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THERAPEUTICS

Vascular Anomalies Update

May 2026

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Zovegalisib – Potential to Address 3 Large Commercial Opportunities

	2L Breast Cancer	1L Breast Cancer	Vascular Anomalies
Estimated US TAM	$2-3B	$7-8B	$6-8B

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Note: TAM calculated based on market benchmarks and internal analysis

2L Breast Cancer – Ph1/2 Data at Ph3 Dose Showed Clinically Meaningful PFS

2L Breast Cancer

$2-3B

Estimated US TAM[1]

ReDiscover-2 STUDY

Ph3 regimens

Zovegalisib + Fulv
400mg BID
(Phase 3 Dose)

Capivasertib + Fulv
(4 days on, 3 off)

Zovegalisib shows favorable efficacy in 2L+ patients

2L & 3L+	11.1mo mPFS 11.2mo in Kinase | 11.0mo in Non-Kinase	ORR: 43%
Post-CDK4/6	5.5mo mPFS	ORR: 26%

Interim zovegalisib data support ongoing Phase 3 trial against capivasertib

1. TAM calculated based on market benchmarks and internal analysis; Sources: ReDiscover Ph1/2 preliminary data as of 1/13/2026; Capi + fulv Ph3 data from CAPItello-291, Turner N Engl J Med 2023; 388:2058-2070. Note: These data are derived from different clinical trials at different points in time, with differences in molecule composition, trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

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1L Breast Cancer – Establishing Zovega + Atirmo + AI Combinability for 1L Use

1L Breast Cancer

$7-8B

Estimated US TAM[1]

	Doublet: Standard of Care CDK4/6 + ET		Triplet: Zovega + Atirmo + ET
Study Population	1L Patients	vs.	Median 3L Patients
Efficacy	53-55% ORR	vs.	✓ 44% ORR
Tolerability	50-90% Gr3+ AE	vs.	✓ 40% Gr3+ AE

Zovega + Atirmo + AI selected as go-forward 1L regimen; Supply agreement signed with Pfizer for atirmo; Trial intended to initiate in early 2027

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1. TAM calculated based on market benchmarks and internal analysis; Note: These data are derived from different clinical trials at different points in time, with differences in molecule composition, trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

Vascular Anomalies – Zovega's Promising Initial Efficacy Data & Tolerability Profile

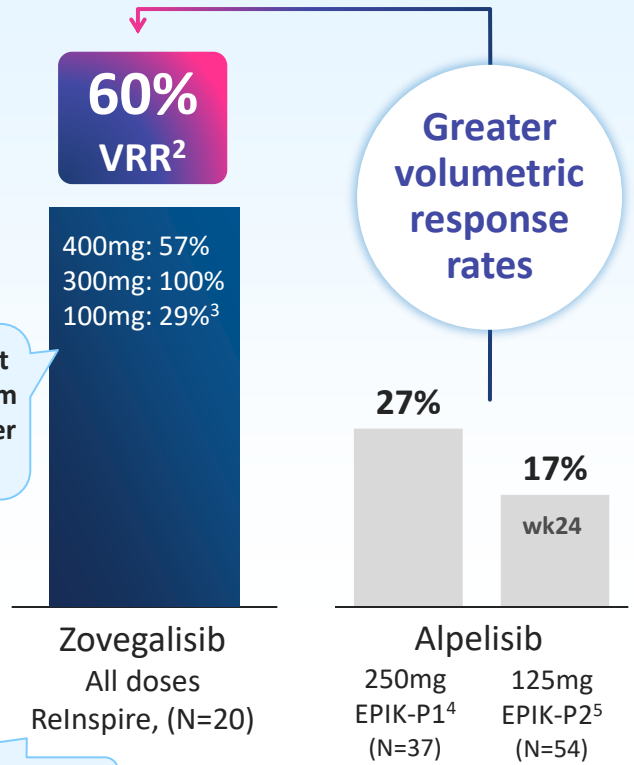
Vascular Anomalies

$6-8B

Estimated US TAM[1]

Initial Efficacy Data

Volumetric Response Rate (VRR)

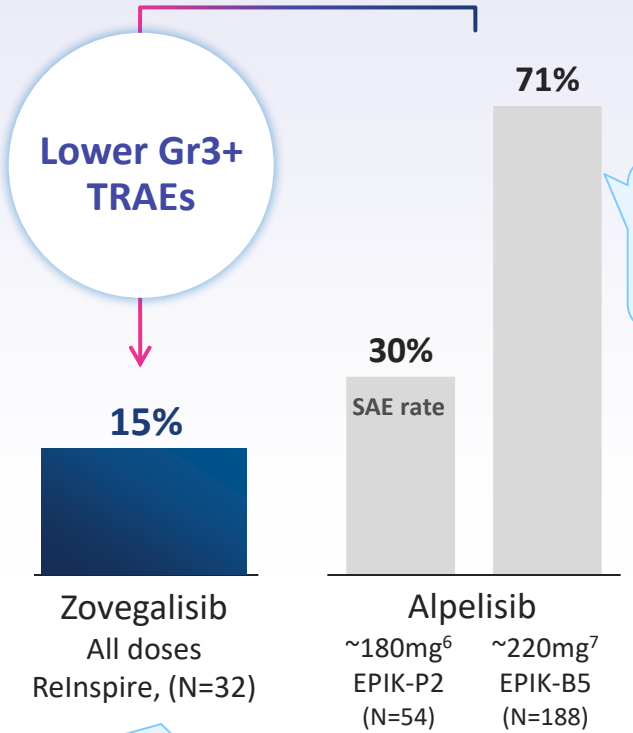


One 100mg pt converted from SD to uVR after data cut-off[3]

89% of patients with investigator-reported clinical improvement (IGIC at week 12)

Initial Tolerability Data

Gr3+ AEs



Gr3 hyperglycemia: 1 pt (3%)
(pre-diabetic pt at 400mg)

ReInspire median follow-up: 14 weeks

1. TAM calculated based on market benchmarks and internal analysis; 2. Includes both confirmed and unconfirmed responses. 3. After the data cut-off date, one 100mg BID patient that did not have a volumetric response as of the data cut-off date has converted to an unconfirmed response, resulting in a 100mg BID volumetric response rate of 43% (3/7), a volumetric response rate of 69% (9/13) for patients treated at 300mg BID or 100mg BID, and a volumetric response rate of 65% (13/20) across doses. None of the other response-evaluable patients' response statuses have changed since the data cut-off date; 4. EPIK-P1 as cited in Vijoice FDA label, label dose is 250mg QD; 5. EPIK-P2: Canaud 2024 Blood 144:5512 and results from clintrials.gov listing, 125mg QD was starting dose; 6. 180mg dose approximated from rates of dose escalation after week 26 listed on clintrials.gov listing; 7. EPIK-B5: SABCS 2025 #RF7-02, 220mg dose approximated from dose modification data; Gr3 TRAEs = Grade 3+ Treatment-Related Adverse Events, IGIC = Investigator Global Impression of Change scale, SD = Stable Disease, uVR = unconfirmed volumetric response. Note: These data are derived from different clinical trials at different points in time, with differences in molecule composition, trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

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Vascular Anomalies Overview

~170k US patients with PIK3CA-driven Vascular Anomalies

Somatic PIK3CA mutation → **drives malformed vasculature** → **leading to vascular anomalies**

Current treatment options are limited

Local Treatments: temporary, only treat symptoms → **Systemic Treatments: non-selective, limited toxicity/efficacy** → **Large unmet medical need**

Zovegalisib is uniquely positioned to address driver of disease

First mutant-selective PI3Kα inhibitor

Initial clinical data showing:

- Selectivity
- Tolerability
- Efficacy

Potential for chronic systemic treatment option

Sources: ISSVA classification, NORD, Mayo Clinic, Novartis, Penington et al 2023, Gallagher et al 2022, Luks et al 2015, Limaye et al 2015, Peyre et al 2021, Hong et al 2021, and company primary market research

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Vascular Anomalies – Patient Numbers

PIK3CA-driven Vascular Anomalies (VAs)

~170k US patients

Vascular Anomaly Subtypes

Initial clinical focus: ~25k US patients seeking systemic therapy

	PIK3CA-Related Overgrowth Spectrum (PROS)	PIK3CA-driven Lymphatic Malformations (LM)	PIK3CA-driven Venous Malformations (VeM)	PIK3CA-driven Cerebral Cavernous Malformations (CCM)
	~5-10k US patients	**~60-65k** US patients	**~20-25k** US patients	**~50-70k** US patients
	25-30% seek systemic tx	**20-25%** seek systemic tx	**15-20%** seek systemic tx	**25-30%** seek systemic tx

Sources: ISSVA classification, NORD, Mayo Clinic, Novartis, Penington et al 2023, Gallagher et al 2022, Luks et al 2015, Limaye et al 2015, Peyre et al 2021, Hong et al 2021, and company primary market research

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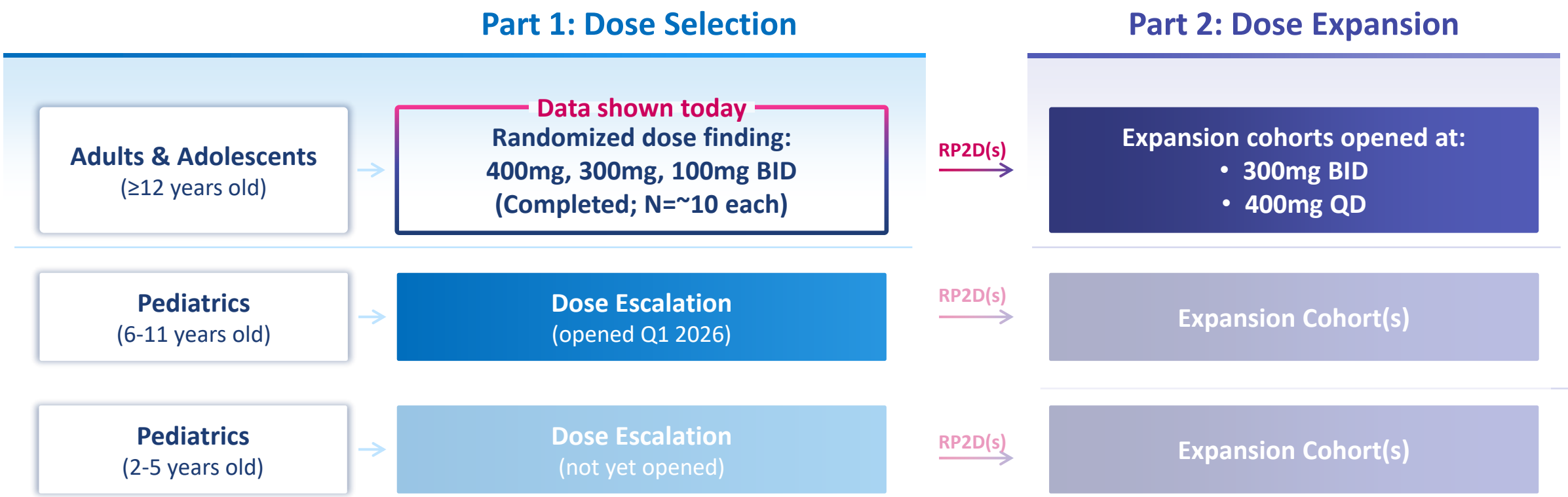
Zovegalisib – Study Design: REInspire



Enrollment open in adults & adolescents in part 2 and pediatrics (6-11 y/o) in part 1

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Zovegalisib – RelnspireTrial Demographics

	Total (N=32)	100mg BID (N=11)	300mg BID (N=11)	400mg BID (N=10)
Age (years), median (range)	**24.5 (12, 63)**	31 (13, 50)	24 (13, 54)	19.5 (12, 63)
12-17 / ≥18, n (%)	**10 (31) / 22 (69)**	4 (36) / 7 (64)	2 (18) / 9 (82)	4 (40) / 6 (60)
Sex, M/F, n (%)	**14 (44) / 18 (56)**	6 (55) / 5 (45)	5 (45) / 6 (55)	3 (30) / 7 (70)
Disease Classification, n (%)				
PROS	**22 (69)**	8 (73)	6 (54)	8 (80)
CLOVES	**5 (16)**	1 (9)	3 (27)	1 (10)
KTS	**10 (31)**	4 (36)	2 (18)	4 (40)
Other	**7 (22)**	3 (27)	1 (9)	3 (30)
LM	**8 (25)**	3 (27)	4 (36)	1 (10)
VeM	**2 (6)**	0	1 (9)	1 (10)
Performance Status at Baseline, 50-70/ ≥80[1], n (%)	**5 (16) / 27 (84)**	2 (18) / 9 (82)	1 (9) / 10 (91)	2 (20) / 8 (80)
Pre-diabetic[2], n (%)	**8 (25)**	1 (9)	6 (55)	1 (10)
Local PIK3CA Status at Baseline, n (%)				
Kinase mutation	**10 (31)**	4 (36)	4 (36)	2 (20)
Non-Kinase mutation	**16 (50)**	4 (36)	6 (55)	6 (60)
No mutation documented	**6 (19)**	3 (27)	1 (9)	2 (20)
Prior disease-related systemic treatment, median	**1**	1	2	1
None, n (%)	**9 (28)**	3 (27)	3 (27)	3 (30)
Prior alpelisib / sirolimus, n (%)	**23 (72)**	8 (73)	8 (73)	7 (70)
Prior disease-related surgery, n (%)	**19 (59)**	5 (45)	6 (55)	8 (80)
Prior catheter-based procedures, n (%)	**18 (56)**	6 (55)	8 (73)	4 (40)

1. Lansky performance status for patients <16 years old or Karnofsky performance status for patients ≥16 years old; 2. Baseline HbA1c ≥5.7, glucose ≥100, or medical history of pre-diabetes mellitus

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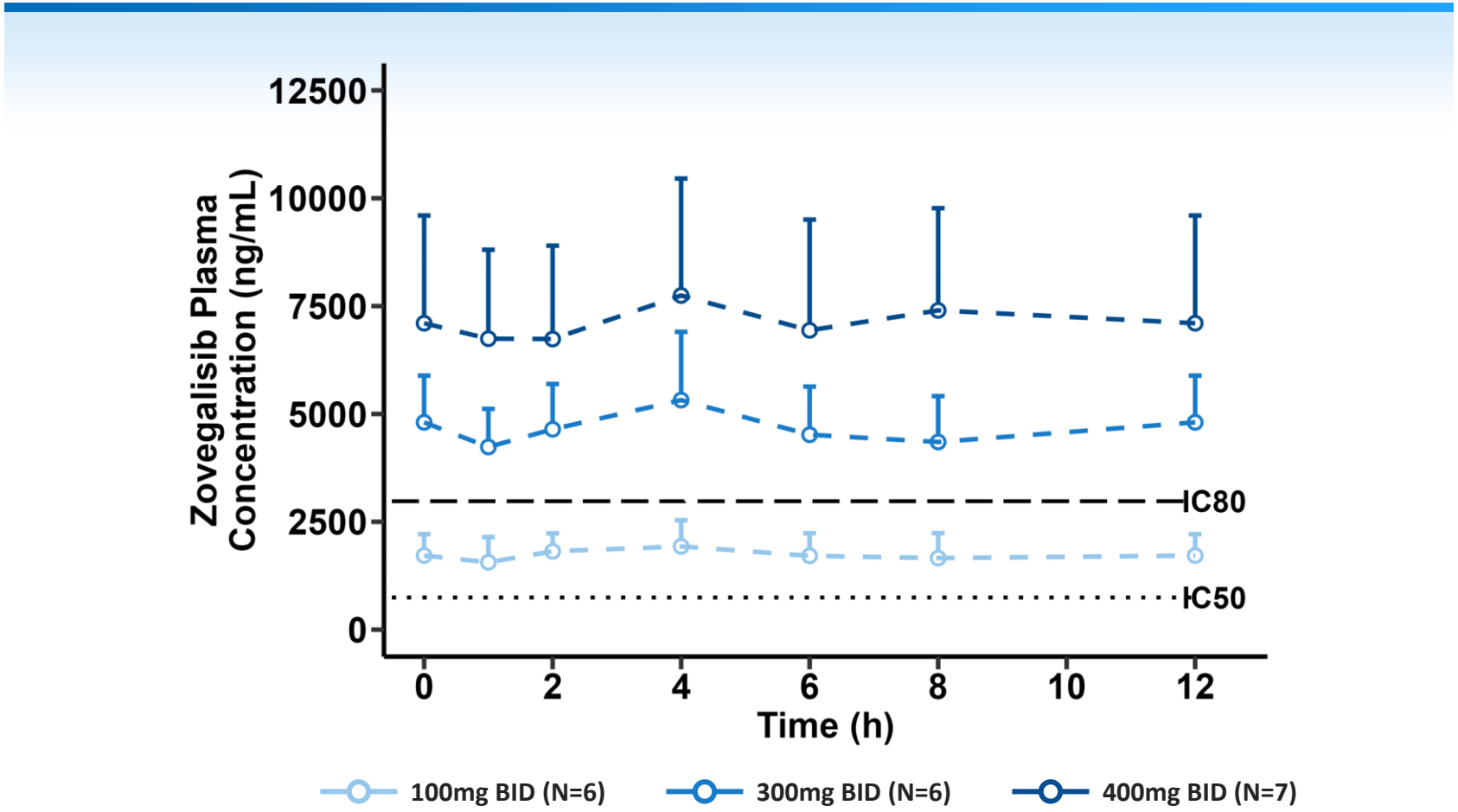
Zovegalisib – All Initial Doses Resulted in Exposures Projected to be Active

C1D15 Mean Concentration-Time Profiles By Dose



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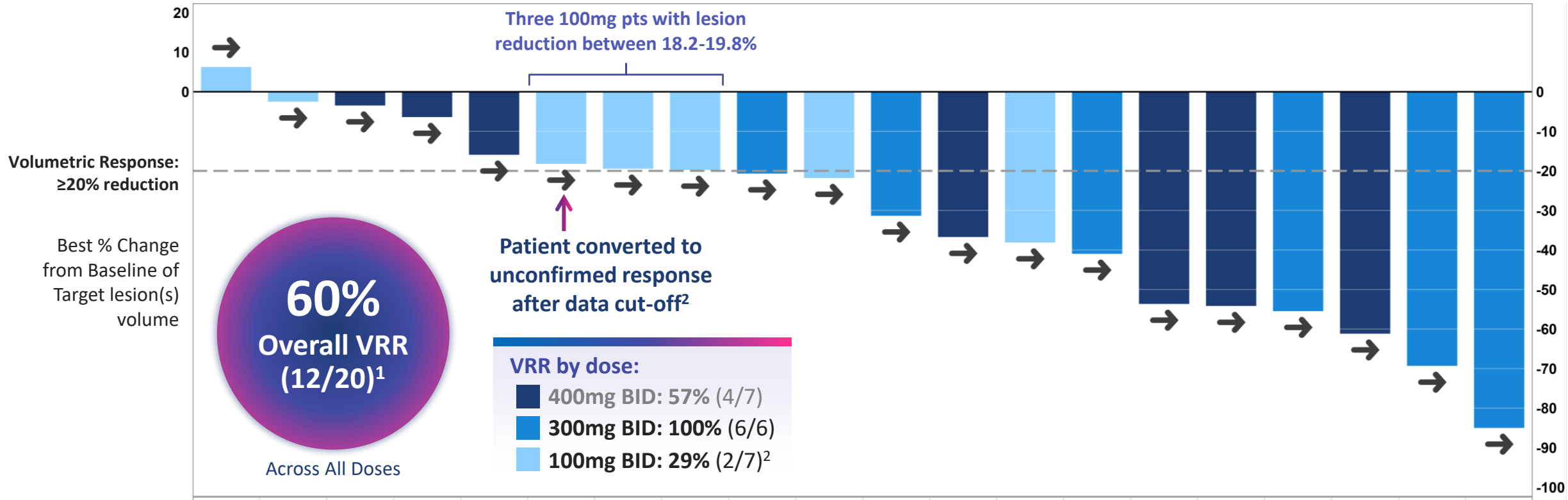
Zovegalisib – 60% Volumetric Response Rate by BICR Across All Doses



Subtype	LM	PROS	VeM	PROS	PROS	PROS	PROS	PROS	PROS	PROS	LM	PROS	PROS	PROS	PROS	PROS	PROS	PROS	LM	LM
PROS subtype		KTS		FAO	KTS	FAO	FAVA	KTS	CLOVES	CLOVES		KTS	KTS	KTS	CLOVES	FAVA	CLOVES	KTS		
PIK3CA mutation	NK	NK	NK	NK	Unk	K	Unk	NK	NK	K	NK	Unk	K	NK	K	NK	NK	NK	K	Unk
Prior alp/siro	S	A + S	S	—	A + S	—	A + S	—	S	A	A + S	—	—	—	A + S	A + S	A + S	S	—	S
BL volume (L)	0.4	5.4	0.5	0.9	1.2	0.4	0.8	18.0	3.4	0.9	0.2	2.7	0.4	1.0	1.2	0.1	0.2	0.3	0.1	0.1
% Change from Baseline W12	6.3	-2.5	-3.5	-6.4	-15.9	-18.2	-1.4	-12.7	-20.7	-21.8	-31.4	-36.7	-38.1	-41.0	-53.7	-44.1	-49.0	-50.7	-69.3	-70.9
W24		3.5					-19.5	-19.8								-54.2	-55.5	-54.4		-75.6
W36		8.9																-61.2		-85.0
BOR	SD	SD	SD	SD	SD	SD	SD	SD	uVR	uVR	uVR	uVR	uVR	uVR	uVR	cVR	cVR	cVR	uVR	cVR

1. Includes both confirmed and unconfirmed responses. 2. After the data cut-off date, one 100mg BID patient that did not have a volumetric response as of the data cut-off date has converted to an unconfirmed response, resulting in a 100mg BID volumetric response rate of 43% (3/7), a volumetric response rate of 69% (9/13) for patients treated at 300mg BID or 100mg BID, and a volumetric response rate of 65% (13/20) across doses. None of the other response-evaluable patients' response statuses have changed since the data cut-off date. Volumetric Response (VR) = 20% or greater reduction in target lesion volume by blinded independent central review (BICR); cVR = Confirmed Volumetric Response (VR with 2nd scan to confirm response), uVR = Unconfirmed Volumetric Response (VR without confirmatory scan), SD = Stable Disease

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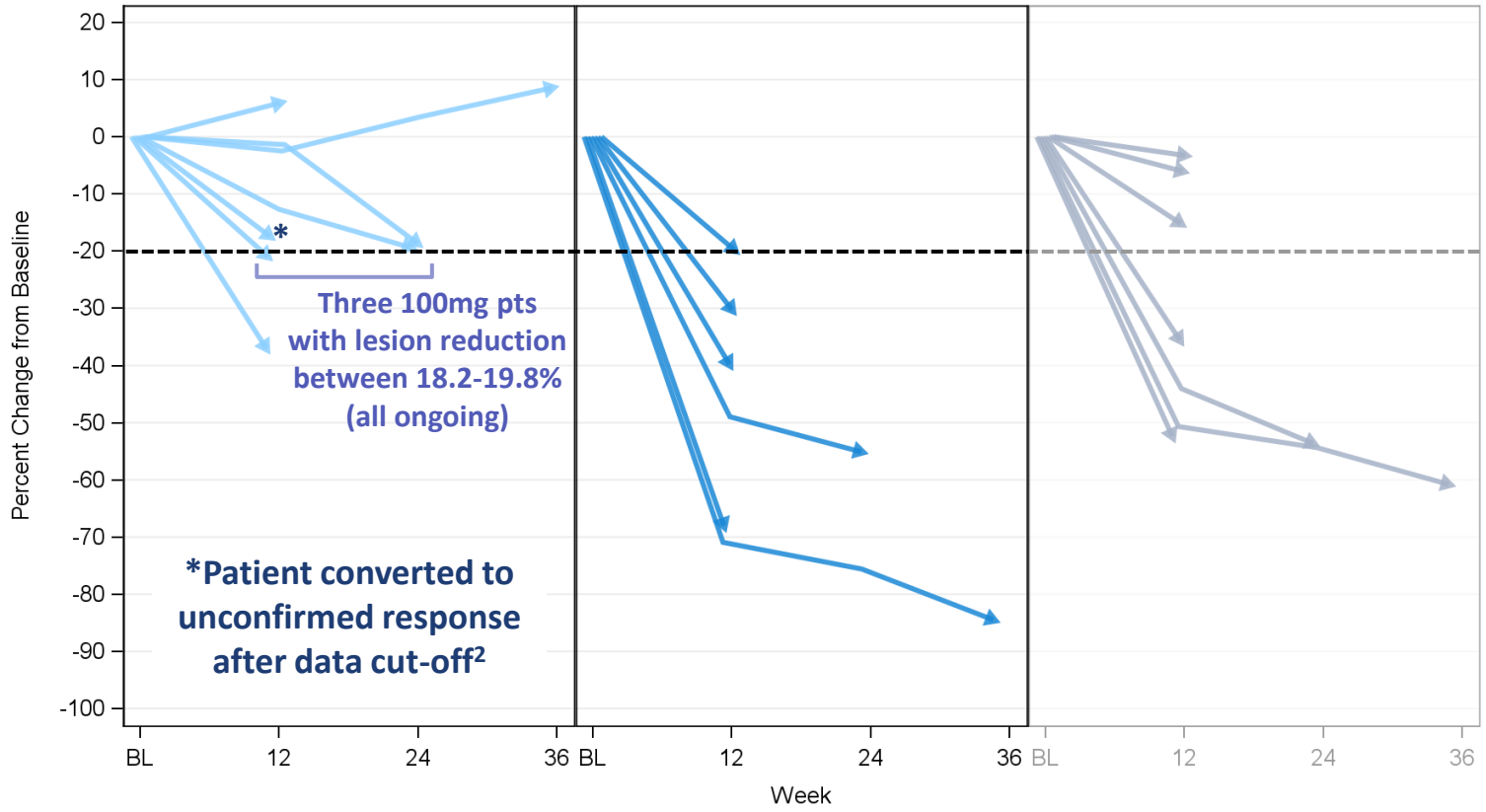
Zovegalisib – Volumetric Response Over Time (BICR)

100mg VRR: 29% (2/7)[1]

300mg VRR: 100% (6/6)

400mg VRR: 57% (4/7)



60%
Overall VRR (12/20)[1]

All patients ongoing

Reductions generally deepened over time at all doses

1. Includes both confirmed and unconfirmed responses. 2. After the data cut-off date, one 100mg BID patient that did not have a volumetric response as of the data cut-off date has converted to an unconfirmed response, resulting in a 100mg BID volumetric response rate of 43% (3/7), a volumetric response rate of 69% (9/13) for patients treated at 300mg BID or 100mg BID, and a volumetric response rate of 65% (13/20) across doses. None of the other response-evaluable patients' response statuses have changed since the data cut-off date.

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Zovegalisib – Initial Efficacy Data Supports Clear Symptomatic Benefit

Investigator-Reported (IGIC)

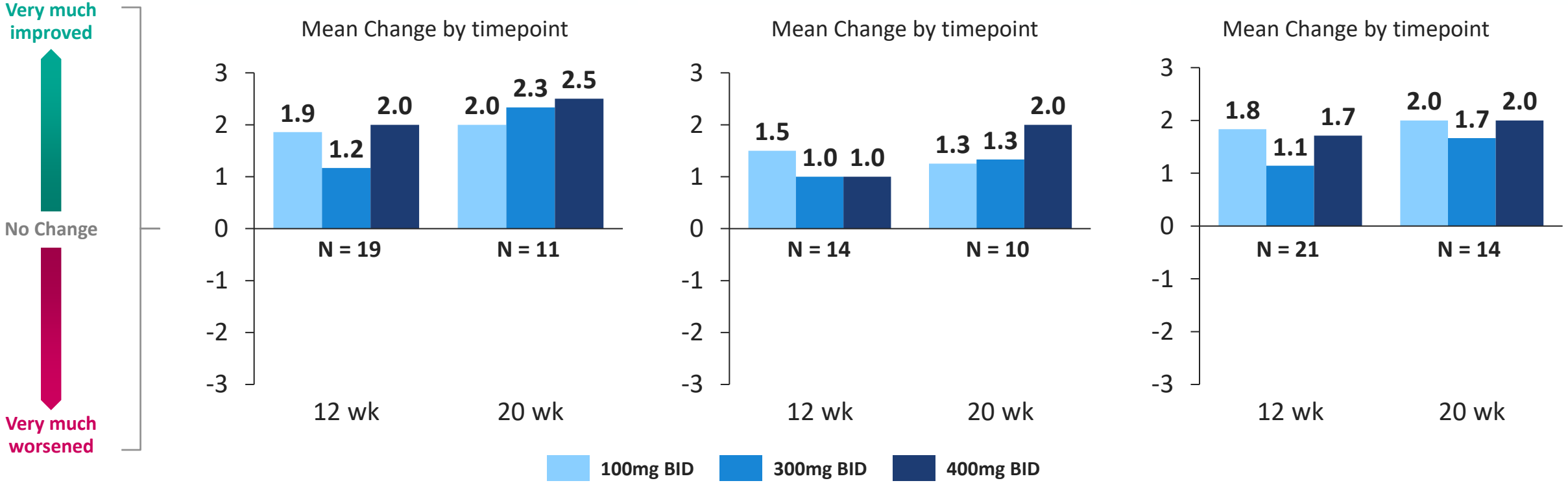
89%
of patients improved by week 12

Patient-Reported (PGIC)

79%
of patients improve by week 12

Pain (IADRSS)

71%
of pain symptoms improved by week 12



IGIC = Investigator Global Impression of Change, PGIC = Patient Global Impression of Change, IADRSS = Investigator Assessment of Disease-Related Signs and Symptoms.
Note: N for IGIC and PGIC is number of patients; N for IADRSS pain is number of most bothersome pain symptoms, where some patients may have more than one pain symptom.
Scale: +3 very much improved, +2 minimally improved, +1 minimally improved, 0 no change, -1 minimally worse, -2 much worse, -3 very much worse

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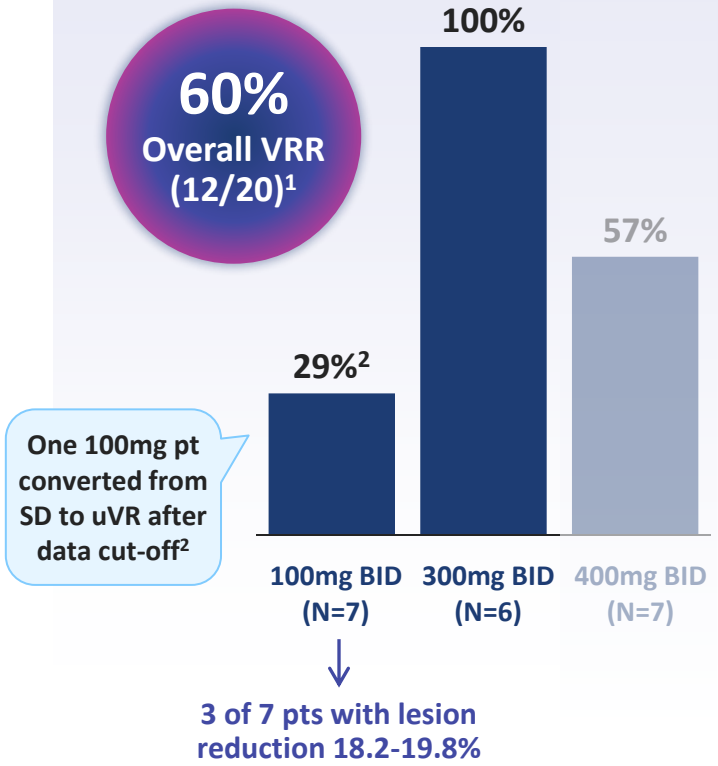
Zovegalisib – Initial Efficacy Data Summary

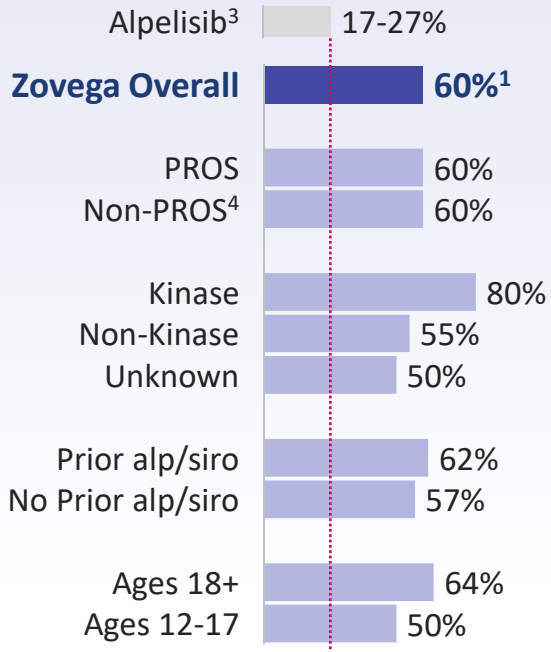
Meaningful Efficacy Data

Volumetric Response Rate (VRR)



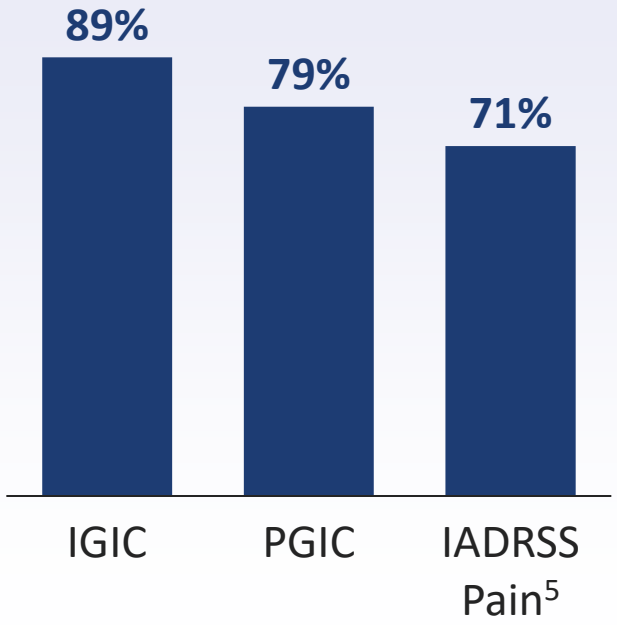
Consistent Across Subgroups

Subgroup VRR[1]



Broad Symptomatic Benefit

% of Patients with Improvement at Week 12



1. Includes both confirmed and unconfirmed responses. 2. After the data cut-off date, one 100mg BID patient that did not have a volumetric response as of the data cut-off date has converted to an unconfirmed response, resulting in a 100mg BID volumetric response rate of 43% (3/7), a volumetric response rate of 69% (9/13) for patients treated at 300mg BID or 100mg BID, and a volumetric response rate of 65% (13/20) across doses. None of the other response-evaluable patients' response statuses have changed since the data cut-off date; 3. EPIK-P1: Vijoice FDA label and EPIK-P2: Canaud 2024 Blood 144:5512; 4. Non-PROS = LM and VeM; 5. IADRSS rate shown is percentage of pain symptoms improved; Alp = alpelisib, Siro = sirolimus; IGIC = Investigator Global Impression of Change, PGIC = Patient Global Impression of Change, IADRSS = Investigator Assessment of Disease-Related Signs and Symptoms, SD = Stable Disease, uVR = unconfirmed volumetric response. Note: These data are derived from different clinical trials at different points in time, with differences in molecule composition, trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

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Zovegalisib – Treatment-Related Adverse Events ≥15% of Patients

No discontinuations due to adverse events

		100mg BID (N=11)				300mg BID (N=11)				100mg+300mg BID (N=22)				400mg BID (N=10)			
		All Gr	Gr1	Gr2	Gr3+	All Gr	Gr1	Gr2	Gr3+	All Gr	Gr1	Gr2	Gr3+	All Gr	Gr1	Gr2	Gr3+
	Any TRAE	82%	36%	45%	-	91%	55%	18%	18%	86%	45%	32%	9%	90%	20%	50%	20%
TRAE ≥15%	Headache	18%	18%	-	-	73%	73%	-	-	45%	45%	-	-	50%	30%	20%	-
TRAE ≥15%	Fatigue	18%	9%	9%	-	55%	36%	18%	-	36%	23%	14%	-	20%	10%	10%	-
TRAE ≥15%	Nausea	27%	18%	9%	-	45%	36%	9%	-	36%	27%	9%	-	70%	40%	30%	-
TRAE ≥15%	Diarrhea	27%	27%	-	-	18%	18%	-	-	23%	23%	-	-	10%	-	10%	-
TRAE ≥15%	Hyperglycemia	-	-	-	-	45%	18%	27%	-	23%	9%	14%	-	40%	20%	10%	10%
TRAE ≥15%	Decreased appetite	18%	9%	9%	-	18%	9%	9%	-	18%	9%	9%	-	20%	10%	10%	-
Other select TRAE	Rash	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other select TRAE	Stomatitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Median Relative Dose Intensity	100%				99%				99%				77%			
	Dose Reduction due to TRAE, n (%)	1 (9%)[2]				4 (36%)				5 (23%)				7 (70%)			

Majority of hyperglycemia observed in patients prediabetic at baseline[1]

No Grade 3 hyperglycemia

1. Baseline HbA1c ≥5.7, glucose ≥100, or medical history of pre-diabetes mellitus; 2. Patient later increased back up to original dose of 100mg BID

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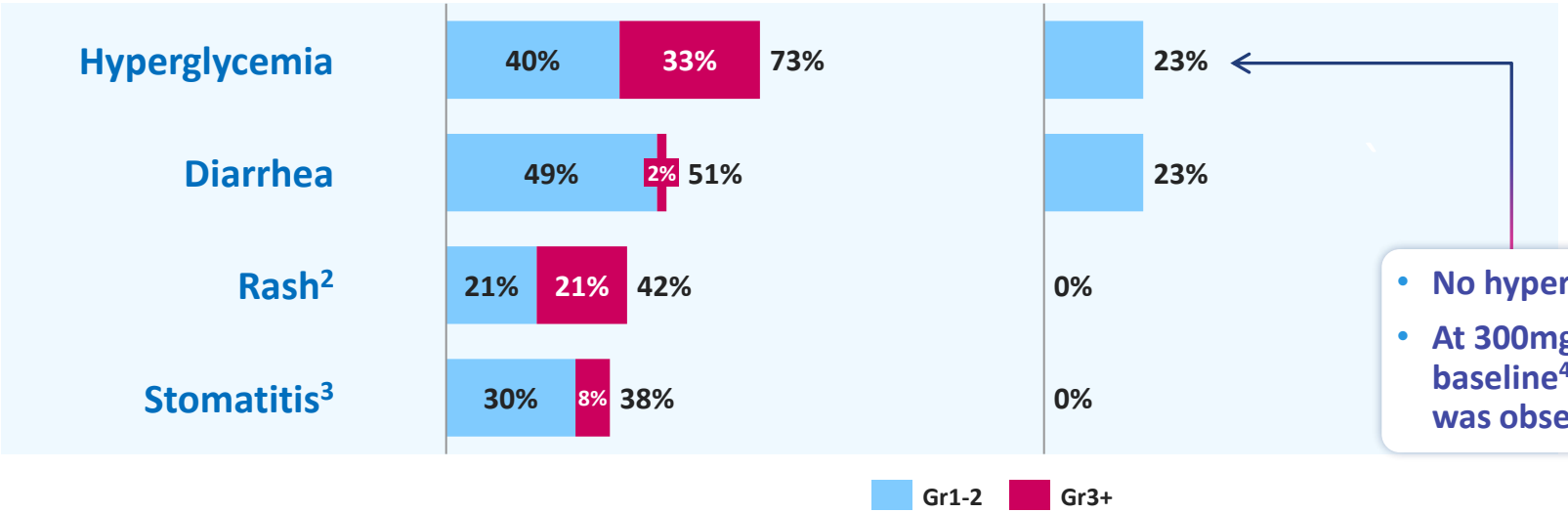
PI3Kα Inhibitors – Tolerability Profile Across Known Key Pathway AEs

EPIK-P1 (250mg) was not a prospective study and EPIK-P2 was conducted at half the label dose[5]

	Alpelisib ~220mg QD[1]	Zovegalisib 100mg + 300mg BID
Data benchmark	EPIK-B5[1] (N=188)	ReInspire (N=22)
mDoE	5.6mo mDoE	3.5mo mDoE



At 100mg and 300mg BID:

- No rash or stomatitis of any grade
- No Gr3 hyperglycemia or diarrhea
- No discontinuations
- Median dose intensity >99%

- **No hyperglycemia at 100mg**
- **At 300mg, 55% of patients were pre-diabetic at baseline[4], and the majority of hyperglycemia was observed in these patients**

1. EPIK-B5, SABCS 2025 #RF7-02, 220mg dose approximated from dose modification data; 2. Rash for alpelisib references the cumulative sum of rates of rash and rash maculo-papular from the EPIK-B5 study, and may include overlap; 3. Stomatitis for alpelisib references the cumulative sum of rates of stomatitis and mucosal inflammation from the EPIK-B5 study, and may include overlap; 4. Pre-diabetic: baseline HbA1c ≥5.7 to <6.5, glucose ≥100, or medical history of pre-diabetes mellitus; 5. EPIK-P1 is a retrospective study, label dose is 250mg QD, and EPIK-P2: Canaud 2024 Blood 144:5512, 125mg QD was starting dose. Note: These data are derived from different clinical trials at different points in time, with differences in molecule composition, trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

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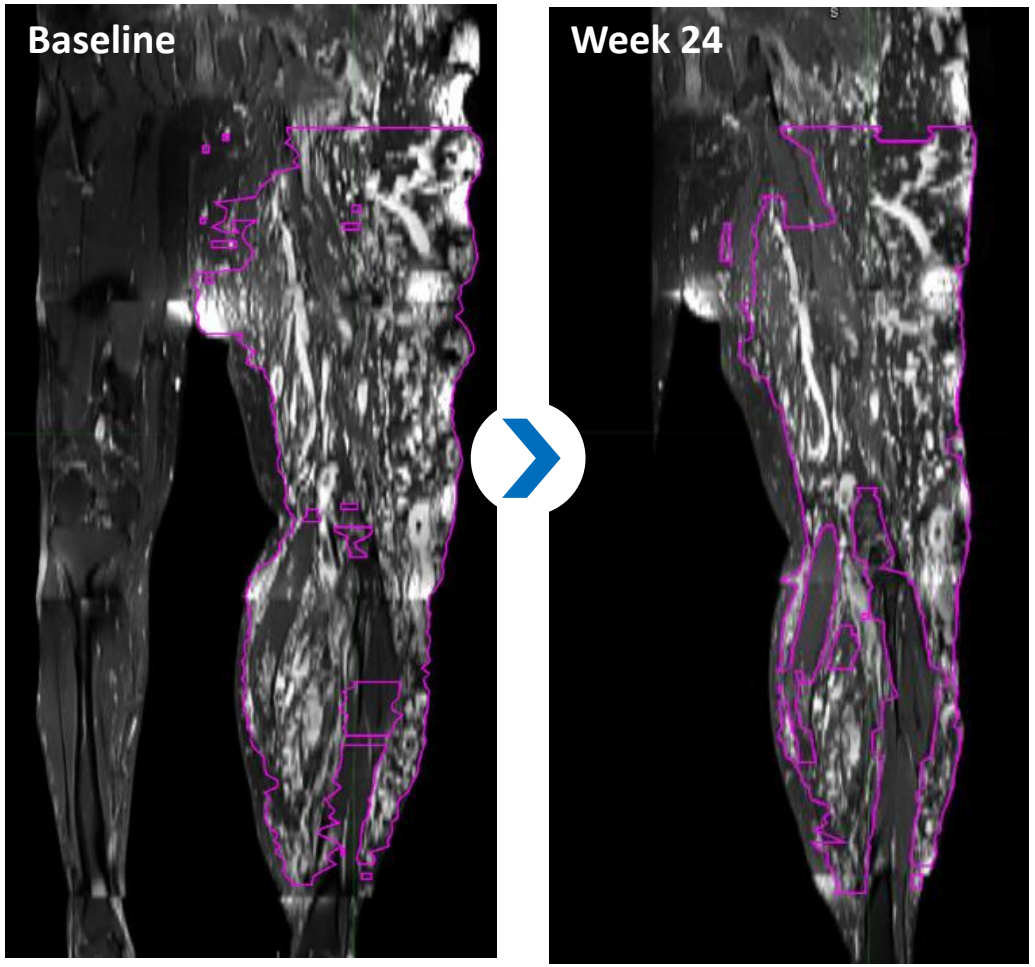
Patient Vignette – Adult Patient with PROS Achieved Meaningful Clinical and Radiographical Improvement with Zovega 100mg BID



18 liter lesion at baseline

3.6 liter reduction (-19.8%) at 24wk

44-year-old male with KTS (PROS)

- PIK3CA mutation: Q546K
- Prior sclerotherapy x3, no prior systemic tx
- Minimal mobility at baseline
- **Dosed with 100mg zovegalisib**

19.8% volumetric reduction at week 24

(13% reduction seen at week 12)

- **3.6 liter lesion reduction**
- Deepening reduction at each scan

Dramatic and rapid clinical improvement

"Much Improved" IGIC overall status

Investigator Global Impression of Change

Note: Symptom improvement shown here is for Week 24

Tolerable profile allowing for prolonged dosing

- No dose modifications
- Patient remains on therapy at 100mg BID

"The participant used to not be able to walk further than front door to car. Within 2 weeks, he walked around the block."

- ReInspire Investigator

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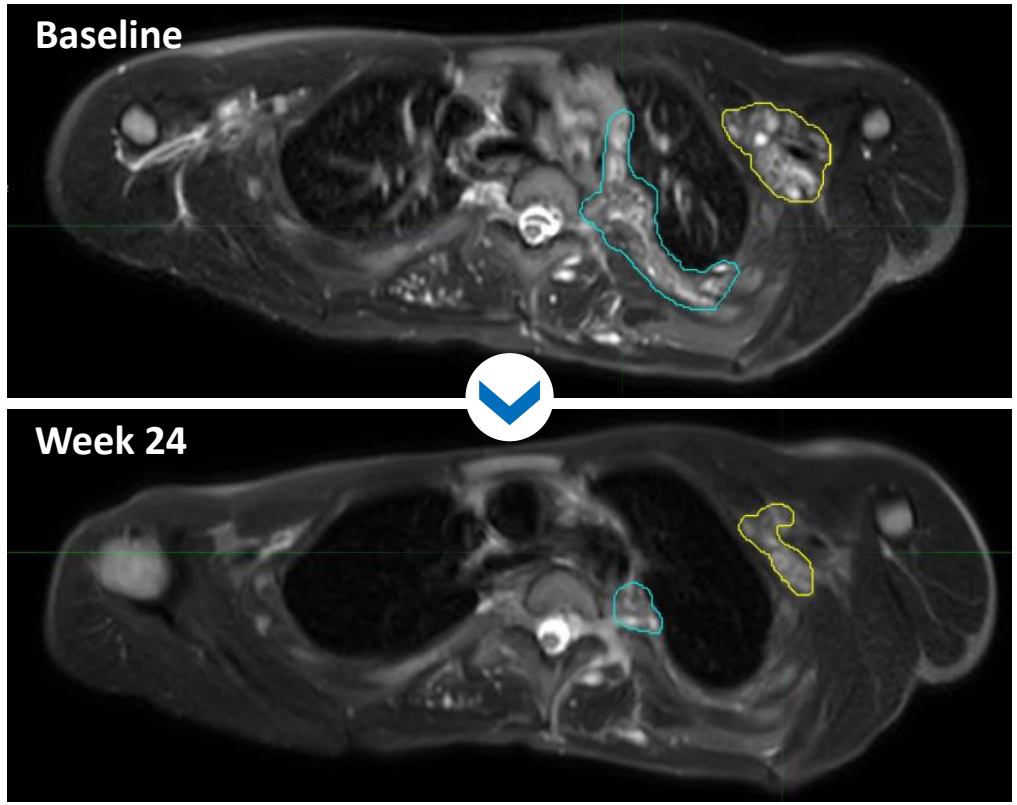
The information presented on the slide may not be representative of all patient experiences

Patient Vignette – Previously Systemically Treated Pediatric Patient with PROS Achieved Meaningful Radiographic & Clinical Improvement with Zovega 300mg BID



12-year-old male with CLOVES (PROS)

- PIK3CA mutation: E542K
- Prior surgery x6, laser therapy x12, sirolimus (no response) and alpelisib
- Painful chest lesion, with lymphatic leakage
- **Dosed with 300mg zovegalisib**

55% volumetric reduction at week 24

(49% reduction seen at week 12)

- Deepening reduction at each scan

Dramatic and rapid clinical improvement

"Much Improved" IGIC overall status

Investigator Global Impression of Change

Note: Symptom improvement shown here is for Week 24

Tolerable profile allowing for prolonged dosing

- No dose modifications
- Patient remains on therapy at 300mg BID

"After initiation of zovegalisib, the patient has experienced a marked reduction in overgrowth size, improved clothing fit, and decreased sensitivity of affected areas. Episodes of drainage and cellulitis have resolved, and previously painful stimuli such as ECG sticker placement are now well tolerated."

- ReInspire Investigator

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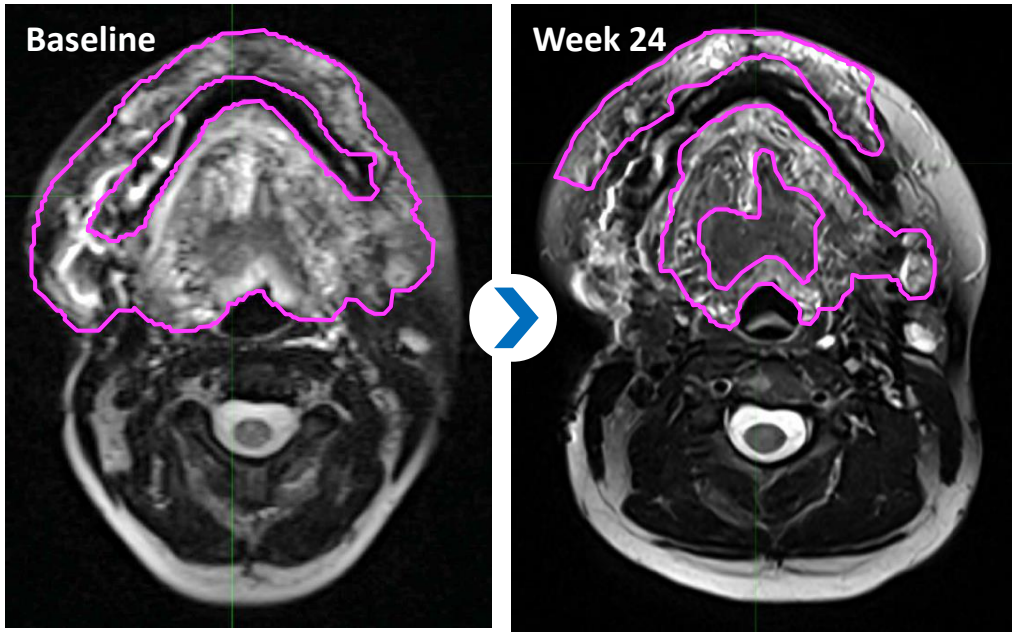
Patient Vignette – Adult patient with Facial LM Experienced Meaningful Improvement in Pain and Radiographic Response with Zovega 300 mg BID



"She had a meaningful decrease in pain and fullness"

- ReInspire Investigator

42-year-old female with facial LM

- PIK3CA mutation: E545K
- Prior sclerotherapy x3, embolization x2, surgery x4, sirolimus (no response, dc for AEs) & alpelisib (improvement, but dc for AEs)
- **Dosed with 300mg zovegalisib**

53% volumetric reduction at week 24*

(31% reduction seen at week 12)

- Deepening reduction at each scan

Dramatic and rapid clinical improvement

"Much Improved" IGIC overall status

Investigator Global Impression of Change

Most bothersome symptoms:

(Investigator Assessment of Disease-Related Signs and Symptoms)

- Ear pain → Much improved
- Oral pain → Minimally improved
- Jaw pain → No change

Tolerable profile allowing for prolonged dosing

- No dose modifications
- Patient remains on therapy at 300mg BID

Note: Symptom improvement shown here is for Week 24

ReInspire preliminary data as of 04/15/2026

*Week 24 scan provided after data cutoff

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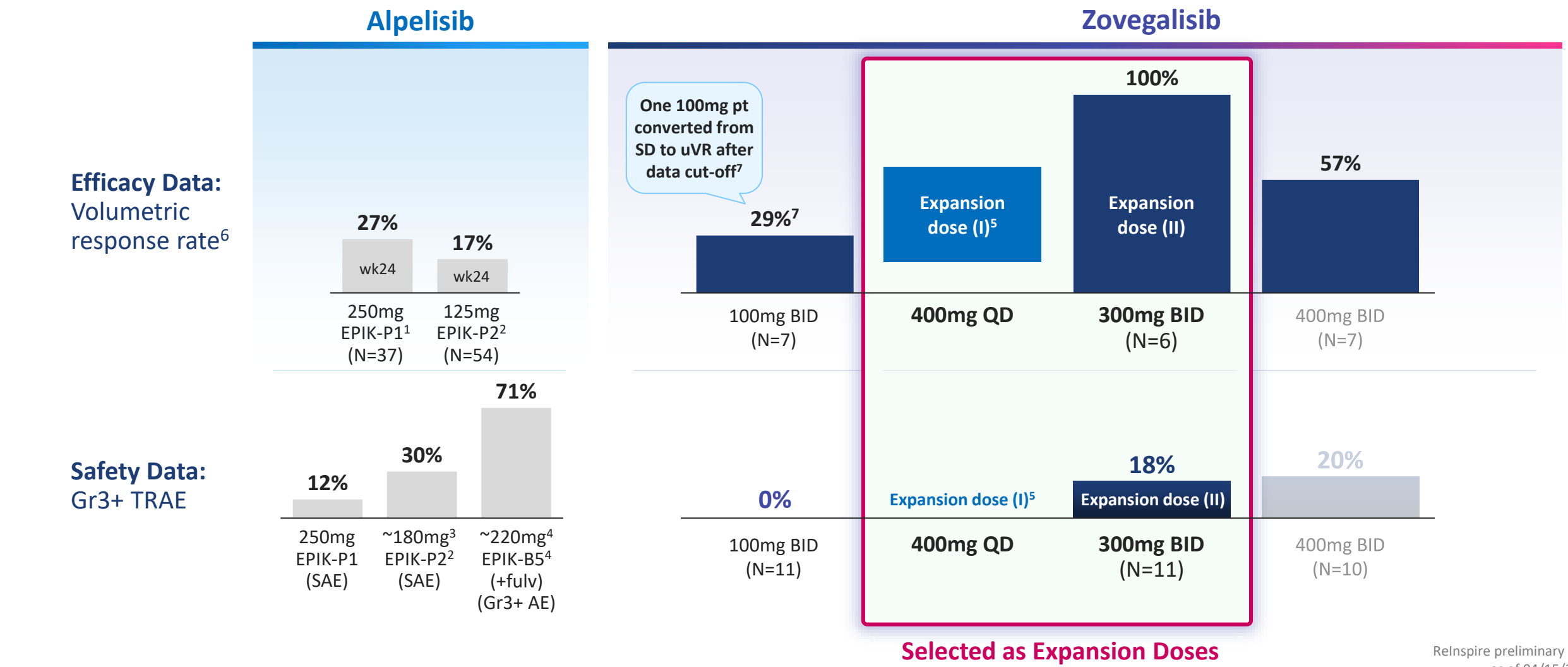
The information presented on the slide may not be representative of all patient experiences

Zovegalisib - Clear Path to Finding Dose to Evaluate Potential for Differentiated Profile



ReInspire preliminary data as of 04/15/2026

1. EPIK-P1: FDA review document; 2. EPIK-P2: Canaud 2024 Blood 144:5512 and results from clintrials.gov listing, 125mg QD was starting dose; 3. 180mg dose approximated from rates of dose escalation after week 26 listed on clintrials.gov listing; 4. EPIK-B5: SABCS 2025 #RF7-02, 220mg dose approximated from dose modification data; 5. 400mg QD expansion cohort yet to be initiated; 6. ReInspire VRR Includes both confirmed and unconfirmed responses. 7. After the data cut-off date, one 100mg BID patient that did not have a volumetric response as of the data cut-off date has converted to an unconfirmed response, resulting in a 100mg BID volumetric response rate of 43% (3/7), a volumetric response rate of 69% (9/13) for patients treated at 300mg BID or 100mg BID, and a volumetric response rate of 65% (13/20) across doses. None of the other response-evaluable patients' response statuses have changed since the data cut-off date. SD = Stable Disease, uVR = unconfirmed volumetric response. Note: These data are derived from different clinical trials at different points in time, with differences in molecule composition, trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

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Potential for Accelerated Approval Pathway*

RELAY THERAPEUTICS

Basket of:
- PROS
- LMs
- VeMs

	Dose Selection	Dose Expansion	Confirmatory
Adults & Adolescents (≥12 years old)	Dose Randomization: 400mg BID; 300mg BID; 100mg BID	300mg BID; 400mg QD	Potential Accelerated Approval dataset → Add'l pt at RP3D
Pediatrics (6-11 years old)	Dose Escalation	Expansion	
Pediatrics (2-5 years old)	Potential Dose Escalation Start		

*Illustrative and subject to discussion with the U.S. Food and Drug Administration

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Vascular Anomalies – Mutant-Selective Approach Has Potential to Unlock Significant Market

Target Profile of Zovegalisib

- Superior **Efficacy**
- Superior **Tolerability**
- Superior **Activity across VAs**

Potential Commercial Implications

- Greater **Penetration**
- Greater **Chronicity**
- Greater **Breadth of use**

Significant market opportunity

$6-8B

Estimated US TAM[1]

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1. TAM calculated based on market benchmarks and internal analysis

Relay Tx – Clear Path to Addressing Large Commercial Opportunities

Zovegalisib granted BTD

	Zovegalisib Program Anticipated 2026 disclosures → key value drivers	Clinical Benchmark Hurdle[1]	Anticipated Next Steps
2L Breast Cancer ~$2-3B TAM[2]	**11.1mo mPFS at pivotal dose** → Rapid execution of ongoing 2L pivotal trial	Capi+fulv in 2L: **5.5mo mPFS**	**Phase 3 enrollment update by YE2026**
1L Breast Cancer ~$7-8B TAM	**44% ORR in median 3L patients** **for Zovega + Atirmo + fulv triplet** → Aim to initiate 1L pivotal trial in early 2027	CDK+ET in 2L+ **14-32% ORR**	**Regulatory update by YE2026, Phase 1/2 data in 1H 2027**
Vascular Anomalies ~$6-8B TAM	**60% VRR across all doses[4]** → Enrolling adult expansion; pediatric cohort open	Alpelisib & KP-001 **11-16% VRR[3]** *at week 12 & 16*	**Data and regulatory update by YE2026**

~$642M Cash as of end 1Q 2026

1. Clinical benchmark references: 2L breast cancer: capivasertib + fulvestrant (CDK4/6-experienced patient sub-population of CAPItello-291, Turner N Engl J Med 2023; 388:2058-2070) ; 1L breast cancer: CDK+ET in 2L+ (PACE Ph2: SABCS 2022 #GS3-06; postMONARCH Ph3: ASCO 2024 #1001; MAINTAIN Ph2: ASCO 2022 #LBA1004); atirmociclib Ph1: Pfizer R&D Oncology Day Feb 2024; vascular anomalies: alpelisib (EPIK-P2, Canaud 2024 Blood 144:5512) and KP-001 (Ozeki 2025, Orphanet Journal of Rare Diseases 20:64); 2. TAM calculated based on market benchmarks and internal analysis; 3. these benchmarks represent the earliest volumetric response evaluation timepoint; 4. Includes both confirmed and unconfirmed responses. After the data cut-off date, one 100mg BID patient that did not have a volumetric response as of the data cut-off date has converted to an unconfirmed response, resulting in a 100mg BID volumetric response rate of 43% (3/7), a volumetric response rate of 69% (9/13) for patients treated at 300mg BID or 100mg BID, and a volumetric response rate of 65% (13/20) across doses. None of the other response-evaluable patients' response statuses have changed since the data cut-off date. VRR = Volumetric Response Rate. Note: These data are derived from different clinical trials at different points in time, with differences in molecule composition, trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

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ReDiscover preliminary data: doublet as of 01/13/2026, triplet as of 04/13/2026; ReInspire preliminary data as of 04/15/2026

RELAY®

THERAPEUTICS