BrigHtn Program Update

August 8, 2022

Forward Looking Statements Disclaimer

This presentation contains certain forward-looking statements, including, but not limited to, statements related to CinCor's business in general; the progress and timing of CinCor's ongoing and planned clinical trials, including the anticipated timing of disclosure of results of clinical trials; the therapeutic potential of baxdrostat; expectations relating to and the sufficiency of CinCor's cash resources; and other statements that are not historical facts. Because such statements are subject to risks and uncertainties, actual results may differ from those expressed or implied by such forward-looking statements. Words such as "anticipates," "believes," "expected," "intends," "plan," "may", "will," "project", "estimate", "continue," "advance" and "future" or similar expressions are intended to identify forward-looking statements.

These forward-looking statements are based on CinCor's current plans, objectives, estimates, expectations and intentions, involve assumptions that may never materialize or may prove to be incorrect and inherently involve significant risks and uncertainties, including factors beyond CinCor's control, that could cause actual results, performance, or achievement to differ materially and adversely from those anticipated or implied in the statements, including, without limitation, CinCor has incurred significant operating losses since its inception; CinCor has a limited operating history and no history of commercializing products; CinCor will require substantial additional funding to finance its operations; CinCor's business is entirely dependent at this time on the success of one drug, baxdrostat, interim, "top-line" and preliminary data from clinical trials announced or published from time to time may change; CinCor may not be successful in its efforts to expand its pipeline beyond baxdrostat; success in preclinical studies or earlier clinical trials may not be indicative of results in future clinical trials; enrollment and retention of patients in clinical trials could be delayed; CinCor relies and will rely on third parties to conduct, supervise and monitor existing clinical trials and potential future clinical trials; developments from the company's competitors and the marketplace for the company's products; and CinCor's business, operations and clinical development timelines and plans may be adversely affected by the evolving and ongoing COVID-19 pandemic and geopolitical events, including the ongoing military conflict between Russia and Ukraine and related sanctions against Russia, and matters related thereto; and other risks and uncertainties affecting the company, including those described under the caption "Risk Factors" and elsewhere in CinCor's annual report on Form 10-K for the year ended December 31, 2021 filed with the SEC on March 22, 2022, and other filings and reports that CinCor may file from time to time with the SEC, including its quarterly report on Form 10-Q for the three months ended June 30, 2022 filed with the SEC on August 8, 2022.

Other risks and uncertainties of which CinCor is not currently aware may also affect the company's forward-looking statements and may cause actual results and the timing of events to differ materially from those anticipated. All forward-looking statements contained in this presentation speak only as of the date on which they were made and are based on management's assumptions and estimates as of such date. CinCor undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required by law.

CinCor Opens A New Era In Hypertension Innovation

Over 20 years of scientific attempts to selectively block aldosterone synthase: baxdrostat has succeeded!

brightn — Phase 2 results support the potential for baxdrostat as an effective & safe treatment in the difficult to control treatment-resistant hypertension population

- Double digit placebo corrected decrease in Systolic Blood Pressure (SBP)
- Safety: No observed effect on cortisol & very low rate of hyperkalemia reported

-20.3 mmHg	-11.0 mmHg	<0.0001
Absolute SBP reduction @ 2mg	Placebo corrected SBP reduction @ 2mg	P value of 2mg dose

Unmet Need — Hypertension is an area of significant unmet need affecting ~116 million adult Americans

- 35% are uncontrolled on one or more blood pressure medications
- 13 – 15 million patients are refractory to 3+ blood pressure medications

halo — Phase 2 study in uncontrollable hypertension is now fully recruited with topline data expected in 2H 2022

CINCOR

BrigHtn Phase 2 Results – Baxdrostat Clinical Summary

Strong Efficacy and Compelling Safety Profile Observed in Treatment-Resistant Hypertensive (rHTN) Patients

248 patients completed the trial equally balanced across 3 dose cohorts + 1 placebo cohort

Efficacy

Systolic Blood Pressure (SBP) Reduction

	2 mg	1 mg	0.5 mg
Absolute Reduction	**20.3 mmHg**	**17.5 mmHg**	**12.1 mmHg**
Placebo corrected	**11.0 mmHg** *p < 0.0001*	**8.1 mmHg** *p = 0.0030*	**2.7 mmHg** *p = 0.3110*

- Primary endpoint successfully met: Statistically significant and clinically meaningful decrease in SBP with demonstrated dose response effect
- Greater dose response in patients with higher baseline SBP (>145 mmHg)
  - 12.1 mmHg placebo corrected reduction at 2mg dose *(p = 0.0014)*
  - 11.5 mmHg placebo corrected reduction at 1mg dose *(p = 0.0015)*
- Secondary endpoints at 2mg dose:
  - Lowered Diastolic Blood Pressure (DBP) significantly by 5.2 mmHg
  - ~46% of patients achieving blood pressure goal of <130mmHg SBP

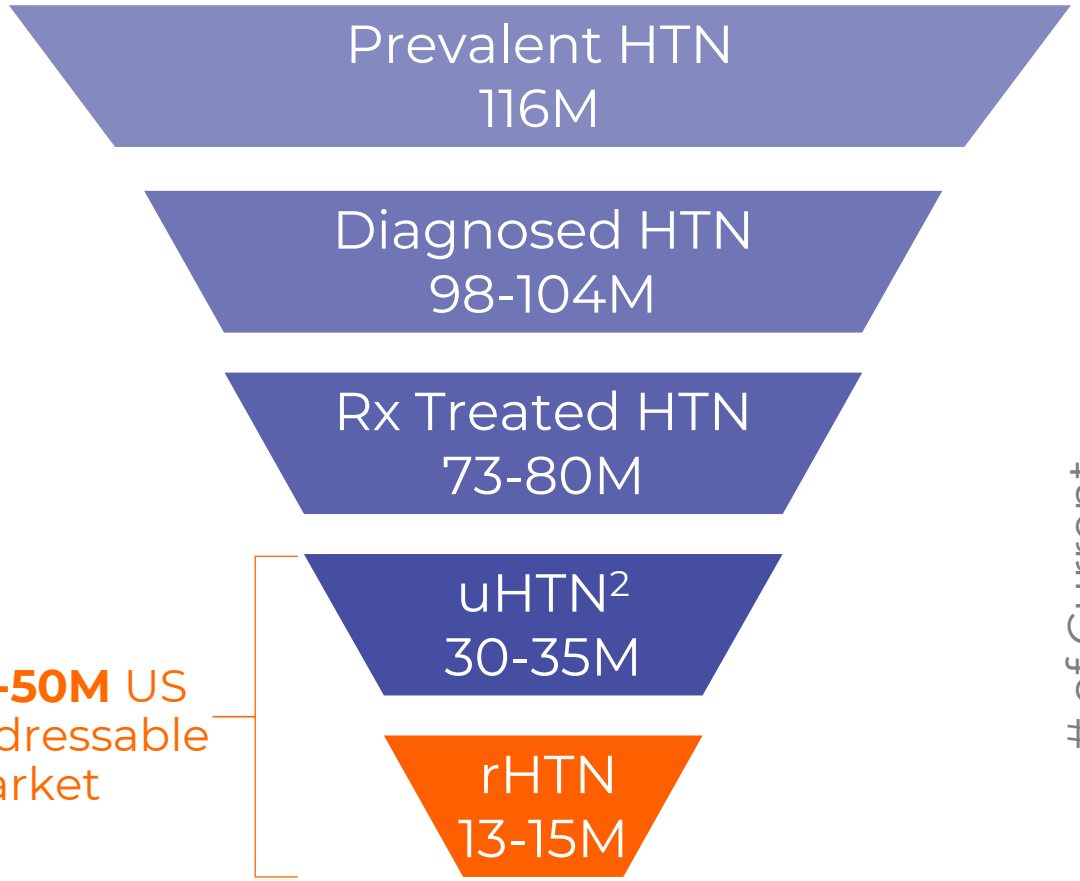
Safety Profile

- No Serious Adverse Events (SAEs) were attributed to baxdrostat after 12 weeks of treatment, although 10 Treatment Emergent SAEs were reported and deemed by investigators to be unrelated to baxdrostat
- Hyperkalemia rates reported were very low as we expected:
  - 3 subjects experienced isolated instances of elevated potassium >6 mEq/L
  - One subject was deemed related to baxdrostat, although this patient remained in the trial, on baxdrostat, and completed with normal potassium levels
  - The few cases of isolated potassium elevation observed were mild or moderate with none >6.3 mEq/L and no patients completed the study with drug related hyperkalemia
- No observed off-target side effects

CINCOR

Estimated US Hypertension Population

Approximately 13-15M rHTN patients in the US[1]



BrigHtn is the first of two key CinCor data readouts in hypertension

# of Current Background Therapies	
1	uHTN
2	uHTN
≥ 3	rHTN

halo
Topline data expected in **2H 2022**

brightn
Positive topline data reported August 2022

1. IBM Claims data and Trinity Partners analysis
2. uHTN refers to uncontrolled hypertension; patient estimate does not include those patients defined as treatment resistant

BrigHtn: Phase 2 Trial Evaluating Baxdrostat in Treatment - Resistant Hypertension Patients

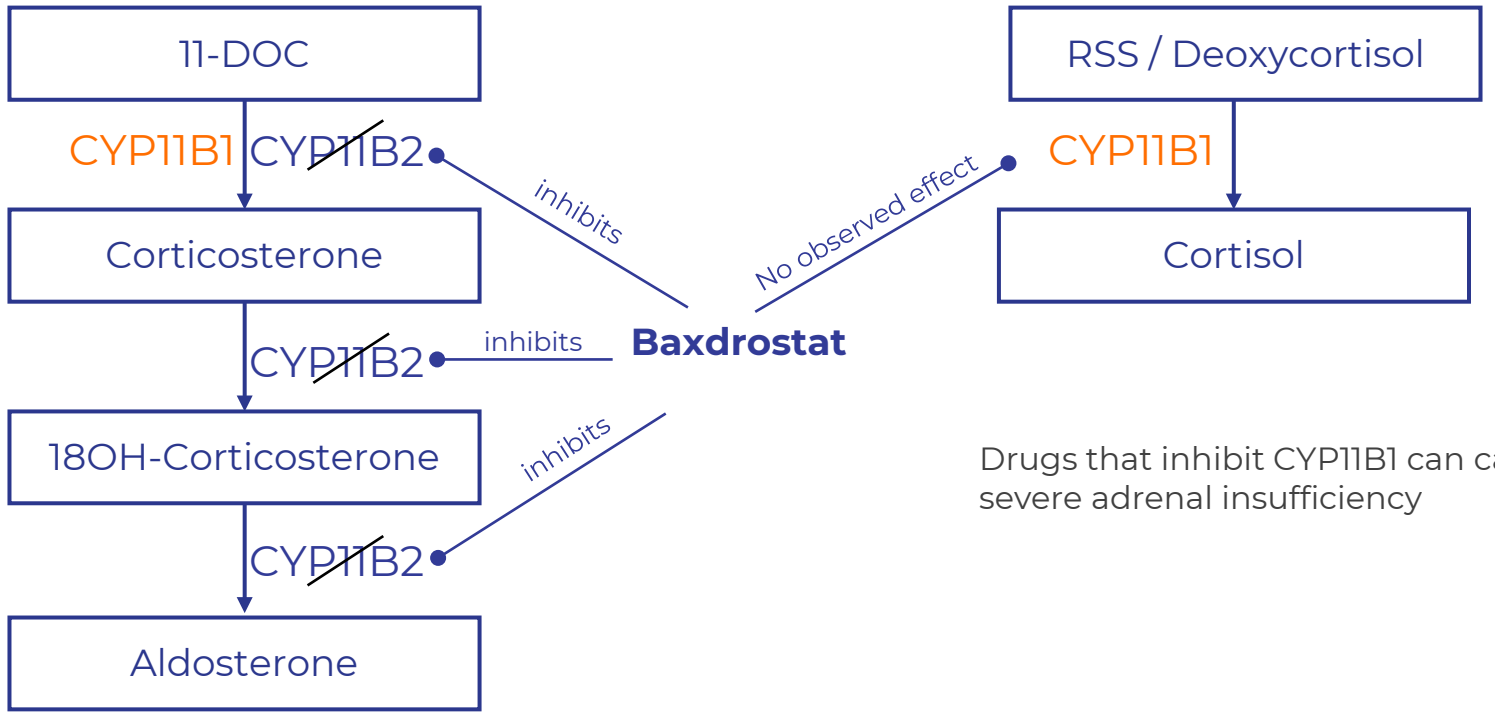
CINCOR

Selectivity is Key But Has Been A Major Class Obstacle

Baxdrostat is a highly selective CYP11B2/aldosterone synthase inhibitor with no observed clinically meaningful impact on cortisol

93% amino acid sequence similarity between **CYP11B1** and **CYP11B2**

Historic barrier to designing a selective ASI



Drugs that inhibit CYP11B1 can cause severe adrenal insufficiency

BrigHtn Phase 2 Study

A clinical trial evaluating baxdrostat in adults with treatment-resistant hypertension

Key Inclusion Criteria

- On a stable regimen of ≥ 3 anti-hypertensive agents (one of which is a diuretic) for at least 4 weeks prior to randomization
- ≥ 70% compliant to anti-hypertensive medication regimen
- Has a seated BP ≥ 130/80 mmHg

Key Exclusion Criteria

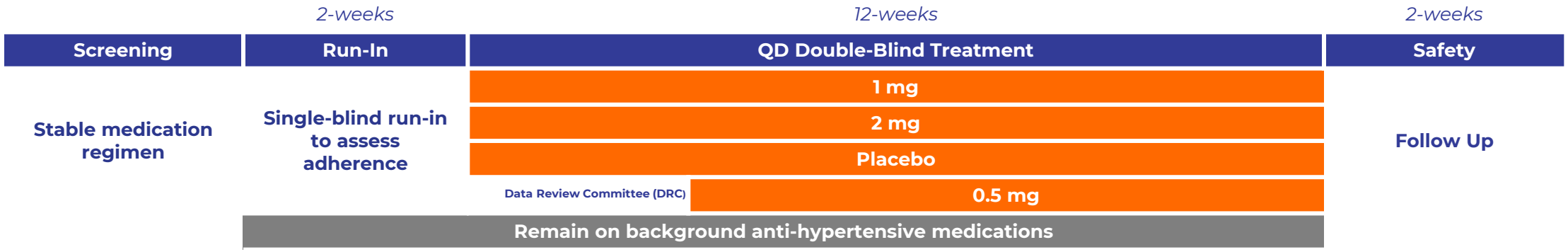
- Estimated glomerular filtration rate (eGFR) < 45 mL/min/1.73m^2

Primary Endpoint (12 weeks)

- Change from baseline in mean seated systolic blood pressure (BP) compared to placebo

Secondary Endpoints

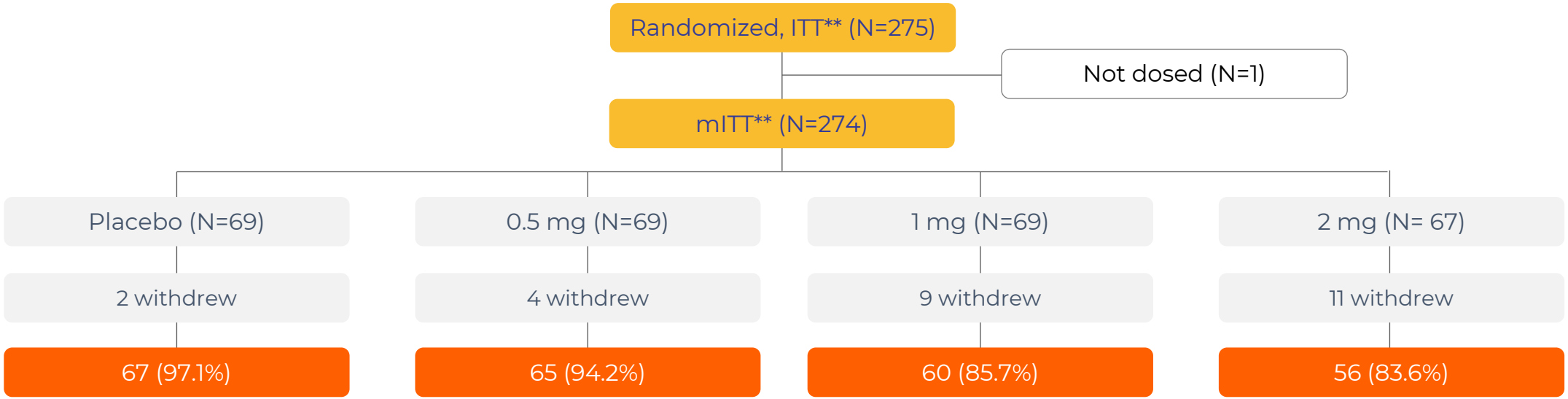
- Change from baseline in mean seated diastolic BP compared to placebo
- The percentage of patients achieving a seated BP response <130/80 mmHg



Blood pressure measured as average of three seated in-office measurements in a 5 -10 minute span with Automated Office Blood Pressure Monitor (AOBPM)

BrigHtn Patient Disposition

248 patients completed the BrigHtn trial with only two withdrawals associated with adverse events

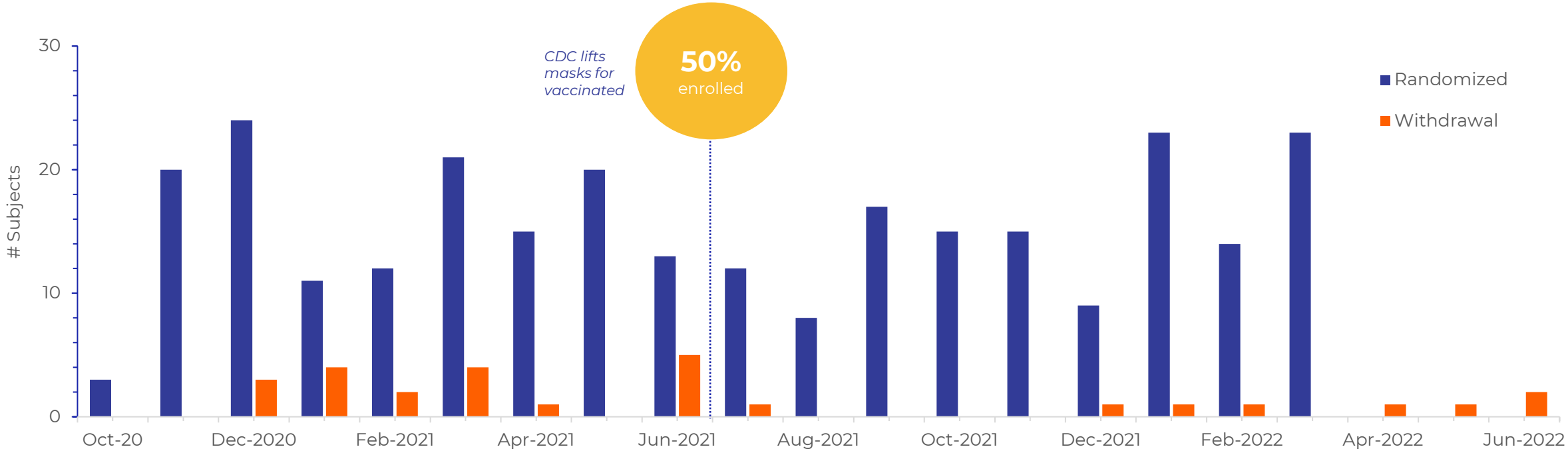


BrigHtn Trial Withdrawals	Placebo	Baxdrostat			Total
		0.5 mg	1 mg	2 mg	
Completed the trial (%)	67 (97.1)	65 (94.2)	60 (85.7)	56 (83.6)	248 (90.2)
Withdrew Early from Trial (%)	2 (2.9)	4 (5.8)	10 (14.3)*	11 (16.4)	27 (9.8)*
Lost To Follow-Up	1 (1.4)	3 (4.3)	1 (1.4)	3 (4.5)	8 (2.9)
Withdrawal By Subject	0 (0.0)	0 (0.0)	3 (4.3)	4 (6.0)	7 (2.5)
Physician Decision	0 (0.0)	1 (1.4)	2 (2.9)*	3 (4.5)	6 (2.2)*
Adverse Event	0 (0.0)	0 (0.0)	1 (1.4)	1 (1.5)	2 (0.7)
Protocol Deviation	0 (0.0)	0 (0.0)	2 (2.9)	0 (0.0)	2 (0.7)
Other	1 (1.4)	0 (0.0)	1 (1.4)	0 (0.0)	2 (0.7)

* Includes one patient who was not dosed
** Intention-to-Treat (ITT) and Modified intention-to-treat (mITT)

Timing of Withdrawals from BrigHtn Trial

27 patients withdrew from the BrigHtn trial, with ~70% withdrawing prior to July 2021



Lost to Follow-up or Patient Decision

Thru June 2021	Placebo 1 mg 2 mg	0 pts. 3pts. 6 pts.	After June 2021	Placebo 0.5 mg 1 mg 2 mg	1 pts. 3pts. 1 pts. 1 pts.	*initiated after Sept 2021

CINCOR

BrigHtn Patient Demographics & Baseline Characteristics

Well-balanced randomization across all cohorts with diverse mix of 275 patients

Demographics	Mean	SD
Age (Years)	62.3	10.48
	n	%
< 65 years	151	54.9
≥ 65 years	124	45.1
Gender		
Male	153	55.6
Female	122	44.4
Race		
White	191	69.5
Black	77	28.0
Asian	6	2.2
Other	1	0.4
Ethnicity		
Hispanic or Latino	118	42.9
Not Hispanic or Latino	157	57.1

Background Therapy	n	%
Background Diuretic	275	100.0
Background Beta Blocker	167	60.7
Background Calcium Channel Blocker	187	68.0
Background Agent Acting on the Renin-Angiotensin	256	93.1
Background General Antihypertensive	36	13.2

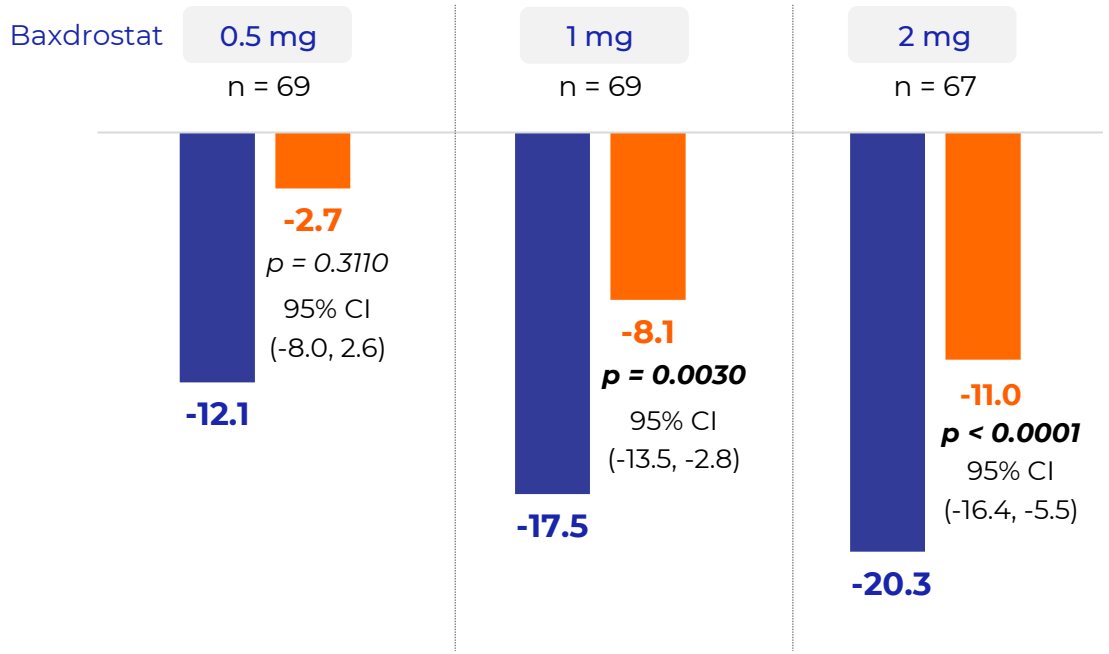
Background Therapy	Mean	Std Deviation
Body Mass Index (kg/m^2)	32.6	5.21
Seated SBP (mmHg)	147.9	12.40
Glomerular Filtration Rate (mL/min/1.73m^2)	83.7	19.49

CINCOR

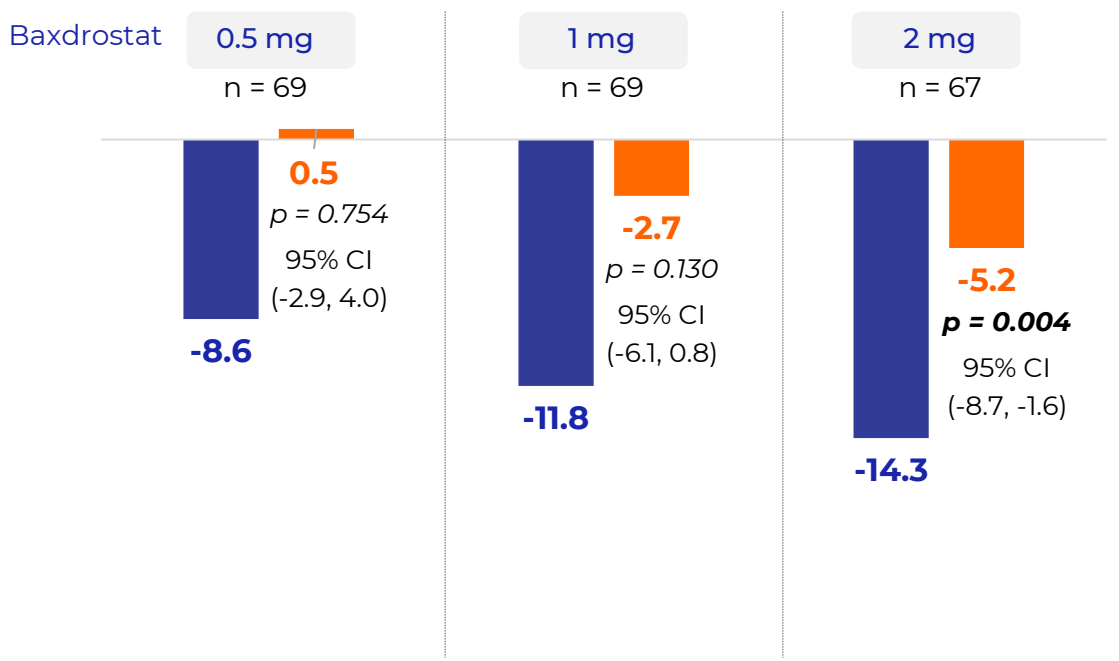
Primary & Secondary Endpoints - Changes from Baseline SBP & DBP*

Statistically significant SBP reduction* of 11.0 mmHg at 2mg dose and 8.1 mmHg at 1mg dose

Change in Systolic Blood Pressure (mmHg)



Change in Diastolic Blood Pressure (mmHg)



Absolute Change Placebo Corrected Change

CINCOR

Statistically significant by one-sided p value of <0.05
* SBP primary and secondary endpoints are change in blood pressure vs placebo

BrigHtn Top-line Safety Results

BrigHtn trial demonstrates that baxdrostat delivers a compelling safety profile

	Placebo n = 69			0.5 mg baxdrostat n = 69			1 mg baxdrostat n = 69			2 mg baxdrostat n = 67			Total n = 274		
	%	n	e	%	n	e	%	n	e	%	n	e	%	n	e
SAEs	**2.9**	**2**	**3**	**0.0**	**0**	**0**	**2.9**	**2**	**3**	**9.0**	**6**	**12**	**3.6**	**10**	**18**
TEAEs	40.6	28	50	34.8	24	38	52.2	36	77	47.8	32	67	43.8	120	232
Drug-Related	1.4	1	1	10.1	7	7	13.0	9	14	4.5	3	3	7.3	20	25
AESI	0.0	0	0	1.4	1	1	7.2	5	6	3.0	2	3	2.9	8	10
Leading to dosing discontinuation	0.0	0	0	2.9	2	2	5.8	4	5	3.0	2	5	2.9	8	12
Leading to study discontinuation	0.0	0	0	0.0	0	0	1.4	1	1	1.5	1	3	0.7	2	4
Leading to death	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0

Treatment Emergent SAEs: 10 subjects/ 18 patients with none deemed related to baxdrostat

- Subjects discontinued dosing due to disc degeneration (n=1) and dizziness (n=1), deemed unrelated to baxdrostat
- 1 subject experienced 6 different SAEs, including: hyperglycemia, hyperkalemia, hyponatremia, dehydration, UTI, and AKI that led to dosing cessation

No isolated instances of hyperkalemia led to drug/study discontinuation

No off-target side effects

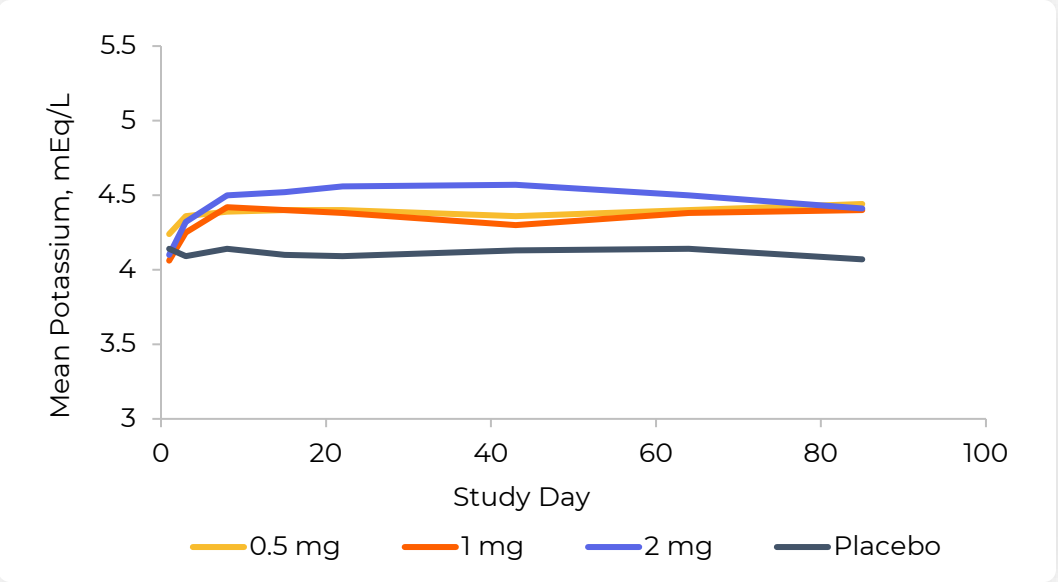
TEAEs – Treatment emergent adverse events
AESI – Adverse events of special interest
SAEs – Serious adverse events
n – Number of subjects
e – Number of events

CINCOR

Rates of Hyperkalemia are Low and Isolated

Overall modest increase in potassium of 0.3 mEq/L at the 2mg dose

Mean Serum Potassium Levels Over Time



Mean Change in Serum Potassium From Baseline at Week 12

	Placebo	0.5 mg	1 mg	2 mg
Serum Potassium mmol/L, (SD)	-0.08 (0.429)	0.19 (0.474)	0.36 (0.481)	0.29 (0.380)

Serum Potassium Levels

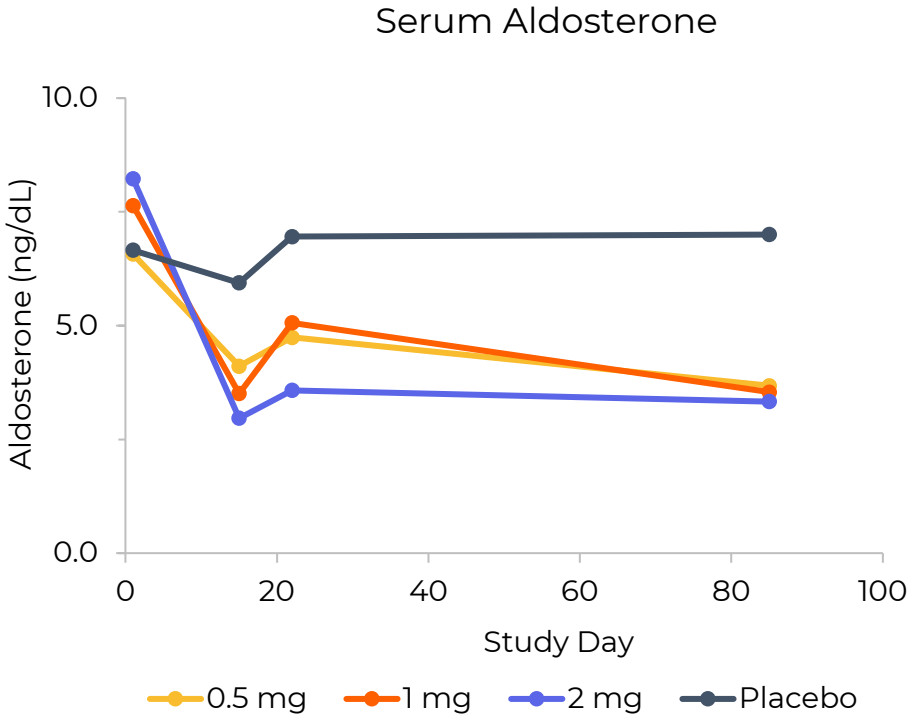
	Placebo n = 69	0.5 mg n = 69	1 mg n = 69	2 mg n = 67
# value ≥6.0	0	0	**2**	**1**
# subj with values ≥6.0	0	0	**2**	**1**
% subjects	0.0%	0.0%	2.9%	1.5%
Measurements	552	537	564	508
% of Measurements	**0.0%**	**0.0%**	**0.4%**	**0.2%**

- 3 subjects experienced isolated instances of elevated potassium >6 mEq/L, one of which was determined to be unrelated to the drug
- One subject experienced an isolated instance of elevated potassium above 6 mEq/L, which was deemed drug related, although this patient remained in the study and completed with normal potassium levels
- No potassium elevations >6.3 mEq/L recorded and no patients completed the trial with hyperkalemia
- No instances of hyperkalemia led to drug/trial discontinuation

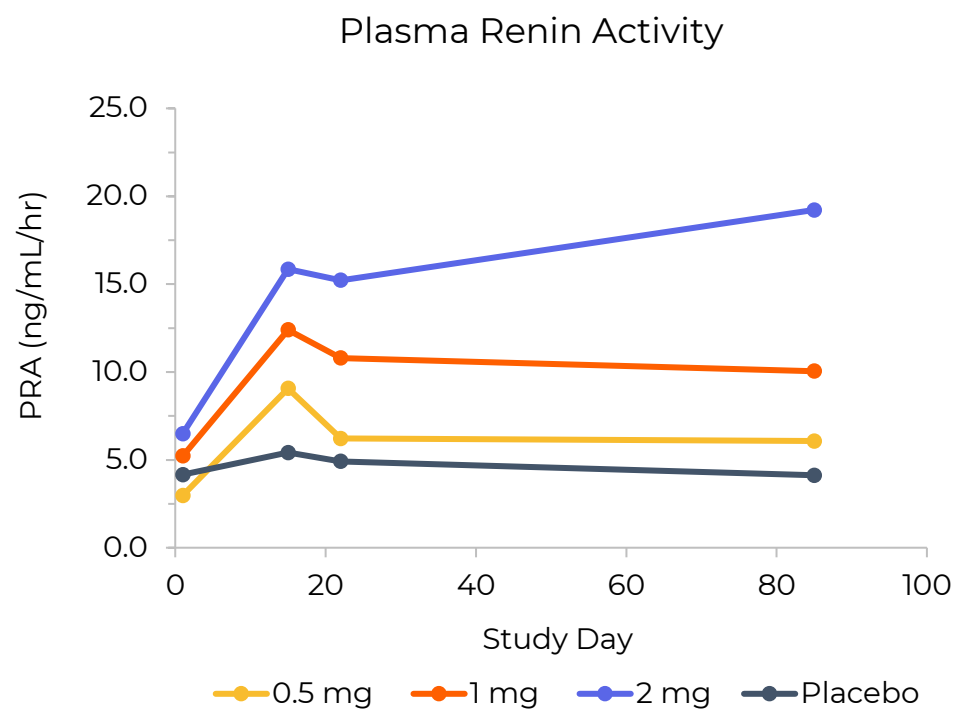
CINCOR

BrigHtn trial Data Demonstrated a Dose-Dependent Increase in Plasma Renin Activity and Lowering of Aldosterone, Supporting Baxdrostat's Biological Effect

Dose-dependent decrease in serum aldosterone support mechanism of action

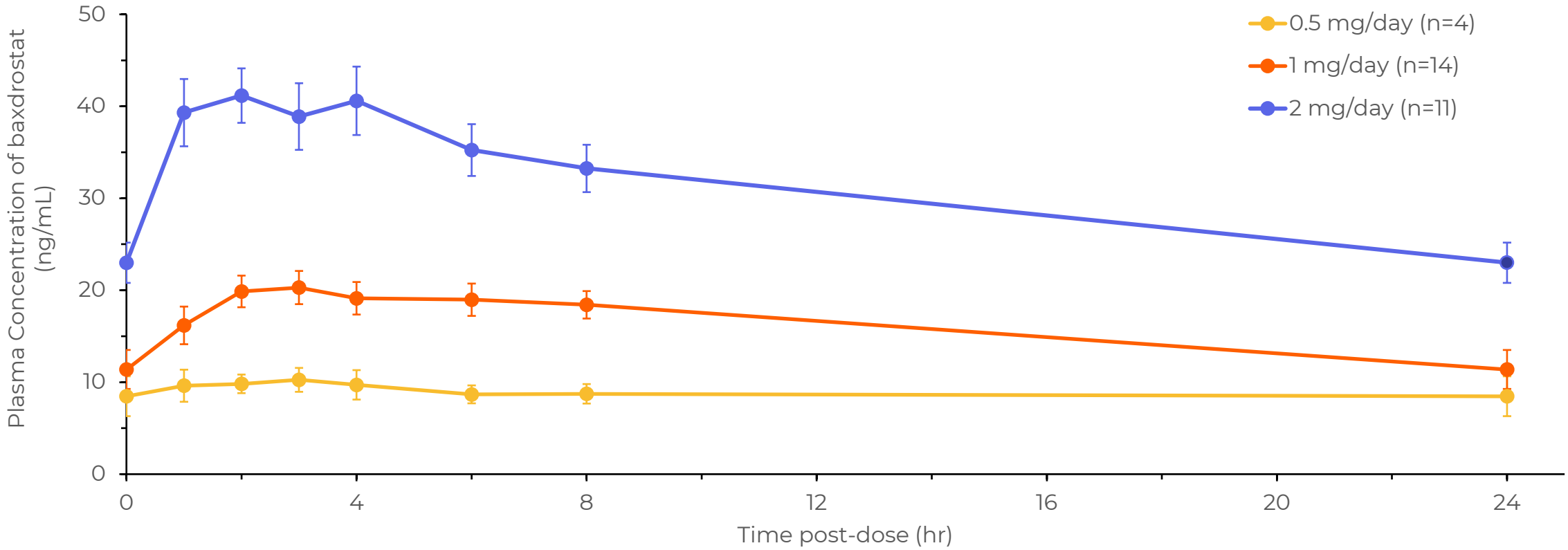


Dose-dependent increase in renin support physiological salt response



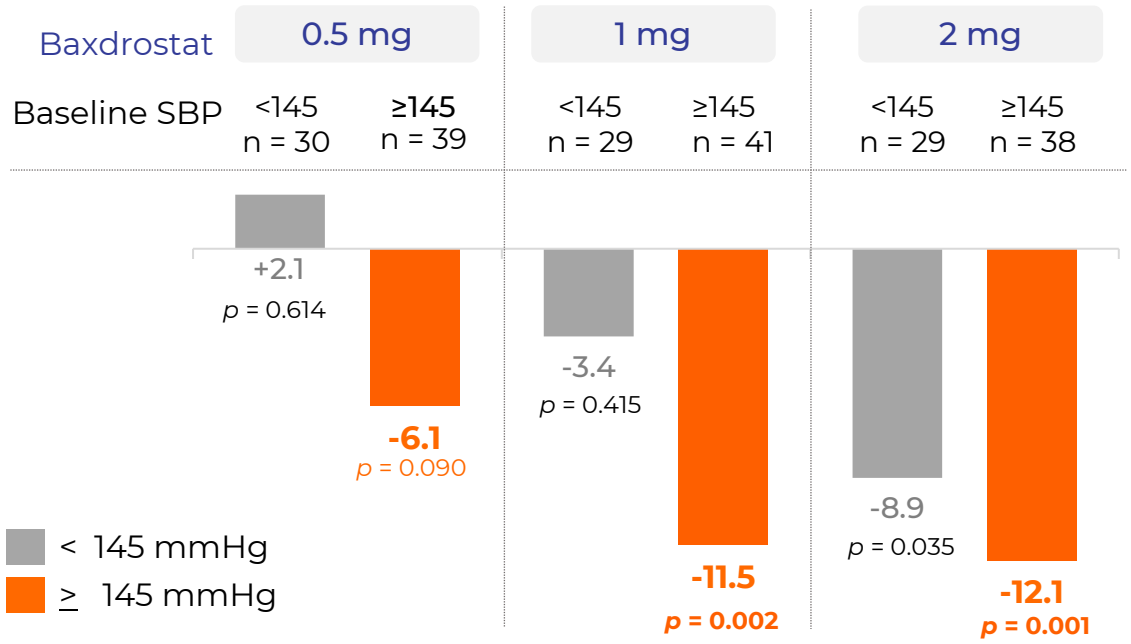
Pharmacokinetic Data Demonstrated That Baxdrostat is 'Well-Behaved' in Real-World Conditions

Plasma Concentration of Baxdrostat (ng/mL)



Greater Placebo Corrected Dose Response in Patients with Baseline SBP ≥145 mmHg

Placebo Corrected Systolic Blood Pressure (SBP) (mmHg)



SBP Reduction in BrigHtn and in Pathway-2** using Comparable Clinic Measurements

	Pathway-2 ** Home[1]	Pathway-2 ** Clinic[1]	BrigHtn SBP ≥ 145
	n = 335	n = 335	n = 155
Baseline SBP Inclusion Criteria	>140	>140	>130
Baseline SBP, mmHg	147.6	**157.0**	**156.1**
Change from Baseline SBP	-8.70	-9.92	-12.1
(95% CI)[2]	(-9.72, -7.69)	(-11.3, -8.59)	(-19.9, -5.1)

1. PATHWAY-2 Study; Williams, et al. Lancet 2015: 386:2059-68
2. Placebo-corrected, model-adjusted mean change from baseline in SBP (mmHg) is presented

Statistically significant* placebo corrected SBP reduction of ***12.1 mmHg at 2mg*** *dose and* ***11.5 mmHg at 1mg*** *dose*

Baxdrostat produced a greater SBP reduction **(-12.1 mmHg)** than comparable clinic measurements performed in the Pathway-2 Trial** **(-9.9 mmHg)**

CINCOR

* Statistically significant by one-sided p value of <0.05 compared to placebo corrected SBP
**The PATHWAY-2 study of spironolactone was conducted by other parties in a similar patient population with different enrollment criteria from the BrigHtn trial. Results do not reflect a head-to-head trial and are shown for illustrative purposes only

Deepak Bhatt, MD, MPH, FACC, FAHA, FSCAI, FESC

Executive Director of Interventional Cardiovascular Programs at Brigham and Women's Hospital and Professor of Medicine at Harvard Medical School

Dr. Bhatt is a cardiologist, clinical trialist and internationally recognized expert on acute coronary syndromes, anti-platelet therapy, cardiovascular risk and clinical trial design. Earlier in his career, Dr. Bhatt was Associate Director of the Cleveland Clinic Cardiovascular Coordinating Center and served as Chief of Cardiology at VA Boston Healthcare System. The author of more than 1500 peer-reviewed publications, Dr. Bhatt served as co-lead on three research projects that were listed in the 2014 American Heart Association / American Stroke Association top-ten advances in heart disease and stroke research. He is currently a trustee of the American College of Cardiology and was selected by Brigham and Women's Hospital as the 2014 Eugene Braunwald Scholar. He has been listed in Best Doctors in America from 2005 to 2020. He received the Eugene Braunwald Teaching Award for Excellence in the Teaching of Clinical Cardiology from Brigham and Women's Hospital in 2017, ACC's Distinguished Mentor Award in 2018 and AHA's Distinguished Scientist Award in 2019.

Dr. Bhatt obtained his undergraduate science degree as a National Merit Scholar at MIT while also serving as a research associate at Harvard Medical School. Dr. Bhatt received an MD from Cornell University and a Masters in Public Health from Harvard University. He completed an internal medicine residency at the Hospital of the University of Pennsylvania, as well as fellowships in cardiology, interventional cardiology, and cerebral and peripheral vascular intervention at the Cleveland Clinic, where he also served as chief interventional fellow and an Associate Professor of Medicine. He served for many years as Director of the Interventional Cardiology Fellowship, Associate Director of the Cardiovascular Medicine Fellowship and Associate Director of the Cardiovascular Coordinating Center. He was then recruited to be the Chief of Cardiology at VA Boston Healthcare System and served in that role for several years.

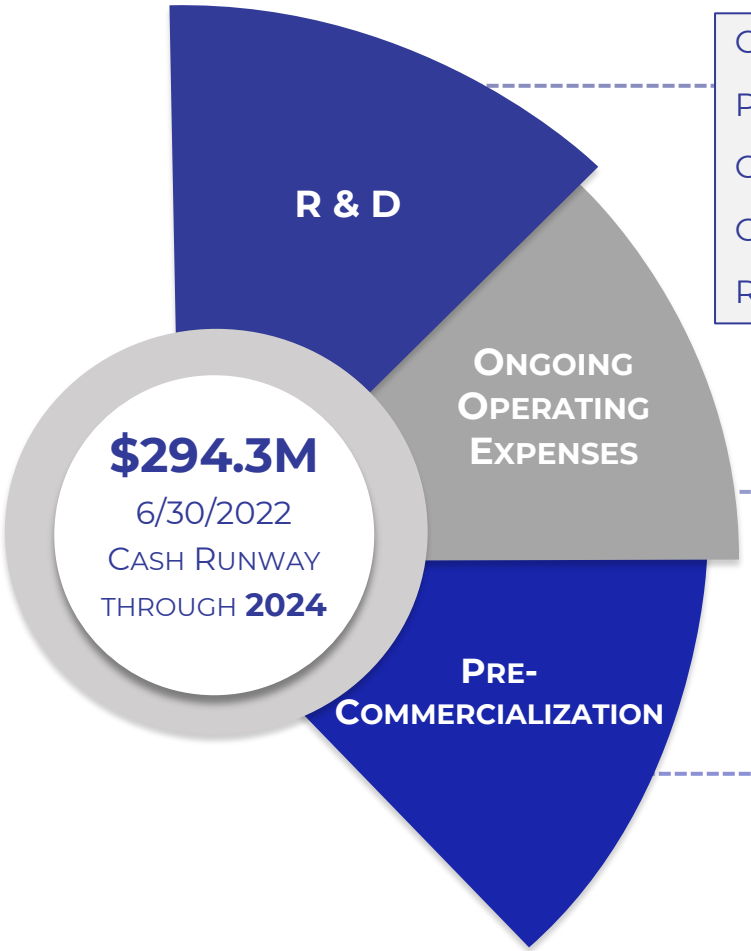
CINCOR

Financial & Business Overview

CINCOR

Financial Overview

CinCor ended Q2 2022 with a strong balance sheet, with cash of $294.3M, positioning the company well to explore the full potential of baxdrostat



- Complete All Ongoing Phase 2 Trials
- Phase 3 Program in Hypertension
- CMC Development
- GMP Batch Production
- Regulatory Activities

- Human Resources
- Infrastructure
- Other General & Administrative

- Scale up Manufacturing
- Medical Affairs
- Pre-commercialization Planning & Resources

($M as reported)	Q2 2022	Q1 2022
R&D Expenses	17.2	9.7
G&A Expenses	4.2	4.0
Total Operating Expenses	**21.4**	**13.7**
Net Loss (GAAP)	(21.1)	(16.7)

($M as reported)	Six Months ended June 30	
	Q2 2022	Q1 2022
R&D Expenses	26.9	7.5
G&A Expenses	8.2	2.1
Total Operating Expenses	**35.1**	**9.6**
Net Loss (GAAP)	(37.8)	(12.0)

37.7 M Shares Outstanding (as of 8/8/2022)

CINCOR

Baxdrostat: Pipeline in a Product

Studying baxdrostat in multiple areas of large unmet medical need

Baxdrostat (CIN-107)

Indication	Phase 1	Phase 2	Phase 3	Next Anticipated Milestone
Hypertension (HTN)		brightn – Treatment Resistant Hypertension (rHTN) halo – Uncontrolled Hypertension (uHTN) Open Label Extension (OLE)	Phase 3 *(planned)*	EOP2 Mtg – **Q4 2022** Phase 3 in planning for **2023** initiation Phase 2 topline data expected **2H 2022** Expected Completion in **2H 2023**
Chronic Kidney Disease (CKD)*		fightn-CKD		Phase 2 topline data expected **2H 2023**
Primary Aldosteronism (PA)		spark-PA		First patient dosed expected in **Q3 2022**
Geographic Phase 1 PK Studies	China Japan			Phase 1 data expected in **2H 2023** Phase 1 data expected in **1H 2023**

*Our CKD trial is evaluating the efficacy and safety of baxdrostat as a treatment for patients with CKD who have uncontrolled blood pressure.

CinCor Opens A New Era In Hypertension Innovation

Over 20 years of scientific attempts to selectively block aldosterone synthase: baxdrostat has succeeded!

brightn — Phase 2 results support the potential for baxdrostat as an effective & safe treatment in the difficult to control treatment-resistant hypertension population

- Double digit placebo corrected decrease in Systolic Blood Pressure (SBP)
- Safety: No observed effect on cortisol & very low rate of hyperkalemia reported

-20.3 mmHg	-11.0 mmHg	<0.0001
Absolute SBP reduction @ 2mg	Placebo corrected SBP reduction @ 2mg	P value of 2mg dose

Unmet Need — Hypertension is an area of significant unmet need affecting ~116 million adult Americans

- 35% are uncontrolled on one or more blood pressure medications
- 13 – 15 million patients are refractory to 3+ blood pressure medications

halo — Phase 2 study in uncontrollable hypertension is now fully recruited with topline data expected in 2H 2022

CINCOR

CINCOR

Q & A