BDTX-189 Phase 1 Clinical Data Presentation

May 19, 2021

Black Diamond Therapeutics

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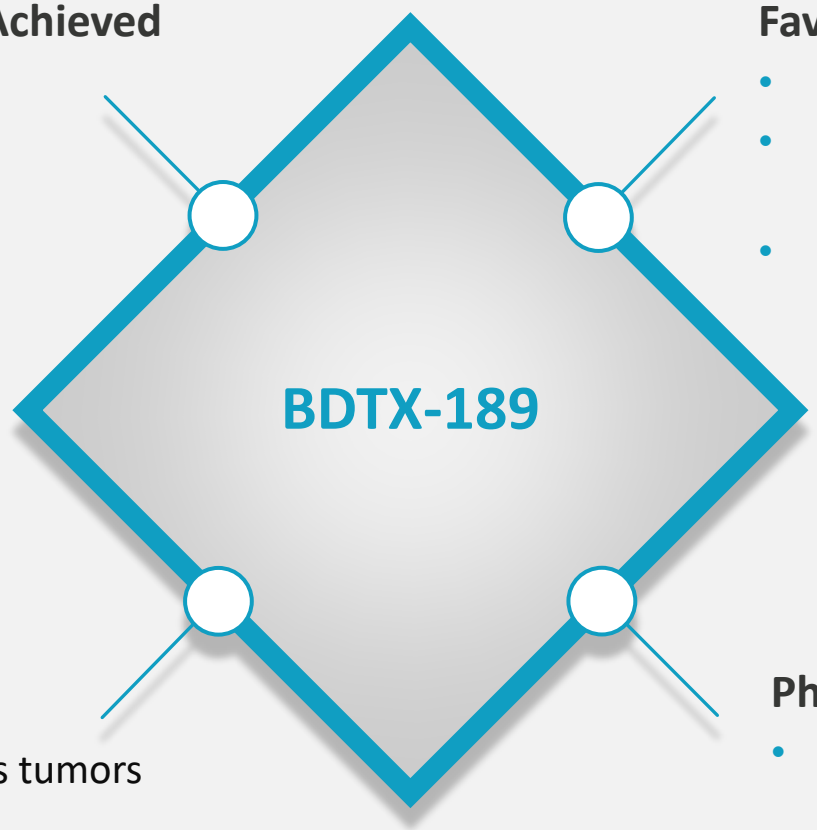
Early Proof-of-Concept Demonstrated for BDTX-189, a MasterKey EGFR/HER2 Inhibitor

Predicted Efficacious Exposure Achieved

- $T_{1/2}$ & AUC in-line with preclinical predictions



Favorable Safety Profile

- Generally well-tolerated at preliminary RP2D
- Minimal evidence of WT-EGFR related adverse events
- In-line with design principles & preclinical predictions

Anti-Cancer Activity Observed

- Early PoC in NSCLC EGFR Ex 20 ins tumors
- Early PoC in HER2 solid tumors

Phase 1/2 MasterKey-01 Trial Advancing

- Pivotal Phase 2 study on track to begin enrollment 2H 2021

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AUC = area under the curve; EGFR = epidermal growth factor receptor; Ex 20 ins = Exon 20 insertion; HER2 = human epidermal growth factor receptor 2; NSCLC = non-small cell lung cancer; PoC = proof of concept; RP2D = recommended Phase 2 dose; $T_{1/2}$ = half-life; WT-EGFR = wild-type EGFR

BDTX-189 Designed to Address Unmet Medical Need in Patients Harboring EGFR/HER2 Alterations

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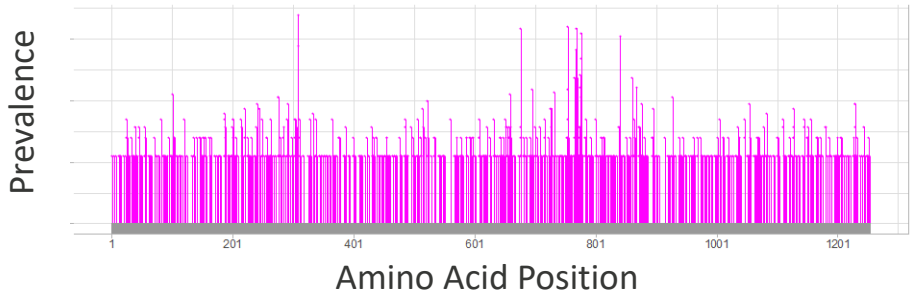
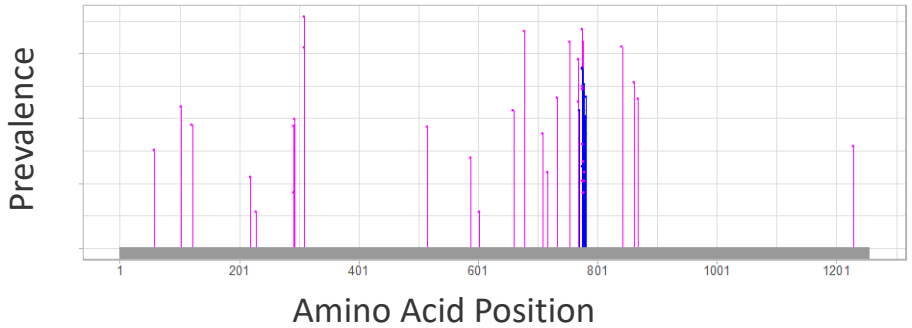
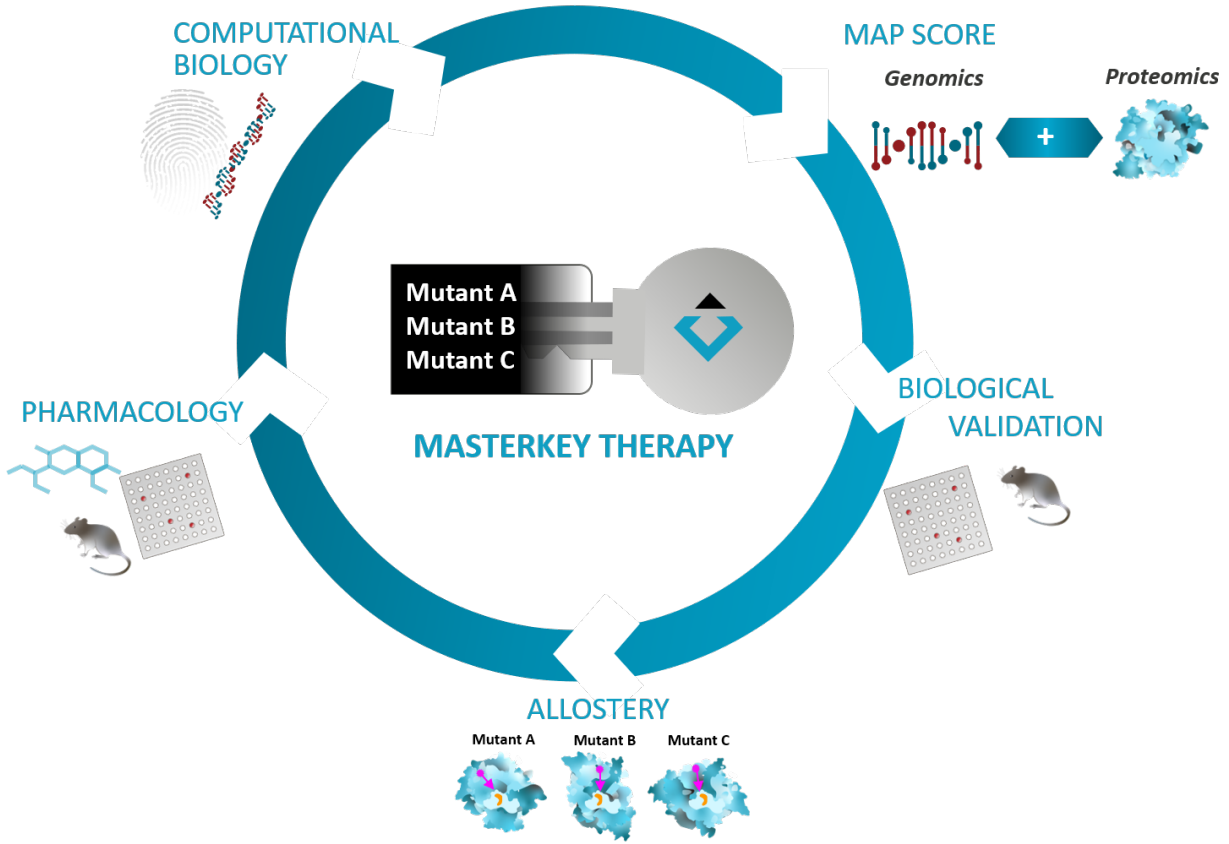
Black Diamond's Proprietary MAP Platform Elucidates Undrugged Allosteric EGFR/HER2 Mutations, Enabling the Development of a MasterKey Inhibitor

NGS reveals thousands of undrugged EGFR/HER2 mutations



47 allosteric oncogenic mutations in EGFR and HER2 (includes EGFR/HER2 Ex 20 ins mutants)





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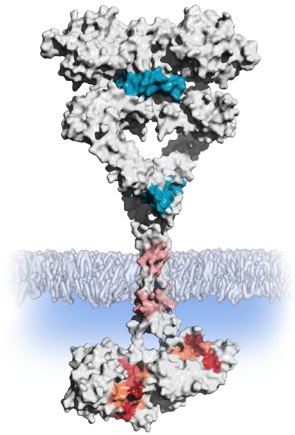
MAP, Mutation-Allostery-Pharmacology; NGS, next-generation sequencing.

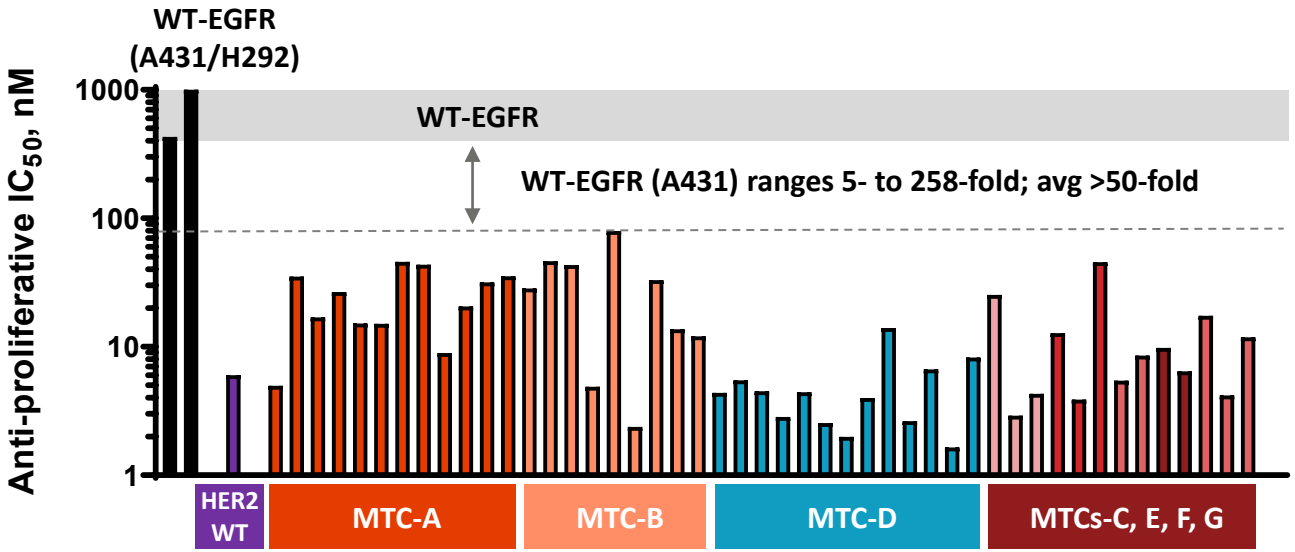
BDTX-189 Is a Potent and Selective MasterKey Inhibitor of a Broad Range of Allosteric EGFR/HER2 Mutational Clusters

Oncogenic MTCs for EGFR and HER2 Oncogenes



MTC	Description
MTC-A	EGFR Ex 20 ins
MTC-B	HER2 Ex 20 ins
MTC-C	HER2 Ex 20 missense
MTC-E	HER2 KD β-sheet missense
MTC-F	HER2 KD α-loop missense
MTC-G	HER2 JMD missense
MTC-D	HER2 ECD missense

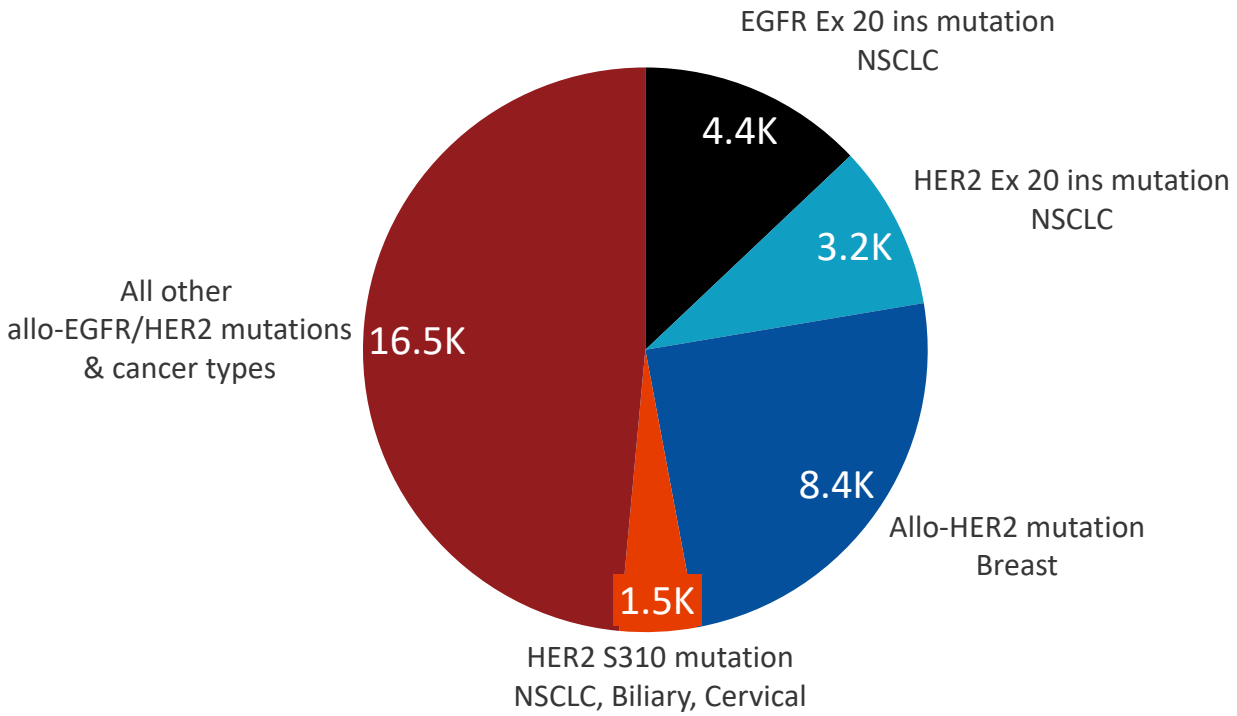
Phenotypic Activity and Selectivity v. WT-EGFR for BDTX-189 Across Targeted MTCs



ECD, extracellular domain; IC_{50}, half maximal inhibitory concentration; KD, kinase domain; JMD, juxtamembrane domain; MTC, mutational cluster.

Significant Unmet Medical Need for Patients Across Solid Tumors Harboring EGFR/HER2 Mutations

BDTX-189 US Patient Opportunity Cohorts 1-5[1]



~34K Newly Diagnosed US Patients

Clear Unmet Medical Need

- No approved targeted therapies
- Poor prognostic indicators
- In-clinic EGFR/HER2 agents have significant WT-EGFR toxicities that drive dose interruptions/reductions
  - 10-90% diarrhea[2-7]
  - 12-86% rash[2-7]

1. Based on 2020 solid tumor incidence data from SEER (seer.cancer.gov/) and prevalence of genetic alterations from Foundation Medicine, GENIE8.0/TCGA, and publications 2. Mobocertinib: WCLC 2020 for N=114 PPP (post-platinum patients) EGFR Ex 20 ins mut. NSCLC; 3. CLN-081: Dec 2020 S-1 for N=37 EGFR Ex 20 ins mut. NSCLC in Dose Escalation; 4. Amivantamab: WCLC 2020 for N=114 pre-treated EGFR Ex 20 ins. mut. NSCLC; 5. Poziotinib: ESMO 2020 for N=90 pre-treated HER2 Ex 20 ins mut. NSCLC in ZENITH20 Cohort 2; 6. DS-8201: 2020 ASCO for N=42 HER2mut. NSCLC in DESTINY-Lung01; 7. Neratinib: Smyth 2020 for N=81 HER2mut. Breast Cancer treated as monotherapy (N=34) or in combo with fulvestrant (N=47). Note: These tolerability data are derived from different clinical trials at different points in time, with differences in trial design and patient population. No head-to-head clinical trials have been conducted.

BDTX-189 Phase 1 Clinical Data

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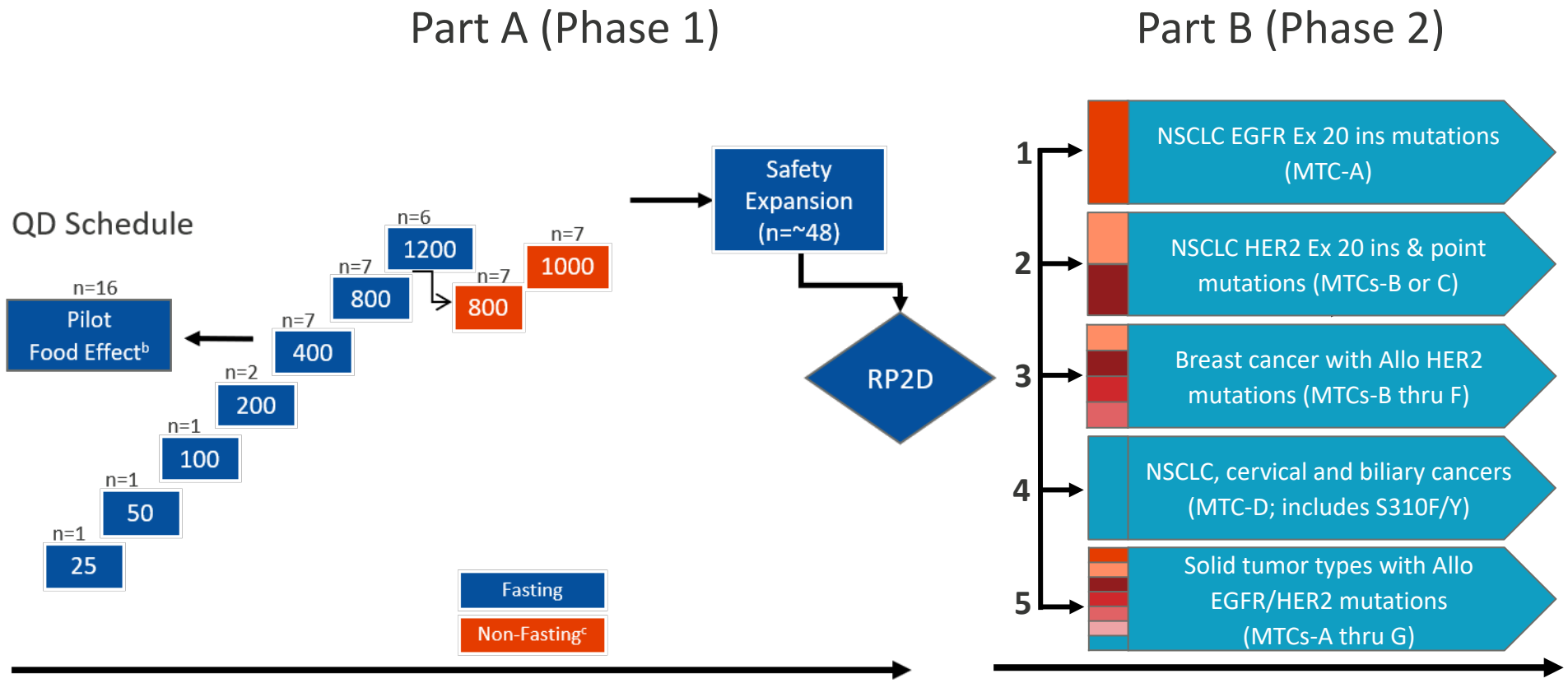
Phase 1 Portion of Masterkey-01 Study Evaluates BDTX-189 in Solid Tumors Driven by Broad Range of EGFR and HER2 Genomic Alterations

Part A: Phase 1 Dose Escalation (BOIN[1])
- Primary objective: Determine the RP2D and schedule
- BID schedule also under evaluation

Key Eligibility Criteria
- Relapsed/refractory solid tumor, no available SOC
- Treated, asymptomatic CNS malignancy allowed
- Prior EGFR/HER2-targeted therapy allowed

Genomic Alterations
- Allosteric HER2 or HER3 mutation
- EGFR/HER2 Ex 20 ins mutation
- HER2 amplification/overexpression
- EGFR Ex 19 or L858R mutation

MasterKey-01 Study Schema[a]



BID, twice daily; BOIN, Bayesian Optimal Interval Design; CNS, central nervous system; QD, once daily; SOC, standard of care.

[1]Yuan Y, et al. *Clin Cancer Res.* 2016;22(17):4291-4301.

[a]Figure summarizes number of patients in Full Analysis Set (i.e., those who received at least 1 dose of study drug).

[b]Single dose crossover study at 400 mg. On day 5, patients begin dosing with 800 mg QD.

[c]Administered with meal of patient's preference.

Data presented is as of April 2, 2021, unless otherwise noted. This is an ongoing study and is undergoing active data entry and cleaning.

Phase 1 Dose Escalation was Conducted in Heavily Pre-Treated Patients with a Diverse Array of Cancer Types and MTCs

Characteristics	25–400 mg QD Fasting n = 12	800 mg QD (+ FE) Fasting n = 21	800 mg QD (+ FE) Non-Fasting n = 9	1000 mg QD Non-Fasting n = 7	1200 mg QD Fasting n = 6
Age, median (range)	64 (45-75)	65 (39-83)	59 (45-70)	63 (40-80)	57 (47-64)
ECOG PS, 0/1	4/8	3/18	7/2	4/3	1/5
Race (White/Asian/Black/Other)	9/0/1/2	13/2/1/5	7/1/0/1	4/2/0/1	4/2/0/0
# of prior lines of therapy					
1 line	3	4	0	1	0
2 lines	2	3	6	2	2
≥3 lines	7	14	3	4	4
Tumor types					
Lung	4	9	5	0	2
Breast	1	2	0	1	2
CRC (colon, rectal)	3	0	1	1	0
Cholangiocarcinoma (bile, gall bladder)	1	2	0	0	0
Esophageal	1	1	0	0	0
Other[a]	2	7	3	5	2
Mutations					
EGFR Ex 20 ins mutations (MTC-A)	2	3	3	0	0
HER2 Ex 20 alterations (MTCs-B & C)	4	4	1	1	1
Extracellular Allo HER2 mutations (MTCs-D thru G)	5	4	2	2	0
Canonical ErbB mutations (Ex 19 del, L858R) or HER3	0	3	0	0	1
HER2 amplified	1	5	3	2	4
Other mutations	0	2	0	0	0
Missing	0	0	0	2	0

CRC, colorectal cancer; ECOG PS, Eastern Cooperative Oncology Group performance status; FE, food effect.

[a]Includes cervical, cancer of unknown primary (CUP), endometrial, kidney, liver, ovarian, prostate, pancreas, salivary, signet ring cell, urothelial, and uterine.

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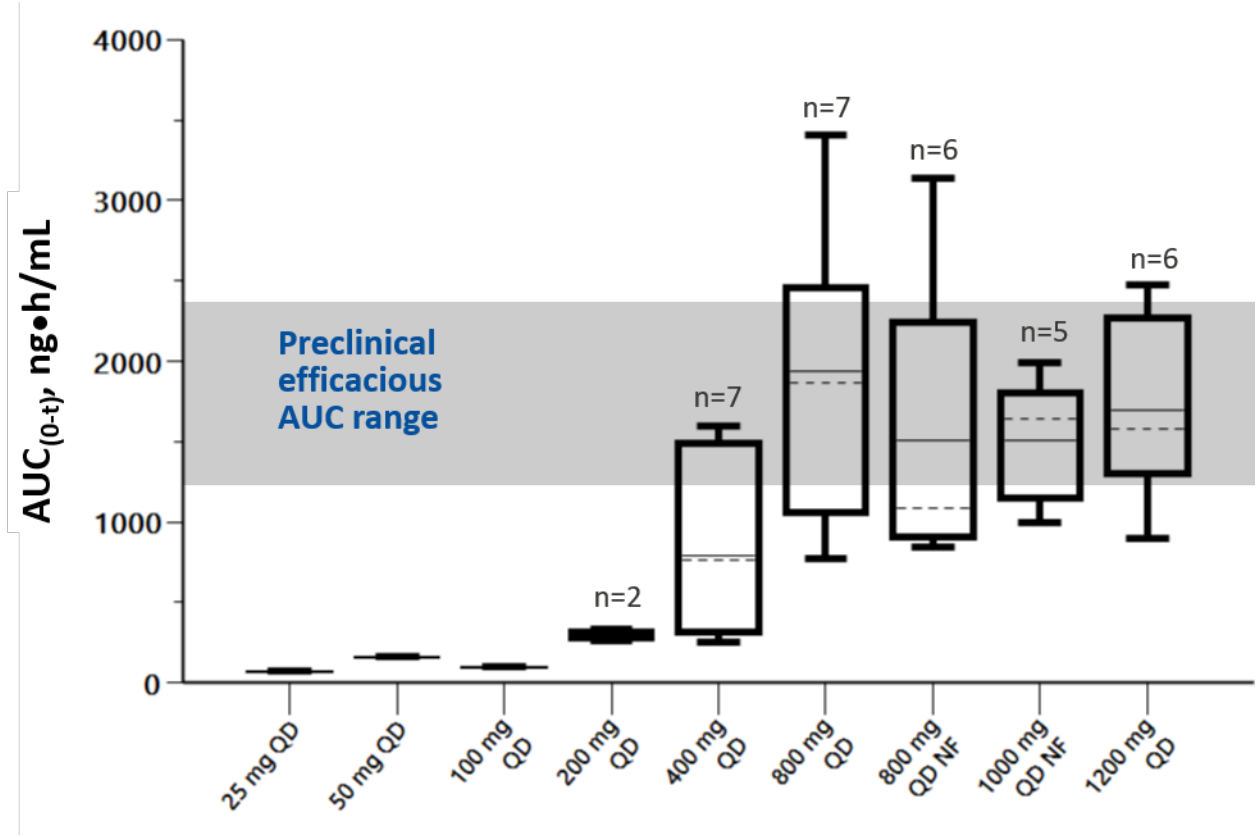
BDTX-189 Achieved the Predicted Efficacious Exposure at 800 mg QD, the Preliminary RP2D for the QD Regimen

Exposure for Dose Escalating Cohorts in QD Schedule



- **Rapidly absorbed, with a short elimination $t_{1/2}$ of 1.3 - 4.4 h, consistent with preclinical projections**
- **No apparent accumulation or change in exposure at steady-state**
- **Minimal effect of food on exposure**

$AUC_{(0-t)}$, area under the plasma concentration-time curve; NF, non-fasting.
Shaded grey box represents interquartile range, arithmetic mean (solid line), median (dotted line), tails (min/max)

Safety Profile Supports Selection of 800 mg QD as Preliminary RP2D

- No DLTs observed at doses of ≤800 mg QD fasting and non-fasting in the dose escalation cohorts
- 1000 mg QD non-fasting did not exceed MTD (BOIN), but won't be explored further due to toxicity profile
- 1200 mg QD fasting exceeded the MTD

DLTs and Adverse Events Requiring Dose Reductions in QD Schedule

	25-400 mg QD Fasting	800 mg QD (Fasting and *Non-Fasting*)	1000 mg QD *Non-Fasting*	1200 mg QD Fasting
Patients with DLTs/DLT-evaluable[a] patients (during dose escalation)	0/12	0/12	2/6[c]	2/5
DLT adverse events	NA	NA	•Diarrhea (2 G3) •Nausea (G1) •Increased creatinine (G3) •Bilirubin increased (G2)	•Diarrhea (1 G2; 1 G3) •Vomiting (G2)
Patients with AEs requiring dose reduction/total patients[b]	0/12	6/30	1/7	2/6
Dose reduction adverse events	NA	•Diarrhea (1 G2; 1 G3) •Nausea (1 G2; 1 G3) •Fatigue (G2) •ALT increased (G2)	•Diarrhea (G2) •Back pain (G3)	•Diarrhea (1 G2; 1 G3) •Vomiting (G2)

AE, adverse event; DLT, dose-limiting toxicity; G, grade; MTD, maximum tolerated dose; NA, not applicable.
[a]DLT evaluable: patients in dose-escalation phase (excluding food effect) who receive at least 75% of the planned doses during cycle 1 and complete all required safety evaluations or who have a DLT in cycle 1. [b]Includes full analysis group, including patients enrolled to food effect lead-in cohort. [c]As of April 23, 2021.

BDTX-189 is Well Tolerated at Preliminary RP2D of 800 mg QD
Gastrointestinal Events Predominate, Skin Disorders are Infrequent

Most Common Treatment-Related Adverse Events

Related Adverse Event (reported in ≥3 patients in any cohort)	25-400 mg QD Fasting n=12		800 mg QD + food-effect Fasting n=21		800 mg QD + food-effect *Non-Fasting* n=9		800 mg QD + food-effect Fasting & *Non-Fasting* n=30		1000 mg QD *Non-Fasting* n=7[b]		1200 mg QD Fasting n=6	
	Any Grade %	Grade 3 %	Any Grade %	Grade 3 %	Any Grade %	Grade 3 %	Any Grade %	Grade 3 %	Any Grade %	Grade 3 %	Any Grade %	Grade 3 %
Any Related AE	50	0	95	24	89	22	93	23	100	43	83	50
Diarrhea	25	0	52	10	44	0	50	7	86	29	50	33
Nausea	17	0	48	5	56	11	50	7	43	0	33	0
Vomiting	8	0	29	5	33	0	30	3	29	0	67	0
ALT increased	8	0	24	10	11	11	20	10	29	0	17	0
AST increased	8	0	14	5	11	0	13	3	14	0	17	0
Blood bilirubin increased	0	0	0	0	0	0	0	0	43	0	0	0
Fatigue	8	0	19	0	22	0	20	0	57	14	17	0
Skin disorders[a]	8	0	14	0	11	0	13	0	0	0	17	0
Decreased appetite	8	0	14	0	0	0	10	0	14	0	0	0

ALT, alanine aminotransferase; AST, aspartate aminotransferase.
[a]Include following AE terms: rash, dermatitis acneiform, rash morbilliform, dry skin, urticaria. [b]Data incomplete as of cutoff date.
Note: No grade 4 or 5 events reported.

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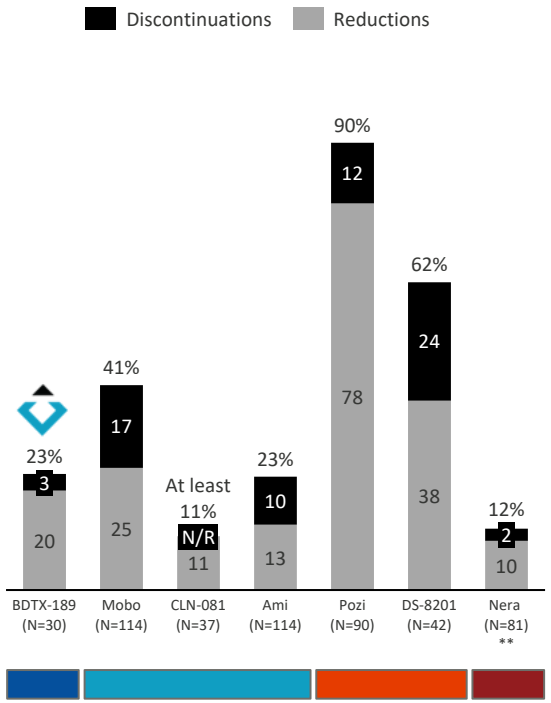
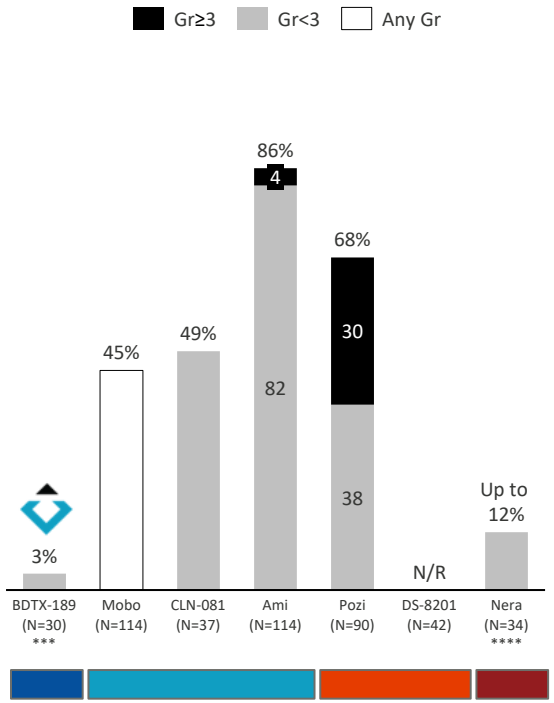
Favorable Safety Profile for BDTX-189 Among EGFR/HER2 Agents

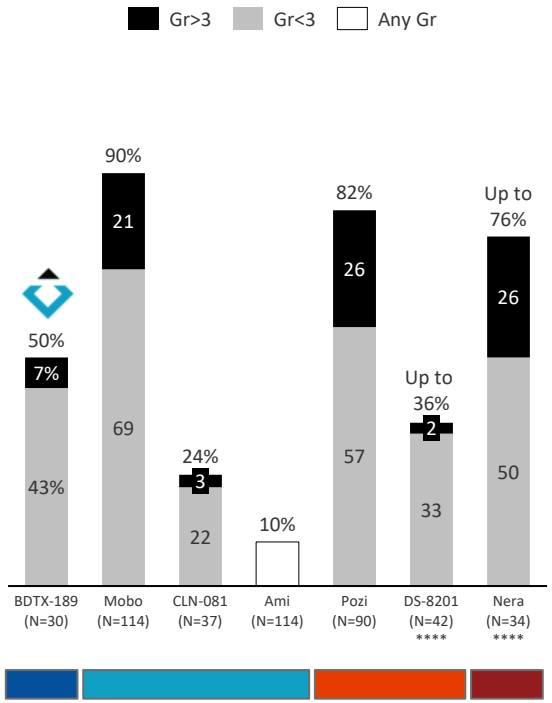
Dose Modifications Due to Any AEs*



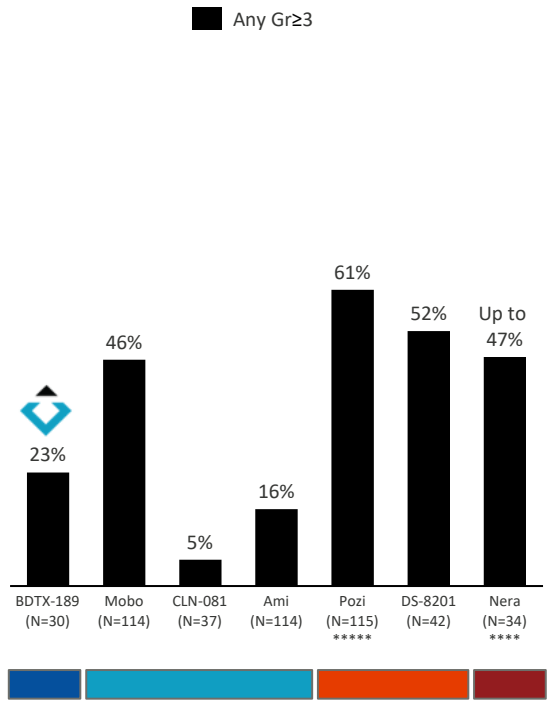
Treatment-Related Rash

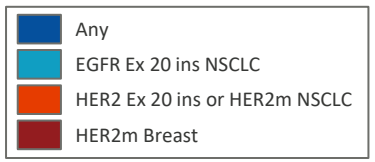


Treatment-Related Diarrhea



Treatment-Related Gr≥3





ami, amivantamab; NR, not reported; mobo, mobocertinib; pozi, poziotinib; nera, neratinib. Note: These data are derived from different clinical trials at different points in time, with differences in trial design and patient population. No head-to-head clinical trials have been conducted.

* "Dose reductions" and "discontinuations" not always mutually exclusive, may be double-counted; **Dose modification data for N=34 monotherapy patients not reported; ***4/30 = 13% patients with any "skin disorder" ("rash", "dry skin", and/or "dermatitis acneiform") for BDTX-189, all Gr<3; ****TRAEs not reported, only TEAEs reported; *****Data for "any treatment-related Gr≥3 AEs" not reported for poziotinib's HE20 NSCLC Cohort; as a proxy, data taken from EGFR Ex 20 ins NSCLC Cohort of ZENITH20 (AACR 2020)

Sources: BDTX-189: ASCO 2021 for N=30 in MasterKey-01 Dose Escalation treated at 800mg QD; mobocertinib: WCLC 2020 for N=114 PPP (post-platinum patients) EGFR Ex 20 ins mut. NSCLC; CLN-081: Dec 2020 S-1 for N=37 EGFR Ex 20 ins mut. NSCLC in Dose Escalation; amivantamab: WCLC 2020 for N=114 pre-treated EGFR Ex 20 ins. mut. NSCLC; poziotinib: ESMO 2020 for N=90 pre-treated HER2 Ex 20 ins mut. NSCLC in ZENITH20 Cohort 2, unless otherwise noted; DS-8201: 2020 ASCO for N=42 HER2mut. NSCLC in DESTINY-Lung01; neratinib: Smyth 2020 for N=81 HER2mut. Breast Cancer treated as monotherapy (N=34) or in combo with fulvestrant (N=47)

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MasterKey-01 Dose Escalation in Diverse Array of Solid Tumors & MTCs: *Evidence of Anti-Cancer Activity, Including Confirmed PRs*

Matrix to Describe Anti-Cancer Activity for Tumor Types v. Mutation Types

PR

SD

PD

NE

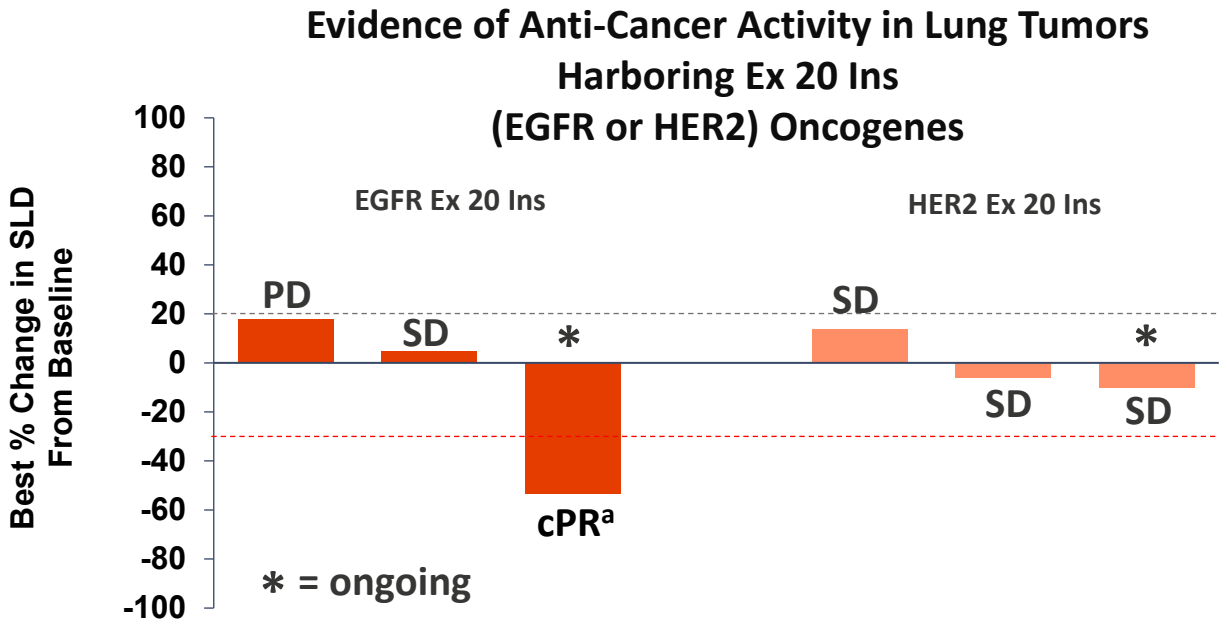
○ 400 mg QD
□ 800 mg QD
◇ 800 mg QD NF
△ 1000 mg QD
▽ 1200 mg QD

Cluster Type	Lung	Breast	Ovary	CRC	Uterine/ Cervical	Biliary Tract	Esopha-geal	Salivary Gland	Other
MTC-A	◆ ● ■ □ □ (1)		◇						
MTC-B	● ■ ■ ◆ ● ■			●					
MTC-C		■ ▽		△			●		
MTC-D	■		■	△	◇	●			
MTC-E		■							
MTC-F									(1)
MTC-G	◇							■	
HER2-Amp	▼ (1)	▽ (1)	▼ ▽	◆	(2)	■	■	●	■ ■ □
L858R	■ ▽ □								
HER3 Mut						■			
Other			■						■

MTC	Description
MTC-A	EGFR Ex 20 ins
MTC-B	HER2 Ex 20 ins
MTC-C	HER2 Ex 20 missense
MTC-E	HER2 KD β-sheet missense
MTC-F	HER2 KD α-loop missense
MTC-G	HER2 JMD missense
MTC-D	HER2 ECD missense

AMP, amplified; NE, nonevaluable; PD, progressive disease; PR, partial response; and SD, stable disease.
Responses are not necessarily confirmed. SD observed at least 30 days after first dose of study drug and includes 2 patients with non-measurable disease at baseline with non-CR/non-PD assessment.
Number in parentheses represent number of patients on treatment, but yet to have a post-baseline assessment.
NE = patients who discontinued treatment prior to first post-baseline assessment or who are otherwise not evaluable per RECIST criteria.
Two patients excluded due to missing mutation information. Tumor category of "other" includes kidney (n=1), pancreas (n=1), prostate (n=1), CUP (n=1), and urinary bladder (n=1).

Early PoC Achieved for BDTX-189 in NSCLC EGFR Ex 20 Ins Population Despite Prior Anti-EGFR/HER2 Therapy



Cluster Type	MTC-A	MTC-A	MTC-A		MTC-B	MTC-B	MTC-B
Dosing	800 mg QD	800 mg QD	800 mg QD NF		800 mg QD	800 mg QD	800 mg QD NF
Prior lines of therapy	1	2	2		7	1	2
Prior EGFR/HER2 TKI therapy	Osi		Pozi		Nera		Afa
Prior EGFR/HER2 mAb therapy		Ami					
Platinum-based therapy		Carbo	Carbo		Carbo	Carbo	Carbo
I/O therapy		Pembro			Pembro	Pembro	Pembro

Waterfall plot reflects data for a subset of patients from the overall waterfall plot, representing patients with NSCLC expressing EGFR or HER2 Ex 20 ins mutations and treated at doses of ≥800 mg QD.

Anti-cancer activity observed at ≥800mg QD among lung cancer patients expressing EGFR/HER2 Ex 20 ins mutations

- **EGFR Ex 20 ins**
  - 3 evaluable by RECIST (1 cPR, 1 SD, 1 PD)
  - All patients received prior ErbB targeted therapy
- **HER2 Ex 20 ins**
  - 3 evaluable by RECIST (3 SD)
  - 2/3 received prior ErbB targeted therapy

afa, afatinib; ami, amivantamab; carbo, carboplatin; cPR, confirmed partial response; I/O, immuno-oncology; mAb, monoclonal antibody; nera, neratinib; NF, non-fasting; osi, osimertinib; PD, progressive disease; pembro, pembrolizumab; pozi, poziotinib; SD, stable disease; SLD, sum of longest diameters.
Three patients without SLD data excluded from plot.
[a]Confirmed after the data cut-off.

NSCLC EGFR Ex 20 Ins: 51-year-old Woman with 53% Tumor Reduction and Improved Diffuse Lung Disease (Confirmed PR[a], on study 13+ wks)

Genomic alteration: EGFR Ex 20 ins (SVD)

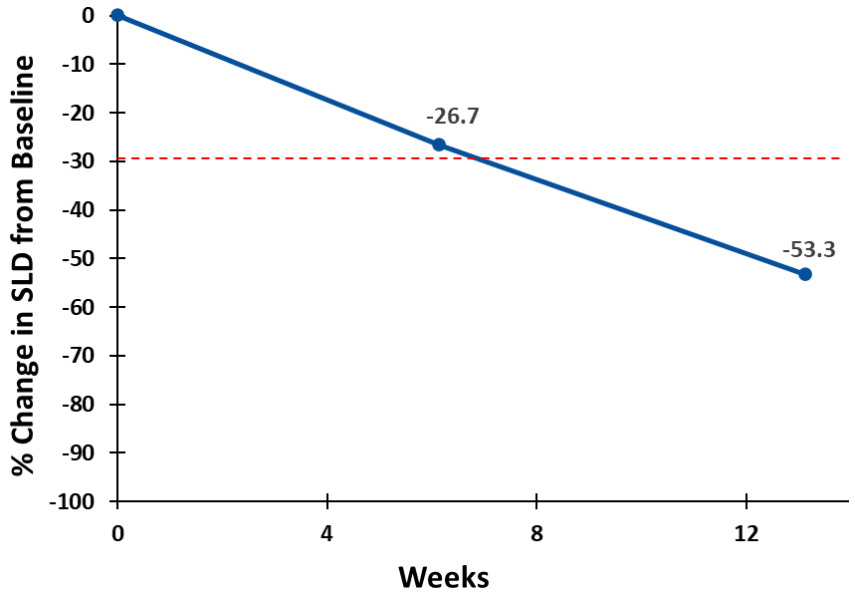
Prior therapy:

- Poziotinib with PR and toxicity followed by PD
- Carboplatin and pemetrexed

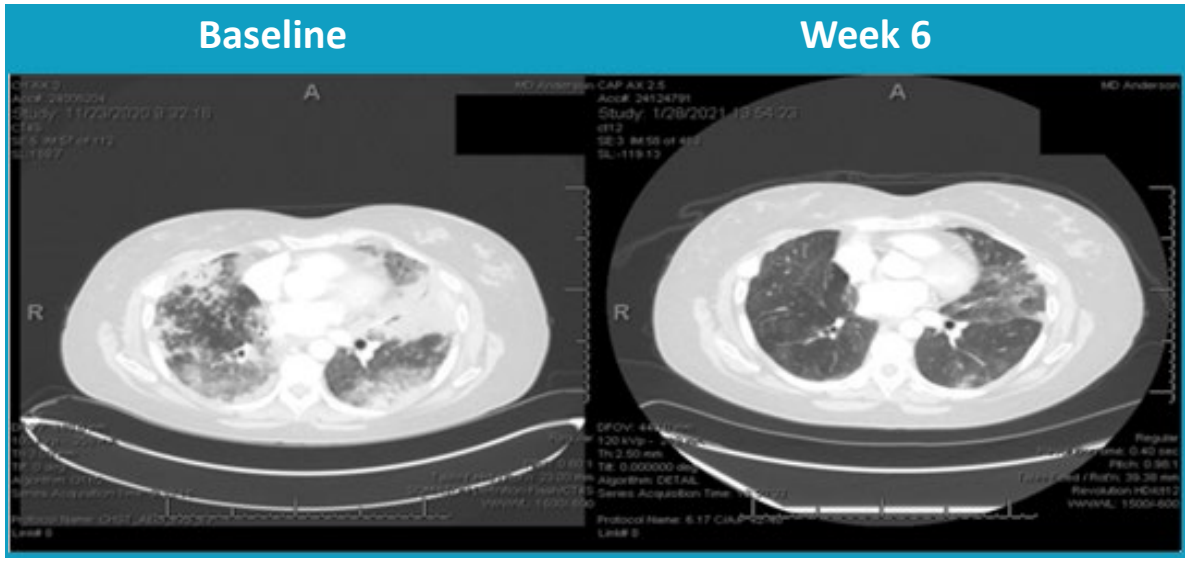
Treatment regimen: on study

- BDTX-189, 800 mg QD NF
- Controlled, low-grade diarrhea
- Off oxygen starting at ~9 weeks

Target Lesions Over Time

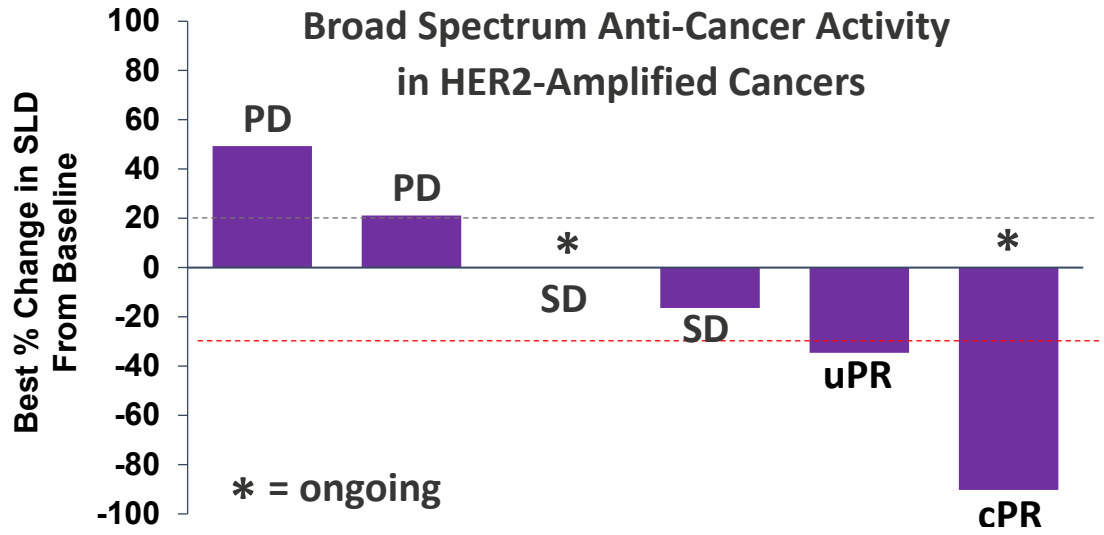


Radiologic Scans



[a]Confirmed after the data cut-off.

Early PoC Achieved for BDTX-189 in Solid Tumors with HER2-Amp



Tumor Origin	Esophageal	Breast	Pancreas	Ovary	Lung	CUP
Dosing	800 mg QD	1200 mg QD	800 mg QD	1200 mg QD	1200 mg QD	800 mg QD
Prior Lines of Therapy	1	3	3	3	6	4
Prior EGFR/HER2 TKI Therapy					Afa, Osi	
Prior EGFR/HER2 mAb Therapy	Tras	Tras Pertuz		Marget		
Platinum-based Therapy	Oxali		Oxali	Carbo	Cis Carbo	Carbo, Oxali

Waterfall plot represents patients with HER2 amplification and treated at ≥800 mg QD. This includes patients from all tumor types expressing HER2 amplification.

Clinical activity observed at ≥800mg QD among broad group of HER2-Amp expressing patients

- 6 evaluable patients by RECIST (1 cPR / 1 uPR / 2 SD / 2 PD)
- 4/6 patients received prior EGFR/HER2-directed therapy

BLACK DIAMOND THERAPEUTICS

cis, cisplatin; marget, margetuximab; oxali, oxaliplatin; pertuz, pertuzumab; tras, trastuzumab; uPR, unconfirmed partial response.
Eight patients without SLD data excluded from plot.

Cancer of Unknown Primary[a] (HER2 Amplification): 73-year-old Woman with Deep and Durable Confirmed PR (on study 7+ mos)

Genomic alteration: HER2-amplification

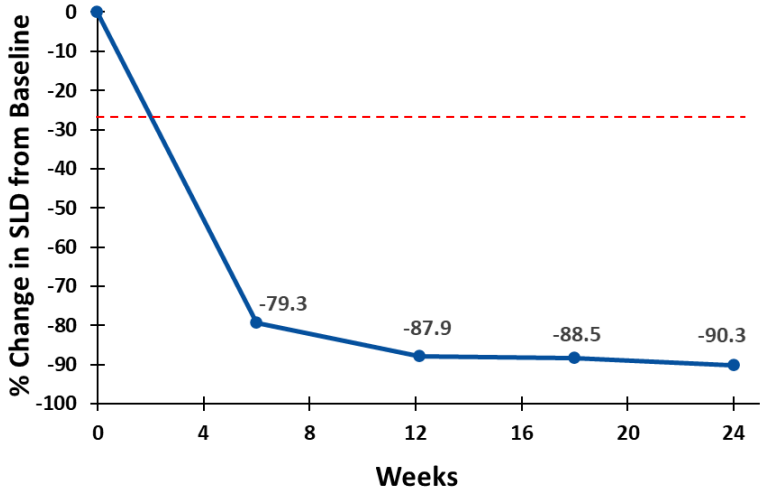
Prior therapy:

- Carbo/taxol, FOLFIRINOX, Everolimus

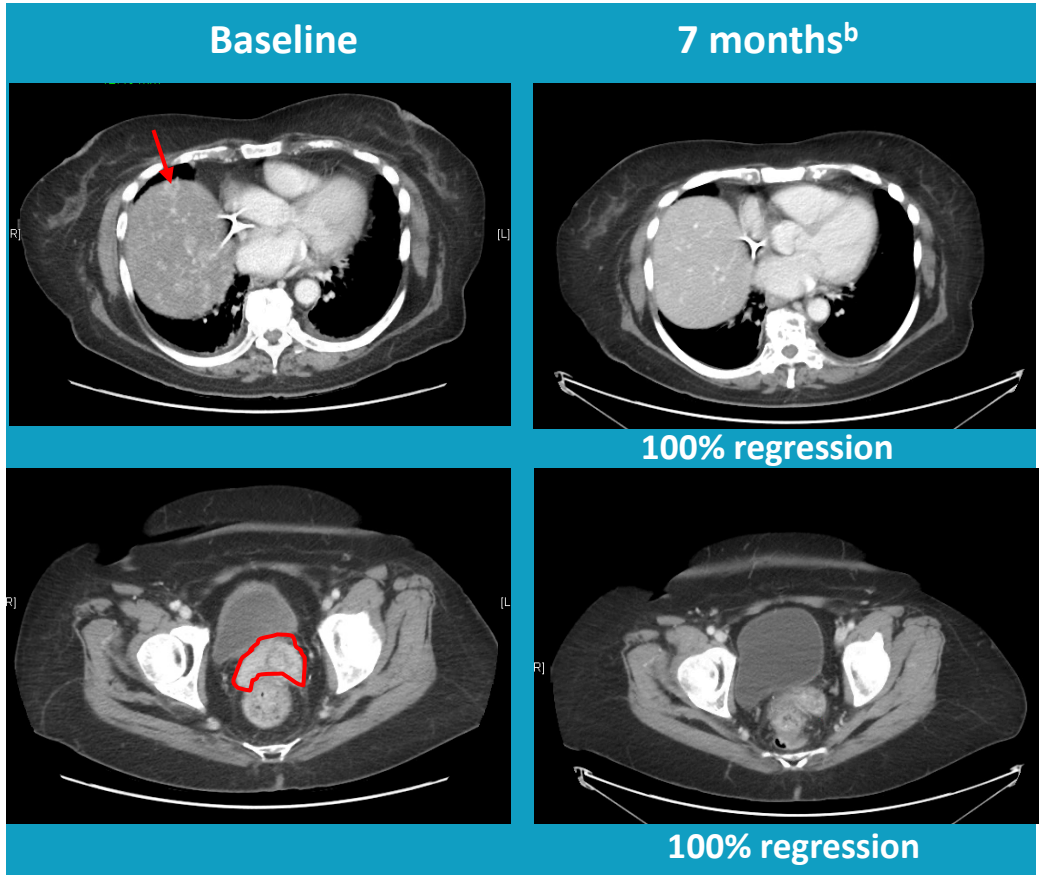
Treatment regimen: on study

- BDTX-189 800 mg daily (fasting)
- No ongoing related toxicity, had brief episodes of G1 diarrhea

Target Lesions Over Time

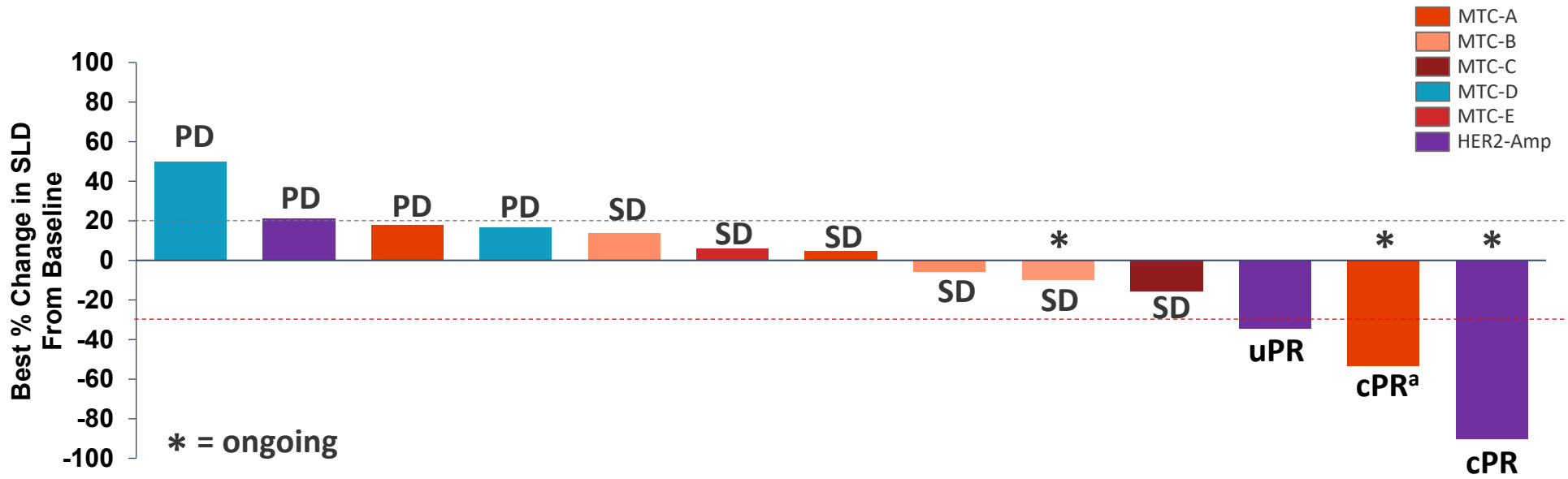


Radiologic Scans



[a]CUP presumed by the investigator of this patient to be of breast cancer, pancreato-biliary or upper gastrointestinal origin.
[b]Scans from April 23, 2021.

Anti-Cancer Activity in Phase 1 in Tumor/Mutation Pairs Slated for Phase 2



Dose, mg QD	800 NF	1200	800	800	800	800	800	800	800 NF	800	1200	800 NF	800
Tumor Origin	**Cervix**	**Breast**	**Lung**	**Lung**	**Lung**	**Breast**	**Lung**	**Lung**	**Lung**	**Breast**	**Lung[b]**	**Lung**	**CUP**
Prior Lines of Therapy	2	3	1	11	7	4	2	1	2	6	6	2	4
Prior EGFR/HER2 TKI Therapy	Nera		Osi	Pyro, Nera	Nera				Afa	Nera	Afa, Osi	Pozi	
Prior EGFR/HER2 mAb Therapy		Tras Pertuz		Tras ADC-ZW49 Fam-tras			Ami						
Prior Platinum-based Therapy	Carbo			Carbo, Cis	Carbo		Carbo	Carbo	Carbo		Cis, Carbo	Carbo	Carbo, Oxali
Prior I/O Therapy				Ipi, Niv, Atezo	Pembro		Pembro	Pembro	Pembro				

Waterfall plot includes patients treated at 800 mg QD and above whose tumor/mutation pairs are slated for Cohorts 1-4 in MasterKey-01 Phase 2, together with those patients with HER2 amplification in select tumor types demonstrated to be sensitive to other HER2 inhibitors (e.g., NSCLC, breast cancer, gastric cancer, endometrial [where HER2-P95 is expressed], CRC, and biliary). Breast, gastric, CRC, NSCLC, biliary, and endometrial tumor types were chosen based on analysis of reported clinical data across multiple TKIs, mAbs, and ADCs in *HER2^{amp}/HER2+* solid tumors; 3 representative sources.[1-5]

atezo, atezolizumab; fam-tras, fam-trastuzumab; ipi, ipilimumab; niv, nivolumab; pyro, pyrotinib.
12 patients without SLD data excluded from plot. [a]Confirmed after the data cut-off. [b]Co-occurring EGFR Ex 19 del mutation.

1. Waters N, et al. ASCO 2021, Poster #3097. 2. Yuan Y, et al. *Clin Cancer Res.* 2016;22(17):4291-4301. 3. Meric-Bernstam F, et al. ASCO GI 2021, Abstract #299. 4. Tsurutani J, et al. *Cancer Discov.* 2020;10(5):688-701. 5. Iqbal S, et al. *Ann Oncol.* 2011;22(12):2610-2615.

BLACK DIAMOND THERAPEUTICS

Summary

Black Diamond Therapeutics

Emerging Clinical Data Support Ongoing Development of BDTX-189 as an Active and Differentiated EGFR/HER2 Inhibitor

PK

Clinical exposure in line with preclinical predictions

- 800 mg QD non-fasting selected as preliminary RP2D for QD regimen

Safety Profile

Favorable safety profile

- Lower rates of rash, diarrhea, Grade 3 toxicities versus other EGFR/HER2 TKIs
- Adverse events were gastrointestinal in nature and generally medically manageable; skin disorders were infrequent

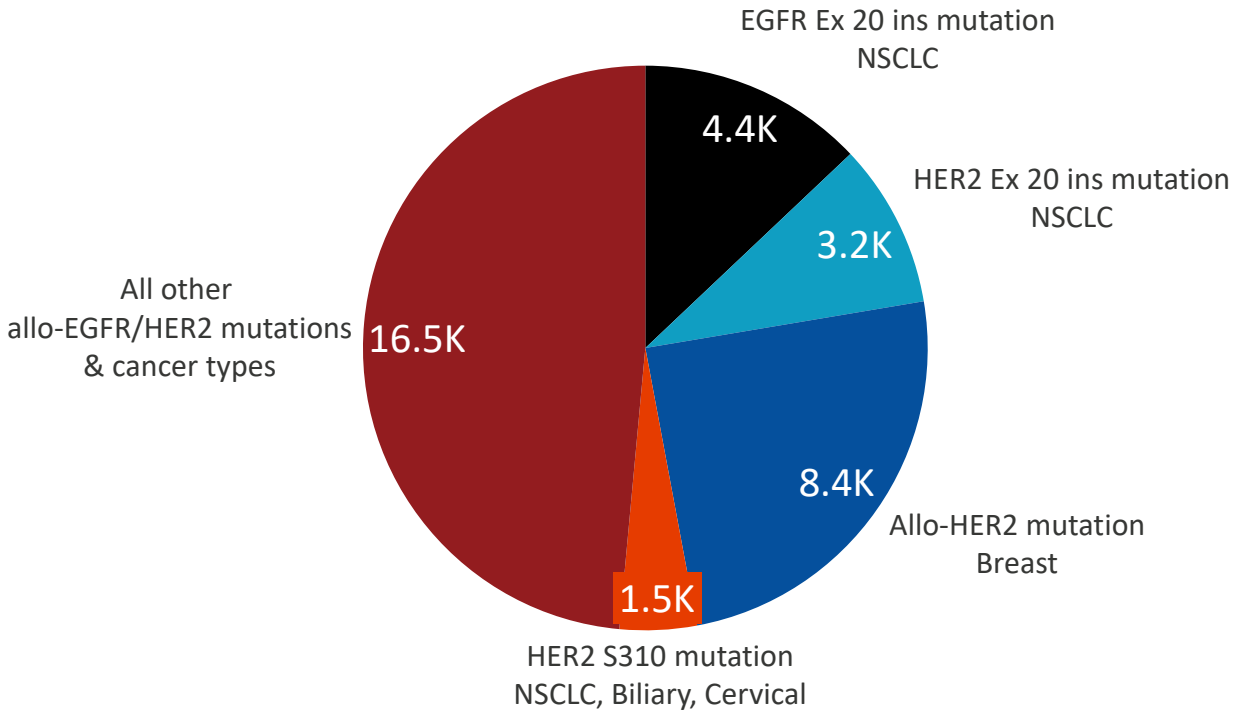
Anti-Cancer Activity

Anti-cancer activity observed

- PR/SDs among EGFR/HER2 Ex 20 ins in patients pre-treated with EGFR/HER2-directed TKIs
- Deep and durable confirmed response in setting of HER2-Amp

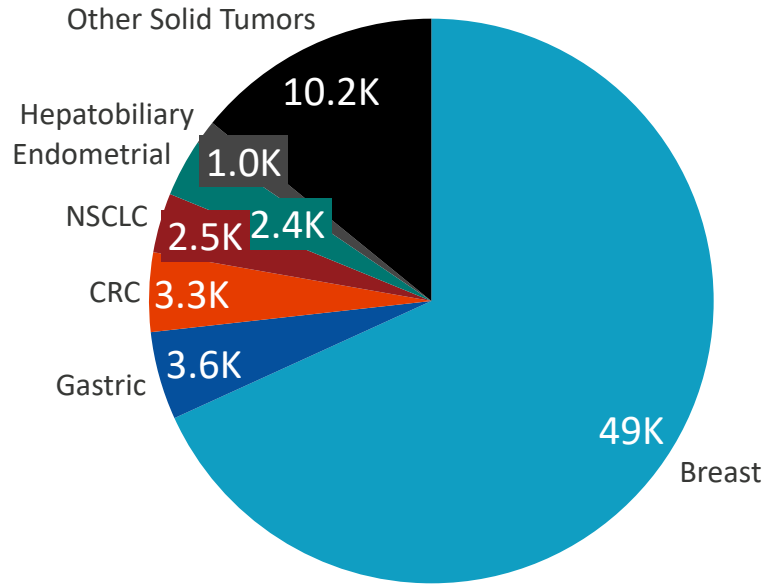
BDTX-189 Has a Significant Market Opportunity as an Allosteric EGFR/HER2 Inhibitor as Well as in HER2-Amp Patients

BDTX-189 US Patient Opportunity Cohorts 1-5[1]



~34K Newly Diagnosed US Patients

HER2-Amp Solid Tumor US Patient Opportunity[1]



~72K Newly Diagnosed US Patients

1. Based on 2020 solid tumor incidence data from SEER (seer.cancer.gov/) and prevalence of genetic alterations from Foundation Medicine, GENIE8.0/TCGA, and publications

Pivotal Phase 2 MasterKey-01 Study in Patients with EGFR/HER2 Mutations On Track to Begin Enrollment in 2H 2021

Next steps in advancing BDTX-189 through the clinic

- Complete evaluation of BID dosing regimen
- Enroll and dose patients in Phase 1 safety expansion cohort
- Initiate Phase 2 portion of MasterKey-01 study in 2H 2021

Learnings from on-going Phase 1 study inform our adaptation of pivotal Phase 2 study

- Focus on TKI naïve patients and patients without resistance mutations
- Focus on select tumor type/MTC pairs in pivotal Phase 2 study
- Explore opportunity in solid tumors with HER2-Amp

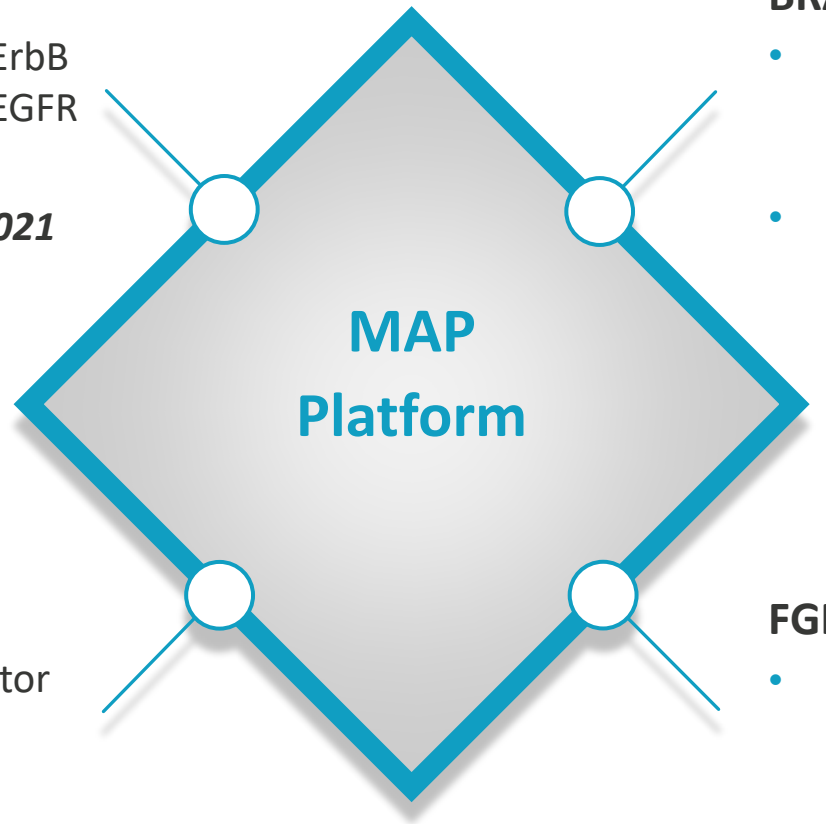
Initial BDTX-189 Clinical Data Provides Validation for Black Diamond's Proprietary MAP Platform and MasterKey Approach

BDTX-189

- MasterKey inhibitor of allosteric ErbB mutations with selectivity v. WT-EGFR
- ✓ ***Phase 1 dose-escalation 1H 2021***
- ***Phase 2 initiation expected 2H 2021***

BDTX-1535

- Brain-penetrant MasterKey inhibitor of oncogenic mutations in EGFR
- ***IND expected 1H 2022***



BRAF

- MasterKey inhibitor of Class II/III (non-V600) BRAF mutations without paradoxical activation
- ***IND expected 2022***

FGFR

- MasterKey inhibitor of FGFR2/3 designed to capture efficacy based on ability to spare FGFR1 plus activity v. gatekeeper mutations
- ***IND expected 2022***

FPI, first patient in; IND, investigational new drug application.

Thank You

Black Diamond Therapeutics