



Investor Presentation

**Pioneering Differentiated Radiotherapies
for Patients with Unmet Needs**

August 2026

ATNM: NYSE AMERICAN

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Investment Thesis: A Novel Biology-Driven Radiotherapy Pipeline

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



Two Solid Tumor Assets with Pan-Cancer Blockbuster Opportunities

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



De-Risked, Partner-Ready Hematology and Conditioning Franchise

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



Robust Capabilities, Platform & Near-Term Catalysts

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



Strong Financial Position and Clean Capital Structure

- Cash runway into 2028 (\$36.5M in cash and equivalents as of June 30, 2026); 31.4M shares outstanding with no debt, warrants or preferred stock

Radiopharma Landscape: A Strategic Void Awaits Differentiated Assets

6 Big Pharma's
with an acquired radiotherapy presence

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

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

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



Innovative Pipeline



\$10+ Billion

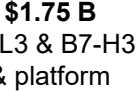
in investments focused on novelty & differentiation in 2024 – 2026 YTD



\$2.75 B
Peptide platform



\$1.75 B
DLL3 & B7-H3 & platform



\$1.1 B
Miniprotein platform



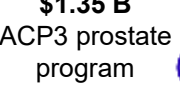
\$1.1 B
GCPR program



\$0.65 B
PB-212 Platform



\$1.35 B
ACP3 prostate program



\$2.1 B
Radiopharm platform



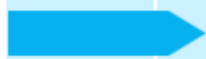
The radio landscape features largely undifferentiated programs by 50+ smaller companies and 6 Big Pharma players
A wave of M&A has left them with large infrastructure but sparse pipelines, creating an urgent need for truly novel assets



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

Actinium is Well Positioned in the Current Radio Landscape

A Transformative Pipeline Across Three High Value Pillars

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

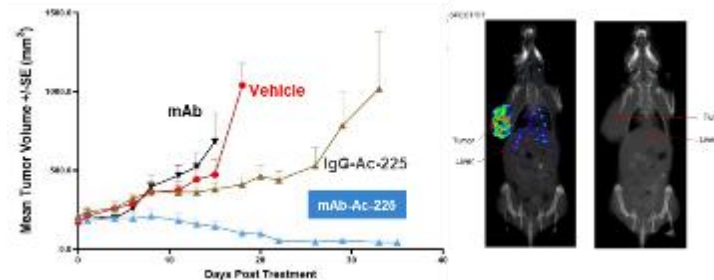
Innovation Focused R&D & Manufacturing Capabilities To Drive Value

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

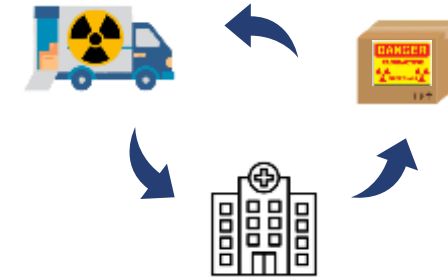
Strong In-house R&D to be Complemented by RLT Manufacturing 2H:26



Demonstrated Leading-Edge Preclinical Radiochemistry & Translational Biology



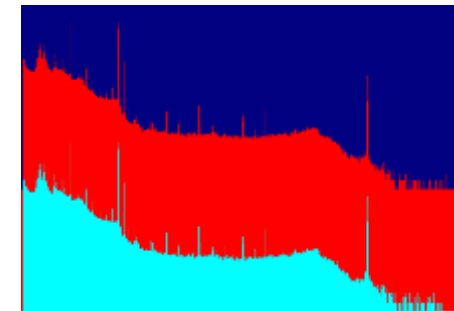
End-to-end Supply Chain Established at ~50 leading Hospitals & Redundant Isotope Supply



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



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

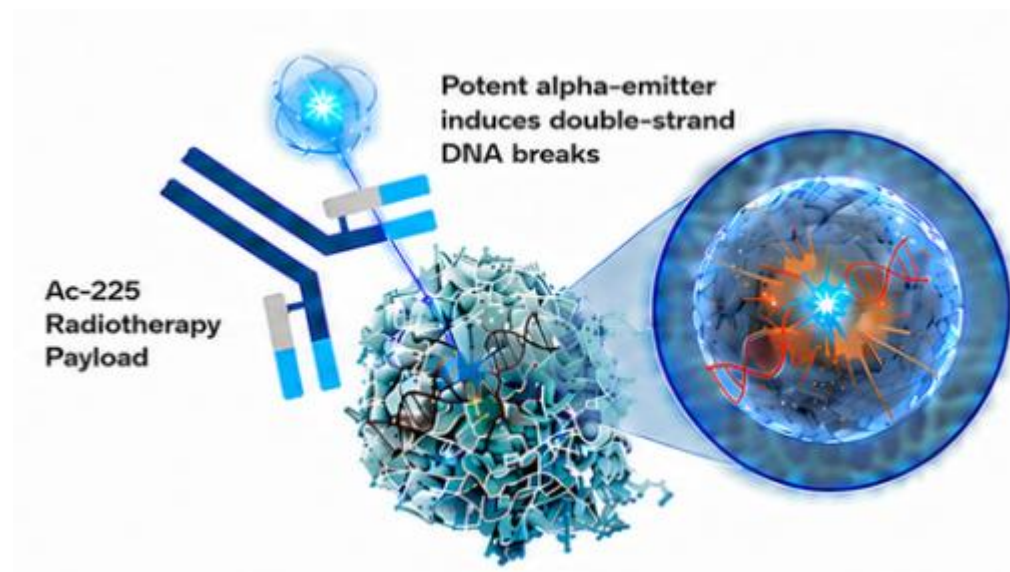


Solid Tumors: ATNM-400 & Actimab-A

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

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

ATNM-400: Differentiated Radiotherapy Targeting 3 Blockbuster Indications



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



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

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



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

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

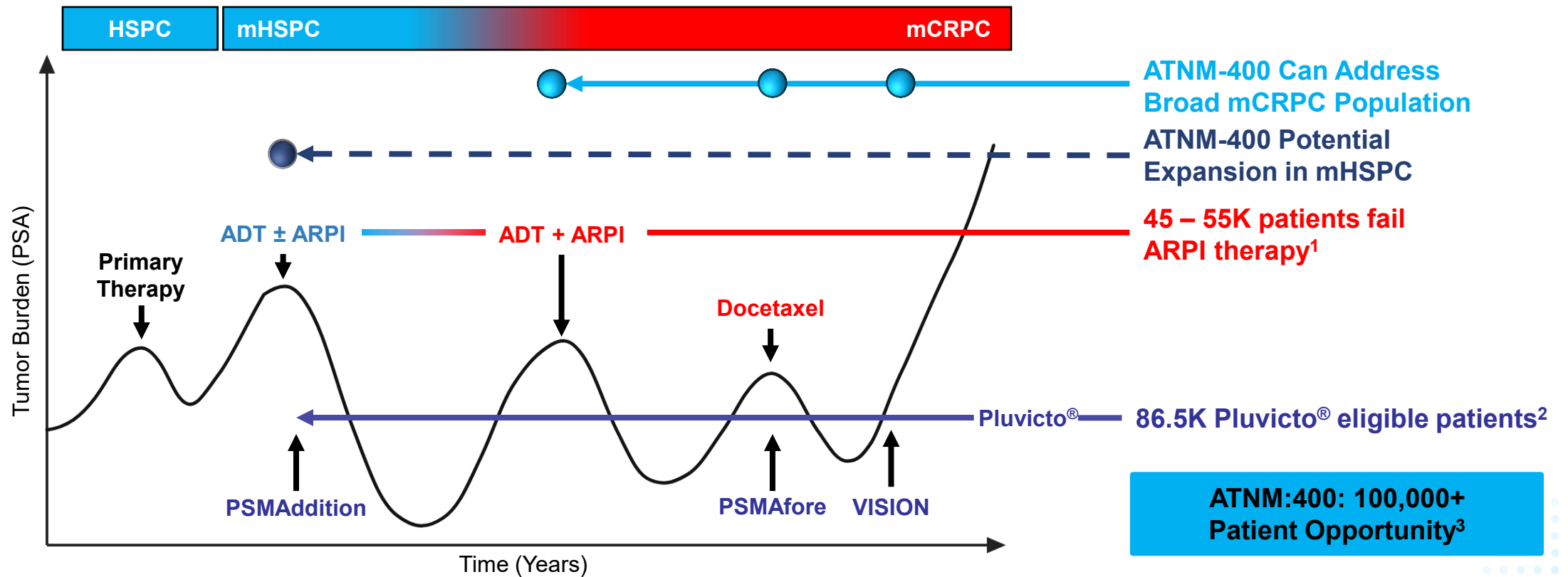


Breast Cancer (~300K U.S. patients)

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

Blockbuster Market Opportunity for ATNM-400 in Prostate Cancer

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

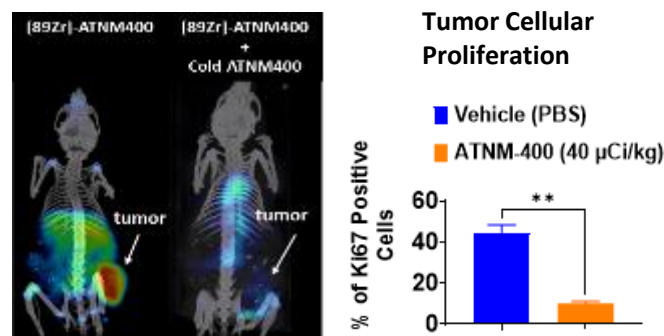


ATNM-400 Addresses Blockbuster Segments of mCRPC : ARPIs: \$10+ billion | Pluvicto®: \$1.39 billion⁴

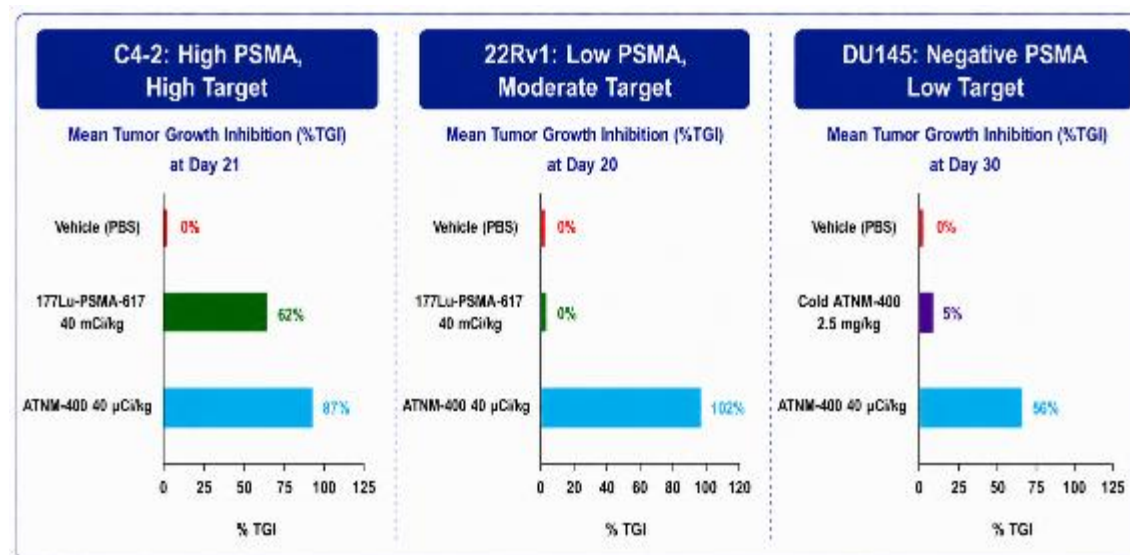
Transformative Therapeutic Potential of ATNM-400 for Prostate Cancer

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

Specific Tumor Uptake & Decreased Cell Proliferation



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



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

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

Greater Efficacy and Synergy with ARPIs Supports Large Market

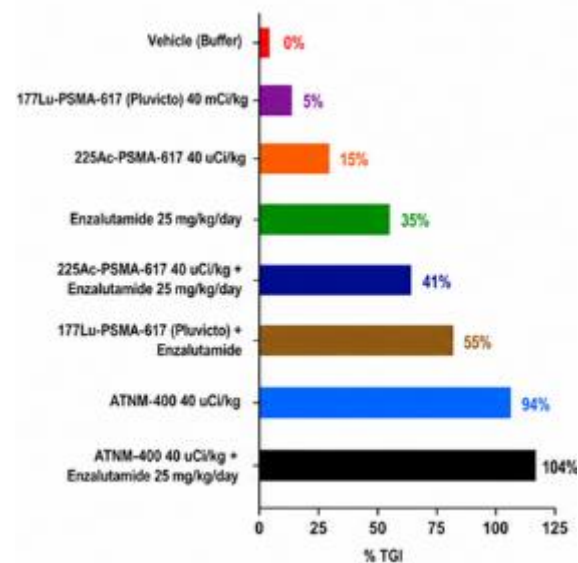
Mechanistic rationale & data supports potential of ATNM-400 in earlier line mCRPC as a monotherapy or ARPI combination

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

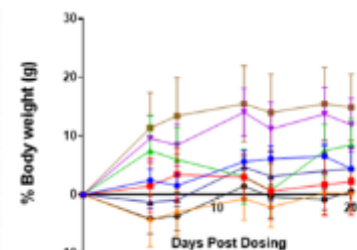
Mechanistic Synergy Supports Positive Results

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

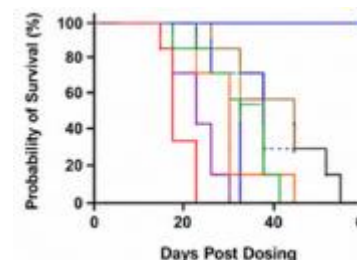
Mean Tumor Growth Inhibition at Day 35



Body Weight Change (%)



Survival



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

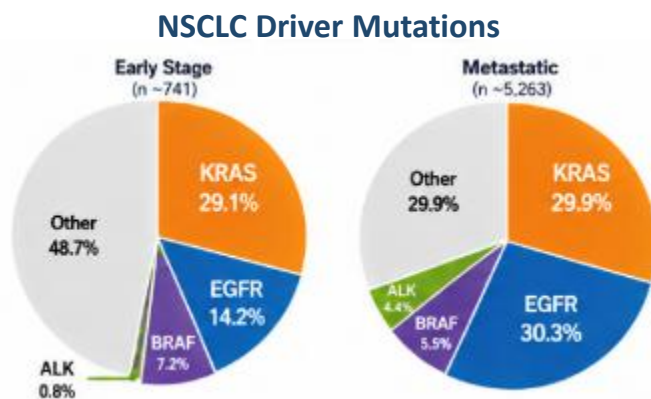
Up to 60,000 patients fail ARPI therapy and ~35% fail treatment in less than 12-months

ATNM-400 Could Address NSCLC Beyond Single-Mutation Therapies

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

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

NSCLC is a Large and Heterogenous Market



R = Radiotherapy Presence

From mutation-specific to mutation-agnostic potential

Current NSCLC Landscape

Mutation-specific therapies
↓
Narrow patient populations
↓
Resistance emerges

ATNM-400 Opportunity

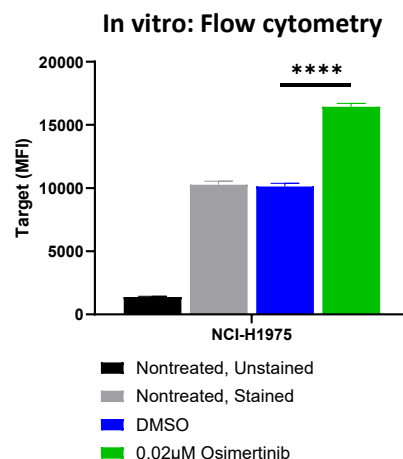
Mutation-agnostic Ac225 strategy
↓
Broad NSCLC applicability
↓
Potential backbone therapy (alone or in combination)

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

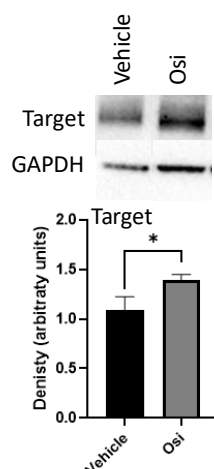
Significant Market Expansion Opportunity Across EGFR-mutant NSCLC

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

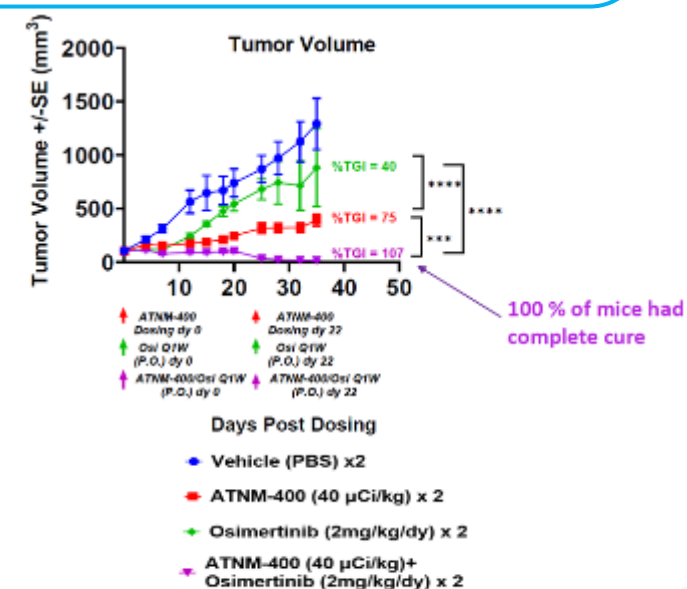
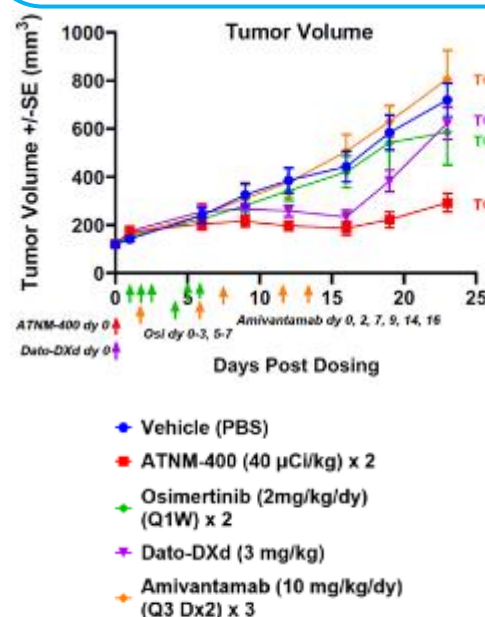
Osimertinib treatment increases ATNM-400 target expression both in vitro and in vivo



In vivo: Western blot



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



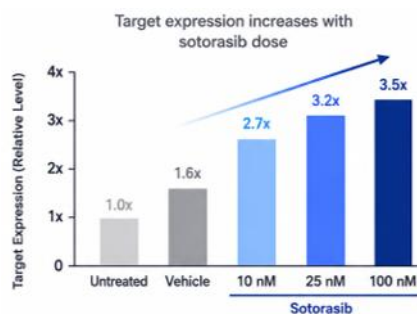
Clinical rationale: EBRT + osimertinib Improved PFS vs. osimertinib (32.2 vs 20 months)
Ac-225 is 4-8× more biologically lethal than EBRT and could drive superior efficacy, reduced toxicity, and access to earlier-line treatment segments

Significant Market Expansion Opportunity Across KRAS-mutant NSCLC

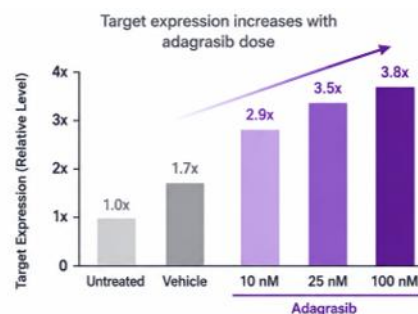
Broad activity across both EGFR-mutant NSCLC and KRAS-mutant NSCLC models supports the potential of ATNM-400 as a mutation agnostic targeted alpha therapy

Approved KRAS inhibitors increase ATNM-400 target levels in KRAS G12C-mutant NSCLC model¹

Target expression: Sotorasib treatment

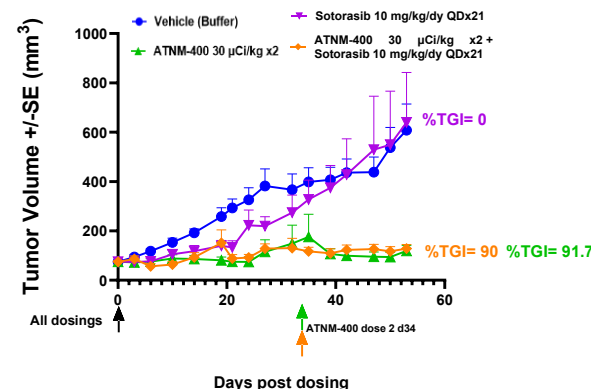


Target expression: Adagrasib treatment

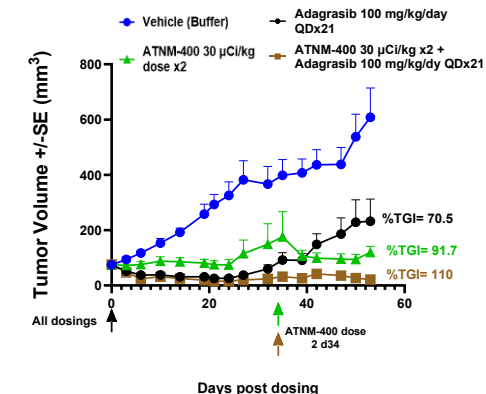


ATNM-400 has superior efficacy versus approved KRAS G12C inhibitors in KRAS G12C-mutant NSCLC model¹

In vivo efficacy: ATNM-400 +/- Sotorasib



In vivo efficacy ATNM-400 +/- Adagrasib



- Treatment with approved KRAS G12C inhibitors, Sotorasib (Lumakras®) or Adagrasib (Krazati®), increase ATNM-400 target expression
- ATNM-400 monotherapy is superior to approved KRAS inhibitors (sotorasib or adagrasib) and also has combination efficacy in KRAS G12C NSCLC model

Lumakras®, Krazati® and drugs in the KRAS-mutant class in NSCLC are projected to have peak sales of over \$5 billion²

Compelling Efficacy Across All EGFR, KRAS-Mutant NSCLC Settings

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

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

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

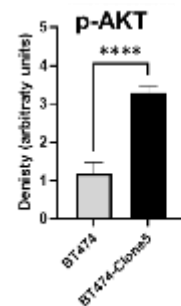
Broad Potential Demonstrated Across Multiple Breast Cancer Settings

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

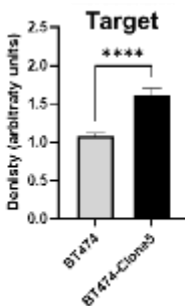
HER2 Therapy Resistance Increases Survival Pathway via p-AKT & ATNM-400 Target Expression



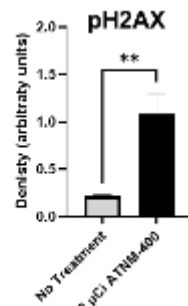
HER2 Resistance Marker



ATNM-400 Target Expression

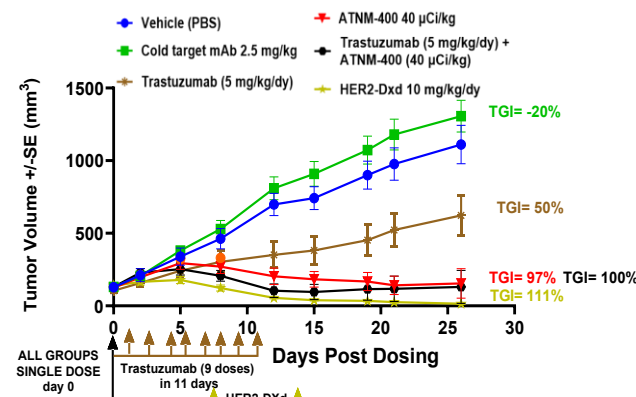


Double-Strand DNA Break Marker

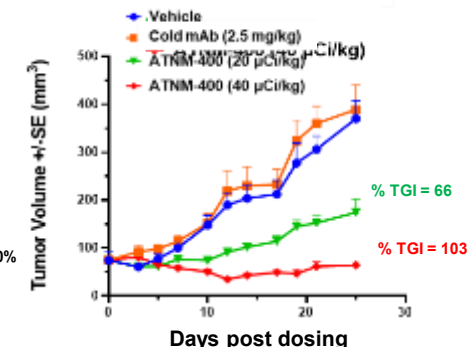


Monotherapy and Combinations Eradicates Trastuzumab-Resistant Tumors and Triple-Negative Breast Cancer (TNBC)

Trastuzumab-resistant model BT474-Clone5



TNBC model MDA-MB-468

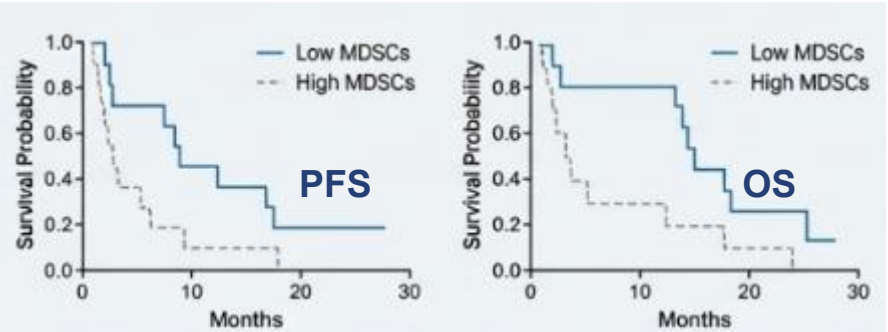


- Robust efficacy and tumor regression as monotherapy and in combination with trastuzumab (Herceptin®) in trastuzumab-resistant, HR+ and TNBC models
- Herceptin® (Roche) and biosimilars generated sales of over \$5 billion in 2025¹
- Off-target toxicities like ILD with 2L therapies (HER2 or Trop-2 ADCs) restricts use
- ATNM-400 represents a novel therapeutic approach to address the high unmet needs in HR+, HER2- and TNBC as a monotherapy or in combinations

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

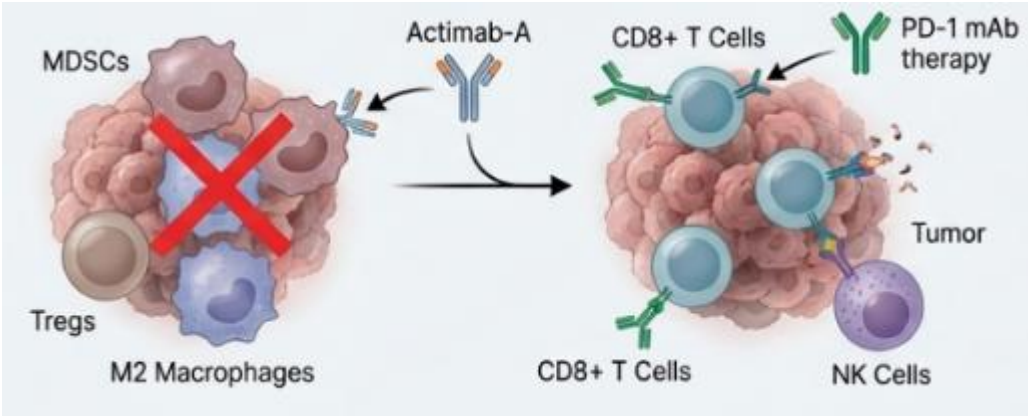
Actimab-A can be synergistic with PD-1 inhibitors by depleting MDSCs, an immune cell subtype implicated in poor response and outcomes to PD-1 inhibitors, potentially opening and expanding a \$40+ billion market

Clinical Data Shows High MDSCs Lead to PD-1 Treatment Failure¹



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

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



The Opportunity

Re-sensitize/Extend Responses

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

Sensitize/Expand Indications

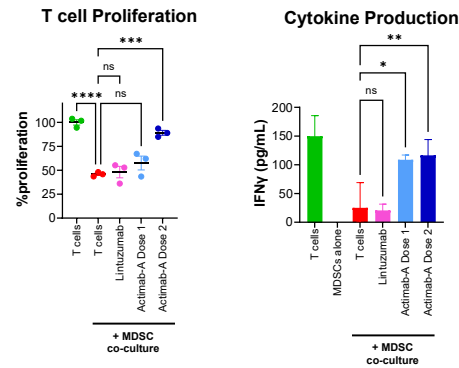
Open new markets for tumors with limited PD-1 response (Pancreatic, Prostate, Ovarian, etc.), representing 400,000+ patients annually

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

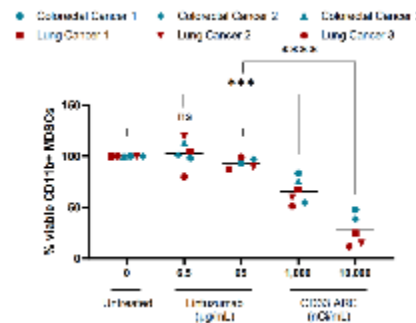
Actimab-A MDSC PD-1 Basket Trial: Data Expected 2H:2026

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

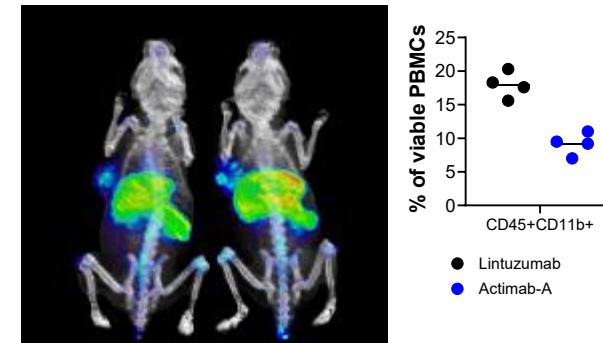
Actimab-A targeting of MDSCs rescues T cell response ex vivo¹



Actimab-A is cytotoxic to patient-derived MDSCs ex vivo¹



Actimab-A homes to tumor-resident MDSCs and depletes MDSCs in vivo¹



Patient Population:

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

KEYTRUDA® / **OPDIVO®**
(pembrolizumab) injection 100 mg
+ **Actimab-A**

**Real World Data
Comparator**

Endpoints:

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

Biomarkers:

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

Hematology Portfolio: AML Therapeutics & Targeted Conditioning

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

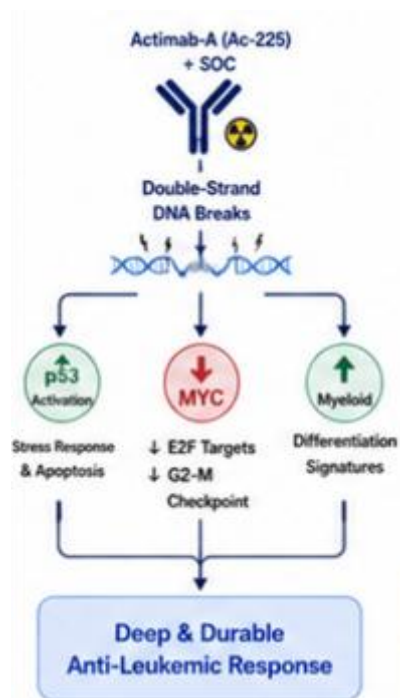
Iomab-B: Phase 2/3 ready BMT targeted conditioning agent

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

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

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

Genomics Profiling Reveals Biologic Reprogramming with SOC Combinations

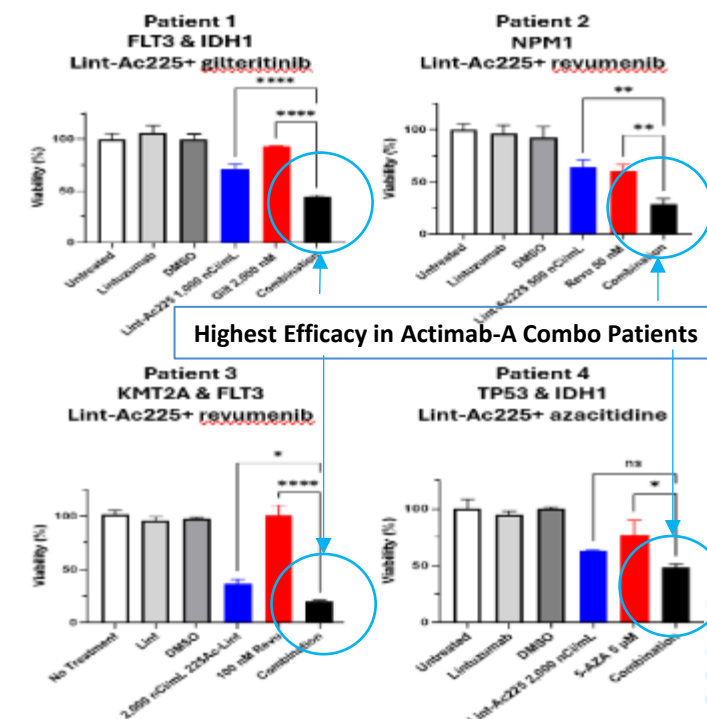


Combinations with SOC Drugs Due to Mutation-Agnostic Activity = A Large, Untapped Market Opportunity across all AML

FLT3	KMT2A
NPM1	IDH1
IDH2	TP53 ★

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

Robust Combination Activity in Primary AML Patient Samples Across Mutations



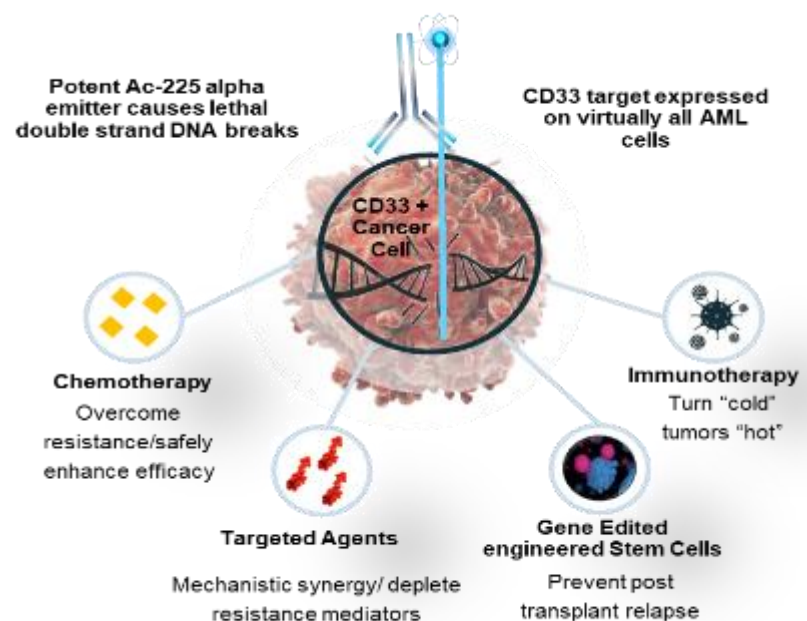
Reinforces AML backbone strategy across the NCI CRADA, frontline triplet, and the registrational Phase 2/3 Actimab-A + CLAG-M program

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

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

Actimab-A: AML & MDS Therapeutics

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



Potential to Transform the AML & MDS Treatment Journey

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

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

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

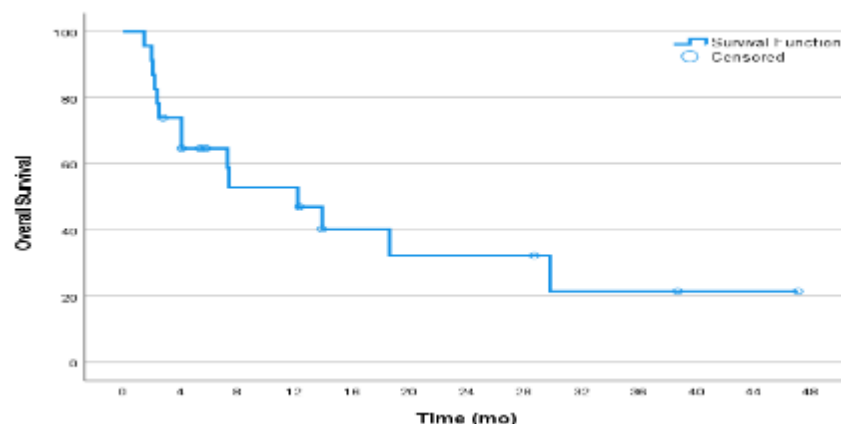
Key Value Drivers

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



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

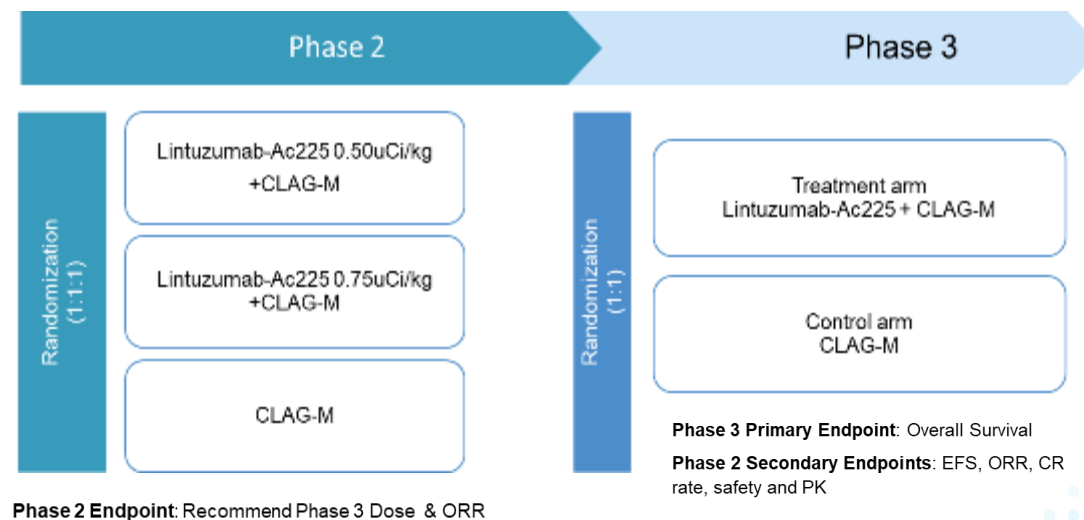
High Rates of MRD Negativity and Improved Survival Outcomes in High-Risk R/R Patients¹



Patient segment	MRD Negativity	Median Overall Survival
1 st /2 nd 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}



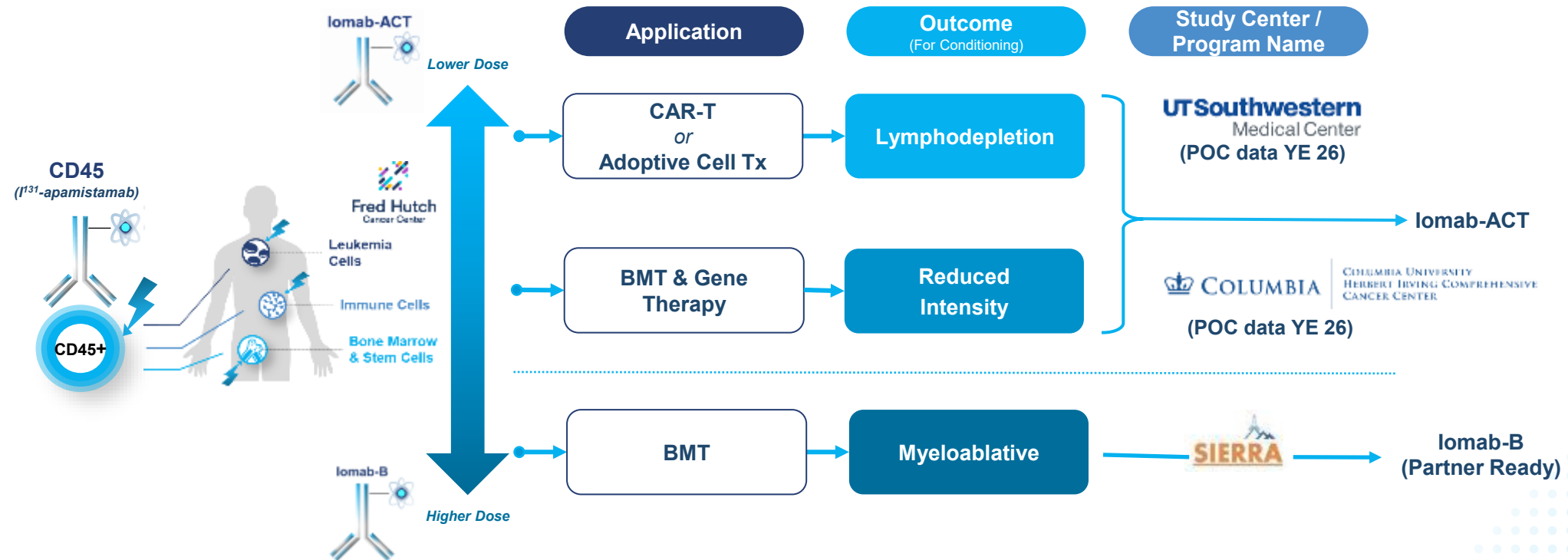
Aligned with FDA on Phase 2/3 trial, Actively seeking collaborator

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

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

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

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



Iomab-ACT Further Expands Heme Portfolio Market Opportunity

Commercial CAR-T Phase 1B/2 Trial

**Trial Initiated;
Actively
Recruiting**

Enrollment

N = 30 patients
(single arm)

**Initial PoC
Data:**
Expected: 2026



PRIMARY OBJECTIVES

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



SECONDARY OBJECTIVES

Incidences of CRS, ICANS
In vivo persistence and expansion of
CAR-T cells



UT Southwestern
Medical Center

Farrukh Awan, MD
Professor of Internal Medicine

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

**Trial Initiated;
Actively
Recruiting**

Enrollment

N = 24 patients

**Initial PoC
Data**
Expected: 2026



PRIMARY & SECONDARY OBJECTIVES

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

Advance to gene therapy conditioning



 **COLUMBIA**

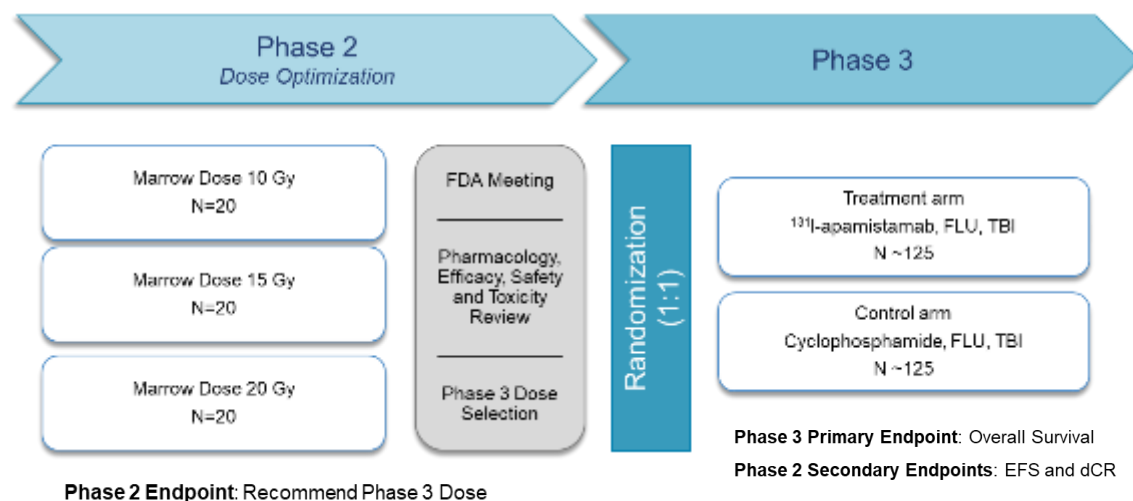
COLUMBIA UNIVERSITY
HERBERT IRVING COMPREHENSIVE
CANCER CENTER

Markus Mapara, MD
Professor of Medicine

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

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

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



Long-lived IP:

- Composition of matter patents extend to 2038

Strong Existing Use Base:

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

Regulatory Clarity:

- Potential to leverage Phase 2 results with SIERRA data

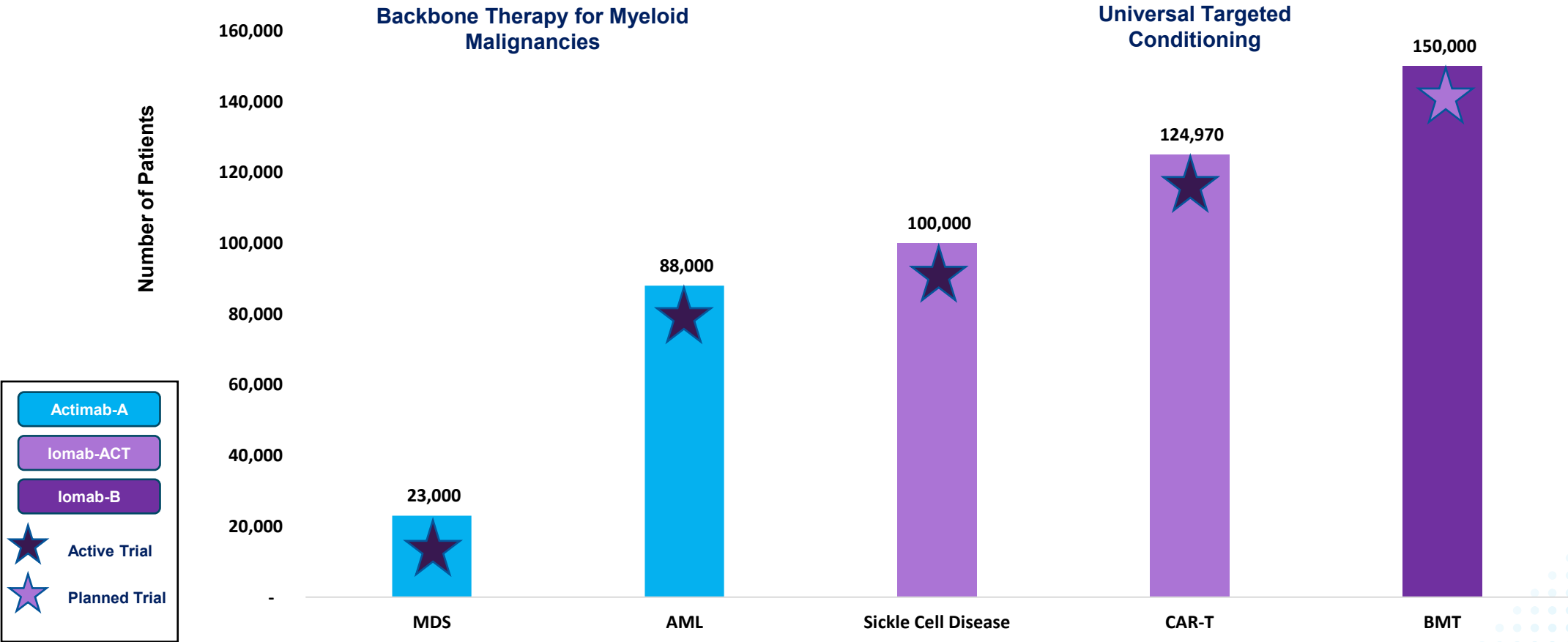
Market Opportunity:

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



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

Blockbuster Opportunities for Three First-in-Class Heme Radiotherapies





2026 Outlook & Milestones

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

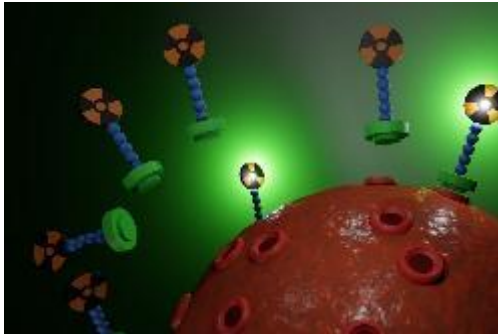
2026: A Year of Transformational Milestones and Data Readouts

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

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

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

Large Solid Tumor Market Opportunity



Biology-Driven Edge Driving Effective Therapies



Control of Ac-225 Supply Chain*



Multiple 2026 Catalysts



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



Thank You

Actinium Pharmaceuticals, Inc.

ATNM: NYSE AMERICAN