Corcept THERAPEUTICS

April 2026

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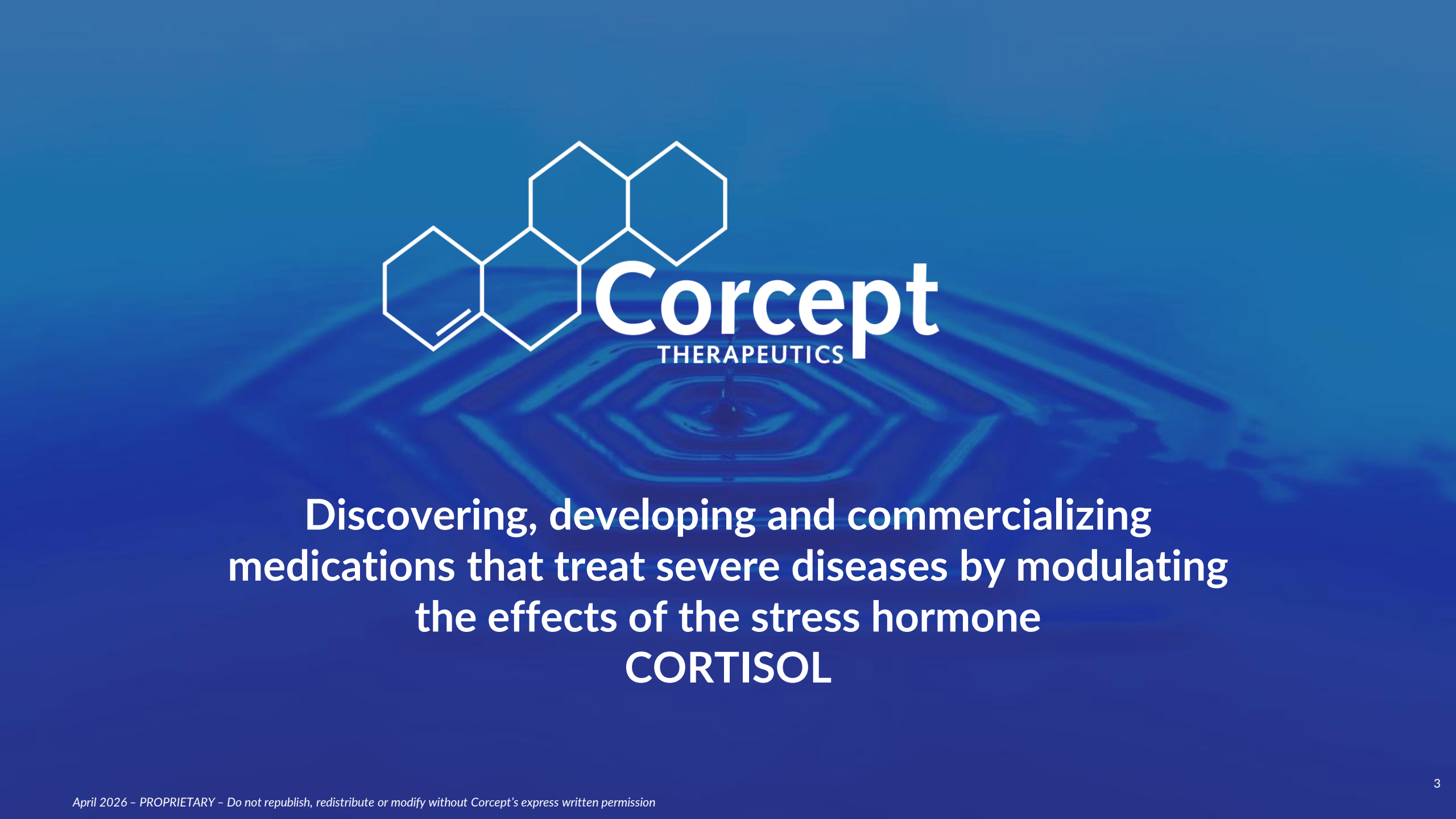
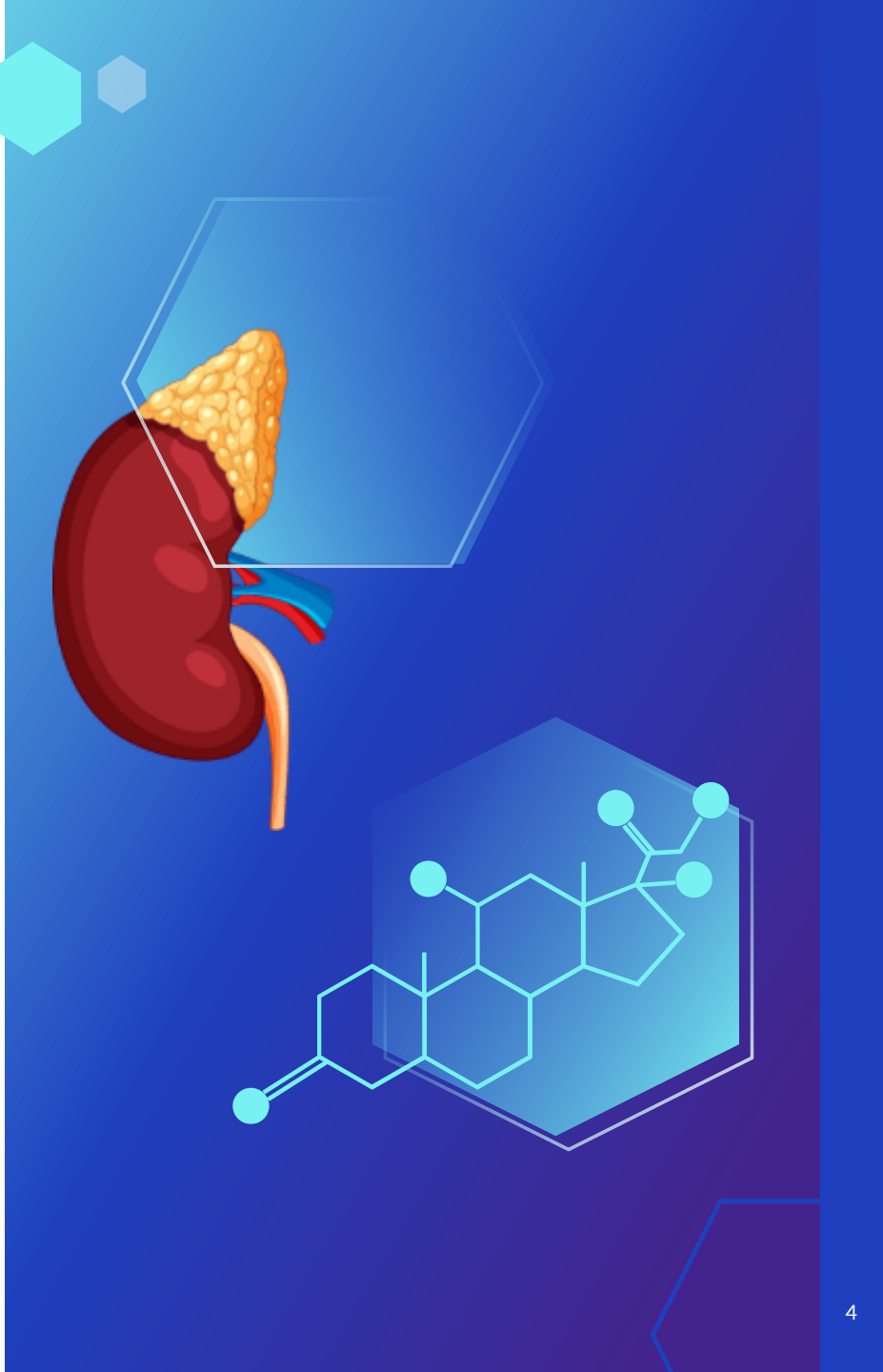


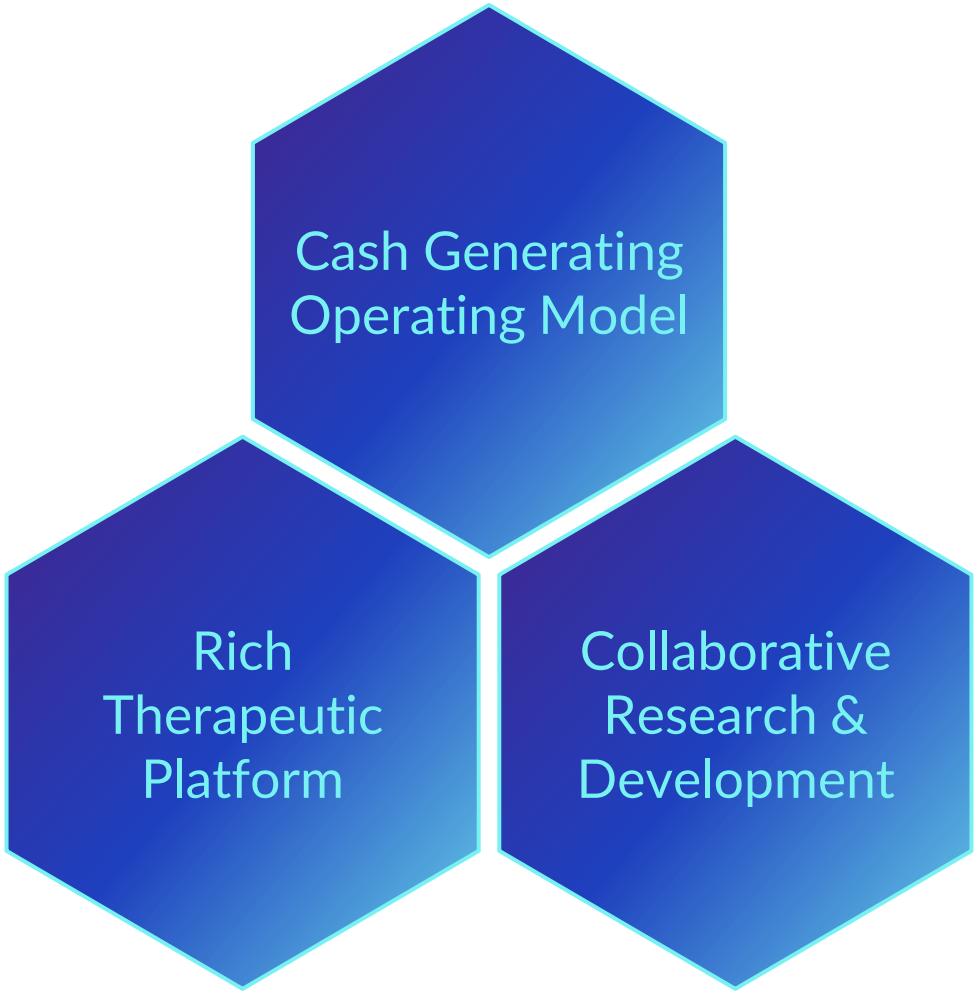

# Discovering, developing and commercializing medications that treat severe diseases by modulating the effects of the stress hormone CORTISOL

# Cortisol – The Stress Hormone

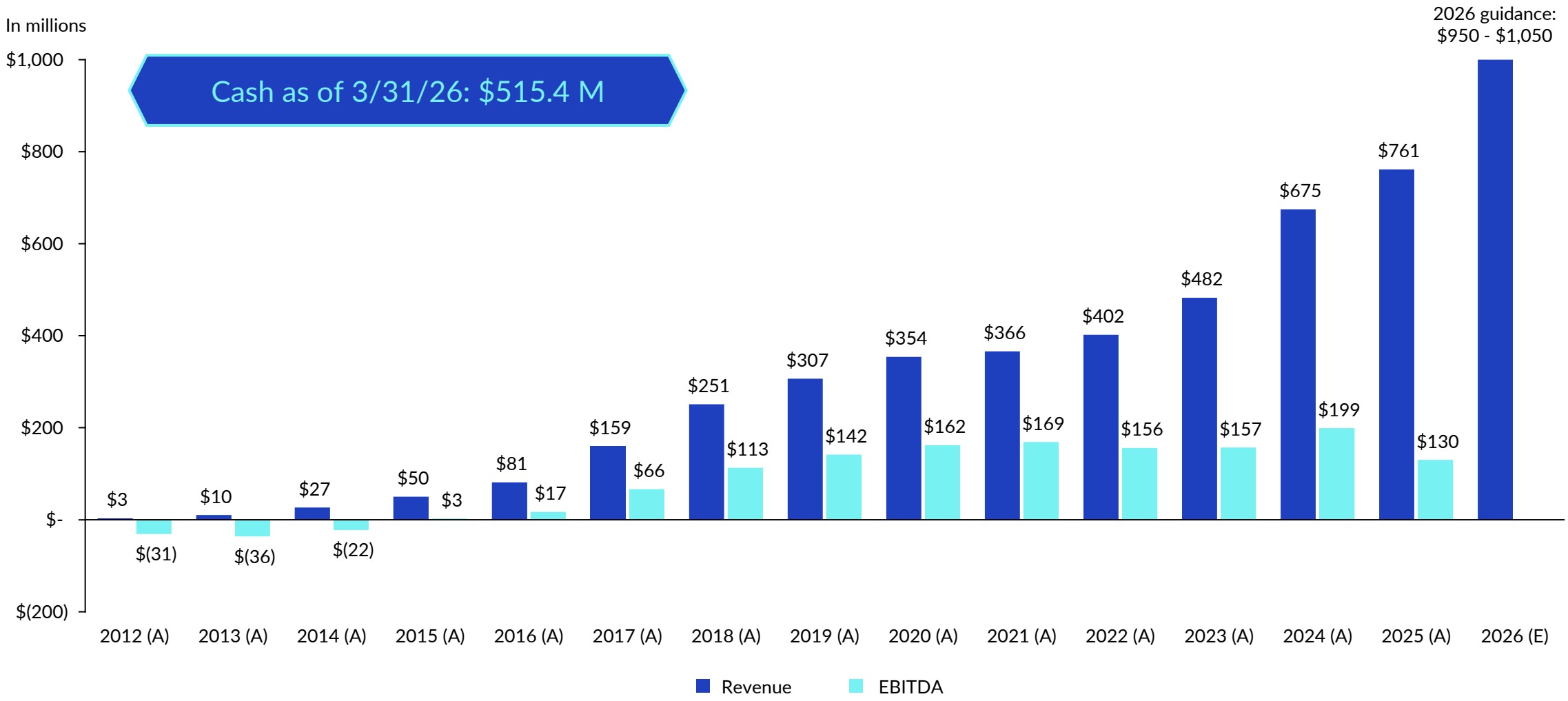
- Essential for life
  - Produced by the adrenal glands
  - Diurnal rhythm
  - Binds to receptors found in nearly every tissue type
- Excess cortisol activity causes and exacerbates serious diseases
- Korlym® and our proprietary next-generation selective cortisol modulators compete with cortisol at the glucocorticoid receptor
- None of our selective cortisol modulators bind to the progesterone receptor
  - They are not identical; individual compounds are more potent in different diseases



# Corcept's Model for Growth



# Cash Generating Operating Model




EBITDA: operating income plus stock-based compensation and depreciation & amortization.

# Rich Therapeutic Platform – Hypercortisolism (Cushing's Syndrome)

| Study | Compound | Stage of Development / Status |
|---|---|---|
| **GRACE**<br>(all etiologies of Cushing's syndrome) | Relacorilant | Pivotal Phase 3 / Results published in *The Lancet Diabetes & Endocrinology* in February 2026 |
| **GRADIENT**<br>(Cushing's syndrome caused by adrenal adenomas) | Relacorilant | Phase 3 / Results presented at AACE annual meeting in May 2025 |
| **Long-term extension study**<br>(GRACE, GRADIENT and Phase 2 studies) | Relacorilant | Phase 3 / Results presented at WCIRDC in December 2024 |
| **CATALYST**<br>(hypercortisolism in patients with difficult-to-control type 2 diabetes) | Korlym | Phase 4 / Results published in *Diabetes Care* in December 2025 and referenced in March 2026 update of AACE diabetes guideline |
| **MOMENTUM**<br>(hypercortisolism in patients with resistant hypertension) | | Prevalence study / Results presented at ACC annual meeting in March 2026 |

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AAC: American College of Cardiology; AACE: Association of Clinical Endocrinology; WCIRDC: World Congress on Insulin Resistance, Diabetes and Cardiovascular Disease.

# Rich Therapeutic Platform – Oncology

| Study | Compound | Stage of Development / Status |
|---|---|---|
| **Combination with Chemotherapy** | | |
| **ROSELLA** (platinum-resistant ovarian cancer) | Relacorilant + nab-paclitaxel | Lifyorli™ (relacorilant) approved by FDA for treatment of PROC in March 2026 and added to NCCN Guidelines® as a preferred regimen in April 2026; MAA approval expected by year-end 2026<br><br>Phase 3 ROSELLA trial / Complete results presented at SGO annual meeting in April 2026 with simultaneous publication in *The Lancet* |
| **BELLA Part A** (platinum-resistant ovarian cancer) | Relacorilant + nab-paclitaxel + bevacizumab | Phase 2 / Enrollment completed; Results expected by year-end 2026 |
| **BELLA Part B** (platinum-sensitive ovarian cancer) | Relacorilant + nab-paclitaxel + bevacizumab | Phase 2 / Enrolling; Results expected by year-end 2027 |
| **BELLA Part C** (endometrial cancer) | Relacorilant + nab-paclitaxel | Phase 2 / Enrolling; Results expected by year-end 2027 |
| **STELLA** (cervical cancer) | Relacorilant + nab-paclitaxel | Phase 2 / Collaboration with ARCAGY-GINECO; Results expected by year-end 2027 |
| **TRIDENT** (pancreatic cancer) | Relacorilant + nab-paclitaxel + gemcitabine | Phase 2 / Enrolling; Results expected by year-end 2027 |
| **Combination with Immunotherapy** | | |
| **SYNERGY** (solid tumors) | Nenocorilant + nivolumab | Phase 1b / Enrolling; Results expected by year-end 2027 |
| **Combination with Androgen Deprivation Therapy** | | |
| Prostate cancer | Relacorilant + enzalutamide | Phase 2 / Enrolling; Collaboration with the University of Chicago |

FDA: Food and Drug Administration; MAA: Marketing Authorization Application; NCCN: National Comprehensive Cancer Network; PROC: platinum-resistant ovarian cancer; SGO: Society of Gynecologic Oncology.

# Rich Therapeutic Platform – Liver Disease and Neurology

| Study | Compound | Stage of Development / Status |
|---|---|---|
| **Liver Disease** | | |
| **MONARCH**<br>(MASH) | Miricorilant | Phase 2b / Enrollment completed<br>Results expected by year-end 2026 |
| **Neurology** | | |
| **DAZALS**<br>(ALS) | Dazucorilant | Phase 2 DAZALS trial / Results presented at ENCALS annual meeting in June 2025<br>Phase 3 trial / Expected to begin later this year |

ALS: amyotrophic lateral sclerosis; ENCALS: European Network to Cure ALS; MASH: metabolic dysfunction-associated steatohepatitis.

# Hypercortisolism (Cushing's Syndrome)

- Highly morbid orphan disease
- Hypercortisolism is caused by a tumor that produces cortisol or ACTH

Patients suffer a wide array of complications including:

- Diabetes
- Osteoporosis
- Hypertension
- Immune suppression
- Central obesity
- Altered mood
- Muscle weakness
- Cognitive dysfunction

ACTH: adrenocorticotropic hormone.

# Cushing's Syndrome: Significant Unmet Need

- Nonspecific signs and symptoms can hinder screening and diagnosis
- Surgery is the first-line treatment; 50% success rate; tumors not always found
- Associated with substantial cardiometabolic morbidity, 4–5x increased mortality[1–3], and 5–7x increased healthcare costs[4]
- Need for a treatment that addresses the clinical signs and symptoms and improves quality of life without the adverse events associated with current treatments

1) Clayton et al. *J Clin Endocrinol Metab*. 2011. 2) Lindholm et al. *J Clin Endocrinol Metab*. 2001. 3) Etxabe et al. *Clin Endocrinol*. 1994. 4) Burton et al. *Pituitary*. 2016.

# Screening and Treatment of Patients with Hypercortisolism and Difficult-to-Control Type 2 Diabetes

## CATALYST

**Randomized, double-blind, placebo-controlled, Phase 4 trial**

### Part 1

Examined the prevalence of hypercortisolism in 1,057 patients with difficult-to-control type 2 diabetes

### Part 2

136 patients with hypercortisolism randomized for treatment with Korlym or placebo for 24 weeks

## Part 1 Results

**23.8% were found to have hypercortisolism**

## Part 2 Results

**Korlym: 1.47% reduction in HbA1c, placebo: 0.15% reduction ($p<0.001$)**

- Significant placebo-adjusted improvements in weight (5.1 kg) and waist circumference (5.1 cm)
- Patients experienced these improvements despite reducing or discontinuing other glucose-lowering medications

**Results published in *Diabetes Care* in December 2025**

**Results referenced in March 2026 AACE diabetes guideline**

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AACE: Association of Clinical Endocrinology; HbA1c: hemoglobin A1c.

# Screening and Treatment of Patients with Hypercortisolism and Resistant Hypertension

## MOMENTUM

Examined the prevalence of hypercortisolism in 1,086 patients with resistant hypertension

Hypercortisolism was found in 27.3% of patients

Results presented at the American College of Cardiology meeting in March 2026

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# Commercial Capabilities Drive Cushing's Syndrome Business

- Deep understanding of Cushing's syndrome
- A highly-skilled, experienced field organization
  - Focused on endocrinologists and diabetologists
  - Clinical specialists
  - Medical science liaisons
- Support for patients
  - Corcept patient advocates
  - Personal service from a specialty pharmacy
  - No patient denied medicine for financial reasons
- Support for physicians
  - Peer-to-peer programs with leading experts
  - Educational materials to help healthcare providers identify and manage patients with Cushing's syndrome

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# Relacorilant: Pivotal Phase 3 GRACE Trial Met Primary Endpoint

## GRACE

### Randomized withdrawal design

**Open-label phase**
152 patients with Cushing's syndrome and either hypertension, hyperglycemia or both received relacorilant for 22 weeks

**Randomized, double-blind withdrawal phase**
Patients who exhibited pre-specified improvements in hypertension and/or hyperglycemia received relacorilant or placebo for 12 weeks

- Primary endpoint: maintenance of blood pressure control

### Open-label phase results

- Clinically meaningful and statistically significant improvements in hypertension, hyperglycemia and other signs and symptoms of Cushing's syndrome

### Randomized withdrawal phase results

- Met primary endpoint
- Patients who received relacorilant maintained their improvements
- Patients who received placebo saw a significant worsening in their signs and symptoms of Cushing's syndrome

**Results published in *The Lancet Diabetes & Endocrinology* in February 2026**

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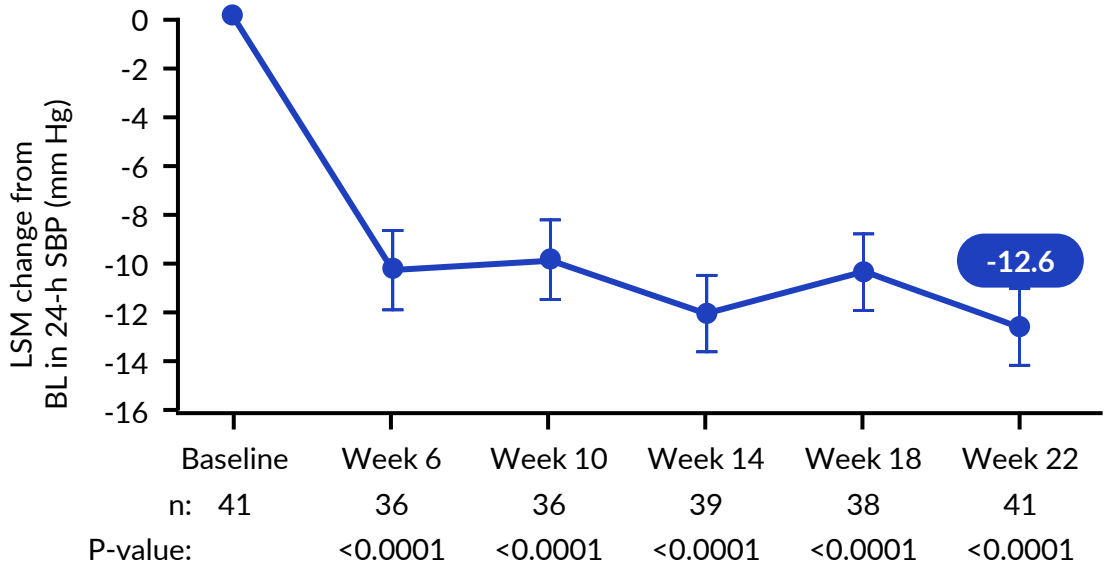
# Open-label GRACE Results: Improvement in Hypertension

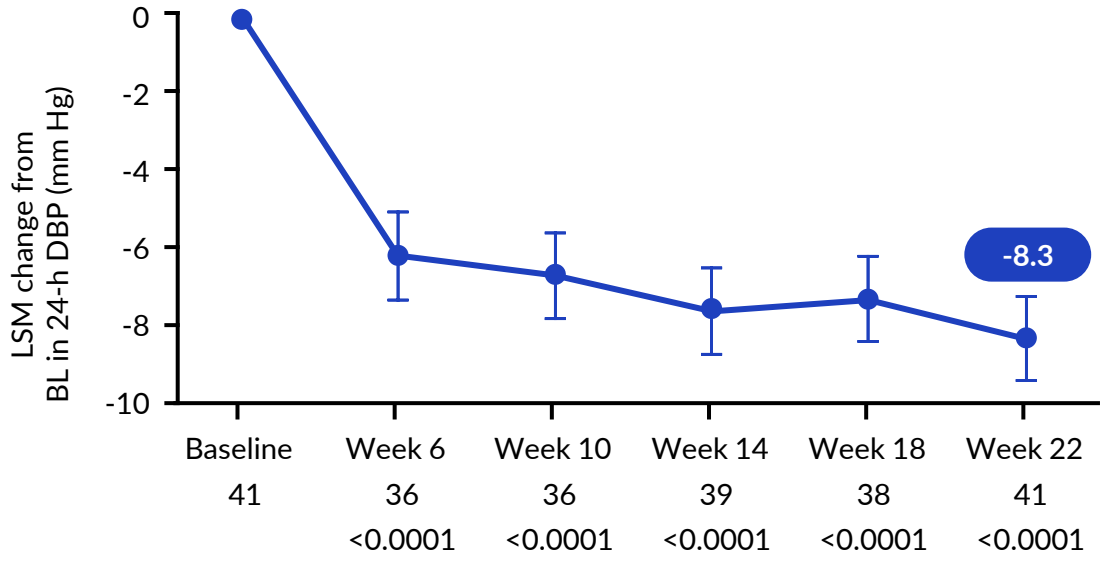
- 63% of patients with hypertension met the study's response criteria
- Patients with hypertension who entered randomized withdrawal phase: mean improvement of 12.6 mm Hg in SBP and 8.3 mm Hg in DBP (p<0.0001)

## Rapid and Sustained Improvements in Blood Pressure by ABPM

### Systolic Blood Pressure




### Diastolic Blood Pressure

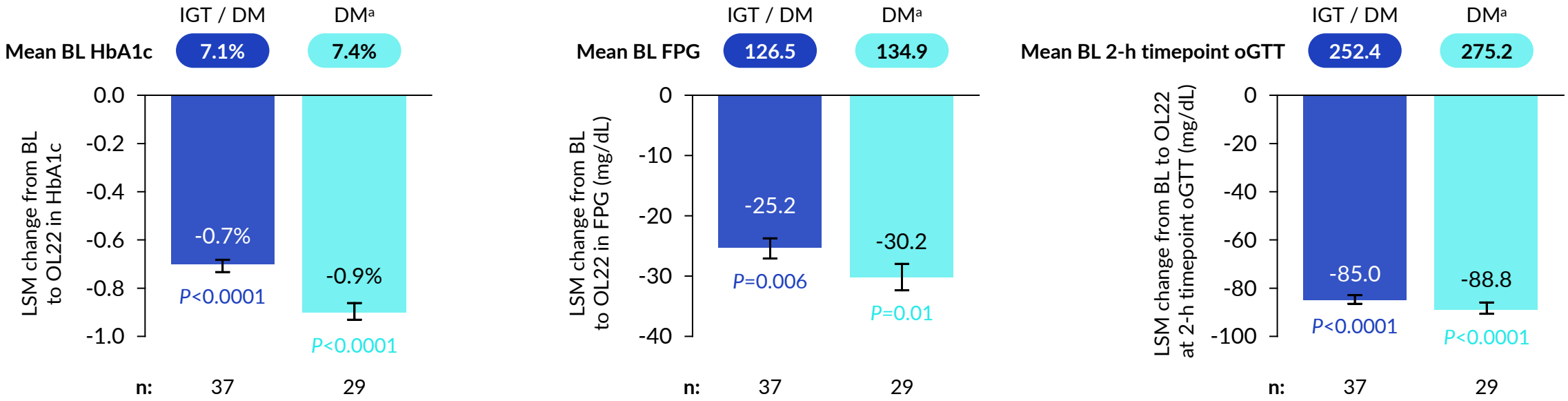



ABPM: ambulatory blood pressure monitoring; BL: baseline; DBP: diastolic blood pressure; LSM: least squares mean; SBP: systolic blood pressure; SE: standard error.
Error bars: SE of the mean. LSM and SE calculated using a linear mixed model for repeated measures (MMRM). Wilcoxon rank sum test p-values for the mean change from baseline shown.

# Open-label GRACE Results: Improvement in Glucose Control

- 50% of patients with hyperglycemia met the study's response criteria
  - Includes patients with diabetes and impaired glucose tolerance (or pre-diabetes)
- Patients with hyperglycemia who entered randomized withdrawal phase: mean improvement of 0.7% in HbA1c (p<0.0001), 25.2 mg/dL in fasting glucose (p=0.006) and 85.0 mg/dL at 2-hour timepoint of oGTT (p<0.0001)

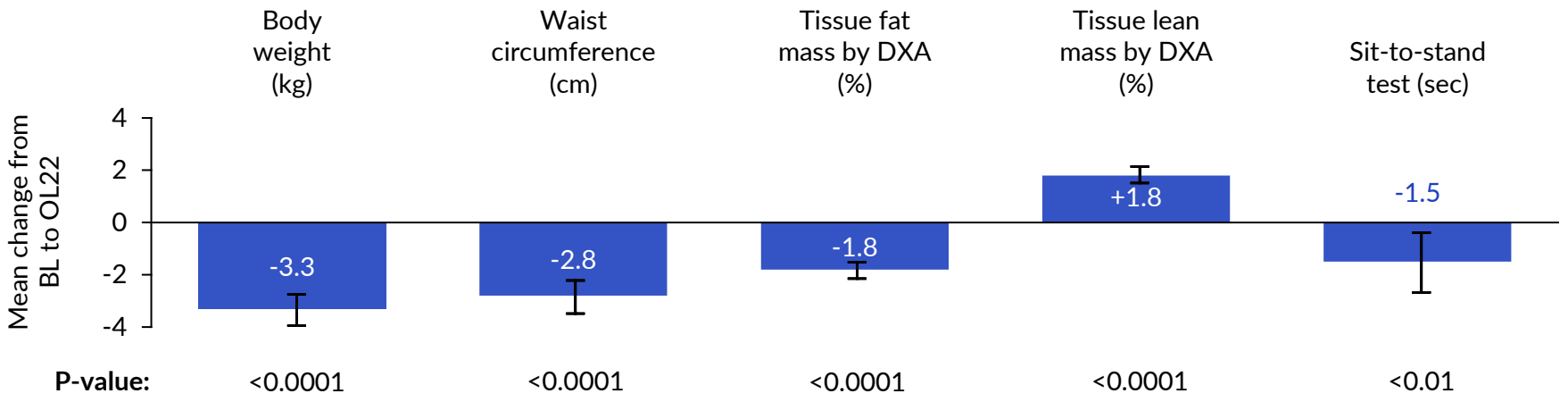
**Greater Improvements in Glucose Parameters in Patients with Diabetes**



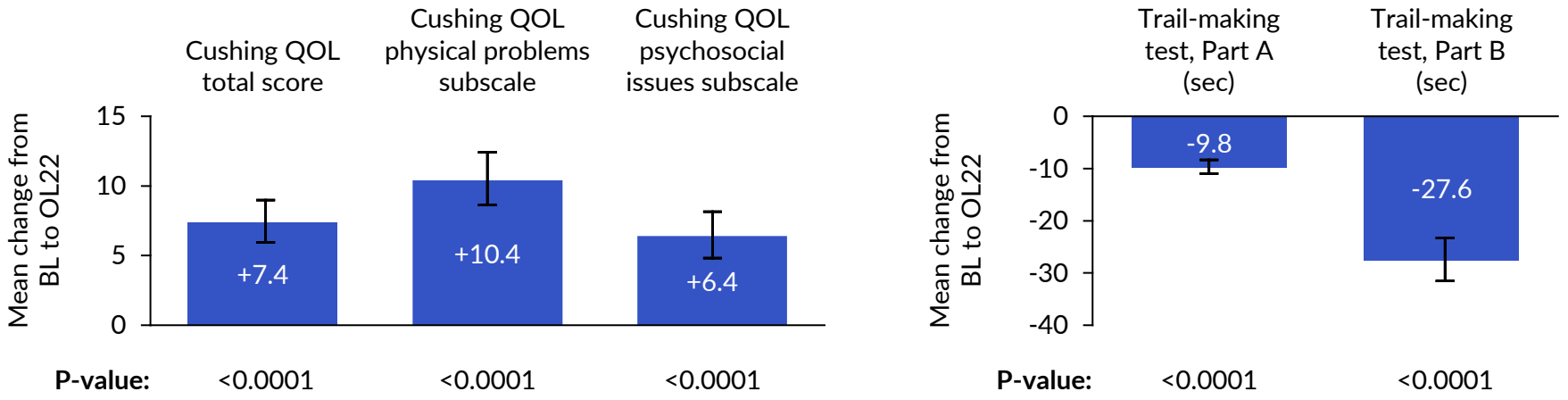

[a]Diabetes defined as fasting plasma glucose ≥126 mg/dL, 2-h oGTT plasma glucose ≥200 mg/dL, or HbA1c ≥6.5%.
BL: baseline; DM: diabetes mellitus; HbA1c: hemoglobin A1c; FPG: fasting plasma glucose; IGT: impaired glucose tolerance; LSM: least squares mean; oGTT: oral glucose tolerance test; OL: open label; SE: standard error. Error bars: SE of the mean. LSM and SE calculated using a linear mixed model for repeated measures (MMRM). Wilcoxon rank sum test P-values for the mean change from baseline shown.

# Open-label GRACE Results: Significant Improvements in Body Composition, Quality of Life and Cognitive Assessments

Significant improvements in body composition with relacorilant




Significant improvements in quality of life and cognitive assessments with relacorilant




BL: baseline; DXA: Dual Energy X-Ray Absorptiometry; OL: open label; QOL: quality of life. Error bars: Standard deviation. Wilcoxon rank sum test P-values for the mean change from baseline shown.

# Randomized Withdrawal GRACE Results: Primary Endpoint Met

- Significantly more patients receiving placebo lost hypertension control compared to those who continued to receive relacorilant
  - Odds ratio = 0.17 for relacorilant vs. placebo (p=0.02)
  - Patients receiving relacorilant were 5.9x more likely to maintain their blood pressure response
- Patients continuing relacorilant treatment maintained the broad range of improvements observed in the open-label phase
- Patients in the placebo group experienced a significant worsening of their symptoms

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# Relacorilant: Phase 3 GRADIENT Trial Design

## GRADIENT

Multi-center, randomized, double-blind, placebo-controlled, 22-week study

137 patients with Cushing's syndrome caused by adrenal adenomas

### Primary endpoint

Improvement compared to placebo in systolic blood pressure

### Secondary endpoints

Improvement compared to placebo in hyperglycemia, weight and body composition

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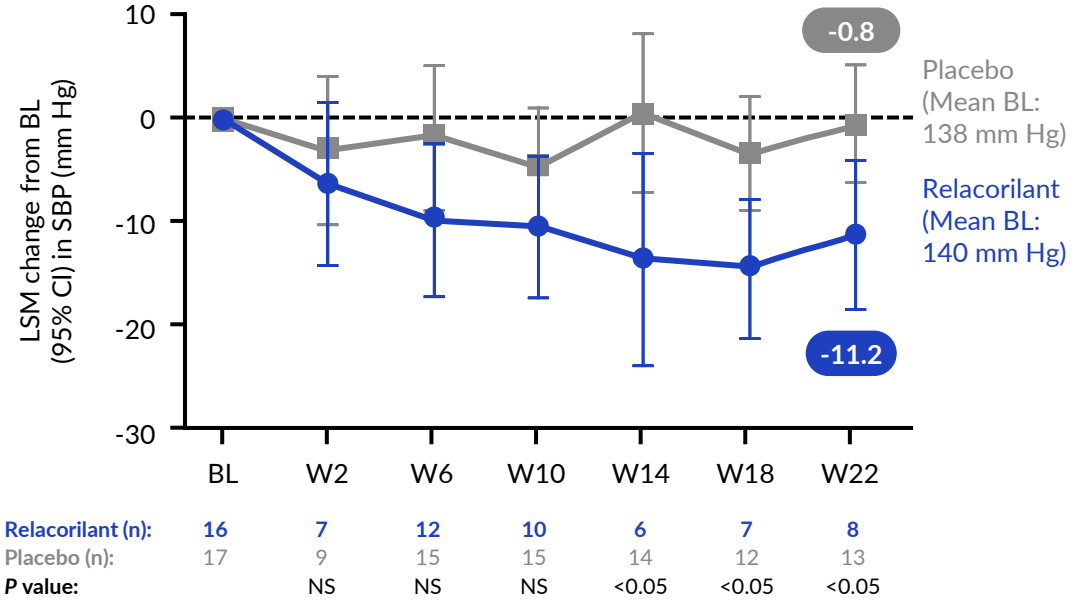
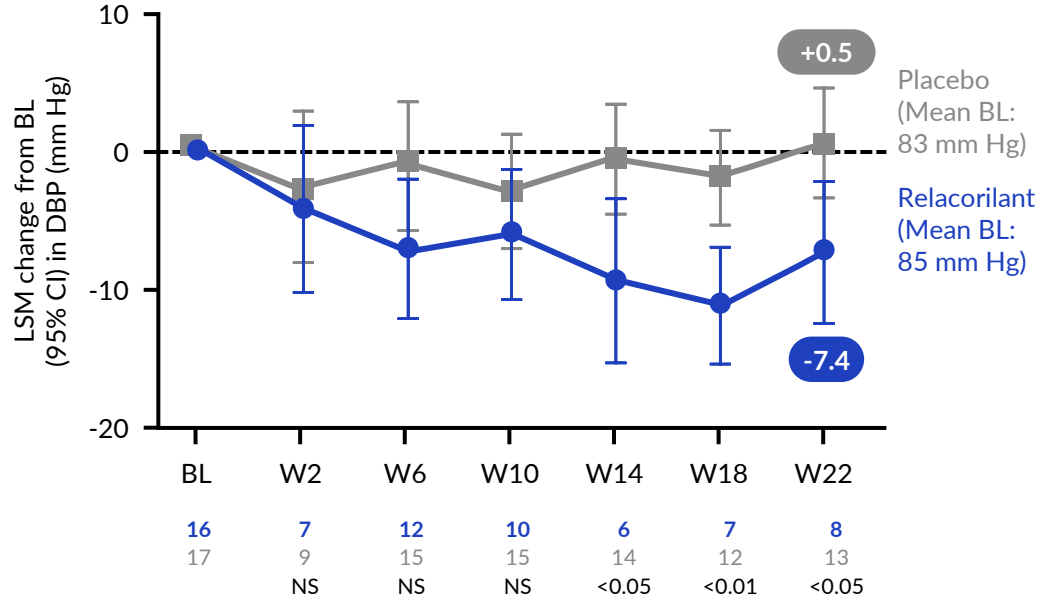
# GRADIENT Results Support Findings from Pivotal GRACE Trial

- Improvements in hypertension at 22 weeks as measured by 24-h ABPM (patients with hypertension and elevated LNSC or UFC):




- Improvements in hyperglycemia at 22 weeks (patients with hyperglycemia):
  - Relacorilant significantly better than placebo: fasting glucose (p=0.002), AUCglucose (p=0.046) and HbA1c (p=0.019)
- Improvements in weight (3.9 kg; p=0.0001) and body composition (visceral adipose fat mass (p=0.018) and volume (p=0.016)) compared to placebo at 22 weeks

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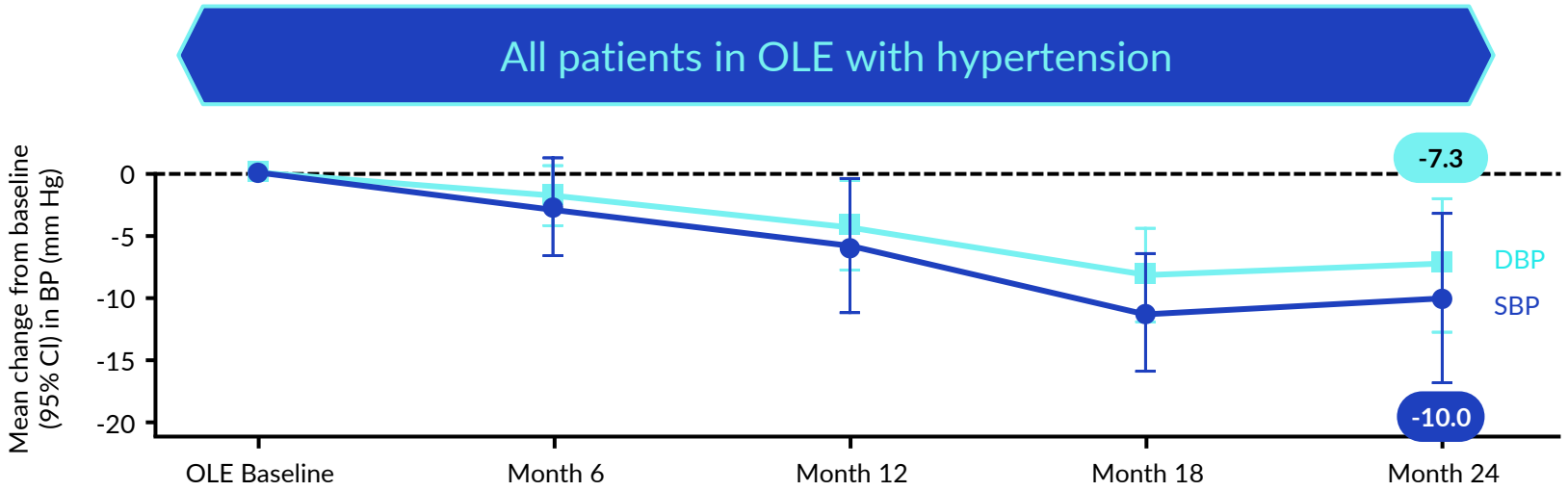
24-h ABPM: 24-hour ambulatory blood pressure monitoring; AUC: area under the curve; BL: baseline; CI: confidence interval; DBP: diastolic blood pressure; HbA1c: hemoglobin A1c; LNSC: late-night salivary cortisol; LSM: least-squares mean; NS: not significant; SBP: systolic blood pressure; UFC: urinary free cortisol; W: week.

# Phase 3 Long-Term Extension Study of Relacorilant Demonstrates Durable Cardiometabolic Benefits

- Enrolled 116 patients from GRACE, GRADIENT or Phase 2 study of relacorilant in Cushing's syndrome
- Relacorilant was well-tolerated; treatment duration up to seven years
- Patients in the extension study experienced further improvement in blood pressure while maintaining response in other cardiometabolic measures such as glycemic control and body weight
- At month 24 of the study, patients exhibited clinically meaningful and statistically significant reductions in mean SBP (10.0 mm Hg; p=0.012) and mean DBP (7.3 mm Hg; p=0.016) compared to entry into the extension study

**Average 24-h Blood Pressure (by ABPM)**




| | OLE Baseline | Month 6 | Month 12 | Month 18 | Month 24 |
|---|---|---|---|---|---|
| n: | 69 | 44 | 32 | 16 | 10 |
| P-value SBP: | | 0.034 | 0.039 | 0.0004 | 0.012 |
| P-value DBP: | | 0.111 | 0.023 | 0.001 | 0.016 |

ABPM: ambulatory blood pressure monitoring; BP: blood pressure; CI: confidence interval; DBP: diastolic blood pressure; OLE: open-label extension; SBP: systolic blood pressure.

# Relacorilant Safety Results

In all its studies, relacorilant has been well-tolerated, consistent with its known safety profile

No progesterone related side effects (including endometrial hypertrophy and drug-induced vaginal bleeding)

No relacorilant-induced:

- Hypokalemia
- Adrenal insufficiency
- QT prolongation

# Relacorilant for Cushing's Syndrome

## Regulatory Status

- Complete Response Letter received on PDUFA date of December 30, 2025

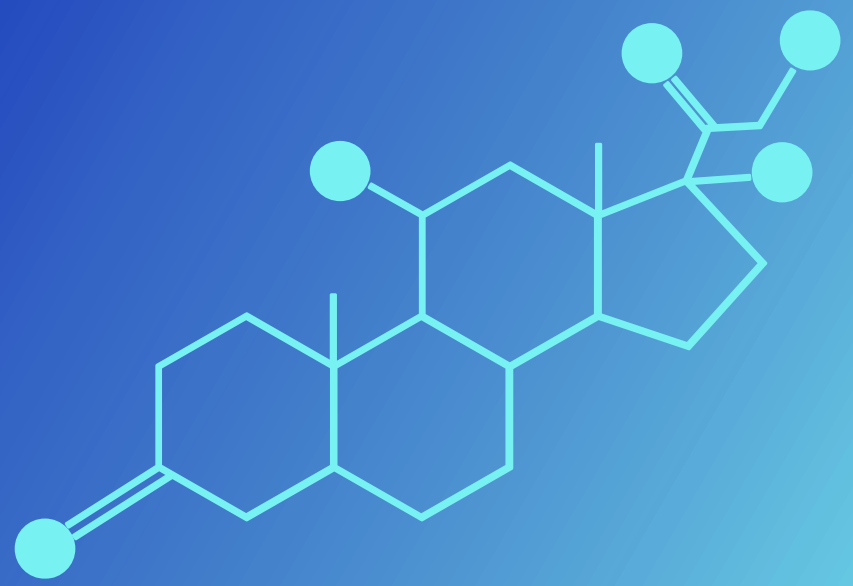
## Intellectual Property

- Composition of matter patent extending to 2038
- Method of use, formulation and manufacturing patents extending to 2040

PDUFA: Prescription Drug User Fee Act.

# Corcept: What's Next?

## Cortisol Modulation is a Rich Therapeutic Platform



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# Cortisol Modulation's Therapeutic Potential

## HYPERCORTISOLISM
*Fleseriu (2012); Pivonello (2021); Buse (2025); DeFronzo (2025), Pivonello (2026)*

## OVARIAN CANCER
*Colombo (2023); Olawaiye (2025); Lorusso (2026)*

## PROSTATE CANCER
*Kapoor (2012); Ligr (2012)*

## TRIPLE-NEGATIVE BREAST CANCER
*Nanda (2011); Skor (2013); Chen (2025)*

## NON-SMALL CELL LUNG CANCER
*Check (2010)*

## ANTIPSYCHOTIC-INDUCED WEIGHT GAIN
*Beebe (2006); Gross (2009); Gross (2010); Belanoff (2011); Asagami (2011)*

## LIVER DISEASE
*Targher (2006); Ahmed (2012)*

## OBESITY
*Vicennati (2009)*

## DIABETES
*Chiodini (2007)*

## POST TRAUMATIC STRESS DISORDER
*Pitman (2010)*

## ALCOHOL DEPENDENCE
*Higley (2011)*

## ALZHEIMER'S DISEASE
*Huang (2009); Canet (2025)*

## AMYOTROPHIC LATERAL SCLEROSIS
*Meyer (2020); Meyer (2024); Esperante (2025)*

## HUNTINGTON'S DISEASE
*Dufour (2019)*

## HYPERTENSION
*Frey (2004); Hammer (2006); Chamarthi (2007); Inada (2008)*

## OSTEOPOROSIS
*Kaltsas (2002); Chiodini (2007)*

## CENTRAL SEROUS RETINOPATHY
*Nielsen (2007)*

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# Lifyorli (relacorilant) Plus Nab-Paclitaxel (Chemotherapy): First Oncology Approval, March 2026


FDA U.S. FOOD & DRUG ADMINISTRATION

← Home / Drugs / Development & Approval Process | Drugs / Drug Approvals and Databases / Resources for Information | Approved Drugs / FDA approves relacorilant with nab-paclitaxel for platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer

## FDA approves relacorilant with nab-paclitaxel for platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer

On March 25, 2026, the Food and Drug Administration approved relacorilant (Lifyorli, Corcept Therapeutics Inc.), a glucocorticoid receptor antagonist, in combination with nab-paclitaxel for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens, at least one of which included bevacizumab.

FDA: Food and Drug Administration.

# Commercial Capabilities Drive Oncology Business

- Deep oncology expertise
- A highly-skilled, experienced field organization
  - Focused on gynecologic oncologists and medical oncologists
- Broad range of patient support services
- Added to NCCN Guidelines for platinum-resistant ovarian cancer as a preferred regimen in April 2026

HCP: Healthcare professional; NCCN: National Comprehensive Cancer Network.

# Corcept Oncology Program: Mechanism of Action and Approach

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

## Mechanism of Action

### Apoptosis

Cortisol is anti-apoptotic

### Immunosuppression

Cortisol suppresses the immune system

### Growth Pathway

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

## Approach

### Combination With Chemotherapy

### Combination With Immunotherapy

### Combination With Androgen Deprivation Therapy

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# Combination With Chemotherapy: Advanced and Validated

## Phase 1

### Phase 1 dose-finding study in solid tumors

- Relacorilant + nab-paclitaxel chemotherapy demonstrated anti-tumor activity across multiple solid tumor types, including ovarian cancer

## Phase 2

### Phase 2 trial in platinum-resistant ovarian cancer

- 178-patient, randomized, controlled study
- Relacorilant + nab-paclitaxel improved PFS and OS compared to nab-paclitaxel monotherapy
- Safety comparable to nab-paclitaxel monotherapy

## Pivotal Phase 3

### Pivotal Phase 3 ROSELLA trial in 381 patients with platinum-resistant ovarian cancer

- Met PFS primary endpoint
  - Results presented at ASCO in June 2025 with simultaneous publication in *The Lancet*
- Met OS primary endpoint
  - Results presented at SGO in April 2026 with simultaneous publication in *The Lancet*
- MAA under review; approval expected by year-end 2026

No biomarker testing required

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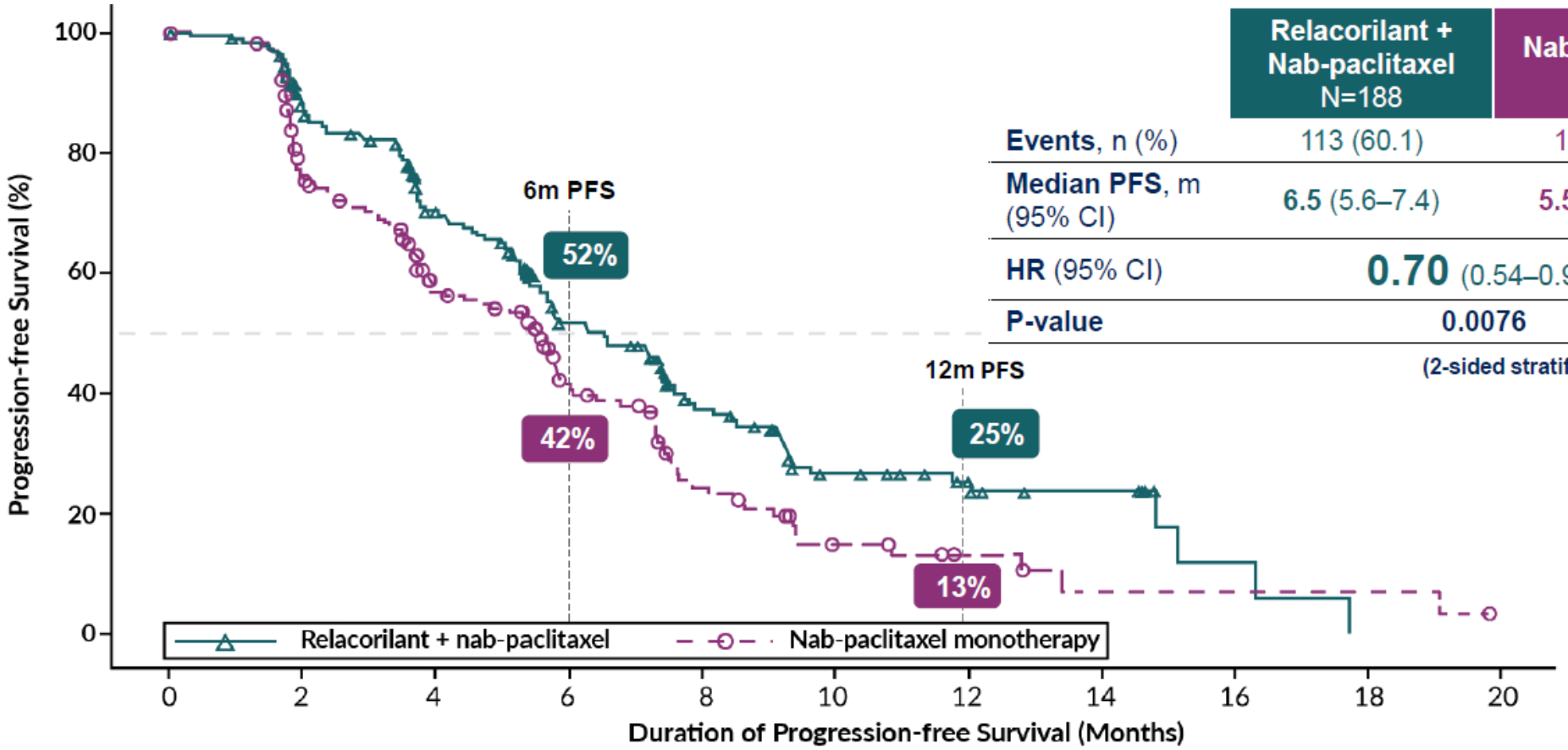
ASCO: American Society of Clinical Oncology; MAA: Marketing Authorization Application; OS: overall survival; PFS: progression-free survival; SGO: Society of Gynecologic Oncology.

# ROSELLA Results: PFS Primary Endpoint Met

## Relacorilant significantly improved progression-free survival




| | Relacorilant + Nab-paclitaxel N=188 | Nab-paclitaxel N=193 |
|---|---|---|
| **Events**, n (%) | 113 (60.1) | 121 (62.7) |
| **Median PFS**, m (95% CI) | **6.5** (5.6–7.4) | **5.5** (3.9–5.9) |
| **HR** (95% CI) | **0.70** (0.54–0.91) | |
| **P-value** | **0.0076** | |

**(2-sided stratified log-rank test)**

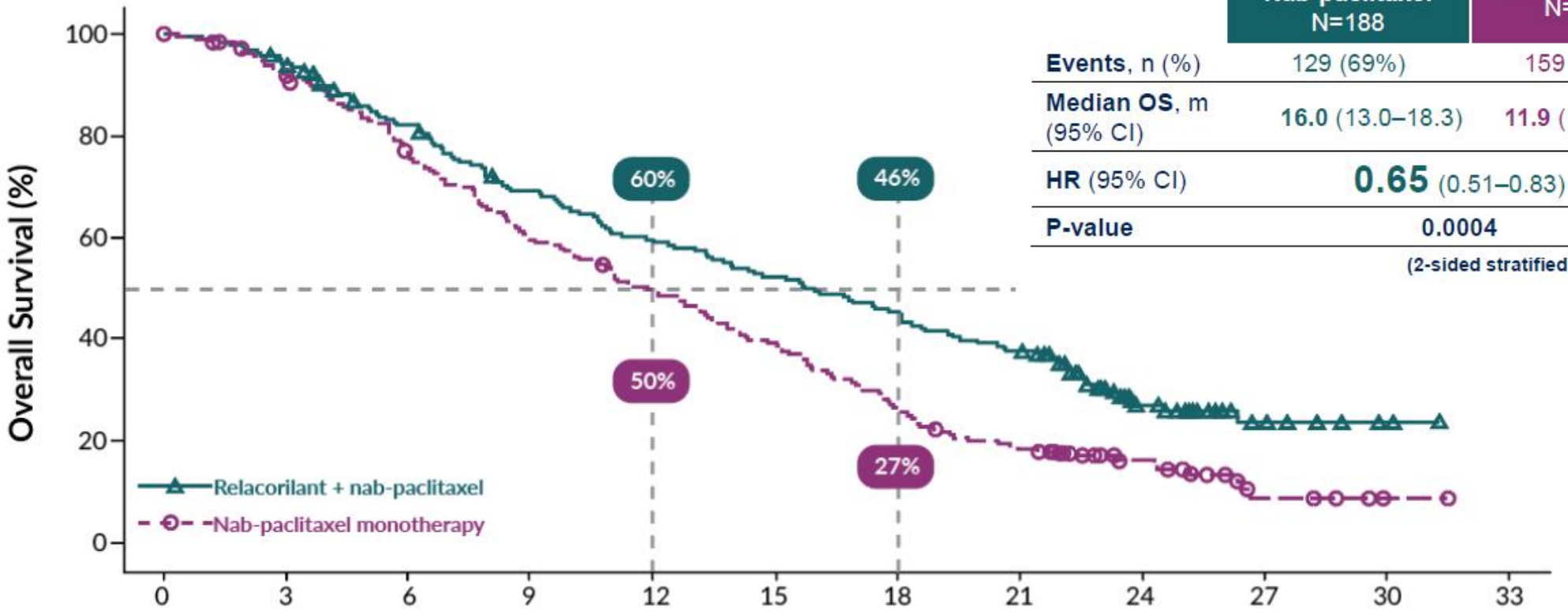
No. at risk (events/cumulative events)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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) |

Data cutoff: Feb 24, 2025; median follow-up time: 9.0 months; statistical significance threshold: P≤0.04. The Kaplan–Meier method was used to estimate the curves, median estimates and the 95% CIs for PFS in each treatment arm. The HR and the associated 95% CI were estimated using a Cox regression model with treatment group as the main effect and stratification factors at randomization as covariates.
CI: confidence interval; HR: hazard ratio; m: months; PFS: progression-free survival.

# ROSELLA Results: Overall Survival Primary Endpoint Met

## Relacorilant significantly improved overall survival at the final analysis




| | Relacorilant + Nab-paclitaxel N=188 | Nab-paclitaxel N=193 |
|---|---|---|
| **Events**, n (%) | 129 (69%) | 159 (82%) |
| **Median OS**, m (95% CI) | **16.0** (13.0–18.3) | **11.9** (10.0–13.8) |
| **HR** (95% CI) | **0.65** (0.51–0.83) | |
| **P-value** | **0.0004** | |

**(2-sided stratified log-rank test)**
76% maturity

**Number at risk (events/cumulative events)**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Relacorilant + nab-paclitaxel | 188 (0/0) | 176 (11/11) | 148 (22/33) | 123 (23/56) | 106 (17/73) | 93 (13/86) | 81 (12/98) | 67 (14/112) | 28 (15/127) | 10 (2/129) | 3 (0/129) | 0 (0/129) |
| Nab-paclitaxel monotherapy | 193 (0/0) | 173 (15/15) | 142 (28/43) | 110 (32/75) | 91 (18/93) | 72 (19/112) | 49 (23/135) | 33 (15/150) | 18 (3/153) | 5 (6/159) | 1 (0/159) | 0 (0/159) |

Data cutoff: Jan 8, 2026; median follow-up time: 24.8 months; statistical significance threshold at the final analysis: P≤0.0499. The Kaplan–Meier method was used to estimate the curves, median estimates and the 95% CIs for OS in each treatment arm. The HR and the associated 95% CI were estimated using a Cox regression model with treatment group as the main effect and stratification factors at randomization as covariates.
CI: confidence interval; HR: hazard ratio; m: months; OS: overall survival.

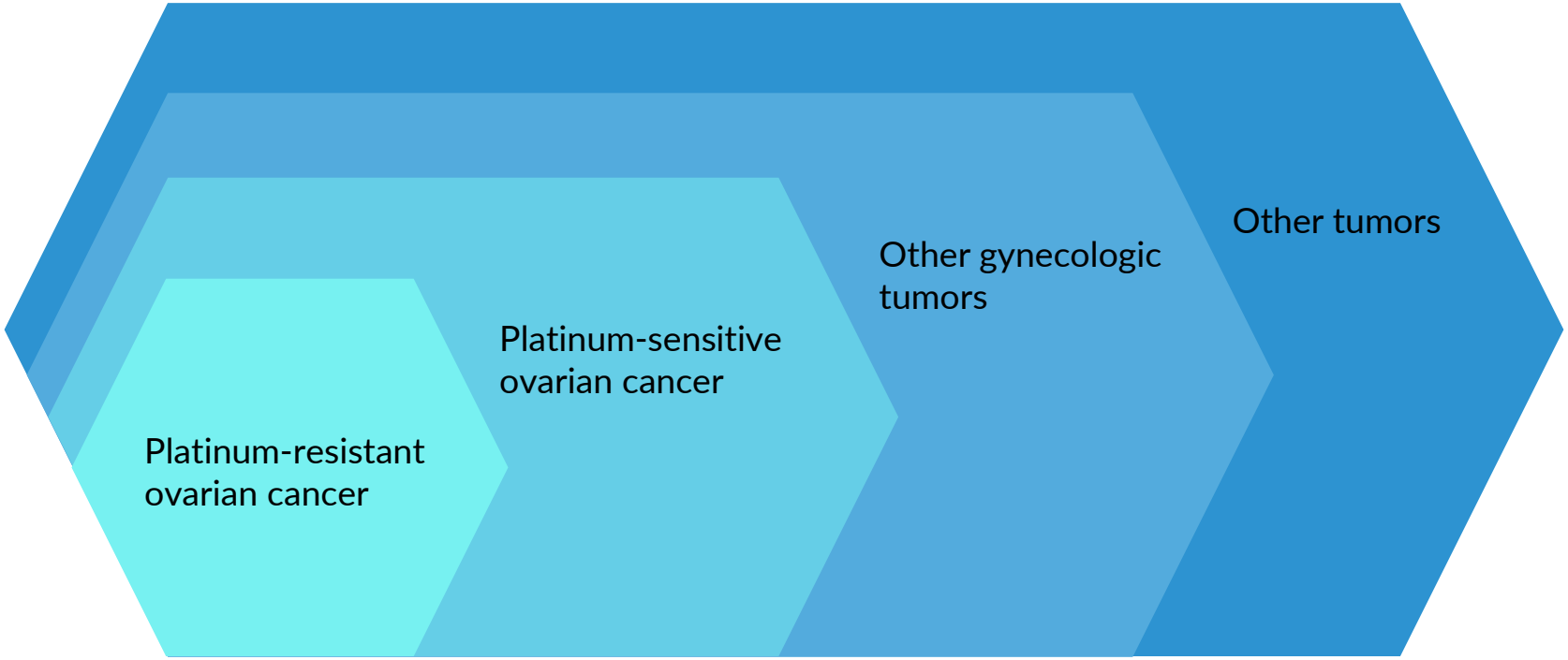
# ROSELLA Results: Well-Tolerated Safety Profile

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

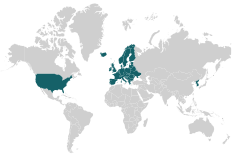


# Relacorilant in Combination With Chemotherapy: BELLA Part A Phase 2 Trial in Platinum-Resistant Ovarian Cancer (PROC)

## Population

**95 patients**

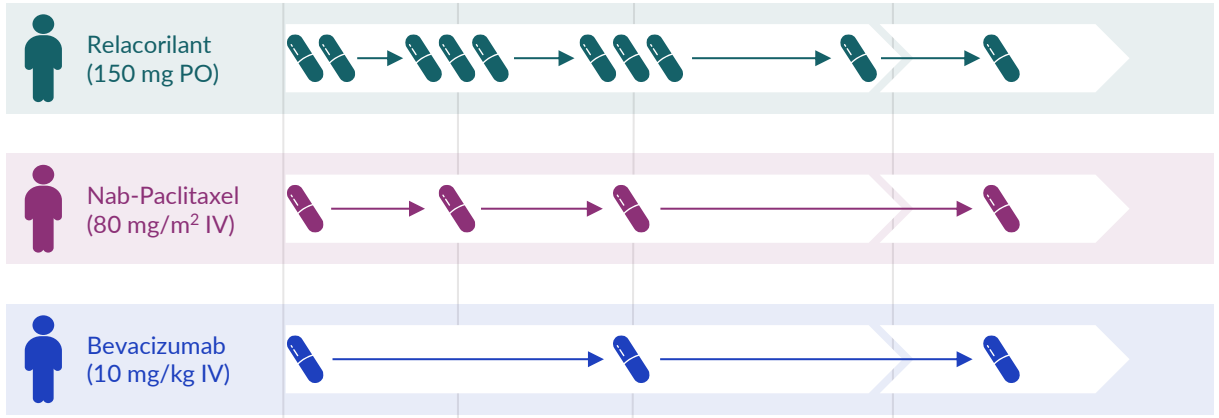
- Epithelial ovarian, primary peritoneal or fallopian tube cancer
- Progression <6 months after the last dose of platinum therapy
- ECOG performance status 0 or 1
- 1 to 3 prior lines of therapy
- Suitable for bevacizumab
- Eligible irrespective of prior bevacizumab



**Conducted at 45 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 US[1]**

**Results expected by year-end 2026**

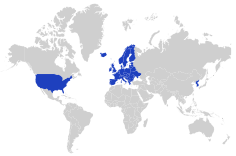
[1]Decision Resources Group.
BOR: best overall response; CBR: clinical benefit rate; DoR: duration of response; ECOG: Eastern Cooperative Oncology Group; EU: European Union; IV: intravenous; ORR: objective response rate; PO: by mouth; US: United States.

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

## Population

**90 patients**

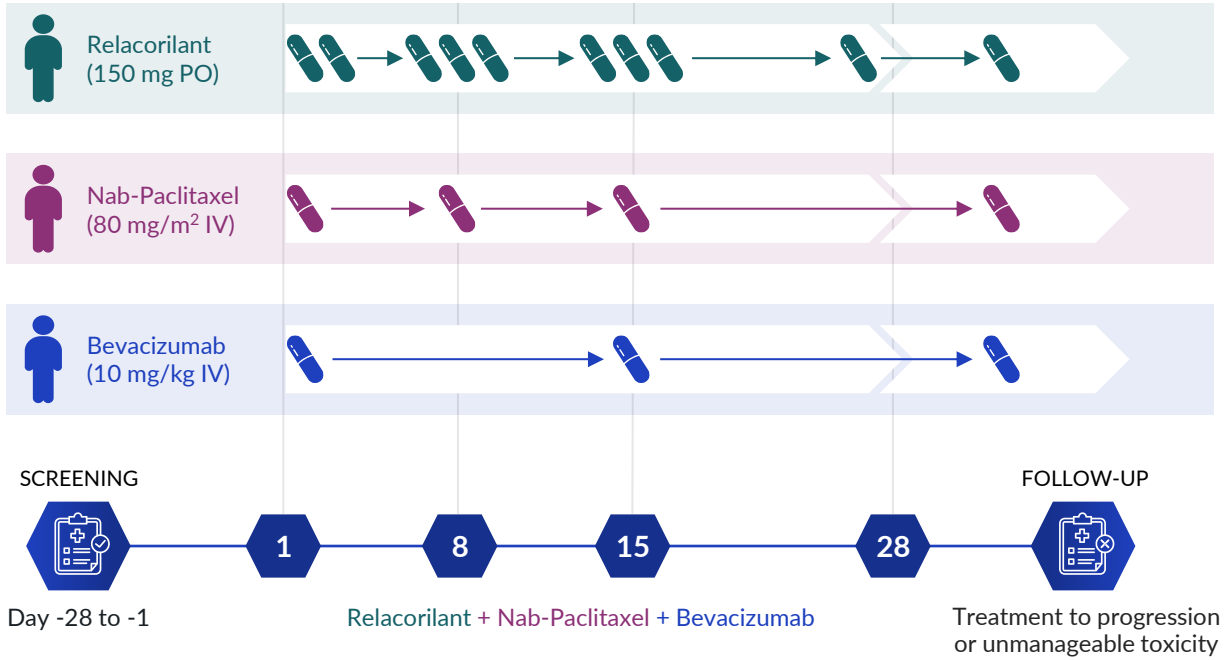
- Epithelial ovarian, primary peritoneal or fallopian tube cancer
- Platinum-sensitive ovarian cancer with progression while on a PARP inhibitor
- ECOG performance status 0 or 1
- 1 to 3 prior lines of therapy
- Suitable for bevacizumab



**Conducted at 45 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 US[1]**

**Enrollment continues; results expected by year-end 2027**

[1]Decision 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(adensosine 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

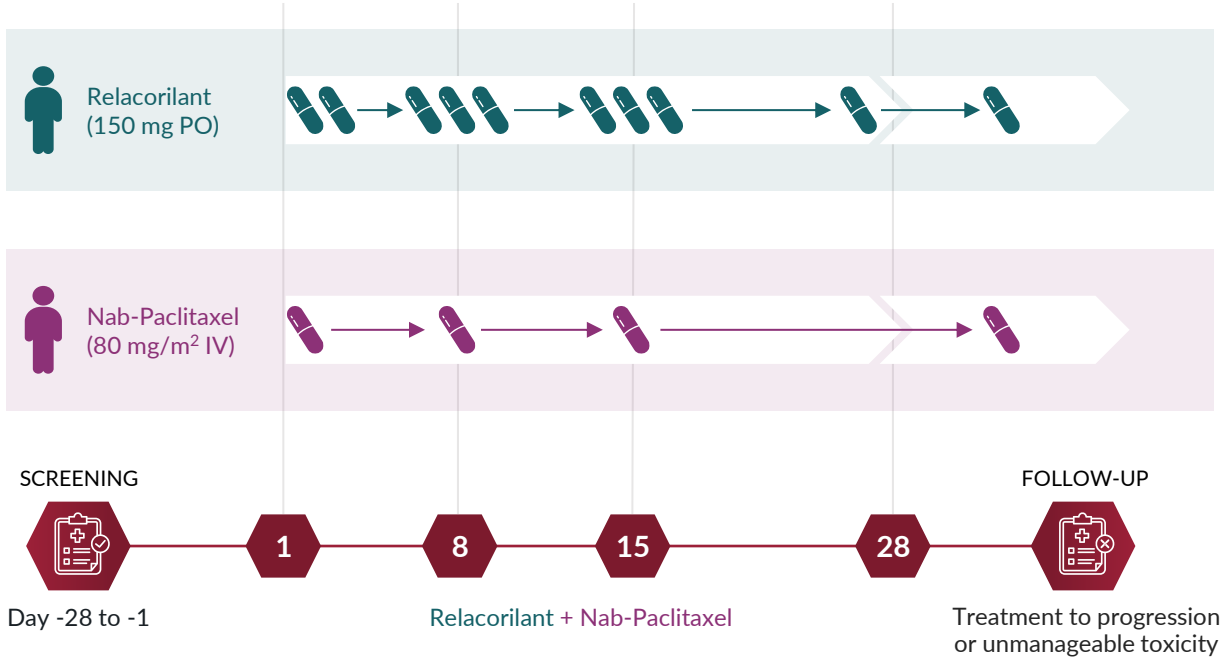
**90 patients**

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

Conducted at 45 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 US[1]

Enrollment continues; results expected by year-end 2027

[1]Decision 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.

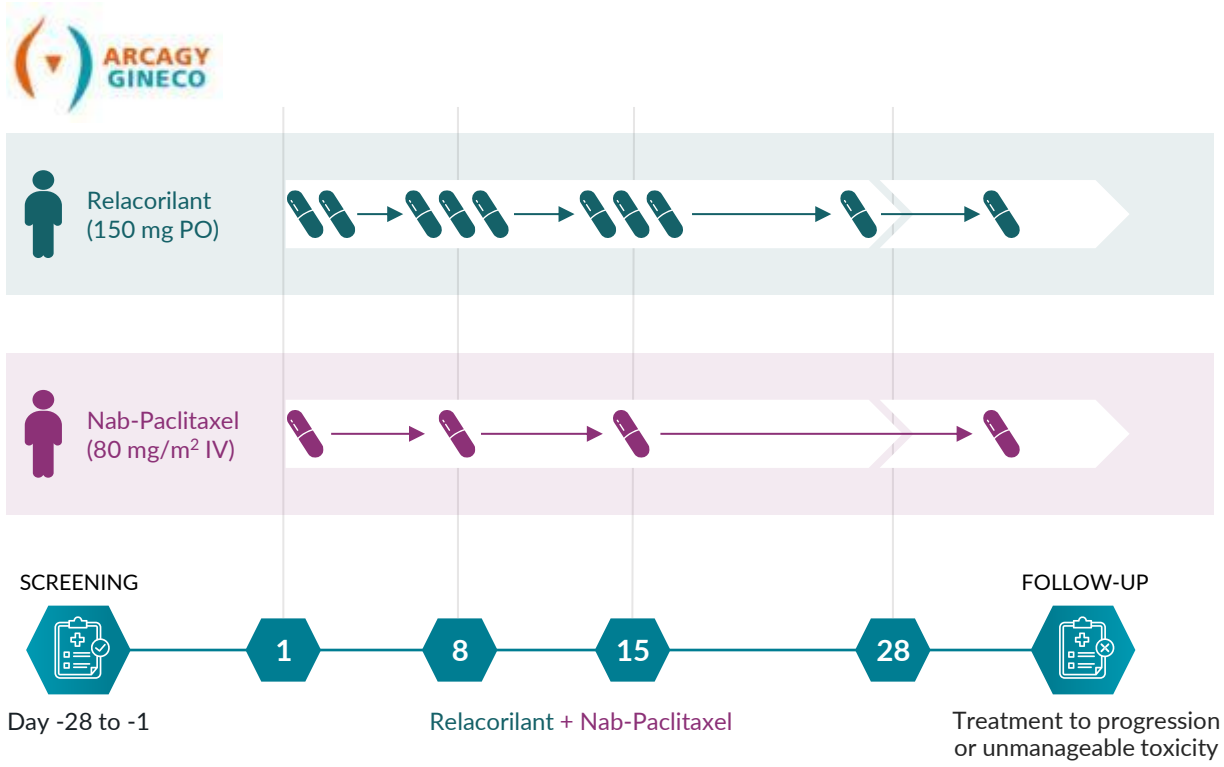
# Relacorilant in Combination With Chemotherapy: STELLA Phase 2 Trial in 2/3L Cervical Cancer

## 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

## Secondary Endpoints

- Overall survival
- ORR, DoR, CBR
- Safety

**~5,000 addressable patients per year in the US[1]**

**Conducted with ARCAGY-GINECO**

**Initiated; results expected by year-end 2027**

[1]Decision 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.

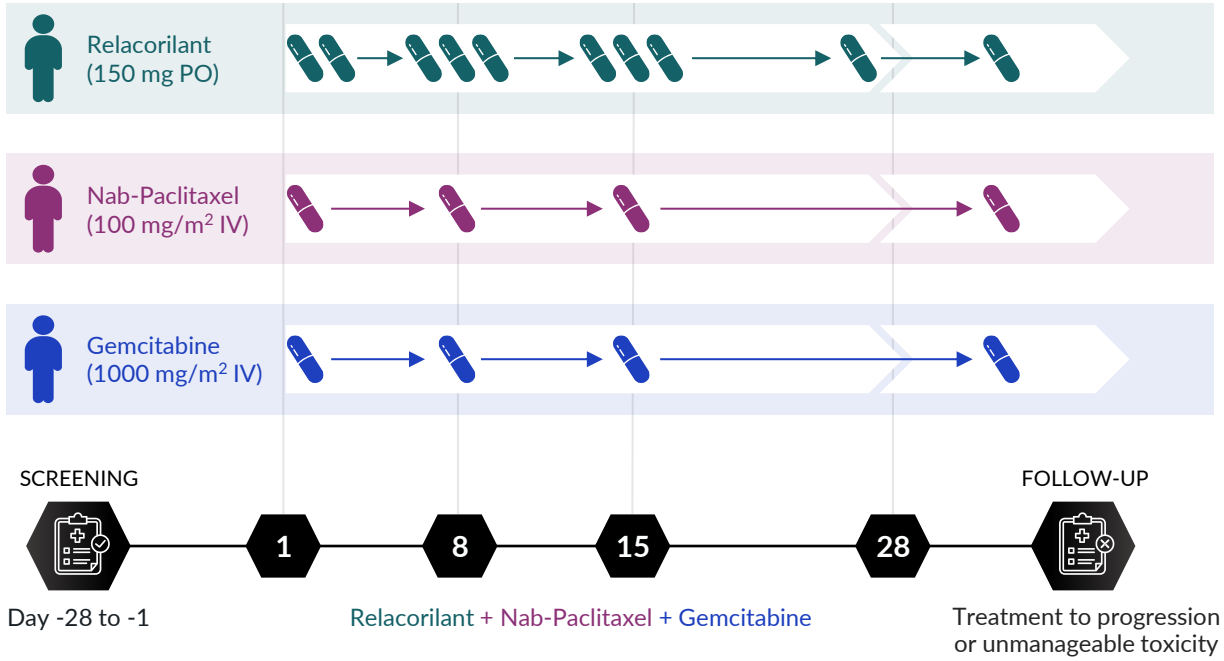
# Relacorilant in Combination With Chemotherapy: TRIDENT Phase 2 Trial in 1L Pancreatic Cancer

## 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

## 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 US[1]**

**Enrollment continues; results expected by year-end 2027**

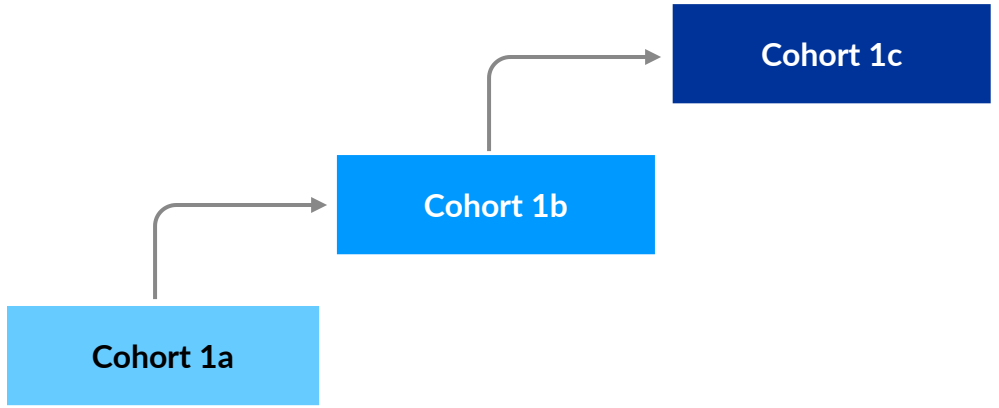
[1]Decision Resources Group.
BOR: best overall response; CA 19-9: carbohydrate antigen 19-9; DoR: duration of response; ECOG: Eastern Cooperative Oncology Group; IV: intravenous; ORR: objective response rate; PO: by mouth; US: United States.

# Nenocorilant in Combination With Immunotherapy: SYNERGY 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 US[1]**

**Enrollment continues; results expected by year-end 2027**

[1]EvaluatePharma; Association of Cancer Care Centers.
AE: adverse event; DLT: dose-limiting toxicity; ECOG: Eastern Cooperative Oncology Group; 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.

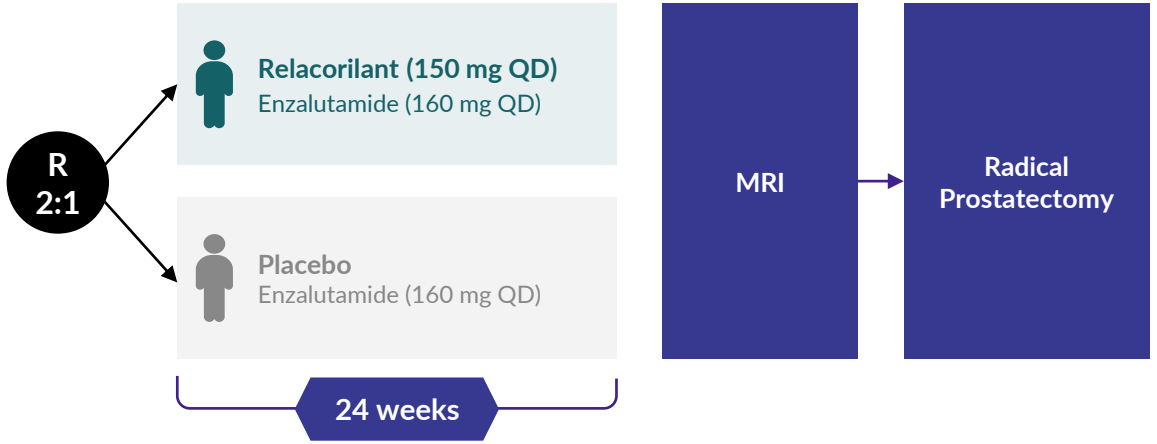
# Relacorilant in Combination With Androgen Deprivation Therapy: Phase 2 Trial in Early-Stage Prostate Cancer

## Population

**90 patients**

- Localized prostate cancer with no metastases
- Resectable
- No prior hormone therapy
- ECOG performance status 0 or 1
- High-risk disease per NCCN






### Primary Endpoints

- Pathologic complete response
- Minimal residual disease

### Secondary Endpoints

- Prostate-specific antigen response rate
- Radiographic response rate
- Recurrence-free survival
- Metastasis-free survival

~70,000 addressable patients per year in the US[1]

Conducted with University of Chicago

Enrollment continues

[1]Decision Resources Group.
Principal Investigator: Russell Szmulewitz, in collaboration with University of Chicago, and Astellas; Corcept- and NCCN-funded.
ECOG: Eastern Cooperative Oncology Group; MRI: magnetic resonance imaging; NCCN: National Comprehensive Cancer Network; QD: daily; US: United States.

# Metabolic Dysfunction-Associated Steatohepatitis (MASH): Significant Unmet Need

- MASH is a severe liver disorder that afflicts many millions of patients globally and increases the risk of liver-related morbidity and mortality

- Heterogeneous disease with few treatment options

# Miricorilant: Promising Phase 1b Results, Phase 2b Trial Results by Year-End 2026

Miricorilant

## Phase 1b trial

Phase 1b results (100 mg miricorilant taken orally twice weekly for 12 weeks)

- ~30% reduction in liver fat
- Improved liver health, including fibrosis
- Very well-tolerated

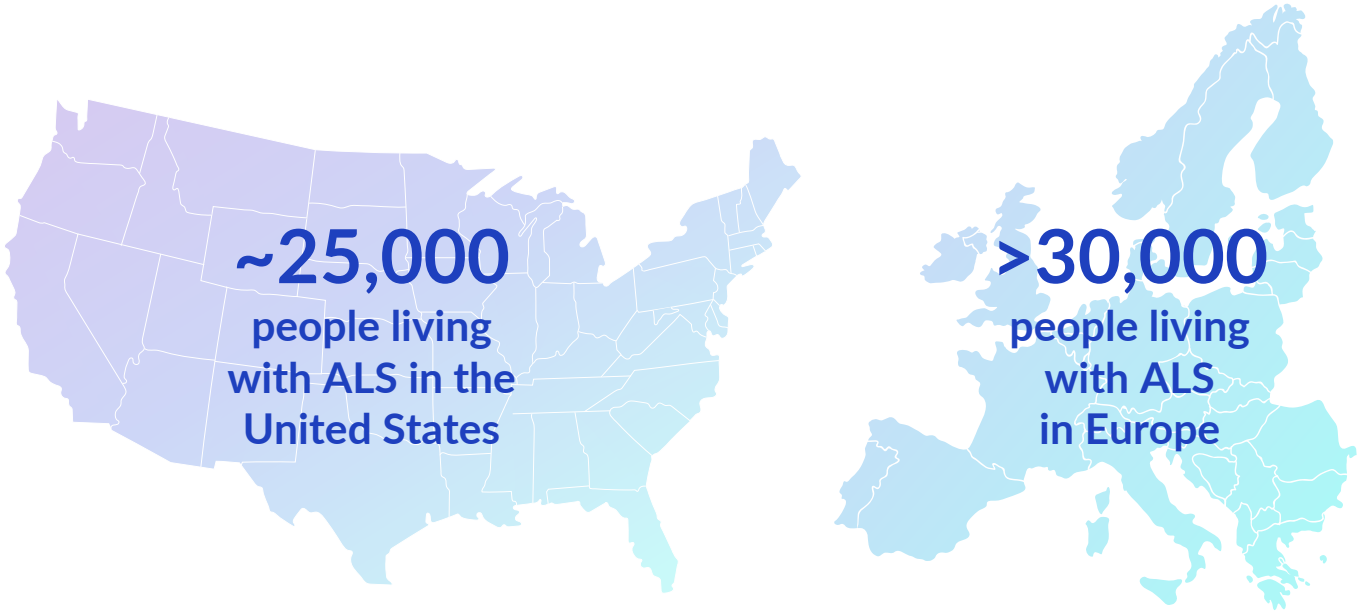
## MONARCH Phase 2b trial

- 175-patient, randomized, double-blind, placebo-controlled study
- Cohort A: patients with biopsy-confirmed MASH, randomized 2:1 to receive either 100 mg of miricorilant twice weekly, or placebo for 48 weeks
  - Primary endpoint: reduction in liver fat
  - Key secondary endpoints: MASH resolution and fibrosis improvement
- Cohort B: patients with presumed MASH, randomized 2:1 to receive miricorilant titrating to 200 mg twice weekly, or placebo for 24 weeks
  - Primary endpoint: reduction in liver fat
- Results expected by year-end 2026

Corcept THERAPEUTICS

MASH: metabolic dysfunction-associated steatohepatitis.

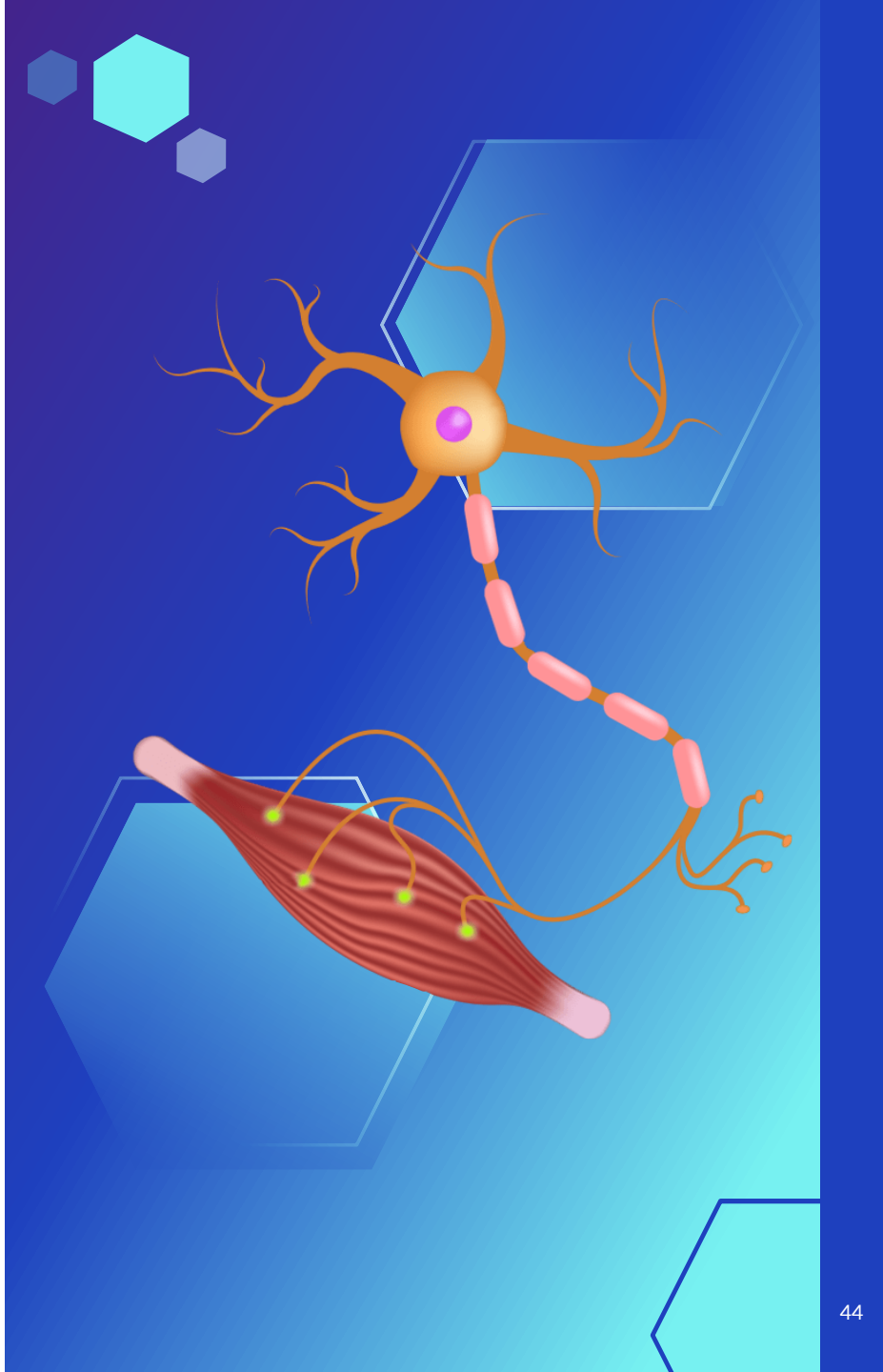
# Amyotrophic Lateral Sclerosis (ALS): Significant Unmet Need




More than **10,000** newly diagnosed each year in the United States and Europe

~Mean survival time of 2-5 years after diagnosis

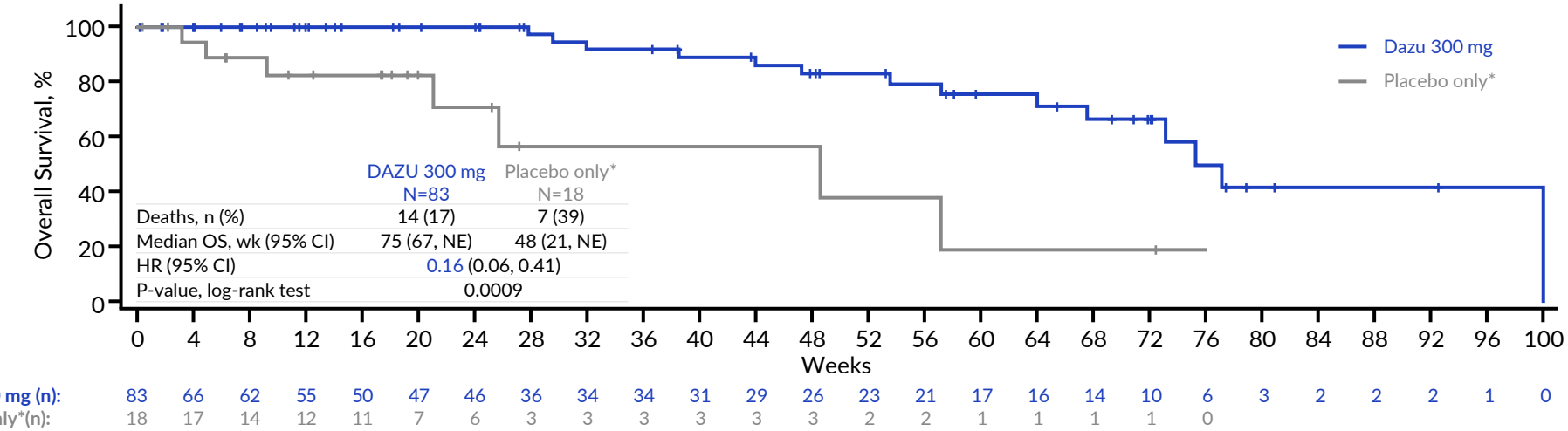
Few treatment options



CDC, ALS Association, International Alliance of ALS-MND Associations.

# Dazucorilant: Promising Phase 2 DAZALS Trial Results, Phase 3 Trial to Begin Later This Year

- 249 patients randomized to 150 mg or 300 mg dazucorilant or placebo for 24 weeks in double-blind, placebo-controlled study
  - Results presented at ENCALS annual meeting in June 2025
- Primary endpoint of improvement in ALSFRS-R was not met
- 84% improvement in overall survival observed at one-year mark (hazard ratio: 0.16; p=0.0009)[1]
  - OS benefit persisted into second year with an 87% reduction in risk of death (hazard ratio: 0.13; p<0.0001)[1]




- Phase 3 trial planned to begin later this year

1. Post-hoc analysis of overall survival, a secondary endpoint. *Placebo-only: patients randomized to placebo who did not enter OLE (did not receive 300 mg DAZU).
ALSFRS-R: ALS Functional Rating Scale-Revised; CI: confidence interval; DAZU: dazucorilant; ENCALS: European Network to Cure ALS; HR: hazard ratio; OLE: open-label extension; OS: overall survival; NE: not evaluable; wk: week.

# Academic Collaborations Inform and Augment Our Development Efforts

## ONCOLOGIC

**Mifepristone Clinical Research:**
- Triple-negative breast cancer
- Prostate cancer

**Mifepristone and/or New Chemical Entity Basic Science Research:**
- Triple-negative breast cancer
- Ovarian cancer
- Prostate cancer
- Vulvar cancer
- Adrenal tumors
- Glioblastoma
- Solid tumors

## OPHTHALMOLOGIC

**Mifepristone Clinical Research:**
- Central serous chorioretinopathy multicenter randomized clinical study

## 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
- Huntington's disease

## METABOLIC

**Mifepristone and/or New Chemical Entity Clinical Research:**
- Type 2 diabetes, randomized trial
- Petrosal sinus sampling
- Prevalence of hidden cortisol excess in type 2 diabetes and obesity
- Glucose homeostasis

**Mifepristone and/or New Chemical Entity Basic Science Research:**
- Hepatic steatosis
- Hypercortisolism
- Metabolic syndrome
- Inflammation
- Metabolic effects of early life stress
- Metabolism and obesity
- Bone formation
- Polycystic ovary syndrome

## PSYCHIATRIC

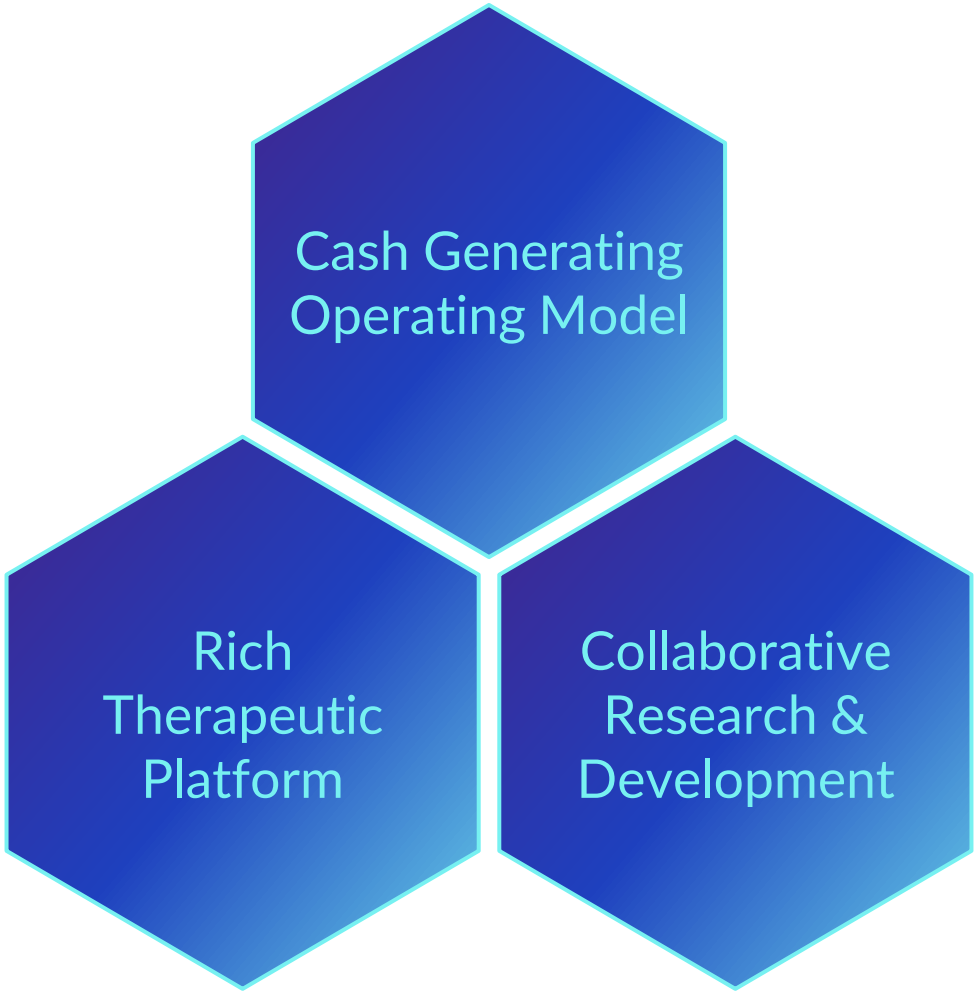
**Mifepristone Clinical Research:**
- Alcohol dependence, randomized trial
- Anxiety, open-label trial
- Use of PET to evaluate cerebral glucose metabolism and dopamine receptor 2 availability in PD patients
- Tobacco use disorder
- Major depression

**New Chemical Entity Clinical Research:**
- Alcohol use disorder
- Post-traumatic stress disorder
- Alzheimer's disease
- Postpartum depression

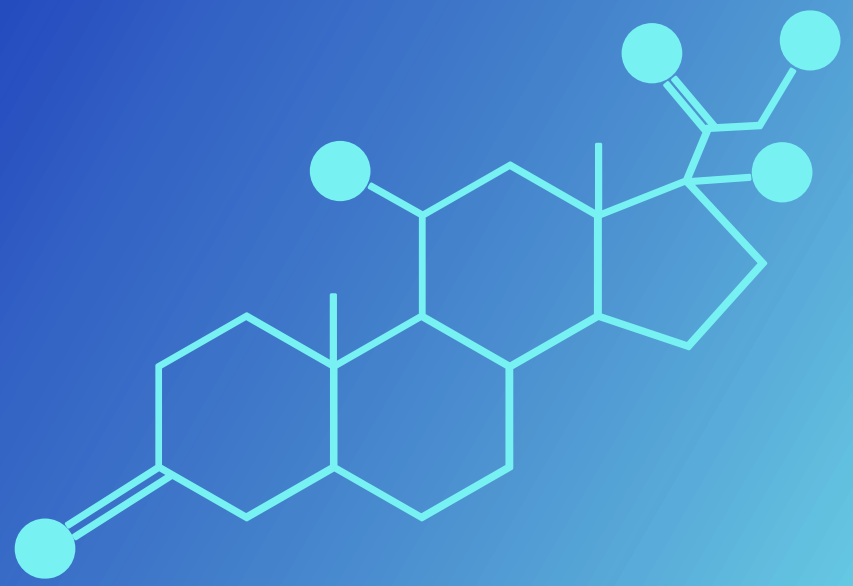
**Mifepristone and/or New Chemical Entity Basic Science Research:**
- Cocaine administration
- Stress
- GR signaling in the brain
- Alcohol use disorder
- Post-sepsis syndrome
- Alzheimer's disease
- Nicotine dependence

Corcept THERAPEUTICS

# Corcept's Model for Growth



# Thank you



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