PYNNACLE Phase 2 Clinical Data Update Investor Webinar

September 10, 2025

PMVPharma

Disclaimer

Forward-Looking Statements

This presentation contains forward looking statements. Such statements include, but are not limited to, statements regarding our research, preclinical and clinical development activities, plans and projected timelines for rezatapopt, including the timing of disclosures regarding clinical data updates of its current clinical trial for rezatapopt, expected therapeutic benefits of rezatapopt including potential efficacy and tolerability, plans regarding regulatory filings and approvals, including targeted dates for our NDA submission and initial FDA approval for platinum-resistant or refractory ovarian indication, ongoing safety and response rate of participants in our PYNNACLE study, as well as the overall timing and success of our current and future clinical trials for rezatapopt, and the adequacy of the data to support its regulatory approval, and our expectations regarding the therapeutic, addressable patient populations, timing for approval and commercial potential of rezatapopt, as well as our cash runway forecast. The words “believe,” “may,” “should,” “will,” “estimate,” “promise,” “plan”, “continue,” “anticipate,” “intend,” “expect,” “potential” and similar expressions (including the negative thereof), are intended to identify forward-looking statements. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Risks that contribute to the uncertain nature of the forward-looking statements include: our preclinical studies and clinical trials may not be successful; the U.S. Food and Drug Administration (FDA) may not agree with our interpretation of the data from clinical trials of our product candidates; we may decide, or the FDA may require us, to conduct additional clinical trials or to modify our ongoing clinical trials, which could result in enrollment or other delays to our anticipated timelines; we may experience delays in the commencement, enrollment, completion or analysis of clinical testing for our product candidates, or significant issues regarding the adequacy of our clinical trial designs or the execution of our clinical trials may arise, which could result in increased costs and delays, or limit our ability to obtain regulatory approval; the commencement, enrollment and completion of clinical trials and the reporting of data; a global pandemic, other public health emergencies or geopolitical tensions or conflicts may disrupt our business and that of the third parties on which we depend, including delaying or otherwise disrupting our clinical trials and preclinical studies, manufacturing and supply chain, or impairing employee productivity; our product candidates may not receive regulatory approval or be successfully commercialized; unexpected adverse side effects or inadequate therapeutic efficacy of our product candidates could delay or prevent regulatory approval or commercialization; we may not be able to obtain additional financing on terms acceptable to us or at all; as well as those risks and uncertainties set forth in the sections entitled “Risk Factors” and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in the Company’s Annual Report on Form 10-K, filed with the Securities and Exchange Commission (the “SEC”) on March 3, 2025, the Company’s Quarterly Report on Form 10-Q for the three months ended March 31, 2025, filed with the SEC on May 9, 2025, and the Company’s Quarterly Report on Form 10-Q for the three months ended June 30, 2025, filed with the SEC on August 7, 2025, and its other filings filed with the SEC.. Additional risks and uncertainties may emerge from time to time, and it is not possible for PMV Pharma’s management to predict all risk factors and uncertainties.

All forward-looking statements contained in this presentation speak only as of the date on which they were made. We undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

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Today's Objectives

01 Rezatapopt background

02 Ovarian cancer treatment landscape

03 PYNNACLE Phase 2 interim data update

Initial NDA strategy informed by FDA feedback

04 Q&A

PMVPharma

Panel

David Mack, PhD
President and Chief Executive Officer

Ramez N. Eskander, MD
Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences
UC San Diego

Deepika Jalota, PharmD
Chief Development Officer

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PMV Pharma is Harnessing the Power of p53 to Treat Cancer

PMV's lead candidate is rezatapopt, a first-in-class, investigational p53 Y220C reactivator

The p53 Y220C mutation, a previously undruggable target, is found in 2.9% of ovarian cancer and 1% of all solid tumors

Phase 1 PYNNACLE study has achieved proof of concept data for rezatapopt

Pivotal Phase 2 PYNNACLE study interim clinical data demonstrates favorable efficacy and safety across multiple tumor types

NDA submission planned in 1Q2027 in platinum-resistant/refractory ovarian cancer patients

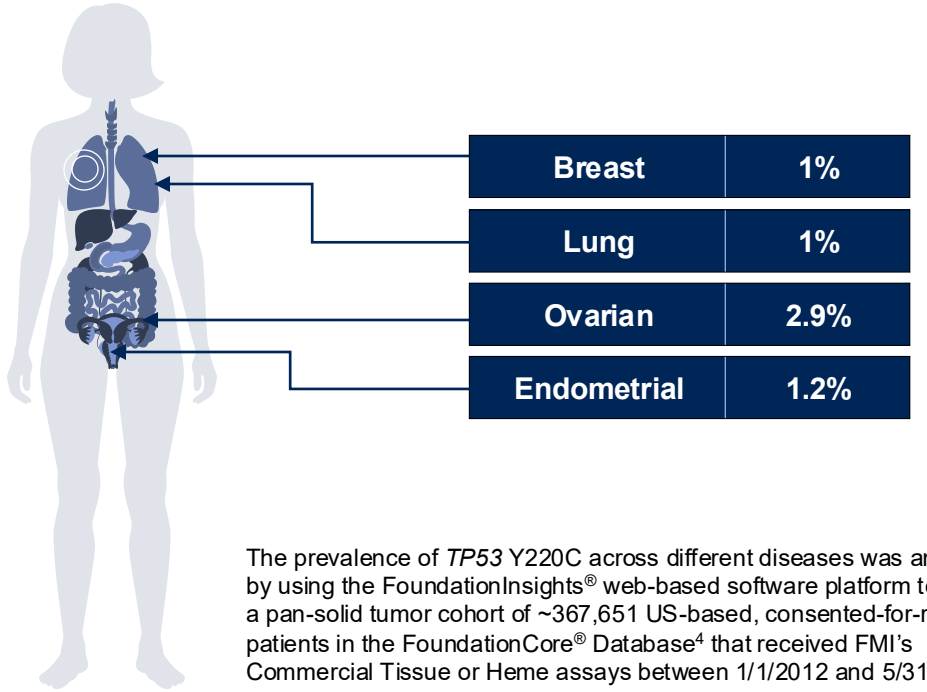
Strong balance sheet with $148M as of June 30, 2025, with cash runway through 1Q2027

Rezatapopt Targets TP53 Y220C Hotspot Mutation Detected Across Solid Tumors

- *TP53* mutations are the most common genomic alterations across all human cancers[1]
- Most *TP53* mutations occur in the central DNA-binding domain and ten of them are referred to as 'hot-spot' mutations, accounting for ~30% of the *TP53* mutations observed in human cancer[1–2]
- p53 Y220C is a key hot-spot *TP53* missense mutation that destabilizes p53[1,3]
- **p53 Y220C present in ~1% of solid tumors[4]**
- **Addressable 2L+ U.S. & EU4/UK patients ~12K[4,5]**

Frequency of *TP53 Y220C* Across Common Solid Tumors

Foundation Medicine Tissue and Heme assay test results collected between 1/1/2012 and 5/31/2024



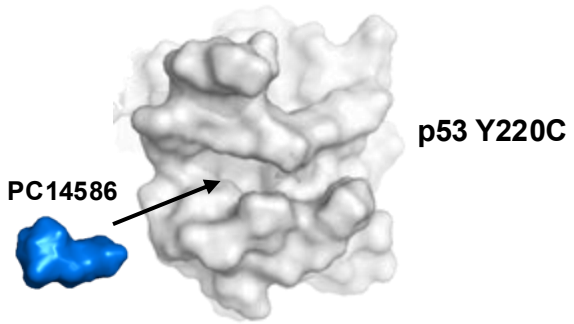
The prevalence of *TP53* Y220C across different diseases was analyzed by using the FoundationInsights® web-based software platform to query a pan-solid tumor cohort of ~367,651 US-based, consented-for-research patients in the FoundationCore® Database[4] that received FMI's Commercial Tissue or Heme assays between 1/1/2012 and 5/31/2024.

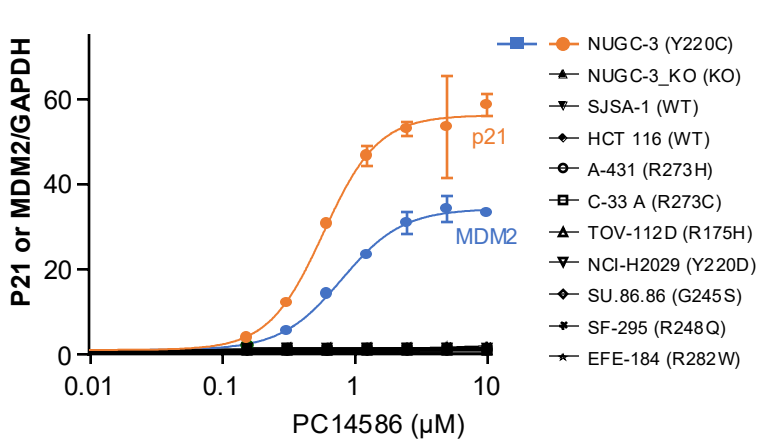
Deoxyribonucleic acid. [1] Baugh EH, et al. *Cell Death Differ*. 2018;25,154–160. [2] Roszkowska KA, et al. *Int J Mol Sci*. 2020;21:1334. [3] Bouaoun L, et al. *Hum Mutat*. 2016;37:865–876. [4] Foundation Insights, Schram *et al.* AACR-NCI-EORTC Conference 2023. [5] DRG Epidemiology Estimates 2028.

Rezatapopt is a p53 Y220C-Selective First-in-Class p53 Reactivator

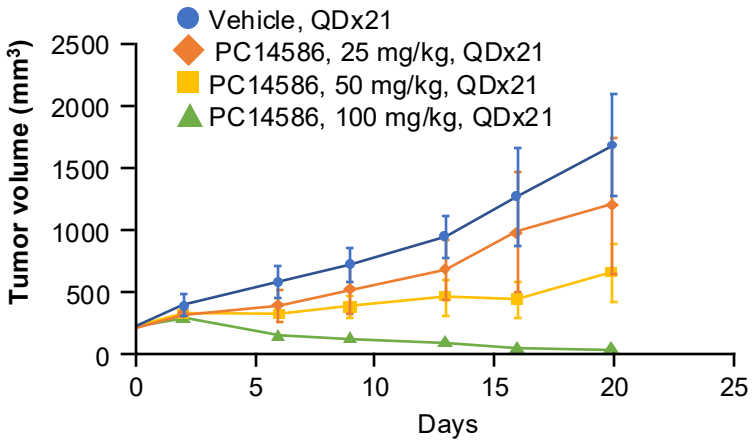
- Orally available small molecule designed to selectively bind to the pocket contained in the p53 Y220C mutant protein[1]
- Stabilizes the p53 Y220C mutant protein in the wild-type p53 conformation, thereby restoring transcription and tumor-suppressor function[1]
- Inhibits proliferation across all Y220C-expressing cell lines

Stabilizes p53 Y220C mutant in the WT p53 conformation → **p53 transcriptional activity restored** → **Tumor regression *in vivo***





PC14586 = rezatapopt



NUGC-3 model

MDM2, mouse double minute 2 homolog; KO, knockout; WT, wild-type. [1]Dumble M, et al. *Cancer Res*. 2021;81(13_Suppl):Abstract LB006.
NUGC-3: gastric cancer cell line

Seamless Phase 1/2 PYNNACLE Clinical Trial: Rapid Rezatapopt Monotherapy Development Towards NDA Submission

Phase 1 established RP2D as rezatapopt 2000mg once daily with food
Early efficacy signals and well-tolerated safety profile across multiple tumor types

Phase 2 interim clinical data support initial NDA submission strategy for PROC indication

4Q2020
PYNNACLE Phase 1 first patient enrolled

2023
FDA alignment on RP2D and Phase 2 pivotal trial design

1Q2024
Pivotal Phase 2 trial first patient enrolled

2025
Phase 2 interim clinical data Received FDA feedback on NDA submission strategy to support a PROC indication

RP2D, recommended Phase 2 dose; FDA, Food and Drug Administration; PROC, platinum-resistant/refractory ovarian cancer; NDA, New Drug Application

Compelling Rezatapopt Monotherapy Phase 2 Interim Data

Across All Cohorts:

- Encouraging efficacy in heavily pre-treated patients with a *TP53* Y220C mutation with poor prognoses[1]
- Promising rate of tumor responses observed across multiple tumor types
  - ORR: 33%
  - Median duration of response: 6.2 months
- Differentiated safety and tolerability profile compared to standard of care

Ovarian Cancer:

- Significant unmet medical need
- Strong response rate and benefit
  - ORR: 43%
  - Median duration of response: 7.6 months
- Initial registrational opportunity in platinum-resistant or refractory ovarian cancer (PROC) informed by FDA feedback

- *TP53* Y220C mutation leads to a worse prognosis[1]
- Emerging clinical data supports rezatapopt as an effective, well-tolerated, oral option
- Opportunity to deliver a novel, biomarker-selected chemo-alternative

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[1] Natural history study (PMV data on file); ORR, overall response rate; FDA, Food and Drug Administration

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Ramez N. Eskander, MD
Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences
UC San Diego

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Disclosures

Consultant/Advisory Board:

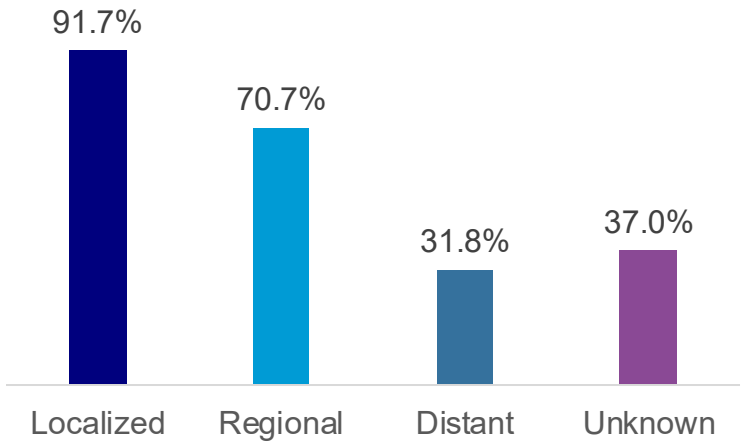
- AstraZeneca
- Clovis Oncology
- Daiichi Sankyo, Inc.
- Eisai Inc.
- Elevar Therapeutics
- GSK
- ImmunoGen, Inc.
- Mersana Therapeutics
- Myriad Genetics, Inc.
- Novocure GmbH
- Onconova Therapeutics
- Nuvectis
- PMV Pharmaceuticals
- Regeneron
- Lilly
- AbbVie
- Pfizer

Other Financial or Material Support for GOG Associate Clinical Trial Advisor

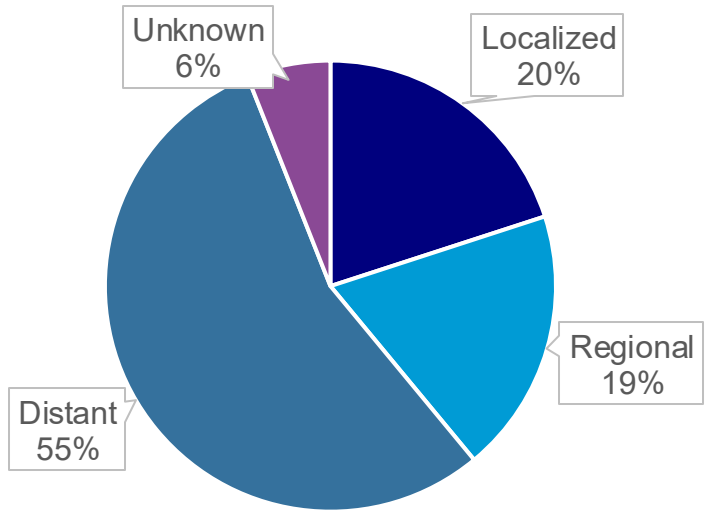
Ovarian Cancer is a Leading Cause of Cancer Death Among Women

Estimated new US cases in 2025: 20,890[1,2] | Estimated deaths in 2025: 12,730[1,2] | 5-year relative survival: 51.6%[1,2]

5-year relative survival:
~30% for distant metastasis[2]



>70% present with advanced disease[2]



Up to 80% with advanced disease will relapse within 12–18 months[3,5–9]

Recurrent ovarian cancer 5-year survival rate: <30%[5]

Platinum-sensitive: mOS ≤4 years[a,3,4,10]

Platinum-resistant: mOS <1 year[3,4,8–10]

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[a] mOS in patients with recurrent PSOC can vary widely based on time since last platinum-based chemotherapy / length of time to recurrence, stage at initial diagnosis, and the presence of specific mutations. mOS, median overall survival. Full citations for footnotes 1-10 are provided in the References slide.

TP53 Mutations are Present in >75% of Ovarian Cancer Cases and are Associated with Poor Prognosis

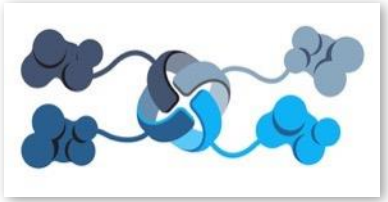
HGSOC accounts for 70–75% of epithelial ovarian cancer cases[11–14]

Most common subtype, often diagnosed at advanced stages[11–14]

TP53 mutations

- In >75% of ovarian cancers[15,a]
- In >95% of HGSOC cases[15,a]
- *TP53* dysfunction in fallopian tubal cells initiates HGSOC[13,16]

Mutated p53[16,17]

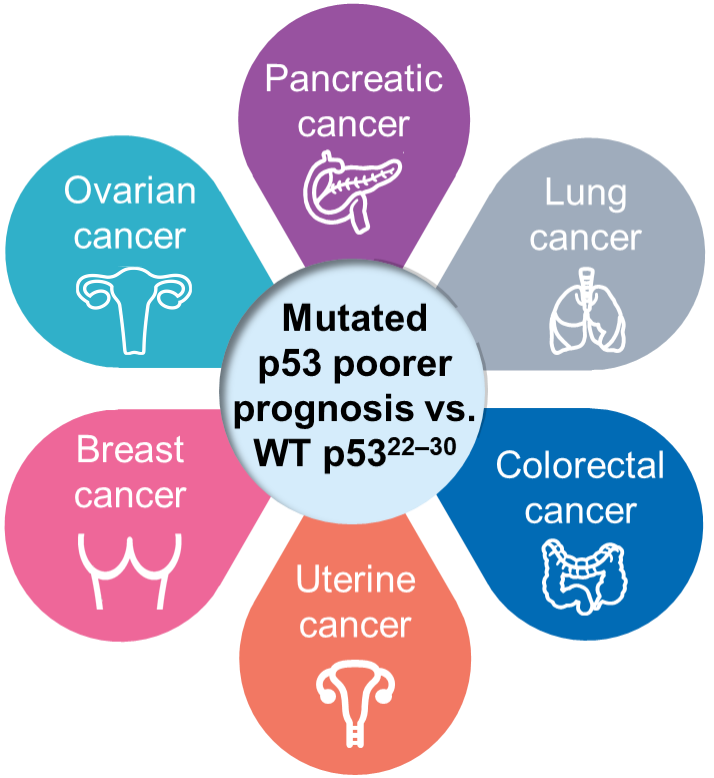


High frequency in more aggressive and invasive tumor subtypes[15,19–22]

TP53 mutations and prognosis

Retrospective studies

TP53 mutation: Negative prognostic indicator of survival and outcomes across several tumor types, including ovarian cancer[22–30]



[a] The prevalence of *TP53* Y220C was assessed in a cancer tumor cohort of 598,012 US-based, consented-for-research patients using FoundationInsights™ (May 2024). [15] HGSOC, high-grade serous ovarian carcinoma; MMR, mismatch repair; WT, wildtype. Full citations for footnotes 11-15, 19-30 are provided in the References slide.

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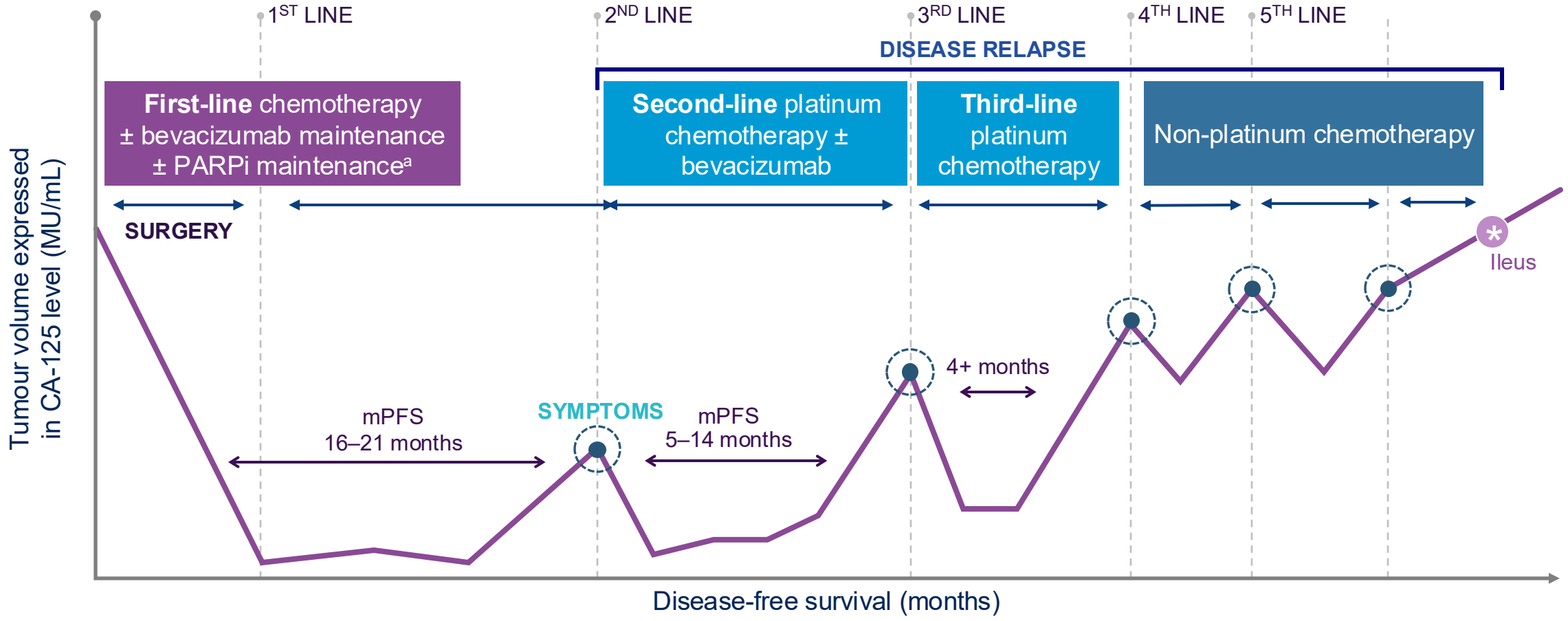
The Benefit of Treatment Decreases with Multiple Lines of Therapy[9, 31-52]



[a] Niraparib should only be used in patients with an HRD+ status. CA-125,cancer antigen 125; HRD+, homologous recombination deficiency-positive status; mPFS, median progression-free survival; PARPi, PARP inhibitor; SOC, standard of care. Slide courtesy of and adapted from Kathleen Moore. References 9,31–52. Full citations for footnotes 9, 31-52 are provided in the References slide.

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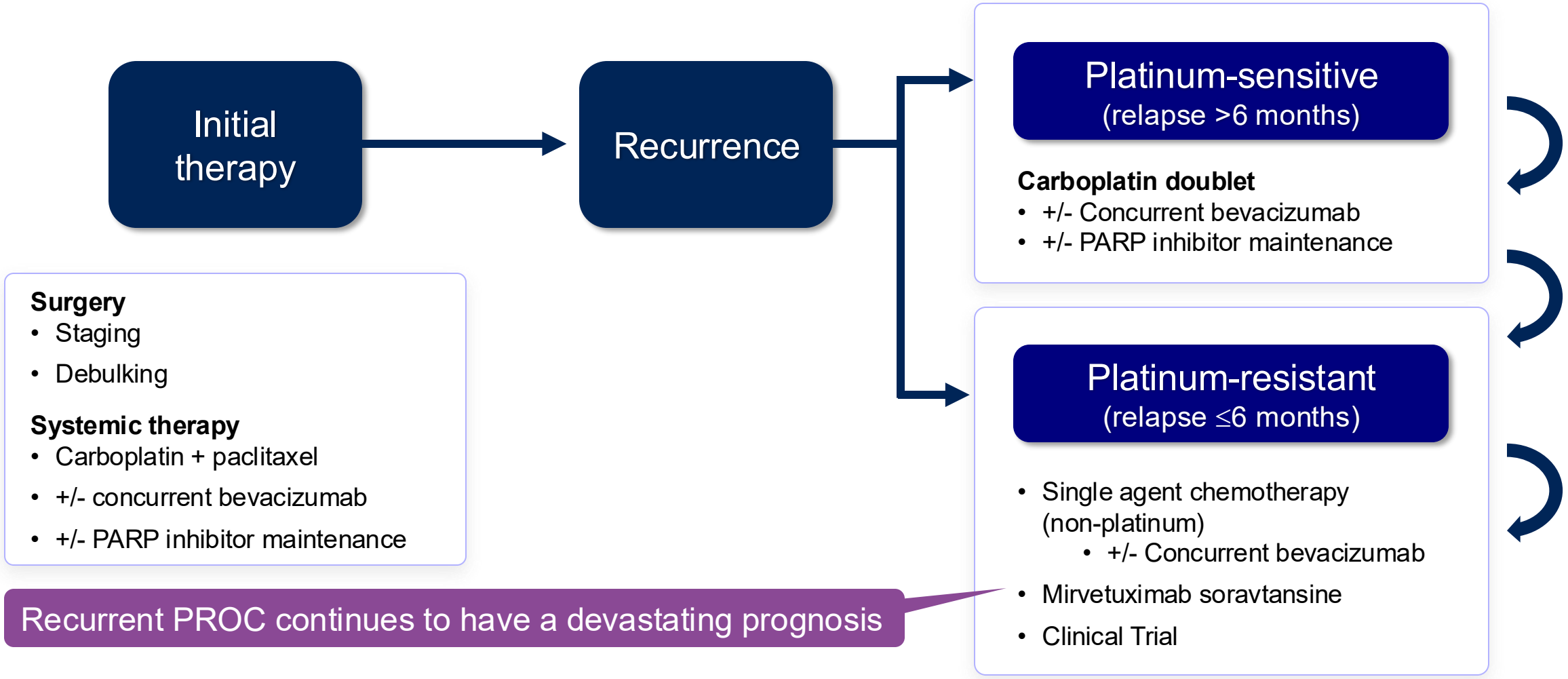
Patients will Eventually Develop PROC Reflecting a High Unmet Medical Need[53-54]



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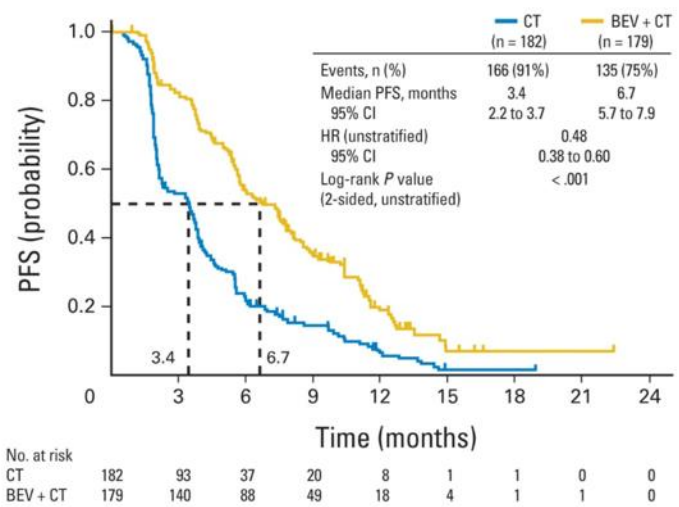
Full citations for footnotes 53-54 are provided in the References slide.

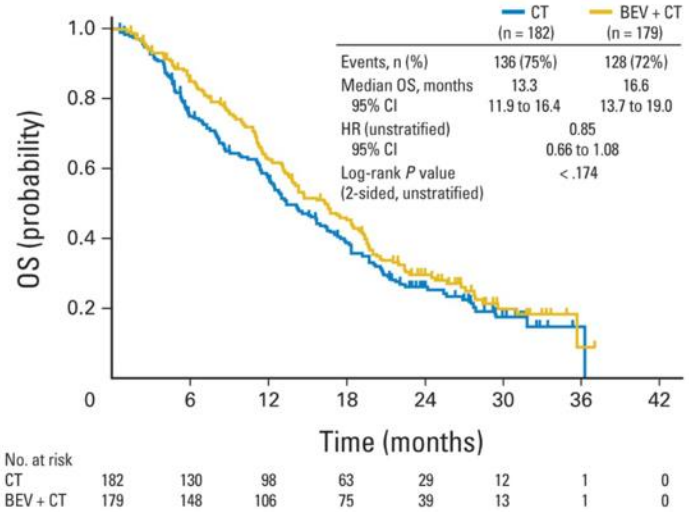
Adding Bevacizumab to Chemotherapy has Provided Benefit in PROC

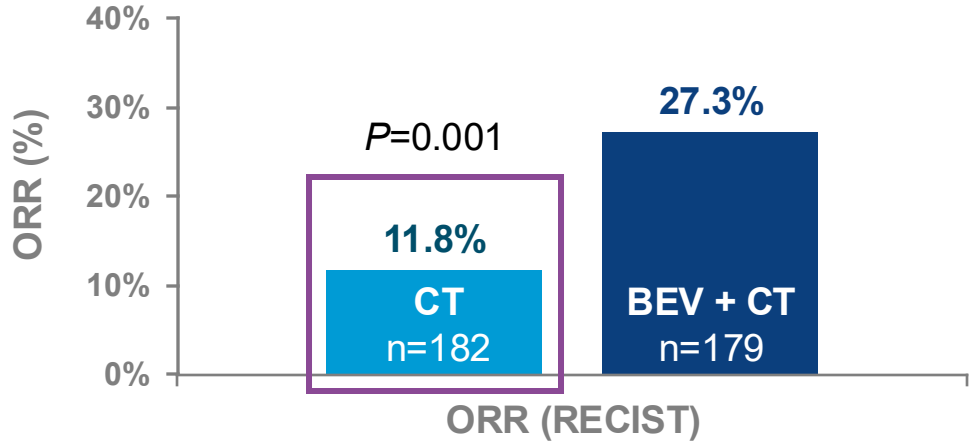
AURELIA Phase 3[69]
(N=358)

CT + BEV vs CT

ORR: 27.3% vs 11.8%
mPFS: 6.7 vs 3.4 mo
mOS: 16.6 vs 13.3 mo







FDA approved for PROC

Nov 2014

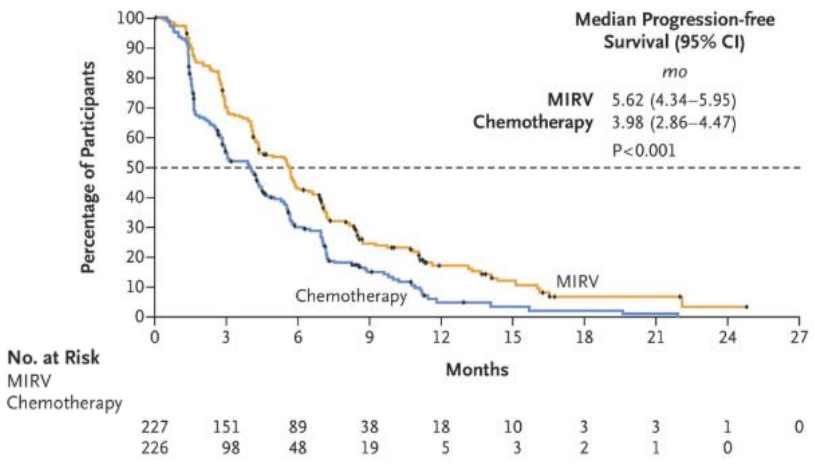
BEV, bevacizumab; CT, chemotherapy; CI, confidence interval; mPFS, median progression-free survival; mo, months; mOS, median overall survival; ORR, overall response rate; PROC, platinum-resistant ovarian cancer. Full citations for footnote 69 is provided in the References slide.

Mirvetuximab Soravtansine (ADC) is Approved for FRα-Positive PROC

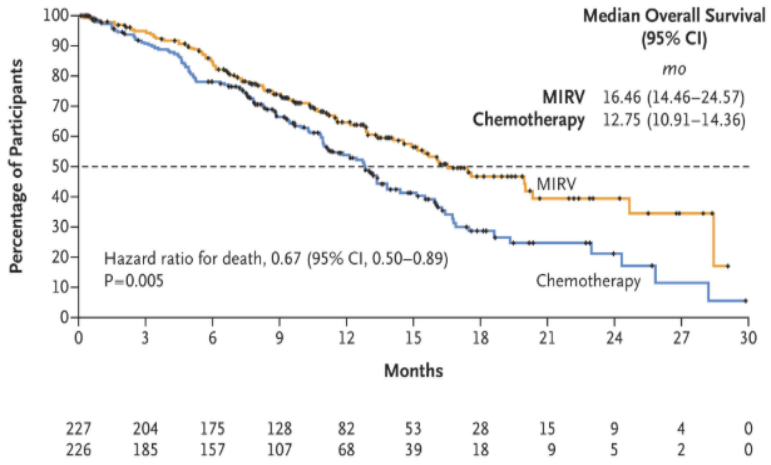
30–40% of patients with PROC are FRα-positive (≥75% cells with ≥2+ intensity staining)[56-59]

FDA approved for FRα-positive PROC Nov 2022

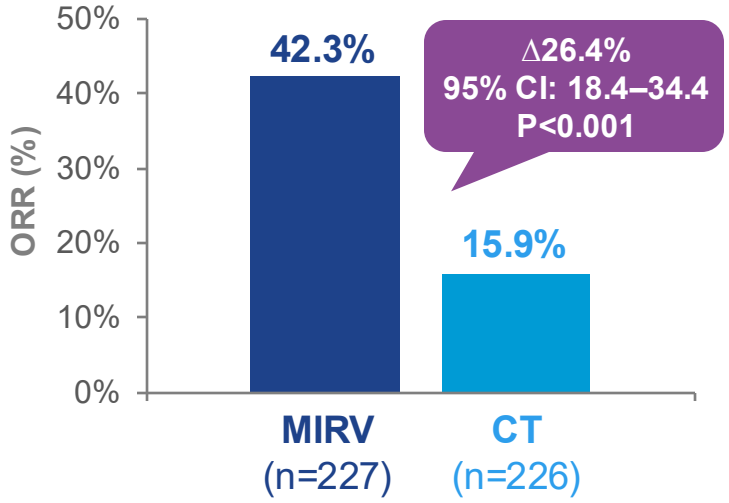
MIRASOL Phase 3 (N=453)[56]
Mirvetuximab soravtansine vs chemotherapy



mPFS: 5.6 vs 4.0 months



mOS: 16.5 vs 12.8 months



ORR: 42.3% vs 15.9%
mDoR: 6.8 vs 4.5 months

ADC, antibody-drug conjugate; CI, confidence interval; CT, chemotherapy; FRα, folate receptor alpha; mDoR, duration of response; MIRV, mirvetuximab soravtansine; mo, months; mOS, median overall survival; mPFS, median progression-free survival; ORR, overall response rate; PROC, platinum-resistant ovarian cancer. Full citations for footnotes 56-59 are provided in the References slide.

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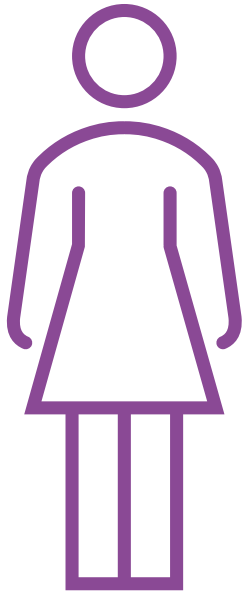
ADCs and Chemotherapy have some Overlapping and Distinct Toxicities

ADCs: Designed to be more targeted, leading to fewer and less severe side effects; however, they can still cause significant toxicity

Chemotherapy and ADCs[60–66]

- **Hematologic: anemia, neutropenia, thrombocytopenia**
- **Peripheral neuropathy**
- **Pneumonitis**
- Cardiac
- Hepatic
- Renal
- GI: nausea, abdominal pain, diarrhea, vomiting, constipation
- Skin reactions
- Fatigue
- Alopecia



Some events, such as ocular events or pneumonitis, can be more severe or more difficult to manage

ADCs[60–62]

- **Interstitial lung disease**
- **Ocular (vision impairment, keratopathy, dry eye, conjunctivitis)**
- Vascular leak syndrome
- Immune responses

Chemotherapy[62–66]

- **Increased risk of infection**
- Mouth sores, dry mouth
- Incontinence
- Cognitive impairment
- Edema
- Dyspnea

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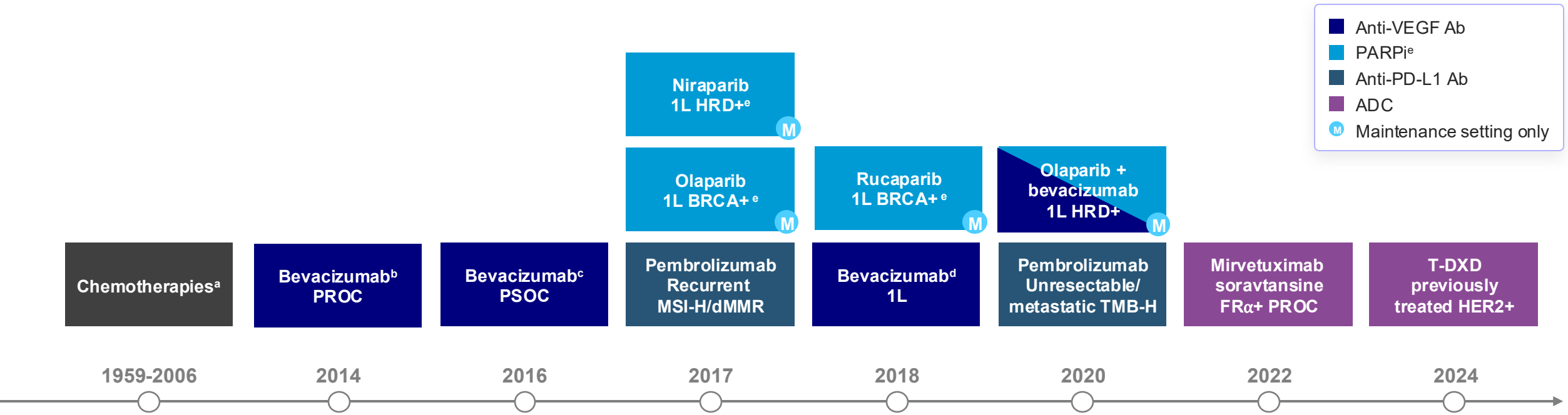
ADC, antibody drug conjugate; GI, gastrointestinal. Full citations for footnotes 60-66 are provided in the References slide.

Ovarian Cancer Treatment Landscape has Evolved to be More Molecularly Focused Over the Years

FDA approved agents[67,68]



[a]Cyclophosphamide, melphalan, cisplatin, etoposide (oral), carboplatin, altretamine, paclitaxel, docetaxel, topotecan, pegylated liposomal doxorubicin (PLD), gemcitabine + carboplatin; [b]Plus weekly paclitaxel, PLD or topotecan; [c]Plus paclitaxel/carboplatin; gemcitabine/carboplatin; [d]Plus paclitaxel/carboplatin; [e]Niraparib, rucaparib, and olaparib have been withdrawn as maintenance therapy for platinum-sensitive recurrent *BRCA*wt ovarian cancer. 1L, first-line; Ab, antibody; ADC, antibody-drug conjugate; BRCAm, BRCA mutation; dMMR, deficient mis-match repair; FRα, folate receptor alpha; HER2, human epidermal growth factor receptor 2; HRD, homologous recombination deficiency; MSI-H, microsatellite instability – high; PARPi, PARP inhibitor; PD-L1, programmed death receptor – ligand 1; PLD, pegylated liposomal doxorubicin; PROC, platinum-resistant ovarian cancer; PSOC, platinum-sensitive ovarian cancer; SGRM, selective glucocorticoid receptor modulator; T-DXD, trastuzumab deruxtecan; TMB-H, tumor mutational burden – high; VEGF, vascular endothelial growth factor. Full citations for footnotes 67,68 are provided in the References slide.

The Unmet Medical Need is High for PROC

Despite advances in therapeutic options there is still an unmet need in advanced ovarian cancer, particularly in PROC

Patients with PROC often experience rapid progression of disease and have a median overall survival of <12 months

There is a lack of effective and durable treatment options, leading to poor prognosis and limited survival outcomes

Current treatments, primarily chemotherapy, are often ineffective, highlighting the urgent need for new tolerable therapies that can improve progression-free and overall survival

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PROC, platinum-resistant ovarian cancer.

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Deepika Jalota, PharmD
Chief Development Officer

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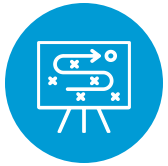
Overview of PYNNACLE Phase 2 Interim Data

Overall results across all cohorts

Ovarian cohort results



NDA submission strategy

Looking ahead

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PYNNACLE Phase 2 Study Design

Ongoing Phase 2 study actively enrolling patients across ~60 sites globally

Patient Population

- Aged ≥ 12 years
- Locally advanced or metastatic solid tumors, excluding primary CNS tumors
- Documented *TP53* Y220C and *KRAS* WT only
- Prior standard therapy or ineligible for appropriate standard of care therapy

Basket
N = 114

Rezatapopt at 2000mg QD

Cohorts

Cohort 1:	Ovarian cancer	n = 42
Cohort 2:	Lung cancer	n ~18
Cohort 3:	Breast cancer	n ~18
Cohort 4:	Endometrial cancer	n ~18
Cohort 5:	All other solid tumors	n ~18

Primary endpoint:

ORR per BICR

- Across all cohorts
- Ovarian cancer cohort

Accelerating development in key tumor types via a streamlined single-arm pivotal study design

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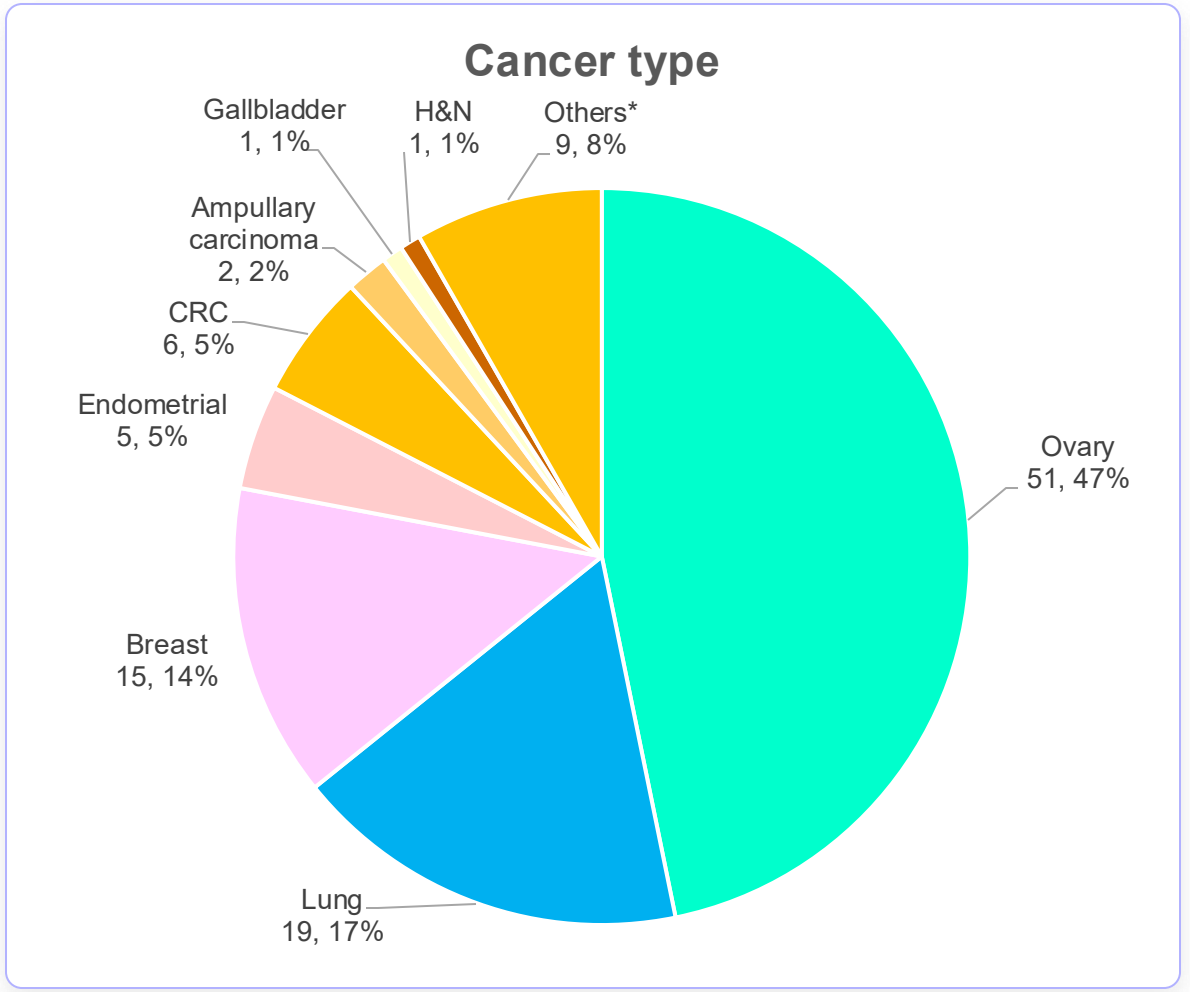
WT, wild type; ORR, overall response rate; BICR, blinded independent central review

Demographics and Baseline Characteristics (All Cohorts)

Heavily pre-treated patients across broad spectrum of tumor types

	Total N=109
Age (years)	Median 65
Sex	Female 72%, Male 28%
ECOG PS	0: 42%, 1: 54%
Prior line of systemic therapy	Median of 3 prior lines (range 1-10) 3 or more prior lines 57%
TP53 Y220C mutation status	100%
KRAS status	Wild type 100%



Data Cutoff 04Aug2025

*Others include 2 gastric cancer, 2 sarcoma, 1 small intestine cancer, 1 HCC, 1 pancreatic cancer, 1 thymic carcinoma and 1 esophagus carcinoma; ECOG PS, Eastern Cooperative Oncology Group Performance Status

Responses Observed Across All Cohorts in Eight Tumor Types

TP53 Y220C / KRAS WT Efficacy Population [a] (n=97)

Across All Cohorts	ORR n (%)
ORR per Investigator assessment	**32 (33%)**
Confirmed Complete Response (CR)	1
Confirmed Partial Response (PR)	26
Unconfirmed Partial Response (uPR)	5 [b]

Post-data cutoff:

- 5 uPR patients
  - 2 lung uPRs and 1 ovarian uPR had a confirmed PR
  - Remaining 2 uPRs (1 lung and 1 endometrial) continue on treatment
- Additionally, 1 new ovarian uPR (20/44; 45% ORR) was observed

By Cohort	ORR n (%)
Ovarian	19/44 (43%) [b]
Breast	2/11 (18%)
Lung	4/18 (22%) [b]
Endometrial	3/5 (60%) [b]
Other Solid Tumors	4/19 (21%)

Data Cutoff 04Aug2025

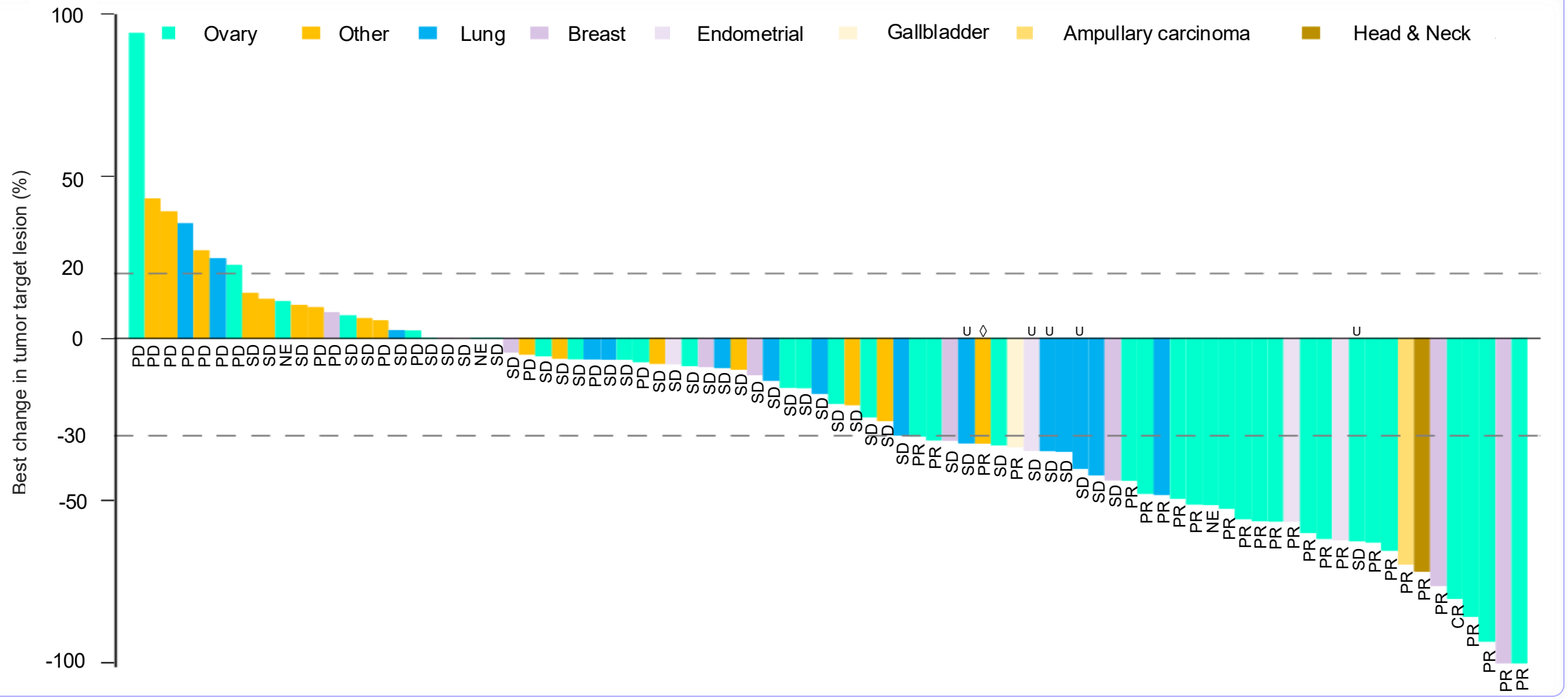
Overall
33% Overall ORR (including 5 uPRs)
6.2 months median Duration of Response [c]

Ovarian Cancer
43% ORR (including 1 uPR)
7.6 months median Duration of Response [c]

[a] Patients with the opportunity to reach first post-baseline scan. Patients discontinuing before the first post-baseline scan are included in the efficacy population.
[b] As of 04Aug2025, uPRs were observed in 3 lung cancer patients, 1 ovarian cancer patient and 1 endometrial cancer patient.
[c] DoR accounts only for confirmed responses.

ORR, overall response rate; WT, wild type

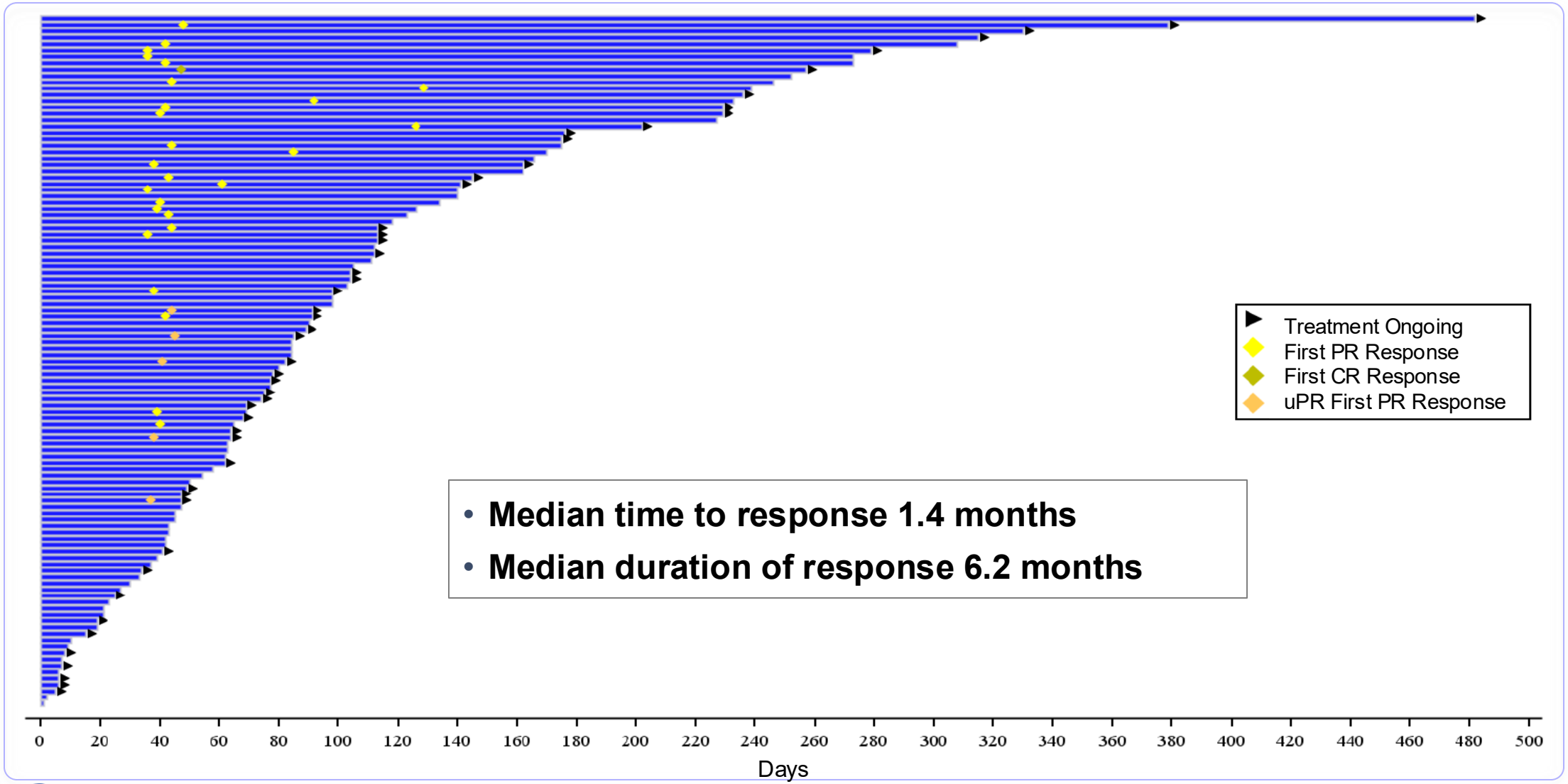
Target Lesion Reduction Observed in the Majority of Patients



Data Cutoff 04Aug2025

Post data cutoff: Among the 5 uPRs, 2 lung cancer patients and 1 ovarian cancer patient had a confirmed PR and the remaining 2 uPR patients continue to be on treatment. In addition, 1 new uPR was observed in the ovarian cancer cohort within the efficacy population.
[u] As of 04Aug2025, uPRs were observed in 3 lung cancer, 1 ovarian cancer and 1 endometrial cancer patients. [◊] CRC patient.

Rapid Time to Response and Long Duration of Treatment



Post data cutoff:
Among the 5 uPRs, 2 lung cancer patients and 1 ovarian cancer patient had a confirmed PR and the remaining 2 uPR patients continue to be on treatment.
In addition, 1 new uPR was observed in the ovarian cancer cohort within the efficacy population.

Data Cutoff 4Aug2025

Favorable Safety and Tolerability

All TRAEs* (≥ 10% of Patients) Preferred Term, n (%)	Overall N = 109	Grade 1	Grade 2	Grade 3	Grade 4
Any TRAE	**84 (77.1)**	**20 (18.3)**	**36 (33.0)**	**24 (22.0)**	**4 (3.7)**
Nausea	36 (33.0)	24 (22.0)	12 (11.0)	-	-
Blood creatinine increased	22 (20.2)	6 (5.5)	14 (12.8)	2 (1.8)	-
Fatigue	22 (20.2)	10 (9.2)	11 (10.1)	1 (0.9)	-
Alanine aminotransferase increased	19 (17.4)	7 (6.4)	5 (4.6)	6 (5.5)	1 (0.9)
Anemia	14 (12.8)	5 (4.6)	5 (4.6)	4 (3.7)	-
Aspartate aminotransferase increased	14 (12.8)	5 (4.6)	3 (2.8)	6 (5.5)	-
Decreased appetite	14 (12.8)	11 (10.1)	3 (2.8)	-	-
Vomiting	13 (11.9)	7 (6.4)	6 (5.5)	-	-

* No Grade 5 TRAEs observed

Data Cutoff 04Aug2025

- TRAEs were mostly Grade 1/2
- Most frequent TRAEs were nausea, blood creatinine increased, fatigue, and ALT increased
- Administration of rezatapopt with food decreased incidence of GI TRAEs compared to Phase 1
- Lab abnormalities are manageable/monitorable with the majority of cases being reversible and transient
- Low rate (3.7%) of drug discontinuation due to a TRAE

TRAEs, treatment-related adverse events; GI, gastrointestinal

Demographics and Baseline Characteristics (Ovarian Cancer)

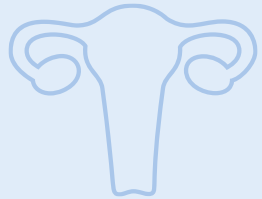
Heavily pre-treated population with poor prognostic features

	n=51
Age (years)	Median 67
ECOG Performance Status	0: 47%, 1: 51%
Prior lines of systemic therapy	Median 4 prior lines (range 1-10) 3 or more prior lines: 73%
Prior therapies	Platinum-based tx: 100% Bevacizumab: 78% PARPi: 59%
Platinum status at study entry	Platinum-resistant: 59% Platinum-refractory: 35%* Platinum-sensitive 6%
Histology	High grade serous: 96%
Somatic BRCA1/2 mutation	BRCA1: 8%, BRCA2: 4%

* Including 14% (n=7) primary platinum-refractory

Data Cutoff 04Aug2025

Heavily pre-treated patients:



- **94%** platinum-resistant or refractory
- **78%** received prior bevacizumab
- **73%** with three or more prior lines of therapy

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ECOG, Eastern Cooperative Oncology Group

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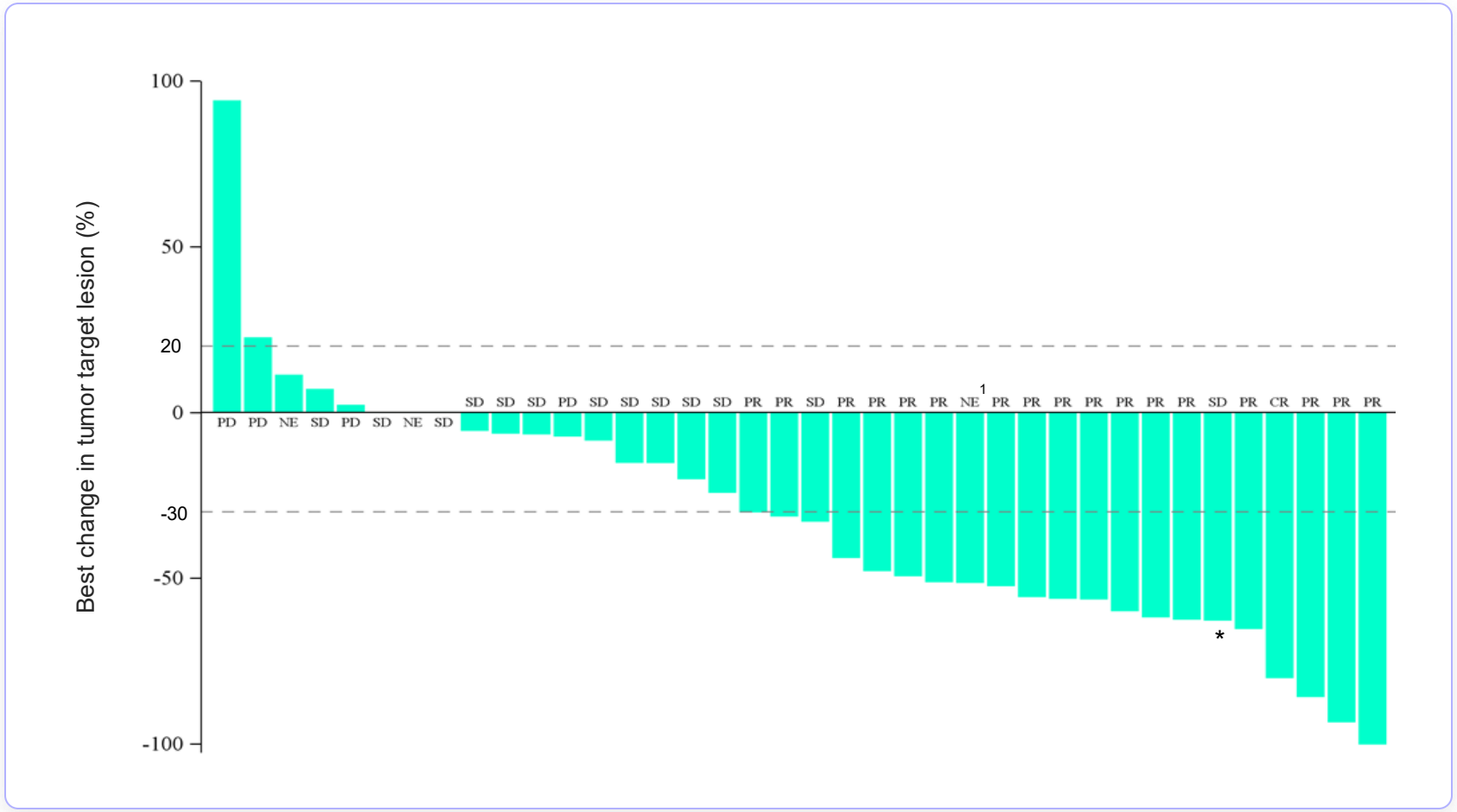
Deep Tumor Shrinkage Leading to High Response Rate

Ovarian Cancer	
	ORR n (%)
Platinum-resistant or refractory	18*/41 (44%)
Platinum-sensitive	1/3 (33%)
Overall	19*/44 (43%)



Data Cutoff 04Aug2025

* 1 Unconfirmed partial response – confirmed after data cutoff date
Post data cutoff, 1 new uPR (20/44; 45% ORR) was observed in the ovarian cancer cohort within the efficacy population (n=44).
[1] NE (not evaluable) as the scan was performed outside of the protocol-defined window.
ORR, overall response rate

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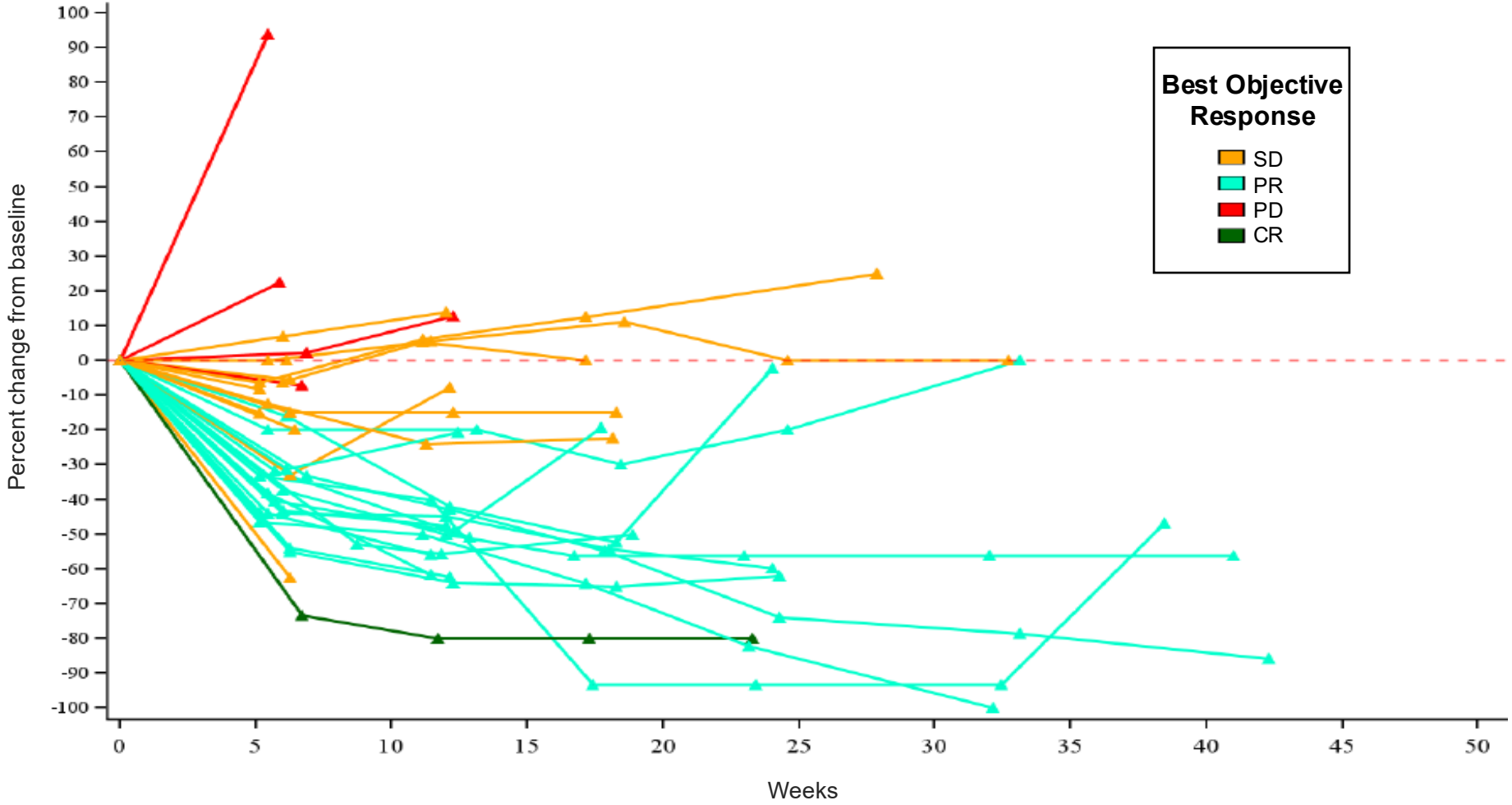
Deep and Sustained Tumor Reduction



Data Cutoff 04Aug2025

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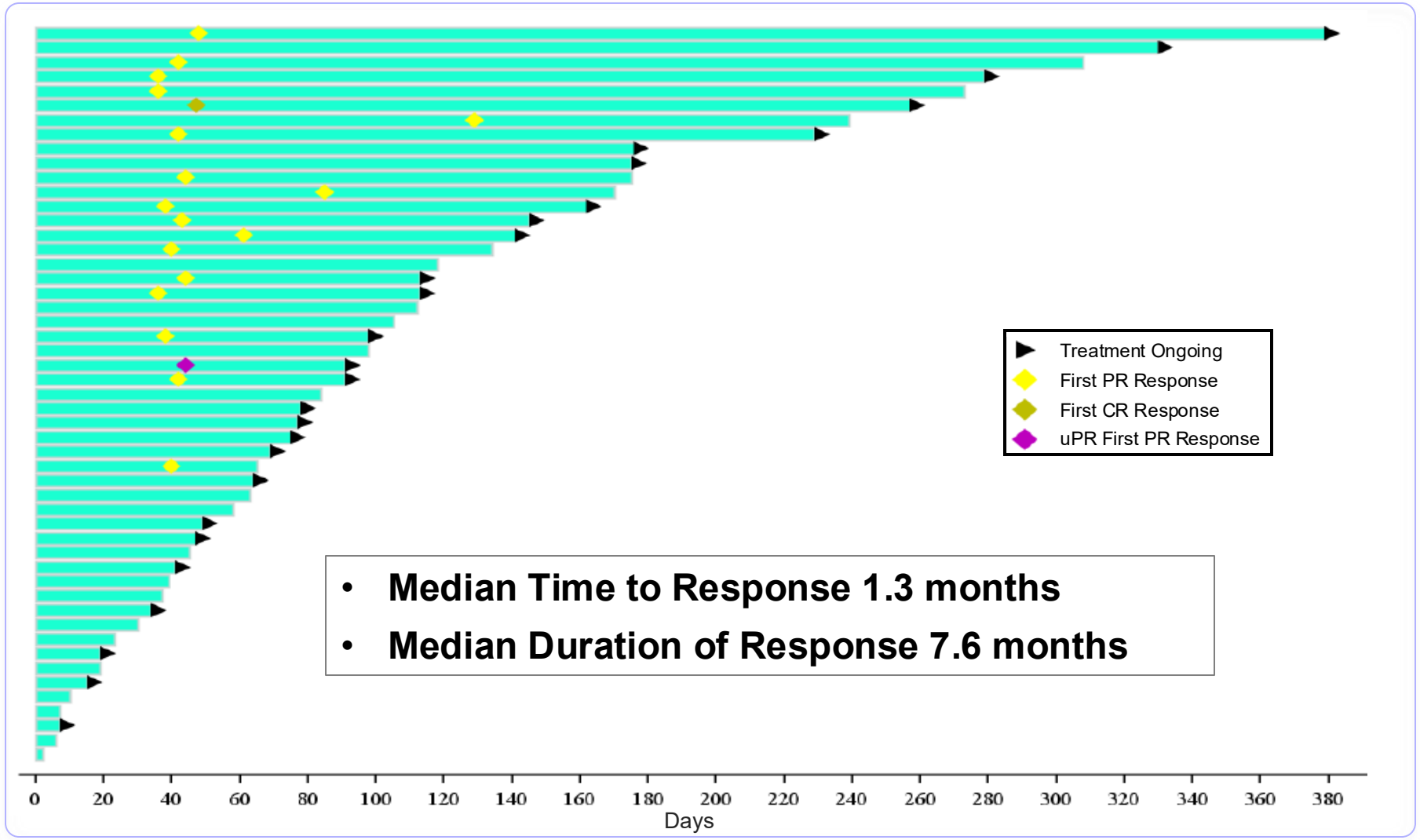
Rapid and Durable Responses



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Post data cutoff:
- 1 uPR was confirmed.
- In addition, 1 new uPR (20/44; 45% ORR) was observed in the ovarian cancer cohort within the efficacy population.

Data Cutoff 04Aug2025

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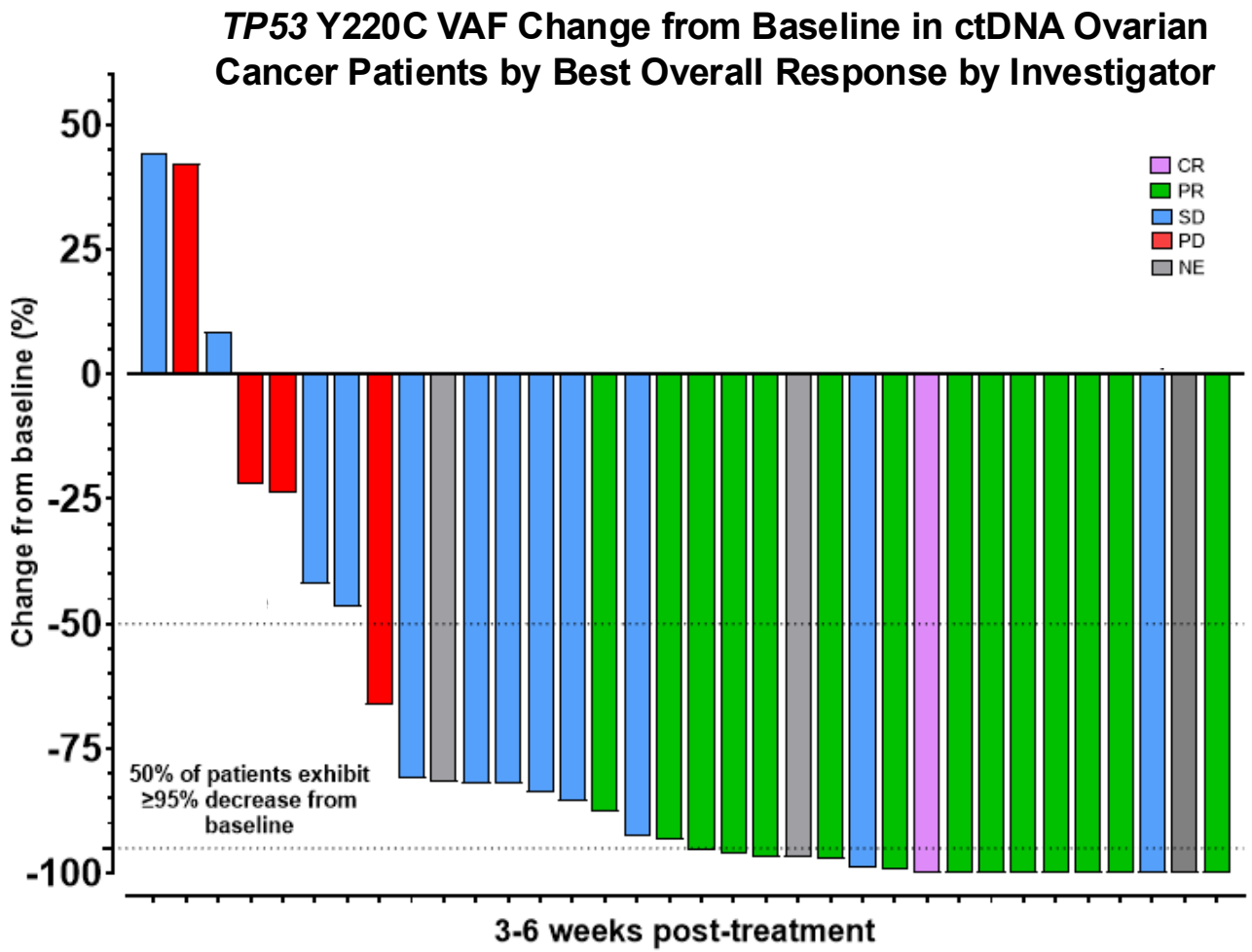
On Target Activity Supported by Significant Decreases in ctDNA TP53 Y220C Mutation VAF



- 34 ovarian cancer patients had ctDNA *TP53* Y220C Variant Allele Frequency (VAF) at baseline and on treatment
- 91% experienced a *TP53* Y220C VAF decrease supporting on target activity
- 79% exhibited a ≥50% reduction from baseline
- 32% achieved complete clearance of *TP53* Y220C, including a patient with a CR

Foundation One Liquid CDx and response data as of 04Aug2025

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ctDNA, circulating tumor DNA

Ovarian Cancer as Lead Indication Informed by FDA Feedback

Targeting 1Q2027 NDA submission seeking accelerated approval

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FDA, Food and Drug Administration; NDA, New Drug Application; PROC, platinum-resistant/refractory ovarian cancer; SoC, standard of care

Rezatapopt Offers Compelling Commercial Opportunity

Commercial Opportunity:

- De-risked opportunity in PROC as lead indication with projected 2027 launch
- Potential to expand label beyond PROC
- Clear value proposition for rezatapopt relative to existing and emerging treatments
- *TP53* Y220C mutation broadly identifiable

Market Research Feedback

*I would think this is going to be the **go-to agent** [for ovarian cancer]. With this current data, **this beats everything in the market**—if the patient does carry the mutation." Community Oncologist, TX*

It's meaningful if a patient doesn't have to come in for an infusion all the time. PO [oral] is attractive..." Community Gynecologic Oncologist, GA

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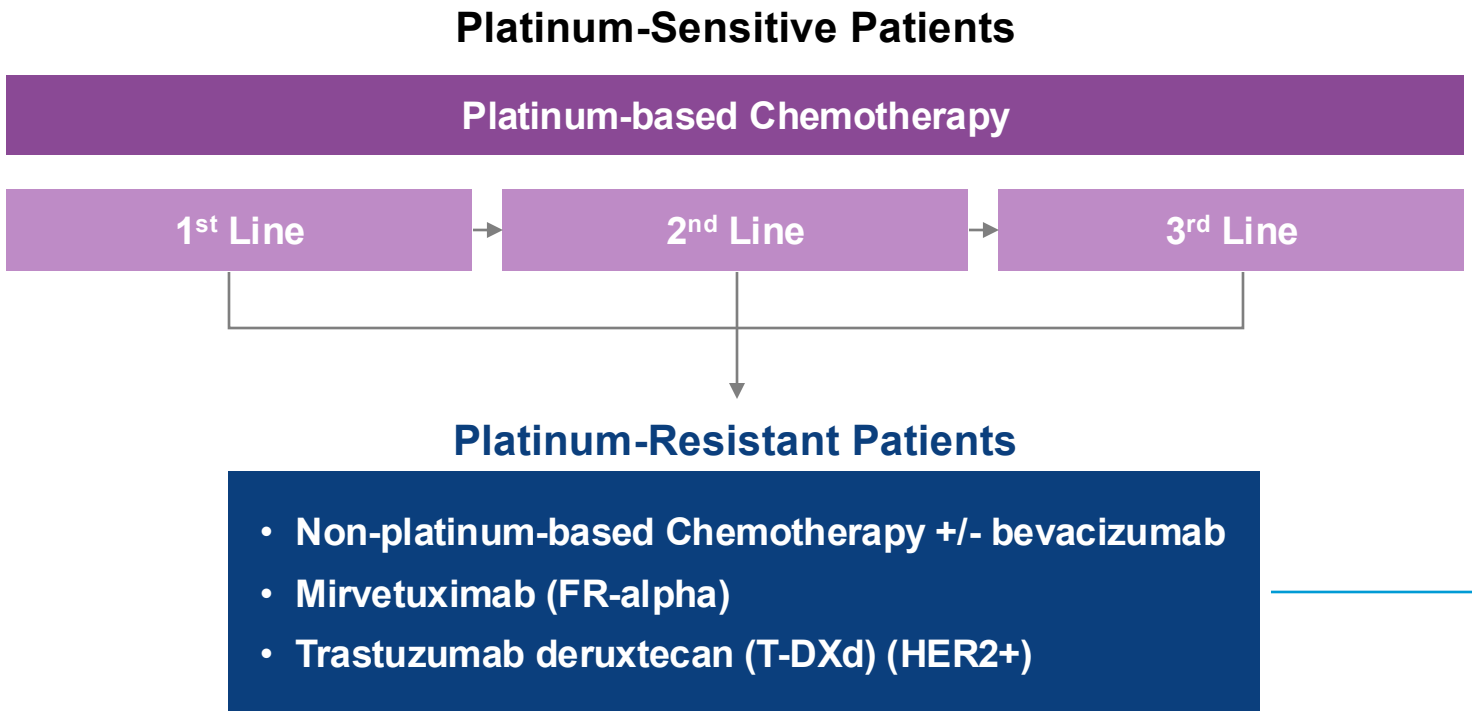
PROC, platinum-resistant/refractory ovarian cancer

Rezatapopt Well-Positioned for Success in Ovarian Cancer and Beyond



Limitation of approved options:

- Inconvenient IV administration
- AEs requiring invasive monitoring
- Chemotherapy offers limited efficacy

Rezatapopt offers:

- Biomarker-directed approach
- Competitive and differentiated profile vs. other emerging therapies
- Convenient oral administration
- Common AEs are manageable

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AEs, adverse events

TP53 Y220C Mutation is Broadly Identifiable on Existing NGS Panels

- Molecular testing is now recommended by NCCN and ESMO across many cancer types including ovarian cancer, breast cancer, NSCLC, endometrial and others
- Reimbursement of NGS testing is widely covered by Medicare and private insurance for qualifying patients

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NGS, next-generation sequencing; NCCN, National Comprehensive Cancer Network; ESMO, European Society for Medical Oncology; NSCLC, non-small cell lung cancer

TP53 Y220C 2L+ Ovarian Cancer Offers Meaningful Market Potential

Total 2L+ *TP53* Y220C Ovarian Cancer

~1,700

Addressable 2L+
U.S. & EU4/UK Patients[1]

~$350 - 420M

U.S. Market
Potential[2]

~$520 - 630M

Global Market
Potential[3]

- **Ovarian cancer patient population will be pursued as initial NDA submission**
- **Label expansion potential in other tumors**

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[1] Addressable patients estimated based on DRG drug-treated patients 2028. [2] Assumes net monthly pricing with 15% net discount, price range of $45 - $55K per month based on analog pricing.[3] Assume 1.5X U.S. potential; NDA, New Drug Application

Future Opportunities to Grow Rezatapopt Beyond Ovarian Cancer

Monotherapy

Endometrial

- Monotherapy data continues to be generated in Phase 2 PYNNACLE
- 2L+ endometrial cancer has the potential to add ~350 patients in U.S. and EU4/UK

Breast

- Monotherapy data continues to be generated in Phase 2 PYNNACLE
- 2L+ Breast cancer has the potential to add ~2,000 patients in U.S. and EU4/UK

Combination

Solid Tumors

- Bevacizumab (PSOC)
- KRAS inhibitors (NSCLC, Pancreatic, CRC)

Hematologic

- R/R AML/MDS in combination with azacitidine (ongoing IIT)
- Newly diagnosed AML/MDS in combination with azacitidine and venetoclax

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NSCLC, non-small cell lung cancer; CRC, colorectal cancer; PSOC, platinum-sensitive ovarian cancer; AML, acute myeloid leukemia; MDS, myelodysplastic syndrome; IIT, investigator-initiated trial

Compelling Efficacy and Defined Registrational Path for Rezatapopt

In the Phase 2 PYNNACLE trial interim data, rezatapopt demonstrated an ORR of 43% in ovarian cancer with a median DoR of 7.6 months

NDA submission planned in 1Q2027 in platinum-resistant/refractory ovarian cancer patients

Strong balance sheet with $148M as of June 30, 2025, with cash runway through 1Q2027

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ORR, overall response rate; DoR, duration of response; NDA, New Drug Application

Today's Objectives

01 Rezatapopt background

02 Ovarian cancer treatment landscape

03 PYNNACLE Phase 2 interim data update

Initial NDA strategy informed by FDA feedback

04 Q&A

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Panel

David Mack, PhD
President and Chief Executive Officer

Ramez N. Eskander, MD
Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences
UC San Diego

Deepika Jalota, PharmD
Chief Development Officer

Thank You

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