBG I-131</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delivery Vehicle/Payload</strong></td>
<td>Phospholipid Ether (PLE)/Iodine-131</td>
<td>Meta-iodobenzylguanidine/Iodine-131</td>
</tr>
<tr>
<td><strong>Therapeutic Regimen</strong></td>
<td>Single 30 minute mCi infusion Total dose (~45 - 80 \text{ mCi})</td>
<td>3-5 cycles, (~300 \text{ mCi per cycle, 90-120 minute infusion}) Total dose (~1000 - 1500 \text{ mCi})</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td>TBD(^1)</td>
<td>4-8 days</td>
</tr>
<tr>
<td><strong>Capable to Cross the</strong></td>
<td>![FAVORABLE/POSSESSES]</td>
<td>![DEFICIENT/LACKS]</td>
</tr>
<tr>
<td><strong>Blood Brain Barrier</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ability to Target Metastasis</strong></td>
<td>![FAVORABLE/POSSESSES]</td>
<td>![DEFICIENT/LACKS]</td>
</tr>
<tr>
<td><strong>Stem Cell</strong></td>
<td>![FAVORABLE/POSSESSES]</td>
<td>20-60% (~30%)</td>
</tr>
<tr>
<td>Transplant Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NB Response Rate</strong></td>
<td>TBD</td>
<td>20-60% (~30%)</td>
</tr>
<tr>
<td><strong>Indicated for NB</strong></td>
<td>YES, Upon Approval</td>
<td>NO</td>
</tr>
</tbody>
</table>

1. To Be Determined
Corporate Information
## Financial Summary

### Capitalization as of November 9, 2018

**Common Stock Outstanding** 4,757,786

Reserved for issuance:
- Convertible Preferred Stock 1,182,500
- Warrants 5,318,747
- Employee Options 256,304

**Fully Diluted** 11,515,337

**Cash / Equivalents as of September 30, 2018** ~$16.4 million

*Cash Believed to Be Adequate to Fund Operations into 2020*
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Caruso</td>
<td>President, CEO and Director</td>
<td>HIP Innovation Technology - EVP &amp; COO, Allos Therapeutics - EVP &amp; CCO, BCI, Novartis, BASF, Bristol-Myers Squibb</td>
</tr>
<tr>
<td>Jarrod Longcor</td>
<td>Chief Business Officer</td>
<td>Avillion LLP - CBO, Melinta Therapeutics, Inc. (formerly Rib-X Pharmaceuticals, Inc). - VP Corp Development and Operations</td>
</tr>
<tr>
<td>Brian Posner</td>
<td>Chief Financial Officer</td>
<td>Alliqua BioMedical, Ocean Power Technologies, Power Medical Interventions, Pharmacopeia - CFO</td>
</tr>
</tbody>
</table>

**Executive Team With Extensive Healthcare Leadership and a Proven Track Record of Development and Commercialization**
Developing orphan and rare pediatric oncology pipeline with multibillion-dollar\(^1\) sales potential

Advancing multiple clinical programs; demonstrated activity in hematologic malignancies

7 clinical data readouts planned through 2019 with potential for additional interim assessments

PDC\(^2\) tumor targeting platform validated through clinical trials, corporate partnerships and academic collaborations

Efficient capital allocation and low fixed-cost corporate structure allows for ~$10M - $12M annual cash burn

Multiple, Value-Creative, Near Term Milestone Potential

1. ResearchAndMarkets.com. Neuroblastoma - Market Insights, Epidemiology and Market Forecast-2027 The market of Neuroblastoma in 7MM was found to be USD 733.58 million in 2016, and is expected to increase at from 2016-2027. Market Research Future Jan 2018

The osteosarcoma market has been on the rise over the past few years. Based on the MRFR analysis, the market is projected to reach USD 136.76 million by 2023 at a healthy CAGR of around 6.40%. Market Research Future July 2018

2. Phospholipid Drug Conjugate
Thank You