PLUS™ THERAPEUTICS

Corporate Update

Summer 2024

Forward Looking Statement

This presentation contains statements that may be deemed “forward-looking statements” within the meaning of U.S. securities laws, including statements regarding clinical trials, expected operations and upcoming developments. All statements in this presentation other than statements of historical fact are forward-looking statements. These forward-looking statements may be identified by future verbs, as well as terms such as “potential,” “anticipating,” “planning” and similar expressions or the negatives thereof. Such statements are based upon certain assumptions and assessments made by management in light of their experience and their perception of historical trends, current conditions, expected future developments and other factors they believe to be appropriate. These statements include, without limitation, statements regarding the following: the potential promise of rhenium (^{186}Re) obisbemeda including the ability of rhenium (^{186}Re) obisbemeda to safely and effectively deliver radiation directly to the tumor at high doses; expectations as to the Company’s future performance including the next steps in developing the Company’s current assets, which include our nanomedicine platform and commercializing rhenium (^{186}Re) obisbemeda and 188RNL-BAM; the Company’s clinical trials including statements regarding the timing and characteristics of the ReSPECT-GBM, ReSPECT-LM and ReSPECT-PBC clinical trials; possible negative effects of rhenium (^{186}Re) obisbemeda; the continued evaluation of rhenium (^{186}Re) obisbemeda including through evaluations in additional patient cohorts; the intended functions of the Company’s platform and expected benefits from such functions; and development and utility of the CNSide leptomeningeal metastases diagnostic test.

The forward-looking statements included in this presentation could differ materially from those expressed or implied by these forward-looking statements because of risks, uncertainties, and other factors that include, but are not limited to, the following: the early stage of the Company’s product candidates and therapies, the results of the Company’s research and development activities, including uncertainties relating to the clinical trials of its product candidates and therapies; the Company’s liquidity and capital resources and its ability to raise additional cash, the outcome of the Company’s partnering/licensing efforts, risks associated with laws or regulatory requirements applicable to it, market conditions, product performance, litigation or potential litigation, and competition within the cancer diagnostics and therapeutics field, ability to develop and protect proprietary intellectual property or obtain licenses to intellectual property developed by others on commercially reasonable and competitive terms, and material security breach or cybersecurity attack affecting the Company’s operations or property. This list of risks, uncertainties, and other factors is not complete. Plus Therapeutics discusses some of these matters more fully, as well as certain risk factors that could affect Plus Therapeutics’ business, financial condition, results of operations, and prospects, in its reports filed with the SEC, including Plus Therapeutics’ annual report on Form 10-K for the fiscal year ended December 31, 2023, quarterly reports on Form 10-Q, and current reports on Form 8-K. These filings are available for review through the SEC’s website at www.sec.gov. Any or all forward-looking statements Plus Therapeutics makes may turn out to be wrong and can be affected by inaccurate assumptions Plus Therapeutics might make or by known or unknown risks, uncertainties, and other factors, including those identified in this presentation. Accordingly, you should not place undue reliance on the forward-looking statements made in this presentation, which speak only as of its date. The Company assumes no responsibility to update or revise any forward-looking statements to reflect events, trends or circumstances after the date they are made unless the Company has an obligation under U.S. federal securities laws to do so.

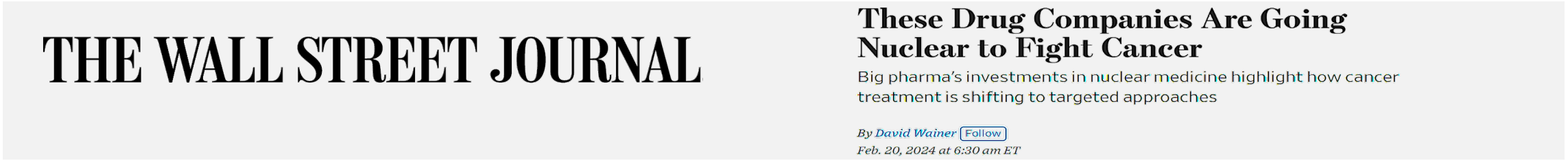
Plus Therapeutics

Differentiated clinical stage targeted radiopharmaceutical company

- Public company with growing clinical-stage oncology pipeline built through multiple transactions
- Novel targeted radiotherapeutic disease targets with a central nervous system cancer focus
- Differentiated therapeutic radionuclides: Rhenium-186 and Rhenium-188
- Clinically-proven drug delivery modality married to nanoliposome encapsulated radiopharmaceuticals
- Combined technology solves key CNS oncology constraints (i.e., blood-brain barrier, therapeutic index, etc.)
- Mature supply chain for stage and straightforward last-mile logistics
- Recent acquisition: proprietary, commercial cerebrospinal fluid diagnostic assay increases CNS cancer therapeutic total addressable market and creates new partnering opportunity

Recent Deals and Partnerships Highlight Accelerating Interest in Radiopharmaceuticals

Plus Therapeutics is actively seeking and evaluating licensing and strategic collaboration opportunities



THE WALL STREET JOURNAL

These Drug Companies Are Going Nuclear to Fight Cancer

Big pharma's investments in nuclear medicine highlight how cancer treatment is shifting to targeted approaches

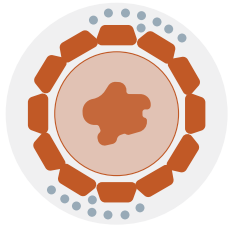
By David Wainer Follow
Feb. 20, 2024 at 6:30 am ET

Innovator	bicycle therapeutics	POINT BIOPHARMA	RayzeBio	PERSPECTIVE THERAPEUTICS	Fusion Pharmaceuticals Inc.	mariana ONCOLOGY	AKTIS ONCOLOGY
Acquirer	BAYER	Lilly	Bristol Myers Squibb	LANTHEUS	AstraZeneca	NOVARTIS	Lilly
Date	5/10/2023	10/3/2023	12/26/2023	1/9/2024	3/19/2024[1]	5/2/2024[2]	05/21/2024
Deal Type	Strategic Collaboration	Company Acquisition	Company Acquisition	License Deal	Company Acquisition	Company Acquisition	Strategic Collaboration
Aggregate Value	$1.7B	$1.4B	$4.1B	$61M	$2.4B	$1.8B	$1.2B
Clinical trial stage(s)	• Phase 1/2 • Phase 1/2a	• Phase 1 • Phase 3	• Phase 1b • Phase 3	• Phase 1/2a	• Phase 2	• Pre-clinical	• Phase 1
Key Deal Terms	• $45M upfront • Development and commercial-based milestones ($1.7B) • Mid-single to double-digit tiered royalties	$12.50/share – 87% premium	$62.50/share – 104% premium	• $28M upfront • $33M equity investment (19.9% of outstanding shares)	• $10.64/share – 126% premium	• $1B upfront payment • $750M further potential payments upon completion of pre-specified milestones	• $60M upfront payment • $1.1B further potential payments upon completion of milestones and royalties on sales

1. AstraZeneca announced on 3/19/2024 that it has entered into an agreement to acquire Fusion Pharmaceuticals
2. Novartis announced on 5/2/2024 that it has entered into an agreement to acquire Mariana Oncology

Radiation is the Gold Standard for CNS Cancer Therapy

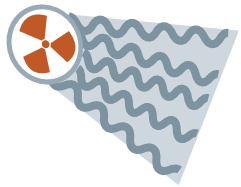
Other treatment modalities struggle to cross blood-brain-barrier or demonstrate safety and efficacy



Unsolved Problem in CNS Cancer Targeting

Multiple problems developing targeted therapies (i.e., antibodies, small molecules, etc.) in CNS cancers:

- Low mutational load with immunosuppressive environment
- Active exclusion due to blood-brain barrier
- No known driver mutations
- Highly heterogeneous tumor cells rapidly develop resistance due to extensive activation of alternative pathways



External Beam Radiation Therapy (EBRT) for CNS Cancers

Radiation is the best current therapy for CNS cancers:

- Clinical Benefit: Offers a survival benefit of 9-12 months (compared to 3-4 months for temozolomide and tumor-treating fields) for primary GBM
- Ongoing Challenge: Narrow therapeutic index with dose limited by normal tissue toxicity

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Novel Targeted Radiotherapeutics for CNS Cancers

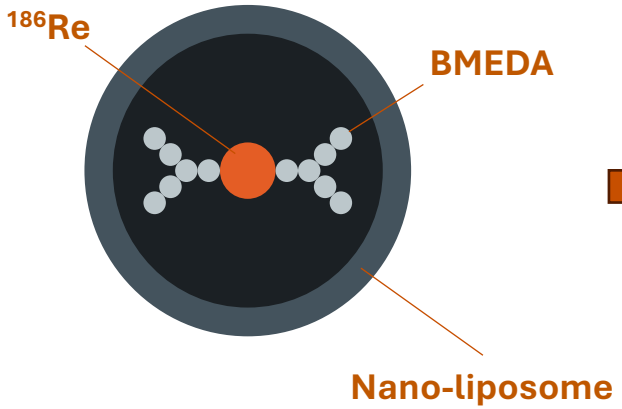
PLUS' approach solves the unique CNS limitations including therapeutic index

Rhenium (^{186}Re) Obisbemeda Lead Investigational Drug

Direct Drug Delivery Technologies

High Radiation Dose with High Therapeutic Index

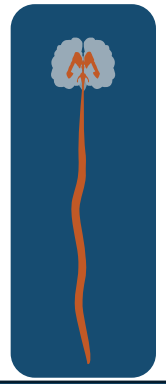
BMEDA (chelator) for Rhenium-186 Radionuclide (half-life = 90 hours)



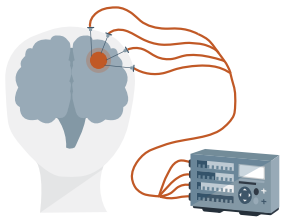
Encapsulated in 100 Nanometer Liposome

CSF Malignances
Ex. LM

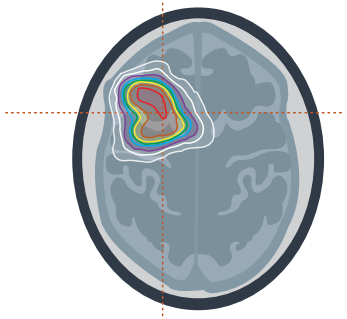
Ommaya reservoir



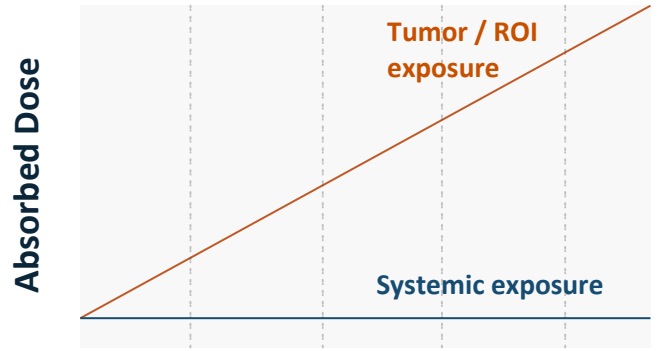
Solid Tumors
Ex. GBM



Convection-Enhanced Delivery (CED)



CSF & Solid CNS Cancers



Prolonged pK > 20x with Single Administration

Delivers 5-20x Gy vs EBRT & without systemic toxicity

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Beta Emitter Rhenium-186 is a Differentiated Radionuclide Ideal for CNS Cancers

Chemistry, imaging and tumoricidal characteristics optimal for CNS cancers

EU Experience with Rhenium

+ Rhenium has been used safely and effectively for over 30 years in Europe to treat various cancers [1]

+ Extensive clinical data supports the safety and efficacy of rhenium[2], making it viable for U.S. cancer treatment

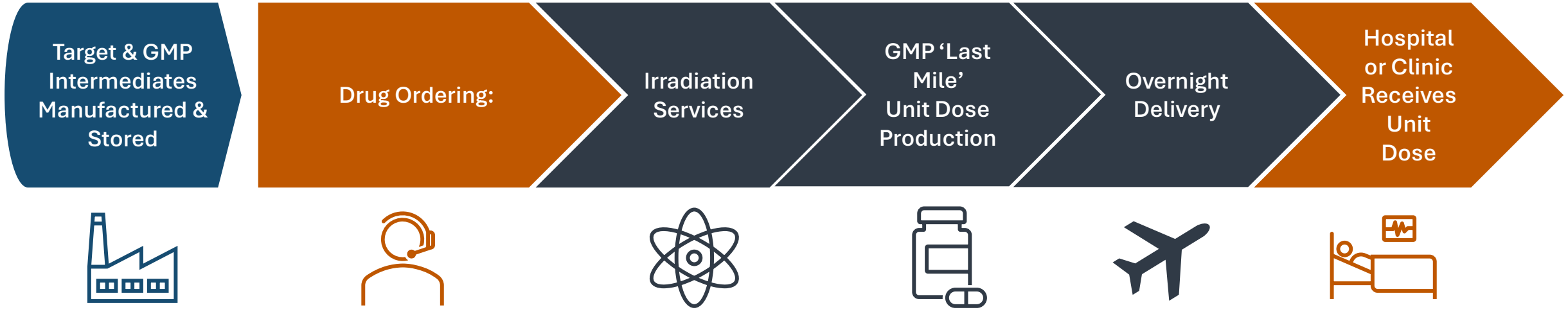
Rhenium vs. Field

Optimal Features	^{186}Re	^{225}Ac	^{212}Pb	^{131}I	^{177}Lu	^{90}Y
Tumor Visualization *Emits gamma particle*	✓	✓	✓			
Treatment Depth *2 mm avg path length*	✓					
Optimal Tx Index *Moderate KeV (~175-340 KeV)*	✓	✓	✓	✓		
Optimal Tx Index *Moderate half-life ($T_{½}$ = 90h)*	✓			✓	✓	
Optimal chemistry *High-drug loading efficiency*	✓					

1. Cancers include skin cancer, liver cancer, and bone metastases. Oncidium Foundation
2. European Society for Medical Oncology (ESMO). "Rhenium-Based Therapies in Cancer Treatment."; German Cancer Research Center (DKFZ). "Innovations in Liver Cancer Treatment Using Rhenium.

Seamless Drug Supply Into Patient Workflow

Highly scalable workflow to meet future commercial demand



- Intermediates manufactured and stored
- Institution orders dose one week prior to treatment
- Target irradiated and manufactured under GMP conditions
- Drug shipped overnight and arrives in <12 hours
- Institution receives unit dose for patient treatment

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Clinical-Stage Targeted Radiotherapeutic CNS Cancer Pipeline

Status and 2024 milestones

Rhenium (^{186}Re) Obisbemeda		IND	Phase 1	Phase 2	Phase 3	Anticipated Milestones 2024
Leptomeningeal Metastases	Single administration basket dose escalation trial	ReSPECT-LM Trial				• Interim data presentation at SNO Nov 2024 • Begin CPRIT funded LM P2/3 registrational trial
	Multi-dosing interval basket trial	ReSPECT-LM Trial				• FDA feedback & Initiate P1 trial in 2024
Recurrent Glioblastoma	Large sized tumors	ReSPECT-GBM Trial				• Complete enrollment in P1 dose escalation (Cohort 8)
	Small-to-medium sized tumors	ReSPECT-GBM Trial				• Complete enrollment in 2024 - 1H 2025 • Interim data at SNO Nov 2024 • Present pivotal trial design to FDA
Pediatric Brain Cancer	Pediatric high-grade glioma and ependymoma	ReSPECT-PBC Trial				• IND approval & begin P1 dose escalation trial

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Cerebrospinal Fluid Malignancies

Power and precision in cancer radiotherapeutics

CSF Malignancies: Leptomeningeal Metastases (LM)

Significant addressable population with poor prognosis, inadequate diagnostics & ineffective therapeutics

LM Growing & Unsolved Problem

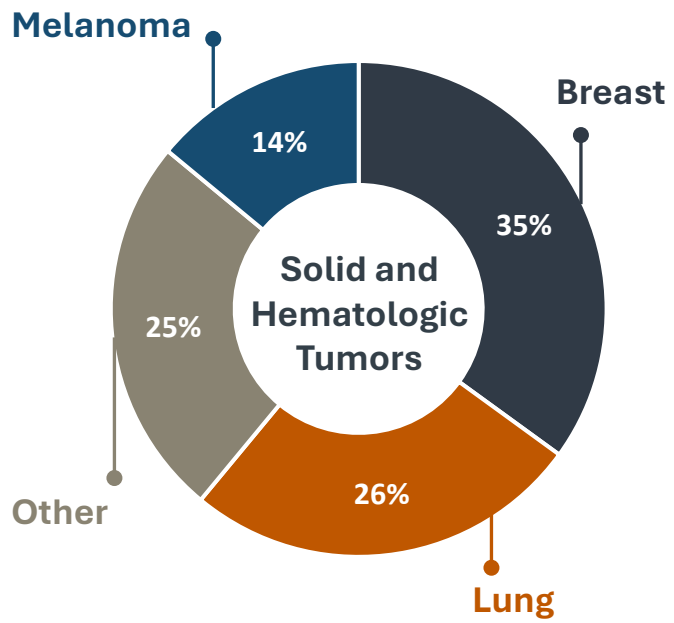
- Primary cancers increasingly spread to leptomeninges and cerebrospinal fluid space
- Current diagnostic methods lack specificity and sensitivity (<50% for cytology)
- Survival is poor: 4-6 weeks without treatment; no approved therapies or standard of care

Number of LM cases in the U.S.

Incidence **110-130K**[1]

- LM incidences are significantly understated due to poor diagnostic options
- U.S. LM cases are likely 2-4x underdiagnosed based on autopsy findings[2]
- Highly sensitive circulating tumor cell diagnostic test can potentially expand LM total addressable market

LM Primary Tumors



1. Includes market studies from: Erevna Leptomeningeal Metastases Market Report, 2024; DelvenInsight Leptomeningeal Metastases (LM) Market Insight, Epidemiology, & Market, 2022; Leptomeningeal Metastasis: A Review of the Pathophysiology, Diagnostic Methodology, and Therapeutic Landscape, 2023
2. Underdiagnosis study from autopsy results by Le Rhun, E., et. al. (2013). Surgical neurology international.

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ReSPECT-LM Phase 1 Single Administration Dose Escalation Trial

Targeted delivery of Rhenium (^{186}Re) Obisbemeda by Ommaya reservoir

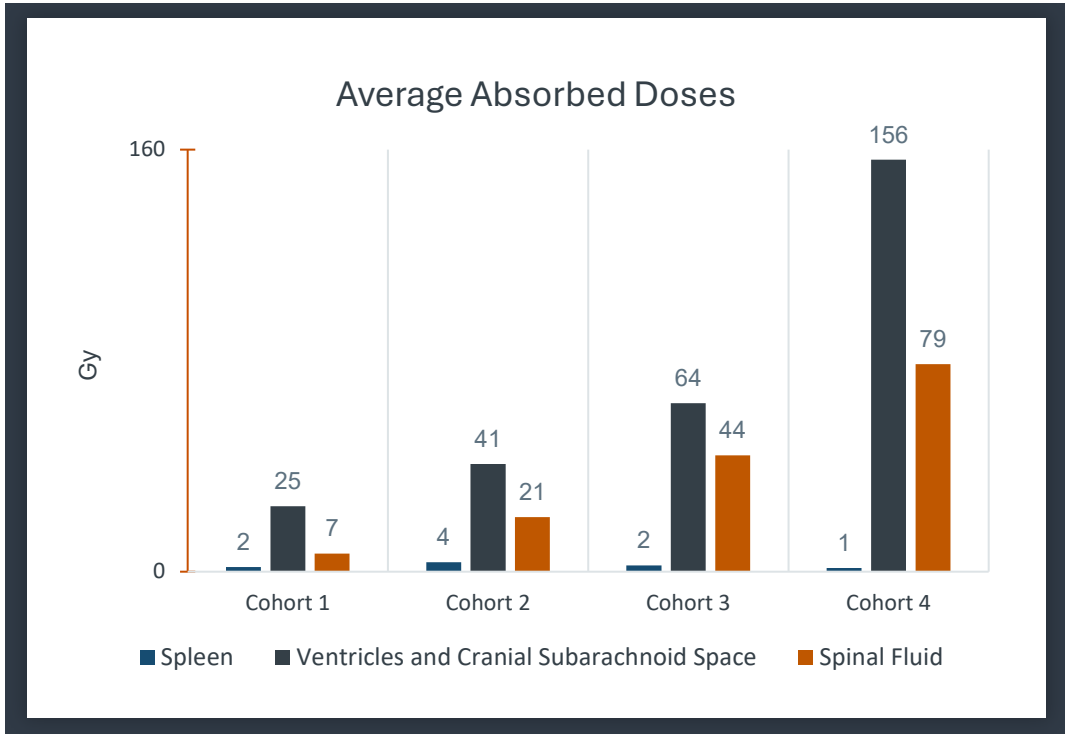
- **Funding: $17.6M grant from largest state funder of cancer research in U.S. (CPRIT)**
- **Dose escalation: 3+3 modified Fibonacci**
- **Primary objective: Safety and tolerability**
  - Maximum Tolerated Dose (MTD) / Maximum Feasible Dose (MFD)
- **Secondary objectives: Efficacy**
  - Overall Response Rate (ORR)
  - Duration of Response (DoR)
  - Progression Free Survival (PFS)
  - Overall survival (OS)
- **Exploratory objectives: Analysis on cerebral spinal fluid (CSF) pre- and post-administration**
  - CSF tumor cell enumeration
  - Pharmacodynamic (PD) markers
  - QoL assessments

Single Administration Phase 1 Dose Escalation Plan

Cohort	Administered Volume (mL)	Administered Activity (mCi)	Administered Concentration (mCi/mL)
1	5	6.6	1.32
2	5	13.2	2.64
3	5	26.4	5.28
4	5	44.10	8.82
5	5	66.14	13.23
6	5	87.97	17.59
7	5	109.96	21.99

ReSPECT-LM Safety

MTD/MFD not reached over 5 cohorts



+ Complete CSF circulation of drug within hours and duration at least 7 days
+ Low absorbed doses to critical organs
+ Absorbed doses to key therapeutic areas increases linearly with administered dose

Trial Safety Summary				
Grade	%	n	>5% AEs	**SAEs**
Grade 1 Grade 2 Grade 3 Grade 4 Grade 5	64.10% 27.35% 7.27% 0.91% 0.91%	(68) (31) (8) (1) (1)	Headache (5.45%)	5

+ Generally safe and well tolerated with absorbed doses in cohort 4 achieving **5x** the most conformal emerging techniques (proton CSI)
+ No evidence of systemic radiation toxicity
+ All but one SAE unrelated to study drug

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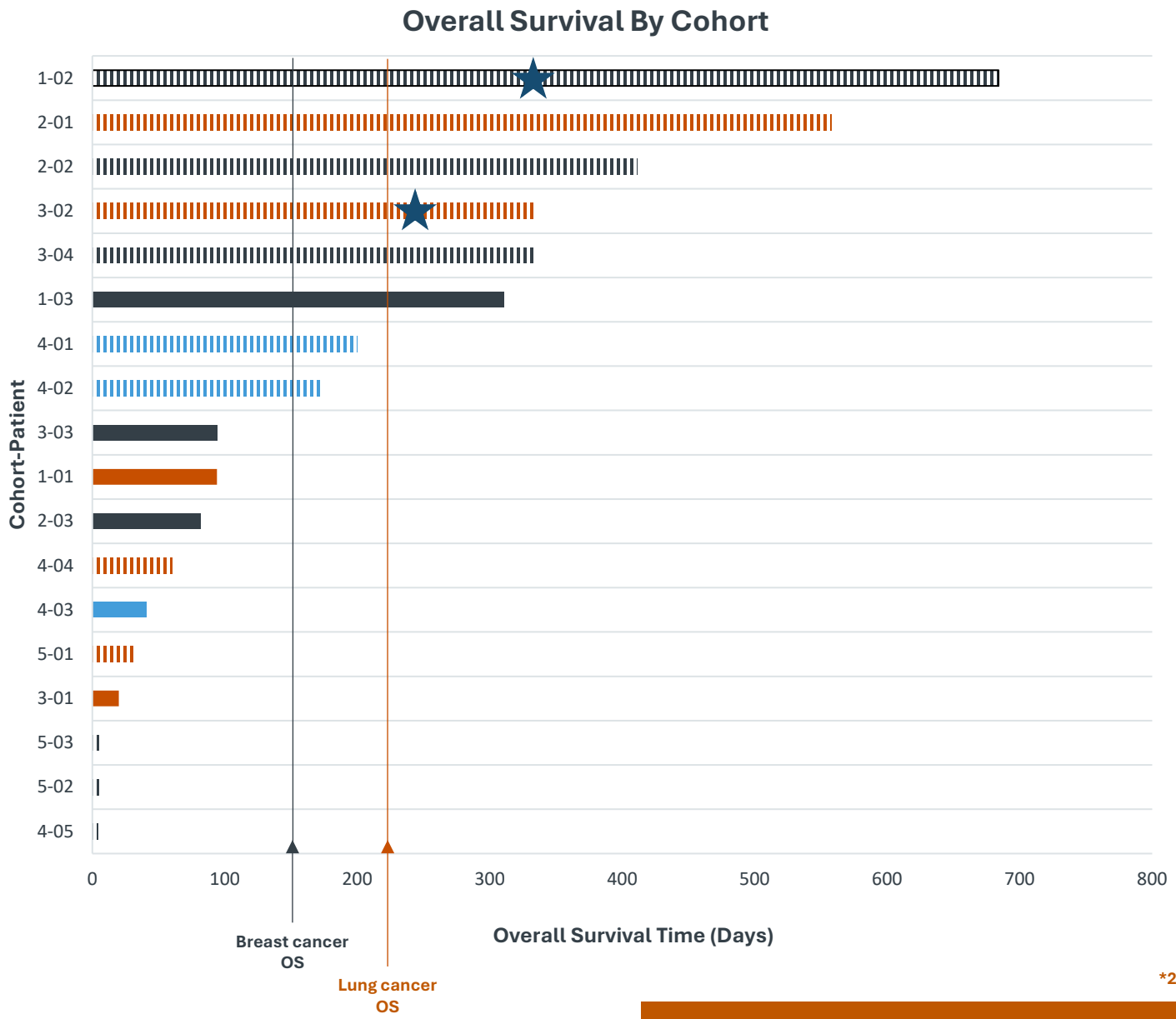
ReSPECT-LM Dose Escalation Safety Trial- Survival Waterfall

Analysis by primary cancer and survival time following single administration

- N = 18 evaluable patients
- 12 of 18 patients alive
- Tumors by primary disease
  - Lung: 6
  - Breast: 9
  - Other: 3
- 2 patients received compassionate use 2nd dose

LEGEND
- Black: breast primary cancer
- Orange: lung primary cancer
- Blue: other primary cancer
- Hatched fill: Alive
- Solid fill: Deceased
- Star: Retreatment date

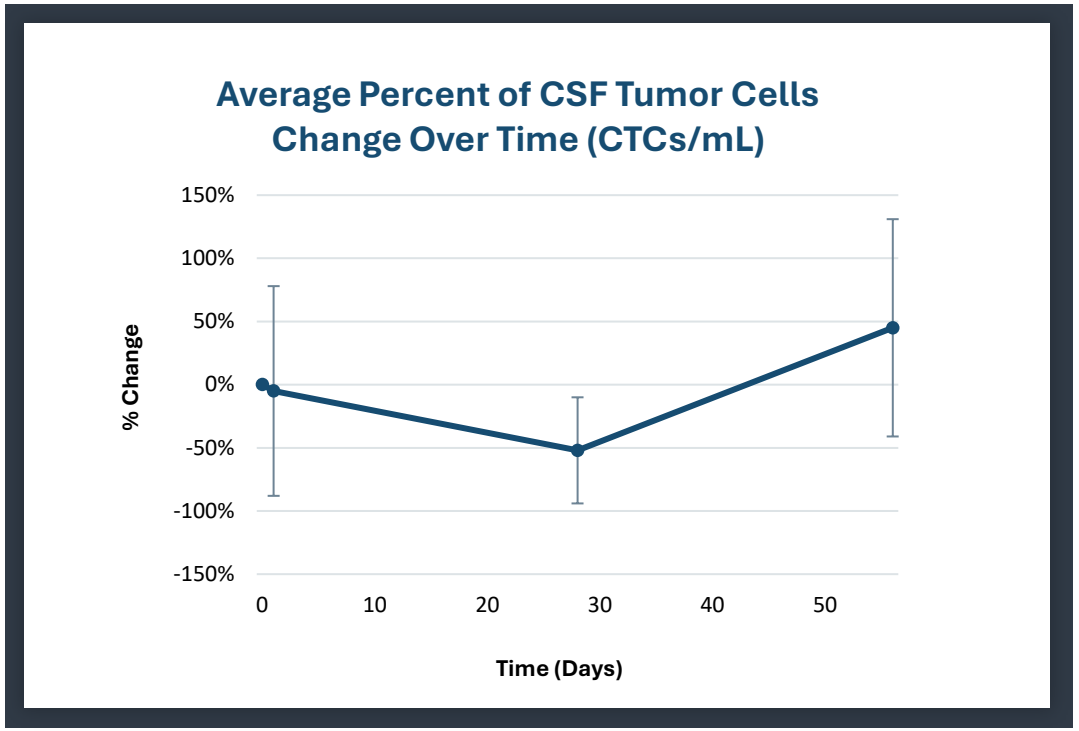


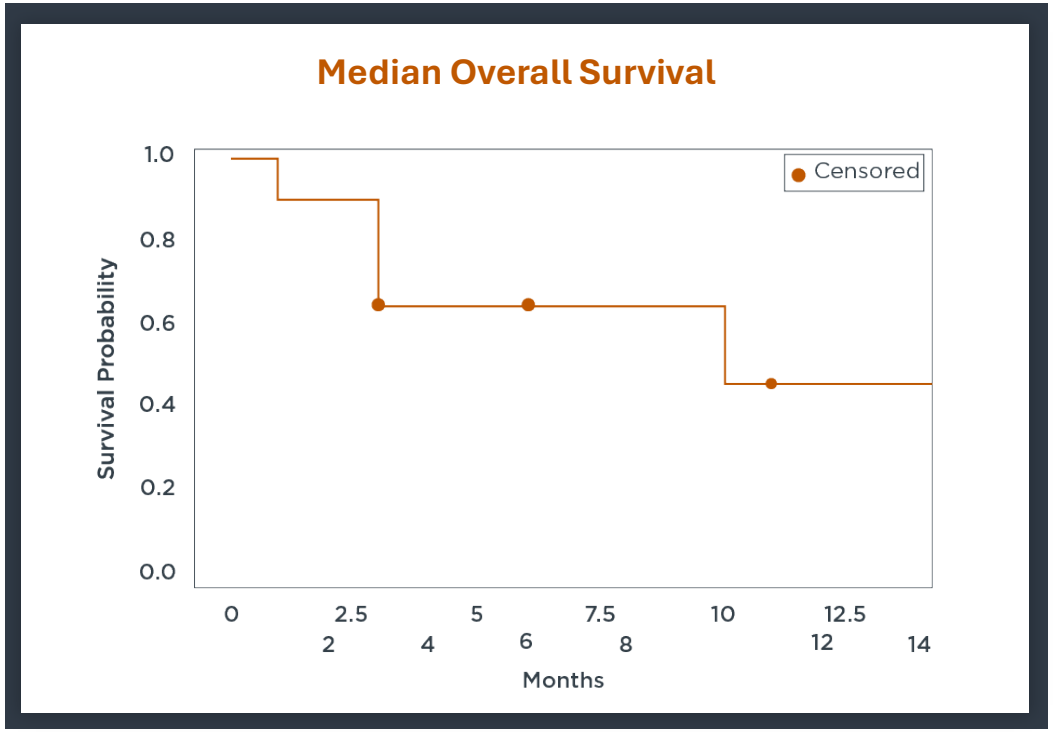
*Analysis 11Mar24

*24 hours

ReSPECT-LM Phase 1 Treatment Response Data

Median overall survival and percent CSF tumor cell change show effect of treatment





- NCCN recommends CTCs for Dx & disease monitoring in LM
- N = 13 evaluable patients*
- At day 28 post treatment- max percent reduction in CSF tumor cells = 90%, average reduction = 53%

- N = 10 patients, cohorts 1-3
- mOS = 10 months*
- N = 5 patients remain alive**

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*August 1, 2023
**As of 12Mar2024

Cerebrospinal Fluid Malignancies: LM

Summary

+ Reliable delivery modality treats entire region of interest: CSF space & leptomeninges
+ Rhenium (^{186}Re) Obisbemeda remains in CSF for at least 7 days
+ High dose radiation to CSF with minimal systemic toxicity
+ Ongoing LM single administration basket dose escalation trial shows safety, feasibility and response

Next Steps & Milestones

+ Complete single administration trial ReSPECT-LM in 2024 & data read out planned at SNO in Q4 2024
+ Begin CPRIT funded LM single administration P2/3 registrational trial
+ Begin LM multi administration dose interval compression trial in 2024

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Solid CNS Malignancies

Power and precision in cancer radiotherapeutics

Solid CNS Malignancies: Malignant Gliomas

The brain's most frequent and deadly tumors despite decades of research

Rare disease with multi-billion dollar opportunity in the U.S. Potential to expand market for primary & recurrent glioblastoma (GBM), brain metastases, and pediatric brain cancers.

GBM is the most prevalent malignant tumor affecting the brain and central nervous system

- ~15,000 patients newly diagnosed GBM patients in U.S. each year

Large unmet medical need for GBM patients

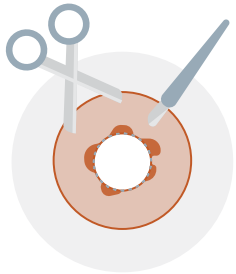
- Poor survival rate (7% at 5 years after diagnosis)
- Almost all reoccur after several months post treatment or respond poorly to initial treatment
- No standard of care following recurrence, clinical trials recommended

Rhenium (^{186}Re) Obisbemeda for GBM

Plus' novel approach overcomes limitations of all 3 current treatment modalities

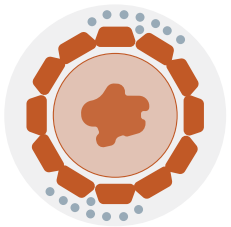
GBM Tumor Pathophysiology
Extremely Difficult to Treat

Infiltrative Margin:
Recurrence within 2 cm of original tumor site in 90% of cases



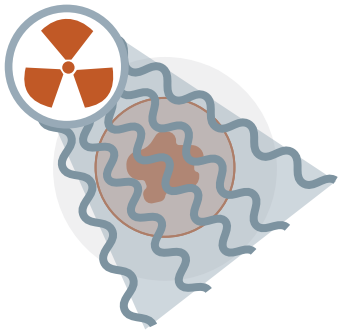
Surgery

Obtaining adequate surgical margins nearly impossible



Medical Therapy

Only 2% of drugs administered systemically pass the BBB



External Beam Radiation Therapy

Therapeutic doses not reached due to concerns with off-target toxicity to heathy brain tissue

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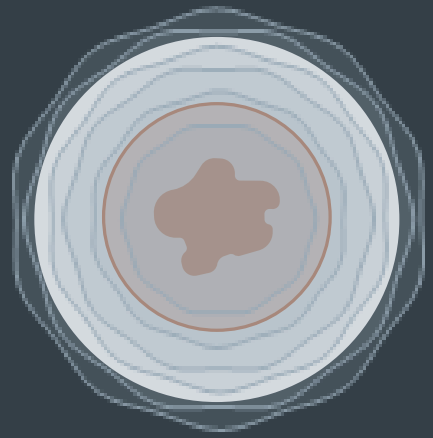
Rhenium (^{186}Re) Obisbemeda



Goal- treat both tumor and infiltrative margin with at least 100 Gy radiation

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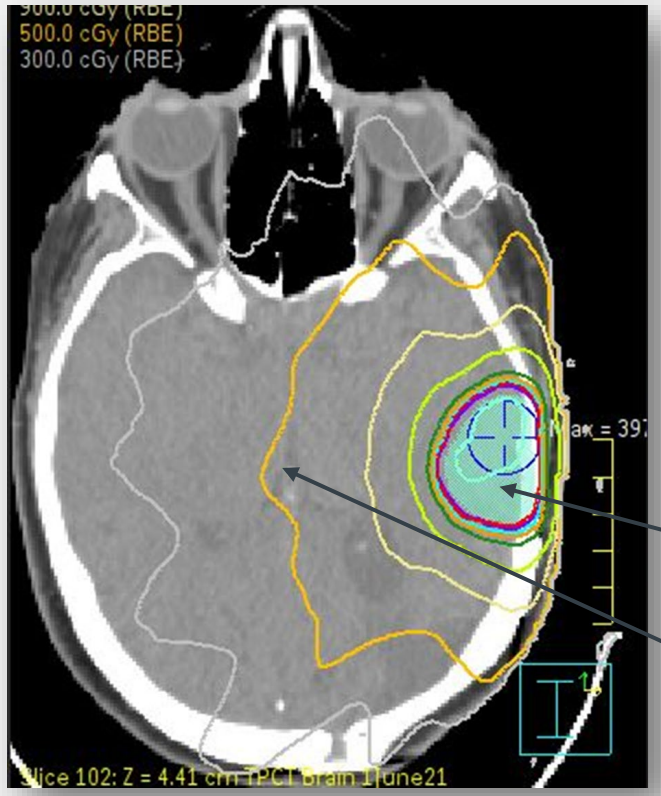
Rhenium (^{186}Re) Obisbemeda Advantage Over Gold Standard- EBRT

More targeted radiation delivery with 10x plus increase in maximum absorbed dose for recurrent GBM

EBRT



EBRT
vs.
Rhenium (^{186}Re)
Obisbemeda

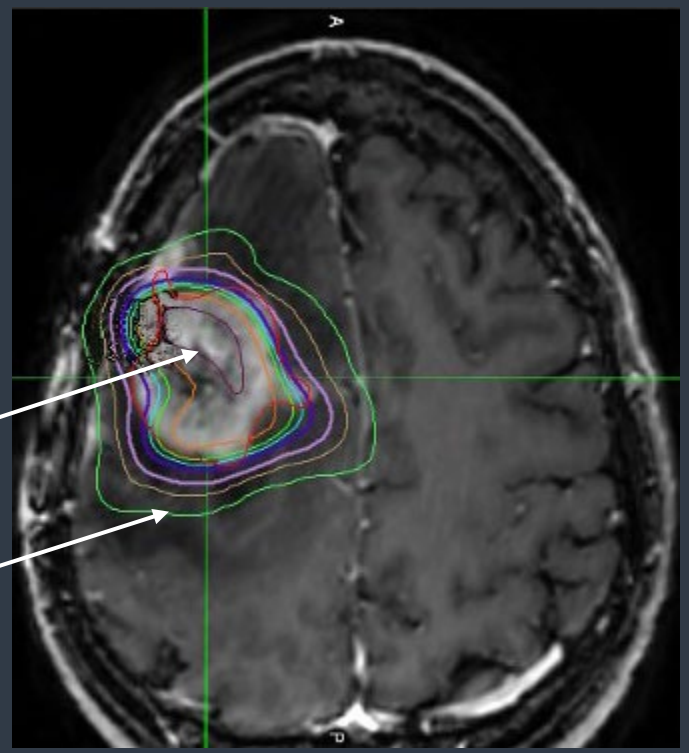
28.5 Gy
Max dose

5 Gy

250 Gy
Max dose

5 Gy

Rhenium (^{186}Re) Obisbemeda



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A New Paradigm for Malignant Glioma/GBM Radiotherapy

A direct targeted approach is a step function improvement in CNS radiation delivery

Gold Standard

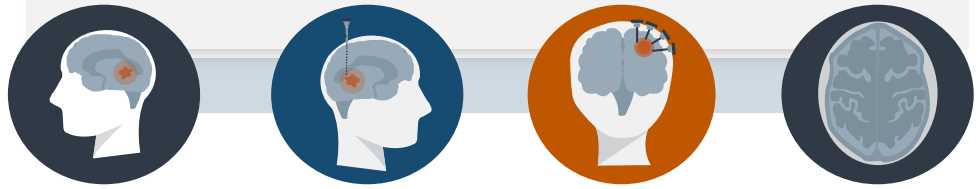
External Beam Radiation Therapy

- Standard of care for decades
- Requires fractionation (e.g., several patient visits over 4-6 weeks)
- Limited absorbed dose due to off-target toxicity, max dose in rGBM ~ 35 Gy
- Mature technology

New Paradigm

Plus' Directly Targeted RT Delivery

- Direct delivery to the tumor site
- One-time patient visit
- Key challenges of EBRT eliminated
- Monitor drug location with real-time imaging
- Quantify absorbed doses
- Safe delivery of max 740 Gy >>> 20x EBRT



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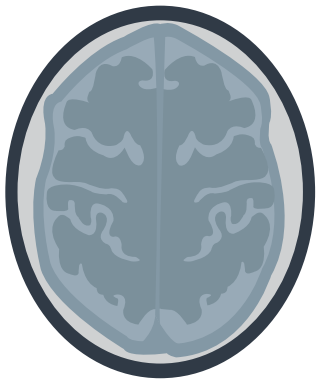
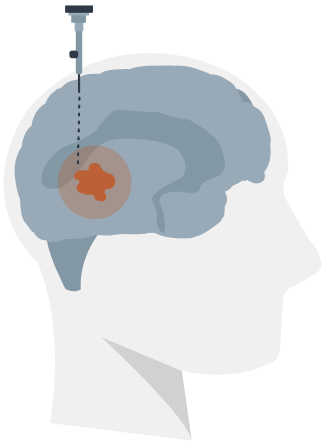
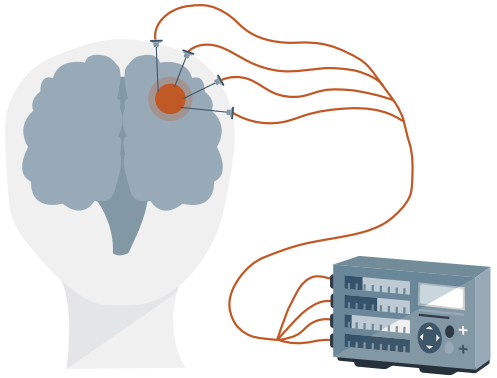
Rhenium (^{186}Re) Obisbemeda Treatment Workflow

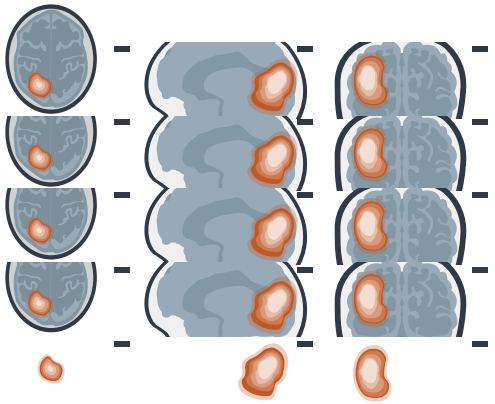
Inpatient single administration

Personalized Treatment Planning	SoC Biopsy and Catheter Placement	Drug Infusion	Patient Monitoring
Prior to Treatment	**Day 0**	**Day 1**	**Day 2-3**
MRI imaging to assess and plan catheter number, trajectory, and location	Confirmatory biopsy followed by neuro navigation & precision catheter placement	Single ~4-hour infusion with real-time SPECT/CT imaging in Nuclear Medicine	Catheter removal, patient discharge and follow dosimetry & imaging









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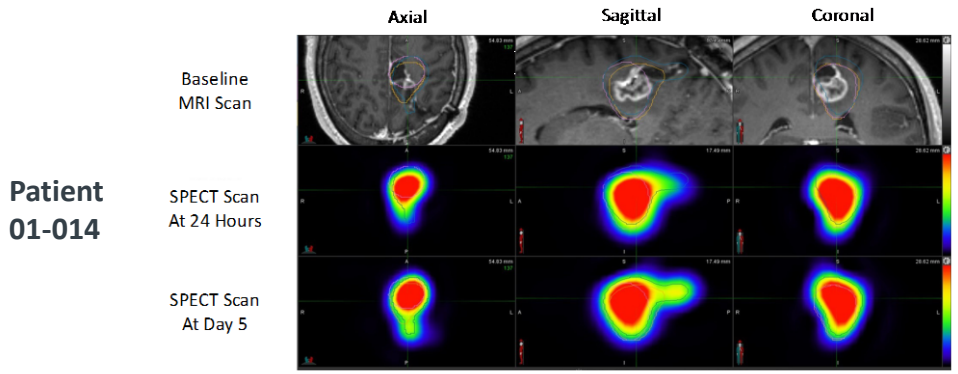
ReSPECT-GBM Phase 1, Single Dose Trial Design

Single administration of Rhenium (^{186}Re) Obisbemeda by Convection Enhanced Delivery (CED)

Example of rGBM Treatment: MRI and SPECT/CT



- Tumor volume was 6.5 mL & tumor coverage was > 90%
- Absorbed dose delivered to tumor was 419 Gy

ReSPECT-GBM Trial Design

- **Funding: NIH/NCI grant through Phase 2**
- **Dose escalation: 3+3 modified Fibonacci, currently enrolling in cohort 8**
- **Primary objective: Safety and tolerability**
  - Maximum Tolerated Dose / Maximum Feasible Dose
- **Secondary objectives: Efficacy**
  - Dose distribution
  - Overall Response Rate (ORR)
  - Progression Free Survival (PFS)
  - Overall survival (OS)
  - Imaging

Single Administration Phase 1 Dose Escalation Plan

Cohort	Administered Volume (mL)	Administered Activity (mCi)	Administered Concentration (mCi/mL)
1	0.66	1.0	1.5
2	1.32	2.0	1.5
3	2.64	4.0	1.5
4	5.28	8.0	1.5
5	5.28	13.4	2.5
6	**8.80**	**22.3**	**2.5**
7	12.3	31.2	2.5
8	16.34	41.5	2.5

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NIH NATIONAL CANCER INSTITUTE

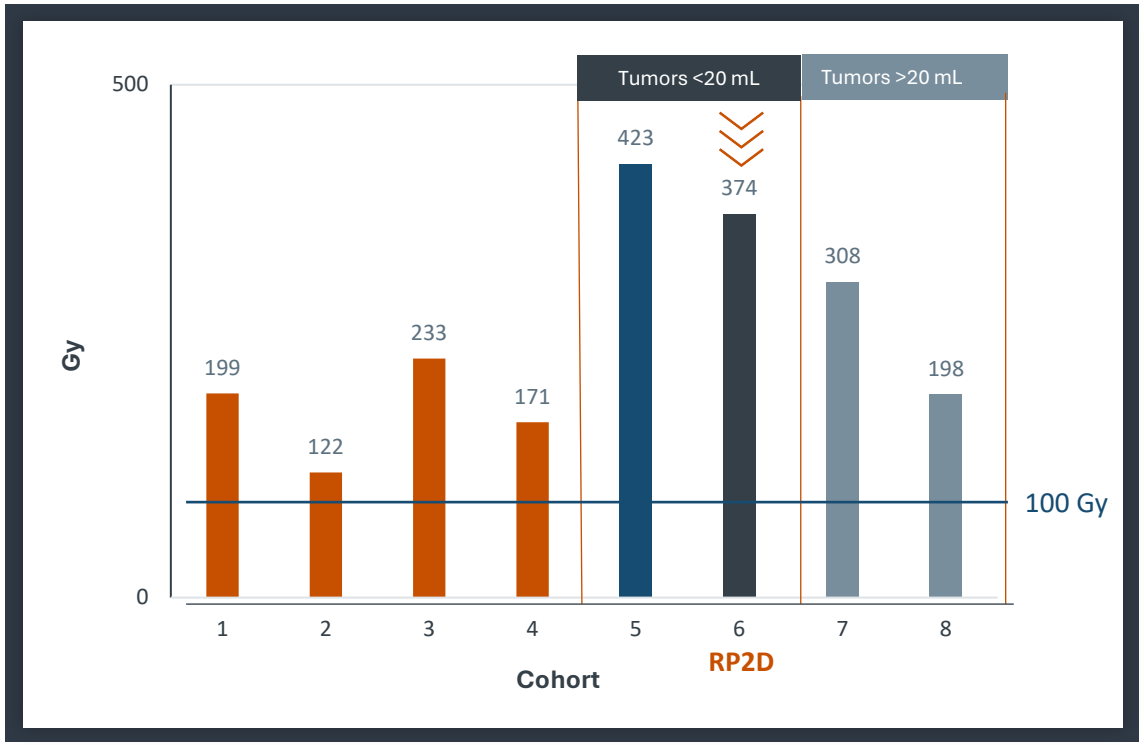
ReSPECT-GBM Safety & RP2D Selection

MTD/MFD not reached in dose escalation phase

Trial Safety Summary			
Grade	%	>5% AEs	**SAEs**
Grade 1 Grade 2 Grade 3	66.67% 25.71% 7.62%	Headache (6.67%) Fatigue (5.24%)	17

- Generally safe and well tolerated over 28 patients in 8 dosing cohorts, enrollment ongoing
- No evidence of systemic radiation toxicity
- Most Phase 1 adverse events (AEs) were mild or moderate and resolved with treatment
- Increasing tumor size lowers absorbed dose (cohorts 7 & 8)
- Phase 2 safety profile tracks with Phase 1

Average Absorbed Dose to Tumor by Cohort



- The average absorbed dose to the tumor for all Phase 1 patients was 264 Gy (range: 8.9-739.5 Gy), max 740 Gy
- P2 average absorbed dose to the tumor (n=15) of 309 Gy

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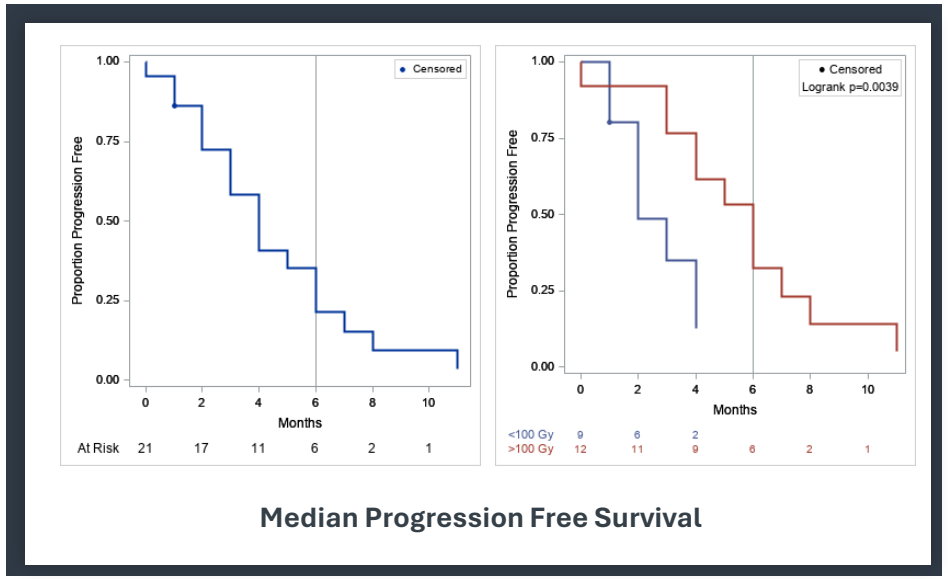
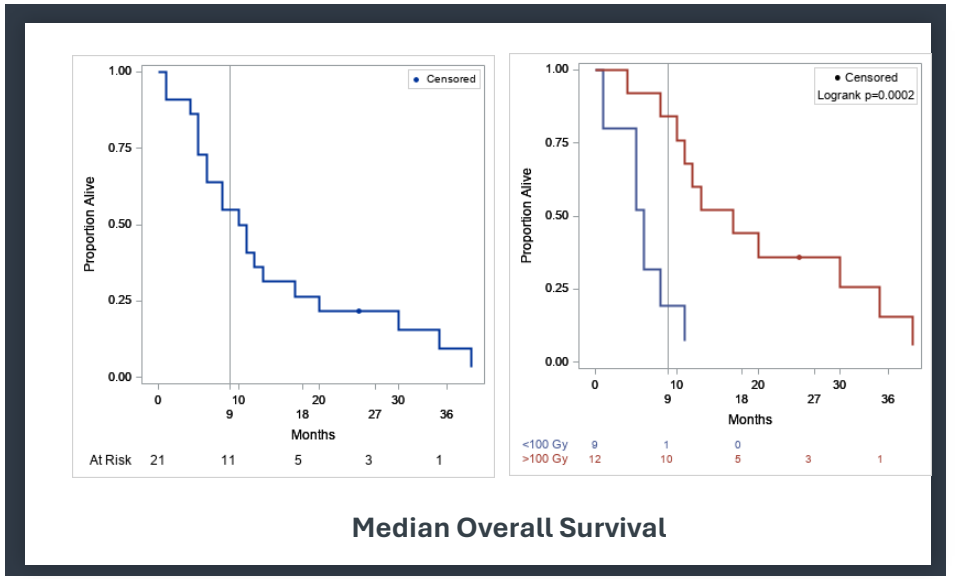
ReSPECT-GBM Phase 1 Dose Escalation Trial- PFS & mOS Analysis

Patients receiving ≥100 Gy, mOS =17 months or greater than 100% improvement over SOC



Median Progression Free Survival



Median Overall Survival

Progression free survival or PFS

- All patients: **mPFS 4.0 m** (95% CI 2.0-6.0 m, PFS6=0.21±0.11)
  - Patients with **<100 Gy: mPFS of 2.0 m** (95% CI 1.0-4.0 m, PFS6=0.0) (blue)
  - Patients with **≥100 Gy: mPFS of 6.0 m** (95% CI 3.0-8.0 m, PFS6=0.32±0.16) (red)

Median overall survival or mOS

- All patients: **mOS was 11.0 m** (95% CI 5.0-17.0 m, OS9=0.55±0.11)
  - Patients with **<100 Gy: mOS of 6.0 m** (95% CI 1.0-11.0 m, OS9=0.19±0.18) (blue)
  - Patients with **≥100 Gy: mOS of 17.0 m** (95% CI 8.0-35.0 m, OS9=0.84±0.11) (red)

After adjustment for age, baseline ECOG status, baseline volume administered, and baseline tumor volume,

- **OS increased by 27% for each 10% increase in the percentage of tumor covered** (fold change 1.274 95% CI 1.209 to 1.343, p<0.001)
- **OS increased by 31% for each 100 Gy increase in the absorbed dose** (fold change 1.312, 95% CI 1.124 to 1.532, p<0.001)

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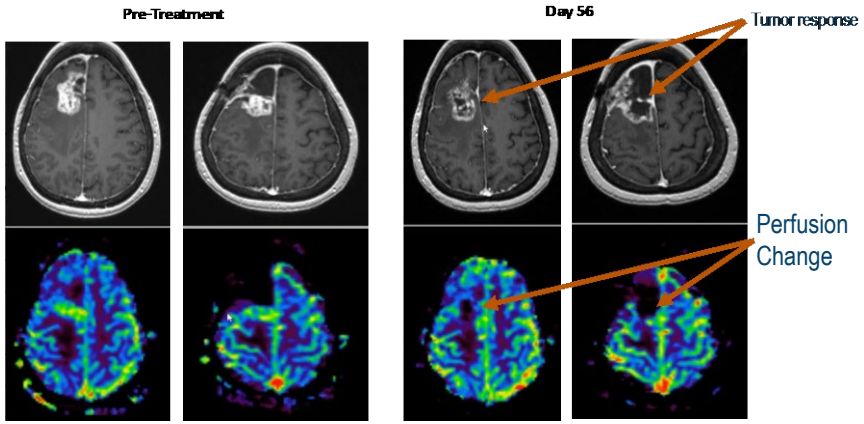
*At time of analysis, November 2023

ReSPECT-GBM Tumor Response Data

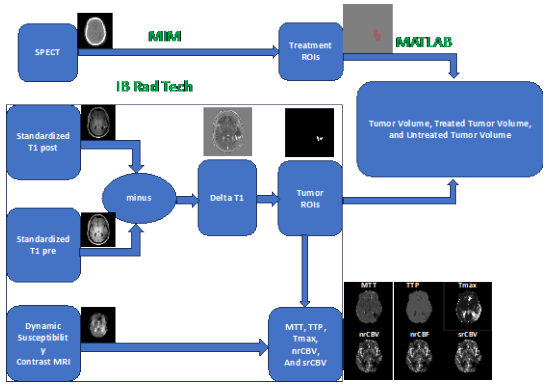
Differentiation tumor response, progression vs. pseudoprogression

Qualitative Response- rCBV Analysis

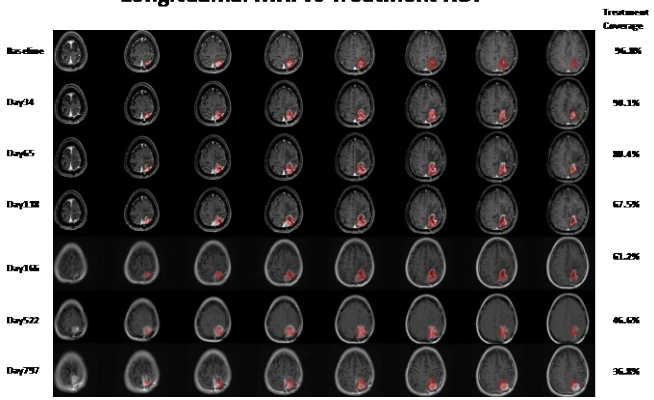
Patient 01-017 MRI and rCBV



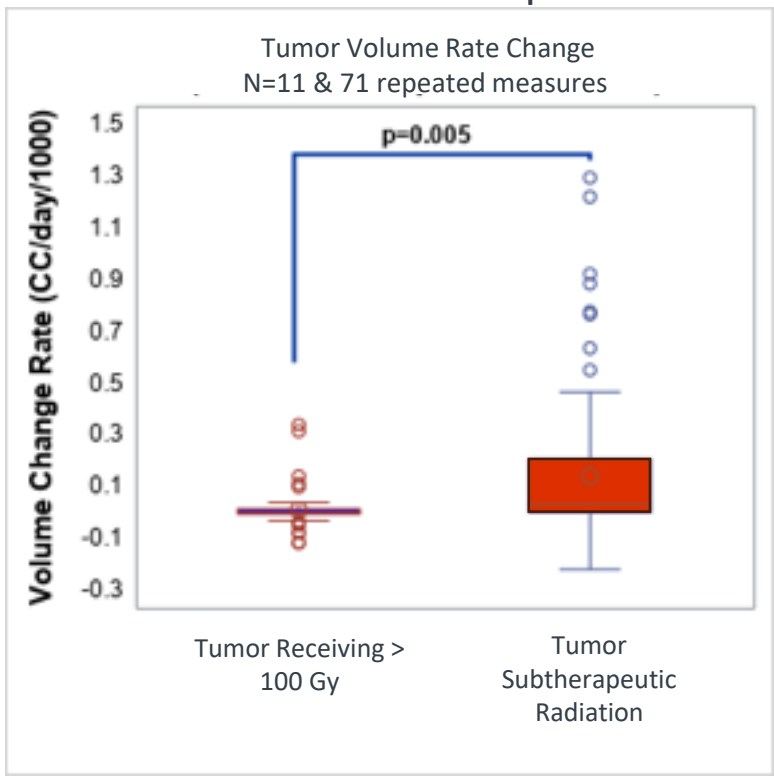
Quantitative Response- Treated vs. Untreated Tumor by Patient



Longitudinal MRI vs Treatment ROI



Tumor Volumetric Response*



*At time of analysis, presented at SNO- November 2023

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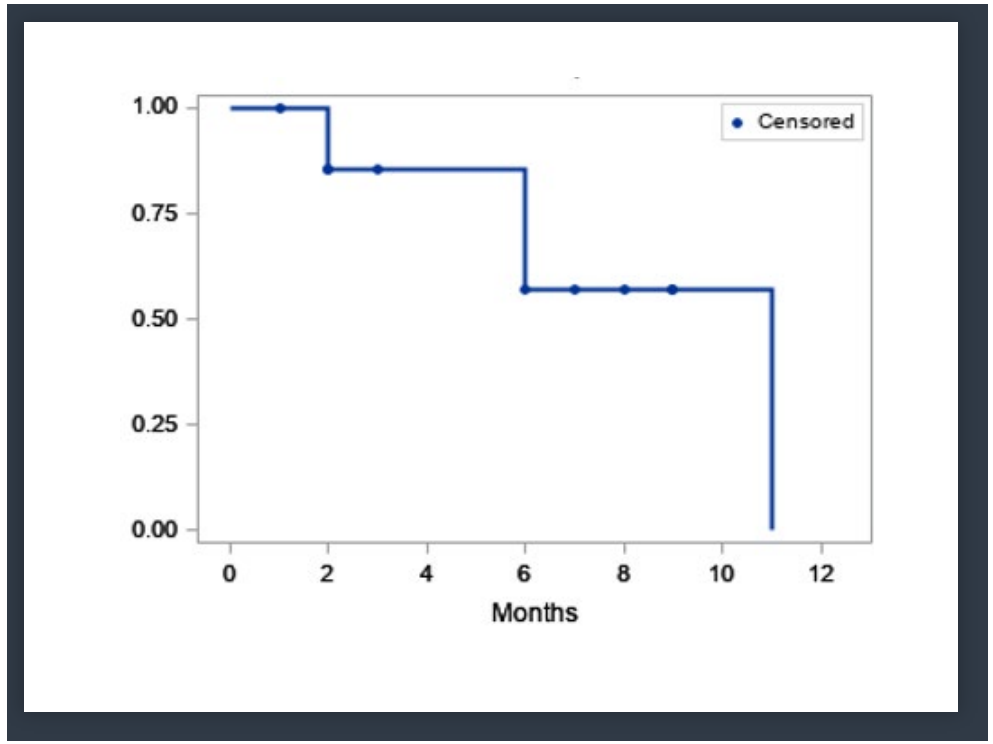
ReSPECT-GBM Interim Phase 2: PFS & OS Analysis

PFS of 11 months & mOS of 13 months

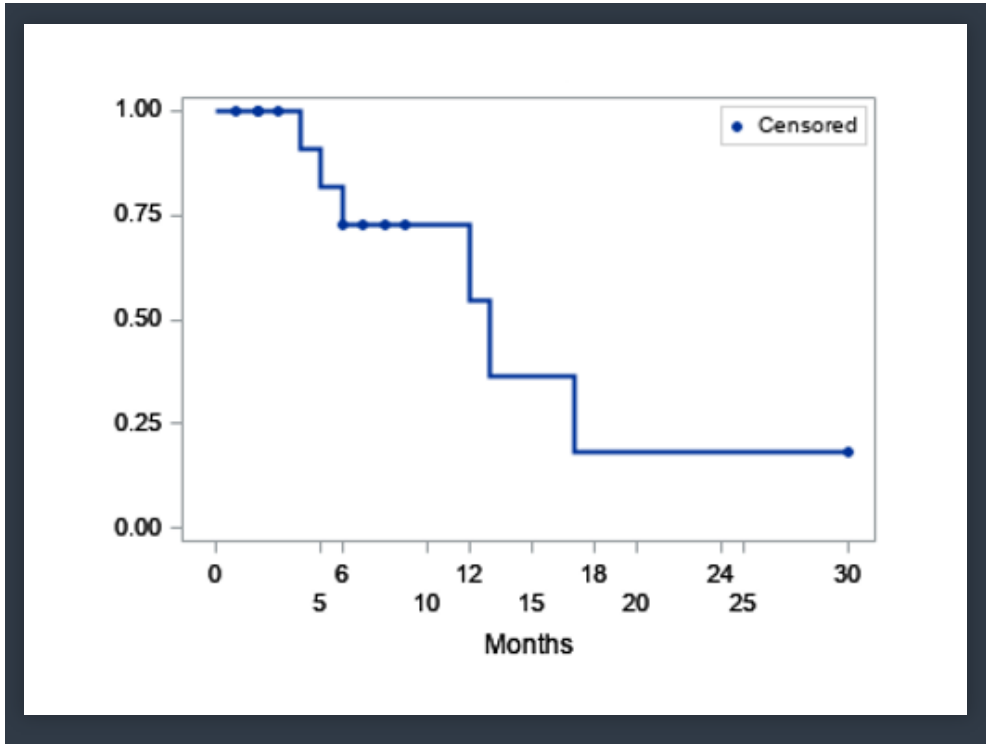
Median Progression Free Survival



PFS: 11 months

(95% CI 6-11 months)

Median Overall Survival



OS: 13 months

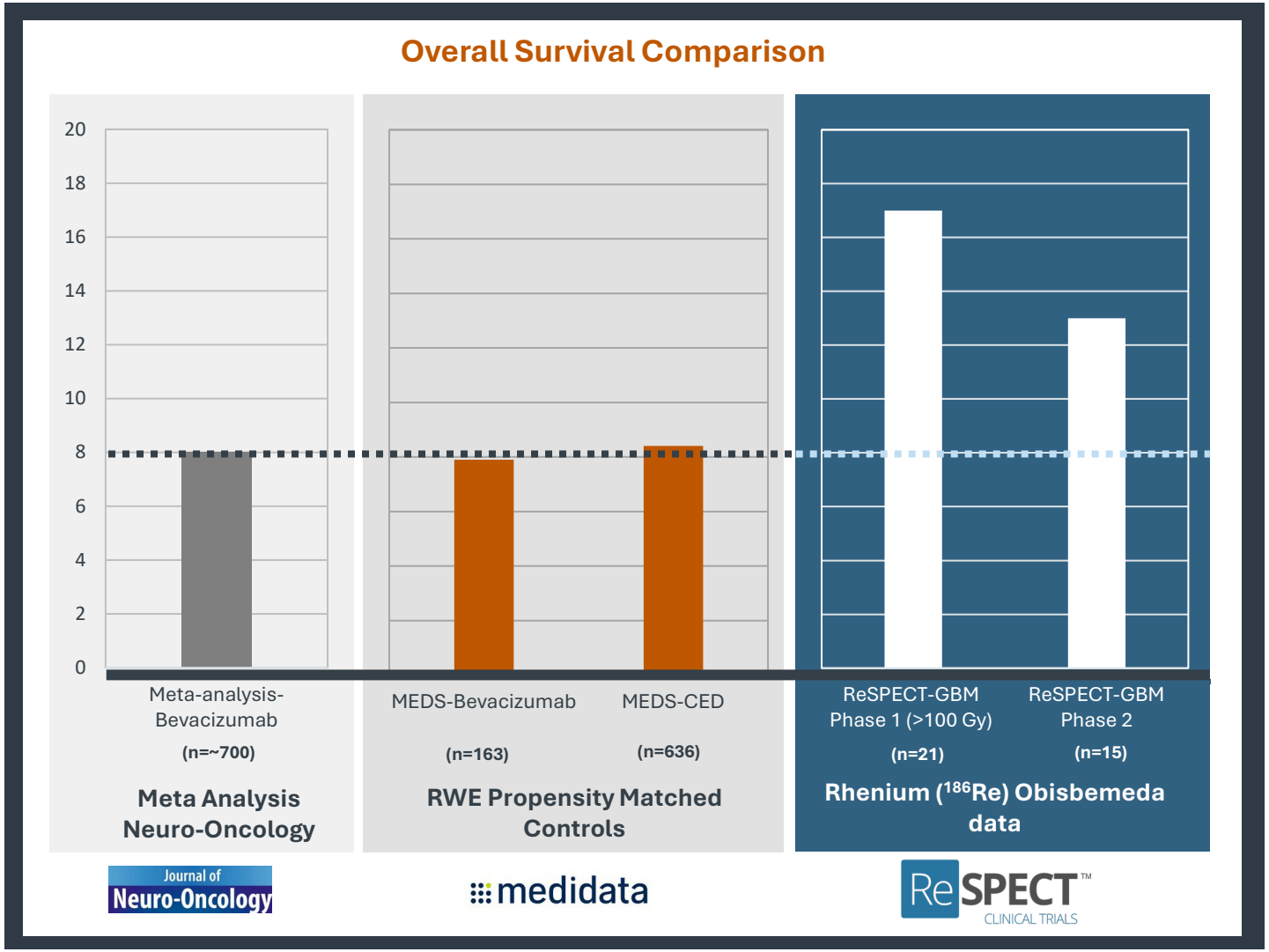
(95% CI 5 months-NA)

*At time of analysis, November 2023

ReSPECT-GBM Summary of Survival Data

Phase 1 & Phase 2 ReSPECT-GBM performance vs. real world experience

- Standard of care performance comparison:
  - Published meta-analysis of >700 rGBM patients
  - Plus/Medidata conducted 2 propensity matched RWE control arms to Plus Phase 1 data
- Phase 1:
  - All patients: 38% improvement over RWE control for Phase 1 (through RP2D)
  - 113% improvement over RWE control in patients receiving therapeutic dose radiation (>100Gy)
- Phase 2: 63% improvement in Phase 2 patients (n=15 of 34 planned patients)



*Data sourced from miffs the Medidata Enterprise Data Store (MEDS) of deidentified patient-level historical clinical trial data, study and patient-level data from historical rGBM CED studies [D'Amico, J Neurooncol 2021], and from on-going ReSPECT-GBM study.
** At time of analysis, 12Mar24

Solid CNS Malignancies

Summary

+ Reliably deliver up to 20x radiation vs. gold standard EBRT
+ High therapeutic index with minimal systemic toxicity
+ Derived RP2D of 22.3 in 8.8 mL for patients with tumor volumes of 20 mL or less
+ Continue to dose escalate in phase 1; MTD not reached thus far
+ Tumor imaging response data highly correlates with absorbed radiation dose & mOS
+ Promising mOS signal in both Phase 1 and ongoing phase 2 trial
+ Potential new paradigm for delivery of radiation for solid CNS malignancies

Next Steps & Milestones

ReSPECT-GBM

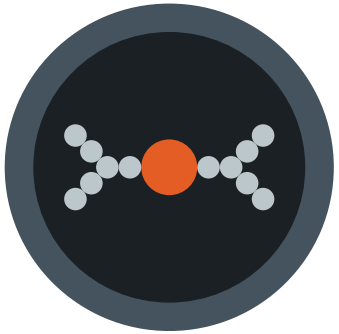
+ Complete enrollment in Phase 1 dose escalation (Cohort 8) and Phase 2 (20 mL tumors or less)
+ Updated interim data in Q4 2024
+ Finalize Phase 3 trial design with FDA

ReSPECT-PBC

+ IND approval & begin Phase1 dose escalation trial for pediatric brain cancer (ependymoma & high-grade glioma)

Plus' Secondary & Preclinical Pipeline

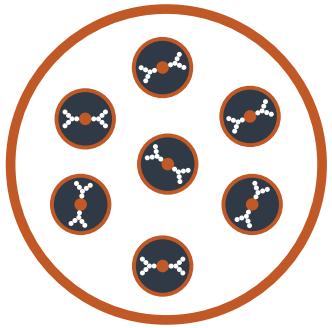
3 areas of ongoing development for pipeline expansion



Rhenium Obisbemeda

Indication expansion

+ Primary GBM
+ Brain metastases
+ Malignant Ascites & Effusions
+ Head & Neck Cancers



Rhenium Biodegradable Alginate Microspheres

Next Generation Selective Internal Radiotherapy

+ GBM
+ Liver cancer
+ Other solid tumors

CNSide Diagnostic/Biomarker

Cerebrospinal Fluid Circulating Tumor Cell Diagnostic

+ Diagnosis of LM
+ LM disease monitoring

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Financials and Milestones

Power and precision in cancer radiotherapeutics

Capitalization Summary

As of March 31, 2024

Balance Sheet	Expected Runway	Grant Funding	Share Count
~$10M Cash, Cash Equivalents, and Investments[1]	Cash, Grants, and Access to Capital to Financing Sources to Fund Operations **into 2026**	**$17.6M** CPRIT, with $6.9M forecast in 2024 **$3.0M** DoD Funding PBC Phase 1/2 trial **$3.2M** NIH funding rGBM Phase 1/2 trial	**7.8M** Basic Common Shares[2]

1. Post PIPE
2. Includes prefunded warrants

Planned 2024 Key Milestones

CSF malignancies - LM Program & ReSPECT-LM Trial

+ Complete single administration trial ReSPECT-LM in 2024 & data read out planned at SNO in Q4 2024
+ Begin CPRIT funded LM single administration P2/3 registrational trial
+ Begin LM multi administration dose interval compression trial in 2024

Solid CNS Malignancies - rGBM Program & ReSPECT-GBM Trial

+ Complete enrollment in ReSPECT-GBM Phase 1 dose escalation (Cohort 8) and Phase 2 (20 mL tumors or less)
+ Updated interim data in Q4 2024, meeting TBD
+ Finalize Phase 3 trial design with FDA

Solid CNS Malignancies - Pediatric Brain Cancer Program & ReSPECT-PBC Trial

+ IND approval & begin Phase1 dose escalation trial in ReSPECT-PBC trial for pediatric brain cancer (ependymoma & high-grade glioma)

Secondary & Preclinical Pipeline

+ CNSide Diagnostic - report FORSEE LM CSF top-line clinical trial data at SNO/ASCO Aug 2024

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