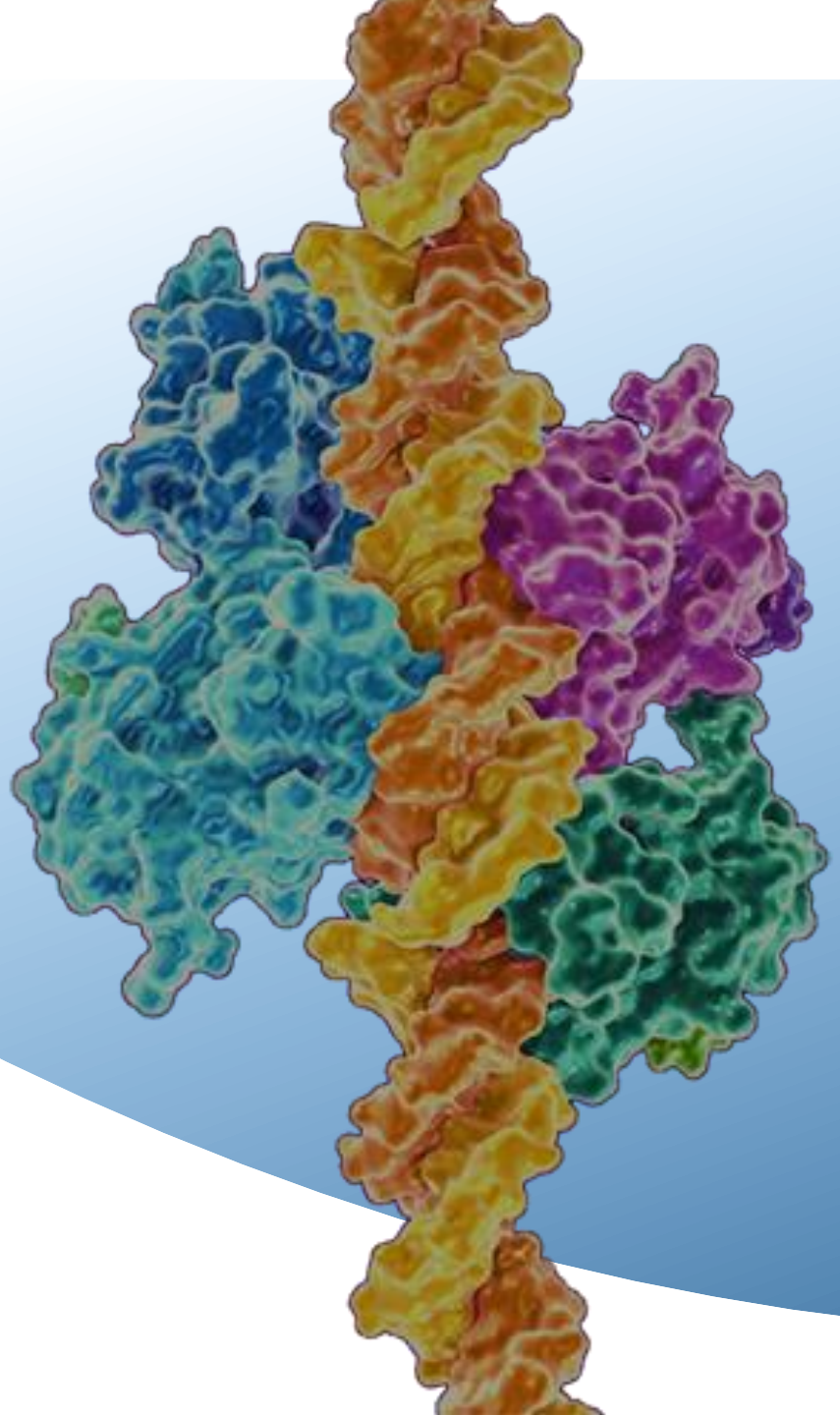

PMV Pharmaceuticals

May 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 3.1% 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

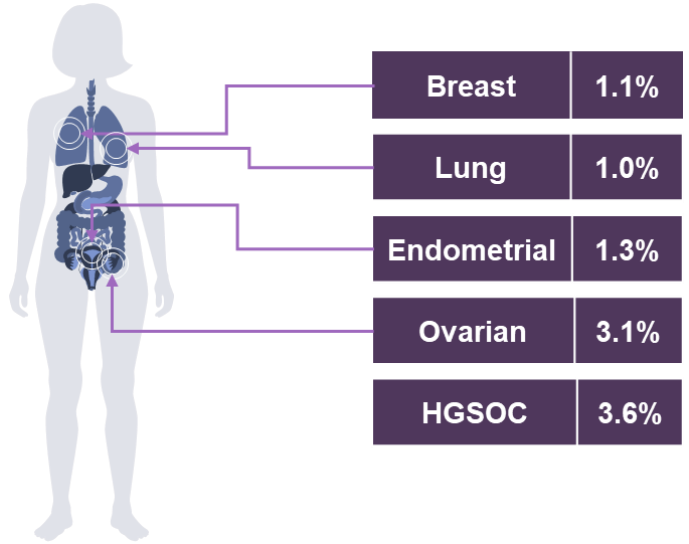
NDA submission planned in 1Q2027 in platinum-resistant/refractory ovarian cancer patients

Strong balance sheet with $93.5M as of March 31, 2026, 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 the *TP53* Y220C mutation varies across solid tumors[4]



The prevalence of *TP53* and *TP53 Y220C* mutations were assessed in a cancer tumor cohort of 802,211 US-based, consented-for-research patients using FoundationInsights™ (March 2026)[4]

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] FoundationInsights™. A proprietary database used under license with review and approval from Foundation Medicine®. Available at: https://www.foundationmedicine.com/service/genomic-data-solutions. Accessed March 2026, [5] DRG Epidemiology Estimates 2028.

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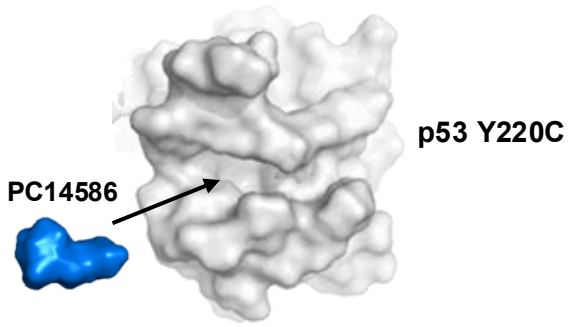
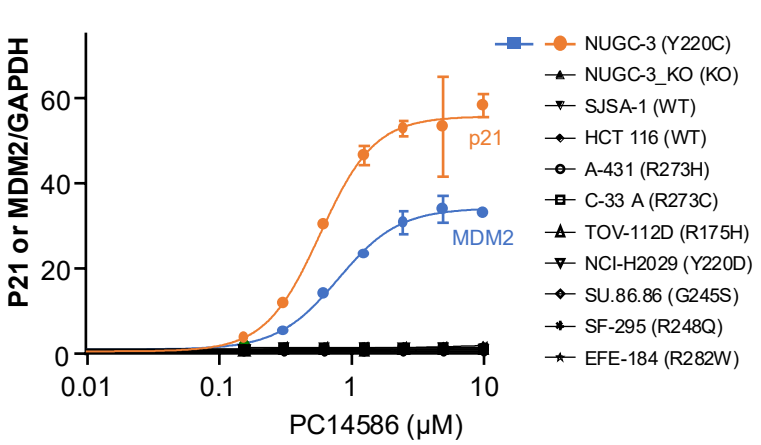
Rezatapopt is a p53 Y220C-Selective First-in-Class p53 Reactivator

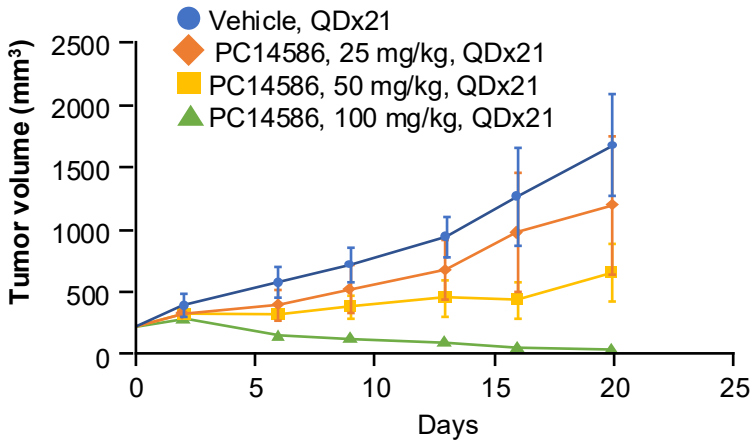
- Orally available small molecule designed to selectively bind to the pocket contained in the p53 Y220C mutant protein[1]
- Stabilizes the p53 Y220C mutant protein in the wild-type p53 conformation, thereby restoring transcription and tumor-suppressor function[1]
- Inhibits proliferation across all Y220C-expressing 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: 44%
  - Median duration of response: 8.2 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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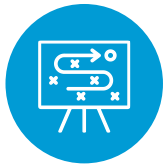
[1] Natural history study (PMV data on file); ORR, overall response rate; FDA, Food and Drug Administration

Overview of PYNNACLE Phase 2 Interim Data

Overall results across all cohorts

Updated Ovarian cohort results



NDA submission strategy

Looking ahead

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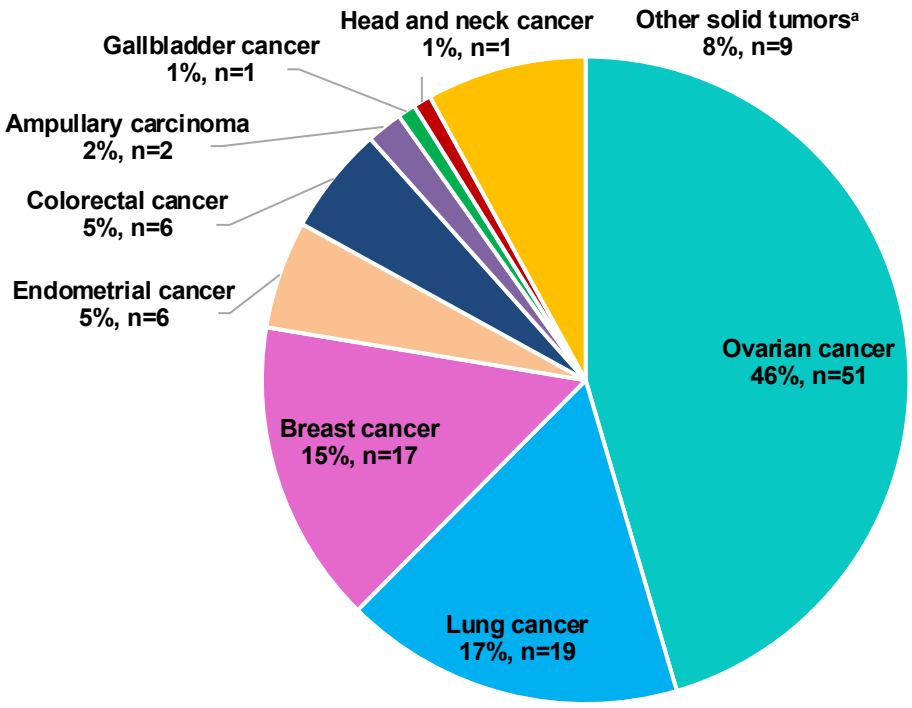
WT, wild type; ORR, overall response rate; BICR, blinded independent central review

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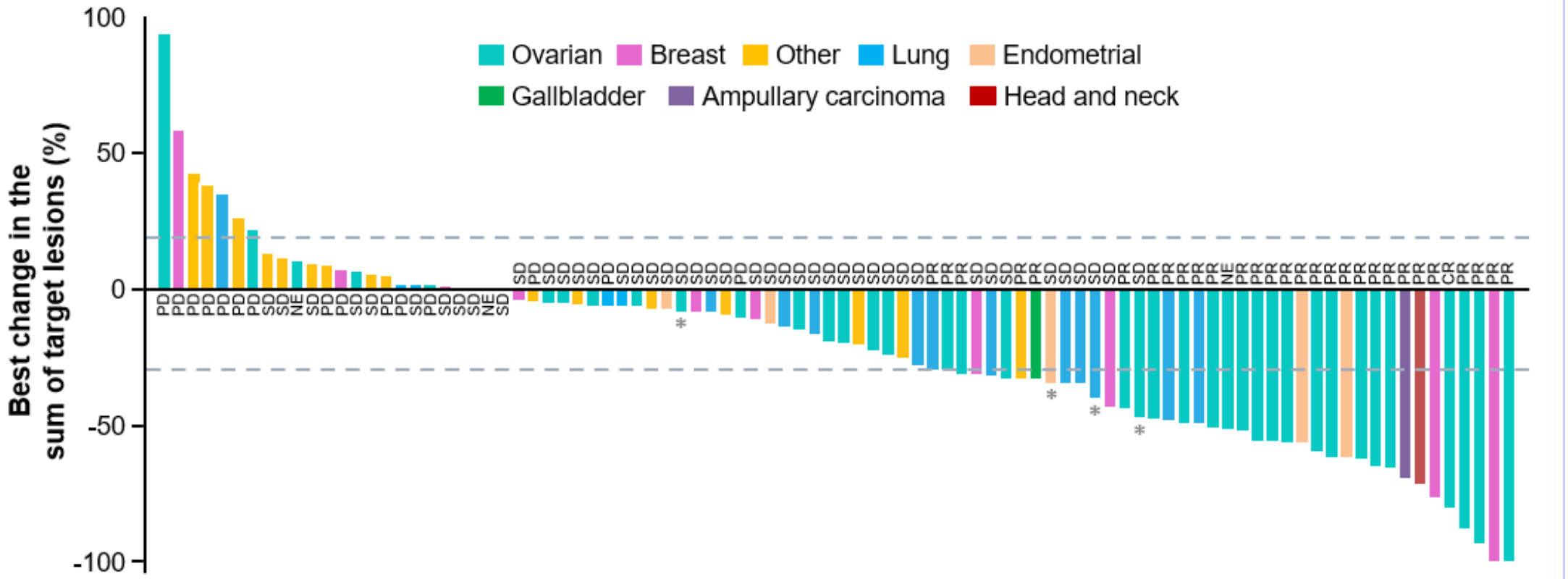
[a] Includes 2 gastric cancer, 2 sarcoma, 1 small intestine cancer, 1 HCC, 1 pancreatic cancer, 1 thymic carcinoma and 1 esophagus carcinoma; ECOG PS, Eastern Cooperative Oncology Group Performance Status

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.

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.

By Cohort	ORR n (%)
Ovarian	22/48 (46%)
Breast	2/12 (17%)
Lung	4/19 (21%)
Endometrial	3/5 (60%)
Other Solid Tumors	4/19 (21%)

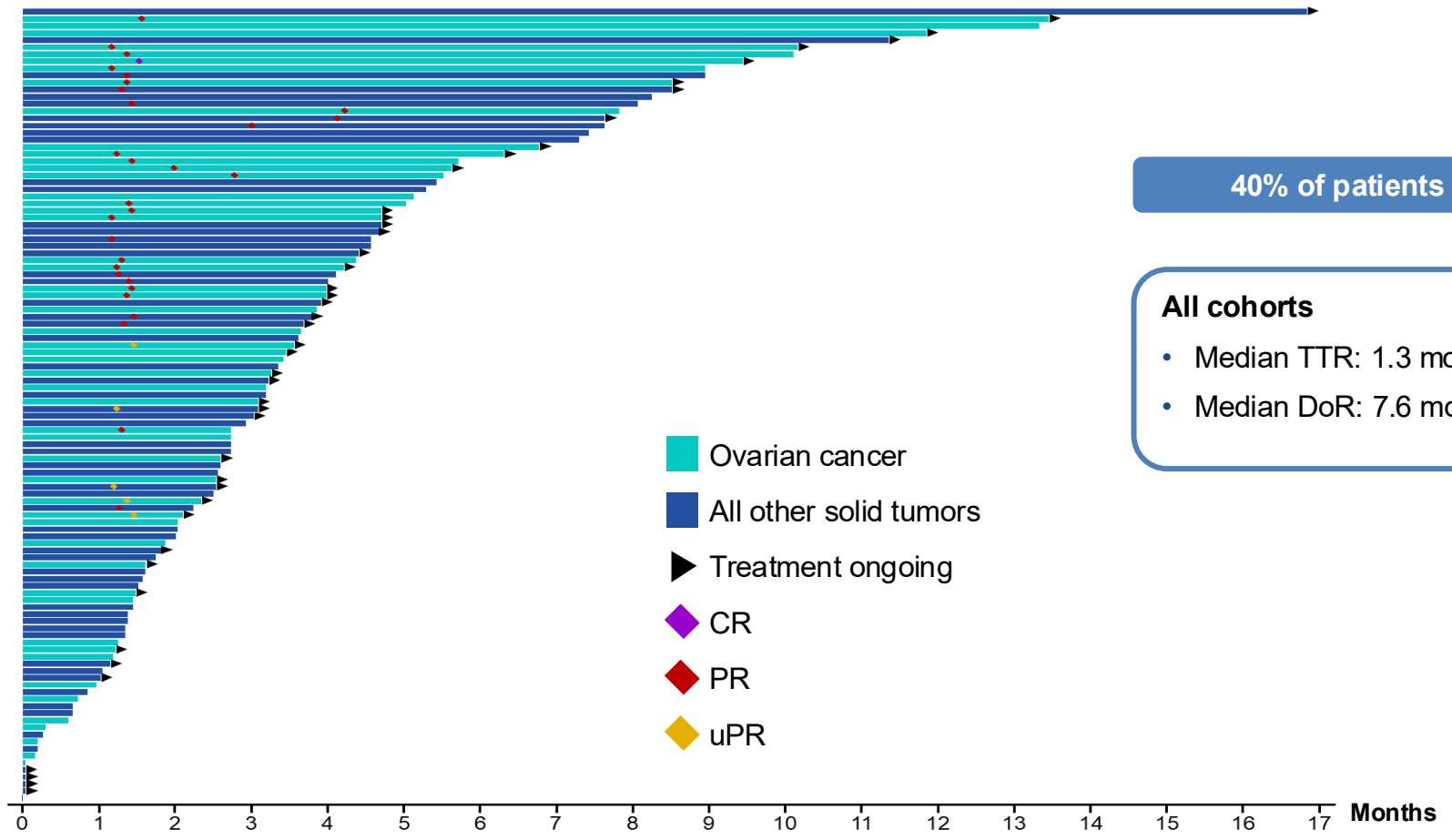
Data Cutoff 04Sep2025

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

[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

Rapid Time to Response and Long Duration of Treatment



40% of patients remain on treatment

All cohorts

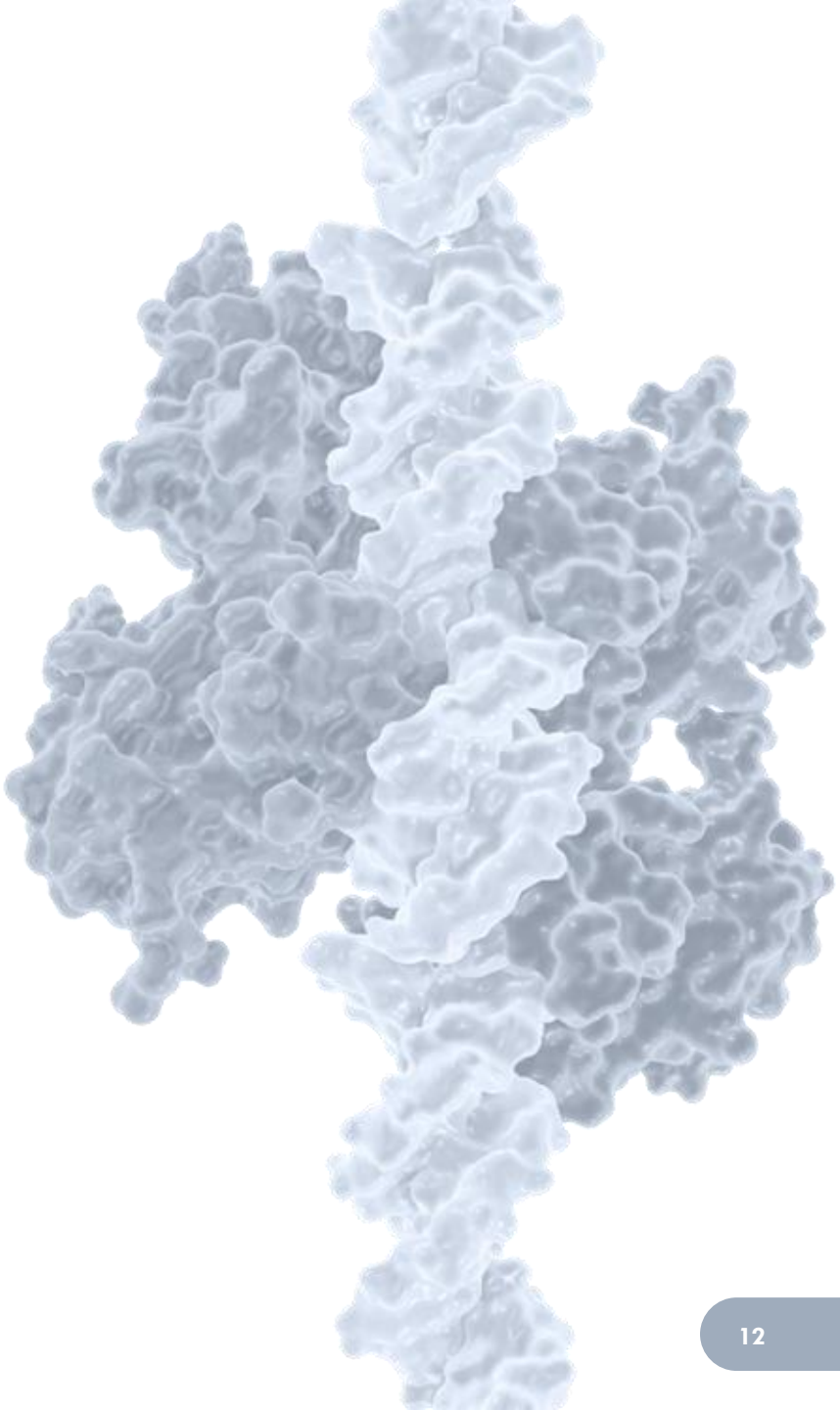
- Median TTR: 1.3 months
- Median DoR: 7.6 months

Data Cutoff 04Sep2025

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

Updated Ovarian Cancer Data

29 March 2026



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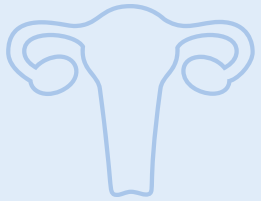
Demographics and Baseline Characteristics

Heavily pre-treated population with poor prognostic features

	Ovarian cancer cohort, n=76
Median age, years (min–max)	66 (46–91)
ECOG performance status, n (%)	
0 / 1	36 (47) / 40 (53)
Prior lines of systemic therapy, n (%)	
1 / 2	3 (4) / 14 (18)
3	16 (21)
≥4	43 (57)
Median (min–max)	4 (1–10)
Prior therapies, n (%)	
Bevacizumab	61 (80)
Platinum status, n (%)	
Sensitive	3 (4)
Resistant	46 (61)
Refractory	27 (36)
Primary platinum refractory	10 (13)
Histology, n (%)	
High grade serous	74 (97)
FRα status, n (%)	n=63
Positive / Negative	30 (48) / 33 (52)
***BRCA* mutation, n (%)**	7 (9)
Somatic *BRCA* 1/2 mutation	3 (4)
Germline *BRCA* 1/2 mutation	4 (5)
HRD status, n (%)	n=67
Positive / Negative	27 (40) / 40 (60)

Heavily pre-treated patients:



- **96%** platinum-resistant or refractory
- **80%** received prior bevacizumab
- **78%** with three or more prior lines of therapy

Data Cutoff 29Mar2026

ECOG, Eastern Cooperative Oncology Group

Rezatapopt Demonstrates Consistent ~42-53% ORR Across Key Ovarian Subgroups

	Ovarian cancer cohort n=72[a]	Platinum resistant n=44	Platinum refractory[b] n=25	Prior bevacizumab n=57	Prior PARPi n=38	FRα positive[c] n=30	FRα negative[d] n=31
ORR[e] %	**44**	**45**	**44[f]**	**44**	**53**	**50**	**42**
CR	1 (1.4)	0 (0.0)	0 (0.0)	1 (1.8)	1 (2.6)	0 (0.0)	0 (0.0)
PR	31 (43.1)[g]	20 (45.5)	11 (44.0)	24 (42.1)	19 (50.0)	15 (50.0)	13 (41.9)

Data Cutoff 29Mar2026

Post-data cutoff: Ovarian cancer population: ORR reached 46% (34/74) following 2 additional patients experiencing unconfirmed PRs

- **44% ORR (95% CI: 33%-57%) 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.
b Platinum refractory: defined as relapse during platinum therapy or within 1 month of the last dose of a platinum agent.
c,d FRα positive: FRα expression in ≥75% of viable tumor cells and FRα negative: FRα expression in <75% of viable tumor cells.
e ORR is calculated from confirmed CR and confirmed PR.
f In the primary platinum-refractory population (n=10), 3 patients experienced a confirmed PR as of March 29, 2026.
g 3 patients who achieved a confirmed PR as of the data cutoff experienced unconfirmed CR at last scan.

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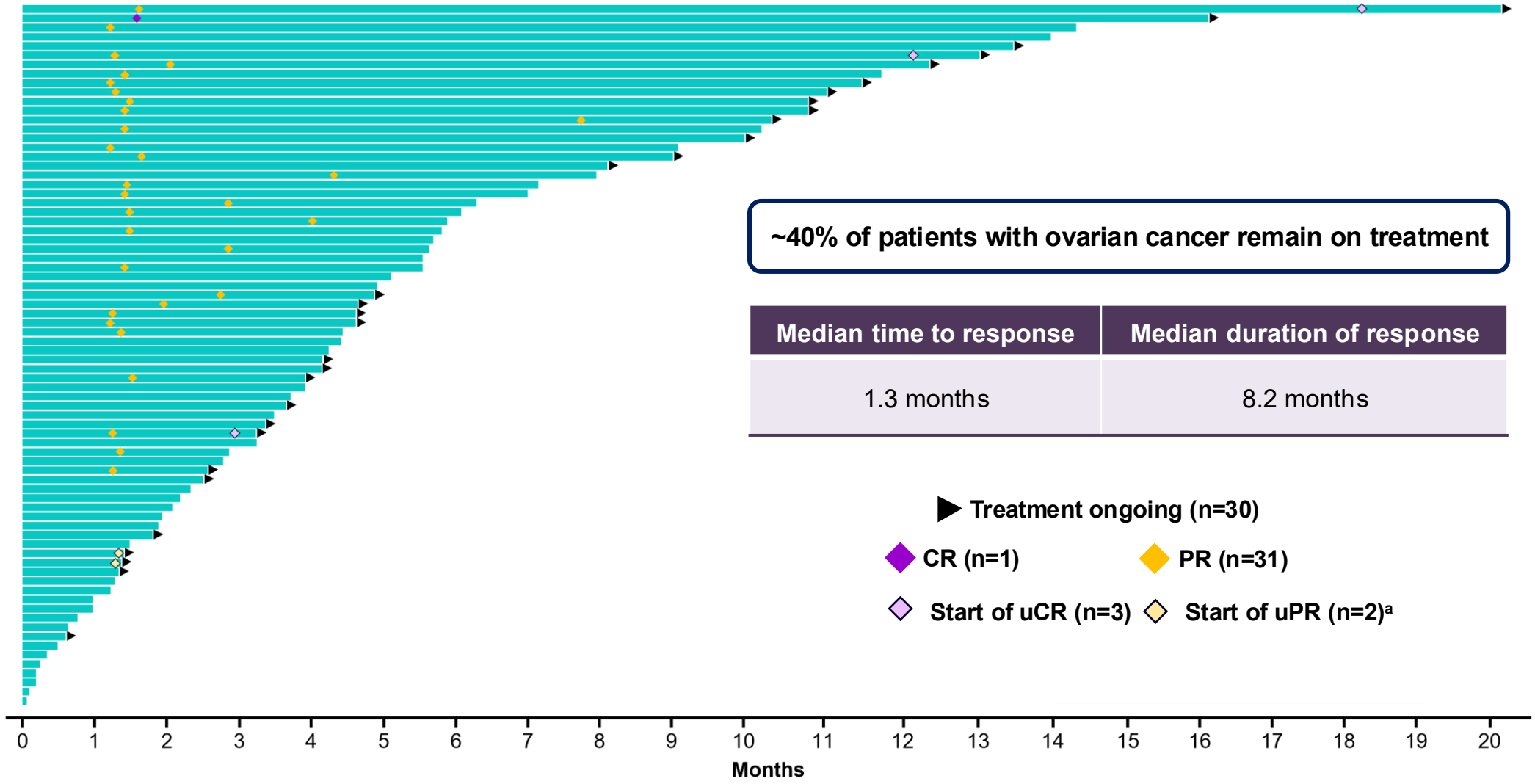
BOR, best overall response; CI, confidence interval; CR, complete response; FRα, folate receptor alpha; NE, non-evaluable; ORR, overall response rate; PARPi, poly (ADP-ribose) polymerase inhibitor; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

Rapid and Durable Responses Were Observed in the Ovarian Cohort



Data cutoff: March 29, 2026. Overall duration of treatment measured in 76 patients. [a] Two unconfirmed PRs occurred after the data cutoff. CR, complete response; PR, partial response; uCR, unconfirmed complete response; uPR, unconfirmed partial response.

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Rezatapopt Displays Favorable Safety and Tolerability in the Overall Population

Total safety population (N=141) Patients, n (%)		Maximum CTCAE grade[a]			
Preferred term	**Any grade**	**1**	**2**	**3**	**4**
Nausea	59 (41.8)	41 (29.1)	18 (12.8)	0 (0.0)	0 (0.0)
Fatigue	36 (25.5)	15 (10.6)	20 (14.2)	1 (0.7)	0 (0.0)
Blood creatinine increased	31 (22.0)	10 (7.1)	19 (13.5)	2 (1.4)	0 (0.0)
ALT increased	26 (18.4)	11 (7.8)	5 (3.5)	8 (5.7)	2 (1.4)
Anemia	26 (18.4)	7 (5.0)	11 (7.8)	8 (5.7)	0 (0.0)
AST increased	26 (18.4)	12 (8.5)	5 (3.5)	8 (5.7)	1 (0.7)
Vomiting	24 (17.0)	16 (11.3)	8 (5.7)	0 (0.0)	0 (0.0)
Decreased appetite	18 (12.8)	12 (8.5)	6 (4.3)	0 (0.0)	0 (0.0)
Diarrhea	16 (11.3)	14 (9.9)	1 (0.7)	1 (0.7)	0 (0.0)
Pruritus	15 (10.6)	10 (7.1)	5 (3.5)	0 (0.0)	0 (0.0)
Asthenia	13 (9.2)	6 (4.3)	7 (5.0)	0 (0.0)	0 (0.0)
Constipation	10 (7.1)	9 (6.4)	1 (0.7)	0 (0.0)	0 (0.0)
Platelet count decreased	10 (7.1)	4 (2.8)	2 (1.4)	2 (1.4)	2 (1.4)
Headache	8 (5.7)	5 (3.5)	2 (1.4)	1 (0.7)	0 (0.0)
Rash maculopapular	8 (5.7)	1 (0.7)	3 (2.1)	4 (2.8)	0 (0.0)

Data cutoff: March 29, 2026

[a] No Grade 5 treatment-related adverse events were observed.
ALT, alanine aminotransferase; AST, aspartate aminotransferase; CTCAE, Common Terminology Criteria for Adverse Events; TRAE, treatment-related adverse event.

- TRAEs were mostly Grade 1 or 2
- Most frequent TRAEs: Nausea, fatigue, and blood creatinine increased
- Laboratory abnormalities were manageable / monitorable
  - Most cases were transient and reversible
- A similar safety profile was observed in patients with ovarian cancer
- 7/141 patients (5.0%) discontinued treatment due to TRAEs, including 4/76 patients (5.3%) with ovarian cancer

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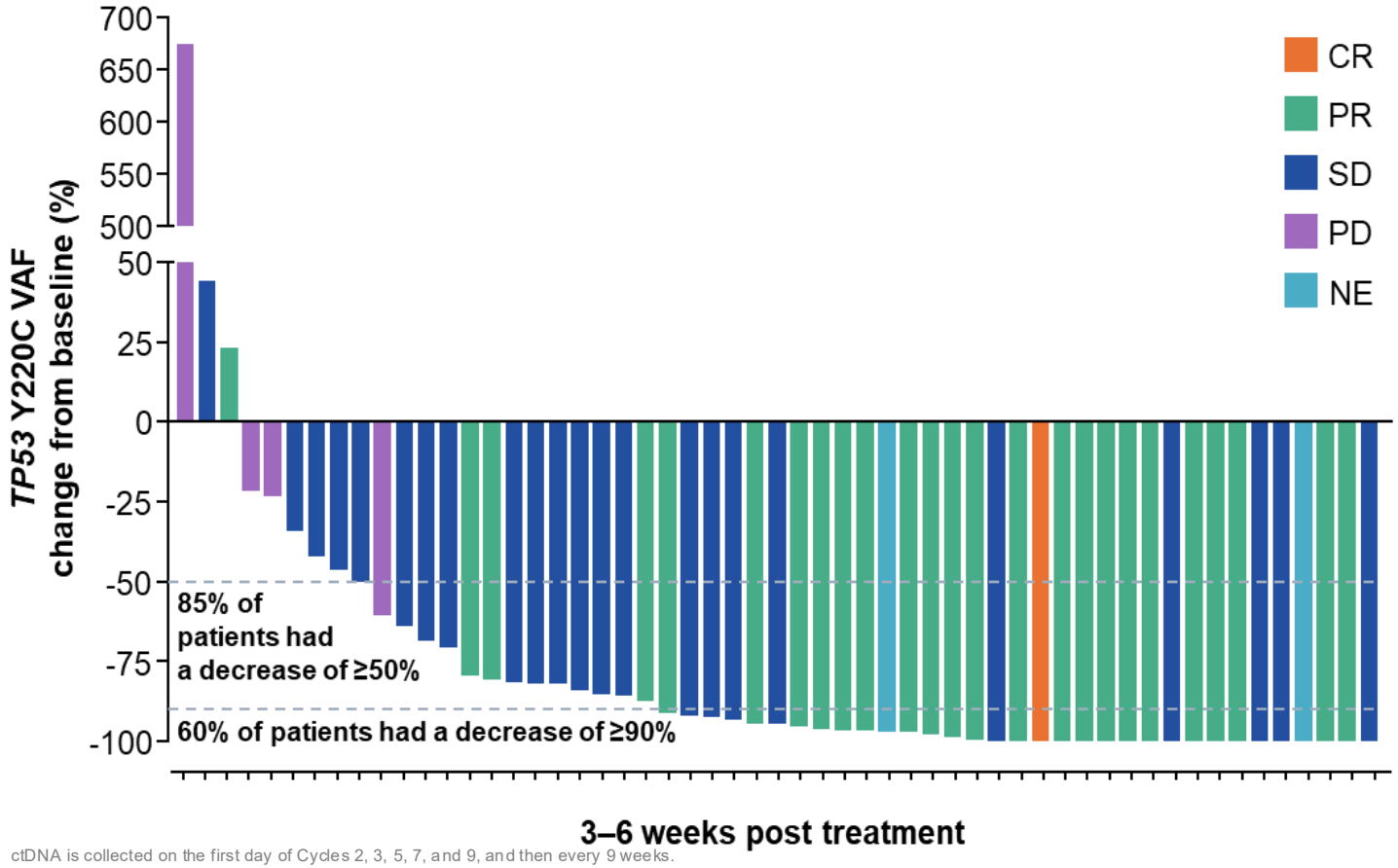
Rezatapopt On-target Activity Supported by Decreases in ctDNA TP53 Y220C VAF in Ovarian Cancer Patients

Reduction in *TP53* Y220C VAF was seen in most patients with ovarian cancer who had available data (n=55)



- 55 patients had ctDNA *TP53* Y220C VAF data available at baseline and on treatment (3–6 weeks)
- Nearly all patients experiencing a response had a reduction in *TP53* Y220C VAF
- 52 patients (95%) had a reduction in *TP53* Y220C VAF
  - 85% had a reduction of ≥50%

ctDNA is collected on the first day of Cycles 2, 3, 5, 7, and 9, and then every 9 weeks.
Data cutoff: March 30, 2026. 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

Ovarian cohort enrollment progressing as planned

2Q2026

Ovarian cohort primary analysis data

4Q2026

Ovarian cohort planned NDA submission

1Q2027

Potential U.S. Launch in 2027

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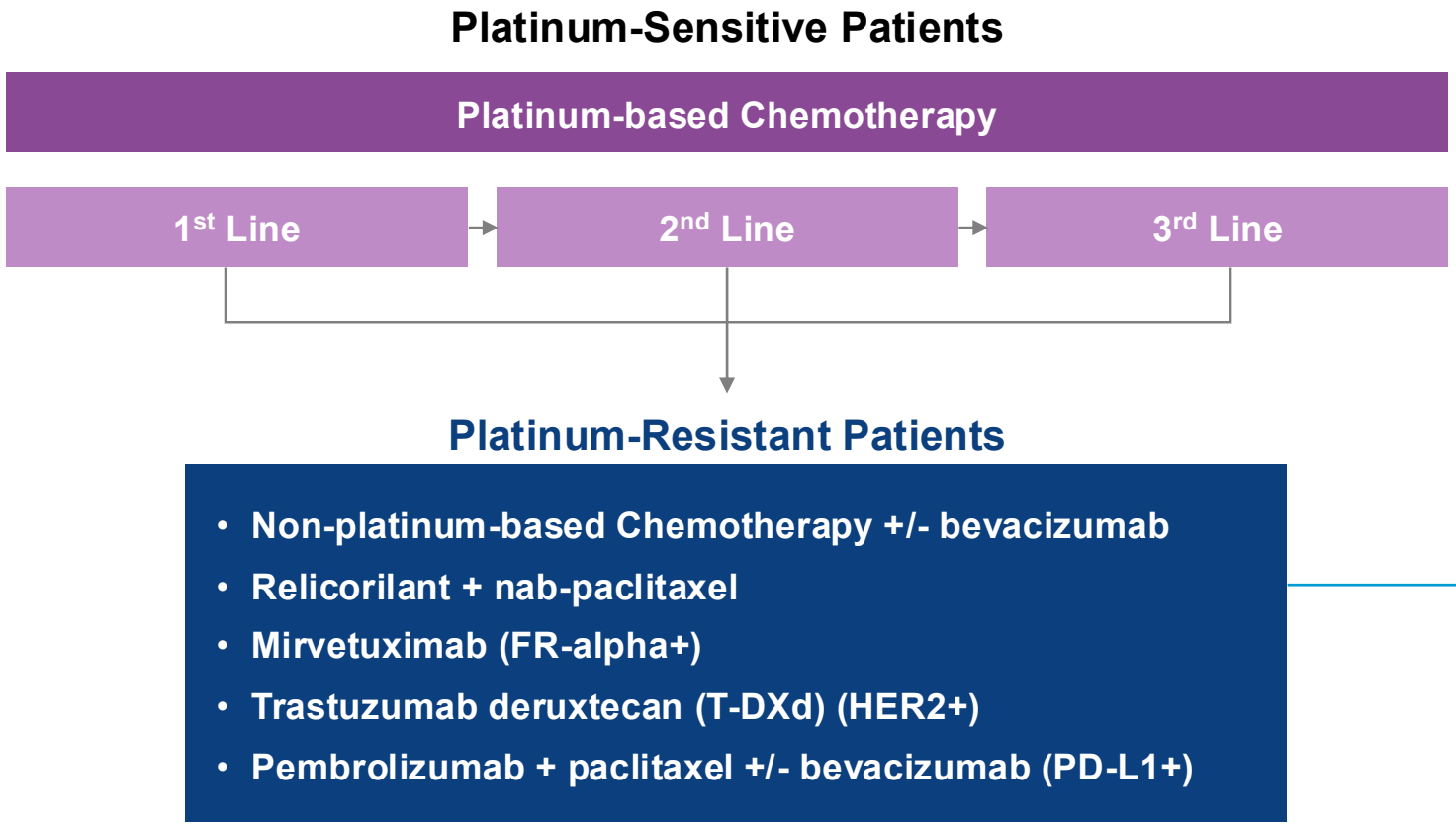
FDA, Food and Drug Administration; NDA, New Drug Application; PROC, platinum-resistant/refractory ovarian cancer; SoC, standard of care

Rezatapopt Well-Positioned for Success in Ovarian Cancer and Beyond



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

FOUNDATION MEDICINE

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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 44% in ovarian cancer with a median DoR of 8.2 months

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

Strong balance sheet with $93.5M as of March 31, 2026, with cash runway through 2Q2027

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