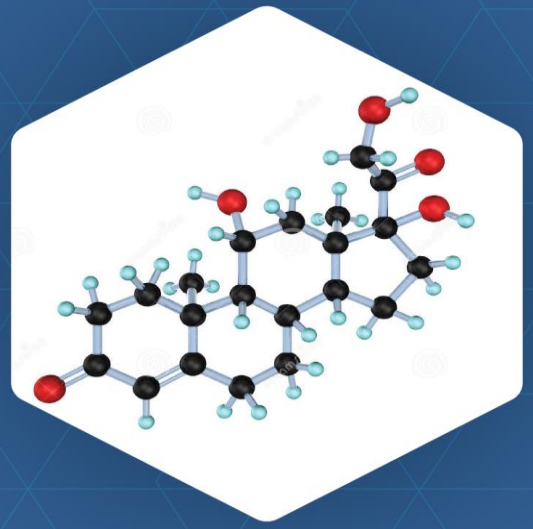


Relacorilant + Nab-Paclitaxel Improves Survival Without Increasing Side Effect Burden in Patients with Ovarian Cancer

March 31, 2022

Corcept THERAPEUTICS

Safe Harbor

This presentation contains forward-looking statements within the meaning of the Securities Exchange Act of 1934, as amended, and the Securities Act of 1933, as amended. All statements contained in this presentation other than statements of historical fact are forward-looking statements. When used in this presentation or elsewhere by management from time to time, the words “believe,” “anticipate,” “intend,” “plan,” “estimate,” “expect,” “may,” “will,” “should,” “seeks” and similar expressions indicate a forward-looking statement, but the absence of these words does not mean that a statement is not forward-looking. Forward-looking statements may include, but are not limited to, statements about such topics as our future revenue and expenses; the progress and timing of our research, development and clinical programs; our regulatory activities; our commercial activity, including marketing, distribution and pricing; estimates of the dates by which we expect to report results of our clinical trials and the anticipated results of these trials; the timing of the market introduction of future product candidates, including potential new uses for mifepristone and any of our selective cortisol modulators; our ability to market, commercialize and achieve market acceptance for our future product candidates, including relacorilant, exicorilant, miricorilant and our other selective cortisol modulators; uncertainties associated with obtaining and enforcing patents and the anticipated benefits of orphan drug designation in the United States and the European Union, estimates regarding our capital requirements and our need for and ability to obtain additional financing. Forward-looking statements are not guarantees of future performance and involve risks and uncertainties that may cause actual events or results to differ materially from those discussed in the forward-looking statements. They reflect our view only as of the date of this presentation. Except as required by law, we undertake no obligation to update any forward-looking statements. You should carefully consider the risk factors set forth in reports we file with the Securities and Exchange Commission.

Today’s Agenda

Topic	Presenter
Company Overview	Joseph Belanoff, MD Chief Executive Officer
Corcept Oncology Overview	Bill Guyer, PharmD Chief Development Officer
Platinum-Resistant Ovarian Cancer	Thomas Herzog, MD Professor of Obstetrics & Gynecology, Deputy Director, University of Cincinnati Cancer Center
Closing Remarks	Bill Guyer, PharmD Chief Development Officer

Joseph Belanoff, MD

Chief Executive Officer

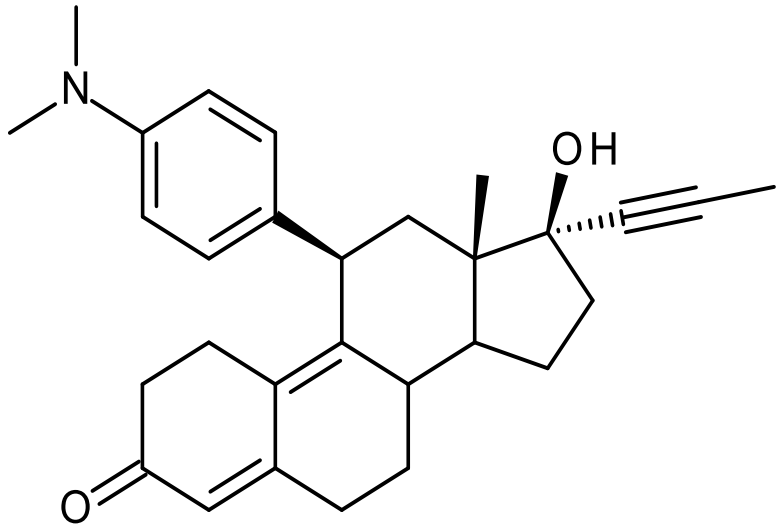
Corcept

Discovering, developing and commercializing medications that treat severe diseases by modulating the effects of the stress hormone CORTISOL

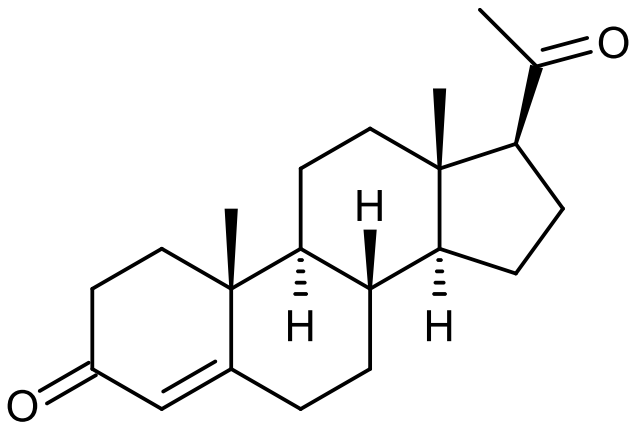
Cortisol – the Stress Hormone

- Essential for life
  - Produced by the adrenal glands
  - Diurnal rhythm
  - Binds to receptors found in nearly every tissue type
- Excess cortisol activity causes and exacerbates serious diseases
- Korlym® and our proprietary next-generation of selective cortisol modulators compete with cortisol at the glucocorticoid receptor (GR)
  - Selective cortisol modulators don’t bind to the progesterone receptor (PR) and have other important differentiating attributes

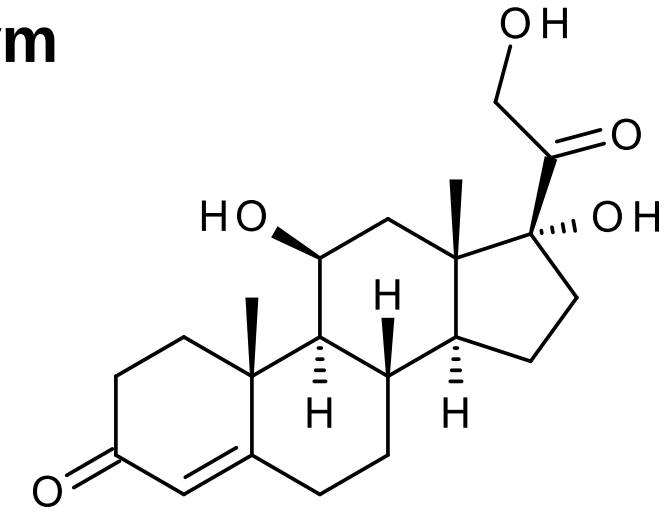
Steroids



Korlym



Progesterone

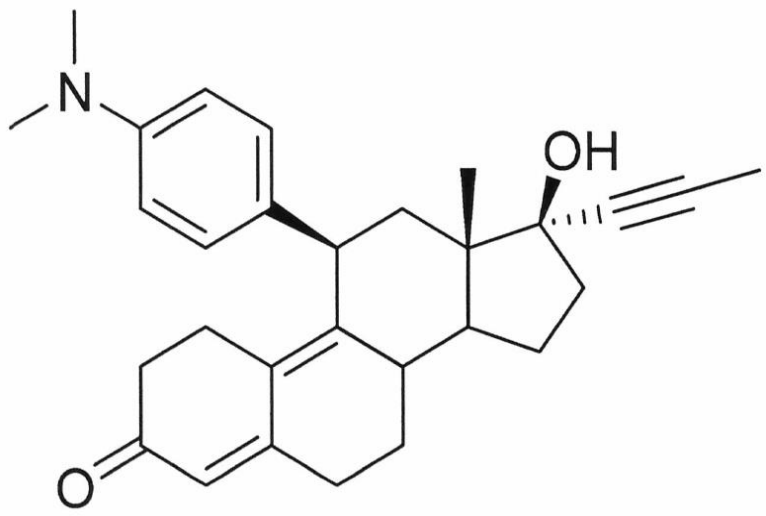


Cortisol

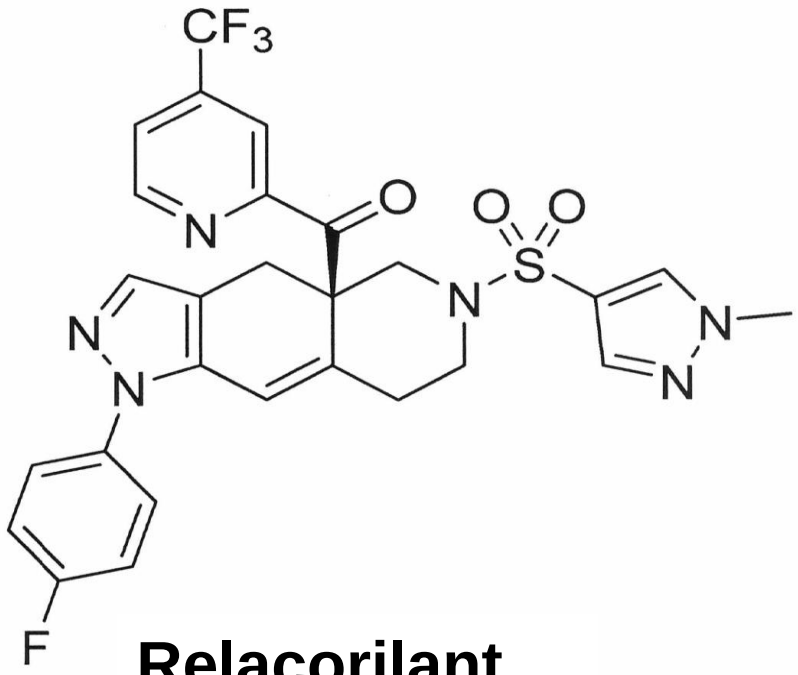
Three Series of Selective Cortisol Antagonists

	GR Binding (Cortisol)	PR Binding (Progesterone)
Korlym	1.0 nM	1.0 nM
Fused-ring Azadecalins	0.5 nM	>1000 nM
Azadecalins	4.0 nM	>1000 nM
Pyrimidinediones	9.0 nM	>1000 nM

Korlym Compared to Relacorilant

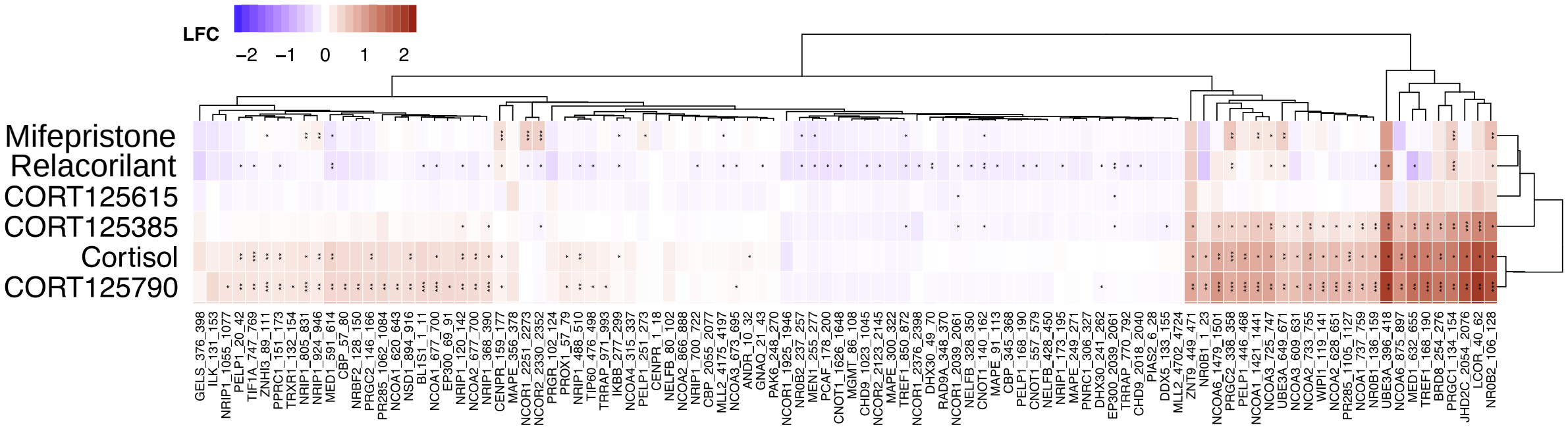


Korlym



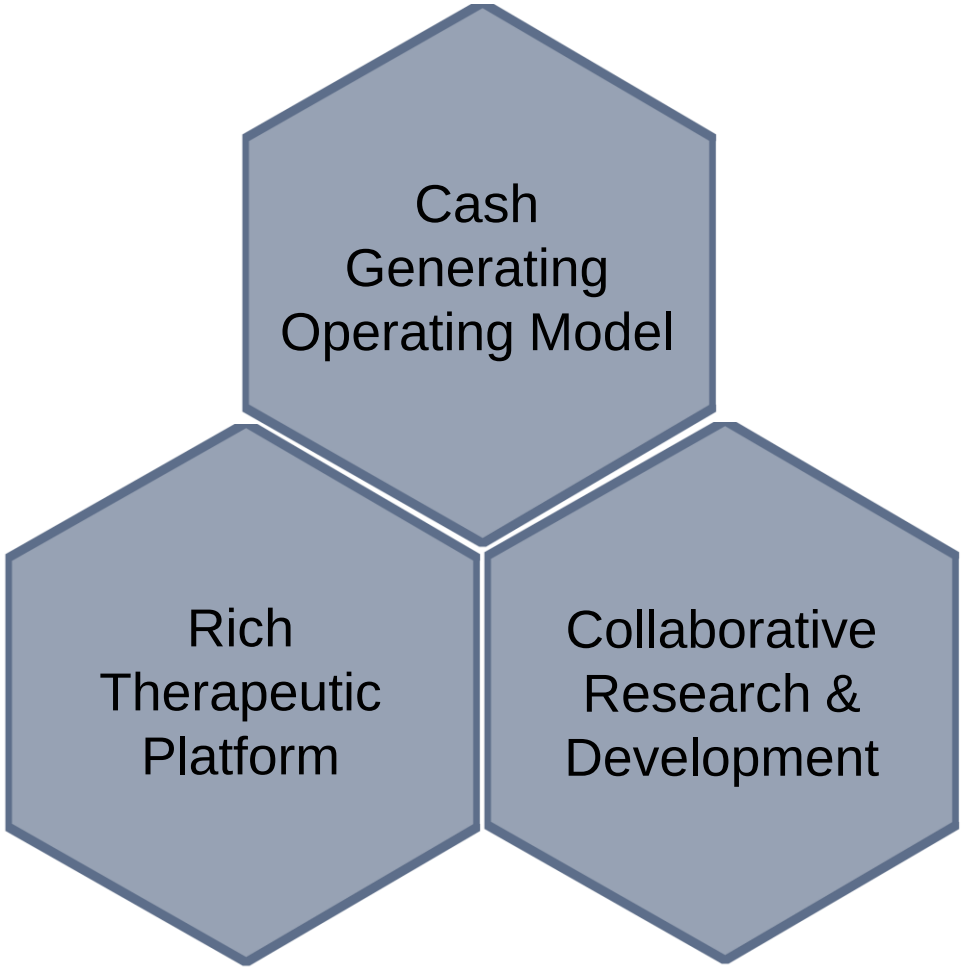
Relacorilant

Glucocorticoid Receptor (GR) Co-Regulators

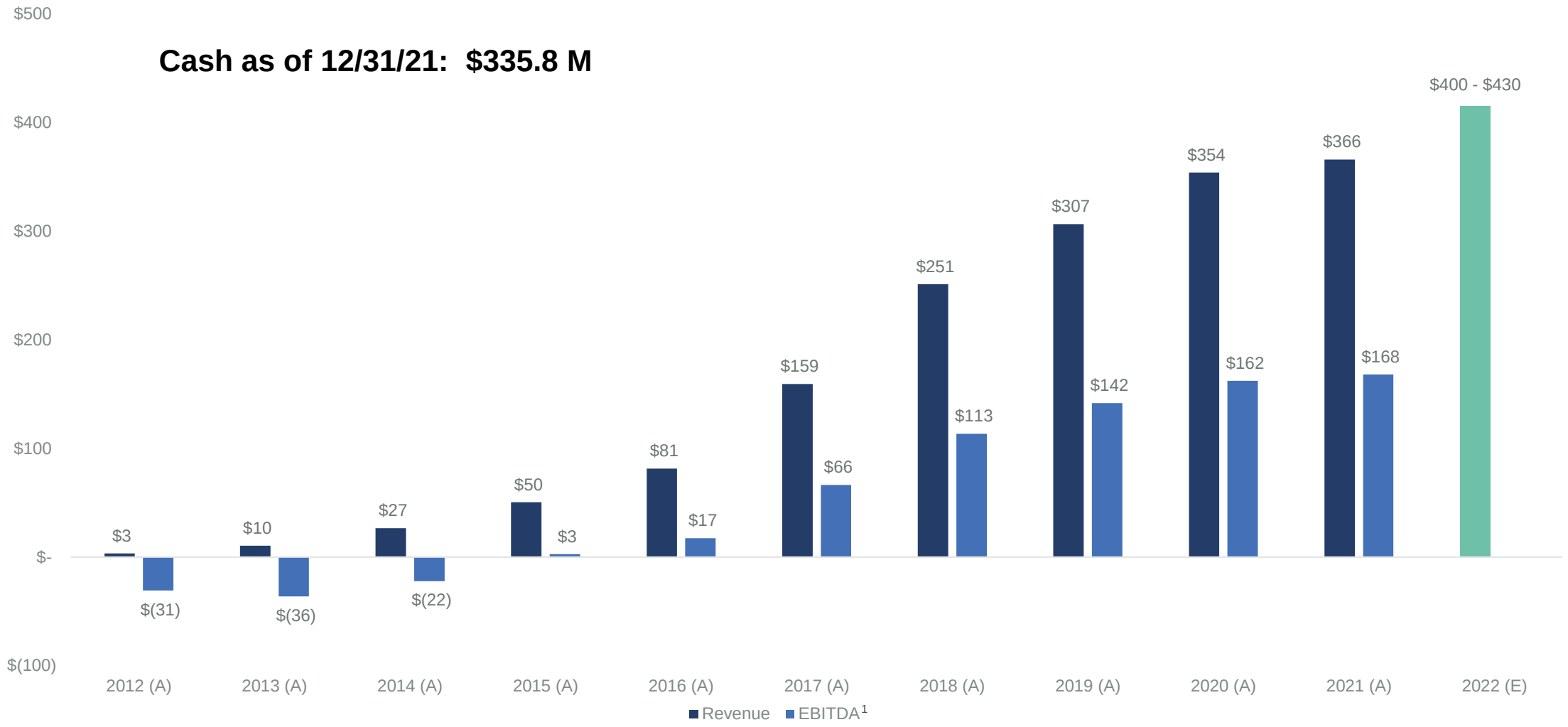


LFC: log fold change

Corcept's Model for Growth



Cash Generating Operating Model



1) EBITDA defined as operating income plus stock-based compensation and depreciation & amortization

Rich Therapeutic Platform

Program	Compound	Stage of Development / Status
Cushing's Syndrome		
GRACE	Relacorilant	Phase 3 / NDA Submission Q2'23
GRADIENT	Relacorilant	Phase 3 / Enrolling
Oncology		
Ovarian	Relacorilant + Abraxane	Phase 2 / Initiate Phase 3 Q2'22
Prostate	Relacorilant / Exicorilant + Xtandi	Phase 1/2a / Select molecule and dose Q2'22
Adrenal	Relacorilant + Keytruda	Phase 1/2 / Enrolling
Metabolic		
GRATITUDE (recent AIWG)	Miricorilant	Phase 2 / Complete enrollment mid'22; Data Q4'22
GRATITUDE II (long-standing AIWG)	Miricorilant	Phase 2 / Completed enrollment; Data Q4'22
NASH	Miricorilant	Phase 1b / Enrolling
CNS		
ALS	Dazucorilant	Phase 2 / Initiate Q2'22

Academic Collaborations Inform and Augment Our Development Efforts

ONCOLOGIC

Mifepristone Clinical Research:

- Triple-Negative Breast Cancer
- Castration-resistant Prostate Cancer in Combination with Enzalutamide

Mifepristone and/or New Chemical Entity Basic Science Research:

- Triple-Negative Breast Cancer
- Ovarian Cancer
- Prostate Cancer (2 studies)
- Non-Small Cell Lung Cancer
- Cachexia
- Ewing sarcoma

CARDIOVASCULAR

Mifepristone and/or New Chemical Entity Basic Science Research:

- Atherosclerosis and GR

NEUROLOGIC

New Chemical Entity Clinical Research:

- Mild cognitive impairment due to dementia

Mifepristone and/or New Chemical Entity Basic Science Research:

- Amyotrophic Lateral Sclerosis (ALS) and GR
- Alzheimer's disease
- Epilepsy
- Neuroinflammation
- Spinal cord injury

METABOLIC

Mifepristone Clinical Research:

- Type 2 Diabetes, randomized trial
- Petrosal sinus sampling

Mifepristone and/or New Chemical Entity Basic Science Research:

- Hepatic steatosis in mice
- Cushing's Syndrome in mouse model
- Adrenal Tumors in mice
- Metabolic Syndrome
- Muscle wasting
- Inflammation
- Metabolic effects of early life stress

PSYCHIATRIC

Mifepristone Clinical Research:

- Alcohol Dependence, randomized trial
- Anxiety, open label trial
- GR and Alcohol Withdrawal
- Use of PET to Evaluate Cerebral Glucose Metabolism and Dopamine Receptor 2 Availability in PD patients
- Tobacco use disorder
- Major Depression

New Chemical Entity Clinical Research:

- Alcohol use disorder
- Post traumatic stress disorder
- Alzheimer's disease

Mifepristone and/or New Chemical Entity Basic Science Research:

- Cocaine Administration
- Stress
- GR Signaling in the Brain
- Alcohol Use Disorder
- Eating disorders

OPHTHALMOLOGIC

Mifepristone Clinical Research:

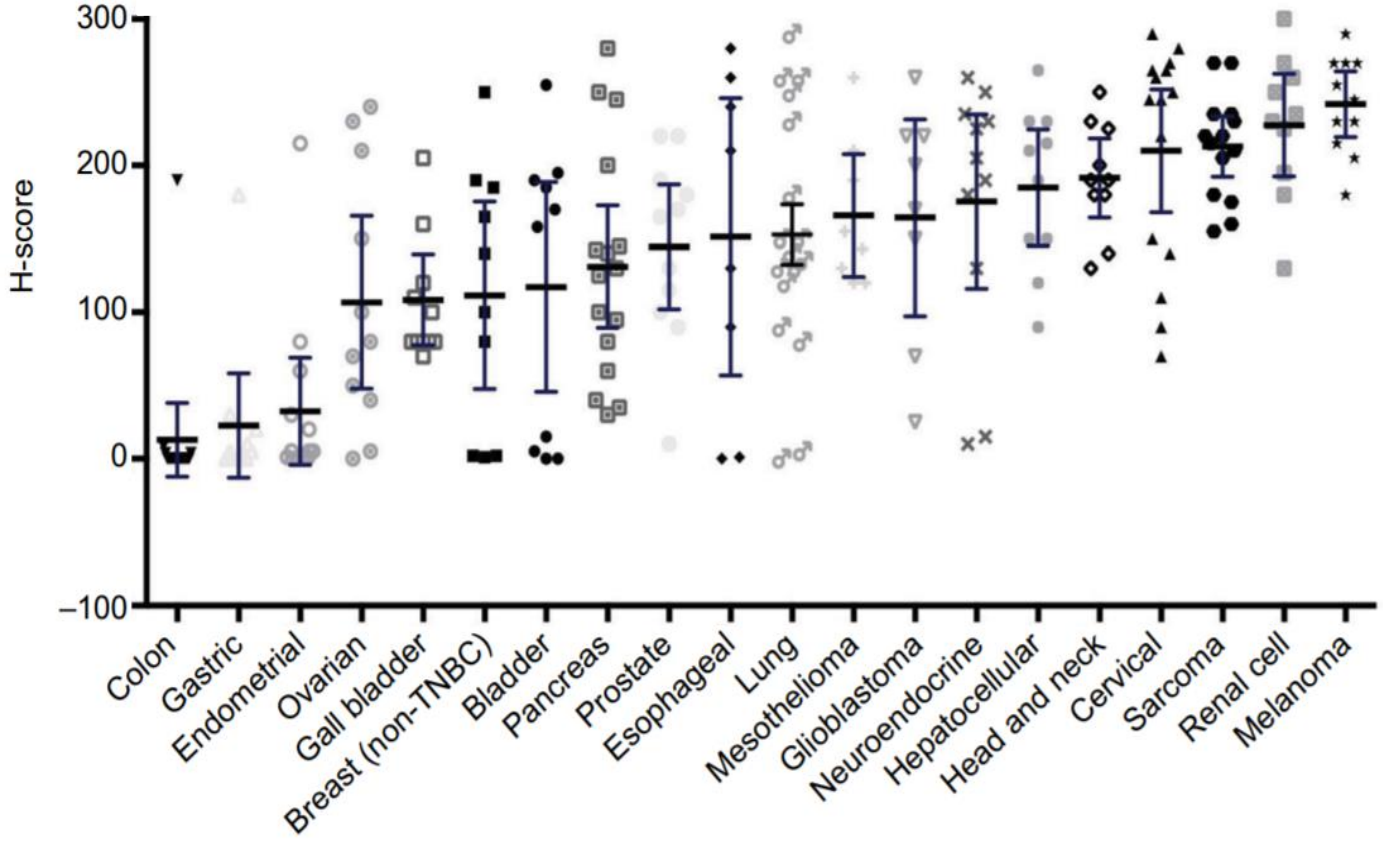
- Central Serous Chorioretinopathy multicenter randomized clinical study

Bill Guyer, PharmD

Chief Development Officer

Cortisol Modulation Has Broad Potential in Oncology

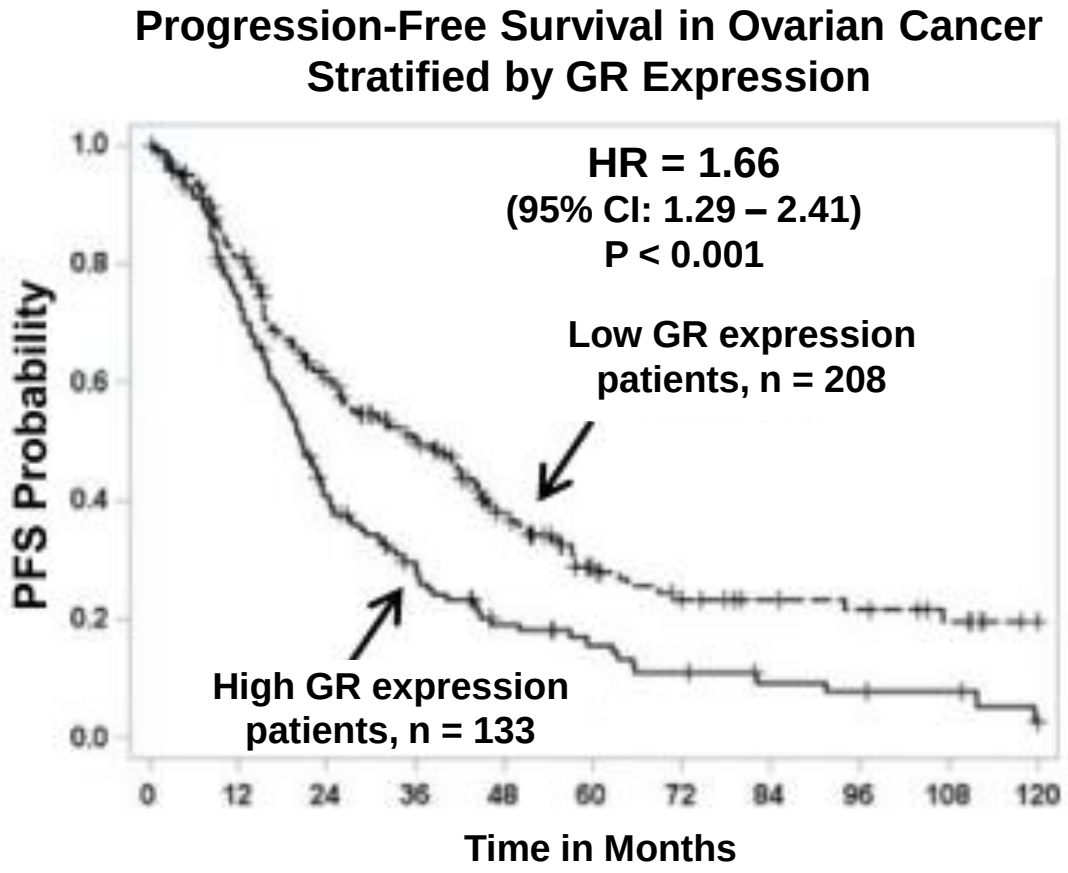
GR expression is prevalent with high intensity in many tumor types[1]



1) Block et al. 2017

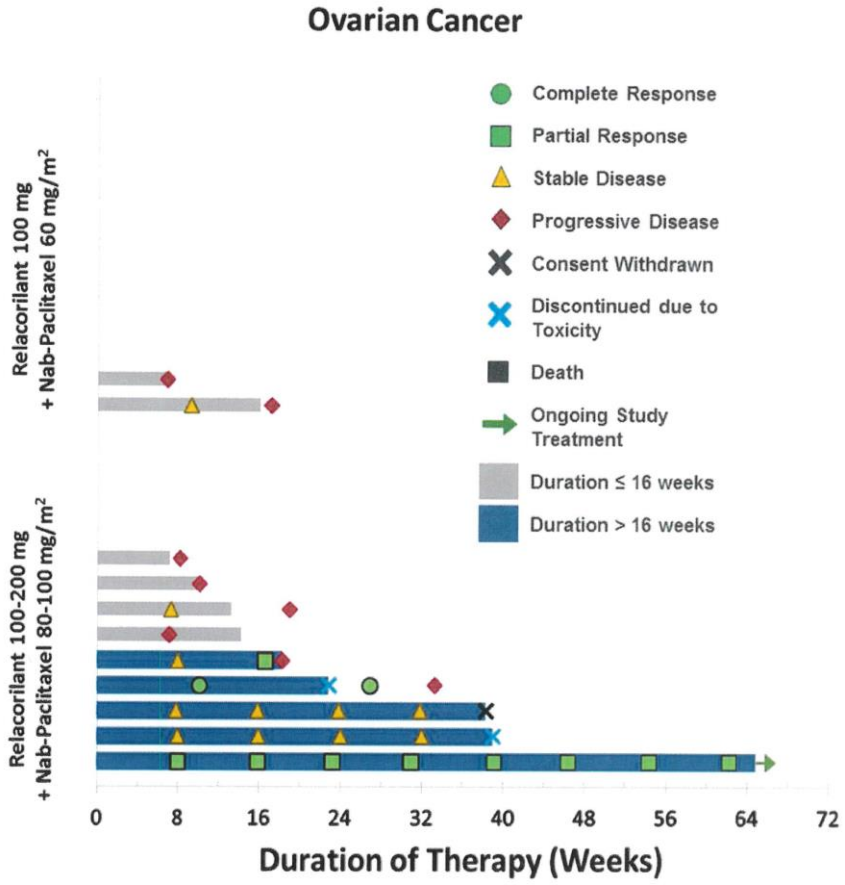
Cortisol Modulation Has Broad Potential in Oncology

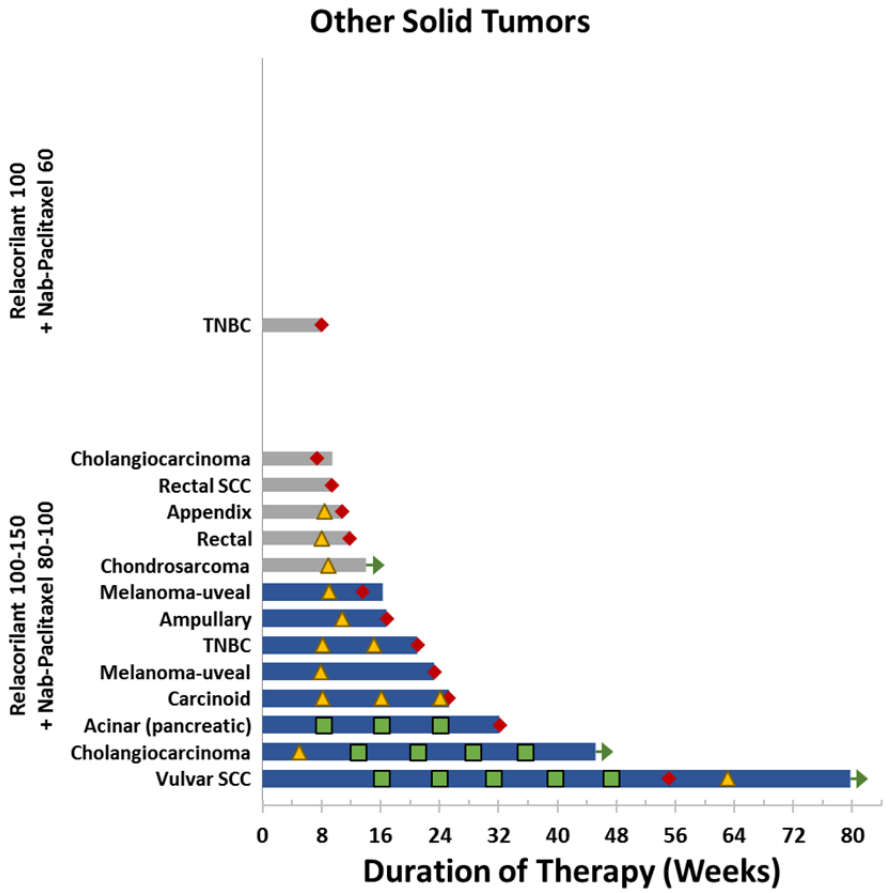
High GR expression is associated with significantly higher risk of disease progression vs. low GR expression[1]



1) Veneris et al. 2017

Anti-Tumor Activity Observed in Relacorilant Phase 1 Trial in Ovarian Cancer and Other Solid Tumors





Source: Munster et al. 2019. Clinical Trials Identifier: NCT02762981.

Corcept Oncology Program: Summary

Compound	Study Population	Combination	Mechanism of Action
Relacorilant			
Phase 2	Advanced platinum-resistant ovarian cancer	Abraxane (nab-paclitaxel)	Apoptosis
Phase 1	Metastatic castration-resistant prostate cancer (mCRPC)	Xtandi (enzalutamide)	Growth Pathway
Phase 1/2	Adrenal cancer with cortisol excess	Keytruda (pembrolizumab)	Immunosuppression
Exicorilant			
Phase 1/2a	mCRPC	Xtandi (enzalutamide)	Growth Pathway

Cortisol Modulation May Enhance and/or Restore Chemotherapy Sensitivity

- Apoptosis is the tumor-killing effect that chemotherapy is meant to stimulate
- Cortisol increases expression of anti-apoptotic genes, such as Serum and Glucocorticoid-Regulated Kinase 1 (SGK1)
- Relacorilant, a selective cortisol modulator, competes with cortisol at the GR and may enhance and/or restore chemotherapy sensitivity

Today's Guest Speaker: Thomas Herzog, MD

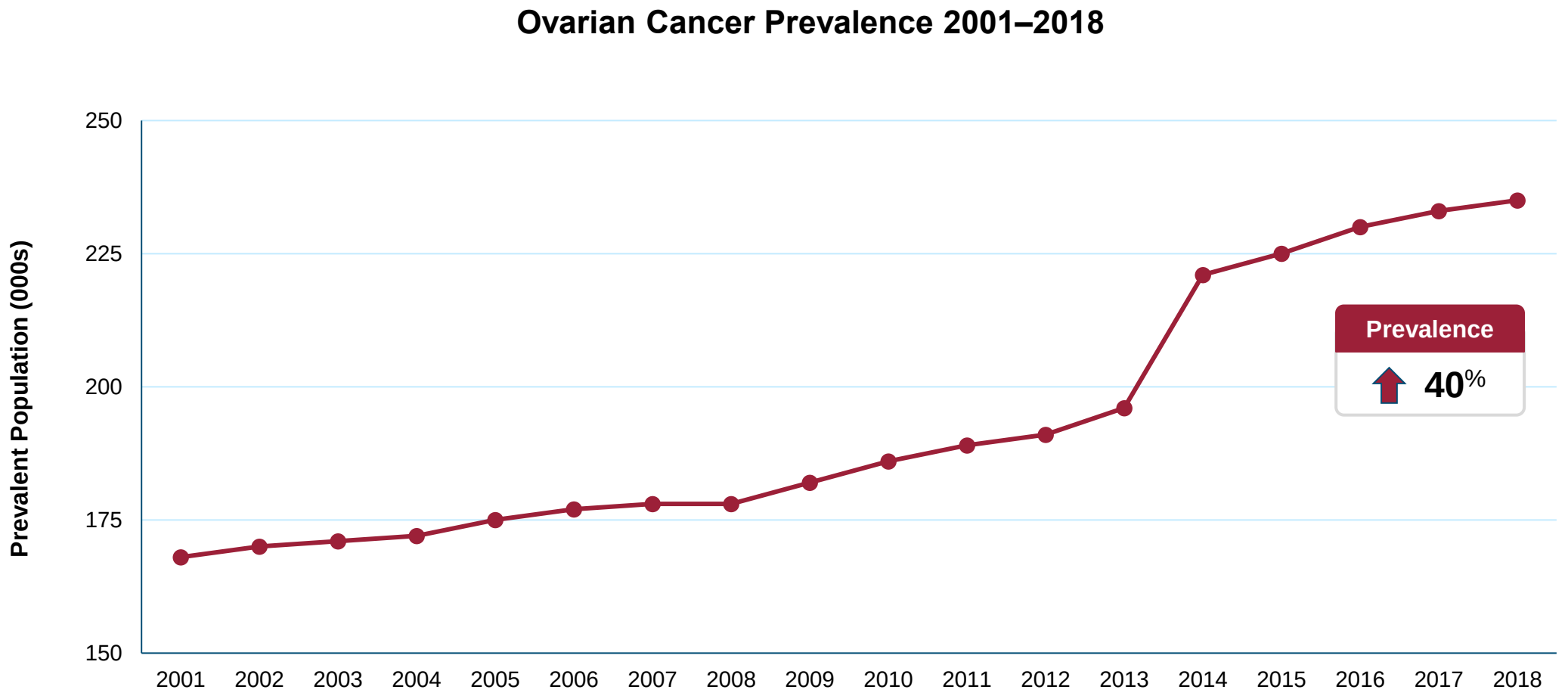
Key Current Positions:

- Deputy Director of the University of Cincinnati Cancer Center
- Professor of Obstetrics and Gynecology at the University of Cincinnati College of Medicine
- Board of Directors, Gynecologic Oncology Group (GOG) Partners

Background:

- Fellowship in gynecologic oncology: Washington University School of Medicine, St. Louis
- Director of the division of gynecologic oncology: Columbia University
- Fellowship Director: Columbia and Cornell Medical Schools
- Extensive clinical trial design and regulatory strategy experience
- Expert consultant/advisor to Aravive, AstraZeneca, Caris, Clovis Oncology, Eisai, Epsilogen, GSK, Johnson & Johnson, Merck, and Roche/Genentech
- National Institutes of Health- and American Cancer Society-funded researcher with over 320 published manuscripts

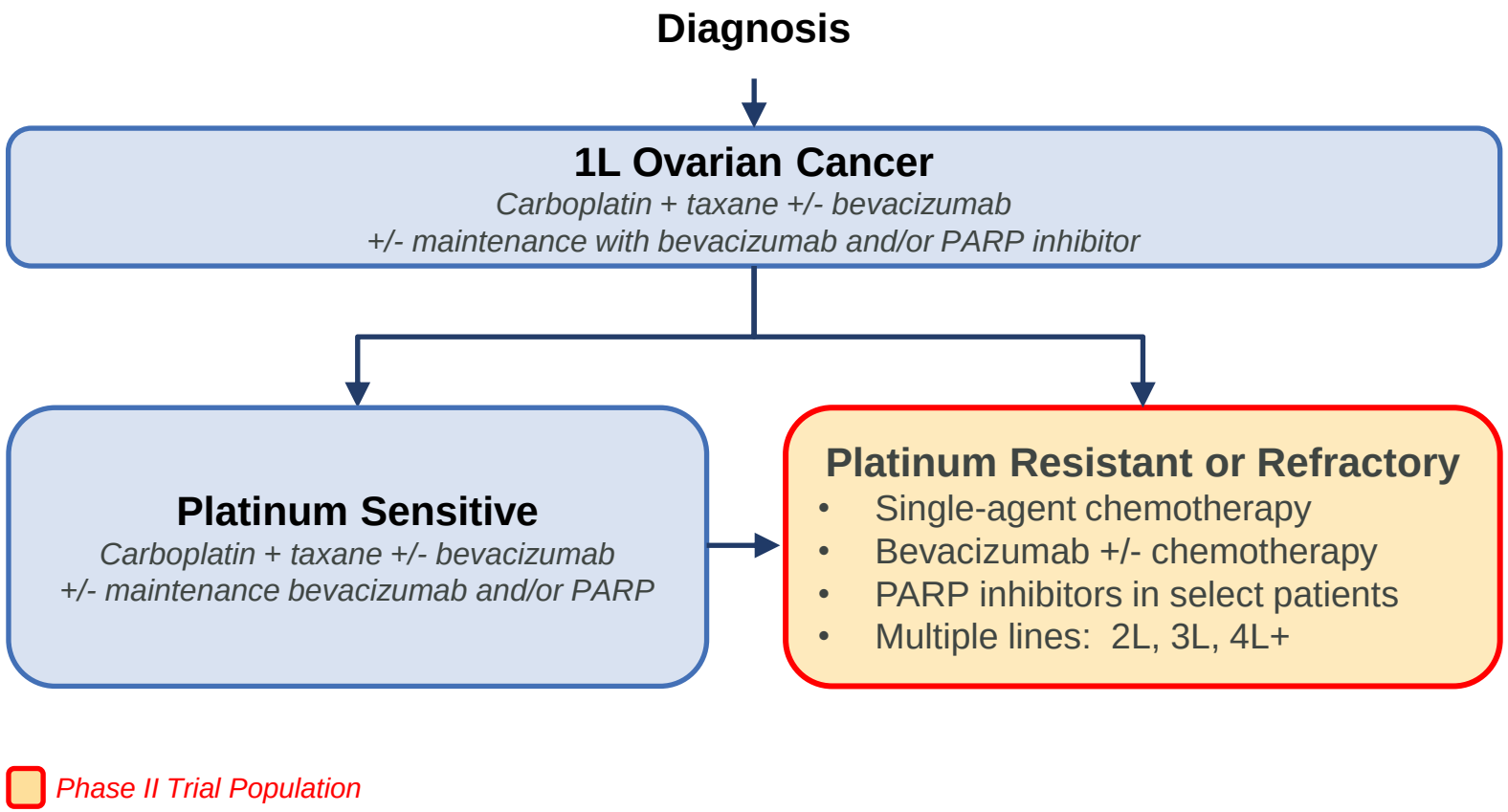
Ovarian Cancer: Increasing Prevalence



Source: National Cancer Institute Surveillance, Epidemiology and End Results Program (SEER). SEER Cancer Statistics Review (CSR) 1975-2016 - Ovary. 2016; https://seer.cancer.gov/csr/1975_2016/sections.html. Accessed Apr 14, 2020.; https://seer.cancer.gov/statfacts/html/ovary.html. Accessed Feb 08, 2021

Ovarian Cancer Patient Journey

21K newly diagnosed cases of ovarian cancer annually in the U.S.[1]



Phase II Trial Population

- **~20K U.S. Drug-Treatable Patients Per Year in Platinum-Resistant Ovarian Cancer (PROC)[2]**
- **Despite drug therapy, ~14K patients die annually from their disease[1]**

[1] Surveillance, Epidemiology and End Results (SEER). https://seer.cancer.gov/statfacts/html/ovary.html
[2] Clarivate | Decision Resources Group Ovarian Cancer Market Forecast Dashboard - December 2021 (www.clarivate.com)

Platinum-Resistant Ovarian Cancer: A Great Unmet Medical Need

Platinum resistance occurs in virtually all patients with recurrent ovarian cancer[1]

- Therapy options are limited to sequential chemotherapy not previously administered and molecular targeted agents
  - Most drug-treated patients receive one of the FDA-approved approved single-agent chemotherapies: paclitaxel, pegylated liposomal doxorubicin, or topotecan
- Outcomes are generally poor and physicians prioritize tolerability and quality of life
- Nab-paclitaxel is used for patients at risk of infusion reactions and is considered to have comparable or superior efficacy to paclitaxel[2, 3]

Limited Efficacy with Single-agent Chemotherapy

3-4 months
Progression-free survival[1]

<12 months
Overall survival[1]

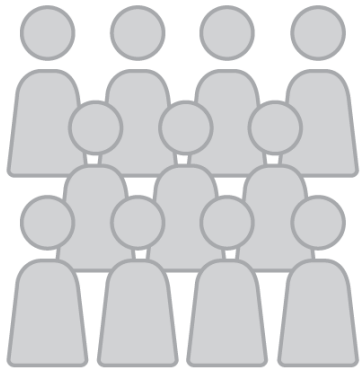
1) Luvero et al. 2014. 2) Coleman et al. 2011. 3) Tillmanns et al. 2013

Platinum-Resistant Ovarian Cancer: A Great Unmet Medical Need

	Key Strengths	Key Limitations
Single-Agent Chemotherapy	• Multiple FDA-approved agents with different safety profiles provide options for patients	• Limited efficacy: 3-4 months PFS with FDA-approved agents • Considered a palliative treatment strategy
Bevacizumab + Chemotherapy	• Improves ORR and PFS compared to single-agent chemotherapy • Useful in treating ascites	• Risk of serious and sometimes fatal gastrointestinal perforations[2, 3], severe hypertension / proteinuria and thromboembolic events • No significant improvement in OS
PARPi Primary Therapy[1]	• Demonstrated meaningful efficacy in 3L+ disease • All oral treatment option	• Only approved in platinum-resistant disease for patients with BRCA1/2 mutations • Risk of grade ≥3 anemia, neutropenia, and thrombocytopenia

1) The FDA labels for PARP inhibitors include indications for primary therapy for BRCA mutation positive patients following 2-3 lines of prior therapy. These agents are typically used as maintenance therapy following treatment in 1L disease or recurrent platinum-sensitive ovarian cancer. 2) Cannistra et al. 2007. 3) Avastin Label.
Source: Luvero et al. 2014; Product PIs; NCCN Guidelines; Decision Resources Group Market Forecast Dashboard - Ovarian Cancer (2020-2030)
IV: Intravenous. ORR: Objective response rate. OS: Overall survival. PFS: Progression-free survival.

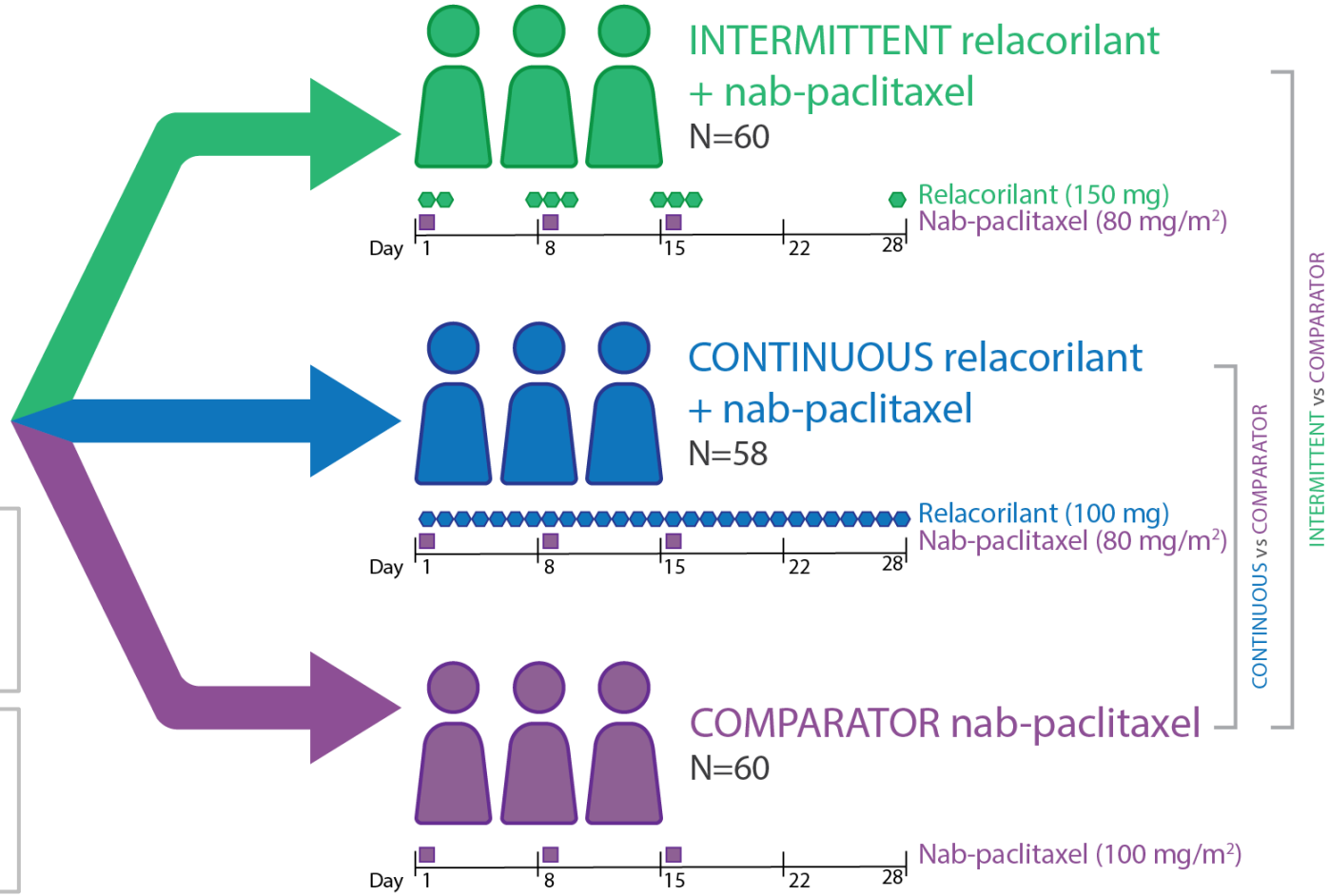
Relacorilant Phase 2 Study: 178 Patients with Platinum-Resistant Ovarian Cancer



Randomized 1:1:1

- Measurable or non-measurable disease by RECIST v1.1
- Up to 4 prior chemotherapeutic regimens

Stratification factors:
- Relapse within 6 months of most recent taxane
- Presence of ascites



Primary endpoints:
- Progression-free survival (PFS-INV) by RECIST v1.1

Secondary endpoints:
- Objective response rate (ORR)
- Duration of response (DoR)
- Overall survival (OS)
- Safety of the relacorilant + nab-paclitaxel combination

Baseline Characteristics

	INTERMITTENT N=60	CONTINUOUS N=58	COMPARATOR N=60	Overall N=178
Age, median (range), years	60 (38, 81)	60 (45, 75)	61.5 (41, 81)	61 (38, 81)
Platinum-refractory*, no. (%)	23 (38.3%)	20 (34.5%)	22 (36.7%)	65 (36.5%)
Primary platinum-refractory**, no. (%)	7 (11.7%)	3 (5.2%)	1 (1.7%)	11 (6.2%)
Number of prior therapies, median (range)	2.5 (1, 4)	3 (1, 5)	3 (1, 4)	3 (1, 5)
Patients with ≥4 prior lines of therapy, no. (%)	7 (11.7%)	15 (25.9%)	9 (15.0%)	31 (17.4%)
Prior taxane therapy, no. (%)	59 (98.3%)	58 (100%)	60 (100%)	177 (99.4%)
Prior bevacizumab therapy, no. (%)	31 (51.7%)	37 (63.8%)	37 (61.7%)	105 (59.0%)
Prior PARP therapy, no. (%)	18 (30.0%)	27 (46.6%)	20 (33.3%)	65 (36.5%)
Molecular profiling (available in a subset of the study population only)				
BRCA1(+), n/N (%)	5/43 (11.6%)	4/43 (9.3%)	7/49 (14.3%)	16/135 (11.9%)
BRCA2(+), n/N (%)	1/37 (2.7%)	3/39 (7.7%)	3/39 (7.7%)	7/115 (6.1%)

* Platinum-refractory: Patients previously treated with platinum agents who experience disease progression within 1 month from last platinum treatment.
** Primary platinum-refractory: Patients previously untreated with platinum agents who experience disease progression within 1 month of first line platinum-based chemotherapy.
CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy.

Baseline Characteristics

	INTERMITTENT N=60	COMPARATOR N=60
Age, median (range), years	60 (38, 81)	61.5 (41, 81)
Platinum-refractory*, no. (%)	23 (38.3%)	22 (36.7%)
Primary platinum-refractory**, no. (%)	7 (11.7%)	1 (1.7%)
Number of prior therapies, median (range)	2.5 (1, 4)	3 (1, 4)
Patients with ≥4 prior lines of therapy, no. (%)	7 (11.7%)	9 (15.0%)
Prior taxane therapy, no. (%)	59 (98.3%)	60 (100%)
Prior bevacizumab therapy, no. (%)	31 (51.7%)	37 (61.7%)
Prior PARP therapy, no. (%)	18 (30.0%)	20 (33.3%)
Molecular profiling (available in a subset of the study population only)		
BRCA1(+), n/N (%)	5/43 (11.6%)	7/49 (14.3%)
BRCA2(+), n/N (%)	1/37 (2.7%)	3/39 (7.7%)

* Platinum-refractory: Patients previously treated with platinum agents who experience disease progression within 1 month from last platinum treatment.
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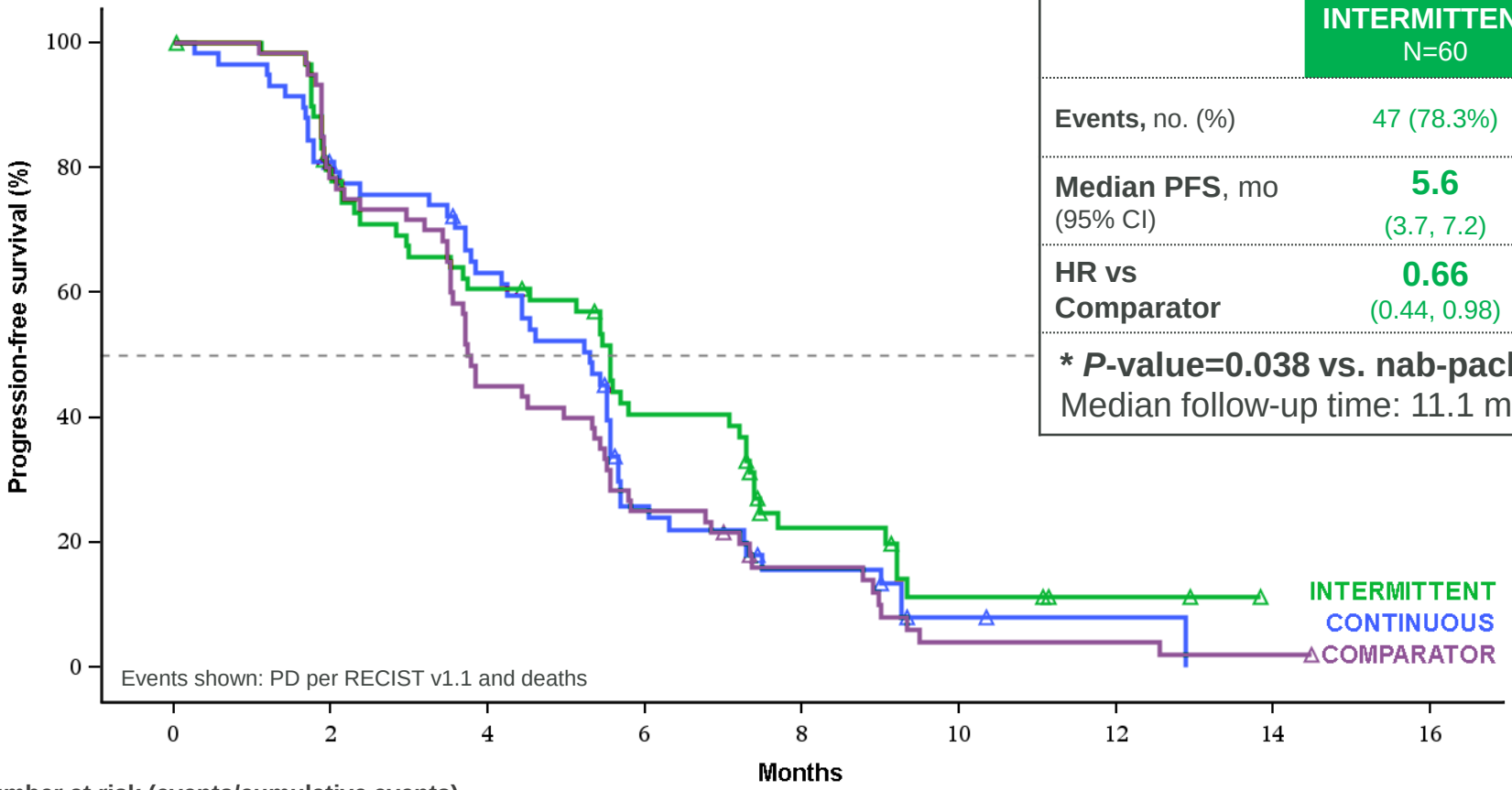
CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy.

Intermittent Relacorilant + Nab-Paclitaxel Improved Progression-Free Survival (PFS) – All Patients



	INTERMITTENT* N=60	CONTINUOUS N=58	COMPARATOR N=60
Events, no. (%)	47 (78.3%)	50 (86.2%)	57 (95.0%)
Median PFS, mo (95% CI)	**5.6** (3.7, 7.2)	5.3 (3.8, 5.6)	3.8 (3.5, 5.4)
HR vs Comparator	**0.66** (0.44, 0.98)	0.83 (0.56, 1.22)	N/A

*** *P*-value=0.038 vs. nab-paclitaxel alone**

Median follow-up time: 11.1 months

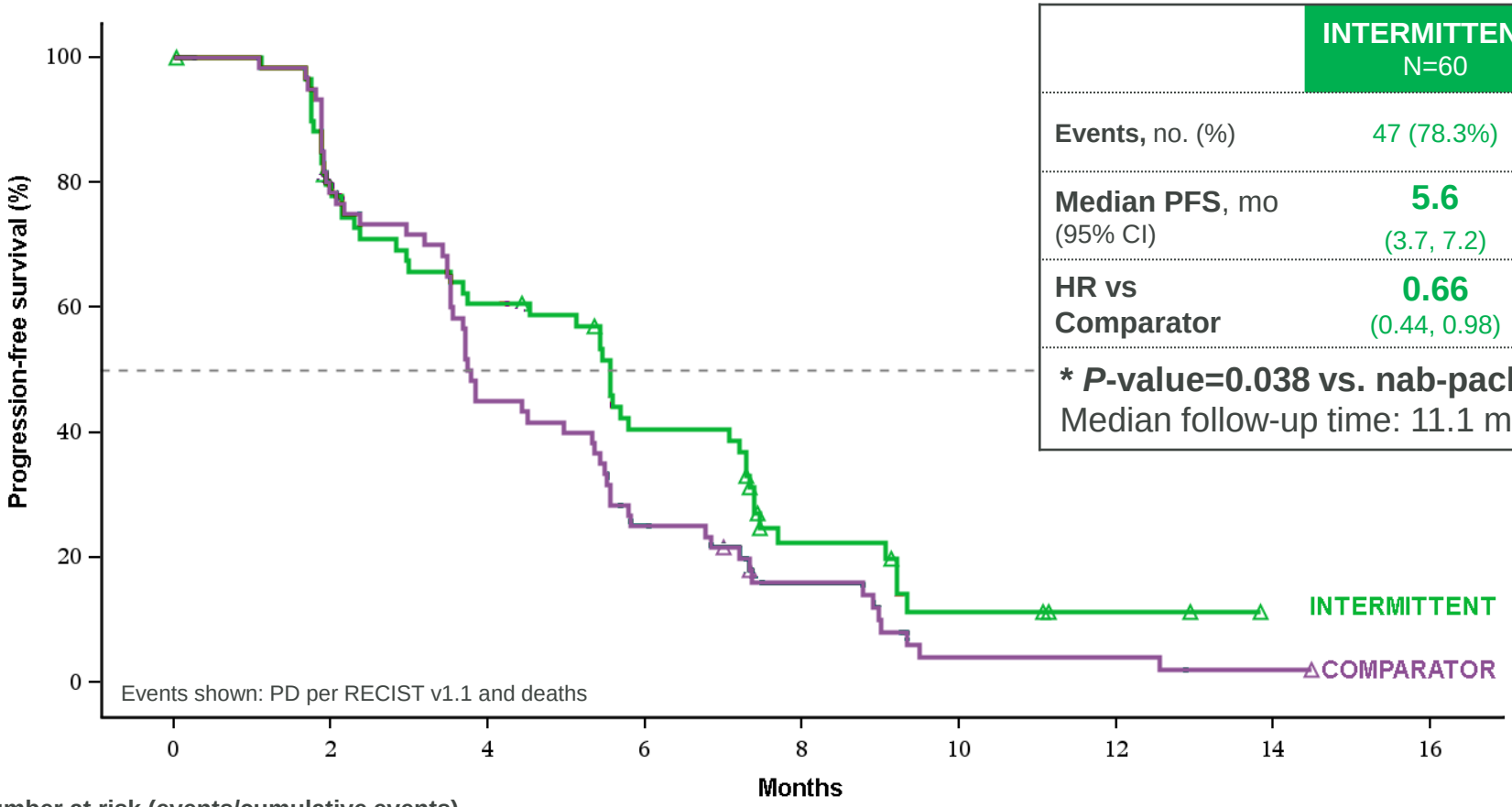
Number at risk (events/cumulative events)

CONTINUOUS	58 (0/0)	46 (11/11)	35 (10/21)	13 (20/41)	7 (5/46)	2 (3/49)	1 (0/49)	0 (1/50)
INTERMITTENT	60 (0/0)	46 (12/12)	35 (11/23)	22 (11/34)	9 (9/43)	4 (4/47)	2 (0/47)	0 (0/47)
COMPARATOR	60 (0/0)	47 (13/13)	27 (20/33)	15 (12/45)	8 (5/50)	2 (6/56)	2 (0/56)	1 (1/57)

0 (0/57)

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; PFS, progression-free survival; HR, hazard ratio

Intermittent Relacorilant + Nab-Paclitaxel Improved Progression-Free Survival (PFS) – All Patients



	INTERMITTENT* N=60	COMPARATOR N=60
Events, no. (%)	47 (78.3%)	57 (95.0%)
Median PFS, mo (95% CI)	**5.6** (3.7, 7.2)	3.8 (3.5, 5.4)
HR vs Comparator	**0.66** (0.44, 0.98)	N/A

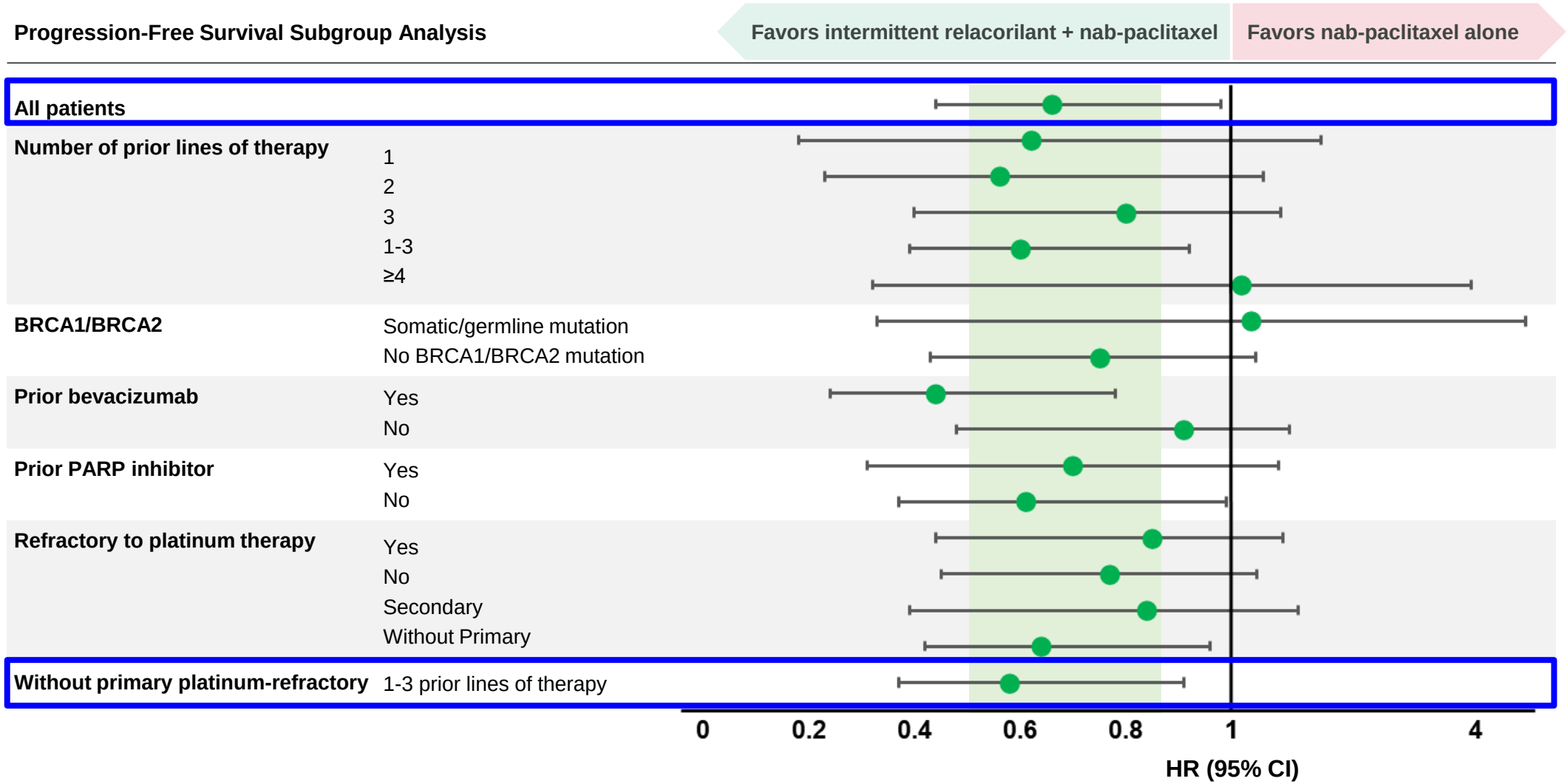
*** *P*-value=0.038 vs. nab-paclitaxel alone**
Median follow-up time: 11.1 months

Number at risk (events/cumulative events)

INTERMITTENT	60 (0/0)	46 (12/12)	35 (11/23)	22 (11/34)	9 (9/43)	4 (4/47)	2 (0/47)	0 (0/47)	
COMPARATOR	60 (0/0)	47 (13/13)	27 (20/33)	15 (12/45)	8 (5/50)	2 (6/56)	2 (0/56)	1 (1/57)	0 (0/57)

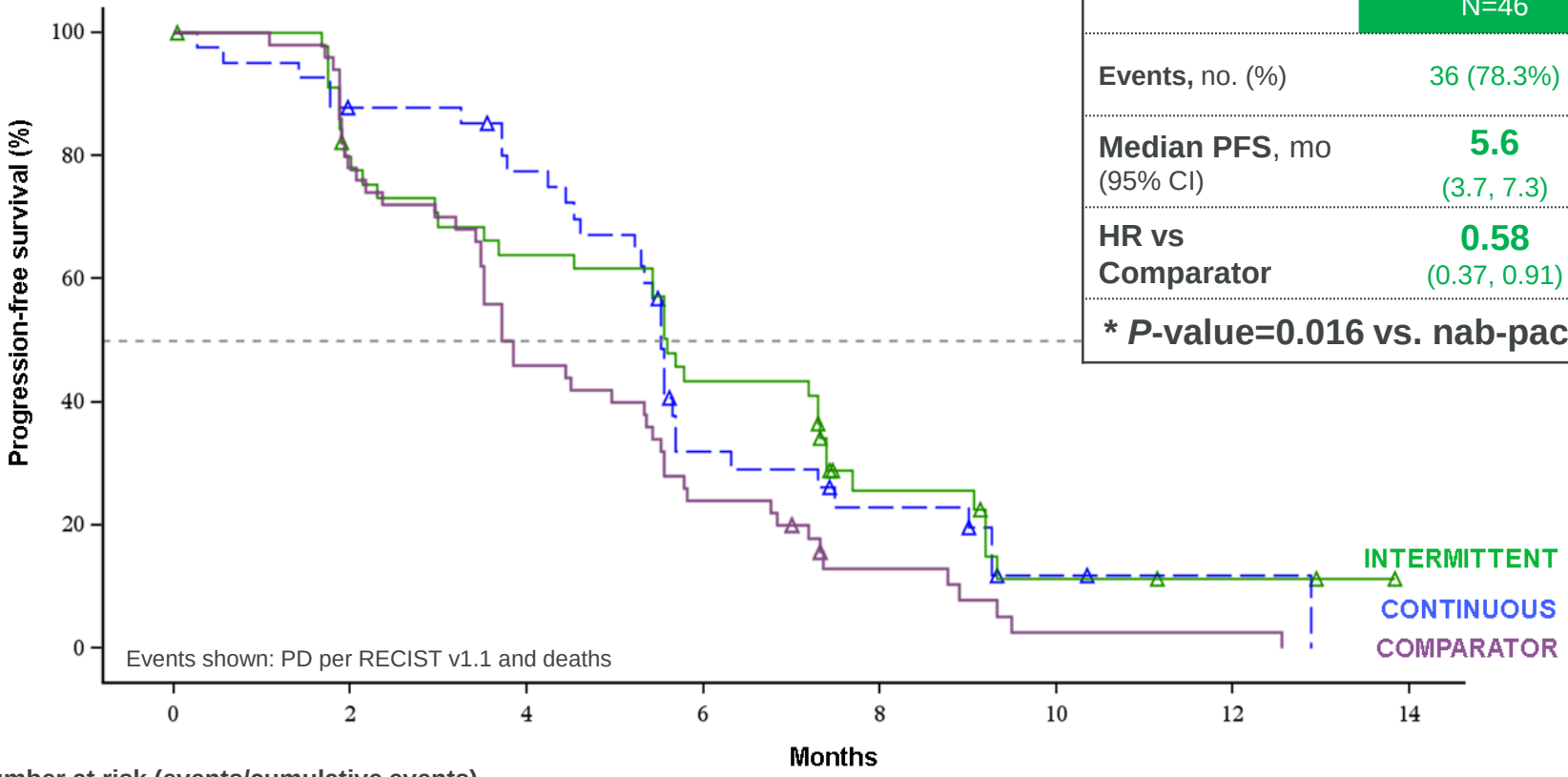
CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; PFS, progression-free survival; HR, hazard ratio

Intermittent Relacorilant + Nab-Paclitaxel Improved PFS – Subgroup Analysis



Phase 3 Study Design

Intermittent Relacorilant + Nab-Paclitaxel Improved PFS – Excluding Primary Platinum-Refractory and ≥4 Prior Lines



	INTERMITTENT* N=46	CONTINUOUS N=41	COMPARATOR N=50
Events, no. (%)	36 (78.3%)	33 (80.5%)	48 (96.0%)
Median PFS, mo (95% CI)	**5.6** (3.7, 7.3)	5.5 (5.2, 5.7)	3.8 (3.5, 5.4)
HR vs Comparator	**0.58** (0.37, 0.91)	0.62 (0.39, 0.98)	N/A

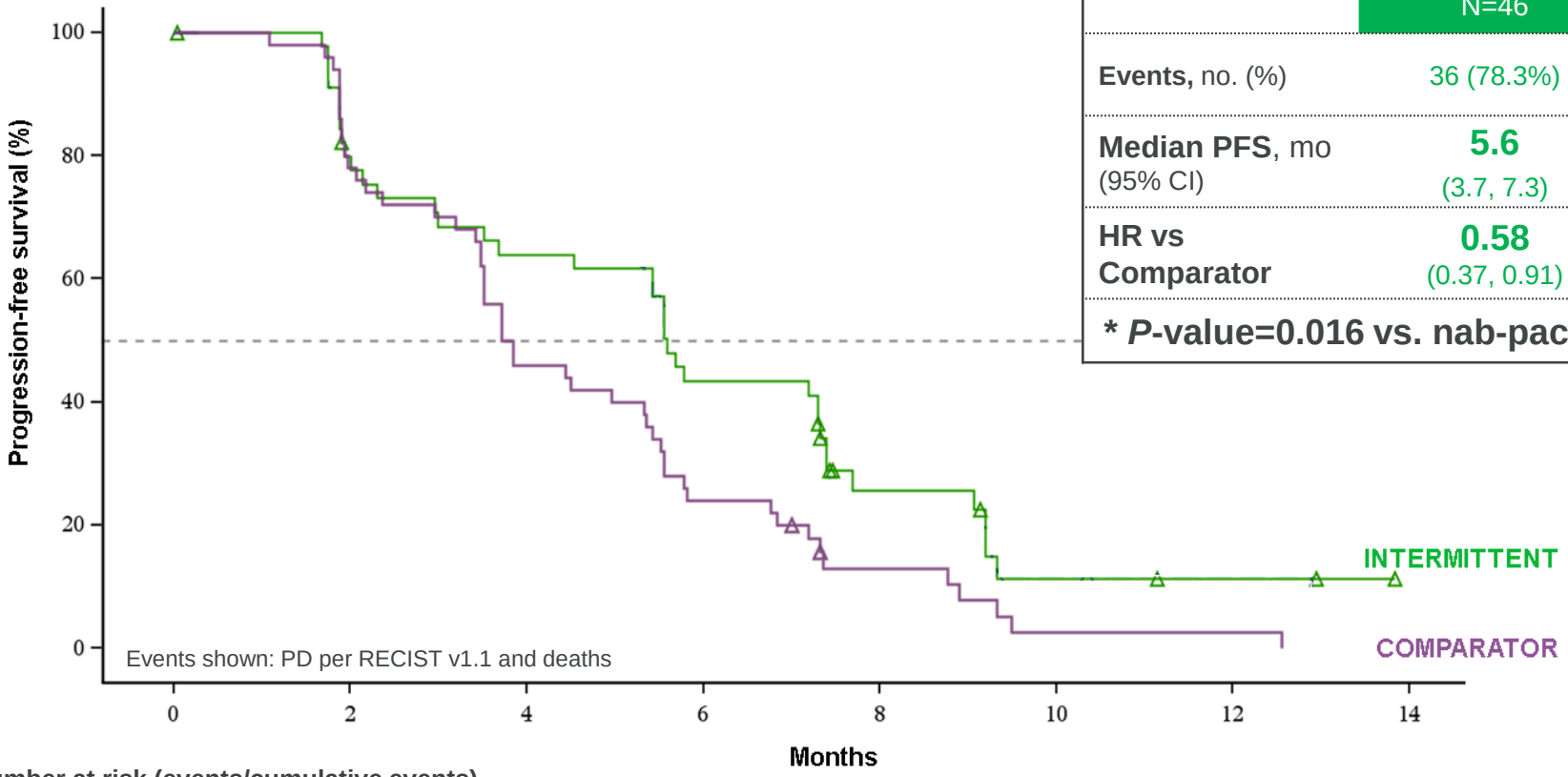
*** *P*-value=0.016 vs. nab-paclitaxel alone**

Number at risk (events/cumulative events)

CONTINUOUS	41 (0/0)	35 (5/5)	30 (4/9)	11 (17/26)	7 (3/29)	2 (3/32)	1 (0/32)	0 (1/33)
INTERMITTENT	46 (0/0)	35 (9/9)	28 (7/16)	19 (9/25)	8 (7/32)	3 (4/36)	2 (0/36)	0 (0/36)
COMPARATOR	50 (0/0)	39 (11/11)	23 (16/27)	12 (11/38)	5 (5/43)	1 (4/47)	1 (0/47)	0 (1/48)

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; PFS, progression-free survival; HR, hazard ratio

Intermittent Relacorilant + Nab-Paclitaxel Improved PFS – Excluding Primary Platinum-Refractory and ≥4 Prior Lines



	INTERMITTENT* N=46	COMPARATOR N=50
Events, no. (%)	36 (78.3%)	48 (96.0%)
Median PFS, mo (95% CI)	**5.6** (3.7, 7.3)	3.8 (3.5, 5.4)
HR vs Comparator	**0.58** (0.37, 0.91)	N/A

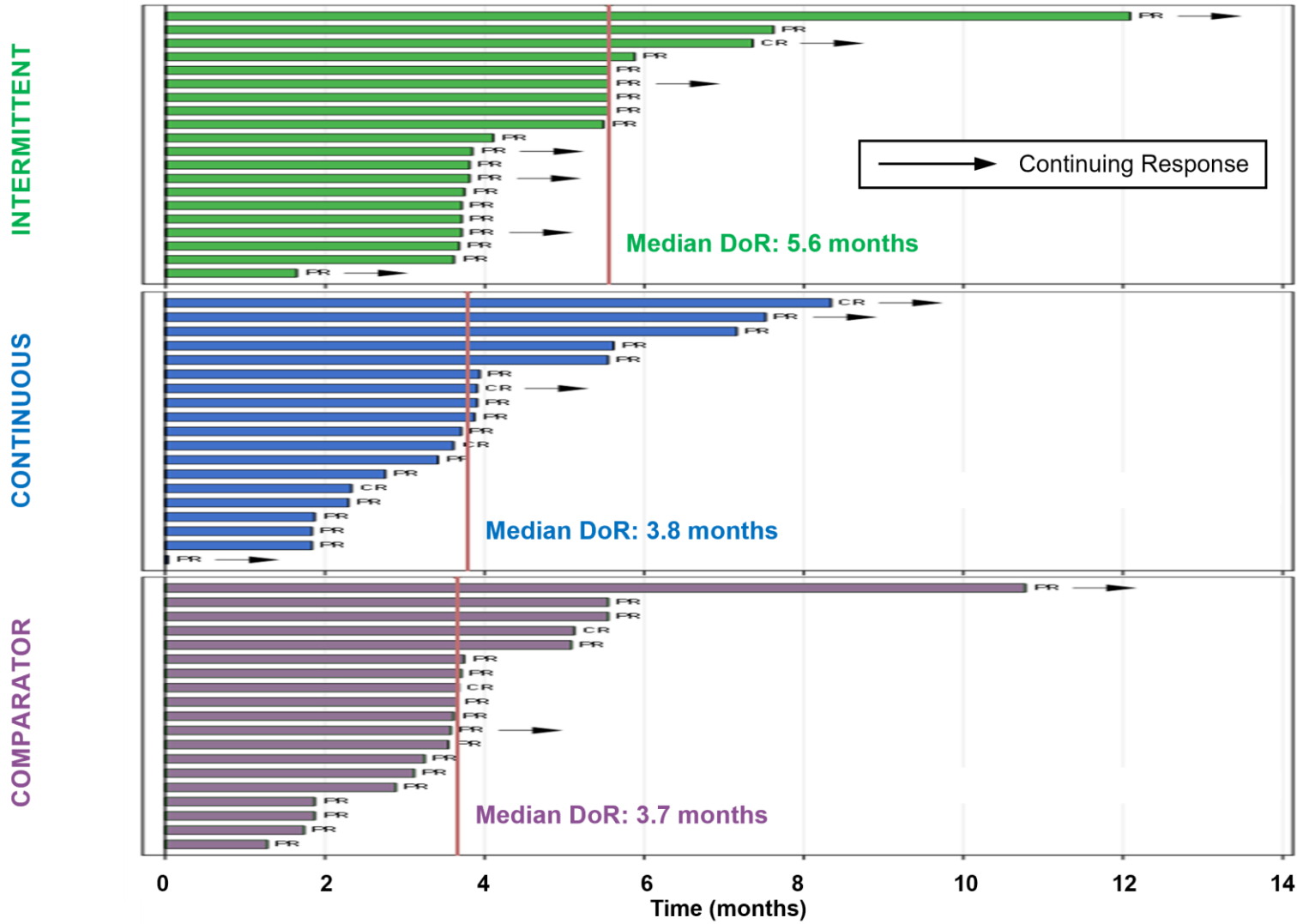
*** *P*-value=0.016 vs. nab-paclitaxel alone**

Number at risk (events/cumulative events)

INTERMITTENT	46 (0/0)	35 (9/9)	28 (7/16)	19 (9/25)	8 (7/32)	3 (4/36)	2 (0/36)	0 (0/36)
COMPARATOR	50 (0/0)	39 (11/11)	23 (16/27)	12 (11/38)	5 (5/43)	1 (4/47)	1 (0/47)	0 (1/48)

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; PFS, progression-free survival; HR, hazard ratio

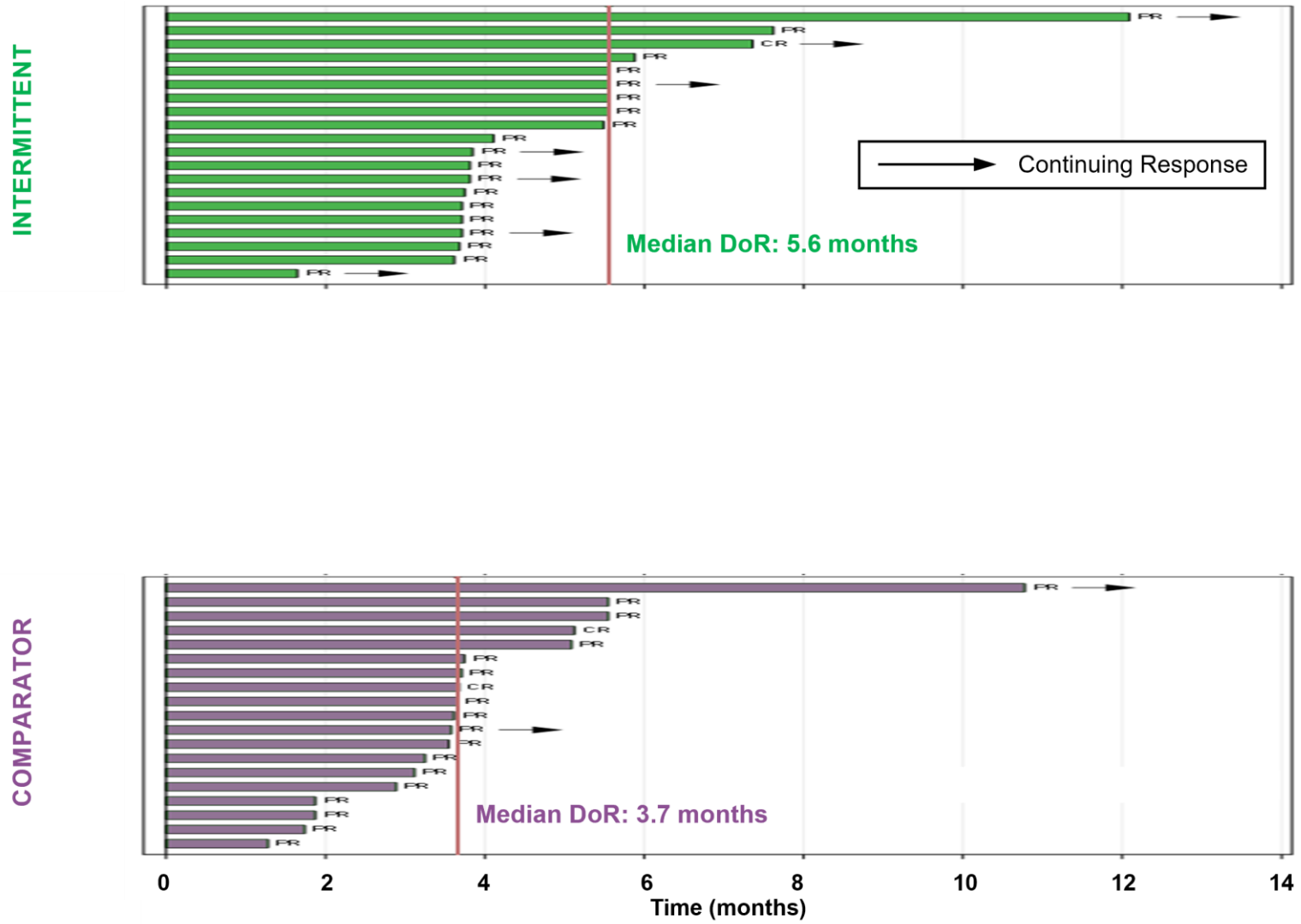
Intermittent Relacorilant + Nab-Paclitaxel Improved Duration of Response (DoR) – All Patients



	ORR	
	n (%)	95% CI
INTERMITTENT	20 (35.7%)	(23.4, 49.6)
CONTINUOUS	19 (35.2%)	(22.7, 49.4)
COMPARATOR	19 (35.8%)	(23.1, 50.2)

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; ORR, objective response rate; DoR, duration of response

Intermittent Relacorilant + Nab-Paclitaxel Improved Duration of Response (DoR) – All Patients



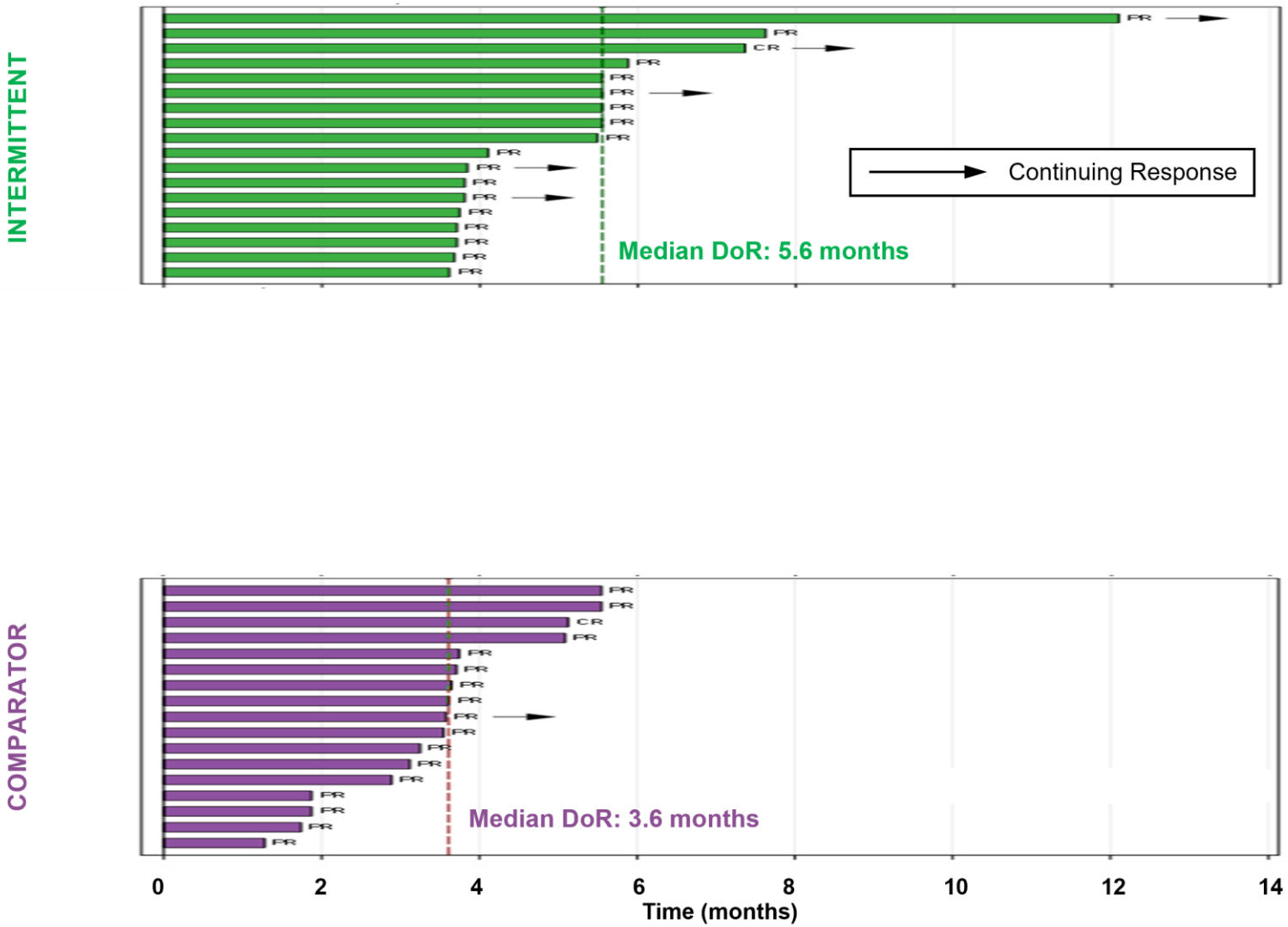
	ORR	
	n (%)	95% CI
INTERMITTENT	20 (35.7%)	(23.4, 49.6)
COMPARATOR	19 (35.8%)	(23.1, 50.2)

While ORR was similar, **DoR** was **significantly improved** in the INTERMITTENT regimen.

HR 0.36, 95% CI (0.16-0.77), *P*=0.006

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; ORR, objective response rate; DoR, duration of response

Intermittent Relacorilant + Nab-Paclitaxel Improved DoR – Excluding Primary Platinum-Refractory and ≥4 Prior Lines



	ORR	
	n (%)	95% CI
INTERMITTENT	18 (41.9%)	(27.0, 57.9)
COMPARATOR	17 (38.6%)	(24.4, 54.5)

While ORR was similar, **DoR** was **significantly improved** in the INTERMITTENT regimen.

HR 0.26, 95% CI (0.11-0.62), *P*=0.001

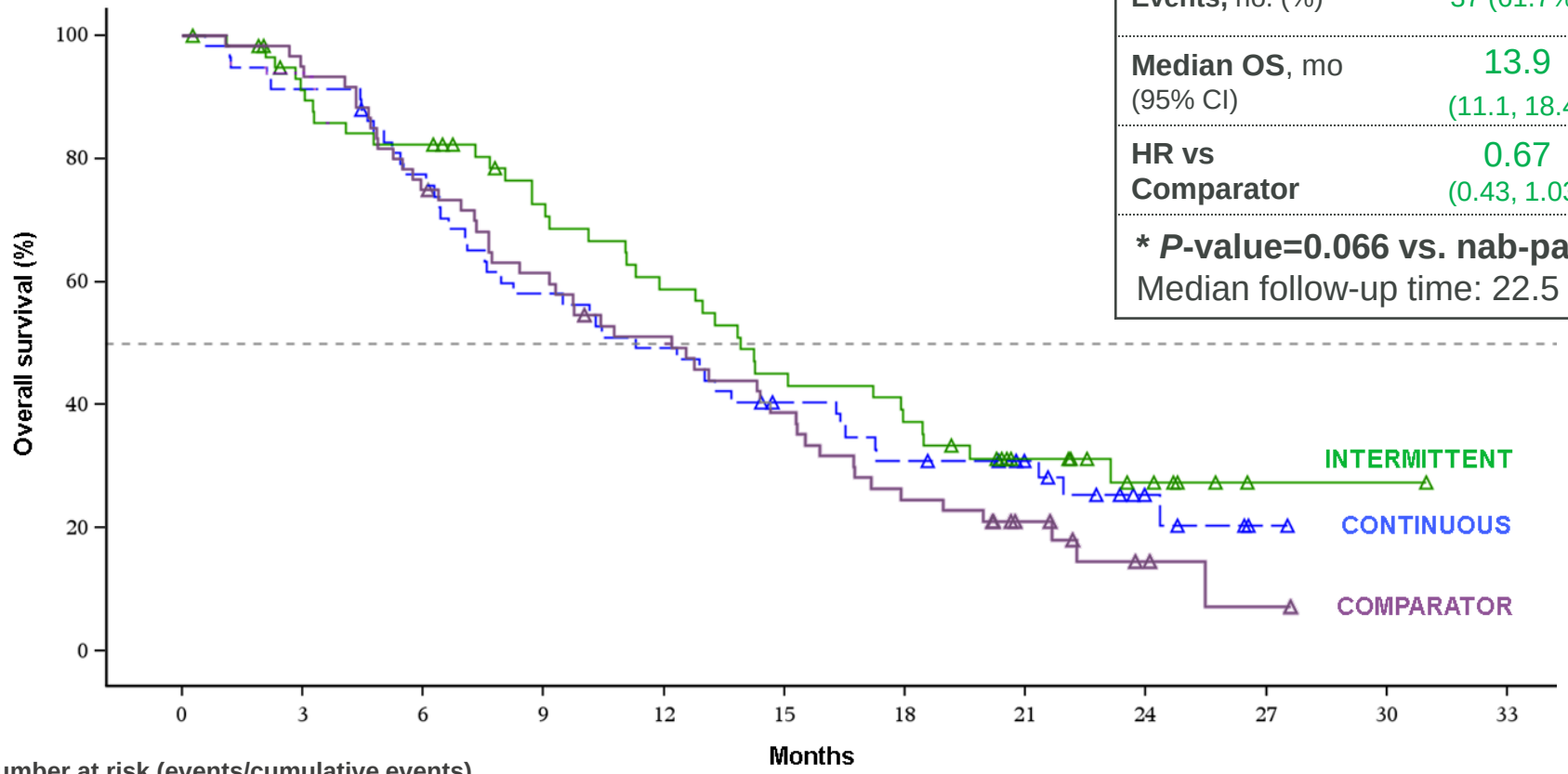
CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; ORR, objective response rate; DoR, duration of response

Intermittent Relacorilant + Nab-Paclitaxel Improved Overall Survival (OS) – All Patients

	INTERMITTENT* N=60	CONTINUOUS N=58	COMPARATOR N=60
Events, no. (%)	37 (61.7%)	42 (72.4%)	49 (81.7%)
Median OS, mo (95% CI)	13.9 (11.1, 18.4)	11.3 (7.5, 16.4)	12.2 (7.7, 15.3)
HR vs Comparator	0.67 (0.43, 1.03)	0.85 (0.56, 1.29)	N/A

*** *P*-value=0.066 vs. nab-paclitaxel alone**

Median follow-up time: 22.5 months



Number at risk (events/cumulative events)

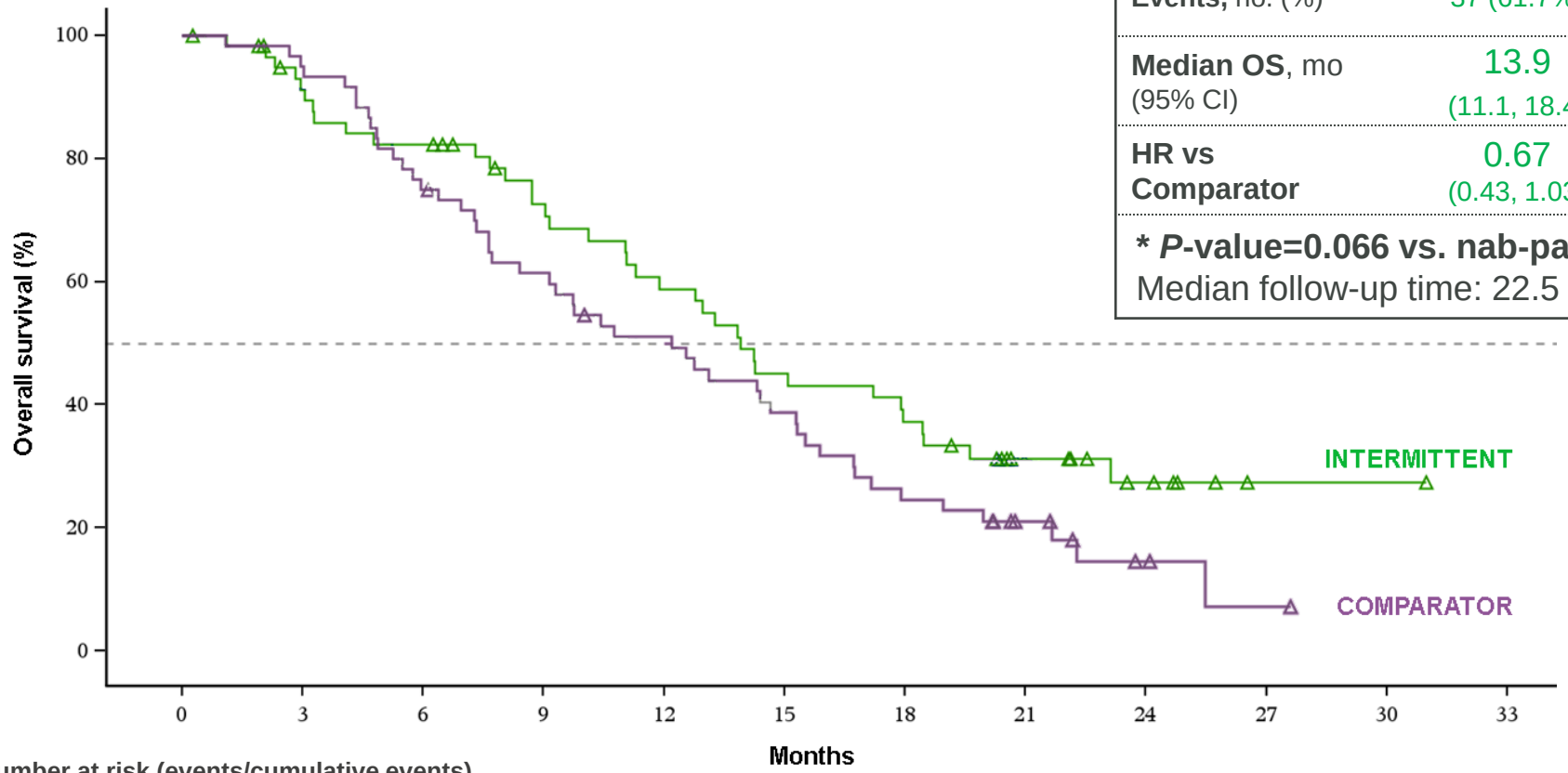
CONTINUOUS	58 (0/0)	53 (5/5)	44 (8/13)	33 (11/24)	28 (5/29)	21 (5/34)	16 (5/39)	12 (0/39)	5 (2/41)	1 (1/42)	0 (0/42)	
INTERMITTENT	60 (0/0)	51 (5/5)	46 (5/10)	37 (5/15)	30 (7/22)	23 (7/29)	19 (4/33)	11 (3/36)	6 (1/37)	1 (0/37)	1 (0/37)	0 (0/37)
COMPARATOR	60 (0/0)	57 (3/3)	45 (12/15)	36 (8/23)	29 (6/29)	22 (7/36)	14 (8/44)	8 (2/46)	3 (2/48)	1 (1/49)	0 (0/49)	

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; OS, overall survival

Intermittent Relacorilant + Nab-Paclitaxel Improved Overall Survival (OS) – All Patients

	INTERMITTENT* N=60	COMPARATOR N=60
Events, no. (%)	37 (61.7%)	49 (81.7%)
Median OS, mo (95% CI)	13.9 (11.1, 18.4)	12.2 (7.7, 15.3)
HR vs Comparator	0.67 (0.43, 1.03)	N/A

*** *P*-value=0.066 vs. nab-paclitaxel alone**
Median follow-up time: 22.5 months

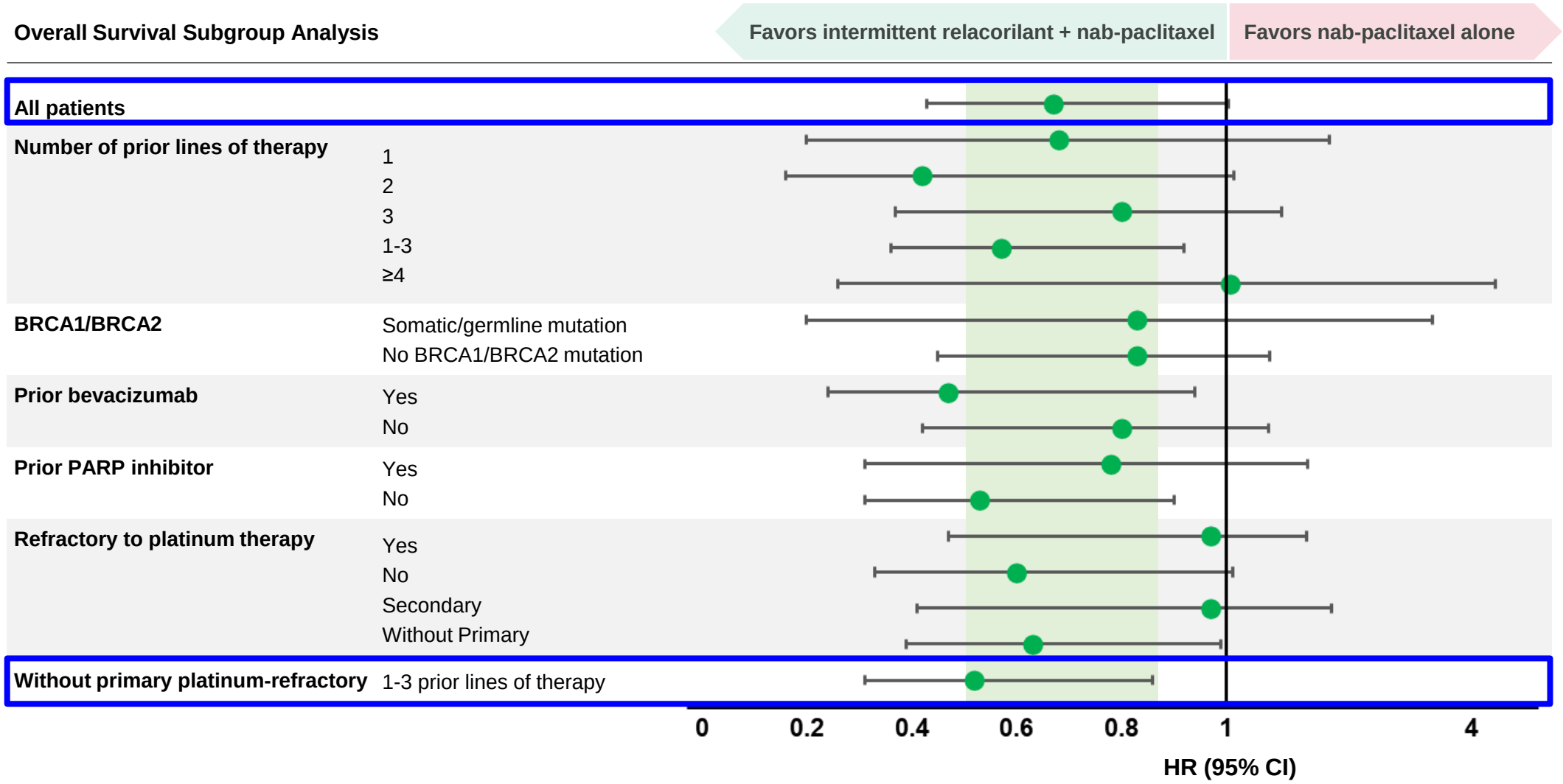


Number at risk (events/cumulative events)

INTERMITTENT	60 (0/0)	51 (5/5)	46 (5/10)	37 (5/15)	30 (7/22)	23 (7/29)	19 (4/33)	11 (3/36)	6 (1/37)	1 (0/37)	1 (0/37)	0 (0/37)
COMPARATOR	60 (0/0)	57 (3/3)	45 (12/15)	36 (8/23)	29 (6/29)	22 (7/36)	14 (8/44)	8 (2/46)	3 (2/48)	1 (1/49)	0 (0/49)	

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; OS, overall survival

Intermittent Relacorilant + Nab-Paclitaxel Improved Overall Survival – Subgroup Analysis

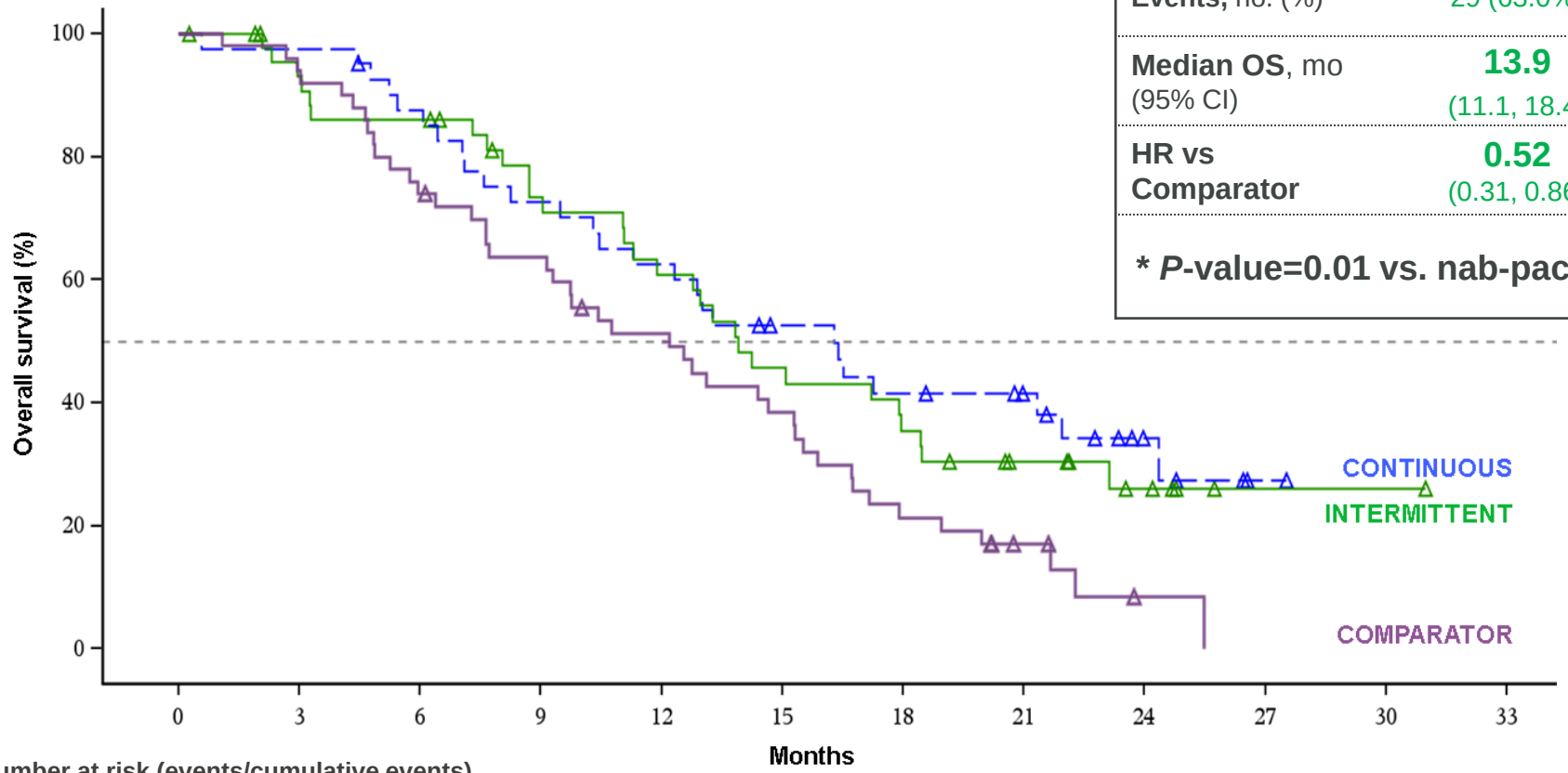


Phase 3 Study Design

Intermittent Relacorilant + Nab-Paclitaxel Improved OS – Excluding Primary Platinum-Refractory and ≥4 Prior Lines

	INTERMITTENT* N=46	CONTINUOUS N=41	COMPARATOR N=50
Events, no. (%)	29 (63.0%)	26 (63.4%)	43 (86.0%)
Median OS, mo (95% CI)	**13.9** (11.1, 18.4)	**16.3** (10.5, 22.0)	12.2 (7.7, 15.3)
HR vs Comparator	**0.52** (0.31, 0.86)	**0.57** (0.34, 0.95)	N/A

*** *P*-value=0.01 vs. nab-paclitaxel alone**

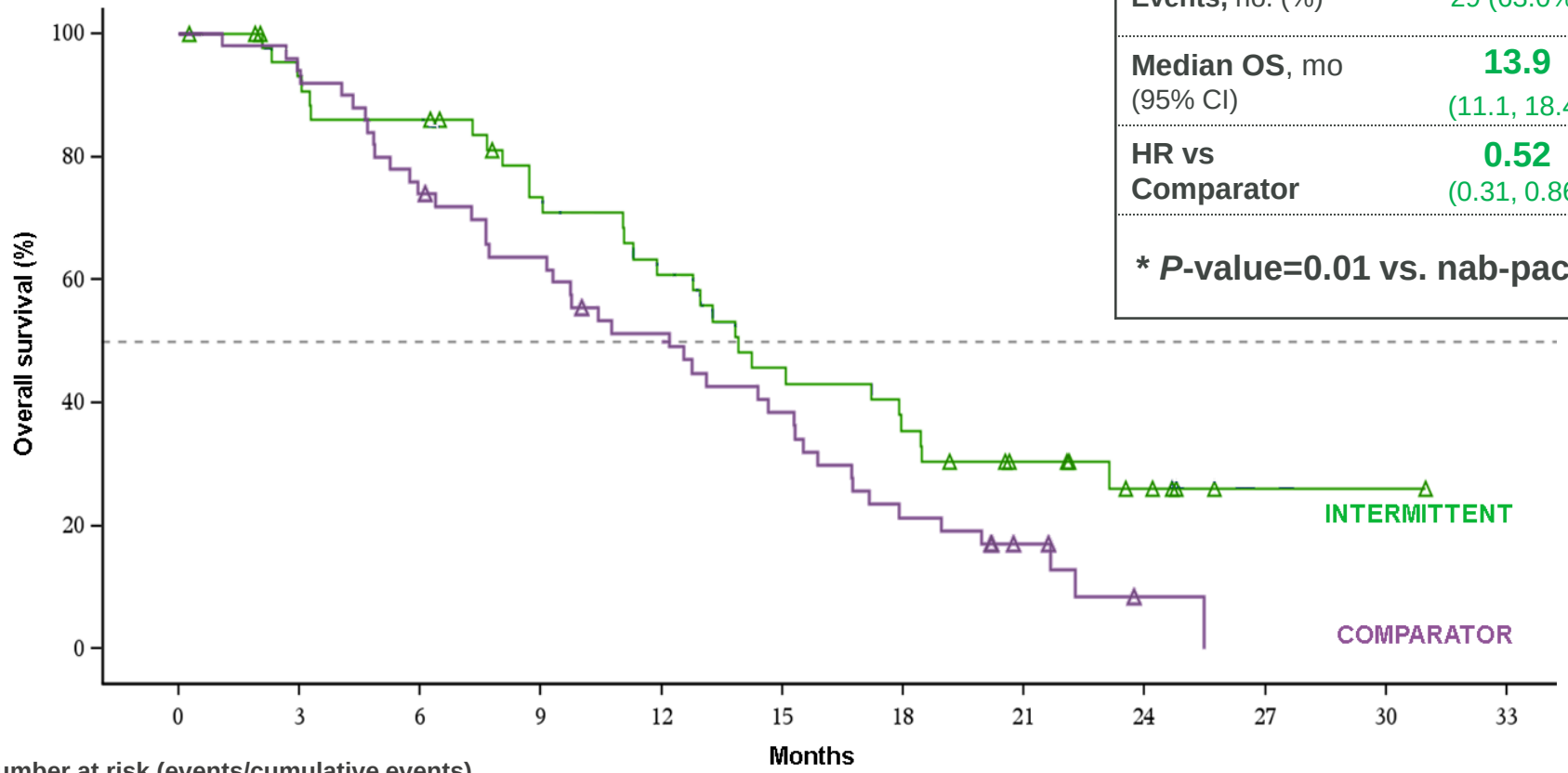


Number at risk (events/cumulative events)

CONTINUOUS	41 (0/0)	40 (1/1)	35 (4/5)	29 (6/11)	25 (4/15)	19 (4/19)	15 (4/23)	12 (0/23)	5 (2/25)	1 (1/26)	0 (0/26)	
INTERMITTENT	46 (0/0)	40 (3/3)	37 (3/6)	29 (5/11)	24 (5/16)	18 (6/22)	14 (4/26)	9 (2/28)	5 (1/29)	1 (0/29)	1 (0/29)	0 (0/29)
COMPARATOR	50 (0/0)	47 (3/3)	37 (10/13)	31 (5/18)	24 (6/24)	18 (6/30)	10 (8/38)	5 (2/40)	1 (2/42)	0 (1/43)		

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; OS, overall survival

Intermittent Relacorilant + Nab-Paclitaxel Improved OS – Excluding Primary Platinum-Refractory and ≥4 Prior Lines



	INTERMITTENT* N=46	COMPARATOR N=50
Events, no. (%)	29 (63.0%)	43 (86.0%)
Median OS, mo (95% CI)	**13.9** (11.1, 18.4)	12.2 (7.7, 15.3)
HR vs Comparator	**0.52** (0.31, 0.86)	N/A

*** *P*-value=0.01 vs. nab-paclitaxel alone**

Number at risk (events/cumulative events)

INTERMITTENT	46 (0/0)	40 (3/3)	37 (3/6)	29 (5/11)	24 (5/16)	18 (6/22)	14 (4/26)	9 (2/28)	5 (1/29)	1 (0/29)	1 (0/29)	0 (0/29)
COMPARATOR	50 (0/0)	47 (3/3)	37 (10/13)	31 (5/18)	24 (6/24)	18 (6/30)	10 (8/38)	5 (2/40)	1 (2/42)	0 (1/43)		

CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; OS, overall survival

Intermittent Relacorilant + Nab-Paclitaxel Improved PFS, DoR and OS – All Patients

	INTERMITTENT N=60	COMPARATOR N=60
PFS[1] (median follow-up time: 11.1 months)		
Events, no. (%)	47 (78.3%)	57 (95.0%)
Median PFS, mo (95% CI)	**5.6** (3.7, 7.2)	3.8 (3.5, 5.4)
HR vs Comparator, (95% CI)	**0.66** (0.44, 0.98)	N/A
***P*-value**	**0.038**	N/A
Duration of Response (DoR)[1] in patients with objective response		
Number of patients with objective response	20	19
Events, no. (%)	13 (65.0%)	17 (89.5%)
Median DoR, mo (95% CI)	**5.6** (3.8, 5.9)	3.7 (2.9, 5.1)
HR vs Comparator, (95% CI)	**0.36** (0.16, 0.77)	N/A
***P*-value**	**0.006**	N/A
Overall Survival[2] (median follow-up time: 22.5 months)		
Events, no. (%)	37 (61.7%)	49 (81.7%)
Median OS, mo (95% CI)	**13.9** (11.1, 18.4)	12.2 (7.7, 15.3)
HR vs Comparator, (95% CI)	**0.67** (0.43, 1.03)	N/A
***P*-value**	**0.066**	N/A

1) Primary PFS analysis as of data cutoff date March 22, 2021. 2) Pre-planned OS analysis as of data cutoff date March 7, 2022.
INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; OS, overall survival

Intermittent Relacorilant + Nab-Paclitaxel Improved PFS, DoR and OS – Excluding Primary Platinum-Refractory and ≥4 Prior Lines

	INTERMITTENT N=46	COMPARATOR N=50
PFS[1]		
Events, no. (%)	36 (78.3%)	48 (96.0%)
Median PFS, mo (95% CI)	**5.6** (3.7, 7.3)	3.8 (3.5, 5.4)
HR vs Comparator, (95% CI)	**0.58** (0.37, 0.91)	N/A
***P*-value**	**0.016**	N/A
Duration of Response (DoR)[1] in patients with objective response		
Number of patients with objective response	18	17
Events, no. (%)	13 (72.2%)	16 (94.1%)
Median DoR, mo (95% CI)	**5.6** (3.8, 5.9)	3.6 (1.9, 3.8)
HR vs Comparator, (95% CI)	**0.26** (0.11, 0.62)	N/A
***P*-value**	**0.001**	N/A
Overall Survival[2]		
Events, no. **(%)**	29 (63.0%)	43 (86.0%)
Median OS, mo (95% CI)	**13.9** (11.1, 18.4)	12.2 (7.7, 15.3)
HR vs Comparator, (95% CI)	**0.52** (0.31, 0.86)	N/A
***P*-value**	**0.01**	N/A

1) Primary PFS analysis as of data cutoff date March 22, 2021. 2) Pre-planned OS analysis as of data cutoff date March 7,2022.
INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy

The Safety and Tolerability of Intermittent Relacorilant + Nab-Paclitaxel is Comparable to Nab-Paclitaxel Monotherapy

n, (%)	INTERMITTENT N=60	CONTINUOUS N=57	COMPARATOR N=60
Neutropenia[a]	12 (20.0%)	22 (38.6%)	22 (36.7%)
Grade ≥3	4 (6.7%)	15 (26.3%)	9 (15.0%)
Febrile neutropenia (Grade 3)[b]	0 (0.0%)	0 (0.0%)	1 (1.7%)
Anemia[c]	29 (48.3%)	37 (64.9%)	34 (56.7%)
Grade ≥3	8 (13.3%)	11 (19.3%)	7 (11.7%)
Peripheral neuropathy[d]	21 (35.0%)	27 (47.4%)	18 (30.0%)
Grade ≥3	0 (0.0%)	9 (15.8%)	3 (5.0%)
Fatigue or asthenia	33 (55.0%)	41 (71.9%)	39 (65.0%)
Grade ≥3	6 (10.0%)	5 (8.8%)	1 (1.7%)

[a] Neutropenia, neutrophil count decreased; [b] Secondary to E.coli urinary sepsis in this patient; [c] Anemia, hemoglobin decreased; [d] Neuropathy peripheral, neurotoxicity, peripheral motor neuropathy, peripheral sensorimotor neuropathy, peripheral sensory neuropathy
CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; G-CSF, granulocyte-colony stimulating factor

- All relacorilant-treated patients received prophylactic G-CSF per protocol to reduce the risk of neutropenia
- 46.7% of patients in the comparator arm received G-CSF per the investigator's standard practice

The Safety and Tolerability of Intermittent Relacorilant + Nab-Paclitaxel is Comparable to Nab-Paclitaxel Monotherapy

n, (%)	INTERMITTENT N=60	COMPARATOR N=60
Neutropenia[a]	12 (20.0%)	22 (36.7%)
Grade ≥3	4 (6.7%)	9 (15.0%)
Febrile neutropenia (Grade 3)[b]	0 (0.0%)	1 (1.7%)
Anemia[c]	29 (48.3%)	34 (56.7%)
Grade ≥3	8 (13.3%)	7 (11.7%)
Peripheral neuropathy[d]	21 (35.0%)	18 (30.0%)
Grade ≥3	0 (0.0%)	3 (5.0%)
Fatigue or asthenia	33 (55.0%)	39 (65.0%)
Grade ≥3	6 (10.0%)	1 (1.7%)

[a] Neutropenia, neutrophil count decreased; [b] Secondary to E.coli urinary sepsis in this patient; [c] Anemia, hemoglobin decreased; [d] Neuropathy peripheral, neurotoxicity, peripheral motor neuropathy, peripheral sensorimotor neuropathy, peripheral sensory neuropathy
CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; G-CSF, granulocyte-colony stimulating factor

- All relacorilant-treated patients received prophylactic G-CSF per protocol to reduce the risk of neutropenia
- 46.7% of patients in the comparator arm received G-CSF per the investigator's standard practice

Phase 2 Conclusions

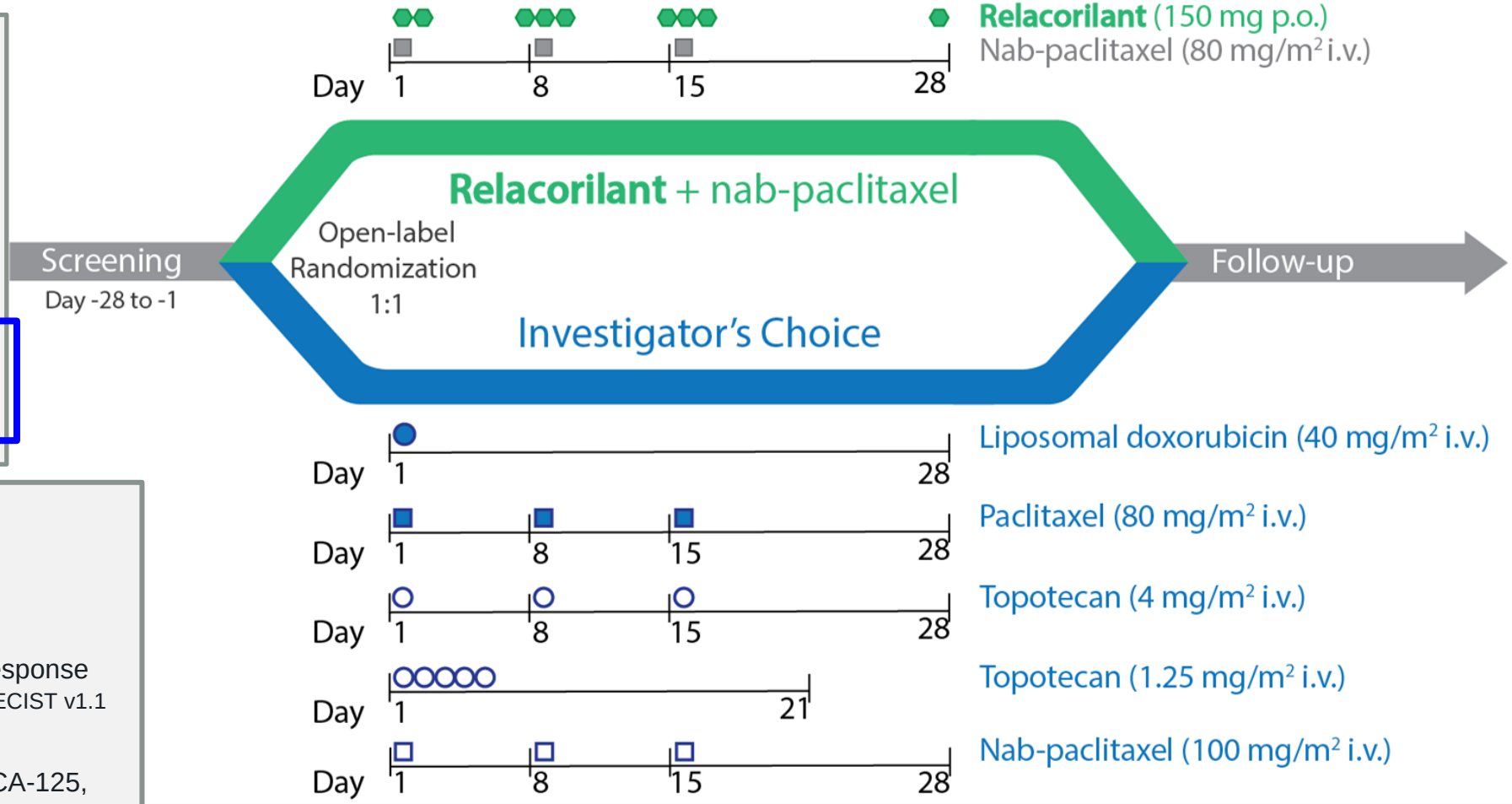
- Cortisol modulation is a promising novel oncologic therapeutic platform
- This study is the first randomized, controlled, phase 2 trial of relacorilant + nab-paclitaxel in patients with platinum-resistant/refractory ovarian, primary peritoneal, or fallopian tube cancer
- In this heavily pretreated population (up to 4 lines of prior chemotherapy), substantial benefit was observed
  - In all patients, intermittent relacorilant + nab-paclitaxel improved PFS, DoR and OS compared to nab-paclitaxel alone
  - Even greater differential improvement was seen after excluding primary platinum-refractory patients and patients with 4 or more prior lines of therapy – the phase 3 population
- No additional side effect burden was observed with the addition of intermittent relacorilant compared to nab-paclitaxel alone
- A phase 3 trial evaluating intermittent relacorilant + nab-paclitaxel vs. chemotherapy will start in the second quarter of 2022

Phase 3 Working Design: Open-label, Randomized, 2-Arm Study

Target enrollment: 360 patients

Patient population:

- High-grade serous, grade 3 endometrioid epithelial ovarian, primary peritoneal, or fallopian tube cancer
- Progression ≤6 months after last dose of platinum-based therapy
- Exclude primary-platinum refractory patients and those with ≥4 prior lines of therapy



Primary endpoint:

- PFS (by BICR) per RECIST v1.1

Secondary endpoints:

- Efficacy
  - OS
  - PFS (by investigator) per RECIST v1.1
  - ORR, BOR, and DOR per RECIST v1.1
  - CBR per RECIST v1.1
  - Combined response according to RECIST v1.1 + GCIG criteria
- Safety, QOL, CA-125, pharmacodynamics, pharmacokinetics

Designed in collaboration with cooperative groups:

- Gynecologic Oncology Group (GOG)
- European Network of Gynaecological Oncology Trial groups (ENGOT)

PFS, progression-free survival; OS, overall survival; ORR, objective response rate; BOR, best overall response; DOR, duration of response; CBR, clinical benefit rate; QOL, quality of life

Ovarian Cancer Phase 3 Trial Endpoint Considerations

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FDA ovarian cancer clinical trial endpoints workshop☆

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Chief Development Officer

Cortisol Modulation Has Significant Potential in Oncology

Clinical studies demonstrate relacorilant's differentiation in PROC

- **Meaningful efficacy improvements**
  - Progression Free Survival
  - Duration of Response
  - Overall Survival
- **No additional side effect burden**
  - Comparable to nab-paclitaxel monotherapy
- **Convenient administration**
  - Oral formulation
  - Intermittent dosing

Future opportunities

- **Earlier lines of ovarian cancer**
- **Other tumors:**
  - Combination with nab-paclitaxel
  - Combination with other chemotherapies
  - Combination with other anti-tumor agents

Questions?