Degrading Proteins, Making Medicines

Innovating Beyond New Heights | May 2026

Monte Rosa Therapeutics

Forward-Looking Statements

This communication includes express and implied "forward-looking statements," including forward-looking statements 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 herein include, but are not limited to, statements about our ability to grow our product pipeline, our ability to successfully complete research and further development and commercialization of our drug candidates in current or future indications, including the timing and results of our clinical trials and our ability to conduct and complete clinical trials, statements regarding our progress and speed of development of only-in-class and first-in-class molecular glue degrader therapeutics, statements around the Company's QuEEN™ discovery engine and the broad potential applications of the platform and the Company's ability to create long-term value through focused pipeline execution and strategic collaborations, as well as to expand the targetable protein space for MGD drug discovery, unlocking new opportunities to address previously undruggable therapeutic targets with the advantages of oral small molecules, statements about the Company's view of its potential to rationally design MGDs with unprecedented selectivity and its potential impact on immune-mediated diseases, statements around the breadth and versatility of our QuEEN™ discovery engine and the growing recognition of MGDs as a distinct and potentially transformative therapeutic modality, statements around potential multi-billion-dollar market opportunities and the potential for our product candidates to be only-in-class therapies, statements about the advancement and timeline of our preclinical and clinical programs, pipeline and the various products therein, including (i) the ongoing development of our VAV1-directed degrader, referred to as MRT-6160, statements related to its planned multiple Phase 2 initiations in 2026 in collaboration with Novartis and its potential broad application across immune-mediated diseases with safe, oral therapy, (ii) the ongoing development and progress of our NEK7-directed MGD, referred to as MRT-8102, including our expectations regarding the GFORCE-1 and GFORCE-2 studies, as well as Phase 1 data and Phase 2 initiation in H2 2026, a Phase 2 study in acute gout flares between Q4 2026 and Q1 2027 and a Phase 2 study in moderate to severe hidradenitis suppurativa in H1 2027, statements regarding our beliefs that the data support a broad therapeutic index for MRT-8102, statements regarding the restriction of the role of NEK7 to its essential function in the assembly and activation of the NLRP3 inflammasome and the potential for such restriction to lead to a more favorable safety profile than anti-IL-1/IL-6 therapies, statements regarding the favorable toxicity profile observed in human clinical studies and long-term non-human primate studies, statements regarding the MRT-8102 data comparing favorably to data reported for NLRP3 inhibitors and appearing on par with data reported for IL-6 antibodies, statements regarding MRT-8102's potential advantage of inhibiting pyroptotic cell death and its potential to provide upstream pathway inhibition, stabilize plaques and prevent thrombosis and address residual cardiovascular risk in ASCVD, statements around the upstream targeting of NLRP3/NEK7 pathway potentially having greater potential than downstream IL-1β/IL-6 biologics in ASCVD and MRT-8102 potential to address residual CVD risk, and its potential to meet unmet need in ASCVD, including the potential to avoid on-off pharmacodynamics and off-target toxicities of NLRP3 inhibitors, statements regarding the MRT-8102 treatment potentially leading to resolution of tophi through enhanced phagocytic potential of macrophages without activation of NLRP3 and flares, as well as its strong efficacy potential for flare management and long-term prophylaxis, MRT-8102 potential for robust clinical activity in both biologic-naïve and refractory patients, statements regarding the potential application of MRT-8102 in additional inflammatory and metabolic indications, (iii) the ongoing development of a second-generation NEK7-directed MGD optimized for CNS penetration and our statements around expected IND submission in 2026, (iv) statements regarding the promising interim results from our ongoing Phase 1/2 clinical study evaluating MRT-2359 in combination with enzalutamide in heavily pretreated patients with metastatic CRPC, our expectations regarding the clinical activity observed with MRT-2359 in combination with enzalutamide in heavily pretreated mCRPC patients and the significant opportunity for MRT-2359 in the rapidly evolving treatment landscape of prostate cancer and its potential for high rates of durable responses in high unmet need population, our plans to initiate a Phase 2 study evaluating MRT-2359 in combination with a second generation AR inhibitor in mCRPC patients with AR mutations and timing thereof, the potential to expand to other AR driven populations, including patients without prior 2nd generation AR inhibitors, as well as the potential for indication expansion into earlier line in combination with 2nd generation AR inhibitors or radioligand therapy, (v) statements around our discovery programs, including CCNE1/CDK2 and our plans for an IND submission in 2026, as well as our plans to announce additional targets, statements around the clinical significance of the clinical data read-out at upcoming scientific meetings and timing thereof, statements related to the expected potential clinical benefit of any of our candidates, advancement and application of our platform, statements around our ability to capitalize on and potential benefits resulting from our research and translational insights, including announcements related to preclinical programs, as well as our ability to optimize collaborations with industry partners on our development programs, statements about obligations under our collaboration agreements, expectations around the receipt of any payments under such agreements and the future development and commercialization of various products, statements regarding regulatory filings for our development programs, including the planned timing of such regulatory filings, such as IND applications, and potential review by regulatory authorities, our use of capital, expenses and other financial results in the future, availability of funding for existing programs, ability to fund operations into 2029, statements around our cash runway positioning us through multiple anticipated Phase 2 studies of MRT-6160, MRT-8102, and MRT-2359, statements around our expectations of success for our programs, strength of collaboration relationships and the strength of our financial position, among others. By their nature, these statements are subject to numerous risks and uncertainties, including those risks and uncertainties set forth in our most recent Annual Report on Form 10-K for the year ended December 31, 2025 filed with the U.S. Securities and Exchange Commission on March 17, 2026, most recent Quarterly Reports on Form 10-Q and any subsequent filings, that could cause actual results, performance or achievement to differ materially and adversely from those anticipated or implied in the statements, as well as the risk that outcomes of preclinical studies may not be predictive of clinical trial results and the risk that initial or interim results from a clinical trial may not be predictive of the final results of the trial or the results of future trials. You should not rely upon forward-looking statements as predictions of future events. Although our management believes that the expectations reflected in our statements are reasonable, we cannot guarantee that the future results, performance, or events and circumstances described in the forward-looking statements will be achieved or occur. 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. We undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, any future presentations, or otherwise, except as required by applicable law. Certain information contained in these materials and any statements made orally during any presentation of these materials that relate to the materials or are based on studies, publications, surveys and other data obtained from third-party sources and our own internal estimates and research. While we believe these third-party studies, publications, surveys and other data to be reliable as of the date of these materials, we have not independently verified, and make no representations as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, no independent source has evaluated the reasonableness or accuracy of our internal estimates or research and no reliance should be made on any information or statements made in these materials relating to or based on such internal estimates and research.

Monte Rosa Therapeutics – A Leader in Targeted Protein Degradation

Delivering Value

Uniquely differentiated "only in class" pipeline with 3 clinical programs

Addressing highly validated, undruggable targets in high medical need indications

Three programs initiating Phase 2 trials in 2026

Additional INDs for wholly owned pipeline anticipated over next 2 years

Building the Future

Industry-leading product engine with a focus on molecular glue degraders (MGDs) with unprecedented selectivity

Leaders in AI-driven protein-protein interaction (PPI) prediction and rational design of novel MGDs

Potential multi-billion-dollar market opportunities with only-in-class MGDs

Positioned for Execution

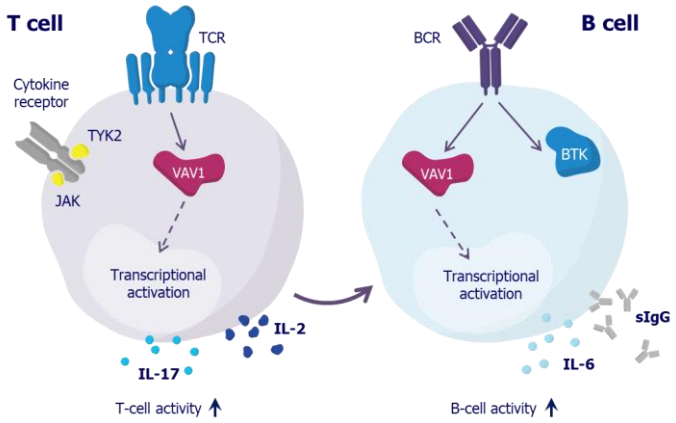
Strong balance sheet providing cash runway into 2029

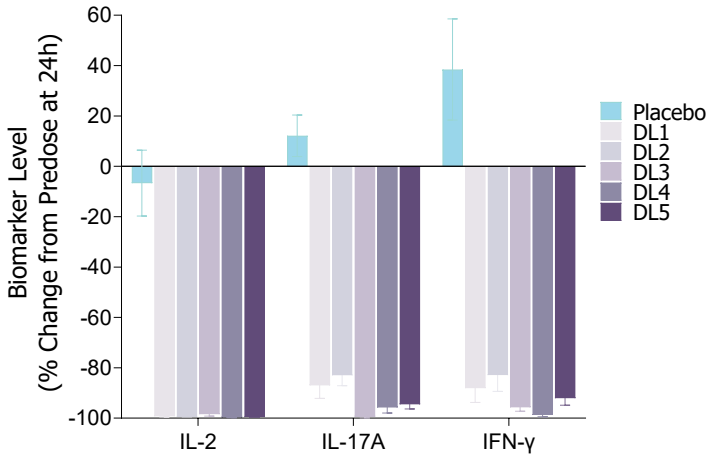
Funded through multiple anticipated Phase 2 studies of MRT-6160, MRT-8102, and MRT-2359

~$350M in collaboration payments in last 3 years with potential for >$400M over the next 24 months

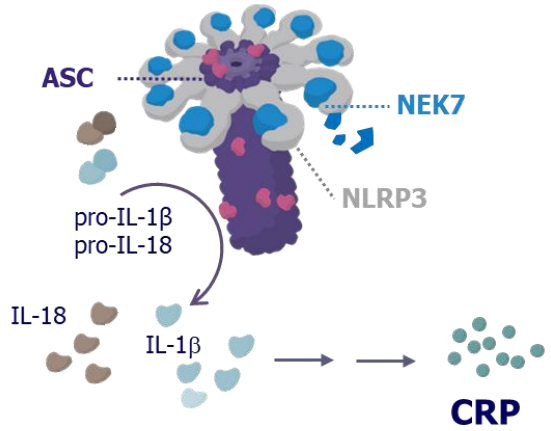
Next-Gen MGD-Based Therapeutics Delivering Meaningful Clinical Results

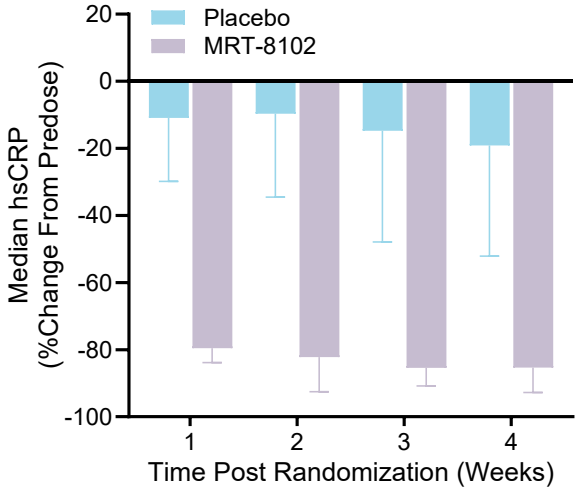
First-in-class VAV1 MGD **MRT-6160** for diverse T and B-cell driven diseases



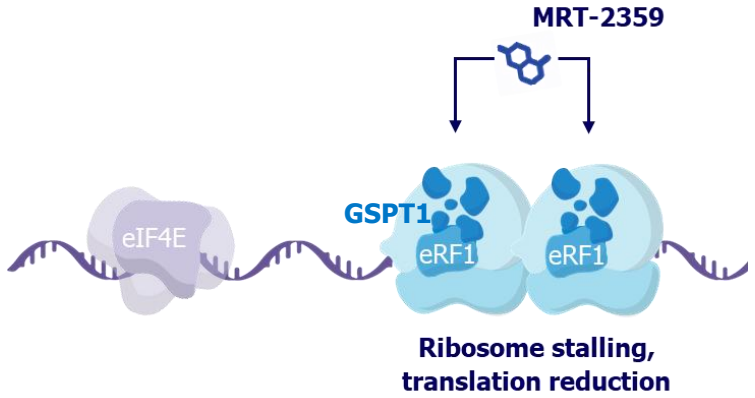


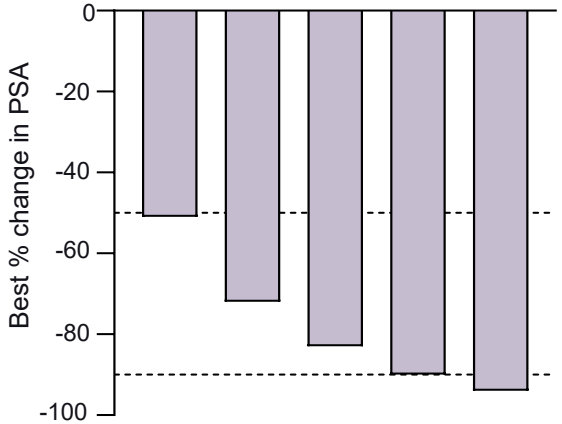
First-in-class NEK7 MGD **MRT-8102** for NLRP3/IL-1/IL-6 driven diseases





Best-in-class GSPT1 MGD **MRT-2359** for AR mutant metastatic CRPC





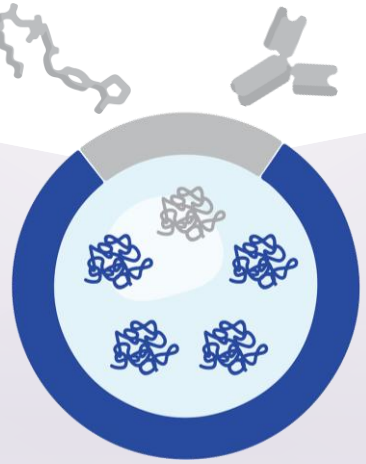
Monte Rosa Pipeline and Upcoming Milestones

	Target	Compound	Indication(s)	Next Anticipated Milestone
Immunology & Inflammation	VAV1 *Licensed to Novartis**	MRT-6160	Immune-mediated Diseases	Multiple Phase 2 initiations in 2026
	NEK7	MRT-8102	IL-1β/NLRP3-driven Inflammatory Diseases	Phase 1 data and Phase 2 initiation in H2 2026
		Next Generation		IND submission in H2 2026
Oncology	GSPT1	MRT-2359	Castration-resistant Prostate Cancer	Phase 2 initiation in Q3 2026
	CCNE1/ CDK2	Discovery	CCNE1 Amplified Tumors ER+ Breast Cancer	IND submission for CCNE1 MGD in H2 2026
Various	Multiple Targets *Includes those licensed/optioned to Roche and Novartis*	Discovery	I&I, Oncology, Genetic and Neurological Diseases	Announce additional targets

* Novartis has exclusive worldwide rights to develop, manufacture and commercialize MRT-6160 and other VAV1 MGDs. Monte Rosa is eligible for up to $2.1B in development, regulatory, and sales milestones, beginning upon initiation of Phase 2 studies, and is also eligible for 30% US P&L share and ex-US tiered royalties.
Notes: IND = investigational new drug. ER = estrogen receptor. I&I = immunology and inflammation.

Monte Rosa MGDs: Opportunity for Paradigm-Changing Medicines

Most disease-causing proteins are



undrugged with conventional modalities

MGDs

- **Clinically validated modality**
- **Exquisite selectivity**
- **Novel target space**
- **Catalytic mechanism of action**
- **Oral dosing**
- **Scalable manufacturing**

Like RNAi and CRISPR, Monte Rosa's **MGDs** have the potential to unlock **undruggable target space** but with the **advantages of oral small molecules**

QuEEN™ Product Engine Delivering Differentiated Drug Candidates

QuEEN featured in Science July 2025

AI/ML-powered insights into protein surfaces enable:

- ✓ Expansive and expanding novel target space
- ✓ Rational MGD design
- ✓ Exquisitely selective target silencing

QuEEN is delivering "only-in-class" MGDs

- ✓ Highly potent degraders with drug-like properties, oral bioavailability, and systemic distribution to all target tissues
- ✓ Deep understanding of PK/PD for clinical translation
- ✓ Convenient, highly effective, orally available alternative to injectable biologics

Creating Value through Strategic Collaborations

	NOVARTIS		Roche
Scope	Global license agreement to advance VAV1-directed molecular glue degraders including MRT-6160 (announced Oct. 2024)	Collaboration with Novartis for degraders to treat immune-mediated diseases (announced Sep. 2025)	Strategic collaboration to discover novel MGDs targeting cancer and neurological diseases (announced Oct. 2023)
Financials	• **$150M upfront** payment • Eligible for up to **$2.1B in development, regulatory, and sales milestones**, beginning upon initiation of Phase 2 studies • NVS fully funds Phase 2 studies • Eligible for **30% US P&L share** and ex-US tiered royalties	• **$120M upfront** payment plus option maintenance payments • Eligible for option exercise payments and development, regulatory, and sales milestones, as well as tiered royalties on global net sales • Up to **$5.7B total deal value**	• **$50M upfront** payment • Eligible for **>$2B preclinical, clinical, commercial and sales milestone payments** and tiered royalties
Strategic Goal	Accelerate and broaden scope of clinical development of MRT-6160 while retaining substantial value for Monte Rosa	Expedite additional I&I programs leveraging Monte Rosa QuEEN™ platform and Novartis capabilities in immune-mediated diseases	Expand platform reach to discover and develop MGDs against previously undruggable targets in cancer and neurological diseases

Notes: Under the terms of the Oct. 2024 Novartis agreement, Novartis has exclusive worldwide rights to develop, manufacture and commercialize MRT-6160 and other VAV1 MGDs and is responsible for all clinical development and commercialization, starting with Phase 2 clinical studies. Monte Rosa will co-fund any Phase 3 clinical development and will share any profits and losses associated with the manufacturing and commercialization of MRT-6160 in the U.S. Under the terms of the Sep. 2025 Novartis agreement, Monte Rosa granted Novartis an exclusive license to an undisclosed target and the exclusive option to obtain licenses to two programs from Monte Rosa's preclinical immunology portfolio. Under the terms of the Roche agreement, Monte Rosa Therapeutics will lead discovery and preclinical activities against multiple select cancer and neurological disease targets to a defined point. Roche gains the right to exclusively pursue further preclinical and clinical development of the compounds.

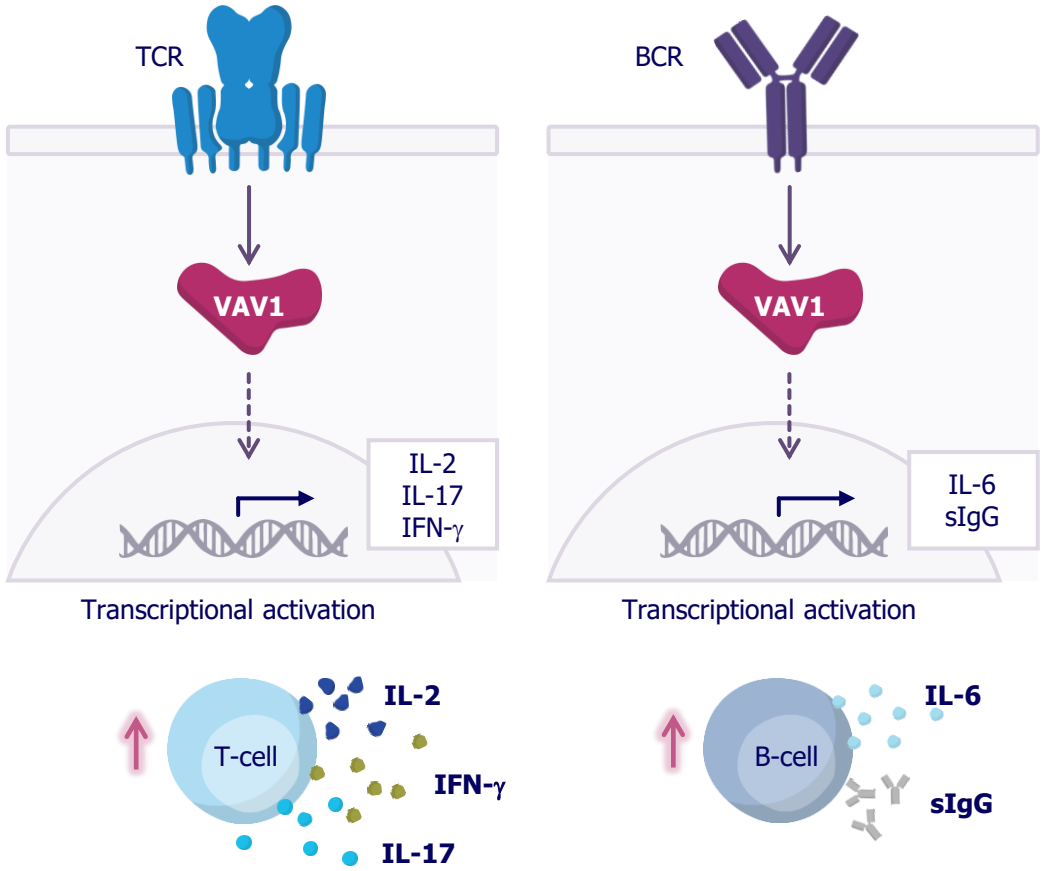
Monte Rosa Therapeutics

I&I Pipeline

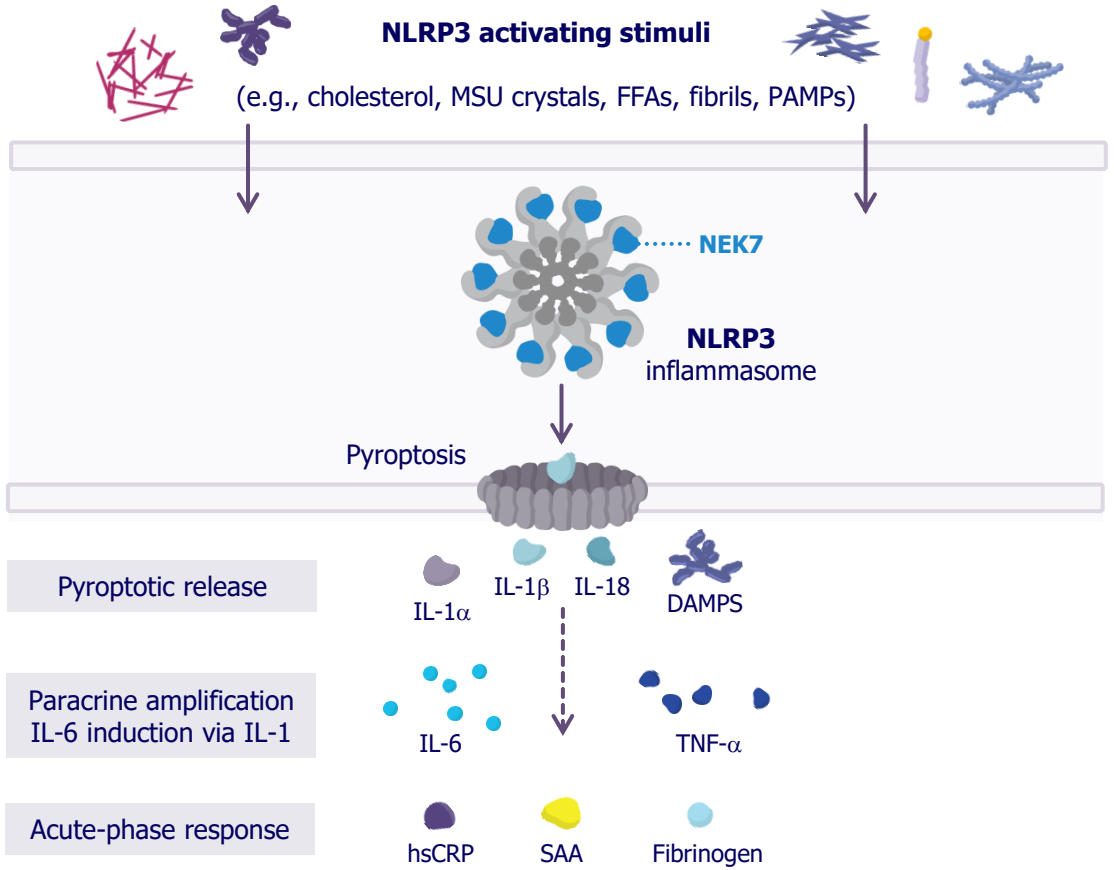
Beyond Biologics-in-a-Pill: Potential for Next-Generation I&I Drugs

Degrading previously undruggable signaling nodes to modulate multiple cytokines

MRT-6160 (VAV1) stops multiple pathogenic cytokines (IL-2, IL-6, IL-17) and secreted antibodies (sIgG)

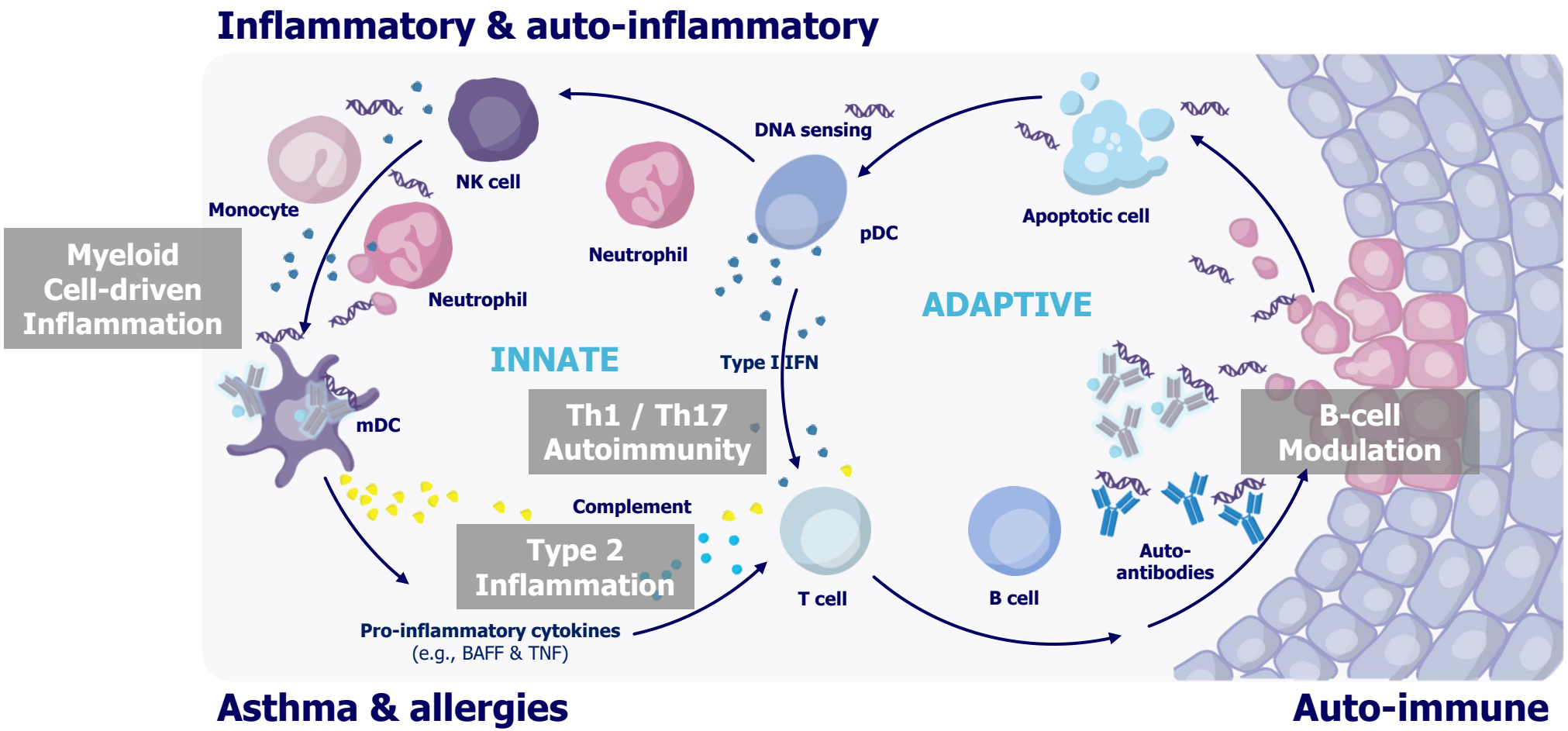


MRT-8102 (NEK7) stops multiple pathogenic cytokines (IL-1α/β, IL-18, IL-6) and pyroptosis



Expanding High-Value I&I Pipeline with Oral Degraders

Multiple undisclosed targets in Th1, Th2, Th17, and myeloid pathways and B-cell modulation



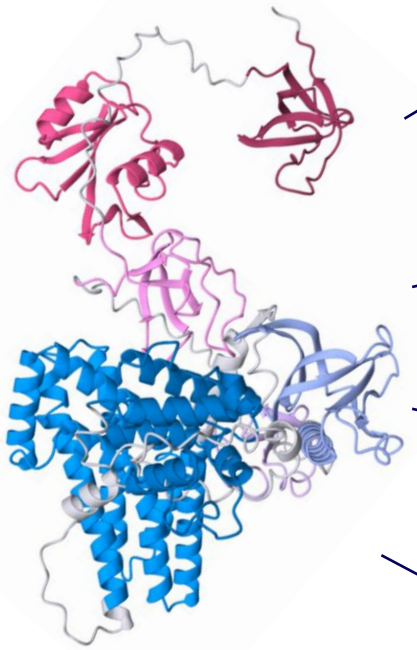
Monte Rosa Therapeutics

VAV1 Program (MRT-6160)

VAV1: Upstream Targeting Node Associated with Clinically Validated Pathways

VAV1 signaling is associated with several T and B cell immunologic outcomes

Clinically validated pathway in autoimmune/inflammatory disease



VAV1

T cell activation

ORENCIA® (abatacept)

RINVOQ® upadacitinib

B cell activation/Plasma cell differentiation (Antibody production)

Rituxan® Rituximab

VYVGART® Hytrulo

Th17 response

Cosentyx® (secukinumab)

omvoh™ (mirikizumab-mrkz) 300 mg/15 mL infusion | 100 mg/mL injection

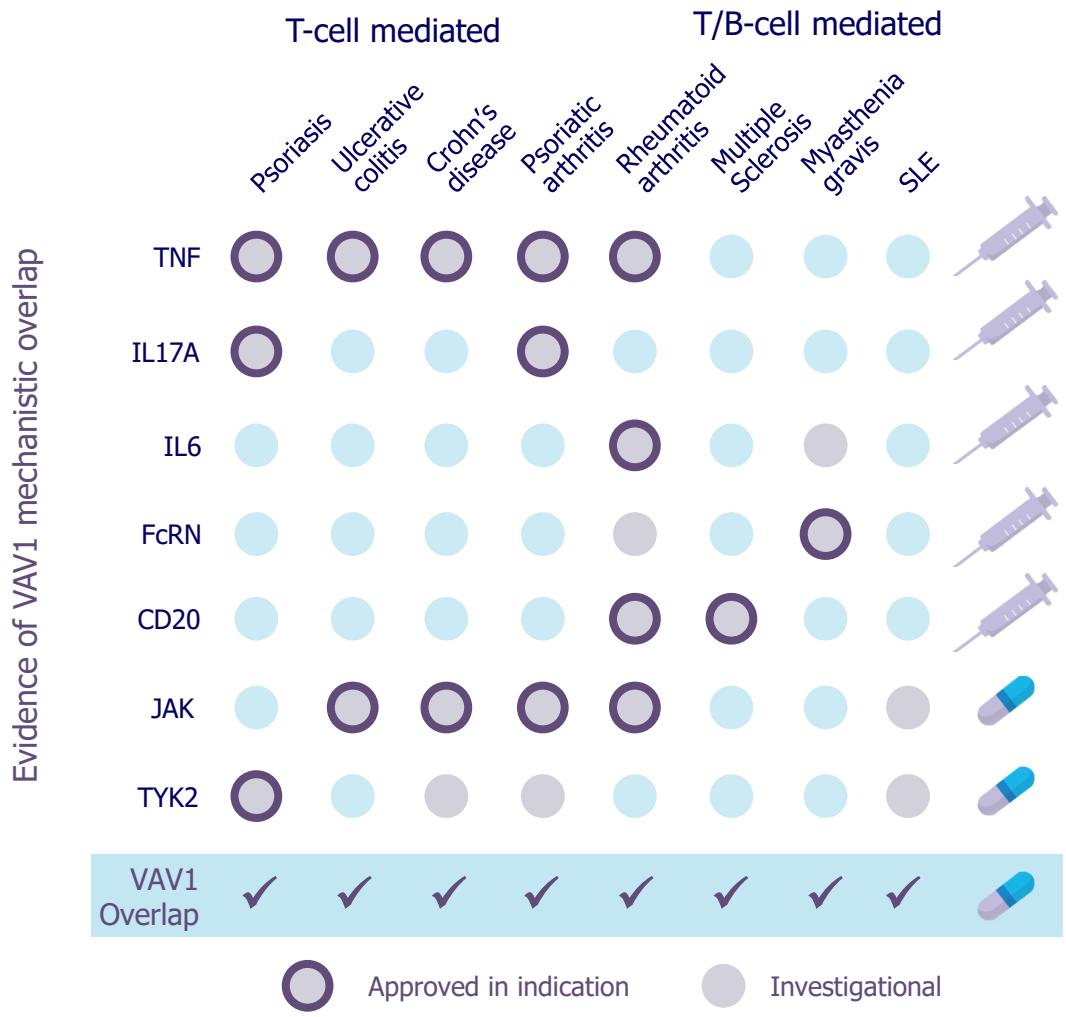
Pro-inflammatory cytokine production

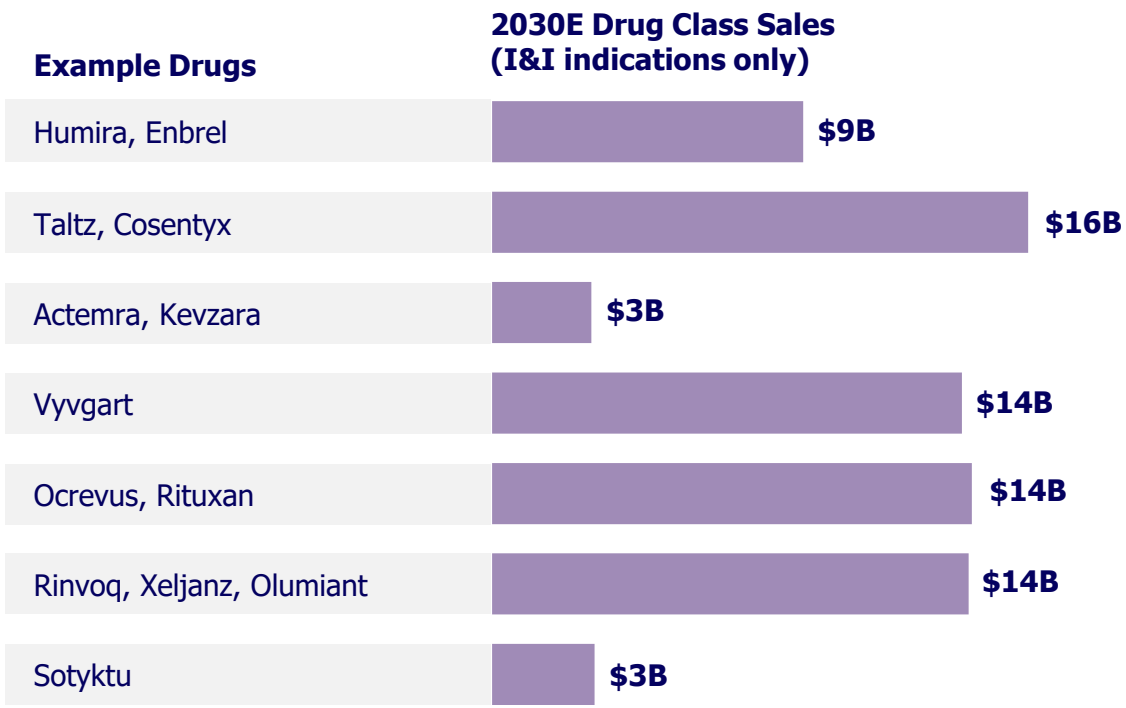
HUMIRA® adalimumab

ACTEMRA® tocilizumab

VAV1: Unique Mechanism with Broad Potential Applications

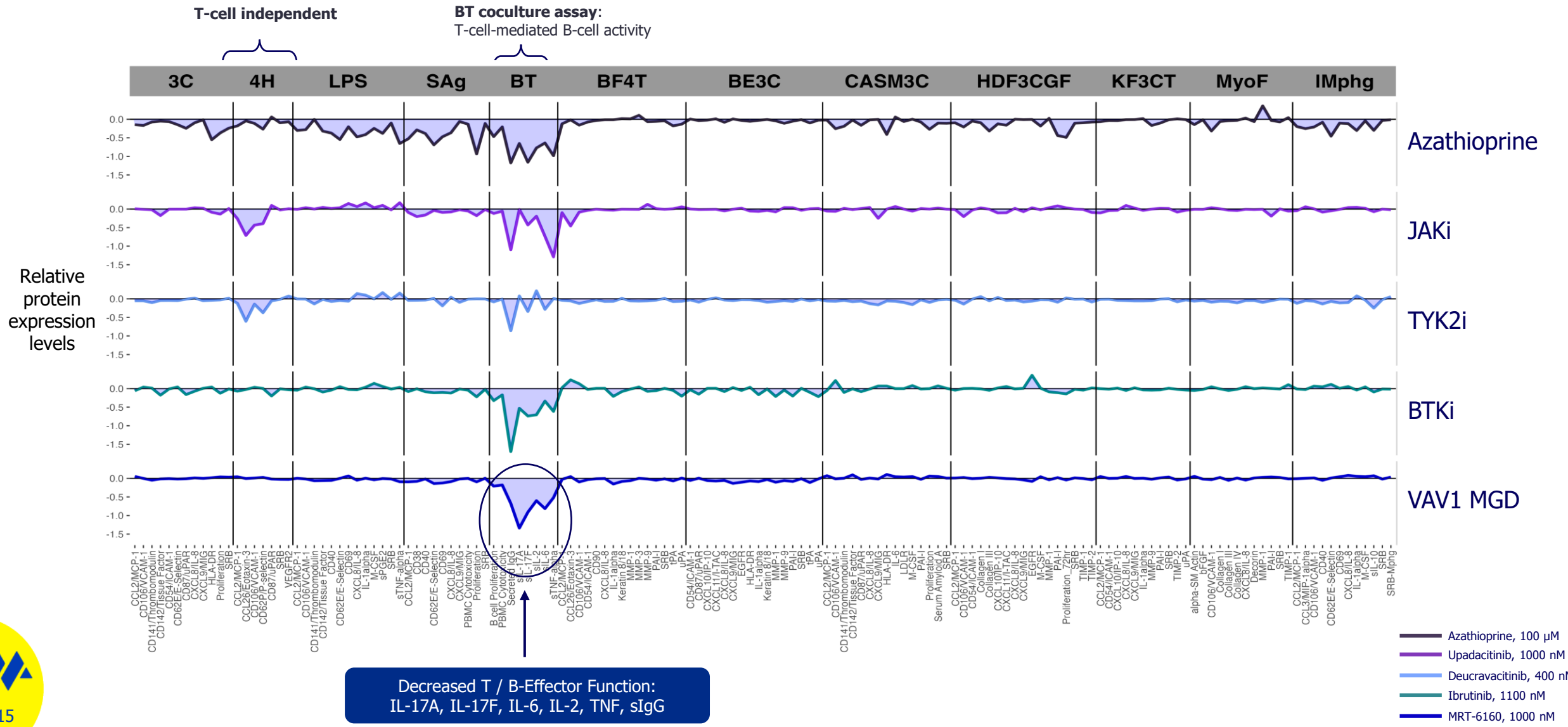
Potential to address multiple autoimmune diseases with safe, oral therapy





Note: Chart adapted from Hosack et al., Nat Rev Rheumatol 2023. Drug class sales from Evaluate Pharma. 2030E sales may include sales from anticipated future approvals.

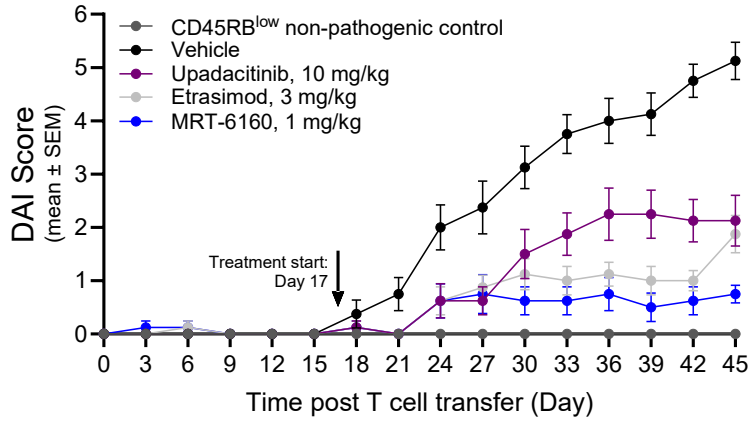
MRT-6160 Blocked T-cell-mediated B-cell Activity in BioMAP® Profile



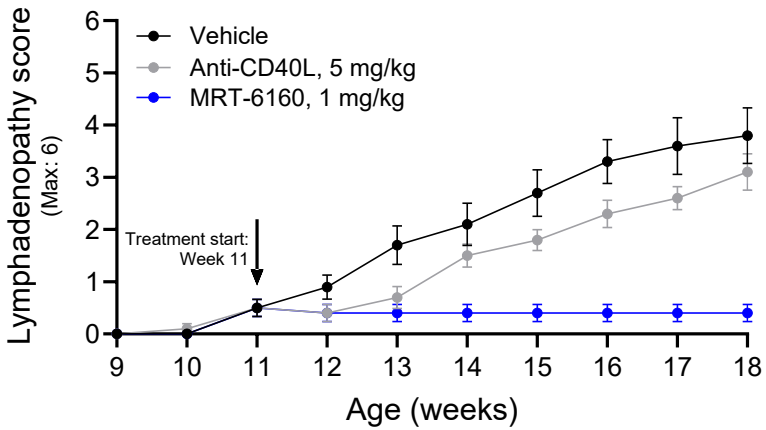
BioMAP® Diversity Plus Platform (Eurofins). Shark tooth plots show relative expression levels of indicated proteins in Drug treated vs. DMSO controls. 3C/4H, Venular endothelial cells; LPS/SAg, Venular endothelial cells + PBMC; BT, PBMC + B cells; BF4T, Bronchial epithelial cells + dermal fibroblasts; BE3C. Bronchial epithelial cells; CASM3C, Coronary artery smooth muscle cells; HDF5CGF, Dermal fibroblasts; KF3CT, keratinocytes + dermal fibroblasts; MyoF, lung fibroblasts; IMphg, macrophages + venular epithelial cells

Preclinical Data Support Broad Potential Applications of MRT-6160

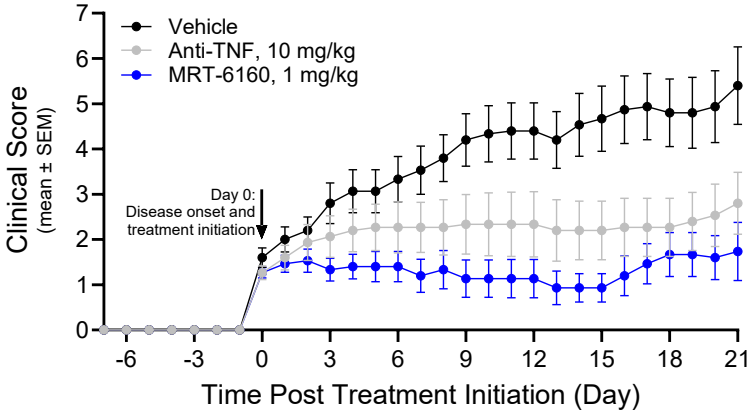
T-cell transfer-induced colitis model of inflammatory bowel disease



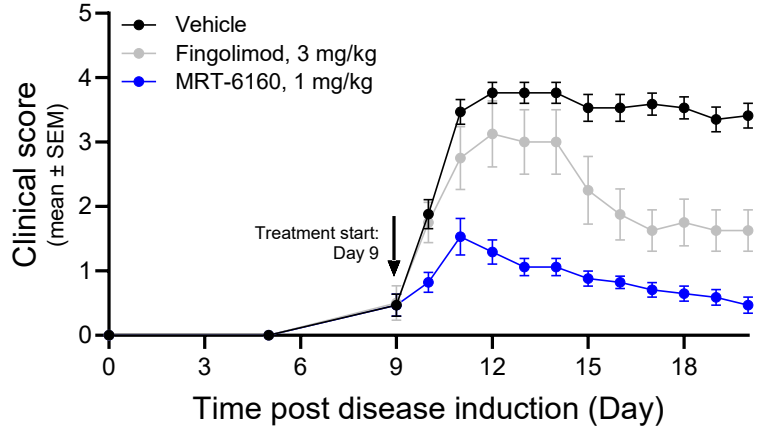
MRL-Fas^{lpr} spontaneous autoimmune disease model (e.g., SLE, Sjögren's)



Collagen-induced arthritis model of autoimmune arthritis



EAE model of neuroinflammatory disease (e.g., multiple sclerosis)



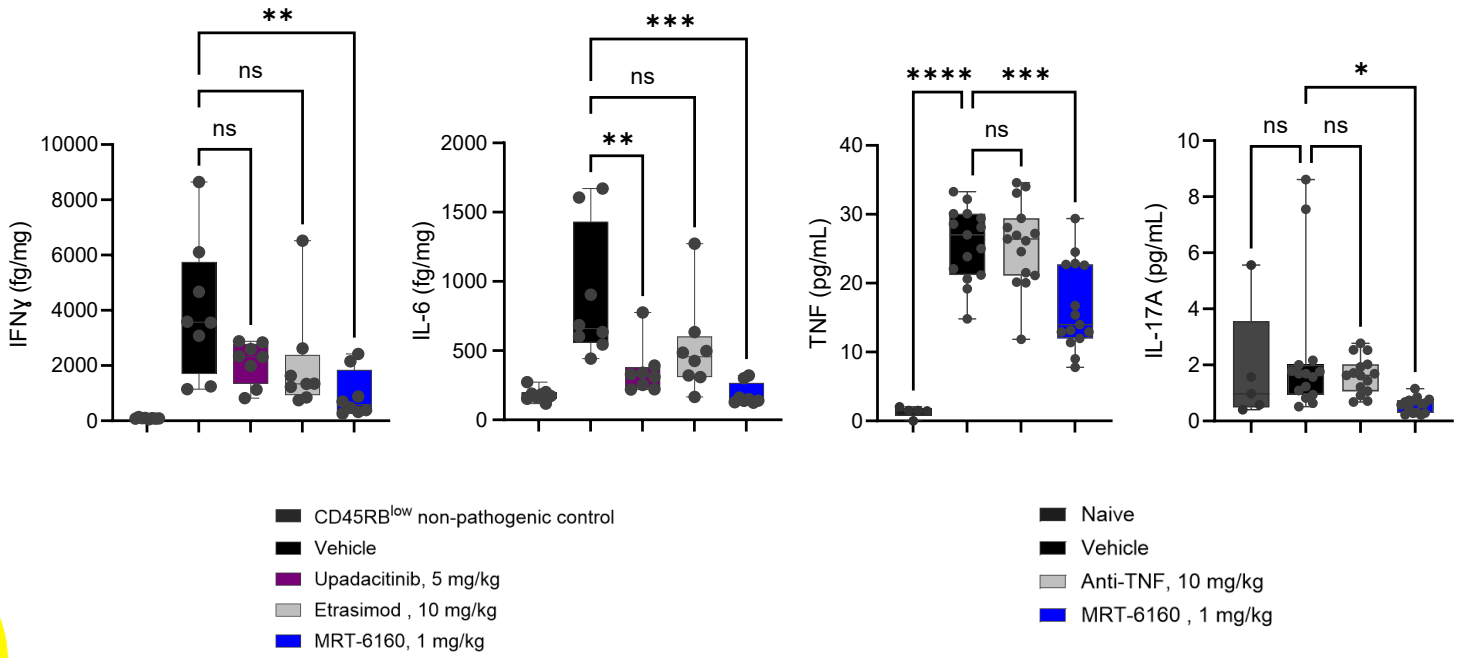
Sources: DDW 2024 poster_T-cell transfer colitis; ACR 2025 poster_MRL-FASlpr; EULAR 2024 poster_CIA; FOCIS_2025 poster_EAE model

EAE = experimental autoimmune encephalomyelitis; SLE = systemic lupus erythematosus

MRT-6160 Reduces Pro-Inflammatory Cytokine and Auto-Antibody Levels in Multiple T- and/or T/B-cell Mediated Autoimmune Disease Models

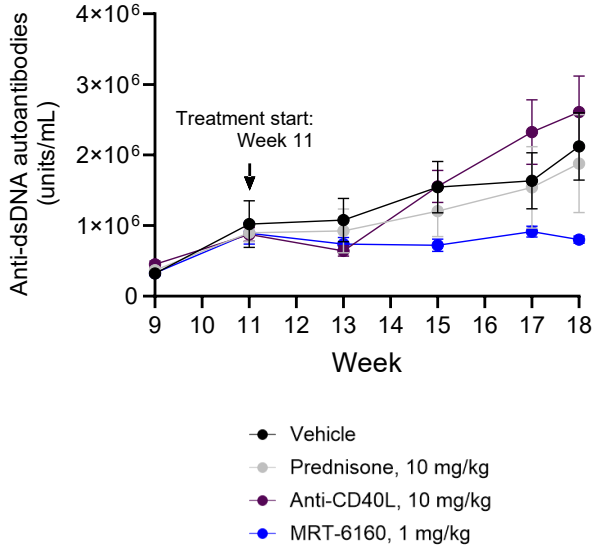
MRT-6160 attenuates pro-inflammatory cytokines

Serum cytokines
(CIA model of autoimmune arthritis)



MRT-6160 attenuates autoantibody production

Serum anti-dsDNA autoantibodies
(MRL-Fas^{lpr} spontaneous autoimmune disease model)



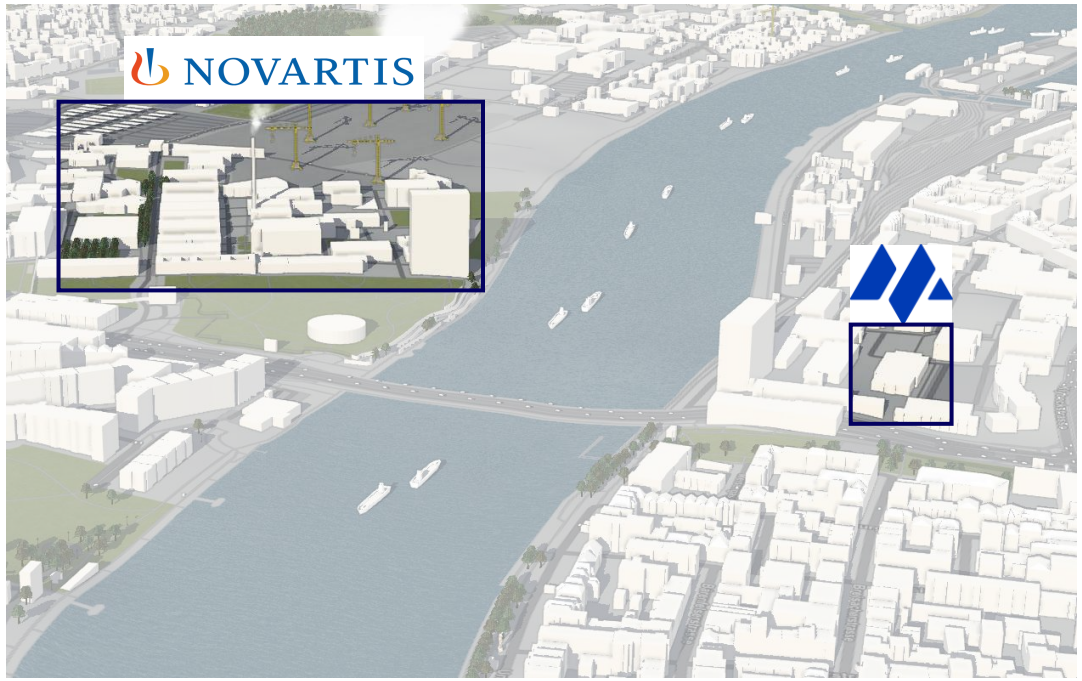
Sources: DDW 2024 poster_T-cell transfer colitis; ACR 2025 poster_MRL-FASlpr; EULAR 2024 poster_CIA

Strategic Agreement to Accelerate and Broaden MRT-6160 Development

NOVARTIS

Scope	Global license agreement with Novartis to advance VAV1-directed molecular glue degraders including MRT-6160, in development for **immune-mediated conditions** (announced Oct. 2024)
Financials	• $150M upfront payment • Eligible for up to **$2.1B in development, regulatory, and sales milestones**, beginning upon initiation of Phase 2 studies • NVS fully funds Phase 2 studies • Eligible for **30% US P&L share** and ex-US tiered royalties
Strategic Goal	**Accelerate and broaden scope of clinical development** of MRT-6160 while **retaining substantial value** for Monte Rosa

Basel



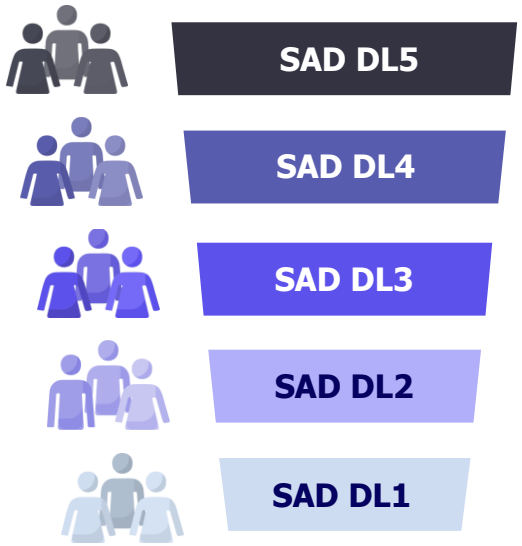
Notes: Under the terms of the Novartis agreement, Novartis has exclusive worldwide rights to develop, manufacture and commercialize MRT-6160 and other VAV1 MGDs and is responsible for all clinical development and commercialization, starting with Phase 2 clinical studies. Monte Rosa remains responsible for completion of the ongoing Phase 1 clinical study of MRT-6160. Monte Rosa will co-fund any Phase 3 clinical development and will share any profits and losses associated with the manufacturing and commercialization of MRT-6160 in the U.S.

Safety, PK and PD Data from SAD and MAD Healthy Volunteers Phase 1 Trial of VAV1 MGD MRT-6160

MRT-6160 Phase 1 Healthy Volunteers Study: Design and Objectives

All cohorts randomized & placebo controlled

SAD cohorts
One oral dose



MAD cohorts
7 daily oral doses

Enrolled > 70 subjects

Study Endpoints

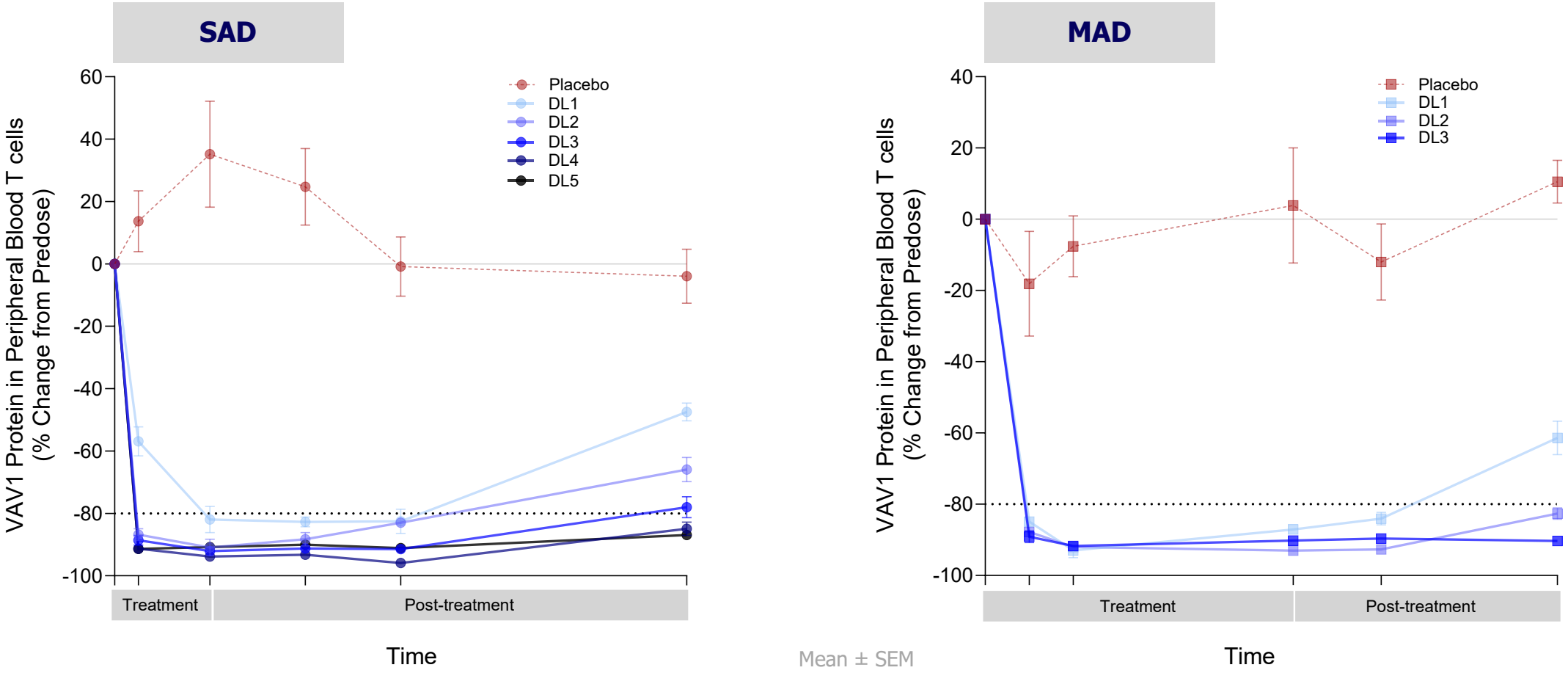
Primary

- Safety and tolerability

Secondary & exploratory

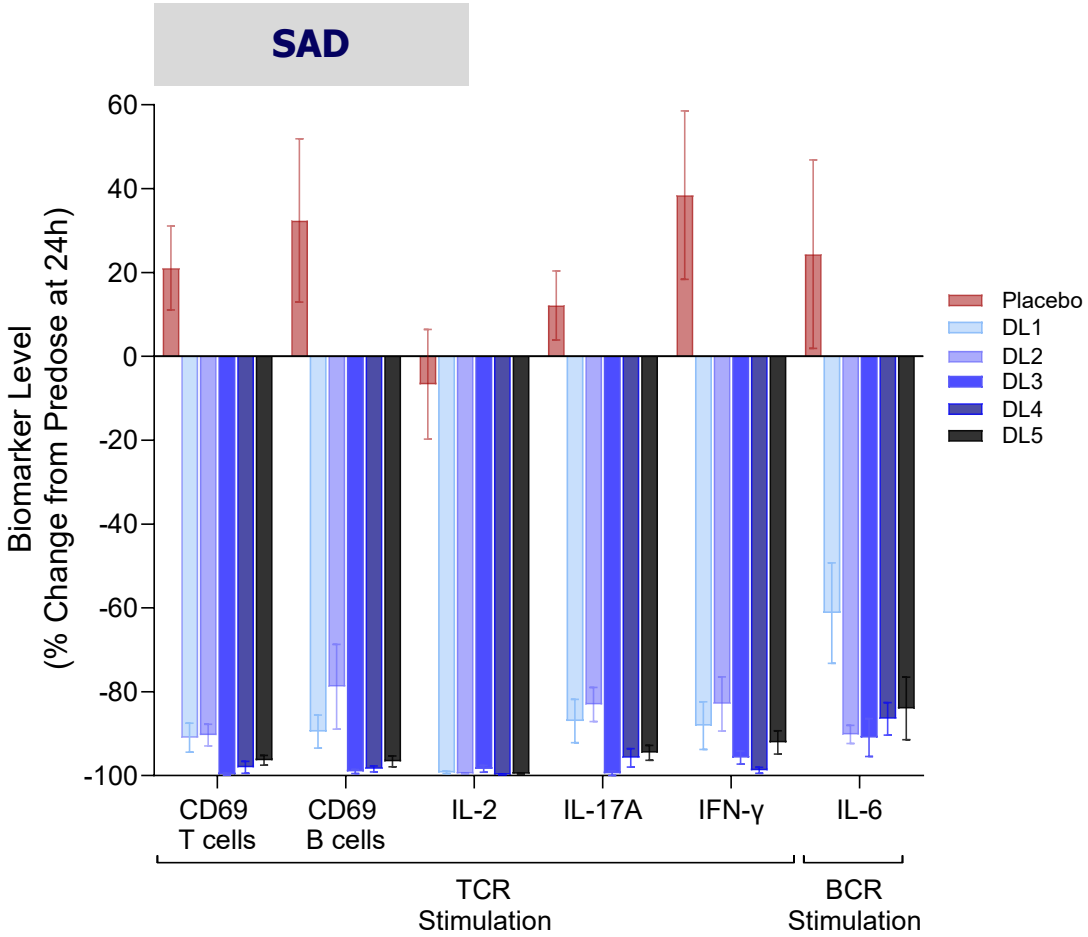
- Pharmacokinetics
- Pharmacodynamics
  - VAV1 degradation in T & B cells
  - Ex vivo response to TCR- and BCR-stimulation

MRT-6160 Achieved Dose-Dependent VAV1 Degradation >90% in Peripheral Blood T Cells After Single and Multiple Dose Administration



- Dose-dependent, marked degradation of VAV1 in peripheral blood T cells (> 90%; except DL1)
- Similar results observed in peripheral blood B cells
- VAV1 protein reduction is sustained, with dose-dependent recovery post treatment

VAV1 Degradation by MRT-6160 Resulted in Significant Functional Inhibition of T and B Cells following a Single Dose Administration



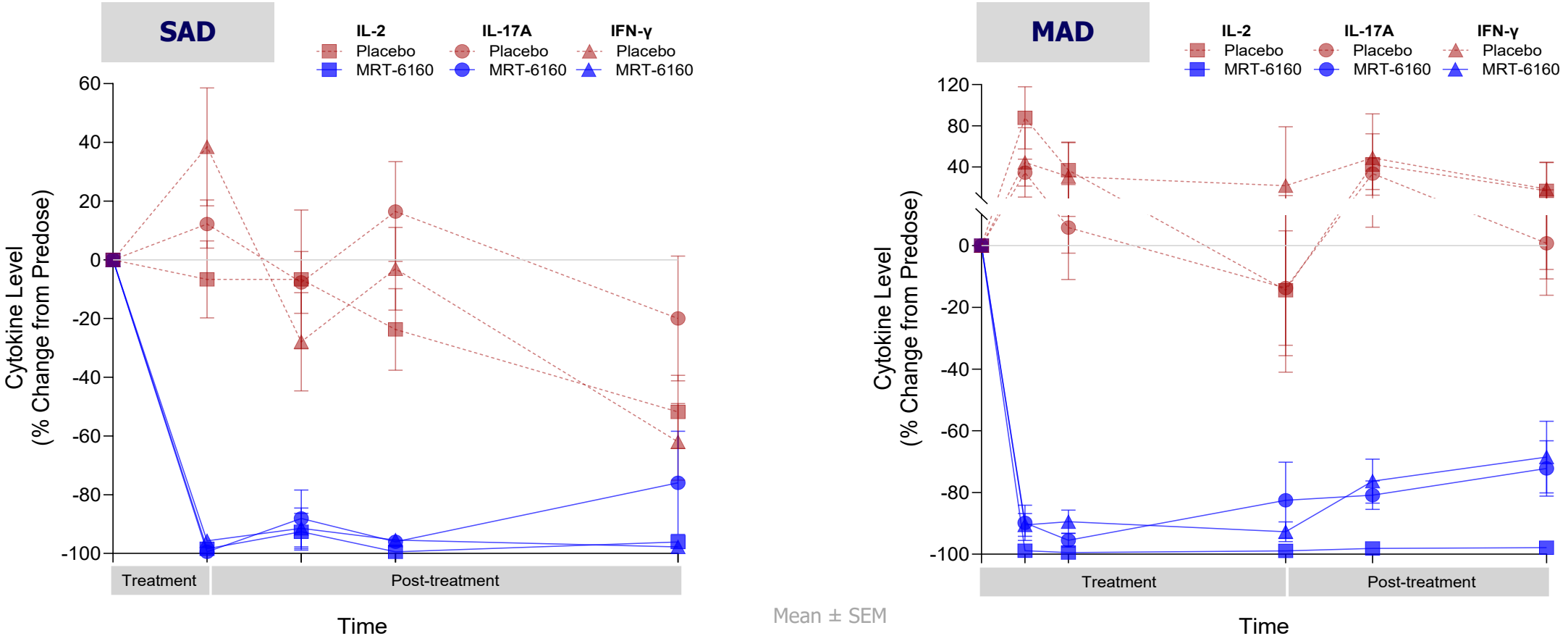
Mean ± SEM

MRT-6160 treatment:

- Significantly attenuated CD69 upregulation on T and B cells following TCR stimulation, reflecting functional inhibition
- Significantly (up to 99%) inhibited IL-2, IFN-γ and IL-17A secretion from whole blood derived T cells following ex vivo TCR stimulation
- Attenuated IL-6 production by 60-90% across dose levels following B-cell stimulation

Pharmacodynamic studies suggest robust functional effects on cytokine production can be achieved with ≥80% degradation of VAV1

MRT-6160 Resulted in Sustained Suppression of TCR-mediated Cytokine Production following Single or Multiple Dose Administration



- Significant and sustained suppression of IL-2, IL-17A and IFN-γ secretion from whole blood following ex vivo stimulation of TCR (data for selected SAD and MAD dose shown as example)

Safety Summary

- MRT-6160 was well tolerated with no serious adverse events (SAE)
- Observed treatment-emergent adverse events (TEAE) were mild (82%) or moderate (18%) and self-limiting
- Overall TEAE frequency was similar between MRT-6160 and placebo
- TEAE observed in 2 or more subjects treated with MRT-6160:
  - SAD: pain from vessel puncture (2)
  - MAD: cough (2), diarrhea (3), feeling hot (4), headache (5), nasal congestion (2), oropharyngeal pain (3) and pyrexia (2)

Conclusions

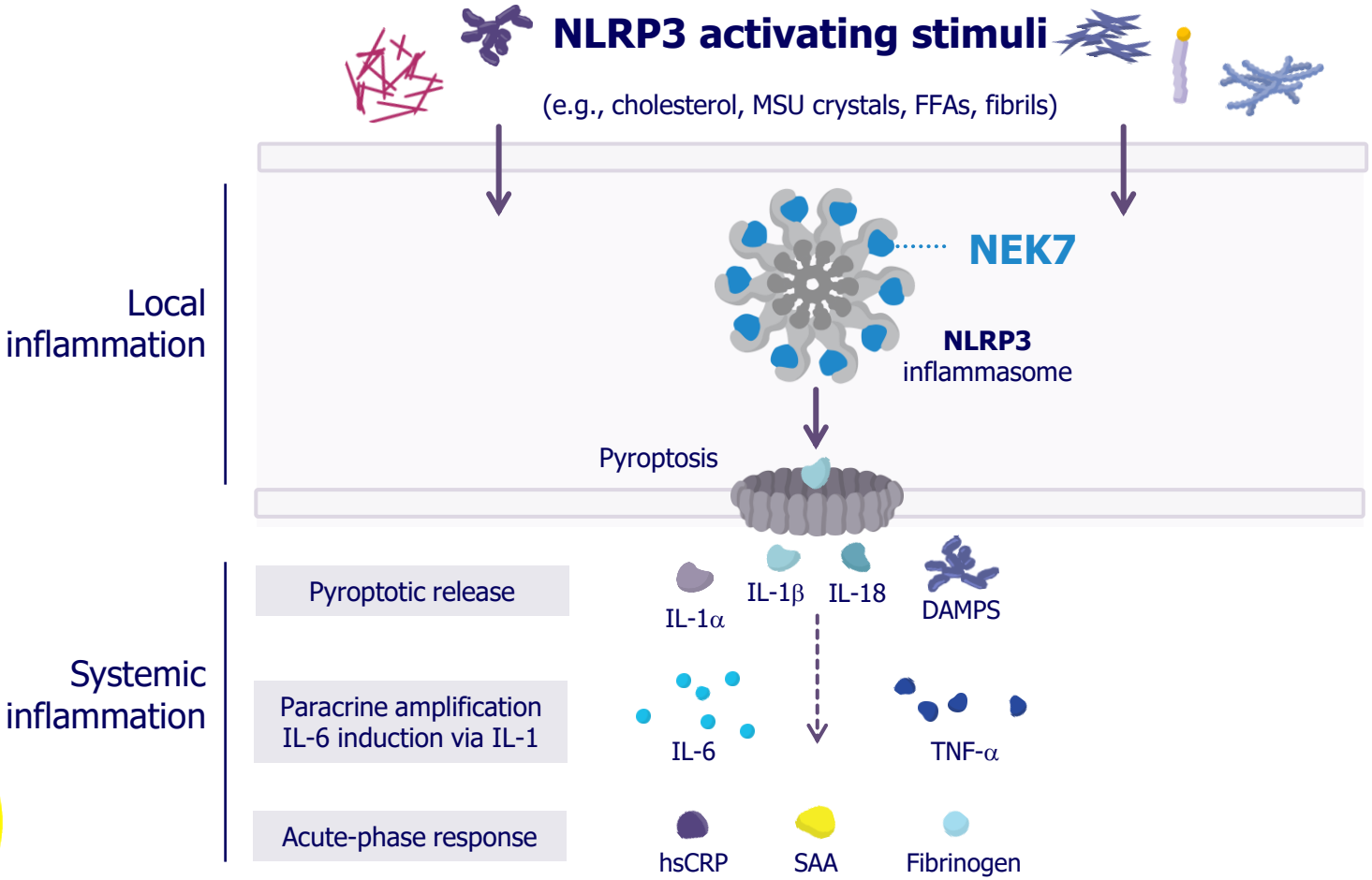
- Pharmacodynamic and functional ex vivo studies suggest significant effects on cytokine production can be achieved following marked and sustained degradation of VAV1
- Demonstrated levels of VAV1 degradation consistent with levels of degradation required to induce efficacy in preclinical models
- Functional impact on cytokine production consistent with levels predicted to be required to achieve efficacy in humans (based on benchmark clinical data)
- Highly favorable safety profile in humans
- **Presented Phase 1 data as well as chronic toxicology package support clear path into Phase 2 studies and broad potential applications in multiple immune-mediated diseases**

Monte Rosa Therapeutics

NEK7 Program (MRT-8102)

NEK7: High Opportunity Target in Inflammatory Diseases

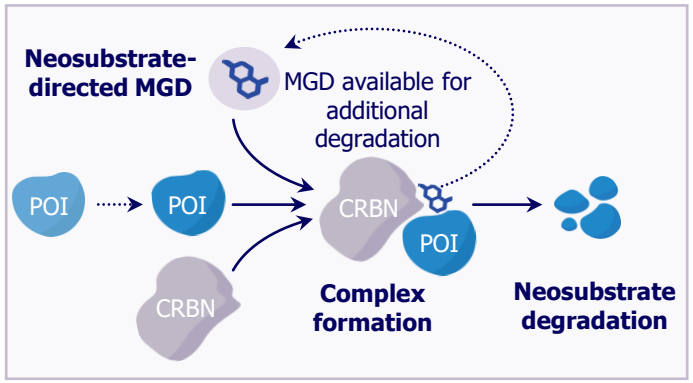
NEK7 enables NLRP3 inflammasome assembly and activation, pyroptotic cell death and release of highly inflammatory cytokines and DAMPs

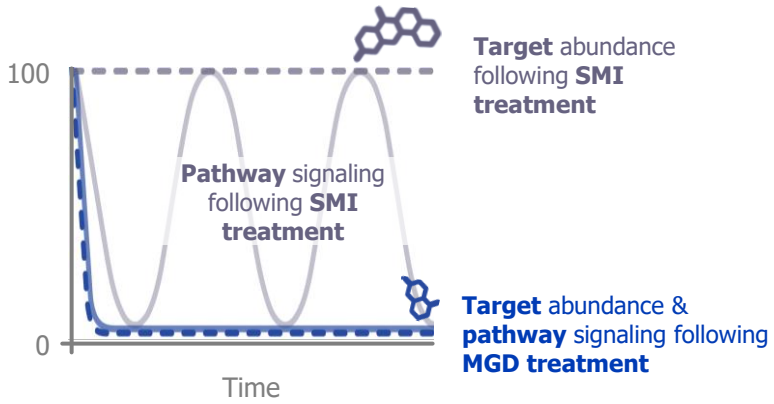


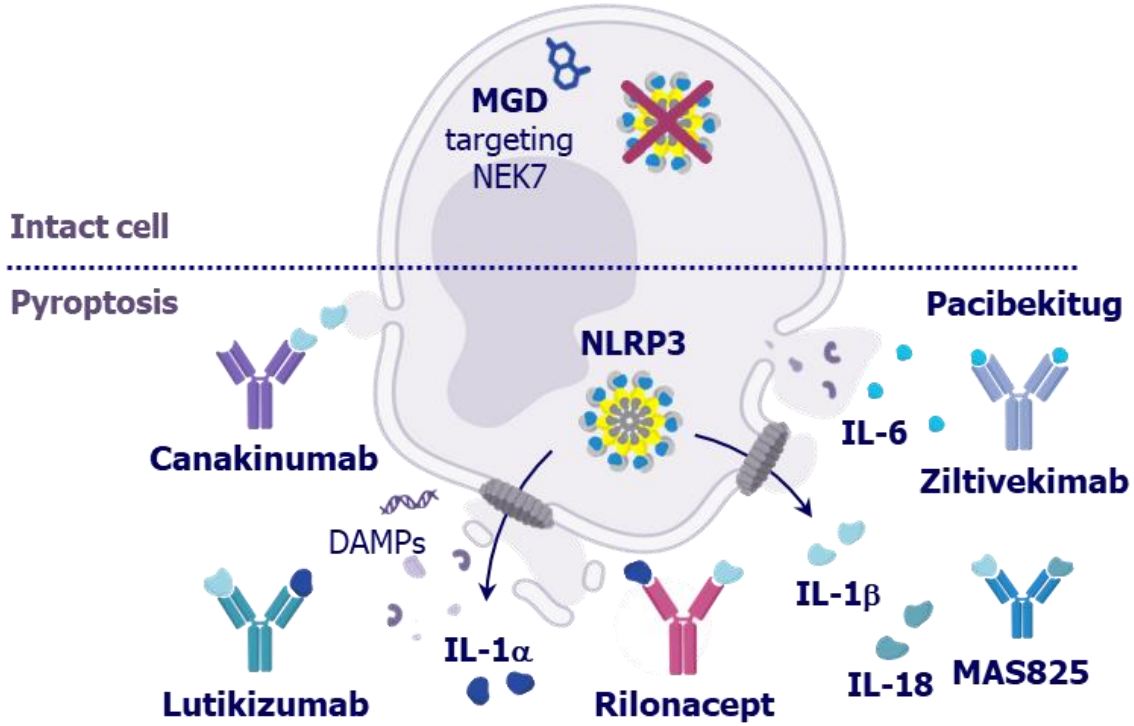
- NEK7 enables NLRP3 inflammasome assembly in a kinase-independent manner
- NLRP3 inflammasome activation causes pyroptotic cell death, causing release of **IL-1α, IL-1β, IL-18, and DAMPs**
- IL-1α, IL-1β, and IL-18 are highly inflammatory cytokines that induce **IL-6 and CRP**
- **NEK7 degradation** has the potential to become an important treatment for **inflammation-driven diseases** including **atherosclerotic cardiovascular disease, gout, and hidradenitis suppurativa**

DAMP = damage-associated molecular pattern
CRP = C-reactive protein

NEK7-directed MGD MRT-8102 is Highly Differentiated Over Other NLRP3/IL-1/IL-6 Pathway Modalities







In contrast to small molecule inhibitors (SMIs), MRT-8102 induces **catalytic NEK7 degradation**, long-lasting inflammasome disassembly and inactivation, and sustained inhibition of cytokine release

Due to inhibition of NLRP3 assembly, MRT-8102 **prevents pyroptotic cell death-mediated release of inflammatory cytokines and DAMPs** known to drive disease pathology.

Mono- and bispecific biologics fail to inhibit pyroptosis, leading to incomplete blockage of the pathological drivers of disease

DAMP = damage-associated molecular pattern

Blockbuster Market Opportunities Supported by Strong Biological Rationale

Atherosclerotic cardiovascular disease

- **~10M** U.S. addressable population
- Current LDL-lowering therapies only address one risk factor, resulting in **insufficient prevention** of CVD risk
- **Inflammasome inhibition** provides a novel approach to address **residual CVD risk**, offering compelling combination potential

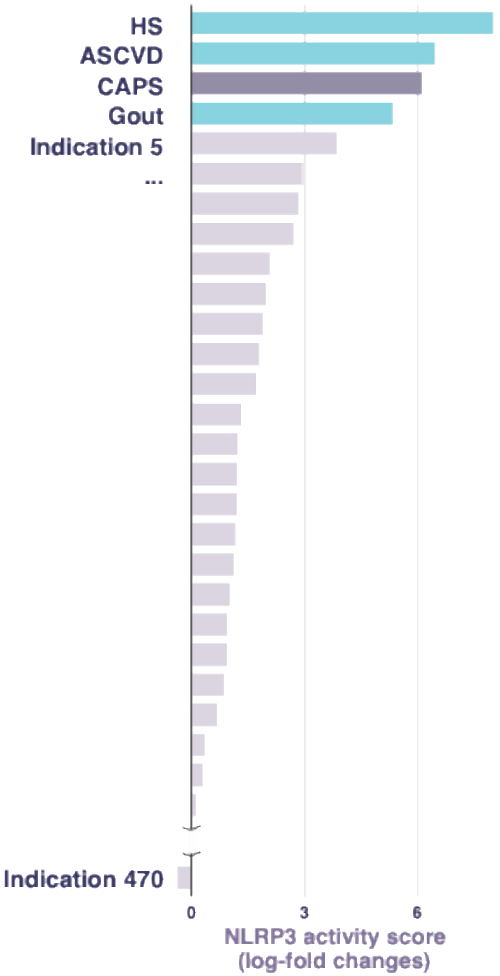
Gout

- **~3M** U.S. addressable population (~1/3 of gout patients with stage 3+ CKD)
- Gout SOC therapies are **contraindicated** or **lack safety data** in CKD patients
- High unmet need among **chronic refractory** patients with **breakthrough flares**

Hidradenitis suppurativa

- **~400-450K** U.S. addressable population
- Significant unmet need with **~55%** patients poorly managed with SOC
- High NLRP3 pathway activity in both biologic-naïve HS patients and TNF non-responders

HS, ASCVD, & gout are top NLRP3-activated indications across 400+ evaluated



NLRP3 activity scores computed as the mean log fold-change (disease vs. control) from canonical inflammasome gene signatures across 900+ unique RNA-seq datasets (470 diseases, 513,390 patient profiles; oncology and rare diseases excluded).

MRT-8102 Preclinical Profile

Key Advantages of Targeting NEK7

1

Highly selective NEK7 degradation creates potential to avoid off-target toxicities of NLRP3 inhibitors

2

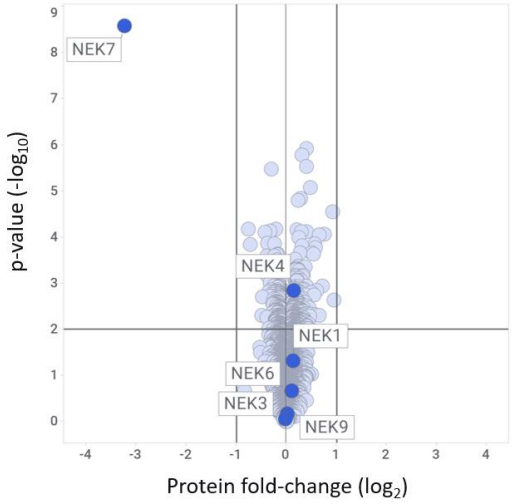
Catalytic MoA of MGD leads to long-lasting prevention of NLRP3 inflammasome assembly and inhibition of cytokine release at low doses that drive **superior activity** relative to small molecule inhibitors

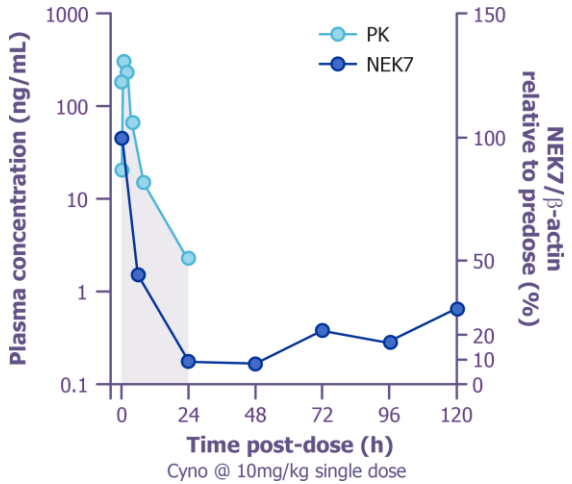
3

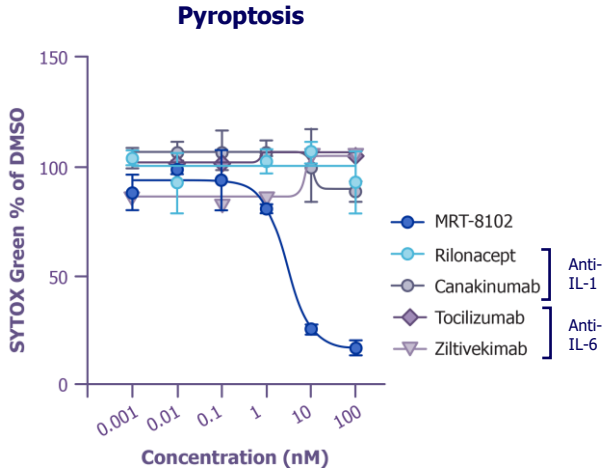
Upstream targeting of aberrant NLRP3 inflammasome activity inhibits all pathogenic cytokine signaling, offering potential for **strong differentiation** relative to downstream anti-IL-1/IL-6 assets

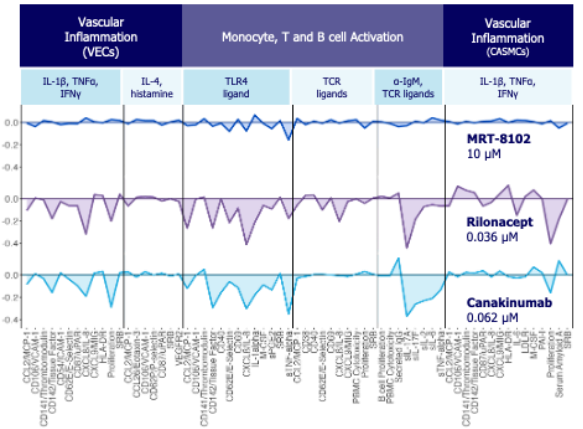
4

Restriction of the role of NEK7 to its essential function in the assembly and activation of the NLRP3 inflammasome may lead to more favorable **safety profile** than anti-IL-1/IL-6



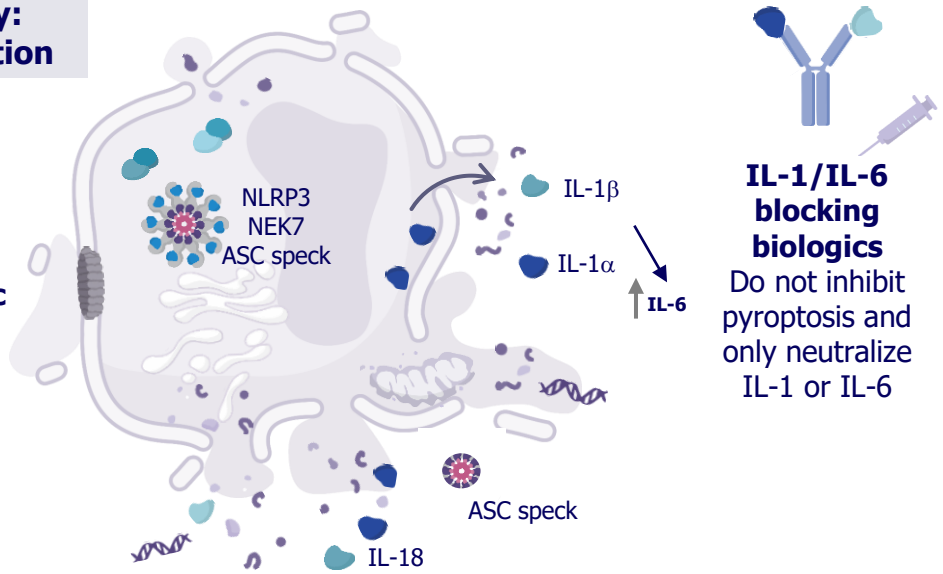






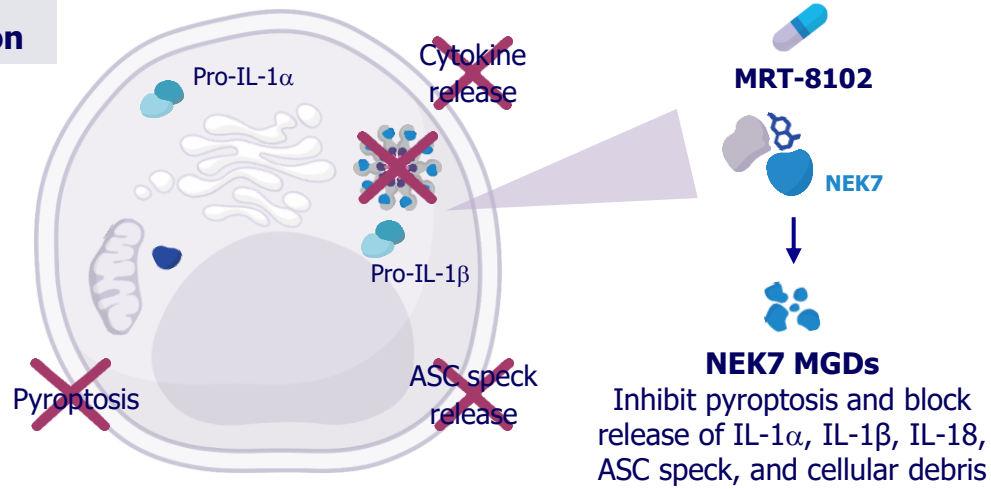
MRT-8102 Potently Inhibits Pyroptotic Cell Death, Unlike IL-1/IL-6 Biologics

IL-1/IL-6 Therapy: Reduced Inflammation

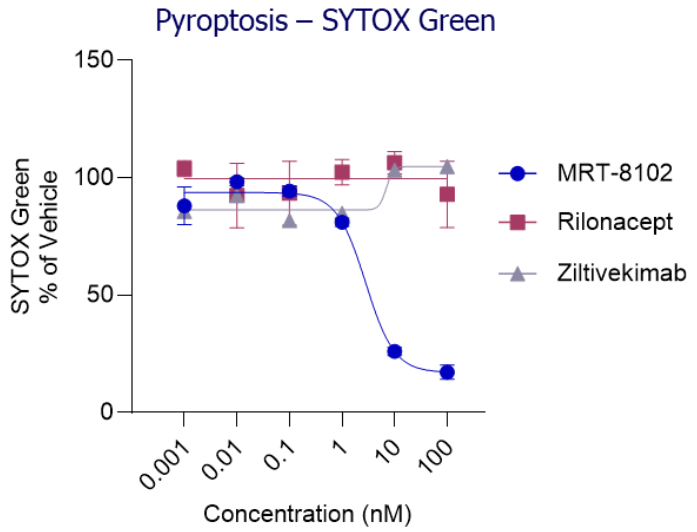


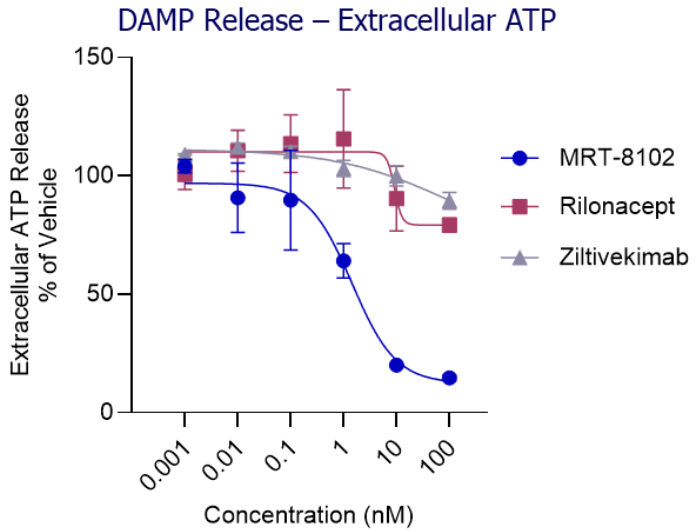
IL-1/IL-6 blocking biologics
Do not inhibit pyroptosis and only neutralize IL-1 or IL-6

NEK7 Therapy: Aborted Inflammation



NEK7 MGDs
Inhibit pyroptosis and block release of IL-1α, IL-1β, IL-18, ASC speck, and cellular debris

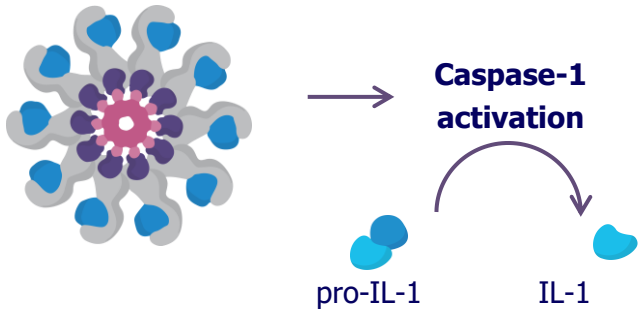




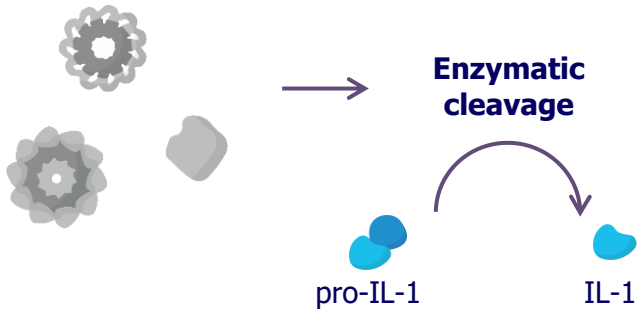
DAMP = damage-associated molecular pattern
LPS + Nigericin stimulation in hMDM (human monocyte-derived macrophages)

MRT-8102: Immune Profiling Predicts Lower Risk of Infection than anti-IL-1 Therapies

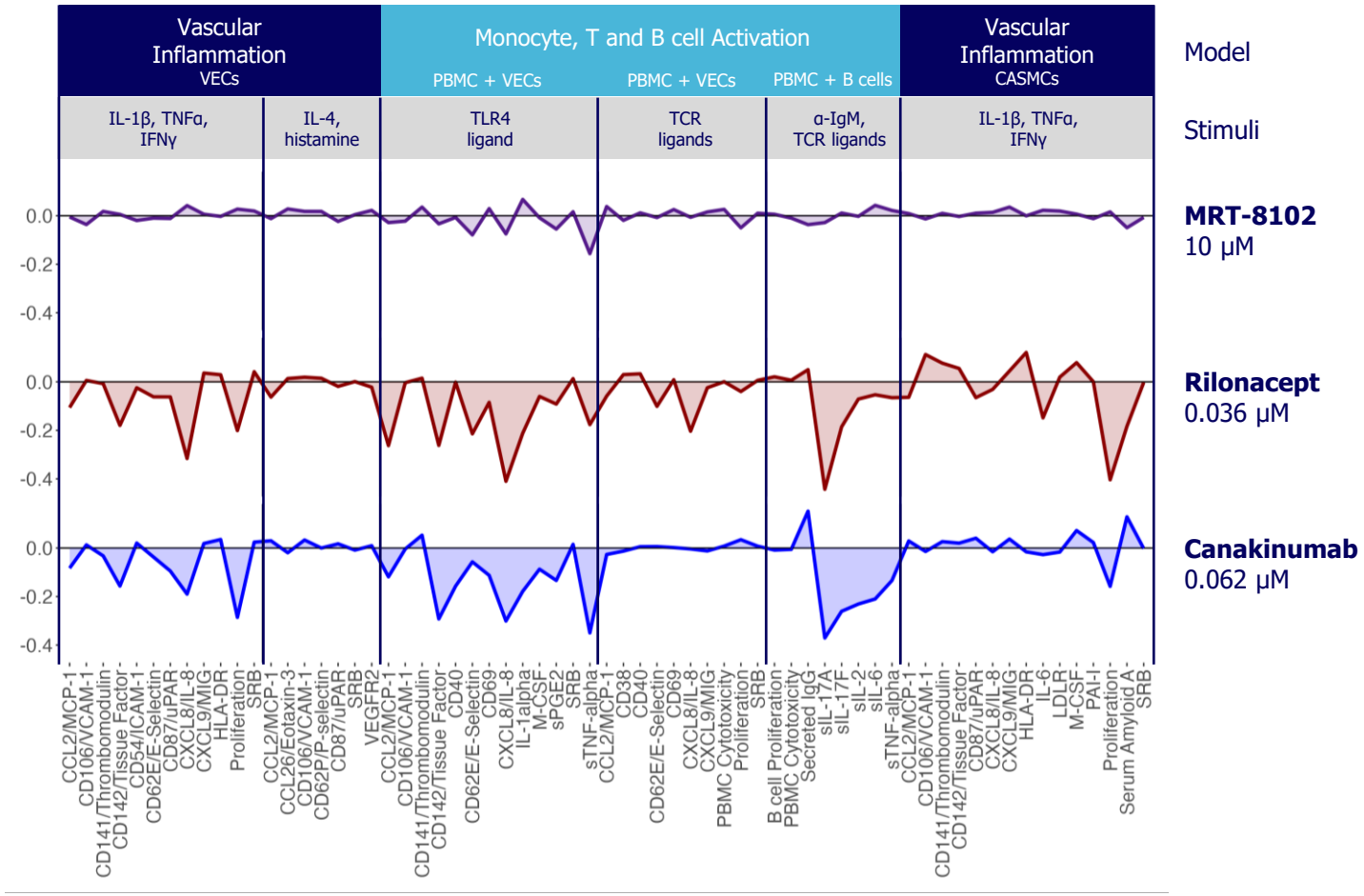
MRT-8102 targets only NLRP3/NEK7 inflammasome activation-mediated IL-1 release



Multiple enzymes and inflammasomes drive IL-1 release in NLRP3-independent manner



NLRP3-independent IL-1 inhibition is immunosuppressive across multiple stimuli

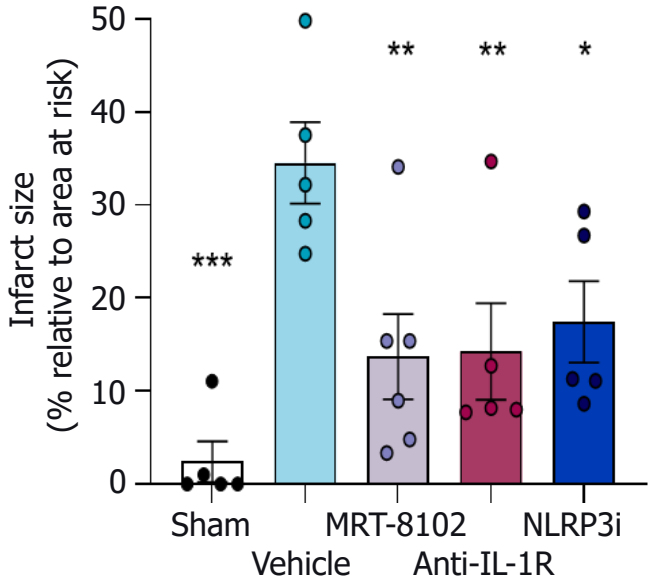


BioMAP® Diversity Plus Platform (Eurofins). Venular endothelial cells (VECs), peripheral blood mononuclear cells (PBMCs), coronary artery smooth muscle cells (CASMCs). Shark tooth plots show relative expression levels of indicated proteins in Drug treated vs. DMSO controls.

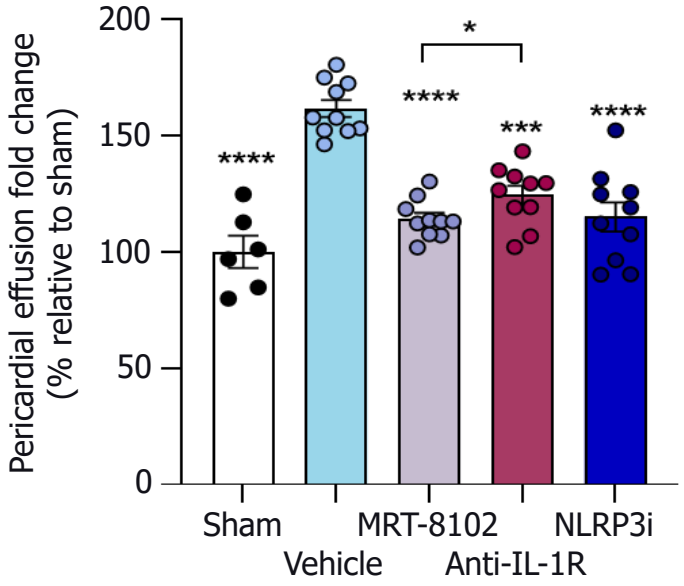
NEK7 Is Critical for a Broad Set of NLRP3-mediated Inflammatory Diseases In Preclinical Models

Mouse: MRT-8102 reduced heart damage in two cardiovascular disease models

Prophylactic treatment in acute myocardial infarction (AMI) model

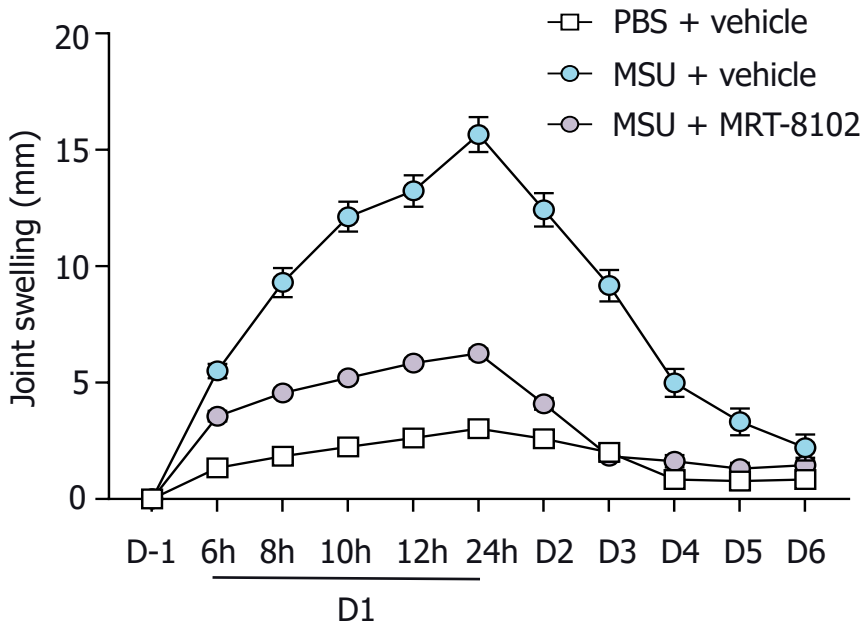


Prophylactic treatment in acute pericarditis model



Rabbit: MRT-8102 reduced MSU-induced gout flare

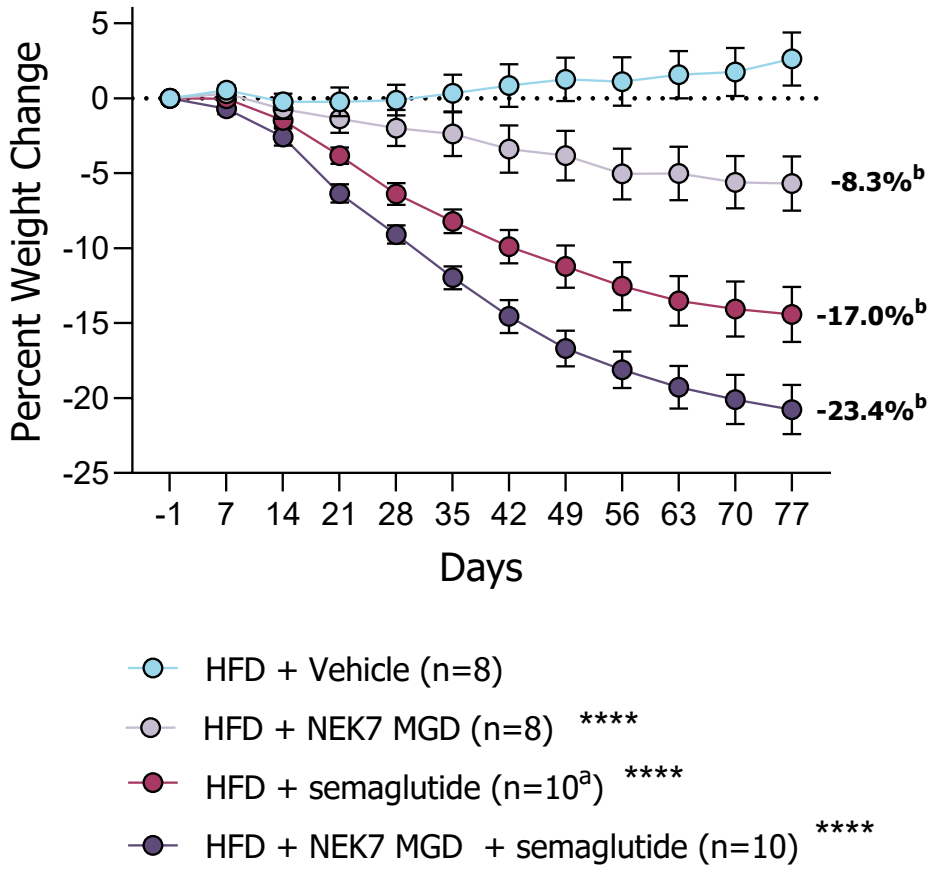
Prophylactic treatment in acute gout flare model



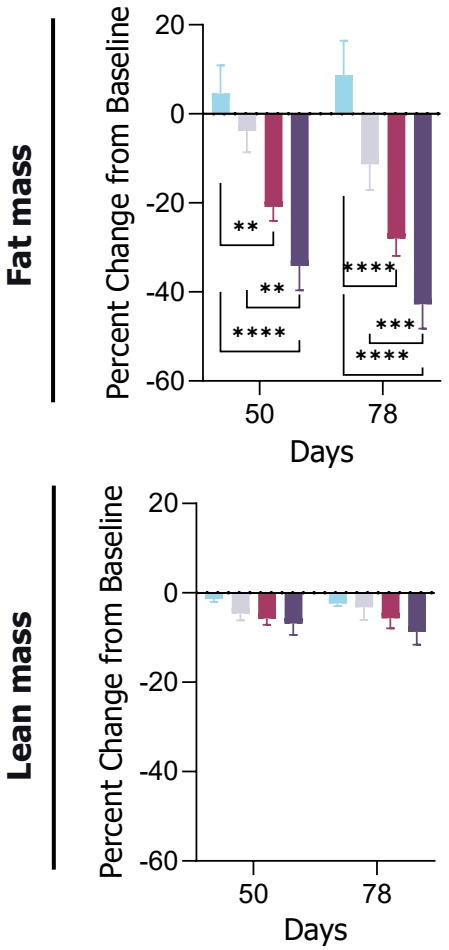
Mouse AMI (left): Coronary arterial ligation followed by reperfusion; CRBN^{I391V} mice; mouse pericarditis (middle): Zymosan injection to pericardium; CRBN^{I391V} mice; NLRP3i = MCC950; rabbit gout (right): Daily dosing from day -1; intra-articular injection of MSU on day 0; Statistics for MRT-8102- vs Vehicle-treated: Day 1, 6h - Day 4: *** p<0.001; Day 5: ** p<0.01; Day 6: * p<0.05

NEK7 MGD, Alone or in Combo with Semaglutide, Drove Preferential Abdominal Fat Loss While Sparing Lean Mass in a Cyno Obesity Model

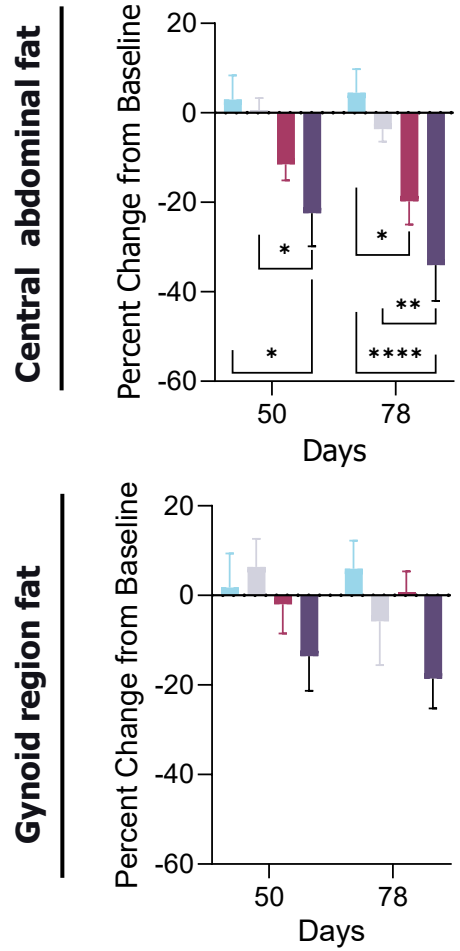
Cynomolgus monkey: NEK7 MGD promoted body weight loss alone and with semaglutide



Preferential decrease of fat mass over lean massc



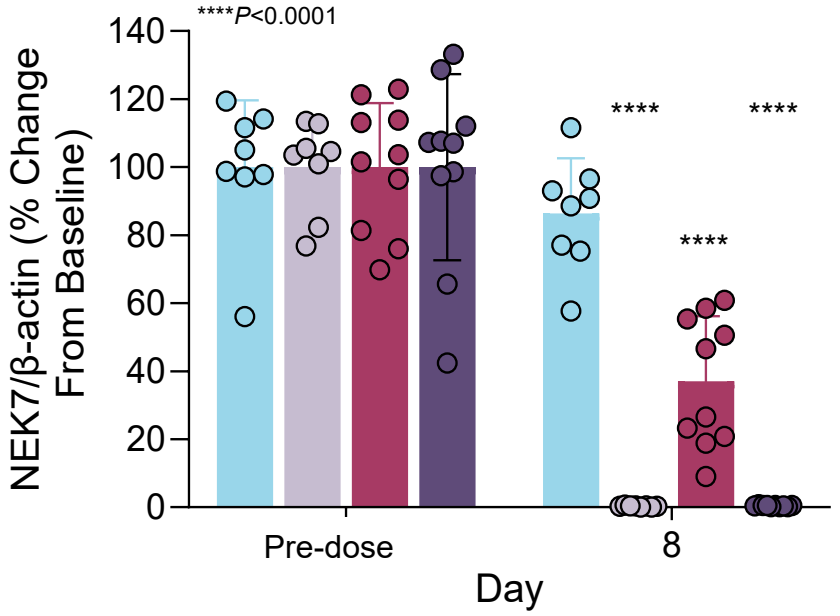
Percent fat (relative to whole body)c



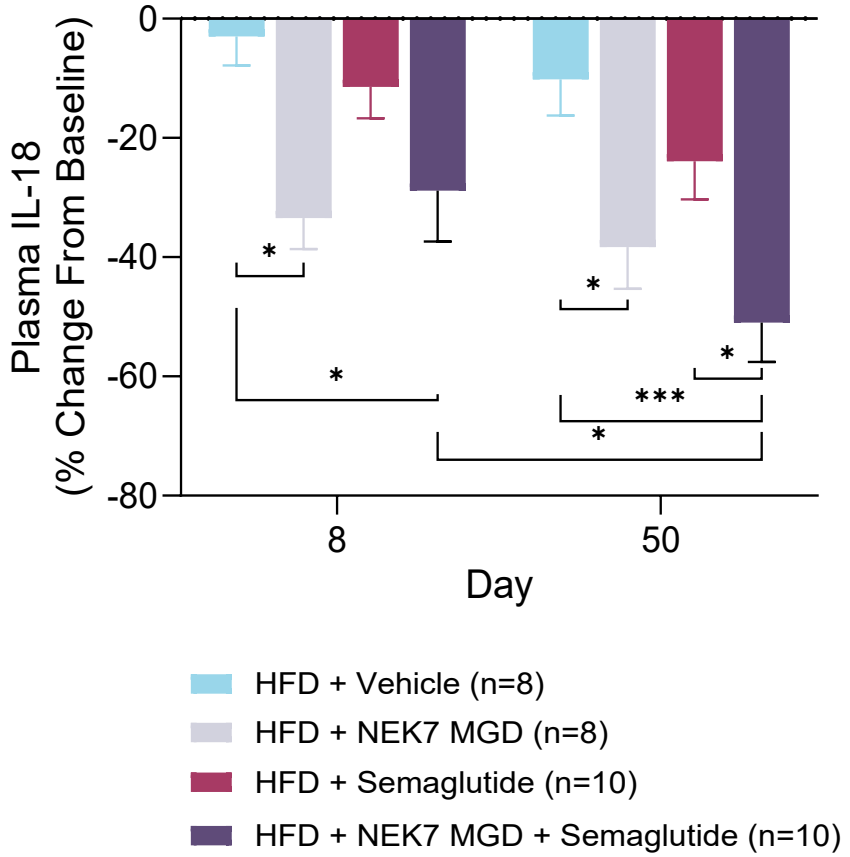
Study subjects selected from colony of HFD (high fat diet)-fed animals and randomized before enrollment; [a]n=9 from Day 56 onwards; [b]Body weight decrease relative to vehicle. [c]DEXA (dual-energy X-ray absorptiometry) body composition analysis performed under anesthesia. 2-Way ANOVA with Šídák's multiple comparisons test. *P ≤ 0.05; **P ≤ 0.01; *** P ≤ 0.001; ****P ≤ 0.0001.

Anti-inflammatory Activity of NEK7 MGD and Semaglutide Partially Overlaps at the Level of NEK7 Degradation/Suppression and NLRP3 Inhibition

NEK7 MGD induced complete NEK7 degradation in PBMCs; modest reduction for semaglutide



NEK7 degradation/suppression correlates with reduction in endogenous plasma IL-18



Semaglutide mechanism of action impacts NLRP3/NEK7 pathway activity, further supporting potential combination strategy with NEK7 MGD

Favorable Preclinical Safety Profile with Wide Therapeutic Window

In a 3-month cyno toxicology study:

- No test article-related findings were observed
- NOAEL was determined as the highest dose tested, yielding a ~200-300-fold therapeutic index over the projected human efficacious dose
- No MRT-8102 related clinical signs were reported
- No changes in immunophenotyping were observed
- No gross or clinical pathology findings at any dose level tested were recorded

NOAEL = No Observed Adverse Effect Level

Market Opportunities

Blockbuster Market Opportunities for MRT-8102

Cardio-Immunology

Atherosclerotic cardiovascular disease

- **~10M** U.S. addressable population
- Current LDL-lowering therapies only address one risk factor for the disease, resulting in **insufficient prevention** of CVD risk
- **Inflammasome inhibition** provides a novel approach to address **residual CVD risk**, offering compelling combination potential

Recurrent pericarditis

- **~40K** U.S. addressable population
- Significant unmet need for therapies with **improved safety and tolerability** profile given typically long duration of treatment
- Strong preference for **oral** treatments among patients

Rheumatology

Gout

- **~3M** U.S. addressable population, representing the approximately one-third of gout patients with stage 3+ CKD
- Gout SOC therapies are **contraindicated** or **lack safety data** in CKD patients, imposing a major treatment challenge
- High unmet need among **chronic refractory** patients, who often suffer from **breakthrough flares**

Osteoarthritis

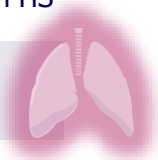
- **~3-4.5M** U.S. addressable population
- Canakinumab decreased rates of knee and hip replacement
- A **safe, novel** anti-inflammatory option for long-term management
- **4-5L** treatment option for patients refractory to SYSADOA* and NSAIDs

Autoimmune and Allergic Diseases

Hidradenitis suppurativa

- **~400-450K** U.S. addressable population
- Significant unmet need with **~55%** patients poorly managed with SOC
- High NLRP3 pathway activity in both biologic-naïve HS patients and TNF non-responders
- Lutikizumab and abdakibart provide **promising POC** for the IL-1/inflammasome approach in HS

Asthma



- **~1-3M** U.S. addressable population, with non-Type 2 disease representing 30-50% of severe asthma
- High NLRP3 inflammasome activity in non-type 2 inflammatory subtype, which presents lack of response to corticosteroid therapy
- Potential to expand to Type 2 inflammatory subtype

Metabolic

Metabolic dysfunction-associated steatohepatitis

- **~7-9M** U.S. addressable population
- **Large** and **rapidly-growing** market; development effort mainly focuses on reducing steatosis
- Growing scientific evidence that **targeting inflammation** could provide **additional clinical benefit**

Obesity

- **~5M+** U.S. addressable population
- **Large** and **rapidly-growing** market
- Multiple NLRP3 inhibitors being studied for weight loss, either as monotherapy or as a combination to GLP-1RAs

Top Priority Indications

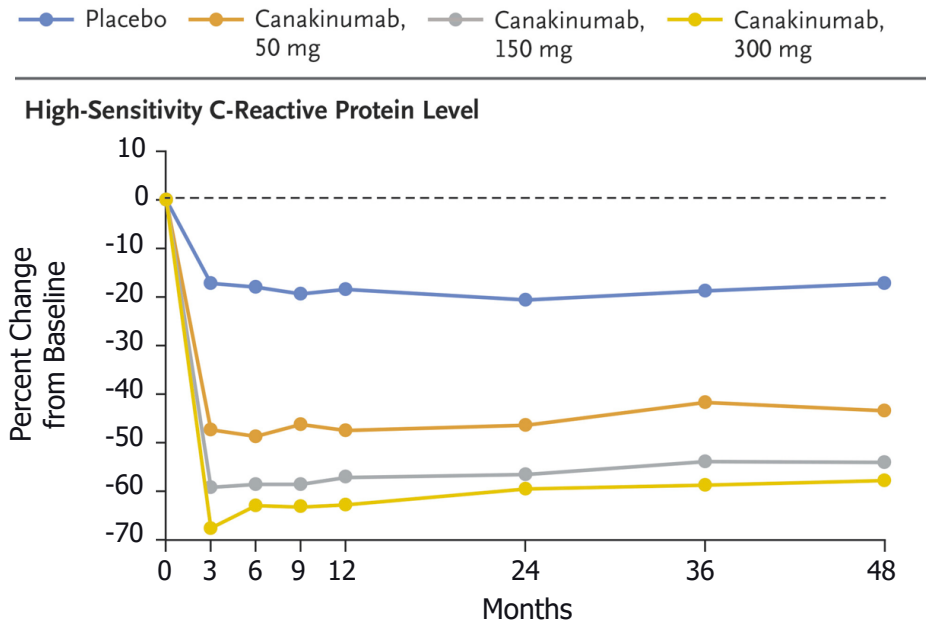
2nd Priority Indications

Note:* SYSADOA: symptomatic slow-acting drugs for osteoarthritis, such as chondroitin sulfate, glucosamine hydrochloride, diacerein

Source: Clarivate; Alanaeme et al. (2022); Mazhar et al. (2024); Hagstrom et al. (2024); Zhu et al. (2012); Mohammed et al. (2019); Settipane et al. (2019); Pollack et al. (2022); Hinks et al. (2021); Esteban-Gorgojo et al. (2018); Jfri et al. JAMA Dermatology (2021); MRTx interviews, survey, and analysis

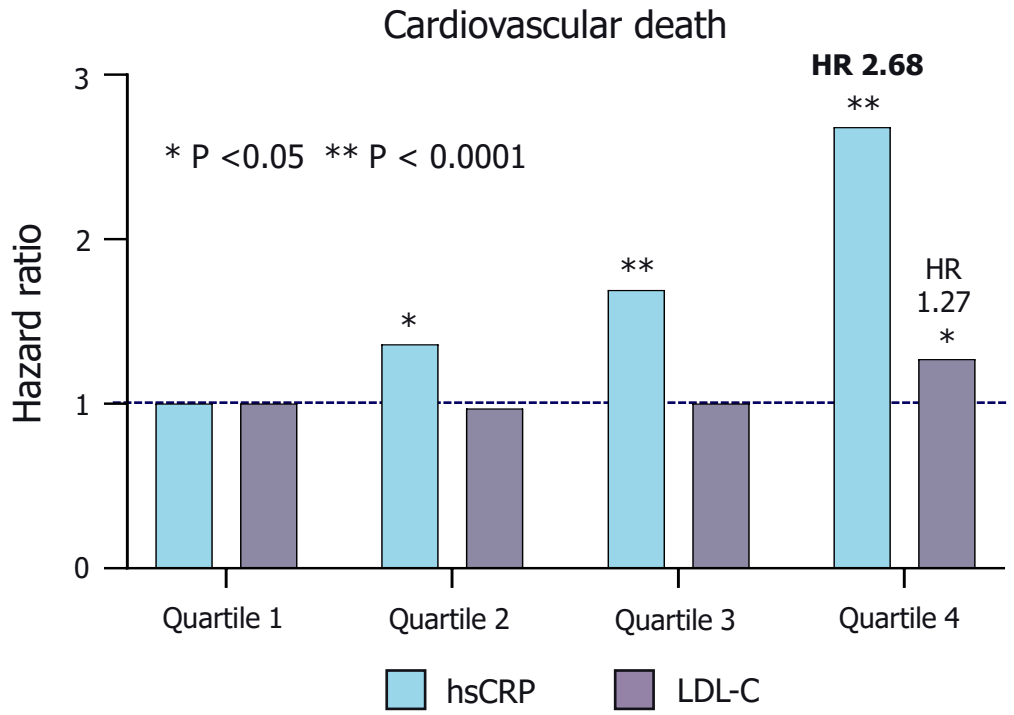
CANTOS Study Established Role of Inflammation in Cardiovascular Disease

50-60% reduction in CRP noted across dose groups following Canakinumab treatment for 48 months



Significant reduction in recurrent CV events (0.85 hazard ratio) noted at 150 mg dose in CANTOS study

hsCRP is more predictive of cardiovascular-related death than LDL cholesterol in patients on statins

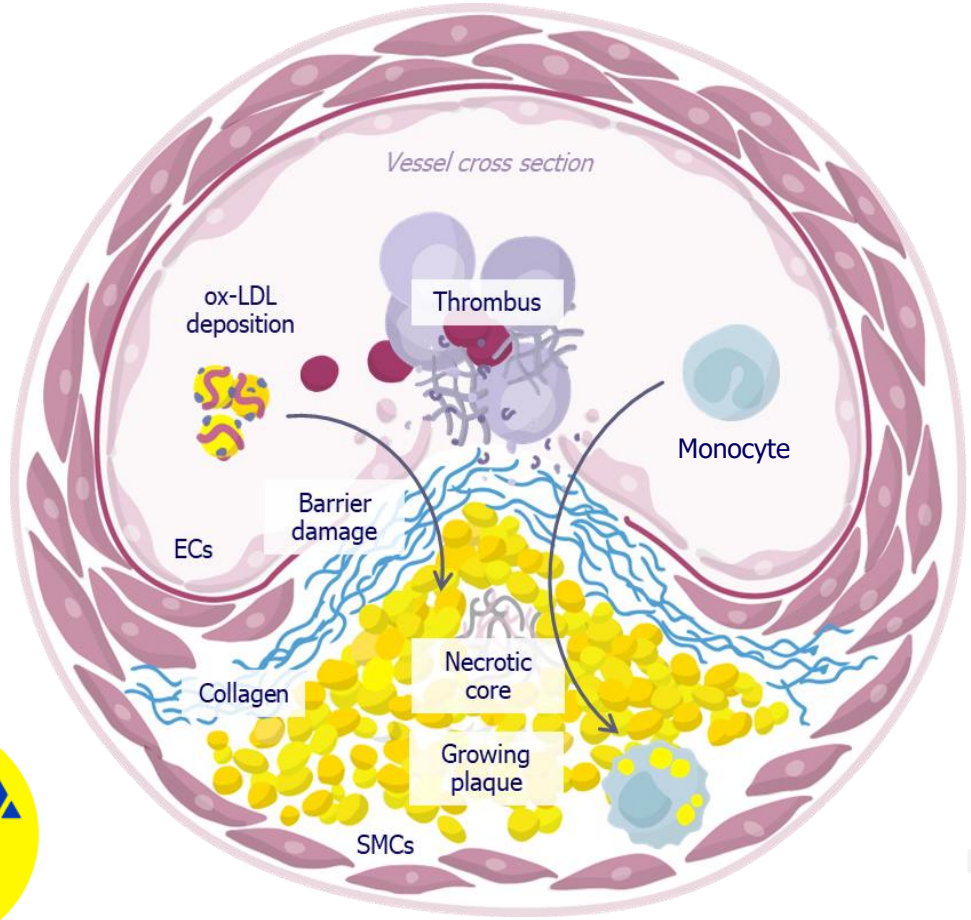


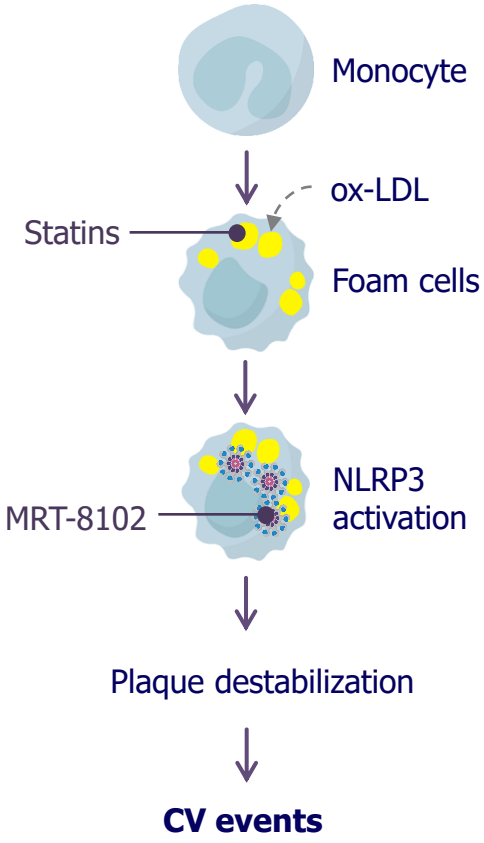
"The evidence linking chronic, low-grade inflammation to the initiation and progression of ASCVD is robust, and several **seminal randomized controlled clinical trials demonstrate that targeting inflammation reduces cardiovascular risk independent of lipid lowering**. We have thus entered an era when the evidence linking inflammation with ASCVD is no longer exploratory but is compelling and clinically actionable."
– American College of Cardiology, 2025

Ridker PM et al. NEJM (2017), Ridker PM, et al. Lancet (2023), Mensah GA, et al. J Am Coll Cardiol. (2025)

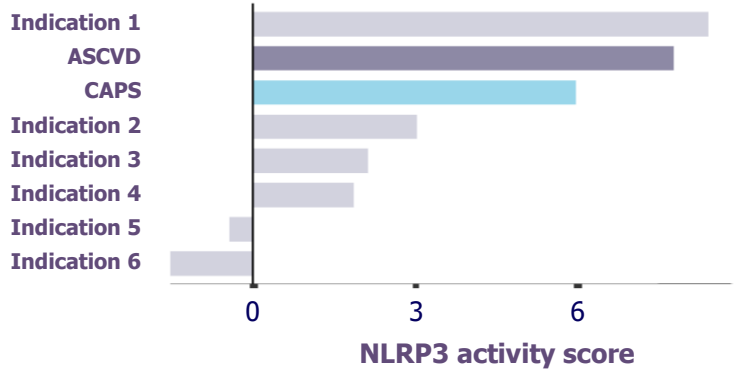
Upstream Targeting of NLRP3/NEK7 Pathway may have Greater Potential than Downstream IL-1β/IL-6 Biologics in ASCVD

NLRP3 activation promotes plaque growth, destabilization and CV events
MRT-8102 has potential to stabilize plaques preventing thrombosis

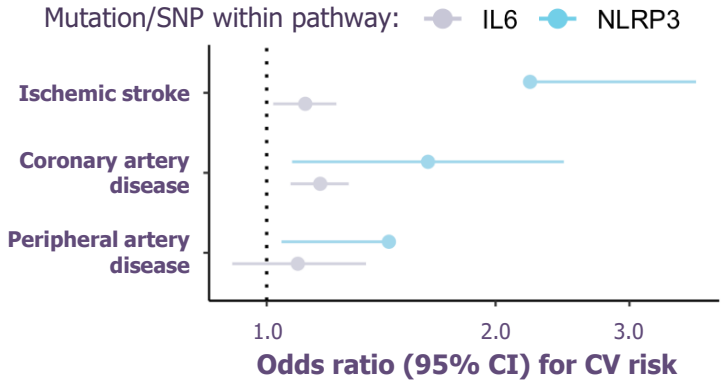




ASCVD ranks amongst top NLRP3 activated indications



Human genetics* supports causal relationship between NLRP3 and ASCVD



* Analysis based on Georgakis et al. Circ Genom Precis Med (2020); Zhu Z et al. Cell Mol Neurobiol (2016); Zhang K et al. Research Square (2021); Zhou D et al., BioMed Research International (2016). Odds ratios were directionally harmonized (OR = 1/OR) to display consistent benefit vs harm.

ASCVD: Large Opportunity to Address Inflammation-Induced Atherosclerotic Risk with Safe, Oral Treatment

ASCVD Market Overview

18.7M
Patients in the U.S.

~60%
Patients have a CRP level above 2 mg/L

Current Treatment Paradigm Focused on LDL-C Lowering

1L	Statins	±	Antiplatelet drug *(aspirin, prasugrel, ticagrelor)*			
2L	Statins	+	Ezetimibe, or bempedoic acid	±	Anti-platelet drug *(aspirin, prasugrel, ticagrelor)*	
3L	Statins	+	PCSK9 inhibitors	±	Anti-platelet drug *(aspirin, prasugrel, ticagrelor)*	

LDL-C lowering Anti-platelet

Additional interventions: lifestyle change, surgical procedures (angioplasty, endarterectomy, bypass, etc.)

MRT-8102 Opportunity

Potential to **address atherosclerotic risk induced by chronic inflammation**

- Even patients who achieve their LDL-C targets may still suffer from **up to 40% likelihood** in experiencing life-threatening cardiovascular events, demonstrating substantial residual risk not fully addressed by LDL-C lowering

Potential for **better safety / tolerability profile than IL-1 and IL-6 biologics**

- Ability to provide robust inflammation control without broad immunosuppression and infection risk reported for IL-1 and IL-6 Ab

Oral admin aligns with SOC therapies and facilitates potential combo approaches

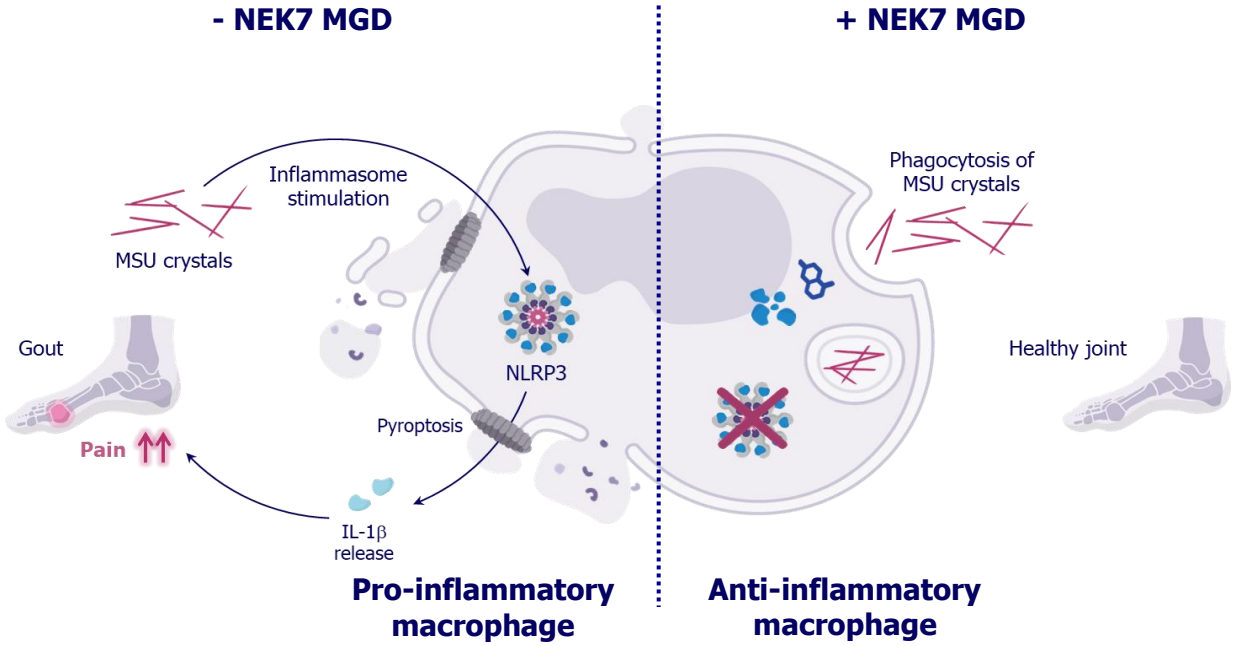
Source: Arnett et al. Circulation (2019); Pesce et al. Front Cardiovasc Med. (2025); Alanaeme et al. Am Heart J Plus (2022); Mazhar et al. Eur Heart J. (2024); Holtrop et al. Eur J Prev Cardiol. (2024)

MRT-8102 Has Potential to Resolve and Prevent Gout Flares

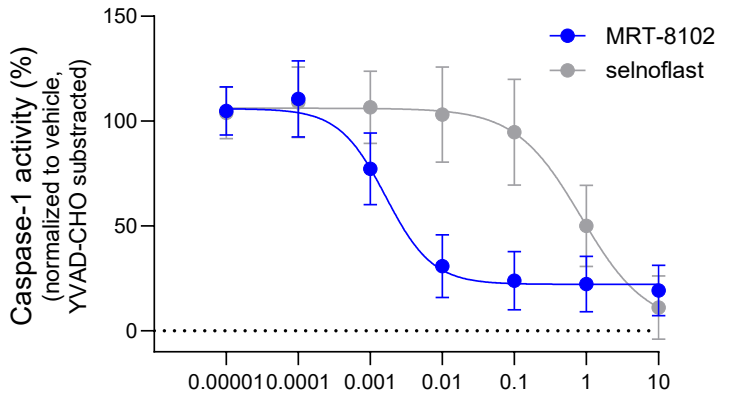
MSU-driven activation of NLRP3/NEK7 pathway

Resolution of inflammation and gout tophi via NEK7 MGD

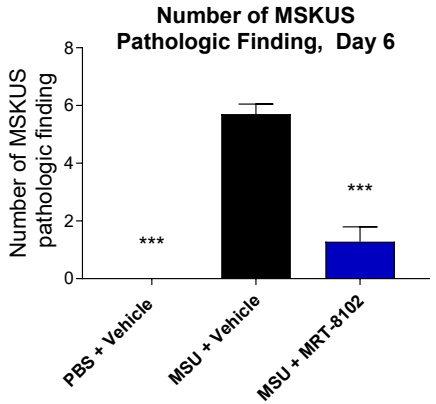
MRT-8102 reduces MSU-induced inflammasome activation and gout flare in a preclinical model

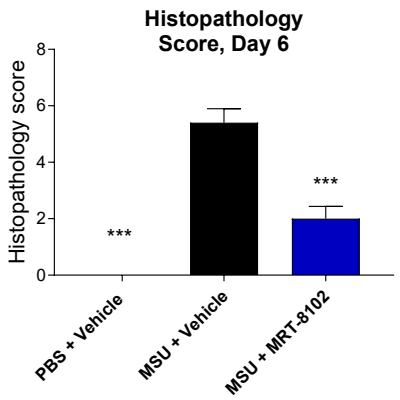


***In vitro* MSU stim**



***In vivo* rabbit gout**





Preclinical data supports that MRT-8102 treatment has potential to reduce tophi through enhanced phagocytic potential of macrophages without activation of NLRP3 and flares.

70% of patients experience flares within three months of Krystexxa treatment likely due to dissolution of tophi and resulting MSU-induced NLRP3 activation.

Top: Human monocyte-derived macrophages LPS + MSU stimulation. Pretreatment with molecular glue degrader (MGD) or NLRP3 inhibitor (selnoflast)
Bottom: Daily dosing from day -1, 50 mg/kg; intra-articular injection of MSU on day 0; MSKUS = musculoskeletal ultrasound
*** denotes p < 0.0005 compared to MSU + vehicle condition

Gout: Large Market with High Unmet Need for New Prophylactic Therapies

Gout Market Overview

~10M
Gout patients in the U.S.

~30%
Gout patients comorbid with stage 3-4 CKD

30-40%
Gout patients primarily managed by specialists*

Significant unmet medical need in gout

>55%
Gout-treating physicians surveyed are **not satisfied** with current prophylaxis options

>65%
Gout-treating physicians **not satisfied** with prophylaxis treatment for gout patients comorbid with CKD

1L SOCs are either **contraindicated or lacking long-term safety data for CKD**, requiring dose titration and close monitoring

Low dose SOC treatment are often **insufficient** in preventing gout flares and could result in **breakthrough flares**

MRT-8102 Opportunity

Strong efficacy potential for flare management and long-term prophylaxis

Favorable safety / tolerability profile, providing sufficient inflammation reduction **without high infection risk or GI side effects**

Expected to be safe for use in CKD-comorbid patients (no impact on kidney function)

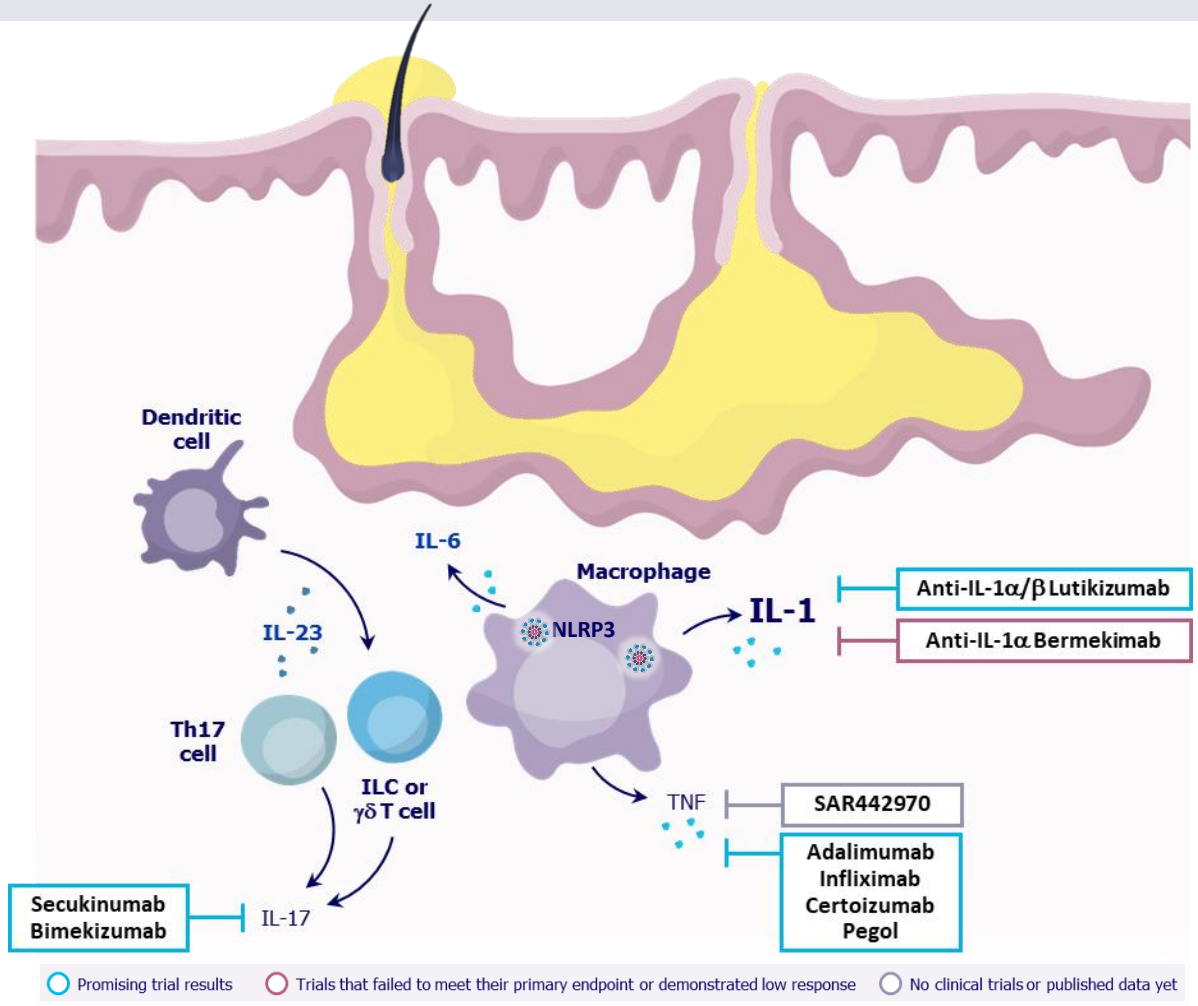
Convenient **oral** regimen allowing for improved compliance

*Note: * Includes rheumatologists and nephrologists*

Source: Zhu et al. Am J Med. (2012); Mohammed et al. PLoS One (2019); Stern et al. Gout Urate Cryst. Depos. Dis. (2024); Schlesinger and Lipsky. Seminars in Arthritis and Rheumatism (2020); Monte Rosa survey of gout-treating physicians (Nov 2025) and interviews

NLRP3-IL-1β Axis is Significantly Active in Hidradenitis Suppurativa (HS)

NLRP3-IL-1β axis is a major pathological signaling node in HS



NLRP3 activity is high in biologic-naïve HS pts and in post-TNF non-responders

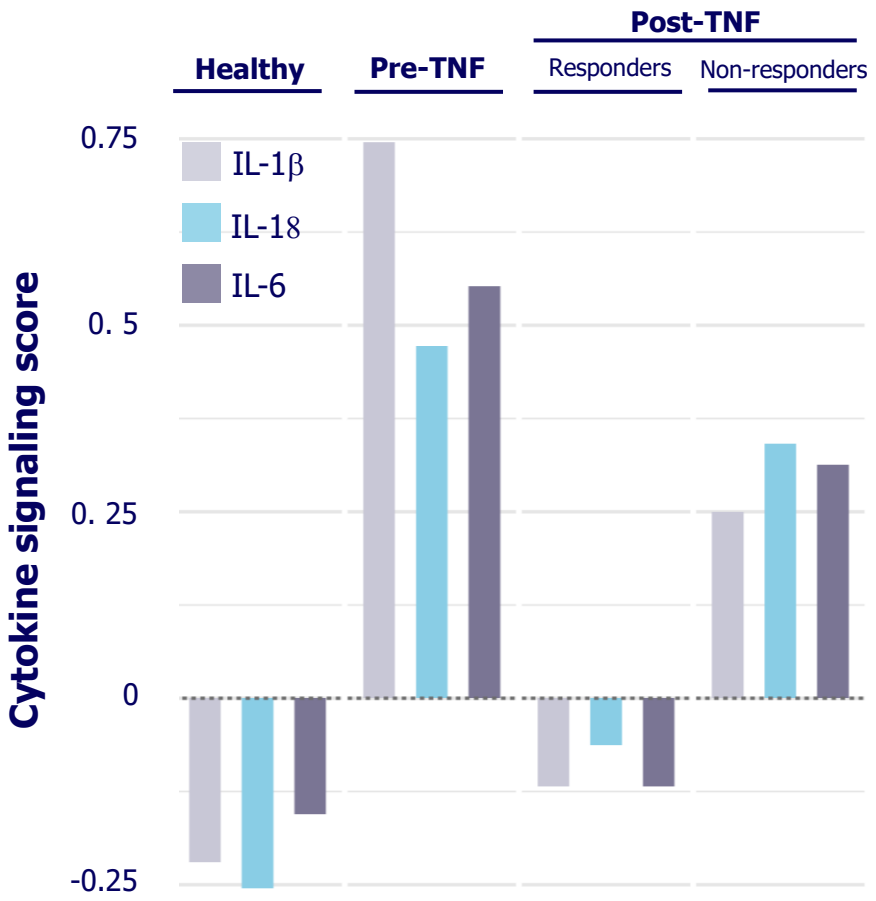


Figure modified from van Straalen et al., 2024; Datasets; GSE155176 (https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE155176; reference: https://pubmed.ncbi.nlm.nih.gov/32841223/) GSE213761 (https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE213761); reference: https://pubmed.ncbi.nlm.nih.gov/36689500/

HS: Significant Unmet Need for New Oral Therapies

HS Market Overview

~1.4M
Hidradenitis suppurativa patients in the U.S.

400-450K
Moderate-to-severe patients eligible for advanced therapies

Large unmet medical need in HS

55%
Of HS patients are not well-managed with SOC, even with anti-TNF and anti-IL-17 biologic approvals

<25%
Of moderate-to-severe HS patients are treated with a biologic

Promising IL-1 / inflammasome approach

Lutikizumab and abdakibart Phase 2 studies demonstrated the role of IL-1/NLRP3 inflammasome in HS pathophysiology, suggesting the next important MOA in the HS treatment paradigm

MRT-8102 Opportunity

Potential for **robust clinical activity** in both biologic-naïve and refractory patients

- Lutikizumab provides promising POC for the IL-1/inflammasome approach in HS

Potential differentiation in **safety / tolerability** measures, including expected low risk of infection and neutropenia events

Oral regimen suitable for long-term maintenance treatment

Source: Jfri et al. JAMA Dermatology (2021); PharmaProjects; Piper Sandler (Apr 2026); Cowen Therapeutics Outlook (Oct 2025); AlphaSense; TrialTrove; clinicaltrials.gov

GFORCE-1 Study: Interim Results

Summary of Interim Results of Phase 1 Study

- MRT-8102, a NEK7-directed molecular glue degrader (MGD), induced rapid and compelling reduction in hsCRP across all doses tested in both healthy volunteers and high-CVD risk subjects (112 subjects in total)
- SAD (48 healthy volunteer subjects) and MAD (40 healthy volunteer subjects) cohorts completed with no adverse safety signals
    - MRT-8102 was dosed from 5 – 400mg (SAD: 40 – 400mg; MAD: 5 – 200mg) and data suggest maximum activity achieved from lowest dose level (5mg MAD)
    - ~80-90% NEK7 degradation noted in T cells at all dose levels tested
    - 78% reduction in hsCRP achieved in subjects with elevated baseline CRP levels after both single and multiple dose administration
    - Favorable AE profile with no adverse safety signal observed as of data cut off date of 12/23/25; safety profile further supported by 3 mos. results of ongoing cyno tox study showing NOAEL ~200-300-fold over projected human efficacious dose
- Part 3 (CRP PoC) of Phase 1 study exploring 40 mg MRT-8102 in high-risk CVD subjects (obesity/elevated CRP) is ongoing and 24 subjects have been evaluated up to end of week 4. Preliminary data for these subjects showed:
    - 85% sustained reduction of hsCRP through end of week 4
    - 94% subjects achieved reduction of hsCRP levels to <2 mg/L* after 4 weeks of dosing (baseline hsCRP level of 6.3 mg/L)
    - 31% reduction of fibrinogen after 4 weeks of dosing
    - No SAEs, no severe AEs as of data cut off date of 12/23/25, evaluation ongoing
- Study (now named GFORCE-1) will be expanded and additional dose levels will be explored to accelerate development in ASCVD; data expected in H2 2026
- Early hsCRP results continue to support MRT-8102 development across chronic inflammatory diseases such as ASCVD and MASH
    - hsCRP reduction data compares favorably to previously reported third party data on NLRP3 inhibitors in development and canakinumab (IL-1β antibody) and is on par with IL-6 biologics**

NOAEL, no observed adverse effect level
hsCRP, high-sensitivity C-reactive protein
*hsCRP levels of >2 mg/L are associated with elevated CVD risk
**Comparison not based on head-to-head studies

MRT-8102 Phase I Study – Dose Levels and Endpoints Reported in Interim Readout

Primary endpoint

- Safety and tolerability

Key secondary & exploratory endpoints

- PK (blood +/- CSF)
- NEK7 degradation
- Change in CRP level
- IL-6 (blood and CSF)
- Fibrinogen
- Ex-vivo: IL-1β

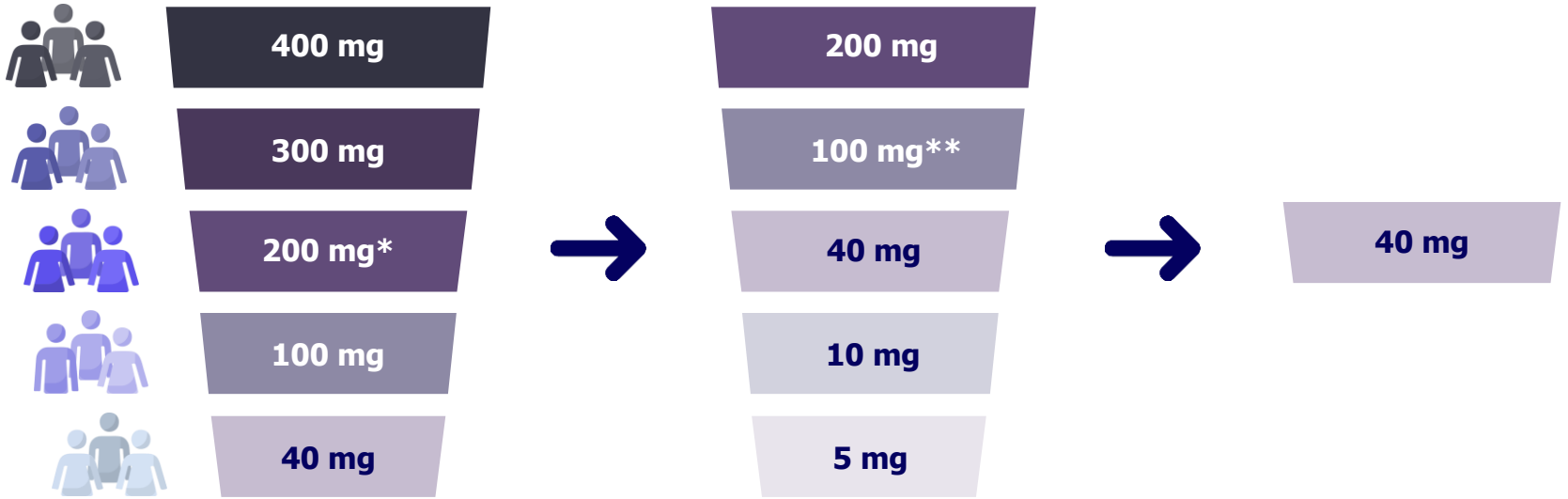
SAD cohorts (Part 1)
One oral dose
48 participants

MAD cohorts (Part 2)
7 daily oral doses
40 participants

CRP PoC in elevated CVD risk subjects (Part 3)
28 daily oral doses
~36 participants

All cohorts randomized, placebo controlled (6+2)

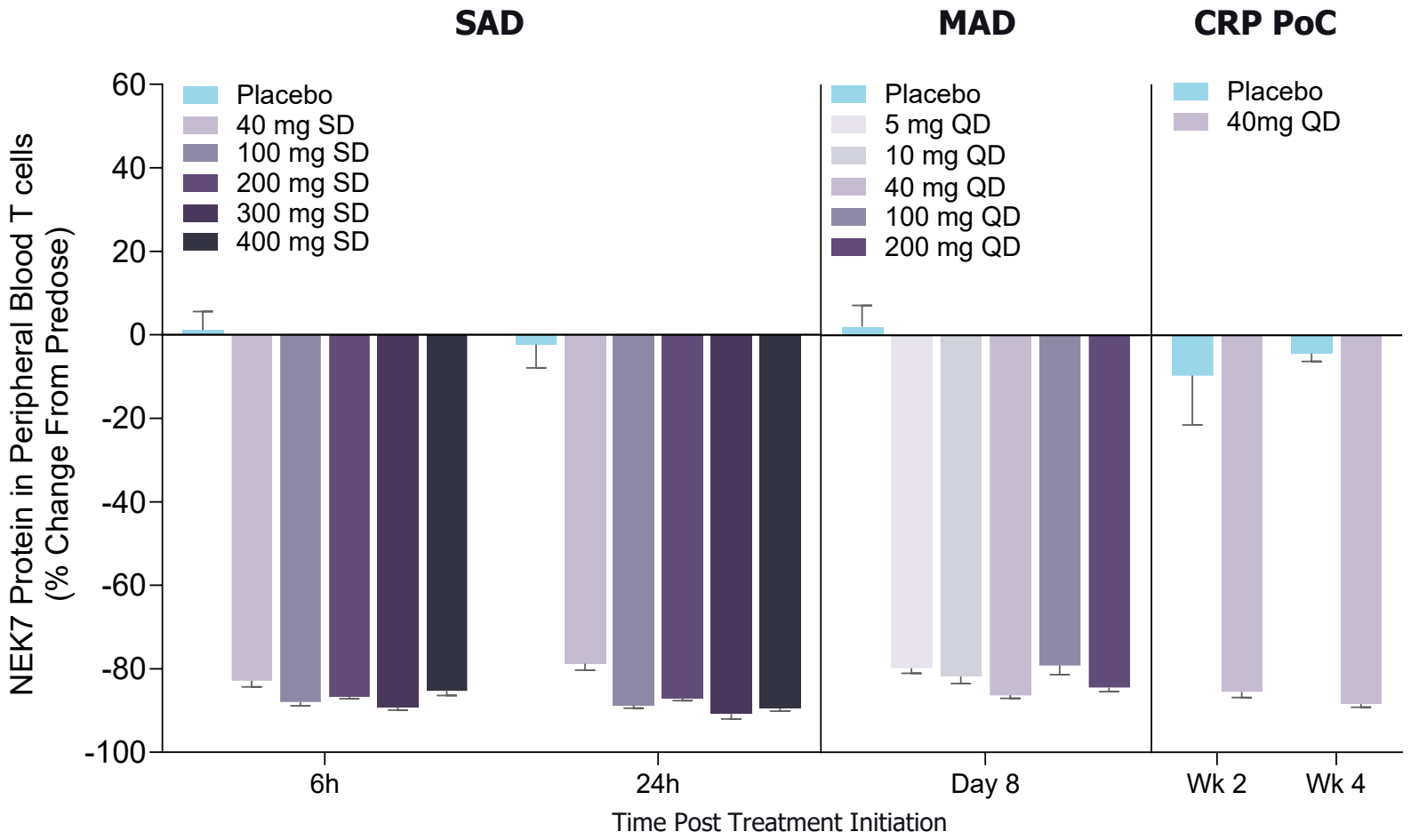
Cohort randomized 3:1 treatment vs placebo



Data cutoff December 23, 2025

* Additional subjects included in 200mg cohort due to sample processing issues; hence a total of 16 subjects have been enrolled in 200mg SAD dose level
**CSF collection

MRT-8102 Achieved 80 – 90% NEK7 Degradation in Peripheral Blood T Cells After Single and Multiple Dose Administration



Rapid and robust degradation of NEK7 noted in peripheral blood T cells **(~80 - 90%)** across all dose levels, consistent with preclinical findings

SAD – 48 subjects (placebo + MRT-8102); MAD - 40 subjects (placebo + MRT-8102); CRP PoC – 16 subjects (placebo + MRT-8102), data delivery pending for remaining 8 subjects.
Data are shown as Mean ± SEM. Day 8, week 2 and week 4 values shown are determined 24h post last dose.

SAD/MAD Data Demonstrated Favorable MRT-8102 Safety/Tolerability

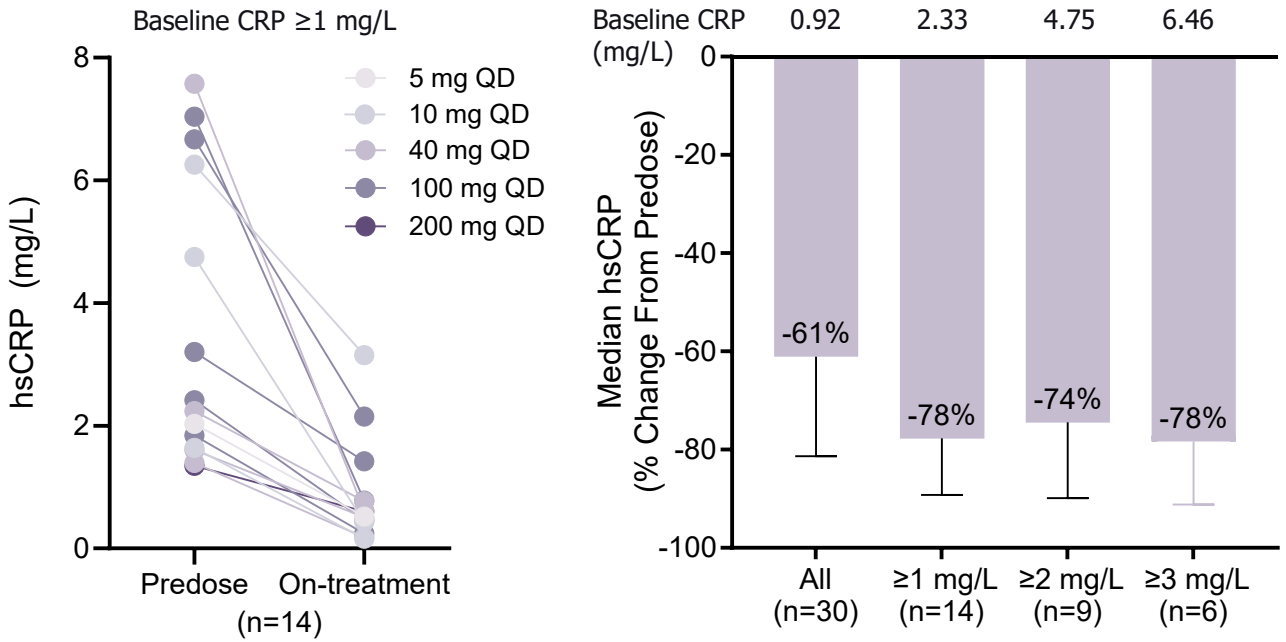
- Total of 88 participants treated in SAD/MAD cohorts (SAD, 48; MAD, 40)
- No SAEs reported and no treatment-emergent AEs > grade 2 in SAD/MAD
- MRT-8102 reported treatment-emergent AEs in 29% participants; placebo reported treatment-emergent AEs in 32% participants
  - Most frequent treatment-emergent AE was headache, reported in 9% of participants treated with MRT-8102 and 9% of participants treated with placebo
- Evaluation and data collection ongoing for Part 3*

Data support broad therapeutic index for MRT-8102

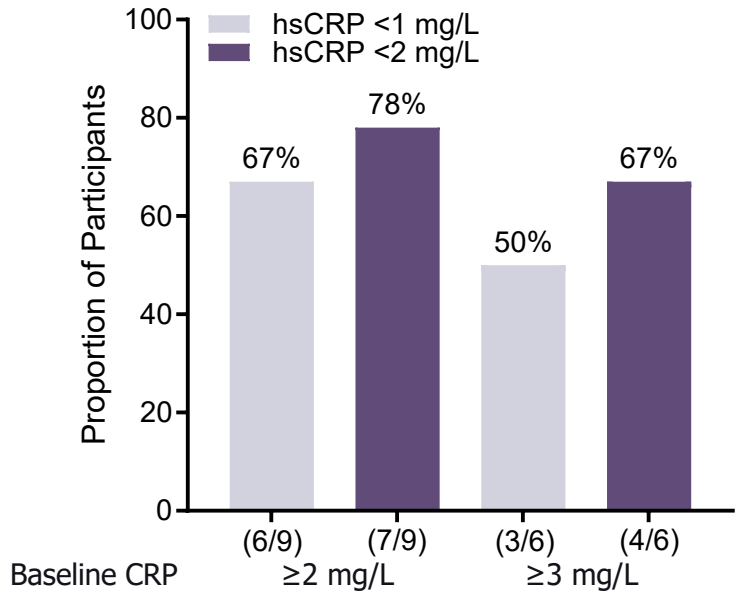
* One participant in Part 3, still blinded, was diagnosed with asymptomatic, acute infectious hepatitis A while on study (unknown if participant received MRT-8102 or placebo). Participant experienced a transient ALT elevation equivalent to a Gr 3 that improved while on treatment.

Multiple Daily Doses of MRT-8102 Led to Significant and Sustained Reduction of Serum hsCRP

MRT-8102 induced significant reduction in serum hsCRP during multiple dose administration*



Significant proportion of subjects achieved hsCRP reduction to <2 mg/L*



61% drop in hsCRP across all subjects regardless of CRP level at baseline; data consistent with maximum MRT-8102 activity achieved at all dose levels

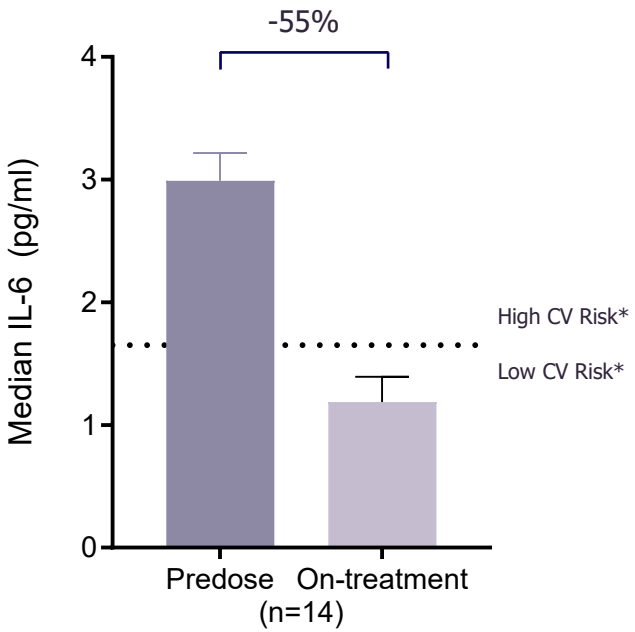
Up to **78%** decrease in hsCRP noted in subjects with elevated CRP levels at baseline

78% of subjects with elevated baseline CRP of ≥2 mg/L achieved suppression of hsCRP to <2 mg/L

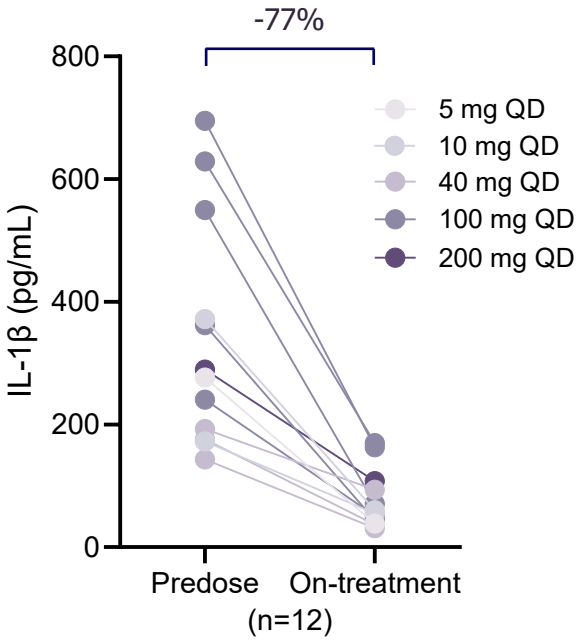
* Values correspond to the best response of hsCRP of day 6, 7, 9 and 14 combined across all MAD dose levels

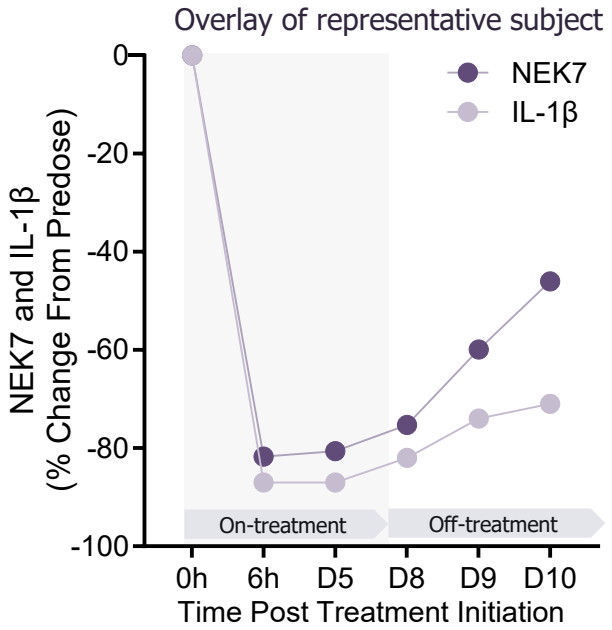
Multiple Daily Doses of MRT-8102 Led to Reductions of IL-6 and IL-1β

55% reduction of endogenous IL-6 plasma levels
Baseline CRP ≥1 mg/L



Rapid and sustained reduction of IL-1β after ex-vivo stimulation
Baseline CRP ≥1 mg/L





Significant reduction in median IL-6 levels to below CV risk threshold noted in subjects with elevated CRP

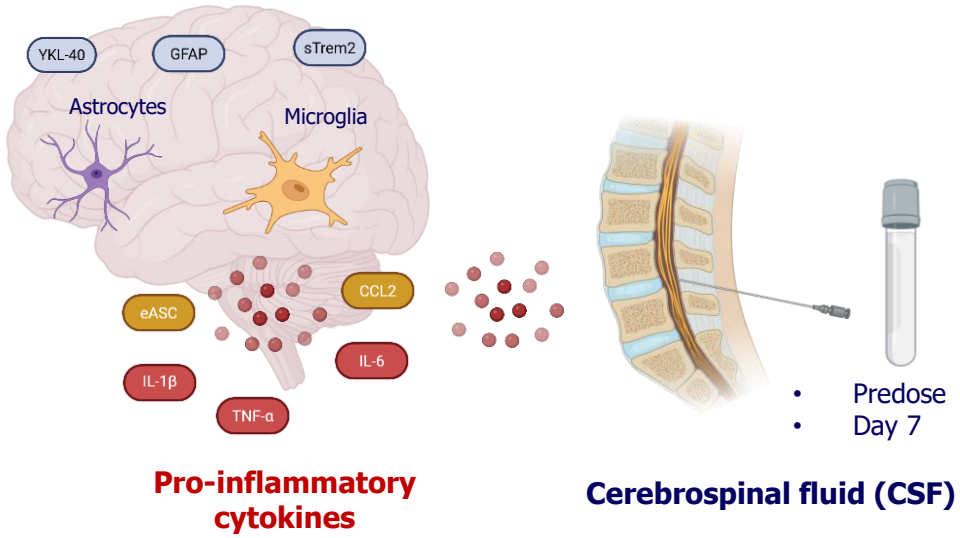
~80% inhibition in IL-1β secretion noted in subjects with elevated CRP at baseline at doses ranging from 5 – 200 mg

Suppression in IL-1β secretion correlates with NEK7 degradation across all time points

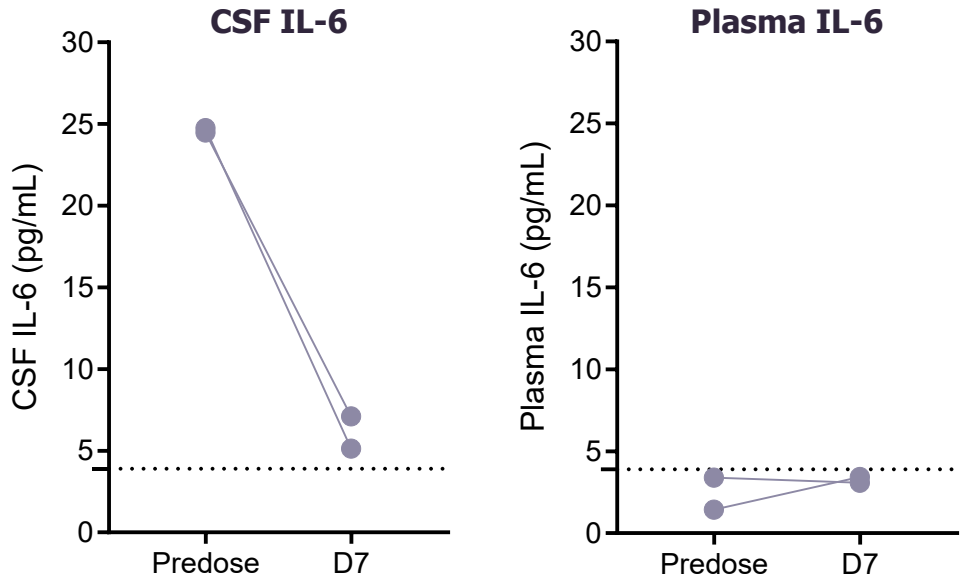
* Ridker PM et al. European Heart Journal (2018)

MRT-8102 Treatment Reduced IL-6 Levels in CSF Consistent with CNS Penetration

Cerebrospinal fluid (CSF) collection
(100 mg QD)



75% reduction of CSF IL-6
in 2 subjects with elevated levels at baseline



100 mg dose achieved levels of MRT-8102 in CSF consistent with pharmacologically active concentrations

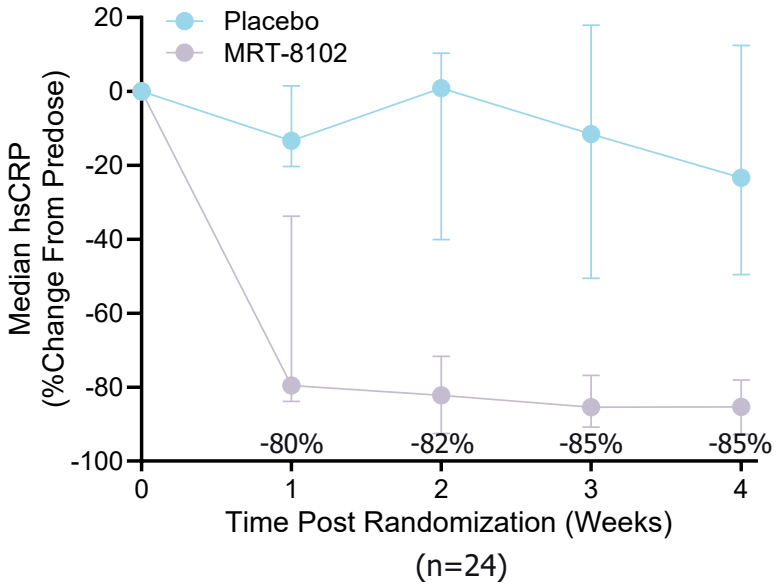
Significant decrease in CSF IL-6 noted in two subjects with elevated baseline levels following 7d administration

Plasma IL-6 levels at baseline for these two subjects were low suggesting CNS/CSF-specific effects

Dotted line indicates median established with CSF and plasma samples derived from healthy volunteers (n=20)

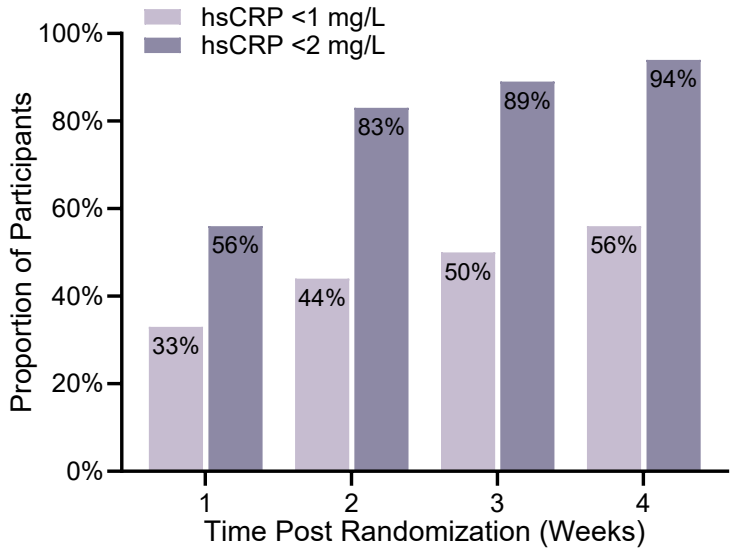
Interim Analysis of 40 mg Cohort Shows MRT-8102 Induced Rapid Reductions of hsCRP and Fibrinogen

85% decrease of hsCRP after 4 weeks of dosing



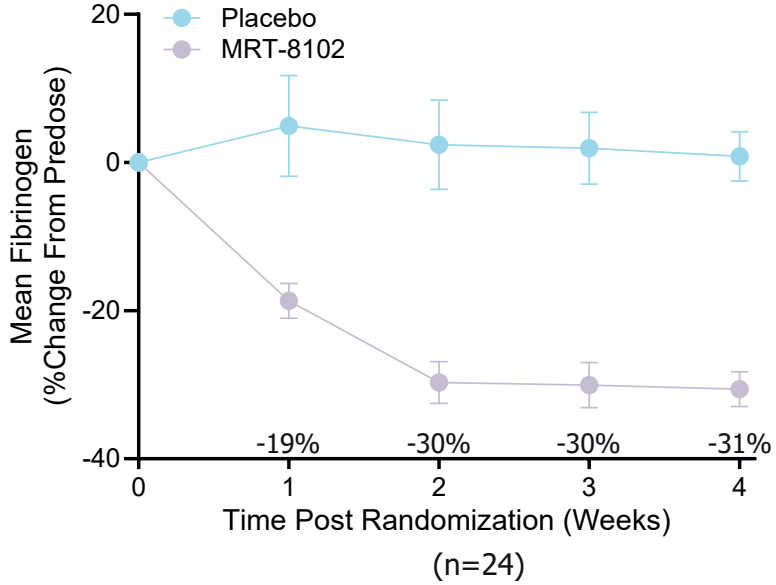
(n=24)

94% of subjects show suppression of hsCRP to <2 mg/L*



(n=24)

Up to 31% reduction in fibrinogen after 4 weeks of treatment



(n=24)

85% reduction in CRP noted after 4 weeks of dosing that correlated well with sustained NEK7 degradation during the treatment period

94% of subjects show suppression of hsCRP to <2 mg/L after 4 weeks of dosing

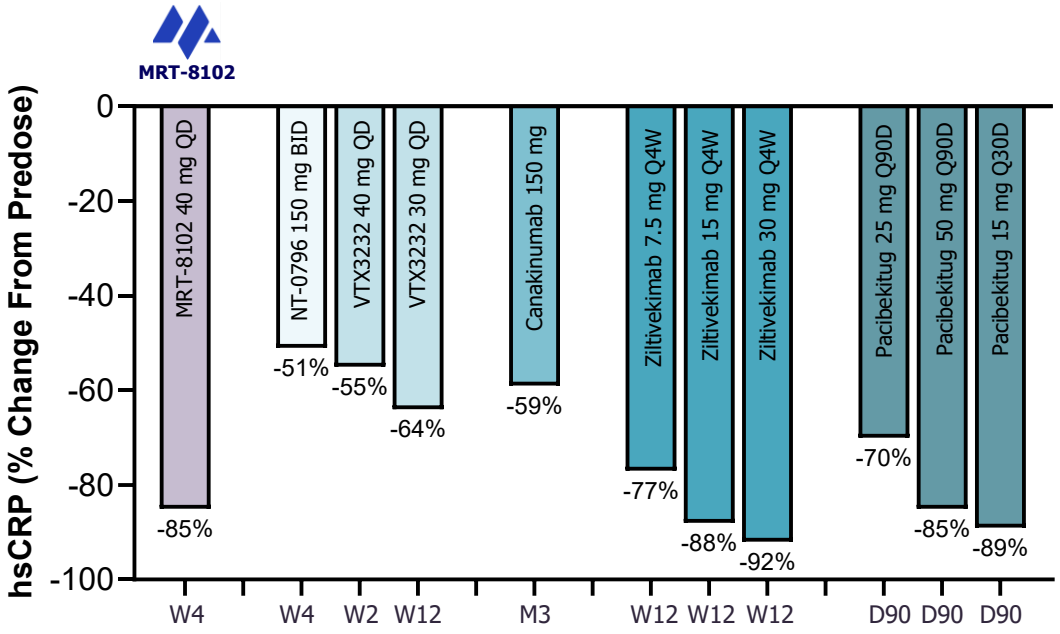
Up to **31%** reduction in fibrinogen, an independent atherosclerotic risk factor**, noted during treatment period

* Baseline median CRP: Placebo - 4.0 mg/L; MRT-8102 - 6.3 mg/L; Baseline mean Fibrinogen: Placebo - 394 mg/dL; MRT-8102 – 431 mg/dL

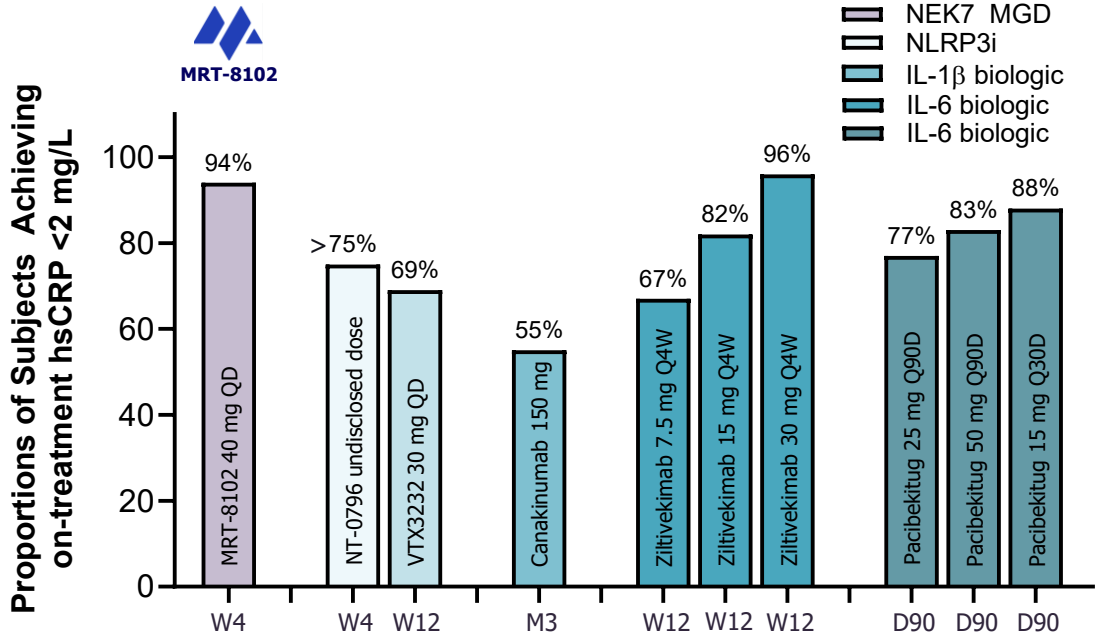
** Meade TW et al. Lancet (1986); Kannel WB et al. JAMA (1987); Fibrinogen Studies Collaboration, JAMA (2005)

MRT-8102: Beyond an Oral IL-1/IL-6 Modality

MRT-8102 suggested favorable reduction of hsCRP compared to other inflammasome and IL-6 targeted agents in development



MRT-8102 achieved favorable rates of hsCRP <2 mg/L compared to other inflammasome and IL-6 targeted agents



MRT-8102 data compares favorably to data reported for NLRP3 inhibitors and appears on par with data reported for IL-6 antibodies

MRT-8102 provides convenience of oral route of administration

MRT-8102 may also provide potential advantage of inhibiting pyroptotic cell death and hence have a superior effect on local inflammation and plaque stabilization in ASCVD

NT-0796 – Clarke N et al. Anti-Neuroinflammatory and Anti-Inflammatory Effects of the NLRP3 Inhibitor NT-0796 in Subjects with Parkinson's Disease. Movement Disorders 2025; Nodthera Press Release June 2024 for Obese Subjects with Cardiovascular risk; V**T3232** – Ventyx Corporate Presentation August 2024 for HV and Ventyx Press Release October 2025 for Subjects with Obesity and Cardiovascular Risk Factor (CRP reduction from FAS, CRP <2 mg/L from MAS); **Canakinumab** - Ridker PM et al. Antiinflammatory Therapy with Canakinumab for Atherosclerotic Disease. NEJM 2017; Ridker PM et al. Relationship of C-reactive protein reduction to cardiovascular event reduction following treatment with canakinumab: a secondary analysis from the CANTOS randomized controlled trial. Lancet 2018; **Ziltivekimab** - Ridker PM et al. IL-6 inhibition with ziltivekimab in patients at high atherosclerotic risk (RESCUE): a double-blind, randomized, placebo-controlled, phase 2 trial. Lancet 2021; **Pacibekitug** - Tourmaline Bio Phase2 TranQuility Trial Topline Results May 2025. W –week; M –month; D –day.

Note: Comparisons between MRT-8102 and other therapies represented herein are based on post-hoc analyses comparing MRT-8102 clinical information with publicly available information for other therapies. Any comparisons use information from different clinical trials, conducted by different parties, at different points in time, with differences in trial designs and patient populations. No head-to-head clinical trials have been conducted, cross-trial comparisons should not be made, and this information is provided only for illustrative purposes.

GFORCE-1 Study: Dose Exploration of MRT-8102 in Subjects with Elevated CVD Risk

Study population

- Obesity (waist ≥ 40" for men or ≥ 35" for women and/or BMI ≥ 30)
- Elevated CRP ≥3 and <15 mg/L

Primary endpoint

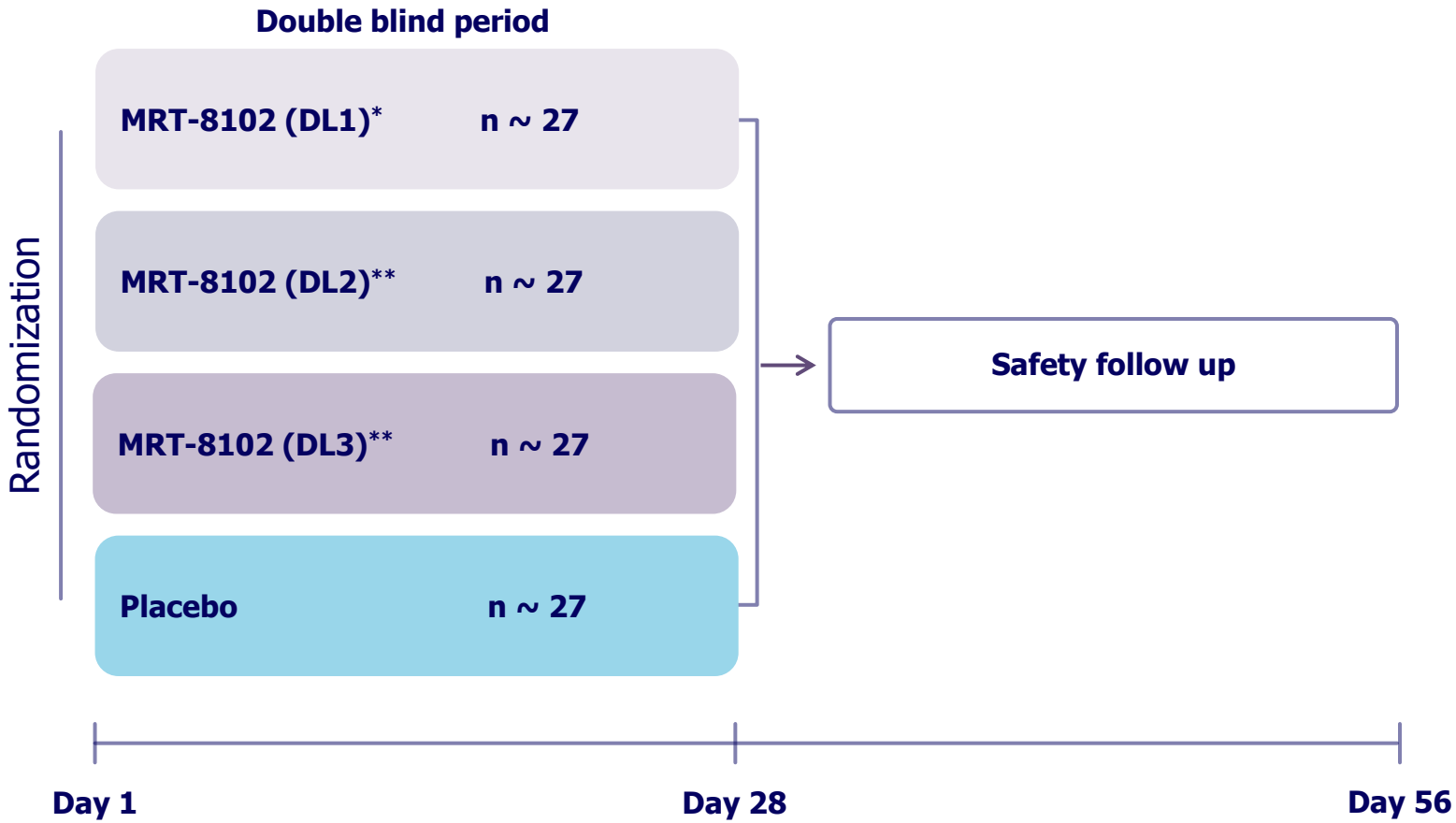
- Safety and tolerability of 28 days dosing

Secondary endpoints

- Change in CRP levels
- PK

Exploratory endpoints

- PD (NEK7, IL-6, IL-18, Fibrinogen, SAA)
- Body weight
- Other markers of CV risk



CRP endpoint: absolute reduction and reduction to <2 mg/L
CRP measurements: pre-dose, D1, D7, D14, D21, D28, D35

Expanded dose exploration to accelerate subsequent Phase 2 ASCVD study

Data readout anticipated in H2 2026

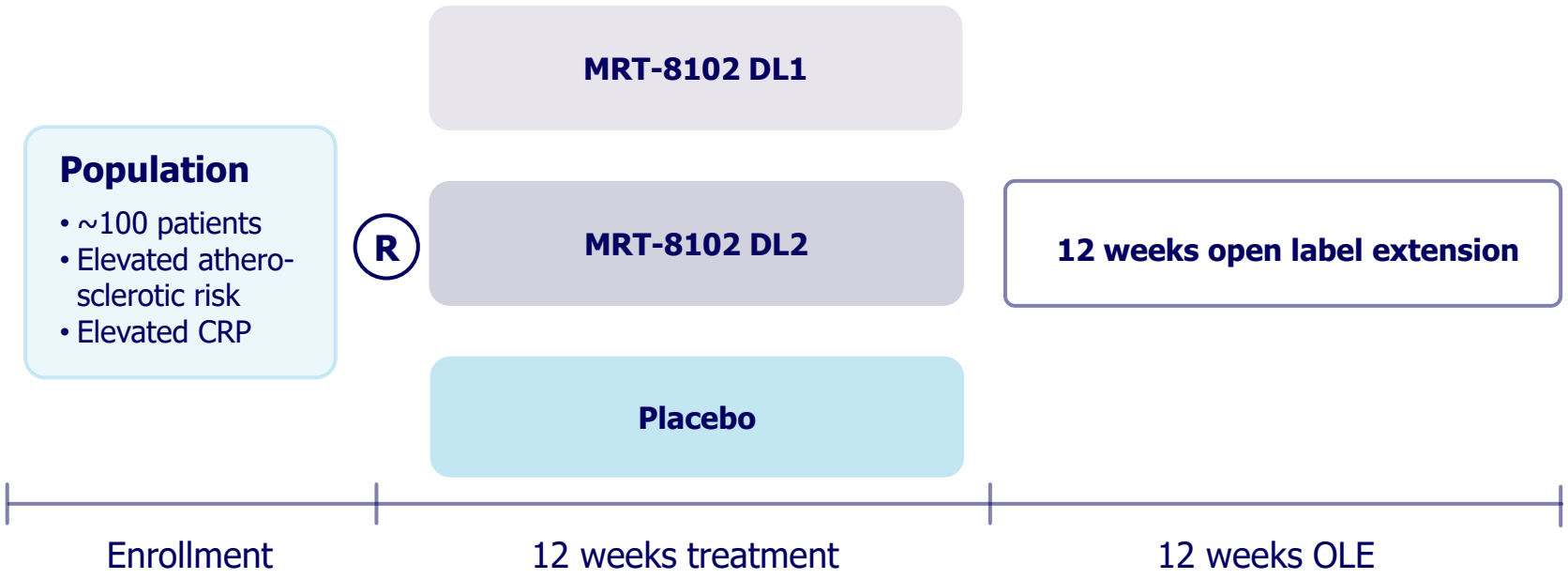
GFORCE, Glue for CRP Elimination

* DL of 40 mg (n=27) with corresponding placebo (n=9) completed enrollment

** Two additional DLs with corresponding placebo added to the study

Clinical Development Plans

GFORCE-2: Phase 2 Study in Elevated Atherosclerotic Risk Patients



Study Goals

- Dose exploration
- Additional safety data with longer dosing
- Confirm GFORCE-1 CRP PoC data for ASCVD
- In addition to ASCVD, generate exploratory data for MASH and obesity

Outcome measures and PoC expectation

- Change in CRP from baseline at 12 weeks (and week 24 if enrolled in OLE)
- Change in other relevant cytokines and biomarkers

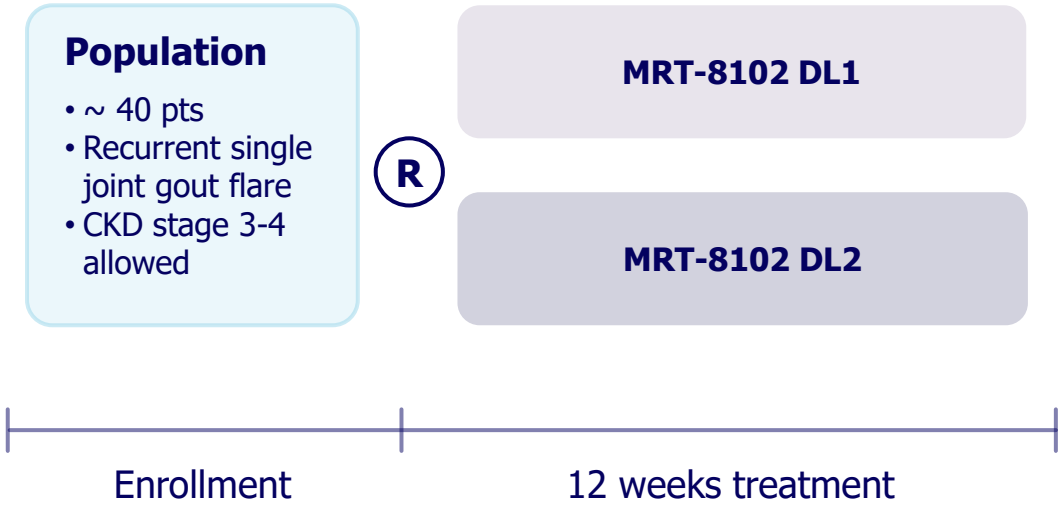
Exploratory endpoints to inform additional Indications

- Liver fat and liver inflammation
- BMI, waist circumference, weight
- Anemia

Study initiation planned for H2 2026

Proposed trial design subject to review by FDA

Phase 2 Study in Acute Gout Flares



Goals

- Dose exploration
- Safety and efficacy
- Establish PoC for treatment of flares and flare prevention

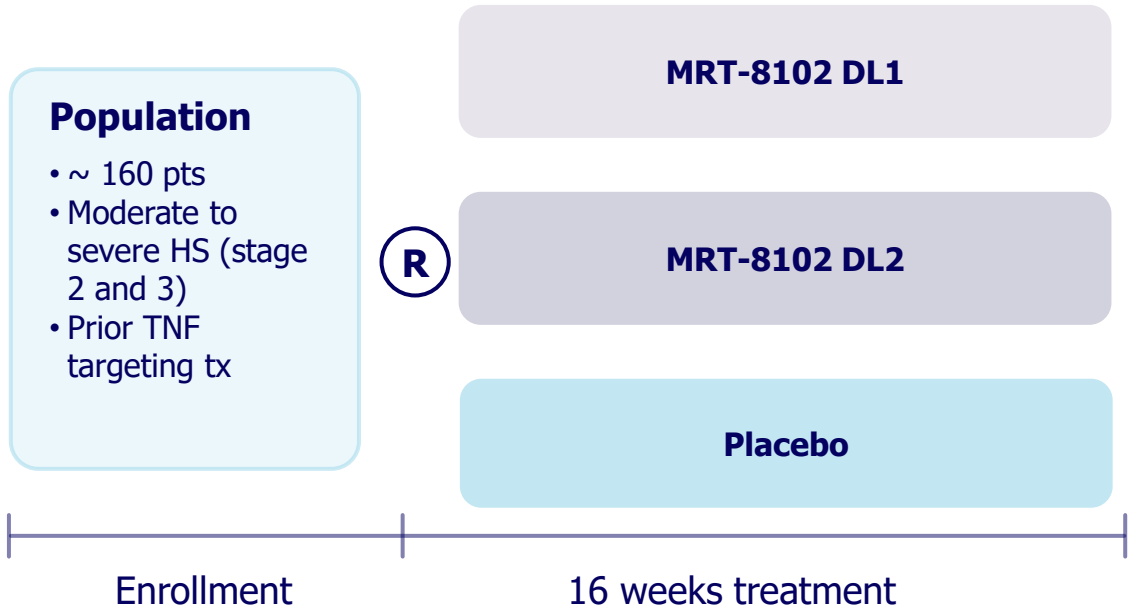
Outcome measures and PoC expectation

- Reduction in pain VAS by 72 hours
- Frequency of new flares

Study initiation planned for Q4 2026 / Q1 2027

Proposed trial design subject to review by FDA

Phase 2 Study in Moderate to Severe Hidradenitis Suppurativa



Goals

- Dose exploration
- Safety and efficacy

Outcome measures and PoC expectation

- HiSCR75 after 16 weeks MRT-8102 relative to placebo

Study initiation planned for H1 2027

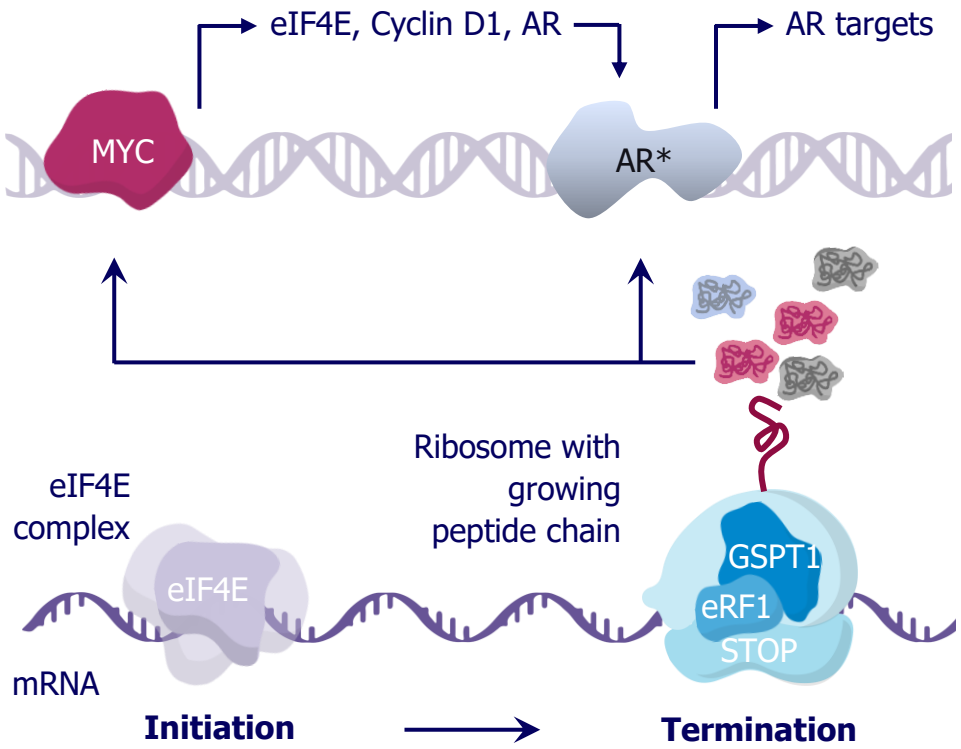
Proposed trial design subject to review by FDA

Monte Rosa Therapeutics

Oncology Pipeline

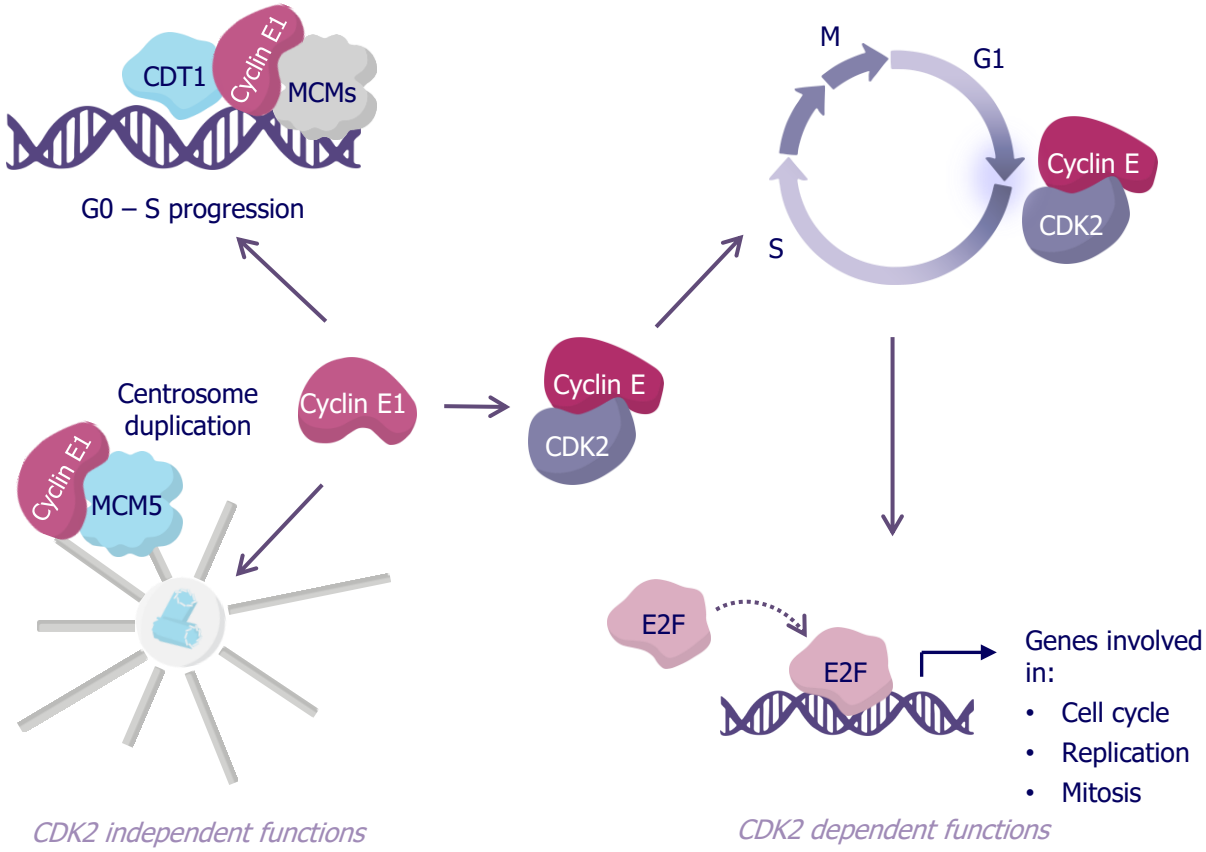
Degrading Undruggable and Difficult-to-Drug Oncology Targets

Therapy-resistant mCRPC is characterized by increased MYC, E2F, AR and other oncogenic pathway activity



MRT-2359 + AR inhibitor suppressed multiple oncogenes including AR, MYC and Cyclin D1

CCNE1 and CDK2 are highly validated targets for solid tumors that drive multiple hallmark cancer mechanisms



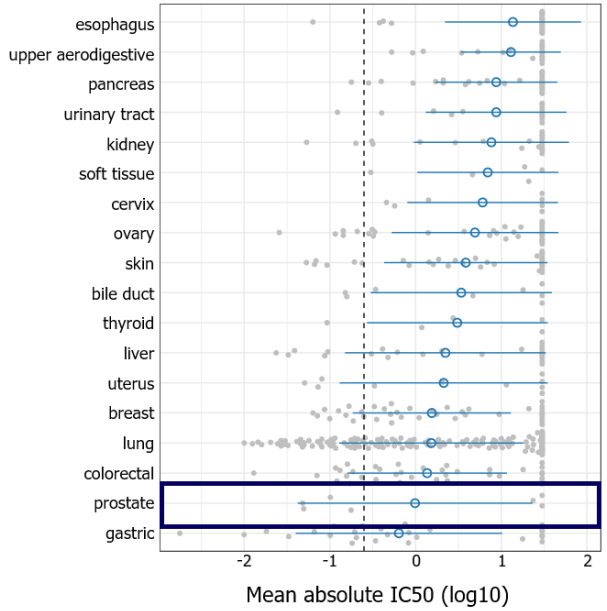
CCNE1 and CDK2 are highly validated oncogenes in a variety of solid tumors, including breast, ovarian and endometrial cancer

Monte Rosa Therapeutics

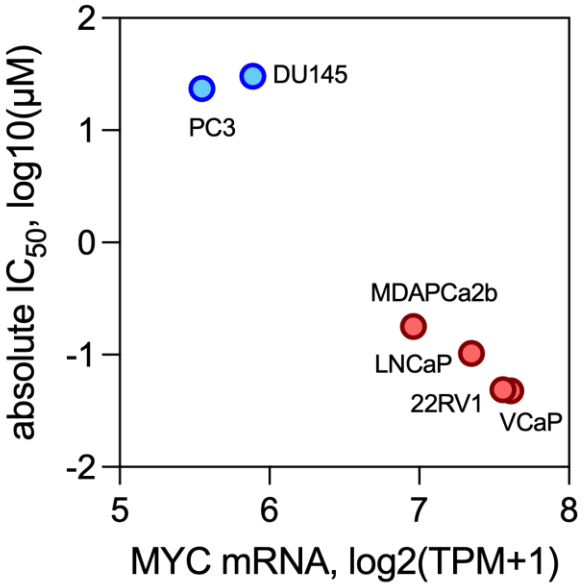
GSPT1 Program (MRT-2359)

Pharmacogenomic Profiling Identified AR/MYC-positive Prostate Cancer Cell Lines as Exquisitely Sensitive to MRT-2359

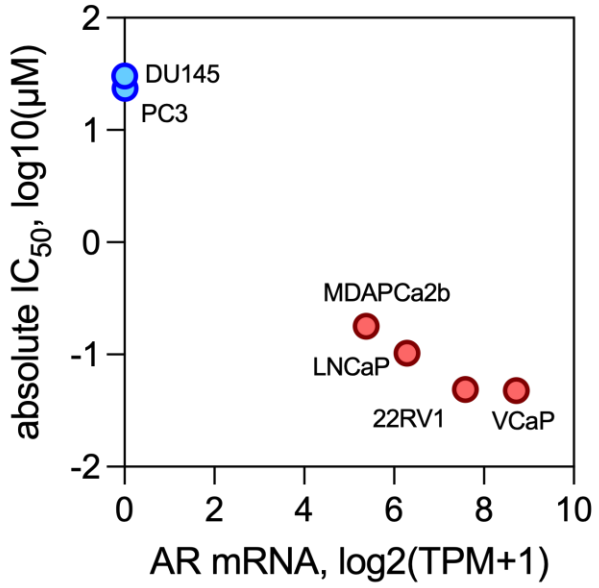
Cell Line Panel



Prostate Cell Lines



Prostate Cell Lines

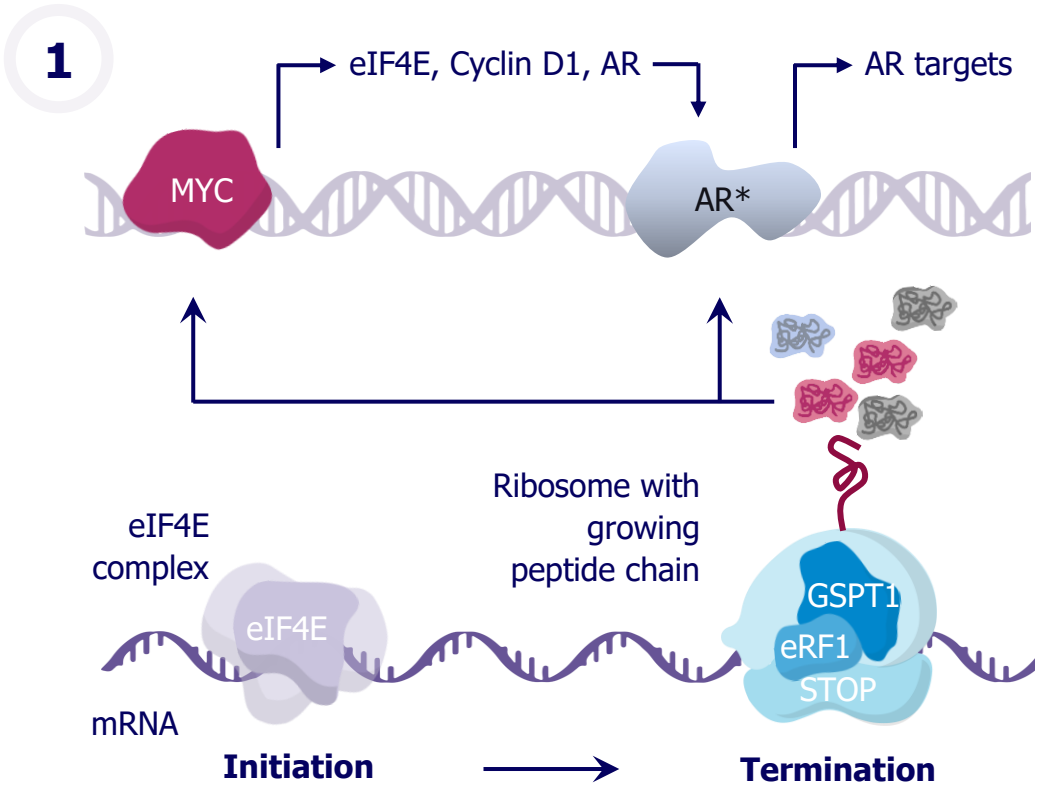


AR-positive AR-negative

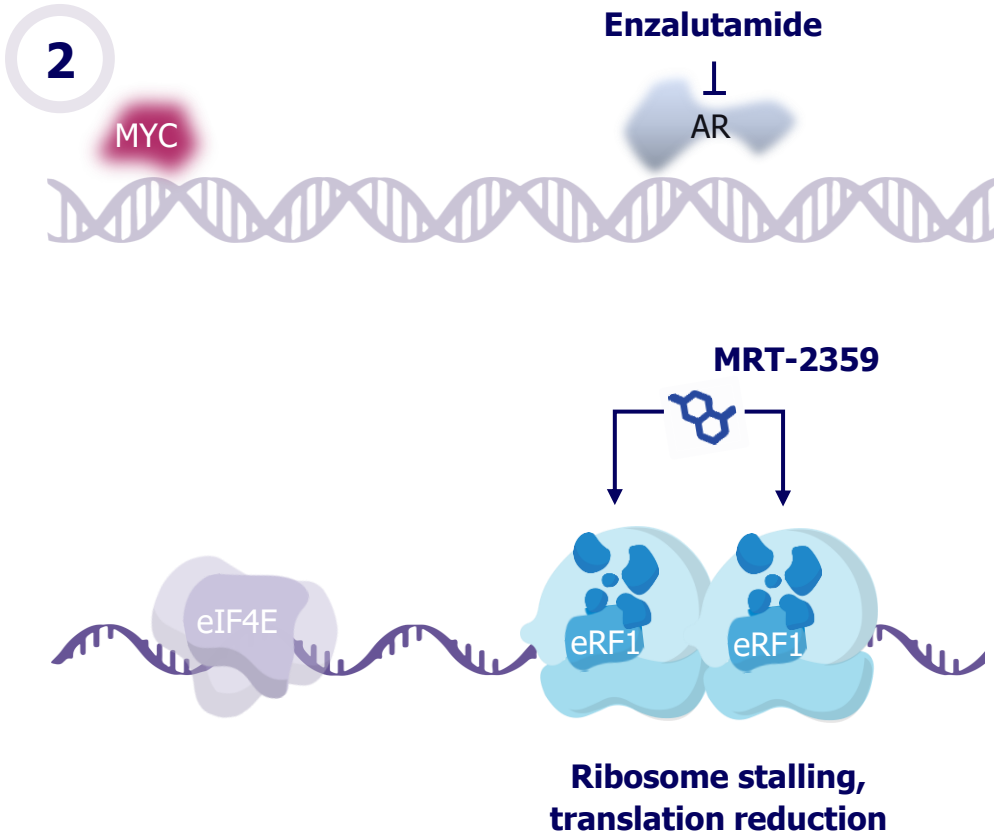
- Unbiased pharmacogenomic analysis identified prostate lineage as highly sensitive to MRT-2359
- Selective sensitivity noted in MYC/AR+ lines; minimal sensitivity in AR negative lines

MRT-2359 Exploits Key Therapeutic Vulnerabilities in Therapy-Resistant CRPC

Therapy-resistant mCRPC is characterized by increased MYC, E2F, AR and other oncogenic pathways activity



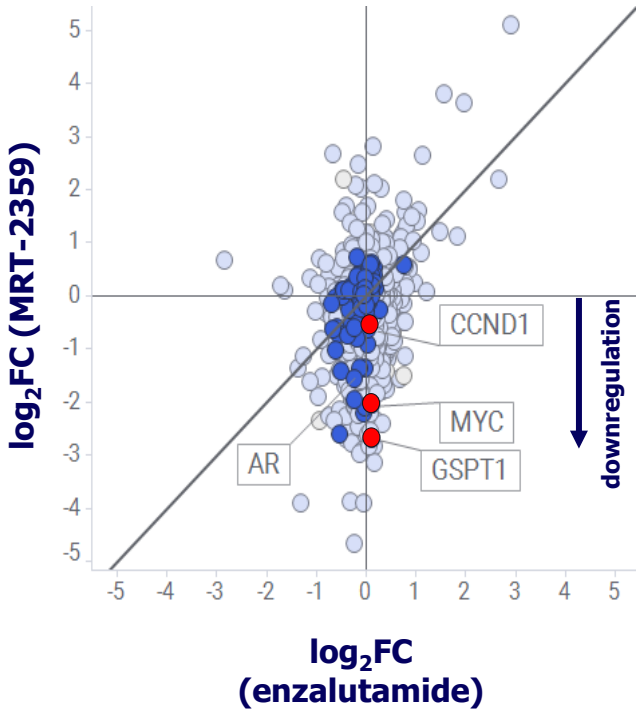
MRT-2359 + enzalutamide suppress multiple oncogenes including AR*, MYC and Cyclin D1



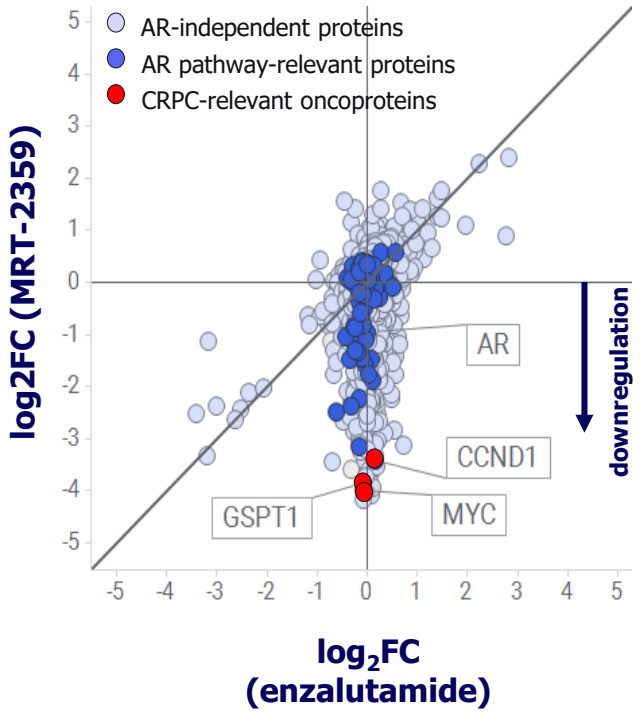
** AR WT and variants (mutants and V7).*

Proteomics Analysis Revealed Modulation of AR and MYC/E2F Pathway by MRT-2359

VCaP model (AR-V7 low)



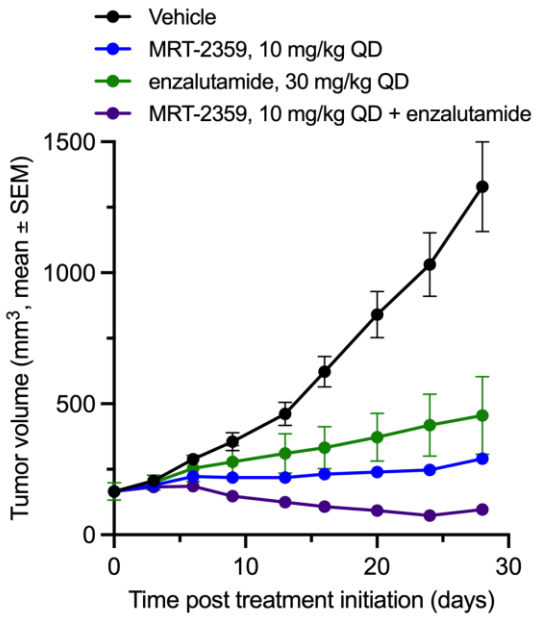
22RV1 model (AR-V7 high)



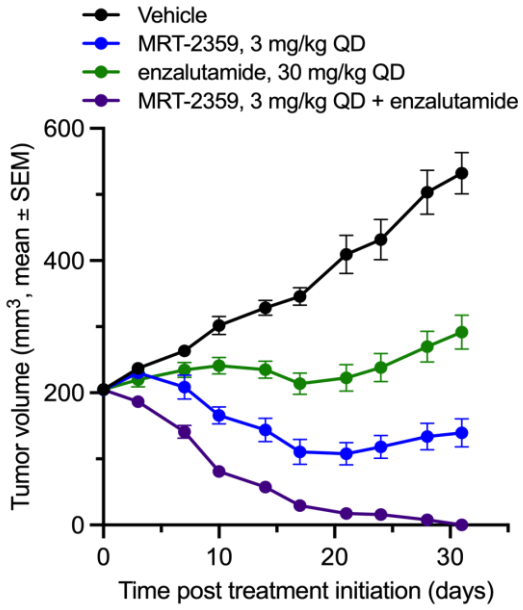
- MRT-2359 treatment significantly reduced abundance of several CRPC-relevant oncoproteins
  - AR abundance (WT and V7) and proteins regulated by AR were significantly reduced across cell lines
  - Other CRPC-relevant oncogenes such as MYC and Cyclin D1, a member of the E2F pathway, were also significantly reduced
- Notably, MRT-2359 was more effective than enzalutamide at reducing AR activity

MRT-2359 Led to Tumor Regressions in Preclinical Models of Castration Resistant and AR-V7 driven Prostate Cancer

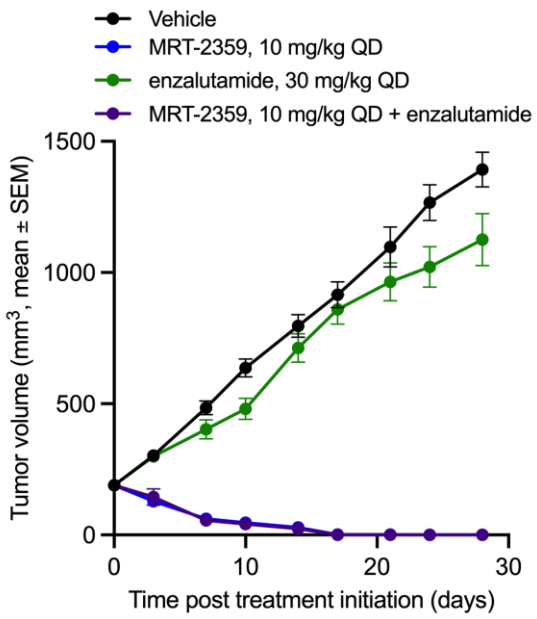
LNCaP model (AR-V7 negative)



VCaP model (AR-V7 low)

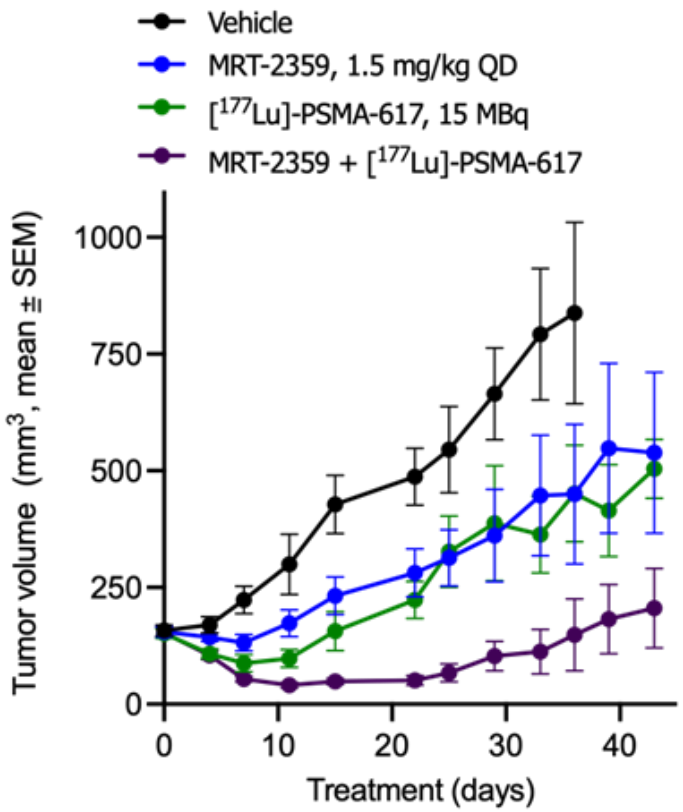


22RV1 model (AR-V7 high)



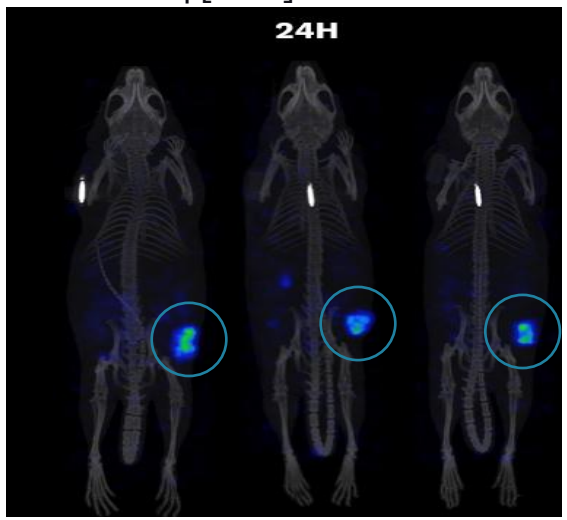
MRT-2359 + enzalutamide treatment drove tumor regressions in AR mutated (LNCaP), AR amplified (VCaP), and AR-V7 (22Rv1) expressing CDX models of CRPC

MRT-2359 Co-administration Enhances Pluvicto Efficacy Potentially Through Enhanced Uptake/Retention in Tumors

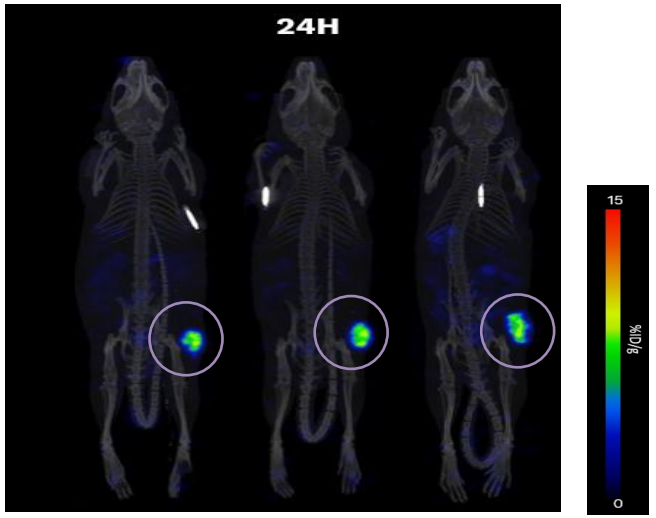


MRT-2359 co-treatment increases Pluvicto signal in subcutaneous 22Rv1 tumors at 24h post-administration

Vehicle +
30 MBq [177Lu]Lu-PSMA-617



MRT-2359 1.5 mg/kg +
30 MBq [177Lu]Lu-PSMA-617



- Combination activity noted in a castrated 22RV1 CDx model
- Improvement in uptake and/or retention of Pluvicto in tumors following co-treatment with MRT-2359
- Mechanism leading to improved tumor-restricted Pluvicto signal currently under investigation

MRT-2359 Clinical Data Update

Summary

- MRT-2359 in combination with enzalutamide achieved compelling clinical activity in a subset of heavily pre-treated metastatic castration resistant prostate cancer (mCRPC) patients with androgen receptor (AR) mutations.
- Of the 5 patients with AR mutations:
  - 5 patients showed a PSA response, including 2 patients with PSA90 and 3 patients with PSA50 responses
  - 2 patients showed RECIST partial responses (1 confirmed, 1 unconfirmed)
  - 3 patients had stable disease (all with reduction in size of target lesions), leading to a 100% disease control rate in the AR mutant population
  - 2 patients remained on therapy for 10 cycles or longer and 2 patients remained on drug as of data cut off on January 30, 2026
- 5 additional patients without AR mutations had stable disease per RECIST, several of which associated with tumor size reductions of target lesions, resulting in an overall disease control rate (DCR) of 67% in a total of 15 evaluable patients
- Combination of MRT-2359 and enzalutamide was well tolerated with mild or moderate, manageable fatigue and GI adverse events (AEs) being the most frequent toxicities
- Data support potential of combination of MRT-2359 with 2nd generation androgen receptor inhibitors for mCRPC patients with AR mutations (up to 30% of 2nd line+ mCRPC), with additional potential in earlier line settings or in combination with other agents

MRT-2359 Phase 1/2 Clinical Study Design

Phase 1: Dose Escalation

Monotherapy of MRT-2359 in lung cancer, high-grade neuroendocrine tumors and solid tumors with N-/L-MYC amplification

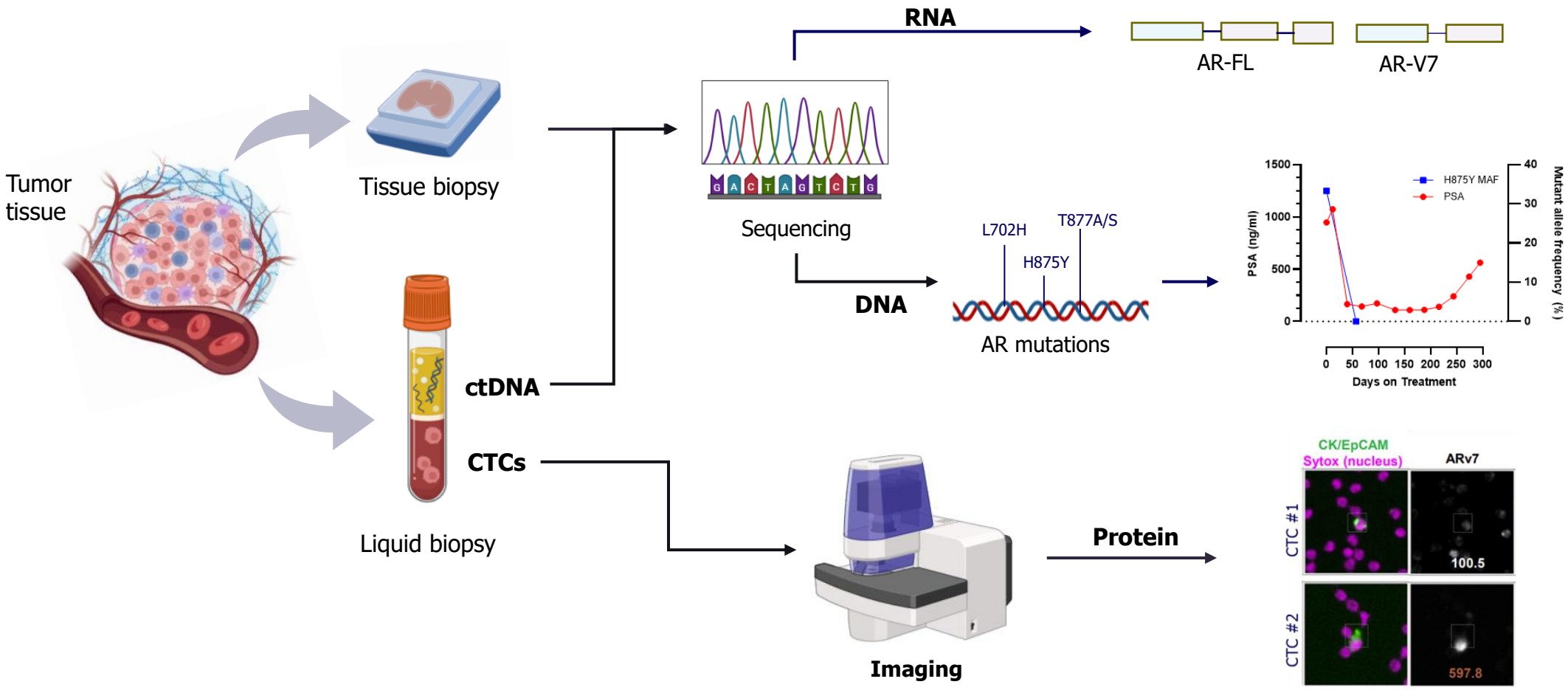
Phase 2: Expansion Cohort

Combination of MRT-2359 with enzalutamide in heavily-pretreated metastatic castration resistant prostate cancer (CRPC)

As of January 30, 2026, enrolled 23 patients with heavily pretreated, RECIST measurable mCRPC

Well-tolerated dose level | 5/9 = 5 days on drug, 9 days off drug | 21/7 = 21 days on drug, 7 days off drug | RP2D = recommended Phase 2 dose

Biomarker Profiling of Tumor and Liquid Biopsies



- Identify key AR alterations in tumor biopsies, ctDNA, and CTCs, including AR mutations and AR-V7 transcripts
- Verify non-neuroendocrine histology through RNAseq

Notes: ctDNA = circulating tumor DNA. CTC = circulating tumor cell

Patient Demographics, Clinical Characteristics and Prior Therapies: MRT-2359 Compared to Mevrometostat Phase I Trial

Patient Characteristics	MRT-2359 + Enzalutamide Total (N=23)	Mevrometostat + Enzalutamide Phase I total (N=47)[1]
Age, median (range), years	71 (54-83)	70 (53 – 87)
Race, N (%)		
White	14 (61)	40 (85)
Black	7 (30)	4 (9)
Asian	0 (0)	2 (4)
Other	2 (9)	1 (2)
ECOG performance status, N (%)		
0-2	23 (100)	47 (100)
Histology subtype, N (%)		
Adenocarcinoma	20 (87)	47 (100)
Adenocarcinoma with neuroendocrine differentiation[1]	3 (13)	ND[3]
Lesions at baseline, n (%)		
RECIST measurable disease	23 (100)	16 (34)
Soft tissue only	1 (5)	10 (21)
Liver metastases	6 (27)	ND[3]
Number of prior lines of therapy, median (range)	5 (1-18)	ND[3]
Prior abiraterone, second gen ARi naive N (%)	5 (22)	20 (43)
Prior second gen ARi +/- abiraterone N (%)	18 (78)	27 (57)
Prior docetaxel and/or cabazitaxel N (%)	19 (83)	23 (49)
Prior Pluvicto N (%)	13 (57)	ND[3]
Baseline PSA, ng/mL, median (range)	19.66 (0.66 – 4989)	49.9 (0-9,650)

Data cut-off January 30, 2026

Notes: [1] Mevrometostat + enzalutamide data from Schweizer et al. ASCO (2024). [2] Identified by RNAseq analysis of study tumor biopsies collected before dosing. [3] ND, not disclosed.
Comparisons between MRT-2359 and other therapies represented herein are based on post-hoc analyses comparing MRT-2359 clinical information with publicly available information for other therapies. Any comparisons use information from different clinical trials, conducted by different parties, at different points in time, with differences in trial designs and patient populations. No head-to-head clinical trials have been conducted, cross-trial comparisons should not be made, and this information is provided only for illustrative purposes.

Combination of MRT-2359 and Enzalutamide was Well Tolerated and May be Favorable over EZH2 Inhibitors

Treatment-Related AEs Occurring in ≥20% Patients

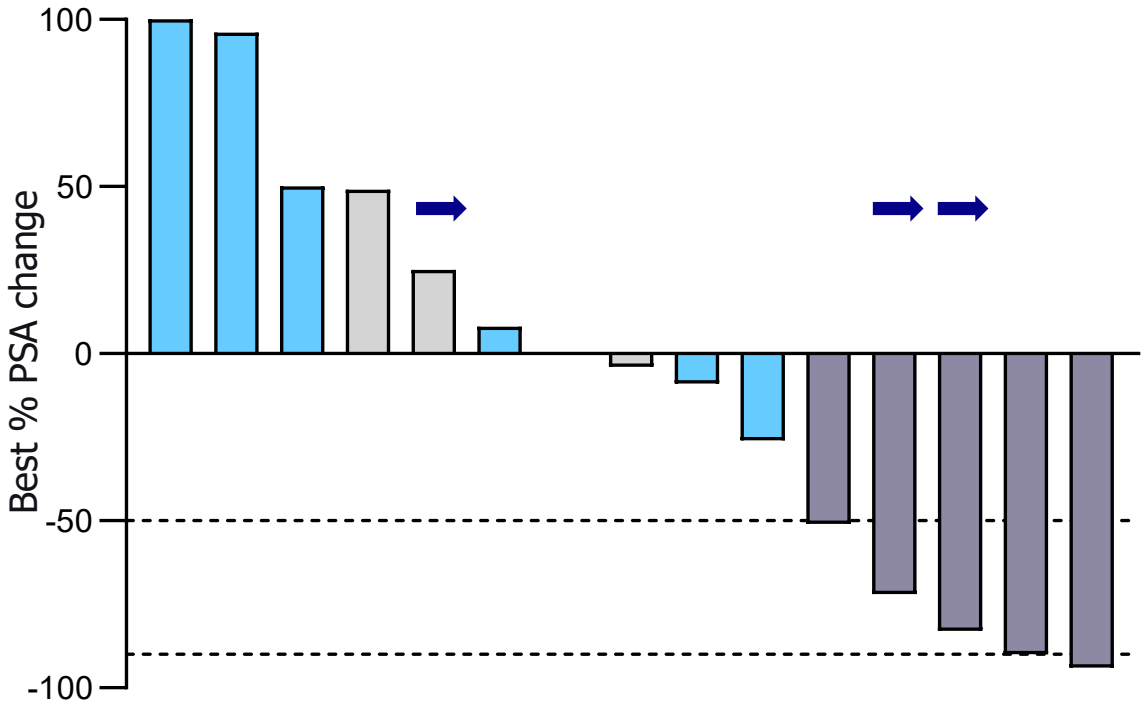
Dose Level	MRT-2359 0.5mg and Enzalutamide 160mg N=17				MRT-2359 0.75mg and Enzalutamide 160mg N=6				Total N=23
CTC AE V5 Grade	**G1 (%)**	**G2 (%)**	**G3 (%)**	**G4 (%)**	**G1 (%)**	**G2 (%)**	**G3 (%)**	**G4 (%)**	**All grades**
Fatigue	3 (18)	4 (24)	1 (6)	0	2 (33)	2 (33)	0	0	12 (52)
Diarrhea	5 (29)	1 (6)	1 (6)	0	4 (67)	0	0	0	11 (48)
Nausea	1 (6)	3 (18)	1 (6)	0	1 (17)	2 (33)	0	0	8 (35)
Decreased appetite	1 (6)	2 (12)	0	0	2 (33)	1 (17)	1 (17)	0	7 (30)
Vomiting	1 (6)	2 (12)	0	0	1 (17)	3 (50)	0	0	7 (30)
Anemia	3 (18)	1 (6)	0	0	0	0	2 (33)	0	6 (26)
Arthralgia	3 (18)	1 (6)	0	0	1 (17)	1 (17)	0	0	6 (26)
Lymphopenia	1 (6)	0	3 (18)	0	0	0	1 (17)	0	5 (22)
Muscular Weakness	2 (12)	2 (12)	0	0	0	0	1 (17)	0	5 (22)
Neutropenia	2 (12)	0	1 (6)	0	0	0	2 (33)	0	5 (22)

- Combination of MRT-2359 and enzalutamide was well tolerated
- Most frequent AEs were fatigue, diarrhea, and nausea which were classified as mild or moderate and were manageable and not therapy limiting

Data cut-off January 30, 2026

Note: Comparisons between MRT-2359 and other therapies represented herein are based on post-hoc analyses comparing MRT-2359 clinical information with publicly available information for other therapies. Any comparisons use information from different clinical trials, conducted by different parties, at different points in time, with differences in trial designs and patient populations. No head-to-head clinical trials have been conducted, cross-trial comparisons should not be made, and this information is provided only for illustrative purposes.

MRT-2359 and Enzalutamide Achieved High PSA Response Rate in AR Mutant mCRPC



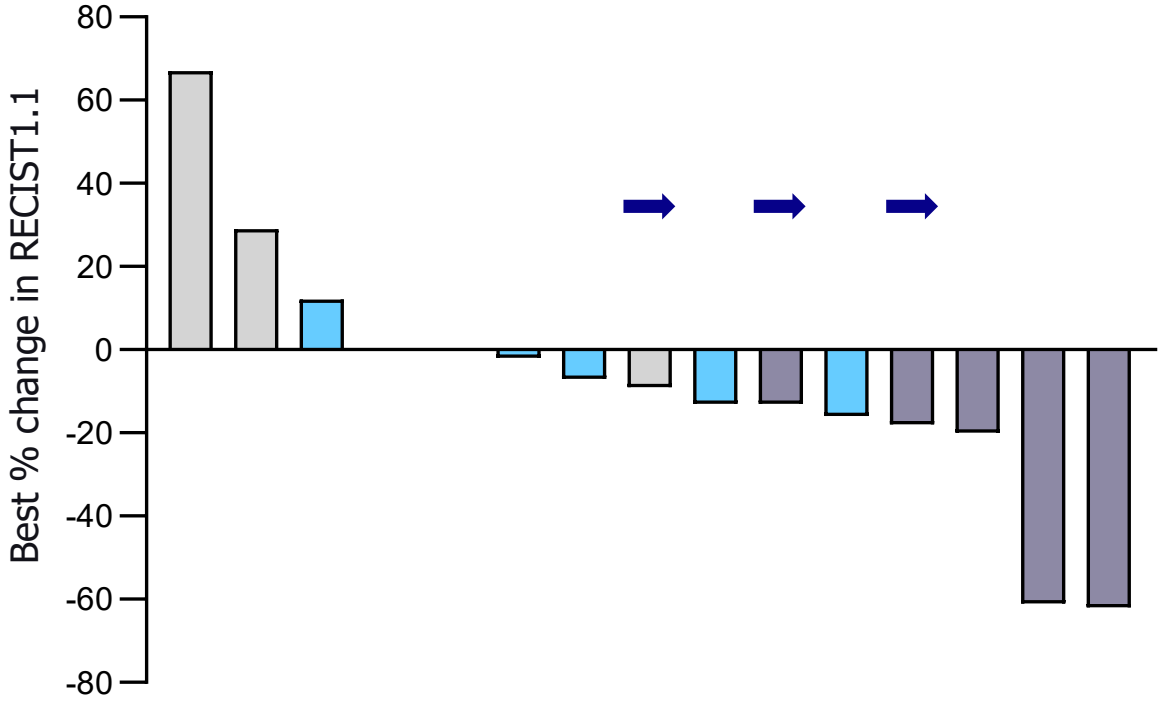
AR status	V7	V7	V7	WT	WT	V7	V7	WT	V7	V7	Mut	Mut	Mut	Mut	Mut
RECIST Response	PD	PD	SD	PD	SD	SD	SD	PD	SD	PD	SD	SD	SD	PR	PR
RECIST %	0	-13	0	+29	-9	+12	-2	+67	-16	-7	-20	-18	-13	-62	-61
Abiraterone	+	-	+	-	+	+	+	-	+	-	+	+	+	+	+
2nd gen ARi	+	+	+	+	-	+	+	+	+	+	+	-	+	-	+
Docetaxel	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+
Pluvicto	+	+	-	+	-	+	-	+	+	-	-	+	+	+	+
Dose (mg)	0.75	0.75	0.5	0.5	0.5	0.75	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5

Data cut-off January 30, 2026

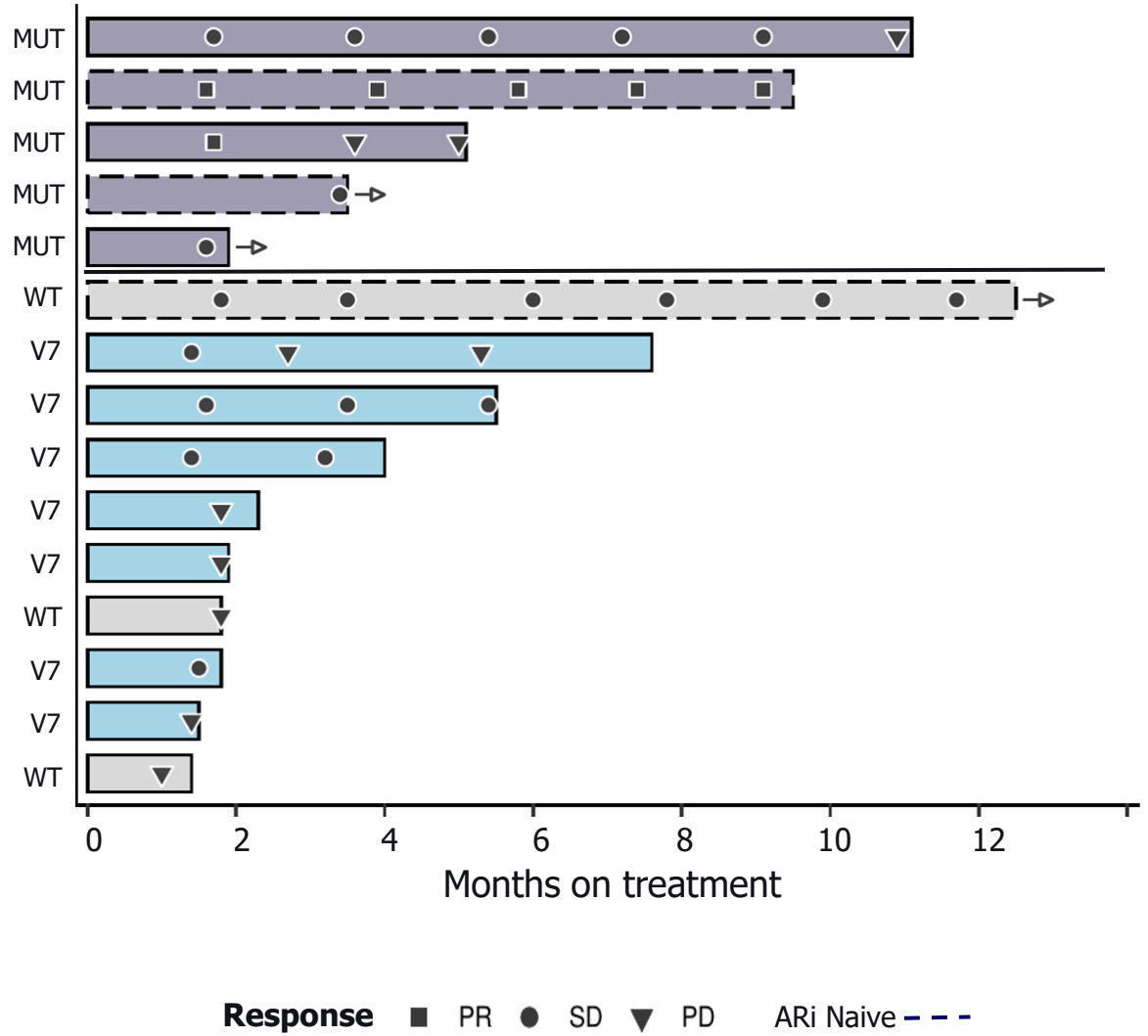
- MRT-2359 + enzalutamide achieved 100% PSA response rate; PSA response in 5 of 5 heavily pretreated patients with AR mutations
  - PSA50 (n=3)
  - PSA90 (n=2)
- PSA response rate in overall population suggests activity at least comparable to data shown in Phase 1 study of mevrometostat + enzalutamide

Note: Comparisons between MRT-2359 and other therapies represented herein are based on post-hoc analyses comparing MRT-2359 clinical information with publicly available information for other therapies. Any comparisons use information from different clinical trials, conducted by different parties, at different points in time, with differences in trial designs and patient populations. No head-to-head clinical trials have been conducted, cross-trial comparisons should not be made, and this information is provided only for illustrative purposes.

MRT-2359 plus Enzalutamide Achieved Tumor Regressions in AR Mutant mCRPC



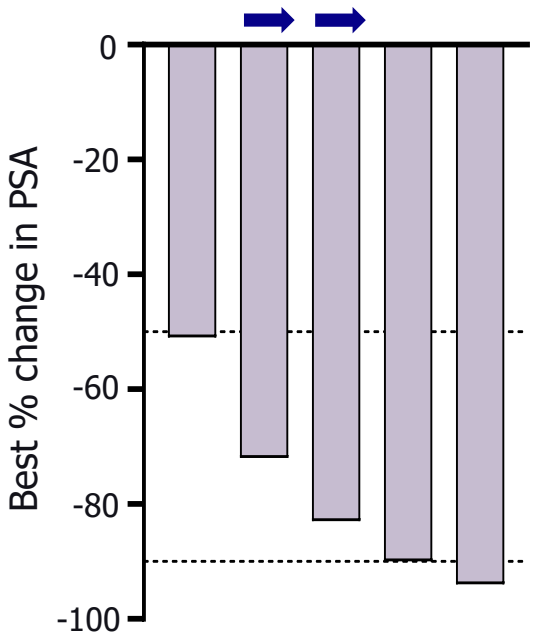
AR status	WT	WT	V7	V7	V7	V7	V7	WT	V7	Mut	V7	Mut	Mut	Mut	Mut
RECIST Response	PD	PD	SD	PD	SD	SD	PD	SD	PD	SD	SD	SD	SD	PR	PR
RECIST %	+67	+29	+12	0	0	-2	-7	-9	-13	-13	-16	-18	-20	-61	-62
Abiraterone	-	-	+	+	+	+	-	+	-	+	+	+	+	+	+
2nd gen ARi	+	+	+	+	+	+	+	-	+	+	+	-	+	+	-
Docetaxel	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+
Pluvicto	+	+	+	+	-	-	-	-	+	+	+	+	-	+	+
Dose (mg)	0.5	0.5	0.75	0.75	0.5	0.5	0.5	0.5	0.75	0.5	0.5	0.5	0.5	0.5	0.5



Data cut-off January 30, 2026

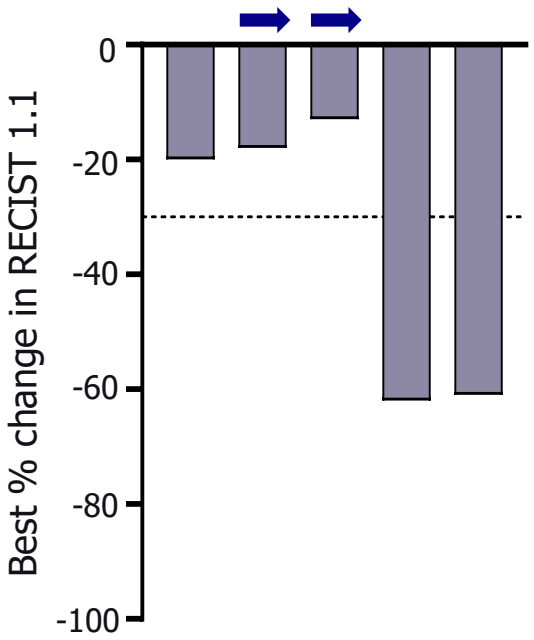
Compelling Activity in Heavily Pretreated Patients with AR Mutations

Best % change in PSA



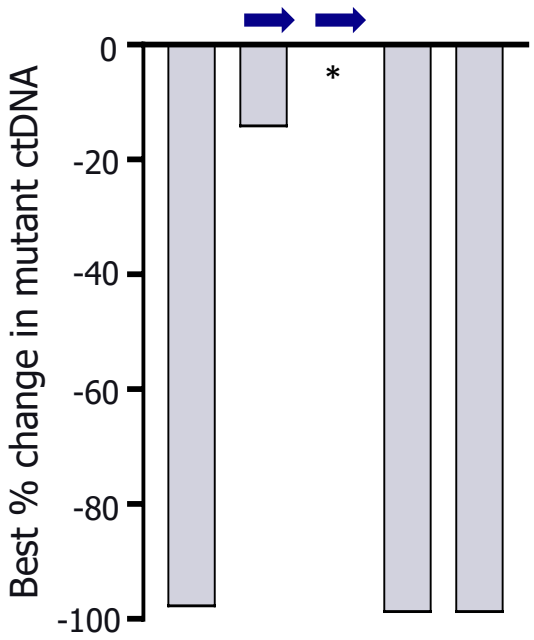
Response	SD	SD	SD	PR	PR
RECIST %	-20	-18	-13	-62	-61
Abiraterone	+	+	+	+	+
2nd gen ARi	+	-	+	-	+
Docetaxel	+	+	+	+	+
Pluvicto	-	+	+	+	+

Best % change in RECIST



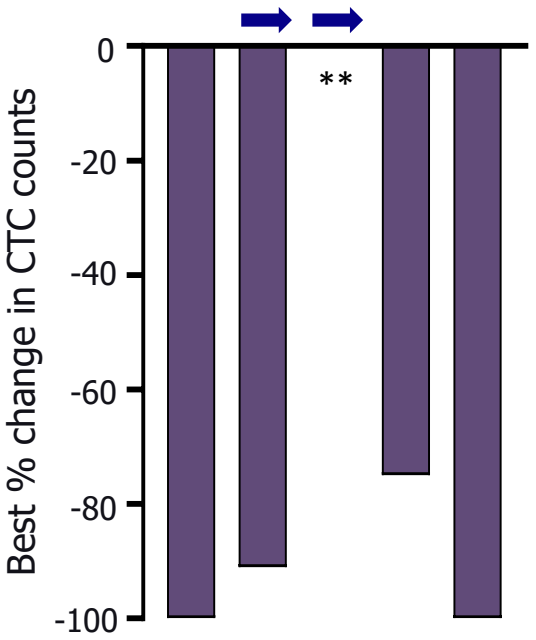
SD	SD	SD	PR	PR
-20	-18	-13	-62	-61
+	+	+	+	+
+	-	+	-	+
+	+	+	+	+
-	+	+	+	+

Best % change in ctDNA



SD	SD	SD	PR	PR
-20	-18	-13	-62	-61
+	+	+	+	+
+	-	+	-	+
+	+	+	+	+
-	+	+	+	+

Best % change in CTC counts



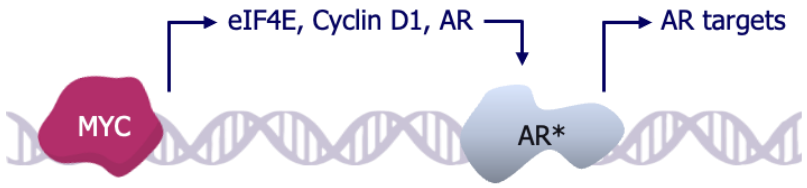
SD	SD	SD	PR	PR
-20	-18	-13	-62	-61
+	+	+	+	+
+	-	+	-	+
+	+	+	+	+
-	+	+	+	+

Data cut-off January 30, 2026

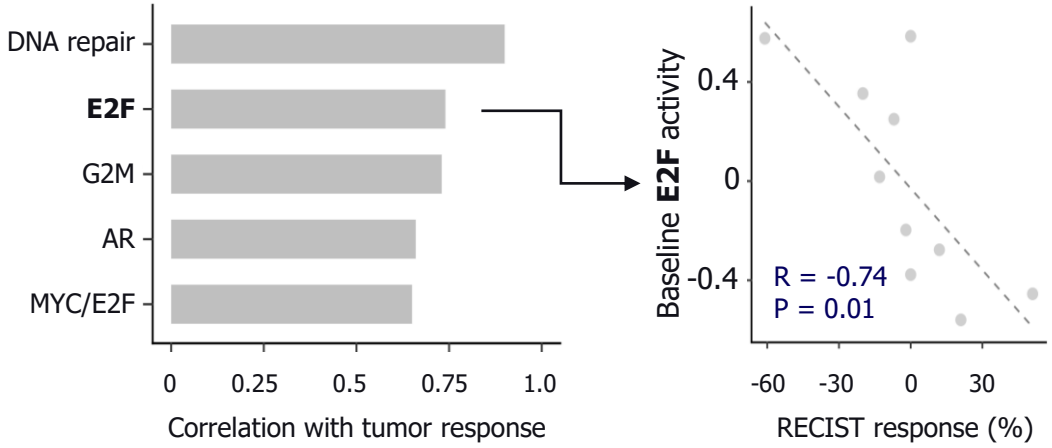
**QC failed; **Data pending*

Analysis of Tumor Biopsies Supports MRT-2359 Mode of Action – Correlation of Activity with and Modulation of MYC, E2F and AR Pathway

Unbiased Post-Hoc Analysis of RNAseq from tumor biopsies identified MYC, E2F and AR Activity as key predictors of tumor shrinkage*

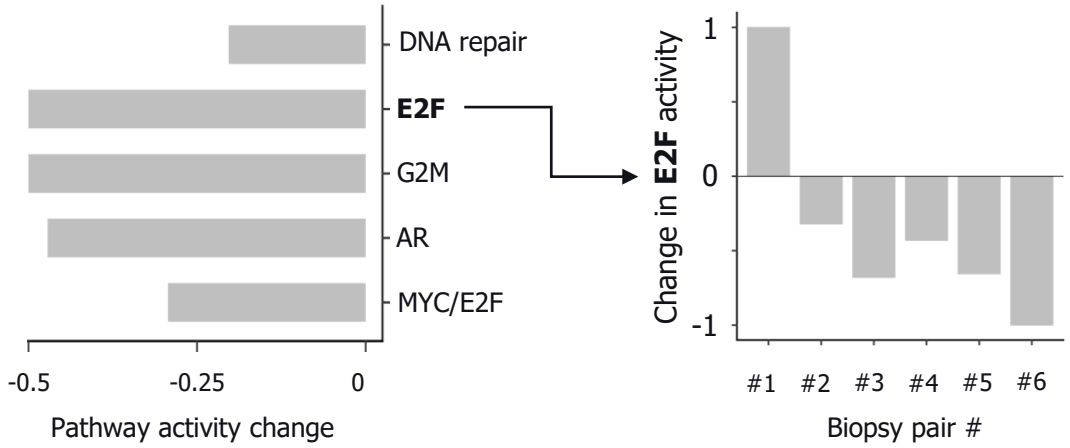


Promote mCRPC growth



Treatment reduced multiple key pathway signatures**

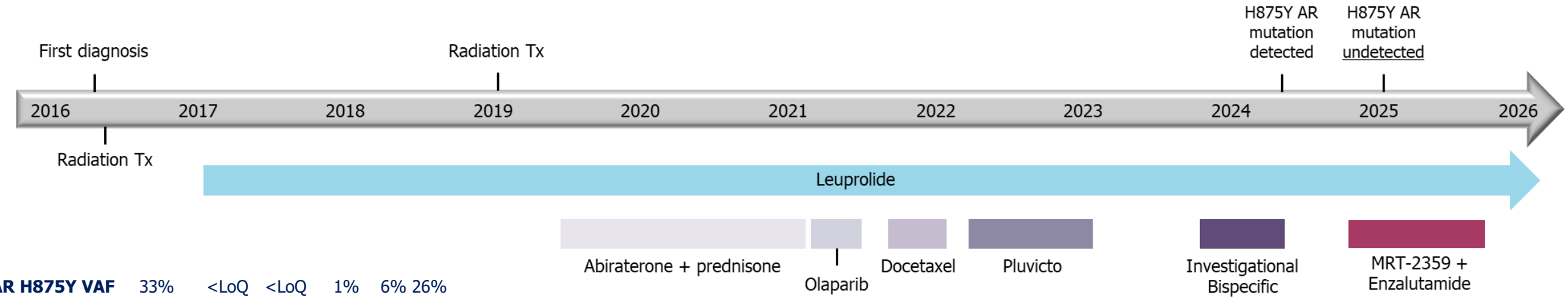
Inhibit mCRPC growth

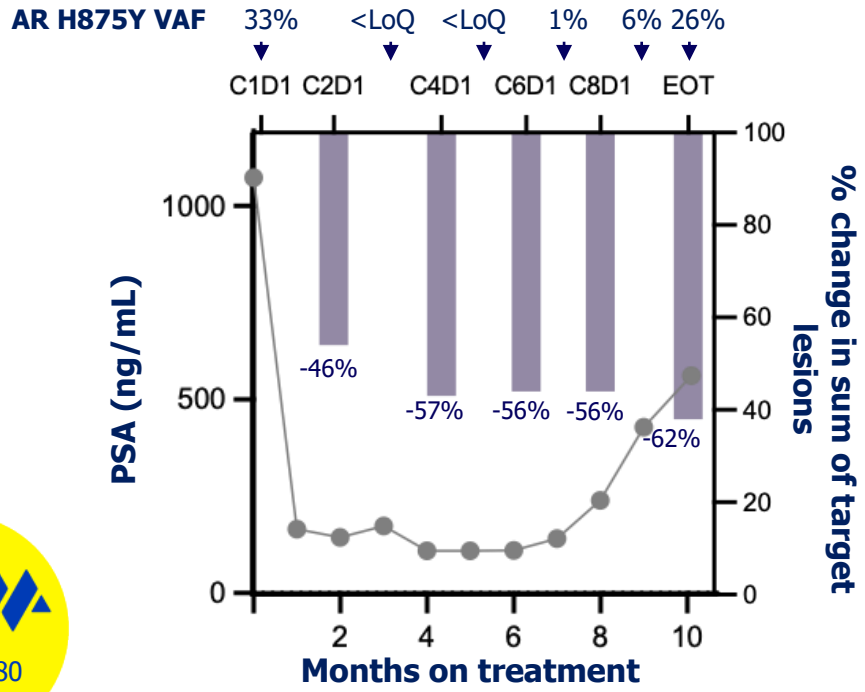


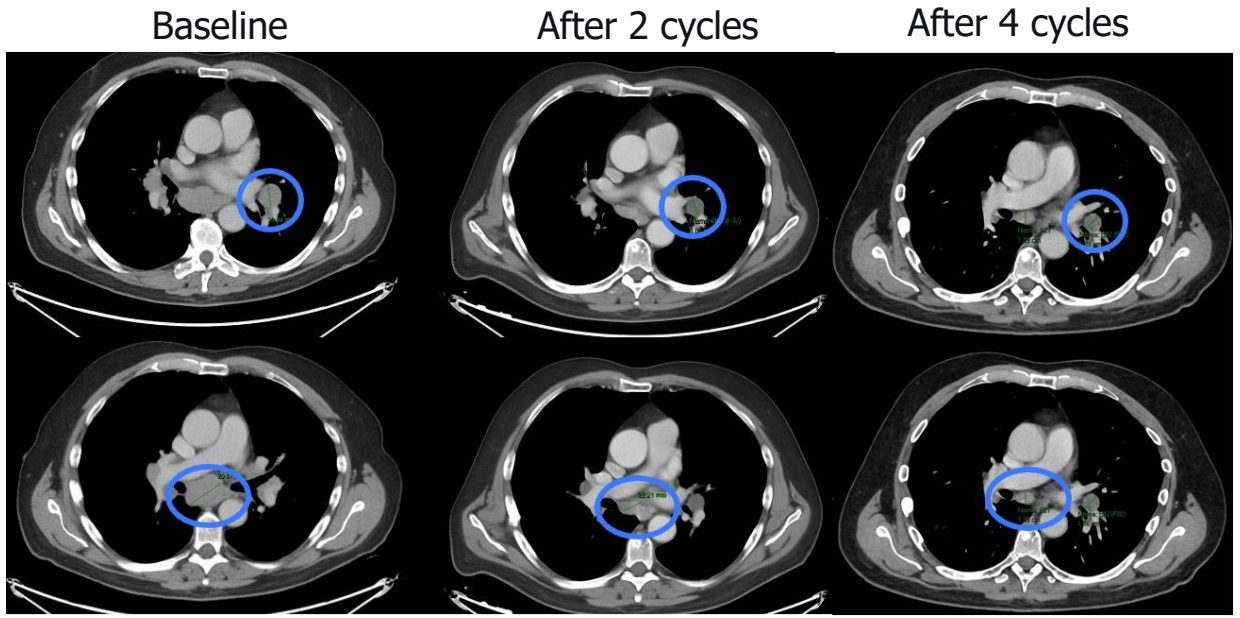
Data cut-off January 30, 2026

*Top 5 of 7 statistically significant pathways shown in plots; **Pathway level analysis in post-vs pre-treatment biopsies shown for pathways from analysis in left plot.

Confirmed PR and PSA90 Response in mCRPC with Activating AR Mutation

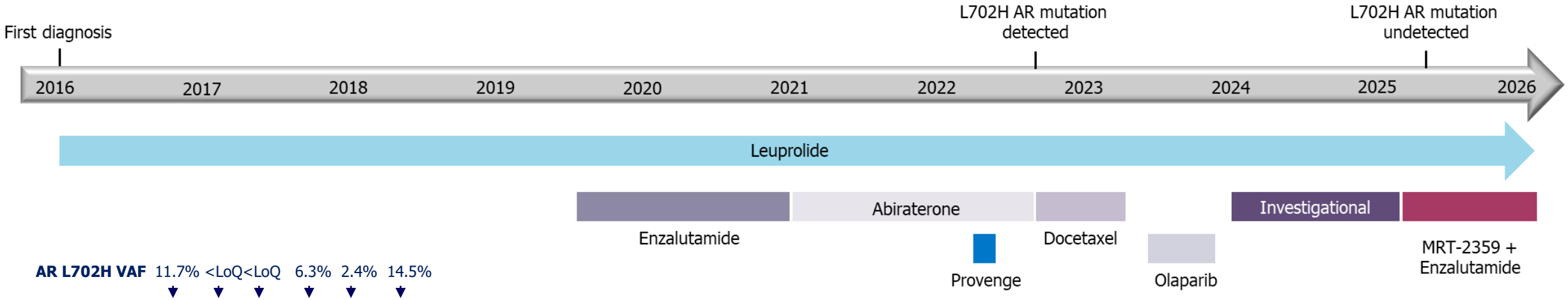


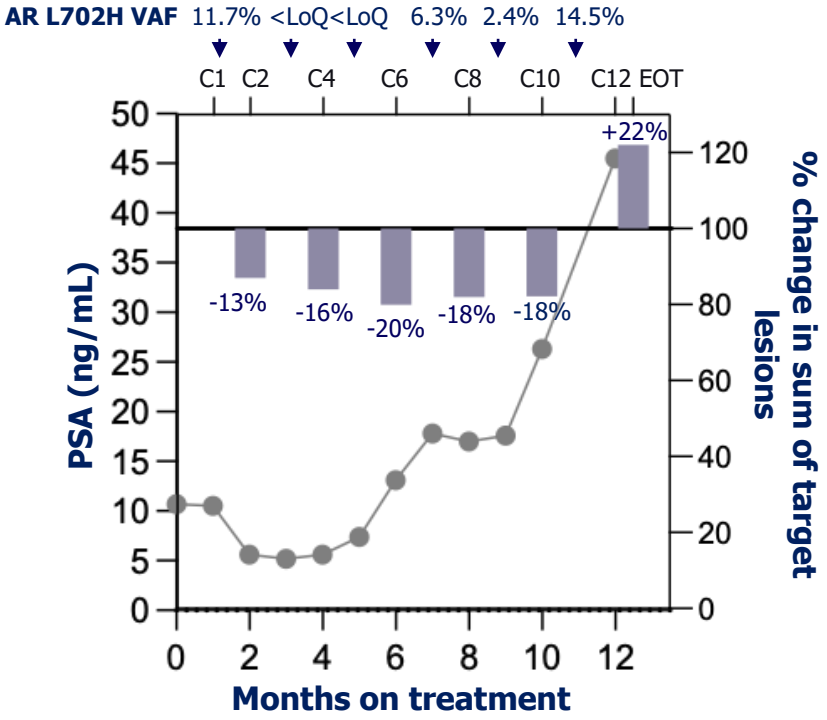


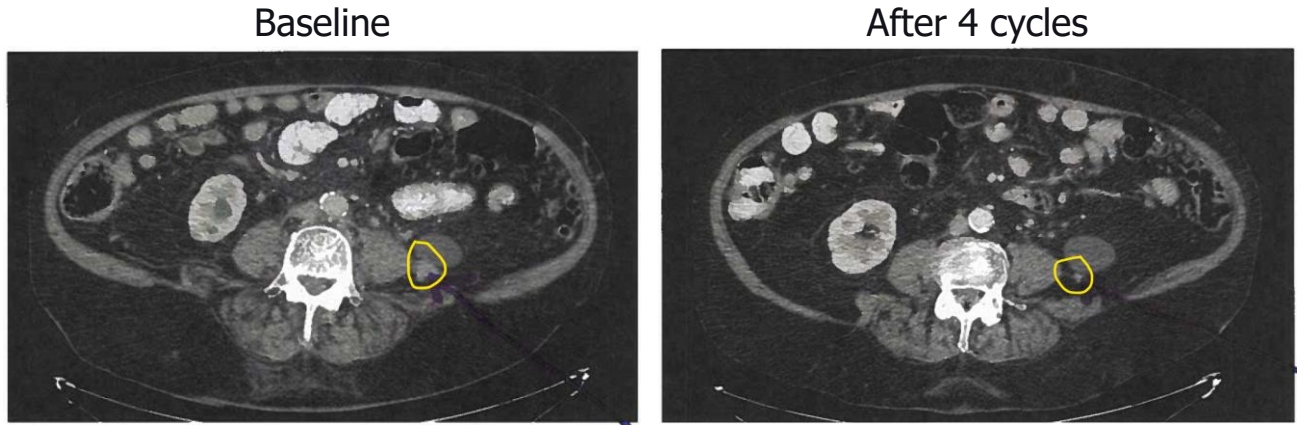


Data cut-off January 30, 2026

Confirmed SD and PSA50 in mCRPC patient with Activating AR Mutation







Data cut-off January 30, 2026

Potential to Address Key Unmet Need for mCRPC Patients with AR Mutations

mCRPC Market Overview

~68K
mCRPC annual incident population in the U.S.*

~20-30%
Patients carrying AR mutations post-ARPI treatment

Unmet Need of mCRPC AR-mutant Population

Poor prognosis, easy to identify patient population	• AR mutations in mCRPC patients have been reported to have **significantly shorter overall survival** • AR mutations easily identified with **existing blood-based diagnostic tests**
Limited treatment options	• Currently, there is **no approved targeted therapy** for AR LBD-mutated patients • Given AR LBD mutations are associated with **resistance** to 2nd generation ARPIs, therapy options for these patients are often limited to **chemo and radioligand therapies**
Need for therapy with minimal QoL impact	• Patients with AR LBD mutations often suffer from **significant side effects and poor quality of life** when taking chemo or radioligand therapies • There is a strong desire among oncologists to have a **new non-chemo, non-radioligand treatment option** for AR LBD-mutated patients

MRT-2359 Opportunity in AR Mutant mCRPC

Potential for **high rates of durable responses** in AR-mutant patient population with high unmet need

Maintain patients on **all-oral regimen** well-suited for use in community urologist/ oncologist setting

Well-tolerated with minimal additive toxicity to standard-of-care AR inhibitors

Potential for indication expansion into earlier line in combination with 2nd generation AR inhibitors or radioligand therapy

*Note: * U.S. drug-treatable mCRPC patient population (2026) from Clarivate*
Source: Clarivate; Antonarakis et al. JCO Precision Oncology (2024); Stewart et al. J Clin Oncol (2024); MRTx interviews

MODeFIRe-1* MRT-2359 Phase 2 Study in CRPC (up to 25 pts)

Study Population

Simon's 2-Stage Design
(up to 25 pts)
mCRPC with AR mutations
PSA +/- RECIST measurable,
ARPI and chemo pretreated

Treatment

MRT-2359 0.5mg (21/7) +
2nd gen AR inhibitor apalutamide

28-day cycles

- Planned study initiation in Q3 2026
- Enrollment completion ~12 months after initiation
- Endpoints include PSA response, RECIST, DoR, rPFS, and safety

Potential to expand to other AR-driven populations, including patients without prior 2nd generation AR inhibitors, as well as into combinations with RL therapies independent of AR status

Study initiation planned for Q3 2026

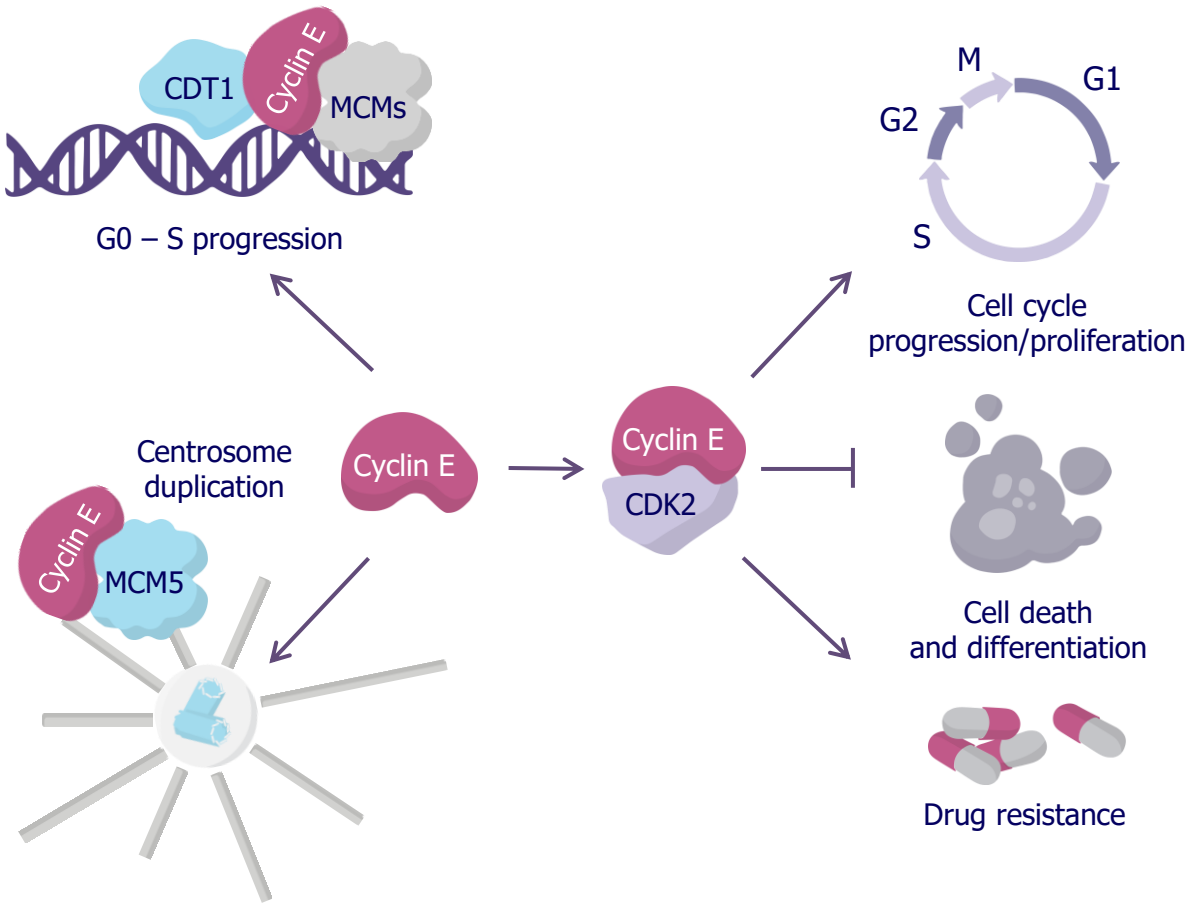
** MODeFIRe-1 Trial: Molecular Degrader For Inhibitor Resistance*

Monte Rosa Therapeutics

CCNE1 Program

CCNE1 (Cyclin E1) is a Target for Solid Tumors with Deregulated Cyclin E1

Cyclin E drives multiple hallmark cancer mechanisms



Therapeutic hypothesis:

- CCNE1 (Cyclin E1) is a well-recognized human oncogene that drives multiple hallmarks of cancer, and has been considered undruggable
- Selective degradation of cyclin E1 can target tumors with deregulated cyclin E1 (amplification or overexpression)

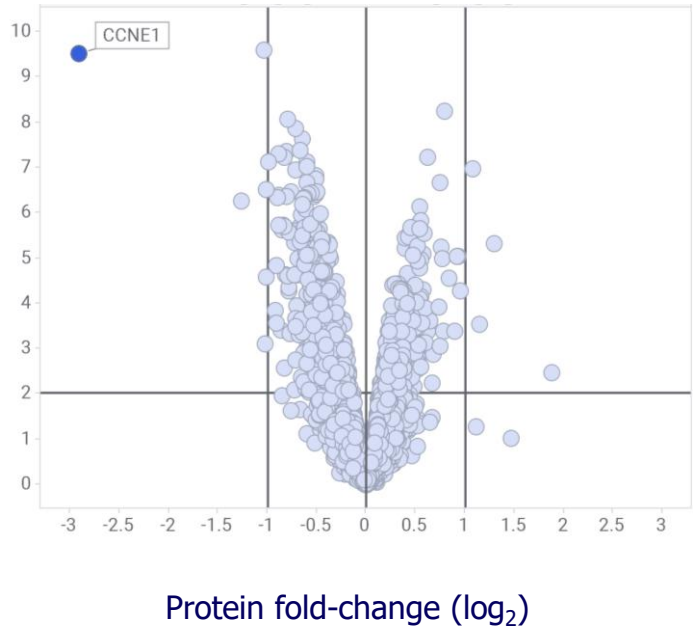
Clinical opportunity:

- First-in-class Cyclin E1 degraders for *CCNE1* amplified cancers
  - Ovarian (~20% of ~80K patients), endometrial (~10% of ~50K patients), gastroesophageal cancer (~10% of ~200K patients), breast cancer and others

Source: Clarivate (2026 drug-treated advanced/metastatic patient incident population in G7 countries)

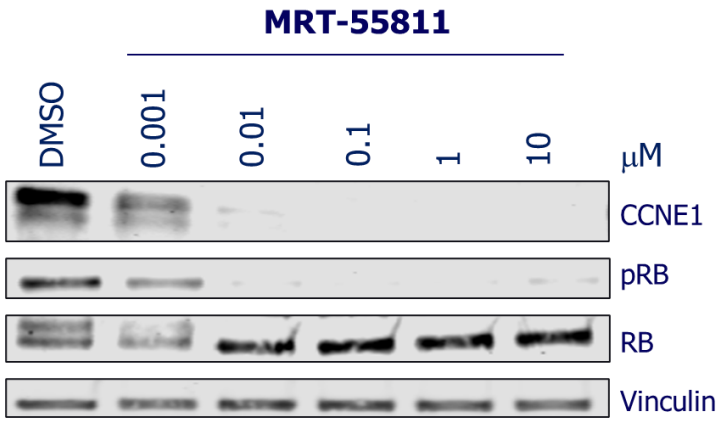
MRT-55811 is a Potent and Highly Selective CCNE1-directed MGD

MRT-55811 is highly selective for CCNE1



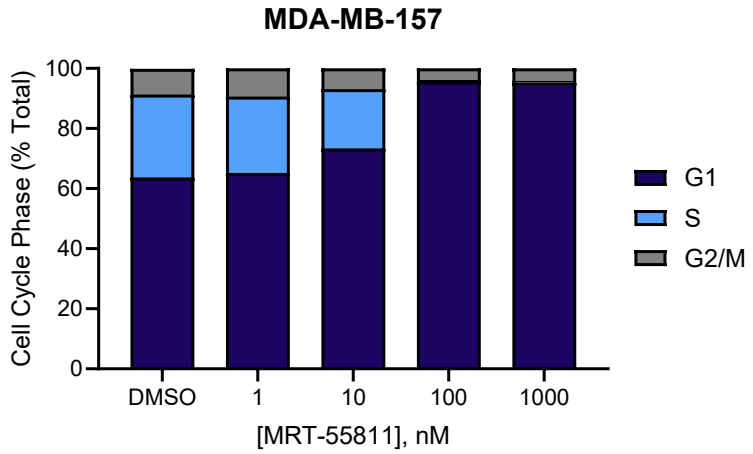
TMT Proteomics, MDA-MB-157 Rb K/O
1μM, 24h

CCNE1 degradation led to downstream pathway suppression



Western blot, MDA-MB-157, 24h

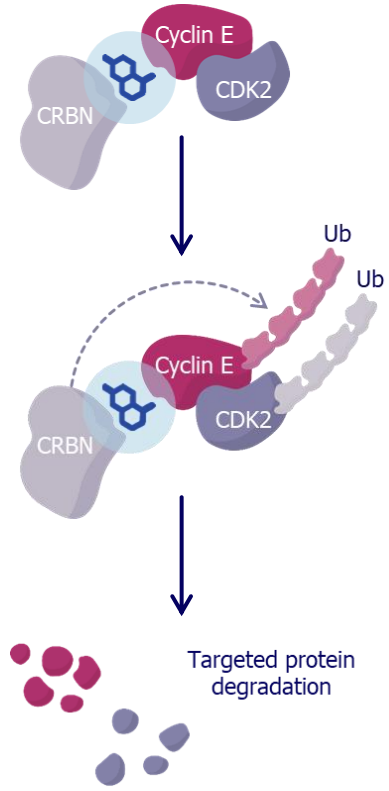
CCNE1 degradation induced robust cell cycle arrest



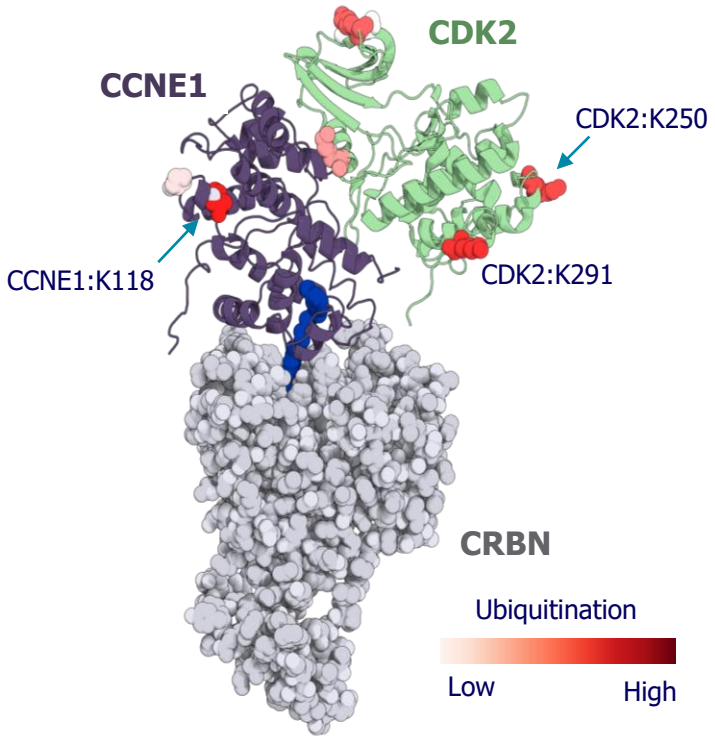
Flow Cytometry, EdU incorporation, 48h

MRT-55811 Induced CCNE1-CDK2 Holoenzyme Degradation in CCNE1 Amplified Cell Lines

MRT-55811 induces CCNE1-CDK2 holoenzyme degradation

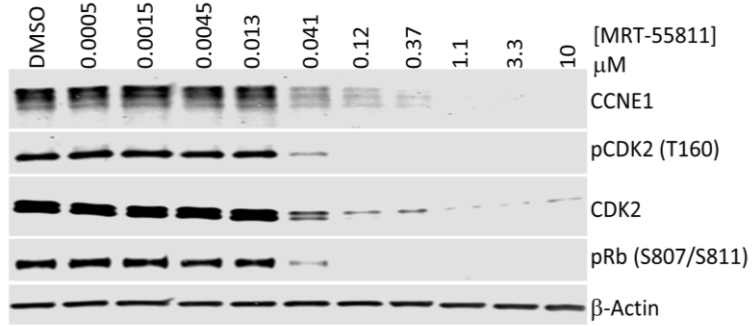


MRT-55811 induces CCNE1-CDK2 holoenzyme ubiquitination



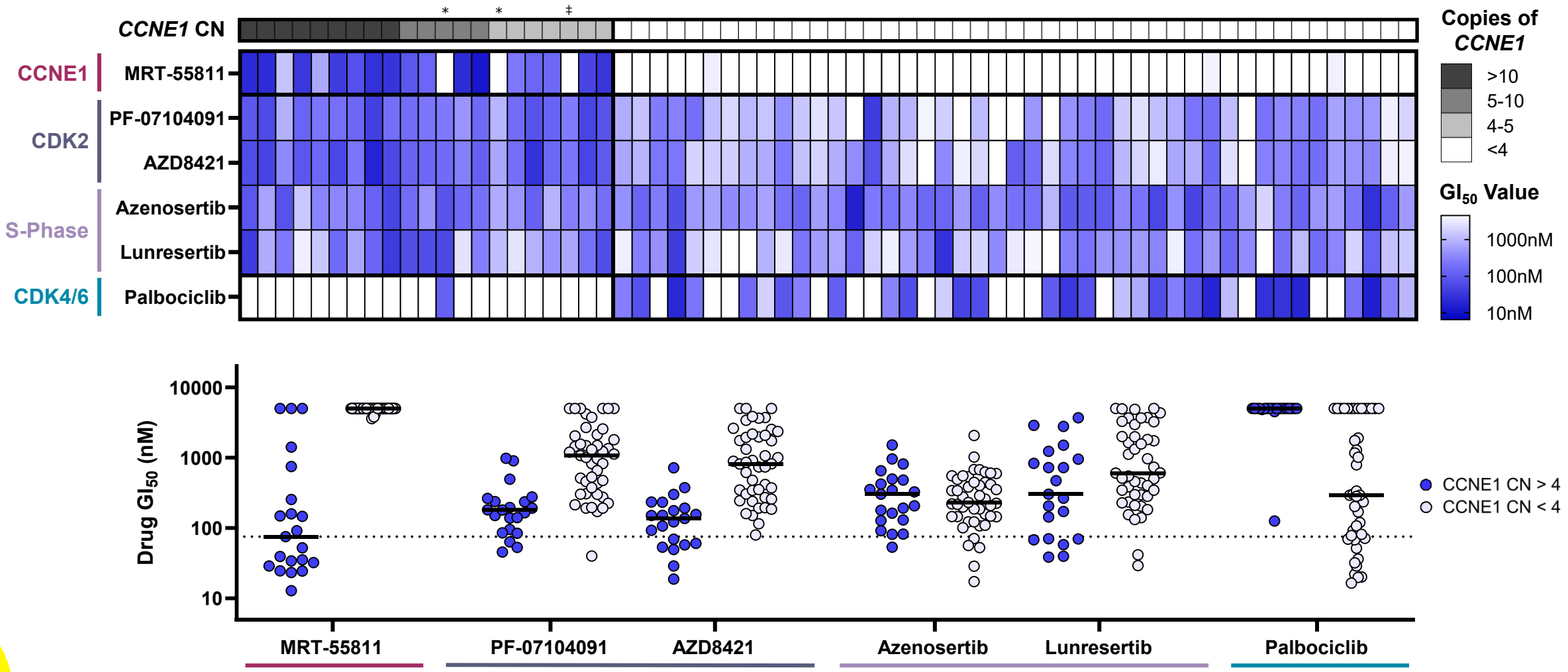
HCC1569, 1μM, 30 min treatment

MRT-55811 induced co-degradation of CCNE1 and CDK2



HCC1569, 24h treatment

CCNE1 MGD Exhibited Superior Selectivity for Cancers with High *CCNE1*

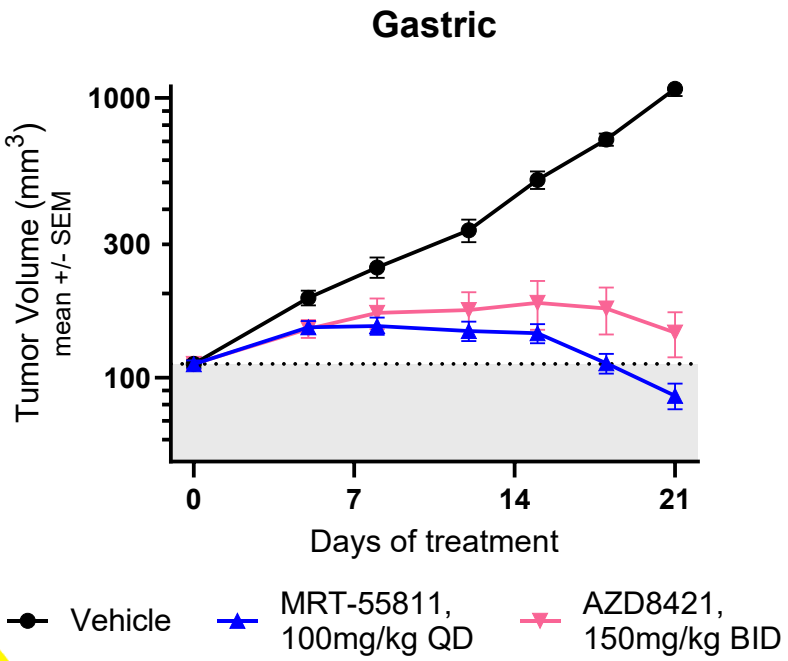


5-day CyQuant viability; ovarian, endometrial, gastric, and breast lineages (n=68)
Rank-ordered by *CCNE1* copy number

* Loss of p16 protein
‡ Loss of RB protein

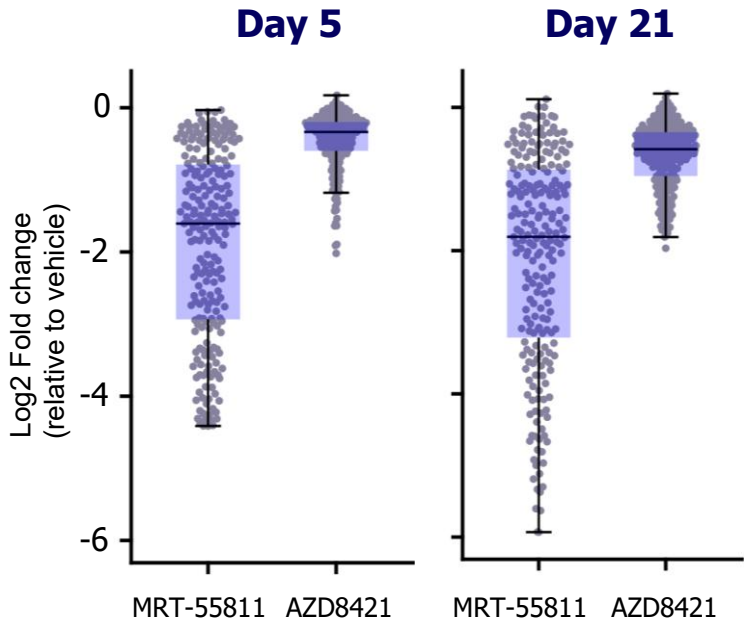
MRT-55811 Treatment Resulted in Tumor Regression and Pathway Suppression in a *CCNE1* Amplified Gastric Cancer Model

MRT-55811 induced tumor regression in *CCNE1* amplified gastric model



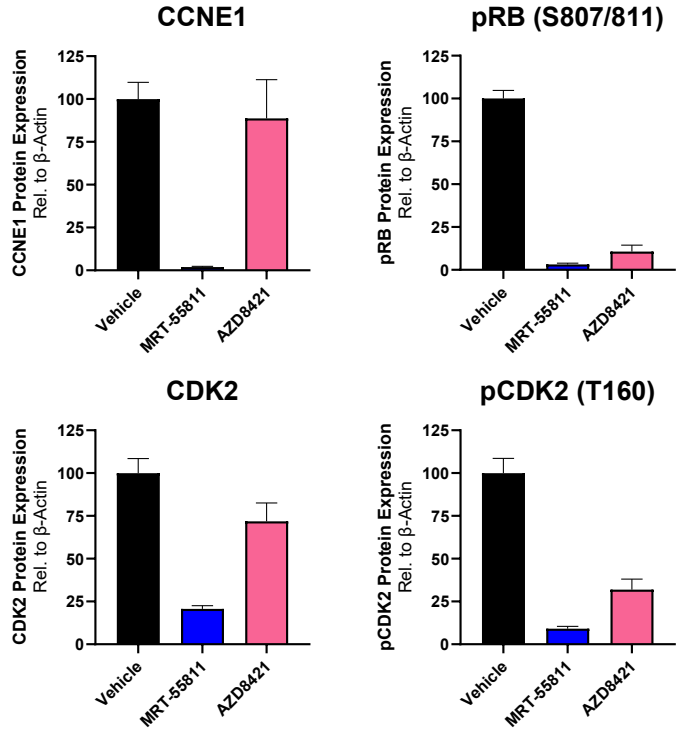
21-day efficacy study in MKN1 CDX

MRT-55811 induced E2F signature suppression in tumors



RNASeq
Tumors collected 8h post first (MRT-55811) or 1h post second (AZD8421) daily dose

MRT-55811 induced deep CCNE1 degradation and pathway suppression

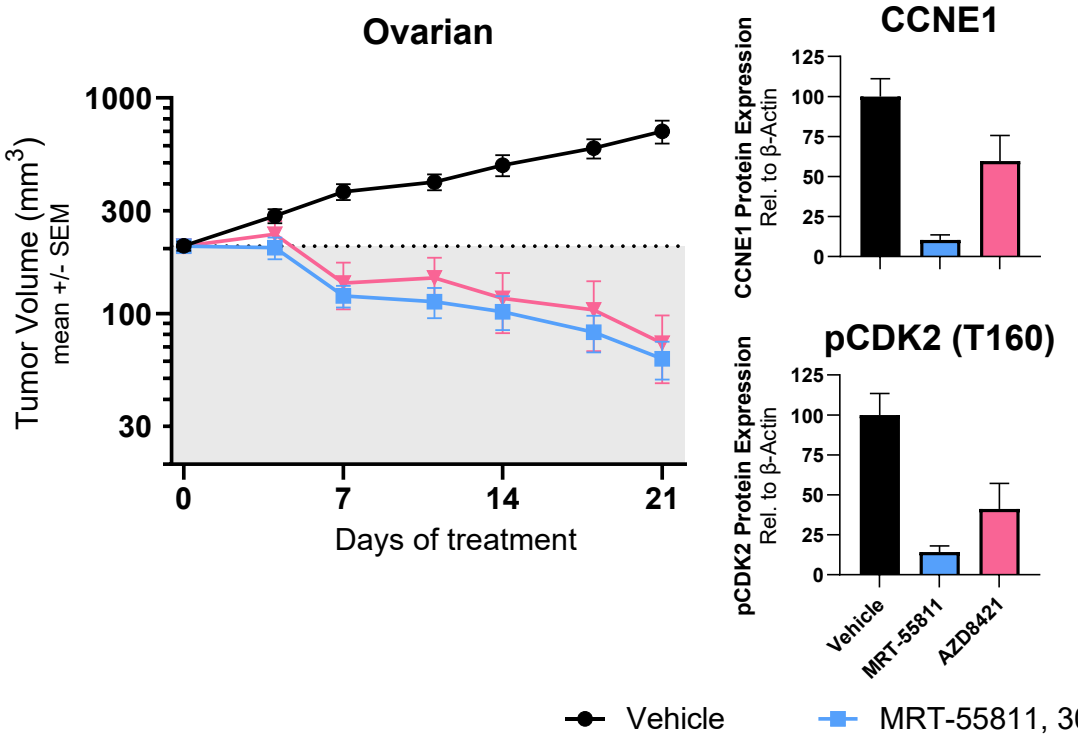


Western blot, day 21
Tumors collected 8h post first (MRT-55811) or 1h post second (AZD8421) daily dose

AZD8421 dosing selected based on 2024 AACR Annual Meeting disclosure

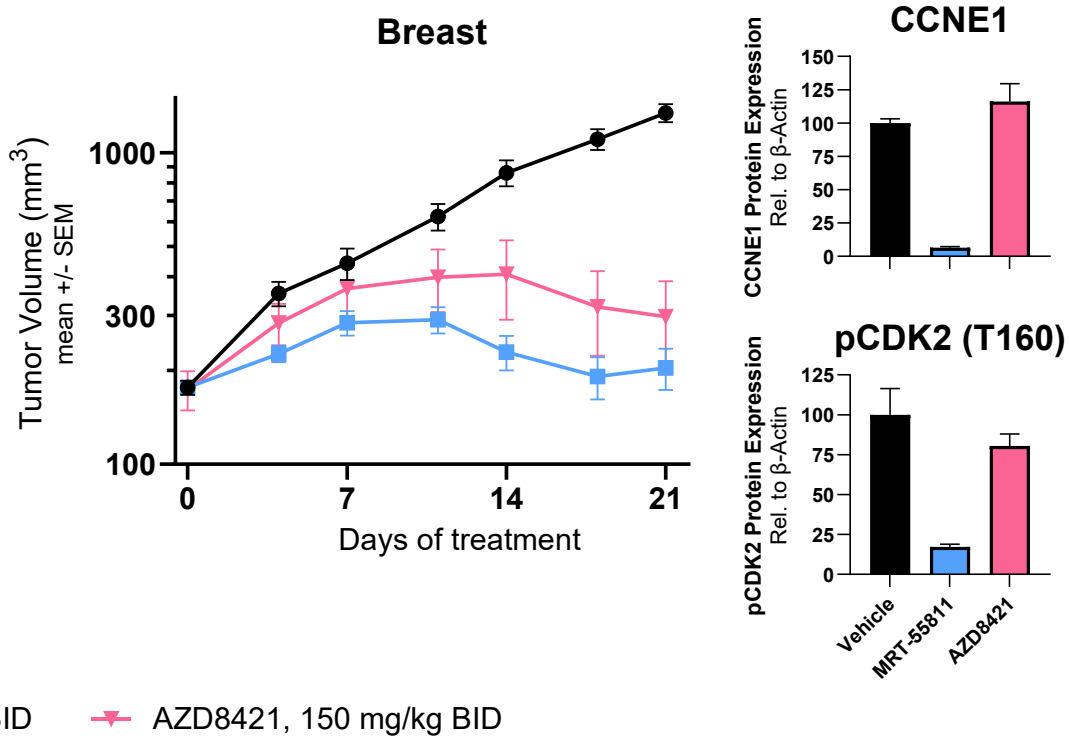
MRT-55811 Treatment Resulted in Tumor Regression in *CCNE1* Amplified Ovarian and Breast Cancer Models

MRT-55811 induced tumor regression in *CCNE1* amplified ovarian model



21-day efficacy study in OVSAHO CDX

MRT-55811 induced tumor regression in *CCNE1* amplified breast model



21-day efficacy study in HCC1569 CDX

Vehicle MRT-55811, 30 mg/kg BID AZD8421, 150 mg/kg BID

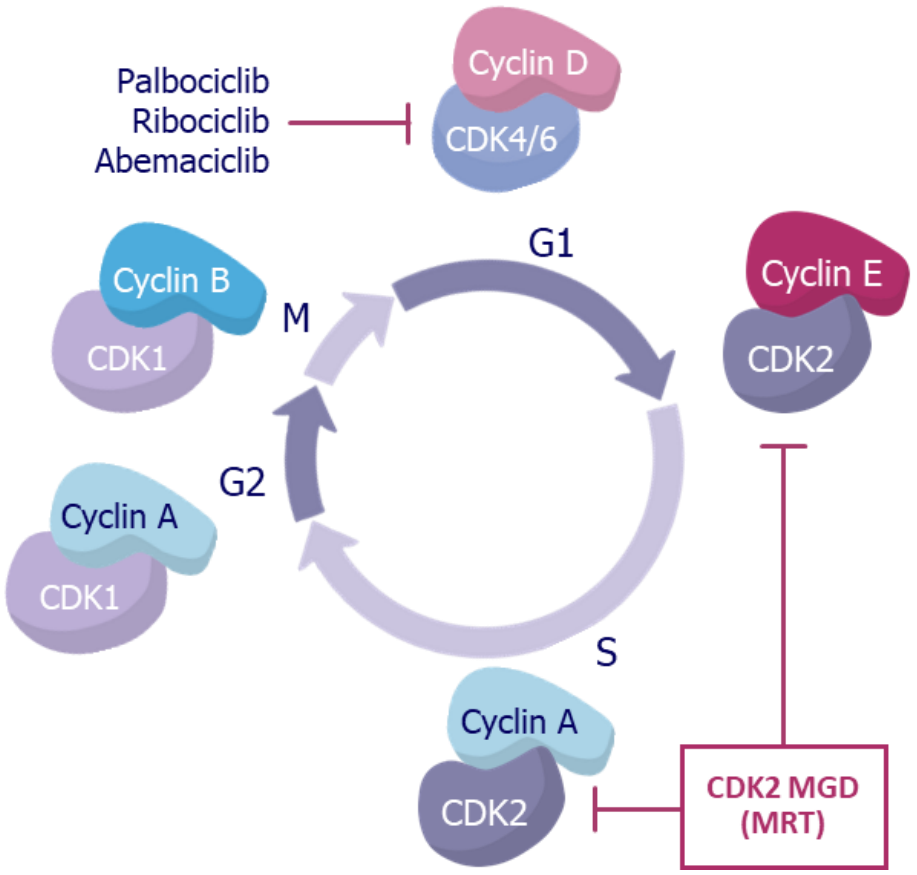
AZD8421 dosing selected based on 2024 AACR Annual Meeting disclosure

Monte Rosa Therapeutics

CDK2 Program

CDK2 is a Key Driver of Cell Cycle Progression in Cancer

CDK2: a key cell cycle regulator



Therapeutic hypothesis:

- CDK2 is a key driver of cancers with cyclin dependent kinase pathway alterations
- MGDs will achieve greater selectivity against other CDKs and kinases in general, as well as more sustained pathway inhibition compared to inhibitors

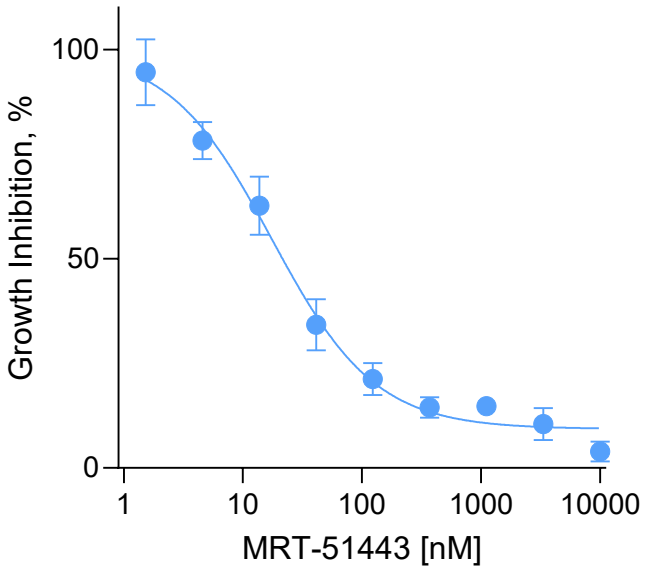
Clinical Opportunity:

- ER-positive breast cancer pre- and post-treatment with CDK4/6 inhibitors (~600K patients)

Source: Clarivate (2026 drug-treated advanced/metastatic patient incident population in G7 countries)

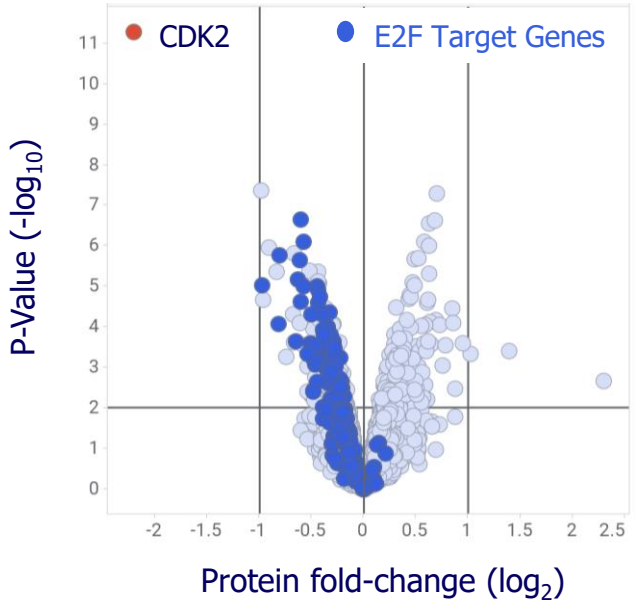
MRT-51443 is Selective and Inhibits Proliferation of CDK2-dependent Cancer Cells

CDK2 degradation inhibited proliferation



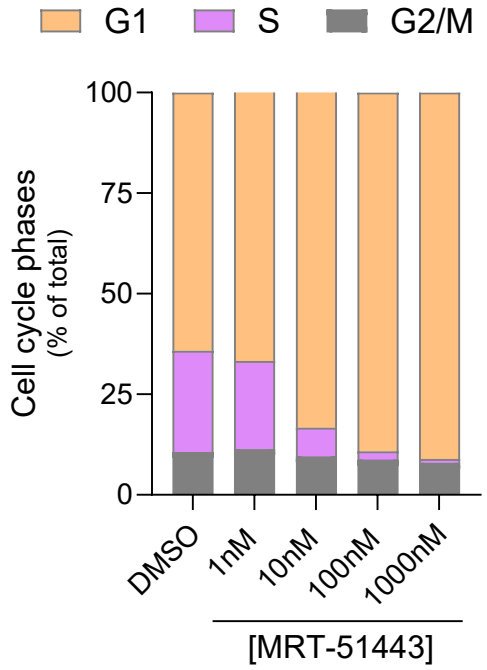
CyQuant proliferation assay (5 d) MDA-MB-157

CDK2 degradation resulted in reduction of E2F pathway proteins



TMT Proteomics (24 hr/1μM)
MDA-MB-157

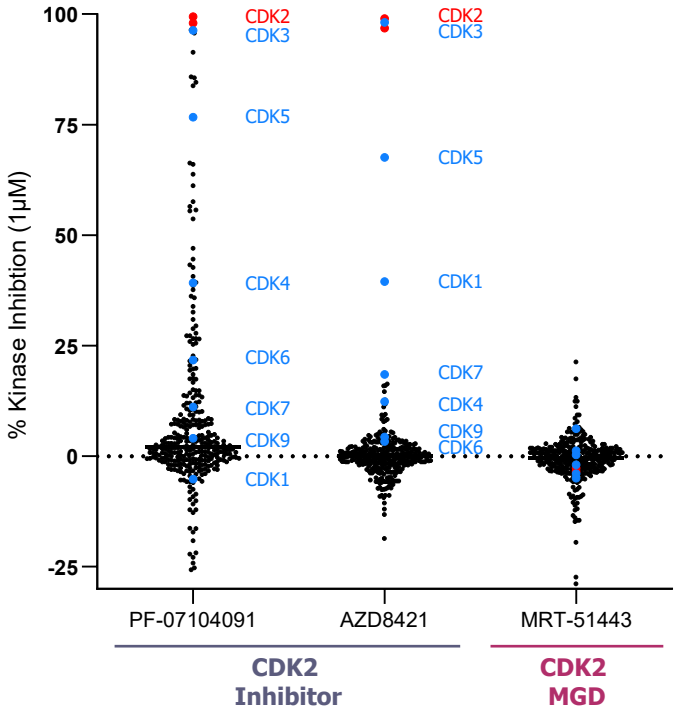
CDK2 degradation arrested CDK2-dependent cells in G1 phase



Cell cycle analysis (DAPI and EdU)
MDA-MB-157 (24 hr)

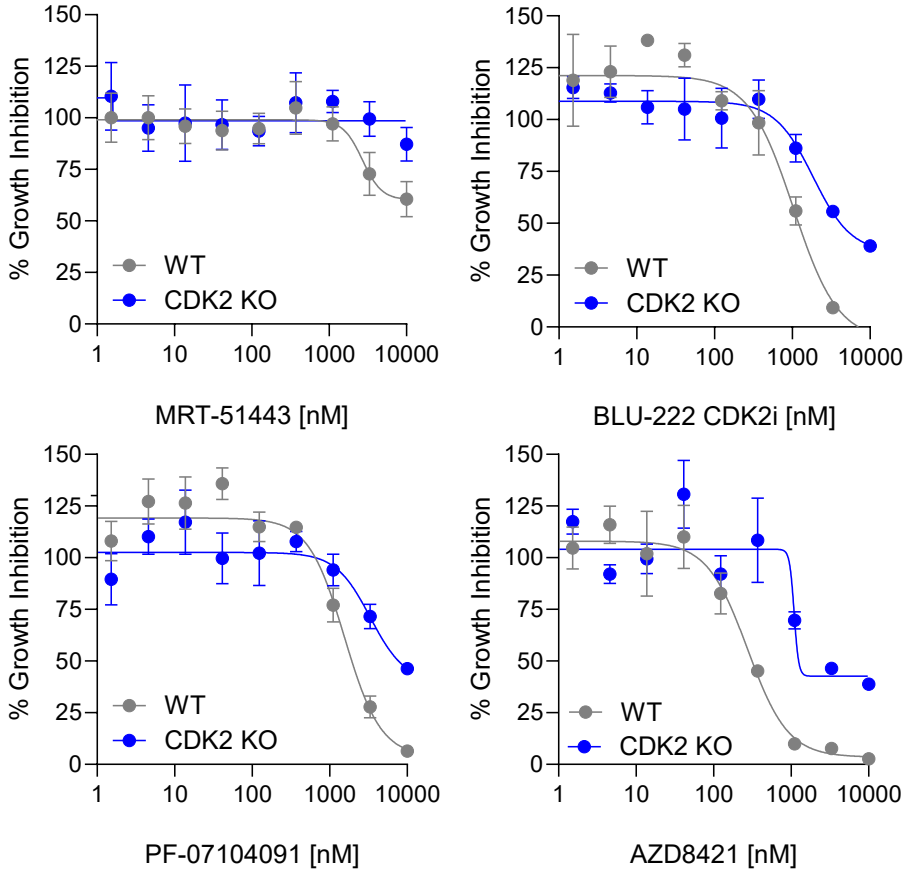
MRT-51443 Displayed Superior Selectivity Versus Clinical CDK2 Inhibitors

Clinical CDK2 inhibitors demonstrated off target activity in biochemical kinome profiling



Carna Mobility Shift Assay; 1 µM CDK2i or CDK2 MGD, across 323 human kinases

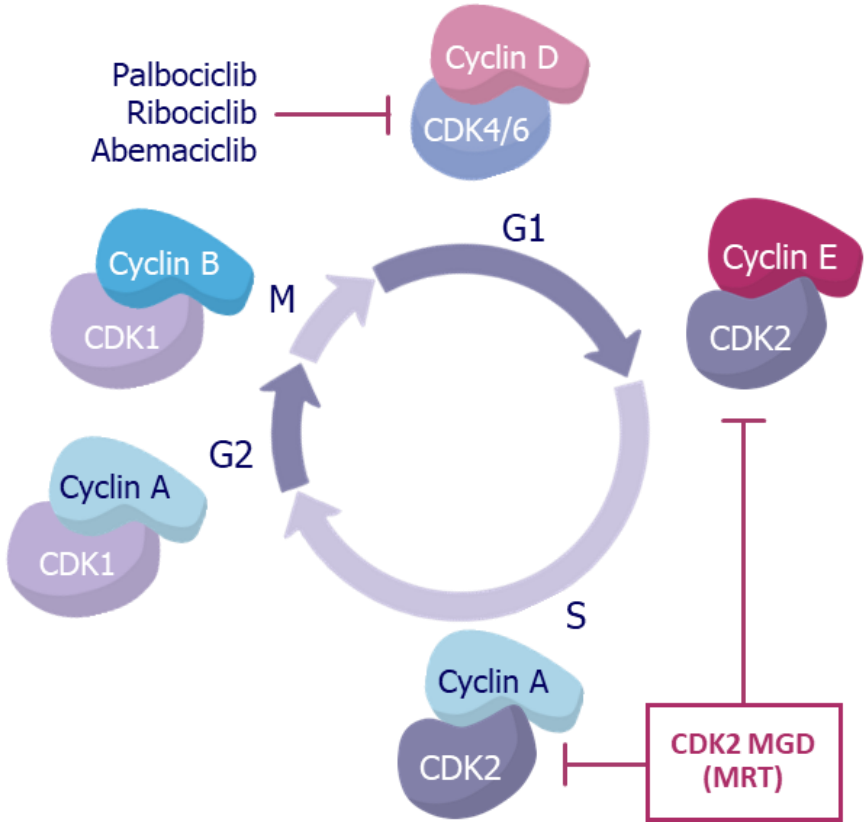
CDK2 inhibitors but not MGDs inhibited proliferation in part through CDK2-independent mechanisms



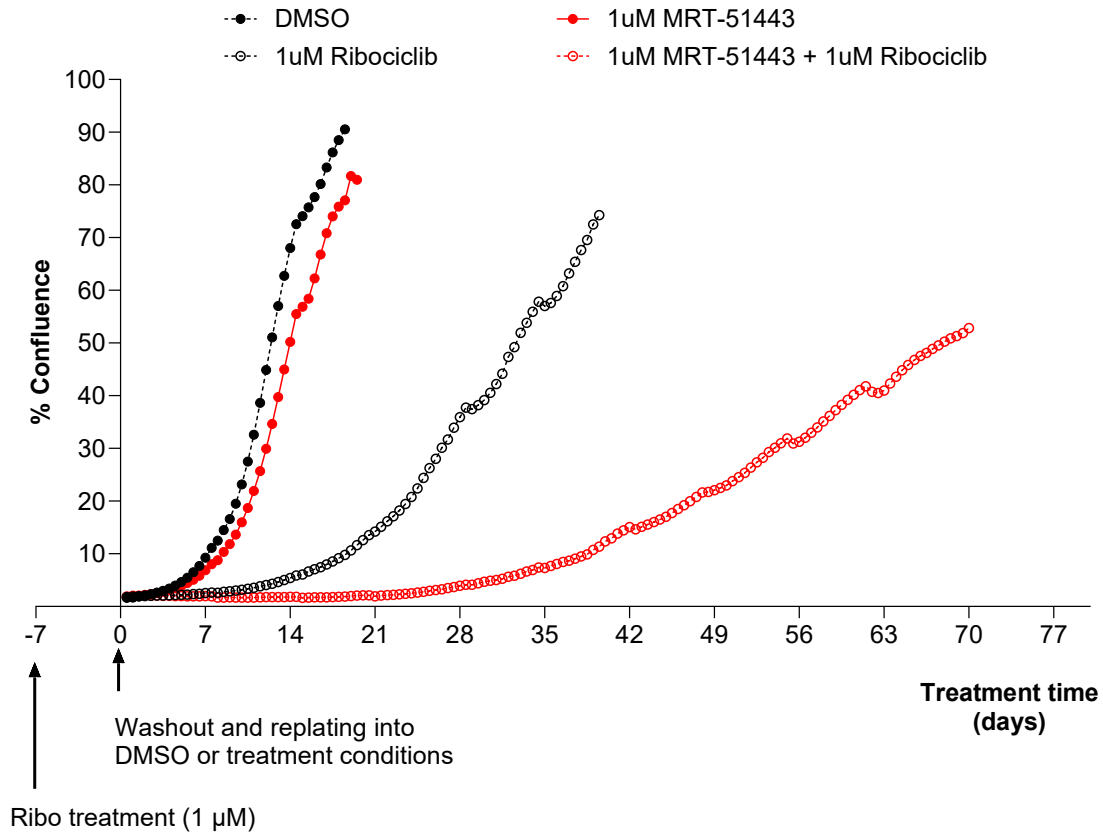
7-day CyQuant Assay

CDK2 MGD/Ribociclib Combination Delayed Resistance Onset in ER+ Model *in vitro*

CDK2 MGD and CDK4/6 inhibitor combination



MRT-51443/ribociclib combination delayed resistance onset in ER+ model *in vitro*



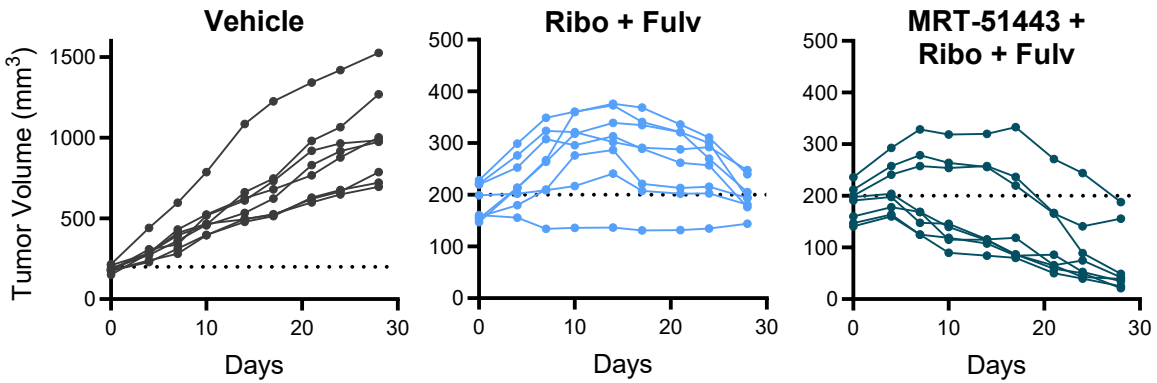
Incucyte confluence monitoring, MCF7

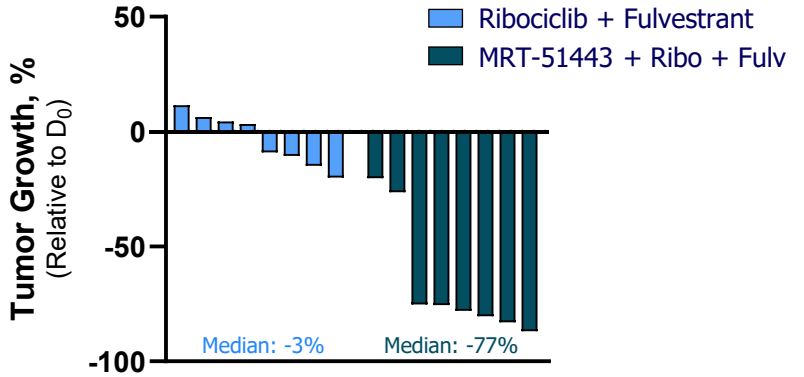
MRT-51443 Demonstrated Activity in Combination with CDK4/6 Inhibitor and Fulvestrant in ER+ Breast Cancer Model

MRT-51443 induced robust tumor regression in combination with CDK4/6 inhibition and fulvestrant

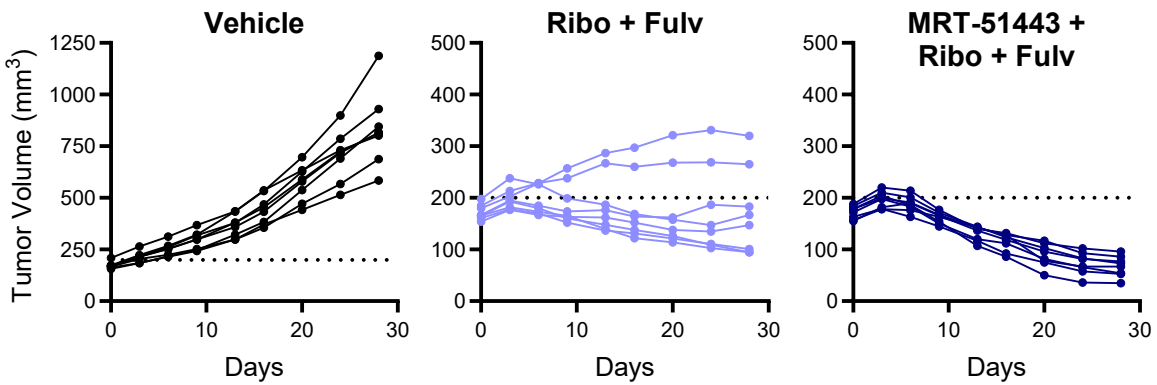
MRT-51443 triple combination substantially reduced tumor growth vs. ribo + fulv

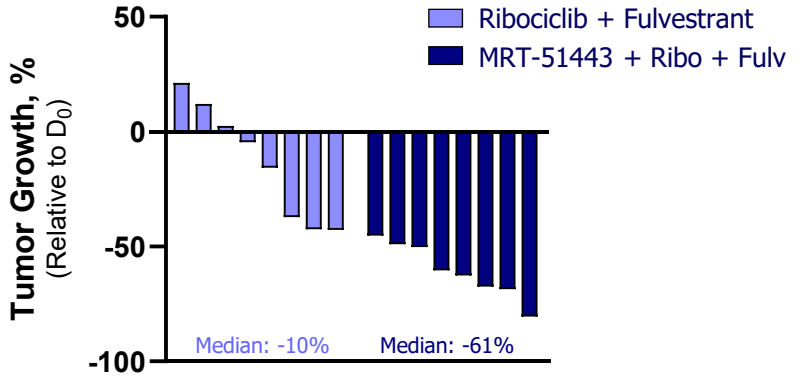
MCF7





T47D





28-day efficacy; MRT-51443 30 mpk PO BID, ribociclib 75 mpk PO QD, fulvestrant 5 mg/mouse s.c. QW

Monte Rosa Therapeutics

Team

World-Class Leadership

Deep expertise in molecular glue discovery, drug development and precision medicine

Markus Warmuth, M.D.
Chief Executive Officer

H3 Biomedicine
Novartis

Sharon Townson, Ph.D.
Chief Scientific Officer

Kymera Therapeutics
Warp Drive Bio

John Castle, Ph.D.
Chief Data and Information Officer

agenus
BioNTech

Magnus Walter, DPhil
Chief Technology Officer

AbbVie
Lilly

Filip Janku, M.D., Ph.D.
Chief Medical Officer

The University of Texas MD Anderson Cancer Center

Phil Nickson, Ph.D., J.D.
Chief Business and Legal Officer

Momenta
FISH & RICHARDSON

Jennifer Champoux
Chief Operating Officer

H3 Biomedicine
Novartis

Andrew Funderburk
Chief Investor Relations and Strategy Officer

Kendall Investor Relations
Health Advances

Thank you

Monte Rosa Therapeutics