Black Diamond Therapeutics, Inc.

Clinical Update on BDTX-1535 Potential First and Best-in-Class 4th Generation EGFR Inhibitor

BLACK DIAMOND THERAPEUTICS

June 27, 2023

Forward-Looking Statements

This presentation contains forward-looking statements of Black Diamond Therapeutics, Inc. ("we," "us," "our") within the meaning of the Private Securities Litigation Reform Act of 1995. Forward looking statements include all statements that are not historical facts, and in some cases, can be identified by terms such as "may," "might," "will," "could," "would," "should," "expect," "intend," "plan," "objective," "anticipate," "believe," "estimate," "predict," "potential," "continue," "ongoing," or the negative of these terms, or other comparable terminology intended to identify statements about the future. Forward-looking statements contained in this presentation include, but are not limited to, statements regarding our future financial or business performance, conditions, plans, prospects, trends or strategies and other financial and business matters; our current and prospective product candidates, the timing and advancement of current and planned clinical trials, our ability to replicate results achieved in our preclinical studies or clinical trials; research and development costs; the competitive landscape and market for our product candidates; our ability to maintain our intellectual property portfolio; and the timing and success of our development and commercialization of our product candidates, including our ability to establish and maintain collaborations or strategic relationships. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause our actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors" in our most recent annual report on Form 10-K filed with the Securities and Exchange Commission (the "SEC"), as well as discussions of potential risks, uncertainties, and other important factors in our other subsequent filings with the SEC. In addition, we have not conducted any head-to-head studies comparing our product candidates to any third-party drug products or candidates, whether investigated or approved. Information regarding other drug products in this presentation is meant to provide context for illustrative purposes only. Because there are no head-to-head studies, no conclusions should be made based on cross-study comparisons. Recipients are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date such statements are made and should not be construed as statements of fact.

Agenda

CEO Introduction to BDTX-1535 Clinical Update

David M. Epstein, Ph.D.
President & CEO

Mutant EGFR NSCLC Landscape and BDTX-1535 Profile

Liz Buck, Ph.D.
Chief Scientific Officer

BDTX-1535 Phase 1 NSCLC Clinical Data

Sergey Yurasov, M.D., Ph.D.
Chief Medical Officer

KOL Perspective: Post-Osimertinib NSCLC

Melissa Johnson, M.D.
Director of Lung Cancer Research
Sarah Cannon

Key Milestones

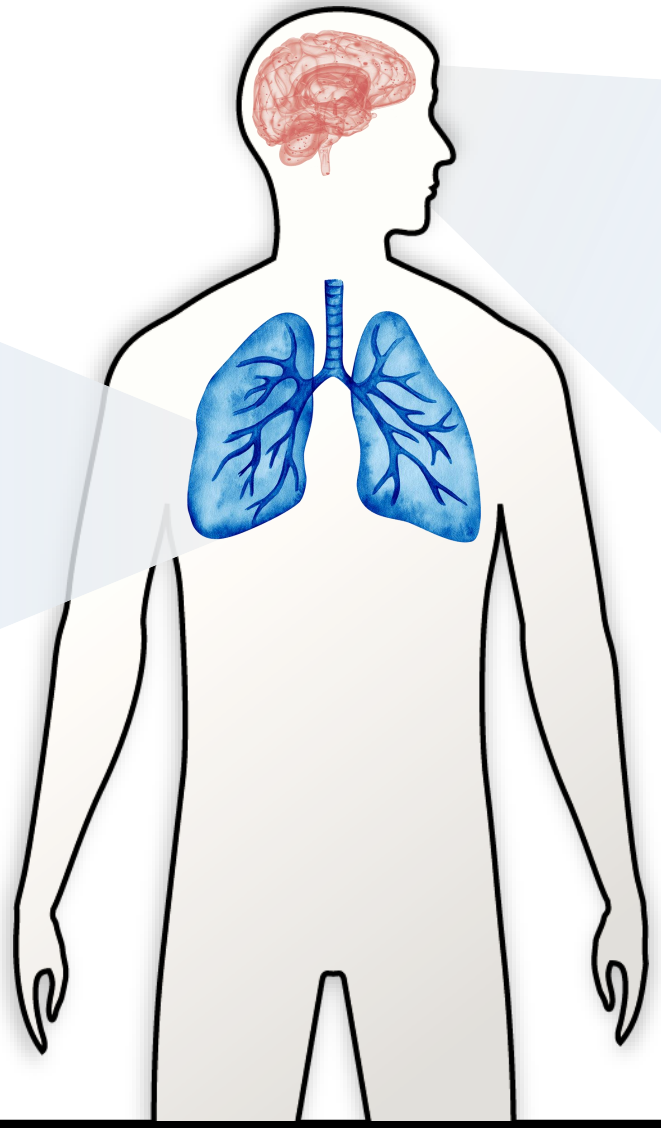
Fang Ni, Pharm.D.
Chief Business and Financial Officer

BDTX-1535 Clinical Proof-of-Concept Achieved in Phase 1 Dose Escalation

EGFR Mutant Non-Small Cell Lung Cancer (NSCLC)

Clinical proof-of-concept achieved

Clinical presentation today



EGFR Altered Glioblastoma (GBM)

Update planned

Fourth Quarter of 2023

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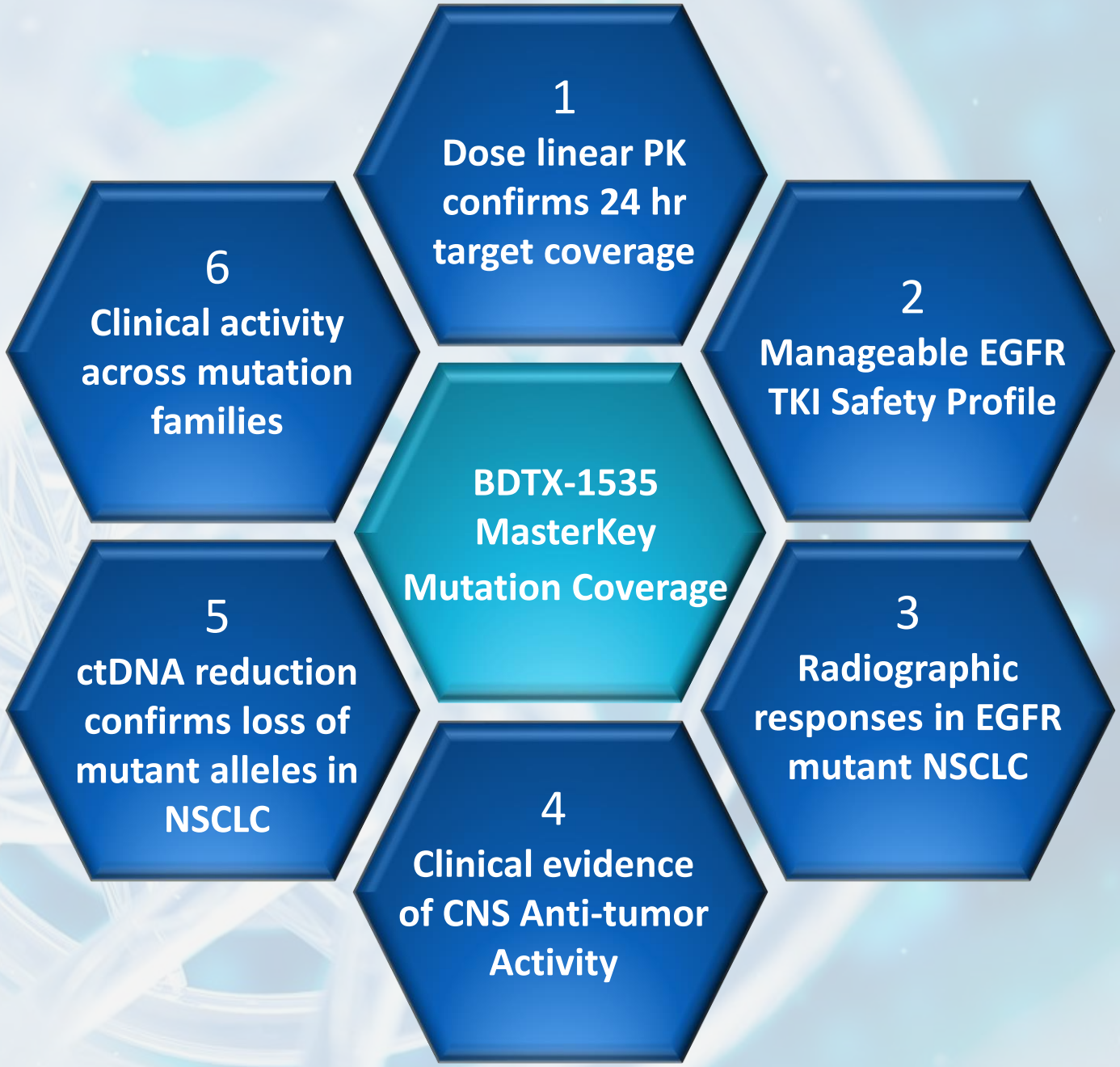
BDTX-1535 Phase 1 Highlights:

Clinical Proof-of-Activity in NSCLC



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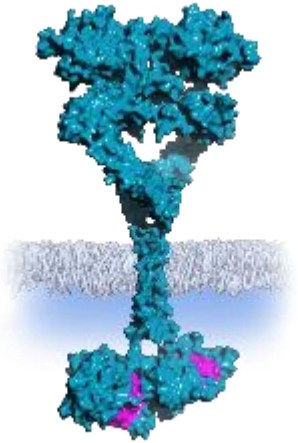
Black Diamond's MasterKey Approach Targets Oncogene Mutation Families

Classical/Current Approach:
Targeting single mutations
in individual tumor types

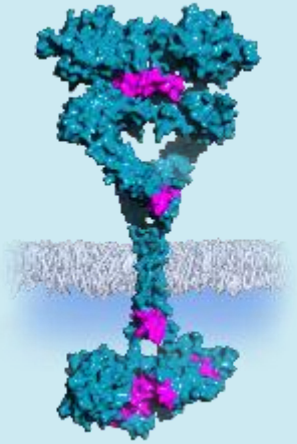


Limited addressable
patient population

Genetic profiling of cancer patients via Next Generation Sequencing (NGS)

Less than 15% patients[1] with metastatic cancer eligible for approved precision oncology medicines

Black Diamond MasterKey:
Targeting family of oncogenic mutations



Expanded addressable
patient population

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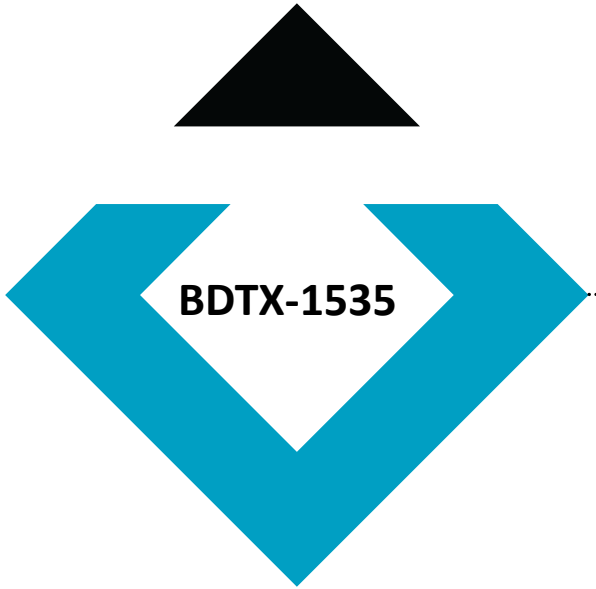
1. Haslam, A., et al. Annals Oncology Vol 32, Issue 7, p926-932; July 2021

BDTX-1535

Potential First & Best-in-Class 4th Generation EGFR Inhibitor

Black Diamond Therapeutics

BDTX-1535: Selective EGFR MasterKey Inhibitor with Clinical Proof-of-Concept



MasterKey	Targets family of EGFR intrinsic driver & resistance mutations
Spares WT-EGFR	Selective for MasterKey mutations over WT-EGFR to deliver favorable safety profile
Covalent	Covalently targets EGFR mutants for potency and durability
Brain Penetrant	Designed to treat CNS tumors and brain metastasis
Clinical PoC	Clinical proof-of-concept in NSCLC achieved

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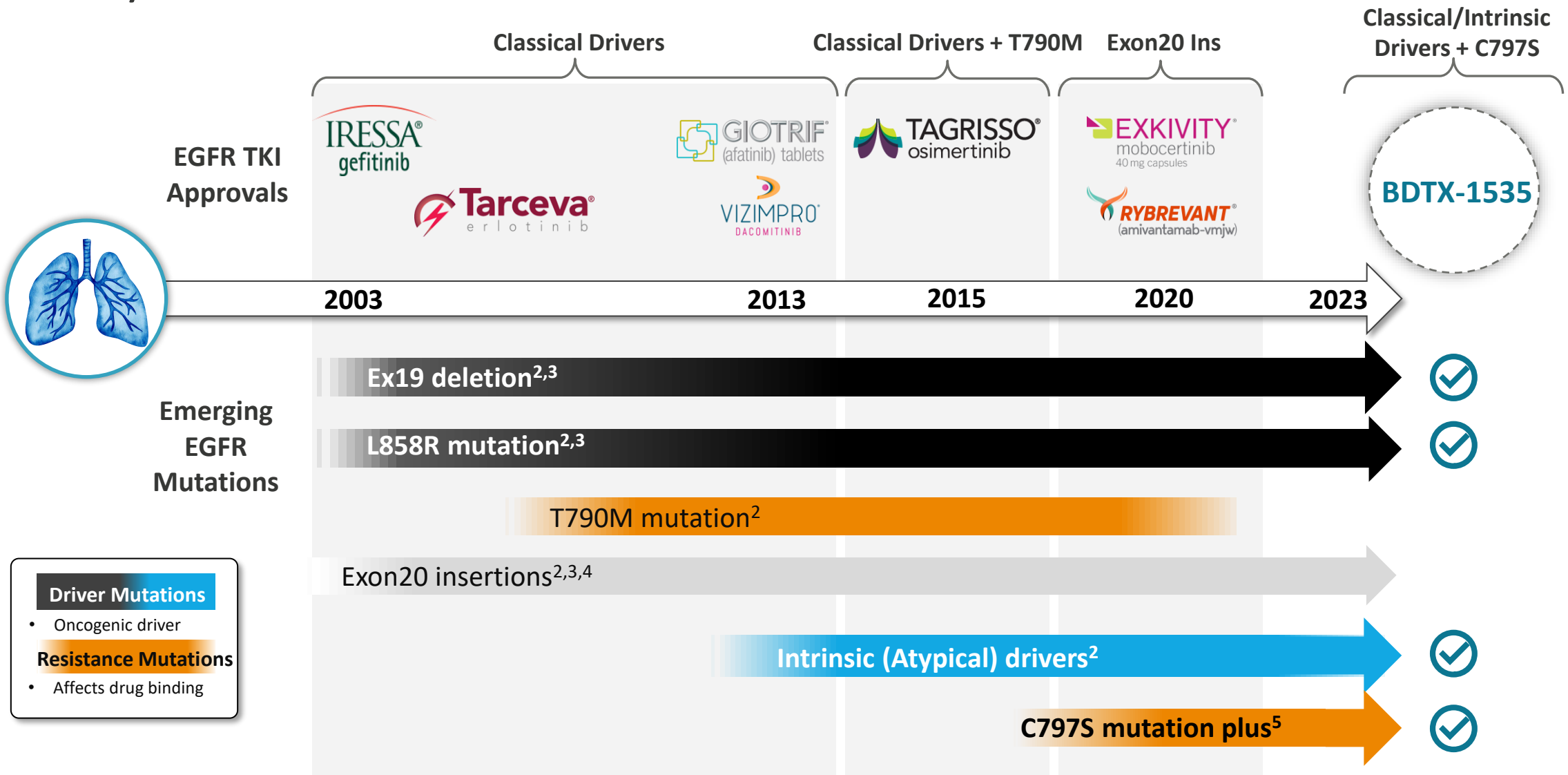
CNS=Central Nervous System; WT=Wild-Type; GBM=Glioblastoma Multiforme; NSCLC=Non-Small Cell Lung Cancer

Evolving EGFR Mutated NSCLC Market Predicted to Grow to Over $6B Per Year[1] Globally

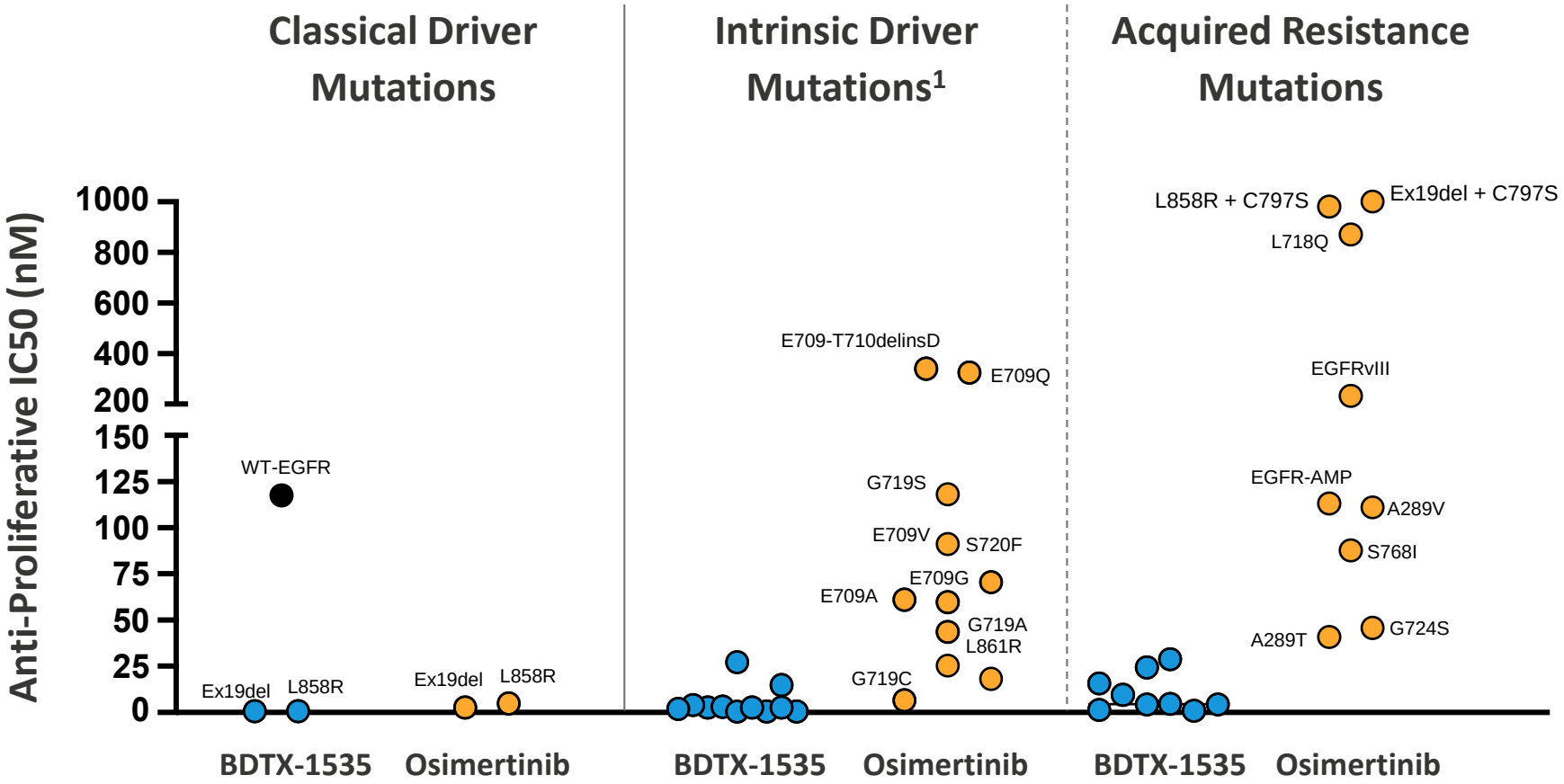


Note: Intrinsic drivers also called "Atypical", "PACC", "Uncommon"

1. EvaluatePharma 2. Bogdan Grigoriu, European Respiratory Journal Apr 2015; 3. Kosaka, T. Cancer Res., (2004); 4. Vyse, S., Sig Transduct Target Ther (2019); 5. Costa DB, Transl Lung Cancer Res. 2016

BDTX-1535 Demonstrated Potent Inhibition of EGFR Intrinsic Driver Mutations, C797S Resistance Mutation, and EGFR Amplification

BDTX-1535 potently targets >50 EGFR MasterKey mutations

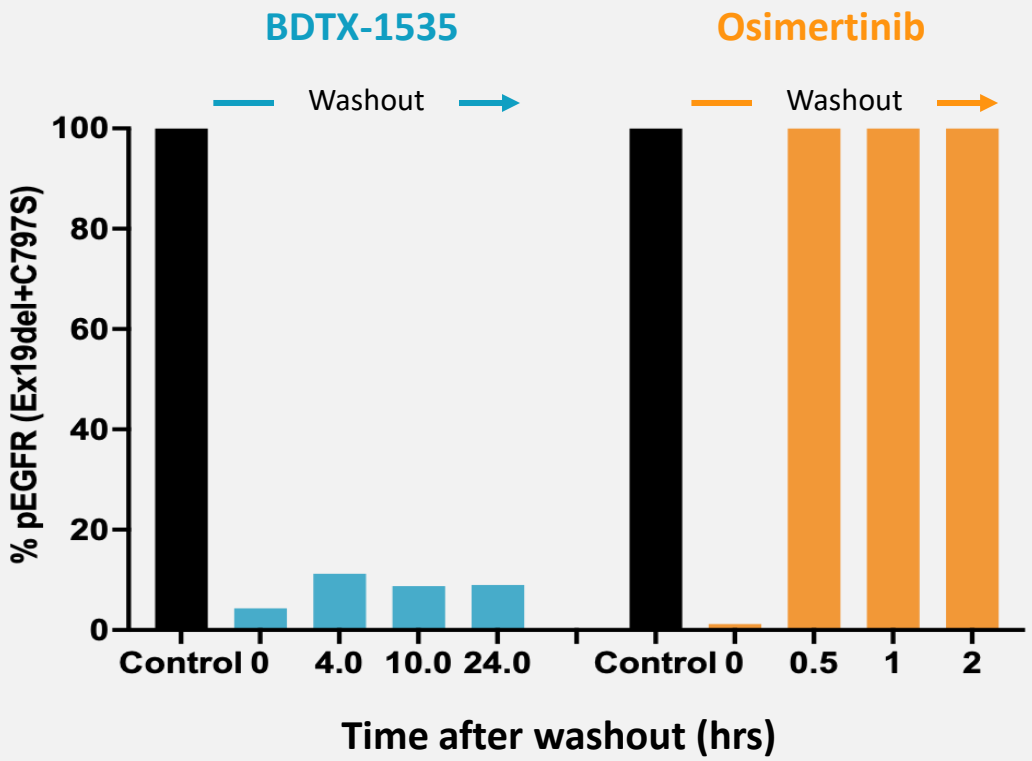


1. BDTX-1535 has demonstrated activity against greater than 50 intrinsic driver resistance mutations

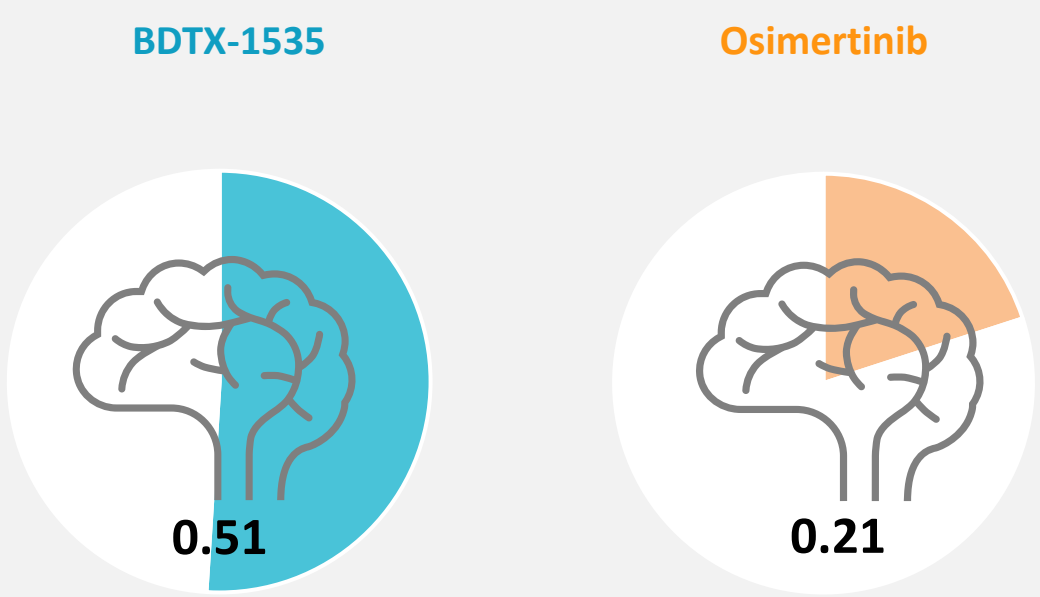
Source: AACR 2023 Poster

BDTX-1535: Designed as an Irreversible Brain Penetrant EGFR MasterKey Inhibitor

BDTX-1535 Exhibited Durable Irreversible Target Inhibition In Preclinical C797S mutant Study



BDTX-1535 Exhibited Superior Brain Exposure Kpuu (rat)



Kpuu Partition Coefficient Calculation: AUCbrain:blood x plasma Fu/brain Fu

C797S BaF3 xenograft model

BDTX-1535 – Potentially First and Best-in-Class 4th Gen EGFR TKI

Critical Features	BDTX-1535	BLU-945[1,2]	BLU-701[3,4]/525[5]	THE-349[6]	STX-241[7]
Classical Driver MasterKey Mutations	✓	✓	✓	✓	✓
C797S Acquired MasterKey Resistance	✓	✓	✓	✓	✓
Intrinsic Driver MasterKey Mutations	✓	?	?	?	?
Covalent Binding for potency/durability	✓	⊘	⊘	⊘	?
CNS Penetration	✓	?	✓	✓	✓
Status	Phase 1 Monotherapy	Combination Study	Deprioritized / preclinical	Preclinical	Preclinical

Note: Intrinsic drivers also called “Atypical”, “PACC”, and “Uncommon” mutations

1.) Eno, J Med Chem 2022; 2.) Elamin, ASCO 2023 Annual Meeting; 3.) Spira, ASCO 2022; 4.) Blueprint Medicines Investor Day, SEC 2022; 5.) Blueprint Medicines Corporate Presentation, June 2023; 6.) Zhang, EORTC-NCI-AACR 2022; 7.) Scorpion Therapeutics Press Release, April 2023

BDTX-1535 Designed to Address Current Pattern of EGFR Mutations

NSCLC EGFR Mutation Landscape Evolved with Early Line Use of Osimertinib

Treatment Naïve EGFR+ NSCLC → **1L Osimertinib** → **2L Post-Osimertinib EGFR+ NSCLC** → **2L+ Chemotherapy**

Intrinsic Drivers*
e.g., G719X
E709X

*>50 *EGFR oncogenic mutations*

Classical Drivers
ExDel19
L858R

Key Unmet Need

Intrinsic Drivers

Classical Drivers

Intrinsic Drivers

Intrinsic drivers comprise up to ~13% treatment naïve EGFR+ NSCLC at baseline[1,2]

Classical Drivers

Intrinsic Drivers

C797S

Classical Drivers

C797S

Up to 15% of patients progressing 1L Osimertinib acquire EGFR C797S resistance mutation[3,4]

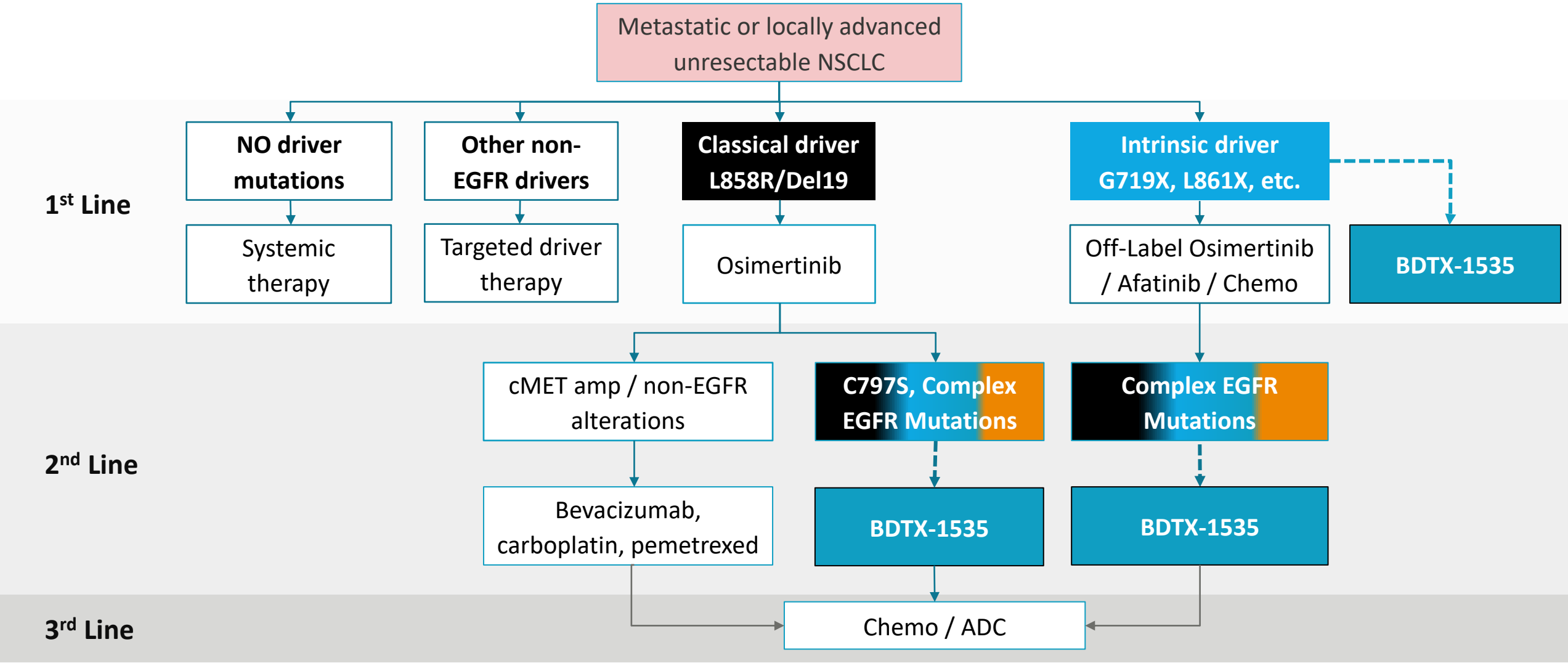
ORR 27%[5]

Note: Intrinsic drivers also called “Atypical”, “PACC” and “Uncommon” mutations

1. John, Cancer Epidemiology, 2022; 2. Kuiper, BJC 2016; 3. Piotrowska Z, ESMO 2022, LBA53 ELIOS; 4. Ramalingam, WCLC 2022; 5. Keynote-789 ASCO 2023

Current Treatment Paradigm for EGFR mutant NSCLC

BDTX-1535 Opportunity in Future 2L and 1L EGFR+ NSCLC Treatment Landscape

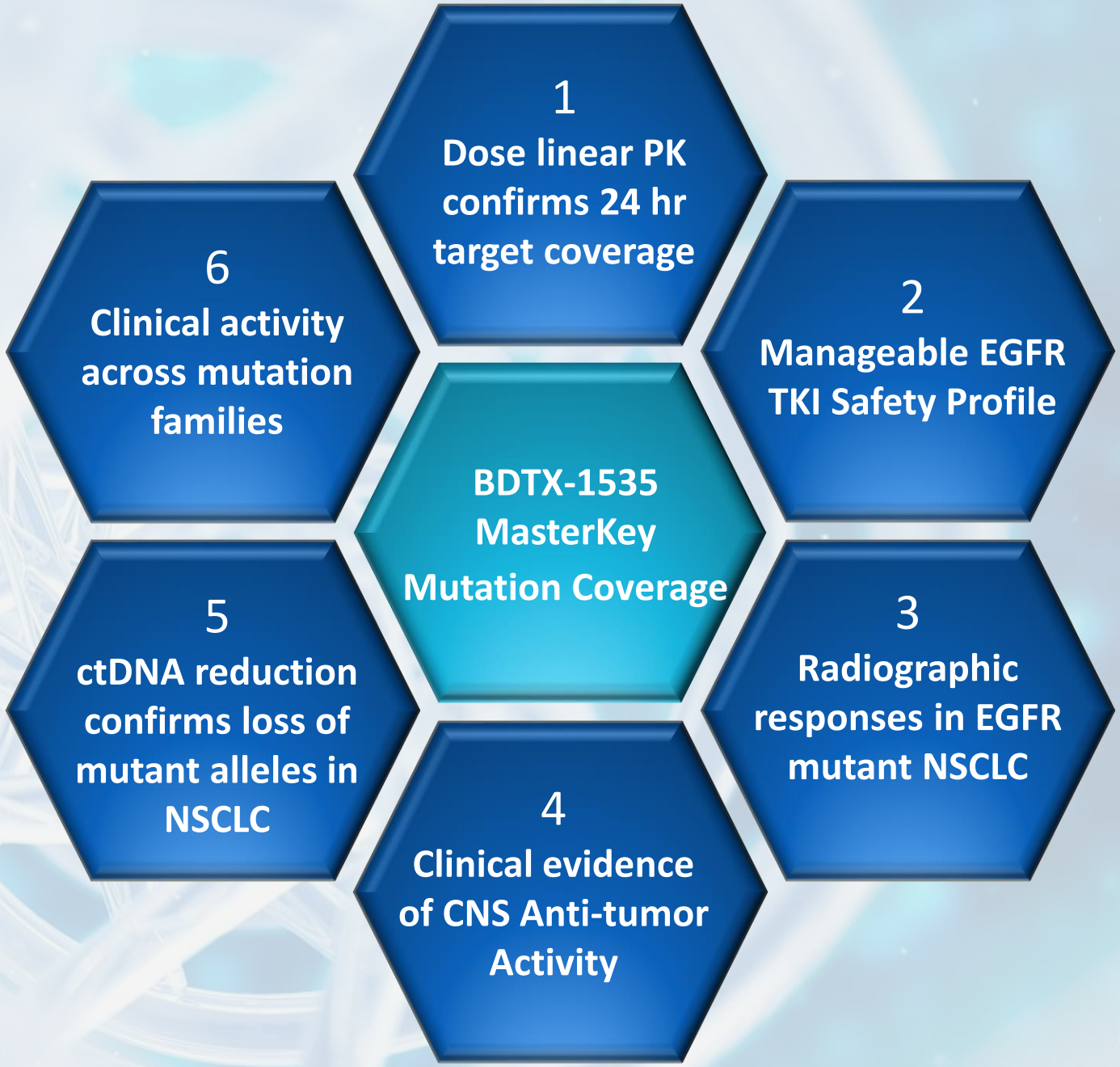


Note: Intrinsic drivers also called "Atypical", "PACC", and "Uncommon" mutations

ADC = antibody drug conjugates

Modified from KANTAR Health 2020

BDTX-1535 Phase 1 Dose Escalation Delivered Clinical Proof-of-Activity in NSCLC



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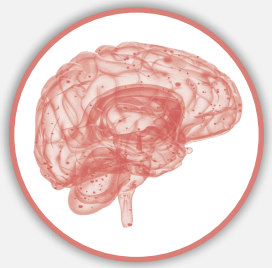
BDTX-1535 Phase 1 Dose Escalation for NSCLC & GBM with Targeted EGFR Mutations

Mutation Matched Phase 1 Study

NSCLC Acquired & Intrinsic Cohorts:

- EGFR mutations at the time of progression:
  - **Intrinsic driver**, OR
  - **Acquired resistance**
- Progression on 1L 3rd Gen EGFR TKI
- Exclusion of EGFR T790M, Ex20ins, KRAS mutations, cMET amplification

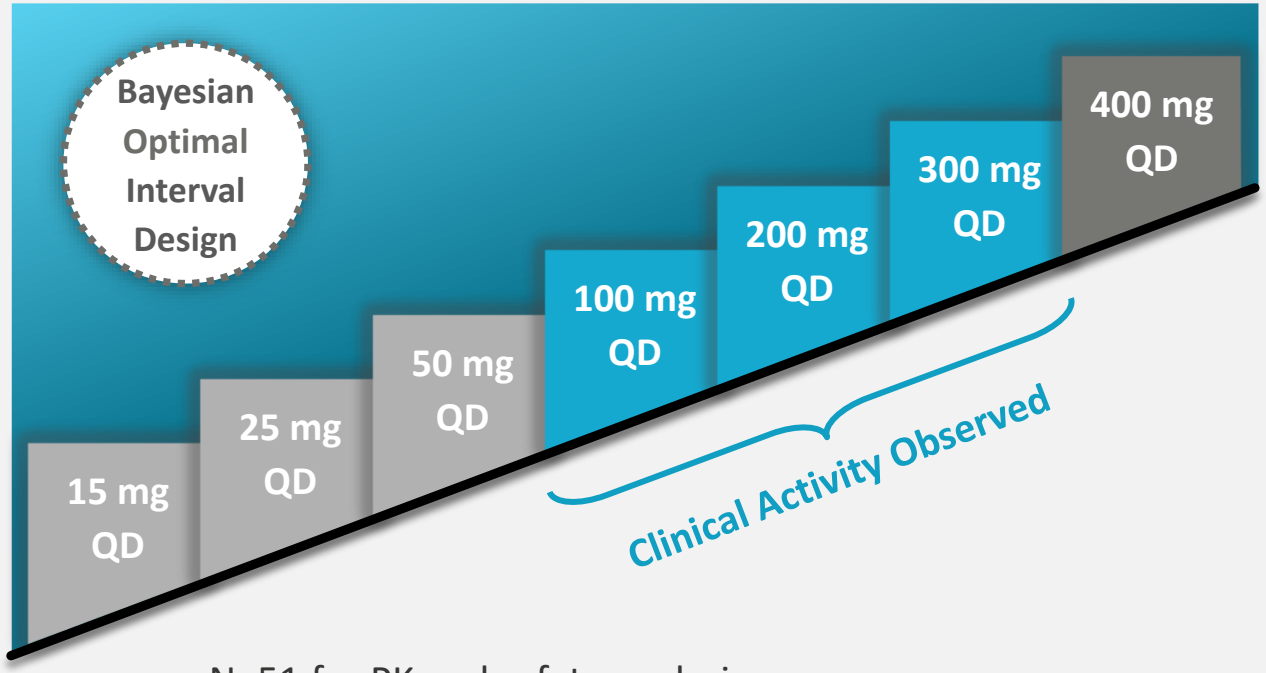


Recurrent GBM Cohort:

- EGFR alterations at the time of resection
- Wild-type isocitrate dehydrogenase (IDH)
- Recurrent disease

Dose Escalation

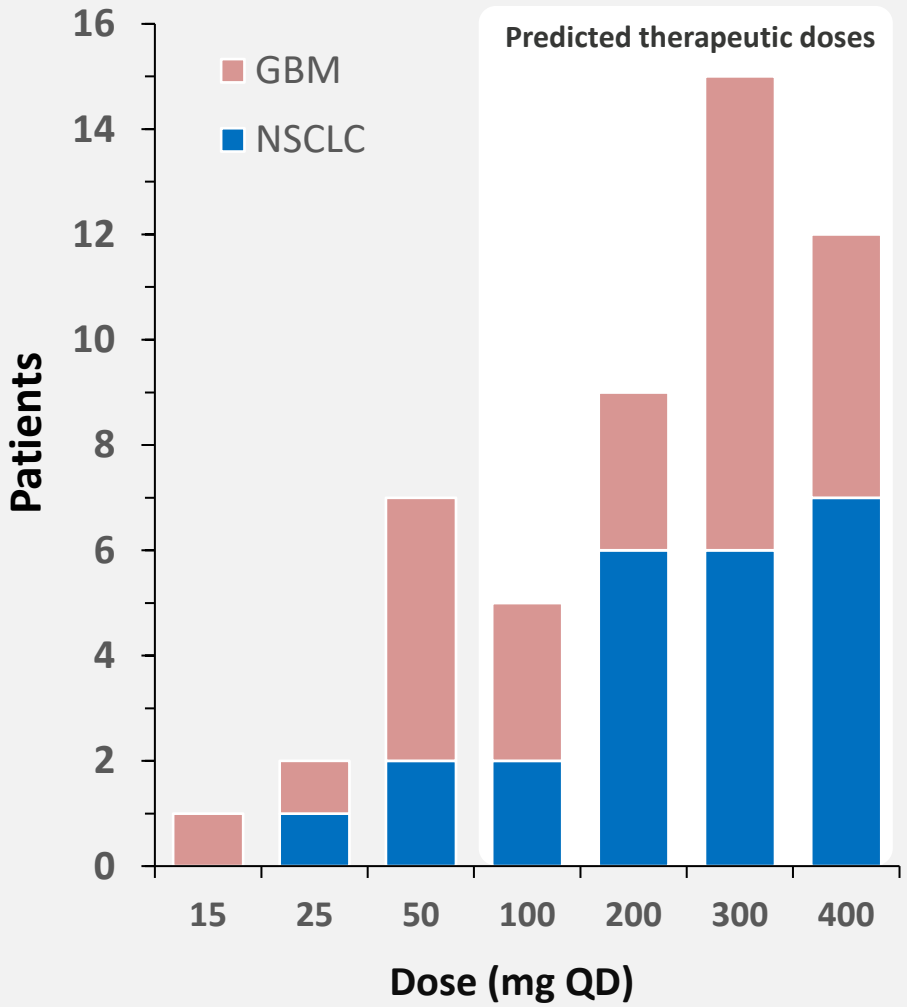
Patients: measurable and non-measurable disease
Primary objective: safety and PK



- N=51 for PK and safety analysis
- N=12 for NSCLC efficacy evaluable patients from 100mg, 200mg & 300 mg QD cohorts
- No DLTs at ≤200 mg QD

QD = quaque die, once daily; DLT = dose limiting toxicity

BDTX-1535-101 Phase 1 Dose Escalation Patient Characteristics

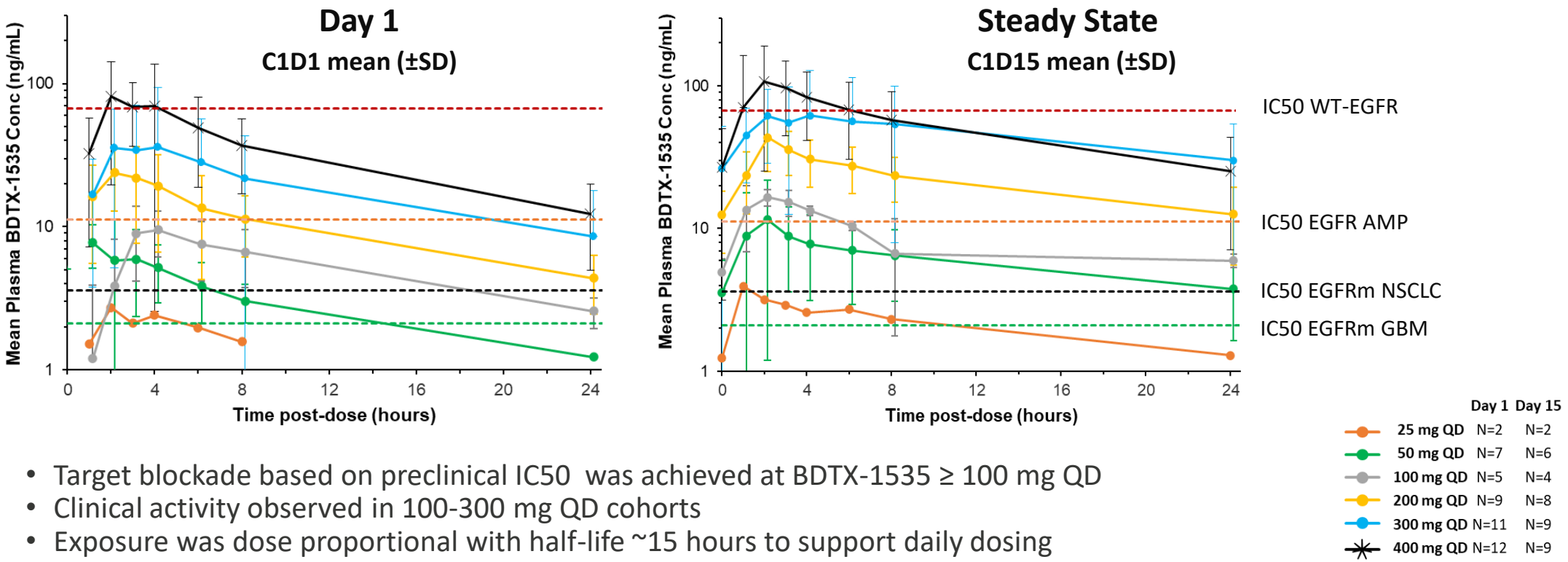


NSCLC	
Patient Characteristics and Treatment History	**All Treated (N=24)**
Age, median (range)	65 (47, 81)
Female	16 (67%)
ECOG PS	
0	7 (29%)
1	16 (71%)
Non-smoker	17 (71%)
Prior lines of therapies	
median (min, max)	2 (1, 9)
Prior anti-cancer agents	
EGFR TKI	24 (100%)
Chemo	16 (67%)
Anti-angiogenic or CPIs	10 (42%)
EGFR TKIs received	
Osimertinib	19 (79%)
1st line treatment	16 (67%)
Erlotinib	4 (17%)
Afatinib	3 (13%)
Gefitinib	2 (8%)
Dacomitinib	1 (4%)
BLU-701	1 (4%)

GBM	
Patient Characteristics and Treatment History	**All Treated (N=27)**
Age, median (range)	58 (41, 85)
Female	10 (37%)
Karnofsky PS	
90	4 (17%)
80	12 (50%)
70	5 (21%)
60	3 (13%)
Prior lines of therapies	
median (min, max)	2 (1, 4)
Prior anti-cancer agents	
TMZ	27 (100%)
Anti-angiogenic or CPIs	11 (41%)
Chemo	7 (26%)

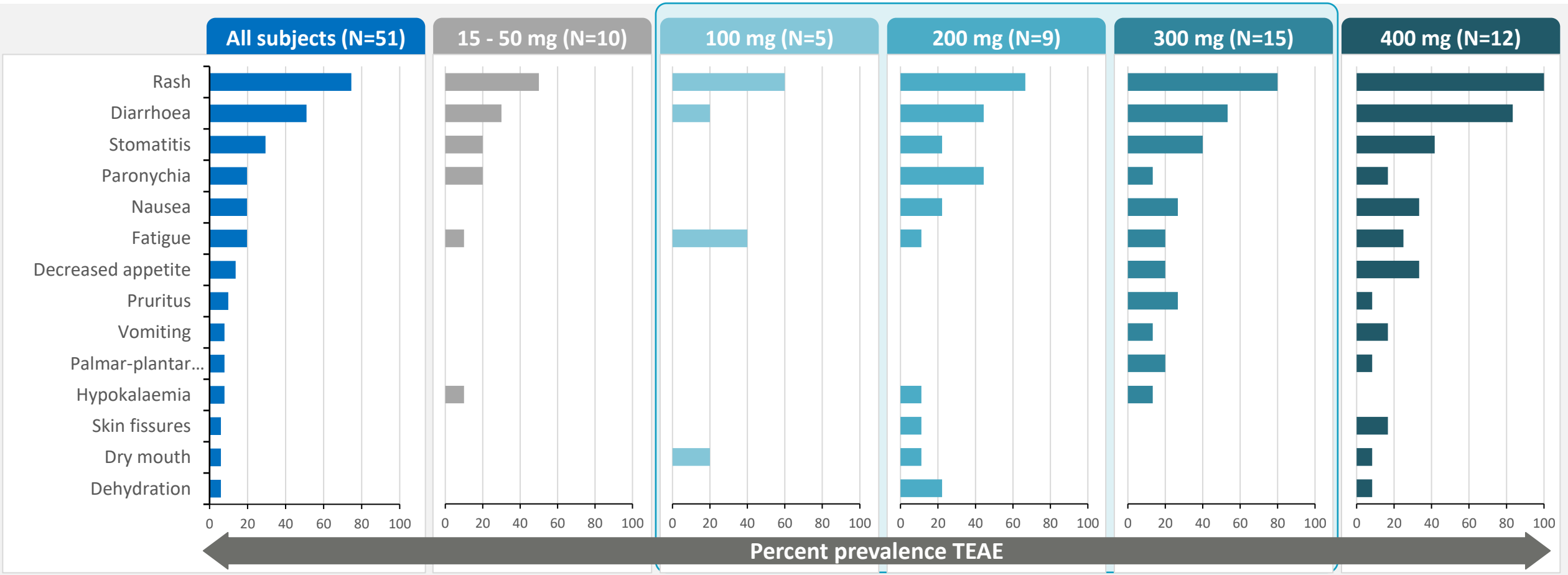
BDTX-1535 Linear Plasma PK Profile Supports Daily Dosing To Achieve 24 Hour Target Coverage in NSCLC and GBM Cohorts

Mean plasma concentration-time profile of BDTX-1535



- Target blockade based on preclinical IC50 was achieved at BDTX-1535 ≥ 100 mg QD
- Clinical activity observed in 100-300 mg QD cohorts
- Exposure was dose proportional with half-life ~15 hours to support daily dosing

Dose Escalation Treatment Emergent Adverse Events Related to BDTX-1535



- TEAEs events occurring ≥6%
- Majority of adverse events were mild or moderate
- Rash, diarrhea, stomatitis and paronychia were consistent with WT EGFR effect
- No unexpected safety signal was identified

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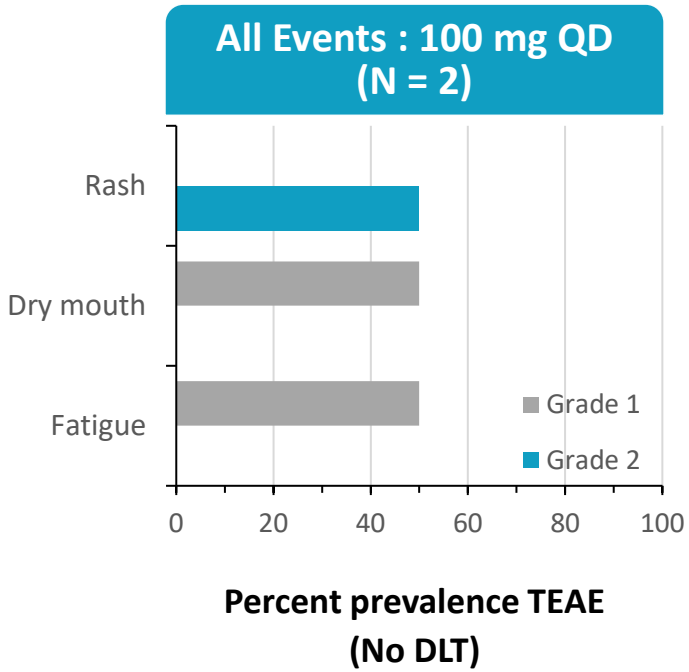
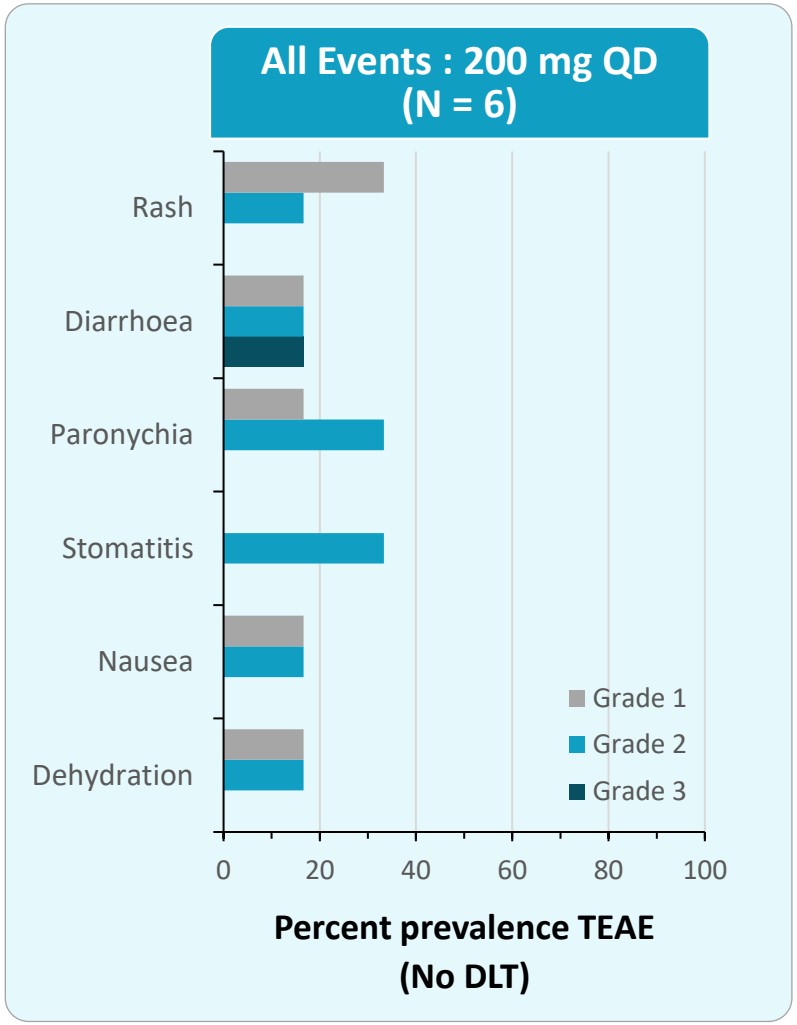
TEAEs: Treatment Emergent Adverse Events

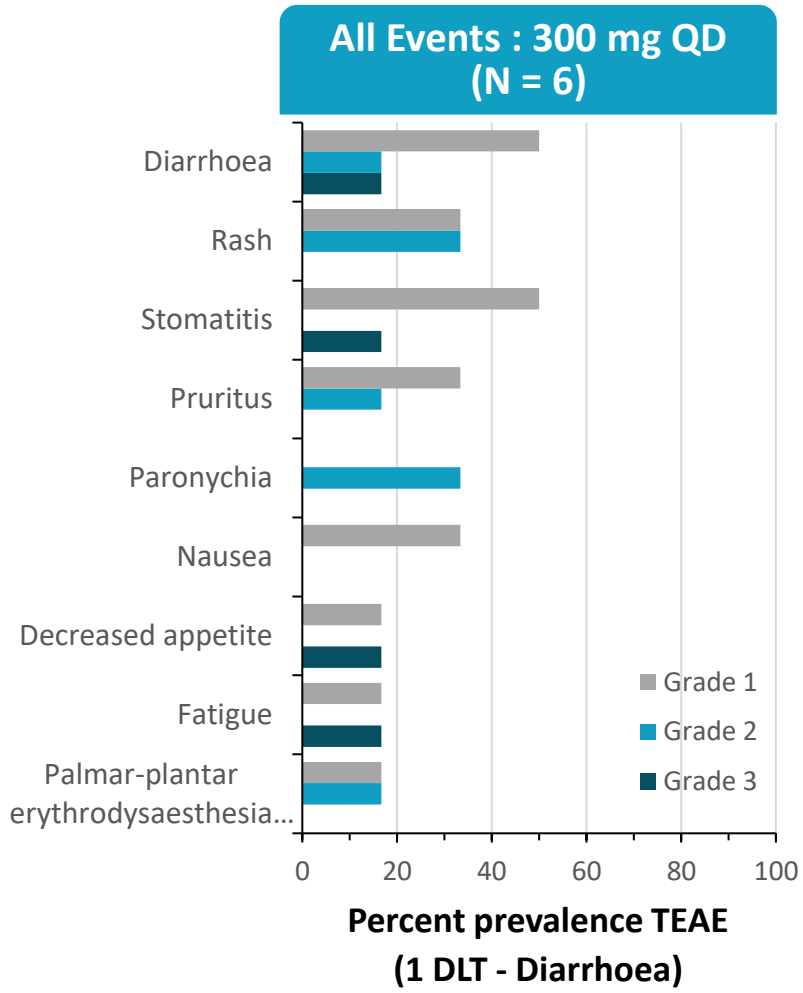
20May2023 BDTX-1535-101 clinical data extract

Comparison of BDTX-1535 Related Adverse Events in NSCLC Patients

BDTX-1535 200 mg QD was Observed to be a Well Tolerated Dose

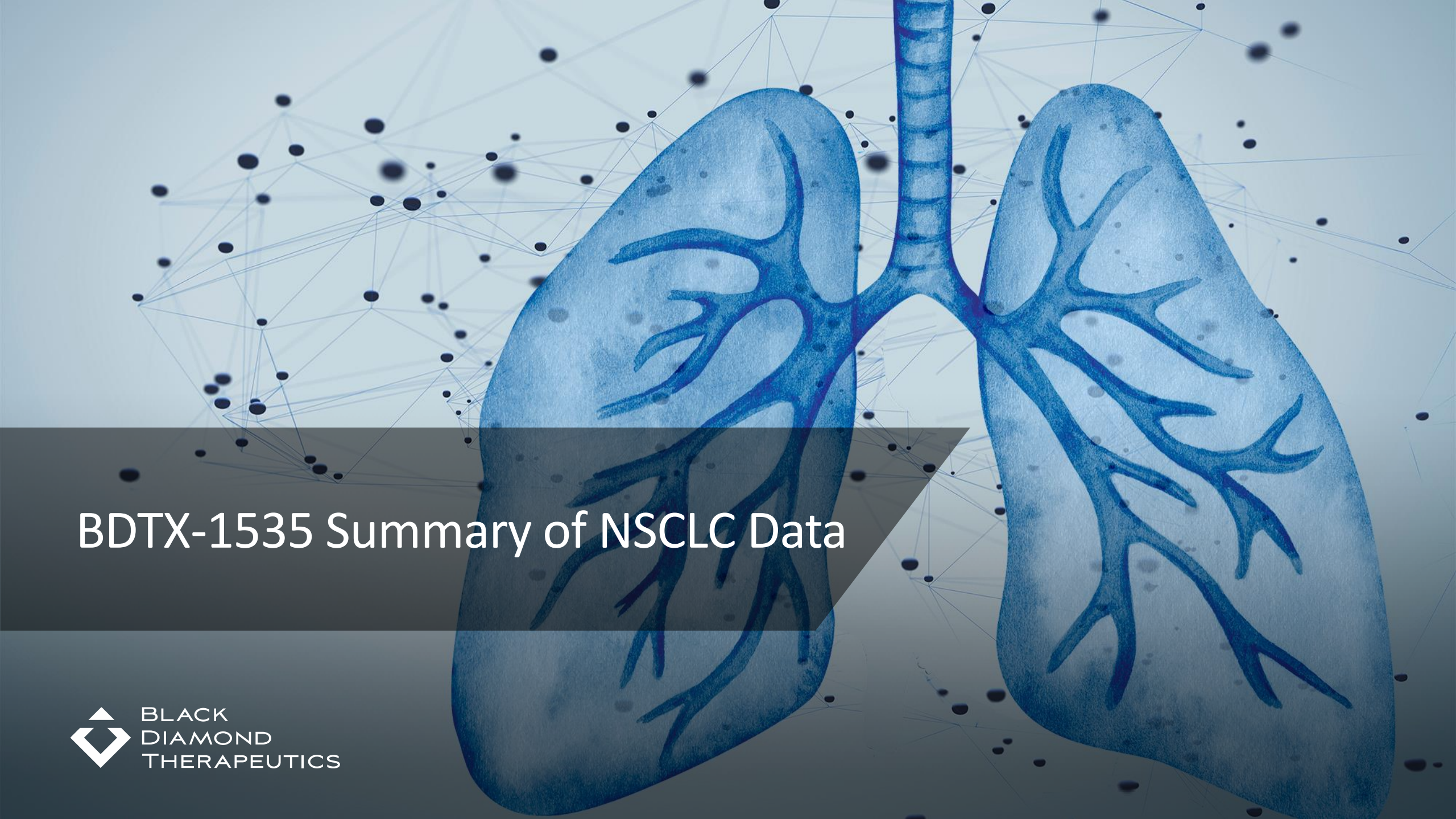






TEAEs = Treatment Emergent Adverse Events; DLT = dose limiting toxicity

20May2023 BDTX-1535-101 clinical data extract;



BDTX-1535 Summary of NSCLC Data

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BDTX-1535 Dose Escalation NSCLC Patients Reflect Real World EGFR Mutation Landscape Post Osimertinib

n=24 patients enrolled in dose escalation; n=12 patients efficacy evaluable

Classical Driver
C797S

10 patients

Classical Driver
Intrinsic Drivers
C797S

3 patients

Intrinsic Drivers

7 patients

Classical Driver
Intrinsic Drivers

4 patients

Mutation Family	MasterKey Mutations
Acquired resistance mutation	C797S
	E709A/V
	L718Q
	G724S
	D1012V
	L833V
Intrinsic driver mutation	G719A
	L861Q
	L747P
	S768I
	T751K
	K754E
	L747_E759del
	E746_T751delinsA
Classical mutation	Exon 19del
	L858R

Patient NGS Reports (redacted)
20May2023 BDTX-1535-101 clinical data extract

NSCLC Efficacy Evaluable Patient Population From BDTX-1535 Phase 1 Dose Escalation

Assigned Dose (QD) (n =24)	Reasons for Exclusion From Efficacy Evaluable Group	Efficacy Evaluable Group (n = 12)
25 mg (n =1) 50 mg (n = 2)	Sub-therapeutic doses (n=3)	25 mg (n = 0) 50 mg (n = 0)
100 mg (n = 2)	Physician decision to withdraw patient (n = 1)*	100 mg (n = 1)
200 mg (n = 6)	None	200 mg (n = 6)
300 mg (n = 6)	Protocol eligibility deviation (n = 2) Nine lines of therapy (n =1) Post-baseline tumor assessment is pending (n=1)	300 mg (n = 2)
400 mg (n = 7)	Non-measurable disease (n =1) Treatment discontinuation due to AE (n = 1)* Consent withdrawal by subject (n = 2)*	400 mg (n = 3)

* Post-baseline tumor assessment was not done due to discontinuation prior to first tumor assessment

RECIST1.1 Radiographical Responses in Efficacy Evaluable NSCLC Patients Treated with Therapeutic Doses of BDTX-1535

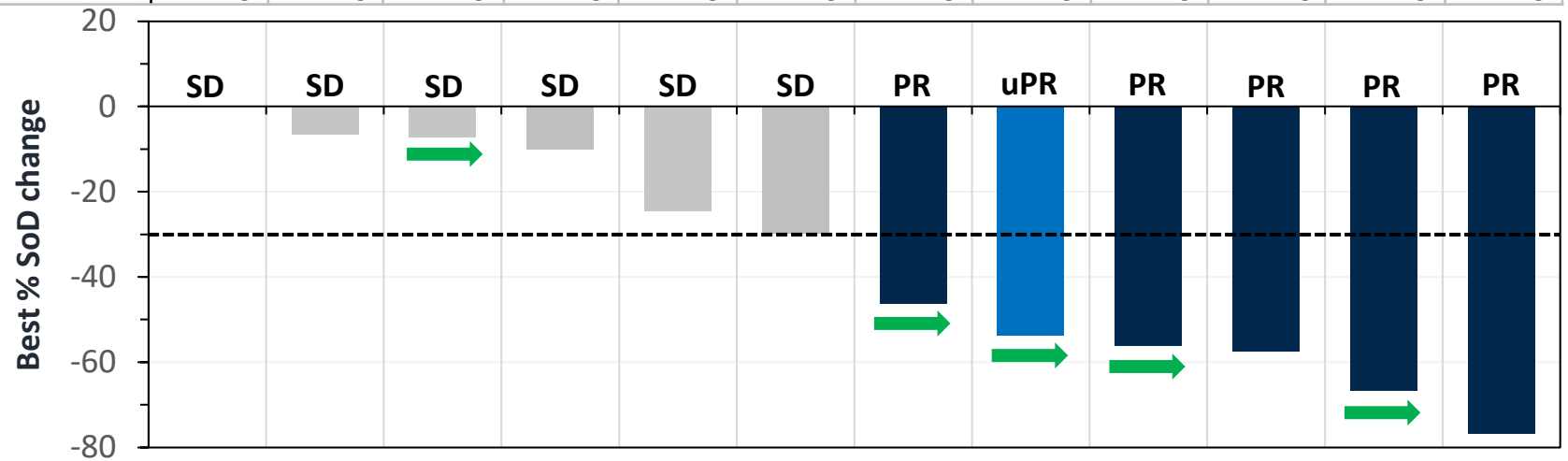
Starting Dose	400 mg	200 mg	200 mg	200 mg	200 mg	400 mg	400 mg	200 mg	200 mg	300 mg	300 mg	100 mg
Dose at C3D1 (QD)	400 mg	200 mg	200 mg	200 mg	200 mg	300 mg	300 mg	200 mg	200 mg	300 mg	300 mg	100 mg

Efficacy Evaluable Patients

5 cPR, 1 uPR of 12 by RECIST

Post-Osimertinib Patients

5 cPR, 1 uPR of 10 by RECIST



On study patient
Osi = osimertinib
C = chemotherapy
Afa = afatinib
Gef = gefinitib
Erlo = erlotinib
CPI = checkpoint inhibitor
NE = not evaluable
SoD = sum of diameters

EGFR Mutation												
Classical driver		**Ex19del**	**L858R**	**Ex19del**	**Ex19del**		**Ex19del**	**L858R**		**L858R**	**Ex19del**	**L858R**
Intrinsic driver	**G719A**		**E709V**		**G724S**	**S768I**		**E709V**	**L747P**	**D1012V**		**L718Q**
Acquired resistance		**C797S**		**C797S**	**C797S**		**C797S**			**C797S**	**C797S**	**C797S**
ctDNA reduction, %	pending	-100%	pending	-100%	-95%	NE	-31%	pending	-100%	pending	pending	-74%
Prior Lines of Treatment	Osi	Osi	Gef *	Osi	Osi	Erlo *	CPI, C **	Osi	Osi	C **	Osi	Osi
	C		C	CPI, C		C	Osi	C	CPI, C	Osi	Osi + Gef	
	Afa								C		BLU-701	

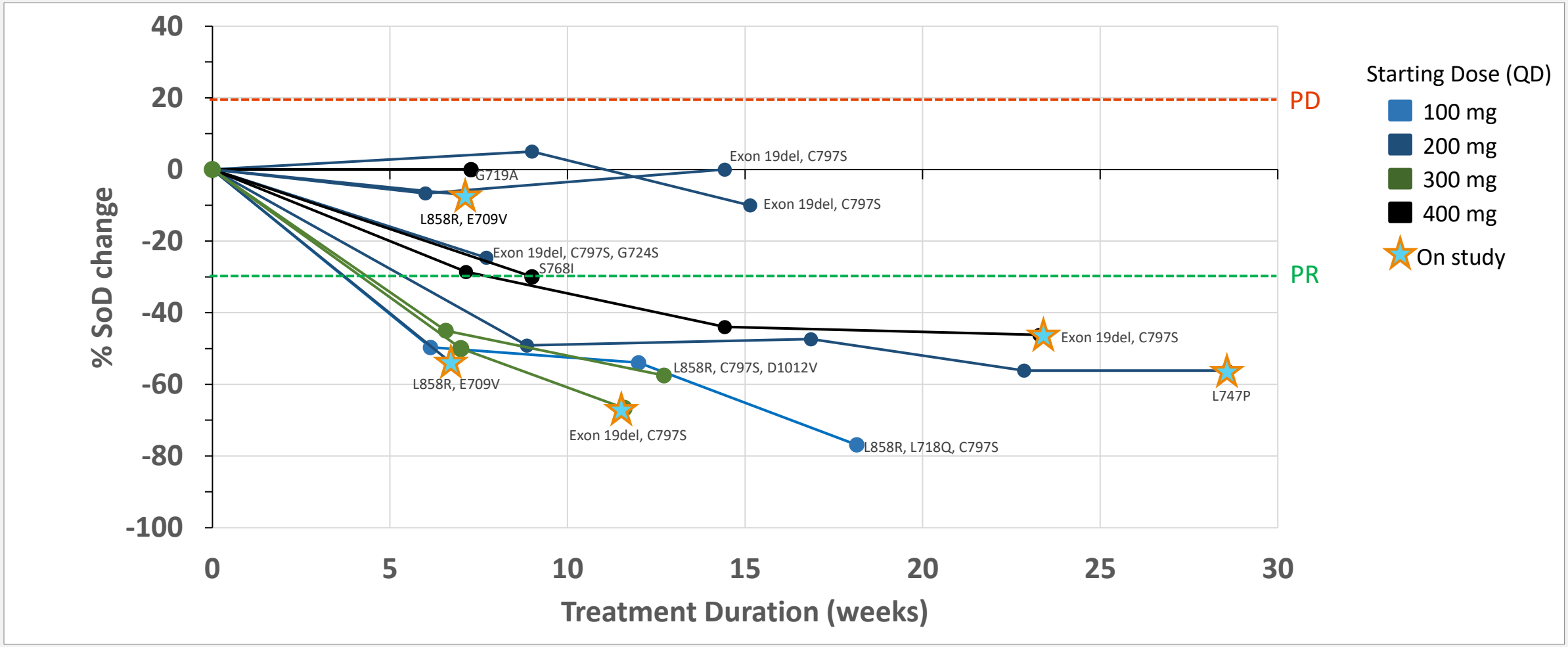
Population to be Assessed for ORR in Expansion Cohorts

- Patients with measurable disease who have received 3rd gen EGFR TKI, no 1st or 2nd generation EGFR TKI
- No more than 2 prior lines of therapy
- Patients with no prior osimertinib excluded

*patients with no prior osimertinib; **patients were accepted with 1st line chemo followed by osimertinib

20May 2023 BDTX-1535-101 clinical data extract; additional updates as of 16Jun2023

BDTX-1535: Emerging Evidence of Durable Tumor Response in NSCLC



Patients with measurable disease who have received 1st line osimertinib, no 1st or 2nd generation EGFR TKI and underwent at least 1 post baseline scan

20May 2023 BDTX-1535-101 clinical data extract; additional updates as of 16Jun2023

Confirmed PR by RECIST1.1 in NSCLC Patient with EGFR L858R + L718Q + C797S Complex Mutation

Classical Driver L858R

Intrinsic Driver

C797S

Disease History and Prior Therapies

Months From C1D1

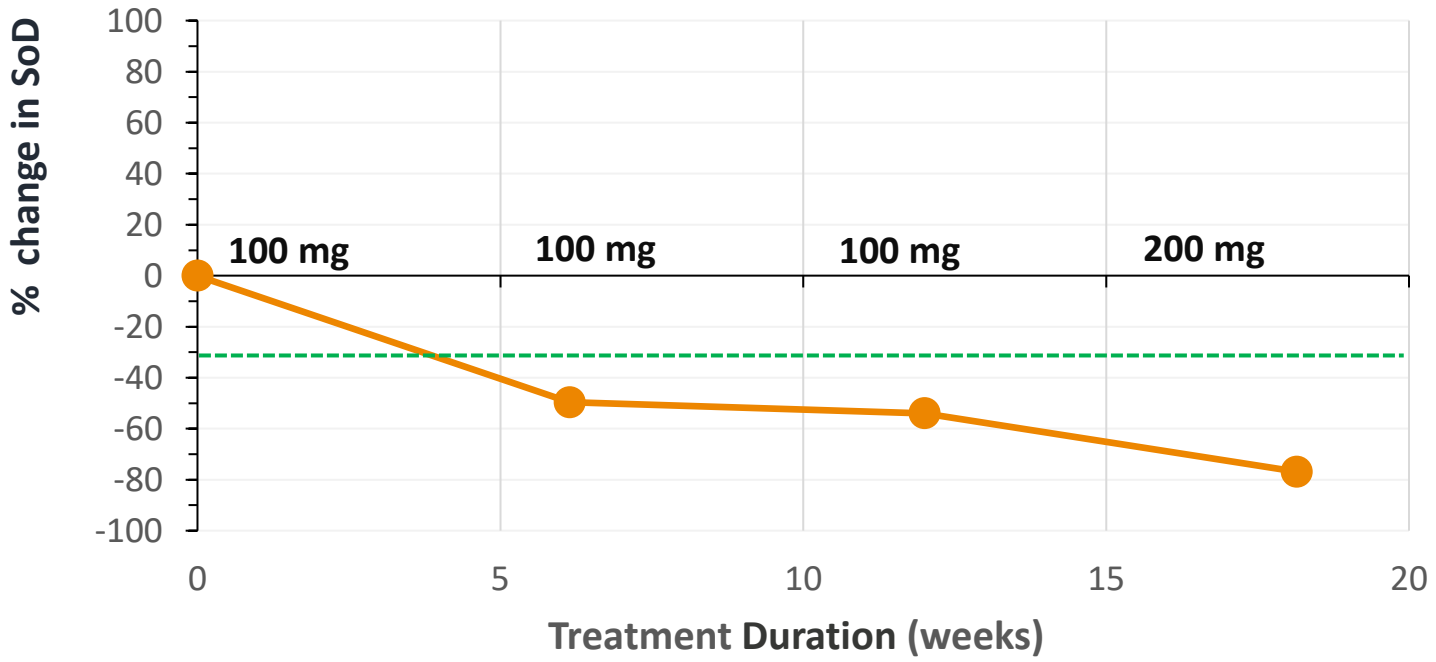
Diagnosis:
NSCLC Stage IV
EGFR L858R

-15 → -1

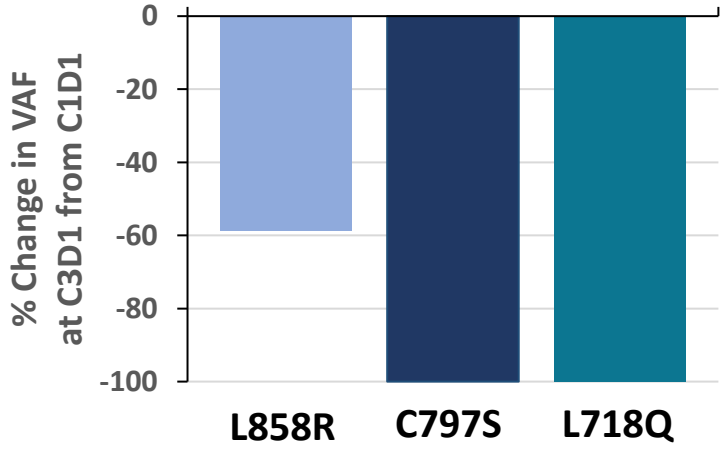
Osimertinib

Guardant360:
EGFR L858R,
C797S, L718Q

BDTX-1535 Treatment



Changes in ctDNA VAF



Absence of EGFR C797S and L718Q mutant alleles with concomitant decrease in L858R VAF on C3D1

BDTX-1535-101 Data Extract 20May2023; ctDNA data 07Jun2023

SoD - Sum of diameters per RECIST 1.1; VAF – variant allelic fraction

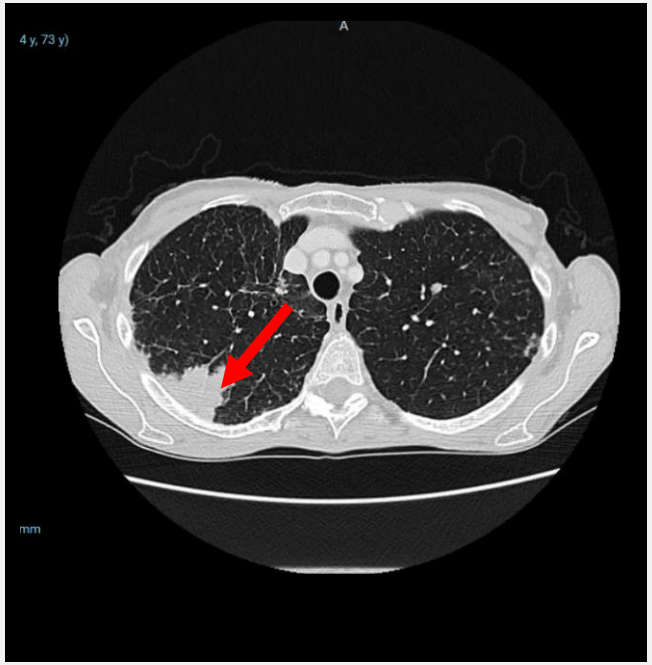
Confirmed PR by RECIST1.1 in NSCLC Patient with EGFR L858R + L718Q + C797S Complex Mutation

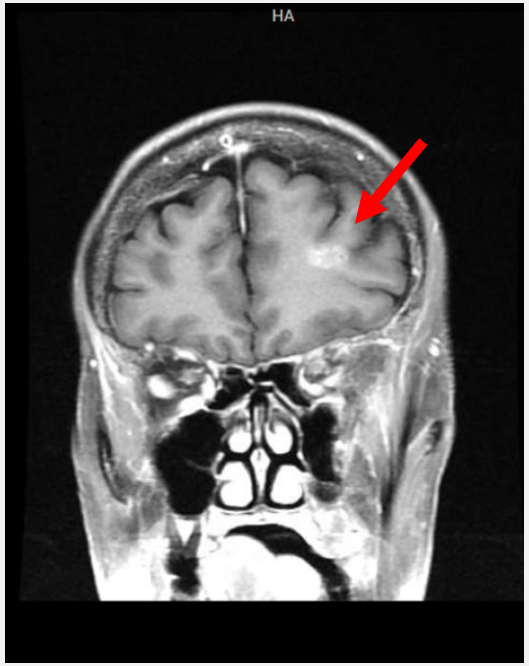
Classical Driver L858R

Intrinsic Driver

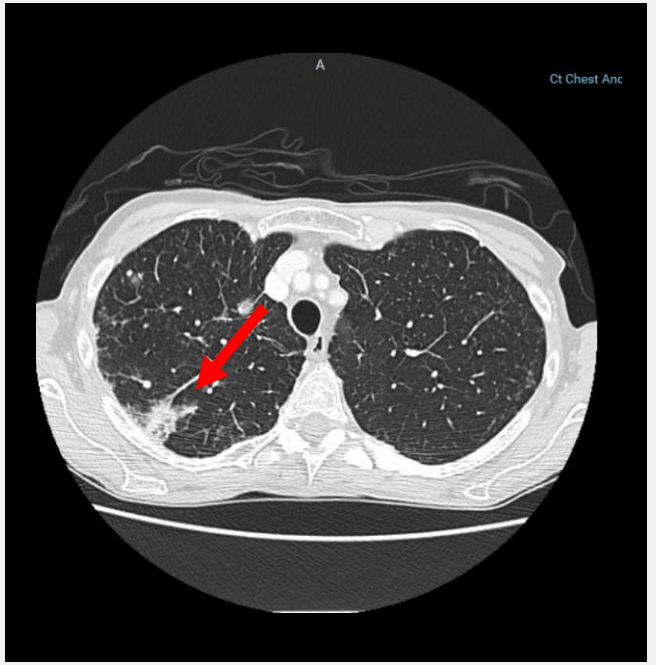
C797S

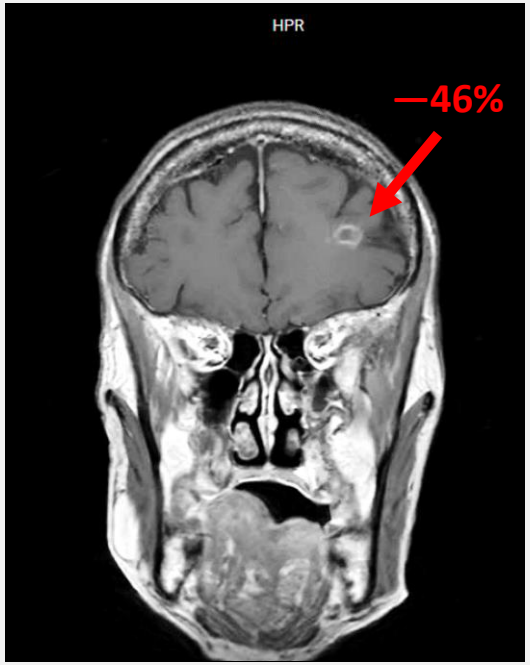
Baseline: SEP 2022





February 21, 2023

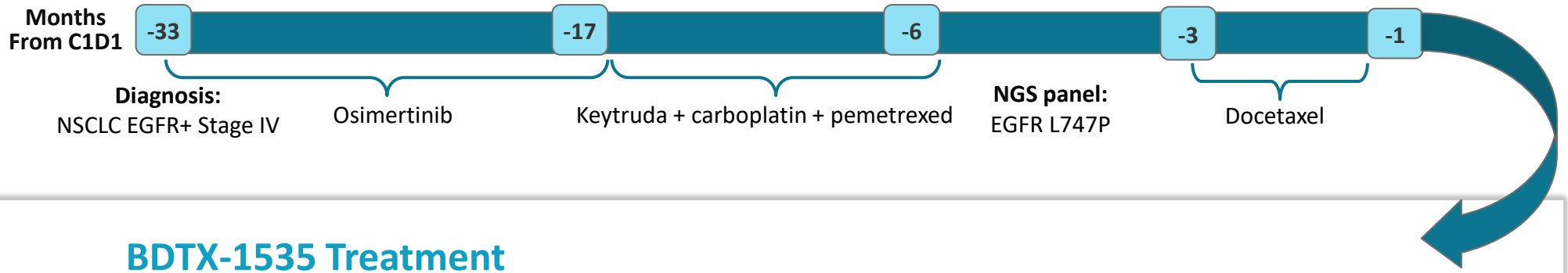




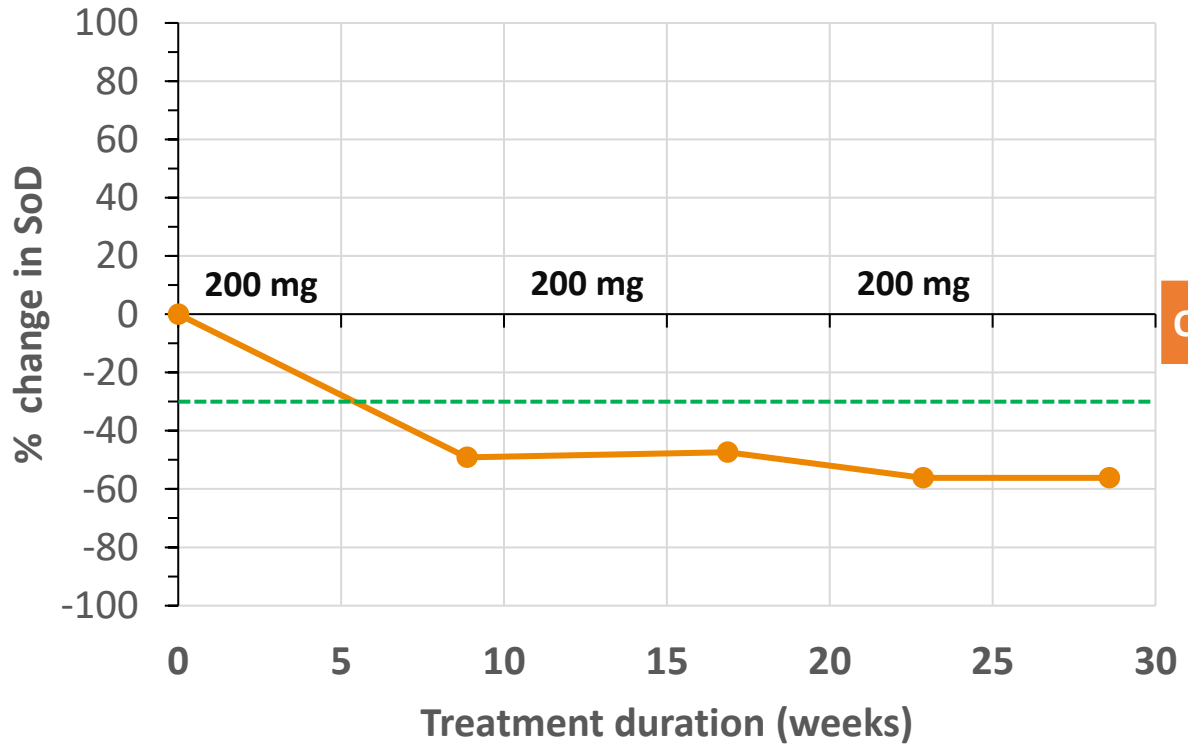
Confirmed PR by RECIST1.1 in NSCLC Patient with EGFR L747P Intrinsic Driver Mutation

Intrinsic Driver

Disease History and Prior Therapies

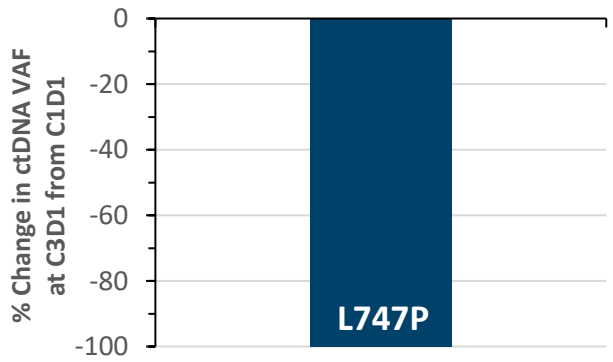


BDTX-1535 Treatment



On therapy

Changes in ctDNA VAF



Absence of EGFR L747P mutant allele on C3D1

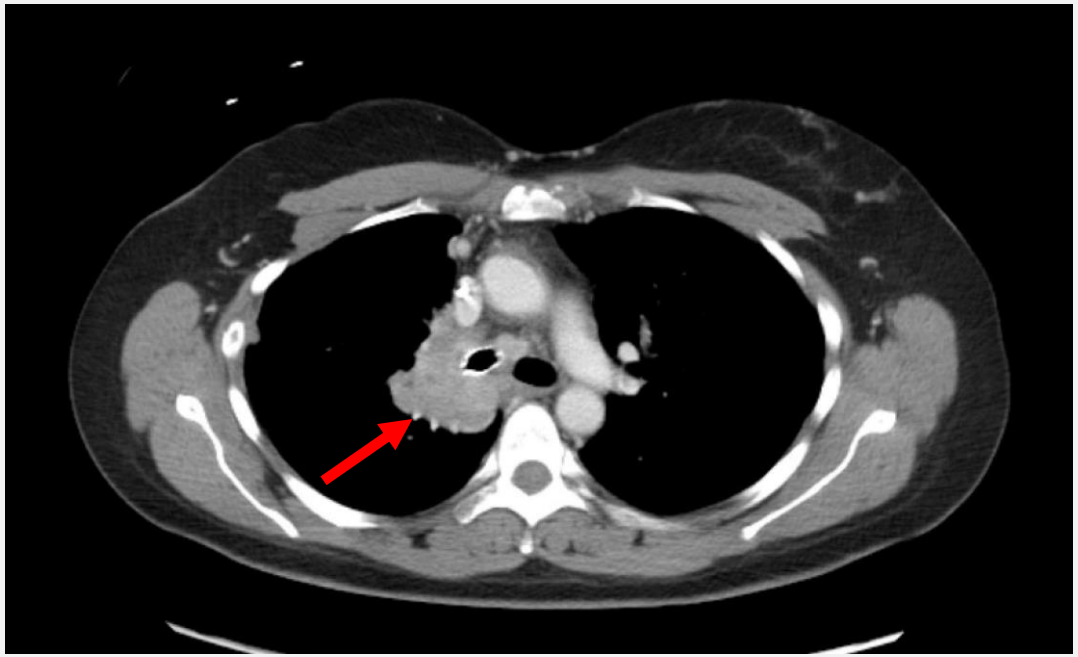
BDTX-1535-101 Data Extract 20May2023; ctDNA data 07Jun2023

SoD - Sum of diameters per RECIST 1.1; VAF – variant allelic fraction

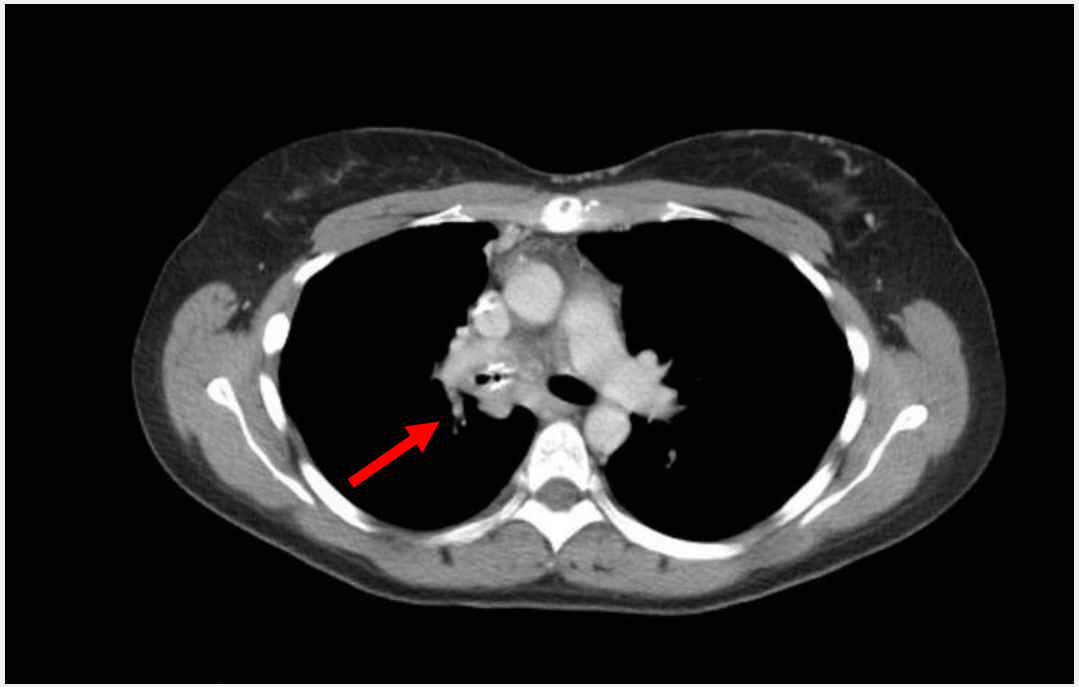
Confirmed PR by RECIST1.1 in NSCLC Patient with EGFR L747P Intrinsic Driver Mutation

Intrinsic Driver

Baseline: Oct 2022



May, 2023



Confirmed PR by RECIST1.1 in NSCLC Patients With EGFR Exon 19del + C797S Acquired Resistance Mutation

Classical Driver Del19

C797S

Disease History and Prior Therapies

Months From C1D1

Diagnosis: NSCLC Stage IV

-32

Paclitaxel Apr 20 – May 20
Keytruda + carboplatin Apr 20 – Jun 20
Pemetrexed Jun 20

-30

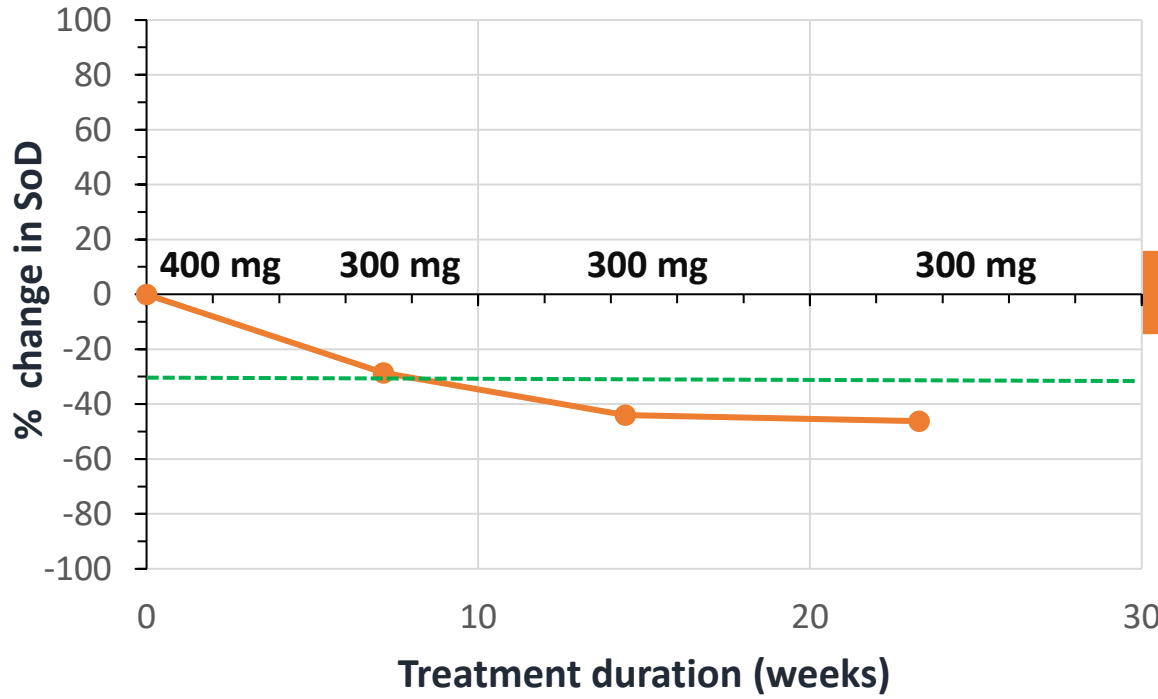
RT
Jun 20 – Jul 20

Osimertinib
July 2020 – Aug 2022

-4

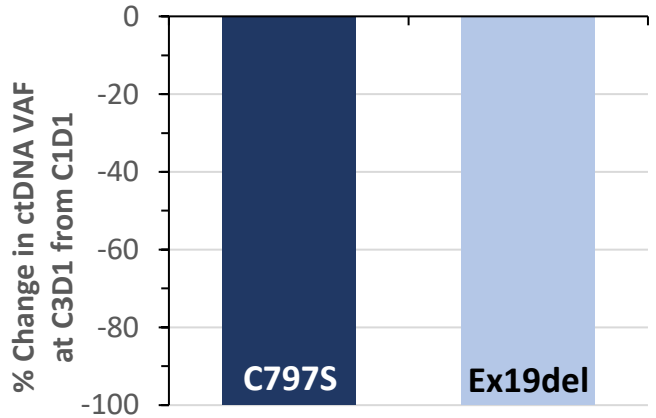
Guardant 360
Aug 2022
EGFR Exon 19del + C797S

BDTX-1535 Treatment



On therapy

Changes in ctDNA VAF



Absence of EGFR C797S and Exon 19del mutant alleles on C3D1

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BDTX-1535-101 Data Extract 20May2023; ctDNA data 07Jun2023

SoD - Sum of diameters per RECIST 1.1; VAF – variant allelic fraction

Confirmed PR by RECIST1.1 in NSCLC Patient With EGFR Exon 19del + C797S Acquired Resistance Mutation

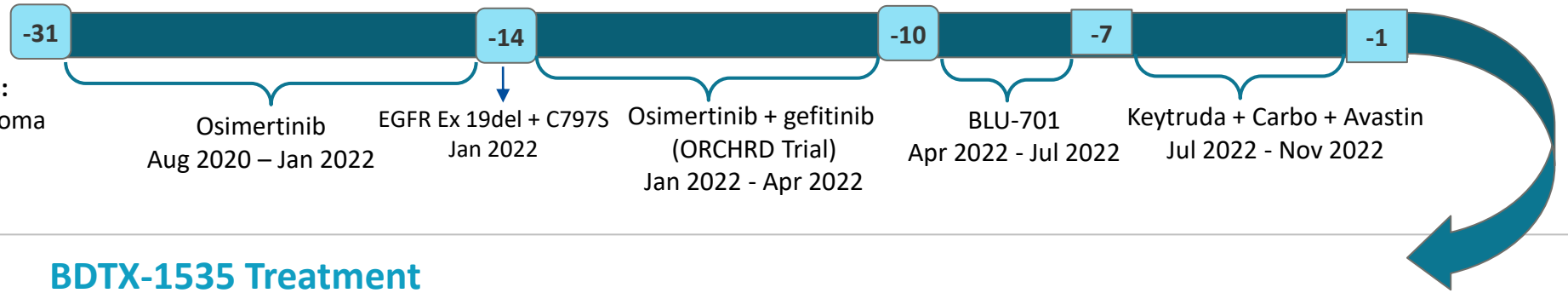
Classical Driver Del19

C797S

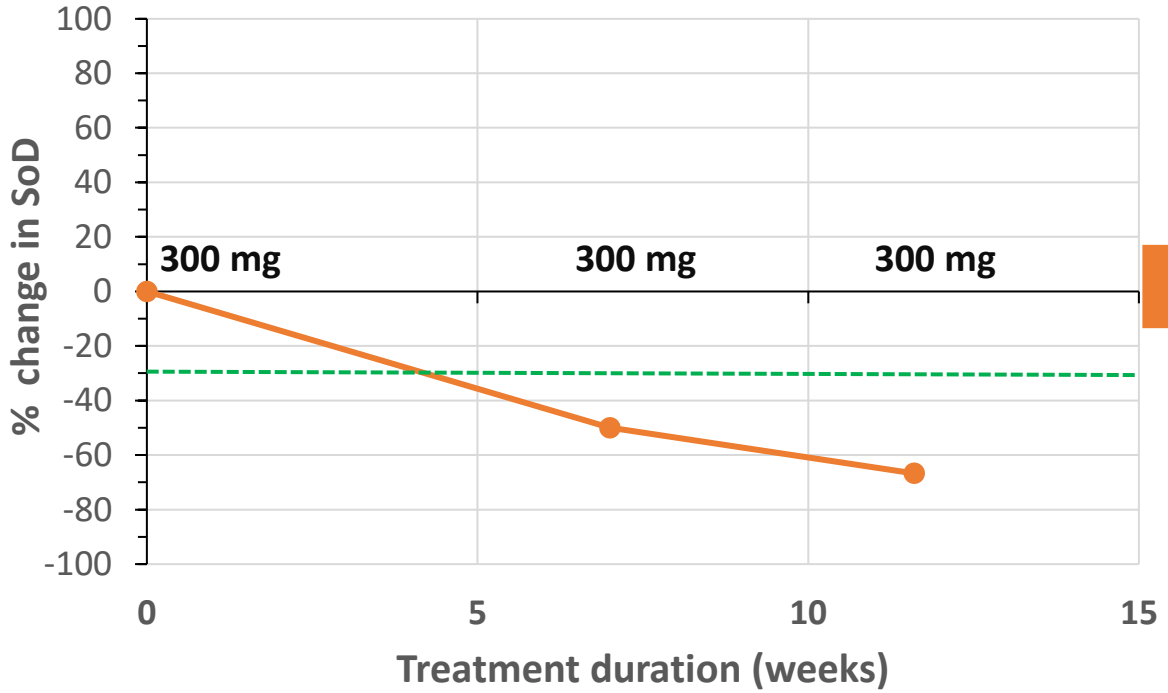
Disease History and Prior Therapies

Months From C1D1

Diagnosis:
Synovial sarcoma
NSCLC
Stage IV



BDTX-1535 Treatment



On therapy

Pending ctDNA VAF analysis

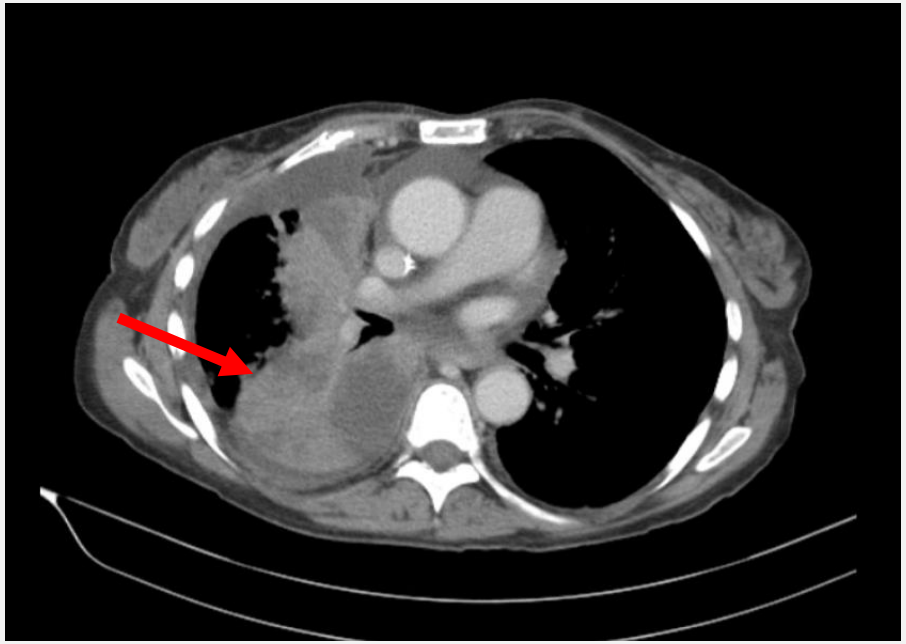
BDTX-1535-101 Data Extract 20May2023 and additional update on 16Jun2023;
SoD - Sum of diameters per RECIST 1.1; VAF – variant allelic fraction

Confirmed PR by RECIST1.1 in NSCLC Patient With EGFR Exon 19del + C797S Acquired Resistance Mutation

Classical Driver Del19

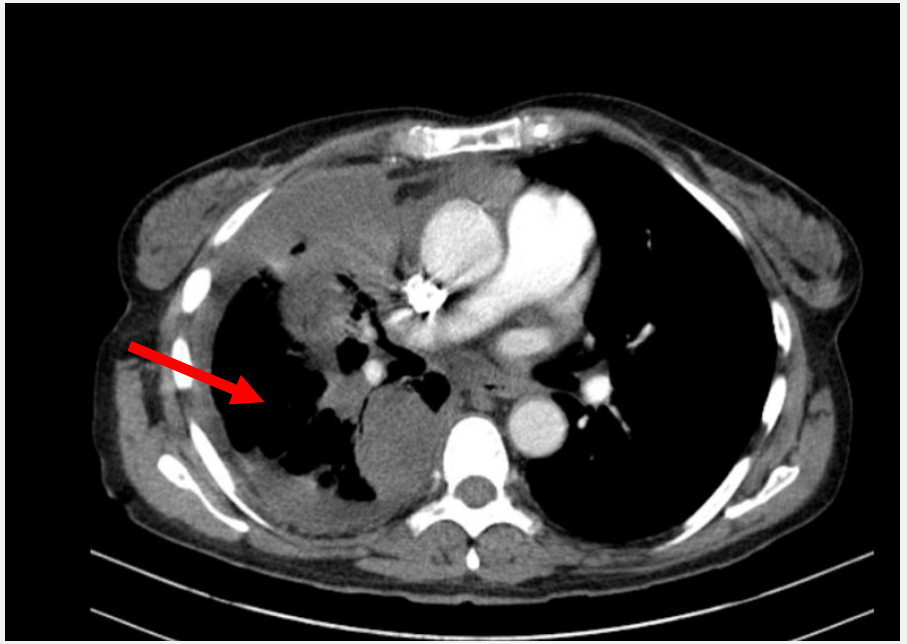
C797S

Baseline: Feb 20, 2023



On oxygen

APR 10, 2023



Off oxygen and able to travel to France

Clinical Benefit in NSCLC Patient With Non-Measurable Disease
EGFR G719A + L861Q Complex Mutation

Intrinsic Driver

Intrinsic Driver

Disease History and Prior Therapies

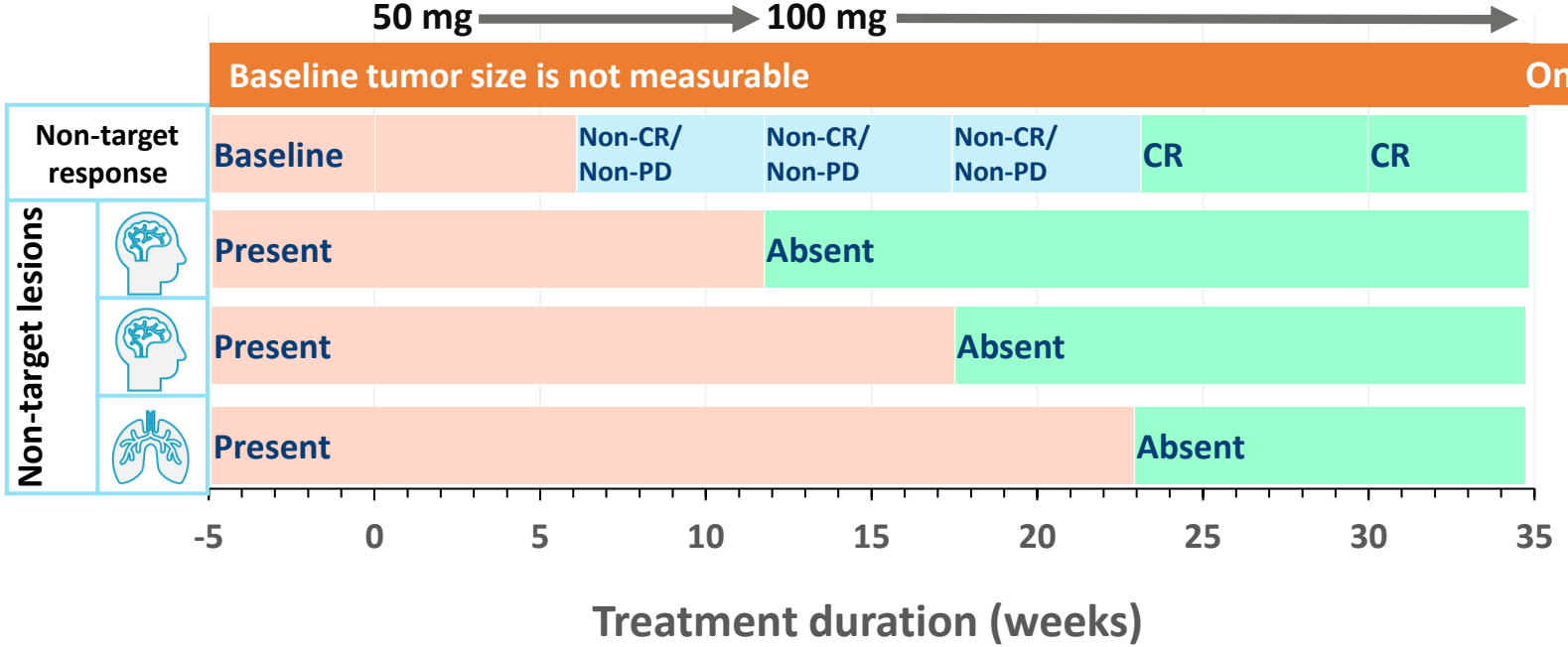
Months From C1D1

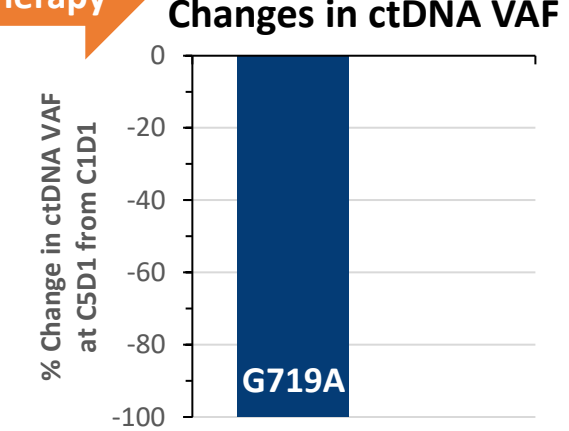
Diagnosis: NSCLC Stage IV G719A, L861Q

-61 | -60 | -54 | -50 | -43 | -37 | -35 | -34 | -5 | -4 | -3 | -2 | -1

- Carbo + Alimta + Keytruda Aug 2017 to Feb 2018
- Afatinib Feb to Jun 2018 d/c GI toxicity
- Brain mets SRS RT
- Bone and brain mets SRS RT
- Brain mets SRS RT
- Osimertinib Jun 2018 to Oct 2019
- HER3 ADC Oct 2019 to Mar 2022 D/C Gr 2 pneumonitis
- Screen Failure QTC>470
- RT Cerebellum
- New brain mets
- Re-screened QTC 457

BDTX-1535 Treatment





Absence of EGFR G719A* mutant allele in post-baseline ctDNA samples

* L861Q mutant allele was not detected in baseline and post-dose ctDNA plasma samples

BDTX-1535-101 Data Extract 20May2023; ctDNA data 07Jun2023; VAF – variant allelic fraction

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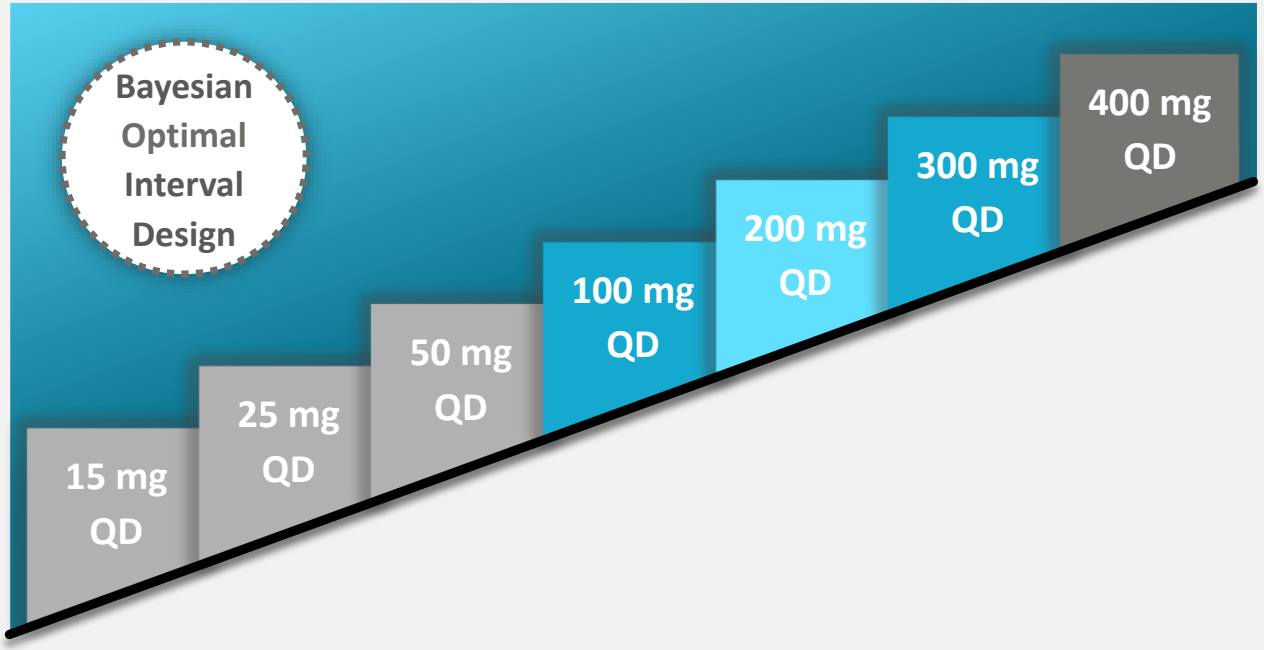
BDTX-1535 200 mg QD Dose to be Evaluated for ORR in Expansion Cohorts To Support Path To Approval in NSCLC

Dose Escalation

Patients: measurable and non-measurable disease
Primary objective: safety and PK



Expansion Cohorts

NSCLC Patients: measurable disease only, ≤2 prior therapies
Primary objective: ORR by RECIST1.1

2L NSCLC with acquired EGFR resistance mutations +/- CNS metastasis

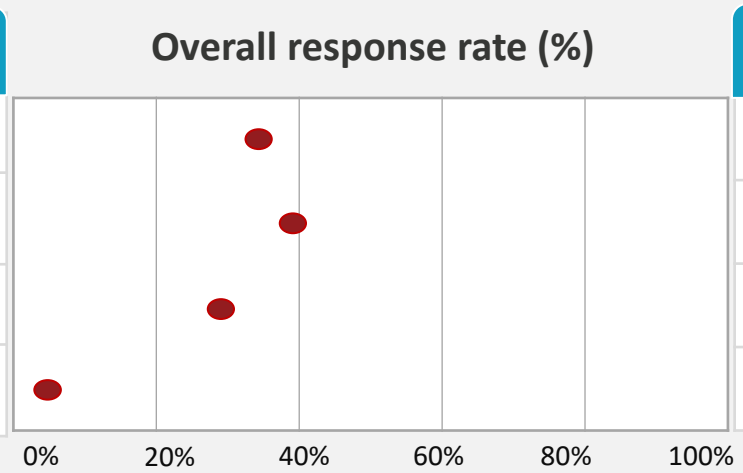
2L NSCLC with EGFR intrinsic driver mutations +/- CNS metastasis

1L NSCLC with EGFR intrinsic driver mutations +/- CNS metastasis (after discussion with the FDA)

- The protocol allows for evaluation of additional doses in expansion cohorts
- Recommended phase 2 dose will be selected after data review with the FDA (FDA Project Optimus)
- Selection of doses(s) for expansion cohorts is based on optimal exposure response analysis of safety, ctDNA and target lesion reduction
- Primary endpoint of ORR by RECIST1.1 is an acceptable (FDA) efficacy surrogate endpoint in NSCLC

Competitor Data in Patients with Prior 3rd Generation EGFR TKI

Agent	N	ORR	Population	Notable AEs
Amivantamab and lazertinib[1,2]	45	36 %	Post-osimertinib, chemo naïve	16% Grade ≥3 TEAEs 78% infusion-related reaction
Patritumab deruxtecan (HER3-DXd)[3]	44	39 %	Prior osimertinib and prior chemo	64-74% Grade ≥3 TEAEs
Chemo vs Chemo+pembro[4]	429	27 vs 29 %	Post-osimertinib	Infusion related reactions
BLU-945 (monotherapy)[5]	43	5 %*	Post-EGFR TKI w/activity against T790M	33% Grade ≥3 TEAEs 36.6% ALT elev; 33% AST elev



Note: These data are derived from different clinical trials with differences in trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

*2 confirmed responses out of 42 patients from interim DE data presented

1. Bauml, ASCO 2021; 2. JNJ Press Release, 2021; 3. Janne, ASCO Cancer Discovery 2022; 4. Keynote-789, ASCO2023; 5. Elamin et. al., ASCO 2023

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Key Anticipated BDTX-1535 Milestones

NSCLC

- Initiate BDTX-1535 dose expansion in 2L NSCLC with ORR as primary endpoint, 2H 2023
  - Initiation of dose expansion cohort in newly diagnosed patients with intrinsic driver mutations
- Alignment with FDA on dosing strategy for pivotal study (EOP1 meeting), Q4 2023
- Present BDTX-1535 dose escalation data in NSCLC at a medical conference, Q4 2023
- Update on clinical dose expansion cohorts, 2024

GBM

- Clinical update on BDTX-1535 Phase 1 dose escalation in RR GBM, Q4 2023

CMC

- Complete capsule to tablet transition (potential commercial formulation), Q3 2023

Thank You

Partnership: partnership@bdtx.com

Investors: investors@bdtx.com

Media: media@bdtx.com

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