



September 2024

NASDAQ: **IDYA**

IDEAYA Biosciences

Improving Lives
Through Transformative
Precision Medicines

Safe Harbor Statement

Certain statements in this presentation and the accompanying oral commentary are forward-looking statements. These statements relate to future events or the future financial performance of IDEAYA Biosciences, Inc. (the "Company") and involve known and unknown risks, uncertainties and other factors that may cause the actual results, levels of activity, performance or achievements of the Company or its industry to be materially different from those expressed or implied by any forward-looking statements. In some cases, forward-looking statements can be identified by terminology such as "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "estimate," "predict," "potential" or other comparable terminology. All statements other than statements of historical fact could be deemed forward-looking, including expectations regarding the clinical activity profile, potential clinical benefit and potential advantages of the Company's clinical programs; the translation of preliminary clinical trial results into future clinical trial results; the enrollment of clinical trials; whether the Phase 2/3 clinical trial for evaluation of the darovasertib and crizotinib combination in metastatic uveal melanoma will be considered a registrational trial by the U.S. Food and Drug Administration (the "FDA"); the potentially addressable patient population for the Company's programs; any expectations regarding the Company's target discovery platform or new target validation efforts as creating opportunities for research and development initiatives; any projections of financial information, market opportunities, cash runway or profitability, including the estimated funding of operations into 2028; any statements about historical results that may suggest trends for the Company's business; any statements of the plans, strategies, and objectives of management for development programs or future operations; any statements about the timing of preclinical research, clinical development, regulatory filings, manufacturing or release of data; any statements of expectation or belief regarding future events, potential markets or market size, technology developments, or receipt of cash milestones, option exercise fees or royalties; and any statements of assumptions underlying any of the items mentioned. The Company has based these forward-looking statements on its current expectations, assumptions, estimates and projections. While the Company believes these expectations, assumptions, estimates and projections are reasonable, such forward-looking statements are only predictions and involve known and unknown risks and uncertainties, many of which are beyond the Company's control. Such risks and uncertainties include, among others, the uncertainties inherent in the drug development process, including the Company's programs' early stage of development, the process of designing and conducting preclinical and clinical trials, serious adverse events, undesirable side effects or unexpected characteristics of drug development, the regulatory approval processes, the timing of regulatory filings, the challenges associated with manufacturing drug products, the Company's ability to successfully establish, protect and defend its intellectual property, and other matters that could affect the sufficiency of existing cash to fund operations. These and other important factors may cause actual results, performance or achievements to differ materially from those expressed or implied by these forward-looking statements. The forward-looking statements in this presentation are made only as of the date hereof. For a further description of the risks and uncertainties that could cause actual results to differ from those expressed in these forward-looking statements, as well as risks relating to the business of the Company in general, see the Company's periodic filings with the Securities and Exchange Commission (the "SEC"), including its Annual Report on Form 10-K for the year ended December 31, 2023, its Quarterly Report on Form 10-Q for the quarter ended June 30, 2024, and any current or periodic reports filed with the SEC. Except as required by law, the Company assumes no obligation and does not intend to update these forward-looking statements or to conform these statements to actual results or to changes in the Company's expectations.

Other

This presentation concerns anticipated products that are under clinical investigation and which have not yet been approved for marketing by the FDA. These anticipated products are currently limited by Federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. The Company has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, the Company's own internal estimates and research have not been verified by any independent source.

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IDEAYA Biosciences Highlights

Leading Precision Medicine Oncology Biotechnology Company Advancing Potential First-in-Class Therapies

Broad Pipeline of 4 Clinical Programs with Multiple Target Milestones and Catalysts

PHASE 2/3	PHASE 1/2	PHASE 1	IND-ENABLING	PRECLINICAL
<p>DAROVASERTIB (PKC)</p> <ul style="list-style-type: none"> Daro + Crizo (cMET) 1L HLA-A2(-) MUM Registrational Ph 2/3 – Triple Digit Patient Enrollment Achieved Daro + Crizo Ph 2 in HLA-A2(+) MUM Ph 3 Neoadjuvant UM Registrational Trial – Targeting Study Initiation 	<p>IDE397 (MAT2A)</p> <ul style="list-style-type: none"> Ongoing Phase 2 Expansion in MTAP Urothelial Cancer and NSCLC <p>IDE397 + AMG 193 (PRMT5)</p> <ul style="list-style-type: none"> Ongoing Phase 1 Enrollment and Development of Joint Publication Strategy – 2024 <p>IDE397 + Trodelvy® (Trop2-ADC)</p> <ul style="list-style-type: none"> Ongoing Phase 1 Enrollment in MTAP Urothelial Cancer 	<p>IDE161 (PARG)</p> <ul style="list-style-type: none"> Initial Phase 1/2 Expansion – H2 2024 Enable Combination(s) – 2024 <p>IDE161 + KEYTRUDA® (pembrolizumab)</p> <ul style="list-style-type: none"> Phase 1 FPI in Endometrial Cancer – H2 2024 <p>GSK101 (POL THETA)</p> <ul style="list-style-type: none"> Ongoing Phase 1 Dose Escalation 	<p>WERNER HELICASE</p> <ul style="list-style-type: none"> IND Submission (\$7M Milestone Upon Successful IND Clearance) – H2 2024 	<p>NEXT GEN PROGRAMS</p> <ul style="list-style-type: none"> Development Candidate Nominations, including in MTAP and Potential First-In-Class in KAT6 Pathway – H2 2024 B7H3/PTK7 Bi-Specific ADC development candidate nomination – H2 2024

Pharma Collaborations



~\$2B in potential milestones

Financials and Investor Relations

~\$1.2B to fund operations at least into 2028^{1, 2}

NASDAQ: IDYA

IND = Investigational New Drug, UM = Uveal Melanoma, MUM = Metastatic Uveal Melanoma, NSCLC = Non Small Cell Lung Cancer, HRD = Homologous Recombination Deficiency, MTAP = methylthioadenosine phosphorylase

(1) Includes aggregate of \$952.7M cash, cash equivalents and marketable securities as of June 30, 2024, plus pro forma \$283.8M estimated net proceeds from July 2024 public offering

(2) \$952.7M of cash, cash equivalents and marketable securities as of June 30, 2024, as disclosed in IDEAYA's Form 10-Q dated August 6, 2024 as filed with the U.S. Securities and Exchange Commission



Leading Functional Genomics and Synthetic Lethality Platform

The Next Frontier in Precision Medicine Oncology

Functional Genomics and Synthetic Lethality provides a powerful approach to discover novel precision medicine therapies with patient biomarkers, including MTAP-deletion (~15% of solid tumors), BRCA/HRD (Breast, Prostate, Ovarian, Others), and high-MSI (15% GI Cancers)



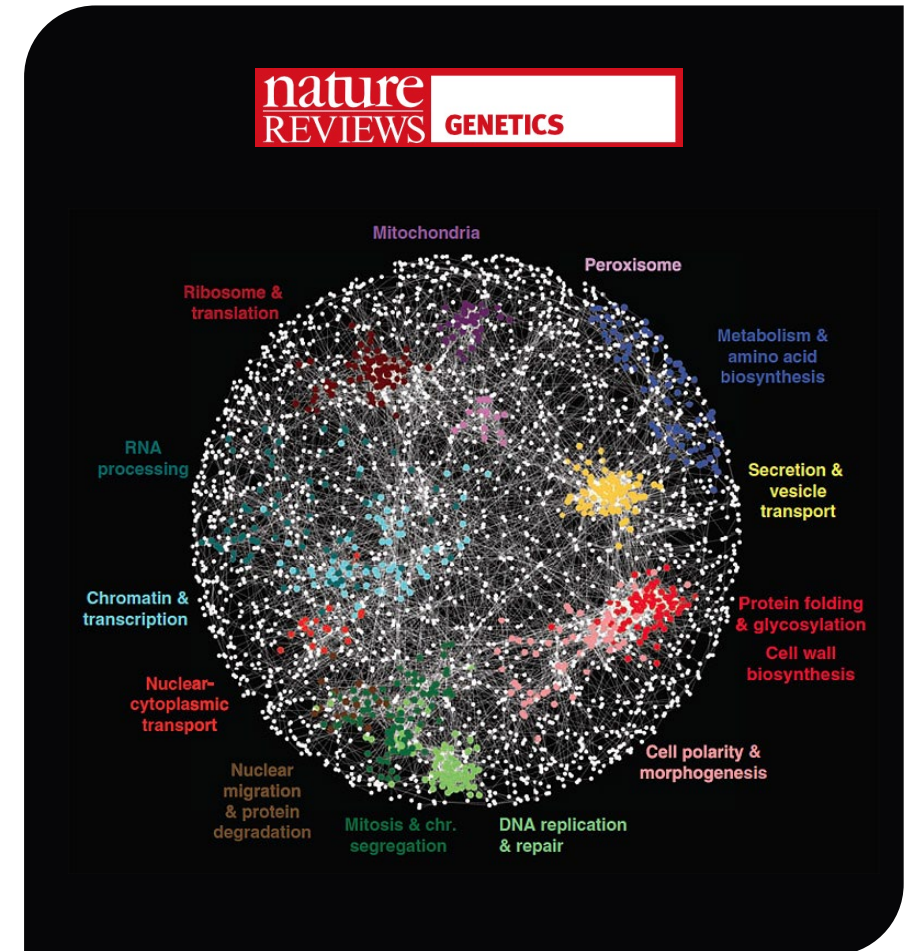
Functional genomics combines human genetics with advances in AI and machine learning to develop effective precision medicines



Synthetic lethality occurs when the simultaneous perturbation of two genes results in cell death



Large-scale screening for novel synthetic lethal targets has progressed through advances in molecular biology (e.g., RNA interference, CRISPR-Cas9 editing) and bioinformatics



IDEAYA Precision Medicine Oncology Platform

Fully-Integrated Target, Biomarker, Drug Discovery and Translational Capabilities

Target & Biomarker Discovery and Validation



Bioinformatics, including AI Algorithms
Dual CRISPR, CRISPR, Chemogenomics
Genetically Engineered Models

- Key emerging novel targets identified, such as Werner Helicase, Pol Theta Helicase and PARG
- DECIPHER™ - Dual CRISPR SL Library in DDR Cell Lines in collaboration with UCSD
- PAGEO™ - Paralogous Gene Evaluation in Ovarian in collaboration with Broad Institute
- Machine Learning and Multi-Omics platform

Drug Discovery and Pharmacological Validation



Structure Based Drug Design
Small Molecule Chemistry
Protein Degradation Capabilities

- Crystal structures for SL discovery programs obtained to enable structure-based design
- INQUIRE™ Chemical Library - proprietary, expert-curated small-molecule library
- HARMONY™ Machine-Learning engine empowers drug discovery platform
- Differentiated clinical / candidate compounds discovered, including IDE397, IDE161 and GSK101 / IDE705 (Pol Theta Helicase)

Translational Research and Opportunity Expansion



Genomics – DNA and RNA Analysis
Proteomics – Protein Expression Profiling
Tissue (IHC, IF) and Liquid Biopsies Analysis

- Translational research to define clinical biomarkers and transformative combinations
- Opportunity expansion through broad cell panel screening
- Pharmacodynamic biomarker analysis to confirm target modulation and correlation with clinical activity

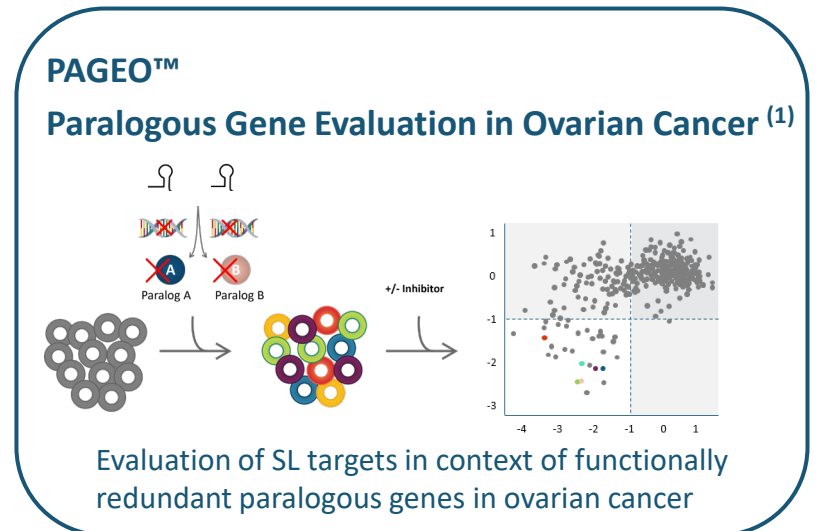
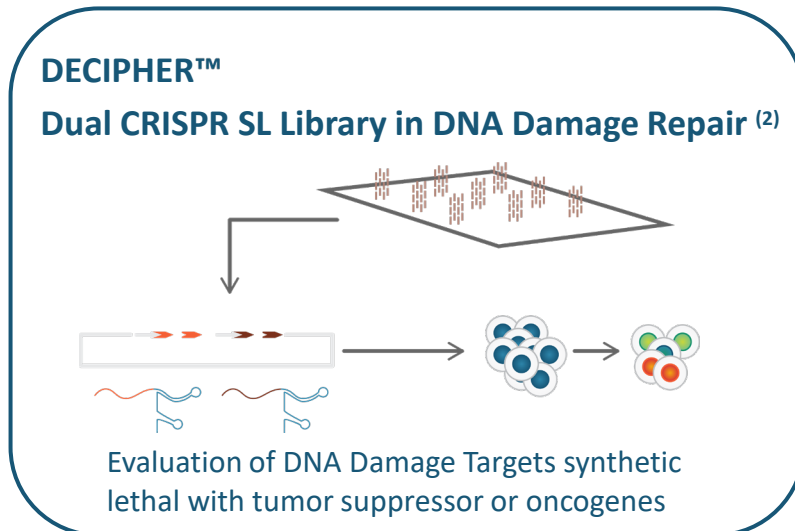
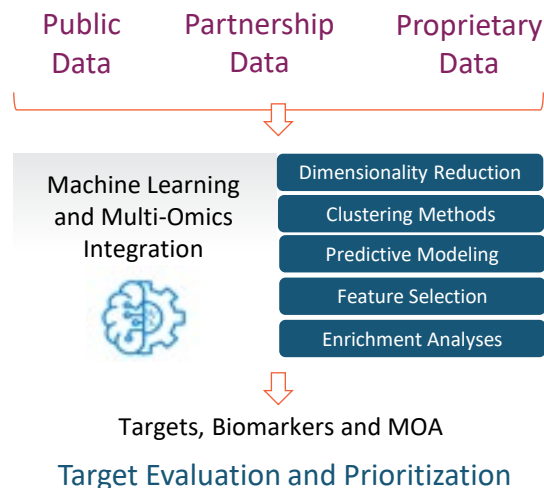
IDEAYA Functional Genomics and Synthetic Lethality Platform

Novel Target and Biomarker Discovery and Validation

Target and Biomarker Discovery & Validation Platform

IDEAYA Functional Genomics Platform integrates proprietary and public data sets with orthogonal and complementary content
 Bioinformatic analysis enables identification and validation of synthetic lethal target / biomarker interactions across vast datasets
 Robust SL interactions validated genetically (Dual CRISPR, paralogues, isogenic pairs, CRISPR/siRNA), pharmacologically and *in vivo*

Data-to-Knowledge Enterprise fueled by multi-omic patient and molecular data across public, partnership and proprietary data sets via IDEAYA Bioinformatics Platform



IDEAYA Precision Oncology Drug Discovery Platform & IND Engine

AI/ML & Structure Based Drug Design to Deliver Potential First-in-Class Development Candidates

Structural Biology & Structure Based Drug Design

Full suite of capabilities in structural biology, biophysics, & computational chemistry

Ligand bound co-crystal structures resolved to enable Structure Based Drug Design for each of the Synthetic Lethality drug-discovery programs

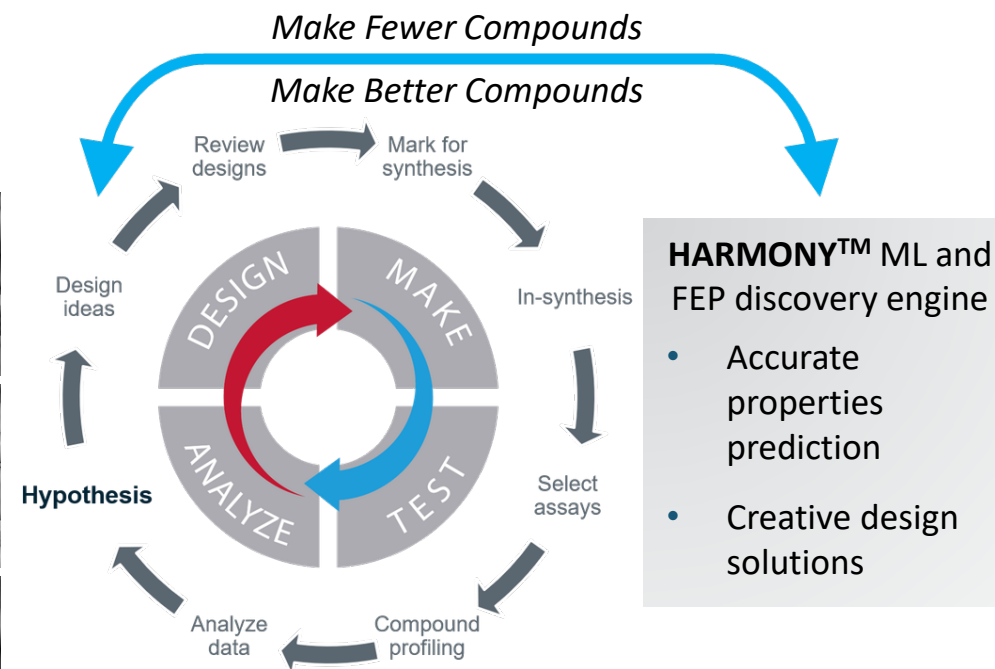
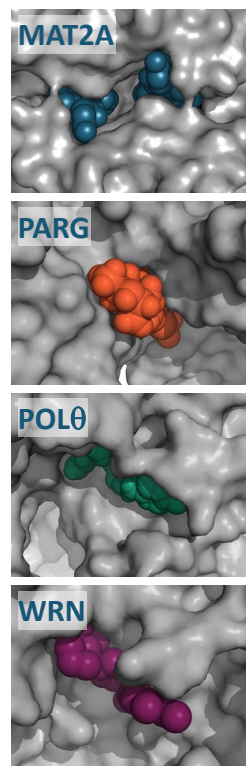
Multiple potential “first-in-world” co-crystal structures resolved, including for PARG, Pol Theta Helicase and Werner Helicase

INQUIRE™ Proprietary Chemical Library

Expert-curated HTS library to enhance hit discovery capabilities against novel SL targets classes

Enhances IDEAYA's SL Drug Discovery Platform and competitive differentiation

AI/ML Enabled Computational Drug Discovery*



AI/ML to Accelerate Time to IND for Potential First-in-Class DCs

IDEAYA's Potential First-in-Class Precision Medicine Oncology Pipeline

	Modality/Indication	Biomarker	Pre-clinical	IND Enabling	Phase 1	Phase 2	Potential Registrational	Program Goals / Achievements	Collaborations	Commercial (IDEAYA)	
Darovasertib <i>PKC</i>	+cMET ¹ Combination 1L HLA-A2(-) MUM	GNAQ/11	[Progress bar]						Phase 2 (AA) / Phase 3 registrational trial ^ – triple digit patient enrollment achieved	(1)	WW Commercial Rights
	(Neo)Adjuvant UM	GNAQ/11	[Progress bar]				[Hatched bar]		Ph 3 neoadjuvant UM registrational trial ^^ – targeting study initiation		
	cMET ¹ Combination HLA-A2(+) MUM	GNAQ/11	[Progress bar]						HLA-A2(+) Phase 2 clinical trial ^^^	(1)	
IDE397 <i>MAT2A</i>	Monotherapy Solid Tumors	MTAP	[Progress bar]						Phase 2 expansion in MTAP urothelial and lung cancer		WW Commercial Rights
	Combination Solid Tumors	MTAP	[Progress bar]				[Hatched bar]		Phase 1 IDE397 + AMG 193 (PRMT5 ^{MTA}) ongoing enrollment and joint publication strategy – '24	(2)	
	Combination Urothelial Cancer	MTAP	[Progress bar]						Ongoing enrollment in Phase 1 IDE397 + Trodelvy®	(3)	
IDE161 <i>PARG</i>	Monotherapy Solid Tumors	HRD	[Progress bar]				[Hatched bar]		Phase 1/2 expansion in priority tumor types (Breast, CRC, Endometrial, Prostate) – H2'24		WW Commercial Rights
	Combination Endometrial Cancer	High-MSI, MSS	[Progress bar]				[Hatched bar]		Phase 1 IDE161 + KEYTRUDA® FPI – H2 '24	(4)	
GSK101 <i>Pol Theta Helicase</i>	+Niraparib Combo ⁴ Solid Tumors	HR Mutations	[Progress bar]				[Hatched bar]		Ongoing Phase 1 dose escalation	(5)	Global Royalties
WRN <i>Werner Helicase</i>	GI Cancers	High-MSI	[Progress bar]				[Hatched bar]		Targeting IND submission in H2 2024 (\$7M Milestone upon successful IND clearance)	(5)	50% US Profits and 20% costs
B7H3/PTK7 <i>TOP1i BsADC</i>	Solid Tumors	B7H3/PTK7	[Progress bar]				[Hatched bar]		BCG034: B7H3/PTK7 Top1i Bispecific ADC targeting development candidate nomination – H2 2024	(6)	WW Commercial Rights
Platform	Solid Tumors	Defined Biomarkers	[Progress bar]				[Hatched bar]		Targeting Multiple DCs, including in MTAP and potential first-in-class in KAT6 pathway – H2'24		WW Commercial Rights

^ Integrated Phase 2/3 enables potential Accelerated Approval (AA, Phase 2) and potential Full Approval (Phase 3) based on FDA Type C Meeting Q1 2023, ^^ Phase 3 randomized registrational trial enables potential approval based on FDA Type C Meeting Q3 2024,

^^^ Targeting enrollment of additional HLA-A2(+) patients in ongoing IDE196-001 Phase 2 clinical trial

(1) Pursuant to Pfizer Clinical Trial Collaboration and Supply Agreements for Darovasertib/Crizotinib Combination; IDEAYA retains all Darovasertib Commercial Rights

(2) Pursuant to Amgen Clinical Trial Collaboration and Supply Agreement for IDE397 + AMG 193, an investigational MTA-cooperative PRMT5 inhibitor; Amgen is the sponsor the study and the parties jointly share external costs of the study

(3) Pursuant to Gilead Clinical Study Collaboration and Supply Agreement for IDE397 + Trodelvy®, a Trop-2 directed antibody-drug conjugate (ADC); the Company will sponsor the study and Gilead will provide Trodelvy at no cost. Gilead retains all commercial rights to Trodelvy.

(4) Pursuant to Merck Clinical Trial Collaboration and Supply Agreement for IDE161 + Keytruda®, an anti-PD-1 therapy; the Company will sponsor the study and Merck will provide Keytruda at no cost

(5) Pursuant to GSK Collaboration, Option and License Agreement: Polθ: Global Royalties; WRN: 50/50 US Profits + ex-US Royalties

(6) Pursuant to exclusive worldwide licensing and option agreement with Biocytogen

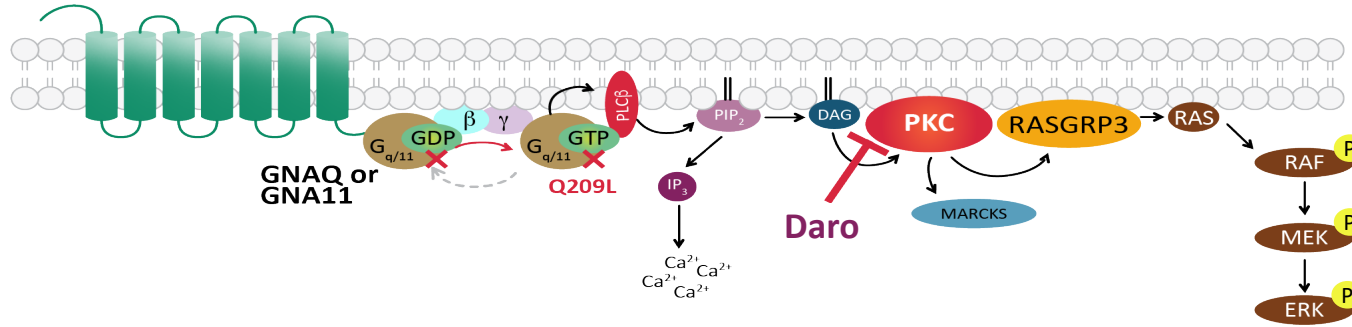
MAT2A=methionine adenosyltransferase 2a, MTAP=methylthioadenosine phosphorylase, MTA=methylthioadenosine, PRMT5=protein arginine methyltransferase 5 (PRMT5), PARG= poly (ADP-ribose) glycohydrolase, WRN = Werner Helicase, Polθ = DNA Polymerase Theta, HRD = homologous recombination deficiency, MSI = microsatellite instability, PKC = protein kinase C, MUM = metastatic uveal melanoma, UM = uveal melanoma, Crizo = crizotinib, NSCLC = non-small cell lung cancer, WW = worldwide, HLA-A2(-) = HLA-A2*02:01 Negative; HLA-A2(+) = HLA-A2*02:01 Positive, DC = development candidate, TOP1i = topo-I-payload, BsADC = bispecific antibody drug conjugate

[Hatched bar] = Target Program Milestones

Darovasertib – Potential to Broadly Impact Uveal Melanoma

Potential First-in-Class and Best-in-Class in (Neo)adjuvant UM and Metastatic UM

Mutations in GNAQ / GNA11 activate PKC Signaling, a genetic driver of Uveal Melanoma

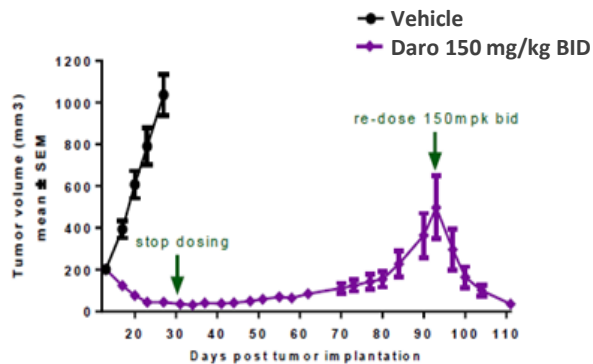


Darovasertib is an oral, potent and selective PKC inhibitor. GNAQ or GNA11 (~95%) and other upstream mutations activate PKC signaling in UM and MUM patients.

UM is typically treated with radiation and/or enucleation, with no approved systemic therapies for Neoadjuvant UM. MUM occurs in approximately 50% of UM patients and predominantly as liver metastasis in ~90% of MUM patients, with no approved therapies for HLA-A*02:01 negative MUM.

Daro Mono Rationale in Primary UM

Single Agent Daro Induces Tumor Regression
Uveal Melanoma Xenograft (92.1 mutant GNAQ)

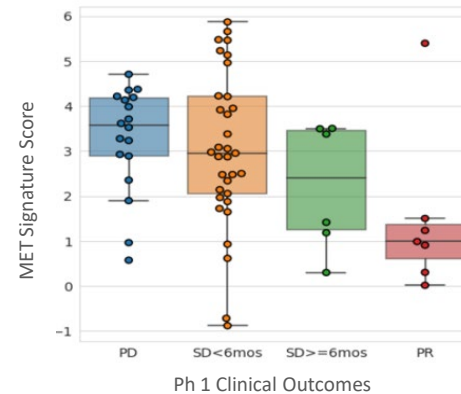


Van Raamsdonk, CD, et. al, Nature 2009; Van Raamsdonk CD, et. al, NEJM 2010; Piperno-Neumann S, et. al, J Clin Oncol 2014

Daro + Crizo Combo Rationale for Use in Metastatic Uveal Melanoma (MUM)



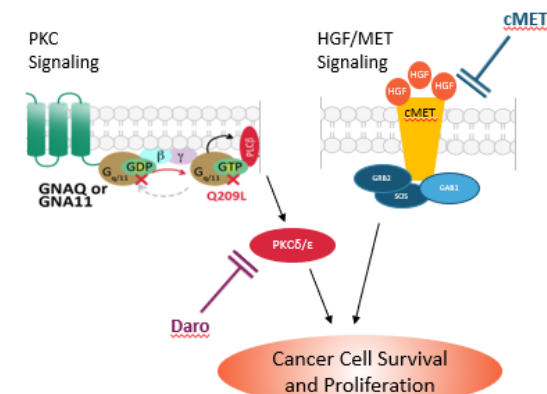
Daro Phase 1 Monotherapy Efficacy Association with cMET Expression



Ph 1 Clinical Outcomes
PD=Progressive Disease, SD=Stable Disease, PR=Partial Response

IDEAYA Data, AACR 2021

Activation of PKC and cMET Pathways with Observed cMET Overexpression in MUM Liver Metastases



Phase 2 Clinical Trial - Comparatively High-Risk, Poor Prognosis Population

Disease Burden Significantly Higher in Both Any-Line and First-Line MUM Population⁺

Baseline Characteristics		IDE196-001 Phase 2* Darovasertib + Crizotinib		Tebentafusp First-Line Phase 3 [#]	
		Any-Line n=63 (%)	First-Line n=20 (%)	Tebe Arm n=252 (%)	Control Arm [^] n=126
Age (Years)	< 65	35 (56)	10 (50)	64 Median	66 Median
	≥65	28 (44)	10 (50)		
Sex	F	32 (51)	9 (45)	124 (49)	64 (51)
	M	31 (49)	11 (55)	128 (51)	62 (49)
ECOG PS	0	43 (68)	14 (70)	192 (76)	85 (67)
	1	20 (32)	6 (30)	49 (19)	31 (25)
Baseline LDH	Normal	25 (40)	10 (50)	90 (36)	46 (37)
	>ULN	38 (60)	10 (50)		
Largest metastatic lesion	≤3.0 cm	22 (35)	8 (40)	139 (55)	70 (56)
	3.1 to 8.0 cm	35 (56)	9 (45)	92 (37)	46 (37)
	≥ 8.1 cm	6 (10)	3 (15)	21 (8)	10 (8)
Location of metastases	Hepatic Only	19 (30)	10 (50)	131 (52)	59 (47)
	Extrahepatic Only	3 (5)	0	9 (4)	10 (8)
	Hepatic and Extrahepatic	41 (65)	10 (50)	111 (44)	55 (44)

+ Cross-trial comparisons are not based on head-to-head studies and are presented for informational purposes; no direct comparisons are being made

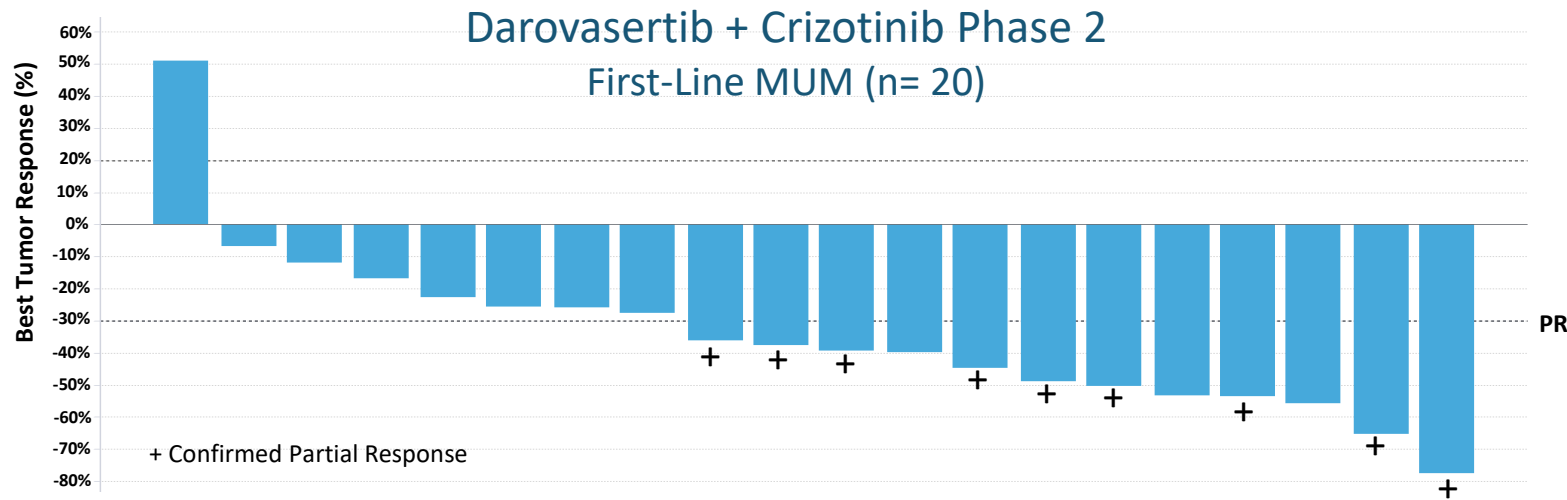
* IDEAYA Data as of August 22, 2023 (based on preliminary analysis of unlocked database by investigator review)

[#] N Engl J Med 2021; 385:1196-1206; ECOG data missing in Tebentafusp and Control arm of 4% and 7% respectively

[^] Investigator Choice distribution in the control group: 103 (82%) received pembrolizumab, 16 (13%) received ipilimumab, and 7 (6%) received dacarbazine

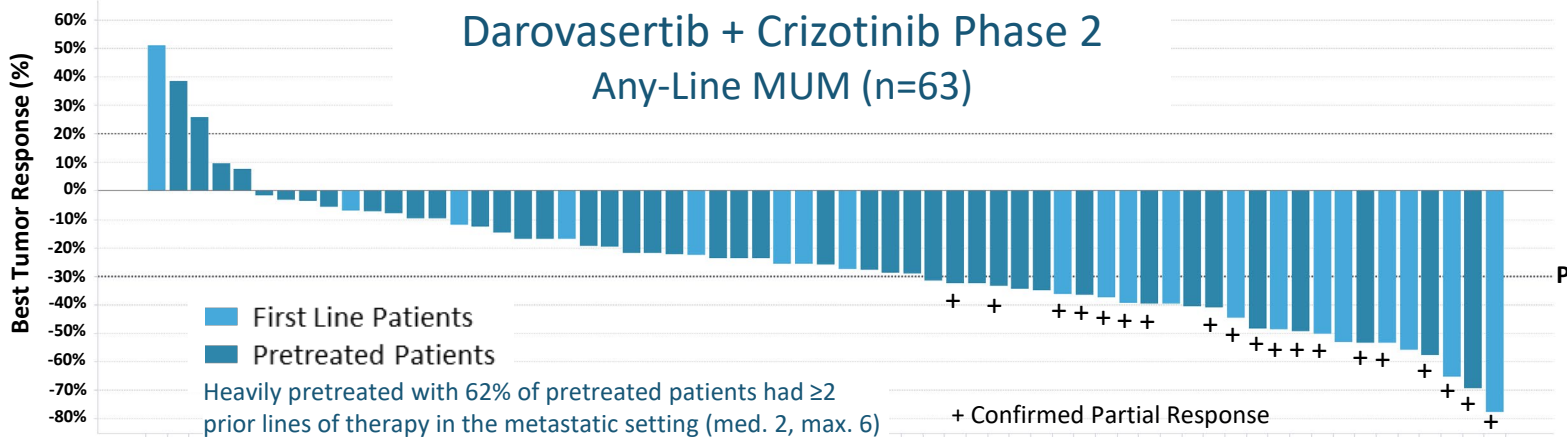
Daro + Crizo Phase 2 Efficacy: First-Line MUM and Any-Line MUM

Compelling Overall Response Rate (ORR) by RECIST 1.1 Observed



Confirmed 45% ORR and 90% DCR

Response by RECIST 1.1 First-Line MUM	Evaluable (N=20)
Confirmed ORR (9/20)	45%
Tumor Shrinkage (19/20)	95%
>30% Tumor Shrinkage (12/20)	60%
Best Overall Response	
cPR (9/20)	45%
SD (9/20)	45%
DCR (18/20)	90%

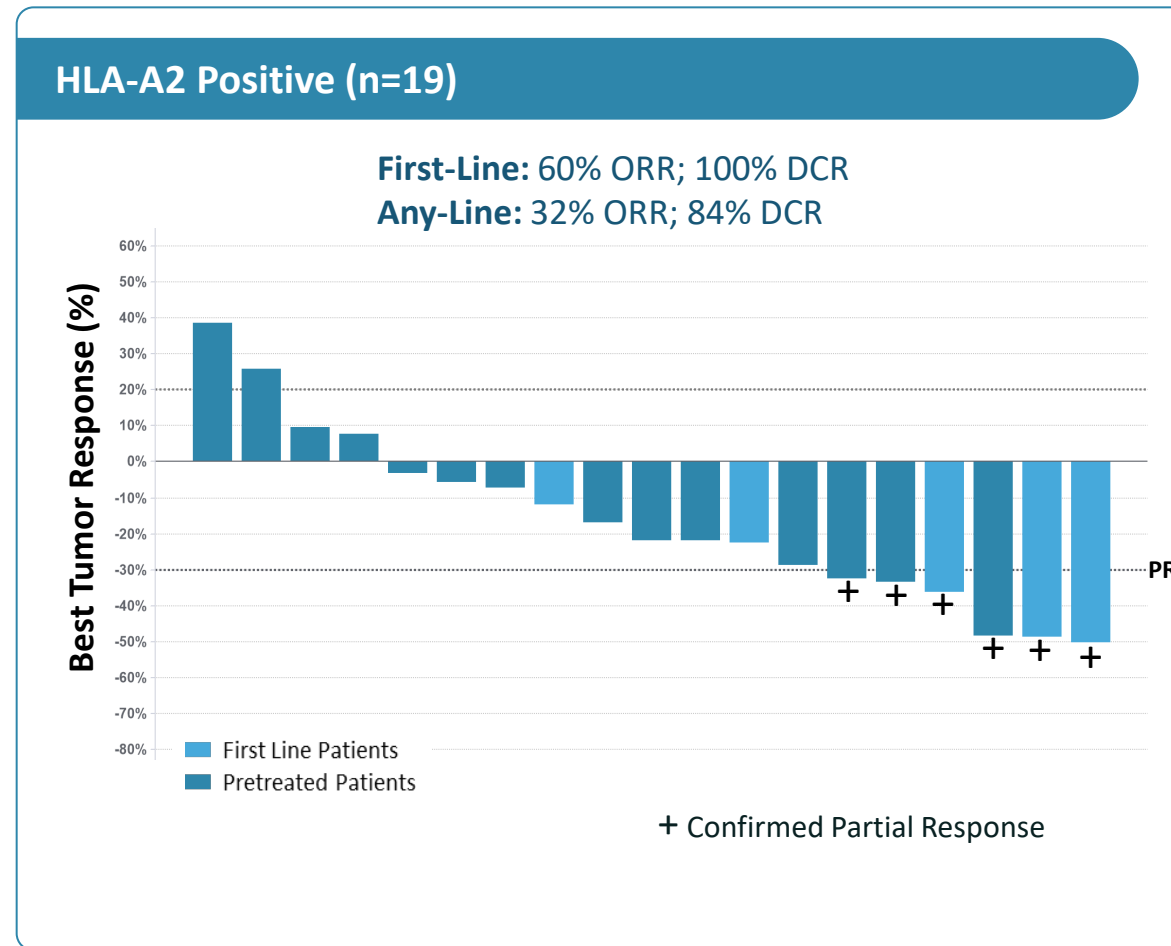
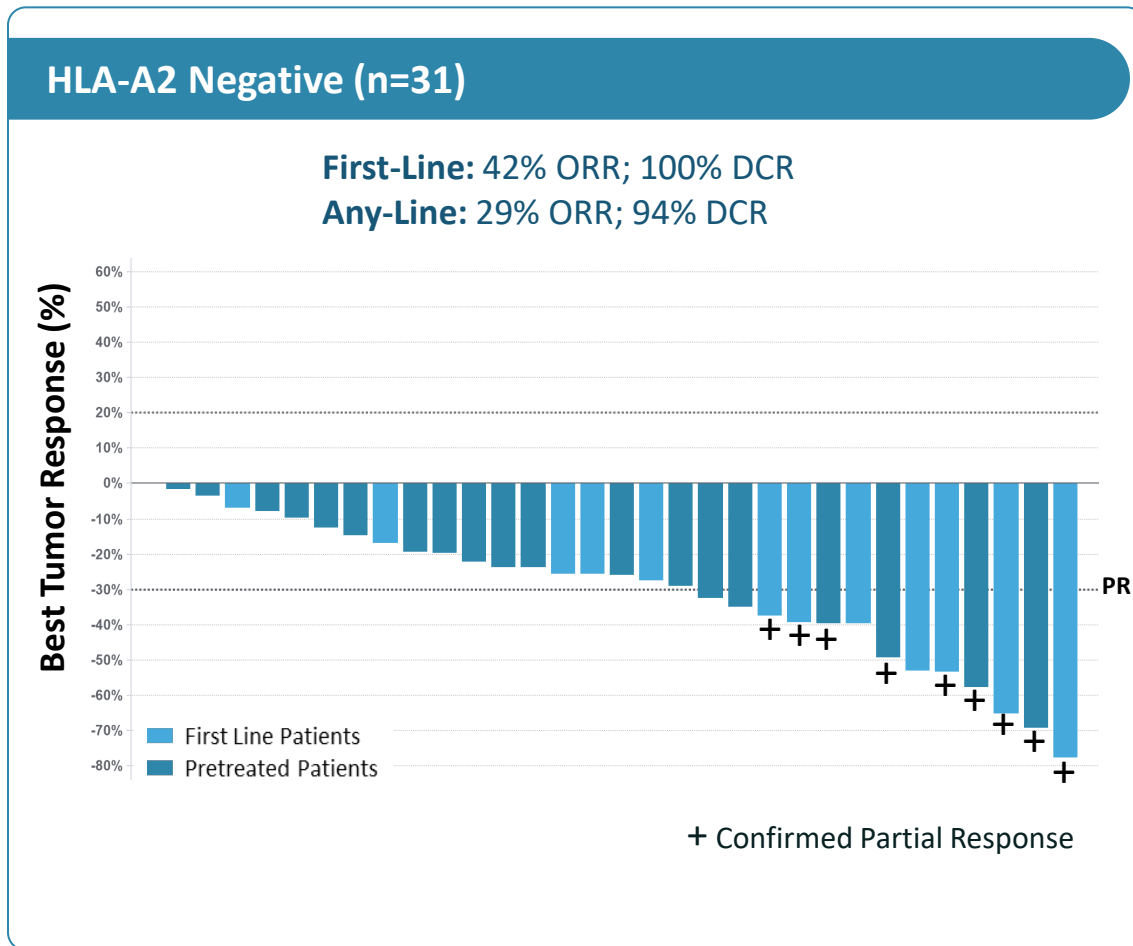


Confirmed 30% ORR and 89% DCR

Response by RECIST 1.1 Any-Line MUM	Evaluable (N=63)
Confirmed ORR (19/63)	30%
Tumor Shrinkage (58/63)	92%
>30% Tumor Shrinkage (27/63)	43%
Best Overall Response	
cPR (19/63)	30%
SD (37/63)	59%
DCR (56/63)	89%

Daro + Crizo Phase 2 Efficacy: HLA-A2-Negative and HLA-A2-Positive MUM

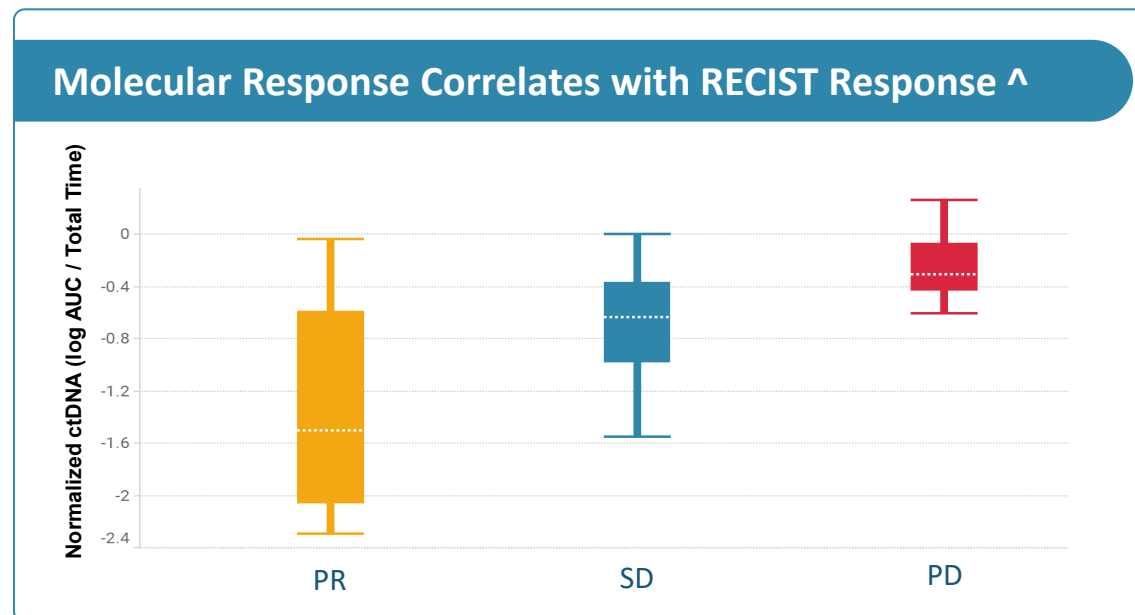
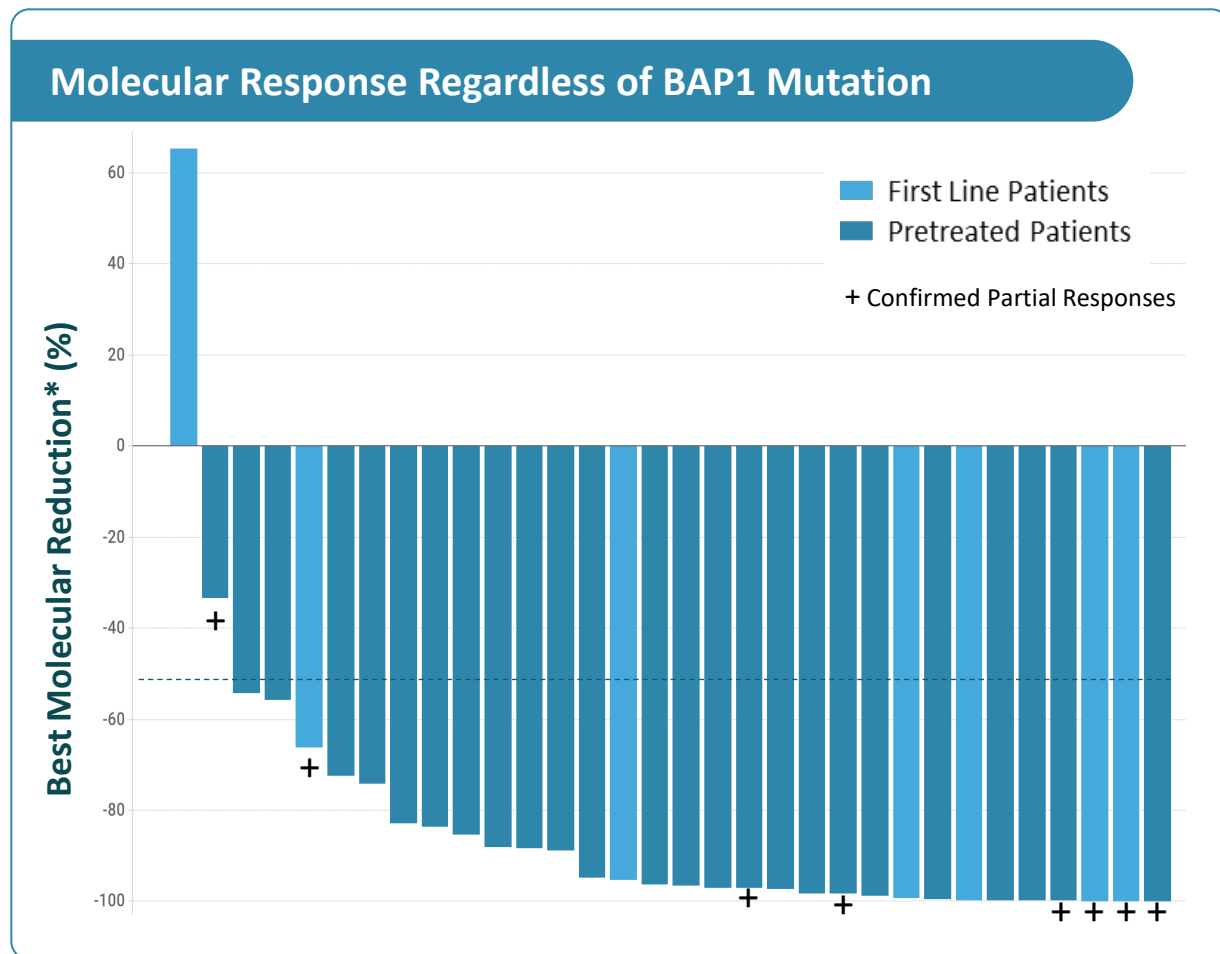
Clinical Combination Observes Clinical Efficacy Irrespective of HLA-A2 Status



ESMO 2023 Preferred Presentation M McKean et al : preliminary analysis of unlocked database as of 08/22/2023 by investigator review; data cutoff based on treatment Day 1 of Cycle 1 (C1D1) as of 9/22/2022

Observed 94% ctDNA Molecular Response Rate with Deep & Sustained MRs*

Any-Line MUM Patients Treated with the Darovasertib + Crizotinib Combination



High ctDNA Molecular Response Rate of 94% in Any-Line MUM
Deep and Sustained MRs with approximately 80% of patients
showing >80% reduction in MAF

ctDNA MRs correlate with Clinical Efficacy (PR, SD, PD) by RECIST

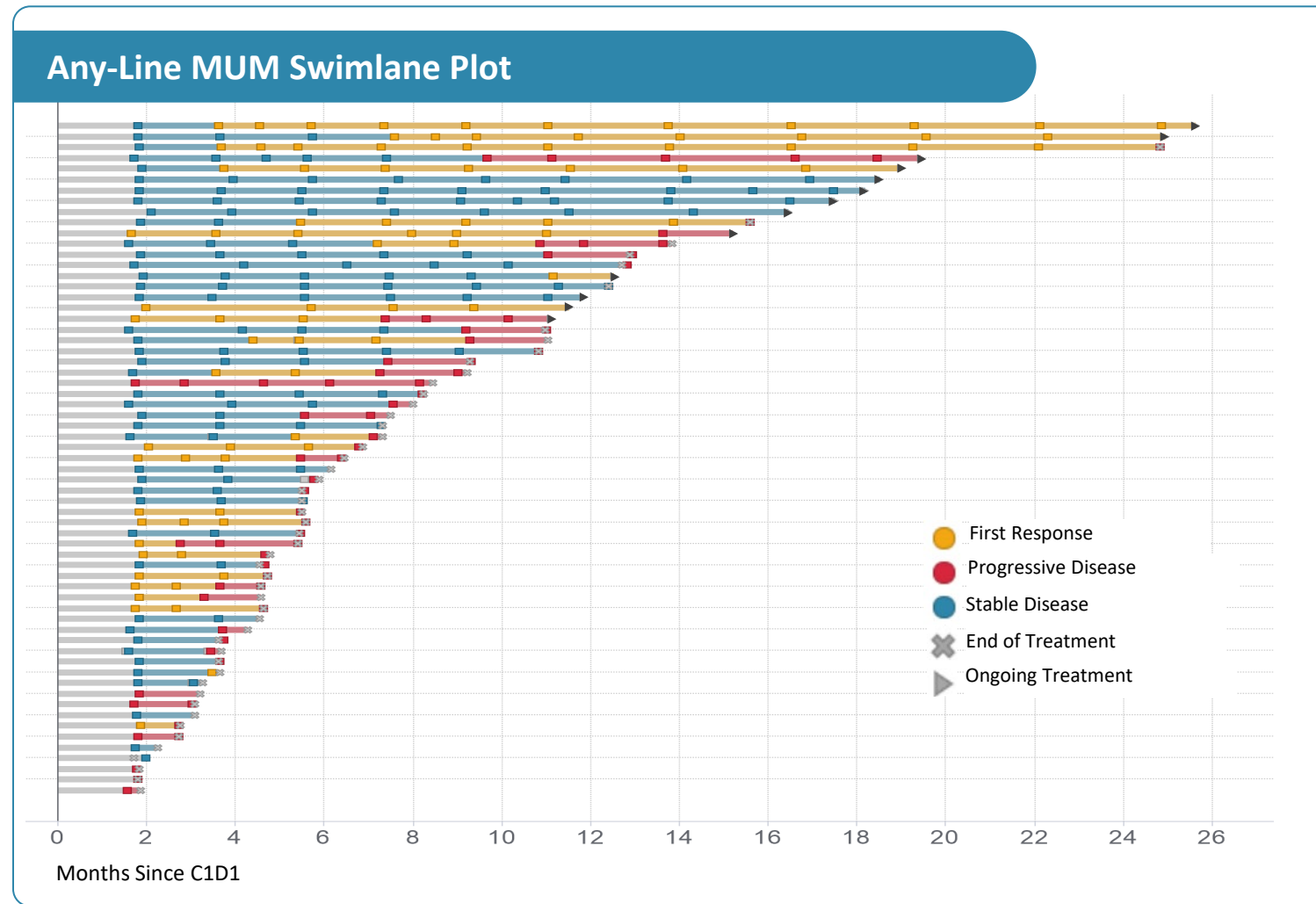
ESMO 2023 Preferred Presentation M McKean et al: Preliminary analysis of unlocked database as of 08/22/2023 by investigator review; data cutoff based on treatment Day 1 of Cycle 1 (C1D1) as of 9/22/2022

*Molecular response (MR) defined as at least 50% reduction in percentage of Mean Allele Frequency (MAF) at any timepoint

^ Best Overall Response

Median PFS in First-Line, Any-Line and Hepatic-Only MUM

Observed Compelling Median Progression Free Survival with Encouraging Trend



Darovasertib + Crizotinib Phase 2

Median Progression Free Survival

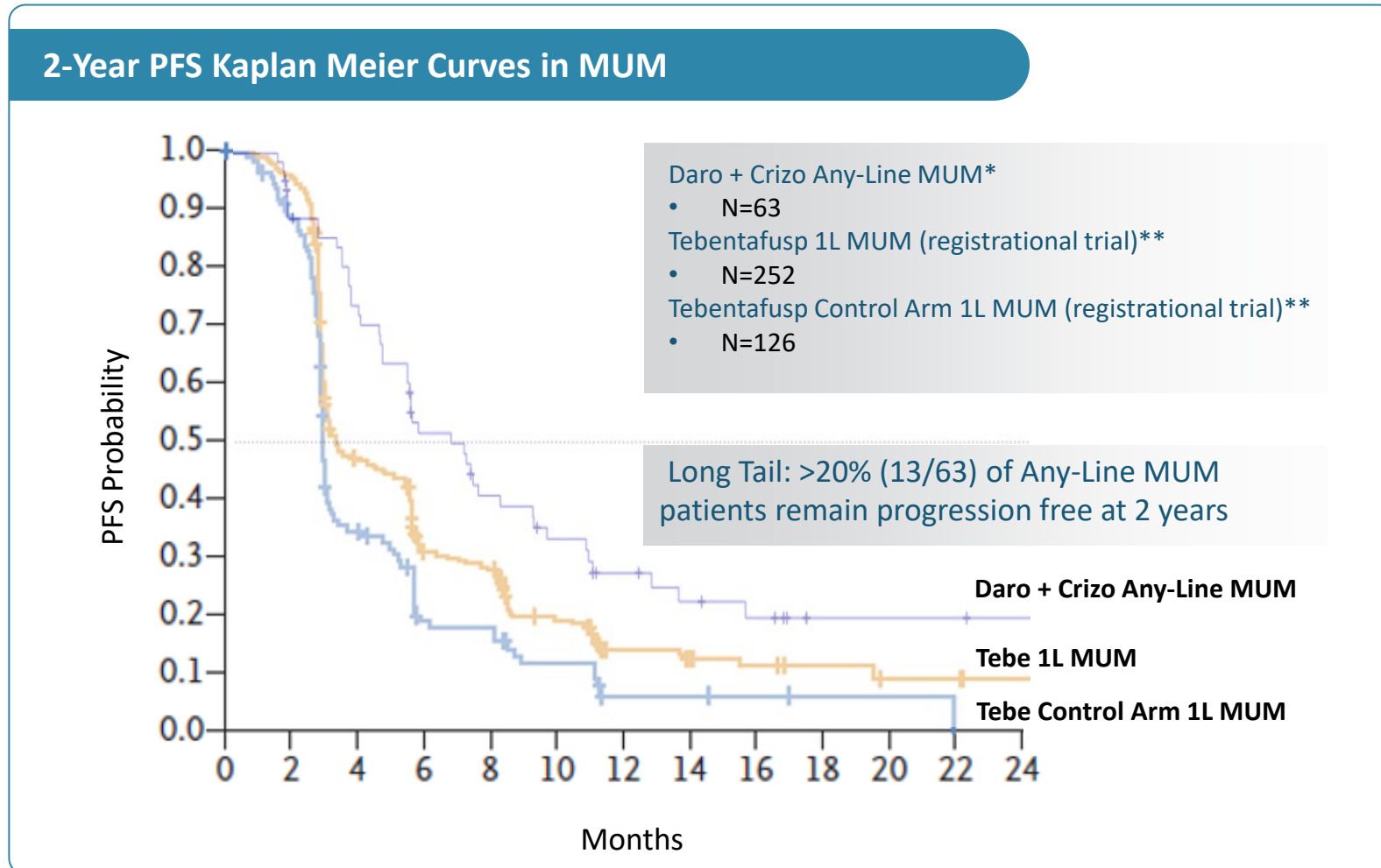
- First-Line (n=20): 7.1 months
- Any-Line (n=63): 6.8 months
- Hepatic-Only (n=19): 11.0 months

Treatment Duration – Observations

- ~50% of patients treated > 6 months
- ~30% of patients treated > 1 year

2-Year PFS Kaplan Meier (KM) Curve: Daro + Crizo in Any-Line MUM*

Daro + Crizo Combo Observes a Promising 2-Year PFS KM Curve and a “Long Tail” Effect



* IDEAYA Data: preliminary analysis of unlocked database as of 08/22/2023 by investigator review, C1D1 cutoff as of 9/22/2022, based on 63 evaluable Any-Line MUM patients. Direct comparisons are not being made and the historical data for tebentafusp is being shared for informational purposes only

** N Engl J Med 2021;385:1196-206; Tebentafusp Phase 3 registrational trial, PFS curves

Darovasertib + Crizotinib Combination Clinical Summary in MUM

Highly Differentiated Clinical Efficacy & AE Profile Observed^{+, ++}

	Darovasertib + Crizotinib	Cabozantinib Mono / Crizotinib Mono	Selumetinib + DTIC	Ipi + Nivo	Tebentafusp
Target / Mechanism	PKC + cMET	cMET	MEK + Chemotherapy	CTLA4 + PD1	HLA-A2-0201 Bi-Specific
Study Name(s)	NCT03947385	A091201 [^] / NCT05063058 ^{^^^^}	NCT01974752 ^{^^^}	NCT02626962 ^{###}	IMCgp100-102 [#]
Population	1L/2L/3L+ MUM (n=63)	1L+ MUM (n=31) / 1L (n=6) 2L (n=1) MUM	1L+ MUM (n=97)	1L MUM (n=52)	2L+ MUM (n=127)
Patient Selection	NA	NA / MET Overexpression	NA	NA	HLA-A2-positive
Drug Form	Oral Tablets	Oral Capsules	Oral Capsules + chemo	IV infusion	IV Infusion (Weekly)
Tolerability (Grade ≥3 Drug-Related AE)	31%	51.6% / NA	63% (All Cause)	58%	46.5%
% of Patients with Tumor Shrinkage	First-Line = 95% / Any-Line = 92% / Hepatic Only = 100%*	23% ^{^^} / NA	35% ^{^^}	27% ^{^^}	44% ^{^^}
Confirmed ORR% (by RECIST 1.1)	First-Line = 45% / Any-Line = 30% / Hepatic Only = 37%*	0% / 0%	3%	11.5% (not confirmed ORR)	4.7%
Median PFS	First-Line: 7.1 months / Any-Line: 6.8 months / Hepatic-Only: 11.0 months*	2 months / NA	2.8 months	3 months	2.8 months

+ Cross-trial comparisons are not based on head-to-head studies and are presented for informational purposes; no direct comparisons are being made

++ ESMO 2022: F. Dimitriou, et. al: IPI + Nivo Combo in HLA-A2-0201 MUM reports ~6% ORR (2 PRs out of 33 patients)

* ESMO 2023 Preferred Presentation M McKean et al: Preliminary analysis of unlocked database as of 08/22/2023 by investigator review; data cutoff based on treatment Day 1 of Cycle 1 (C1D1) as of 9/22/2022

Based on Immunocore reported 2L+ study data (to reflect comparative patient population) and by independent review and ORR% was with confirmed PRs; ## ASCO 2021, J. Piulats, et. Al, Ipi = ipilimumab, nivo = nivolumab, ORR% did not require PR/CR confirmation

[^] Randomized Phase II Trial and Tumor Mutational Spectrum Analysis from Cabozantinib versus Chemotherapy in Metastatic Uveal Melanoma (Alliance A091201); Clin Cancer Res 2020;26:804–11

^{^^} Estimated from Waterfall plot

^{^^^} Journal of Clinical Oncology, Carjaval, et. al, 2018; 1232-1239; ^{^^^^} European Journal of Cancer, Leyraz, et. al, 2022; 146-155

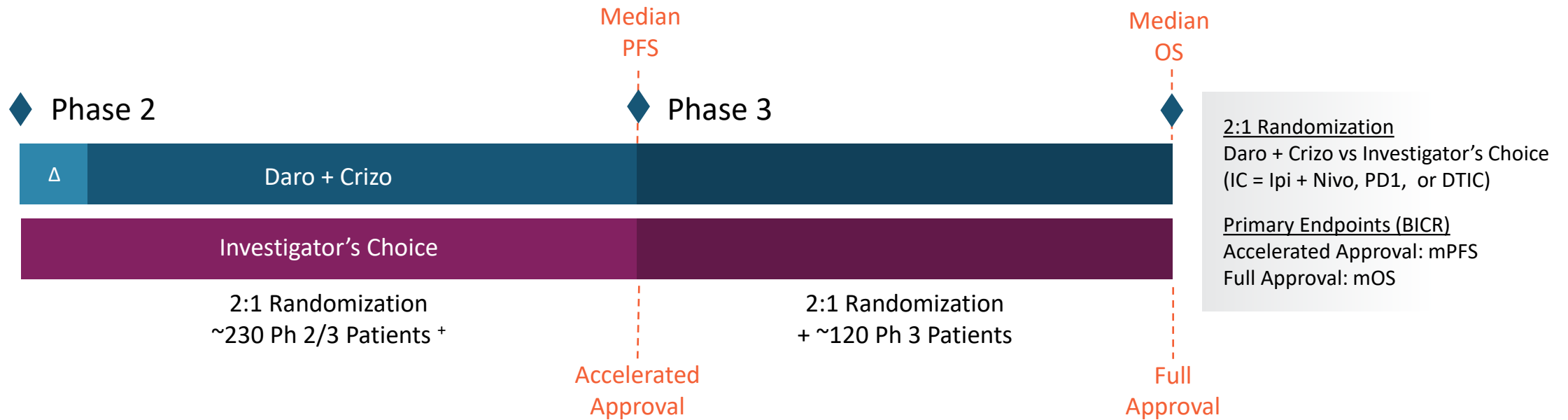
Accelerated Approval Trial Design in First-Line HLA-A2 Negative MUM

FDA Guided Design: Open Label Ph2/3 Evaluation of Daro + Crizo vs. Investigator's Choice [^]

FDA Project FrontRunner: Target First-Line approval strategy to enhance patient benefit in MUM

FDA Accelerated Approval: Address unmet need in MUM, which has limited effective treatment options

Integrated Phase 2/3 Study within Study Enables Potential Accelerated Approval & Full Approval



FDA Fast Track and EMA SME Status Designation for Daro + Crizo in MUM

[^] Nested study to confirm move forward dose: (i) Daro 300 mg BID + Crizo 200 mg BID or (ii) Daro 200 mg BID + Crizo 200 mg BID

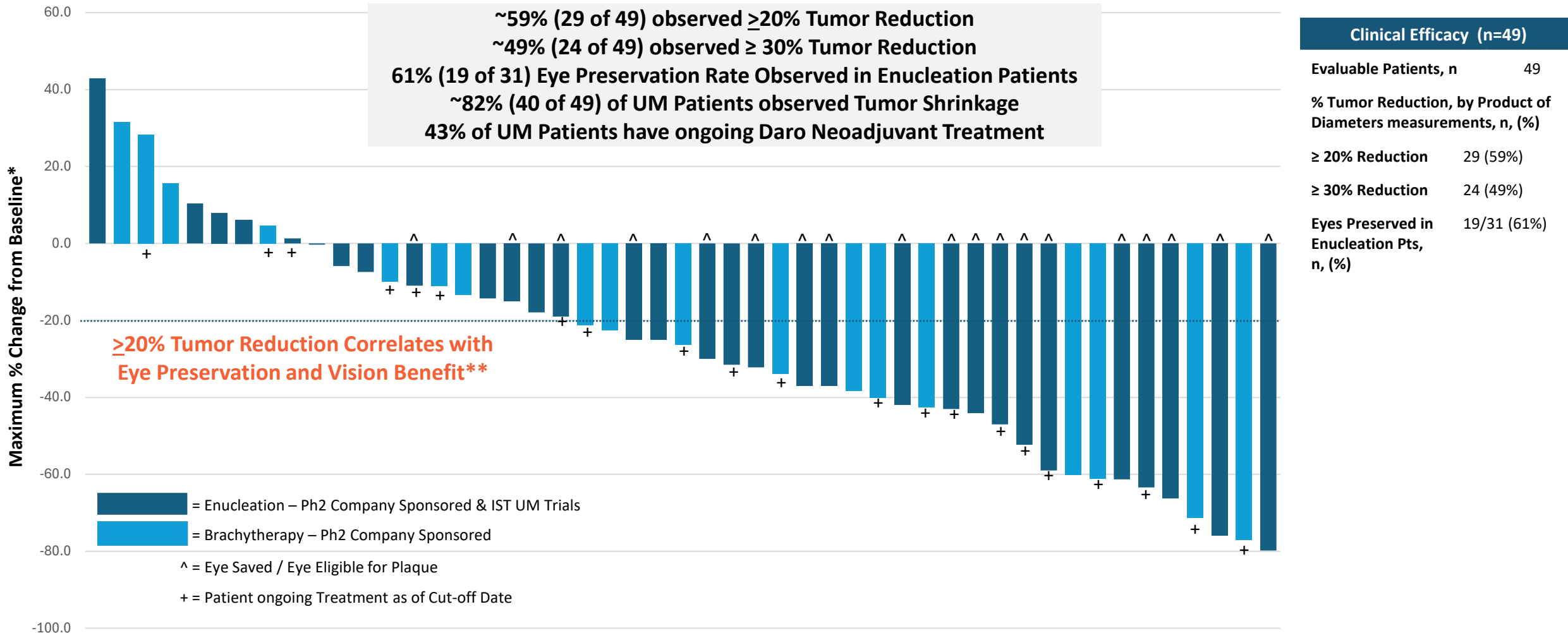
⁺ Phase 2 study contemplates data set of n=200 patients randomized 2:1 with treatment arm at move forward dose in support of potential accelerated approval based on mPFS

Daro = Darovasertib, Crizo = Crizotinib, MUM=Metastatic Uveal Melanoma, HLA-A2 = HLA-A2*02:01 Serotype, IC = Investigator's Choice, Ipi = ipilimumab, nivo = nivolumab; DTIC = dacarbazine

[^] Clinicaltrials.gov: NCT05987332

Darovasertib Neoadjuvant Therapy: Ph2 Company Sponsored & Ph2 IST UM Trials

61% (19 of 31) Observed Eye Preservation and 49% (24 of 49) with $\geq 30\%$ Tumor Reduction*

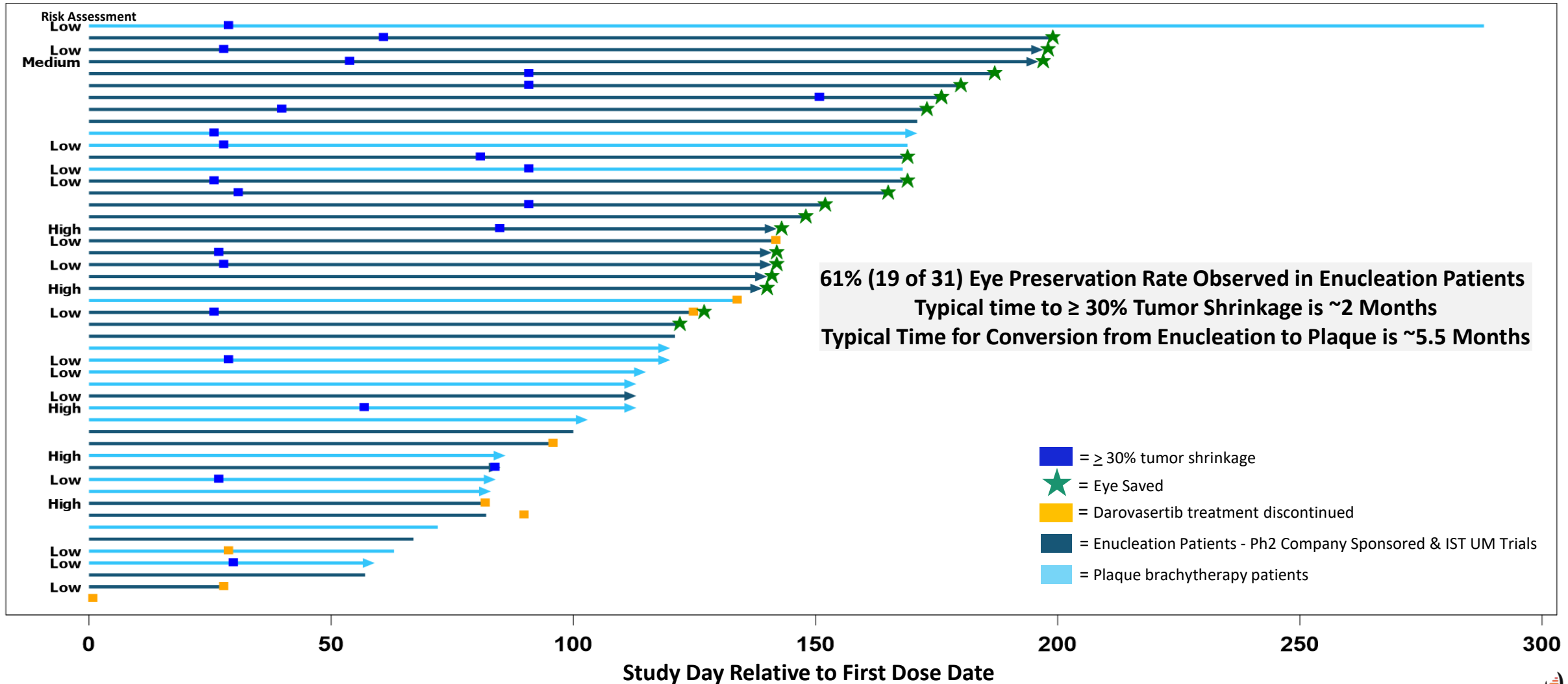


IDEAYA Data: Enrollment cut-off date of 13May24, and results as of 15Aug2024 (based on preliminary analysis of unlocked database for Ph2 company sponsored patients enrolled up to 13May2024); Ph2 IST as of 14May2024 [ASCO 2024 Oral Presentation]

*Ocular tumor size measured by the product of diameters (longest basal diameter x tumor thickness); **Based on clinical data correlating ocular tumor shrinkage with eye preservation and vision from darovasertib treatment in UM. Clinical data provided in FDA briefing book for FDA Type C meeting

Darovasertib Neoadjuvant Therapy: Ph2 Company Sponsored & Ph2 IST UM Trials

Swimlane Plot (n=49)*



Enucleation Case Study: Darovasertib Neoadjuvant UM Treatment

Robust Ocular Tumor Shrinkage and Increasing Distance from Critical Structures

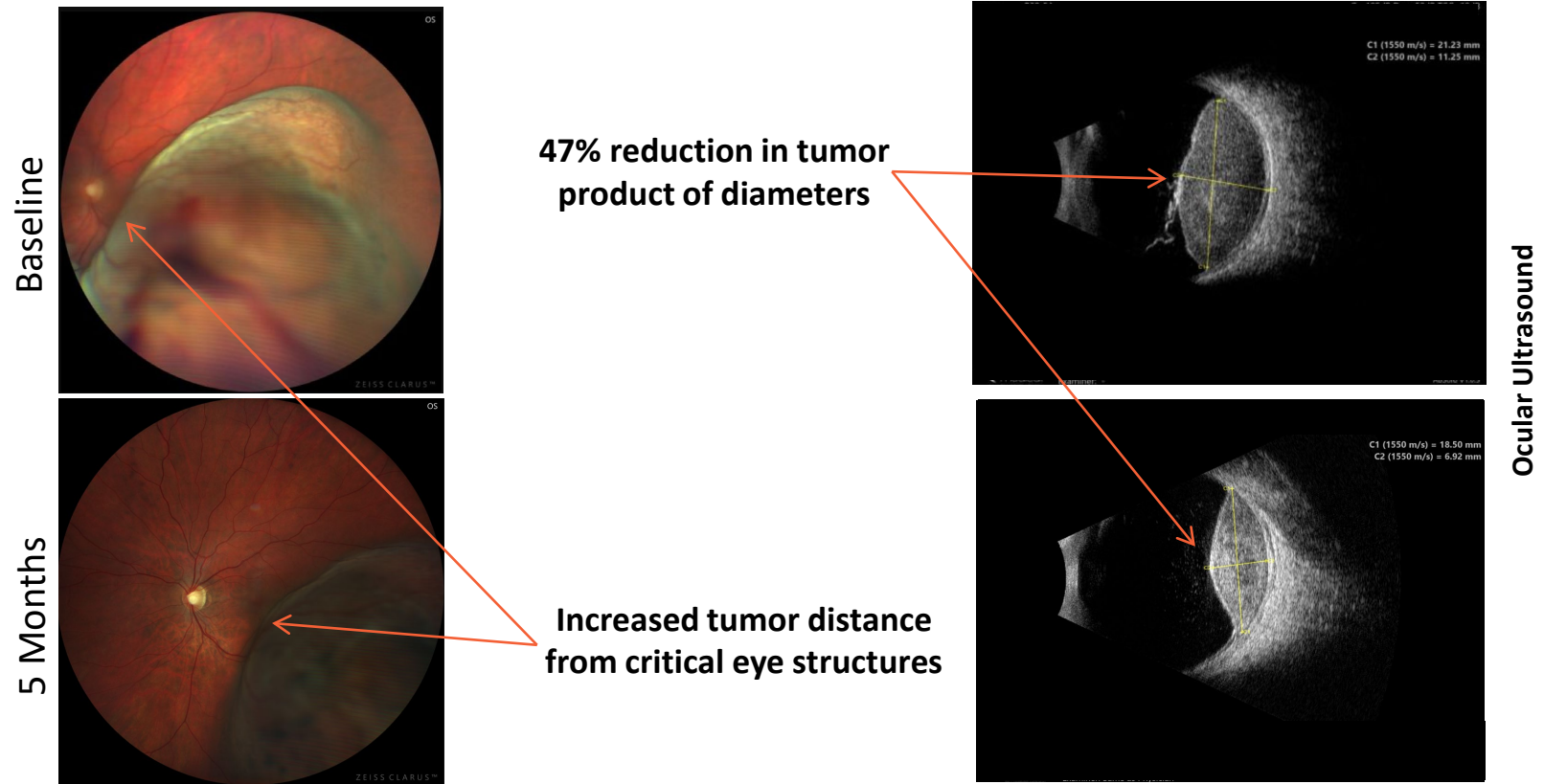
20+ year old male with large tumor obstructing fovea/macula and optic disc/nerve with GNA11 – Q209L mutation enrolled in the Enucleation Cohort. Patient is Class 1A, PRAME+

After 5 months of treatment**

- -39% in Tumor Thickness
- -47% in Product of Diameters
- -54% in Volume

Patient eligible to convert to plaque brachytherapy

Tumor Size Reduction After 5 Months of Darovasertib Treatment



Images provided courtesy of David Reichstein, MD, Tennessee Retina

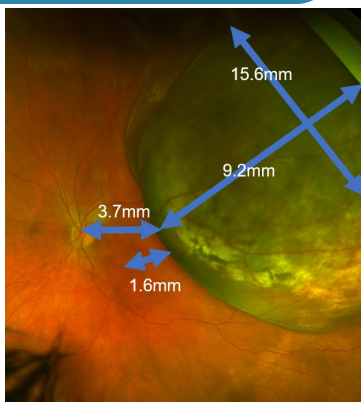
Phase 2 Darovasertib Neoadjuvant UM IST Results in Enucleation Patients

Pre & Post Darovasertib Treatment Radiation Plaque Planning and Vision Implications

Baseline & Post Baseline Measurements

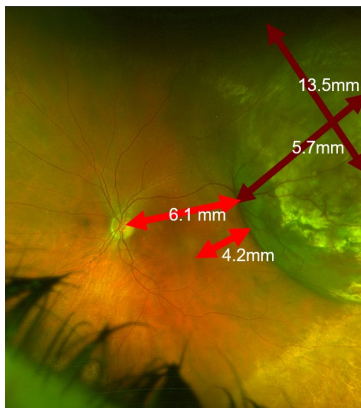
Baseline Tumor Size Measurements

- Distance of tumor to optic nerve and fovea are 3.7 mm and 1.6 mm respectively



Post Baseline Tumor Size Measurements

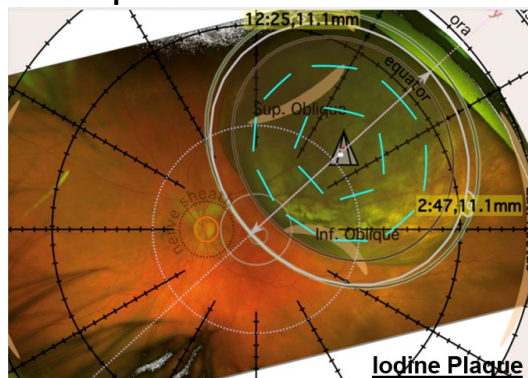
- Distance to tumor from optic nerve and fovea increased by ~65% and ~163% respectively



Plaque Treatment Plan

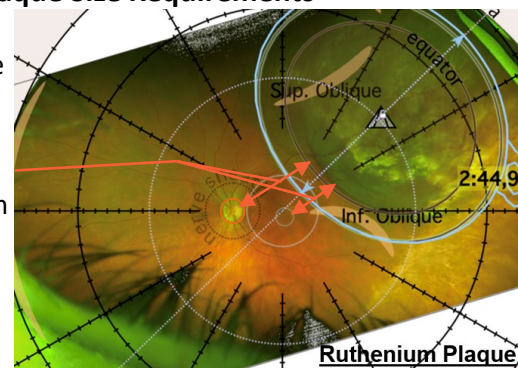
Baseline Plaque Size Requirements

Patient requires an Iodine plaque at Baseline



Post-Baseline Plaque Size Requirements

Increased distance to critical structures and tumor enables smaller Ruthenium plaque (less radiation)



Reduced Radiation to Critical Structures & Potential Improvement in Vision*

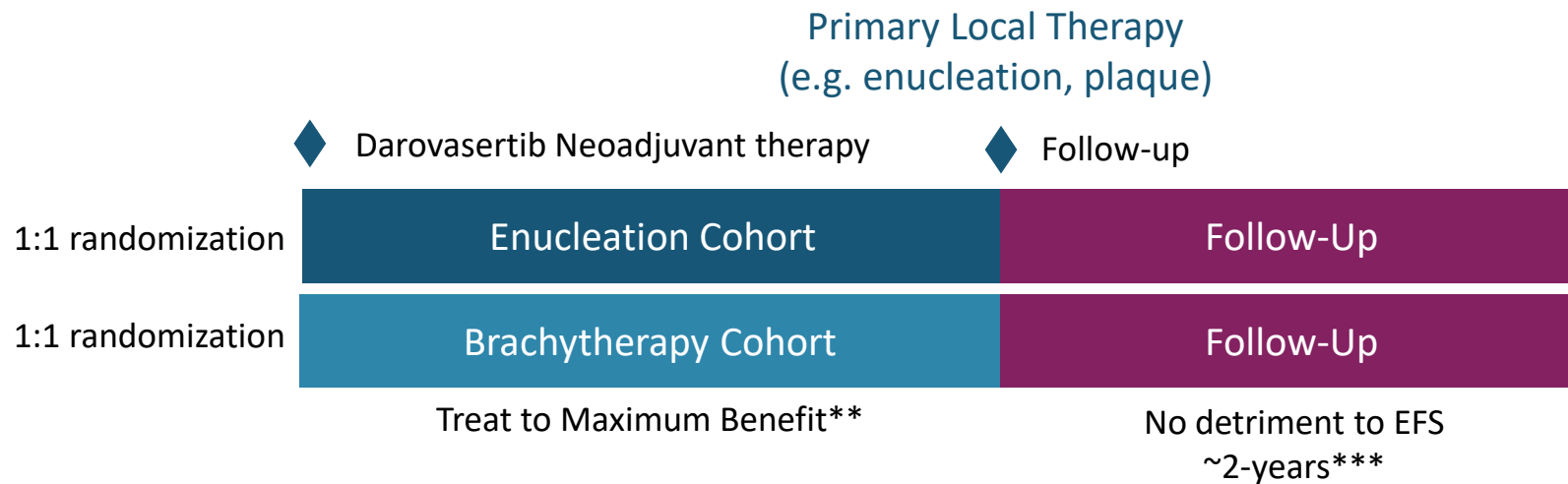
	Baseline	Post Baseline	Change
Dose to nerve	78 Gy	13 Gy	-83%
Dose to fovea	157 Gy	59 Gy	-62%
1-year probability of visual loss	~67%	~20%	-
3-year probability of visual loss	~95%	~43%	-

Adapted from A Joshua, ASCO 2024, NADOM Investigator Sponsored Trial (IST): NCT05187884
Slides courtesy of Dr Rod O'Day and Lotte Fog

* Aziz et al., 2016 (Visual acuity of 20/200 or worse)

Darovasertib Neoadjuvant UM Phase 3 Trial Design for Regulatory Approval

Paradigm Shifting Opportunity to Save the Eye and Protect Vision



Primary Endpoints*

- Cohort 1: Eye Preservation
- Cohort 2: Time to Vision Loss

Secondary Endpoints

- Cohort 1 and 2: No detriment to Event Free Survival (EFS). Initial EFS readout anticipated in ~2-years

FDA discussion ongoing for use of ORR as potential surrogate and composite endpoint for earlier approval scenarios

Currently projecting ~400 patient enrollment****

Three Independent Approaches for Demonstrating Clinical Benefit With Approval Pathway

Enucleation Cohort → Save the Eye

Brachytherapy Cohort → Protect Vision

Follow-up → No detriment to EFS

*FDA briefing book notes clinical endpoint target to exceed a lower bound of 10% for eye preservation rate with a 95% confidence interval

** Treatment to maximum benefit: continued observation of ocular tumor shrinkage

*** Estimate of initial no detriment EFS readout of UM patients with high risk of metastatic disease

**** Finalization pending FDA discussions; current preliminary enrollment projections. Target to enroll UM patients with high-risk of metastatic disease

Darovasertib and Uveal Melanoma Patient Journey

High Unmet Need and Multiple First-Line Opportunities in UM and MUM*

+95% of UM patients harbor GNAQ/GNA11 mutation

Uveal Melanoma Patient Journey				
	Neoadjuvant UM		Adjuvant UM	MUM
HLA-A2-Negative (~70% of UM / MUM)**	No FDA Approved Therapies*	Daro Phase 2/3 Enucleation Define Approval Path	Daro Phase 2/3 Radiation Define Approval Path	No FDA Approved Therapies* Daro + Crizo Registrational Trial Accelerated Approval Full Approval
HLA-A2-Positive (~30% of UM / MUM)**			Daro Phase 2	
Target Treatment Duration	≥6 months		≥6 months	mPFS + ~3 months
Target Clinical Endpoints	Eye Preservation, Time to Vision Loss, No detriment to EFS		Relapse Free Survival	ORR, mPFS, mOS
Annual Incidence US/EU**	~12K		~12K	~4-5k

**FDA Orphan Drug Designation in Uveal Melanoma[†]; FDA Fast Track Designation in Metastatic Uveal Melanoma
Phase 2/3 Registrational Trial Ongoing in HLA-A2 negative 1L MUM for both Accelerated and Full Approval**

*No FDA approved systemic therapies in multiple UM and MUM indications across the patient journey

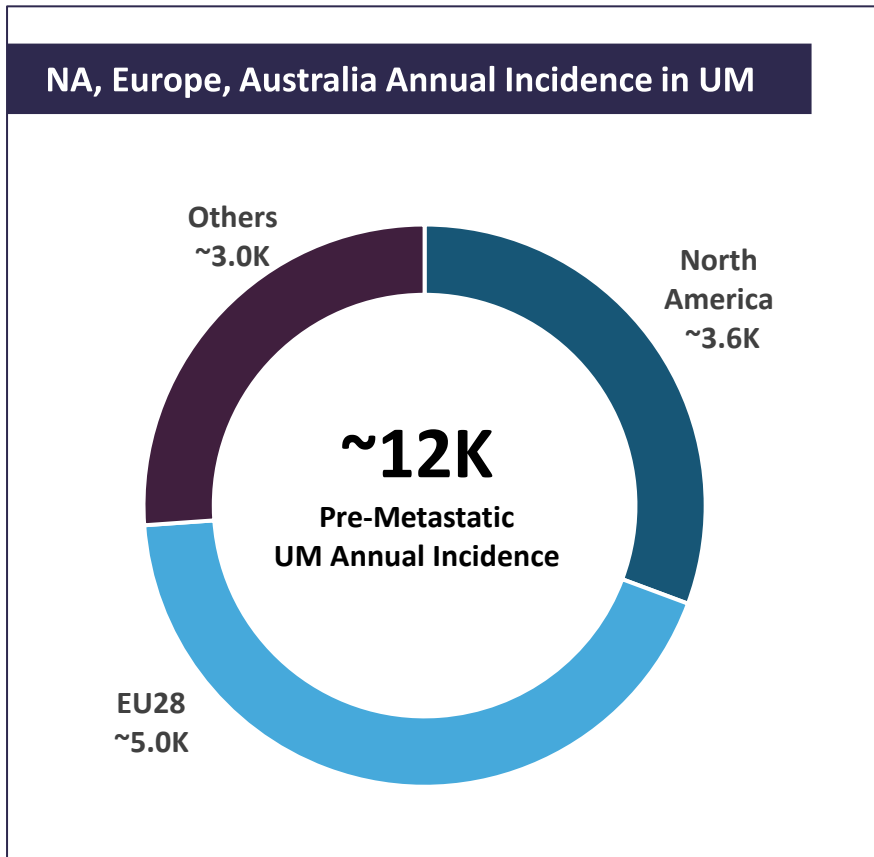
**IDEAYA data: ~70% of MUM patients were HLA-A2-negative based on 149 patients tested for HLA-A2 status as presented at ESMO 2023; US/EU MUM annual incidence and total prevalence based on market research analysis

[†] Orphan Drugs benefit from certain tax credits and may be excluded from certain mandatory price negotiation provisions of the 2022 Inflation Reduction Act

Annual Incidence of Pre-Metastatic UM*

North America, Europe, and Australia

High Unmet Need: No FDA-Approved Therapies for Pre-Metastatic Uveal Melanoma



Projected Addressable UM Total Prevalence is Multiples of Annual Incidence

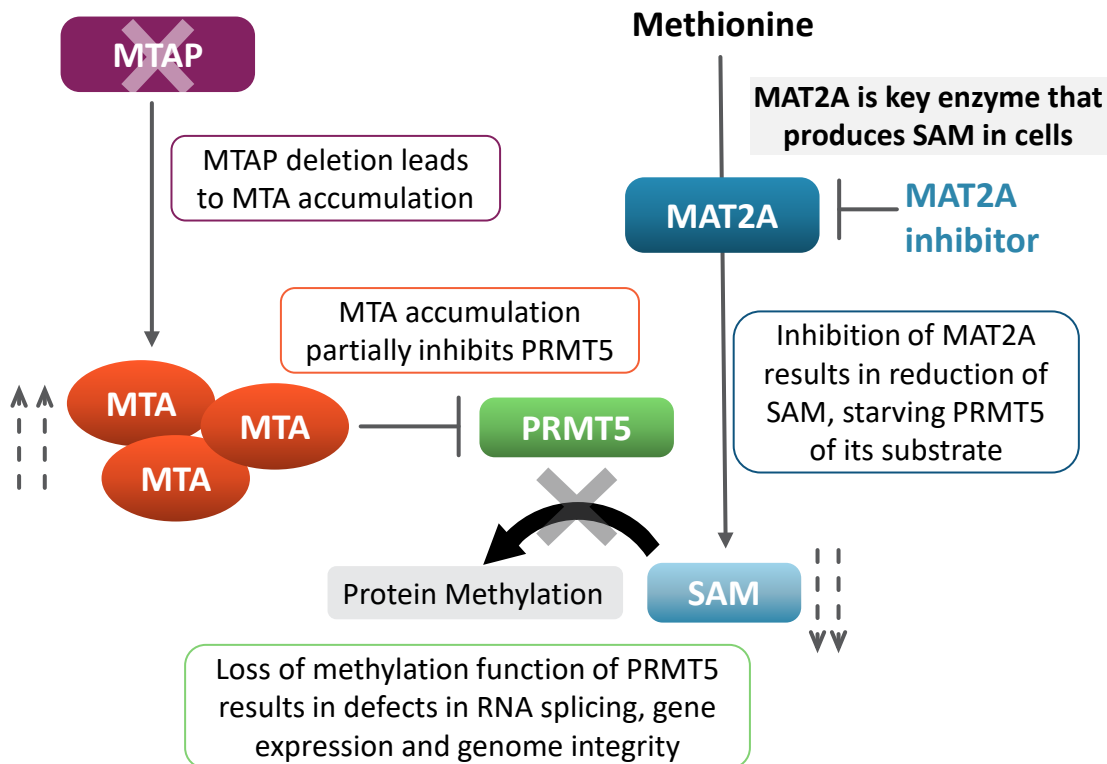
Pre-Metastatic Uveal Melanoma		
Small Tumors	Medium Tumors	Large Tumors
~30% of patients ¹	~50% of patients ¹	~20% of patients ¹
<ul style="list-style-type: none"> Tumors measuring <3mm in apical height and basal diameter of <5mm Primarily managed with close observation Treatment reserved until growth is observed 	<ul style="list-style-type: none"> Tumors measuring 3 to 8mm in apical height and basal diameter of <16mm Treatment at this stage can be plaque brachytherapy, PBT, or enucleation 	<ul style="list-style-type: none"> Tumors measuring >8mm in apical height or basal diameter >16mm Most notable therapies are CPRT and enucleation Enucleation preferred as they may not be managed with RT

¹ Weighted average of tumor sizes across patients with iris, ciliary, and choroidal melanoma; PBT: Particle Beam Therapy; CPRT: Charged Particle Radiation Therapy; RT: Radiation Therapy; UM = Uveal Melanoma; Source: Paul. NEJM, 2021; Sayan. ROJ, 2020; Shields. Arch Ophthalmol. 2009; Clear View Analysis

MAT2A Inhibition is Synthetic Lethal with MTAP-Deletion

Strategies to address MTAP^{-/-} Prevalence in ~15% of all Solid Tumors

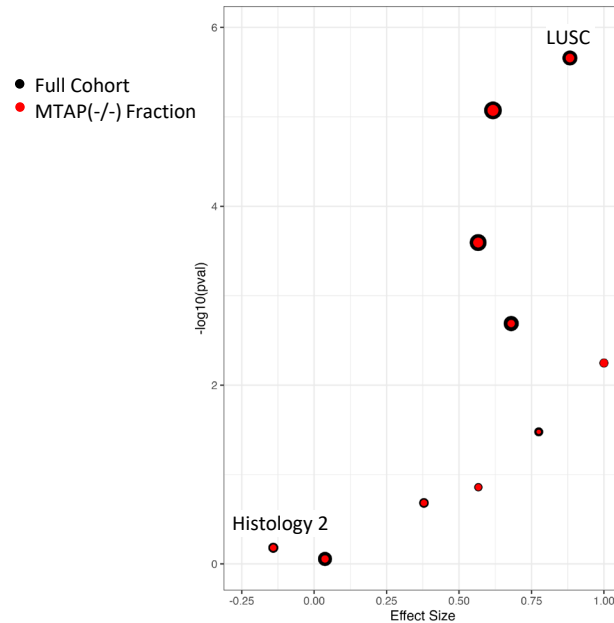
MTAP-MAT2A Synthetic Lethality Biology



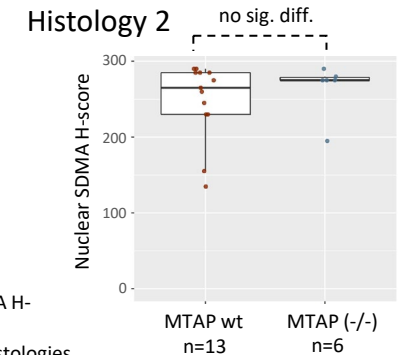
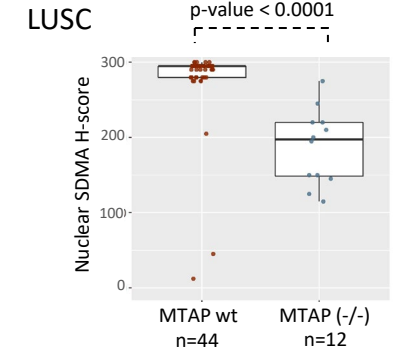
Endogenous Suppression in MTAP^{-/-} PDX Models

Methylation Pathway Suppression in MTAP(-/-) Squamous Lung (LUSC)

SDMA Effect Size (PDX Tissue Microarray)



IDEAYA Data: AACR 2023 (M. Fischer et al.) – Volcano plot comparing nuclear SDMA H-Score by IHC in MTAP(-/-) relative to MTAP wt across tissue microarray (TMA) of treatment-naïve PDX models; LUSC shows most significance effect across tumor histologies

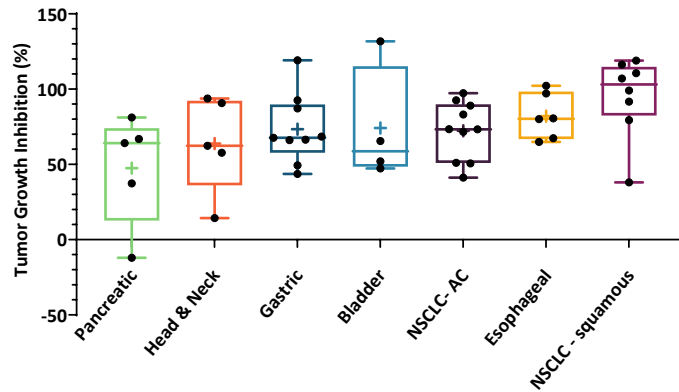


IDE397 Demonstrates Broad Efficacy across MTAP-Deletion PDX Models

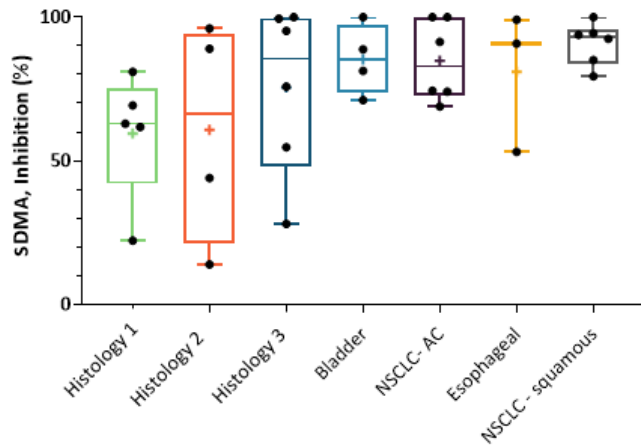
Deep Regressions observed in NSCLC-squamous (LUSC), Esophageal and Bladder Cancers

IDE397 Efficacy: 47 MTAP^{-/-} PDX Models

TGI with IDE397 (30mpk) in MTAP^{-/-} PDX Panel



SDMA Suppression in Residual Tumors* at End of Study

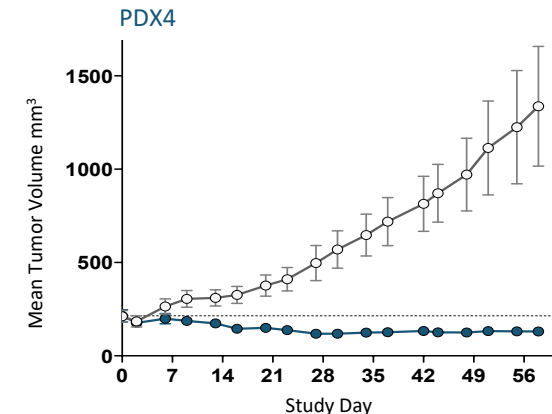
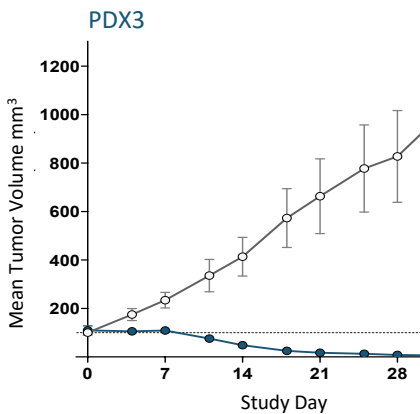
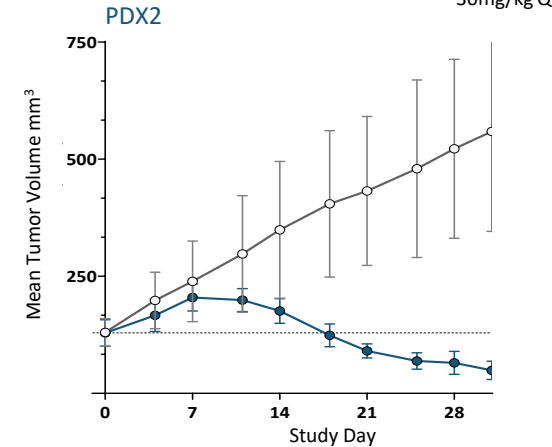
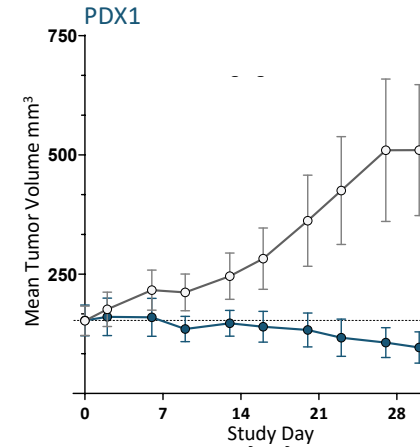


IDEAYA Data; *2 of 8 LUSC unevaluable due to insufficient residual tumor burden

IDE397 In Vivo Efficacy in LUSC PDX Models

Observed Tumor Regressions in 50% of LUSC PDX Models

○ Vehicle
● IDE397 30mg/kg QD



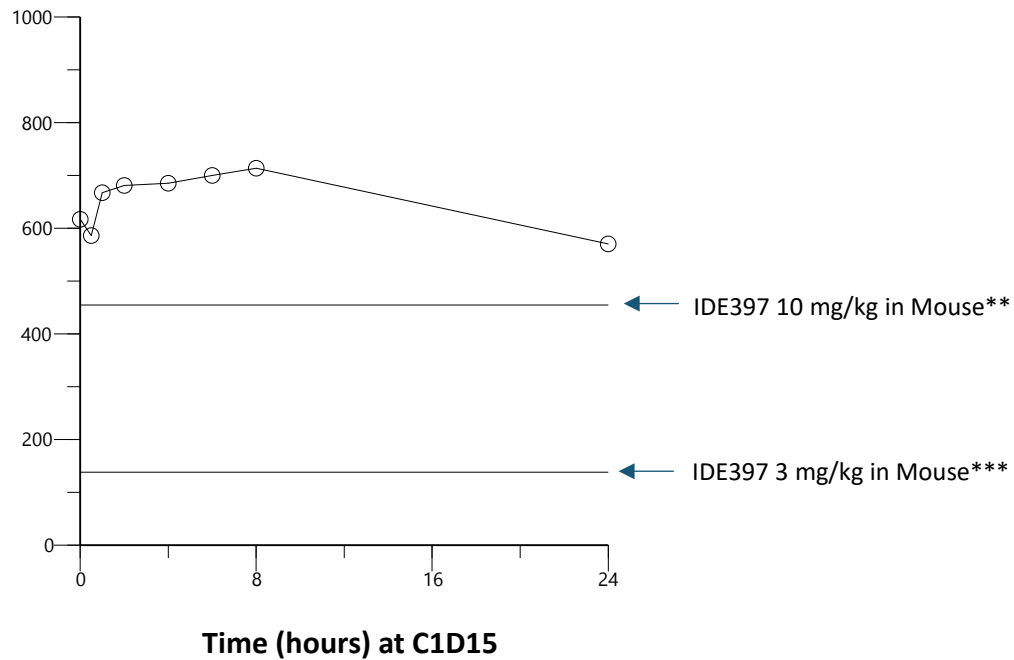
IDEAYA Data

IDE397 Human Pharmacokinetics (PK) and Pharmacodynamics (PD)

30mg QD Expansion Dose Delivers Target Drug Coverage and Robust Plasma SAM PD

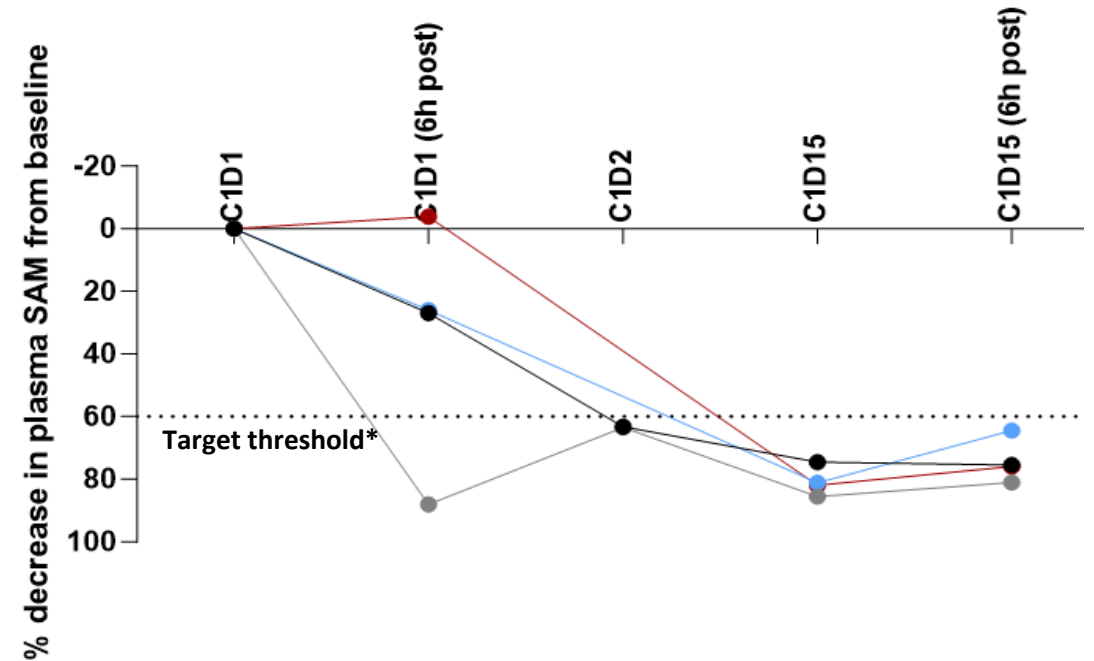
Human PK at 30 mg Expansion Dose (n=2)

IDE397 Plasma Conc. at 30mg QD C1D15



Steady-State Plasma SAM PD at 30 mg Dose (n=4)

Individual Patients Plasma SAM 30 mg



* IDEAYA Investigator's Brochure: Target threshold for human plasma SAM reduction determined based on anti-tumor response observed by IDE397 in MTAP-deletion xenograft preclinical models

** IDE397 at ≥ 10 mg/kg in mouse observes tumor regressions in MTAP-deletion xenograft models

*** IDE397 at 3 mg/kg in mouse observes tumor regressions in combination with clinical stage MTA-cooperative PRMT5 inhibitors in MTAP-deletion xenograft models

Preliminary IDE397 Adverse Event Profile of 30mg QD Ph2 Expansion Dose MTAP-Deletion Solid Tumor Patients

- Favorable adverse event (AE) profile demonstrated for the 30 mg Phase 2 expansion dose (n=18)
- ~5.6% of grade ≥ 3 drug-related AEs
- No drug-related SAEs
- No discontinuations due to drug-related adverse events making long-term dosing feasible

Drug-Related Adverse Event Profile (>5%), n=18

Preferred Term	Drug Related AE		Drug Related Serious AE	
	Grade ≥ 3 n (%)	All Grade n (%)	Grade ≥ 3 n (%)	All Grade n (%)
Any Event	1 (5.6%)	11 (61.1%)	0 (0.0%)	0 (0.0%)
Nausea	0 (0.0%)	3 (16.7%)	0 (0.0%)	0 (0.0%)
Peripheral Neuropathy*	0 (0.0%)	3 (16.7%)	0 (0.0%)	0 (0.0%)
Blood Creatinine Increased	0 (0.0%)	2 (11.1%)	0 (0.0%)	0 (0.0%)
Alanine Aminotransferase Increased	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Anemia	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Aspartate Aminotransferase Increased	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Asthenia	1 (5.6%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Decreased Appetite	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Dehydration	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Dizziness	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Muscular Weakness	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
R/O Relative Adrenal Insufficiency	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)
Urethral Discharge	0 (0.0%)	1 (5.6%)	0 (0.0%)	0 (0.0%)

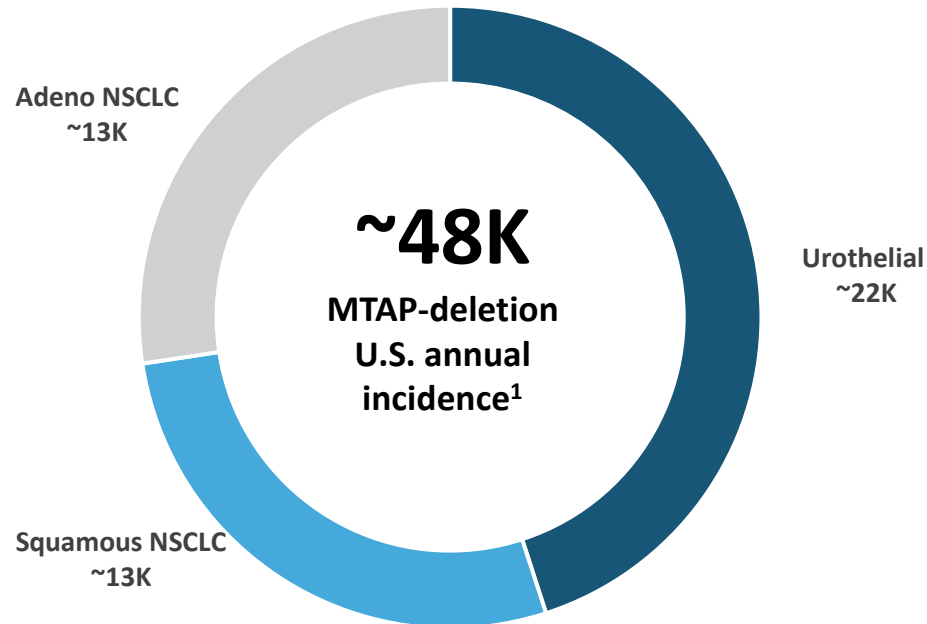
*All 3 patients reporting low grade Peripheral Neuropathy had prior platinum-containing chemotherapy regimens;
Data from an unlocked, unverified database as of June 12, 2024 data cut off; AE = Adverse Event

IDE397: Phase 2 Potential First-in-Class MAT2A Inhibitor

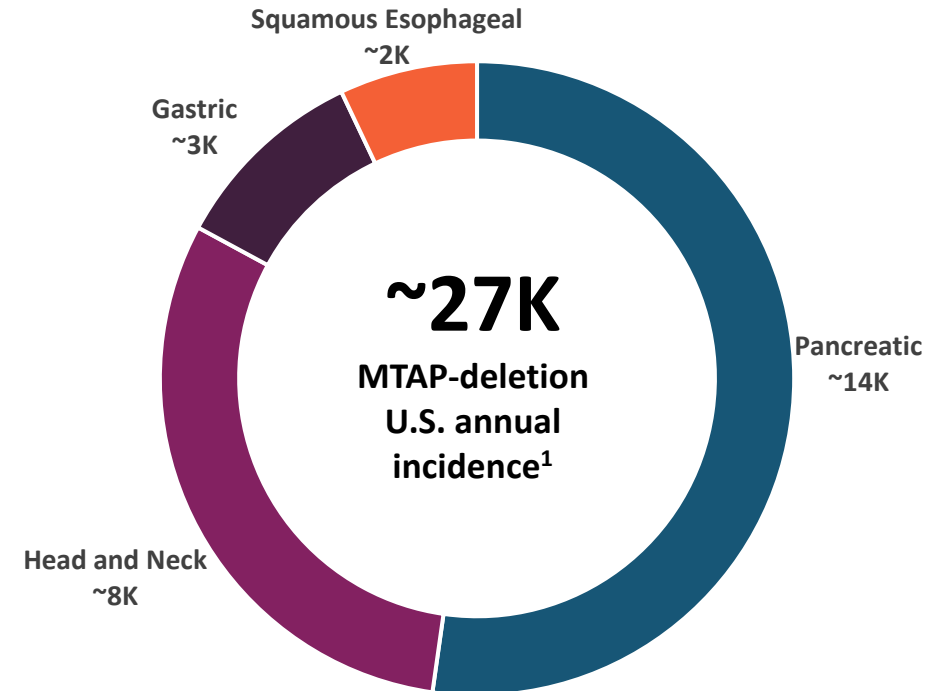
~48k U.S. Annual Incidence in MTAP-Deletion NSCLC and Urothelial Cancer

High Unmet Need: No FDA-Approved Therapies for MTAP-Deletion Solid Tumors

U.S. Annual Incidence in Priority Tumor Types



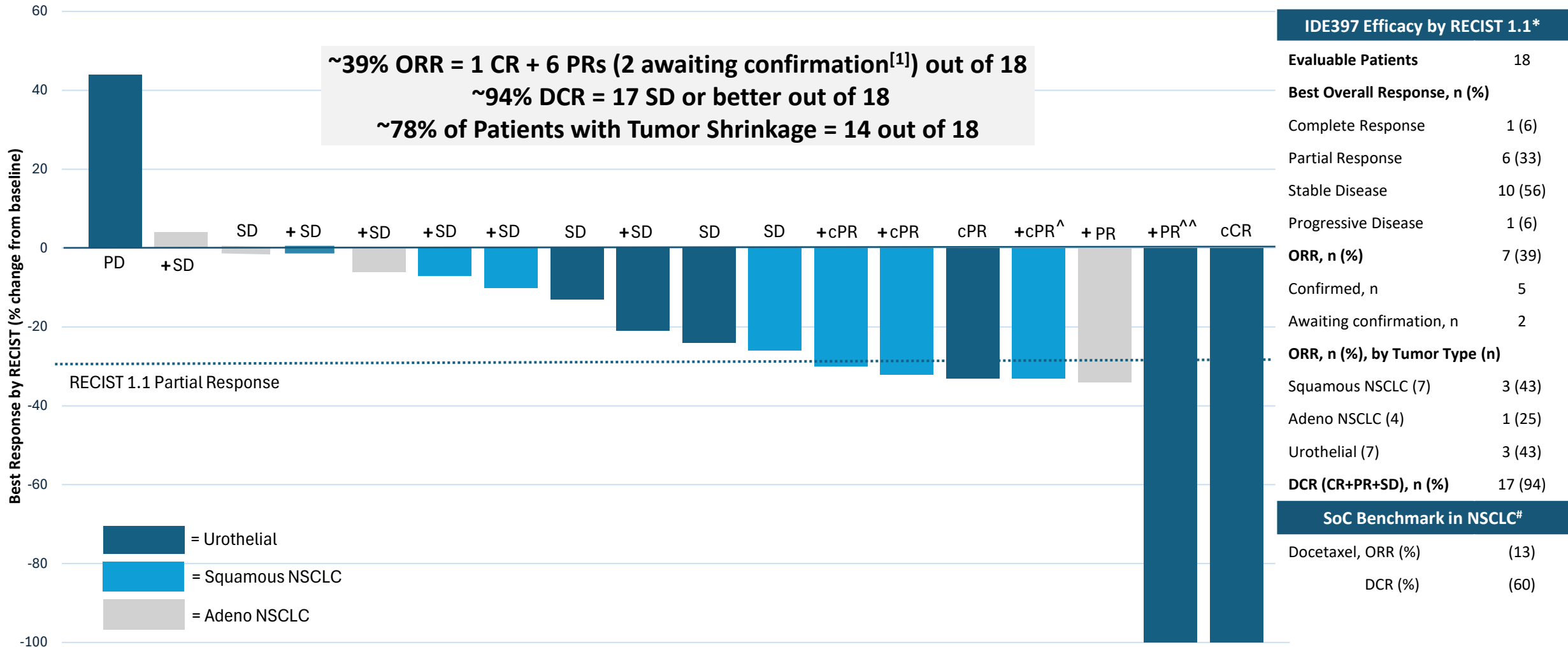
U.S. Annual Incidence in Potential Expansion Tumor Types



¹ Estimated addressable patient population based on SEER 2024 incidence and MTAP-deletion frequency from TCGA PanCancer Atlas, including frequency of 26% in urothelial, 19% in squamous NSCLC, 11% in adeno NSCLC, 21% pancreatic, 14% head and neck, 10% gastric, and 28% squamous esophageal cancers.

Preliminary IDE397 Efficacy Evaluation of 30 mg Phase 2 Expansion Dose

ORR by RECIST 1.1: 18 Evaluable NSCLC & Urothelial Cancer MTAP-Deletion Patients*



* Evaluable Patients: Treated with ≥ 1 cycle (21 days) of IDE397 at 30 mg expansion dose and with ≥ 1 post-baseline scan(s); One non-evaluable patient who discontinued due to rapid clinical progression of cancer fatigue and drug-unrelated AEs in cycle 1

^ Response evaluation by central review; ^^ Urothelial cancer patient that had a -100% tumor reduction in the target lesion at the last CT-scan assessment; + patient still on treatment as of cut-off date;

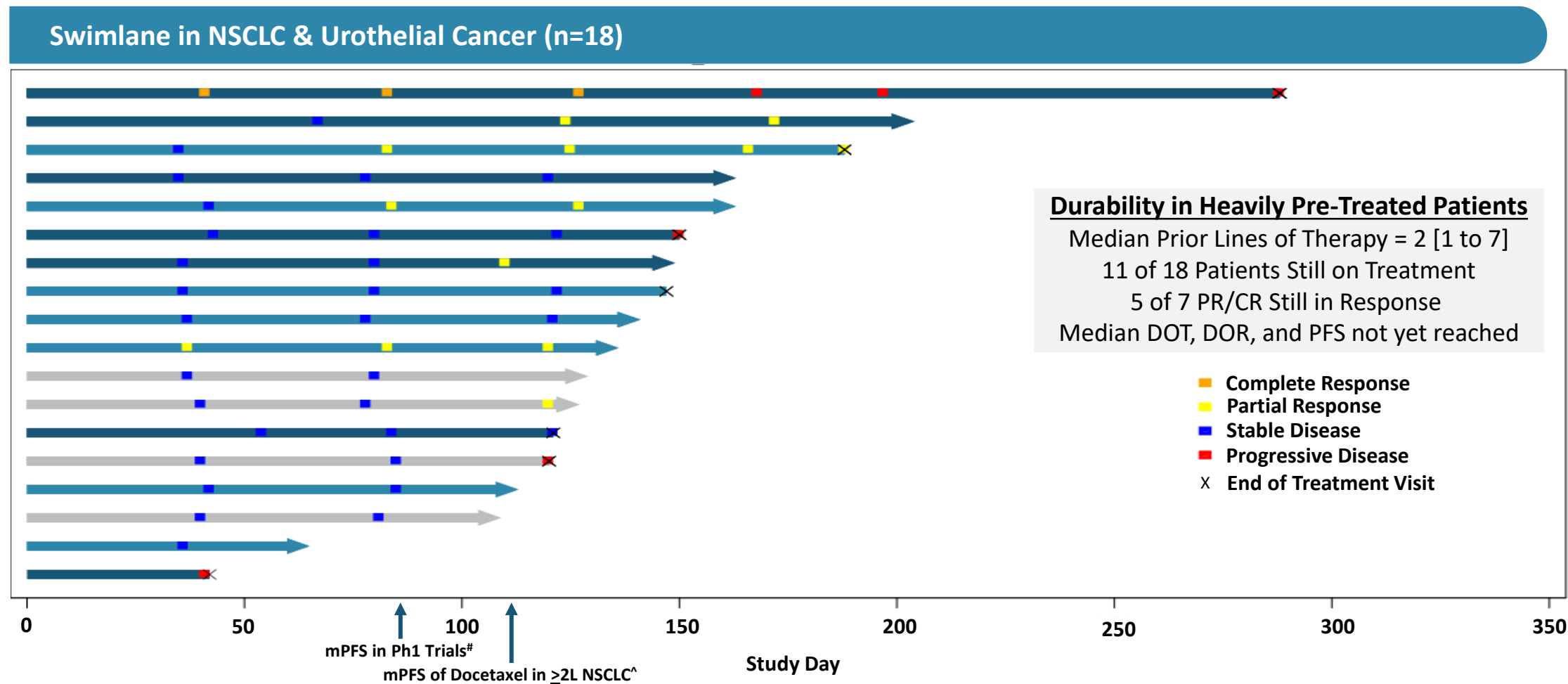
Data from an unlocked, unverified database as of June 21, 2024 data cut off; CR = Complete Response, PR = Partial Response; SD = Stable Disease; ORR = Overall Response Rate; DCR = Disease Control Rate; c = confirmed response

SoC = Standard of Care. Docetaxel ORR and DCR efficacy benchmark data in NSCLC from CodeBreak 200, Lancet (2023) 401: 733-746; ESMO 2023: TROPION-Lung01 reported 12.8% ORR for Docetaxel in $\geq 2L$ NSCLC (n=305)

[1] As presented on July 8, 2024 IDE397 Investor webcast

Preliminary IDE397 Efficacy Evaluation of 30 mg Phase 2 Expansion Dose

Swimlane: 18 Evaluable NSCLC and Urothelial Cancer MTAP-Deletion Patients*



* Evaluable Patients: Treated with ≥1 cycle (21 days) of IDE397 at 30 mg expansion dose and with ≥1 post-baseline scan(s); One non-evaluable patient who discontinued due to rapid clinical progression of cancer fatigue and drug-unrelated AEs in cycle 1. Data from an unlocked, unverified database as of June 21, 2024 data cut off; CR = Complete Response, PR = Partial Response; SD = Stable Disease; ORR = Overall Response Rate; DCR = Disease Control Rate; DOT = Duration of Treatment; DOR = Duration of Response; PFS = Progression Free Survival; # Median PFS in Ph1 oncology trials ~3 months, Reference: Arkenau, HT., Olmos, D., Ang, J. et al. Clinical outcome and prognostic factors for patients treated within the context of a phase I study: the Royal Marsden Hospital experience. Br J Cancer 98, 1029–1033 (2008). The confirmed complete response urothelial patient progressed after the week 18 scan due to a drug-unrelated AE dose holiday and then restarted treatment

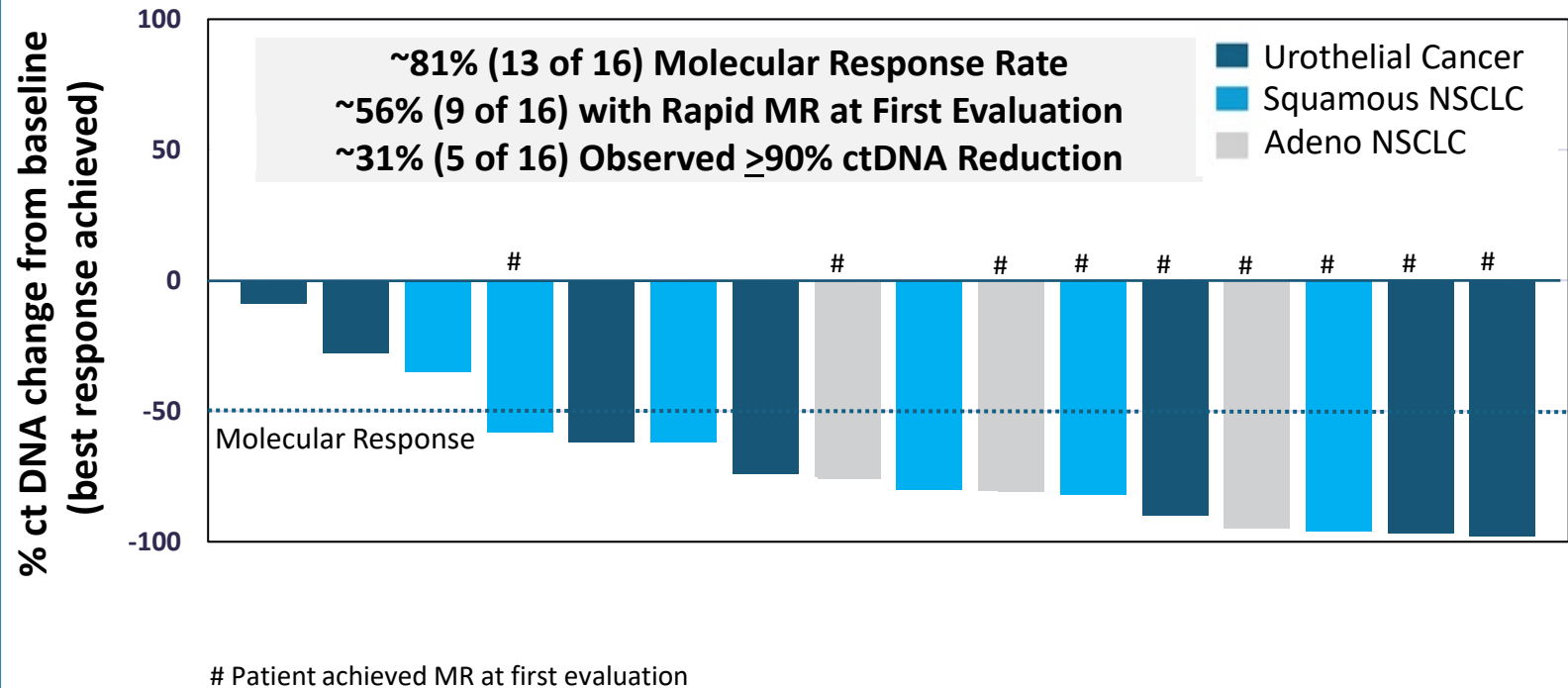
^ESMO 2023: TROPION-Lung01 reported mPFS of 3.7 months for Docetaxel in ≥2L NSCLC (n=305)

Preliminary IDE397 Efficacy Evaluation of 30 mg Phase 2 Expansion Dose

~81% ctDNA Molecular Response Rate in 16 NSCLC & Urothelial MTAP-Deletion Patients*

- Molecular Response (MR) analysis of 16 MTAP-deletion patients (3 adeno NSCLC, 7 urothelial, and 6 squamous NSCLC) at 30mg QD expansion dose
- ctDNA reduction observed in all subjects evaluated, including ~56% (9 of 16) with rapid MR at first evaluation and ~31% (5 of 16) with $\geq 90\%$ ctDNA reduction

ctDNA Molecular Response (MR) Analysis (n=16)



IDE397 Confirmed PR by RECIST 1.1 in NSCLC at 30mg Expansion Dose

Case Report and CT-Scan Images

Baseline Characteristics:

60+ year old male with squamous NSCLC

Treatment History:

2 prior lines of therapy:

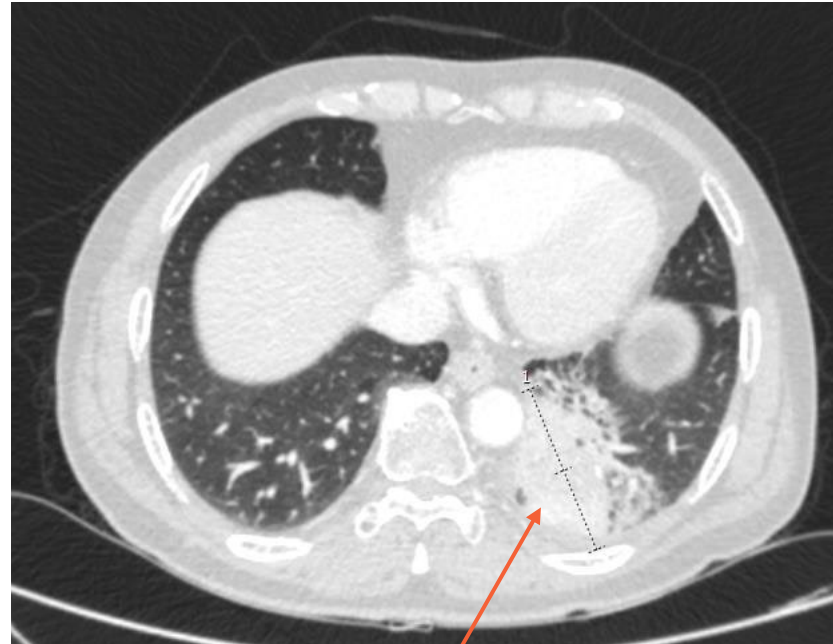
- Necitumumab + Carboplatin + Paclitaxel followed by
- Gemzar.
- Received palliative radiation therapy

RECIST 1.1 Evaluation:

Unconfirmed Partial Response by RECIST 1.1 at week 6 with -30% reduction and confirmed at week 12

NSCLC MTAP-Deletion Patient: Partial Response at Week 6 CT-Scan

Baseline



Left Lower Lobe Lung Lesion

Week 6



-30% Partial Response seen at first post-baseline scan, and confirmed at week 12

IDEAYA Data (based on preliminary analysis of investigator provided images); tumor lesion reductions by investigator review, from an unlocked unverified database

IDE397 Confirmed CR by RECIST 1.1 in Urothelial at 30mg Expansion Dose

Case Report and CT-Scan Images

Baseline Characteristics:

60+ year old male with high grade urothelial carcinoma of the renal pelvis

Treatment History:

Prior therapy:

- Neo-adjuvant Gemzar/Cisplatin,
- Left Nephro-ureterectomy.
- Adjuvant Nivolumab

Recurrent disease after treatment, including immunotherapy

RECIST 1.1 Evaluation:

Unconfirmed Complete Response by RECIST 1.1 at week 6 and confirmed at week 12

Urothelial MTAP-Deletion Patient: Complete Response at Week 18 CT-Scan

Baseline



Enlarged Retrocaval Lymph Node, 1.5 cm short axis

Week 18



Continued Complete Response at week 18 scan

IDEAYA Data (based on preliminary analysis of investigator provided images); tumor lesion reductions by investigator review, from an unlocked unverified database

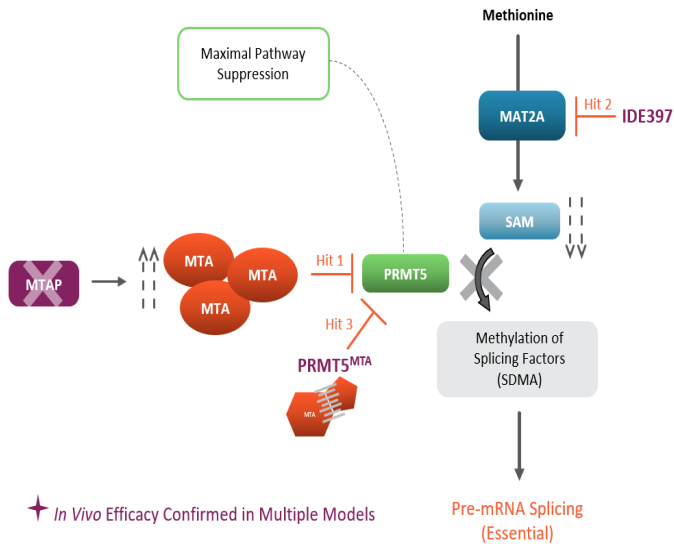
IDE397 Clinical Combination Strategy in MTAP-Deletion NSCLC



Phase 1 Study of IDE397 + AMG 193 (Amgen PRMT5) Clinical Combination Enrolling

IDE397 + MTA-Cooperative PRMT5i

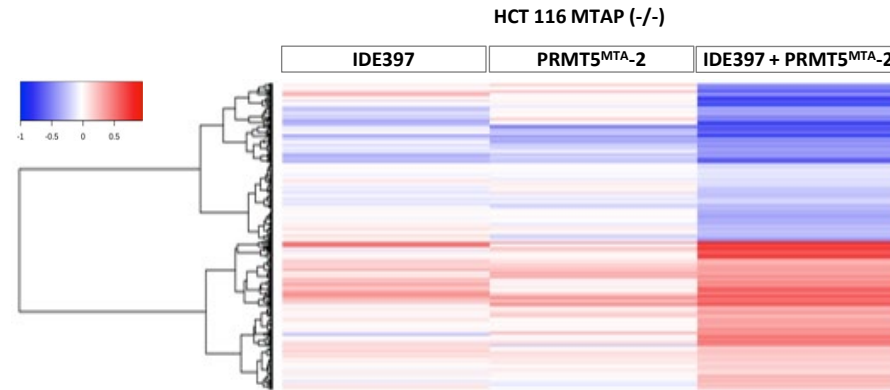
IDE397 + MTA-Cooperative PRMT5 Inhibitor enables Maximal Pathway Suppression



Enhanced Combination Efficacy Observed in multiple Tumor Indications and Across Representative PRMT5^{MTA} Inhibitors

Alternative mRNA Splicing Analysis

Combination Highly Perturbs Splicing Fidelity



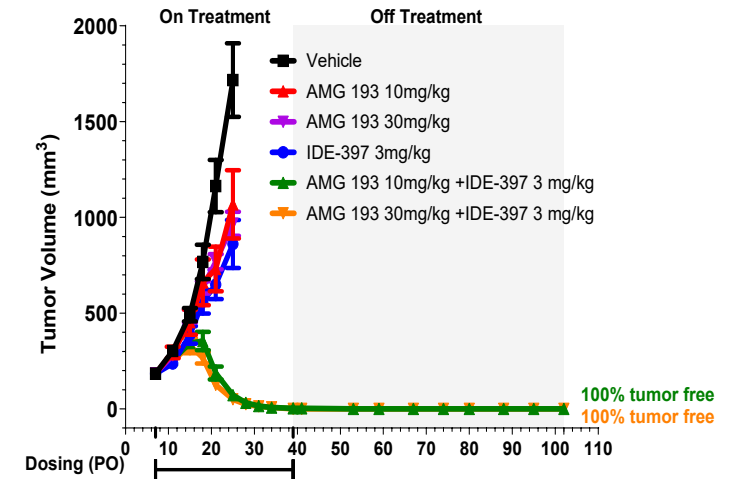
Quantitative Assessment of IDE397 / PMRT5i Effect on pre-mRNA Splicing

>2800 significant Splicing Events only in the Combination Treatment Arm+

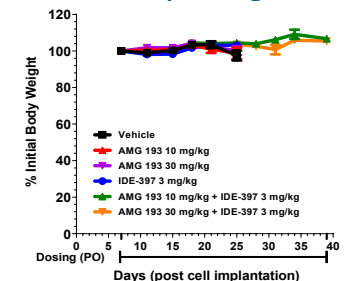
Identified as novel splice junctions or as not meeting significance criteria in monotherapy arms
Color = heatmap of Z-scored TMM-normalized counts per million

Preclinical Efficacy

Observed Durable Complete Responses



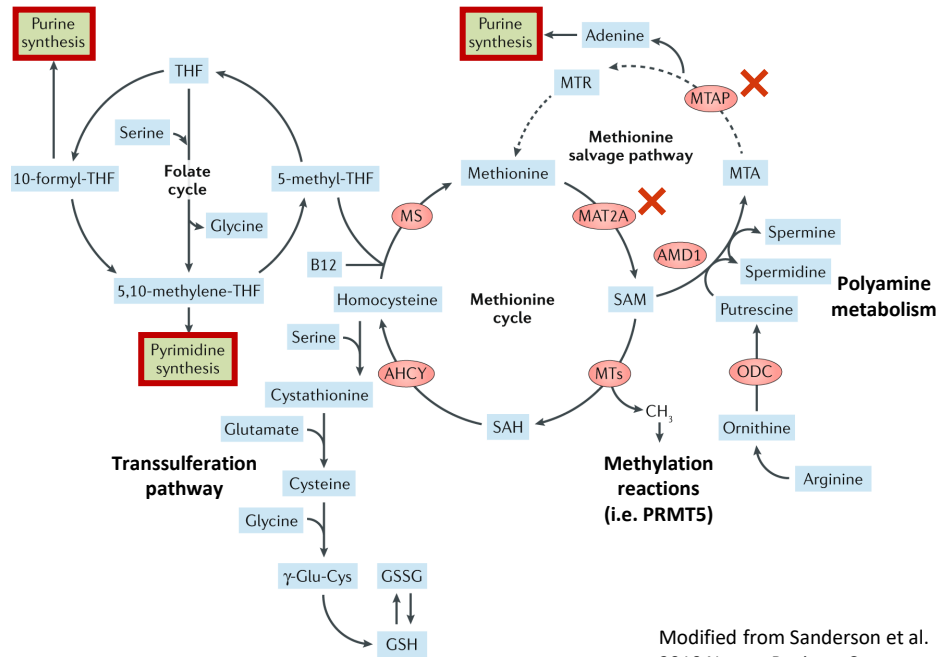
No Body Weight Loss



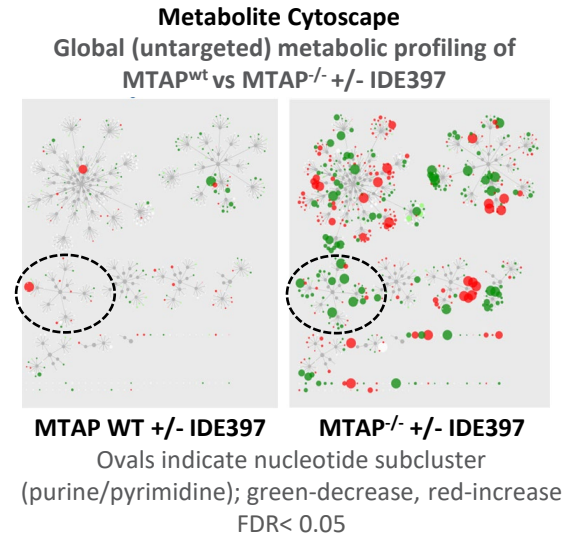
TRODELVY® + IDE397 Combination in MTAP-Deletion Urothelial Cancer

Disordered methionine metabolism underpins IDE397 combination opportunity with TOP1i-based ADC

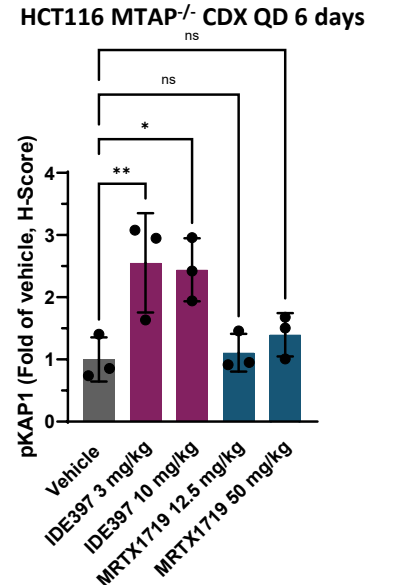
IDE397 perturbs both nucleotide pools and mRNA splicing in MTAP^{-/-} cells



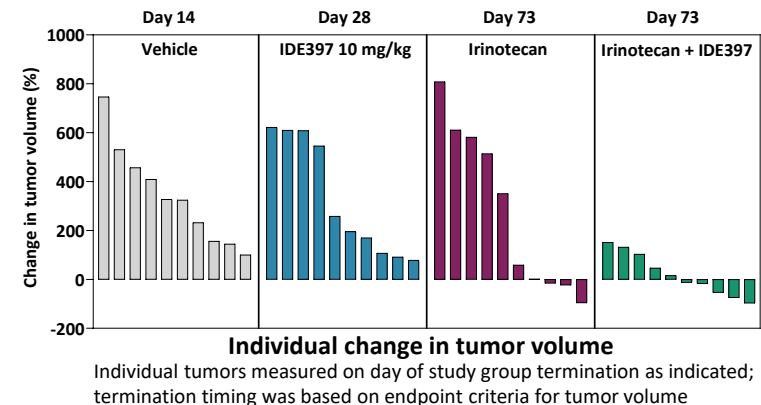
Metabolic perturbation by IDE397 selectively interacts with MTAP



IDE397 provokes DDR response in vivo



TOP1i combination delivers durable benefit in challenging RT112/84 UC CDX model



Key clinical correlates underscore combination opportunity

- MTAP^{-/-} UC: shorter survival, lower RR to CPI, shorter PFS and OS with Enfortumab-Vedotin (EV)
- MTAP^{-/-} status is associated with pemetrexed antitumor activity in UC
- A small study evaluating Trodelvy activity in UC post-EV suggested preferential activity in MTAP^{-/-} tumors (RR 50% vs. 19% post EV)
- IDE397 demonstrated monotherapy efficacy in MTAP^{-/-} UC (CR observed in a patient with short DFI post platinum and CPI, other tumor reductions and molecular responses seen)

IDE397 Phase 1/2 Clinical Development Plan in MTAP-Deletion Solid Tumors

Strategic Focus in Select Monotherapy Indications and High Conviction Clinical Combinations

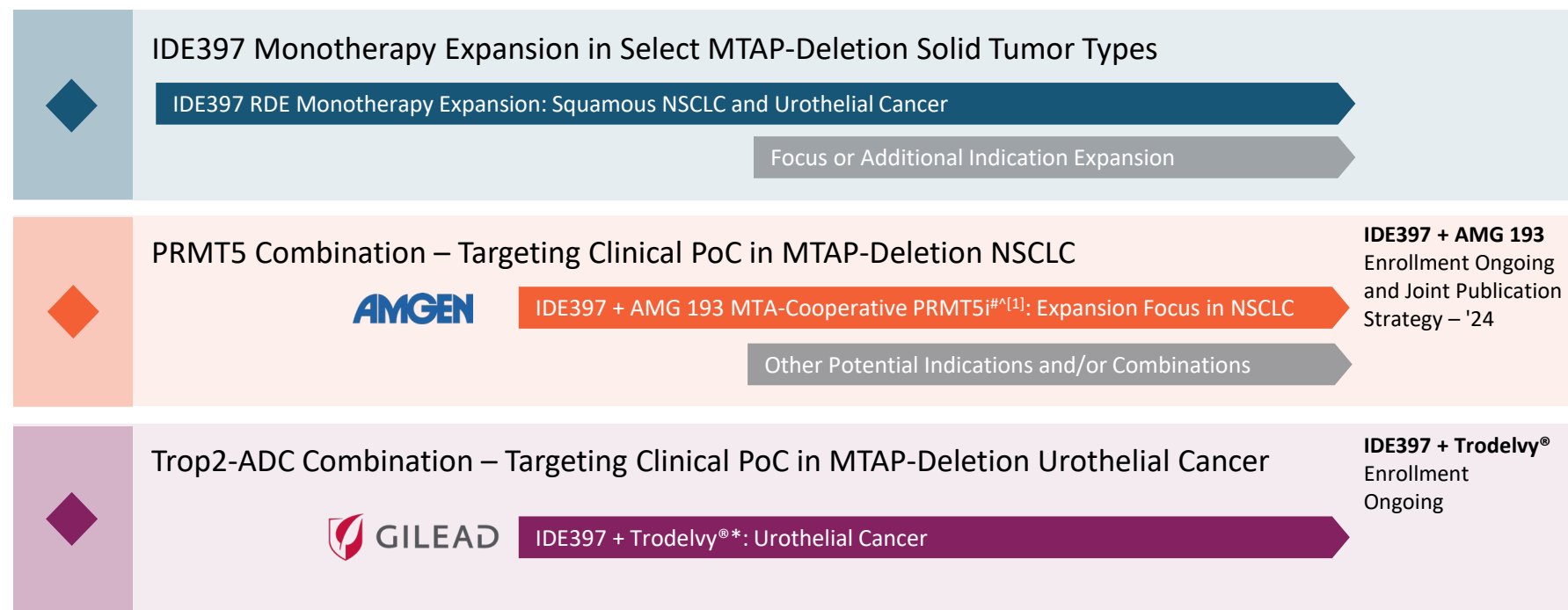
IDE397 – Clinical Profile

Exposure-Dependent
Pharmacokinetic (PK) Profile with
low $C_{max}:C_{min}$

Robust Pharmacodynamic (PD)
Response observed

Monotherapy Expansion
demonstrated clinical efficacy
with Responses in Multiple High-
Priority Tumor Types in Dose
Expansion, including a Complete
Response

IDE397 is strategically well positioned to evaluate both monotherapy and clinical combinations in MTAP-deletion solid tumors



AMG 193 = Amgen's investigational MTA-cooperative PRMT5 inhibitor; * Trodelvy[®] = Gilead's Trop-2 directed ADC

^ Amgen reported initial clinical data at the 2023 AACR-NCI-EORTC that showed 5/18 (ORR=28%) for AMG 193 monotherapy expansion at dose > 800 mg QD in esophageal, pancreatic, renal cell, gallbladder, and Sertoli-Leydig cell cancers

[1] Clinicaltrials.gov: NCT05975073

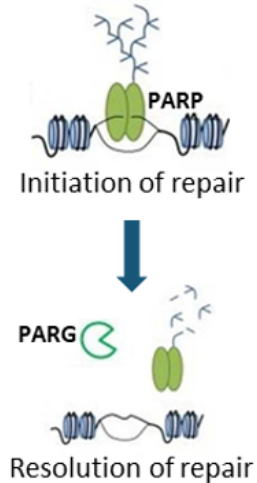
IDE161: Potential First-in-Class Phase 1 PARG Inhibitor

PARG inhibition is synthetic lethal with HRD/replication stress

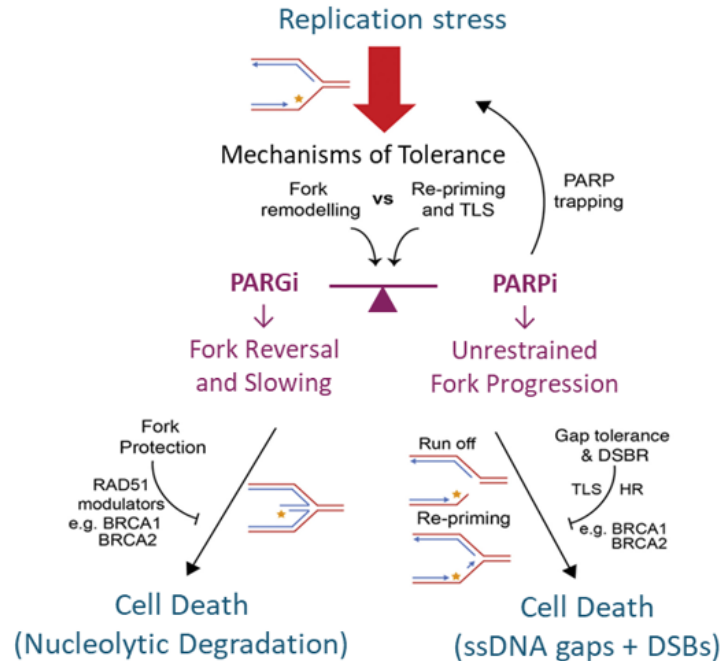
PARG Inhibition is Mechanistically Distinct from PARPi

PARG hydrolyzes PAR chains to resolve DNA repair events

PARG activity is selectively required for tolerance to replication stress



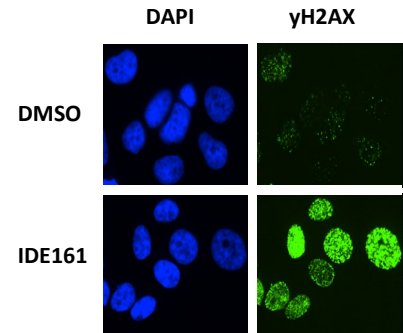
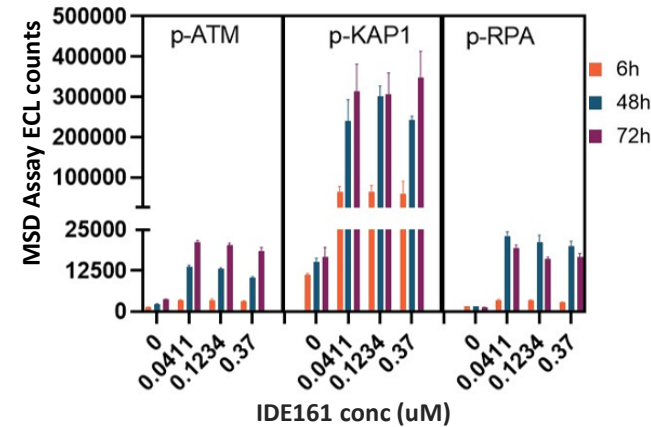
Modified from James et al., ACS Chem. Biol. 2016



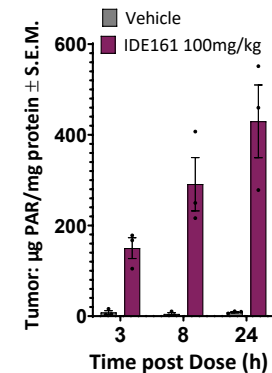
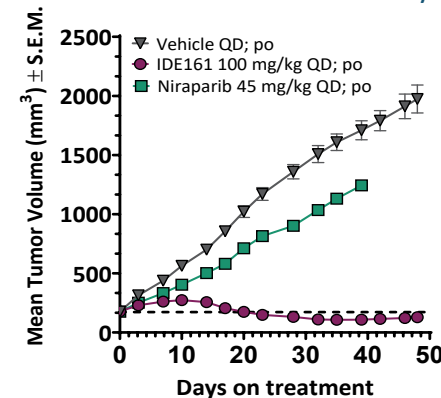
Modified from Pillay et al., Progress in Biophysics and Molecular Biology 2021

IDE161 is a potent and selective PARG inhibitor

Induction of DNA damage, persistent replication stress and checkpoint activation



Robust anti-tumor activity in PARPi-refractory HRD models

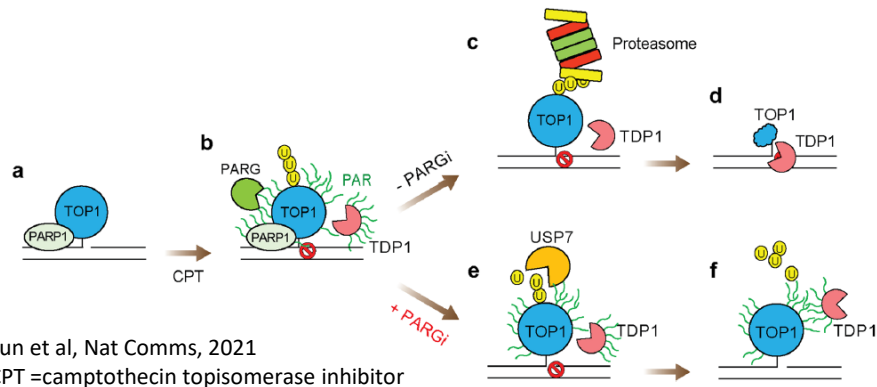


IDE161: Potential First-in-Class Phase 1 PARG Inhibitor

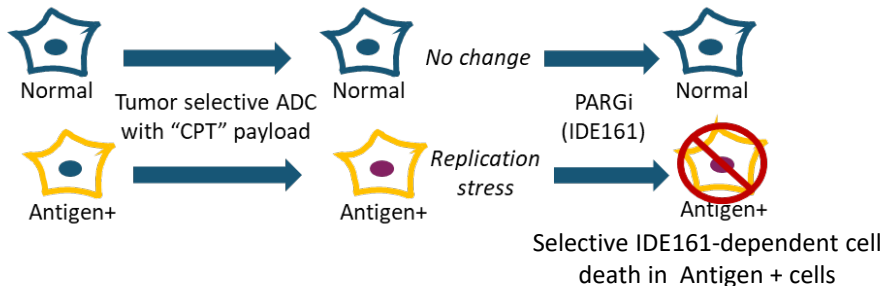
TOP1-Payload ADC Combo Rationale & Potentially Broad Development Opportunity

High conviction mechanistic rationale for PARG + Top1 Payload ADCs

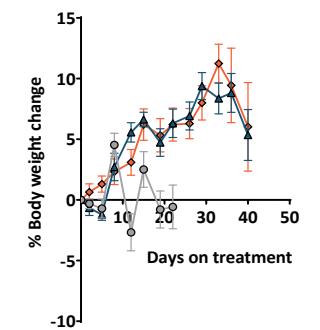
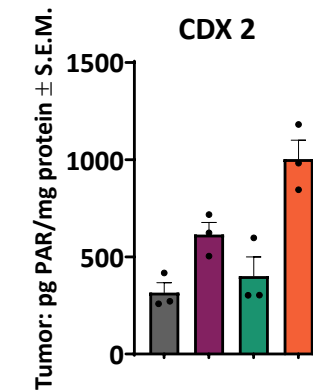
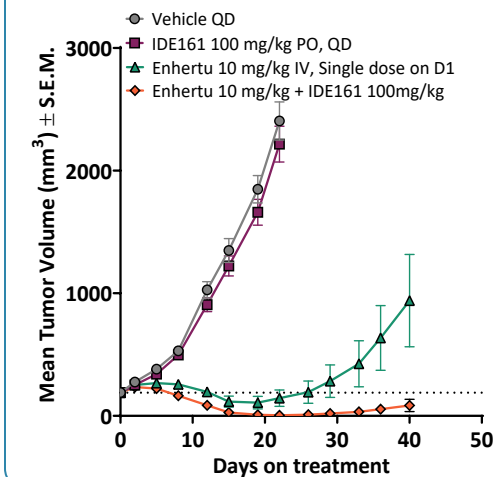
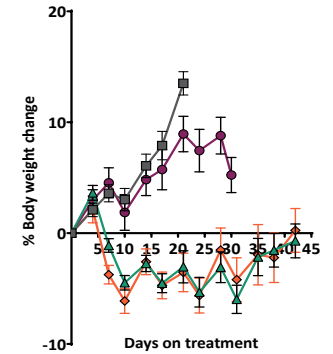
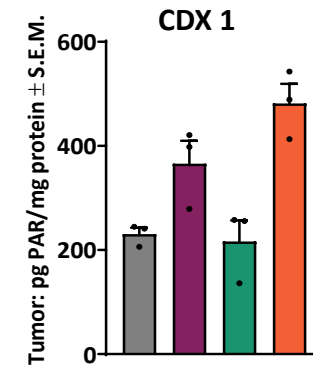
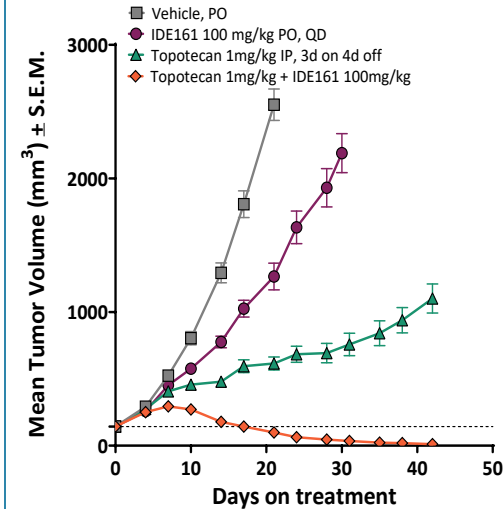
Dual inhibition of TOP1i & PARGi induces unresolvable DNA-protein crosslinks



In combo, a TOP1-ADC tumor antigen becomes an IDE161 predictive biomarker



Robust combo efficacy with TOP1i in lung cancer CDX models

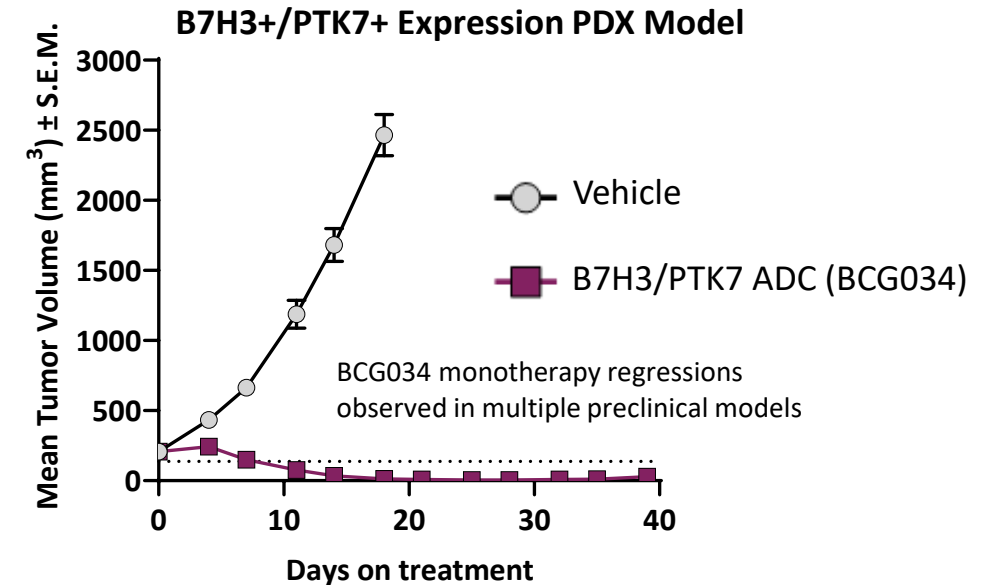
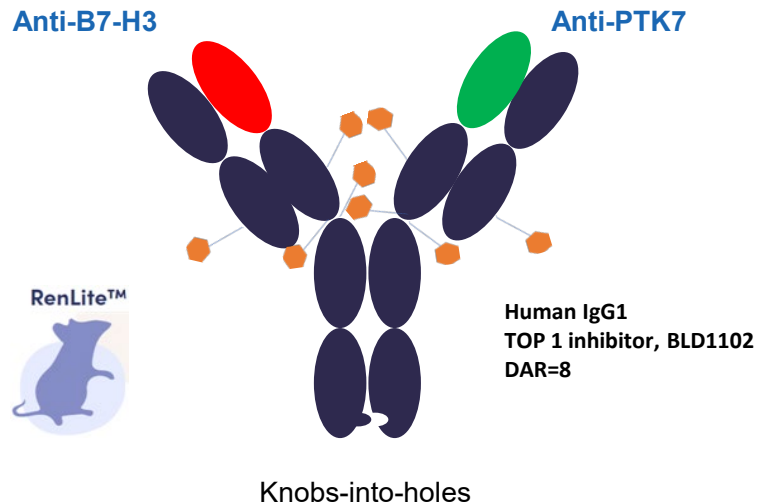


- 60% complete responses
- No BW loss beyond what is seen with TOP1i alone
- Increased PAR accumulation with combination

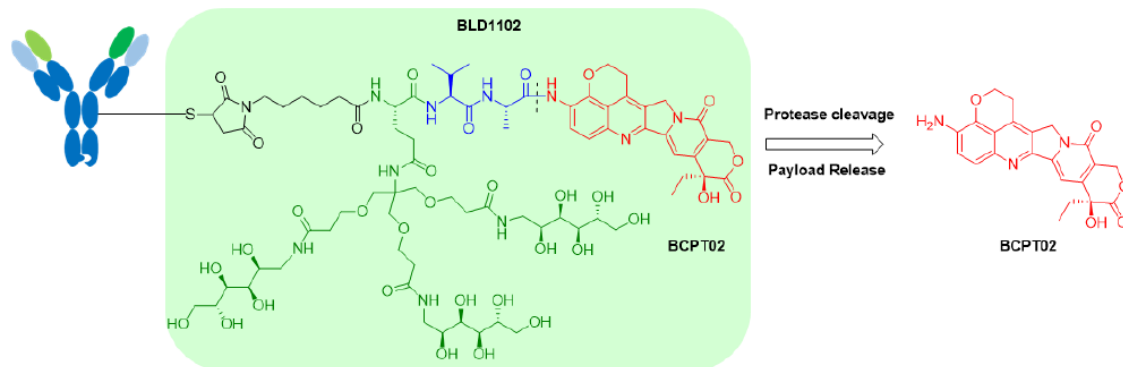
BCG034: Potential First-in-Class B7H3/PTK7 TOP1i Payload Bi-Specific ADC

Dual Tumor-Associated Antigen Targeting for Potential Enhanced Therapeutic Window

BCG034: B7H3/PTK7 Bispecific Ab-TOP1i ADC*



Proprietary Topoisomerase I Linker-Payload



- Enhanced tumor versus normal cell binding
- Enhanced internalization efficiency
- Meaningful double-positive disease population**

Indication	B7H3/PTK7 Double Positive %
Lung	29.8%
Colorectal ^[1]	45.9%
HNSCC	27.1%
Ovarian	23.1%

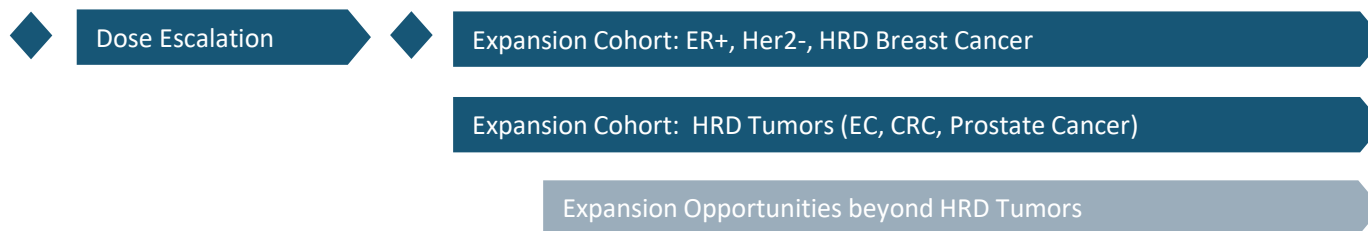
Substantial addressable B7H3/PTK7 patient population

IDE161 Phase 1/2 Clinical Development Plan in HRD Solid Tumors

Strategic Focus in Endometrial, Colorectal, Prostate, Breast & Other Solid Tumor Types

IDE161 Phase 1/2 – Monotherapy and Combination Clinical Development Plan

IDE161 Monotherapy Dose Escalation and Expansion in HRD Solid Tumors^[1]



IDE161 + KEYTRUDA® (pembrolizumab) in Endometrial Cancer



IDE161 Topo ADC Combination Opportunities Validated Preclinically



Activity in PARPi- and Platinum-Resistant Settings

Differentiated Sensitivity relative to PARPi's

Targeting Improved Safety Profile relative to PARPi's

Preliminary IDE161 monotherapy clinical efficacy observed, including RECIST 1.1 Responses and >50% reduction in PSA

ER+, Her2- Breast Cancer Patients with HRD Tumors → ~10% to ~14% of Breast Cancer

Facile peripheral PD Biomarker for PARGi based on measurement of PAR in blood samples (PBMC's)

FDA Fast Track Designation for IDE161 in BRCA1/2 Ovarian and Breast Cancers*

*Fast Track Designations include (i) Pretreated, Platinum-Resistant Advanced or Metastatic BRCA1/2 mutant Ovarian Cancer, and (ii) Pretreated, Advanced or Metastatic HR+, Her2-, BRCA1/2 mutant Breast Cancer

PARG = poly (ADP-ribose) glycohydrolase; PAR = poly (ADP-ribose); PBMC = peripheral blood mononuclear cells, PSA = prostate specific antigen, EC = endometrial cancer, CRC = colorectal cancer

[1] Clinicaltrials.gov: NCT05787587

[2] Pursuant to Merck Clinical Trial Collaboration and Supply Agreement for IDE161 + Keytruda®, Merck's anti-PD-1 therapy; the Company will sponsor the study and Merck will provide Keytruda at no cost

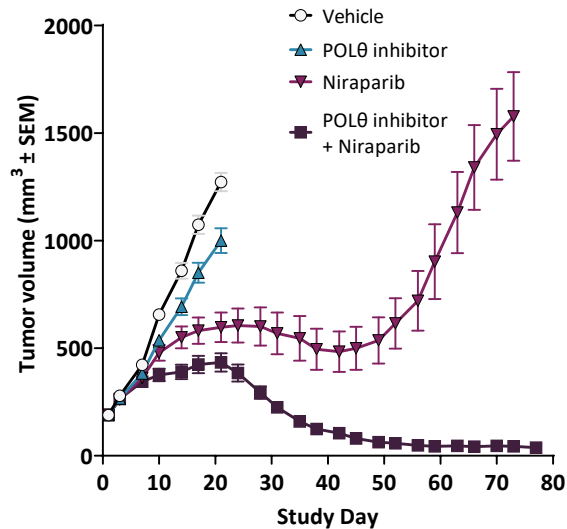
[3] Pursuant to exclusive worldwide licensing and option agreement with Biocytogen

GSK101 (IDE705): Potential First-in-Class Pol Theta Helicase Inhibitor

Phase 1 in Combination with Niraparib (PARPi)

Pol Theta Helicase *In Vivo* Activity

GSK101 + PARPi

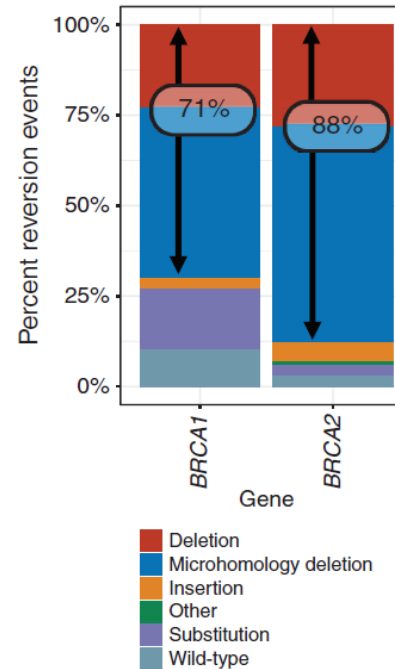


Observed Deep and Durable Responses in Multiple Xenograft Models

IDEAYA / GSK Data

BRCA 1/2 Clinical Reversions

BRCA Reversions Mediated by MMEJ



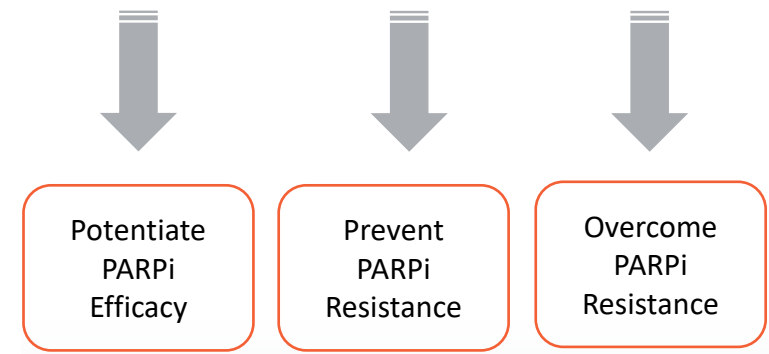
Cancer Res. 2020, DOI: 10.1158/2159-8290

Clinical Development Strategy



Pol Theta Helicase Inhibitors Disrupt MMEJ Alternative DNA Damage Repair:

- Inhibit DSB Repair by MMEJ
- Dysregulate Replication Fork Stabilization



Potential Clinical Opportunities

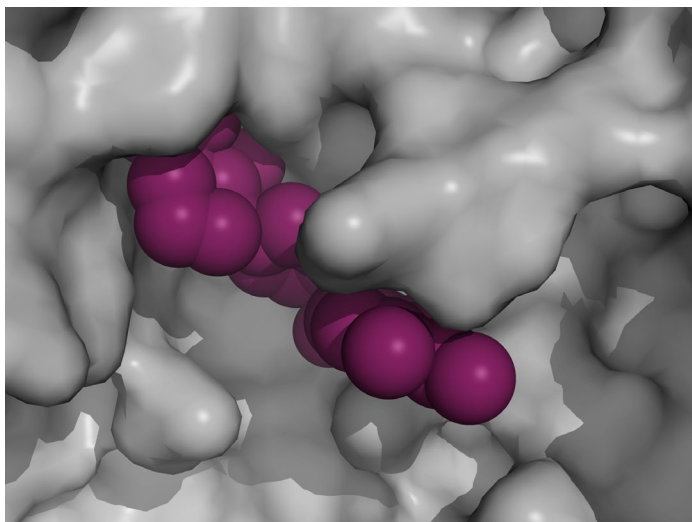
GSK Strategic Partnership: Global Royalties with GSK covering all Costs, ~\$1B Milestones, incl up to \$20M Preclinical / Ph1 Clinical Potential Combination with GSK's Zejula™, a PARP Inhibitor

IDEAYA's AI/ML Enabled Drug Discovery Platform and IND-Engine

IND-Filing and Multiple Potential First-in-Class Development Candidates (DCs) Targeted in H2 2024

WRN Helicase

Nominated Werner Helicase Development Candidate

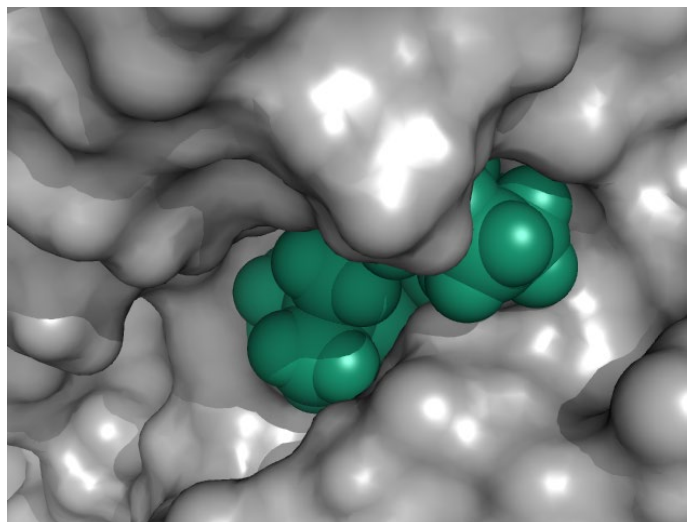


Targeting IND Submission in H2 2024*
MSI-High Tumor Agnostic

*Pursuant to GSK Collaboration

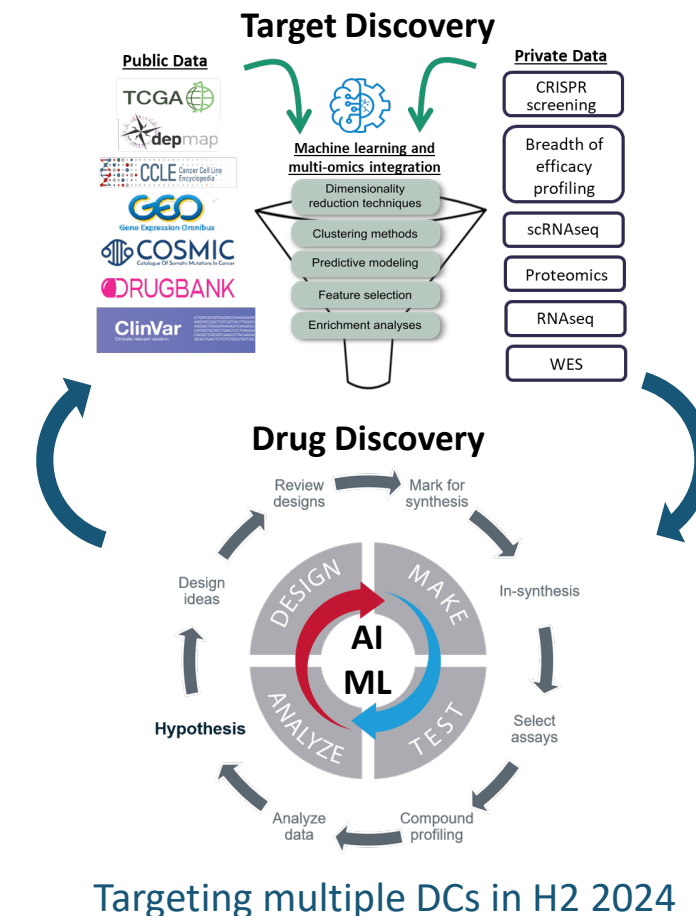
Multi-Pronged Strategy in MTAP^{-/-}

Next Generation Programs



Enabling wholly-owned rational combination with IDE397

AI/ML-Enabled IND-Engine

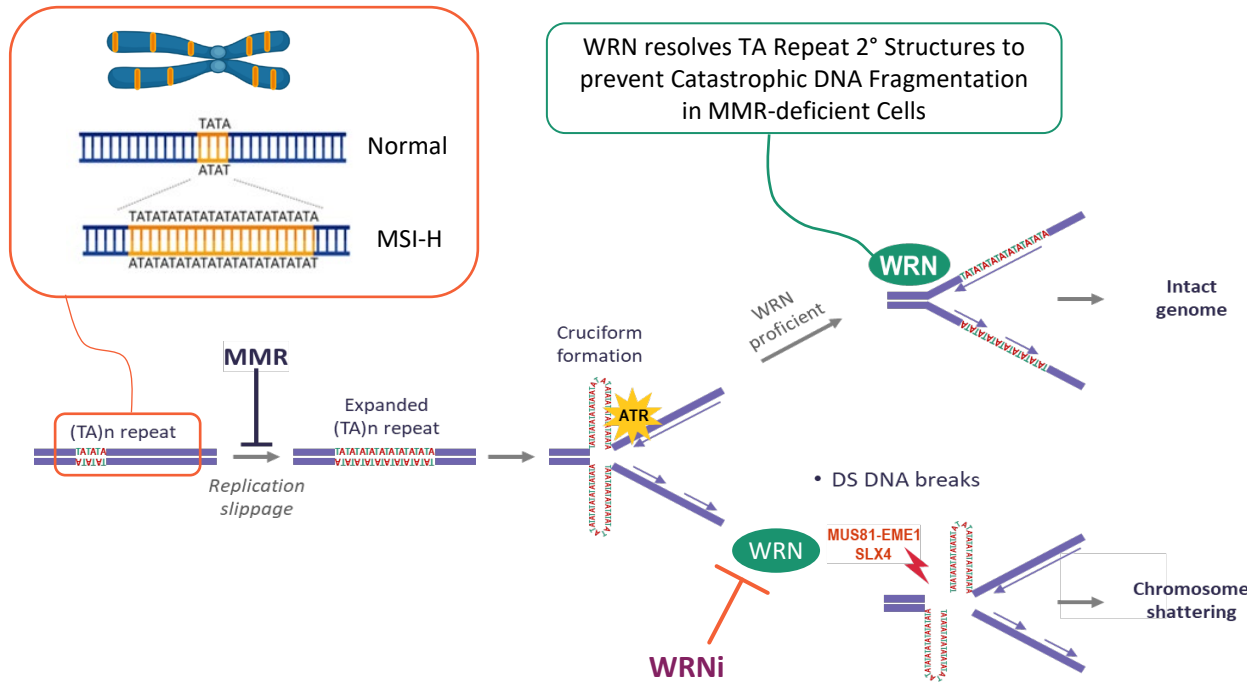


Werner Helicase is Synthetic Lethal with Microsatellite Instability

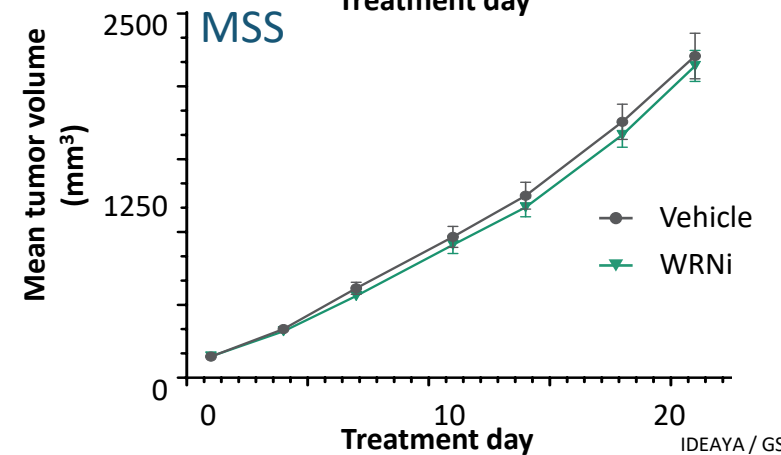
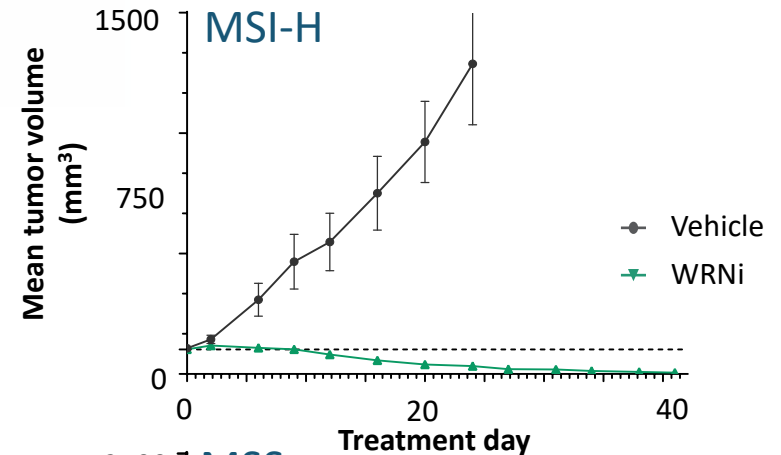
Targeting IND Submission in H2 2024

Werner Helicase Inhibitors Phenocopy Genetic SL in MSI-High Cancers
 Nanomolar Potency, Biochemical and Cellular Activity, and Selectivity over other RecQ Helicases

Werner Helicase Synthetic Lethality in MSI-High Cancer Cells



Werner Helicase Synthetic Lethal with High-MSI

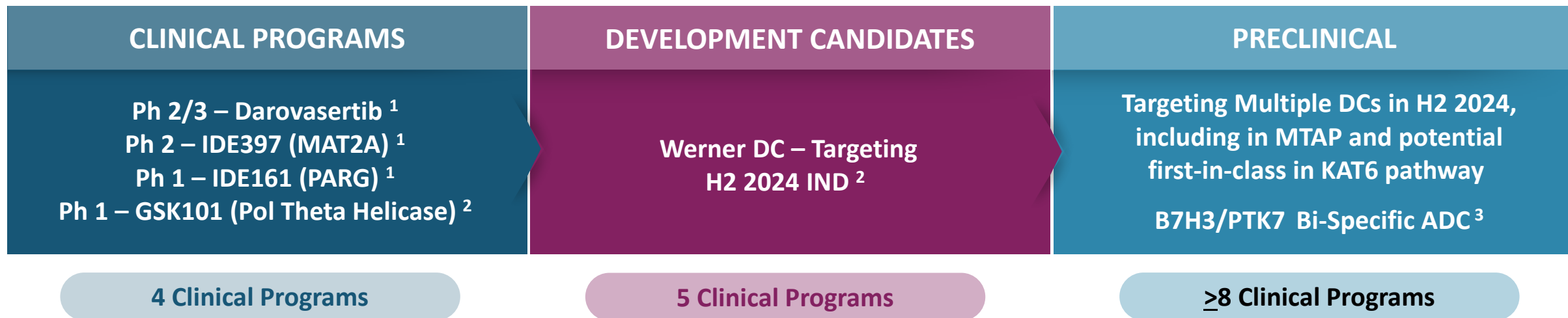


IDEAYA / GSK Data: AACR 2023

GSK Strategic Partnership: 50/50% US Profit Share and ex-US Royalties, ~\$1B Milestones, incl up to \$20M Preclinical / Ph1 Clinical;
 Cost Share 80% (GSK) / 20% (IDEAYA); Potential Combination with GSK's Jemperli™, a PD-1 IO Agent

Building a Fully-Integrated Biotech in Precision Medicine Oncology

Foundational Potential First-in-Class Clinical Pipeline and Drug Discovery Platform



Darovasertib Registration-Enabling Trial with Potential Accelerated Approval in HLA-A2(-) MUM and Ph3 registrational trial targeted in Neoadjuvant UM is tractable for commercial execution and provides path to potential product revenue to reinvest in broad *first-in-class* pipeline

Potential First-in-Class Precision Medicine Oncology Pipeline, including Darovasertib (Ph2/3), IDE397 (Ph 2), IDE161 (Ph 1), GSK101 (Ph 1), Werner Helicase (IND-enabling), and multiple Development Candidates targeted in H2 2024, including in MTAP and KAT6 pathway

Strong Balance Sheet with ~\$1.2B⁴ and opportunity for milestones with cash runway into at least 2028

Pharma Collaborations include combinations with Pfizer, Amgen, Gilead, Merck, and GSK partnership with ~\$2 billion² in potential milestones

(1) Clinical Trial Collaboration and Supply Agreements, independently with Pfizer (Darovasertib + Crizotinib), Amgen (IDE397 + AMG193), Gilead (IDE397 + Trudelvy®), and Merck (IDE161 + KEYTRUDA®); IDEAYA retains all commercial rights to its products

(2) GSK101 Pol Theta Program Cost Share = 100% GSK with ~\$1B Milestones and WW Royalties; Werner Helicase Program Cost Share = 80% GSK / 20% IDEAYA with ~\$1B Milestones, 50/50 US Profit Share and Ex-US Royalties

(3) BCG034: B7H3/PTK7 Top1i Bispecific ADC targeting development candidate nomination H2 2024. Exclusive worldwide licensing and option agreement with Biocytogen

(4) Includes aggregate of \$952.7M cash, cash equivalents and marketable securities as of June 30, 2024, plus pro forma \$283.8M estimated net proceeds from July 2024 public offering