## NASDAQ: IDYA November 2023

## **IDEAYA Biosciences**

Improving Lives Through Transformative Precision Medicines

## **IDEAYA Highlights**

**Breakthrough Science** on transformative programs in precision medicine, including Synthetic Lethality – an emerging area of precision medicine

**Broad Pipeline** of potential *first-in-class* precision medicine oncology programs with defined patient biomarkers

**Proven Management Team** with deep business and scientific experience has built leading oncology companies

**Pharma Strategic Partnerships** with GlaxoSmithKline<sup>1</sup>, including ~\$2 billion in potential cash milestones, Pfizer<sup>2</sup> and Amgen<sup>3</sup>

**Strong Balance Sheet** of ~\$656 million<sup>4</sup> with capital efficient model

Analyst Coverage by Capital One, Citi, Goldman Sachs, Guggenheim, Jefferies, JP Morgan, Leerink, Oppenheimer, RBC, Stifel and Wedbush

- (1) GSK Collaboration, Option and License Agreement
- (2) Pfizer Clinical Trial Collaboration and Supply Agreements
- (3) Amgen Clinical Trial Collaboration and Supply Agreement
- (4) Includes aggregate of \$511.1M cash, cash equivalents and marketable securities as of September 30, 2023, \$134.7M estimated net proceeds from closing of underwritten public offering on October 27, 2023, and \$10.0 receivable from GSK milestones



## **IDEAYA Biosciences – Fact Sheet**

**Founded 2015** on the thesis that Synthetic Lethality would emerge as a central focus of precision medicine oncology, with significant Pharma interest and the potential to develop *first-in-class* therapeutics for biomarker-defined cancer patient populations.

Broad Pipeline of clinical and preclinical precision medicine oncology programs with defined patient biomarkers, including

- Darovasertib (IDE196) targeting PKC in combination with crizotinib, a cMET inhibitor, for metastatic uveal melanoma (MUM) and metastatic cutaneous melanoma, and as monotherapy for neoadjuvant and adjuvant uveal melanoma (UM),
- IDE397 targeting MAT2A for patients having tumors with MTAP deletion, a population estimated to represent ~15% of all solid tumors,
- IDE161 targeting PARG for patients having tumors with HRD, including BRCA1/2-mutant breast and ovarian cancers,
- Pol Theta for patients with tumors having mutations in BRCA or other homologous recombination deficiency (HRD),
- Werner Helicase for patients having tumors with high microsatellite instability, and
- Next-Gen SL, undisclosed synthetic lethality targets for molecularly-defined patient populations.

**Proven Management Team** with deep business and scientific experience has built leading oncology biotech companies, led by CEO Yujiro S. Hata, M.B.A., an entrepreneur with over 20 years of experience building companies that have delivered innovative therapies to patients.

**Scientific Advisory Board** includes world-class scientists who are key opinion leaders in precision medicine oncology and synthetic lethality, including SAB Chair Frank McCormick, Ph.D. (UCSF), and Bill Sellers, M.D. (Broad Institute, Novartis).

**Pharma Strategic Partnerships and Collaborations** with GlaxoSmithKline<sup>1</sup>, Pfizer<sup>2</sup> and Amgen<sup>3</sup>. The GSK strategic partnership validates IDEAYA's Synthetic Lethality platform and enhances the companies' collective leadership in Synthetic Lethality. IDEAYA and GSK are collaborating on two programs – *Pol Theta* and *Werner Helicase*. IDEAYA retains commercial rights of 50% US profit-share and ex-US royalties for *Werner Helicase*, and worldwide royalties for *Pol Theta*, with potential to earn up to approximately \$2 billion in aggregate cash milestones across the two programs.

**Strong Balance Sheet** of ~\$656 million<sup>4</sup>, with a capital efficient model, supporting clinical data milestones across multiple programs, including for darovasertib – targeting PKC in metastatic uveal melanoma (MUM), metastatic cutaneous melanoma, and neoadjuvant and adjuvant uveal melanoma (UM), *IDE397* – targeting MAT2A in MTAP-deletion tumors and *IDE161* – targeting PARG in solid tumors with HRD.

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