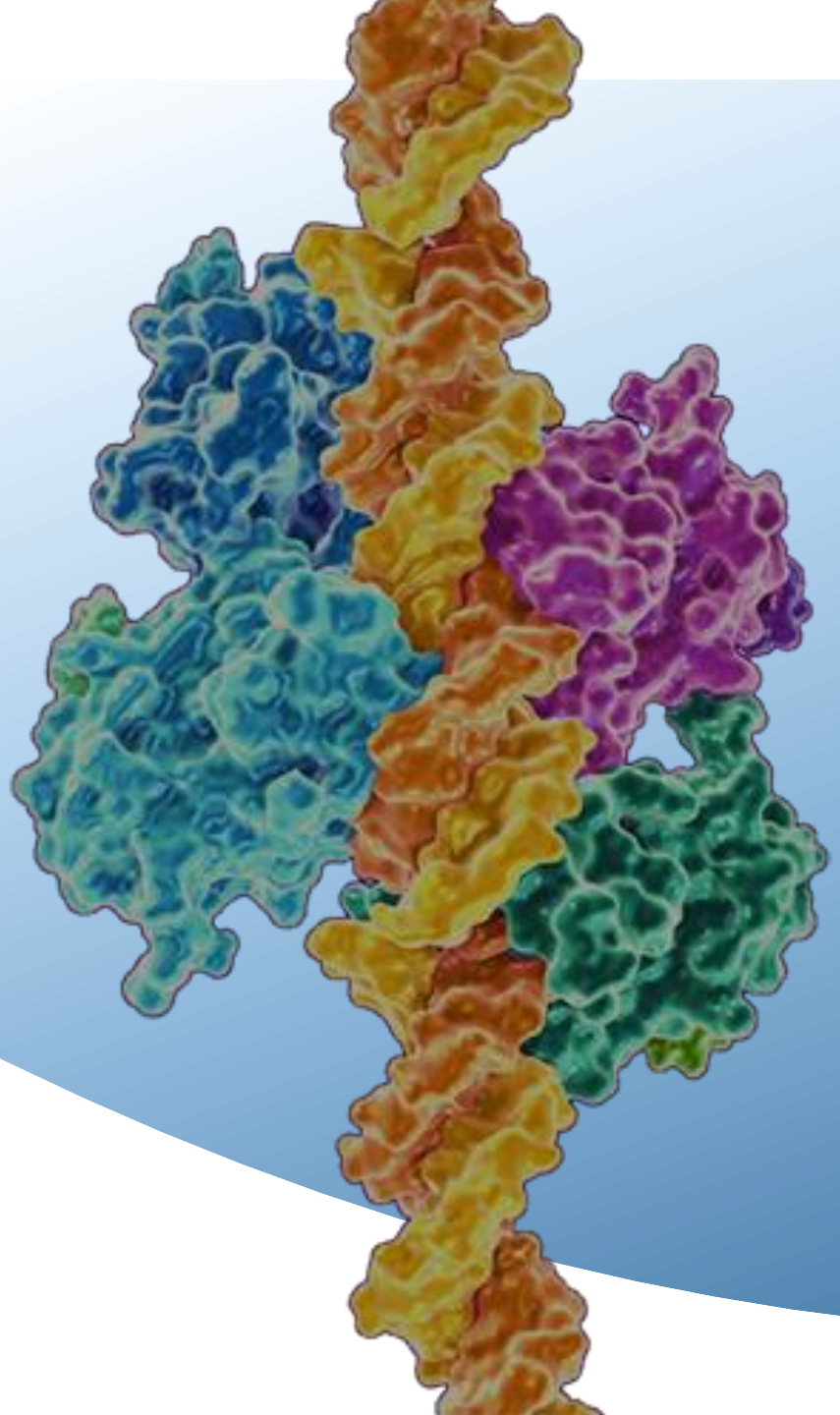

PMV Pharmaceuticals

March 2026

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PMV Pharma is Harnessing the Power of p53 to Treat Cancer

PMV's lead candidate is rezatapopt, a first-in-class, investigational p53 Y220C reactivator

The p53 Y220C mutation, a previously undruggable target, is found in 2.9% of ovarian cancer and 1% of all solid tumors

Phase 1 PYNNACLE study has achieved proof of concept data for rezatapopt and was recently published in The New England Journal of Medicine

Pivotal Phase 2 PYNNACLE study interim clinical data demonstrates favorable efficacy and safety across multiple tumor types

NDA submission planned in 1Q2027 in platinum-resistant/refractory ovarian cancer patients

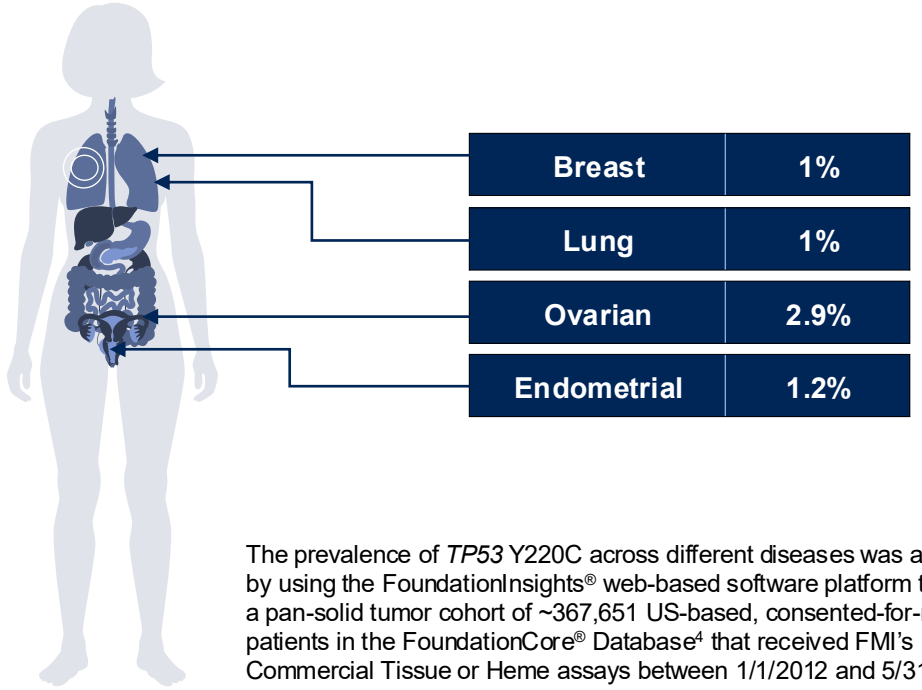
Strong balance sheet with $112.9 M as of December 31, 2025, with cash runway through 2Q2027

Rezatapopt Targets TP53 Y220C Hotspot Mutation Detected Across Solid Tumors

- *TP53* mutations are the most common genomic alterations across all human cancers[1]
- Most *TP53* mutations occur in the central DNA-binding domain and ten of them are referred to as 'hot-spot' mutations, accounting for ~30% of the *TP53* mutations observed in human cancer[1–2]
- p53 Y220C is a key hot-spot *TP53* missense mutation that destabilizes p53[1,3]
- **p53 Y220C present in ~1% of solid tumors[4]**
- **Addressable 2L+ U.S. & EU4/UK patients ~12K[4,5]**

Frequency of *TP53 Y220C* Across Common Solid Tumors

Foundation Medicine Tissue and Heme assay test results collected between 1/1/2012 and 5/31/2024



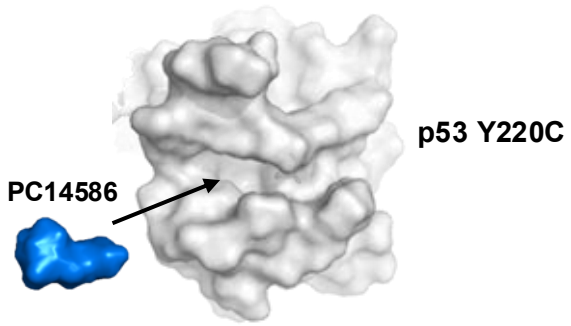
The prevalence of *TP53* Y220C across different diseases was analyzed by using the FoundationInsights® web-based software platform to query a pan-solid tumor cohort of ~367,651 US-based, consented-for-research patients in the FoundationCore® Database[4] that received FMI's Commercial Tissue or Heme assays between 1/1/2012 and 5/31/2024.

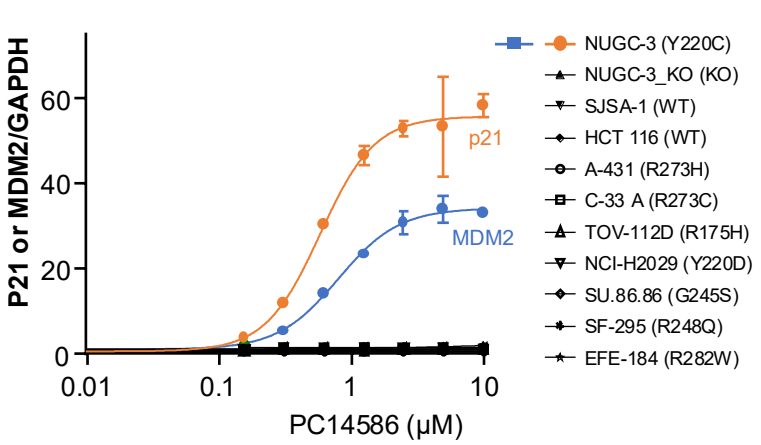
Deoxyribonucleic acid. [1] Baugh EH, et al. *Cell Death Differ*. 2018;25,154–160. [2] Roszkowska KA, et al. *Int J Mol Sci*. 2020;21:1334. [3] Bouaoun L, et al. *Hum Mutat*. 2016;37:865–876. [4] Foundation Insights, Schram *et al.* AACR-NCI-EORTC Conference 2023. [5] DRG Epidemiology Estimates 2028.

Rezatapopt is a p53 Y220C-Selective First-in-Class p53 Reactivator

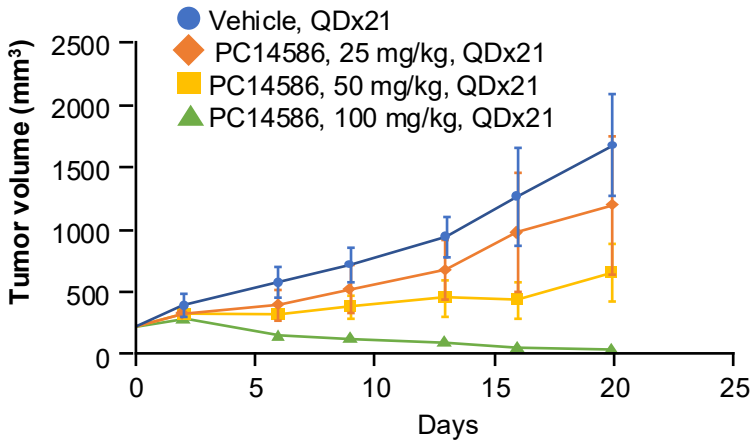
- Orally available small molecule designed to selectively bind to the pocket contained in the p53 Y220C mutant protein[1]
- Stabilizes the p53 Y220C mutant protein in the wild-type p53 conformation, thereby restoring transcription and tumor-suppressor function[1]
- Inhibits proliferation across all Y220C-expressing cell lines

Stabilizes p53 Y220C mutant in the WT p53 conformation → **p53 transcriptional activity restored** → **Tumor regression *in vivo***





PC14586 = rezatapopt



NUGC-3 model

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MDM2, mouse double minute 2 homolog; KO, knockout; WT, wild-type. [1]Dumble M, et al. *Cancer Res*. 2021;81(13_Suppl):Abstract LB006.
NUGC-3: gastric cancer cell line

Compelling Rezatapopt Monotherapy Phase 2 Interim Data

Across All Cohorts:

- Encouraging efficacy in heavily pre-treated patients with a *TP53* Y220C mutation with poor prognoses[1]
- Promising rate of tumor responses observed across multiple tumor types
  - ORR: 34%
  - Median duration of response: 7.6 months
- Differentiated safety and tolerability profile compared to standard of care

Ovarian Cancer:

- Significant unmet medical need
- Strong response rate and benefit
  - ORR: 46%
  - Median duration of response: 8.0 months
- Initial registrational opportunity in platinum-resistant or refractory ovarian cancer (PROC) informed by FDA feedback

- *TP53* Y220C mutation leads to a worse prognosis[1]
- Emerging clinical data supports rezatapopt as an effective, well-tolerated, oral option
- Opportunity to deliver a novel, biomarker-selected chemo-alternative

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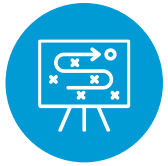
[1] Natural history study (PMV data on file); ORR, overall response rate; FDA, Food and Drug Administration

Overview of PYNNACLE Phase 2 Interim Data

Overall results across all cohorts

Ovarian cohort results



NDA submission strategy

Looking ahead

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PYNNACLE Phase 2 Study Design

Ongoing Phase 2 study actively enrolling patients across ~70 sites globally

Patient Population

- Aged ≥ 12 years
- Locally advanced or metastatic solid tumors, excluding primary CNS tumors
- Documented *TP53* Y220C and *KRAS* WT only
- Prior standard therapy or ineligible for appropriate standard of care therapy

Basket
N = ~200

Rezatapopt at 2000mg QD

Cohorts

- Cohort 1: Ovarian cancer
- Cohort 2: Lung cancer
- Cohort 3: Breast cancer
- Cohort 4: Endometrial cancer
- Cohort 5: All other solid tumors

Primary endpoint:

ORR per BICR

- Across all cohorts
- Ovarian cancer cohort

Accelerating development in key tumor types via a streamlined single-arm pivotal study design

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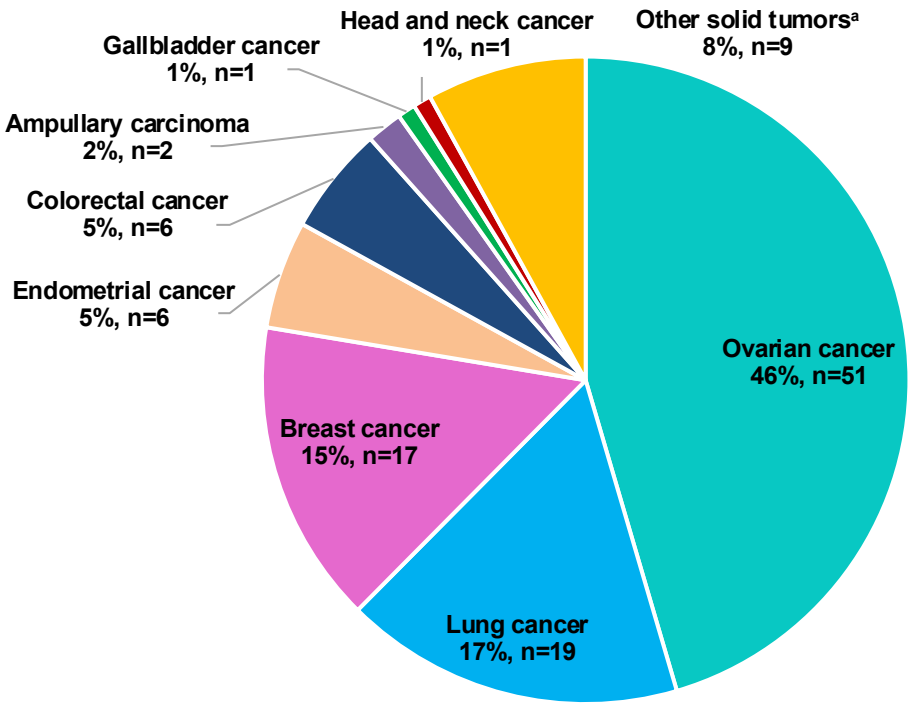
WT, wild type; ORR, overall response rate; BICR, blinded independent central review

Demographics and Baseline Characteristics (All Cohorts)

Heavily pre-treated patients across broad spectrum of tumor types

	Total N=112
Age (years)	Median 65
Sex	Female 73%, Male 27%
ECOG PS	0: 44%, 1: 56%
Prior line of systemic therapy	Median of 3 prior lines (range 1-10) 3 or more prior lines 64%
TP53 Y220C mutation status	100%
KRAS status	Wild type 100%

Cancer Type



Data Cutoff 04Sep2025

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[a] Includes 2 gastric cancer, 2 sarcoma, 1 small intestine cancer, 1 HCC, 1 pancreatic cancer, 1 thymic carcinoma and 1 esophagus carcinoma; ECOG PS, Eastern Cooperative Oncology Group Performance Status

Demographics and Baseline Characteristics (Ovarian Cancer)

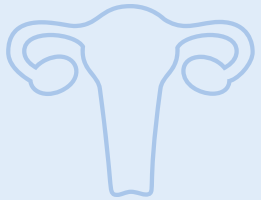
Heavily pre-treated population with poor prognostic features

	n=51
Age (years)	Median 67
ECOG Performance Status	0: 47%, 1: 51%
Prior lines of systemic therapy	Median 4 prior lines (range 1-10) 3 or more prior lines: 73%
Prior therapies	Platinum-based tx: 100% Bevacizumab: 78% PARP inhibitors: 59%
Platinum status at study entry	Platinum-resistant: 59% Platinum-refractory: 35%* Platinum-sensitive 6%
Histology	High grade serous: 96%
Somatic BRCA1/2 mutation	BRCA1: 8%, BRCA2: 4%

* Including 14% (n=7) primary platinum-refractory

Data Cutoff 04Sep2025

Heavily pre-treated patients:



- **94%** platinum-resistant or refractory
- **78%** received prior bevacizumab
- **73%** with three or more prior lines of therapy

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ECOG, Eastern Cooperative Oncology Group

Responses Observed Across All Cohorts in Eight Tumor Types

TP53 Y220C / KRAS WT Efficacy Population [a] (n=103)

Across All Cohorts	ORR n (%)
ORR per Investigator assessment	**35 (34%)**
Confirmed Complete Response (CR)	1
Confirmed Partial Response (PR)	29
Unconfirmed Partial Response (uPR)	5

Post-data cutoff:

- **Across all cohorts:** All 5 uPR patients converted to confirmed PRs, including 1 lung cancer and 4 ovarian cancer patients.
- **Ovarian cancer cohort**: ORR reached 50% (24/48) following 2 additional responses, comprising 1 confirmed CR, 22 confirmed PRs and 1 uPR pending confirmation.

By Cohort	ORR n (%)
Ovarian	22/48 (46%)
Platinum Resistant/Refractory	21/45 (47%)
Platinum Sensitive	1/3 (33%)
Breast	2/12 (17%)
Lung	4/19 (21%)
Endometrial	3/5 (60%)
Other Solid Tumors	4/19 (21%)

Data Cutoff 04Sep2025

Overall
34% Overall ORR
7.6 months median Duration of Response [b]

Ovarian Cancer
46% ORR
8.0 months median Duration of Response [b]

[a] Patients with the opportunity to reach first post-baseline scan. Patients discontinuing before the first post-baseline scan are included in the efficacy population.
[b] Duration of Response accounts only for confirmed responses.

ORR, overall response rate; WT, wild type

Consistent ~40-50% Response Rates Across Key Ovarian Subgroups

	Total ovarian cancer cohort n=48	Platinum resistant n=27	Platinum refractory[b] n=18	Prior bevacizumab[c] n=37	Prior PARP inhibitor n=29	FRα positive[d] n=21	FRα negative[d] n=20
ORR[a] %	**46**	**48**	**44[e]**	**46**	**52**	**48**	**40**
CR	1 (2%)	-	-	1 (3%)	1 (3%)	-	-
PR	18 (38%)	12 (44%)	6 (33%)	14 (38%)	13 (45%)	9 (43%)	6 (30%)
uPR	3 (6%)	1 (4%)	2 (11%)	2 (5%)	1 (3%)	1 (5%)	2 (10%)

Data Cutoff 04Sep2025

Post-data cutoff: Total ovarian cancer population: ORR reached 50% (24/48) following 2 additional responses, comprising 1 confirmed CR, 22 confirmed PRs and 1 uPR pending confirmation.

- **46% ORR (95% CI: 31%-61%) in ovarian cancer cohort exceeding ORR for single agent non-platinum based chemotherapy**
- **Compelling efficacy observed regardless of prior treatment received in a heavily pretreated population**

a Patients with the opportunity to reach first post-baseline scan. Patients discontinuing before the first post-baseline scan are included in the efficacy-evaluable population. Investigator assessed ORR is calculated from confirmed CR, confirmed PR, and uPR.
b Platinum refractory: Defined as relapse during platinum therapy or within 1 month of the last dose of a platinum agent.
c Prior bevacizumab unless medically contraindicated.
d FRα positive: FRα expression in ≥75% of viable tumor cells and FRα negative: FRα expression in <75% of viable tumor cells.
e In the primary platinum-refractory population (n=7), three patients experienced a confirmed PR as of 4 Sept 2025.

ORR: Overall Response Rate

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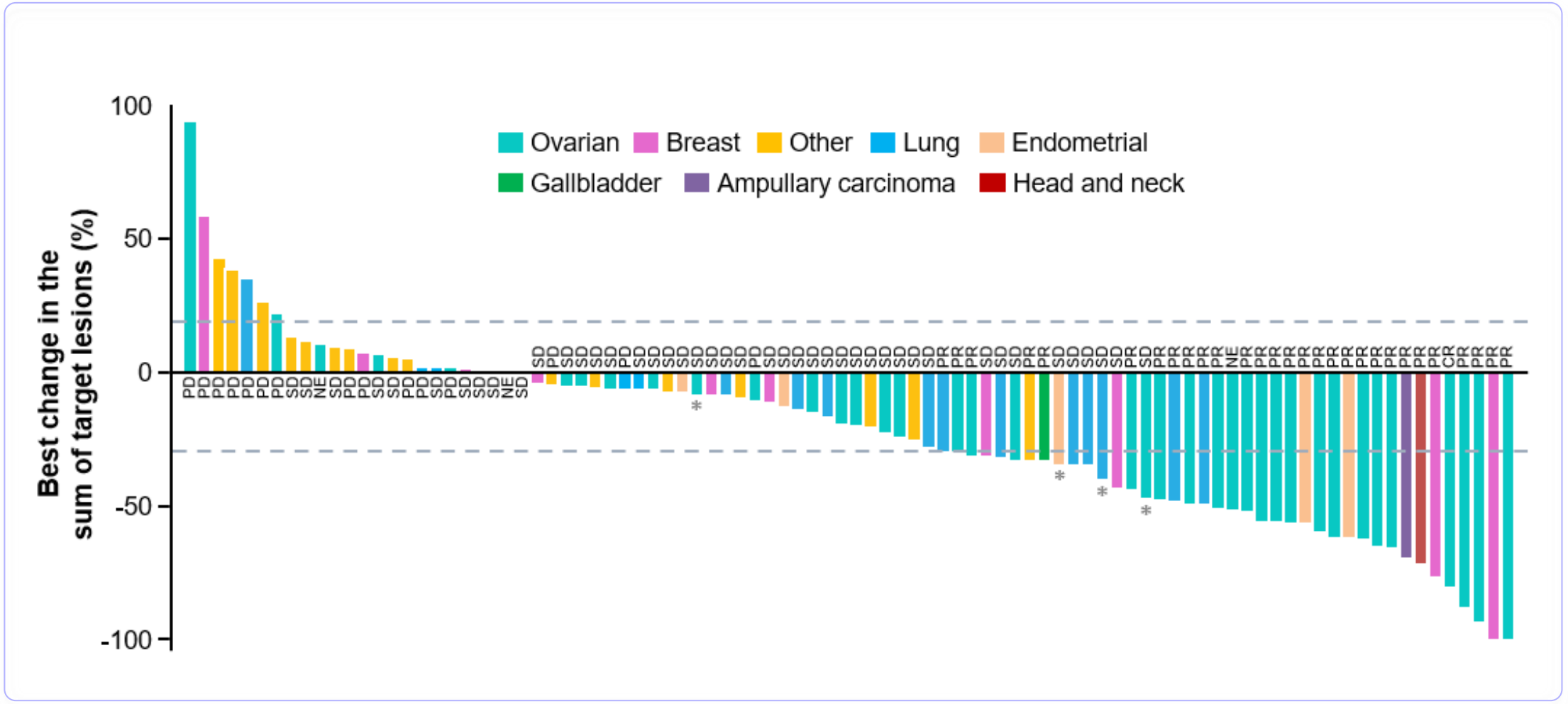
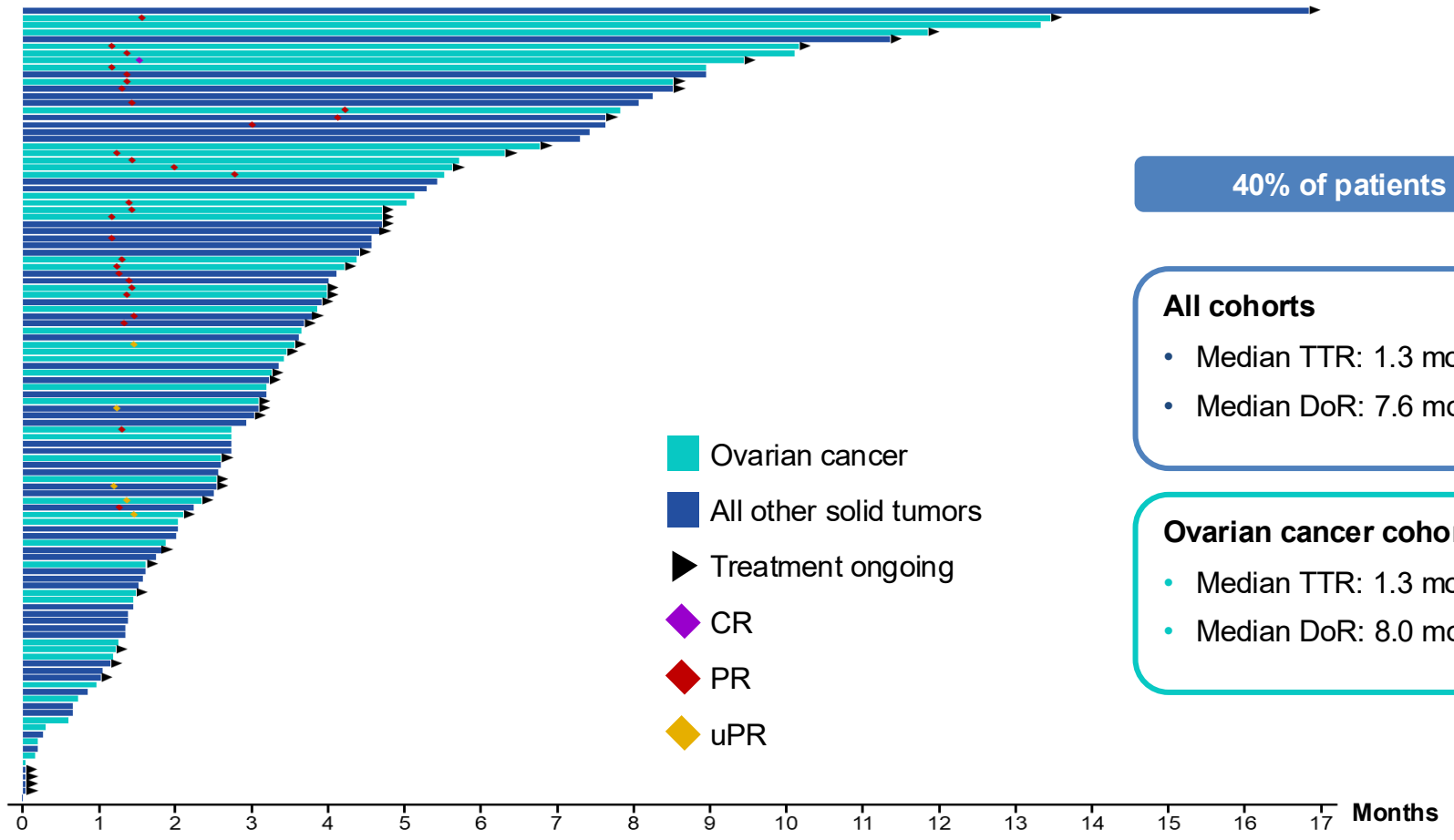
Target Lesion Reduction Observed in the Majority of Patients



Data Cutoff 04Sep2025

Including patients (n=92) with a post-baseline tumor assessment. Best overall responses are noted in the figure (* = uPR).
At the time of data extraction, an additional uPR was recorded without tumor measurements reported as of yet.
CR, complete response; NE, non-evaluable; PD, progressive disease; PR, partial response; SD, stable disease; uPR, unconfirmed partial response.

Rapid Time to Response and Long Duration of Treatment



40% of patients remain on treatment

All cohorts

- Median TTR: 1.3 months
- Median DoR: 7.6 months

Ovarian cancer cohort

- Median TTR: 1.3 months
- Median DoR: 8.0 months

Data Cutoff 04Sep2025

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CR, complete response; DoR, duration of response; PR, partial response; TTR, time to response; uPR, unconfirmed partial response

Favorable Safety and Tolerability

All TRAEs (≥ 10% of Patients) Preferred Term, n (%)	Overall N = 112	Grade 1	Grade 2	Grade 3	Grade 4
Nausea	38 (34)	24 (21)	13 (12)	1 (1)	-
Fatigue	26 (23)	11 (10)	13 (12)	2 (2)	-
Blood creatinine increased	22 (20)	5 (4)	16 (14)	1 (1)	-
Alanine aminotransferase increased	20 (18)	8 (7)	5 (4)	6 (5)	1 (1)
Aspartate aminotransferase increased	16 (14)	6 (5)	3 (3)	7 (6)	-
Anemia	16 (14)	5 (4)	6 (5)	5 (4)	-
Decreased appetite	14 (13)	11 (10)	3 (3)	-	-
Vomiting	13 (12)	7 (6)	6 (5)	-	-

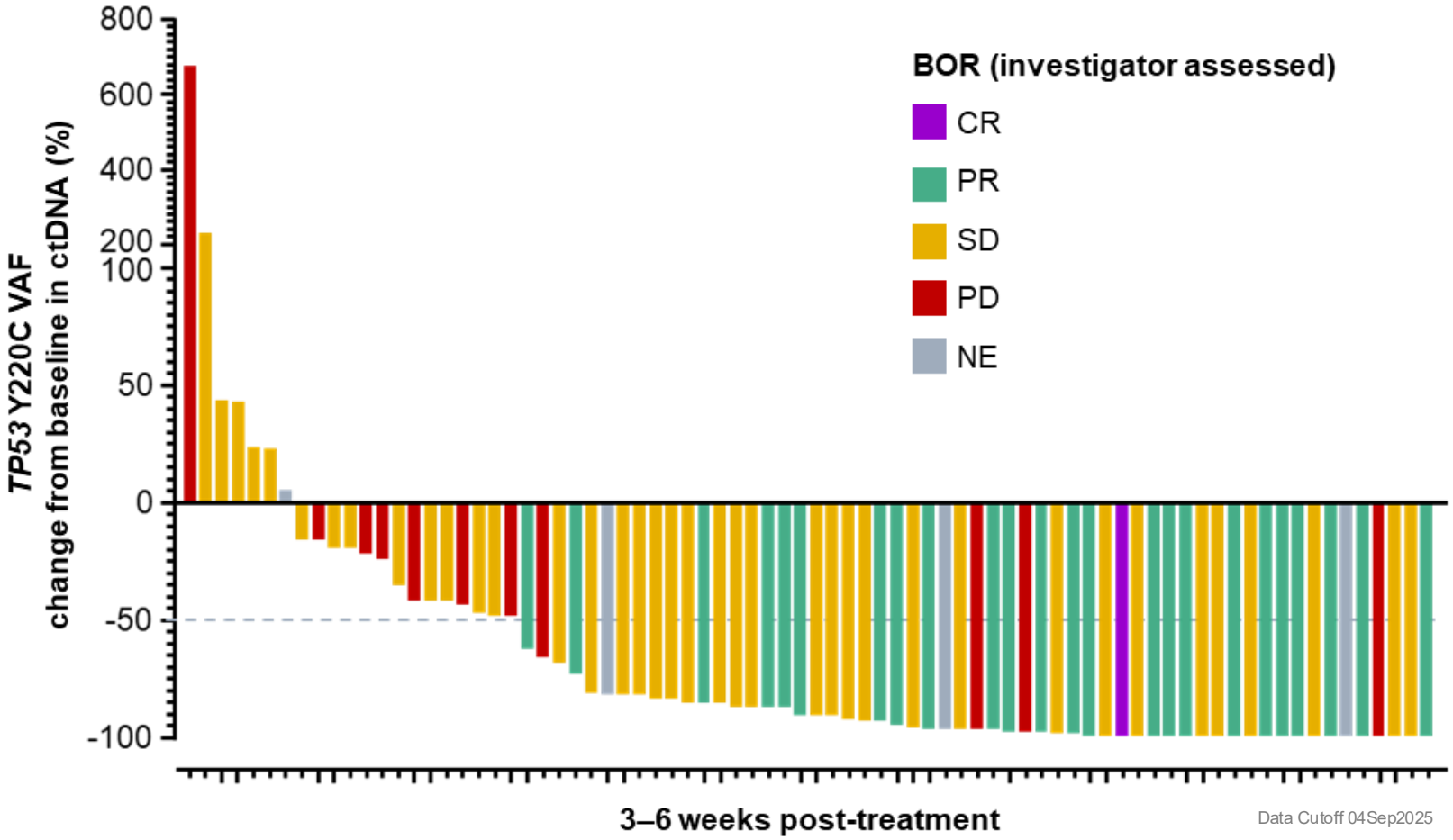
Data Cutoff 04Sep2025

- TRAEs were mostly Grade 1/2
- Most frequent TRAEs: Nausea, fatigue, blood creatinine increased, ALT increased
- Laboratory abnormalities were manageable / monitorable with most cases being transient and reversible
- Four patients (4%) discontinued treatment due to TRAEs
- Administration of rezatapopt with food decreased incidence of gastrointestinal TRAEs compared with Phase 1[1,2]

ALT, alanine aminotransferase; AST, aspartate aminotransferase; CTCAE, Common Terminology Criteria for Adverse Events; TRAE, treatment-related adverse event.

1. Kuo H-CD, et al. Clinical Pharmacology (ACCP) 2024; Poster presentation 044;
2. Schram AM, et al. Annual Meeting on Women's Cancer (SGO). 2024; Oral presentation (abstract LBA 26).

On Target Activity Supported by Significant Decreases in ctDNA TP53 Y220C Mutation VAF



- 78 patients, including 35 ovarian cancer patients, had ctDNA TP53 Y220C VAF data available at baseline and on treatment (3–6 weeks)
- All patients experiencing a response had a reduction in TP53 Y220C VAF
- 91% had a reduction in TP53 Y220C VAF
  - 73% had a reduction of ≥50%

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BOR, best overall response; CR, complete response; ctDNA, circulating tumor DNA; NE, non-evaluable; PD, progressive disease; PR, partial response; SD, stable disease; VAF, variant allele frequency.

Ovarian Cancer as Lead Indication Informed by FDA Feedback

Targeting 1Q2027 NDA submission seeking accelerated approval

Orphan Drug Designation granted for rezatapopt in TP53 Y220C ovarian cancer

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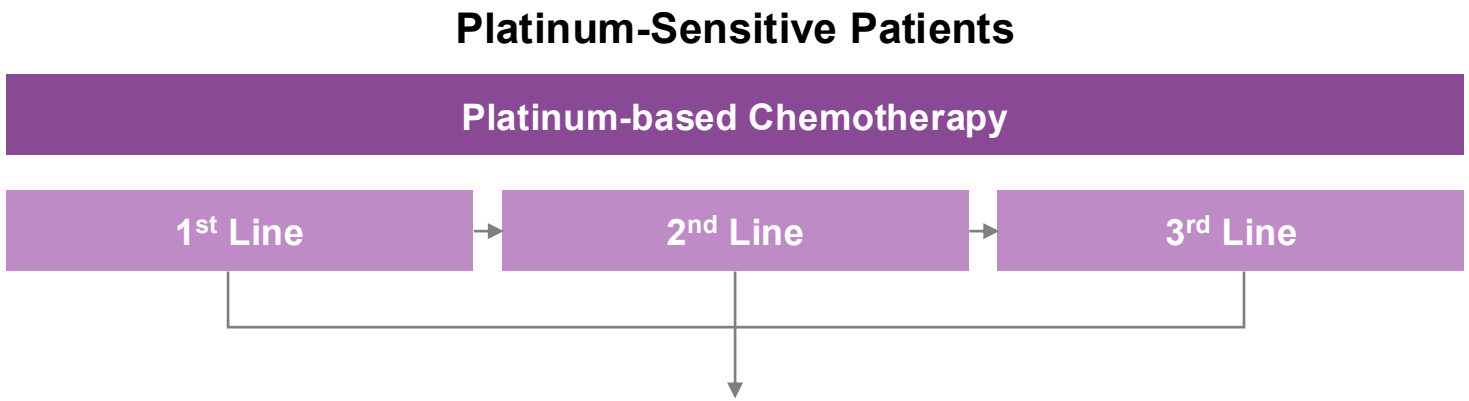
FDA, Food and Drug Administration; NDA, New Drug Application; PROC, platinum-resistant/refractory ovarian cancer; SoC, standard of care

Rezatapopt Well-Positioned for Success in Ovarian Cancer and Beyond



Platinum-Resistant Patients

- Non-platinum-based Chemotherapy +/- bevacizumab
- Mirvetuximab (FR-alpha+)
- Trastuzumab deruxtecan (T-DXd) (HER2+)
- Pembrolizumab + paclitaxel +/- bevacizumab (PD-L1+)

Limitation of approved options:

- Inconvenient IV administration
- AEs requiring invasive monitoring
- Chemotherapy offers limited efficacy

Rezatapopt offers:

- Biomarker-directed approach
- Competitive and differentiated profile vs. other emerging therapies
- Convenient oral administration
- Common AEs are manageable

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AEs, adverse events

TP53 Y220C Mutation is Broadly Identifiable on Existing NGS Panels

- Molecular testing is now recommended by NCCN and ESMO across many cancer types including ovarian cancer, breast cancer, NSCLC, endometrial and others
- Reimbursement of NGS testing is widely covered by Medicare and private insurance for qualifying patients

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NGS, next-generation sequencing; NCCN, National Comprehensive Cancer Network; ESMO, European Society for Medical Oncology; NSCLC, non-small cell lung cancer

TP53 Y220C 2L+ Ovarian Cancer Offers Meaningful Market Potential

Total 2L+ *TP53* Y220C Ovarian Cancer

~1,700

Addressable 2L+
U.S. & EU4/UK Patients[1]

~$350 - 420M

U.S. Market
Potential[2]

~$520 - 630M

Global Market
Potential[3]

- **Ovarian cancer patient population will be pursued as initial NDA submission**
- **Label expansion potential in other tumors**

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[1] Addressable patients estimated based on DRG drug-treated patients 2028. [2] Assumes net monthly pricing with 15% net discount, price range of $45 - $55K per month based on analog pricing.[3] Assume 1.5X U.S. potential; NDA, New Drug Application

Future Opportunities to Grow Rezatapopt Beyond Ovarian Cancer

Monotherapy

Endometrial

- Monotherapy data continues to be generated in Phase 2 PYNNACLE
- 2L+ endometrial cancer has the potential to add ~350 patients in U.S. and EU4/UK

Breast

- Monotherapy data continues to be generated in Phase 2 PYNNACLE
- 2L+ Breast cancer has the potential to add ~2,000 patients in U.S. and EU4/UK

Combination

Solid Tumors

- Bevacizumab (PSOC)
- KRAS inhibitors (NSCLC, Pancreatic, CRC)

Hematologic

- R/R AML/MDS in combination with azacitidine (ongoing IIT)
- Newly diagnosed AML/MDS in combination with azacitidine and venetoclax

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NSCLC, non-small cell lung cancer; CRC, colorectal cancer; PSOC, platinum-sensitive ovarian cancer; AML, acute myeloid leukemia; MDS, myelodysplastic syndrome; IIT, investigator-initiated trial

Compelling Efficacy and Defined Registrational Path for Rezatapopt

In the Phase 2 PYNNACLE trial interim data, rezatapopt demonstrated an ORR of 46% in ovarian cancer with a median DoR of 8.0 months

NDA submission planned in 1Q2027 in platinum-resistant/refractory ovarian cancer patients

Strong balance sheet with $112.9 M as of December 31, 2025, with cash runway through 2Q2027

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ORR, overall response rate; DoR, duration of response; NDA, New Drug Application