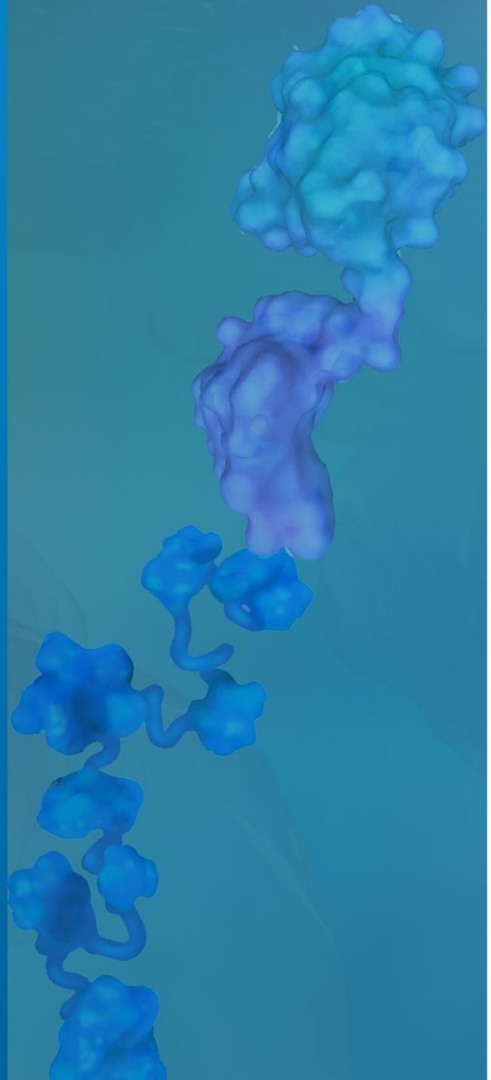


NASDAQ: EPIX

EPI-7386 CLINICAL DEVELOPMENT UPDATE

JUNE 27, 2022

Forward Looking Statements

Certain written statements in and/or oral statements made in connection with this presentation may be considered forward-looking statements within the meaning of applicable Canadian securities laws and the United States securities laws, that may not be based on historical fact, including, without limitation, statements containing the words “believe”, “may”, “plan”, “will”, “estimate”, “continue”, “anticipate”, “predict”, “project”, “intend”, “expect”, “potential” and similar expressions. Forward-looking statements in this presentation include, but are not limited to: ESSA’s upcoming milestones; Window-of-Opportunity and combination studies leading to biological and clinical insights; the possibility of greater AR suppression from EPI-7386’s combination with antiandrogen therapies; the effectiveness of existing AR-directed therapies; potential treatments for EPI-7386; the design and success of EPI-7386’s Phase 1a/1b monotherapy study and questions addressed thereby; planned studies under the EPI-7386 Combination Development Program; EPI-7386’s drug-drug interactions and safety in combination with other therapies; the identification of AR-driven tumors for effective EPI-7386 monotherapy; dose expansion and identification of new and optimal patient populations; and potential market opportunities for EPI-73896.

Forward-looking statements and information are subject to various known and unknown risks and uncertainties, many of which are beyond the ability of ESSA to control or predict, and which may cause ESSA’s actual results, performance or achievements to be materially different from those expressed or implied thereby. Such statements reflect ESSA’s current views with respect to future events, are subject to risks and uncertainties and are necessarily based upon a number of estimates and assumptions that, while considered reasonable by ESSA as of the date of such statements, are inherently subject to significant medical, scientific, business, economic, competitive, political and social uncertainties and contingencies, many of which, with respect to future events, are subject to change. In making forward-looking statements, ESSA may make various material assumptions, including but not limited to the market and demand for the securities of ESSA, general business, market and economic conditions, partner participation in combination clinical trials, obtaining positive results of clinical trials, and obtaining regulatory approvals.

Forward-looking information is developed based on assumptions about such risks, uncertainties and other factors set out herein and in ESSA’s Annual Report on Form 10-K filed on November 18, 2021 under the heading “Risk Factors”, a copy of which is available on ESSA’s profile on the SEDAR website at www.sedar.com, ESSA’s profile on EDGAR at www.sec.gov, and as otherwise disclosed from time to time on ESSA’s SEDAR profile and EDGAR profile. Forward-looking statements are made based on management's beliefs, estimates and opinions on the date that statements are made and ESSA undertakes no obligation to update forward-looking statements if these beliefs, estimates and opinions or other circumstances should change, except as may be required by applicable Canadian and United States securities laws. Investors are cautioned that forward-looking statements are not guarantees of future performance and investors are cautioned not to put undue reliance on forward-looking statements due to their inherent uncertainty.

EPI-7386 Demonstrates a Clean Safety Profile and Anti-tumor Activity in Heavily Pretreated Patients

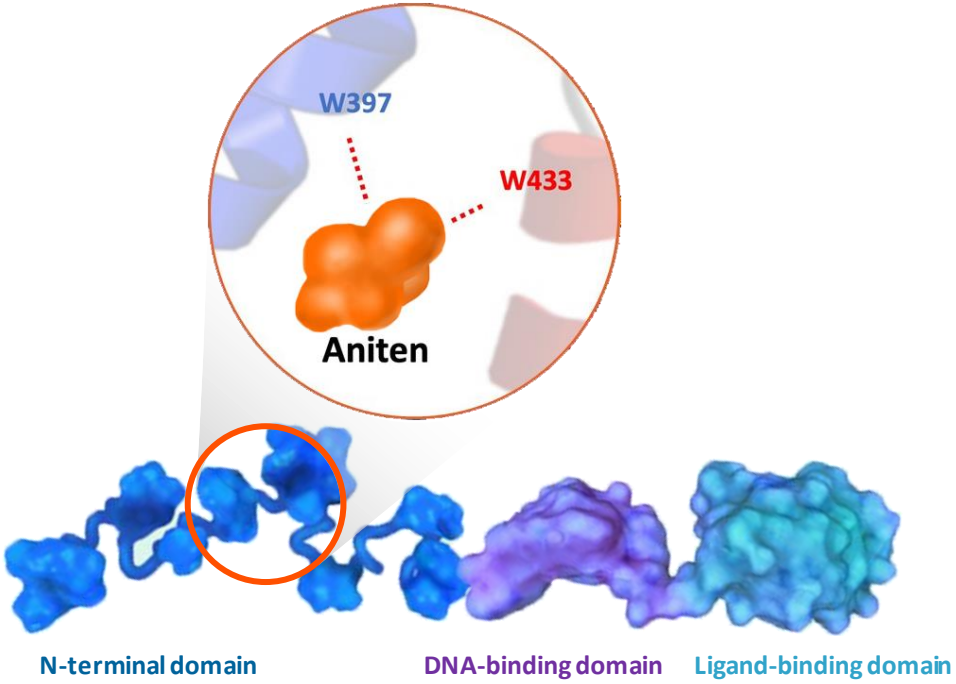
EPI-7386

- **The drug exhibits favorable ADME properties with target drug plasma exposures achieved; BID dosing allows higher trough drug levels**
- **EPI-7386 is safe and well-tolerated at all doses, schedules and combinations tested**
- **The Phase 1a mCRPC monotherapy study reveals the biological complexity and heterogeneity of late-stage mCRPC patients**

  Despite this biological complexity, EPI-7386 shows clear signals of AR-biology inhibition and clinical effects
- **The upcoming Phase 1b study is expected to further narrow enrollment criteria and deeply characterize patient biology with the goal of identifying the most appropriate patients**
- **The first combination cohort of EPI-7386 plus enzalutamide (Xtandi®) was safe and well-tolerated with drug exposures in the biologically active ranges**

EPI-7386 is Uniquely Designed to Prevent AR Transcription by Binding to the NTD

- All current antiandrogens function through the ligand-binding domain (LBD) of the androgen receptor (AR)
  - Known antiandrogen resistance mechanisms develop at the LBD
- EPI-7386 specifically binds to the N-terminal domain (NTD) of the AR, a region of the androgen receptor required for AR activity
- As a result of this binding, EPI-7386 is active against multiple AR forms, including those resistant to current antiandrogens
- EPI-7386's novel method of inhibiting the AR may lead to greater AR suppression when used in combination with current antiandrogen therapies



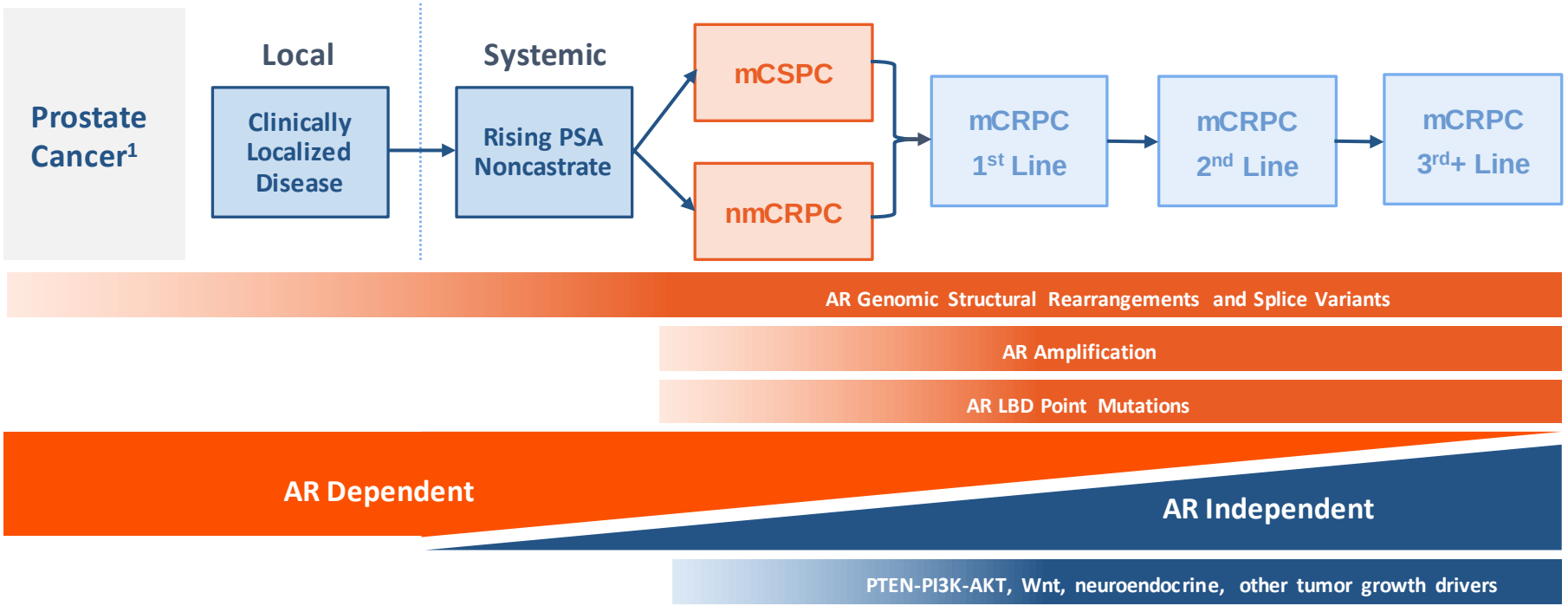
Granted unique USAN drug stem of "Aniten" as a AR NTD inhibitor

1. Hong NH, et al. AACR-NCI-EORTC-Virtual Int Conf, 2021.
2. De Mol E, et al. ACS Chem Biol, 2016.
3. Andersen RJ, et al. Cancer Cell, 2010.
4. De Mol E, et al. ACS Chem Biol, 2016.
5. Yang YC, et al. Clin Cancer Res, 2016.

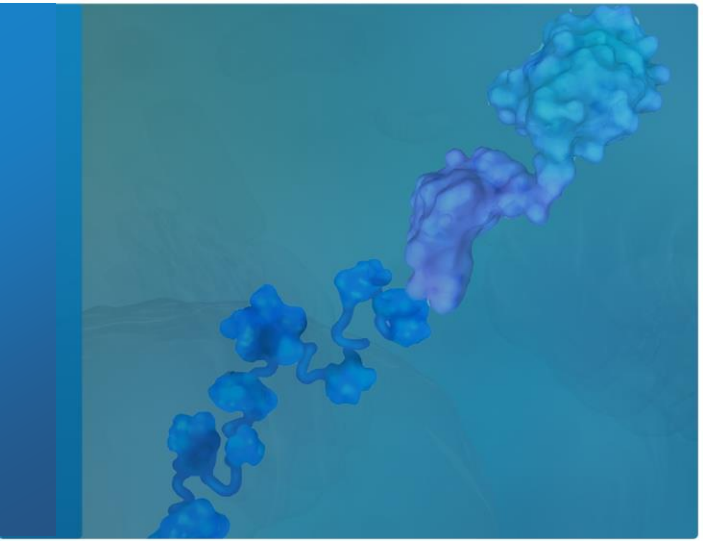
EPI-7386 Drug Characteristics

EPI-7386	Target Criteria	Description
☑	**Potency**	*In vitro* potency in the range of second-generation antiandrogens
☑	**Activity**	*In vivo* xenograft anti-tumor activity in both antiandrogen-sensitive & resistant models
☑	**ADME/PK**	Low *in vitro* metabolism, good animal ADME & human $t_{1/2}$ ~24 hrs
☑	**Safety**	Specific NTD on-target activity, minimal off-target binding, clean toxicology profile
☑	**DDI**	Appropriate properties to combine with other drugs (e.g. drug-drug interactions (DDI), etc.)
☑	**CMC**	Simple synthesis of drug substance and favorable pharmaceutical properties for the drug product

The Evolution of Prostate Cancer AR Dependency Under Antiandrogen Therapy



1. Adopted from Scher HI, et al. J Clin Oncol, 2016.

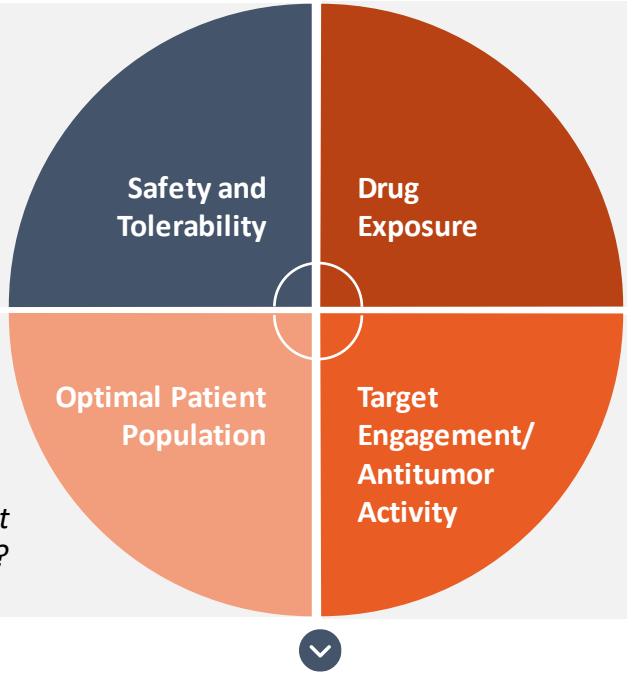


ESSA

EPI-7386 Monotherapy

The EPI-7386 Phase 1a/1b Monotherapy Study (First-in-Human) is Designed to Answer Four Major Questions

- *Are safety and tolerability of EPI-7386 acceptable for use in post-second-generation mCRPC patient population?*



- *Do drug exposures exceed the predicted efficacious thresholds observed in a preclinical enzalutamide-resistant model?*

- *Can we define patient populations where EPI-7386 may be more/less active?*
- *Can we define the role of intra-patient tumor heterogeneity on drug efficacy?*

- *Is there clinical evidence of androgen-pathway inhibition?*
- *Is there evidence of clinically important efficacy signals ?*

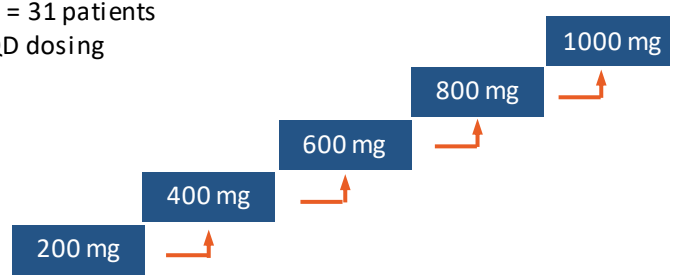
Recommended Expansion Phase Dose(s)

EPI-7386 Phase 1a/1b Monotherapy Study in mCRPC Patients: Study Design

- First-in-human Phase 1 multi-center open-label study enrolling mCRPC patients failing standard-of-care therapy
- Two-part study: Phase 1a dose-escalation followed by Phase 1b dose expansion

Phase 1a: QD Dosing Regimen

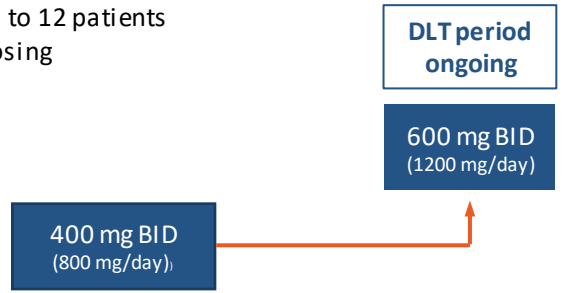
Original Protocol
N = 31 patients
QD dosing



- No limitations on the # prior lines of therapy
- Visceral metastases permitted
- Prior chemotherapy permitted

Phase 1a: BID Dosing Regimen

Amended Protocol
N = up to 12 patients
BID dosing



- Limited to ≤ 3 prior lines of therapy
- Exclusion of visceral metastases
- One line of prior chemotherapy permitted

Patients Enrolled in the Phase 1a Under the QD Dosing Regimen were Heavily Pretreated

Parameter	QD n = 31
Median age (range), yrs	72 (50-85) yrs
ECOG performance status, n (%) • 0 • 1	 • 7 (22.6%) • 24 (77.4%)
Median no. lines of prior therapy (range)	7 (4-13)
Median no. lines of prior therapy for mCRPC (range)	4 (2-10)
Type of prior therapy, n (%) • Abiraterone ("ABI") • Enzalutamide ("ENZ") • Both (ABI + ENZ) • Darolutamide/Apalutamide • Chemotherapy	 • 27 (87.1%) • 25 (80.6%) • 22 (71%) • 4 (12.9%) • 18 (58.1%)

- Median # prior therapies = 7
- Median # prior therapies for mCRPC = 4
- Patients treated with both ABI and Lutamides = 83%
- Patients treated with prior chemotherapy = 58.1%

Existing AR-directed therapies expected to be ineffective

Data as of June 1, 2022

Clinically, the Patients Enrolled Under the QD Dosing Regimen had Rapidly Progressive Disease and High Tumor Burden

Parameter	QD n = 31
Median baseline PSA, (range), ng/ml	94.5 (5.4-1900)
Median baseline PSA doubling time (range), months	2.1 (0.85 -9.5)
Median baseline ctDNA* % (range)	29% (4-73%)
Visceral Disease, n (%)	9 (29%)
NSE** > 10 ng/ml, n (%)	9 (29%)

Rapidly progressive disease documented by short median baseline PSA doubling time (~ 2 months)

High tumor burden documented by:

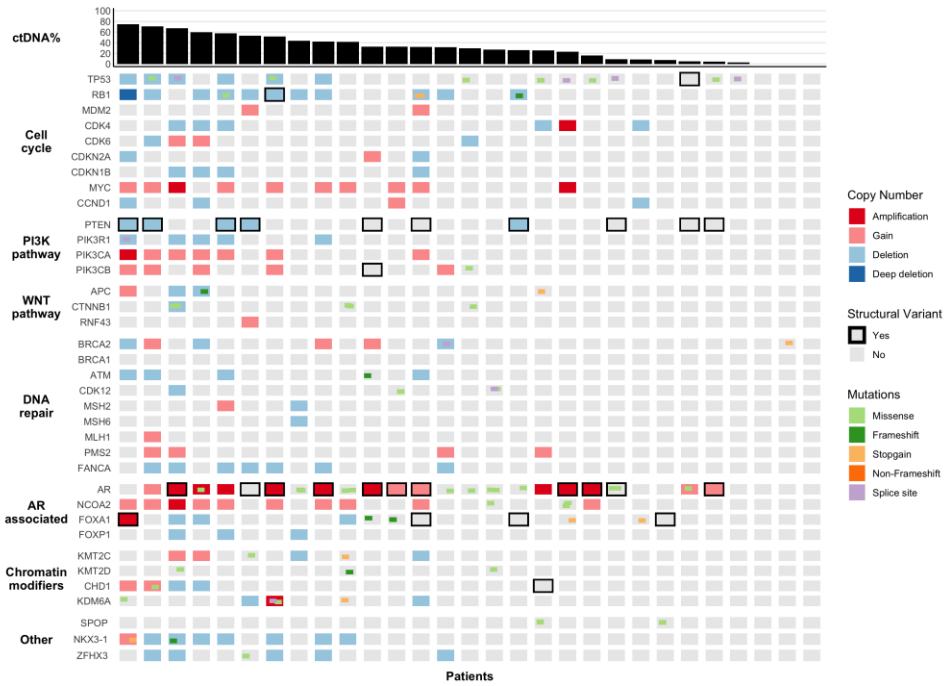
- High baseline levels of PSA and % of ctDNA
- Presence of visceral disease and markers of neuro-endocrine differentiation in ~1/3 of patients

*Circulating tumor DNA ("ctDNA")
**Neuron-specific enolase ("NSE")

Molecularly, Patients Enrolled Under the QD Dosing Regimen had a High % of non-AR Molecular Alterations at Baseline

Molecular Alteration	Subtype	Frequency (n=29)
AR-associated		**86%**
	• AR amplification	48%
	• AR structural variants	38%
	• AR mutations	31%
Non-AR-associated		**93%**
	• PI3K pathway	55%
	• DNA repair	55%
	• TP53	48%
	• Rb1	38%
	• WNT pathway	24%

High % of non-AR molecular alterations is characteristic of advanced mCRPC patients unlikely to respond to AR-targeted therapies



Patients Enrolled Under the BID Dosing Regimen have Less Advanced Disease than Patients Enrolled under the QD Dosing Regimen Per Study Design

Parameter	BID n = 5
Median age (range), yrs	70 (53-77)
ECOG performance status, n (%) • 0 • 1	 • 3 (60.0%) • 2 (40.0%)
Median no. lines of prior therapy for mCRPC (range)	2 (2-3)
Type of prior therapy, n (%) • ABI • ENZ • Both (ABI + ENZ) • Chemotherapy	 • 3 (60.0) • 2 (40.0) • 2 (40.0) • 2 (40.0)

Parameter	n = 5
Median Baseline PSA levels, (range), ng/ml	14 (4.4- 580)
Median baseline PSA doubling time (range), months	3.4 (1.0- 14.3)
NSE > 10 ng/ml, n (%)	0 (0)

Molecular characterization	n = 4
Median baseline ctDNA % (range)	7.5 (0-65)
AR-associated alterations (n = 3)	
• AR gain/amplification	66%
• AR mutations	33%
• AR structural alterations	33%
Non-AR-associated alterations (n = 3)	
• PI3K pathway	33%
• DNA repair	33%
• WNT pathway	33%
• TP53	66%
• Rb1	33%

EPI-7386 is Well-Tolerated at All Dose Levels and Schedules (QD and BID regimens) Administered in the Phase 1a (n=36)

TRAE* Term	Grade 1 n (%)	Grade 2 n (%)	Grade 3** n (%)	Total n (%)
Anemia	9 (25)	2 (5.6)	1 (2.8)	12 (33.3)
Diarrhea	5 (13.9)	5 (13.9)	0 (0)	10 (27.8)
Dyspepsia	0 (0)	1 (2.8)	0 (0)	1 (2.8)
Nausea	6 (16.7)	1 (2.8)	0 (0)	7 (19.4)
Fatigue	1 (2.8)	5 (13.9)	0 (0)	6 (16.7)
Hot Flush	0 (0)	5 (13.9)	0 (0)	5 (13.9)

- All TRAEs (exception of one occurrence of Grade 3 anemia the attribution of which was ultimately changed by PI to "unlikely related") were Grade 1 and 2
- No apparent dose-dependency was observed
- All the Grade 2 TRAEs of diarrhea occurred at doses ≥ 600 mg QD
- Low dose-reduction rate (8.1%) due to related AEs (3 cases of Grade 2 diarrhea)

*Treatment Related Adverse Event ("TRAE")
**Initially, principal investigator considered Grade 3 anemia in a patient who received 400 mg BID EPI-7386 as "possibly related" (due to antiandrogen safety profile) although confounded by concurrent rapid bone disease progression (ALP>1,000); later changed to "unlikely related"

SAEs were Uncommon and Attributed to Disease Progression or Underlying Co-morbidities

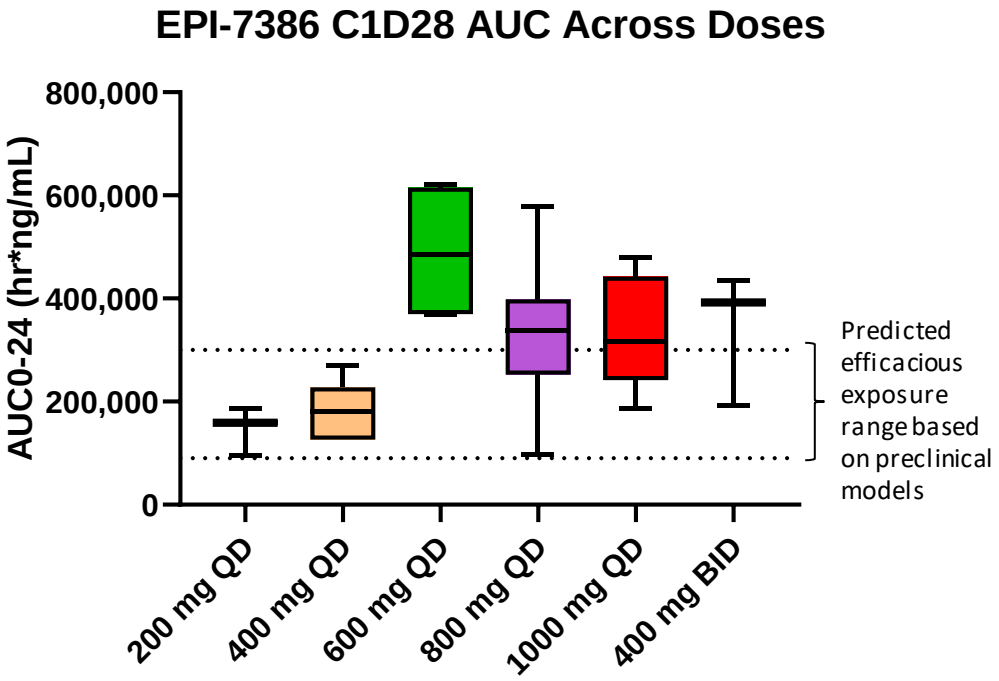
SAE* Term	Subject n (%)
Acute kidney injury	1 (2.8)
Anemia**	1 (2.8)
Back pain	1 (2.8)
Disease progression	1 (2.8)
Diverticulitis	1 (2.8)
General physical health deterioration	1 (2.8)
Malignant pleural effusion	2 (2.8)
Pathological fracture	0 (0)
Pulmonary embolism	2 (5.6)
Pulmonary oedema	1 (2.8)
Pyrexia	1 (2.8)
Spinal cord compression	1 (2.8)

Data as of June 1, 2022

**Serious Adverse Event ("SAE")*
***Initially, principal investigator considered Grade 3 anemia in a patient who received 400 mg BID EPI-7386 as "possibly related" (due to antiandrogen safety profile) although confounded by concurrent rapid bone disease progression (ALP>1,000); later changed to "unlikely related"*

EPI-7386 Exposures Reached the Predicted Efficacious Thresholds Observed in Preclinical Enzalutamide-Resistant Models

- EPI-7386 has a long half life (>24hrs) which supports QD administration
- The steady state AUC EPI-7386 exposure increases with higher doses
- All doses reached exposures above the minimum target drug threshold
- Doses > 400mg per day of EPI-7386 exhibit AUC concentrations generally above the highest target drug threshold
- The 600 mg QD cohort exhibited the highest AUC
- BID dosing allows for higher C_{min} drug levels



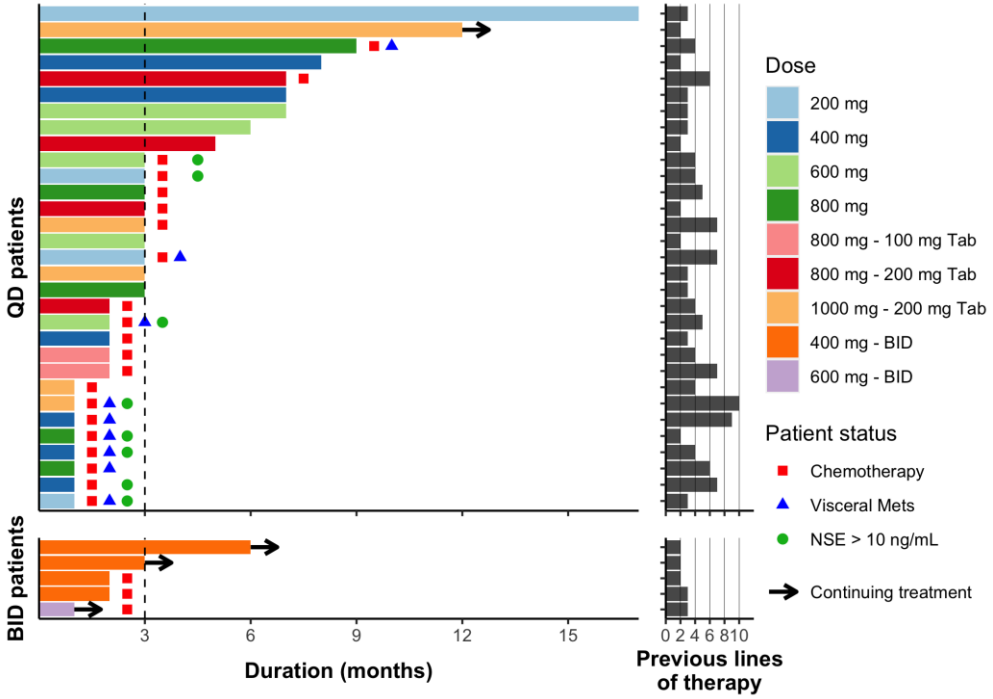
Longer Duration of Treatment is Associated with Less Prior Therapy for mCRPC

QD Dosing Regimen Patients

- ~ 30% of patients across all dose levels remained on therapy longer than 3 months
- The patients who progressed before or at 12 weeks had in general: >10 ng/mL NSE, prior chemotherapy, visceral metastases and received >3 lines of therapy for mCRPC
- One patients was treated for 18 months; one patient is currently on study at 1000 mg QD in cycle 13
- No obvious dose response observed

BID Dosing Regimen Patients

- Short follow up but 3 of 5 patients ongoing with 2 patients on therapy longer than 3 months



*NSE level association with neuro-endocrine differentiation - IJBM 2018

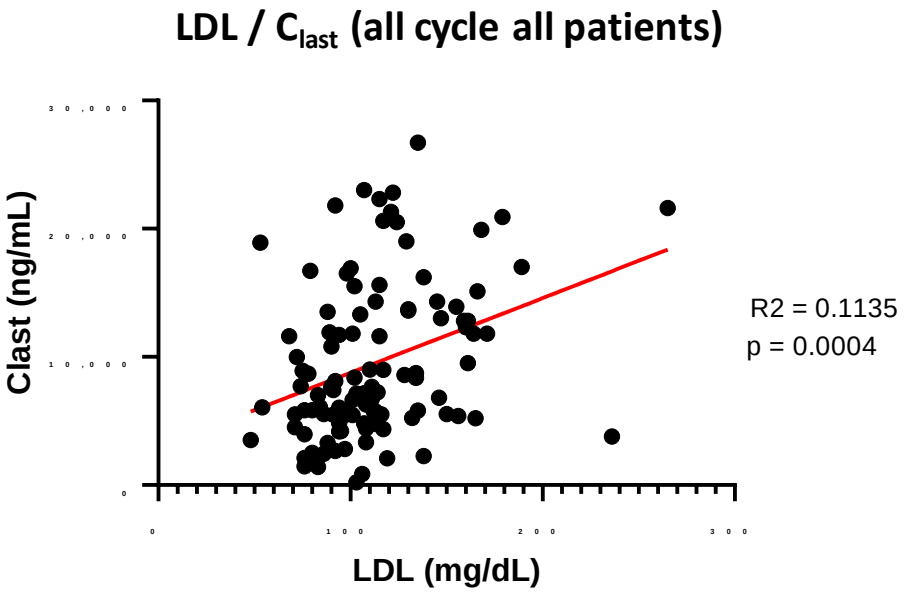
Several Parameters were Used to Assess the Antiandrogen Effects of EPI-7386 in this Advanced mCRPC Patient Population

Metabolic effects as measured by:	Anti-tumor effects as measured by:
• Changes in serum cholesterol levels	• Changes in circulating PSA levels • Changes in ctDNA levels (Wyatt - CRPC2020 panel – 73 genes)[1-3] • Radiographic changes in disease burden measured by both traditional RECIST criteria as well as by total lesions volumetric quantification using the AIQ Solutions platform *Note: CTC counts and AR-V7 expression in CTCs were also measured but the assays used did not provide reproducible interpretable results for technical reasons*

[1] Annala M, et al. Cancer Discov, 2018.
[2] Vandekerkhove G, et al. Eur Urol, 2019.
[3] Warner E, et al. Clin Cancer Res, 2021.

Antiandrogen Effects of EPI-7386 on Cholesterol

- Antiandrogen treatment has long been known to cause increases in lipids in patients who begin androgen deprivation therapy (ADT)[1,2]
- Therefore, lipid increases during EPI-7386 administration can act as a surrogate marker of antiandrogen activity and target engagement
- A significant correlation between the plasma concentration of EPI-7386 at steady state and the LDL levels measured throughout the dosing cycles was observed



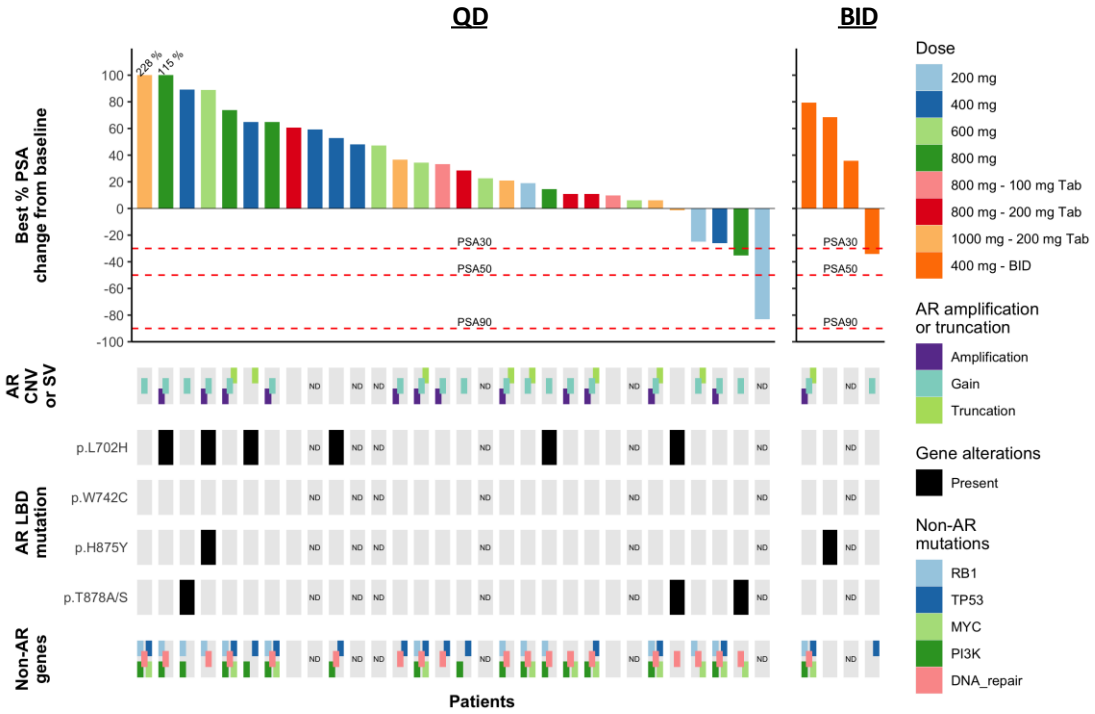
[1] Braga-Basaria M, et al. Nature, 2006.
[2] Mitsuzuka K, et al. Prostate Cancer Prostatic Dis , 2016.

PSA Reductions were Observed in a Clinically Defined Subset of Patients

PSA decreases or PSA stabilization was observed in patients with:

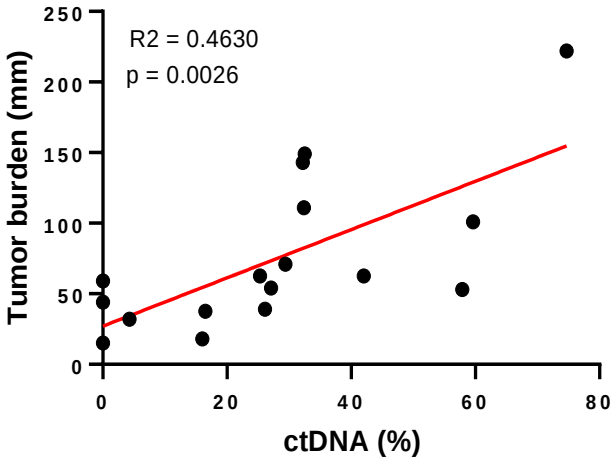
- No visceral disease
- Fewer DNA genomic aberrations in non-AR oncogenic pathways
- < 3 lines of therapy

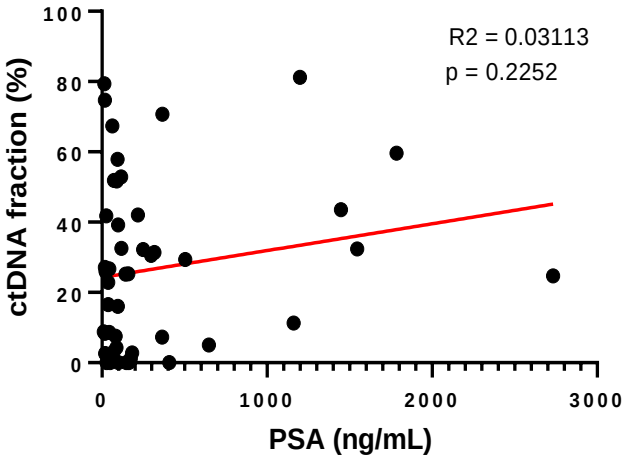
The patients treated with the BID schedule are still ongoing and results are preliminary



ND: Not determined. 0% ctDNA at baseline

Phase 1a QD Dosing Regimen: % ctDNA Correlated with Tumor Burden at Baseline



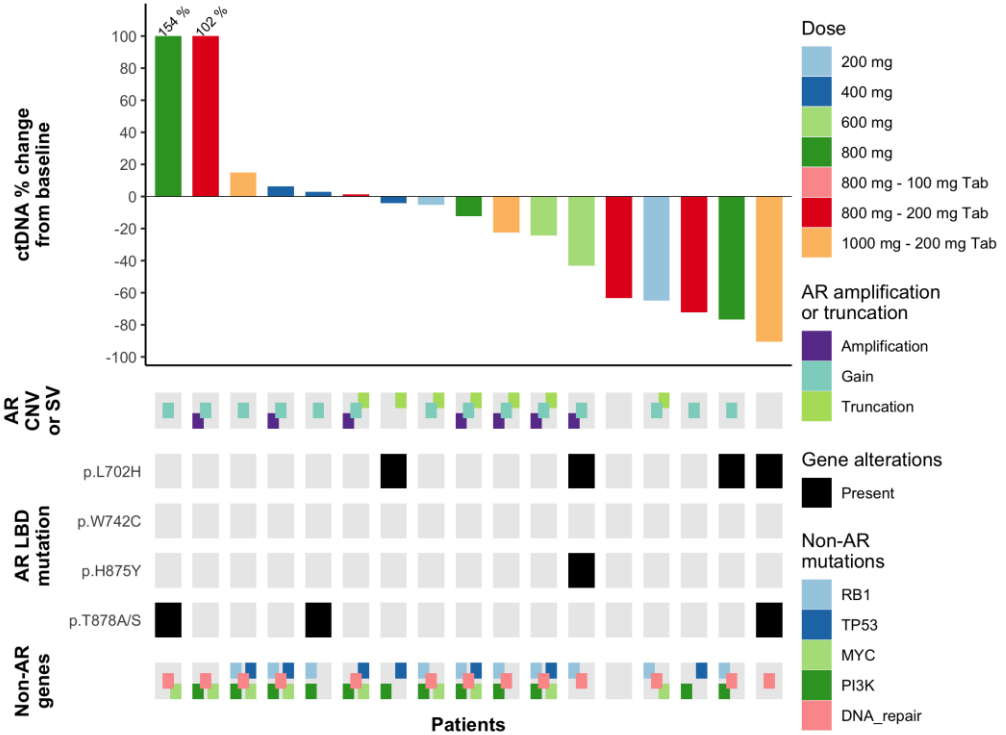


- Circulating tumor DNA (ctDNA) is tumor-derived fragmented DNA that is shed into a patient's bloodstream
- Generally, ctDNA fraction of cell free DNA indirectly reflects the overall tumor volume/growth in a patient but also varies by tumor type and disease stage
- For patients with measurable disease, baseline tumor burden correlated with % ctDNA
- PSA was not correlated with % ctDNA
- PSA is an imperfect biomarker of tumor responsiveness in mCRPC
- Radiographic imaging is the primary objective measure in mCRPC and not PSA levels (PCWG3)[1]

[1] Scher HI, et al. J Clin Oncol, 2016.

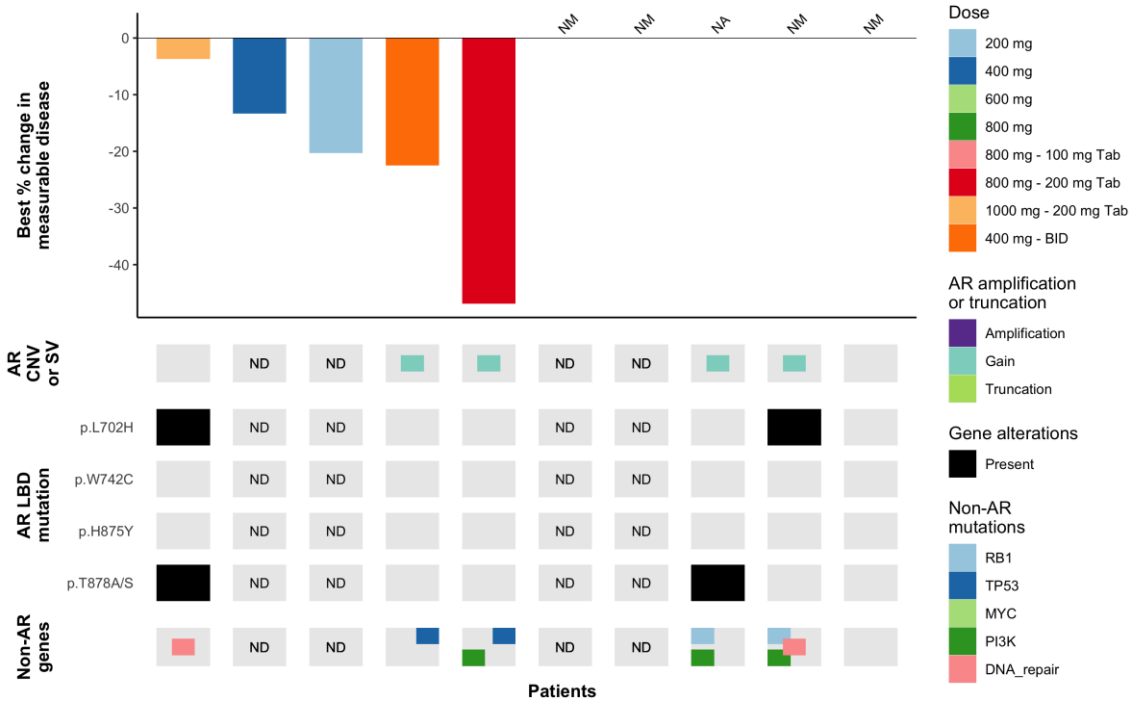
Phase 1a QD Dosing Regimen: % ctDNA Decreases were Observed even in Patients whose PSA Levels were Increasing

- Measurable ctDNA levels were detected in 17 patients enrolled in the QD dosing regimen
- ctDNA declines were observed in patients harboring AR point mutations, AR gain/amplification and AR truncations
- No clear dose response observed for the %ctDNA decrease at week 12



Tumor Volume Decreased in EPI-7386 Treated Patients Who had Measurable Disease and were on Therapy for More than 12 weeks

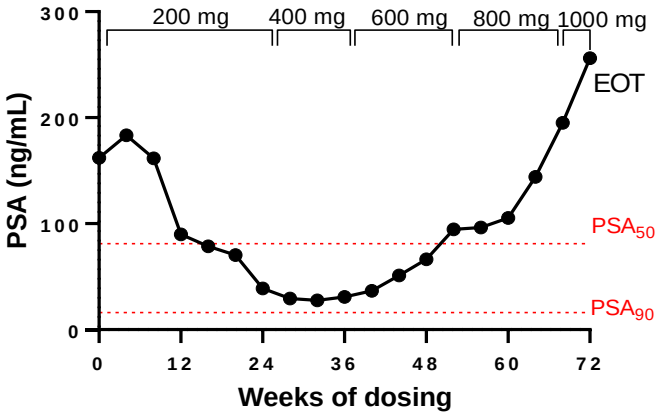
- Ten patients remained in the study for > 12 weeks
- Five of these patients had measurable disease at baseline:
  - Changes in measurable disease were observed in all of these patients even in the absence of PSA decreases
- Four of these patients had bone disease only



ND: Not determined. 0% ctDNA at baseline
NA: Not available scans
NM: Non measurable disease. Only bone lesions detected

Case 1 from QD Dosing Regimen: Progressive, Deep and Durable PSA Decrease and Mixed Radiographic Tumor Response

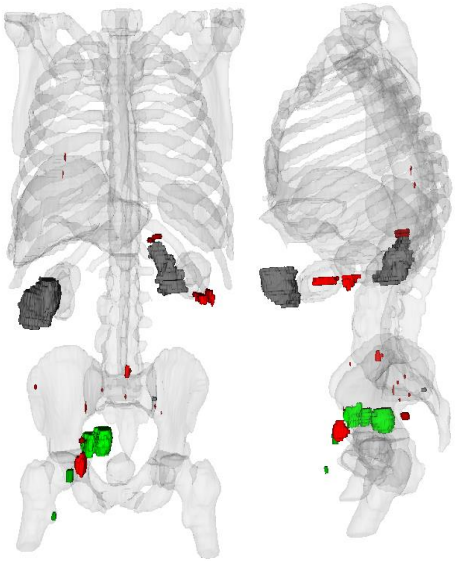
Baseline Parameter	
Age (years)	79
PC Dx date	08/2014
mCRPC Dx	06/2017
Prior Rx for mCRPC	Enzalutamide Provenge Abiraterone
Metastatic sites	Bone, nodal
dtPSA* (m)	4
CTC	0
ctDNA %	0
Tumor Burden (mm)	59
NSE (ng/ml)	< 5 ng/mL
AR-related alterations	None
Non-AR alterations	None



Radiographic 20% decrease in target lesions at week 36

- 200 mg/dose QD **AUC_{C1D28} = 95,500 hr*ng/mL**
- Patient **received 18 cycles** of single-agent EPI-7386 with progressively escalating dose levels from 200 mg to 1000 mg QD

Mixed response by AIQ platform



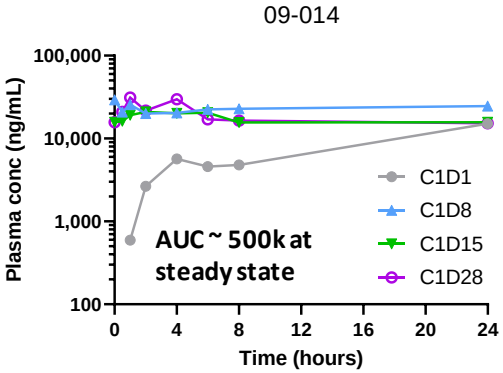
compared to baseline

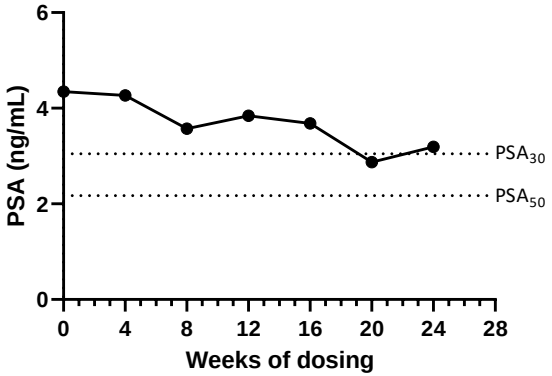
- increase >30%
- decrease >30%
- stable

*dtPSA is doubling time of PSA and is the time in months required for the PSA to double.

Case 2 from 400 BID Dose Cohort: Slow Decline in PSA Levels but Progressive Tumor Shrinkage

Baseline Parameter	
Age (years)	71
PC Dx date	07/2019
mCRPC Dx	07/2019
Prior Rx for mCRPC	Docetaxel (1 cycle), Abiraterone
Metastatic sites	Bone, nodal
dtPSA* (m)	3.3
CTC	0
ctDNA %	7
Tumor Burden (mm)	40
NSE (ng/ml)	8.4 ng/ml





Evaluation	Baseline CT	3-Month CT	6-Month CT
Target Sum	*4.0 cm*	3.8 cm (-6.2%)	3.1 cm (-23.0%)
Target Response		SD	SD
Non-target Response		Non-CR/Non-PD	Non-CR/Non-PD
New Lesions		No	No
Timepoint Response		SD	SD

Next Steps in the EPI-7386 Phase 1 Monotherapy Study

- Finalize the recommended Phase 2 dose
- Understand late stage mCRPC patient biology and identify patients with AR-driven tumors
- Gain further insight of the biological activity of EPI-7386 in less heavily pretreated patients

Phase 1b dose(s)/schedule(s) recommendation

Phase 1b: Dose Expansion

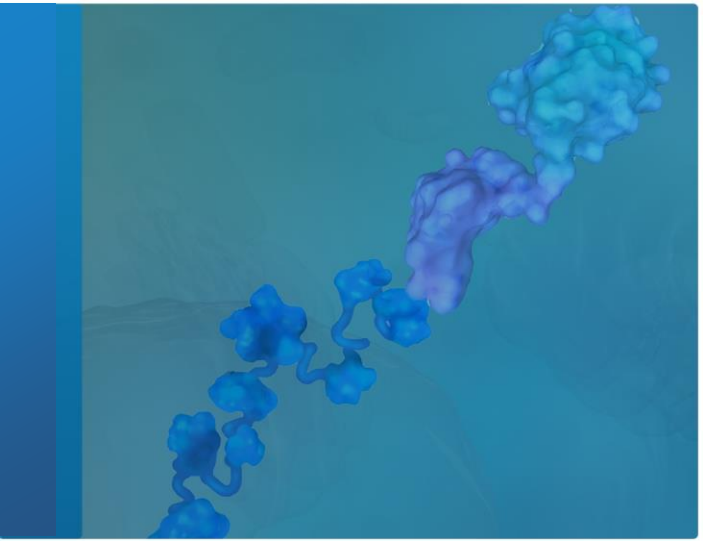
600mg QD | **400 or 600mg BID**

- mCRPC:
  - ≤ 3 prior lines of therapy, no visceral disease, no prior chemotherapy
- 2 Cohorts: QD & BID dosing
- Deep molecular tumor characterization

Phase 1b: Window of Opportunity

600mg QD | **400 or 600mg BID**

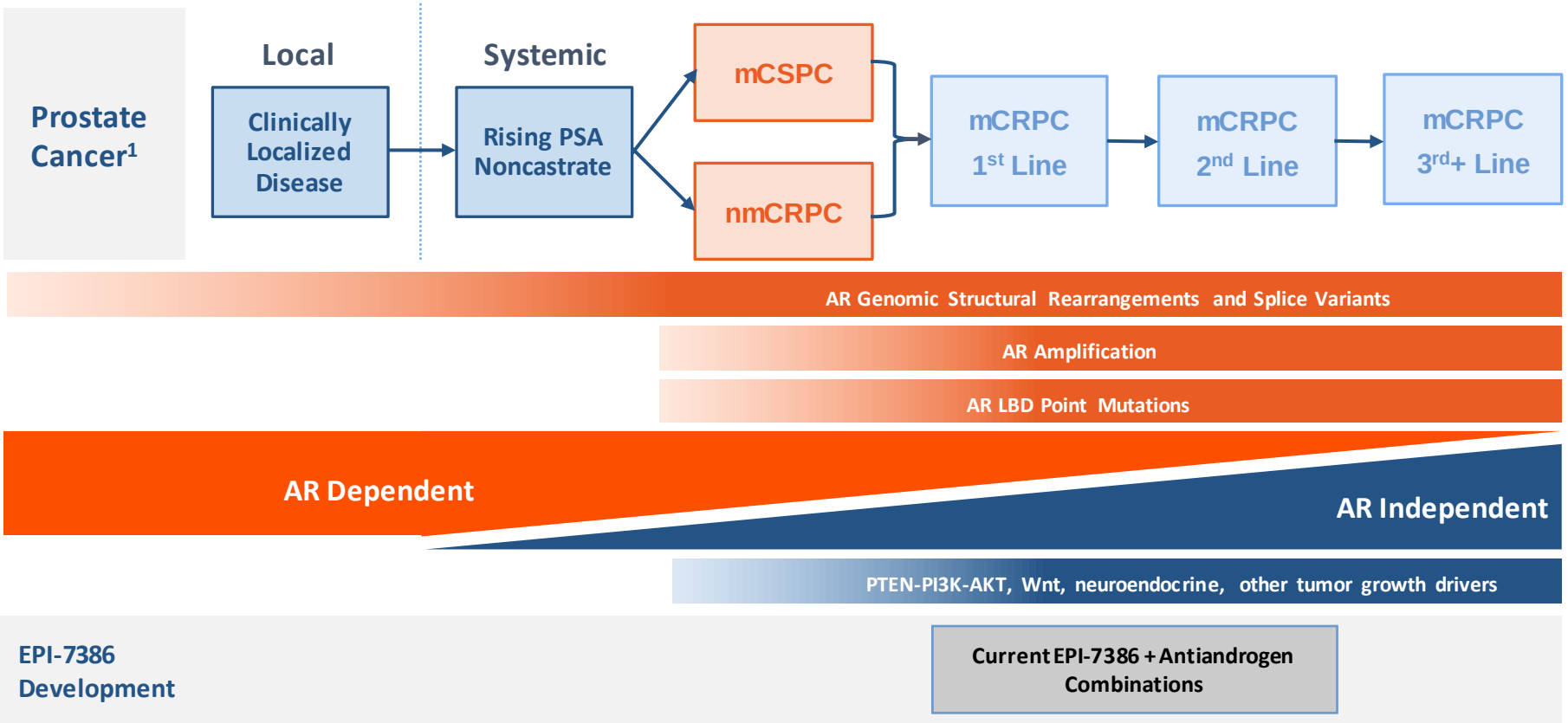
- Non-metastatic CRPC patients
- 2 Cohorts: QD & BID dosing
- 12 weeks of EPI-7386 monotherapy treatment before starting standard of care therapy



ESSA

EPI-7386 Combination Studies

The Evolution of Prostate Cancer AR Dependency under Antiandrogen Therapy



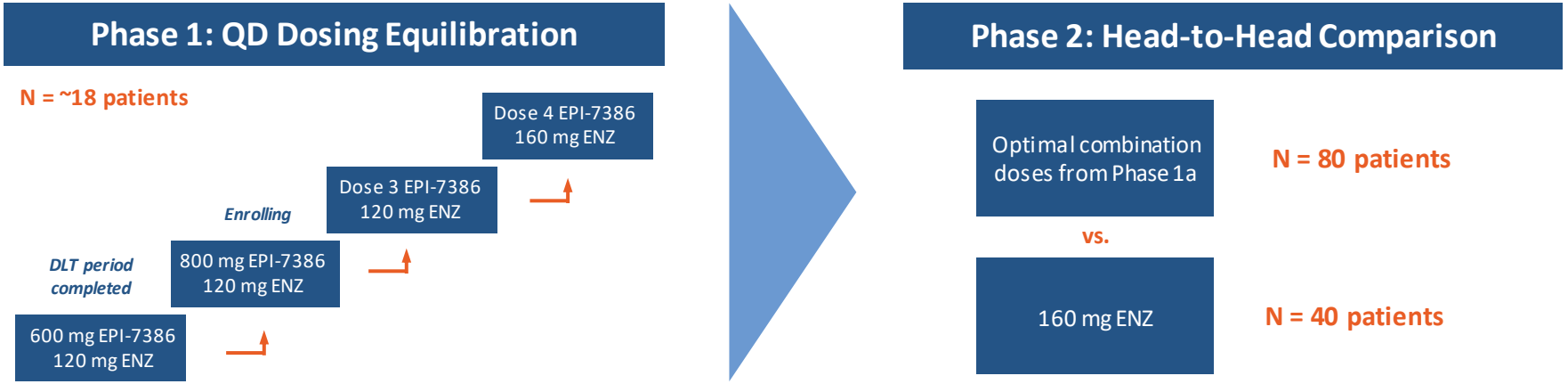
1. Adopted from Scher, HI, et al. J Clin Oncol, 2016.

EPI-7386 Combination Development Program with Second-Generation Antiandrogens

astellas	ESSA collaboration with Astellas to evaluate EPI-7386 in combination with Xtandi (enzalutamide) in a Phase 1/2 clinical study in mCRPC patients naïve to second generation antiandrogens (study began 1Q2022)
janssen	Janssen collaboration with ESSA to evaluate EPI-7386 in combination with Erleada ® (apalutamide) and Zytiga (abiraterone acetate) in a two arm Phase 1/2 clinical study in mCPRC patients naïve to second generation antiandrogens
BAYER	Bayer collaboration with ESSA to evaluate EPI-7386 in combination with Nubeqa ® (darolutamide) in a Phase 1/2 clinical study in mCRPC patients
Investigator-Sponsored Neoadjuvant Study	A 12-week two-arm randomized study of Nubeqa vs. EPI-7386 + Nubeqa in PC patients undergoing prostatectomy for high risk localized prostate cancer

Phase 1/2 EPI-7386 plus Enzalutamide Combination Study Trial Design in mCRPC Patients Naïve to Second-Generation Antiandrogens

- Phase 1/2 multi-center open-label study enrolling mCRPC patients naïve to second-generation antiandrogens
- Two-part study: Phase 1 dose-equilibration followed by Phase 2 open-label randomized study



- Phase 1 study will focus on the PK and safety of EPI-7386 and enzalutamide when administered in combination along with establishing the RPD2 for both drugs to address any possible drug-drug interactions
- Phase 2 study will assess the anti-tumor activity of the combination versus single agent enzalutamide at the standard of care dose

EPI-7386 and Enzalutamide Combination Study Update: Phase 1a Cohort One Status

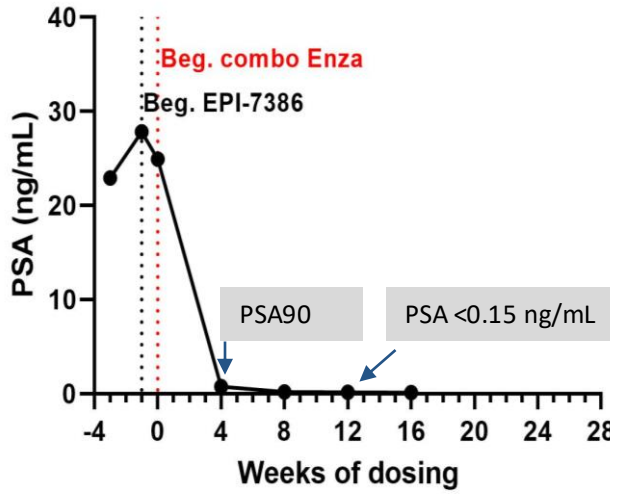
Safety	EPI-7386 and enzalutamide were well-tolerated with no DLTs, no Grade 3 drug-related AEs, and a safety profile consistent with second generation antiandrogens (e.g. grade 1 or 2 AEs of fatigue and hot-flashes)
Pharmacokinetics (PK)	• Enzalutamide exposure minimally impacted by EPI-7386 administration • EPI-7386 exposure impacted by enzalutamide with significantly lower exposure of EPI-7386 observed, as anticipated; 3-4 dose cohorts will be needed to determine the optimal dose of each drug when given in combination
Clinical Activity	• Two out of three patients achieved a PSA90 within three months • One of these patients achieved PSA < 0.2 ng/mL within three months (no prior chemo) • The third patient was discontinued from the study after the DLT period due to a concomitant medication (strong CYP3A inducer) interaction with enzalutamide and EPI-7386 which resulted in a significant decrease in exposure of these two drugs

*Treatment Related Adverse Event (TRAE)

Longitudinal PSA Changes Under Treatment for Cohort One Patients Receiving 600mg EPI-7386 and 120 mg Enzalutamide

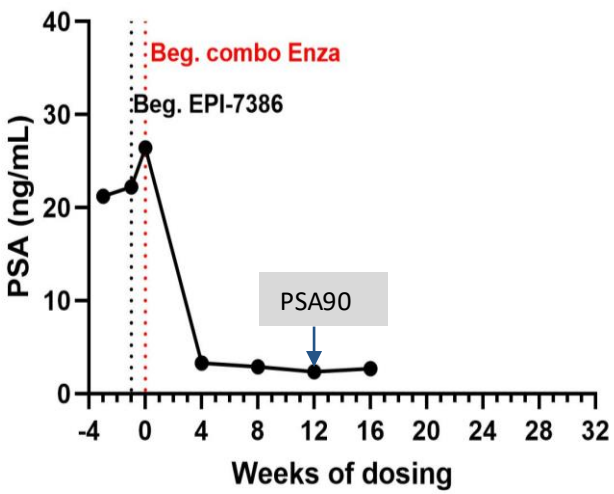
- Radiographic assessments at 8 and 16 weeks showed stable disease (bone only)

Patient 1



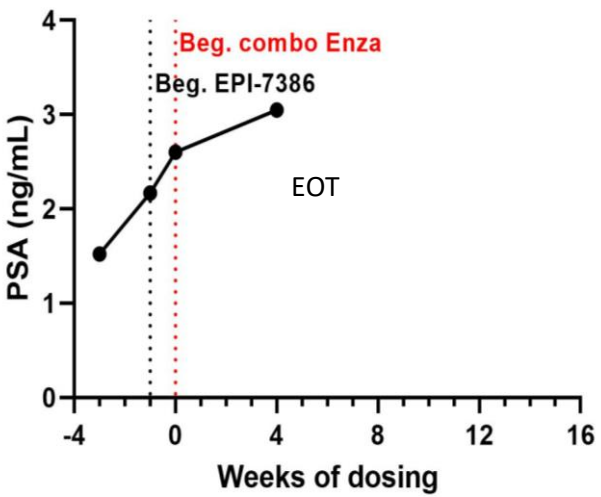
EPI-7386 AUCss ~ 235k
ENZ+M2* AUCss ~ 540k
NO PRIOR CHEMOTHERAPY

Patient 2



EPI-7386 AUCss ~ 62k
ENZ+M2* AUCss ~ 430k
PRIOR CHEMOTHERAPY

Patient 3**



EPI-7386 AUCss ~ 33k
ENZ+M2* AUCss ~ 390k
PRIOR CHEMOTHERAPY

*The clinically relevant active metabolite of ENZ is N-desmethyl enzalutamide, also known as the M2 metabolite.
** The patient discontinued from the study after the DLT period due to a concomitant medication (strong CYP3A inducer) interaction with enzalutamide and EPI-7386 which resulted in a significant decrease in exposure of these two drugs.

EPI-7386 Clinical Development Update: Lessons Learned

EPI-7386 is safe and well-tolerated at all doses and schedules studied

The drug has favorable pharmaceutical and ADME properties

The Phase 1a single agent dose escalation experience demonstrates:

- Evidence for target engagement
- Modest anti-tumor activity in unselected heavily pretreated mCRPC patients whose tumors are molecularly largely non-AR driven
- Clinically important signals of anti-tumor activity in a clinically selected patient subgroup
  - PSA is an imperfect marker of tumor responsiveness to treatment in this late-stage population of patients
- Need to identify patients with predominantly AR-driven tumors for effective treatment with EPI-7386 monotherapy

The initial combination experience with enzalutamide suggests no safety issues

EPI-7386 Clinical Development Update: Next Steps

EPI-7386 Monotherapy

- Proceed into dose expansion with two doses: potentially 600 QD and BID consistent with FDA Project Optimus recommendations
- Identify biologically relevant patient population in molecularly characterized patients:
  - Wyatt CRPC2020 panel, Guardant360 V3.0 (ctDNA)
  - Caris "Assure" liquid bx (whole exomic and transcriptomic sequencing, AI)
- Explore new patient populations who are earlier in their disease

EPI-7386 Combinations with Antiandrogens

- Execute trials with Astellas/Pfizer, Janssen, Bayer
- Explore new patient populations who are earlier in their disease