

Providing answers for
cancer patients

curasight

Curasight A/S Interim report Q2 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

Q2 (2026-04-01 – 2026-06-30)

- Gross loss amounted to kDKK -9,797 (kDKK -17,700)
- Operating loss amounted to kDKK -11,493 (kDKK -19,011)
- Loss before tax amounted to kDKK -12,800 (kDKK -20,579)
- Loss for the period amounted to kDKK -11,425 (kDKK -19,204)
- Total assets amounted to kDKK 56,081 (kDKK 44,783)
- Equity ratio amounted to 27.1% (67.6%)
- Earnings per share amounted to DKK -0.24 (DKK -0.43)

H1 (2026-01-01 – 2026-06-30)

- Gross loss amounted to kDKK -22,875 (kDKK -22,399)
- Operating loss amounted to kDKK -26,771 (kDKK -25,220)
- Loss before tax amounted to kDKK -29,505 (kDKK -27,158)
- Loss for the period amounted to kDKK -26,755 (kDKK -24,408)
- Total assets amounted to kDKK 56,081 (kDKK 44,783)
- Equity ratio amounted to 27.1% (67.6%)
- Earnings per share amounted to DKK -0.55 (DKK -0.54)

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.

Advancing uTREAT® and strengthening the path forward

The second quarter of 2026 marked important progress for Curasight, most notably with the encouraging preliminary readout from our ongoing Phase 1 trial of uTREAT® in patients with glioblastoma. Together with the strengthening of our financial position, these developments provide a solid foundation for the continued clinical advancement of uTREAT® and our broader uPAR-targeted theranostic strategy.

In June, we reported encouraging preliminary findings from the Phase 1 trial of uTREAT® in patients with glioblastoma - one of the most aggressive cancers and an indication with a significant unmet medical need. These initial findings represent an important clinical milestone for Curasight and support the continued development of uTREAT®.

Our therapeutic platform is built on the same uPAR-targeting peptide as uTRACE®, our diagnostic technology that has been evaluated in more than 450 patients. This provides a differentiated theranostic approach: uTRACE® is designed to identify and visualize uPAR-expressing cancer, while uTREAT® uses the same biological target to deliver targeted radiation to cancer cells. In this way, our platform is designed not only to identify the disease biology, but ultimately to treat what we see – uTRACE® identifies the target and uTREAT® acts therapeutically on that same target.

Following the preliminary Phase 1 readout, we have continued to assess the clinical data and, in July, submitted a protocol amendment to the relevant regulatory authorities. The proposed amendment is designed to generate a more robust clinical dataset from the ongoing study, including additional information to further characterize uTREAT® and inform the design of subsequent clinical studies. Subject to regulatory approval, we believe this will strengthen the clinical evidence generated in Phase 1 and provide a stronger foundation for the next stage of uTREAT® development. Importantly, uTREAT® is at the core of our theranostic strategy: by targeting the same uPAR biology identified with uTRACE®, we have the potential not only to find the cancer, but to treat what we find.

Strengthened financial position supports execution
Clinical progress was complemented by important financing during the quarter. In June, we completed a directed share issue raising approximately DKK 20 million. In addition, our financial position was further supported by an extension of the convertible loan of DKK 35 million to mid-2027.

We are pleased with this support, which strengthens our ability to execute on our clinical priorities and advance uTRACE® and uTREAT®.

Focused on the next clinical milestones
Looking ahead, our priorities are clear. We are focused on progressing the Phase 1 uTREAT® program in glioblastoma, subject to regulatory approval of the proposed protocol amendment, and on generating the robust clinical evidence needed to support the next stage of uTREAT® development.

At the same time, we remain focused on finalizing the Phase 2 study in prostate cancer partnered by Curium – and realizing the broader potential of our uPAR-targeted platform. The combination of uTRACE® and uTREAT® is central to our strategy: identifying patients through diagnostic imaging and subsequently targeting the same cancer biology therapeutically. We believe this approach has the potential to enable more precise treatment and, over time, provide opportunities across multiple aggressive solid tumors.

Curasight has also updated the expected timing of its next clinical data readouts. Topline data from the Phase 1 study of uTREAT® in glioblastoma are now expected in H1 2027, and data from the Phase 2 study of uTRACE® in prostate cancer, partnered with Curium, are also expected during H1 2027. The updated timelines primarily reflect the inherent uncertainty around the timing of final patient enrollment.

The progress achieved during the first half of 2026 has strengthened Curasight on two important fronts: we have made important progress in the clinical development of uTREAT® and reinforced our financial position to support continued execution.

There is still important clinical work ahead, but the encouraging preliminary Phase 1 findings give us confidence as we move forward. Our focus remains on disciplined execution, building a robust clinical evidence base for uTREAT®, and reaching the milestones that can create meaningful value for patients and shareholders.

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

Sincerely,

Ulrich Krasilnikoff
CEO, Curasight A/S

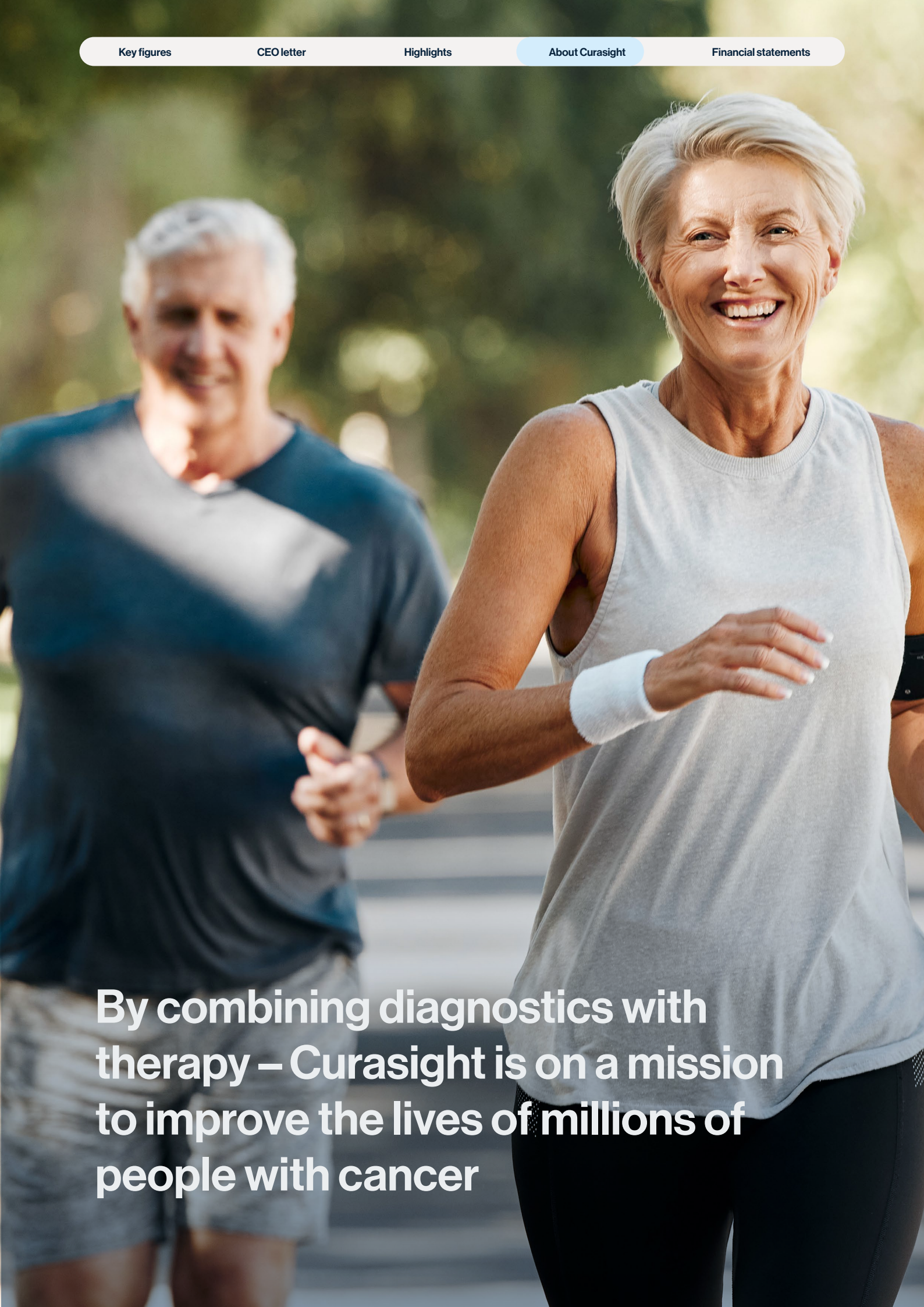
Highlights during second quarter and after the peiord

On April 26, Curasight announced an internal ownership restructuring in which co-founders Andreas Kjær and Ulrich Krasilnikoff consolidated their holdings into the jointly controlled company Curacap II ApS. Following the transaction, Curacap II ApS holds 13,695,001 shares, corresponding to 27.69% of the shares and voting rights in Curasight end of June 2026. The restructuring is technical in nature and does not affect the Company's operations, strategy, financial position, or ultimate ownership control.

On June 8, 2026, the Company announced encouraging preliminary readout from its Phase 1 clinical trial with uTREAT® in patients with aggressive brain cancer (glioblastoma).

On June 22, 2026, Curasight announced that it had resolved on a directed issue of a total of 1,120,605 shares. A number of Nordic, international, institutional and professional investors participated in the directed issue, including both new and existing shareholders. Through the directed issue, the Company received approximately DKK 20 million before transaction costs. The subscription price in the directed issue was DKK 17.80 per share.

On July 27, 2026, the Company announced a protocol amendment to the ongoing Phase I clinical trial evaluating uTREAT® in patients with glioblastoma. The amendment has been submitted to the relevant regulatory authorities and is pending approval. The proposed amendment is intended to optimize the clinical study design and broaden the information obtained to design next phase studies.



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 uTREAT®, a first-in-class uPAR-targeted radioligand therapy (RLT) platform designed to treat aggressive solid tumors.

The therapeutic platform uTREAT® is validated and supported by uTRACE®, a clinically validated uPAR PET imaging agent built on the same targeting ligand, enabling one-to-one patient selection and biodistribution confirmation under a disciplined theranostic approach.

uTRACE® has been evaluated in nine clinical studies in more than 450 patients across eight solid tumor types, providing a substantial human imaging evidence base for uPAR target engagement and ligand performance. uTRACE® is a fully developed companion diagnostics for uTREAT(R).

The scientific rationale – why uPAR?

uPAR (urokinase-type plasminogen activator receptor) is associated with tumor invasion, angiogenesis, and metastasis and is considered a functional driver of cancer aggressiveness. Curasight's thesis is that uPAR can be used as an "address label" to deliver targeted radiation to clinically relevant tumor biology, rather than attempting to inhibit uPAR signaling through conventional drug modalities.

Rather than being limited to a single tumor type, uPAR is broadly expressed across solid tumors.

This makes uPAR a scalable therapeutic target across multiple aggressive tumor types.

Historically, uPAR has been difficult to exploit using conventional drug modalities. Radioligand therapy uTREAT® reframes the opportunity: instead of blocking uPAR signaling, the receptor can be used as a handle to deliver a payload of radiation directly to aggressive cancer cells and eliminate them.

uPAR Theranostic

The combination of non-invasive PET imaging (Diagnostic) and uPAR targeted radioligand therapy (Therapy) is together known as Theranostics and where uTRACE® serves as a companion diagnostics for uTREAT®.

(Therapy) uTREAT®

uPAR-targeted radioligand therapy (RLT) designed to deliver a radioactive payload to uPAR-expressing tumor tissue.

(Diagnostics) uTRACE®

uPAR PET imaging with uTRACE® for improved imaging of cancer across several cancer types and patient selection and biodistribution confirmation.

Pipeline and clinical focus

uTREAT®: Curasight's lead asset is uTREAT®, a first-in-class uPAR-targeted radioligand therapy (RLT) designed to treat aggressive solid tumors. In December 2025 the first patient was dosed in Curasights Phase 1 trial in glioblastoma (GBM), an aggressive brain cancer with high unmet medical need. The program is designed to generate quantitative insights on biodistribution and dosimetry that can guide subsequent clinical decisions and potential platform expansion. Top line data is expected H1-2027.

Following proof-of-concept in GBM, and subject to clinical data, regulatory feedback and available resources, Curasight intends to evaluate uTREAT® in additional uPAR-expressing solid tumors and may use basket-style clinical strategies to support disciplined indication selection. Indications under consideration include non-small cell lung cancer (NSCLC), neuroendocrine tumors (NET), head and neck cancer, pancreatic cancer, and colorectal cancer.

uTRACE® (imaging) is a supporting asset and operational enabler for the platform. In prostate cancer, uTRACE® is being evaluated under a collaboration signed in 2023 with Curium Pharma. Curasight leads the program and retains all rights to uTREAT® and uTRACE® outside prostate cancer.

Next-generation uPAR ligands: In parallel, Curasight is advancing next-generation uPAR ligands (higher-affinity linear and macrocyclic peptide binders) intended to support future platform expansion and improve uptake at lower target density. Development timelines remain subject to progress.

GMP Manufacturing: Radiopharmaceutical development requires robust clinical and manufacturing execution. Curasight's platform benefits from GMP experience established through uTRACE® clinical use and from a shared ligand strategy across imaging and therapy, which reduces complexity and supports reproducible workflows as clinical development progresses.

The RLT Market

Established theranostic pathways such as PSMA and SSTR2 demonstrate that disciplined target selection, patient stratification and dosimetry driven RLT can create meaningful clinical and economic impact.

Curasights uPAR platform differentiates from marketed RLT's in that it holds the potential to enable one drug to become a therapy for multiple aggressive tumor types. The theranostic approach makes it highly specific and personalized.

Key facts

- Lead value driver: uTREAT® (uPAR-targeted RLT) – Phase 1 initiated in GBM; first patient dosed in December 2025.
- Supporting asset: uTRACE® (uPAR PET imaging) – evaluated in nine clinical studies (>450 patients) across eight solid tumor types; Phase 2 in prostate cancer led by Curium (collaboration signed in 2023).
- Platform thesis: one target (uPAR) and one targeting ligand enabling therapy-led development with imaging support for patient selection and biodistribution confirmation.
- 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.

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.

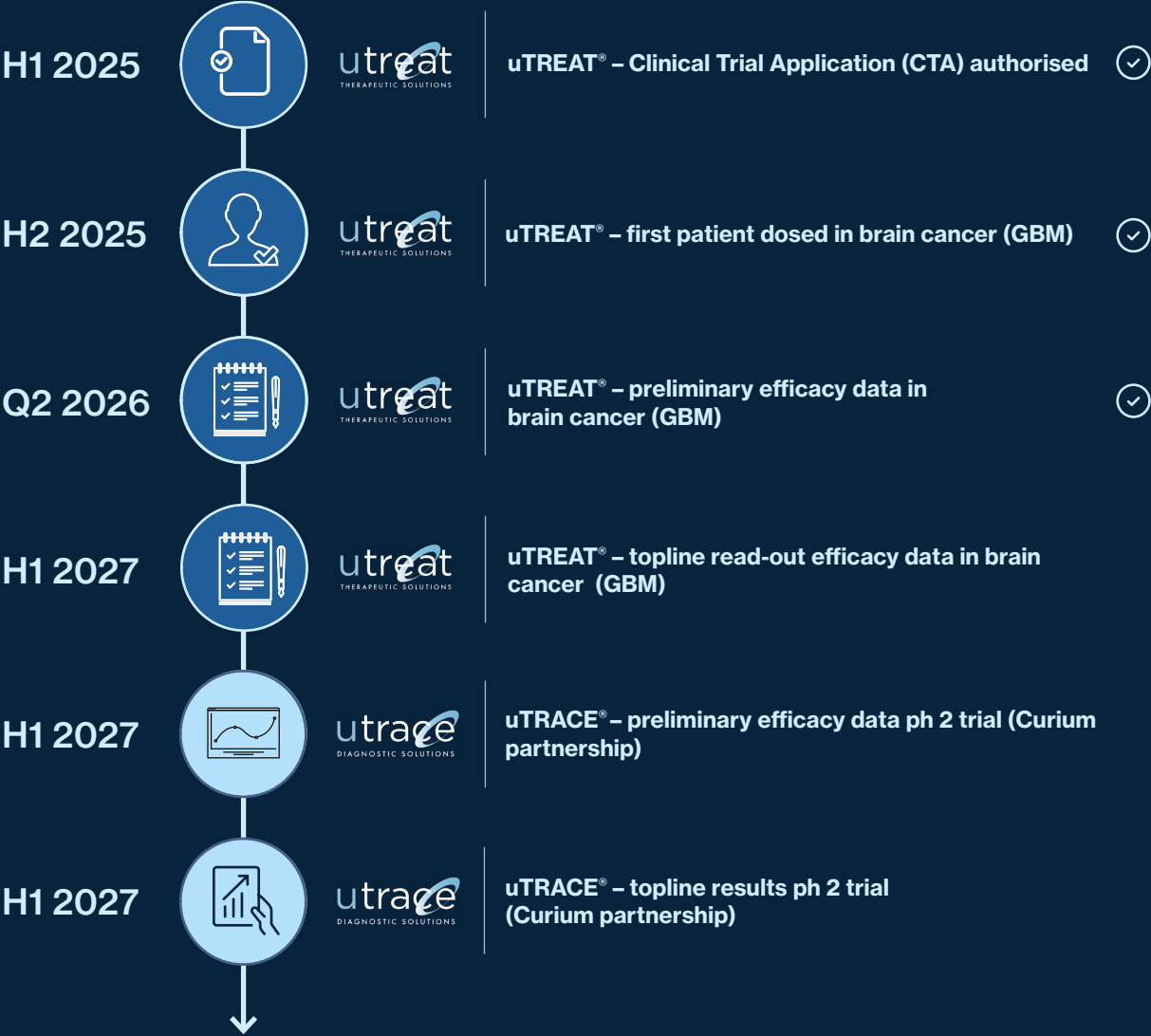
About Prostate cancer

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

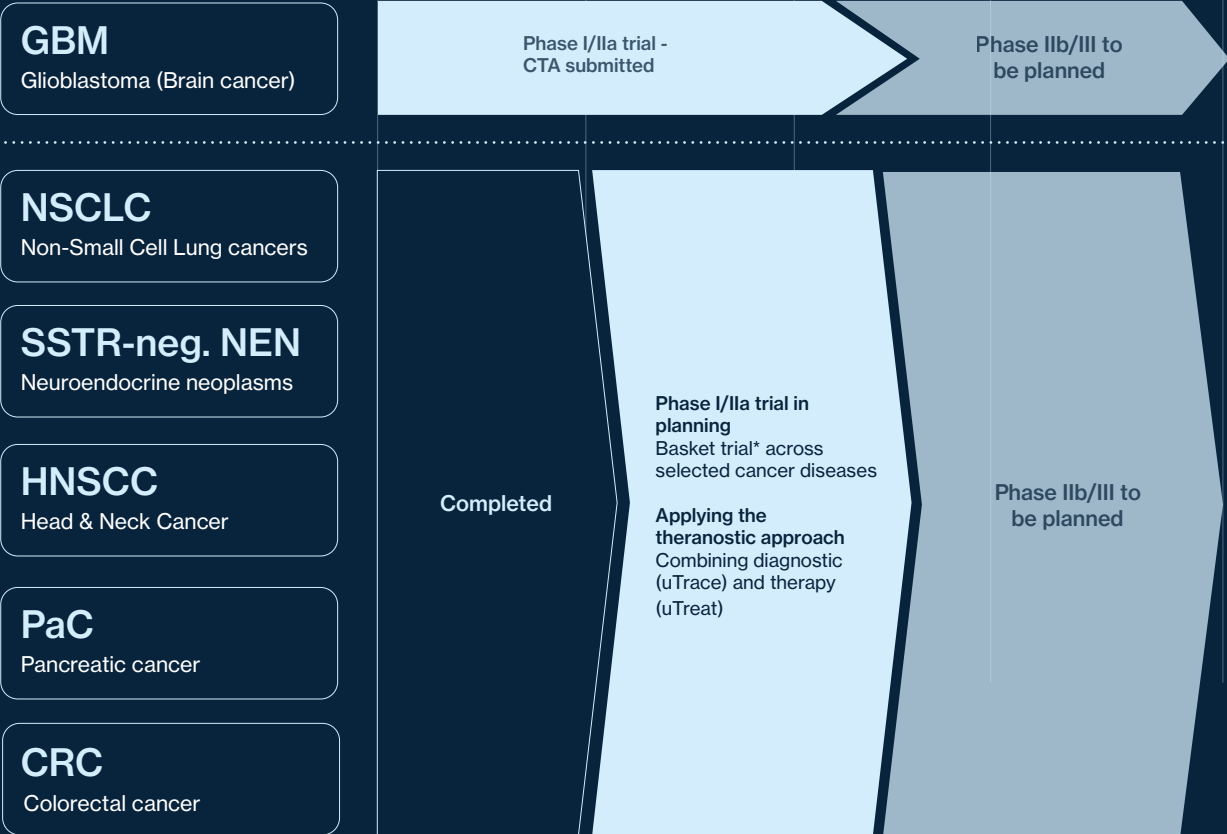
Colorectal cancer (CRC) is among the most common malignancies and remains a major cause of cancer mortality. Approximately ~670,000 patients are diagnosed each year across the US and Europe. Despite effective screening in parts of the population, a substantial fraction of patients are still diagnosed 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.

Key clinical milestones 2025-2027



Therapeutic Program

Sponsor: Curasight
Diagnostic platform: uTRACE® and uTREAT®

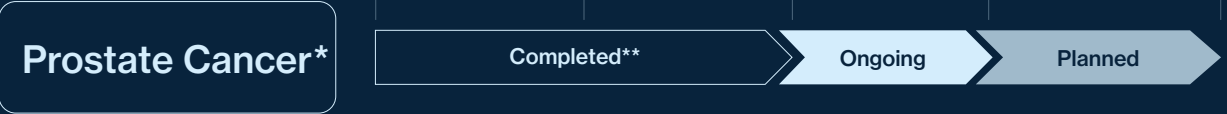


*A basket trial is designed to simultaneously evaluate treatments for multiple tumors in a single clinical trial. Curasight will investigate cancer therapy with uTREAT® in selected cancer diseases known to express uPAR.

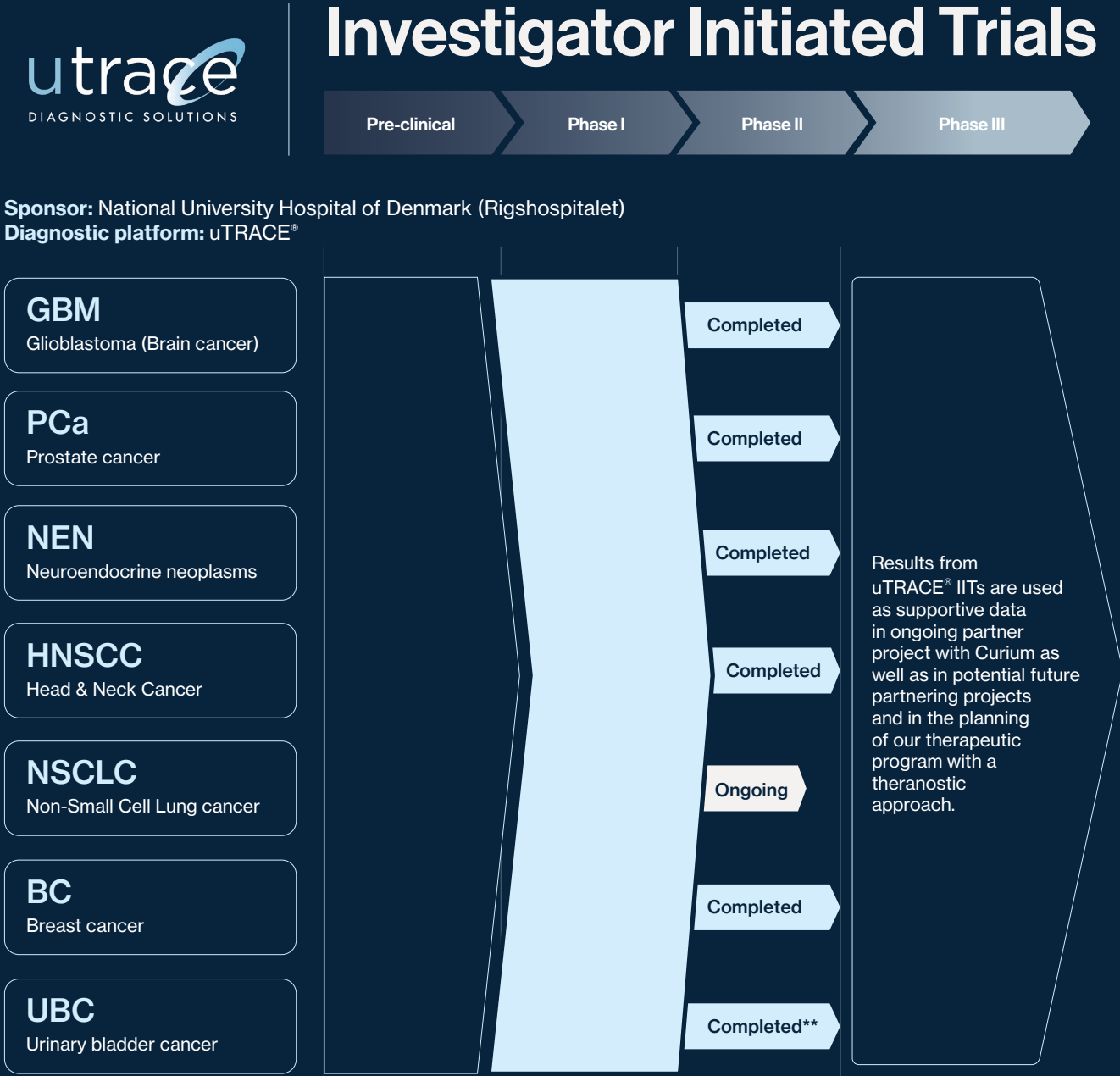


Partnered Project

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



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



Corporate Information

Shareholders

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

Name	Votes & capital (%)
Curacap ApS ¹	27.69
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 June 30, 2026, the number of shares was 49,461,574 (21,148,880). 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	
Interim report Q3 2026	November 26, 2026

Financial statements

Income statement

Operating loss before tax for the second quarter of 2026 amounted to kDKK -12,800 (kDKK -20,579). Operating loss before tax for the first six months of 2026 amounted to kDKK -29,505 (kDKK -27,158).

Loss before depreciation, amortisation and impairments for the second quarter amounted to kDKK -11,289 (kDKK -18,807) of which staff expenses was kDKK -1,492 (kDKK -1,107). Loss before depreciation, amortisation and impairments for the first six months of 2026 amounted to kDKK -26,364 (kDKK -24,813).

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

Balance sheet

Per June 30, 2026, the Company's balance sheet amounted to kDKK 56,081 (44,783).

The assets consisted primarily of acquired IP-rights totaling kDKK 5,606 related to the development of uTRACE® and uTREAT®, total receivables of kDKK 9,372 and cash amounted to kDKK 41,026. The equity and liabilities consisted primarily of an equity totaling kDKK 15,213 and short-term debt of kDKK 40,868 which primarily consisted of the drawn credit facility of kDKK 35,717.

Cash flow

Curasight's total cash flow in Q2 2026 amounted to kDKK 18,938. Curasight's cash flow from operating activities in April – June 2026 amounted to kDKK -15,808.

Cash as of June 30, 2026, was kDKK 41,026 (kDKK 29,449).



Income statement

(kDKK)	Q2 2026*	Q2 2025*	H1 2026*	H1 2025*	Q1-Q4 2025
Gross loss	-9,797	-17,700	-22,875	-22,399	-49,676
Staff expenses	-1,492	-1,107	-3,489	-2,414	-5,102
Loss before depreciation, amortisation, write-downs and impairment losses	-11,289	-18,807	-26,364	-24,813	-54,778
Depreciation, amortisation and impairment of intangible assets and property, plant and equipment	-203	-204	-407	-407	-814
Operating loss	-11,493	-19,011	-26,771	-25,220	-55,592
Net financial expenses	-1,307	-1,568	-2,734	-1,938	-3,138
Loss before tax	-12,800	-20,579	-29,505	-27,158	-58,730
Tax on loss for the period	1,375	1,375	2,750	2,750	5,500
Loss for the period	-11,425	-19,204	-26,755	-24,408	-53,230

*) Unaudited figures

Balance sheet, Assets

(kDKK)	2026-06-30	2025-06-30	2025-12-31
Acquired patents	5,606	6,420	6,013
Intangible assets	5,606	6,420	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	5,683	6,471	6,090
Other receivables	1,122	612	2,553
Income tax receivables	8,250	8,250	5,500
Total receivables	9,372	8,862	8,053
Cash at bank and in hand	41,026	29,449	35,912
Total current assets	50,397	38,311	43,965
Assets	56,081	44,783	50,055

Balance sheet—Liabilities and equity

(kDKK)	2026-06-30	2025-06-30	2025-12-31
Share capital	2,474	2,293	2,396
Retained earnings	12,739	28,010	15,540
Equity	15,213	30,303	17,936
Trade payables	4,335	4,335	6,123
Deferred Income	0	0	0
Other payables	36,533	10,145	25,996
Short term-debt	40,868	14,480	32,119
Debt	40,868	14,480	32,119
Liabilities and equity	56,081	44,783	50,055

Equity—Q2* 2026

(kDKK)	Share capital	Share account premium	Retained earnings	Total
Change in equity: Q2 2026				
Equity at 1 April 2026	2,418	0	4,474	6,892
Net profit/loss for the year	0	0	-11,425	-11,425
Capital increase	56	19,690	0	19,746
Equity at 30 June 2026	2,474	19,690	-6,951	15,213

Equity—Q2* 2025

(kDKK)	Share capital	Share account premium	Retained earnings	Total
Change in equity: Q2 2025				
Equity at 1 April 2025	1,057	0	75	1,132
Net profit/loss for the year	0	0	14,810	14,810
Capital increase	1,236	13,125	0	14,361
Equity at 30 June 2025	2,293	13,125	14,885	30,303

Equity—FY 2025

(kDKK)	Share capital	Share account premium	Retained earnings	Total
Change in equity: Q1-Q4 2025				
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	62,116	0	63,455
Equity at 31 December 2025	2,396	62,116	-45,576	17,936

*) Unaudited figures

Equity—H1* 2026

(kDKK)				
Change in equity: H1 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	-26,755	-26,755
Capital increase	78	23,954	0	24,032
Equity at 30 June 2026	2,474	23,954	-11,215	15,213

Equity—H1* 2025

(kDKK)				
Change in equity: H1 2025	Share capital	Share account premium	Retained earnings	Total
Equity at 1 January 2025	1,057	0	5,279	6,336
Net profit/loss for the year	0	0	9,606	9,606
Capital increase	1,236	13,125	0	14,361
Equity at 30 June 2025	2,293	13,125	14,885	30,303

*) Unaudited figures

Cash flow statement

(kDKK)	Q2 2026*	Q2 2025*	H1 2026*	H1 2025*	Q1-Q4 2025
Loss for the period	-11,425	-19,204	-26,755	-24,408	-53,230
Adjustments	550	-3,124	-7,311	-2,214	-1,506
Change in working capital	-5,000	-479	-4,236	-1,809	657
Cash flow from operating activities before net financials	-15,875	-22,807	-38,302	-28,431	-54,079
Interest expenses and similar expenses paid	-1,307	-1,100	-2,737	-2,185	-3,139
Income tax received/paid	1,375	1,375	2,750	2,750	5,500
Cash flow from operating activities	-15,808	-22,532	-38,289	-27,866	-51,718
Change in deposits	0	0	77	0	26
Proceeds from loans	15,000	0	19,290	0	14,138
Capital increase	19,746	50,467	24,036	47,305	63,455
Cash flows from investing activities	34,746	50,467	43,403	47,305	77,619
Total cash flows for the period	18,938	27,935	5,114	19,438	25,901
Cash, beginning of the period	22,088	1,514	35,912	10,011	10,011
Cash, end of the period	41,026	29,449	41,026	29,449	35,912
Cash, end of the period	41,026	29,449	41,026	29,449	35,912
Total	41,026	29,449	41,026	29,449	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, August 27, 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
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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.