Information for dermatologists, general practitioners and other skin health specialists

Rhenium-SCT®

PAINTING A BRIGHTER PICTURE IN NMSC

Painless[1]
No pain reported during procedure.[2]

Non-Invasive[2]
No direct skin contact or incisions.[2]

Precise[3]
Accurate dosing. Spares healthy tissue.[3]

1x Single-Session[4]
Complete response in 94.7% of lesions after a single session.[4*]

Rhenium-SCT (Skin Cancer Therapy) delivers precise and personalised[†] epidermal radioisotope therapy for patients with non-melanoma skin cancer (NMSC), and improves their quality of life (vs. baseline).[1,3] Rhenium-SCT is a quick[‡] treatment for NMSC offering optimal aesthetic outcomes and low rates of recurrence.[2,5]

*Treatment was generally well tolerated. Adverse events were mostly mild to moderate. Twelve Grade 3/4 events occurred at earlier time points, with none persisting beyond 6 months. The most common 24-month adverse events were hypopigmentation (G1/2: 58%/5%), telangiectasia (G1: 15%), alopecia (G1/2: 10.4%/0.9%) and induration (G1/2: 9.6%/0.9%). No treatment-related adverse events led to study withdrawal.[4]

[†] Accurate dosing. Spares healthy tissue.[3]

[‡] Treatment time is generally 45 to 180 minutes; this may vary depending on lesion characteristics.[6]

Rhenium-SCT®: A painless* and non-invasive† treatment for non-melanoma skin cancer[1,2]

*No pain reported during procedure.[2]
†No direct skin contact or incisions.[2]

A patented treatment system

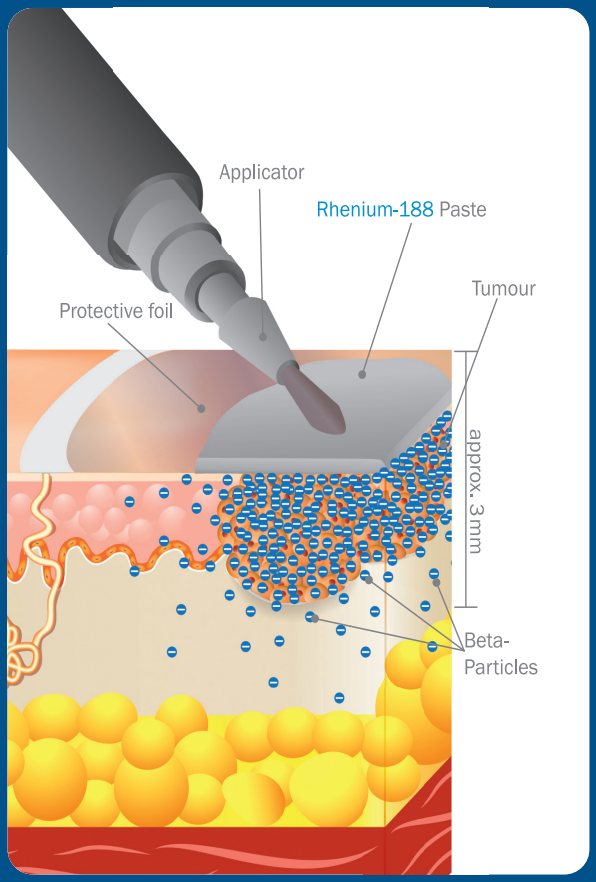
The treatment system is a patented suite of medical devices developed for the controlled preparation and targeted application of rhenium-188 paste in the treatment of NMSC. It includes four key components: the base station, which prepares the therapeutic material; the measurement station, used to assess radioactivity; the applicator, which enables accurate delivery; and the carpoule containing the paste. Together, these elements form a modular system tailored for clinical use.[2,6]

The **Base Station** and **Measurement Station** enable precise, contactless dosimetry and safe application of the rhenium-188.

The **Carpoules** contain the rhenium-188 paste, enabling targeted, single-application treatment for NMSC.

The **Applicator** device securely holds the Carpoule, allowing physicians to precisely apply rhenium-188 paste to the area needed to treat.

Rhenium-SCT mechanism of action (diagram showing transversal cut of the skin)



- Beta particles penetrate skin to a depth of only 2-3 mm[7]
- The rapid drop of dose after 3 mm spares underlaying layers of tissue[7]
- Therapeutic effect is based on the cell-destroying effect of the emitted beta-particles[3]
- From 3-4 mm, just below the lethal dose, it produces an anti-inflammatory effect[7]

Rhenium-SCT®: Favourable cosmetic outcomes reported by both patients and clinicians[1]

Rhenium-SCT is suitable for patients where:[2,3,8,9]

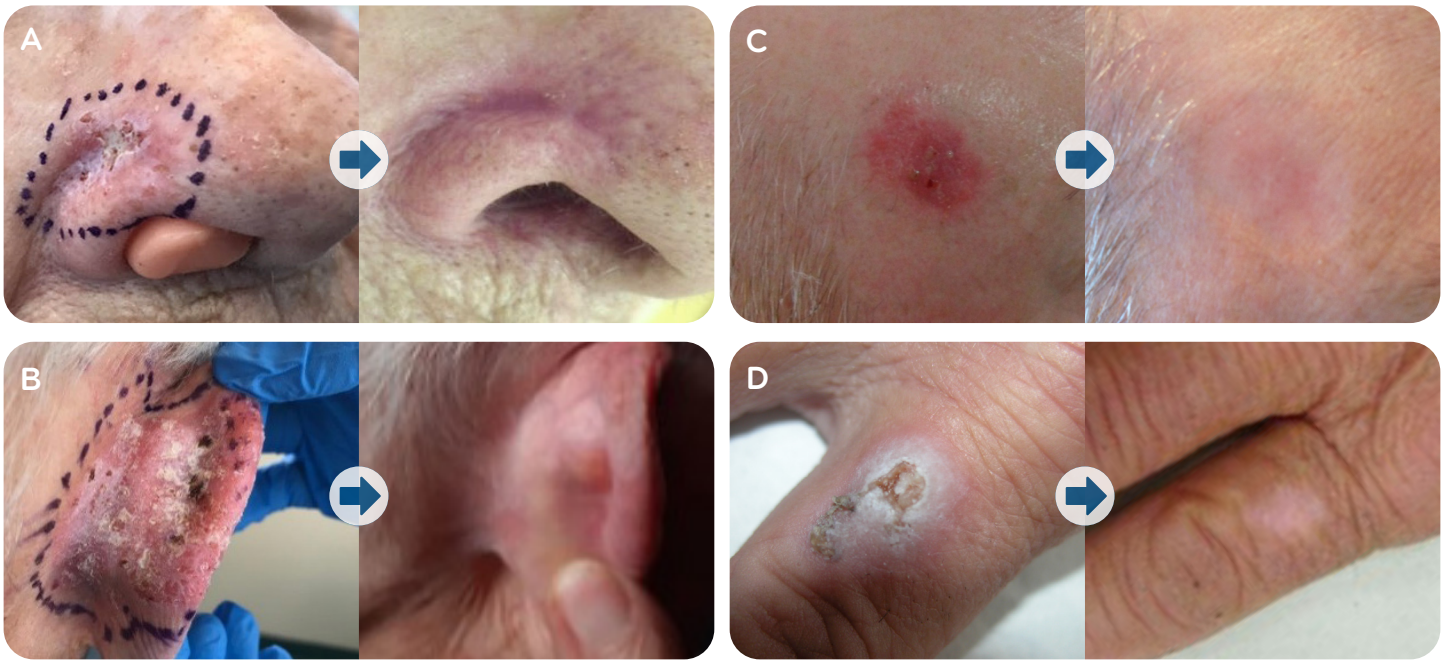
- BCC or SCC has been diagnosed
- Surgery is refused
- NMSC patient is elderly or has comorbidities
- Surgery would result in functional mutilation
- Relapse has occurred
- Multiple lesions require treatment
- Tumours are located in high-risk or difficult to treat areas

Rhenium-SCT offers effective aesthetic and functional results[5‡]

‡No disfiguring scarring. Retained functionality in high-risk and difficult to treat areas.[1]

Real patient photos to demonstrate lesions before and after treatment with Rhenium-SCT.

Sources: A, B = Castellucci, *et al.* 2021[2]; C = Cipriani, *et al.* 2022[3]; D = Cipriani, *et al.* 2017[8]



Rhenium-SCT®: A multi-disciplinary approach for treating non-melanoma skin cancer

Discovery and Diagnosis

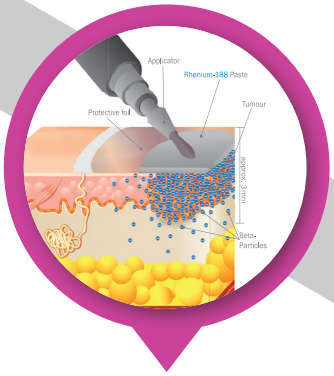
- Patient notices superficial changes in their skin.
- Patient consults their usual dermatologist, skin specialist or general practitioner (GP), who will examine the patient and provide the initial diagnosis.

Decision to treat by multidisciplinary team

- The dermatologist or skin cancer specialist diagnoses basal cell carcinoma (BCC) or squamous cell carcinoma (SCC).
- A skin biopsy is taken.
- Treatment alternatives are discussed.
- If decision is made for treatment with Rhenium-SCT, the patient is referred to nuclear medicine physician or radio-oncologist at a specialist treatment centre.

Treatment with Rhenium-SCT

- **Step 2:** The treating physician covers the area with a clear plastic film (foil) before applying the Rhenium-SCT paste.
- Treatment time is generally 45 to 180 minutes.[6#]



Specialist consultation

- The effect of Rhenium-SCT is based on the local direct cytotoxic effect of the beta particles, which triggers a local apoptosis and immune reaction.[7] OncoBeta® provides all of the necessary equipment and required hardware (treatment unit and applicator) as well as the accessories needed for treatment.
- When used according to instructions, there is no relevant systemic radiation exposure to the patient (0.05 – 0.1 mSv) or treatment team.[3]

[#] Treatment time depends on lesion characteristics and may exceed 180 minutes.[6]

Comprehensive training is provided by OncoBeta, detailed documentation and ongoing support is available for all treating and referring physicians.

Treatment with Rhenium-SCT

- **Step 3:** After a calculated period of time, the foil is removed and the waste is disposed of.

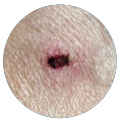
Typical result after 60 to 180 days[7]

- Patient returns to dermatologist or skin cancer GP for after care and follow-up.
- Patient schedules regular check-ups.

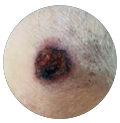
Treatment with Rhenium-SCT

- **Step 1:** The referring physician identifies the lesion and marks the area needed to treat.

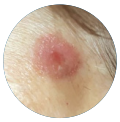
Normal Healing Process



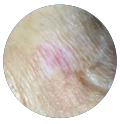
First few days: no visible changes besides a slight reddening. Next few days: redness increases and a crust or scab forms. Possible itching and/or slight bleeding.



The itching and bleeding subsides. Now the body begins to expel the dead cancer cells and replaces them with healthy tissue.



The redness fades.



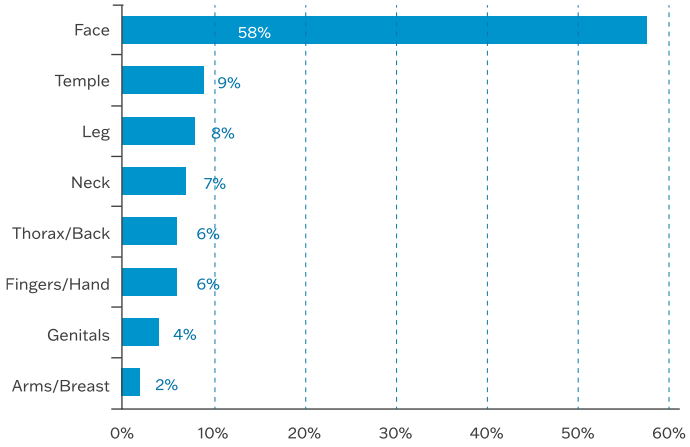
The healing process is finished. The treated area may appear a bit lighter and firmer.

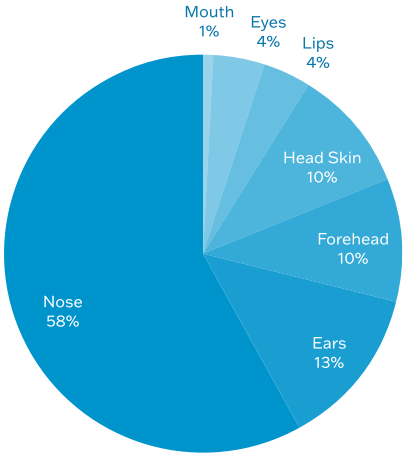
Rhenium-SCT®: Experience to date

In clinical studies, the largest lesion treated with Rhenium-SCT was 150 cm^2 and the oldest patient was 105 years.[10] In general, only one treatment is required for most lesions.[2,4]

- Number of treated lesions >2050 (2005 – 2023)
- Largest treated lesion to-date 150 cm^2
- Largest number of lesions treated simultaneously to-date 27
- Oldest patient treated to-date 105 years

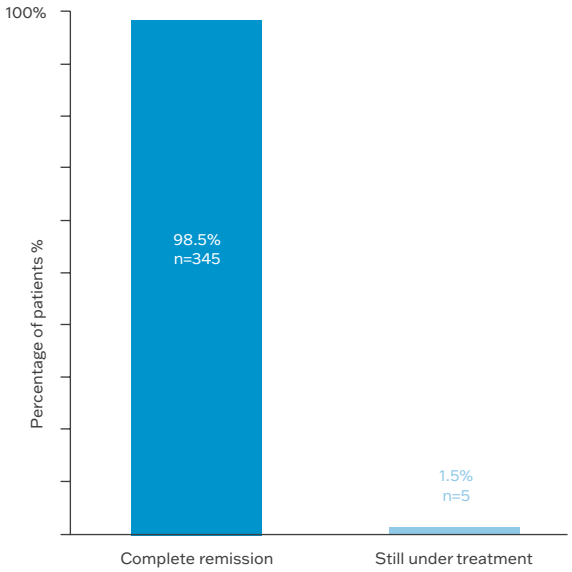
Anatomical distribution of NMSC locations treated with Rhenium-SCT





Adapted from data on file OncoBeta, Garching, Germany.[10]

Results after 12-78 month follow-up



Almost all patients (98.5%) obtained complete remission of the treated lesions.[7]

Adapted from Cipriani *et al.* 2014.[7]

OncoBeta®: Precision medicine powered by radiochemistry

OncoBeta is a medical device company whose objective is to improve the quality of life for non-melanoma skin cancer patients with one of the most innovative products available to date.

Our focus is on:

- **Achieving innovation**
- **Improving patient outcomes**
- **Enhancing patients' quality of life**

For more information, scan the QR code or visit **www.oncobeta.com**

Rhenium-SCT®: Precise, personalised therapy for treatment of NMSCs[3]

Precise[3]
Accurate dosing.
Spares healthy tissue.[3]

Non-Invasive[2]
No direct skin contact or incisions.[2]

Painless[1]
No pain reported during procedure.[2]

Simple, easy[2]
No restriction on anatomical location.[3]

Single-session[4]
Complete response in 94.7% of lesions after a single session.[4¶]

Short duration of treatment[6]
Treatment time is generally 45 to 180 minutes.[6§]

Aesthetic/functional[5]
No disfiguring scarring.
Retained functionality in high-risk and difficult to treat areas.[1]

Certified medical device
ARTG number 400142.
SAHPRA approved.
CE certified.

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§ Treatment time depends on lesion characteristics and may exceed 180 minutes.[6]

¶ Treatment was generally well tolerated. Adverse events were mostly mild to moderate. Twelve Grade 3/4 events occurred at earlier time points, with none persisting beyond 6 months. The most common 24-month adverse events were hypopigmentation (G1/2: 58%/5%), telangiectasia (G1: 15%), alopecia (G1/2: 10.4%/0.9%) and induration (G1/2: 9.6%/0.9%). No treatment-related adverse events led to study withdrawal.[4]

Abbreviations: BCC, basal cell carcinoma; SCC, squamous cell carcinoma.

References: 1. Cardaci G, *et al. Adv Radiat Oncol.* 2025;10(7):101802. **2.** Castellucci P, *et al. Eur J Nucl Med Mol Imaging.* 2021;48(5):1511–1521. **3.** Cipriani C, *et al. J Dermatol Treat.* 2022;33(2):969–975. Epub 22 Jul 2020. **4.** Baxi S, *et al.* 2026, Rhenium-SCT for non-melanoma skin cancer: Topline Results from EPIC-Skin, An International Phase IV Prospective Single Arm Multi-centre Study, Presentation at The American College Of Radiation Oncology Congress Orlando USA, 6th February 2026. **5.** Sedda AF, *et al. Clin Exp Dermatol.* 2008;33(6):745–749. **6.** Rhenium-SCT® Instructions For Use, Quick Guide. https://www.oncobeta.com/fileadmin/user_upload/devices/02_IFU_REC_ENG_L.pdf (accessed March 2026). **7.** Cipriani C, *et al. In Therapeutic Nuclear Medicine.* 2014. RP Baum (Ed), New York: Springer. **8.** Cipriani C, *et al. Int J Nucl Med.* 2017;114–122. **9.** Carrozzo AM, *et al. Eur J Dermatol.* 2013;23(2):183–188. **10.** Data on file. OncoBeta® Garching, Germany.

Rhenium-SCT® (rhenium-188 epidermal radioisotope therapy).
Please review the Instructions for Use (IFU) before using Rhenium-SCT®. The IFU is available at www.oncobeta.com or upon request via medical@oncobeta.com. **Indication:** Rhenium-SCT® is indicated for the treatment of basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), especially for patients with co-morbidities for which a surgical approach is not indicated, or for lesions which anatomical position may result in a suboptimal cosmetic result using conventional approaches. **Safety Information:** Treatment with Rhenium-SCT® involves the application of beta radiation to the skin. As with any form of radiotherapy, local skin reactions may occur. Side effects may occur during or shortly after treatment. These may include, but are not limited to, radiation dermatitis, erythema, and ulceration. Late effects may occur in the months and years following radiation therapy. These may include, but are not limited to, alopecia at the treatment site, induration, changes in skin pigmentation (hypo- or hyperpigmentation) or telangiectasia. The nature and severity of these effects depend on multiple factors, including the size, depth, and location of the lesion, as well as individual patient characteristics. Most reactions are localized and occur within the treated area, but may vary in intensity and duration. Treatment should only be performed by appropriately trained healthcare professionals and in accordance with the Instructions for Use (IFU). For full safety information, including contraindications, warnings, and precautions, please refer to the IFU. **Legal Manufacturer:** OncoBeta® GmbH, Schleißheimer Straße 91, 85748 Garching bei München, Germany. **Material ID:** SHOW5669. **Date of preparation:** April 2026.

ONCOBETA®