Radius Health (RDUS)

Leerink Partners Roundtable Series
Rare Disease & Oncology

October 3, 2018

We are Radius®

Safe Harbor

Any statements made in this presentation relating to our future financial or business performance, conditions, plans, prospects, trends or strategies and other financial or business matters, including regarding TYMLOS® (abaloparatide) injection and the development and potential commercialization of our product candidates; our clinical trial plans and results; regulatory actions and communications; potential collaborations; and future revenues and operating expenses, are forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. In addition, when used in this presentation, the words “may,” “could,” “should,” “anticipate,” “believe,” “estimate,” “expect,” “intend,” “plan,” “predict”, “target” and similar expressions and their variants, as they relate to Radius Health, Inc. (“Radius”) or its management, may identify forward-looking statements. Radius cautions that these forward-looking statements are subject to numerous assumptions, risks and uncertainties, which change over time. Important factors that may cause actual results to differ materially from the results discussed in the forward-looking statements or historical experience include risks and uncertainties, including the failure by Radius to secure and maintain relationships with collaborators; risks relating to clinical trials; risks relating to the commercialization of TYMLOS in the U.S., or potential commercialization of any of Radius’ product candidates, if approved (such as marketing, regulatory, patent, product liability, supply, competition and other risks); dependence on the efforts of third parties; dependence on and challenges to our intellectual property rights; and risks that we may lack the financial resources and access to capital to fund our operations. Further information on the factors and risks that could affect Radius’ business, financial conditions and results of operations and could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation are contained under the caption “risk factors” in Radius’ Annual Report on Form 10-K for the period ended December 31, 2017, along with Radius’ other reports filed with the Securities and Exchange Commission. The forward-looking statements in this presentation represent Radius’ estimate as of the date of this presentation only, and Radius specifically disclaims any duty or obligation to update forward-looking statements.

Leadership in Osteoporosis with Significant Opportunity in Oncology

	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	MARKET
Abaloparatide-SC Osteoporosis Anabolic *Subcutaneous Injection*	Post-menopausal Women → TYMLOS® (abaloparatide) injection				
Abaloparatide-SC Osteoporosis Anabolic *Subcutaneous Injection*	Men				
Abaloparatide-Patch Osteoporosis Anabolic *Transdermal Patch*	Post-menopausal Women				
Elacestrant ER+ Breast Cancer *Oral SERD*	Metastatic ER+/HER2-				
RAD140 HR+ Breast Cancer Oral SARM	Metastatic HR+				

Radius®

Current Treatment Paradigm with Hormonal Therapy for U.S. ER+ HER- Metastatic Breast Cancer*

First-line

Prior AI

- AI + CDK4/6i
- Fulvestrant + CDK4/6i
- Fulvestrant mono

No Prior AI

- Non-steroidal AI

- Use of CDK4/6 inhibitors are increasing their use in 1st line, in combination with AI

Second-line

Prior CDKi

- Fulvestrant mono
- AI +mTOR
- AI mono
- mTOR mono
- SERM

No Prior CDKi

- fulvestrant + CDK4/6i
- AI + CDK4/6i

- Monotherapy expected to increase with CDK4/6 use moving upstream

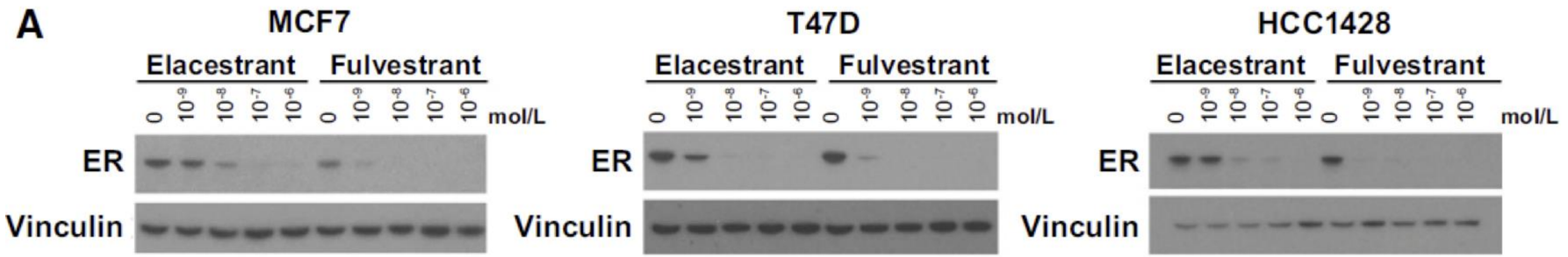
Third-line

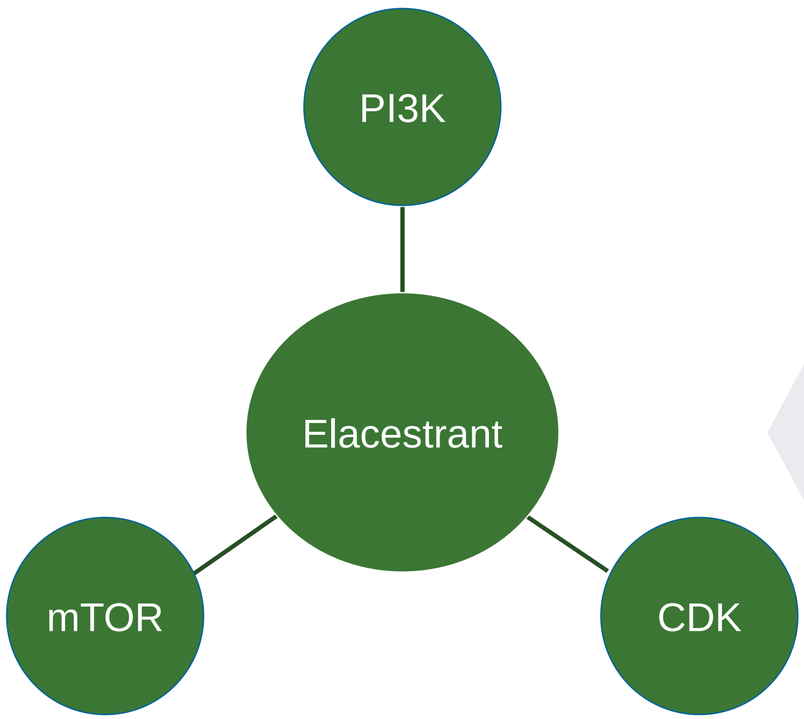
- AI
- AI + CDK4/6i
- AI+mTOR
- Fulvestrant mono
- fulvestrant + CDK4/6i
- SERM

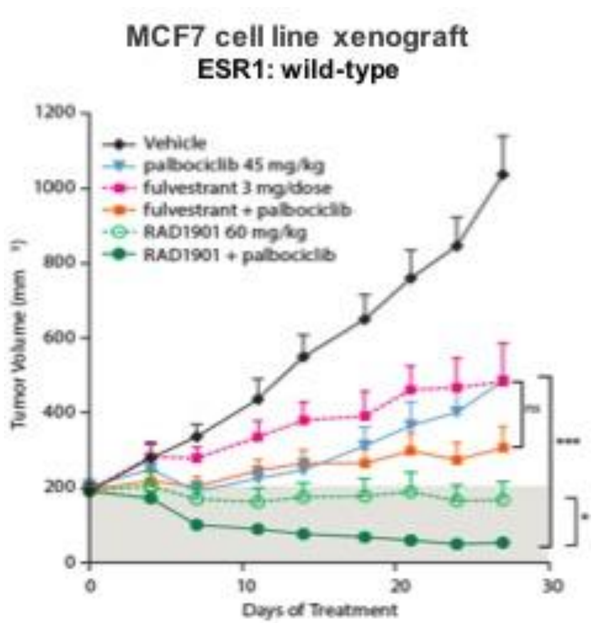
- Monotherapy expected to increase with CDK4/6 use moving upstream

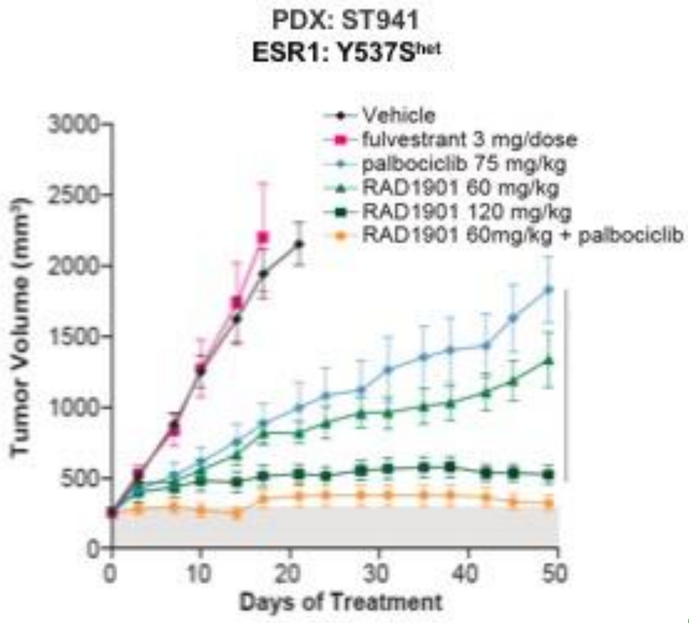
Source: NCCN Guidelines 2017; Physician Interviews; ClearView Report; . AI: Aromatase Inhibitor; CDK: Cyclin Dependent Kinase; * post-menopausal women

Elacestrant : Next Generation SERD* with a Differentiated Profile and Activity versus Fulvestrant









* Selective Estrogen Receptor Degrader

Bihani et al., Clinical Cancer Research 2017

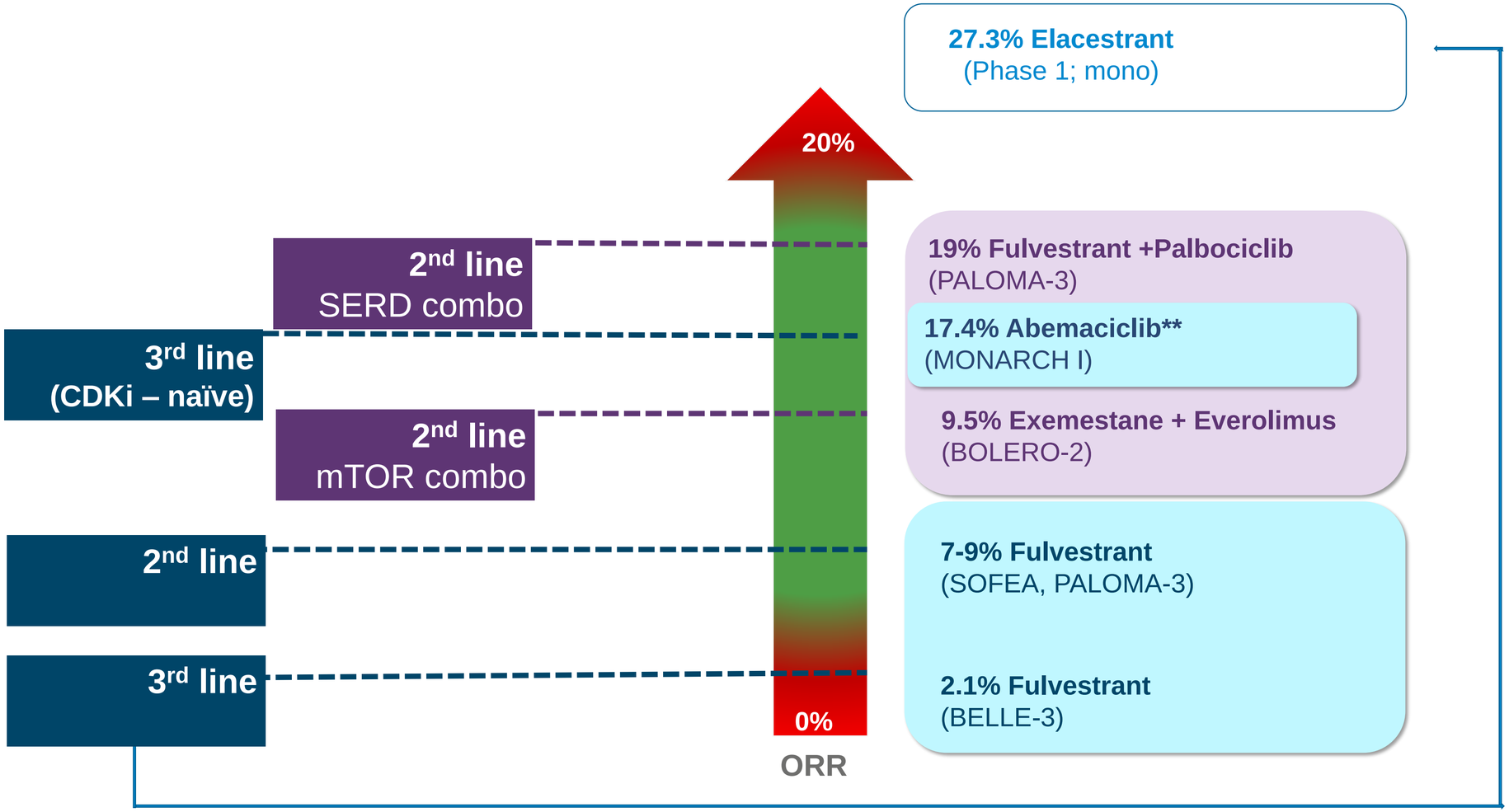
Elacestrant Single Agent Activity in Phase 1 Study 005

Study 005 (Part A+B+C)	Median Progression-Free Survival (ITT Population)	Objective Response Rate (RECIST Evaluable)	Clinical Benefit Rate (24-weeks)
Overall Population	5.4 months	27%	47.4%
Prior Fulvestrant	4.9 months	30%	42.9%
Prior CDK4/6 inhibitor	4.5 months	33%	35.7%
ESR1-mutant	7.4 months	33%	57.9%

- Elacestrant 400 mg administered orally on a continuous daily schedule was well tolerated
- Predominantly G1 and G2 upper GI events (nausea, dyspepsia, vomiting)
- Profile supportive of potential for combination with other agents

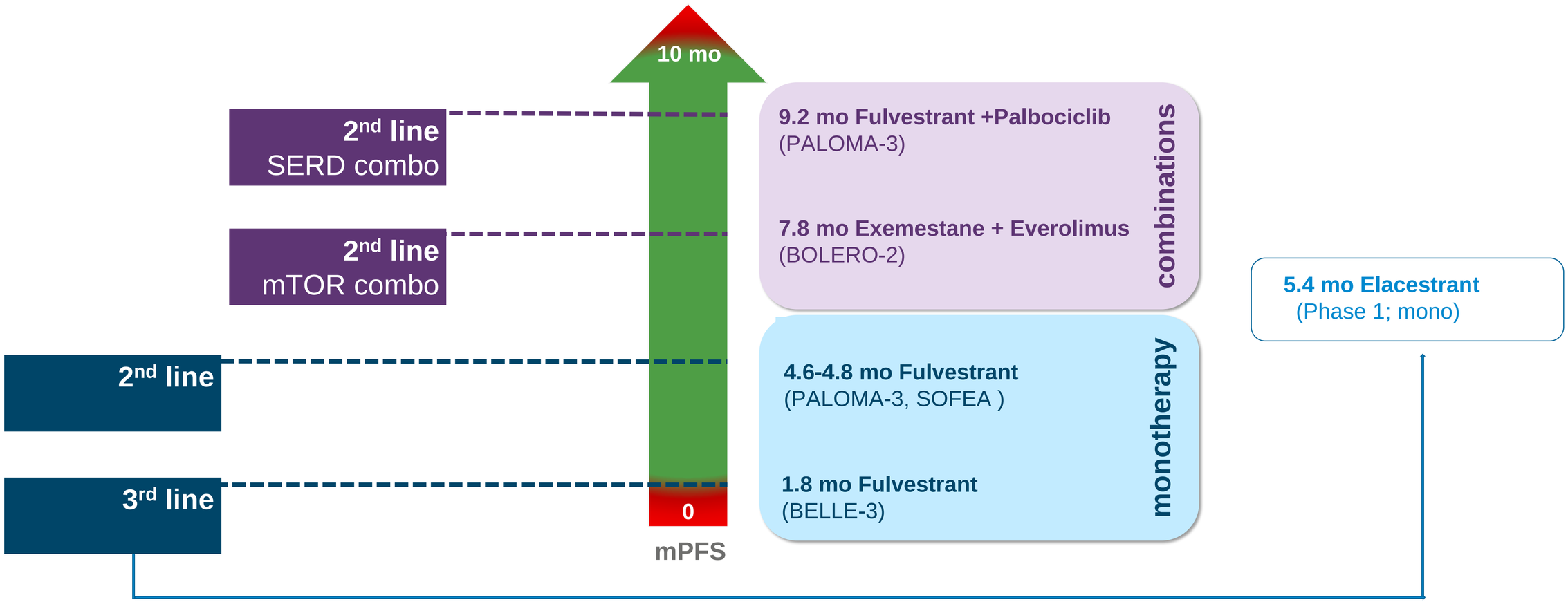
*30 Oct 2017 data cutoff: 22 out of 40 patients had RECIST measurable disease

Objective Response Rates (ORR) for Endocrine Agents in 2nd-3rd Line for ER+ Breast Cancer



*ORR is based on ITT
** FDA approval Sept 30, 2017

Median Progression Free Survival (mPFS) for Endocrine Agents in 2nd and 3rd Line for ER+ Breast Cancer



*mPFS is based on ITT

Radius

Elacestrant Phase 3 Study Disclosures Planned for Q4 2018

1. **Study design**
   - Patient population
   - Enrollment criteria
   - Primary and secondary endpoints
   - Comparator arm
2. **Timelines**: Recruitment plan and key milestones
3. **Target Use**: Patient potential as monotherapy agent