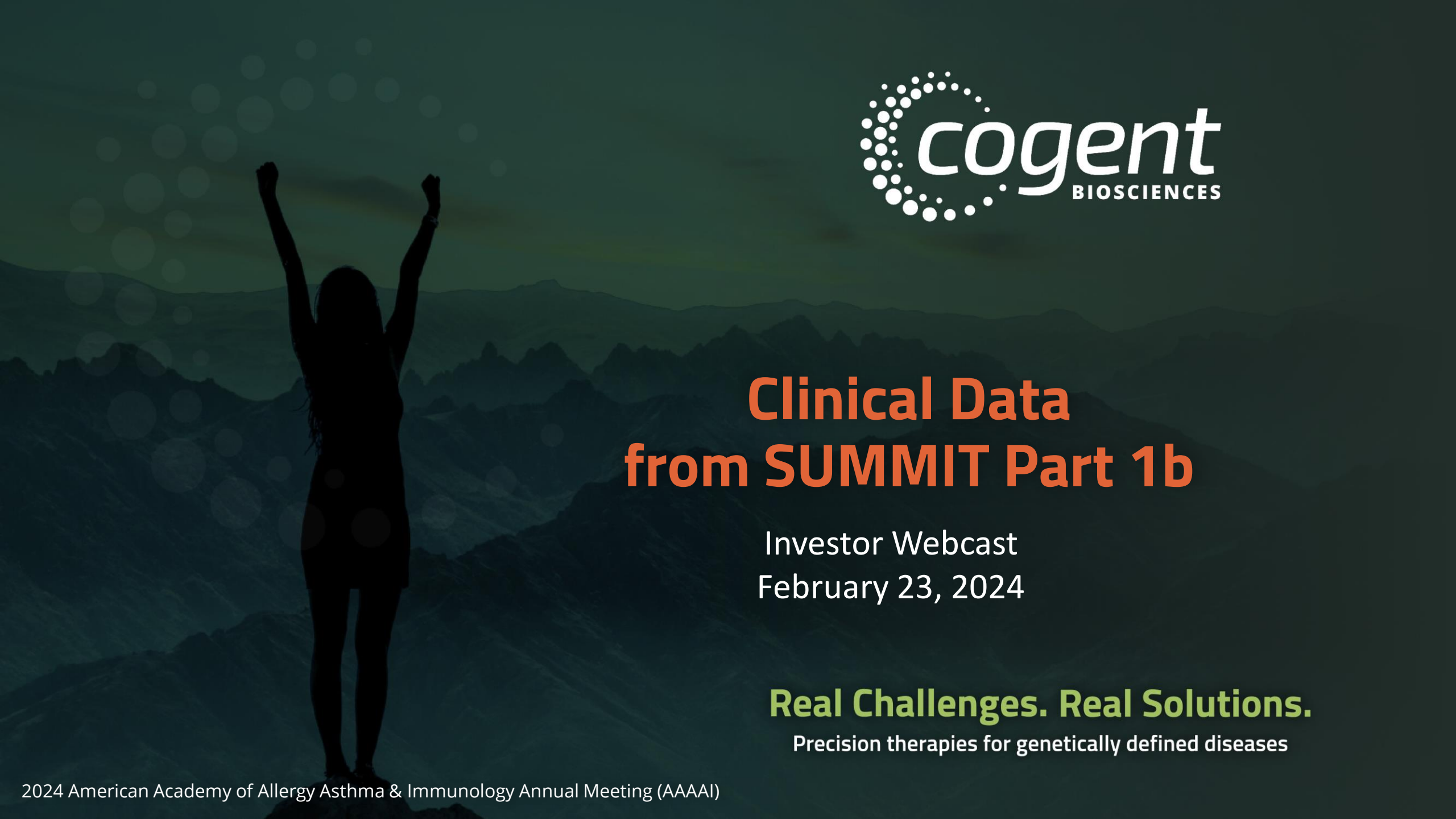

Clinical Data from SUMMIT Part 1b

Investor Webcast
February 23, 2024

Real Challenges. Real Solutions.

Precision therapies for genetically defined diseases

2024 American Academy of Allergy Asthma & Immunology Annual Meeting (AAAAI)

Forward-Looking Statements and Risk Factors

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These statements are based on estimates and information available to us at the time of this presentation and are not guarantees of future performance. Actual results could differ materially from our current expectations as a result of many risks and uncertainties, including but not limited to, risks associated with: the potential impacts of raising additional capital, including dilution to our existing stockholders, restrictions on our operations or requirements that we relinquish rights to our technologies or product candidates; the success, cost, and timing of our product development activities and clinical trials; the timing of our planned regulatory submissions to the FDA for our product candidate bezuclastinib and feedback from the FDA as to our plans; our ability to obtain and maintain regulatory approval for our bezuclastinib product candidate and any other product candidates we may develop, and any related restrictions, limitations, and/or warnings in the label of an approved product candidate; the potential for our identified research priorities to advance our bezuclastinib product candidate; the ability to license additional intellectual property relating to our product candidates from third parties and to comply with our existing license agreements and collaboration agreements; the ability and willingness of our third-party research institution collaborators to continue research and development activities relating to our product candidates; our ability to commercialize our products in light of the intellectual property rights of others; our ability to obtain funding for our operations, including funding necessary to complete further development and commercialization of our product candidates; the scalability and commercial viability of our manufacturing methods and processes; the commercialization of our product candidates, if approved; our plans to research, develop, and commercialize our product candidates; our ability to attract collaborators with development, regulatory, and commercialization expertise; our expectations regarding our ability to obtain and maintain intellectual property protection for our product candidates; business interruptions resulting from public health crises, which could cause a disruption of the development of our product candidates and adversely impact our business; and the fact that interim clinical data may not be indicative of future results, among others. For a further description of the risks and uncertainties that could cause actual results to differ from those expressed in these forward-looking statements, as well as risks relating to our business in general, see our periodic filings filed from time to time with the Securities and Exchange Commission. Unless as required by law, we assume no obligation and do not intend to update these forward-looking statements or to conform these statements to actual results or to changes in our expectations.

All of Cogent's product candidates are investigational product candidates and their safety and efficacy have not yet been established. Cogent has not obtained marketing approval for any product, and there is no certainty that any marketing approvals will be obtained or as to the timelines on which they will be obtained.

Any data pertaining to Cogent product candidates is interim data and may include investigator-reported interim data for which Cogent has not yet independently reviewed the source data. The interim data may not be representative of the final results that may be obtained in the corresponding trials and results from earlier trials may not be representative of results obtained in later trial or pivotal trials.

Agenda and Speakers

Andrew Robbins
President and
Chief Executive Officer

Frank Siebenhaar, M.D.
Head, University Outpatient Clinic,
Institute of Allergology, Charite -
Universitätsmedizin Berlin

Jessica Sachs, M.D.
Chief Medical Officer

• Introduction and Corporate Overview	Andrew Robbins
• Review of SUMMIT Part 1b Data with Bezuclastinib in Nonadvanced Systemic Mastocytosis	Dr. Frank Siebenhaar
• Presentation Summary	Andrew Robbins
• Q&A	All

Multiple Clinical and Preclinical Programs with Upcoming Catalysts

Program	Indication	Early Stage Development	Late Stage Development	Regulatory Submission	Approval
Clinical Programs					
Bezuclastinib (KIT inhibitor)	Advanced Systemic Mastocytosis	Apex			
	Nonadvanced Systemic Mastocytosis	Summit			
	Gastrointestinal Stromal Tumors	Peak			

- **APEX Part 2 (Registration-Directed)**
  - Top-line results by mid-2025
- **SUMMIT Part 2 (Registration-Directed)**
  - Top-line results by YE 2025
- **PEAK Part 2 (Global Phase 3 trial)**
  - Top-line results by YE 2025

Research Programs

Indication	Hit ID	Lead Generation	Lead Optimization	Candidate Selected	IND Submission
ErbB2 mut					
FGFR2					
PI3Kα					
Target 4					
Target 5					
Target 6					

$225M successful fundraising extends cash runway into 2027

Objectives of Today's Presentation

- Review Summit Part 1b results, with a focus on newly announced RP2D 100 mg optimized formulation:
  - Well tolerated safety profile, generally consistent with placebo
  - Impressive pharmacodynamic effects, evidence of strong target engagement
  - 51% mean change in TSS with 70% of patients achieving ≥50% reduction at week 12
  - 49% mean improvement in quality-of-life (McQoL) at week 12
- Introduce MS2D2, a novel, refined patient reported outcomes measure (PROM) for symptomatic severity in NonAdvSM patients
- Announce the initiation of SUMMIT Part 2, a 159-patient, registration-directed clinical trial of bezuclastinib vs. placebo in NonAdvSM patients
- Provide clinical context to the SUMMIT Part 1b findings
- Review upcoming milestones for Cogent Biosciences

Systemic Mastocytosis (SM) is a Rare and Debilitating Disease of Neoplastic Mast Cells with Significant Unmet Medical Need Remaining for New Therapies[1]

- Nonadvanced SM (NonAdvSM)[2] includes smoldering SM (SSM),[3] for which no therapies are approved, as well as indolent SM (ISM).
- Patients with NonAdvSM experience a variety of disabling, potentially serious and severe symptoms caused by mast cell degranulation, including life-threatening anaphylaxis.[4]
- Agents targeting KIT D816V are used to treat Advanced SM (AdvSM) and NonAdvSM, but unmet need remains.[5-7]
- Adverse events, such as cognitive impairment, bleeding, and edema, may limit dosing of other agents.

1. Pardanani A. AmJ Hematol 2021; 96(4):508-525. 2. NORD 2021. Mastocytosis; available at: https://rarediseases.org/rare-diseases/mastocytosis/.
3. Trizuljak J, et al. Allergy 2020 Aug;75(8):1927-1938. 4. Pyatilova P and Siebenhaar F. Immunol Allergy Clin North Am 2023; 43(4):751-762.
5. DeAngelo D, et al. Nat Med, 2021, 27(12):2183-2191. 6. Ayvakit (avapritinib) [product information]. Cambridge, MA: Blueprint Medicines Corporation; May 2023. 7. DeAngelo et al. [abstract] In: Blood (ASH) 2022; 140 (Supplement 1): 1512-13.
Modena B., et al. AAAAI Annual Meeting; Washington D.C. 25 Feb 2024: Poster #694.

Development of MS2D2 Total Symptom Score

- Rigorous process, in accordance with FDA guidelines, was followed for the development of a novel patient reported outcomes measure (PROM)
- Literature review, patient and physician interviews, and data from SUMMIT Part 1 were used to design a reliable, valid and fit-for-purpose PROM
- Pending FDA approval, a comparison of week 24 mean absolute change from baseline in MS2D2 score between bezuclastinib and placebo will serve as the primary endpoint of SUMMIT Part 2

MS2D2 TSS Additions based on:
- Literature review
- Patient interviews
- SUMMIT Part 1 psychometric analysis

MS2D2 TSS

Itching
Flushing
Spots
Skin redness
Difficulty Concentrating
Difficulty Remembering
Nausea
Abdominal Pain
Headache
Bone Pain
Feeling Tiredness

MS2D2 TSS comprised of 11 items scored on 0-110 scale

MS2D2 TSS Exclusions based on:
- FDA feedback
- KOL advice
- SUMMIT Part 1 psychometric analysis

Brain Fog
Dizziness
Diarrhea Severity

Each of these items will be collected as part of MS2D2 secondary analyses in SUMMIT Part 2

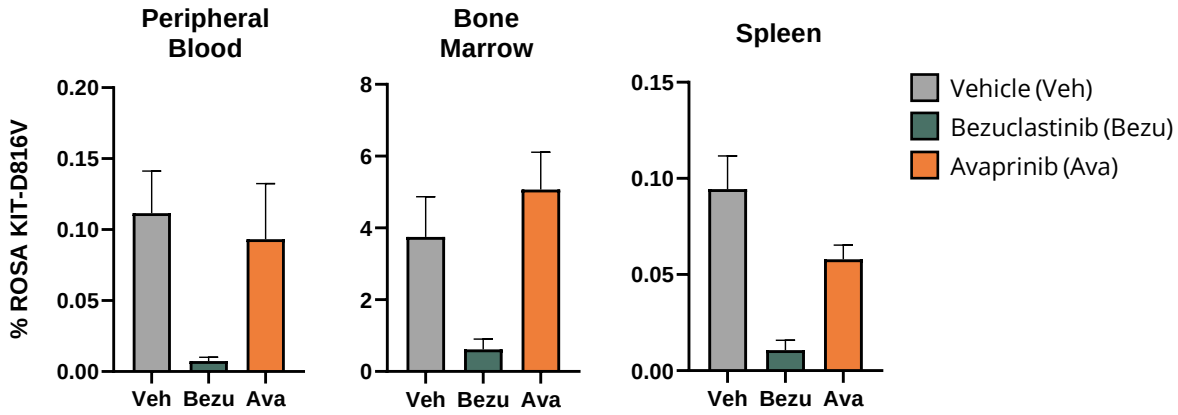
Nonclinical Data Suggests Optimal Activity Against Mastocytosis May Require Higher Exposures Than Clinically Tolerable With Available Therapy

- Mice engrafted with SCF-independent human ROSA$^{KIT\ D816V}$ cells[8] were treated daily for 8 weeks with a KIT inhibitor at doses matching clinical exposures observed in NonAdvSM patients
- Only bezuclastinib led to statistically significant decreases ($p<0.05$) in mutant MC burden compared to vehicle
- At exposures comparable to those achieved in NonAdvSM patients, bezuclastinib led to statistically significant decreases ($P<0.05$) in bone marrow and spleen compared to avapritinib

Total Drug Exposure Ratio Measured in SM Mouse Model

	Mouse Plasma AUC_{0-24} (ng·hr/mL)[a]	NonAdvSM Clinical Plasma AUC_{0-24} (ng·hr/mL)[b]	Total Drug Exposure Ratio (mouse/clinic)
Bezuclastinib	11775	16900	**0.7X**
Avapritinib	2118	1548	**1.4X**

MC Burden in SM Mouse Model



8. Saleh et al. Blood, 2014, 124(1):111-120.
[a]Plasma exposures were measured at study end and corrected for difference in plasma protein binding
[b]Arithmetic mean steady state AUC for bezuclastinib 100mg (Summit) or avapritinib 25mg (EPAR, table 9)

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As of data cut-off date of 18-Dec-2023.

Initial Results from Summit: An Ongoing, 3-Part, Multi-Center, Randomized, Double-Blind, Placebo-Controlled Phase 2 Clinical Study of Bezuclastinib in Adult Patients with NonAdvanced Systemic Mastocytosis (NonAdvSM)

Brian D. Modena[1], Lindsay A. M. Rein[2], Stephen T. Oh[3], Daniel J. DeAngelo[4], Anthony M. Hunter[5], Cem Akin[6], Mariana Castells[7], Michael Manning[8], Richard Herrscher[9], Celalettin Ustun[10], Arnold Kirshenbaum[11], Cristina Bulai Livideanu[12], Nathan A. Boggs[13], Cecilia Arana Yi[14], Frank Siebenhaar[15,16], Tracy I. George[17], Jay Patel[17], Lei Sun[18], Benjamin Exter[18], Jenna Zhang[18], Amanda Pilla[18], Hina A. Jolin[18], Rachael Easton[18], Prithviraj Bose[19]

1. Modena Allergy & Asthma, San Diego, CA, USA; 2. Duke University, Durham, NC, USA; 3. Washington University School of Medicine, St. Louis, Missouri, USA; 4. Dana-Farber, Boston, MA, USA; 5. Emory University School of Medicine, Atlanta, GA, USA; 6. University of Michigan, Ann Arbor, MI, USA; 7. Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA; 8. Allergy, Asthma, & Immunology Associates, Scottsdale, AZ, USA; 9. AirCare, Plano, TX, USA; 10. Rush University Medical Center, Chicago, IL; 11. Allervie Clinical Research, Glenn Dale, MD; 12. CEREMAST Toulouse, Dermatology Department, Toulouse University Hospital, Toulouse, France; 13 Walter Reed National Military Medical Center, Bethesda, MD; 14. Mayo Clinic Arizona, Phoenix, AZ; 15. Institute of Allergology, Charité - Universitätsmedizin Berlin, Berlin, Germany; 16. Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Immunology and Allergology IA, Berlin, Germany. 17. University of Utah, ARUP Laboratories, Salt Lake City, UT, USA; 18. Cogent Biosciences Inc., Waltham, MA, USA; 19. MD Anderson Cancer Center, Houston, Texas, USA

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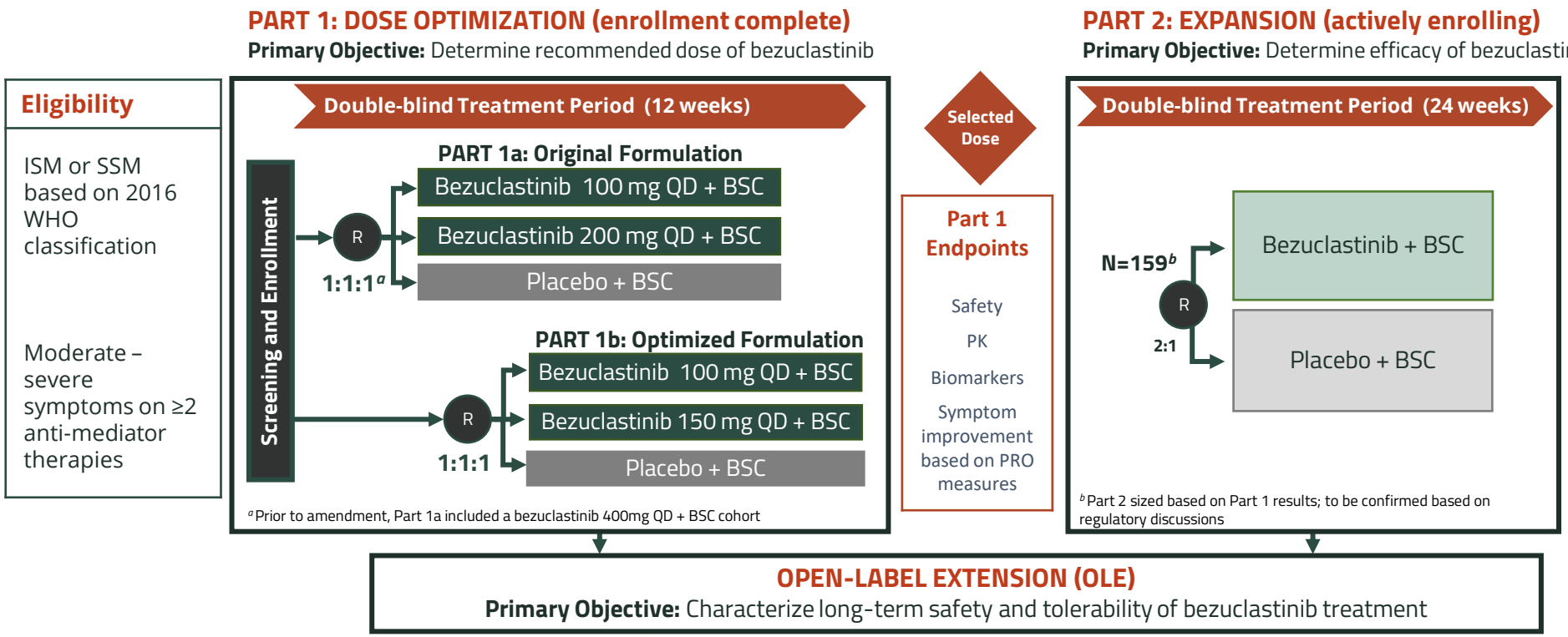
SUMMIT: Phase 2 Clinical Study Evaluating Bezuclastinib in NonAdvSM



BSC: Best supportive care

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Summit Part 1 Enrolled NonAdvSM Patients with Moderate to Severe Disease

Patient Demographics, Characteristics, and Disposition

Patient Demographics	Part 1a (N=20)	Part 1b (N=34)
Female, n (%)	15 (75)	21 (61.8)
Median Age in years, n (range)	50.5 (38 – 75)	52.0 (27-76)
ECOG PS, n (%)		
0	3 (15)	16 (47.1)
1	15 (75)	17 (50.0)
2	2 (10)	1 (2.9)
Clinical Characteristics	**Part 1a (N=20)**	**Part 1b (N=34)**
NonAdv Subtype per PI, n (%)		
Indolent SM (ISM)	18 (90)	33 (97)
Smoldering SM (SSM)	2 (10)	1 (3)
Median (range) MAS Total Score at Eligibility	45.56 (26.3 – 71.6)	43.44 (28.6 – 65.4)
Mast Cell Burden	**Part 1a (N=20)**	**Part 1b (N=34)**
***KIT* D816V in Whole Blood, Positive, n (%)**	15 (75)	28 (82.4)
Median KIT D816V VAF, % (range)	0.49 (BLD – 32.48)	0.085 (BLD - 19.58)
Median Bone Marrow MC Burden, % (range)	22.5 (1 – 80)	15 (2 – 50)
Median Serum Tryptase, ng/mL (range)	74.35 (10.2- 592.0)	37.15 (9.2 - 206.0)
<20 ng/mL, n (%)	3 (15)	7 (20.6)
≥20 ng/mL, n (%)	17 (85)	27 (79.4)

SM Therapy	Part 1a (N=20)	Part 1b (N=34)
Prior avapritinib, n (%)	1 (5.0)	1 (2.9)
Baseline Supportive Care Medications, Median (range)	3 (2-7)	2.5 (2 – 9)
H1 blockers, n (%)	19 (95)	30 (88.2)
H2 blockers, n (%)	18 (90)	27 (79.4)
Leukotriene receptor antagonists, n (%)	8 (40)	14 (41.2)
Proton pump inhibitors, n (%)	7 (35)	9 (26.5)
Cromolyn sodium, n (%)	4 (20)	3 (8.8)
Omalizumab, n (%)	3 (15)	1 (2.9)
Corticosteroids, n (%)	1 (5)	1 (2.9)
Patient Disposition	**Part 1a (n=20)**	**Part 1b (N=34)**
Months on Study (Part 1 + OLE), median (range)	7.03 (2.8 – 16.0)	4.09 (2.7-6.6)
Completed Part 1 (a or b), n (%)	20 (100)	34 (100)
On Study as of Data Cut-off, n (%)	18 (90)	33 (97.1)
Discontinued study, n (%)	2 (10)	1 (2.9)
AE, n (%)	1 (5)	1 (2.9)
Patient Decision, n (%)	1 (5)	0

BLD, below the limit of detection

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Bezuclastinib 100 mg QD Optimized Formulation Selected as Summit Part 2 Dose Based on Part 1 Safety, PK, Biomarker and Efficacy Results

cogent BIOSCIENCES

Encouraging Safety and Tolerability Profile for Bezuclastinib 100 mg Dose in Part 1b

- The majority of TEAEs were low grade and reversible without dose modification
- No bleeding or cognitive impairment events reported across bezuclastinib cohorts
- No dose reductions at 100mg cohort; two dose reductions at 150mg: Gr1 ALT, Gr2 abdominal pain
- Only one SAE reported in bezuclastinib cohorts (150mg patient experienced ALT/AST increase that led to discontinuation)

All TEAEs Occurring >1 Patient in Any Cohort in Part 1b

	Placebo *(n=12)*		Bezuclastinib			
			100mg QD *(n=11)*		150mg QD *(n=11)*	
Preferred Term	Gr 1/2	Gr 3+	Gr 1/2	Gr 3+	Gr 1/2	Gr 3+
Hair color changes	-	-	3	-	7	-
Diarrhea	2	-	2	-	2	-
Nausea	3	-	3	-	1	-
Taste disorder#	-	-	1	-	2	-
Dizziness	2	-	-	-	2	-
Fatigue	1	-	-	-	2	-
Noncardiac chest pain	1	-	-	-	2	-
ALT/AST increased#	1	-	-	-	1	1*
Neutropenia#	-	-	-	-	1	1*
COVID-19	3	-	1	-	-	-
Insomnia	2	-	-	-	-	-
Decreased appetite	2	-	-	-	-	-
Vomiting	2	-	-	-	-	-
Urticaria	2	-	-	-	-	-
Palpitations	2	-	-	-	-	-

*Events occurred in a single patient

Pooled PTs

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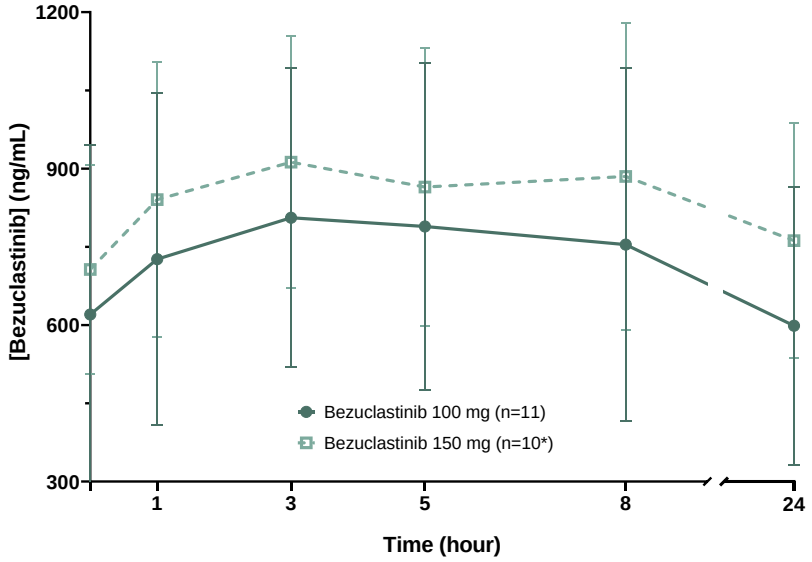
Bezuclastinib Demonstrated Dose Dependent Increase in Mean Steady State Exposure

Summit Part 1b: Mean (± SD) Concentration on C2D1 (Steady State)



Comparable Exposures for Low and High Dose Across Part 1a and 1b

	Dose (mg), Study Part	N	Mean S.S. $AUC_{0\text{-}24h}$ (ng.h/mL)
Low Dose	**100, 1a**	7	16900
	100, 1b	11	16900
High Dose	**200, 1a**	5	19200
	150, 1b	10*	19700

*Excludes one patient with undetectable trough and anomalous low C2D1 exposure

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Bezuclastinib Elicited Deep Reductions Across Markers of Mast Cell Burden Within 12 Weeks

Serum Tryptase

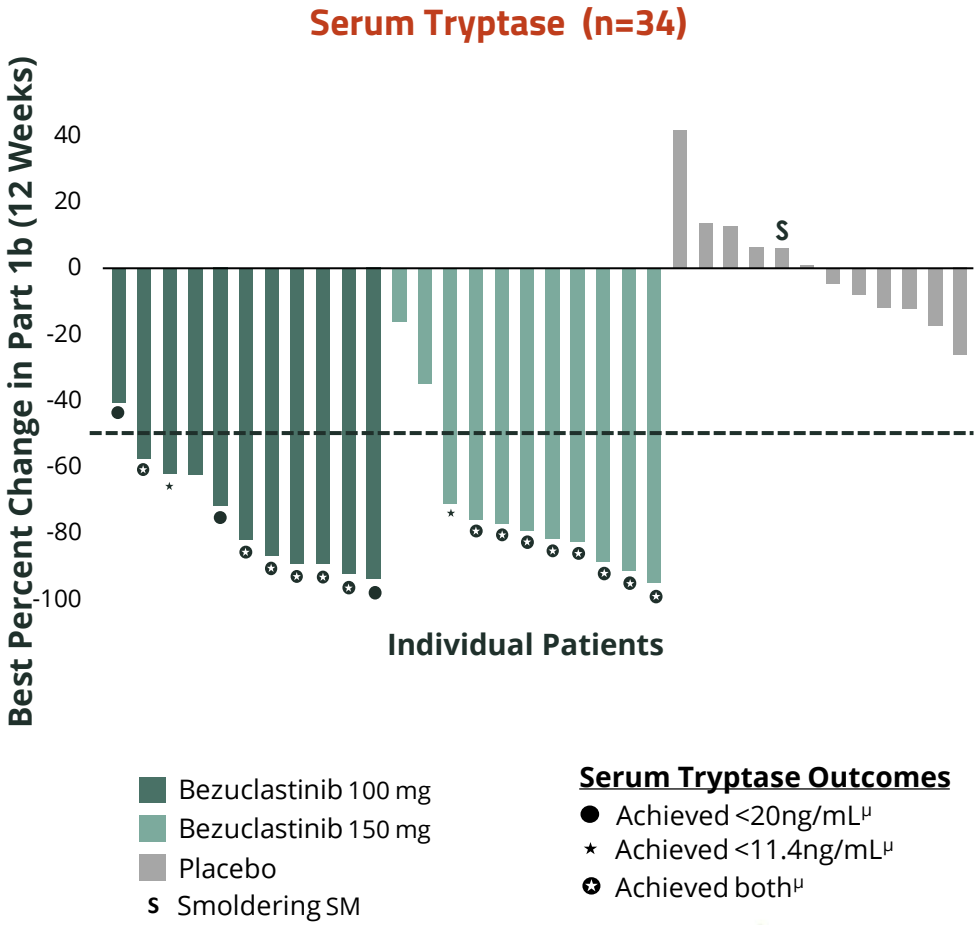
- Of patients with baseline tryptase ≥20ng/mL, nearly all patients treated with bezuclastinib achieved <20ng/mL (100% on 100 mg, 89% on 150 mg, 0% on placebo)
  - Overall, mean time to tryptase <20ng/mL was 4.5 weeks for patients treated with bezuclastinib
- Of patients with baseline tryptase ≥11.4ng/mL: 70% on 100mg, 90% on 150mg and 0% on placebo achieved <11.4ng/mL

KIT D816V VAF

- Among patients with detectable KIT D816V at baseline: 100% on 100mg, 89% on 150mg and 0% on placebo achieved at least 50% reduction or undetectable KIT D816V at Week 12

Bone Marrow Mast Cells (BM MC)

- Among patients with evaluable BM: 86% on 100mg, 78% on 150mg and 40% on placebo achieved ≥50% reduction in BM MC at Week 12
  - Mean % change from baseline in BM MC at Week 12 for patients treated with bezuclastinib 100mg was -70% vs -30% on placebo



[μ]In order to achieve, serum tryptase must have been above the threshold at baseline

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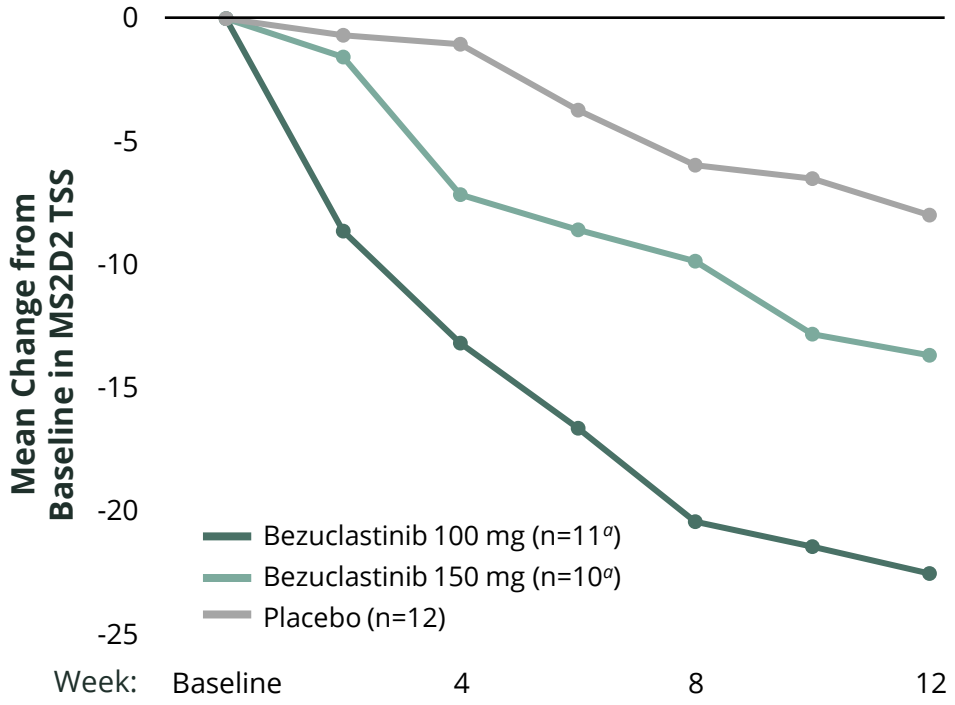
Patients Treated With Bezuclastinib 100 mg Reported Rapid and Significant Improvement in Symptom Severity

- 51% mean improvement in overall symptom severity (MS2D2 TSS) from baseline at Week 12 for patients receiving 100 mg bezuclastinib vs. 18% improvement for placebo patients
- Patients treated with 100 mg bezuclastinib reported a significant reduction in total symptom severity vs. placebo at Week 12 (-23.78 vs. -9.03; p=0.0003)
- 70% of patients treated with 100 mg bezuclastinib achieved ≥50% reduction in MS2D2 TSS at Week 12 vs. 8% placebo patients

Symptom Severity Measured by MS2D2



[a]Data are unavailable for 1 patient at selected timepoints

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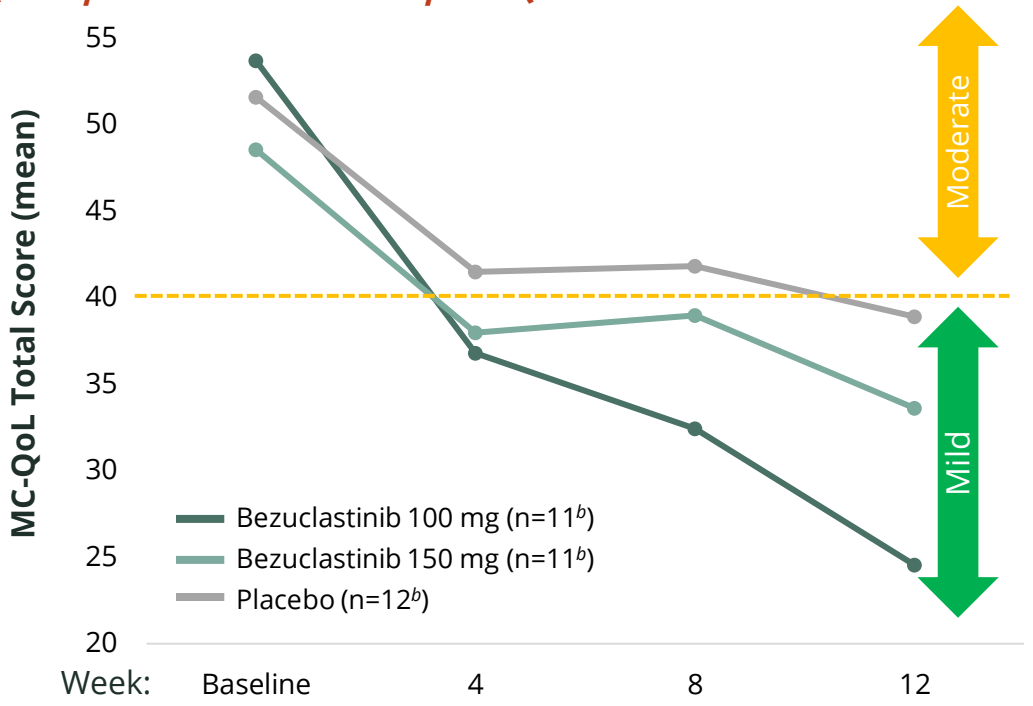
As of data cut-off date of 18-Dec-2023.

Patients Treated With Bezuclastinib 100 mg Reported Rapid and Significant Improvement in Quality of Life

- 49% mean improvement in quality of life (MC-QoL) from baseline at Week 12 in patients treated with 100 mg bezuclastinib vs 24% for placebo
- Patients reported a significant improvement in quality of life after 12 weeks of bezuclastinib 100mg QD compared to placebo (–24.86 vs. -12.39, p=0.046)

Quality-of-Life Measured by MC-QoL[a]

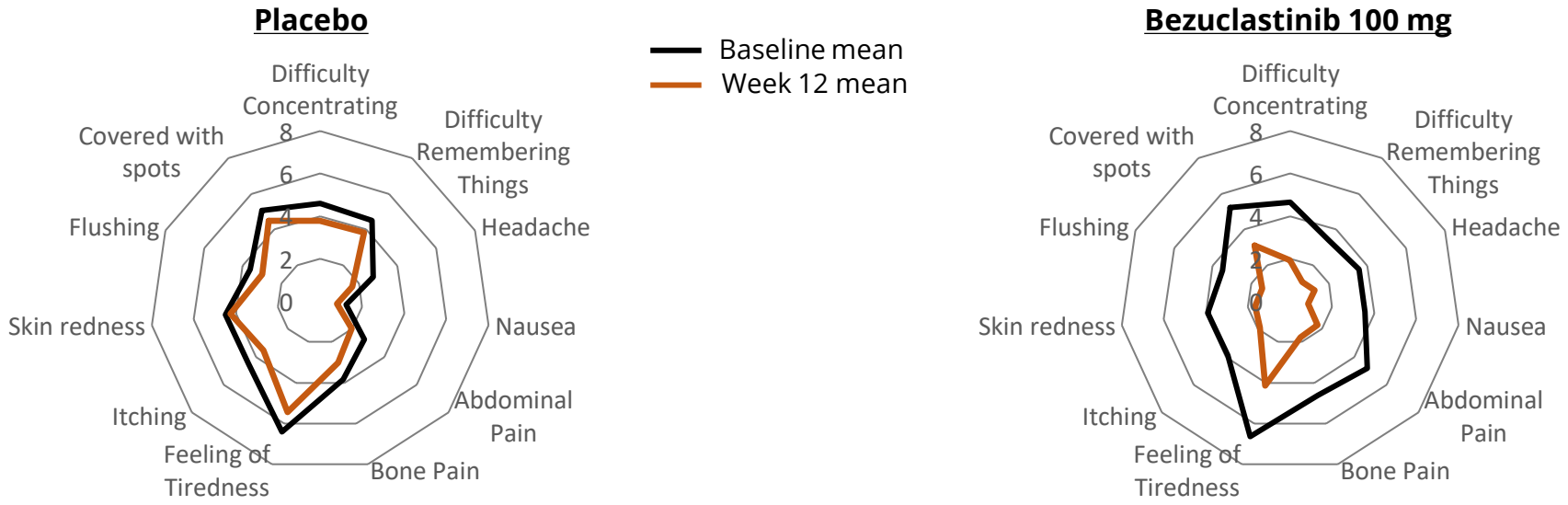


[a]MC-QoL is a disease-specific HRQoL questionnaire with 27 items in 4 domains. Total score is linearly transformed to a 0 to 100 scale.[10]
[b]Data are unavailable for 2 patients at selected timepoints
10. Siebenhaar F, Sander B, Tram H, Ellrich A, Maurer M, Weller K. Development and validation of the mastocytosis activity score. Allergy. 2018;00:1–8.

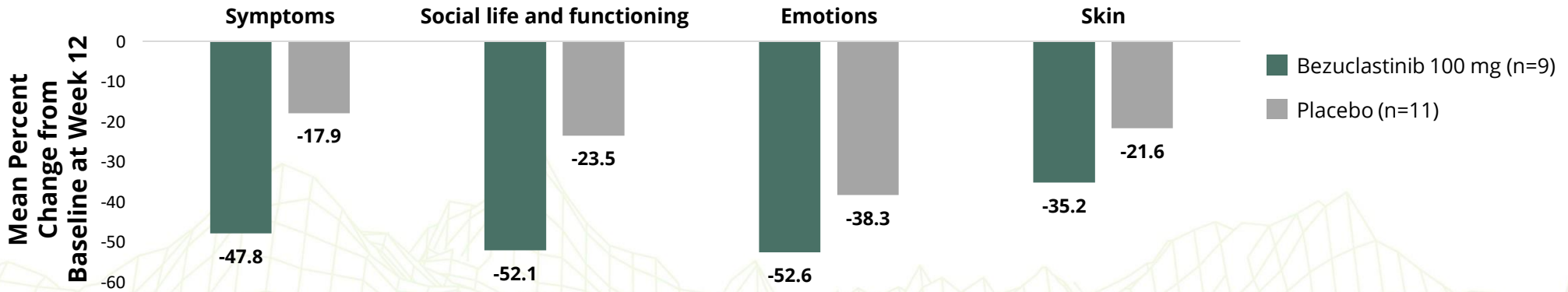
Modena B., et al. AAAAI Annual Meeting; Washington D.C. 25 Feb 2024: Poster #694.
As of data cut-off date of 18-Dec-2023.

Bezuclastinib 100mg Demonstrated Improvement Compared to Placebo Across Symptoms of SM

Greater Improvement Observed in the MS2D2 TSS With 12 Weeks of Bezuclastinib 100 mg vs Placebo



Health-Related QoL Across All MC-QoL[a] Domains Improved With 12 Weeks of Bezuclastinib 100mg vs Placebo



[a]MC-QoL is a disease-specific HRQoL questionnaire with 27 items in 4 domains. Total score is linearly transformed to a 0 to 100 scale.[9]

9. Siebenhaar et al. Allergy 2016 71(6):869-77.

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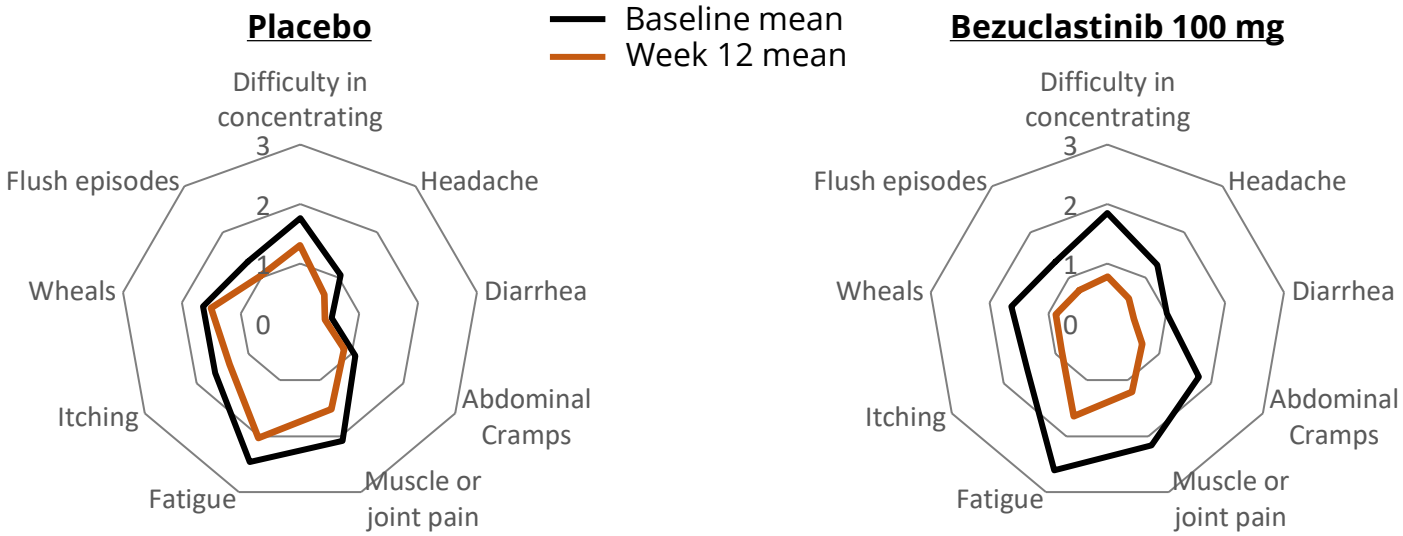
Bezuclastinib 100 mg Demonstrated Improvement Compared to Placebo Across Symptoms of SM

Bezuclastinib 100 mg Improved Symptom Severity, As Measured by the Mastocytosis Activity Score[a] (MAS), Compared to Placebo

- 41% mean improvement from baseline in MAS at Week 12 for patients receiving 100 mg bezuclastinib vs. 21% improvement for placebo
- 50% of patients treated with 100 mg bezuclastinib achieved ≥50% improvement in MAS at week 12 vs. 0% placebo patients



[a]MAS is a disease-specific PROM used to assess symptom severity and consists of 9 items.[10] Severity of each item is rated from not at all (0) to very severe (4). For the Week 12 assessment, items are scored daily for 14 consecutive days prior to the end of the 12-week treatment period. The scores shown here are a mean for subjects in the 100mg cohort (N=10) versus the placebo cohort (N=12)

10. Siebenhaar F, Sander B, Tram H, Ellrich A, Maurer M, Weller K. Development and validation of the mastocytosis activity score. Allergy. 2018;00:1–8.

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Conclusions: Totality of Results from Summit Part 1 Support 100 mg QD as the Optimal Dose of Bezuclastinib for Patients With NonAdvSM

In Part 1b, bezuclastinib 100mg QD resulted in:

- Safety and tolerability profile generally consistent with placebo results
  - No bleeding, cognitive impairment, or edema AEs reported
  - No dose reductions or discontinuations due to AEs
- Rapid reductions across markers of mast cell burden, supported by KIT D816V mechanism and exposure evidence from nonclinical studies
- Significant improvement versus placebo at 12 weeks in both symptom severity and quality of life, based on mean change from baseline in MS2D2 and MC-QoL total scores which corresponds to:
  - 51% reduction in symptom severity (measured by MS2D2)
  - 49% improvement in health-related quality-of-life (measured by MC-QoL)
- 70% of patients achieving ≥50% improvement in symptom severity versus 8% on placebo, as measured by MS2D2

Summit Part 2 is expected to include 159 patients and is actively enrolling

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Modena B., et al. AAAAI Annual Meeting; Washington D.C. 25 Feb 2024: Poster #694.
As of data cut-off date of 18-Dec-2023.

Additional Thoughts on SUMMIT Results

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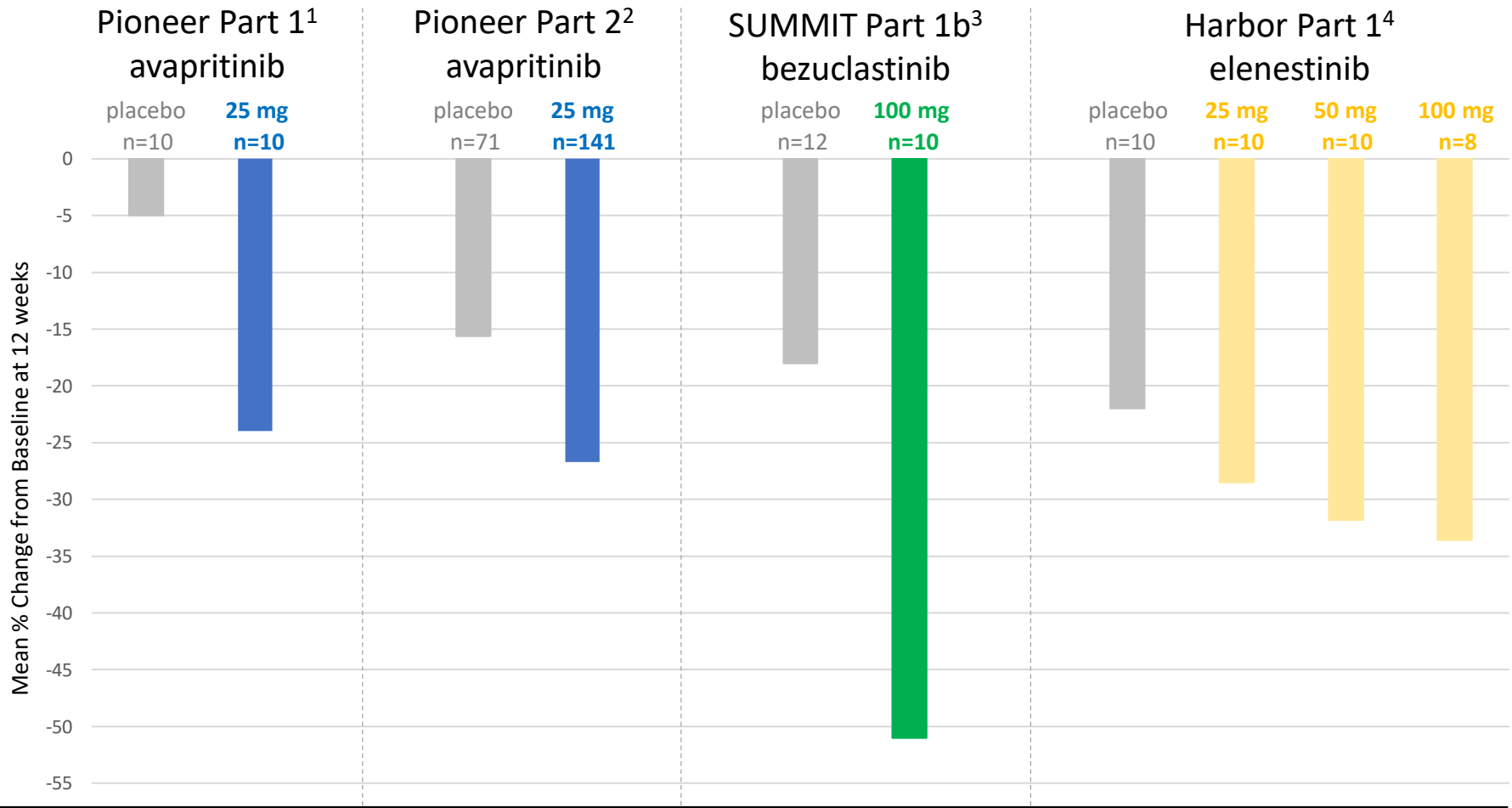
NonAdvSM Clinical Results: Symptomatic Severity Reduction – Week 12 Means

- Results shown from RP2D for avapritinib and bezuclastinib; elenestinib RP2D yet to be announced

- Symptomatic severity assessed using ISM-SAF (avapritinib & elenestinib) and MS2D2 (bezuclastinib), each fit-for-purpose PROMs designed to measure NonAdvSM symptoms

- Pioneer 2, SUMMIT and Harbor Part 1 conducted with patients blinded to laboratory values (eg. serum tryptase) – placebo effect reported appears consistent across studies



Patients achieving ≥50% reduction TSS :	n/a	10%	**18%**	8%	**70%**	n/a

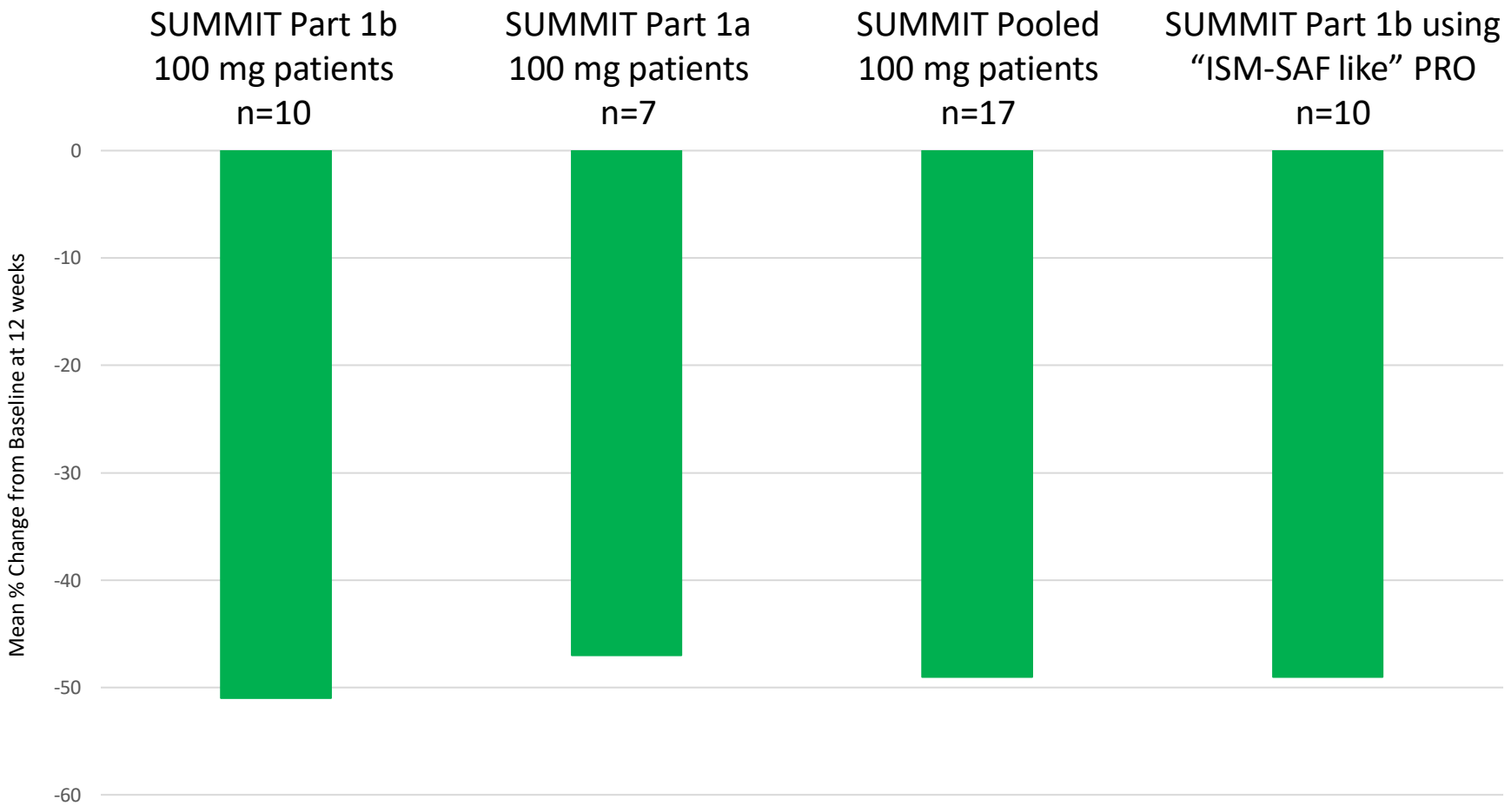
1 – ASH 2020 presentation, Blueprint Medicines: estimated from line graph presented; 2 – AAAAI 2023 presentation, Blueprint Medicines, estimated from line graphs presented and imputed from mean absolute change from baseline using baseline severity; 3 – AAAAI 2024 Presentation, Cogent Biosciences; 4 – ASH 2023 presentation, Blueprint Medicines

Consistent Magnitude of Symptomatic Improvement for Patients Receiving 100 mg Bezuclastinib

- 100 mg bezuclastinib patients reported very similar symptomatic improvement (week 12 mean change TSS) across SUMMIT 1a and 1b

- Constructing a scoring system using the same symptoms as ISM-SAF results in consistent week 12 mean change in TSS vs. MS2D2

- Improvements across domains in SUMMIT Part 1 support finding that magnitude of effect is not sensitive to item selection in TSS



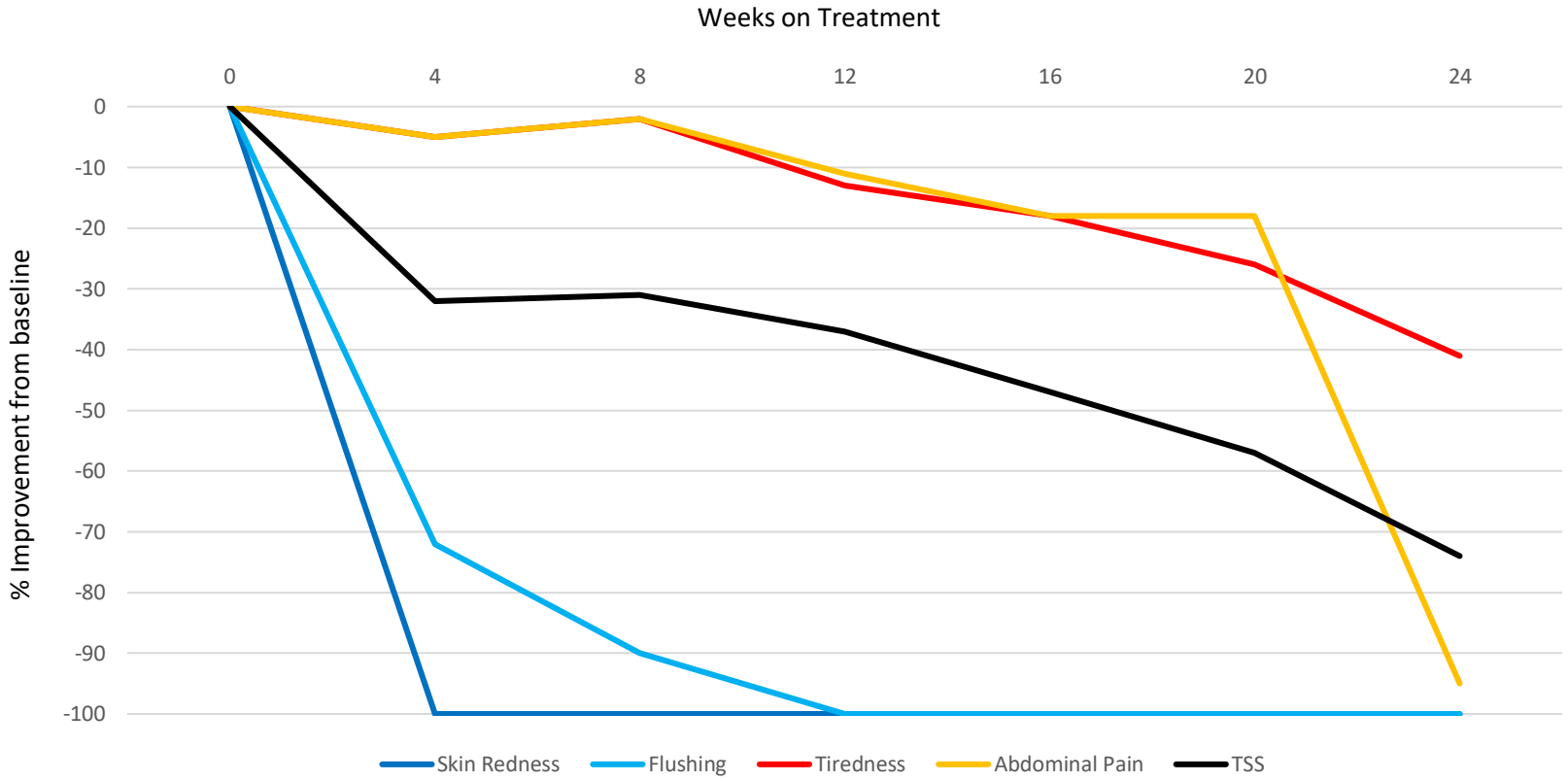
Optimizing Dose in NonAdvSM is Critical as Adverse Events May Confound TSS

- 52yr old patient receiving 150 mg bezuclastinib in Part 1b

- Serum tryptase reduced from 74.1 ng/ml baseline to 8.6 ng/ml at week 12

- Skin symptoms resolved quickly, but TSS at week 12 only -37% due to persistent tiredness and Gr 2 abdominal pain

- Dose reduced to 100 mg at week 20. Following dose reduction, rapid elimination of abdominal pain, improvement in tiredness and resulting TSS of -73% by week 24



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Cogent Summary

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Bezuclastinib Offers Best-in-Class KIT Inhibitor Opportunity

Summit NONADVANCED SM

Registration-directed study in ISM
bezuclastinib vs. placebo
n=159, 24 week MS2D2 primary endpoint

Peak GIST

Phase 3 study in 2nd-line GIST
bezuclastinib +/- sunitinib
n=388, mPFS primary endpoint

Apex ADVANCED SM

Registration-directed study in ASM
bezuclastinib monotherapy
n=65, ORR primary endpoint

$1.5 billion US annual market opportunity; SUMMIT Part 1b results provide path to market leadership

$700 million US annual market opportunity, no competition for broad 2nd-line GIST population

$300 million US annual market opportunity; avapritinib safety/tolerability concerns provides path to market leadership

Recent $225M fundraising provides cash runway into 2027, more than 12 months after results from all three registration trials expected; aggregate US annual sales opportunity $2.5 billion with limited competition

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LPFV: last patient, first visit signifies end of enrollment period
TLR: top-line results from primary endpoint of trial

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Q&A

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