RENOVO | RX

Investor Presentation

NASDAQ | RNXT

Delivering therapy where it matters®

May 2026

Cautionary Note Regarding Forward-Looking Statements

This presentation and statements of the Company's management made in connection therewith contain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, and Section 21E of the Securities Exchange Act of 1934, including but not limited to statements regarding (i) the potential of RenovoCath® or TAMP™ as standalone commercial products, the estimated maximum total annual sales and addressable market for RenovoCath® and our commercialization plans in general, (ii) the prospects of our marketing and sales strategies, (iii) our clinical trials and studies, including the overall timing and timing for additional interim data readouts and patient enrollment for our ongoing TIGeR-PaC Phase III clinical trial study in LAPC, (iv) the potential for our product candidates to treat or provide clinically meaningful outcomes for certain medical conditions or diseases and (v) our commercialization strategies utilizing our TAMP technology. Statements that are not purely historical are forward-looking statements. These statements may be identified using words such as "may," "expects," "plans," "aims," "anticipates," "believes," "forecasts," "estimates," "intends," and "potential," or the negative of these terms or other comparable terminology. Forward-looking statements are based upon our current expectations and beliefs regarding future events, many of which, by their nature, are inherently uncertain, outside of our control and involve assumptions that may never materialize or may prove to be incorrect. These may include estimates, projections and statements which are based on current expectations and assumptions that are subject to known and unknown risks and uncertainties that may cause actual results to differ materially and adversely from those expressed or implied by these forward-looking statements. These risks include, among others: (i) the risk that our exploration of commercial opportunities for our TAMP technology may not lead to viable, revenue generating or profitable operations; (ii) circumstances which would adversely impact our ability to efficiently utilize our cash resources on hand or raise additional funding; (iii) the timing of the initiation, progress and potential results (including the results of interim analyses and the timing for patient enrollment) for TIGeR-PaC and any other preclinical studies, clinical trials and our research programs; (iv) the possibility that interim results may not be predictive of the outcome of our clinical trials, which may not demonstrate sufficient safety and efficacy to support regulatory approval of our product candidate; (v) that the applicable regulatory authorities may disagree with our interpretation of the data and cause delays in research and clinical development plans and timelines, and the regulatory process for our product candidates; (vi) future potential regulatory milestones for our product candidates, including those related to current and planned clinical studies; (vii) our ability to use and expand our therapy platform to build a pipeline of product candidates; (viii) our ability to advance product candidates into, and successfully complete, clinical trials; (ix) the timing or likelihood of regulatory filings and approvals; (x) our estimates of the number of patients who suffer from the diseases we are targeting and the number of patients that may enroll in our clinical trials; (xi) the commercialization potential of our other product candidates, if approved; (xii) our ability and the potential to successfully manufacture and supply our product candidates for clinical trials and for commercial use, if approved; (xiii) future strategic arrangements and/or collaborations and the potential benefits of such arrangements; (xiv) our estimates regarding expenses, future revenue, capital requirements and needs for additional financing and our ability to obtain additional capital; (xv) the sufficiency of our existing cash and cash equivalents to fund our future operating expenses and capital expenditure requirements; (xvi) our ability to retain the continued service of our key personnel and to identify, and hire and retain additional qualified personnel; (xvii) the implementation of our strategic plans for our business and product candidates; (xviii) the scope of protection we are able to establish and maintain for intellectual property rights, including our therapy platform, product candidates and research programs; (xix) the pricing, coverage and reimbursement of our product candidates, if approved; and (xx) developments relating to our competitors and our industry, including competing product candidates and therapies. Information regarding the foregoing and additional risks may be found in the section entitled "Risk Factors" in documents that we file from time to time with the Securities and Exchange Commission. Forward-looking statements included herein are made as of the date hereof, and RenovoRx does not undertake any obligation to update publicly such forward-looking statements to reflect subsequent events or circumstances, except as required by law.

Advancing adoption of **FDA-cleared RenovoCath®** at U.S. Cancer Centers, strengthening commercial momentum

- As of May 6, 2026, 16 cancer centers are utilizing RenovoCath with a robust pipeline of 32 additional centers in various stages of evaluation, approval, and onboarding, and, in total, these 48 centers have approximately quadrupled near-term commercial sales pipeline compared to the first quarter of 2025.
- Over 750 RenovoCath procedures successfully completed since FDA clearance in 2014
- Customer demand and reimbursement dynamics driving growth
- Growing adoption reflects increasing clinical demand for RenovoCath as it becomes integrated into overall cancer treatment paradigms

Currently pursuing initial ~$400M[1] potential peak annual U.S. revenue opportunity for RenovoCath as a **standalone medical device**

- 2026 revenue outlook of $3-4 million
- Targeting 36 active commercial cancer centers by year end
- Patent protection until 2045
- Opportunity over time to expand potential RenovoCath use applications

Developing combination therapies based on proprietary Trans-Arterial Micro-Perfusion (TAMP™) platform

- FDA Orphan Drug Designation granted to lead drug-device oncology product candidate (Intra-Arterial Gemcitabine (IAG)) in pancreatic and bile duct cancers

Advancing pivotal Phase III TIGeR-PaC study for lead product candidate in the treatment of locally advanced pancreatic cancer (LAPC)

- Observed increased median overall survival and progression-free survival (PFS) with 65% reduction in side effects in 1st interim analysis
- As of March 24, 2026, 104 patients had been randomized, and 72 events had occurred (out of 114 and 86 for randomization completion and final analysis trigger, respectively)
- Enrollment completion expected by mid-2026 and final data anticipated in 2027

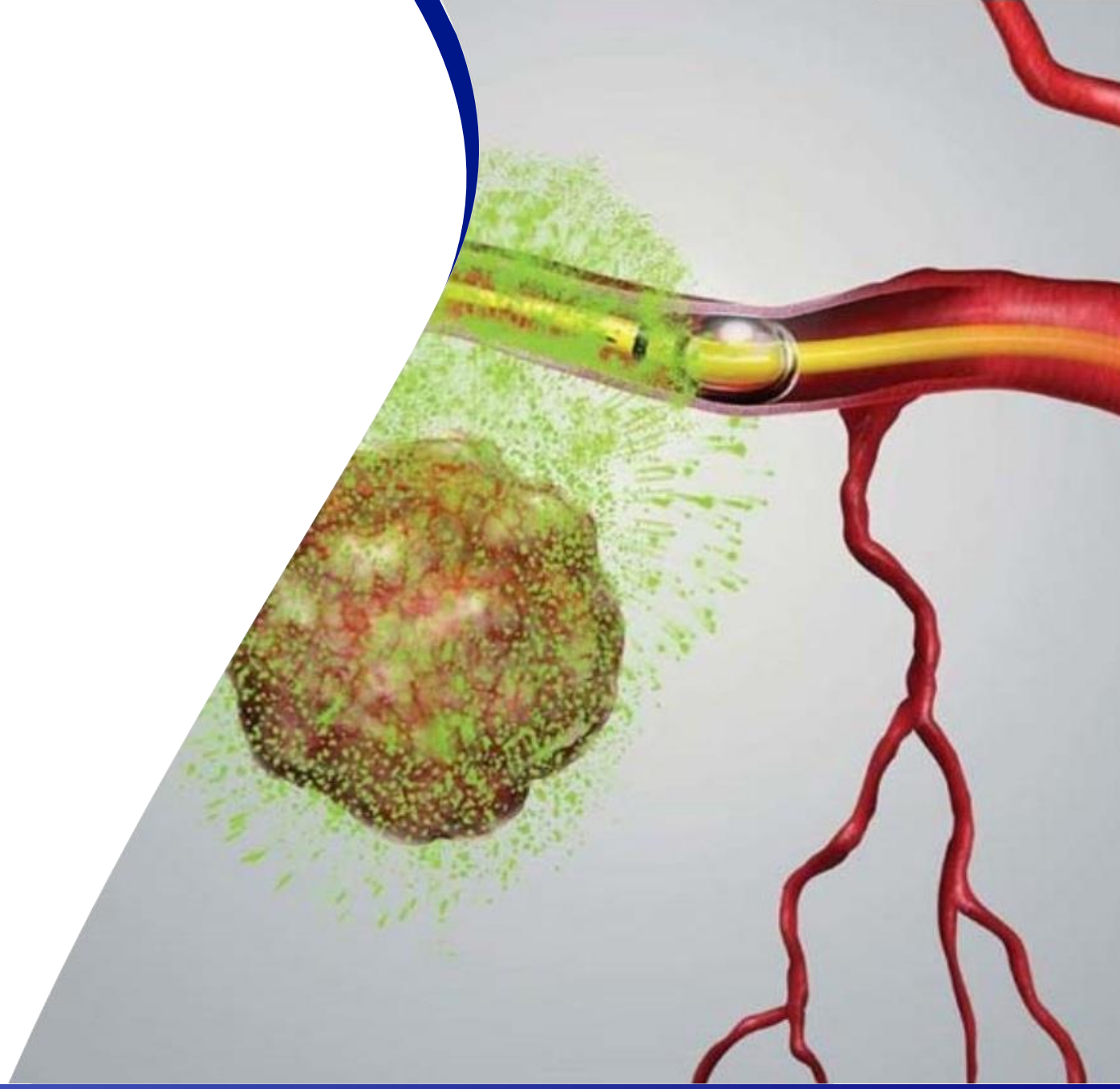
Led by experienced Leadership Team and Board of Directors

- Management expertise in clinical development and commercial execution at scale in pharma, medical device, and combination therapy companies
- In Q4 2025, completed initial buildout of commercial infrastructure supported by a focused and agile sales and marketing team

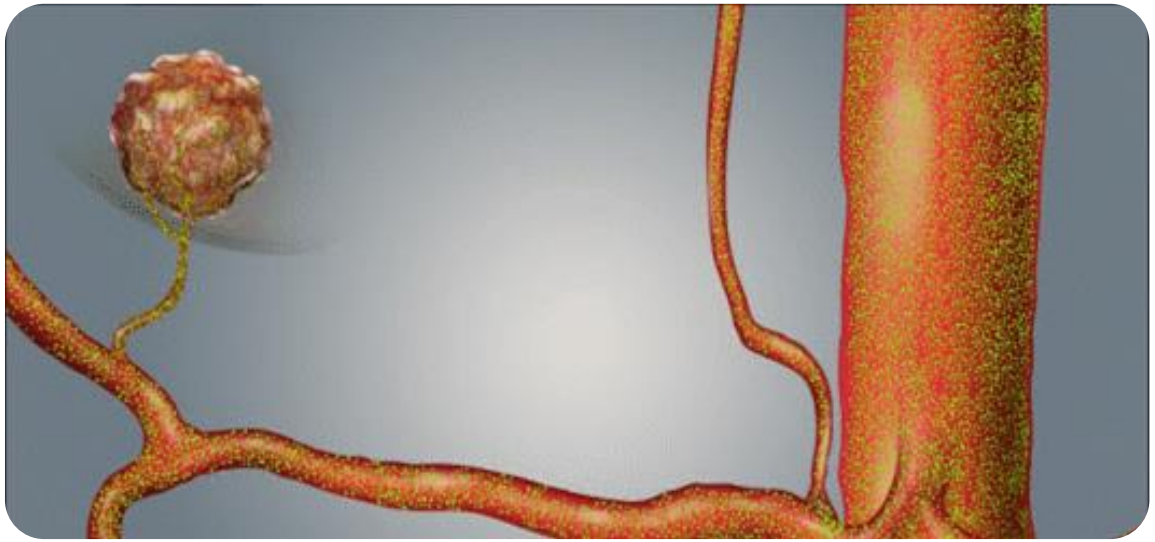
[1] *Based on Internal RenovoRx Estimates*

Proprietary Trans-Arterial Micro-Perfusion (TAMP) Therapy Platform

Enabled by RenovoCath



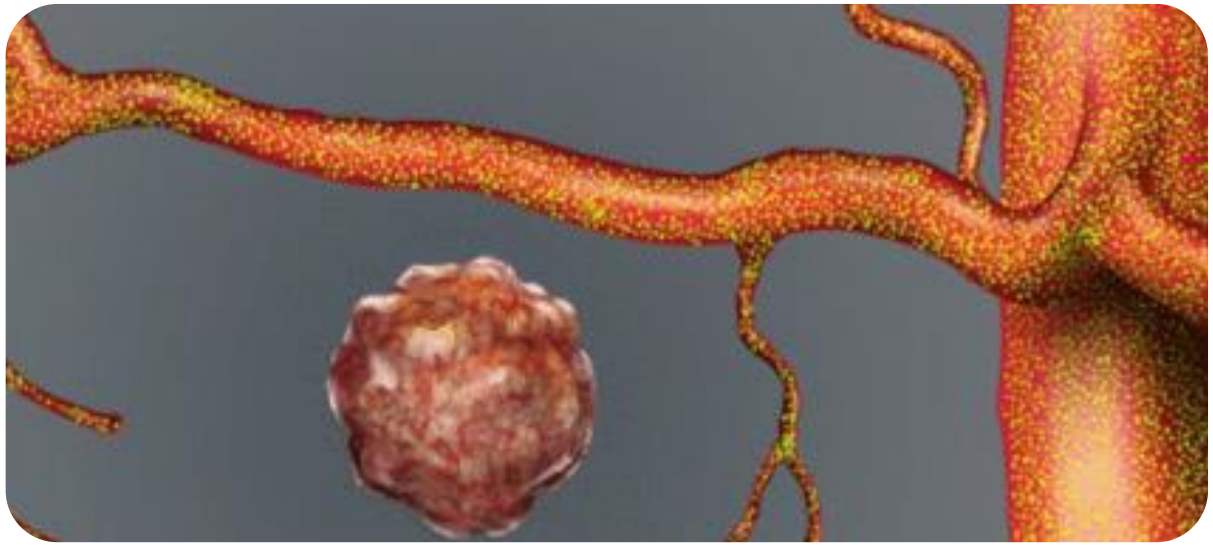
Addressing a Significant Problem in Cancer Treatment



Hypervascular tumors are inadequately treated with current therapies

For example, liver tumors are highly vascularized

- Large tumor feeders – excellent targets for systemic therapy
- Can be accessed and treated with current local therapy techniques
- Despite the abundance of blood vessels, systemic therapy may not always be effective due to drug delivery challenges
- Techniques like trans-arterial chemoembolization (TACE) and radioembolization are commonly used



Hypovascular tumors = major barrier to chemotherapy treatment success

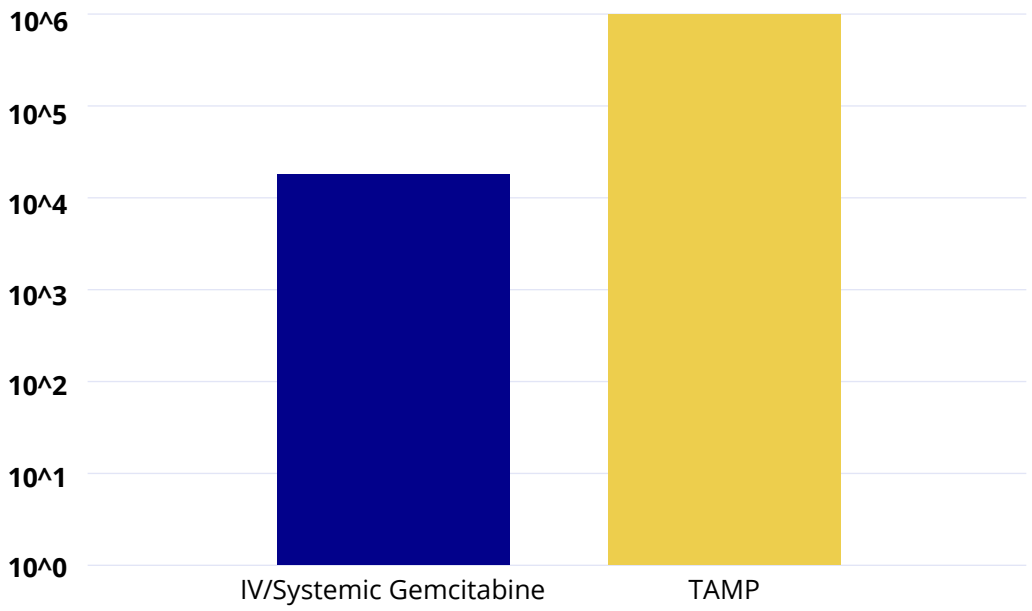
Many tumors, like pancreatic tumors, have poor blood supply

- No visible tumor feeder vessels
- Systemic therapy does not reach tumor tissue
- Inability to identify or engage tumor feeder vessels: local therapy is ineffective
- Poor perfusion impacts drug delivery, leading to lower treatment efficacy

RenovoRx Addresses This Unmet Medical Need

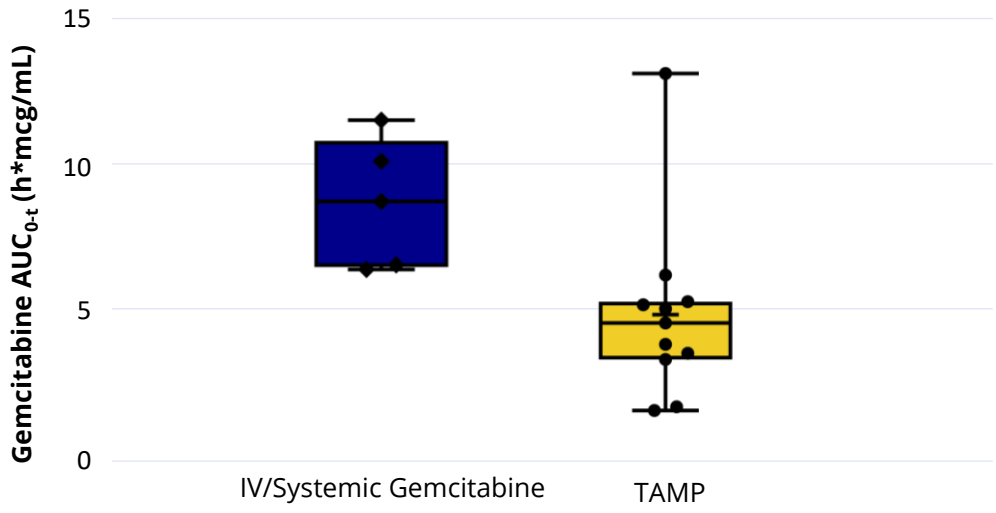
TAMP Improves a Drug's Therapeutic Index

Increases Drug Concentration to Target Pathological Site by ~100X[1]



[1]Compared to IV Administration, as demonstrated in animal studies presented at SIR 20197

Reduces Drug AUC_{0-t} by 43.5% Compared to IV Administration[2]



Impact of route of administration on drug exposure (area under the plasma concentration curve from time 0 to the last observable concentration [AUC0-t]; h*mcg/mL; p=0.018)

[2]As demonstrated in Phase III TIGeR-PaC sub-study presented at ASCO-GI 2026

New PK data, presented at ASCO-GI 2026, from sub-study in Phase III trial strengthens scientific basis for TAMP as a targeted drug-delivery approach. These data show significantly lower systemic drug exposure compared to IV and provide further evidence that TAMP and IAG may offer the potential to deliver treatment more efficiently, improving local effectiveness while minimizing chemotherapy-related side effects.

TAMP

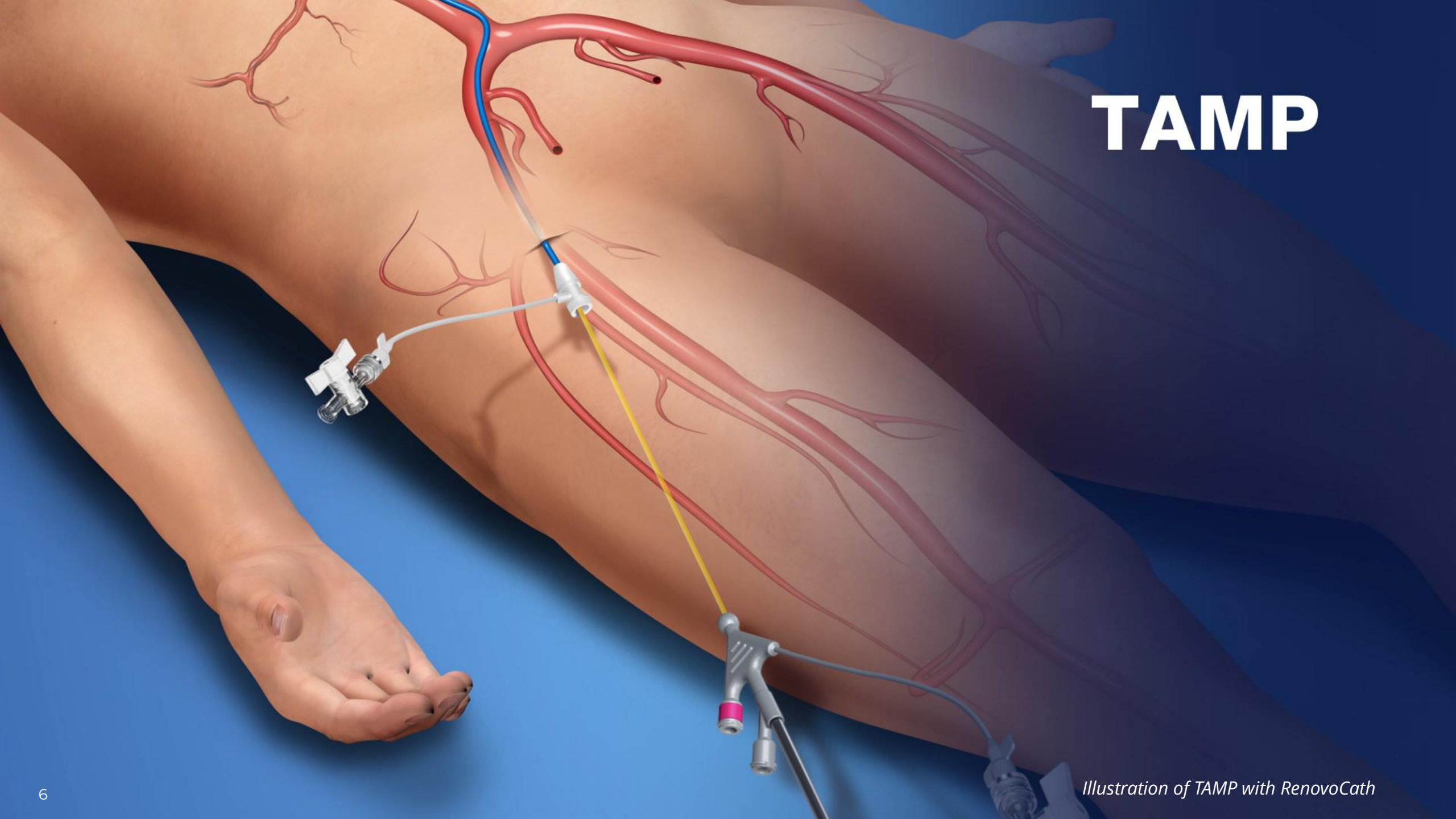
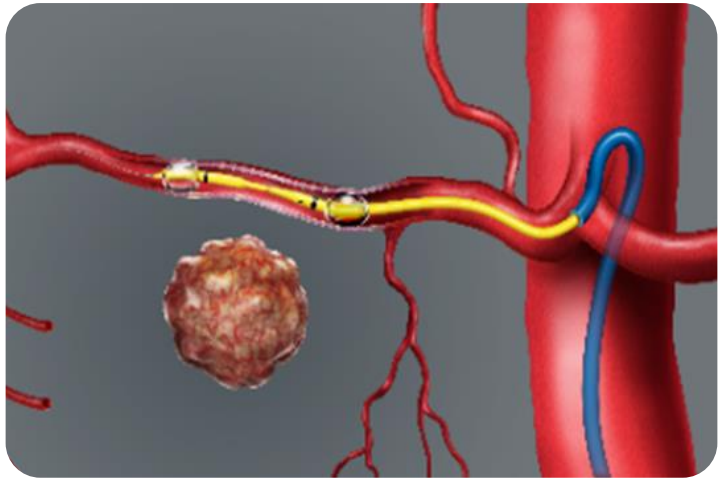
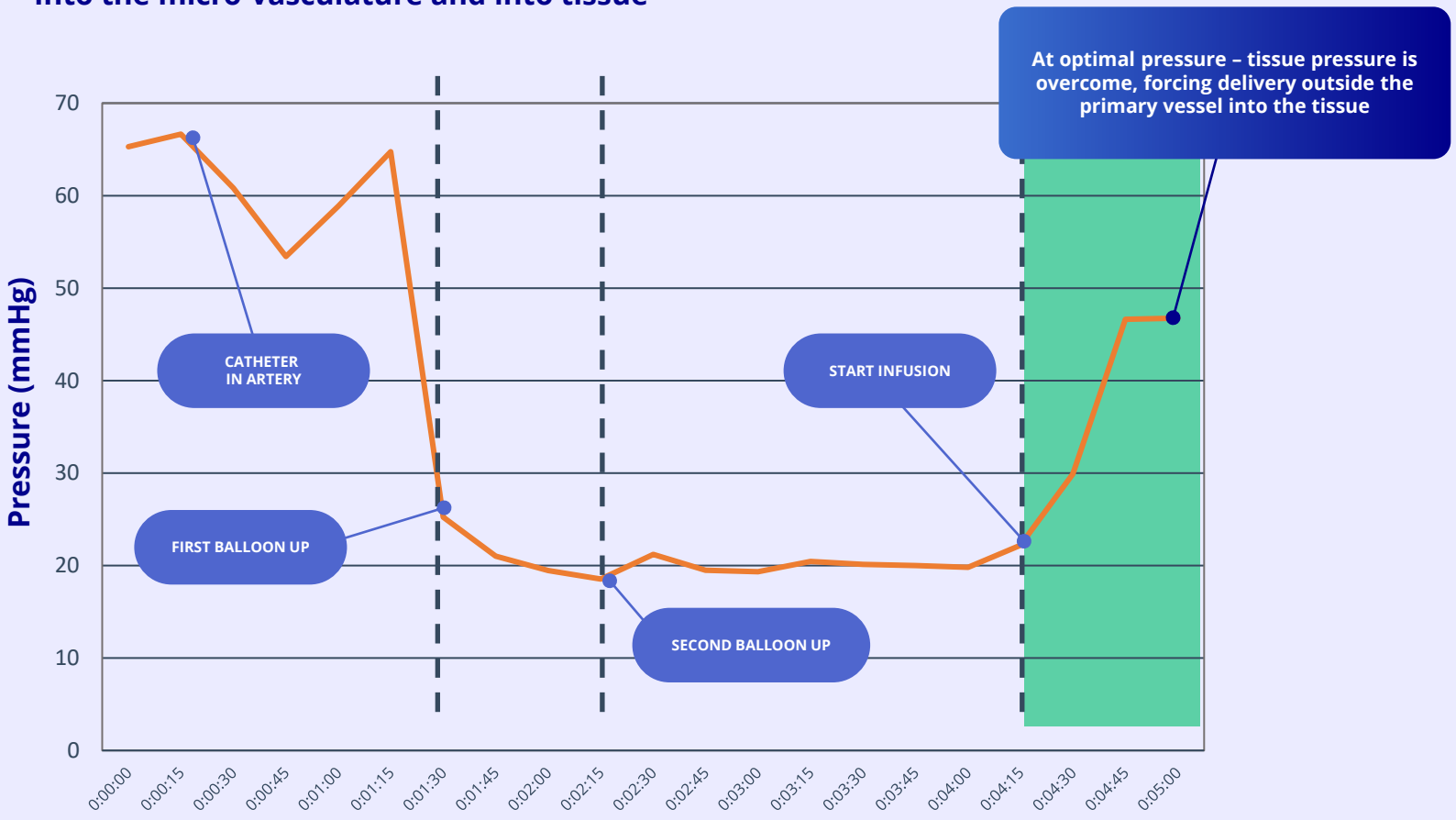


Illustration of TAMP with RenovoCath

Mechanism: Trans-Arterial Micro-Perfusion (TAMP)



Mechanism: after vessel isolation, increase in pressure forces drug across the artery wall into the micro-vasculature and into tissue



Source – RenovoRx Internal Animal Data presented at medical conferences.

Patient and Physician Experience

RenovoCath

RenovoCath Patient Experience

- ~8 treatments over 4 months (2x/month hospital visits) with disposable device (no implant)
- 20-minute infusion; ~90-minute outpatient procedure (shorter for subsequent procedures)
- Patients generally not put under general anesthesia (only conscious sedation for comfort)

RenovoCath Physician Experience

- Procedure easy to learn for interventional radiologists
- Transferable techniques utilized in liver-directed therapies resulting in fast learning curve for physicians
- Physicians demonstrate expertise after 2-3 proctored procedures and can train their colleagues

VS

Other Treatment Options

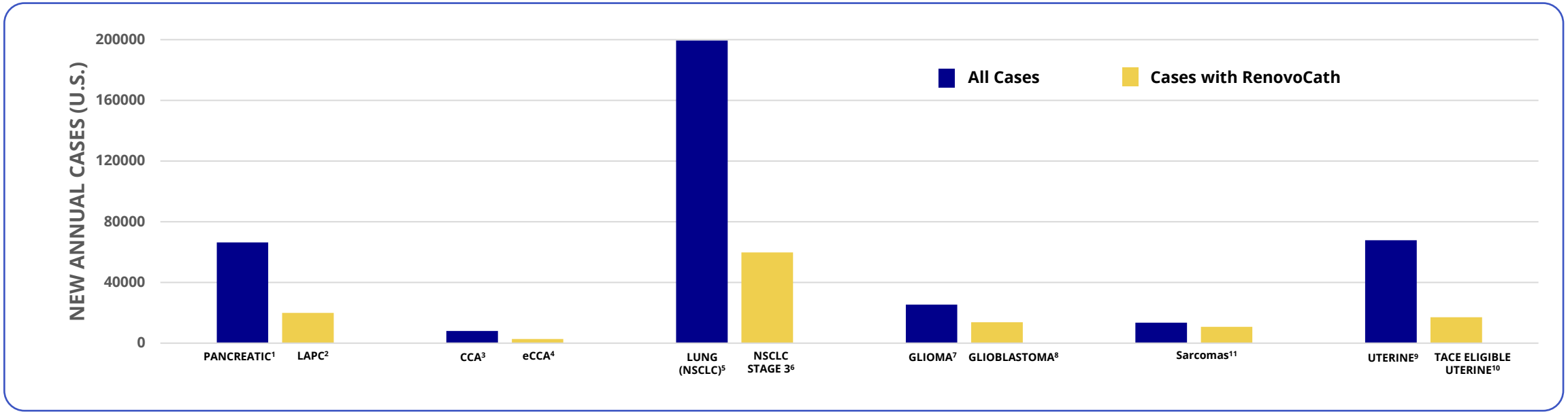
Other Patient Experience

- Traditional systemic gemcitabine + Abraxane: 12 hospital/clinic visits over 4-month period or longer
- Other technologies may require overnight stay
- Other technologies may require general anesthesia
- Systemic chemo associated with days of lasting side effects

Other Physician Experience

- Majority of novel technologies require large sales/physician proctoring efforts with training courses and/or on-site support for every procedure

Physicians Have Expressed Interest in RenovoCath Across a Broad Market



US Annual Incidence of Initial RenovoCath Estimated Usage

- RenovoCath is broadly applicable to solid tumors
- RenovoCath may be used with additional agents in multiple solid tumor indications
- Multibillion dollar opportunity in the United States with meaningful global potential for expansion

[1] https://seer.cancer.gov/statfacts/html/pancreas.html
[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC4746088/
[3] https://journals.lww.com/cmj/Fulltext/2022/03050/Cancer_statistics_in_China_and_United_States,.11.aspx
[4] https://journals.lww.com/cmj/Fulltext/2022/03050/Cancer_statistics_in_China_and_United_States,.11.aspx
[5] https://seer.cancer.gov/statfacts/html/lungb.html
[6] https://pmc.ncbi.nlm.nih.gov/articles/PMC10047909/
[7] https://seer.cancer.gov/statfacts/html/brain.html
[8] https://www.ncbi.nlm.nih.gov/books/NBK470003/#:~:text=Glioblastoma%20(GBM)%20is%20the%20most%20aggressive%20diffuse%20glioma%20of%20astrocytic,primary%20brain%20tumors%20(2).
[9] https://seer.cancer.gov/statfacts/html/corp.html
[10] https://journals.lww.com/cmj/Fulltext/2022/03050/Cancer_statistics_in_China_and_United_States,.11.aspx
[11] https://www.cancer.org/cancer/types/soft-tissue-sarcoma/about/key-statistics.html

Disclaimer – This data is based upon independent interviews conducted by Fletcher Spaght, Inc. in 2019. Intra-arterial delivery of gemcitabine via the RenovoCath® is currently in an ongoing Phase III randomized multi-center study evaluating its use for the treatment of locally advanced pancreatic cancer, this drug/device combination has not been approved by the FDA or any regulatory authority and is limited to investigational use only. The mechanism of action for this combination is theoretical only, based on currently available scientific evidence and product design, and may not be reflective of what happens in the human body. RenovoCath® is cleared for the delivery of agents (diagnostic or therapeutic) to the peripheral vascular system and for chemotherapeutic drug infusion with agents based on their manufacturer's label. RenovoCath's full indication for use is available here: https://renovorx.com/for-clinicians/. The efficacy and safety using RenovoCath® with specific agents and in specific clinical settings has not yet been established and RenovoRx makes no claims to such uses.

Commercial Opportunity
RenovoCath Standalone, FDA-Cleared Drug-Delivery Device

Potential High Margin, Large Market Opportunity for RenovoCath Device Alone

RenovoCath Market Opportunity

Analogous pressure-mediated delivery catheter ASPs	$6k-$8.5k/unit[1]
Annual average procedures	5-6 per patient[2]
Initial peak U.S. potential revenue	$400M[3]

[1] https://trisaluslifesci.com/wp-content/uploads/2025/01/TLSI-corporate-deck-011425-Final-2.pdf
[2] Rosemurgy et al 2017 and TIGeR-PaC design (101 cycles over 20 pts; 8 catheterizations)
[3] Based on Internal RenovoRx Estimates

As of 2025, areas of expressed near-term interest by physicians in the U.S.

- ~67k potential patients
- ~7k patients where RenovoCath has been utilized

Patent protection	• Patent protection through 2045 • TAMP-specific cases (covering pressure-mediated trans-arterial delivery) expire 2038 • RenovoRx kit claims expire 2032 • Dual-occlusion device patent expires 2031 • First RenovoRx patent expires December 2030

RenovoRx now holds a robust IP portfolio of 19 issued patents (9 U.S.) and 14 pending patents

- Patent protection through 2045

Disclaimer – We have based our estimates of total addressable market size, peak annual sales projections and similar matters above and elsewhere in this presentation on our market research, third-party reports and publicly available information which we consider reliable. However, readers are cautioned our projected sales and similar metrics are merely our current, preliminary estimates and are subject to many risk factors, many of which are or may be beyond our control. As such, no assurances are given that such estimates will prove to be accurate.

RenovoCath Go-to-Market Strategy

2025 Limited Market Launch (without recently established commercial team) Builds Foundation for 2026 Commercialization Ramp and Revenue Growth

RenovoCath potential high-volume centers[1]

Fewer than 200 hospitals treat majority of estimated patients where RenovoCath is seeing interest in utilization

Initial target customers have expressed interest in treating a minimum of 6-12 patients with RenovoCath annually (>5 treatments per patient)[2]

Go-To-Market Strategy

- **Broadening adoption momentum:** Customer pipeline continues to expand across high-volume NCI-designated centers, academic institutions, and large community centers.
- **Revenue foundation established with disciplined capital use:** $1.1M in RenovoCath revenue generated in 2025 . First full year of commercialization (achieved without dedicated sales and marketing infrastructure to conserve cash during majority of 2025).
- **Disciplined scale-up underway:** Deployed a focused and agile sales and marketing team in late 2025 with strong understanding of the market and a clear strategy. Executed within the existing operating budget to support growth in 2026 and beyond. $563K in revenue generated during Q1 2026, representing over 50% of FY 2025 revenue.

[1] For illustrative purposes only, [2] 70+ physician interviews

RenovoCath Commercialization Update (as of 05/6/26)

2025 Commercial Exploration Laid Foundation for 2026 Revenue Growth and Commercialization

RenovoCath customers actively treating patients:
16 cancer centers

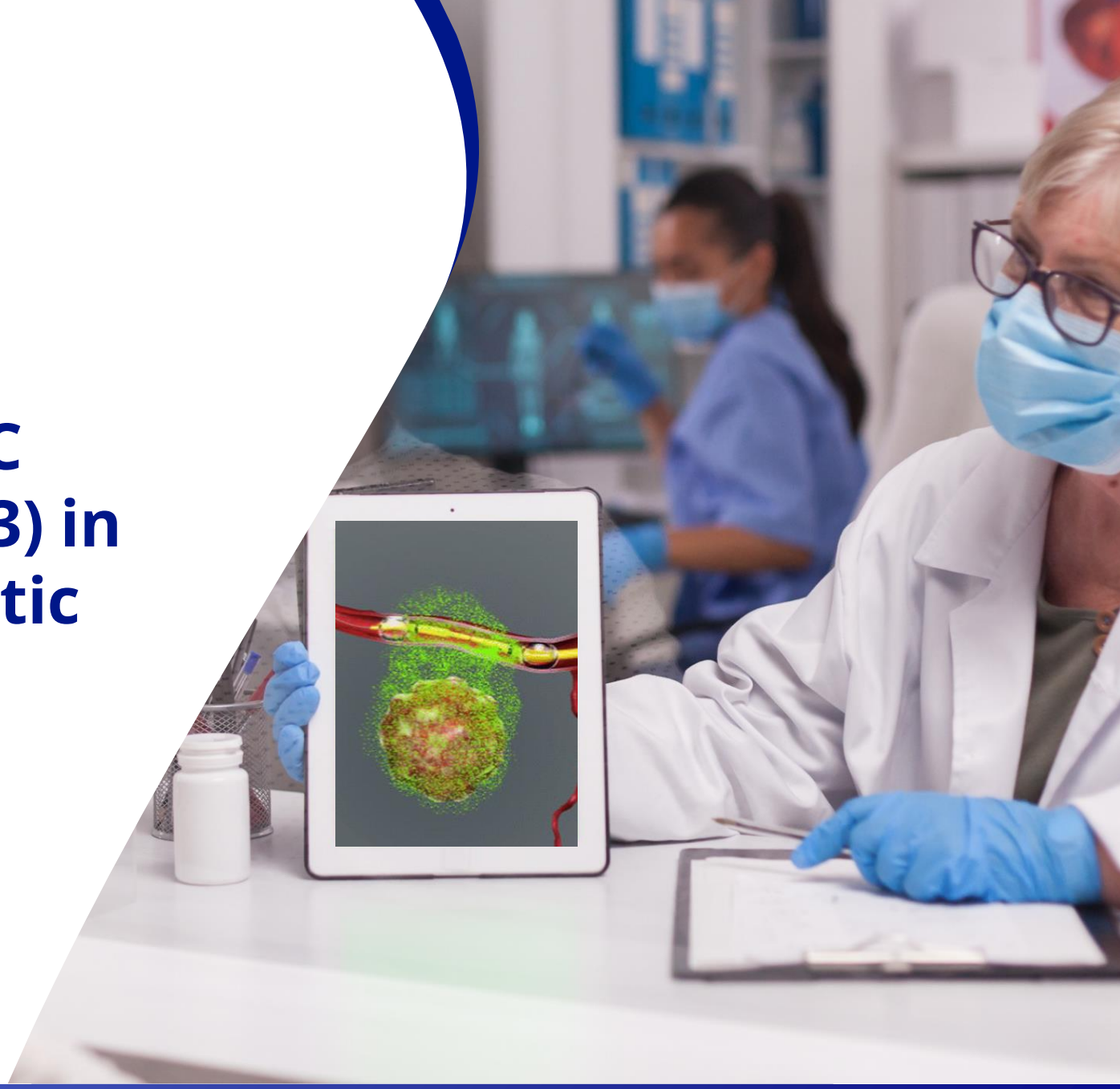
RenovoCath Customers in various stages of evaluation, approval, and onboarding:
32 cancer centers

Pipeline expansion:

48 total centers have approximately quadrupled near-term commercial sales pipeline compared to Q1 2025

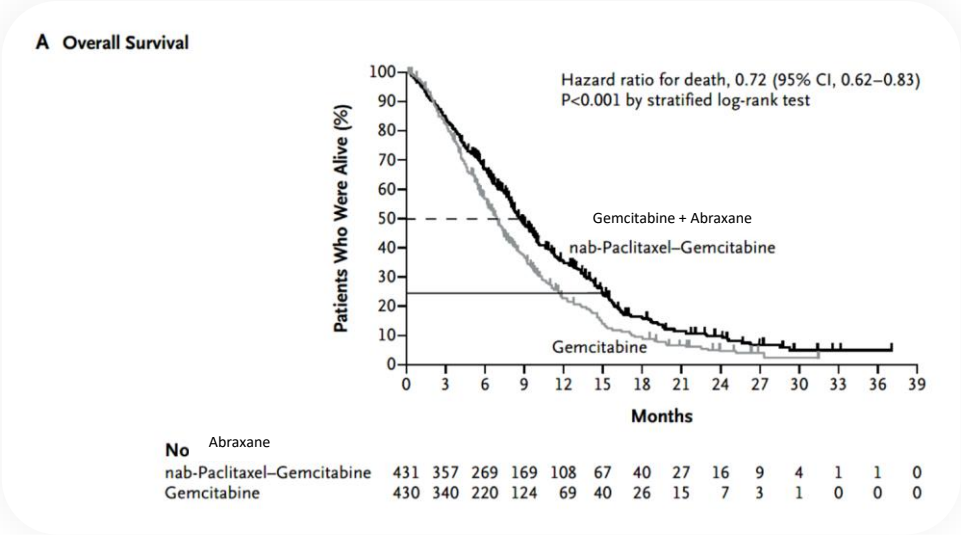
- **Near-term variability expected in early commercial phase**
- **Key metrics predict future revenue: approved purchasers + customers utilizing/reordering + total engaged centers/sales funnel**
- **Revenue stability & growth: 2026 should provide improved visibility into timing of cashflow breakeven w/ revenue ramp expected in 2H 2026 bolstered by continuing transition of 15 Phase III TIGeR-PaC trial sites that have used RenovoCath into RenovoCath commercial cancer centers after completion of patient enrollment**

Pivotal Phase III TIGeR-PaC Clinical Trial (NCT03257033) in Locally Advanced Pancreatic Cancer (LAPC)



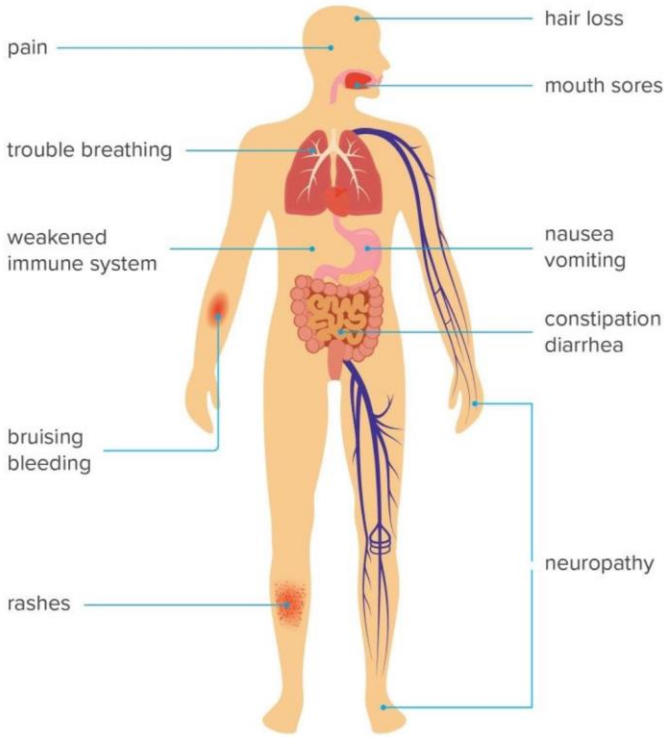
Significant Unmet Need

Three FDA approvals in the last 10 years showed minimal Median Overall Survival (OS) benefit and increased toxicity[1]



Abraxane obtained FDA approval in 2013 on a **7-week** Median Overall Survival (OS) benefit[2]

38% Grade 3
or Higher Neutropenia and
17% Neuropathy[4]

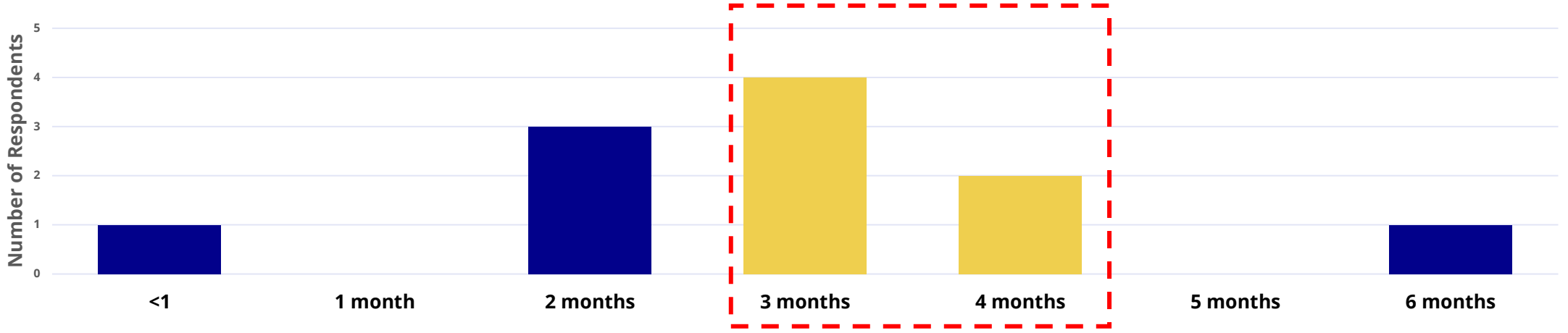


Olaparib received full FDA approval in 4Q 2019 with no Median OS Difference (<4-mo PFS benefit); Onivyde received FDA approval on a 1.9-mo Median OS benefit in 2015[3].

[1] https://www.cancer.gov/news-events/cancer-currents-blog/2015/irinotecan-liposome-pancreatic
[2] https://www.accessdata.fda.gov/drugsatfda_docs/nda/2013/021660Orig1s037.pdf
[3] https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-olaparib-gbrcam-metastatic-pancreatic-adenocarcinoma
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7479547/

Potential Market Penetration Based on Modest Efficacy from TIGeR-PaC

Independent interviews suggest oncologists likely to adopt gemcitabine delivered via RenovoCath w/ at least 3–4-month OS benefit and toxicity improvement are met



Source – FSI Interviews (multiple responses permitted per respondent)

Testimonials

"Any amount of time, if it is from a phase III. ***We started using erlotinib about 15 years ago based on a 14-day benefit.****"*

– Abushahin, MedOnc, The Ohio State University

"The idea of an infusional therapy, ***avoiding systemic toxicity is appealing.****"*

– Iyer, MedOnc, Roswell

"This targets local vessel involvement and ***you can up the delivery of concentration.****"*

– Astsaturov, HemOnc, Fox Chase

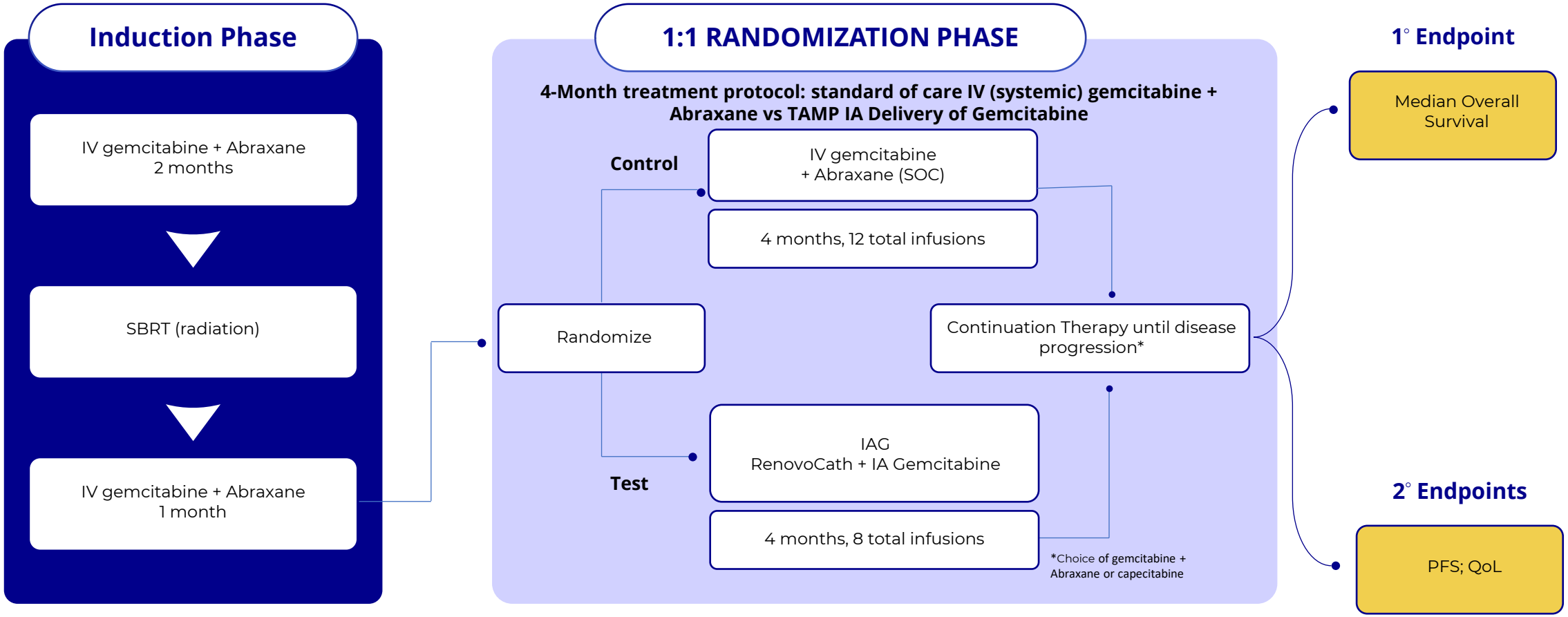
"What do we do with the [unresectable] patients that don't develop metastatic disease for a while? We've essentially talked only about two lines of treatment. But eventually, ***toxicity builds up*** *and they can't tolerate treatment. For that subset of patients…it would be* ***highly attractive to offer them something like this.****"*

– Mettu, MedOnc, Duke

Disclaimer – This data is based upon independent interviews conducted by Fletcher Spaght, Inc. in 2019. Intra-arterial delivery of gemcitabine via the RenovoCath® is currently in an ongoing Phase III randomized multi-center study evaluating its use for the treatment of locally advanced pancreatic cancer, this drug/device combination has not been approved by the FDA or any regulatory authority and is limited to investigational use only. The mechanism of action for this combination is theoretical only, based on currently available scientific evidence and product design, and may not be reflective of what happens in the human body.

RR3 TIGeR-PaC Phase III Randomized Trial

Combination product trial for TAMP Delivery of Intra-Arterial (IA) Gemcitabine (IAG) via FDA-Cleared RenovoCath in Locally Advanced Pancreatic Cancer



First Pre-Planned Interim Analysis presented at AACR and ESMO GI 2023

Statistics and Trial Status

Interim Analysis	Percent of Final Analysis Events	Total Number of Observed Events (Deaths) to Trigger Analysis	Incremental Significance Level at time of Interim Analysis
First	30%	26	0.0001
Second	60%	52	0.008
Final	100%	86	0.048

Statistical Design

- **Sample size = 114 randomized patients with 86 events**
- Primary endpoint: Median overall survival from the time of randomization
- Study designed to have an 80% power to detect a hazard ratio of 0.6 using the stratified Wilcoxon test at 2-sided $\alpha = 0.048$

Enrollment Status

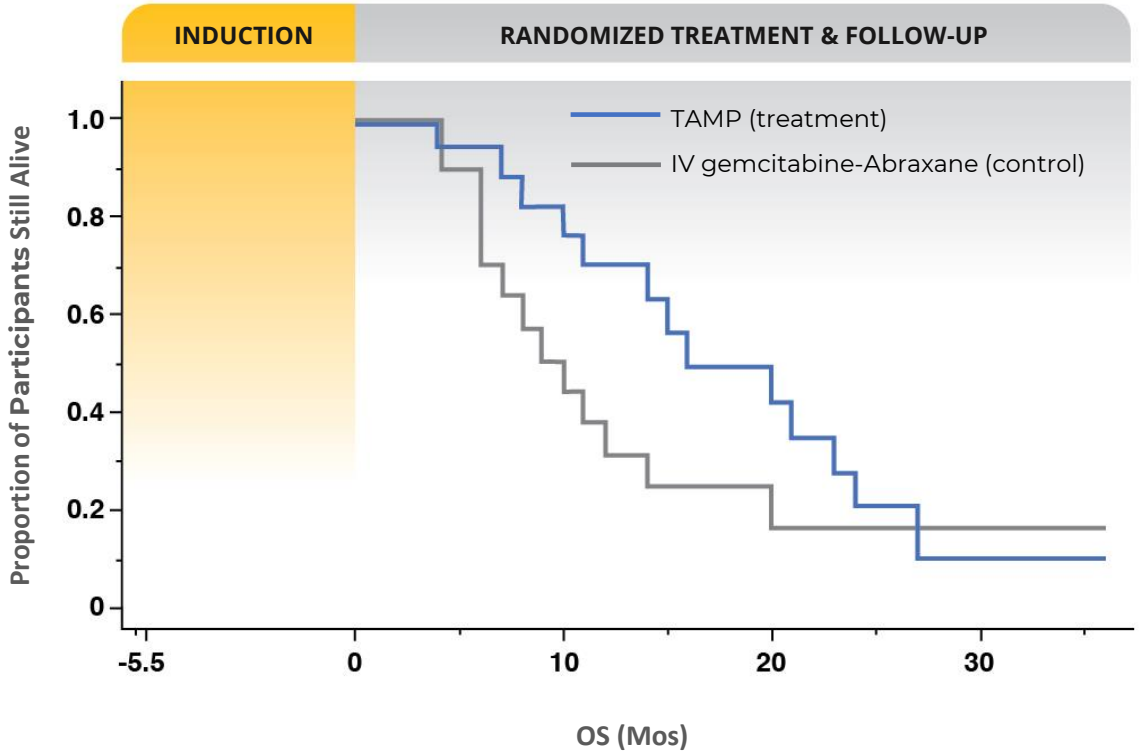
- As of May 14, 2026, 106 patients had been randomized and 74 events had occurred
- Completion of enrollment anticipated in June 2026

Pre-Planned Endpoint Status

- **First Iterim Analysis** – COMPLETED – 2023 Presented 6-month survival improvement and 65% reduction in side effects
- **Second Interim Analysis** – COMPLETED – 2025 – DMC recommended continuation of the study
- **Final Analysis** – Anticipated mid-late 2027

TAMP (IA gemcitabine): 6-month Median OS Benefit vs. IV (systemic) gemcitabine + Abraxane

TIGeR-PaC phase III first interim analysis



Data Presented at AACR 2023 and ESMO GI 2023

Data on 45 patients randomized

- 23 randomized to RenovoCath plus Gemcitabine
- 22 randomized to IV gemcitabine + Abraxane

Median Overall Survival Difference: 6 Months

TAMP (test arm)

Avg 5.5 mos dx to randomization

~16 mos from randomization

~21.5 Months from diagnosis

Approx. 21.5 months from diagnosis

IV Gem+Abraxane (control arm)

Avg 5.5 mos dx to randomization

~10 mos from randomization

~15.5 Months from diagnosis

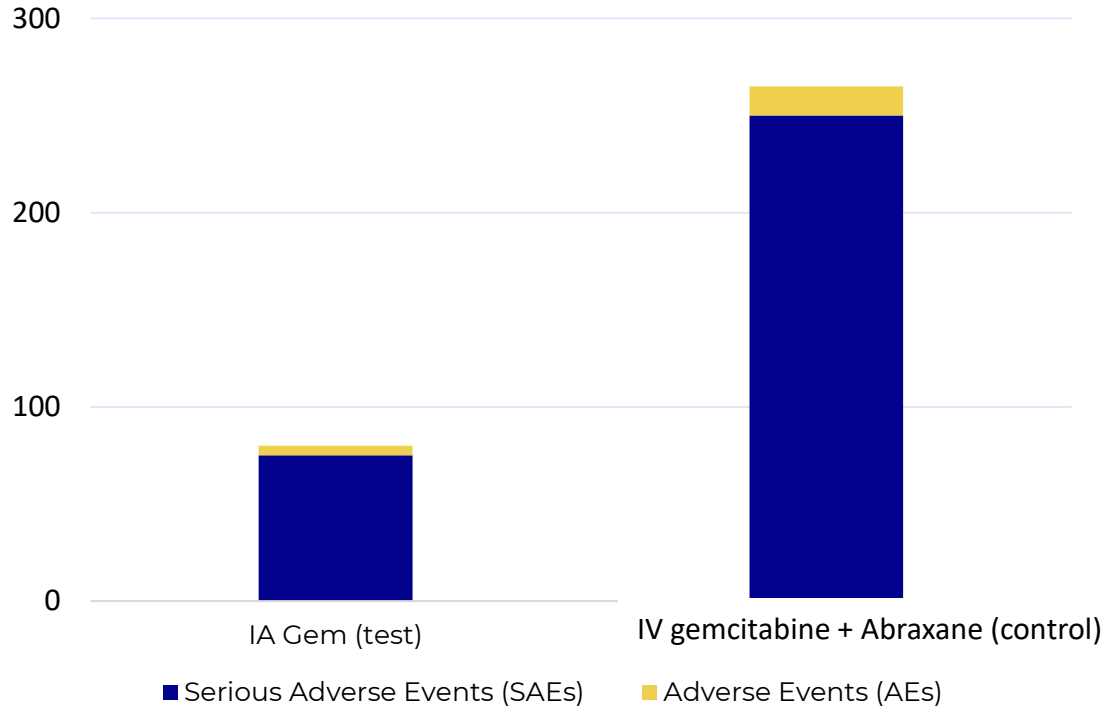
Approx. 15.5 months from diagnosis

Statistical significance was not reached to stop the study early

TAMP (IA Gem): Fewer AEs and SAEs vs IV (systemic) gemcitabine + Abraxane

TIGeR-PaC phase III first interim analysis)

65% fewer total AEs and SAEs in IA vs. IV arm

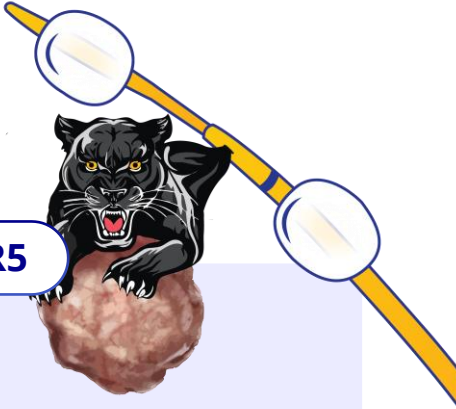


Data Presented at AACR 2023 and ESMO GI 2023

Fewer AEs in 11/13 categories with greater than 10% frequency in each arm (All Grades)

Adverse Events	IV Gem + Pac	IA Gem
Neutropenia	81%	21%
Anemia	48%	8%
Thrombocytopenia	38%	4%
Elevated AST	33%	4%
Elevated ALT	29%	13%
Fatigue	19%	8%
Neuropathy	19%	0%
Dehydration	19%	8%
Hypertension	14%	4%
Hypokalemia	14%	4%
Hypoalbuminemia	14%	4%
Abdominal Pain	0%	21%
Nausea	10%	17%

Post-Marketing Registry Study (RR5) & Support of Investigator-Initiated Trials (IIT)



Evidence-Based Growth Strategy – RR5

Objective

- Expand safety and performance data of RenovoCath and its associated survival outcomes in patients diagnosed with solid tumors

Commercialization Efforts

- Could enable label expansion
- Inform future trials
- Support reimbursement and broader adoption

Clinical and Strategic Advancement – RR5

First Registry-Eligible Patient Procedure Successfully Completed

- University of Vermont Cancer Center – Dr. Conor O'Neill

Two Additional Clinical Sites Added

- Baptist Health Miami Cancer Institute – Dr. Ripal Gandhi
- University of Pittsburgh Medical Center – Dr. Paula Novelli

"This study provides a crucial opportunity to evaluate how RenovoCath can improve drug-delivery in patients diagnosed with solid tumors, while potentially, and importantly, improving survival and quality-of-life outcomes."

–Dr. Conor O'Neill of the University of Vermont Cancer Center

- Supporting investigator-initiated trials in borderline resectable and metastatic pancreatic cancer
- Capital-efficient studies providing meaningful data that may further broaden the application for the TAMP therapy platform enabled by RenovoCath

Experienced Management Team

Shaun R. Bagai
Chief Executive Officer & Board Member

- HeartFlow (>$2B IPO)
- Ardian (Acquired for > $900M)
- Medtronic Vascular
- TransVascular (Acquired by Medtronic)

Ramtin Agah, MD
Chief Medical Officer, Founder & Executive Chairman

- Interventional Cardiology, El Camino Hospital
- Consultant, Abbott Vascular

Mark Voll
Chief Financial Officer

- Techwell, Inc. (IPO in 2006, acquired by Intersil in 2010)
- Montage Technology (IPO in 2013, acquired by PDSTI in 2014)
- Aquantia Corporation (IPO in 2017, acquired by Marvell Technology in 2019)

Leesa Gentry
Chief Clinical Officer

- Evotec
- Otsuka America Pharmaceuticals
- Omnicare Clinical Research

Richard Stark
Commercial Advisor Consultant

- Innoblative Designs
- AngioDynamics

Ronald B. Kocak, CPA
Vice President, Controller & Principal Financial Officer

- Sensei Biotherapeutics, Inc.
- Member of the American Institute of Certified Public Accountants
- Member of Chartered Global Management Accountant

Robert Strasser
Vice President, Operations and R&D

- SentreHeart/AtriCure
- Boston Scientific
- Cordis/Johnson & Johnson

Board of Directors

Ramtin Agah, MD
Executive Chairman, Chief Medical Officer, & Founder

- Interventional Cardiology, El Camino Hospital
- Consultant, Abbott Vascular

Shaun R. Bagai
Director & Chief Executive Officer

- HeartFlow (>$2B IPO)
- Ardian (Acquired for > $900M)
- Medtronic Vascular
- TransVascular (Acquired by Medtronic)

Angela Macfarlane
Director

- CEO, Perceive Biotherapeutics ($78M raised led by JJDC)
- CEO, Foresight Labs

Laurence J. Marton, MD
Director

- Board: Cellsonics, TOMA Biosciences, xCures

Una S. Ryan, PhD, OBE
Director

- Board: Cortexyme, Elemental Machines

Robert J. Spiegel, MD
Director

- CMO, PTC Therapeutics
- CMO, Schering-Plough ($41.1B merger with Merck)

Scientific Advisory Board

Timothy Donahue, MD

- Director of the UCLA Agi Hirshberg Center for Pancreatic Diseases
- Garry Shandling Chair in Pancreatic Surgery, David Geffen School of Medicine at UCLA

Michel Ducreux, MD, PhD

- Head of the Gastrointestinal Oncology Unit and Gastrointestinal Oncology Tumor Board at Gustave Roussy
- Professor of Oncology at Paris-Saclay University in France
- Vice-Chair of ESMO GI

Margaret A. Tempero, MD

- Professor of Medicine and Director of the UCSF Pancreas Center
- Editor-in-Chief of JNCCN
- Former ASCO President

Karyn A. Goodman, MD, MS

- Professor and Vice Chair of Clinical Research, Department of Radiation Oncology, Icahn School of Medicine at Mount Sinai
- Associate Director of Clinical Research, The Tisch Cancer Institute at Mount Sinai

Mike Pishvaian, MD, PhD

- Associate Professor, Department of Oncology Director of the Gastrointestinal, Developmental Therapeutics, and Clinical Research Programs at the NCR Kimmel Cancer Center at Sibley Memorial Hospital
- Johns Hopkins University School of Medicine

RenovoCath Medical Advisory Board

Nadine Abi-Jaoudeh, MD

- Chief of Interventional Radiology and Director of Clinical Research in the Department of Radiology at the University of California, Irvine

Mustafa Al-Roubaie, MD

- Interventional Radiologist at Moffitt Cancer Center
- Associate Professor of Radiology and Oncologic Sciences at the University of South Florida School of Medicine

Khashayar Farsad, MD, PhD

- Josef Rosch Professor and Chair of the Department of Interventional Radiology, Oregon Health and Science University
- Director of Dotter Interventional Institute, and Director of Research, Oregon Health and Science University

Ripal Gandhi, MD

- Interventional Radiologist at Baptist Health South Florida

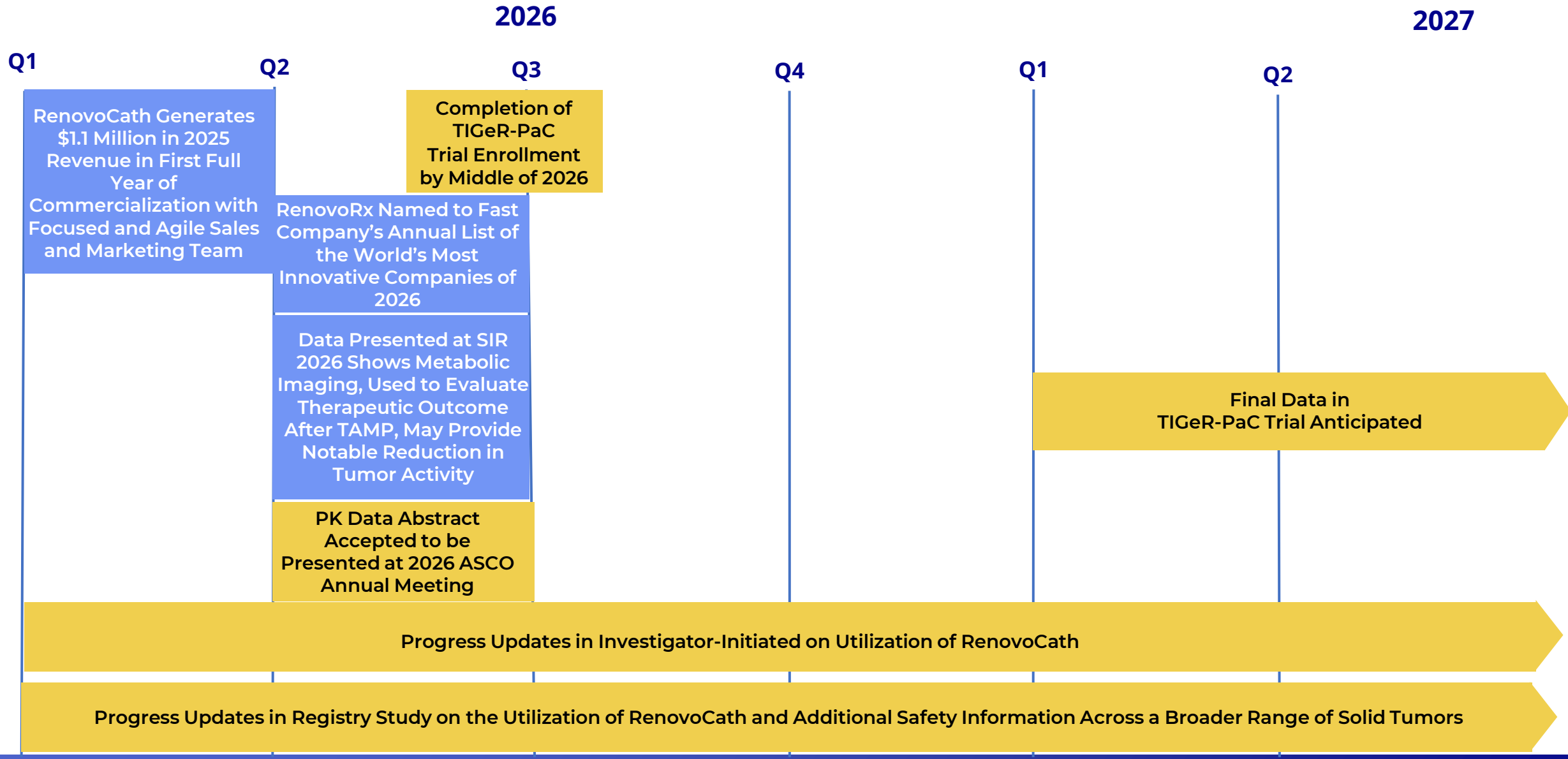
Paula Marie Novelli, MD

- Interventional Radiologist at University of Pittsburgh Medical Center

Jonathan Kessler, MD

- Chief of the Division of Interventional Radiology at City of Hope Comprehensive Cancer Center

Upcoming Milestones



Financial Highlights

Q1 2026 Revenue: $563K, Totaling Over 50% of FY 2025 Revenue

- Establishment of focused and agile commercial team in late 2025
- FY 2025 Revenue: Over **$1 Million** without dedicated sales & marketing infrastructure

Cash: $12.4 Million[1]

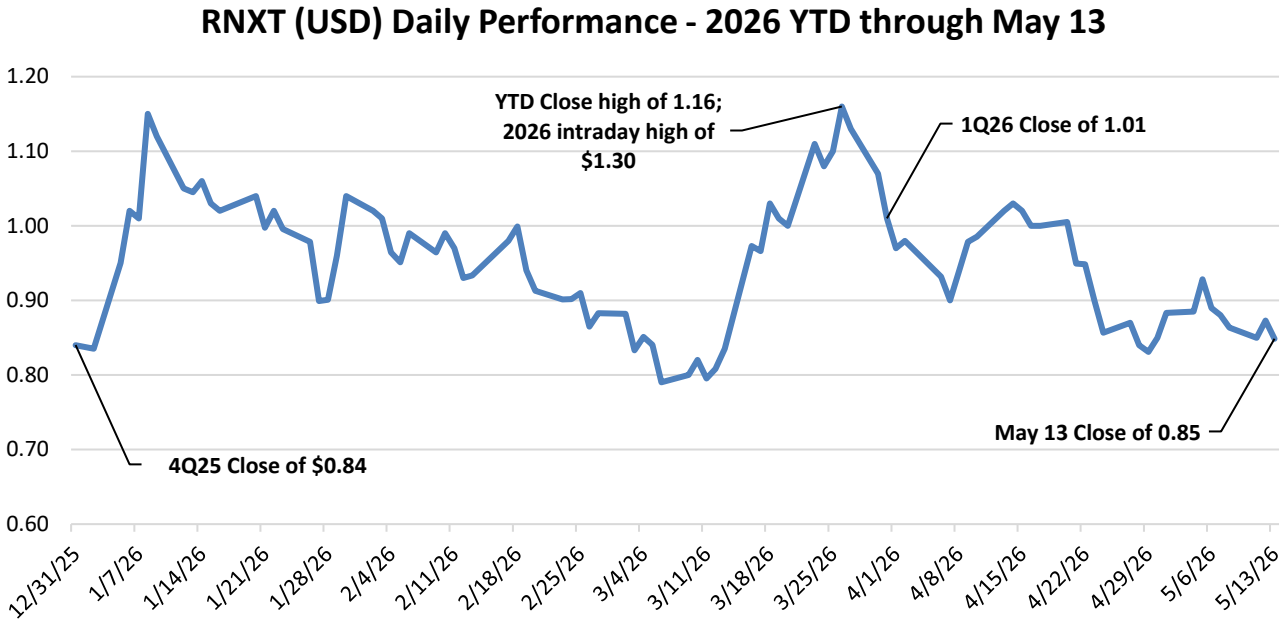
- Lower cash burn, combined with $10.0M March 2026 private placement and expected RenovoCath revenue growth is projected to fully fund commercialization scale-up and completion of the Phase III TIGeR-PaC trial; operational runway into at least H2 2027

Ownership

- Institutional: 14.6% or ~6.6M shares[1]
  - Backed by multiple fundamental healthcare institutional investors
- Insider: 8.5% or ~3.8M shares[1]

2026 Outlook

- Strong commercial activity: Targeting 36 active commercial sites by year end, more than double current footprint of 16 active sites
- Revenue range of $3-4M



2026 High:	**$1.30**
2026 Low:	**$0.77**
Average Daily Volume 2026 YTD:	**~326.4K shares[2]**
Market Cap:	**$38.3M[2]**
Shares Outstanding:	**45.0M[2]**

[1] As of 3/31/26, [2] As of 5/13/26

How Hospitals are Using TAMP with RenovoCath in Oncology Management*

Visit https://ir.renovorx.com/news-events/clinical-news to Learn More

NBC News highlighted the potential of RenovoRx's Trans-Arterial Micro-Perfusion (TAMP) therapy platform, designed for targeted drug-delivery via the RenovoCath device in difficult-to-treat tumors, like pancreatic cancer. Dr. Gregory Tiesi, Medical Director of Hepatobiliary Surgery, is interviewed about his patient receiving treatment with TAMP at Hackensack Meridian Health.

Moffitt Cancer Center spotlighted one pancreatic cancer patient's journey of being treated with a new treatment option designed for localized, targeted drug-delivery that includes RenovoRx's TAMP therapy platform and RenovoCath device.

Spectrum News 1 SoCal recently featured an interview with Dr. Jonathan Kessler, Chief of Interventional Radiology at City of Hope, highlighting how RTAMP therapy platform, enabled by tRenovoCath, has the potential to reshape oncology management for patients diagnosed with difficult-to-treat tumors, like pancreatic cancer.

*RenovoCath is currently cleared for the indication below. The Company is evaluating its novel combination oncology product candidate (intra-arterial gemcitabine, known as IAG) in the ongoing Phase III TIGeR-PaC trial. IAG is being evaluated by the Center for Drug Evaluation and Research (the drug division of FDA) under a U.S. investigational new drug application that is regulated by the FDA's 21 CFR 312 pathway. Based on completed studies, intra-arterial delivery of chemotherapy via Trans-Arterial Micro-Perfusion (TAMP™), which targets delivery of treatment in proximity to the tumor tissue within the pancreas using the vasa vasorum pathway, reduced tolerability issues associated with systemic chemotherapy and presented early signals of improved patient survival. The study, called TIGeR-PaC ("Intra-Arterial Gemcitabine vs. IV Gemcitabine and Nab-Paclitaxel Following Radiotherapy for LAPC"), is evaluating the combination oncology product candidate (IAG) which is not yet cleared or approved by FDA for this use and not yet available for commercial sale. Indication for Use: RenovoCath is intended for the isolation of blood flow and delivery of fluids, including diagnostic and/or therapeutic agents, to selected sites in the peripheral vascular system. RenovoCath is also indicated for temporary vessel occlusion in applications including arteriography, preoperative occlusion, and chemotherapeutic drug infusion. RenovoCath is intended for general intravascular use in the peripheral vasculature in arteries 3mm and larger. The RenovoCath is intended for use in arteries from 3mm in diameter for vessel entry and to occlude vessels ranging between 3mm to 11mm in diameter. The diagnostic and/or therapeutic agents are to be used in accordance with specifications outlined by the respective agent manufacturer. For detailed information on RenovoCath including warnings, precautions, and contraindications, please refer to the product IFU on the RenovoRx website: https://renovorx.com/wp-content/uploads/2025/04/IFU-10004-Rev.-G-Universal-IFU.pdf.

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Thank You

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