POINT BIOPHARMA

Accelerating Precision Medicine™

NASDAQ: PNT

Investor Presentation

May 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 $227M in cash and cash equivalents as of March 31, 2022
- Cash runway into the first quarter of 2024
- 95.6M 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

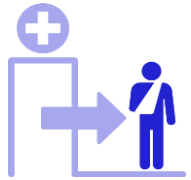
Radiotherapy is a proven pillar of cancer treatment but lacks precision. By precisely delivering radiation directly to cancer cells with radioligands, the power of radiotherapy can be realized while reducing the off-target effects.

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

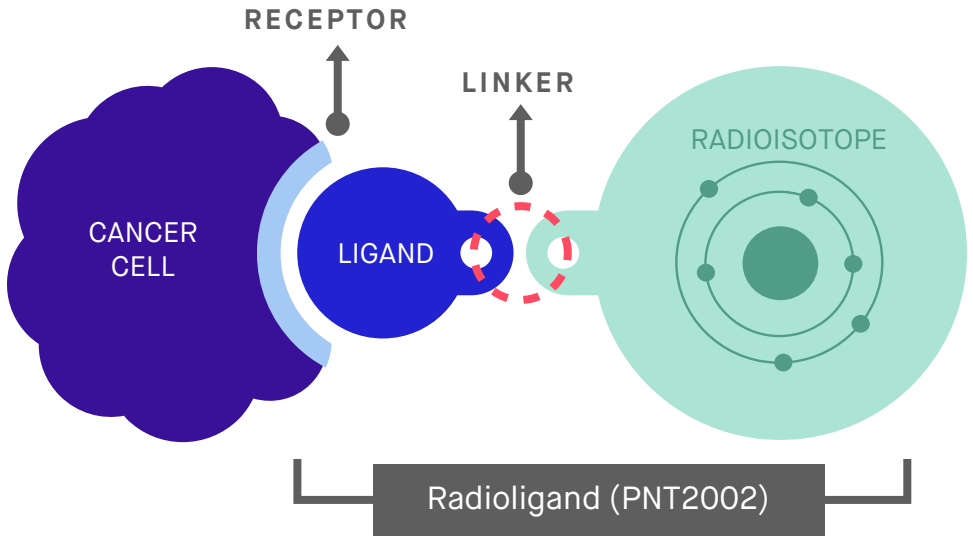
Novel ligands are greatly expanding the number of cancer indications that can be treated with radiopharmaceuticals

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]

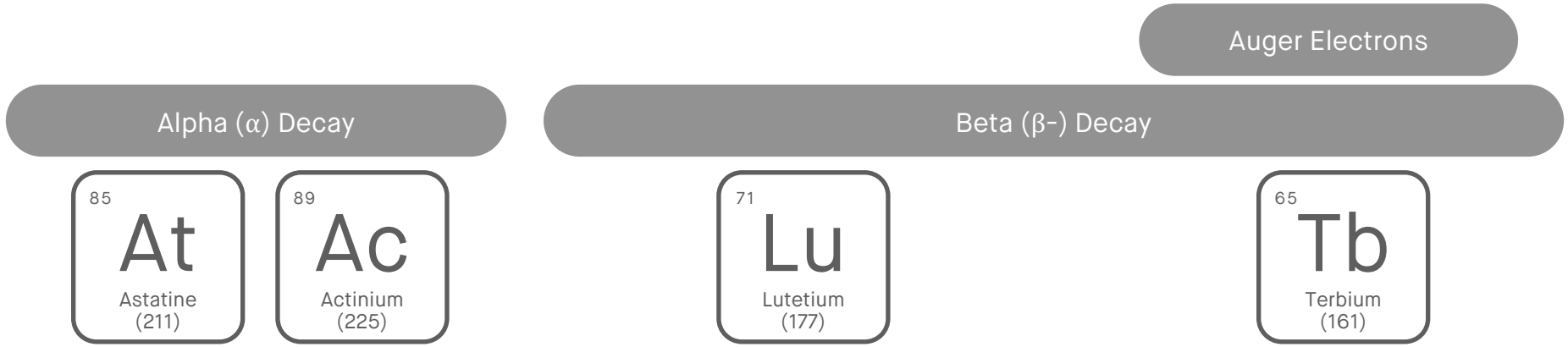
1. Baum et al. J Nucl Med 2016

New radioisotopes are further enhancing radiopharmaceuticals' capabilities

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

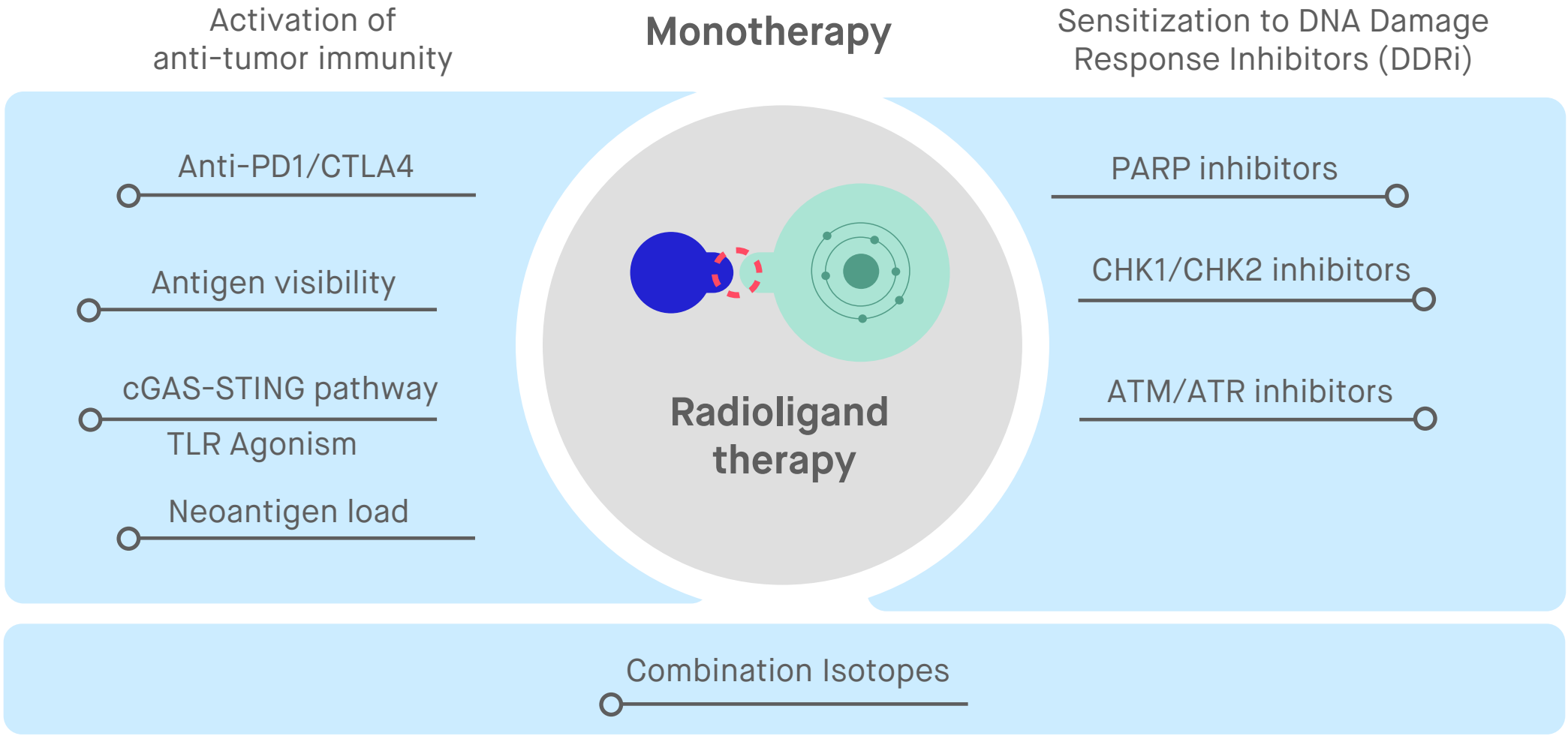
Isotope selection considerations include radiation type, energy emission, and half-life.

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 four therapeutic radioligands currently marketed in the US: Azedra, Lutathera, Pluvicto, & 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

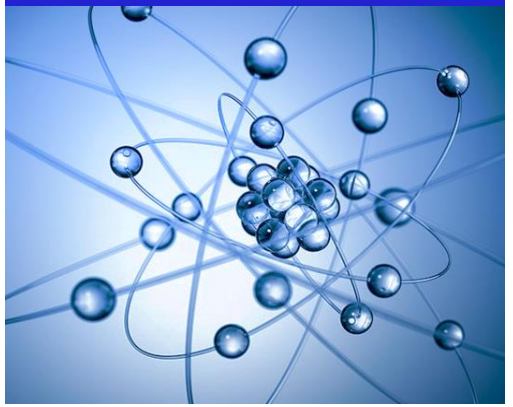
POINT's pipeline targets high prevalence indications

Manufacturing

There are currently no large-scale contract radiopharmaceutical manufacturing facilities

POINT built one of the largest radiopharm facilities in the world

Isotope Supply



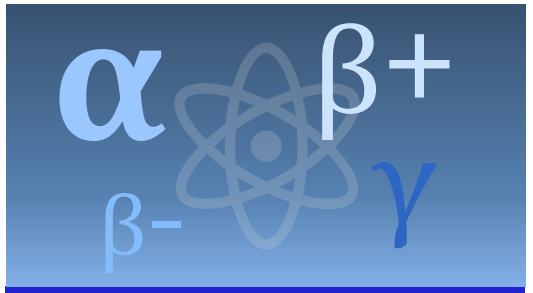
Isotopes are a scarce, heavily-regulated raw material that decay within days from manufacturing

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

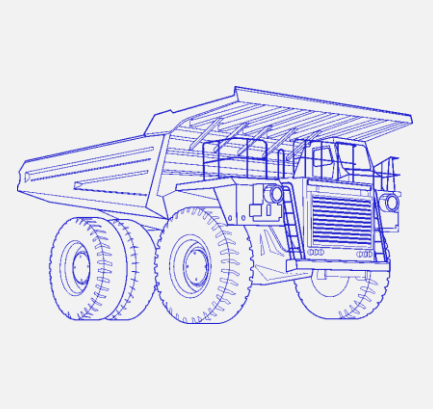
Redundant ^{225}Ac supply from partners with access to rare Thorium and Radium inputs

89 Ac Actinium (225)

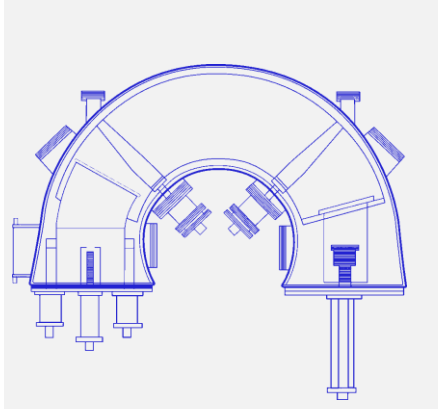
U.S. DEPARTMENT OF ENERGY	TerraPower A Nuclear Innovation Company	NorthStar MEDICAL RADIOISOTOPES, LLC	IONETIX
Thorium-229	Thorium-229 (U.S. Department of Energy waste stores)	Radium-226	Radium-226
^{225}Ac "milked" from Thorium "cows"	^{225}Ac "milked" from Thorium "cows"	^{225}Ac via electron accelerator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

POINT's Facility

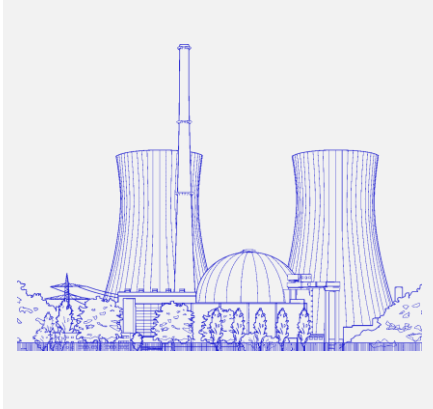
POINT has laid the groundwork to create a stable, North American supply of no-carrier-added ^{177}Lu



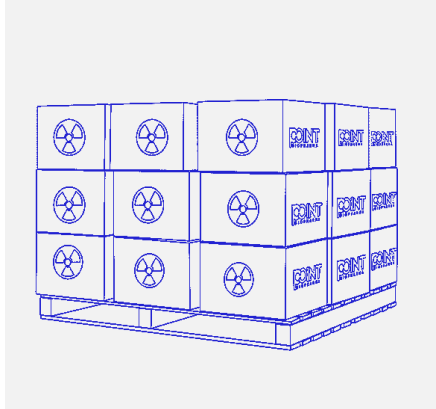
Ytterbium (Yb), a rare earth metal, is mined around the world in countries like the United States, China, Brazil, India, Sri Lanka, and Australia



Kinetrics extracts the stable isotope ^{176}Yb from raw Yb using a calutron, a type of mass spectrometer. The ^{176}Yb is shipped to POINT's facility in Indianapolis



To initiate production of ^{177}Lu, ^{176}Yb is sent to a reactor in POINT's reactor network to be irradiated. ^{176}Yb captures a neutron, generating ^{177}Lu



The irradiated ^{176}Yb is returned to POINT's facility. ^{177}Lu is separated from the ^{176}Yb using technology licensed from SCK-CEN

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				
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				

Investigator Initiated Research	Target	Clinical Candidate	Indication	Status
PNT2002	PSMA	^{177}Lu-PSMA I&T	Multiple research proposals in consideration (Phase 1 and Phase 2)	Studies started and in assessment

POINT's CanSEEK™ technology is the subject of licenses from both Bach Biosciences and Avacta Life Sciences
** mCRPC: Metastatic castrate-resistant prostate cancer*
*** Trial sponsored by the University Health Network (NCT0274374)*

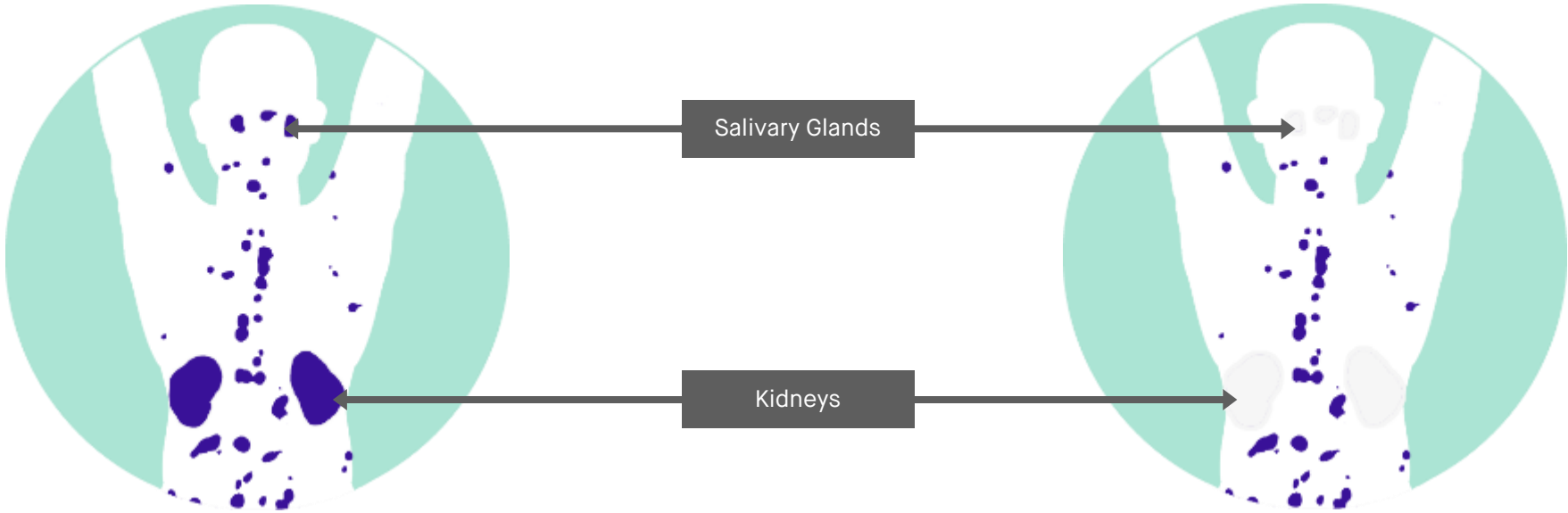
POINT is creating the future of radiopharmaceuticals with technologies like CanSEEK™, designed to improve the precision and safety of all radioligands

Without CanSEEK™

On-target, off-tissue = healthy tissue damage

With CanSEEK™

Minimal delivery to healthy tissue



Images are renderings, created for explanatory purposes only.
POINT's CanSEEK™ technology is the subject of licenses from both Bach Biosciences and Avacta Life Sciences

Anticipated Milestones & Financial Summary

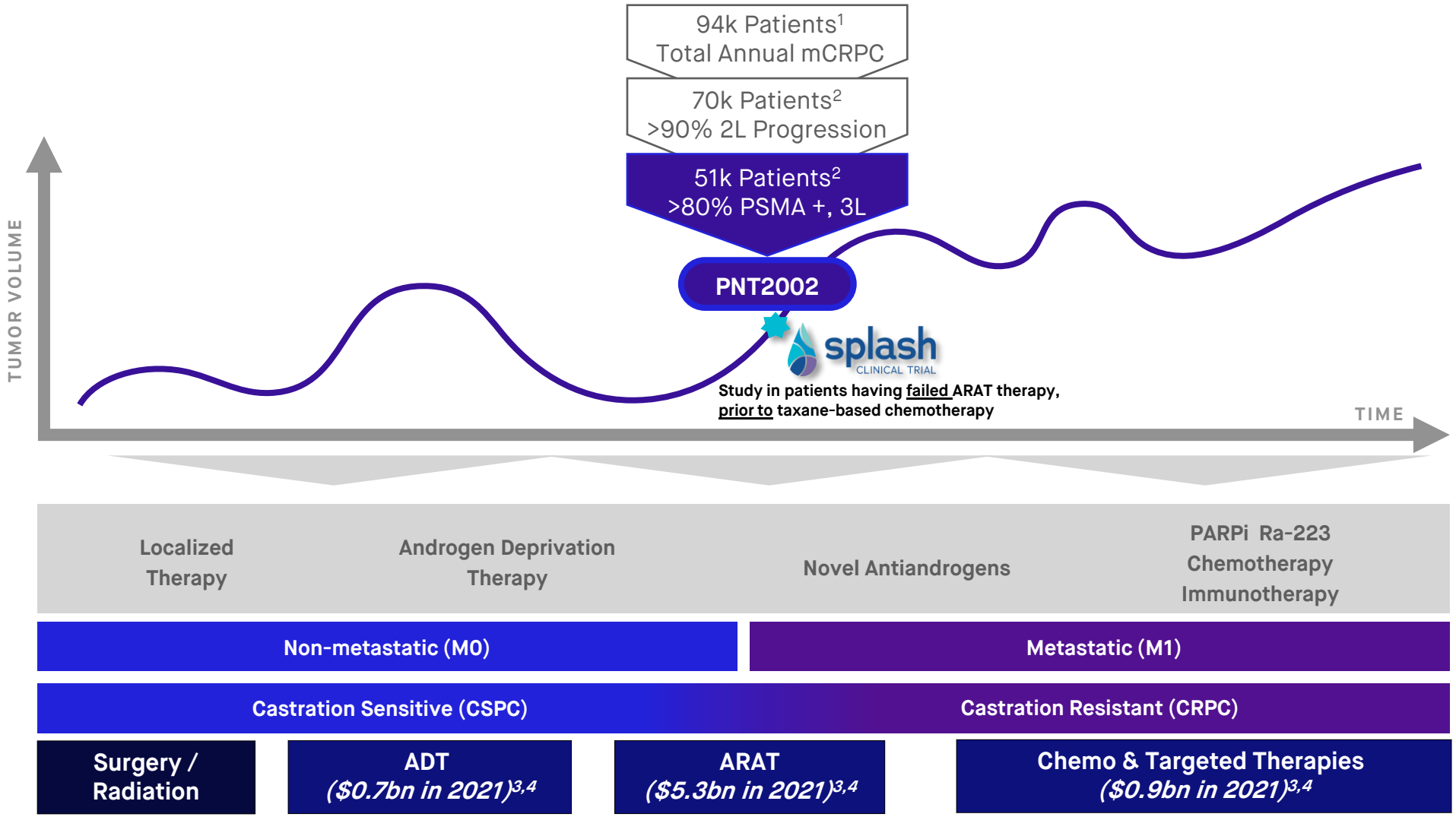
Program	Clinical Candidate	Indication	Timing (Est.)	Milestone
Completed				
Manufacturing	^{177}Lu-PSMA I&T	mCRPC	**Q4 2021**	IND Amendment to add facility to supply chain
PNT2002	^{177}Lu-PSMA I&T	mCRPC	**Q1 2022**	Dosimetry presentation from 27 patient lead-in
PNT2004	^{177}Lu-PNT6555	Solid Tumors Expressing FAP	**Q1 2022**	CTA filing
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	**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	**$227M** cash & cash equivalents, as of Mar 31, 2022
Projected Runway	Cash to fund operations into the **first quarter of 2024**
Capital Structure	**90.1M** Common Shares + **5.5M** 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), an indication with >51,000 post-ARAT pre-chemo patients annually in the US + EU5



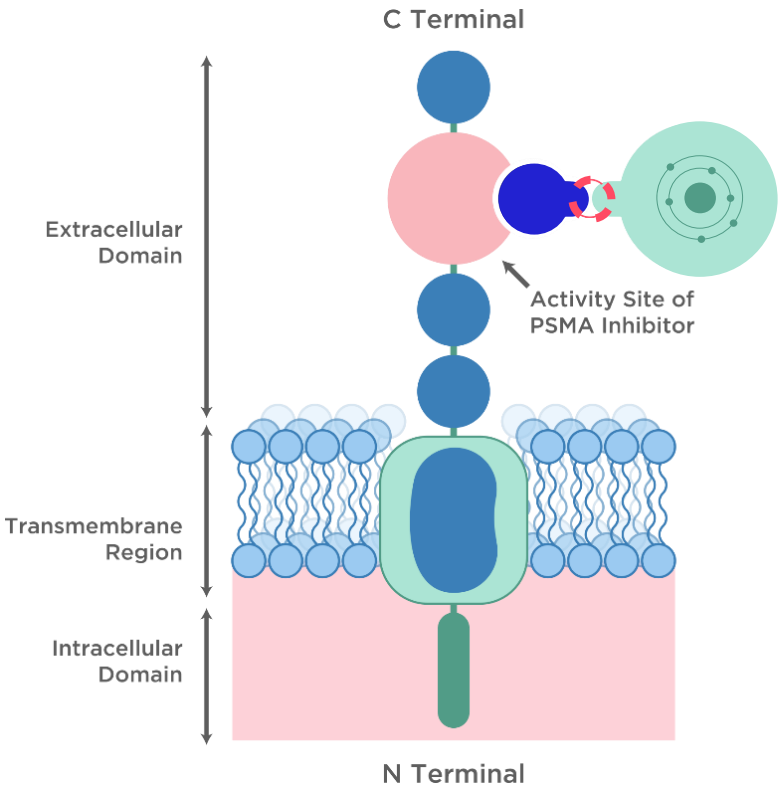
1. Scher et al. PLOS ONE, 2015 2. POINT KOL Primary Market Research Dec 2020 3. Evaluate Pharma US Sales 2021 4. GlobalData EU5 Sales 2021

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]. It 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.

- PNT2002 uses the PSMA-I&T ligand, which has been administered to >600 patients[7] at a range of 2.5-9.2 GBq based on published reports.



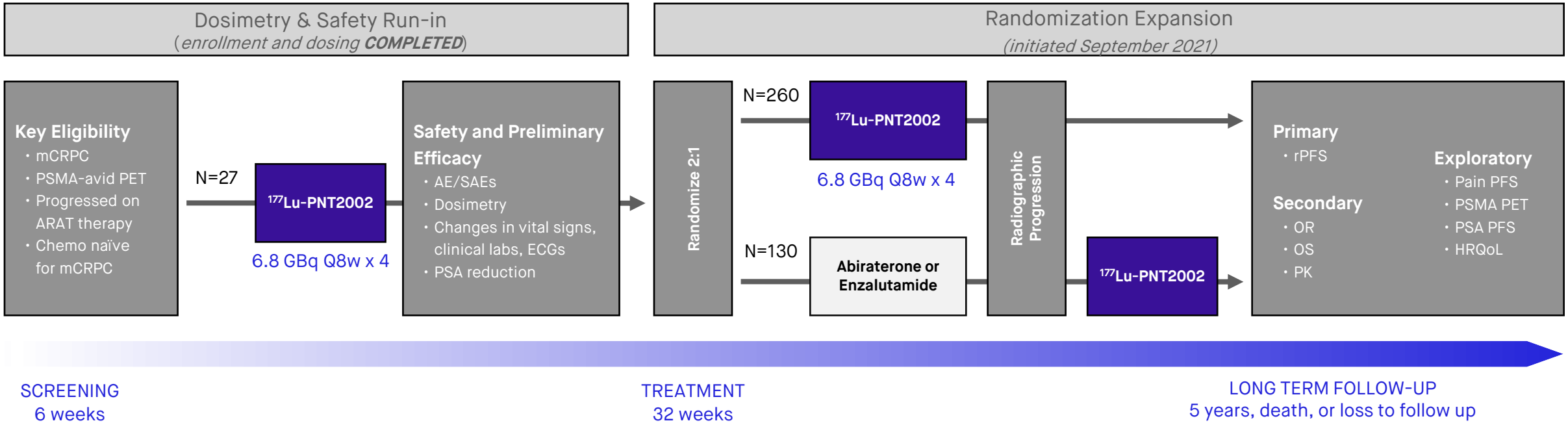
- POINT's innovation solved the stability issue of the I&T ligand, which was then protected with unique IP[8] around radioactive API and formulation to drive stability of the molecule out to 7 days.

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. ./... 7. Beauregard et al. SNMMI Mid-Winter Meeting Feb 2022 8. US Patent 11,129,912 Sep 28 2021

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

splash CLINICAL TRIAL

Study 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.

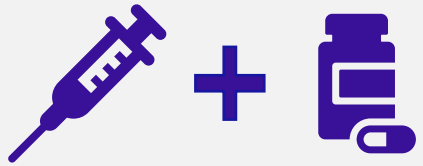
PNT2002 (PSMA-I&T)

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

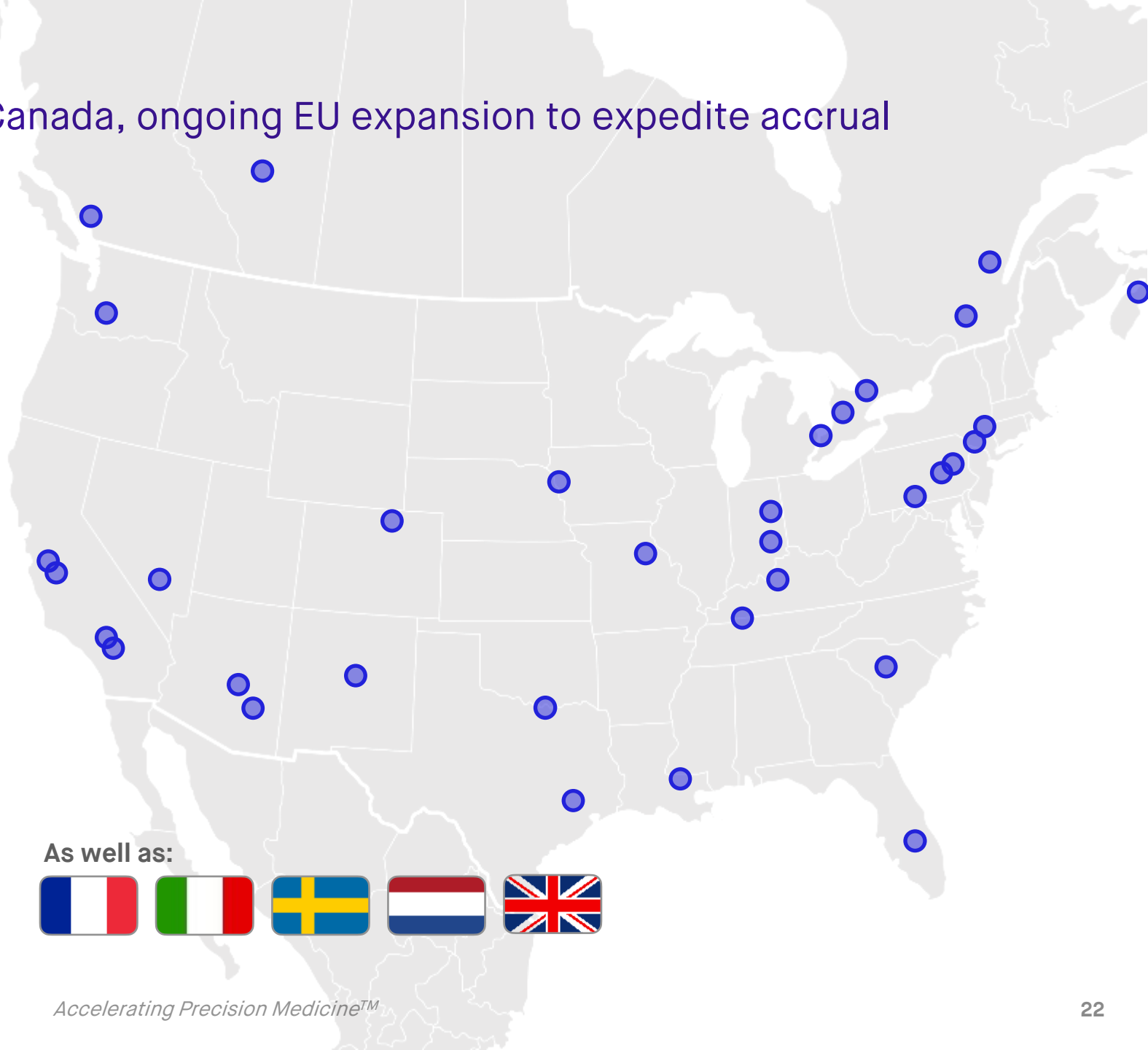
Summary: PNT2002 has a favorable and safe dosimetry profile in the patient population and dose regimen being studied

Green Light from DSMB	Safety / Favorable Myelotox Profile	Dosimetry	Combination Candidate
			
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	**Low discontinuation rate** due to AEs, with myelosuppression lower than published safety data of comparable ligands	**Kidney dosimetry is within range** of previously published data of comparable ligands	**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



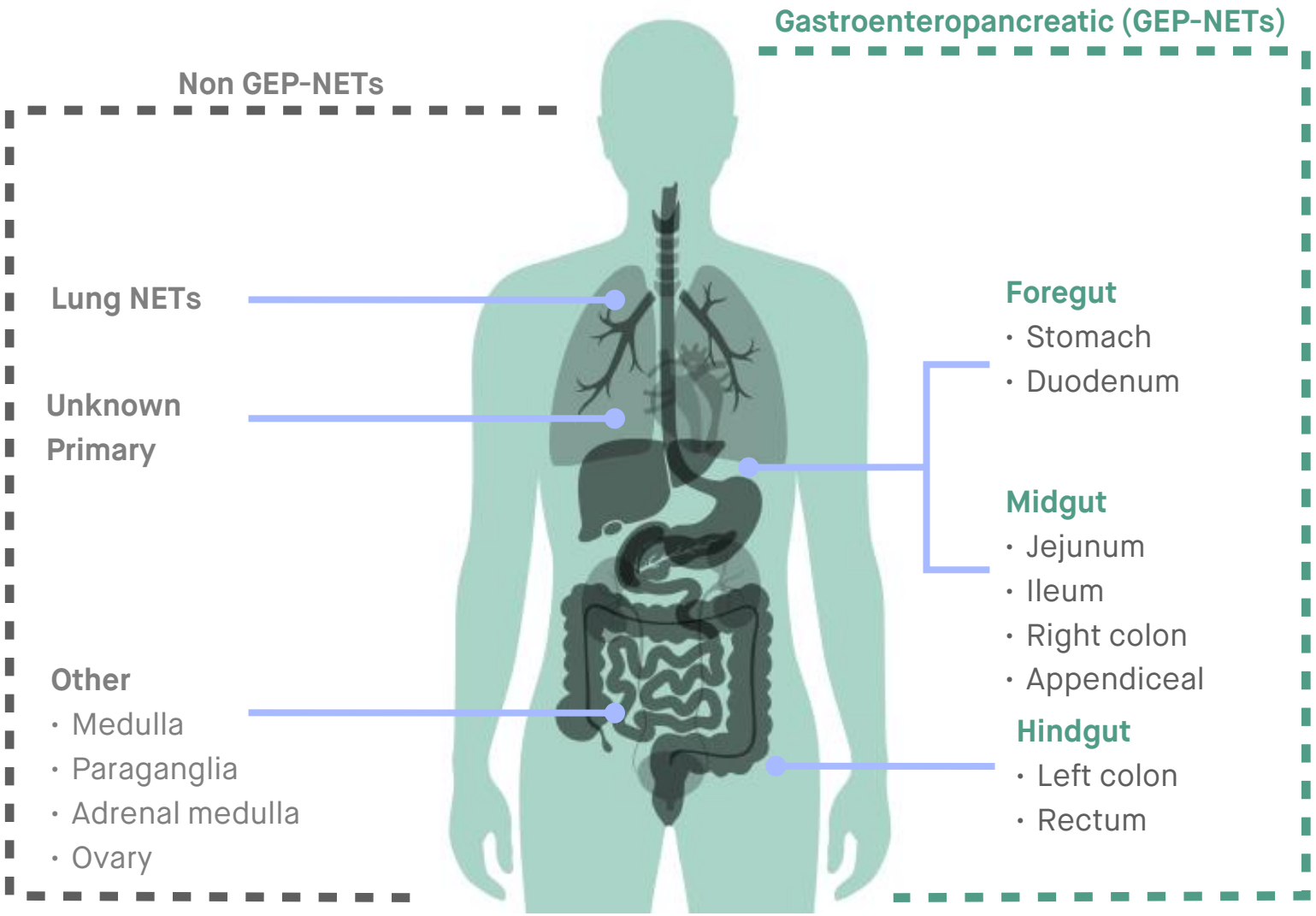
As well as:

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.

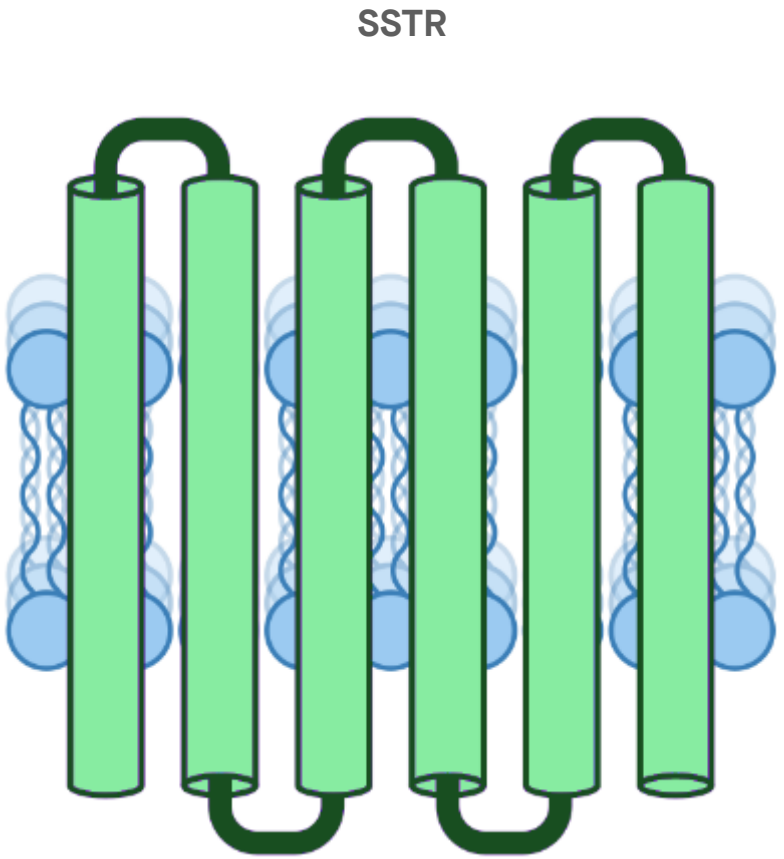
Somatostatin receptors (SSTRs) are a validated target for NETs therapy

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]



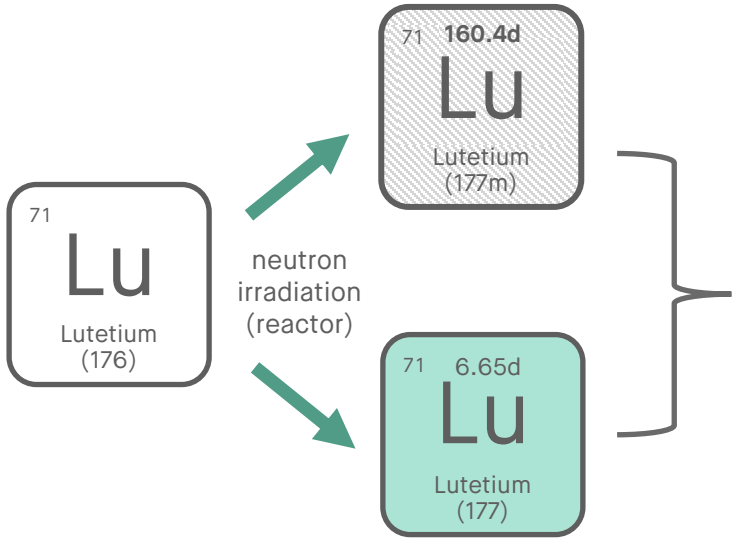
1. *Caplin ME. et al. 2014. NEJM* ***2.*** *Rinke et al. 2009. JCO.* ***3.*** *Patel YC. et al. 1997. Endocrin. Metabo.* ***4.*** *Yang SK. et al. 2007. Clin. Exp. Pharm. Phys.* ***5.*** *Papotti M. et al. 2002. Virch. Arch.*

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

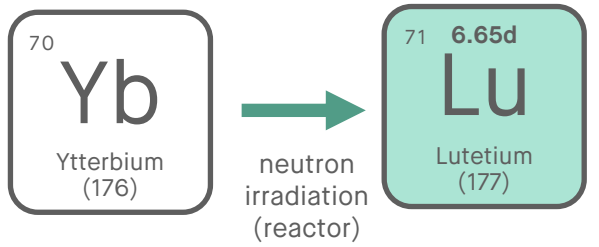
Contains up to 0.01% metastable ^{177m}Lu, a radionuclide with a half-life of 5+ months, **forcing clinics to create a costly specialized waste stream** required by the NRC[1] for disposing waste with a physical half-life >120 days



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

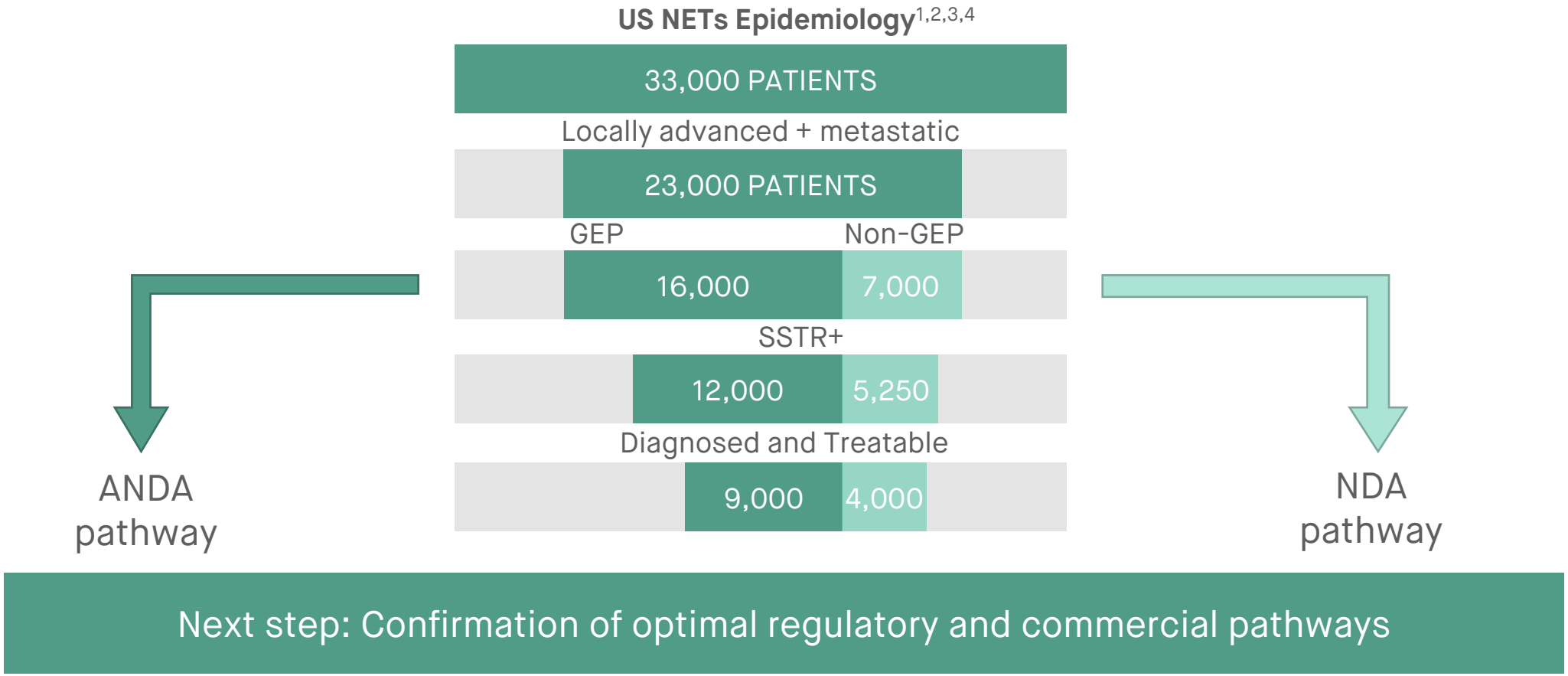


Only ^{177}Lu in drug product

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

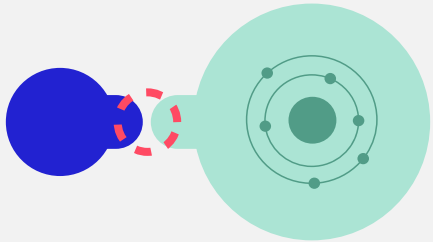
Novel Targets

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.

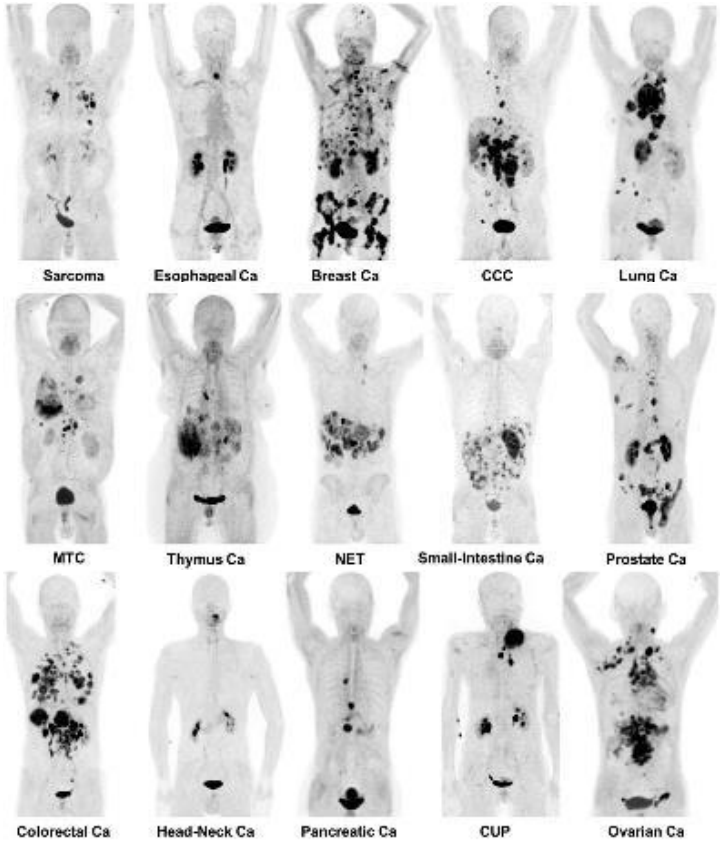
POINT's CanSEEK™ technology is the subject of licenses from both Bach Biosciences and Avacta Life Sciences

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

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]:

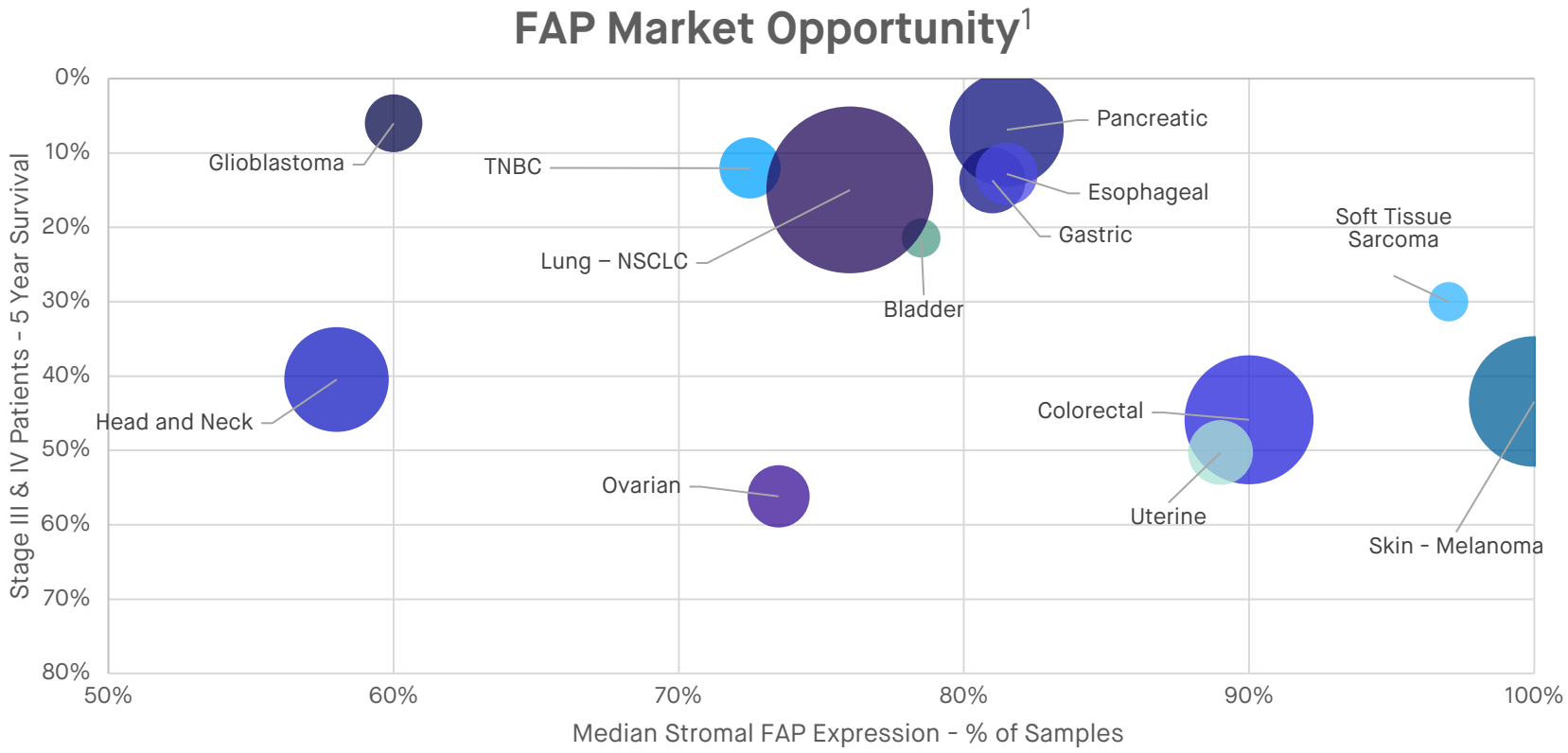
- FAP is a 170kDa membrane bound prolyl endopeptidase[6]
- FAP is expressed during development but rarely in adult tissues[7]
- FAP is upregulated at sites of active tissue remodeling, such as during wound healing[2]
- FAP is **highly upregulated in cancer[2]**, and expressed on tumor cells of mesenchymal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

As a pan tumor RLT, PNT2004 has an extremely broad market opportunity: FAP-α expression has been demonstrated in **the most common solid tumor types**



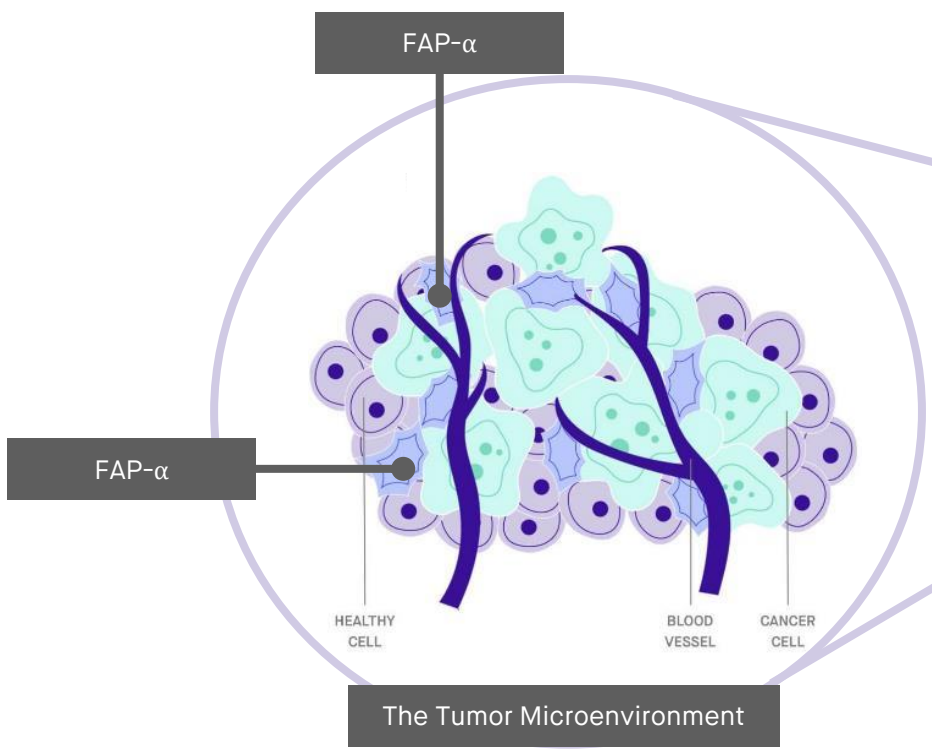
Bubble Size represents the number of US Stage III & IV Patients.

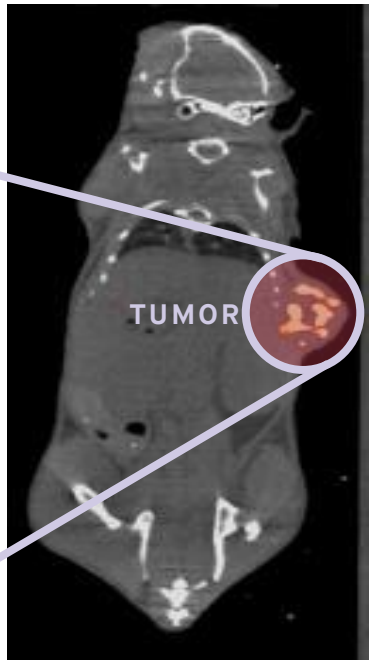
Cancers in the top right quadrant represent ideal cancer targets due to high FAP expression + high unmet need.

1. *POINT Biopharma Estimates*

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

- 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.
- PNT2004 has a proprietary D-ala-boroPro warhead that is highly specific for FAP-α over other dipeptidyl peptidases ubiquitously expressed in the body
- PNT6555 (clinical lead) is a potent DOTA-conjugated FAP-targeting compound with high selectivity for FAP over related dipeptidyl peptidases





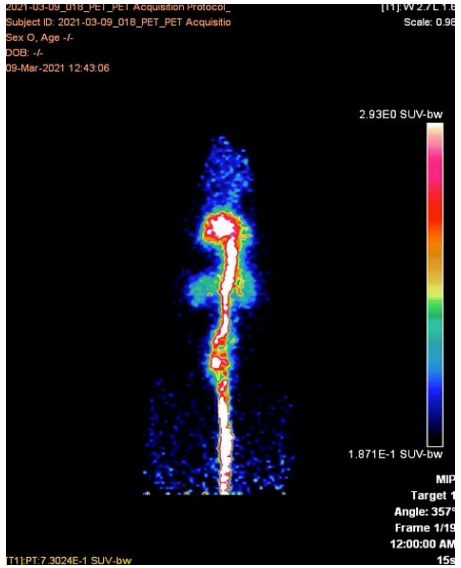
48h Lutetium-177 PNT2004

An ideal radiopharmaceutical targets and is retained in tumors, while quickly flushing out of off-target tissues

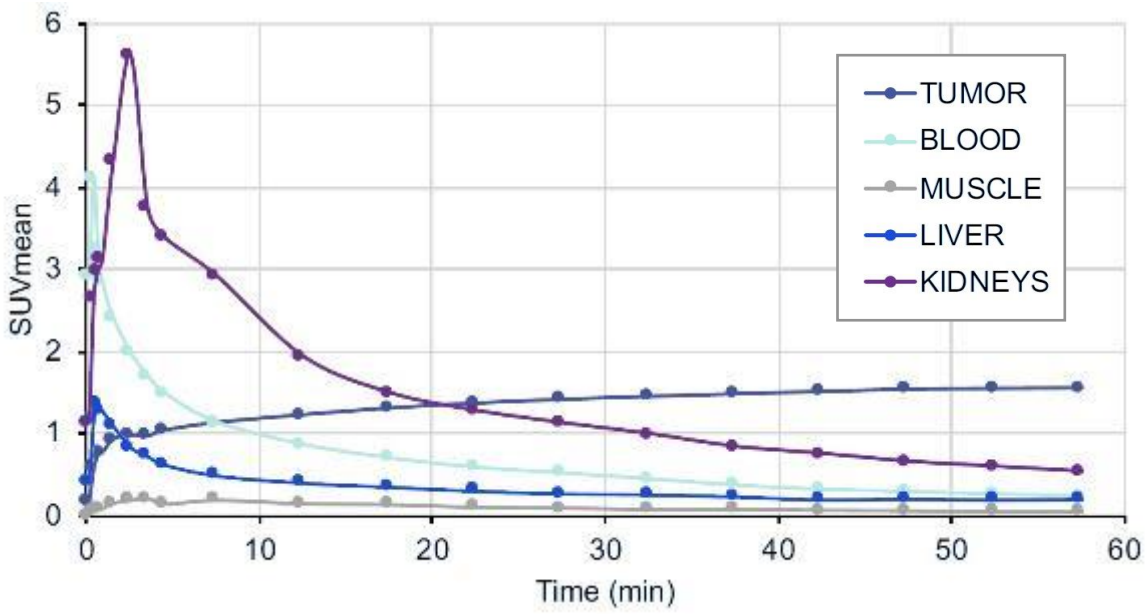
PNT6555 is the lead of the PNT2004 program. ^{68}Ga-PNT6555 biodistribution studies demonstrate fast tumor targeting with little accumulation in normal tissues

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

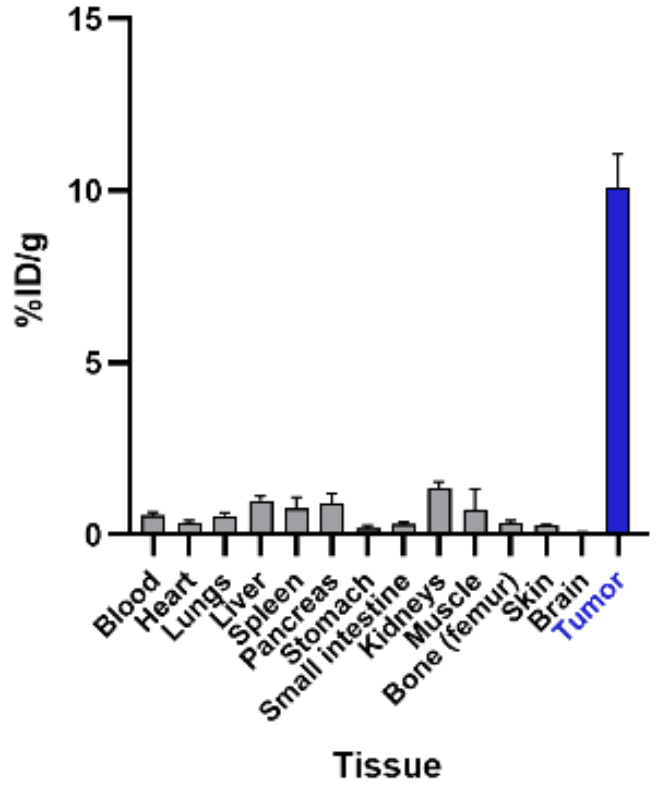
Dynamic Imaging



^{68}Ga-PNT6555 Biodistribution



^{68}Ga-PNT6555 Biodistribution at 60 min

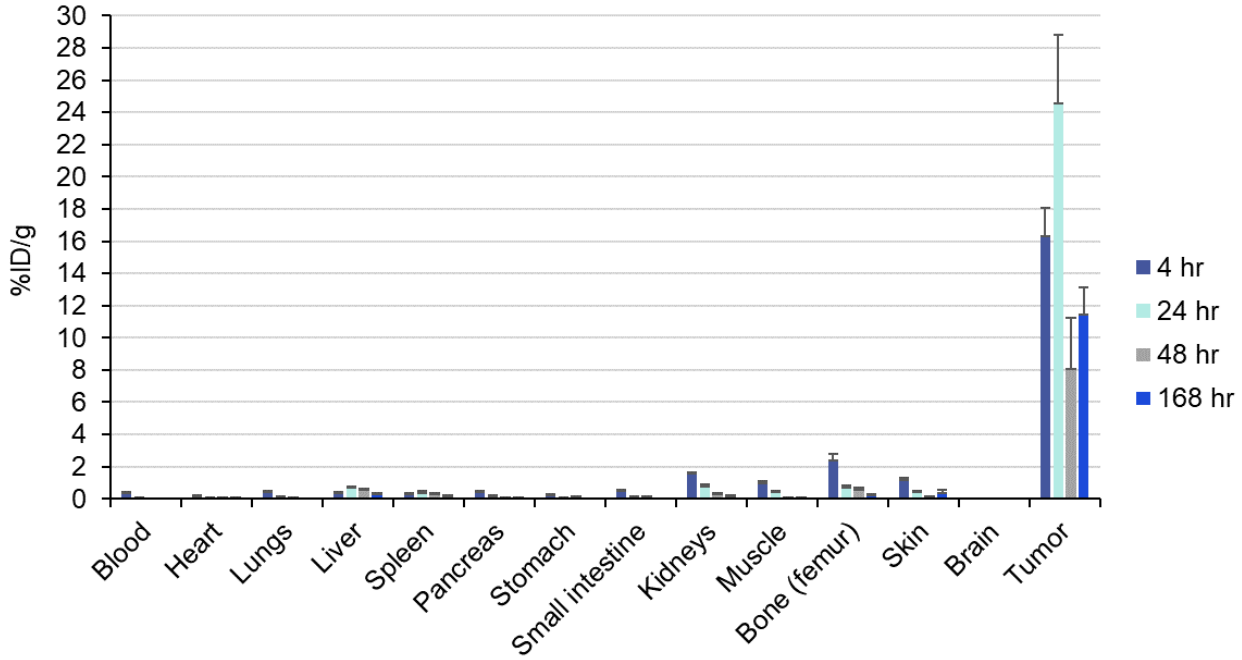


HEK-mFAP tumor bearing Fox Chase SCID, n=3/timepoint

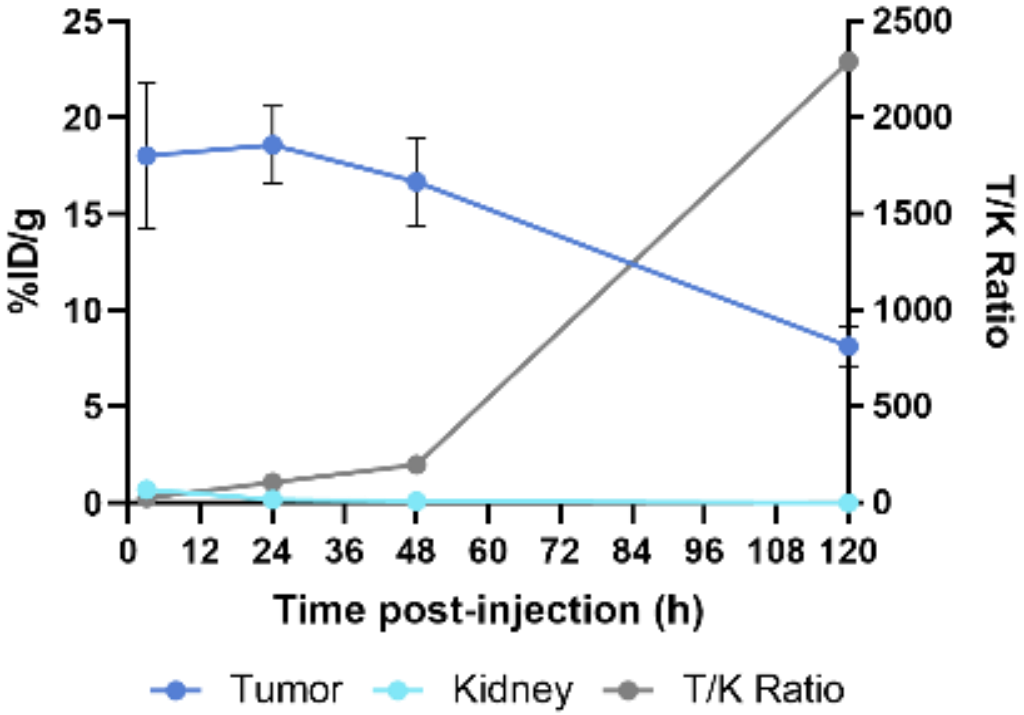
^{177}Lu-PNT6555 biodistribution studies demonstrate prolonged tumor retention and rapid normal tissue clearance

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

^{177}Lu-PNT6555 Biodistribution



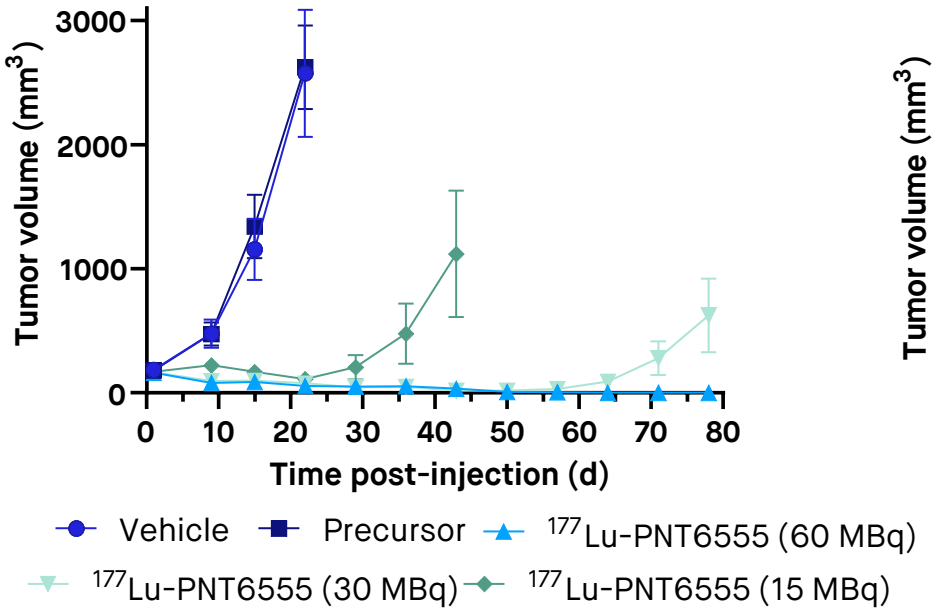
Organ uptake ^{177}Lu-PNT6555 SPECT



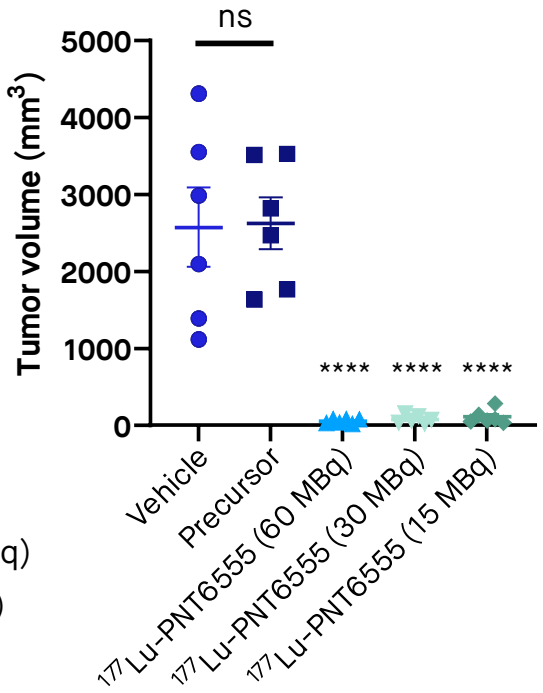
HEK-mFAP tumor bearing Fox Chase SCID, n=3/timepoint

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

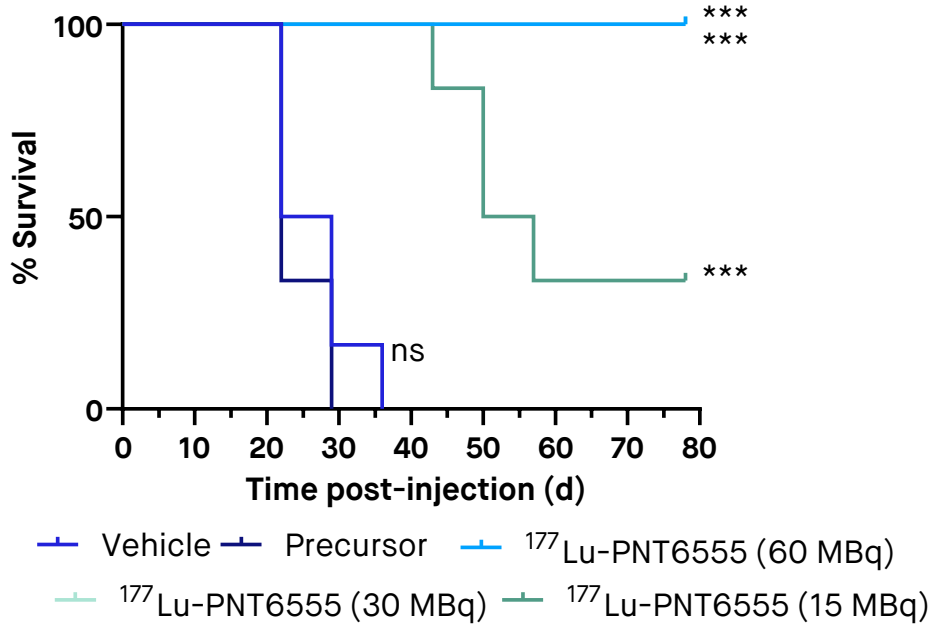
Tumor Volumes



Tumor Volumes on Day 22



Kaplan-Meier Survival Curves

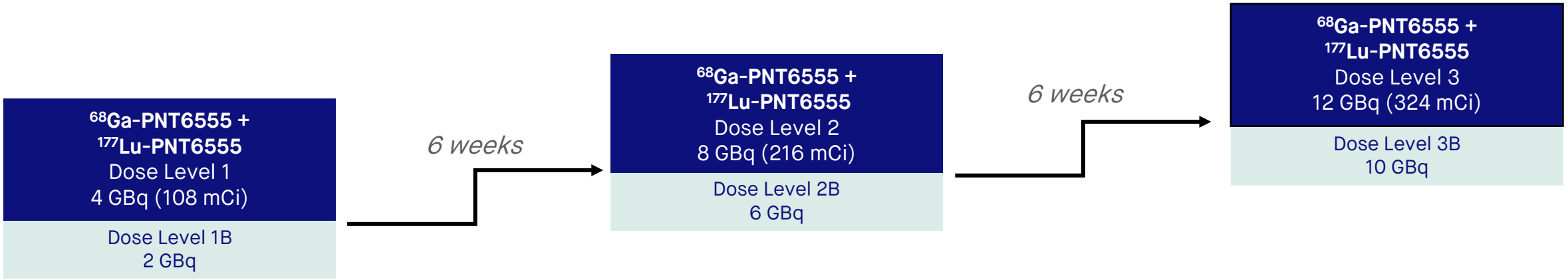


Similar results have been shown with ^{225}Ac-PNT6555

*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*

FRONTIER: PNT6555's Phase 1 (First in Human) Trial Design

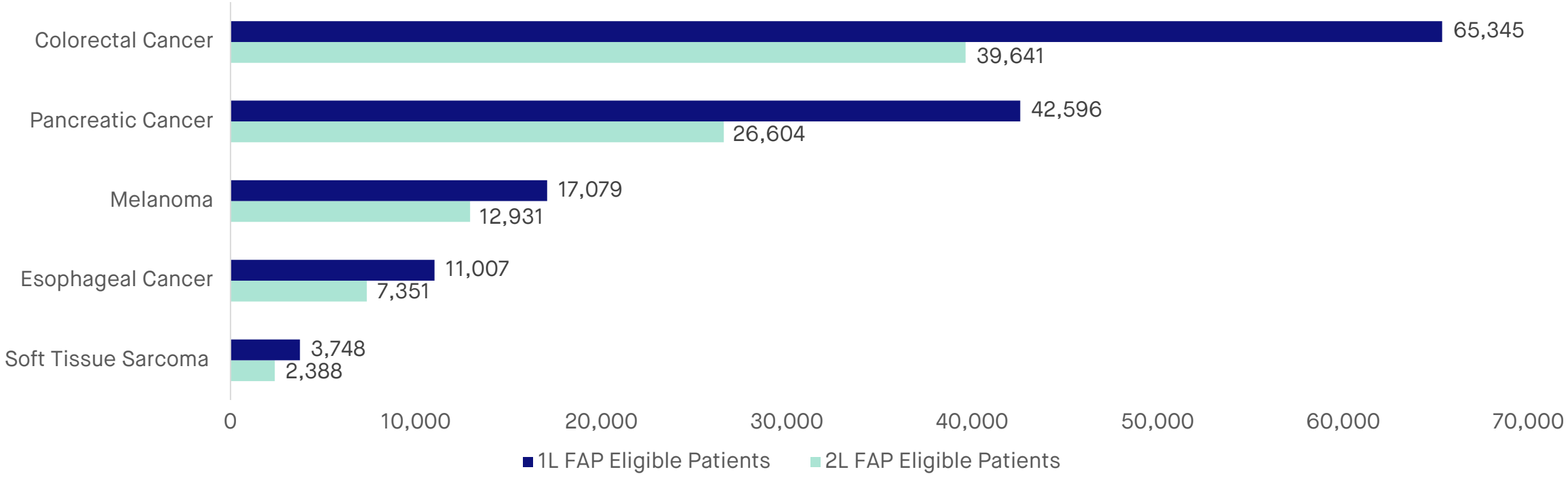
FAPi **R**adioligand **O**pe**N**-Label, Phase 1 Study to Evaluate Safety, **T**olerability and Dos**I**metry of ^{177}Lu-PNT6555; A Dose **E**scalation Study for T**R**eatment of Patients with Select Solid Tumors (FRONTIER)



Primary Objective:	To determine the recommended Phase 2 dose of ^{177}Lu-PNT6555 for further clinical evaluation
Patient Population (n= ~30):	Colorectal, pancreatic, esophageal, melanoma, soft tissue sarcoma
Imaging Dose:	~5mCi (200 MBq)
Therapeutic Dose:	Dose escalation ranging from 4 -12 GBq with fixed dosing every 6 weeks for ~4 cycles
Estimated Time to Completion:	~18 months
Design Methodology:	Bayesian mTPI2 based on iterative toxicity probability monitoring
Dosimetry:	To be assessed concurrent with each therapeutic dosing cycle 1-4

The first five indications investigated in the FRONTIER trial have a total addressable market of ~120,000 1L + 2L patients[1] in the US + EU5 by 2030

	Colorectal Cancer	Melanoma	Pancreatic Cancer	Esophageal Cancer	Soft Tissue Sarcoma
US + EU5 2030 Annual Incidence	314,000	271,000	140,000	41,000	29,000



1. POINT Biopharma Estimates

With the Health Canada No Objection Letter received, PNT6555 has begun the pursuit of becoming the first pan-cancer radiopharmaceutical

Non-clinical

IND enabling preclinical package complete. Additional studies in syngeneic and PDX models underway.

CMC

Clinical supply readiness tasks underway, including technology transfers to multiple sites to facilitate Phase 1 recruitment

Clinical & Regulatory

CTA submitted in **March 2022**.

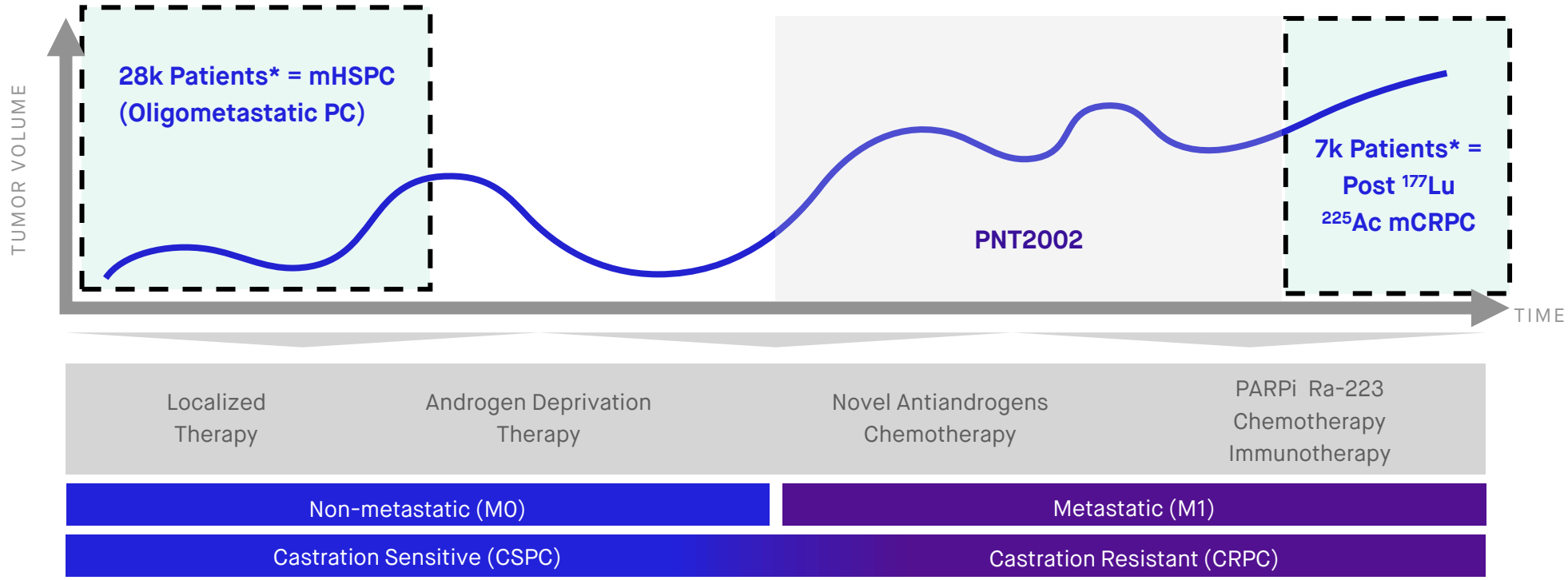
NOL received **May 2022**.

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

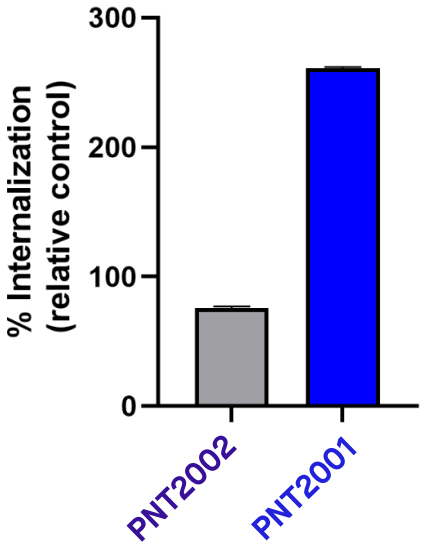


1. NPCR and SEER 2005-2016 Registries 2. Scher et al. PLOS ONE, 2015 3. Borofsky et al. Radiology, 2017 4. POINT Primary Market Research, Dec 2020 5. Thoma et al. Nature Reviews Urology, 2020 6. Sweat SD, et al. Urology, 1998 7. Datamonitor 2018 Global Prostate Report

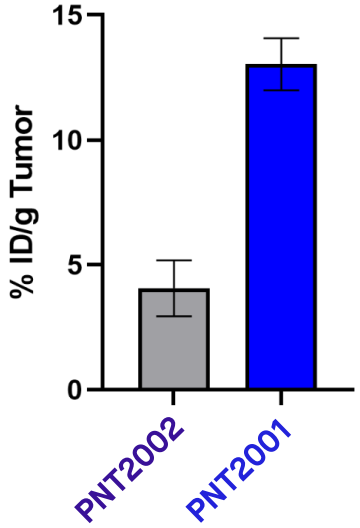
PNT2001 has linker technology that allows for increased internalization into cells, resulting in increased tumor uptake

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.

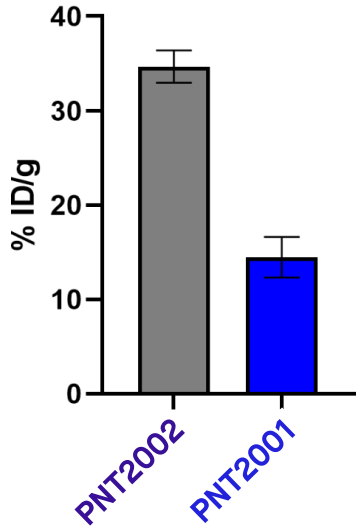
Improved internalization



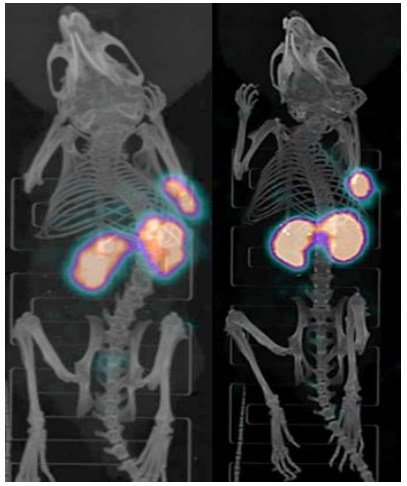
Improved tumor uptake



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

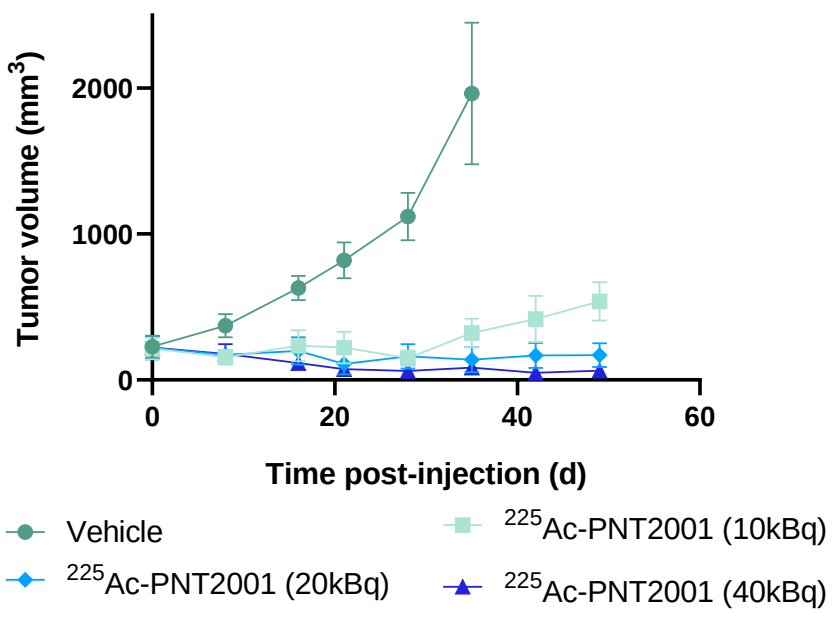
177Lu-PNT2001, LNCaP tumor bearing , CB17-SCID mice (n = 4, t=24 h)
Internalization in LNCaP cells (n = 3) relative to [^{125}I]I-BA)KuE reference compound

Unpublished data

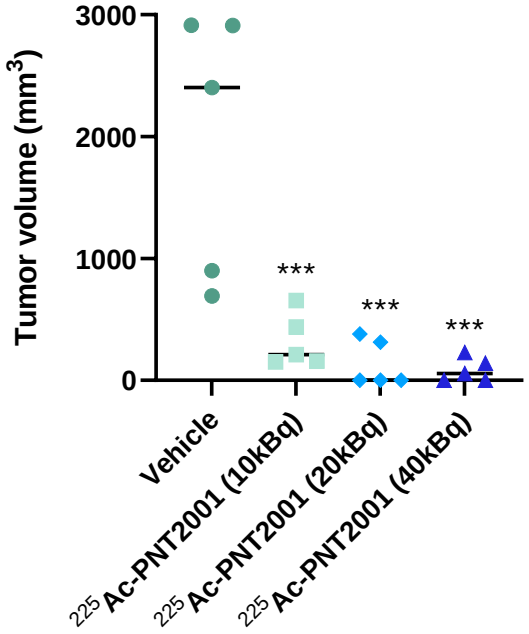
^{225}Ac labelled PSMA-62 shows robust and dose responsive efficacy as a single dose in a PSMA+ tumor model (LNCaP model)

- Single dose ^{225}Ac-PMSA-62 dose responsively inhibits the growth of LNCaP tumors.
- Experiment ongoing, no ^{225}Ac labelled PSMA-62 treated mice have reached endpoint.

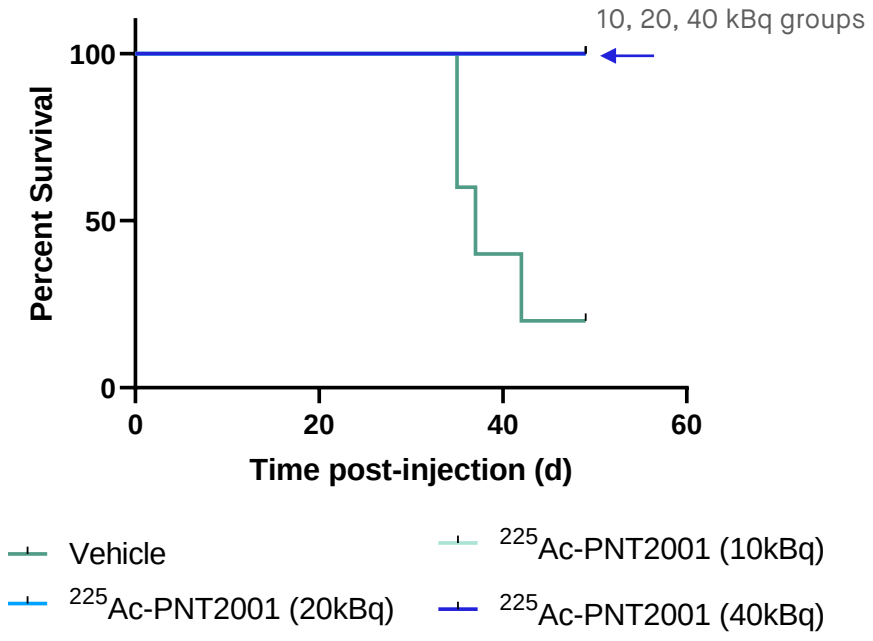
Tumor Volumes



Tumor Volumes on Day 35



Kaplan-Meier Survival Curves

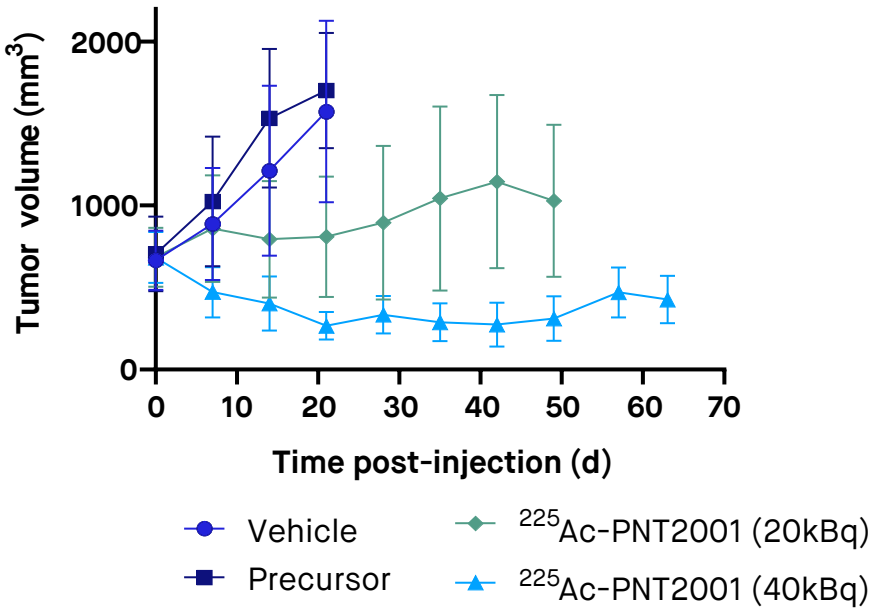


*A single dose of 225Ac-PSMA-62 slows tumor growth and improves survival outcomes. NSG mice bearing subcutaneous LNCaP tumors on the flank were treated with vehicle, 225Ac-PSMA-62 (10 kBq), 225Ac-PSMA-62 (20 kBq) or 225Ac-PSMA-62 (40 kBq). **p<0.01; ***p<0.001.*

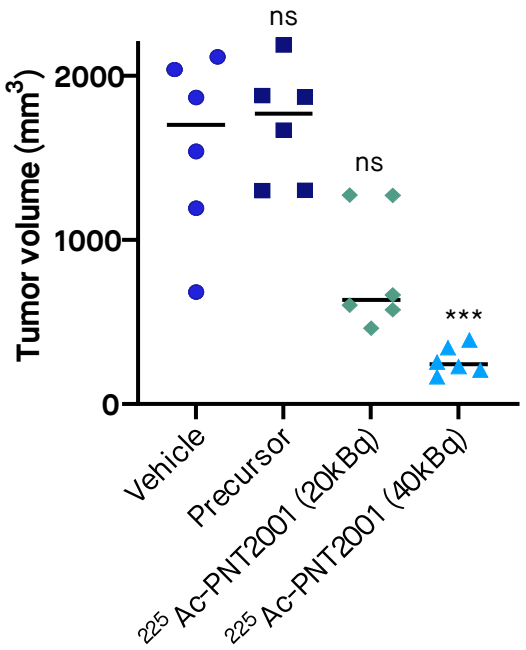
^{225}Ac labelled PSMA-62 is potently efficacious in a large PSMA+ prostate tumors (LNCaP model)

- Single dose ^{225}Ac-PMSA-62 inhibits the growth of large LNCaP tumors.
- Difficult setting to observe monotherapy efficacy.

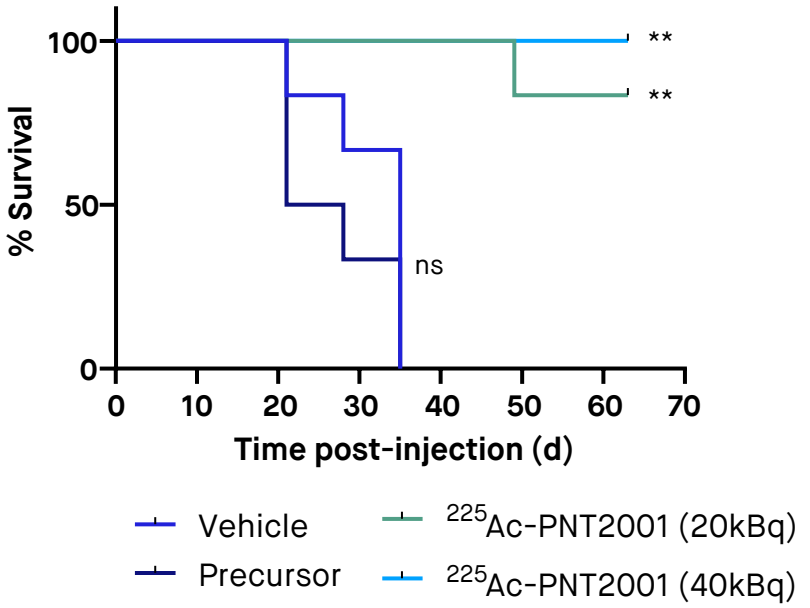
Tumor Volumes



Tumor Volumes on Day 21



Kaplan-Meier Survival Curves



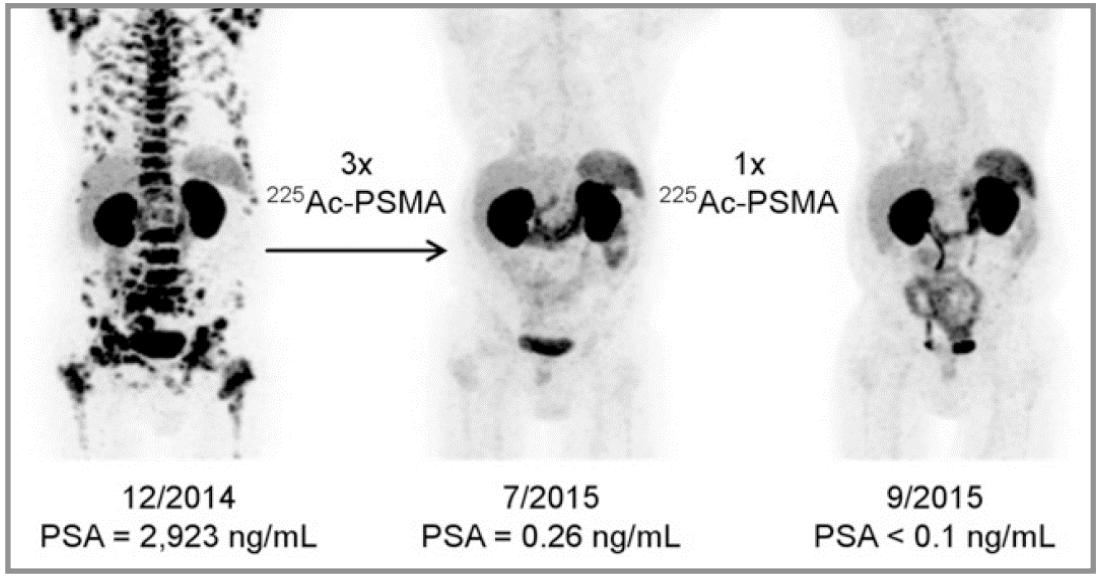
*A single dose of 225Ac-PSMA-62 slows tumor growth and improves survival outcomes. NSG mice bearing subcutaneous LNCaP tumors on the flank were treated with vehicle, precursor, 225Ac-PSMA-62 (20 kBq) or 225Ac-PSMA-62 (40 kBq). **p<0.01; ***p<0.001.*

Programs: CanSEEK™ FAP-α Activated Prodrug Technology Platform

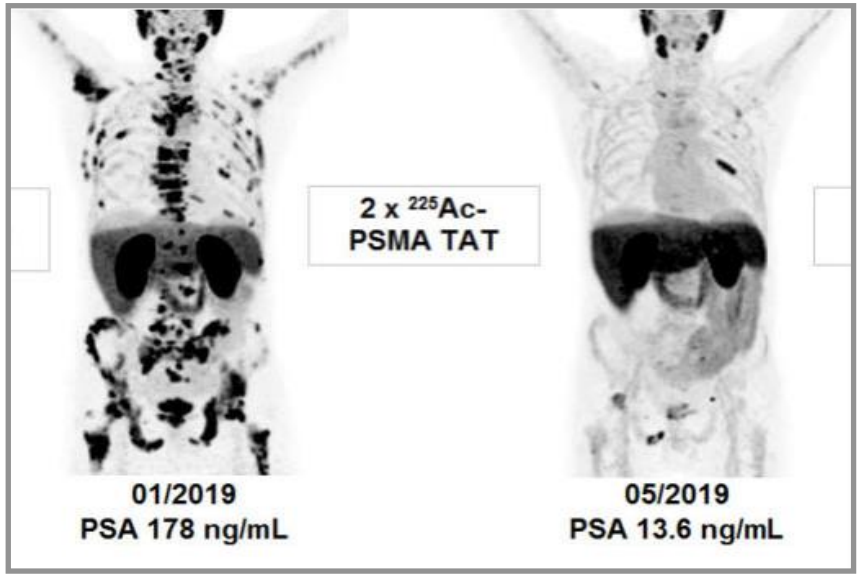
Early ^{225}Ac clinical data demonstrates the off-target delivery is limiting usage of next-generation radioisotopes

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]

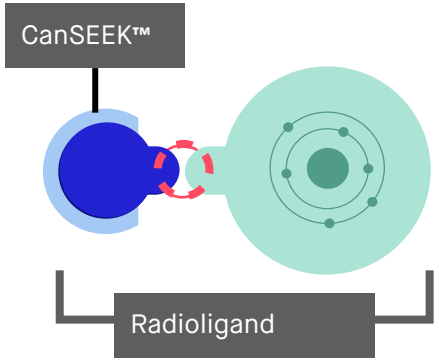


1. Kratochwil, C, et al. J Nucl Med 2016 2. Zacherl, M, et al. J Nucl Med 2020 3. Ruigrok, E, et al. Pharmaceceutics 2019

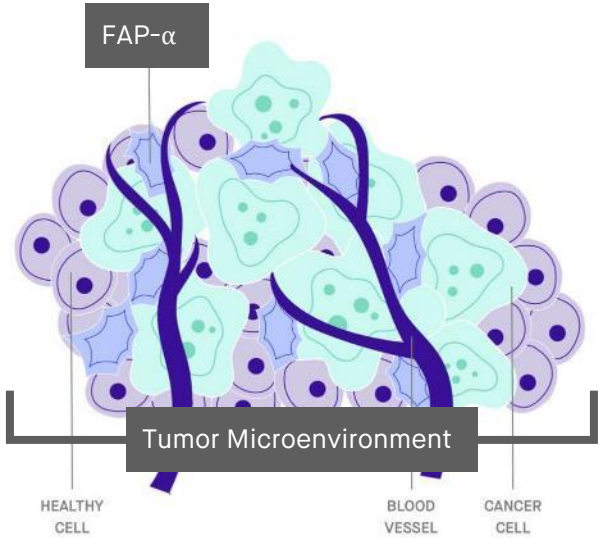
The goal of the CanSEEK™ prodrug technology platform is to improve precision, efficacy and safety of all radioligands

- 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.

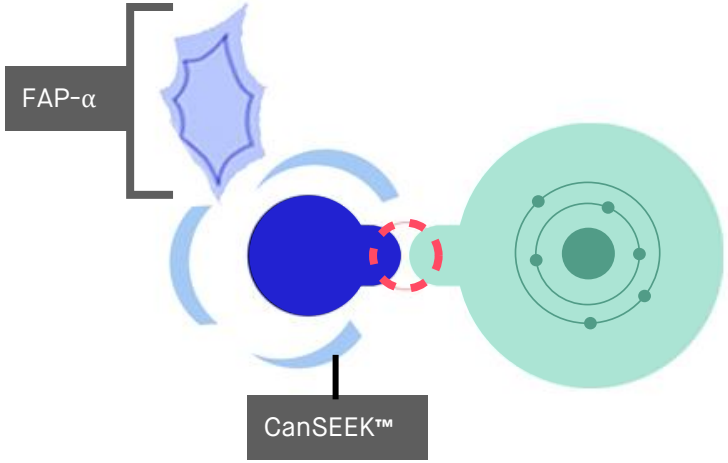
CanSEEK™ blocks a Radioligand's ability to bind to receptors…



…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**

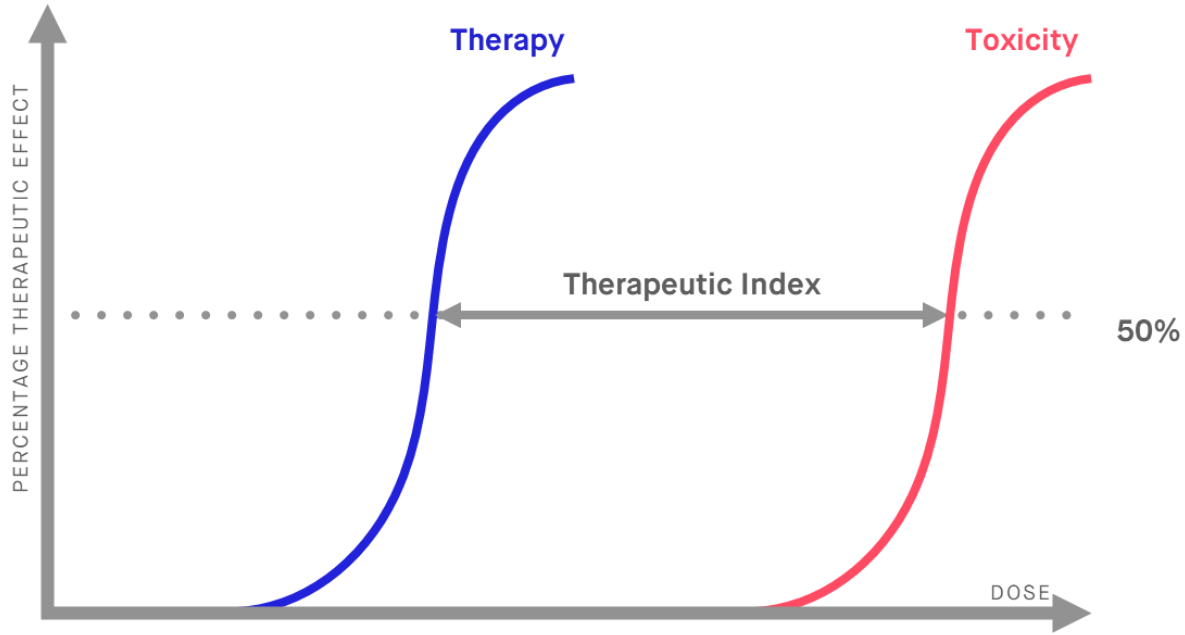


POINT's CanSEEK™ technology is the subject of licenses from both Bach Biosciences and Avacta Life Sciences

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
PNT2004	^{177}Lu-PNT6555	Solid Tumors Expressing FAP	**Q1 2022**	CTA filing
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	**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	**$227M** cash & cash equivalents, as of Mar 31, 2022
Projected Runway	Cash to fund operations into the **first quarter of 2024**
Capital Structure	**90.1M** Common Shares + **5.5M** Options

POINT BIOPHARMA

Accelerating Precision Medicine™

NASDAQ: PNT

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