OncoSil MEDICAL

Investor Presentation

September, 2025

Nigel Lange, CEO & Managing Director

Targeted Approach • Positive Impact

ASX Code: OSL

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The information contained in this presentation is current as at 18 September 2025..

Accelerating Commercialisation

Compelling cost-benefit proposition with no direct competition

Attractive Unit Economics

- Average list price of ~€22k/~US$26k
- Gross Margin of 50% expected to increase to 65% driven by manufacturing productivity and **targeting >75%** device margins at scale

No direct Competition

- Granted **Breakthrough Designation** in the US, EU, UK
- The **only commercially available, or in development, targeted Radiotherapy for LAPC**
- Patented technology that is difficult to reverse engineer

Capital light operating model

- **Concentrated industry structure** with high volumes undertaken at 'centres of excellence'
- High Return on Capital with relatively **small sales force required** in direct markets to drive adoption
- High operating leverage anticipated through economies of scale in the long-term

Commercial scale manufacturing capability

- **End-to-end manufacturing capabilities** and logistics already in place and able to meet commercial quantities
- Second manufacturing facility (Sydney, Australia) expected to be accretive to Gross Margin and producing first commercial doses in Q4 CY25

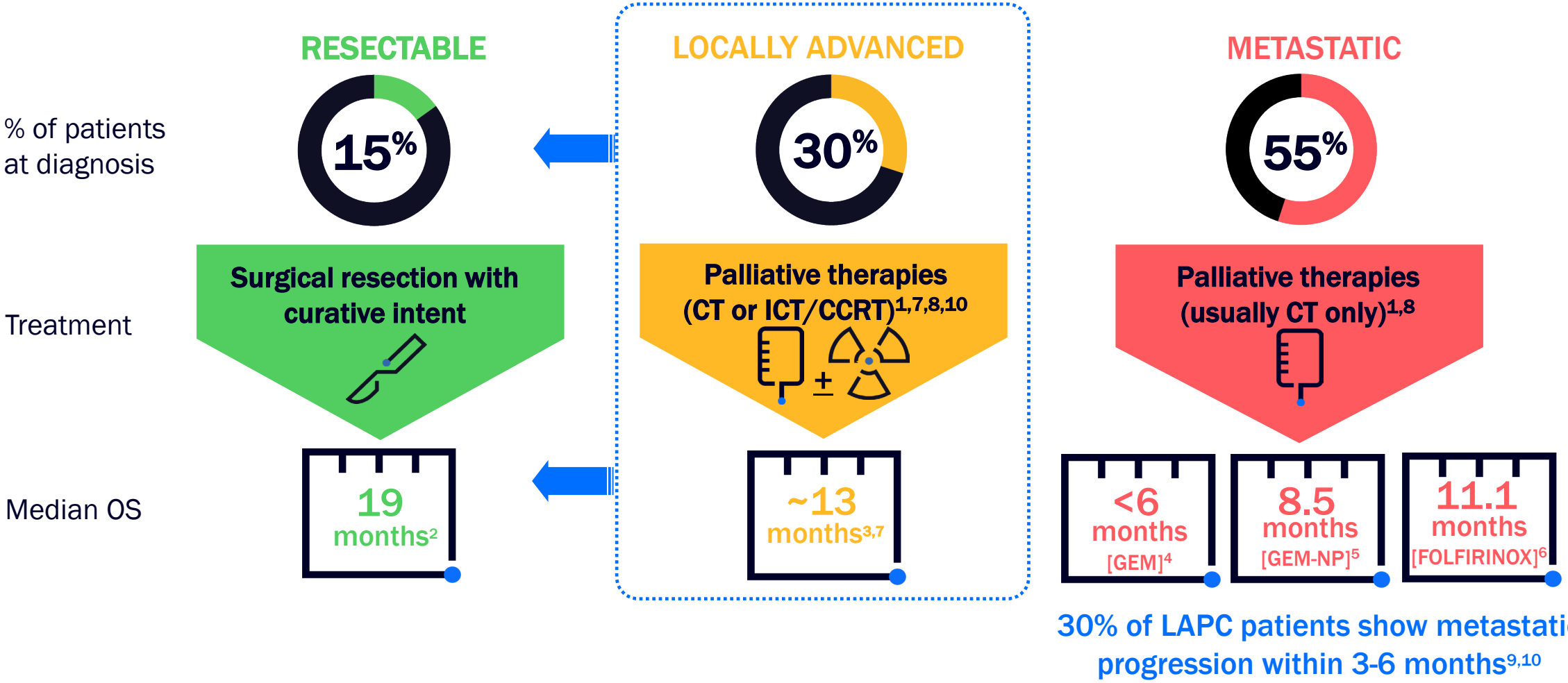
Multiple high value initiatives to broaden market access & accelerate commercialisation

- Label expansion to include **additional method of delivery** (PANCOSIL study – completed Q2 CY25)
- Label expansion to include **additional chemotherapy combination** (TRIPP-FFX study – completed Q2 CY25)
- **Expansion into new markets** (Argentina, Brazil, Chile, France, Hong Kong, Sout East Asia, South Korea, Switzerland)

Reference: EURUSD 1.185 (18 September 2025).

Pancreatic Cancer Stage at Diagnosis

Surgical resection remains the only potentially curative treatment for pancreatic cancer[1]



30% of LAPC patients show metastatic progression within 3-6 months[9,10]

Abbreviations: CT: Chemotherapy; ICT: Induction chemotherapy; CCRT: Concurrent chemoradiation therapy.

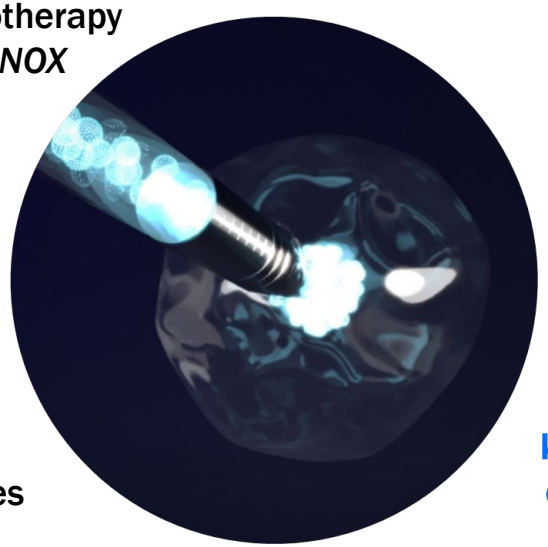
References: 1. Ducreux M et al. Ann Oncol 2015; 26 (Suppl 5): v56–68. 2. van Dam JL et al. Eur J Cancer. 2022; 160: 140–149. 3. Chang JS et al. Cancer Res Treat 2018; 50: 562–574 (suppl data). 4. Burris HA 3rd et al. J Clin Oncol 1997; 15: 2403–2413. 5. Von Hoff DD et al. N Engl J Med 2013; 369: 1691–1703. 6. Conroy T et al. N Engl J Med 2011; 364: 1817–1825. 7. Balaban EP et al. J Clin Oncol 2016; 34: 2654–2668. 8. National Comprehensive Cancer Network (NCCN) Clinical Practive Guidelines in Oncology: Pancreatic adenocarcinoma. Version 1.2020. 9. Huguet et al. J Clin Oncol 2010. 10. Mukherjee et al, Lancet Oncol 2013.

OncoSil™ Device

Achieves >90% local disease control with potential for downstaging[1]

OncoSil™ is intended for the treatment of **locally advanced unresectable pancreatic cancer,** in addition to gemcitabine-based chemotherapy *(combination with FOLFIRINOX currently in trials)*

OncoSil™ is a **single-use** brachytherapy device comprised of microparticles and a diluent



OncoSil™ is currently implanted directly into a pancreatic tumour via injection under **endoscopic ultrasound** guidance

98% of all radiation is delivered within **81 days** of injection causing damage to cancer cell DNA and **killing malignant cancer cells with no damage to surrounding tissue**

Percutaneous delivery is potentially transformational and anticipated to significantly accelerate market penetration:

- ✓ Expanding the number of treating clinicians to include **Interventional Radiologists**
- ✓ Broader patient access and points of care
- ✓ Outpatient day procedure (where permitted)
- ✓ Conscious sedation (patient awake)

References: 1. Ross PJ, Wasan HS, Croagh D et al. Results of a single-arm pilot study of ^{32}P microparticles in unresectable locally advanced pancreatic adenocarcinoma with gemcitabine/nab-paclitaxel or FOLFIRINOX chemotherapy. ESMO Open February 2022; 7 (1): 100356.

PANCOSIL Investigator Initiated Trial

Safety and feasibility of CT-guided percutaneous radionuclide therapy with the OncoSil™ device in patients with non-progressive locally advanced pancreatic cancer (PANCOSIL): an open-label, single-arm phase 1-2 feasibility study

Objective

To assess the safety and feasibility of **percutaneous CT-or ultrasound-guided RadioNuclide Therapy (RNT)** using the OncoSil™ device in patients with non-progressive LAPC after induction chemotherapy treatment.

Study Sites

- Amsterdam UMC
- Principal Investigator: Prof Marc Besselink (Hepato-Pancreato-Biliary surgeon)
- Interventional Radiologists: Prof Martijn Meijerink and Prof Otto van Delden
- **20** subjects recruited

Primary Endpoint

Safety and feasibility of percutaneous RNT using the OncoSil™ device defined by the percentage of device or procedure related CTCAE grade 3 or higher adverse events, until 90 days post-procedure.

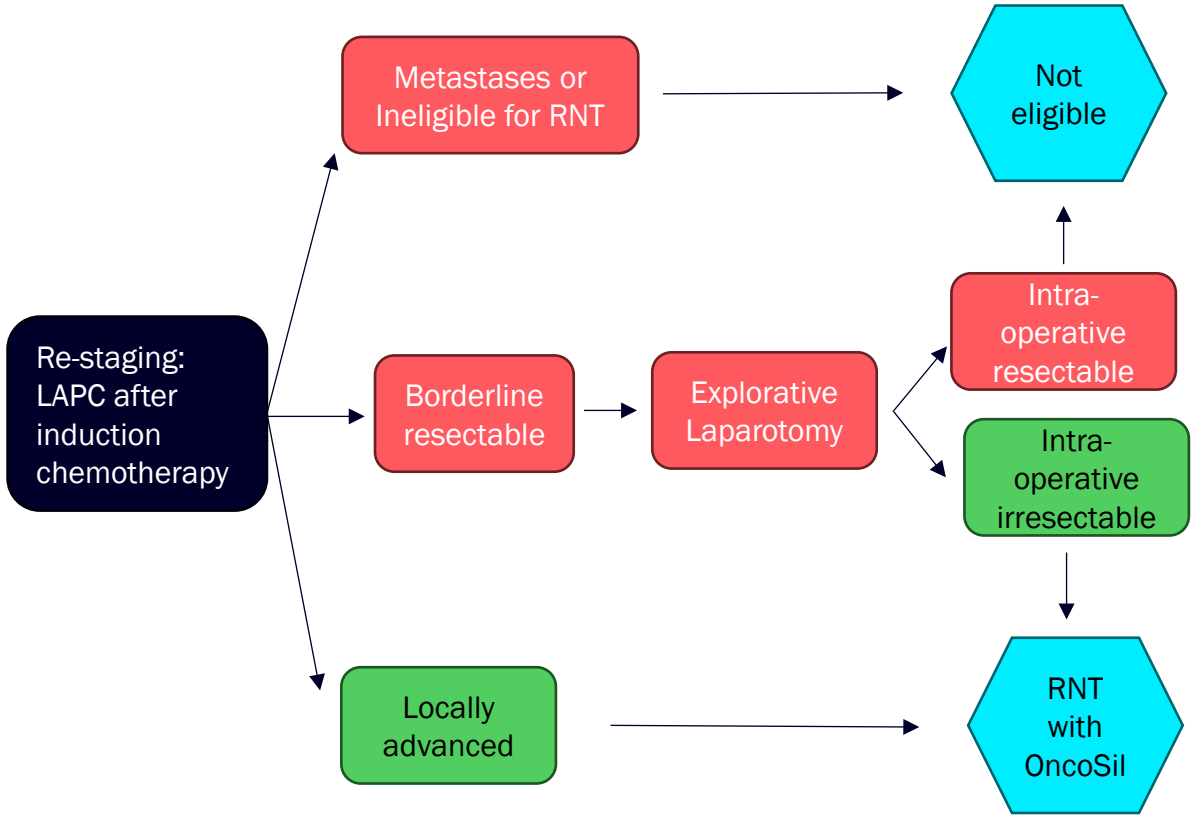
PANCOSIL Investigator Initiated Trial

- Preliminary results presented at the **Cardiovascular and Interventional Radiological Society of Europe (CIRSE) Congress**, one of the leading global forums for Interventional Radiology and Oncology.
- Presented by **Dr. Danielle Vos** (Research Associate, Radiology and Nuclear Medicine, UMC)
- CIRSE provides unparalleled global visibility among key treating clinicians (IRs) – accelerating awareness, adoption, and referral pathways.

PANCOSIL – Study Design

20 patients with unresectable LAPC and partial response or stable disease after at least 2 months of standard of care systemic treatment, considered eligible for inclusion

Study flowchart



Baseline characteristics

Demographic/Characteristic, n (%) unless stated		
Age, years	Median (Range)	62 (51-82)
Sex	Male Female	11 (55) 9 (45)
ECOG Performance Status	0 1 2	12 (60) 7 (35) 1 (5)
CCI-score	Median (Range)	2 (1-7)
Systemic therapy before study	FOLFIRINOX FOLFIRINOX + NIVOLUMAB	19 (95) 1 (5)
Pancreatic tumour location	Head Other	6 (30) 12 (60)
Lesion longest diameter, mm	Median (Range)	41 (27-87)
CA 19-9, (U/mL)	Median (Range)	105 (2-2223)

PANCOSIL – Preliminary Results

Safety:

- No procedure-related mortality was observed.
- Two (10%) of the 20 patients experienced CTCAE grade 3 serious adverse events within 90 days; one procedure-related and one possibly device-related. Both patients recovered.
- There were **no other procedure- or device-related events**. The events were consistent with expectations for this patient population.

Feasibility:

- The technical success rate was **90%**, demonstrating reliable and reproducible delivery of OncoSil™ via the percutaneous approach.
- The investigators concluded that it is feasible to perform implantation with patients' conscious, thereby reducing the length of the procedure and post-procedure recovery.

Efficacy signals:

- Three (15%) of the patients demonstrated a partial response (PR) by RECIST criteria compared to the tumour size prior to implantation and therefore in addition to response from chemotherapy alone.
- Median overall survival (OS) was **20.6 months** from diagnosis, comparing favourably to historical outcomes for LAPC.

PANCOSIL – Preliminary Results

"The PANCOSIL study shows that percutaneous CT-guided implantation of the OncoSil™ device is **safe and feasible**, while **offering encouraging signals of clinical benefit.**

"**This approach enables interventional radiologists to deliver the treatment with precision and reproducibility.** In our view, this represents an important step towards making radionuclide therapy more widely available for patients with locally advanced pancreatic cancer, subject to regulatory approval."

Prof Martijn Meijerink

Interventional Oncologist at Amsterdam UMC

Driving Adoption & Market Expansion

✓ Expanding Clinical Adoption & Market Opportunity

- ✓ Broadening the base of treating clinicians to include **Interventional Radiologists (IRs)**
- ✓ Strong alignment with IRs' existing expertise in **radiation-based therapies (e.g., Y-90)**
- ✓ Enhanced **multidisciplinary collaboration** with Medical Oncologists and Surgeons to drive adoption
- ✓ Greater presence in **Tumor Boards**, increasing visibility and **patient referral flow**
- ✓ Expanded **patient access points** through both hospital and outpatient settings

✓ Operational & Patient Care Advantages

- ✓ **Outpatient day procedure** (where permitted), supporting higher throughput and reduced hospital burden
- ✓ **Local anesthesia** improves patient comfort and overall experince
- ✓ **Simplified planning** and **faster procedure times** increase efficiency and scalability

Upcoming Milestones & Execution Plan

✓ Q2 FY26 – Full Clinical Results

- ✓ Anticipated full data readout to reinforce clinical efficacy and safety profile
- ✓ Key inflection point to support reimbursement discussions and strengthen commercial positioning
- ✓ **Risk mitigation:** Active engagement with investigators and KOLs to ensure robust data collection and timely readout.

✓ 2H FY26 – Regulatory & Local Approvals

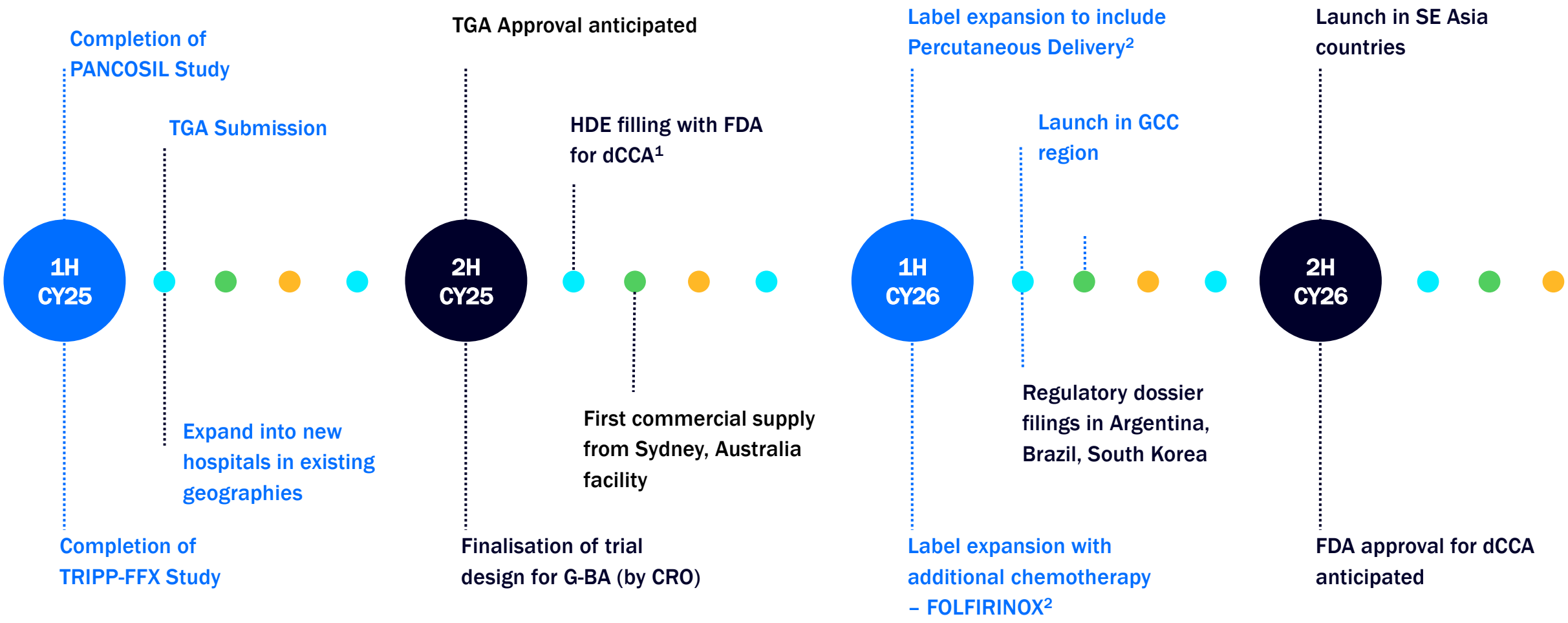
- ✓ Targeting **label expansion** with central regulatory authority (**BSI**)
- ✓ Followed by **country-specific approvals**, where required

✓ Ongoing – Market Access & Commercial Preparation

- ✓ Comprehensive country and account mapping to segment treatment responsibilities between Interventional Radiologists (IRs) and Endoscopists.
- ✓ Establishing clear pathways for adoption in both inpatient and outpatient settings
- ✓ Inclusion of Percutaneous Application in New Clinical Trials

Upcoming Milestones

Significant catalysts over the next 18 months



References: 1. Indicated in Distal Chalingiocarcinoma. 2. Subject to regulatory approval.

Nigel Lange

CEO & Managing Director

E: nigel.lange@oncosil.com

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