



Nurix Therapeutics

Blazing a New Path in Medicine

Inhibitors of the E3 Ubiquitin Ligase CBL-B
Promote Potent T and NK Cell Mediated
Anti-Tumor Response

17th Annual Drug Discovery Chemistry
April 19th, 2022

Important Notice and Disclaimers

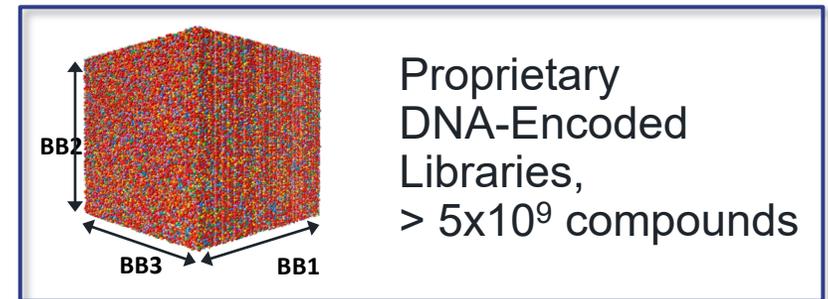
This presentation contains statements that relate to future events and expectations and as such constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. When or if used in this presentation, the words “anticipate,” “believe,” “could,” “estimate,” “expect,” “intend,” “may,” “outlook,” “plan,” “predict,” “should,” “will,” and similar expressions and their variants, as they relate to Nurix, may identify forward-looking statements. All statements that reflect Nurix’s expectations, assumptions or projections about the future, other than statements of historical fact, are forward-looking statements, including, without limitation, statements regarding our future financial or business performance, conditions, plans, prospects, trends or strategies and other financial and business matters; our current and prospective drug candidates; the planned timing and conduct of our clinical trial programs for our drug candidates; the planned timing for the provision of clinical updates and initial findings from our clinical studies; the potential advantages of our DELigase™ platform and drug candidates; and the extent to which our scientific approach and DELigase™ platform may potentially address a broad range of diseases. Forward-looking statements reflect Nurix’s current beliefs, expectations, and assumptions regarding the future of our business, our future plans and strategies, our development plans, our preclinical and clinical results, future conditions and other factors Nurix believes are appropriate in the circumstances. Although Nurix believes the expectations and assumptions reflected in such forward-looking statements are reasonable, Nurix can give no assurance that they will prove to be correct. Forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and changes in circumstances that are difficult to predict, which could cause Nurix’s actual activities and results to differ materially from those expressed in any forward-looking statement. Such risks and uncertainties include, but are not limited to: (i) risks and uncertainties related to Nurix’s ability to advance its drug candidates, obtain regulatory approval of and ultimately commercialize its drug candidates; (ii) the timing and results of preclinical studies and clinical trials; (iii) Nurix’s ability to fund development activities and achieve development goals; (iv) the impact of the COVID-19 pandemic on Nurix’s business, clinical trials, financial condition, liquidity and results of operations; (v) Nurix’s ability to protect intellectual property and (vi) other risks and uncertainties described under the heading “Risk Factors” in Nurix’s Quarterly Report on Form 10-Q for the fiscal quarter ended February 28, 2022, and other SEC filings. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. The statements in this presentation speak only as of the date of this presentation, even if subsequently made available by Nurix on its website or otherwise. Nurix disclaims any intention or obligation to update publicly any forward-looking statements, whether in response to new information, future events, or otherwise, except as required by applicable law.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company’s own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal estimates and research are reliable, such estimates and research have not been verified by any independent source.

Nurix's DELigase Platform: Leading the Industry in DNA-Encoded Libraries for Targeted Protein Modulation

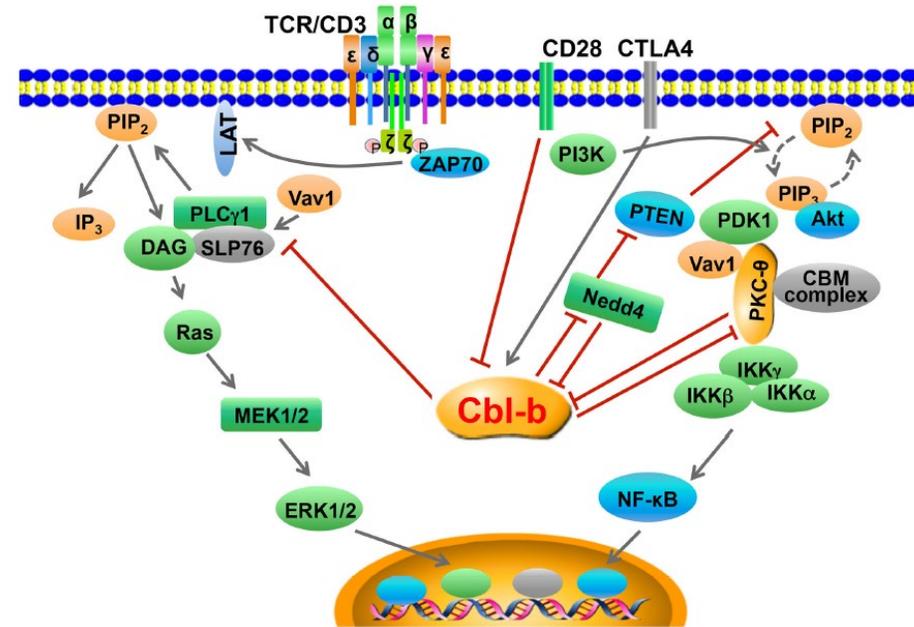
- DELigase™ is a versatile drug discovery platform comprised of massive DNA-encoded libraries (DEL) now containing over 5 billion compounds
- Nurix can rapidly screen an expanded universe of E3 ligases and proteins previously thought to be undruggable
- Nurix can modulate specific protein levels up or down with its drug discovery platform

DELigase Protein Modulation Platform



CBL-B: A Modulator of T Cell Activation and a Novel Target for Immuno-oncology

- CBL-B is an E3 ubiquitin ligase that is expressed in and regulates immune cells, including T, B, NK and dendritic cells
- In T cells, CBL-B limits cell activation following TCR engagement, enforcing the need of CD28 co-stimulation
- Inhibition or deletion of CBL-B increases IL-2 production in T cells upon stimulation and enhances immune response
- Mice deficient in CBL-B demonstrate enhanced signal dependent T cell activation and robust T and NK cell dependent anti-tumor activity
- Inhibiting CBL-B with a small molecule represents a novel immunotherapy target opportunity to overcome checkpoint resistance and reduce effects of the suppressive tumor microenvironment



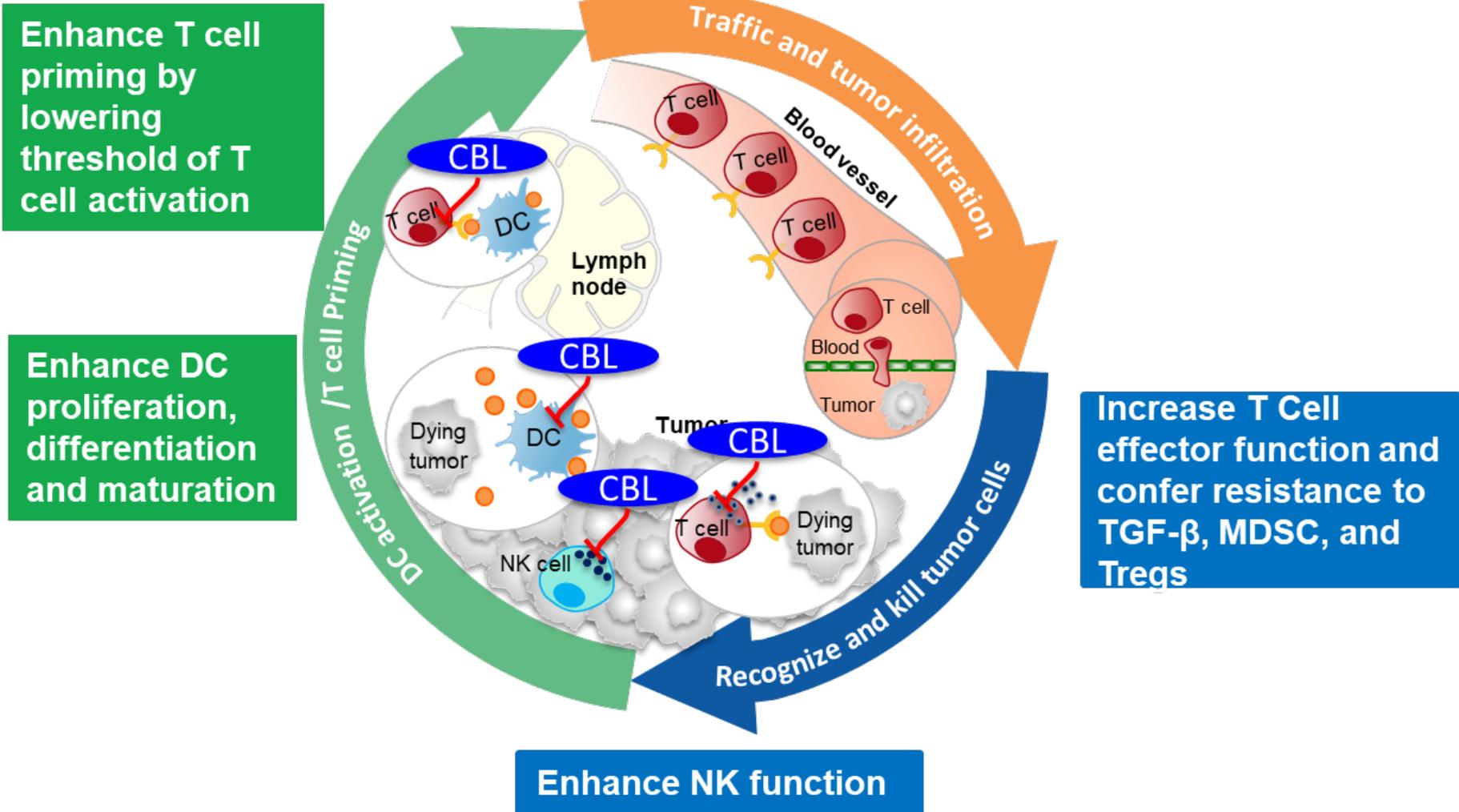
- CBL-B inhibition**
- ▲ IL-2 production
 - ▲ Proliferation
 - ▲ Central memory phenotype
 - ▲ Anti-tumor activity
 - ▼ Threshold of activation
 - ▼ T cell exhaustion
- Synergy with anti-PD-1**

Cellular Immunology
Volume 340, June 2019, 103878

NX-1607: Optimized CBL-B inhibitor for oral delivery. Developing as an oral intracellular checkpoint inhibitor for treating solid tumors.

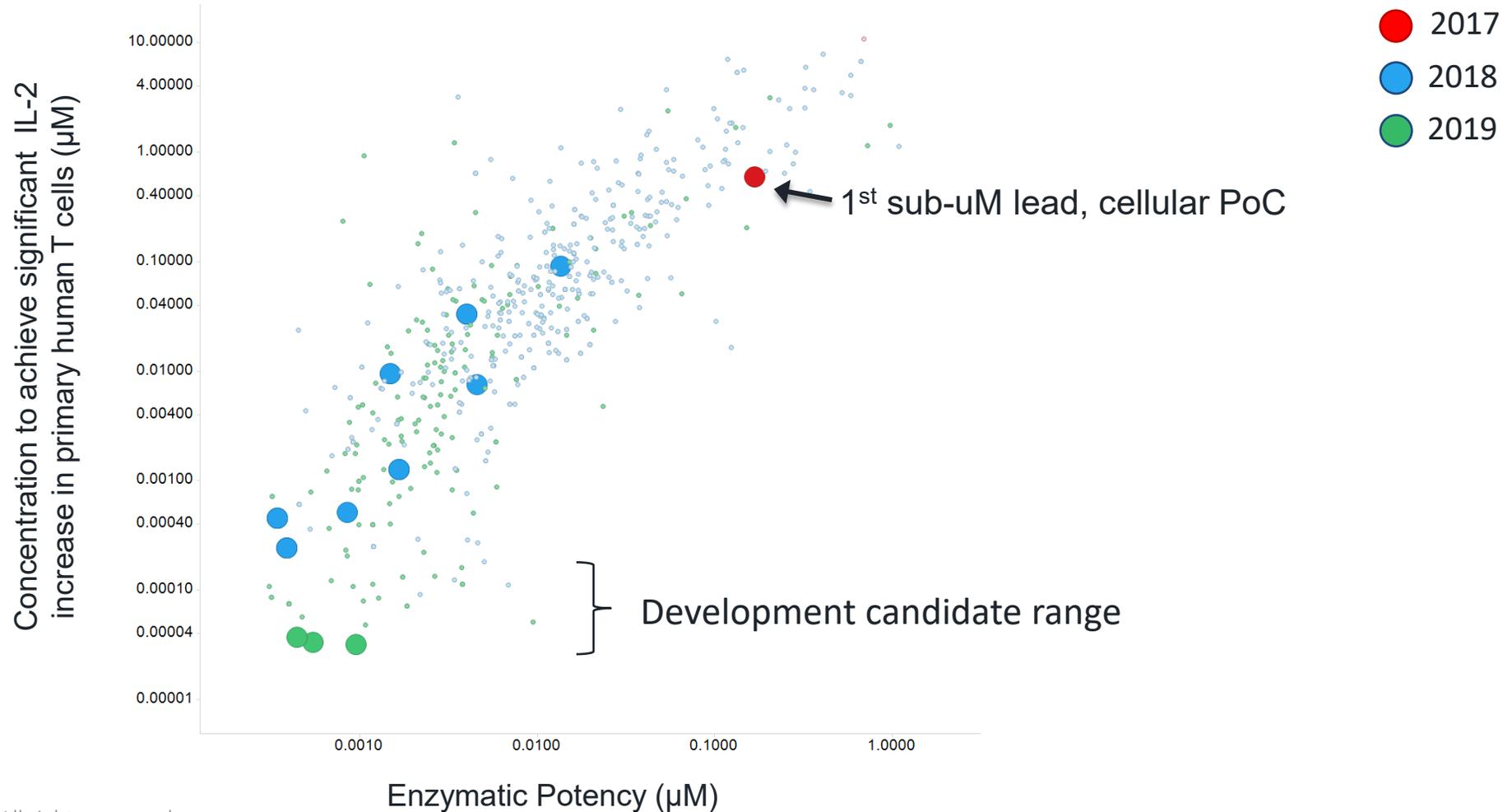
NX-0255: Optimized CBL-B inhibitor for *ex vivo* use. Developing in conjunction with autologous T cell therapies including TIL and CAR T.

Opportunities for Oral NX-1607 Treatment to Enhance Cancer Immunity Cycle

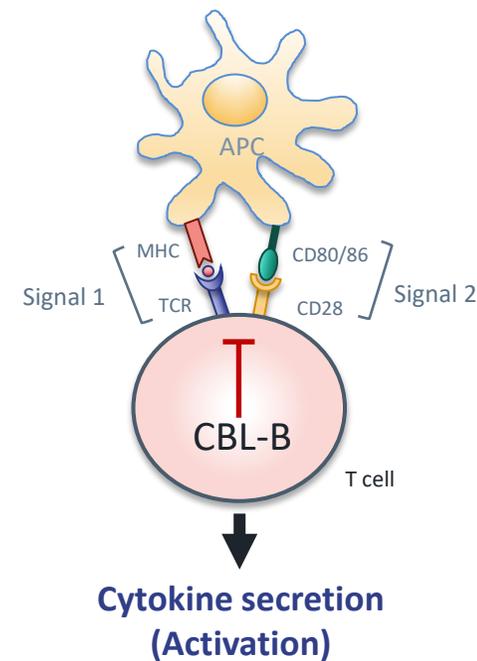
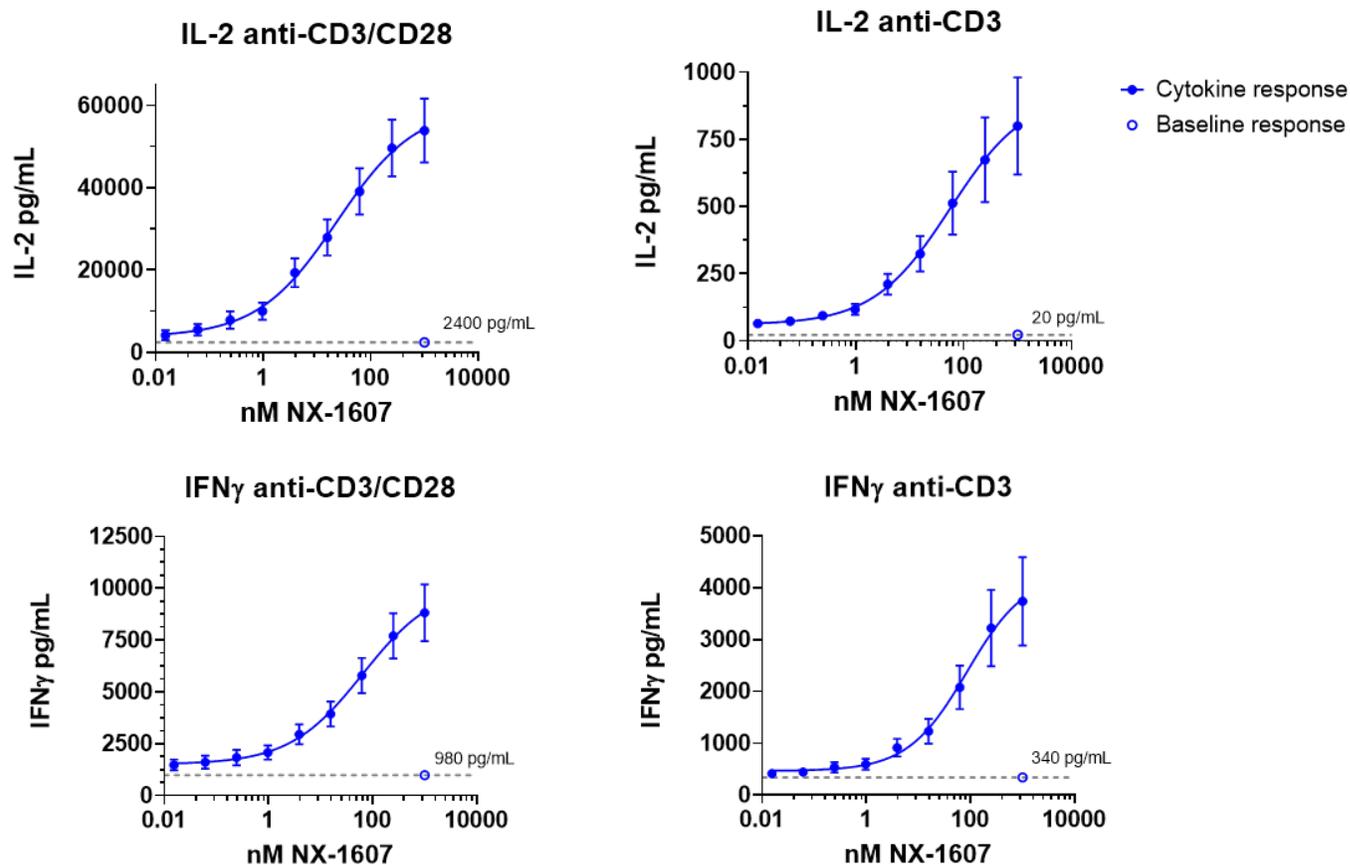


Medicinal Chemistry Efforts Led to Potency and Molecular Property Improvement for the Selection of Potent CBL-B Inhibitors

Strong correlation between enzymatic potency and response in primary human T cells



CBL-B Inhibitor NX-1607 Enhances IL-2 and IFN- γ Secretion in TCR Stimulated Primary Human T Cells

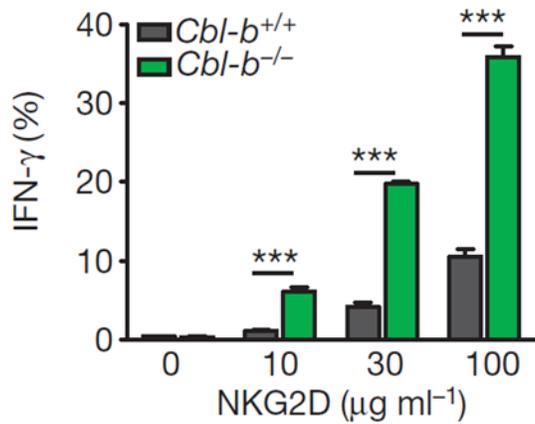


Data represents 8 individual donors
Avg \pm SEM

- NX-1607 increases stimulation-dependent production IL-2 and IFN-g
- NX-1607 has no impact in the absence of T cell stimulation measured by proliferation, activation markers or cytokine release

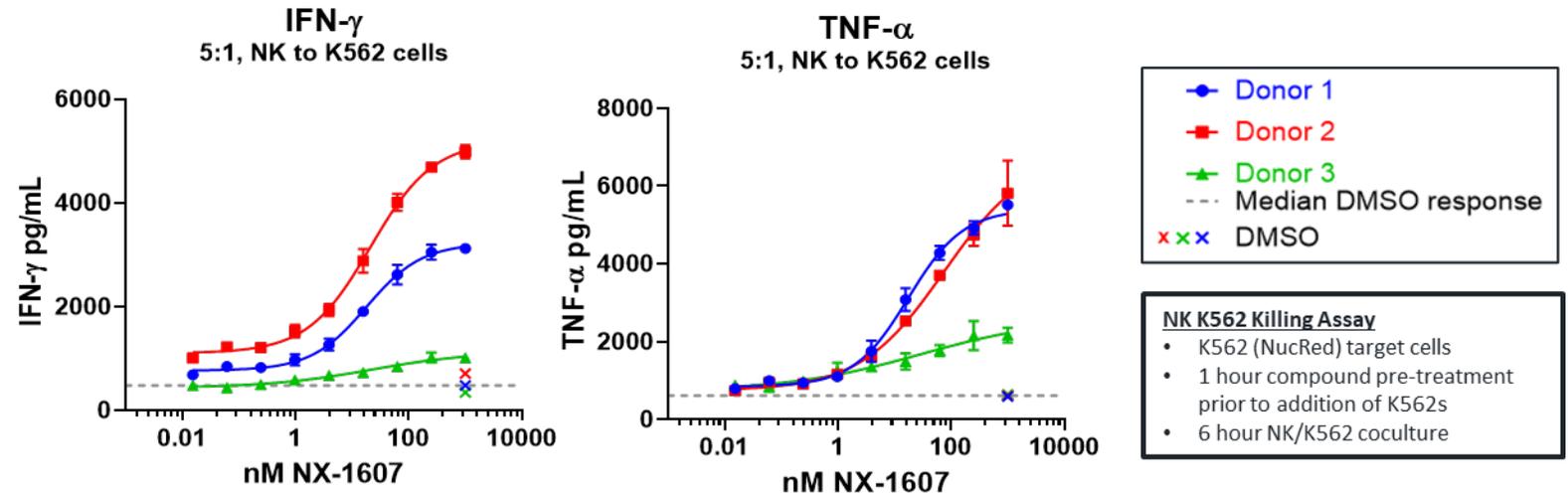
CBL-B Inhibitors Increase Secretion of Pro-Inflammatory Cytokines in Human NK cells

CBL-B KO NK cell activity



Paolino M et al Nature March 27, 2014

Primary human NK cell pharmacology



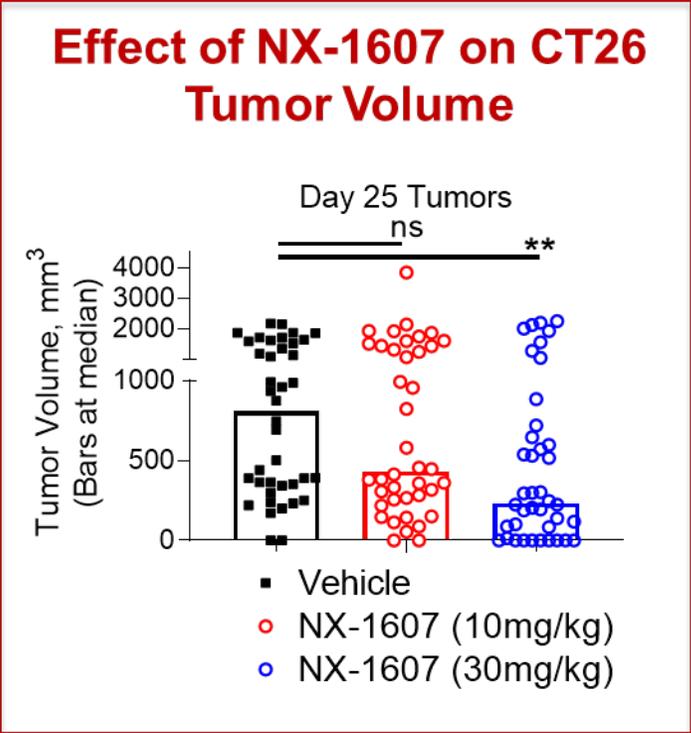
NK K562 Killing Assay

- K562 (NucRed) target cells
- 1 hour compound pre-treatment prior to addition of K562s
- 6 hour NK/K562 coculture

- TAM receptor signaling phosphorylates CBL-B leading to degradation of LAT1 which is required for NK cell activation signaling
- CBL-B inhibitors increase cytokine response in stimulated primary human NK cell
- CBL-B knockout enhances NK cell function responses *in vitro* and anti-tumor activity *in vivo* in a T-cell/B-cell deficient tumor model

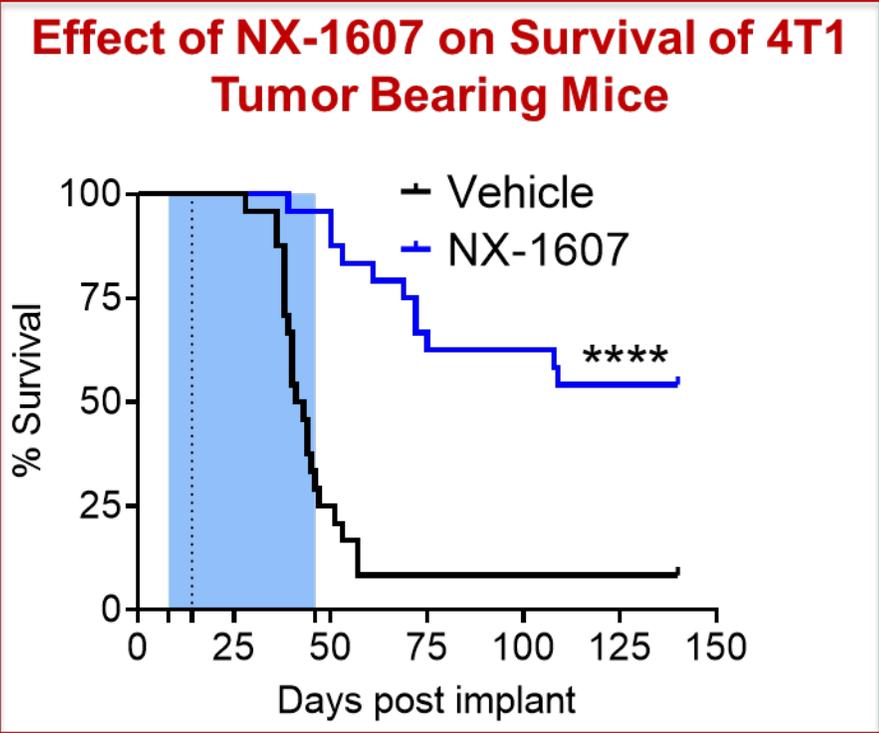
Single-Agent NX-1607 Induces Dose Dependent Antitumor Response in Multiple Models

Colorectal



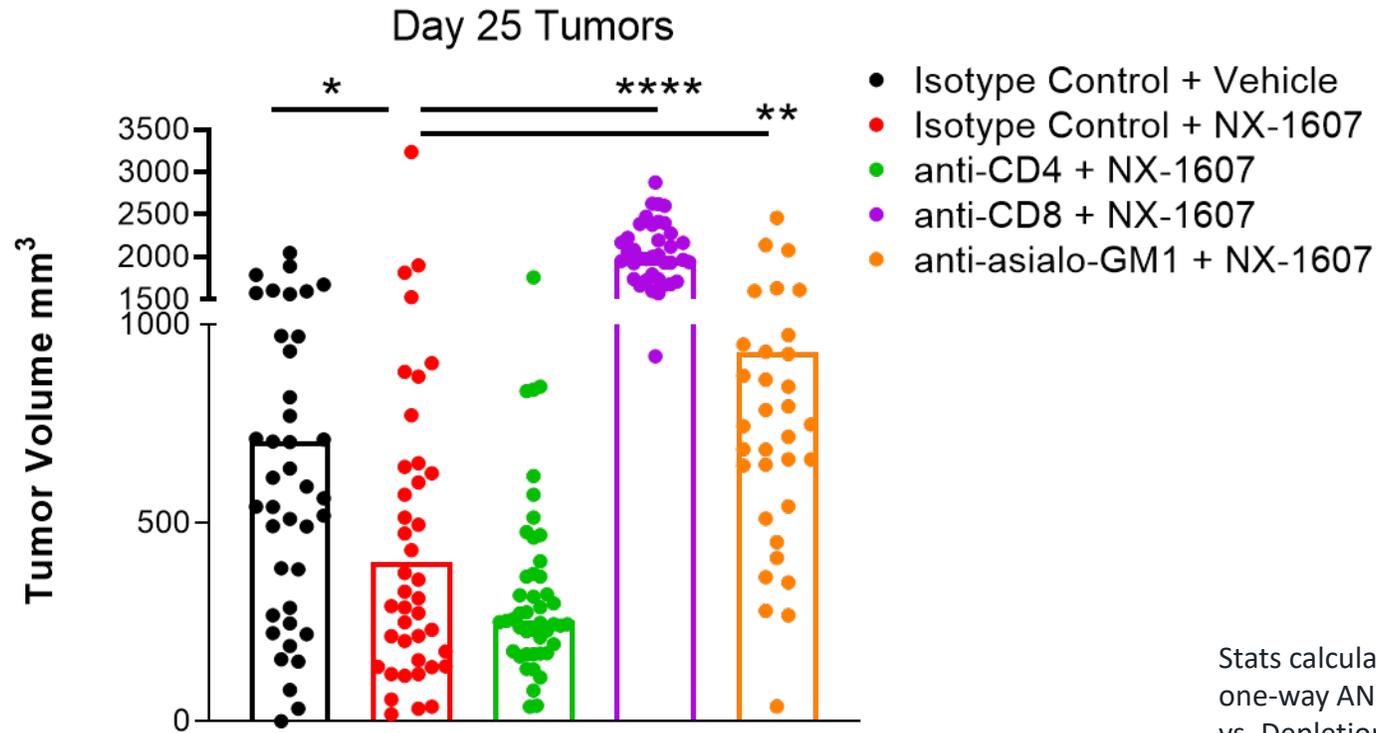
Mice bearing tumors on their left and right flanks were treated from day 7 to day 32 with oral NX-1607 at 10 mg/kg (red circles) or 30 mg/kg (blue circles) or Vehicle (black squares).

Triple-negative breast



Mice were treated PO with NX-1607 at 30 mg/kg from day 7 to day 46 (shaded area). 4T1 primary tumors were surgically removed on day 15 (dotted line).

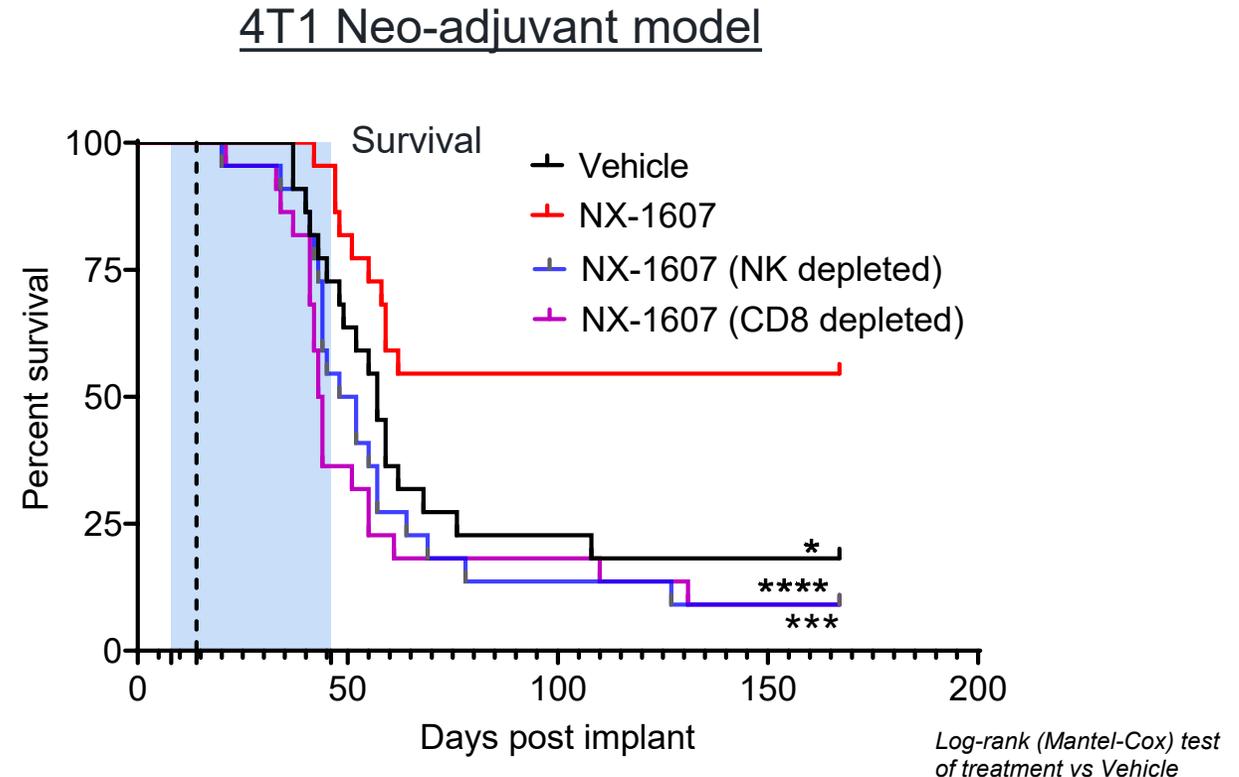
NX-1607 Antitumor Efficacy is Dependent on CD8+ T or NK Cell Activity



- CT26 tumor on left and right flanks treated from Day 9 to Day 25 with oral NX-1607 at 30 mg/kg, PO QD in the presence of depleting antibodies for CD4+ cells, CD8+ cells, or NK cells (anti-asialo-GM1)

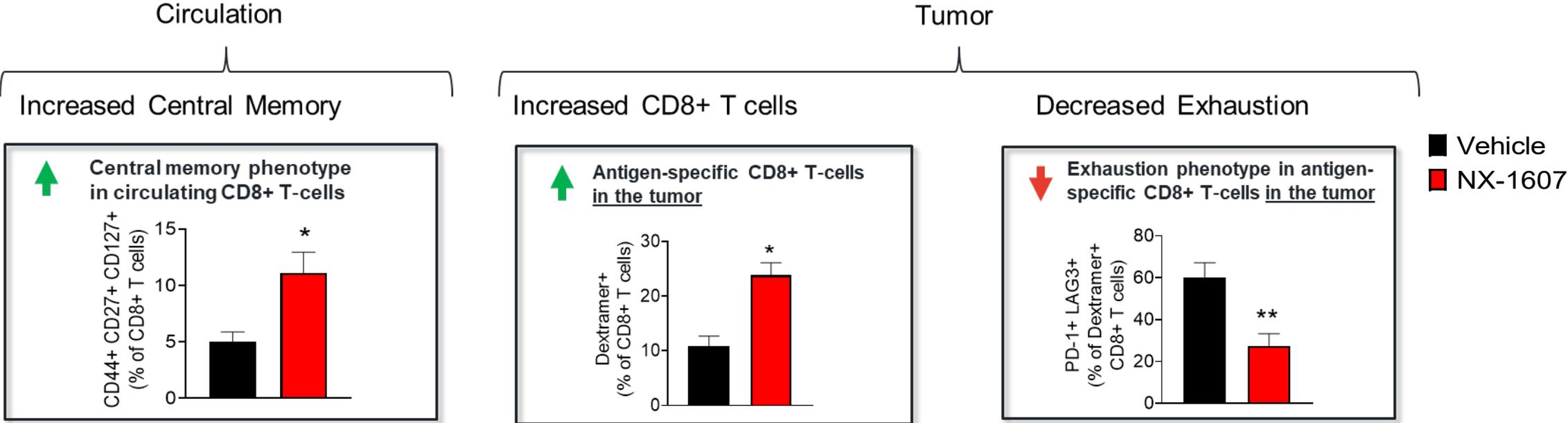
Single-Agent NX-1607 Induces Long Term Survival in Metastatic, Triple Negative, Breast Cancer Model

- Once daily oral dosing of NX-1607
- Tumors implanted at Day 0
- Surgical removal of primary tumor at Day 15
- NX-1607 was given before the surgery from Day 7 to Day 15 (neo-adjuvant phase) and continued after surgery (adjuvant phase) until Day 46



- NX-1607 exhibits single agent efficacy in the 4T1 neo-adjuvant model (p=0.0286)
- NX-1607 efficacy is abrogated by NK depletion

NX-1607 Treatment Increases Tumor Antigen Specific Response in a Metastatic Triple Negative Breast Cancer Tumor Model

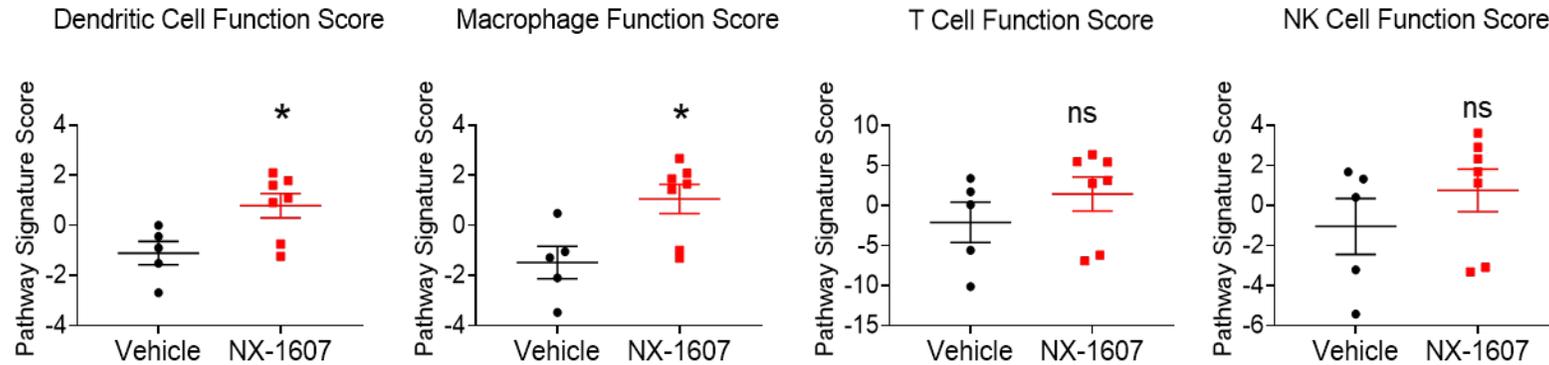


4T1 breast cancer model. ANOVA test with post-hoc Dunn's multiple comparisons test * p<0.05; **p<0.01

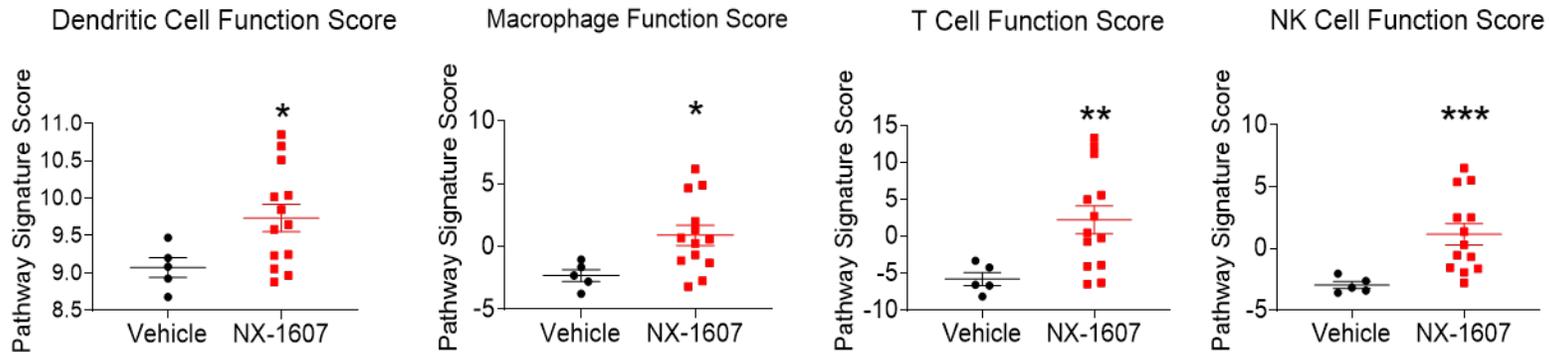
- NX-1607 treatments result in immune cell phenotypic changes, both in the tumor microenvironment (TME) and in peripheral blood in animal models.
- Similar changes have been associated with extended survival and better prognosis in cancer patients

NX-1607 Promotes Infiltration of CT26 Tumors with Activated T and NK Cells

4 Doses NX-1607



19 Doses NX-1607



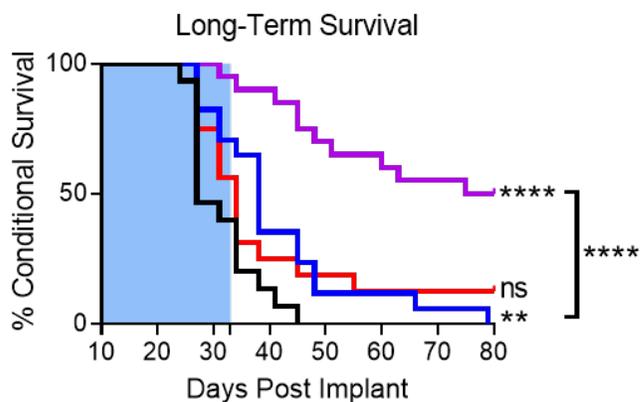
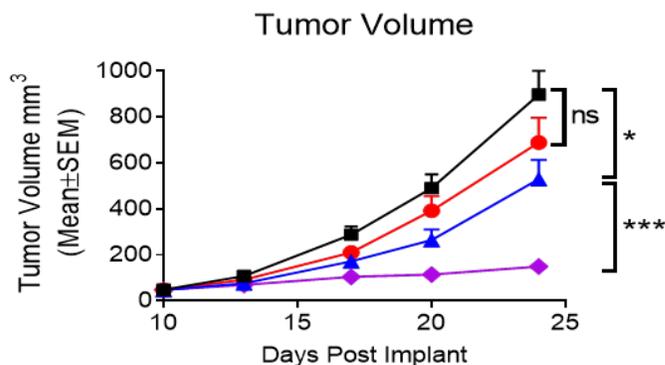
Statistics used Mann-Whitney test (*
 $P \leq 0.05$, ** $P \leq 0.01$, *** $P \leq 0.001$)

- Orally administered NX-1607 effects on TIL in CT26 tumors after 4 or 19 doses of NX-1607 at 30 mg/kg, PO QD
- NanoString nCounter PanCancer Mouse Immune Profile panel analysis

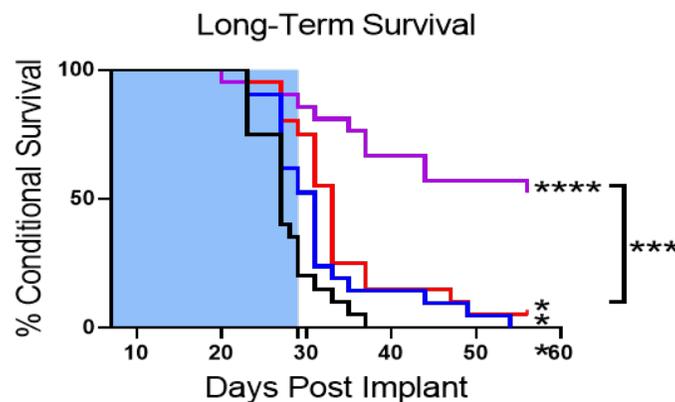
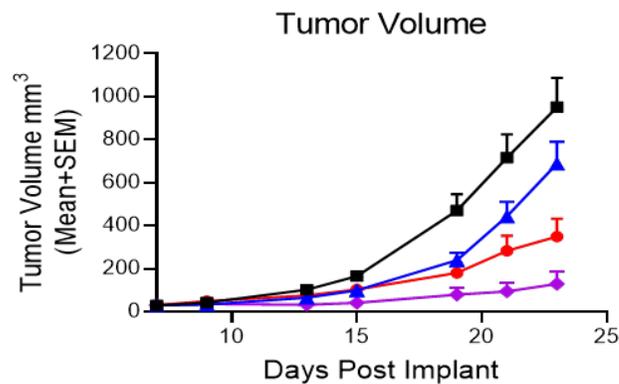
NX-1607 and Anti-PD-1 Synergize to Enhance Anti-Tumor Effects and Survival of Mice in Multiple Tumor Models

■ Vehicle ▲ NX-1607 ● Anti-PD-1 ◆ NX-1607 + Anti-PD-1

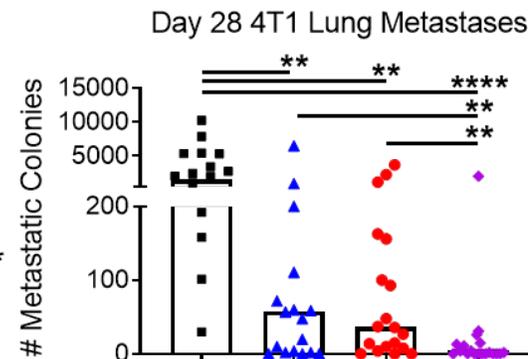
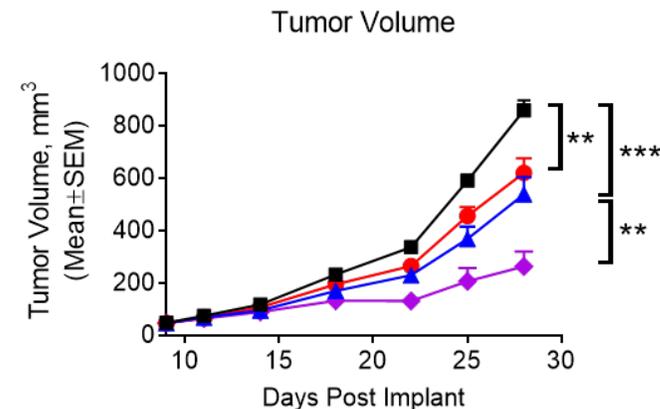
Colorectal (CT26)



Colorectal (MC38)



Triple-negative breast (4T1)



NX-1607 antitumor efficacy is abrogated by CD8+ T or NK cell depletion (data not shown)

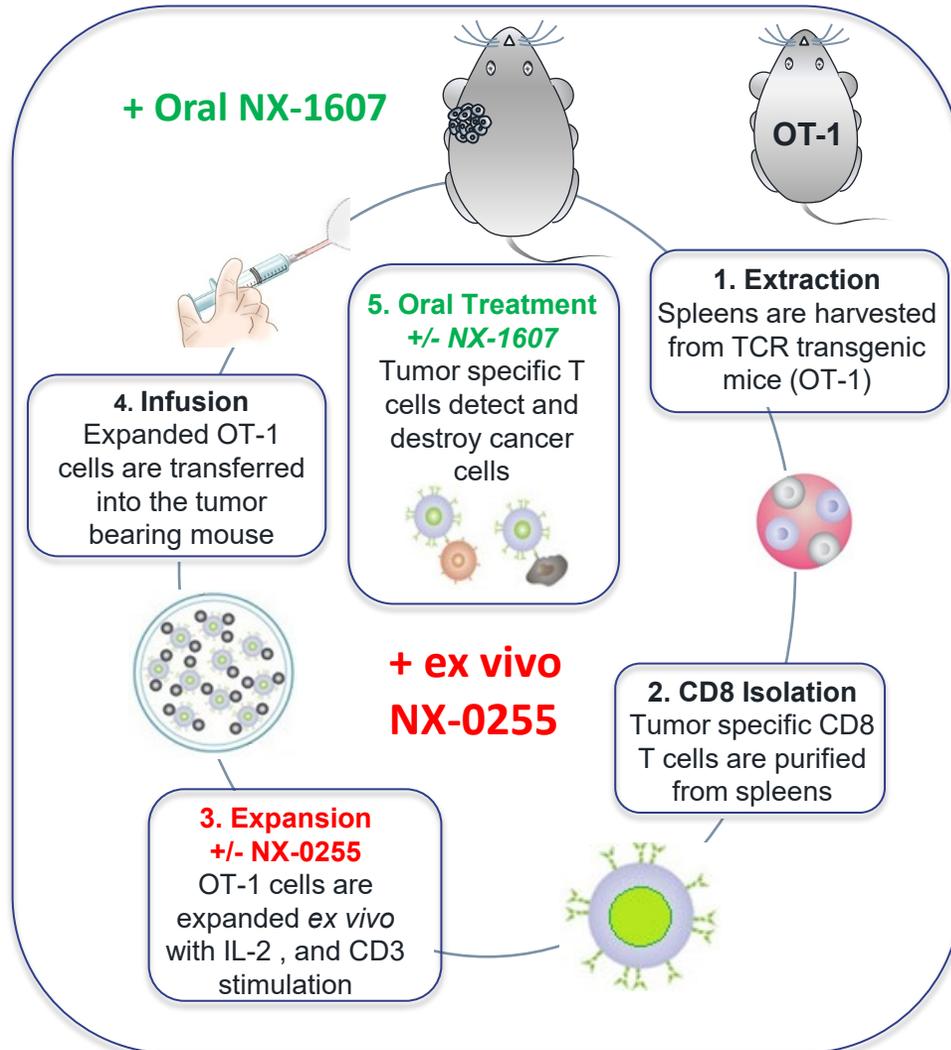
Shaded area indicates dosing period: NX-1607 (30 mg/kg, PO daily) and anti-PD-1 twice a week at 10 mg/kg dosing period.

Statistical analysis used one- or two-way ANOVA with corrections for multiple groups or Log-rank tests for survival curves.

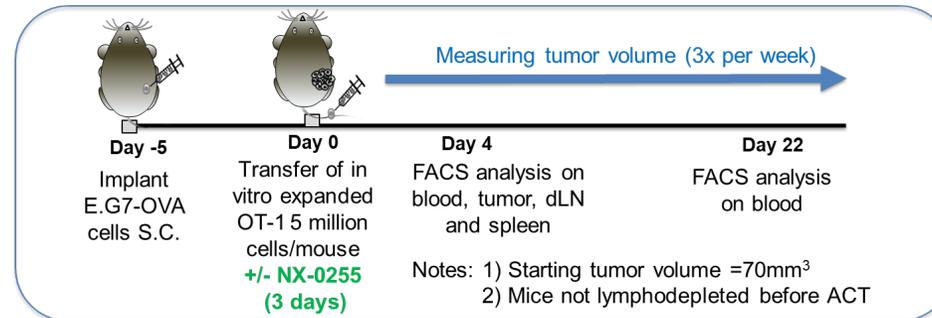
Summary NX-1607

- Pharmacological inhibition of CBL-B with NX-1607 recapitulates the anti-tumor effects observed in the genetic model of ligase inhibition
- NX-1607 exerts potent single agent anti-tumor activity which is dependent on CD8+ T cells and NK cells
- NX-1607 promotes infiltration of activated T cells with a lower exhausted phenotype in the tumor microenvironment
- NX-1607 strongly synergizes with PD-1 blockade to increase the rate of complete rejection and long-term survival of tumor bearing mice
- A Phase 1a clinical trial of NX-1607 is currently on going

Model of Drug Enhanced Adoptive Cell Therapy



Protocol:



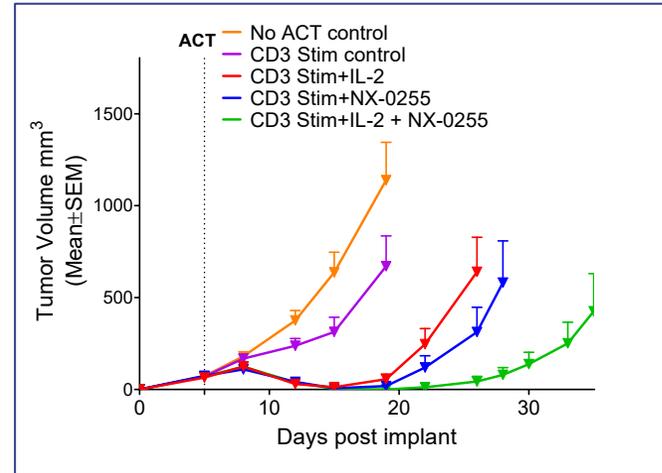
Analyses performed:

- Anti-tumor response monitored over time
- Cytokine production analysis
- Splenocyte re-stimulation with tumor antigen to measure the multifunctionality of the OT-1 CD8 T cells

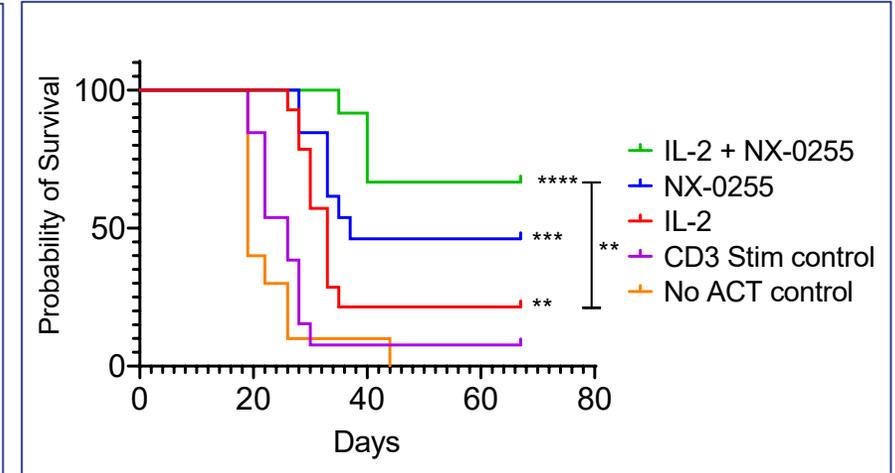
NX-0255 Expanded OT-1 Cells Differentiate into Potent Effectors Capable of Rejecting Established Tumors

- ✓ NX-0255 expanded CD8+ T cells are more potent effectors than CD8+ T cells expanded in presence of IL-2.
- ✓ Combination of IL-2 and NX-0255 synergize to exert deeper antitumor response.
- ✓ NX-0255 expanded T cells have superior capacity for tumor infiltration, proliferation and cytokine production after antigen recall

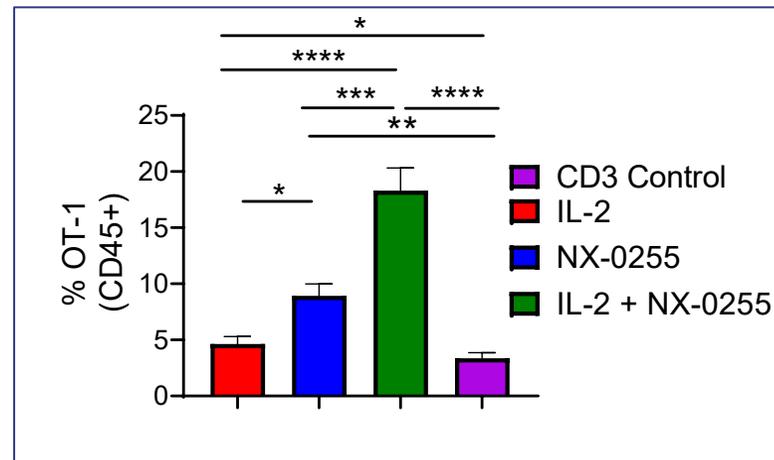
Tumor Volume



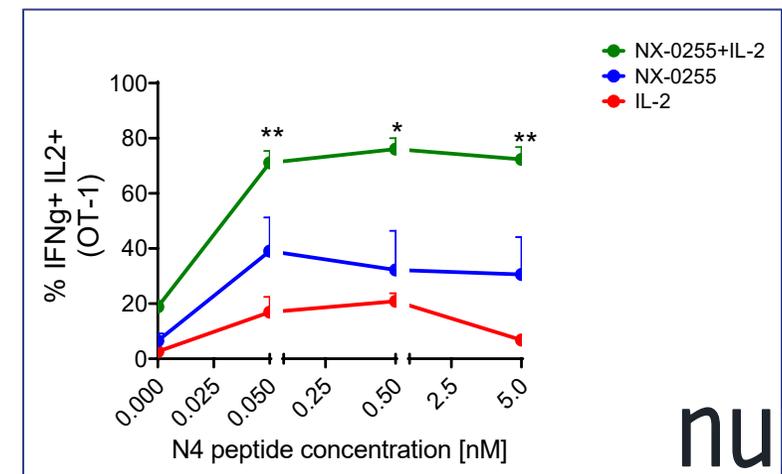
Survival



Freq of OT-1 cells in Tumors (4 days after ACT)



Freq of IFNg+IL-2+ OT-1 cells after peptide re-stimulation 1 year after primary rejection



Summary NX-0255

- Treatment of CD3-stimulated tumor-specific CD8 T cells using NX-0255, a novel small molecule CBL-B inhibitor, is associated with increased anti-tumor activity in both OT-I models
- NX-0255 treated tumor-specific CD8+ T cells show increased expansion in tumor and blood, after adoptive transfer *in vivo*
- NX-0255+IL-2 treated OT-I cells differentiate into long-lived central-memory cells with superior polyfunctionality during the recall response
- These results support the rationale for the use of NX-0255 in the production of an investigational drug-enhanced TIL therapy, DeTIL-0255, which is currently in a Phase 1 clinical trial

Acknowledgements

Biology & Lead Discovery

Neil Bence
Kathleen Boyle
Jilliane Bruffey
Ketki Dhamnaskar
Chris Karim
Szerenke Kiss von Soly
Katherine Kurylo
Anjanabha Saha
Julie Sheung
Austin Tenn-McClellan
Asad Taherbhoy

Chemistry

Paul Barsanti
Fred Cohen
Thomas Cummins
Jose Leighton
Oliver McConnell
Jeff Mihalic
Hunter Shunatoa
Hiroko Tanaka
Chenbo Wang
Christoph Zapf

Drug Discovery Technologies

Eileen Ambing
Brandon Bravo
Mario Cardozo
Matt Clifton
Stefan Gajewski
Morgan Lawrenz
Paul Novick
Nichole O'Connell
Jose Santos
Dahlia Weiss

In Vivo Pharmacology and PK

Marilena Gallotta
Joseph Juan
Dane Karr
Jenny McKinnell
Jose Gomez Romo
Serena Ranucci
Ryan Rountree
Sasha Borodovsky
Jennifer Stokes
Jenny Tung
May Tan

Nurix Leadership

Robert Brown
Cristiana Guiducci
Gwenn Hansen
Arthur Sands

Translational Medicine

Janine Powers
Sarah Whelan

Thank you

Nurix Therapeutics

