POINT BIOPHARMA

Accelerating Precision Medicine™

NASDAQ: PNT

# Investor Presentation

April 2022

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# POINT Biopharma: Creating the platform for next-generation radiopharmaceuticals

## POINT'S MISSION

Accelerating the discovery, development and global access to life-changing radiopharmaceuticals

## POINT'S VISION

Transforming lives touched by cancer

### INDUSTRY-LEADING PIPELINE

- Prostate cancer (PSMA) program currently in Phase 3
- Pan-cancer (FAP-α) program entering Phase 1 summer 2022
- CanSEEK™ technology to enable significant pipeline expansion

### IN-HOUSE SUPPLY CHAIN

- 100% owned manufacturing infrastructure, capable of supplying North America and Europe
- Proprietary radioisotope production

### FINANCIAL HIGHLIGHTS

- Strong balance sheet, with $239M in cash and cash equivalents as of December 31, 2021
- Cash runway into the first quarter of 2024
- 93.9M fully diluted shares outstanding

### HIGHLY EXPERIENCED TEAM

- Deep experience in drug manufacturing, drug development and registration
- Decades of experience in radiopharmaceuticals

*PSMA = Prostate-Specific Membrane Antigen, FAP-α = Fibroblast Activation Protein Alpha*

# Radiopharmaceuticals will be a new pillar of oncology treatment with pan-cancer opportunities

## MOLECULARLY TARGETED RADIATION

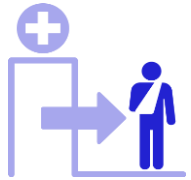
Radiotherapy is a proven pillar of cancer treatment but lacks precision. By precisely delivering radiation directly to cancer cells with radioligands, the power of radiotherapy can be realized while reducing the off-target effects.

## OPTIMIZED PATIENT SELECTION

Molecular imaging companion diagnostics enable visualization of the therapeutic target to optimize the selection of patients who may best respond to therapy.

## MONOTHERAPY ACTIVITY AND COMBINATION SYNERGIES

Many opportunities exist to develop radiopharmaceuticals as monotherapies and additional options exist to extend the therapeutic uses by combining with other precision treatments, such as DNA damage response and immune checkpoint inhibitors.



## OUTPATIENT FRIENDLY

Modern medical isotopes enable radiopharmaceuticals to be administered outside of hospitals, making them easily accessible globally - over 1,400 outpatient locations in the U.S alone.

## FEW COMPETITORS + DEEP MOAT PREVENTING NEW ENTRANTS = UNIQUE BUSINESS OPPORTUNITY

Scarce input materials combined with a just-in-time supply chain means significantly higher barriers to commercialization as compared to other pharmaceuticals. There is currently no firm realizing high volume economies of scale in radiopharmaceuticals.

# POINT has assembled one of the most experienced teams in the clinical development and manufacturing of radiopharmaceuticals

**DR. JOE McCANN PhD**
CEO & Co-Founder

**DR. NEIL FLESHNER, MD**
Chief Medical Officer & Co-Founder

**ALLAN SILBER**
Executive Chairman & Co-Founder

**BILL DEMERS, FCPA**
Chief Financial Officer

**JUSTYNA KELLY, MSc**
Chief Operating Officer

**ARI SHOMAIR**
Chief of Staff

**DR. MYRA ROSARIO HERRLE, PhD**
EVP, Regulatory Affairs

**JESSICA JENSEN, MPH**
EVP, Clinical Development

**TODD HOCKEMEYER**
EVP, US Manufacturing

## LEADERSHIP TEAM'S PREVIOUS FIRMS INCLUDE

cpdc Centre for Probe Development and Commercialization · BAYER · abbvie · gsk · NOVARTIS · Northern Biologics · Lantheus Holdings · Avacta · GlycoMimetics · EY · Progenics Pharmaceuticals · UHN

## LEADERSHIP TEAM'S ACHIEVEMENTS INCLUDE

+ **40+ CLINICAL TRIALS**
  30+ INDs, 30+ CTAs, 10+ INTERNATIONAL TRIALS
+ **12 APPROVALS**
  10 NDA/NDSs, 5 ANDA, 1 SNDs, 2 DMFs
+ **8 GMP RADIOPHARMACEUTICAL FACILITIES**
  18 FDA INSPECTIONS, 27 HEALTH CANADA INSPECTIONS

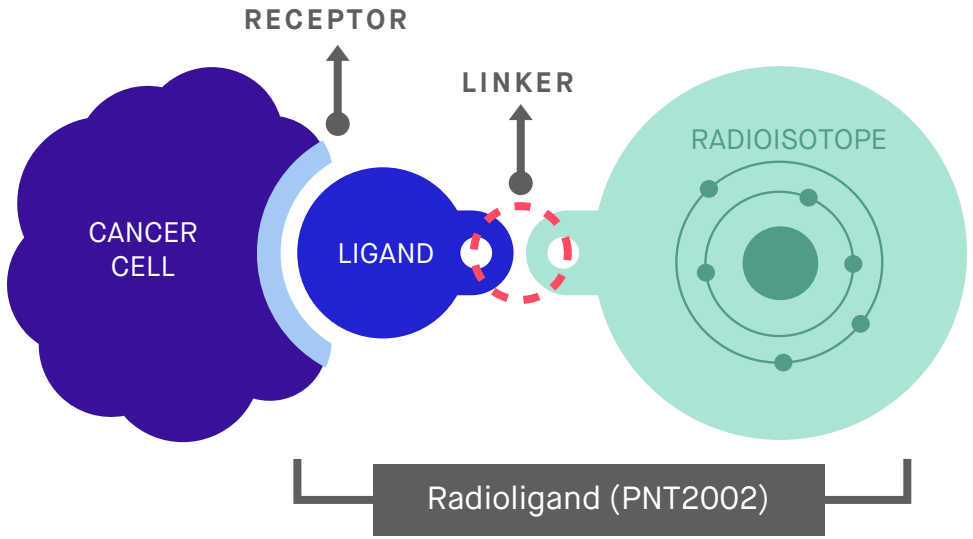
# Novel ligands are greatly expanding the number of cancer indications that can be treated with radiopharmaceuticals

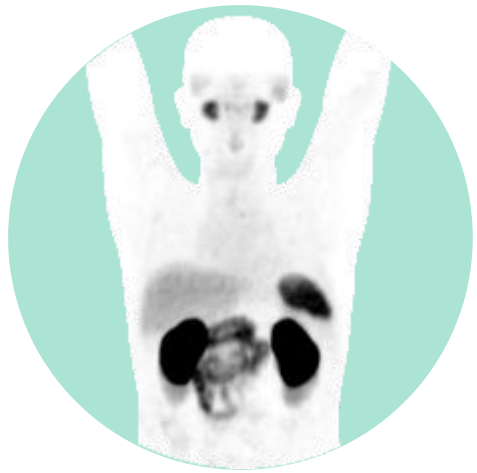
**Radioligands** enable the precise targeting of cancer by combining a radioisotope, a linker & a targeting moiety that seek cancer cells

PSMA is overexpressed on prostate cancer cells + A PSMA specific ligand seeks out cancer cells + The radioisotope emits ionizing radiation = Ionizing radiation kills the tumor cell, while minimizing damage to healthy tissue

PSMA-PET Scan Before Treatment[1]

*PSMA = Prostate Specific Membrane Antigen*



PSMA-PET Scan After 3 $^{177}$Lu-PSMA Treatments[1]

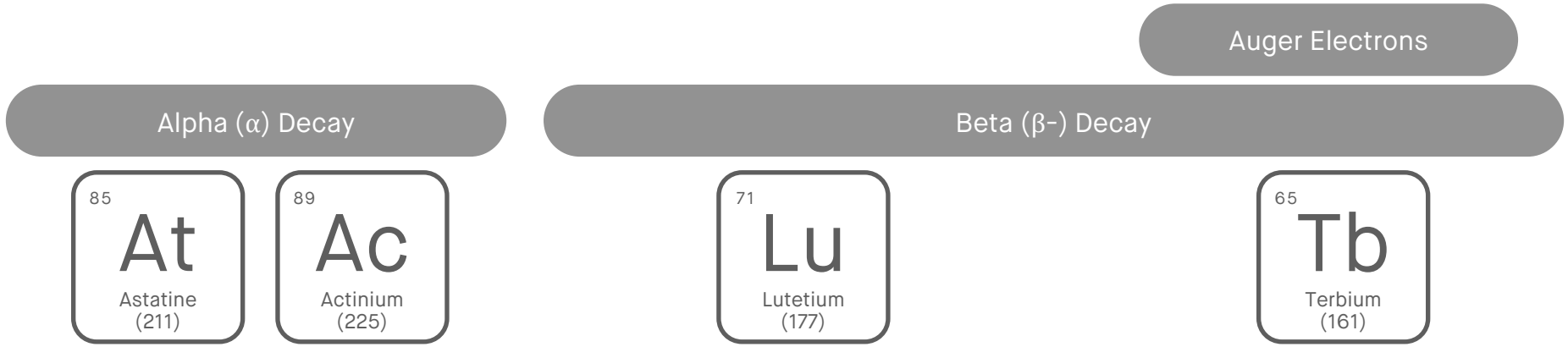
*1. Baum et al. J Nucl Med 2016*

# New radioisotopes are further enhancing radiopharmaceuticals' capabilities

**POINT leverages the unique properties of a variety of medical isotopes.**

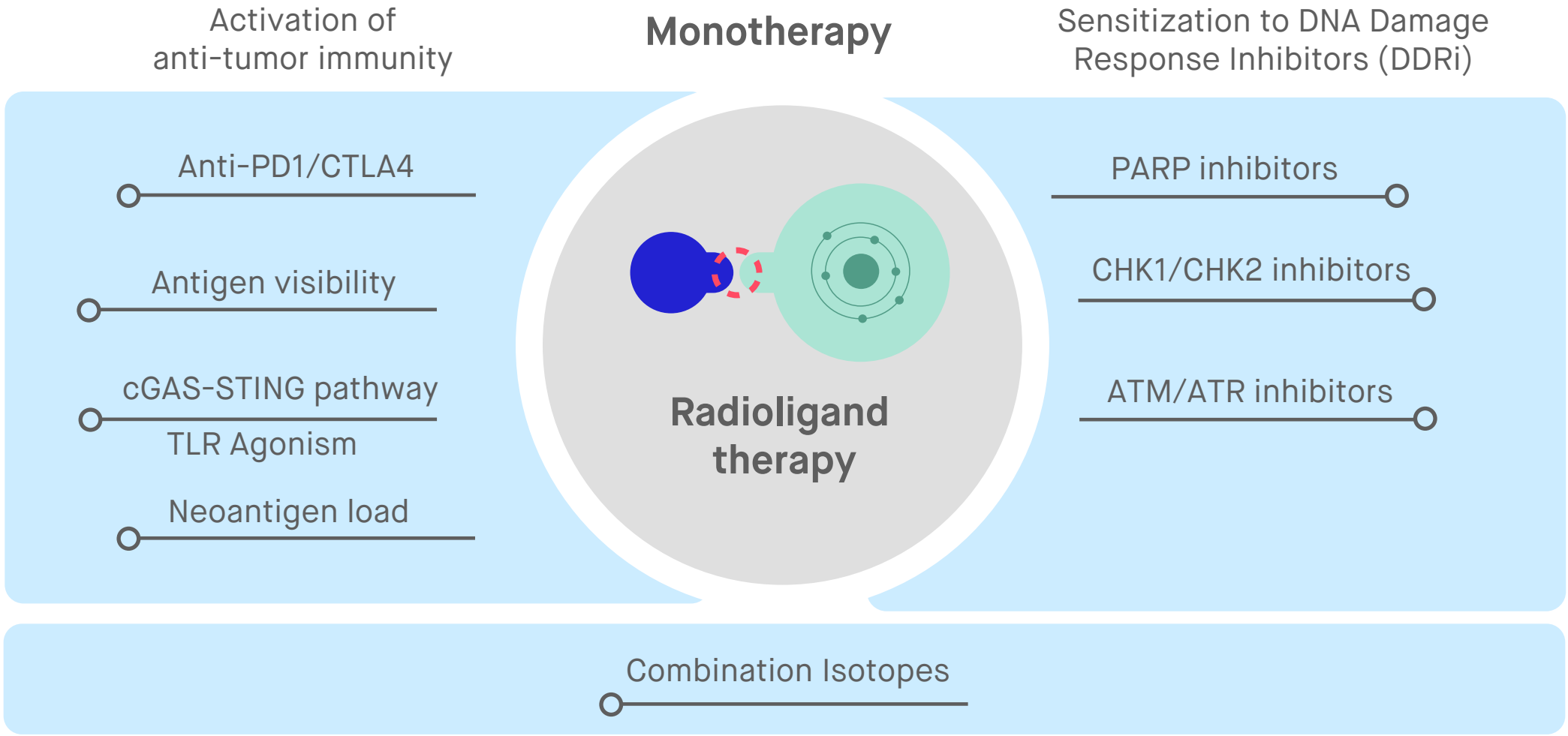
Isotope selection considerations include radiation type, energy emission, and half-life.

Many modern radioisotopes can be administered at community-based infusion centers, greatly expanding access.




| | | | |
|---|---|---|---|
| **Emission Type** | Large alpha particles (He atoms) | Very small particles (electrons) | High energy electrons |
| **Half-life** | 7.2 hours - 10 days | 6.6 days | 6.9 days |
| **Energy** | 5-9 MeV | 50-2,300 keV | Up to 100 keV |
| **Path Length** | 40-100 μm (2-10 cells) | 0.3-12 mm (10-1,200 cells) | 2-500 nm (1/20th of a cell) |
| **Energy Transfer** | 80 keV/μm | 0.2 keV/μm | 4-26 keV/μm |

# Radiopharmaceuticals offer an extremely broad potential opportunity for combination therapies




Monotherapy and expected synergistic MoA with existing therapeutic classes

# POINT's platform overcomes the barriers that have prevented radiopharmaceutical commercialization

## Late-Stage Programs

Only three therapeutic radioligands currently marketed in the U.S.: Lutathera, Azedra, & Zevalin

**POINT's lead asset reports top-line Phase 3 data in mid-2023**

## Early-Stage Programs

Radiopharmaceuticals have historically targeted orphan indications and rare diseases

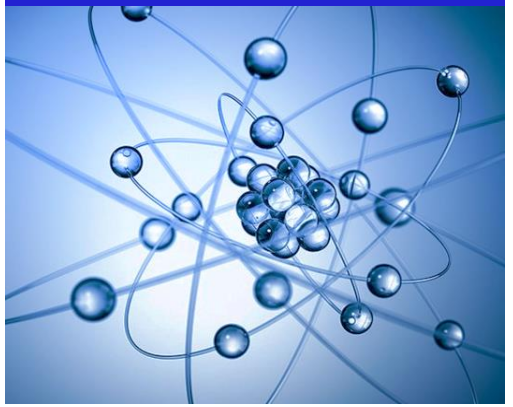
**POINT's pipeline targets high prevalence indications**

## Manufacturing


There are currently no large-scale contract radiopharmaceutical manufacturing facilities

**POINT built one of the largest radiopharm facilities in the world**

## Isotope Supply



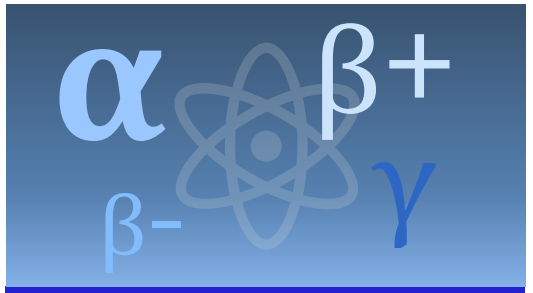
Isotopes are a scarce, heavily-regulated raw material that decay within days from manufacturing

**POINT addressed the major isotope risks**

# Manufacturing and supply chain are the key success factors: radiopharmaceuticals are made just-in-time with a useable life measured in days

POINT's 100% owned & operated Indianapolis, Indiana manufacturing facility is currently supplying doses for the company's SPLASH trial.


State of the art 80,000 $ft^2$ GMP facility




NRC licensed for alpha, beta, gamma and positron emitters

Integrated radioisotope production

POINT's manufacturing facility has the capacity to service high volume indications in North America and Europe.

Modular capacity, capable of scaling with demand

Sterility assurance labs for in-house batch testing

US population within 12 hours, EU & UK within 48 hours

# POINT's lutetium-177 and actinium-225 supply chains are industry-leading

## Internal $^{177}$Lu production capability will provide a COGS advantage and supply chain redundancy

71 Lu Lutetium (177)

| itm | isotopia | POINT BIOPHARMA |
|---|---|---|
| No-carrier-added $^{177}$Lu partner | No-carrier-added $^{177}$Lu partner | No-carrier-added $^{177}$Lu manufactured internally |
| | | KINECTRICS: Ytterbium-176 input material secured in North America |
| | | Nuclear reactor irradiation network assembled |
| | | sck cen: Technology to purify $^{177}$Lu at a significant scale |

## Redundant $^{225}$Ac supply from partners with access to rare Thorium and Radium inputs

89 Ac Actinium (225)

| U.S. DEPARTMENT OF ENERGY | TerraPower A Nuclear Innovation Company | NorthStar MEDICAL RADIOISOTOPES, LLC | IONETIX |
|---|---|---|---|
| Thorium-229 | Thorium-229 (U.S. Department of Energy waste stores) | Radium-226 | Radium-226 |
| $^{225}$Ac "milked" from Thorium "cows" | $^{225}$Ac "milked" from Thorium "cows" | $^{225}$Ac via electron accelerator | $^{225}$Ac via proton accelerator |


POINT's Facility

# POINT is positioned to be a leader in next-generation radiopharmaceuticals

| Program | Target | Clinical Candidate | Discovery | Preclinical | Phase 1 | Phase 2 | Phase 3 |
|---|---|---|---|---|---|---|---|
| PNT2002 | PSMA | $^{177}$Lu-PSMA I&T | mCRPC*, Pre-Chemo | | | | |
| PNT2002 | PSMA | $^{177}$Lu-PSMA I&T | mCRPC*, Post-Chemo, combination w/ J591** | | | | |
| PNT2003 | SSTR | $^{177}$Lu-DOTA-TATE | Neuroendocrine Tumors (NETs)*** | | | | |
| PNT2004 | FAP-α | $^{177}$Lu-PNT6555 | Solid Tumors Expressing FAP | | | | |
| PNT2004 | FAP-α | $^{225}$Ac-PNT6555 | Solid Tumors Expressing FAP | | | | |
| PNT2001 | PSMA | $^{225}$Ac-Not Disclosed | Prostate Cancer | | | | |
| CanSEEK™ Enabled Programs | Not Disclosed | Not Disclosed | Not Disclosed | | | | |
| | Not Disclosed | Not Disclosed | Not Disclosed | | | | |

*POINT's CanSEEK™ has been sub-licensed from both Bach Biosciences and Avacta Life Sciences, which has branded the technology as pre|CISION™ (an Avacta trademark).*
** mCRPC: Metastatic castrate-resistant prostate cancer*
*** Trial sponsored by Weill Medical College of Cornell University (NCT04886986)*
**** Trial sponsored by the University Health Network (NCT0274374)*

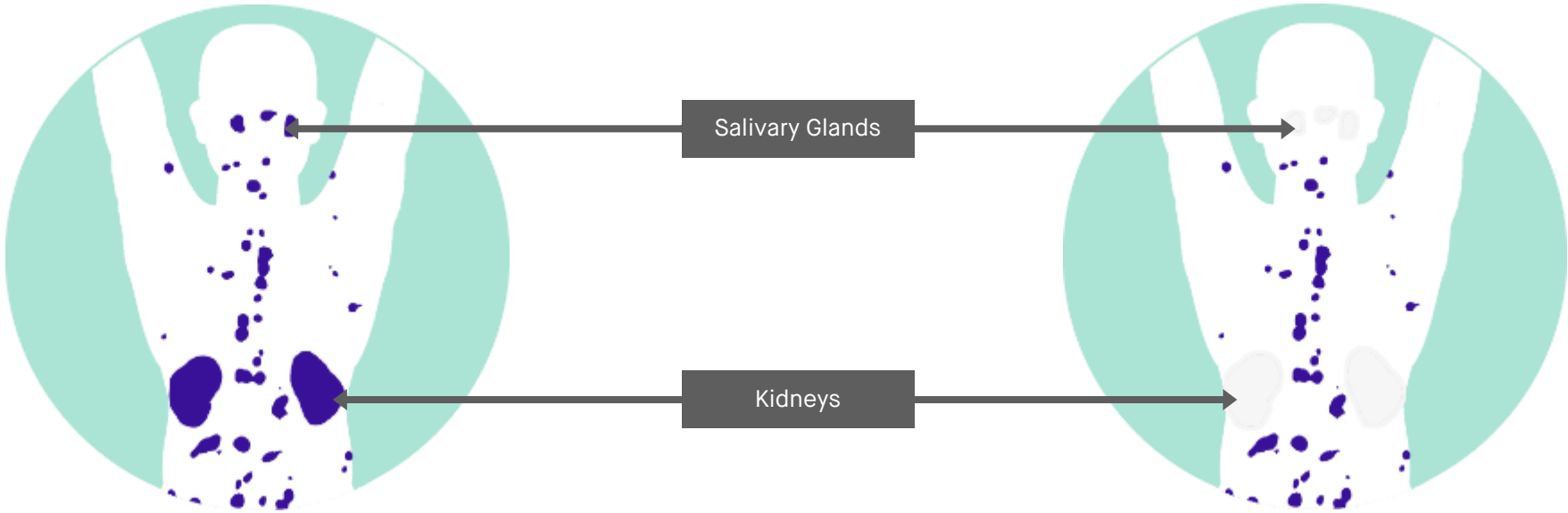
# POINT is creating the future of radiopharmaceuticals with technologies like CanSEEK™, designed to improve the precision and safety of all radioligands

**Without CanSEEK™**

On-target, off-tissue = healthy tissue damage

**With CanSEEK™**

Minimal delivery to healthy tissue




*Images are renderings, created for explanatory purposes only. The CanSEEK™ technology has been sub-licensed from both Bach Biosciences and Avacta Life Sciences, who has branded the technology as pre|CISION™ (an Avacta trademark).*

# Anticipated Milestones & Financial Summary

| Program | Clinical Candidate | Indication | Timing (Est.) | Milestone |
|---|---|---|---|---|
| **Completed** | | | | |
| Manufacturing | $^{177}$Lu-PSMA I&T | mCRPC | **Q4 2021** | IND Amendment to add facility to supply chain |
| **PNT2002** | $^{177}$Lu-PSMA I&T | mCRPC | **Q1 2022** | Dosimetry presentation from 27 patient lead-in |
| **Upcoming** | | | | |
| **PNT2002** | $^{177}$Lu-PSMA I&T | mCRPC | **H2 2022** | Efficacy and safety data from 27 patient lead-in |
| | | | **Mid-2023** | Top line data |
| **PNT2004** | $^{177}$Lu-PNT6555 | Solid Tumors Expressing FAP | **Q1 2022** | CTA filing |
| | | | **Summer 2022** | First patient in (Phase 1) |
| **PNT2001** | $^{225}$Ac-Not Disclosed | Prostate Cancer | **H1 2023** | IND / CTA filing |
| **PNT2003** | $^{177}$Lu-DOTA-TATE | Neuroendocrine Tumors (NETs) | **H2 2022** | Data report from trial sponsor |

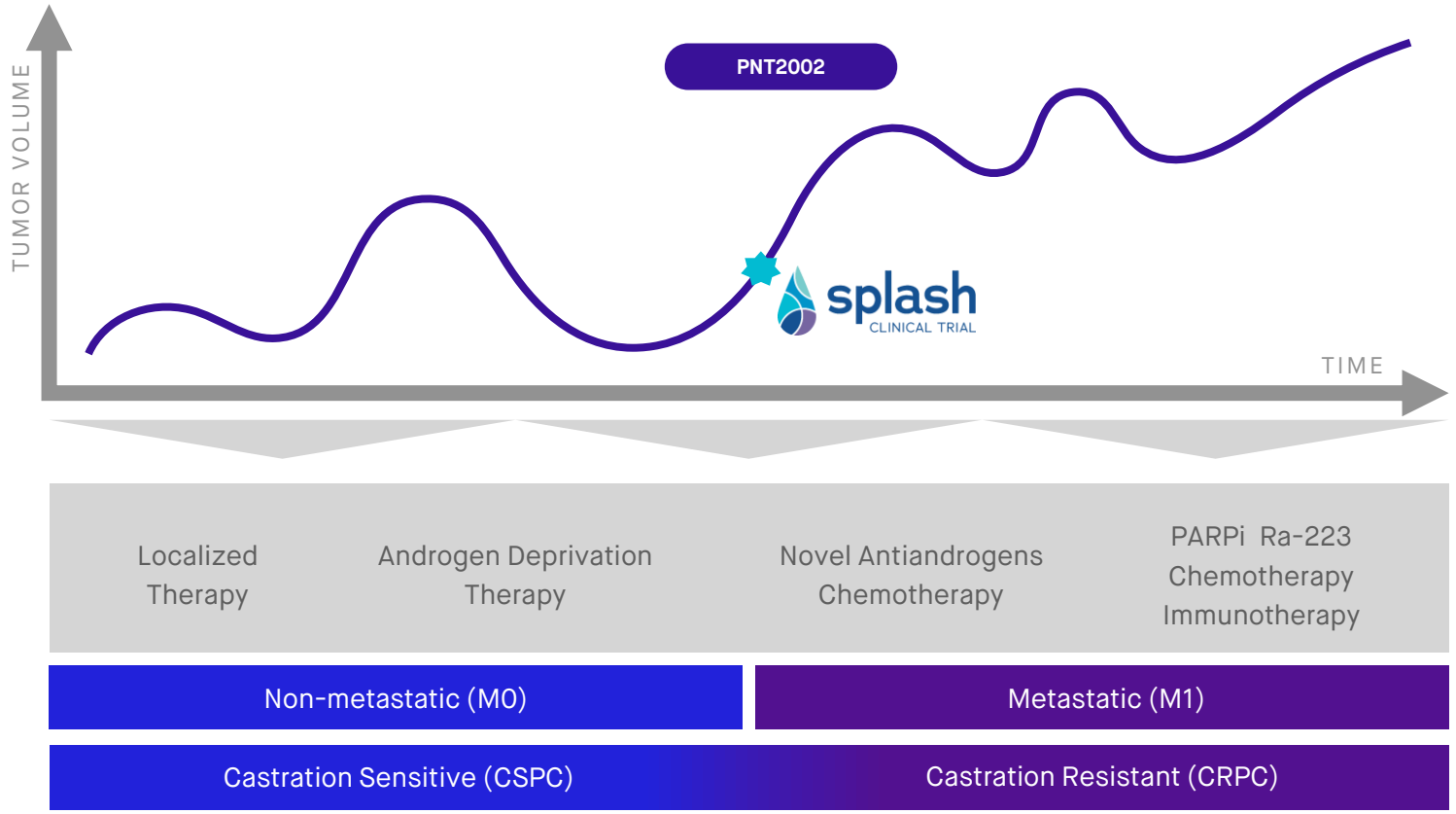
| | |
|---|---|
| **Balance Sheet** | **$239M** cash & cash equivalents, as of Dec 31, 2021 |
| **Projected Runway** | Cash to fund operations into the **first quarter of 2024** |
| **Capital Structure** | **90.1M** Common Shares + **3.8M** Options |

# Programs: $^{177}$Lu-PNT2002 PSMA-Targeted Ligand for mCRPC

## Top Line Data: Mid-2023

# PNT2002 is a PSMA-targeted therapy for metastatic Castration-Resistant Prostate Cancer (mCRPC), in an indication with >36,000 post-ARAT pre-chemo patients annually in the US

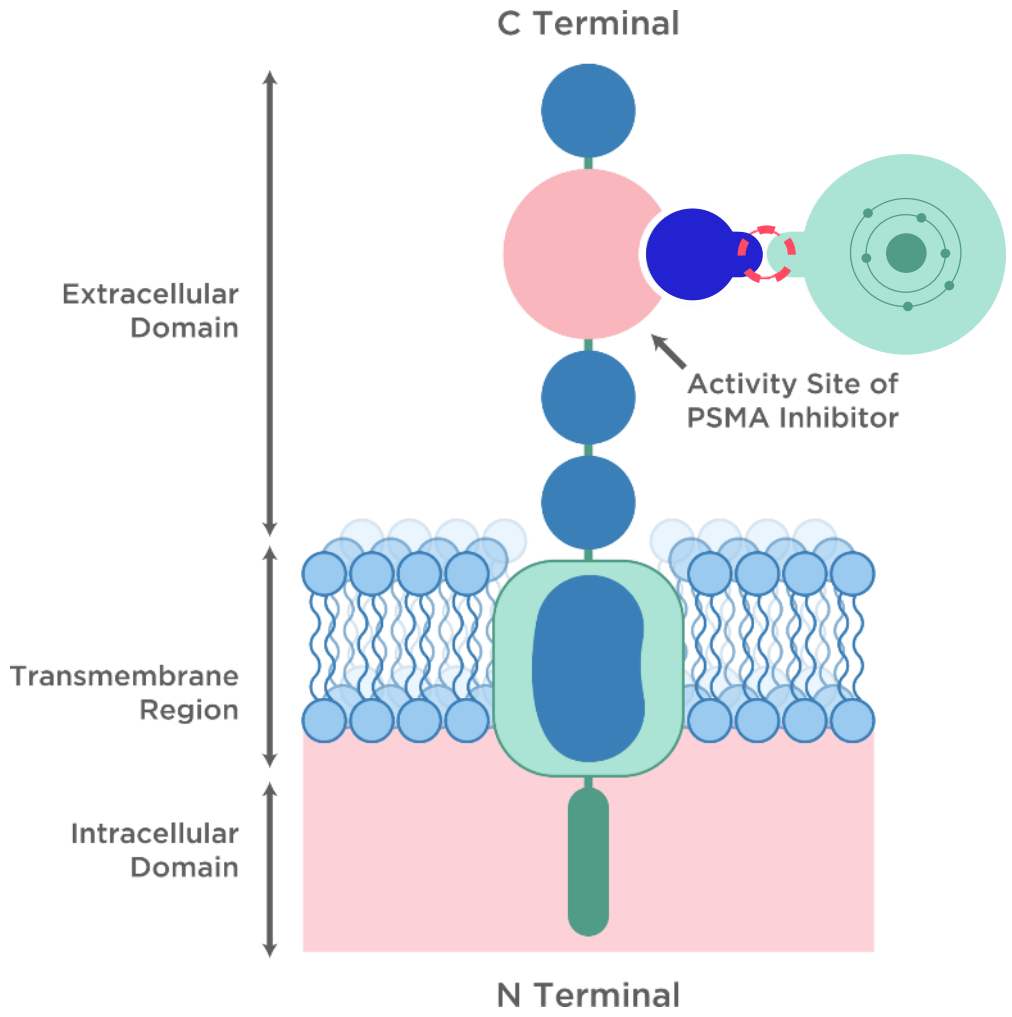
- Every year in the U.S. 12,000 men are diagnosed with mCRPC and an additional 40,000 progress from earlier stages of the disease
  - 95% treated
  - 90% 2nd line progression
  - 80% overexpress PSMA
- PNT2002 uses the PSMA-I&T ligand, which has been administered to >600 patients[1] at a range of 2.5-9.2 GBq based on published reports.
- POINT's innovation solved the stability issue of the I&T ligand, which was then protected with unique IP[2] around radioactive API and formulation to drive stability of the molecule out to 7 days.




***1.*** *Beauregard et al. SNMMI Mid-Winter Meeting Feb 2022* ***2.*** *US Patent 11,129,912 Sep 28 2021*

# Prostate Specific Membrane Antigen (PSMA) is a clinically-validated therapeutic target, ideal for prostate cancer therapy

- PSMA is over-expressed in the vast majority of prostate cancers (>85%)[1], but very limited on normal tissues[2].
- PSMA is a 750-residue type II transmembrane glycoprotein with glutamate carboxypeptidase activity[3]
  - Expression increases with prostate cancer disease progression and metastasis[4]
  - Expression is associated with poor prognosis in prostate cancer[5]
- Expression is also upregulated on solid tumor neovasculature[6].
- There are two FDA-approved PET-PSMA imaging agents ($^{68}$Ga and $^{18}$F) for initial and recurrence of prostate cancer.

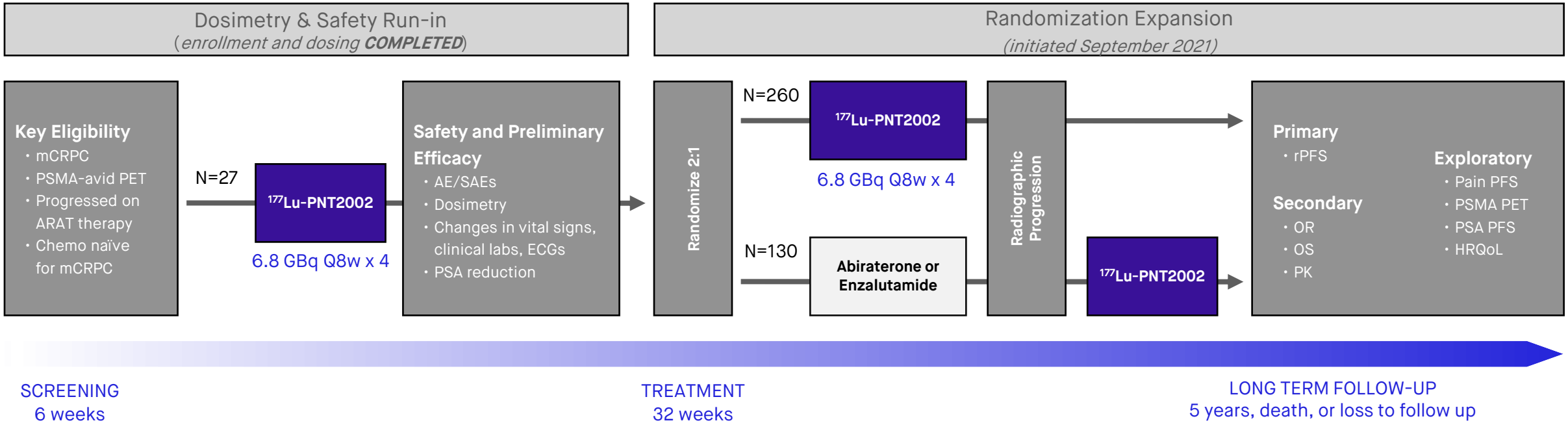



*1. Hupe MC. et al. 2018. Front. Onc. 2. Pangalos MN. et al. 1999. J. Biol. Chem. 3. Davis M. et al. 2005. PNAS 4. Murphy GP. et al. 2000. Prostate. 5. Liu C. et al. Cancer Med. 6. Ghosh A. et al. 2004. J. Cell. Biochem.*

# PNT2002's Phase 3 Study for mCRPC: The SPLASH Protocol

splash CLINICAL TRIAL

**S**tudy Evaluating Metastatic Castrate Resistant **P**rostate Cancer Using $^{177}$**L**u-PNT2002 PSMA Therapy versus Abiraterone or Enzalutamide **A**fter **S**econd-Line **H**ormonal Treatment (NCT04647526), a multi-center, open label, randomized study.




**Standard of care** in chemo-averse mCRPC are ARATs (abiraterone, enzalutamide) **offering rPFS of approx. 4 months** based on recent trials[1,2]

***1.*** *De Bono et al. N Engl J Med 2020; 382:2091-2102* ***2.*** *Sweeney et al. AACR 2020*

# Dosimetry data from SPLASH trial lead-in is in-line with previously published literature, and met pre-defined criteria

- Radiation dosimetry of PNT2002 was calculated in 27 patients with mCRPC based on biodistribution data post injection of their first cycle of PNT2002.
- Organs receiving the largest absorbed doses were the lacrimal glands at 1.2 Gy/GBq, followed by the kidneys at 0.73 Gy/GBq.
- For a cumulative administered activity of 27.2 GBq (4 cycles of 6.8 GBq), the kidneys would receive a cumulative absorbed dose of 19.9 Gy and the red marrow 0.91 Gy.

## PNT2002 (PSMA-I&T)

| Cumulative Administered Activity | SPLASH Trial Lead-In[1] (N=27) |
|---|---|
| **Median Dose** | 6.8 GBq / 4 cycles |
| **Total Kidneys** | 19.9 Gy |
| **Total Red Marrow** | 0.91 Gy |
| **Total Lacrimal Gland** | 33.7 Gy |
| **Total Salivary Gland** | 9.15 Gy |

| | Baum[2] |
|---|---|
| **Median Dose** | 5.8 (3.6-8.7) GBq / 2 (1-5) cycles |
| **Safety** | 0% AEs led to death or discontinuation |
| **Patients with >50% PSA decline** | 59% |
| **Median Radiographic Progression-Free Survival** | 13.7 months (N=56) |
| **Median Overall Survival** | Not reached at 28 months (N=56) |

*1. Beauregard et al. SNMMI Mid-Winter Meeting Feb 2022 2. Baum et al. J Nucl Med 2016;57:1006-1013*

# Summary: PNT2002 has a favorable and safe dosimetry profile in the patient population and dose regimen being studied

## Green Light from DSMB

Four DSMB meetings completed to date with **no recommended changes** to study conduct or protocol

FDA agreement to proceed with randomization ahead of schedule in December 2021

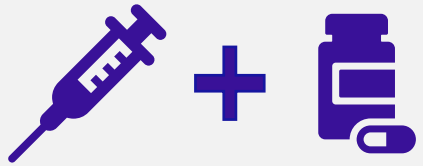
## Safety / Favorable Myelotox Profile

**Low discontinuation rate** due to AEs, with myelosuppression lower than published safety data of comparable ligands

## Dosimetry

**Kidney dosimetry is within range** of previously published data of comparable ligands

## Combination Candidate

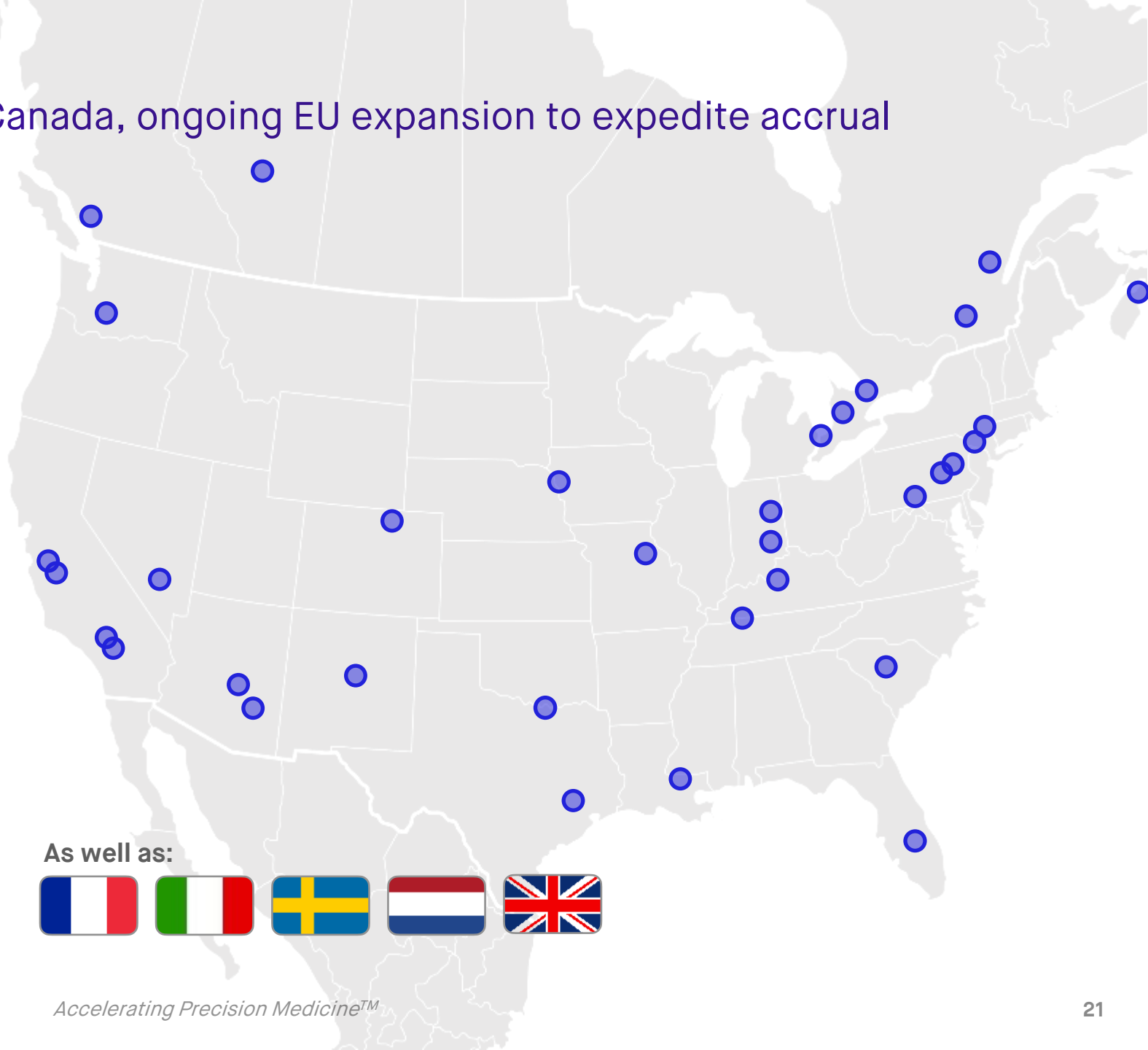


**Red marrow dosimetry well below critical thresholds** enabling the potential opportunity for combination therapy

**Next step: Efficacy and safety from 27 patient lead-in (H2 2022)**

# Randomization has begun in US and Canada, ongoing EU expansion to expedite accrual

| | |
|---|---|
| ✓ **Initiate EU Expansion** | Q4 2021 |
| ✓ **Start of US Randomization** | December 2021 |
| ✓ **Present Dosimetry Data at SNMMI** | February 2022 |
| **NDA Planning and Continued FDA Engagements** | Q2 2022 – Q3 2023 |
| **Top Line Data** | Mid-2023 |



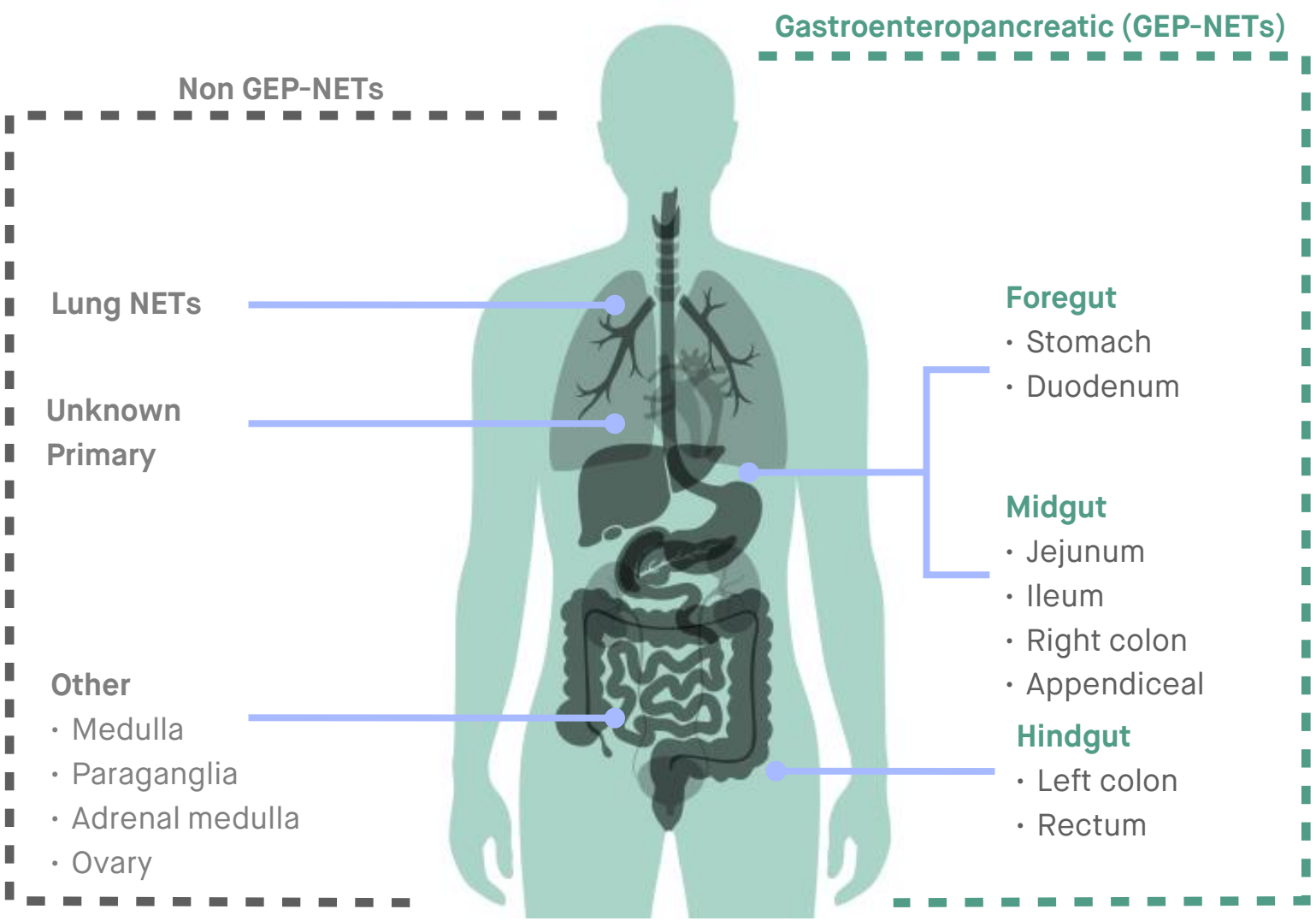
**As well as:**

# Programs:
# $^{177}$Lu-PNT2003 SSTR Targeting Ligand for Neuroendocrine Cancer

# PNT2003 is a somatostatin receptor targeted treatment for Neuroendocrine cancer (NETs)

**NETs are heterogeneous tumors that originate in neuroendocrine cells[1].**

- PNT2003 uses the SSTR-targeted DOTA-TATE ligand, also utilized in the currently approved radiopharmaceutical product for the GEP-NETs indication.
- POINT has licensed both trial data as well as unique intellectual property from CanProbe which enables the formulation of DOTA-TATE while remaining fully outside of competitors' patent space.




*1. Oronsky B. et al. 2017, 2. Dasari A. et al. 2017.*

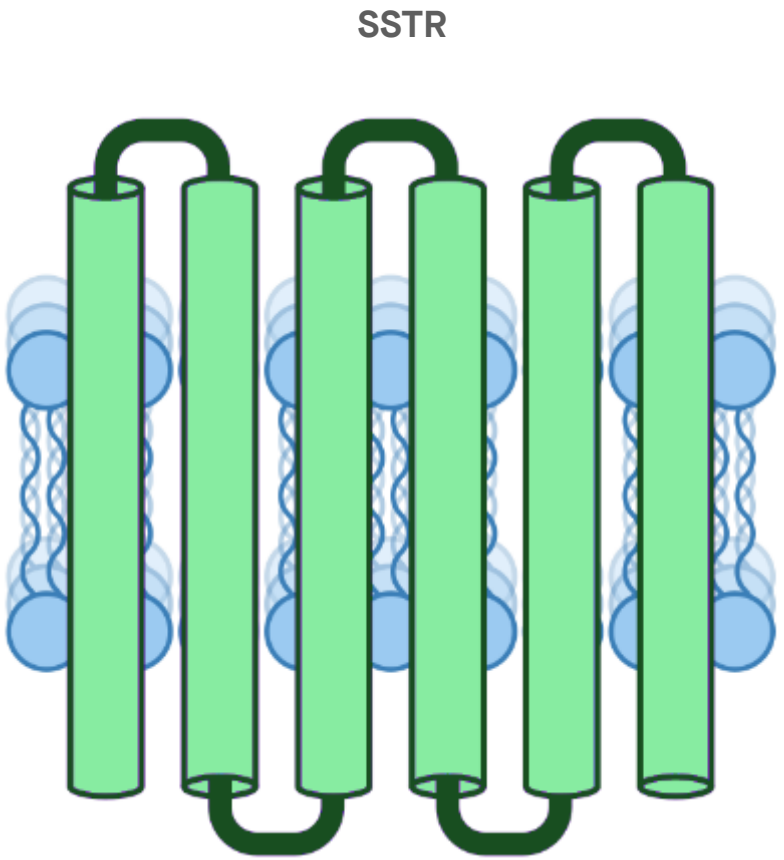
# Somatostatin receptors (SSTRs) are a validated target for NETs therapy

SSTRs are ideal targets for NET therapy:

- Somatostatin analogs (SSAs) have been developed with anti-secretory and anti-proliferative effects for NET therapy[1,2]
- Randomized clinical trials with somatostatin analogs have demonstrated efficacy[1]

SSTRs are a family of G-protein coupled receptors, with 5 receptor subtypes identified[3]:

- The receptors display a high degree of structural conservation across subtypes[4]
- SSTRs are highly expressed on NETs[5]
- SSTR2 is generally the most highly expressed receptor in NET[5]



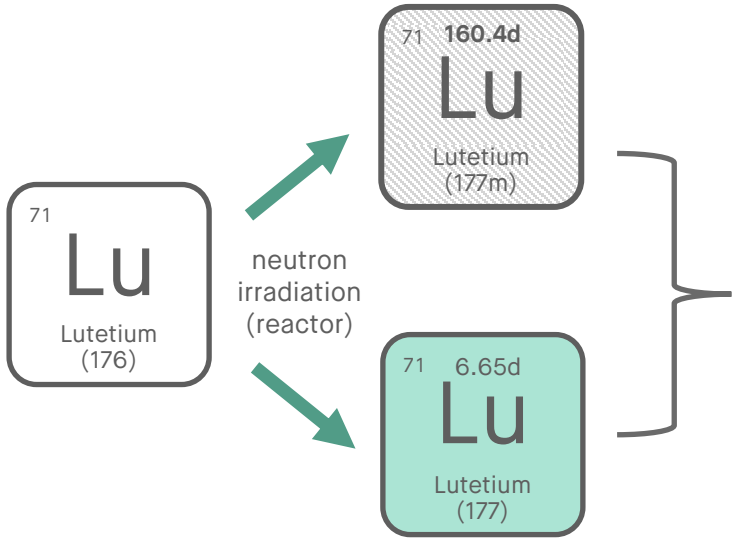

***1.*** *Caplin ME. et al. 2014. NEJM* ***2.*** *Rinke et al. 2009. JCO.* ***3.*** *Patel YC. et al. 1997. Endocrin. Metabo.* ***4.*** *Yang SK. et al. 2007. Clin. Exp. Pharm. Phys.* ***5.*** *Papotti M. et al. 2002. Virch. Arch.*

# PNT2003's reduced radiation safety burden offers a significant opportunity for differentiation from the currently approved radiopharmaceutical product for the GEP-NETs indication

The $^{177}$Lu in PNT2003 does not contain long-lived radioactive impurities, resulting in simplified administration of the drug product.

## Carrier-added $^{177}$Lu

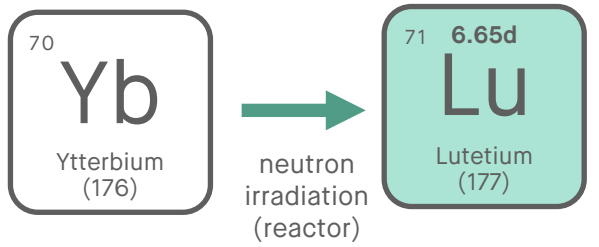
Contains up to 0.01% metastable $^{177m}$Lu, a radionuclide with a half-life of 5+ months, **forcing clinics to create a costly specialized waste stream** required by the NRC[1] for disposing waste with a physical half-life >120 days




Both $^{177m}$Lu and $^{177}$Lu incorporated in drug product

## PNT2003: **No-carrier-added $^{177}$Lu**

**Contains no $^{177m}$Lu;** infrastructure requirements are minimal, same as for PNT2002

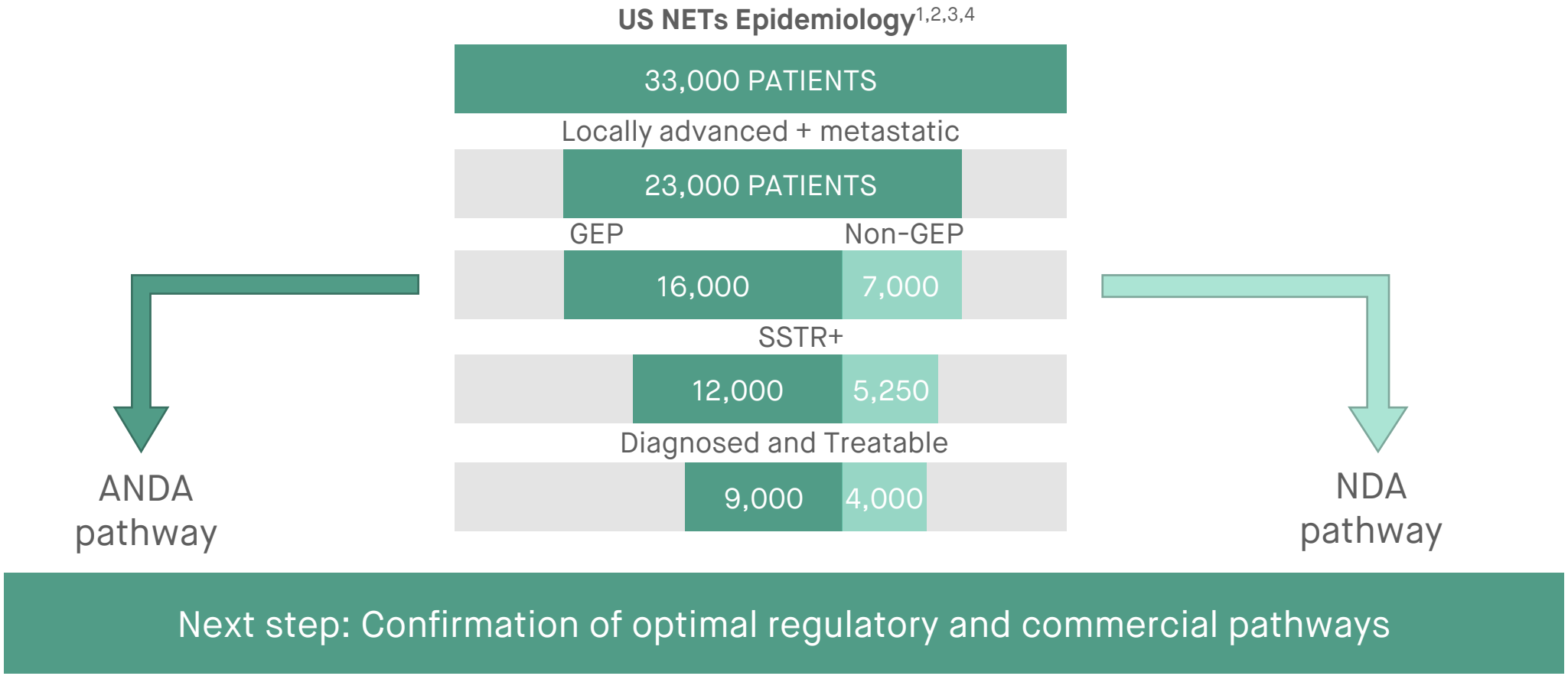



Only $^{177}$Lu in drug product

*1. NRC Part 35.92 Decay-in-storage*

# Neuroendocrine Tumors (NETs) is a large market opportunity; there are multiple potential regulatory pathways available to PNT2003 (DOTA-TATE)

POINT is currently assessing the regulatory pathways for PNT2003 based on feedback and ongoing discussions with regulatory authorities.




*1.* Oronsky B. et al. 2017. Neoplasia *2.* NETs – SEER 18 *3.* Dasari A. et al. 2017. JAMA *4.* Man D. et al. 2018

# Next Generation:
# Novel Targets, Improved Ligands, and Transformational Technologies

# The next generation of radiopharmaceuticals will require novel targets, improved ligands, and transformation technologies

*Pan-cancer approaches*

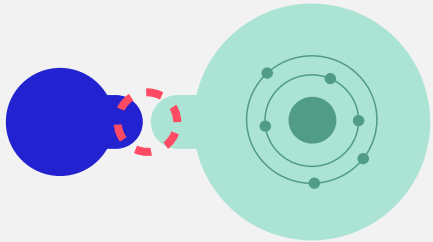
## Novel Targets

**PNT2004**

A **best-in-class FAP-targeted** radioligand which has compelling pan-cancer therapy potential.

*Better patient outcomes*

## Improved Ligands



**PNT2001**

Has **improved tumor uptake** and **reduced normal tissue binding** relative to current generation ligands.

*Enhanced therapeutic windows*

## Transformational Technologies

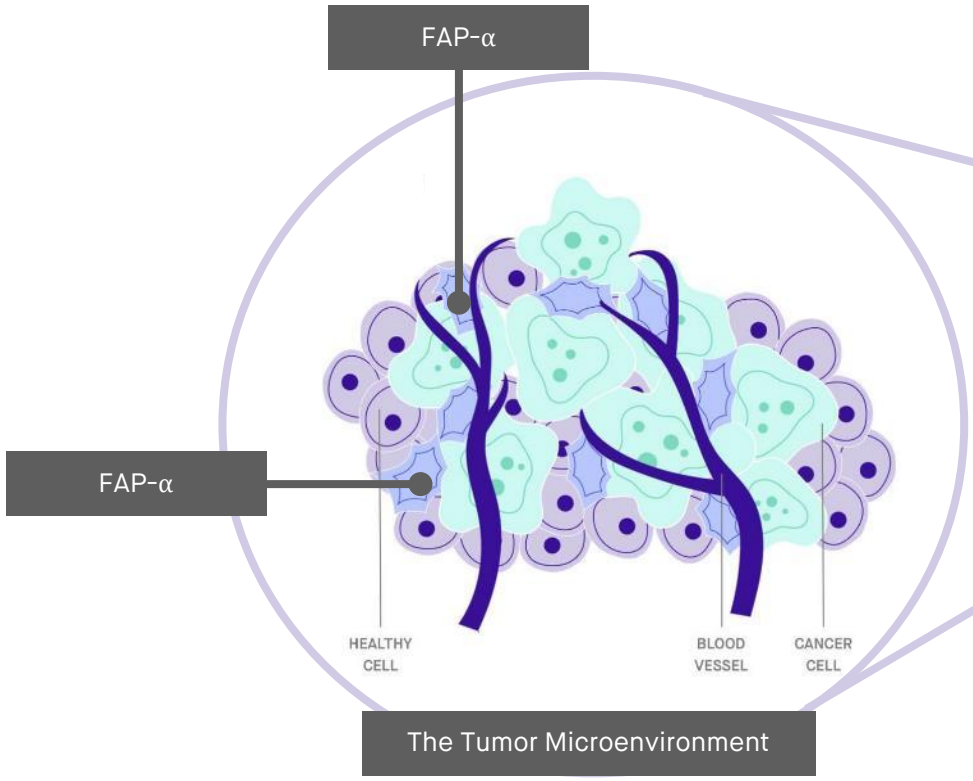
**CanSEEK™**

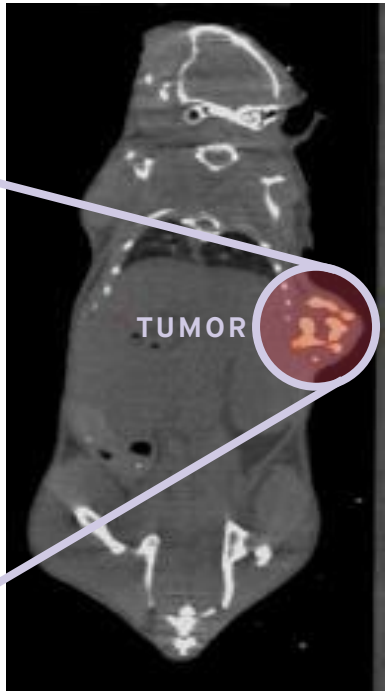
Aims to virtually **eliminate normal tissue radioligand binding** and could provide a new paradigm.

# Programs:
# PNT2004 Fibroblast Activation Protein-α Targeting Ligand for Multiple Tumor Types

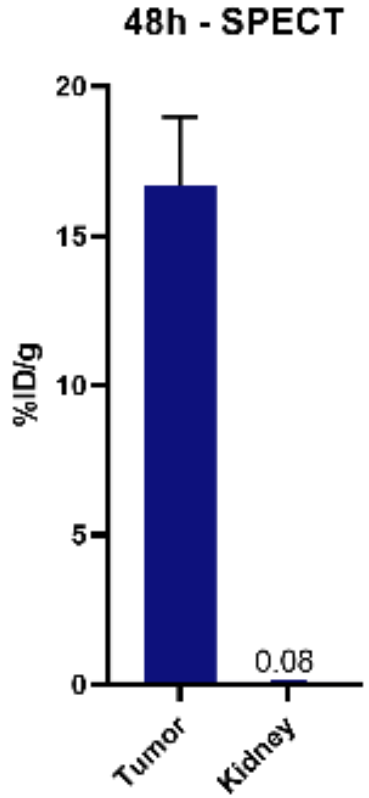
# PNT2004 is a best-in-class Fibroblast Activation Protein (FAP-α) targeted radioligand with potential for imaging and therapy

An ideal radiopharmaceutical targets and is retained in tumors, while flushing out of tissues absent of the target quickly. Developed in collaboration with Dr. William Bachovchin at Tufts, a leader in designing inhibitors of DASH family proteases including FAP-α, PNT2004 has best-in-class tumor retention and normal tissue clearance, enabling delivery of large doses of tumor killing radiation.




48h Lutetium-177 PNT2004

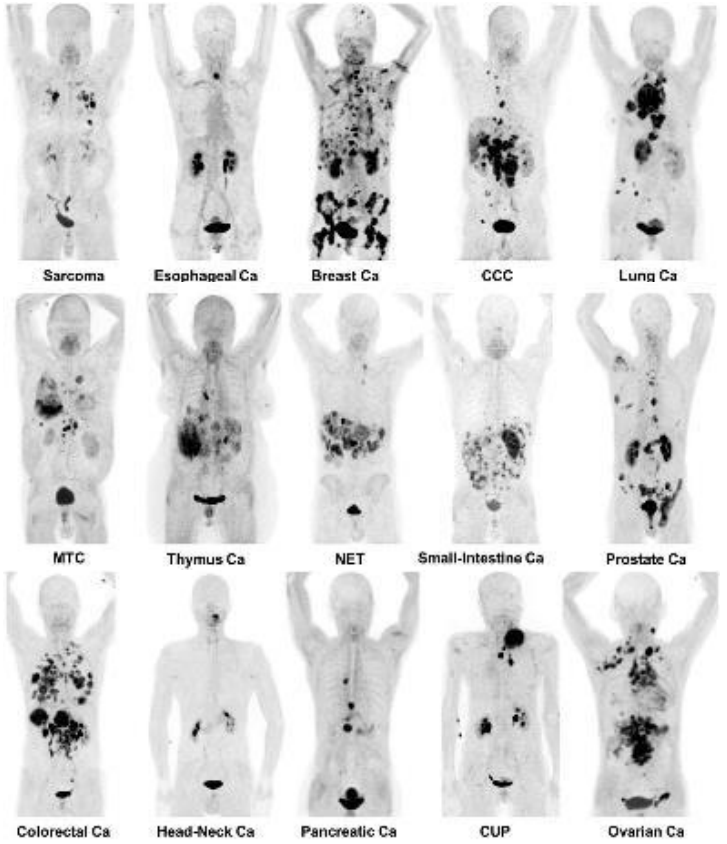



**>200x tumor:kidney ratio**

# FAP-α is a compelling pan cancer target for imaging and therapy that is found in >90% of epithelial tumors[1]

In cancer, Fibroblast Activation Protein-α (FAP) is highly expressed on Cancer Associated Fibroblasts (CAFs)[2], which drives tumor progression and resistance to chemo and immunotherapy[3,4,5]:

- FAP is a 170kDa membrane bound prolyl endopeptidase[6]
- FAP is expressed during development but rarely in adult tissues[7]
- FAP is upregulated at sites of active tissue remodeling, such as during wound healing[2]
- FAP is **highly upregulated in cancer[2]**, and expressed on tumor cells of mesenchymal origin tumors (sarcoma, mesothelioma)[8]



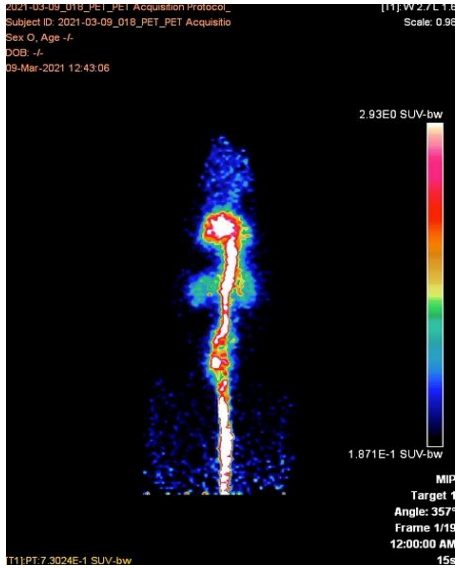
[9]

*1. Mhawech-Fauceglia P. et al. 2015. Canc. Microenv. 2. Jacob M. et al. 2012. Curr. Mol. Med. 3. Mariathasan S, et al. 2018. Nature 4. Domen A. et al. 2021. Cancers 5. Joshi RS. et al. 2021. Cancers. 6. Pure E. et al. 2018. Oncogene 7. Niedermeyer J. et al. 2001. Int J Dev. 8. Dohi O. et al. 2009. Histophatology 9. Kratochwil et al. J Nucl Med 2019; 60:801–805*

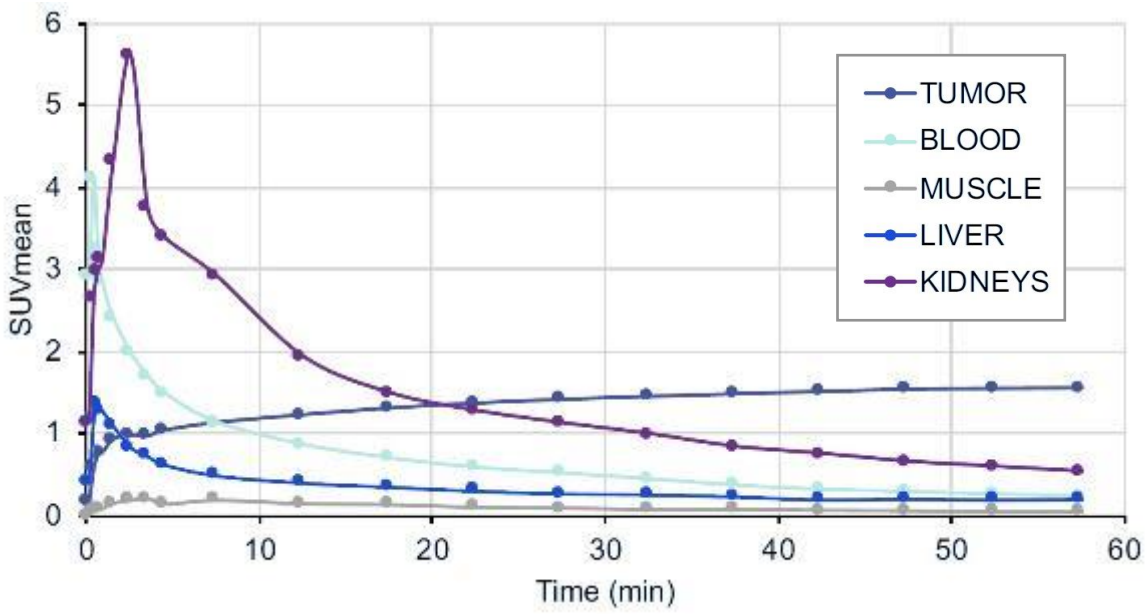
# PNT6555 is the lead of the PNT2004 program. $^{68}$Ga-PNT6555 biodistribution studies demonstrate fast tumor targeting with little accumulation in normal tissues

Rapid renal clearance of excess compound and good tumor retention with low background in other organs.

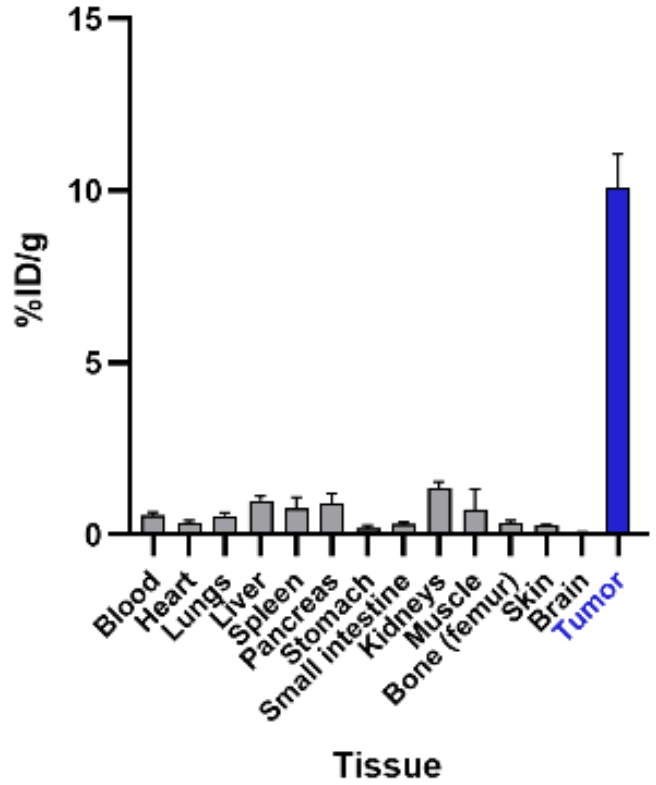
## Dynamic Imaging




## $^{68}$Ga-PNT6555 Biodistribution




## $^{68}$Ga-PNT6555 Biodistribution at 60 min

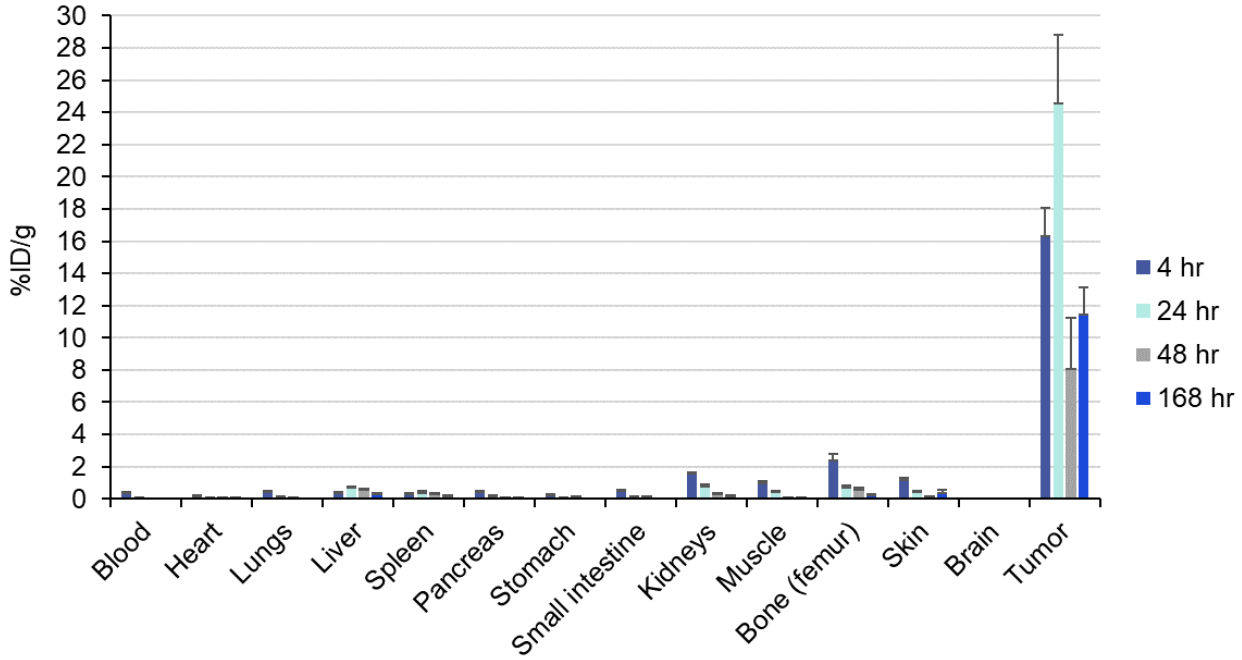



*HEK-mFAP tumor bearing Fox Chase SCID, n=3/timepoint*

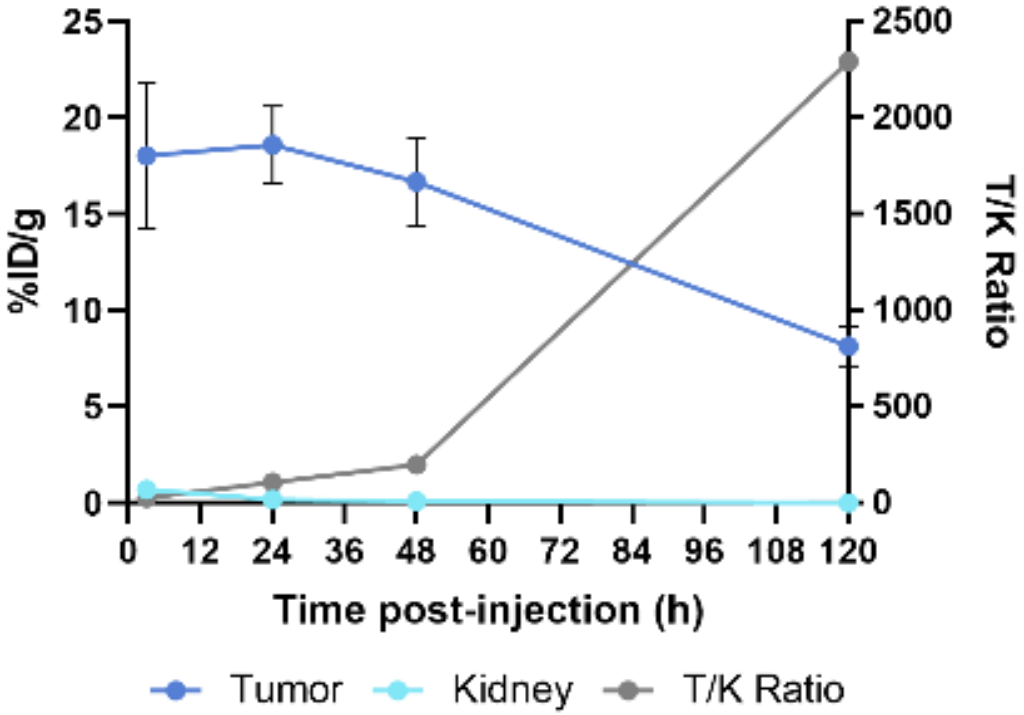
# $^{177}$Lu-PNT6555 biodistribution studies demonstrate prolonged tumor retention and rapid normal tissue clearance

Rapid and persistent tumor targeting beyond 7 days with low retention in normal tissues, with exquisite tumor / kidney ratio.

## $^{177}$Lu-PNT6555 Biodistribution



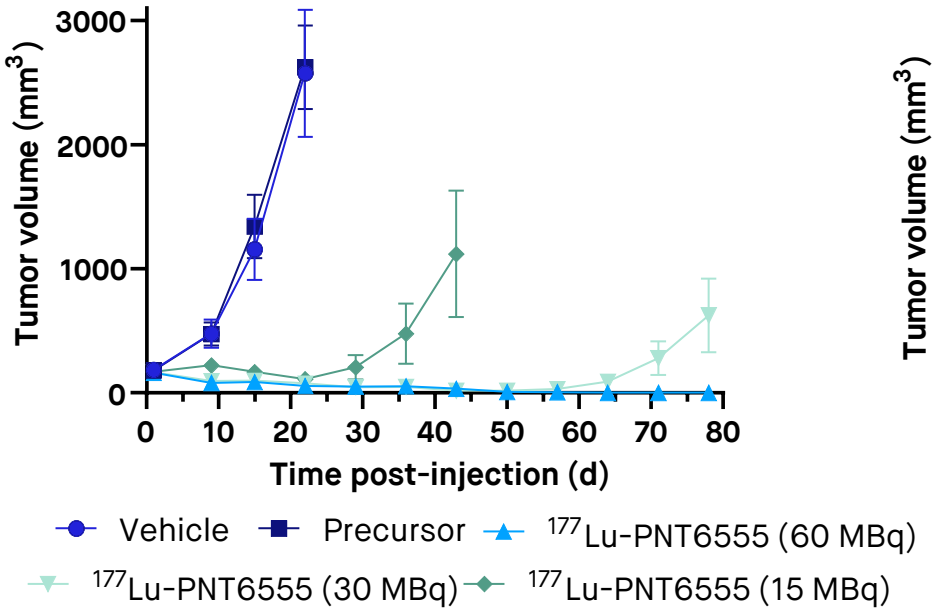

## Organ uptake $^{177}$Lu-PNT6555 SPECT



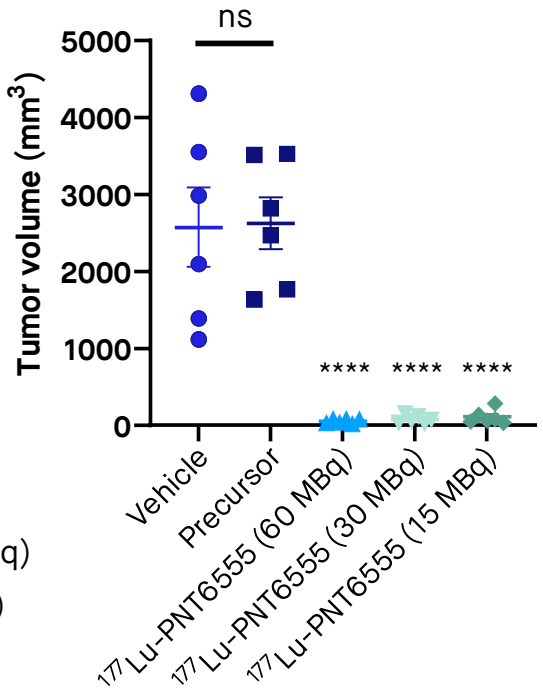

*HEK-mFAP tumor bearing Fox Chase SCID, n=3/timepoint*

# $^{177}$Lu-PNT6555 shows compelling anti-tumor activity, with mice experiencing long-term survival

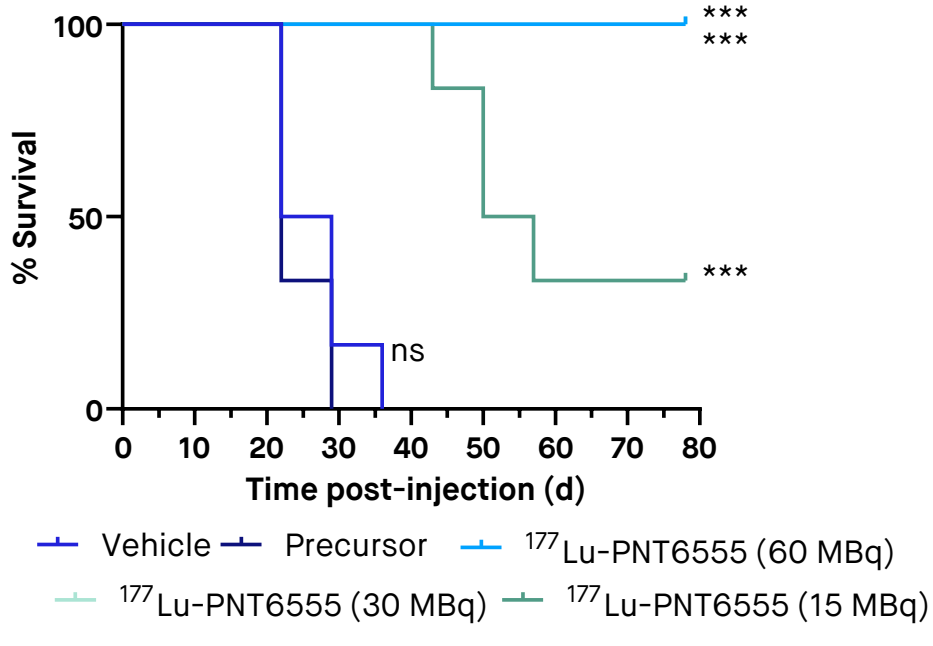
Tumor Volumes




Tumor Volumes on Day 22




Kaplan-Meier Survival Curves




Similar results have been shown with $^{225}$Ac-PNT6555

*HEK-mFAP model, n=6/group, single dose treatment in mice with tumors (~200mm$^3$), ns=not significant, *p<0.05, **p<0.01, ***p<0.001, **** p<0.0001*

# PNT2004 is on track for a CTA Submission in Q1 2022

**NON-CLINICAL**

Lead selected. IND-enabling efficacy, biodistribution and toxicology studies complete. Additional studies in syngeneic and PDX models underway.

**CMC**

Process and method optimization and validation with target complete.

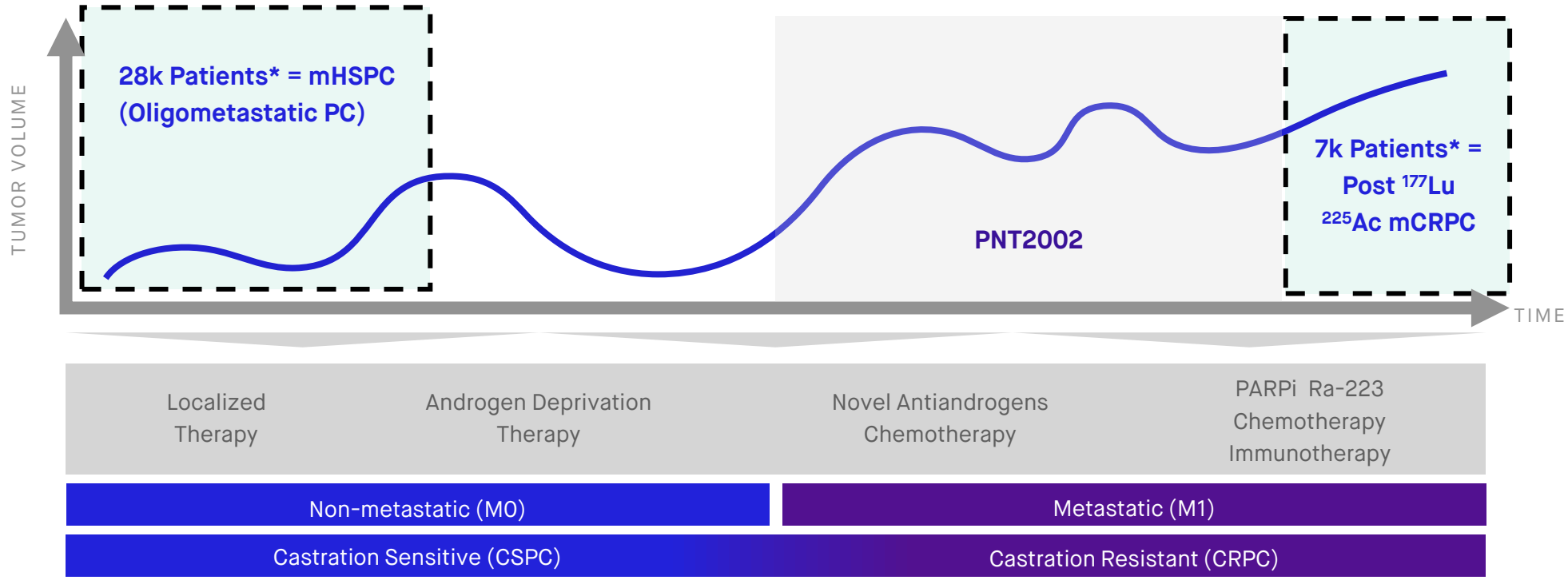
**CLINICAL & REGULATORY**

Health Authority meetings completed **Q4 2021** and **Q1 2022**, with study start-up ongoing. First patient in **summer 2022**.

# Programs:
# PNT2001 Next-Generation PSMA Targeting Ligand

# PNT2001 is a next-generation PSMA radioligand optimized for earlier treatment & delivery of $^{225}$Ac

- **PNT2001 could move earlier in treatment** by extending the therapeutic window of PSMA radioligand therapy, thereby overcoming the radiation toxicity concerns surrounding current generation PSMA targeted ligands.
- A clinical development pathway **to move later in treatment** in post-$^{177}$Lu-PSMSA mCRPC is also being considered

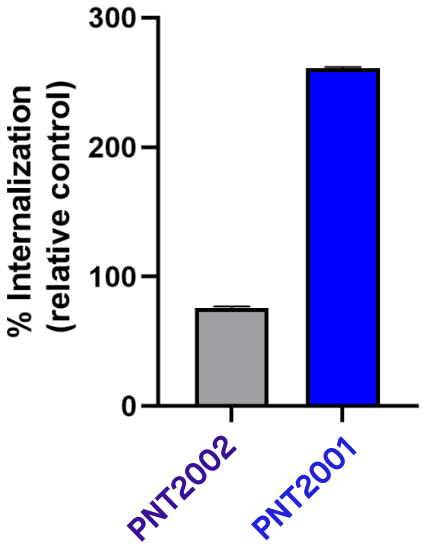



*1. NPCR and SEER 2005-2016 Registries 2. Scher et al. PLOS ONE, 2015 3. Borofsky et al. Radiology, 2017 4. POINT Primary Market Research, Dec 2020 5. Thoma et al. Nature Reviews Urology, 2020 6. Sweat SD, et al. Urology, 1998 7. Datamonitor 2018 Global Prostate Report*

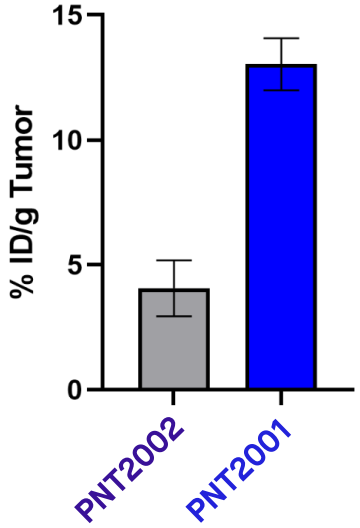
# PNT2001 has linker technology that allows for increased internalization into cells, resulting in increased tumor uptake

**This profile could result in the same outcomes seen with today's technology at a lower dose,** potentially allowing for a reduction in the radiopharmaceutical dose.

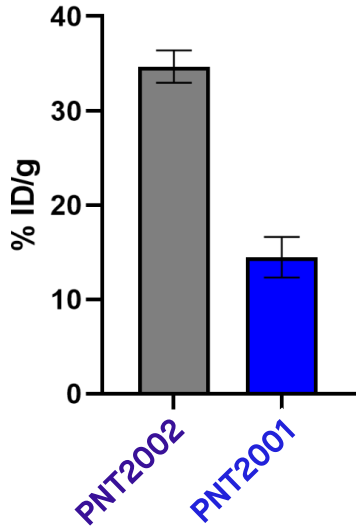
## Improved internalization



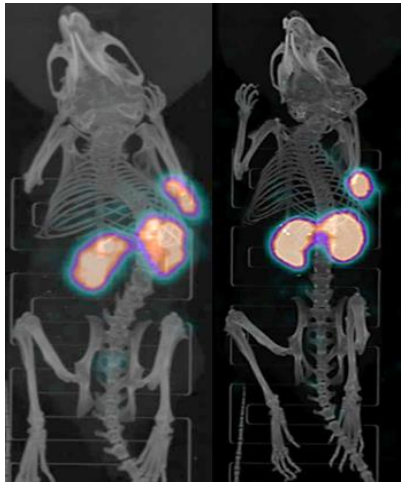

## Improved tumor uptake




## Reduced kidney uptake




## $^{177}$Lu-PNT2001



T: 14.3%|D/g K: 13.7%|D/g

T: 12.4%|D/g K: 11.3%|D/g

SPECT/CT Imaging

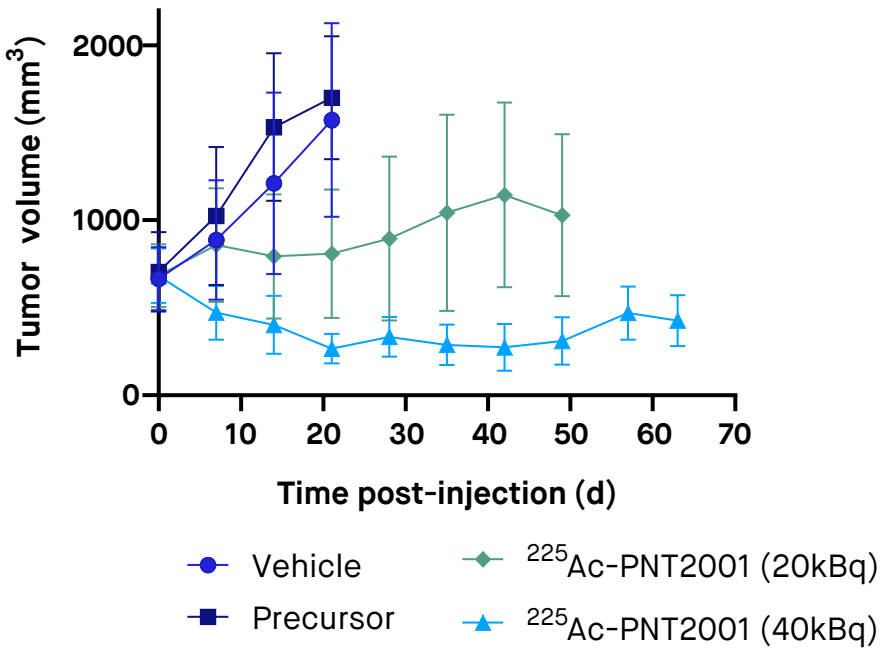
*LNCaP tumor-bearing CB17-SCID mice, 24 h p.i., 160 pmol each, n = 2*

177Lu-PNT2001, LNCaP tumor bearing , CB17-SCID mice (n = 4, t=24 h)
Internalization in LNCaP cells (n = 3) relative to [$^{125}$I]I-BA)KuE reference compound

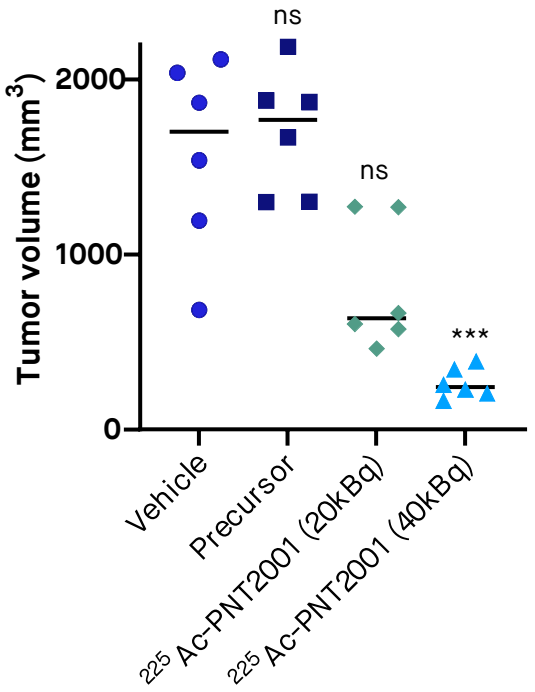
*Unpublished data*

# $^{225}$Ac-PNT2001 shows compelling efficacy as a single dose in pre-clinical tumor models

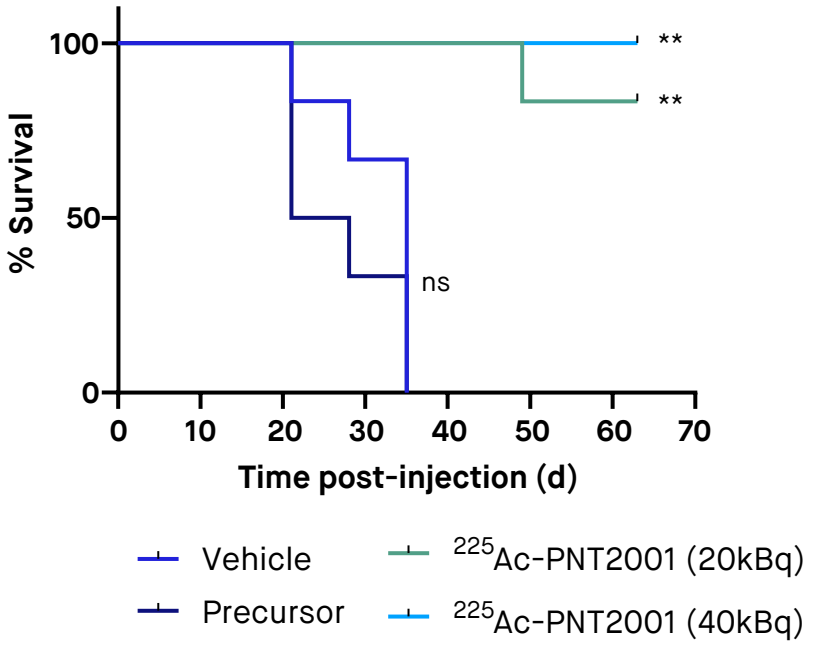
Tumor Volumes




Tumor Volumes on Day 21




Kaplan-Meier Survival Curves




**Next step: IND-enabling studies in 2022**

*Unpublished data*

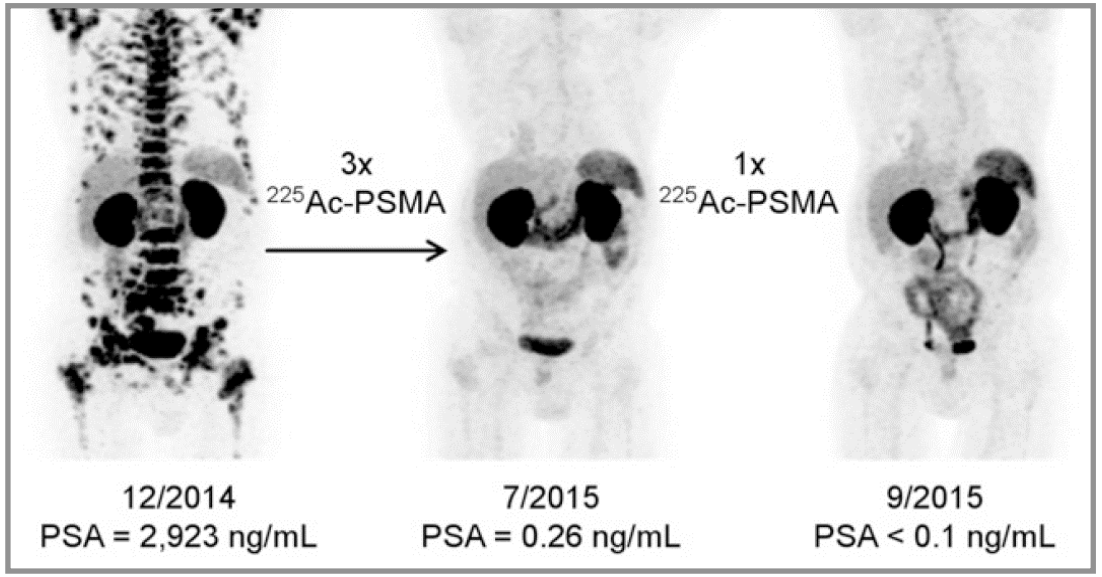
*LNCaP model, n=6/group, single dose treatment in mice with large tumors (~600mm $^3$), ns=not significant, *p<0.05, **p<0.01, ***p<0.001, **** p<0.0001*

# Programs: CanSEEK™ FAP-α Activated Prodrug Technology Platform

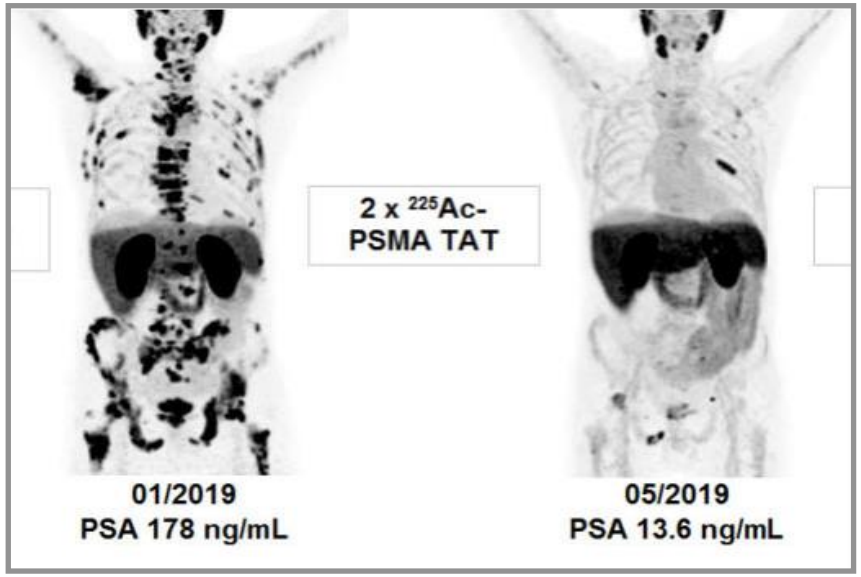
# Early $^{225}$Ac clinical data demonstrates the off-target delivery is limiting usage of next-generation radioisotopes

PSMA-TAT with actinium-225 has been reported to cause severe and irreversible salivary gland toxicity leading to xerostomia [110]. Xerostomia can have a major impact on the quality of life of the PCa patients that receive the potentially life-elongating PSMA-TRT: in a recent study, 10% of the patients chose to discontinue their treatment for this reason [84].[3]

**3 cycles of 9-10 MBq $^{225}$Ac-PSMA-617 bimonthly**
**1 cycle of 6 MBq $^{225}$Ac-PSMA-617[1]**




**2 cycles of $^{225}$Ac-PSMA-I&T**
**(13.4 MBq total)[2]**

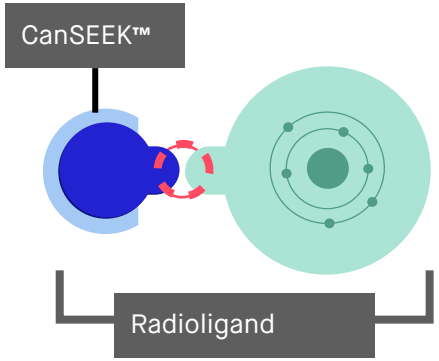



*1. Kratochwil, C, et al. J Nucl Med 2016 2. Zacherl, M, et al. J Nucl Med 2020 3. Ruigrok, E, et al. Pharmaceceutics 2019*

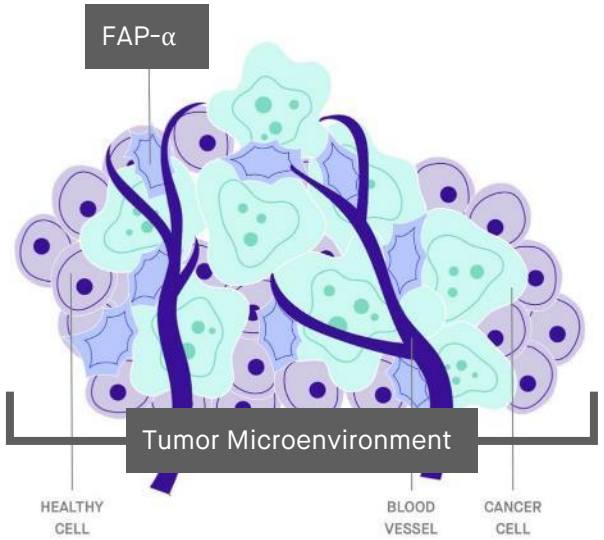
# The goal of the CanSEEK™ prodrug technology platform is to improve precision, efficacy and safety of all radioligands

- CanSEEK™, currently in pre-clinical development, prevents a radioligand from binding to receptors until it has been activated by FAP-α in the tumor microenvironment (TME), potentially preventing off-target delivery, improving therapeutic index, and enabling usage of new isotopes.

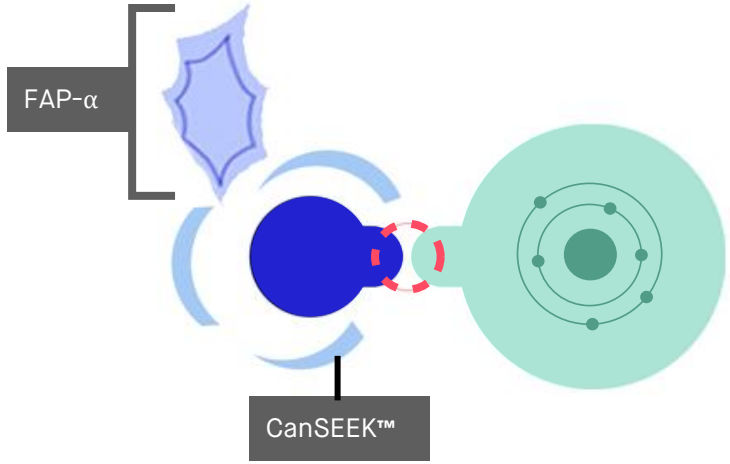
CanSEEK™ blocks a Radioligand's ability to bind to receptors…




…until it reaches FAP-α, which is present in >90% of epithelial tumor microenvironments[1]…




… then **FAP-α cleaves CanSEEK™ away, allowing the radioligand to bind to the tumor's receptors**

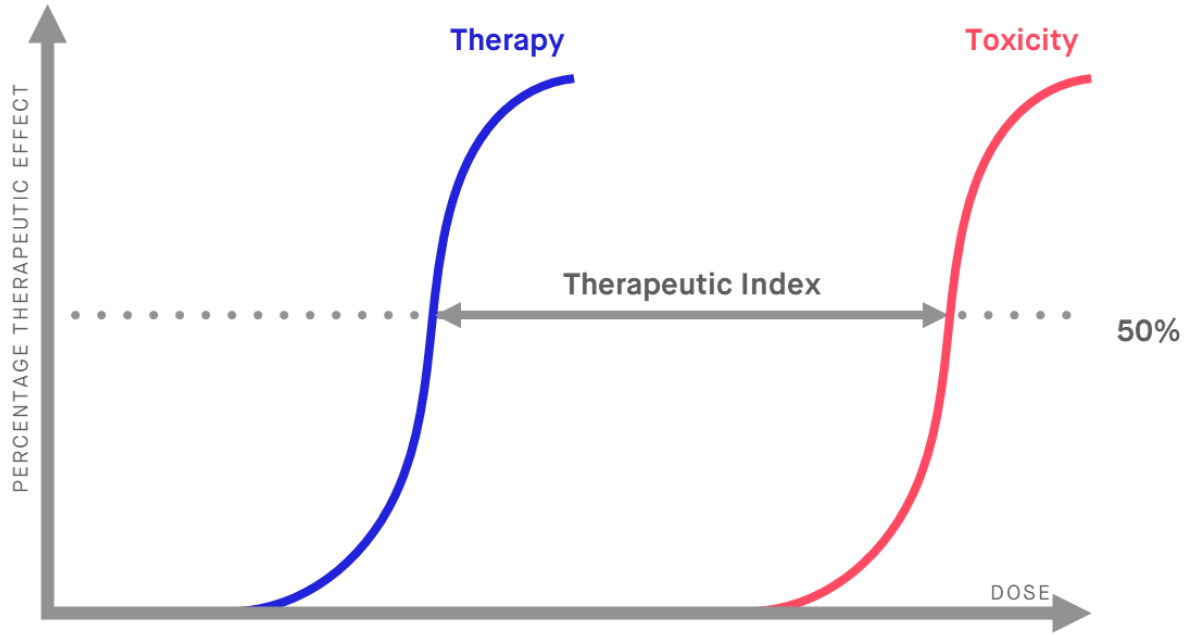



*POINT's CanSEEK™ has been sub-licensed from both Bach Biosciences and Avacta Life Sciences, who has branded the technology as pre|CISION™ (an Avacta trademark).*

*1. Mhawech-Fauceglia P. et al. 2015. Canc. Microenv.*

# CanSEEK™ is a radiopharmaceutical drug platform that enables re-evaluation of known ligands previously set aside due to off-target delivery concerns

- By extending the therapeutic index of ligands, CanSEEK™ could also enable the use of emerging medical isotopes like Actinium-225, which have heightened toxicity concerns due to the type and volume of their energy emissions.




**Next step: Ongoing pre-clinical studies**

# Summary & Milestones

# POINT will drive innovation in radiopharmaceuticals by overcoming their current limitations

## By 2025

- **Initiated commercial radioligand sales**
- **FAPi program on the path to registration**
- **Multiple next-generation radioligands in clinic**
- **Commercial-scale manufacturing supply chain**

## THE FUTURE OF RADIOPHARMACEUTICALS

**CanSEEK™** prodrug technology in development to increase efficacy and safety

Partnering with sources of **emerging alpha, beta and auger** emitting isotopes to increase potency

Programs combining radioligands with **other treatment modalities** will be a focus

# Anticipated Milestones & Financial Summary

| Program | Clinical Candidate | Indication | Timing (Est.) | Milestone |
|---|---|---|---|---|
| **Completed** | | | | |
| Manufacturing | $^{177}$Lu-PSMA I&T | mCRPC | **Q4 2021** | IND Amendment to add facility to supply chain |
| PNT2002 | $^{177}$Lu-PSMA I&T | mCRPC | **Q1 2022** | Dosimetry presentation from 27 patient lead-in |
| **Upcoming** | | | | |
| PNT2002 | $^{177}$Lu-PSMA I&T | mCRPC | **H2 2022** | Efficacy and safety data from 27 patient lead-in |
| | | | **Mid-2023** | Top line data |
| PNT2004 | $^{177}$Lu-PNT6555 | Solid Tumors Expressing FAP | **Q1 2022** | CTA filing |
| | | | **Summer 2022** | First patient in (Phase 1) |
| PNT2001 | $^{225}$Ac-Not Disclosed | Prostate Cancer | **H1 2023** | IND / CTA filing |
| PNT2003 | $^{177}$Lu-DOTA-TATE | Neuroendocrine Tumors (NETs) | **H2 2022** | Data report from trial sponsor |

| | |
|---|---|
| **Balance Sheet** | **$239M** cash & cash equivalents, as of Dec 31, 2021 |
| **Projected Runway** | Cash to fund operations into the **first quarter of 2024** |
| **Capital Structure** | **90.1M** Common Shares + **3.8M** Options |

POINT BIOPHARMA

Accelerating Precision Medicine™

NASDAQ: PNT

# POINTBiopharma.com

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