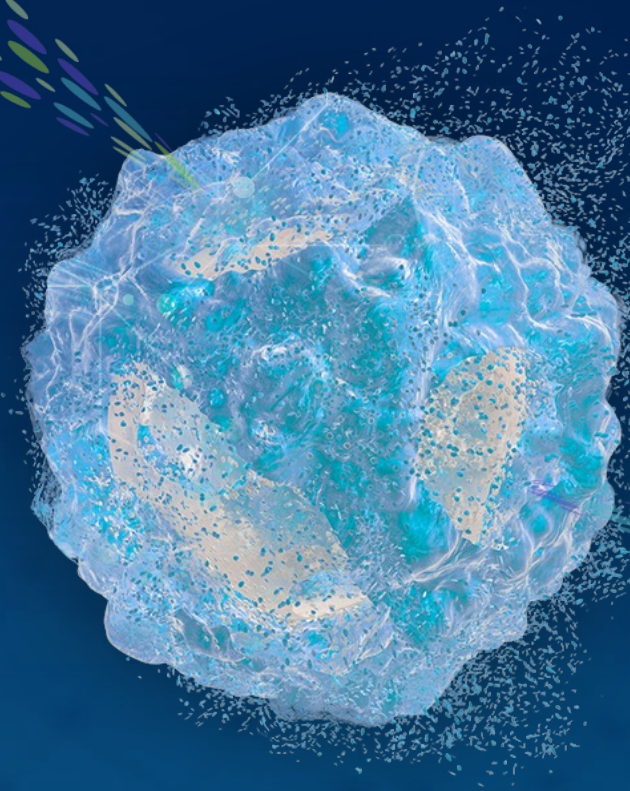
# Highly Selective SMARCA2 Degraders:
## *Portfolio Strategy & Closing Remarks*



# Forward Looking Statements

This presentation contains “forward-looking” statements within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995, including, but not limited to, anticipated discovery, preclinical and clinical development activities for Prelude’s product candidates, the potential safety, efficacy, benefits and addressable market for Prelude’s product candidates, the expected timeline for proof-of-concept data and clinical trial results for Prelude’s product candidates including its SMARCA2 degrader molecules.

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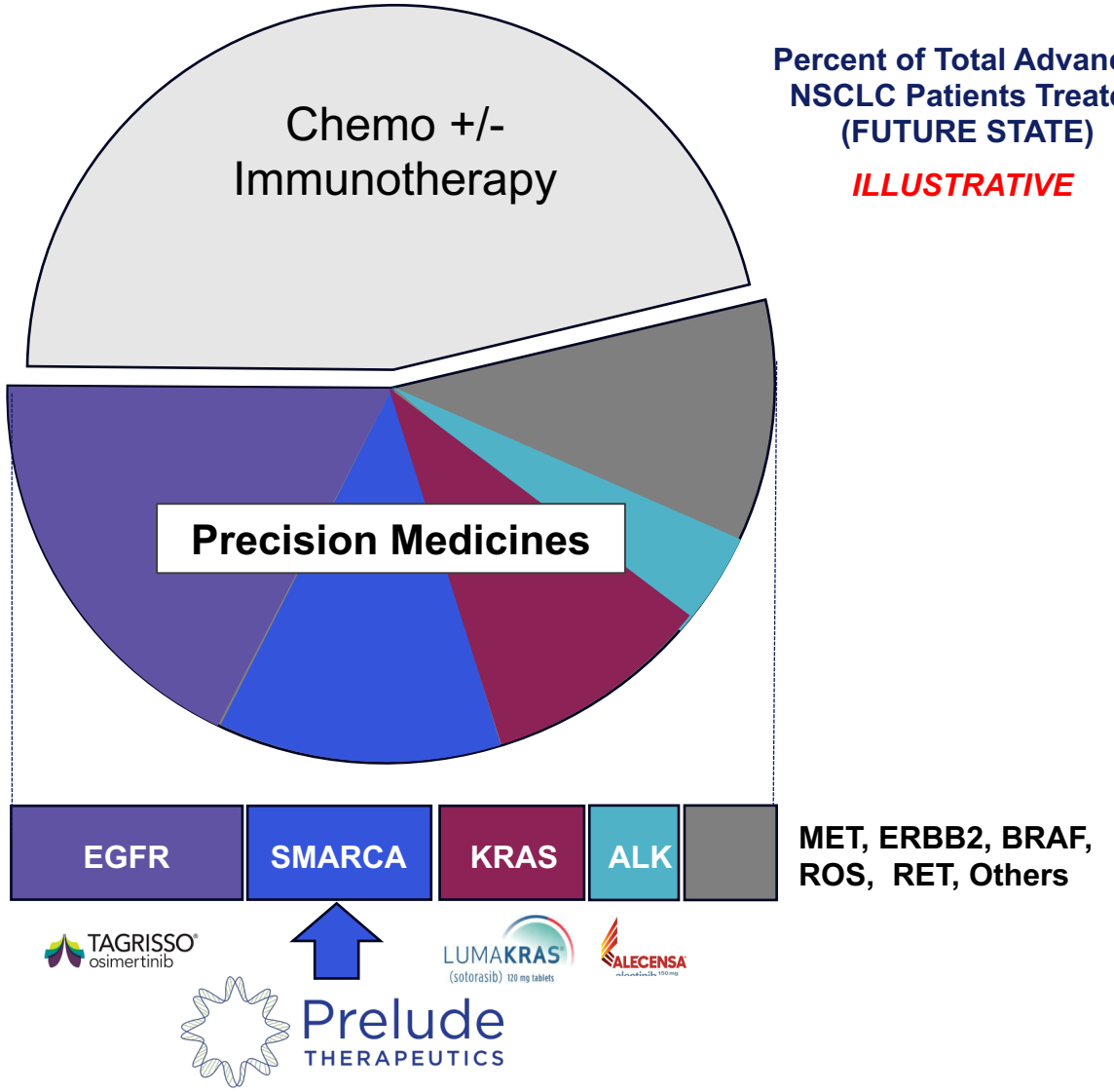
- What could a highly selective SMARCA2 degrader mean for patients if we get this right?
- Why develop an IV version, oral versions, and Precision ADCs?
- What makes this is a strategic portfolio opportunity?

# SMARCA has the potential to significantly expand precision medicine for even more NSCLC patients




**Percent of Total Advanced NSCLC Patients Treated (FUTURE STATE)**

***ILLUSTRATIVE***

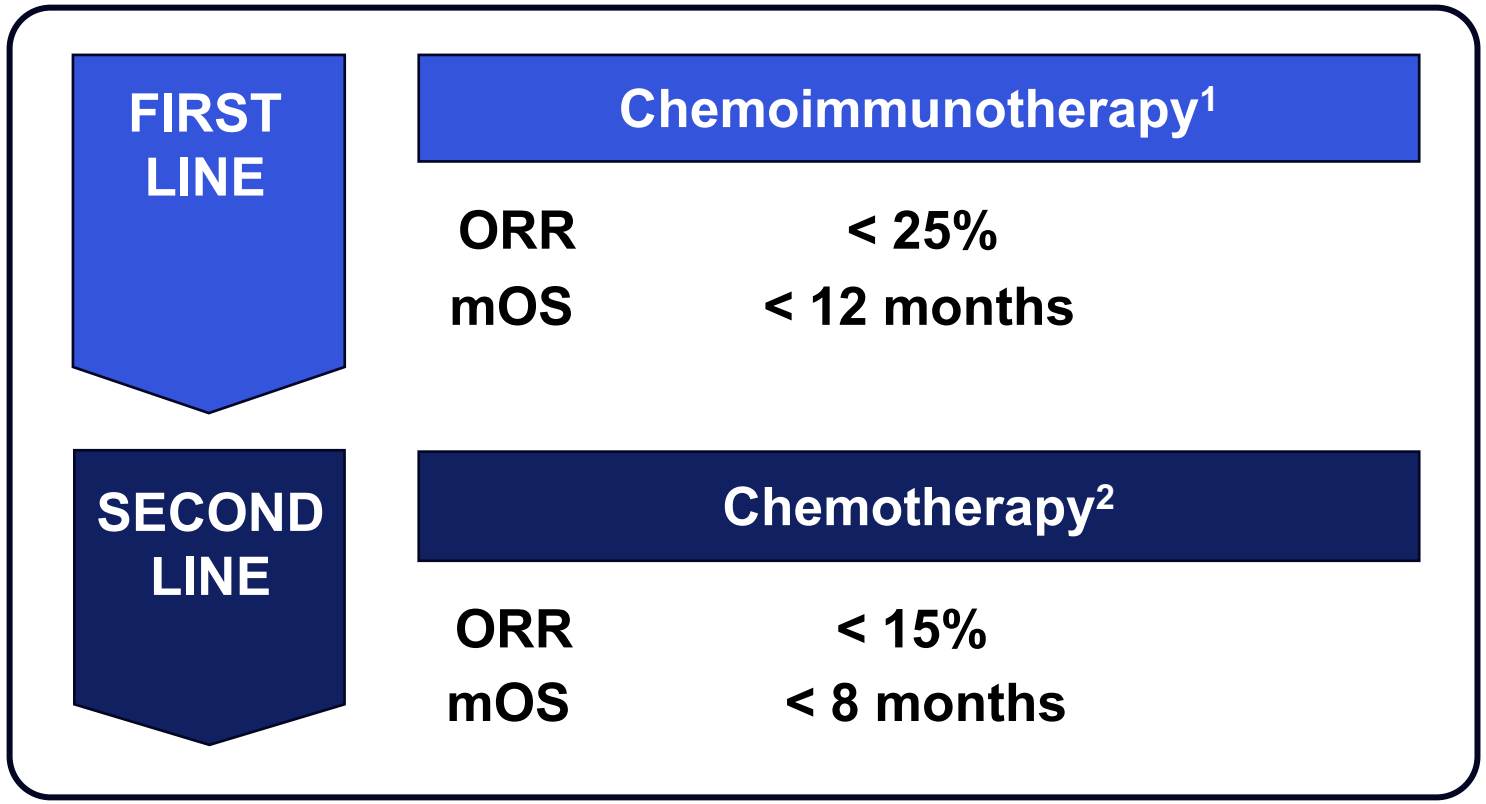
**Potentially more patients than ALK, MET, BRAF, ROS and RET combined [1]**

**Reinforces need for comprehensive genomic profiling**

**More patients tested = More patients eligible**

[1] Relative future utilization: Datamonitor 2023 Lung Cancer Report; Analysis on File

# What could this mean for patients?

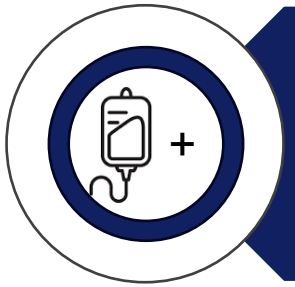



**The prognosis for SMARCA4-*mutated* NSCLC patients is poor**

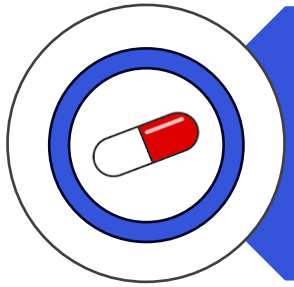
**A selective SMARCA2 degrader has the potential to transform outcomes for these patients**

[1] Response Rate and Survival Data: Schoenfeld et al. *Clin Cancer Res.* (2020); 26(21):5701-5708
[2] Second line estimates based on docetaxel label and clinical experience

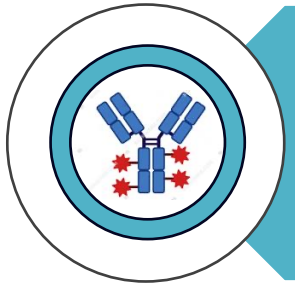
# Why develop IV degraders, oral degraders, and “Precision ADCs”?



**Lead SMARCA2 Degrader (PRT3789, IV)**
- High unmet need supports seeking fastest possible path to approval
- Establishes proof-of-concept (mono or combo)
- Solidifies SMARCA as new standard of care



**Oral SMARCA2 Degrader (PRT7732)**
- Expands access for advanced NSCLC patients (first-line)
- Enables use in earlier stage disease (adjuvant / neo-adjuvant)
- Provides optionality across other SMARCA4-*mutated* cancers



**SMARCA Degrader-Antibody Conjugates (“DACs”)**
- All cancers depend on chromatin remodeling
- Independent of SMARCA4-mutation status
- Initial focus of AbCellera collaboration

# What makes this such a strategic portfolio opportunity?

## Addressable Patient Populations[1-4]

| | | |
|---|---|---|
| SECOND LINE | ~150,000 pts/year | Up to 15,000 SMARCA4-*mutated* |
| FIRST LINE | ~220,000 pts/year | Up to 22,000 SMARCA4-*mutated* |
| EARLIER STAGE (Adjuvant / Neo-Adj.) | ~270,000 pts/year | Up to 27,000 SMARCA4-*mutated* |

| | |
|---|---|
| SMARCA4-*mutated* | TBD based on selected tumors[3,4] |
| Solid Tumors and/or Heme Malignancies | TBD based on antibody targets / tumor types |

[1] US & EU5 only: Journal of Thoracic Oncology (US, 2021): https://doi.org/10.1016/j.jtho.2021.01.485; Globocan (EU5); [2] Datamonitor 2023 Lung Cancer Report; Analysis on File
[3] Schoenfeld et al. *Clin Cancer Res.* (2020); 26(21):5701-5708. [4] Dagogo-Jack et al. *J Thorac Oncol.* (2020); 15(5):766-776.

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- There is high unmet need in SMARCA4-*mutated* NSCLC (up to 10% of patients)
- These mutations are prevalent across a range of other cancers as well
- SMARCA2 is a promising new “synthetic lethal” target for these patients
- Targeting SMARCA2 is very challenging; selectivity over SMARCA4 is critical
- With PRT3789, our lead SMARCA2 degrader, Prelude scientists solved the selectivity challenge >1000-fold
- Industry-first clinical data validating this approach is coming soon
- Prelude’s first-in-class oral SMARCA2 degrader (PRT7732) and Precision ADCs further expand potential impact for patients

Key Takeaways

Prelude THERAPEUTICS

***We are on a mission to extend the promise of precision medicine to every cancer patient***

# THANK YOU