Day One Biopharmaceuticals

Targeted Therapies for People of All Ages

February 2024

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This presentation and the accompanying oral commentary contain forward-looking statements that are based on our management's beliefs and assumptions and on information currently available to our management. Forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "could," "expect," "plan," anticipate," "believe," "estimate," "predict," "intend," "potential," "would," "continue," "ongoing" or the negative of these terms or other comparable terminology. Forward-looking statements include all statements other than statements of historical fact contained in this presentation, including information concerning our future financial performance, including the sufficiency of our cash, cash equivalents and short-term investments to fund our operations, business plans and objectives, timing and success of our planned nonclinical and clinical development activities, the results of any of our strategic collaborations, including the potential achievement of milestones and provision of royalty payments thereunder, timing and results of nonclinical studies and clinical trials, efficacy and safety profiles of our product candidates, execution of the Phase 2 and Phase 3 clinical trials for tovorafenib and the Phase 1b/2 clinical trial for tovorafenib and pimasertib as designed, any expectations about safety, efficacy, timing and ability to complete clinical trials and to obtain regulatory approvals for tovorafenib and other candidates in development, the ability of tovorafenib to treat pediatric low-grade glioma (pLGG) or related indications, the potential therapeutic benefits and economic value of our product candidates, potential growth opportunities, competitive position, industry environment and potential market opportunities, our ability to protect intellectual property and the impact of global business or macroeconomic conditions, including as a result of inflation, changing interest rates, potential instability in the global banking system, uncertainty with respect to the federal debt ceiling and budget and potential government shutdowns related thereto and global regional conflicts, on our business and operations.

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Cancer Therapies for People of All Ages

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Our Approach

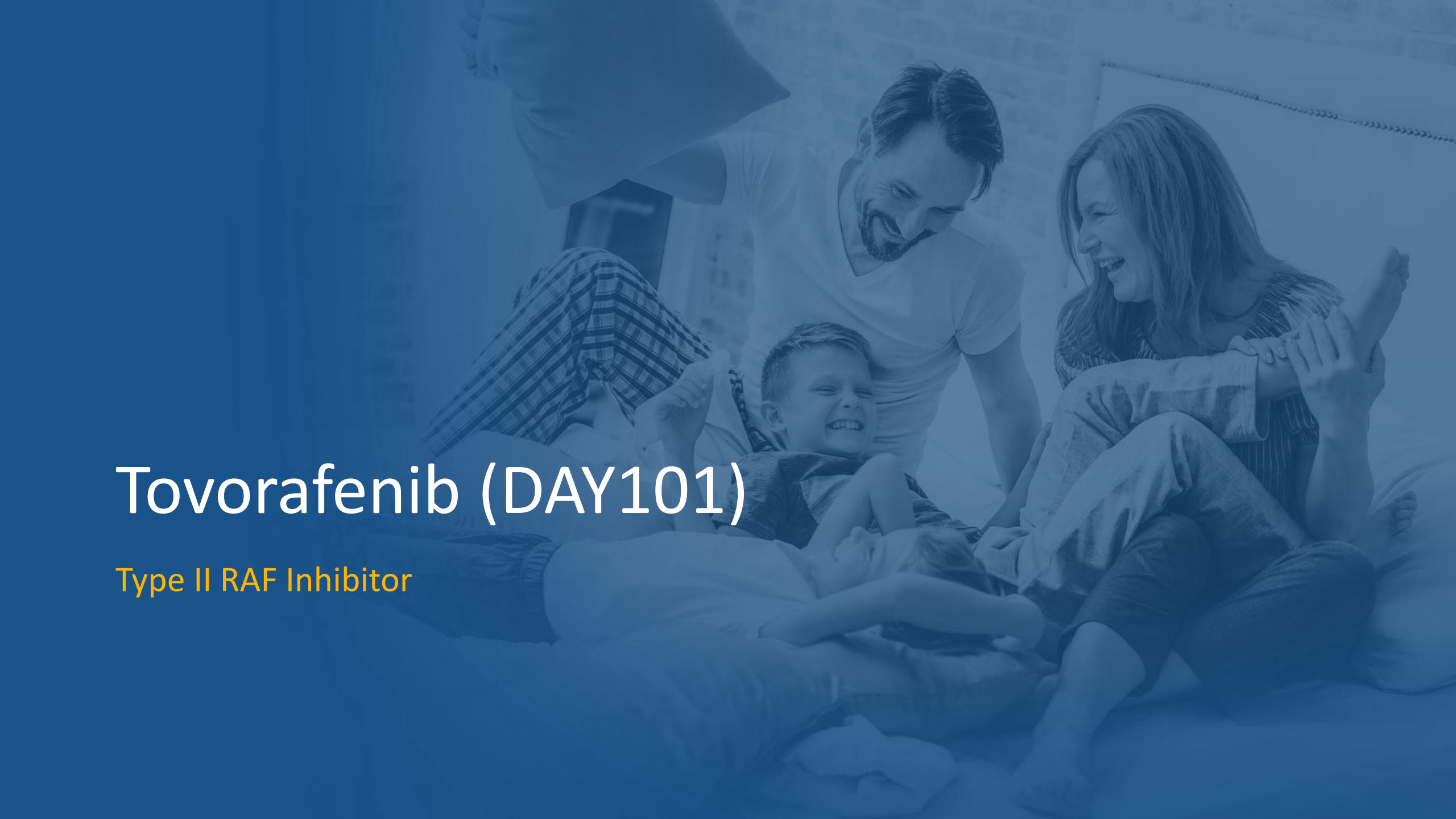
- Develop medicines for genomically-defined cancers
- Establish first-in-class position through rapid registration pathways
- Expand to adolescent and adult populations in parallel and pursue those opportunities with the same commitment we do for children

Nasdaq: DAWN | IPO: 2021 | Founded: 2018 | Financial Position: Runway into 2026

Our Pipeline

Product Candidate	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Recent & Anticipated Milestones
Tovorafenib (DAY101) Type II RAF Inhibitor • FDA Breakthrough Therapy Designation for relapsed pLGG • FDA Rare Pediatric Disease Designation (PRV Eligible) for pLGG • FDA Orphan Drug Designation for malignant glioma • EC Orphan Designation for glioma	*BRAF*-altered Relapsed pLGG	FIREFLY-1* (pivotal)				**FDA acceptance of NDA:** October 2023 **PDUFA target action date:** April 30, 2024 **Data published in *Nature Medicine*:** November 2023
	Frontline *RAF*-altered pLGG	FIREFLY-2 (pivotal)				**First patient dosed:** March 2023
Pimasertib MEK 1/2 Inhibitor	*MAPK*-altered solid tumors† (Combo w/ tovorafenib)	FIREFLIGHT-1††				**Recommended Phase 2 dose & schedule expected:** 2H 2024
VRK1 Program§ VRK1 Inhibitor	Pediatric and adult cancers					**In-licensed:** August 2023

* FIREFLY-1 Arm 1 expected to support registration. † Pimasertib Phase 1 dose escalation and expansion trial previously completed. †† Includes patients ≥12 years of age. § Research collaboration and license agreement with Sprint Bioscience AB for exclusive worldwide rights to a research-stage program targeting VRK1. pLGG, pediatric low-grade glioma. Tovorafenib and Pimasertib are investigational products. Safety and efficacy have not been established by any health authority.



Tovorafenib (DAY101)

Type II RAF Inhibitor

Kids like Sawyer spend most of their childhood as patients rather than children

3 (1-9)

Median (range) number of lines of prior systemic therapy [1]

51%

Percentage of patients who had greater than or equal to 3 lines of prior systemic therapy [1]

Sawyer, lives with pLGG. [1] Figures come from FIREFLY-1 baseline patient characteristics with a June 5, 2023 data cutoff. Total patients enrolled in arm 1 of the FIREFLY-1 trial was 77.

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Pediatric Low-Grade Glioma (pLGG): The Most Common Type Of Brain Tumor In Children

pLGGs are chronic and relentless, with patients suffering profound tumor and treatment-associated morbidity that can impact their life trajectory over the long term[9]

A Serious and Life-Threatening Disease

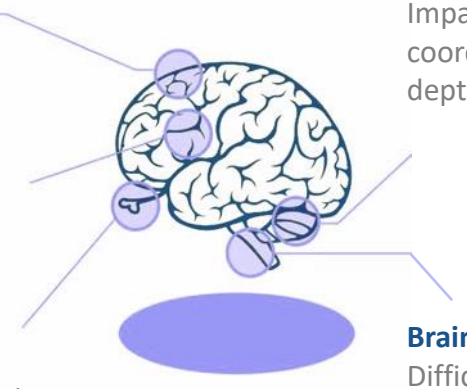
- An estimated 26,000 children/young adults are living with *BRAF*-altered pLGGs in the U.S. today [1,2]
- For the majority of patients in the relapsed setting, there is no standard of care and no approved therapies
- Surgery plays a significant role in treatment, but vast majority of patients require systemic therapy [3,4]
- ~70% of pLGGs have *BRAF* alterations, which means ~55% of pLGGs are *BRAF* fusions and ~15% are *BRAF* V600E mutations[5-8]

Disease Symptoms[10]

Cerebral gliomas:
Seizures, muscle weakness, behavioral changes

Hypothalamic gliomas:
Endocrine dysfunction and visual deficits

Optic pathway gliomas:
Decreased vision (acuity and/or fields), bulging or misalignment of eyes



Cerebellar gliomas:
Impaired balance, coordination or depth perception

Brain stem gliomas:
Difficulty swallowing or with speech, abnormal breathing

[1] CBTRUS, Qaddoumi et al 2009, Schreck et al 2019, ClearView Analysis; [2] SEER US complete prevalence counts of patients aged under 25 with Brain and Other Nervous Systems tumors as of January 1, 2017. Estimated prevalence are Day One calculations based on publicly available data. [3] Ostrum QT et al., Neuro Oncol. 2015; 16(Suppl 10):x1-x36; [4] De Blank P. et al., Curr Opin Pediatr. 2019 Feb; 31(1):21-27. [5] Chen Y-H, Gutmann DH. Oncogene. 2014;33(16):2019-2026. [6] Packer RJ et al. Neuro Oncol. 2017;19(6)750-761. [7] Ryall S, et al. Cancer Cell. 2020;37(4):569-583. [8] Ryall S, Tabori U, Hawkins C Acta Neuropathol Commun. 2020;8(1):30. [9] Traunwieser T et al., Neurooncol Adv. 2020; 2:vdaa094. [10] Sievert AJ, Fisher MJ. Pediatric low-grade gliomas. *J Child Neurol.* 2009;24(11):1397-1408. doi:10.1177/0883073809342005.

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Conventional Treatments Can Be Disruptive To Childhood and Can Have Significant Long-Term Consequences

Surgery

- Significant recovery times
- Risks of complications
- Resection may be limited by location of tumor
- Potential for functional deficits based on location of tumor and extent of resection

Chemotherapy

- Requirement for indwelling catheter and weekly infusions
- Risk of neutropenia, hypersensitivity reactions, nausea and vomiting and peripheral neuropathy

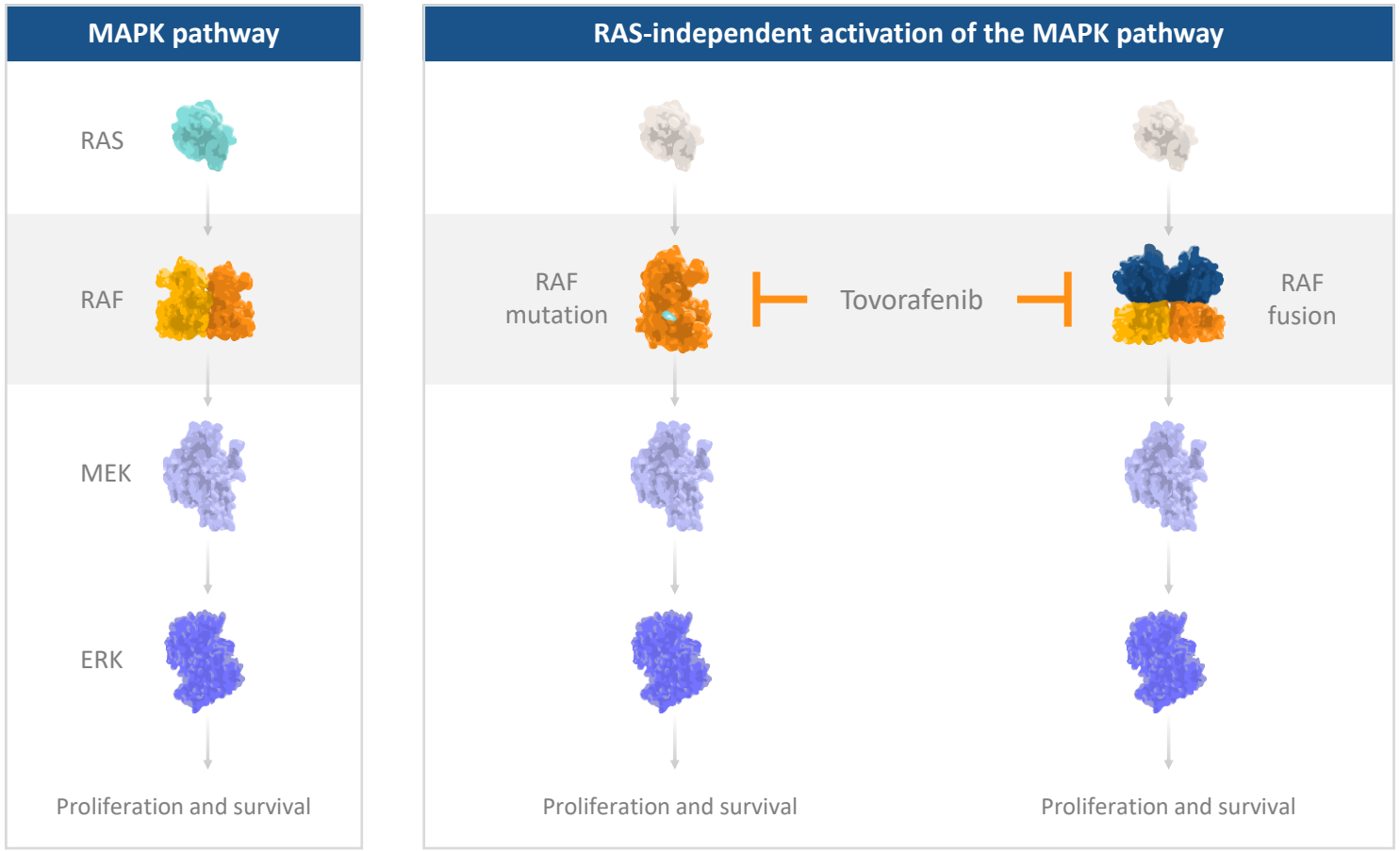
Radiation

- Risk of secondary malignancy
- Risk of malignant transformation
- Risk of vascular proliferation and stroke
- Neurocognitive impact, depending on location of tumor and radiation field

Clear need for an effective therapy for the majority of pLGG relapsed or progressive patients that is minimally disruptive to their lives.

Source: 1. Heitzer AM, Raghubar K, Ris MD, et al. Neuropsychological functioning following surgery for pediatric low-grade glioma: a prospective longitudinal study. J Neurosurg Pediatr. 2019;1-9. doi:10.3171/2019.9.PEDS19357. 2. Bryant R. Managing side effects of childhood cancer treatment. J Pediatr Nurs. 2003;18(2):113-125. doi:10.1053/jpdn.2003.11. 3. Zahnreich S, Schmidberger H. Childhood cancer: occurrence, treatment and risk of second primary malignancies. Cancers (Basel). 2021;13(11):2607. doi:10.3390/cancers/13112607. 4. National Cancer Institute. Fertility issues in girls and women with cancer. http://www.cancer.gov. Accessed June 13, 2022. 5. Alessi I., Caroleo A.M., de Palma L., Mastronuzzi A., Pro S., Colafati G.S., Boni A., Della Vecchia N., Velardi M., Evangelisti M., et al. Short and Long-Term Toxicity in Pediatric Cancer Treatment: Central Nervous System Damage. Cancers. 2022;14:1540. doi: 10.3390/cancers14061540.

Tovorafenib (DAY101) Inhibits Both BRAF Fusions And BRAF V600 Mutations



Tovorafenib (DAY101) is an investigational, oral, selective, CNS-penetrant, type II RAF inhibitor that was designed to inhibit both monomeric and dimeric RAF kinase

- Activity in tumors driven by both RAF fusions and BRAF V600E mutations
- Tablet and pediatric-friendly liquid suspension
- Once weekly dosing

Currently approved type I BRAF inhibitors are indicated for use in patients with tumors bearing BRAF V600E mutations

- Type I BRAF inhibitors cause paradoxical MAPK activation in the setting of wild-type RAF, increasing the risk of tumor growth in BRAF fusion-driven

Source: 1. Sun Y et al., Neuro Oncol. 2017; 19: 774–85; 2. Sievart AJ et al., PNAS. 2013; 110:5957-62; 3. Karajannis MA et al., Neuro Oncol 2014;16(10):1408-16.

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Pivotal Phase 2 Trial Of Monotherapy Tovorafenib (DAY101) In Relapsed Or Progressive pLGG (FIREFLY-1) – Fully Enrolled & Data Accepted by FDA

Trial Design

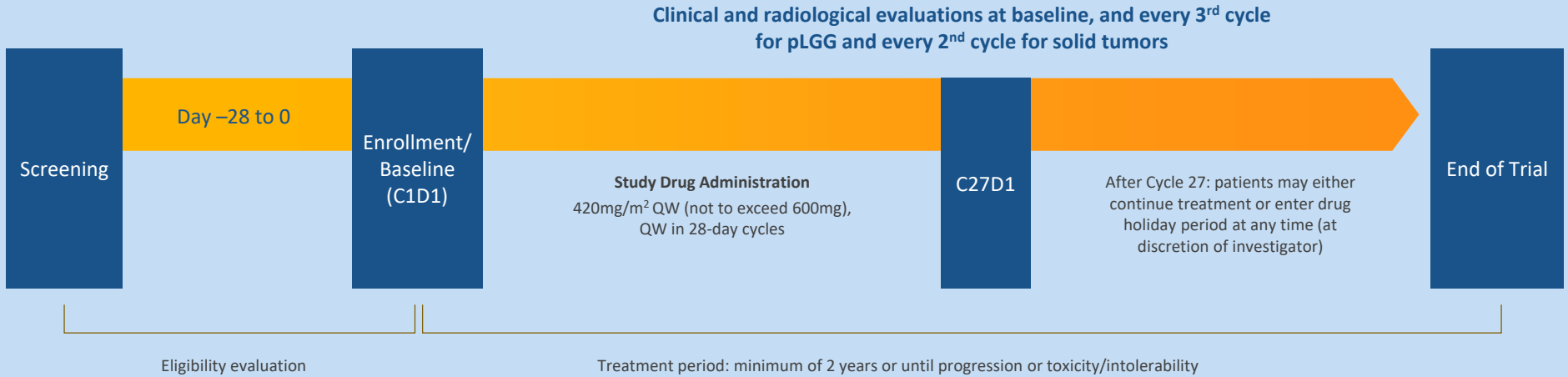
- Three arm, open-label, global registrational phase 2 trial
  - **Pivotal Arm 1 (recurrent/progressive pLGG, n=77): harboring a KIAA1549-BRAF fusion or BRAF V600E mutation**
  - Arm 2 (expanded access recurrent/progressive LGG, n=60): harboring an activating RAF alteration
  - Arm 3 (extracranial solid tumors): harboring an activating RAF fusion

Endpoints (Pivotal Arm 1)

- **Primary endpoint: ORR based on RANO-HGG[1], assessed by blinded independent central review**
- Secondary endpoints: ORR by RAPNO-LGG[2] assessed by blinded independent central review; PFS, DoR; TTR, CBR; safety
- Exploratory analyses: ORR and CBR by RANO-LGG[3] assessed by blinded independent central review

Key Inclusion Criteria

- 6 months – 25 years of age
- RAF-altered tumor
- ≥1 prior line of systemic therapy with radiographic progression
- Prior use of MAPK pathway targeted therapy was permitted



June 5, 2023 data cutoff. [1] Wen PY, et al. *J Clin Oncol*. 2010;28(11):1963-1972. [2] Fangusaro J, et al. Lancet Oncol. 2020;21(6):e305–316. [3] van den Bent MJ, et al. Lancet Oncol. 2011;12(6):583-593. Abbreviations: CBR, clinical benefit rate; IRC, independent review committee; C, cycle; D, day; LGG, low-grade glioma; ORR, objective response rate; PFS, progression-free survival; DoR, duration of response; QW, once weekly; TTR, time to response; RANO, Response Assessment in Neuro-Oncology; RAPNO, Response Assessment in Pediatric Neuro-Oncology; MAPK, mitogen-activated protein kinase. For more information, please refer to NCT04775485

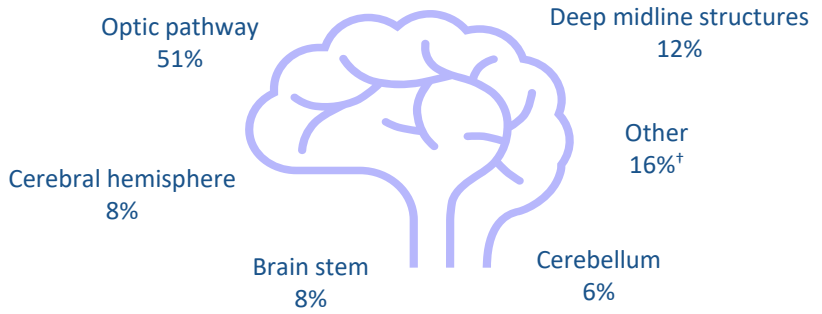
Data from Pivotal Phase 2 FIREFLY-1 Trial

June 5, 2023 data cutoff

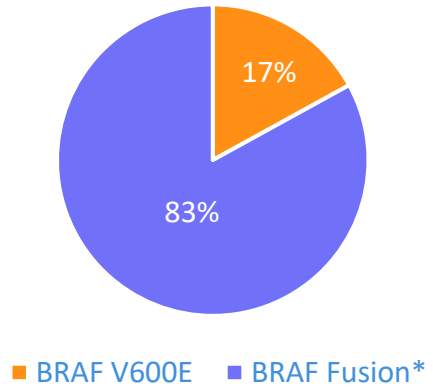
FIREFLY-1 Baseline Patient Characteristics

Characteristic	Arm 1 (n=77)
Median age, years (range)	8 (2-21)
Sex, n (%)	
Male	40 (52)
Female	37 (48)
Race, n (%)	
White	41 (53)
Asian	5 (6)
Black	2 (3)
Multiple	3 (4)
Other	6 (8)
Not specified	20 (26)
Number of lines of prior systemic therapy	
Median (range)	3 (1-9)
1, n (%)	17 (22)
2, n (%)	21 (27)
≥3, n (%)	39 (51)
Prior MAPK pathway targeted therapy, n (%)	
Prior MEK inhibitor	43 (56)
Prior BRAF inhibitor	8* (10)
Prior BRAF and MEK inhibitors‡	5 (7)
Any MAPK inhibitor	46 (60)

Location (n=77)

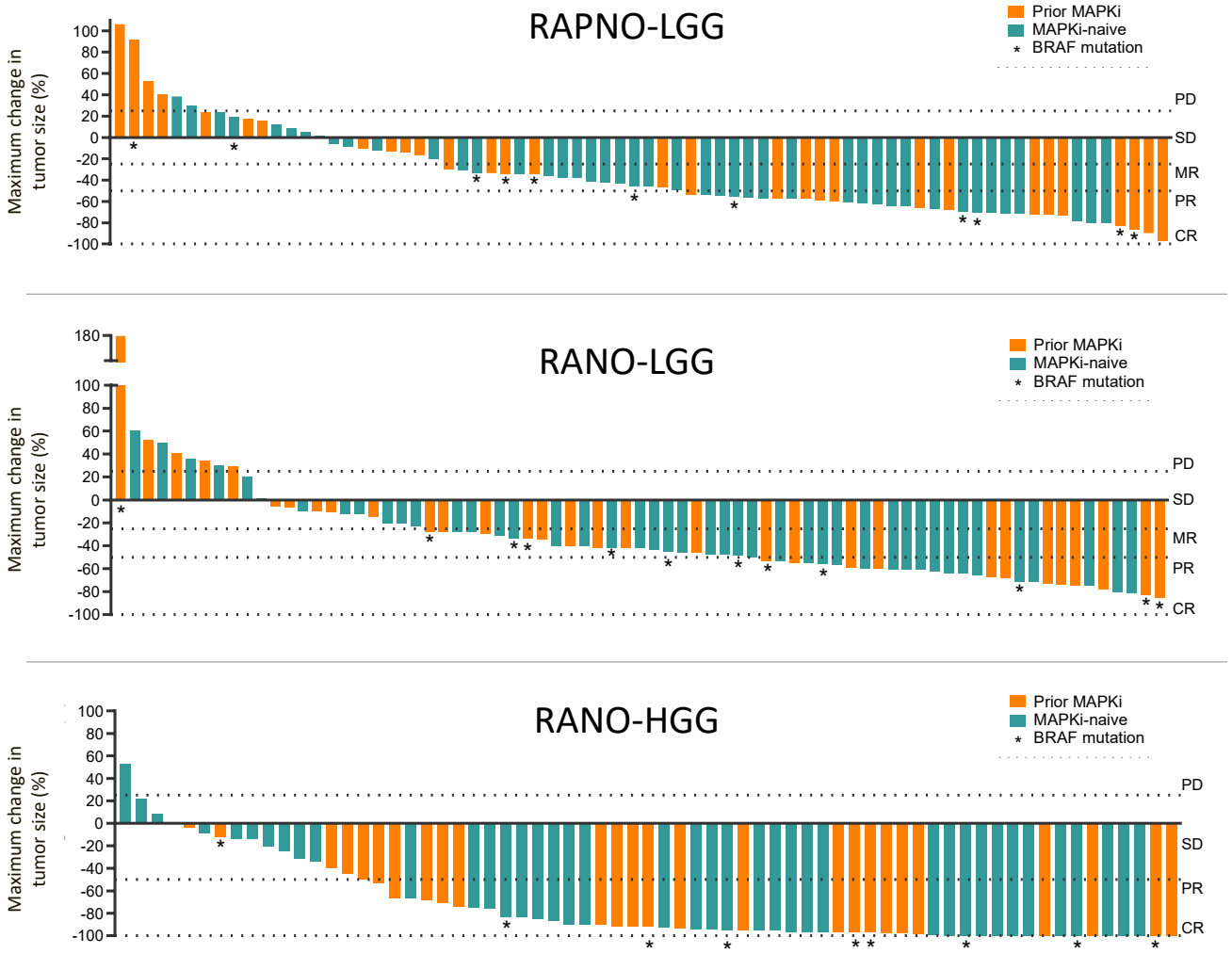


***BRAF* alteration (n=77)**



June 5, 2023 data cutoff. *Includes 6 patients with BRAF duplication and 2 with BRAF rearrangement per fluorescence in situ hybridization or in situ hybridization. †Includes tumors that were extending into multiple regions of the brain, leptomeningeal disease, and/or spinal disease. ‡The 5 patients that had previously received both a MEK inhibitor and also a BRAF inhibitor are recorded in both the "Prior MEK inhibitor" and "Prior BRAF inhibitor" groups. MAPK, mitogen-activated protein kinase.

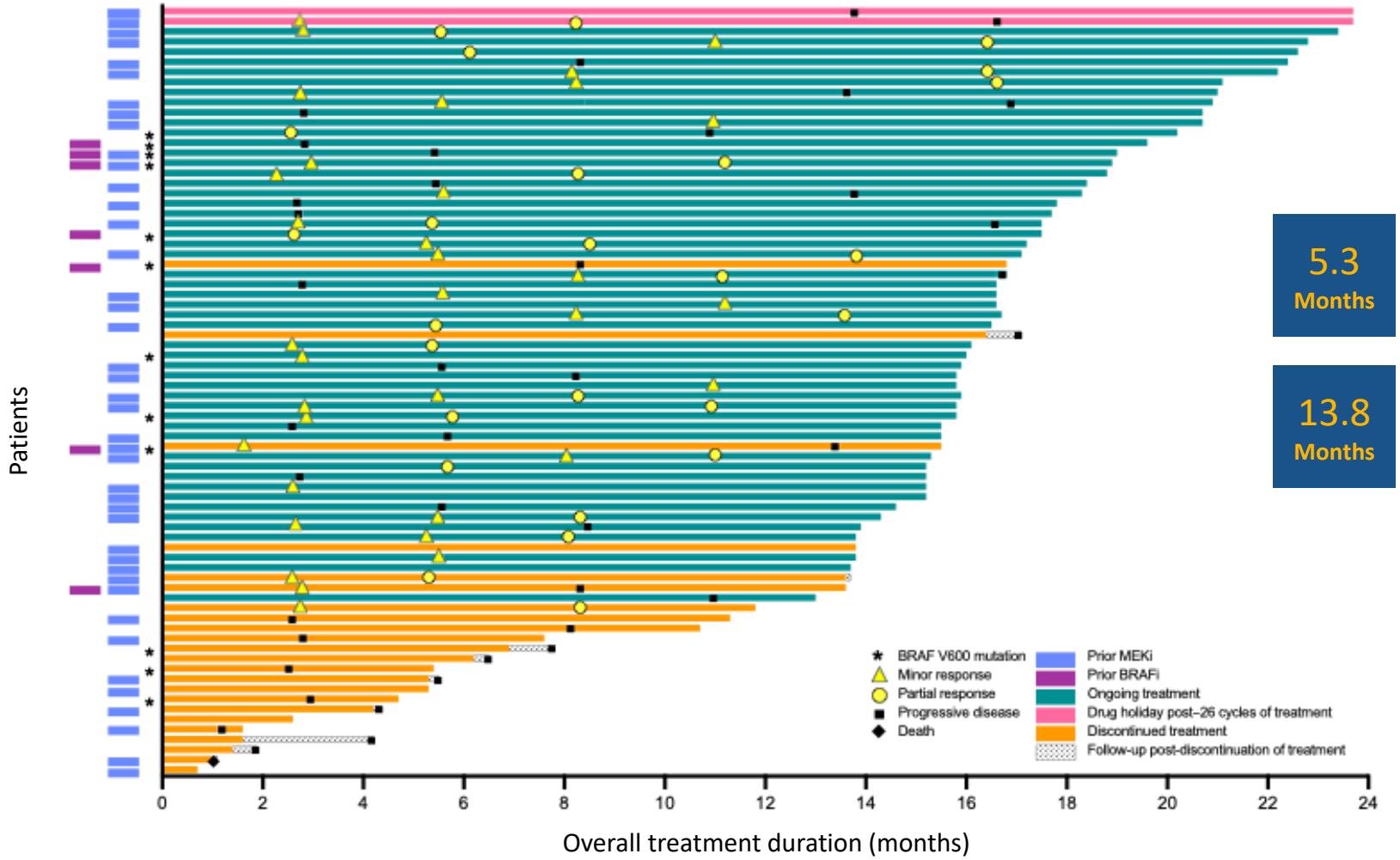
Tumor Response To Tovorafenib (DAY101) Using RAPNO-LGG, RANO-LGG and RANO-HGG



Response (IRC)	RAPNO-LGG n=76	RANO-LGG N=76	RANO-HGG N=69
ORR,* n (%)	**39 (51)**	**40 (53)**	**46 (67)**
95% CI	40-63	41-64	54-78
CBR,* n (%)			
SD of any length of time	62 (82)	63 (83)	64 (93)
SD ≥12 months	43 (57)	46 (61)	54 (78)
BOR,* n (%)			
CR	0	0	12 (17)
PR	28 (37)	20 (26)	34 (49)
MR	11 (14)	20 (26)	n/a
SD	23 (30)	23 (30)	18 (26)
SD <12 months	19 (25)	17 (22)	10 (14)
SD ≥12 months	4 (5)	6 (8)	8 (12)
PD	13 (17)	11 (14)	4 (6)
NE	1 (1)	2 (3)	1 (1)
Median DOR, months	**13.8**	**14.4**	**16.6**
95% CI	11.3-NR	11.0-NR	11.6-NR
Median TTR, months	**5.3**	**5.5**	**3.0**
Range	1.6-11.2	1.6-11.3	2.6-16.6

June 5, 2023 data cutoff. BOR, best overall response; CBR, clinical benefit rate; CI, confidence interval; CR, complete response; DOR, duration of response; HGG, high-grade glioma; IRC, independent radiology review committee; LGG, low-grade glioma; MR, minor response; n/a, not applicable; NE, not evaluable; NR, not reached; ORR, overall response rate; PD, progressive disease; PR, partial response; RANO, Response Assessment in Neuro-Oncology; RAPNO, Response Assessment in Pediatric Neuro-Oncology; SD, stable disease; TTR, time to response. * ORR, CBR and BOR for RAPNO-LGG and RANO-LGG included MRs.

Duration Of Tovorafenib (DAY101) Therapy For All Patients With RAPNO-LGG Evaluable Lesions

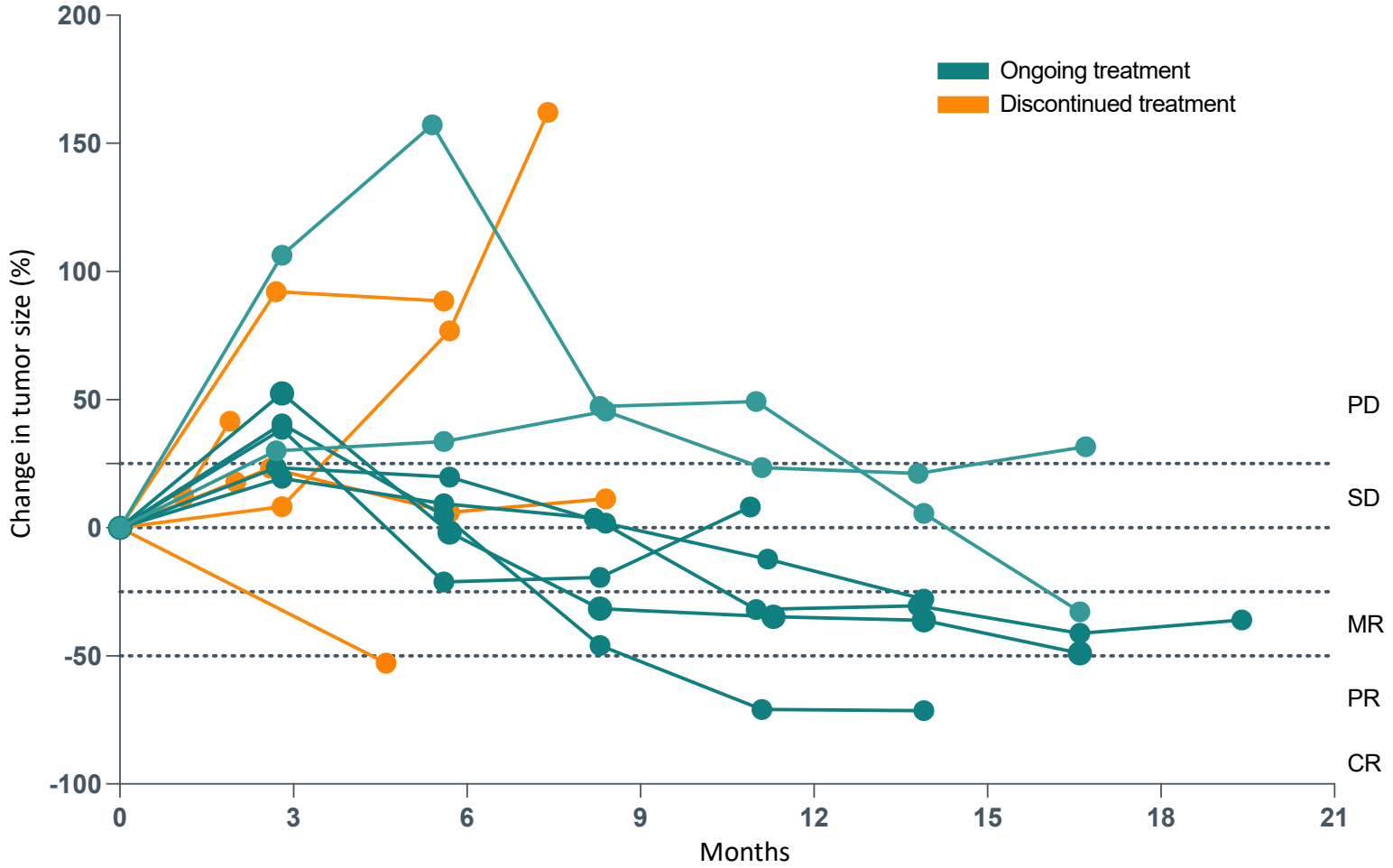


5.3 Months — Median time to response

13.8 Months — Median duration of treatment

June 5, 2023 data cutoff.

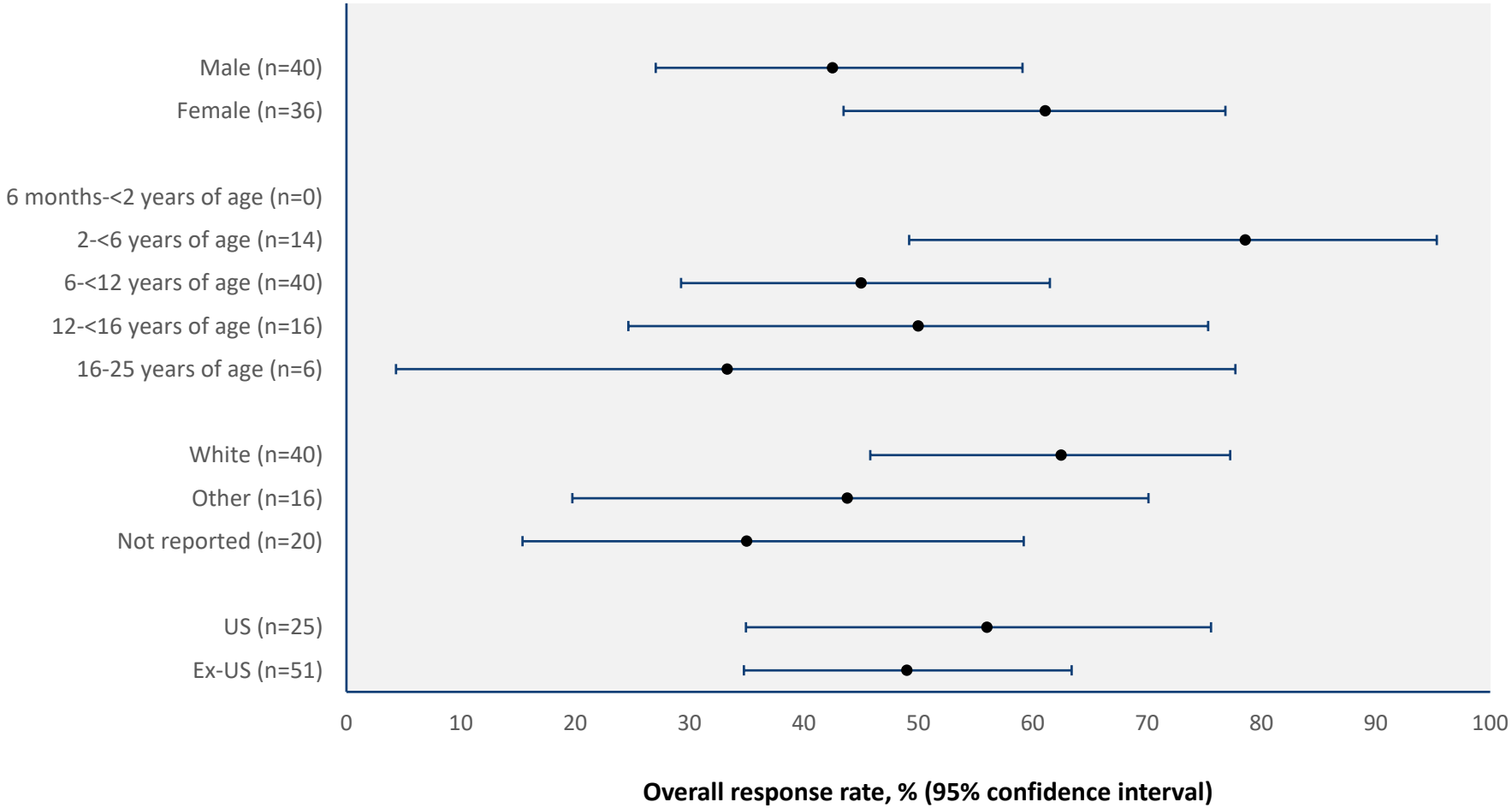
Tumor Kinetics In Patients With Best Response Of Progressive Disease According To RAPNO-LGG



The majority of patients who had radiographic progression by RAPNO-LGG at their initial disease assessment had subsequent prolonged reductions in the size of their tumor with continued treatment.

June 5, 2023 data cutoff.

Tumor Response To Tovorafenib (DAY101) According To RAPNO-LGG In Subgroups Defined By Baseline Characteristics



Analysis of response data across various subgroups shows no significant differences in response rate by RAPNO-LGG.

June 5, 2023 data cutoff. Other races included Asian (n=5), Black (n=2), Multiple (n=3),and Other (n=6). There were no Native Hawaiian or other Pacific Islander or American Indian or Alaska Native. No race information was missing. Ex, External to; US, United States.

Tumor Response To Tovorafenib (DAY101) Across Three Assessment Criteria Were Consistent Across BRAF Fusion And Mutation Patients, and Patients With Prior MAPK Treatment

Response (IRC)	RAPNO-LGG[2] n		RANO-LGG[3,4] n		RANO-HGG[1] n	
ORR,* n (%)	**76**	**39 (51)**	**76**	**40 (53)**	**69**	**46 (67)**
BRAF fusion	64	33 (52)	64	33 (52)	59	41 (69)
BRAF mutation	12	6 (50)	12	7 (58)	10	5 (50)
Prior MAPKi	45	22 (49)	45	23 (51)	41	29 (71)
MAPKi-naive	31	17 (55)	31	17 (55)	28	17 (61)
CBR,* n (%) (SD of any length of time)	**76**	**62 (82)**	**76**	**63 (83)**	**69**	**64 (93)**
BRAF fusion	64	53 (83)	64	53 (83)	59	55 (93)
BRAF mutation	12	9 (75)	12	10 (83)	10	9 (90)
Prior MAPKi	45	38 (84)	45	38 (84)	41	37 (90)
MAPKi-naive	31	24 (77)	31	25 (81)	28	27 (96)
CBR,* n (%) (SD ≥12 months)	**76**	**43 (57)**	**76**	**46 (61)**	**69**	**54 (78)**
BRAF fusion	64	37 (58)	64	39 (61)	59	49 (83)
BRAF mutation	12	6 (50)	12	7 (58)	10	5 (50)
Prior MAPKi	45	25 (56)	45	26 (58)	41	33 (80)
MAPKi-naive	31	18 (58)	31	20 (65)	28	21 (75)
Median DOR, months (95% CI)**	**39**	**13.8 (11.3-NR)**	**40**	**14.4 (11.0-NR)**	**46**	**16.6 (11.6-NR)**
BRAF fusion	33	13.8 (11.3-NR)	33	16.3 (11.0-NR)	41	16.8 (11.6-NR)
BRAF mutation	6	NR (8.4-NR)	7	12.0 (8.4-NR)	5	15.1 (8.3-NR)
Prior MAPKi	22	13.8 (11.3-NR)	23	12.0 (8.5-NR)	29	15.1 (9.0-16.8)
MAPKi-naive	17	NR (8.4-NR)	17	16.3 (8.4-NR)	17	NR (11.6-NR)

June 5, 2023 data cutoff. [1] Fangusaro J, et al. *Lancet Oncol.* 2020;21(6):e305–316. [2] Fangusaro J, et al. *Lancet Oncol.* 2020;21(6):e305–316. [3] van den Bent MJ, et al. *Lancet Oncol.* 2011;12(6):583-593. 4. Wen PY, et al. *J. Clin Oncol.* 2017;35(21),2439-2449. * ORR, CBR for RAPNO-LGG and RANO-LGG included MRs. ** the 95% CI were calculated using Kaplan-Meier method.

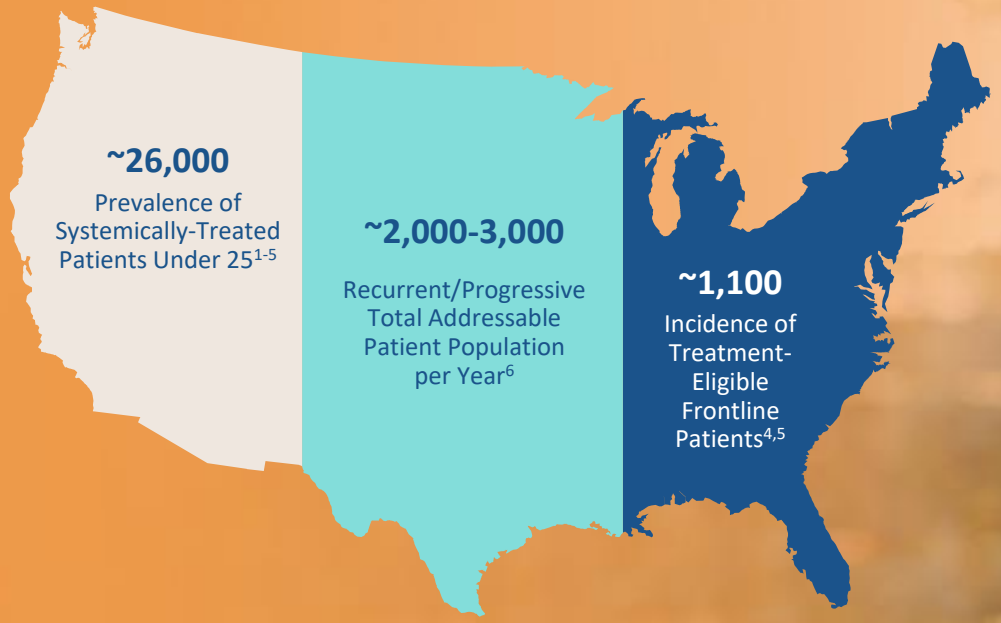
Tovorafenib (DAY101) Safety Data (n=137)

	TEAEs		TRAEs	
Preferred Term, n (%)	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Any AE	137 (100)	86 (63)	134 (98)	58 (42)
Hair color changes	104 (76)	0	104 (76)	0
Anemia	81 (59)	15 (11)	67 (49)	14 (10)
Elevated CPK	80 (58)	16 (12)	77 (56)	16 (12)
Fatigue	76 (55)	6 (4)	60 (44)	6 (4)
Vomiting	68 (50)	6 (4)	28 (20)	3 (2)
Hypophosphatemia	64 (47)	0	48 (35)	0
Headache	61 (45)	2 (1)	29 (21)	0
Maculo-papular rash	60 (44)	11 (8)	56 (41)	11 (8)
Pyrexia	53 (39)	5 (4)	17 (12)	1 (1)
Dry skin	49 (36)	0	45 (33)	0
Elevated LDH	48 (35)	0	42 (31)	0
Increased AST	47 (34)	4 (3)	41 (30)	4 (3)
Constipation	45 (33)	0	31 (23)	0
Nausea	45 (33)	0	25 (18)	0
Upper RTI	43 (31)	2 (1)	2 (1)	0
Dermatitis acneiform	42 (31)	1 (1)	41 (30)	1 (1)
Epistaxis	42 (31)	1 (1)	27 (20)	0
Decreased appetite	39 (28)	5 (4)	28 (20)	4 (3)
Paronychia	36 (26)	2 (1)	32 (23)	2 (1)
Pruritus	35 (26)	1 (1)	32 (23)	1 (1)
COVID-19	34 (25)	0	0	0

- The most common reasons for discontinuation were tumor hemorrhage (3 patients) and decrease in growth velocity (2 patients)
- 33 patients (24%) had TRAEs leading to dose reduction; 50 patients (37%) had TRAEs leading to dose interruption
- Median duration of dose interruption was 2 weeks
- 9 patients (7%) had TRAEs leading to discontinuation

June 5, 2023 data cutoff. Treatment-emergent AEs ≥25% any grade in arms 1 & 2. AE, adverse event; ALT, Alanine transaminase; AST, aspartate aminotransferase; COVID-19, Coronavirus disease 2019; CPK, creatine phosphokinase; LDH, lactate dehydrogenase; RTI, respiratory tract infection; TEAEs, treatment-emergent adverse events; TRAEs, treatment-related adverse events.

Estimated *BRAF*-Altered pLGG Patient Population In The U.S.



The estimated addressable pool of recurrent or progressive pLGG patients is ~2,000-3,000[6] per year at steady state*

[1] Selt F, van Tilburg CM, Bison B, et al. Response to trametinib treatment in progressive pediatric low-grade glioma patients. J Neurooncol. 2020;149(3):499-510. doi:10.1007/s11060-020-03640-3. [2] Ryall S, Tabori U, Hawkins C. Pediatric low-grade glioma in the era of molecular diagnostics. Acta Neuropathol Commun. 2020;8(1):30. doi:10.1186/s40478-020-00902-z. [3] SEER US complete prevalence counts of patients aged under 25 with Brain and Other Nervous Systems tumors as of January 1, 2017. [4] CBTRUS, Qaddoumi et al 2009, Schreck et al 2019, ClearView Analysis. [5] US Census. Estimated annual incidence, estimated prevalence, and estimated recurrent/progressive total addressable patient population are Day One calculations based on publicly available data. [6] Source: Internal market research conducted by EpidStrategies, A Division of ToxStrategies, Inc. on behalf of Day One , * The estimated addressable pool of recurrent or progressive pLGG patients is based on progression free survival curves modeled from published literature.

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Preparing for a Successful Launch*

Key Factors

- Communicate strong clinical profile for tovorafenib without significant disruption to childhood
- Enable patient access through establishing broad coverage and patient support programs
- Experienced, fully dedicated field sales force (18 U.S. Account Managers)
- Positive patient experience, drug profile consisting of once-weekly dosing (oral tablet or liquid formulation)

Priorities

Drive FIREFLY-1 Trial and Physician Awareness

Build momentum with pediatric oncologists at the ~200 U.S. Centers of Excellence

Enable unrestricted patient access

* Pending FDA Approval

Key Takeaways From FIREFLY-1 Data And Next Steps

- Response rate is clinically meaningful from FIREFLY-1 for pediatric patients with recurrent or progressive LGG harboring *BRAF* fusions or *BRAF* V600E mutations ("*BRAF*-altered")
  - **67% ORR by RANO-HGG**
  - **51% ORR by RAPNO-LGG**
  - **53% ORR by RANO-LGG**
- Deepening of responses observed in patients from December 2022 to June 2023 data cutoffs across all three assessment criteria
- Meaningful duration of response as of data cutoff (median times: 16.6 months with RANO-HGG, 13.8 months with RAPNO-LGG, and 14.4 months with RANO-LGG)*
- Responses were observed in patients with either *BRAF* fusion or *BRAF* V600E mutations
- Responses seen in a heavily-pretreated population where the majority (60%) of patients progressed on or after one or more prior MAPK inhibitors
- Safety and tolerability profile indicating monotherapy tovorafenib to be generally well-tolerated
- FDA Rare Pediatric Disease Designation for pLGG, eligible for Priority Review Voucher

Next Steps: Priority review granted with PDUFA target action date of April 30, 2024

June 5, 2023 data cutoff. * RANO-HGG 95% CI: 11.6-NR, RAPNO-LGG 95% CI: 11.3-NR, RANO-LGG 95% CI: 11.0-NR.

FIREFLY-2 / LOGGIC

Pivotal Phase 3 Trial of Tovorafenib (DAY101) in Frontline pLGG

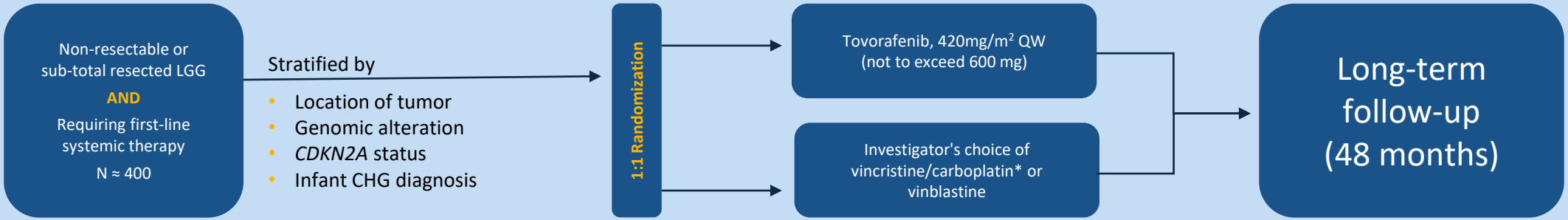
FIREFLY-2/LOGGIC Pivotal Phase 3 Trial Of Tovorafenib (DAY101) In Frontline pLGG

Trial Design

- Randomized, global, registrational Phase 3 trial of monotherapy tovorafenib (DAY101) vs SoC chemotherapy
- Eligibility: Patients aged 6 months to <25 years with LGG harboring a RAF alteration and requiring first-line systemic therapy
- Tovorafenib (DAY101) available as tablets and pediatric-friendly liquid suspension
- Patients who progress after stopping tovorafenib (DAY101) may be re-challenged
- Patients who progress in the SoC arm during or post-treatment may cross-over to receive tovorafenib

Endpoints

- **Primary endpoint: ORR based on RANO-LGG criteria, assessed by blinded independent central review[1]**
  - **The ORR primary analysis is expected to occur ~12 months after the last patient randomized**
- Key secondary endpoints: PFS and DoR by RANO criteria, ORR by RAPNO criteria
- Other secondary endpoints: changes in neurological and visual function, safety, and tolerability
- Key exploratory objectives: QoL and health utilization measures



* COG or SIOPe-LGG regimen. Abbreviations: CHG, chiasmatic, hypothalamic glioma; DoR, duration of response; LGG, low-grade glioma; ORR, objective response rate; QoL, quality of life; QW, once weekly; SoC, standard of care.
[1] Primary endpoint of FIREFLY-2 will be ORR by RANO-LGG (2017) following full approval by FDA on March 16, 2023 of dabrafenib with trametinib in pediatric patients with low-grade glioma with a BRAF V600E mutation who require systemic therapy based on a study with the same primary endpoint.

FIRELIGHT-1

Phase 1b/2 Trials Evaluating Tovorafenib (DAY101)
as a Combination with Pimasertib

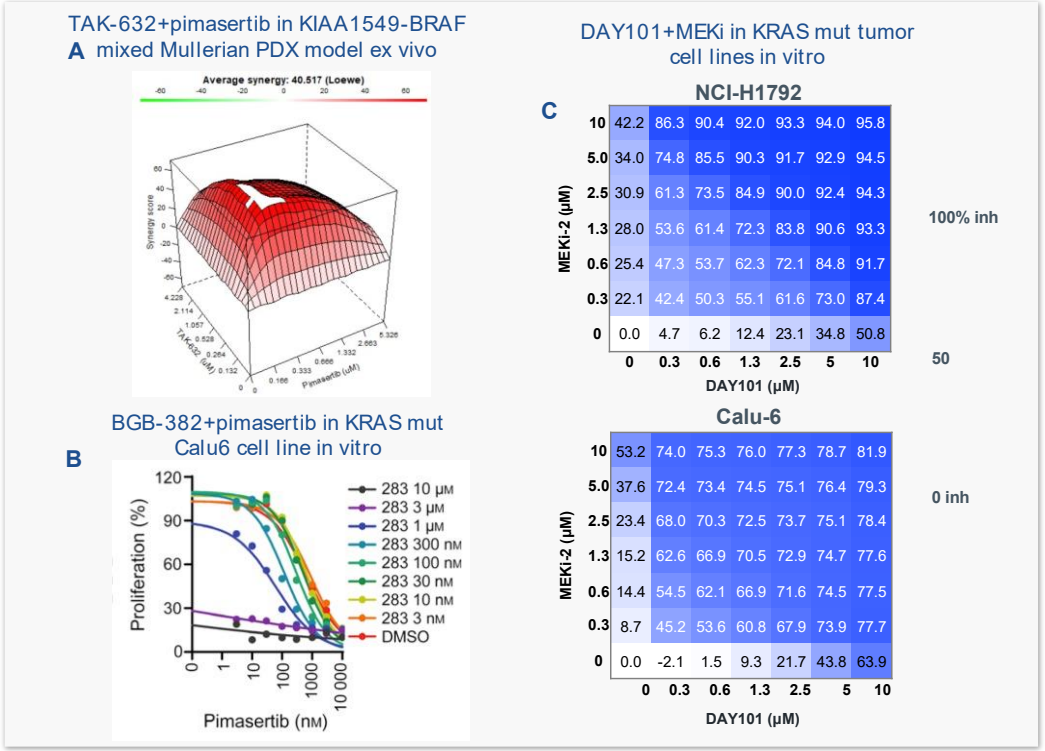
Pimasertib: Investigational Allosteric MEK1/2 Inhibitor With Demonstrated Activity In MAPK-Driven Solid Tumors

- Pimasertib is an investigational orally-bioavailable, selective, non-competitive MEK1/2 inhibitor in-licensed from Merck KGaA in February 2021
- Extensive non-clinical and clinical development work through Phase 2, including a solid tumor trial in Japan and combinations with other MOAs
- Main AEs typical for all in-class allosteric MEK inhibitors (GI, CPK elevation, skin rash, visual disturbances)
- Nearly three-fold higher CNS penetration than other MEKi inhibitors (trametinib or selumetinib)
- Pimasertib showed monotherapy clinical activity, including an improvement in median PFS versus dacarbazine in NRAS mutant melanoma
- Combination with tovorafenib (DAY101) and other targeted therapies may unlock the full value of pimasertib in advanced solid tumors

Sources: Pimasertib Investigator Brochure, v12, 2019; de Gooijer et al., Int J Cancer, 2018; Shaw et al., AACR LB-456, 2012; Lebbe et al., Cancers, 2020.

Vertical MAPK Pathway Inhibition With Tovorafenib (DAY101) And Pimasertib May Unlock Potential Synergy For Adult Solid Tumors

BRAF non-V600 mutant	KRAS or NRAS mutant
MEK ERK	RAF/ MEK/ERK PI3K/m TOR PI3K/m TOR
Proliferation, survival	Proliferation, survival
Type II RAFi + MEKI	Type II RAFi + MEKI
Non V600 BRAF dimers are effectively inhibited by type II RAFi , but not type I BRAFi	Targeting multiple nodes of MAPK pathway will drive deeper and more durable response



A Type II RAFi + MEKi is synergistic in BRAF fusion melanoma PDX model ex vivo (internal data)

B Sensitivity of KRAS Q61 mutant cells to pimasertib is enhanced when cells are treated with the type II BRAF inhibitor BGB-283 (Yuan et al., Mol Onc 2020)

C Tovorafenib (DAY101) + MEK inhibitor is synergistic in KRAS G12C and Q61 mutant tumor cells (Venetsanakos et al., 2021 AACR poster presentation)

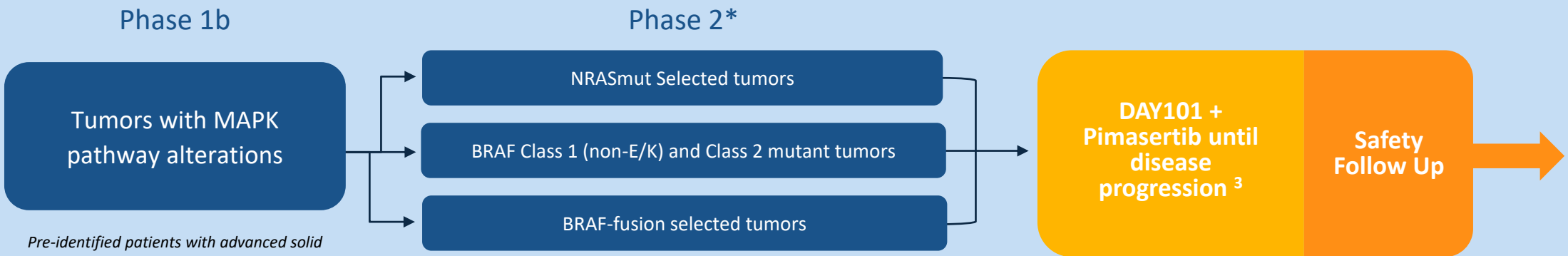
Tovorafenib (DAY101) / Pimasertib Combination In Solid Tumors (FIRELIGHT-1)

Trial Design[1]

- Combination dose escalation, global phase 1b/2 trial[2]
- Phase 1b, BOIN (adaptive), n = 10/cohort (approximately)
- Phase 2, Simon 2-stage, n = 25/cohort (approximately)
- Eligibility: Patients aged 12 years and older, dose escalation will be performed in advanced solid tumor patients with any MAPK alteration. Expansion cohorts will focus on indications with a potential path to accelerated approval

Endpoints

- Phase 1b: PK, PD and Safety, MTD/RP2D
- Phase 2: Efficacy (ORR, DOR)



Abbreviations: BOIN, Bayesian Optimal Interval Design; BRAF, B-Raf proto-oncogene, serine/threonine kinase; MAPK, mitogen-activated protein kinase; NRAS, neuroblastoma rat sarcoma viral oncogene. [1]Umbrella master study – DAY101-102 (main protocol) DAY101 and MAPK pathway aberration, Sub-study 1 monotherapy (DAY101-102a), Sub-study 2 MEK combo (DAY101-102b).[2]Intend to open U.S. and ex-U.S. clinical sties. [3]DAY101 + Pimasertib until disease progression, intolerable toxicity, withdrawal of consent, or death

Summary

Financial Summary: DAWN

Cash, cash equivalents and short-term investments as of December 31, 2023: $366.3 million (no debt)

~87.4 million shares of common stock outstanding as of February 21, 2024

$ Millions	Twelve Months Ended 12/31/23	Twelve Months Ended 12/31/22
R&D Expense	$130.5	$85.6
G&A Expense	$75.5	$61.3
Net Loss	$188.9	$142.2

Projected Cash Runway into 2026

FIREFLY-1: Pivotal Phase 2 clinical trial of tovorafenib (DAY101)

- NDA[1] in May 2023
- FDA acceptance of NDA and priority review granted in October 2023
- PDUFA target action date of April 30, 2024 (PRV eligible)
- Data published in *Nature Medicine* and oral presentations at SNO in November 2023

FIREFLY-2/LOGGIC: Pivotal Phase 3 clinical trial of tovorafenib (DAY101) in newly diagnosed pLGG

- First patient dosed in March 2023

All financial and share information is unaudited. [1]NDA data set includes analysis of primary (ORR by RANO-HGG) and secondary (ORR by RAPNO, PFS) efficacy endpoints, safety, and exploratory analyses (including ORR by RANO-LGG). PRV, Priority Review Voucher.

2023 Key Accomplishments

FIREFLY-1: Relapsed or Progressive pLGG

- NDA initiated in May 2023
- Clinical data presented in oral presentation at ASCO in June 2023
- FDA acceptance of NDA and priority review granted in October 2023
- Data published in *Nature Medicine* and oral presentation at SNO in November 2023
- PDUFA target action date of April 30, 2024

FIREFLY-2: Frontline pLGG

- Dosed the first patient in March 2023

Business Development

- Research collaboration and license agreement for preclinical program targeting VRK1 in August 2023

Financials

- $366.3 million in cash, cash equivalents and short-term investments as of December 31, 2023
- Cash runway into 2026

Priorities as we Expand into a Commercial-Stage Company

Launch Tovorafenib

- Secure the first FDA-approved targeted therapy for pLGG with *BRAF* fusions and point mutations that have relapsed or progressed
- Expand awareness amongst physicians and establish broad coverage to enable patient access
- Following approval, establish tovorafenib as the standard of care for relapsed or progressive pLGG

Advance Portfolio

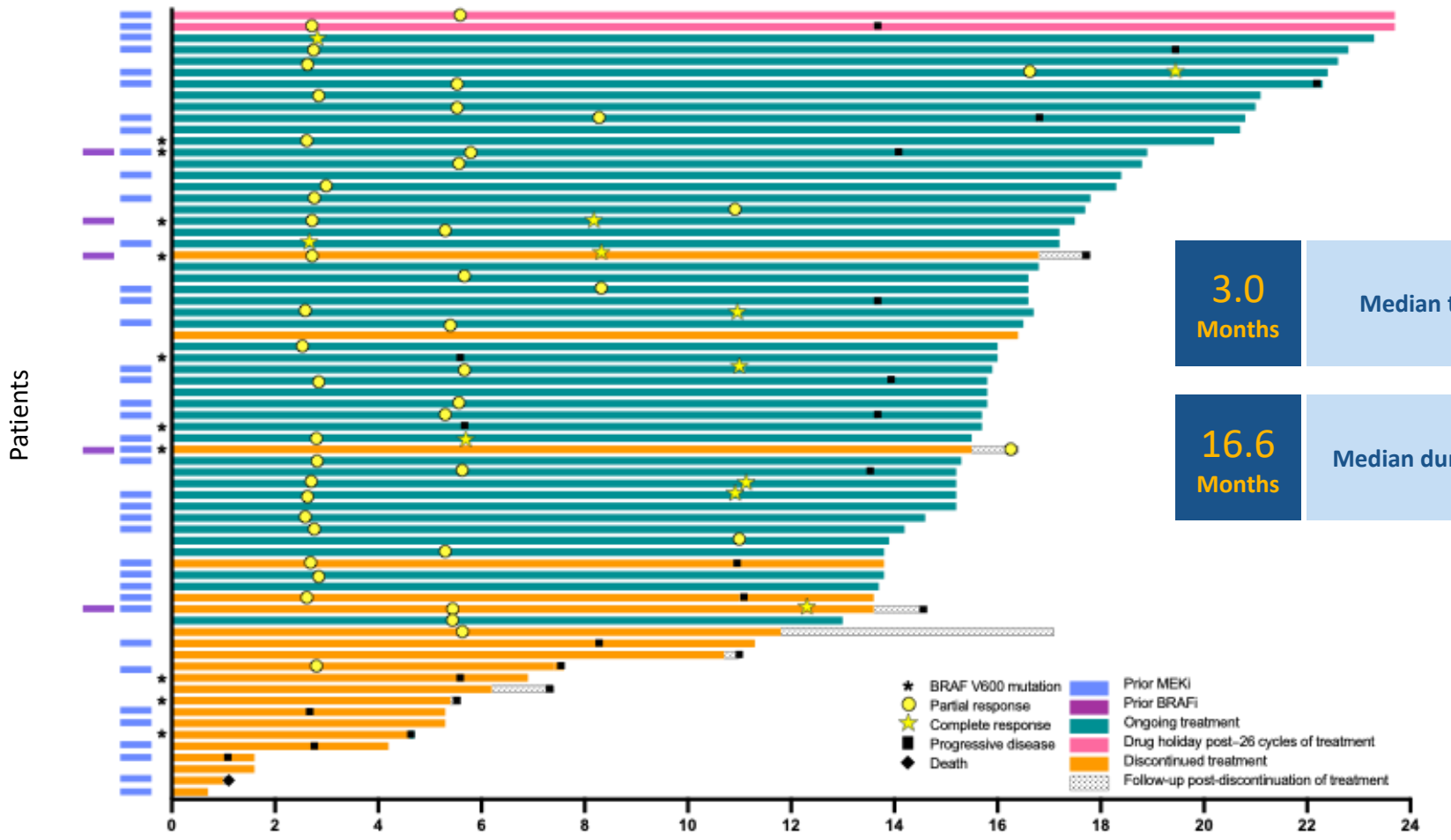
- FIREFLY-2: Study tovorafenib as a frontline therapy for treatment-naive patients with pLGG
- FIRELIGHT-1: Evaluate tovorafenib in combination with pimasertib in adolescent and adult populations
- Advance early stage VRK1 program to clinical development

Expand Pipeline

- Grow Day One into a leading, biopharmaceutical company that is the partner of choice for oncology drug development
- Explore selective partnerships as a source of capital and risk sharing
- Further invest in business development activities to expand our multiple asset portfolio for both children and adults

Appendix

Duration Of Tovorafenib (DAY101) Therapy For All Patients With RANO-HGG Evaluable Lesions

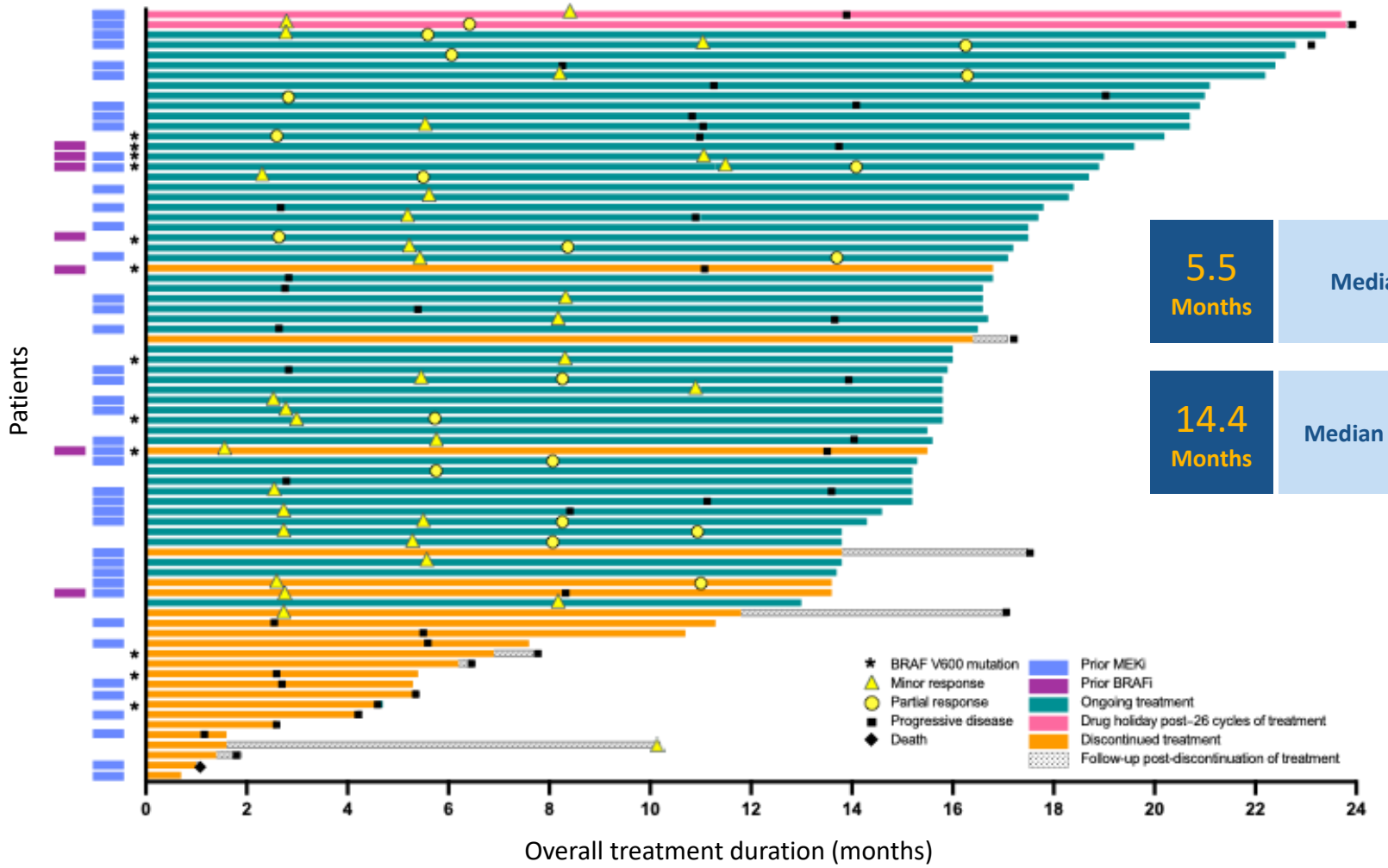


3.0 Months — Median time to response

16.6 Months — Median duration of treatment

June 5, 2023 data cutoff.

Duration Of Tovorafenib (DAY101) Therapy For All Patients With RANO-LGG Evaluable Lesions



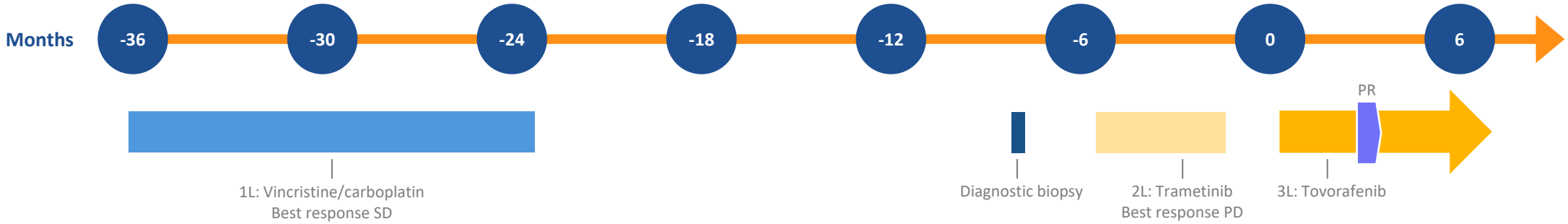
5.5 Months — Median time to response

14.4 Months — Median duration of treatment

June 5, 2023 data cutoff.

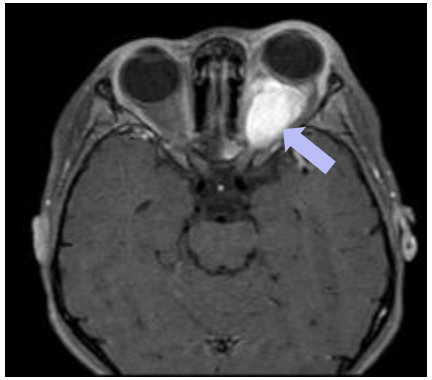
Case Study: Activity Of Tovorafenib (DAY101) In KIAA1549-BRAF Fusion Optic Pathway Glioma

A 7-years-old female child with an optic pathway glioma, with very poor vision, entropion, folliculitis, eczema, mouth ulceration and xerosis

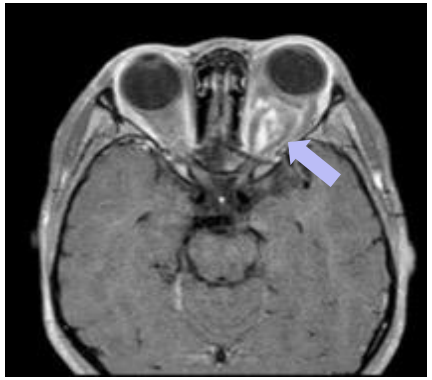


- PR (-58%) and improvement in vision reported at cycle 3
- AEs included grade 3 erythematous rash requiring dose interruption and dose reduction (400 mg QW to 300 mg QW in cycle 1), and grade 2 eczema and maculopapular rash
- Patient continues to receive weekly tovorafenib

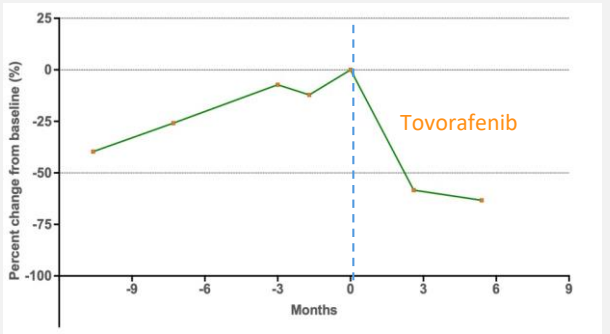
Baseline



After 6 Cycles



Tumor kinetics (RANO)

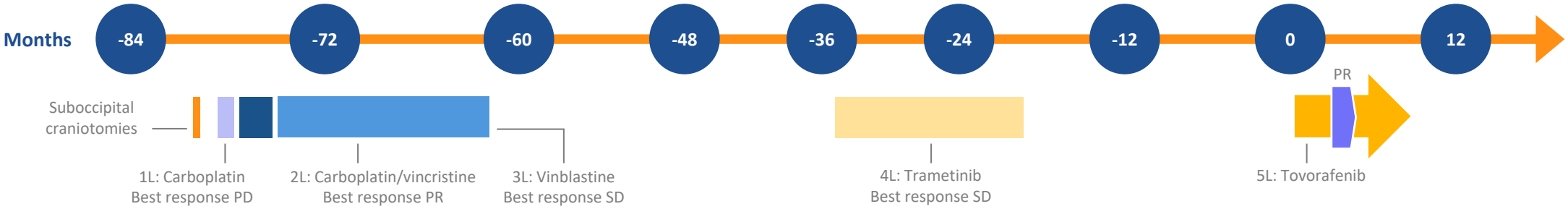


Apr 14, 2022 data cutoff. Tovorafenib is an investigational agent. Safety and efficacy have not been established by any health authority.

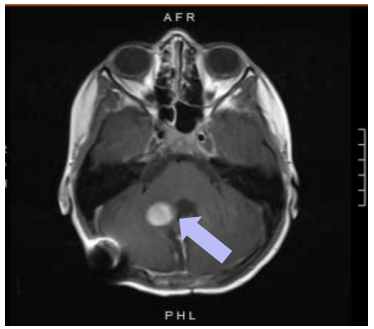
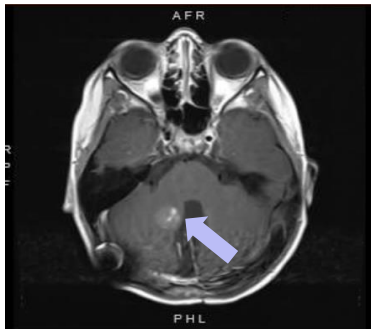
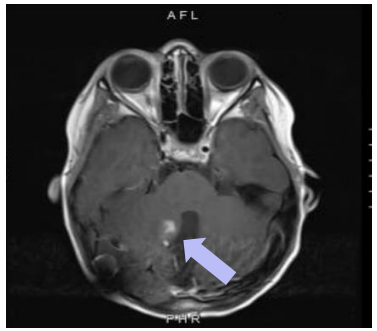
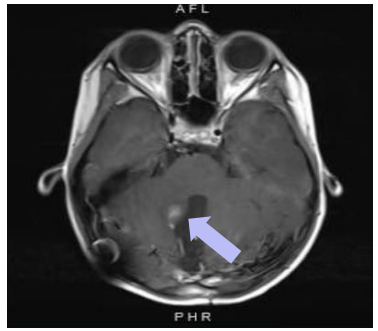
Day One BIOPHARMACEUTICALS

Case Study: Activity Of Tovorafenib (DAY101) In KIAA1549-BRAF Fusion Posterior Fossa Pilocytic Astrocytoma

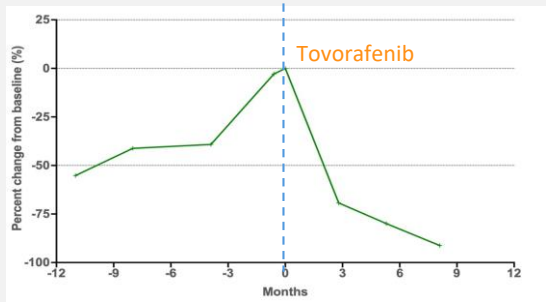
An 8-years-old female child with a posterior fossa pilocytic astrocytoma, eczema, nausea and constipation



- **PR (-69%) at cycle 3 with 500 mg QW tovorafenib, with a deepening of response (80% and 91% in cycles 6 and 9, respectively) over time**
- **AEs included grade 2 decrease in neutrophil count, pustular rash, and upper respiratory infection**
- **Patient continues to receive weekly tovorafenib**

Baseline	After 3 Cycles	After 6 Cycles	After 9 Cycles
			

Tumor kinetics

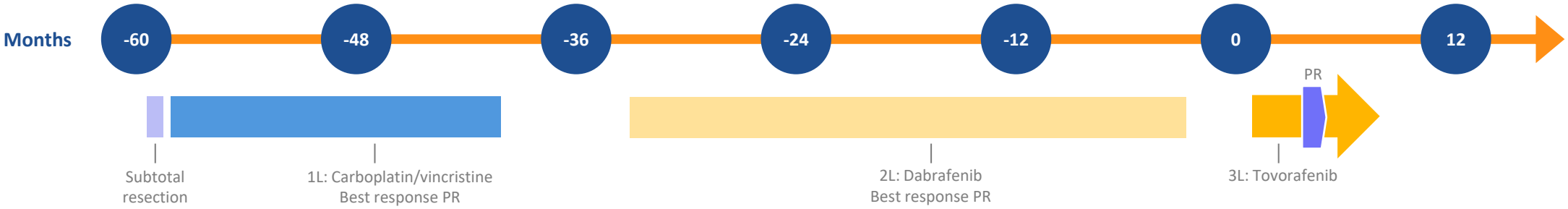


Apr 14, 2022 data cutoff. Tovorafenib is an investigational agent. Safety and efficacy have not been established by any health authority.

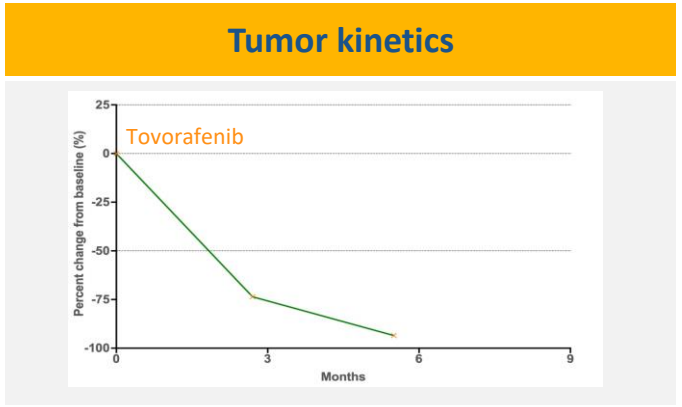
Day One BIOPHARMACEUTICALS

Case Study: Activity Of Tovorafenib (DAY101) In BRAF V600E Mutation Deep Midline Astrocytoma

A 9-year-old female child with deep midline BRAF V600E-mutant astrocytoma with precocious puberty



- **PR (-74%) at cycle 3, with a deepening of response (-94%) at cycle 6**
- **AEs included grade 3 maculopapular rash and increased CPK, requiring drug interruption and dose reduction (500 mg QW to 400 mg QW in cycle 1)**
- **Tovorafenib dose was re-escalated back to 500 mg QW in cycle 4; patient continues on treatment**

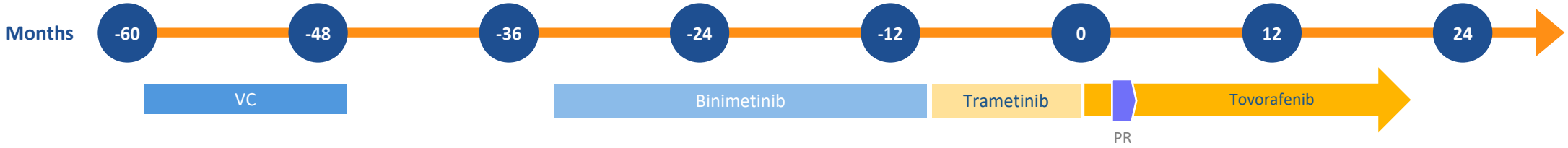


Apr 14, 2022 data cutoff. Tovorafenib is an investigational agent. Safety and efficacy have not been established by any health authority.

Day One BIOPHARMACEUTICALS

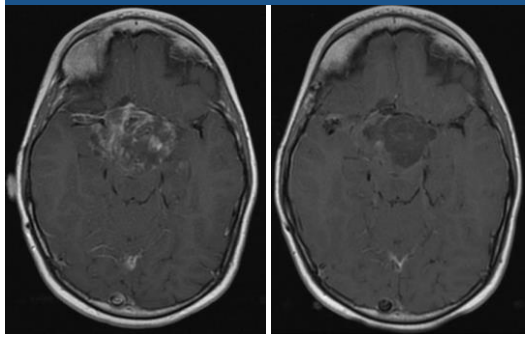
Case Study: Activity Of Tovorafenib (DAY101) In KIAA1549-BRAF Fusion Posterior Fossa Pilocytic Astrocytoma

8-year-old boy with relapsed pilomyxoid astrocytoma of the optic pathway, with visual loss in right eye, visual field loss in left eye, fatigue, intermittent nausea/vomiting, intermittent headaches, anorexia, and temperature regulation disorder

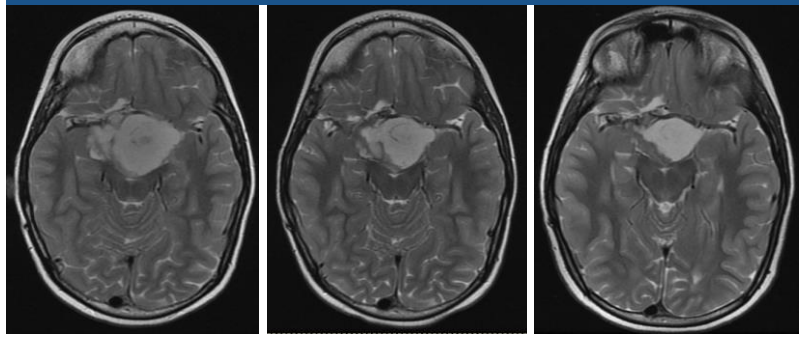


- Initiated treatment with tovorafenib 400 mg/QW following 3 prior therapies, including binimetinib and trametinib, which were discontinued due to PD
- At cycle 3, PR (-88%) per RANO-HGG, and MR (-32% and -40%) per RAPNO-LGG and RANO-LGG, respectively
  - **Sustained improvements in visual acuity reported; logMAR change 0.2 → 0**
  - **PD criteria met (-94% to -91%) with RANO-HGG at cycle 15; continued treatment as investigator deemed no radiographic progression with subsequent reduction in target lesion (-97%)**
- AEs were G2 (drug eruption, elevated CPK) and G1 (hair color change, paronychia, growth retardation)

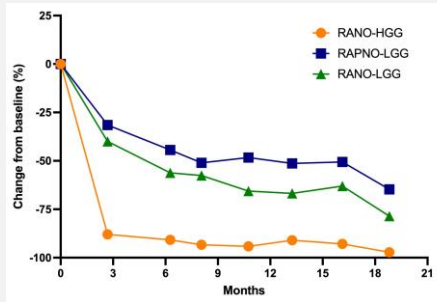
T1 + C (baseline and post cycle 3)



T2 (baseline and post cycles 3 & 12)



Tumor kinetics



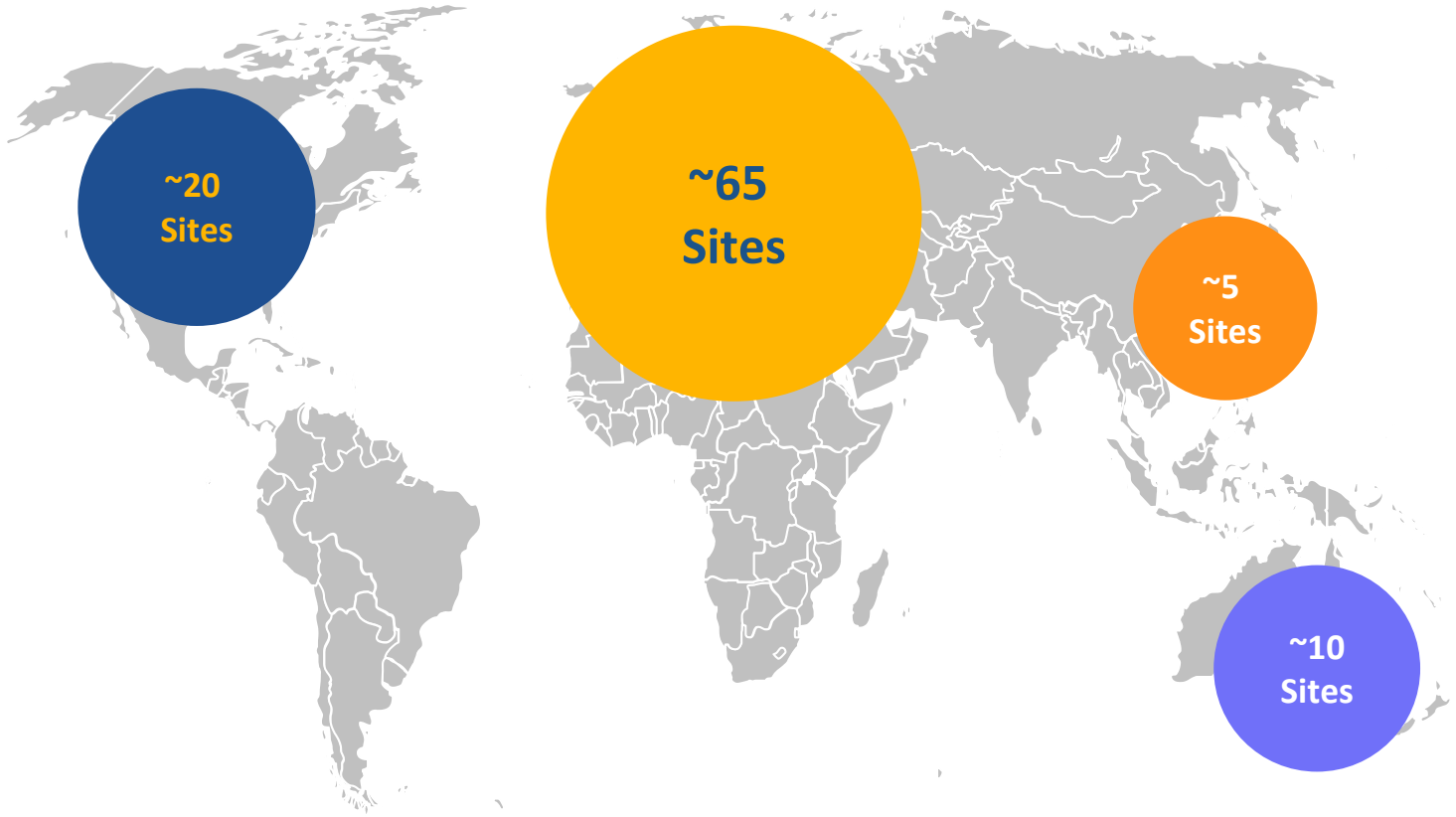
Dec 22, 2022, data cut-off. AEs, adverse events; C, contrast; CPK, creatine phosphokinase; G, grade; HGG, high-grade glioma; LGG, low-grade glioma; logMAR, Logarithm of the Minimum Angle of Resolution; MR, minor response; PD, progressive disease; PR, partial response; QW, once weekly; RANO, Response Assessment in Neuro-Oncology; RAPNO, Response Assessment in Pediatric Neuro-Oncology; VC, vincristine-carboplatin..

FIREFLY-2/LOGGIC: Pivotal Phase 3 Study Of Tovorafenib (DAY101) In Newly Diagnosed pLGG

- Collaboration between Day One and the LOGGIC consortium, internationally recognized experts in pLGG research
  - Coupled with the LOGGIC-CORE molecular diagnostic program
  - Worked jointly on the study design and discussions with the U.S. and EU regulatory authorities

LOGGIC EUROPE
LOGGIC: LOw Grade Glioma In Children
KiTZ Hopp Children's Cancer Center Heidelberg
German Cancer Research Center (DKFZ)
Heidelberg University Hospital
Heidelberg University

Approximately 100 potential sites (~65 from the LOGGIC consortium)



Day One BIOPHARMACEUTICALS