



Non-Confidential Overview

Building the next generation Radiotherapeutics platform

April 2023

Actithera | Executive summary

Company

Established in July 2021 in Cambridge, MA

Seed financing of \$ 5.3M from **M. Ventures and Arkin BioVentures**

Looking for a **\$20M + \$50M tranch ed Series A** to progress lead program through Ph2, second program to Ph1 and expand team and pipeline

Focus

Discovering and Developing novel **Radiotherapeutics** for the treatment of cancer

Current **pipeline of several targets**

Best- and First- in class programs

Small molecule and Peptide-based

Unique Value Proposition

Unprecedented **tumor-trapping approach**¹

Early validation of technology with first FAP-targeting lead molecules exhibiting significantly **higher tumor uptake and retention than clinical benchmark**

Exclusive In-licensing option to unique technology complimentary to Actithera's tumor-trapping approach²

^{1,2} Disclosed under CDA

Investors



Collaborations



EMORY UNIVERSITY

ICR The Institute of Cancer Research



WISCONSIN UNIVERSITY OF WISCONSIN-MADISON



廈門大學 XIAMEN UNIVERSITY

Team

Bringing deep molecular design expertise into radiopharmaceuticals



Andreas Goutopoulos

Co-founder & CEO

Chief Scientist, Discovery Tech at **EMD Serono**

CSO at **Metabomed**

EIR at **M. Ventures**

Affiliate Faculty at **Northeastern University**



Over 23 years of industrial drug discovery experience, both in pharma and biotech



Co-inventor behind over 15 INDs, including Pimasertib (PhII- Onc) and Evobrutinib (PhIII - MS)



VC (M. Ventures) and C suite (Metabomed, FoRx) experience



Affiliated Faculty - Northeastern University – Center for Drug Discovery



Henry Yu

Co-founder & CSO

Founder and CEO of **CanWell**

Co-founder of **TocopheRx**

Principal Scientist at **EMD-Serono**



Over 18 years of industrial drug discovery experience



Raised over \$45 M and brought CanWell from concept to clinic in 3 years



Inventor/co-inventor of more than 7 clinical candidates

Expert in ADCs



Orit Jacobson

VP Head of R&D

NIH (NIBIB)

Head of Radiochemistry at **Hadassah Hebrew**

University Hospital



National Institutes of Health

Radiochemist and Molecular Imaging expert with over 20 years of experience

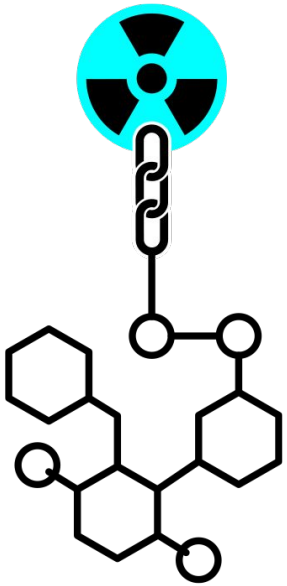
Deep experience with small molecule, peptide and NBE-based Theranostics



Over 100 publications in the field

Inventor of clinically validated add-on molecular modifier for the prolongation of half life of Theranostics. Inventor of over 8 tracers that entered clinical trails (3 for therapy) in US, Germany, China

Radiotherapeutics | The new revolution in personalized cancer therapy



1

Radiopharmaceuticals are a unique class of drugs that deliver radiation by molecules directly and specifically into tumors

2

Rules of engagement are becoming clear with the first recently approved agents
As an investment, the field is where ADCs were in 2010, or PROTACs in 2017

3

First Radiotherapeutics discovered in Academic Centers
Actithera is industrializing radiotherapeutic discovery and development

4

Actithera leverages an unprecedented approach to achieve tumor trapping and superior efficacy

Molecular Radiotherapy

Addresses the key challenges in cancer treatment

1

Precise patient selection | Image first and treat only patients with high tumor tracer uptake

2

Accurate PK, PD, efficacy and even safety* by imaging

3

Dosimetry | Quantitative translation from preclinic to clinic | Dose personalization in clinic

4

Rarely seen efficacy with excellent tolerability and great improvement in quality of life

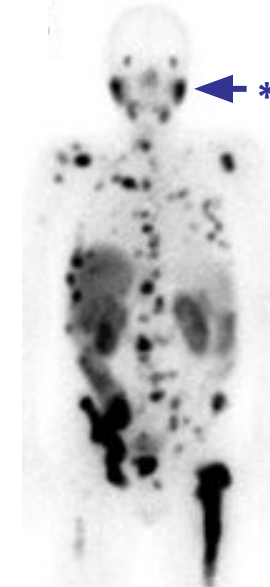
5

Unlike external beam radiation the approach is effective in disseminated metastatic disease

6

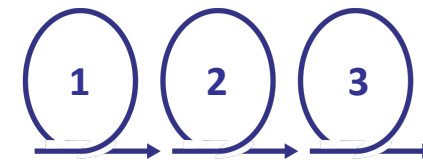
Excellent potential for combinations with immunotherapy and DDI inhibitors

Lessons from recently approved $^{177}\text{Lu-PSMA-617}$ in metastatic CR Prostate Cancer

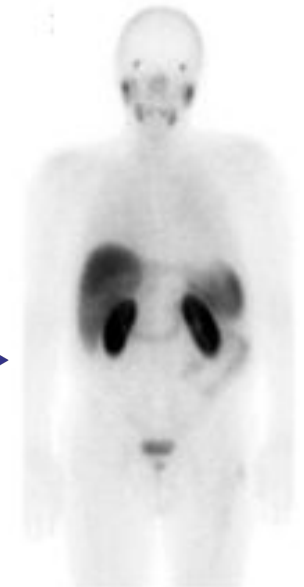


at baseline

PSA: 387.06ng/ml



3 cycles of
 $^{177}\text{Lu-PSMA-617}$



after 3 cycles

PSA: 1.08ng/ml

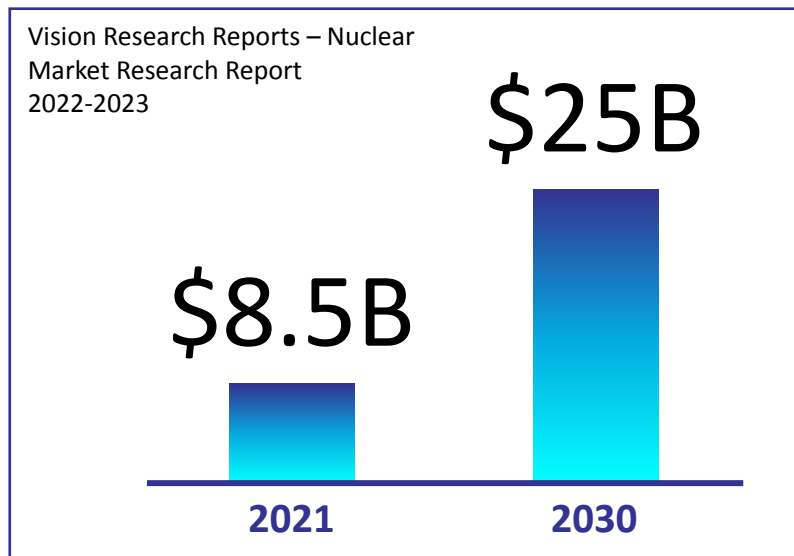
$^{177}\text{Lu-PSMA-617}$ (Pluvicto™) targets PSMA on the surface of prostate cancer cells

* Extratumoral uptake in parotids → explains main AE (dry mouth)

The Growth of Nuclear Medicine market |

Availability of radionuclides and supply chain infrastructure are critical

- Pluvicto (\$179M in Q4 '22) and Lutathera (\$128M in Q4 '22) are the 3rd and 4th (out of 25) highest selling Novartis solid tumor drugs in Q4 2022, although Lutathera is registered for a rare cancer and Pluvicto was approved only in March '22. Despite occasional supply chain disruptions, both molecules had impressive launches and quick market share capture
- The Nuclear Medicine market is projected to grow with CARG 10.5% to \$25B by 2030
- Availability of therapeutic radionuclides, supply chain infrastructure and number of nuclear medicine centers are bound to improve as long as differentiated therapies continue to emerge

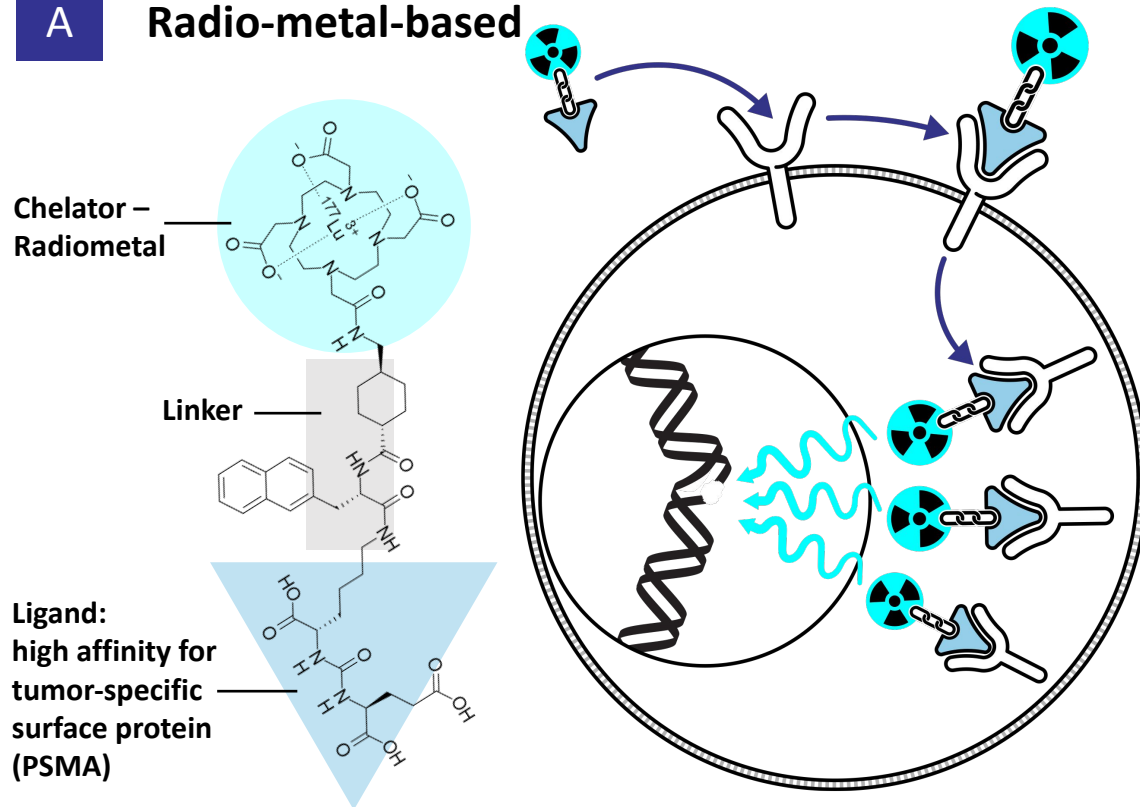


- Actithera is currently working primarily with Isosolutions for access to radionuclides
- Planning to sign agreements with suppliers for clinical support:
 - ¹⁷⁷Lu: **ITM** (Germany), **Isotopia** (Israel) **Eczacıbaşı Monrol Nükleer Ürünler** (Türkiye), **Radiomedics** (USA)
 - ⁹⁰Y: **Eckert and Ziegler** (Germany)
 - ²²⁵Ac: **RadioMedix** (USA), **Tri-Lab/DOE** (USA)
 - ¹³¹I: **International Isotopes Inc.** (USA), **Polatum** (Poland)

Examples of Radiotherapeutics

Key learning from approved agents

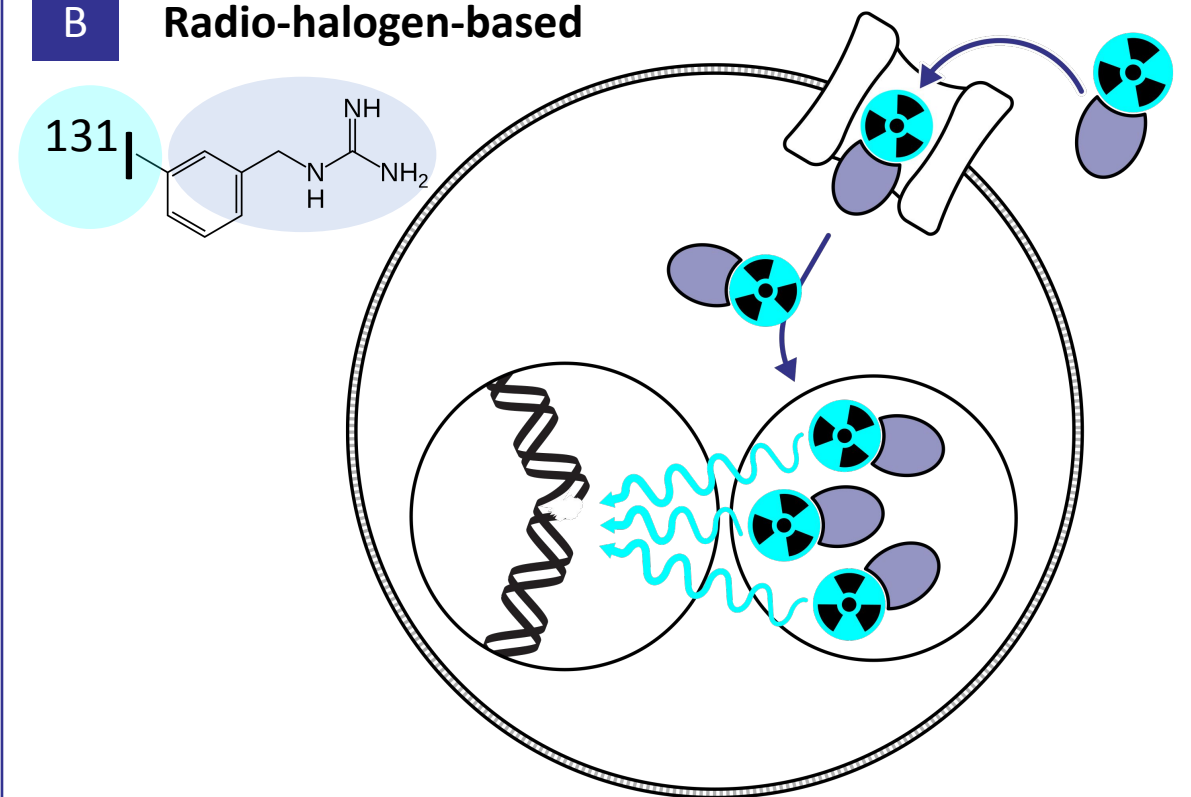
A Radio-metal-based



^{177}Lu PSMA-617 (Pluvicto™) approved in 2022 for mCRPR

^{177}Lu PSMA-617 is not cell-permeable. It is actively internalized inside prostate cells that express PSMA on their surface, resulting in selective **trapping and accumulation** of radioactivity inside cancer cells only

B Radio-halogen-based

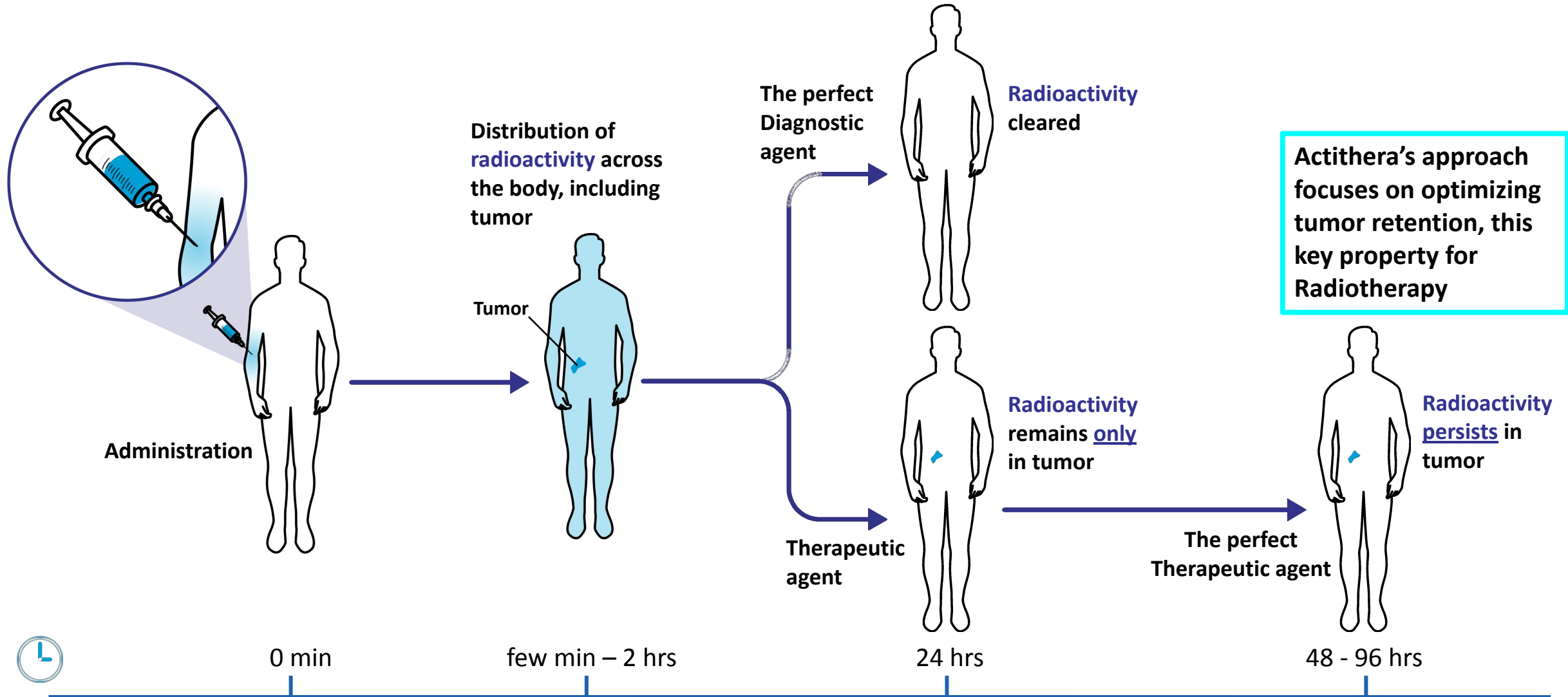


^{131}I MIBG (Azedra®) approved for PPC-PPNG in 2018

^{131}I MIBG is taken up by NET (Nor-Epinephrine Transporter) into adrenergic system tumors and **accumulates/gets trapped** within adrenergic granules inside tumor cells

Therapeutic vs. Diagnostic

Prolonged tumor retention is critical for successful Therapeutic agents



The Ideal Radiotherapeutic

Actithera's differentiation

The ideal Radiotherapeutic

Actithera's approach/differentiation

Reaches quickly and deeply inside tumors and at high levels



Focus on small molecules and peptides vs. classical mAbs

Does not accumulate in normal tissues



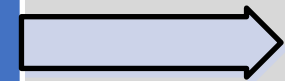
Large target tumor/normal expression ratio

Fraction not bound to tumor clears body quickly



Focus on small molecules and peptides. Fine-tune PK profile and excretion pathway

Fraction bound to tumor has prolonged retention



Actithera's key approach for prolonged tumor retention

Key differentiation

Strategic considerations

Target Selection

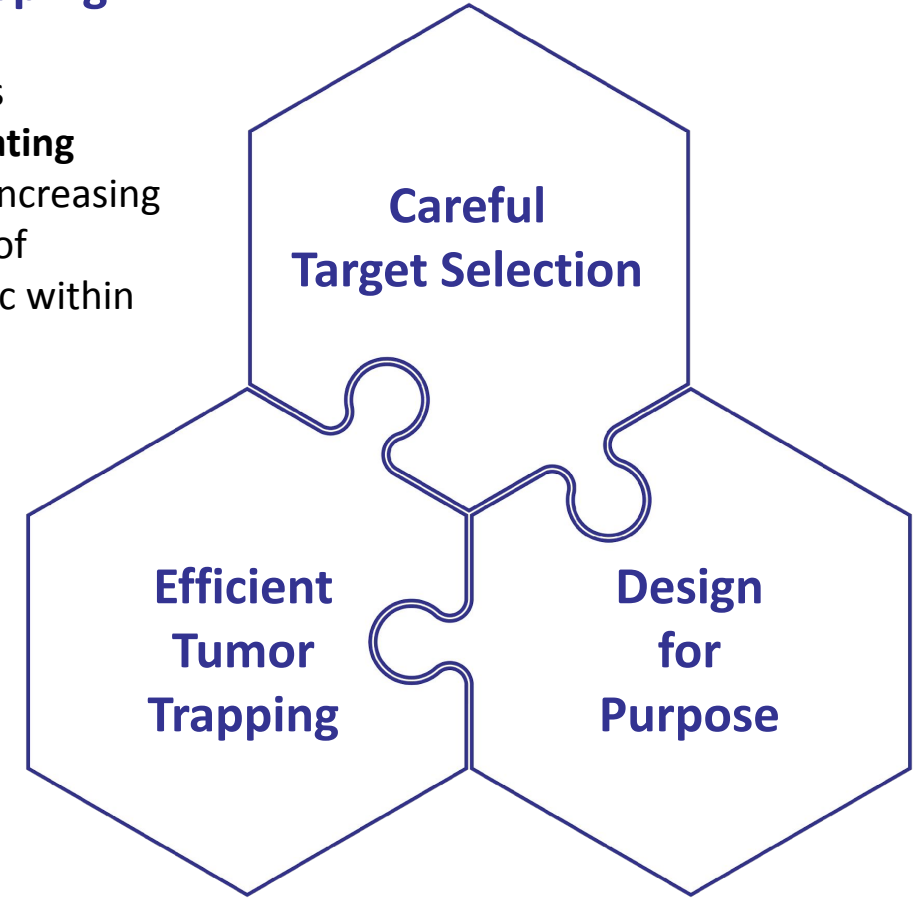
- High tumor to normal expression ratio
- High absolute tumor expression
- Other means of attaining selectivity
- Target biological role is not of major importance (main reason for failures in PhII in biopharma industry)

Design for Purpose

- Modular design (similar in a way to PROTACs)
- Bespoke DMPK optimization (focus on $t_{1/2}$ and excretion route) primarily by optimizing linker properties
- Dial-in appropriate for each case level of energy, range and type of radiation by radionuclide choice (**radionuclide agnostic**)

Tumor Trapping

- Actithera's **differentiating angle** for increasing retention of theranostic within tumor

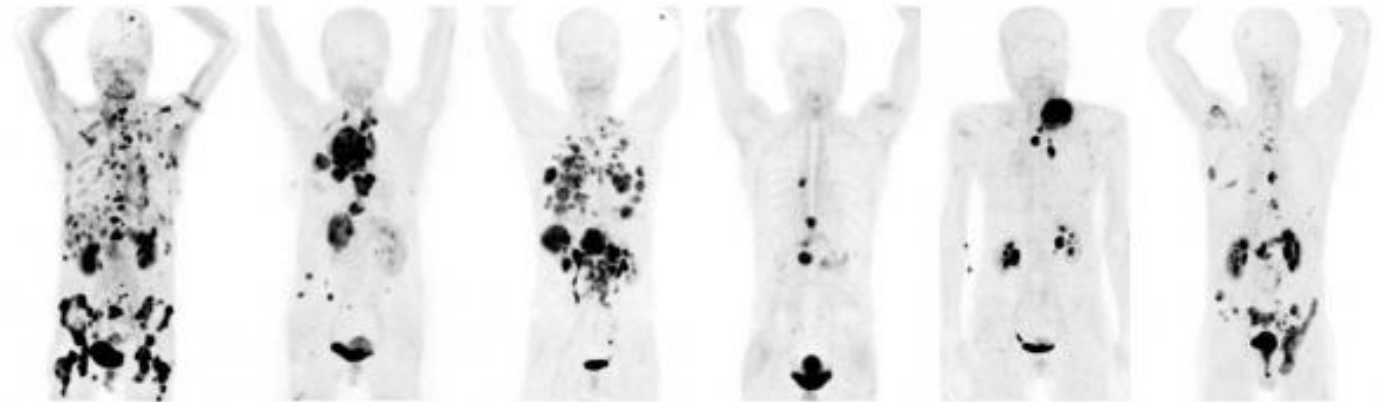


FAP Program

The most promising theranostic target currently

- **Fibroblast activation protein (FAP)** is an endopeptidase highly expressed in Cancer Associated Fibroblasts of most epithelial and mesenchymal carcinomas but almost not at all in healthy tissues. **FAP is also highly expressed in certain tumor cells, such as sarcomas**
- FAP-targeting agents are very promising as pan-cancer diagnostics, differentiated from currently widely used FDG-PET
- Generating ligands with high and prolonged tumor residence time is key for the development of successful FAP-targeting cancer therapeutics

FAP PET in different kinds of cancer



Breast

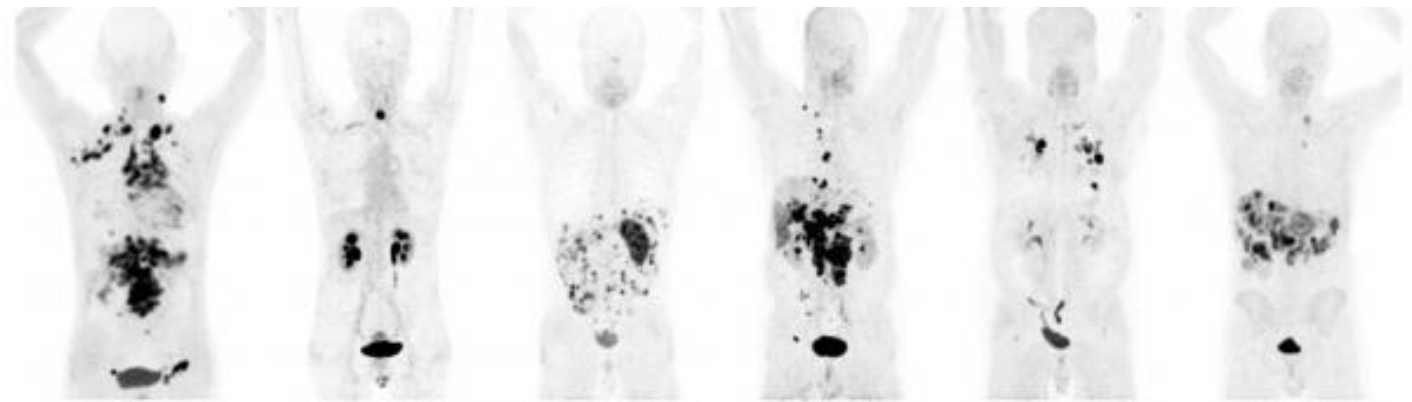
NSCLC

Colorectal

Pancreatic

CUP

Prostate



Ovarian

Esophageal Sm-Intestine

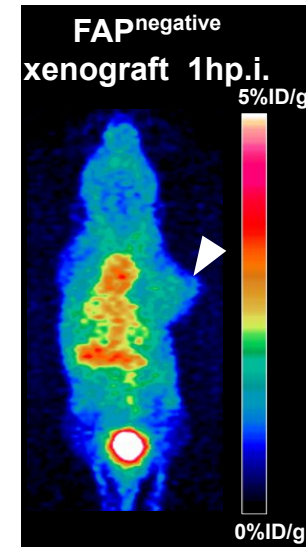
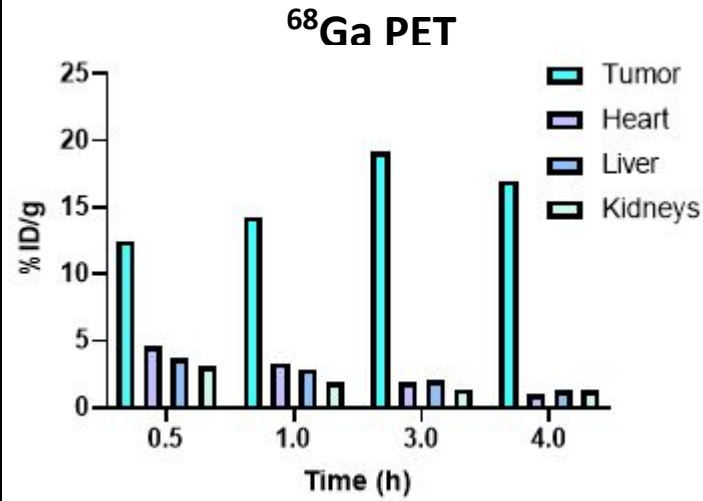
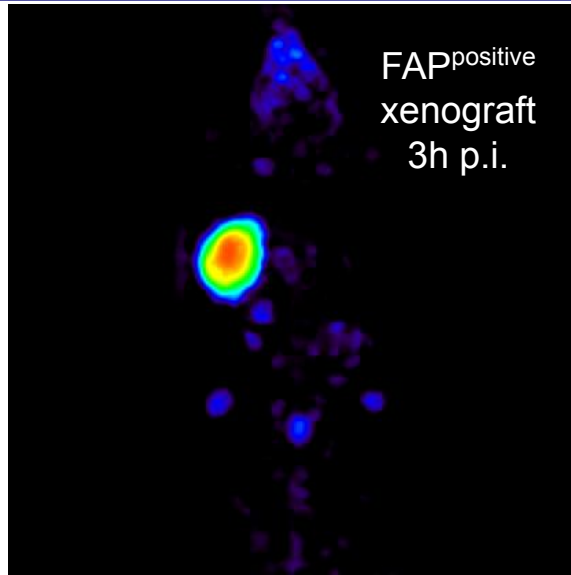
CCC

Sarcoma

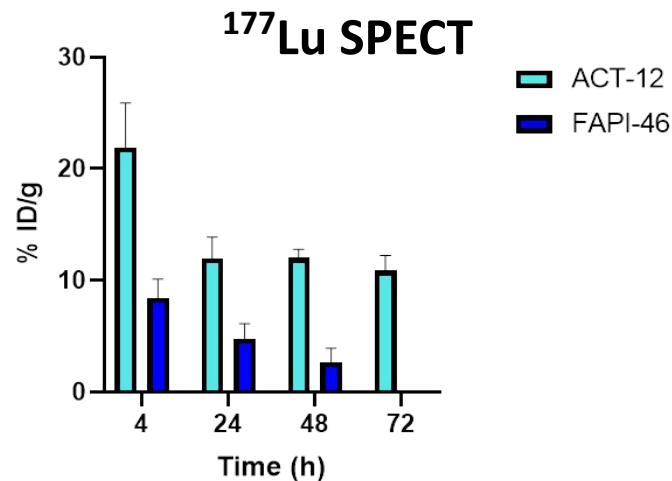
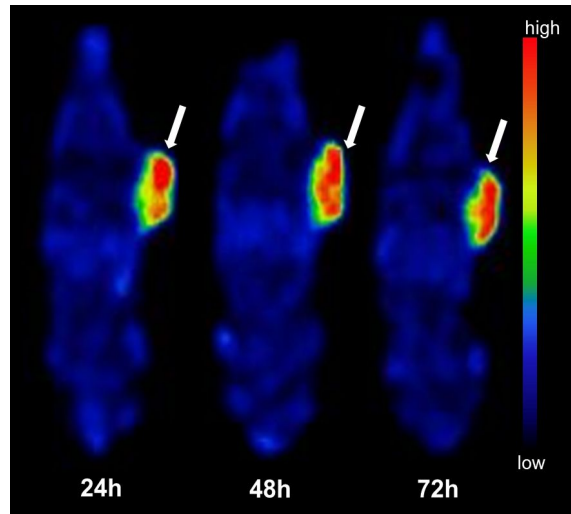
GEP-NET

Actithera's FAP lead molecule

ACT-3-12 is an early validation of Actithera's approach

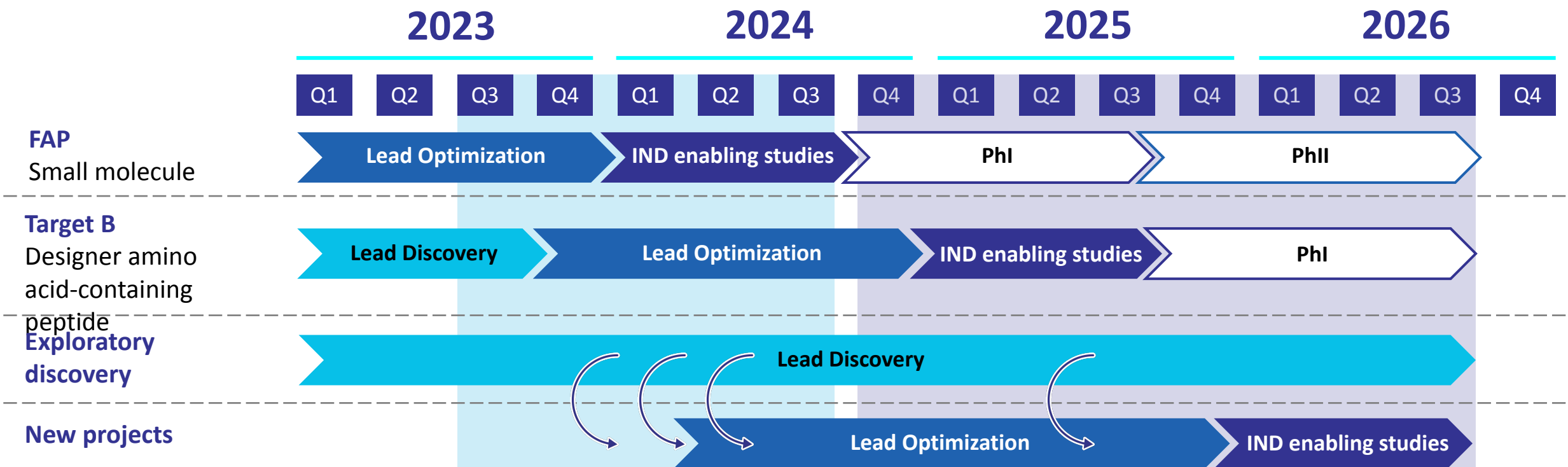


Actithera lead show high and specific tumor uptake, low background and renal clearance



Tumor retention remains high over at least 72hr, a lot longer than clinical benchmark FAPI-46

Pipeline and financing |



Seed stage achievements so far:

- Established core team
- Signed four academic collaborations
- Built early project pipeline
- Achieved promising lead in key Theranostic target (FAP)
- Signed exclusive option agreement to in-license complimentary technology

\$20M: 14 mo

- 1 IND
- 2nd Lead
- Pipeline growth
- Team expansion
- Establish labs

Another \$50M: 22 mo further

- Clinical POC
- 2nd PhI
- 2nd, 3rd IND
- Pipeline growth
- Team expansion

Summary

Actithera has a **unique medicinal chemistry approach** for the design of Radiotherapeutics with prolonged tumor retention

It is seeking **\$20 + 50M tranch ed series A** to bring first program through clinical POC, a second program through PhI and expand pipeline and team

Contact

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The logo for Actithera, featuring the word "Actithera" in a bold, italicized sans-serif font. A light blue, glowing circular swoosh is positioned behind the letters "i" and "t", partially overlapping them. The background of the slide features a decorative pattern of blue and white dots forming a wave-like shape at the bottom.