

ASX Announcement

HARNESS-1 Cleared to Escalate RC220 to 100 mg/m²

- **HARNESS-1 Safety Review Committee has reviewed all safety data from Cohort 1 patients and recommended the planned dose escalation proceed**
- **Neither Cohort 1 patient experienced dose-limiting toxicity or other treatment-related safety concerns during the observation period**
- **Pre-screening is now underway to enrol the single Cohort 2 patient, who will receive RC220 at 100 mg/m²**

12 October 2026

Racura Oncology Limited (“Racura” or the “Company”) is pleased to announce that the Safety Review Committee (SRC) has cleared RC220 to move to the next planned dose level of 100 mg/m² in the Phase 1 HARNESS-1 trial (RAC-020), evaluating the safety and tolerability of RC220 in combination with osimertinib in patients with Epidermal Growth Factor Receptor-mutant Non-Small Cell Lung Cancer (EGFRm NSCLC). The SRC reviewed all safety data from both Cohort 1 patients, who had received RC220 at 50 mg/m² with osimertinib at 80 mg daily. No dose-limiting toxicities or treatment-related safety concerns were identified in either patient during the safety observation period.

The second patient in Cohort 1 has received three doses of RC220 21 days apart without any dose-limiting toxicities or treatment-related safety concerns occurring, further reinforcing the safety profile of RC220 in this indication at this dose level.

SRC clearance allows Racura to continue evaluating RC220 in combination with osimertinib in EGFRm NSCLC. Pre-screening is now underway to recruit the single patient in Cohort 2, who will be dosed with 100 mg/m² of RC220.

Racura Oncology CEO and Managing Director, Dr Daniel Tillett, commented: *“We are pleased with the SRC’s clearance, which allows RC220 to progress to the next dose level in the HARNESS-1 trial. This is an important early milestone for the trial and reflects the disciplined execution of our clinical development plan. The Cohort 1 safety review identified no dose-limiting toxicities or treatment-related safety concerns in either patient during the safety observation period. We thank the patients and their families for supporting this study and acknowledge Principal Investigator A/Prof Surein Arulananda and the Monash Health team for their ongoing contribution.”*

Q&A

What does this SRC clearance mean for the HARNESS-1 trial?

This clearance means the trial can move from Cohort 1 to Cohort 2. In simple terms, Racura has completed this important safety review step and can now test the next planned dose of RC220. Cohort 2 will now evaluate the combination of RC220 at 100 mg/m² with osimertinib at 80 mg daily.

How does the dose-escalation process work in HARNESS-1?

HARNESS-1 increases the RC220 dose in planned steps. At each step, a patient is treated at a set dose, is monitored for safety, and the safety results are reviewed before moving to the next dose. This step-by-step approach helps the trial build safety information while limiting each patient's exposure to higher doses of RC220 before the safety data have been reviewed.

Who decides whether HARNESS-1 can move to the next dose level?

The decision is guided by the trial protocol and the Safety Review Committee. The protocol sets out the safety rules for the study, and the SRC reviews all the available safety information. The SRC does not decide whether the medicine is commercially valuable or effective; its role is to determine whether the safety data support moving to the next planned dose level.

What is an SRC and why is it important in a Phase 1 trial?

An SRC is a group of clinicians and trial experts that reviews patient safety data. This safety oversight is important in Phase 1 dose-escalation studies because the main goal is to understand safety and tolerability as the dose increases. It helps ensure that each dose step is reviewed before the trial moves forward.^{1,2,3}

What safety data are reviewed by the SRC before allowing dose escalation?

The SRC reviews all the available safety information collected from treated patients. This can include side effects, laboratory test results, clinical observations, dose-limiting toxicities, treatment exposure and any other safety information required by the protocol. The purpose of this review is to check whether the trial can safely continue to the next planned dose level.

What could prevent or delay dose escalation in HARNESS-1?

Dose escalation may be paused, or the dose reduced, if a dose-limiting toxicity or other safety concern is observed. It may also be delayed if Racura needs to provide more safety information, more follow-up time, or more time to recruit and screen a suitable patient. A delay does not automatically mean there is a safety problem. It may simply mean that the next step cannot occur until the required checks and trial processes are complete.

Why were two patients recruited to Cohort 1 of the HARNESS-1 trial?

Cohort 1 had two patients because the SRC requested an additional patient be dosed at 50 mg/m² after the first patient experienced Grade 2 colitis outside the safety observation period. While the cause of this colitis could not be determined, a role for RC220 could not be excluded by the SRC. Importantly, the second patient experienced no colitis symptoms after any of the three RC220 doses they received.

How is the accelerated titration stage different from the Bayesian Optimal Interval (BOIN) stage of HARNESS-1?

HARNESS-1 is based on an accelerated titration design. This design uses single-patient cohorts for the first three dose levels of 50, 100 and 150 mg/m². The aim is to check safety while limiting the number of patients exposed to low dose levels that may be below the expected active range.⁴

This design helps the trial move through lower dose levels more efficiently without compromising patient safety. Once the accelerated titration stage is complete, the trial transitions to a BOIN design, where, at each dose level, at least three patients are included, providing additional safety data.

Does dose-escalation clearance mean RC220 is working?

No. Dose-escalation clearance only means the safety data support moving to the next planned dose under the trial protocol. It does not prove that RC220 works against EGFRm NSCLC in combination with osimertinib. To understand whether RC220 has useful clinical activity, Racura will need more patients, more follow-up and further analysis.

Does the absence of dose-limiting toxicities mean RC220 has been proven safe and effective?

No. While the absence of dose-limiting toxicities in Cohort 1 is an encouraging early safety result, it is based on just two patients at the lowest dose level of RC220. Racura still needs to evaluate more patients and more dose levels before drawing broader safety conclusions.

Does this announcement include RC220 efficacy data?

No. This announcement is only about the safety review and dose-escalation process. It does not include any data showing whether RC220 has clinical activity against EGFRm NSCLC when used in combination with osimertinib. Any assessment of clinical activity will require more patients, more time on study, longer follow-up and further analysis.

What happens next in the HARNESS-1 trial?

Screening for a patient to enter Cohort 2. If an identified patient meets the trial requirements and is enrolled, the patient is expected to receive RC220 at 100 mg/m² with osimertinib at 80 mg daily. After dosing, the patient will be monitored for the required period before the SRC reviews the safety data.

When should investors expect the next update on HARNESS-1 progress?

Racura will update the market as required under its ASX continuous disclosure obligations. Future updates may include material progress on enrolment, dosing, safety review, dose escalation, early signals of efficacy, or other important trial developments. The timing of updates will depend on the trial reaching those points and the data collected.

Why can trial timelines vary so much in Phase 1 oncology studies?

Phase 1 oncology trial timing depends on events occurring, but not on fixed dates. Screening, enrolment, dosing, safety follow-up and SRC review all need to occur before the trial can move to the next step. This means timelines can shift if recruitment, safety checks or review meetings take longer than expected.

How long does each dose level take to complete in the HARNESS-1 trial?

Each dose level takes as long as needed to complete screening, enrolment, dosing, safety observation period (21 days after dosing in the case of HARNESS-1) and SRC review. In the accelerated titration stage, each of the first three dose levels is expected to involve one patient, subject to the protocol and safety outcomes. The exact timing may vary from cohort to cohort depending on enrolment progress, site capacity, and SRC meeting scheduling.

When could HARNESS-1 move beyond the accelerated titration stage?

HARNESS-1 is expected to move beyond accelerated titration after the 150 mg/m² single-patient cohort is completed and reviewed. This remains subject to the trial protocol and safety outcomes. If the data support progression, the study is expected to then move into the BOIN stage at 200 mg/m², where each cohort includes more patients.

Which patients may be eligible to participate in HARNESS-1?

HARNESS-1 is designed for adults with EGFRm NSCLC who meet the trial's medical, genetic and safety requirements. In practice, this means a patient must have the right cancer type and mutation profile, be well enough to take part, and meet the safety rules in the protocol.

Why are eligibility criteria important in a Phase 1 oncology trial?

Eligibility criteria protect patient safety and help ensure the trial studies the intended patient group. They also make the trial results easier to interpret because patients are selected using the same core rules. In Phase 1 studies, eligibility criteria are especially important because safety is the primary focus.

What types of factors could exclude a patient from HARNESS-1?

A patient may be excluded if they do not have the required cancer type or EGFR mutation, if their organ function is not suitable, if they have certain uncontrolled medical conditions, or if there are safety concerns with study treatment. The full list of inclusion and exclusion criteria is set out in the trial protocol.

Can investors or potential patients access the full eligibility criteria for the HARNESS-1 trial?

Summary eligibility and recruiting site information is available through the Australian New Zealand Clinical Trials Registry (www.anzctr.org.au, study code: ACTRN12626000325303). Patients should discuss suitability with their treating oncologist or the trial site. Final eligibility is determined by the investigator and site team under the approved protocol.

HARNESS-1 Trial Information

The clinical details of the HARNESS-1 trial, including open and recruiting sites, are available from the Australian New Zealand Clinical Trials Registry (ANZCTR) www.anzctr.org.au, under the trial code ACTRN12626000325303.

Enquiries about HARNESS-1 can be directed by email to Racura Oncology at trials@racuraoncology.com.

References

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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-1 Phase 1 trial in combination with osimertinib for EGFRm NSCLC, and the CPACS-1 Phase 1 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.

If you have any questions on this announcement, or any past Racura Oncology announcements, please visit the Company's [Interactive Announcements](#) page.

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

Release authorised by

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