ITM Announces Positive Topline Results of Phase 3 COMPETE Trial with ITM-11, a Targeted Radiopharmaceutical Therapy, in Patients with Grade 1 or Grade 2 Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs)

- Phase 3 clinical trial with ITM-11 met its primary endpoint, demonstrating clinically relevant and statistically significant benefit in Progression-Free Survival (PFS) compared to everolimus
- ITM plans to submit the COMPETE data for presentation at a future medical conference, with potential US regulatory submission anticipated in 2025
- ITM continues to advance a broad clinical pipeline, with multiple assets being investigated across seven different tumor types, including glioblastoma and clear cell renal cell carcinoma

Garching / Munich, January 28, 2025 – ITM Isotope Technologies Munich SE (ITM), a leading radiopharmaceutical biotech company, today announced positive topline results from its Phase 3 COMPETE trial in patients with inoperable, progressive Grade 1 or Grade 2 gastroenteropancreatic neuroendocrine tumors (GEP-NETs). The data showed that ITM-11 (n.c.a. ^{177}Lu-edotreotide), a proprietary, synthetic, targeted radiotherapeutic agent, met the primary endpoint of prolonging progression-free survival (PFS) when compared to everolimus, a targeted molecular therapy. ITM-11 was well-tolerated with favorable safety results observed.

COMPETE is a prospective, randomized, controlled, open-label Phase 3 trial evaluating the efficacy and safety of ITM-11 compared to everolimus, a standard of care treatment. ITM-11 is comprised of non-carrier-added (n.c.a.) lutetium-177, a therapeutic β-emitting radioisotope, and edotreotide, a somatostatin receptor (SSTR) agonist. The trial enrolled 309 patients with Grade 1 or Grade 2 inoperable, progressive, somatostatin receptor-positive neuroendocrine tumors of gastroenteric or pancreatic origin (Ki-67 ≤20%). Patients were randomized 2:1 to receive 7.5 GBq of ITM-11 with a nephroprotective amino acid solution every three months for a maximum of four cycles, or everolimus 10 mg daily for up to 30 months, or until disease progression. The COMPETE trial was conducted at multiple sites throughout the world.

"With COMPETE, this marks the first time that a targeted radiopharmaceutical therapy has demonstrated improved progression-free survival compared to a targeted molecular therapy, everolimus, in patients with Grade 1 and Grade 2 gastroenteropancreatic neuroendocrine tumors in a Phase 3 clinical trial. The patients included represent a real-life scenario, and the COMPETE study evaluates the important question of which therapy might be used first to provide greater benefit to patients," **said Jaume Capdevila, MD, PhD, study investigator and senior medical oncologist at Vall d'Hebron University Hospital, Barcelona**. *"As a clinician, I am highly encouraged by these data and look forward to seeing further results."*

"We want to thank the patients, families and caregivers, and investigators for their commitment to and trust in this trial. People with GEP-NETs, whose journey from diagnosis to proper treatment can take

years, remain in significant need of more robust, data-driven treatment options to maximize outcomes. The successful COMPETE data support ITM-11's potential and we believe mark an important milestone for patients and for ITM," **said Dr. Andrew Cavey, CEO of ITM***. "Our organization now has demonstrated both early and late-stage clinical development capabilities that complement our leadership in global isotope manufacturing."*

Secondary endpoints in the COMPETE trial include objective response rate, overall survival, and quality of life assessments. Additionally, dosimetry was used to assess the absorbed ITM-11 dose in tumors compared to that in healthy tissue to enhance monitoring of the patient's safety and efficacy. These dosimetry data and secondary endpoints, along with subgroup analyses, are currently being evaluated.

The company plans to submit the results for presentation at a future medical meeting and anticipates discussing a potential New Drug Application (NDA) submission with the FDA in 2025.

In addition to the COMPETE trial, ITM-11 is being evaluated in a Phase 3 trial (COMPOSE) in patients with well-differentiated, aggressive Grade 2 or Grade 3, SSTR-positive GEP-NET tumors. The COMPOSE trial is a prospective randomized, controlled, open-label trial evaluating the efficacy, safety and patient-reported outcomes of ITM-11 as first or second line treatment compared to physician's choice standard of care chemotherapy. Additional clinical programs with ITM-11 include a Phase 1 pediatric trial in SSTR-positive tumors (KinLET) and a Phase 3 investigator-sponsored trial in lung and thymus neuroendocrine tumors (LEVEL).

About GEP-NETS

Neuroendocrine tumors (NETs) are a rare form of cancer, with an estimated 8 new cases per 100,000 individuals diagnosed each year in the U.S. and 9 cases per 100,000 in Europe. The incidence of NETs has steadily increased over recent decades, resulting, in part, from improved diagnosis. Gastroenteropancreatic neuroendocrine tumors (GEP-NETS) originate in the neuroendocrine system, and are made up of nerve cells and hormone-producing cells. They can occur anywhere in the GI tract and pancreas, including the stomach, small intestine, colon, rectum, and appendix. There is still a high unmet medical need for treatment options, as many patients are asymptomatic and diagnosed at a late stage with metastatic disease.

About ITM-11 (n.c.a. ^{177}Lu-edotreotide)

ITM-11 is a radiolabeled peptide conjugate that delivers beta radiation specifically to SSTR-positive tumor cells, sparing healthy organs and tissue. ITM-11, delivered intravenously, is comprised of non-carrier-added lutetium-177, a therapeutic β-emitting radioisotope, and edotreotide, a synthetic SSTR agonist. ITM-11 was granted orphan drug designation in the EU and the US, and fast track designation in the US for the treatment of GEP-NETs, based on positive results from a retrospective Phase 2 study[1] with ^{177}Lu-edotreotide.

About ITM Isotope Technologies Munich SE

ITM, a leading radiopharmaceutical biotech company, is dedicated to providing a new generation of radiopharmaceutical therapeutics and diagnostics for hard-to-treat tumors. We aim to meet the needs of cancer patients, clinicians and our partners through excellence in development, production and global supply. With improved patient benefit as the driving principle for all we do, ITM advances a broad precision oncology pipeline, including multiple Phase 3 studies, combining the company's high-quality radioisotopes with a range of targeting molecules. By leveraging our two decades of pioneering

radiopharma expertise, central industry position and established global network, ITM strives to provide patients with more effective targeted treatment to improve clinical outcome and quality of life. www.itm-radiopharma.com

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1. Baum RP, Kluge AW, Kulkarni H, et al. [(177)Lu-DOTA](0)-D-Phe(1)-Tyr(3)-Octreotide ((177)Lu-DOTATOC) For Peptide Receptor Radiotherapy in Patients with Advanced Neuroendocrine Tumours: A Phase-II Study. Theranostics. 2016;6(4):501-510.