NEXT GENERATION ALBUMIN-BINDING PRRT

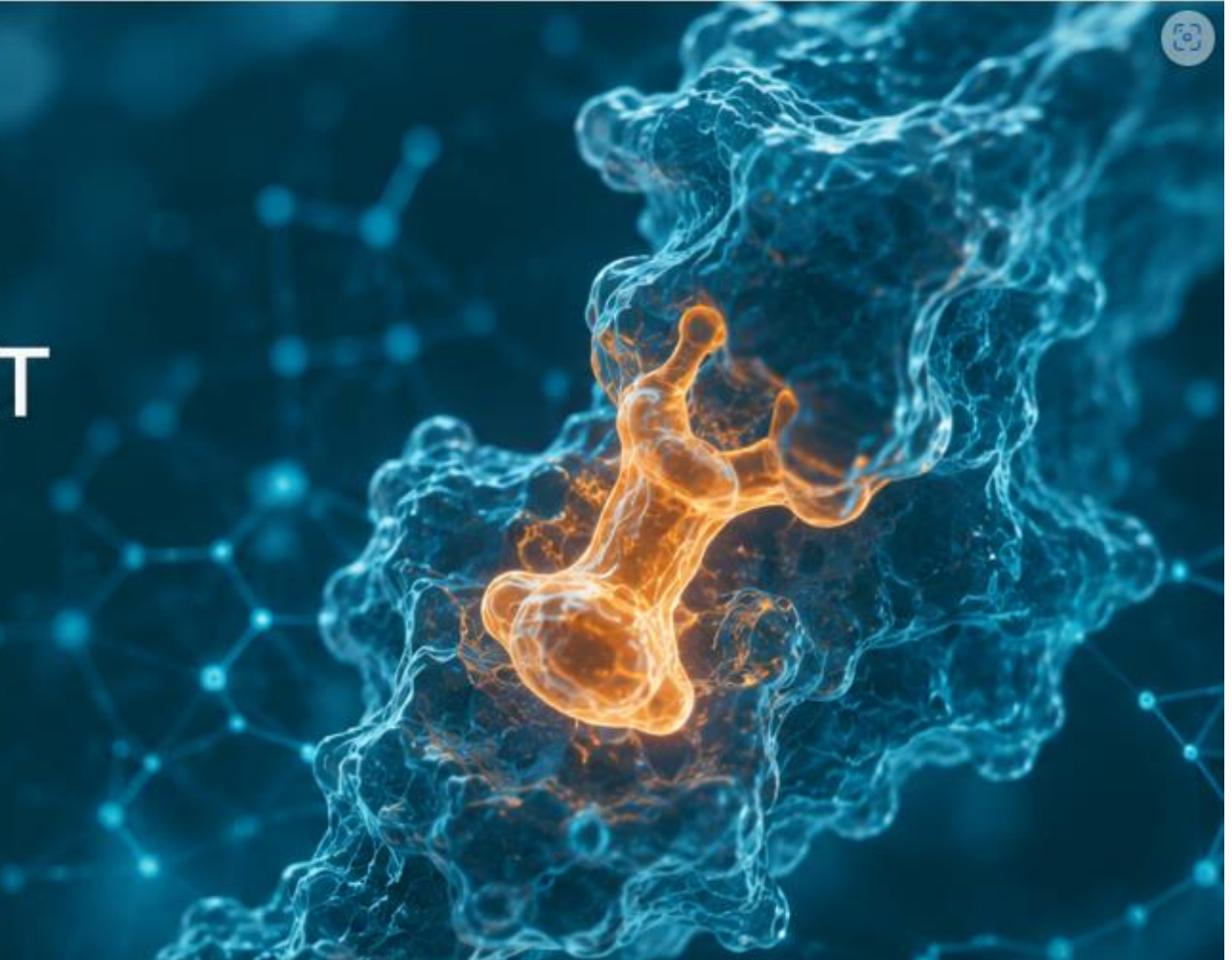
Smarter Targeting. Stronger Outcomes.
Transforming Radiotheranostics.

PRECISE TARGETING

ENHANCED SAFETY

SUPERIOR EFFICACY

IMPROVED PATIENT OUTCOMES



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Molecular Targeting Technologies, Inc.

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NEXT-GENERATION ALBUMIN-BINDING PRRT

NOVEL & DIFFERENTIATED PLATFORM

- Enhanced tumor targeting & retention
- Improved therapeutic index

SUPERIOR ANTI-TUMOR ACTIVITY

- Significant tumor volume reduction vs. conventional PRRT
- Greater, more durable radiation delivery

MTTI

TO LEAD

THE NEXT GENERATION OF PRRT

TWO CLINICAL PROGRAMS

- **EBTATE (SSTR2 pathway)**
  81 patient clinical dataset
- **EB-RGD (Integrin pathway)**
  IND-enabling development

COMPELLING CLINICAL EVIDENCE

81

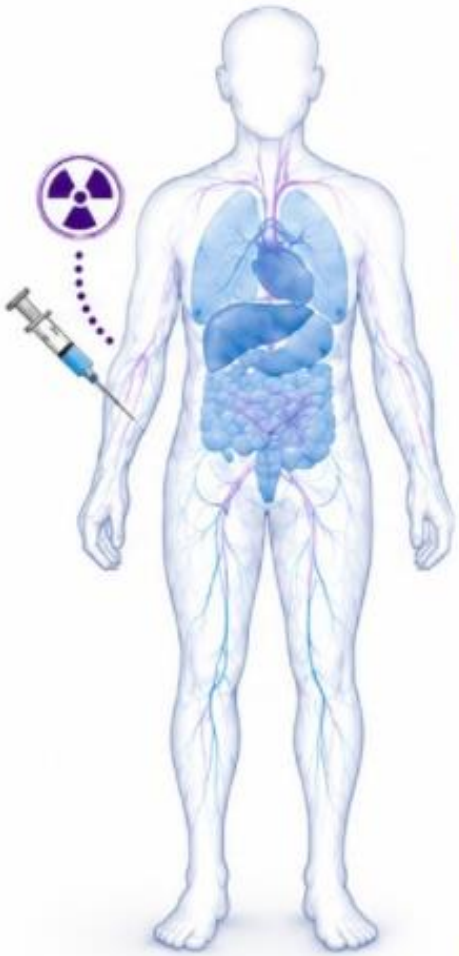
- 81 GEP-NET patients
- ORR up to 50% in G2 NETs
- Median PFS 36 months
- Favorable safety profile
- No nephrotoxicity observed

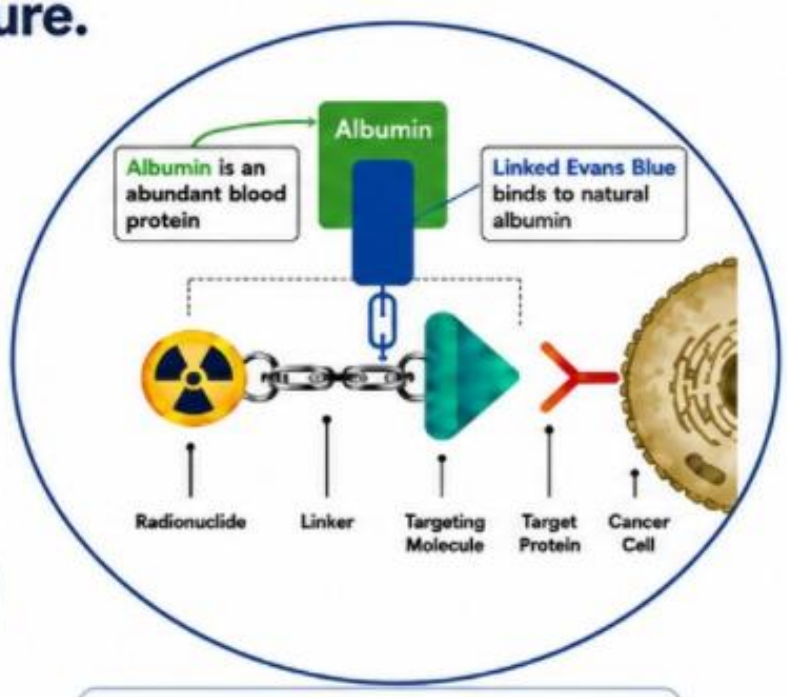
KEY DIFFERENTIATORS

- Clinically validated platform
- Lower radioactivity than conventional PRRT
- Potential best-in-class efficacy
- Strong IP position through 2037
- Multiple partnering opportunities

PATIENT-CENTRIC APPROACH TO MAXIMIZING RADIOPHARMACEUTICAL IMPACT

Targeted by Design. Beneficial by Nature.





Evans Blue albumin-binding technology leverages the body's natural transport system to deliver **more** radiation to tumors and **less** to normal tissues.

SUPERIOR TUMOR TARGETING

- Proprietary Evans Blue albumin-binding conjugate delivers **>8-fold** tumor uptake vs. DOTA-TATE analog in patients

LOWER RADIATION EXPOSURE

- Safe, effective dose of <20% radioactivity
- 5.5 GBq (150 mCi) to 3 X 6-week cycles

EXCELLENT TOLERABILITY

- Well-tolerated; acceptable AE profiles

IMPROVED PATIENT EXPERIENCE

- Does not require amino acid infusion, preventing nausea and vomiting

HEALTHCARE VALUE

- Simplified administration cycles, with substantial cost savings

GOAL: MAXIMIZE PATIENT BENEFIT THROUGH GREATER EFFICACY, REDUCED TOXICITY, ENHANCED CONVENIENCE, AND LOWER DOSE

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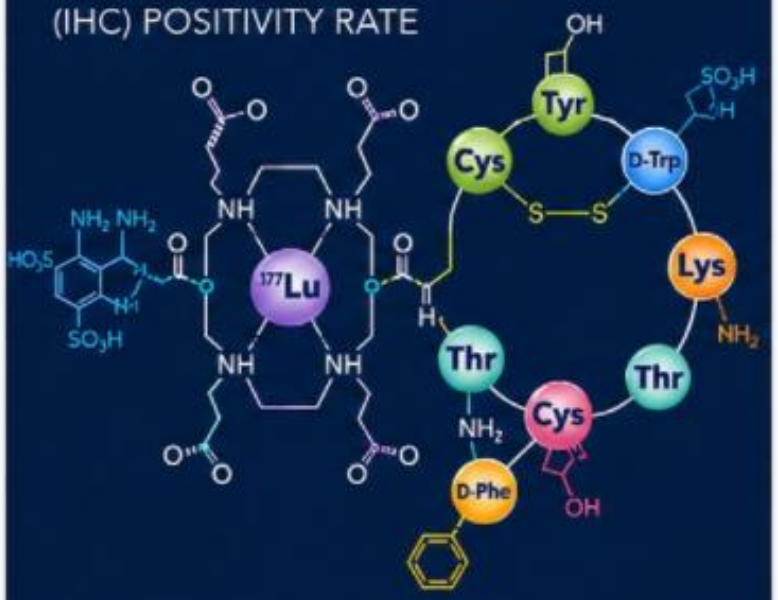
SSTR2 EXPRESSION IN HUMAN CANCERS

BY IMMUNOHISTOCHEMISTRY
(IHC) POSITIVITY RATE



Source: Human Protein Atlas, Pathology Outlines, ACROBiosystems, News Medical

Cancer Type	SSTR2 IHC Positivity	Expression Level	MTTI
Carcinoid	100%	Very High	In development
Thyroid Cancer	100%	Very High	In development
Colorectal Cancer	91.70%	Very High	In development
Liver Cancer	91.70%	Very High	In development
Urothelial Cancer	91.70%	Very High	
Pancreatic Cancer	~80%	High	
Neuroendocrine Breast Cancer	~71%	High	
Gastrointestinal Stromal Tumor	~87.6%	High	
Olfactory Neuroblastoma	75–99%	High	
Paraganglioma	~88%	High	In development
Pheochromocytoma	~73%	High	
Pituitary Adenomas (GH-secreting)	~65%	Moderate	
Small Cell Lung Cancer	~50%	Moderate	In development
Nasopharyngeal EBV-associated CA	Variable	Moderate	In development
Breast Cancer (non-neuroendocrine)	~44.4%	Low	
Gastric Cancer	Variable	Low to Moderate	
Renal Cancer	Variable	Low to Moderate	
Glioma	Variable	Low to Moderate	
Melanoma	Variable	Low	
Endometrial, Cervical, Ovarian	Variable	Low	

MTTI INNOVATIONS

MTTI ADVANCING A TARGETED PIPELINE
FOR SPECIFIC PATIENT POPULATIONS

Precision radiotherapeutics designed to deliver meaningful outcomes in areas of high unmet need

FOCUSED. TARGETED. TRANSFORMATIVE.
Precision radiotherapeutics designed to deliver meaningful outcomes for patients with high unmet medical need.

PROGRAM	TARGET / INDICATION	PRECLINICAL	IND	PHASE I	PHASE II / III	NEXT MILESTONES
EBTATE						
^{177}Lu-EBTATE	SSTR2 / GEP-NET					Finalize pivotal protocol with FDA
	SSTR2 / SCLC					File IND
	SSTR2 / Nasopharyngeal					Initiate trial
	SSTR2 / Thyroid					Initiate trial
^{225}Ac-EBTATE	SSTR2 / SCLC					File IND
^{225}Ac-EBTATE anti-PD-1	SSTR2 / SCLC					File IND
EBRGD						
^{177}Lu-EBRGD	αvβ3 / NSCLC					File IND
^{177}Lu-EBRGD	αvβ3 / GBM					File IND
^{225}Ac-EBRGD	αvβ3 / NSCLC					File IND
^{225}Ac-EBRGD anti-PD-1	αvβ3 / Colorectal					File IND

Completed 5 patients in pilot study

KEY DIFFERENTIATORS

- Highly specific targets for precise patient selection
- Multi-isotope platform enabling personalized therapeutic approaches
- Addressing high unmet need across multiple indications
- Robust pipeline with clear near-term milestones

FOCUSED APPROACH
Advancing targeted programs in well-defined patient populations

EARLY VALIDATION
Clinical activity observed with 5 patients treated in pilot study

CLEAR PATH FORWARD
Multiple programs advancing toward clinical and regulatory milestones

LONG-TERM VALUE
Expanding options for patients with limited treatment alternatives

EBTATE: MULTI-BILLION DOLLAR MARKET OPPORTUNITY

A Differentiated Radiopharmaceutical Platform Addressing Large, High-Unmet-Need Oncology Markets

FOUR HIGH-VALUE INDICATIONS. ONE SCALABLE PLATFORM.

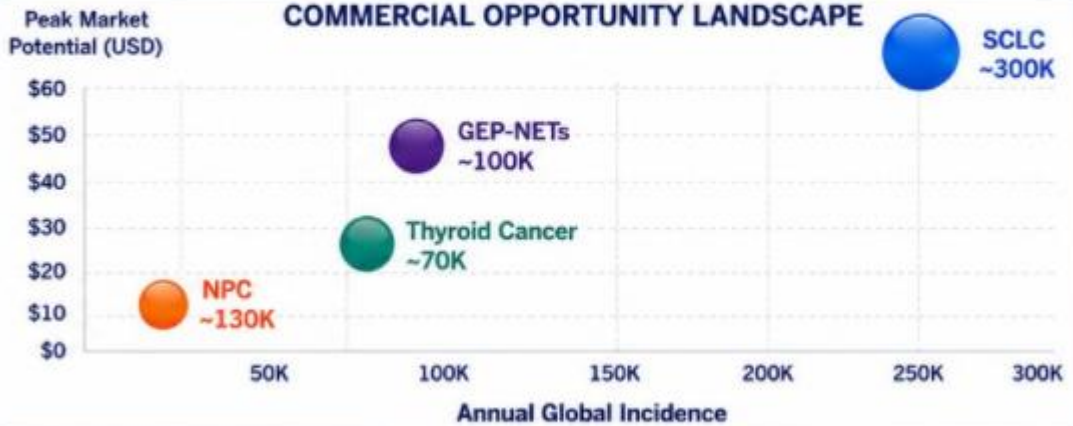
	GEP-NETs	Small Cell Lung Cancer (SCLC)	Thyroid Cancer	Nasopharyngeal Cancer (NPC)
Annual Global Incidence	~100K	~300K	~70K	~130K
Clinical Need	Improve PRRT efficacy and convenience	Significant unmet need in aggressive disease	Limited radiotherapeutic options	Limited innovation in recurrent/metastatic disease
Development Status	Phase I/II Completed	Expansion Opportunity	FDA IND Cleared	Singapore CTA
Strategic Value	Core Franchise	Largest Commercial Opportunity	Potential First-in-Class	Attractive Asia Opportunity
Peak Market Potential	$2–4B	$3–6B	$1–2B	$0.5–1B

EBTATE DIFFERENTIATION

- **81** Patients Treated
- **36** Months Median PFS
- Overall Survival Not Reached
- Use 20% radioactivity vs STD PRRT
- No Amino Acid Infusion Required

- **>500,000** Potential Patients Worldwide
- **>$10 Billion** Combined Peak Revenue Opportunity

COMMERCIAL OPPORTUNITY LANDSCAPE



EBTATE combines clinical validation, differentiated dosimetry, and multiple expansion opportunities to create a potential best-in-class radiopharmaceutical franchise.

CLINICAL DATA SUPPORTS ^{177}Lu-EBTATE AS THE NEXT GENERATION PRRT

Strong clinical activity with durable responses in NET patients

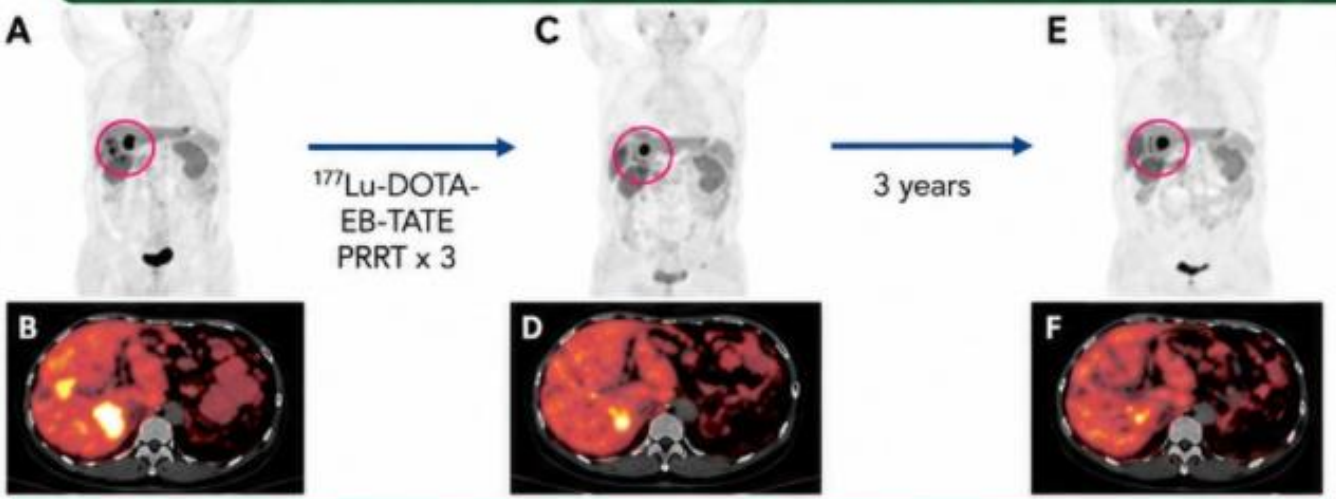
Liu et al. Eur J Nucl Med Mol Imaging 2020; 47: 947–957 | Jiang et al. Theranostics 2022; 12(5): 6437–6445

GROUP (ACTIVITY/CYCLE)	# PTS Number of patients	CR (%) Complete response	PR (%) Partial response	SD (%) Stable disease	PD (%) Progressive disease
1.17 GBq (30 mCi)	7	0%	0%	42.9%	57.1%
1.85 GBq (50 mCi)	6	0%	50%	50%	0%
3.7 GBq (100 mCi)	14	0%	50%	42.9%	7.1%

- **50 mCi** provided **50%** partial response with ORR of **50%** and DCR of **100%** compared to NETTER-1 with **18%** partial response, ORR of **18%** and DCR of **82%**
- Higher activity associated with improved responses and disease control

LONG-TERM EFFICACY

EBTATE (3 cycles) achieved favorable 3-year follow-up results in 29 NET patients



^{68}Ga-DOTATATE PET/CT diagnostic tracking at 3-year follow-up

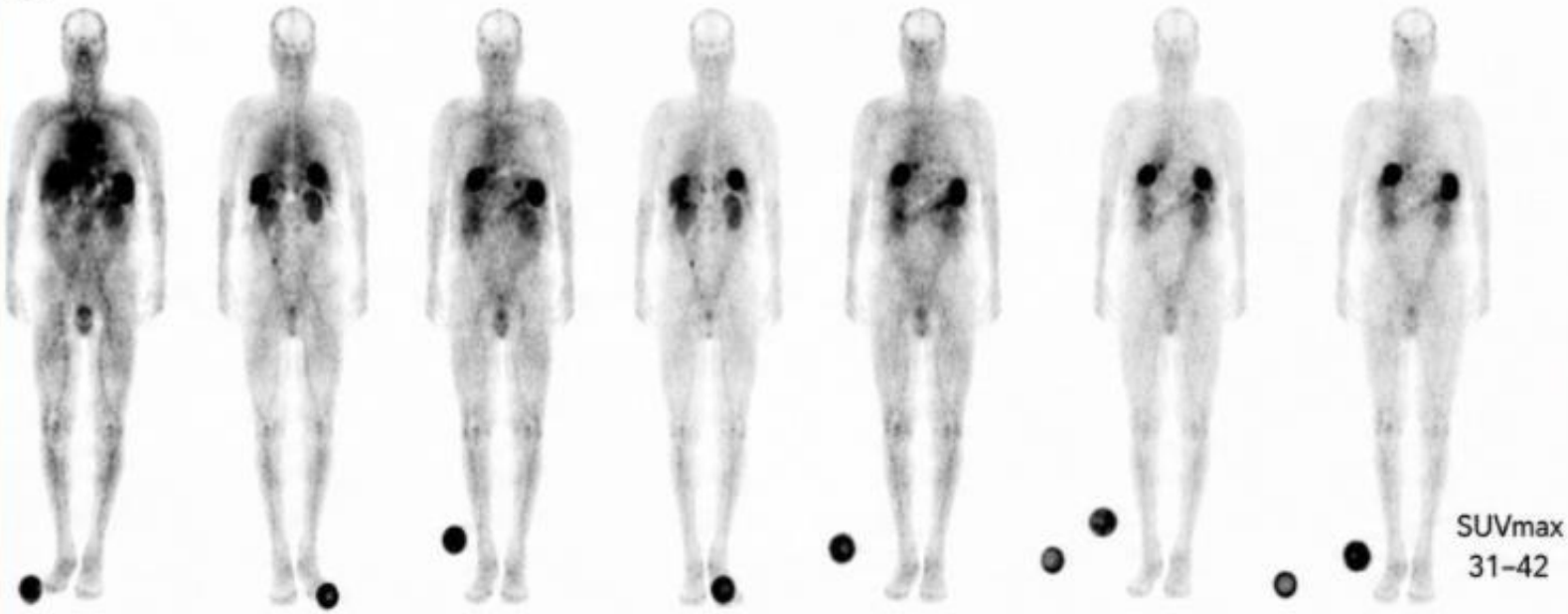
PROLONGED TUMOR UPTAKE
UP TO 15 DAYS WITH SUVmax 31–42

Lisa Bodei et al. (2026 SNMMI)

Sustained tumor uptake demonstrates potential for enhanced therapeutic delivery

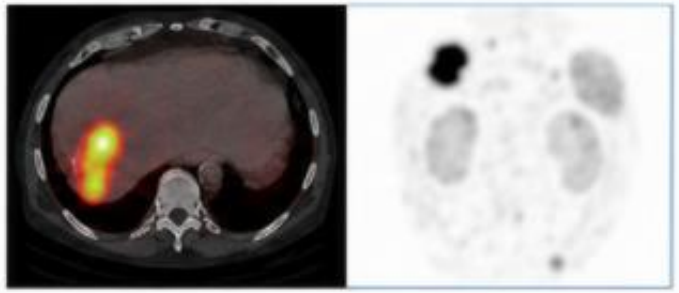
^{177}Lu-EBTATE WHOLE-BODY SPECT/CT

A



SPECT/CT AXIAL IMAGES

B



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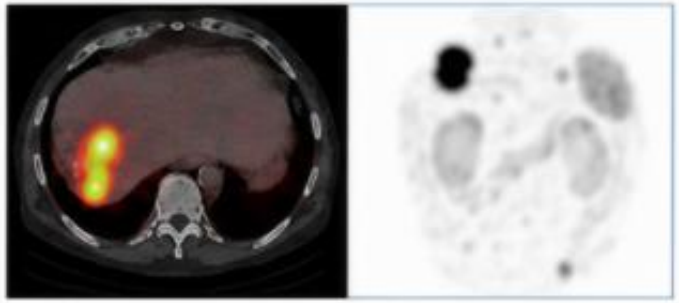
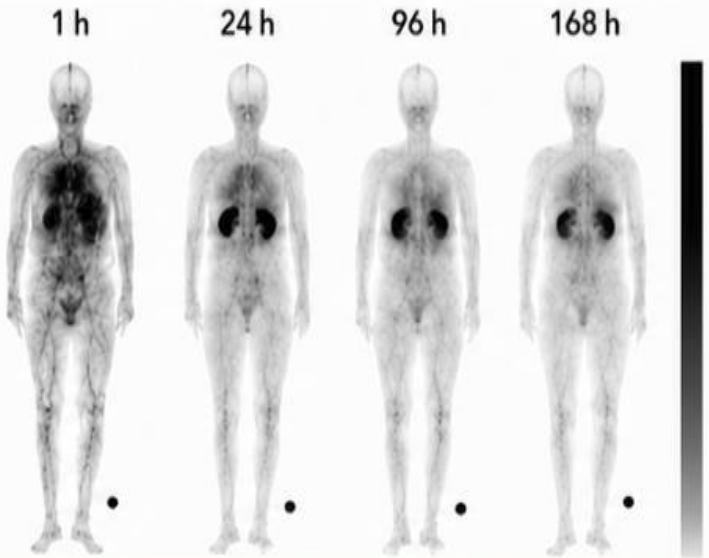


The 25- and 169-hour SPECT/CT images (B, C) show intense uptake in two liver lesions, which increases over time (SUVmax 31→42).

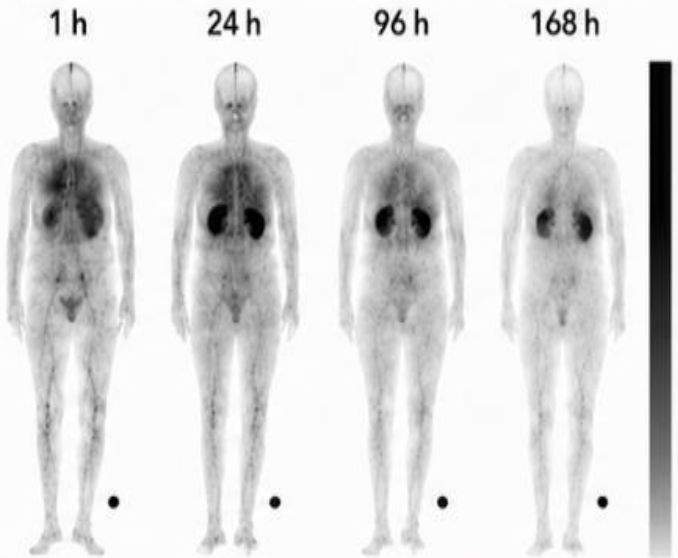
^{177}Lu-EBTATE WITH AND WITHOUT AMINO ACID INFUSION

Jiang et al. (2023 Clin Nucl Med 48(6): e289–e293)

A WITHOUT AMINO ACID INFUSION



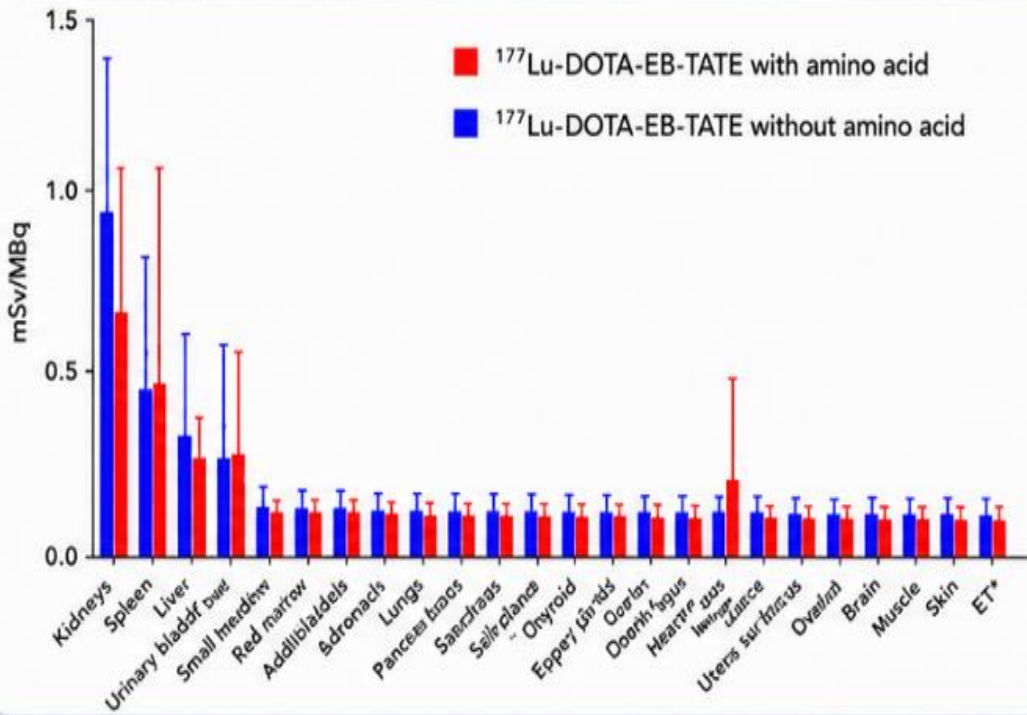
B WITH AMINO ACID INFUSION



Images of a 41-year-old woman at 1, 24, 96, and 168 h after IV administration of at 3.7 GBq (100 mCi) (2 cycles) of ^{177}Lu-EBTATE with and without amino acid infusion.

Renal uptake was somewhat lower at 1 h after administration with amino acid infusion, but accumulation in the kidneys from 24 h to 168 h was similar with or without amino acid infusion.

ESTIMATED EFFECTIVE DOSE AT 24 HOURS



Estimated effective dose of ^{177}Lu-EBTATE with and without amino acid at 24 hours

Amino acid infusion reduces peak renal uptake

Lower activity observed at 1 hour

No impact on long-term retention

Kidney accumulation from 24 to 168 hours was comparable

Supports flexible clinical protocols

Choice of amino acid infusion may be tailored based on clinical needs

ELIMINATING ADDITIONAL NEPHROPROTECTION

Group A: with amino acid | **Group B:** without amino acid

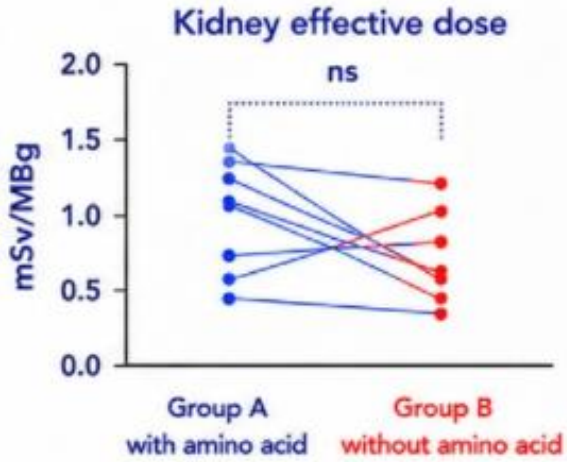
Jiang et al. Clin Nucl Med. 2023;48(6):e289–e293

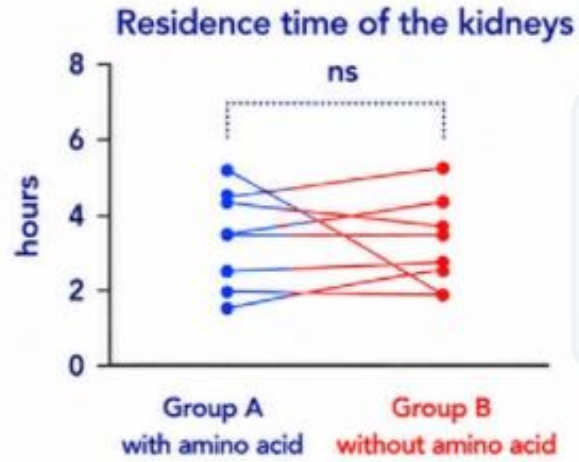
Intra patient comparison of effective dose and residence time of kidneys

Jiang et al. Clin Nucl Med. 2023;48(6):e289–e293

Changes in creatinine, BUN, and GFR at baseline, 1 week, and 4 weeks after each cycle of PRRT (up to 1 YEAR showed no difference)

KIDNEY DOSIMETRY: EFFECTIVE DOSE AND RESIDENCE TIME

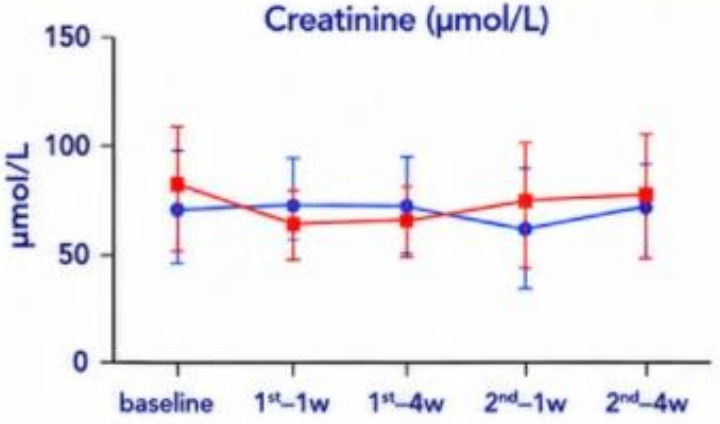


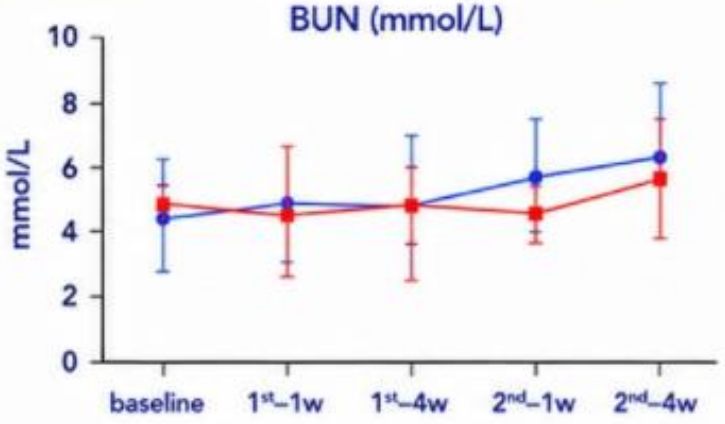


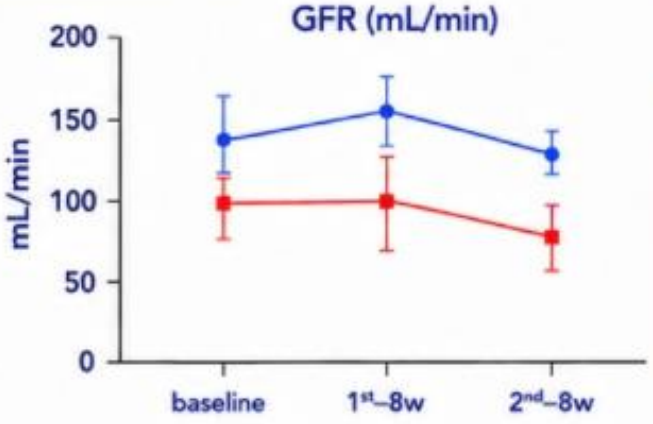
No significant difference with amino acid infusion

ns = not significant

RENAL FUNCTION MARKERS OVER TIME







Group A (with amino acid)

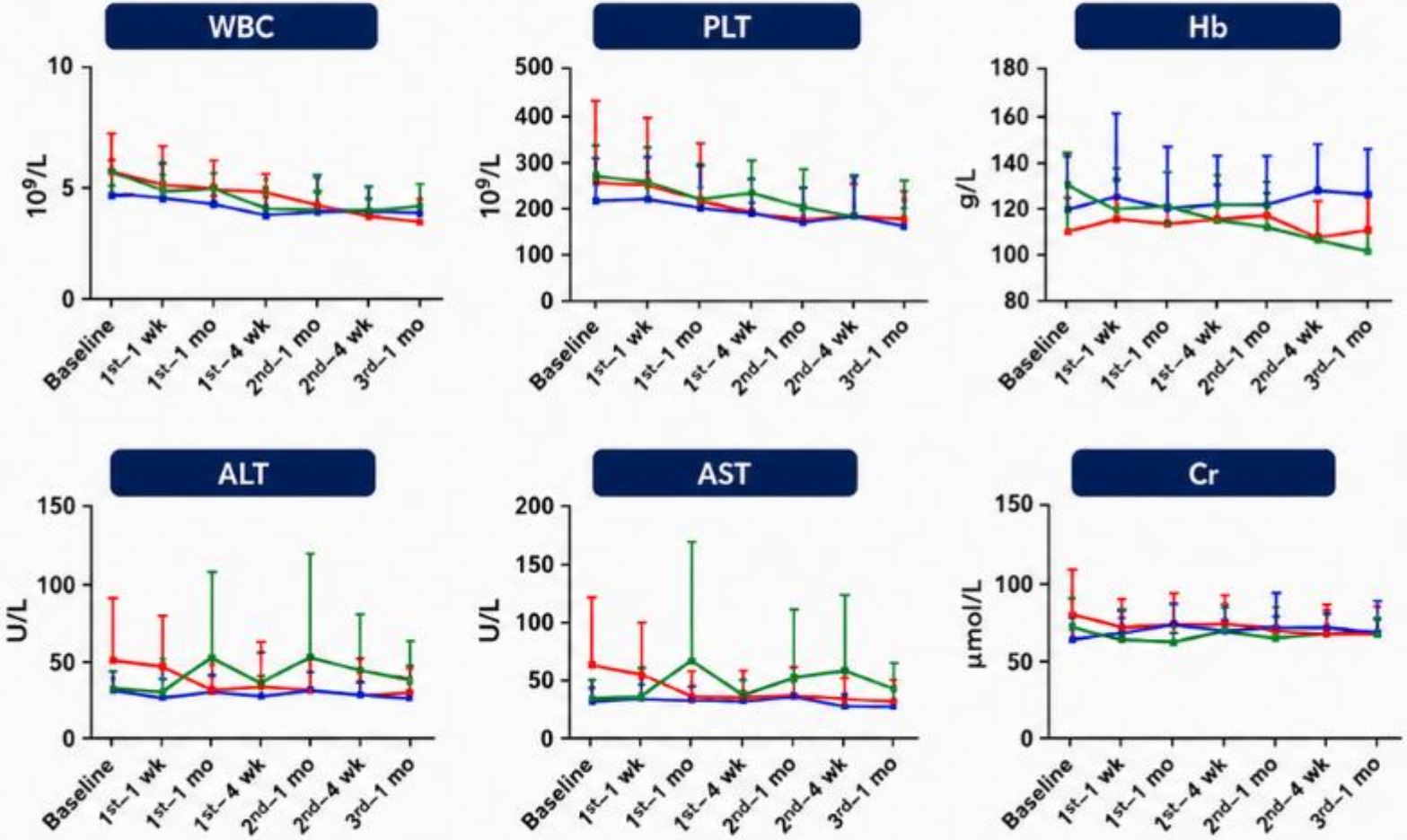
Group B (without amino acid)

No clinically meaningful difference in renal function markers up to 1 year

WELL-TOLERATED, WITH ROBUST SAFETY PROFILE:

^{177}Lu-EBTATE AFTER 50 mCi/3 CYCLES (< 20% of conventional PRRT)

Liu et al. J Nucl Med 2021; 62:386–392



Hematotoxicity, hepatotoxicity and nephrotoxicity after ^{177}Lu-EBTATE at:

- Blue line 1.17 GBq (30 mCi) ×3
- Red line 1.85 GBq (50 mCi)/cycle (×3)
- Green line 3.74 GBq (100 mCi)/cycle (×3)

NET patients tolerated ^{177}Lu-EBTATE well at 1.85 GBq (50 mCi)/cycle (×3)
Red line

WBC, white blood cells
PLT, platelets
Hb, hemoglobin
ALT, alanine aminotransferase
AST, aspartate aminotransferase
Cr, creatinine

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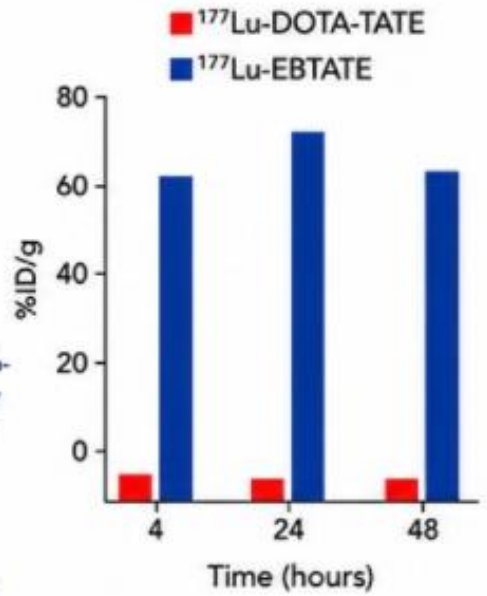
NEXT-GENERATION ALBUMIN-BINDING PRRT

Zhang et al. J Nucl Med 2018; 59:1699–1705; Thakur et al. Clin Cancer Res 2022; 27(5); 1399–1409; Bandara et al. Bioconj Chem 2018; 20: 2448–2454

1 DRAMATICALLY INCREASED TUMOR UPTAKE

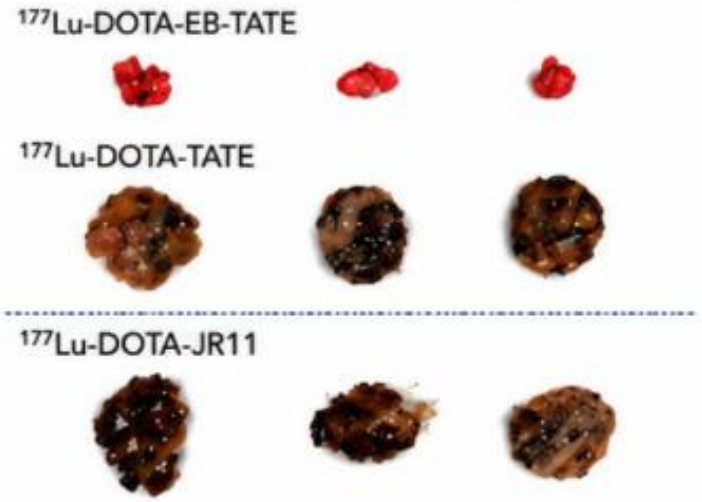
UP TO **26×** HIGHER TUMOR UPTAKE



- Evans Blue albumin-binding technology prolongs systemic circulation
- Sustained tumor retention versus conventional PRRT
- Complete tumor remission observed in multiple preclinical models

26× HIGHER TUMOR UPTAKE

2 SUPERIOR ANTI-TUMOR ACTIVITY

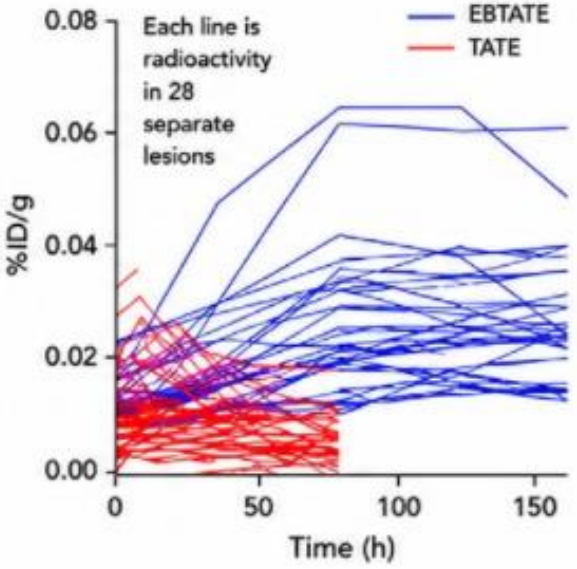


- Significant reduction in tumor volume vs DOTA-TATE and DOTA-JR11

SUPERIOR TUMOR CONTROL

3 ENHANCED LESION ABSORPTION IN PATIENTS

~8× HIGHER TUMOR ABSORPTION IN PATIENTS



- Increased absorbed dose at tumor site

8× HIGHER CLINICAL TUMOR ABSORPTION

EVANS BLUE ALBUMIN-BINDING TECHNOLOGY ENABLES:

- Higher Tumor Uptake
- Longer Tumor Retention
- Superior Anti-Tumor Activity
- Enhanced Clinical Lesion Absorption
- Potential for Improved Therapeutic Index

NEXT GENERATION ALBUMIN-BINDING PRRT
ACHIEVES 5–26× GREATER TUMOR RETENTION

STAGE	ISOTOPE / TARGET	TUMOR (CELL LINE: PATIENT)	WITH EB %ID/G*	NO EB %ID/G*	FOLD INCREASE
Preclinical	^{177}Lu/SSTR2	Pancreatic (AR42J)	78.2	3	26
	^{86}Y/SSTR2	CRC (HCT116)	30	1.5	20
	^{177}Lu/Integrin	Pancreatic (AR42J)	14	3	5
	^{64}Cu/Integrin	Glioma (J87MG)	16	1	16
Clinical	^{177}Lu/SSTR2	NET Patients	0.0469 ± 0.0167 MBq h/MBq/g	0.0059 ± 0.0033 MBq h/MBq/g	8

EBTATE consistently delivers higher tumor retention across multiple targets and isotopes — driving **superior efficacy at low radiation dose.**

Lau. Bioconjug Chem. 2019;30:487 | Bandara et. al. Bioconjug Chem. 2016;29:2448 | Zhang et. al. J Nucl Med. 2018;59:1699-1705.

* % Injected Dose per gram of tissue

CONCLUSIONS

Lisa Bodei et. al. (2026 SNMMI)

The **two–cycle regimen** of ^{177}Lu-DOTA-EB-TATE delivered **higher renal doses** than standard ^{177}Lu-DOTATATE. With proper dosimetry, **no kidney toxicity was observed.**

Within the defined dosing limits of this study, ^{177}Lu-DOTA-EB-TATE is a **potential high–uptake alternative** to standard PRRT, supporting **a shortened two–cycle schedule** for earlier response assessment.

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^{177}Lu-DOTA-EB-TATE: Clinical Validation of a Next-Generation High-Uptake PRRT

CLINICAL VALIDATION

- Phase I/II completed (N=81)
- Favorable safety and efficacy

LOW-DOSE, HIGH-IMPACT

- **150 mCi total dose**
- **20%** radioactivity vs. standard PRRT

CLINICAL OUTCOMES

- PFS: **36** vs. 22 months
- **OS not reached**

PATIENT CONVENIENCE

- **No amino acid** infusion required

REGULATORY PROGRESS

- FDA INDs: NETs (#144184) and Thyroid (#160065)
- Singapore CTA: NPC (#2300082)

DIFFERENTIATED SAFETY

- **No renal toxicity observed**
- Despite increased kidney radiation exposure

EFFICIENT TREATMENT PARADIGM

- Potential **2-cycle regimen**
- Earlier response assessment

SNMMI 2026 HIGHLIGHT

- ^{177}Lu-DOTA-EB-TATE
- Potential **next-generation high-uptake PRRT**

81 PATIENTS

20% RADIOACTIVITY VS. STANDARD PRRT

PFS **36** MONTHS

NO RENAL TOXICITY OBSERVED

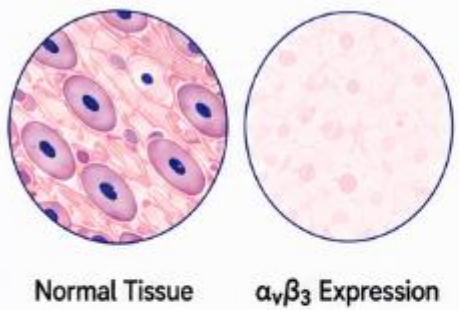
POTENTIAL **2-CYCLE** REGIMEN

Clinical data support ^{177}Lu-DOTA-EB-TATE as a differentatied next-generation PRRT with strong efficacy, favorable safety, reduced radioactivity exposure, and potential treatment simplification.

$\alpha_v\beta_3$: A Tumor-Selective Target Driving Angiogenesis and Tumor Progression

1. LOW OR NO EXPRESSION IN NORMAL TISSUES

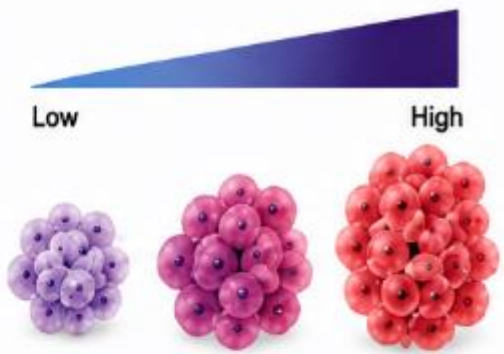
$\alpha_v\beta_3$ shows minimal to undetectable expression in normal tissues



Normal Tissue $\alpha_v\beta_3$ Expression

2. INCREASED IN TUMORS AND CORRELATES WITH AGGRESSIVENESS

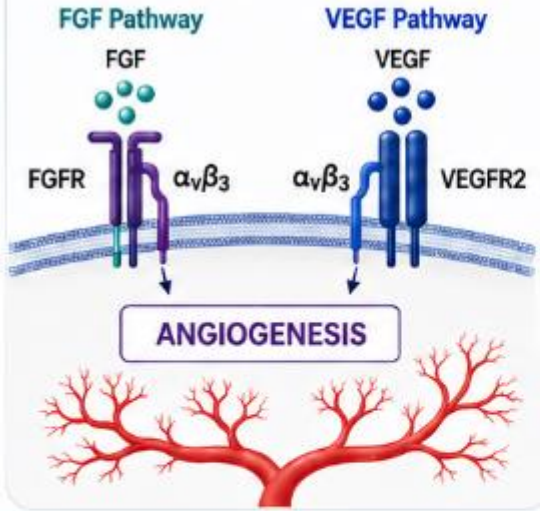
$\alpha_v\beta_3$ expression increases with tumor grade and correlates with poor prognosis



Tumor Grade / Aggressiveness

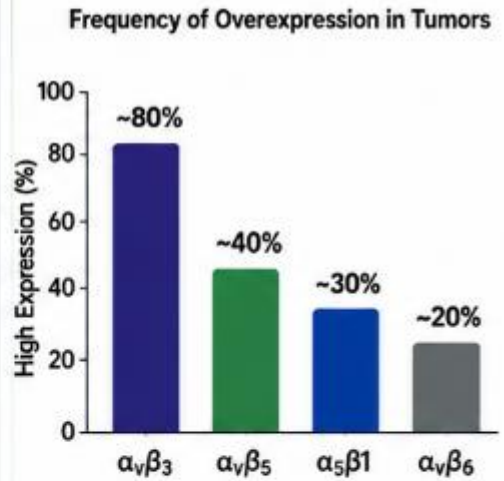
3. DRIVES ANGIOGENESIS THROUGH GROWTH FACTOR RECEPTOR INTERACTIONS

Growth factors are highly expressed in tumors, $\alpha_v\beta_3$ and FGFR interaction induces angiogenesis downstream of FGF binding, and $\alpha_v\beta_3$ and VEGFR2 promote VEGF-induced angiogenesis



4. OVEREXPRESSED IN TUMORS COMPARED TO OTHER INTEGRINS

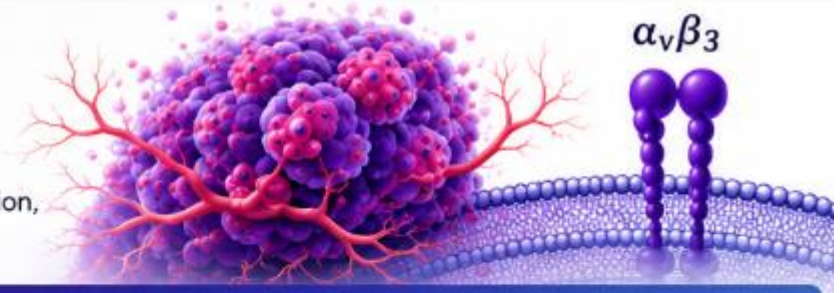
$\alpha_v\beta_3$ is overexpressed in tumors with higher frequency than other integrins



$\alpha_v\beta_3$ is a highly tumor-selective integrin that promotes angiogenesis and tumor progression, making it an ideal target for precision oncology.

$\alpha_v\beta_3$: KEY INTEGRIN DRIVING CANCER PROGRESSION

$\alpha_v\beta_3$ is a highly tumor-selective integrin that drives angiogenesis, metastasis and tumor progression, making it a compelling target for precision oncology.



WHY $\alpha_v\beta_3$ MATTERS

Low or minimal expression in normal tissues
Enables tumor-selective targeting

Expression increases in tumors
Correlates with tumor grade, aggressiveness and poor prognosis

Drives angiogenesis and metastasis
$\alpha_v\beta_3$–FGFR interaction and $\alpha_v\beta_3$–VEGFR2 promote angiogenesis downstream of FGF and VEGF signaling

Widely overexpressed in tumors
with higher frequency than other integrins

BIOLOGICAL IMPACT

Integrin Overexpression → Angiogenesis Activation → Tumor Growth & Invasion → Metastasis & Poor Survival

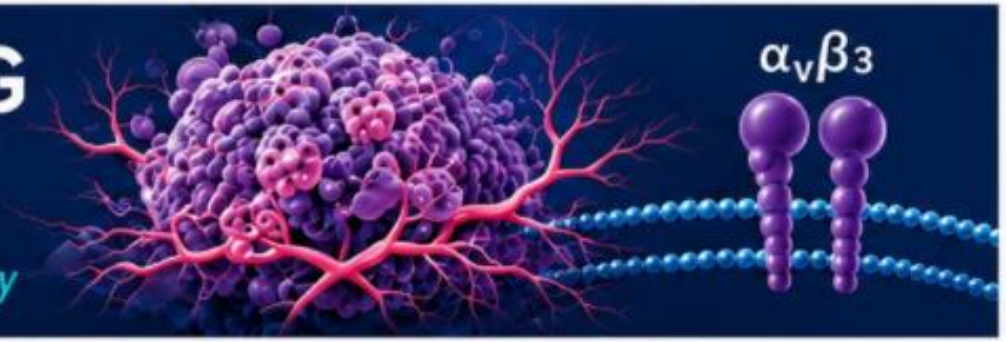
$\alpha_v\beta_3$ EXPRESSION ACROSS CANCER TYPES

Tumour type	$\alpha_v\beta_3$ expression	Associated phenotypes
Melanoma	$\alpha_v\beta_3$	Vertical growth phase [95,172–174] and lymph node metastasis [172,175]
Breast	$\alpha_v\beta_3$	Increased tumour size and grade [176], and decreased survival [177] Increased bone metastasis [36–38,84]
Prostate	$\alpha_v\beta_3$	Increased bone metastasis [80]
Pancreatic	$\alpha_v\beta_3$	Lymph node metastasis [48]
Ovarian	$\alpha_v\beta_3$	Increased peritoneal metastasis [178] and tumour proliferation [179]
Cervical	$\alpha_v\beta_3$	Decreased patient survival [41,181]
Gioblastoma	$\alpha_v\beta_3$	Expressed at the tumour–normal tissue margin and has a possible role in invasion [181]
Non-small-cell lung carcinoma	$\alpha_v\beta_3$	Decreased survival in patients with lymph node–negative tumours [182]
Colon	$\alpha_v\beta_3$	Reduced patient survival [129]

$\alpha_v\beta_3$ is a highly tumor-selective integrin that drives ANGIOGENESIS | METASTASIS | TUMOR PROGRESSION » PRECISION ONCOLOGY

EBRGD™ – UNLOCK $\alpha_v\beta_3$ TARGETING IN CANCER TREATMENT

Engineered for Superior Tumor Targeting, Retention and Therapeutic Efficacy



Improved Tumor Uptake and Retention

- Conjugation of EB to DOTA-RGD resulted in **significant increase in tumor uptake and tumor retention**, as demonstrated with $^{177}Lu/^{90}Y/^{64}Cu$
- Other non-radioactive RGD derivatives **clear too fast** to be effective

Strong *In Vivo* Efficacy in NSCLC and CRC

- In a PDX$\alpha_v\beta_3$ NSCLC mouse model, a single dose of ^{177}Lu-EB-RGD **completely eradicated the tumors** with no sign of tumor recurrence during the observation period
- Concurrent blockade of PD-1/PD-L1 combined with ^{177}Lu-EB-RGD **improved overall survival and long-term tumor control** in a mouse colorectal cancer model

Potential in a Variety of Cancers

- $\alpha_v\beta_3$ integrin is a marker for **angiogenesis** and **over-expressed** in many cancers
- EBRGD™ is designed to **overcome past therapy failures** and **unlock potential** of $\alpha_v\beta_3$ targeting in cancer treatment

EBRGD™ leverages enhanced tumor retention and potent *in vivo* efficacy **to deliver transformative outcomes across multiple cancers.**

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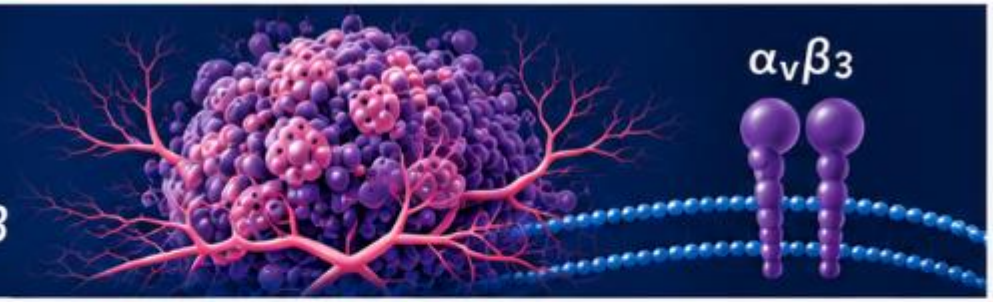
Higher Uptake with EB-RGD

Uptake (%ID/g) at Tumor Sites Using RGD with and without EB



EB conjugation
significantly improves tumor uptake across multiple cancer models.

Enhanced Targeting
Greater tumor uptake with EB

Stronger Retention
Higher and more sustained accumulation

Indications/Model	Biomarkers/ Histopathology Staining	Isotope	% ID/gram w/o vs. with EB
NSCLC/AR427-7, PDX$\alpha_v\beta_3$+, PDX$\alpha_v\beta_3$–	$\alpha_v\beta_3$, CD31, Ki-67, TUNEL, H&E, CK7, TTF-1, Napsin-A, P63, SY, CK5/6	^{177}Lu ^{64}Cu	3% vs 14% ↑ 4.7x higher uptake
Colorectal/ MC38	$\alpha_v\beta_3$, CD31, Ki-67, TUNEL, H&E, αPD-L1 mAb, PD-L1, CD11b+, CD45+, CD8+, DAPI	^{177}Lu ^{18}F-FDG	4% vs 12% ↑ 3.0x higher uptake

EB conjugation **enhances tumor uptake and retention**—unlocking the full potential of $\alpha_v\beta_3$ targeting in cancer treatment.

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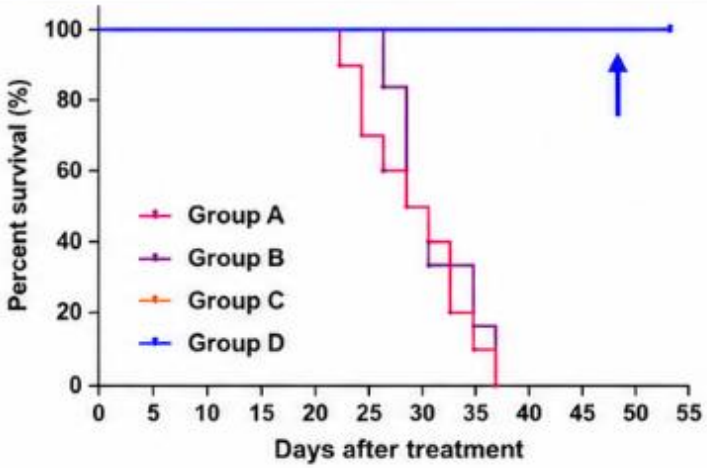
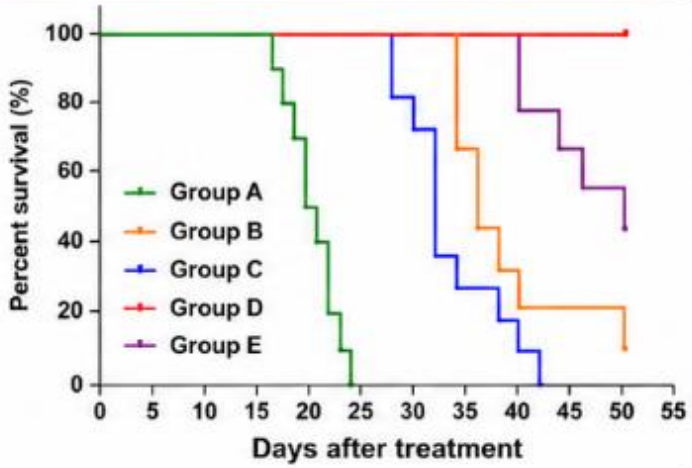
^{177}Lu-EBRGD SHOWS SUPERIOR PRECLINICAL EFFICACY WITH COMPLETE ERADICATION OF TUMORS: NSCLC, GBM AND COLORECTAL CANCERS

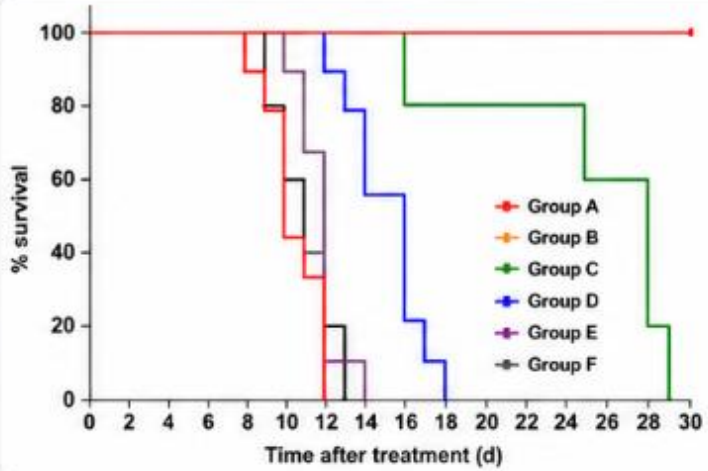
1 Group C&D show 100% survival over 50 days vs. "no EB" analog and saline



2 Sequential treatment IO & EBRGD shows 100% survival (D)



3 100% survival with 2 x 7.4 MBq (B) of ^{90}Y-EBRGD



NSCLC model. A single dose of ^{177}Lu-EBRGD (18.5 (B) and 29.6 (D) MBq) completely eradicated tumors in PDXαvβ3, with no sign of tumor recurrence during the observation period.

Enhances immunotherapy in Colorectal cancer: A: saline, B, ^{177}Lu-EBRGD, C anti-PD-1, D. Conc 1st ^{177}Lu-EBRGD D 0, anti-PD-1 D1, 4,7 E. Seq ^{177}Lu-EBRGD D 0, anti-PD-1 11, 14, & 17 D

Dose escalation studies in GBM Model: A. saline, B, 2×7.4, C 2×3.74, D, 2×1.8, E 1×7.4 F 1×1.85 MBq of ^{90}Y-EBRGD.

^{177}Lu-EBRGD consistently delivers **5–26× greater tumor retention** and complete tumor eradication across aggressive cancer models — enabling **superior therapeutic efficacy at low radiation dose.**

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Lau. Bioconjug Chem. 2019;30:487 | Bandara et. al. Bioconjug Chem. 2018;29:2448 | Zhang et. al. J Nucl Med. 2018;59:1699-1705.

* % Injected Dose per gram of tissue

MTTI Expanding a First-in-Class αvβ3 Integrin-Targeted Radiopharmaceutical Pipeline

Precision radiotherapeutics designed for αvβ3-positive solid tumors with significant unmet need

VALIDATED PLATFORM

- 81 patients treated
- Human efficacy demonstrated
- Multi-isotope capability (^{177}Lu and ^{225}Ac)

PROGRAM	TARGET	INDICATION	DISCOVERY	PRECLINICAL	IND-ENABLING	PHASE 1	PHASE 2
EBRGD™ (^{177}Lu/^{225}Ac)	αvβ3 Integrin	**NSCLC** (Non-Small Cell Lung Cancer)	●	●	●	○	○ Protocol finalized; clinical sites identified
EBRGD™ (^{177}Lu/^{225}Ac)	αvβ3 Integrin	**GBM** (Glioblastoma)	●	●	●	●	5 patients completed
EBRGD™ + Anti-PD-1	αvβ3 Integrin	**Colorectal Cancer**	●	●	●	○	○ Combination strategy validated; sites identified

WHY αvβ3?

- Minimal expression in most normal tissues
- Highly expressed in aggressive tumors and tumor vasculature
- Enables targeted delivery of radiotherapeutics
- Potential pan-solid tumor opportunity

PLATFORM EXPANSION OPPORTUNITIES

CURRENT FOCUS

NSCLC · GBM · Colorectal Cancer

FUTURE OPPORTUNITIES

Triple-Negative Breast Cancer · Ovarian Cancer · Melanoma · Pancreatic Cancer · ...and other solid tumors

First-in-class αvβ3-targeted radiotherapeutic platform advancing multiple precision oncology programs with early clinical validation and expansion potential across solid tumors.

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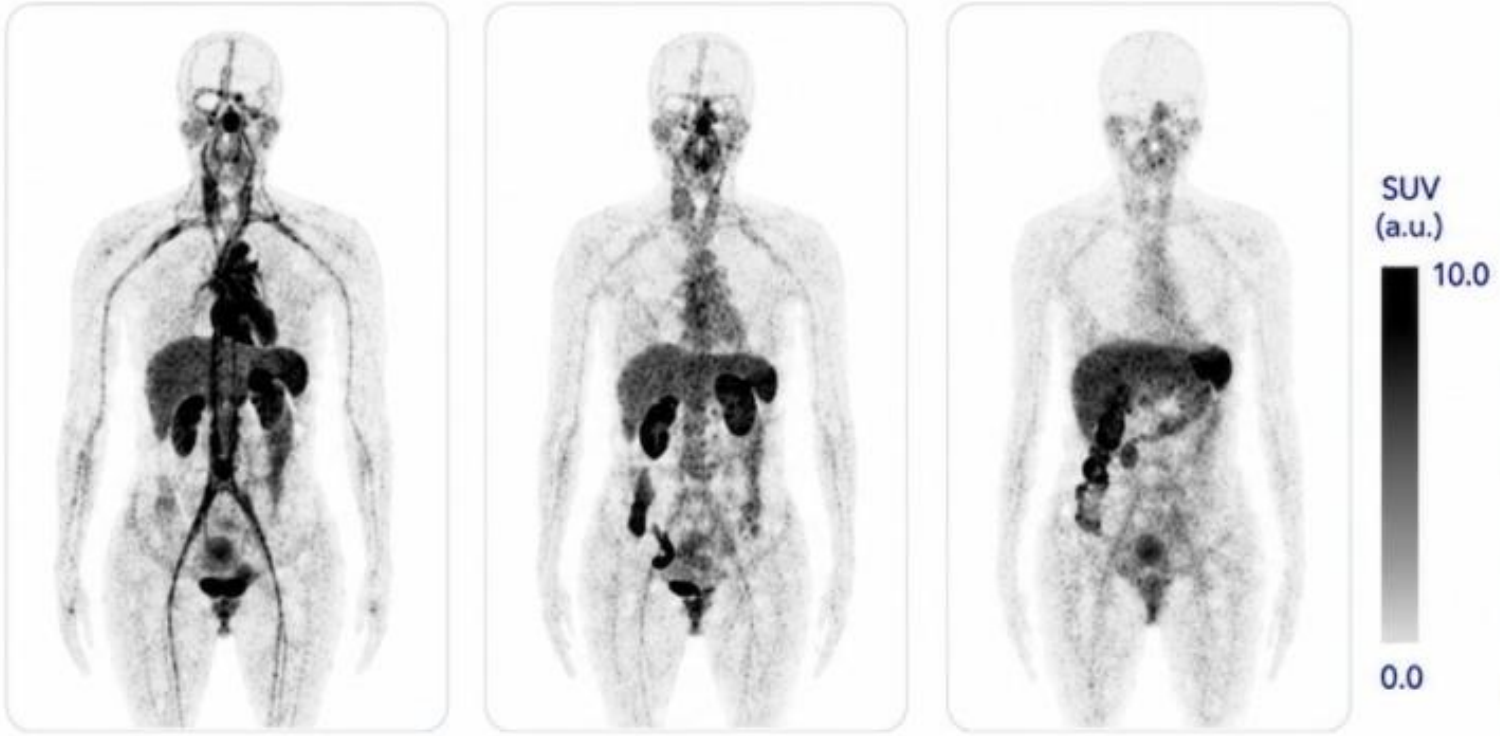
BIODISTRIBUTION AND PET-BASED HUMAN DOSIMETRY OF ^{64}Cu-EBRGD IN HEALTHY VOLUNTEERS



Healthy Volunteers:
n=3
(1 male, 2 female)

Injected dose:
92.5–111, 101.1 ± 9.3 MBq

MEAN BIODISTRIBUTION (%ID/G) AND DOSIMETRY

Target organ	Mean	SD
Adrenals	0.0319	0.0051
Brain	0.0077	0.0007
Breasts	0.0241	0.0032
Gallbladder Wall	0.0346	0.0042
LU Wall	0.0291	0.0041
Small Intestine	0.0545	0.0043
Stomach Wall	0.0301	0.0041
UL Wall	0.0317	0.0042
Heart Wall	0.0298	0.0041
Kidneys	0.0994	0.0425
Liver	0.1012	0.0228
Lungs	0.0200	0.0046
Muscle	0.0127	0.0017
Ovaries	0.0294	0.0036
Pancreas	0.0447	0.0185
Red Marrow	0.0230	0.0027
Osteogenic Cells	0.0528	0.0087
Skin	0.0219	0.0030
Spleen	0.1293	0.0265
Testes	0.0229	NA
Thymus	0.0261	0.0039
Thyroid	0.0248	0.0030
Urinary Bladder Wall	0.0268	0.0015
Uterus	0.0334	NA
Total Body	0.0299	0.0045
Effective Dose Equivalent	0.0454	0.0088
Effective Dose	0.0315	0.0052

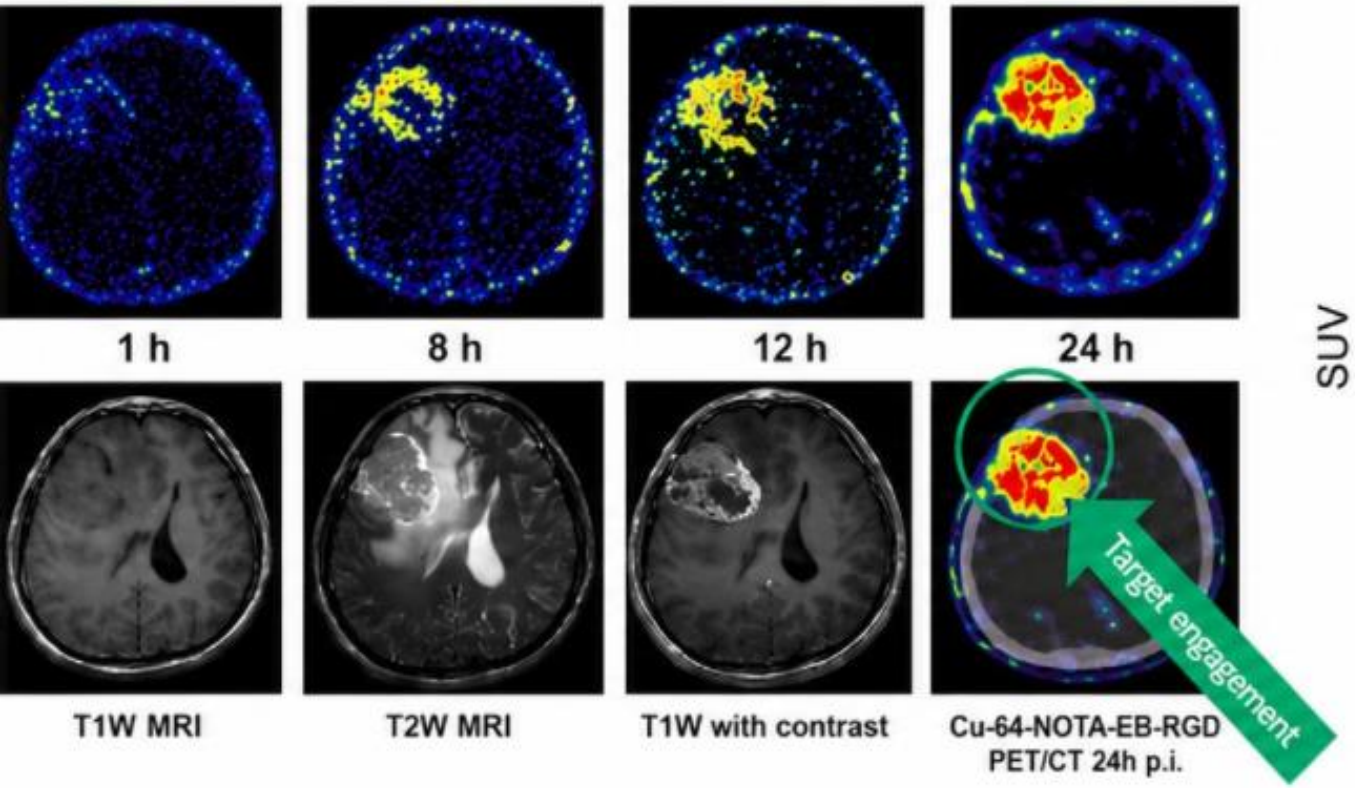
Zhang et. al. J Nucl Med 2020; 61 (Suppl 1): 349

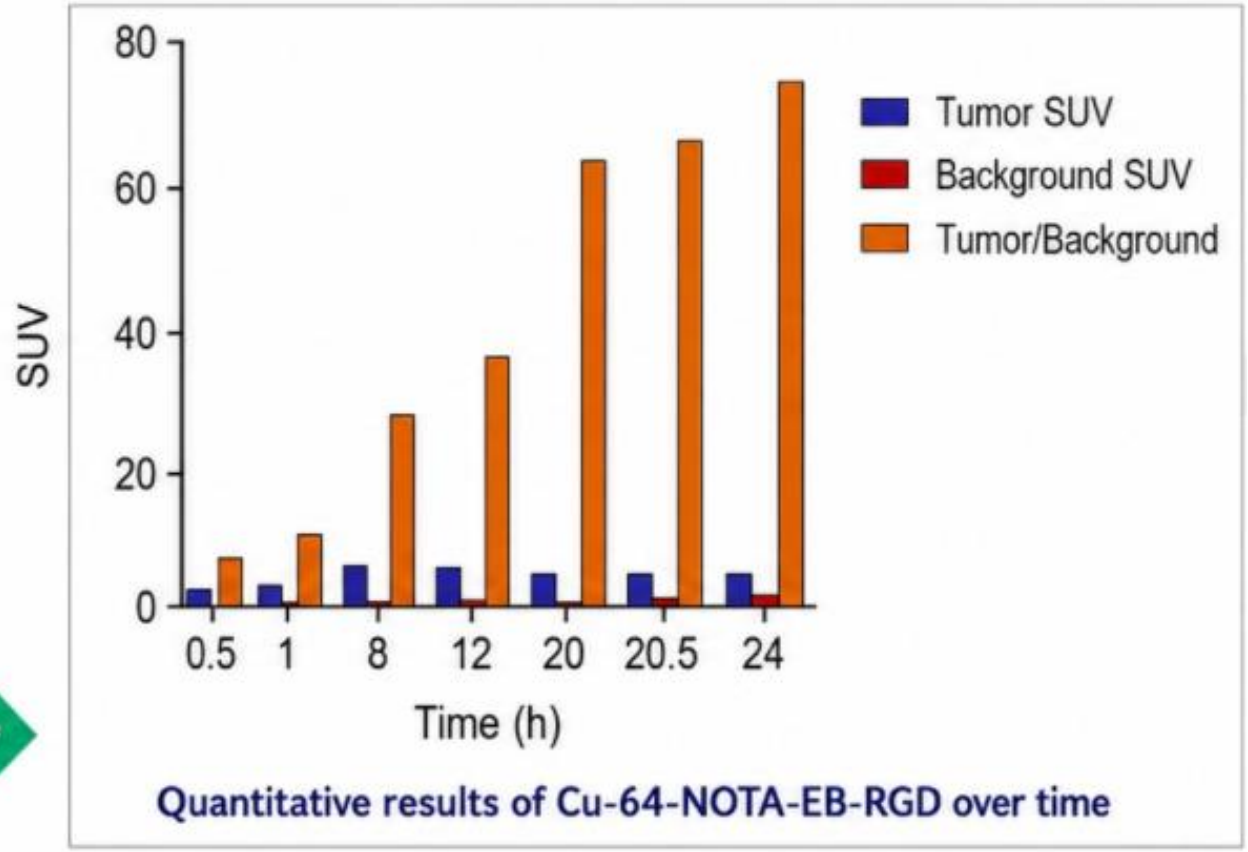
* % Injected Dose per gram of tissue

^{64}Cu-EBRGD – ROBUST TARGET ENGAGEMENT IN GBM PATIENTS

Glioblastoma Multiforme Patient

Signal/background ratio increased over time





Quantitative results of Cu-64-NOTA-EB-RGD over time

Zhang et al. J Nucl Med 2020; 61(Suppl 1): 349

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EBRGD OPPORTUNITIES

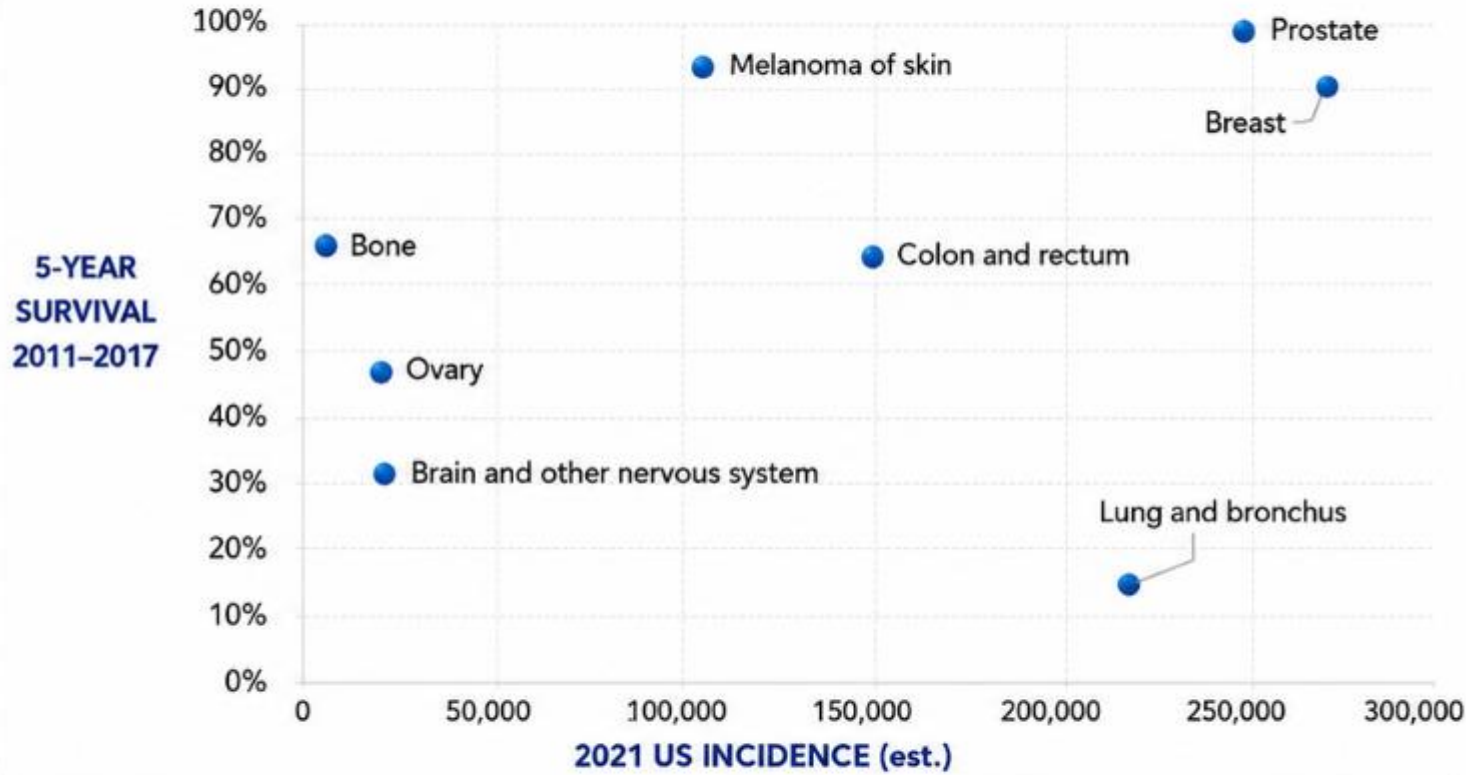
Broad Target Expression Across High-Incidence Cancers

Multiple cancers express Integrin $\alpha_v\beta_3$ therapeutic targets:

Overexpressed in almost all metastatic cancers

5-YEAR SURVIVAL 2011–2017

~ 1 million US patients annually



Broad expression across high-incidence, high-need cancers positions EBRGD as a differentiated platform with significant clinical and commercial potential.

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Sources: SEER Cancer Stat Facts: 2021 Incidence; SEER 5-Year Relative Survival (2011–2017)

EBRGD STATUS

Completed pilot study of ^{64}Cu-EBRGD
in healthy subjects and GBM patients

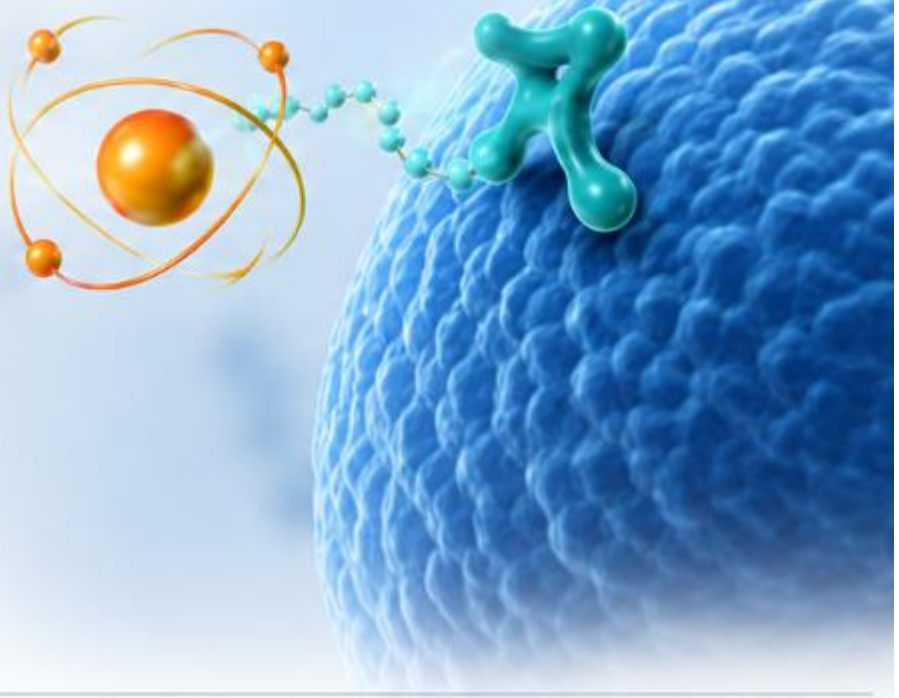
Completed GLP toxicology

Completed GMP manufacture

Demonstrated acceptable cGMP radiolabeling

Completed Phase I protocol and identified
clinical site for non-small cell lung cancer

Active study exploring preclinical & clinical
efficacy of ^{225}Ac-EBRGD



NOVEL & DIFFERENTIATED PLATFORM

- Proprietary Evans Blue albumin-binding technology
- Enhances tumor targeting and retention
- Improves therapeutic index
- Differentiates from existing PRRT approaches

EXPERIENCED RADIOPHARMACEUTICAL LEADERSHIP

- 30+ years drug development expertise
- Multiple IND submissions
- Clinical, regulatory and commercialization experience
- Proven execution in targeted therapeutics

SCALABLE MANUFACTURING & SUPPLY

- Lu-177 supply secured
- Global CDMO relationships
- Commercial-scale production readiness

TWO CLINICAL PROGRAMS

EBTATE (SSTR2 PATHWAY)

- Targeting SSTR2-positive GEP-NETs
- Phase I completed
- 81 patient clinical dataset

EB-RGD (INTEGRIN PATHWAY)

- Targeting integrin αvβ3-positive solid tumors
- NSCLC and GBM focus
- IND-enabling development

COMPELLING CLINICAL EVIDENCE

- 81 GEP-NET PATIENTS
- ORR up to 50% in G2 NETs
- Median PFS 36 months
- Favorable safety profile
- No nephrotoxicity observed

PIPELINE EXPANSION OPPORTUNITIES

- SSTR2
- Integrin αvβ3
- FAP
- HER2
- PSMA
- α-Emitter Applications

KEY DIFFERENTIATORS

- Clinically validated platform
- Lower radioactivity than conventional PRRT
- Potential best-in-class efficacy
- Strong IP position through 2037
- Multiple partnering opportunities

MTTI TEAM

Experienced leaders. Proven track record. Shared mission.

Chris Pak, PhD,
President & CEO

Centocor
Mallinckrodt Pharmaceuticals
Scotgen Biopharmaceuticals

Norman LaFrance MD,
Chief Strategy Officer

JUBILANT PHARMA
mabts Therapeutics, Inc.

Danielle Meyrick Ph.D. MD,
Executive Advisor

Telix
itm RADIO PHARMA

Jianwei Xu, PhD,
CBO

McKinsey & Company
Cambridge Solutions Pharmaceutical Consulting

Jeffrey Mattis, PhD,
SVP Regulatory Affairs

Centocor
Formula Pharmaceuticals

John Farah, PhD,
Executive Advisor

Cephalon
MELIOR DISCOVERY
AEOLUS THERAPEUTICS

Brian Gray, PhD,
SVP Product Development

SB SmithKline Beecham
ZYNAXIS
PTI research

Michael Silvon PhD, MBA,
SVP Business Development

charles river
ZENECA
BASi

Richard Wahl, MD, Clinical Advisor
Chairman, Department of Radiology and Director of the Mallinckrodt Institute of Radiology at Washington University School of Medicine

WashU Medicine

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APPENDIX

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MOLECULAR TARGETING TECHNOLOGIES, INC.

CONTACT US

Chris Pak
President & CEO

Email: cpak@mtarget.com

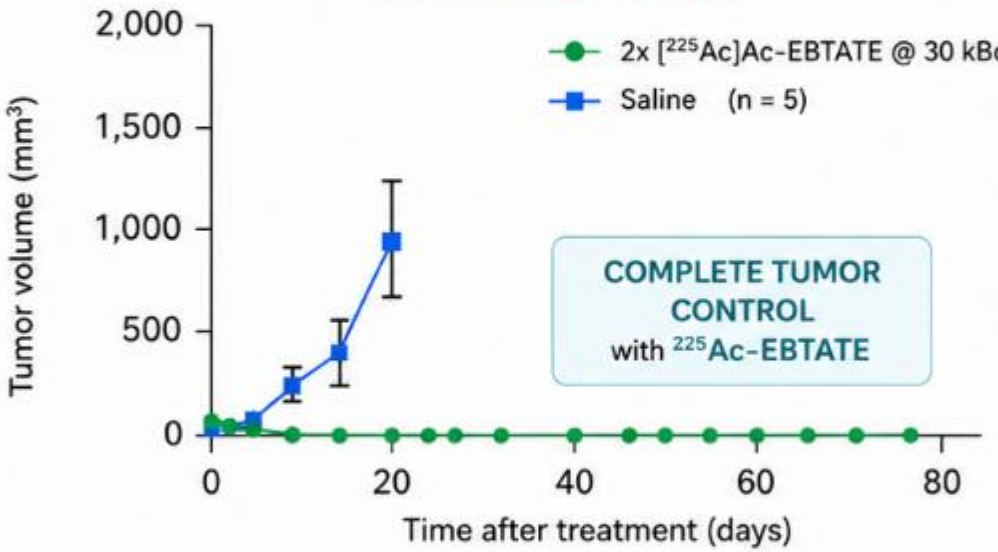
www.mtarget.com

^{225}Ac-EBTATE vs. RayzeBio RYZ101 in SCLC:

Similar Efficacy at 40% of the RYZ101 Dose

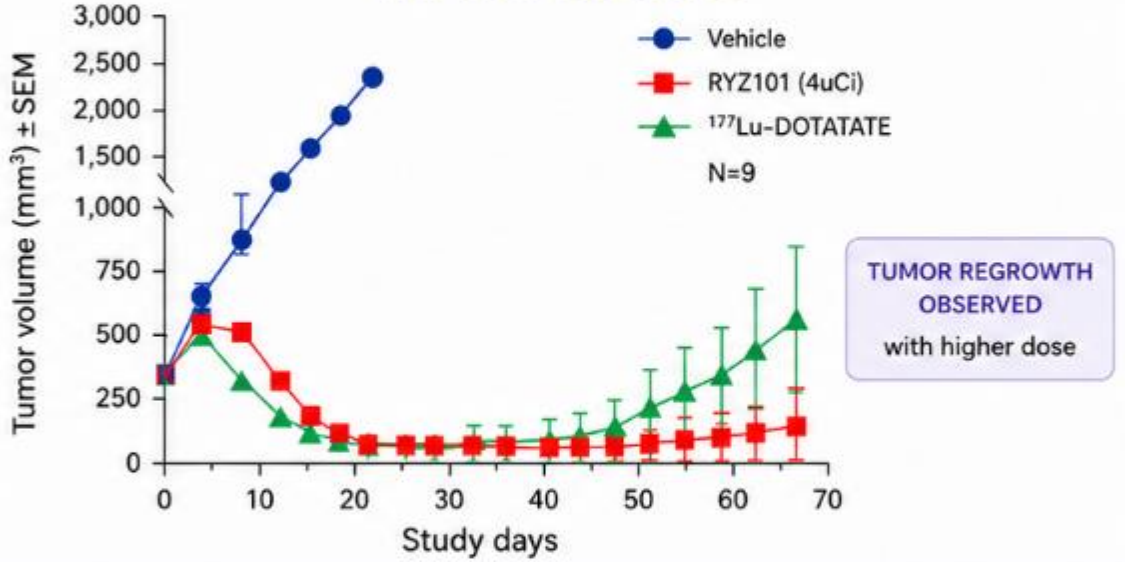
^{225}Ac-EBTATE (2 x 30 kBq)

Preclinical SCLC Model



RYZ101 (148 kBq)

NCI-H524 SCLC Model



40% LOWER DOSE

^{225}Ac-EBTATE achieves superior tumor control at 40% of the RYZ101 dose

SUPERIOR EFFICACY

Complete tumor control with ^{225}Ac-EBTATE vs. tumor regrowth with higher-dose comparator

BEST-IN-CLASS POTENTIAL

Demonstrates the power of ^{225}Ac-EBTATE as a next-generation radiotherapeutic for SCLC

^{225}Ac-EBTATE delivers complete tumor control in preclinical SCLC models at 40% of the RYZ101 dose, highlighting its potential for improved safety and efficacy.

MTTI

Njoku & Fonge et. al., Eur J Nucl Med Mol Imaging. 2025;52(4):1305-1320. doi:10.1007/s00259-024-07011-2 (left figure); RayzeBio RYZ publication (right).

PUBLICATIONS ON ^{177}Lu-EBTATE'S SAFETY AND EFFICACY

- **Zhang et al.** Safety, Pharmacokinetics, and Dosimetry of a Long-Acting Radiolabeled Somatostatin Analog ^{177}Lu-EB-TATE in Patients with Advanced Metastatic Neuroendocrine Tumors. *J Nucl Med 2018; 59:1699–1705.*

- **Liu et al.** Dose Escalation of an Evans Blue Modified Radiolabeled Somatostatin Analogue ^{177}Lu-EBTATE in the Treatment of Metastatic Neuroendocrine Tumors. *Eur J Nucl Med Mol Imaging. 2020 ; 47(4): 947–957.*

- **Liu et al.** Peptide Receptor Radionuclide Therapy of Late-Stage Neuroendocrine Tumor Patients with Multiple Cycles of ^{177}Lu-EBTATE. *J Nucl Med 2021; 62:386–392.*

- **Jiang et al.** Safety and efficacy of peptide receptor radionuclide therapy with ^{177}Lu-EBTATE in patients with metastatic neuroendocrine tumors. *Theranostics 2022; 12(15): 6437–6445.*

- **Jiang et al.** Evaluation of Safety, Biodistribution, and Dosimetry of a Long-Acting Radiolabeled Somatostatin Analog ^{177}Lu-EBTATE With and Without Amino Acid Infusion. *Clin Nucl Med. 2023;48(6):e289–e293*

- **Bodei L. et al.** Safety and dosimetry of a phase I study of ^{177}Lu-EBTATE (submitted for publication)

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INTERNATIONAL