Providing answers for cancer patients

curasight



Curasight A/S
Interim report Q3 2026

In this document, the following definitions shall apply unless otherwise specified: "the Company" or "Curasight" refers to Curasight A/S, CVR no. 35249389.

The Company
CURASIGHT A/S
Ole Maaløes Vej 3
2200 København N
Tel.: 22 83 01 60
Registered office: København N
CVR no.: 35 24 93 89
Financial year: 01.01 - 31.12

Key figures and selected posts

Q3 (2026-07-01 – 2026-09-30)

- Gross loss amounted to kDKK -12,264 (kDKK -12,076)
- Operating loss amounted to kDKK -13,862 (kDKK -13,545)
- Loss before tax amounted to kDKK -15,229 (kDKK -14,262)
- Loss for the period amounted to kDKK -13,854 (kDKK -12,887)
- Total assets amounted to kDKK 43,934 (kDKK 33,202)
- Equity ratio amounted to 3.5% (52.6%)
- Earnings per share amounted to DKK -0.28 (DKK -0.28)

Q1-Q3 (2026-01-01 – 2026-09-30)

- Gross loss amounted to kDKK -35,139 (kDKK -34,475)
- Operating loss amounted to kDKK -40,632 (kDKK -38,765)
- Loss before tax amounted to kDKK -44,734 (kDKK -41,420)
- Loss for the period amounted to kDKK -40,609 (kDKK -37,295)
- Total assets amounted to kDKK 43,934 (kDKK 33,202)
- Equity ratio amounted to 3.5% (52.6%)
- Earnings per share amounted to DKK -0.83 (DKK -0.81)

Numbers in parenthesis are the numbers from the same period in 2025.

Definitions
Equity ratio: Shareholders equity as a proportion of total assets.
Earnings per share: Profit/Loss for the period divided by average number of shares.

Key figures | CEO letter | Highlights | About Curasight | Financial statements

uPAR. One target. Multiple aggressive tumors.

Curasight has built an extensive clinical evidence base for uPAR, a promising target for cancer imaging and radioligand therapy. Nine clinical imaging studies involving more than 500 patients across eight solid tumor types, uPAR has been characterized in patients, providing a strong foundation for our theranostic platform and our ambition to shape the future of radiopharmaceuticals have characterized uPAR in patients and laid the foundation for our theranostic platform.

Our new website and corporate presentation reflect a new chapter for Curasight. We are accelerating development of a next-generation uPAR ligand to expand the therapeutic pipeline, while advancing two clinical programs toward important readouts in the first half of 2027.

Expanding the therapeutic pipeline
Our imaging studies help identify cancers where uPAR is present and where tracer uptake is associated with aggressive disease. We use these findings alongside preclinical evidence, clinical feasibility and unmet medical need to prioritize indications.

Glioblastoma was a logical starting point, supported by substantial uptake in aggressive brain tumors and encouraging preliminary clinical findings. Building on this work, we have increased resources for a next-generation ligand designed to reach tumors throughout the body after systemic administration. Our objectives are stronger uPAR binding, longer tumor retention and improved stability, enabling us to pursue a substantially broader therapeutic opportunity. We have increased resources devoted to this program to advance the potential of uPAR across multiple cancers.

The ligand is designed to carry either an alpha- or a beta-emitting radionuclide, supporting two potential therapeutic products. Beta radiation has a longer range in tissue and may suit larger lesions or tumors with variable receptor expression. Alpha radiation deposits high energy over a shorter distance and may suit selected cases with smaller tumor volumes. Tumor biology, disease distribution and dosimetry will guide the choice. Head and neck cancer, non-small cell lung cancer and colorectal cancer are among the leading indications under evaluation.

Glioblastoma delivery and dosimetry
Following encouraging preliminary findings in June 2026, we announced an amendment to our Phase 1 dosimetry study in July. We received regulatory approval in October, and patient enrolment has resumed under the amended protocol.

The study uses a catheter to deliver ^{64}Cu-DOTA-AE105 directly into arteries supplying the tumor. At least six patients will receive the agent without mannitol, which was previously used to temporarily open the blood-brain barrier. We expect results on delivery and dosimetry in the first half of 2027. The comparison will help determine the delivery method for subsequent therapeutic dosing with a separate lutetium-177 product.

Imaging for patient selection and diagnosis
Our uTRACE® program has two roles. In therapy development, uPAR PET may help identify patients with uPAR-positive tumors and assess targeting and radiation exposure. It also has diagnostic potential.

We expect top-line results from our Curium-partnered Phase 2 uTRACE® prostate cancer study in the first half of 2027. The study evaluates whether uPAR PET can distinguish lower-risk disease from more clinically significant prostate cancer in patients under active surveillance. Combined with MRI, uPAR PET can provide information about tumor biology across the imaged volume. This could offer a more comprehensive assessment of cancer aggressiveness, improving decisions on continued surveillance, further biopsies or treatment and could help guide decisions on continued surveillance, further biopsies or treatment.

I would like to thank the patients and families participating in our studies, our investigators and clinical collaborators, and our partners, employees and shareholders for their continued support.

Sincerely,

Ulrich Krasilnikoff
CEO, Curasight A/S

Highlights during third quarter and after the period

On July 27, 2026, the Company announced a protocol amendment to the ongoing Phase 1 clinical trial evaluating ^{64}Cu-DOTA-AE105 in patients with glioblastoma. The amendment is designed to optimize the delivery method and to broaden the clinical information obtained for the design of subsequent studies with lutetium-177.

On September 14, 2026, the Company announced a change in the ownership structure of an existing major shareholding following an internal restructuring. As a result, Curacap Holding ApS held 27.68 per cent of the shares and voting rights in Curasight.

On October 5, 2026, the Company announced that the protocol amendment for its ongoing Phase 1 clinical dosimetry trial in glioblastoma had been approved by the relevant authorities, allowing patient enrolment to resume. Under the amended protocol, newly enrolled patients receive 64Cu-DOTA-AE105 by super-selective intra-arterial delivery without mannitol-induced opening of the blood brain barrier, which allows the contribution of barrier opening to be assessed directly and informs the delivery method for subsequent studies.

On November 13, 2026, the Company announced that Curasight attended the Jefferies Global Healthcare Conference in London 16 -19 November 2026. The company's agenda included one-to-one meetings with specialist healthcare investors and industry representatives.

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By combining diagnostics with therapy – Curasight is on a mission to improve the lives of millions of people with cancer

Curasight A/S in short

Curasight A/S is a clinical-stage radiopharmaceutical company based in Copenhagen, Denmark, developing products targeting uPAR, a receptor associated with aggressive cancer biology across multiple solid tumors. The portfolio comprises uTRACE®, the imaging and diagnostic platform, and uTREAT®, the therapeutic development platform. uTREAT® includes the clinical-stage glioblastoma program and an accelerated next-generation uPAR ligand program designed to support separate alpha- and beta-emitting therapeutic product candidates.

Radioligand therapy uses a targeting molecule to carry a radionuclide, or radioactive payload, to tumors that express the target. Imaging built around the same biological target can help identify suitable patients and quantify uptake before therapeutic development, although individual imaging and treatment products are developed and evaluated separately.

The scientific rationale – why uPAR?
uPAR, the urokinase-type plasminogen activator receptor, participates in processes associated with tumor invasion, angiogenesis and metastasis. It is present on the surface of tumor and tumor-associated cells and can be reached by radioligands. Its expression is generally lower in many healthy tissues than in aggressive tumors.

Many existing radioligand approaches are built around targets associated with particular cancers. uPAR is distinguished by its association with aggressive tumor behavior across multiple solid tumors. This creates the potential for therapeutic development in more than one cancer type, provided tumor targeting and acceptable normal-organ exposure can be demonstrated for each product and indication.

uPAR has historically been difficult to exploit with conventional drug modalities. Radioligand therapy reframes the opportunity. Instead of attempting to block uPAR signaling, the receptor is used as a handle to deliver a radioactive payload directly to aggressive cancer cells.

Clinical characterization in humans
AE105-family uPAR imaging agents within uTRACE® have generated human evidence in nine clinical studies, including prospective Phase 2 trials, involving more than 500 patients across eight solid tumor types. These data support the ability to image uPAR-associated tumor uptake and have linked uptake to disease aggressiveness or outcome in several indications. The studies were investigator-initiated and conducted in accordance with the Good Clinical Practice (GCP) guidelines.

uPAR theranostics
Theranostics combines imaging of a biological target with development of therapies aimed at the same target. The uTRACE® PET imaging platform may support patient selection, biodistribution and dosimetry for uTREAT® platform development, while uTRACE® also has independent diagnostic applications. Each imaging and therapeutic product requires its own appropriate development and regulatory assessment.

Pipeline and clinical focus
Glioblastoma. Curasight's lead clinical program is in glioblastoma, an aggressive brain cancer with high unmet medical need. The first patient was dosed in December 2025. The current Phase 1 stage uses 64Cu-DOTA-AE105 at imaging and dosimetry activity delivered through a catheter positioned in an artery supplying the tumor. It is intended to quantify delivery, biodistribution and tumor and healthy-organ radiation exposure. An amended protocol was approved in October 2026 and enrolment has resumed. Delivery and dosimetry top-line data are expected in H1 2027, and a separate 177Lu product is intended for later therapeutic testing.

Next-generation uPAR ligand. Curasight has accelerated preclinical development of a new targeting ligand for potential radioligand therapy in additional solid tumors. The development objectives are greater binding affinity, improved tumor retention and increased stability in circulation. Its modular architecture is intended to support separate alpha- and beta-emitting therapeutic product candidates, where the tumor biology and dosimetry support each choice. Head and neck, non-small cell lung, colorectal, and pancreatic cancer are among indications for evaluation.

uTRACE® imaging. The uTRACE® platform supports therapeutic development and offers an independent diagnostic opportunity. The Curium-partnered Phase 2 prostate program evaluates whether PET imaging of uPAR expression can help distinguish ISUP grade 1 from grade 2 or higher tumors. Unlike a biopsy, which evaluate tissue sampled at individual locations, PET used alongside MRI can evaluate uPAR uptake across the imaged tumor volume and may provide a broader view of tumor aggressiveness thus circumventing the sampling bias of biopsies. The study will determine whether this adds clinically useful information. Top-line data are expected in H1 2027. Curasight retains rights to the uTRACE® platform outside the licensed prostate cancer indication, including opportunities in head and neck cancer.

GMP manufacturing
Radiopharmaceutical development requires reliable clinical and manufacturing execution. Curasight has gained good manufacturing practice experience through its uPAR imaging agents and is building on related targeting biology across the two platforms. However, each imaging and therapeutic product has distinct chemistry, quality, manufacturing and regulatory requirements.

The radioligand therapy market
Commercially established radioligand therapies targeting PSMA and somatostatin receptors demonstrate the medical relevance of targeted radionuclide treatment.

Key facts

- **Lead therapeutic program.** Radioligand therapy in recurrent glioblastoma. Phase 1 delivery and dosimetry study ongoing, with approved amended protocol. H1 2027 top-line expected before separate 177Lu therapeutic development.
- **Human uPAR characterization.** Nine clinical imaging studies, including prospective Phase 2 trials, more than 500 patients and eight solid tumor types. Uptake has been associated with aggressive disease or outcomes in several indications.
- **Platform expansion.** Accelerated next-generation uPAR ligand development, designed to support separate alpha- and beta-emitting products. Human imaging helps prioritize candidates for focused, capital-efficient development.
- **Partnered diagnostic program.** Curium-partnered uTRACE® Phase 2 prostate study. uPAR PET may offer a more complete view of the imaged tumor than a biopsy from selected sites, potentially improving risk stratification. H1 2027 top-line expected.
- **Scientific origin.** Based on research conducted at Rigshospitalet and the University of Copenhagen, led by Professor Andreas Kjær and collaborators.
- **Intellectual property.** Patent portfolio and pending applications reported by the Company to extend to 2043.

Important information
uTREAT® is an investigational compound. Its safety and efficacy have not yet been established and it has not been approved by any regulatory authority. This section may contain forward-looking statements, including statements regarding clinical development plans and timing; actual results may differ materially due to risks and uncertainties.

About high grade glioma and glioblastoma
Treatment of glioblastoma presents a significant unmet medical need, necessitating innovative and effective treatments. Approximately 65,000 patients in the US and EU are diagnosed annually with brain tumors of which approximately 30,000 patients are diagnosed with high-grade glioma where the prognosis is very poor. Glioblastoma is a rare disease in both markets, qualifying for Orphan Drug Designation; moreover, because of the high unmet need, drug candidates are more likely to qualify for e.g. Priority Review, Breakthrough Therapy Designation, or Accelerated Approval. Approximately 10 % of the patients are children. The prognosis for individuals with glioblastoma is very poor as approximately 50 % of the patients die within 14 months and after five years from diagnosis only 5 % are still alive.

About neuroendocrine tumors
Each year approximately 35,000 new cases are diagnosed in the US and EU. Due to the long survival of these patients, more than 400,000 patients are living with the disease in the US and EU. Neuroendocrine tumors are a rare form of cancer that occurs in glandular cells most frequently in the lining of the gastrointestinal tract or in the lungs, but the disease can in principle occur in all organs of the body.

About head and neck cancer
Head and neck squamous cell carcinoma is the 6th most common cancer worldwide with 890,000 new cases and 450,000 deaths in 2018. The incidence is anticipated to increase over the coming years.

About Non Small Cell Lung Cancer (NSCLC)
Lung cancer is the leading cause of cancer-related deaths worldwide, accounting for the highest mortality rates among both men and women. NSCLC is the most common type of lung cancer with approximately 700,000 patients being diagnosed each year in the US and EU alone. The 5-year survival rate in the US is around 28 %. Despite advances, there is a need for more effective therapies.

Interim report
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About Pancreatic Cancer
Pancreatic cancer is the 12th most common cancer worldwide. It is the 12th most common cancer in men and the 11th most common cancer in women. There were more than 495,000 new cases of pancreatic cancer in 2020. Pancreatic cancer begins when abnormal cells in the pancreas grow and divide out of control and form a tumor. The pancreas is a gland located deep in the abdomen, between the stomach and the spine. It makes enzymes that help digestion and hormones that control blood-sugar levels. More than 66,000 Americans are expected to be diagnosed with pancreatic cancer in 2024.

About Prostate cancer
Prostate cancer is the most common cancer in men, with approximately 640,000 new cases expected to be diagnosed annually across the US and the EU. While many tumors grow slowly, a significant proportion develop into aggressive disease that is challenging to detect and monitor with existing methods. Accurate detection and monitoring of prostate cancer remain major challenges, particularly in patients with advanced or recurrent disease.

About colorectal cancer
Colorectal cancer (CRC) is among the most common malignancies and remains a major cause of cancer mortality. Approximately ~670,000 patients are diagnosed each year across the US and Europe. Despite effective screening in parts of the population, a substantial fraction of patients are still diagnosed with advanced disease; in the US the overall 5-year relative survival is ~63%, dropping to ~13% for distant (metastatic) disease, underscoring the need for more effective treatments for advanced CRC.

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Key clinical milestones 2025-2027

H1 2025 – uTREAT® – Clinical Trial Application (CTA) authorised ✓

H2 2025 – uTREAT® – first patient dosed in brain cancer (GBM) ✓

Q2 2026 – uTREAT® – preliminary efficacy data in brain cancer (GBM) ✓

H1 2027 – uTREAT® – topline read-out efficacy data in brain cancer (GBM)

H1 2027 – uTRACE® – topline results ph 2 trial (Curium partnership)

Therapeutic Program

Pre-clinical | Phase I | Phase II | Phase III

Sponsor: Curasight
Diagnostic platform: uTRACE® and uTREAT®

GBM
Glioblastoma (Brain cancer)
→ Phase I/IIa trial - CTA submitted → Phase IIb/III to be planned

NSCLC
Non-Small Cell Lung cancers

SSTR-neg. NEN
Neuroendocrine neoplasms

HNSCC
Head & Neck Cancer

PaC
Pancreatic cancer

CRC
Colorectal cancer

Completed

Phase I/IIa trial in planning
Basket trial* across selected cancer diseases

Applying the theranostic approach
Combining diagnostic (uTrace) and therapy (uTreat)

Phase IIb/III to be planned

*A basket trial is designed to simultaneously evaluate treatments for multiple tumors in a single clinical trial. Curasight will investigate cancer therapy with uTREAT® in selected cancer diseases known to express uPAR.

Partnered Project

Pre-clinical | Phase I | Phase II | Phase III

Sponsor: Curasight
Partner: Curium Inc.
Diagnostic platform: uTRACE®

Prostate Cancer*
Completed** | Ongoing | Planned

*) Investigated for diagnostic performance for non-invasive classification of ISUP grades among patients with localised, untreated prostate cancer.
**) Investigator-initiated study

Investigator Initiated Trials

Pre-clinical | Phase I | Phase II | Phase III

Sponsor: National University Hospital of Denmark (Rigshospitalet)
Diagnostic platform: uTRACE®

GBM
Glioblastoma (Brain cancer)

PCa
Prostate cancer

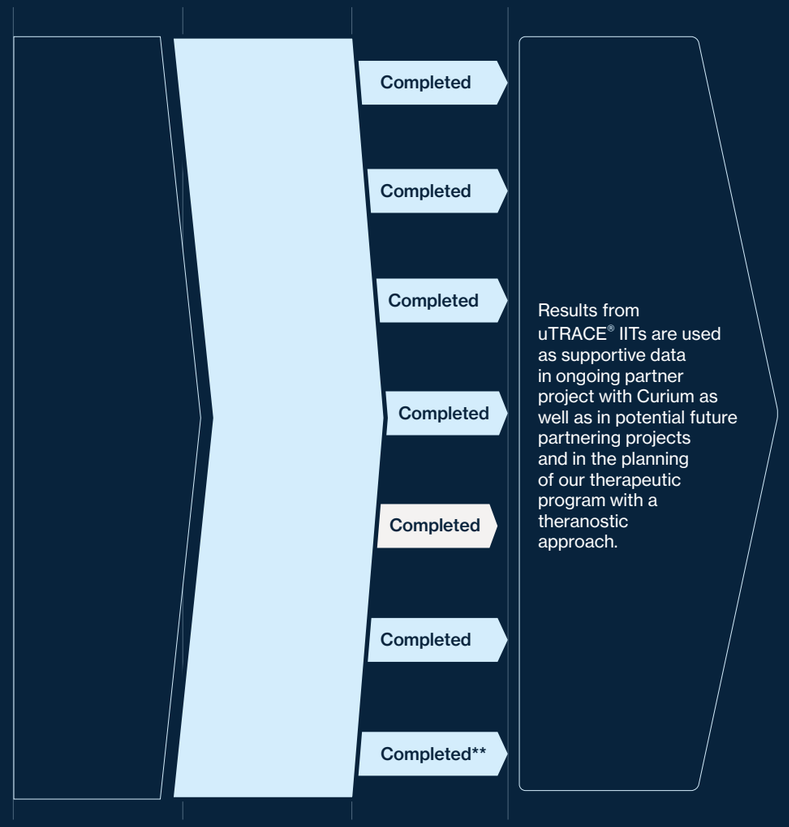
NEN
Neuroendocrine neoplasms

HNSCC
Head & Neck Cancer

NSCLC
Non-Small Cell Lung cancer

BC
Breast cancer

UBC
Urinary bladder cancer



*) Investigator Initiated Trials = IITs, >400 patients have received utrace in these Investigator Initiated Trials
**) Completed with fewer patients than planned for technical reasons

Financial analyst coverage

SEB

Since:
June, 2021

Type:
Commissioned

Frequency:
Continuously

Areas:
Curasight's operations, platforms, markets and competitors

Read more

HC ANDERSEN CAPITAL

Since:
May, 2025

Type:
Commissioned

Frequency:
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Areas:
Curasight's operations, platforms, markets and competitors

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Corporate Information

Shareholders
The table below presents the management's shareholdings in Curasight.

Name	Votes & capital (%)
Curacap Holding ApS[1]	27.68
Madsen Holding 2013 ApS[2]	1.89
Kirsten Drejer[3]	0.11

1. Owned by co-founder, CSO, and Board Member Andreas Kjaer and by CEO and Board Member Ulrich Krasilnikoff
2. Owned by Co-founder and Director CMC, Jacob Madsen
3. Chair of the Board of Directors

The share
The shares of Curasight A/S were listed on Spotlight Stock Market on October 8, 2020. The short name/ticker is CURAS, and the ISIN code is DK0061295797. As of September 30, 2026, the number of shares was 49,472,809 (45,867,511). All shares have equal rights to the Company's assets and results.

Long-term incentive program
Curasight has a long-term incentive program covering the financial years 2022-2025 with a total of 956,770 warrants covering the Company's Board of Directors, Executive Management and other key employees. For the Board of Directors, a total of 229,230 warrants are issued entitling the warrant holders to subscribe for up to a total of DKK 11,461.50 nominally worth of shares in the Company. The warrants are allocated between Lars Trolle (former dept. chairman of the Board of Directors), Charlotte Vedel (former member of the Board of Directors) and Kirsten Aarup Drejer (Chair of the Board of Directors).

For the Executive Management and other key employees of the Company, a total of 727,540 warrants are issued entitling the warrant holders to subscribe for up to a total of DKK 36,377.00 nominally worth of shares in the Company. The warrants are allocated between Ulrich Krasilnikoff (CEO), Andreas Kjær (CSO), Hanne Damgaard Jensen (former COO), Nic Gillings (Head of Quality Assurance and Regulatory Affairs) and Jacob Madsen (Director CMC).

On July 30, 2024, Curasight re-issued a total of 59,132 (previously lapsed) warrants with rights to subscribe for a total of DKK 2,956.60 nominally worth of shares in the Company. 42,460 warrants has been re-issued as part of the ordinary incentive program covering the Executive Management and key employees of the Company. 16,672 warrants has been re-issued and allocated to Chair of the Board of Directors Kirsten Drejer as part of the ordinary incentive program covering the Board of Directors of the Company.

Risks
A number of risk factors can affect Curasight's operations. It is therefore of great importance to consider relevant risks in addition to the Company's growth opportunities. For a detailed description of the risks attributable to the Company and its shares, please refer to the disclosure document published by the Company in 2025. The document is available on Curasight's website: www.curasight.com/investor/rights-issue-2025.

Accounting policy
The interim report is presented in accordance with the provisions of the Danish Financial Statements Act (Årsregnskabsloven) for enterprises in reporting class B with application of provisions for a higher reporting class.

Auditor's review
The interim report has not been reviewed by the Company's auditor.

Financial calendar	
Year-end report Q4 2026	February 25, 2027
Annual report 2026	February 25, 2027
Interim report Q1 2026	May 27, 2027
Interim report Q2 2026	August 26, 2027
Interim report Q3 2026	November 24, 2027

Financial statements

Income statement
Operating loss before tax for the third quarter of 2026 amounted to kDKK -15,229 (kDKK -14,262). Operating loss before tax for the first nine months of 2026 amounted to kDKK -44,734 (kDKK -41,420).

Loss before depreciation, amortisation and impairments for the third quarter amounted to kDKK -13,658 (kDKK -13,341), of which staff expenses amounted to kDKK -1,394 (kDKK -1,266). Loss before depreciation, amortisation and impairments for the first nine months of 2026 amounted to kDKK -40,022 (kDKK -38,154).

Loss before depreciation, amortisation and impairments comprise of revenue, clinical expenses, patent expenses, staff expenses and other business expenses.

Balance sheet
As of September 30, 2026, the Company's total assets amounted to kDKK 43,934 (kDKK 33,202).

The assets consisted primarily of acquired IP rights totalling kDKK 5,403 related to the development of uTRACE® and uTREAT®, total receivables of kDKK 11,598 and cash amounting to kDKK 26,857. Equity amounted to kDKK 1,557, while short-term debt amounted to kDKK 42,377, primarily consisting of other payables totalling kDKK 35,964.

Cash flow
Curasight's total cash flow in Q3 2026 amounted to kDKK -14,169. Cash flow from operating activities during July–September 2026 amounted to kDKK -14,367.

Cash as of September 30, 2026, amounted to kDKK 26,857 (kDKK 15,899).



Income statement

(kDKK)	Q3 2026*	Q3 2025*	Q1-Q3 2026*	Q1-Q3 2025*	Q1-Q4 2025
Gross loss	**-12,264**	**-12,076**	**-35,139**	**-34,475**	**-49,676**
Staff expenses	-1,394	-1,266	-4,882	-3,680	-5,102
Loss before depreciation, amortisation, write-downs and impairment losses	**-13,658**	**-13,341**	**-40,022**	**-38,154**	**-54,778**
Depreciation, amortisation and impairment of intangible assets and property, plant and equipment	-203	-204	-610	-611	-814
Operating loss	**-13,862**	**-13,545**	**-40,632**	**-38,765**	**-55,592**
Net financial expenses	-1,367	-717	-4,101	-2,655	-3,138
Loss before tax	**-15,229**	**-14,262**	**-44,734**	**-41,420**	**-58,730**
Tax on loss for the period	1,375	1,375	4,125	4,125	5,500
Loss for the period	**-13,854**	**-12,887**	**-40,609**	**-37,295**	**-53,230**

*) Unaudited figures

Balance sheet, Assets

(kDKK)	2026-09-30	2025-09-30	2025-12-31
Acquired patents	5,403	6,217	6,013
Intangible assets	**5,403**	**6,217**	**6,013**
Other fixtures and fittings, tools and equipment	0	0	0
Property, plant and equipment	**0**	**0**	**0**
Deposits	77	51	77
Total investments	**77**	**51**	**77**
Total non-current assets	**5,480**	**6,268**	**6,090**
Other receivables	1,973	1,411	2,553
Income tax receivables	9,625	9,625	5,500
Total receivables	**11,598**	**11,036**	**8,053**
Cash at bank and in hand	26,857	15,898	35,912
Total current assets	**38,455**	**26,934**	**43,965**
Assets	**43,934**	**33,202**	**50,055**

Balance sheet—Liabilities and equity

(kDKK)	2026-09-30	2025-09-30	2025-12-31
Share capital	2,474	2,293	2,396
Retained earnings	-917	15,177	15,540
Equity	**1,557**	**17,471**	**17,936**
Trade payables	6,414	5,737	6,123
Deferred Income	0	0	0
Other payables	35,964	9,994	25,996
Short term-debt	**42,377**	**15,731**	**32,119**
Debt	**42,377**	**15,731**	**32,119**
Liabilities and equity	**43,934**	**33,202**	**50,055**

Equity—Q3* 2026

(kDKK) Change in equity: Q3 2026	Share capital	Share account premium	Retained earnings	Total
Equity at 1 July 2026	**2,474**	**23,954**	**-11,215**	**15,213**
Net profit/loss for the year	0	0	-13,854	-13,854
Capital increase	0	198	0	198
Equity at 30 September 2026	**2,474**	**24,152**	**-25,069**	**1,557**

Equity—Q3* 2025

(kDKK) Change in equity: Q3 2025	Share capital	Share account premium	Retained earnings	Total
Equity at 1 July 2025	**2,293**	**13,125**	**14,885**	**30,303**
Net profit/loss for the year	0	0	-12,887	-12,887
Capital increase	0	54	0	54
Equity at 30 September 2025	**2,293**	**13,179**	**1,998**	**17,471**

Equity—FY 2025

(kDKK) Change in equity: Q1-Q4 2025	Share capital	Share account premium	Retained earnings	Total
Equity at 1 January 2025	**1,057**	**0**	**6,654**	**7,711**
Net profit/loss for the year	0	0	-53,230	-53,230
Capital Increase	1,339	0	62,116	63,455
Equity at 31 December 2025	**2,396**	**0**	**15,540**	**17,936**

*) Unaudited figures

Equity—Q1-Q3* 2026

(kDKK) Change in equity: Q1-Q3 2026	Share capital	Share account premium	Retained earnings	Total
Equity at 1 January 2026	**2,396**	**0**	**15,540**	**17,936**
Net profit/loss for the year	0	0	-40,609	-40,609
Capital increase	78	24,152	0	24,230
Equity at 30 September 2026	**2,474**	**24,152**	**-25,069**	**1,557**

Equity—Q1-Q3* 2025

(kDKK) Change in equity: Q1-Q3 2025	Share capital	Share account premium	Retained earnings	Total
Equity at 1 January 2025	**1,057**	**0**	**6,654**	**7,711**
Net profit/loss for the year	0	0	-37,295	-37,295
Capital increase	1,236	0	45,819	47,055
Equity at 30 September 2025	**2,293**	**0**	**15,178**	**17,471**

*) Unaudited figures

Cash flow statement

(kDKK)	Q3 2026*	Q3 2025*	Q1-Q3 2026*	Q1-Q3 2025*	Q1-Q4 2025
Loss for the period	**-13,854**	**-12,887**	**-40,609**	**-37,295**	**-53,230**
Adjustments	-1,571	-1,459	-4,712	-2,319	-1,506
Change in working capital	1,052	-479	-7,351	-3,617	657
Cash flow from operating activities before net financials	**-14,372**	**-14,825**	**-52,671**	**-43,231**	**-54,079**
Interest expenses and similar expenses paid	-1,369	-100	-4,106	-2,285	-3,139
Income tax received/paid	1,375	1,375	4,125	4,125	5,500
Cash flow from operating activities	**-14,367**	**-13,550**	**-52,652**	**-41,391**	**-51,718**
Change in deposits	0	77	77	0	26
Proceeds from loans	0	0	19,290	0	14,138
Capital increase	198	0	24,230	47,279	63,455
Cash flows from investing activities	**198**	**0**	**43,597**	**47,279**	**77,619**
Total cash flows for the period	**-14,169**	**-13,550**	**-9,055**	**5,888**	**25,901**
Cash, beginning of the period	41,026	29,449	35,912	10,011	10,011
Cash, end of the period	**26,857**	**15,899**	**26,857**	**15,899**	**35,912**
Cash, end of the period	**26,857**	**15,899**	**26,857**	**15,899**	**35,912**
Total	**26,857**	**15,899**	**26,857**	**15,899**	**35,912**

*) Unaudited figures

Statement by the Board of Directors

The Board of Directors provide their assurance that the interim report provides a fair and true overview of the Company's operations, financial position, and results.

København N, November 26, 2026
Curasight A/S

Board of Directors

Kirsten Drejer
Chair of the Board

Andreas Kjær
Dept. chair of the Board

Marcel Reichen
Board member

Colin Hayward
Board member

Ulrich Krasilnikoff
Board member and CEO

Contact information
Curasight A/S
Ole Maaløes Vej 3
2200 Copenhagen, Denmark
Email: info@curasight.com
Phone: +4522830160

curasight

Curasight's team are pioneers behind the novel uPAR Theranostics technology. The technology minimizes irradiation of healthy tissue by combining the targeted uTREAT® radiation therapy, with the precise uTRACE® diagnostics.