December 2025

IDEAYA Biosciences

Improving Lives Through Transformative Precision Medicines

IDEAYA BIOSCIENCES

NASDAQ: **IDYA**

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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, assumptions, estimates or projections that are subject to change, 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; 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 2030; 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, regulatory approvals, manufacturing or release of data; any statements of expectation or belief regarding future events, potential markets dynamics , 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 the manufacturing and/or commercialization; timing of product launches, potential pricing and reimbursement; potential revenue, expected breakthrough, best or first-in-class or blockbuster status, regulatory landscape, economic conditions, competitive landscape, 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, 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

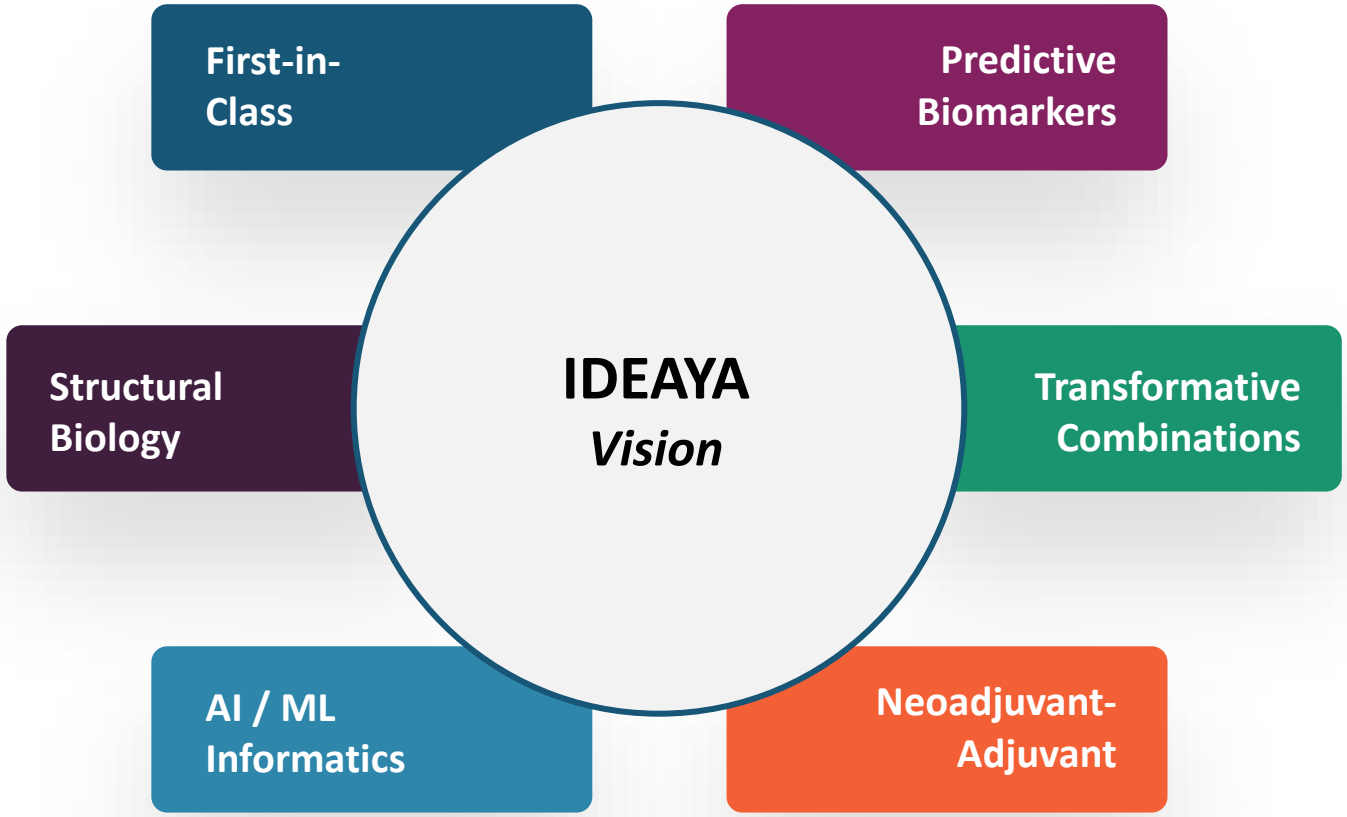
This presentation concerns anticipated products that are under clinical investigation and which have not yet been approved for marketing by the FDA or any other country regulatory authority. These anticipated products are currently limited by Federal law to investigational use, and no representation 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.

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

Potential First-in-Class Combos

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

SM = Small Molecule; ADC = Antibody Drug Conjugate; POLQ = Pol Theta; WRN = Werner Helicase; HRD = Homologous Recombination Deficiency; MSI = Microsatellite Instability; TOP1 = DNA Topoisomerase 1

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

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, PARG and Pol Theta Helicase
- 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 Degrader 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, IDE275, IDE161, and IDE705

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

AI = Artificial Intelligence, SL = Synthetic Lethality, DDR = DNA Damage Response, IHC = Immunohistochemistry, IF = Immunofluorescence

IDEAYA Biosciences Highlights

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

Target Milestone Guidance on Broad Pipeline of 8 Clinical & 1 Preclinical (IND-enabling) Programs:

PHASE 2/3

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

PHASE 1/2

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

IDE275 (WERNER)

- Determine monotherapy expansion dose in MSI-High CRC and endometrial solid tumor indications*

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

IDE705 (POL THETA)

- Evaluate preclinical combination potential with TOP1 ADCs*

PRECLINICAL

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

Pharma Collaborations

Pfizer | GILEAD | HENGRUI | SERVIER moved by you

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, CRC = Colorectal 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. *Will evaluate strategic options for these programs in 2026

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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 *PKC*	+cMET[1] Combination 1L HLA-A2(-) MUM	GNAQ/11	Phase 2 / Phase 3	Ph 2 (AA) / Ph 3 registrational trial[1] – targeting median PFS readout by YE'25 to Q1'26	SERVIER moved by you (4)	US Commercial Rights
	(Neo)Adjuvant UM	GNAQ/11	Phase 2	Ph 2 clinical data update – ESMO 2025 Ph3 Neoadj. UM registrational trial initiated[2]		
	cMET[1] Combination MUM	GNAQ/11	Phase 2	Ph 2 median OS 1L MUM readout at SMR 2025 HLA-A2(+) Phase 2 clinical trial[3]		
IDE397 *MAT2A*	Monotherapy Solid Tumors	MTAP	Phase 2	Ongoing Phase 2 expansion in MTAP urothelial and lung cancer		WW Commercial Rights
	Combination UC and NSCLC	MTAP	Phase 1	Targeting Phase 1/2 IDE397 + Trodelvy® clinical data update at medical conference – 1H'26	GILEAD (5)	
IDE849 (SHR-4849) *DLL3 ADC*	Monotherapy SCLC, NETs	DLL3	Phase 1	Targeting patient dosing in NETs and other DLL3 tumors – YE'25	HENGRUI (6)	WW Rights Outside of Greater China
	Combination SCLC, NETs	DLL3	Phase 1 / Target Program Milestones	Combination initiation with IDE161 – YE'25		
IDE161 *PARG*	Monotherapy Solid Tumors	HRD	Phase 1	Ongoing Phase 1 monotherapy dose optimization		WW Commercial Rights
IDE892 *PRMT5*^{MTA}	Combination Solid Tumors	MTAP	Phase 1	IND Cleared Enable wholly-owned combination with IDE397–1H'26		WW Commercial Rights
IDE034 *B7H3/PTK7 BsADC*	Solid Tumors	B7H3/PTK7	Phase 1	IND Cleared	BIOCYTOGEN (7)	WW Commercial Rights
IDE275 *Werner Helicase*	Solid Tumors	High-MSI	Phase 1	Determine monotherapy expansion dose in MSI-High CRC and endometrial solid tumor indications*		WW Commercial Rights
IDE705 *Pol Theta Helicase*	+Niraparib Combo Solid Tumors	HR Mutations	Phase 1	Evaluate preclinical combination potential with TOP1 ADCs*		WW Commercial Rights
IDE574 *KAT6/7*	Solid Tumors	8p11	Phase 1 / Target Program Milestones	Targeting IND Submission – Q4'25		WW Commercial Rights
Platform	Solid Tumors	Defined Biomarkers	Target Program Milestones	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 exclusive worldwide licensing and option agreement with Biocytogen

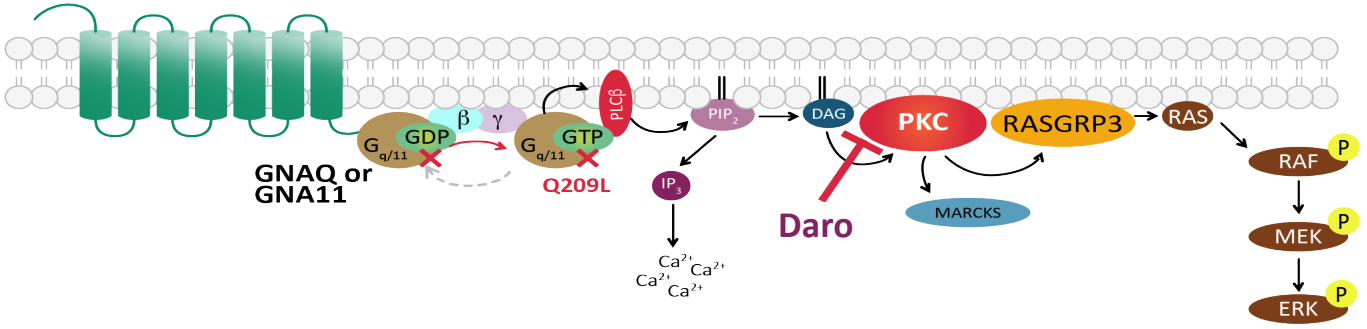
= Target Program Milestones

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, CRC = Colorectal Cancer, SCLC= 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
*Will evaluate strategic options for these programs in 2026

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

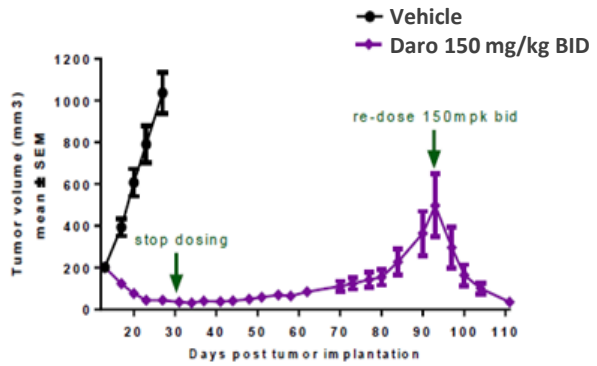
UM is typically treated with radiation and/or enucleation, with no approved systemic therapies for Neoadjuvant UM

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)

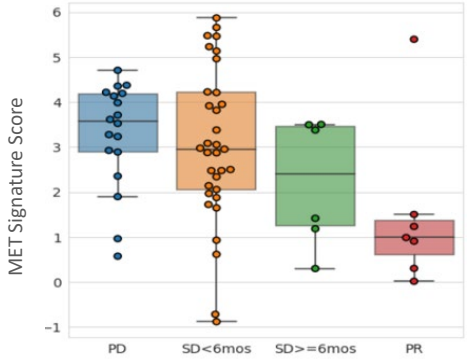


Van Raamsdonk, CD, et. al, Nature 2009; Van Raamsdonk CD, et. al, NEJM 2010; Piperno-Neumann S, et. al, J Clin Oncol 2014

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

Pfizer [1]

Daro Phase 1 Monotherapy Efficacy Association with cMET Expression

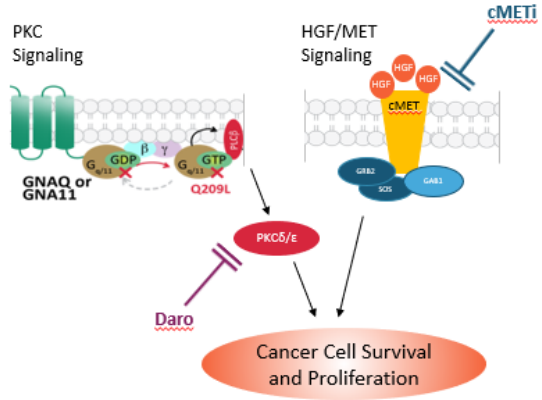


Ph 1 Clinical Outcomes

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



(1) Pfizer Clinical Trial Collaboration and Supply Agreements for Darovasertib + Crizotinib Combination in MUM

IDEAYA owns or controls all commercial rights in darovasertib, including in Primary UM and MUM

Darovasertib and Uveal Melanoma Patient Journey

High Unmet Need and Multiple First-Line Opportunities in UM and MUM[1]

+95% of UM patients harbor GNAQ/GNA11 mutation

Uveal Melanoma Patient Journey

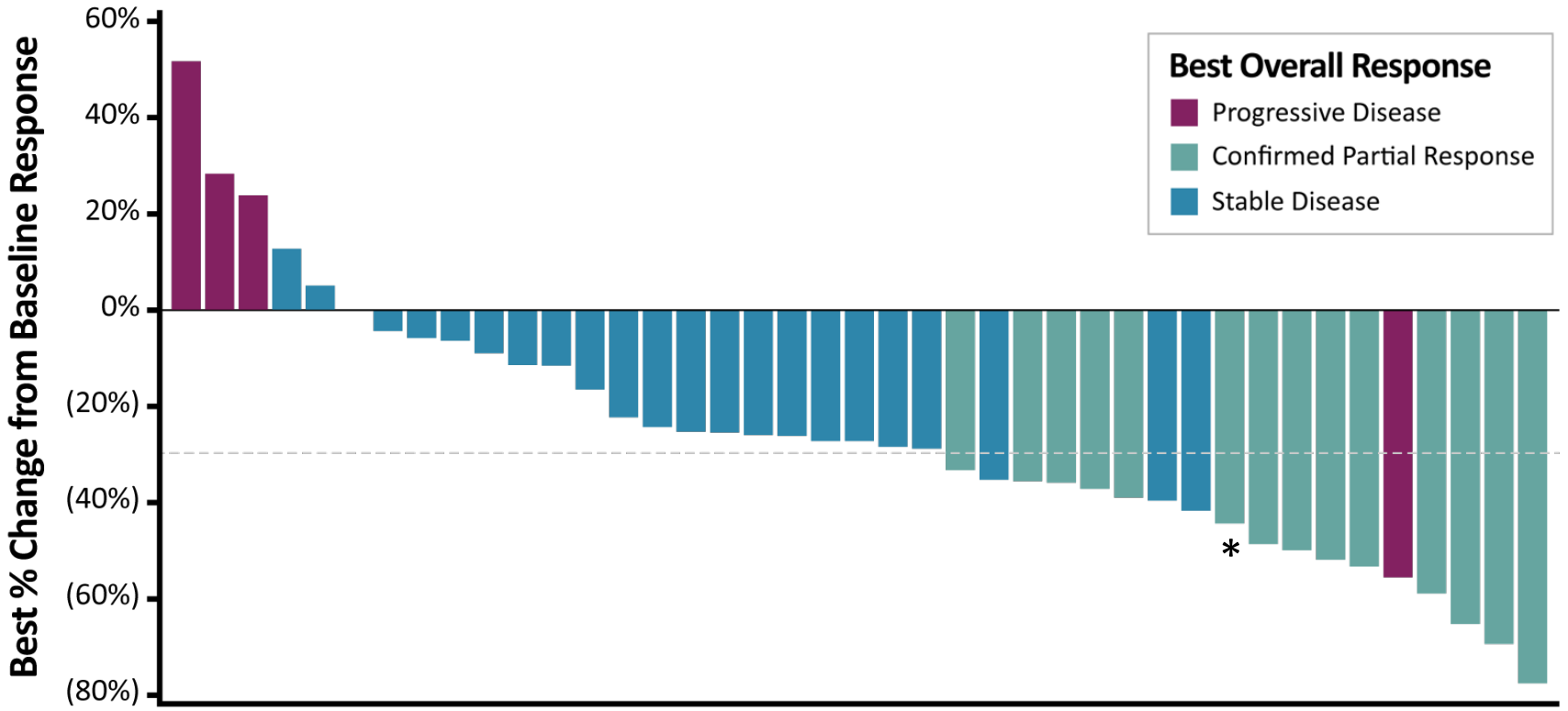
	Neoadjuvant UM	Adjuvant UM	MUM
HLA-A2-Negative[2]	No Approved Therapies Daro: Phase 3 Enucleation Cohort	No Approved Therapies Daro: Phase 2	No Approved Therapies Daro + Crizo (HLA A2-) Phase 2/3 Registrational Trial
HLA-A2-Positive[2]	Daro: Phase 3 Plaque Brachytherapy Cohort		Daro + Crizo (HLA A2+) 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



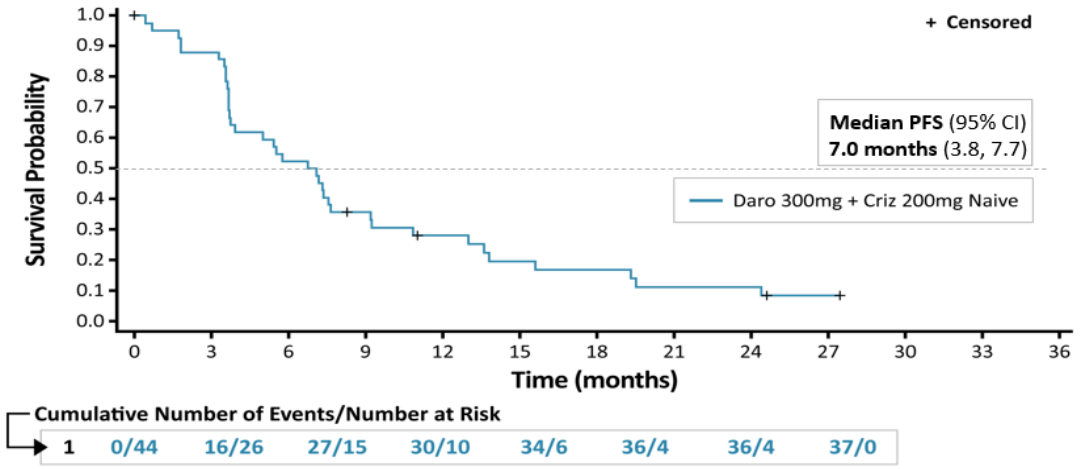
- The median dose intensity for darovasertib and crizotinib was 92.6% and 88.0%, respectively
- The mean duration of exposure to darovasertib was 10.0 months
- Median duration of response (DOR) was 9.0 months

* By RECIST v1.1, patient had target lesion response, but progression detected with new lesions and non-target lesions.

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

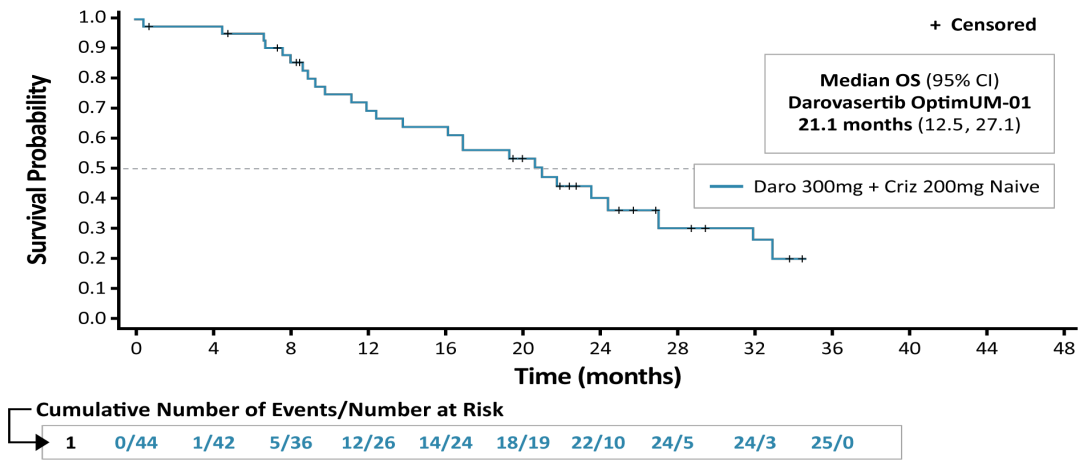


The **mPFS was 7.0 months** (95% CI: 3.8, 7.7) in patients treated with darovasertib plus crizotinib combination (median follow-up 25 months)

- These results compared favorably to historical mPFS of 2.8 months[1]

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 months[1-2]

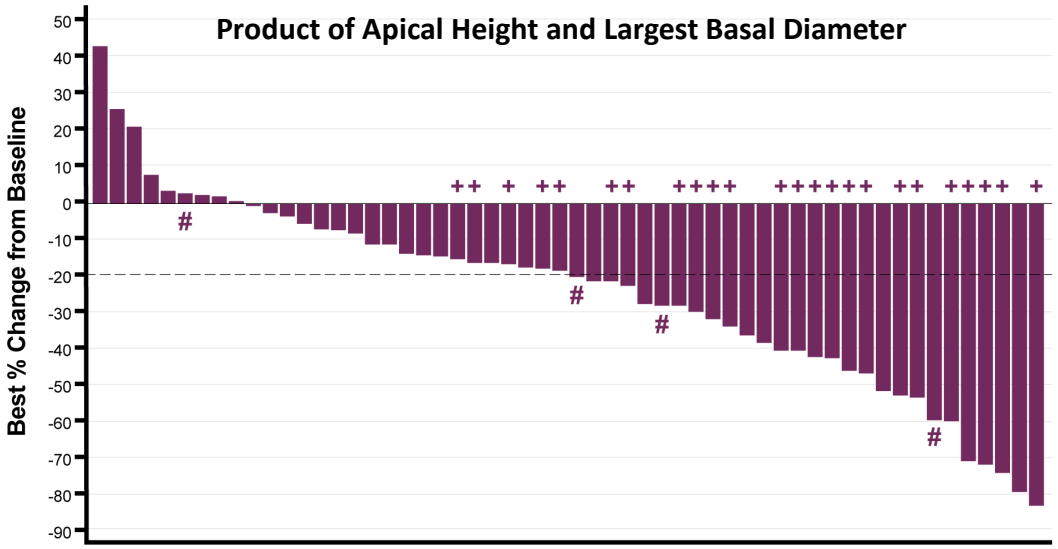
Median OS was notable compared to historical controls at 21.1 months, despite 39% of patients having ECOG PS 1

mPFS, median progression free survival; mOS, median overall survival.

1. Khoja L, et al. K Clin Oncol. 2025;43(suppl) Abstract 9539. 2. Rantala ES, et al. Melanoma Res. 2019;29:561-568.

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

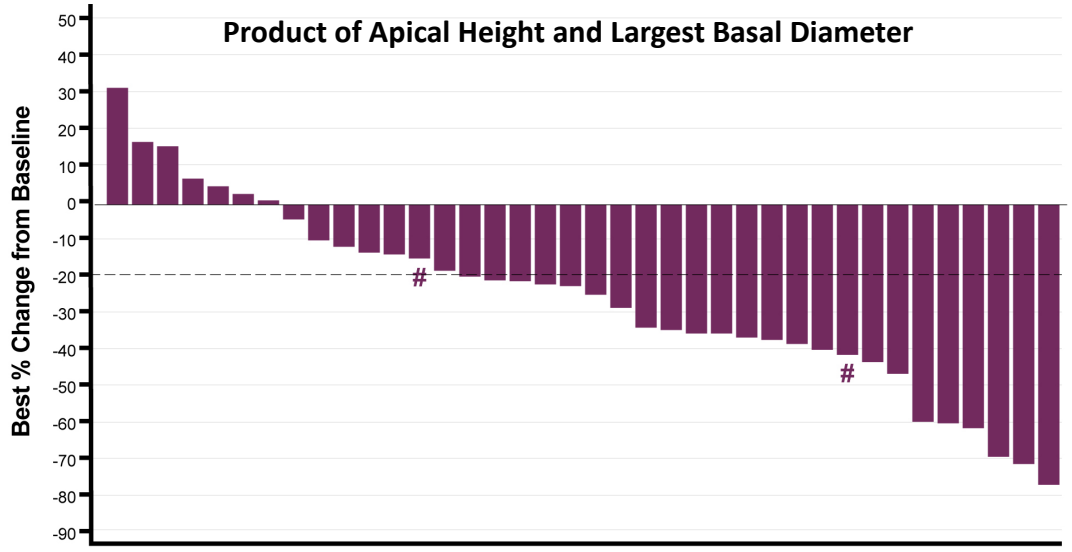
Cohort 1 (Enucleation):
Tumor Shrinkage and Eye Preservation



Tumor Response	Cohort 1 (N=56)
Tumor Reduction,* n (%)	47 (83.9%)
≥20% Reduction	28 (50.0%)
≥30% Reduction	21 (37.5%)
Tumor Growth, n (%)	9 (16.1%)

Eye Preservation	Cohort 1 (N=42)
Eye Preservation Rate, n (%)	24/42 (57.1%)**
In patients with 20% reduction	19/20 (95.0%)^
Types of Eye Preserving Therapies, n (%)	
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)
% Tumor Reduction,* n (%)	31 (81.6%)
≥20% Reduction	23 (60.5%)
≥30% Reduction	17 (44.7%)
Tumor Growth, n (%)	7 (18.4%)

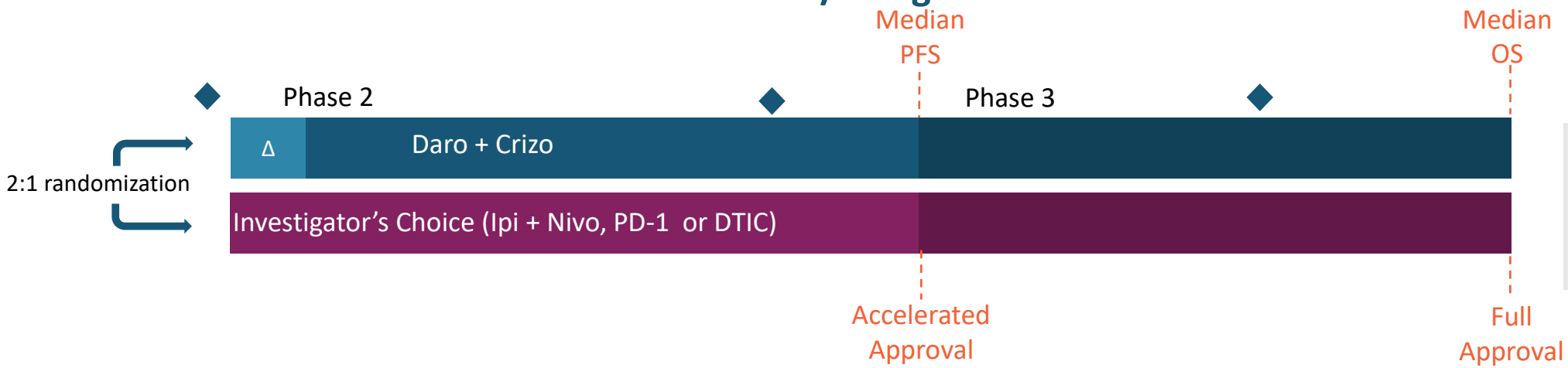
Best Letters gained in Subjects with Improvement	
Cohort 1 (Enucleation):	
# Letters Gained^^ – Affected Eye, mean	17 letters
Subjects with ≥ 5 Letters Gained at 2 consecutive visits, n (%)	21/29 (72.4%)
Cohort 2 (Plaque Brachytherapy):	
# Letters Gained^^ – Affected Eye, mean	10 letters
Subjects with ≥ 5 Letters Gained at 2 consecutive visits, n(%)	12/23 (52.2%)

*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

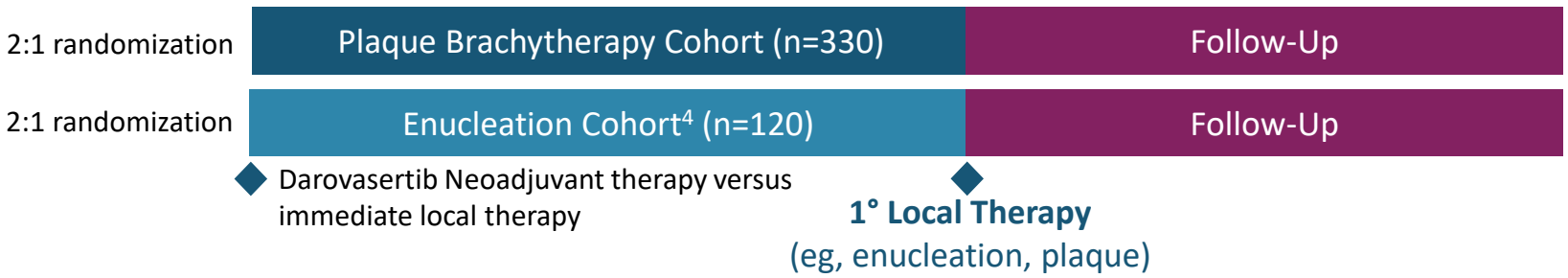
Metastatic Uveal Melanoma Ph2/3 Registrational Trial[1]



Primary Endpoints (BICR)

- Accelerated Approval: mPFS
- Full Approval: mOS
- Target enrollment is ~430 for full approval

Neoadjuvant Uveal Melanoma Ph3 Registrational Trial



Primary Endpoints

- **Cohort 1:** Vision Preservation (Proportion with BCVA ≥ 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 (≥20% ocular tumor shrinkage by product of diameters); No detriment to Event Free Survival (EFS)

FDA ▶ Orphan Drug Designation in UM[3]; Fast Track Designation in MUM; Breakthrough Therapy Designation[4]

(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

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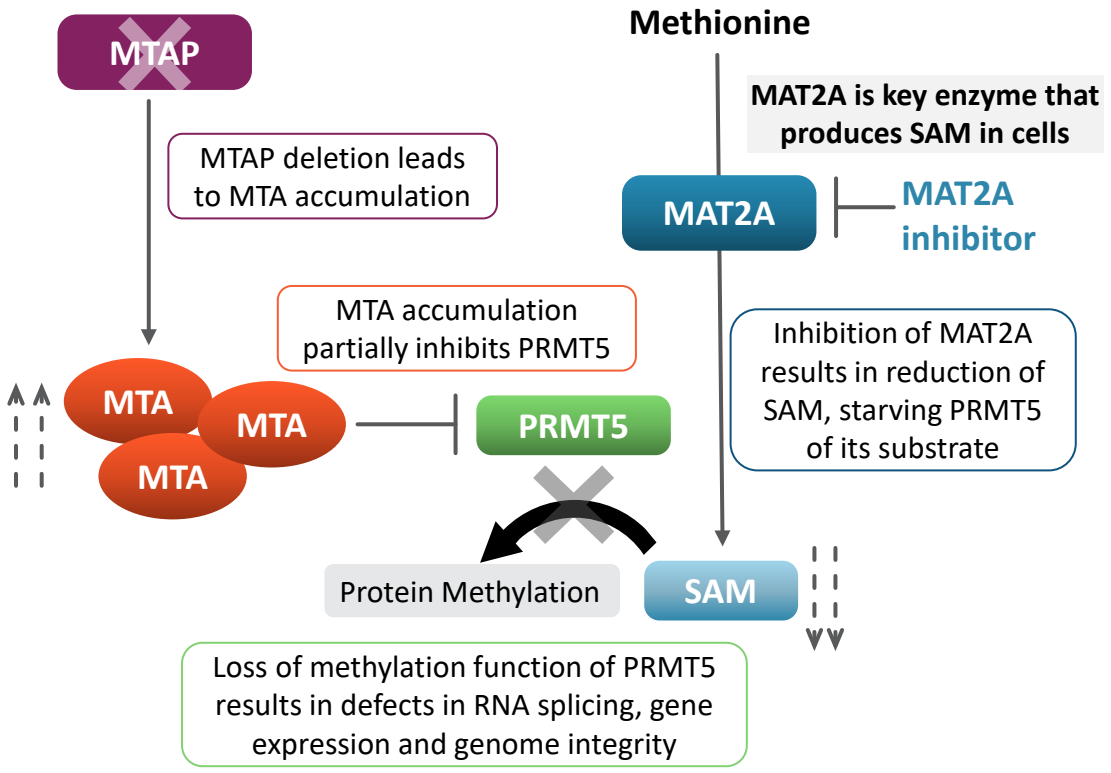
MAT2A Inhibition is Synthetic Lethal with MTAP-Deletion

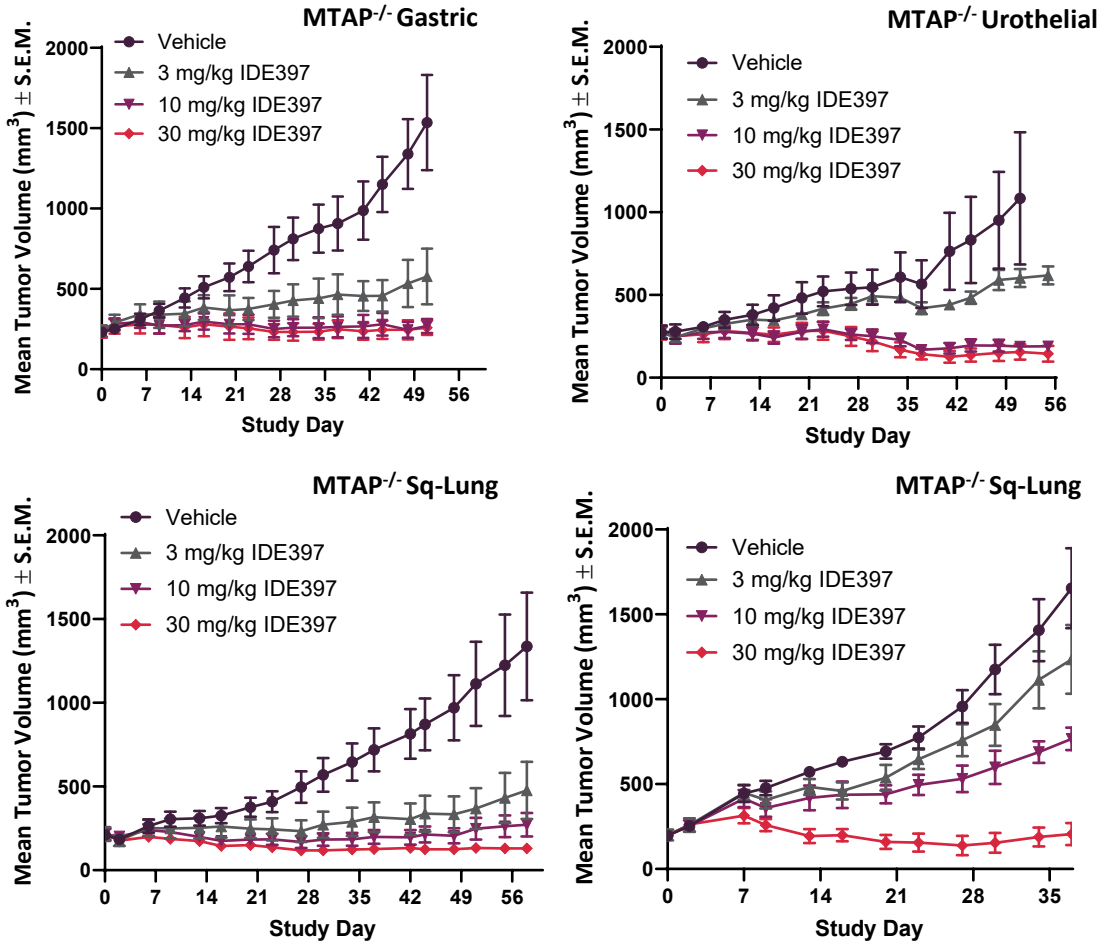
MAT2A

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



MAT2A = Methionine Adenosyltransferase 2a, MTAP = Methylthioadenosine Phosphorylase, MTA = Methylthioadenosine, PRMT5 = Protein Arginine Methyltransferase 5, PDX = Patient-Derived Xenograft

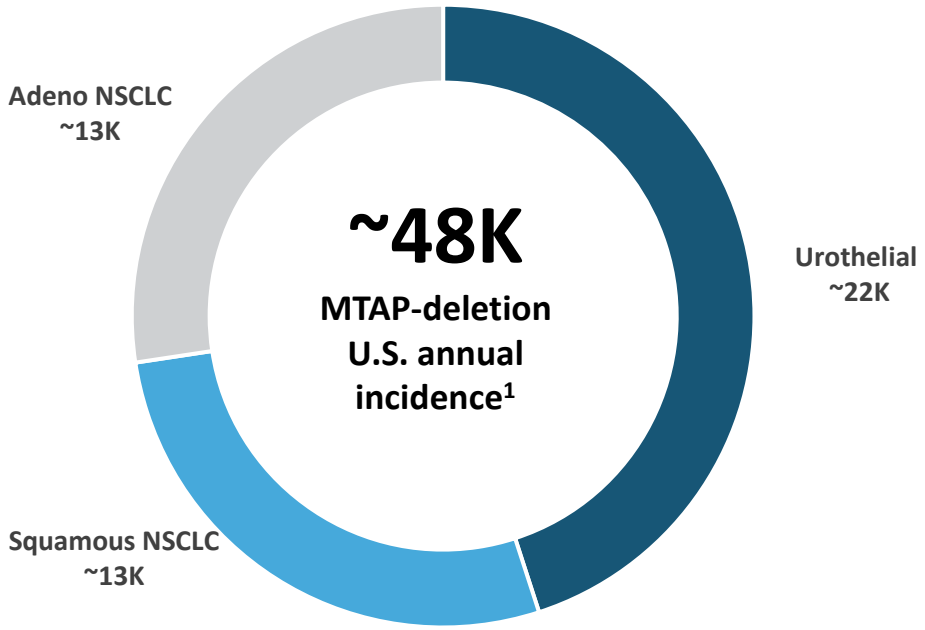
IDEAYA BIOSCIENCES

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

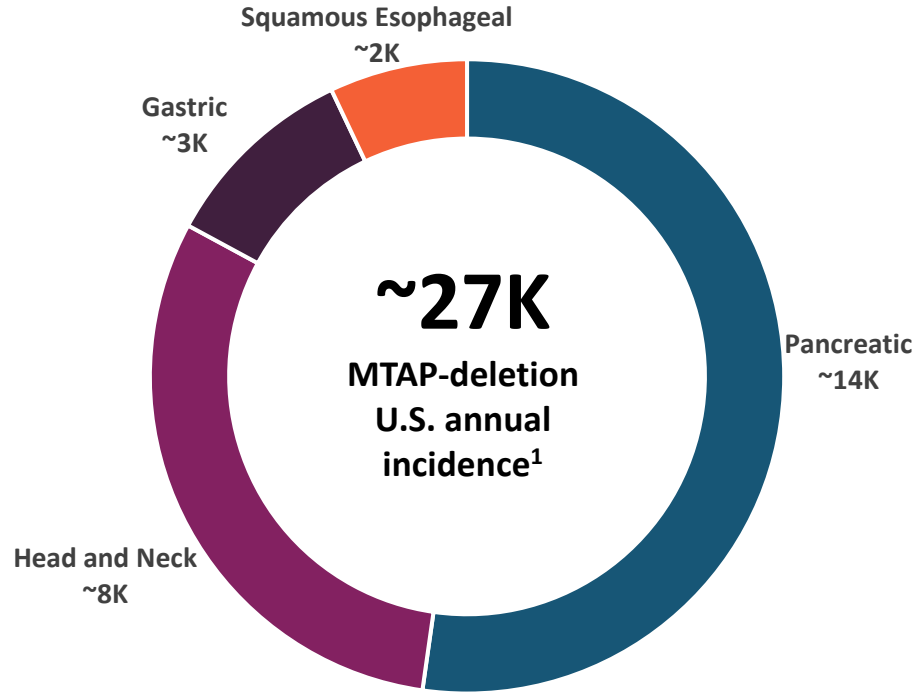
~48k U.S. Annual Incidence in MTAP-Deletion NSCLC and Urothelial Cancer

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

U.S. Annual Incidence in Priority Tumor Types



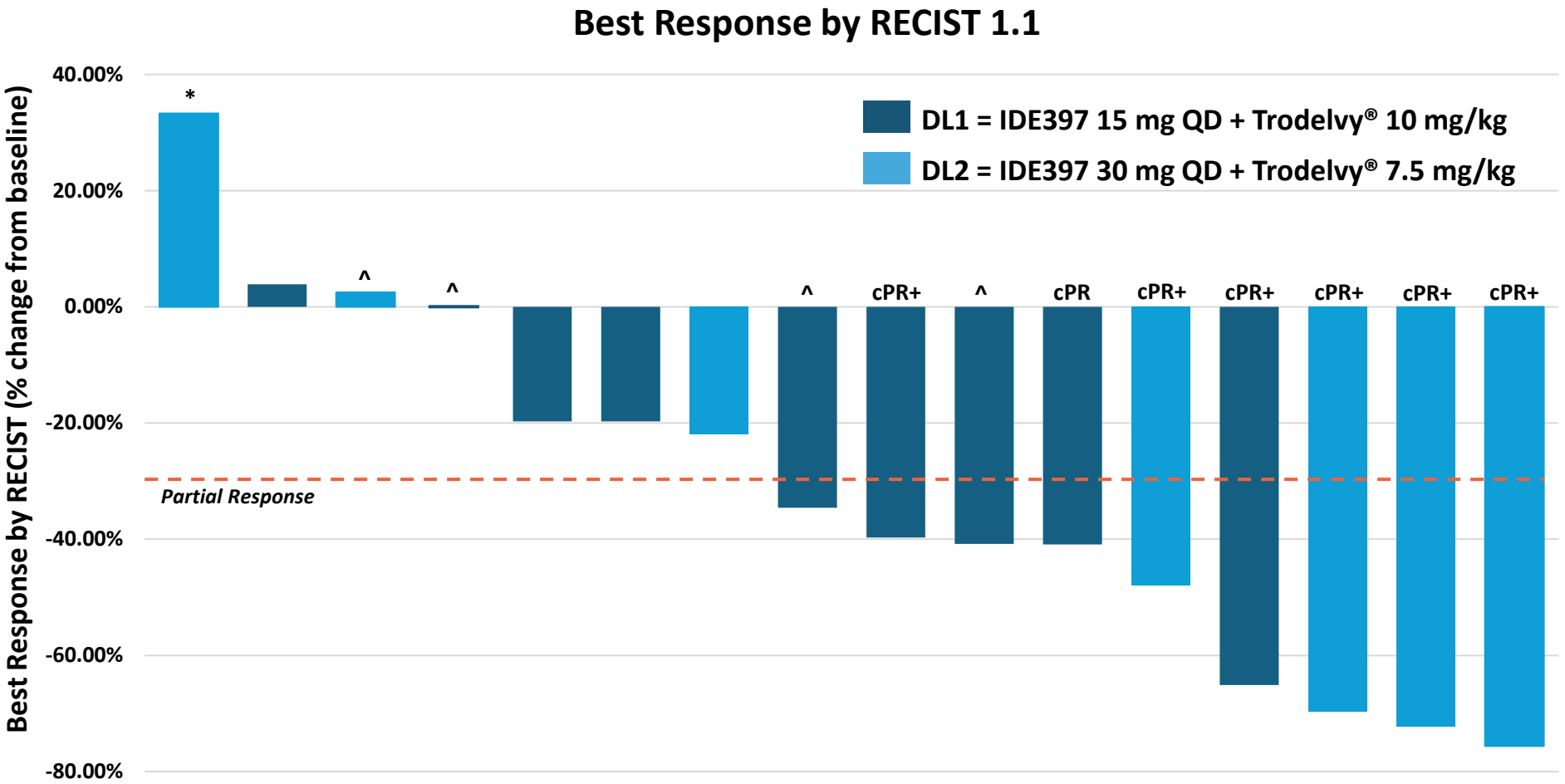
U.S. Annual Incidence in Potential Expansion Tumor Types



(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



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

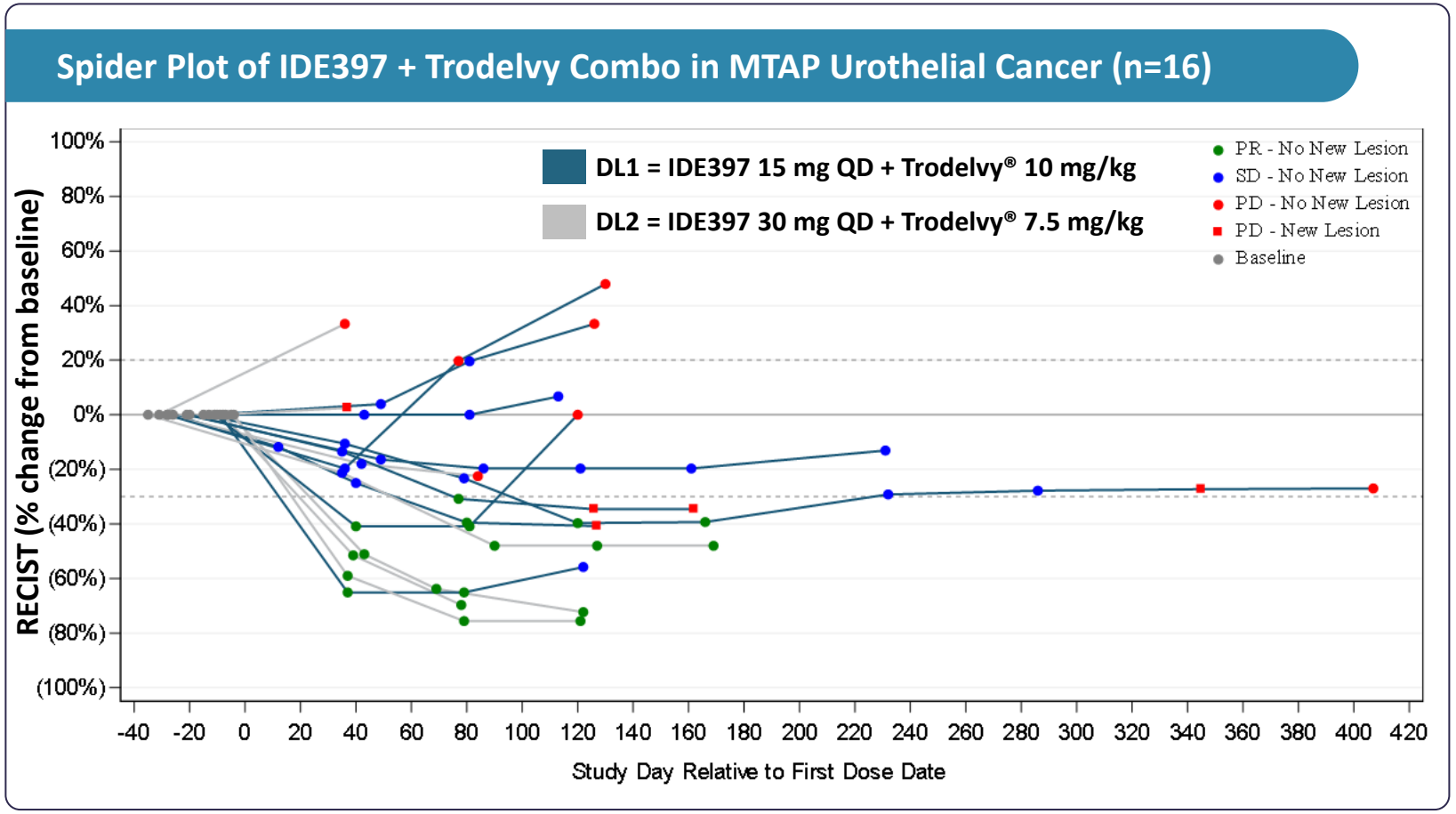
IDEAYA Data as of 24Oct2025 (based on preliminary analysis of unlocked database). Evaluable Patients: Treated with at least one dose of the combination and with ≥ 1 post-baseline scans. One patient not included as MTAP WT status by central IHC testing.

* 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



IDEAYA Data as of 24Oct2025 (based on preliminary analysis of unlocked database). Evaluable Patients: Treated with >= 1 dose of IDE397 + Trodelvy and with >= 1 post-baseline scans. One patient not included as central testing revealed MTAP intact status. EV = Enfortumab Vedotin

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

IDE397 Monotherapy Expansion in Select MTAP-Deletion Solid Tumor Types

- IDE397 RDE Monotherapy Expansion: Squamous NSCLC and Urothelial Cancer
- Focus or Additional Indication Expansion

Trop2-ADC Combination – Targeting Clinical PoC in MTAP-Deletion UC and NSCLC

GILEAD

- IDE397 + Trodelvy®[1]: Urothelial Cancer and NSCLC

IDE397 + Trodelvy®
Clinical data update at medical conference – 2026

PRMT5 Combination – Targeting Clinical PoC in MTAP-Deletion NSCLC

- IDE397 + MTA-Cooperative PRMT5i[2]
- Other Potential Indications and/or Combinations

IDE397 + PRMT5
Enable wholly-owned clinical combo with IDE892 – 1H'26

(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

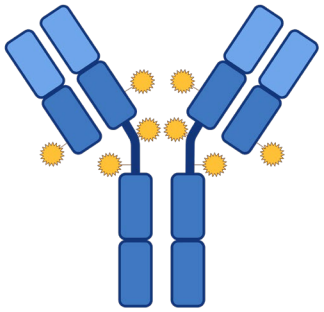
IDEAYA BIOSCIENCES

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

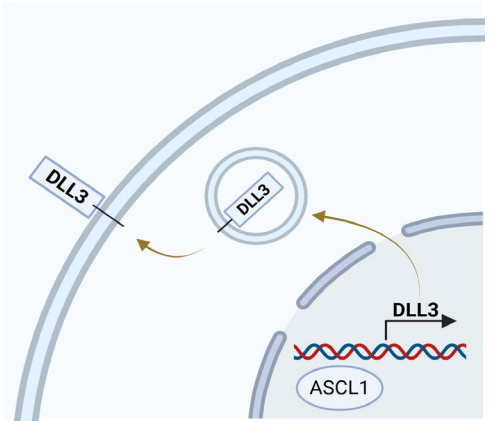
First-in-Class Potential and Targeting Lineage Survival Oncogene Activity

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

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



SHR-4849/
IDE849

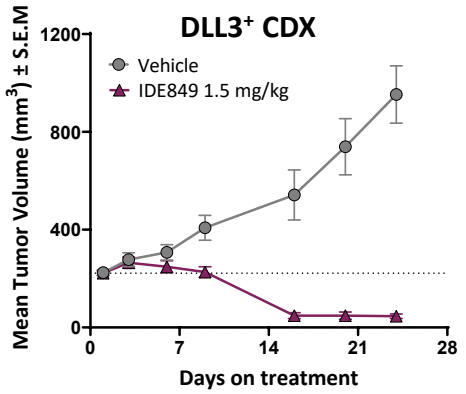


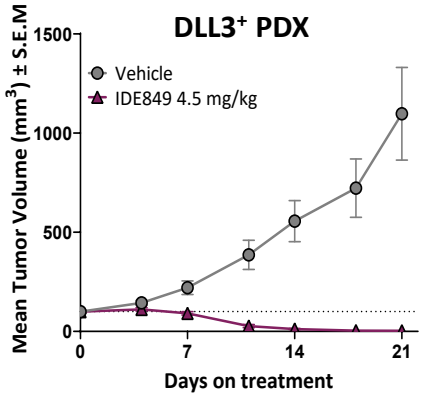
- DLL3 expression driven by the tumor-essential ASCL1 TF
- Humanized antibody with strong affinity and high selectivity
- Proprietary TOP1i payload (~4,000 patients treated)
- Internalization-dependent cleavable linker
- Optimized DAR value of 8
- High plasma stability
- Estimated high therapeutic index

DLL3 = Delta-Like Ligand 3, ADC = Antibody Drug Conjugate, TOP1i = Topoisomerase I Inhibitor, DAR = Drug-to-Antibody Ratio, TF = Transcription Factor, SCLC= Small Cell Lung Cancer

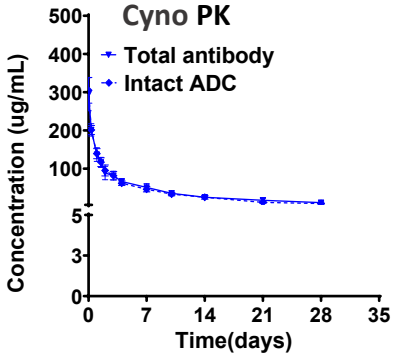
Robust activity in DLL3⁺ CDX/PDX with exceptional linker/payload stability in circulation

Deep regressions observed in DLL3⁺ SCLC

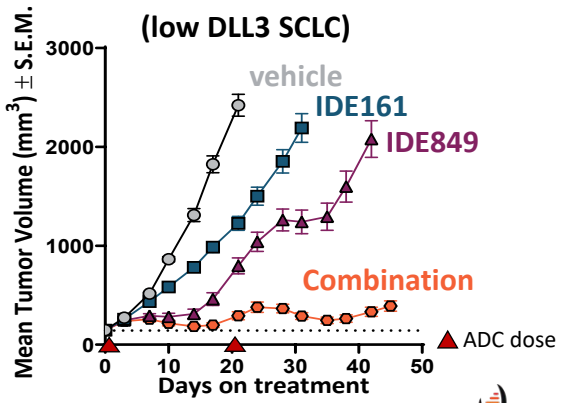




Limited payload deconjugation



IDE161 combination benefit (low DLL3 SCLC)



Source: Hengrui Pharma
CDX = Cell Line-Derived Xenograft, PDX = Patient-Derived Xenograft, PK = Pharmacokinetics

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

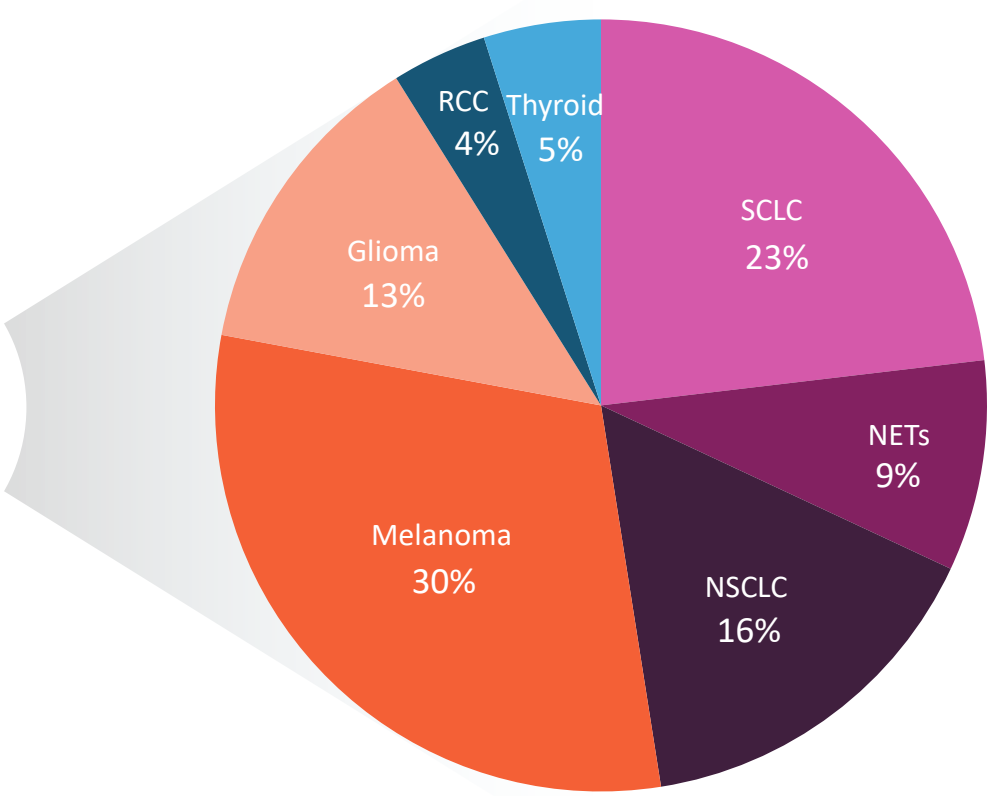
>100k Potential Addressable Population in the US Alone

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

143k
US Patients

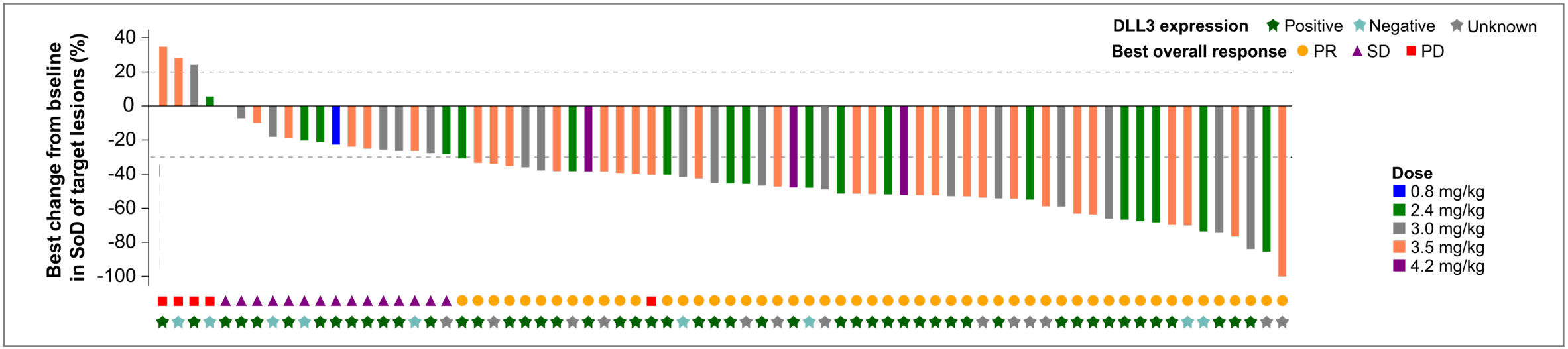
Addressable US Population: SCLC and NETs only 32%



[1]Based 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

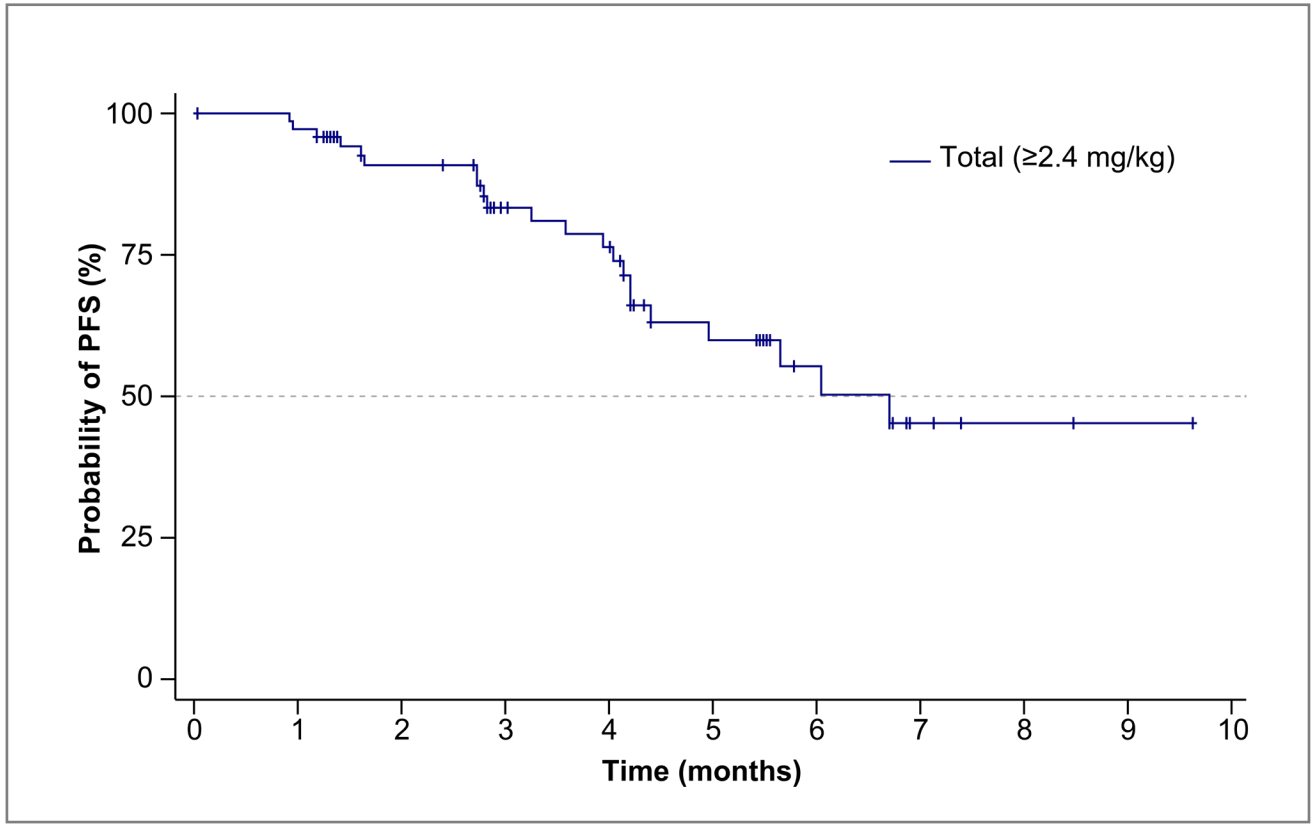
IDE849 (SHR-4849): Phase 1 Tumor Response in SCLC



Dose: 0.8 mg/kg, 2.4 mg/kg, 3.0 mg/kg, 3.5 mg/kg, 4.2 mg/kg	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

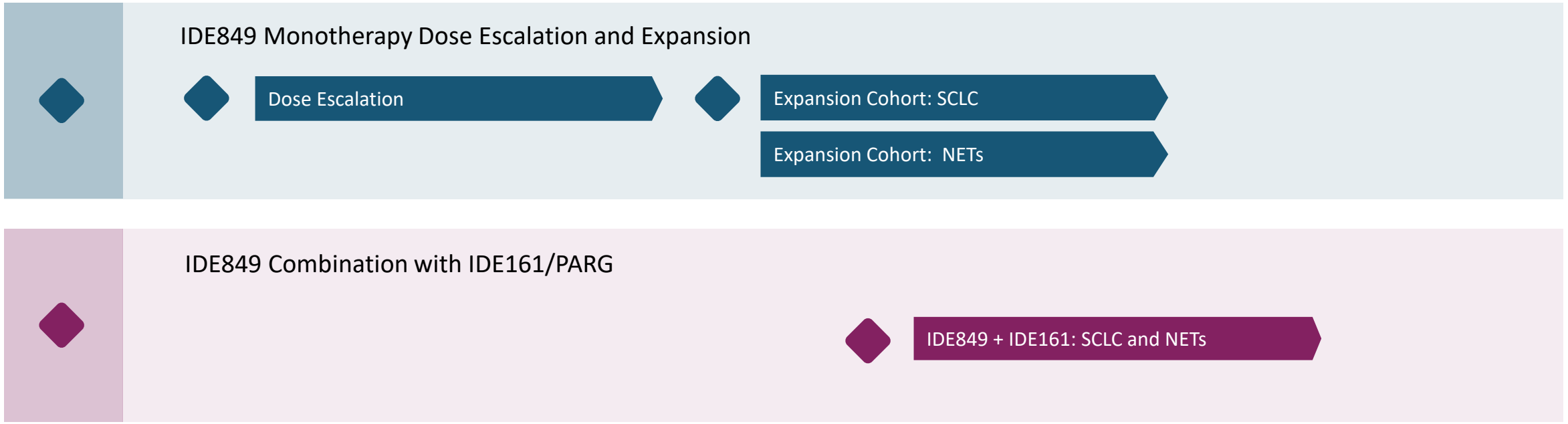


	Total (≥2.4 mg/kg)	
	2L Setting (n=42)	All (n=86)
Events, n (%)	8 (19.0%)	22 (25.6%)
Median (95% CI), months	NR (4.4-NR)	6.7 (4.4-NR)
3-month rate, % (95% CI)	93.3% (75.2-98.3)	83.3% (71.0-90.7)
6-month rate, % (95% CI)	59.0% (31.2-78.8)	55.3% (37.8-69.7)

PFS, progression-free survival; NR, not reached.

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

IDEAYA Clinical Development Plan



Preliminary Clinical Strategy:

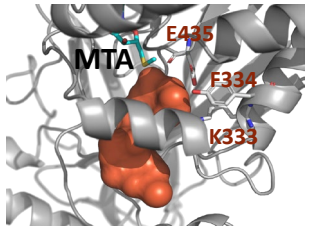
- Potential monotherapy path in 2L plus SCLC
- Evaluate clinical combinations, including with SOC, in 1L SCLC
- Evaluate NETs as monotherapy, including potential basket trial
- Target to enhance durability with IDE849 + IDE161/PARG combo

SOC = Standard of Care
Source: Hengrui Pharma

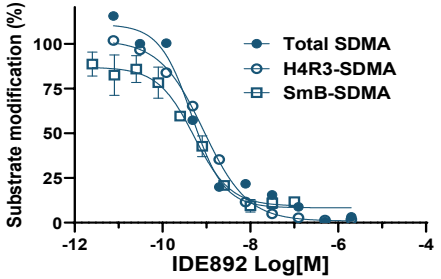
Development Candidates: IDE892 and IDE034 INDs Cleared with IND for IDE574 Targeted in Q4'25

IDE892: PRMT5i^{MTA}

MTA-templated target binding

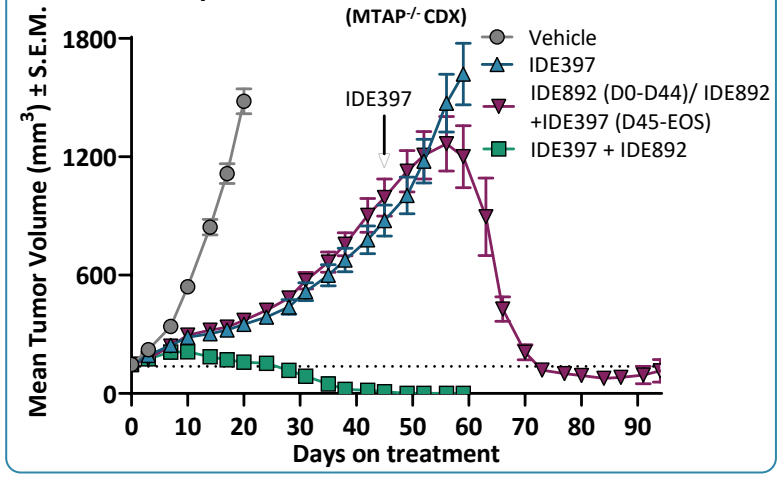


Robust pathway modulation



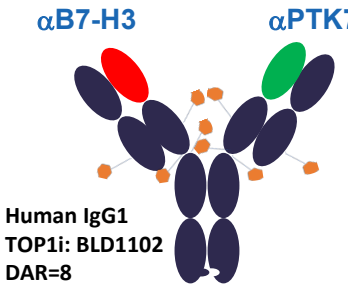
Exceptional IDE397 combination benefit

(MTAP$^{-/-}$ CDX)



Wholly-owned MAT2a/PRMT5 combination for MTAP-deletion

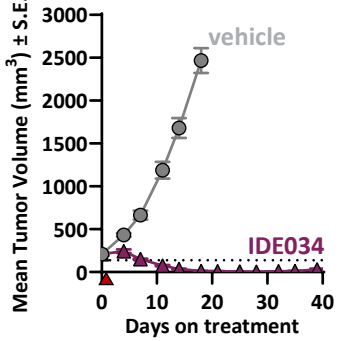
IDE034: B7H3/PTK7 Bispecific ADC



- Enhanced tumor versus normal cell binding
- Enhanced internalization efficiency
- Substantial double-positive disease population[1]

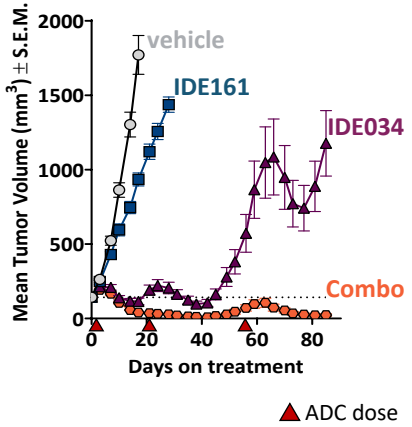
Monotherapy regressions

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



IDE161 combination benefit

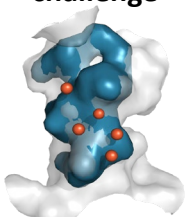
(B7H3^{low}/PTK7^{high} CDX)



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

IDE574: Dual KAT6/KAT7 Inhibitor

Dual potency design challenge



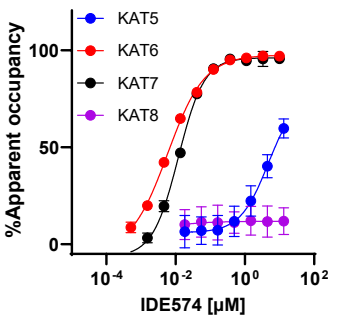
KAT7 pocket (270 Å^3)

KAT6 pocket (614 Å^3)

Residue differences

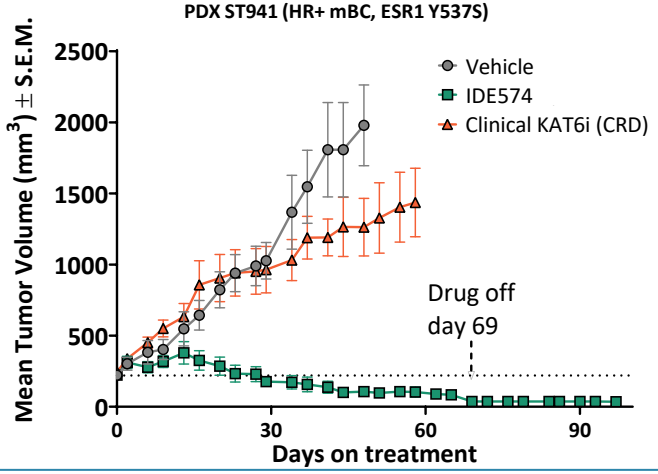
Strong and selective cellular target binding by IDE574

(BRET assay)



Durable anti-tumor activity

PDX ST941 (HR+ mBC, ESR1 Y537S)



Potent pathway modulation delivers broad opportunity to drug lineage-addiction

[1] IDEAYA analysis of Human Protein Atlas: lung (29.8%), colorectal/bowel (45.9%), HNSCC (27.1%), ovarian (23.1%); SM = small molecule; CRD = clinically relevant dose

Building a Fully-Integrated Biotech in Precision Medicine Oncology

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

CLINICAL PROGRAMS	DEVELOPMENT CANDIDATES	PRECLINICAL PROGRAMS
Ph 2/3 – Darovasertib (PKC) [1,2] Ph 2 – IDE397 (MAT2A) [1] Ph 1 – IDE849 (DLL3 ADC) [3] Ph 1 – IDE161 (PARG) [1] Ph 1 – IDE892 (PRMT5) Ph 1 – IDE034 (B7H3/PTK7 [4]) Ph 1 – IDE275 (Werner Helicase)* Ph 1 – IDE705 (Pol Theta Helicase)*	IDE574 (KAT6/7) – Targeting IND Q4'25	Multiple Potential First-in-Class Programs Advancing
8 Clinical Programs	Targeting 1 IND Filing	

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 (Ph 1), IDE161 (Ph 1), IDE705 (Ph 1), IDE892 (IND-enabling), IDE034 (IND-enabling), and IDE574 (IND-enabling)

Strong Balance Sheet with ~$1.1B[6] with cash runway into 2030

Pharma Collaborations including Pfizer, Gilead, Hengrui, and Servier[2]

(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) IDE034: B7H3/PTK7 Top1i Bispecific ADC development candidate. Exclusive worldwide licensing and option agreement with Biocytogen
(5) Includes aggregate of approximately $1.14 billion of cash, cash equivalents and marketable securities as of September 30, 2025
*Will evaluate strategic options for these programs in 2026