

ASX Announcement

Racura Presents CPACS Phase 1 RC220 and Doxorubicin Data at the 2026 Global Cardio-Oncology Summit

- Poster presented at Global Cardio-Oncology Summit 2026 entitled, *“Cardioprotection & Anti-cancer Synergy (CPACS) – A Phase 1 Study of RC220 in Combination with Doxorubicin – Trial in Progress”*
- Presentation provides an update on the ongoing CPACS Phase 1 trial of RC220 with doxorubicin in patients with advanced solid tumours

7 October 2026

Racura Oncology Ltd (“Racura” or the “Company”) is pleased to announce that it presented at the Global Cardio-Oncology Summit 2026 (Williamsburg, Virginia) on 7 October 2026. The poster presentation provides a clinical update on the Company’s ongoing Cardioprotection & Anticancer Synergy (CPACS) Phase 1 study of RC220 in combination with doxorubicin in patients with advanced solid tumours.

Racura Oncology CEO and Managing Director, Dr Daniel Tillett, commented: *“Presenting our CPACS clinical study at the Global Cardio-Oncology Summit highlights the growing interest in RC220’s potential to address cardiotoxicity, one of the key limitations of anthracycline-based cancer therapy, while also improving anticancer treatments. The CPACS study is evaluating if RC220 can be safely combined with doxorubicin to enhance anticancer activity and reduce cardiac injury. We appreciate the opportunity to update the international cardio-oncology community on the progress of this important trial.”*

A copy of the poster presentation is attached to this release.

Significance of Anthracycline Cardiotoxicity

Anthracyclines remain central to many anticancer treatment regimens, but their clinical use is limited by irreversible cardiotoxicity. RC220 is a proprietary formulation developed by Racura of (E,E)-bisantrene, a clinically validated small molecule anticancer agent recently shown to act through G-quadruplex DNA and RNA binding, leading to potent silencing of c-MYC oncogene expression in preclinical cancer models.

RC220 in combination with doxorubicin has shown improved anticancer activity in human and murine tumour models and reduced anthracycline cardiotoxicity in human cardiomyocytes and multiple animal cardiac models.

CPACS Trial

The CPACS study is a multicentre, open-label, two-part Phase 1 trial in adult patients with advanced solid tumours, with enrolment ongoing in Australia, Hong Kong and South Korea. Part 1 is a Bayesian Optimal Interval (BOIN)-guided dose-escalation study of IV RC220 administered in combination with 60 mg/m² doxorubicin, preceded by monotherapy safety lead-in cycles of each agent.

The primary objective is to assess the safety and tolerability of the combination, with secondary objectives including maximum tolerated combined dose, pharmacokinetics, anti-tumour efficacy and exploratory cardioprotection biomarkers.

Following interim review, Part 2 will further evaluate safety, tolerability, preliminary anticancer activity and protection of cardiac function after anthracycline exposure.

– ENDS –

Cardioprotection & Anticancer Synergy (CPACS)

A Phase 1 Study of RC220 in Combination with Doxorubicin – Trial in Progress

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BACKGROUND

- Anthracyclines remain essential to many anticancer protocols, but their clinical use is limited by irreversible cardiotoxicity.
- RC220 is a proprietary formulation of (E,E)-bisantrene, a clinically proven small molecule anticancer agent recently discovered to function via G-quadruplex DNA and RNA binding that results in silencing of MYC gene expression and MYC-driven growth pathways.
- Preclinical studies have shown RC220 combined with doxorubicin improves anticancer activity in tumour models, while also reducing anthracycline cardiotoxicity in human cardiomyocytes, and murine and canine cardiac models.

STUDY OBJECTIVES

Primary (Part 1 & 2):

- Evaluate the safety and tolerability of RC220 alone and in combination with doxorubicin.
- Incidence of dose-limiting toxicities (DLTs) in the first combination cycle.
- Treatment-emergent adverse events (TEAEs) and serious adverse events (SAEs), per NCI CTCAE v5.0.

KEY Secondary

- MTCD: determine the maximum tolerated combination dose of RC220 + doxorubicin (60 mg/m²) - Part 1
- Antitumour activity: BOR, DOR and PFS per RECIST v1.1 - Part 1& 2
- Cardiac safety: RC220 + doxorubicin at MTCD (biomarkers, ECG/Echo including GLS, cardiac MRI) - Part 2
- Cardiorespiratory fitness: VO₂ peak (volume of peak oxygen uptake) – Part 2

Exploratory

- PK: RC220 and doxorubicin as monotherapies and in combination.
- PD biomarker: DNA double-strand breaks (γ-H2AX) as a surrogate marker for Cardioprotection.
- Patient-reported outcomes & cardiac outcomes: Quality of life and alopecia (EORTC QLQ-C30, NCI-PRO-CTCAE) and incidence of CTRCD per 2022 ESC criteria.
- Survival: Overall survival (OS).

METHODS

STUDY DESIGN

This is an open-label, multicentre, two-part Phase 1 BOIN design study evaluating RC220 in combination with doxorubicin (DOX) in patients with advanced or metastatic solid tumours.

KEY INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA:

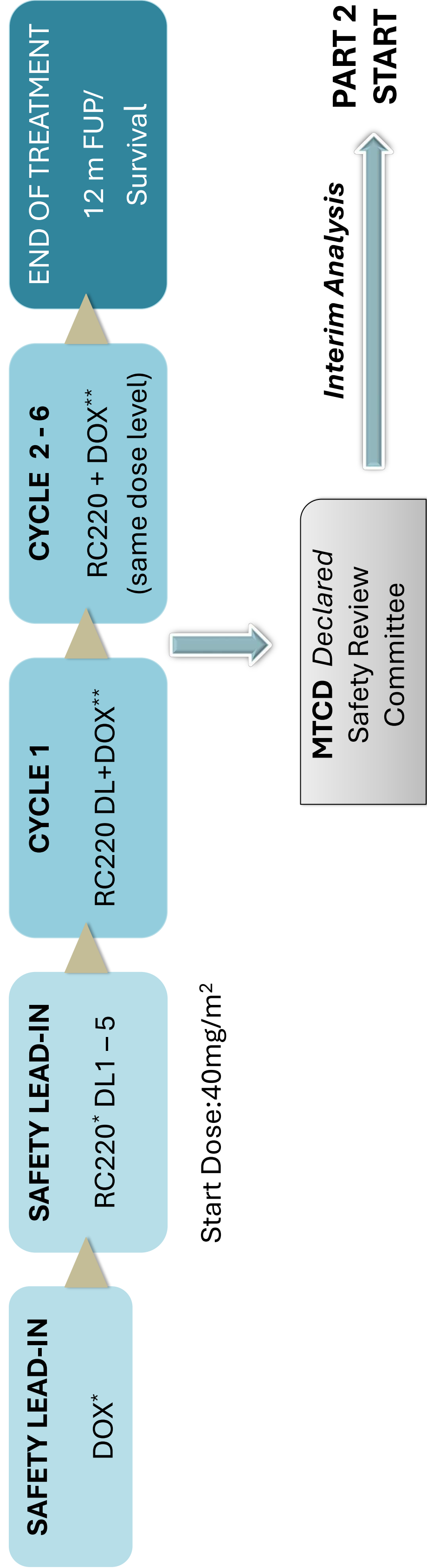
- **All patients:** Age 18–80 years (≥19 Korea); ECOG PS 0–1; life expectancy ≥3 months; measurable/evaluable disease; adequate organ function; informed consent and protocol compliance.
- **Part 1:** Locally advanced/unresectable or metastatic solid tumour; prior treatment failure; anthracycline indicated.
- **Part 2:** Solid tumour, any stage; anthracycline-naïve; doxorubicin indicated.

EXCLUSION CRITERIA:

- **All patients:** Recent anticancer therapy or unresolved >Grade 2 AEs; CNS malignancy/symptomatic CNS disease; immunosuppressive/myelosuppressive therapy; bleeding/thrombotic disorders; recent CYP3A4/2D6 or P-gp modulators; significant cardiac disease/arrhythmias.
- **Part 1:** ≥20% sustained drop in serum albumin at screening; severe/uncontrolled cardiac disease or recent MI; prior anthracycline exceeding max lifetime dose.
- **Part 2:** Severe/uncontrolled cardiac disease precluding doxorubicin therapy.

PART 1 SCHEMATIC: Dose Escalation – Safety & Determine the MTCD

Advanced/metastatic patients with potential benefit from doxorubicin treatment



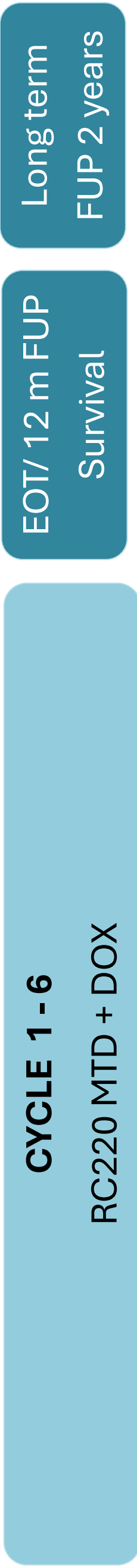
* RC220 IV on Day 1 of each 21-day cycle

** RC220 IV followed by doxorubicin IV on Day 1 of each 21-day cycle

Abbreviations: CTRCD, cancer therapy-related cardiac dysfunction; DOX, doxorubicin; DL, dose level; FUP, follow up; LVF, left ventricular ejection fraction; MTCD, maximum tolerated combined dose; PDx, pharmacodynamic; GLS, global longitudinal strain, cMRI, cardiac MRI; ESC, End of study; LTS, Long-term Safety; D, dose

PART 2 SCHEMATIC: Dose Expansion - Safety & Preliminary efficacy at the MTCD

Solid tumour patients ANT naïve that may benefit from doxorubicin treatment



Study Status

- The trial is enrolling at sites in Australia, Hong Kong and South Korea.
- Cohort 1 Dose Level 1 (RC220 40 mg/m²) safety cleared by SRC escalated based on BOIN rule
- Cohort 2 Dose Level 2 (RC220 80 mg/m²) is enrolling
- Safety Review Committee oversight continues

RESULTS

Patient Demographics & Safety*

	Cohort	Age	Sex	Disease Type	Prior Therapy	Treatment	Acute AE	Status
Patient 1	1	87	M	Metastatic Prostate	7 Lines systemic/ 3x radiotherapy	Monotherapy: well tolerated Combination: Cycle 1 well tolerated	No	Withdrawn after Cycle 1 due to frailty.
Patient 2	1	74	M	Metastatic Prostate	7 Lines systemic	Monotherapy: well tolerated Combination: Completed 5 cycles	No	EOT due to PD. Ongoing in study follow up
Patient 3	2	42	F	Metastatic breast (ER+/PR+/HER2-)	5 Lines systemic	Monotherapy: well tolerated Combination: Completed 2 cycles	No	EOT due to PD. Ongoing in study follow up

*Data cut-off date 30/05/2026

SAFETY SUMMARY

Cohort 1 (RC220 40 mg/m²)

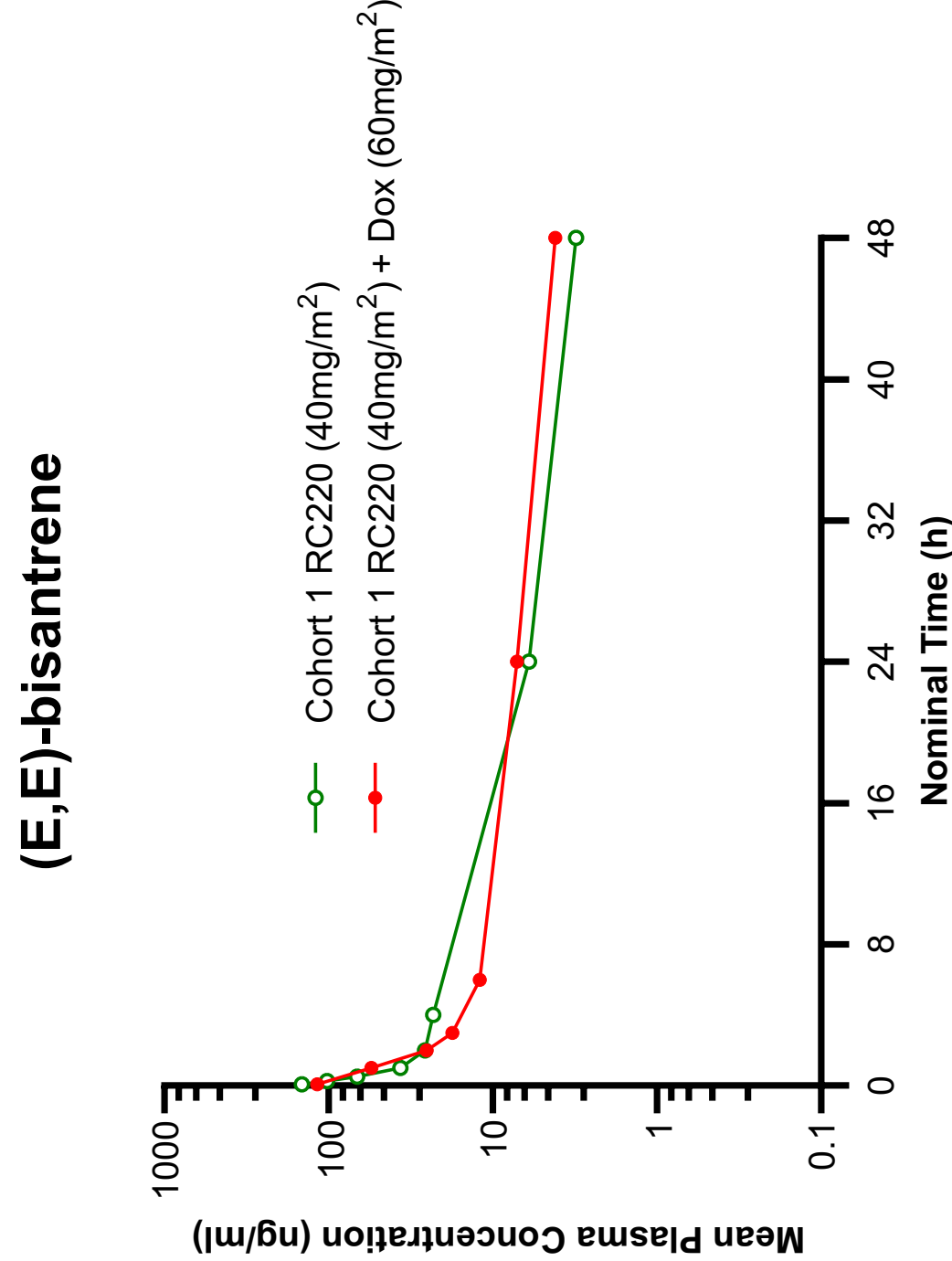
- Treatment-related TEAEs were clinically manageable; diarrhoea most frequently reported; Most events resolved or resolving at data cut-off
- Grade 3 TEAEs: diarrhoea, fatigue, hypotension, decreased platelet count, neutropenia; no Grade 4 or 5 TEAEs were reported.
- One Grade 3 diarrhoea SAE was reported as a SUSAR during combination treatment, considered possibly related to RC220 and doxorubicin in the presence of potential confounding factors; the event resolved with medical management.

Safety Review Committee (SRC) Assessment

- No DLTs were observed during the protocol-defined first-cycle DLT evaluation period at CP2 40 mg/m² + doxorubicin 60 mg/m²
- The SRC supported escalation to Dose Level 2 (RC220 80 mg/m²)

Pharmacokinetics

(E,E)-bisantrene PK following i.v. administration in the Lead Cycle (RC220 only) and Cycle 1 (RC220 + Dox)



CONCLUSION

- Part 1 dose escalation is ongoing using a BOIN design; Cohort 1 has completed the DLT evaluation period with no DLTs observed and no unexpected safety signals identified to date.
- Early (E,E)-bisantrene displayed a biphasic PK profile consistent with previous observations, with no apparent influence of doxorubicin on (E,E)-bisantrene PK; dose escalation is ongoing toward the MTCD.
- Safety Review Committee concluded that the available safety and tolerability data supported escalation to Dose Level 2 – RC220 80mg/m².
- Part 2 will expand at the MTCD in anthracycline-naïve patients to evaluate cardioprotection using complementary functional, imaging and biomarker measures (VO₂ peak, GLS/cMRI, LVEF/CTRCD and PDx surrogate), and continue to evaluate antitumour activity.

About Racura Oncology

Racura Oncology (ASX: RAC) is a Phase 3 clinical-stage biopharmaceutical company with a mission to silence cancer.

Racura's lead asset, (E,E)-bisantrene, is a clinically derisked small-molecule anticancer agent that primarily acts by stabilising G4-DNA and RNA structures, driving potent silencing of c-MYC, a key cancer gene dysregulated in up to 70% of all cancers. (E,E)-bisantrene has shown therapeutic activity in cancer patients and has a well-characterised safety profile. Racura's discoveries have supported composition-of-matter IP filings that, if granted, could provide up to 20 years of patent protection for (E,E)-bisantrene.

Racura is advancing RC220, its proprietary formulation of (E,E)-bisantrene, to address significant unmet need across multiple MYC-driven oncology indications. The Company's clinical programs include the EMILI Phase 3 trial in acute myeloid leukaemia, the HARNESS Phase 1a/b trial in combination with osimertinib for EGFR-mutated non-small cell lung cancer, and the CPACS Phase 1a/b trial in combination with doxorubicin, where Racura aims to deliver both anthracycline cardioprotection and enhanced anticancer activity.

Racura has collaborated with Astex, Emory University, Purdue University, MD Anderson Cancer Center, Sheba Medical Center, University of North Carolina School of Medicine, University of Wollongong, and the University of Newcastle. Racura is actively exploring partnerships, licence agreements, and potential commercial merger and acquisition opportunities to accelerate global patient access to RC220. Learn more at www.racuraoncology.com.

For questions about this announcement or previous Racura Oncology announcements, please visit our [Interactive Announcements](#) page.

Racura encourages our investors to go paperless by registering their email details with the Company's share registry, Automic Registry Services, at www.automicgroup.com.au.

Release authorised by

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