

November 2025

IDEAYA Biosciences

Improving Lives Through Transformative
Precision Medicines



NASDAQ: IDYA

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Other

This presentation concerns anticipated products that are under clinical investigation and which have not yet been approved for marketing by the FDA or any other country regulatory authority. 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.

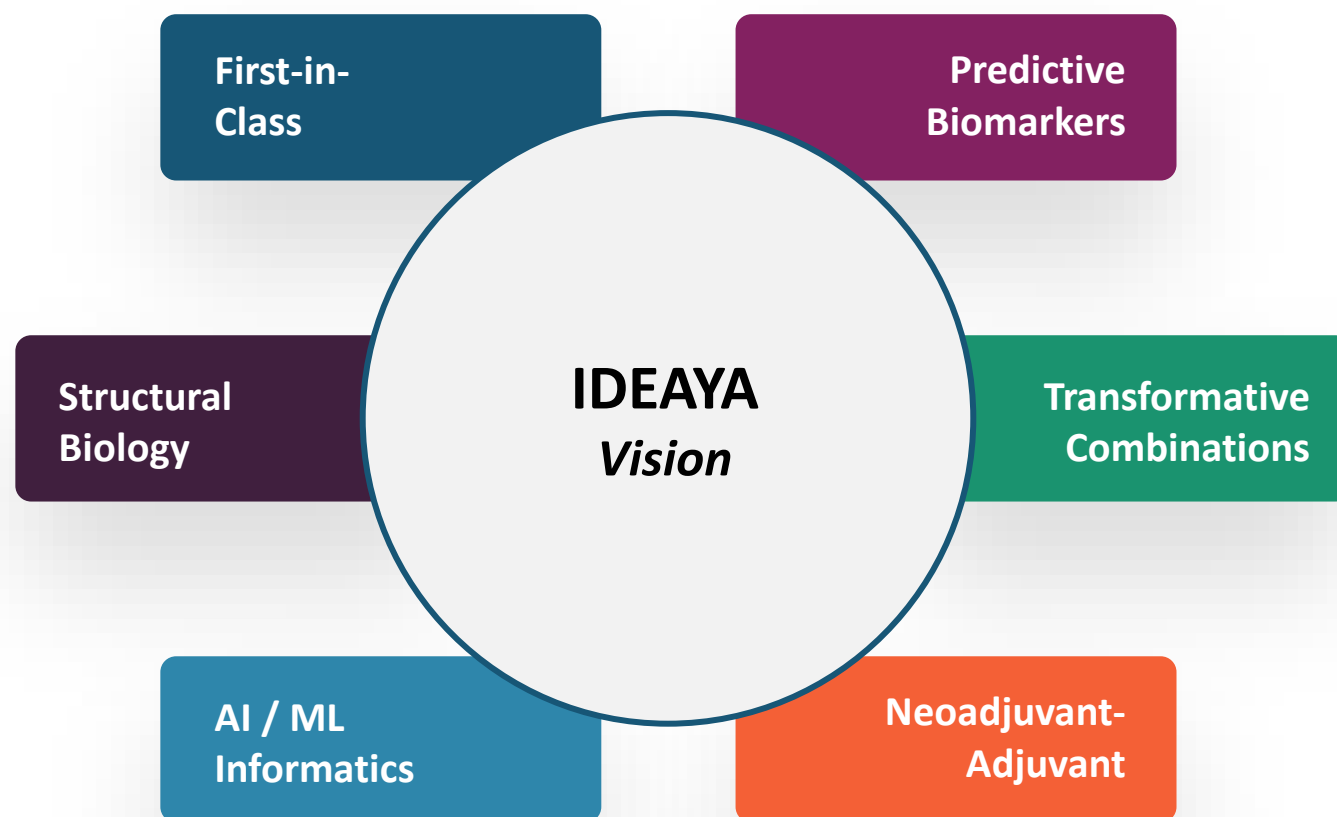
Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company’s own internal estimates and research. The Company has not independently verified, and makes no representation as to the adequacy, 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 Vision to Build Industry Leading Precision Medicine Oncology Company

Improving Lives through Transformative Precision Medicines

Our mission is to advance the discovery, development, and commercialization of transformative precision medicines to address unmet medical needs in cancer



Potential First-in-Class Pipeline

8 Clinical Stage (6 SM & 2 ADC)
1 IND-Enabling (1 SM)

Biomarker Populations

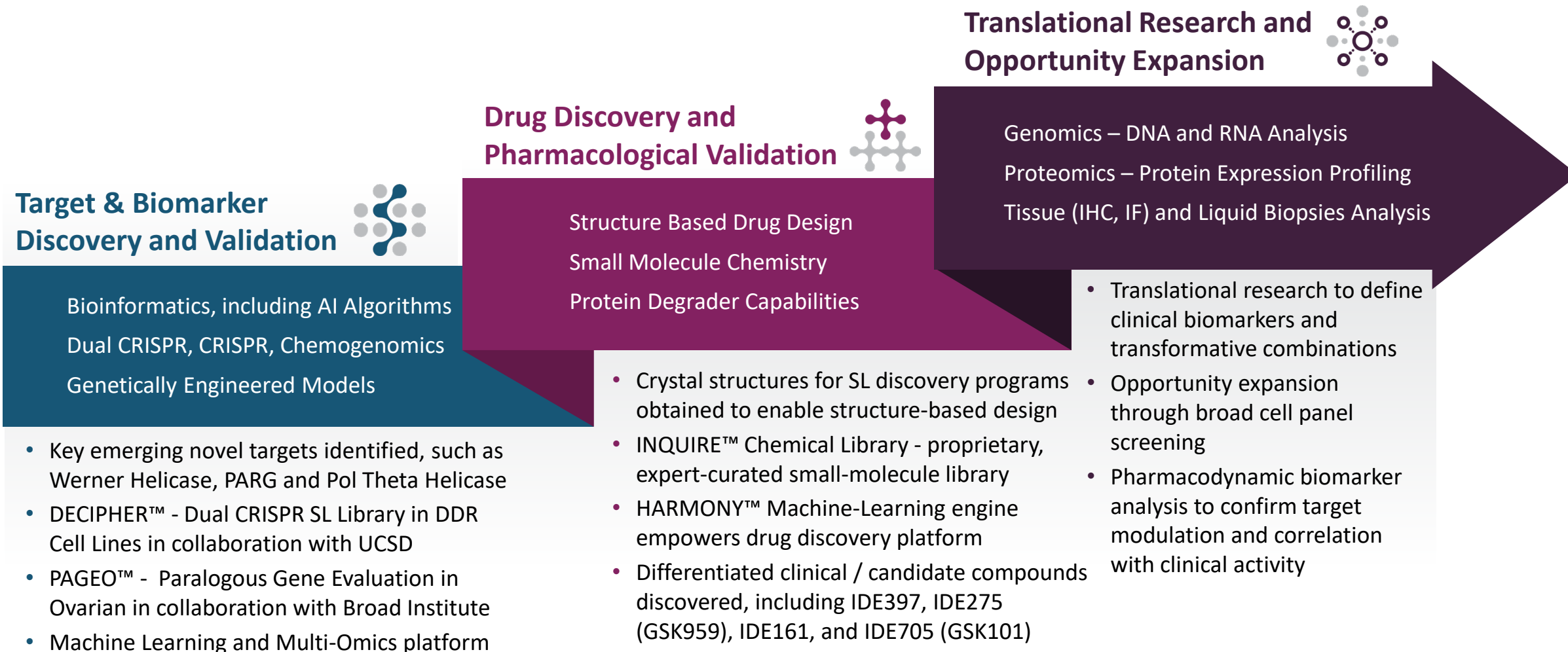
GNAQ/GNA11	DLL3
MTAP-Deletion	B7H3/PTK7
HRD/BRCA	8P11
MSI-High	

Potential First-in-Class Combos

PKC-cMET	WRN-PD1
MAT2A-PRMT5	PARG-TOP1
POLQ-PARP	MAT2A-TOP1

IDEAYA Precision Medicine Oncology Platform to Deliver First-in-Class Therapies

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



IDEAYA Biosciences Highlights

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

Target Milestone Guidance on Broad Pipeline of 7 Clinical & 2 Preclinical (IND-enabling) Programs:

PHASE 2/3	PHASE 1/2		PRECLINICAL
DAROVASERTIB (PKC) - Daro + Crizo 1L HLA-A2(-) MUM potential registrational Phase 2/3 median PFS readout – YE 2025 to Q1'26 - Daro + Crizo Phase 2 1L MUM median OS readout at SMR 2025 - Daro Phase 2 Neoadjuvant UM clinical data updates – PB and enucleation clinical data update at ESMO 2025 - Daro Phase 3 adjuvant therapy trial initiation – 1H'26	IDE397 (MAT2A) - Phase 1/2 mono expansion ongoing IDE397 + Trodelvy® (Trop2-ADC) - Clinical data update at medical conference – 1H'26 IDE397 + IDE892 (PRMT5) - Wholly-owned clinical combo with IDE892 (IDEAYA PRMT5) – 1H'26	IDE849 / SHR-4849 (DLL3 TOP1i ADC) - Targeting patient dosing in NETs and other DLL3 tumors – YE 2025 IDE161 (PARG) - Phase 1 mono dose optimization ongoing IDE161 + Topo1i-ADC - Enable clinical combo with IDE849 – YE 2025	NEXT GEN PROGRAMS IDE892 DC (MTA-cooperative PRMT5 inhibitor) IND cleared IDE034 DC (B7H3/PTK7 Bi-Specific TOP1i ADC) IND filed IDE574 DC (dual KAT6/7 inhibitor) – IND submission – Q4'25
	IDE275 / GSK959 (WERNER)  Ongoing Phase 1 dose escalation	IDE705 / GSK101 (POL THETA) - Ongoing Phase 1 trial (PARP Combo) \$10M milestone, Phase 2 expansion	

Pharma Collaborations



~\$2B in potential milestones

Financials and Investor Relations

~\$1.1B to fund operations into 2030^{1, 2}

NASDAQ: IDYA

(1) Includes aggregate of approximately \$1.14 billion of cash, cash equivalents and marketable securities as of September 30, 2025

(2) IDEAYA's Form 10-Q dated November 4, 2025, as filed with the U.S. Securities and Exchange Commission

IND = Investigational New Drug, UM = Uveal Melanoma, MUM = Metastatic Uveal Melanoma, NSCLC = Non-Small Cell Lung Cancer, EC = Endometrial Cancer, UC = Urothelial Cancer, DC = Development Candidate, Daro = Darovasertib, Crizo = Crizotinib, PB = plaque brachytherapy, SMR = 2025 Society for Melanoma Research Congress, ESMO = 2025 European Society for Medical Oncology, WCLC = IASLC 2025 World Conference on Lung Cancer



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						Ph 2 (AA) / Ph 3 registrational trial ¹ – targeting median PFS readout by YE'25 to Q1'26	 (4)	US Commercial Rights
	(Neo)Adjuvant UM	GNAQ/11						Ph 2 clinical data update – ESMO 2025 Ph3 Neadj. UM registrational trial initiated ²		
	cMET ¹ Combination MUM	GNAQ/11						Ph 2 median OS 1L MUM readout at SMR 2025 HLA-A2(+) Phase 2 clinical trial ³		
IDE397 <i>MAT2A</i>	Monotherapy Solid Tumors	MTAP						Ongoing Phase 2 expansion in MTAP urothelial and lung cancer	 (5)	WW Commercial Rights
	Combination UC and NSCLC	MTAP						Targeting Phase 1/2 IDE397 + Trodelvy® clinical data update at medical conference – 1H'26		
IDE849 (SHR-4849) <i>DLL3 ADC</i>	Monotherapy SCLC, NETs	DLL3						Targeting patient dosing in NETs and other DLL3 tumors – YE'25	 (6)	Worldwide Rights Outside of Greater China
	Combination SCLC, NETs	DLL3						Combination initiation with IDE161 – YE'25		
IDE275 (GSK959) <i>Werner Helicase</i>	Solid Tumors	High-MSI						Ongoing Phase 1 Trial in MSI-High Solid Tumors	 (7)	50% US Profits and 20% costs
IDE161 <i>PARG</i>	Monotherapy Solid Tumors	HRD						Ongoing Phase 1 monotherapy dose optimization		WW Commercial Rights
IDE705 (GSK101) <i>Pol Theta Helicase</i>	+Niraparib Combo Solid Tumors	HR Mutations						Targeting Phase 2 Expansion (\$10M Milestone)	 (7)	Global Royalties
IDE892 <i>PRMT5^{MTA}</i>	Combination Solid Tumors	MTAP						IND Cleared Enable wholly-owned combination with IDE397–1H'26		WW Commercial Rights
IDE034 <i>B7H3/PTK7 BsADC</i>	Solid Tumors	B7H3/PTK7						IND Filed	 (8)	WW Commercial Rights
IDE574 <i>KAT6/7</i>	Solid Tumors	8p11						Targeting IND Submission – Q4'25		WW Commercial Rights
Platform	Solid Tumors	Defined Biomarkers						Multiple Potential First-in-Class Programs Advancing		WW Commercial Rights

(1) 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

(2) Phase 3 randomized registrational trial enables potential approval based on FDA Type C Meeting Q3 2024

(3) Enrollment of additional HLA-A2(+) patients in ongoing IDE196-001 Phase 2 clinical trial

(4) Pursuant to exclusive license agreement with Servier; IDEAYA retains darovasertib US commercial rights and is eligible to receive \$320 million in regulatory and commercial milestones, clinical development cost share, plus double-digit royalties on net sales

(5) 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.

(6) Pursuant to exclusive license agreement with Jiangsu Hengrui Pharmaceuticals Co., Ltd for worldwide rights outside of Greater China

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

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

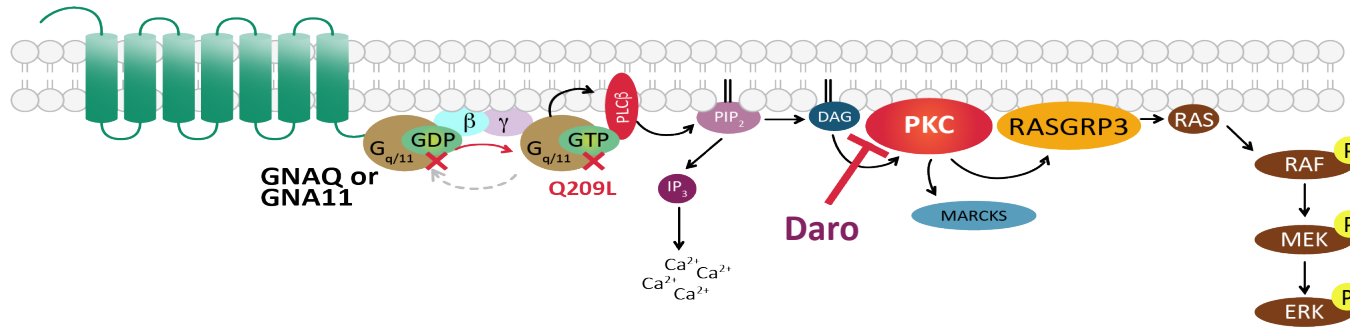
MAT2A = Methionine Adenosyltransferase 2a, MTAP = Methylthioadenosine Phosphorylase, MTA = Methylthioadenosine, PRMT5 = Protein Arginine Methyltransferase 5, PARG = Poly (ADP-ribose) Glycohydrolase, WRN = Werner Helicase, Polθ = DNA Polymerase Theta, HRD = Homologous Recombination Deficiency, MSI = Microsatellite Instability, PKC = Protein Kinase C, MUM = Metastatic Uveal Melanoma, UM = Uveal Melanoma, Crizo = Crizotinib, UC = Urothelial Cancer, NSCLC = Non-Small Cell Lung Cancer, NETs = Neuroendocrine Tumors, 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, SCLC= Small Cell Lung Cancer

 = Target Program Milestones

Darovasertib: Potential to Broadly Impact Uveal Melanoma (UM)

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

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



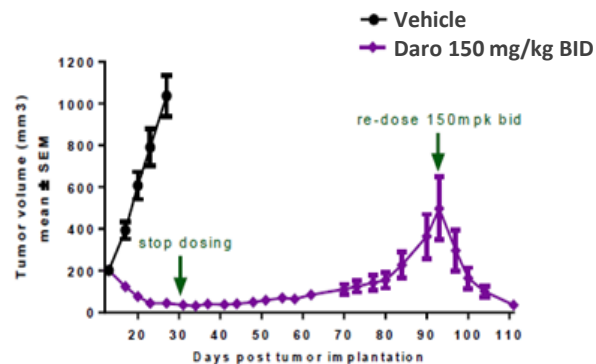
Darovasertib is an oral, potent and selective PKC inhibitor GNAQ or GNA11 (~95%) and other upstream mutations activate PKC signaling in UM and MUM patients

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)

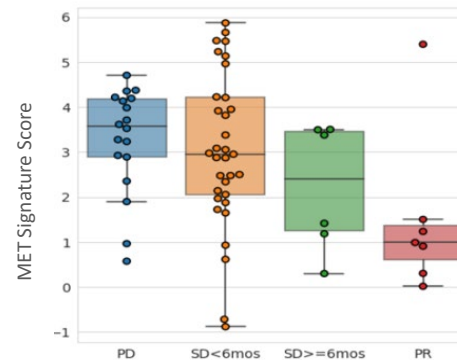


Van Raamsdonk, CD, et. al, Nature 2009; Van Raamsdonk CD, et. al, NEJM 2010; Piperno-Neumann S, et. al, J Clin Oncol 2014

Darovasertib + Crizotinib (Daro + Crizo) Combo Rationale for Use in MUM



Daro Phase 1 Monotherapy Efficacy Association with cMET Expression

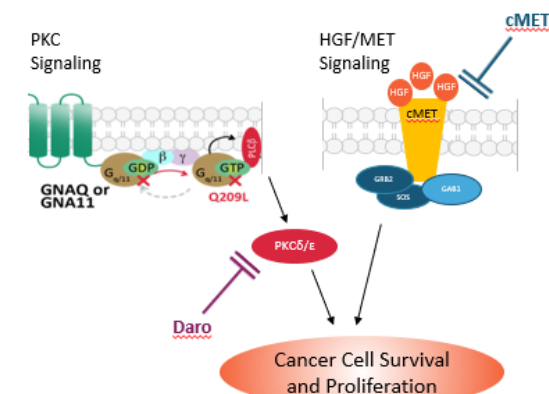


Ph 1 Clinical Outcomes

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



Darovasertib and Uveal Melanoma Patient Journey

High Unmet Need and Multiple First-Line Opportunities in UM and MUM¹

+95% of UM patients harbor GNAQ/GNA11 mutation

Uveal Melanoma Patient Journey

	Neoadjuvant UM	Adjuvant UM	MUM
HLA-A2-Negative ²	No Approved Therapies Daro: Phase 3 Enucleation Cohort	No Approved Therapies Daro: Phase 2	No Approved Therapies Daro + Crizo (HLA A2-) Phase 2/3 Registrational Trial
HLA-A2-Positive ²			Daro + Crizo (HLA A2+) Target NCCN / Compendia Listing
Target Treatment Duration	6 months	≥6 months	mPFS + ~3 months
Target Clinical Endpoints	Eye Preservation, Proportion of patients with BCVA 15-letter loss, No detriment to EFS	Relapse Free Survival	ORR, mPFS, mOS
Annual Incidence ³	~12K	~12K	~4-5k

(1) No approved systemic therapies in multiple UM and MUM indications across the patient journey

(2) ~70% HLA-A*02:01-negative and ~30% HLA-A*02:01-positive frequency observed based on IDEAYA Clinical Study Data (n=170)

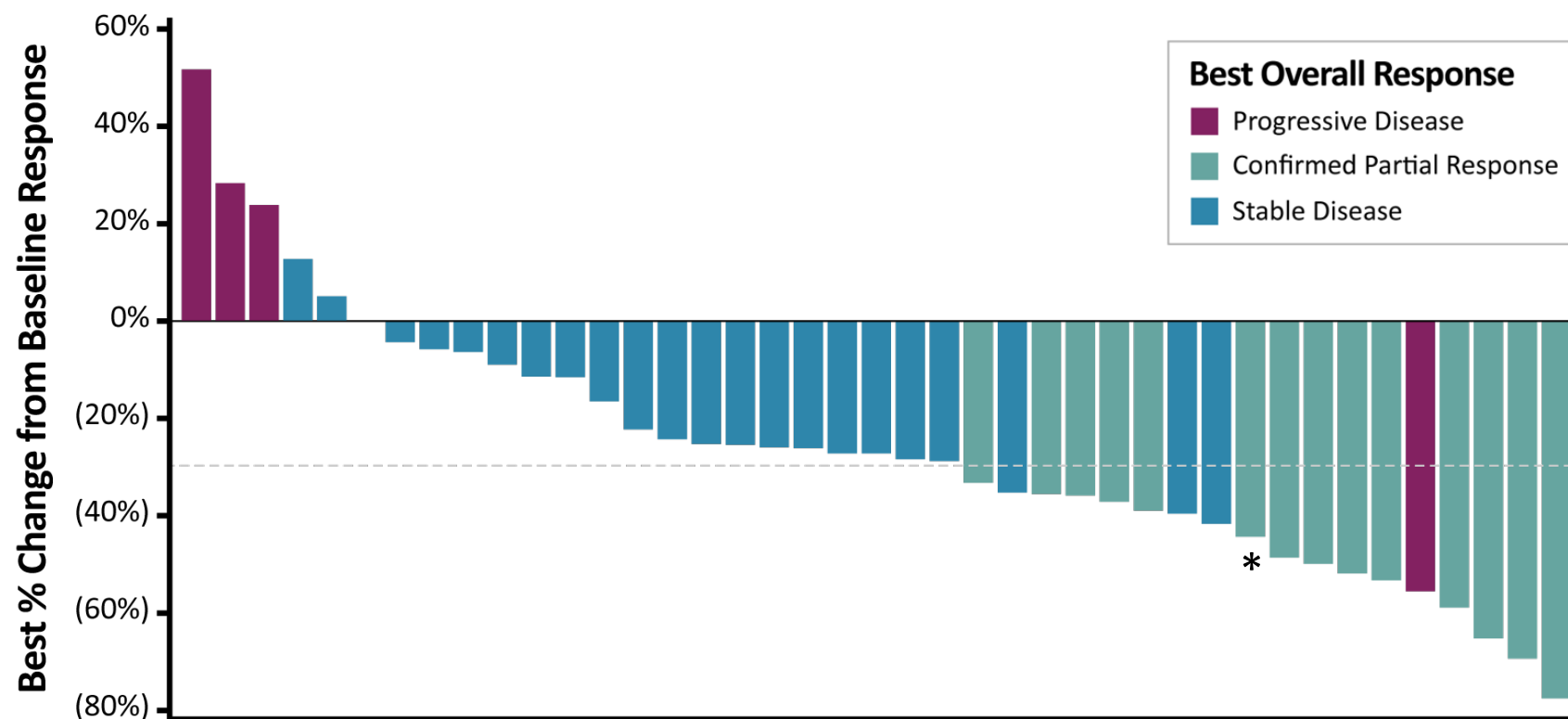
(3) Annual incidence for North America, Europe and Australia (as applicable), based on market research analysis

UM = Uveal Melanoma, MUM = Metastatic Uveal Melanoma, BCVA = Best Corrected Visual Acuity ORR = Overall Response Rate, mPFS = Median Progression Free Survival, mOS = Median Overall Survival

OptimUM-01: Darova + Crizo Continue to Drive Robust Responses in MUM

Based on Best Percent Change from Baseline in Sum of Diameters

First Line (N=41)	
Objective Response Rate, n (%)	14 (34.1%)
95% CI	20.1, 50.6
Best Overall Response, n (%)	
Complete Response	0 (0.0%)
Partial Response	14 (34.1%)
Stable Disease	23 (56.1%)
Progressive Disease	4 (9.8%)
Disease Control Rate, n (%)	37 (90.2%)
95% (CI)	76.9, 97.3
Duration of Response, median months	9.0
95% (CI)	3.8, 12.0

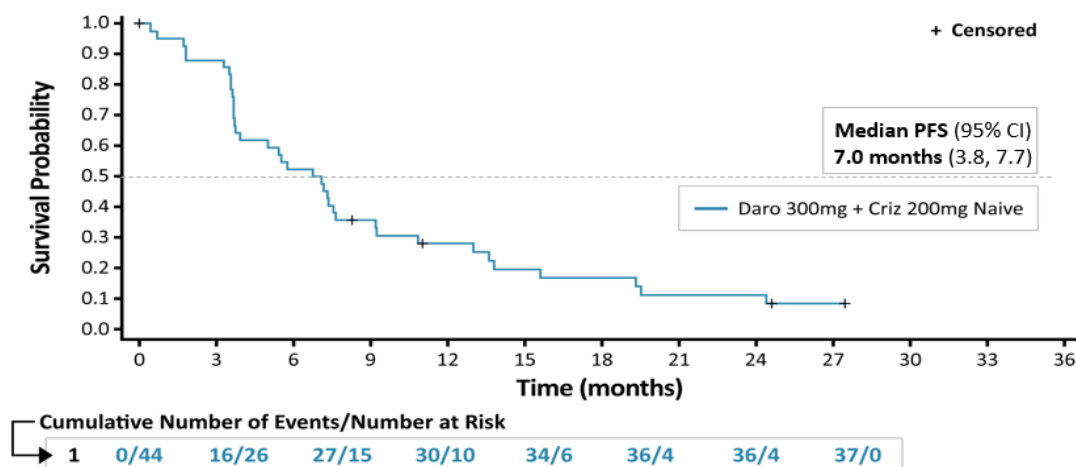


- The median dose intensity for darovasertib and crizotinib was 92.6% and 88.0%, respectively
- The mean duration of exposure to darovasertib was 10.0 months
- Median duration of response (DOR) was 9.0 months

OptimUM-01: First Reported Overall Survival With Darova + Crizo Combo

mPFS and mOS compare favorably to historical meta-analyses in front-line MUM

Median PFS

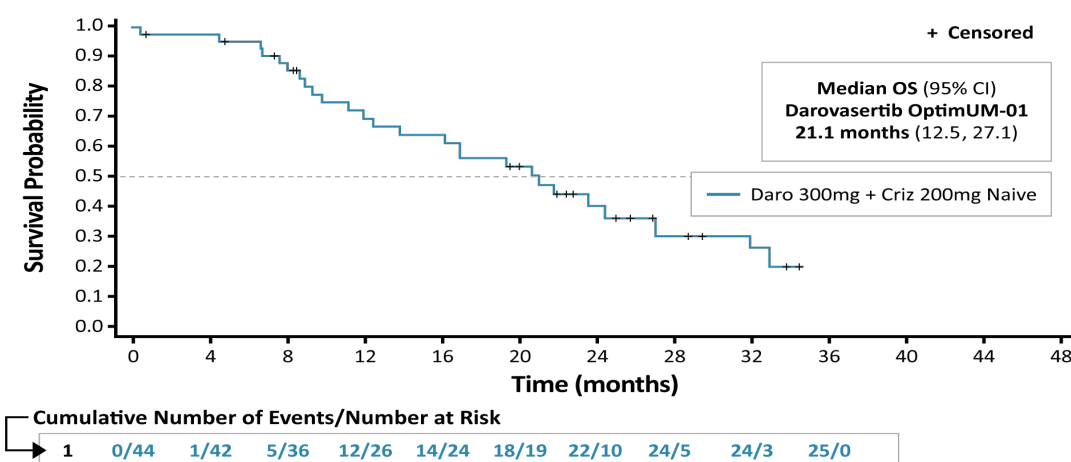


The **mPFS was 7.0 months** (95% CI: 3.8, 7.7) in patients treated with darovasertib plus crizotinib combination (median follow-up 25 months)

- These results compared favorably to historical mPFS of 2.8 months¹

Median PFS was consistent with 7.1 months previously reported at ESMO 2023

Median OS



The **mOS was 21.1 months** (95%CI: 12.5, 27.1) in patients treated with darovasertib plus plus crizotinib combination (median follow-up 25 months)

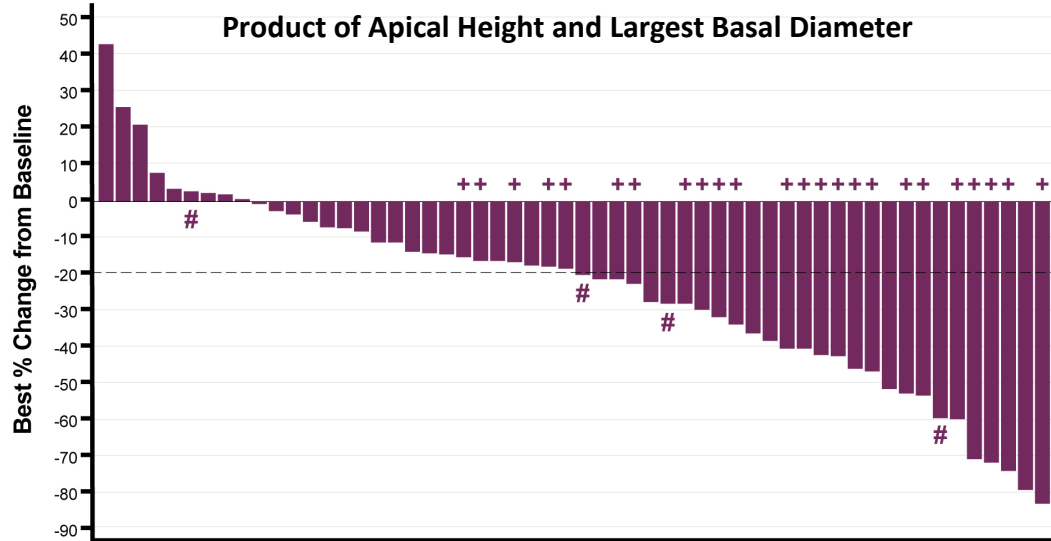
- These results compared favorably to historical mOS of 10-12 months¹⁻²

Median OS was notable compared to historical controls at 21.1 months, despite 39% of patients having ECOG PS 1

OptimUM-09: Primary Efficacy Results for Neoadjuvant Darova in UM

Cohort 1 (Enucleation):

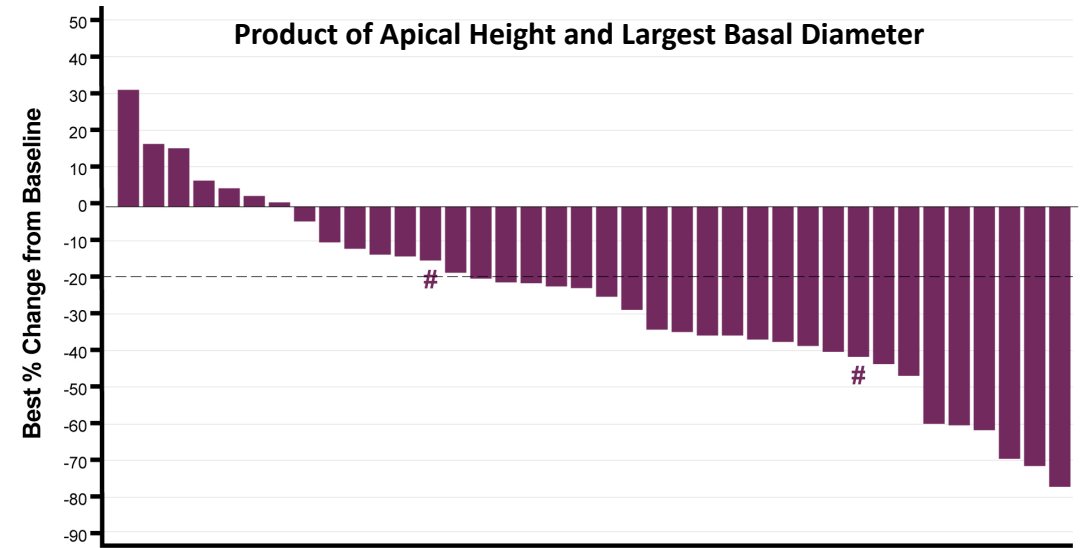
Tumor Shrinkage and Eye Preservation



Tumor Response	Cohort 1 (N=56)	Eye Preservation	Cohort 1 (N=42)
Tumor Reduction,* n (%)	47 (83.9%)	Eye Preservation Rate, n (%)	24/42 (57.1%)**
≥20% Reduction	28 (50.0%)	In patients with 20% reduction	19/20 (95.0%)^
≥30% Reduction	21 (37.5%)	Types of Eye Preserving Therapies, n (%)	
Tumor Growth, n (%)	9 (16.1%)	Plaque brachytherapy	18/24 (75.0%)
		External beam radiation	6/24 (25.0%)

Cohort 2 (Plaque Brachytherapy):

Tumor Shrinkage and Visual Improvement



Tumor Response	Cohort 2 (N=38)	Best Letters gained in Subjects with Improvement	
% Tumor Reduction,* n (%)	31 (81.6%)	Cohort 1 (Enucleation):	
≥20% Reduction	23 (60.5%)	# Letters Gained^^ – Affected Eye, mean	17 letters
≥30% Reduction	17 (44.7%)	Subjects with ≥ 5 Letters Gained at 2 consecutive visits, n (%)	21/29 (72.4%)
Tumor Growth, n (%)	7 (18.4%)	Cohort 2 (Plaque Brachytherapy):	
		# Letters Gained^^ – Affected Eye, mean	10 letters
		Subjects with ≥ 5 Letters Gained at 2 consecutive visits, n(%)	12/23 (52.2%)

IDEAYA Data as of 13Jun2025 (based on preliminary analysis of unlocked database).

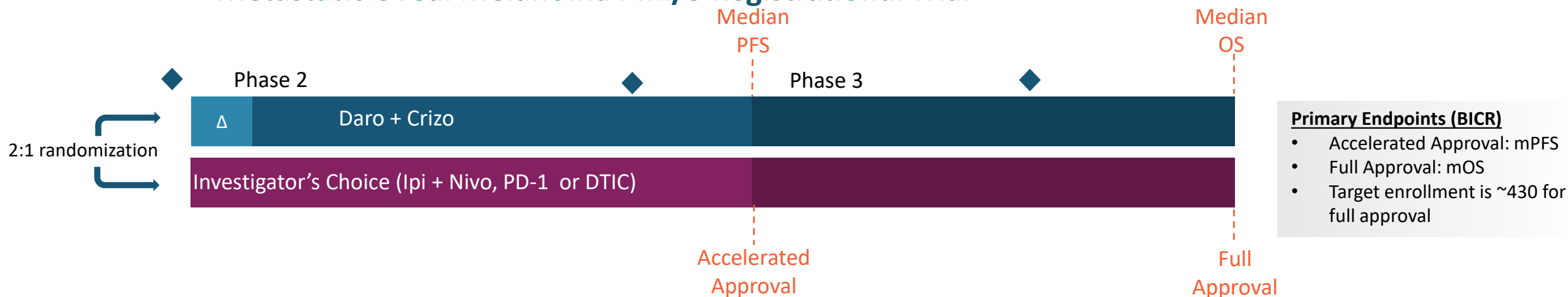
*Product of diameter measurements (i.e., product of apical height and largest basal diameter measurements), >20% tumor shrinkage required for partial response, based on endpoint definition utilized for upcoming OptimUM-10 study;

**Eye preservation rate analysis was conducted in the 42 patients who had primary local therapy; ^=out of 20 subjects who completed primary local therapy. +Subject converted from enucleation to eye preserving therapy. #Subjects ongoing on neoadjuvant treatment. Per protocol efficacy evaluable population (N=56) for Cohort 1 and (N=38) for Cohort 2 was defined as all subjects who received at least one dose of study drug and have at least one post-baseline tumor assessment. One patient was not evaluable and therefore not included in the efficacy evaluable population in Cohort 2.

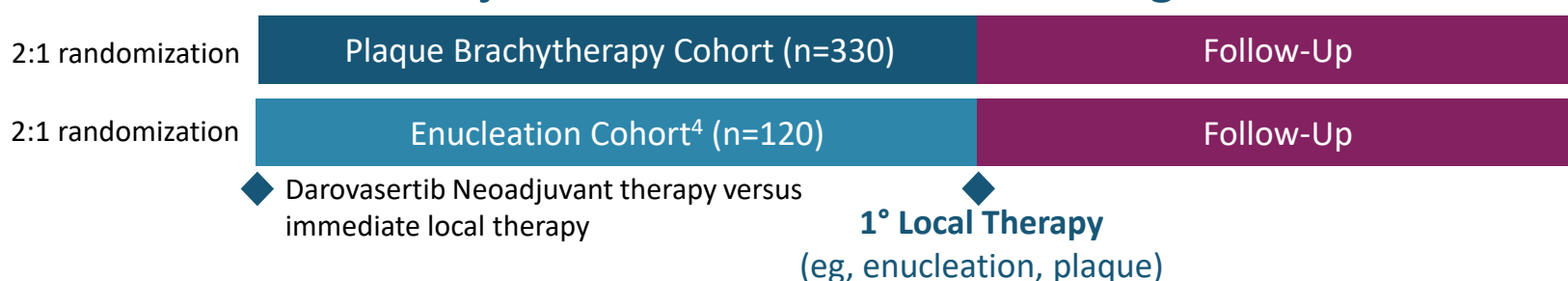
Darovasertib Ph2/3 Registrational Trial Designs in MUM & Neoadjuvant UM

Broad opportunity to address unmet need in MUM and Save the Eye and Protect Vision in Neoadjuvant UM

Metastatic Uveal Melanoma Ph2/3 Registrational Trial¹



Neoadjuvant Uveal Melanoma Ph3 Registrational Trial



Primary Endpoints

- **Cohort 1:** Vision Preservation (Proportion with BCVA $\geq$ 15 letters loss)
- **Cohort 2:** Eye Preservation Rate

Secondary Endpoints

- **Cohort 1:** Proportion with clinically significant macular edema; Proportion with VA 20/200 or worse; Radiation reduction
- **Cohorts 1 & 2:** ORR ($\geq$ 20% ocular tumor shrinkage by product of diameters); No detriment to Event Free Survival (EFS)

FDA ► Orphan Drug Designation in UM³; Fast Track Designation in MUM; Breakthrough Therapy Designation⁴

(1) Clinicaltrials.gov: NCT05987332

(2) 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

(3) Orphan Drugs benefit from certain tax credits and may be excluded from certain mandatory price negotiation provisions of the 2022 Inflation Reduction Act

(4) Breakthrough therapy designation for the neoadjuvant treatment of adult patients with primary uveal melanoma (UM) for whom enucleation has been recommended

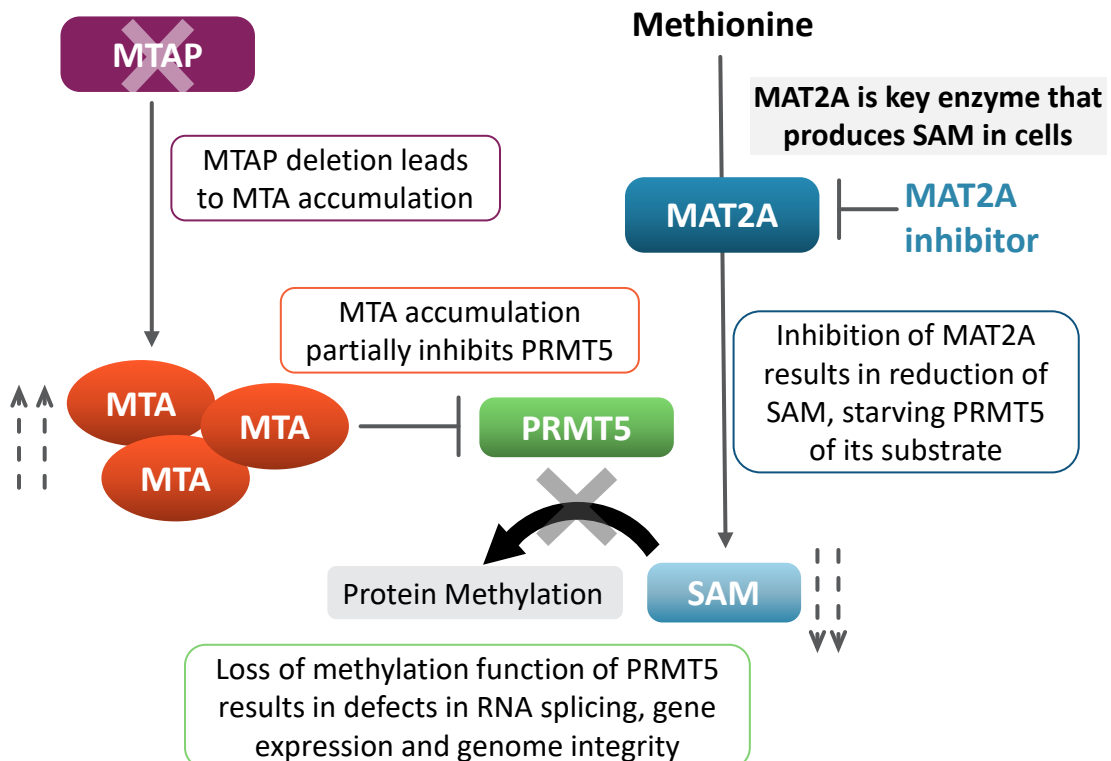
Δ Nested study to confirm move forward dose: (i) Daro 300 mg BID + Crizo 200 mg BID or (ii) Daro 200 mg BID + Crizo 200 mg BID

UM = Uveal Melanoma, MUM = Metastatic Uveal Melanoma, BCVA = Best Corrected Visual Acuity, ORR = Overall Response Rate, mPFS = Median Progression Free Survival, mOS = Median Overall Survival

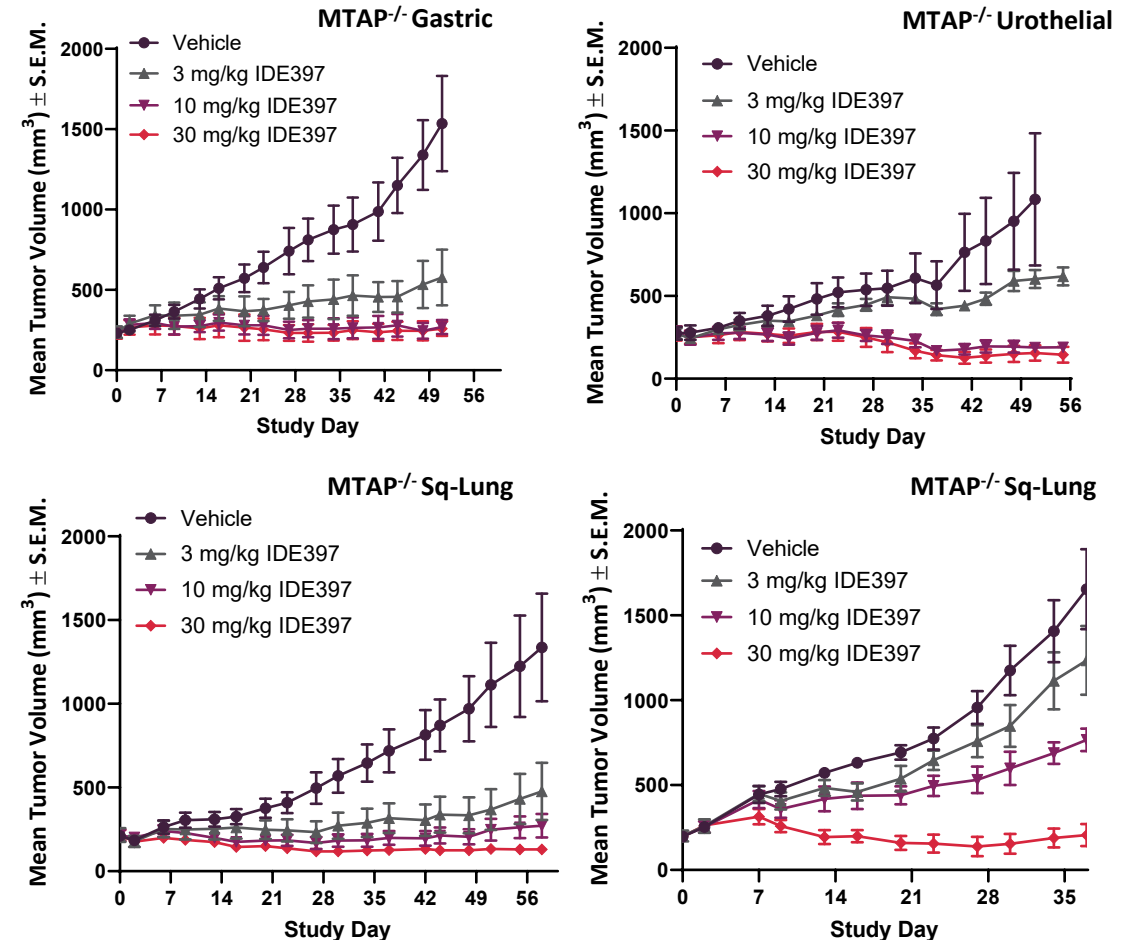
MAT2A Inhibition is Synthetic Lethal with MTAP-Deletion

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

MTAP-MAT2A Synthetic Lethality Biology



Robust monotherapy activity in lung, urothelial and gastric PDX

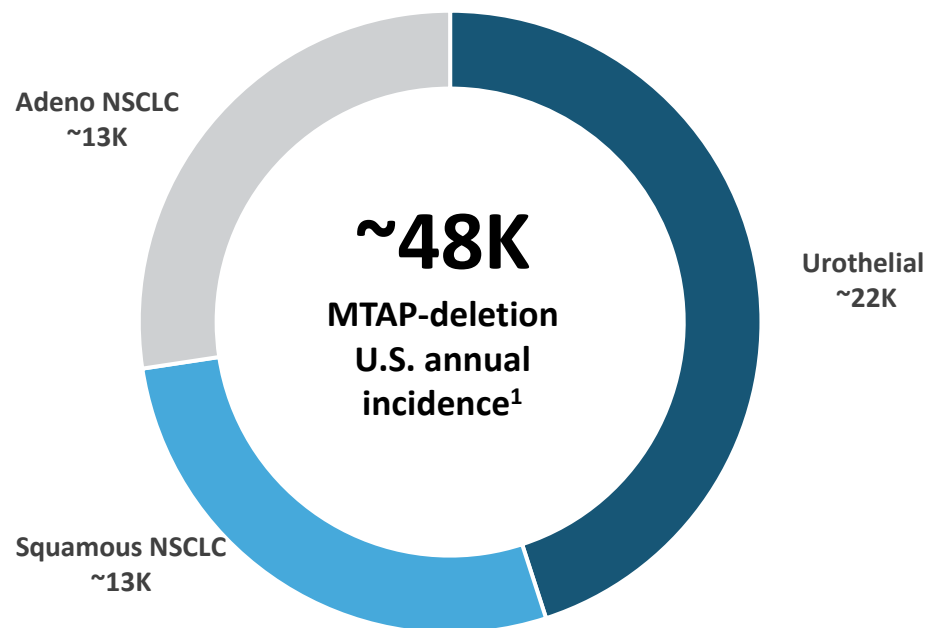


IDE397: Phase 2 Potential First-in-Class MAT2A Inhibitor

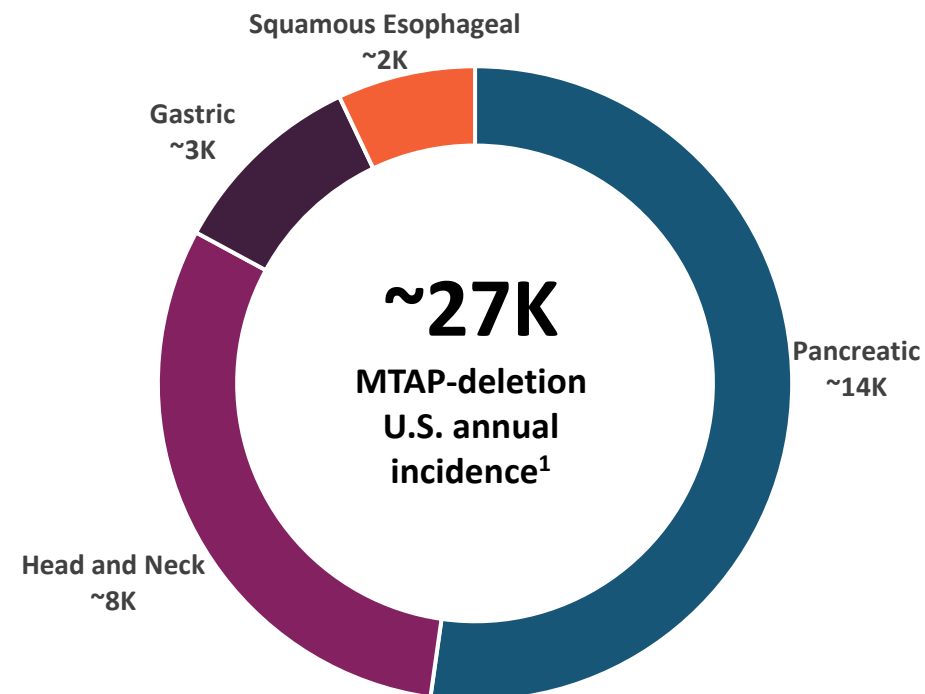
~48k U.S. Annual Incidence in MTAP-Deletion NSCLC and Urothelial Cancer

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

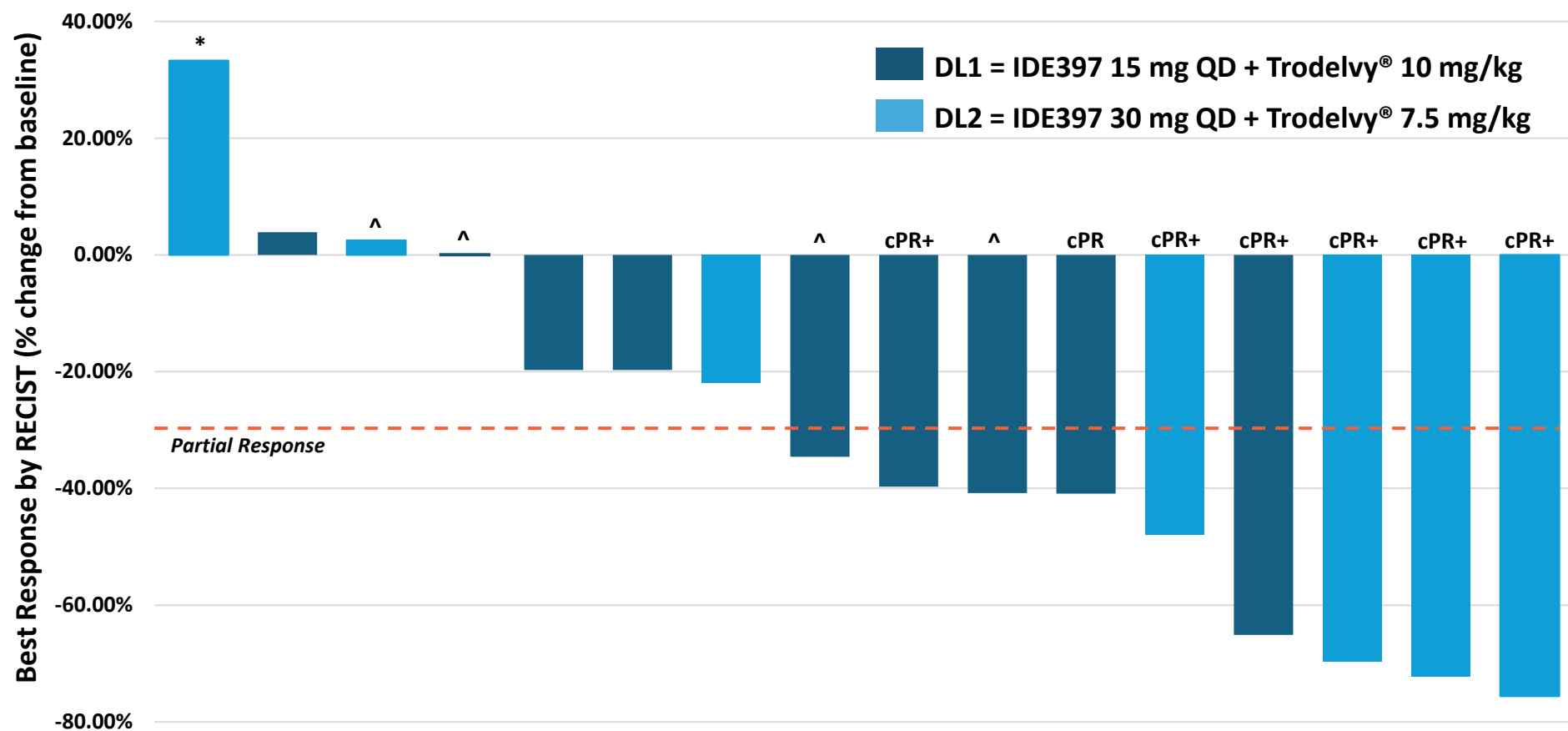


(1) Estimated addressable patient population based on SEER 2024 incidence and MTAP-deletion frequency from TCGA PanCancer Atlas, including frequency of 26% in urothelial, 19% in squamous NSCLC, 11% in adeno NSCLC, 21% pancreatic, 14% head and neck, 10% gastric, and 28% squamous esophageal cancers.
NSCLC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

IDE397 + Trodelvy® Urothelial Cancer MTAP-Deletion Patients (n=16)

33% ORR at Dose Level 1 (DL1) and 57% ORR at Dose Level 2 (DL2) by RECIST 1.1

Best Response by RECIST 1.1



ORR by RECIST 1.1, n (%)		
DL1 (9)		3 (33)
DL2 (7)		4 (57)
DCR, n (%)		
DL1 (9)		9 (100)
DL2 (7)		5 (71)

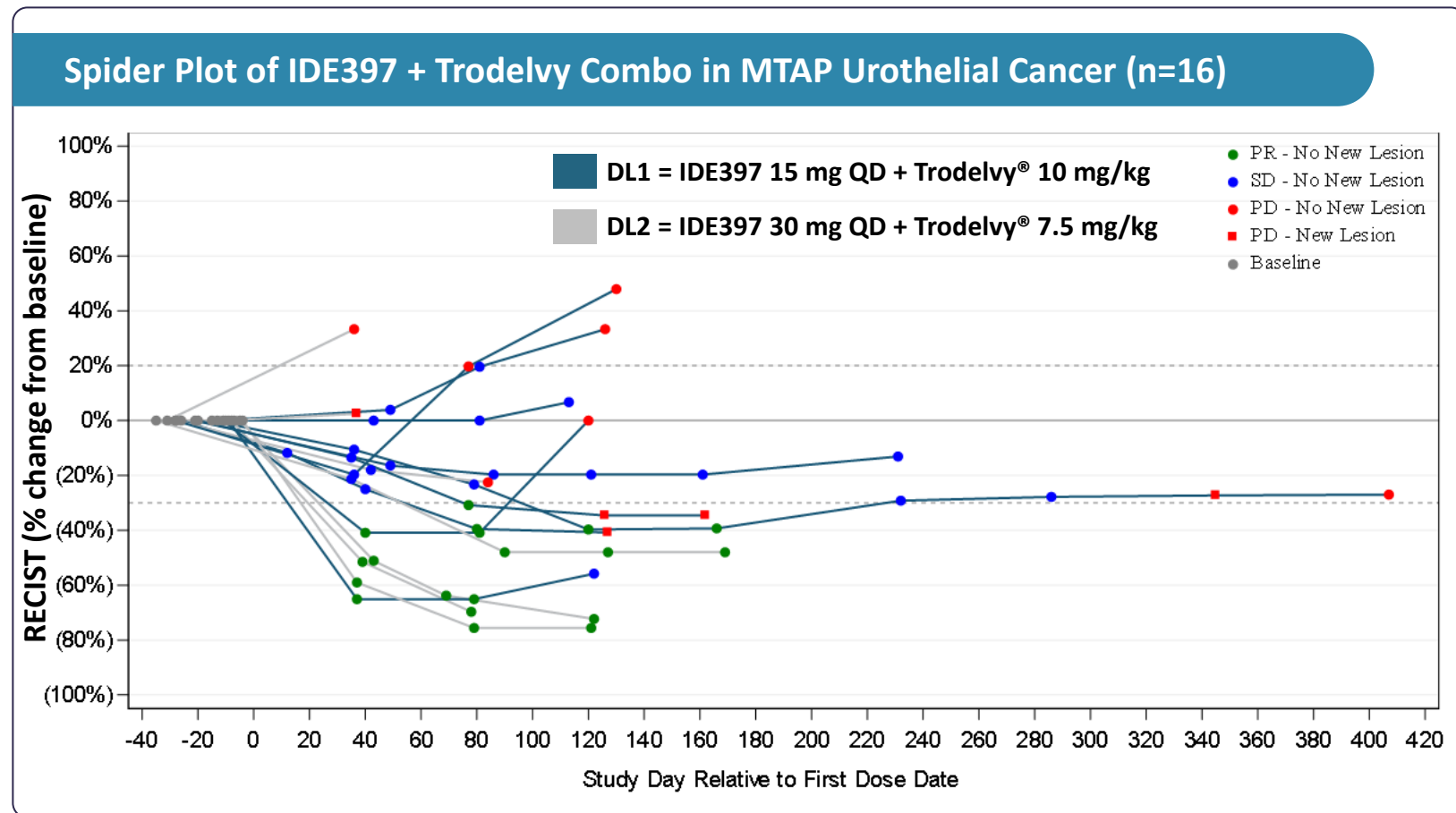
IDEAYA Data as of 24Oct2025 (based on preliminary analysis of unlocked database). Evaluable Patients: Treated with at least one dose of the combination and with ≥ 1 post-baseline scans. One patient not included as MTAP WT status by central IHC testing.

* Patient missed ~50% of dosing prior to 1st scan; + Patient still on treatment as of cutoff date

^ Patient developed new lesions, CR = Complete Response, PR = Partial Response, cPR = confirmed PR, uPR = unconfirmed PR, SD = Stable Disease, PD = Progressive Disease; UC = Urothelial Cancer; 1 PR confirmed 27 days instead of 28 days or later after initial scan showing response

IDE397 + Trodelvy® Urothelial Cancer Patients, Efficacy Evaluable Subjects

Preliminary Durability with Deeper and More Rapid Responses vs. IDE397 Monotherapy



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

Clinical Strategic Focus on High Conviction Rational Combinations

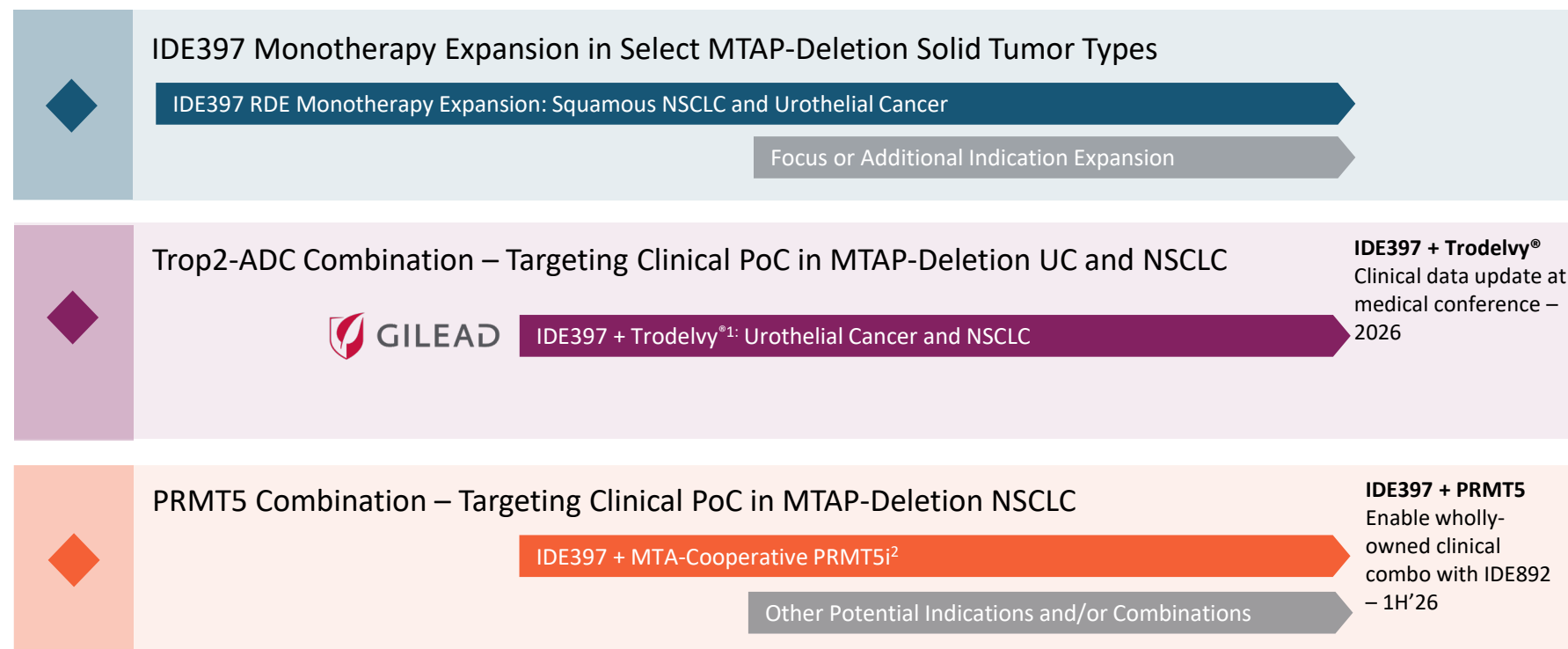
IDE397 – Clinical Profile

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



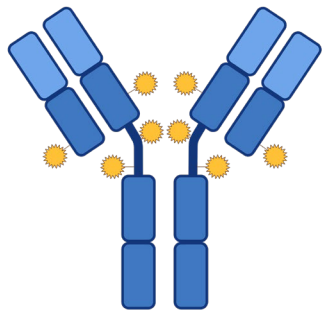
(1) Trodelvy[®] = Gilead's Trop-2 directed ADC
(2) UC = Urothelial Cancer, NSCLC = Non-Small Cell Lung Cancer
(3) IDE892, IDEAYA PRMT5 inhibitor in IND-enabling studies

IDE849 (SHR-4849): Phase 1 DLL3 TOP1i ADC

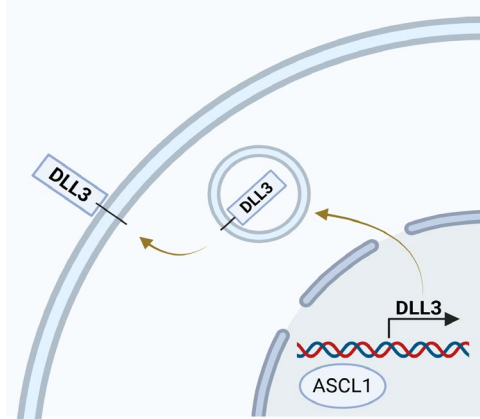
First-in-Class Potential and Targeting Lineage Survival Oncogene Activity

IDE849 (SHR-4849) potential
first-in-class/best-in-class

The SCLC lineage survival oncogene, ASCL1, directly promotes DLL3 expression



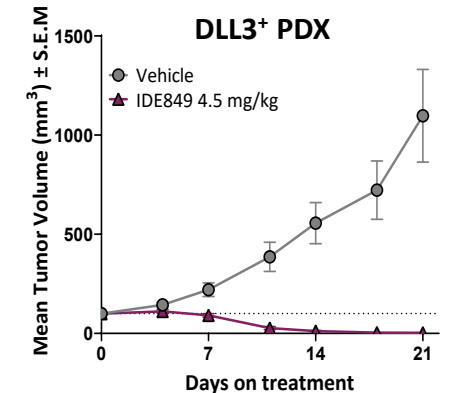
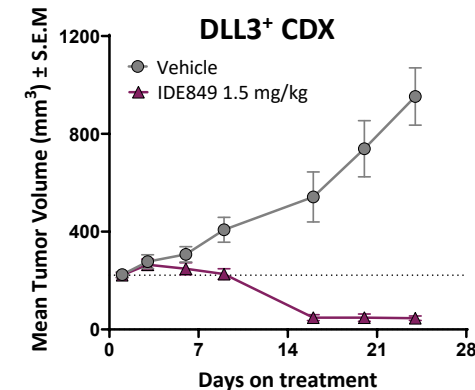
SHR-4849/
IDE849



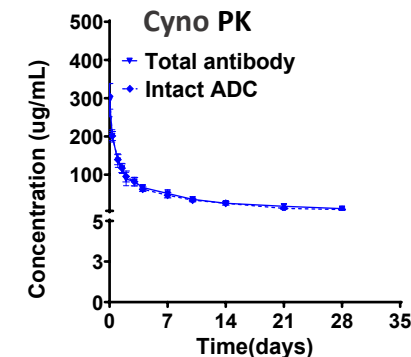
- DLL3 expression driven by the tumor-essential ASCL1 TF
- Humanized antibody with strong affinity and high selectivity
- Proprietary TOP1i payload (~4,000 patients treated)
- Internalization-dependent cleavable linker
- Optimized DAR value of 8
- High plasma stability
- Estimated high therapeutic index

Robust activity in DLL3⁺ CDX/PDX with exceptional
linker/payload stability in circulation

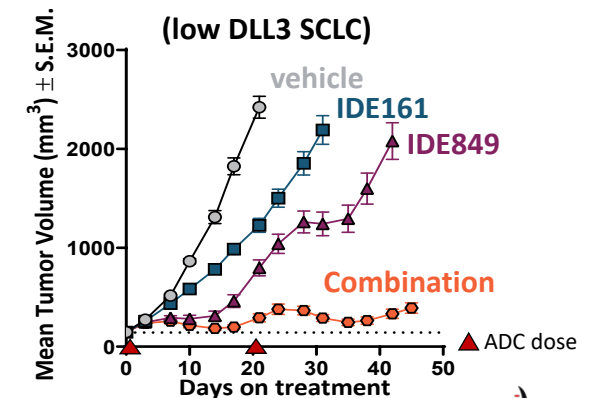
Deep regressions observed in DLL3⁺ SCLC



Limited payload deconjugation



IDE161 combination benefit
(low DLL3 SCLC)



DLL3 Expression is Upregulated in a Broad Range of Solid Tumor Types

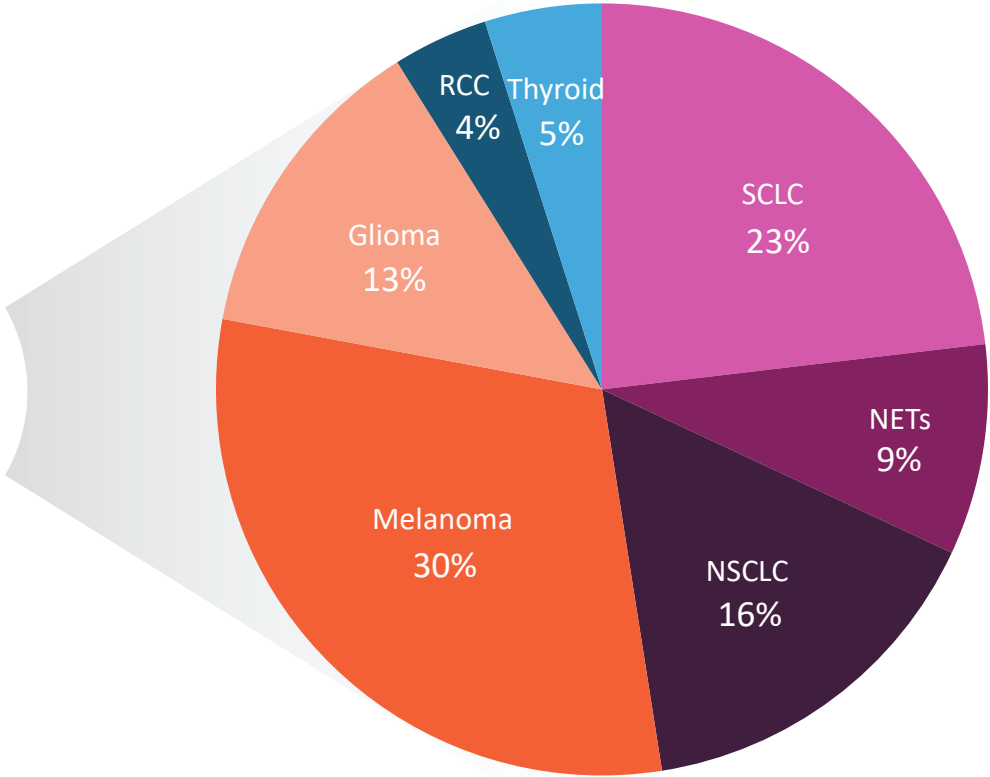
>100k Potential Addressable Population in the US Alone

Table of DLL3 Upregulated Expression Solid Tumors

Tumor Type	US Incidence (2024), 000	DLL3 Expressed, %	Addressable US Population, 000
SCLC	33	85%	33.0 ¹
NETs	37	34.1%	12.6
NSCLC	202	11%	22.2
Melanoma	101	43%	43.4
Glioma	25	72-78%	18.8
RCC	82	7%	5.7
Thyroid	44	16%	7.0

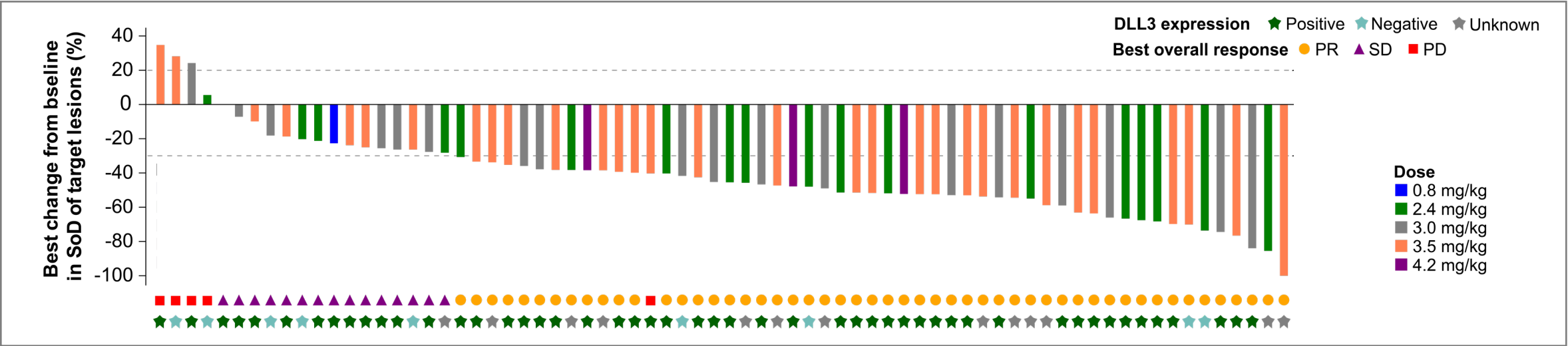
Addressable US Population: SCLC and NETs only 32%

143k
US Patients



¹Based on 100% as no need to stratify SCLC population
Source: SEER, Rojo, F., at al., Lung Cancer. 2020;147:237–243; Tanaka, K., at al., Lung Cancer. 2018 Jan;115:116-120; Yao, J., at al., The Oncologist, 2022, 27, 940–951; Ali, G., at al., Front. Oncol. 11:729765; Song, H., at al., Exp Ther Med 16: 53-60, 2018. Lozada JR, et al. Expression Patterns of DLL3 across Neuroendocrine and Non-neuroendocrine Neoplasms Reveal Broad Opportunities for Therapeutic Targeting. Cancer Res Commun. 2025 Feb 1;5(2):318-326. doi: 10.1158/2767-9764.CRC-24-0501

IDE849 (SHR-4849): Phase 1 Tumor Response in SCLC

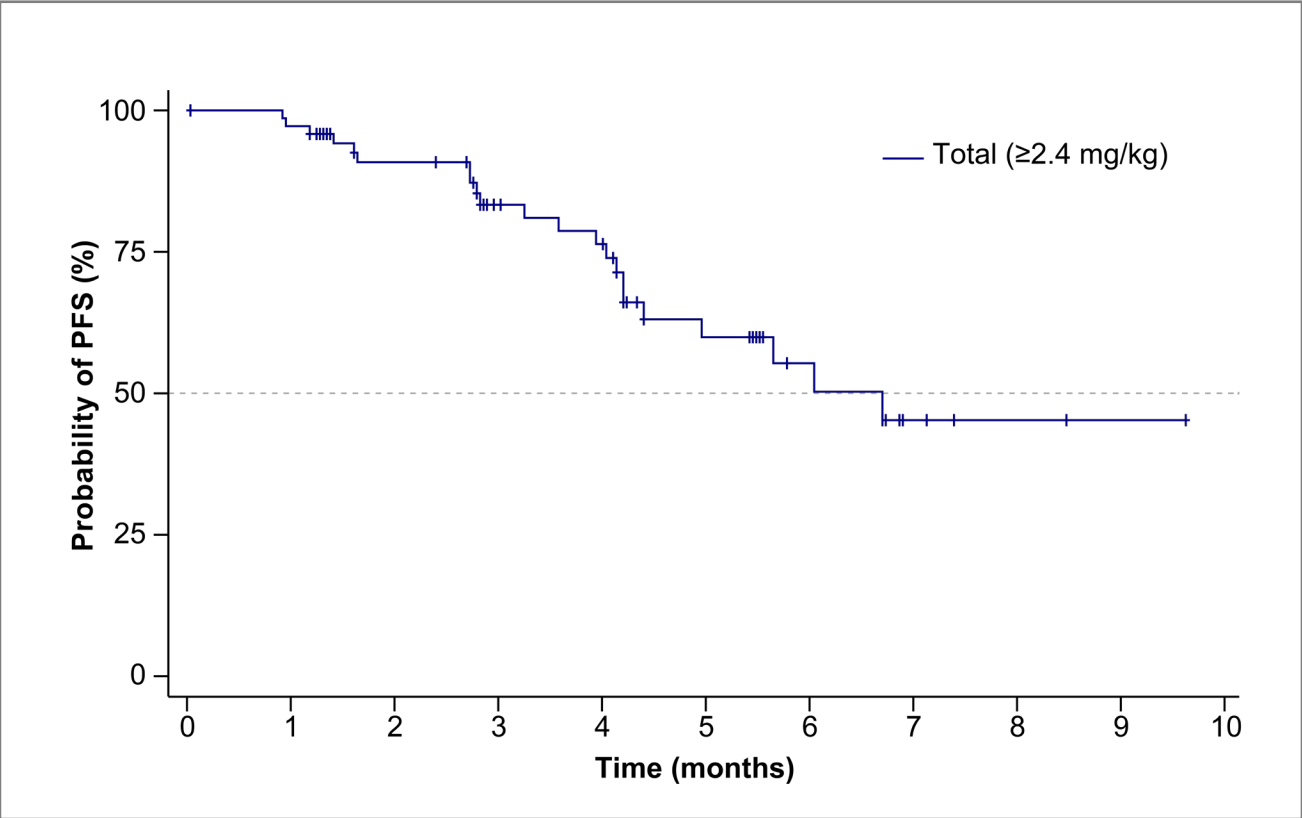


	2.4 mg/kg		3.0 mg/kg		3.5 mg/kg		4.2 mg/kg		Total (≥2.4 mg/kg)	
	2L Setting (n=10)	All (n=19)	2L Setting (n=8)	All (n=18)	2L Setting (n=16)	All (n=31)	2L Setting (n=1)	All (n=3)	2L Setting (n=35)	All (n=71)
ORR, n (%; 95% CI)	8 (80.0%; 44.4-97.5)	14 (73.7%; 48.8-90.9)	6 (75.0%; 34.9-96.8)	12 (66.7%; 41.0-86.7)	12 (75.0%; 47.6-92.7)	23 (74.2%; 55.4-88.1)	1 (100.0%; 2.5-100.0)	3 (100.0%; 29.2-100.0)	27 (77.1%; 59.9-89.6)	52 (73.2%; 61.4-83.1)
Confirmed ORR, n (%; 95% CI)	7 (70.0%; 34.8-93.3)	11 (57.9%; 33.5-79.7)	2 (25.0%; 3.2-65.1)	4 (22.2%; 6.4-47.6)	11 (68.8%; 41.3-89.0)	16 (51.6%; 33.1-69.8)	1 (100.0%; 2.5-100.0)	3 (100.0%; 29.2-100.0)	21 (60.0%; 42.1-76.1)	34 (47.9%; 35.9-60.1)
Response pending confirmation, n (%)	0	1 (5.3%)	4 (50.0%)	8 (44.4%)	0	1 (3.2%)	0	0	4 (11.4%)	10 (14.1%)
DCR, n (%; 95% CI)	10 (100.0%; 69.2-100.0)	18 (94.7%; 74.0-99.9)	8 (100.0%; 63.1-100.0)	17 (94.4%; 72.7-99.9)	15 (93.8%; 69.8-99.8)	28 (90.3%; 74.2-98.0)	1 (100.0%; 2.5-100.0)	3 (100.0%; 29.2-100.0)	34 (97.1%; 85.1-99.9)	66 (93.0%; 84.3-97.7)

DLL3 positivity was defined as H-score >0.
Tumor responses were assessed in all enrolled patients who received study treatment and had baseline and at least one post-baseline efficacy assessment.
2L: second-line; PR, partial response; SD, Stable disease; PD, progressive disease; ORR, objective response rate; DCR, disease control rate.



IDE849 (SHR-4849): Phase 1 PFS in SCLC

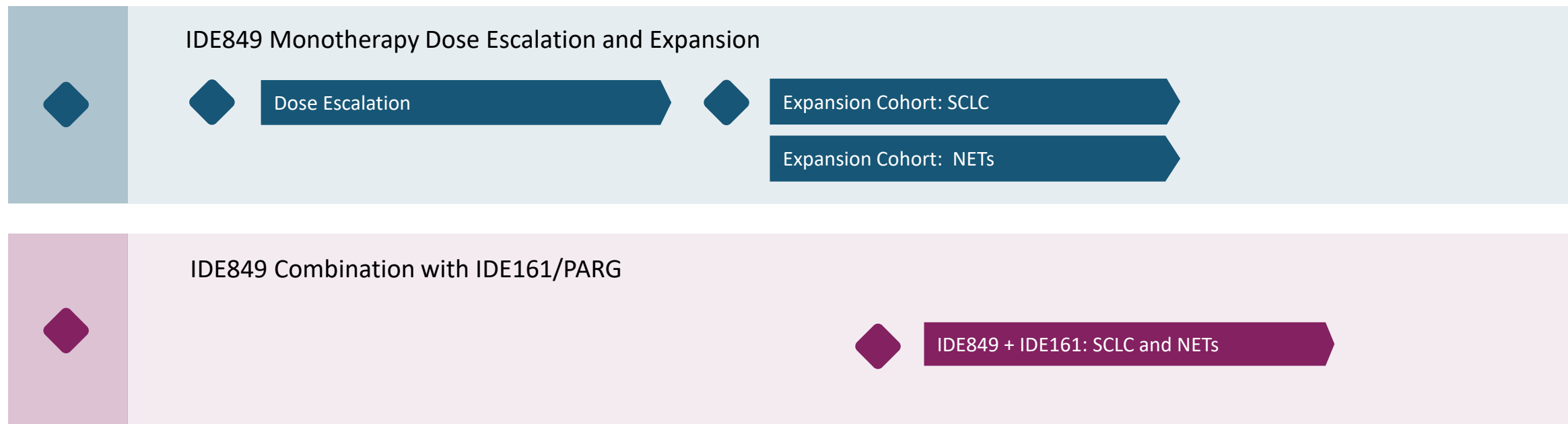


	Total (≥2.4 mg/kg)	
	2L Setting (n=42)	All (n=86)
Events, n (%)	8 (19.0%)	22 (25.6%)
Median (95% CI), months	NR (4.4-NR)	6.7 (4.4-NR)
3-month rate, % (95% CI)	93.3% (75.2-98.3)	83.3% (71.0-90.7)
6-month rate, % (95% CI)	59.0% (31.2-78.8)	55.3% (37.8-69.7)



IDE849 (SHR-4849): Potential First-in-Class DLL3 TOP1i ADC

IDEAYA Clinical Development Plan



Preliminary Clinical Strategy:

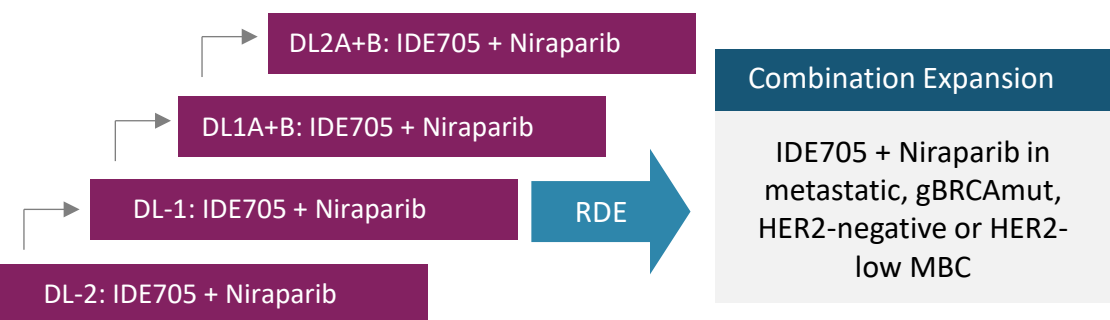
- Potential monotherapy path in 2L plus SCLC
- Evaluate clinical combinations, including with SOC, in 1L SCLC
- Evaluate NETs as monotherapy, including potential basket trial
- Target to enhance durability with IDE849 + IDE161/PARG combo

GSK Collaboration

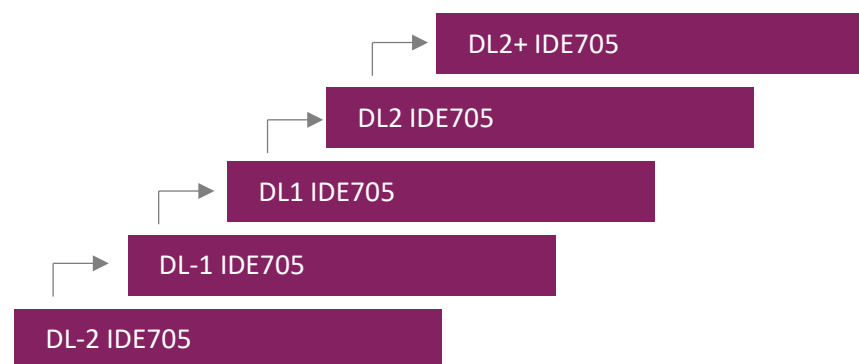
IDE705 (GSK101) Pol Theta Helicase and IDE275 (GSK959) Werner Helicase Clinical Development Plans

IDE705 (GSK101) Pol Theta Helicase Clinical Development Plan

Niraparib Combination Escalation Schema



IDE705 Monotherapy Escalation Schema



IDE275 (GSK959) Werner Helicase Clinical Development Plan

PART 1: Monotherapy Dose Escalation

Monotherapy IDE275 (GSK959)

≥18 years old
 >3 months life expectancy
 dMMR/MSI-H tumor
 Advanced (unresectable/metastatic or recurrent)
 Must have exhausted SOC

PART 3: Combination Dose Escalation

Combo IDE275 (GSK959) + PD-1

≥18 years old
 >3 months life expectancy
 dMMR/MSI-H tumor
 Advanced (unresectable/metastatic or recurrent)
 Must have exhausted SOC



PART 2: Monotherapy Dose Expansion

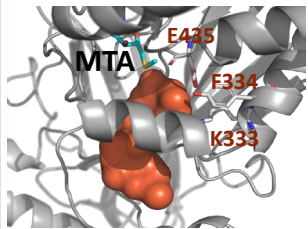
Histological diagnosis of CRC or ECH

**GSK Strategic Partnership: IDE705: Global Royalties with GSK covering all Costs, ~\$1B Milestones
 IDE275: 50/50% US Profit Share and ex-US Royalties; Cost Share 80% (GSK) / 20% (IDEAYA)**

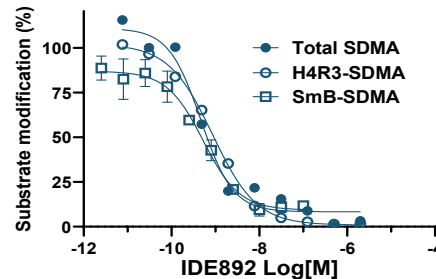
Development Candidates: IDE892 IND Cleared, IDE034 IND Filed and Targeting IDE574 IND in Q4'25

IDE892: PRMT5ⁱMTA

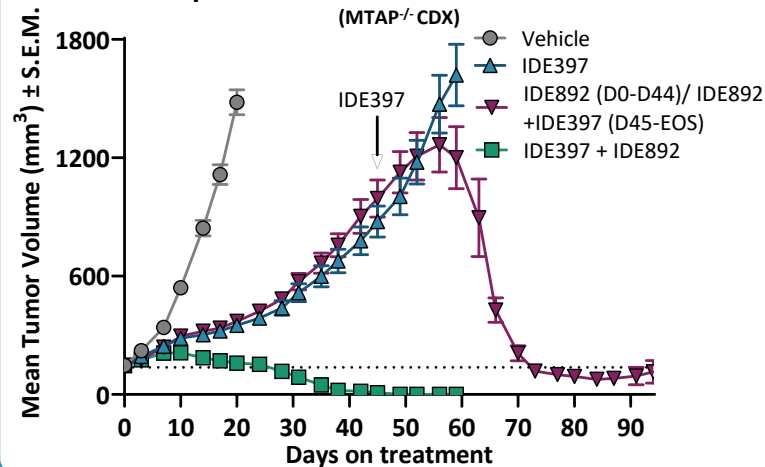
MTA-templated target binding



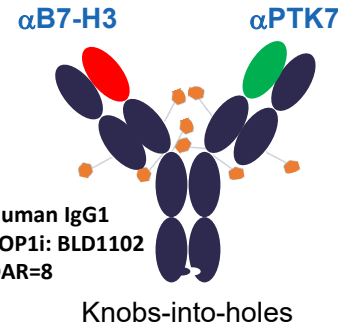
Robust pathway modulation



Exceptional IDE397 combination benefit (MTAP^{-/-} CDX)

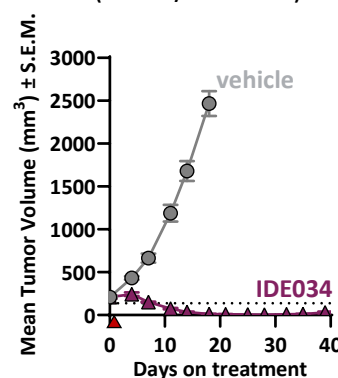


IDE034: B7H3/PTK7 Bispecific ADC

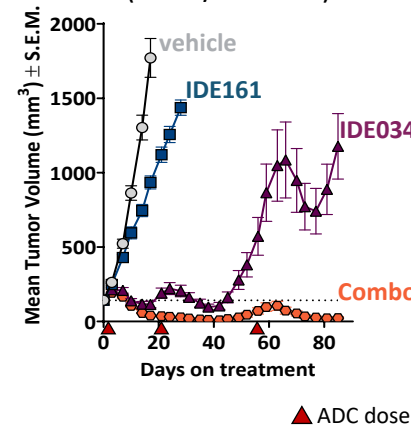


- Enhanced tumor versus normal cell binding
- Enhanced internalization efficiency
- Substantial double-positive disease population¹

Monotherapy regressions (B7H3^{high}/PTK7^{high} PDX)

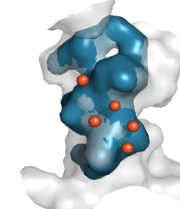


IDE161 combination benefit (B7H3^{low}/PTK7^{high} CDX)



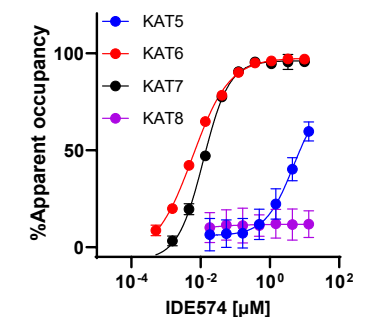
IDE574: Dual KAT6/KAT7 Inhibitor

Dual potency design challenge

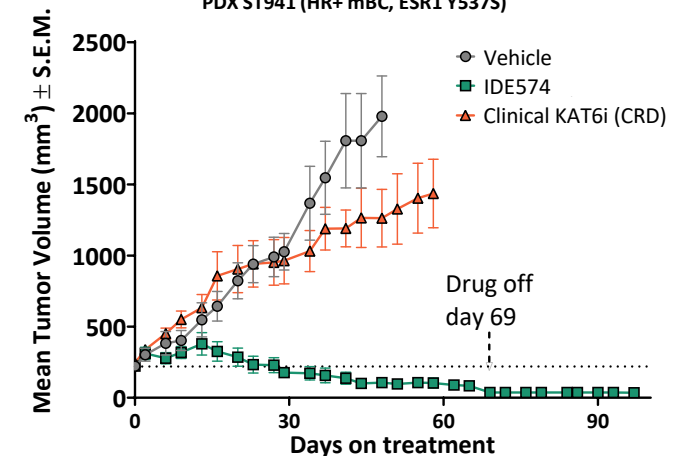


- KAT7 pocket (270 Å³)
- KAT6 pocket (614 Å³)
- Residue differences

Strong and selective cellular target binding by IDE574 (BRET assay)



Durable anti-tumor activity PDX ST941 (HR+ mBC, ESR1 Y537S)



Wholly-owned MAT2a/PRMT5 combination for MTAP-deletion

Dual tumor-antigen targeting to maximize SM combination benefit (IDE161)

Potent pathway modulation delivers broad opportunity to drug lineage-addiction

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), IDE849 (Ph1), IDE275 / GSK959 (Ph 1), IDE161 (Ph 1), IDE705 / GSK101 (Ph 1), IDE892 (IND-enabling), IDE034 (IND-enabling), and IDE574 (IND-enabling)

Strong Balance Sheet with ~\$1.1B⁶ and opportunity for milestone payments with cash runway into 2030

Pharma Collaborations including Pfizer, Gilead, Hengrui, Servier², and GSK partnership with ~\$2 billion⁴ in potential milestones

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

(2) Servier exclusive license agreement for darovasertib. IDEAYA retains all US commercial rights and is eligible to receive \$320 million in regulatory and commercial milestones, clinical development cost share, plus double-digit royalties on net sales

(3) IDE849 (SHR-4849): DLL3 Top1i Antibody Drug Conjugate. Exclusive license agreement with Jiangsu Hengrui Pharmaceuticals Co., Ltd for worldwide rights outside of Greater China

(4) IDE705 (GSK101) Pol Theta Program Cost Share = 100% GSK with ~\$1B Milestones and WW Royalties; IDE275 (GSK959) Werner Helicase Program Cost Share = 80% GSK / 20% IDEAYA with ~\$1B Milestones, 50/50 US Profit Share and Ex-US Royalties

(5) IDE034: B7H3/PTK7 Top1i Bispecific ADC development candidate. Exclusive worldwide licensing and option agreement with Biocytogen

(6) Includes aggregate of approximately \$1.14 billion of cash, cash equivalents and marketable securities as of September 30, 2025