



Discovery Deep Dive: Prelude's Oral SMARCA2 Degrader (PRT7732)

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Forward Looking Statements

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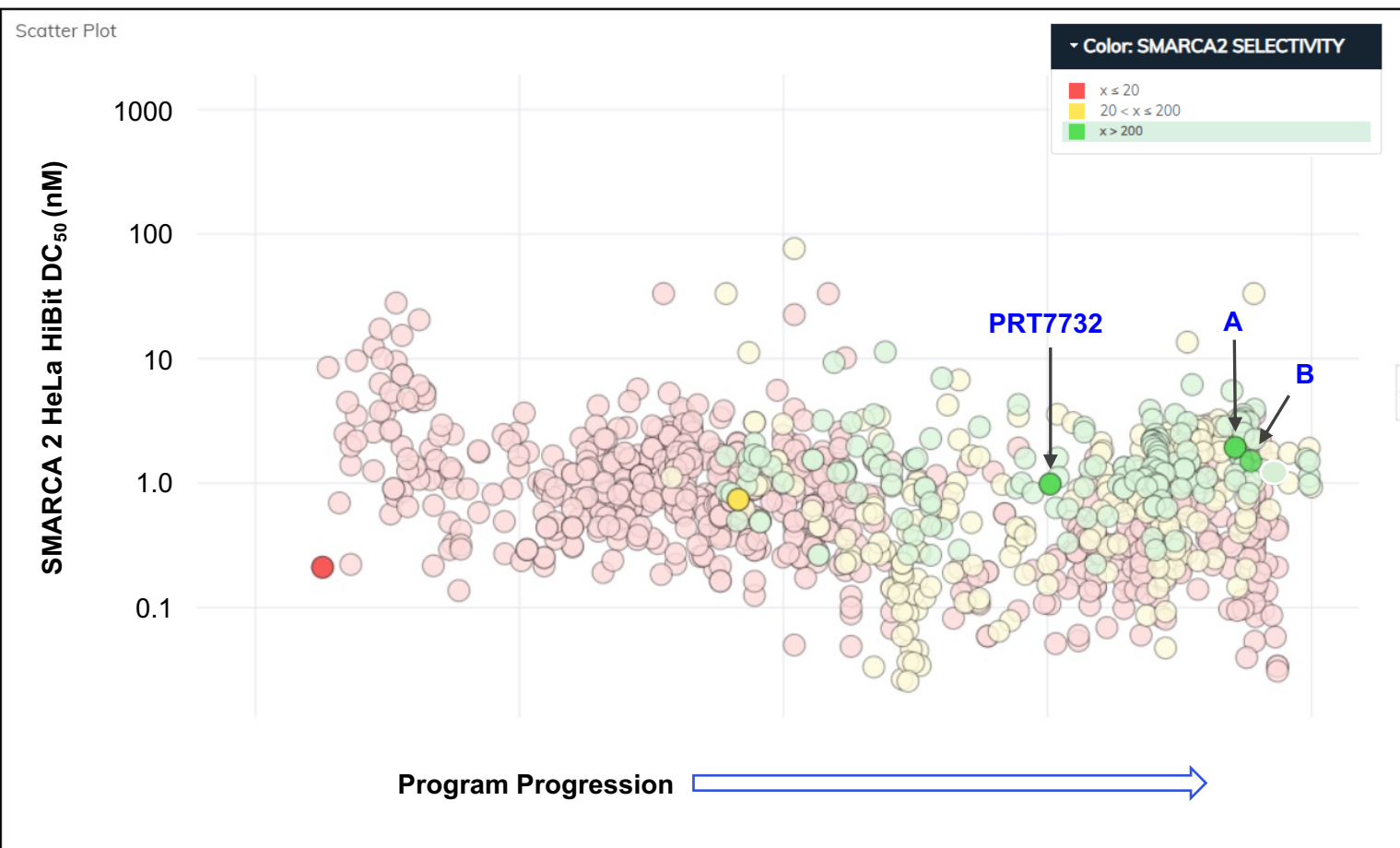
These forward-looking statements are based on the beliefs of our management as well as assumptions made by and information currently available to us. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. If such assumptions do not fully materialize or prove incorrect, the events or circumstances referred to in the forward-looking statements may not occur. We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations, except as required by law. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. Additional risks and uncertainties that could affect our business are included under the caption “Risk Factors” in our filings with the Securities and Exchange Commission, including our Annual Report on Form 10-K for the year ended December 31, 2023.

Learning Objectives

- What is the status of our oral SMARCA2 degrader program, and lead oral candidate PRT7732?
- Where is the science leading us next to further expand the reach of our SMARCA portfolio for patients?

Our SMARCA2 oral degrader program has progressed rapidly and systematically

SMARCA2 HiBit DC₅₀ & SMARCA4 Selectivity



Solving for potency, selectivity and oral bioavailability was a challenge

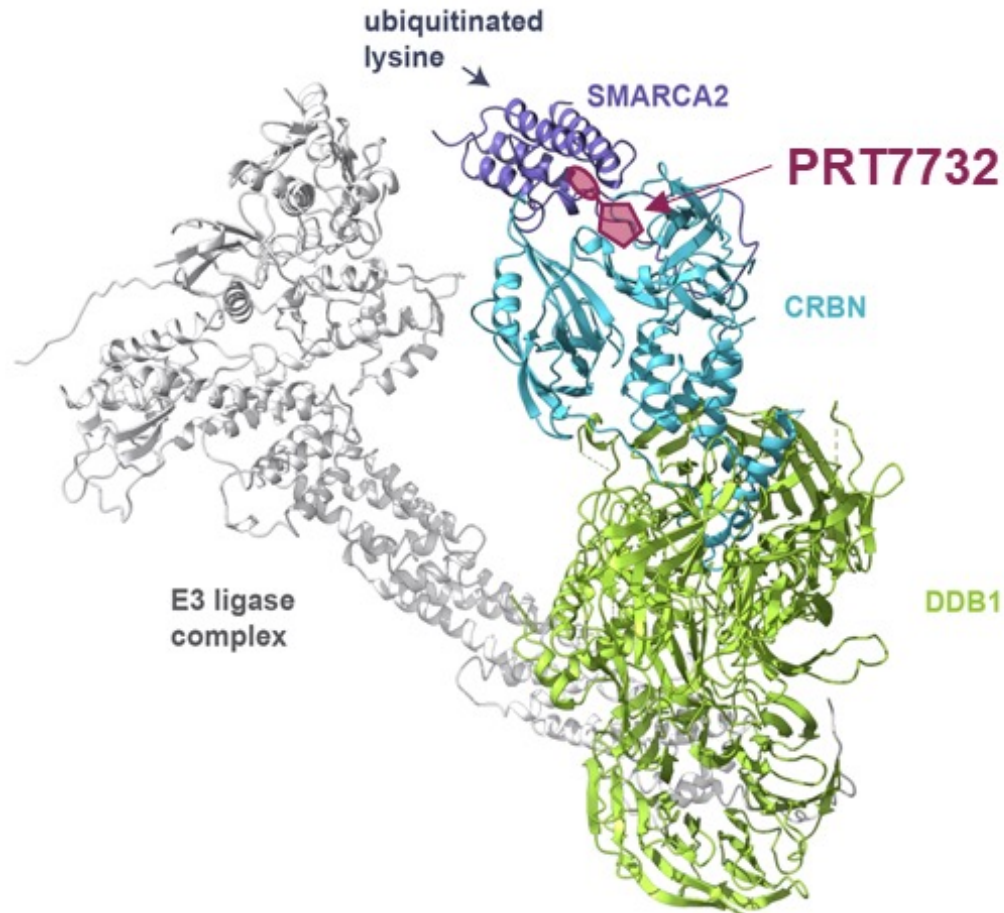
PRT7732: Lead Oral Candidate with >3000-fold Selectivity

A and B: Two additional structurally distinct oral back-up candidates

*Inactive & weakly potent compounds removed for clarity

PRT7732: Our Lead Oral SMARCA2 Degradator

Tertiary Complex of SMARCA2/ PRT7732/CRBN-DDB1 E3 Ligase



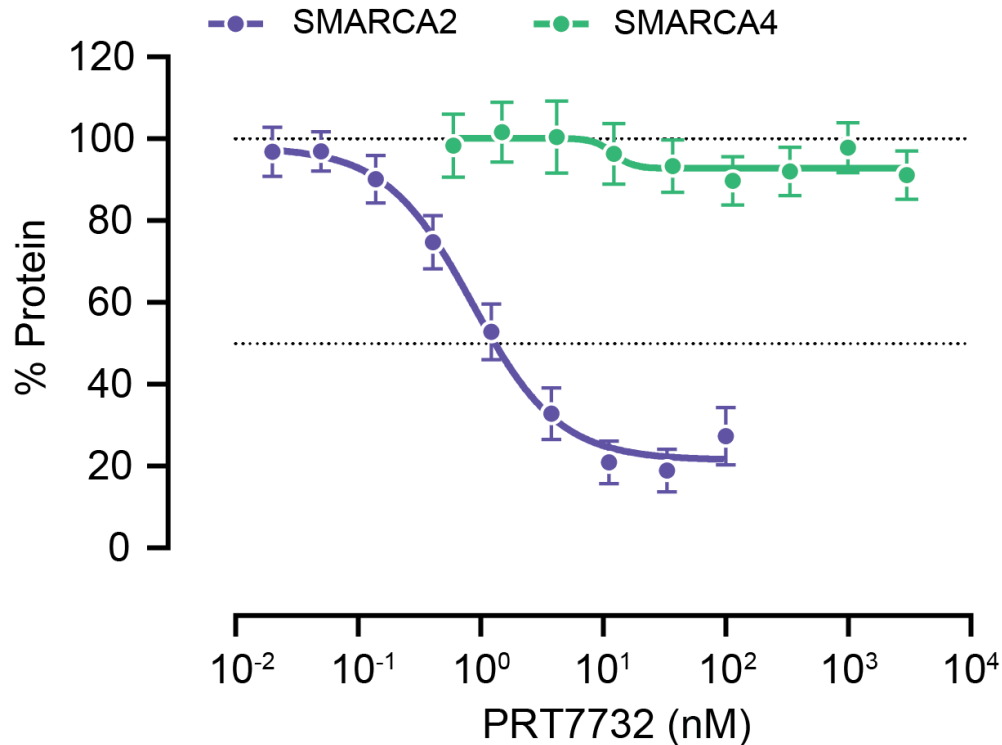
PRT7732 binds to the SMARCA2 bromodomain and CRBN-DDB1 E3 ligase complex

PRT7732 has been shown to catalyze the polyubiquitination of unique lysine residues expressed only in SMARCA2 and not SMARCA4

Unique conformational bias promotes selective ubiquitination and degradation of SMARCA2

PRT7732 is highly potent and orally bioavailable with near-absolute selectivity for SMARCA2

Assay	PRT7732
SMARCA2 Degradation (nM)	0.98
Selectivity: Degradation (SMARCA4 / SMARCA2)	>3000 fold
Selectivity: Cell Proliferation (SMARCA4 / SMARCA2)	>1000 fold*



* Based on highest concentration tested

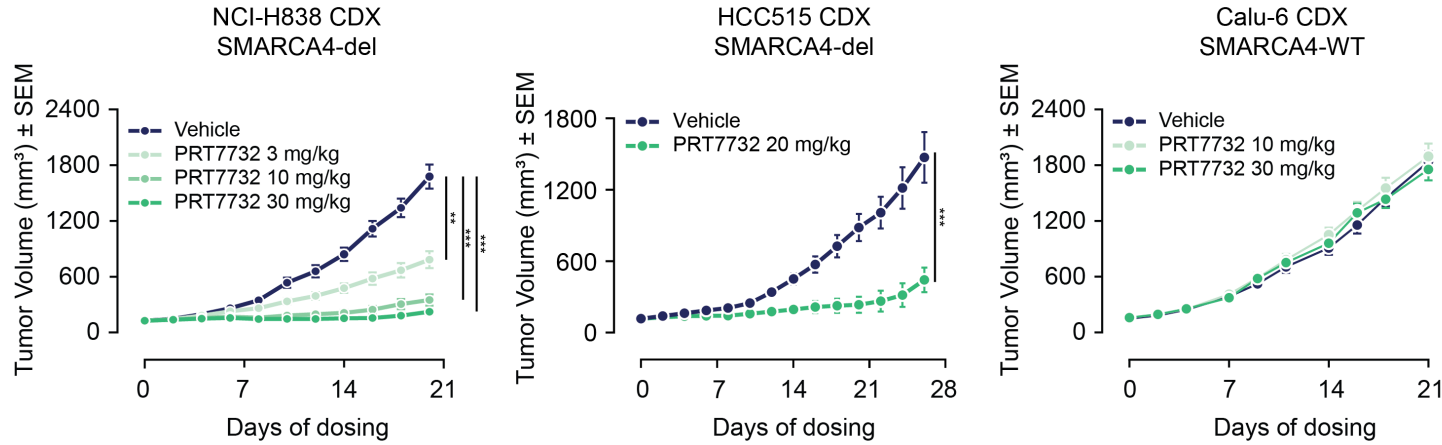
Source: Shvartsbart, K. Ito et al., AACR Poster, April 2024. Available here: [Preclinical Characterization Of PRT7732: A Highly Potent, Selective, And Orally Bioavailable Targeted Protein Degradator Of SMARCA2](#)

Sub-nanomolar SMARCA2 degradation potency

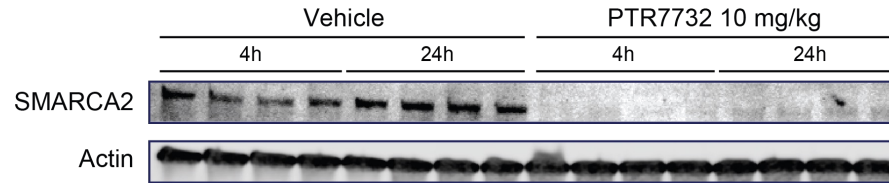
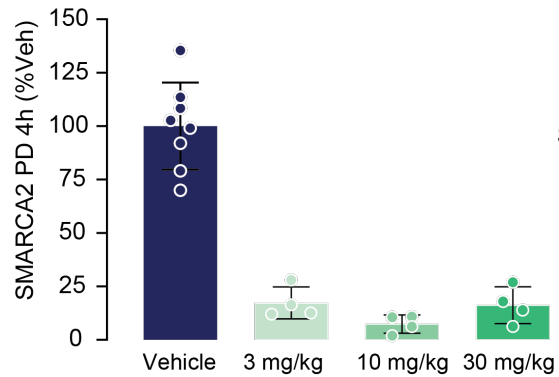
Near-absolute cellular selectivity for SMARCA2 vs SMARCA4 (>3000 fold) in HiBit cell lines and >1000-fold in cell proliferation assays

Good oral bioavailability across species

PRT7732 has significant anti-tumor activity in SMARCA4-deficient cancer xenograft models

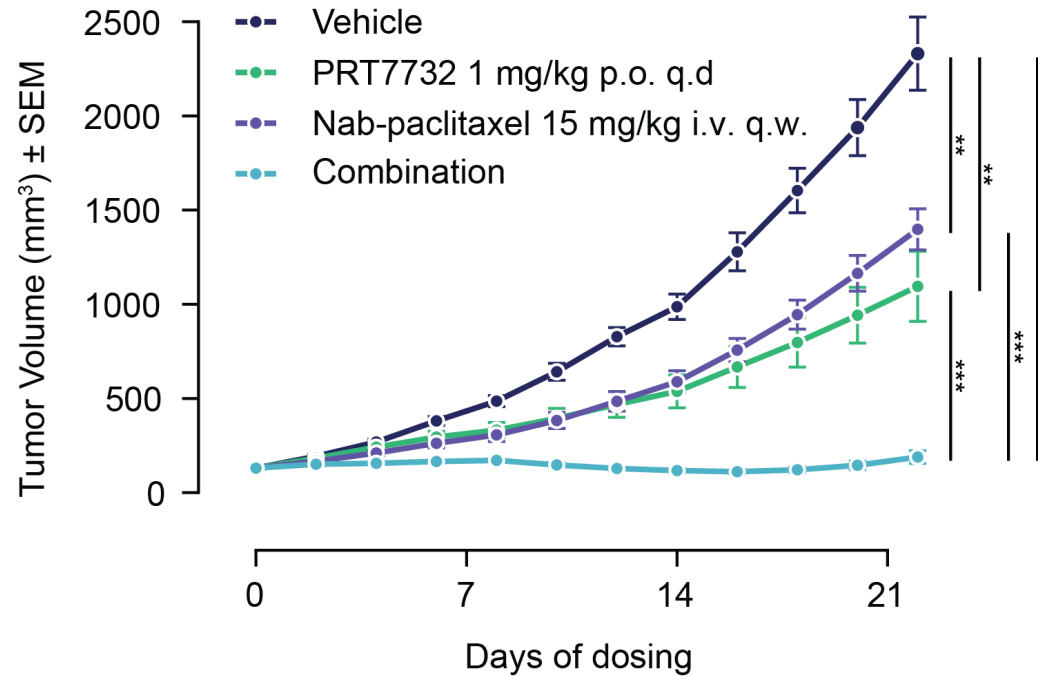


Daily oral administration of PRT7732 inhibits growth of SMARCA4-deficient tumors but not SMARCA4 WT tumors



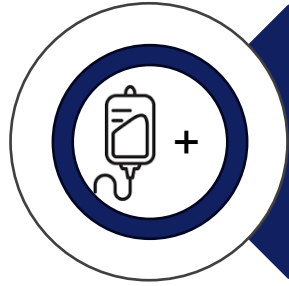
PRT7732 decreases SMARCA2 protein levels in NCI-H838 tumor tissues

PRT7732 also shows high potential for synergy with other common anti-cancer agents

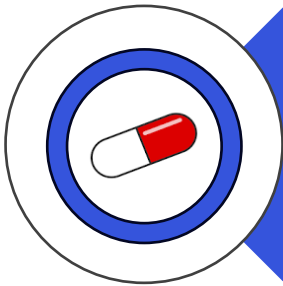


Oral daily administration of PRT7732 1 mg/kg in combination with nab-paclitaxel (Abraxane®) induces tumor regression in the NCI-H838 tumor model in mice

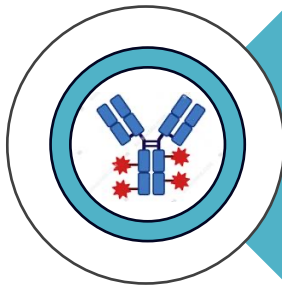
Expanding our portfolio of SMARCA-targeted therapeutics



Lead SMARCA2 Degradar (PRT3789)



Oral SMARCA2 Degradars (PRT7732)



SMARCA Degradar-Antibody Conjugates (“DACs”)

Prelude is continuing to lead the field

- Our lead oral SMARCA2 degrader PRT7732 shows >3000-fold selectivity and a PK/PD profile supporting a low-mg once daily projected human dose
- PRT7732 is advancing to Phase I in 2H 2024
- SMARCA Degradation-Antibody-Conjugates (“DACs”) have potential to dramatically expand the reach of this platform, including patients without SMARCA4 mutations

Key
Takeaways