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New Hope in a Rare Disease

TRALA Trial of TLX66 (^{90}Y-besilesomab) in SALA – Shareholder Update

25 May 2021

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Executive Summary – New Hope in a Rare Disease

Systemic Amyloid Light-Chain Amyloidosis (SALA): A rare disease with few treatment options

- Plasma cells in the bone marrow produce abnormal protein called ‘amyloid’ which accumulates in the organs, causing them to fail.
- Incidence rate of ~12 per 1,000,000 population per annum, estimated prevalence of 30,000 to 45,000 patients in the United States and the European Union.(1)
- **~USD $600M** addressable market for US/EU5.
- **Current standard of care** for transplant conditioning uses toxic chemotherapeutic bone marrow conditioning regimens, with **significant morbidity and mortality.**(2)
- A novel CD38 monoclonal antibody, daratumumab has potential as an initial therapy for patients but is not curative or suitable for all patient populations.

TLX66 (^{90}Y-besilesomab) is a potential therapeutic platform for SALA

- Potential for significantly **reduced toxicity** and **improved tolerability** compared with existing chemotherapeutic conditioning approaches.
- **Successful engrafting** of patients without the use of aggressive (in terms of morbidity/mortality) therapeutic approaches such as chemotherapy/melphalan.
- Potential for significantly **reduced hospitalisation** time and favourable health economic profile.
- Opportunity in **older patients** and those with **other morbidities, advanced disease or complications** of their disease.
- Potential to expand TLX66 into conditioning in other stem cell transplantation (SCT) areas.
    - **Pediatric use** already in clinical trials.

Encouraging data to take forward in this rare disease

- Develop **pivotal registration study** design in collaboration with the Amyloid community of patients and physicians.
- **Extend orphan indication in US** (EU orphan designation is for “treatment in haematopoietic stem cell transplantation”).
- **Present development plans to FDA and EMA.**
- **Expand into other areas of SCT**, including reduced intensity conditioning and other rare diseases.
    - **Independent academic Pediatric Phase II study** of TLX66 at leading London Children's hospital awaiting ethics approval.

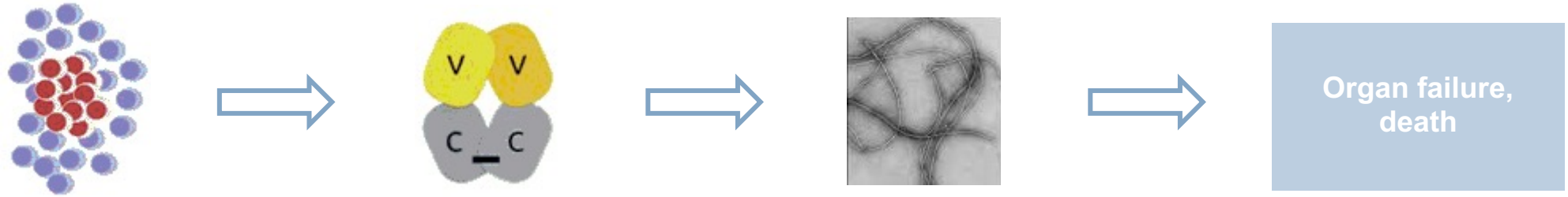
Notes: 1. Quock TP et al. Blood Advances. 2018.
2. Hasib Sidiqi M et al. Journal of Clinical Oncology. 2018

What is SALA?

Systemic Amyloid Light-Chain Amyloidosis

- B-cell disorder localized to the bone marrow.
- Rare disease with with an significant impact on survival.(1)
- Amyloid accumulation from faulty plasma cells leads to multiple organ failure.
- Prevalence of 30,000 to 45,000 patients in the United States and the European Union(2), ~USD $600M addressable market for US/EU5.

- Current standard of care comprises induction therapy (cyclophosphamide, bortezomib, dexamethasone) plus high dose melphalan bone marrow conditioning (BMC), followed by HSCT(3):
  - This is only accessible to 10-15% of patients being able to tolerate treatment and has high treatment-related mortality even with careful patient selection.
  - If a complete response is achieved, patients can live 10 yrs+.
  - Daratumumab is showing potential to improve outcomes but is not curative or suitable for all patient populations.
  - Role for SCT will be in recurrence / no responders / ineligible / advanced disease.
- Existing condition regimens have serious life-threatening side effects due to high dose melphalan: Mucositis, sepsis, nausea, vomiting, diarrhoea causing extended in-patient care.
- A more tolerable SCT condition regimen has potential to increase the number of patients successfully treated with this standard.



Dysfunctional plasma cells | **Free antibody light chain** | **Amyloid fibrils, accumulate in organs**

Notes:
1. See: https://onlinelibrary.wiley.com/doi/full/10.1002/ajh.23828
2. Quock TP et al. Blood Advances. 2018.
3. Venner C, et al. Cyclophosphamide, bortezomib, and dexamethasone therapy in AL amyloidosis is associated with high clonal response rates and prolonged progression-free survival. *Blood.* (2012) 119 (19): 4387–4390.

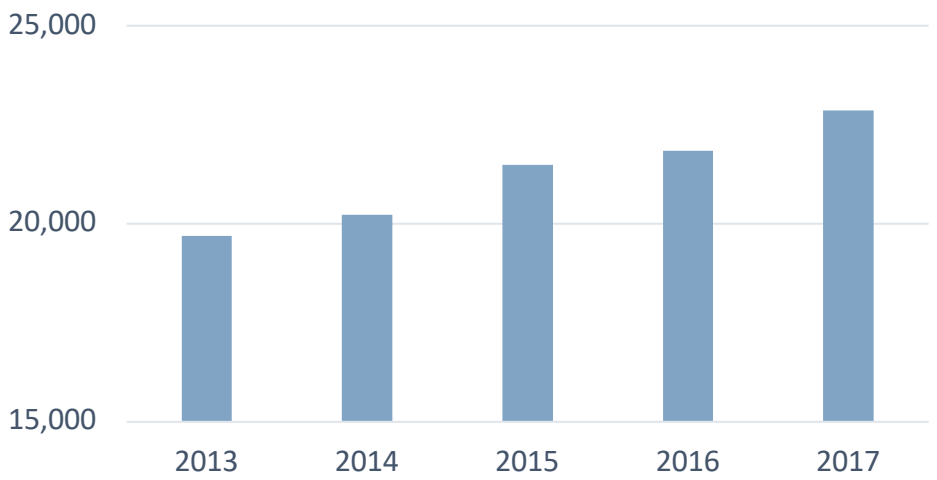
Unmet Medical Need for HSCT Transplantation

The number of transplants, and indications for transplant continue to increase year on year

Use of hematopoietic stem cell transplantation (HSCT) is growing[1] in malignant hematological conditions and expanding in non-hematological malignancies as well as rare / immune-mediated diseases.

Conditioning with chemotherapy is associated with high levels of toxicity, and excludes patients who could not tolerate chemotherapy, for example those with rare complex diseases.

Total number of HSCTs performed in the U.S. and reported to CIBMTR[1]



Notes: 1. Average annual growth is >20% according to the Center for International Blood and Marrow Transplant Research (CIBMTR).

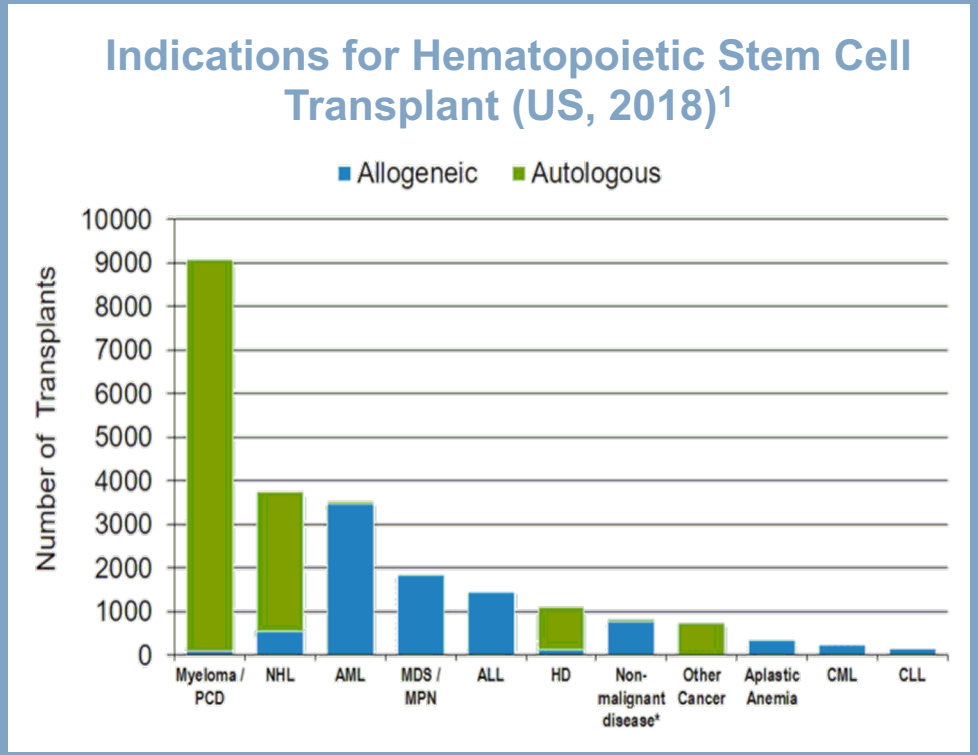
TLX66 + HSCT is a Potential Therapeutic Platform for SALA

^{90}Y-anti-CD66-MTR is potentially an ideal BMC agent for HSCT

- Significantly reduced toxicity
- Improved tolerability

} ***Compared with existing chemotherapeutic approaches*** [1, 2]

- Potential for outpatient administration:
  - ✓ Reduced hospitalisation time
- Favourable **health economic profile** due to:
  - ✓ Reduced hospitalisation requirements
  - ✓ Reduced side effects from chemotherapy
  - ✓ Lower requirement for supportive care of the patient
- More **broadly applicable** in:
  - ✓ Older patients
  - ✓ Patients with other morbidities (e.g. poor renal function)
- Potential to extend in multiple other conditioning regimens including pediatric use



Notes:
1. Orchard KH, et al. Targeted radiotherapy in the conditioning prior to haematopoietic stem cell transplantation: results of a Phase I trial using an yttrium-90-labelled anti-CD66 murine monoclonal antibody demonstrating consistently high BM uptake. *Biol Blood Marrow Transplant*. 2006;12:10–11.
2. Fasslrinner F, et al. Radioimmunotherapy in Combination with Reduced-Intensity Conditioning for Allogeneic Hematopoietic Cell Transplantation in Patients with Advanced Multiple Myeloma. *Biol Blood Marrow Transplant.* 26 (2020) 691-697.

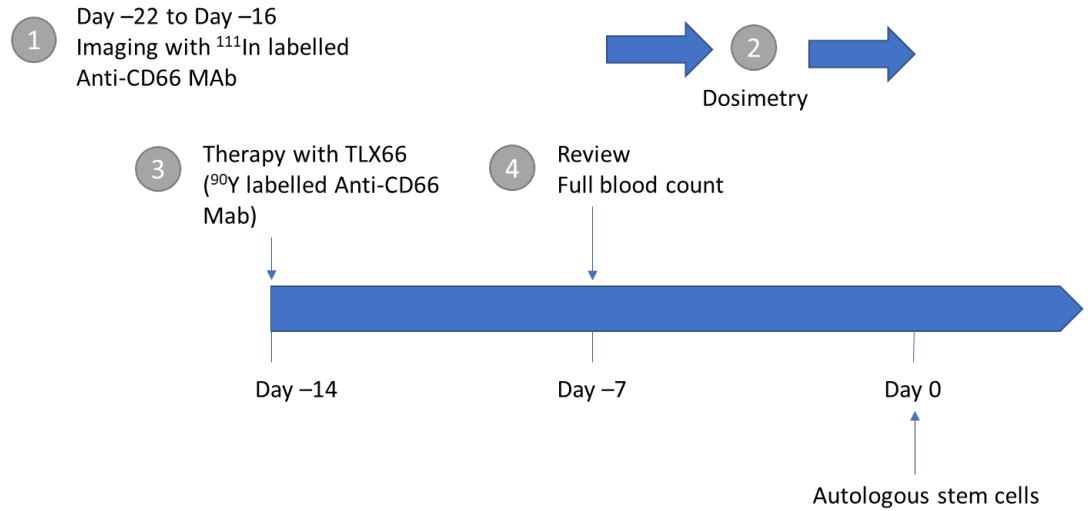
The TRALA Study

Targeted Radiotherapy for AL-Amyloidosis

- Phase I/IIa dose escalation of targeted radiotherapy alone for stem cell transplant conditioning in SALA.
- Key eligibility:
  - Diagnosis of new or recurrent systemic AL-amyloidosis.
  - Measurable clonal plasma cell dyscrasia.
  - Amyloid related organ dysfunction or organ syndrome.
  - Estimated life expectancy of at least 6 months.
- Primary outcome – tolerability.
- Secondary outcomes include disease response.

TRALA Treatment Protocol – Overview

Treatment Regime

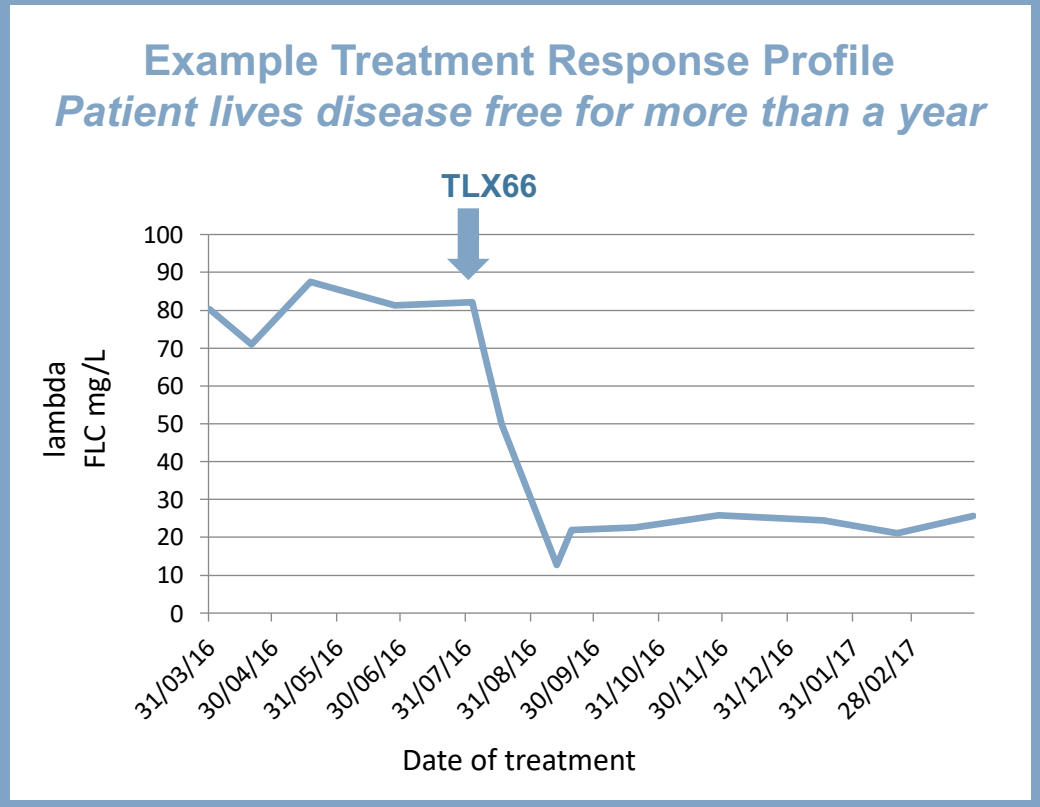


The TRALA Study – Phase I Results

A well-tolerated treatment successfully engrafting patients without chemotherapy

Nine patients with AL amyloidosis received TLX66 as the sole bone marrow conditioning agent prior to undergoing autologous HSCT.

- ALL completed the trial.
- ALL were successfully engrafted.
- Disease response as measured by fall in clonal free light chains (FLC) seen in seven out of the nine patients.
- Two of nine demonstrated a durable complete response (CR) within the first 100 days post-transplant.
- Reduction in the measurable malignant plasma cell was seen in six of eight evaluable patients.
- ALL patients remain alive with a reduced need for further Amyloid therapy.
- TLX66 demonstrated a favourable safety profile and was very well tolerated in all patients – especially in comparison to chemotherapy-based regimens.



Next Steps

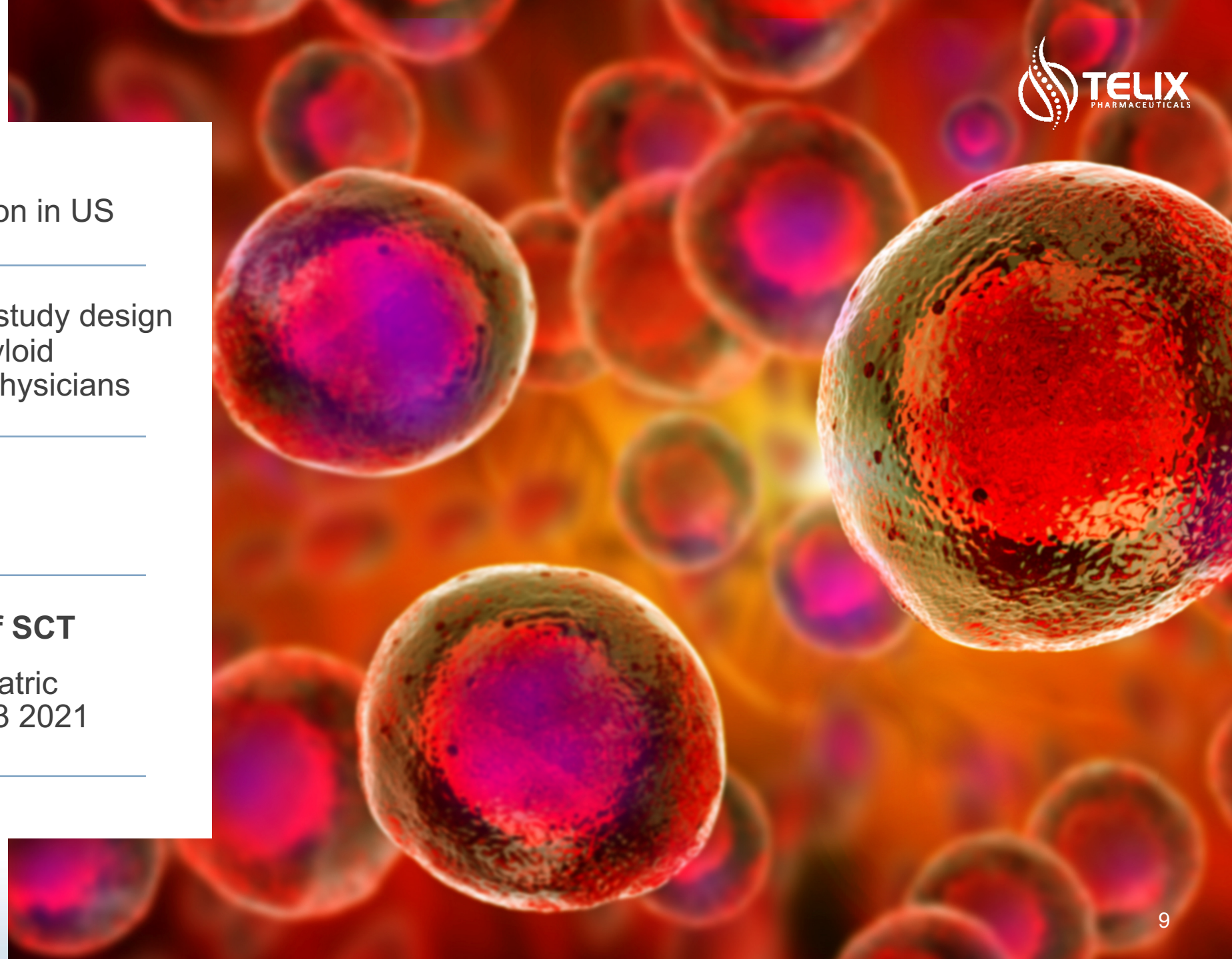
Extension of orphan indication in US

Develop pivotal registration study design in collaboration with the Amyloid community of patients and physicians

Present development plans to FDA and EMA in 2H 2021

Expand into other areas of SCT

Independent Academic Pediatric Phase II study planned in Q3 2021



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