

eikon
THERAPEUTICS

Company Presentation

July 2026

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Eikon is a late-stage clinical biopharmaceutical company

**Experienced
Leadership**

**Clinical-Stage
Pipeline**

**Innovative
Discovery**

**Machine
Learning &
Advanced
Engineering**

*Advancing breakthrough therapeutics through the purposeful
integration of science and engineering*

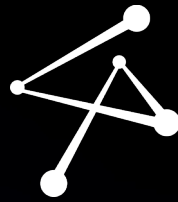
Eikon’s pipeline includes multiple indications addressing significant unmet medical needs

Candidate/ Program	Target	Target Indication(s)	Pre-Clinical	Phase 1	Phase 2	Phase 3	Ownership	Next Anticipated Milestone
EIK1001	TLR7/8	Melanoma ¹					Global exclusive license	First Interim Analysis, 2H 2026
		NSCLC ²						Phase 2/3 First Patient Dosed, 2H 2026  Phase 2 Data (NSQ SQ) ³ Readout, 2H 2026 
EIK1003	PARP1	Ovarian, Breast, Prostate, Pancreatic					Global exclusive license excluding Greater China ⁴	1A and 1C Data Readouts, 2H 2026 
EIK1004	PARP1 (CNS Penetrant)	Solid Tumors with and without Brain Metastases					Global exclusive license excluding Greater China ⁴	Completion of Phase 1/2 Dose Escalation, 2H 2026
EIK1005	WRN	MSI-high Tumors					Wholly owned	Phase 1 First Patient Dosed, Q1 2026 
EIK1006	AR	Prostate Cancer					Wholly owned	IND Submission, End of 2026

 Milestone achieved

We are also actively pursuing additional discovery research in oncology and neurodegeneration

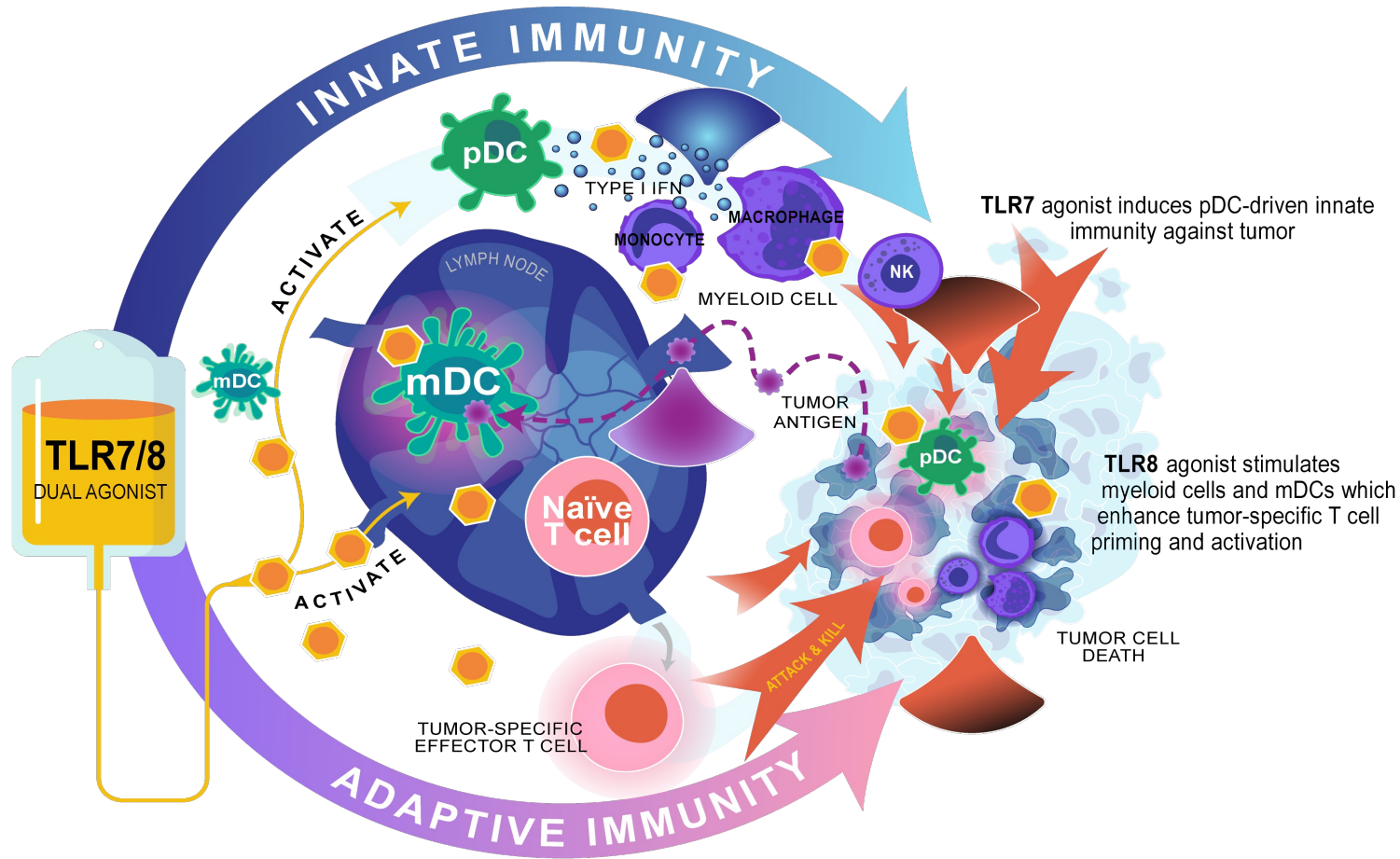
¹This Phase 2/3 trial is designed to proceed to completion, subject to interim analysis by a data monitoring committee, and to form the basis for registration; ² Phase 2 safety and efficacy study nearing completion; United States Food and Drug Administration, or FDA, has allowed us to proceed with the Phase 2/3 registrational trial; ³ NSQ = Non-squamous cohort, SQ = Squamous cohort, Phase 2 readout for NSQ cohort presented at ASCO 2026; ⁴ Greater China: China, Hong Kong, Macau, Taiwan.
 Note: Readouts are contingent on acceptance for presentation at one of several major medical conferences



EIK1001 – TLR7/8 Dual-Agonist

EIK1001: Eikon's TLR7/8 dual-agonist has potential to complement checkpoint inhibition

TLR7 and TLR8 activate innate and adaptive anti-tumor immunity



- **TLR7/8 dual-agonist** activates both innate and adaptive immune responses
- **Orthogonal mechanism** to checkpoint inhibition, a prerequisite for successful combination
- **Established biology** cutaneous administration of resiquimod¹ (EIK1001) shown to provoke responses in lymphomas and basal cell carcinoma
- **Monotherapy activity** observed in phase 1 studies with EIK1001

NSCLC standard of care established in KEYNOTE studies of pembrolizumab + chemotherapy vs chemotherapy alone

Investigator-based assessment from established standard of care

Trial	Regimen	N	ORR	DCR	DOR (months)
KEYNOTE 189 (Non-Squamous)	Pembro + chemo vs. Chemo	616	43% vs. 19%	81% vs. 70%	Median: 12.6 vs. 7.6
KEYNOTE 407 (Squamous)	Pembro + chemo vs. Chemo	559	55% vs. 32%	84% vs. 76%	Median: 7.3 vs. 4.9

EIK1001-005 study fully enrolled: NSQ data updated at ASCO 2026, SQ data still maturing

All Participants

ALL (NSQ + SQ)	N = 65 72 (Efficacy Evaluable Total)
	% (95% CI)
ORR (CR+PR)	63.1% (50.2%, 74.7%)
DCR (CR+PR+SD)	90.8% (81.0%, 96.5%)

Nonsquamous

NSQ	N = 36 39 (Efficacy Evaluable Total)
	% (95% CI)
ORR (CR+PR)	55.6% (38.1%, 72.1%)
DCR (CR+PR+SD)	83.3% (67.2%, 93.6%)
Median Follow Up, mo.	13.6 (range: 7.9-25.3)

Squamous

SQ	N = 29 33 (Efficacy Evaluable Total)
	% (95% CI)
ORR (CR+PR)	72.4% (52.8%, 87.3%)
DCR (CR+PR+SD)	100% (86.3%, 100%)
Median Follow Up, mo.	8.8 (range: 2.8-21.4)

- Objective responses were observed across all PD-L1 TPS (Tumor Proportion Score) subgroups
- Study continues to perform at the high end of company expectations

EIK1001-005 is observed to be generally well tolerated, permitting administration in out-patient setting

Overall Safety Summary

TEAEs:	N	%
Any TEAE	72	100%
Grade ≥ 3 TEAE	57	79.2%
Grade ≥ 3 drug-related TEAE	35	48.6%
SAE	36	50.0%
TEAEs leading dose to:		
Death	9	12.5%
Discontinuation	14	19.4%
Modification	17	23.6%

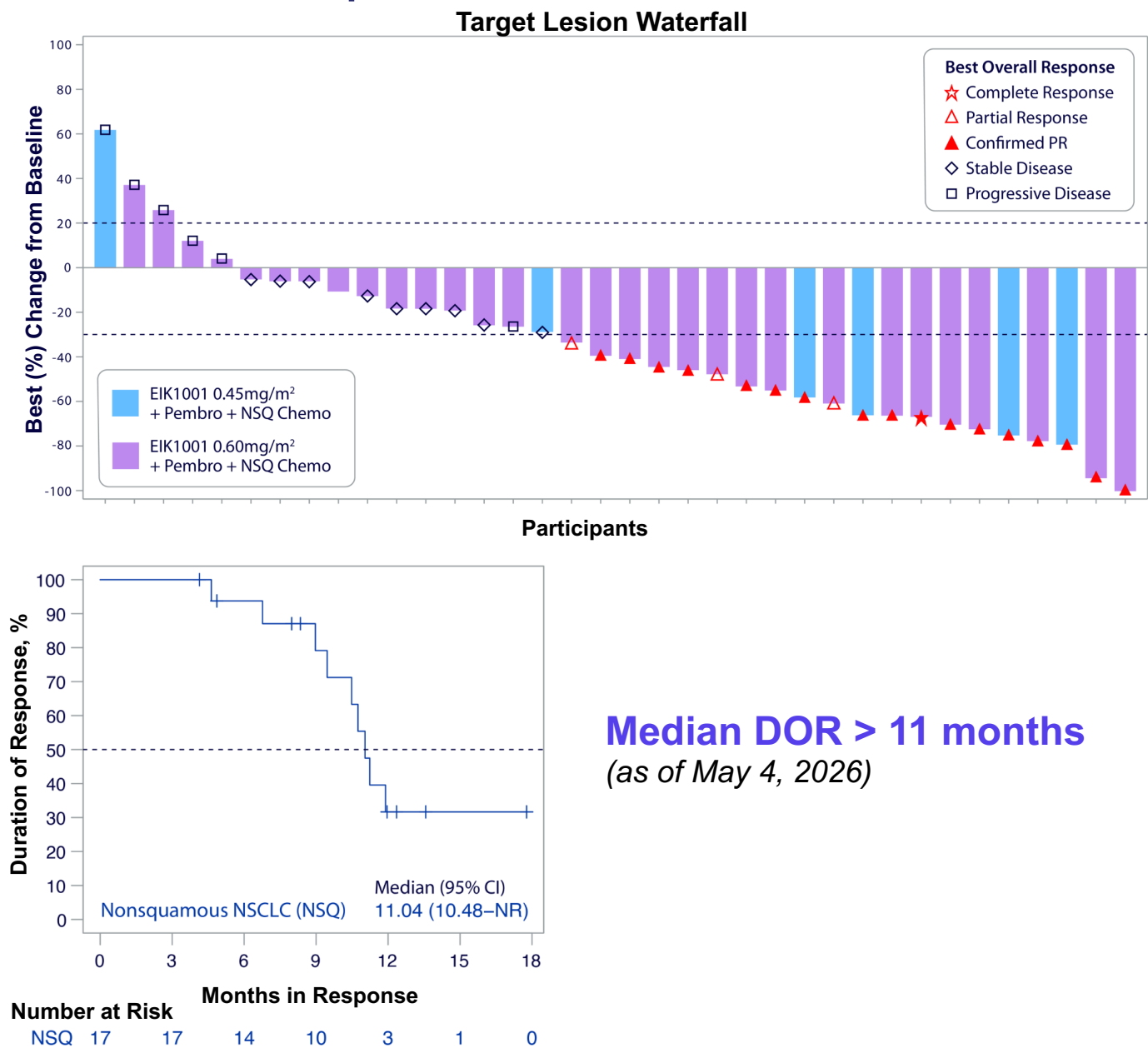
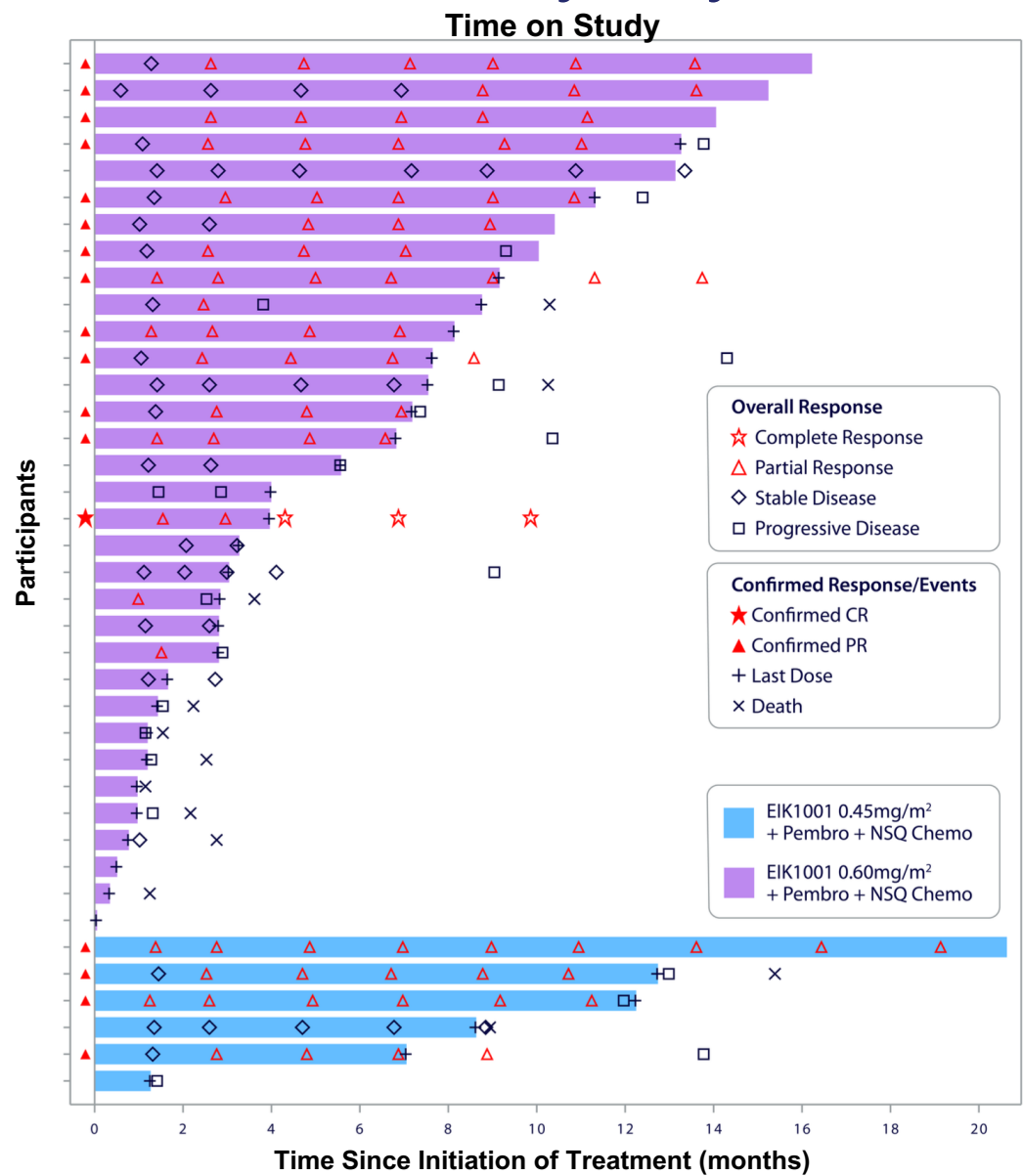
Grade ≥ 3 TRAE Occurring in ≥ 2 Subjects

	NSQ N=39	SQ N=33	All N=72
Grade ≥ 3 TRAEs:	N(%)	N(%)	N(%)
Neutropenia*	13(33.3%)	9(27.3%)	22(30.6%)
Anemia*	6(15.4%)	1(3.0%)	7(9.7%)
Thrombocytopenia*	6(15.4%)	1(3.0%)	7(9.7%)
Fatigue*	4(10.3%)	1(3.0%)	5(6.9%)
Colitis	1(2.6%)	2(6.1%)	3(4.2%)
Febrile Neutropenia	2(5.1%)	None	2(2.8%)
Lymphopenia	1(2.6%)	1(3.0%)	2(2.8%)

*Consolidated terms
Drug-related: events determined by Investigator to be related to treatment regimen; TEAE = treatment-emergent adverse event; TRAE = treatment-related adverse event; SAE = serious adverse event; NSQ = non-squamous; SQ = squamous. Adverse events are shown for preferred terms occurring in ≥2 participants overall.

- No DLTs were observed during the safety run-in phase (N=13)
- High-grade treatment-related AEs were generally consistent with toxicities expected with pembrolizumab/platinum-based chemotherapy
- No Grade 3 or higher Cytokine Release Syndrome (CRS) events

EIK1001-005 study fully enrolled: NSQ data updated at ASCO 2026



EIK1001-005 NSQ summary

- **EIK1001 + SOC** demonstrated encouraging antitumor activity in the NSQ cohort
- **Tumor reductions** were observed in most response-evaluable participants
- **Median DOR** was greater than 11 months at the efficacy data cutoff of May 4, 2026
- **Response follow-up was ongoing**, with several responders remaining on treatment or in response

EIK1001: Current program(s) status

Currently conducting multiple clinical trials:

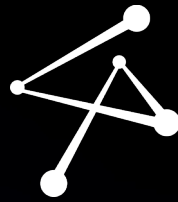
- **EIK1001-005** Phase 2 exploratory/tolerability study in NSCLC of triplet (chemo + EIK1001 + pembrolizumab), initiated in Q1 2024
- **EIK1001-006** Phase 2/3 registrational trial in melanoma of combination (EIK1001 + pembrolizumab), initiated in Q2 2025
- **EIK1001-008** Phase 2/3 registrational trial in NSCLC (chemo + EIK1001 + pembrolizumab), initiated in Q1 2026

Anticipated 2026 milestone(s):

- **2H2026** Phase 2 data readout NSQ  and SQ
- **2H2026** First Interim Analysis
- **2H2026** First Patient Dosed 

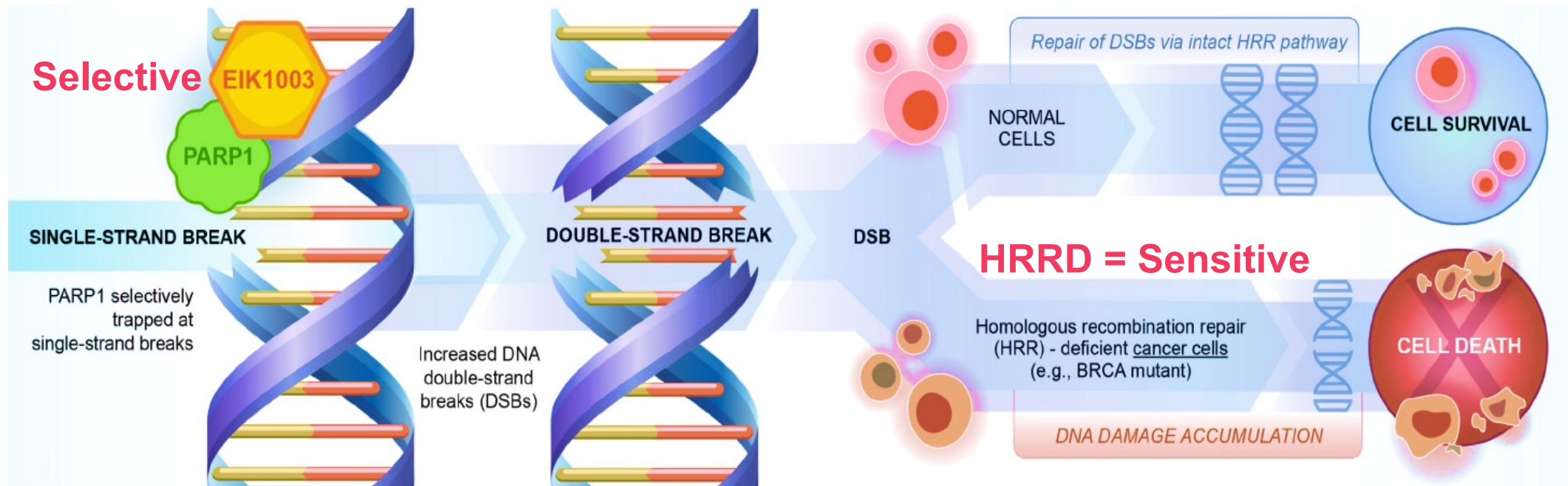


Milestone achieved



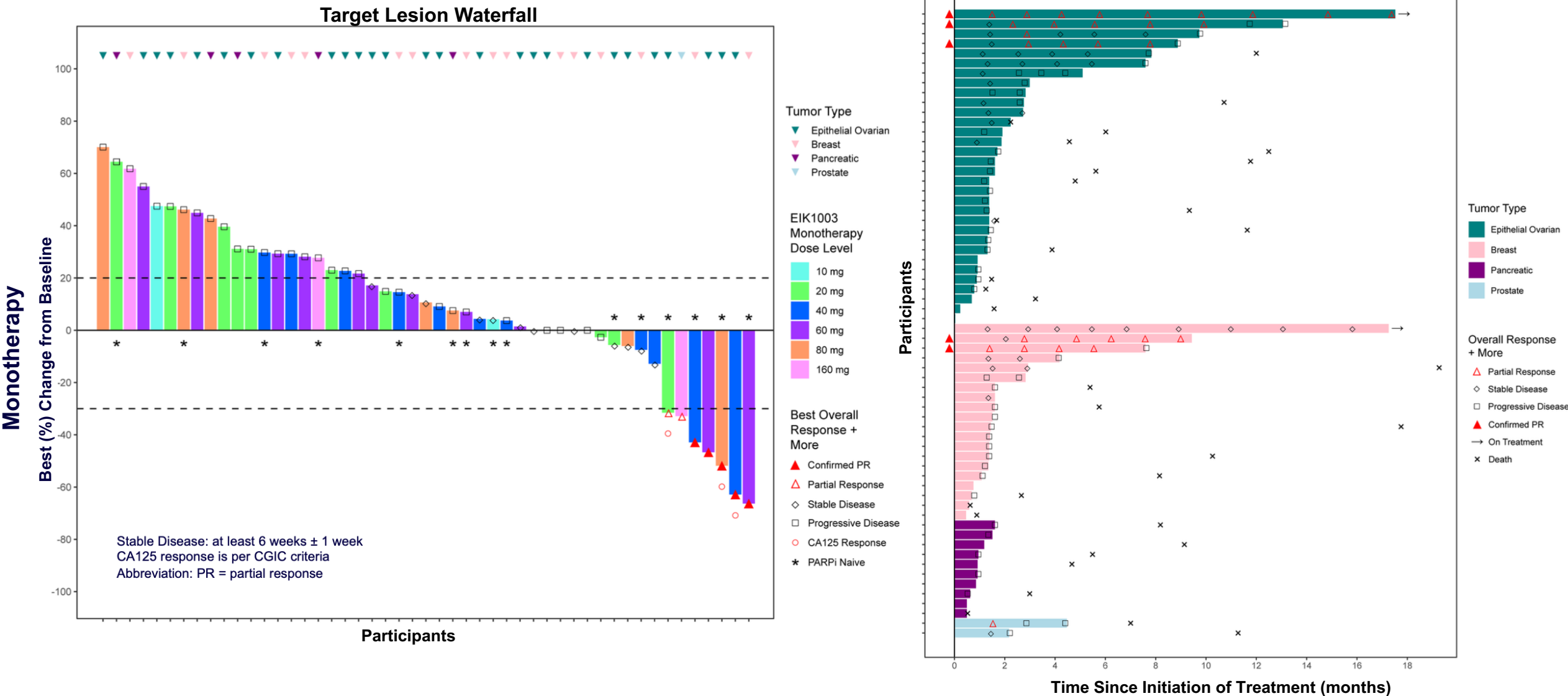
EIK1003/EIK1004: PARP1-Selective Inhibitors for Treatment of Malignancy

EIK1003: Eikon's PARP1 selective inhibitor has potential to overcome current limitations and expand usage setting



- PARP1 inhibition and subsequent trapped PARP1 leads to DNA double strand breaks and anti-tumor activity in HR deficient cells
- EIK1003 is designed to be highly selective for PARP1 over PARP2, in contrast to currently approved agents
- PARP2 activity is thought to be a major driver of hematotoxicity, limiting current therapies to maintenance setting
- A differentiated PARP1 selective inhibitor could potentially be used in combination and beyond the maintenance setting

EIK1003: Tumor responses observed in Phase 1/2 trial as monotherapy. Results from the fully-enrolled dose-escalation trial.



Note: CA125 Response: reduction of over 50% in serum CA-125 levels from a high pre-treatment baseline, maintained for at least 28 days

EIK1003: Summary of observed responses and safety profile as monotherapy (Cohort 1A)

Monotherapy Key Endpoints

	(CR+PR)/Evaluable	ORR %
Total	7/49	14.3%
Tumor Type		
Breast	2/16	12.5%
Ep. Ovarian	4/27	14.8%
Prostate	1/1	100%
Pancreatic	0/5	0%
PARPi Naïve	4/15	26.7%

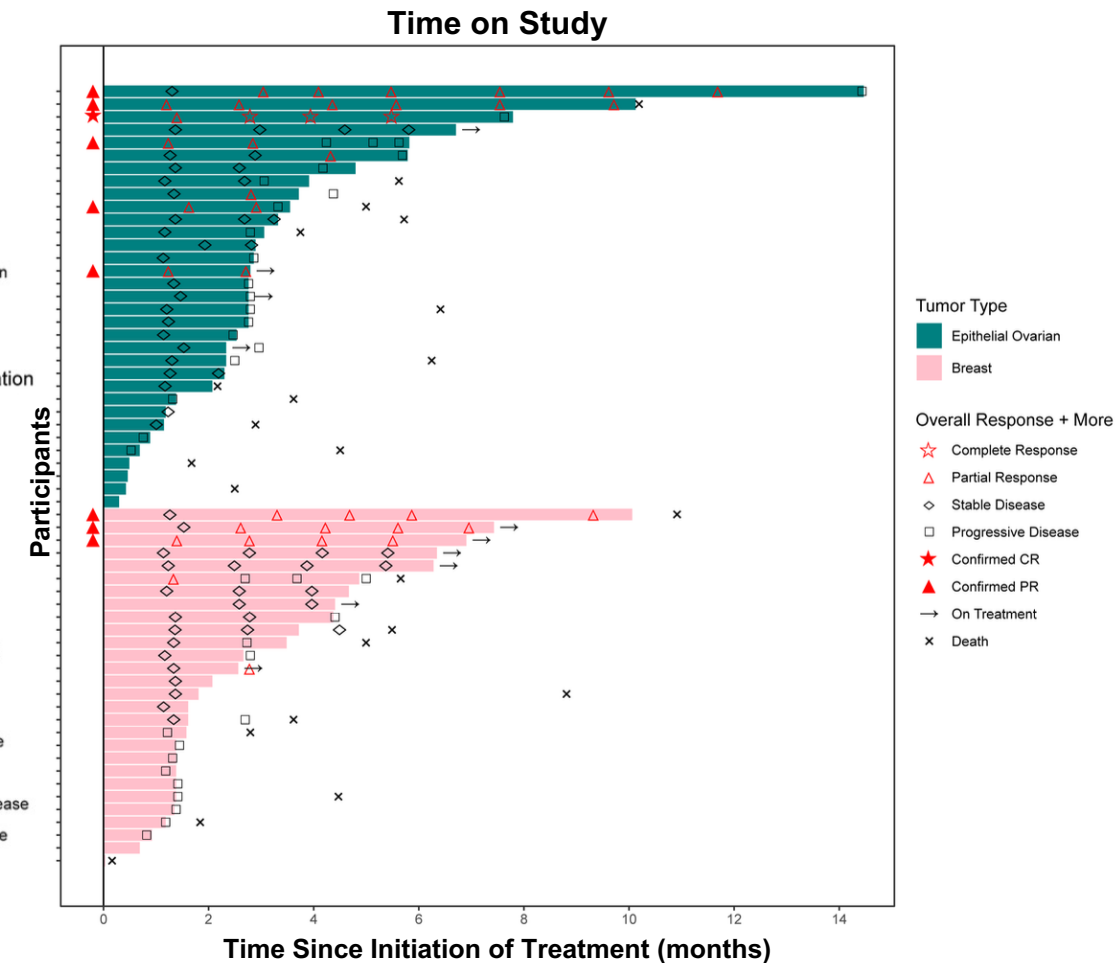
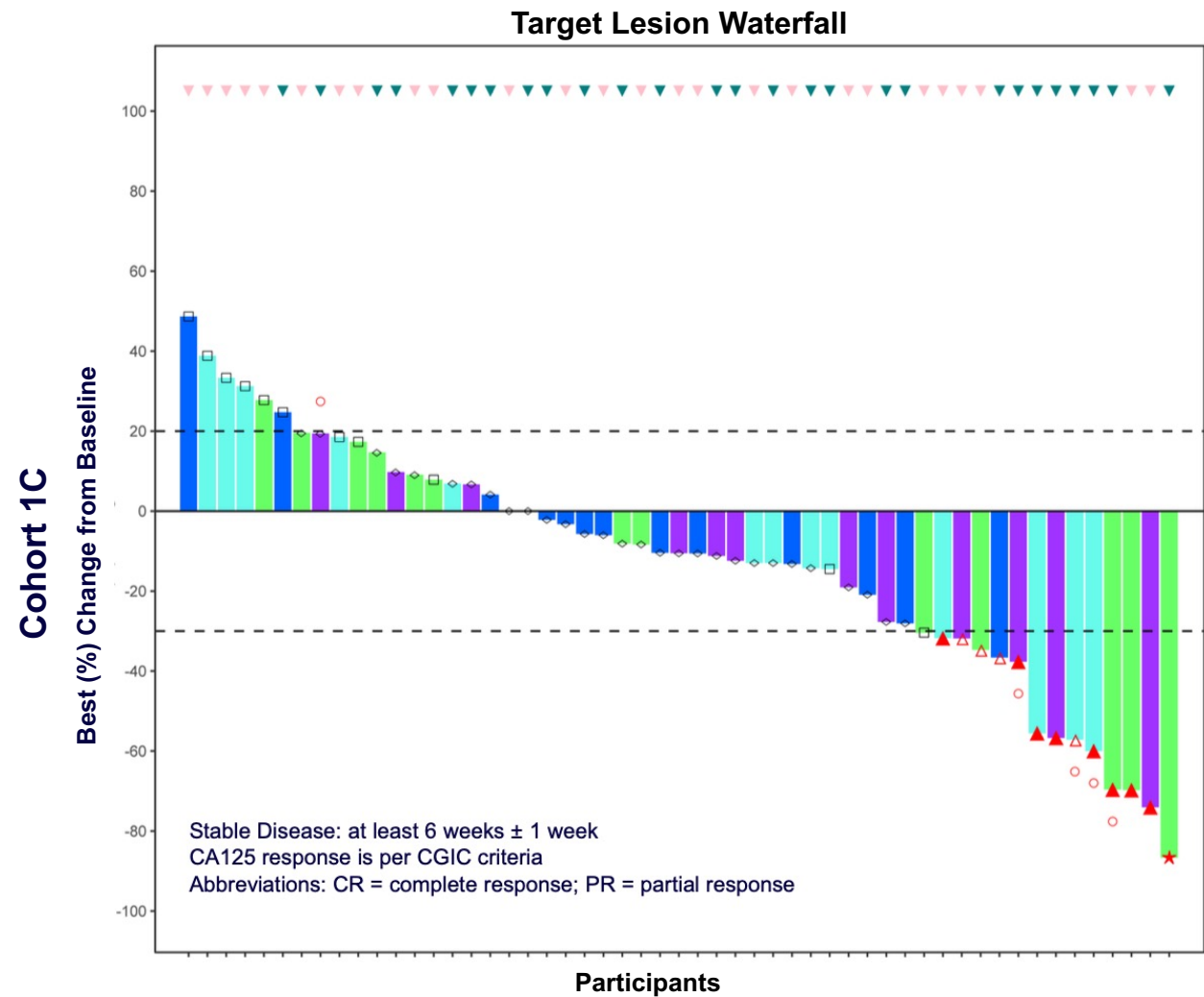
- All 7 responses were PRs (5 confirmed, 2 unconfirmed)
- Median duration of response (DOR) in confirmed responders: **7.8 months** (range: 6.0-15.9+)
- Disease control rate (DCR: CR+PR+SD): **38.8%**

Monotherapy Safety Summary

	N (Total = 65)	%
TEAEs:		
All	63	96.9%
Grade ≥ 3	29	44.6%
Anemia	6	9.2%
Neutropenia	5	7.7%
Ascites	5	7.7%
Thrombocytopenia	1	1.5%
TEAEs leading dose to:		
Interruption	22	33.8%
Reduction	7	10.8%
Discontinuation	6	9.2%

- 4 out of 6 participants who developed Grade ≥ 3 anemia had Grade 1-2 anemia at baseline
- There were no treatment-related AEs (TRAEs) that led to death

EIK1003: Tumor responses observed in Phase 1/2 trial in combination with paclitaxel. Results from fully enrolled dose escalation trial.



EIK1003: Summary of observed responses and safety profile in combination with paclitaxel (Cohort 1C)

Paclitaxel Combo. Key Endpoints

	(CR+PR)/Evaluable	ORR %
Total	13/53	24.5%
Tumor Type		
Breast	5/26	19.2%
Ep. Ovarian	8/27	29.6%
Prior Taxane	12/13	92%

- 1 CR (confirmed), 12 PR (8 confirmed, 4 unconfirmed)
- Prior taxane exposure by tumor type: 100% (8/8) ovarian cancer; 80% (4/5) breast cancer
- DOR range in confirmed responders: **1.5+ - 11.4 months**. The response remains ongoing for 3 responders
- Disease control rate (DCR: CR+PR+SD): **79.2%**

Paclitaxel Combo. Safety Summary

	N (Total = 60)	%
TEAEs:		
All	60	100%
Grade ≥ 3 in at least 10%	45	75%
Anemia	8	13.3%
Neutropenia	30	50%
TEAEs leading dose to:		
Interruption	50	83.3%
Reduction	15	25%
Discontinuation*	11	18.3%

*discontinuation of either or both drugs

- Dose-limiting toxicities of febrile neutropenia and tachycardia (1 participant each) occurred at the highest dose level tested (EIK1003 60 mg)
- All 8 participants who developed Grade ≥ 3 anemia had Grade 1-2 anemia at baseline
- There were no treatment-related AEs (TRAEs) that led to death

EIK1003/EIK1004: Current program(s) status

Currently conducting multiple clinical trials:

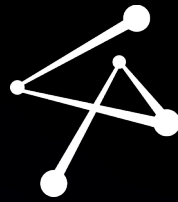
- **EIK1003-001 (Part 1):**
 - Cohort 1A: Monotherapy
 - Cohort 1B: Combo with abiraterone
 - Cohort 1C: Combo with paclitaxel
 - Cohort 1D: Combo with platinum-based therapy and paclitaxel
- **EIK1003-001 (Part 2):** Ph 2 Monotherapy dose optimization study
- **EIK1004-001 (Part 1):**
 - Dose escalation safety study

Anticipated 2026 milestone(s):

- **1H 2026** Read out at ASCO 2026 
- **2H 2026** Read out
- **1H 2026** Read out at ASCO 2026 
- **1H 2026** Study initiated 
- **1H 2026** First patient dosed 
- **2H 2026** Complete dose escalation

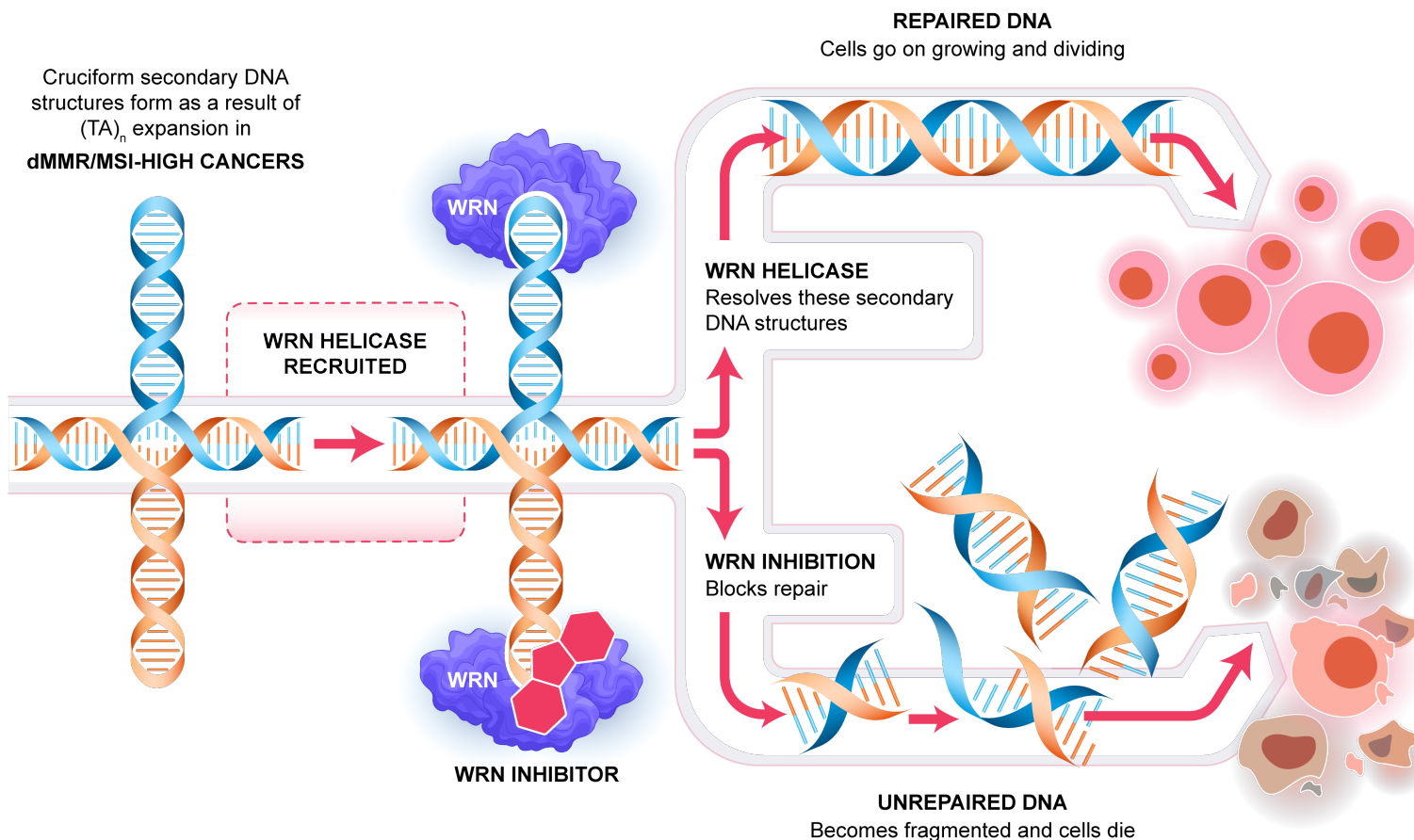


Milestone achieved



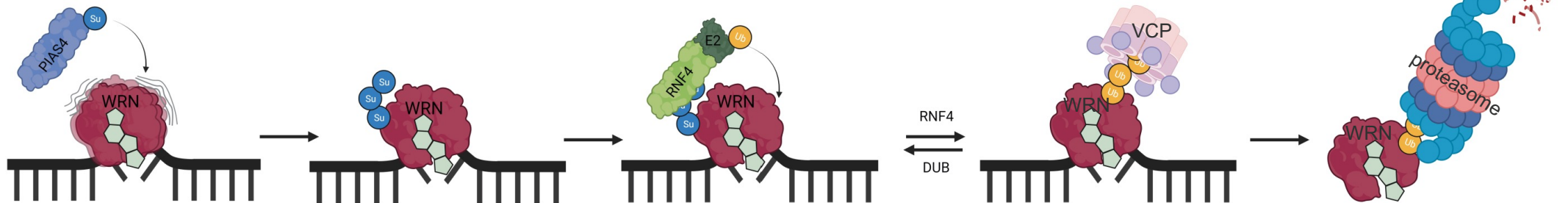
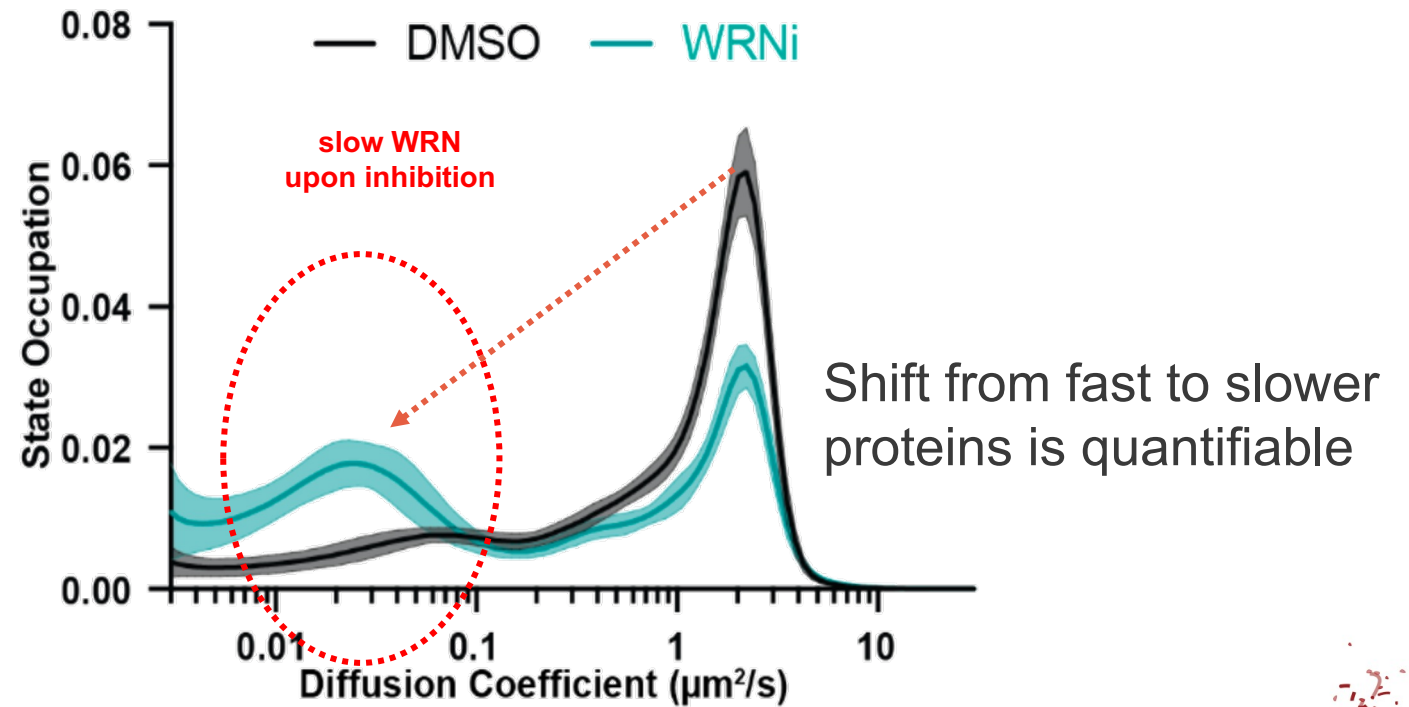
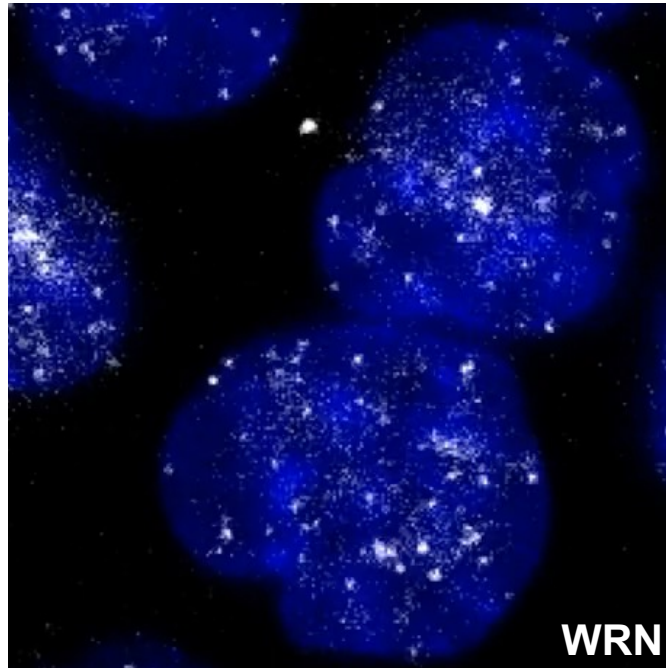
EIK1005: WRN Inhibitor for Treatment of MSI-High Cancers

EIK1005: Eikon's WRN inhibitor for the treatment of microsatellite instability high cancers



- **MSI-high cancers** rely on WRN helicase activity to resolve secondary DNA structures
- **WRN inhibition** blocks DNA repair leading to fragmented DNA and cell death in sensitive cells
- **Unmet need** exists for cancers that are primary refractory or relapse from currently available therapies
- **PD-L1** combinations could potentially enhance the anti-tumor activity of a WRN inhibitor

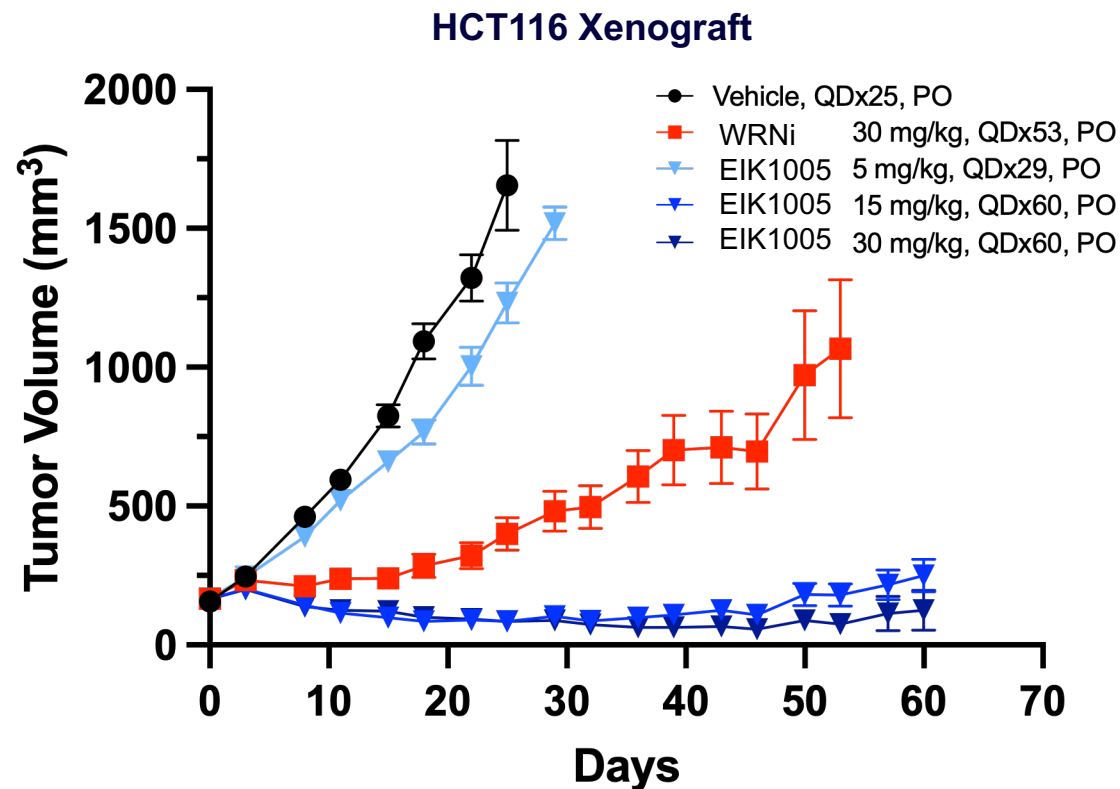
WRN trapping and degradation upon inhibition revealed by Eikon SMT



Findings led to elucidation of key contributors to WRN inhibitor-driven degradation mechanism

EIK1005: WRN inhibitor clinical program initiated based on favorable results in tumor xenograft studies, starting dose established

Tumor volume decrease observed at multiple dose levels in preclinical studies

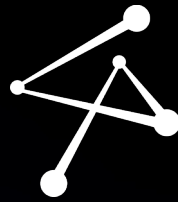


Early clinical data presented at ASCO 2026

- 23 subjects were dosed in a two-part study (P1 N=15; P2 N=8) at 50mg (P1 & P2) and 100mg (P1) doses
- All subjects completed the study and all AEs were unrelated and mild with the exception of a single moderate AE with no clinically significant events
- T_{1/2} was 9.4 days, EIK1005 exposure increased in a dose related manner and no clinically significant food effect was observed
- Findings supported a starting dose of 50mg for EIK1005-002 trial (NCT#007262619)

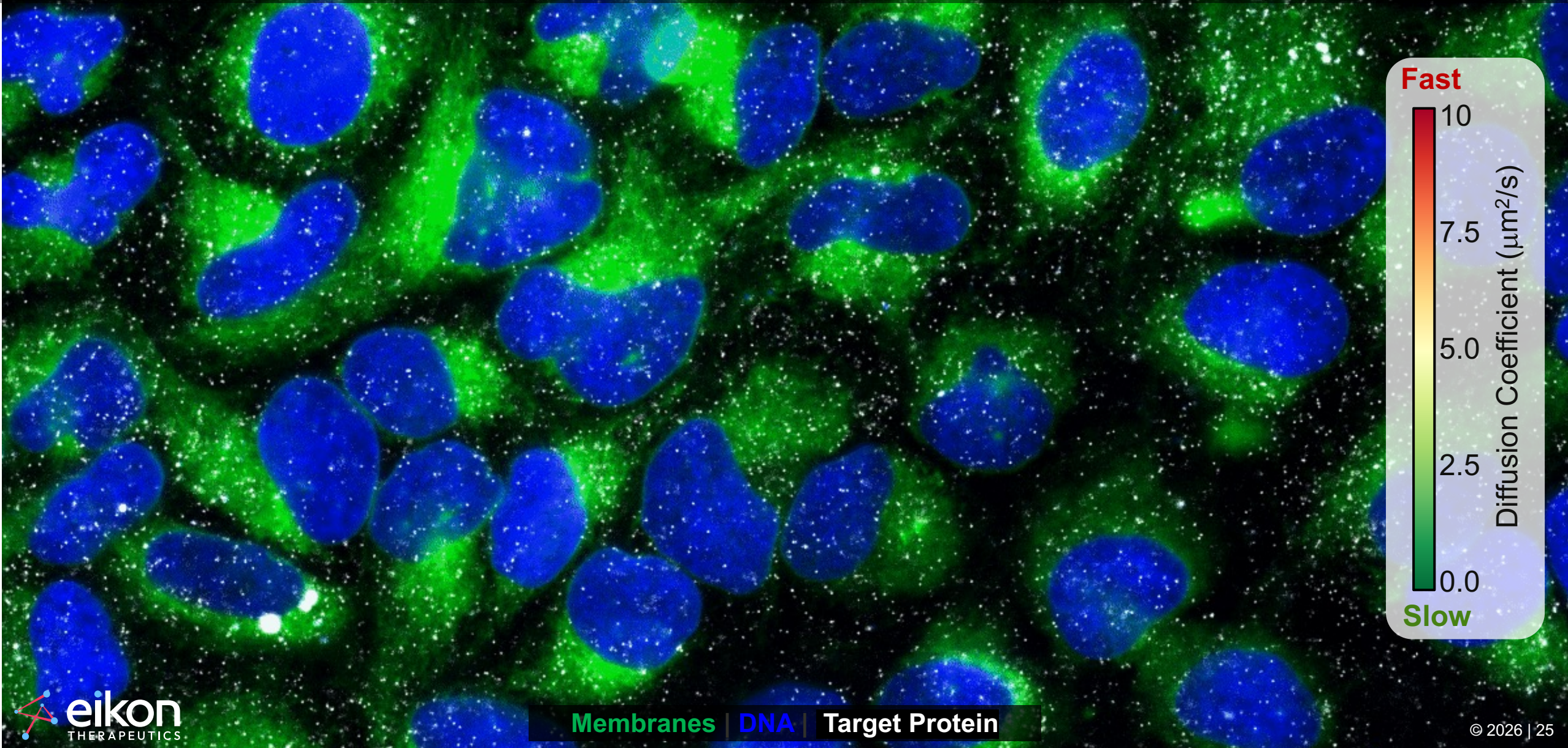
P1: Part 1; P2: Part 2

Presented at ASCO 2026



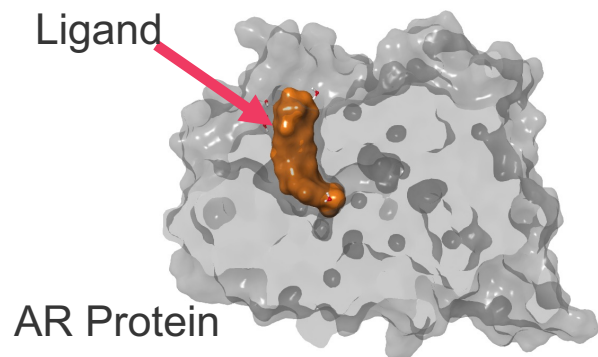
Eikon Technology Provides Novel Scientific Insights and Permits Rapid Lead Optimization

Single molecule tracking captures the real-time dynamics of individual proteins at scale



Machine learning and computational chemistry guide Eikon's AR antagonist designs

Protein-Ligand Docking

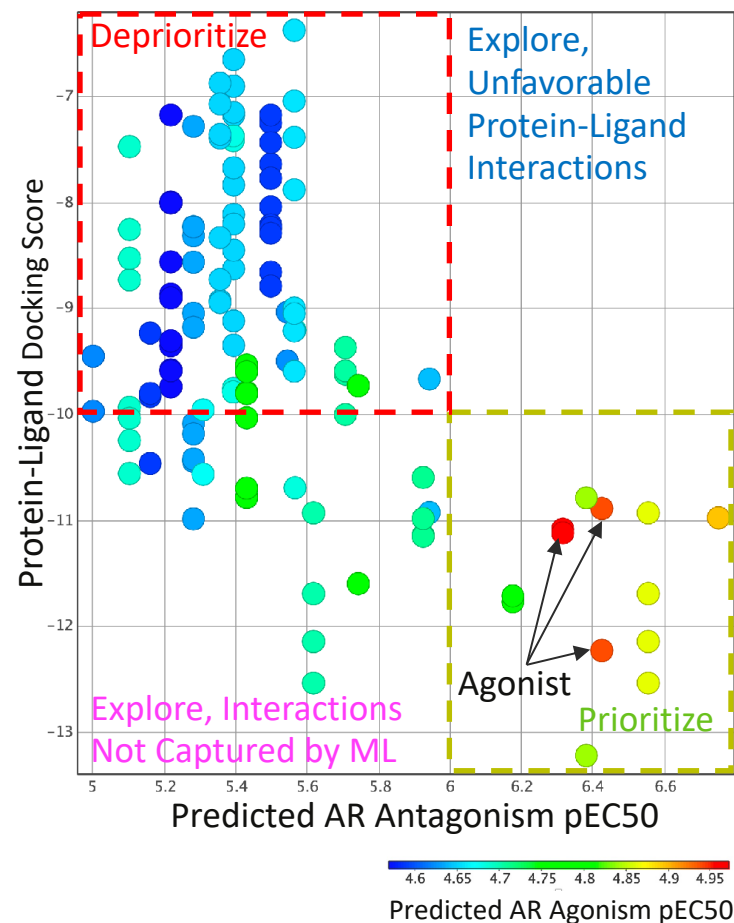


Local ML Models Developed for AR

ML Models	R ²
Caco-2 Permeability	0.77
Chrom LogD	0.86
Kinetic Solubility	0.59
EPSA	0.87
Microsomal Stability (HLM, MLM)	0.62, 0.49
Stability in Hepatocytes (hHep,mHep)	0.39, 0.64
AR SMT Antagonist	0.61
AR SMT Agonist	0.64

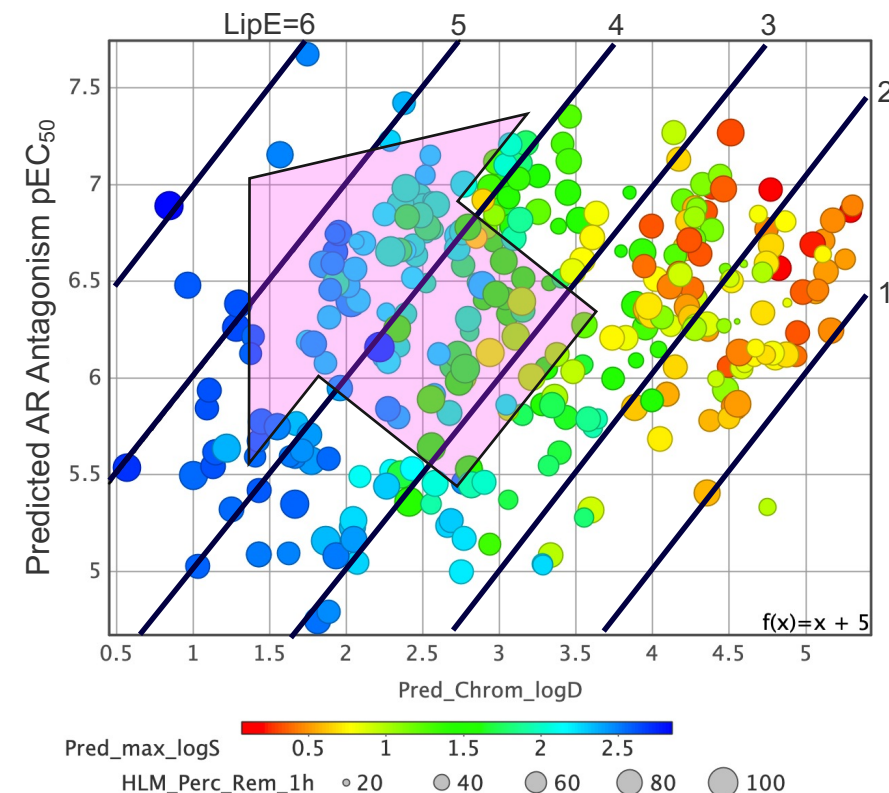
AI/ML + Physics-Based Models

Docking vs ML Antagonist



ML Guided Compound Prioritization

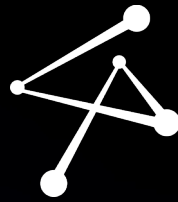
Predicted Lipophilic Efficiency (LipE = pEC₅₀ - LogD)



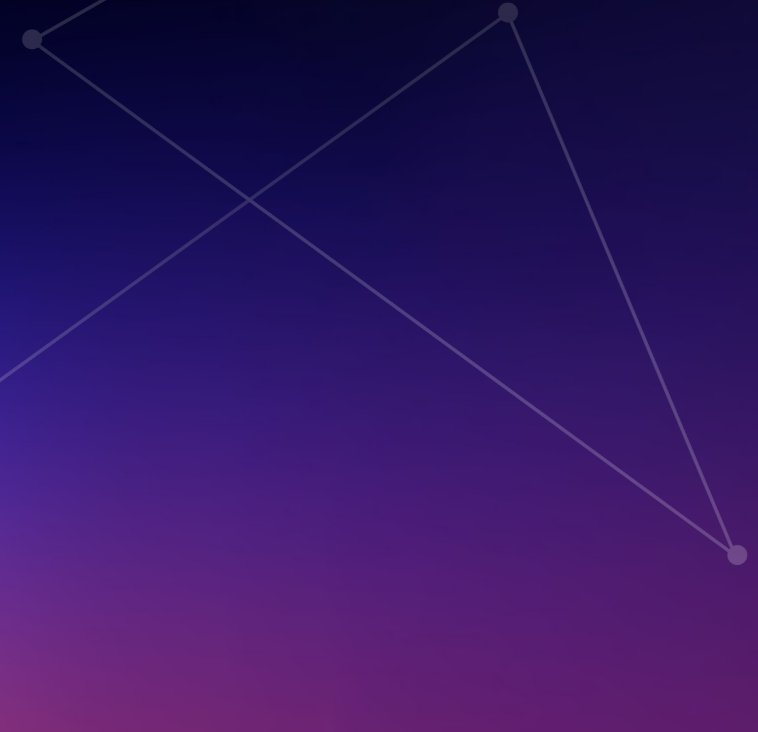
Eikon's AR programs aim to address limitations of current therapies



- **EIK1006 (AR clinical candidate) observed to inhibit tumor growth, reduce PSA levels and alter AR gene expression in preclinical models**
- **Observed activity across a range of emerging resistant variants**
- **EIK1006 declared clinical candidate in November 2025; preclinical studies now tracking ahead of schedule, expected to enable IND submission by the end of 2026**



Conclusion



Meaningful progress expected across all of our development efforts

Completed and Upcoming for 2026

EIK1001 (TLR 7/8)

- Phase 2 Non-Squamous NSCLC data readout 
- First interim analysis to choose dose for melanoma study
- Full Phase 2 NSCLC data readout
- First patient dosed in NSCLC registration enabling trial 

EIK1003 (PARP1)

- Full read out of Phase 1/2 study
- Read out of EIK1003 + abiraterone study
- Read out of EIK1003 + paclitaxel study 
- Initiation of study start-up of EIK1003 + platinum-based therapy + paclitaxel study 

EIK1004 (PARP1) (CNS-penetrant)

- Completion of Phase 1/2 study dose escalation

EIK1005 (WRN)

- First patient dosed in Phase 1 study 

EIK1006 (AR)

- IND submission
(Submission projected by end of 2026)



Milestone achieved

Eikon Therapeutics highlights



1

Led by world-renowned drug developers

2

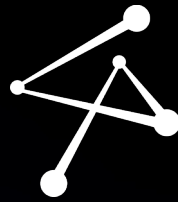
Clinical-stage programs have generated early signs of encouraging clinical activity

3

Internally identified and strategically tailored product candidates advancing into clinical investigation

4

Technology platform, centered around proprietary single-molecule tracking (SMT)



Appendix

Eikon's leadership team delivers proven depth and experience to bring novel therapies to market

Executive Team



Roger Perlmutter
CEO & Board Chair



Roy D. Baynes
CMO



Michael Klobuchar
COO



Freddie Bowie
CFO



Benjamin Thorner
CBO & GC



Russ Berman
CTO



Barbara Howes
CPO



Board of Directors



Kenneth C. Frazier
Former CEO, Merck; current
Chairman, General Catalyst's
Health Assurance initiatives



Ma. Fatima "Fama" Francisco
Former CEO, Procter & Gamble
– Global Baby and Feminine
Care



Robbie Huffines
Former Global Chairman of
Investment Banking,
JP Morgan



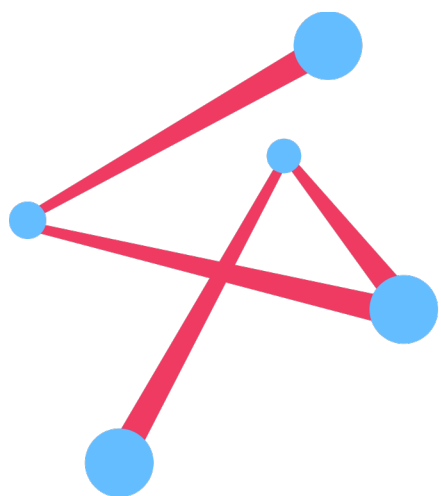
David W. Meline
Former CFO, Moderna;
Former CFO, Amgen;
Former CFO, 3M



Joshua Wolfe
Co-Founder &
Managing Partner,
Lux Capital



Leon Chen, Ph. D.
Partner, The Column
Group; Venture Partner,
OrbiMed Advisors



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