

Oncoinvent

Company presentation



September 2026

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Contemplated transaction and use of proceeds



Background

- ❑ Oncoinvent ASA has guided on a late H2 2026 interim read-out in its phase 2 study, evaluating Radspherin in patients with peritoneal metastases from ovarian cancer
- ❑ Recruitment has accelerated meaningfully in 2026, with more patients recruited in the first 5 months than in 2025 as a whole
 - The Company has to date recruited 69 of the planned total of 108 patients
- ❑ To capitalize on this significant uptick in recruitment pace, the Company is considering a March / April 2027 read-out, at or close to full recruitment of the study
 - This new readout makes the current readout planned for H2 2026 redundant, and allows the readout to be based on double the number of patients having completed the 9-month follow-up, significantly increasing the materiality of the results
- ❑ To finance this deliberate step of strengthening the quality of the underlying dataset, the Company is contemplating a new equity issue to finance operations through to this new key milestone and towards readiness for and start of a pivotal study in ovarian cancer

Transaction size and structure

Private placement (ABB) of new shares to raise gross proceeds of up to approximately NOK 140 million (the “**Private Placement**”)

Cash runway

Along with existing cash, the net proceeds from the Private Placement will prolong the cash runway into H2 2027, beyond the phase 2 interim readout expected in March / April 2027

Use of proceeds

- ❑ Progress the ongoing phase 2 study beyond the more mature interim read-out in March / April 2027 on close to all patients, of which approximately 40-45 will have had 9+ months follow-up
- ❑ Complete recruitment for phase 2 study, expected during H1 2027, more specifically around April at the current recruitment pace
- ❑ Deliver regulatory alignment with the FDA and EMA, culminating in phase 3 IND / CTA submission, and;
- ❑ Advance phase 3 readiness and early start-up activities

Oncoinvent Company Presentation

Radspherin[®] product profile

Oncoinvent is a clinical-stage radiopharma company preventing cancer recurrence in the peritoneum, where no approved therapy exists



Oslo headquarters and GMP pilot plant
Manufactures and supplies Radspherin®



Company profile

Origins

Founded by the inventors of Xofigo®, the first FDA-approved alpha therapy

Lead asset

Radspherin®, radium-224 alpha microparticles placed in the abdominal cavity after surgery to

Clinical stage

Randomized Phase 2 in ovarian cancer; FDA Fast Track in Ovarian Cancer

Integrated model

Own GMP plant and clinical supply chain in Oslo use in-house know-how to produce Radspherin®;

Key corporate facts

2010

Founded
Oslo, Norway

Dec 2024

IPO
Euronext Growth · ONCOI

30 Oct 2025

Main listing
BerGenBio merger · ONCIN

Promising efficacy and safety signals, a platform mechanism, and a team that has done it before



High unmet medical need from cancers in the peritoneum

- No approved drugs or product aimed specifically at prevention of local peritoneal disease recurrence beyond HIPEC
- Fast track designation in OC with blockbuster potential in this indication alone



Clear efficacy signals

- In Ovarian Cancer (Ph1) 90% remain without peritoneal recurrence after 24 months
- In Colorectal cancer (Ph1/2a) 72% remained without peritoneal recurrence after 18 months



Strong safety profile, with localized administration limiting systemic exposure

- No dose-limiting toxicity, few side-effects
- In 68 patients, only 3 SAEs deemed “possibly related” to Radspherin[®]*, with limited temporal or procedural association



Unique mode of action, lower complexity with platform potential

- Same product, same approach, same process for **any cancer with peritoneal spread**
- MoA is **effective for any tumor cell**, regardless of origin or mutation profile



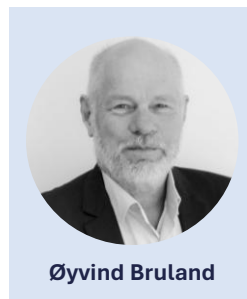
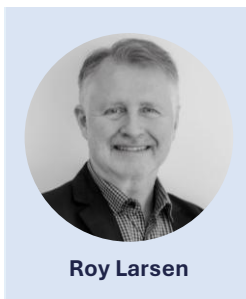
Experienced team with a track record

- Founded by a team with **decades of experience in radiopharma**, including **developing the first approved alpha therapy**
- Operate **own GMP facility** with unique knowhow

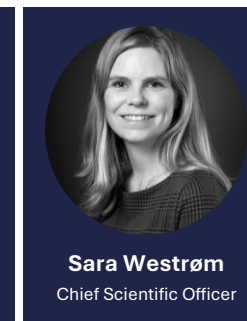
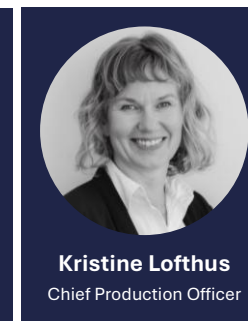
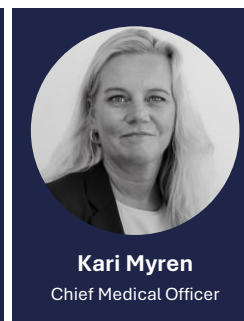
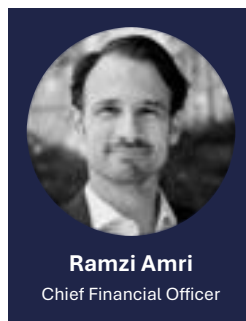
*Per data-lock June 2025: one event of small bowel perforation, 72 days after Radspherin administration; one event of intestinal obstruction, 531 days after administration; one event of procedural complication during Radspherin administration (disconnection syringe-catheter)

Radiopharmaceutical excellence: expertise across the spectrum

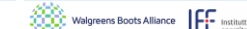
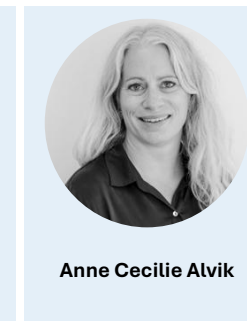
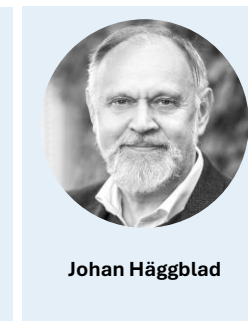
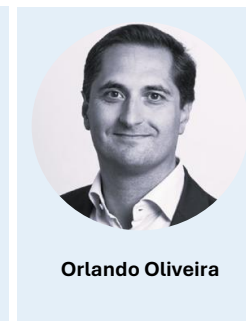
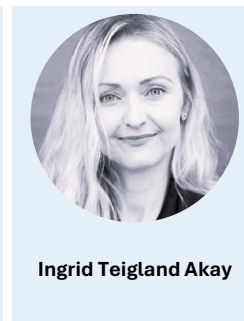
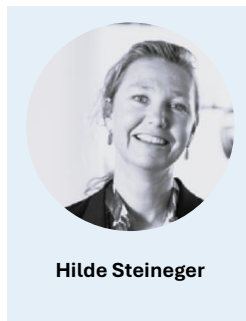
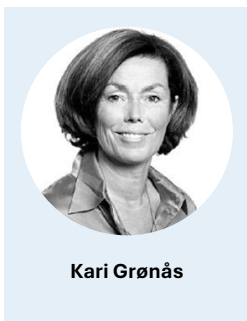
Scientific founders



Team



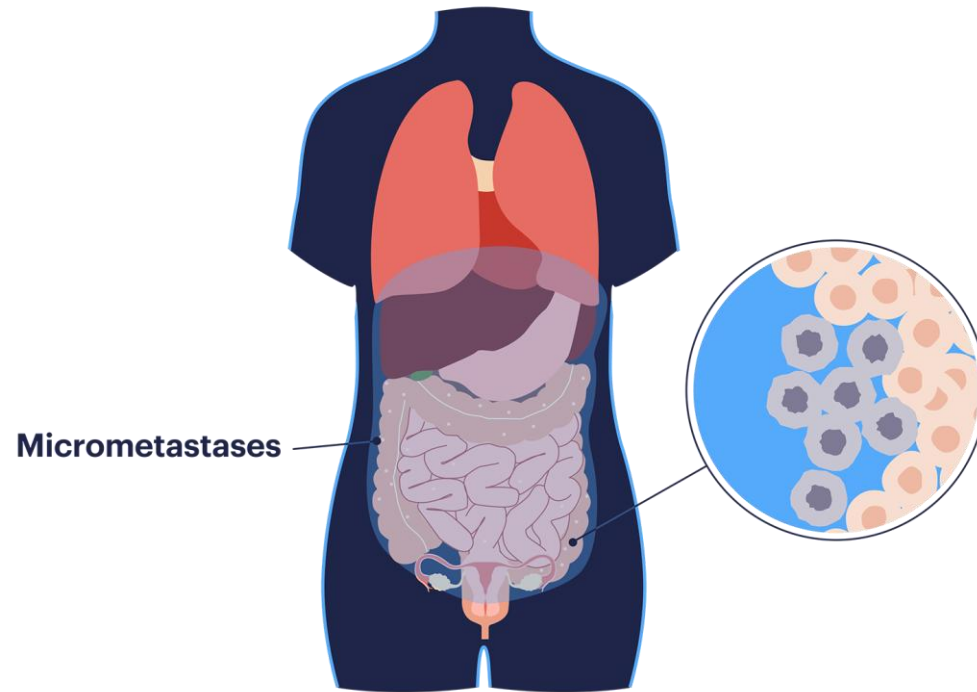
Board



The Company's Chief Medical Officer has tendered her resignation and will remain in the role until 1 November 2026. Management has initiated the search for her successor, and the process is actively under way.

Peritoneal metastases: urgent need for novel treatments

Surgery alone leaves micrometastases behind in a closed compartment



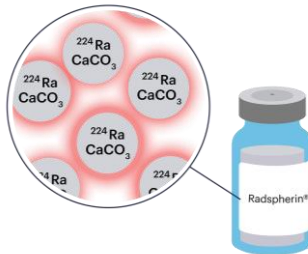
- Peritoneal metastases arise from many **different primary cancers**, including ovarian, colorectal, gastric, and many other cancers, gastrointestinal and beyond
- Systemic therapy is affected by the peritoneal–plasma barrier; its effect is often **limited and rarely sustained**, and **inherently prone to resistance**
- The only treatment option with curative intent is therefore **surgery**
- Surgery leaves behind **micrometastases**, giving rise to new metastases and disease progression
- The abdominal cavity functions as a **closed compartment**, shielding residual disease and driving **local recurrence**, morbidity and mortality

Radspherin[®], peritoneal-targeted alpha therapy

A single dose through an in-dwelling catheter kills metastases and spares normal tissue

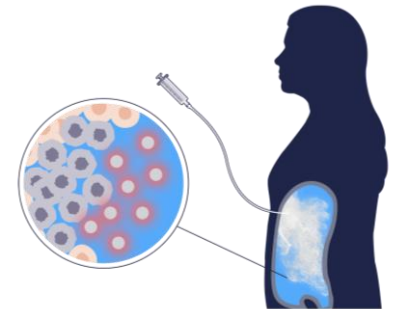
Radspherin[®]

- Combining **alpha-emitting ^{224}Ra** with **CaCO_3** microparticles
- Half-life 3.6 days
- **Therapy with depot effect** - 75% of radiation dose delivered the first week
- Shelf-life 8 days allowing for **centralized manufacturing**
- Good **raw material availability** and simple manufacturing



How does it work?

- Delivering a high dose of alpha-radiation directly to the peritoneum through an in-dwelling catheter
- Administration **1-3 days post-surgery**
- High energy and short radiation range enables effective killing of the targeted metastases **while sparing the surrounding normal tissue**



Systemic RLT must clear a six-link chain; Local route removes three



Sufficient **target expression** across relevant deposits

Blood-borne delivery reaches each microscopic deposit

Uptake and retention overcome **biological washout**

Emission range matches residual lesion geometry

Normal organs **tolerate** the required systemic activity

Repeat dosing and **isotope supply** remain practical

Disseminated peritoneal disease is the hardest case for a blood-borne therapy to check off all six links.

Deliver the alpha dose into the cavity instead, and three links stop being constraints:

Link 1 no molecular target

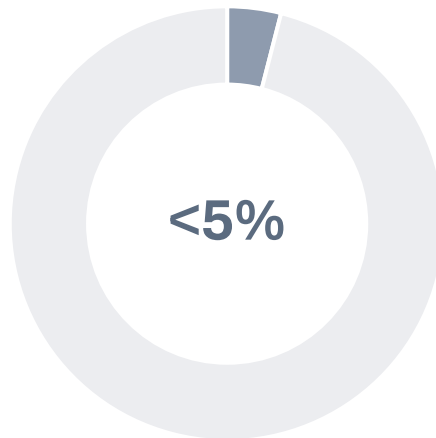
Link 2 no blood-borne delivery

Link 5 no or far lower systemic-activity ceiling

A fraction of systemic dose reaches target; Radspherin fills the peritoneum

Radiolabeled drugs given into the bloodstream are diluted across the whole body; Radspherin is delivered straight into the peritoneal cavity, so the dose stays on the disease, enabling far higher tumor absorbed doses

Systemic RLT



of injected dose reaches the tumor

- **Distributed body-wide:** only ~0.02% of injected activity per gram is retained at tumor.
- **Toxicity-capped:** kidneys, marrow and salivary glands are dose-limiting.

Radspherin · intraperitoneal α



of the dose stays in the peritoneum

- **Stays on target:** >85% of the dose remains in the cavity at 24h, >77% at one week.
- **Ultra-short range:** α-particles travel under 0.1 mm, with negligible systemic exposure.

Compartment targeting: Radspherin® can address any peritoneal cancer

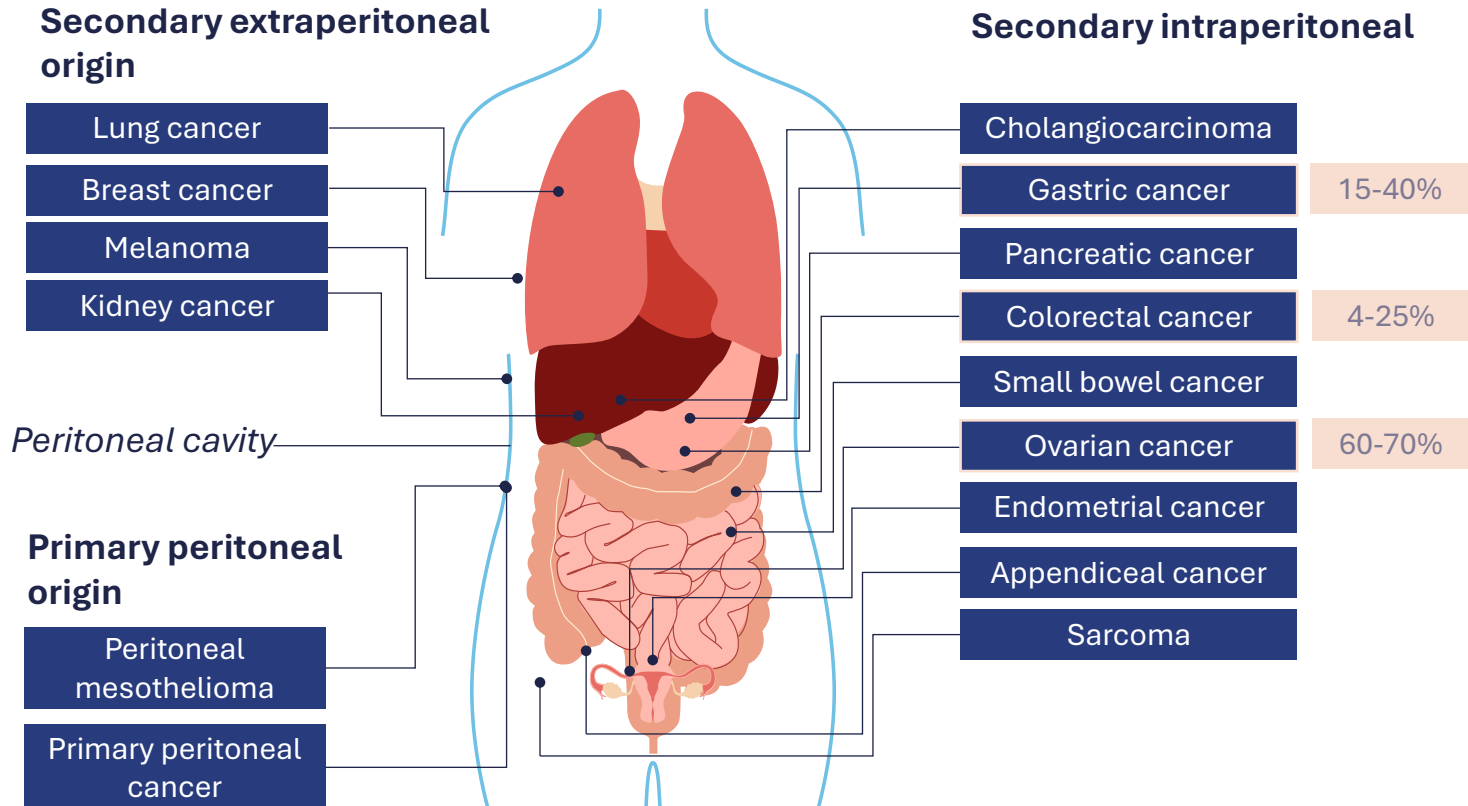
Targeted therapy

- Needs molecular target on the tumor
- Often different target for each malignancy
- Efficacy gated by antigen / mutation status

Compartment therapy: Radspherin®

- Needs only access to the peritoneal cavity
- One product, one dose for all malignancies that spread to the compartment
- Effect independent of target, mutation or origin

Receptor-independent, addressable across any cancer that seeds the peritoneum:



In ovarian cancer, spread to the peritoneum is the norm, so is recurrence, with high mortality as a consequence

Peritoneal relapse drives morbidity and mortality in ovarian cancer, local control is the lever



70% of ovarian cancer patients have **peritoneal metastases (PM)** at **diagnosis**



Up to **85% relapse** post resection



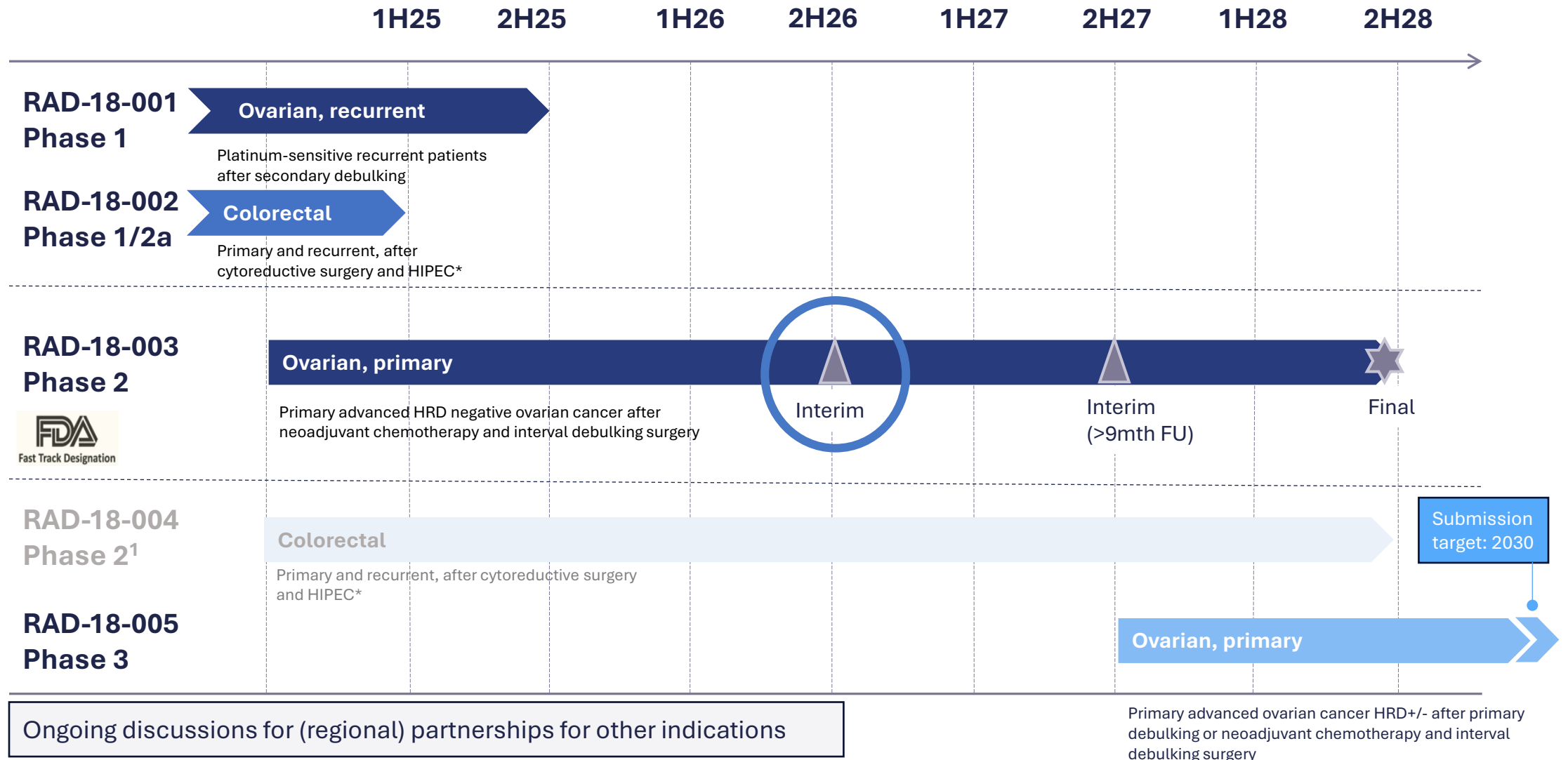
Relapsed OC is **largely incurable**, median survival is ~6-36 months

- Most patients present with PM, and even with best standard of care, eventually experience recurrence
- Relapse is predominantly peritoneal in this disease setting
- Controlling residual or reseeded disease after surgery is key to alter this trajectory
- Local control is therefore a clinically meaningful objective tied to the primary cause of morbidity and mortality in ovarian cancer

Oncoinvent Company Presentation

Clinical development

Our current focus is on Ovarian Cancer, with pipeline opportunities leveraging the same drug in CRC and several other malignancies



1. Open IND and CTA, study not activated
 HIPEC: Hyperthermic intraperitoneal chemotherapy
 HRD: homologous recombination deficiency

Ovarian Phase 1: recurrence was rarely peritoneal at 24 months

Final 24-month follow-up | 10 patients at the recommended 7 MBq dose

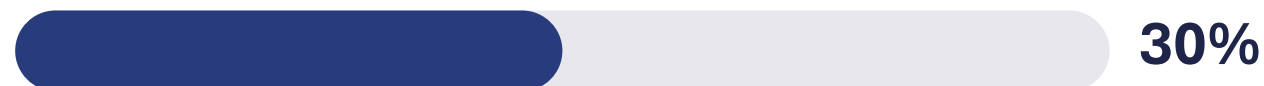
10%

peritoneal recurrence

1 of 10 patients at 24 months

Overall recurrence rate

Radspherin® (RAD-18-001, n=10)



+ two lymph-node recurrences (typically better prognosis than peritoneal relapse)

Historical benchmark*



“These final results are truly encouraging, suggesting that Radspherin® could help delay disease progression and offer patients hope for longer, healthier lives. It is particularly promising to see that the new recurrences were limited to lymph nodes, which are typically associated with longer survival compared to peritoneal relapses.”

Dr Luis Chiva, Principal Investigator; Director, Dept. of Obstetrics & Gynecology, Clínica Universidad de Navarra, Spain

Single-arm Phase 1 (n=10 at 7 MBq)

* Historical benchmark reports overall recurrence only, with no peritoneal breakdown

Colorectal Phase 1/2a: the same compartment-level signal, a second tumor

Final 18-month follow-up | 36 patients at the recommended 7 MBq dose

Peritoneal recurrence rate · Radspherin® vs a literature benchmark (same endpoint)

Radspherin® (n=36, 7 MBq)

28%

peritoneal recurrence



Literature benchmark*

~50%

peritoneal recurrence



“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.”

Dr. Stein Gunnar Larsen, Principal Investigator, Oslo University Hospital, Norway

Through its design, Radspherin® has an inherent edge in its safety profile through its self-contained nature within the peritoneal cavity

- ✓ **No dose-limiting toxicity across 68 patients**
 - Ovarian Phase 1 (n=21) and colorectal Phase 1/2a (n=47)
 - No increase in event rates with increasing dose levels
- ✓ **Adverse events were expected and manageable**
 - Ovarian: nausea, abdominal pain, constipation, vomiting, urinary tract infection
 - Colorectal: vomiting, nausea, abdominal pain, pyrexia
- ✓ **Only three serious adverse events *possibly* related to Radspherin®**
 - Ovarian: procedural complication (catheter disconnection)
 - Colorectal: intestinal obstruction (day 531), perforation (day 72)
- ✓ **Exposure stays local for patients and staff**
 - Dose retained in the peritoneal cavity; systemic-organ doses low
 - Low activity in blood and urine; no external-exposure precautions

Randomized Phase 2 study in first-line treatment of ovarian cancer

Patient population

- primary advanced ovarian cancer
- undergoing neoadjuvant chemotherapy and interval debulking surgery
- eligible for complete resection
- HRD negative



11 active study sites:
NO, BE(2), ES (4), UK(2), IT, USA



Long-term follow-up
for up to 5 years for
progression and
survival



Patient recruitment momentum in the Ph2 accelerated substantially

Patients recruited, as of September 21, 2026



Patients recruited

69

Close to 2/3 recruited

2026 YTD recruitment

43

Over 2x 2025

Q3 2026 recruitment

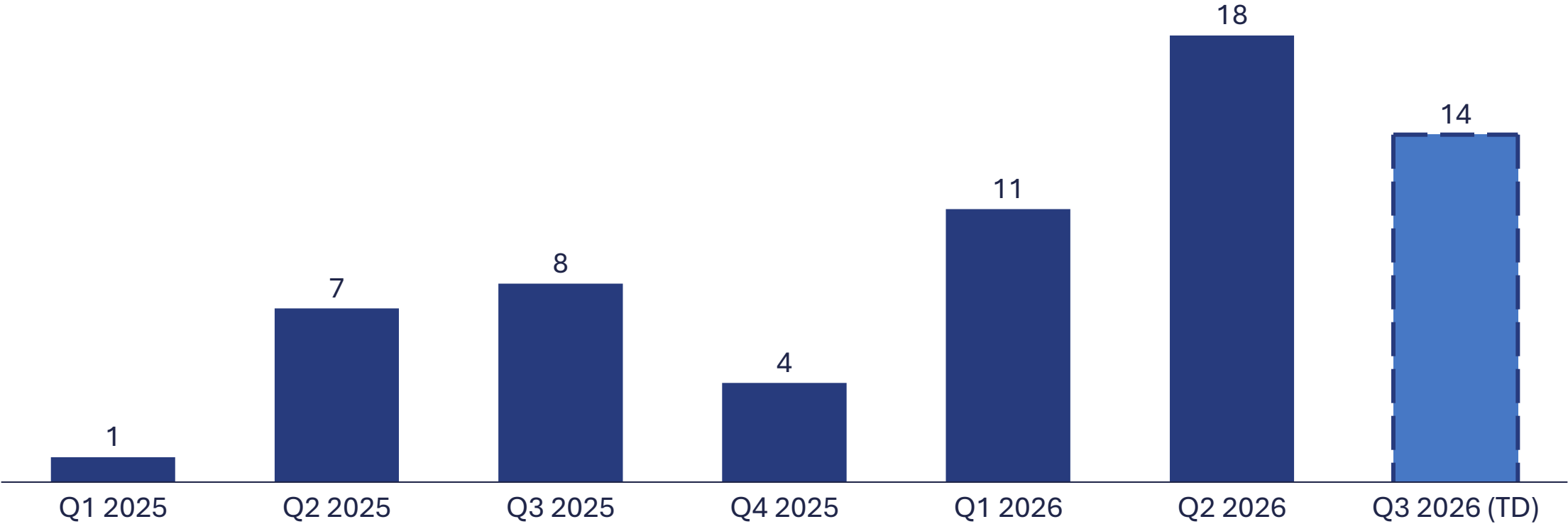
14

On track to match Q2

Active sites

11

5 new sites this year



Note: chart shows randomized patients, excludes safety lead-in (n=6)

Oncoinvent Company Presentation



Rationale for current raise



We are raising towards a significant
March/April 2027 readout, and to enable a
clinical strategy that allows us to “hit the
ground running” in Phase 3

One raise with complementary value drivers



Due to a significant step up in recruitment, the March/April 2027 readout lands on up to twice the evidence, with Phase 3 already in motion

A better signal of efficacy

- Per-protocol patients with 9+ months follow-up: about 20 at a late 2026 December cut against up to 44 by April: double the evidence
- Significant increase in overall maturity and median follow-up duration
- False-negative risk reduced by ~40%, assuming a true 6-month difference in PFS

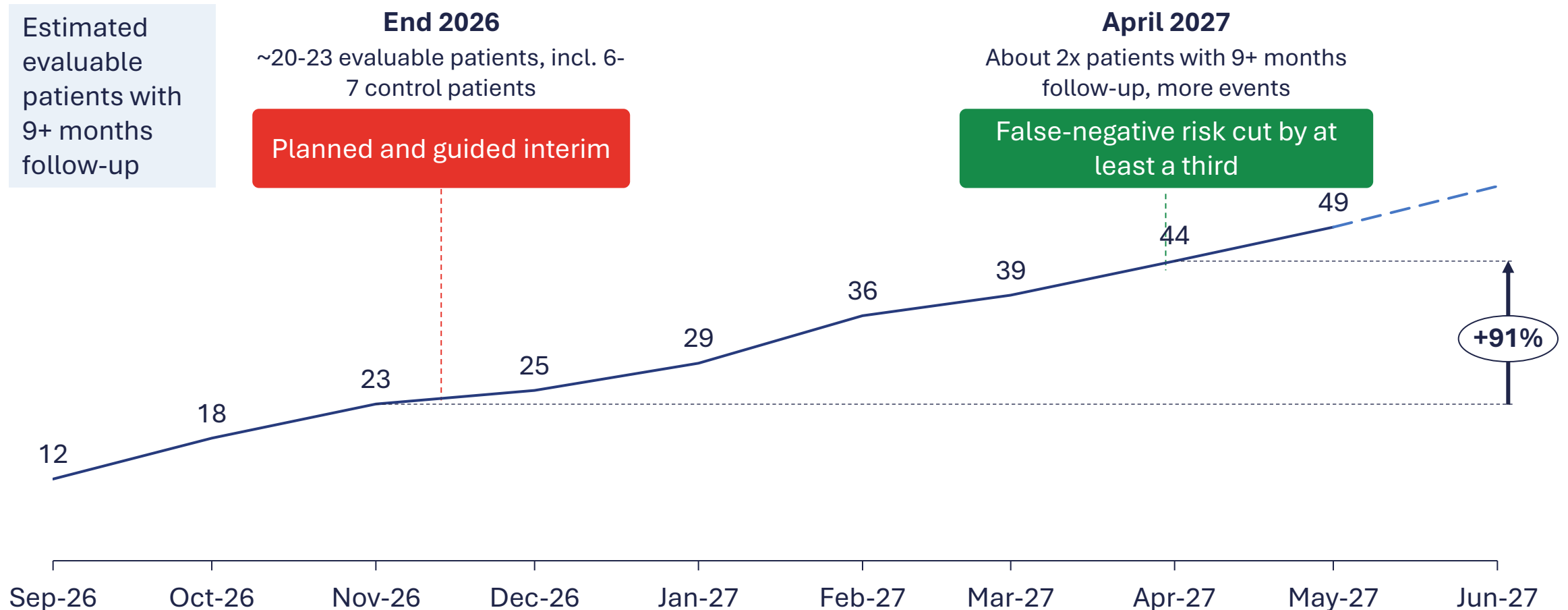
Seamless pivotal transition post-readout

Removes 6 to 12 months of idle time from a regular sequential approach:

- Type C meeting in November pre-aligns the Phase 3 design
- IND and CTA filed immediately after the March/April readout
- First patient in as early as 2H 2027

Maturing ovarian interim data leads to a more meaningful signal

A spring 2027 readout doubles evaluable patients, cuts false-negative risk by at least a third, and brings the readout and subsequent Phase 3 filing close to full recruitment of Phase 2



Acceleration and value creations across multiple dimensions

The raise funds four parallel workstreams to a Phase 3 running at full speed by end 2027



Regulatory alignment

- **November 2026:** FDA Type C meeting: design, endpoints, interim analysis plan, timing
- **H1 2027:** EMA Scientific Advice and FDA CMC Type C: confirm protocol and control strategy



Phase 3 startup

- **2H 2026** onwards: Start CRO and site selection
- **Q2 2027, after Ph2 IA*:** IND and CTA submission
- **H2 2027:** FPI in US and EU



Manufacturing scale-up

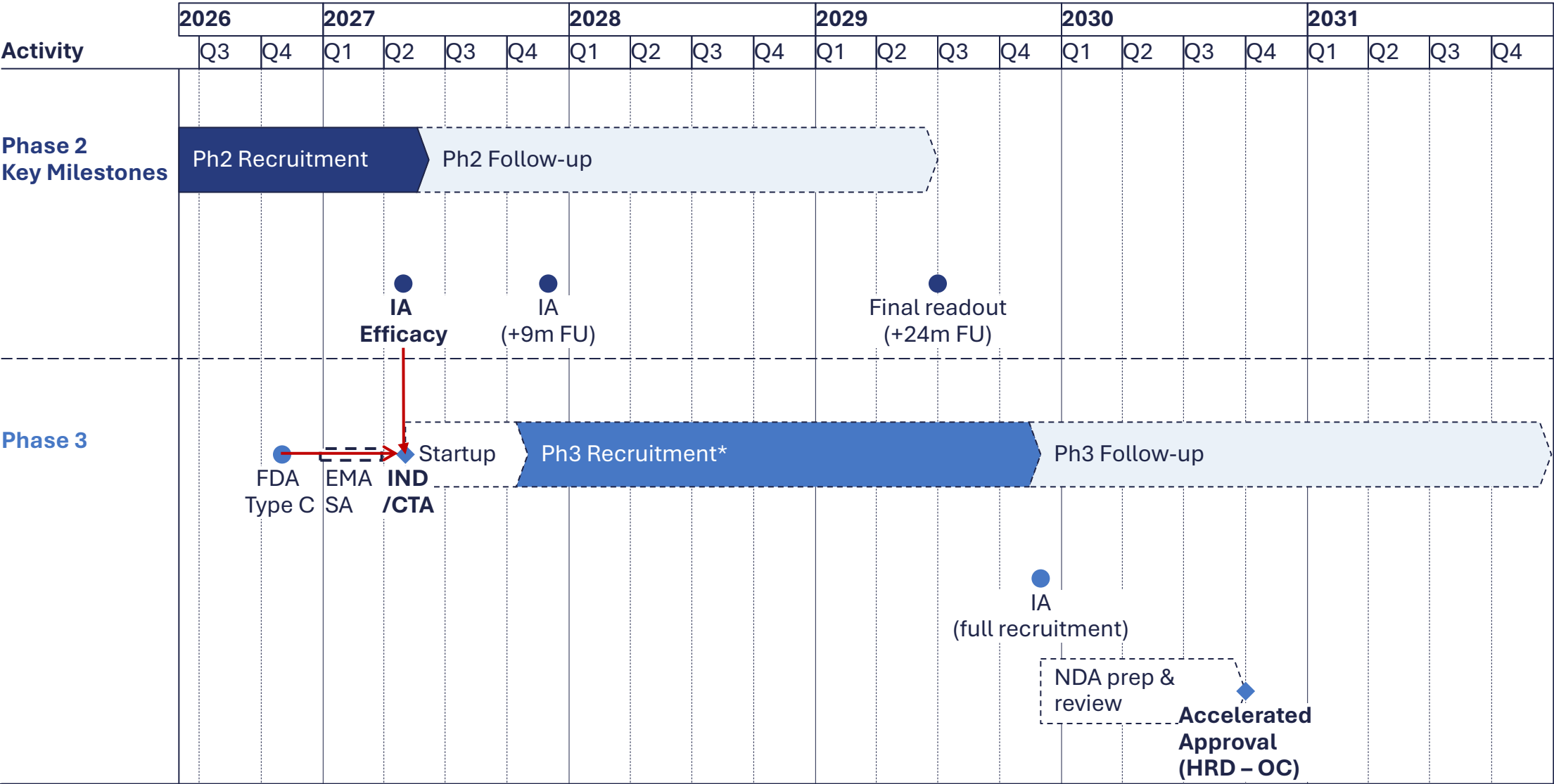
- **January 2027** onwards: Tech transfer to CDMO, first pivotal batch ready Q4
- Process maturation: increase batch yield from 4 doses; scale semi-automated process to lower COG and per-dose OpEx

Newsflow through the financing period goes beyond interim

Dated catalysts through the financing period, with March/April 2027 efficacy readout as confirmatory trigger to start Phase 3



New clinical strategy confirms pivotal design with FDA this year for faster startup; aims for accelerated approval at first Phase 3 interim

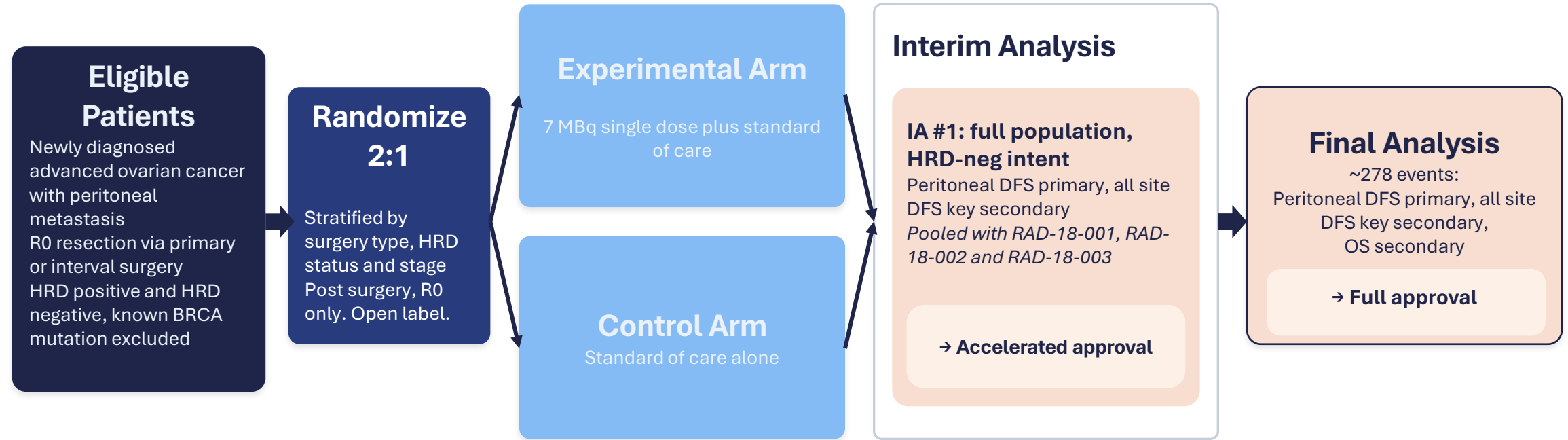


*Assumes ~40 sites (with 3-6 months ramp-up). Depending on the final population, at least 1 pts/site/month.

N=600, 1 pts/site/month = ~9.5 pts/week > 15 months recruitment time. Assuming ramp-up time of 6 months, total recruitment period of ~2 years.

Phase 3 design as submitted to FDA

Currently proposed approach, subject to FDA and EMA alignment



Population & Comparator

- Peritoneal (intraperitoneal) DFS primary, RECIST v1.1. All site DFS as key secondary. Comparator: standard of care alone.

Sample Size, Recruitment & Statistical Assumptions

- N=544, 278 events, HR 0.70, 80% power, two sided alpha 0.05, control arm median DFS about 20 months. About 24 months recruitment, 36 month maximum follow up.

Appendix



Clinical Development

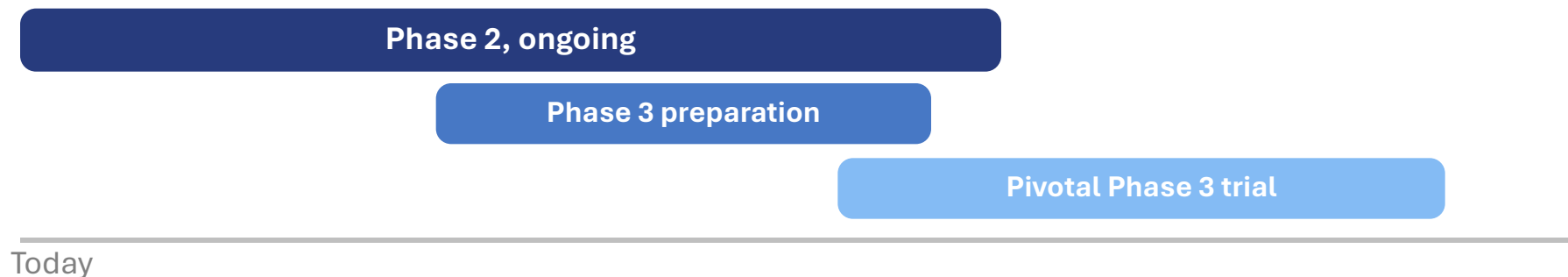
Financials

Commercial potential

Background

An accelerated pathway to Phase 3

Run Phase 3 preparation in parallel with ongoing Phase 2, accelerating to the pivotal trial that marks the critical value inflection point



Phase 3 preparation begins during ongoing Phase 2, subject to early alignment with health authorities.



Clinical strategy

Defines the pivotal Phase 3 design; core of the equity story.



Parallel execution

Phase 3 prep runs alongside Phase 2, not after it.



Regulatory alignment

Prior agreement with health authorities de-risks the path.

Peritoneal metastases are shielded from systemic therapy

Unlike solid organ metastases, disease seeded across the peritoneal surface is physically and physiologically walled off from anything delivered through the bloodstream.

Systemic drugs often struggle to reach it...

- Peritoneal–plasma barrier: the cavity is sealed off from the circulation, so only a small fraction of any intravenous drug ever crosses into it
- Poor perfusion: surface nodules are hypoxic and poorly vascularised, with a disorganised blood supply that blunts drug delivery and penetration
- First-pass metabolism: drug absorbed from the cavity drains through the portal system and is often cleared by the liver before it can recirculate

...so it recurs, and it kills

- Most lethal pattern: the most frequent and prognostically unfavorable form of spread, worse than liver or lung metastases
- Primary driver of relapse: recurrence within ~11–12 months even after complete cytoreductive surgery and HIPEC
- Collapses survival: compared with similar patients with metastatic disease elsewhere, it cuts survival by more than half in many cancers

PFS is a credible read on overall survival

1

**An accepted
regulatory endpoint**

- Recognized by the Gynecologic Cancer InterGroup and by regulators as a valid primary endpoint for first-line ovarian cancer trials
- Basis on which recent first-line agents were approved

2

**The OS read-out is
diluted, not disproven**

- At the patient level, progression and death are tightly correlated
- Trial-level OS is confounded by long post-progression survival and subsequent therapies: a *measurement problem*, not evidence that disease control fails to extend life

3

**We prevent the
lethal pattern**

- Endpoint tracks peritoneal recurrence, which drives malignant bowel obstruction and mortality
- Delaying it is mechanistically tied to survival, more directly than a generic PFS delay

**In >19,000 ovarian-cancer patients across 21 studies, median PFS was highly predictive of median overall survival
(Chase et al., 2023)**

Where cancer comes back decides how long patients live

In OC, site of recurrence is determinant of survival

- In advanced disease, ~75% of recurrences involve the peritoneum and ~40% are confined to it
- Isolated distant relapse is rare (~8%), so the lethal pattern cannot be bypassed by controlling distant sites
- 5-year survival stays below 40%. Preventing peritoneal relapse is a survival lever, not just delayed progression

Also evident in CRC: survival by site of first recurrence

	Distant metastasis only	Peritoneal metastasis
Median OS from time of recurrence	44 months	22 months
5-year OS from time of treatment	53 %	19 %

“...eradication of the peritoneal surface components of this disease would be a major contribution to the overall, and disease-free, survival, as well as improving the quality of life of ovarian cancer patients.”

Prof. Anna Fagotti, past President, ESGO (Fagotti et al., 2010)

HIPEC: positioning and optionality

HIPEC use varies by center; the Phase 3 design does not mandate it in either arm, preserving both efficacy and adoption paths

HIPEC is evolving in both efficacy and adoption

Evidence and practice patterns for HIPEC continue to develop, and adoption differs across centers and geographies.

The design preserves optionality

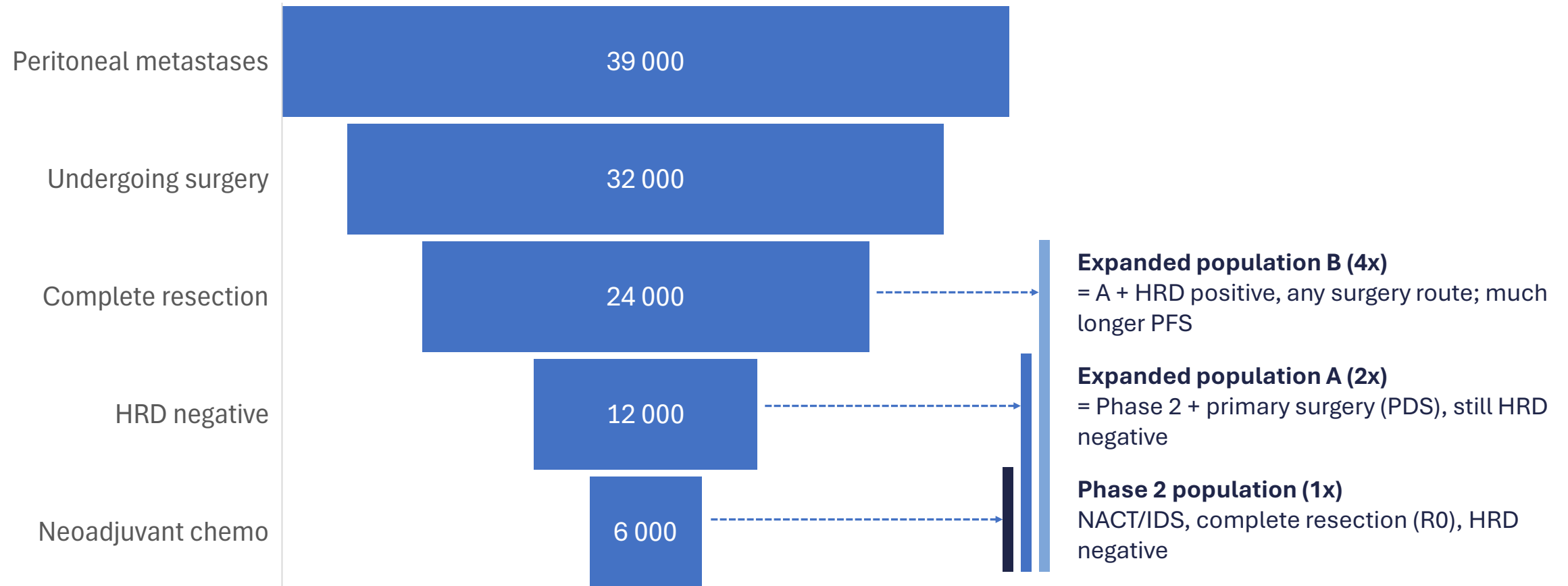
Radspherin's Phase 3 design keeps optionality on positioning as adjuvant versus standalone therapy, so the company can adapt to either direction the HIPEC market takes.

Colorectal data already shows complementarity

The completed colorectal Phase 1/2a study (RAD-18-002) generated its efficacy and safety data on top of cytoreductive surgery plus HIPEC, showing that Radspherin complements HIPEC rather than competing with it.

Broadening of patient population for pivotal trial

Widening the surgery and HRD criteria quadruples the recruitable pool



Clinical Development

Financials

Commercial potential

Background

P&L, last three half years



AMOUNTS IN NOK MILLION

	1H 2025	2H 2025	1H 2026
Sales revenue	11.7	11.3	8.2
Other operating income	0.3	4.8	0.0
Total operating revenues	12.0	16.1	8.2
Payroll and related costs	(27.8)	(41.9)	(41.1)
Depreciation	(7.8)	(3.4)	(5.1)
Other operating expenses	(28.3)	(77.1)	(31.0)
Total operating expenses	(64.0)	(122.4)	(77.2)
Operating profit (loss)	(52.0)	(106.3)	(69.0)
Net finance	0.0	3.2	0.9
Profit (loss) before tax	(52.0)	(103.1)	(68.1)
Income tax	0.0	0.0	0.0
Profit (loss) after tax	(52.0)	(103.1)	(68.1)

1H 2025 restated on the 1H 2026 report's basis, operating expenses including depreciation. 2H 2025 other operating expenses include a non-cash merger related charge of approximately NOK 21.6m. Per-share figures are omitted as they are not comparable across periods (merger and 100:1 reverse share split). All figures unaudited.

Summary of financials and runway as of 1H 2026

CASH POSITION

NOK 108.8m

incl. restricted, 30 Jun 2026

OPERATING RESULT

NOK (69.0)m

vs NOK (52.0)m in 1H 2025

OPERATING CASH BURN

NOK (69.3)m

in line with Board budget

RUNWAY

Into 2027

past the interim readout

NOK m	1H 25	2H 25	1H 26
Total operating revenues	12	16	8
Payroll and related costs	(28)	(42)	(41)
Other operating expenses	(28)	(77)	(31)
Depreciation	(8)	(3)	(5)
Total operating expenses	(64)	(122)	(77)
Operating loss	(52)	(106)	(69)
Net change in cash	(58)	51	(71)
Net cash EOP	77	180	109

Scaled with Phase 2 recruitment, with effects on manufacturing, and effect of reverse merger and main listing

Stable cost discipline, expenses on par with H1 25 despite higher activity levels

1 Unaudited, all periods. 2H 25 other opex includes ~NOK 22m non-cash merger charge.

2 Cash EOP excludes ~NOK 2m restricted cash

Backups

Clinical Development

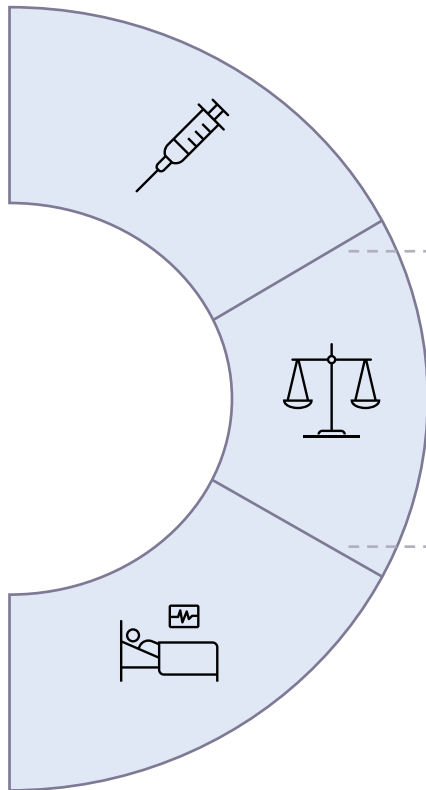
Financials

Commercial potential

Background

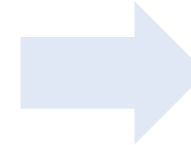
Radspherin® addresses a large high-risk patient population with no effective treatment option

Radspherin Value Pillars



Targeting a High-Need Patient Population

Patients with peritoneal metastases are at high-risk of disease recurrence, even after complete resection

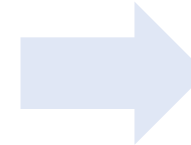


Radspherin Benefits

Ovarian cancer provides an attractive initial market with FDA fast track designation

Favorable Risk-Benefit Profile

Direct alpha therapy aims to maximize efficacy while limiting off-target toxicity



Strong safety profile and supports **broad use** in patients at high risk of recurrence

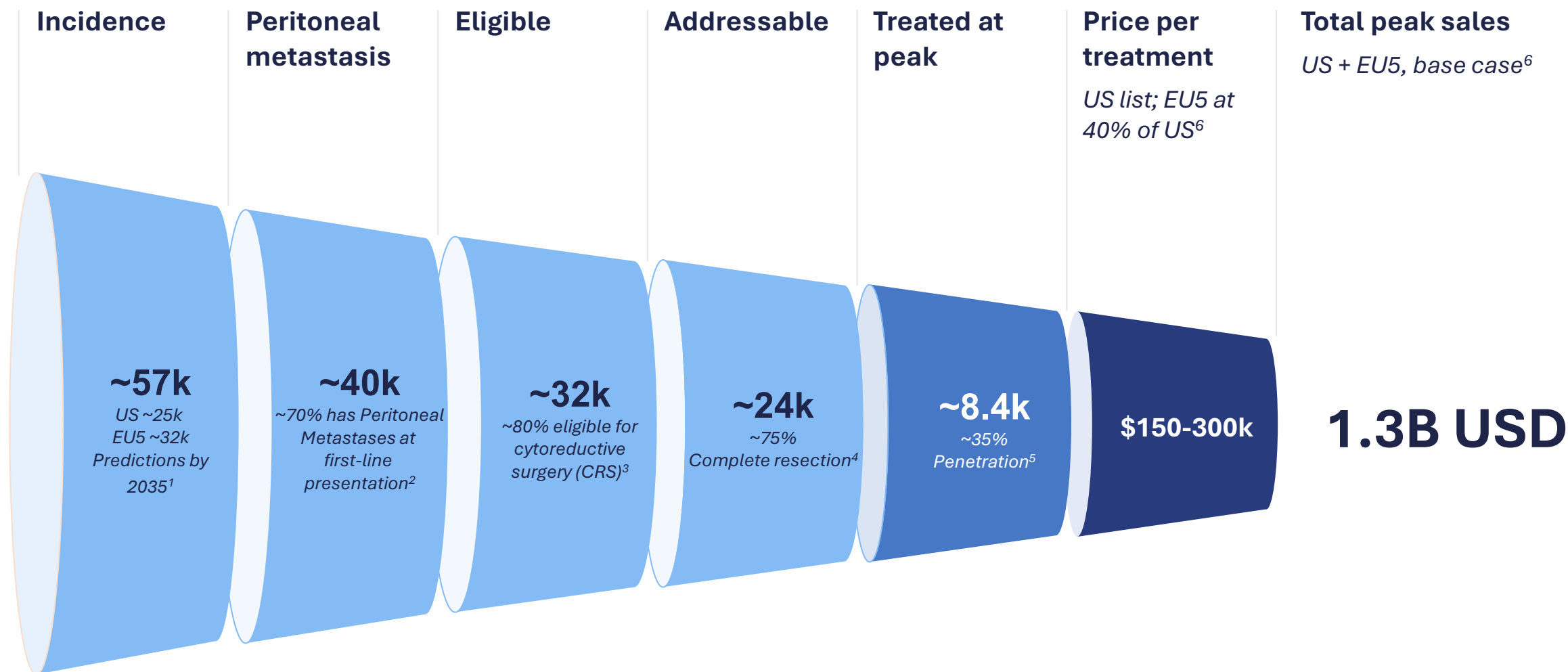
One-and-Done Treatment

Single inpatient dose reduces treatment burden and simplifies care



Fits seamlessly into existing care pathways with minimal patient burden

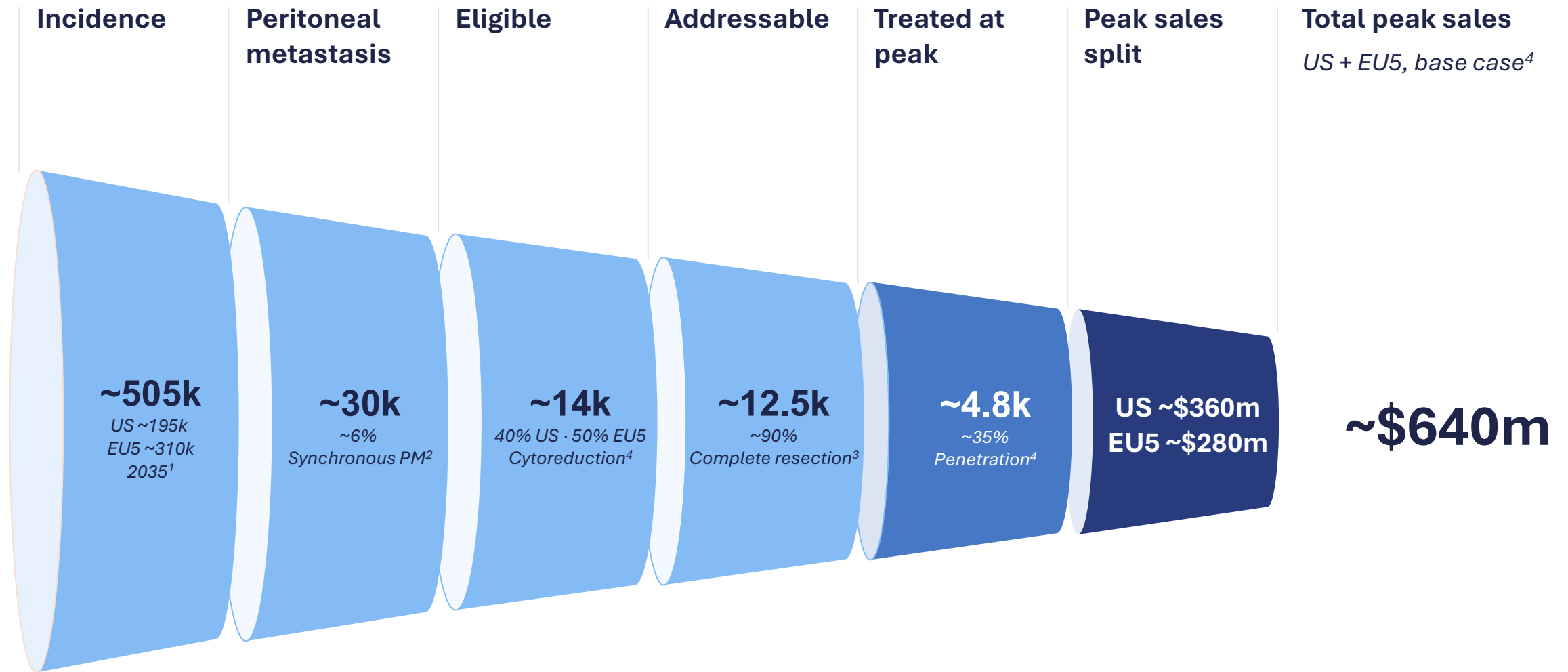
Radspherin® in ovarian cancer alone has blockbuster potential in US+EU5



1. Globocan, Cancer Tomorrow, predictions for 2035
2. Lengyel, Am J Pathol 2010; Nougaret, Diagn Interv Imaging 2022
3. Bercow, JAMA Netw Open 2024; Chan, Gyn Oncol 2021

4. Fortner, Int J Cancer 2023; Mahner, J Clin Oncol 2025
5. Oncoinvent 3rd party market research 2022, 2025
6. Oncoinvent payer research 2025: US price \$150-300k per treatment; EU at 40% of US

Radspherin® in synchronous colorectal cancer PM adds ~\$640m peak potential in US+EU5



1. Incidence: Globocan / IARC Cancer Tomorrow (2035)

2. PM rates ~6% at baseline (~24% stage IV, of which ~25% with PM):
Brown 2020; SEER; Foster 2023

3. Complete resection ~90%: Frøysnes 2016; Quenet 2021

Third-party market analysis (2022, 2025)

4. Eligibility (40% US / 50% EU5), penetration ~35%, pricing

Entry into China has the potential to add ~\$540–600m across three indications

Blended China peak annual sales estimate by pricing pathway: ovarian, gastric & colorectal



Category C list price

Base case · target pathway

~\$600m

blended peak annual sales

- US\$66k price (~30% of US list)
- 25% within-reach penetration (× 45% reachable)
- ~\$161m risk-adjusted eNPV

Illustrative upside (45% volume) → ~\$1.1bn

NRDL reimbursement

Fallback · downside pathway

~\$540m

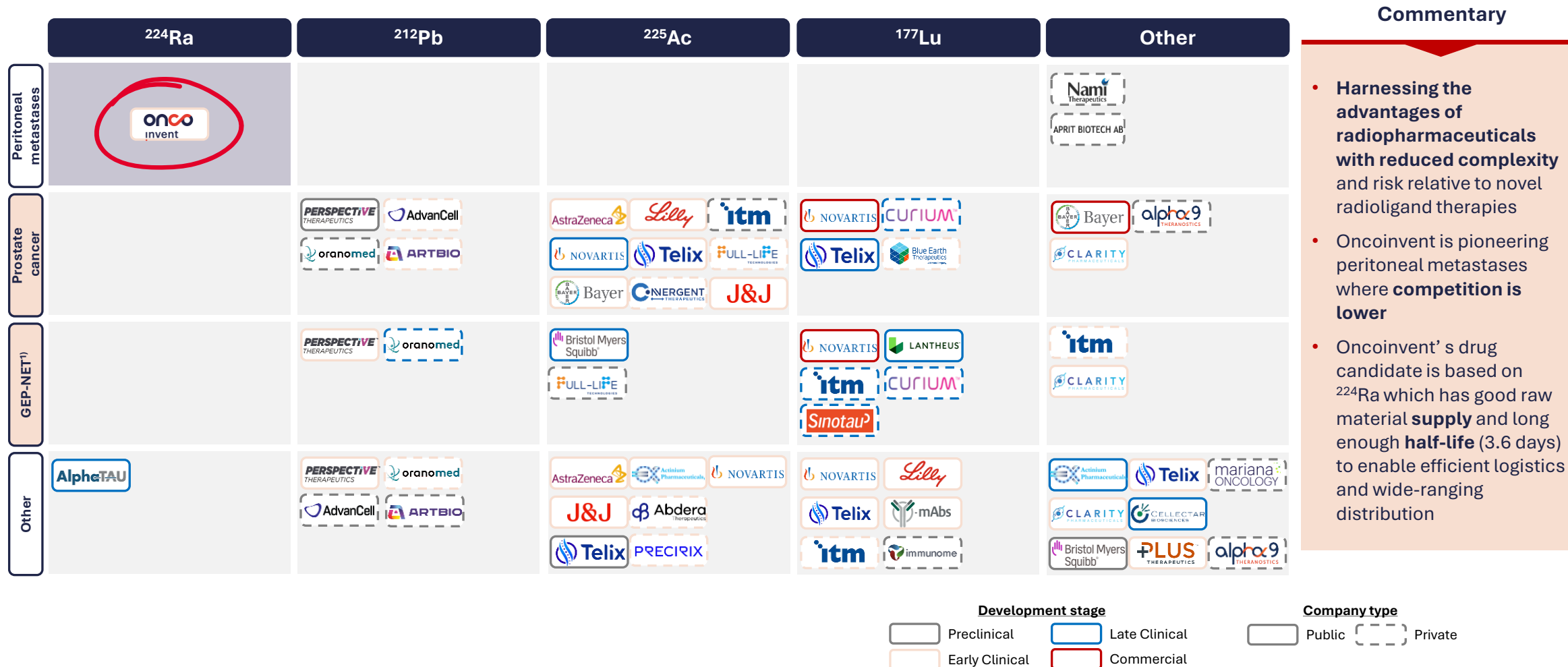
blended peak annual sales

- US\$33k price (~15% of US list)
- 45% within-reach penetration
- ~\$143m risk-adjusted eNPV

Self-pay pathway → ~\$360m at ~\$99k price

The radiopharma sector is largely concentrated in two indications, Oncoinvent pursues peritoneal metastases

Snapshot of the Radiopharma Landscape



Radspherin® fills a unique pocket of value in a high-demand area with equally high barriers to entry

	SoC	Procedure-based locoregional chemo		Biologics / immunotherapies		Radiopharmaceuticals		
	Systemic chemo	HIPEC	PIPAC	IMNN-001	KORJUNY®	XLNT-1	²¹¹ At- Farletuzumab	Radspherin®
Development stage	●	●	●	●	●	●	●	●
Receptor-independent	●	●	●	●	●	●	●	●
Single procedure	●	●	●	●	●	●	●	●
Patient & Workflow burden	●	●	●	●	●	●	●	●
Localized therapy	●	●	●	●	●	●	●	●

HIPEC is the *only established* surgical-linked approach, used mainly in *selected* expert centres; however, it is *operationally demanding* (prolonged surgery and hospitalisation) and its *clinical benefit remains debated*, limiting broad adoption

► **Radspherin®** uniquely targets the *immediate* post-surgical micrometastatic window with a *single-dose, workflow-light* administration

Backups

Clinical Development

Financials

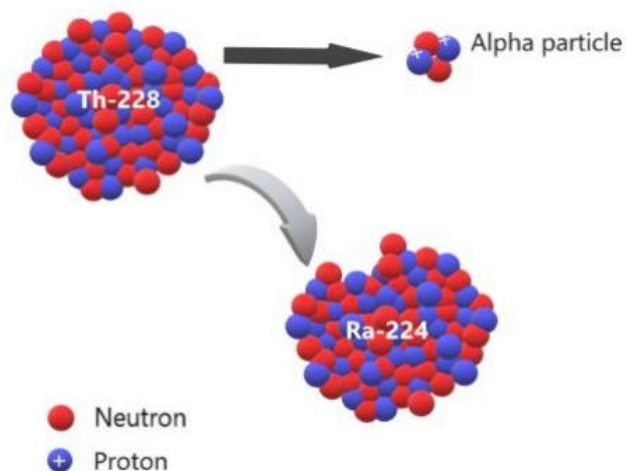
Commercial potential

Background

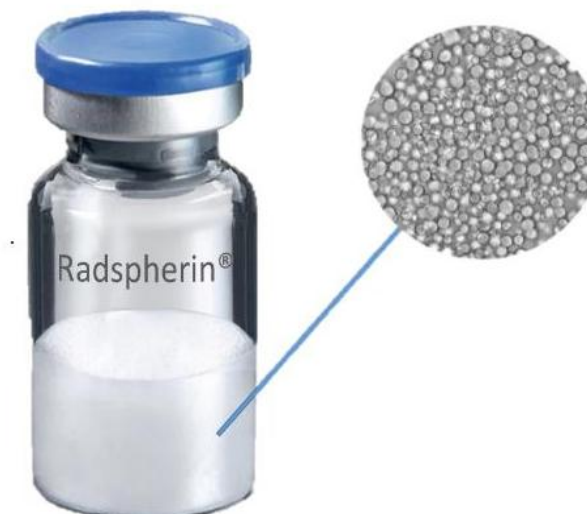
In-house GMP pilot plant with attractive capabilities



Oncoinvent has in-house GMP production capability



^{224}Ra produced from ^{228}Th , which has multiple sources

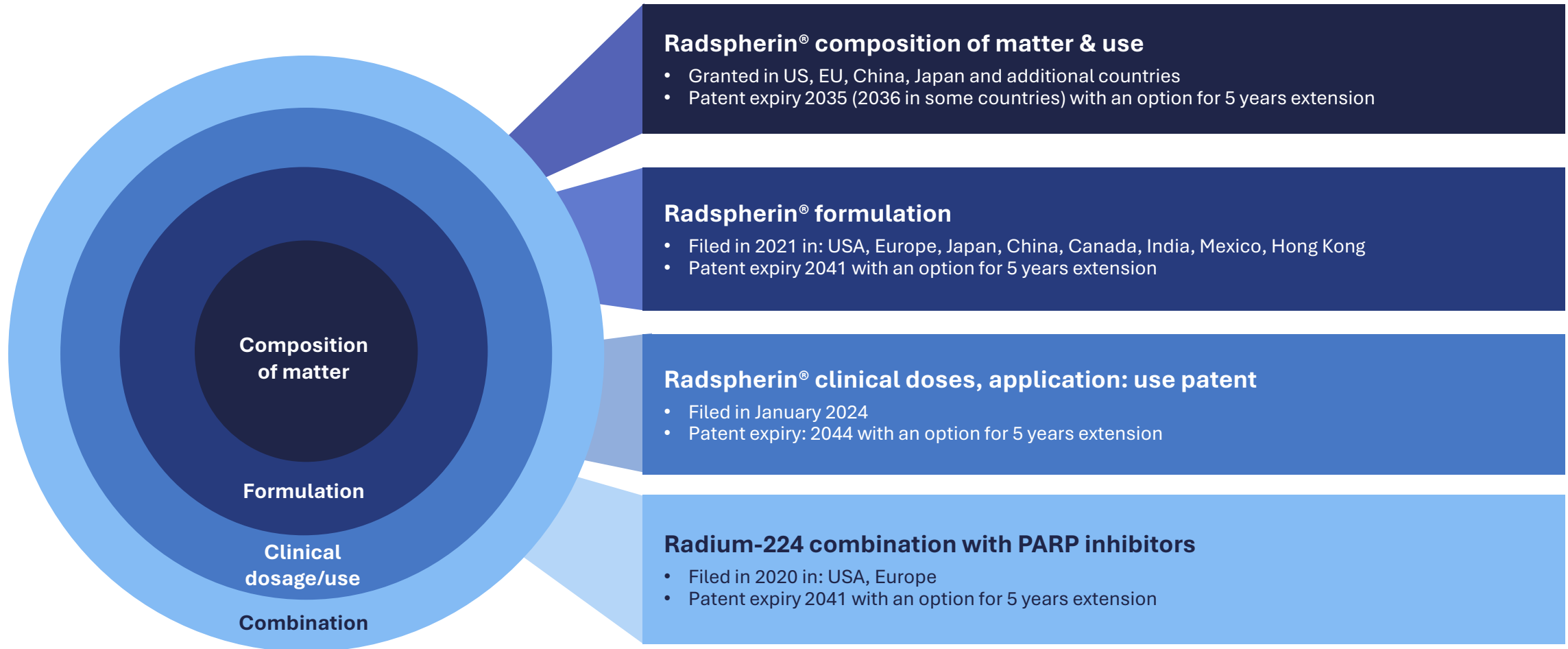


Microparticles and finished goods produced in-house

- Unique expertise in the full end-to-end process to produce Radspherin®
- In-house production mastery derisks one of the key radiopharma bottlenecks: reliable manufacturing and supply; at over 100 patients we still have a spotless record
- Capacity scaled to ~200 doses Radspherin® annually, exploring further increase to up to 450 doses per annum
- On selective basis offer GMP laboratory services to similar non-competing companies

Radspherin® - solid multilayer intellectual property protection

Four patent families protect Radspherin through 2041 and 2044, with 5-year extension options



onco[∞]invent

