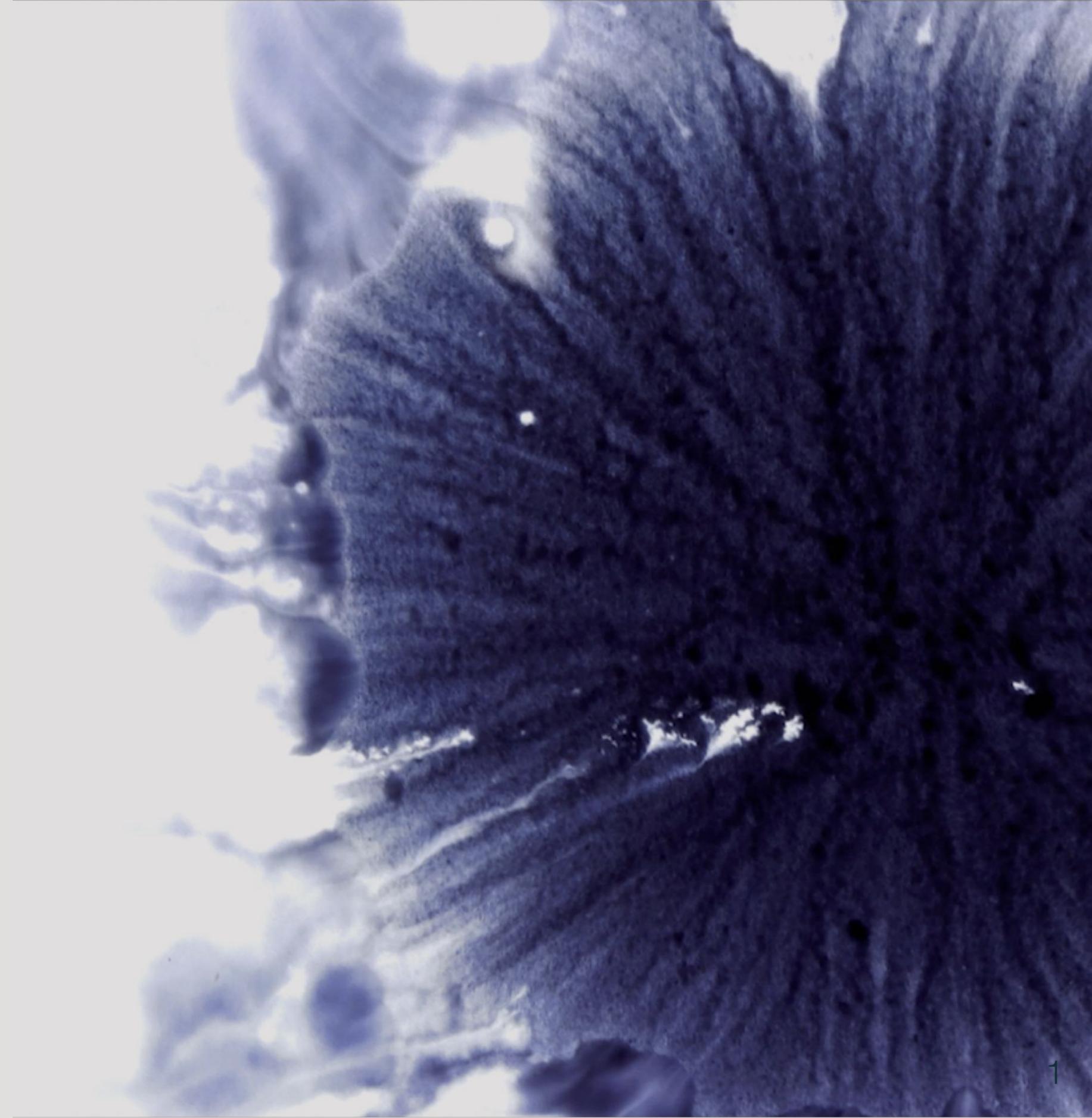




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# Company Overview

March 2026



# Disclaimers

The information in this Presentation has been prepared by Sensei Biotherapeutics, Inc. ("Sensei") and Faeth Holdings Therapeutics, LLC ("Faeth" and, together with Sensei and each of Sensei's subsidiaries, the "combined company") and contains information pertaining to the business and operations of the combined company. The information contained in this Presentation: (a) is provided as at the date hereof (March 31, 2026), is subject to change without notice, and is based on publicly available data, internally developed data as well as third party information from other sources; (b) does not purport to contain all the information that may be necessary or desirable to fully and accurately evaluate an investment in the combined company; (c) is not to be considered a recommendation by the combined company that any person make an investment in the combined company; (d) is for information purposes only and shall not constitute an offer to sell or a solicitation of an offer to buy any securities of the combined company in any jurisdiction in which such offer, solicitation or sale would be unlawful. Where any opinion or belief is expressed in this Presentation, it is based on certain assumptions and limitations and is an expression of present opinion or belief only. This Presentation should not be construed as legal, financial or tax advice to any individual, as each individual's circumstances are different. This Presentation is for informational purposes only and should not be considered a solicitation or recommendation to purchase, sell or hold a security.

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## Sensei / Faeth - Transaction Highlights

### Structure

The acquisition of Faeth was structured as a stock-for-stock transaction whereby all of Faeth's outstanding equity interests were exchanged for a combination of shares of Sensei common stock and a newly created, Series B non-voting convertible preferred stock.

### Financing

Concurrent with the acquisition of Faeth, Sensei executed a definitive agreement for a \$200 million private placement with a group of institutional accredited investors.

### Management and BOD

Continuing leadership includes Chris Gerry, President, Josiah Craver, SVP, Finance and Anand Parikh, Chief Operating Officer. Anand Parikh also joined the Sensei board.

### Primary Use of Proceeds

The proceeds from the private placement are expected to be primarily used to advance PIKTOR and deliver the following anticipated milestones: Phase 2 topline data in endometrial cancer and the initiation of a Phase 1b trial in HR+/HER2- advanced breast cancer, both expected by YE 2026.

# Capitalization

## As of 02/17/2026

Pre-acquisition Sensei common stock outstanding	1,261,685
Sensei options and warrants (as converted to common) <sup>(1)</sup>	30,845
<b>Acquisition consideration</b>	
Shares of common <sup>(2)</sup>	252,210
Shares of preferred	10,499.2
Preferred conversation ratio	1,000
Total pre-financing common equivalent	10,499,200 <sup>(3)</sup>
<b>Concurrent financing <sup>(4)</sup></b>	
Shares of preferred	14,440.395
Common equivalent	14,440,395
<b>Deal price (\$ per share) <sup>(5)</sup></b>	\$13.850
<b>Total capitalization (Common, as converted)</b>	26,199,178 <sup>(6)</sup>
<b>Market cap at deal price</b>	\$362,858,615

- Shares of preferred stock were issued to Faeth stockholders in exchange for all of Faeth's outstanding stock.
- Shares of preferred stock were issued to investors at the closing of the \$200 million private placement.
- Shares of preferred stock will automatically convert into 1,000 shares of common stock, subject to certain beneficial ownership restrictions set by each holder and approval of Sensei's stockholders.
- Please refer to the company's SEC filings for additional information.

1. Calculated using the treasury stock method

2. Represents shares of common stock underlying Faeth options assumed by Sensei

3. Includes shares underlying assumed warrants

4. Represents shares of preferred stock issuable upon the closing of the concurrent financing

5. Calculated on an as converted to common stock basis

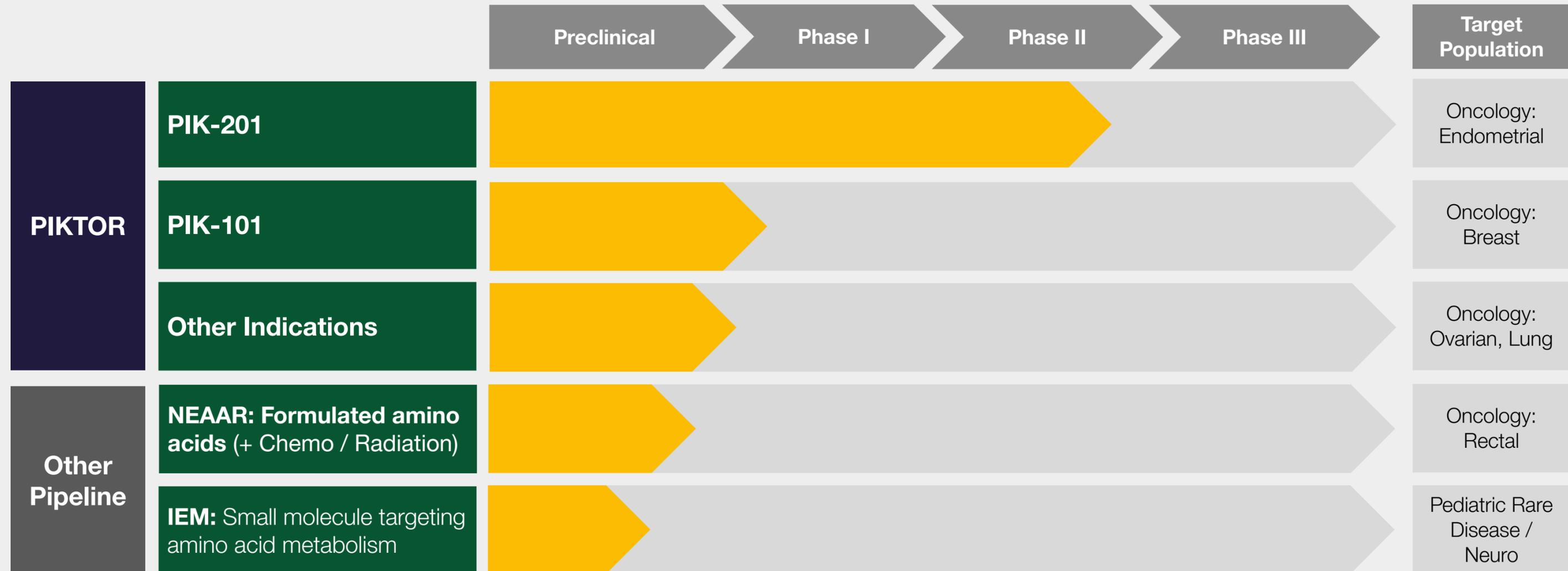
6. Represents Sensei's pre-acquisition shares of common stock outstanding and shares of common stock underlying the shares of preferred stock issued to Faeth stockholders at the closing of the acquisition and issued to stockholders upon the closing of the concurrent financing, net of shares underlying certain warrants

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# Faeth Overview

- **Oral multi-node** inhibition of PI3K/AKT/mTOR pathway; designed for **more complete inhibition, less toxicity**
- **PIKTOR**—investigational combination therapy consisting of two oral small molecules—hitting PI3K-alpha, mTORC1, mTORC2
- **Recent and anticipated readouts:**
  - **Phase 2** platinum resistant ovarian cancer (ESMO Oct 2025) - **met primary endpoint**
  - **Phase 2** in endometrial cancer reads out EOY 2026
- Raise is expected to fund the combined company's product candidates through key clinical readouts, including a Phase 2 trial in second-line advanced endometrial cancer through topline data and initiation of a Phase 1b trial in first- and second-line HR+/HER2- advanced breast cancer, with remaining proceeds for general corporate purposes and completion of Sensei's ongoing Phase 1/2 trial of solnerstotug.

# Focused pipeline of potentially best-in-class product candidates, leveraging Faeth's unique metabolic insights



# Faeth scientific founders: world leaders in cancer biology



**Lew Cantley, PhD**

Dana Farber Cancer Institute,  
Harvard. Founder: Agios  
(NASDAQ),  
Petra, Volastra



**Sid Mukherjee, MD PhD**

Asst. Prof., Columbia, Pulitzer Prize  
Winner, Time 100 Most Influential  
People, Founder: Vor (NASDAQ)



**Oliver Maddocks, PhD**

CSO & Co-Founder  
Honorary Professor of Cancer Biology &  
Metabolism, University of Glasgow



**Karen Vousden, PhD**

Group Leader, Crick Institute,  
Former Chief Scientist of CRUK,  
Director, Bristol Myers Squibb



**Scott Lowe, PhD**

Chair of Cancer Biology & Genetics at  
Memorial Sloan Kettering,  
Founder: ORIC (NASDAQ)



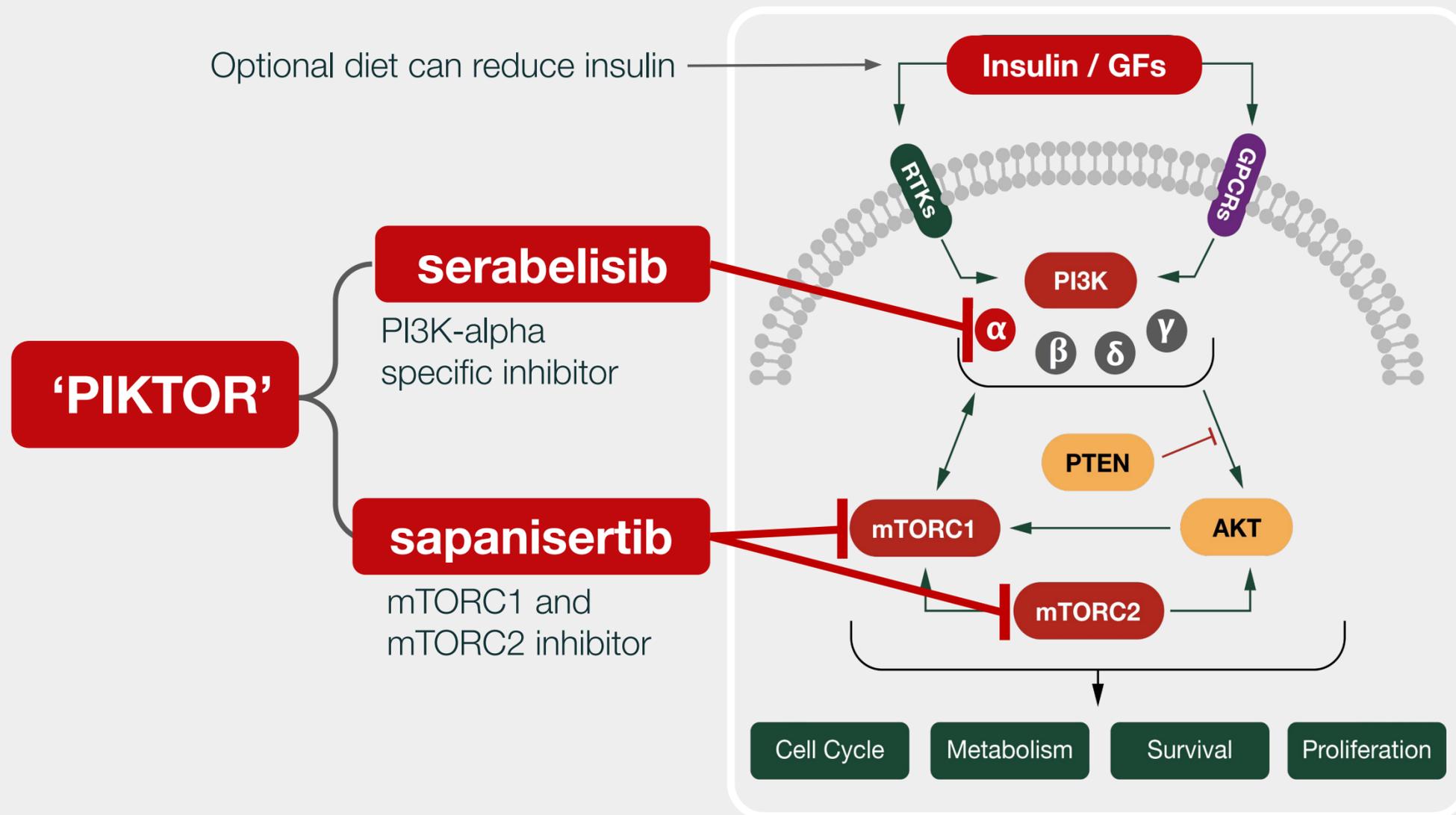
**Greg Hannon, PhD**

Director of CRUK Cambridge  
Institute



# PIKTOR: Potent and selective multi-node PI3K/AKT/mTOR pathway inhibition

Targeting the PI3K/AKT/mTOR pathway addresses the highest-frequency genomic driver across solid tumors<sup>1</sup>



## Benefits

**1: More complete pathway shut down:**

↓ Dose    ↑ Tolerability

**2: Evolved resistance is less likely:**

↑ Durability of response

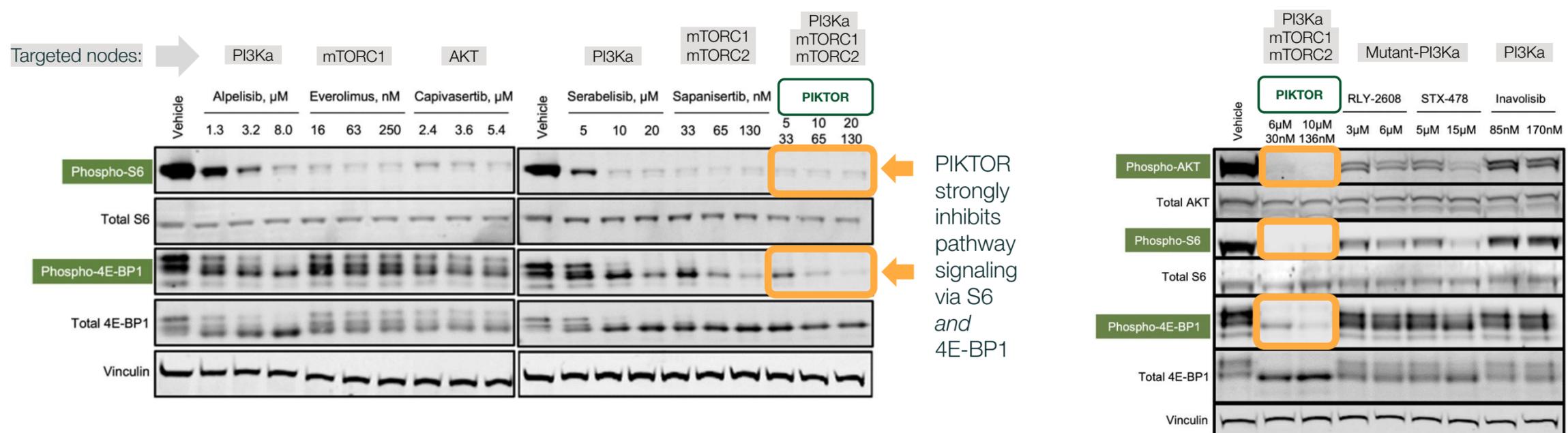
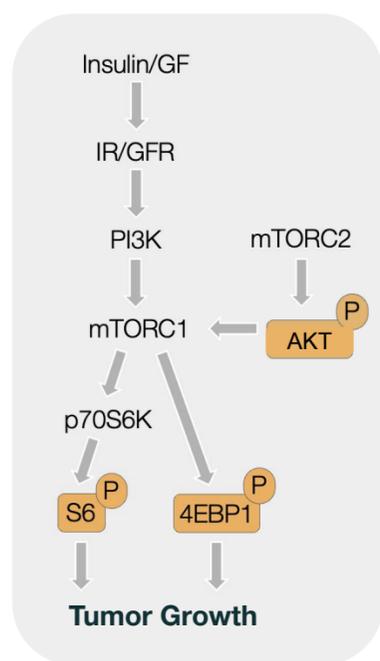
**3: Larger addressable market**

**4: Oral administration**

<sup>1</sup>bioRxiv preprint doi: <https://doi.org/10.1101/2013.03.01.058881>; this version posted March 1, 2013. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 International license.

# Multi-node inhibition with PIKTOR achieved robust PI3K-pathway inhibition in cancer cell lines

At clinically relevant concentrations PIKTOR reduced PI3K-pathway signalling in cancer cell lines to a greater extent than single node PI3K-pathway inhibitors<sup>1</sup>



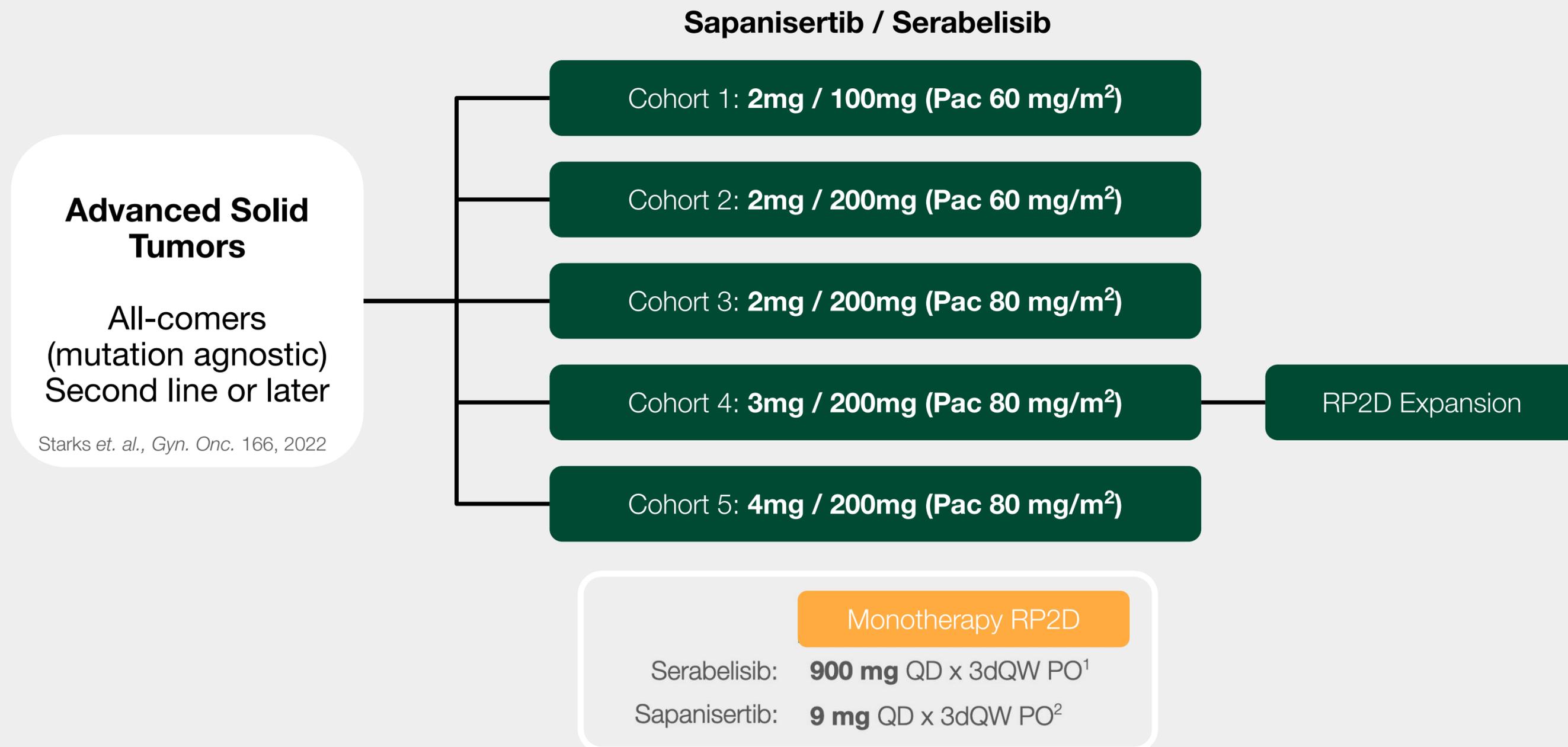
Western blot data shown is from AN3CA endometrial cancer cells (mutations in *PTEN*, *PIK3R1*, *mTOR*) and is replicated in multiple PI3K-mutated endometrial and breast-cancer cell lines<sup>1</sup>

<sup>1</sup>Tyrakis et. al., (2025) British Journal of Cancer, 133: 144-154.

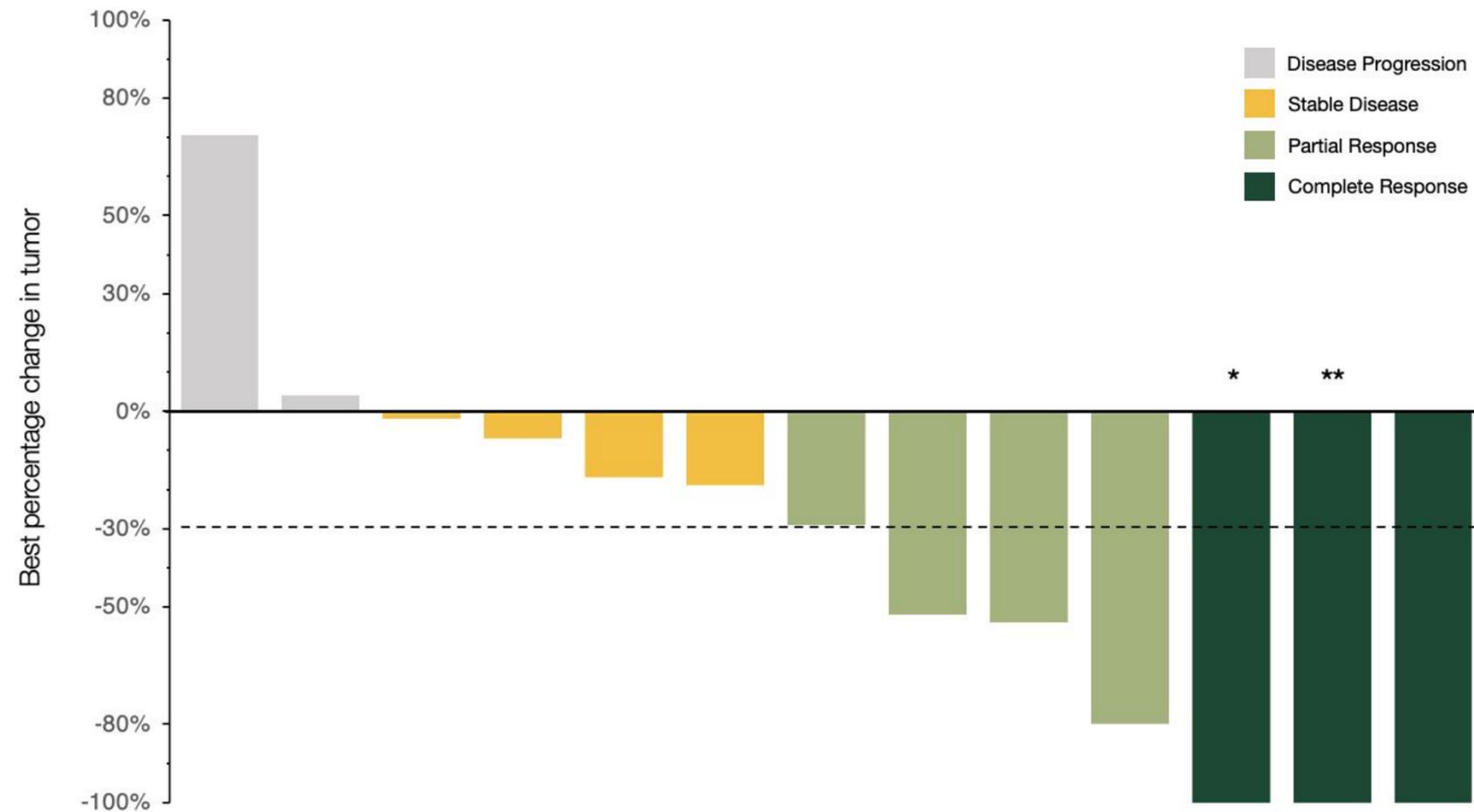
# PIKTOR: Designed to solve the challenges of drugging the PI3K pathway

	MULTI-NODE		SINGLE-NODE	
	<b>PIKTOR</b>  (Ph.2, Endometrial, Ph.1b Breast)	<b>Gedatolisib</b> Celcuity (Ph.3, Breast)	<b>Mutant-specific</b> Relay, Lilly, OnKure, Novartis (Ph.1/2, Breast)	<b>FDA-approved</b> Alpelisib, Everolimus, Capivasertib, Inavolisib
Mechanism of action (target profile)	PI3K-alpha mTORC1 mTORC2	PI3K-alpha PI3K-beta PI3K-gamma PI3K-delta mTORC1 mTORC2	Mutant PI3K-alpha	AKT <b>or</b> mTORC1 <b>or</b> PI3K-alpha
Multi-node inhibition	✓	✓	✗	✗
Immune Sparing (PI3K-alpha specific)	✓	✗	✓	✓
Broad pathway mutation coverage	✓	✓	✗	✗
Prevents wt-PI3K escape	✓	✓	✗	✓
Route of administration	<b>Oral</b>	<b>Intravenous</b>	<b>Oral</b>	<b>Oral</b>

# Ph1b study: PIKTOR + paclitaxel dose escalation using multiple-fold lower doses than monotherapy RP2D



# Ph1b: PIKTOR + paclitaxel achieved 47% ORR in R/R patients, including 3 CRs



Tum. Type → Ov, En, Ov, Ov, Ov, Ov, Ov, Br, En, Ov, En, En, En  
 Genotype → NPM, PIK, NPM, NPM, PM, NPM, PM, PM, NPM, NPM, PM, PIK, PM  
 Prior LOT → 4, 2, 3, 6, 12, 4, 5, 3, 6, 3, 4, 2, 1

PIK = PIK3CA mutation    PM = PI3K/AKT/mTOR pathway mutation    NPM = No PI3K pathway mutation  
 \* Complete response confirmed by biopsy    \*\* uCR, patient died due to COVID  
 Two response-evaluable subjects who progressed did not have RECIST evaluable disease (not shown)

Serabelisib    Sapanisertib    Paclitaxel

**ORR:** 47%

**ORR:** 71%  
w/PI3K pathway mutation

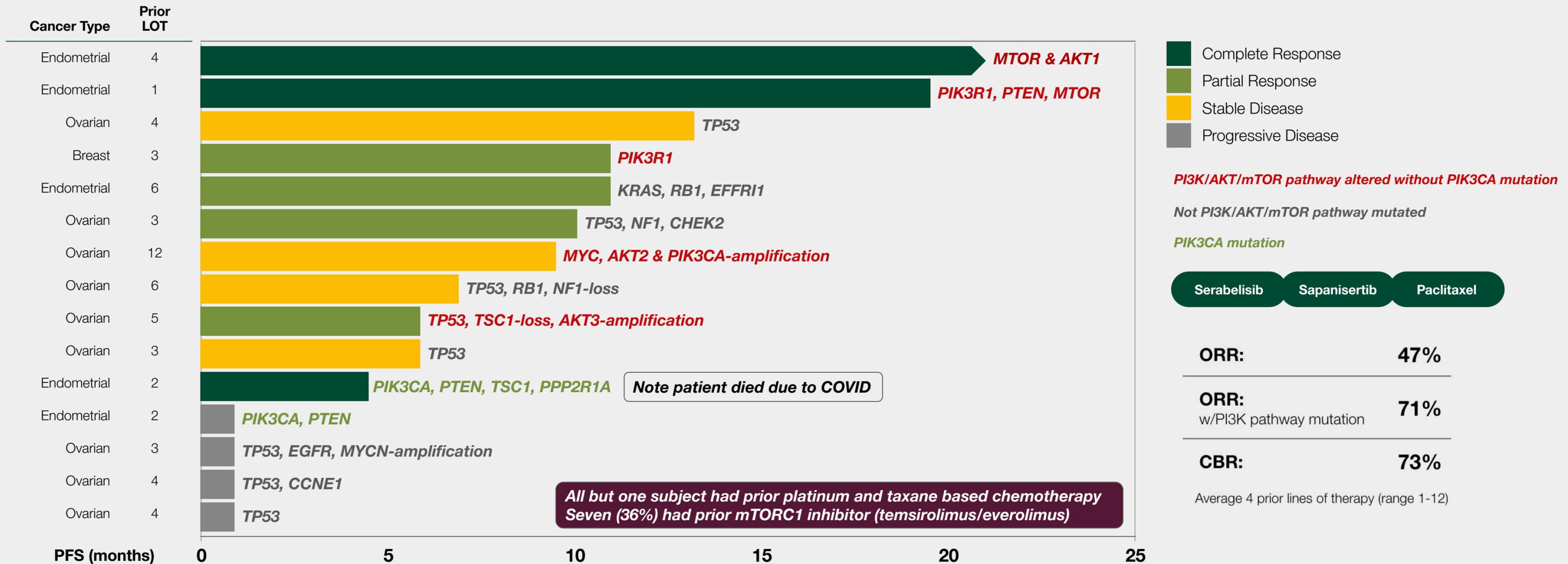
**CBR:** 73%

Average 4 prior lines of therapy (range 1-12)

n=19 enrolled (15 response evaluable, 13 RECIST evaluable). Data cutoff per publication 10/1/21.

Abbreviations: ORR - Overall Response Rate, R/R - Relapsed Refractory, CR - Complete Response, uCR - Unconfirmed Complete Response, CBR - Clinical Benefit Rate, LOT - Lines of Therapy, Ov - Ovarian Cancer, En - Endometrial Cancer, Br - Breast Cancer

# Ph1b: PIKTOR + paclitaxel showed durable responses in both PI3KCAmt and wt patients



n=19 enrolled (15 response evaluable, 13 RECIST evaluable). Data cutoff per publication 10/1/21.

Starks DC, Rojas-Espallat L, Meissner T, Williams CB. Phase I dose escalation study of dual PI3K/mTOR inhibition by Sapanisertib and Serabelisib in combination with paclitaxel in patients with advanced solid tumors. Gynecologic Oncology. 2022 Jul 15.

Abbreviations: PI3KCAmt - with mutation in PI3KA, wt - wild type, LOT - Lines of Therapy, ORR - Overall Response Rate, CBR - Clinical Benefit Rate, PFS - Progression Free Survival

## Ph 1b Safety Highlights: PIKTOR was generally well tolerated

- **Favorable toxicity profile compared to approved agents**

	<b>PIKTOR and Paclitaxel<sup>1</sup></b>	Lenvatinib and Pembrolizumab <sup>2</sup>	Single agent chemo in 2L endometrial <sup>3</sup>
Grade 3 AEs	<b>58%</b>	89%	73%
Discontinuation	<b>~5%</b>	33%	8%

- **Primarily low grade AEs** - Common AEs included Gr 1, 2 events for nausea, decreased appetite, diarrhea, fatigue, neutropenia and anemia (potentially due to paclitaxel)<sup>1</sup>

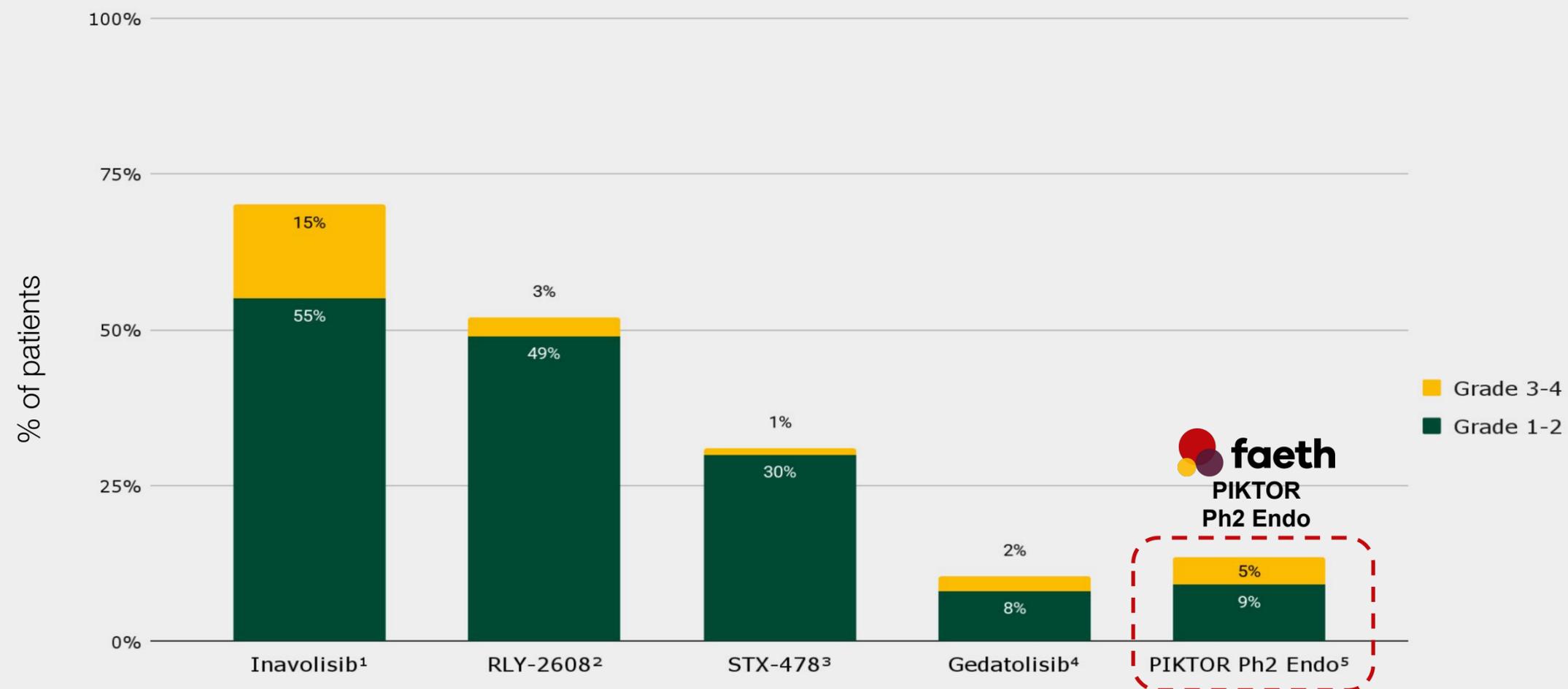
The results are presented from different clinical trials at different points in time with differences in trial design. No head-to-head trials have been conducted among the results shown and cross-trial comparisons must be interpreted with caution. As a result, conclusive cross-trial comparisons cannot be made.

Data sources: (1) Starks et al. Phase I dose escalation study of dual PI3K/mTOR inhibition by Sapanisertib and Serabelisib in combination with paclitaxel in patients with advanced solid tumors. Gynecologic Oncology. 2022 Jul 15. (2) Makker et al., NEJM 2022 (KEYNOTE-775) (3) Chemotherapy: Control arm from KEYNOTE trial; Treating investigator's choice (doxorubicin 60 mg/m<sup>2</sup> IV weekly or paclitaxel 80 mg/m<sup>2</sup> IV weekly with 3 weeks on and 1 week off. Data cutoff per publication 10/1/21.

Abbreviations: AE - Adverse Events

# Hyperglycemia: PIKTOR comparison to other PI3K pathway compounds

## Hyperglycemia AEs



<b>n =</b>	20	64	205	260	22
<b>HbA1C criteria</b>	≤ 7%	< 7%	< 8%	≤ 6.4%	≤ 8%
<b>Fasting glucose criteria</b>	≤ 140 mg/dL	NR	< 140 mg/dL	NR	≤ 160 mg/dL

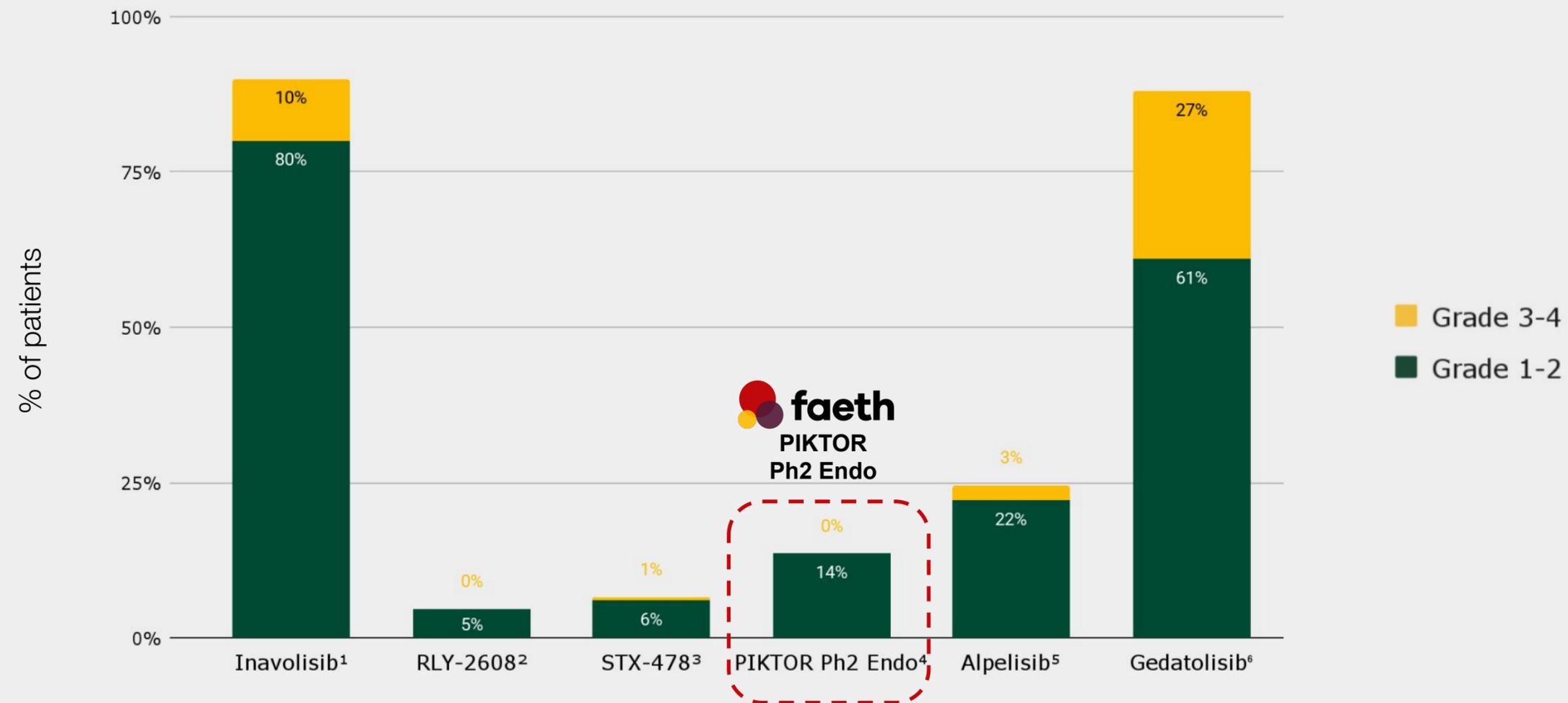
The results are presented from different clinical trials at different points in time with differences in trial design. No head-to-head trials have been conducted among the results shown and cross-trial comparisons must be interpreted with caution. As a result, conclusive cross-trial comparisons cannot be made.

Data sources: <sup>1</sup>J Clin Oncol 2024;42:1-10 <sup>2</sup>RLY-2608 Ph1 (+fulvestrant): ASCO Poster 2025, 600 mg BID, RP2D Cohort <sup>3</sup>Juric D. et. al. ESMO Presentation 2025 <sup>4</sup>Celcuity VIKTORIA-1 Phase 3 Results Presentation, Arms A + B, Oct 2025 <sup>5</sup>Data snapshot PIK-201 PIKTOR + Paclitaxel in patients with advanced endometrial cancer, as of January 5, 2026 (ongoing Faeth Sponsored Multicenter Phase 2 trial)

Abbreviations: AE - Adverse Events, NR - not reported in primary source, HbA1C - Hemoglobin A1C

# Stomatitis: PIKTOR comparison to other PI3K pathway compounds

## Stomatitis AEs



The results are presented from different clinical trials at different points in time with differences in trial design. No head-to-head trials have been conducted among the results shown and cross-trial comparisons must be interpreted with caution. As a result, conclusive cross-trial comparisons cannot be made.

Data sources: <sup>1</sup>J Clin Oncol 2024;42:1-10 <sup>2</sup>RLY-2608 Ph1 (+fulvestrant): ASCO Poster 2025, 600 mg BID, RP2D Cohort <sup>3</sup>Juric D. et. al. ESMO Presentation 2025 <sup>4</sup>Data snapshot PIK-201 PIKTOR + Paclitaxel in patients with advanced endometrial cancer, as of January 5, 2026 (ongoing Faeth Sponsored Multicenter Phase 2 trial) <sup>5</sup>Andre, F. et. al. N Engl J Med 2019;380:1929-40 <sup>6</sup>Layman et. al., 2022 (SABCS 2022 Poster)

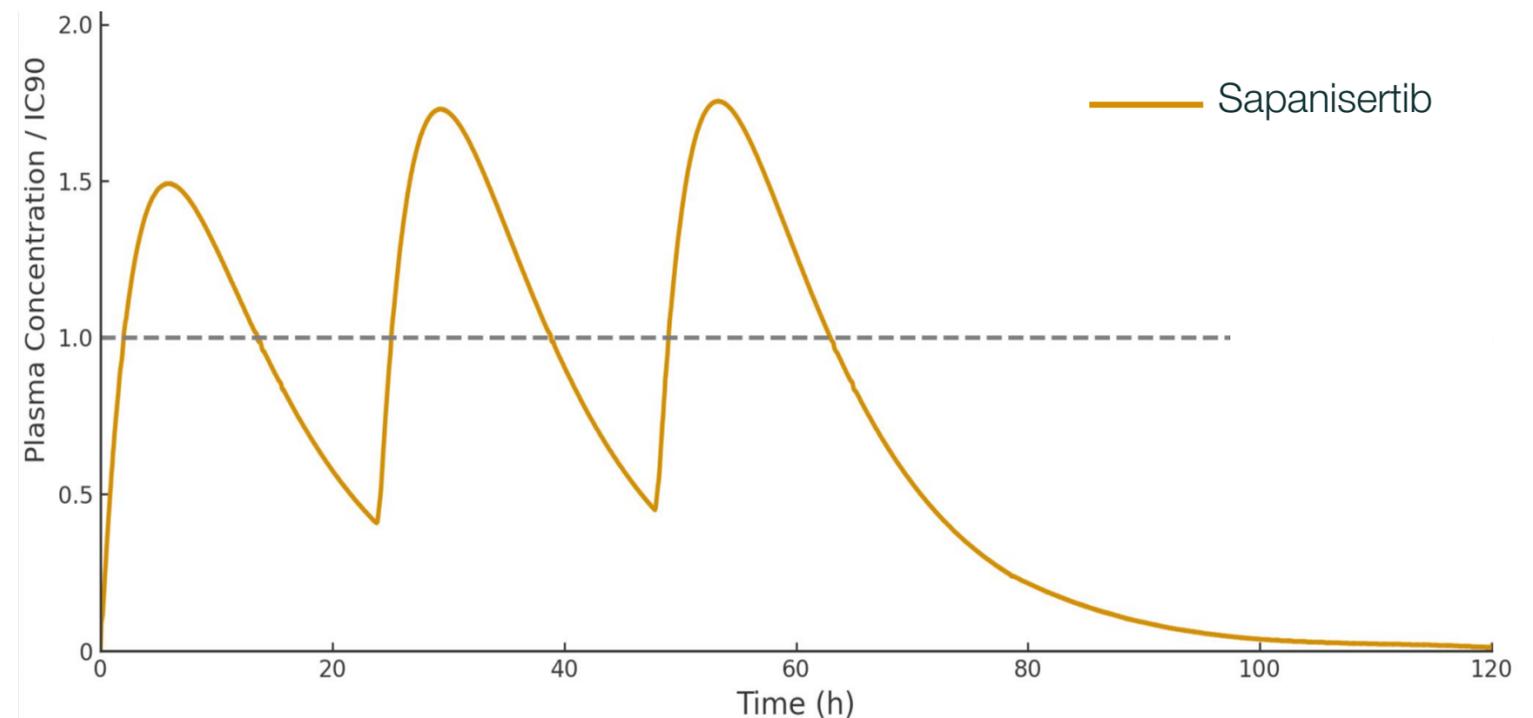
Abbreviations: AE - Adverse Events

# Oral PIKTOR dosing is designed to enable sustained exposure while limiting risk of potential $C_{max}$ related toxicity

	Route	Schedule	Exposure $\geq$ IC 90	$C_{max}$ : IC90 ratio
<b>PIKTOR</b>	Oral	3 days per week, every week	~150-190 hours per month <sup>1</sup>	~2:1 <sup>1</sup>
<b>Competitor</b>	IV	Once weekly, 3 weeks a month	~66-72 hours per month <sup>2</sup>	~50:1 <sup>2</sup>

## Three-day schedule is designed to enable repeated exposure in therapeutic range and avoid extreme $C_{max}$

- PIKTOR's 3-day oral regimen is designed to deliver repeated intra-week exposure above critical efficacy thresholds
- PIKTOR is given every week (4 out of 4 weeks per month), allowing sustained drug exposure
- Multiple weekly doses designed to avoid extreme  $C_{max}$  which may be associated with AEs
- Human skin biopsy data showed dose-dependent reduction of 4EBP1 phosphorylation<sup>3</sup>, a critical biomarker correlated with *in vitro/in vivo* efficacy<sup>4</sup>



Plot shows ratio of human plasma drug concentration to *in vitro* (cellular) IC90 for sapanisertib (cellular IC90 determined in HR+ breast cancer cell lines for sapanisertib + serabelisib). Pharmacokinetic (PK) data is modeled from Faeth internal human PK studies and represents Sapanisertib oral capsule 3 mg given once a day with food for 3 days with serabelisib.

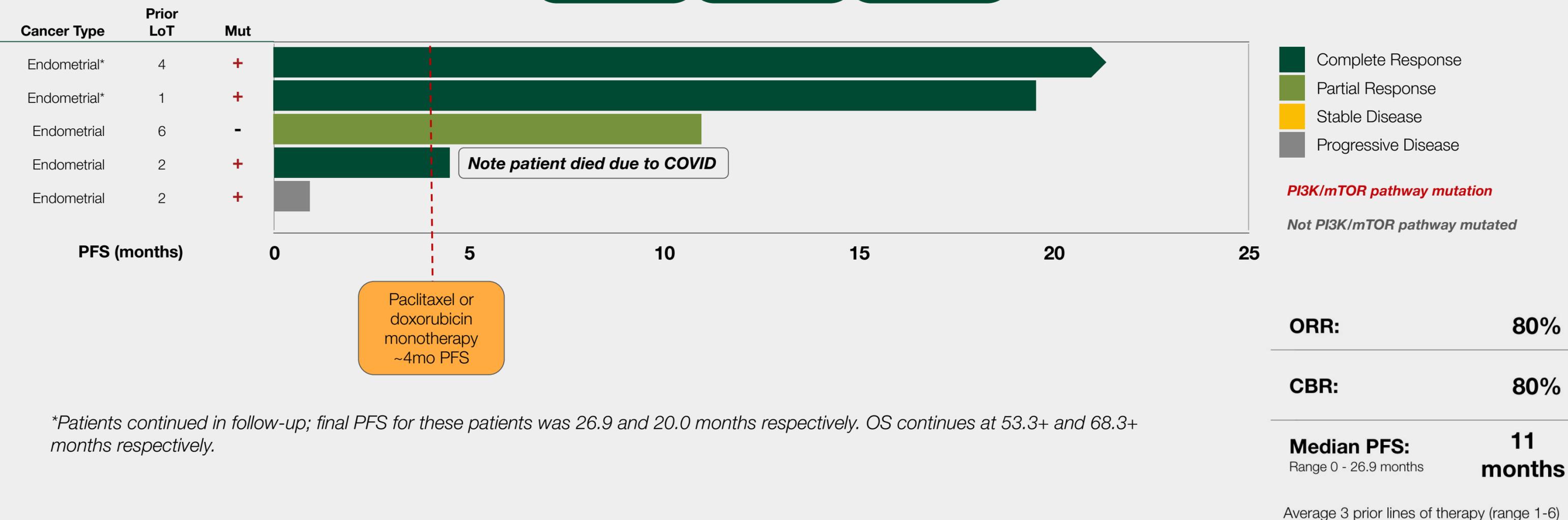
<sup>1</sup>Faeth internal PK modeling based on Faeth internal human PK data  
<sup>2</sup>Based on Faeth internal analysis and estimates using publicly available data  
<sup>3</sup>Faeth internal data from PK/PD study in human subjects  
<sup>4</sup>Tyrakis et. al., (2025) British Journal of Cancer, 133: 144-154.

# PIKTOR clinical development

Endometrial	<p>First Indication: 2L advanced EC</p> <p>Estimated market size of <b>~\$1-1.5B<sup>1</sup></b></p>	<ul style="list-style-type: none"> <li>• We believe this indication has the greatest potential for first approval</li> <li>• Large unmet clinical need in 2L</li> <li>• &gt;80% PI3K/AKT/mTOR pathway mutated</li> </ul>	Phase 2 enrolling
Breast	<p>First Indication: 1L/ 2L HR+/HER2-advanced BC</p> <p>Estimated market size of <b>~\$8-9B<sup>1</sup></b></p>	<ul style="list-style-type: none"> <li>• Well understood mechanism with potential for broad label</li> <li>• 60% PI3K/AKT/mTOR pathway mutated</li> <li>• Oral dosage form advantage vs. gedatolisib</li> </ul>	Phase 1b protocol drafted
Ovarian	<p>First Indication: Advanced platinum-resistant OC</p> <p>Estimated market size of <b>~\$1.5-2B<sup>1</sup></b></p>	<ul style="list-style-type: none"> <li>• Demonstrated activity in an all-comers population</li> <li>• 60% PI3K/AKT/mTOR pathway mutated</li> <li>• Successful Phase 2 complete</li> </ul>	Phase 2 complete (Sapa + Pac); FDA interaction planned in 2026
Lung	<p>First Indication: NFE2L2/KEAP1 advanced NSCLC</p> <p>Estimated market size of <b>~\$1-1.5B<sup>1</sup></b></p>	<ul style="list-style-type: none"> <li>• Promising single agent activity of sapanisertib in NFE2L2/KEAP1 mutated NSCLC</li> </ul>	Phase 2 protocol drafted - LungMAP consortium IIT

<sup>1</sup>Based on estimated sales data, assuming FDA approval, contained in Deallus' February 12, 2024 report to the Company

# PIKTOR + paclitaxel demonstrated clinical activity in endometrial cancer patients in Ph 1b



Paclitaxel or doxorubicin monotherapy ~4mo PFS

Note patient died due to COVID

\*Patients continued in follow-up; final PFS for these patients was 26.9 and 20.0 months respectively. OS continues at 53.3+ and 68.3+ months respectively.

Starks et. al . Gynecologic Oncology. 2022 Jul 15. Data cutoff per publication 10/1/21.  
 \*Unpublished communication with authors

Abbreviations: LOT - Lines of Therapy, ORR - Overall Response Rate, CBR - Clinical Benefit Rate, PFS - Progression Free Survival

# FTH-PIK-201: PIKTOR + paclitaxel in advanced endometrial cancer (currently enrolling)

## Eligibility Criteria

- Endometrial-endometrioid cancer
- 2nd line or later
- Post Pembrolizumab
- Must have PI3K pathway mutation

## Screening

## Phase 2 Single arm (n=40)

Sapanisertib 3 mg  
Serabelisib 200 mg  
Paclitaxel 80 mg/m<sup>2</sup>

Optional sub-study; diet to suppress glucose / insulin

## Primary endpoint

- ORR

## Secondary endpoints

- PFS
- DOR
- CBR
- OS
- Safety/tolerability

## Exploratory endpoints

- PK
- Efficacy endpoints vs. specific mutations

Study is being conducted in partnership with:

# PIKTOR clinical development

## Endometrial

First Indication: 2L advanced EC  
 Estimated market size of **~\$1-1.5B<sup>1</sup>**

- We believe this indication has the greatest potential for first approval
- Large unmet clinical need in 2L
- >80% PI3K/AKT/mTOR pathway mutated

Phase 2 enrolling

## Breast

First Indication: 1L/ 2L HR+/HER2-advanced BC  
 Estimated market size of **~\$8-9B<sup>1</sup>**

- Well understood mechanism with potential for broad label
- 60% PI3K/AKT/mTOR pathway mutated
- Oral dosage form advantage vs. gedatolisib

Phase 1b protocol drafted

## Ovarian

First Indication: Advanced platinum-resistant OC  
 Estimated market size of **~\$1.5-2B<sup>1</sup>**

- Demonstrated activity in an all-comers population
- 60% PI3K/AKT/mTOR pathway mutated
- Successful Phase 2 complete

Phase 2 complete (Sapa + Pac); FDA interaction planned in 2026

## Lung

First Indication: NFE2L2/KEAP1 advanced NSCLC  
 Estimated market size of **~\$1-1.5B<sup>1</sup>**

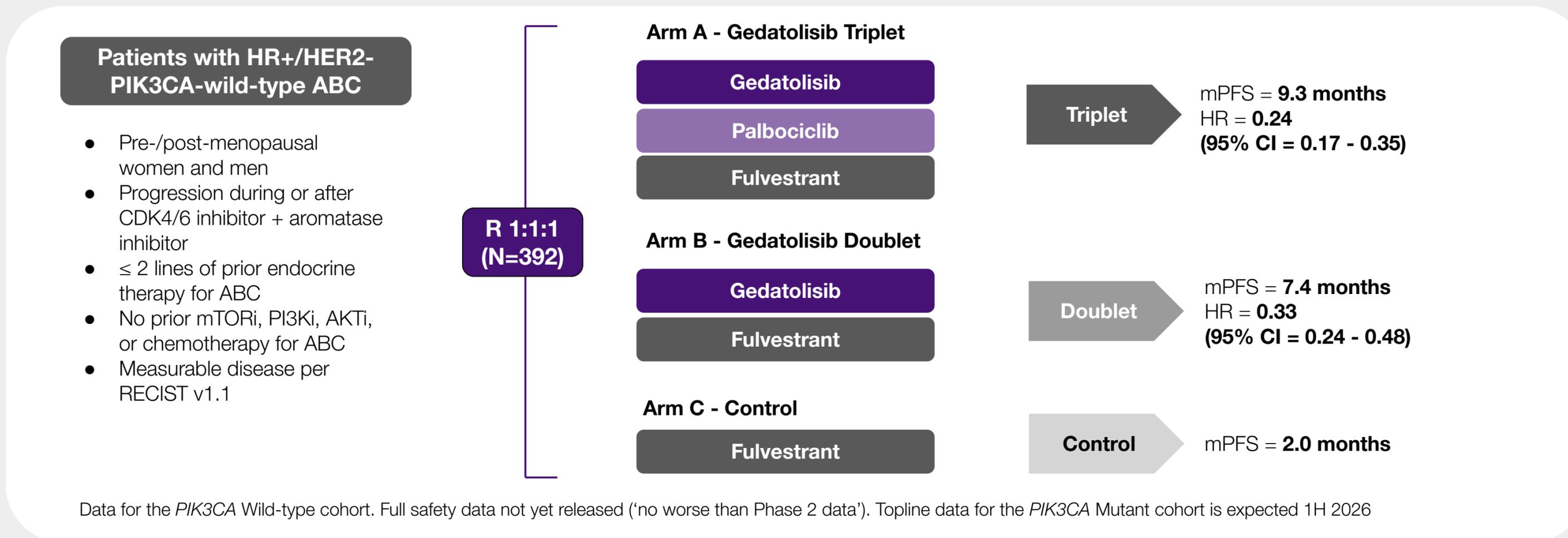
- Promising single agent activity of sapanisertib in NFE2L2/KEAP1 mutated NSCLC

Phase 2 protocol drafted - LungMAP consortium IIT

<sup>1</sup>Based on estimated sales data, assuming FDA approval, contained in Deallus' February 12, 2024 report to the Company

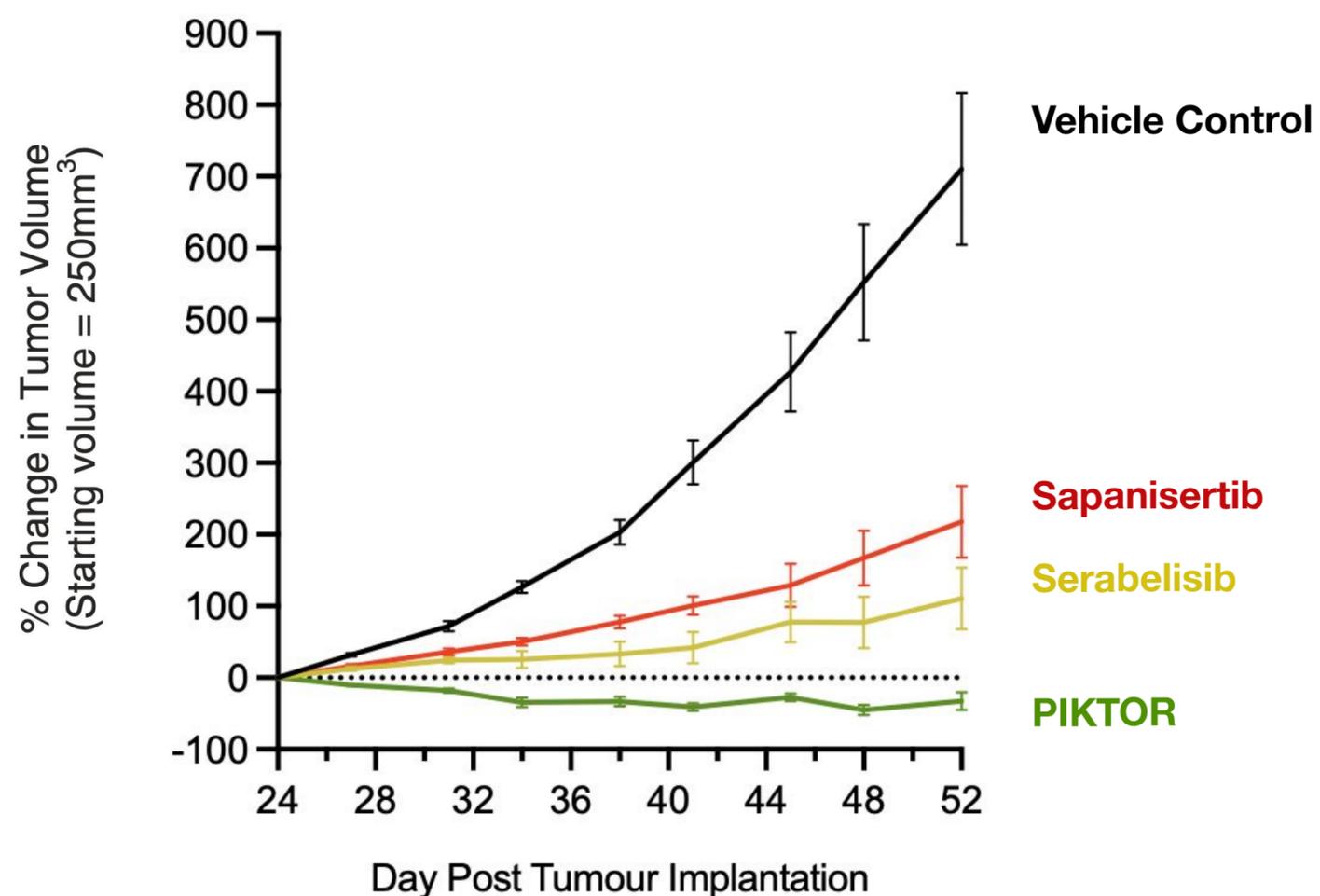
# We believe the Celcuity Ph3 VIKTORIA-1 PI3KCAwt data validates PIKTOR's mechanism

	<b>Celcuity: Gedatolisib</b>	<b>Faeth: PIKTOR</b>	<b>Conclusion</b>
<b>Target Profile</b>	Pan-PI3K + mTORC1/2	PI3K-alpha + mTORC1/2	We believe positive Celcuity data validates a multi-node PI3K + mTORC1/2 approach, while PIKTOR holds potential advantages due to oral administration and PI3K-alpha specificity
<b>Administration</b>	Intravenous	Oral	



# PIKTOR showed superior breast cancer xenograft tumor growth inhibition vs. monotherapy

## MDA-MB-361 Human Breast Cancer Cell Xenograft



### Serabelisib 75 mg/kg

Mouse equivalent of 200mg in humans  
PO QD 3 days on 4 days off

### Sapanisertib 0.5 mg/kg

Mouse equivalent of 3mg in humans  
PO QD 3 days on, 4 days off

MDA-MB-361 Mutations:  
*PIK3CA*, *MTOR*, *BRCA2*,  
*BRAF*, *CDKN2A*, *TP53*

### PIKTOR shows low nM cellular IC50 in breast cancer cell lines <sup>1</sup>

Breast Cancer Cell Line Dose-Response Curve IC<sub>50</sub> (uM)

Cell Line	PI3K-Pathway Status	HR/HER2 Status	Serabelisib	Sapanisertib	PIKTOR
MDA-MB-361	PIK3CA-E545K, MTOR-E1427Q	HR+/HER2+	3.82	0.010	<b>0.0075</b>
T47D	PIK3CA-H1047R	HR+/HER2-	1.34	0.012	<b>0.0033</b>
MCF-7	PIK3CA-E545K	HR+/HER2-	1.33	0.005	<b>0.0021</b>
MDA-MB-231	Wild-type PI3K pathway	TNBC (HR-/HER2-)	6.01	0.024	<b>0.0111</b>
Average IC <sub>50</sub> :			3.12	0.013	<b>0.0060</b>

<sup>1</sup>Tyrakis et. al., (2025) British Journal of Cancer, 133: 144-154.

# Serabelisib and Sapanisertib have each independently shown activity in HR+/HER2- breast cancer

		Study	Drug / Combination	ORR	DCR	mPFS	CR
HR+/HER2- Phase 2	Sapa	Garcia-Saenz <i>et. al.</i> , 2022 <sup>1</sup>	Sapanisertib + Fulvestrant (n=47 arm B)	21.3%	75% PR+CR+SD	<b>7.2 m</b>	2/47
	Control Arm	Garcia-Saenz <i>et. al.</i> , 2022 <sup>1</sup>	Fulvestrant (n=46 arm A)	10.9%	61% PR+CR+SD	3.5 m	0/46
VIKTORIA-1 Phase 3	Gedatolisib	Hurvitz, S. <i>et. al.</i> , 2025 <sup>2</sup>	Gedatolisib + Fulvestrant (n=130)	28.3%	77% PR+CR+SD	<b>7.4 m</b>	NA

		Study	Drug / Combination	ORR	DCR	mPFS	CR
Breast Cancer Subjects from Phase 1	Serabelisib	Juric <i>et. al.</i> , 2017 <sup>3</sup>	Serabelisib (n=21)	14%	76% PR+CR+SD	NA	0/21
	Comparator Drug Data	Juric <i>et. al.</i> , 2018 <sup>4</sup>	Alpelisib (n=23)	4%	61% PR+CR+SD	NA	0/23

The results are presented from different clinical trials at different points in time with differences in trial design. No head-to-head trials have been conducted among the results shown and cross-trial comparisons must be interpreted with caution. As a result, conclusive cross-trial comparisons cannot be made.

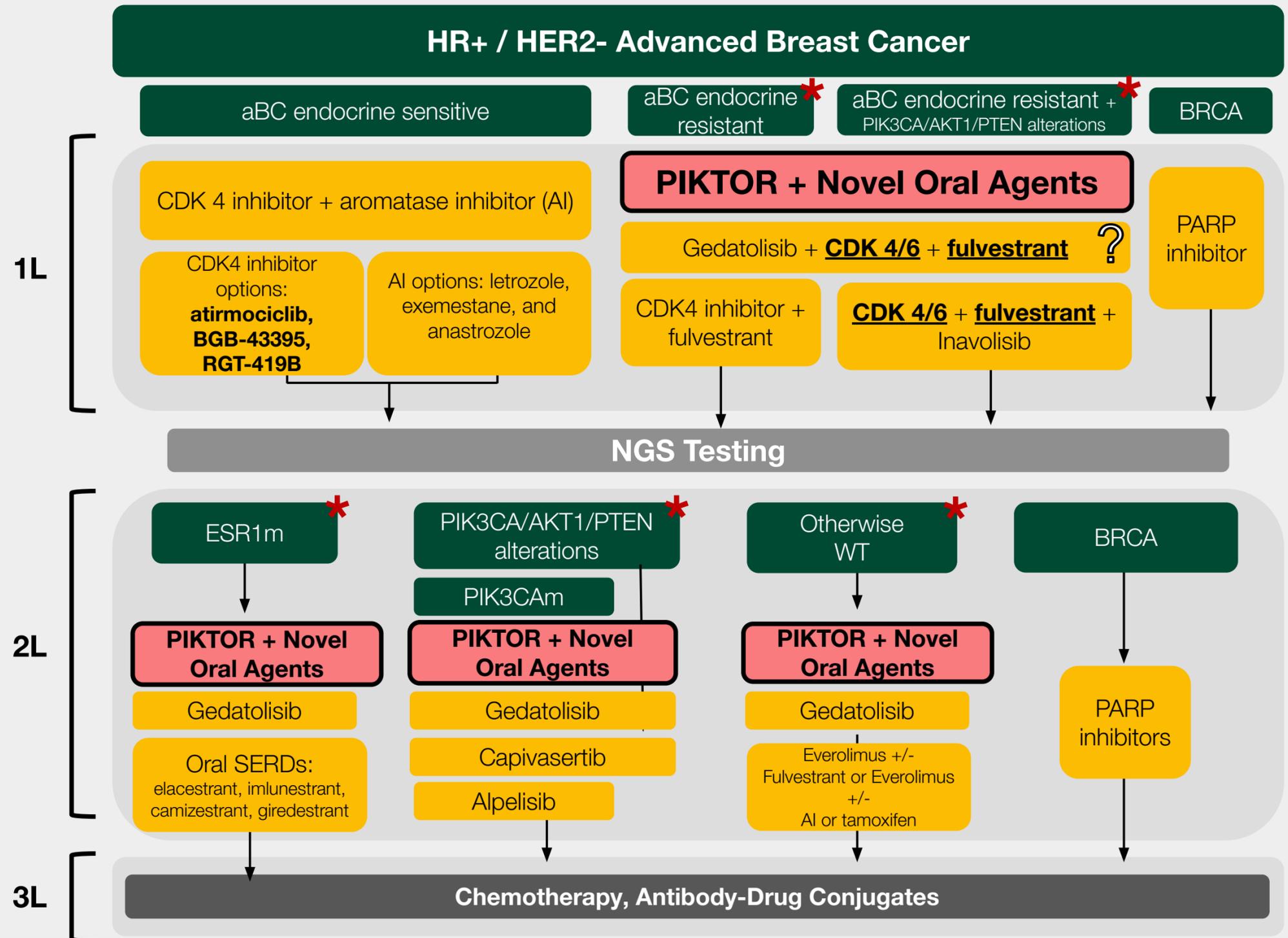
<sup>1</sup>Garcia-Saenz *et. al.*, (2022) *J. Clinical Cancer Research* (2022) 28 (6): 1107–1116 <sup>2</sup>Hurvitz, S. *et. al.*, (2025) ESMO Presentation <sup>3</sup>Juric *et. al.*, (2017) *Clin. Cancer Res.* 23 (17) <sup>4</sup>Juric *et. al.*, (2018) *Journal of*

*Clinical Oncology* 36 (13), 1291-1299

Abbreviations: ORR - Overall Response Rate, DCR - Disease Control Rate, mPFS - median progression free survival, CR - Complete Response

# HR+/HER2- Advanced Breast Cancer Landscape - potential **future state**

We believe PIKTOR has the potential to become a **differentiated all-oral** option across first- and second-line settings, with relevance across **future** standards of care.



\* Represents potential PIKTOR disruption

# PIKTOR clinical development

## Endometrial

First Indication: 2L advanced EC  
 Estimated market size of **~\$1-1.5B<sup>1</sup>**

- We believe this indication has the greatest potential for first approval
- Large unmet clinical need in 2L
- >80% PI3K/AKT/mTOR pathway mutated

Phase 2 enrolling

## Breast

First Indication: 1L/ 2L HR+/HER2-advanced BC  
 Estimated market size of **~\$8-9B<sup>1</sup>**

- Well understood mechanism with potential for broad label
- 60% PI3K/AKT/mTOR pathway mutated
- Oral dosage form advantage vs. gedatolisib

Phase 1b protocol drafted

## Ovarian

First Indication: Advanced platinum-resistant OC  
 Estimated market size of **~\$1.5-2B<sup>1</sup>**

- Demonstrated activity in an all-comers population
- 60% PI3K/AKT/mTOR pathway mutated
- Successful Phase 2 complete

Phase 2 complete (Sapa + Pac); FDA interaction planned in 2026

## Lung

First Indication: NFE2L2/KEAP1 advanced NSCLC  
 Estimated market size of **~\$1-1.5B<sup>1</sup>**

- Promising single agent activity of sapanisertib in NFE2L2/KEAP1 mutated NSCLC

Phase 2 protocol drafted - LungMAP consortium IIT

<sup>1</sup>Based on estimated sales data, assuming FDA approval, contained in Deallus' February 12, 2024 report to the Company

# Phase 2 DICE Trial: Sapanisertib + Paclitaxel showed benefit in PROC

## Platinum Resistant Ovarian Cancer

### Eligibility Criteria

- Epithelial ovarian / fallopian tube / peritoneal
- Platinum-resistant or refractory
- ≥1 prior line; measurable disease (RECIST 1.1)

Screening

1:1  
Randomization  
n=134

Arm A: Control  
n=66

Paclitaxel 80 mg/m<sup>2</sup> IV  
Days 1, 8, 15 (q28d)

Arm B: Experimental  
n=68

Paclitaxel 80 mg/m<sup>2</sup> IV +  
Sapanisertib 4 mg PO 3d/w

### Primary endpoint: PFS

Secondary endpoints: ORR, OS, DoR, CBR, QoL, Safety

Experimental endpoint: Genetic biomarkers in tissue / blood

Late breaking oral pres at ESMO



### Mean PFS

Arm A: **4.0 months** Arm B: **5.8 months**

HR=0.66; 90% CI: 0.45–0.96 (P=0.07)

### Grade 3/4 AEs

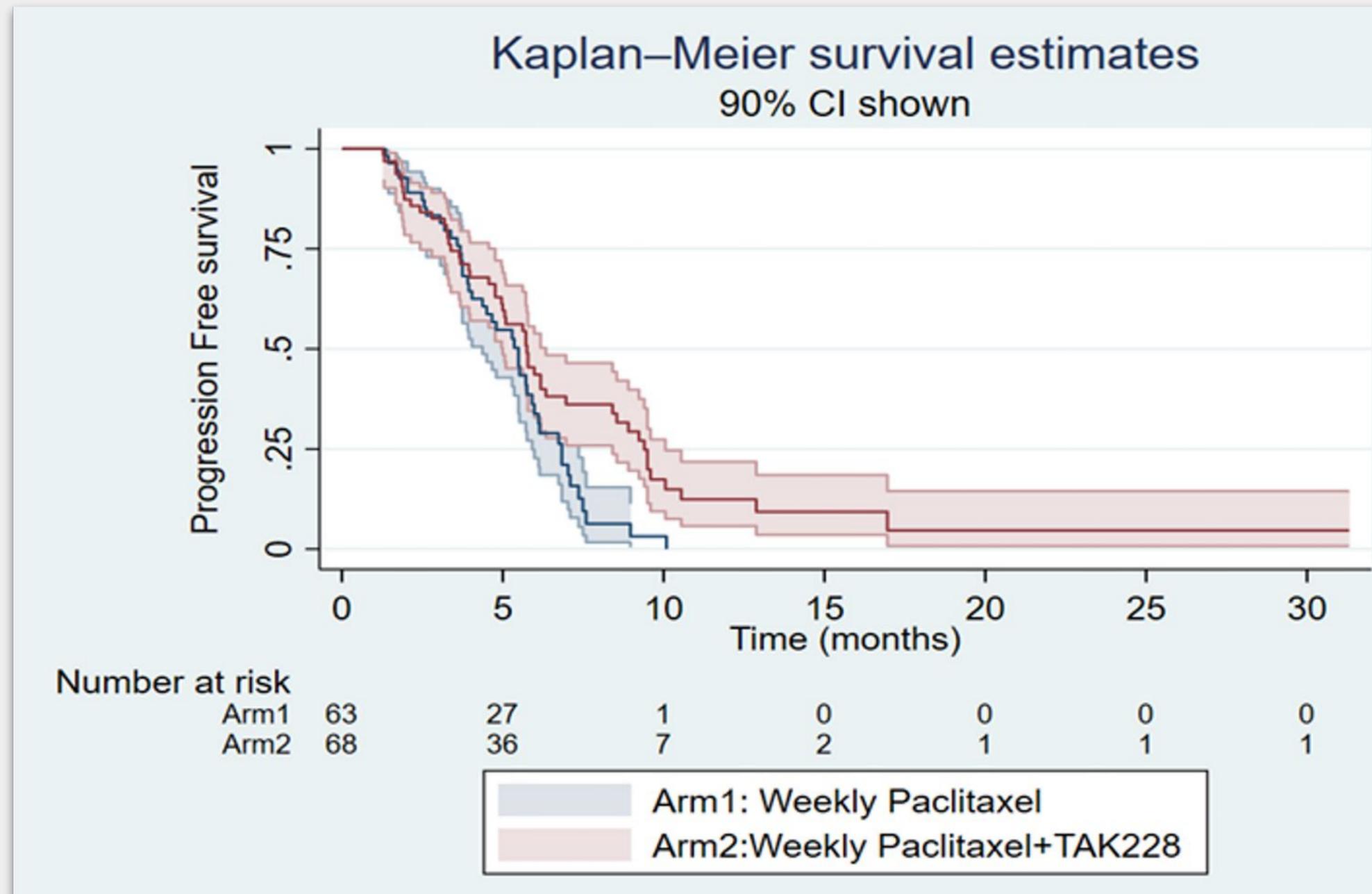
Arm A: **6.6%** Arm B: **7.0%**

Gastrointestinal AEs (0% vs. 11.4%) and Rash (0% vs. 2.9%) more common in Arm B but were manageable

### Next steps

- OS, ORR and detailed safety data to come
- Potential FDA interaction in 2026 regarding future development, including potential registrational trial

# Phase 2 DICE Trial: Sapanisertib (aka TAK 228) and Paclitaxel showed PFS benefit in PROC



# We believe regulatory positioning supports accelerated path to registrational trial

## Precedent supports a PI3K/mTOR multi-node strategy

- Recent Gedatolisib Ph3 success reinforces the class and mechanism<sup>1</sup>

## Combination acceptable for HV studies

- FDA has previously allowed dosing of serabelisib in healthy volunteers providing robust PK/BA data alongside extensive PK/BA data available from historical sapanisertib clinical studies<sup>2</sup>

## Clin Pharm gaps are well-defined and addressable

## Strong safety foundation

- More than 240 subjects exposed; **no Hy's law cases**, minimal bilirubin elevations, predictable toxicity on intermittent dosing to date

## Additional contribution of components work may be needed but could be accelerated with capital

- ✓ **Combination Dosing Precedent**
- ✓ **Clin Pharm Requirements Defined**
- ✓ **Safety Database Supports Advancement**
- ✓ **CMC Program on Track**
- ✓ **Path to Registrational Trial**
- **Contribution of Components**

<sup>1</sup>Hurvitz, S. *et al.*, (2025) ESMO Presentation

<sup>2</sup>Patel *et al.*, 2019, Clin Pharmacol Drug Dev Jul;8(5):637-646., Voss et al. 2020 British Journal of Cancer Nov;123(11):1590-1598

Abbreviations: PK/BA - Pharmacokinetics / Bioavailability

## CMC infrastructure positioned for registration and scale

### Mature DS/DP Materials

- Both DS are highly stable
- DS/DP Batches with 36-60 month stability data
- Proven manufacturing history

### Manufacturing Scale-Up

- DS and DP process optimisation being completed
- Demo batches planned for 2026
- Registrational readiness on track

### Defined Life-Cycle Strategy

- Formulation work underway

**Expect ample DS/DP supply for ongoing and proposed Phase 1b/Phase 2 Studies**

# Key PIKTOR patents

Subject Matter	Patent Expiration Date	Note
Composition of Matter <ul style="list-style-type: none"> <li>● Serabelisib API</li> <li>● Sapanisertib API</li> </ul>	Aug 2037	<ul style="list-style-type: none"> <li>● Issued COM patents for each API</li> <li>● COM expiry date includes patent term adjustment (PTA) and expected 5 years of patent term extension (PTE) added to serabelisib COM patent</li> </ul>
PIKTOR + ISD Method of Treatment for Cancer	May 2039	<ul style="list-style-type: none"> <li>● Issued Patent</li> <li>● Covers use of PIKTOR + ISD in a range of tumor types</li> </ul>
PIKTOR Method of Treatment for Cancer	Pending (March 2046 = 20-year)	<ul style="list-style-type: none"> <li>● Patent Filed March 2025</li> <li>● Endometrial and Breast cancer</li> </ul>
Sapanisertib Method of Treatment for Cancer	Pending (Oct. 2046 = 20-year)	<ul style="list-style-type: none"> <li>● Patent Filed Oct. 2025</li> <li>● Ovarian Cancer</li> </ul>
Opportunity for novel composition of matter IP  Formulation development ongoing	Target patent filing = 2026 (20-year expiry ~2046)	<ul style="list-style-type: none"> <li>● Development work ongoing</li> </ul>

# Financing expected to fund PIKTOR program through key anticipated catalysts

	2026	2027	2028
<b>PIK-201 Ph 2 Endo</b>	Before EOY: Enrollment complete, topline data readout	Last patient dosed + 6 months data	
<b>PIK-101 Ph1b Breast</b>	1H: Trial initiation, Ph1b dose escalation	Interim safety data from dose escalation Interim efficacy data from dose escalation Expansion cohorts initiated	Expansion data
<b>DICE Ph 2 PROC</b>	Potential FDA interaction regarding future development		
<b>Key External Events</b>	1H: Potential Gedatolisib FDA Approval, VIKTORIA-1 PI3Kmt Readout		Potential Gedatolisib VIKTORIA-2 Data Readout

Team is well rounded with deep experience in drug development

### Management Team



**Christopher Gerry, JD**  
President & General Counsel



**Anand Parikh, JD**  
Chief Operating Officer



**Josiah Craver, CPA**  
SVP, Finance

### Key Faeth Employees



**Oliver Maddocks, MPharm PhD**  
Chief Scientific Officer



**Debbie Chirnomas, MD MPH**  
Chief Medical Officer

### Board



**Bob Holmen, JD**  
Board Chair



**Kristian Humer, MBA**



**Christopher Gerry, JD**



**Tom Ricks, MBA**



**Anand Parikh, JD**



**Phil Donenberg**

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Thank you