ELEVATION ONCOLOGY

Corporate Presentation

November 2024

Forward Looking Statements

These slides contain forward-looking statements and information relating to Elevation Oncology, Inc. within the meaning of, and made pursuant to the safe harbor provisions of, the Private Securities Litigation Reform Act of 1995. You should not place undue reliance on forward-looking statements, as these statements are based upon our current expectations, forecasts, and assumptions and are subject to significant risks and uncertainties. Any statements contained herein or provided orally that are not statements of historical fact may be deemed to be forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "believe," "may," "will," "potentially," "estimate," "continue," "anticipate," "intend," "could," "would," "project," "plan," "expect," "predict," "potential" and similar expressions that convey uncertainty of future events or outcomes, although not all forward-looking statements contain these words. Forward-looking statements include all statements other than statements of historical fact contained in this presentation, including information concerning our future financial performance, business plans and objectives, timing and success of our planned development activities, our ability to obtain regulatory approval, the potential therapeutic benefits and economic value of our product candidates, potential growth opportunities, competitive position, industry environment and potential market opportunities.

Forward-looking statements are subject to known and unknown risks, uncertainties, assumptions and other factors. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. These factors, together with those that are described in under the heading "Risk Factors" contained in documents we file with the U.S. Securities and Exchange Commission from time to time, may cause our actual results, performance or achievements to differ materially and adversely from those anticipated or implied by our forward-looking statements. Statements, including forward-looking statements, speak only to the date they are provided (unless an earlier date is indicated). We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this prospectus to conform these statements to actual results or to changes in our expectations, except as required by law. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements.

Leveraging ADC Expertise to Advance Selective Cancer Therapies

- **Growing pipeline of differentiated ADCs** with broad therapeutical potential, including programs targeting Claudin 18.2 and HER3
- **Experienced management team with expertise in ADC and oncology drug discovery and development**
  Proven track record to discover and develop novel cancer therapies for patients with significant unmet medical needs
- **Strong cash position to fund operations into 2026**

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EO-3021:

A potential best-in-class anti-Claudin 18.2 ADC for the treatment of gastric and gastroesophageal junction cancers, across lines of therapy

✓ Initial clinical data highlight compelling anti-tumor activity and differentiated safety profile:

Initial Phase 1 data demonstrated 42.8% confirmed ORR in Claudin 18.2-enriched subset of gastric and GEJ cancer and differentiated safety profile, including minimal hematological toxicity and hepatotoxicity, and no peripheral neuropathy/hypoesthesia[1, 2]

✓Unique potential as an active, more combinable Claudin 18.2 ADC:

Provides meaningful opportunities to advance EO-3021 both as a monotherapy and in combination with standard-of-care treatments used in earlier lines of therapy

✓Advancing robust, broad clinical development program:

Phase 1 clinical trial evaluating single-agent EO-3021 is ongoing, with additional safety and efficacy data expected in 1H 2025

Exploring combinations with ramucirumab in second-line setting and dostarlimab in first-line setting

✓Opportunity to address significant global market:

Approximately 150k patients with advanced or metastatic disease gastric or GEJ cancer within licensed territory [3, 4]

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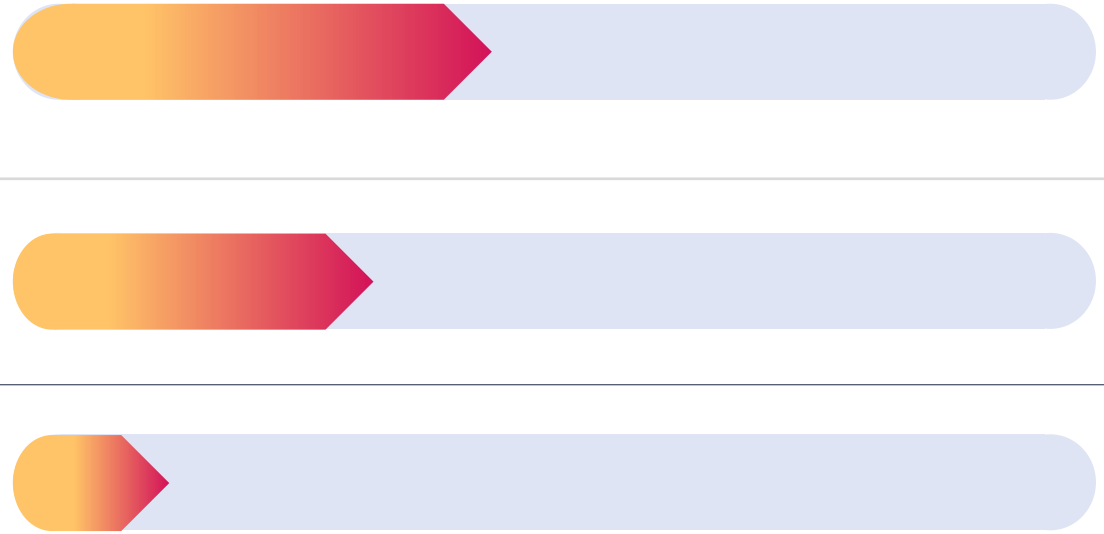
ADC = antibody-drug conjugate; GEJ = gastroesophageal junction cancer. Phase 1 clinical trial: NCT05980416. [1]Elevation Oncology Phase 1 data, reported August 6, 2024. [2]Claudin 18.2-enriched defined as Claudin 18.2 expression in ≥20 percent of tumor cells with IHC staining at 2+/3+; [3]Elevation Oncology has licensed the exclusive rights to develop and commercialize EO-3021 worldwide outside Greater China; [4]Adapted from Health Advances model and analysis completed for Elevation Oncology, July 18, 2024.

Leveraging ADC Expertise to Advance a Novel Selective Cancer Therapy Pipeline

TARGET	DRUG CANDIDATE	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	MILESTONE	RIGHTS
Claudin 18.2	EO-3021 Monotherapy					**1H 2025:** Additional clinical data from Phase 1 trial	Worldwide[1] (Outside Greater China)
	EO-3021 in Combination					**4Q 2024:** Initiate dosing in combination portion of Phase 1 trial	
HER3	HER3-ADC					**4Q 2024:** Development candidate nomination	Worldwide



[1]Elevation Oncology has licensed the exclusive rights to develop and commercialize EO-3021 in all global territories outside Greater China from CSPC Pharmaceutical Group Limited.

Claudin 18.2 is a Compelling ADC Therapeutic Target

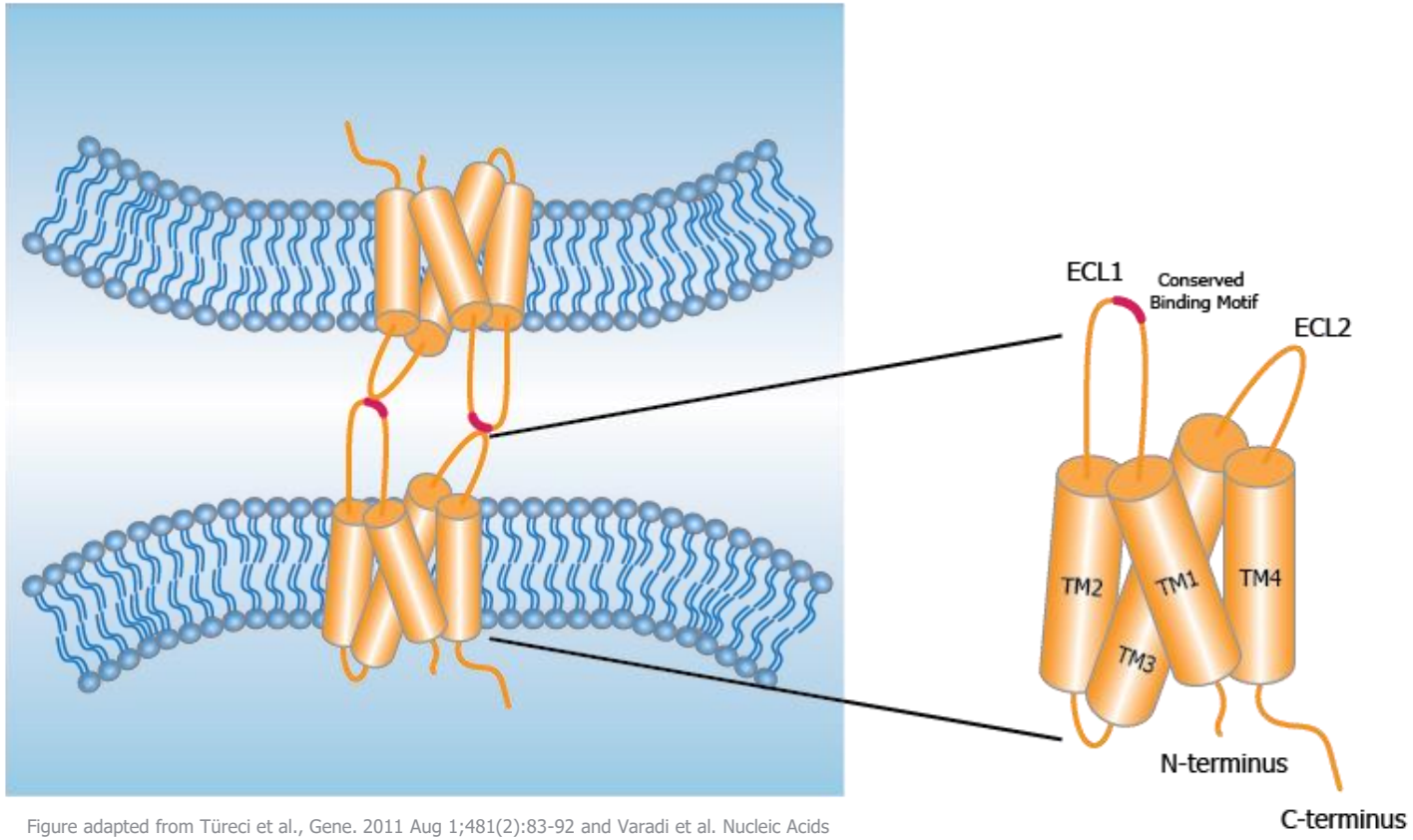


Figure adapted from Türeci et al., Gene. 2011 Aug 1;481(2):83-92 and Varadi et al. Nucleic Acids Res. Jan 2022;50(D1):D439–D444

- Claudin 18.2 is part of a family of tight junction membrane proteins[1]
- Expression in normal tissues is restricted to the gastric mucosa[2,3]
- Overexpressed in several types of cancers including gastric, pancreatic, esophageal, ovarian, and lung[4-7]
- Claudin 18.2 expression typically has minimal overlap with HER2 or PD-L1 expression[8-10]
- Claudin 18.2 is a clinically validated target. One Claudin 18.2-directed monoclonal antibody was approved recently for use in combination with chemotherapy[11]

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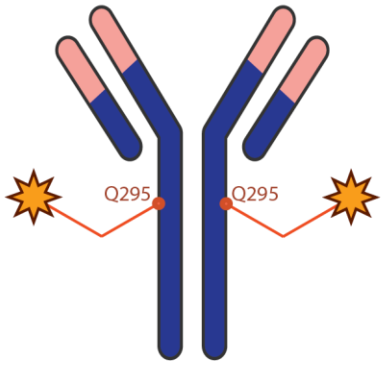
[1]Gunzel & Lu. 2013. Physiol Rev. Apr; 93(2): 525-569. [2]Sahin, et al. Clin Cancer Res. 2008 1;14(23):7624-34. [3]Türeci et al. Gene. 2011 Aug 1;481(2):83-92. [4]Sahin, et al. Clin Cancer Res. 2008 1;14(23):7624-34. [5]Wöll et al. Int J Cancer. 2014; 134(3). [6]Tanaka, et al. J Histochem Cytochem. 2011; 59(10): 942–952. [7]Micke, et al. Int J Cancer. 2014;135(9):2206-14. [8]Pellino A, et al. J Pers Med (Epub) 10-26-2021. [9]Moran et al., Annals of Oncology (2018) 29 (suppl_8): viii14-viii57. [10]Schuler MH et al. J Clin Oncol. 2017. 35:15_suppl 4038-4038. [11]Astellas Pharma Inc. 21 Oct 2024 [Press Release] https://www.astellas.com/en/news/29291. Accessed October 22, 2024.

EO-3021: **Site-Specific Conjugation** Provides Competitive Differentiation

EO-3021 is a potential best-in-class ADC targeting Claudin 18.2[1]



- **Fully human** IgG1 mAb selective for CLDN18.2, no binding to CLDN18.1
- **Site-specific conjugation** at glutamine 295 (Q295) increases ADC stability, designed to minimize systemic exposure to free MMAE payload compared to cysteine conjugation
- Drug-to-antibody ratio **(DAR) of 2**

Initial Clinical Data Highlights
Compelling Profile including Differentiation in Safety[2]

- ✓ Competitive anti-tumor activity in metastatic gastric and GEJ cancer
- ✓ Minimal payload-associated toxicities
- ✓ Limited overlapping toxicities with SOC agents used in earlier lines setting

Unique potential as an active, more combinable Claudin 18.2 ADC provides meaningful opportunities to advance EO-3021 both as a monotherapy and in combination with SOC treatments across early and later lines of therapy

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ADC = antibody drug conjugate; mAb = monoclonal antibody; CLDN = Claudin; IgG1 = immunoglobulin 1; SOC = standard-of-care
[1]Dan et al., AACR 2023; Abstract #6300. [2] Elevation Oncology Phase 1 data, reported August 6, 2024

EO-3021 Could Address a **Significant Unmet Need** in Gastric and GEJ Cancers

Strong scientific rationale: majority of gastric and GEJ cancers express some Claudin 18.2[1,2,3]

Significant market opportunity within licensed territory[4,5]: high disease prevalence and significant opportunity to improve outcome for first, second and third-line+ patients with EO-3021

+150k

patients with advanced or metastatic

GASTRIC OR GEJ

within licensed territory[4,5]

Long-term, opportunity to expand EO-3021 development into other solid tumors with Claudin 18.2 expression, including esophageal, pancreatic, ovarian and lung cancer[2,6,7,8]

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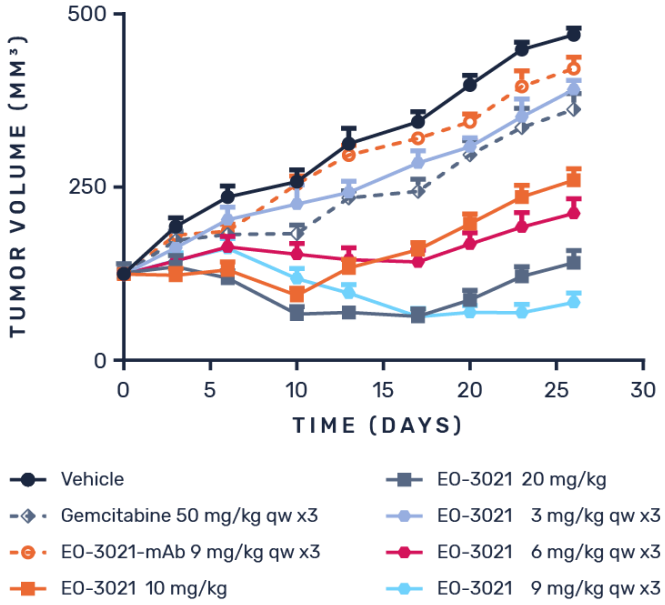
[1]Elevation Oncology data on-file; [2]Sahin, et al. Clin Cancer Res. 2008 1;14(23):7624-34. [3]Mao LL, et al. SITC 2022 Abstract #105; [4]Elevation Oncology has licensed the exclusive rights to develop and commercialize EO-3021 worldwide outside Greater China. [5]Adapted from Health Advances model and analysis completed for Elevation Oncology, July 18, 2024; [6]Wöll et al. Int J Cancer. 2014; 134(3); [7]Tanaka, et al. J Histochem Cytochem. 2011; 59(10): 942–952.; [8]Micke, et al. Int J Cancer. 2014;135(9):2206-14

Single Dose of **EO-3021 Confers Tumor Regression** in Claudin 18.2 Expressing Models

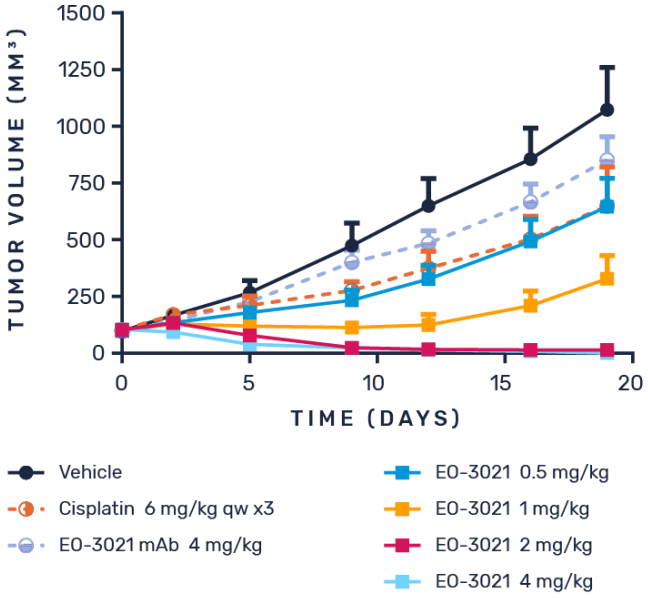
Pancreatic Xenograft Model[1]

PATU8988S
CLDN18.2 Low



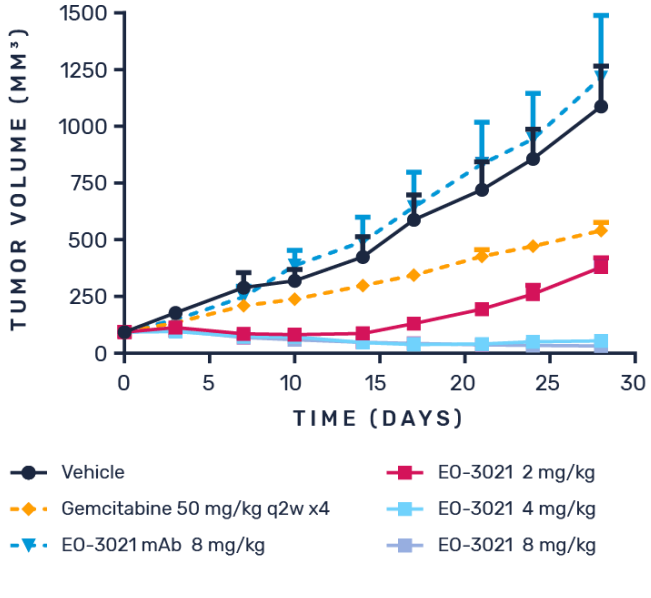
Gastric Xenograft Model[1]

NUGC4-18.2
CLDN18.2 Medium, HER2 Amplified



Pancreatic Xenograft Model[1]

BxPC3-18.2
CLDN18.2 High



Nu/nu mice were administered single dose of Tx, unless otherwise indicated. Dosing initiated on day 0.

CLDN = Claudin. [1]Dan, M. et al. AACR 2023.

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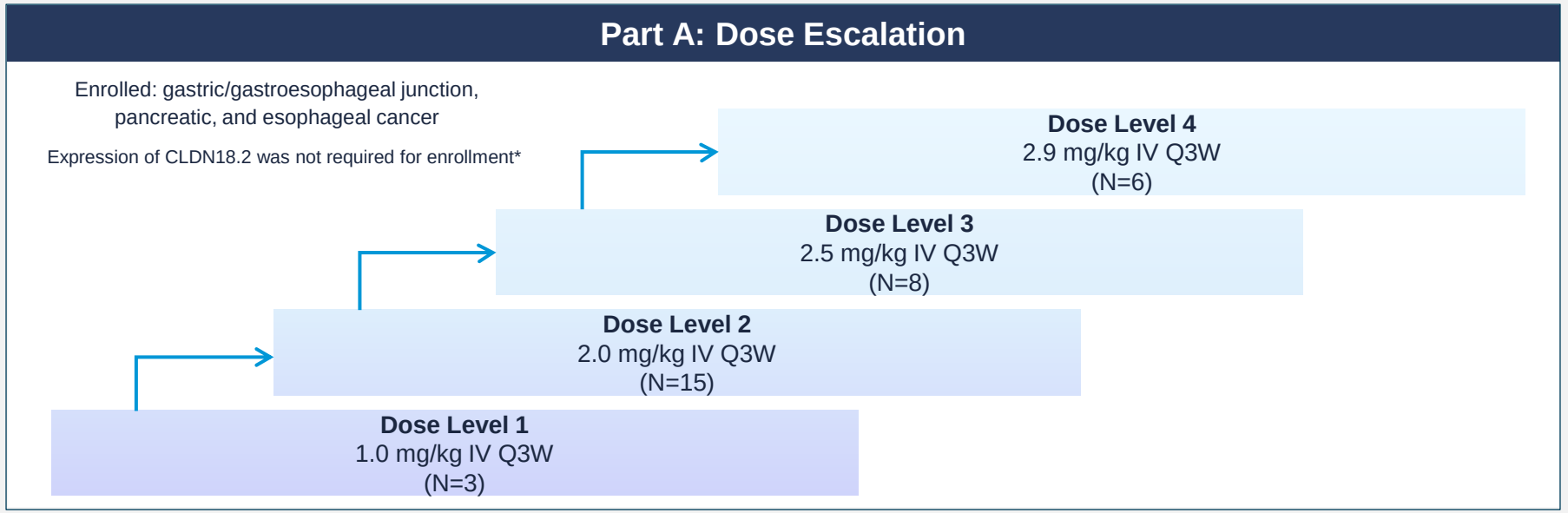
Phase 1 Clinical Trial: **Dose Escalation**



Study Objectives

Primary Objectives

- Safety and tolerability of EO-3021 (Dose Escalation)
- Preliminary anti-tumor activity of EO-3021 (Dose Expansion)

Exploratory Objective

- Association of tumor CLDN18.2 expression by IHC and objective response

Initial Data Readout: Analysis Population

- **Safety Population**: 32 patients who received at least one dose of EO-3021
- **Efficacy Evaluation**: 15 patients with GC/GEJ with CLDN18.2 IHC results and measurable disease, with at least one post-baseline scan
- **Data cut-off**: June 10, 2024

*Tumor samples were collected to retrospectively determine Claudin 18.2 expression using a CLDN18.2-specific IHC assay in a central laboratory
ClinicalTrials.gov: NCT05980416

Phase 1 Clinical Trial

Baseline **Demographics** and Tumor **Characteristics**

32 patients randomized into Phase 1 clinical trial, including 26 with gastric or GEJ cancer

All Patients (N=32)

	All Patients (N = 32)	1.0 mg/kg (N = 3)	2.0 mg/kg (N = 15)	2.5 mg/kg (N = 8)	2.9 mg/kg (N = 6)
Age; median (range)	65.0 (45 – 83)	73.0 (55 – 74)	72.0 (49 – 81)	57.0 (45 – 64)	67.0 (45 – 83)
Sex; n (%)					
Male	23 (72)	1 (33)	11 (73)	6 (75)	5 (83)
Female	9 (28)	2 (67)	4 (27)	2 (25)	1 (17)
Race; n (%)					
Asian	10 (31)	0 (0%)	4 (27%)	3 (38%)	3 (50)
Black or African American	2 (6)	0	1 (7)	1 (13)	0
White	20 (63)	3 (100)	10 (67)	4 (50)	3 (50)
ECOG Performance Status; n (%)					
0	11 (34)	0 (0)	3 (20)	5 (63)	3 (50)
1	21 (66)	3 (100)	12 (80)	3 (38)	2 (50)
Primary Tumor Type; n (%)					
Gastric/Gastroesophageal Junction (GEJ) Cancer	26 (81)	2 (67)	13 (87)	7 (88)	4 (67)
Esophageal Cancer	1 (3)	0 (0)	1 (6)	0 (0)	0 (0)
Pancreatic Cancer	5 (16)	1 (33)	1 (6)	1 (13)	2 (33)

Patients with GC/GEJ (N=26)

	All GC/GEJ (N = 26)	1.0 mg/kg (N = 2)	2.0 mg/kg (N = 13)	2.5 mg/kg (N =7)	2.9 mg/kg (N = 4)
Prior Lines of Therapy; median (range)	3.0 (1 – 7)	2.0 (2 – 2)	3.0 (1 – 6)	3.0 (1 – 5)	3.5 (3 – 7)
1 prior line; n (%)	4 (15)	0 (0)	3 (23)	1 (14)	0 (0)
2 prior lines; n (%)	6 (23)	2 (100)	2 (15)	2 (29)	0 (0)
≥3 prior lines; n (%)	16 (62)	0 (0)	8 (62)	4 (57)	4 (100)
Prior PD-1/PD-L1	21 (81)	1 (50)	11 (85)	6 (86)	3 (75)
Prior taxane	17 (65)	0 (0)	8 (62)	5 (71)	4 (100)
Prior VEGFR	13 (50)	1 (50)	7 (54)	3 (43)	2 (50)
Prior CLDN18.2 therapy	3 (12)	0	1 (8)	0	2 (50)
Gastrectomy Status; n (%)					
Yes (Partial/Total)	7 (27)	1 (50)	1 (8)	3 (43)	2 (50)
No	19 (73)	1 (50)	12 (92)	4 (57)	2 (50)
Available CLDN18.2 IHC results; n (%)	20 (77)	2 (100)	8 (62)	6 (86)	4 (100)
Any expression (defined as ≥1% tumor cells at IHC ≥1+	13 (65)	2 (100)	7 (88)	4 (67)	0 (0)
≥20% of tumor cells at IHC 2+/3+	9 (45)	2 (100)	5 (63)	2 (33)	0 (0)

- Study enrolled **heavily pre-treated patient population** with median 3 prior lines of therapy
- Study enrolled 26 patients with gastric or GEJ cancer, **most of which express Claudin 18.2**

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Note: Percentages may not add up to 100% due to rounding
Data cut-off: 10JUN2024

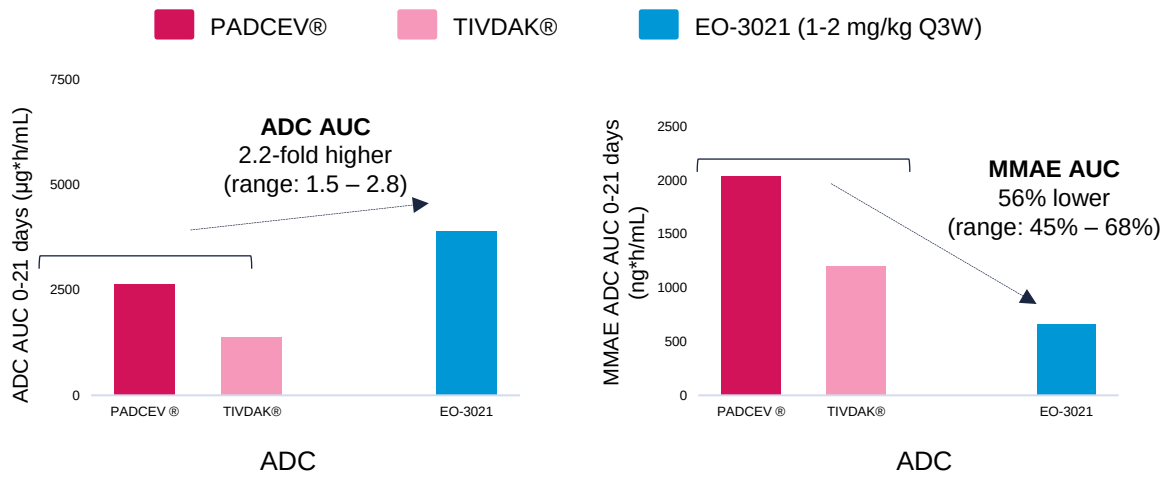
Phase 1 Clinical Trial

Pharmacokinetics – Total ADC and Free MMAE

Higher total ADC and lower free MMAE in plasma support Q295 site-specific conjugation of EO-3021

- Mean terminal half-life is approximately 6 days for total ADC and free MMAE
- Compared to approved MMAE-ADCs at comparable doses in solid tumors with traditional cysteine-based conjugation:
  - EO-3021 achieved **higher exposure of total ADC**
  - EO-3021 showed **lower free MMAE payload**

AUC of total ADC and free MMAE[1, 2, 3, 4]



Site-specific conjugation potentially enables stability of linker and payload for an improved safety profile

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AUC = area under the curve;
[1]Elevation Oncology data on file; [2]Adapted from PADCEV® (enfortumab vedotin-ejfv) [package insert]. Northbrook, IL: Astellas Pharma US, Inc; 2023; [3]Adapted from TIVDAK® (tisotumab vedotin-tftv) [package insert]. Bothell, WA: Seagen Inc.; 2024; [4] PADCEV® and TIVDAK® are not Claudin 18.2-directed ADCs.

Phase 1 Clinical Trial

Generally Well-Tolerated, with **Minimal Payload-Associated Toxicities**

Treatment-emergent Adverse Events (TEAEs) ≥10% [1]

	All Subjects (N = 32)		1.0 mg/kg (N = 3)		2.0 mg/kg (N = 15)		2.5 mg/kg (N = 8)		2.9 mg/kg (N = 6)	
Preferred Term; n (%)	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**
Nausea	18 (56.2)	4 (12.5)	2 (66.6)	1 (33.3)	6 (40.0)	0	5 (62.5)	1 (12.5)	5 (83.3)	2 (33.3)
Decreased Appetite	15 (46.8)	5 (15.6)	2 (66.6)	0	5 (33.3)	1 (6.6)	4 (50.0)	1 (12.5)	4 (66.6)	3 (50.0)
Fatigue	13 (40.6)	4 (12.5)	1 (33.3)	0	8 (53.3)	1 (6.6)	1 (12.5)	0	3 (50.0)	3 (50.0)
Diarrhea	9 (28.1)	0	1 (33.3)	0	4 (26.6)	0	2 (25.0)	0	2 (33.3)	0
Gastritis	6 (18.7)	1 (3.1)	0	0	5 (33.3)	1 (6.6)	0	0	1 (16.6)	0
Keratitis*	6 (18.7)	1 (3.1)	1 (33.3)	1 (33.3)	3 (20.0)	0	2 (25.0)	0	0	0
Constipation	5 (15.6)	0	0	0	1 (6.6)	0	2 (25.0)	0	2 (33.3)	0
Vomiting	5 (15.6)	0	0	0	3 (20.0)	0	1 (12.5)	0	1 (16.6)	0
Edema Peripheral	4 (12.5)	0	1 (33.3)	0	1 (6.6)	0	1 (12.5)	0	1 (16.6)	0
Hypoalbuminemia	4 (12.5)	3 (9.3)	0	0	2 (13.3)	2 (13.3)	1 (12.5)	0	1 (16.6)	1 (16.6)
Hypokalemia	4 (12.5)	3 (9.3)	1 (33.3)	1 (33.3)	1 (6.6)	1 (6.6)	1 (12.5)	0	1 (16.6)	1 (16.6)
Urinary Tract Infection	4 (12.5)	0	0	0	3 (20.0)	0	0	0	1 (16.6)	0

- **Minimal payload-associated toxicities & limited overlapping toxicities with SOC agents used in earlier lines setting**
  - Minimal hematological toxicity and hepatotoxicity
  - No peripheral neuropathy/hypoesthesia
  - Initial data support unique potential as an active, more combinable Claudin 18.2 ADC with competitive anti-tumor activity
- **Limited additional AEs of interest:**
  - 18.7% of patients (n=6) experienced keratitis
  - Keratitis observed in the study is monitorable with ophthalmic examination, manageable with prophylactic eye drops and dose modification, and reversible
- **AEs manageable with dose reductions; low incidence/rate of treatment discontinuations:**
  - 28% of patients (n=9) had a dose reduction due to TEAE
  - 6% of patients (n=2) discontinued study treatment due to TEAE
- **No deaths related to study treatment**

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*Preferred terms of keratitis include: keratitis, keratopathy and punctate keratitis
[1] 4 patients with dose-limiting toxicities of fatigue (n=1), encephalopathy (n=1), and decreased appetite (n=2) at 2.9 mg/kg Q3W
SOC = standard of care; AE = adverse events
Data cut-off: 10JUN2024

Treatment with EO-3021 Demonstrated **Compelling Anti-Tumor Activity** in Gastric and GEJ Cancer with Claudin 18.2 Expression

Analysis Population

- **Efficacy Evaluation**: 15 patients with GC/GEJ with available CLDN18.2 IHC results and had measurable disease with at least one post-baseline scan
- **Data cut-off**: June 10, 2024

7 patients with ≥ 20% of tumor cells at IHC 2+/3+ — **42.8% ORR (3/7)**, **71.4% DCR (5/7)**

8 patients with < 20% of tumor cells at IHC 2+/3+ — **0% ORR (0/8)**, **50% DCR (4/8)**

- All responses observed in patients with gastric or GEJ cancer with Claudin 18.2 expression
- All responses are partial responses; all are confirmed* and ongoing

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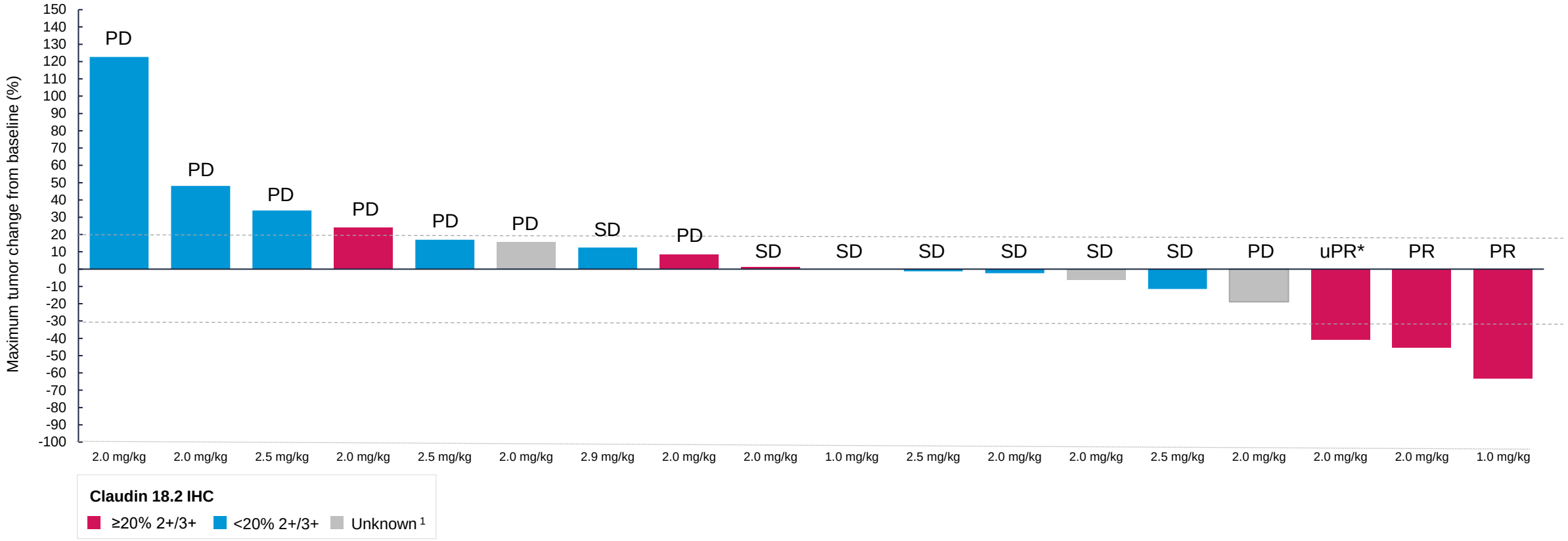
Data cut-off: 10JUN2024 | * One response confirmed following June 10th data cut-off
ORR = overall response rate; DCR = disease control rate

Treatment with EO-3021 Demonstrated **Compelling Anti-Tumor Activity** in Gastric and GEJ Cancer with Claudin 18.2 Expression

Best percent change in tumor burden (n=15)



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Data cut-off: 10JUN2024; *Note: Includes patients with measurable disease and at least one post-baseline scan; *uPR was confirmed after data cut-off; all PRs are ongoing on study treatment.* PD = progressive disease; SD = stable disease; PR = confirmed partial response; uPR = unconfirmed partial response

[1] Claudin 18.2 IHC results to be determined

Enrolling **Monotherapy Expansion**, While Initiating Cohorts to Evaluate **EO-3021 in Combination**

Monotherapy Expansion and Dose Optimization

Advanced into monotherapy expansion, evaluating two doses of EO-3021 for dose optimization

- Patients will be randomized 1:1 to receive 2.0 mg/kg IV Q3W or 2.5 mg/kg IV Q3W until disease progression or unacceptable toxicity
- Elevation Oncology is assessing a biomarker patient selection strategy and will introduce a biomarker threshold later in dose expansion and as part of future clinical development plans

Combination Strategy

Initial clinical data suggests EO-3021's unique potential as an active, more combinable Claundin 18.2 ADC

In earlier lines setting, expanding Phase 1 trial to include two combination cohorts evaluating EO-3021 in combination with ramucirumab, a VEGFR2 inhibitor and in combination with dostarlimab, a PD-1 inhibitor

- Chemotherapy + targeted agent is standard-of-care for 2L gastric cancer treatment
- Systemic chemotherapy is highly toxic; opportunity to pair EO-3021 with **ramucirumab** to potentially deliver improved tolerability and outcomes
- Immunotherapy is becoming mainstay of 1L gastric cancer treatment
- Combining **dostarlimab** with CLDN18.2 ADC could drive further benefit:
  - ADCs with MMAE payload are known to induce immunogenic cell death[1]

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[1]Bauzon M, et al., Oncoimmunology. 2019;8(4):e1565859

Advancing **Broad Development Plan** to Capture Gastric and GEJ Cancer Market

	1L	2L	3L+	Next Milestone
EO-3021 Monotherapy				Enrolling Phase 1 expansion Additional data expected 1H 2025
EO-3021 + Ramucirumab Targeted agent combination				Initiate dosing in combination portion of Phase 1 trial in 4Q 2024
EO-3021 + Dostarlimab Immunotherapy combination (+/- chemotherapy)				

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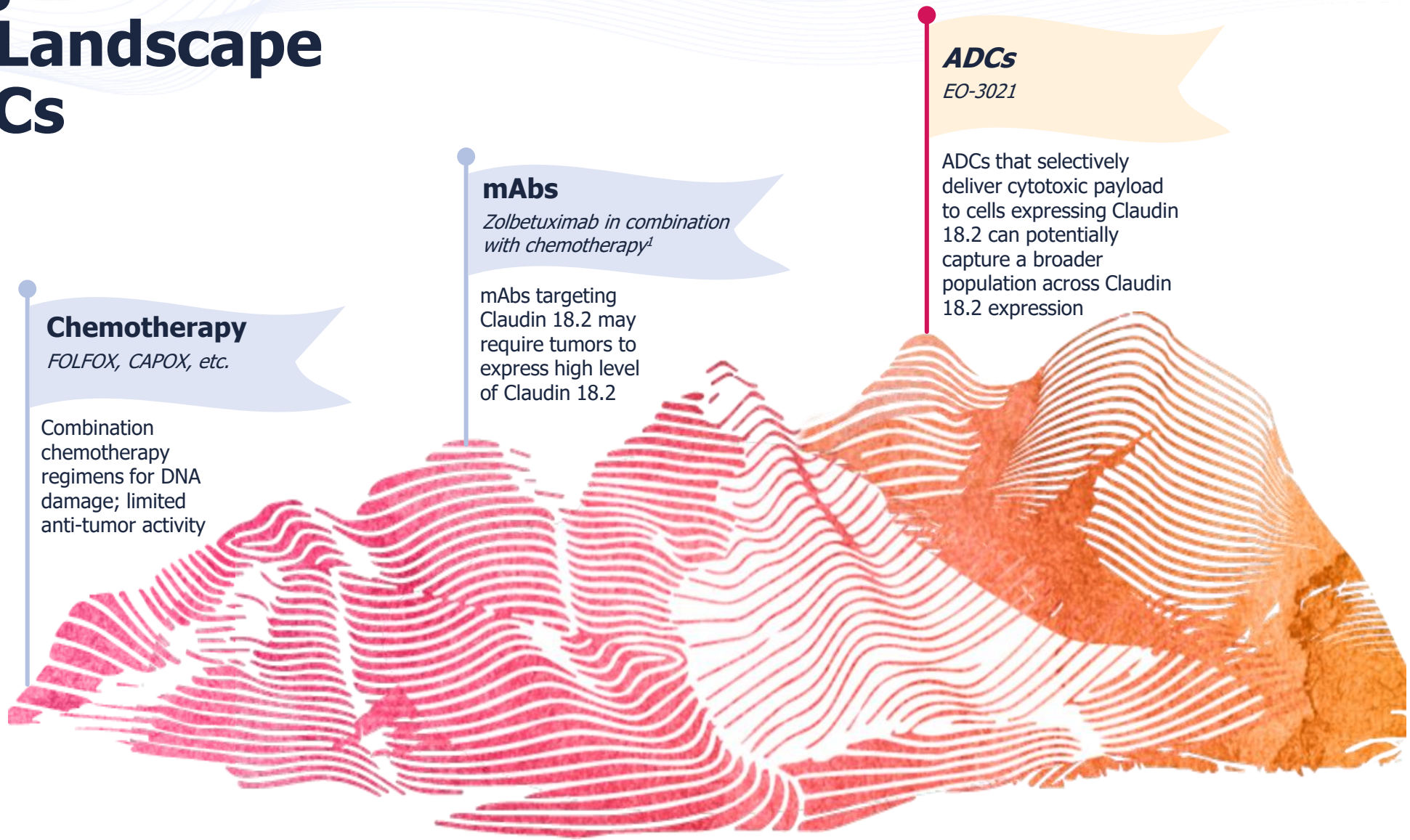
An Evolving Claudin 18.2 Treatment Landscape Toward ADCs

As with other targets in oncology, **the Claudin 18.2 landscape is moving toward an ADC-based approach**



[1]VYLOY [package insert]. Northbrook, IL: Astellas Pharma US, Inc; 2024.

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HER3-ADC: A Differentiated ADC Targeting HER3

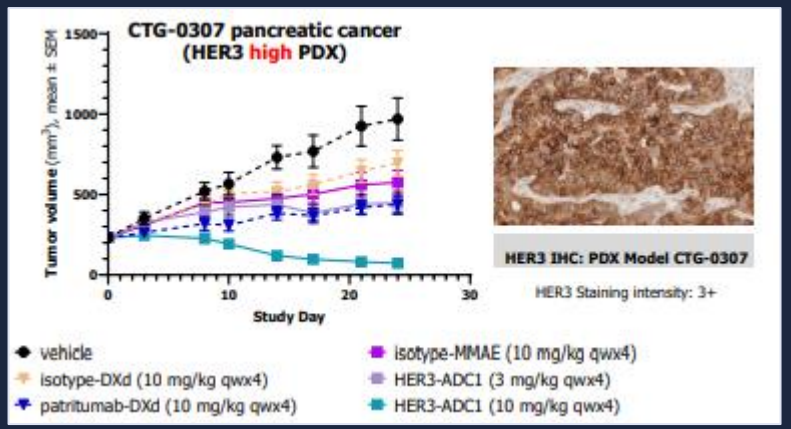
Aim to develop a differentiated ADC that **selectively binds to HER3** and is internalized to **kill HER3-expressing cancer cells**, while **minimizing systemic exposure to free payload**

Expect to nominate development candidate in 4Q 2024

- HER3 is a clinically validated oncology and ADC target[1,2]
- Overexpressed in a range of solid-tumors, including breast cancer, EGFR-mutant non-small cell lung cancer and pancreatic cancer[3,4,5]
- Often associated with poor clinical outcomes[5,6]
- No HER3-targeted ADC agents approved for the treatment of cancer[7]

In preclinical studies[8], HER3-ADC1, a proof-of-concept molecule:

- Demonstrated that binding to cancer cells, endocytosis, MMAE release, and cell killing were dependent on HER3 expression
- Displayed potent in vitro cell killing and outperformed a benchmark HER3-ADC with a deruxtecan payload
- Induced tumor regression in a PDX model of pancreatic cancer with high HER3 expression, whereas a benchmark HER3-ADC with deruxtecan payload only had a modest effect



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[1]Yu, et al. JCO. 2023 41(35): 5363-5375. [2]Iwata, et al. Ann. Oncol. 2023 34(S3):S1379. [3]Maennling, et al. Cancers. 2019 11(12):1826. [4]Scharpenseel, et al. Sci Rep. 2019 9:7406 [5]Ocana, et al. J Natl Cancer Inst 2013; 105:266-73. [6]Li, et al. Oncotarget. 2017 8:67140-67151. [7]Uliano, et al. ESMO Open. 2023 8(1): 100790. [8]O'Hare, et al. Cancer Res. 2024 84 (6_Supplement):3121.

Upcoming Milestones

EO-3021

- ✓ **2H 2023** Initiate Phase 1 trial in the US
- ✓ **1H 2024** Details on planned Phase 1 combination study
- ✓ **3Q 2024** Report initial safety and efficacy data from Phase 1 trial
- ✓ **3Q 2024** Fast Track Designation from the FDA
- ◇ **4Q 2024** Present preclinical data on the combination potential of EO-3021 with VEGFR2 or PD-1 inhibitors at ESMO-IO 2024
- ◇ **4Q 2024** Initiate dosing in combination portion of Phase 1 trial
- ◇ **1H 2025** Additional clinical data from Phase 1 trial

HER3-ADC

- ◇ **4Q 2024** Nominate development candidate

FINANCIAL

$103M cash, cash equivalents and marketable securities as of 9/30/2024

Cash runway to fund operations into 2026

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THANK YOU