

Oncoinvent

Transforming cancer care through direct alpha therapy

Targeting by proximity, brilliant in its simplicity

June data update



Background

Data Update

Upcoming Milestones

Ongoing clinical development





Peritoneal metastases in colorectal cancer – a challenge for caregivers



Challenge:

- Present in up to 25% of all patients with colorectal cancer - at initial diagnosis or during the disease course
- Leads to malignant bowel obstruction, weight loss and symptomatic ascites – resulting in treatment interruptions and repeated hospitalizations

Standard of care:

 Selected patients are offered cytoreductive **surgery**, often supplemented with hyperthermic intraperitoneal chemotherapy (HIPEC)

Typical effect of standard of care:

Despite surgery and HIPEC, almost all patients experience disease **progression**

Peritoneal disease drives survival in colorectal cancer

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Of patients who experience disease recurrence:



Median overall survival - from the time of recurrence:

• After distant metastasis only:

After peritoneal metastasis:

44 months 22 months

53 %

5-year overall survival – from the time of treatment¹

- Distant metastasis only:
- Peritoneal metastasis: 19 %

Peritoneal progression-free survival is the strongest predictor for overall survival

Frøysnes et al. J Surg Oncol. 2016 Aug;114(2):222-7 Waheed et al. Presented at the SSO Annual meeting 2024, https://sso2024.eventscribe.net/ 1) Treatment with standard of care for resectable peritoneal metastases, i.e. cytoreductive surgery and hyperthermic intraperitoneal chemotherapy

Design: Phase 1/2a in colorectal cancer



The trial: (RAD-18-002) Radspherin after cytoreductive surgery and HIPEC in patients with peritoneal metastasis from colorectal cancer

- Single-arm open label study
- 3 + 3 dose-escalation (1, 2, 4, 7 MBq)
- 18 months follow-up

Two clinical sites:

- Oslo, Norway (PI: Stein Larsen)
- Uppsala, Sweden (PI: Wilhelm Graf)





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Final data confirms peritoneal control in colorectal cancer



Topline 18-months data of 36 patients receiving 7 MBq dose vs historical recurrence rates



The aim of Radspherin® treatment is to avoid or delay peritoneal disease recurrence after surgery

Principal investigators



Dr. Stein Gunnar Larsen

Principal Investigator at the Oslo University Hospital, Norway "It's highly encouraging to see patients treated with Radspherin achieving **outcomes that exceed expectations** for this challenging population. As a clinician, I'm hopeful that this promising therapy will become an option I can **offer to future patients** in need."

Prof. Dr. Wilhelm Graf

Principal Investigator at Uppsala University Hospital, Sweden "Colorectal peritoneal metastases present a major therapeutic challenge with limited effective options, and these findings support the potential of a novel approach that **demonstrates both clinical promise and a favorable safety profile**."

Favorable safety profile demonstrated across all dose levels (N=47)



Well tolerated and safe to use	 No dose limiting toxicities were observed, no deaths or discontinuations due to adverse events were reported Two out of 25 serious adverse events were reported as possibly related to both Radspherin®*
No evidence of radiation toxicity	 Radiation dose retained in the peritoneal cavity Absorbed doses to other organs way below those associated with any toxicity
Comparison of the second staff	 Low radioactivity dose in blood and urine from patients No precautions related to external exposure required

- -one event of small bowel perforation, 72 days after Radspherin administration
- -one event of intestinal obstruction, 531 days after Radspherin administration

Conclusions

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Near-term significant milestones



Phase 1/2a colorectal cancer

• Final 18 months data

- 36 patients 7 MBq
- Late 1H25



Phase 1 ovarian cancer

- Final 24 months data10 patients 7 MBq
- O 2H25

Phase 2 ovarian cancer

- Interim 9 months data
- Based on analysis of patients recruited by early 2026
- Late 2H26

Ongoing clinical development





Primary indication: ovarian cancer



18 months data from patients receiving 7 MBq dose vs historical recurrence rate

"I am proud to be part of a study program exploring whether Radspherin® **may become a novel therapy that can prevent disease progression**, offering hope for a better and longer life for my patients"

Dr Luis Chiva, Principal Investigator and Director of Department of Obstetrics and Gynecology Clinica Universidad de Navarra



10%~40%Overall recurrence rateOverall recurrence rate

Phase 2 study in ovarian cancer – enrollment started All 6 centers active



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6 study sites actively enrolling: NO, BE, ES (2), UK, US

PFS: Progression Free Survival pPFS: peritoneal Progression Free Survival **OS: Overall Survival**

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AESI: Adverse Event of Specialized interest TFST: time to first subsequent anticancer therapy or death TSST: time to second subsequent anticancer therapy or death

HRD: Homologous Recombination Deficiency IDS: Interval Debulking Surgery

Financial Calendar



27 August Half-year report Q2-25

20 November Company update Q3-25

A unique radiopharmaceutical opportunity



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