Actinium Pharmaceuticals, Inc.

Iomab-B SIERRA Trial

Phase 3 Results

February 18, 2023

ATNM: NYSE AMERICAN

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Today's Speakers & Agenda

Sandesh Seth
Chairman & CEO

Introduction and Closing Remarks

Dr. Madhuri Vusirikala
VP, Clinical Development, BMT & Cellular Therapy

Iomab-B Phase 3 SIERRA Results

Dr. Avinash Desai
Chief Medical Officer

Significance of SIERRA Results and Next Steps

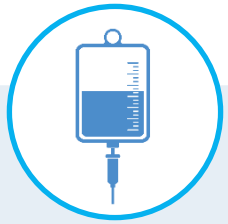
Caroline Yarbrough
Chief Commercial Officer

Iomab-B Market Positioning and Opportunity

SIERRA Results Support Iomab-B Becoming a New Standard of Care

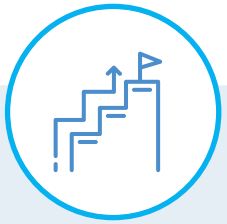
Strong SIERRA Results

Met primary endpoint, doubled overall survival



Unprecedented BMT Access with Iomab-B

Patients got to BMT in half the time with Iomab-B, all engrafted



Improved Outcomes with Iomab-B and BMT

Improved sepsis, acute GVHD, and improved long-term survival

Large Underserved R/R AML Patient Segment

Addressed by Iomab-B

Favorable Commercial Dynamics

Patients, providers, payors benefit, no competition, concentrated centers

Iomab-B has paradigm changing and practice expanding potential

AML – Acute Myeloid Leukemia; BMT – Bone Marrow Transplant; R/R – Relapsed/Refractory; GVHD – Graft versus host disease

Dr. Madhuri Vusirikala, VP, Clinical Development BMT & Cell Therapy

UT Southwestern Medical Center

NCCN National Comprehensive Cancer Network®

UPMC University of Pittsburgh Medical Center

VANDERBILT UNIVERSITY MEDICAL CENTER

- Joined Actinium in October 2022 as Vice President, Clinical Development, Transplant & Cellular Therapy
- Over 20 years of clinical experience specializing in adult allogeneic bone marrow transplant
- Most recently, Director of the Allogeneic Stem Cell Transplant Program at University of Texas – Southwestern (UTSW) and Professor of Medicine in the Division of Hematology and Oncology
- Serves on several national committees including the National Comprehensive Cancer Network (NCCN) panels for Hematopoietic Stem Cell Transplantation and Acute Lymphoblastic Leukemia, BMT Infonet, and the MDS/Aplastic Anemia Foundation
- Fellowship in Bone Marrow Transplant at Vanderbilt University
- Fellowship in Hematology-Oncology at the University of Pittsburgh
- Residency at SUNY Syracuse
- Medical Training at Lady Hardinge College (India)

SIERRA: Positive Efficacy, Safety, and Long-Term Outcomes in R/R AML

	Trial Endpoints and Metrics	Results
Primary	6-month durable Complete Remission (dCR)	p<0.0001
Secondary	Event-Free Survival (EFS)	EFS Hazard Ratio of 0.22, p<0.0001
	Overall Survival (OS)	100% Increase over control arm
Long-term Outcomes	2-year survival in patients achieving dCR	60% in Iomab-B patients vs. 0% in control arm patients
Key Safety & Tolerability Metrics	Sepsis	4x lower with Iomab-B
	GVHD	Clinically meaningful lower rate of GVHD with Iomab-B

SIERRA results support the potential for Iomab-B to become the new standard of care for BMT conditioning in R/R AML

AML Fast Facts

AML is an aggressive disease that can progress rapidly despite treatments

≈21,000
AML patients annually[1]

68 years
Median age at diagnosis[1]

10 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

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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, 2021.

Challenges to Achieving Cures in AML

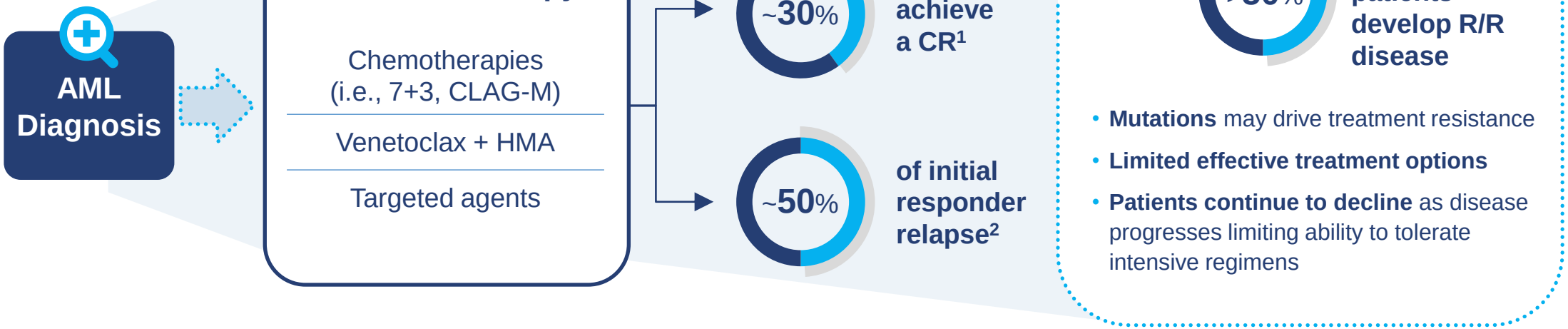
Patients must be able to overcome several challenges related to curative BMT

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

Challenge 1: Need to Achieve a CR

Current paradigm – existing therapies produce limited CRs



CRs are difficult to achieve once patients have R/R disease

1) Ferguson, et al. An operational definition of primary refractory acute myeloid leukemia allowing early identification of patients who may benefit from allogeneic stem cell transplantation. Haematologica. 2016 Nov; 101(11): 1351–1358.
2) Gyurkocza et al. Allogeneic hematopoietic cell transplantation in patients with AML not achieving remission: potentially curative therapy. *Bone Marrow Transplantation* (2017), 1-8.

Challenge 2: Tolerate and Survive BMT Conditioning Regimens

BMT conditioning requires the patient to be subjected to and survive another round of non-targeted chemotherapy (± radiation)

RIC

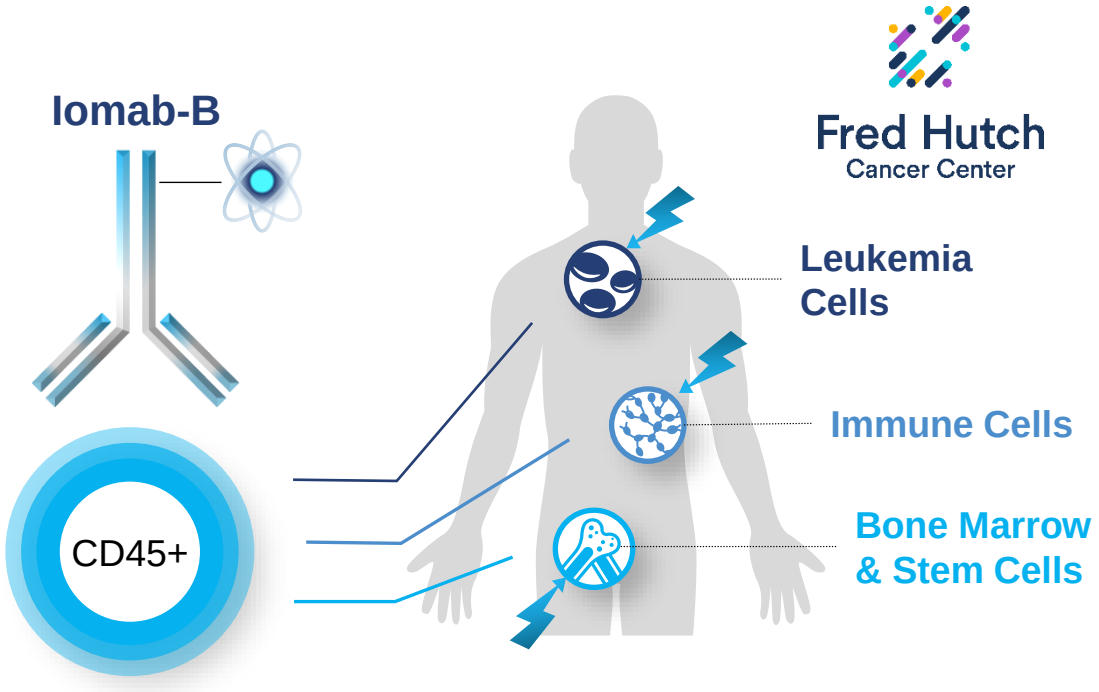
Reduced intensity chemotherapy (RIC) conditioning is "too cold" and is associated with in **higher risk of disease relapse due to residual disease**

MAC

High intensity, myeloablative conditioning (MAC) is "too hot", making it **difficult to tolerate,** and has **high mortality rates**

RIC or MAC conditioning limits BMT access and results in poor outcomes in the majority of older, R/R AML patients

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 increases 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

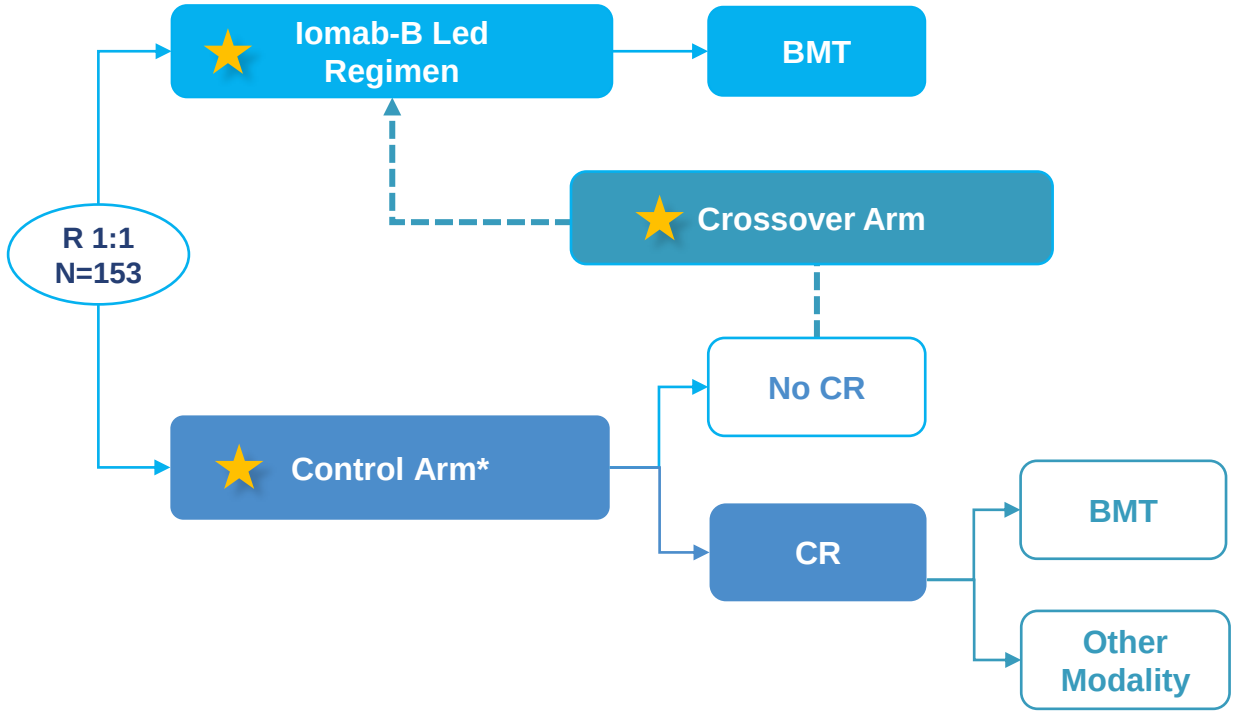
Challenges Addressed: Iomab-B in the SIERRA Trial

- Challenges 1 and 2: Improved Access - CR not needed, 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

Active, Relapsed or Refractory AML
Age 55+, >5% bone marrow blasts



Primary Endpoint
- Durable CR[1]

Secondary Endpoints
- EFS, OS

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

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

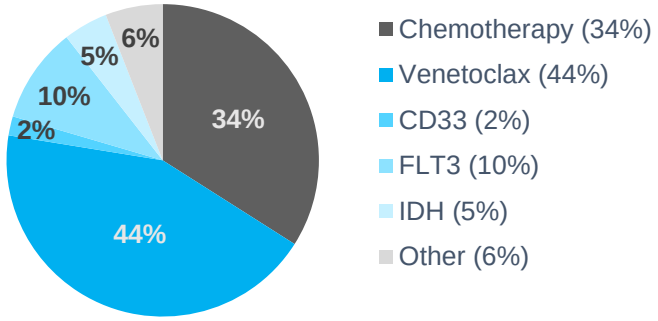
First Randomized Trial with Goal to Transplant R/R AML Patients

Patients enrolled in SIERRA have poor expected survival

SIERRA Designed to Evaluate if Iomab-B + BMT Can Improve the Outcomes of Active R/R AML Patients

R/R after Frontline Therapy[1]	Median OS (months)
Venetoclax + HMA	2.3
Intensive Chemo	3.6

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



SIERRA Trial: Iomab-B Arm Patient Characteristics

- Active R/R disease
- 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)

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1) Maiti et al. Outcomes of relapsed or refractory acute myeloid leukemia after front-line hypomethylating agent and venetoclax regimens. *Haematologica*. 2021 Mar 1; 106(3): 894–898. 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

Patients Are Heavily Pre-treated With Active Disease

Baseline patient and disease characteristics were balanced between study arms

	Iomab-B (n=76)		Control Arm (n=77)		Crossover (n=44)	
Median Age	**64** (55-77)		**66** (55-76)		**64** (55-76)	
Cytogenetics and Molecular Risk[1]	Favorable:	**5** (6.6)	Favorable:	**2** (2.6)	Favorable:	**1** (2.3)
	Intermediate:	**27** (35.5)	Intermediate:	**31** (40.3)	Intermediate:	**21** (47.7)
	Adverse/Poor:	**43** (56.6)	Adverse/Poor:	**43** (55.8)	Adverse/Poor:	**21** (47.7)
Disease Status at Randomization	Primary Induction Failure:	**43** (56.6)	Primary Induction Failure:	**40** (51.9)	Primary Induction Failure:	**24** (54.5)
	First Early Relapse:	**16** (21.1)	First Early Relapse:	**22** (28.6)	First Early Relapse:	**11** (25.0)
	Relapse/Refractory:	**10** (13.2)	Relapse/Refractory:	**10** (13.0)	Relapse/Refractory:	**7** (15.9)
	2nd + Relapse:	**7** (9.2)	2nd + Relapse:	**5** (6.5)	2nd + Relapse:	**2** (4.5)
% Marrow Blasts at Randomization	**30%** (2-97)[2]		**20%** (3-97)[2]		**35%** (2-89)[2] at crossover	
Prior Lines of Treatment	**3** (1-8)		**3** (1-8)		**3** (1-8)	

1) Per NCCN Guidelines, Version 3, 2020. 2) Patients with <5% marrow blasts had circulating leukemic blasts
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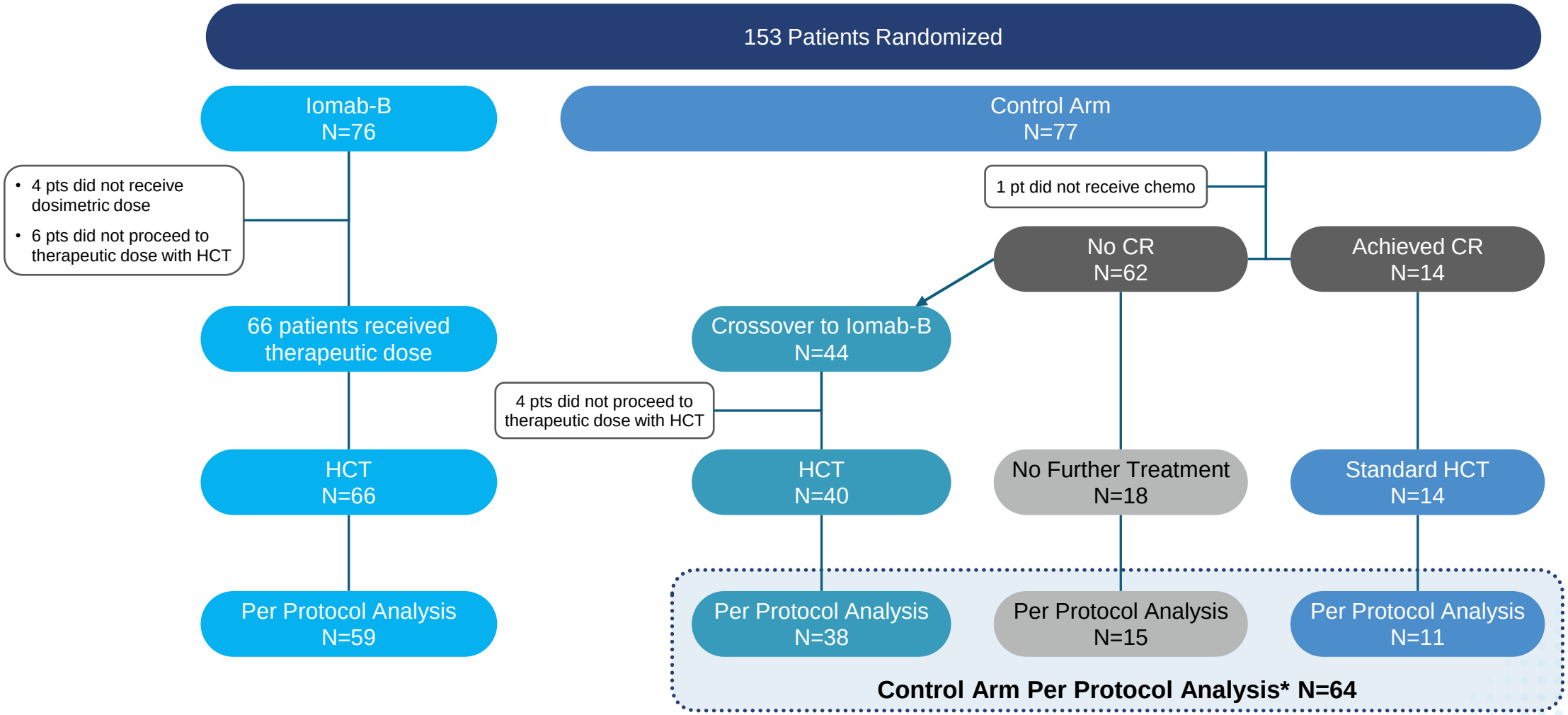
Patient Disposition



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* Patients were excluded from the Per Protocol Analysis Set due to: 1) major protocol deviations that impacted interpretation of the primary endpoint; 2) missed disease assessments; and 3) failure to complete primary therapy

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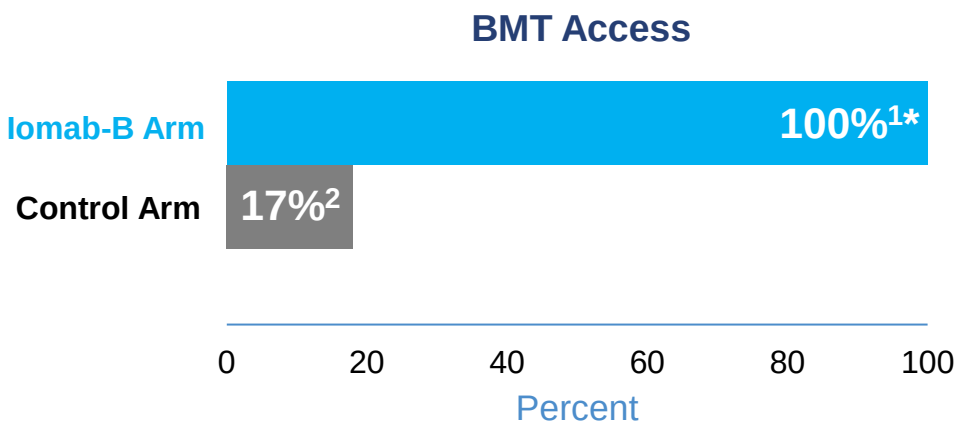
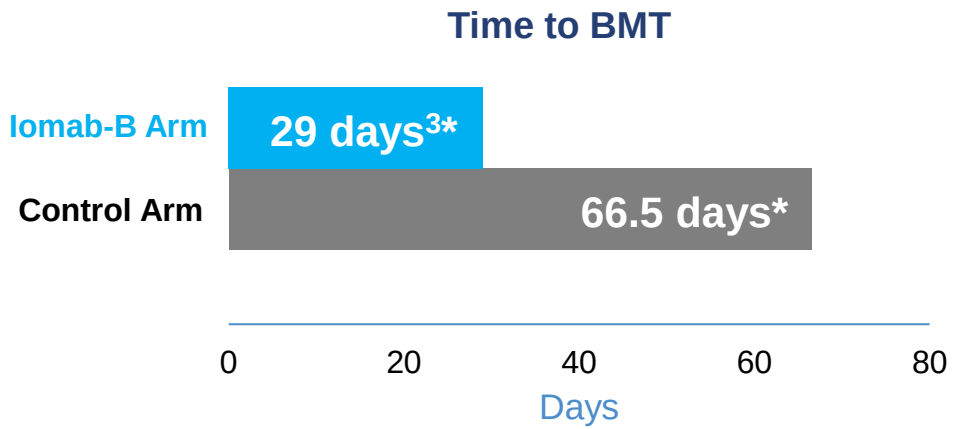
Challenge 1 & 2 Addressed: Unprecedented Access to BMT in Half the Time

Unprecedented Access to BMT



- **Targeted nature of Iomab-B** results in effective myeloablation with improved tolerability
- **Less than 20%** of patients on the control arm achieved CR vs. 100% on Iomab-B

Access to BMT in Less Than Half the Time



- **With Iomab-B there is no need to achieve a CR;** patients with active disease can go to directly to BMT in days and engraft successfully
- **1 – 2+ cycles of chemotherapy** required to attain CR if CR can even be produced

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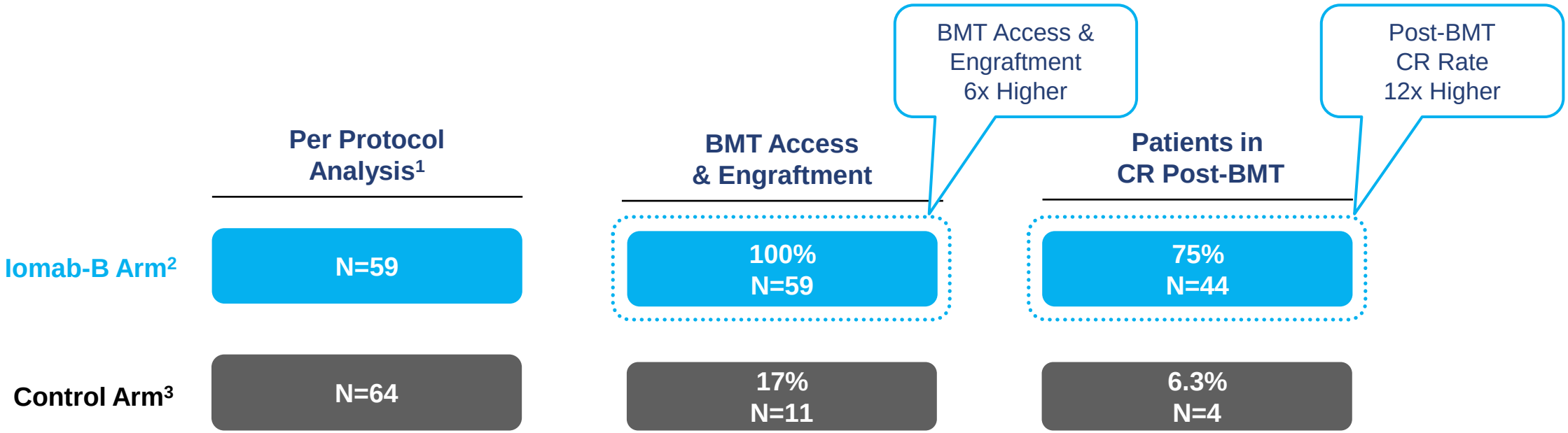
*From randomization. 1) Iomab-B Arm (N=76); 10 patients did not receive a therapeutic dose of Iomab-B; per protocol analysis; 2) Control Arm (N=77); 1 patient did not receive treatment on the control arm; per protocol analysis; 3) Time from Iomab-B therapeutic infusion 12 – 14 day Late Breaking Abstract, 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

Challenge 3 Addressed: Unprecedented BMT Access & Engraftment and High Post-BMT CR



1) Per protocol analysis: 59 of 76 patients in Iomab-B arm and 64 of 77 patients in control arm; 2) 6 patients on Iomab-B arm not evaluable for primary endpoint; 3) 3 patients on control arm not evaluable for primary endpoint
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Challenge 4 Addressed: Excellent Safety of Targeted Radiotherapy

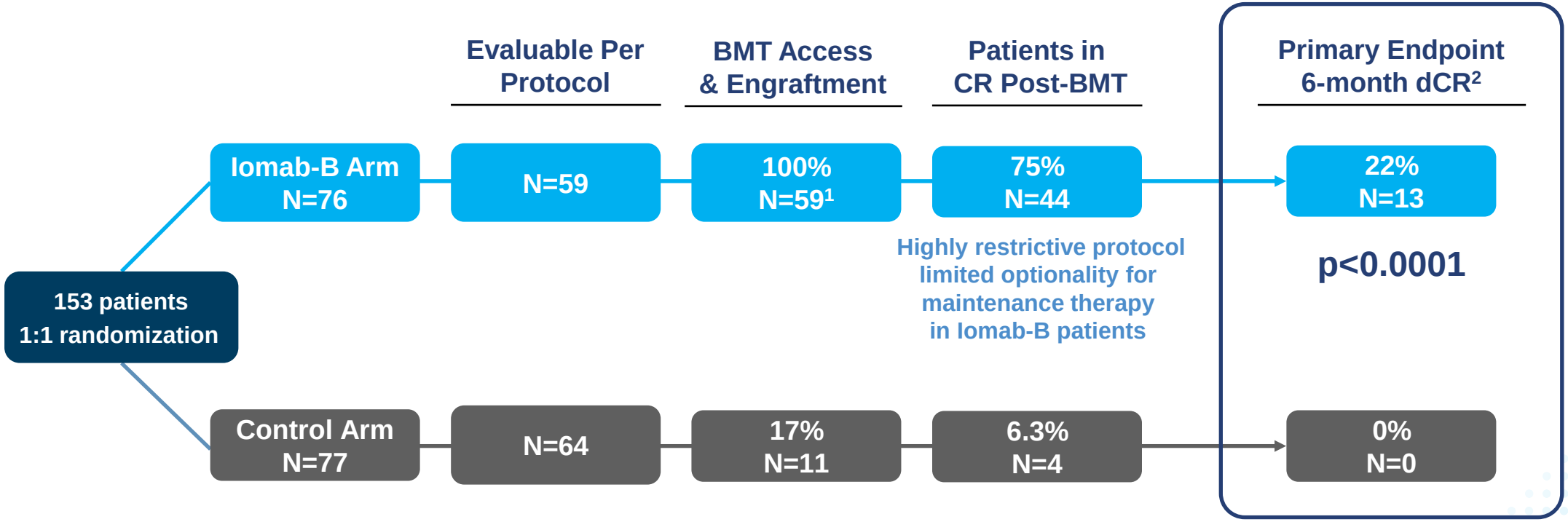
Iomab-B side effects are meaningfully lower, implying less complexity (and cost) post-transplant

Adverse Event* (%)	Iomab-B Arm N=66	Control Arm N=14
Sepsis[1]	6.1%	28.6%
Febrile Neutropenia	43.9%	50.0%
Mucositis[2]	15.2%	21.4%
Acute GVHD (Gr II-IV)[3]	26.1%	35.7%

* Relevant adverse events in transplanted Iomab-B patients. 1) “Sepsis” includes Preferred Terms of Sepsis, Septic Shock, Neutropenic Sepsis & Septic Embolus; 2) “Mucositis” includes Preferred Terms of Stomatitis & Mucosal Inflammation; 3) All Iomab-B pts received Cyclosporin and Mycophenolate Mofetil for GVHD prophylaxis. 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

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



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1) 100% access in patients receiving a therapeutic dose of Iomab-B; 2) Per protocol analysis: 22% maintained durable CR lasting 180 days or more in the Iomab-B arm and none had a durable remission in the control arm
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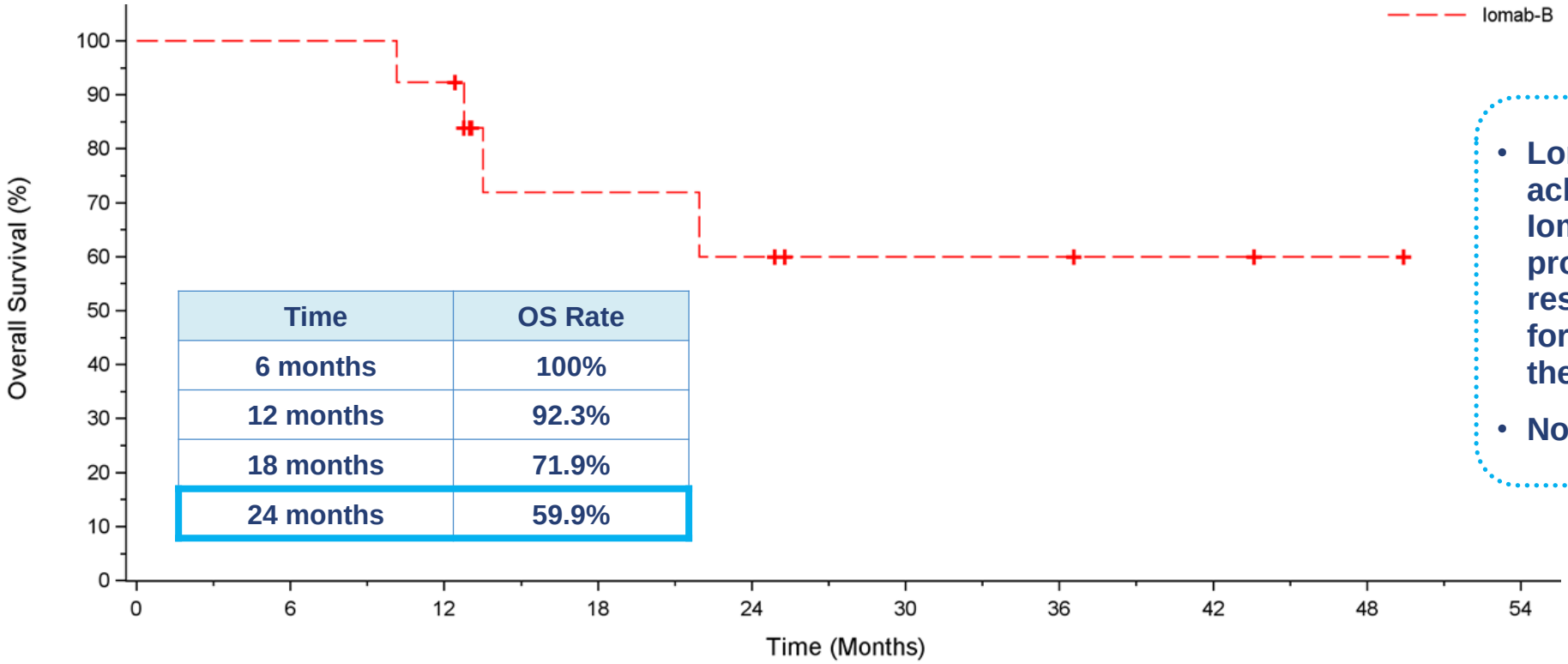
Long-Term Survival in Patients Achieving the Primary Endpoint

Median OS not reached; 2-year survival highly indicative of long-term outcomes including potential cure



Time	OS Rate
6 months	100%
12 months	92.3%
18 months	71.9%
24 months	59.9%

- **Long-term survival achieved even though Iomab-B patient protocols had highly restrictive optionality for maintenance therapy post-BMT**
- **Not the norm**

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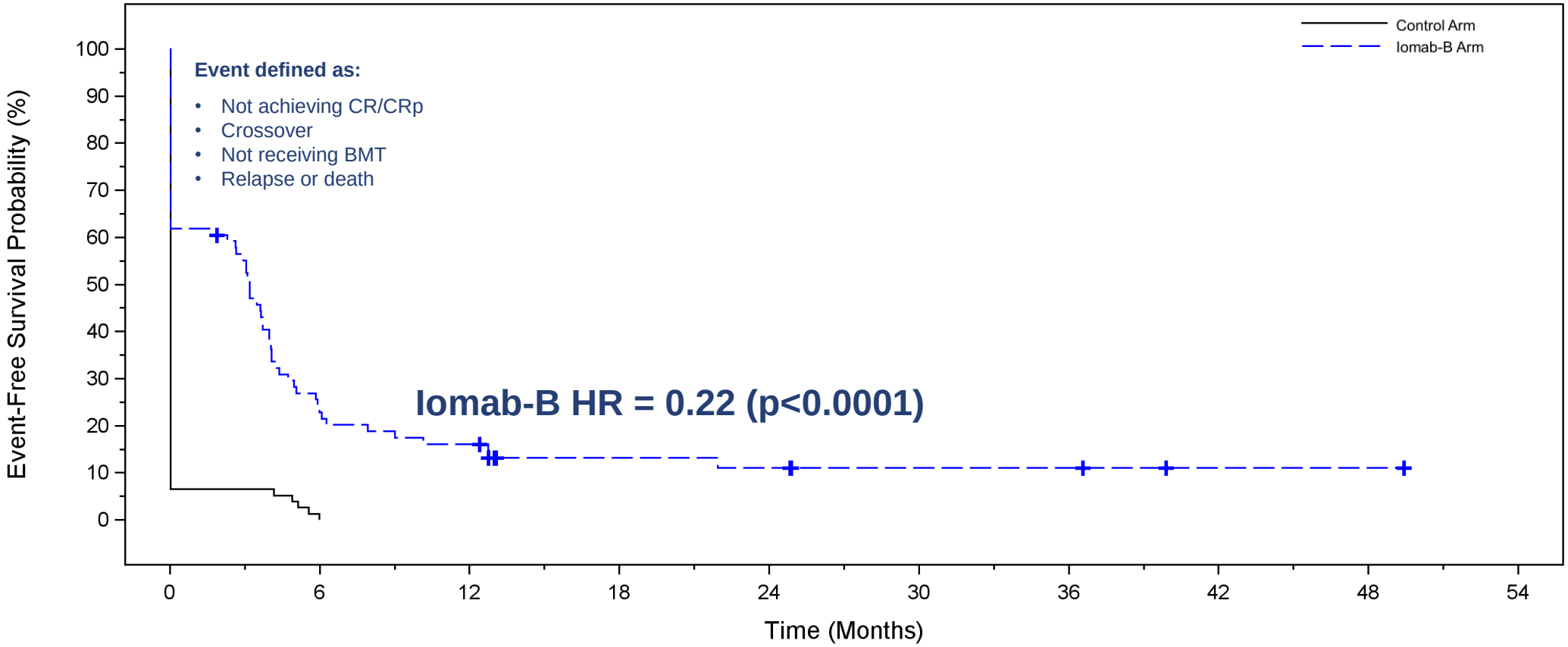
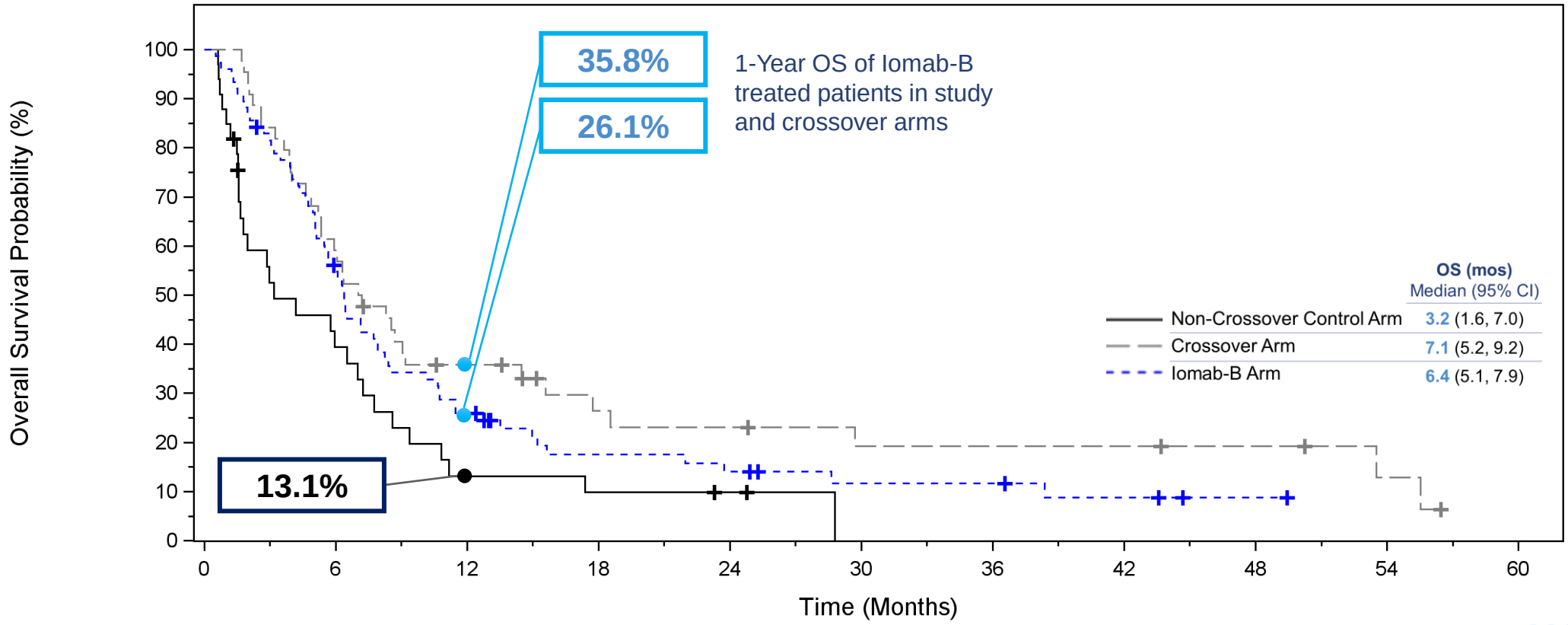
Iomab-B Reduced the Probability of an Event by 78%



EFS HR of 0.22 (p<0.0001) compared to control arm clearly supports the use of Iomab-B in this high-risk population

Iomab-B Demonstrates Clear Survival Benefit

Iomab-B doubled 1-year overall survival rates and median overall survival



Crossover confounds OS statistics

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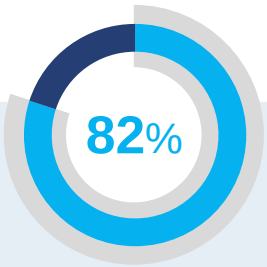
Crossover Results Support Iomab-B Value Proposition

Iomab-B treatment yielded access and improved outcomes for crossover patients despite their failing an additional line of therapy

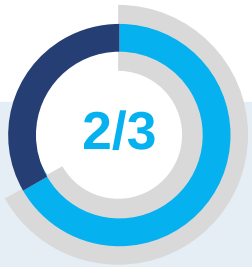


82% of control arm patients did not

achieve a remission and could not proceed to BMT

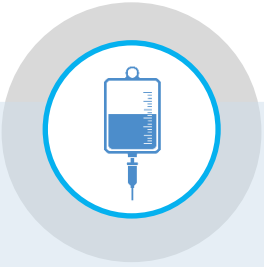
No viable treatment options for control arm failures

best supportive care or hospice



2/3 of control arm failures crossed over

and were rescued with Iomab-B



100% BMT & engraftment in crossover patients

receiving therapeutic dose of Iomab-B

Crossover patients also achieved improved survival

via Iomab-B and BMT

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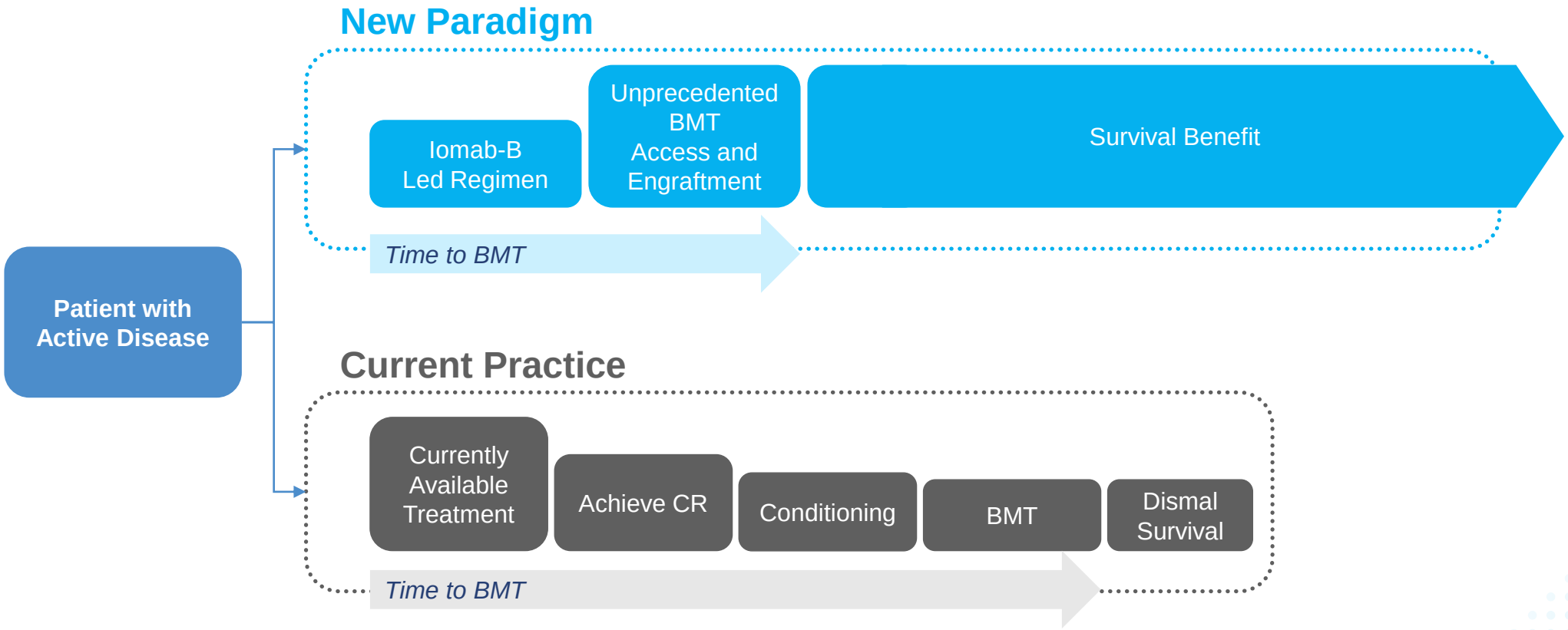
Iomab-B Represents a New Paradigm

Clear separation in access and outcomes favor Iomab-B utilization



Dr. Avinash Desai, Chief Medical Officer

- Joined Actinium in November 2020 and promoted to Chief Medical Officer in 2021
- 27 years of biopharmaceutical experience in clinical development and medical affairs
- Joined Actinium from GSK where he was Vice President, Head of U.S. Medical Affairs - Oncology, launching 3 oncology products in 15 months
- Previous experience at Janssen Pharmaceuticals (Johnson & Johnson), Eli Lilly & Co. Takeda, Inc. and Sanofi
- Contributed to the development and supported multiple blockbuster products including Darzalex and Velcade at Janssen
- Participated in multiple successful NDA submissions, launch readiness strategies and execution and life cycle management plans

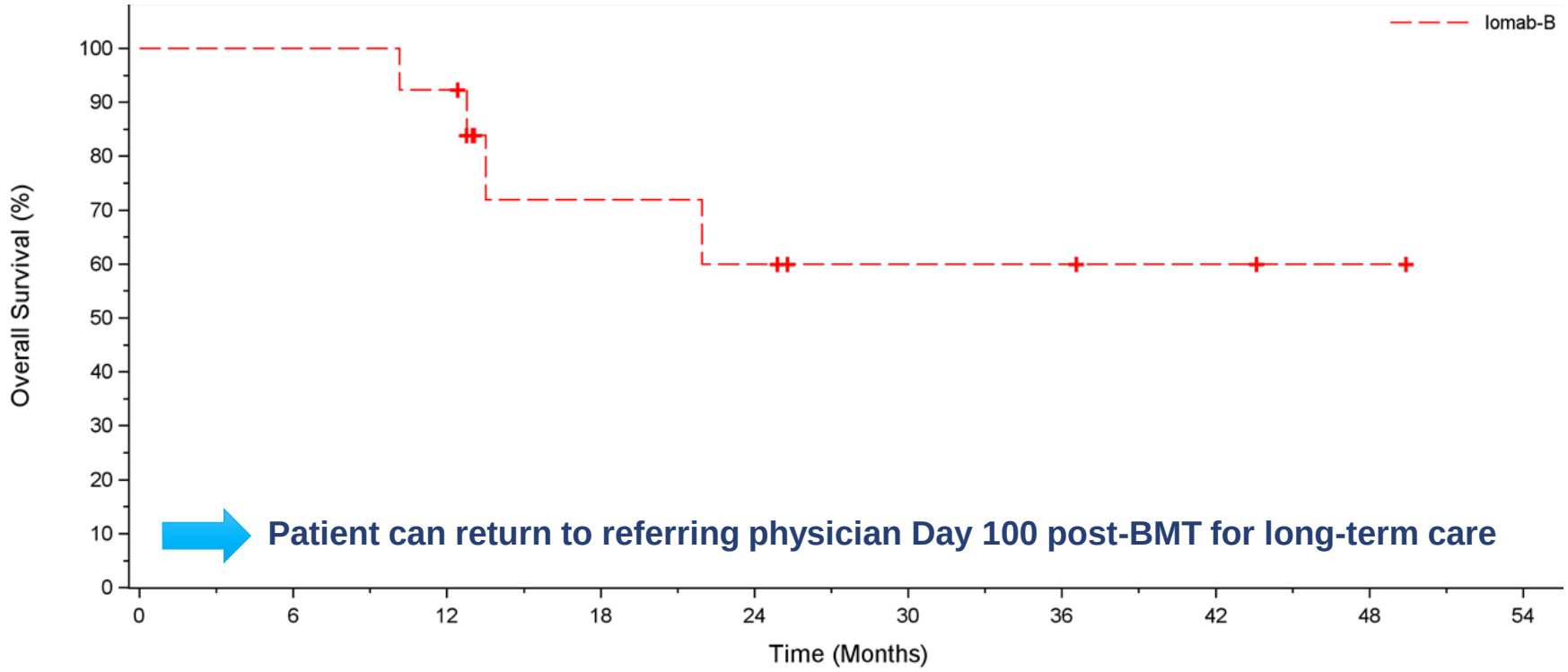
Iomab-B Represents a Practice Expanding Opportunity

Iomab-B offers the promise of transplant outcomes in the patient population for those cannot access a transplant today

Unprecedented Access

Improved Outcomes

Improved Safety & Tolerability



Patient can return to referring physician Day 100 post-BMT for long-term care

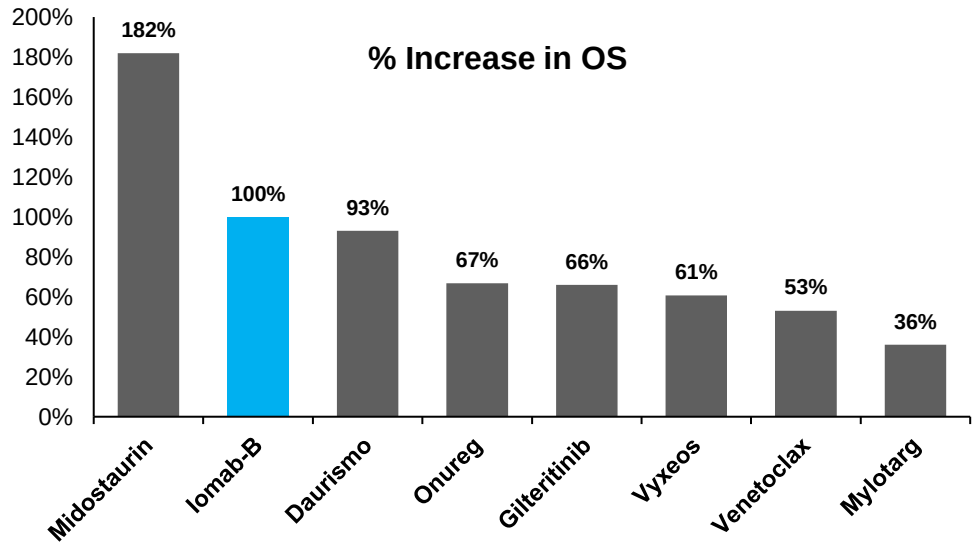
These results open the entire universe of R/R patients for transplant

Iomab-B Results Stand Out in Most Difficult AML Patient Segment

Iomab-B Had Strongest P-Value for Primary Endpoint Compared to Approved AML Drugs[1]

Drug	P-Value[2]
Iomab-B	**<0.0001**
Daurismo	0.0002
Gilteritinib	<0.001
Venetoclax	<0.001
Onureg	<0.001
Mylotarg	0.005
Vyxeos	0.005
Midostaurin	0.009

Iomab-B Produced Large Increase in OS Relative to AML Drugs[3]



Results demonstrate the ability of Iomab-B to produce outcomes that other approaches did not in their respective treatment settings

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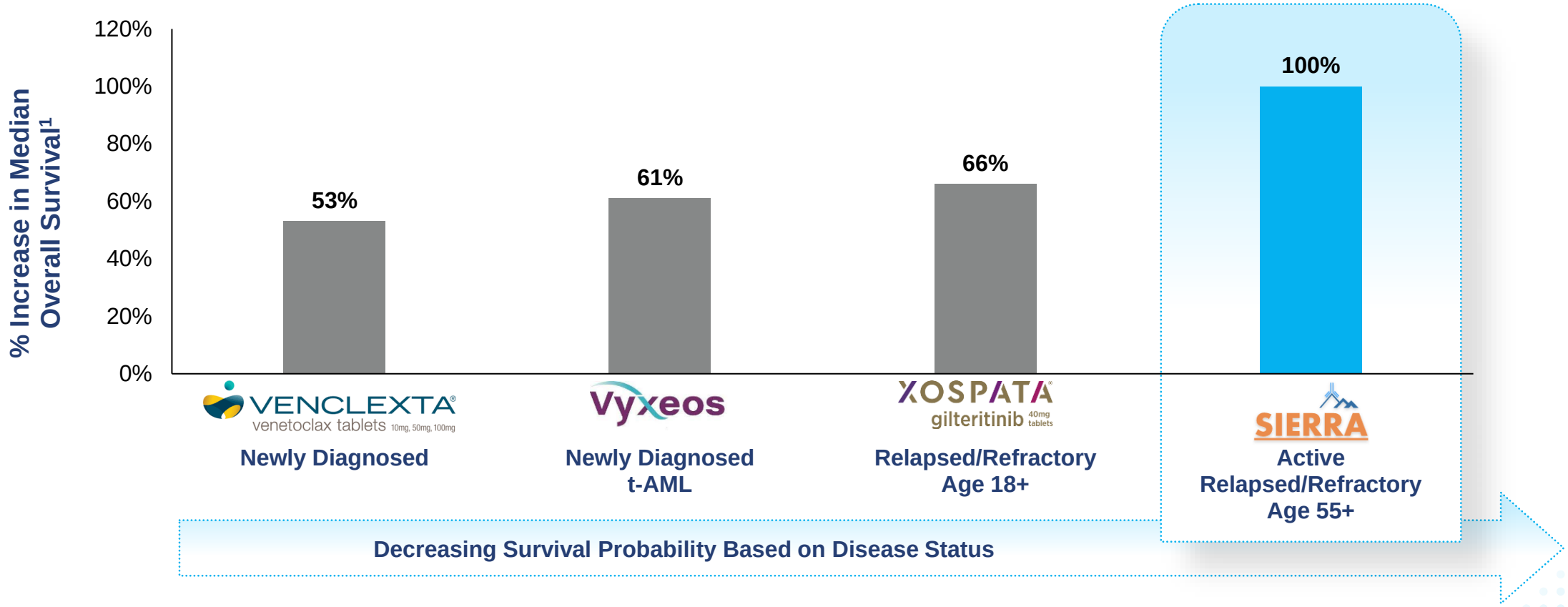
1) Includes approved therapies with comparator arms with a reported p-value for overall survival or event-free survival. *AML therapies have been approved on OS, EFS, response rates and duration of response endpoints; 2) Company Research, FDA approval labels; 3) Company research, market reports, publications

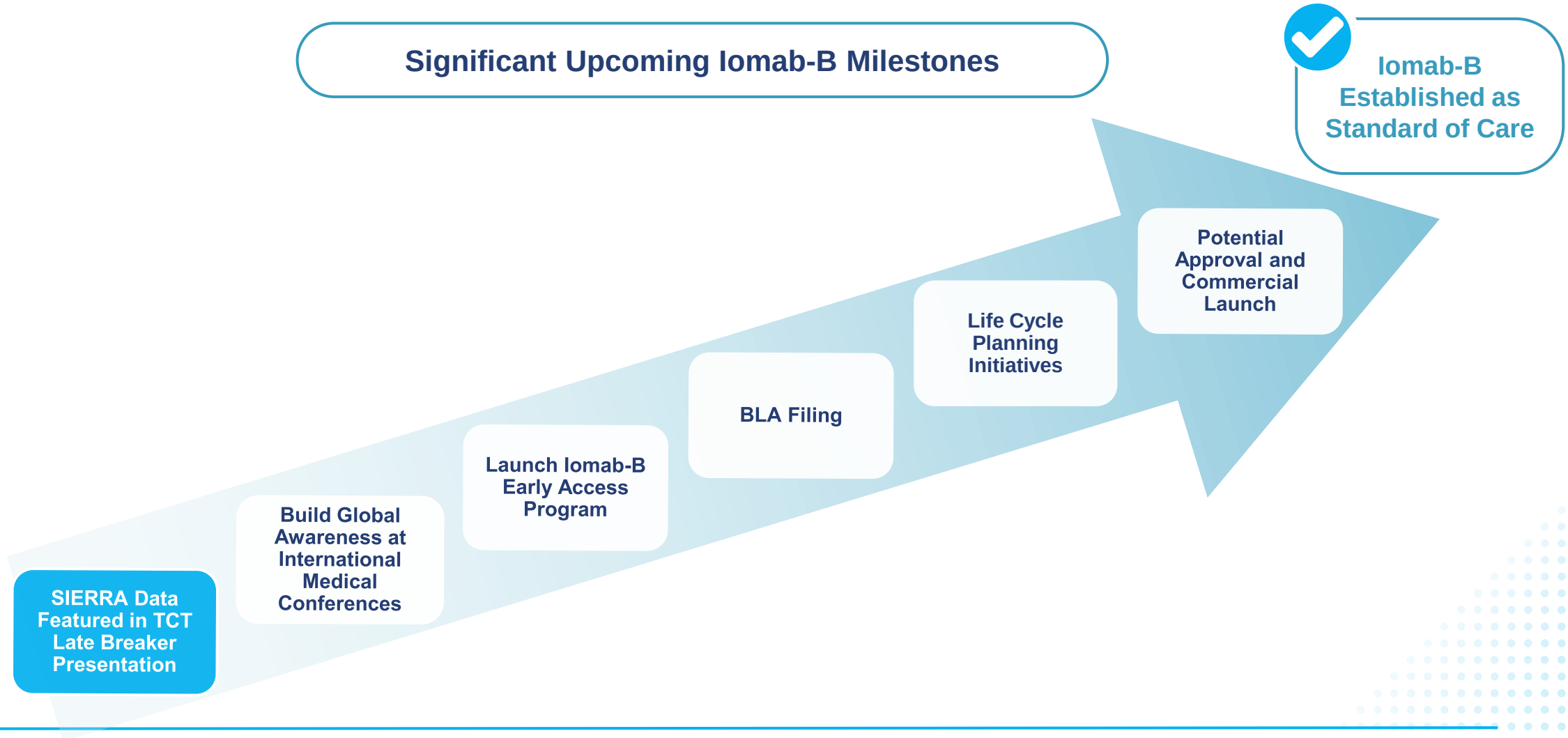
SIERRA Results Provide Compelling Foundation for Commercialization



Iomab-B provides patients and physicians hope for better outcomes where there is a clear unmet need and no visible competition

1) Company research and calculations, FDA approval labels market reports, publications

Clear Pathway to Establishing Iomab-B as Standard of Care



SIERRA Sets Foundation to Leverage Robust Iomab-B Data

Life cycle management and indication expansion opportunity supported by significant body of data with Iomab-B

Fred Hutch Cancer Center

- **400+ patients**
- **12 clinical trials**
- **6 diseases (AML, MDS, MM, ALL, NHL/HL)**
- **Improved survival and curative outcomes**

- Extensive data and consistent results from more than 400 patients including Fred Hutchinson Cancer Center studies demonstrate high BMT access and engraftment and improved outcomes in patients with MDS, younger AML, ALL, HL/NHL and MM
- These indications represent tens of thousands of patients with R/R disease having similar unmet needs to the AML patients in SIERRA
- These data, together with the strong results from the pivotal Phase 3 trial will be leveraged to execute our comprehensive life cycle management strategies to further expand Iomab-B's role in these variety of malignant and non-malignant hematological disorders
- Patients are treated by BMT physicians in the same concentrated, high-volume centers, most of which are SIERRA sites

Strong Foundation From Positive Results and Operational Excellence

SIERRA experience at leading high-volume BMT positions
Iomab-B favorably for commercialization

Core Competencies Developed During Execution of the SIERRA Trial

- Robust Supply Chain
- Operational Excellence at the Point of Care
- Strong KOL Relationships
- Broad Reach Across Leading BMT Centers

Iomab-B Experience at 24 Leading BMT Centers that Account for 30% of BMT Volume

Caroline Yarbrough, Chief Commercial Officer

NOVARTIS

SCEMBLIX® (asciminib) 20 mg, 40 mg tablets

Tasigna (nilotinib) 150mg, 200mg capsules

KYMRIAH® (tisagenlecleucel) Suspension for IV infusion

- Joined Actinium in October 2022 with 25 years of BioPharma commercial experience
- Most recently, Portfolio General Manager, US Oncology at Novartis, a $1+ Billion product portfolio
- Strong hematology experience from leading Novartis Chronic Myelogenous Leukemia (CML) portfolio including Scemblix and Tasigna
- Led strategic account management to support the launch of the first approved CAR-T therapy Kymriah
- Significant prior experience at GSK, BMS, Viropharma and Merck
- Deep understanding of the hematology market, CAR-T/BMT center dynamics, and experience with strategic planning and growing businesses in multiple oncology disease areas

Iomab-B Has a Paradigm Changing Profile

Iomab-B Checks All Boxes to Become New Standard of Care

- **Unprecedented Access to BMT**
- **Excellent Safety and Tolerability**
- **Meaningful Survival Benefit**

Practice Expanding Potential that Will Allow BMT Physicians to Transplant More Patients

- Changes the paradigm by enabling R/R patients to go to BMT without physicians having to learn a “new trick”
- Continue to practice BMT the same way, but for more patients
- Opens up 50% of AML patients that are currently not treatable to potentially curative BMT
- Potential to produce long-term outcomes for patients who currently have 2-3-month survival
- Physician regains patients after BMT and gets to see their patients for long-term follow-up care

Iomab-B can address a high unmet need in AML while bringing value to patients and physicians

Highly Favorable Dynamics Support Iomab-B Commercial Prospects

3P's, 2C's: Key variables impacting commercial success align favorably toward Iomab-B

Patients	• Unprecedented access to potentially curative BMT in AML with favorable safety and tolerability
Physicians	• Increased opportunity to treat patients that previously had no other treatment options without disruption to current practice • Referring physicians get their patient back post-BMT for follow-up and long-term care
Payors	• Strong pharmacoeconomic value proposition driven by Iomab-B product profile
Competition	• No direct or indirect visible competition for the next 5-10 years
Concentrated Market	• Top 50 centers perform 75% of BMTs; concentrated in metropolitan areas • 12-15 account managers to cover BMT center footprint, 35-50-person commercial organization

Iomab-B Compares Favorably to High Value Hematology Therapies

Therapies that provide a meaningful clinical benefit to R/R patients with limited treatment options have seen strong commercial adoption

	BLINCYTO® (blinatumomab) for injection 35 mcg single-dose vial *	YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion *	Iomab-B
Indication	R/R ALL	R/R DLBCL	R/R AML
EFS HR	*NA*	0.40	0.22
OS Improvement	93% (7.7 vs 4.0 months)	*NA*	100% (6.4 vs 3.2 months)
Modality	Bi-specific	CAR-T	Targeted radio

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* FDA prescribing label
DLBCL – Diffuse large B-cell lymphoma

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Closing Remarks

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Key Iomab-B and SIERRA Takeaways

Addresses Clear Unmet Need

Makes BMT Possible for Patients with Active Disease

Improved Access

Unprecedented BMT Access & Engraftment

Improved Outcomes

Increased 1-year and Median OS, Long-term Survival

Operational Excellence

Focused on Execution at the Point of Care

Highly Favorable Commercial Dynamics in US, Europe

3P's, 2C's Align Toward Success, Immedica EU Partnership Provides Advantage

Iomab-B Compares Favorably Versus Other Radiotherapy Assets

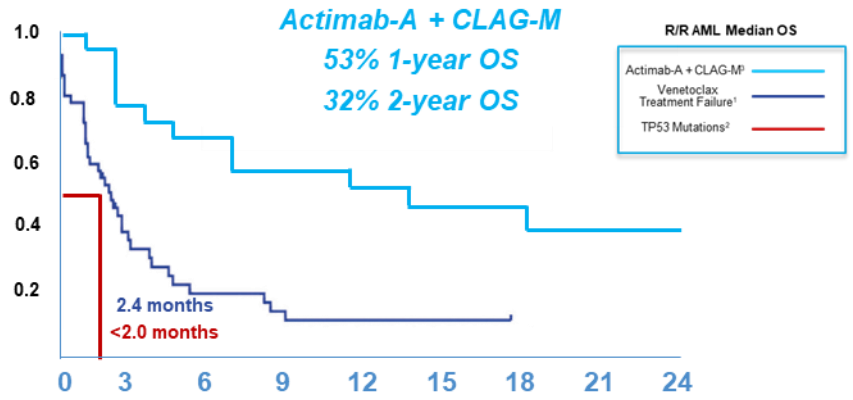
Radiotherapies have commanded premiums based on scarcity of late-stage programs

	LUTATHERA® Lutetium (¹⁷⁷Lu) oxodotreotide	PLUVICTO™ lutetium Lu 177 vipivotide tetraxetan	Xofigo® radium Ra 223 dichloride	Iomab-B
Indication	**GEP-NETs**	**mCRPC**	**mCRPC**	**Active, R/R AML age 55+**
Developer	Advanced Accelerator Applications	ENDOCYTE	ALGETA	
Stage of Development at Acquisition/Current Stage	Approved in EU, NDA filed with FDA	Phase 3	Approved	Phase 3
Acquirer/Sponsor of Phase 3	NOVARTIS	NOVARTIS	BAYER	Independent
Initial Addressable U.S. Patient Opportunity	~4,900[1]	~25,000[2]	~6,000[3]	~8,000[4]
Data Supporting Multi-Disease Potential	No	No	No	Yes
Potential Future Addressable U.S. Patient Opportunity	~12,000[5]	~27,000[6]	~4,000[7]	100,000+ Malignant + Non-Malignant Heme Patients[8]
Justification for Updated Patient Opportunity	Improved diagnostics & awareness	Moving to 2nd line treatment setting	Improved Therapeutic Options	Indication Expansion in BMT, Cell & Gene Therapy
Purchase Price/Market Cap	$3.9 Billion	$2.1 Billion	$2.9 Billion	~$350 million market cap[9]

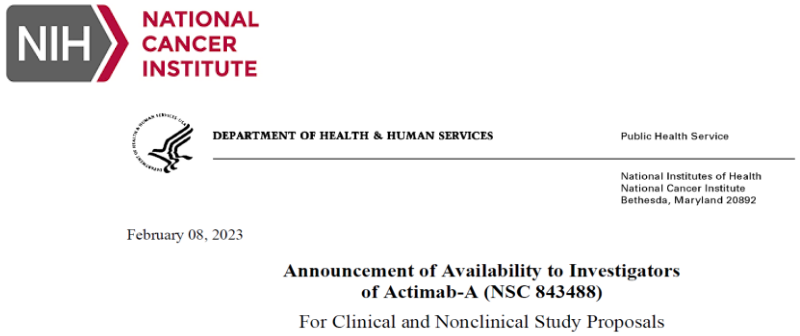
1) Advanced Accelerator Applications ADR Prospectus dated 11/17/2014; 2) Novartis R&D Day 2018; 3) Bayer Investor Handout May 2019 and Actinium Estimates; 4) Actinium Estimates; 5) FDA incidence rate 2018; 6) Novartis Q4/FY 2022 Results; 7) Actinium Estimates; 8) SEER Database and CIBMTR 2021 Summary Slides and Report; 9) As of February 17, 2023 per Bloomberg

Actimab-A Development Bolstered By Recent NCI CRADA

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



- Survival benefit in CLAG-M combination demonstrates potential in high-risk, heavily treated R/R patients
- 150 patients treated with Actimab-A as monotherapy or combination, most clinical experience with Ac-225 isotope
- Broad applicability – agnostic to mutations and cytogenetics enables broad utilization


NIH NATIONAL CANCER INSTITUTE

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

February 08, 2023

Announcement of Availability to Investigators of Actimab-A (NSC 843488)

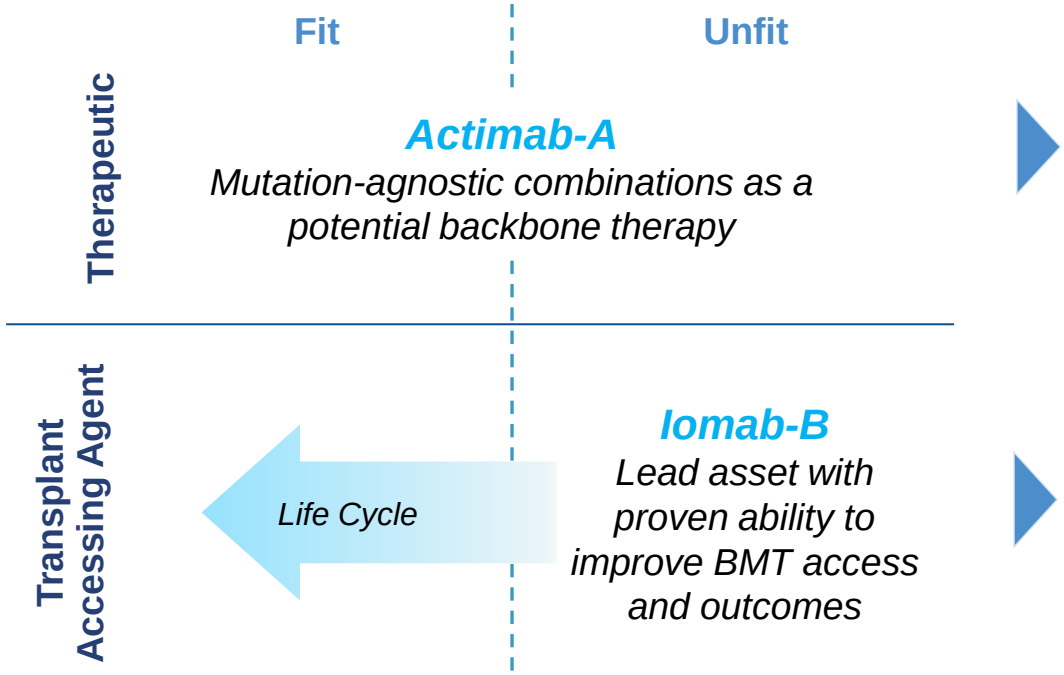
For Clinical and Nonclinical Study Proposals

- CRADA provides access to 2,000 clinical trial sites in Experimental Clinical Trial Network – ECOG, SWOG and Alliance and 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'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



Companies 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 large hospitals

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Q&A

Actinium Pharmaceuticals, Inc.

Actinium Pharmaceuticals, Inc.

Thank you

Actinium Pharmaceuticals, Inc.