Zipalertinib REZILIENT3 Results

September 14, 2026

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AGENDA

Introduction
Nadim Ahmed

REZILIENT3 Results Overview
Dr. Jeff Jones

Strategic Perspective and Next Steps
Nadim Ahmed

Q&A

SPEAKERS

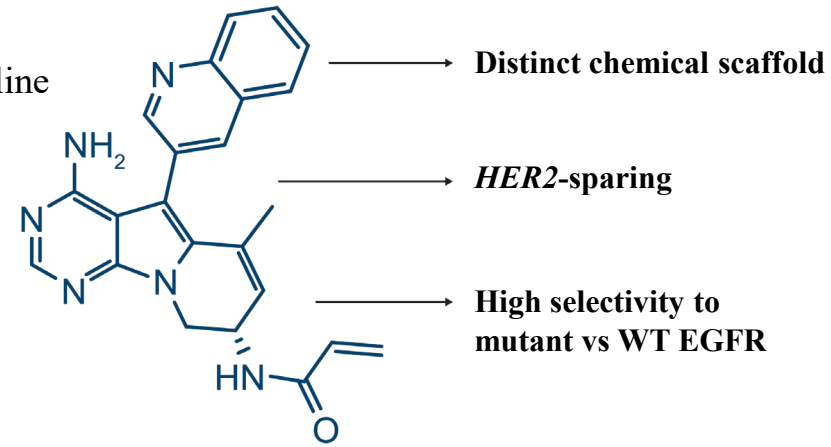
Nadim Ahmed
President and Chief Executive Officer, Cullinan Therapeutics

Jeff Jones, MD, MBA
Chief Medical Officer, Cullinan Therapeutics

Zipalertinib: Compelling Profile for NSCLC Patients With EGFR Exon20 Insertion Mutations

Potentially Best-in-class First-Line Option

- ✓ **Unprecedented** 6-month improvement in median progression-free survival for zipalertinib plus chemotherapy over chemotherapy alone demonstrated early at interim analysis
- ✓ **Best median PFS and median DoR results** observed to date in clinical trials in the front-line setting in patients with EGFR exon20ins NSCLC



Robust Clinical Activity Across Patient Subsets

- ✓ **2L+:** Clinically meaningful efficacy and durability in 2L+ patients
- ✓ **Brain metastases:** Clinically meaningful intracranial antitumor activity

Comprehensive Clinical Development

- ✓ **2L+:** NDA for treatment of relapsed EGFR exon20ins NSCLC under review by the U.S. FDA
- ✓ **1L:** Phase 3 REZILIENT3 zipalertinib plus chemotherapy achieved primary endpoint of PFS at interim analysis
- ✓ **Uncommon mutations:** Parallel cohort study in uncommon mutations, ongoing
- ✓ **Adjuvant study** in EGFR exon20ins and uncommon mutations, ongoing

REZILIENT3 Results

Jeff Jones, MD, MBA
Chief Medical Officer

REZILIENT3 Study Design

Part B: Randomized Phase 3

Primary analysis: At 162 PFS events to detect HR 0.60, 2-sided α: 0.05, 90% power
Pre-specified interim analysis: At 122 PFS events; if one-sided P<0.0098, superiority to be claimed

Study Population

1. First-line, locally advanced or metastatic nonsquamous NSCLC
2. *EGFR* exon20ins mutations by local test
3. Measurable disease per RECIST v1.1
4. ECOG PS 0 or 1
5. Stable brain metastases permitted
6. Archival tumor tissue available for submission

R 1:1

Zipalertinib (100 mg PO BID) + Pemetrexed + Carboplatin OR Cisplatin
140 patients enrolled

Pemetrexed + Carboplatin OR Cisplatin
139 patients enrolled

Pemetrexed 500 mg/m² every 3 weeks; carboplatin (AUC5) or cisplatin 75 mg/m² will be administered for 4 cycles

(Crossover is only allowed after BICR confirms disease progression)

Optional Crossover to Zipalertinib Monotherapy

REZILIENT3 endpoints

Type of endpoint	Endpoint	
Primary	PFS per RECIST v1.1 by BICR	
Secondary	• OS • Investigator-assessed PFS, ORR, DCR, and DoR • ORR, DoR, and DCR per RECIST v1.1 by BICR • Intracranial ORR, DCR, and DoR	• Adverse events per CTCAE v5.0 • PK profile • PROs

Clinicaltrials.gov identifier: NCT05973773; PFS, progression-free survival; BICR, blinded independent central review; ORR, objective response rate; DCR, disease control rate; DoR, duration of response; OS, overall survival; ECOG PS, Eastern Cooperative Oncology Group Performance Status; HR, hazard ratio; IDMC, Independent Data Monitoring Committee; NSCLC, non-small cell lung cancer; PROs, patient reported outcomes

As of May 29, 2026 data cutoff

REZILIENT3: Patient Demographics and Baseline Characteristics

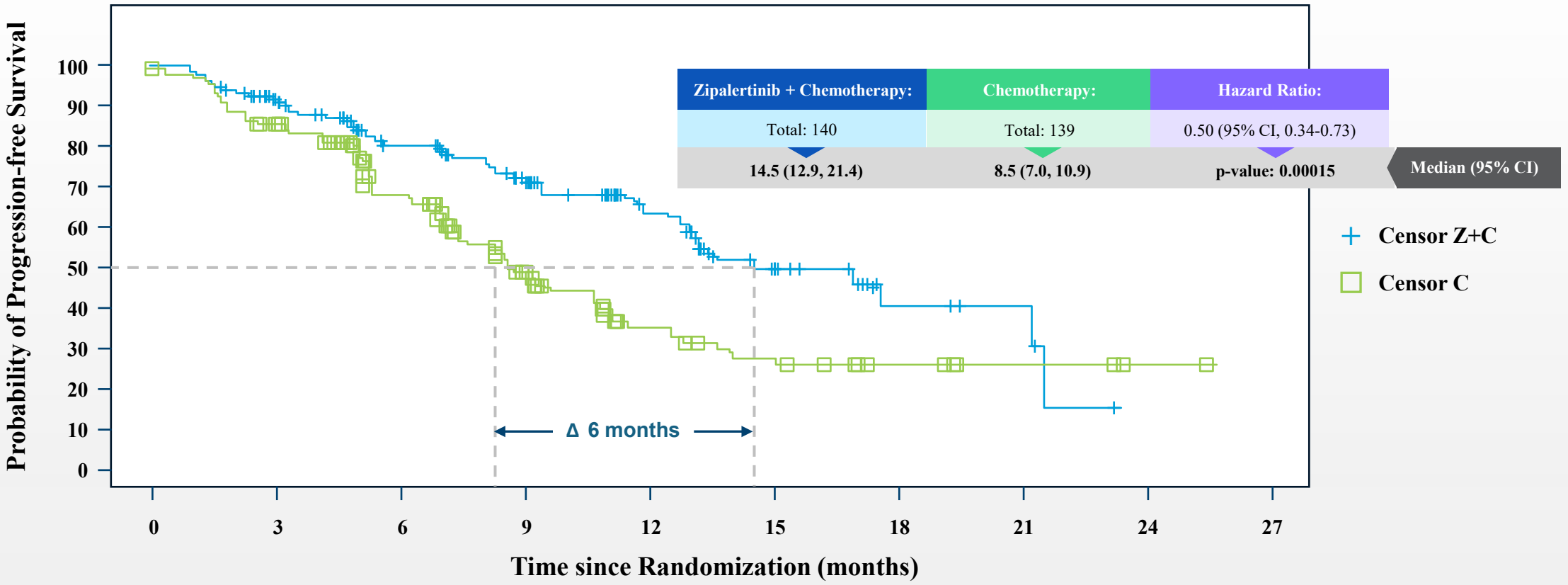
	Zipalertinib + Chemotherapy (n=140)	Chemotherapy (n=139[1])
Age, *n* (years)		
Median (range)	66.5 (30, 89)	64.0 (27, 82)
Sex, n (%)		
Male	48 (34.3)	51 (36.7)
Female	92 (65.7)	88 (63.3)
Region, n (%)		
Asia	56 (40.0)	56 (40.3)
Rest of world	84 (60.0)	83 (59.7)
History of smoking, n (%)		
Yes	57 (40.7)	54 (38.8)
No	83 (59.3)	85 (61.2)
ECOG performance status, n (%)		
0	58 (41.4)	56 (40.3)
1	82 (58.5)	83 (57.6)
Histology Adenocarcinoma		
Adenocarcinoma	136 (97.1)	135 (97.1)
Large cell carcinoma	1 (0.7)	0
Non-squamous cell carcinoma	2 (1.4)	3 (2.2)
Other	1 (0.7)	1 (0.7)
Brain Metastasis		
Yes	44 (31.4)	44 (31.7)
No	96 (68.6)	95 (68.3)

1. Three patients were enrolled but not randomized; included in efficacy population and excluded from safety population

ECOG, Eastern Cooperative Oncology Group

As of May 29, 2026 data cutoff

REZILIENT3: Unprecedented Median Progression-free Survival (PFS) of 14.5 Months per Blinded, Independent Central Review



Number at Risk										
Zipalertinib + Chemotherapy	140	109	81	59	40	22	7	4	0	•
Chemotherapy	139	102	73	36	20	14	6	3	1	0

C, chemotherapy; NE, not estimable; Z+C, zipalertinib + chemotherapy; CI, confidence interval

As of May 29, 2026 data cutoff

REZILIENT3: Clinical Benefit in First-Line EGFR exon20ins NSCLC

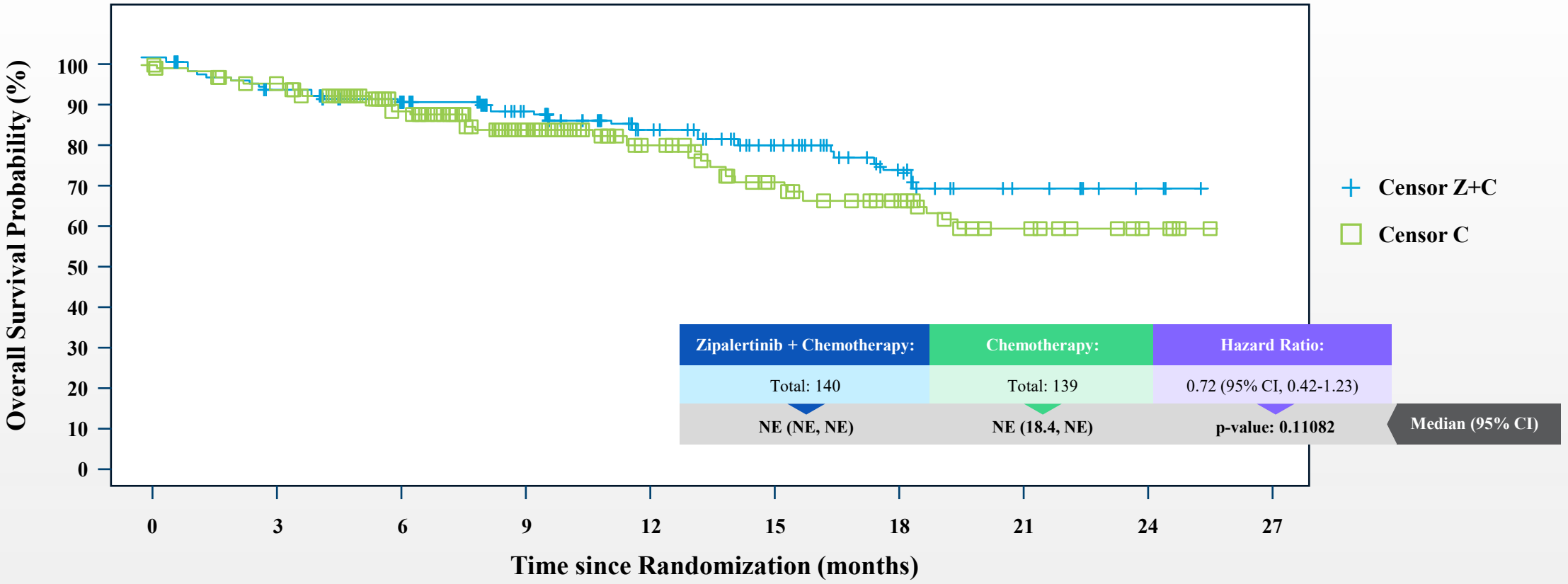
Zipalertinib + chemotherapy demonstrated clinically meaningful efficacy in the first-line setting with a median DoR of 14.2 months – the best result observed to date in clinical trials for first-line EGFR exon20ins NSCLC.

	Zipalertinib + Chemotherapy (n=140)	Chemotherapy (n=139)
Best Overall Response, *n* (%)		
Complete Response (CR)	9 (6.4)	3 (2.2)
Partial Response (PR)	82 (58.6)	53 (38.1)
Stable Disease (SD)	29 (20.7)	55 (39.6)
Progressive Disease (PD)	4 (2.9)	12 (8.6)
Objective Response Rate, n (%)	**91 (65.0)[1]**	**56 (40.3)**
(95% CI of Rate)	(56.49, 72.86)	(32.06, 48.94)
Disease Control Rate, n (%)	125 (89.3)	113 (81.3)
(95% CI of Rate)	(82.94, 93.88)	(73.81, 87.4)
Duration of Response, (DoR) (months), Median (95% CI)	**14.2 (10.51, NE)**	**9.9 (6.80, NE)**
Median Time to Response (CR/PR) (months)	1.4	2.6

1. P-value < 0.0001 vs. chemotherapy alone

As of May 29, 2026 data cutoff

REZILIENT3: At Interim Analysis, Maturing OS Demonstrated a Positive Trend for Improvement in Overall Survival



Number at Risk										
Zipalertinib + Chemotherapy	140	127	98	79	56	38	19	8	3	0
Chemotherapy	139	126	97	67	47	31	22	11	4	0

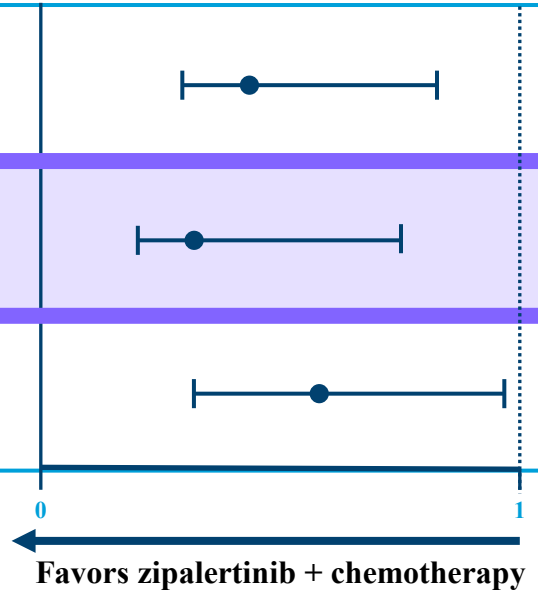
C, chemotherapy; NE, not estimable; Z+C, zipalertinib + chemotherapy; CI, confidence interval

As of May 29, 2026 data cutoff

REZILIENT3: Zipalertinib Plus Chemotherapy Significantly Reduced the Risk of Disease Progression in Patients With Brain Metastases versus Chemotherapy Alone

Zipalertinib + chemotherapy demonstrated more durable disease control and a greater PFS benefit in the high-risk population with a 0.38 HR.

Subgroup	Zipalertinib + Chemotherapy with Event n/N (%)	Chemotherapy with Event n/N (%)	PFS Hazard Ratio	Hazard Ratio (95% CI)
All Patients	50/140 (35.7%)	72/139 (51.8%)		0.55 (0.38-0.79)
Brain Metastases = Yes	**21/44 (47.7%)**	**30/44 (68.2%)**		**0.38 (0.21-0.67)**
Brain Metastases = No	29/96 (30.2%)	42/95 (44.2%)		0.62 (0.38-0.99)



PFS, progression-free survival; HR, hazard ratio; CI, confidence interval

As of May 29, 2026 data cutoff

REZILIENT3: Summary of Adverse Events (AEs)

n (%)	Zipalertinib + Chemotherapy (n=140)			Chemotherapy (n=136)	
Treatment-Related Adverse Events (TRAEs)	138 (98.6)			120 (88.2)	
Grade ≥3 TRAEs	113 (80.7)			55 (40.4)	
Serious Adverse Events	71 (50.7)			45 (33.1)	
Treatment-related Serious Adverse Events	53 (37.9)			17 (12.5)	
Adverse Events with outcome of death[1]	13 (9.3)			4 (2.9)	
TRAEs with outcome of death	3 (2.1)			0	
Sepsis/septic shock	3 (2.1)			0	
	Zipalertinib	**Pemetrexed**	**Carbo/cisplatin**	**Pemetrexed**	**Carbo/ cisplatin**
TEAEs leading to treatment interruption	116 (82.9)	104 (74.3)	70 (50)	60 (44.1)	40 (29.4)
TEAEs leading to dose reduction	61 (43.6)	68 (48.6)	46 (32.9)	29 (21.3)	21 (15.4)
TEAEs leading to drug discontinuation[2]	24 (17.1)	44 (31.4)	22 (15.7)	16 (11.8)	7 (5.1)

1. *Death events were as follows – zipalertinib + chemotherapy: sepsis (3), pneumonia (1), respiratory tract infection (1), septic shock (1), acute respiratory failure (1), dyspnea (1), hemoptysis (1), respiratory failure (1), death (1), sudden death (1), diabetic ketoacidosis (1). chemotherapy: sepsis (1), pneumonia (1), acute respiratory failure (1), cerebrovascular accident (1)*
2. *Refers to the regimen where a component was the primary reason for treatment discontinuation.*

TEAE, treatment-emergent adverse event

As of May 29, 2026 data cutoff

REZILIENT3: Safety Profile

- **The safety profile of zipalertinib + chemotherapy was consistent with the known profile of the individual agents**
- **The most common adverse events were chemotherapy-related cytopenias and EGFR-associated toxicities**

Most common AEs of any cause by preferred term (≥25%), (%)	Zipalertinib + Chemotherapy (n=140)		Chemotherapy (n=136)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Associated with EGFR inhibition				
Rash	45.7	10.7	6.6	0
Paronychia	31.4	1.4	0	0
Stomatitis	28.6	5.0	7.4	0.7
Diarrhea	27.1	1.4	8.8	0
Other				
Anemia[1]	80.7	48.6	50.0	12.5
Thrombocytopenia[2]	56.4	30.0	19.9	8.1
Neutropenia[3]	50.7	33.6	40.4	22.1
Nausea	44.3	3.6	41.9	0.7
Constipation	32.1	0	30.9	0

1. Includes anemia and/or reduced red blood cells 2. Includes thrombocytopenia and/or platelets decreased 3. Includes neutropenia and/or decreased neutrophils

As of May 29, 2026 data cutoff

REZILIENT3: Key Takeaways

These interim analysis efficacy data represent the best PFS and DoR results observed to date in clinical trials for first-line EGFR exon20ins NSCLC[1]

The addition of zipalertinib to platinum-based chemotherapy provided a statistically significant and clinically meaningful 6.0 months median PFS improvement as a first-line treatment for patients with EGFR exon20ins NSCLC

14.5 months versus 8.5 months with a HR of 0.50 and p-value of 0.00015

ORR was significantly higher with the combination therapy (65.0% vs 40.3%, P<0.0001), and the median DoR was longer (14.2 months vs 9.9 months)

A positive trend in overall survival was also observed at this early stage with a HR of 0.72 in favor of the zipalertinib combination regimen

The observed safety of the zipalertinib combination regimen was manageable and consistent with the safety profile of the individual regimens

The IDMC recommended unblinding the study. Crossover will be allowed, and continued follow-up is ongoing to further characterize the OS benefit as well as exploratory endpoints

1. No head-to-head studies have been conducted. Other studies may not be directly comparable. Results should be interpreted with caution.

As of May 29, 2026 data cutoff

Strategic Perspective and Next Steps

Nadim Ahmed

President and Chief Executive Officer

Compelling Profile of Zipalertinib Regimens Creates Opportunity to Address Large Unmet Need

1L

	Zipalertinib + Chemotherapy*	Amivantamab + Chemotherapy[1]	Sunvozertinib monotherapy[2]
ORR	65.0%	73%	58.9%
Median duration of response	14.2 months	9.7 months	11.2 months
Median PFS	14.5 months	11.4 months	10.3 months
Control arm median PFS	8.5 months	6.7 months	7.5 months
History of brain metastases	31.4%	23%	12.9%

2L+

	Zipalertinib monotherapy[3]	Amivantamab monotherapy[4]	Sunvozertinib monotherapy[5]
ORR in patients treated with prior platinum-based chemotherapy only	40%	40%	45.9%
Median duration of response	8.8 months	11.1 months	11.1 months
Median PFS	9.5 months	8.3 months	8.4 months
History of brain metastases	35%	22%	25%

Data provided for context only; no head-to-head studies have been conducted. Other studies may not be directly comparable. Results should be interpreted with caution.

1. *Girard N; PAPILLON Investigators. Amivantamab plus Chemotherapy in NSCLC with EGFR Exon 20 Insertions. N Engl J Med. 2023 Nov 30;389(22):2039-2051.*
2. *Heymach JV; First-Line Sunvozertinib in NSCLC with EGFR Exon 20 Insertion Mutations. N Engl J Med. 2026 Aug 20;395(8):765-775.*
3. *Yu HA; REZILIENT1 Investigators. Zipalertinib in Patients With EGFR Exon 20 Insertion-Positive NSCLC Previously Treated With Platinum-Based Chemotherapy With or Without Amivantamab. J Clin Oncol. 2025 Jul 20;43(21):2387-2397.*
4. *Park K, Haura EB, Leighl NB, et al. Amivantamab in EGFR Exon 20 Insertion-Mutated Non-Small-Cell Lung Cancer Progressing on Platinum Chemotherapy: Initial Results From the CHRYSALIS Phase I Study. J Clin Oncol. 2021;39(30):3391-3402.*
5. *Jänne PA; WU-KONG1B. Phase II Dose-Randomized Study of Sunvozertinib in Platinum-Pretreated Non-Small Cell Lung Cancer With Epidermal Growth Factor Receptor Exon 20 Insertion Mutations (WU-KONG1B). J Clin Oncol. 2025 Oct 10;43(29):3198-3208.*

As of May 29, 2026 data cutoff

Zipalertinib Plus Chemotherapy Achieves Compelling Efficacy with a Manageable AE Profile

Zipalertinib + chemotherapy showed differentiated rates of EGFR related AEs

AEs associated with EGFR inhibition	Zipalertinib + Chemotherapy*		Amivantamab + Chemotherapy[1]		Sunvozertinib monotherapy[2]	
	Any Grade (%)	Grade ≥3 (%)	Any Grade (%)	Grade≥3 (%)	Any Grade (%)	Grade ≥3 (%)
Notable skin-related toxicities						
Rash	45.7%	10.7%	54%	11%	52.8%	0.6%
Paronychia	31.4%	1.4%	56%	7%	48.5%	3.7%
Dermatitis acneiform	18.6%	1.4%	31%	4%	1.2%	1.2%
Stomatitis	28.6%	5.0%	25%	1%	19.0%	2.5%
Diarrhea	27.1%	1.4%	21%	3%	87.1%	14.1%
Pneumonitis	5.7%	2.1%	2%	2%	n/a	n/a

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1. *Girard N; PAPILLON Investigators. Amivantamab plus Chemotherapy in NSCLC with EGFR Exon 20 Insertions. N Engl J Med. 2023 Nov 30;389(22):2039-2051.*
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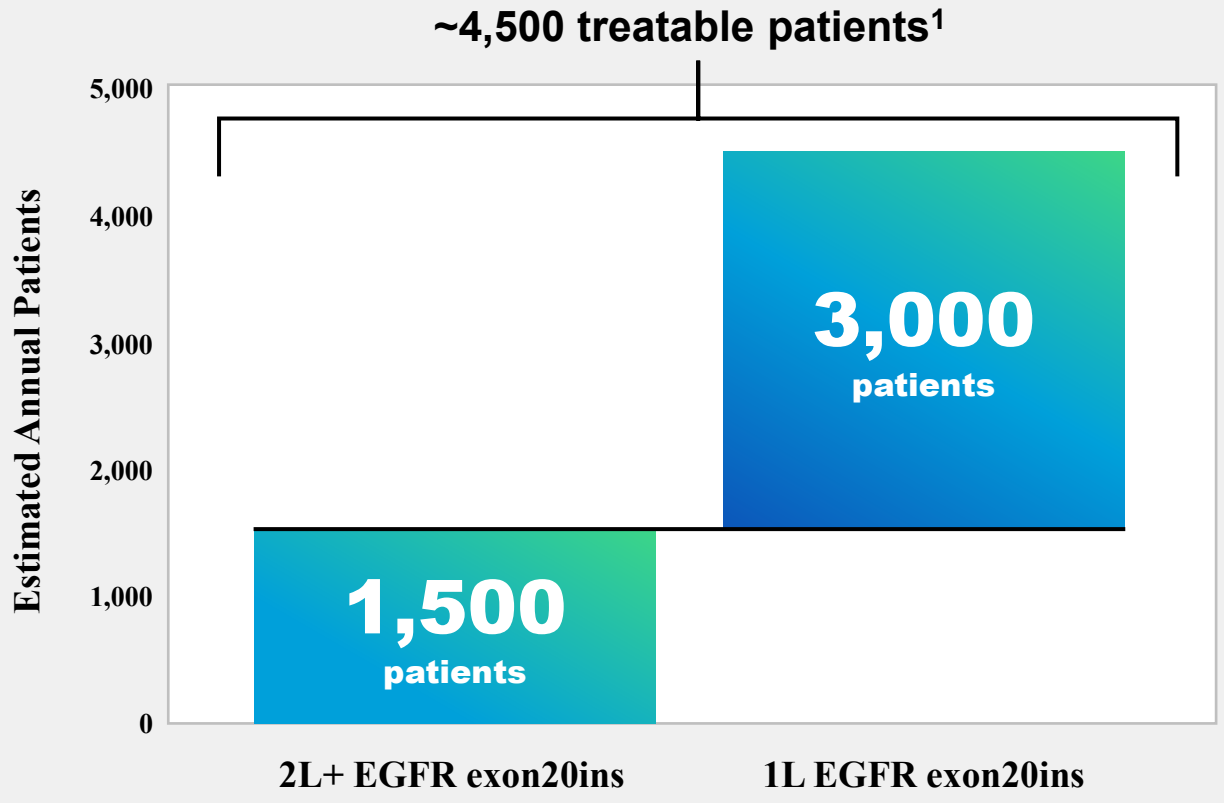
As of May 29, 2026 data cutoff

Exon20 Insertions Is an Estimated Billion-Dollar Plus Commercial Opportunity in the U.S.

$1B to $1.5B opportunity in the U.S.[1]



Potential opportunities for future revenue expansion

~6,000+ treatable patients[2]

- Adjuvant NSCLC exon20ins
- NSCLC EGFR uncommon
- Adjuvant NSCLC EGFR uncommon

1. *Internal Company estimate for 2026 total addressable market based on current price of TKIs for EGFR exon20ins NSCLC*
2. *Internal Company estimate for 2026 incidence for first-line NSCLC EGFR uncommon mutation patients*

Taiho Zipalertinib Collaboration Provides Cullinan With Financial Benefits

Upfront Payment
$275 million to Cullinan received in 2022 in exchange for worldwide rights to Taiho[1]

Milestone Payments
Cullinan is eligible to receive **$30 million** and up to **$100 million** upon 2L and 1L U.S. regulatory approvals, respectively

U.S. Profit Sharing
Parties share 50/50 U.S. commercialization costs and potential profits

1. Excludes rights to Japan, which were already held by Taiho, and rights to Greater China, which were previously licensed to Zai Labs.

Key Takeaways and Next Steps

The compelling results support zipalertinib combination therapy as a highly competitive regimen with the potential to become a new SOC in the 1L setting for patients with EGFR exon20ins NSCLC

- Supports combination approach over single agent TKI
- Best observed median PFS
- Best observed median DoR
- Clinically meaningful activity in patients with brain metastases
- At interim analysis, positive OS trend
- Manageable rates of EGFR-associated AEs

Regulatory

- **2L+:** NDA for treatment of relapsed EGFR exon20ins NSCLC under review by the U.S. FDA
- **1L:** Results to be discussed with the U.S. FDA

Commercial Opportunity

- **Potential for $130M** in cumulative milestones in the near-term
- Potential to unlock **significant U.S. commercial opportunity** through 50/50 profit share with Taiho

Q&A

Nadim Ahmed
President and Chief Executive Officer

Dr. Jeff Jones, MD, MBA
Chief Medical Officer