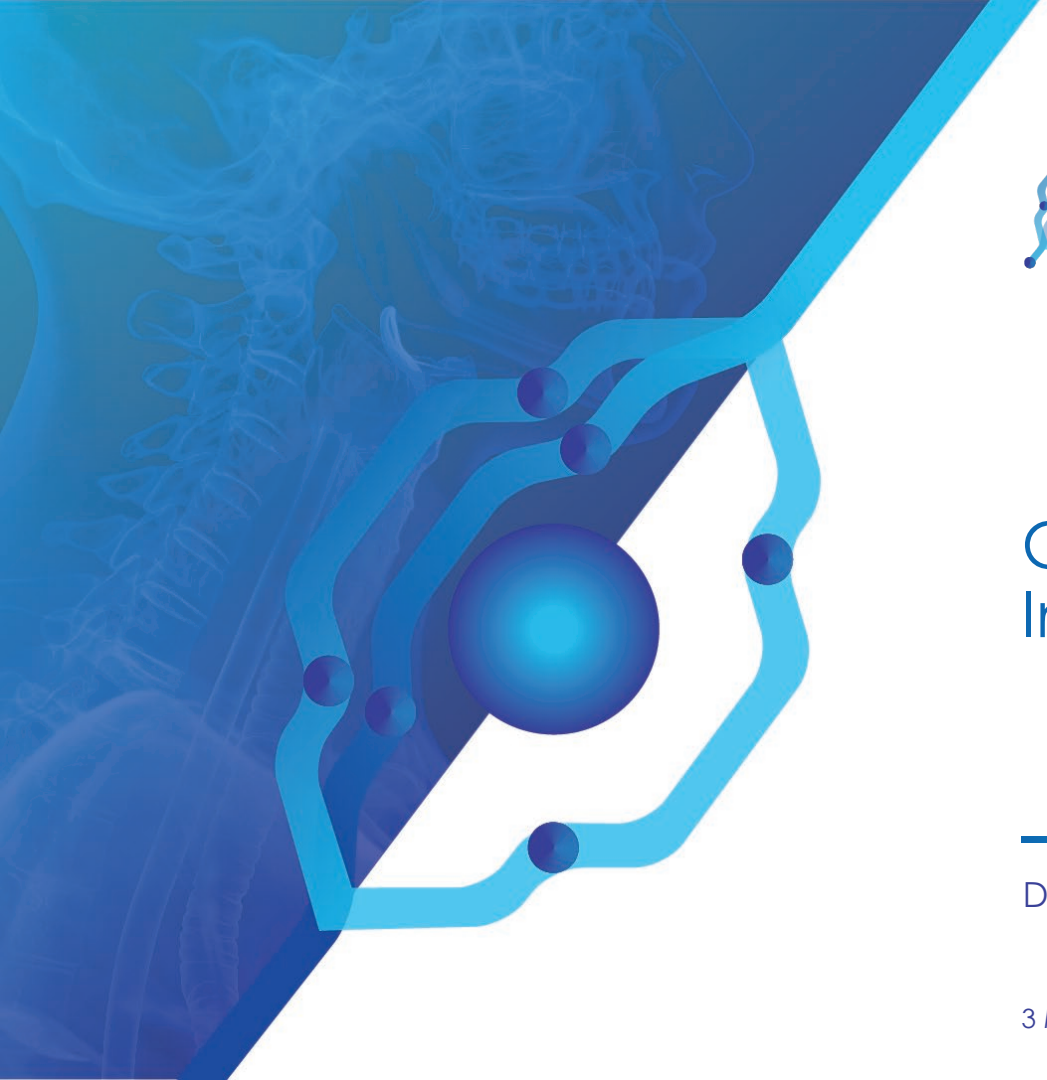

CLARITY
PHARMACEUTICALS

Clarity Pharmaceuticals Investor Presentation

Dr Alan Taylor, Executive Chairman

3 March 2022

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Clarity highlights

Clarity Pharmaceuticals (the "Company") is a clinical stage radiopharmaceutical company developing next-generation products to address the growing need for radiopharmaceuticals in oncology

Radiopharmaceutical company with highly differentiated product portfolio

- SAR-Technology: a true platform technology that can drive out a range of radiopharmaceuticals
- Next-generation products aiming to be best-in-class
- Focused on Targeted Copper Theranostics (TCT) with copper-64 for diagnostics and copper-67 for therapy
- Significant logistical advantages and a scalable, dependable supply
- Environmental advantages over current isotopes with no reliance on nuclear fuel cycle or long-lived waste products
- High accuracy and high precision by using the chemically identical products to diagnose and treat disease
- Radio-diagnostics will be first to market, generating revenue to fund late-stage therapeutic product approvals

1. **ASX code: CU6**
2. **Shares on issue: 256,332,546**
3. **Share Price: $0.655/share** (at close of 1 Mar 2022)
4. **Market Capitalisation: $167.9 M** (at close of 1 Mar 2022)
5. **Cash at bank: $97.5 M** (at 25 Feb 2022)
6. **Enterprise value: ~$70.4 M**
7. **Trading range: $0.615-1.710** (52 week)

Radiopharmaceutical sector transactions

The radiopharmaceutical market is niche and highly acquisitive

Advanced Accelerator Applications

Completed Phase 3 with Lutathera® in Sep 2015, market entry was early 2018

Acquired by Novartis for USD3.9 billion in cash in 2018

ENDOCYTE

Licensed PSMA-617 after Phase 2a for ~USD14 million upfront with additional milestones and royalties. Their market cap. over USD1 billion after FDA meeting and financing to start a Phase 3 trial

October 2018, Novartis announced the acquisition of Endocyte for USD2.1 billion

ALGETA

Bayer acquired Algeta ASA for USD2.9 billion in 2014 to develop its metastatic prostate-cancer product Xofigo®

CURIUM™ LIFE FORWARD

IBA Molecular acquired Mallinckrodt's nuclear imaging business for USD690 million in 2017

IPSEN Innovation for patient care

Acquired OctreoPharm Sciences (radiopharm company) for ~ EUR50 million in 2015

Licensed 3B Pharma pancreatic treatment for milestones to ~ EUR80 million in 2016

BLUE EARTH DIAGNOSTICS A Bracco Company

Syncona completed sale of Blue Earth Diagnostics to Bracco Imaging for $476.3m (£390.2m) in 2019

Progenics Pharmaceuticals

Acquired by Lantheus Holdings for approximately USD430 million in 2020

POINT BIOPHARMA

POINT Biopharma Global Inc., commenced trading on NASDAQ on July 1, 2021, receiving gross proceeds of USD286.7 million following a business combination with a SPAC

Overview

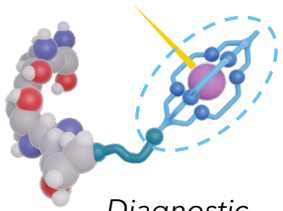
Clarity's mission is to improve treatment outcomes for children and adults with cancer

Targeted Copper Theranostics ("TCT")

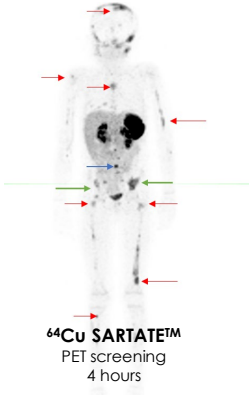
Clarity uses a "perfect pair" of copper radioisotopes

Positron emission (PET imaging) for diagnosis

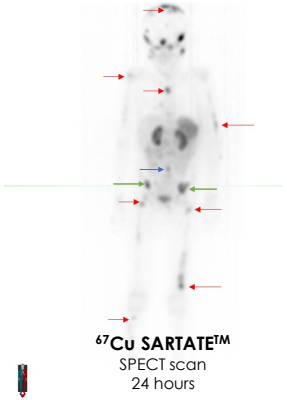
^{64}Cu SARTATE™



Diagnostic

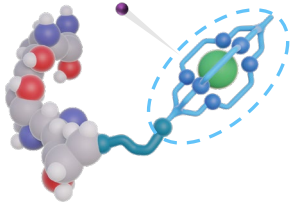


^{64}Cu SARTATE™
PET screening
4 hours



^{67}Cu SARTATE™
SPECT scan
24 hours

^{67}Cu SARTATE™



Therapeutic

Beta particle (β^-) emission for therapy

SAR Technology platform

Superior chelator ("cage") for copper radioisotopes – the foundation for Clarity's product portfolio

Indication	Prostate Cancer		Breast Cancer	Neuroblastoma	Neuroendocrine tumours
Product	SAR-bisPSMA	SAR-Bombesin	SAR-Bombesin	SARTATE™	SARTATE™
Application	Theranostic	Diagnostic	Diagnostic	Theranostic	Diagnostic
Trial	SECuRE / PROPELLER / COBRA	TGA Special Access Scheme	C-BOBCAT – results in 2022	CL04	DISCO

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Clarity's clinical development pipeline

Clarity's products are progressing through Phase I and Phase II clinical trials with two open IND applications that received clearance to proceed to clinical trials from the FDA, two RPDDs and two ODDs from the FDA

Clinical development pipeline February 2022

Indication	Product		Discovery	Preclinical	Phase I	Phase 2	Phase 3	Next Milestone
Prostate Cancer	SAR-bisPSMA	Theranostic mCRPC						First therapy treatment
	SAR-bisPSMA	Diagnostic in pre-radical prostatectomy						Recruitment complete
	SAR-bisPSMA	Diagnostic in BCR PCa						1st patient treated in COBRA
	SAR-BBN	Diagnostic in BCR PCa						Open IND for ^{64}Cu SAR-BBN
	SAR-BBN	Theranostic						Open IND for ^{67}Cu-SAR-BBN
Neuroblastoma	SARTATE™	Theranostic						Cohort 2 completed
	SARTATE™	Diagnostic						Open IND for NB Dx
NETs	SARTATE™	Diagnostic						50% recruitment in DISCO
Pan cancer (GRPr positive tumours)	SAR-BBN	Diagnostic						1st patient in GRPr +ve tumour
SAR Discovery Platform	Undisclosed	Undisclosed						
	Undisclosed	Undisclosed						

Current progress | 12 month progress

Robust clinical trial strategy

- Developing products for both rare and large indications with high unmet needs
- Focus on high quality clinical sites and experienced investigators
- Positioning products to maximise opportunity in current treatment paradigms
- Targeting the lucrative US market for first product approvals

Note clinical development pipeline is indicative only, subject to review.
All US studies are conducted under IND

Clinical Update

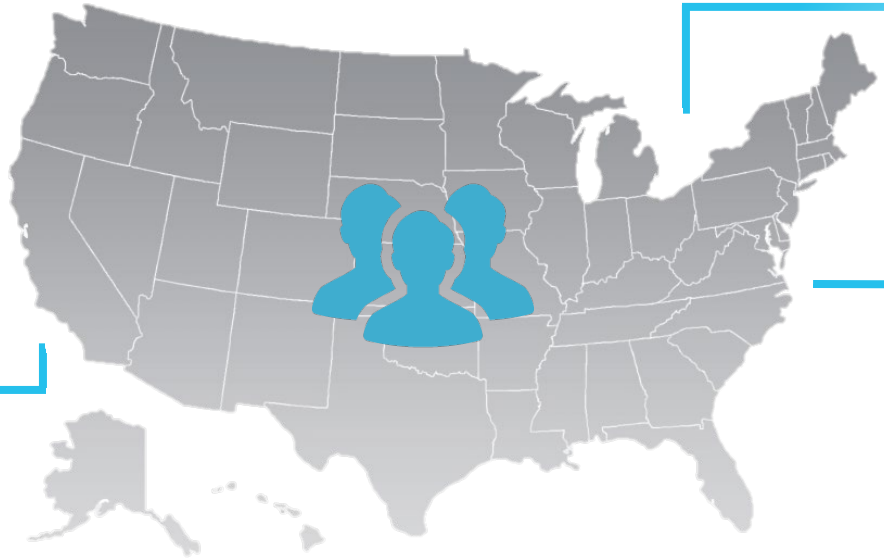
US prostate cancer in numbers

1:8

US men will develop prostate cancer in their lifetime

2nd

most common cancer in US men



34,130

men will die annually of prostate cancer in the US

>3.1M

living with prostate cancer today in US

248,530

new cases of prostate cancer in the US in 2021[1]

Currently investigated in our diagnostic strategy in prostate cancer

>200,000
Patients in the US diagnosed with localised/regional disease annually[2]

~45,000
Patients in the US diagnosed annually with mCRPC

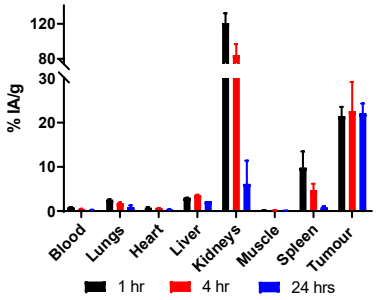
Currently investigated in our theranostic strategy in mCRPC

(1) American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021.
(2) Siegel DA, O'Neil ME, Richards TB, Dowling NF, Weir HK. Prostate Cancer Incidence and Survival, by Stage and Race/Ethnicity — United States, 2001–2017. MMWR Morb Mortal Wkly Rep 2020;69:1473–1480.

SAR-bisPSMA: Pre-clinical data

SAR-bisPSMA has ideal product characteristics for a radiopharmaceutical

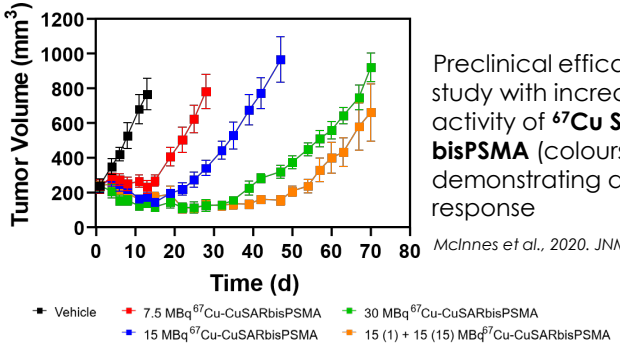
High uptake and retention in tumour



Preclinical biodistribution study demonstrating high uptake and retention of **^{64}Cu SAR-bisPSMA** in tumours with rapid clearance from non-target organs

Zia et al., 2019. Ang.Chem

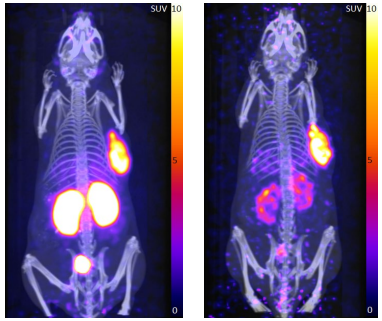
Significant anti-tumour effect



Preclinical efficacy study with increasing activity of **^{67}Cu SAR-bisPSMA** (colours) demonstrating dose response

McInnes et al., 2020. JNM

Rapid kidney clearance of non-bound activity



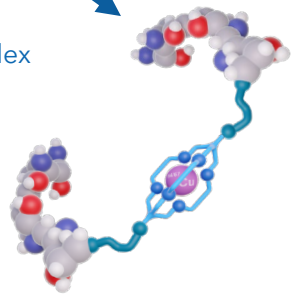
1 hr 24 hr

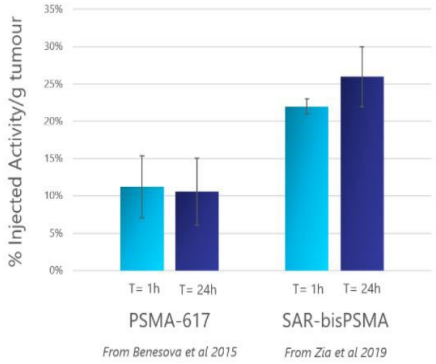
Tumour targeting and superior retention over 24 hours

PET images showing **^{64}Cu SAR-bisPSMA** targeting to tumours over time and rapid kidney clearance

'Bis-PSMA'

The term "bis" is used to denote the presence of two identical but separate complex groups in one molecule





SAR-bisPSMA therapy in mCRPC

SECuRE

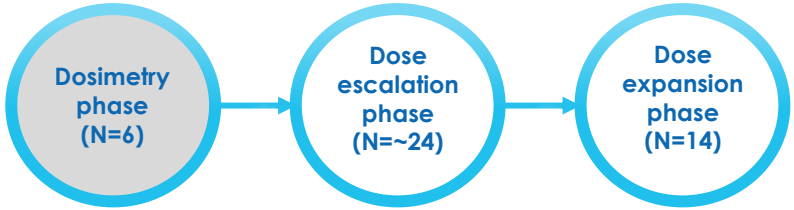
SECuRE: Systemic Copper theranostics in prostate cancer (NCT04868604)

Phase I/IIa study of $^{64}Cu/^{67}Cu$ SAR-bisPSMA for identification and treatment of PSMA-expressing mCRPC

PIs: Dr Scott Tagawa/Dr Geoff Johnson

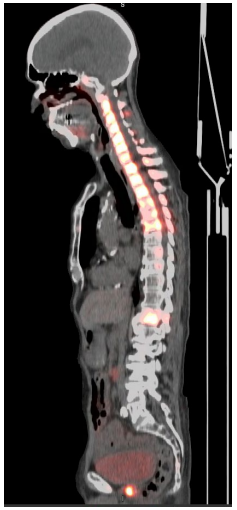
- Theranostic multi-centre, single arm, dose escalation study with a cohort expansion planned for up to 44 patients
- ***Dosimetry phase with ^{64}Cu SAR-bisPSMA in mCRPC completed***
- ***Safety Review Committee has agreed to proceed to dose escalation***
- ***First therapy patient estimate: April 2022***

SECuRE study design



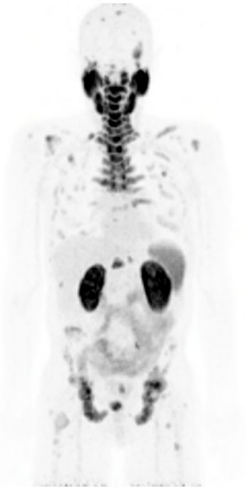
Preliminary imaging results from the dosimetry phase of the theranostic SECuRE clinical trial

^{64}Cu SAR-bisPSMA PET/CT

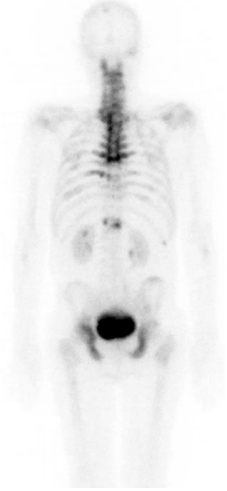


12hr ^{64}Cu SAR-bisPSMA PET/CT Fused Sagittal

Comparison of 1h ^{64}Cu SAR-bisPSMA PET with ^{99m}Tc-MDP Bone Scan



1h ^{64}Cu SAR-bisPSMA PET



^{99m}Tc-MDP WB Bone Scan

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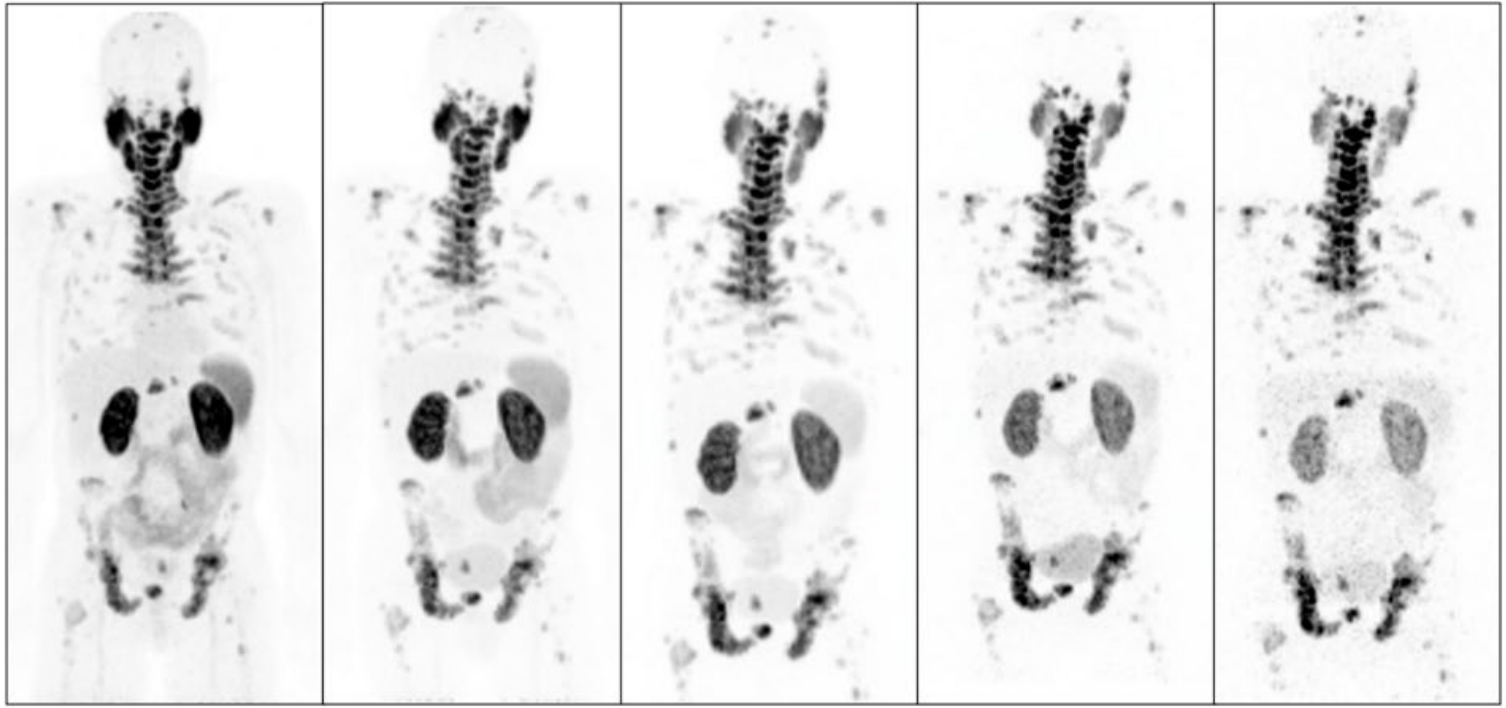
SAR-bisPSMA therapy in mCRPC

SECURE

PET scans in a patient with metastatic castrate-resistant prostate cancer imaged over multiple timepoints between 1 and 72 hours post administration of ^{64}Cu SAR-bisPSMA (Normalized Voxel Intensity)



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SAR-bisPSMA diagnostics

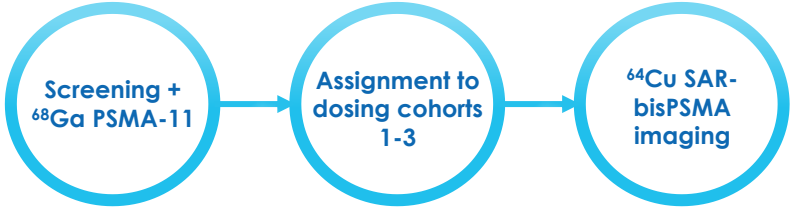
Two Phase III trials required for registration: one in the pre-definitive treatment and one in the BCR setting

PROPELLER: PET Imaging of participants with confirmed prostate cancer

Phase I multi-centre, blinded review, dose ranging, non-randomised study in 30 patients across Australia (NCT04839367)

- Recruiting in early phase prostate cancer in participants with **untreated, confirmed prostate cancer and planned for radical prostatectomy**
- Compare ^{64}Cu SAR-bisPSMA to ^{68}Ga PSMA-11, the Standard of Care for prostate cancer imaging in Australia
- ***Reached 50% recruitment in December 2021***
- ***Phase III US-based registrational trial in this patient population planned in 2023***

PROPELLER study design



COBRA: Copper-64 SAR-bisPSMA in biochemically recurrent prostate cancer

Phase I/II multi-centre, single arm, non-randomised study in up to 50 patients across the US

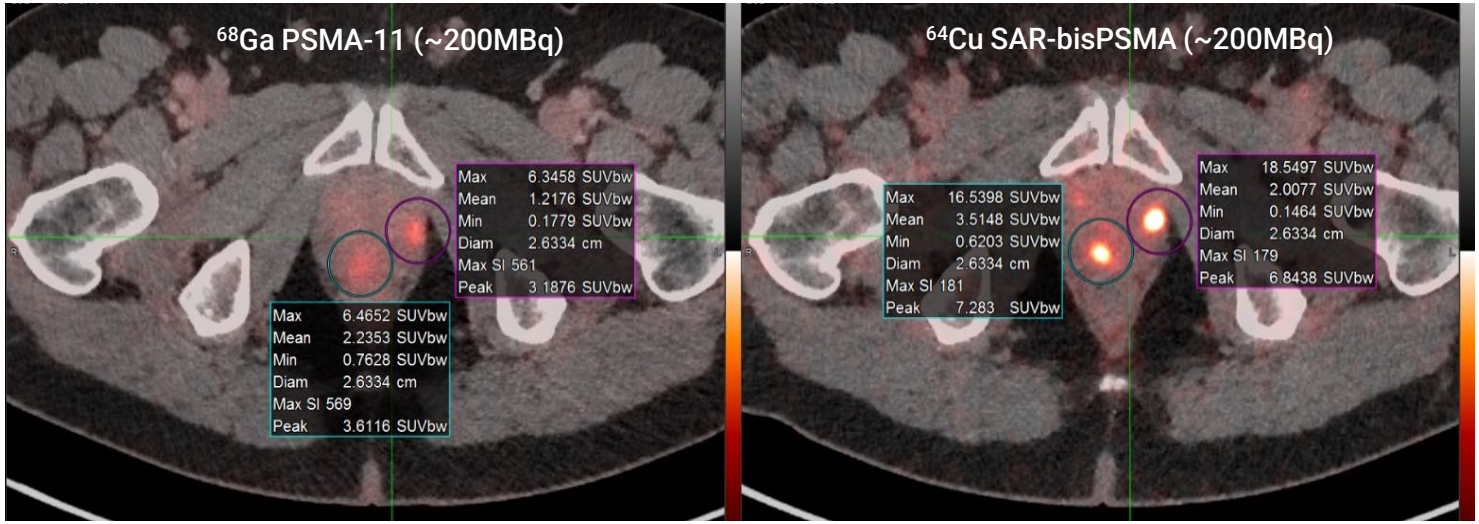
- Participants with **biochemical recurrence (BCR) of prostate cancer following definitive therapy**
- Investigate safety and tolerability of ^{64}Cu-SAR-bisPSMA as well as its ability to correctly detect recurrence of prostate cancer
- ***Recruitment to commence in April 2022***
- ***Phase III US-based registrational trial in this patient population planned in 2023***

COBRA study design

SAR-bisPSMA diagnostic in untreated, confirmed prostate cancer

PROPELLER

^{68}Ga PSMA-11 (~200MBq, left) vs. ^{64}Cu SAR-bisPSMA (~200MBq, right) in the same patient; time between serial imaging was 8 days. Standardised Uptake Value (SUVmax)* of the lesions were 6.5 and 6.3 for ^{68}Ga PSMA-11 and 16.5 and 18.5 for ^{64}Cu SAR-bisPSMA



**SUV is a measurement of product uptake in tissue normalised to a distribution volume*

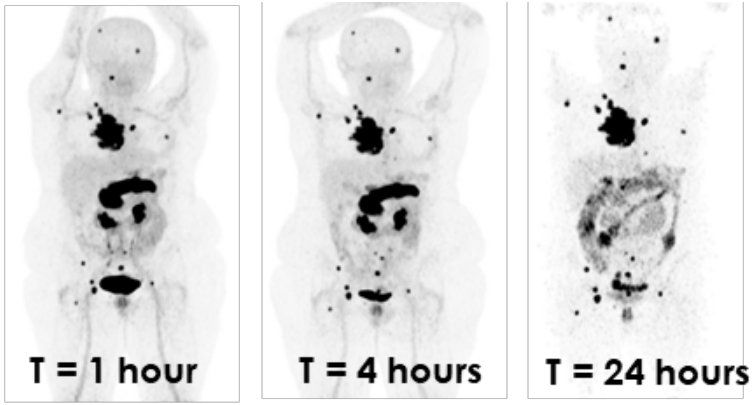
SAR-Bombesin: A pan-cancer target

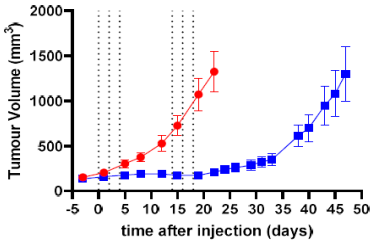
SAR-Bombesin is a highly targeted pan-cancer theranostic radiopharmaceutical being developed for identifying and selecting patients for subsequent treatment of their cancers that express gastrin releasing peptide receptor (GRPr)

SAR-Bombesin

- GRPr is a receptor that is overexpressed in a number of cancers including prostate, breast, colon, gastric, glioma, pancreatic, small cell lung and non-small cell lung cancer, as well as renal cell cancer
- 75%-100% of prostate cancers express GRPr
- 83% of estrogen receptor (ER) positive breast cancers express GRPr
- ^{64}Cu/^{67}Cu SAR-Bombesin is under investigation as a theranostic pairing to treat breast and prostate cancer patients with tumours that express GRPr

^{64}Cu SAR-Bombesin in hormone positive metastatic breast cancer





Control group
^{67}Cu-SAR-Bombesin treated group

Efficacy of ^{64}Cu SAR Bombesin in a mouse model of prostate cancer

^{67}Cu SAR-Bombesin has demonstrated an anti-tumour effect in preclinical models of prostate cancer, when compared to the control group

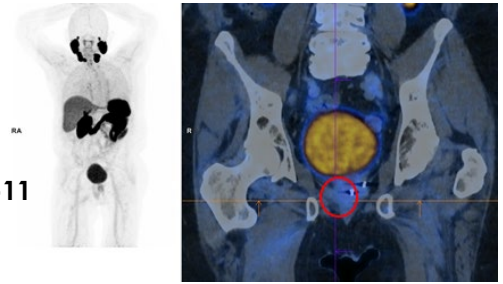
SAR-Bombesin in prostate cancer

Detection of PSMA-negative prostate cancer (PC)

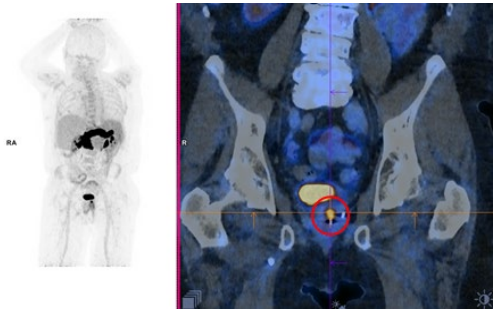
- **~10%** of prostate cancer patients do not **express PSMA**
- PSMA negative prostate cancer patients will not respond to PSMA imaging or therapy
- **75-100%** of prostate cancer patients **express GRPr**
- Diagnosis and treatment of these patients with TCTs targeting GRPr opens new possibilities
- Significant clinical synergies with existing SAR-bisPSMA program for clinical and development and regulatory affairs

^{68}Ga PSMA-11 (top) images of a PSMA-negative patient with clinical signs of PC (a rising PSA score of 0.16 ng/mL) and ^{64}Cu SAR-Bombesin PET/CT images of the same patient (bottom)

^{68}Ga PSMA-11

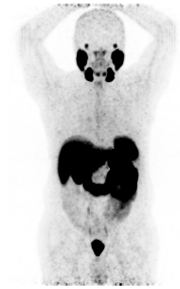


^{64}Cu SAR-Bombesin

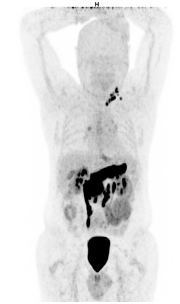


^{68}Ga PSMA-11 (top) images of a PSMA-negative patient with history of PC (a rising PSA score of 25 ng/mL) and ^{64}Cu SAR-Bombesin PET/CT images of the same patient (bottom)

^{68}Ga PSMA-11



^{64}Cu SAR-Bombesin



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SAR-Bombesin clinical development

C-BOBCAT: Recruitment closed in October 2021

First-in-human pilot trial assessment of the diagnostic value of ^{64}Cu SAR-Bombesin PET/CT imaging for staging of hormone positive breast cancer patients with metastatic disease in comparison with standard of care imaging (CT, bone scan and ^{18}F FDG PET/CT)

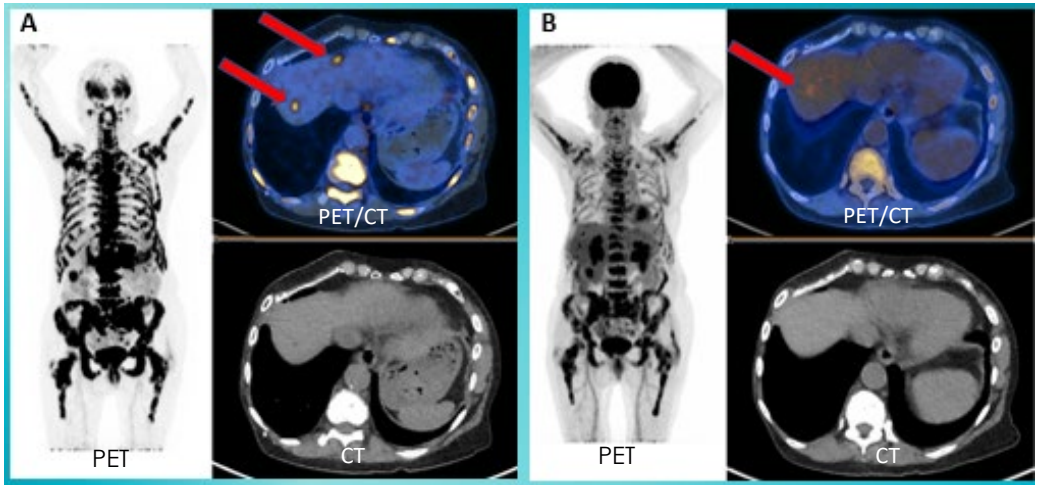
- Study Sponsor: St Vincent's Hospital, Sydney
- PI: Prof. Louise Emmett

- Preliminary data from the C-BOBCAT trial shows that ^{64}Cu SAR-Bombesin is highly avid with a high tumour volume compared to ^{18}F FDG in some patients
- Preliminary results indicate ^{64}Cu SAR-Bombesin may have a role in imaging patients with hormone positive breast cancer

Future trials

- ***^{64}Cu-SAR-Bombesin diagnostic trial*** *in PSMA negative prostate cancer patients to open in 1H2022 under an IND*
- ***$^{64/67}$Cu-SAR-Bombesin theranostic trial*** *to follow under therapy IND to be lodged 2H2022*

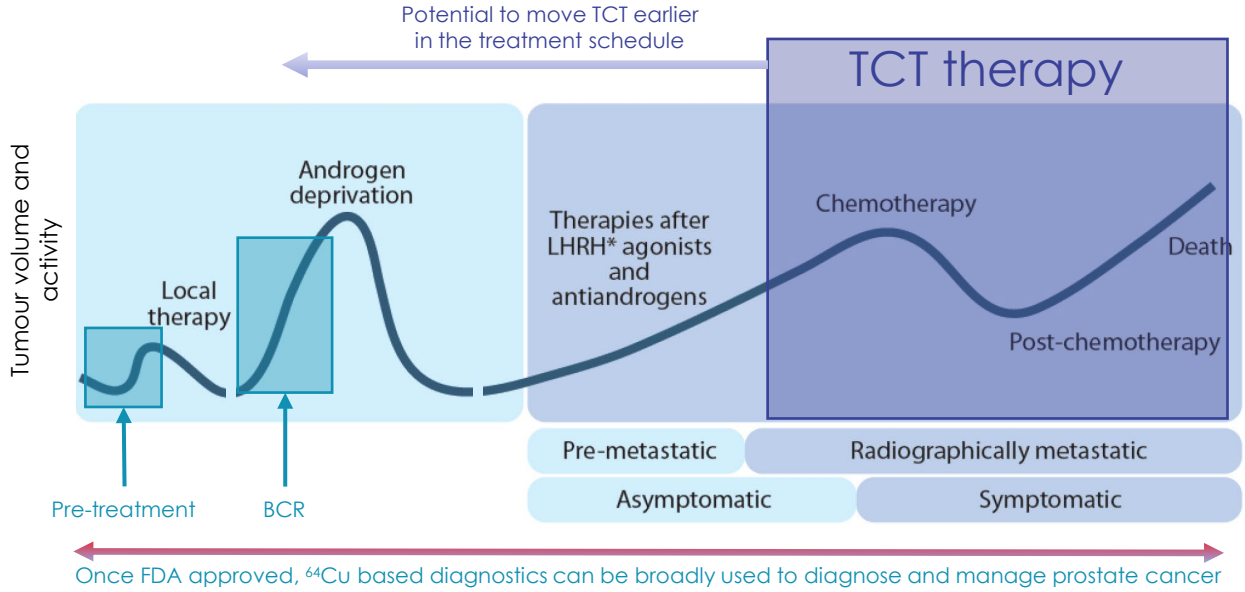
C-BOBCAT: One hour post ^{64}Cu-SAR-Bombesin administration in a breast cancer patient



ST VINCENT'S HOSPITAL SYDNEY

CLARITY PHARMACEUTICALS

Development of TCT across the prostate cancer indications



PSMA +ve PCa	SAR-bisPSMA	SAR-bisPSMA (mCRPC)
PSMA –ve PCa	SAR-Bombesin	SAR-Bombesin (mCRPC)

Diagnostic trials in settings requested by the US FDA for broad registration

Theranostic studies post-anti-androgens

SARTATE™ – next generation theranostic

SARTATE™ is a highly targeted theranostic radiopharmaceutical which is being developed for diagnosing, staging and subsequently treating cancers that express somatostatin receptor 2 (SSTR2)

Current clinical development

- ^{64}Cu SARTATE™ for the management of neuroblastoma
- ^{67}Cu SARTATE™ for the treatment of neuroblastoma
- ^{64}Cu SARTATE™ for the management of NETs

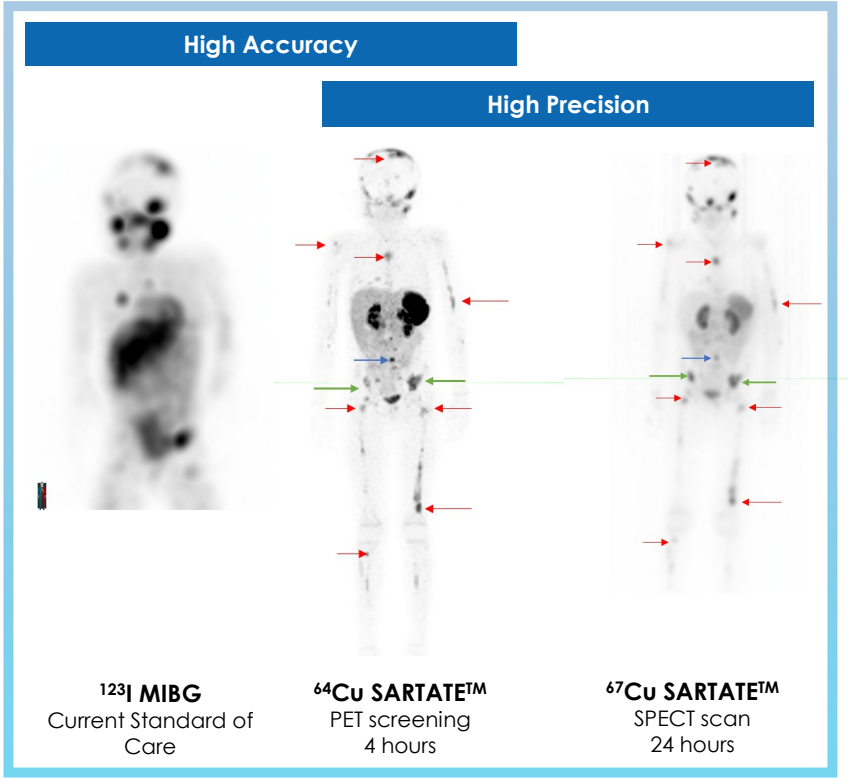
Future opportunities

- Other SSTR2 positive diseases, including but not limited to pancreatic and gastrointestinal cancer, pulmonary NETs, meningiomas

Regulatory milestones

Clinical progress	• Open US FDA IND for $^{64/67}$Cu SARTATE Neuroblastoma clinical trial (NCT04023331) in the US • Phase II ^{64}Cu SARTATE Neuroendocrine Tumours clinical trial in progress
Rare Paediatric Disease Designation	US FDA Rare Paediatric Disease Designation (RPDD) for: • ^{67}Cu SARTATE granted (neuroblastoma therapy) • ^{64}Cu SARTATE granted (management of neuroblastoma)
Orphan Drug Designation	US FDA Orphan Drug Designation (ODD) for: • ^{67}Cu SARTATE granted (neuroblastoma therapy) • ^{64}Cu SARTATE granted (management of neuroblastoma)

- RPDDs may potentially allow to access 2 Priority Review Vouchers, which are tradeable and have recently transacted at approximately US$110M



(in the same patient)

SARTATE™: Clinical trials

SARTATE™ CL04: ^{67}Cu-SARTATE™ Peptide Receptor Radionuclide Therapy Administered to Pediatric Patients With High-Risk, Relapsed, Refractory Neuroblastoma (NCT 04023331)

- ^{64}Cu/^{67}Cu SARTATE™ Phase I/IIa trial in high-risk neuroblastoma in the US with up to 34 patients
- Multi-centre, dose-escalation, open label, non-randomised, theranostic clinical trial
- Recently commenced cohort 2 in the therapy trial

Neuroblastoma is one of the most aggressive childhood cancers

- 800 new cases each year in the US and the most common cancer in infants
- Neuroblastoma accounts for approximately 13% of paediatric cancer mortalities
- Approximately 84% of neuroblastomas express SSTR2

DISCO: Diagnostic Imaging Study of Copper-64 SARTATE using PET on patients with known or suspected NETs (NCT 04438304)

- Assessing the performance of imaging agent ^{64}Cu SARTATE™ in participants with known or suspected gastroenteropancreatic NETs as a potential new way to help diagnose and manage NETs
- Phase II study recruiting in 63 patient trial at four sites in Australia with ^{64}Cu SARTATE™ manufactured centrally in Australia
- Aims to capture and highlight the significant advantages of the longer half-life (12.7 hours) of copper-64, related to imaging and product supply which are relevant to Clarity's entire pipeline of products in development
  - Comparing diagnostic performance of ^{64}Cu SARTATE™ at 4 and 20 hours to the current standard of care, ^{68}Ga DOTATATE, at one hour

Supply and Logistics

Enabling universal access to PET imaging with ^{64}Cu

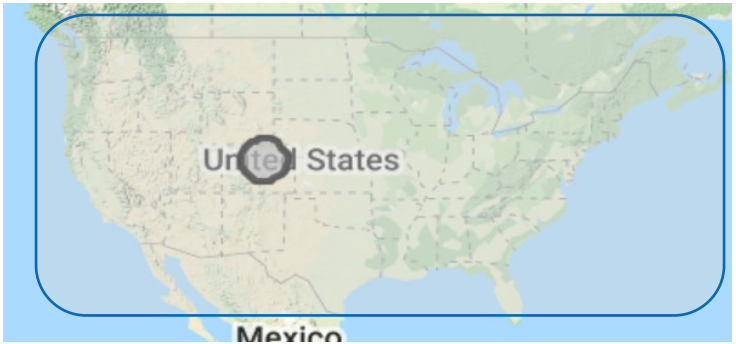
The future of PET radioisotope supply is dependable, scalable and customer focused

^{68}Ga and ^{18}F

- Regional availability issues
- Limited scope for future upscaling
- Little patient flexibility with 3-12 hour shelf life
- No opportunity for delayed imaging timepoints
- Complicated and resource intensive local production requirements
- Relatively high external radiation exposure
- OPEX and CAPEX needed in every market

"An F-18 PET center can provide doses for up to ten medical centers or PET cameras running patients in parallel"[1]

"Each (Ga-68) generator can only produce a sufficient amount of Ga-68 each day for a limited number of patients"[2]



^{64}Cu (half-life = 12.7h)

- Can be mass produced on cyclotrons with solid targetry
- Every US zip code covered from 1 location
- Patient flexibility with shelf life of up to 48 hours
- Operational flexibility with imaging timepoints up to 72 hours
- Delivered as a ready-to-use cGMP product
- 9-22 times lower exposure than commonly used ^{18}F products
- The ability to centralise investments and supply the country

1. MEDray intel, Nuclear Medicine Report and Directory Part 1, Volume 8, 2021 Page 163
2. Krishan Kumar.Cancer Biotherapy and Radiopharmaceuticals.Apr 2020.163-166

Next generation of therapeutics with ^{67}Cu

Eliminating dependency on the limited number of aging nuclear reactors for therapeutic radioisotope supply

^{177}Lu

- Relies on antiquated, unreliable and government subsidised nuclear reactor infrastructure
- Not easily scalable due to investment requirements for new nuclear reactor construction
- Existing supply chain already strained, with demand soon outstripping supply
- Supply chain dependence on international shipments
- Expensive and environmentally unfriendly inputs for production (^{235}U, ^{176}Yb); ^{176}Yb is currently sourced from Russia
- Long lived ^{177m}Lu impurity from c.a. production can create radioactive waste handling issues at sites

^{67}Cu

- Commercially available high powered rhodotron with a small footprint (10' diameter and 11' tall)
- Scalable with relatively small investments
- Purpose-built supply in the markets of focus, including a US domestic supply
- Only inputs are electricity and Zinc
- No long-lived impurities
- **A single rhodotron can produce commercial quantities of ^{67}Cu**

CLARITY PHARMACEUTICALS

Targeted Copper Theranostics

Clarity's solution to theranostic isotope supply threats

- No reactors
- No time sensitive international supply chains
- No local production requirements
  - Reduce costs
  - Reduced patient safety risk
  - Universal availability
- Economies of scale from the same manufacturing process
- Ability to quickly integrate new products
- Centerpiece for a customer facing marketing strategy.

The environmental considerations of TCT

- As the number of patient treatments increases, environmental factors will impact the selection of theranostic radiopharmaceuticals
- Production of ^{64}Cu and ^{67}Cu have:
  1. favorable environmental characteristics;
  2. a relatively small infrastructure footprint;
  3. do not use nuclear reactors and enriched uranium;
  4. avoid the creation of long-lived radioactive impurities;
  5. lack significant radioactive waste disposal issues; and
  6. use more readily available target materials which do not employ rare earth elements.
- These factors will significantly reduce the environmental impact compared to first generation theranostics based on ^{68}Ga or ^{177}Lu
- This is highly relevant considering the forecasted growth of theranostics over the next decade.

Clarity Team

Board of Directors

Clarity's board has extensive capital markets, radiopharmaceutical and broader life sciences experience

Dr Alan Taylor
Executive Chairman

Dr Taylor has been instrumental in the growth of the Company and has been heavily involved in all areas of the Company's business. Dr Taylor has approximately 15 years of investment banking experience focused predominantly on the life sciences sector, and has significant expertise in capital raisings, mergers and acquisitions, and general corporate advisory. Prior to joining Clarity, Dr Taylor was an Executive Director of Inteq Limited, a boutique Australian investment bank.

Dr Colin Biggin
Managing Director

Dr Biggin has over 15 years of radiopharmaceutical development and commercialisation experience. Dr Biggin previously served with Algeta ASA during the development and commercialisation of its product Xofigo (radium-223 dichloride) for metastatic prostate cancer, which was approved by the FDA in 2013. Prior to joining the Company, Dr Biggin also consulted to a range of biotech and large pharmaceutical companies developing radiopharmaceuticals.

Rosanne Robinson
Non-Executive Director

Ms Robinson brings extensive experience in the nuclear field and a range of commercial expertise to the Company and has over 25 years of experience in both governance and management roles in public and private companies and government. Ms Robinson is the General Manager of Business Development at Australian Nuclear Science and Technology Organisation. Ms Robinson's in-depth knowledge of the nuclear medicine industry provides the Company with a clear vision across the dynamics of, and most recent changes in, the sector.

Dr Chris Roberts
Non-Executive Director

Dr Roberts has over 40 years of experience in the medical innovation space and has served on the boards of a number of ASX-listed companies during his career. Dr Roberts was previously the CEO of ASX-listed company Cochlear Limited and Chairman of ASX-listed company Sirtex Medical Ltd. Dr Roberts was also Executive Vice-President and a director of the dual-listed (ASX and NYSE) company ResMed Inc., a global sleep disorder treatment company. Dr Roberts is Chairman of the ASX-listed company Oncosil Ltd.

Dr Thomas Ramdahl
Non-Executive Director

Dr Ramdahl is a pharmaceutical executive with over 20 years of clinical and development experience. In 2001, he became President and the first CEO of Algeta ASA. When Dr Ramdahl joined Algeta, he was one of six employees and he played an instrumental role in its success, serving in several senior positions within the company through to and post the acquisition of Algeta by Bayer AG in 2014 for US$2.9 billion. Dr Ramdahl has authored more than 40 publications and is a co-inventor of several patents. Dr Ramdahl serves as Chairman of Precirix (Belgium) and AppSens AS (Norway).

Dr Gillies O'Bryan-Tear
Non-Executive Director

Dr O'Bryan-Tear has over 30 years of experience in the pharmaceutical industry in clinical development, medical management and commercial roles. He has held senior leadership roles in large and small pharmaceutical and biotech companies in the US and Europe and has been involved in multiple product approvals. He was previously the Chief Medical Officer of Algeta ASA. Dr O'Bryan-Tear has been an adviser to several US and European biotech companies and is a member of the Scientific Advisory Board of Fusion Pharmaceuticals Inc. (Canada).

Mr Robert Thomas
Non-Executive Director

Mr Thomas has a strong background in financial services and capital markets including advising on the IPOs of the Commonwealth Bank of Australia and Qantas. He is the former CEO of County NatWest Securities and of Citi Corporate and Investment Bank Australasia. Mr Thomas has held the position of Chairman at Australian Wealth Management Ltd, TAL, HeartWare® International Inc, AusBio Ltd, Grahger Retail Securities Pty Ltd and Starpharma Holdings Ltd. He is a non-executive director of Biotron Limited and O'Connell Street Associates.

Clarity's Scientific Advisory Board

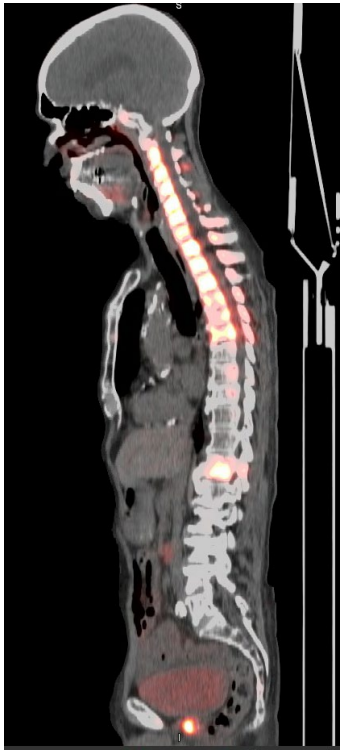
Clarity's advisory board comprises global thought leaders with extensive capabilities, expertise and experience in developing radiopharmaceuticals

Prof Oliver Sartor	Prof Richard Wahl	Prof Jason Lewis	Prof Andreas Kjaer	Prof Paul Donnelly
				
Medical oncologist and an internationally recognised expert in prostate cancer. He is the Laborde Professor for Cancer Research, Medical Director of the Tulane Cancer Center, and Assistant Dean for Oncology at Tulane University School of Medicine in New Orleans, Louisiana.	The Elizabeth Mallinckrodt Professor, Chairman of the Department of Radiology and Director of the Mallinckrodt Institute of Radiology at Washington University School of Medicine in St Louis.	The Emily Tow Jackson Chair in Oncology and serves as Vice Chair for Research in the Department of Radiology at Memorial Sloan Kettering Cancer Center (MSK), Chief of MSK's Radiochemistry & Imaging Sciences Service, and Director of MSK's Radiochemistry and Molecular Imaging Probe Core Facility.	A professor at the University of Copenhagen and a chief physician at the Department of Clinical Physiology, Nuclear Medicine & PET at Rigshospitalet, the National University Hospital of Denmark.	The Clarity Group leader of the Donnelly Research Group, The University of Melbourne, based in the state-of-art laboratories of the Bio21 Institute of Molecular Science and Biotechnology.

Summary

Global leader in Targeted Copper Theranostics (TCT)

- **Highly differentiated pipeline** of TCT based on ^{64}Cu for diagnosis and ^{67}Cu for therapy
- TCT address the current **manufacturing and logistical** limitations in the growth of radiopharmaceuticals
- **TCT are scalable, sustainable and dependable** to address the growth of radiopharmaceuticals in oncology
- **Broad and defensible IP portfolio** of patent families across SAR technology platform, pipeline and products
- **Broad pipeline** with large and rare indications, with **focus on the US FDA**
- Well funded with **$97.5 M in cash**
- Led by an **experienced management team and Board** with significant years of active involvement in the radiopharmaceutical industry
- **Hot sector of the market** with numerous recent acquisitions.



^{64}Cu SAR-bisPSMA PET/CT in mCRPC

Contact details

Dr Alan Taylor

Executive Chairman

E: alan.taylor@claritypharm.com

Alan has been instrumental in the growth of Clarity over the last eight years, leading the Company from a start-up with no employees to where it is today, and heavily involved in all areas of the company. He has approximately 15 years of investment banking experience focused predominantly on the life sciences, with experience in capital raisings, mergers and acquisitions, and general corporate advisory, and has been involved in approximately $2 billion worth of transactions.

Dr Colin Biggin

Managing Director

E: colin.biggin@claritypharm.com

Colin has over 15 years of radiopharmaceutical development and commercialisation experience. He served with Algeta ASA from 2006-2015 during the development and commercialisation of Xofigo (radium-223) for metastatic prostate cancer and consulted to a range of biotech's and large pharma companies developing radiopharmaceuticals prior to joining Clarity in 2017.