



Jefferies Global Healthcare Conference

June 5, 2025

Real Challenges. Real Solutions.

Precision therapies for genetically defined diseases

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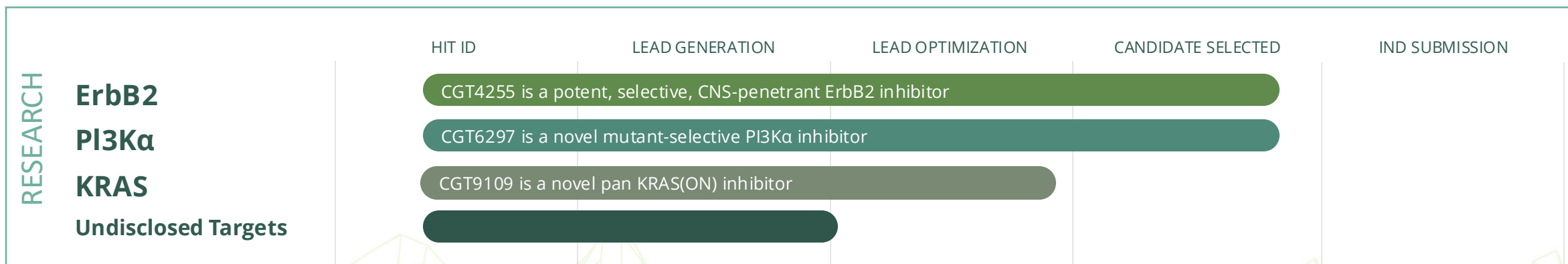
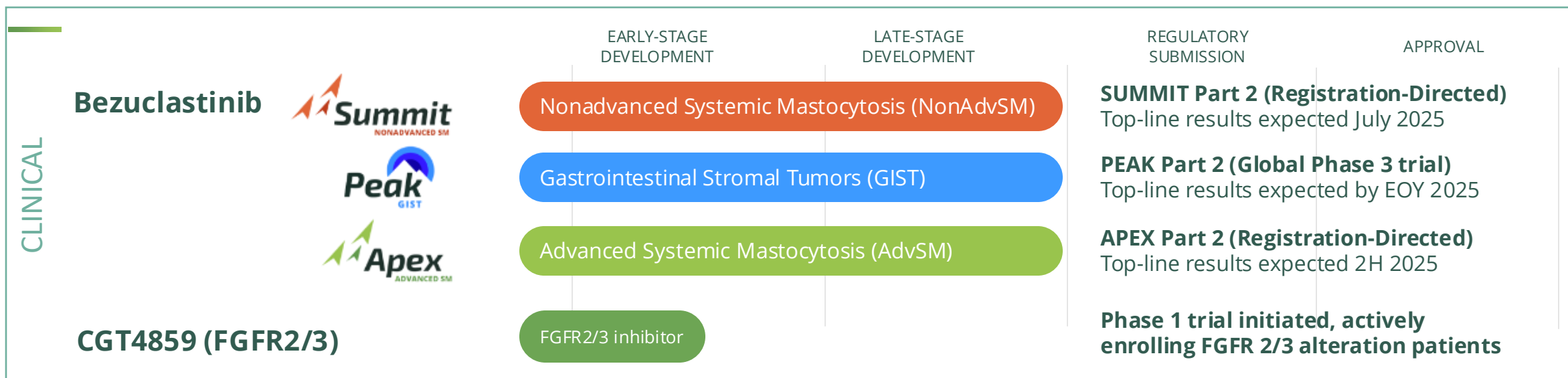
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All of Cogent's product candidates are investigational product candidates and their safety and efficacy have not yet been established. Cogent has not obtained marketing approval for any product, and there is no certainty that any marketing approvals 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.

Multiple Clinical and Preclinical Programs with Upcoming Catalysts



\$245.7M as of Q1 25; expected to fund operations into late 2026

Bezuclastinib Offers Best-in-Class KIT Inhibitor Opportunity



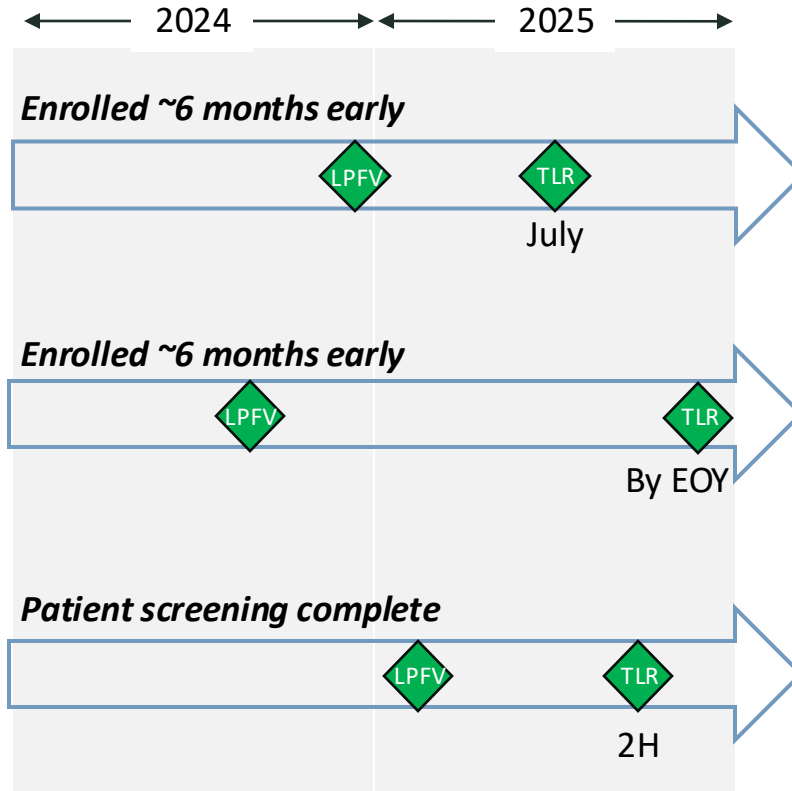
Registration-directed study in NonAdvSM
bezuclastinib vs. placebo
n=179, 24-week MS2D2 primary endpoint



Phase 3 study in 2nd-line GIST
bezuclastinib +/- sunitinib
n=413, PFS primary endpoint



Registration-directed study in AdvSM
bezuclastinib monotherapy
n=58, ORR primary endpoint



\$2 billion US annual market opportunity; differentiated symptom improvement would provide path to market leadership

\$1 billion+ US annual market opportunity, limited competition for 2nd-line GIST

\$300 million US annual market opportunity; differentiated safety/tolerability results would provide path to market leadership

Aggregate US annual sales opportunity >\$3 billion with limited competition



LPFV: Last patient, first visit
TLR: Top-line results including primary endpoint

KIT MUTANT COMPETITIVE LANDSCAPE

Minimal Late-Stage Competitive Activity with Clear Path to Best-in-Class Position

Gastrointestinal Stromal Tumors (GIST)

	sunitinib	ripretinib	bezuclastinib + sunitinib
Exon 13/14 potent:	✓	✗	✓
Exon 17/18 potent:	✗	✓	✓
2nd-line status:	Approved	Failed	Phase 3 TLR by EOY
Other competitors	Late-stage:	None	
	Early-stage:	IDRX-42	

Systemic Mastocytosis

	avapritinib	elenestinib	bezuclastinib	
D816V potent:	✓	✓	✓	
CNS selective:	✗	✓	✓	
PDGFR sparing:	✗	✗	✓	
FLT3/CSF1R sparing:	✗	✗	✓	
Current Stage	ASM:	Approved	n/a	TLR 2H '25
	NonAdvSM:	Approved	Phase 2 initiated	TLR July

Other competitors: None

Ayvakit Demonstrated POC for KITm Inhibitors in ISM Patients

Table 13. Efficacy Results for Patients with ISM in PIONEER at Week 24

Efficacy Parameter	AYVAKIT (25 mg once daily) + BSC N=141	Placebo + BSC N=71
Absolute Mean change in the ISM-SAF TSS¹		
Change from baseline (95% CI)	-15.33 (-18.36, -12.31)	-9.64 (-13.61, -5.68)
Difference from placebo (95% CI)	-5.69 (-10.16, -1.23)	
% of patients achieving ≥50% reduction in the ISM-SAF TSS² (95% CI)	25 (17.9, 32.8)	10 (4.1, 19.3)

5.7 point placebo-adjusted benefit on primary endpoint at 24 weeks

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% of patients achieving ≥50% reduction in the ISM-SAF TSS² (95% CI)	25 (17.9, 32.8)	10 (4.1, 19.3)

Only 25% of Ayvakit patients achieved clinically meaningful improvement

Low-Dose Ayvakit (25 mg) Associated with Improved Safety Profile

Adverse Reactions ^{a, b}	AYVAKIT (25 mg once daily) + BSC N=141 %	Placebo + BSC N=71 %
Eye edema ^c	13	7
Dizziness ^d	13	10
Peripheral edema ^d	12	6
Flushing ^d	11	4
Respiratory tract infection ^e	8	1
Face edema	7	1
Rash ^d	6	4
Liver transaminase increased ^d	6	3
Insomnia	6	3
Hematoma ^f	6	1
Blood alkaline phosphatase increased	6	1
Hemorrhage ^g	5	3

Among Patients Treated with 25 mg Avapritinib on PIONEER Part 2:

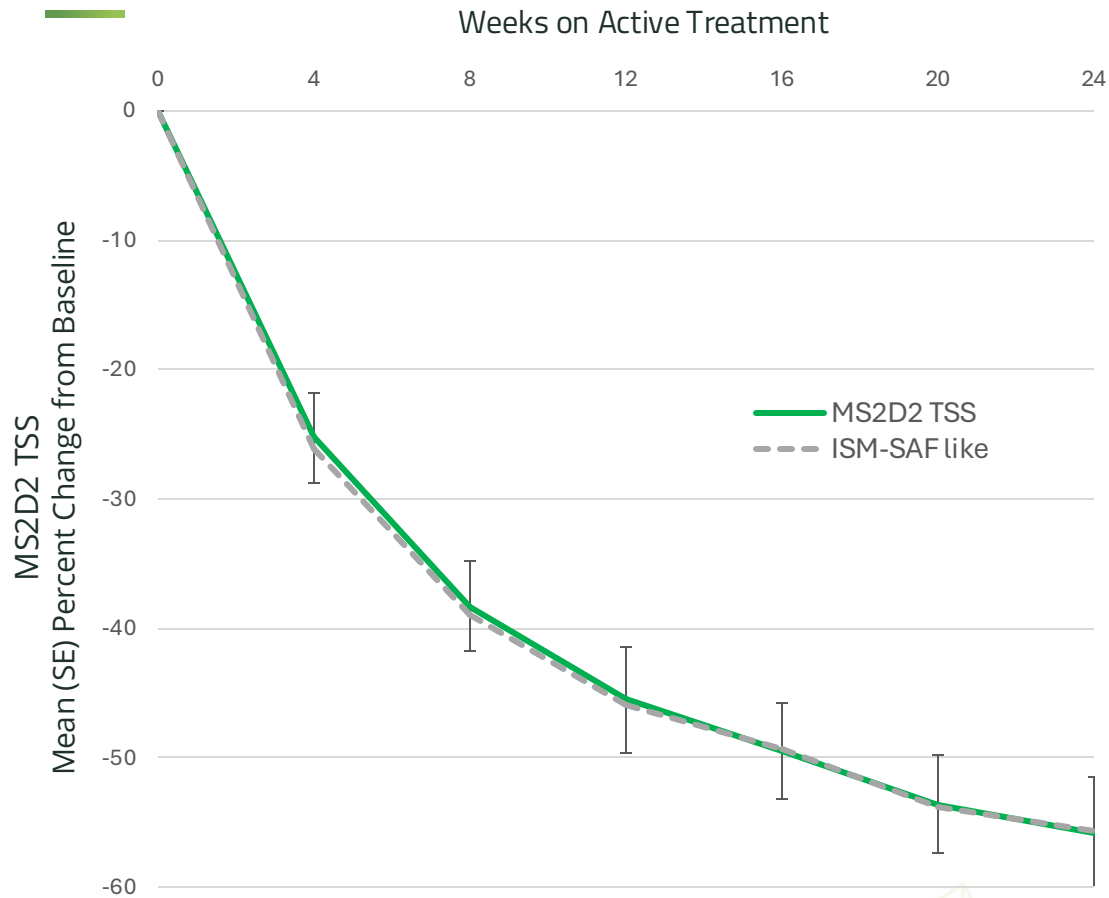
- 21.3% Grade 3+ AE
- 9.9% Dose Modification due to AE
- 5% Serious Adverse Events (SAE)

Low-Dose Investigated in ISM Patients in Order to Avoid Safety Concerns Reported at Clinically Effective Dose in AdvSM Patients

Safety from Ayvakit AdvSM trials
(Explorer, Pathfinder)

- **Serious adverse reactions** occurred in 34% of patients receiving the recommended starting dose of 200 mg once daily and **in 50% of patients receiving AYVAKIT at all doses**
- **Fatal adverse reactions occurred** in 2.5% of patients receiving the recommended starting dose of 200 mg once daily and **in 5.3% of patients receiving AYVAKIT at all doses**
- **Dose reduction due to an adverse reaction occurred** in 68% of patients receiving starting dose of 200 mg once daily and **70% of patients who received AYVAKIT at all doses.**
- **Median time to dose reduction was 1.7 months**

Scoring System Comparison: Summit Part 1 TSS Results Nearly Identical Using Composite Items From Either MS2D2 or ISM-SAF



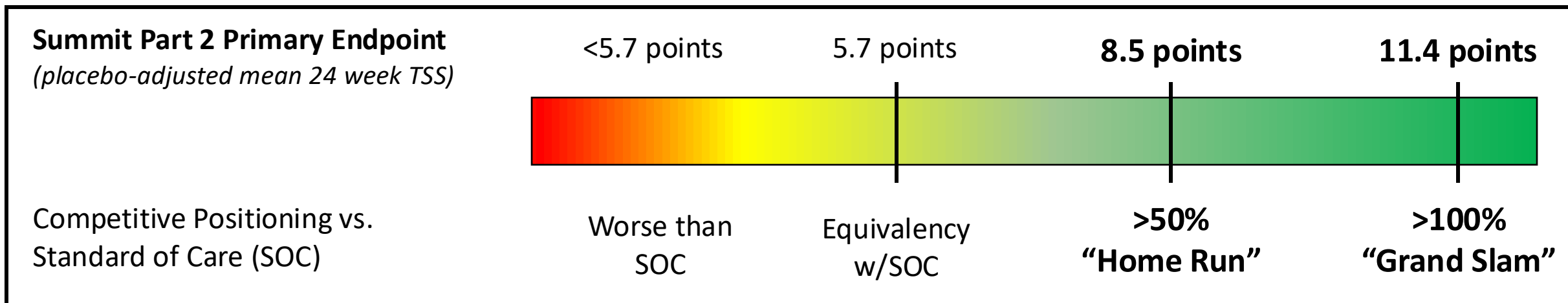
MS2D2: 11 Items
0-110 Scale, Each Item 10 Points

ISM-SAF: 11 Items
0-110 Scale, Each Item 10 Points

Skin	Itching Flushing Spots Skin Redness	Itching Flushing Spots
GI	Abdominal Pain Nausea	Abdominal Pain Nausea Diarrhea
CNS	Headache Difficulty Remembering Difficulty Concentrating	Headache Brain Fog Dizziness
Systemic	Bone Pain Feeling Tiredness	Bone Pain Fatigue

- Scales are highly analogous and derived from NonAdvSM patient experiences
- Cogent reached alignment on MS2D2 with FDA June 2024

Preparing for SUMMIT Part 2 TLR – Defining Success



Summit Part 2 Safety & Tolerability:

- No new safety signals with transaminase elevations reported as:

No cases of DILI or Hy's Law

Asymptomatic and Reversible

≤10% Gr 3; ≤10% discontinuation



PEAK Pending

Real Challenges. Real Solutions.

Precision therapies for genetically defined diseases

KIT MUTANT COMPETITIVE LANDSCAPE

Minimal Late-Stage Competitive Activity with Clear Path to Best-in-Class Position

Gastrointestinal Stromal Tumors (GIST)

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Exon 13/14 potent:	✓	✗	✓
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2nd-line status:	Approved	Failed	Phase 3 TLR by EOY

Other competitors

Late-stage: None
 Early-stage: IDRX-42

Systemic Mastocytosis

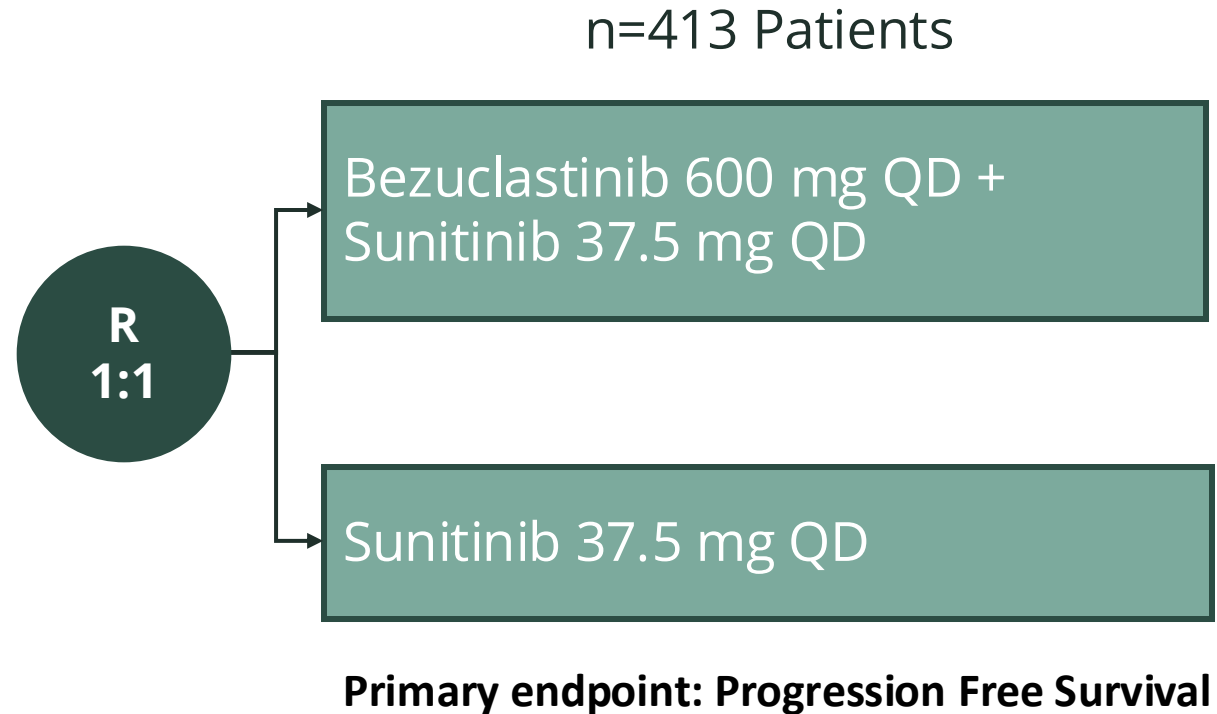
	avapritinib	elenestinib	bezuclastinib	
D816V potent:	✓	✓	✓	
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PEAK: Global Phase 3 Pivotal Trial in 2nd-line GIST Patients

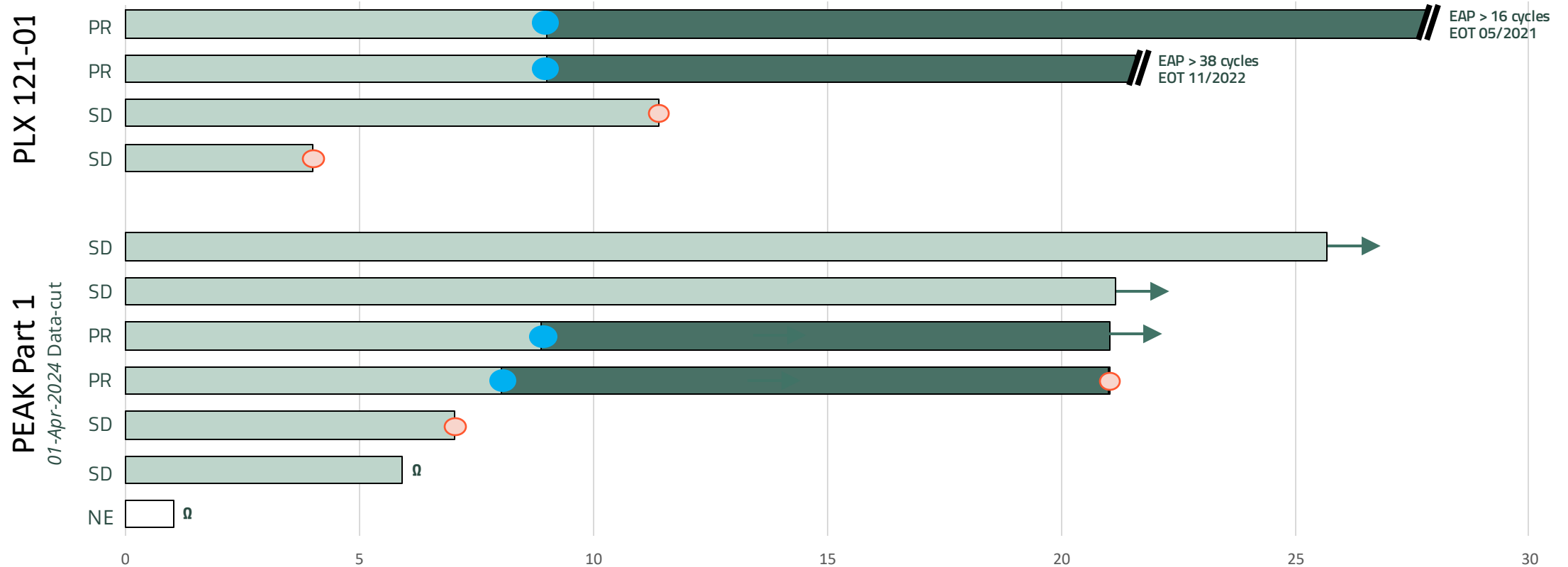
KEY ENTRY CRITERIA

- Histologically confirmed Gastrointestinal Stromal Tumors (GIST) w/at least 1 measurable lesion per mRECIST v1.1
- Locally advanced, unresectable or metastatic
- Documented disease progression on or intolerance to imatinib
- ECOG Performance Status 0-2
- No other prior treatment (other than imatinib)

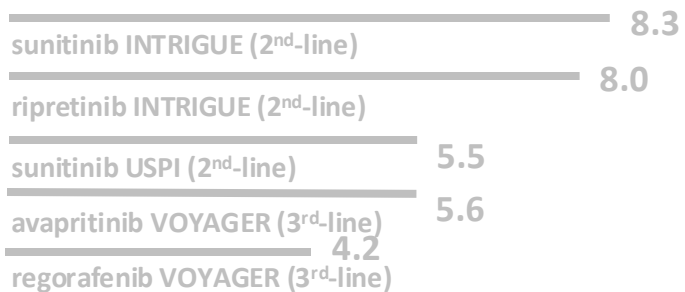


*Trial Completed Enrollment August 2024; Blinded events
on track to deliver TLR by EOY 2025*

Bezuclastinib + Sunitinib POC in 2nd-Line GIST Patients 19.4 mPFS



GIST mPFS benchmarks



Treatment Cycles (28 days)

PEAK result of ~3 month advantage over sunitinib expected to be clinically meaningful for GIST patients

PLX 121-01 was an 18-patient study in heavily pretreated GIST population
Peak Part 1 was a 42-patient study studying bezuclastinib+sunitinib