Meeting the Needs of Patients with CLL and WM – Bexobrutideg Clinical Update from EHA

European Hematological Association Investor Event

June 12, 2025

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 Therapeutics, Inc. (“Nurix”, the “Company,” “we,” “us” or “our”), 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 plans; our future performance, prospects and strategies; future conditions, trends, and other financial and business matters; our current and prospective drug candidates; the planned timing and conduct of the clinical trial programs for our drug candidates; the planned timing for the provision of updates and findings from our clinical studies; the potential benefits of our collaborations, including potential milestone and sales-related payments; the potential advantages of DEL-AI and our drug candidates; the extent to which our scientific approach, our drug discovery engine, targeted protein degradation, and degrader antibody conjugates may potentially address a broad range of diseases; the extent animal model data predicts human efficacy; the timing and success of the development and commercialization of our current and anticipated drug candidates; and our ability to fund our operations into the future. Forward-looking statements reflect Nurix’s current beliefs, expectations, and assumptions. 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 clinical trials; (iii) Nurix’s ability to fund development activities and achieve development goals; (iv) risks and uncertainties relating to the timing and receipt of payments from Nurix's collaboration partners, including milestone payments and royalties on future potential product sales; (v) the impact of macroeconomic events and conditions, including increasing financial market volatility and uncertainty, inflation, interest rate fluctuations, instability in the global banking system, uncertainty with respect to the federal budget and debt ceiling, the impact of war, military or regional conflicts, and global health pandemics, on Nurix’s clinical trials and operations; (vi) Nurix’s ability to protect intellectual property and (vii) 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, 2025, 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. Furthermore, while we believe our own internal estimates and research are reliable, such estimates and research have not been verified by any independent source.

EHA 2025: Two Clinical Updates for Bexobrutideg

FRIDAY, JUNE 13 (18:30 - 19:30 CEST)

Bexobrutideg (NX-5948), a novel Bruton's tyrosine kinase (BTK) degrader, demonstrates rapid and durable clinical responses in relapsed refractory CLL: updated findings from an ongoing Phase 1a Study

Presenting author: Talha Munir
PF571

POSTER SESSION 1.

Session title: Chronic lymphocytic leukemia and related disorders - Clinical

SATURDAY, JUNE 14 (18:30 - 19:30 CEST)

Bexobrutideg (NX-5948), a novel Bruton's tyrosine kinase (BTK) degrader, shows high clinical activity and tolerable safety in an ongoing Phase 1a/b study in patients with Waldenström macroglobulinemia

Presenting author: Dima El-Sharkawi
PS1883

POSTER SESSION 2.

Session title: Indolent and mantle-cell non-Hodgkin lymphoma - Clinical

Agenda

01

Dr. Talha Munir, MBChB, Ph.D.
Consulting Hematologist,
Leeds Teaching Hospitals, NHS Trust

Bexobrutideg demonstrates rapid and durable clinical responses in relapsed/ refractory CLL: updated findings from an ongoing Phase 1a study

Bexobrutideg (NX-5948) shows high clinical activity and tolerable safety in an ongoing phase 1a/b study in patients with Waldenström macroglobulinemia

02

Paula G. O'Connor, M.D.
Chief Medical Officer,
Nurix Therapeutics

Bexobrutideg Program Updates and next steps

03

Arthur T. Sands, M.D., Ph.D.
Chief Executive Officer,
Nurix Therapeutics

Pipeline Review and 2H 2025 Milestones

Q&A to follow

NURIX

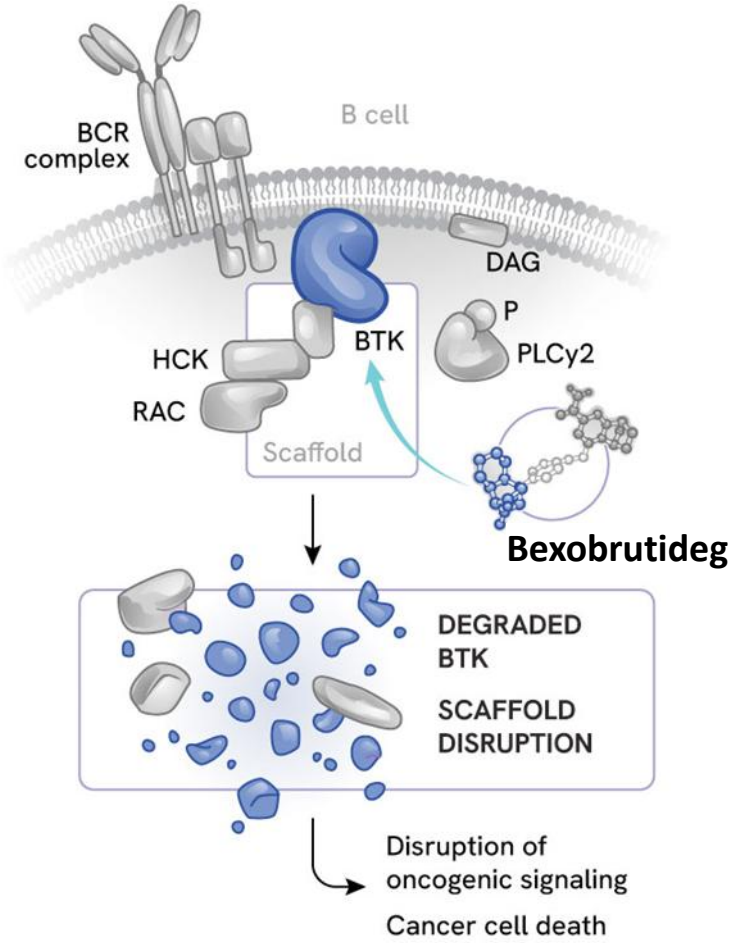
Bexobrutideg (NX-5948), a Novel Bruton's Tyrosine Kinase (BTK) Degrader, Demonstrates Rapid and Durable Clinical Responses in Relapsed/Refractory CLL: Updated Findings From an Ongoing Phase 1a Study

[1]Zulfa Omer, [2]Alexey Danilov, [3]Francesco Forconi, [4]Nirav Shah, [5]Graham P. Collins, [6]Shuo Ma, [7]Jane Robertson, [8]Alvaro Alencar, [9]Danielle Brander, [1]John C. Byrd, [10]Dima El-Sharkawi, [11]Jeffery Smith, [12]Allison Winter, [13]Michal Kwiatek, [14]Jonathon Cohen, [15]Prioty Islam, [16]Sarah Injac, [17]Talha Munir

[1]University of Cincinnati, Cincinnati, OH, USA; [2]City of Hope National Medical Center, Duarte, CA, USA; [3]University Hospital Southampton NHS Trust, Southampton, UK; [4]Medical College of Wisconsin, Milwaukee, WI, USA; [5]Oxford Cancer and Haematology Centre, Churchill Hospital, Oxford, UK; [6]Feinberg School of Medicine, Northwestern University, Chicago, IL, USA; [7]The Christie Hospital and Manchester Cancer Research Centre, Division of Cancer Sciences, Manchester, UK; [8]Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine, Miami, FL, USA; [9]Duke Cancer Institute, Durham, NC, USA; [10]Royal Marsden NHS Foundation Trust, Sutton, UK; [11]The Clatterbridge Cancer Centre, Liverpool, UK; [12]Cleveland Clinic Foundation, Cleveland, OH, USA; [13]AidPort Hospital, Skórzewo (Poznan), Poland; [14]Emory Winship Cancer Institute, Atlanta, GA, USA; [15]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [16]Nurix Therapeutics, Inc., San Francisco, CA, USA; [17]St. James's Hospital, Leeds, UK

Bexobrutideg (NX-5948) – A Small Molecule BTK Degrader that Addresses an Unmet Need in the CLL Treatment Landscape

Novel mechanism of action



- The current standard of care in CLL focuses on utilizing the inhibitors of two key signaling pathways: BTK and BCL2
- Unmet need still exists in the CLL treatment landscape:
  - Covalent and non-covalent BTKi resistance mutations are found in more than half of patients who progress on BTKi therapies[1,2]
  - Some mutations in *BTK* can maintain intact B-cell receptor signaling through a scaffolding function of BTK[3]
  - The number of BCL2i refractory and double (BTKi/BCL2i) refractory patients is growing[4]
- Novel BTK degrader bexobrutideg offers an additional treatment modality:
  - Can overcome treatment-emergent BTKi resistance mutations[5] and disrupt BTK scaffolding[3,5]

***BCL2**, B-cell lymphoma 2; **BCL2i**, BCL2 inhibitor; **BTK**, Bruton's tyrosine kinase; **BTKi**, BTK inhibitor; **CLL**, chronic lymphocytic leukemia*

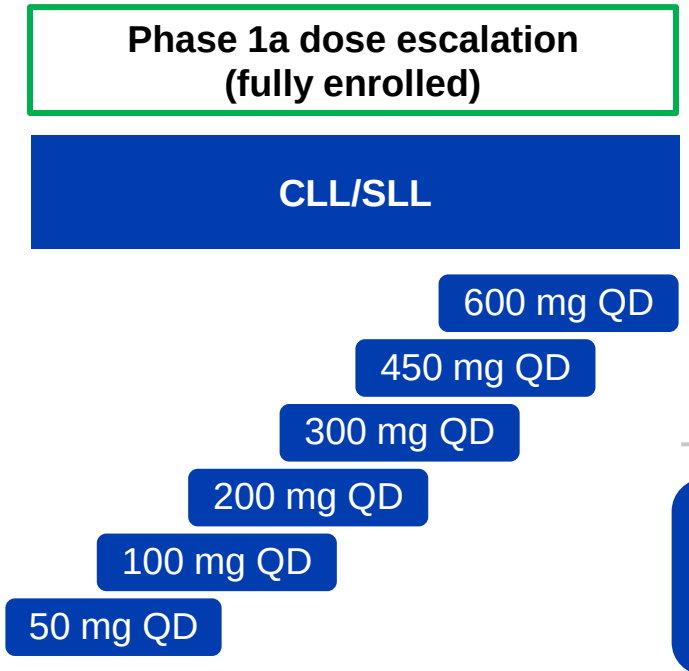
1. Noviski et al. 20th Biennial International Workshop on CLL, Boston, MA. Oct 6–9, 2023; 2. Molica et al. 66th ASH Annual Meeting, Dec 7–10, 2024; 3. Montoya et al. Science 2024;383; 4. Hayama and Riches. Onco Targets 2024;17; 5. Linton K, et al. Oral presentation at EHA Hybrid Congress; Jun 16, 2024

Phase 1a/b Trial in Adults with Relapsed/Refractory B-cell Malignancies

NX-5948-301: trial design (CLL cohorts)

Key eligibility criteria

- Age ≥18 years
- Relapsed/refractory disease
- ≥2 prior lines of therapy
- ECOG PS 0–1



Phase 1b dose expansion (fully enrolled)

- **CLL/SLL 200 mg QD** Prior BTKi and BCL2i
- **CLL/SLL 600 mg QD** Prior BTKi and BCL2i

Other CLL Phase 1b expansion cohorts

- Non-C481S BTK mutations, prior BTKI and BCL2i
- Prior non-covalent BTKi, no BCL2i
- TP53 or 17p deletion, 2L, prior BTKi, no BCL2i
- 2L+, prior BTKi, no BCL2i
- BTKi-naïve
- With wAIHA, prior BTKi
- With CNS involvement, prior BTKi

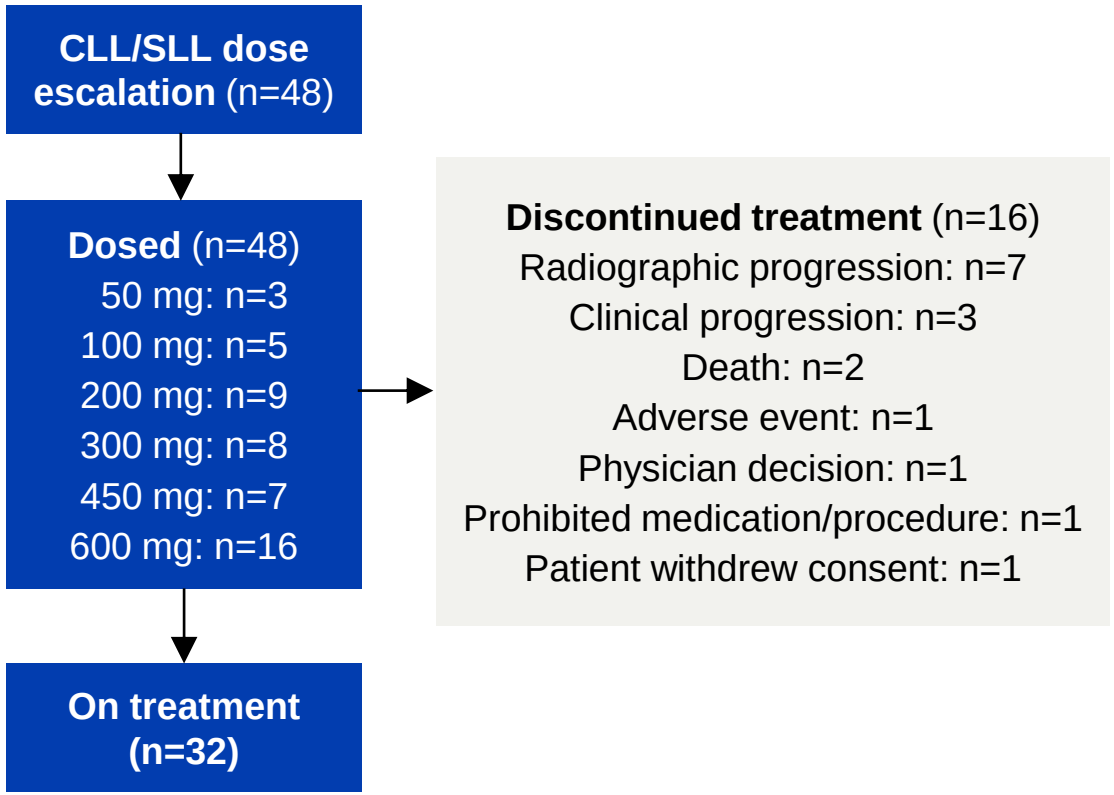
***BCL2i**, BCL2 inhibitor; **BTKi**, BTK inhibitor; **CLL**, chronic lymphocytic leukemia; **ECOG PS**, Eastern Cooperative Oncology Group performance status; **QD**, once daily; **SLL**, small lymphocytic lymphoma*

Data cutoff: 12 Mar 2025

CLL Patient Disposition and Demographics

Phase 1a

Patient disposition



Patient demographics

Characteristics	Patients (n=48)
Median age, years (range)	68.5 (35–88)
Sex, n (%)	
Male	32 (66.7)
Ethnicity, n (%)	
Hispanic or Latino	3 (6.3)
Race, n (%)	
Black or African American	3 (6.3)
White	42 (87.5)
Other	3 (6.3)

***CLL**, chronic lymphocytic leukemia; **SLL**, small lymphocytic lymphoma*

Data cutoff: 12 Mar 2025

Patient Population with Unmet Medical Need: Multiple Prior Lines of Therapy and High Prevalence of Baseline Mutations

Baseline disease characteristics: Phase 1a

Characteristics	Patients with CLL/SLL (n=48)
ECOG PS, n (%)	
0	19 (39.6)
1	29 (60.4)
CNS involvement, n (%)	5 (10.4)
Median prior lines of therapy (range)	4.0 (2–12)
Previous treatments[a], n (%)	
BTKi	47 (97.9)
cBTKi	47 (97.9)
ncBTKi[b]	13 (27.1)
BCL2i	40 (83.3)
BTKi and BCL2i	39 (81.3)
CAR-T therapy	3 (6.3)
Bispecific antibody	3 (6.3)
PI3Ki	14 (29.2)
Chemo/chemo-immunotherapies (CIT)	35 (72.9)
Mutation status[c], n (%)	(n=47)
BTK	18 (38.3)
TP53	21 (44.7)
PLCG2	7 (14.9)
BCL2	6 (12.8)

[a]Patients could have received multiple prior treatments; [b]All patients who received ncBTKi have also previously received cBTKi; [c]Mutations presented here were centrally sequenced
***BCL2**, B-cell lymphoma 2; **BCL2i**, BCL2 inhibitor; **BTK**, Bruton's tyrosine kinase; **BTKi**, BTK inhibitor; **cBTKi**, covalent BTKi; **CAR-T**, chimeric antigen receptor T-cell; **CLL**, chronic lymphocytic leukemia; **CNS**, central nervous system; **ECOG PS**, Eastern Cooperative Oncology Group (ECOG) performance status; **ncBTKi**, non-covalent BTKi; **PI3Ki**, phosphoinositide 3-kinase inhibitor; **PLCG2**, phospholipase C gamma 2; **SLL**, small lymphocytic lymphoma*

Data cutoff: 12 Mar 2025

Bexobrutideg Safety Profile: Well Tolerated in Patients with Relapsed/Refractory CLL

TEAEs in ≥10% of patients or Grade ≥3 TEAEs or SAEs in >1 patient: Phase 1a

TEAEs, n (%)	Patients with CLL/SLL (n=48)		
	Any grade	Grade ≥3	SAEs
Purpura/contusion[a]	22 (45.8)	–	–
Diarrhea	15 (31.3)	2 (4.2)	–
Fatigue[b]	15 (31.3)	–	–
Neutropenia[c]	14 (29.2)	11 (22.9)	–
Rash[d]	13 (27.1)	1 (2.1)	1 (2.1)
Petechiae	12 (25.0)	–	–
Headache	12 (25.0)	–	–
Thrombocytopenia[e]	11 (22.9)	1 (2.1)	–
Anemia	9 (18.8)	2 (4.2)	–
COVID-19[f]	9 (18.8)	–	–
Peripheral edema	9 (18.8)	–	–
Cough	8 (16.7)	–	–
Lower respiratory tract infection	7 (14.6)	1 (2.1)	1 (2.1)
Nausea	7 (14.6)	–	–
Pneumonia[g]	6 (12.5)	2 (4.2)	2 (4.2)
Arthralgia	6 (12.5)	–	–
Upper respiratory tract infection	5 (10.4)	–	–
Vomiting	5 (10.4)	1 (2.1)	–
Respiratory syncytial virus infection	2 (4.2)	1 (2.1)	2 (4.2)

[a]Purpura/contusion includes episodes of purpura or contusion; [b]Fatigue was transient; [c]Aggregate of 'neutrophil count decreased' or 'neutropenia'; [d]Aggregate of 'rash' and 'rash maculopapular' and 'rash pustular'; [e]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [f]Aggregate of 'COVID-19' and 'COVID-19 pneumonia'; [g]Aggregate of 'pneumonia' and 'pneumonia klebsiella'

***CLL**, chronic lymphocytic leukemia; **SAE**, serious adverse event; **SLL**, small lymphocytic lymphoma; **TEAE**, treatment-emergent AE*

Data cutoff: 12 Mar 2025

NURIX

Clinically Meaningful Objective Responses (PR + CR) in Relapsed/Refractory CLL

Bexobrutideg overall response assessment: Phase 1a

CLL response-evaluable patients[a]	Response analysis (n=47)
Objective response rate (ORR),[b] % (95% CI)	80.9 (66.7–90.9)
Best response, n (%)	
CR	1 (2.1)
PR	37 (78.7)
PR-L	0 (0.0)
SD	7 (14.9)
PD	2 (4.3)
Median follow-up, months[c] (range)[d]	9.0 (1.6–26.1)

[a]Patients who were treated with bexobrutideg having ≥1 post-baseline disease assessment or documented clinical PD

[b]Objective response rate was evaluated using iwCLL criteria and included CR + PR + PR-L

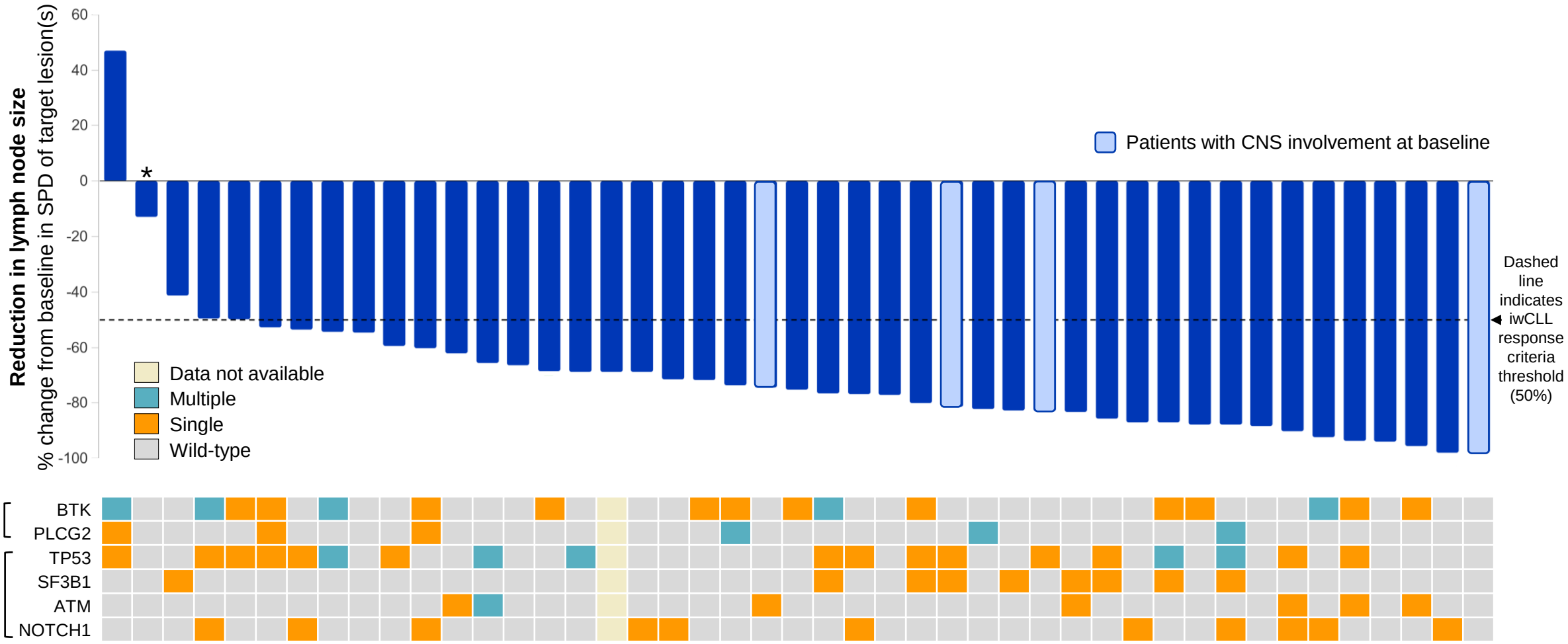
[c]Kaplan-Meier estimate; [d]Observed values

***CLL**, chronic lymphocytic leukemia; **CR**, complete response; **iwCLL**, International Workshop on CLL; **ORR**, objective response rate; **PD**, progressive disease; **PR**, partial response; **PR-L**, partial response with rebound lymphocytosis; **SD**, stable disease*

Data cutoff: 12 Mar 2025

NURIX

Broad Activity Independent of Baseline Mutational Profile



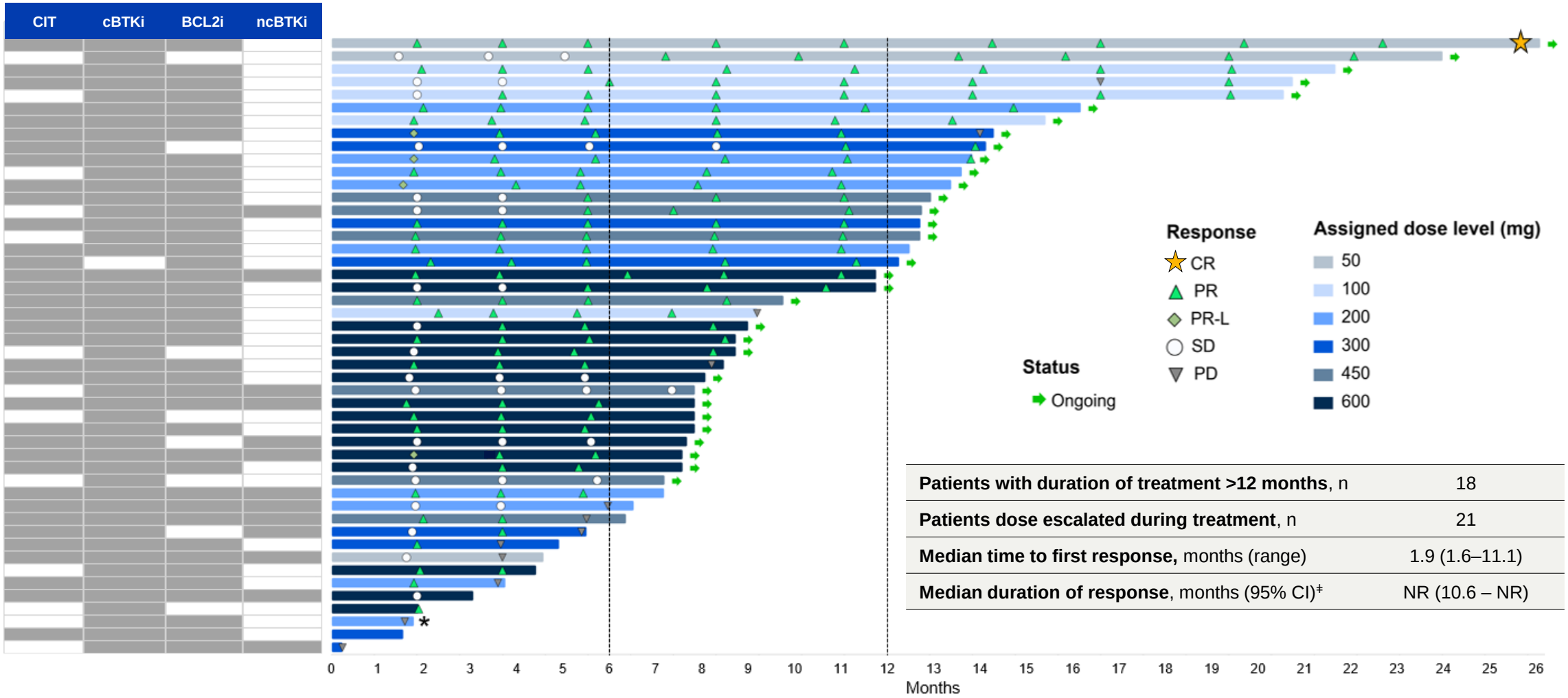
**Patient with Richter's transformation to Hodgkin's on biopsy*

Note: patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per iwCLL criteria, although they may not be represented in the waterfall plot

***ATM**, Ataxia-telangiectasia mutated; **BTK**, Bruton's tyrosine kinase; **BTKi**, BTK inhibitor; **CLL**, chronic lymphocytic leukemia; **CNS**, central nervous system; **iwCLL**, International Workshop on CLL; **NOTCH1**, neurologic locus notch homolog protein 1; **PLCG2**, phospholipase C gamma 2; **SPD**, sum of products diameters*

Data cutoff: 12 Mar 2025

Bexobrutideg Demonstrates Durable Response in Patients with Relapsed/Refractory CLL (n=48)



Patients with duration of treatment >12 months, n	18
Patients dose escalated during treatment, n	21
Median time to first response, months (range)	1.9 (1.6–11.1)
Median duration of response, months (95% CI)‡	NR (10.6 – NR)

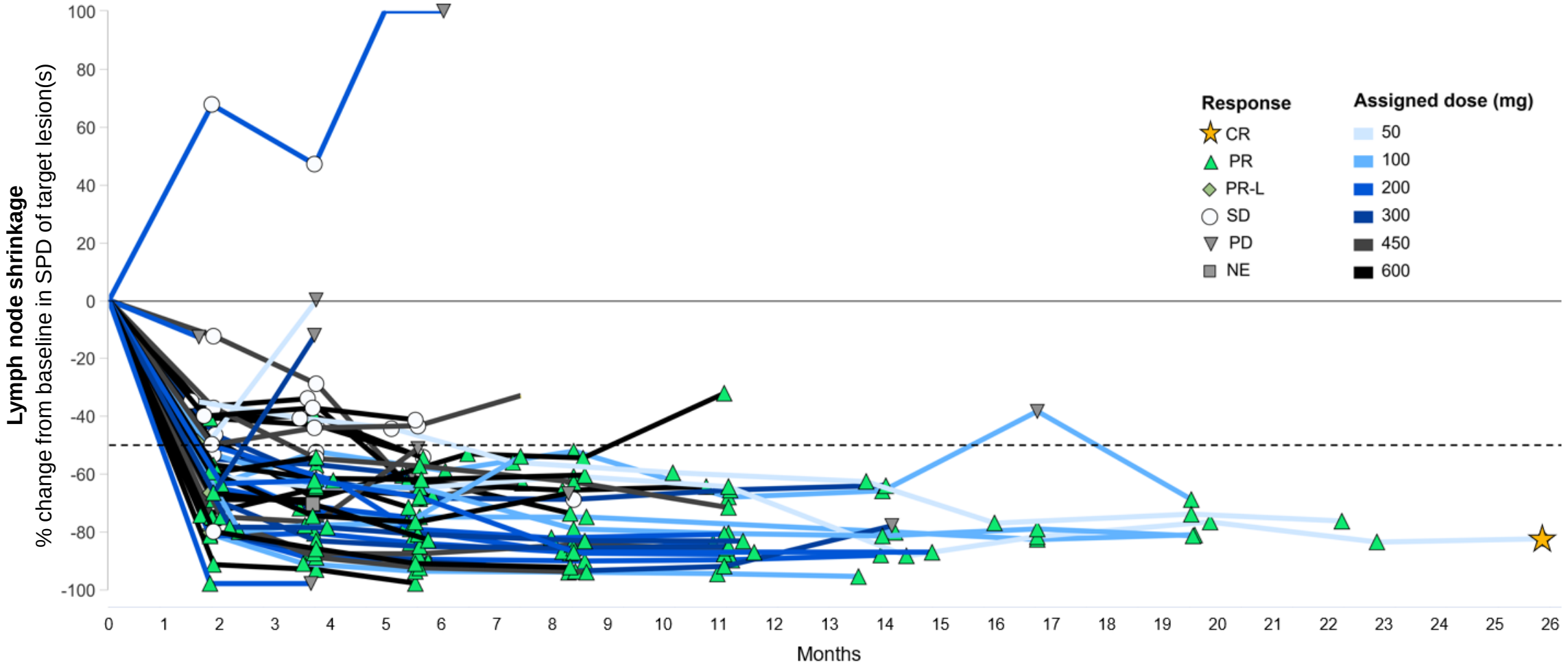
**Patient with Richter's transformation to Hodgkin's on biopsy;* ‡Kaplan-Meier estimate

Data cutoff: 12 Mar 2025

***BCL2i**, BCL2 inhibitor; **BTKi**, BTK inhibitor; **cBTKi**, covalent BTKi; **CI**, confidence interval; **CIT**, chemo/chemo-immunotherapies; **CR**, complete response; **ncBTKi**, non-covalent BTKi; **NE**, not evaluable; **NR**, not reached; **PD**, progressive disease; **PR**, partial response; **PR-L**, PR with rebound lymphocytosis; **SD**, stable disease*

Rapid and Sustained Decrease in Lymph Node Size in Patients Treated with Bexobrutideg

Percent change from baseline in sum of product diameters in patients with CLL



***CR**, complete response; **NE**, not evaluable; **PD**, progressive disease; **PR**, partial response; **PR-L**, PR with rebound lymphocytosis; **SD**, stable disease; **SPD**, sum of products diameters*

Data cutoff: 12 Mar 2025

Conclusions

- Bexobrutideg (NX-5948) is a novel small molecule that degrades well-validated CLL target BTK by utilizing the ubiquitin-proteasome pathway.
- In the fully enrolled Phase 1a CLL portion of the NX-5948-301 study, as of the 12 March 2025 data cut:
  - Median follow-up was 9.0 months, and most patients were still on treatment.
  - Bexobrutideg was well tolerated, consistent with the overall study population and previous disclosures.
  - Bexobrutideg showed clinical activity in a population of heavily pretreated patients with advanced CLL:
    - Patients had a median of four prior lines of therapy including, among others, prior cBTKi, ncBTKi, and BCL2i treatment.
    - A high number of patients had BTK, PLCG2, and BCL2 mutations, high-risk molecular features and CNS involvement.
  - Robust and deepening responses were observed with high ORR (80.9%), including one CR:
    - Responses were rapid with a median time to first response of 1.87 months.
    - Multiple conversions were observed from SD to PR, and one conversion from PR to CR.
    - Of 18 patients treated for more than 12 months, 17 remain on study. One patient is approaching 2.5 years on treatment.

Phase 1b dose-expansion cohort enrollment is complete; enrollment is ongoing in additional Phase 1b sub-population cohorts and pivotal trial(s) initiation is planned later in 2025

NURIX

Bexobrutideg (NX-5948), a Novel Bruton's Tyrosine Kinase Degrader, Shows High Clinical Activity and Tolerable Safety in an Ongoing Phase 1a/b Study in Patients with Waldenström Macroglobulinemia

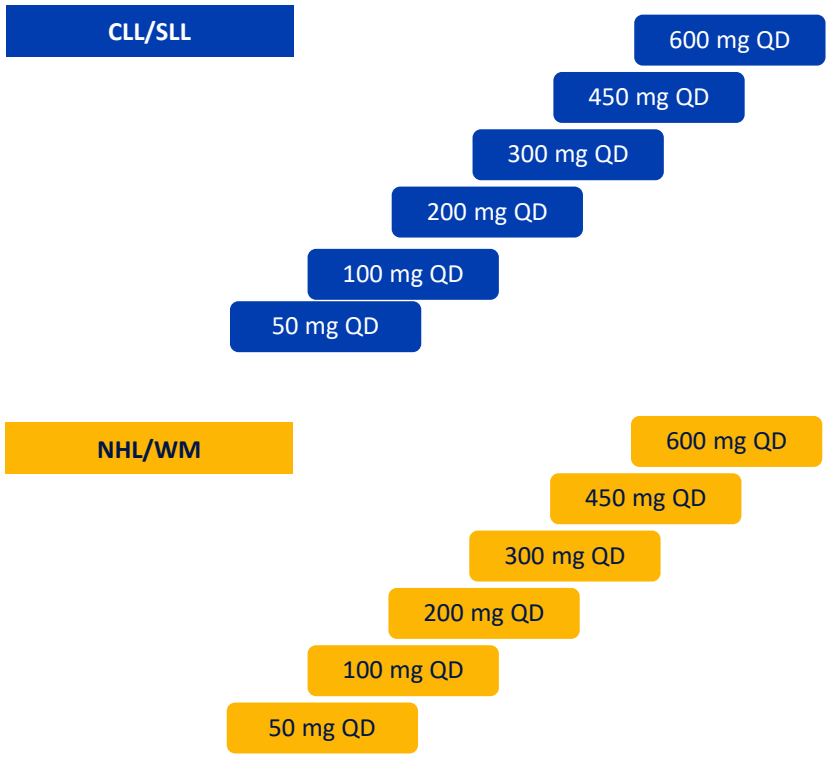
[1]Dima El-Sharkawi, [2]David Lewis, [3]Astrid Pulles, [4]Zulfa Omer, [5]Talha Munir, [6]Graham P. Collins, [7]Kim Linton, [8]Alvaro Alencar, [9,10]Mary Gleeson, [11]Pam McKay, [12]Scott Huntington, [13]Sarah Injac, [14]Nirav N. Shah

[1]Royal Marsden NHS Foundation Trust, Sutton, UK; [2]Derriford Hospital, Plymouth, UK; [3]UMC Utrecht Cancer Center, University Medical Center Utrecht, The Netherlands, on behalf of the Lunenburg Lymphoma Phase I/II Consortium – HOVON /LLPC; [4]University of Cincinnati, Cincinnati, OH, USA; [5]St. James's Hospital, Leeds, UK; [6]Oxford Cancer and Haematology Centre, Churchill Hospital, Oxford, UK; [7]University of Manchester, Manchester, UK; [8]Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine, Miami, FL, USA; [9]Guy's and St Thomas' NHS Foundation Trust, London, UK; [10]Sarah Cannon Research Institute, London, UK; [11]Beatson West of Scotland Cancer Centre, Glasgow, Scotland; [12]Yale School of Medicine, New Haven, CT, USA; [13]Nurix Therapeutics, Inc., San Francisco, CA, USA; [14]Medical College of Wisconsin, Milwaukee, WI, USA

Phase 1a/b Trial in Adults with Relapsed/Refractory B-cell Malignancies

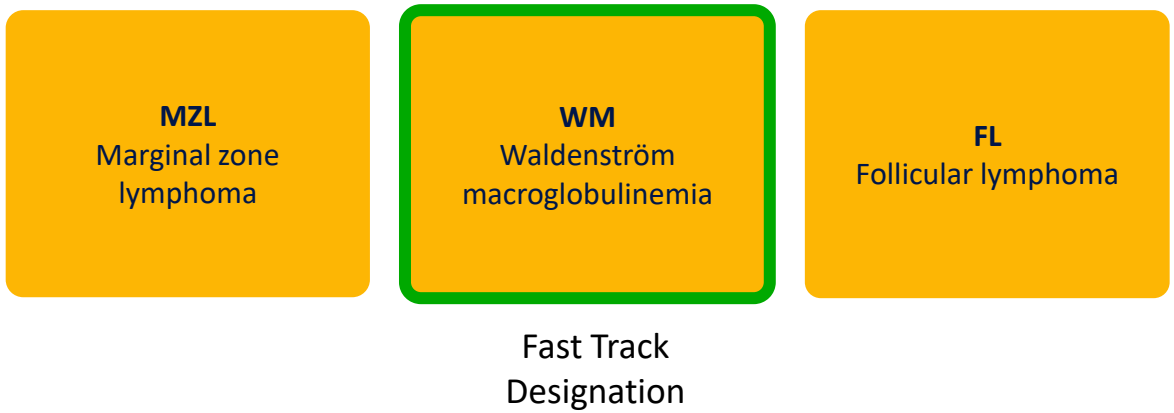
NX-5948-301 trial design (focus on select NHL cohorts)

Phase 1a dose escalation (fully enrolled)



Ongoing CLL Phase 1b expansion cohorts (fully enrolled)

Ongoing iNHL/WM Phase 1b expansion cohorts



BCL2i, *BCL-2 inhibitors;* ***BTKi,*** *BTK inhibitors;* ***CLL****, chronic lymphocytic leukemia;* ***iNHL,*** *indolent non-Hodgkins lymphoma;* ***SLL****, small lymphocytic lymphoma*

NURIX

Elderly Population with Multiple Prior Lines of Targeted Therapies

Baseline demographics/disease characteristics

Characteristics	Patients with WM (n=22)
Median age, years (range)	72.5 (58–86)
Male, n (%)	18 (81.8)
ECOG PS, n (%)	
0	8 (36.4)
1	14 (63.6)
CNS involvement, n (%)	2 (9.1)
Median prior lines of therapy (range)	3 (2–5)
Previous treatments[a], n (%)	
BTKi	22 (100.0)
ncBTKi	4 (18.2)
BCL2i	1 (4.5)
BTKi and BCL2i	1 (4.5)
Chemo/chemo-immunotherapies (CIT)	21 (95.5)
Mutation status[b], n (%)	
MYD88	15 (68.2)
CXCR4	5 (22.7)

[a]Patients could have received multiple prior treatments; [b]Mutation status was gathered from historic patient records

Data cutoff: 12 Mar 2025

***BTKi**, Bruton's tyrosine kinase inhibitor; **BCL2i**, B-cell lymphoma 2 inhibitor; **CNS**, central nervous system;*
***ECOG PS**, Eastern Cooperative Oncology Group (ECOG) performance status; **ncBTKi**, non-covalent BTKi; **PI3Ki**, PI3 kinase inhibitor; **WM**, Waldenström macroglobulinemia*

NURIX

Favorable Safety Profile in Patients with WM: No New Safety Signals

TEAEs in ≥10% of overall population or grade ≥3 TEAEs in ≥1 patient or any SAEs

TEAEs, n (%)	**Patients with WM (n=22)**		
	Any grade	**Grade ≥3**	**SAEs**
Petechiae	6 (27.3)	–	–
Diarrhea	5 (22.7)	–	–
Purpura/contusion[a]	4 (18.2)	–	–
Neutropenia[b]	4 (18.2)	1 (4.5)	–
Thrombocytopenia[c]	4 (18.2)	1 (4.5)	–
Upper respiratory tract infection	4 (18.2)	–	–
Anemia	3 (13.6)	2 (9.1)	–
Headache	3 (13.6)	–	–
Rash[d]	3 (13.6)	–	–
COVID-19[e]	3 (13.6)	–	–
Fall	3 (13.6)	1 (4.5)	1 (4.5)
Lower respiratory tract infection	2 (9.1)	1 (4.5)	–
Arthralgia	2 (9.1)	–	–
Cough	2 (9.1)	–	–
Peripheral edema	2 (9.1)	–	–
Pneumonia[f]	2 (9.1)	–	–
Influenza	1 (4.5)	1 (4.5)	1 (4.5)
Influenzal pneumonia	1 (4.5)	1 (4.5)	1 (4.5)
Sepsis	1 (4.5)	1 (4.5)	1 (4.5)
Hypertension	1 (4.5)	1 (4.5)	–
Subdural hematoma[g]	1 (4.5)	–	1 (4.5)
Fatigue[h]	1 (4.5)	–	–

[a]Purpura/contusion includes episodes of purpura or contusion ; [b]Aggregate of 'neutrophil count decreased' or 'neutropenia'; [c]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [d]Aggregate of 'rash' and 'rash maculopapular' and 'rash pustular'; [e]Aggregate of 'COVID-19' and 'COVID-19 pneumonia'; [f]Aggregate of 'pneumonia' and 'pneumonia klebsiella'; [g]Grade 1 AE in a patient on concurrent anti-coagulation; [h]Fatigue was transient

***SAE**, serious adverse event; **TEAE**, treatment-emergent adverse event; **WM**, Waldenström macroglobulinemia*

Data cutoff: 12 Mar 2025

High Overall Response Rate in Patients with Relapsed/Refractory WM

Bexobrutideg overall response assessment in patient with WM: Phase 1a/1b

WM response-evaluable patients	**Primary response analysis[b]** ≥1 response assessment(s) at 8 weeks (n=19)
Objective response rate (ORR),[a] %	84.2
Best response, n (%)	
CR	0 (0.0)
VGPR	2 (10.5)
PR	11 (57.9)
MR	3 (15.8)
SD	3 (15.8)
PD	0 (0.0)
Median follow-up, months[c] (range)[d]	3.7 (1.9–18.9)

[a]Objective response rate includes CR + PR + MR; [b]Patients who progressed prior to their first response assessment and patients who discontinued for any reason after their first response assessment are included in the denominators; [c]Kaplan-Meier estimate; [d]Observed values

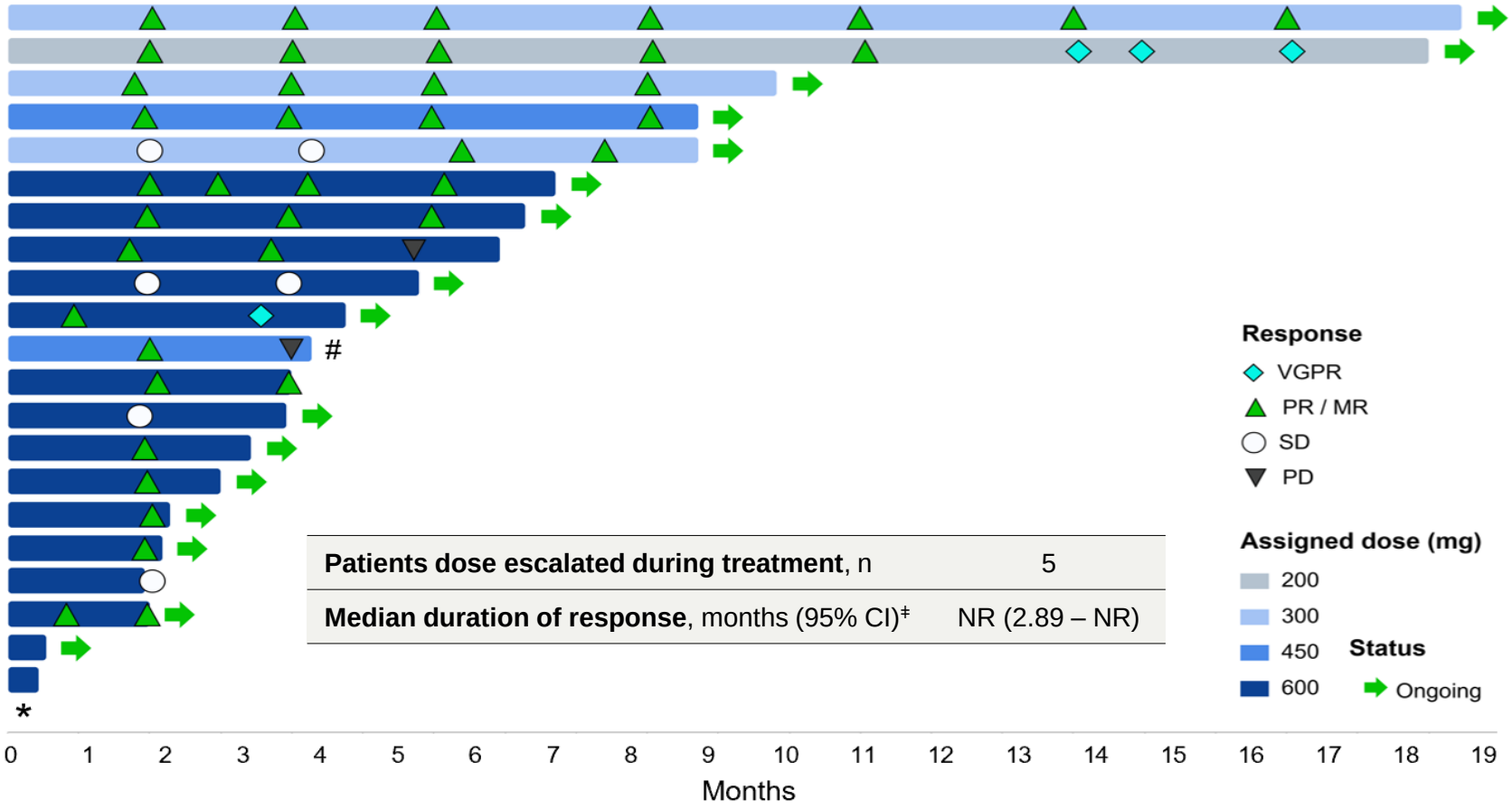
MR *minor response;* ***ORR****, objective response rate;* ***PD****, progressive disease;* ***PR****, partial response;* ***SD****, stable disease;* ***VGPR****, very good partial response* ***WM****, Waldenström macroglobulinemia*

Data cutoff: 12 Mar 2025

NURIX

Durable and Deepening Responses in Patients with WM (n=22)

Select prior therapies			Select mutations[a]	
BTKi	BCL2i	Pirto	*CXCR4*	*MYD88*



Patients dose escalated during treatment, n	5
Median duration of response, months (95% CI)‡	NR (2.89 – NR)

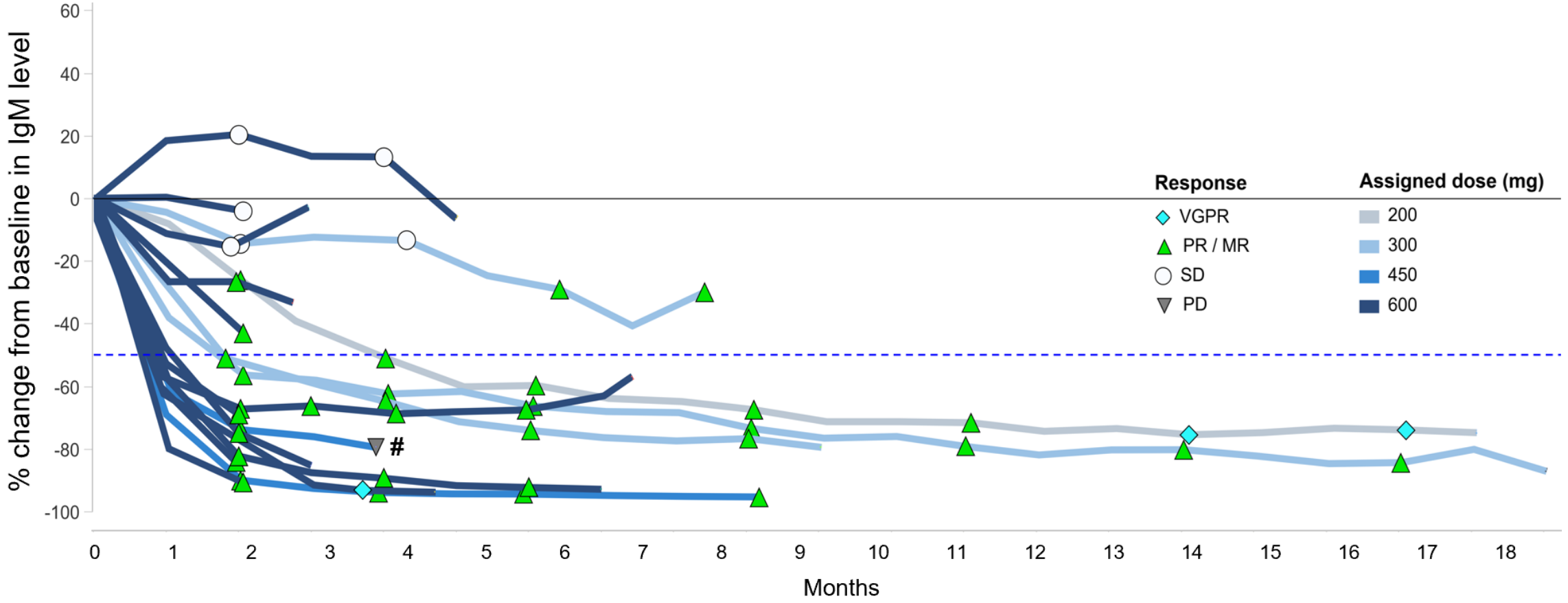
[a]*Mutation data taken from patients' medical histories*

**Ineligible, identified post 1st dose; #Transformed to DLBCL; ‡Based on Kaplan-Meier estimate*
***BCL2i**, BCL2 inhibitor; **BTKi**, BTK inhibitor; **cBTKi**, covalent BTKi; **CI**, confidence interval; **CR**, complete response; **ncBTKi**, non-covalent BTKi; **Pirto,** Pirtobrutinib; **NR**, not reached; **VGPR, v**ery good partial response; **PR**, partial response; **SD**, stable disease; **PD**, progressive disease; **WM**, Waldenström macroglobulinemia*

Data cutoff: 12 Mar 2025

Steady Decrease in IgM Levels in Patients Treated with Bexobrutideg

Percent change in IgM levels from baseline in patients with WM



[#]***Transformed to Diffuse large B cell lymphoma (DLBCL)***

Response criteria used: Owen RG, Kyle RA, Stone MJ, et al. VIth International Workshop on Waldenström macroglobulinaemia. Response assessment in Waldenström macroglobulinaemia: update from the VIth International Workshop. Br J Haematol 2013;160:171–6

Data cutoff: 12 Mar 2025

Conclusions

- Bexobrutideg is a novel small molecule BTK degrader that can overcome treatment-emergent BTKi resistance mutations and disrupt BTK scaffolding.
- In the ongoing WM portion of the phase 1 NX-5948-301 study, as of the 12 March 2025 data cut:
  - Median follow-up was 3.7 months, and most patients were still on treatment.
  - In 22 patients with WM, bexobrutideg was well tolerated, consistent with the overall study population and previous disclosures:
    - AEs were predominantly low grade; most common AEs were petechiae, diarrhea, purpura/contusion, neutropenia, and thrombocytopenia. No atrial fibrillation was observed.
    - No DLTs were noted; two TEAEs led to drug discontinuation. There were no Grade 5 AEs.
  - In 19 disease-evaluable patients, durable and deepening responses were observed in a heavily pre-treated (3 median lines of treatment) population of patients with WM, including those with CNS involvement and mutations in *MYD88* and *CXCR4:*
    - High ORR of 84.2% was observed, with 2 responses deepening to VGPR with longer duration on treatment.
    - Steady reduction in IgM levels occurred in most patients starting from the first IgM assessment (4 weeks), which continued to deepen at 8 weeks and beyond. Three patients had a 90%+ reduction in IgM levels.
    - Median duration of response was not reached.

Advancing Toward Registration: Bexobrutideg Clinical Strategy

Paula G. O’Connor, M.D.
Chief Medical Officer, Nurix Therapeutics

NURIX

A New Way to Target BTK: Catalytic and Complete

Significant unmet need for patients with high-risk molecular features, those in the relapsed/refractory setting, and patients with CNS involvement — with a clear opportunity to drive deeper, more durable responses in earlier lines

BTKd: A New Way to Disrupt the BCR Pathway	Bexobrutideg: Designed for Superior Characteristics	Broad Coverage of Resistance Mutations	Efficacy, Safety Benefits in our Ph1a/b
Removes the totality of the BTK protein functions	Exhibits exquisite selectivity	Active across common BTK resistance mutations (e.g., C481S, T474I)	Rapid (median 1.9 months), deep (ORR 80%), and durable responses in heavily pre-treated, high-risk patients
Acts catalytically - inducing degradation of multiple target proteins	Superior potency against WT BTK vs other BTKd with high efficiency	High degradation efficiency in diverse B-cell malignancy models	Well tolerated, suited for monotherapy and in combination
Reduced resistance via cooperative binding and event-driven action	Broadest coverage of BTK resistance mutations		
	Only degrader with demonstrated clinical CNS activity and BBB penetration		

BBB, *blood brain barrier;* ***BTK,*** *Bruton's tyrosine kinase;* ***BTKd,*** *BTK degrader;* ***WT,*** *Wild Type;*

NURIX

Advancing Bexobrutideg Globally

Enabling accelerated pathways: Fast Track and PRIME

CLL

- U.S. Fast Track Designation from the FDA in January 2024
- Type B End of Phase 1 meeting held with the FDA, key takeaways:
  - Reviewed dose levels of 200 mg QD and 600 mg QD in the context of Project Optimus
  - Feedback on principles of pivotal trial designs including Fast Track population and considerations for randomized controlled trials
- EU PRIME designation from EMA in November 2024
- USAN named NX-5948 as bexobrutideg—an entirely new stem (INN pending)

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

FDA

WM

- U.S. Fast Track Designation from the FDA in December 2024
- U.S. Orphan Drug Designation from the FDA in March 2025

NURIX

Bexobrutideg Poised to Shape the Future Standard of Care in CLL

1 Initial opportunity in R/R CLL as monotherapy

1L CLL	*R/R CLL*
cBTKi	Bexobrutideg
cBTKi + BCL-2i	Bexobrutideg

2 Potential expansion opportunities as combo with BCL-2i

1L CLL	*R/R CLL*
cBTKi +/- BCL-2i	Bexobrutideg + BCL-2i
Bexobrutideg + BCL-2i	

cBTKi, *covalent BTK inhibitor;* ***BCL-2i,*** *BCL2 inhibitor*

NURIX

Nurix Is Advancing Bexobrutideg in CLL with First Pivotal Study To Be Initiated in 2025

Positioned to lead a new class of therapeutics in CLL— with best-in-class ambition

- Designed to displace BTK inhibitors by degrading both wild-type and mutant BTK, overcoming resistance mechanisms, and addressing scaffolding functions of BTK
- Clear demonstration of clinical activity in difficult to treat CLL population
- Completed enrollment of Phase 1b dose optimization cohorts with post-BTKi/post-BCL2i CLL patients randomized between 200mg QD and 600mg QD
- Expanding Phase 1b to include patients with high-risk genetic profiles; 2L+ disease with prior BTKi but no BCL2i; BTKi-naïve; wAIHA; and prior BTKi with CNS involvement

Advancing toward pivotal trials with a streamlined clinical development plan to cover all lines of therapy

Path for potential accelerated approval

1. Single-arm monotherapy trial in post-BTKi/post-BCL2i patients (Fast Track population)

Confirmatory study in 2L+

2. Randomized head-to-head trial vs. comparator(s)* in the post-cBTKi, 2L+ population

Potential expansion to 1L+

3. NX-5948 in combination with BCL2i head-to-head vs. standard of care*

**All plans subject to change based on regulatory feedback including definition of control arms of all studies*

Bexobrutideg and Beyond: Building the Next Generation of TPD Therapies

Arthur T. Sands, M.D., Ph.D.
Chief Executive Officer, Nurix Therapeutics

NURIX

Nurix Is Advancing a Pipeline of Proprietary and Partnered Programs in Oncology and Inflammation & Immunology

Oncology

Program	Target	Modality	Therapeutic area	Discovery	IND-Enabling	Phase 1A	Phase 1B/2
Bexobrutideg (NX-5948)	BTK	Degrader	B-cell malignancies				
Zelebrudomide (NX-2127)	BTK-IKZF	Degrader	B-cell malignancies				
NX-1607	CBL-B	Inhibitor of degradation	Immuno-oncology				
BRAF degrader	Pan-mutant BRAF	Degrader	Solid tumors				
Multiple	Undisclosed	Degrader	Undisclosed				
Multiple	Undisclosed	Degrader	Undisclosed				GILEAD
Undisclosed	Undisclosed	Degrader	Undisclosed				sanofi
Multiple	Undisclosed	DAC	Undisclosed				Pfizer

Inflammation & Immunology

Program	Target	Modality	Therapeutic area	Discovery	IND-Enabling	Phase 1A	Phase 1B/2
Bexobrutideg (NX-5948)	BTK	Degrader	Autoimmune cytopenia in CLL patients				
NX-0479 / GS-6791	IRAK4	Degrader	Rheumatoid arthritis and other inflammatory diseases				GILEAD
NX-3911	STAT6	Degrader	Type 2 inflammatory diseases				sanofi
Undisclosed	Undisclosed	Degrader	Inflammation / autoimmune				sanofi
Multiple	Undisclosed	DAC	Inflammation / autoimmune				

NURIX

Bexobrutideg Has the Potential To Gain a Significant Portion of a Large and Growing CLL Market

>$9B

Worldwide sales for BTKis in CLL[1] (US represents ~60-70%)[2]

Total BTKi sales were $10.6B

2024

>$15B

Projected worldwide sales for BTK-targeting agents in CLL[2]

2028

CLL market growth expected from:

1. New BTK-targeting agents
2. Increasing combination treatments
3. Improved efficacy outcomes, resulting in longer treatment duration

1. *Current sales for BTKis from 2024 product revenues reported by current BTKi manufacturers*
2. *Projected sales for BTKis from 2028 sales for major markets (US, EU4, UK, Japan) from Clarivate Decision Resources Group's Disease Landscape & Forecast Report (2025)*

NURIX

Bexobrutideg Is Well-Positioned to Drive Significant Patient and Commercial Value in CLL Market Based on our Initial CDP

CLL Market

(Major Markets including US)

~30K patients initiating 1st line[1]

~16K patients initiating 2nd line[1]

~10K patients initiating 3rd line or later[1]

Most patients have seen a cBTKi through 2L

Estimated Annual BTKi sales 2024 → 2028[2]

~$6B → >$9B

~$2B → >$5B

~$1B → >$2.5B

Planned Bexobrutideg Studies

Ph 3 monotherapy – Post-cBTKi vs. SoC

Ph 2 monotherapy – single arm study post BTKi, BCL-2

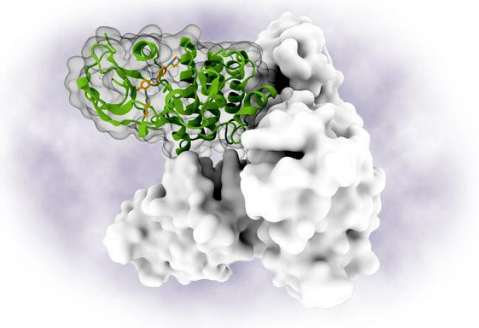
Potential for Combination with BCL-2

1. *Total number of patients in major markets (US, EU4, UK, Japan) BTKis from Clarivate Decision Resources Group's Disease Landscape & Forecast Report (2025)*
2. *BTKi Sales by Line of treatment for major markets (US, EU4, UK, Japan) from Clarivate Decision Resources Group's Disease Landscape & Forecast Report (2025)*

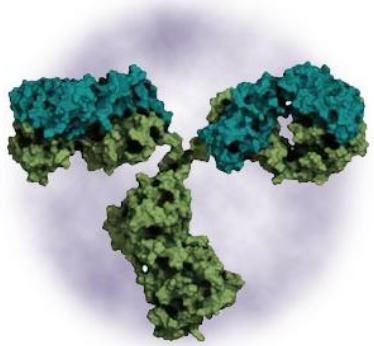
NURIX

Targeted Protein Degradation Represents a Whole New Category of Drugs with Major Market Potential

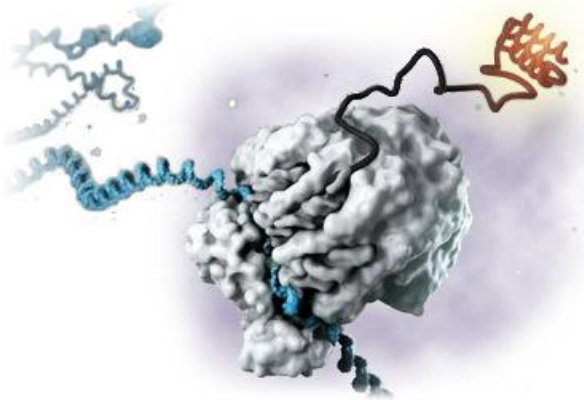
Evolution of new therapeutic modalities



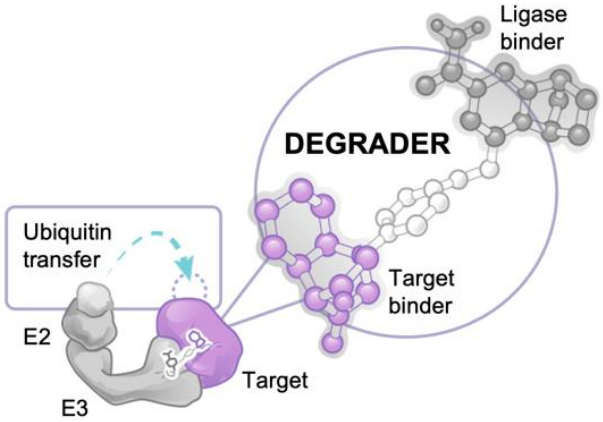
Small Molecule Inhibitors



Antibodies



Nucleic Acid-Based Therapies:
Antisense, RNAi
Gene Therapy, CRISPR



Targeted Protein Degradation Drugs

Bexobrutideg: the first "Deg"

NURIX

Questions


NURIX™