



Bexobrutideg Update: Phase 1 Healthy Volunteer Results and Clinical Updates

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Nurix Is a Clinical-Stage Leader in Targeted Protein Degradation with a Focus in Oncology and Inflammation

Ligase Biology Pioneer

Founded in 2009 on E3 ligase science from UCSF and UC Berkeley

Integrated R&D

300+ employees spanning discovery through clinical development

Clinical-Stage Pipeline

Four programs advancing in the clinic, wholly owned or partnered

Three discovery alliances with Gilead, Sanofi and Pfizer in TPD and DACs, and landmark co-development and co-commercialization collaboration with Roche for bexobrutideg (BTK degrader) in oncology and autoimmune disease



Brisbane, CA Headquarters



The Woodlands, TX Second site

Multiple Programs in the Clinic, Led by Bexobrutideg in Late-Stage CLL

Program	Indication / Line of therapy	Preclinical	IND enabling	Phase 1	Phase 2	Phase 3	Partner
Bexobrutideg BTK degrader	Oncology (CLL)						
	Dermatology (CSU)						
	Neurology (MS)						
NX-1607 CBL-B inhibitor	Solid tumor Relapsed/refractory						
GS-6791/NX-0479 IRAK4 degrader	Potential in RA and AD						
SAR448272/NX-3911 STAT6 degrader	Potential in Type 2 inflammation						sanofi
BRAF degrader Pan-mutant wt-sparing	mBRAF Class I/II/III NSCLC, CRC, mel						
Degraders and DACs	Multiple undisclosed Oncology, I&I						
DACs	Multiple undisclosed Oncology						

AD, atopic dermatitis; BTK, Bruton's tyrosine kinase; CLL, chronic lymphocytic leukemia; CRC, colorectal cancer; CSU, chronic spontaneous urticaria; DAC, degrader antibody conjugate; I&I, immunology and inflammation; IND, investigational new drug; mBRAF, mutant BRAF; mel, melanoma; MS, multiple sclerosis; NSCLC, non-small cell lung cancer; RA, rheumatoid arthritis

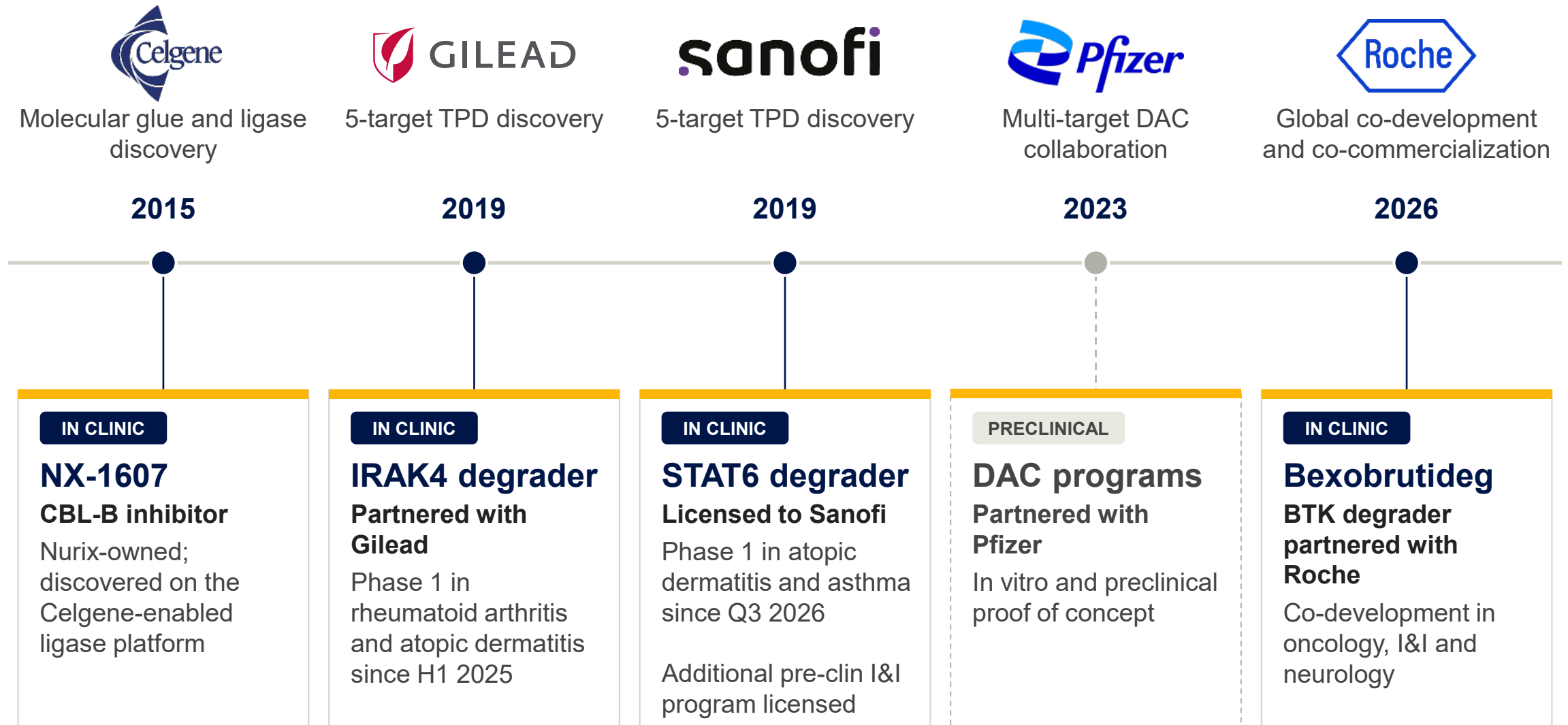
● Ongoing

● Planned



Track Record of Success: Partnerships Have Expanded our Clinical Pipeline

All Ongoing Partnerships Provide U.S. Profit Share Opportunities



Roche & Nurix: A Transformative Partnership to Maximize the Value of Bexobrutideg

Accelerating and expanding the potential of bexobrutideg through a shared ambition to transform patient outcomes across **oncology**, **immunology** and **neurology**

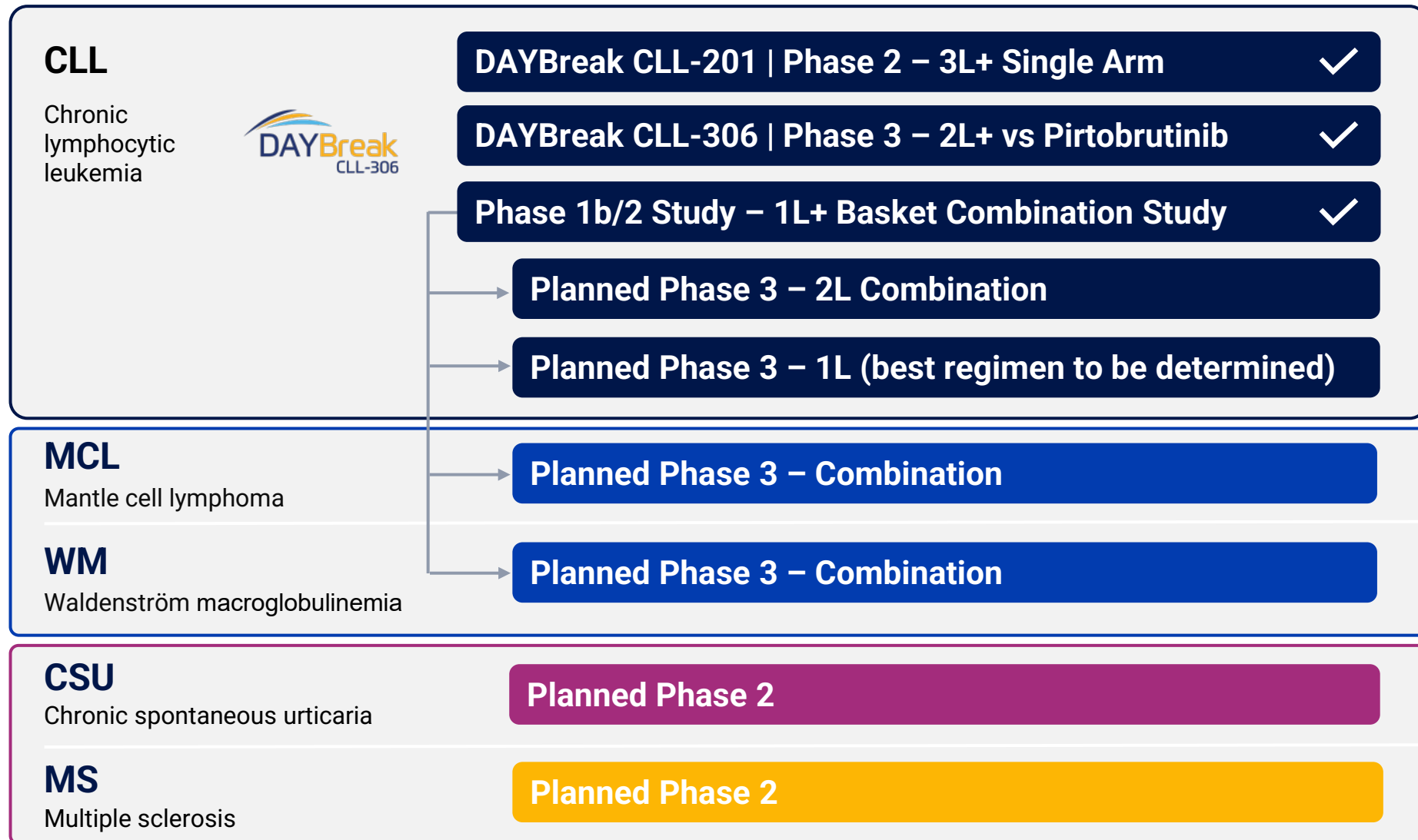
UPFRONT \$700M Cash to Nurix at close	TOTAL PAYMENTS UP TO \$2.3B Upfront payment plus development, regulatory, and commercial milestones	U.S. PROFIT SPLIT 50/50 Equal split of U.S. profits & losses	GLOBAL DEV COST SPLIT 40/60 Nurix 40% Roche 60%	EX-U.S. ROYALTIES Low–High Teens Tiered royalties on ex-U.S. net sales
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Co-development and co-commercialization in the U.S. accelerates Nurix's evolution into a fully integrated biopharmaceutical company in major medical markets

Bexobrutideg: Executing a Robust Clinical Development Plan



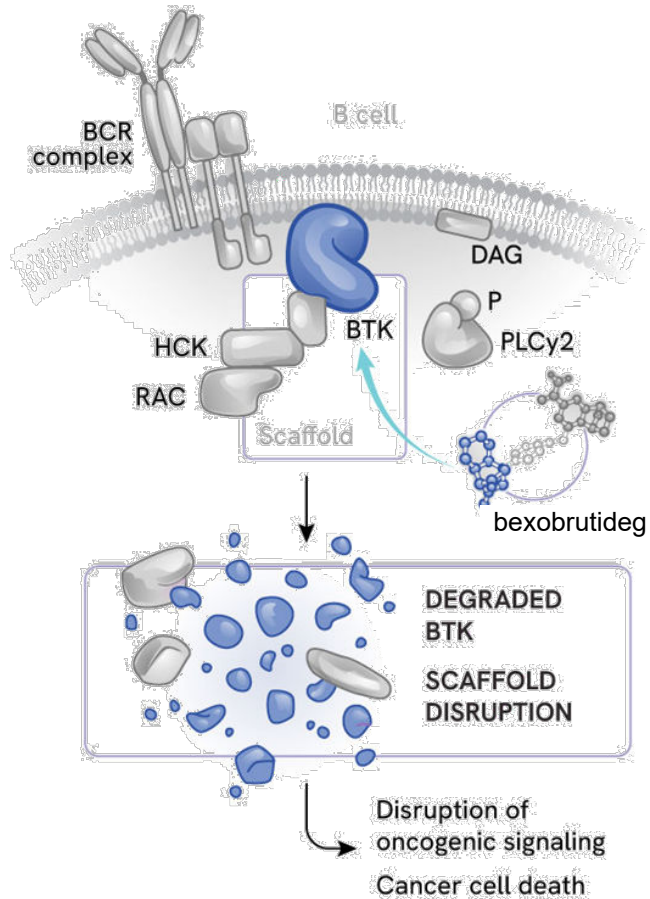
Nurix-Roche partnership enables comprehensive bexobrutideg development across **multiple lines of therapy** and **combination settings in B-cell malignancies** and more broadly across **immunology and neurology**



✓ Trial ongoing

Bexobrutideg: Targeted Protein Degradation of BTK with Potential Best-in-Class Profile

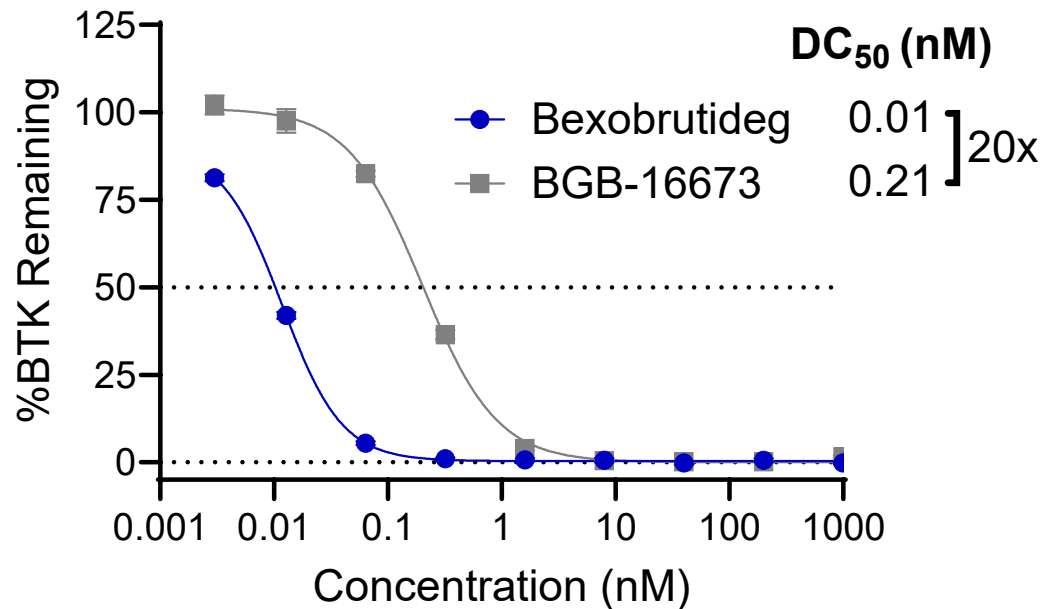
Eliminates both the enzymatic and scaffolding activities of BTK



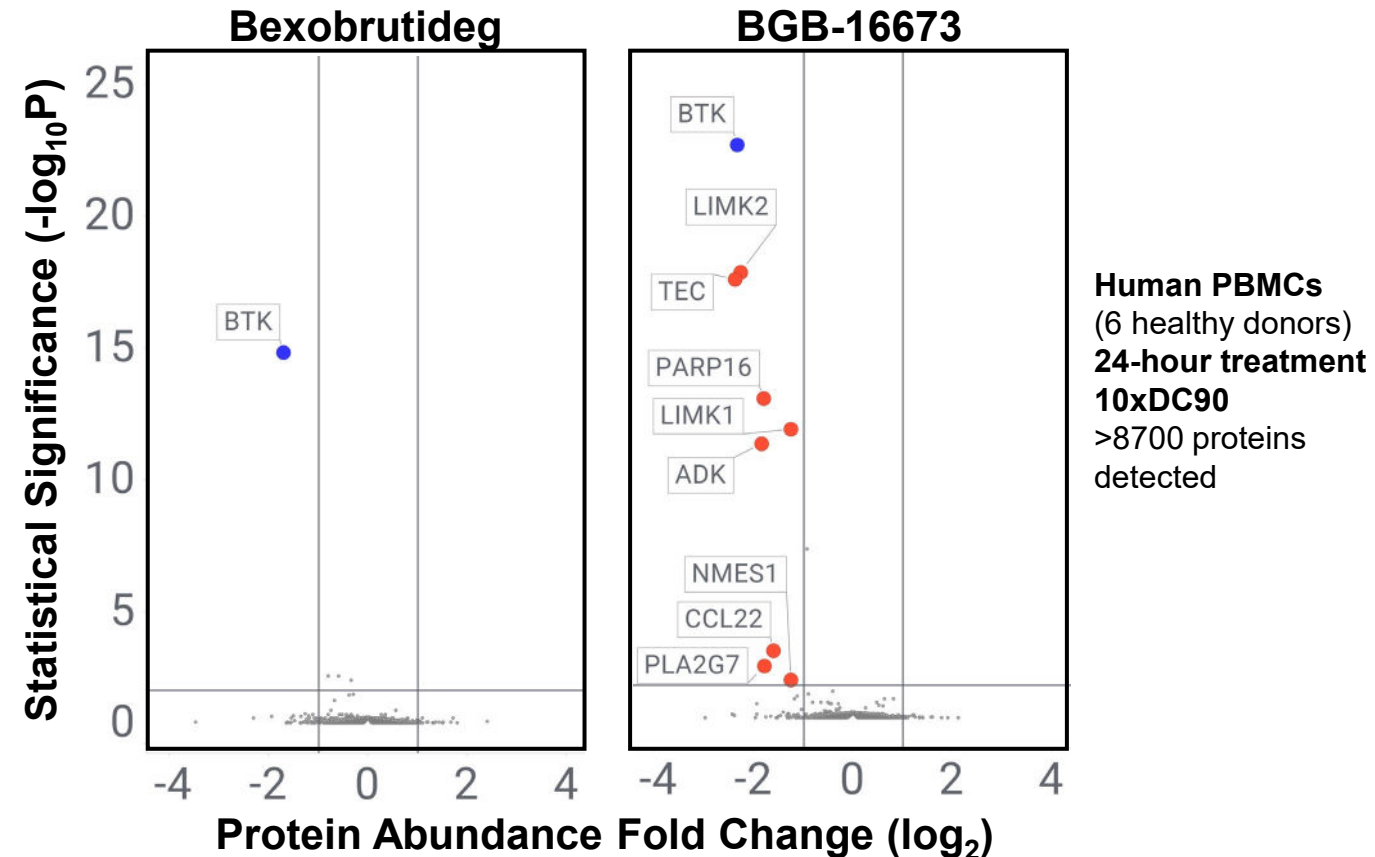
- ✓ Degradation removes all functions of BTK unlike BTK inhibitors
- ✓ Acts catalytically with unprecedented potency
- ✓ Exquisitely selective degrader of BTK
- ✓ Active against wildtype BTK and overcomes BTK inhibitor resistance mutations
- ✓ Crosses the blood brain barrier with clinical responses in patients with advanced CNS disease
- ✓ Potential clinical utility across B cell driven diseases

Bexobrutideg Displays Best-in-Class Potency and Selectivity Relative to BeOne's BTK Degradator

BTK Degradation in Human B Cells



Selectivity of BTK Degraders by Global Proteomics

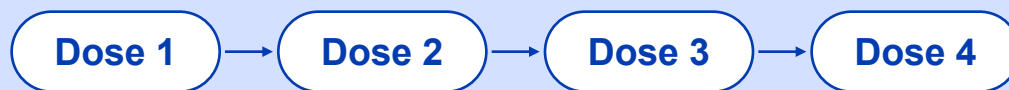


Comprehensive Healthy Volunteer SAD/MAD Study of Bexobrutideg

First-in-human SAD/MAD of the tablet formulation (NCT06717269)

SAD

Single dose



MAD

Once daily for
14 days



Endpoints

- Safety and tolerability
- Plasma, skin, and CSF PK
- BTK degradation

Food effect

Low-fat and high-fat meals vs fasted

Informs: Dosing with or without food

Acid reducers

Famotidine (H2RA) and esomeprazole (PPI)

Informs: Co-use with PPIs and H2RAs

Drug interactions

Midazolam (CYP3A), digoxin (P-gp), rosuvastatin (BCRP)

Informs: Co-medication guidance

Mass balance

[14C] absorption, metabolism and excretion

Informs: Elimination pathways

Cardiodynamic

QTc assessed across the dose range

Informs: Cardiac safety labeling

Well Tolerated in Healthy Participants

Bexobrutideg has been evaluated in more than 500 people, including over 200 healthy volunteers who received single- and multiple-ascending doses for up to 14 days across 3 completed clinical pharmacology studies

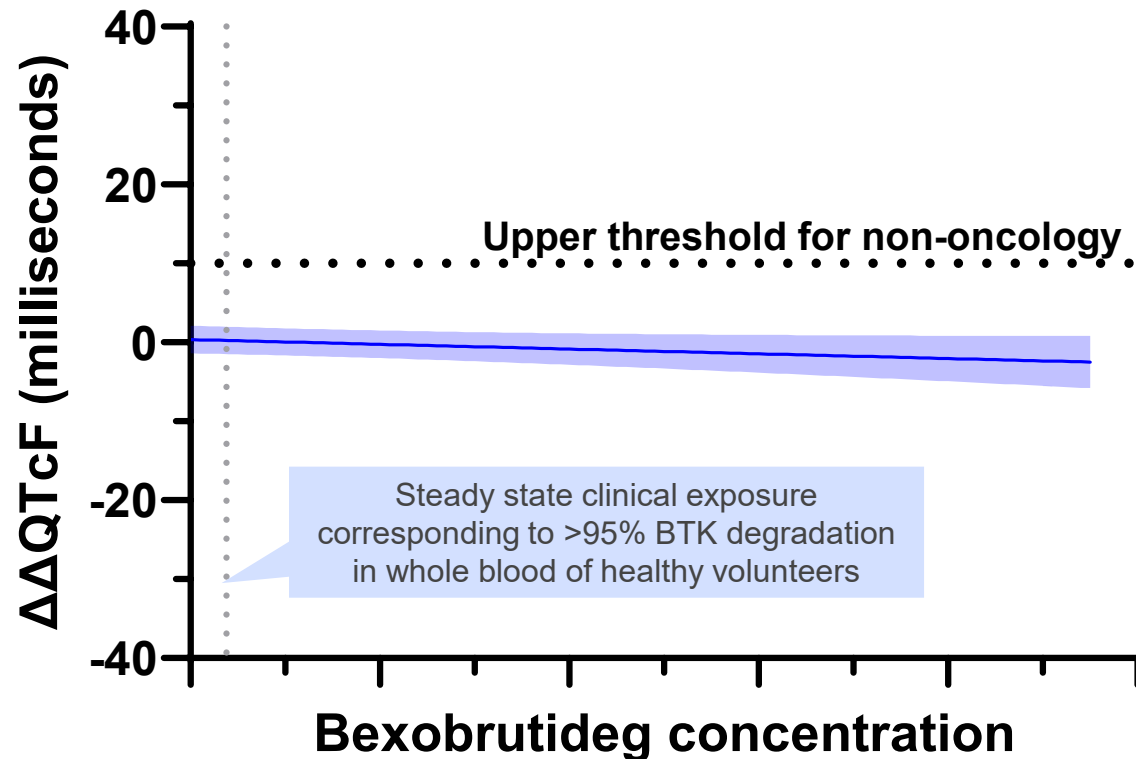
Adverse Events Observed in Multi-Ascending Dose Phase 1 in Healthy Volunteers Dosed for 14 days

	Treatment (NX-5948 Tablets)					
Adverse Event (In ≥ 1 participant across these doses)	Placebo QD (N = 3)	Dose 1 (N = 7)	Dose 2 (N = 7)	Dose 3 (N = 7)	Dose 4 (N=6)	Dose 5 (N=6)
Number of Volunteers With TEAEs	2 (67%)	4 (57%)	1 (14%)	4 (57%)	5 (83%)	2 (33%)
Petechiae	0 (0%)	2 (29%)	1 (14%)	4 (57%)	5 (83%)	2 (33%)
Diarrhea	0 (0%)	1 (14%)	0 (0%)	0 (0%)	1 (17%)	0 (0%)
Dizziness postural	0 (0%)	1 (14%)	0 (0%)	1 (14%)	0 (0%)	0 (0%)
Insomnia	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (17%)	1 (17%)
Myalgia	0 (0%)	0 (0%)	1 (14%)	0 (0%)	0 (0%)	1 (17%)
Post lumbar puncture syndrome	0 (0%)	2 (29%)	0 (0%)	1 (14%)	0 (0%)	0 (0%)
Pruritus	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (33%)	0 (0%)

- No MTD reached
- No severe or Grade 3 adverse events
- Most frequent TEAE across all doses was mild petechiae

Cardiac Safety: Concentration-QT Analysis Shows No QTc Prolongation

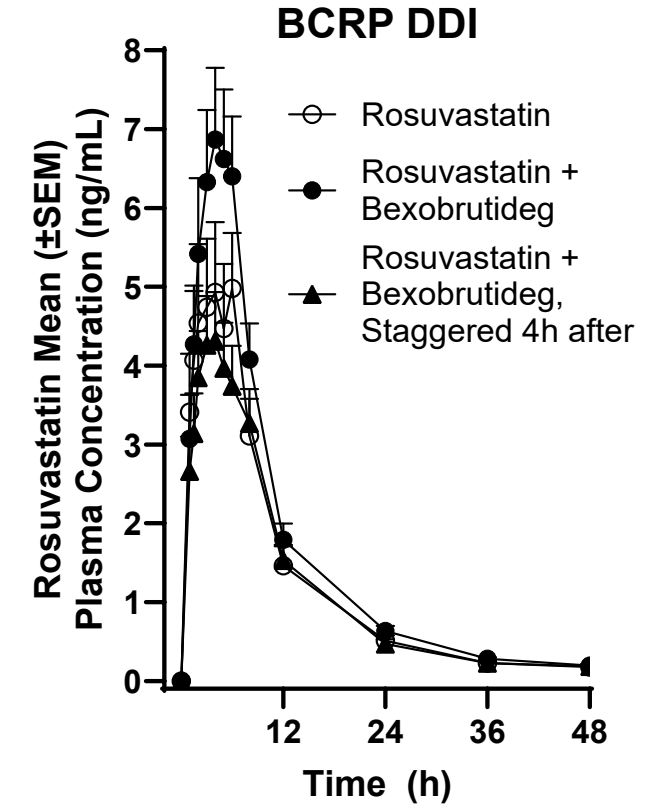
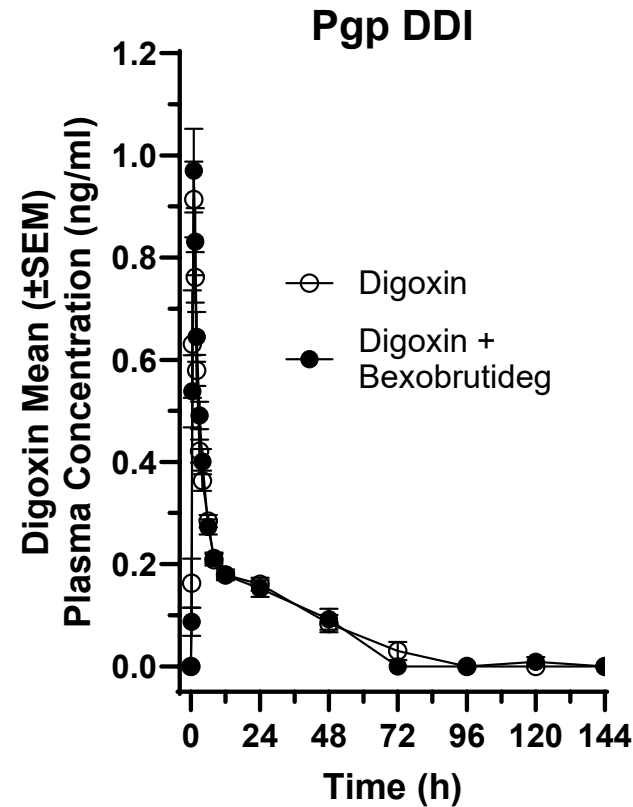
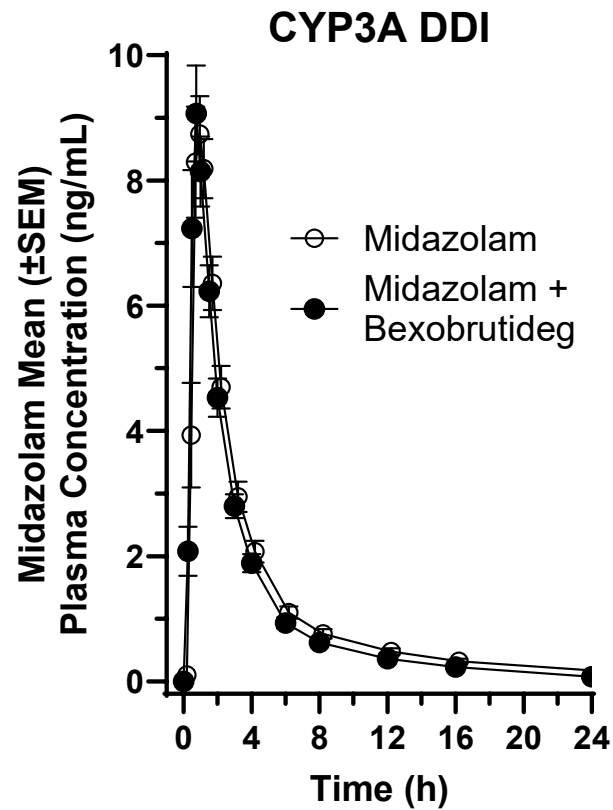
Healthy Volunteer ECG data



- No cardio-safety signals were observed preclinically in either the *in vitro* (hERG) or *in vivo* (cyno telemetry) studies
- Evaluation of the clinical and electrocardiogram (ECG) data in oncology Phase 1 trial (NX-5948-301) did not show evidence of QT prolongation

Bexobrutideg has No Drug-Drug Interaction (DDI) Liabilities as a Perpetrator

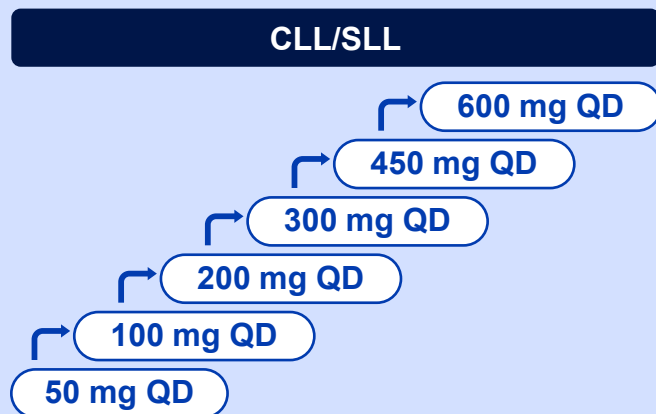
- Lack of perpetrator liability toward CYP3A, P-gp, or BCRP supports concomitant use of bexobrutideg in polypharmacy settings



Bexobrutideg Phase 1a/b (NX-5948-301) Trial Design

Ongoing Phase 1a/b clinical trial in adults with relapsed/refractory B-cell malignancies

Phase 1a dose escalation (fully enrolled)



CLL Phase 1b randomized cohort 1 (fully enrolled; 200 vs 600 mg)

CLL/SLL 200 mg QD
Prior BTKi and BCL2i

CLL/SLL 600 mg QD
Prior BTKi and BCL2i

CLL Phase 1b expansion, other cohorts (ongoing; all 600 mg)

Non-C481S BTK mutations, prior BTKi and BCL2i

Prior non-covalent BTKi, no BCL2i

TP53 or 17p deletion, 2L, prior BTKi, no BCL2i

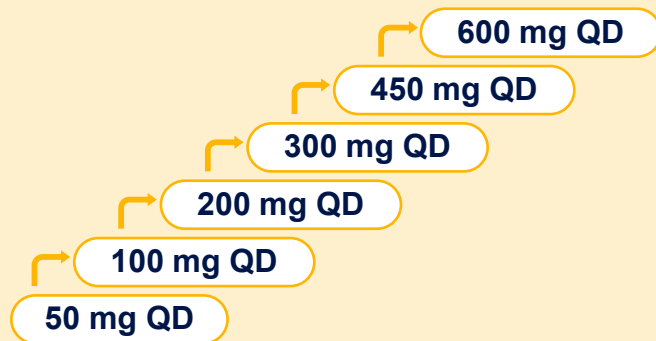
2L+, prior BTKi, no BCL2i

BTKi-naïve

With wAIHA, prior BTKi

With CNS involvement, prior BTKi

WM/NHL



NHL/WM Phase 1b expansion cohorts (600 mg)

MZL

Marginal zone lymphoma

FL

Follicular lymphoma

WM

Waldenström macroglobulinemia

MCL

Mantle cell lymphoma

DLBCL

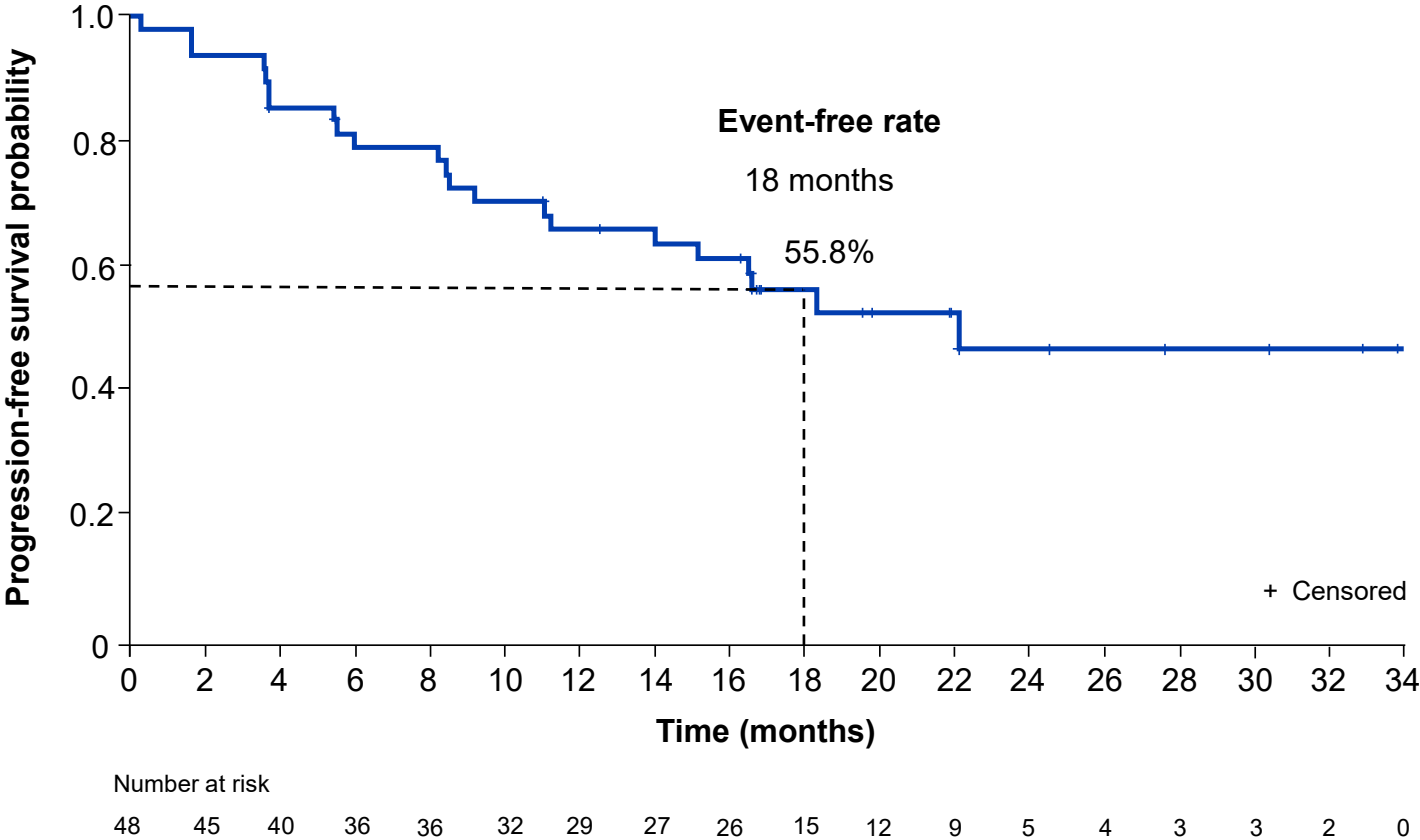
Diffuse large B-cell lymphoma

PCNSL

Primary CNS lymphoma

Bexobrutideg PFS and ORR in Relapsed/Refractory Patients (Phase 1a)

PFS remains durable with a median of 22.1 months

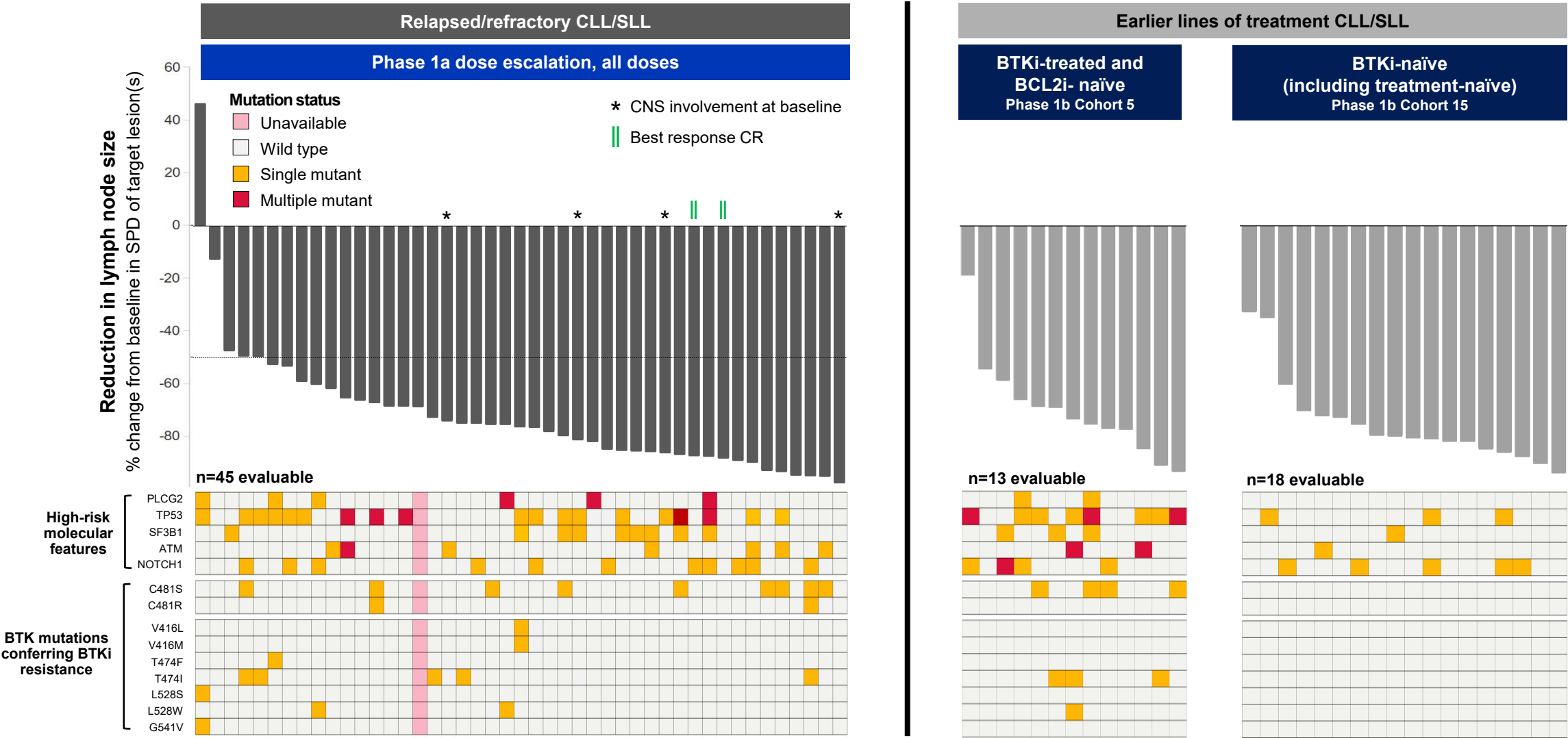


Relapsed/refractory CLL/SLL	
PFS summary	
n=48	
Median PFS ^a , months (95% CI)	22.1 (14.0–NR)
ORR summary	
n=47 ^b	
ORR, % (95% CI) ^c	83.0 (69.2–92.4)
CR	2 (4.3)
nPR	1 (2.1)
PR	36 (76.6)
SD	6 (12.8)
PD	2 (4.3)
Median follow-up, ^d months (range)	22.4 (16.9–35.7)

CI, confidence interval; CLL, chronic lymphocytic leukemia; CR, complete response; nPR, nodal partial response; NR, not reached; ORR, objective response rate; PD, progressive disease; PFS, progression-free survival; PR, partial response; PR-L, partial response with lymphocytosis; SD, stable disease; SLL, small lymphocytic lymphoma
^aMedian for PFS by Kaplan–Meier method; ^bExcludes 1 patient who was not evaluable for response; ^cObjective response rate includes CR + nPR + PR + PR-L; ^dTime from treatment start to data cutoff

Reduction in Lymph Node Size in Patients Treated with Bexobrutideg

Bexobrutideg demonstrates broad clinical activity including in high-risk patients



ATM, ataxia-telangiectasia mutated; BTK, Bruton's tyrosine kinase; BTKi, BTK inhibitor; CLL, chronic lymphocytic leukemia; CNS, central nervous system; CR, complete response; NOTCH1, neurologic locus notch homolog protein 1; PLCG2, phospholipase C gamma 2; SLL, small lymphocytic lymphoma; SPD, sum of products diameters

Waterfall plot includes patients with measurable lymph node status; mutations were reported at VAF >5%; Patients could have no mutations, a single mutation, or multiple mutations

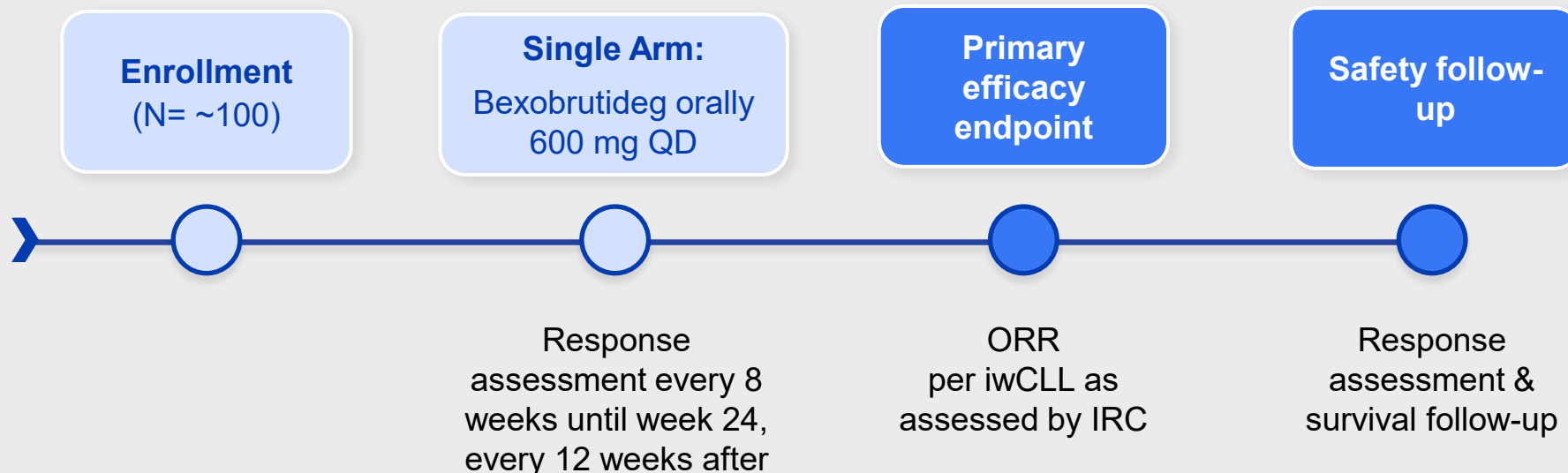
Data cutoff: 1 Jan 2026

DAYBreak Pivotal Phase 2 Single-Arm Study Designed to Support Bexobrutideg Accelerated Approval

TRIAL DESIGN

Key Eligibility

- R/R CLL/SLL
- Triple-exposed (post-cBTKi, ncBTKi & BCL-2i)



First patient dosed in October 2025



600 mg cleared for pivotal studies in R/R CLL

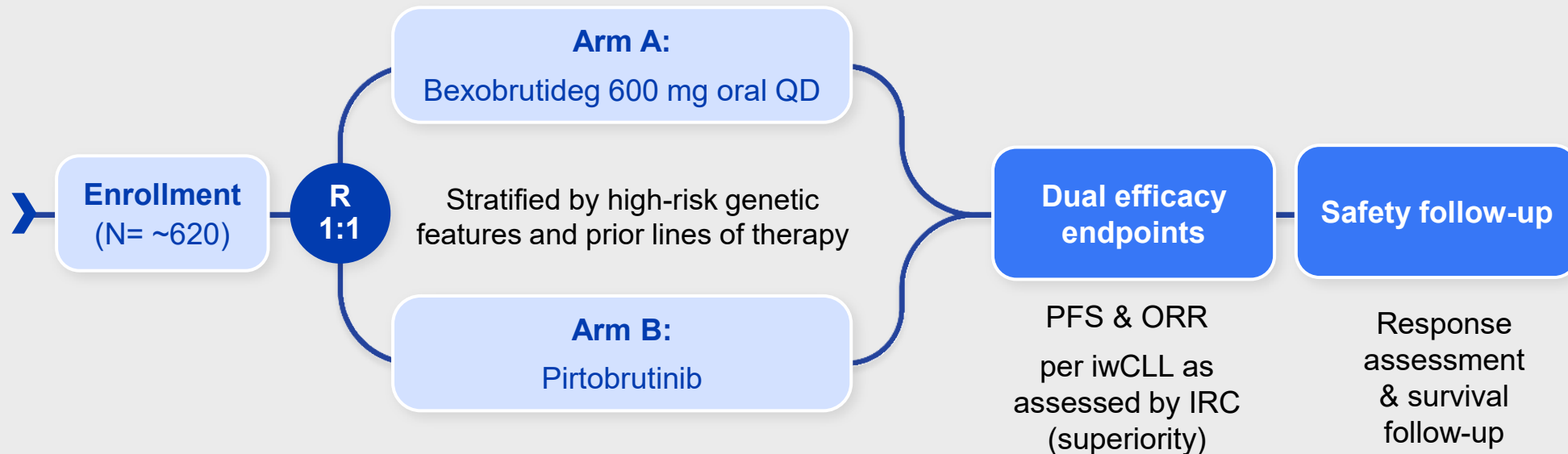
DAYBreak Phase 3 Trial Positions Bexobrutideg for Full Approval



TRIAL DESIGN

Key Eligibility

- 2L+ R/R CLL/SLL
- Prior cBTKi



Designed to evaluate superiority to latest approved BTKi, pirtobrutinib



Single trial strategy to support global approval and establish superiority of degrader mechanism of action



First patient enrolled in August 2026

Note: Final design pending regulatory feedback

TRIAL DESIGN



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Bexobrutideg: A Differentiated BTK Degradar with a Clean Safety Profile

>500 people dosed with bexobrutideg | >200 healthy volunteers and >320 patients with B-cell malignancies

Potent, selective BTK degrader

Active against wild-type BTK and BTK inhibitor resistance mutations

Well tolerated

Most TEAEs mild and unrelated; no serious or Grade 3 AEs; no bleeding signal beyond mild petechiae

Clean cardiac safety profile

No QT prolongation liability, supported by healthy volunteer, nonclinical and CLL patient ECG data

No drug-drug interaction liabilities as a perpetrator

Concomitant dosing of most approved drugs with bexobrutideg is feasible

No evidence of liver toxicity

No clinically significant LFT abnormalities; no DILI or Hy's law cases in >320 patients

