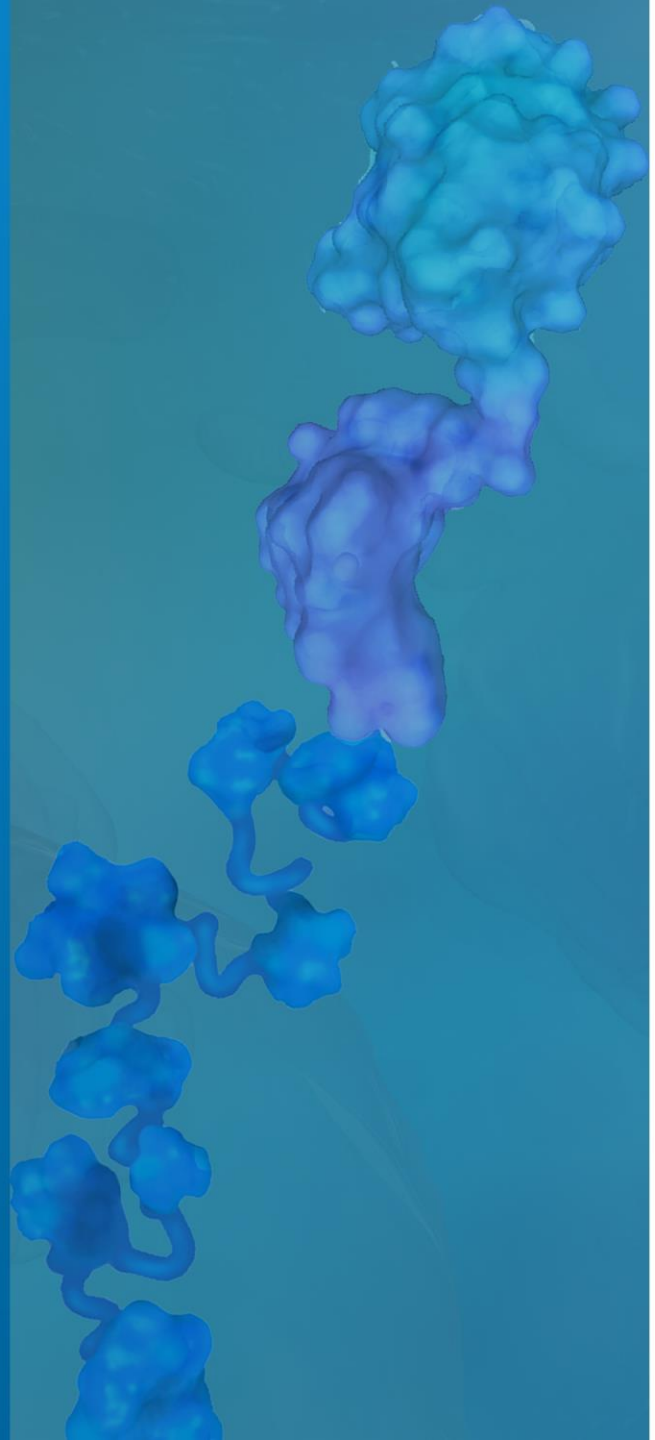


NASDAQ: EPIX

# ESSA

ESSA CORPORATE PRESENTATION
JANUARY 2023

# 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: the mortality rate of prostate cancer; ESSA’s upcoming milestones; potential treatments for EPI-7386; EPI-7386’s Phase 1 study and its success; clinical trials; 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, 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 December 13, 2022 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.

# ESSA Corporate Overview

**Focused on the development of novel therapies for the treatment of prostate and other androgen-driven cancers**

## Company

- Experienced management team with deep expertise in oncology and drug development
- Headquartered in South San Francisco and Vancouver

## Technology & Products

- Lead candidate **EPI-7386** is a first-in-class oral, small molecule androgen receptor N-terminal domain inhibitor ("Aniten")
- EPI-7386 is being developed as both a monotherapy in late-stage metastatic castration-resistant prostate cancer and in combination with antiandrogens in 1$^{st}$ line mCRPC
- Initial clinical data show EPI-7386 is well-tolerated as a monotherapy and in combination with leading antiandrogens; early combination data with enzalutamide showed 4/6 patients achieving a PSA90 in 90 days
- First generation AR NTD protein degrader (ANITAC) in preclinical development

## Financial Details

- Listed on NASDAQ (EPIX)
- Cash and short-term deposits: $167.2M (September 30, 2022); runway through 2025

# Experienced Management Team

## David R. Parkinson, MD

*President & Chief Executive Officer*

NOVARTIS · NIH NATIONAL CANCER INSTITUTE · AMGEN · biogen idec · nodality

## Peter Virsik, MS, MBA

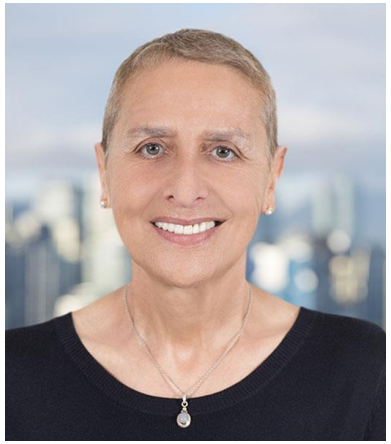
*EVP & Chief Operating Officer*

GILEAD · Genentech · XenoPort · J.P.Morgan · EY

## David S. Wood, MBA, CPA, CMA

*Chief Financial Officer*

Celator Pharmaceuticals · CUBIST PHARMACEUTICALS



## Alessandra Cesano, MD

*Chief Medical Officer*

nanoString · CLEAVE THERAPEUTICS · AMGEN · biogen idec · nodality

# Prostate Cancer Disease Landscape

## PUBLIC HEALTH PROBLEM

- Prostate cancer is the 2nd most common cause of male cancer deaths
- American Cancer Society estimates 268,000 new cases and 34,500 deaths in 2022[1]

## LARGE MARKET

- Over $8.6B in global sales generated in 2021 by leading antiandrogens[2]
- Newest antiandrogens: Zytiga® (abiraterone acetate), Xtandi® (enzalutamide), Erleada® (apalutamide) and Nubeqa® (darolutamide)[2]

## VALIDATED THERAPEUTIC TARGET

- Androgen receptor (AR) signaling is critical for prostate cancer development and progression[3,4,5]
- Mounting evidence that progression to CRPC remains dependent upon persistent AR signaling driven by AR resistance mechanisms[3,5]

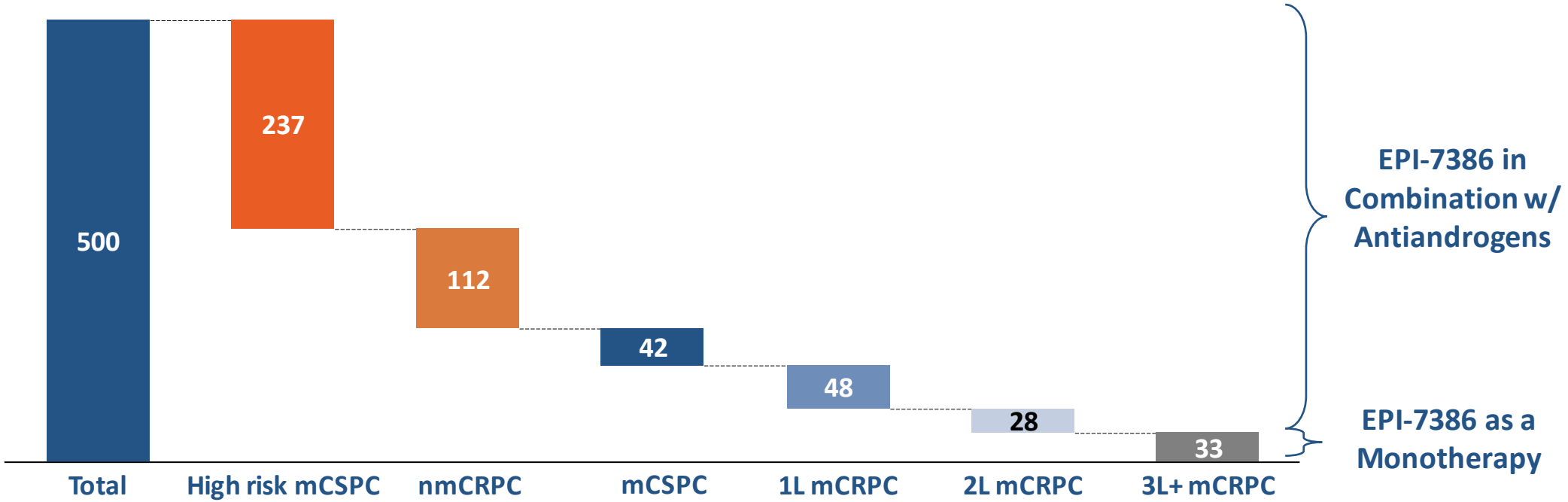
## NEED FOR NEW THERAPEUTIC STRATEGIES

- Resistance to second-generation antiandrogens is common and on average occurs within a year of starting therapy[6]
- Clinical results suggest that more potent AR inhibition used earlier in therapy may provide improved clinical outcomes for patients[7]


1. American Cancer Society. (2022). *Key Statistics for Prostate Cancer.* Retrieved from https://www.cancer.org/cancer/prostate-cancer/about/key-statistics.html.
2. 2021 financial reports from www.sec.gov.
*3. Robinson D, et al. Cell, 2015.*
*4. Chen CD, et al. Nat Med, 2004.*
*5. Kumar A, et al. Nat Med, 2016.*
*6. Sharp A, et al. JCI, 2019.*
7. ESMO 2021.

# Large Opportunity in U.S. Prostate Cancer Market *

## US Prostate Cancer Prevalence Estimated in 2020 by Stage of Disease* (in thousands)




***nmCRPC:*** *non-metastatic castration-resistant prostate cancer;* ***mCSPC:*** *metastatic castration-sensitive prostate cancer;* ***mCRPC:*** *metastatic castration-resistant prostate cancer*

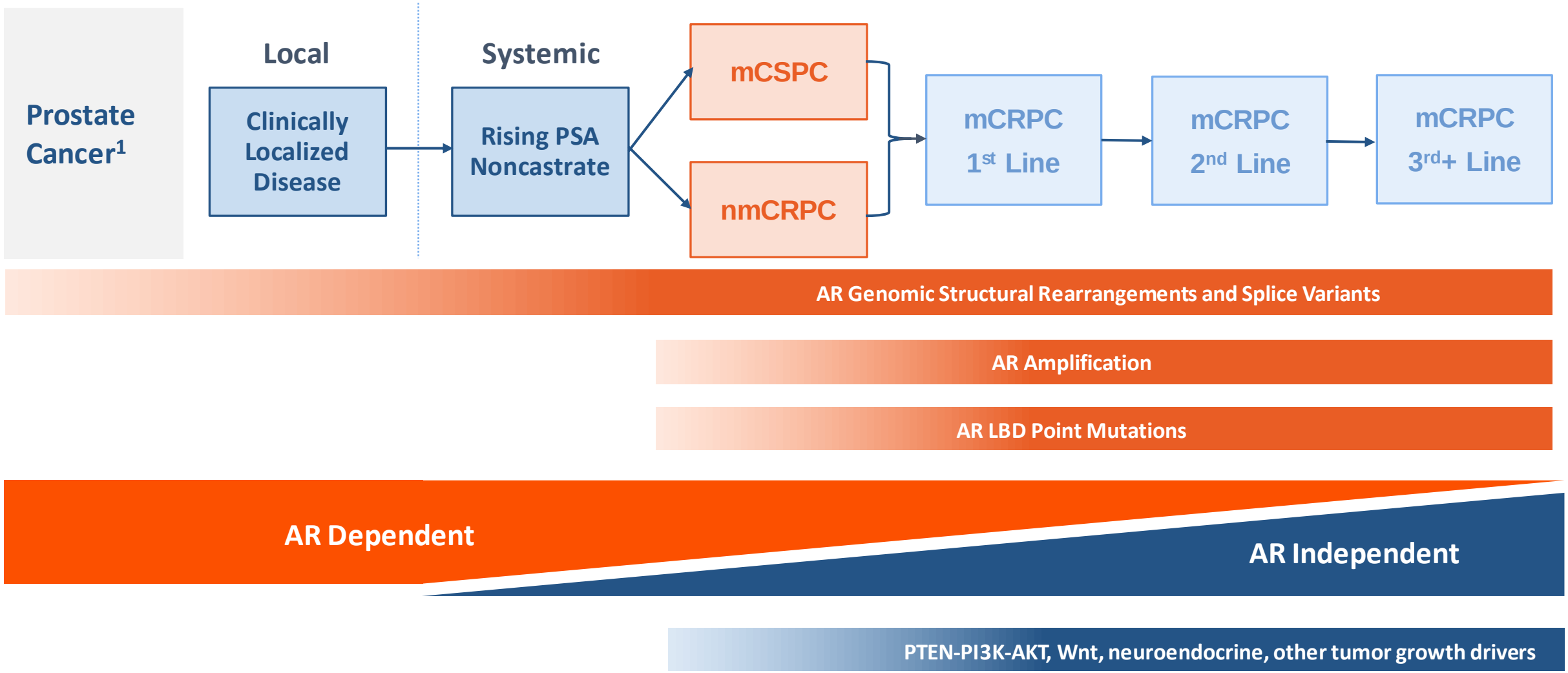
## Antiandrogens Approved or in a Pivotal Phase 3 Study

| | | | |
|---|---|---|---|
| ♦ Erleada | ▶ Xtandi | ▶ Xtandi | ▶ Xtandi |
| ♦ NUBEQA | ▶ Erleada | ▶ Zytiga | ▶ Zytiga |
| | ▶ NUBEQA | ▶ Erleada | |
| | | ▶ NUBEQA | |

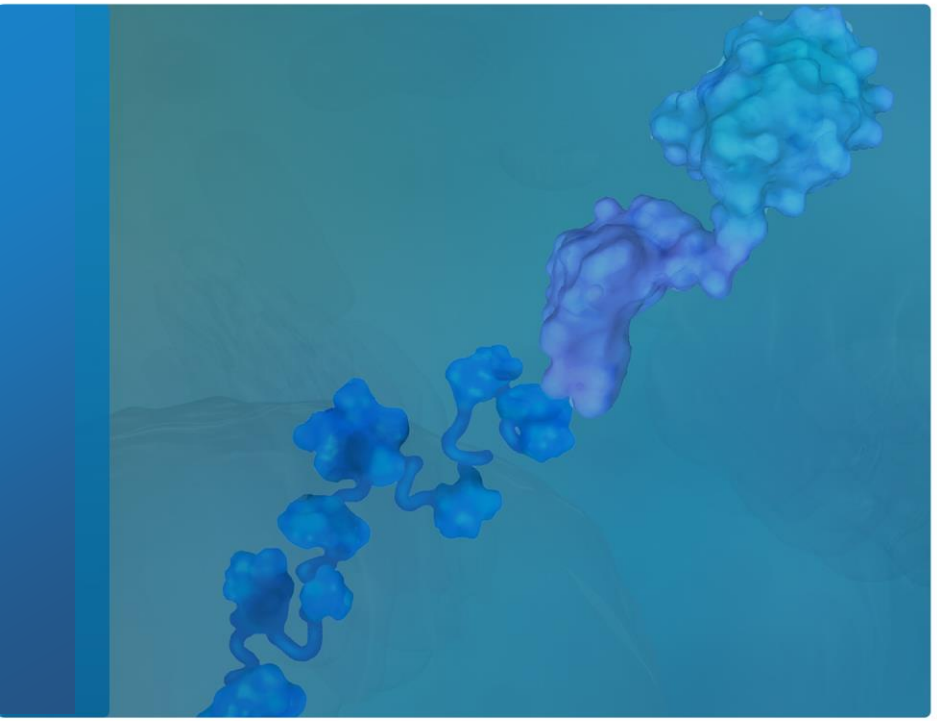
▶ Approved
♦ In P3 Study

- *Sher, H, et al. PLOS One, 2015. 3L mCRPC patients are estimated as the yearly mortality incidence due to prostate cancer.*

# Prostate Cancer Evolution and AR Dependency




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



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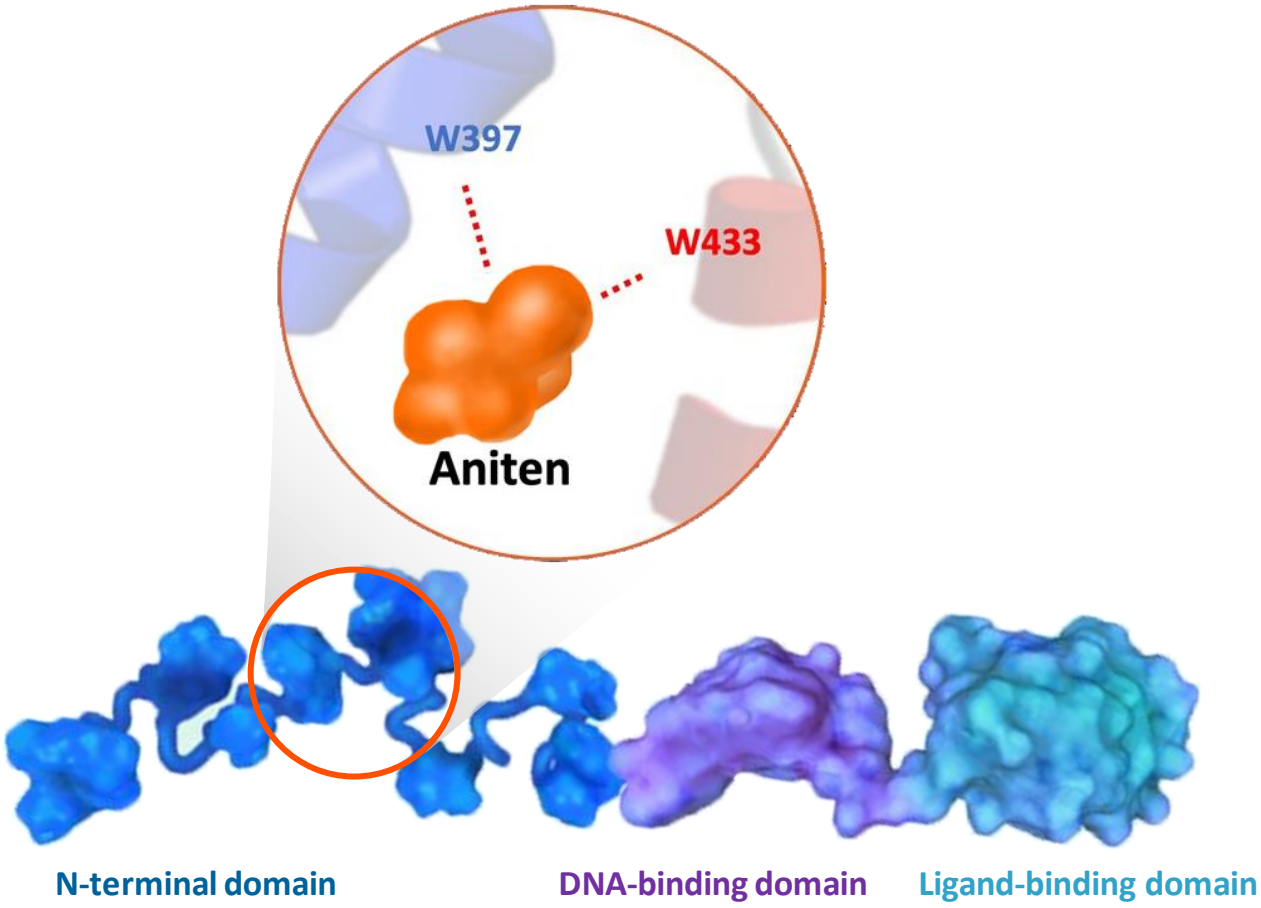
# EPI-7386, First-in-Class NTD AR Inhibitor

# EPI-7386's Novel MoA Uniquely Inhibits the NTD of the Androgen Receptor, Potentially Overcoming Resistance to Standard-of-Care

- 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



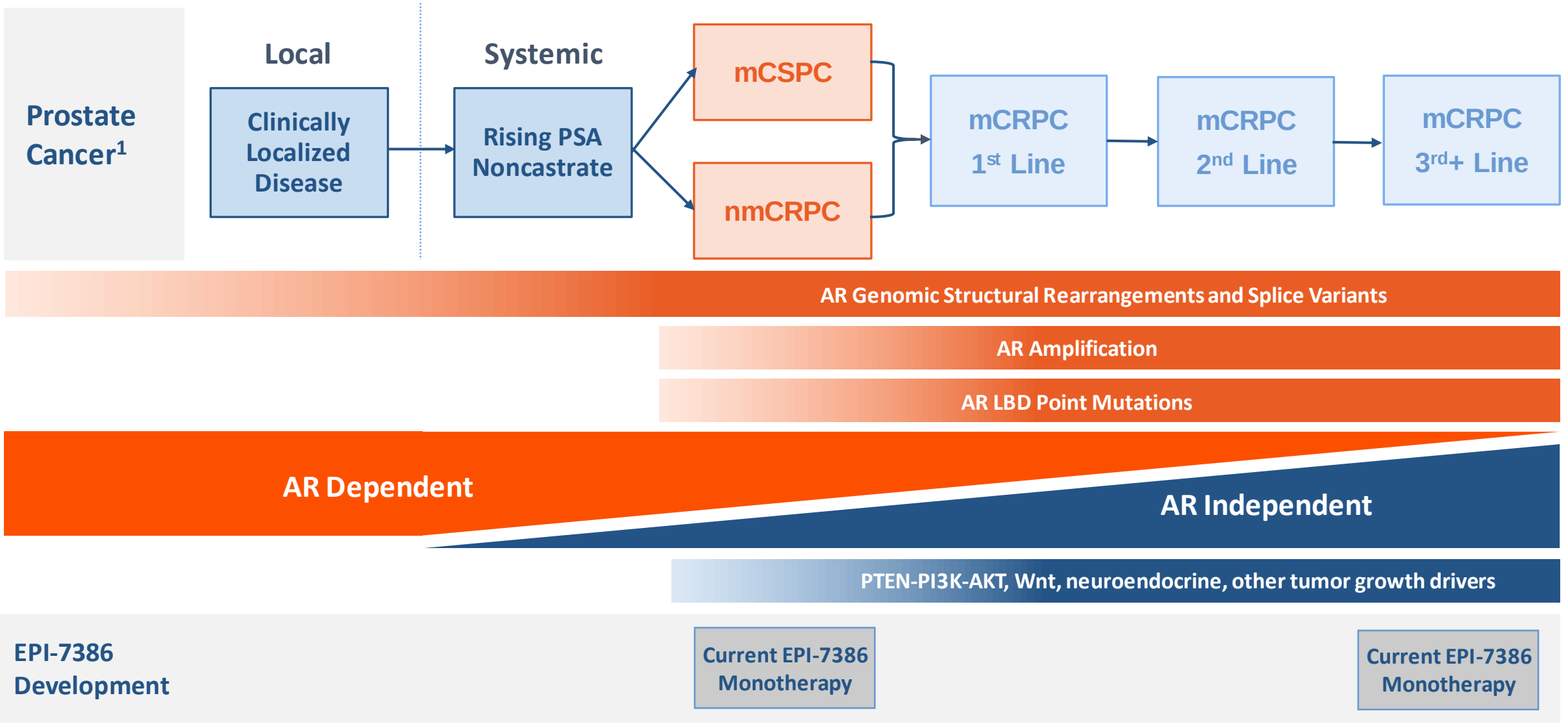

**Granted unique USAN drug stem of "Aniten" as a AR NTD inhibitor**


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 |

# EPI-7386 Monotherapy Clinical Development for AR-Driven CRPC



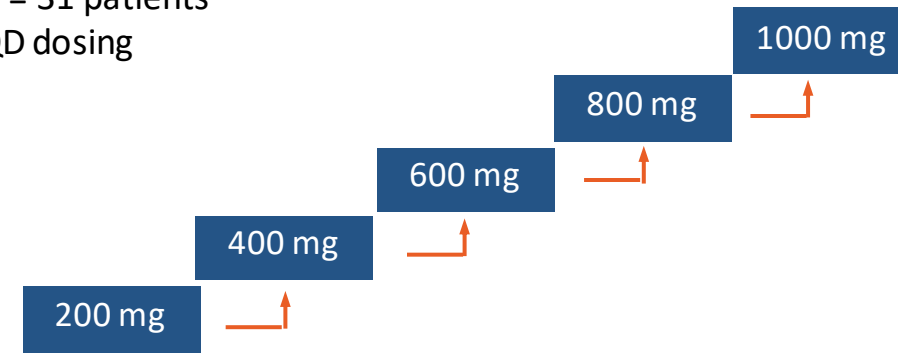

1. Adopted from Scher HI, et al. J Clin Oncol, 2016.

# EPI-7386 Phase 1 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

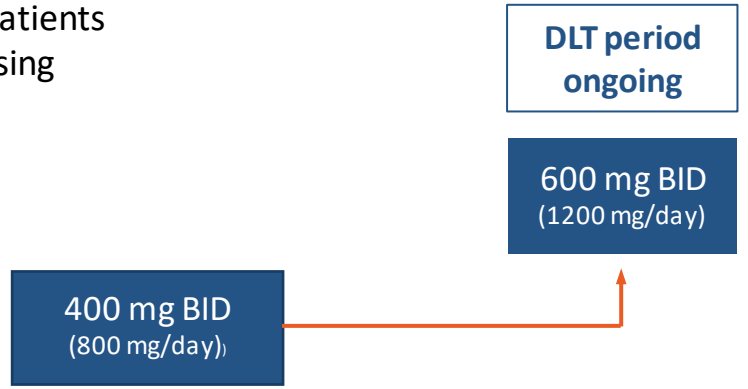
**Original Protocol**
N = 31 patients
QD dosing




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

## Phase 1a: BID Dosing Regimen

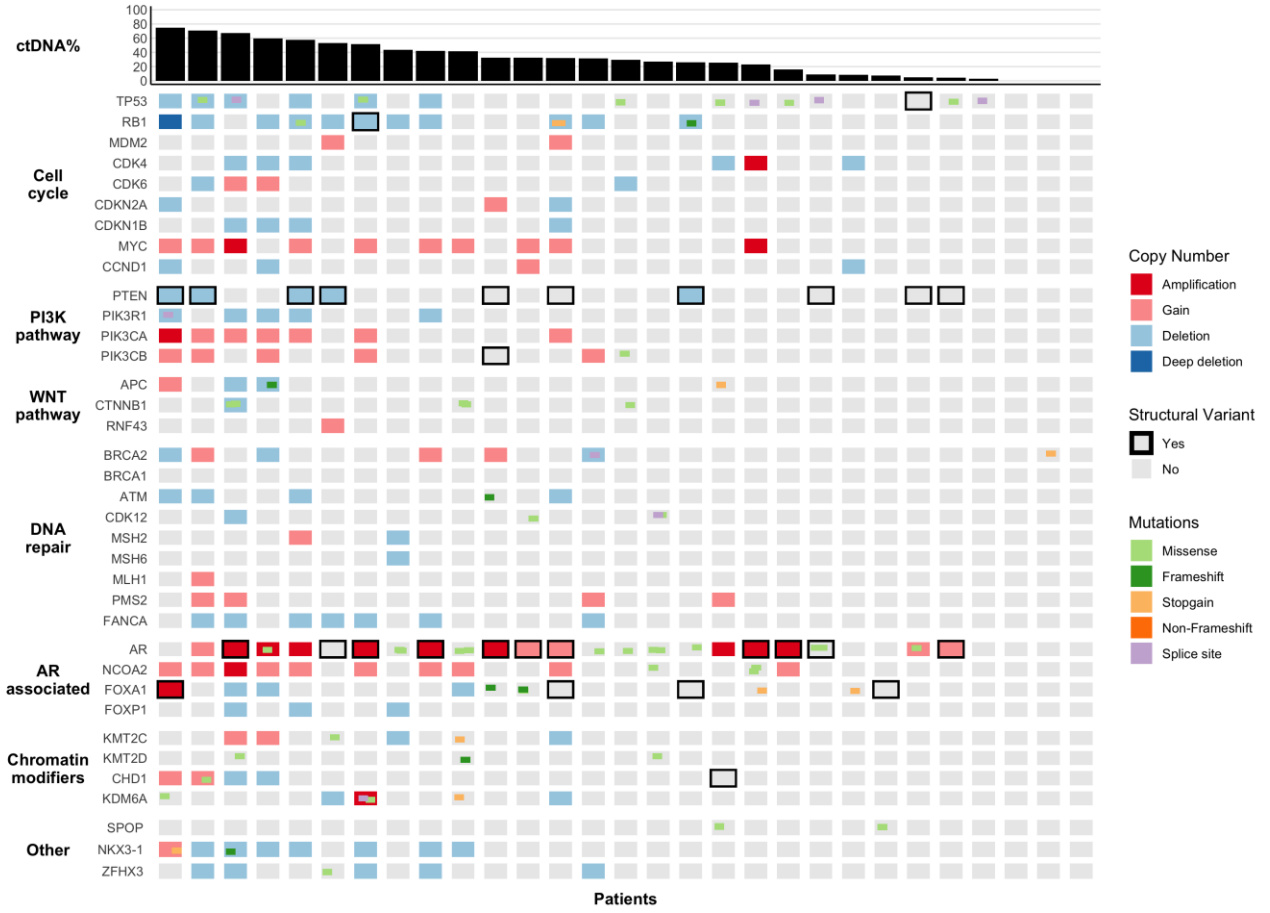
**Amended Protocol**
N = 8 patients
BID dosing




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

# Patients Enrolled Under the QD Dosing Regimen were Heavily Pretreated and Clinically/Molecularly Complex

| Parameter | QD (n = 31) |
|---|---|
| Median age (range), yrs | 72 (50-85) yrs |
| Median # lines of prior therapy (range) | 7 (4-13) |
| Median # lines of prior therapy for mCRPC (range) | 4 (2-10) |
| Type of prior therapy, n (%) | |
| • Abiraterone ("ABI") | • 27 (87.1%) |
| • Enzalutamide ("ENZ") | • 25 (80.6%) |
| • Both (ABI + ENZ) | • 22 (71%) |
| • Darolutamide/Apalutamide | • 4 (12.9%) |
| • Chemotherapy | • 18 (58.1%) |
| 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%) |




| Molecular Alteration | Frequency (n=29) |
|---|---|
| AR-associated | 86% |
| Non-AR-associated | 93% |

# EPI-7386 Was Well-Tolerated at All Dose Levels and Schedules (QD and BID regimens) Administered in the Phase 1a (n=39)

| TRAE* Term | Grade 1 n (%) | Grade 2 n (%) | Grade 3** n (%) | Total n (%) |
|---|---|---|---|---|
| Anemia | 4 (10.2) | 2 (5.1) | 1 (2.5) | 7 (17.9) |
| Aspartate aminotransferase increased | 2 (5.1) | 0 (0) | 0 (0) | 2 (5.1) |
| Diarrhea | 3 (7.7) | 2 (5.1) | 0 (0) | 5 (12.8) |
| Fatigue | 1 (2.5) | 5 (12.8) | 0 (0) | 6 (15.4) |
| Hot Flush | 0 (0) | 4 (10.2) | 0 (0) | 4 (10.2) |
| Nausea | 6 (15.4) | 1 (2.5) | 0 (0) | 7 (17.9) |

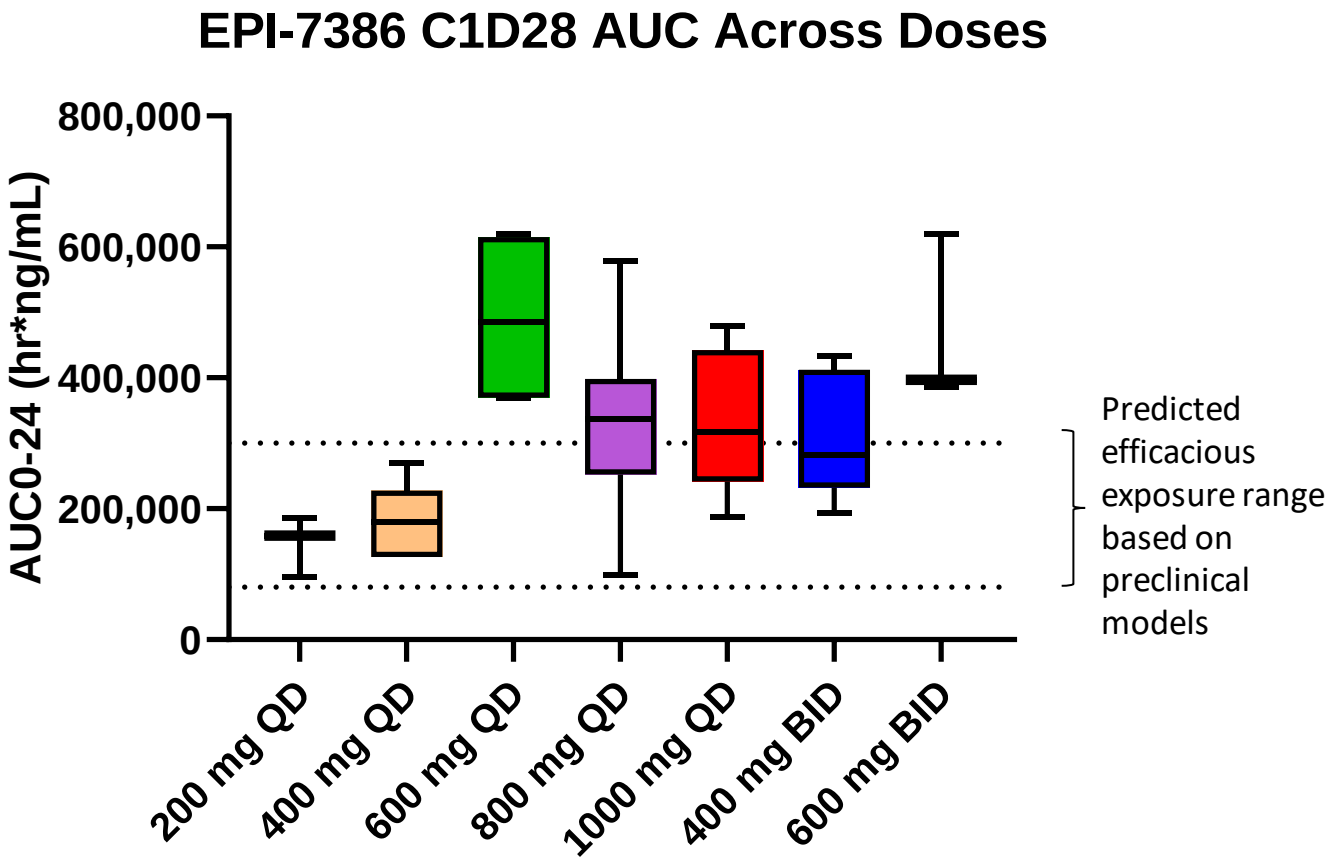
- All TRAEs (exception of one occurrence of what was later considered non-related Grade 3 anemia) were Grade 1 and 2
- No apparent dose-dependency was observed
- All the Grade 2 TRAEs of diarrhea occurred at doses ≥ 600 mg QD
- Low dose-reduction rate (8.1%) due to related AEs (5 cases of Grade 2 diarrhea in 2 subjects)

*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"*

# 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



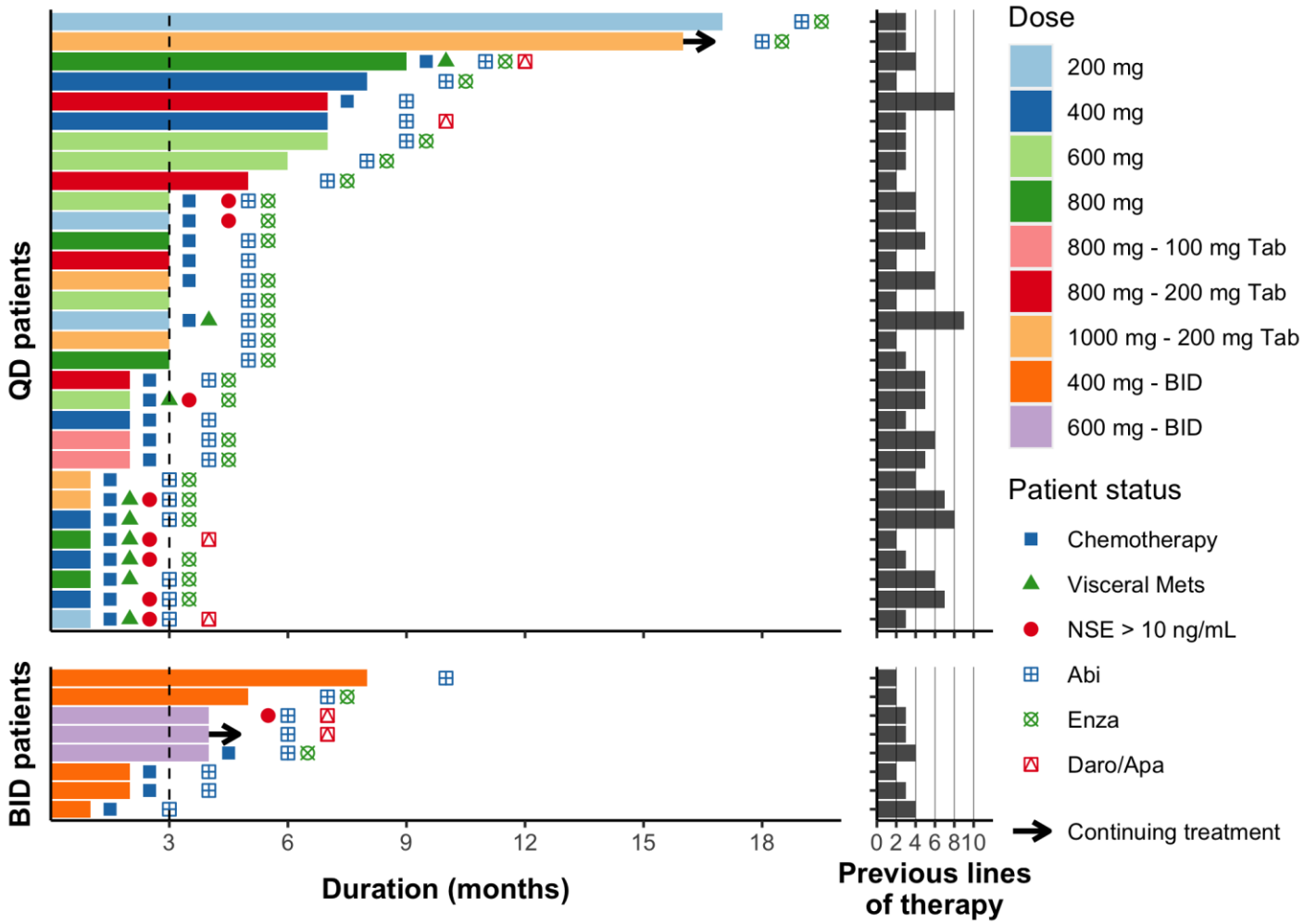
# Longer Duration of Treatment on EPI-7386 is Associated with Less Prior Therapy for mCRPC

### 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 17
- No obvious dose response observed

### BID Dosing Regimen Patients

- ~60% of patients across the two dose levels remained on therapy longer than 3 months
- One patient remains on therapy

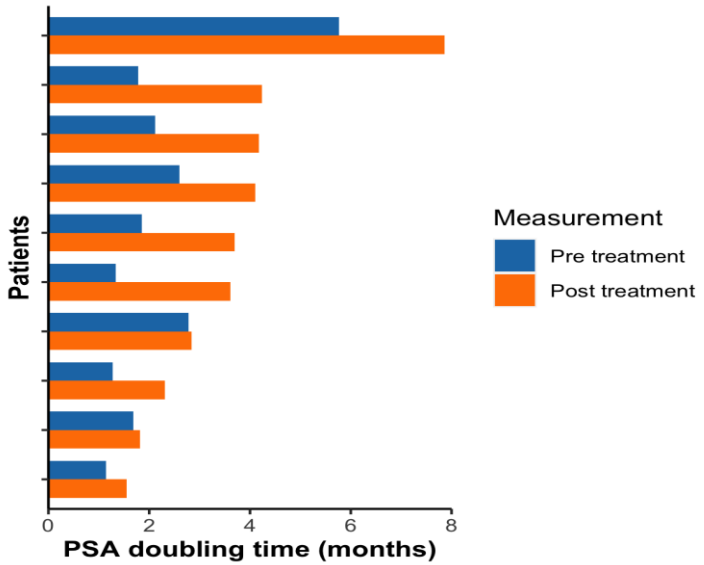


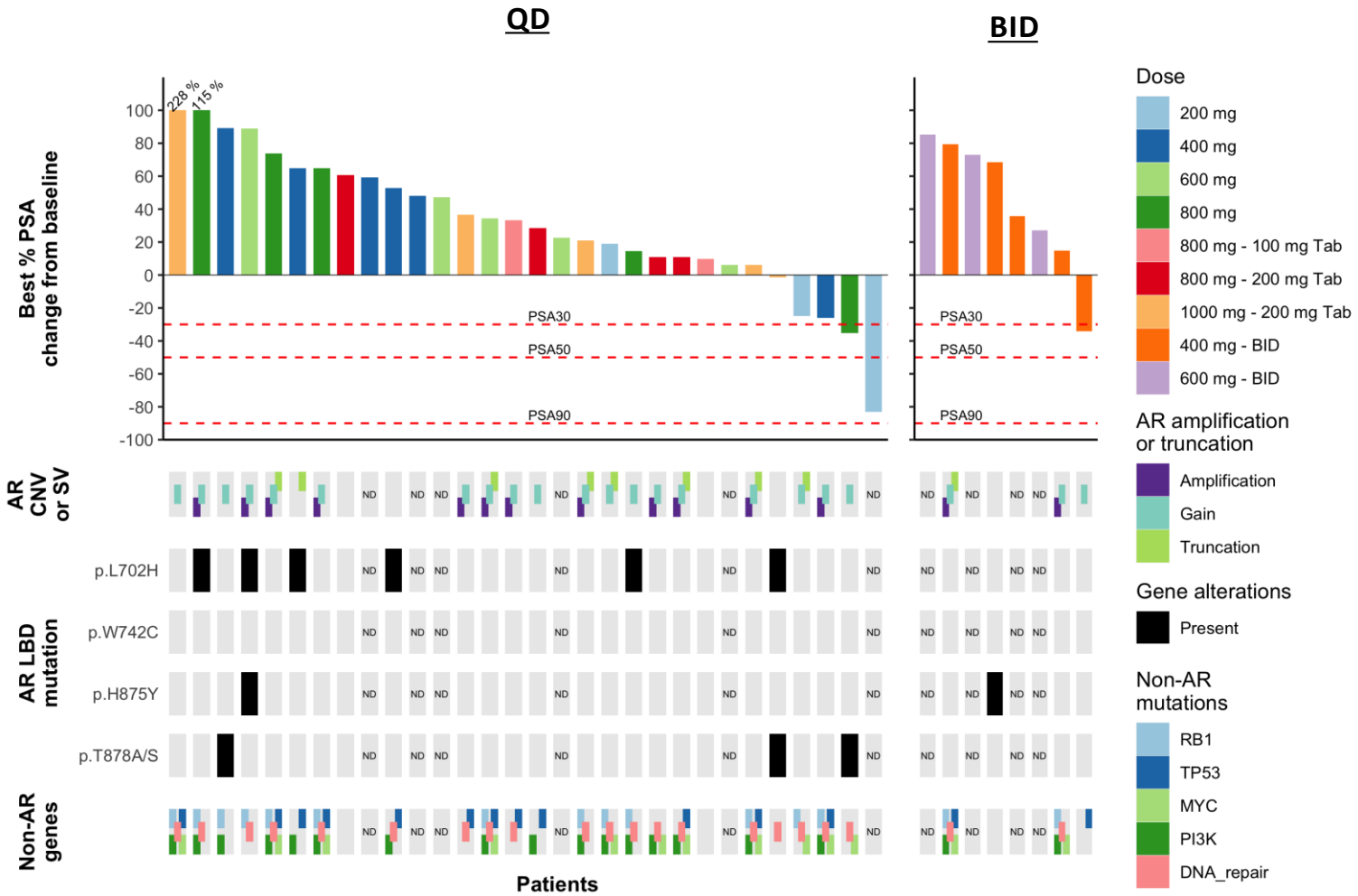

*NSE level association with neuro-endocrine differentiation - IJBM 2018

# PSA Reductions were Observed in a Clinically Defined Subset of Patients

**PSA decrease or PSA stabilization was observed in patients with:**

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



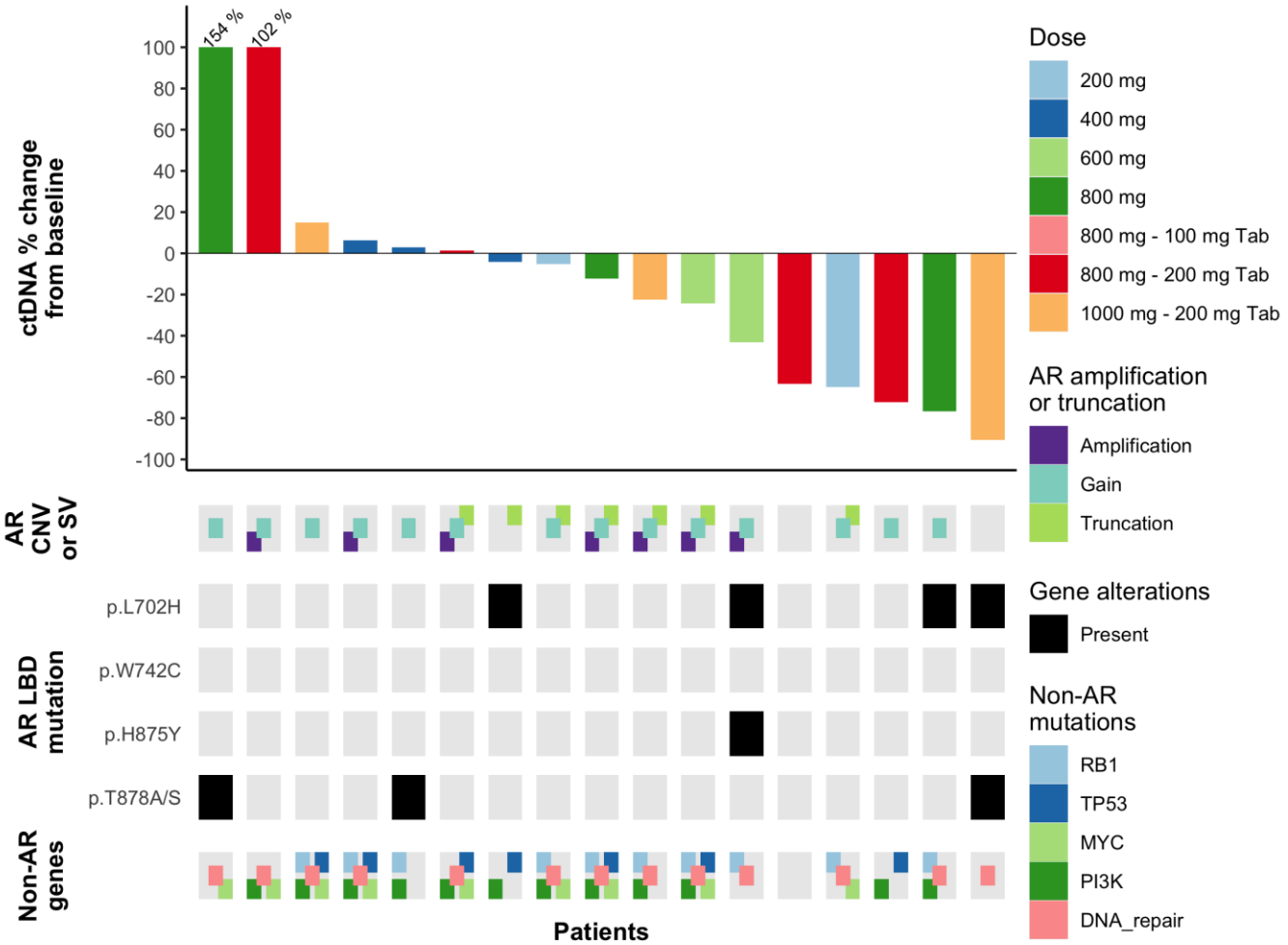

*ND: Not determined. 0% ctDNA at baseline*

# Phase 1a QD Dosing Regimen: % ctDNA Decreases Suggest Activity Against AR-Driven Tumors

**In 17 patients with measurable ctDNA levels at baseline:**

- 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
- % ctDNA decreases were observed even in patients whose PSA levels were increasing

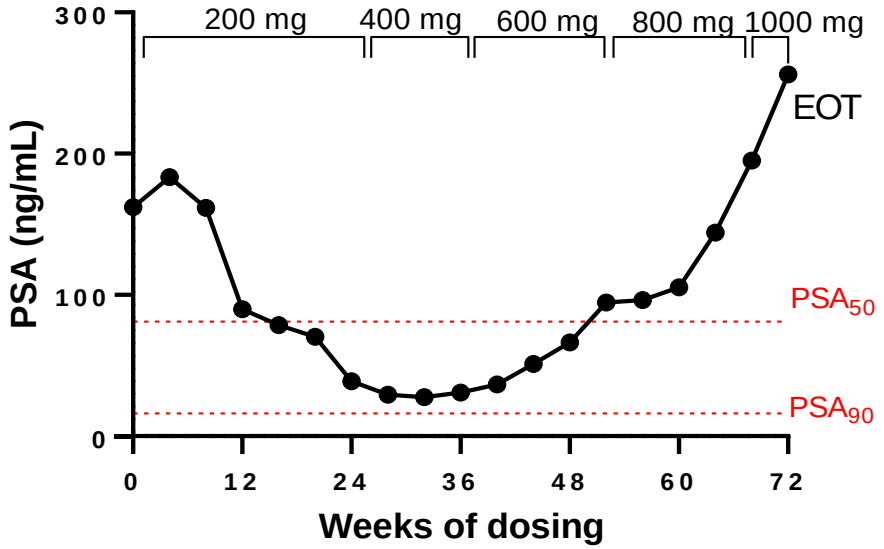
**According to FDA draft guidance pertaining to the early-stage solid tumor setting, ". . . ctDNA could be used in early phase clinical trials to aid in signal finding of drug activity and to potentially aid sponsors in their drug development plans."***




** Use of Circulating Tumor DNA for Early-Stage Solid Tumor Drug Development; Guidance for Industry, FDA, May 2022*

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

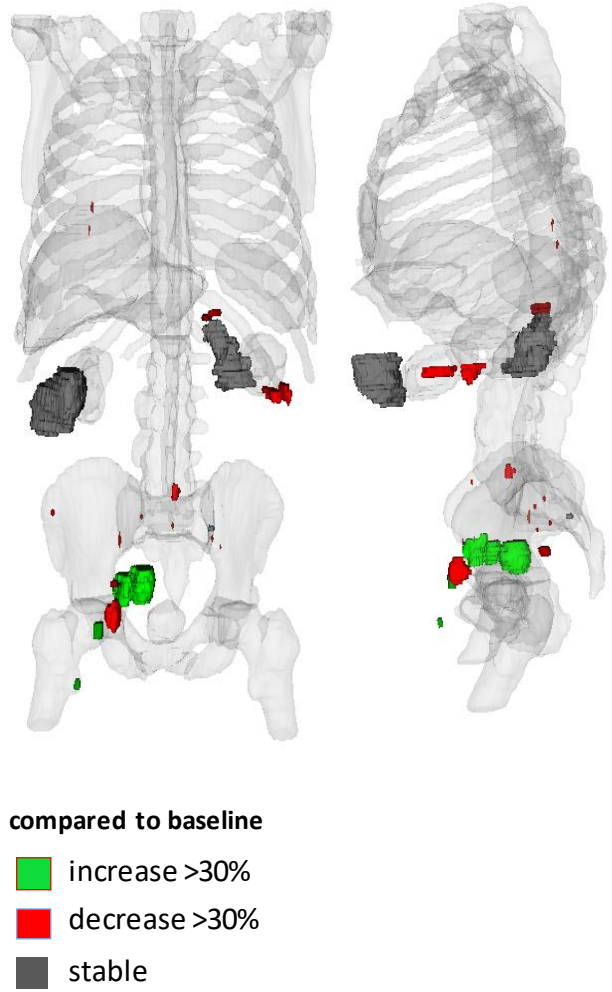
| Baseline Parameter | |
|---|---|
| Age (years) | 79 |
| PC Dx date | 08/2014 |
| mCRPC Dx | 06/2017 |
| Prior Rx for mCRPC | Enzalutamide<br>Provenge<br>Abiraterone |
| Metastatic sites | Bone, nodal |
| dtPSA* (m) | 4 |
| CTC | 0 |
| ctDNA % | 0 |
| Tumor Burden (mm) | 59 |
| NSE (ng/ml) | < 5 ng/mL |
| 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




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

# EPI-7386 Monotherapy Phase 1a: Key Findings

**Key safety results and pharmacokinetic data from both QD and BID patients as of June 1, 2022:**

- EPI-7386 was safe and well-tolerated at all dose levels and schedules tested, with no dose-limiting toxicities and only Grade 1 and Grade 2 adverse events
- EPI-7386 has a long half life (>24hrs) and steady state AUC EPI-7386 exposures increase with higher doses; all doses reached exposures above the minimum target drug threshold

**Key response findings in both QD and BID patients as of June 1, 2022:**

- Tumor volume decreased in five patients who had measurable disease and were on therapy for more than 12 weeks
- In 17 patients with measurable ctDNA levels at baseline, ctDNA declines were observed in patients harboring AR point mutations, AR gain/amplification and AR truncations, suggesting EPI-7386's potential activity against these tumors
- PSA decreased or PSA stabilized in a clinical subset of patients: no visceral disease, fewer DNA genomic aberrations in non-AR oncogenic pathways, and fewer than 3 lines of therapy
    - Provides further information to refine the monotherapy development program patient population

***Phase 1b Dose Expansion is ongoing and testing 2 doses/schedules of single agent EPI-7386 in a less heavily pretreated mCRPC patient population (i.e., chemotherapy naive, post-second-generation antiandrogens)***

# Next Steps in the EPI-7386 Phase 1 Monotherapy Study

- Verify the recommended Phase 2 dose – 600mg BID or 600 mg QD
- 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

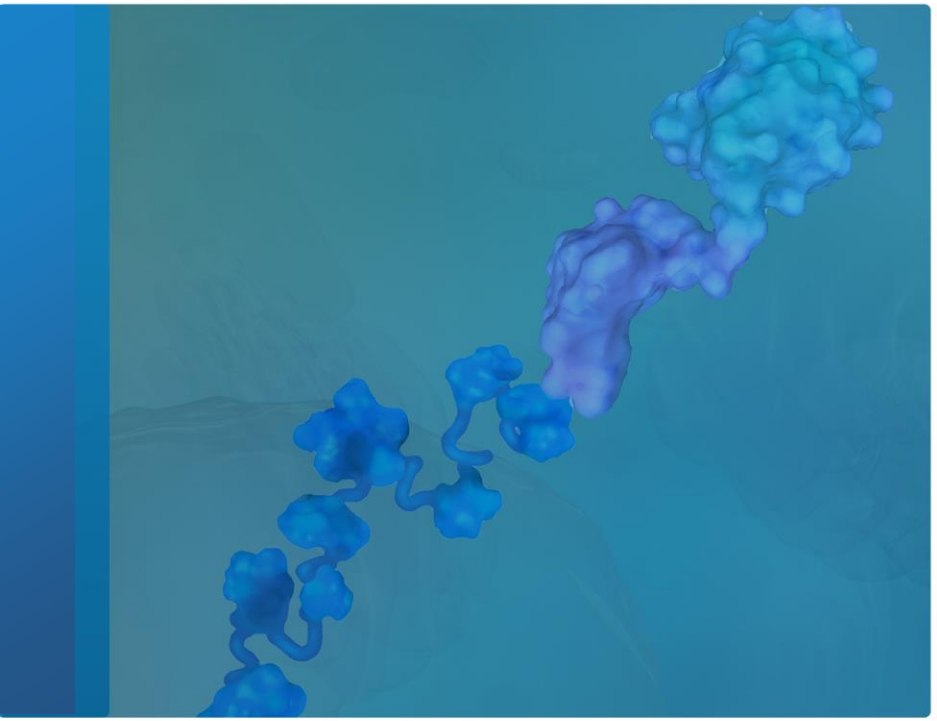
**600mg BID** **600mg QD**

- 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 BID**

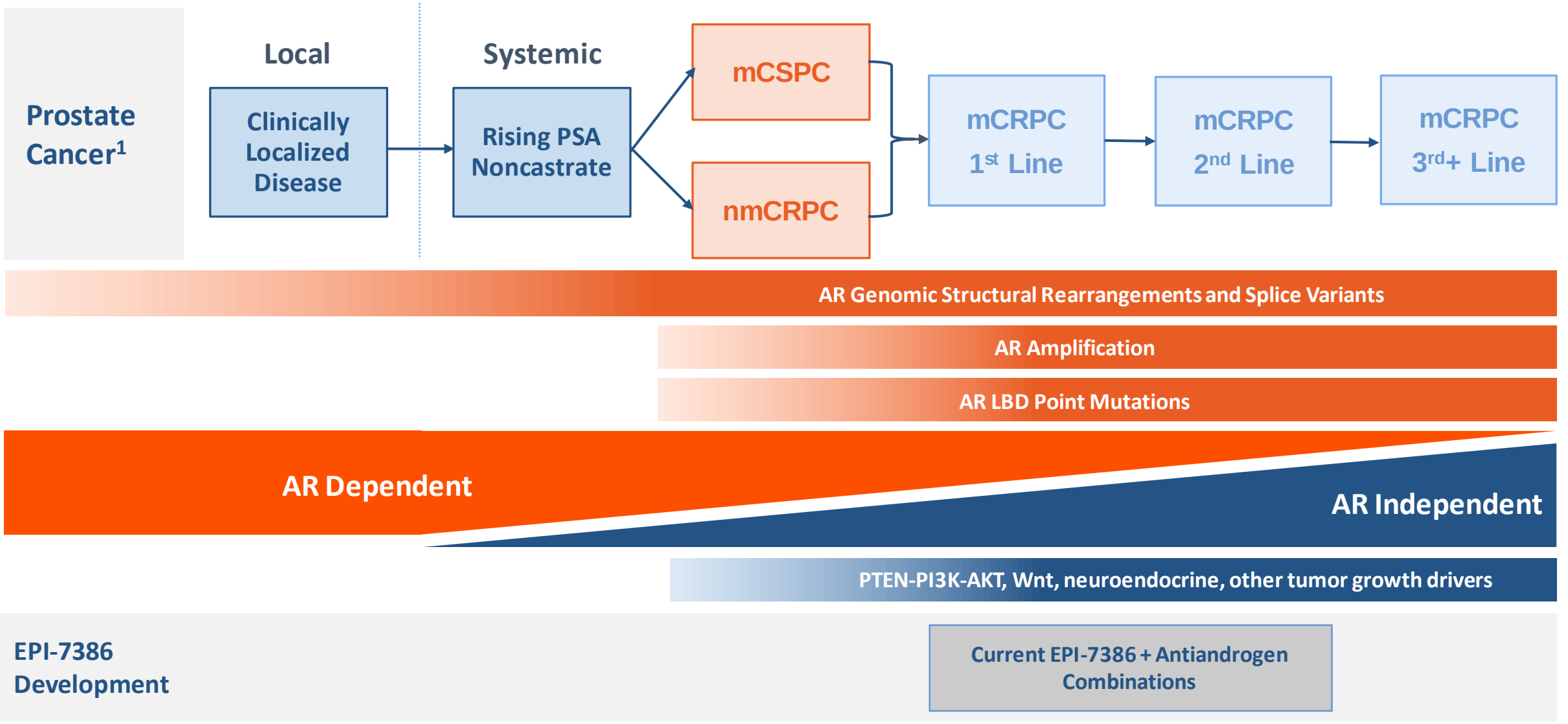
- Non-metastatic CRPC (nmCRPC) patients
- 2 Cohorts: QD & BID dosing
- 12 weeks of EPI-7386 monotherapy treatment before starting standard of care therapy



ESSA

# EPI-7386 in Combination with Second Generation Antiandrogens

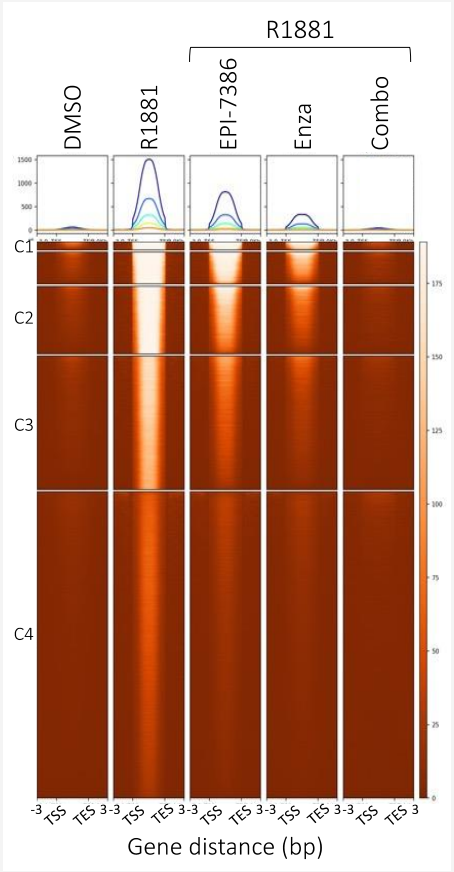
# EPI-7386 Combination Study Clinical Program for AR-Driven CRPC



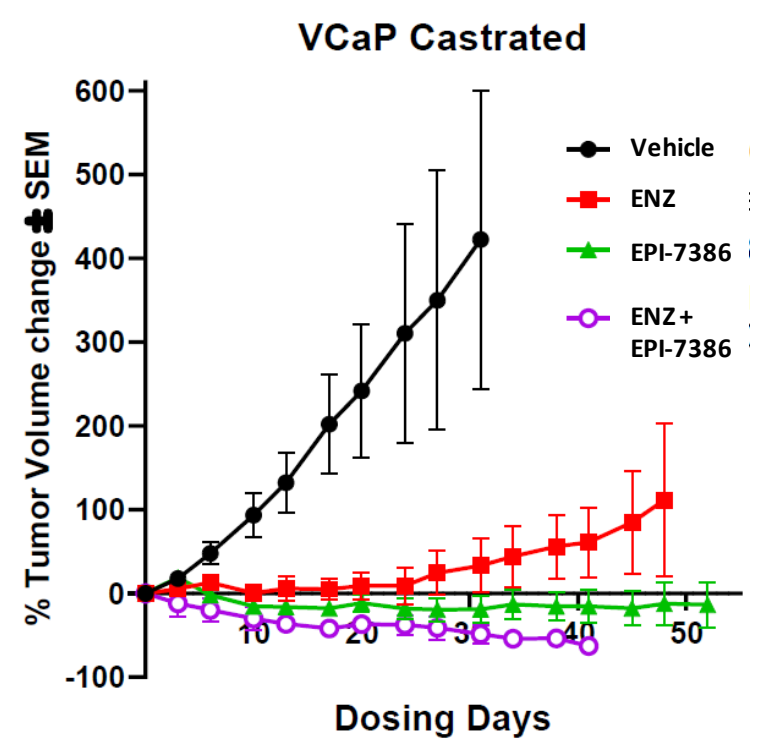

1. Adopted from Scher, HI, et al. J Clin Oncol, 2016.

# Preclinical Rationale for the Combination of EPI-7386 with Antiandrogens

## AR Binding to Genomic DNA




## Mouse VCaP Xenograft Efficacy



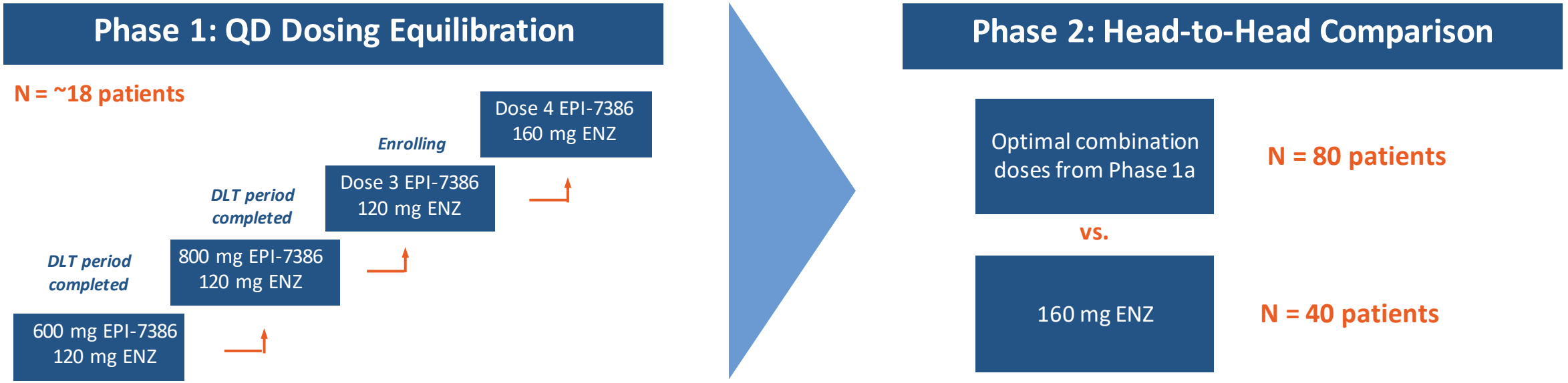

- Decades of clinical research link improved clinical results with deeper AR axis suppression
- Combining an AR NTD-inhibitor with an LBD-inhibitor provides two complementary ways of inhibiting AR biology
- Preclinical studies support deeper and broader suppression of AR-driven biology by combining EPI-7386 with antiandrogens

# EPI-7386 Combination Development Program with Second-Generation Antiandrogens

| | |
|---|---|
| astellas | ESSA collaboration with Astellas to evaluate EPI-7386 in combination with Xtandi ® (enzalutamide) in an ESSA-sponsored 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) + prednisone in a two arm Phase 1/2 clinical study in mCPRC patients naïve to second generation antiandrogens; initial data from three enrolled patients reported October 2022 |
| 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 RP2D 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 Xtandi (Enzalutamide) Phase 1/2 Combination Study Update: Initial Data from First Two Cohorts in Phase 1

| | |
|---|---|
| **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<br>• EPI-7386 exposure impacted by enzalutamide with lower exposures of EPI-7386 observed, as anticipated; 4 dose cohorts will be needed to determine the combination RP2D<br>• One 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 to both drugs |
| **Clinical Activity** | • Rapid, deep and durable prostate specific antigen reductions observed<br>• 5 of 6 patients achieved a PSA90 regardless of prior chemotherapy status (data cutoff in Oct 2022)<br>• 4 of 6 patients achieved a PSA90 in 90 days |

*Treatment Related Adverse Event (TRAE)

# Prior Antiandrogen Pivotal Studies May Provide Insight into Translating Early Clinical Data into Potential Long-term Treatment Benefits

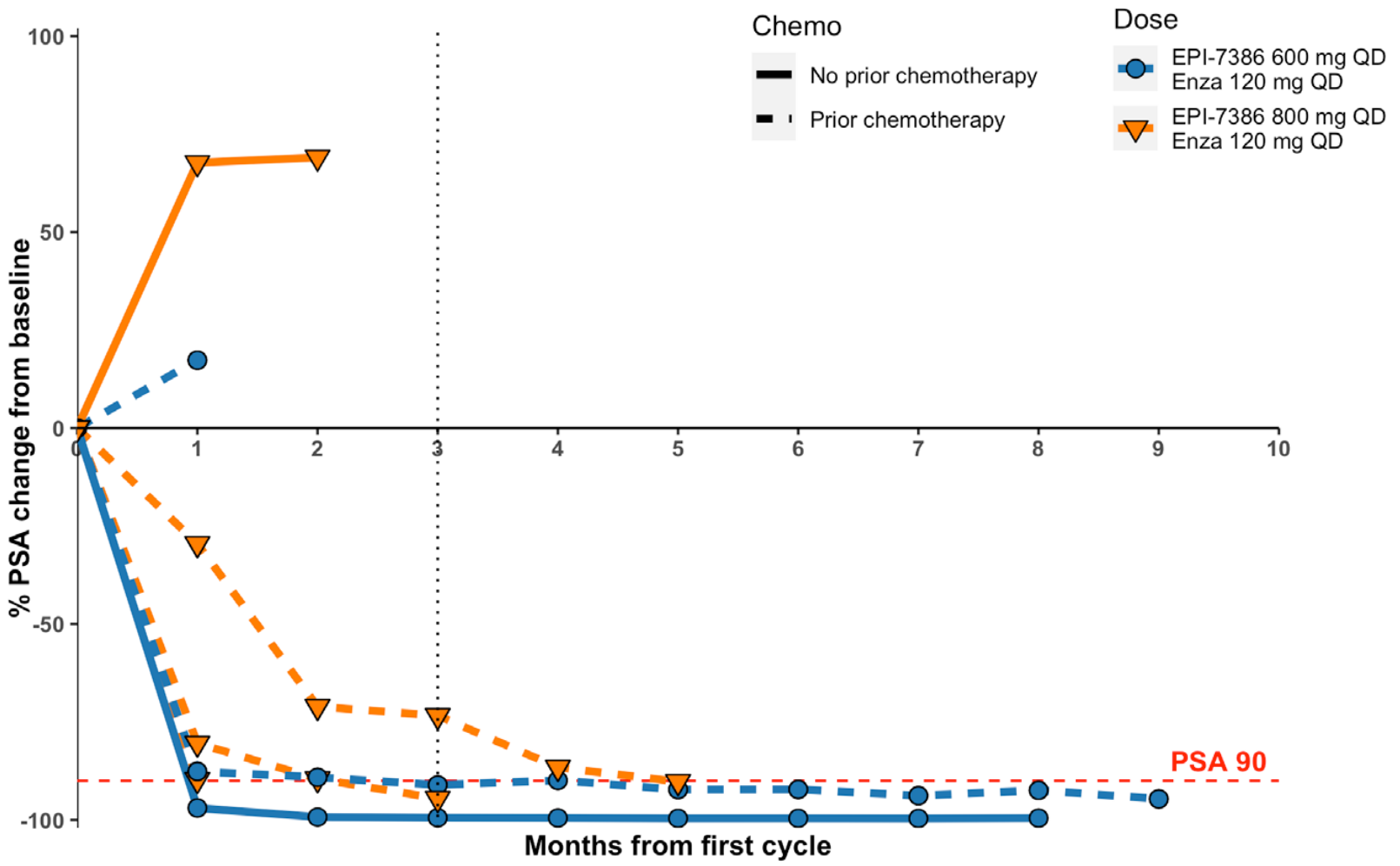
## Best PSA90 Change at 90 Days from Historical Studies of mCRPC

| Patient Population | Agent | PSA90 (90 Days) | Study Type | Patient Number | PSA90 (Overall) | Reference |
|---|---|---|---|---|---|---|
| mCRPC pre-chemo (PREVAIL) | ENZ | 37% | Pivotal | | 47% | Beers et al., NEJM, 2014; Armstrong et al., Eu Assoc of Uro, 2020. |
| mCRPC pre-chemo (PREMISE) | ENZ | | Observational | 1171 | 45% | Payne et al., Int J of Canc, 2021. |
| mCRPC pre-chemo (COU-AA-302) | ABI | 22% | Pivotal | | 31% | Ryan et al., NEJM, 2013; Xu et al., Clin Canc Rsch, 2015. |
| mCRPC pre-chemo (ACIS) | ABI | | Pivotal | | 47% | Saad et al., Lancet Onc, 2021. |
| mCRPC pre-chemo (ACIS) | ABI+APA | | Pivotal | | 53% | Saad et al., Lancet Onc, 2021. |
| mCRPC post-chemo (AFFIRM) | ENZ | 13% | Pivotal | | 25% | Scher et al., NEJM, 2012; Armstrong et al., Cancer 2017. |
| mCRPC pre-chemo (PREMISE) | ENZ | | Observational | 418 | 31% | Payne et al., Int J of Canc, 2021. |
| mCRPC post-chemo (COU-AA-301) | ABI | 13% | Pivotal | | 14% | Xu et al., Clin Canc Rsch, 2015. |

**In mCRPC patients on treatment with enzalutamide, the depth of the 13-week (90 day) PSA response correlates well with long-term treatment benefits and may provide an early guide to the long-term patient treatment benefits of combination treatment***

** Armstong, et al. Eu Urol Onc_2019.*

# Longitudinal PSA Changes Under Treatment for Cohort One and Cohort Two Patients




- Deep and durable PSA responses observed in 5 of 6 evaluable patients
  - Prior chemotherapy did not appear to impact response rate
  - Enzalutamide exposures still less than full
- Rapid PSA declines with 4 of 6 patients achieving a PSA reduction of 90% (“PSA90”) by 90 days
- Currently enrolling cohort 3 which is dosing 600mg BID EPI-7386 with 120mg enzalutamide

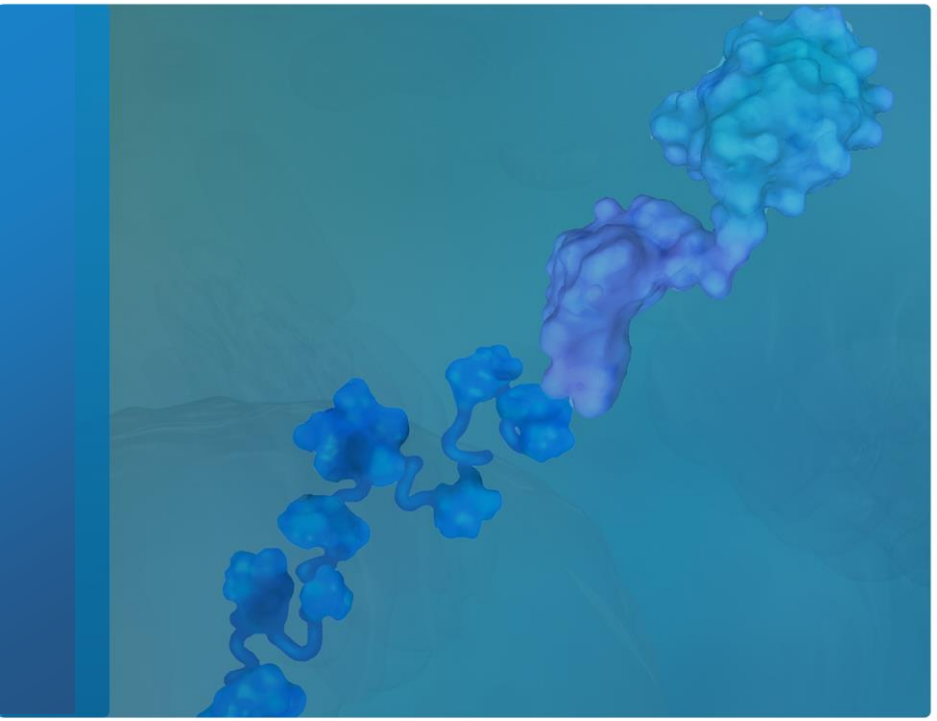
- Given the limited number of treated patients, no firm conclusions regarding the PSA reductions can be drawn but the data compare favorably to historical controls

# EPI-7386 in Combination with Erleada and Zytiga: Phase 1/2 Clinical Update in First Three Enrolled Patients

Janssen treated three mCRPC patients (pre-chemotherapy) with the combination of EPI-7386 and Erleada® (apalutamide) and Zytiga® (abiraterone acetate) plus prednisone for up to four months of therapy

| | |
|---|---|
| **Safety** | • In all three patients, the combination of both investigational drug products was safe and well tolerated |
| **Pharmacokinetics (PK)** | • In all three patients, the combination of both investigational drug products yielded sufficient exposures of each investigational drug product, indicative of pharmacological activity |
| **Clinical Activity** | • Initial clinical activity was observed in patients, with two of the three patients achieving a PSA90 within 90 days |

**Treatment Related Adverse Event (TRAE)*



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# Milestones and Cash Flow

# ESSA Research and Development Pipeline

## EPI-7386

| PROGRAM | INDICATION | RESEARCH | PRECLINICAL | PHASE 1 | PHASE 2 | PHASE 3 | COLLABORATIONS |
|---|---|---|---|---|---|---|---|
| EPI-7386 monotherapy | mCRPC – Resistant to standard of care treatments | | | | | | |
| | Non-PC AR-driven Cancers | | | | | | |
| EPI-7386 + enzalutamide | mCRPC | | | | | | astellas |
| EPI-7386 + abiraterone acetate + prednisone | mCRPC | | | | | | janssen |
| EPI-7386 + apalutamide | mCRPC | | | | | | janssen |
| EPI-7386 + darolutamide | mCRPC | | | | | | BAYER |

## Discovery

| PROGRAM | INDICATION | RESEARCH | PRECLINICAL | PHASE 1 | PHASE 2 | PHASE 3 | COLLABORATIONS |
|---|---|---|---|---|---|---|---|
| 3rd-Generation AR N-Terminal Domain Inhibitor | Prostate Cancer | | | | | | |
| AR N-Terminal Domain Degrader (“ANITAC”) | Prostate Cancer | | | | | | |
| AR N-Terminal Domain Tau-1 Site Inhibitor | Prostate Cancer | | | | | | |

# ESSA Upcoming Milestones

| EPI-7386 Programs | Timing |
|---|---|
| **Monotherapy** | |
| Present clinical update on Phase 1 trial | Completed |
| Establish the recommended Phase 2 dose (RP2D) | Completed |
| Initiate Phase 1b expansion study | Completed |
| Complete enrollment into the Phase 1b expansion study | 1H2023 |
| **Combination** | |
| Establish the RP2D for EPI-7386/enzalutamide combination trial | 1H 2023 |
| Initiate Phase 2 portion of EPI-7386/enzalutamide combination trial | 1H 2023 |

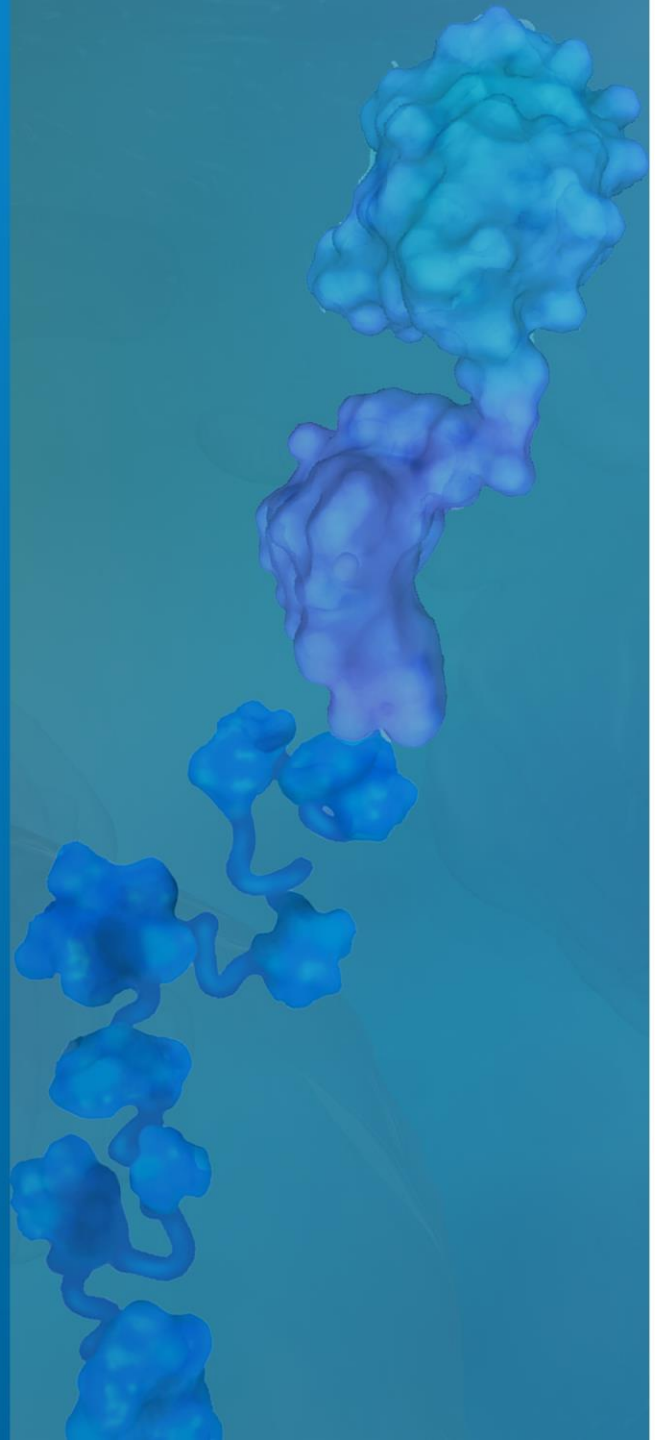
| Discovery | Timing |
|---|---|
| Initiate IND-enabling studies for an ANITAC NTD degrader | 2023 |

# Financial Position & Capitalization

| Nasdaq: EPIX | |
|---|---|
| **Cash** | $167.2M reported at September 30, 2022 (no debt O/S) |
| **Shares** | ~47M (44M I/O common shares and 3M prefunded warrants) |
| **Covering Analysts** | Bloom Burton - *David Martin* \| Jefferies - *Maury Raycroft*<br>Oppenheimer - *Mark Breidenbach* \| Piper Sandler - *Joe Catanzaro* |

**Current cash runway through 2025 funds:**

- Completion of Phase 1 dose escalation & expansion monotherapy studies
- Completion of Phase 1/2 combination studies with antiandrogens
- Phase 2 monotherapy pivotal study
- Pipeline work including preclinical studies with Anitens in other AR-driven tumors



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