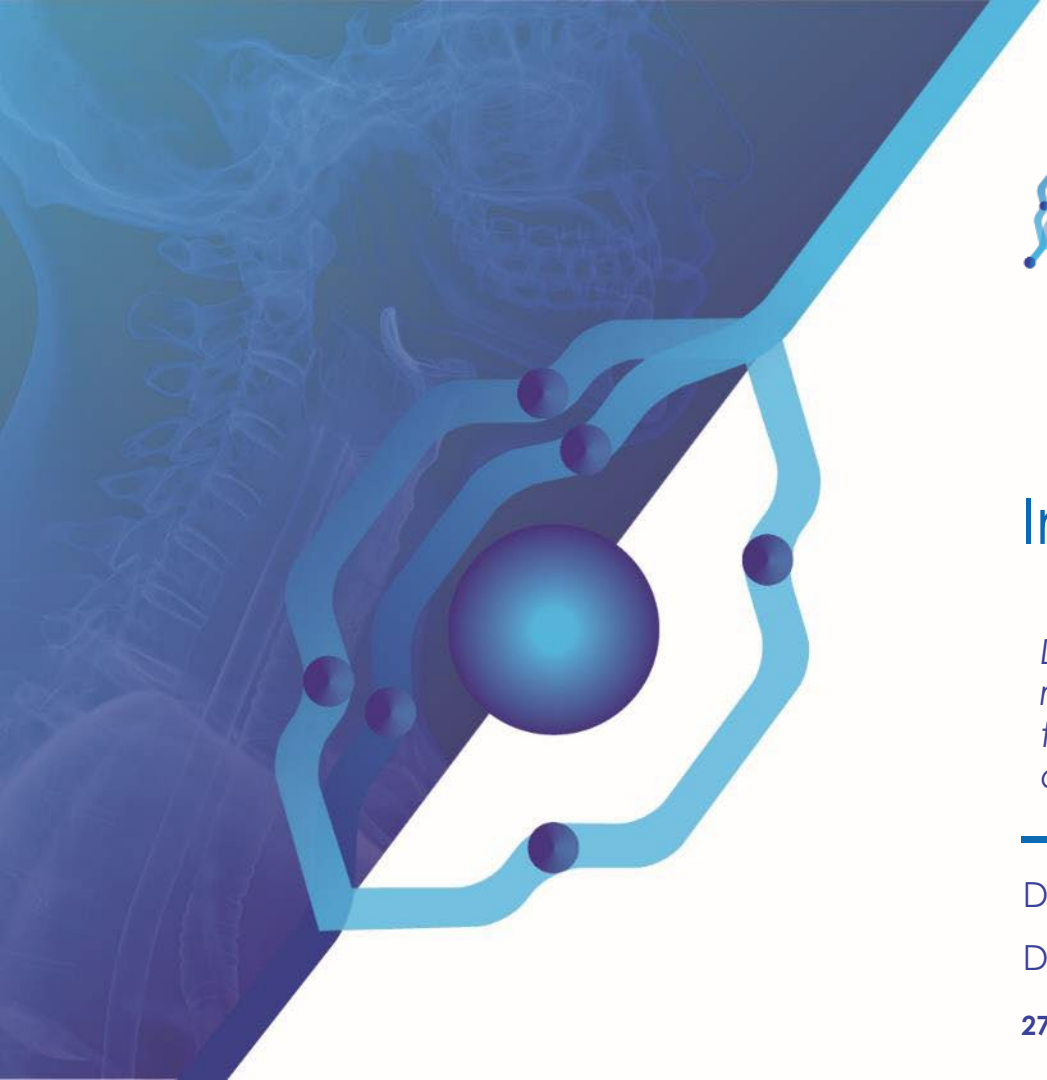

CLARITY PHARMACEUTICALS

Investor Presentation

Developing the next-generation of radiopharmaceuticals to improve treatment outcomes for children and adults with cancer

Dr Alan Taylor, Executive Chairman

Dr Colin Biggin, Managing Director, CEO

27 May 2022

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Clarity summary

Clarity Pharmaceuticals is a clinical stage radiopharmaceutical company developing next-generation products to address the growing need for better diagnostics and treatments in oncology

- Proprietary SAR Technology: a true platform technology that can drive out a range of radiopharmaceuticals
- Three best-in-class products in clinical development: high accuracy and precision by using the chemically identical product for both diagnosing and treating disease
- Targeted Copper Theranostics (TCTs) employ copper-64 for diagnosis and imaging and copper-67 for therapy
- Significant logistical benefits and a scalable, dependable supply
- Environmental advantages over current isotopes with no reliance on nuclear fuel cycle or long-lived waste products
- Diagnostic products will be the first to reach the market, generating revenue streams to fund late-stage therapeutic product trials and approvals
- Highly experienced leadership team
- Well funded with $95.9 M in cash (at 31 March 2022
- Approximately $5 million R&D refund expected for 2022

1. **ASX code: CU6**
2. **Shares on issue: 257,832,546**
3. **Share Price: $0.45/share** (at close of 26 May 2022)
4. **Market Capitalisation: $116.0M** (at close of 26 May 2022)
5. **Cash at bank: $95.9M** (at 31 Mar 2022)
6. **Enterprise value: ~$20.1M** (at close of 26 May 2022)
7. **Trading range: $0.38-1.71** (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

BLUE EARTH DIAGNOSTICS A Bracco Company

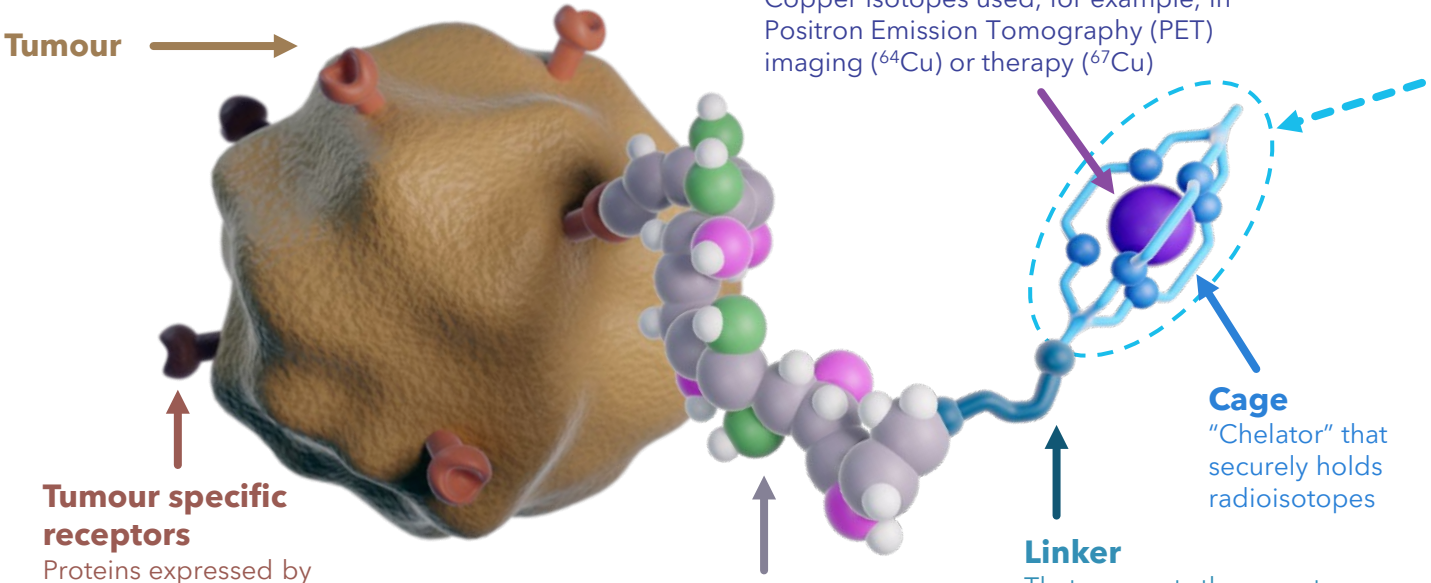
Syncona completed sale of Blue Earth Diagnostics to Bracco Imaging for $476.3m (£390.2m) in 2019

Progenics Pharmaceuticals

Acquired by Lantheus Holdings for approximately USD430 million in 2020

Clarity's proprietary SAR Technology platform

Theranostic radiopharmaceuticals have four main elements: a radioisotope, cage, linker and targeting ligand and are administered intravenously



Radioisotope
Copper isotopes used, for example, in Positron Emission Tomography (PET) imaging (^{64}Cu) or therapy (^{67}Cu)

Tumour specific receptors
Proteins expressed by cancer cells which the radiopharmaceuticals target

Targeting molecule
Finds and binds cancer cells in the body

Linker
That connects the cage to the targeting molecule

Cage
"Chelator" that securely holds radioisotopes

CLARITY PHARMACEUTICALS

SAR Technology platform

A proprietary, highly specific and highly stable bifunctional **cage** (chelator) with a superior ability to retain copper isotopes within it and **prevent their leakage** into the body

Unlike the current generation of radiopharmaceuticals, SAR products do not require heating in order to bind copper to the cage

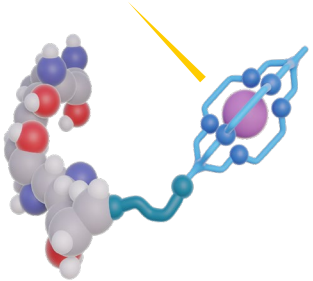
Global leader in Targeted Copper Theranostics

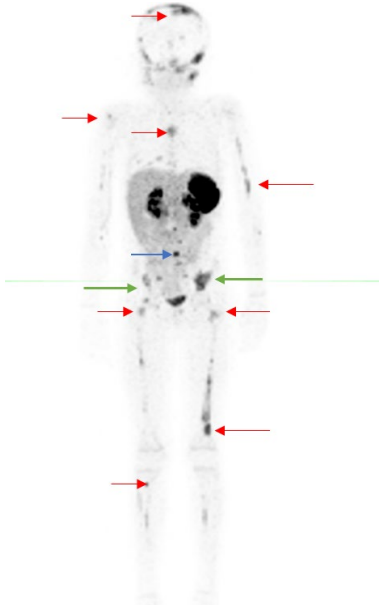
Clarity's SAR Technology is used to develop the next generation of radiopharmaceuticals that employ the "perfect pairing" of copper-64 (^{64}Cu) for diagnosis and copper-67 (^{67}Cu) for therapy

Diagnostic

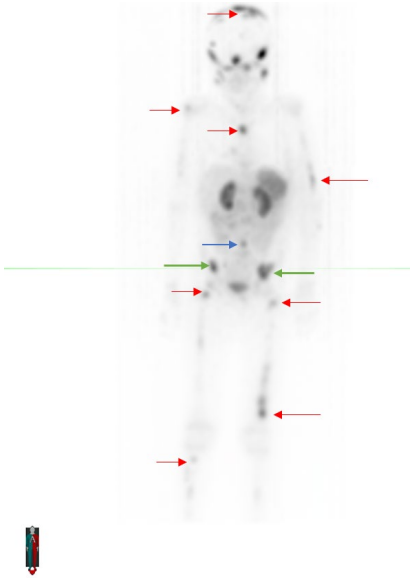
Positron emission from ^{64}Cu at the tumour site enables better diagnosis through PET imaging

^{64}Cu SARTATE™





^{64}Cu SARTATE™
PET screening
4 hours

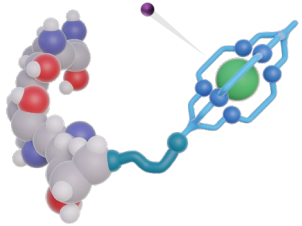


^{67}Cu SARTATE™
SPECT scan
24 hours

Therapeutic

Beta particle (β-) emission from ^{67}Cu delivers radiation directly to the cancer cells in order to kill them

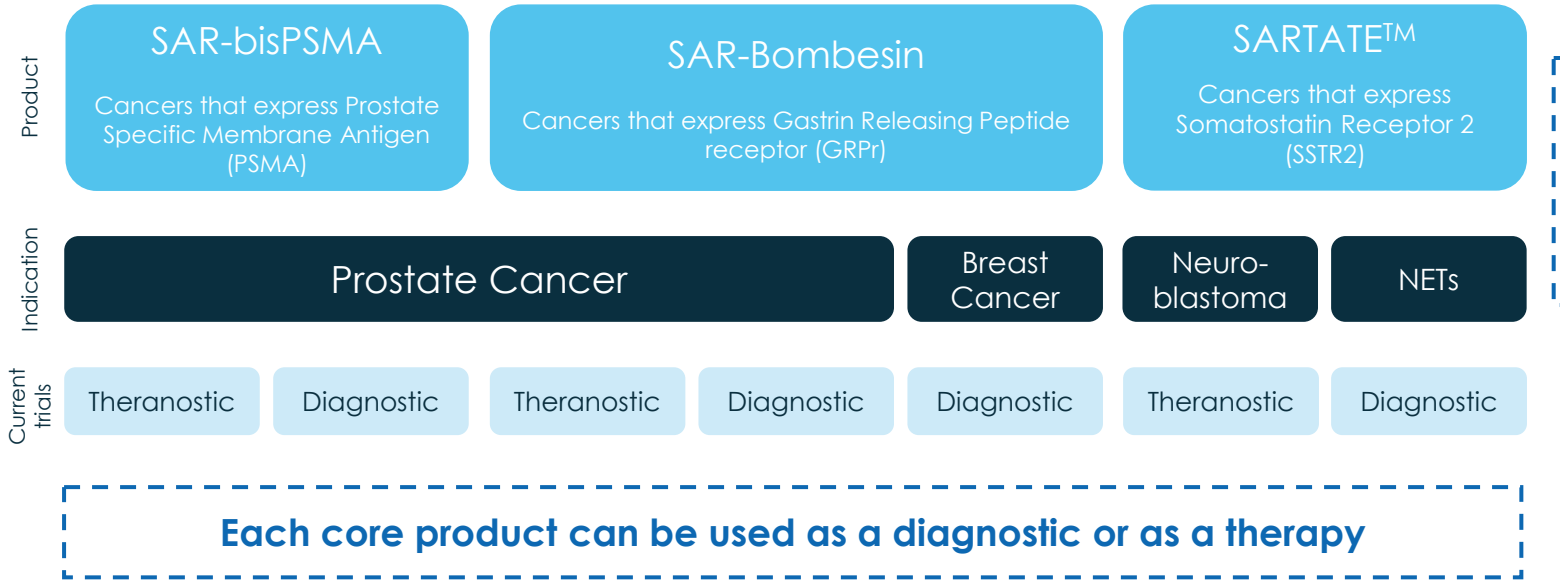
^{67}Cu SARTATE™



Both diagnostics and therapeutics target the same cancer sites with high accuracy and precision, delivering a key platform advantage

Three core product areas in clinical trials

Clarity has potential to address multiple oncology indications with unmet needs through a range of products and their applications. These include large indications, such as prostate and breast cancers, as well as small and orphan indications, such as neuroendocrine tumours (NETs) and neuroblastoma, an aggressive childhood cancer.



Targeted clinical development strategy

Reinvest revenues to part fund the continued development of the therapeutics

Scope to expand into others leveraging the SAR Technology

US FDA Regulatory Engagement

- ✓ Three open Investigational New Drug (IND) to proceed clinical trials in the US
- ✓ Two Rare Pediatric Disease designations (RPDDs) from the US FDA
- ✓ Two Orphan Drug Designations (ODDs) from the FDA

Clinical development in multiple cancers

Clarity's products are progressing through clinical development in the US and Australia.

Clinical development pipeline as of 27 May 2022

Indication	Product	Application	Current Trial	Discovery	Preclinical	Phase I	Phase 2	Phase 3	Next Milestone
Prostate Cancer	SAR-bisPSMA	Theranostic mCRPC	SECURE						First therapy treatment
	SAR-bisPSMA	Diagnostic in pre-radical prostatectomy	PROPELLER						PROPELLER recruitment complete
	SAR-bisPSMA	Diagnostic in BCR PCa	COBRA						50% recruitment 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	CL04						Advance to Cohort 3
	SARTATE™	Diagnostic							Open IND for NB diagnostic
NETs	SARTATE™	Diagnostic	DISCO						50% recruitment in DISCO
Pan cancer (GRPr positive tumours)	SAR-BBN	Diagnostic							First patient in GRPr positive tumour
SAR Discovery Platform	Undisclosed	Undisclosed							
	Undisclosed	Undisclosed							

Current progress | 12 month progress

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

Clinical Update

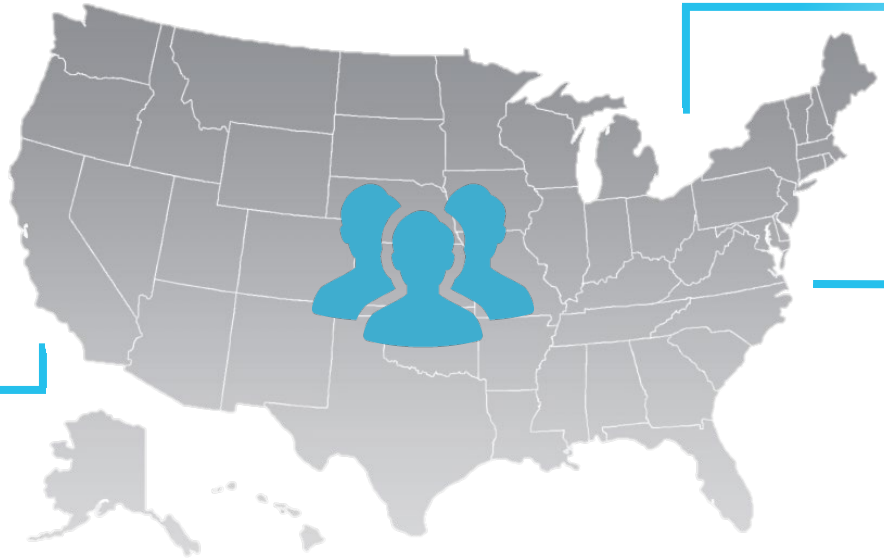
US prostate cancer in numbers

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

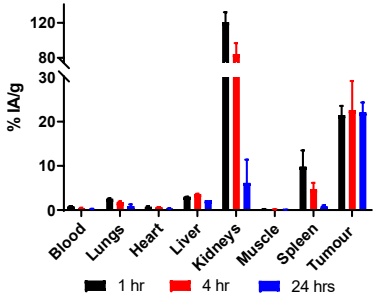
Currently investigated in our theranostic strategy in mCRPC

(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 is ideally suited for a theranostic radiopharmaceutical

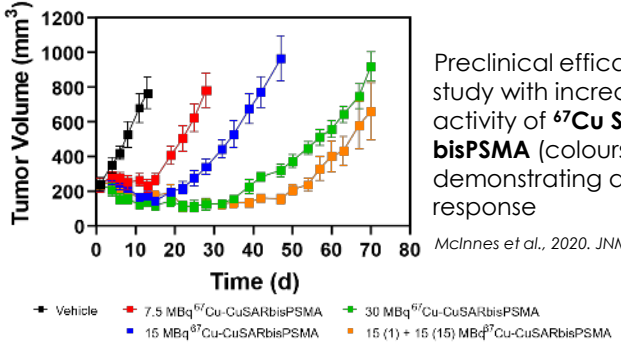
High uptake and retention in tumour



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

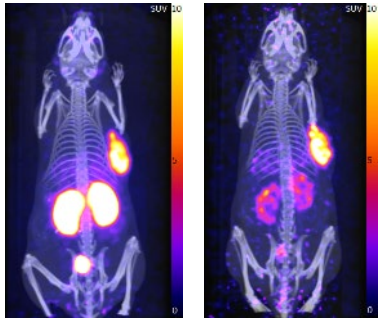
Significant anti-tumour effect



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



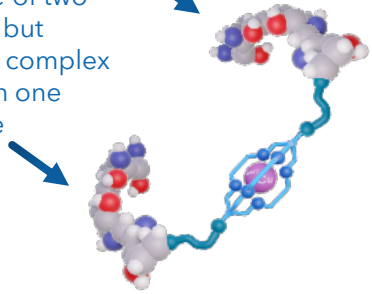
1 hr 24 hr

Tumour targeting and superior retention over 24 hours

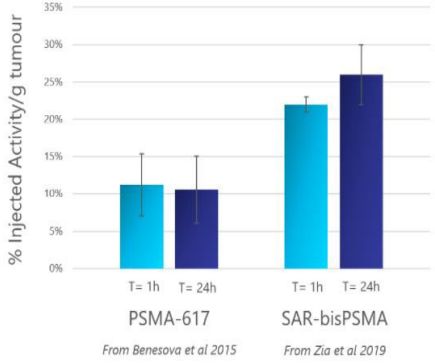
PET images showing **^{64}Cu SAR-bisPSMA** targeting to tumours over time and rapid kidney clearance

'bisPSMA'

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



High uptake and retention in tumour compared to Pluvicto™ (PSMA-617)



SAR-bisPSMA therapy in prostate cancer

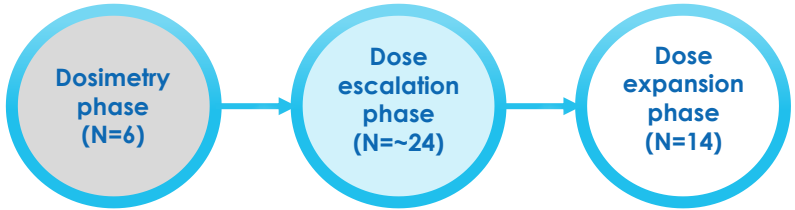
SECuRE

SECuRE: Systemic Copper theranostics in prostate cancer

- Phase I/IIa study of ^{64}Cu/^{67}Cu SAR-bisPSMA for identification and treatment of PSMA-expressing metastatic castrate resistant prostate cancer (mCRPC)
- Principal Investigators: Dr Scott Tagawa/Dr Geoff Johnson

Trial design

Theranostic multi-centre, single arm, dose escalation study with a cohort expansion planned for up to 44 patients



Status

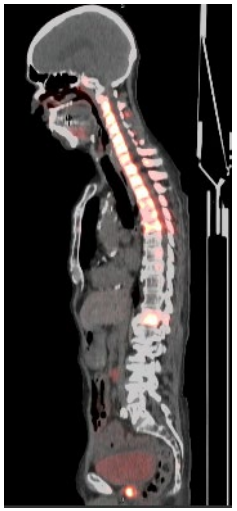
- Dosimetry phase with ^{64}Cu SAR-bisPSMA in mCRPC completed
- Dose escalation now open for recruitment

Next milestone

- First therapy patient treated - estimate June 2022

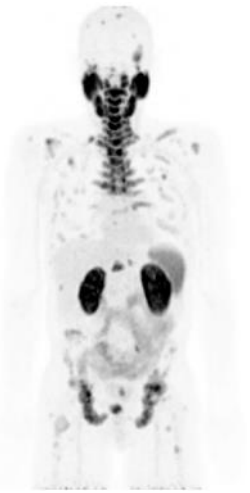
Preliminary imaging results from the dosimetry phase

^{64}Cu SAR-bisPSMA PET/CT

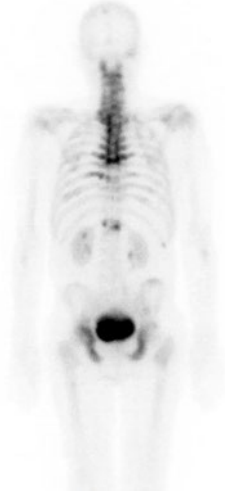


12hr ^{64}Cu SAR-bisPSMA PET/CT Fused Sagittal

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



1h ^{64}Cu SAR-bisPSMA PET

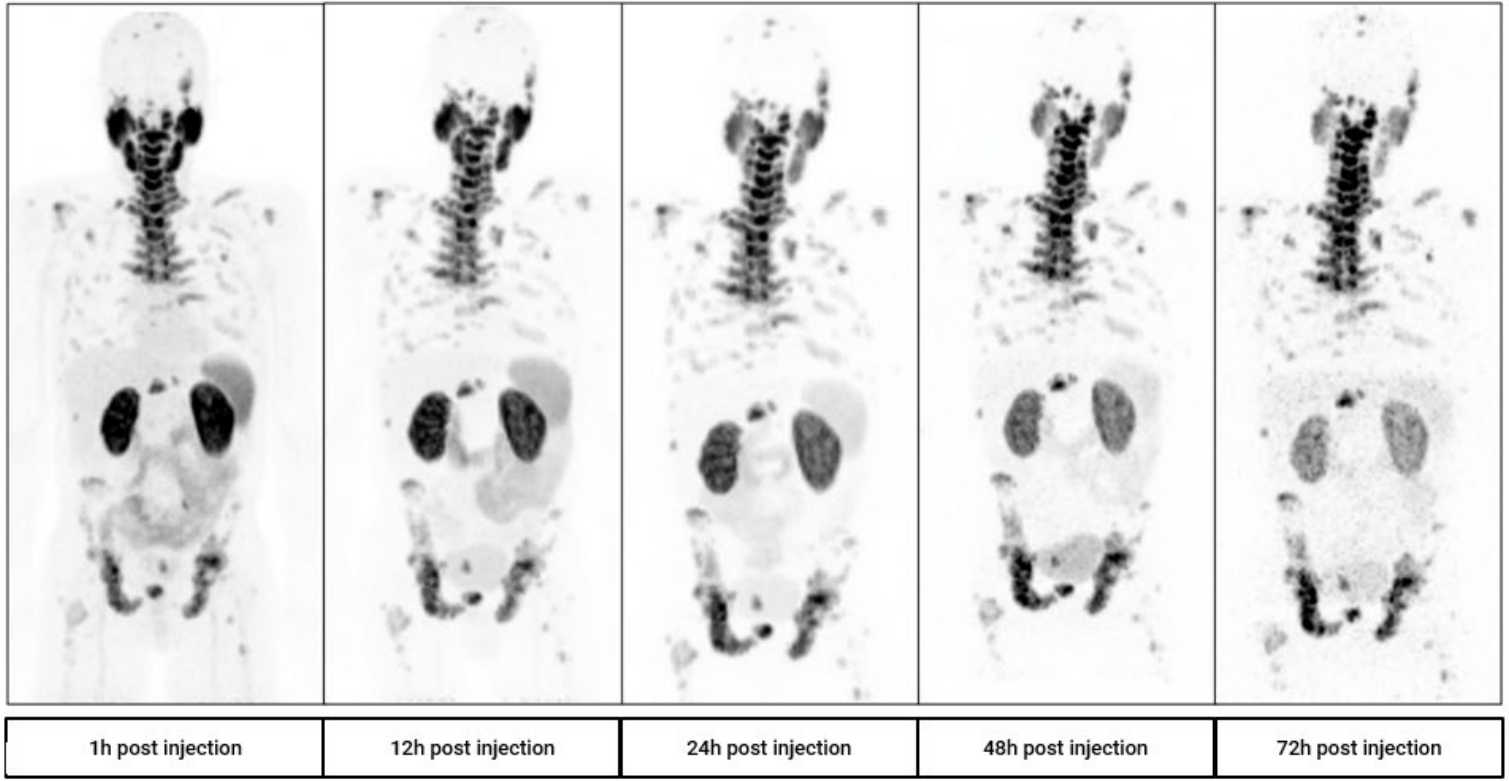


^{99m}Tc-MDP WB Bone Scan

SECuRE clinicaltrials.gov identifier: NCT04868604

SAR-bisPSMA therapy in prostate cancer

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 (Normalised Voxel Intensity)



SAR-bisPSMA diagnostics

Two Phase III trials required for registration in prostate cancer: one in the pre-definitive treatment and one in the biochemical recurrence (BCR) setting. Clarity is expecting to commence these registrational trials in 2023.

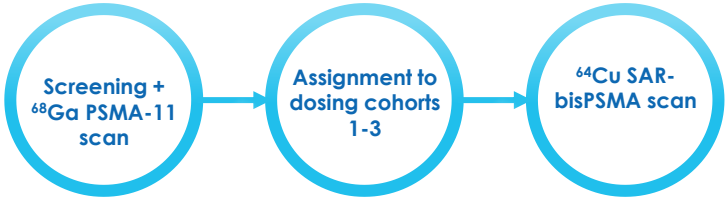
PROPELLER

PROPELLER: PET Imaging of participants with confirmed prostate cancer

Compares ^{64}Cu SAR-bisPSMA to ^{68}Ga PSMA-11(Approved in the US and Australia) in participants with untreated prostate cancer who are planned for radical prostatectomy

Trial design

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



Status

- Reached 50% recruitment in December 2021

Next milestones

- Recruitment complete in Q2 2022
- Topline data in Q4 2022

PROPELLER clinicaltrials.gov identifier: (NCT04839367)

COBRA

COBRA: Copper-64 SAR-bisPSMA in BCR prostate cancer

Investigates the safety and tolerability of ^{64}Cu-SAR-bisPSMA as well as its ability to correctly detect recurrence of prostate cancer in participants with BCR of prostate cancer following definitive therapy

Trial design

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

Status

- First patient dosed in April 2022, recruitment ongoing

Next milestone

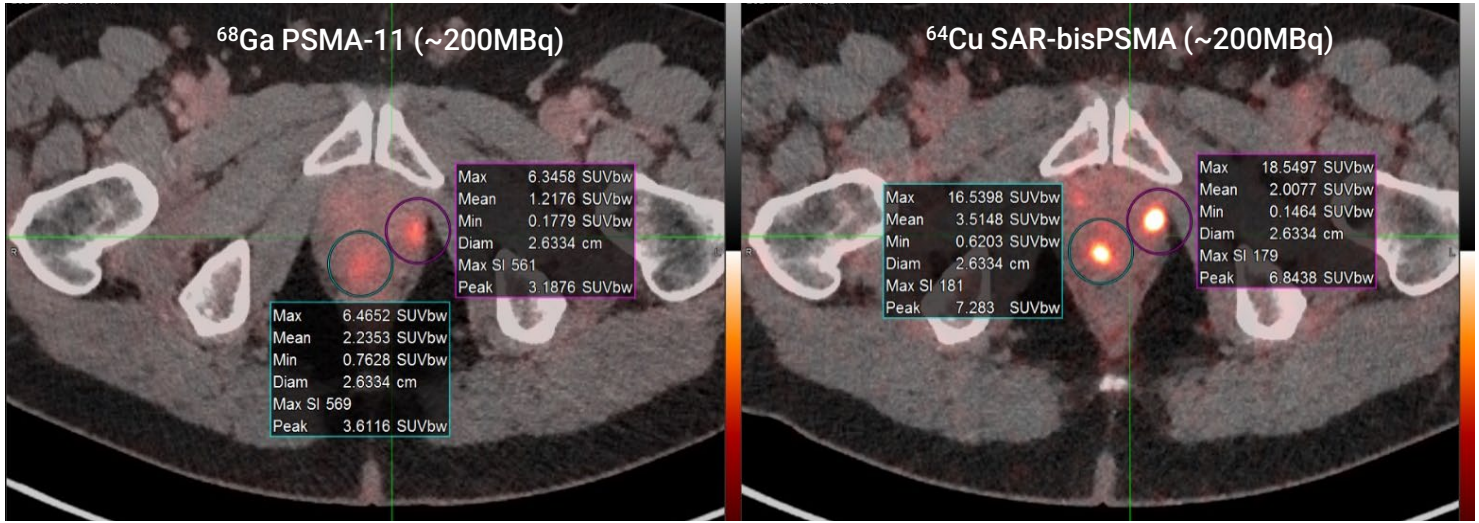
- 50% recruitment in Q3 2022

COBRA clinicaltrials.gov identifier: (NCT05249127)

SAR-bisPSMA diagnostic in untreated, confirmed prostate cancer

PROPELLER

Comparison of ^{68}Ga PSMA-11 (image left) to Clarity's ^{64}Cu SAR-bisPSMA (image right) in the same patient



^{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*

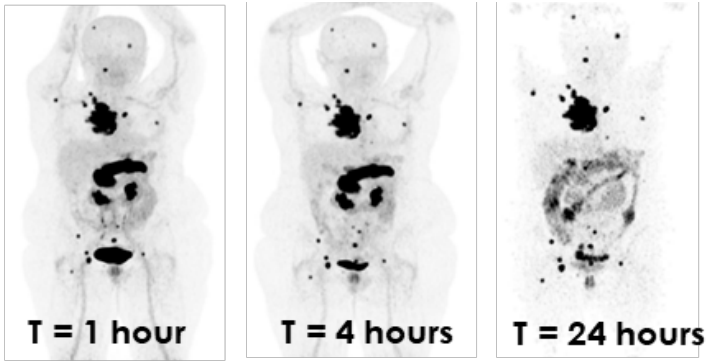
SAR-Bombesin: A pan-cancer target

SAR-Bombesin is a highly targeted pan-cancer theranostic radiopharmaceutical being to identify and select patients for subsequent treatment of their cancers that express GRPr

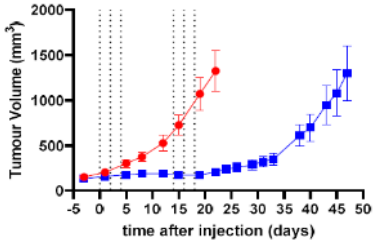
SAR-Bombesin

- 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 has potential to treat a range of cancers that express GRPr, including breast and prostate cancers
- ^{64}Cu SAR-Bombesin will initially be investigated as a diagnostic imaging agent for PSMA-negative prostate cancer

^{64}Cu SAR-Bombesin is retained in the tumours while quickly clearing from the pancreas in hormone positive metastatic breast cancer



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



Control group

^{67}Cu-SAR-Bombesin treated group

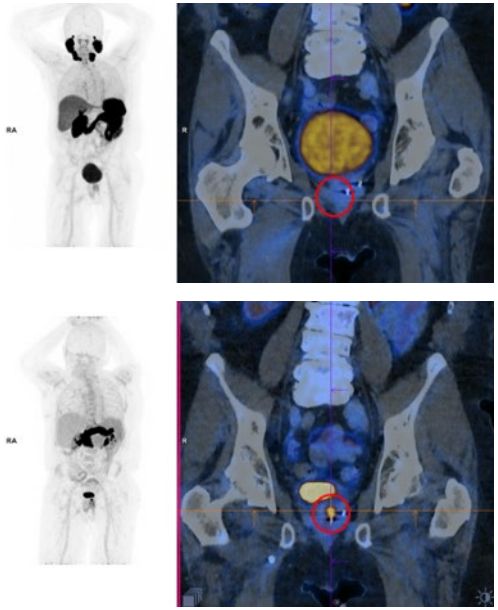
^{67}Cu SAR-Bombesin has demonstrated an anti-tumour effect in preclinical models of prostate cancer, when compared to the control group

SAR-Bombesin in prostate cancer

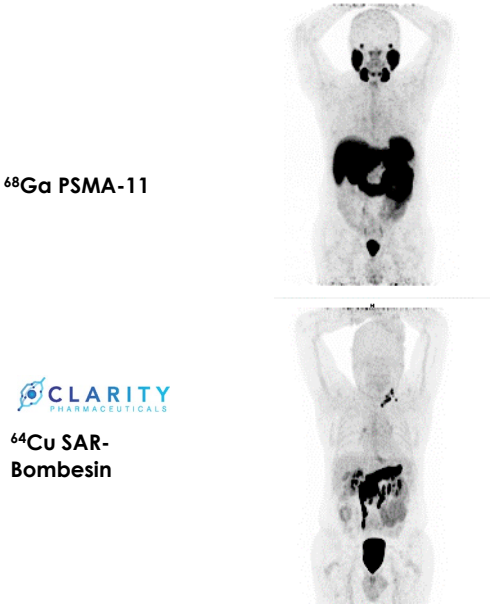
Detection of PSMA-negative prostate cancer

- **~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

SAR-Bombesin was able to locate tumours in PSMA-negative prostate cancers that are not visible with approved PSMA diagnostics



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

SAR-Bombesin clinical development

ASCO 2022 Annual Meeting Abstract: 3092 | Poster: 82

C-BOBCAT: Results to be published at the 2022 ASCO Annual Meeting in June

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)

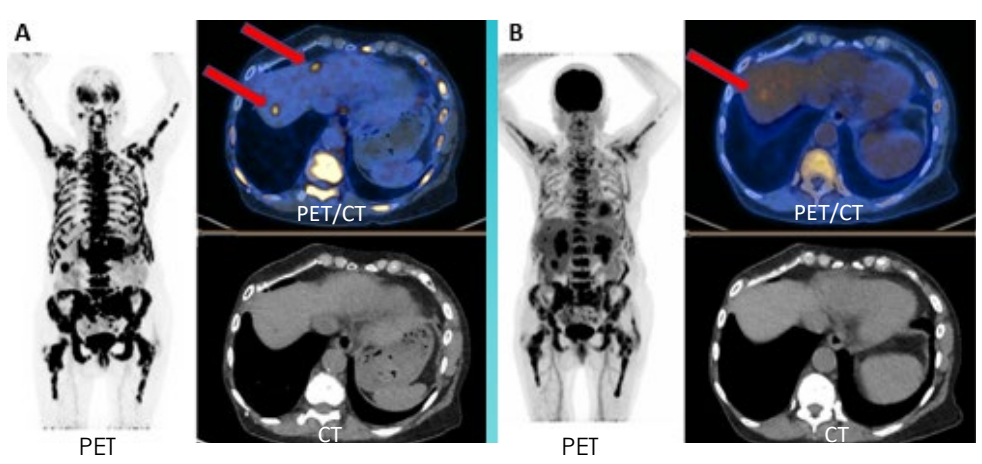
- Study Sponsor: St Vincent's Hospital, Sydney
- PI: Prof. Louise Emmett

- 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
- Results indicate ^{64}Cu SAR-Bombesin may have a role in imaging patients with hormone positive breast cancer, particularly lobular subtype

Future milestones

- **^{64}Cu SAR-Bombesin diagnostic IND** expected 1H 2022
- **Initial US diagnostic trial** in PSMA negative prostate cancer patients to commence 2H 2022
- **^{67}Cu SAR-Bombesin therapy IND** to be lodged 2H 2022

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



ST VINCENT'S HOSPITAL SYDNEY

CLARITY PHARMACEUTICALS

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

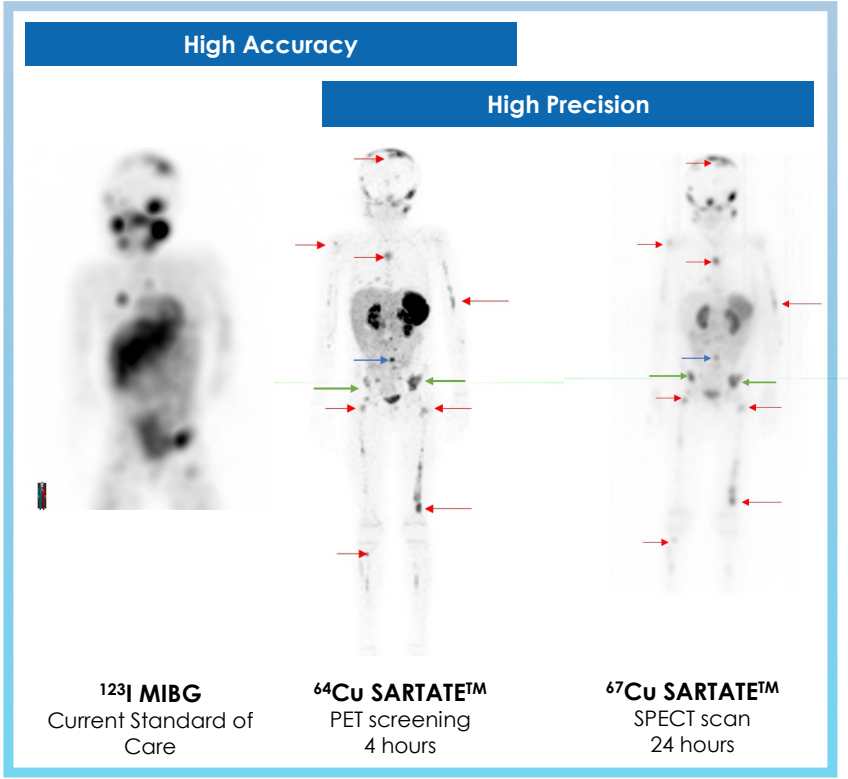
Rare Paediatric Disease Designation

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

CL04

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

^{64}Cu/^{67}Cu SARTATE™ Phase I/IIa trial in high-risk neuroblastoma in the US with up to 34 patients

Trial design

- Multi-centre, dose-escalation, open label, non-randomised, theranostic clinical trial

Status

- *Cohort 1 complete, no safety issues*
- *Cohort 2 in the therapy trial in progress*

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

CL04 ClinicalTrials.gov identifier: NCT 04023331

DISCO

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

Assesses 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

- 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

Trial design

- Phase II multi-centre, single arm, non-randomised, blinded-review study in up to 63 participants
- Compares diagnostic performance of ^{64}Cu SARTATE™ at 4 and 20 hours to the current standard of care, ^{68}Ga DOTATATE, at 1 hour

Status

- Currently recruiting at four sites with ^{64}Cu SARTATE™ manufactured centrally in Australia

DISCO ClinicalTrials.gov identifier: NCT 04438304

Overcoming Environmental & Supply Challenges

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

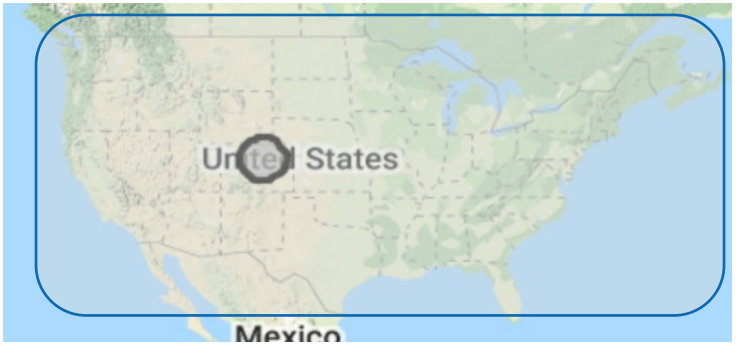
The future of PET radioisotope supply is dependable, scalable and customer focused

^{68}Ga and ^{18}F

- Regional availability issues
- Limited scope for future upscaling
- Little patient flexibility with 3-12 hour product 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 product 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)
- 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
- Exclusive supply agreement with NorthStar Medical Isotopes
- **A single rhodotron can produce commercial quantities of ^{67}Cu**

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 current generation of theranostics based on ^{68}Ga or ^{177}Lu
- This is highly relevant considering the forecasted growth of theranostics over the next decade.

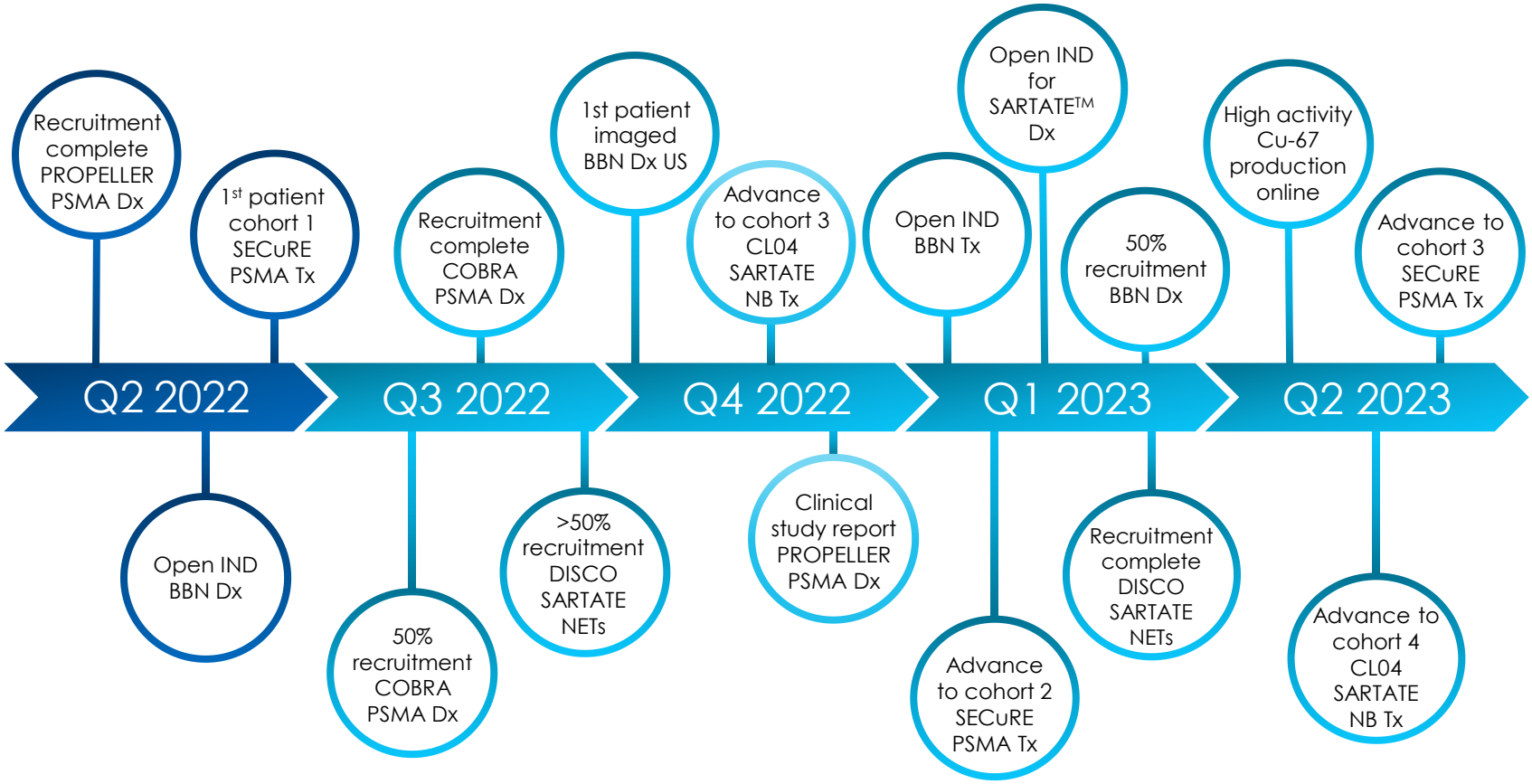
Milestones & Inflection Points

Significant milestones achieved over last financial year

FY2021/22 has been an extraordinary year where Clarity achieved several transformational milestones and advanced the clinical development of our TCT

- 26 May 22 - Dr Neal Shore joins Clarity's Clinical Advisory Board
- 21 April 2022 - First patient treated in the US-based prostate cancer imaging trial of Cu-64 SAR-bisPSMA
- 5 April 2022 - Dr Andrei Iagaru joins Clarity's Scientific Advisory Board
- 28 March 2022 - US-based Cu-64 SAR-bisPSMA trial in prostate cancer opens for recruitment
- 24 March 2022 - New clinical trial collaboration for Cu-64 SAR-bisPSMA in prostate cancer
- 25 February 2022 - First patient treated in cohort 2 SARTATE™ neuroblastoma therapy trial
- 7 February 2022 - US FDA Study May Proceed letter for Clarity's Cu-64 SAR-bisPSMA trial in prostate cancer
- 1 February 2022 - Clarity advances to cohort 2 in the SARTATE™ neuroblastoma trial
- 2 December 2021 - Clarity and Cardinal Health enter into Agreement for Targeted Copper Theranostics
- 1 December 2021 - Fifty percent recruitment milestone for PROPELLER prostate cancer trial
- 26 November 2021 - Clarity strengthens patent protection of SAR-bisPSMA
- 10 November 2021 - Recruitment for the dosimetry phase of Clarity's Cu-64/Cu-67 SAR-bisPSMA theranostic prostate cancer trial completed
- 19 October 2021 - Recruitment on C-BOBCAT pilot cancer trial closed for Clarity's SAR-Bombesin product
- 30 September 2021 - Clarity and Evergreen enter Targeted Copper Theranostics manufacturing agreement for US clinical trials
- 25 August 2021 - Clarity Pharmaceuticals lists on the ASX
- 25 August 2021 - First patient treated in Clarity's Cu-64/Cu-67 SAR-bisPSMA theranostic prostate cancer trial
- 10 August 2021 - First patient treated in Clarity's Cu-64 SAR-bisPSMA prostate cancer trial

Inflection points over next 12 months



* Tx = therapy
**Dx = diagnostic

Robust IP driving the Discovery program

Clarity's proprietary SAR Technology platform can be used in conjunction with any number of targeting ligands to create new products and new IP

CLARITY PHARMACEUTICALS

Broad Patent Portfolio

Platform Protection

- Granted and new chelator patents used in further developing lead and back-up products

Product Protection

- Maintenance of pending applications for potential continuation or divisional filings (on existing important patents)
- New patents filed on lead and back-up compounds

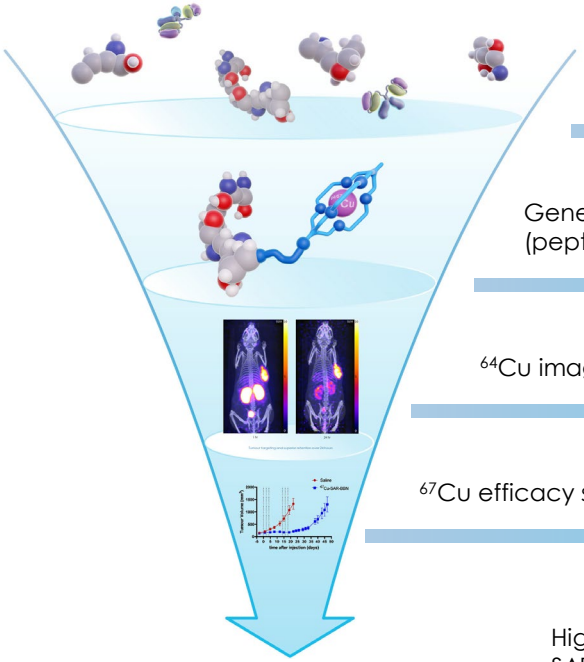
Pipeline Protection

- New chelator patents used in future discovery products
- New patents filed on novel treatment regimes for radiopharmaceutical and imaging applications

Manufacturing and process protection

- Manufacturing and formulation patents
- New patents filed on manufacturing processes

Discovery Engine



Select high value cancer targets

Generate and radiolabel compounds (peptides and/or antibodies)

^{64}Cu imaging in tumour models

^{67}Cu efficacy studies in tumour models

High value clinical candidates: SARTATE™, SAR-bisPSMA, SAR-Bombesin, etc.

SAR Technology platform

Clarity Team

Highly experienced leadership team

Clarity's management team has a diverse and in-depth level of expertise spanning corporate finance, management, operations, commercialisation and industry

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, CEO

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.

Dr Matt Harris
Chief Scientific Officer

Dr Harris has approximately 20 years of combined experience in cancer research, nuclear medicine and business and has a PhD in cancer research from the Australian National University.

Dr Harris brings expertise in biotechnology, radiopharmaceuticals, academic research and investment to the Company and focuses on developing the technology behind the Company's products.

Michelle Parker
Director of Clinical Operations

Ms Parker has over 20 years of experience spanning across nuclear medicine/PET and pharmaceutical industries both in Australia and internationally. Prior to joining Clarity, Ms Parker held the position of Head of International Clinical Research Operations at Novartis Australia, a global pharmaceutical company, leading a multi-disciplinary, high performing team of over 35 associates responsible for end-to-end clinical trial execution.

Dr Jennifer Rosenthal
Director of Quality and Regulatory Affairs

Dr Rosenthal has over 20 years of management experience in the biotechnology industry, serving in senior director and executive level roles with an oncology focus. She has successfully developed strategy, and managed teams and projects in the areas of regulatory affairs (agencies include US FDA, EMA and Australian TGA), clinical trials, quality assurance and IP.

Prior to joining Clarity, Dr Rosenthal managed the global regulatory team at the previously ASX-listed company Viralytics Limited, which was acquired by Merck & Co for $502 million in 2018. Prior to Viralytics, Jennifer spent 10 years at Alchemia Limited, and at Florigene and Davies Collison Cave Patent and Trademark Attorneys.

Shaemus Gleason
Executive VP, US Operations

Mr Gleason has over 13 years of experience spanning across all facets of targeted radionuclide therapies and diagnostic radiopharmaceuticals. Prior to joining the Company, he was a member of the oncology strategy business unit at Bayer/Algeta where he was responsible for the technical operations in their phase I targeted alpha therapy development globally. Prior to this, he held a leadership role on the US commercial organisation supporting a marketed product Xofigo® (radium-223 dichloride) for metastatic prostate cancer.

David Green
Chief Financial Officer

Mr Green has over 25 years' experience in performing senior finance roles for listed and unlisted companies, including Pacific Dunlop Limited, Sigma Pharmaceuticals, Alchemia Limited, Chiquita Brands South Pacific Limited (now Costa Group) and Ellume Limited. As a proven CFO, he has extensive experience in complex operating environments across multiple geographies, private treaty and public company transactions, treasury operations and debt and equity markets.

Board of Directors

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

Dr Alan Taylor
Executive Chairman

Dr Colin Biggin
Managing Director

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 Advisory Board

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

Prof Oliver Sartor

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.

Prof Richard Wahl

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.

Prof Jason Lewis

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.

Prof Andreas Kjaer

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.

Dr Andrei Iagaru

Dr Iagaru is an award-winning Professor of Radiology - Nuclear Medicine and the Chief of the Division of Nuclear Medicine and Molecular Imaging at Stanford University. His research focus includes PET/MRI and PET/CT imaging for early cancer detection as well as peptide-based diagnostic imaging and therapy.

Dr Neal Shore

Dr Shore MD, FACS is the Chief Medical Officer of Urology/Surgical Oncology at GenesisCare, US and the Medical Director of Carolina Urologic Research Centre. He has conducted more than 400 clinical trials with a particular focus on GU oncology indications and is an internationally recognised expert and researcher in systemic therapies for patients with advanced urologic cancers.

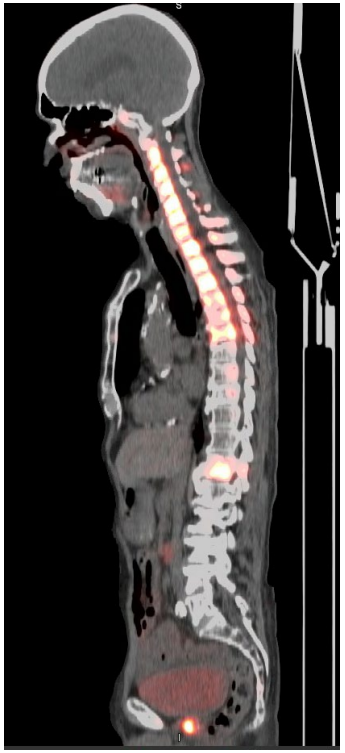
Prof Paul Donnelly

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)

- **Extensive pipeline** of TCTs based on ^{64}Cu for diagnosis and ^{67}Cu for therapy
- TCTs address the current **manufacturing and logistical** limitations in the growth of radiopharmaceuticals
- TCT are **scalable, sustainable and dependable**
- **Broad and defensible IP portfolio** of patent families across the SAR Technology platform, pipeline and products
- Pipeline includes **large and orphan indications**, with **focus on the US** for first approvals
- Well funded with **$95.9M 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

Thank you

Contact details

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Managing Director
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