



RADIOPHARM THERANOSTICS

**NASDAQ: RADX / ASX: RAD**

## **A Multi-Asset, First-in-Class Radiopharmaceutical Platform**

**Protein-engineered radiotherapies targeting validated oncology pathways**

COMPANY PRESENTATION

October 2026



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# Investment highlights

THE THESIS: *FOCUSED ON THERAPEUTICS; NON-DILUTIVE VALUE CREATION FROM DIAGNOSTICS*



## Differentiated platform

Four clinical-stage Therapeutic assets  
highly differentiated



## Near-term catalysts

Four Therapeutic dose-escalation studies  
reading out in 2027



Two Imaging assets completed successfully  
Phase 2 and Phase 1, respectively –  
partnering process ongoing

## PROTEIN ENGINEERED RADIOTHERAPIES



### RAD 202

HER2 ·  $^{177}\text{Lu}$

High-dose cohorts started

Phase 1 · dose  
escalation ongoing



### RAD 204

PD-L1 ·  $^{177}\text{Lu}$

Early clinical activity observed

Phase 1 · dose  
escalation ongoing



### RV 01

B7H3 ·  $^{177}\text{Lu}$

One of the emerging targets  
in ADC and Radiopharma

Phase 1 · dose  
escalation ongoing



### RAD 402

KLK3 ·  $^{161}\text{Tb}$

Differentiated non-PSMA  
prostate target.

Phase 1 · dose  
escalation ongoing

# Company Pipeline in Clinical Stage

| PROGRAM | INDICATION                  | ISOTOPE           | PHASE I                                                                              | PHASE II | PHASE III | CATALYSTS                                        |
|---------|-----------------------------|-------------------|--------------------------------------------------------------------------------------|----------|-----------|--------------------------------------------------|
| RAD 202 | HER2 + solid tumors         | <sup>177</sup> Lu |    |          |           | Dose-escalation completion<br>H1 2027            |
| RAD 204 | PDL1+ solid tumors          | <sup>177</sup> Lu |    |          |           | Dose-escalation completion<br>H1 2027            |
| RV 01   | B7-H3+ solid tumors         | <sup>177</sup> Lu |    |          |           | Dose-escalation completion<br>H2 2027            |
| RAD 402 | KLK3+ prostate cancer       | <sup>161</sup> Tb |    |          |           | Dose-escalation completion<br>H2 2027            |
| RAD 101 | Imaging — brain mets        | <sup>18</sup> F   |  |          |           | Successful<br>Phase 2b read-out<br>July 2026     |
| RAD 301 | Imaging – Pancreatic Cancer | <sup>68</sup> Ga  |  |          |           | Successful<br>Phase 1 read-out<br>September 2026 |

Monetization through Partnering

Process ongoing

<sup>177</sup>Lu, lutetium-177; <sup>161</sup>Tb, terbium-161; <sup>18</sup>F, fluorine-18; B7-H3, B7 homolog 3; HER2, human epidermal growth factor receptor 2; KLK3, kallikrein-3; PD-L1, programmed death ligand-1.

# RAD202 — HER2-targeted radiotherapy

Bringing radiotherapy to one of the largest targetable oncology populations

## THE HER2 OPPORTUNITY



### ESTABLISHED TARGET

## HER2

One of the most established targets in oncology.



### BROADER POPULATION

## Beyond HER2+

Expanding into HER2-low and very-low populations.



### POSITIONING

## Post-Enhertu

After trastuzumab deruxtecan (Enhertu).



Validated biology with potential for **best-in-class radiotherapeutic delivery**

# Extending HER2 targeting beyond current modalities

A  $^{177}\text{Lu}$ -radioconjugate targeting HER2 via a single-domain nanobody — distinct from antibodies and ADCs

## THE CONSTRUCT



### Anti-HER2 nanobody

~15 kDa · 2.5 × 4 nm

- ✓ Nanomolar affinity
- ✓ Distinct epitope vs trastuzumab

### ⚠ Current therapies

**Antibodies / ADCs:** trastuzumab, Enhertu

**Limitation:** resistance mechanisms

**Limitation:** systemic toxicity

### ⚡ Radiotherapy advantage

**Targeted cytotoxic RT** in a radiation-sensitive disease

**Distinct mechanism** no cross-resistance with established therapies

### 📈 RWE efficacy benchmark

**Post-Enhertu SoC:** tucatinib + trastuzumab + capecitabine

**10–25%**  
ORR

**3–5 mo**  
PFS

ADC, antibody-drug conjugate; HER2, human epidermal growth factor receptor 2; kDa, kilodalton; nm, nanometer; ORR, objective response rate; PFS, progression-free survival; RWE, real-world evidence; Sd/sdAb, single-domain antibody; SoC, standard of care.

# Phase I dose escalation with a favorable safety profile

First three cohorts completed with no DLTs — Dose Level 4 dosed at 180 mCi

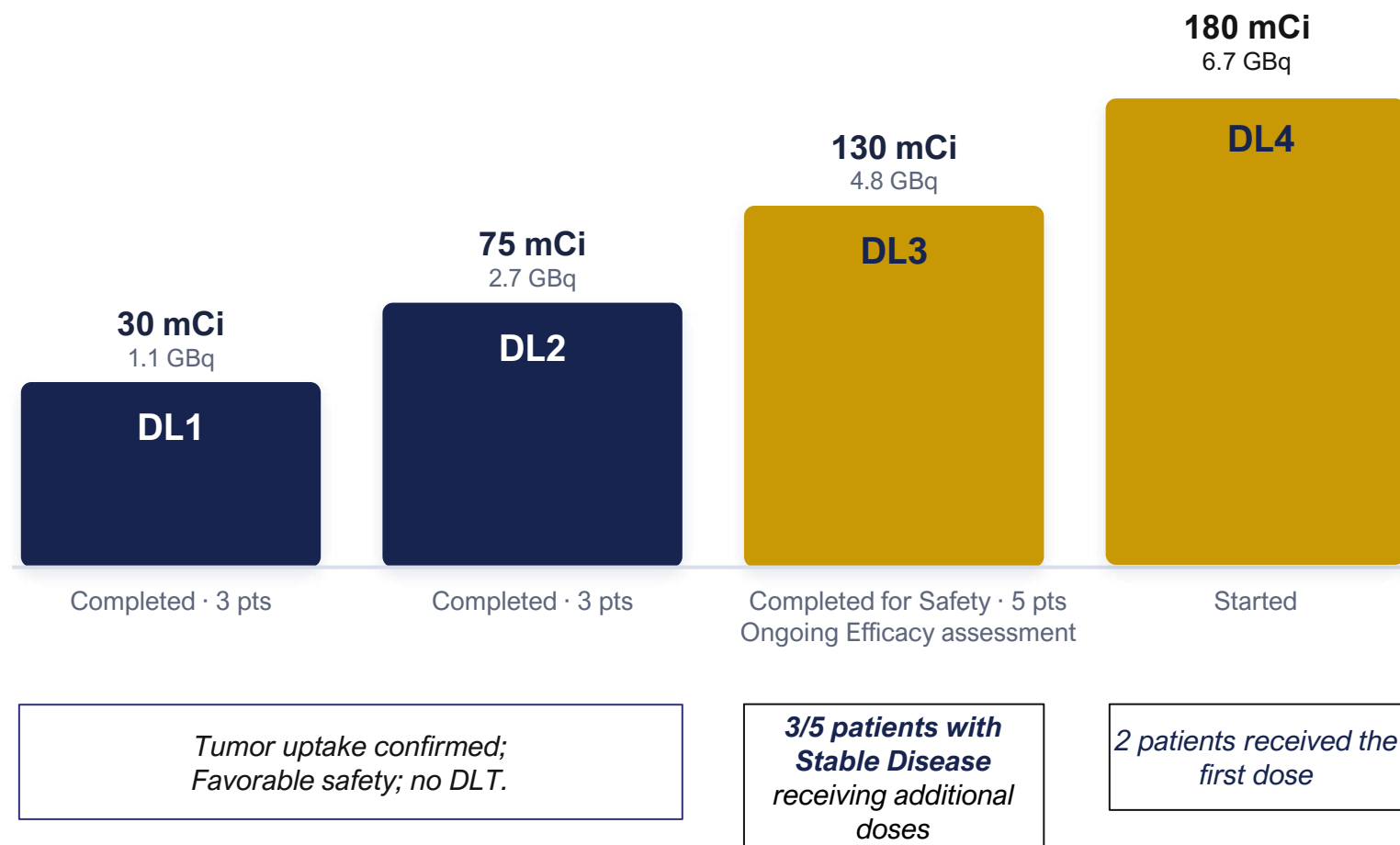
## TRIAL DESIGN

### PRIMARY OBJECTIVES (PHASE 1)

- Safety & tolerability of  $^{177}\text{Lu}$ -RAD202
- Recommended Phase 2 dose

### POPULATION

- HER2+ (IHC, ISH) advanced or metastatic solid tumors



# Cohort #3 (130mCi) : ongoing assessment for early efficacy signal

**SAFETY ASSESSMENT: COMPLETED** 5 patients dosed, NO DLT, Favorable safety profile

**CLINICAL EFFICACY: ONGOING**

- 3/5 Patients with Stable Disease are continuing to complete the 4-cycle regimen
- 1 Patient with 12% tumor reduction after Dose #3
- 1 Patient with 4% tumor reduction after Dose #2

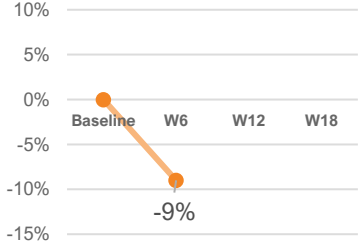
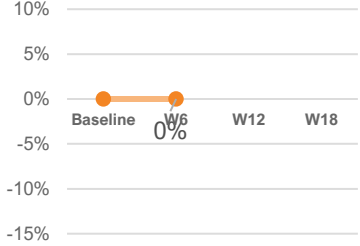
|        | HER2+ tumor type   | Enrolled                     | Progression free interval | Tumor Volume                                                                                    | RECIST -status                                                                                                                                       |
|--------|--------------------|------------------------------|---------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pt #9  | Breast (IHC 2+)    | 1 <sup>st</sup> dose in June | 4mo →                     | <p>10%<br/>5%<br/>0%<br/>-5%<br/>-10%<br/>-15%</p> <p>Baseline W6 W12 W18</p> <p>5% 5% -12%</p> | <p><i>Stable Disease</i> – completed the 4 doses</p> <p>Tumor size in mm:<br/>B = 17 mm<br/>W6 = 18 mm<br/>W12 = 18 mm<br/>W18 = 15 mm<br/>W24 =</p> |
| Pt #12 | Ampullary (IHC 3+) | 1 <sup>st</sup> dose in July | 3mo →                     | <p>10%<br/>5%<br/>0%<br/>-5%<br/>-10%</p> <p>Baseline W6 W12 W18</p> <p>0% -4%</p>              | <p><i>Stable Disease</i> - scheduled for dose #3</p> <p>Tumor size in mm:<br/>B = 80 mm<br/>W6 = 80 mm<br/>W12 = 77 mm<br/>W16</p>                   |

# Cohort #4 (180 mCi): started with fast recruitment rate

SAFETY ASSESSMENT: ongoing

EFFICACY ASSESSMENT: ongoing
 

- 1<sup>st</sup> Patient with 9% tumor reduction after Dose #1

|        | HER2+ tumor type       | Enrolled                                     | Progression free interval | Tumor Volume                                                                         | RECIST -status                                                                                             |
|--------|------------------------|----------------------------------------------|---------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Pt #13 | Breast (IHC 3+)        | 1 <sup>st</sup> dose in Sept                 | 2mo →                     |   | <i>Stable Disease</i> - scheduled for dose #2<br><br>Tumor size in mm:<br>B = 35 mm<br>W6 = 32 mm<br>W12 = |
| Pt #14 | Salivary duct (IHC 2+) | 1 <sup>st</sup> dose in Sept                 | 2mo →                     |  | <i>Stable Disease</i> - scheduled for dose #3<br><br>Tumor size in mm:<br>B = 126 mm<br>W6 = 126 mm        |
| Pt #15 | screening              | 1 <sup>st</sup> dose on Oct 27 <sup>th</sup> |                           |                                                                                      |                                                                                                            |

# RAD202 Investment Case



HER2 is one of the **largest and most validated oncology targets**



Radiotherapy introduces a **new mechanism of action**

Trending towards  
SoC outcomes

*Post-Enhertu SoC:*  
tucatinib + trastuzumab + capecitabine

## RAD 202

ORR = n/a

6 Patients currently  
under treatment  
in DL#3 & DL#4

Avg PFS = 3+ mo  
and growing

## SoC

ORR= 20% -25%

Avg PFS =  
3-5 mo

# RAD204 — First-in-class PD-L1 targeted radiotherapy

Validated immuno-oncology target



First-in-class



PD-L1 targeted



<sup>177</sup>Lu radiotherapy

## POTENTIAL POSITIONING



LEAD INDICATION

**Post-IO NSCLC**

High unmet-need setting after immunotherapy



EXPANSION

**Multiple solid tumors**

Across PD-L1–expressing tumor types



Expands a proven IO target **into a new therapeutic modality**

IO, immuno-oncology; NSCLC, non-small cell lung cancer; PD-L1, programmed death ligand-1; <sup>177</sup>Lu, lutetium-177.

# PD-L1 targeting beyond antibodies & ADCs

A  $^{177}\text{Lu}$ -radioconjugate targeting PD-L1 — a distinct modality vs checkpoint antibodies and ADCs

## THE CONSTRUCT



- ✓ Sub-nanomolar affinity
- ✓ Distinct epitope vs atezolizumab

## ⚠ Today's ceiling

**Antibodies:** proven, but resistance caps durability

**ADCs:** emerging, but systemic toxicity limits reach

## ⚡ Why targeted radiotherapy

**Distinct mechanism** in radiosensitive diseases

**Localized delivery** of radiation to the tumor

## 📈 Benchmark to beat

Post-IO NSCLC · SoC: VEGFR + chemo

**20–25%**

ORR

**4–6 mo**

PFS

## ⚡ RT + IO synergy — “Accelerate + Brake-Release”

**Accelerate:** RT releases tumor antigens and primes a tumor-specific T-cell response. **Brake-release:** PD-L1 blockade removes the adaptive inhibition RT itself induces — enabling durable local control and systemic, potentially abscopal, anti-tumor immunity.

# RAD204 (PDL-1 targeting): early efficacy signal

First patient dosed at Cohort 3 (90 mCi) — dose escalation ongoing under a Bayesian (BOIN) design

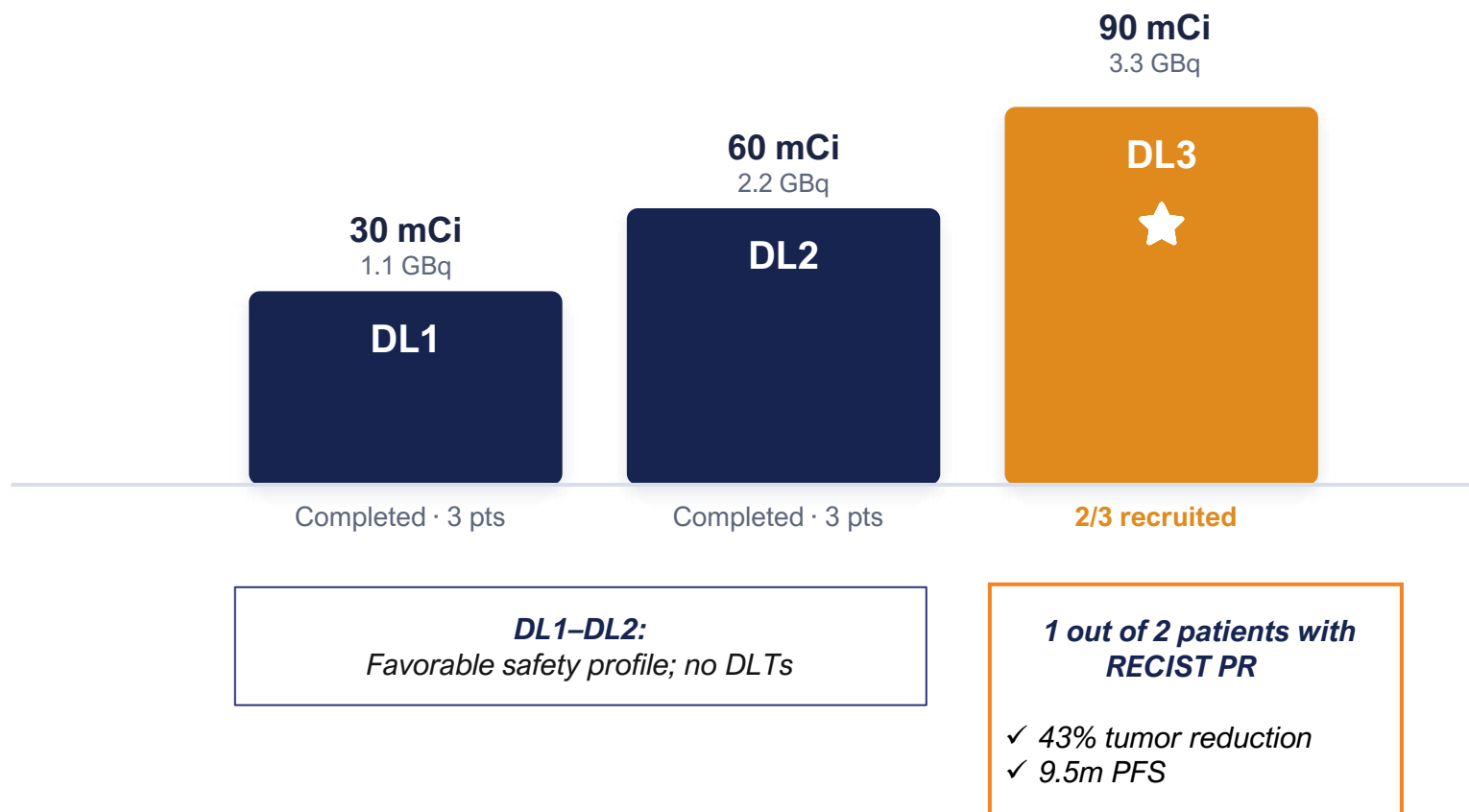
## TRIAL DESIGN

### PRIMARY OBJECTIVES

- Safety & tolerability of  $^{177}\text{Lu}$ -RAD204
- Recommended Phase 2 dose

### STUDY DESIGN

- BOIN dose-finding design
- Population: **prior PD-L1+ (>1%)** metastatic disease



# RAD204: early clinical activity

First patient at 90 mCi achieved a confirmed RECIST Partial Response with durable (9+ months) tumor shrinkage



## Partial Response

RECIST Confirmed (Pt #7)



## 9.5 months PFS

Before progressing

## Progressive Disease

New lesion emerged



## 4 months PFS

Before progressing

**DOSE LEVEL #3** · 90 mCi (3.3 GBq) · NSCLC

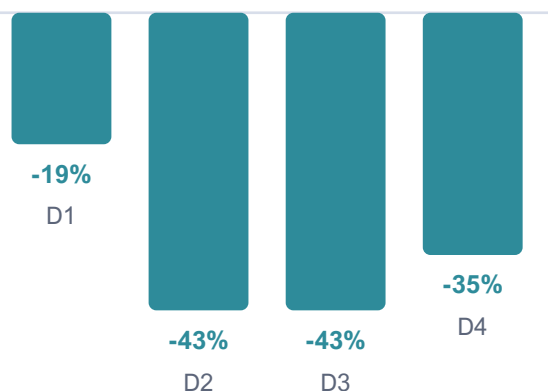
### Patient #7 NSCLC · No DLT

**PARTIAL RESPONSE**

Safety **No DLT**  
 Kidney dose\* **8.1 Gy (cumulative, 4 doses)**  
 PFS **9.5 months**

Completed 4 doses.

#### Tumor shrinkage by cycle (dose)



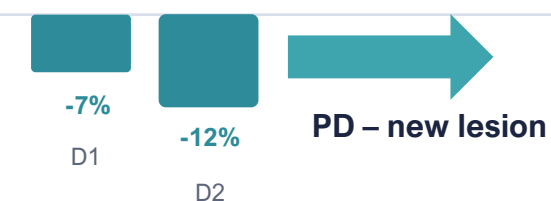
### Patient #8 NSCLC · No DLT

**PD**

Safety **No DLT**  
 Kidney dose\* **2.5 Gy (cumulative, 2 doses)**  
 PFS **4 months**

2 doses received

#### Tumor shrinkage by cycle (dose)



\*FDA guidance = 23 Gy (under discussion).

**Patient #9** (to complete dose level #3) - NSCLC · In screening- to be dosed in October

# Patient #7 — first patient treated at 90 mCi

Durable confirmed RECIST partial response across multiple cycles

## NSCLC — progressed after multiple prior therapies

- External-beam radiotherapy
- Chemotherapy (carboplatin, taxane)
- PD-L1 checkpoint inhibitor

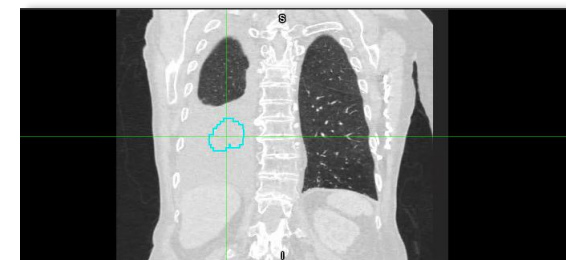
Expected PFS  
**~4–6 months**

## Treated with RAD204 at 90 mCi

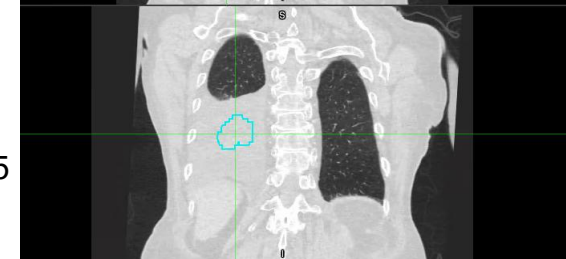
- ✓ Confirmed RECIST PR
- ✓ 43% tumor-size reduction
- ✓ PFS 9.5 months

CORONAL CT · RLL PRIMARY

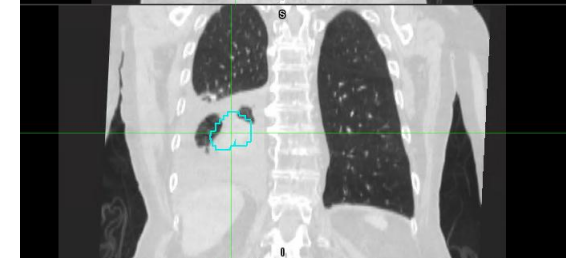
Baseline  
October '25



1<sup>st</sup> dose  
November '25



2<sup>nd</sup> dose  
January '26



3<sup>rd</sup> dose  
March '26



# Trending towards **superior results** vs standard of care



## Confirmed PR

Patient #7 at DL#3 · sustained PFS



Kidney uptake not limiting  
dose escalation

**DOSE LEVEL 3** · 90 mCi (3.3 GBq) · NSCLC



## Partial Response

RECIST(confirmed)

PR

9.5 mo  
PFS

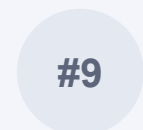


## Progressive Disease

–12% tumor after dose #2, then new lesion emerged

PD

4 mo  
PFS



## In screening

Enrollment ongoing

—

Post-IO NSCLC · SoC = VEGFR + chemo

## RAD 204

ORR = 50%

Potentially higher  
one additional patient  
pending

Avg PFS =  
6.7mo

## SoC

ORR= 20% -25%

Avg PFS =  
4-6mo

# RAD204 Investment Case



PD-L1 is the largest and most validated immuno-oncology target



Targeted radiotherapy introduces a new principle combining two synergistic mechanisms of action



Addressable market (US, post-IO NSCLC)

**40,000–65,000**

patients per year



Platform enables continued optimization across the pipeline

✓ **Early clinical signal already observed at dose level #3**

✓ **First-in-class: no radiopharma competitors identified**

# RV 01 & RAD 402 Clinical Development

*Dose escalation progressing well*



**RV 01**

B7H3 · <sup>177</sup>Lu

One of the emerging targets in ADC and Radiopharma

Phase 1 · dose escalation ongoing



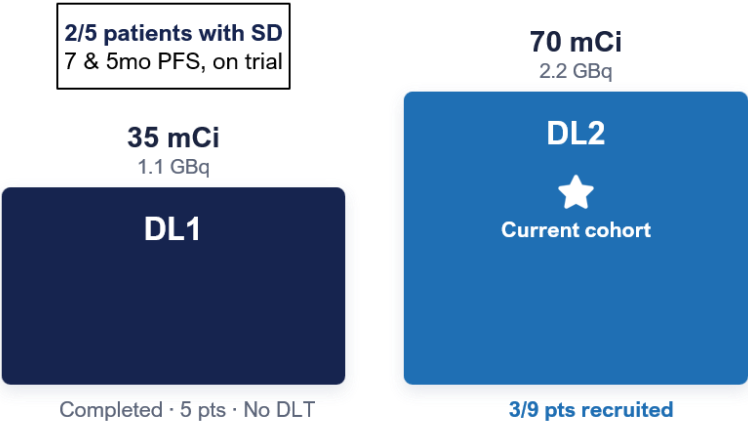
**RAD 402**

KLK3 · <sup>161</sup>Tb

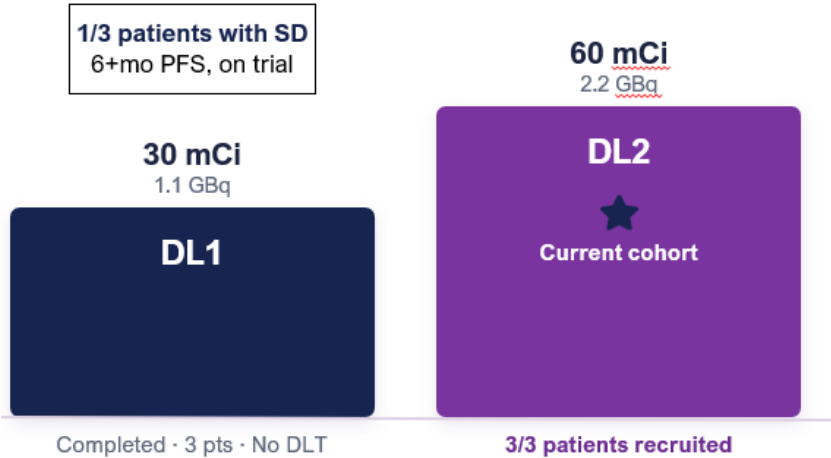
Differentiated non-PSMA prostate target.

Phase 1 · dose escalation ongoing

## Phase I — Treatment (dose escalation)



## Phase I — Treatment (dose escalation)



# Summary

## 1) VALUE CREATION Through Partnering



### RAD 101 & RAD 301

Imaging trials completed successfully



### Partnering process ongoing

Letter of Intent from multiple players expected soon



### Non-dilutive monetization

Upfront, milestone, and royalties as base deal plan

## 2) FOCUSED RESOURCES ON INFLECTION POINTS from Therapeutic Pipeline

### First Half 2027



### RAD 202

HER2 ·  $^{177}\text{Lu}$

High-dose cohorts started

Phase 1 · dose escalation ongoing



### RAD 204

PD-L1 ·  $^{177}\text{Lu}$

Early clinical activity observed

Phase 1 · dose escalation ongoing

### Second Half 2027



### RV 01

B7H3 ·  $^{177}\text{Lu}$

One of the emerging targets in ADC and Radiopharma

Phase 1 · dose escalation ongoing



### RAD 402

KLK3 ·  $^{161}\text{Tb}$

Differentiated non-PSMA prostate target.

Phase 1 · dose escalation ongoing



RADIOPHARM THERANOSTICS

**Thank You**

[www.radiopharmtheranostics.com](http://www.radiopharmtheranostics.com)



# **RAD 101 – RAD 301**

## **Partnering project ongoing**

# Imaging lead asset — RAD101

First-in-class PET tracer with high probability of success — near-term value and optionality



## THE NEED

### High unmet Need - SoC MRI falls short

Early identification of recurrent brain metastases is urgent need in suspected relapse after SRS.



## THE MARKET

# 300,000

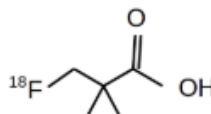
~300,000 new brain-metastasis patients post-SRS each year (US) — with no direct competitor in this imaging sector.



## THE ASSET

### First-in-class PET tracer

RAD101 ( $^{18}\text{F}$ -pivalate) is a FASN-targeted PET tracer designed to close this diagnostic gap.



## THE DATA

### Successful Phase 2b read-out

Company-sponsored Phase 2b (US, N=30); 93% achievement of the Primary Endpoint.



**Partnering-ready & non-dilutive: M&A firm retained – process ongoing**

# RAD101 Phase IIb — primary endpoint readout

Primary endpoint met — high concordance with MRI.



PRIMARY ENDPOINT

Concordance with MRI



SUCCESSFULLY ACHIEVED

93%

28 / 30 patients concordant

\*3/30 Patient data not yet available

## SECONDARY ENDPOINT · INTERIM ANALYSIS



SENSITIVITY

INTERIM

86%

12 / 14 patients



SPECIFICITY

PENDING

Not yet available

Read-out expected Q4 2026

Primary endpoint met — 93% concordance with MRI · full sensitivity and specificity read-out expected Q4 2026.

# RAD101 - Next steps to Phase 3

A clear, de-risked path to a Phase 3 ready to start in Q4 2026



## Trial design

**N=320 patients** · primary endpoints: sensitivity & specificity



## Supply & logistics

US radiolabeling & distribution outsourced to a global leader —  
**contract signed with Siemens PETNET**

# Imaging asset — RAD301



## THE NEED

### High unmet Need - SoC falls short

Early identification of pancreatic lesions is urgent need in PDAC patients



## THE MARKET

# 15,000

~15,000 new PDAC patients each year (US)



## THE ASSET

### Potential first-in-class PET tracer

- RAD301 (68Ga-Trivehexin) is a AvB6-targeted PET tracer designed to close this diagnostic gap.
- Orphan drug designation received from the FDA



## THE DATA

### Phase 1 positive read-out

Company-sponsored Phase 1 (US, N=8)



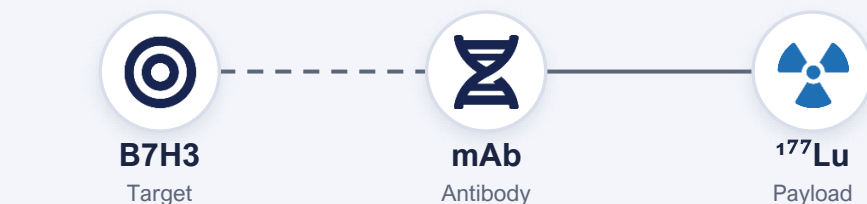
## Partnering-ready & non-dilutive

**RAD 402 – RV 01 – RAD 101 – RAD 301**

# BETABART (RV01) — First-in-class selective anti-B7H3

A selective anti-B7H3 monoclonal antibody in clinical development

## THE CONSTRUCT



- ✓ Selective for tumor 4Ig-B7H3
- ✓ Engineered mAb biodistribution



## Engineered mAb — optimized biodistribution

- ↓ **FcRn binding:** faster clearance — hepatic excretion, shorter half-life
- ↓ **FcγR binding:** less bone-marrow exposure — lower hematologic toxicity risk

## Isotope selection — $^{177}\text{Lu}$

- Therapeutic index:** favorable
- Supply chain:** solid and established
- Cross-fire effect:** active in small & large lesions

B7H3, B7 homolog 3; Fc, fragment crystallizable; FcRn, neonatal Fc receptor; FcγR, Fc-gamma receptor; mAb, monoclonal antibody;  $^{177}\text{Lu}$ , lutetium-177.

# Phase I basket trial underway

First-in-class  $^{177}\text{Lu}$ -RV01 (BETABART) — dose escalation across a multi-tumor basket

## TRIAL DESIGN

### PRIMARY OBJECTIVES (PHASE 1)

- Safety & tolerability of  $^{177}\text{Lu}$ -RV01
- Recommended Phase 2 dose

### POPULATION

- Advanced / metastatic solid tumors — prostate, lung (NSCLC & SCLC), colorectal, breast (TNBC), H&N, ovarian, endometrial



**Enrollment proceeding very well:** first patient dosed 2/2026 · first cohort completed in <5 months · multiple tumor types enrolled

## Phase I — Treatment (dose escalation)

2/5 patients with SD  
7 & 5mo PFS, on trial

35 mCi  
1.1 GBq

DL1

Completed · 5 pts · No DLT

70 mCi  
2.2 GBq

DL2



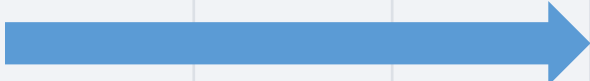
Current cohort

3/9 pts recruited

# B7H3 radiotherapies: competitive landscape

**Competing approaches:** mini-proteins & peptides

**RAD approach:** full mAb with engineered biodistribution

| Company                     | Program  | Molecule                            | Indication                                               | Isotope           | Pre-IND                                                                              | IND granted | Phase I: first patient dosed | Phase I completed |
|-----------------------------|----------|-------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------|-------------|------------------------------|-------------------|
| Radiopharm Theranostics     | RV01     | mAb<br>(engineered biodistribution) | 1 basket trial in multiple solid tumors (incl. prostate) | $^{177}\text{Lu}$ |   |             |                              |                   |
| AKTIS Oncology              | AKY-2519 | Mini-protein                        | 1 basket trial in solid tumors · 1 prostate cancer trial | $^{225}\text{Ac}$ |   |             |                              |                   |
| Novartis / Mariana Oncology | MC-760   | Peptide                             | Basket trial in multiple solid tumors                    | $^{177}\text{Lu}$ |  |             |                              |                   |

$^{225}\text{Ac}$ , actinium-225; IND, investigational new drug; mAb, monoclonal antibody;  $^{177}\text{Lu}$ , lutetium-177.

# RAD402 — First-in-class KLK3-targeting mAb

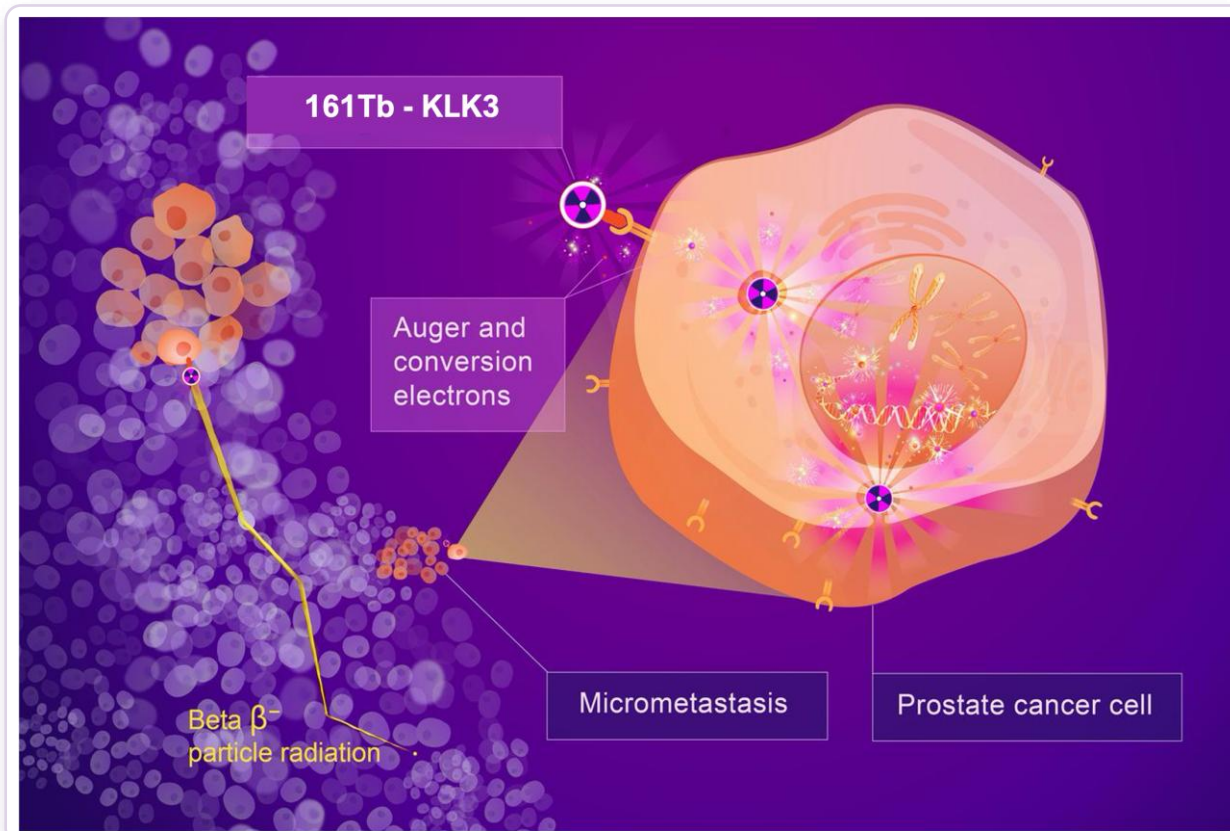
A highly differentiated  $^{161}\text{Tb}$  radiotherapy approach in prostate cancer

## THE CONSTRUCT



- ✓ **Prostate-specific KLK3 target**  
Expressed in >90% of tumors · validated PSA biology
- ✓ **Differentiated antibody**  
Internalizing, very high affinity (~8–20 pM) · ideal post-Pluvicto
- ✓  **$^{161}\text{Tb}$  dual emission**  
Long-range beta + short-range Auger / conversion electrons

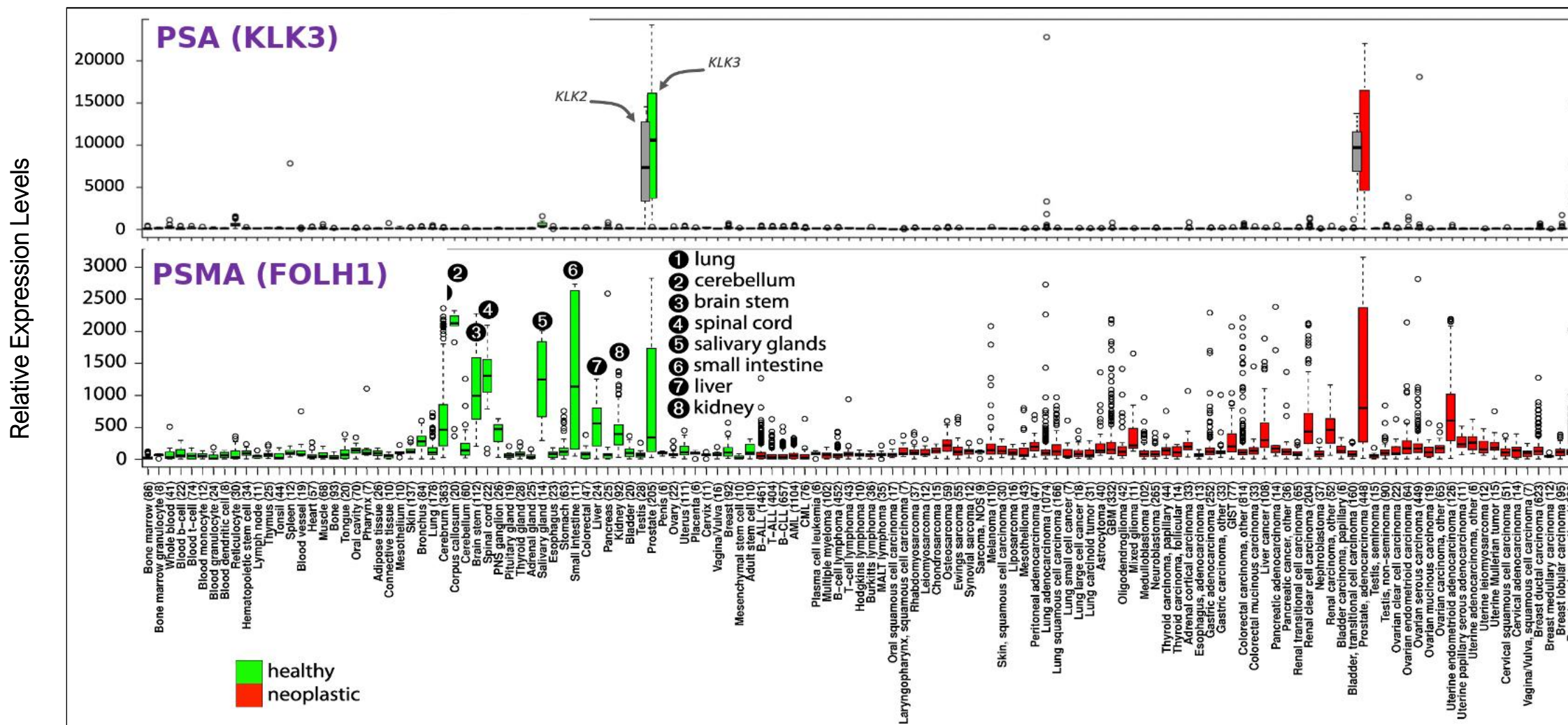
## Advantage of $^{161}\text{Tb}$ radiotherapy



**Long-range beta particle radiation** plus short-range conversion / Auger electrons — reaching bulk tumor and micrometastases.

# Addressing the limitations of PSMA-based radiotherapy

KLK3: a cleaner, more selective target for prostate cancer than PSMA



# RAD402 clinical status

First-in-class  $^{161}\text{Tb}$  program — Phase I dose escalation underway

## TRIAL DESIGN

### PRIMARY OBJECTIVES (PHASE 1)

- Safety & tolerability of  $^{161}\text{Tb}$ -RAD402
- Recommended Phase 2 dose

### POPULATION

- Advanced / metastatic prostate cancer (all comers)



**Enrollment proceeding very well:** first patient dosed 3/2026 · first cohort completed in ~4 months

## Phase I — Treatment (dose escalation)

1/3 patients with SD  
6+mo PFS, on trial

30 mCi  
1.1 GBq

**DL1**

Completed · 3 pts · No DLT

60 mCi  
2.2 GBq

**DL2**



Current cohort

3/3 patients recruited

# TEAM

# LEADERSHIP WITH PROVEN PHARMA AND RADIOPHARMA TRACK RECORD



**Riccardo Canevari**  
CEO

Prior Chief  
Commercial Officer  
at AAA, Novartis



**Dr. Dimitris Voliotis**  
CMO

Prior CDO, Global Head  
Clinical Development at  
Eisai and Bayer

## EXPERIENCED DEVELOPMENT AND REGULATORY TEAM

|          |                |
|----------|----------------|
| Clinical | Regulatory     |
| CMC      | Radiochemistry |
| Quality  | Preclinical    |

## CAPITAL EFFICIENT OPERATING MODEL

15 FTEs globally  
Asset-focused structure  
Outsourced execution via best-in-industry partners

**CAPITAL DEPLOYED DIRECTLY INTO CLINICAL PROGRAMS**

# Chairman and Board



Paul Hopper  
Executive Chairman

- Founder of Radiopharm Theranostics Ltd.
- 25 years experience as a life-sciences entrepreneur
- Founder, Chairman, non-executive director or CEO of more than fifteen companies in the US, Australia and Asia
- Previous and current Boards include Imugene, Chimeric Therapeutics, Viralytics, Prescient Therapeutics and Polynoma



Ian Turner



Hester Larkin



Noel Donnelly



Bruce  
Goodwin



Riccardo  
Canevari

# ISOTOPE SUPPLY CHAIN

# Isotope Selection and Supply Chain

**Beta-Emitters: Best proven therapeutic index, secure and reliable sourcing**

## 177-Lutetium



### Beta Particles

-  Most used therapeutic isotope
-  Well proven therapeutic index
-  FDA approved for solid tumors
-  Long half-life allows for global distribution

## 161-Terbium

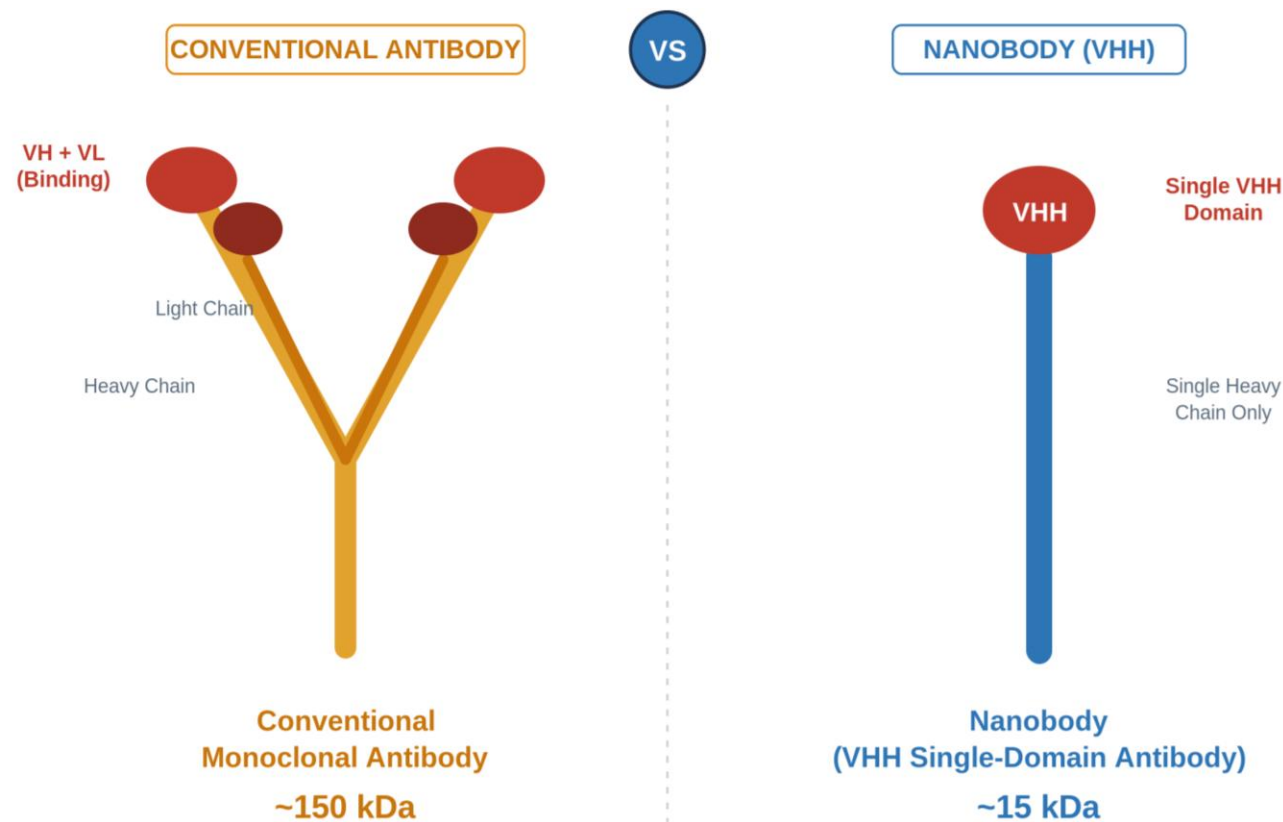


### Beta & Auger Particles

-  Innovative dual atomic particle functionality combining the benefits of Beta cross-fire effect and Auger short-distance high-energy (similar to alpha emission)
-  Potential efficacy in both solid tumors & micrometastases
-  Long half-life allows for global distribution

# Nanobody vs Conventional (IgG) Antibody

Structure, Size & Key Differences



| Property           | Conventional Antibody | Nanobody (VHH)     |
|--------------------|-----------------------|--------------------|
| Molecular Weight   | ~150 kDa              | ~15 kDa            |
| Structure          | 4 chains (2H + 2L)    | 1 chain (VHH only) |
| Stability          | Moderate              | Exceptional        |
| Tissue Penetration | Limited               | Superior           |