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ASCO Breakthrough

Pivotal PYNNACLE Phase 2 trial of rezatapopt in heavily pre-treated, advanced solid tumors with a TP53 Y220C mutation: Initial ovarian cancer analysis

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Unlabeled/Investigational Uses

I will be discussing investigational uses of a pharmaceutical product.

Rezatapopt is an investigational treatment that has not been approved by the US Food and Drug Administration, European Medicines Agency, or any other regulatory agency for the treatment of cancer.

Here, I will present interim efficacy and safety data from patients with ovarian cancer harboring a *TP53* Y220C mutation treated with rezatapopt in the pivotal PYNNACLE Phase 2 clinical trial.

Disclosure information

Tira J. Tan

I have the following relevant financial relationships to disclose:

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- Invited speaker: AstraZeneca, MSD, Gilead, and Pillar Biosciences
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TJT, DT, ED, J-SF, AI, AF, AC, YL, ML, BO, IR-C, MW, EF, AG, PG, AS are principal investigators for the PYNNACLE trial.

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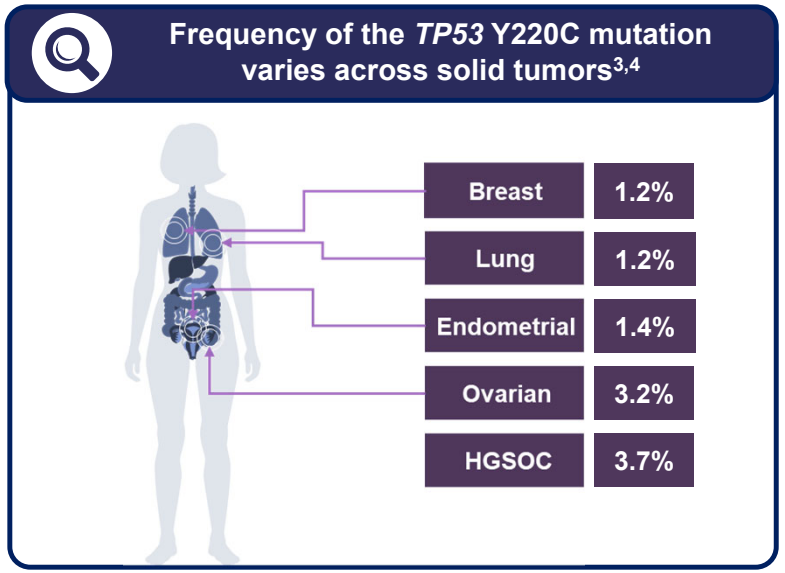
TP53 mutations play a major role in cancer

- The *TP53* gene, encoding the p53 protein, is the most frequently mutated gene across all cancers[1]
- *TP53* mutations destabilize the p53 protein, causing loss of p53 tumor suppressor function[2]
- *TP53* Y220C is a key hotspot *TP53* missense mutation present in ~1.2% of all solid tumors, ~3.2% of ovarian cancers ~3.7% of high-grade serous ovarian cancers[3]



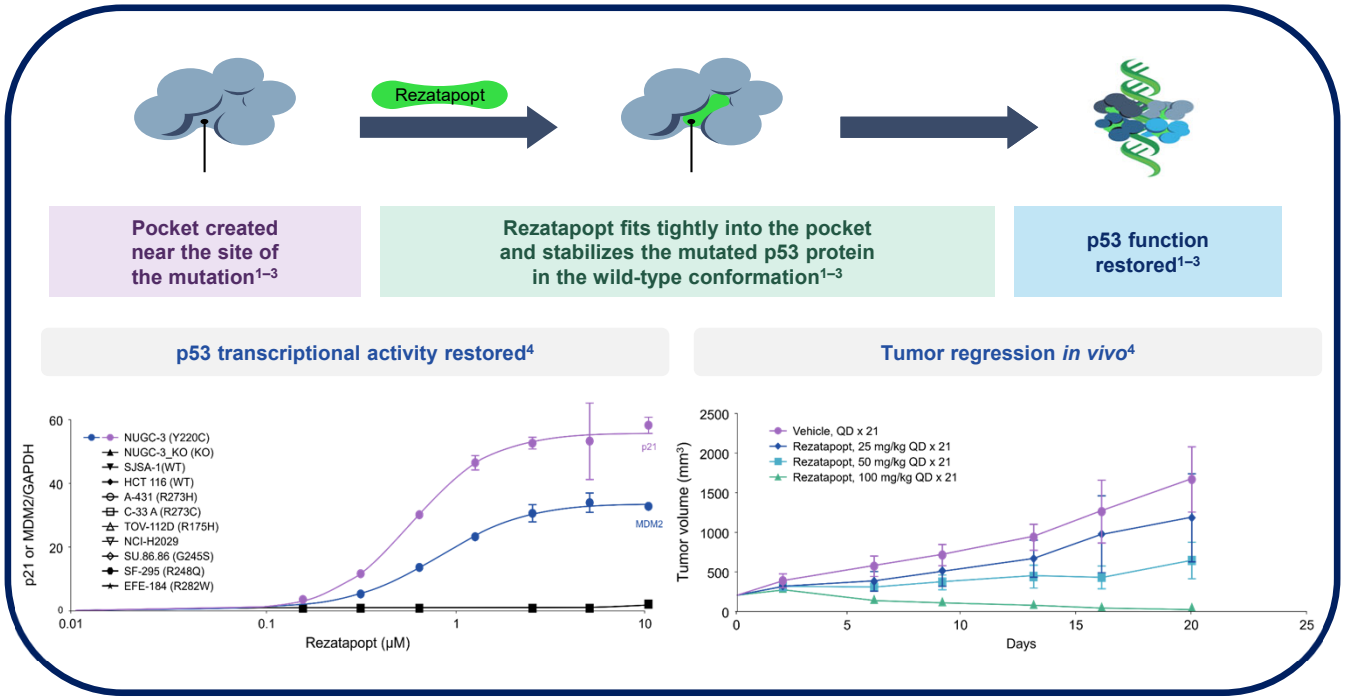
The prevalence of *TP53* and *TP53 Y220C* mutations were assessed in a cancer tumor cohort of 820,607 US-based, consented-for-research patients using FoundationInsights™ (FoundationCore® Q1-2026)[3]

HGSOC, high-grade serous ovarian cancer.

1. Baugh EH, et al. *Cell Death Differ*. 2018;25:154–160; 2. Hassin O, et al. *Nat Rev Drug Discov*. 2023;22:127–144; 3. FoundationInsights™. A proprietary database (FoundationCore® Q1-2026) used under license with review and approval from Foundation Medicine®. Available at: https://www.foundationmedicine.com/service/genomic-data-solutions. Deduplicated data accessed May 2026; 4. Dumbrava EE, et al. *N Engl J Med*. 2026;394:872-883.

Rezatapopt selectively reactivates mutant p53 Y220C and restores tumor suppressor function

- Rezatapopt is an investigational, first-in-class, selective p53 reactivator specific to the *TP53* Y220C mutation[1–3]
- Rezatapopt stabilizes the mutated p53 Y220C protein in the wild-type p53 conformation by binding to a pocket created by the tyrosine-to-cysteine substitution; this restores p53 function[4]



QD, once daily.

1. PYNNACLE Study. Available at: https://www.pynnaclestudy.com/. Accessed January 2026; 2. Vu BT, et al. *ACS Med Chem Lett*. 2024;16:34–39; 3. Puzio-Kuter AM, et al. *Cancer Discov*. 2025;15:1159–1179; 4. Dumble M, et al. *Cancer Res*. 2021;81(13_Suppl):Abstract LB006.

PYNNACLE pivotal Phase 2 study design assessing rezatapopt

Pivotal Phase 2, global, multi-cohort clinical trial assessing rezatapopt in locally advanced or metastatic solid tumors with a *TP53* Y220C mutation and *KRAS* wildtype[1,2]

Patient population

- Adults aged ≥18 years[a]
- Adolescents aged 12–17 years[b]
- Locally advanced or metastatic solid tumors, excluding primary CNS tumors
- Documented *TP53* Y220C and *KRAS* wildtype only (no *KRAS* SNV mutations)
- Prior standard therapy or ineligible for appropriate SoC therapy

Basket N=~200

Patient cohorts defined by tumor type

Rezatapopt 2000 mg QD with food

- **Cohort 1: Ovarian cancer**
- Cohort 2: Lung cancer
- Cohort 3: Breast cancer
- Cohort 4: Endometrial cancer
- Cohort 5: All other solid tumors

Endpoints

Primary: ORR per BICR
- Ovarian cancer cohort
- Across all cohorts

Key secondary:
- ORR per investigator
- TTR
- DoR
- DCR
- PFS per BICR and investigator
- OS
- Safety

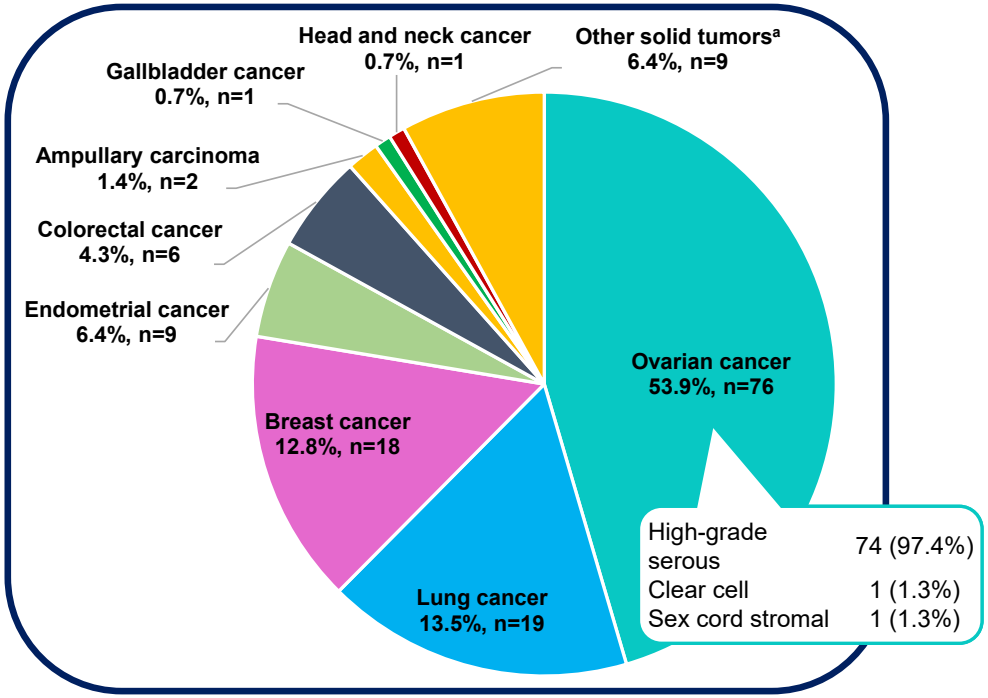
[a] For all global sites except Singapore (must be ≥21 years of age) and Republic of Korea (must be ≥19 years of age). [b] If weighing ≥40 kg (in Australia, Republic of Korea [12–18 years of age], and the USA only).
BICR, blinded independent central review; CNS, central nervous system; DCR, disease control rate; DoR, duration of response; *KRAS*, Kirsten rat sarcoma virus; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; QD, once daily; SNV, single nucleotide variant; SoC, standard of care; TTR, time to response.

1. PYNNACLE Study. Available at: https://www.pynnaclestudy.com/. Accessed October 2025; 2. ClinicalTrials.gov. Available at: https://clinicaltrials.gov/study/NCT04585750. Accessed October 2025.

Patient demographics and disease characteristics: Heavily pretreated patients with advanced ovarian cancer

141 patients with solid tumors including 76 patients with ovarian cancer enrolled

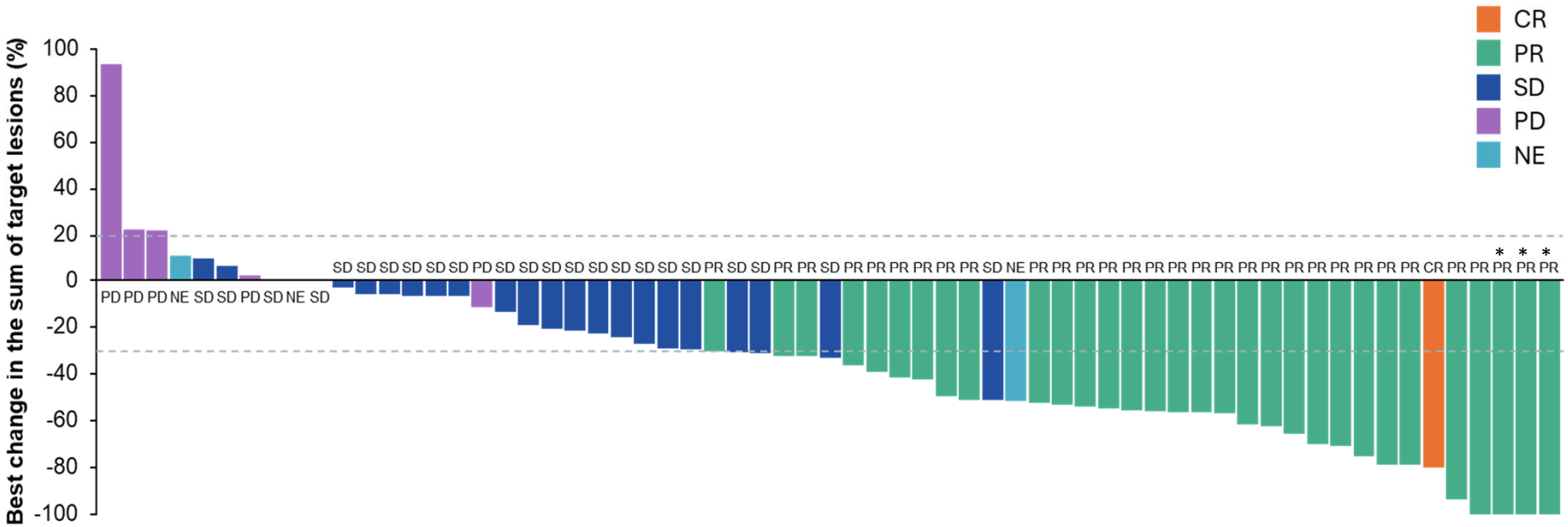
	Ovarian cancer cohort, n=76
Median age, years (min–max)	66 (46–91)
ECOG performance status, n (%)	
0 / 1	36 (47) / 40 (53)
Prior lines of systemic therapy, n (%)	
1 / 2	3 (4) / 14 (18)
3	16 (21)
≥4	43 (57)
Median (min–max)	4 (1–10)
Prior therapies, n (%)	
Bevacizumab	61 (80)
Platinum status, n (%)	
Sensitive	3 (4)
Resistant	46 (61)
Refractory	27 (36)
Primary platinum refractory	10 (13)
FRα status, n (%)	n=63
Positive / Negative	30 (48) / 33 (52)
***BRCA* mutation, n (%)**	7 (9)
Somatic *BRCA* 1/2 mutation	3 (4)
Germline *BRCA* 1/2 mutation	4 (5)
HRD status, n (%)	n=67
Positive / Negative	27 (40) / 40 (60)



Data cutoff: March 29, 2026. [a] Includes gastric cancer (n=2), sarcoma (n=2), small intestine cancer (n=1), HCC (n=1), pancreatic cancer (n=1), thymic carcinoma (n=1), and esophagus carcinoma (n=1).
BRCA, breast cancer gene; ECOG, Eastern Cooperative Oncology Group; FRα, folate receptor alpha; HCC, hepatocellular carcinoma; HRD, homologous recombination deficiency.

Deep tumor shrinkage observed in patients with ovarian cancer following rezatapopt treatment

Target lesion reduction was observed in patients with ovarian cancer (n=63)[a]



A * denotes patients who achieved a confirmed PR as of the data cutoff and subsequently experienced an unconfirmed CR at last scan post data cutoff.

Data cutoff: March 29, 2026. Responses assessed per RECIST v1.1 by investigator assessment. Dotted line shows RECIST v1.1 criteria for PD (20%) and PR (–30%).

[a] Includes patients with ovarian cancer and a post-baseline target tumor measurement (n=63). Best overall responses are noted in the figure.

CR, complete response (confirmed); NE, non-evaluable; PD, progressive disease; PR, partial response (confirmed); RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

Clinically meaningful response rates observed across ovarian cancer subgroups following rezatapopt treatment

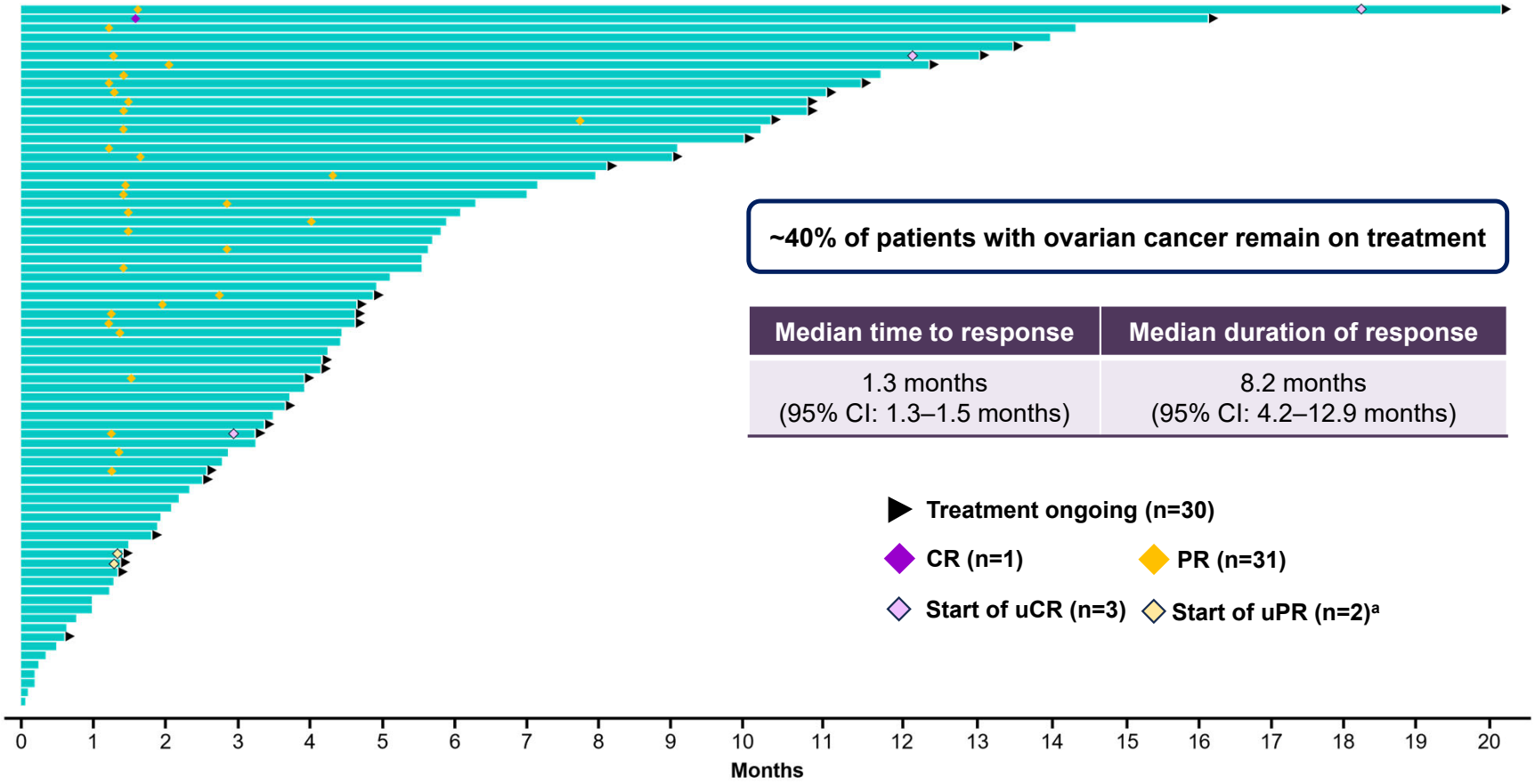
Responses were seen across subgroups of efficacy-evaluable[a] patients with ovarian cancer

	Ovarian cancer cohort n=72[a]	Platinum resistant n=44	Platinum refractory[b] n=25	Prior bevacizumab n=57	Prior PARPi n=38	FRα positive[c] n=30	FRα negative[d] n=31
ORR,[e] % (95% CI)	**44.4 (32.7–56.6)**	**45.5 (30.4–61.1)**	**44.0[f] (24.4–65.1)**	**43.9 (30.7–57.6)**	**52.6 (35.8–69.0)**	**50.0 (31.3–68.7)**	**41.9 (24.5–60.9)**
BOR, n (%)							
CR	1 (1.4)	0 (0.0)	0 (0.0)	1 (1.8)	1 (2.6)	0 (0.0)	0 (0.0)
PR[g]	31 (43.1)[h]	20 (45.5)	11 (44.0)	24 (42.1)	19 (50.0)	15 (50.0)	13 (41.9)
SD	23 (31.9)	16 (36.4)	6 (24.0)	18 (31.6)	10 (26.3)	13 (43.3)	7 (22.6)
PD	5 (6.9)	2 (4.5)	3 (12.0)	5 (8.8)	3 (7.9)	1 (3.3)	3 (9.7)
NE[a]	12 (16.7)	6 (13.6)	5 (20.0)	9 (15.8)	5 (13.2)	1 (3.3)	8 (25.8)

Data cutoff: March 29, 2026.

[a] Patients with the opportunity to reach first post-baseline scan. Patients discontinuing before the first post-baseline scan are included in the efficacy-evaluable population. Shown are results based on investigator assessment. [b] Platinum refractory: relapse during platinum therapy or within one month of the last dose of a platinum agent. [c] FRα positive: FRα expression ≥75% viable tumor cells. [d] FRα negative: FRα expression <75% viable tumor cells. [e] ORR is calculated from confirmed CR and confirmed PR. [f] Of the platinum refractory patients (n=25), 10 are primary platinum refractory (had PD during or within one month of last dose of a first-line platinum regimen); 4/10 primary refractory patients had a response including one CR, two PRs and one uPR. [g] **2 patients have experienced unconfirmed PRs post data cutoff at their first scans (34/74 [45.9%]).** The first patient is platinum refractory, received prior bevacizumab, received prior PARPi, and has unknown FRα status. The second patient is platinum refractory, received prior bevacizumab, received prior PARPi, and is FRα negative. [h] **3 patients who achieved a confirmed PR as of the data cutoff experienced unconfirmed CR at last scan.** BOR, best overall response; CI, confidence interval; CR, complete response; FRα, folate receptor alpha; NE, non-evaluable; ORR, overall response rate; PARPi, poly (ADP-ribose) polymerase inhibitor; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; uPR, unconfirmed partial response.

Rapid and durable responses were observed in the ovarian cancer cohort



Data cutoff: March 29, 2026. Overall duration of treatment measured in 76 patients. [a] Two unconfirmed PRs occurred after the data cutoff. CR, complete response; PR, partial response; uCR, unconfirmed complete response; uPR, unconfirmed partial response.

Rezatapopt displays favorable safety and tolerability in the overall population

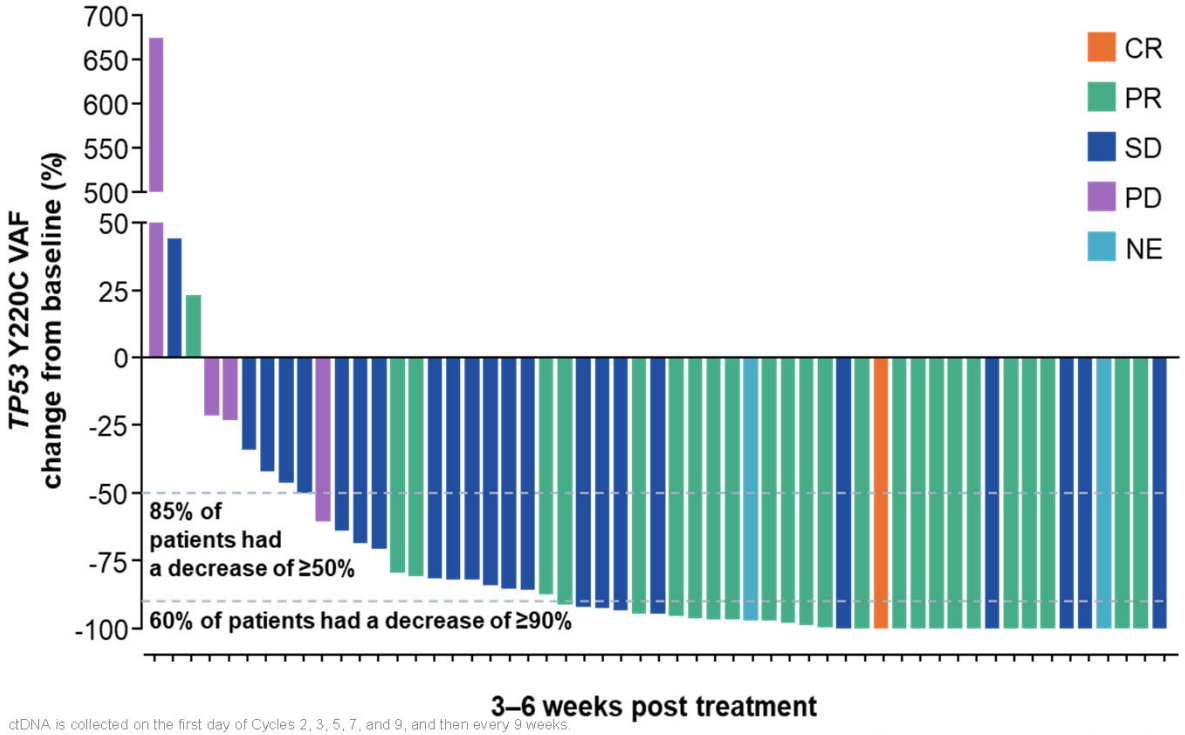
Total safety population (N=141) Patients, n (%)		Maximum CTCAE grade[a]			
Preferred term	**Any grade**	**1**	**2**	**3**	**4**
Nausea	59 (41.8)	41 (29.1)	18 (12.8)	0 (0.0)	0 (0.0)
Fatigue	36 (25.5)	15 (10.6)	20 (14.2)	1 (0.7)	0 (0.0)
Blood creatinine increased	31 (22.0)	10 (7.1)	19 (13.5)	2 (1.4)	0 (0.0)
ALT increased	26 (18.4)	11 (7.8)	5 (3.5)	8 (5.7)	2 (1.4)
Anemia	26 (18.4)	7 (5.0)	11 (7.8)	8 (5.7)	0 (0.0)
AST increased	26 (18.4)	12 (8.5)	5 (3.5)	8 (5.7)	1 (0.7)
Vomiting	24 (17.0)	16 (11.3)	8 (5.7)	0 (0.0)	0 (0.0)
Decreased appetite	18 (12.8)	12 (8.5)	6 (4.3)	0 (0.0)	0 (0.0)
Diarrhea	16 (11.3)	14 (9.9)	1 (0.7)	1 (0.7)	0 (0.0)
Pruritus	15 (10.6)	10 (7.1)	5 (3.5)	0 (0.0)	0 (0.0)
Asthenia	13 (9.2)	6 (4.3)	7 (5.0)	0 (0.0)	0 (0.0)
Constipation	10 (7.1)	9 (6.4)	1 (0.7)	0 (0.0)	0 (0.0)
Platelet count decreased	10 (7.1)	4 (2.8)	2 (1.4)	2 (1.4)	2 (1.4)
Headache	8 (5.7)	5 (3.5)	2 (1.4)	1 (0.7)	0 (0.0)
Rash maculopapular	8 (5.7)	1 (0.7)	3 (2.1)	4 (2.8)	0 (0.0)

Data cutoff: March 29, 2026.
[a] No Grade 5 treatment-related adverse events were observed.
ALT, alanine aminotransferase; AST, aspartate aminotransferase; CTCAE, Common Terminology Criteria for Adverse Events; TRAE, treatment-related adverse event.

- TRAEs were mostly Grade 1 or 2
- Most frequent TRAEs: Nausea, fatigue, and blood creatinine increased
- Laboratory abnormalities were manageable / monitorable
  - Most cases were transient and reversible
- A similar safety profile was observed in patients with ovarian cancer
- 7/141 patients (5.0%) discontinued treatment due to TRAEs, including 4/76 patients (5.3%) with ovarian cancer

Rezatapopt on-target activity supported by decreases in ctDNA *TP53* Y220C VAF in patients with ovarian cancer

Reduction in *TP53* Y220C VAF was seen in most patients with ovarian cancer who had available data (n=55)



- 55 patients had ctDNA *TP53* Y220C VAF data available at baseline and on treatment (3–6 weeks)
- Nearly all patients experiencing a response had a reduction in *TP53* Y220C VAF
- 52 patients (95%) had a reduction in *TP53* Y220C VAF
  - 85% had a reduction of ≥50%

ctDNA is collected on the first day of Cycles 2, 3, 5, 7, and 9, and then every 9 weeks.
Data cutoff: March 30, 2026. CR, complete response; ctDNA, circulating tumor DNA; NE, non-evaluable; PD, progressive disease; PR, partial response; SD, stable disease; VAF, variant allele frequency.

PRESENTED BY: Tira J. Tan

Case study

Heavily pretreated patient with HGSOC experienced a complete response with rezatapopt

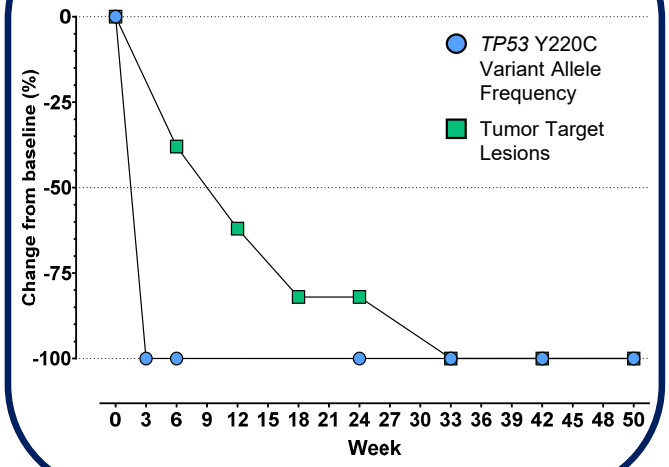
64-year-old Asian female with platinum-resistant HGSOC

- *BRCA1* (2 variants), HRD positive, FRα negative, MSS, metastases in lung and peritoneum
- Other known functional co-alterations: *EPHB1, PIK3CB, TP53* G187S, and a *TP53* splice site
- Heavily pretreated with four lines of prior therapy in the advanced setting:
  - Carboplatin / paclitaxel → olaparib
  - Carboplatin / liposomal doxorubicin
  - Carboplatin / gemcitabine
  - Prexasertib (CHK1 inhibitor)

Rezatapopt: Started at 2000 mg once daily

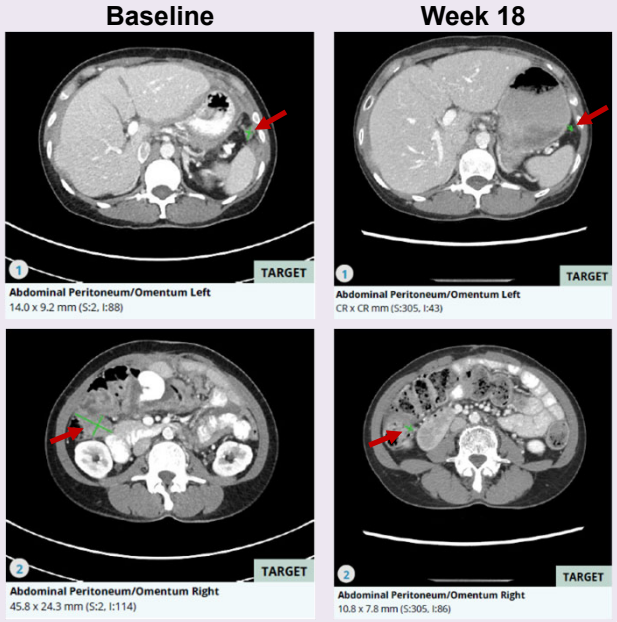
- Treatment ongoing for 13.5 months+
- Well tolerated with transient treatment-related Grade 1 events including elevated bilirubin and ALT increase and Grade 2 vomiting, diarrhea, nausea, and rash, managed with dose interruptions
- No serious adverse events or dose reductions

Radiographic tumor shrinkage and *TP53* Y220C variant allele frequency dynamics



Response to rezatapopt

- Week 18 target tumor reduction: 82%
- Week 50 target tumor reduction: 100%
- Duration of response: 12.3+ months
- Time to response: 1.2 months



Courtesy of Dr Andrew L. Coveler (University of Washington, Fred Hutchinson Cancer Center)

ALT, alanine aminotransferase; FRα, folate receptor alpha; HGSOC, high-grade serous ovarian cancer; HRD, homologous recombination deficiency; MSS, microsatellite stable.

Conclusions

- In this interim analysis of the PYNNACLE Phase 2 clinical trial, single-agent rezatapopt showed clinically meaningful efficacy and a manageable safety profile in heavily pretreated patients with *TP53* Y220C-positive advanced ovarian cancer
  - Investigator-assessed ORR 44.4% (95% CI: 32.7–56.6%; n=72)
  - Median DoR 8.2 months (95% CI: 4.2–12.9 months)
  - 5.3% discontinuation rate due to a TRAE

- Rezatapopt offers a promising orally-administered, chemotherapy-free, targeted monotherapy for patients with ovarian cancer harboring a *TP53* Y220C mutation

CI, confidence interval; DoR, duration of reponse; ORR, overall response rate; TRAE, treatment-related adverse event.

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PYNNACLE Phase 2 clinical trial

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- **Jung-Yun Lee:** None.
- **David S.P. Tan:** Employee: National University Health System Singapore. Personal fees for advisory board membership: AstraZeneca, Bayer, BioNTech, Boehringer Ingelheim, Eisai, Genmab, GlaxoSmithKline, MSD, PMV Pharmaceuticals, Inc., Daiichi-Sankyo, Roche. Personal fees as an invited speaker: AstraZeneca, Eisai, GlaxoSmithKline, Merck Serono, MSD, Roche, and Takeda Pharmaceuticals. Ownership of stocks/shares: Asian Microbiome Library (AMiLi). Research funding to institution: AstraZeneca, Bayer, Karyopharm Therapeutics, Roche. Institutional funding as coordinating PI: AstraZeneca, MSD, Eisai, Roche, Bergen Bio. Institutional funding as local PI: Roche, BioNTech, PMV Pharmaceuticals, Inc., GlaxoSmithKline, Sutro Biopharma, Bayer, Byondis B.V., Zeria Pharmaceutical Co Ltd. Previous non-renumerated role as chair of the Asia Pacific Gynecologic Oncology Trials Group (APGOT); a previous non-renumerated role as the Society President of the Gynecologic Cancer Group Singapore; non-renumerated membership of the Board of Directors of the GCIG. Research funding: National Medical Research Council (NMRC) Clinician Scientist Award Senior Investigator Grant (CSASI21jun-0003); Pangestu Family Foundation Gynaecological Cancer Research Fund. Product samples: AstraZeneca, Eisai, MSD (non-financial interest) for research trials.
- **Ecaterina E. Dumbrava:** Research or grant funding: Bayer HealthCare Pharmaceuticals Inc., Immunocore Ltd., Amgen, Aileron Therapeutics, Compugen Ltd., Gilead, BOLT Therapeutics, Aprea Therapeutics, Bellicum Pharmaceuticals, PMV Pharmaceuticals, Triumvira Immunologics, Seagen, Mereo BioPharma Inc., Sanofi, Rain Oncology, Astex Therapeutics, Sotio, Poseida, Mersana Therapeutics, Genentech, Inc., Boehringer Ingelheim, Dragonfly Therapeutics, A2A Pharmaceuticals, Volastra, AstraZeneca, Fate Therapeutics, Pfizer, Jacobio and Modex Therapeutics. Advisory board: BOLT Therapeutics, Mersana Therapeutics, Orum Therapeutics, Summit Therapeutics, Fate Therapeutics and PMV Pharmaceuticals. Speaker: PMV Pharmaceuticals and BOLT Therapeutics. Travel, accommodation, expenses: ASCO, LFSA Association, Rain Oncology, Banner MD Anderson Cancer Center, Triumvira Immunologics, KSMO and Boehringer Ingelheim.
- **Jean-Sébastien Frenel:** Personal fees and non-financial support: Novartis, lilly, Daiichi Sankyo, Gilead and Pfizer. Grants, personal fees and non-financial support: GSK, AstraZeneca, MSD, and Abbvie.
- **Antoine Italiano:** Consulting or advisory role: Bayer, Boehringer Ingelheim, Daiichi Sankyo, Merck, MSD, Novartis and Roche. Research funding to institution: Bayer, BeiGene, BMS, Boehringer Ingelheim, Daiichi Sankyo, Invox Pharma, Merck, MSD, Novartis, PharmaMar and Roche.
- **Anna Fagotti:** Grant/Research Support: AstraZeneca & MSD. Speakers Bureau/Honoraria: Covidien/Medtronic, AbbVie Pharma GmbH. Advisory Board: GlaxoSmithKline. Consultant for/Consulting fee: Oncoinvent AS.
- **Andrew L. Coveler:** Consulting or advisory role: Actuate Therapeutics, Taiho. Research funding to institution: Seagen, AbGenomics International, Novocure, Amgen, Actuate Therapeutics, Surface Oncology, Nucana, Nextrast, AstraZeneca, Mirati Therapeutics, Kyowa Kirin, PMV Pharmaceuticals, Boundless Bio and BeiGene.
- **Yohann Loriot:** Lectures, advisory boards (personal, financial interest): Astellas, AstraZeneca, BMS, Janssen, MSD, Roche. Advisory board (personal, financial interest): Gilead, Pfizer, Seagen, Taiho, Merck KGaA. Local PI (institutional, financial interest): Astellas, AstraZeneca, BMS, Exelixis, Gilead, Incyte, Janssen, Merck KGaA, MSD, Pfizer. Steering Committee Member (no financial interest): Astellas, Gilead/Immunomedics, MSD, Taiho. Steering Committee Member (personal, financial interest): Basilea. Steering Committee Member (institutional, financial interest): Janssen. Research grant (institutional, financial interest): Celsius, Janssen, MSD, Roche, Sanofi. Coordinating PI (institutional, financial interest): Janssen. Non-financial interests: AACR (member), ARC (other, scientific committee), ASCO (member), ESMO (member).
- **María José de Miguel Luken:** Advisory board: MSD. Speaker: MSD, Janssen. Travel, accommodation: ESMO, ASCO, Novartis. Employee: HM Hospitals Group and START Program of Early Phase Clinical Drug Development in Oncology; Medical Oncologist, Clinical Investigator; Associate Director at START-Madrid HM Sanchinarro. Financial interest: Janssen, MSD, and Roche invited speaker; Syneos Health, MSD advisory role. Non-financial interest: Early-phase clinical trial PI role for MSD, Roche, PharmaMar, AstraZeneca, Genmab, Debiopharm, GSK, HiFiBiO, Replimune, Merck, Novartis, AbbVie, Achilles, Amunix, Arcus, Furmo, BioNTech, Nektar, CatalYm, Dizal, Genentech, Inc., Loxo, Eli Lilly, Numab, Bayer, Chugai, Servier.
- **Brian Orr:** None.
- **Isabelle Ray-Coquard:** Honoraria (personal): AbbVie, Adaptimmune, Agenus, Amgen, AstraZeneca, BMS, Clovis, CORCEPT, Daiichi Sankyo, Deciphera, Eisai, EQRx, GSK, GENMAB, Gilead, Immunocore, Lilly, MacroGenics, Merck Serono, Mersana, Novartis, Onxeo, Roche, Sutro Biopharma, SCORPION, and ITM Pharma . Honoraria (institution): MSD (translational research). Funding (institution): BMS, DSI, and GSK. Non-financial interests: PI REJOICE Ovarian01, P-President GINECO, and President ENGOT.
- **Marcel Wiesweg:** Honoraria and advisory role: Amgen, AstraZeneca, BeOne, BMS, Daiichi Sankyo, GlaxoSmithKline, Janssen, Eli Lilly, neoConnect GmbH, Novartis, Pfizer, Roche, Takeda.Travel costs: Amgen, Janssen, Daiichi Sankyo, Roche. Research funding: Amgen, BMS, Takeda.
- **Elisa Fontana:** Advisory board (personal): Astellas, Bicycles Therapeutics, BMS, Erasca, Pfizer. Invited Speaker, Conference Attendance (personal): Bicycles Therapeutics, CARIS Life Science, and Repair Therapeutics. Conference attendance (personal): Erasca, Sapience Pharma, and Seagen. Other (personal): ASCO Annual Meeting Scientific Programme Committee GI cancers, Colorectal and Anal Track (2024-2026), ESMO Advanced Course Faculty (invited speaker), and EORTC Officer. Other (institutional, financial interest): Alterome (sub-investigator), Amgen (coordinating PI), Apollo Therapeutics (sub-investigator), Aveo Pharmaceuticals (sub-investigator), Bioinvent (sub-investigator), Cellcentric (sub-investigator), Erasca (coordinating PI), GSK (sub-investigator), Keros Therapeutics (sub-investigator), PMV Pharmaceuticals, Inc. (coordinating PI), Pyxis Oncology (sub-investigator), Repair Therapeutics (coordinating PI), and Pharmaceutical Co., Ltd (coordinating PI). Full- or part-time employment (personal): Hospital Corporation of America (HCA) International. Local PI (institutional, financial interest): Acerta Pharma (local PI), ADC Therapeutics (local PI), Arcus Bioscience, Array Biopharma, Artios Pharma, Astellas, Astex, AstraZeneca, Basilea Pharmaceutica, Bayer, BeiGene, Bicycle Therapeutics, BioNTech SE, BluePrint, BMS, Boehringer Ingelheim, Calithera, Carrick Therapeutics, Casi Therapeutics, Clovis Oncology, Crescendo Biologics, CytomX Therapeutics, Daiichi Sankyo, Deciphera, Eli Lilly, Elipsees, Exelixis, Fore Biotherapeutics, G1 Therapeutics, Genentech, Inc., Gilead Science, GSK, H3 Biomedicine, HUTCHMED, Immunocore, Immunomedics, Incyte, Instil Bio, Iovance, Janssen, Jiangsu Hengrui Medicine, Kronos Bio, Lupin Limited, Macrogenics, Menarini, Merck KGaA, Mereo Biopharma, Merus, Millenium Pharmaceuticals, MSD, Nerviano Medica, Nurix Therapeutics, Oncologie, Oxford Vacmedix, Pfizer, Plexxikon, PMV Pharmaceuticals, Inc., QED Therapeutics, Relay Therapeutics, Ribon Therapeutics, Roche, Sapience Pharma, Seagen, Servier, Synthon Biopharmaceuticals, Takeda, Tesaro, Turning Point Therapeutics. Non-financial interests: ASCO (member)
- **Alastair Greystoke:** Consultancy and speaker fees: AstraZeneca, Amgen, Boehringer Ingelheim, BMS, Janssen/Johnson & Johnson, MSD, Novartis, Pfizer, Eli Lilly, Takeda, Roche. Research funding: AstraZeneca. Other role: Clinical Director (Cancer), North East England Hull and Yorkshire Genomic Medicine Service.
- **Peter Grimison:** None.
- **Kim LeDuke:** Employee: PMV Pharmaceuticals, Inc. with stock options.
- **Anita Schmid:** Employee: PMV Pharmaceuticals, Inc. with stock options.
- **Deepika Jalota:** Employee: PMV Pharmaceuticals, Inc. with stock options.
- **Marc Fellous:** Employee: PMV Pharmaceuticals, Inc. with stock options.
- **Alison M. Schram:** Advisory board: Relay Therapeutics, Mersana, Merus, Partner Therapeutics, PMV Pharma, Schrodinger, Repare Therapeutics, Revolution Medicine, Endeavor Biomedicines, Day One Biopharmaceuticals, Transcode Therapeutics, Guardant, Boehringer Ingelheim. Advisory role: Merus, Pfizer, PMV Pharmaceuticals, Inc., Schrödinger, Repare Therapeutics, Relay Therapeutics. Research funding to institution: AstraZeneca, ArQule, BeiGene/Springworks, Black Diamond Therapeutics, Boehringer Ingelheim, Debiopharm, Elevar Therapeutics, Elevation Oncology, Kura, Lilly, Merus, Northern Biologics, Partner Therapeutics, Pfizer, Pheon Therapeutics, PMV Pharma, Relay, Repare Therapeutics, Revolution Medicine, and Surface Oncology.