Corcept THERAPEUTICS



July 2026

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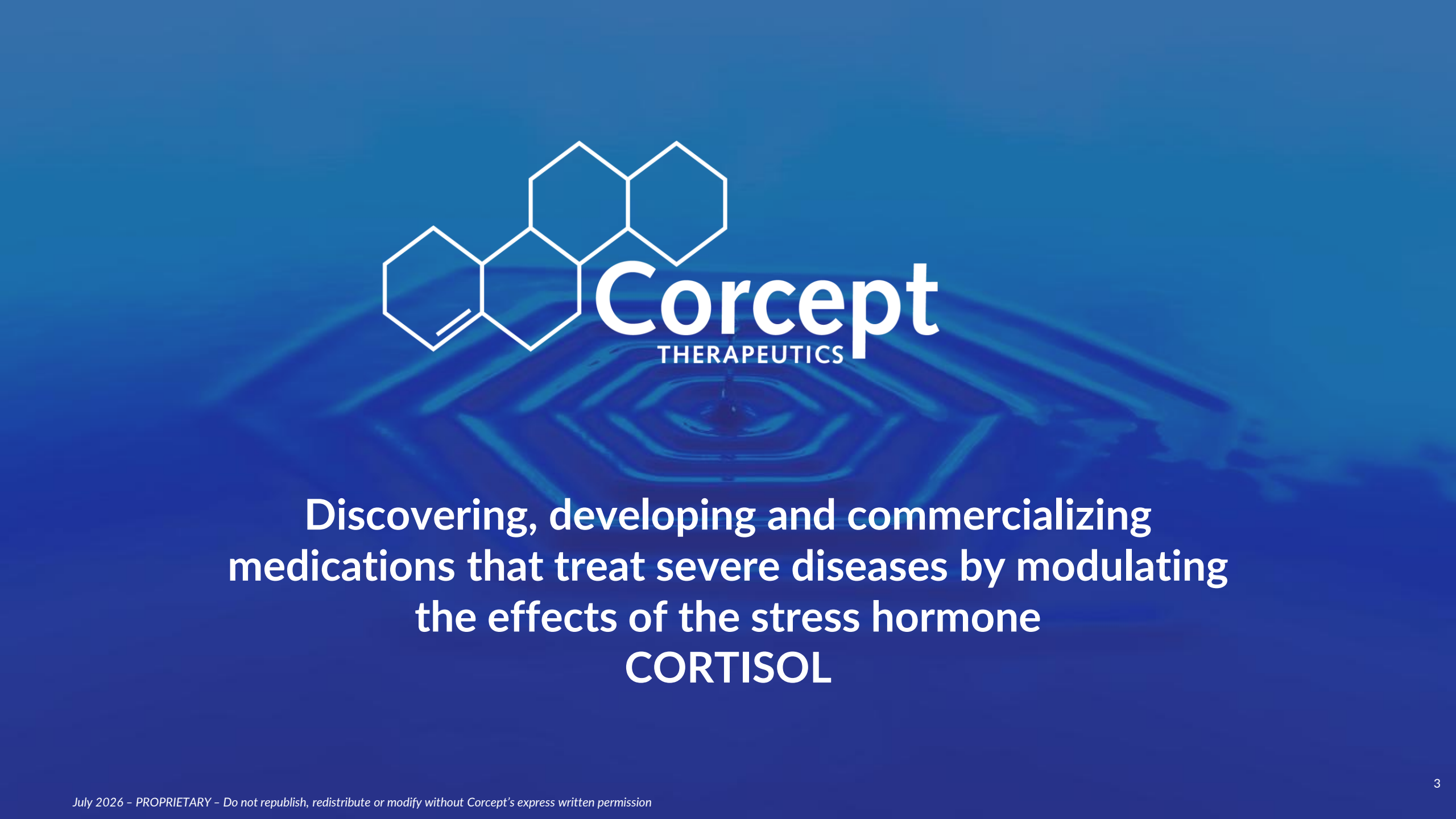
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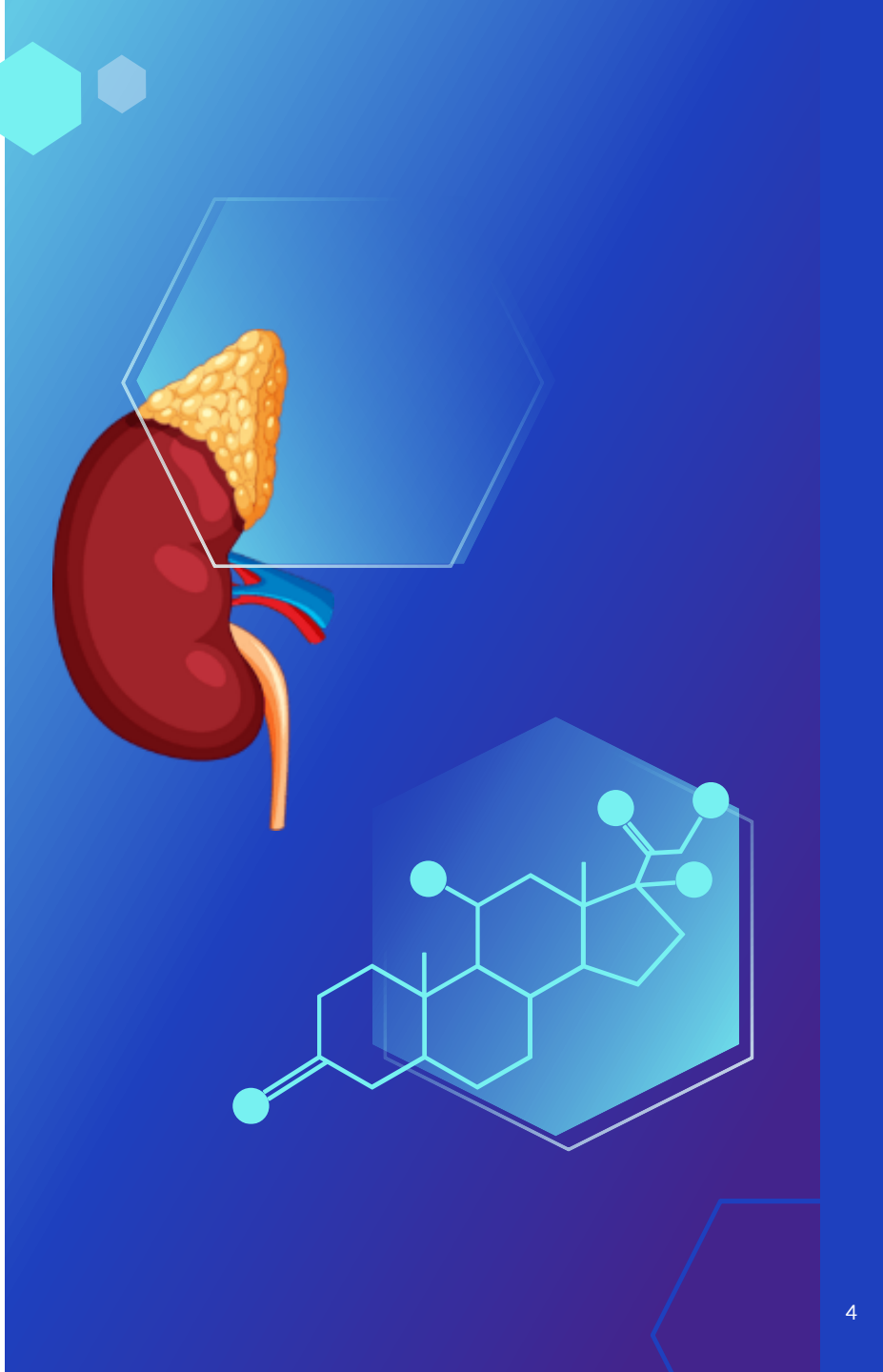


Discovering, developing and commercializing medications that treat severe diseases by modulating the effects of the stress hormone CORTISOL

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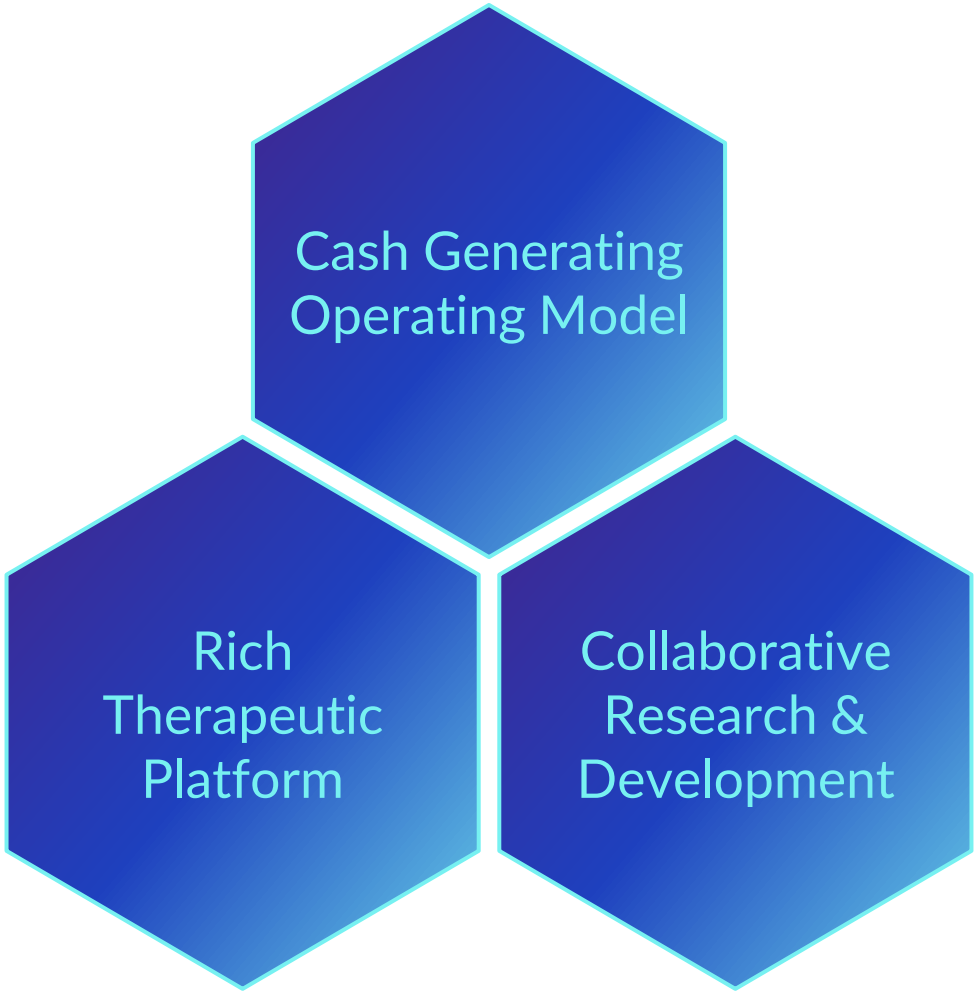
Cortisol – The Stress Hormone

- 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



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Corcept's Model for Growth



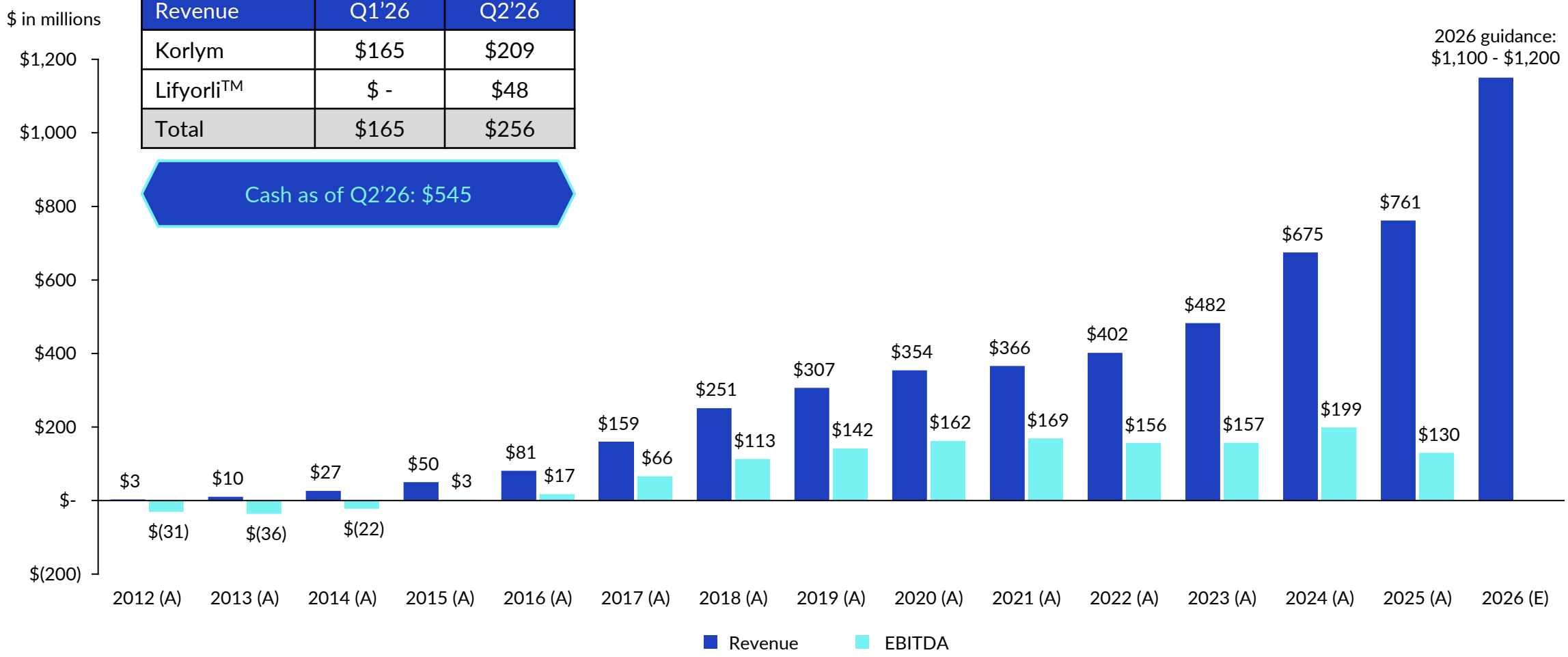
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Cash Generating Operating Model

Revenue	Q1'26	Q2'26
Korlym	$165	$209
Lifyorli™	$ -	$48
Total	$165	$256

Cash as of Q2'26: $545



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

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Rich Therapeutic Platform – Hypercortisolism (Cushing's Syndrome)

Study	Compound	Stage of Development / Status
GRACE (all etiologies of Cushing's syndrome)	Relacorilant	Pivotal Phase 3 / NDA resubmitted with December 17, 2026 PDUFA date Results published in *The Lancet Diabetes & Endocrinology* in February 2026
GRADIENT (Cushing's syndrome caused by adrenal adenomas)	Relacorilant	Phase 3 / Results presented at AACE annual meeting in May 2025
Long-term extension study (GRACE, GRADIENT and Phase 2 studies)	Relacorilant	Phase 3 / Results presented at WCIRDC in December 2024
CATALYST (hypercortisolism in patients with resistant 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 (hypercortisolism in patients with resistant hypertension)		Prevalence study / Results presented at ACC annual meeting in March 2026

AAC: American College of Cardiology; AACE: Association of Clinical Endocrinology; NDA: New Drug Application; PDUFA: Prescription Drug User Fee Act; WCIRDC: World Congress on Insulin Resistance, Diabetes and Cardiovascular Disease.

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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 Phase 3 ROSELLA trial / Complete results published in *The Lancet* in April 2026
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 / Initiated; 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 Androgen Deprivation Therapy		
Prostate cancer	Relacorilant + enzalutamide	Phase 2 / Enrolling; Collaboration with the University of Chicago
Combination with Immunotherapy		
SYNERGY (solid tumors)	Nenocorilant + nivolumab	Phase 1b / Enrolling; Results expected by year-end 2027

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

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Rich Therapeutic Platform – Liver Disease and Neurology

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

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

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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.

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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.

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Screening and Treatment of Patients with Hypercortisolism and Resistant Type 2 Diabetes

CATALYST

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

Part 1

Examined the prevalence of hypercortisolism in 1,057 patients with resistant 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

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

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Screening 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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Hypercortisolism Even More Prevalent in Patients with Resistant Diabetes and Resistant Hypertension

Patients meeting criteria for both resistant diabetes and resistant hypertension:

CATALYST trial

39.7%

of patients found to have hypercortisolism

MOMENTUM trial

32.6%

of patients found to have hypercortisolism

Resistant diabetes in CATALYST defined by study criteria. Resistant diabetes in MOMENTUM defined by hemoglobin A1c ≥7.5%. Resistant hypertension defined by American Heart Association criteria.

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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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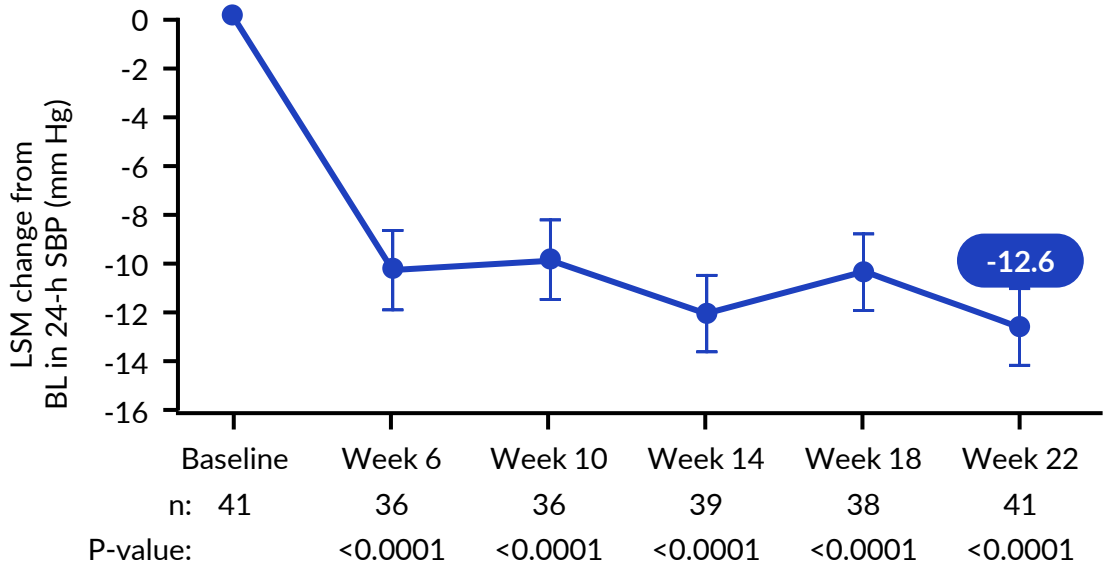
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Open-label GRACE Results: Improvement in Hypertension

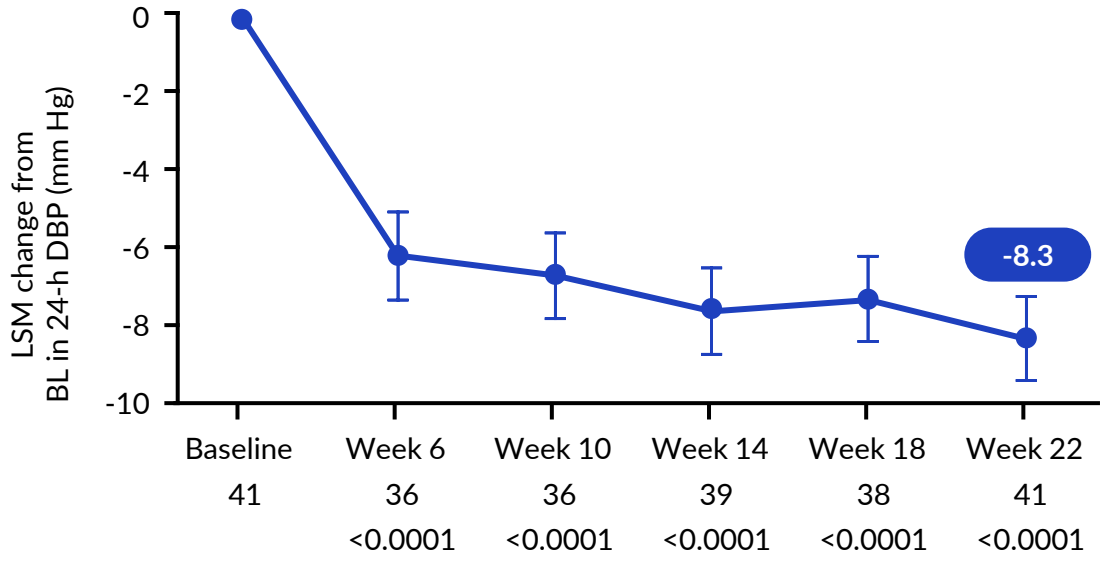
- 63% of patients with hypertension met the study's response criteria
- Patients with hypertension who entered randomized withdrawal phase: mean improvement of 12.6 mm Hg in SBP and 8.3 mm Hg in DBP (p<0.0001)

Rapid and Sustained Improvements in Blood Pressure by ABPM

Systolic Blood Pressure



Diastolic Blood Pressure



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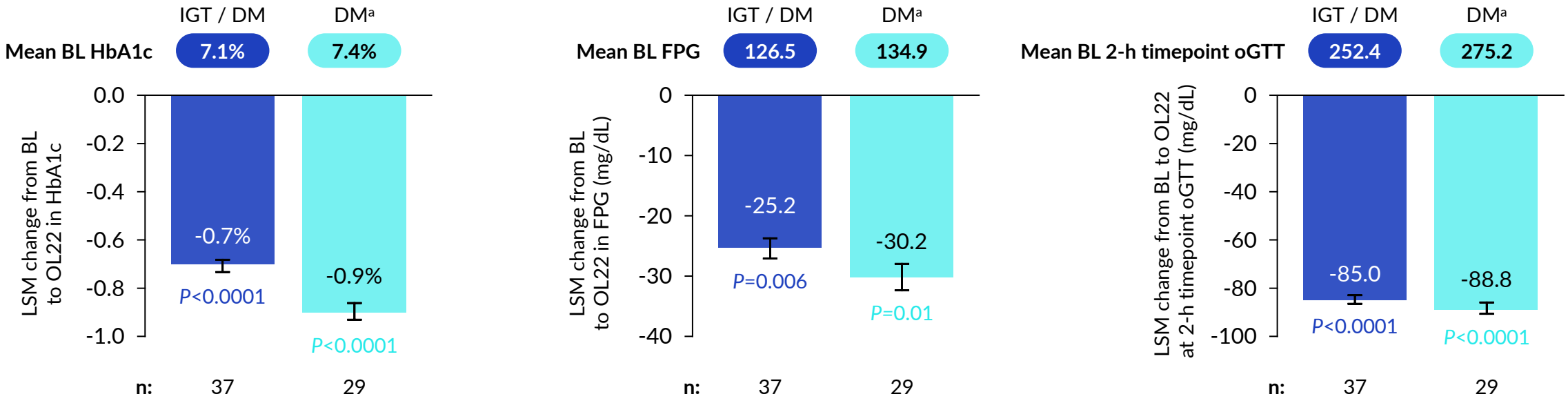
ABPM: ambulatory blood pressure monitoring; BL: baseline; DBP: diastolic blood pressure; LSM: least squares mean; SBP: systolic blood pressure; SE: standard error.
Error bars: SE of the mean. LSM and SE calculated using a linear mixed model for repeated measures (MMRM). Wilcoxon rank sum test p-values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

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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

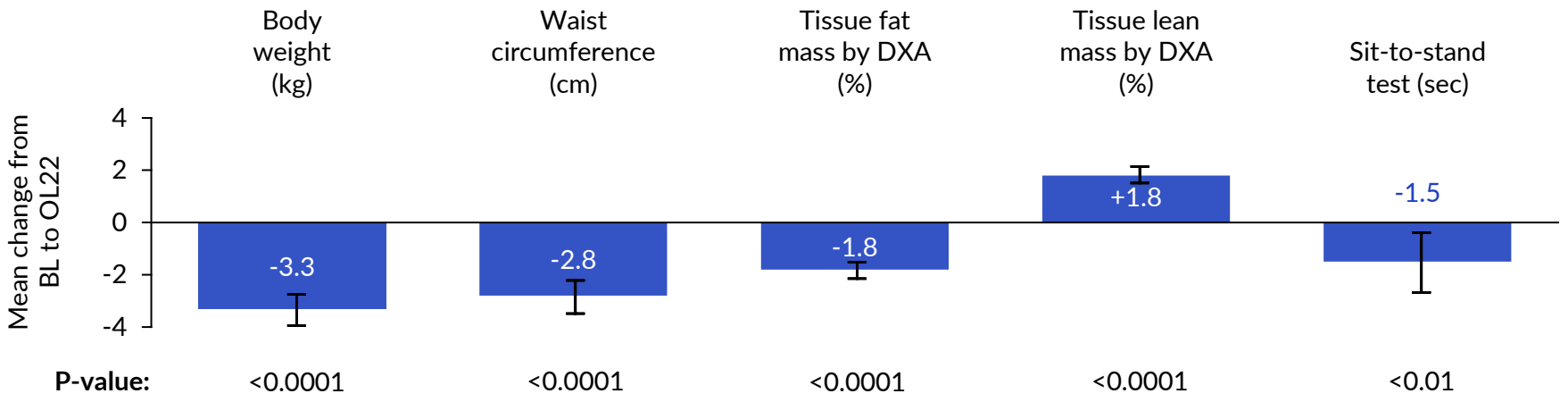


[a]Diabetes defined as fasting plasma glucose ≥126 mg/dL, 2-h oGTT plasma glucose ≥200 mg/dL, or HbA1c ≥6.5%.
BL: baseline; DM: diabetes mellitus; HbA1c: hemoglobin A1c; FPG: fasting plasma glucose; IGT: impaired glucose tolerance; LSM: least squares mean; oGTT: oral glucose tolerance test; OL: open 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.

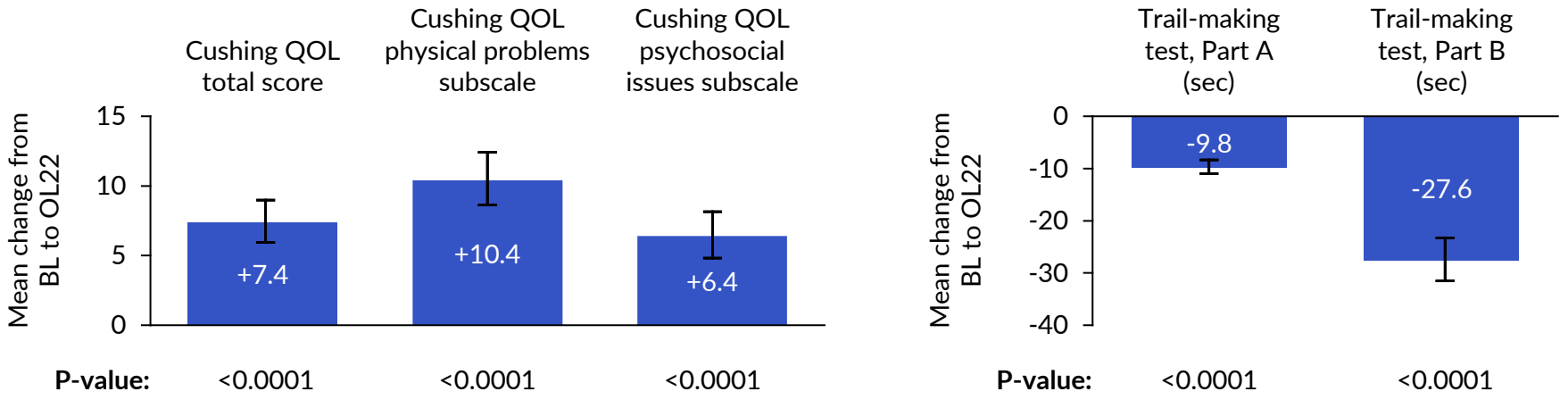
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Open-label GRACE Results: Significant Improvements in Body Composition, Quality of Life and Cognitive Assessments

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.

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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

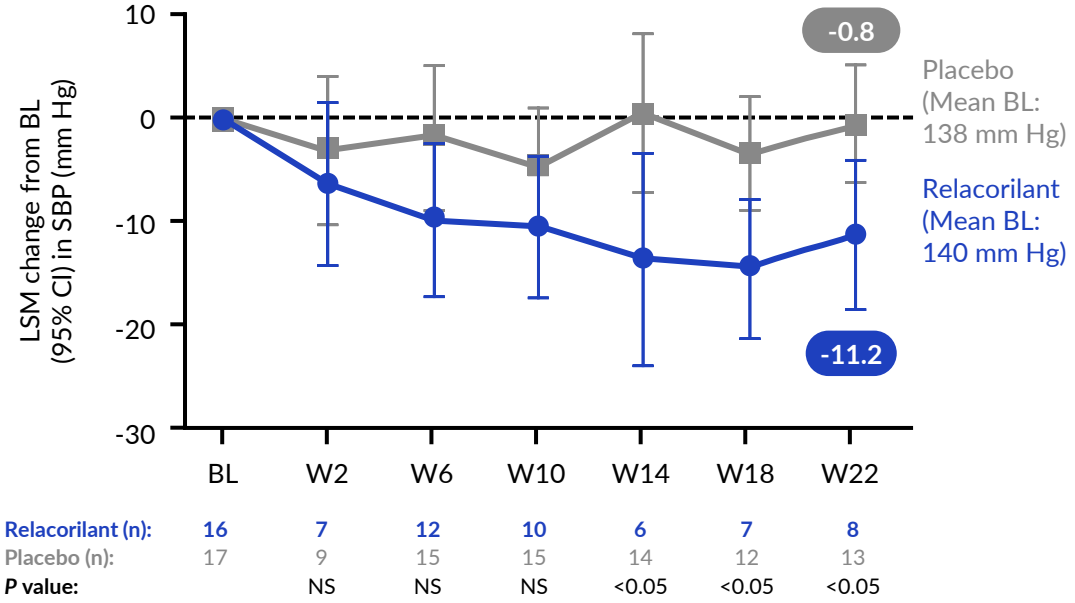
Improvement compared to placebo in hyperglycemia, weight and body composition

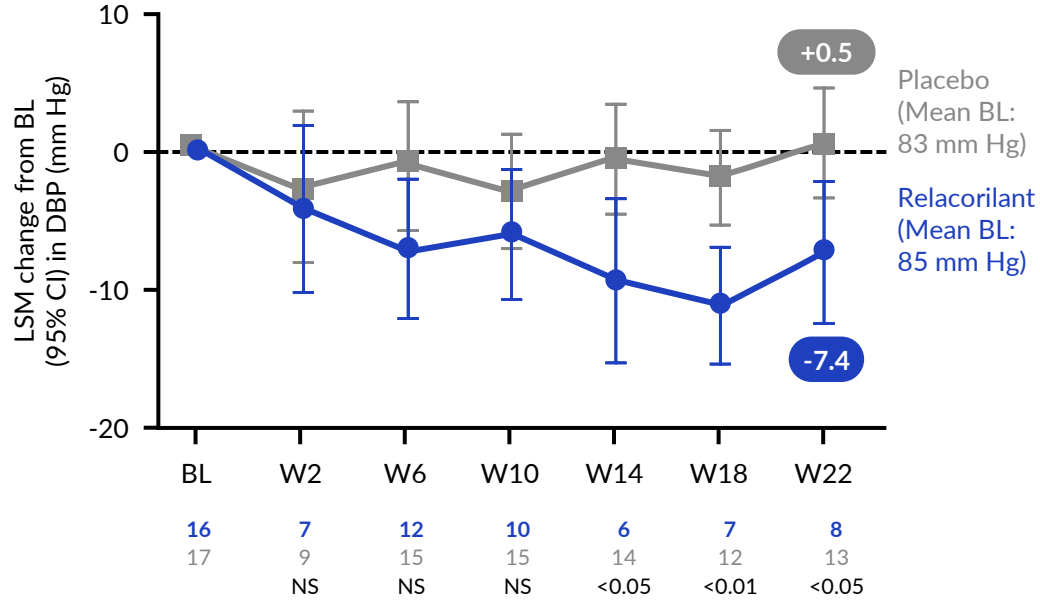
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GRADIENT Results Support Findings from Pivotal GRACE Trial

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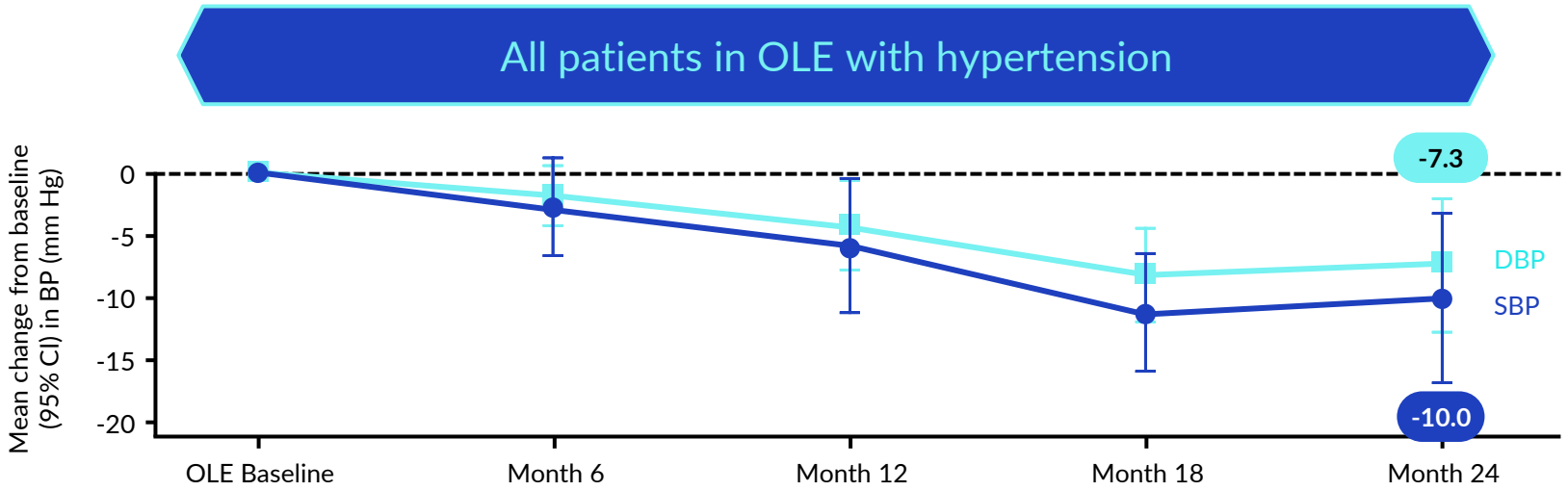
24-h ABPM: 24-hour ambulatory blood pressure monitoring; AUC: area under the curve; BL: baseline; CI: confidence interval; DBP: diastolic blood pressure; HbA1c: hemoglobin A1c; LNSC: late-night salivary cortisol; LSM: least-squares mean; NS: not significant; SBP: systolic blood pressure; UFC: urinary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

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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)



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.

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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



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Relacorilant for Cushing's Syndrome

Regulatory Status

- New Drug Application resubmitted with December 17, 2026 PDUFA date

Intellectual Property

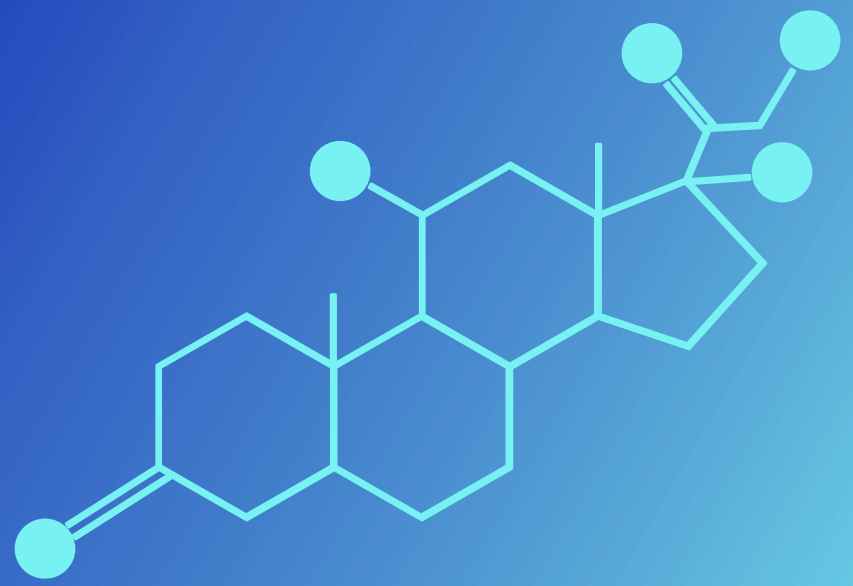
- Composition of matter patent extending to 2038
- Method of use, formulation and manufacturing patents extending to 2040

PDUFA: Prescription Drug User Fee Act.

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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); Flint (2026)

PROSTATE CANCER
Kapoor (2012); Ligr (2012); Flint (2026)

TRIPLE-NEGATIVE BREAST CANCER
Nanda (2011); Skor (2013); Clark (2024); Chen (2025); Flint (2026)

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



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.

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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.

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Corcept Oncology Program: Mechanism of Action and Approach

Combining a selective glucocorticoid receptor antagonist with an anticancer 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

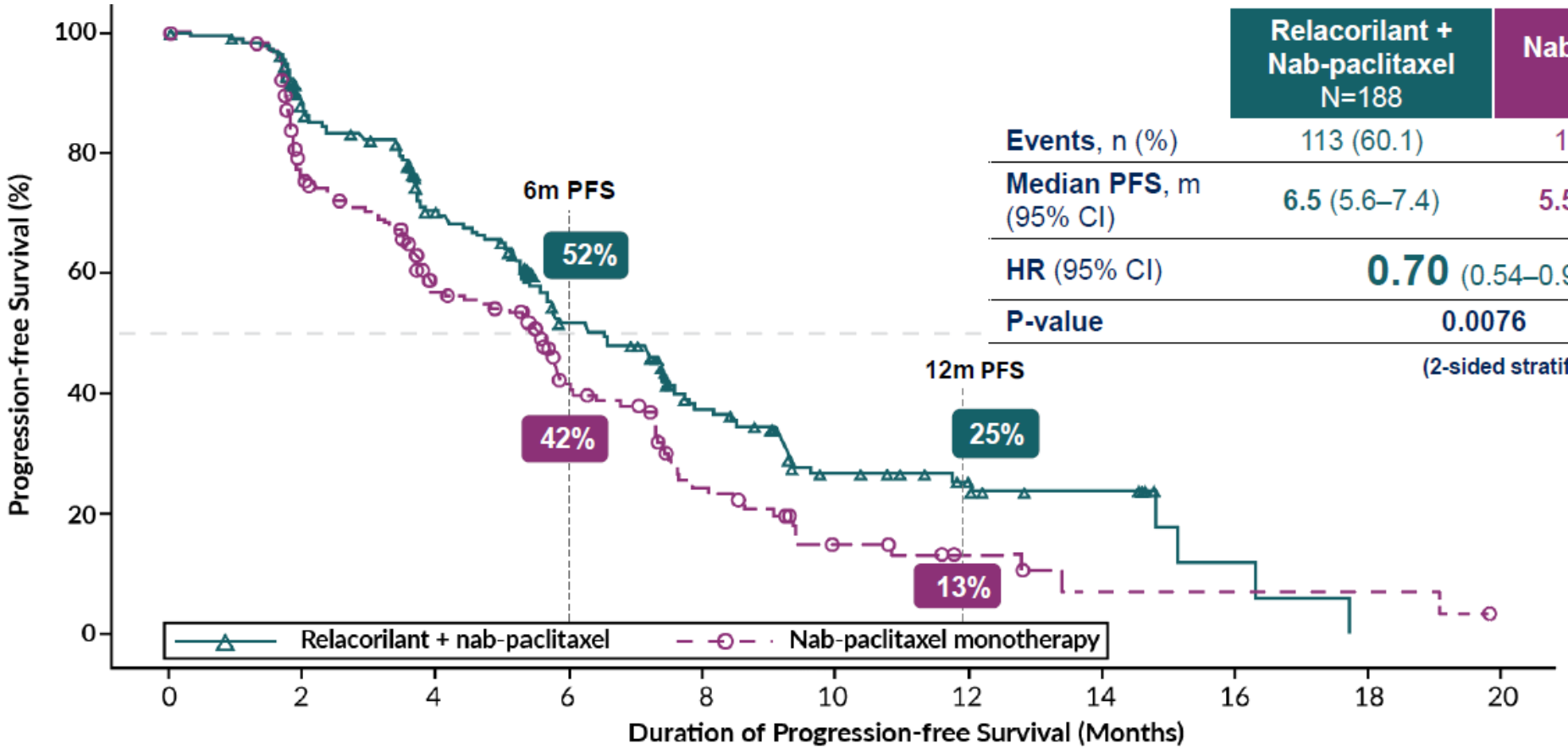
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ASCO: American Society of Clinical Oncology; MAA: Marketing Authorization Application; OS: overall survival; PFS: progression-free survival; SGO: Society of Gynecologic Oncology.

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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)

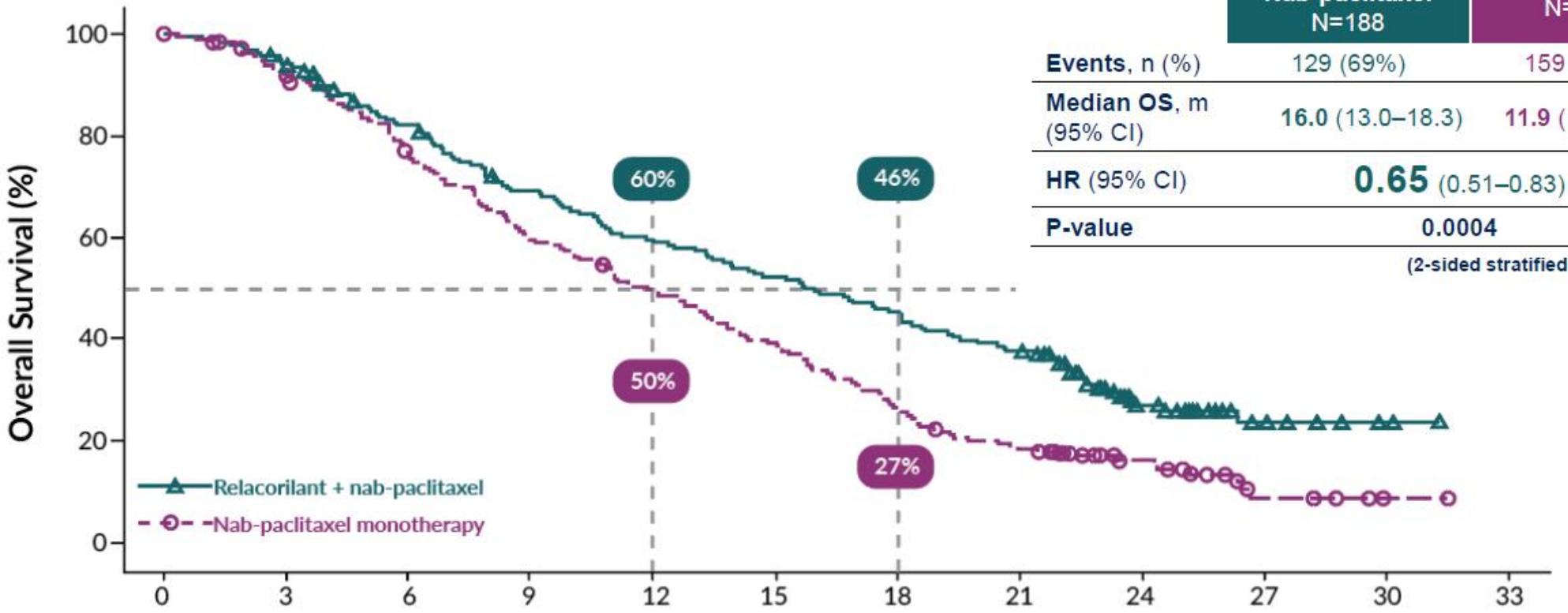
Relacorilant + nab-paclitaxel	188 (0/0)	151 (22/22)	109 (29/51)	70 (27/78)	43 (18/96)	24 (11/107)	16 (1/108)	11 (1/109)	2 (2/111)	0 (2/113)	
Nab-paclitaxel monotherapy	193 (0/0)	129 (42/42)	85 (31/73)	47 (20/93)	21 (17/110)	9 (7/117)	5 (1/118)	2 (2/120)	2 (0/120)	2 (0/120)	0 (1/121)

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.

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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.

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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



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ROSELLA Results: Support Additional Studies in Oncology

Potential to treat all tumors that express the GR

Potential to combine with any anticancer therapy

Combination With	Trial and Compound	Phase 1	Phase 2
Chemotherapy	BELLA Part A *Relacorilant + nab-paclitaxel + bevacizumab*	Platinum-resistant ovarian cancer	
	BELLA Part B *Relacorilant + nab-paclitaxel + bevacizumab*	Platinum-sensitive ovarian cancer	
	BELLA Part C *Relacorilant + nab-paclitaxel*	2/3L Endometrial cancer	
	STELLA *Relacorilant + nab-paclitaxel*	2/3L Cervical cancer	
	TRIDENT *Relacorilant + nab-paclitaxel + gemcitabine*	1L Pancreatic cancer	
Androgen Deprivation Therapy	*Relacorilant + enzalutamide*	Early-stage prostate cancer	
Immunotherapy	SYNERGY *Nenocorilant + nivolumab*	Solid tumors	

GR: glucocorticoid receptor.

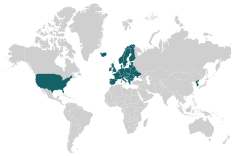
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Relacorilant in Combination With Chemotherapy: BELLA Part A Phase 2 Trial in Platinum-Resistant Ovarian Cancer (PROC)

Population

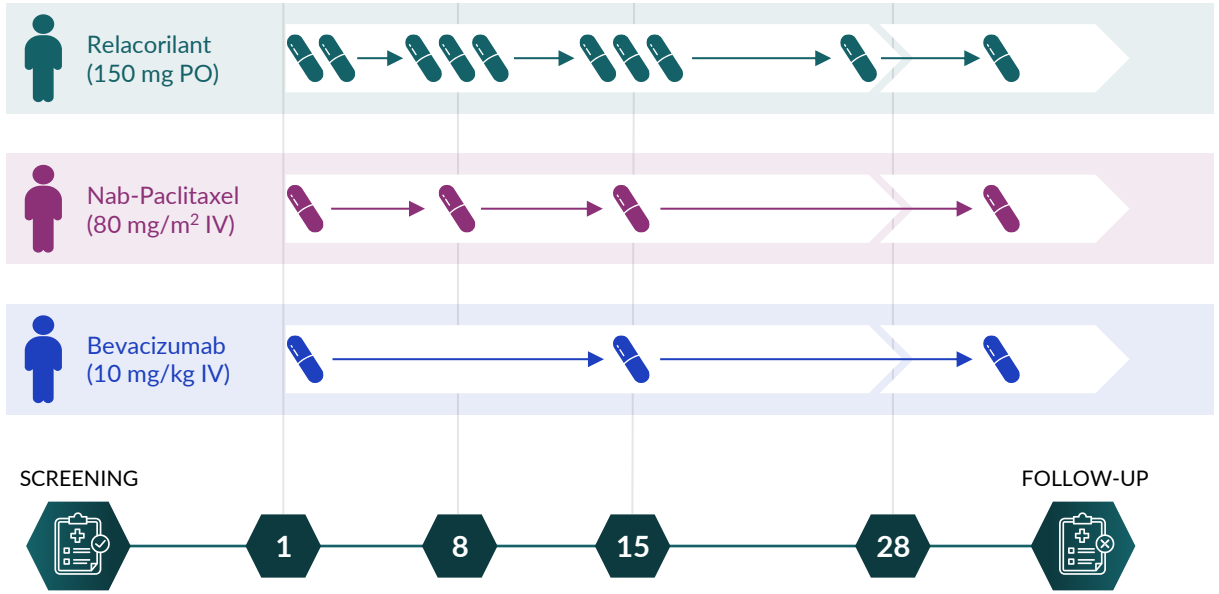
95 patients

- 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.

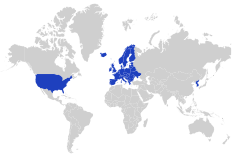
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Relacorilant in Combination With Chemotherapy: BELLA Part B Phase 2 Trial in Platinum-Sensitive Ovarian Cancer (PSOC)

Population

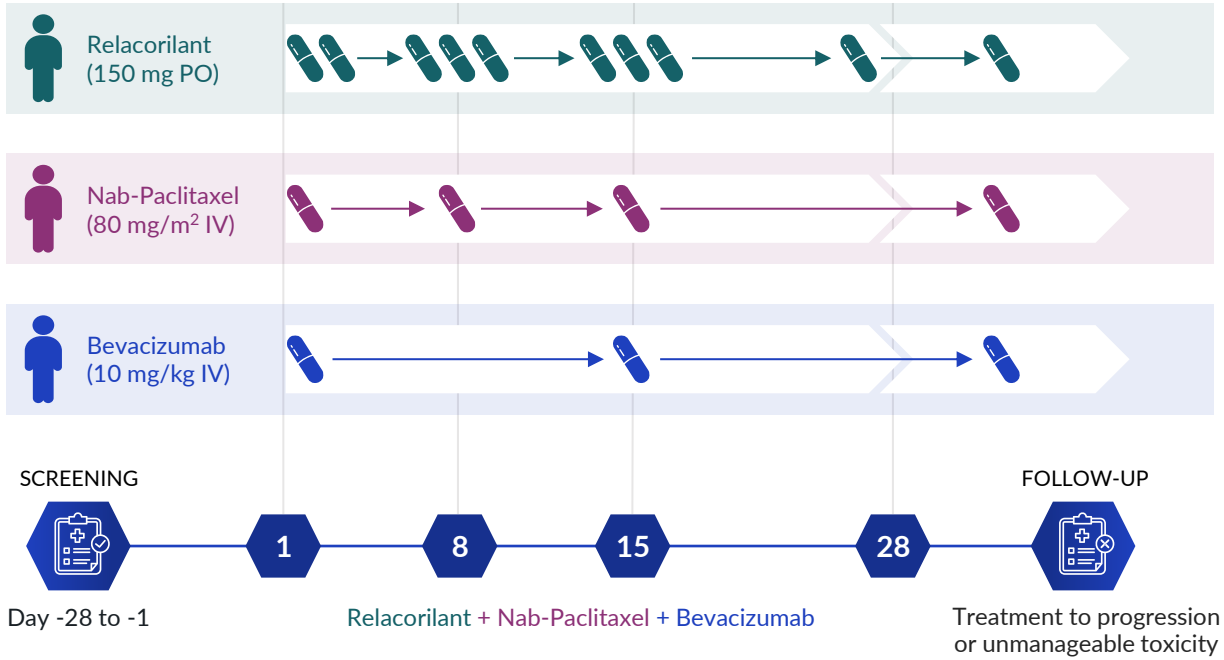
90 patients

- 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.

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

Population

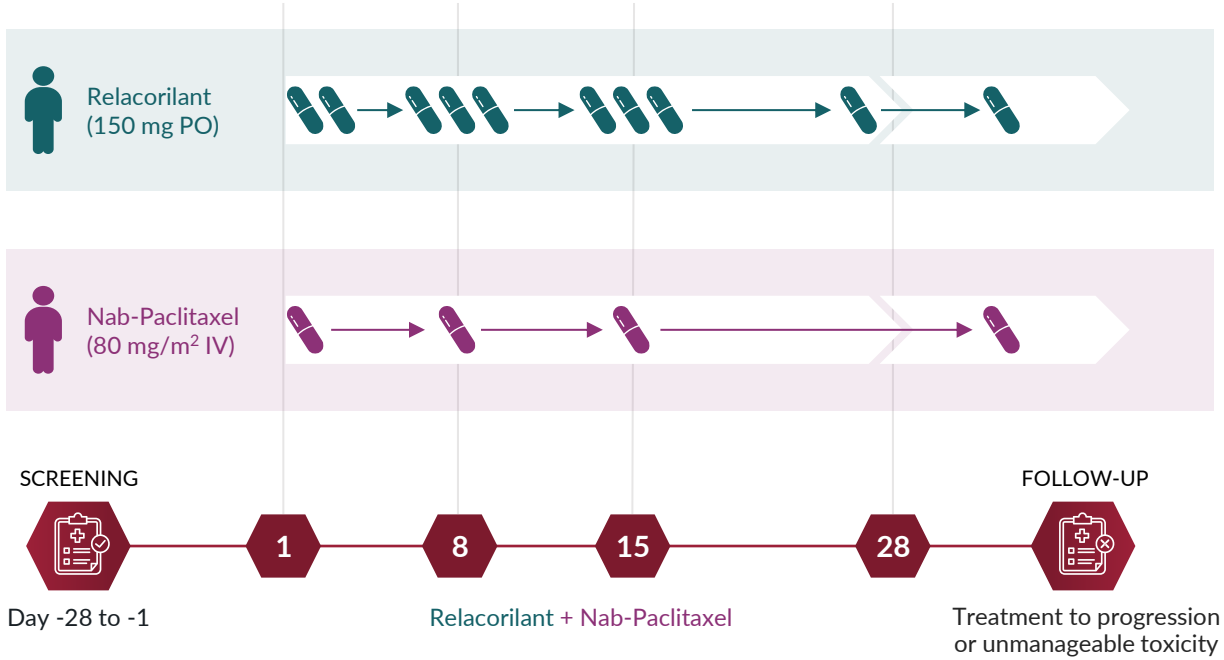
90 patients

- 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.

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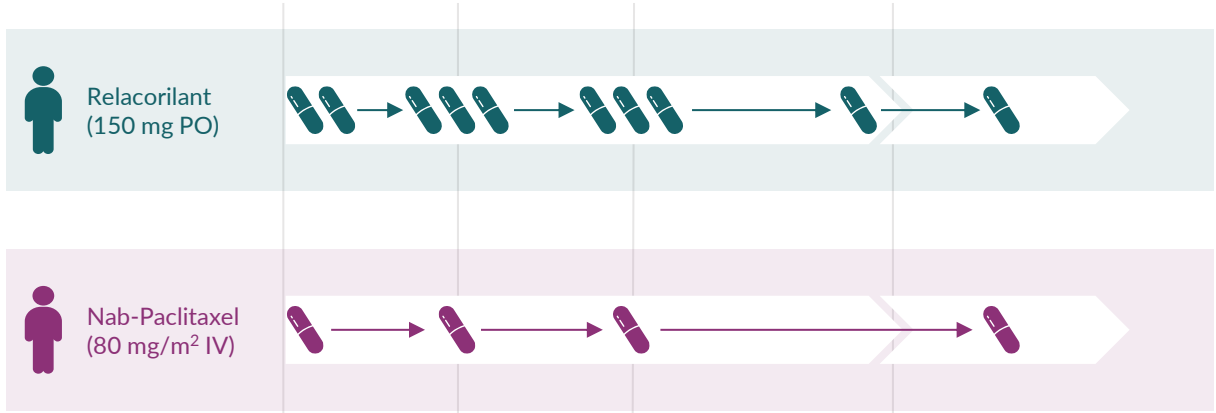
Relacorilant in Combination With Chemotherapy: STELLA Phase 2 Trial in 2/3L Cervical Cancer

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

ARCAGY GINECO



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.

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

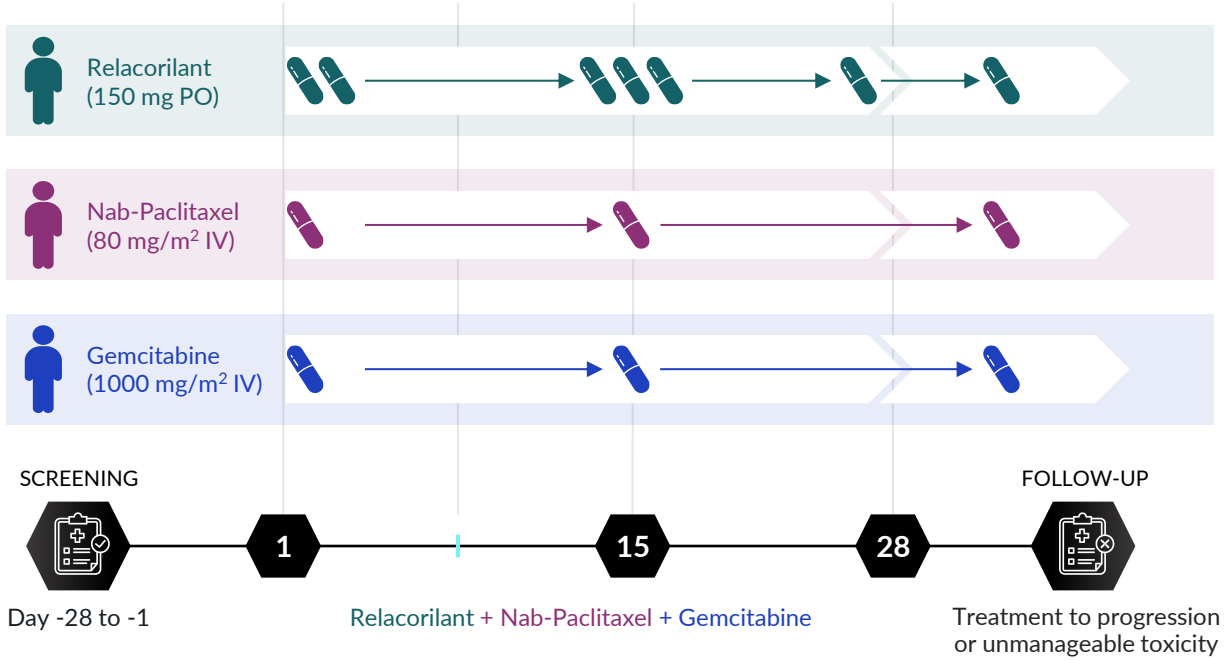
Population

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

Conducted at 30 sites in the US

TRIDENT



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.

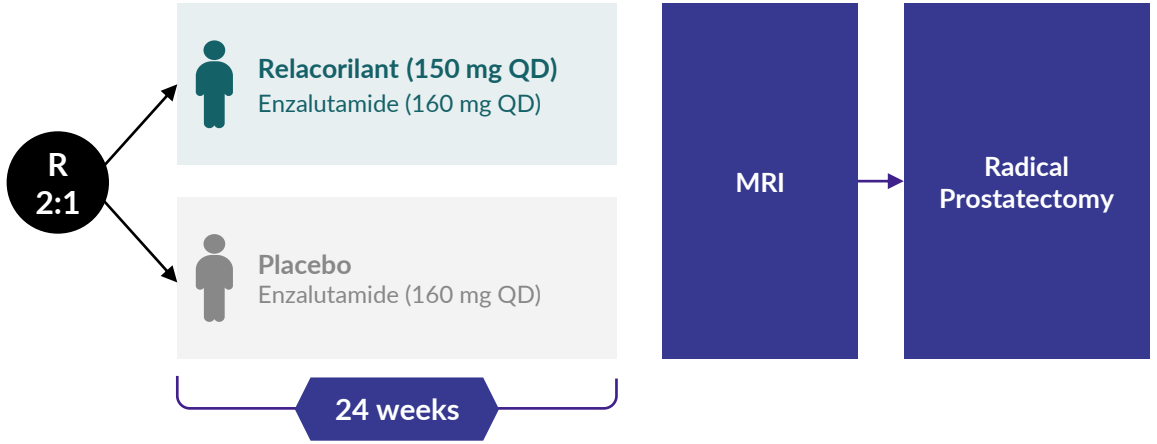
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Relacorilant in Combination With Androgen Deprivation Therapy: Phase 2 Trial in Early-Stage Prostate Cancer

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

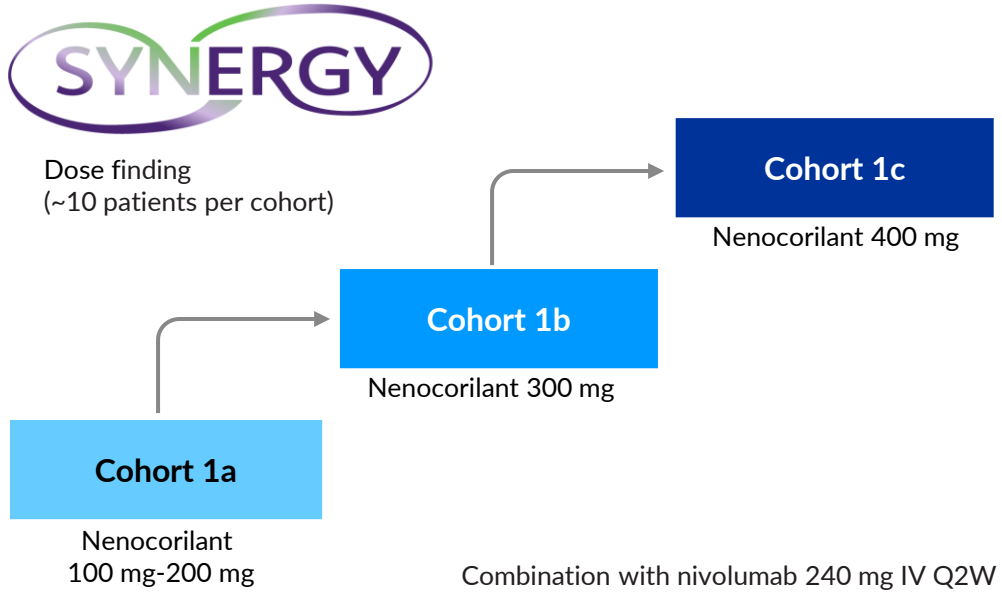
[1]Decision Resources Group.
Principal Investigator: Russell Szmulewitz, in collaboration with University of Chicago, and Astellas; Corcept- and NCCN-funded.
ECOG: Eastern Cooperative Oncology Group; MRI: magnetic resonance imaging; NCCN: National Comprehensive Cancer Network; QD: daily; US: United States.

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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)



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

>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; IV: intravenous; MTD: maximum tolerated dose; PD1: programmed cell death protein 1; Q2W: once every 2 weeks; RECIST: Response Evaluation Criteria in Solid Tumors; SAE: serious adverse event; US: United States.

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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



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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

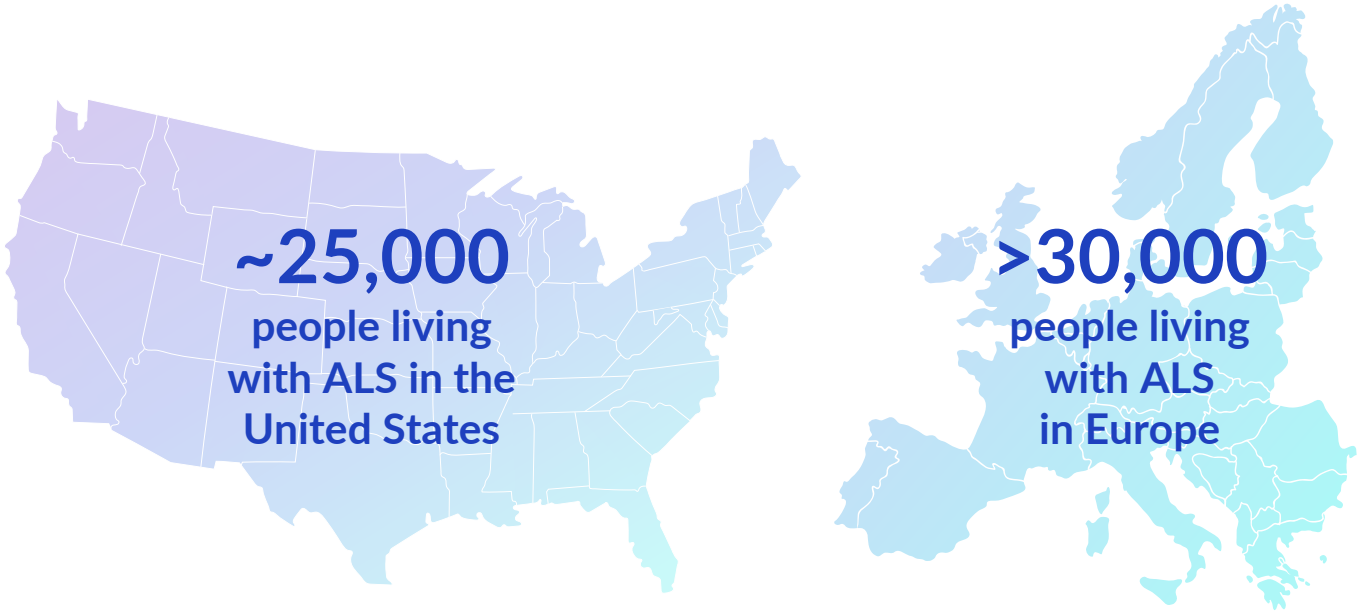
- 175-patient, randomized, double-blind, placebo-controlled study
- Cohort A: patients with biopsy-confirmed MASH, randomized 2:1 to receive either 100 mg of miricorilant twice weekly, or placebo for 48 weeks
  - Primary endpoint: reduction in liver fat
  - Key secondary endpoints: MASH resolution and 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.

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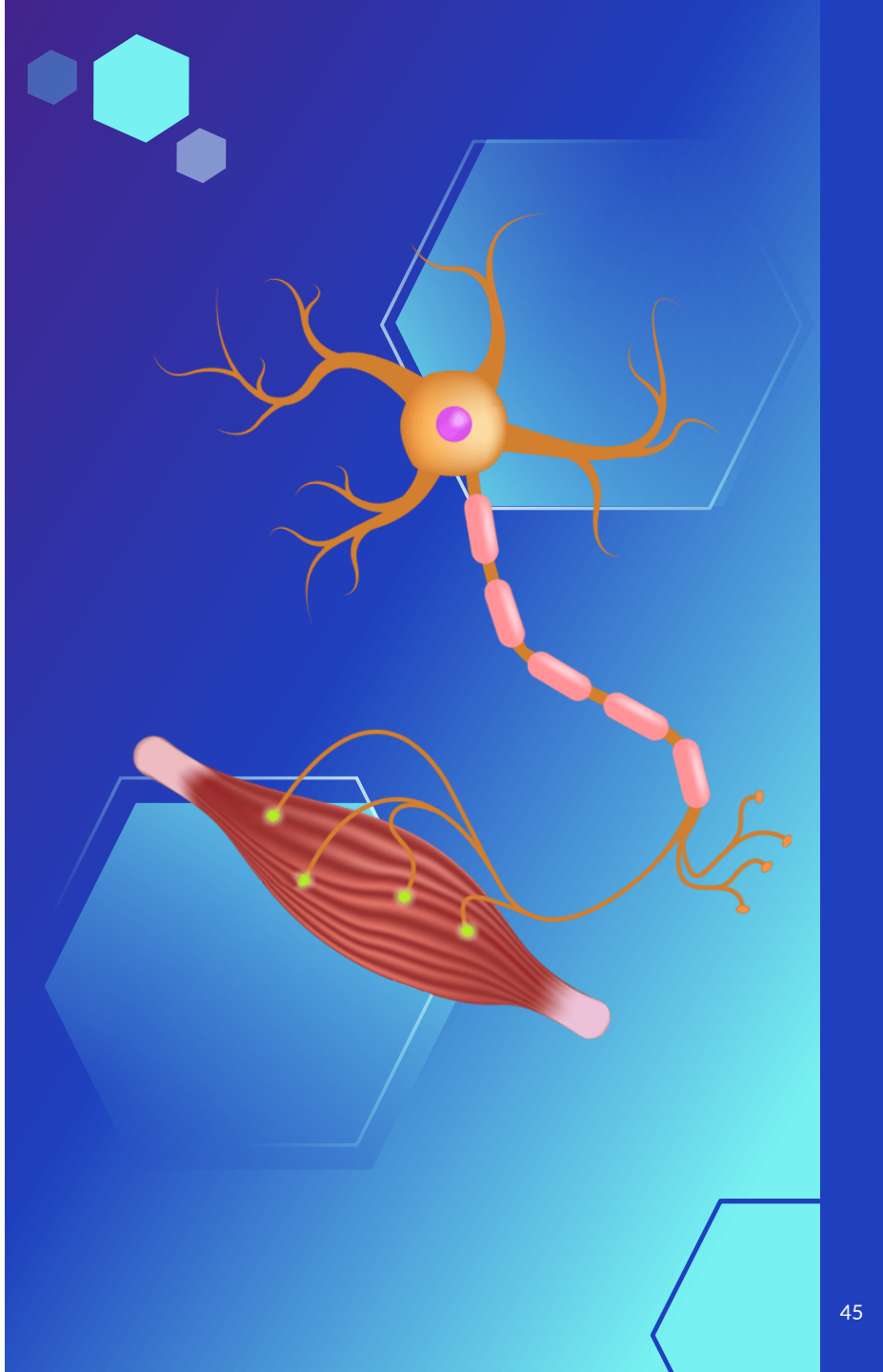
Amyotrophic Lateral Sclerosis (ALS): Significant Unmet Need



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

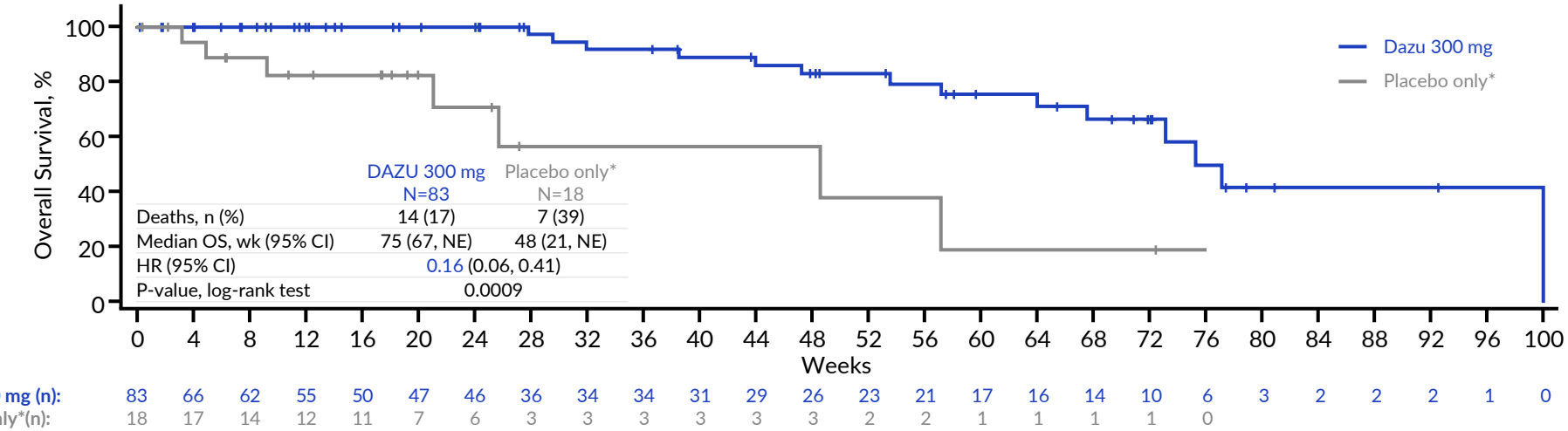


CDC, ALS Association, International Alliance of ALS-MND Associations.

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Dazucorilant: Promising Phase 2 DAZALS Trial Results, Phase 3 Trial to Begin Early Next 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 early next 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.

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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:

- Breast cancer
- Ovarian cancer
- Prostate cancer
- Vulvar cancer
- Adrenal tumors
- Glioblastoma
- Solid tumors
- Hepatocellular carcinoma

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
- Metabolic dysfunction-associated steatohepatitis

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

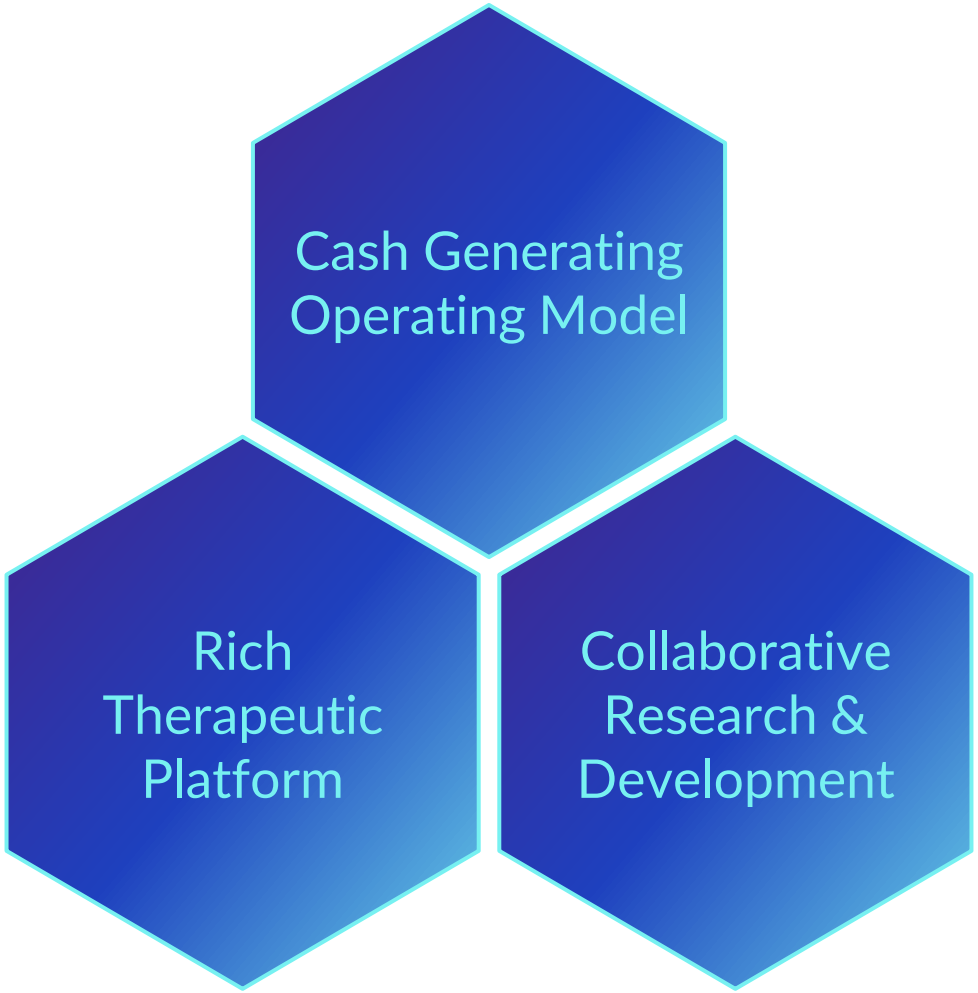
Mifepristone and/or New Chemical Entity Basic Science Research:

- Cocaine administration
- Stress
- GR signaling in the brain
- Alcohol use disorder
- Post-sepsis syndrome
- Alzheimer's disease
- Nicotine dependence

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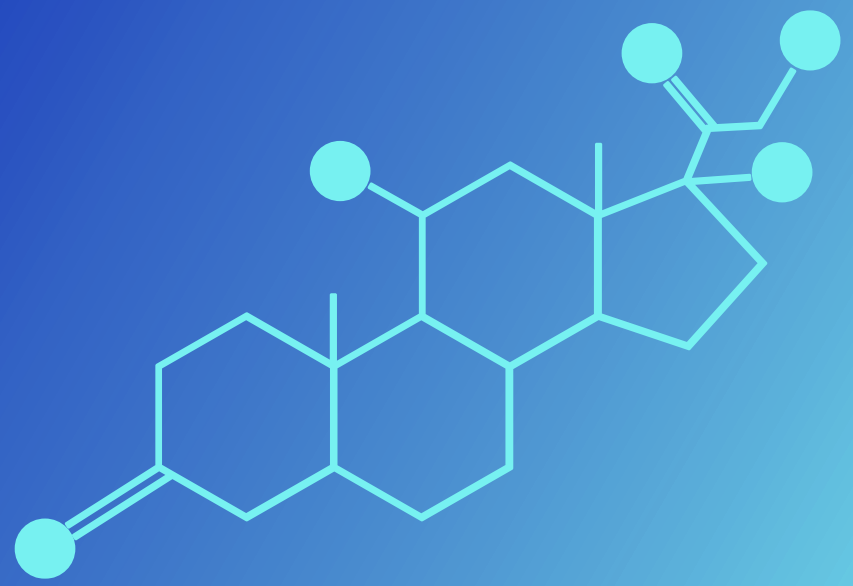
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Corcept's Model for Growth



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Thank you



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