RELAY®
THERAPEUTICS

RLY-2608 Data

September 9, 2024

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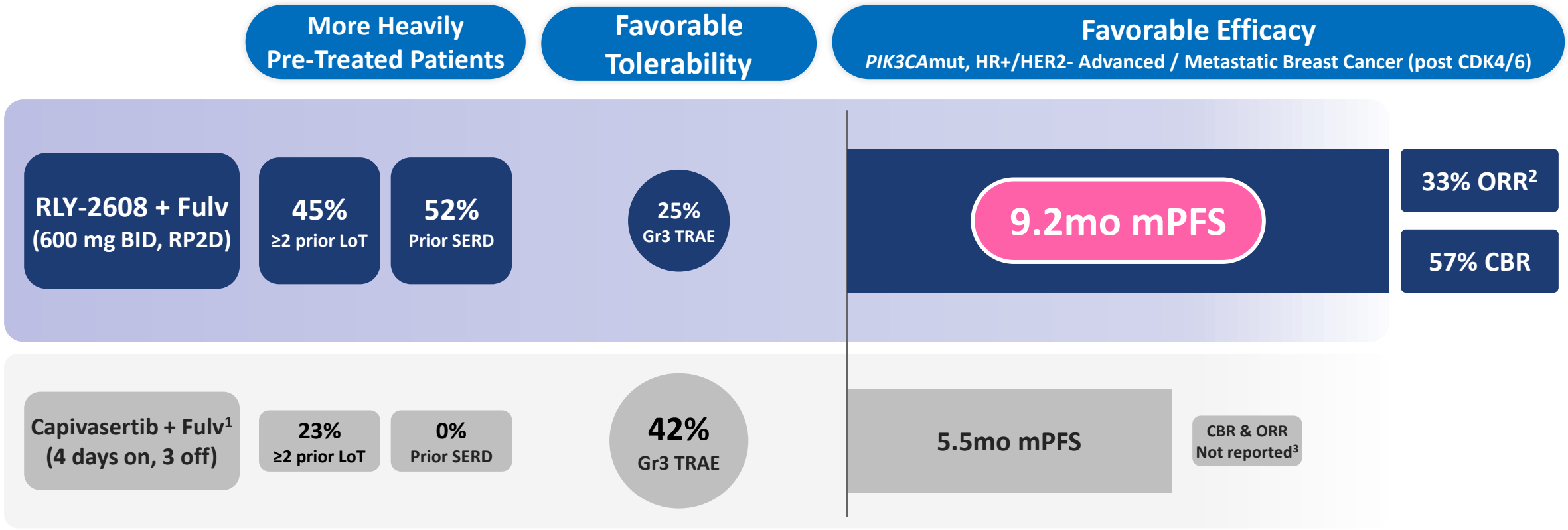
Today's Update

1. ReDiscover Trial Update – RLY-2608 + Fulvestrant Doublet Data
2. RLY-2608 – Next steps

RLY-2608 abstract submitted to San Antonio Breast Cancer Symposium

RLY-2608 – Interim Clinical Data Show Clinically Meaningful PFS



Interim RLY-2608 safety and efficacy data supportive of pivotal trial in 2L Breast Cancer against capivasertib

1. CAPItello-291: Turner N Engl J Med 2023; 388:2058-2070; 2. ORR includes 2 ongoing unconfirmed partial response as of the data cut-off. After the data cut-off, one uPR patient has confirmed and the other uPR patient remains on treatment; Additionally, one stable disease patient has converted to an unconfirmed partial response, remains on treatment and is not included in the ORR; 3. In CAPItello-291, CBR and ORR not reported for CDK4/6-experienced patient population; ORR = objective response rate, mPFS = median progression free survival, LoT = line of therapy (metastatic setting), SoC = Standard of Care, TRAE = treatment related adverse effects, RP2D = recommended Phase 2 dose, CBR = clinical benefit rate, SERD = selective estrogen receptor degrader; Note: data shown are not from head-to-head studies, and no head-to-head studies have been conducted.

ReDiscover preliminary data as of 08/12/2024

PI3Kα Mutations Represent a Large Commercial Opportunity

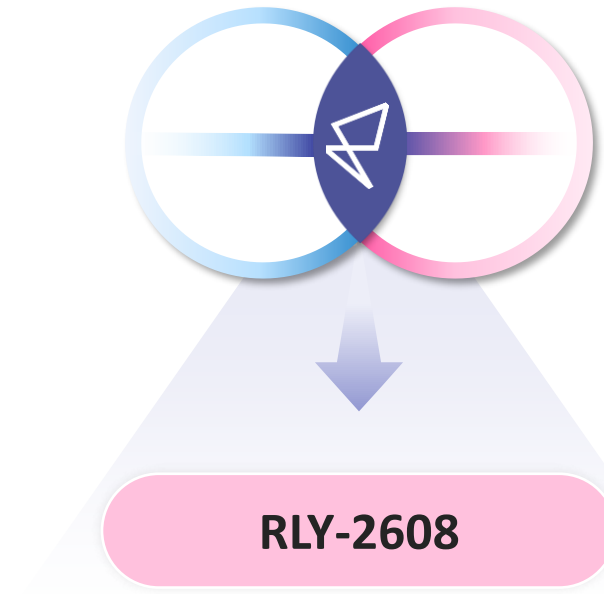
PI3Kα mutations represent a large commercial opportunity

- **Breast Cancer** — ~150k pts (prevalence[1])
- **Vascular Malformations** — ~170k pts (prevalence[2])
- **Non-Breast Cancer Solid Tumors** — ~160k pts (incidence[3])

Non-selective PI3Kα targeting has significant limitations

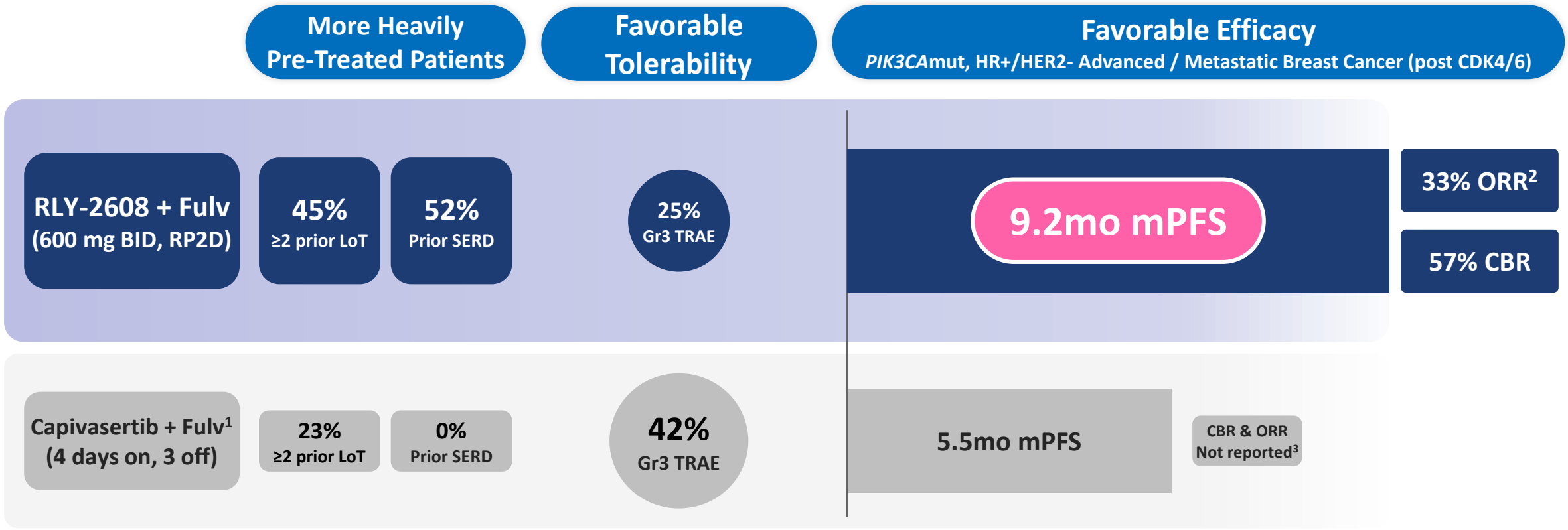
- Challenging Tolerability
- Limited Efficacy
- Limited Combinability

Relay Tx's Dynamo® Platform created mutant selective molecule



1. Prevalent US patient population with a PIK3CA mutation in each line of therapy (Global Data HR+/HER2- Breast Cancer Global Forecast, November 2023; 3rd party source for alteration rate); 2. Prevalent US patient population of vascular malformation patients with a PIK3CA mutation (multiple sources); 3. Incident US patient population solid tumors annually with a PIK3CA mutation (SEER; 3rd party source for alteration rate, May 2024)

RLY-2608 – Interim Clinical Data Show Clinically Meaningful PFS



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ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Initial Pivotal Trial Planned for 2L Doublet in 2025*

Primary Endpoint: PFS
Secondary Endpoints: OS, ORR, DoR, QoL

2L Doublet

Eligibility Criteria:
- PIK3CAmut HR+, HER2- advanced / met BC
- 1 prior line CDK4/6 inhibitor
- Broad metabolic inclusion criteria
- No known PTEN or AKT mutation

R

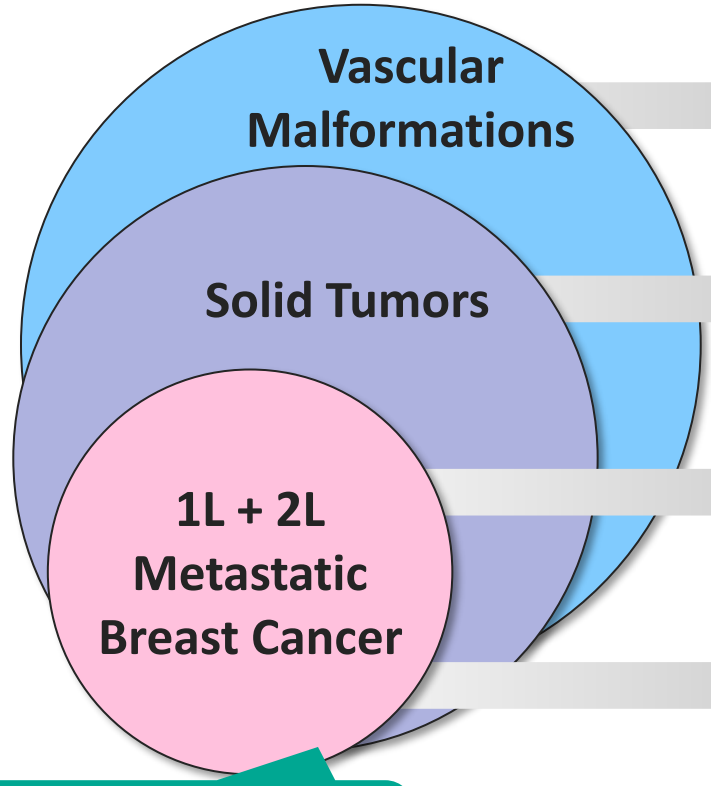
RLY-2608 (600 mg BID, RP2D) + fulvestrant

Capivasertib (400 mg BID 4 days on, 3 days off) + fulvestrant

2L doublet pivotal start expected in 2025

*Subject to discussions with regulators; eligibility criteria, endpoints, RP2D, and other aspects of trial design have not yet been finalized; OS = overall survival, DoR = duration of response, QoL = quality of life, met BC = metastatic Breast Cancer; 2L = 2nd line

PI3Kα Franchise - Opportunity for Multiple Value-Creating Datasets Over Next 2 Yrs



- Clinical start
- Monotherapy dose expansions start
- Ribociclib triplet ongoing; CDK4 triplet start
- 2L doublet pivotal start

Meaningful Efficacy Data Expected to Come Over Next 2 Years

$6B+ total addressable market in PIK3CAmut HR+/HER2- mBC

Team and Capital to Execute

Relay Tx – Broad Precision Medicine Pipeline

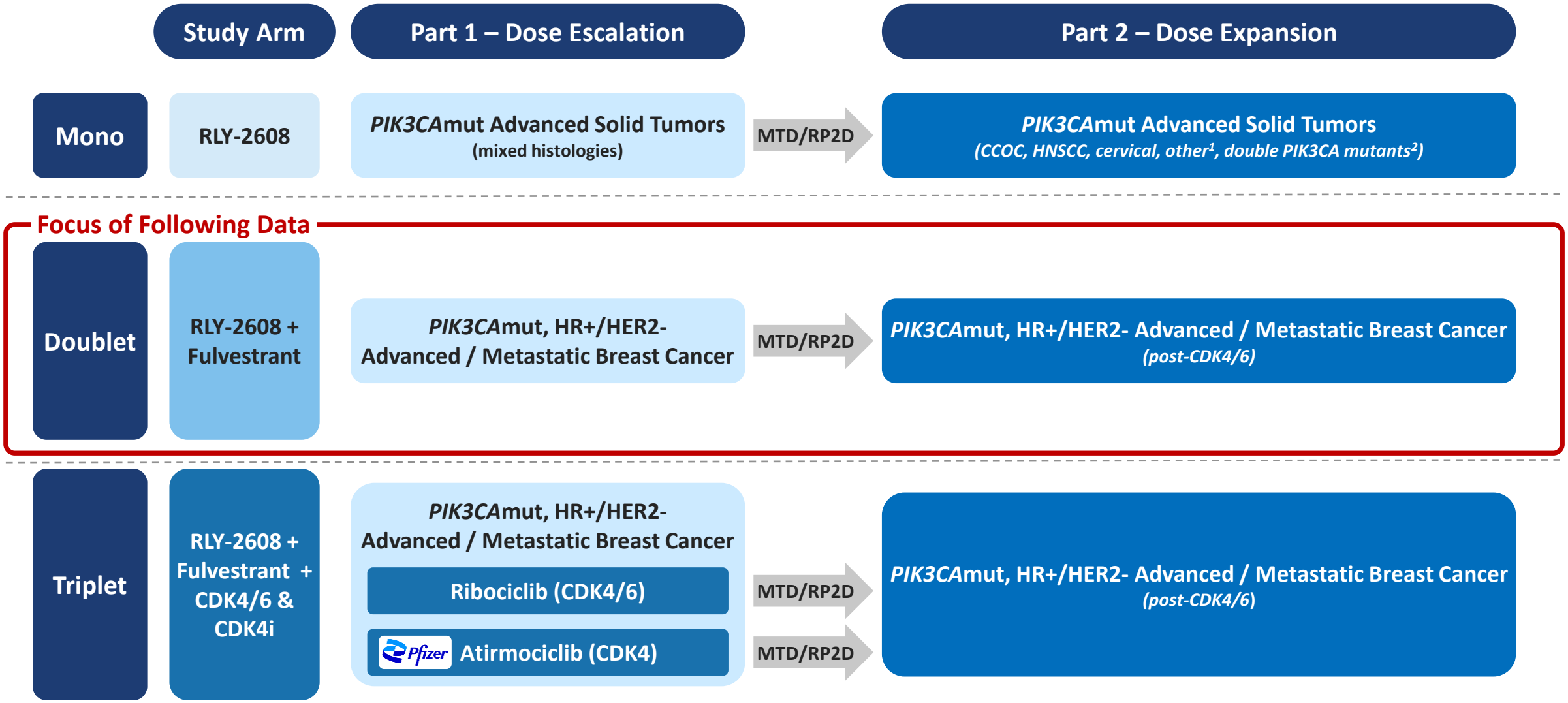
	Target	Program		Preclinical	Early Clinical	Late Clinical
BREAST CANCER	PI3Kα	RLY-2608 (PI3Kα^{PAN})	Endocrine Tx (ET) doublet			
			Ribociclib + ET triplet			
			CDK4i + ET triplet			
			Other Novel Combinations			
	CDK2	RLY-2139		Paused; IND ready		
	ERα	RLY-1013 (Degrader)		Advance to IND-ready		
GENETIC DISEASE	Fabry Disease	αGal Chaperone				
	Vascular Malformations	RLY-2608 (PI3Kα^{PAN})				
		Other PI3Kα^{PAN}				
SOLID TUMORS	NRAS	NRAS-selective Inhibitor				
	PI3Kα	RLY-2608 Monotherapy				
	FGFR2	Lirafugratinib (RLY-4008)		Seeking global commercialization partner		

DYNAMO® PLATFORM | **5+ unnamed research programs**

~$688M cash as of end 2Q 2024
Expected to fund current operating plan into 2H 2026

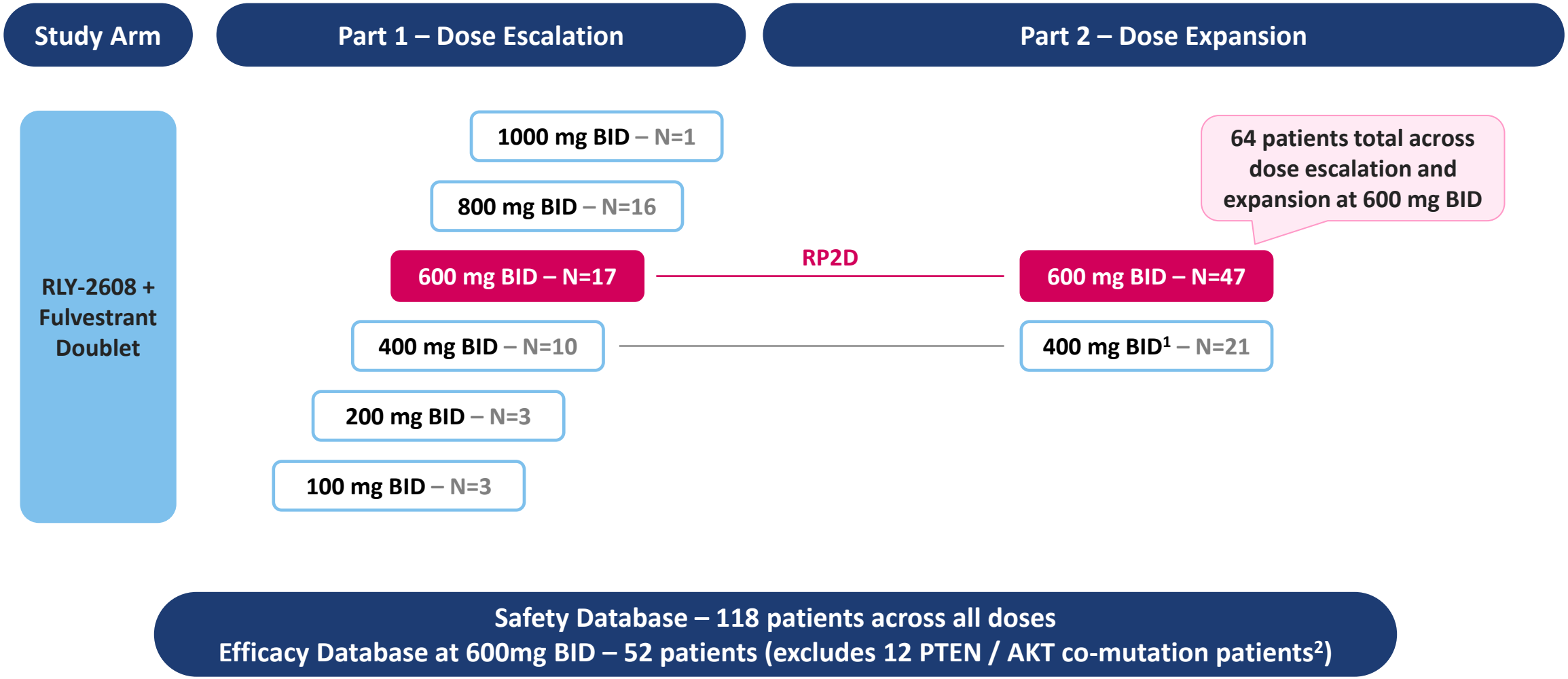
Note: IND = Investigational New Drug Application (FDA)

RLY-2608 – ReDiscover Trial Overview



1. Excludes PIK3CAmut clear cell OvCA, HNSCC, Cervical cancer, and colorectal patients; 2. Double mutation defined as one major PIK3CA mutation (E542X, E545X, H1047X) + ≥1 additional PIK3CA mutation per local assessment; CCOC = clear cell ovarian cancer

RLY-2608 – ReDiscover Trial Enrollment



1. 400mg cohort is not yet mature for efficacy analysis. Full Phase I results, including 400mg cohort, will be disclosed at a later date; 2. As defined by central ctDNA

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – ReDiscover Trial Baseline Demographics

	RLY-2608 + Fulvestrant	
	All Patients (N=118)	600 mg BID (RP2D, N=64)
Age, Median (Range), Years	59.0 (34, 85)	59.0 (34, 80)
ECOG, 0 / 1, n (%)	69 (58.5) / 49 (41.5)	38 (59.4) / 26 (40.6)
Local PIK3CA Baseline Results		
Kinase Mutation, n (%)	56 (47.5)	31 (48.4)
Non-Kinase Mutations, n (%)	62 (52.5)	33 (51.6)
BMI ≥30 and/or HbA1c ≥5.7%, n (%)	44 (37.3)	22 (34.4)
Measurable Disease, n (%)	83 (70.3)	42 (65.6)
Patients with Visceral Metastases, n (%)[1]	75 (63.6)	38 (59.4)
Prior Lines of Therapy in Advanced Setting		
1, n (%)	59 (50.0)	35 (54.7)
2+, n (%)	59 (50.0)	29 (45.3)
Prior Therapies in Advanced Setting		
CDK4/6, n (%)[2]	118 (100.0)	64 (100.0)
Fulvestrant or Novel SERD, n (%)	66 (55.9)	33 (51.6)
Chemo / ADC, n (%)	30 (25.4)	16 (25.0)
ESR1 Mutation (Central Read)[3], n (%)	40 (36.0)	18 (29.5)

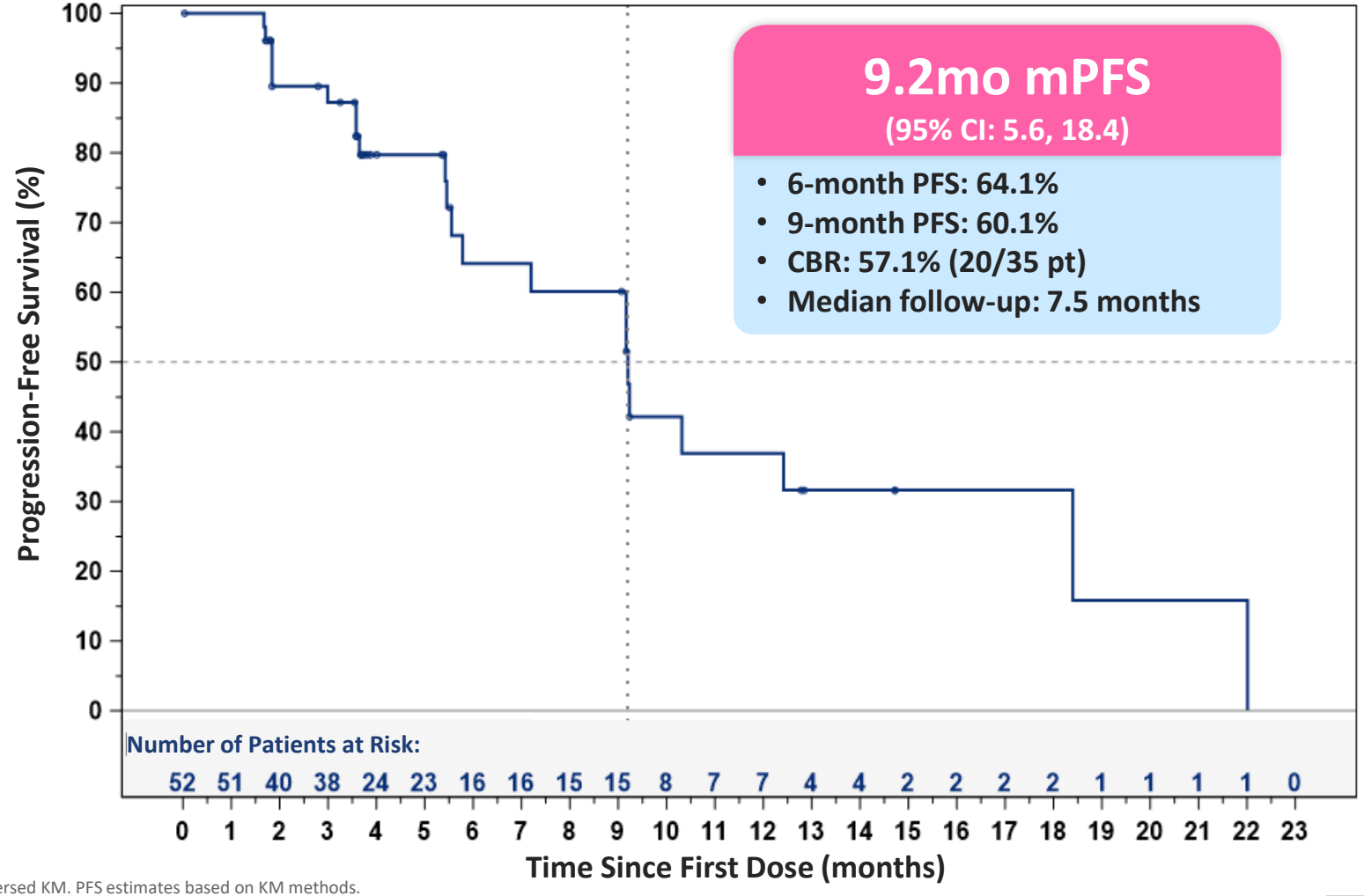
1. Visceral metastatic sites include lung, liver, brain, pleural, peritoneal involvement; 2. Two patients received prior CDK4/6 in the adjuvant setting which is allowed per protocol; 3. Percentage was based on pts with evaluable ctDNA data at baseline;
ECOG = Eastern Cooperative Oncology Group performance status

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Efficacy: Median PFS 9.2 Months

RLY-2608 600 mg BID (RP2D) + Fulvestrant

Excluding PTEN / AKT Co-Mutations (N=52)



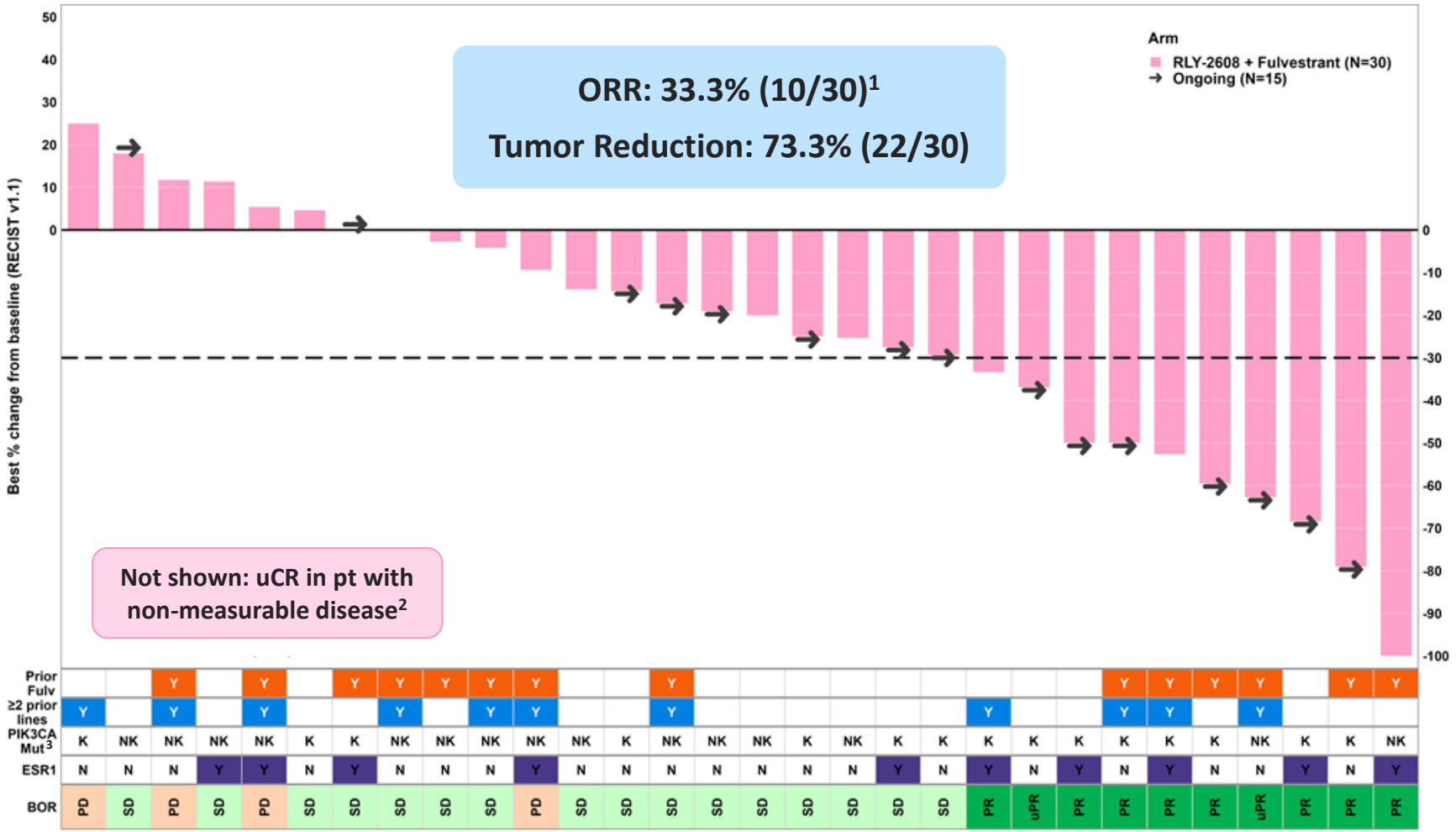
Note: Follow-up estimated based on reversed KM. PFS estimates based on KM methods.

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Efficacy: ORR 33%

RLY-2608 600 mg BID (RP2D) + Fulvestrant

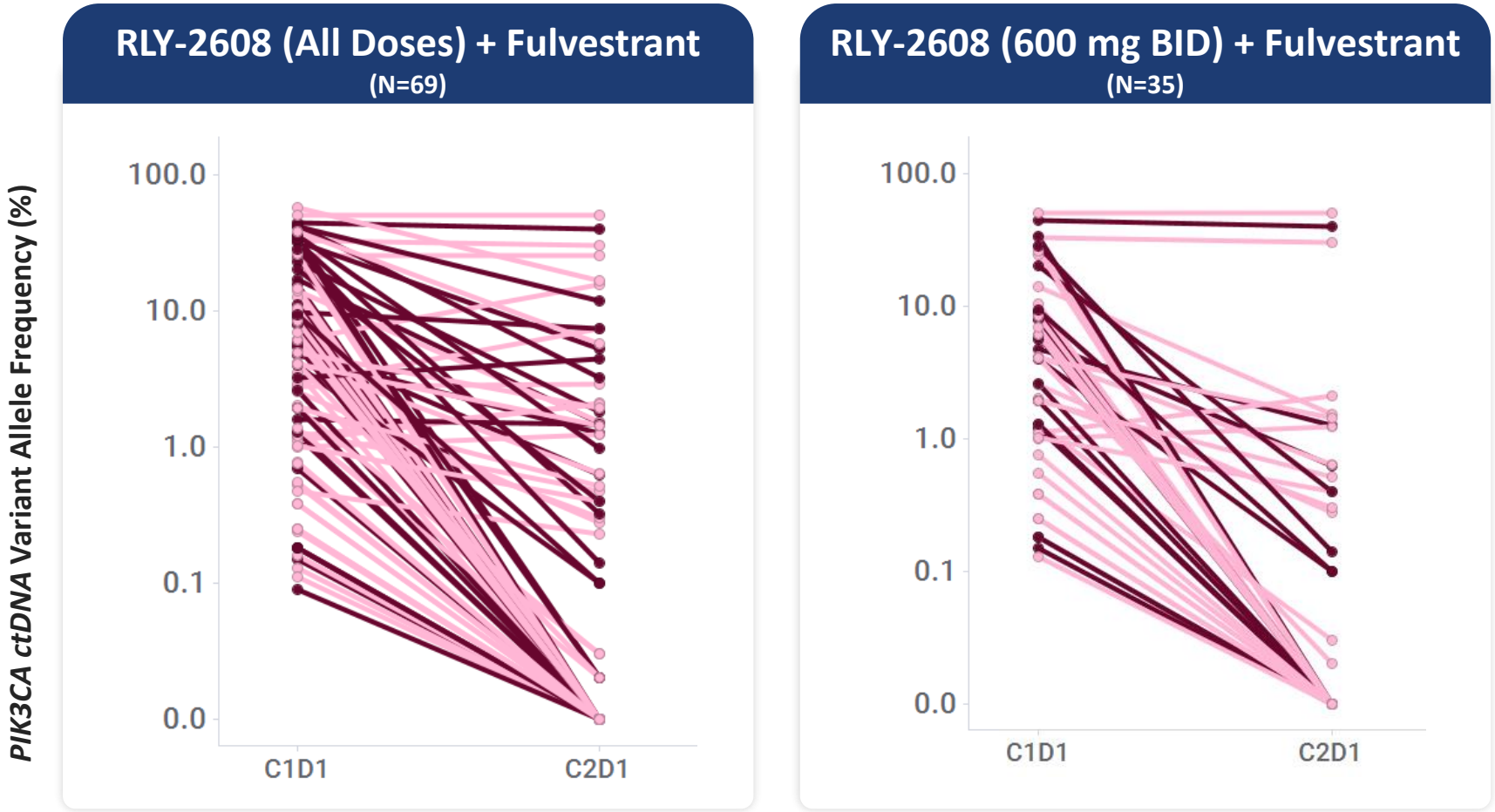
Excluding PTEN / AKT Co-Mutations – Measurable Disease (N=30)



1. ORR includes 2 ongoing unconfirmed partial response as of the data cut-off. After the data cut-off, one uPR patient has confirmed and the other uPR patient remains on treatment; Additionally, one stable disease patient has converted to an unconfirmed partial response, remains on treatment and is not included in the ORR; 2. Patient confirmed post data cut off and is not included in the ORR; 3. PIK3CA mutation: "K" = Kinase domain mutation, "NK" = Non-Kinase domain mutation; uCR = unconfirmed complete response

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Efficacy: ctDNA Clearance



At 600 mg BID[1] (RP2D):

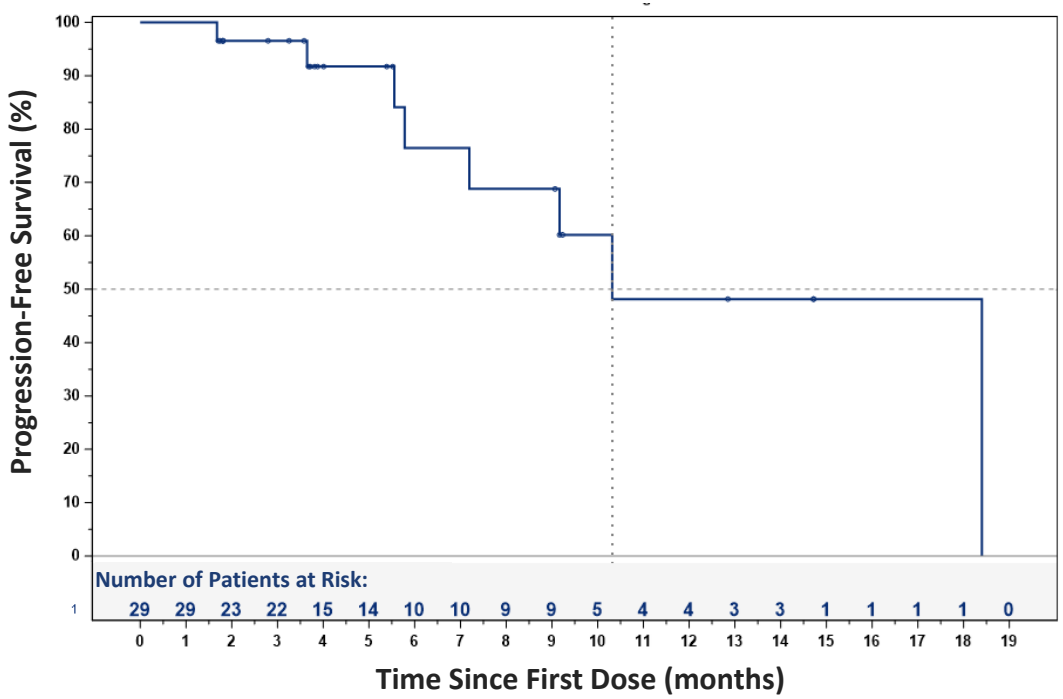
- 34 (97.1%) patients had decline in PIK3CA ctDNA
- 19 (54.3%) patients completely cleared PIK3CA ctDNA by C2D1

1. N=35 patients without PTEN/AKT co-alterations who have detectable PIK3CA at baseline and a paired C1D1-C2D1 ctDNA result are presented

ReDiscover preliminary data as of 08/12/2024

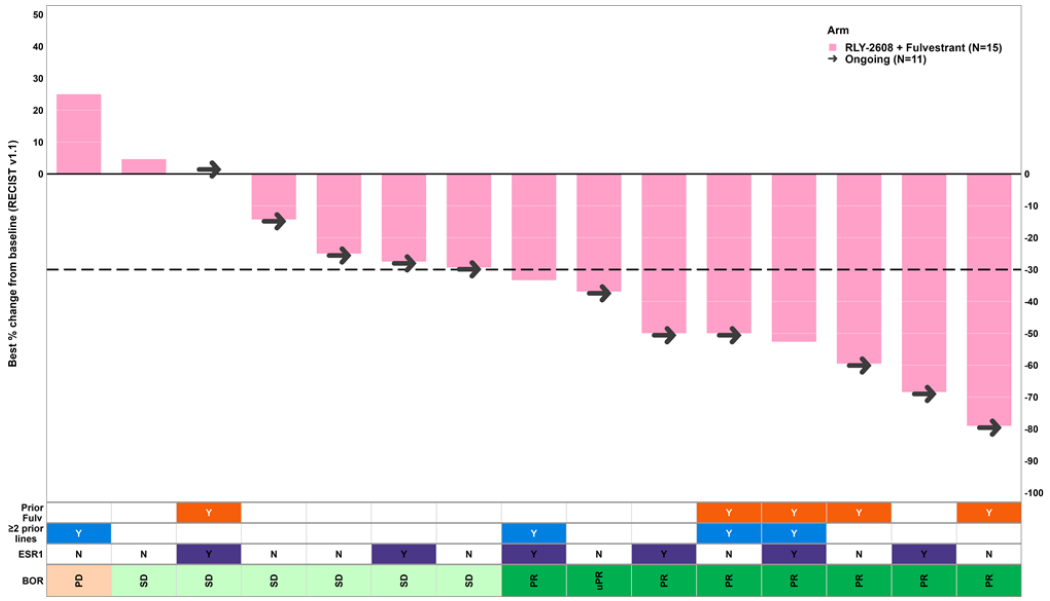
RLY-2608 – Efficacy: Kinase Mutations mPFS 10.3 Months, ORR 53%

RLY-2608 600 mg BID (RP2D) + Fulvestrant
***PIK3CA* Kinase mutations, excluding PTEN / AKT co-mutations (N=29)**



10.3mo mPFS
(95% CI: 5.8, NR)

RLY-2608 600 mg BID (RP2D) + Fulvestrant
***PIK3CA* Kinase mutations, excluding PTEN / AKT co-mutations (N=15)**



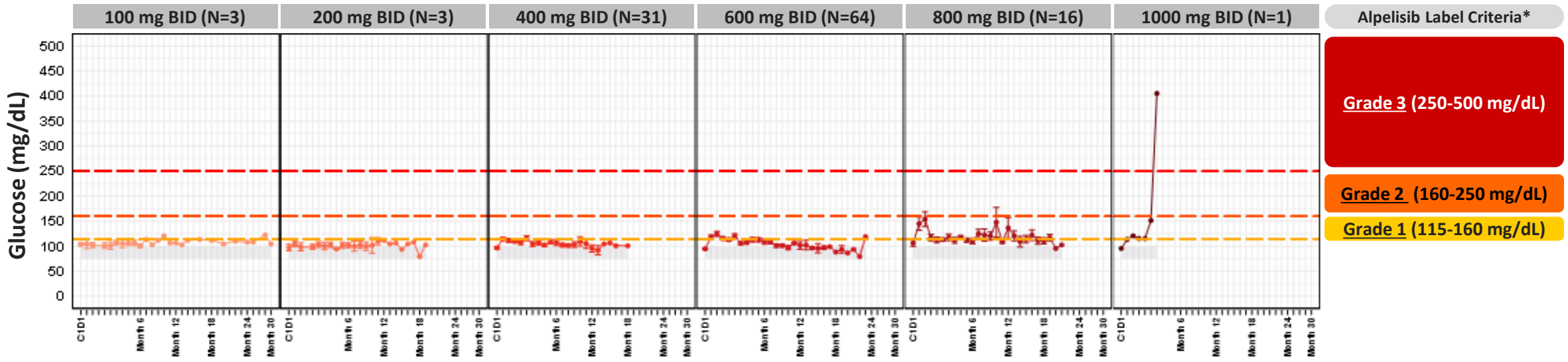
53.3% ORR
(8/15 pt)[1]

1. ORR includes 1 ongoing unconfirmed partial response as of the data cut-off. After the data cut-off, this 1 uPR patient has confirmed and remains on treatment; Additionally, one stable disease patient has converted to an unconfirmed partial response, remains on treatment and is not included in the ORR

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Tolerability: Limited Observed Impact on Glucose Homeostasis

RLY-2608 + Fulvestrant



Note: *Based on CTCAE version 4 criteria; Data represent mean per cohort +/- standard deviation; Source: Central lab analysis

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Tolerability: TRAEs

		All Patients (N=118)		600mg BID (RP2D, N=64)	
		All Gr	Gr3	All Gr	Gr3
Any TRAE		91.5%	20.3%	93.8%	25.0%
TRAEs ≥15% of 600 mg BID	Hyperglycemia[1]	42.4%	1.7%	46.9%	1.6%
	Nausea	39.8%	0.8%	48.4%	1.6%
	Creatinine Increased[2]	33.9%	0%	32.8%	0%
	Fatigue[1]	38.1%	7.6%	32.8%	7.8%
	Diarrhea	29.7%	1.7%	34.4%	3.1%
	Decreased Appetite	16.1%	0%	18.8%	0%
	Hypokalemia[1]	15.3%	1.7%	17.2%	1.6%
Other select TRAEs	Rash[1]	11.9%	0.8%	10.9%	1.6%
	Stomatitis	3.4%	0.8%	4.7%	0%

30% Gr1 hyperglycemia (no intervention required)

No Gr4-5 TRAEs

1: Hyperglycemia includes the MedDRA v26.0 Preferred Terms (PTs): Hyperglycemia, Blood Glucose Increased, Glucose Tolerance Impaired; Fatigue includes the PTs: Fatigue and Asthenia; Hypokalemia includes the PTs: Hypokalemia and blood potassium decreased; Rash includes the PTs: Rash, Rash Macular, Rash Maculo-Papular; 2. No acute kidney injury reported

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Tolerability: Dose Intensity and Modifications

		All Patients (N=118)	600mg BID (RP2D, N=64)
Dose Intensity	Relative Dose Intensity (%), Median	97.54	95.16
Dose Modifications Due to TRAE	Dose Reduction, n (%)	36 (30.5)	23 (35.9)
	Dose Interruption, n (%)	49 (41.5)	27 (42.2)
	Dose Discontinuation, n (%)	7 (5.9)	2 (3.1)
TRAEs Leading to Dose Reduction	Fatigue*	11 (9.3)	5 (7.8)
	Blood Creatinine Increased	8 (6.8)	3 (4.7)
	Diarrhea	6 (5.1)	3 (4.7)

Grade 1 pruritis; Grade 1 nausea and loss of appetite

Maintained 95% dose intensity with very low TRAE discontinuations at 600mg BID

Note: * Fatigue includes the Preferred Terms: Fatigue and Asthenia; TRAEs leading to Dose Reduction in more than 2 patients within 600 mg BID are presented.

ReDiscover preliminary data as of 08/12/2024

RLY-2608 – Initial Pivotal Trial Planned for 2L Doublet in 2025*

Primary Endpoint: PFS
Secondary Endpoints: OS, ORR, DoR, QoL

2L Doublet

Eligibility Criteria:
- PIK3CAmut HR+, HER2- advanced / met BC
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- Broad metabolic inclusion criteria
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RLY-2608 (600 mg BID, RP2D) + fulvestrant

Capivasertib (400 mg BID 4 days on, 3 days off) + fulvestrant

2L doublet pivotal start expected in 2025

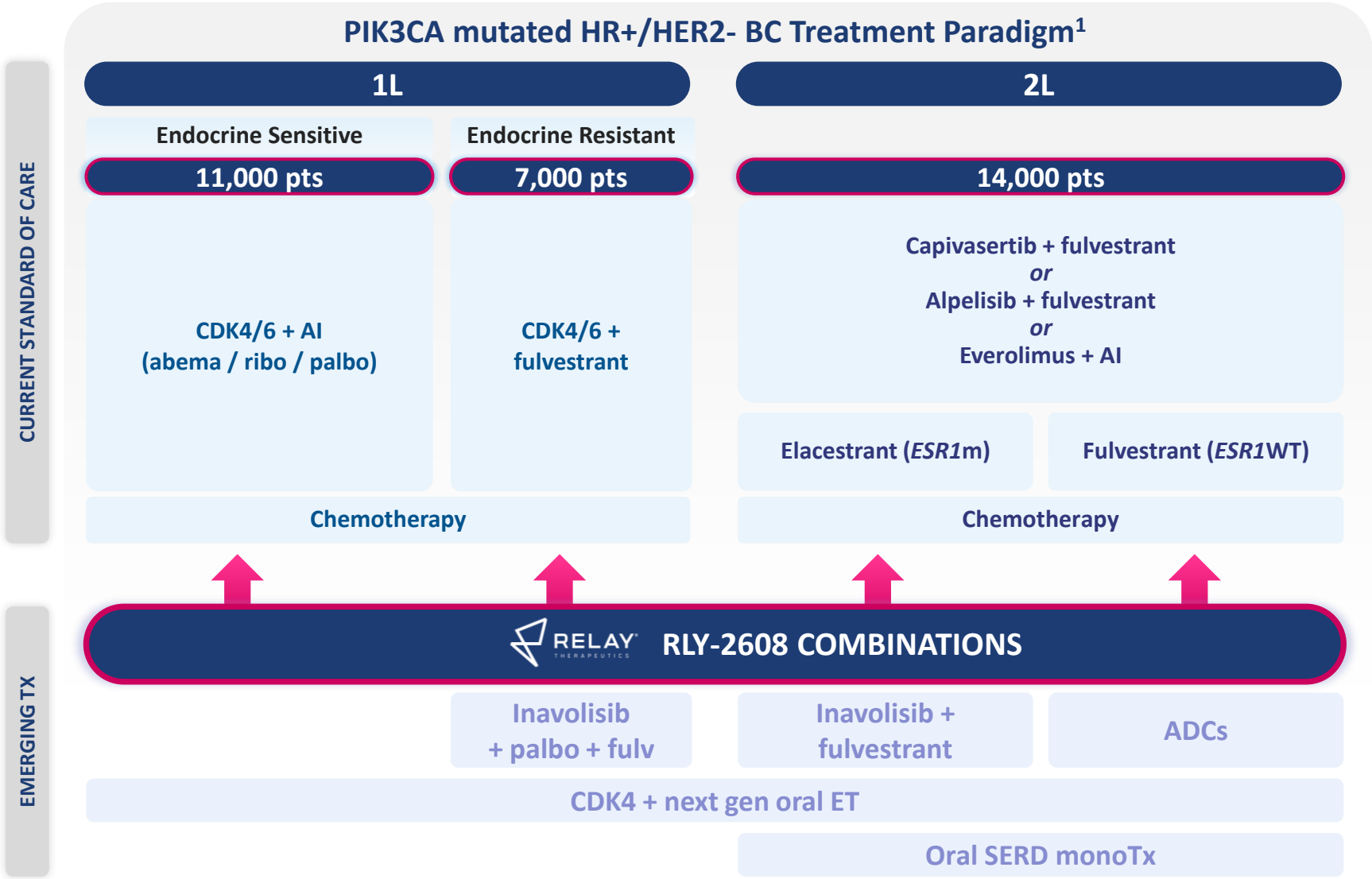
*Subject to discussions with regulators; eligibility criteria, endpoints, RP2D, and other aspects of trial design have not yet been finalized; OS = overall survival, DoR = duration of response, QoL = quality of life, met BC = metastatic Breast Cancer; 2L = 2nd line

RLY-2608 – On Track to Realize 1L Potential with Triplet Combinations

Triplets			Dose Escalation	Plan to Identify Dose and Move into Expansion Cohorts
RLY-2608 + Fulvestrant	+	Ribociclib (CDK4/6, commercial SoC)	Currently dosing at biologically active doses of RLY-2608	On track to identify dose by late 2024/early 2025
RLY-2608 + Fulvestrant	+	Atirmociclib (CDK4, Pfizer)	On track for end of year initiation	On track to identify dose in 2025

Phase 1 Aim for Triplets: Demonstrate safety, tolerability and preliminary efficacy with both current generation CDK4/6 and next-gen CDK4 to enable pivotal development potential in both

Breast Cancer – Large Market in Current and Emerging Standards of Care



$6B+

Current PI3Kα Pathway Total Addressable Market[2]

(Metastatic HR+/HER2- Breast Cancer)

1. Prevalent US patient population with a PIK3CA mutation in each line of therapy (Global Data HR+/HER2- Breast Cancer Global Forecast, November 2023; 3rd party source for alteration rate); 2. Relay Tx PIK3CA internal market forecast (patient-based – US, EU5, Japan). Forecast includes estimates for genetic testing, class share, market access, compliance, duration of therapy and assumes current PIK3CA therapy net price (primary sources: SEER; GloboCan; Global Data; Evaluate Pharma; DRG Market Forecast; PIK3CAi PIs)

PI3Kα Inhibitors – Tolerability Profiles

Data below are not from head-to-head studies. Cross-trial data interpretation should be considered with caution as it is limited by differences in study population, design and many other factors.

Doublet Combination Regimens

Data Benchmark	Inavolisib + fulvestrant *not approved*	Alpelisib + fulvestrant *approved 2019*	Capivasertib + fulvestrant *approved 2023*	RLY-2608 + fulvestrant *(600mg BID, RP2D)*
	Ph1b Arm D[1] (n=60)	BYLieve[2] (n=127)	FDA Label[3] (n=355)	ReDiscover (n=64)
All Grade 3+ TRAEs	33%	62%	42%[4]	25%
Grade 3+ Hyperglycemia	22%	29%	2%	2%
Dose Discontinuation due TRAEs	0%	18%	10%	3%

Discontinuous dosing: 4 days on, 3 days off

34% of pt BMI ≥30 and/or HbA1c ≥5.7%

1. SABCS 2021 #P5-17-05; 2. Rugo 2021 Lancet Oncol 22:489; 3. FDA Prescribing Information Document; 4. 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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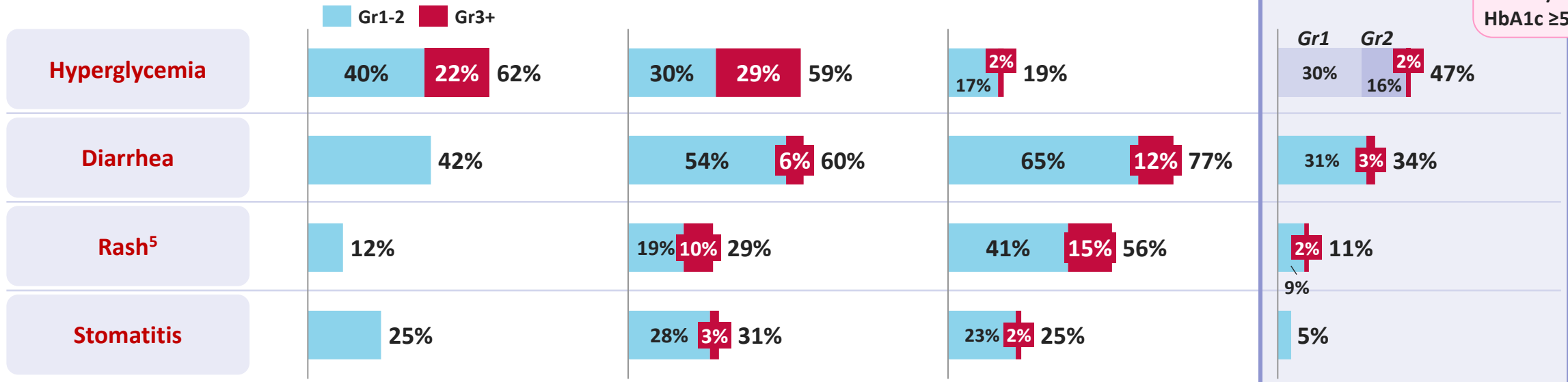
Doublet Combination Regimens

	Inavolisib + fulvestrant (not approved)	Alpelisib + fulvestrant (approved 2019)	Capivasertib + fulvestrant (approved 2023)	RLY-2608 + fulvestrant (600mg BID, RP2D)
Data Benchmark	Ph1b Arm D[1] (n=60)	BYLieve[2] (n=127)	FDA Label[3] (n=355)	ReDiscover (n=64)
HbA1c Enrollment Criteria	<7%	≤6.4%	<8%[4]	<7%

34% of pt BMI ≥30 and/or HbA1c ≥5.7%



1. SABCS 2021 #P5-17-05; 2. Rugo 2021 Lancet Oncol 22:489; 3. FDA Prescribing Information Document; 4. per CAPItello-291 enrollment criteria; 5. Rash for capivasertib references Cutaneous Adverse Reactions grouped term includes a number of preferred terms listed in FDA prescribing information

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.

ReDiscover preliminary data as of 08/12/2024

PI3Kα Inhibitors – Efficacy Profiles

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Doublet Combination Regimens

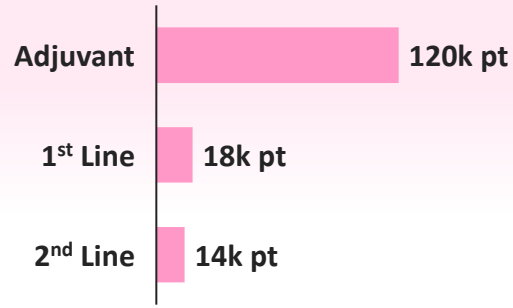
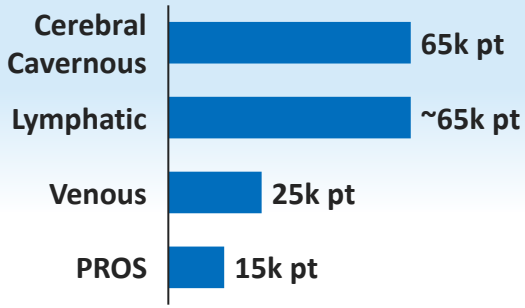
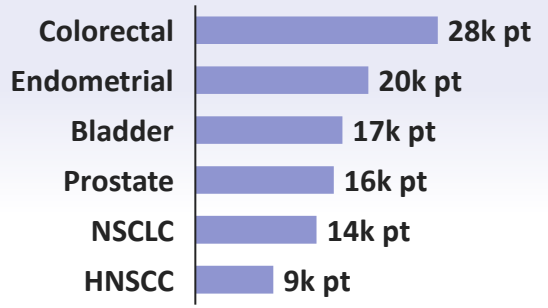
	Inavolisib + fulvestrant *not approved*	Alpelisib + fulvestrant *approved 2019*	Capivasertib + fulvestrant *approved 2023*	RLY-2608 + fulvestrant *(600mg BID, RP2D)*
Data Benchmark	**Ph1b Arm D[1] (N=60)**	**BYLieve Cohort C[2] (N=126)**	**CAPItello-291[3,6] (N=355)**	**ReDiscover (N=52)**
% pt with >=2 prior LoT	57%	63%	23%	44%
% prior SERD[5]	47%	33%	0%	52%
mPFS	7.1mo	5.6mo	5.5mo[4]	9.2mo
CBR	48%	37%	56%	57%
ORR	19%	24%	26%[6]	33%[7]

Capi ORR & CBR include 30% of pts who are CDK4/6-naïve

1. SABCS 2021 #P5-17-05 (n=60); 2. SABCS 2021 #PD-13-05; 3. Turner N Engl J Med 2023; 388:2058-2070 (n=355); 4. 5.5mo mPFS reported in CDK4/6-experienced patient sub-population of CAPItello-291; 5. Prior SERD includes fulvestrant and next-generation SERDs; 6. ORR as reported in FDA Label (from CAPItello-291); 7. ORR includes 2 ongoing unconfirmed partial response as of the data cut-off. After the data cut-off, one uPR patient has confirmed and the other uPR patient remains on treatment; Additionally, one stable disease patient has converted to an unconfirmed partial response, remains on treatment and is not included in the ORR; 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.

ReDiscover preliminary data as of 08/12/2024

Relay Tx's PI3Kα Franchise – Large Opportunities Across 3 Pillars

	PIK3CA mutant HR+/HER2- Breast Cancer	*PIK3CA* mutant Vascular Malformations	*PIK3CA* mutant Other Solid Tumors
	~150k Patients (US prevalence)[1]	**~170k Patients** (US prevalence)[2]	**~160k Patients** (US incidence)[3]
	RLY-2608	Potential for initial POC with RLY-2608, then distinct molecule for pivotal	RLY-2608
			
Anticipated Next Steps	CDK4/6 triplet data – 2024 CDK4 triplet clinical start – 2024 CDK4/6 triplet expansion start – 1H25 2L doublet pivotal start – 2025	Clinical start – Q1 2025	Open monotherapy dose expansion – YE 2024

1. Prevalent US patient population with a PIK3CA mutation in each line of therapy (Global Data HR+/HER2- Breast Cancer Global Forecast, November 2023; 3rd party source for alteration rate); 2. Prevalent US patient population of vascular malformation patients with a PIK3CA mutation (multiple sources); 3. Incident US patient population solid tumors annually with a PIK3CA mutation (SEER; 3rd party source for alteration rate, May 2024); POC = proof of concept; PROS = PIK3CA Related Overgrowth Spectrum, NSCLC = non-small cell lung cancer, HNSCC = hand and neck squamous cell carcinoma

ReDiscover preliminary data as of 08/12/2024

Relay Tx's Dynamo® – Productive Computationally Enabled Platform

2024 Dynamo® Platform

EXPERIMENTATION

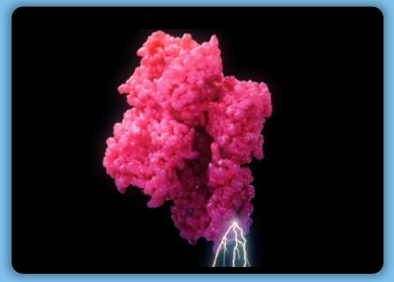
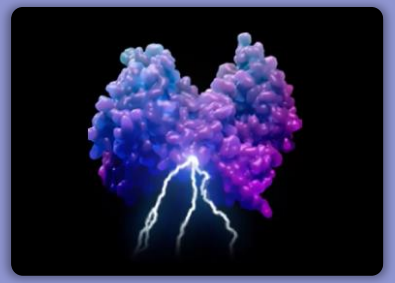
- NMR
- Mechanistic enzymology
- HDX-MS
- Cryo-EM
- X-ray fragment screening
- REL-DEL
- Structure ensembles
- Integrated pharmacology
- Protein design and engineering
- Automated Ligand ID System (ALIS)
- Ambient temp. X-Ray crystallography
- High throughput automated chemistry

PEOPLE

COMPUTATION

- Free energy calculations
- Long time-scale MD
- Giga-scale virtual screening
- Differential dynamics
- Digitally encoded libraries
- ML-DEL + AI models for DEL
- ADME/PK models
- Active learning
- Generative design
- Automated Chemical Design
- Computational fragment merging

Relay Tx – Additional Near-Term Clinical Programs

	GENETIC DISEASE	SOLID TUMORS
	Fabry Disease	NRAS-Driven Solid tumors
		
Program Updates	1st non-inhibitory αGal chaperone	1st NRAS-selective inhibitor
Large US Opportunity	~8,000 pts[1] *(chronic treatment)* — $2B current market[3]	~28,000 pts[2]
Anticipated Milestones	Clinical start in 2H 2025	Clinical start in 2H 2025

1. Prevalence of Fabry patients (National Fabry Disease Foundation, Jan 2024); 2. Newly diagnosed (incident) solid tumors with an NRAS mutation, excluding melanoma stages 0-II (SEER, 3rd party source for alteration rate, Jan 2024);
3. Fabry disease forecasted 2024 market size per EvaluatePharma, includes Galafold® and ERTs (May 2024)

Lirafugratinib (RLY-4008) – Updated Data and Next Steps

Scope of Commercial Opportunity[1]

CCA: FGFR2 Fusions

~650	~1,400
US pts/yr	Global pts/yr

All Solid Tumors: FGFR2 Fusions

~4,000	~13,000
US pts/yr	Global pts/yr

Updated Tumor Agnostic data

Tumor Agnostic FGFR2 Fusions *(non-CCA)*

N=47; preliminary data as of 06/26/24

37%	ORR
7.3mo	mDoR

Data to be presented at ENA 2024

Regulatory Feedback

Per recent meeting with FDA:

1. Suggest to file NDA in CCA
2. Suggest to generate additional data for subsequent sNDA in Tumor Agnostic

Next Step: Seek global commercialization partner for lirafugratinib

1. Based on annual number of patient deaths due to expected later-line use. Global figure includes U.S., EU5, Japan.; Sources: SEER 2023, Global Cancer Observatory 2022

Relay Tx – Broad Precision Medicine Pipeline

	Target	Program		Preclinical	Early Clinical	Late Clinical
BREAST CANCER	PI3Kα	RLY-2608 (PI3Kα^{PAN})	Endocrine Tx (ET) doublet			
			Ribociclib + ET triplet			
			CDK4i + ET triplet			
			Other Novel Combinations			
	CDK2	RLY-2139		Paused; IND ready		
	ERα	RLY-1013 (Degrader)		Advance to IND-ready		
GENETIC DISEASE	Fabry Disease	αGal Chaperone				
	Vascular Malformations	RLY-2608 (PI3Kα^{PAN})				
		Other PI3Kα^{PAN}				
SOLID TUMORS	NRAS	NRAS-selective Inhibitor				
	PI3Kα	RLY-2608 Monotherapy				
	FGFR2	Lirafugratinib (RLY-4008)		Seeking global commercialization partner		

DYNAMO® PLATFORM | **5+ unnamed research programs**

Relay Tx – Anticipated Milestones 2024-25

BREAST CANCER PORTFOLIO MILESTONES

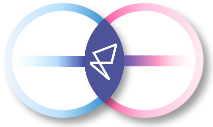
PI3Kα *RLY-2608*	Doublet 2L pivotal trial start – 2025
	Ribociclib triplet data – 2024
	Ribociclib triplet expansion start – 1H25
	CDK4i triplet clinical start – 2024

GENETIC DISEASE PORTFOLIO MILESTONES

Vascular Malformations *RLY-2608*	Clinical start – 1Q 2025
Fabry Disease *Pre-clinical*	Clinical start – 2H 2025

SOLID TUMORS PORTFOLIO MILESTONES

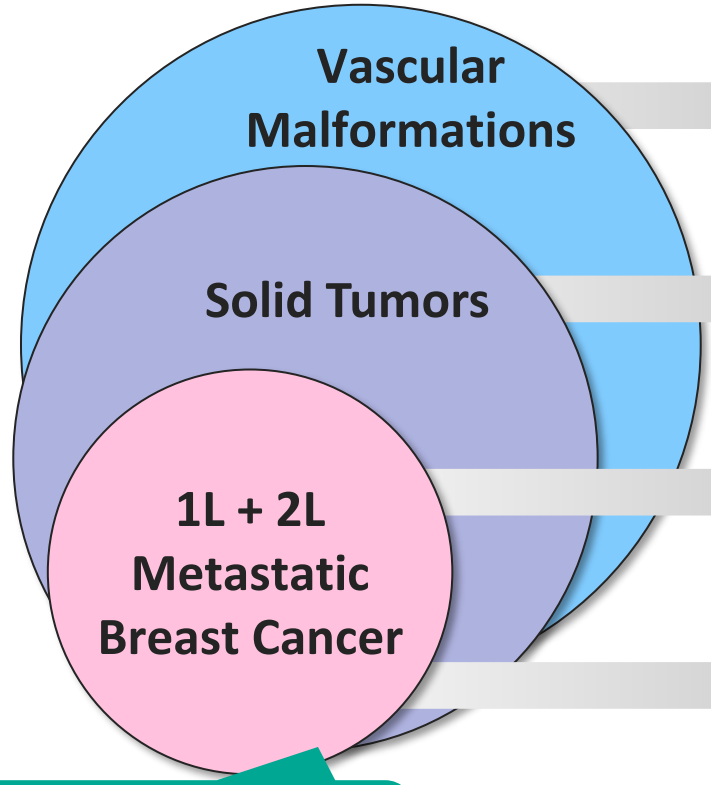
PI3Kα *RLY-2608*	Open monotherapy dose expansion – YE24
NRAS *Pre-clinical*	Clinical start – 2H 2025



DYNAMO® PLATFORM | 5+ unnamed research programs

~$688M cash as of end 2Q 2024
Expected to fund current operating plan into 2H 2026

PI3Kα Franchise - Opportunity for Multiple Value-Creating Datasets Over Next 2 Yrs



- Clinical start
- Monotherapy dose expansions start
- Ribociclib triplet ongoing; CDK4 triplet start
- 2L doublet pivotal start

Meaningful Efficacy Data Expected to Come Over Next 2 Years

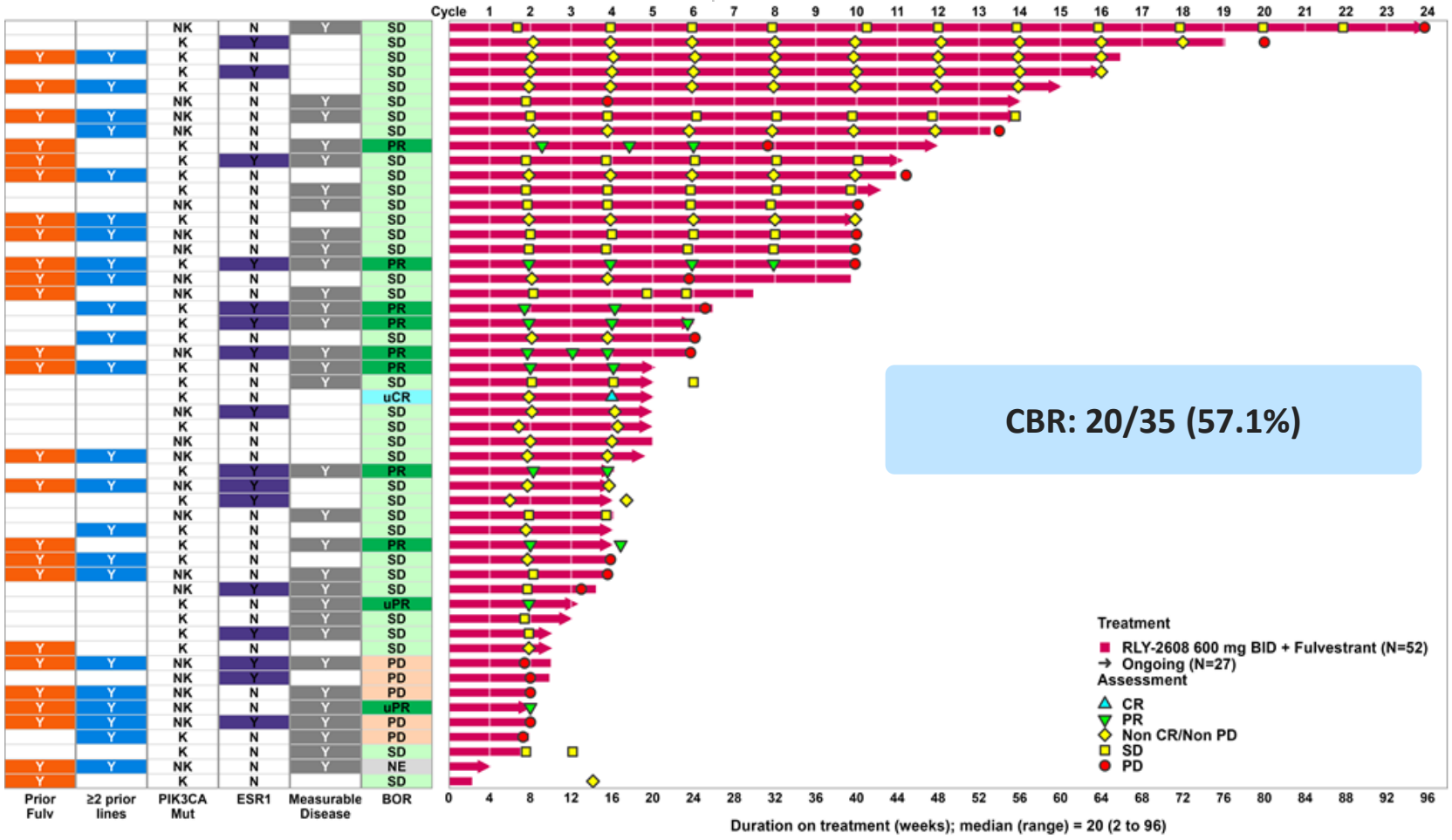
$6B+ total addressable market in PIK3CAmut HR+/HER2- mBC

Team and Capital to Execute

RLY-2608 – Efficacy: 57.1% CBR

RLY-2608 600 mg BID (RP2D) + Fulvestrant

Excluding PTEN / AKT Co-Mutations (N=52)



CBR: Clinical Benefit defined as all patients with confirmed complete response or partial response or stable disease ≥24 weeks; evaluable patients started treatment ≥24 weeks prior to the data cutoff

ReDiscover preliminary data as of 08/12/2024