mAbs Therapeutics, Inc.

Oncology Leadership in Pretargeted Radioimmunotherapy Platform and Antibody-based Therapies

July 2025

Disclaimer

Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the US Private Securities Litigation Reform Act of 1995. The forward-looking statements involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans and objectives of management and expected market growth are forward-looking statements. The words “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “might,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “would,” “goal,” “objective,” “guidance,” “aim,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Such statements include, but are not limited to, statements about pre-clinical and clinical data, regulatory matters, clinical trial timing and plans, the achievement of clinical and commercial milestones, the potential benefits of the Company’s programs and product candidates, and other statements that are not historical facts. Our product candidates and related technologies are novel approaches to cancer treatment that present significant challenges. Actual results may differ materially from those indicated by such forward-looking statements as a result of various factors, including but not limited to: risks associated with our financial condition and need for additional capital; the risk that actual results of the Company’s business unit realignment will not be as expected; risks associated with the Company's development work, including any delays or changes to the timing, cost and success of our product development activities and clinical trials including if we encounter difficulties enrolling patients in our clinical trials; the risks of delays in FDA and/or EU approval of our drug candidates or failure to receive approval; the risks related to commercializing any approved new pharmaceutical product including the rate and degree of market acceptance of our product candidates; development of our sales and marketing capabilities and risks associated with failure to obtain sufficient reimbursement for our products; risks related to our dependence on third parties including for conduct of clinical testing and product manufacture; our ability to enter into collaboration or other arrangements with partners; risks associated with protection of our intellectual property rights; risks associated with macroeconomic conditions, including the conflict between Russia and Ukraine and Israel and Hamas and sanctions related thereto, international trade policies, including tariffs and trade restrictions, inflation, increased interest rates, uncertain global credit and capital markets and disruptions in banking systems; and other risks and uncertainties affecting the Company including those described in the "Risk Factors" section included in our Annual Report on Form 10-K for the fiscal year ended December 31, 2024 and our Quarterly Report on Form 10-Q for the quarter ended March 31, 2025, in addition to other reports the Company files from time to time with the Securities and Exchange Commission. Any forward-looking statements contained in this presentation speak only as of the date hereof, and the Company undertakes no obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.

At Y-mAbs, our mission is to deliver innovative therapeutic solutions for life's most threatening diseases, helping to improve and extend people's lives

Y-mAbs Therapeutics, Inc.

Y-mAbs is a Commercial Biopharmaceutical Company with Two Distinct Business Units: DANYELZA and Radiopharmaceuticals

DANYELZA

RADIOPHARMACEUTICALS

Growing Base Business with Potential High Value RIT Platform

Next-Generation Novel Platforms

Self-Assembly DisAssembly Pretargeted Radioimmunotherapy ("SADA PRIT") Platform

Monoclonal Antibodies

Established Commercial Capabilities

DANYELZA (naxitamab-gqgk), Anti-GD2 Therapy Approved for R/R High-Risk Neuroblastoma

U.S. Commercial Footprint; Ex-U.S. through partnerships, NPPs

Radiopharmaceutical Leadership

Deep bench of industry leadership and expertise in developing and commercializing radiopharmaceutical oncology therapeutics

Broad Pipeline Potential & Near-Term Inflection Points

SADA PRIT's proven mechanism of pre-targeted approach carries therapeutic potential beyond oncology

Multiple value-creating milestones anticipated

SADA PRIT Platform

Novel Self-Assembly DisAssembly Pre-targeted Radioimmunotherapy Technology Platform

mAbs Therapeutics, Inc.

We are Positioned to Potentially Disrupt the Existing Approach to Radiopharmaceuticals by Addressing Key Obstacles that Limit Commercial Utilization

Leverage Existing Infrastructure

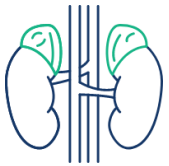
- Assembly occurs in vivo
- Reduced COGS and overhead

Enhance Physician Participation

- Allows for surround sound participation from Oncologist and RadOnc/NM

Patient-Centric Targeting

- Modular design enables isotope flexibility
- Dosing scalability

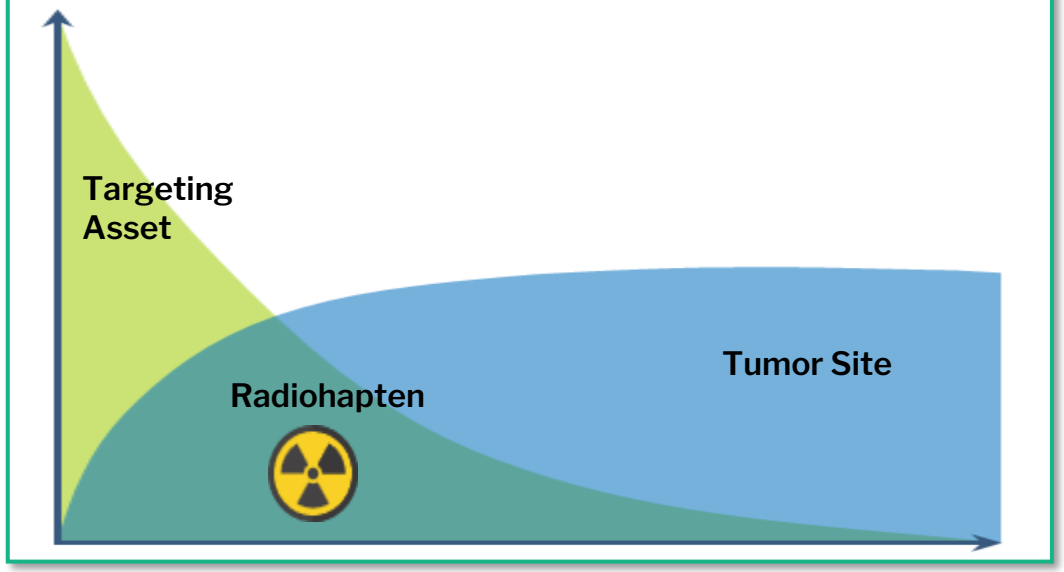


Improved Patient Safety

- Potential for optimal therapeutic dose with minimal toxicity

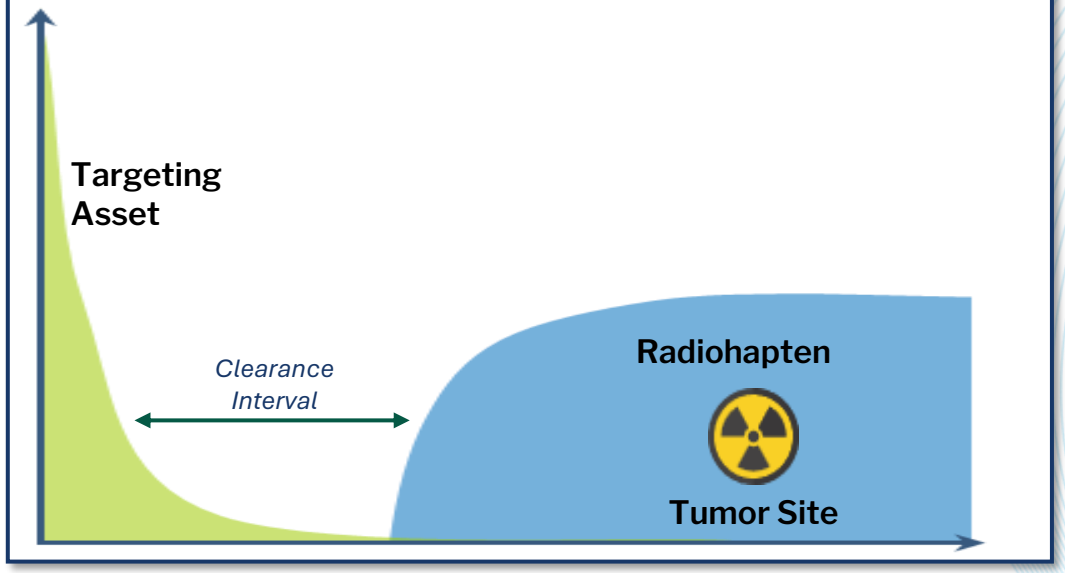
Radiopharmaceuticals Have an Opportunity to Reduce Off-Target Exposure Using Pre-targeted Technology

Conventional Radiotherapy



Traditional radiotherapy links the tumoricidal isotope directly to the protein targeting asset

Pre-targeting Radiotherapy



Pre-targeting decouples protein targeting of the tumor from the radioactive payload by adding a clearance interval

Circulating Protein Radioactivity

GD2-SADA Trial 1001 Ongoing Phase 1 Clinical Trial

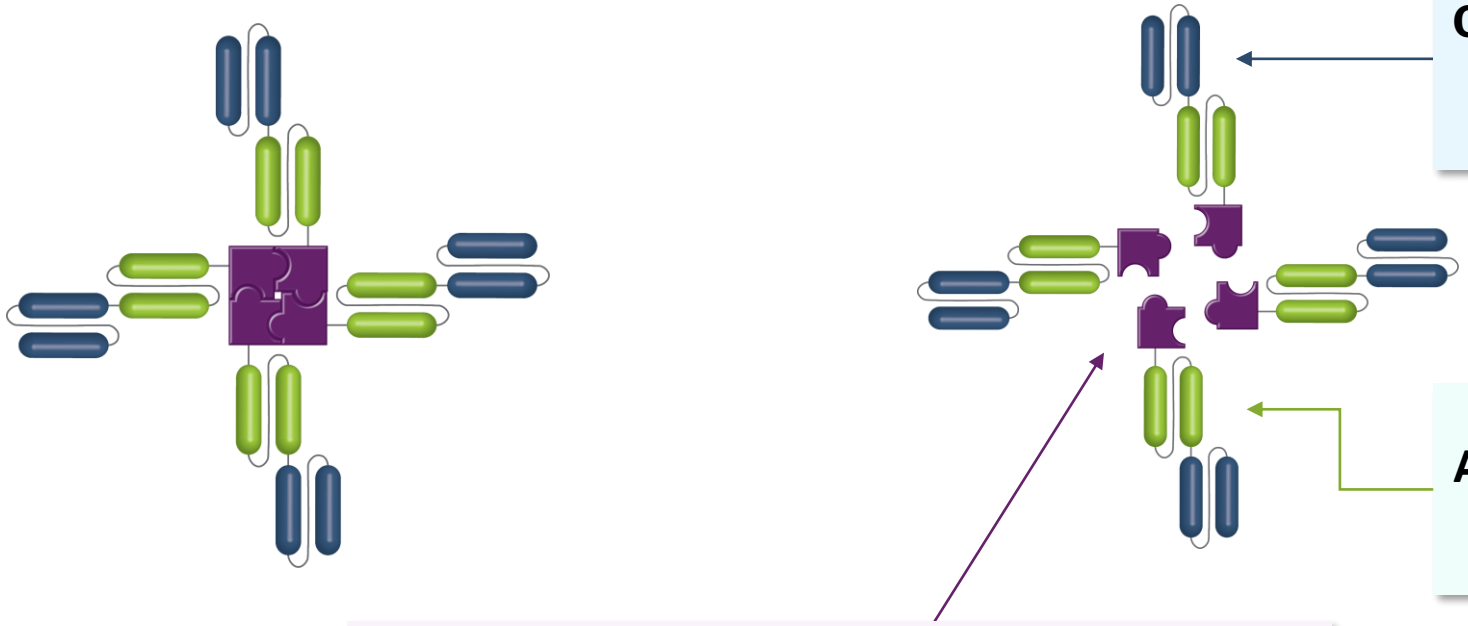
Trial 1001 Utilizes a Novel Self-Assembling and Disassembling (SADA) Protein Targeting GD2, which Binds to the Tumor *in Vivo*

Self-Assembled Tetramer (~200 kDa)

Strong Tumor Binding

Dis-Assembled Monomer (<70 kDa)

Rapid Clearance



GD2 Tumor-Targeting Domain

- Directly targets the tumor antigen of choice (e.g., GD2)

Anti-DOTA Binding Domain

- Binds ^{177}LuDOTA in second infusion

P53 Tetramer-Forming Domain

- A human p53-derived domain mediates the self-assembly and disassembly of 240-kDa tetramers[1,2]

DOTA, dodecane tetraacetic acid, tetraxetan; Ln, Lanthanide metal; SADA, self-assembly and disassembly

1. Santich BH et al. *Clin Cancer Res* 2021;27:532-541. 2. Santich BH et al. *Cancer Res* 2022;82(12 suppl):3309. 3. Mora J, et al *Nature Communications* 2025

GD2-SADA Phase 1 Trial 1001, Part A: Study Objectives and Design

Objectives

- **Primary**: Establish safety of GD2-SADA
- **Secondary**: Evaluate dosimetry, PK, and immunogenicity profiles of GD2-SADA-^{177}Lu-DOTA

Trial 1001 Details

Part A

Eligible Indications

- HR-NB (≥16 y.o.)
- SCLC (aged ≥18 y.o.)
- Sarcoma (aged ≥16 y.o.)
- Melanoma (aged ≥18 y.o.)

Key Eligibility Criteria

- Recurrent or refractory metastatic solid tumors
- Measurable/evaluable disease
- ECOG 0 or 1
- Adequate liver, renal, and hematological function and no serious intercurrent illness
- No prior systemic treatment within 3 wks of 1st dose

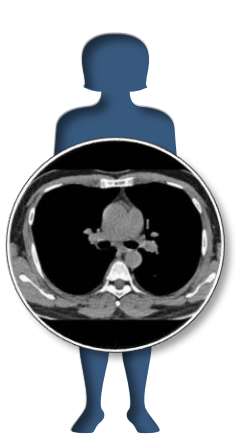
Cohort Design *(7 clinical trial sites)*

	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6
GD2-SADA	0.3 mg/kg	0.3 mg/kg	1 mg/kg	3 mg/kg	1 mg/kg	1 mg/kg
Interval (days)	5	2	5	5	4	3

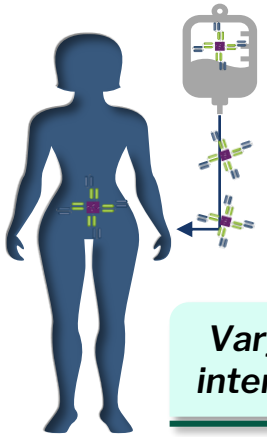
Part A Treatment Regimen Was Based on Tumors Selected by CT and Included an Imaging Stage Followed by a Treatment Stage

Imaging Stage: Tumor Uptake, PK, Dosimetry Assessment

Therapeutic Stage: 100 or 200 mCi ^{177}Lu-DOTA

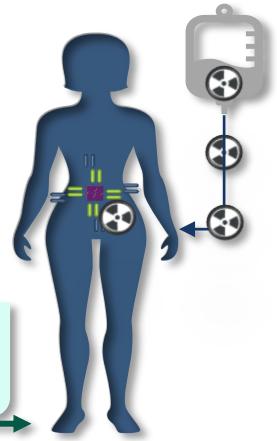


Pre-Imaging
Lesion selection via CT scan (up to 5 selected)

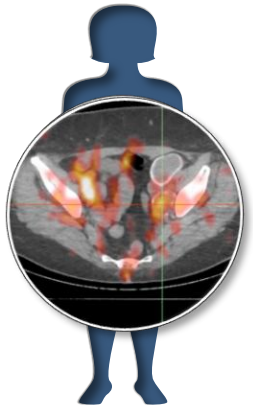


Day 1
GD2-SADA Protein 0.3, 1.0, or 3.0 mg/kg

Varying clearance interval of 2-5 days

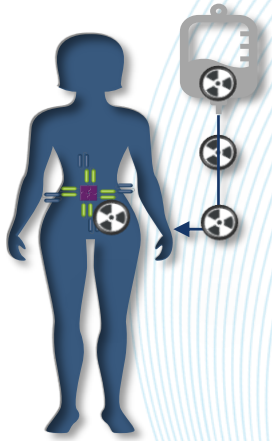


Day 3+
^{177}Lu-DOTA 30 mCi



Nuclear Imaging
Determination of tumor uptake (in 5 prev. selected)

Positive tumor uptake



Day 15+
GD2-SADA (same concentration) and ^{177}Lu-DOTA (100 or 200 mCi) with same clearance interval

Blood was collected at serial timepoints to assess GD2-SADA and ^{177}Lu-DOTA PK and GD2-SADA immunogenicity

Patients Were Heavily Pretreated and Similarly Distributed Across Cohorts

23 patients
(safety set)

Patient Snapshot:
- Female: 11 (47.8%)
- Male: 12 (52.2%)
- Age (yrs): 47.7 (16–76)
- Weight (kg): 81.5 (46.1–128
- BMI: 28.1 (19.6–38.9)
- ECOG: 0 (43.5%) 1 (56.5%)

Prior Treatments:
- Radiotherapy: 78.3%
- Surgery: 95.7%
- Chemo: 78.3%
- ImmunoTx: 52.2%

Prior Treatment Lines:
- 3.7 (range: 1–9)

Tumor Lesion Size:
- Avg. diameter per lesion: 30.8 mm (range: 10–126)

Metastatic Sites:
- Liver
- Bone
- Lung
- Brain

# of Tumor Lesions:
- Target lesions: Avg. 3.1 (range: 1–5)

N: Number of patients, BMI: Body mass index, ECOG: Eastern Cooperative Oncology Group Performance Status Scale, SCLC: Small-Cell Lung Cancer
Non-Target lesions defined per RESIST Protocol
Program: t_demog.sas - output: t_demog.rtf - executed: 24APR2025 – data cutoff 22APR2025

Per Protocol, Tumor Uptake Was Restricted to Site Selected Target Lesions Identified via CT; Expanded Evaluation Included All Tumors

Per Protocol Evaluation

- ✓ Assessment of **up to 5 target lesions determined by CT** within 21 days prior to first GD2-SADA dose (measurable per RECIST 1.1)
- ✓ **Tumor uptake assessment conducted locally** 24 hours post ^{177}Lu-DOTA based on qualitative impression of contrast-to-noise ratio >3
- ✓ **Only target lesions deemed positive for uptake by the site were evaluated** for dosimetry

OLINDA/EXM® (dose-factor based, v1 FDA clearance 2004)

Expanded Evaluation

- ✓ Identify **all tumors (target and non-target),** leveraging data from **SPECT/CT**
- ✓ Conduct **organ dosimetry** and **tumor dosimetry on all tumors**

Torch® advanced dosimetry-guided radiopharmaceutical therapy assessment software (GPU-accelerated, Full Monte Carlo dose analysis, FDA 510(k) cleared 2021)

Next generation imaging provides more insight on heterogenous tumors

OLINDA/EXM 2.2 (Organ Level INternal Dose Assessment/EXponential Modeling), Hermes Medical Solutions

Per Protocol Evaluation: 9 of 22 Patients Were Identified as Having Tumor Uptake

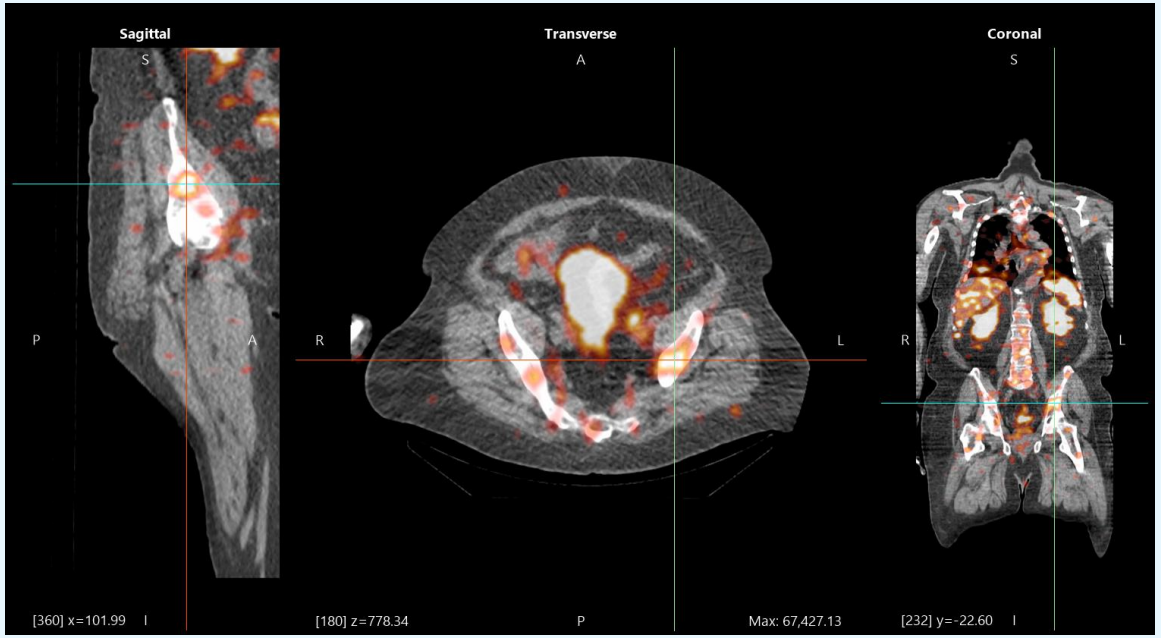
Analysis completed with OLINDA/EXM 2.2 Software

	Patient 003	Patient 005	Patient 008	Patient 009	Patient 011	Patient 016	Patient 018	Patient 019	Patient 021
Cohort	2	3	3	3	4	5	6	6	6
GD2-SADA protein dose (mg/kg)	0.3	1.0	1.0	1.0	3.0	1.0	1.0	1.0	1.0
Clearance Interval (days)	2	5	5	5	5	4	3	3	3
Diagnosis	Osteosarcoma	Osteosarcoma	Synovial Sarcoma	Uveal Melanoma	Leyomyo-sarcoma	Uveal Melanoma	Melanoma	Uveal Melanoma	Melanoma
Tumor (Gy) SPECT/CT	0.27-0.39	0.03-0.05	0.10	0.07	0.07-0.12	0.19	Pending Analysis	0.32	NA*
Kidney (Gy)	0.70	0.23	0.32	0.14	2.33	0.30	0.38	1.83	0.81
Spleen	0.28	0.01	0.25	0.12	0.08	0.24	0.30	0.68	0.20
Red Marrow (Gy)	0.04	0.01	0.03	0.01	0.02	0.03	0.01	0.07	0.02

Note: All data based on 30mCi ^{177}LuDOTA diagnostic dose; Gy represents absorbed dose
Patient 21 (NA): Patient had tumor uptake, but lesions too close to heart for dosimetry analysis
Patient 18 (pending analysis): data evaluation on hold, pending receipt of target lesion documentation

Protocol Artificially Restrained Tumor Selection and Resulted in Additional Tumors with Dose Uptake Excluded from Evaluation

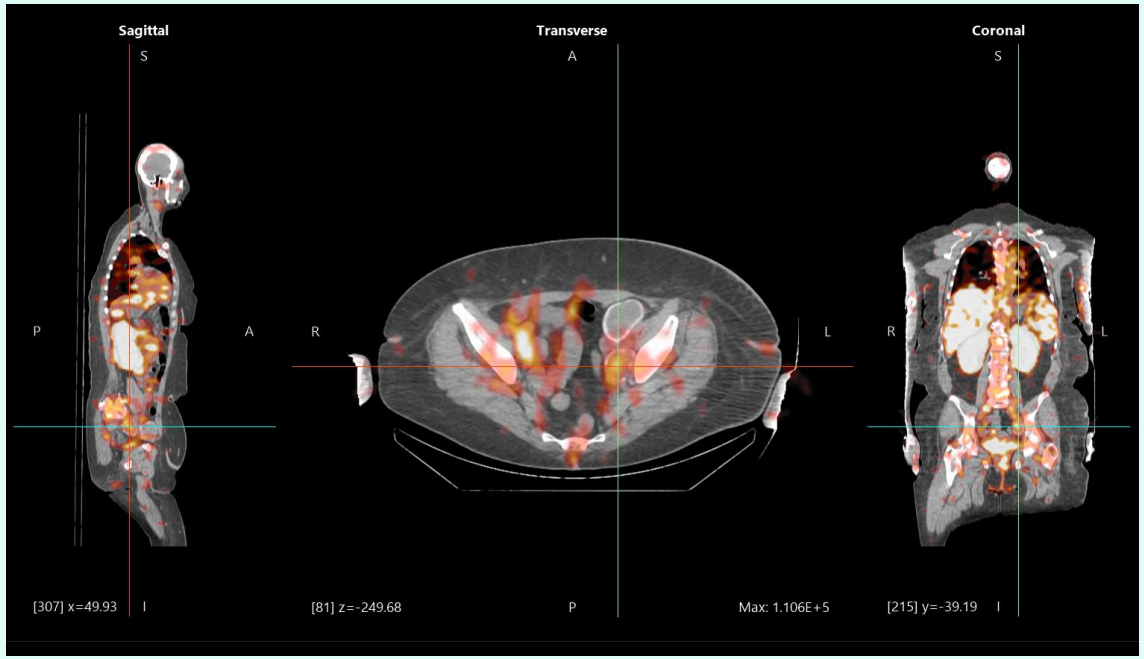
Positive Patient: Nontarget Lesion with Uptake



Patient 100-47-1001-011: Cohort 5, 1 mg/kg GD2-SADA + 3-day clearance interval, Uveal Melanoma

Patient continued onto Therapy stage as other target lesions showed uptake

Negative Patient: Nontarget Lesion with Uptake



Patient 100-48-1001-001: Cohort 4, 3 mg/kg GD2-SADA + 5-day clearance interval, Cutaneous Melanoma

Patient stopped at Imaging stage because uptake was on non-target lesions

16 of 22 Patients Showed Tumor Uptake, Largely Presenting with Increased Gray per Tumor

	Patient 003	Patient 005	Patient 008	Patient 009	Patient 011	Patient 016	Patient 018	Patient 019	Patient 021	Patient 004	Patient 006	Patient 013	Patient 014	Patient 015	Patient 017	Patient 022
Cohort	2	3	3	3	4	5	6	6	6	2	3	4	4	5	5	6
GD2-SADA protein dose (mg/kg)	0.3	1.0	1.0	1.0	3.0	1.0	1.0	1.0	1.0	0.3	1.0	3.0	3.0	1.0	1.0	1.0
Clearance Interval (days)	2	5	5	5	5	4	3	3	3	2	5	5	5	4	4	3
Diagnosis	Osteo-sarcoma	Osteo-sarcoma	Synovial Sarcoma	Uveal Melanoma	Leyomyo-sarcoma	Uveal Melanoma	Melanoma	Uveal Melanoma	Cutaneous Melanoma	Small Cell Lung Cancer	Pleomorphic Liposarcoma	Cutaneous Melanoma	Ewing Sarcoma	Neuro-sarcoma	Uveal Melanoma	Osteo-sarcoma
Tumor (Gy) SPECT/CT	0.40-1.10	0.06-0.30	0.30	0.30	0.08-0.20	0.04-0.30	0.20	0.10-0.80	Pending Analysis	0.20	0.001-0.011	0.08-0.10	0.10-0.20	0.05-0.10	0.20-0.40	0.10-1.0
Kidney (Gy)	1.0/1.5	0.30/0.10	0.30/0.30	0.30/0.40	0.90/0.80	0.2/0.2	0.20/0.20	1.70/1.80	Pending Analysis	0.80/0.80	0.01/0.01	0.6/0.50	0.30/0.40	0.30/0.30	0.20/0.20	Pending Analysis
Spleen	0.50	0.10	0.20	0.20	0.30	0.10	0.10	0.90	Pending Analysis	0.40	0.01	0.20	0.30	0.10	0.20	Pending Analysis
Lumbar Marrow (Gy)	0.20	0.07	0.10	0.10	0.01	0.08	0.04	0.03	Pending Analysis	0.20	0.002	0.10	0.20	0.10	0.20	Pending Analysis

Tumor Uptake by Tumor Type (N = 22)	
Sarcoma All (Osteosarcoma)	8/11 (3/3)
Melanoma	7/8
Small Cell Lung Cancer (SCLC)	1/1
Neuroblastoma (NB)	0/2

Tumor Uptake by Tumor Type (N = 22)	
Sarcoma All (Osteosarcoma)	8/11 (3/3)
Melanoma	7/8
Small Cell Lung Cancer (SCLC)	1/1
Neuroblastoma (NB)	0/2

Note: All data based on 30mCi ^{177}LuDOTA diagnostic dose; Gy represents absorbed dose; column colors represents cohorts
Patient 21 (pending analysis): positive tumor uptake confirmed, dosimetry calculations on hold pending receipt of additional imaging data (CT scan). Patient 22 (pending analysis): organ analysis pending receipt of additional site images (planar/SPECT)

Safety Summary: Part A was Safe and Well-Tolerated Across Both GD2-SADA and ^{177}Lu-DOTA Administrations

1

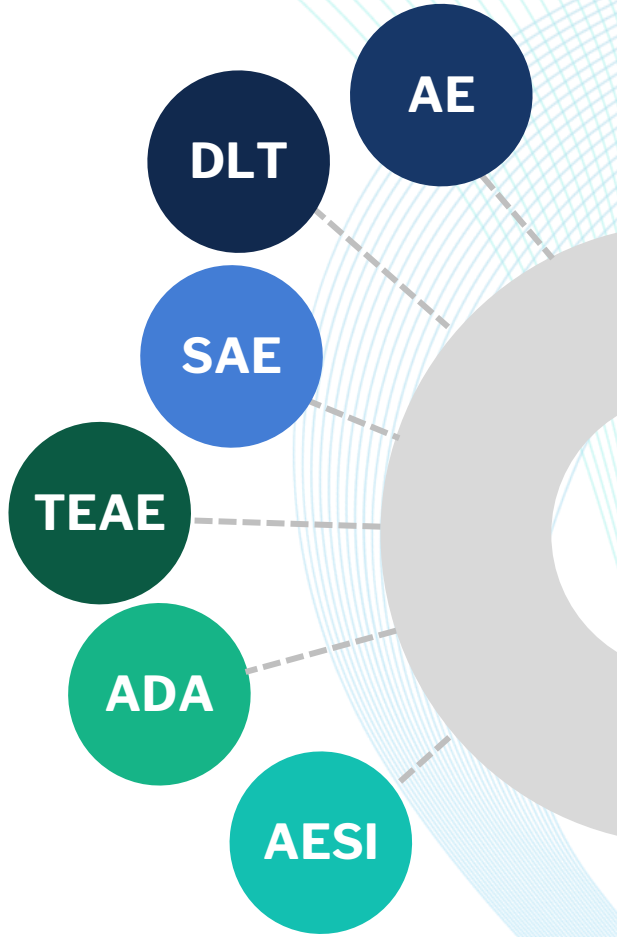
- **No AE trends across all dosing cohorts**
- No DLTs or treatment-related serious adverse events
- Treatment related adverse events were mostly CTCAE grade 1 (70%) and 2 (27.5%)
- ADA did not show conclusive evidence of immunogenicity safety risks

2

- **Most adverse events were lymphocyte count decrease, nausea, and constipation**
- Most related adverse events were nausea and chills
- No dose-dependent trends related to GD2- or radiation-related adverse events

3

- **Two patients reported a total of 3 AEs of Special Interest (AESI)**
  - One non-serious related event (pain)
  - Two non-related events attributed to disease progression (liver enzymes)

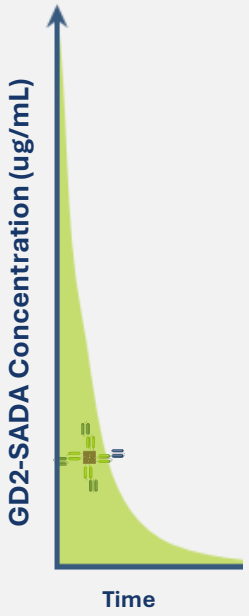


AE: Adverse event, TEAE: Treatment-emergent adverse event , CTCAE: Common terminology criteria for adverse events
SAE: Serious adverse event, AESI: Adverse event of special interest, DLT: Dose-limiting toxicity, ADA: Anti-drug antibodies
Related AEs are either 'Possibly' or 'Probably' related to trial drug

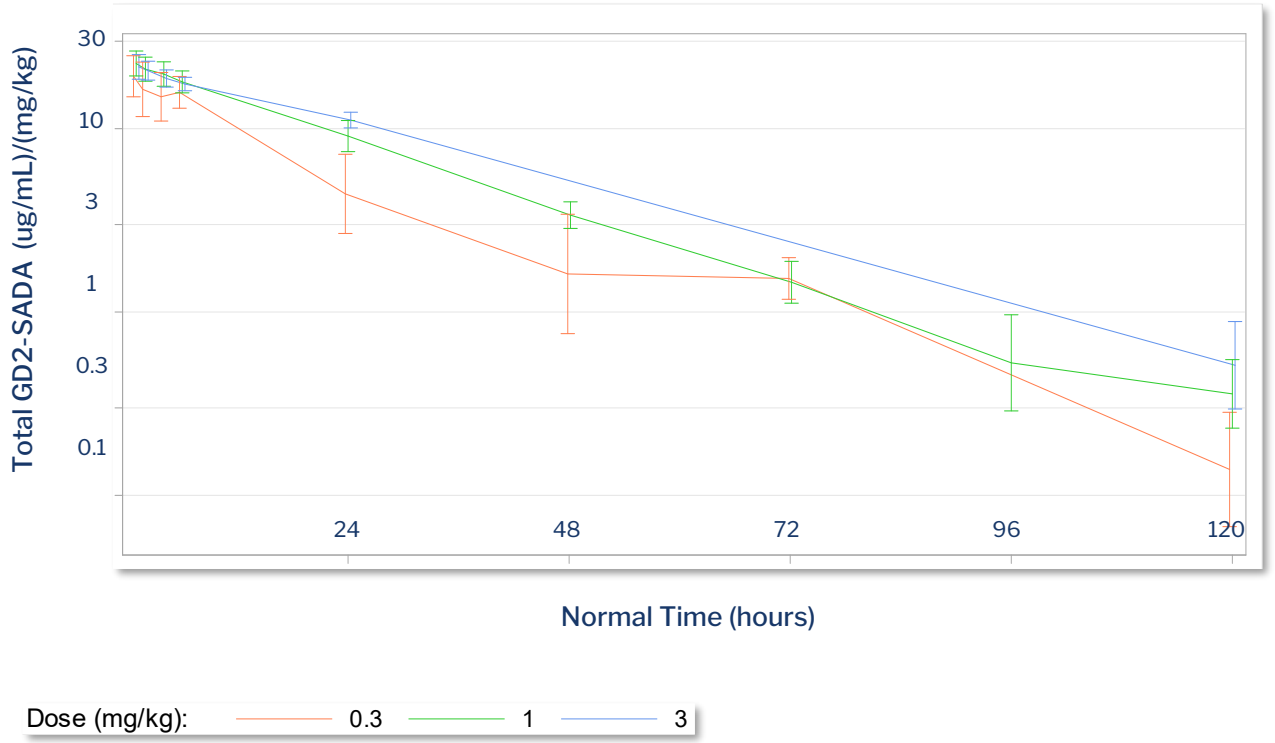
Dose Normalized GD2-SADA PK Displayed Proportional Cmax and Clearance Rates over Three Administered Dose Concentrations

SADA PK

Illustrative



GD2-SADA PK – Dose Normalized



Key Takeaways

- When normalized by dose, all protein concentrations tested showed **similar clearance rates** over time
- GD2-SADA PK provides a **predictable roadmap for tailoring clearance interval** prior to isotope administration to maximize therapeutic index

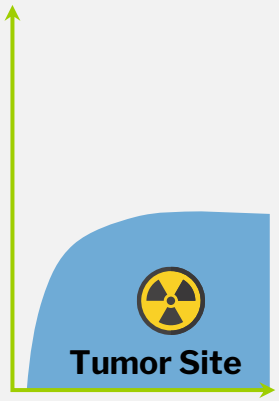
Note: Serum levels of GD2-SADA were measured over time, normalized by mg/kg of GD2-SADA protein

Source: Trial: Y-mAbs 1001. f_median_sada.rtf - 05May2025

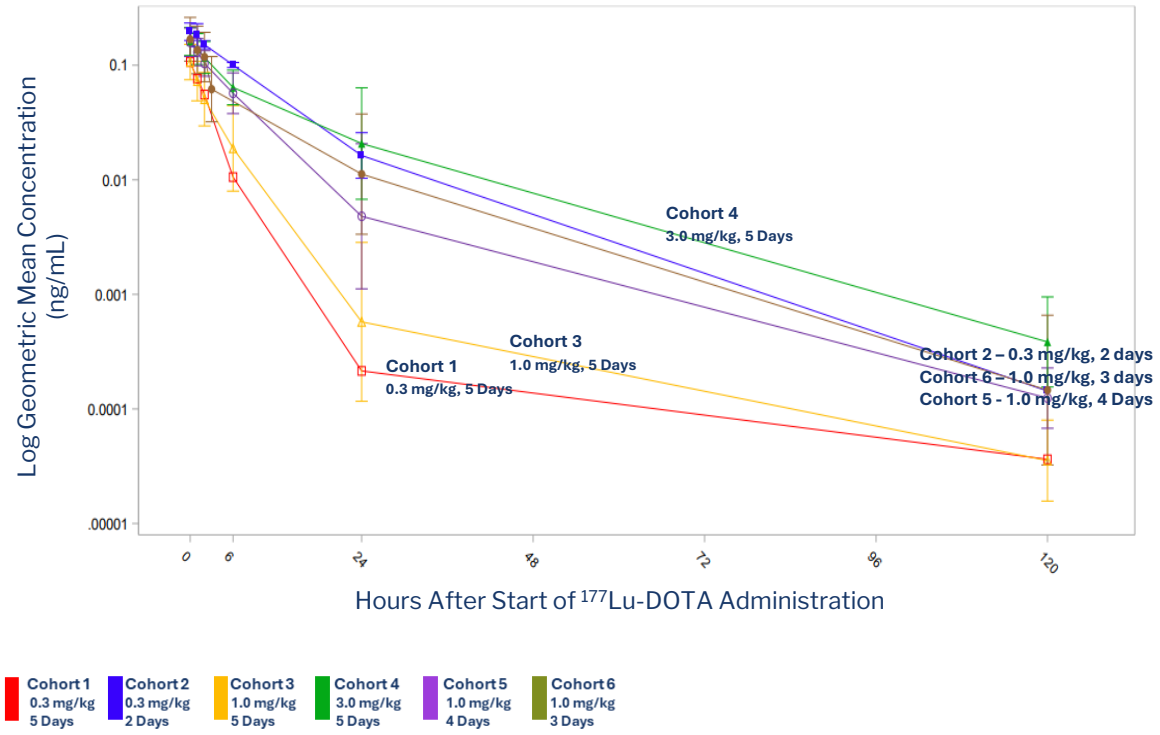
^{177}Lu-DOTA PK by Cohort Illustrates Dual Impact of GD2-SADA Concentration and Clearance Interval

^{177}Lu-DOTA

Illustrative



^{177}Lu-DOTA PK by Cohort
(safety analysis set)



Key Takeaways

- **Multiple protein doses over the same interval show** GD2-SADA higher protein concentration correlates with slower ^{177}Lu-DOTA clearance
- Correlative results suggest **effective binding of ^{177}Lu-DOTA to GD2-SADA** in vivo

Note: Pre-dose GD2-SADA concentration is assigned a value of 10, as it is 0 ng/mL for all included records

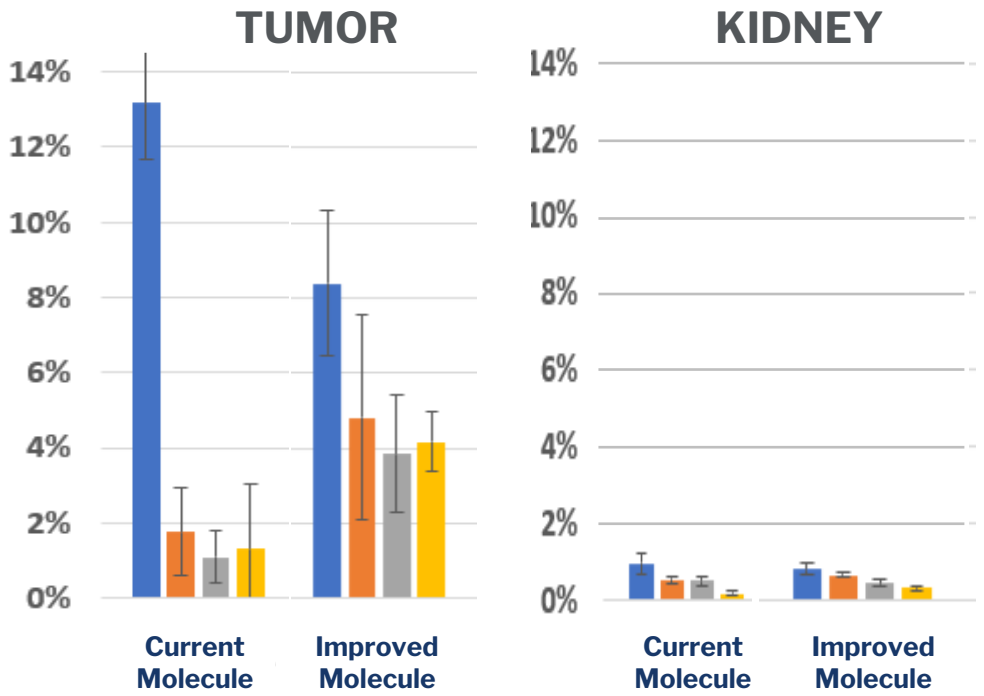
Future Trials Will Leverage Key Learning From Part A to Improve Quality of Study Data and Collection Timelines

	1001 Part A – Key Learning	Implication to Platform
1	FiH demonstration of **SADA** shown to be **safe and well tolerated with predictable PK***	**Accelerate trial with parallel cohorts, single variable modifications; leverage protein PK to determine dosing interval**
2	**Target lesions were selected via anatomical imaging** (CT) and qualitatively assessed for uptake at local site (up to 5)	**Utilize central review of Nuclear Images to identify and assess all tumors**
3	**Imaging data provided opportunities for improved turn-around**	**Rapid standard-of-care dosimetry will be utilized in future trials to optimize and adapt study design**
4	**Dosimetry indicated we did not reach optimal therapeutic index**	**Optimizing GD2-SADA-^{177}LuDOTA is required**

** Per protocol/cohorts tested*

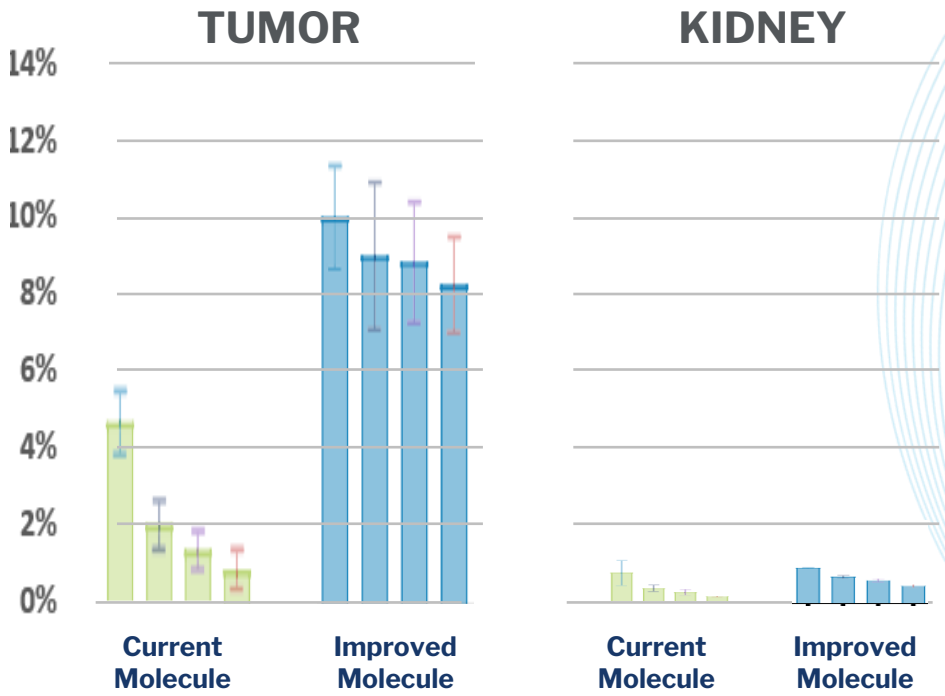
Two Studies Were Conducted in Q1 2025 to Evaluate GD2-SADA Complex and Identify Opportunities to Improve Tumor Uptake

1 Study 1:
GD2, ^{177}Lu, Neuroblastoma Model (2, 24, 48, 96 hr)



Improved Tumor Uptake (~465% vs ~275% ID/g AUC)[1]

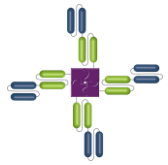
2 Study 2:
GD2, Ac225, SCLC Model (2, 24, 48, 96 hr)



Improved Tumor Uptake (660% vs 130% ID/g AUC)[2]

1. MSKCC GD2-SADA Comparison, Q1'25; (Note: improved molecule includes his tag on the GD2-SADA which was deemed not meaningful to study results based on testing of other cohort permutations)
2. Minerva Imaging. GD2 SCLC Study with Ac225 Q1'25

Improved Molecule Will Consist of a New Radiohapten and Modified Specific Activity



Protein

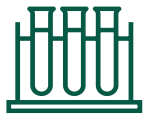
X

No Change Necessary

No change enables use of existing manufactured protein

^{177}Lu-DOTA

Change to New Proprietary Radiohapten



Formulation

Change to low Specific Activity (SA) / High Mass

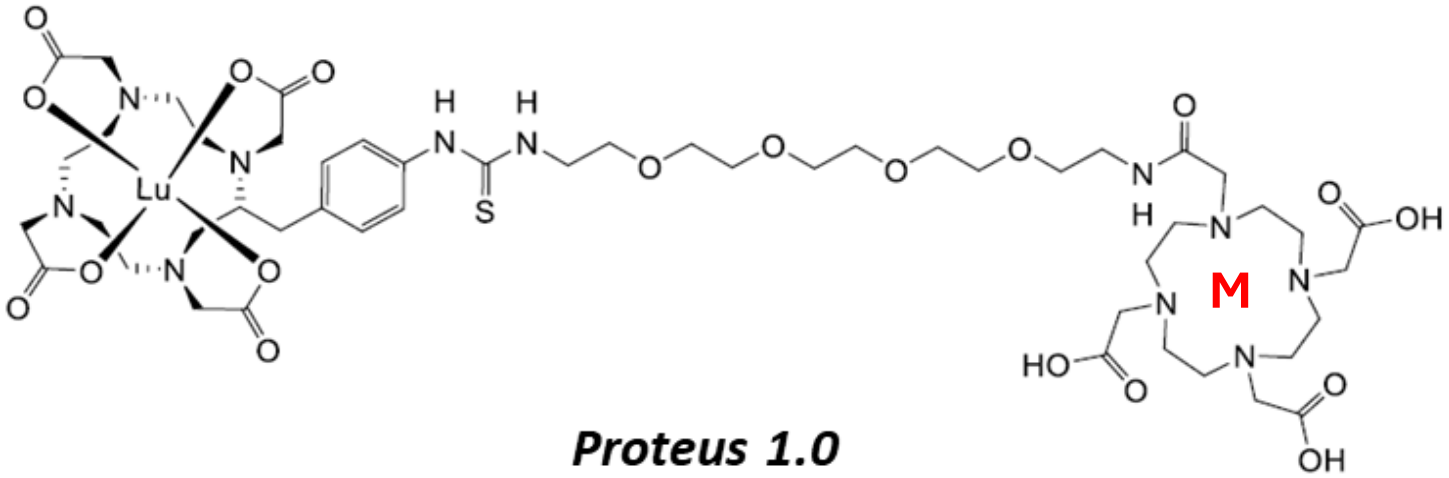
Improved tumor uptake over 96 hours

Additional studies underway to identify optimal mass levels

New Radiohapten Expands Access to a Range of Isotopes with Theranostic Applications, Including Alphas and PET

Proprietary Radiohapten *creates a "universal linker" to accommodate all payloads with* ***picomolar affinity*** *to anti-DOTA in SADA BsAB (with rapid clearance into the urine)*

NEW - Proprietary Radiohapten, "PROTEUS"



Proteus 1.0

M=

- ^{225}Ac (alpha)
- ^{212}Pb (alpha)
- ^{177}Lu (beta) (SPECT)
- ^{90}Y (beta)
- ^{86}Y (PET)
- ^{89}Zr (PET)
- ^{111}In (SPECT)

Currently In GMP Manufacturing for Clinical Trials

Planned Bridge Study in 1H 2026* Through a Proposed Amendment** to the Current IND

Trial 1001 Bridge Study (Phase 1, Part 2A)

- Confirm safety of new Radiohapten in humans
- Assess impact of Radiohapten and mass dose on therapeutic index
- Optimize clearance intervals (longer retention on tumor)

1H 2026 – 2H 2026*

Trial 1001 Part B ^{177}Lu Dose Escalation Trial (Phase 1/2)

- Identify MTD of Lutetium
- Explore OS, PFS, and other efficacy endpoints
- Inform patient selection with GD2-PET imaging

1H 2027 – 2H 2027*

** Anticipated timing*
*** New IND vs. Amendment pending FDA feedback; recommendation for new IND may incur delay of 2-3 months.*

In Conclusion: Recent Insights Will Be Scaled Across the Platform

- **GD2-SADA Protein is safe and well-tolerated**
- **Protein PK and dosing interval optimize the Therapeutic Index**
- **New Universal Radiohapten expected to modularize the platform, allow for multiple isotopes, and improve tumor retention**
- **New targets expand value opportunity by addressing large unmet medical needs**
- **Safe platform, predictable PK and improved operations will accelerate development**

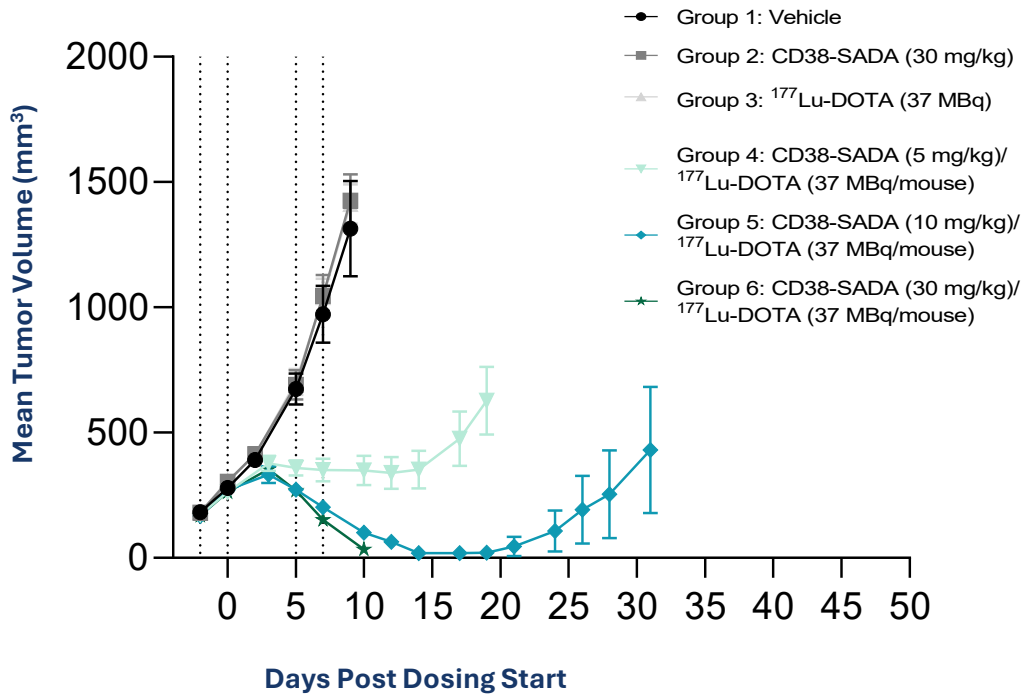
CD38-SADA Trial 1201 Ongoing Phase 1 Clinical Trial

CD38-SADA Demonstrated Dose-dependent Anti-tumor Activity Against CD38-positive Tumors

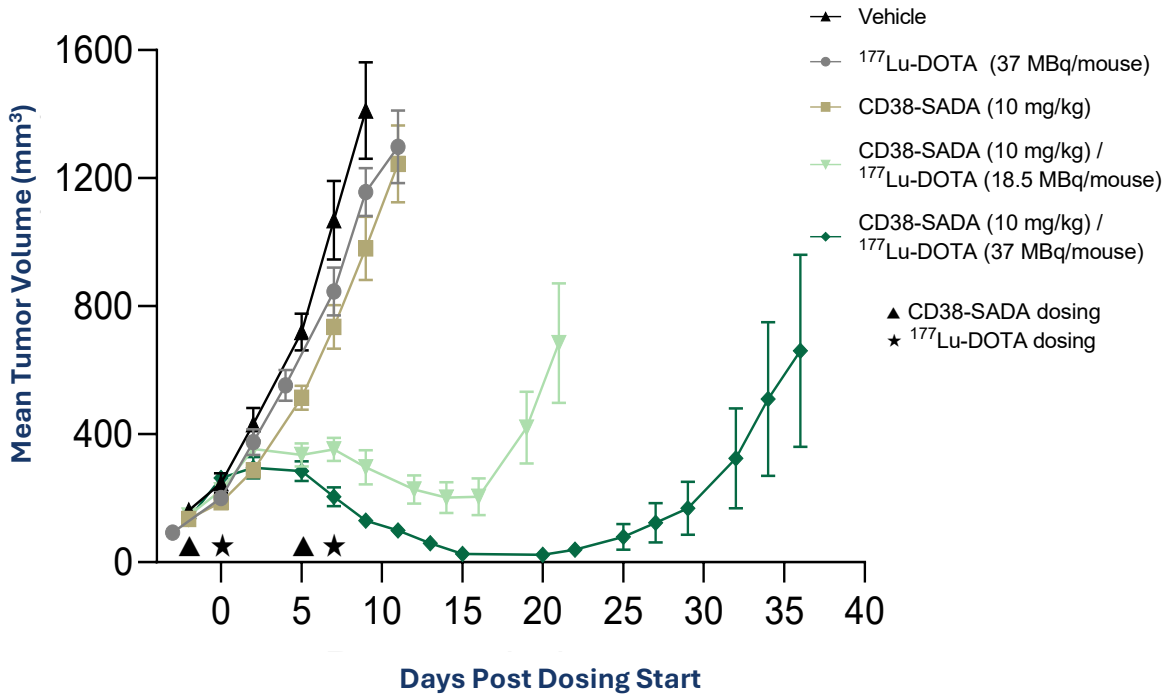
Anti-Tumor Response of CD38-SADA (two preclinical models)

Burkitt's Lymphoma (BL) Model

SADA Dose Response



177Lu-DOTA Dose Response



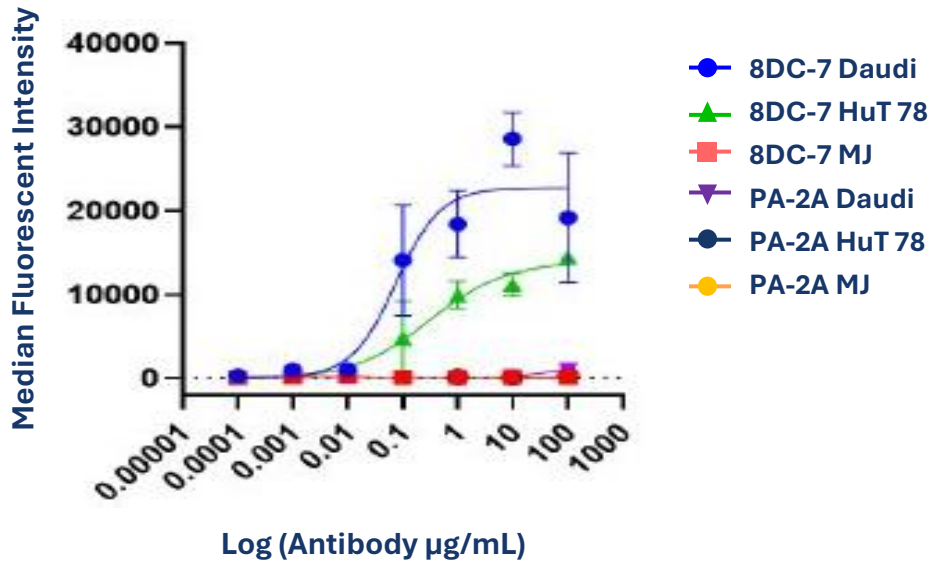
Santich, et al. *CD38-SADA, a Self-Assembling and Dis-Assembling Bispecific Fusion Protein for Two-Step Pretargeted Radioimmunotherapy of Non-Hodgkin Lymphoma.* Poster Presentation. American Society of Hematology. 5 November 2024. San Diego, California.

Note: if any mouse was removed from study, calculations for "Days Post Dosing Start" was terminated, resulting in variable "Days Post Dosing Start"

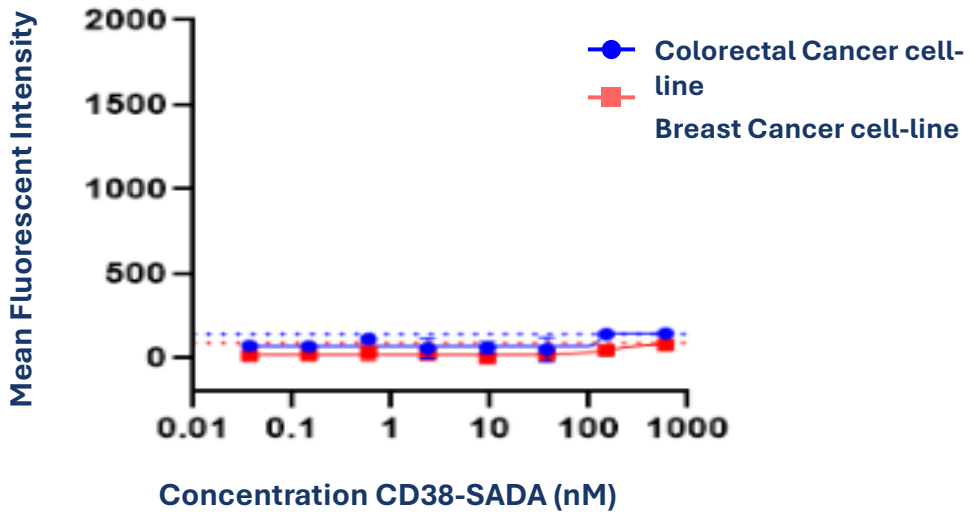
CD38-SADA Binds Well to CD38-positive Cell-lines While Not Binding to Negative Cell-lines

Binding Characteristics of CD38-SADA in Preclinical Model

CD38-SADA Binding by CD38 Positive Cell-Line



CD38-SADA (8DC-7) Binding by CD38 Negative Cell Line



Cell Line	Cancer Type	CD38 Expression
Daudi	Diffuse Large B-cell Lymphoma (NHL)	High
HuT 78	Cutaneous T-cell Lymphoma (NHL)	Moderate
MJ	Cutaneous T-cell Lymphoma (NHL)	Low

CD38-SADA (8DC-7) did not bind to either of the CD38-negative cell lines

Santich, et al. *CD38-SADA, a Self-Assembling and Dis-Assembling Bispecific Fusion Protein for Two-Step Pretargeted Radioimmunotherapy of Non-Hodgkin Lymphoma.* Poster Presentation. American Society of Hematology. 5 November 2024. San Diego, California.

CD38-SADA Phase 1 Trial 1201: Study Objectives and Design

Objectives

- **Primary**: Establish safety of CD38-SADA in patients with R/R non-Hodgkin Lymphoma
- **Secondary**: Evaluate dosimetry, PK, and immunogenicity profiles of CD38-SADA-^{177}Lu-DOTA

Trial 1201 Details

Part A

Eligible Indications

- R/R NHL (≥18 y.o.)

Key Eligibility Criteria

- IHC validate CD38 positive tumors
- Measurable/evaluable disease
- 30 mCi 177Lutetium dose
- Fluoro-deoxyglucose (FDG)-avid lymphoma with measurable disease
- ECOG performance status score of 0, 1, or 2

Primary Outcome Measures *(6 Clinical Trial Sites)*

	Part A	Part B
CD38-SADA	Tumor imaging and occurrence of DLTs during DLT evaluation period	Occurrence of DLTs during DLT evaluation period
Time Frame	4 weeks	4 weeks

Radiopharmaceutical Pipeline & Anticipated Milestones

Radiopharmaceutical Pipeline Focuses on High-Value Target Areas

THERAPEUTIC PIPELINE

		Asset	Isotope	R&D	Preclinical	Phase 1	Phase 2
GD2	R/R SCLC, Sarcoma, Malignant Melanoma, HR Neuroblastoma	**GD2-SADA-^{177}Lu-Proteus**	**^{177}Lu**				
CD38	R/R Non-Hodgkin Lymphoma	**CD38-SADA**	**^{177}Lu**				
Undisclosed	Colorectal Cancer	**Antibody**	**Ac225**				
Undisclosed	Lung, TNBC, Ovarian, Gastro	**Antibody**	**Alpha/Beta**				
Undisclosed	Solid Tumors	**Antibody**	**Alpha/Beta**				

MOLECULAR IMAGING PIPELINE

		Asset	Isotope	R&D	Preclinical	Phase 1	Phase 2
GD2	R/R SCLC, Sarcoma, Malignant Melanoma, HR NB, Osteosarcoma	**^{89}Zr-DFO-naxitamab**	**^{89}Zr**				
Undisclosed	Colorectal Cancer	**Undisclosed**	**^{89}Zr (^{64}Cu)**				
Undisclosed	Lung, TNBC, Ovarian, Gastro	**Undisclosed**	**Undisclosed**				
Undisclosed	Solid Tumors	**Undisclosed**	**Undisclosed**				

Radiopharmaceuticals: Multiple Potential High Value Inflection Points Anticipated Ahead

Increasing commitment, capabilities, and leadership in Radiopharmaceuticals

2024

- ☑ Increased organizational focus on Radiopharmaceuticals
- ☑ New Executive Team appointed with deep Radiopharma expertise

2025

- ☑ Realignment into two business units: DANYELZA and Radiopharmaceuticals
- ☑ CD38-SADA FPI in 1H 2025
- ☑ **GD2-SADA Trial 1001 Part A Data Readout**
- ☐ GD2-Diagnostic IND Submission in 2H 2025

2026

- ☐ GD2-Diagnsotic FPI 1H 2026
- ☐ GD2-SADA 1001 IND Amendment* 1H 2026
- ☐ Initiate GD2-SADA Bridge Study with new Radiohapten in 1H 2026
- ☐ **Trial 1001 Bridge Study Data Readout with new Radiohapten in 2H 2026**

2027

- ☐ Initiate Dose Escalation Study (Trial 1001, Part B) in 1H 2027
- ☐ Initiation of GD2-SADA Pediatric Study (Trial 1002) in 1H 2027
- ☐ **GD2-SADA Pediatric Trial (Trial 1002) Data Readout in 2H 2027**
- ☐ **GD2-SADA Dose Escalation Study (Trial 1001, Part B) Data Readout in 2H 2027**
- ☐ **NEW TARGET: IND submission (mCRC) in 1H 2027**
- ☐ **NEW TARGET: FPI New Therapeutic (mCRC) 2H 2027**

* New IND vs Amendment pending FDA feedback; recommendation for new IND may incur delay of 2-3 months

Commercial Progress

DANYELZA® (naxitamab-gqgk)

GD2 Antibody for R/R High-Risk Neuroblastoma

y-mAbs Therapeutics, Inc.

DANYELZA: Only FDA-Approved Medicine for R/R High-Risk Neuroblastoma in the Bone and/or Bone Marrow

FDA Approval for R/R HR Neuroblastoma (NB)

- Differentiated therapy:
  - Humanized antibody
  - Rapid infusion, modest toxicity
  - Administered in outpatient treatment setting
- U.S. addressable market:
  - 2L NB: 300 patients
  - 40% of NB patients are HR

Neuroblastoma

- NB forms in certain types of nerve tissue, most frequently starting from adrenal glands; can also develop in the neck, chest, abdomen or spine
- NB is the most common cancer in infants

Global Commercial Expansion

- Achieved FY 2024 Total Net Product Revenues of $85.2 million
- Ex-U.S. commercial ramp progressing in China, Brazil and Mexico
- Strong demand through NPPs * in Europe and Turkey

Solid Drivers of Market Uptake

- DANYELZA added to NCCN** guidelines for the treatment of R/R HR neuroblastoma
- DANYELZA remains an important therapy in U.S. anti-GD2 market

DANYELZA™
(naxitamab-gqgk)
40mg/10mL Injection

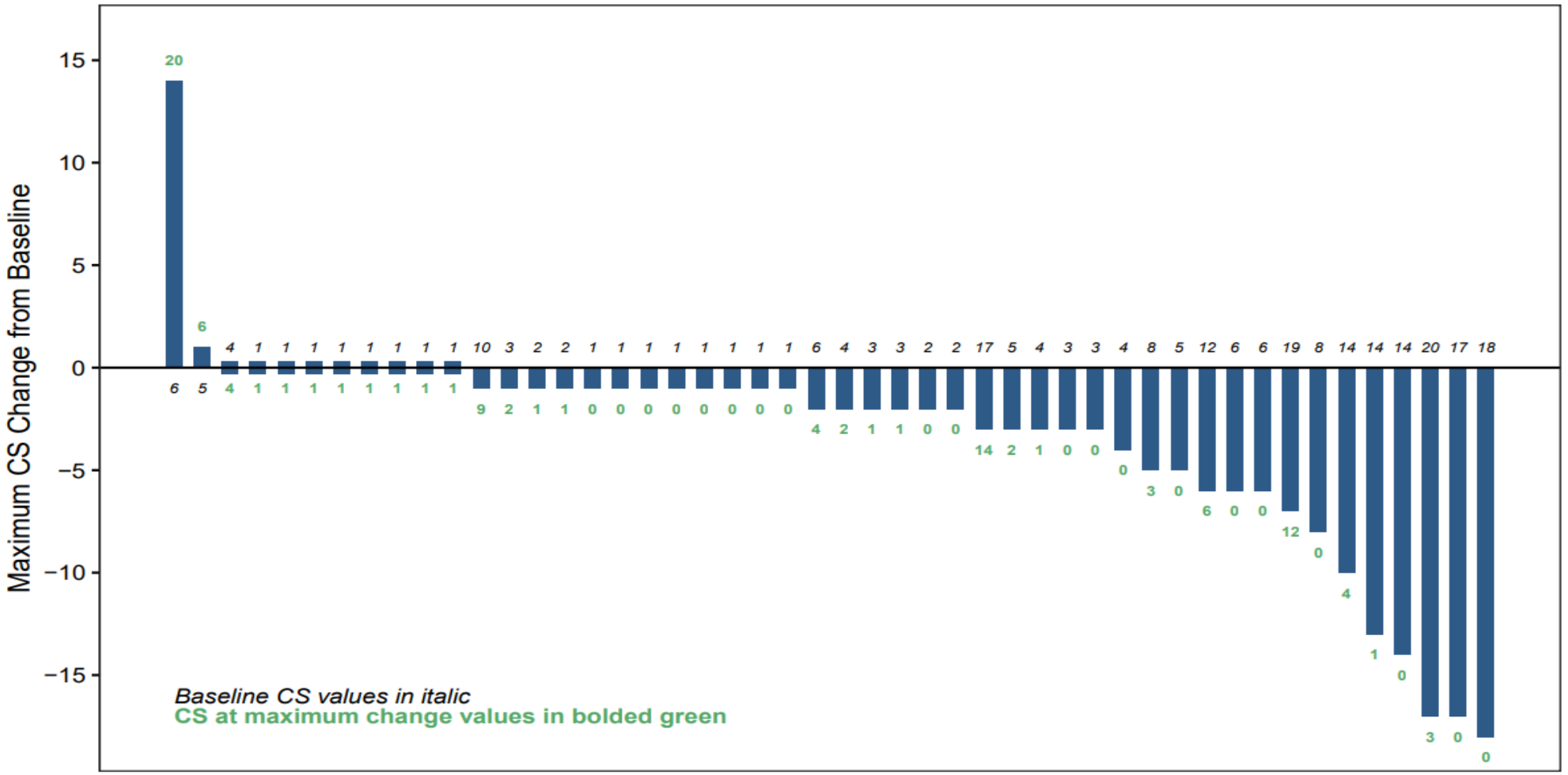
* Named Patient Programs

**National Comprehensive Cancer Network® ("NCCN") Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

This indication is approved under accelerated approval. Continued approval for this indication contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Preliminary results are unaudited and based on management's initial review of the Company's results as of and for the year ended December 31, 2024, and are subject to revision based upon the Company's year-end closing procedures and the completion of the audit by the Company's external auditors of the Company's December 31, 2024 financial statements.

Pivotal Study 201 Data: Waterfall Plot of Change in Curie Score in All Relapsed/Refractory Patients with Bone Disease (n = 48)



Adapted from: Kushner B, et al. Poster presented at ESMO-IO; Geneva, Switzerland; December 6-8, 2023

In-Demand Naxitamab Indication Expansion Opportunities Driven by Robust Pipeline of Investigator-Sponsored Trials

Study	Therapeutic Areas	Preclinical	Phase 1	Phase 2/Pivotal	Sponsor	Status
DFCI Pedi Slow Infusion (with Irinotecan, Temozolomide)	Relapsed/Refractory High-Risk Neuroblastoma				Dana-Farber Cancer Institute	Recruiting
BCC-018 (with Induction Chemotherapy)	Newly Diagnosed High-Risk Neuroblastoma				Beat Childhood Cancer Research Consortium	Recruiting
OSU-22237 (with Gemcitabine and TGFBI NK Cells)	Refractory Metastatic HER2-Negative Breast Cancer				Ohio State University Comprehensive Cancer Center	Recruiting
Butterfly	Refractory Ewing Sarcoma				Institute of Mother and Child (Poland)	Recruiting
ADC Combination (with Sacituzumab Govitecan)	Relapsed Triple-Negative Breast Cancer				MD Anderson Cancer Center	In Development
NICE (with Ifosfamide, Carboplatin, Etoposide)	Relapsed/Refractory High-Risk Neuroblastoma				Fundació Sant Joan de Déu	Completed
17-251 (with Irinotecan, Temozolomide)	Relapsed/Refractory High-Risk Neuroblastoma				Memorial Sloan Kettering Cancer Center	Completed
16-1643 (As Consolidation of First Remission)	Newly Diagnosed High-Risk Neuroblastoma				Memorial Sloan Kettering Cancer Center	Completed
15-096	Recurrent Neuroblastoma				Memorial Sloan Kettering Cancer Center	Completed

RR/Recurrent Neuroblastoma
Newly Diagnosed HR Neuroblastoma
Breast Cancer
Ewing Sarcoma

DANYELZA Addresses Significant Unmet Needs in R/R High-Risk NB with Expansion Potential Across Broader Patient Populations

Studies 12-230 and 201 formed primary basis of approval in Nov. 2020

- Reached >100 patients in Study 201

Granted ODD and BTD

- Frontline study ongoing

U.S. commercialization in HR RR NB and Expanding ex-U.S. reach

- Commercially available in China through partner SciClone, LATAM partner Adium in Brazil and Mexico
- EU and Turkey access via WEP

Multiple potential advantages over other anti-GD2 therapies:

- Modest toxicity
- Shorter infusion time
- Ability to be administered in outpatient setting

Key Takeaways

Growing Base Business with Potential High Value RIT Platform

Next-Generation Novel Platforms

Self-Assembly DisAssembly Pretargeted Radioimmunotherapy ("SADA PRIT") Platform

Monoclonal Antibodies

Established Commercial Capabilities

DANYELZA (naxitamab-gqgk), Anti-GD2 Therapy Approved for R/R High-Risk Neuroblastoma

U.S. Commercial Footprint; Ex-U.S. through partnerships, NPPs

Radiopharmaceutical Leadership

Deep bench of industry leadership and expertise in developing and commercializing radiopharmaceutical oncology therapeutics

Broad Pipeline Potential & Near-Term Inflection Points

SADA PRIT's proven mechanism of pre-targeted approach carries therapeutic potential beyond oncology

Multiple value-creating milestones anticipated

Thank You