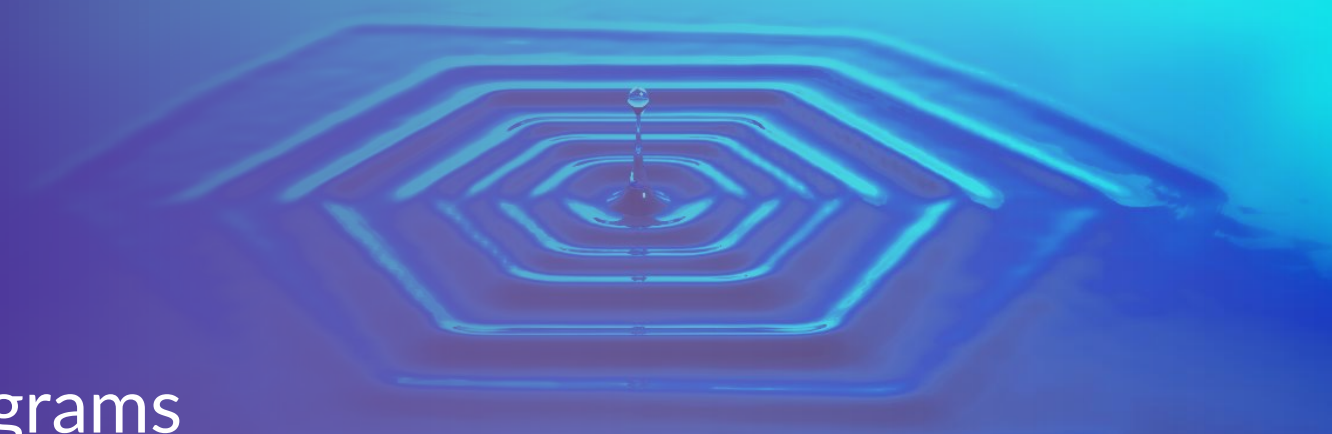




Oncology Development Programs

November 2025



Safe Harbor

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Corcept Oncology Program: Mechanism of Action and Approach

Combining a glucocorticoid receptor antagonist with an anti-cancer agent makes it more difficult for tumor cells to survive



Apoptosis

Cortisol is anti-apoptotic

Growth Pathway

Cortisol provides a growth pathway for tumors during anti-androgen therapy

Immunosuppression

Cortisol suppresses the immune system



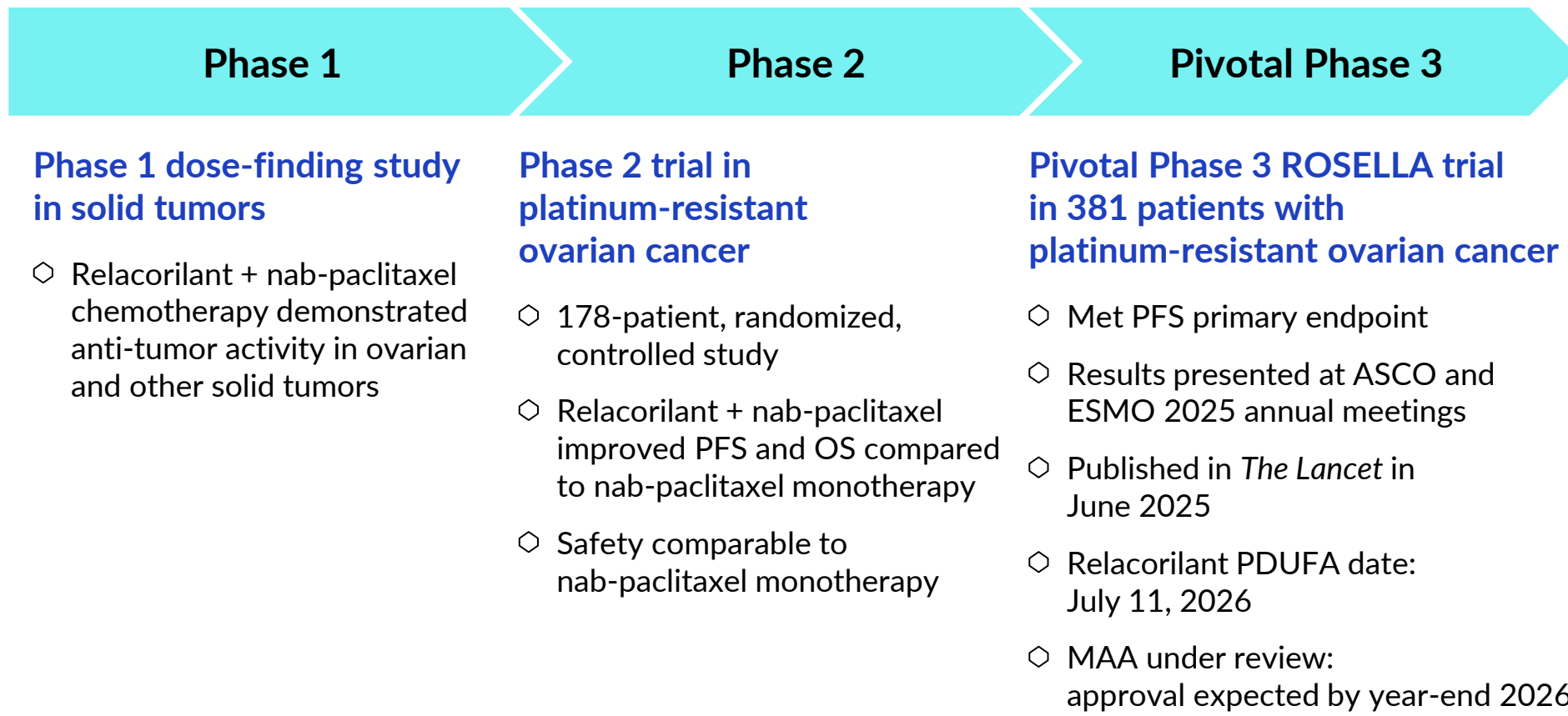
Combination With Chemotherapy

Combination With Androgen Deprivation Therapy

Combination With Immunotherapy



Combination With Chemotherapy: Advanced and Validated



No biomarker testing required

ASCO, American Society of Clinical Oncology; ESMO, European Society for Medical Oncology; MAA, Marketing Authorization Application; OS, overall survival; PDUFA, Prescription Drug User Fee Act; PFS, progression-free survival.

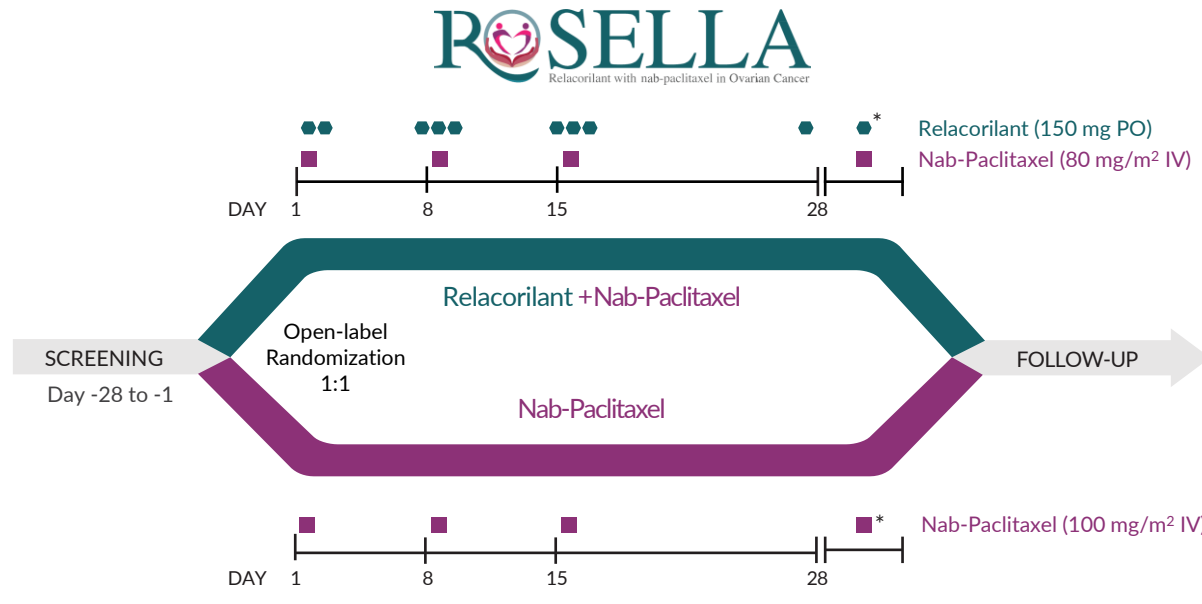


ROSELLA Results: Pivotal Phase 3 Study of Relacorilant in Platinum-Resistant Ovarian Cancer

Patient Population

381 patients

- Confirmed high-grade serous epithelial ovarian, primary peritoneal, or fallopian tube cancer
- Progression <6 months after last dose of platinum-based therapy (excludes primary platinum-refractory disease)
- 1-3 prior lines of systemic anticancer therapy
- Must have received prior bevacizumab



Dual Primary Endpoints

- Progression-free survival by RECIST v1.1 per BICR
- Overall survival

*Ongoing cycles.

BICR, blinded independent central review; IV, intravenous; PO, by mouth; RECIST, Response Evaluation Criteria in Solid Tumors.

Relacorilant in combination with nab-paclitaxel in advanced, platinum-resistant, high-grade epithelial ovarian, primary peritoneal, or fallopian-tube cancer. ClinicalTrials.gov. Accessed May 28, 2024. <https://clinicaltrials.gov/study/NCT05257408>



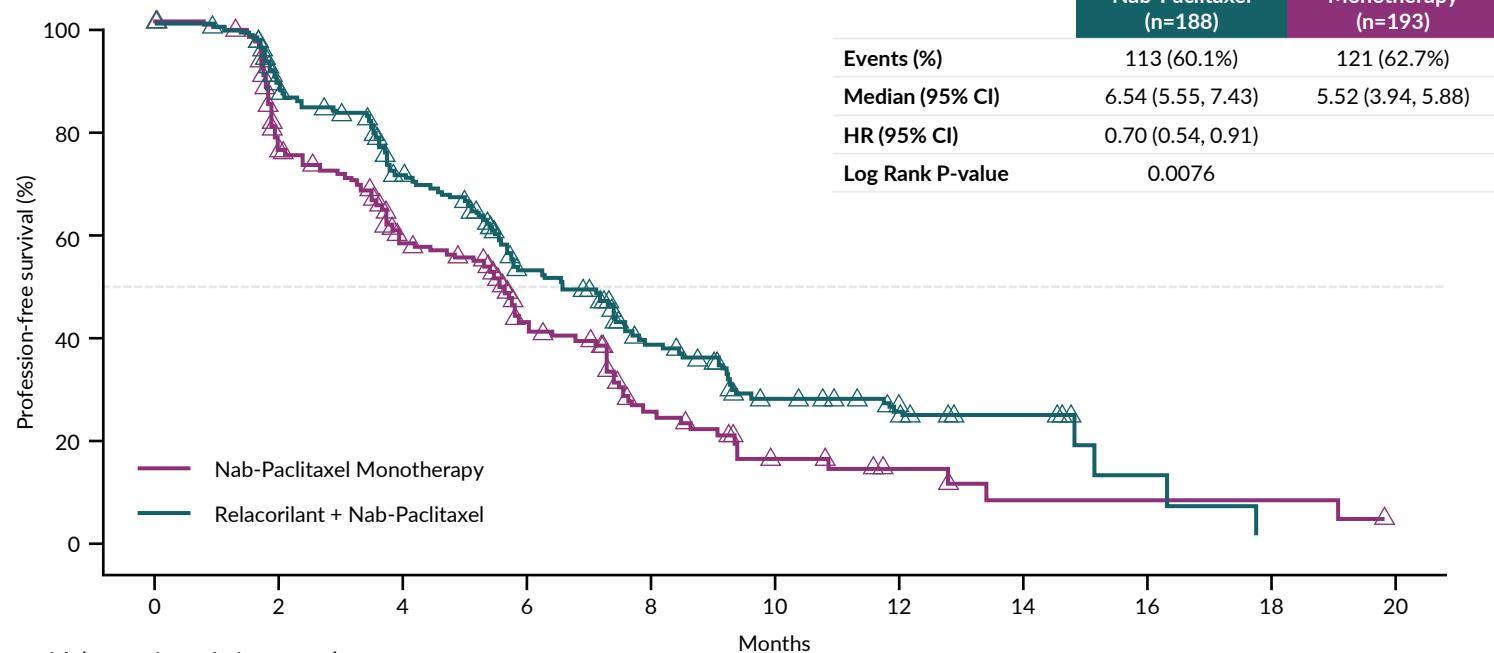
Enrolled 381 patients

In collaboration with:



ROSELLA Results: PFS Primary Endpoint Met

Progression-Free Survival¹



Number at risk (events/cumulative events)

Relacorilant + Nab-Paclitaxel	188 (0/0)	151 (22/22)	109 (29/51)	70 (27/78)	43 (18/96)	24 (11/107)	16 (1/108)	11 (1/109)	2 (2/111)	0 (2/113)	
Nab-Paclitaxel Monotherapy	193 (0/0)	129 (42/42)	85 (31/73)	47 (20/93)	21 (17/110)	9 (7/117)	5 (1/118)	2 (2/120)	2 (0/120)	2 (0/120)	0 (1/121)

1. Olawaiye A, et al. *Lancet*. 2025; 405(10496):2205-2216. 2. Lorusso D, et al. ROSELLA (GOG3073, ENGOTov72, APGOT-OV10): relacorilant + nab-paclitaxel in the subgroup of patients with platinum-resistant ovarian cancer (PROC) previously exposed to a PARP inhibitor. Presented at: 2025 ESMO Congress; October 17-21, 2025; Berlin, Germany. Abstract LBA45. CI, confidence interval; HR, hazard ratio; PARPi, poly(adenosine diphosphate-ribose) polymerase inhibitor therapy; PFS, progression-free survival.

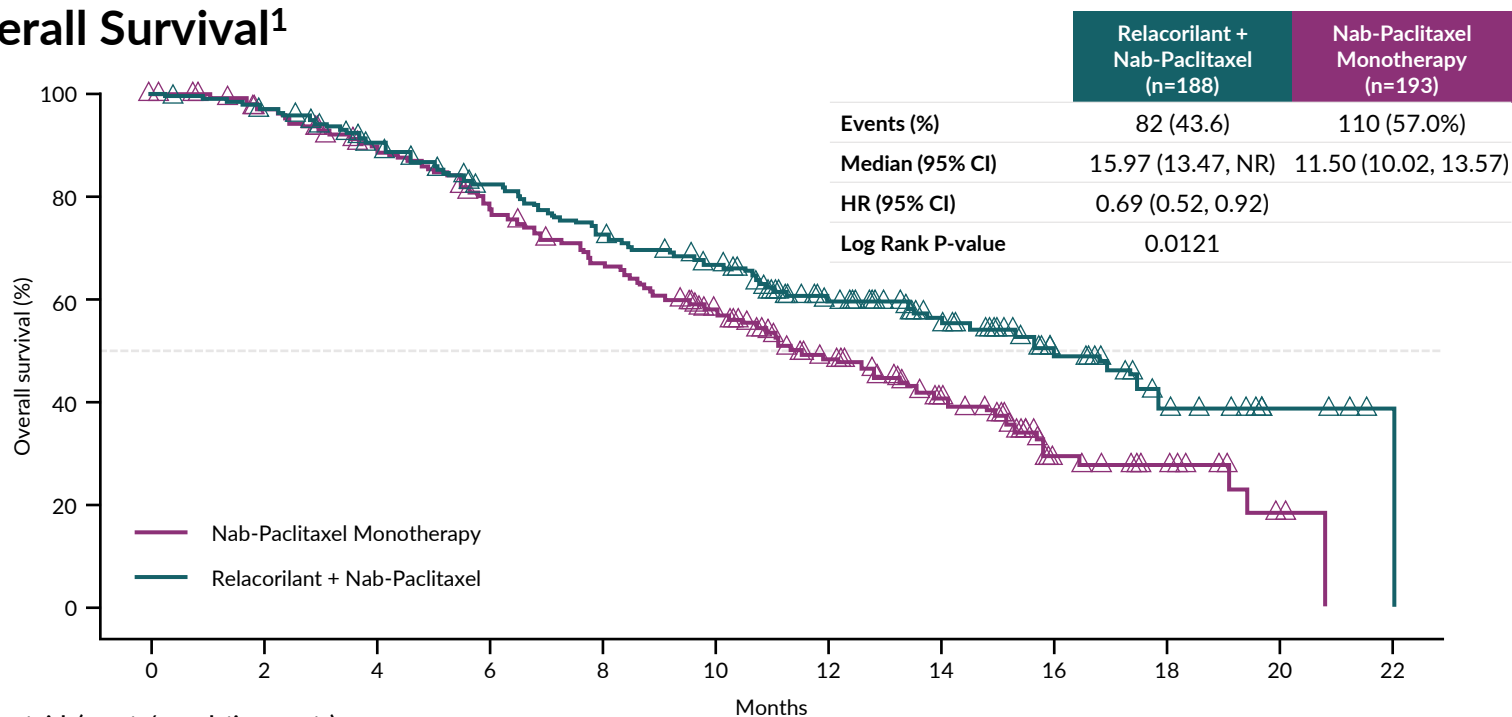


PFS benefit in PARPi-experienced subgroups²:

- Patients with prior PARPi: hazard ratio: 0.60; p=0.0035
- Patients whose disease progressed on PARPi: hazard ratio: 0.56; p=0.0046
- Both subgroups: median PFS=7.36 months

ROSELLA Results: Clinically Meaningful Improvement in Overall Survival at Interim Analysis

Overall Survival¹



Final OS results expected by early 2026

Number at risk (events/cumulative events)

Relacorilant + Nab-Paclitaxel	188 (0/0)	180 (6/6)	162 (12/18)	143 (14/32)	126 (17/49)	111 (10/59)	77 (10/69)	49 (5/74)	24 (4/78)	10 (3/81)	4 (0/81)	0 (1/82)
Nab-Paclitaxel Monotherapy	193 (0/0)	179 (6/6)	160 (13/19)	137 (20/39)	115 (20/59)	93 (15/74)	65 (14/88)	40 (9/97)	16 (9/106)	11 (1/107)	3 (2/109)	0 (1/110)

1. Olawaiye A, et al. *Lancet*. 2025; 405(10496):2205-2216.
 CI, confidence interval; HR, hazard ratio; OS, overall survival; PARPi, poly(adenosine diphosphate-ribose) polymerase inhibitor therapy.



ROSELLA Results: Well-Tolerated, Favorable Safety Profile

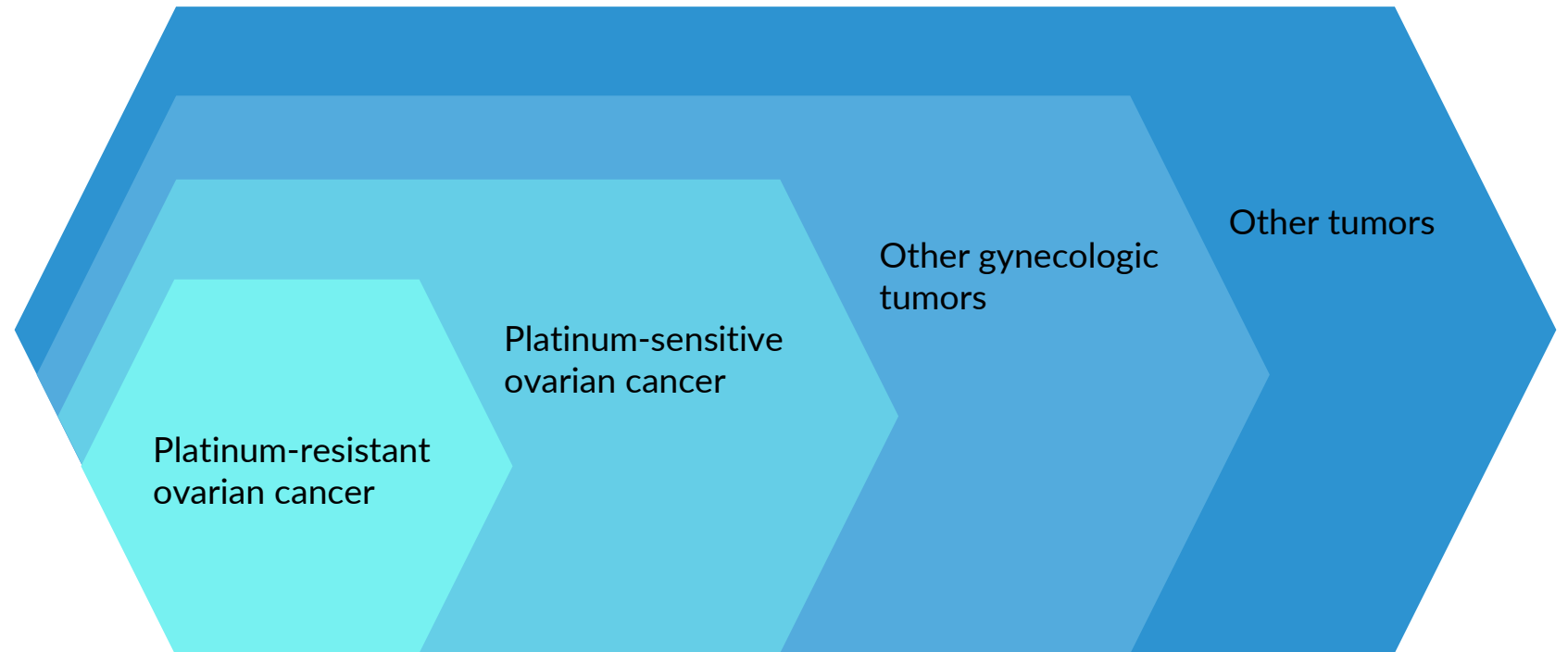
Relacorilant +
nab-paclitaxel
was
well tolerated

Adverse events
with relacorilant +
nab-paclitaxel were
similar in type,
frequency and severity
to nab-paclitaxel alone



ROSELLA Results: Support Additional Studies in Combination With Chemotherapy

- ✓ Potential to treat all tumors that express the glucocorticoid receptor
- ✓ Potential to combine with any chemotherapy

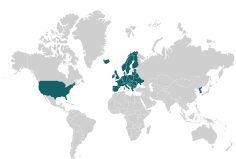


Relacorilant in Combination With Chemotherapy: BELLA Part A Phase 2 Trial in Platinum-Resistant Ovarian Cancer (PROC)

Population

90 patients

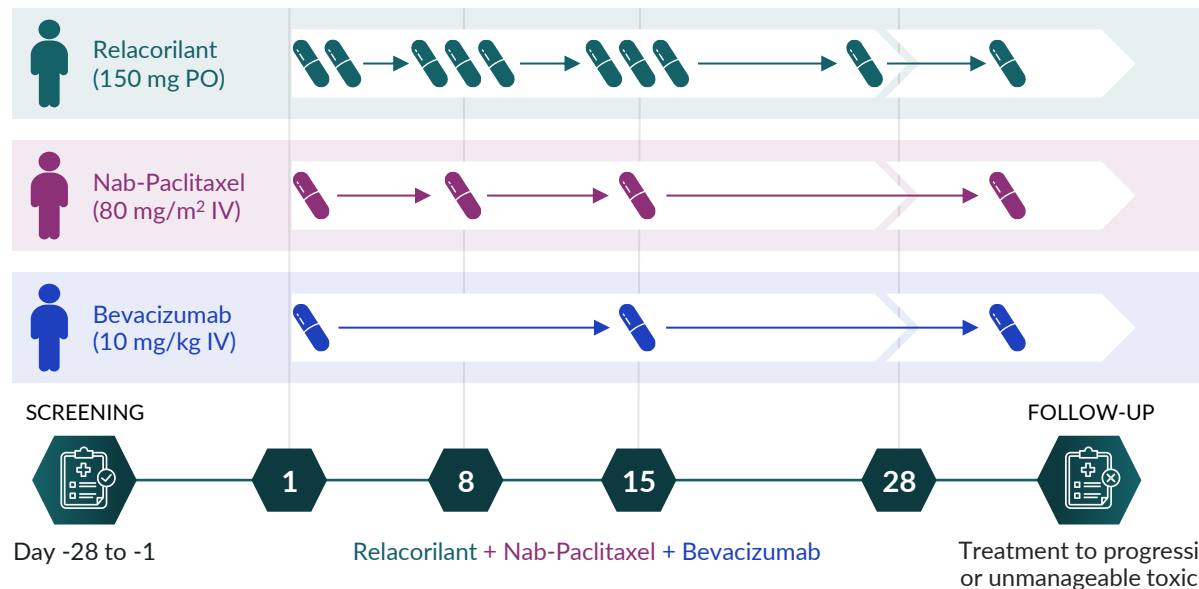
- Epithelial ovarian, primary peritoneal, or fallopian tube cancer
- Progression <6 months after the last dose of platinum therapy
- ECOG performance status 0 or 1
- 1 to 3 prior lines of therapy
- Suitable for bevacizumab
- Eligible irrespective of prior bevacizumab



Conducted at 42 sites
in the US, EU and Korea



BELLA



Primary Endpoint

- Progression-free survival

Secondary Endpoints

- Overall survival
- ORR, DoR, BOR, CBR
- Safety



~20,000 addressable patients per year in the US¹



Results expected by year-end 2026

¹Decision Resources Group.

BOR, best overall response; CBR, clinical benefit rate; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; EU, European Union; IV, intravenous; ORR, objective response rate; PO, by mouth; US, United States.

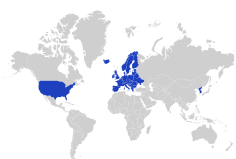


Relacorilant in Combination With Chemotherapy: BELLA Part B Phase 2 Trial in Platinum-Sensitive Ovarian Cancer (PSOC)

Population

90 patients

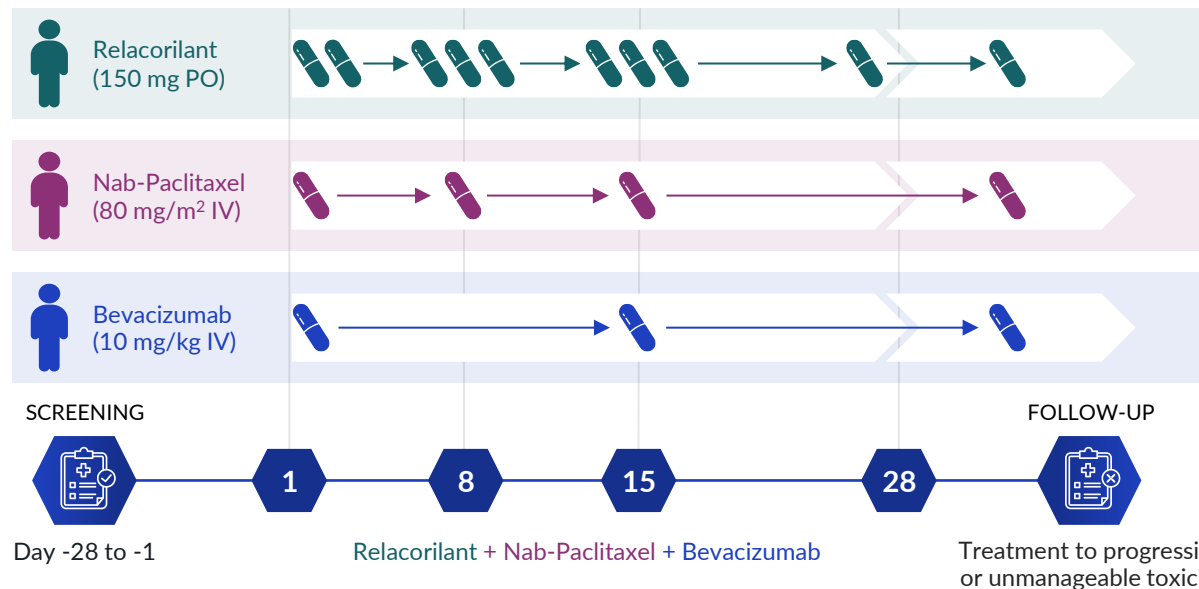
- Epithelial ovarian, primary peritoneal, or fallopian tube cancer
- Platinum-sensitive ovarian cancer with progression while on a PARP inhibitor
- ECOG performance status 0 or 1
- 1 to 3 prior lines of therapy
- Suitable for bevacizumab



Conducted at 42 sites
in the US, EU and Korea



BELLA



Primary Endpoint

- Progression-free survival

Secondary Endpoints

- Overall survival
- ORR, DoR, BOR, CBR
- Safety



~13,000 addressable patients per year in the US¹



To begin in coming weeks

¹Decision Resources Group.

BOR, best overall response; CBR, clinical benefit rate; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; EU, European Union; IV, intravenous; ORR, objective response rate; PARP, poly(adenosine diphosphate-ribose) polymerase; PO, by mouth; US, United States.

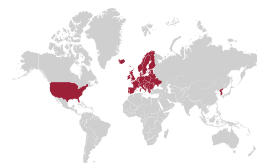


Relacorilant in Combination With Chemotherapy: BELLA Part C Phase 2 Trial in 2/3L Endometrial Cancer

Population

90 patients

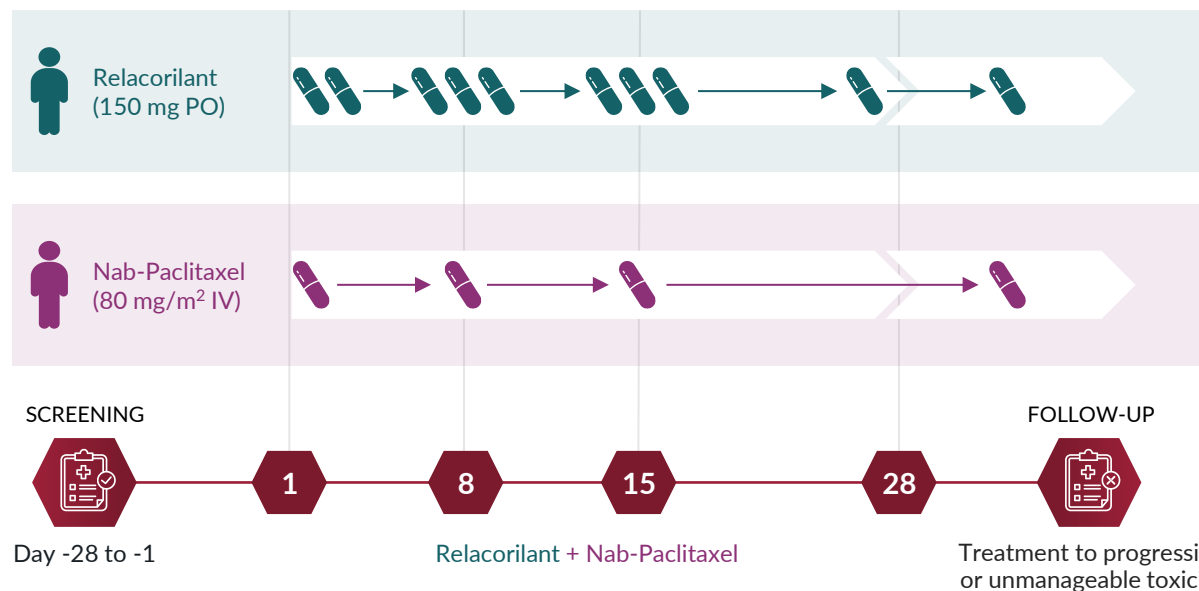
- ◇ Advanced, recurrent, or metastatic endometrial cancer
- ◇ ECOG performance status 0 or 1
- ◇ 1 to 2 prior lines of therapy



Conducted at 42 sites in the US, EU and Korea



BELLA



Primary Endpoint

- ◇ Progression-free survival

Secondary Endpoints

- ◇ Overall survival
- ◇ ORR, DoR, BOR, CBR
- ◇ Safety



~19,000 addressable patients per year in the US¹



To begin in coming weeks

¹Decision Resources Group.
BOR, best overall response; CBR, clinical benefit rate; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; IV, intravenous; ORR, objective response rate; PO, by mouth; US, United States.

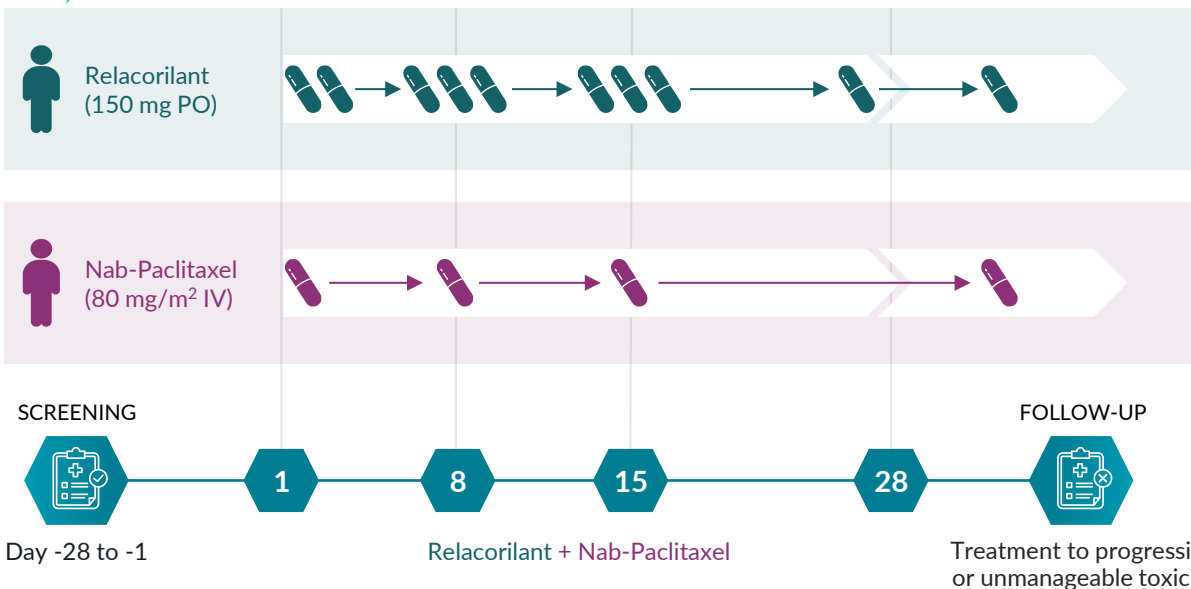


Relacorilant in Combination With Chemotherapy: Phase 2 Trial in 2/3L Cervical Cancer

Population

50 patients

- Advanced recurrent, persistent, or metastatic squamous, adenocarcinoma, or adenosquamous cervical cancer
- HPV+/-
- Prior platinum-based chemotherapy +/- bevacizumab
- Prior pembrolizumab if eligible
- 1 to 2 prior lines
- ECOG performance status 0 or 1



Primary Endpoint

- Progression-free survival (PFS)

Secondary Endpoints

- Overall survival
- ORR, DoR, CBR
- Safety



~5,000 addressable patients per year in the US¹



Conducted with ARCAGY-GINECO



To begin in coming weeks

¹Decision Resources Group; Kantar CancerMPact.

CBR, clinical benefit rate; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; HPV+, human papilloma virus-positive; HPV-, human papilloma virus-negative; IV, intravenous; ORR, objective response rate; PO, by mouth; US, United States.

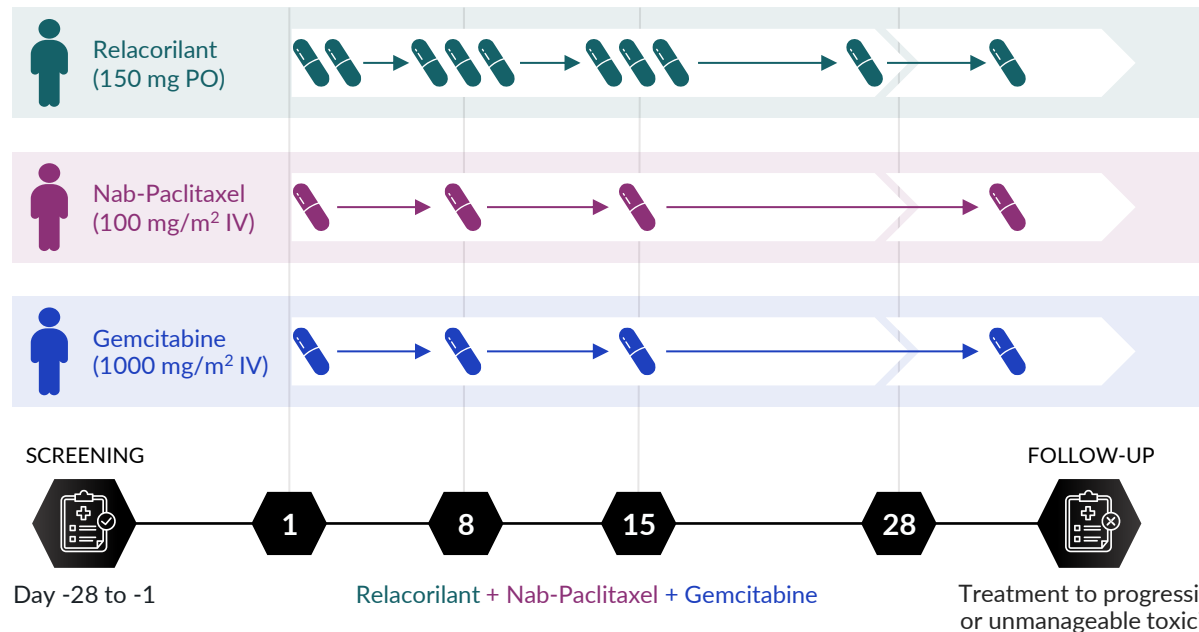


Relacorilant in Combination With Chemotherapy: Phase 2 Trial in 1L Pancreatic Cancer

Population

60 patients

- Metastatic pancreatic ductal adenocarcinoma
- No prior systemic therapy for metastatic disease
- No prior adjuvant gemcitabine or nab-paclitaxel
- ECOG performance status 0 or 1
- Adequate organ function



Primary Endpoint

- Progression-free survival (PFS)

Secondary Endpoints

- Overall survival
- ORR, DoR, BOR
- Clinical benefit rate at 24 weeks
- CA 19-9 kinetics
- Safety



~40,000 addressable patients per year in the US¹

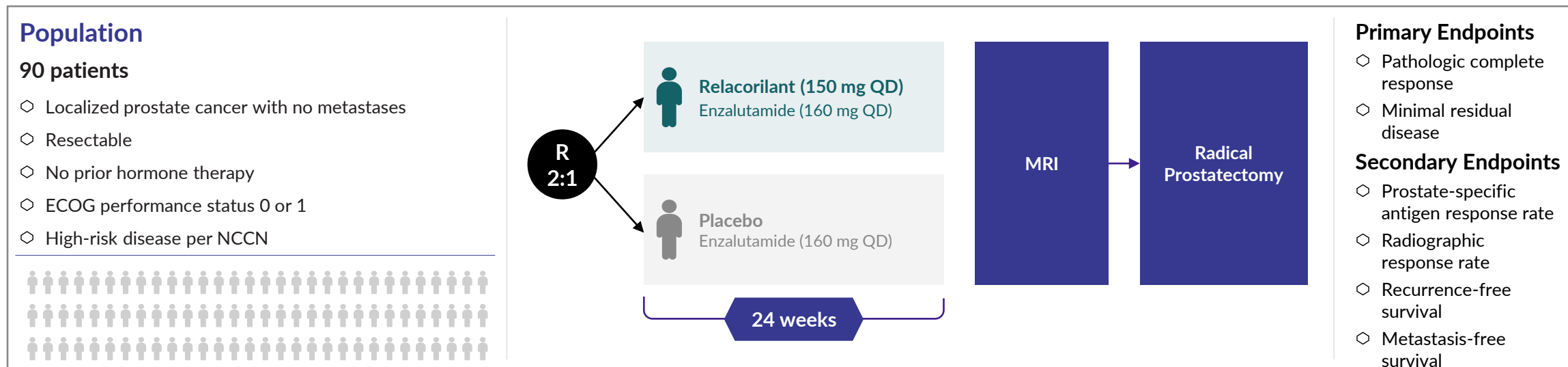


To begin in coming weeks

¹Decision Resources Group.

BOR, best overall response; CA 19-9, carbohydrate antigen 19-9; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; IV, intravenous; ORR, objective response rate; PO, by mouth; US, United States.

Relacorilant in Combination With Androgen Deprivation Therapy: Phase 2 Trial in Early-Stage Prostate Cancer



~70,000 addressable patients per year in the US¹



Conducted with University of Chicago



Enrollment underway

¹Decision Resources Group.

Principal Investigator: Russell Szmulewitz, in collaboration with University of Chicago, and Astellas; Corcept- and NCCN-funded. ECOG, Eastern Cooperative Oncology Group; IST, investigator-sponsored trial; MRI, magnetic resonance imaging; NCCN, National Comprehensive Cancer Network; OHSU, Oregon Health & Science University; QD, daily; UChicago, University of Chicago; US, United States; UTSW, University of Texas Southwestern.

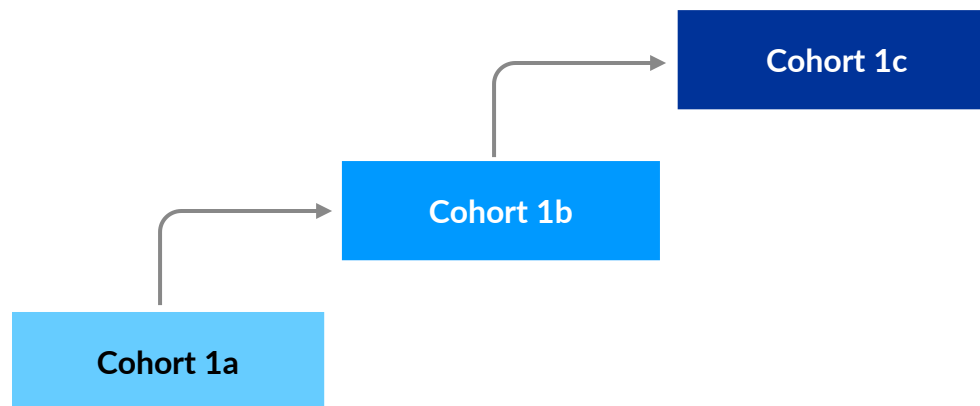


Nenocorilant in Combination With Immunotherapy: Phase 1b Dose Finding Study in Solid Tumors

Key Eligibility Criteria

- ◇ Advanced solid malignancies
- ◇ ECOG performance status 0 or 1
- ◇ No history of a severe autoimmune disease
- ◇ No grade ≥ 3 irAEs due to prior anti-PD(L)1
- ◇ No ongoing requirement for glucocorticoid treatment
- ◇ Evaluable disease per RECIST v 1.1 (measurable disease not required)

Dose Finding (10 patients per cohort)



Primary Endpoints

- ◇ DLTs, AEs, SAEs
- ◇ Discontinuations and dose modifications
- ◇ Determine MTD and/or optimal dose/schedule for further exploration of nenocorilant in combination with anti-PD1

Secondary Endpoints

- ◇ Efficacy
- ◇ Pharmacokinetics
- ◇ QTc Interval



>200,000 patients receive immunotherapies for solid tumors per year in the US¹



To begin in coming weeks

¹EvaluatePharma; Association of Cancer Care Centers.

AE, adverse event; DLT, dose-limiting toxicity; IND, Investigational New Drug; irAE, immune-related adverse event; MTD, maximum tolerated dose; PD-L1, programmed cell death ligand 1; QTc, corrected QT; RECIST, Response Evaluation Criteria in Solid Tumors; SAE, serious adverse event; US, United States.



THANK YOU

