Nuvectis Pharma, Inc.

Innovative Precision Medicine for Serious Conditions of Unmet Medical Need in Oncology

(NASDAQ: NVCT)

May 2026

Forward Looking Statements

Nuvectis Pharma, Inc

This presentation contains "forward-looking statements" within the meaning of the U.S. federal securities laws, which statements are subject to substantial risks and uncertainties. All statements, other than statements of historical fact, contained in this press release are forward-looking statements. Forward-looking statements contained in this press release may be identified by the use of words such as "anticipate", "believe", "contemplate", "could", "estimate", "expect", "intend", "seek", "may", "might", "plan", "potential", "predict", "project", "target", "aim", "should", "will", "would", or the negative of these words or other similar expressions, although not all forward-looking statements contain these words. Forward-looking statements are based on Nuvectis Pharma, Inc.'s current expectations, including preclinical and clinical safety and efficacy data generated to date for NXP900, estimates and projections about future events and trends that we believe may affect our business, financial condition, results of operations, prospects, business strategy, and financial needs. The outcome of the events described in these forward-looking statements are subject to inherent uncertainties, risks, assumptions, market and other conditions, and other factors that are difficult to predict and include statements and data regarding the preclinical studies for NXP900, the NXP900 Phase 1a study data, as well as the clinical expectations, including safety and efficacy data, and timing for the NXP900 Phase 1b study. Further, certain forward-looking statements are based on assumptions as to future events that may not prove to be accurate. These and other risks and uncertainties are subject to market and other conditions and described more fully in the section titled "Risk Factors" in our first quarter 2026 Form 10-Q, and our other public filings with the U.S. Securities and Exchange Commission ("SEC"). However, these risks are not exhaustive and new risks and uncertainties emerge from time to time, and it is not possible for us to predict all risks and uncertainties that could have an impact on the forward-looking statements contained in this press release or other filings with the SEC. Any forward-looking statements contained in this press release speak only as of the date of this press release. We expressly disclaim any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein to reflect any change in our expectations or any changes in events, conditions or circumstances on which any such statement is based, except as may be required by law, and we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

Nuvectis Pharma – Key Highlights

Our Approach to Precision Medicine

Select and acquire novel, rationally-designed targeted therapy drug candidates

Focus on drug development for serious conditions of unmet need in oncology

NXP900

Phase 1a dose escalation and DDI studies completed, Phase 1b program ongoing

Potential indications: YES1/SRC-driven solid tumors, cancers of squamous cell origin, ALK positive / EGFR-mutated NSCLC (combination)

Management Team with Strong Track Record

3 approved drugs in 4 indications in the US and EU and multiple strategic deals

Management Team

Track record of success

Ron Bentsur

Chairman & Chief Executive Officer

Auryxia® (ferric citrate) tablets

KERYX BIOPHARMACEUTICALS, INC

Enrique Poradosu, PhD

Chief Scientific & Business Officer

Jelmyto® (mitomycin)

UroGen Pharma

Shay Shemesh

Chief Development & Operations Officer

ELZONRIS® (tagraxofusp-erzs) Injection

Stemline®

Addressing large markets within the precision medicine space in oncology

NXP900: A Pipeline in a Pill Opportunity

NXP900 Key Highlights

Precision Medicine Approach

Discovered at the University of Edinburgh, Scotland

A potent, novel, small molecule inhibitor of YES1/SRC kinases

Differentiated Features

Highly selective

Unique mechanism of action - Complete shut-down of the YES1/SRC pathways by inhibiting the catalytic and scaffolding properties

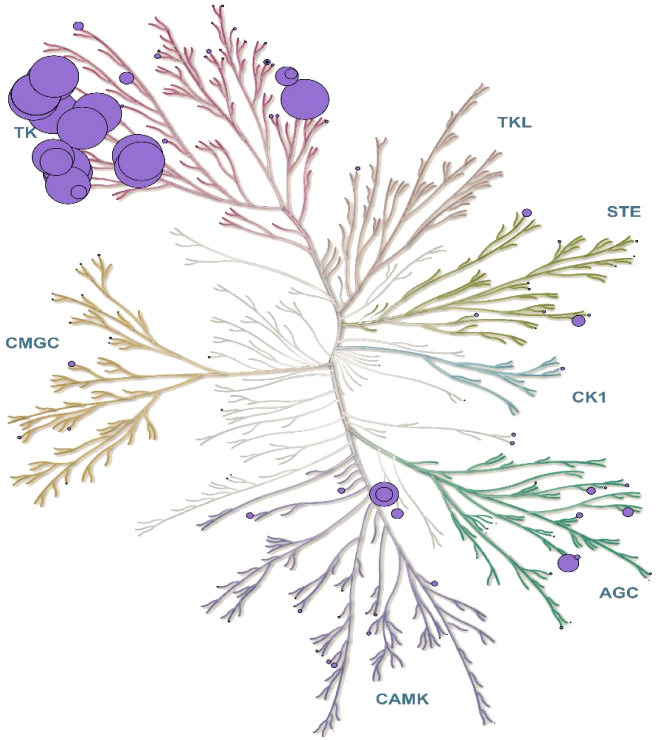
Phase 1 Program

Phase 1a dose escalation and DDI clinical trials completed

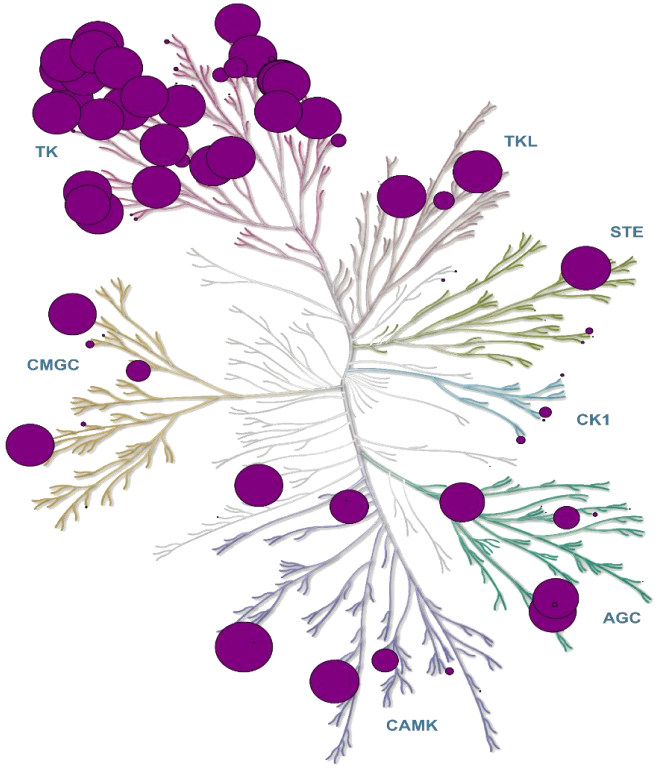
Phase 1b program initiated, monotherapy and combination study with osimertinib open for enrollment

NXP900 Kinome Profiling Demonstrates High Selectivity

NXP900



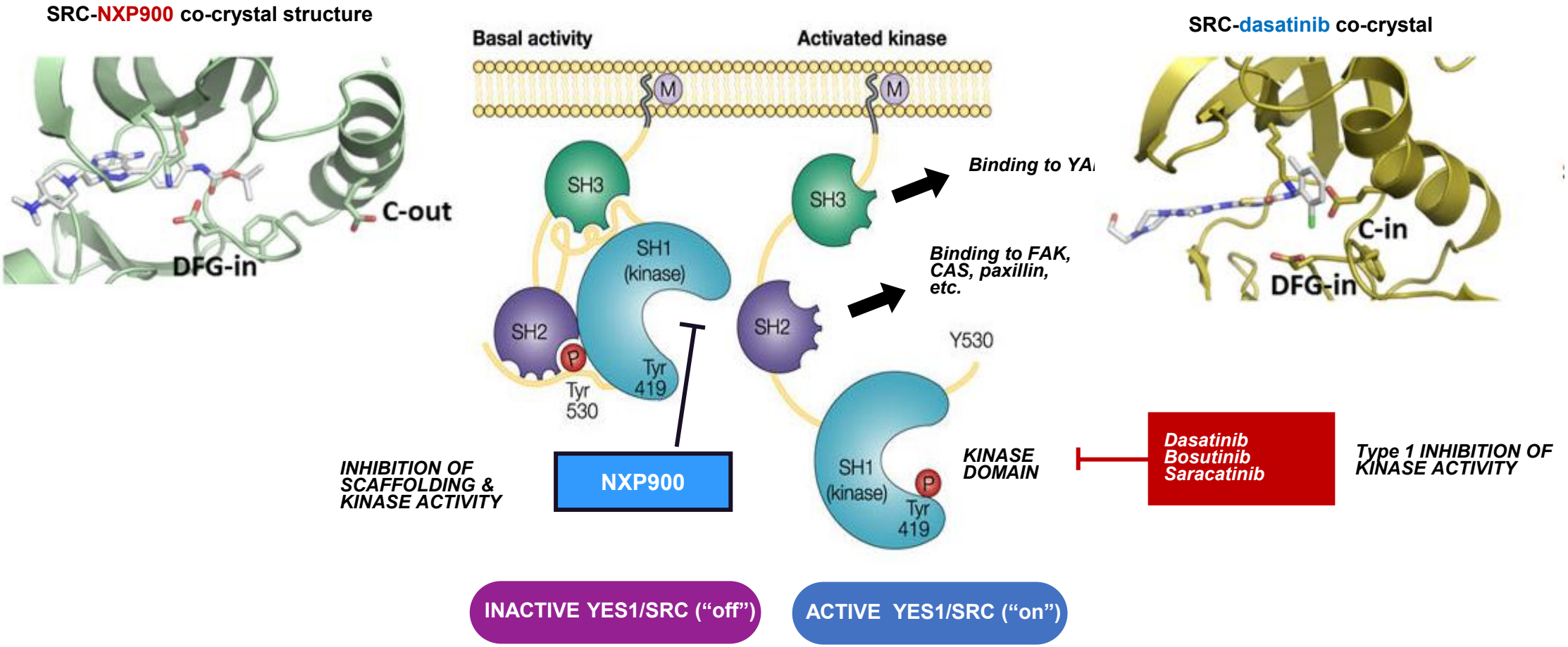
Dasatinib



Note: Dasatinib data from Remsing Rix et al., Leukemia 23, 477–485 (2009), NXP900 data from AACR 2022.

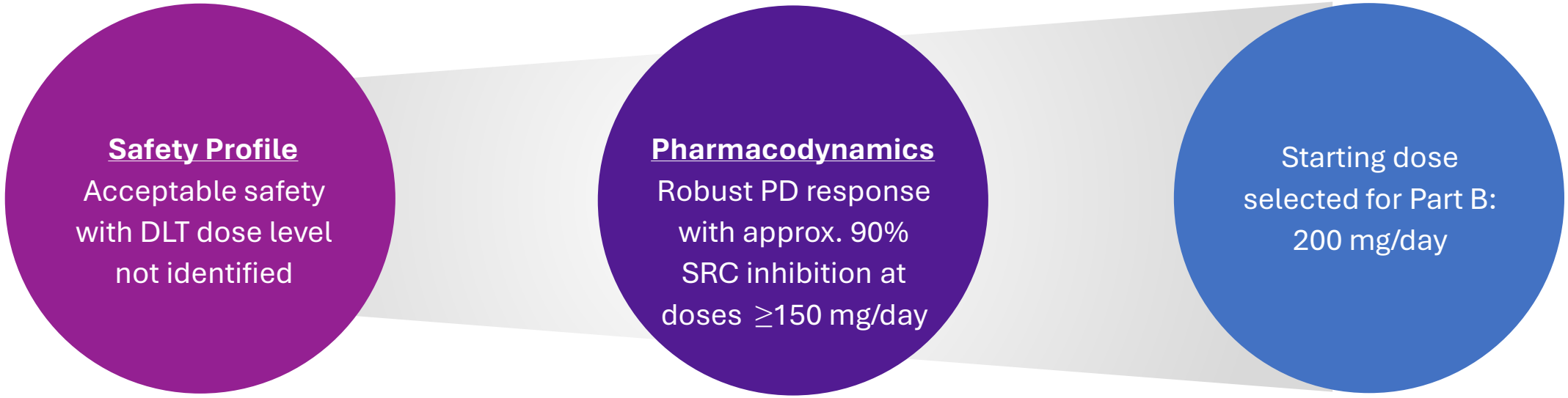
NXP900 Completely Shuts Down Signaling of Non-receptor Tyrosine Kinases of the SRC Family

Differentiated vs. other multi-kinase inhibitors that only achieve partial SRC pathway shut down



NXP900 Clinical Progress

Phase 1a dose escalation study completed (7 dose cohorts: 20 – 300 mg/day QD)
in patients with advanced solid tumor patients (“all comers”)



Combination-enabling DDI study in healthy volunteers completed – Relevant for combinations in solid tumors

NXP900 Phase 1a: Preliminary Summary of Common TEAEs (N=33)

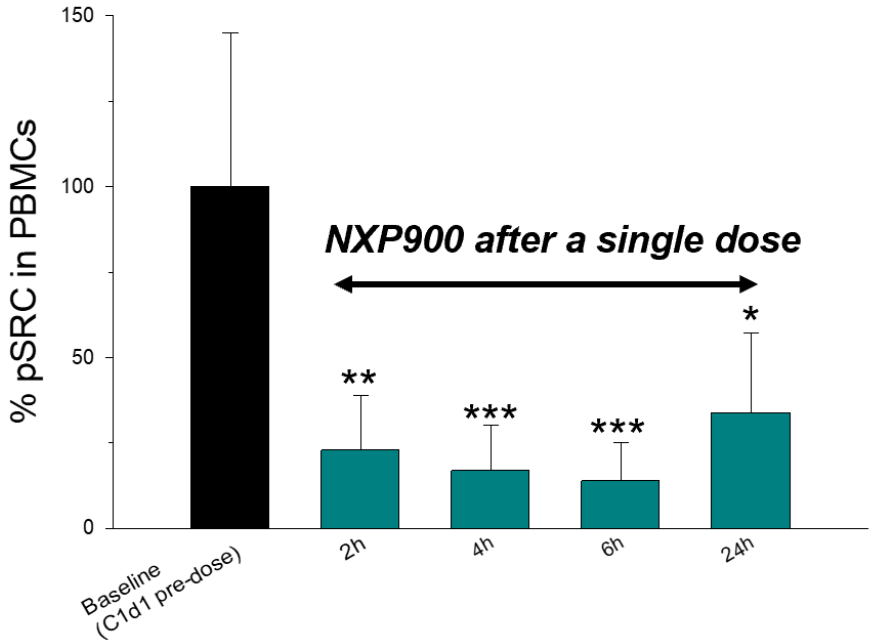
Adverse Event N (%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Total
Diarrhea	7 (21)	7 (21)	1 (3)	0 (0)	0 (0)	15 (45)
Fatigue	4 (12)	9 (27)	2 (6)	0 (0)	0 (0)	15 (45)
Nausea	7 (21)	5 (15)	0 (0)	0 (0)	0 (0)	12 (36)
Decreased appetite	2 (6)	8 (24)	0 (0)	0 (0)	0 (0)	10 (30)
Dyspnea	3 (9)	2 (6)	3 (9)	0 (0)	0 (0)	8 (24)
Vomiting	6 (18)	1 (3)	0 (0)	0 (0)	0 (0)	7 (21)
Back pain	1 (3)	3 (9)	2 (6)	0 (0)	0 (0)	6 (18)
Hypokalemia	2 (6)	4 (12)	0 (0)	0 (0)	0 (0)	6 (18)
Abdominal pain	1 (3)	3 (9)	1 (3)	0 (0)	0 (0)	5 (15)
Cough	4 (12)	1 (3)	0 (0)	0 (0)	0 (0)	5 (15)
Hypoxia	0 (0)	1 (3)	4 (12)	0 (0)	0 (0)	5 (15)
Pneumonia [a]	0 (0)	1 (3)	3 (9)	0 (0)	1 (3)	5 (15)

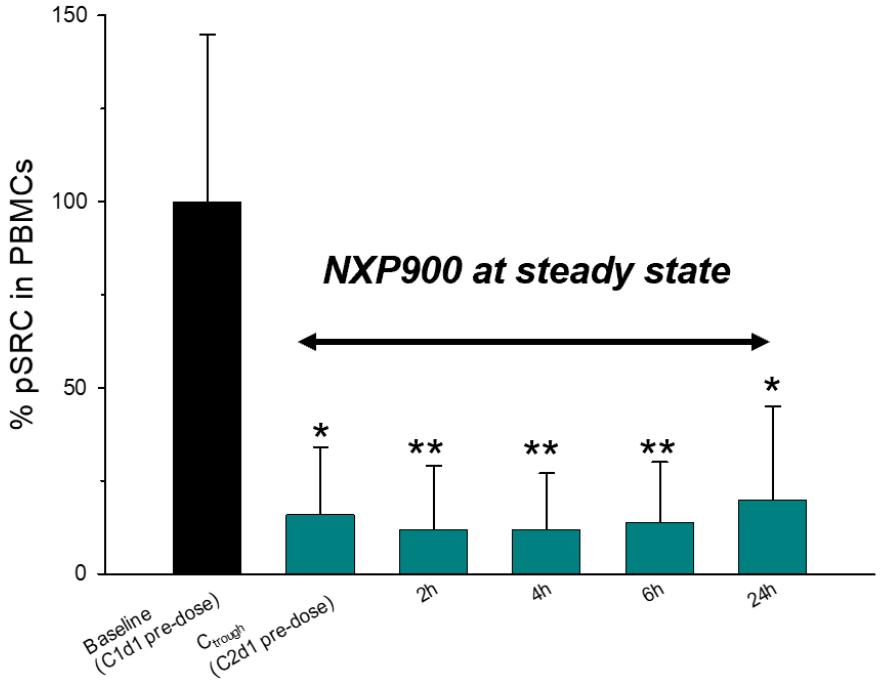
Source: 2025 ENA poster
Includes all AEs with incidence ≥15% in all subjects that took at least 1 dose of NXP900 across all dose levels (20 - 300 mg/day).
a. None of the reported cases of pneumonia were considered related to NXP900

Pharmacodynamic Activity in Phase 1a

Treatment with NXP900 results in robust and consistent inhibition of SRC autophosphorylation

% pSRC Reduction in PBMCs
Pooled Analysis of Doses Ranging From 150 to 250 mg/day





* p≤0.05, ** p ≤ 0.01, *** p< 0.0001
Preliminary characterization of pSRC in PBMCs from patients treated with NXP900.

Treatment with NXP900 resulted in substantial reduction of pSRC in peripheral blood mononuclear cells (PBMCs) (pooled analysis of available data across the dose range at each timepoint; One Way ANOVA was used for statistical comparisons).

PD response was rapid, initially observed after a single dose and maintained at steady state.

Preliminary characterization of pSRC in PBMCs from patients treated with NXP900.

Clinical Drug-drug Interaction (DDI) Study: Supports Combination Strategy

Study Population:

14 healthy volunteers

Objective:

Estimate the effect of NXP900 on CYP3A, CYP2B6 and CYP1A2 enzymes to enable combinations with ALK and EGFR inhibitors

Key Pharmacokinetics Result:

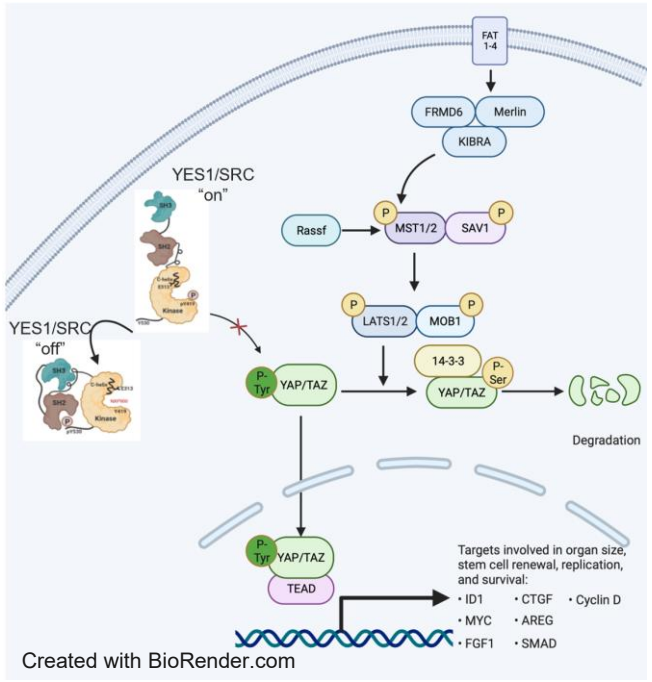
- ✓ NXP900 increased the concentration of midazolam, a known CYP3A sensitive substrate, by < 2-fold, classifying it as a **weak inhibitor** of CYP3A
- ✓ NXP900 increased the concentration of bupropion, a known CYP2B6 sensitive substrate, by < 2-fold, classifying it as a **weak inhibitor** of CYP2B6
- ✓ NXP900 did not have an effect on the concentration of caffeine, a known CYP1A2 sensitive substrate

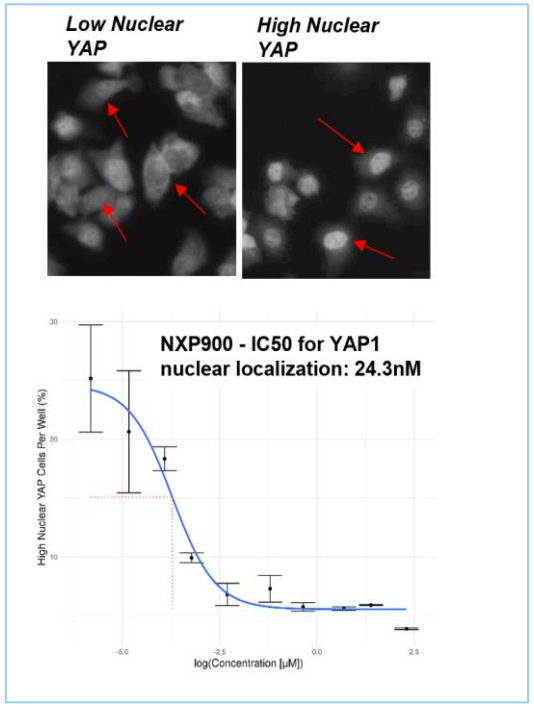
Key Safety Results: No serious or severe adverse events were reported in this study; diarrhea and non-infection related increases in white blood cell counts were the most common adverse events reported, all mild to moderate in intensity

Single Agent Strategy Rationale

Hippo pathway mutations and YES1 gene amplification are associated with sensitivity to NXP900

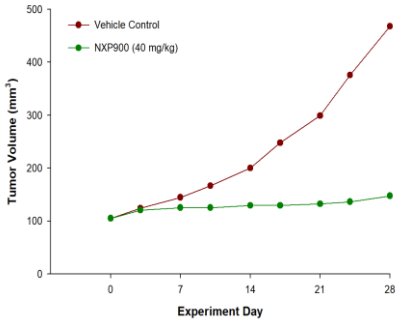
Mechanistic Rationale



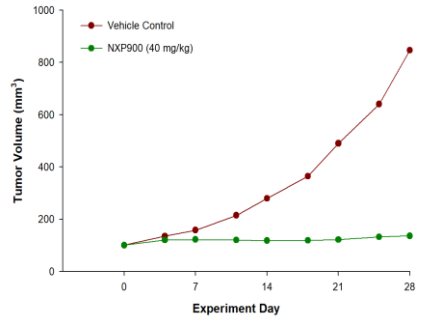


Preclinical POC *In Vivo*

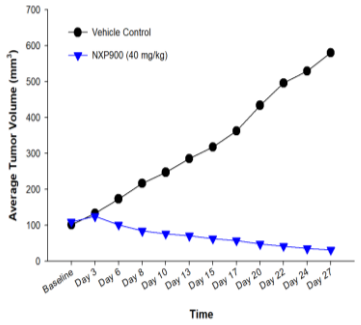
HCC95 Xenograft
Lung Squamous, YES1 amplification



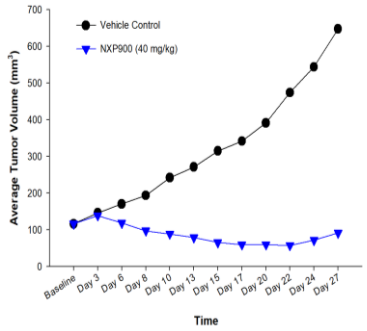
SW900 Xenograft
Lung Squamous, FAT1 mutation



KYSE70 Xenograft
Esophageal Squamous, YES1 amplification



CAL27 Xenograft
HNSCC, FAT1 mutation



Hippo pathway alterations (FAT1, YAP1, TAZ) are highly prevalent in cancers of squamous cell origin

Hippo activation depends on YES1 activity via tyrosine phosphorylation and nuclear localization of YAP1

Validation of SRC as a Clinical Target in NSCLC

Saracatinib case study

- Saracatinib was developed as a target-specific SRC inhibitor
- Saracatinib was clinically active at a dose of 175 mg/day (the RP2D) in a clinical study in ~25 patients with NSCLC (not enriched for specific genetic alterations)
  - 2 partial responses lasting 3.7 and 14.6 months
  - 1 stable disease with 29% tumor shrinkage lasting ≥ 4 cycles

Saracatinib vs. NXP900

- Treatment with saracatinib at the RP2D resulted in inconsistent inhibition of SRC (Clin. Cancer Res., 2010)
- Treatment with NXP900 resulted in substantial inhibition of SRC (approx. >90%) at doses ≥150 mg/day (2025 AACR)

Clinical and preclinical data to date indicate that NXP900 is a more selective and potent SRC inhibitor than saracatinib

An enrichment strategy to define target patients based on specific molecular alterations increases the probability of success (relevant genetic alterations are included in most available NGS panels)

NXP900: Phase 1b Program

NXP900 Phase 1b Ongoing

Monotherapy Cohorts*

#1: NSCLC (adenocarcinoma): YES1, TYMS, FAT1

#2: NSCLC (SCC): YES1, TYMS, FAT1

#3: Renal cancer: NF2

#4: Mesothelioma: NF2

#5: Other solid tumors: YES1, TYMS, YAP1, TAZ, FAT1, NF2, LATS1

* YES1, TYMS, YAP1 and TAZ gene amplifications; FAT1, NF2 and LATS1 pathogenic mutations; NSCLC = non-small cell lung cancer; SCC = squamous cell carcinoma

Combinations

#1: NSCLC: EGFR mutated, previous response to Osimertinib - ongoing

#2: NSCLC: ALK fusion, previous response to lorlatinib – commencement pending

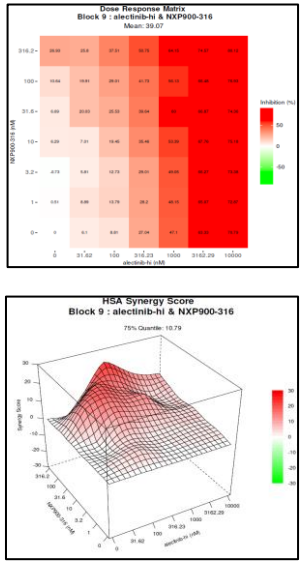
NXP900 Combination Opportunities

Targeting resistance to ALK/EGFR TKIs in NSCLC

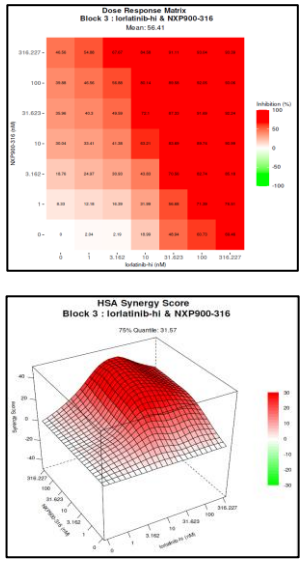
ALK Resistance

NXP900 + lorlatinib - Low nanomolar synergy in lorlartinib resistant cell lines

NCI-H2228-AleR1

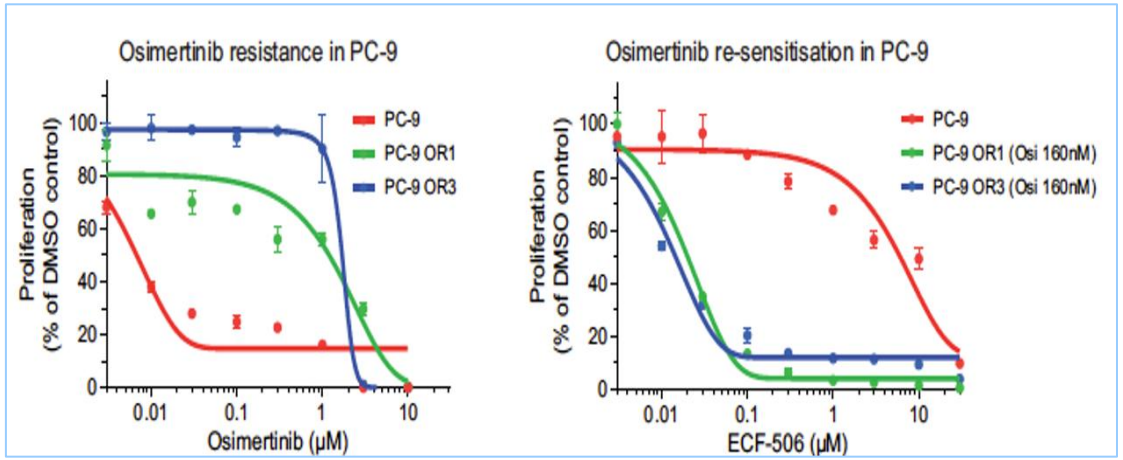


NCI-H3122-CriR3



EGFR Resistance

NXP900 + osimertinib - reversed acquired resistance to osimertinib in resistant cell lines

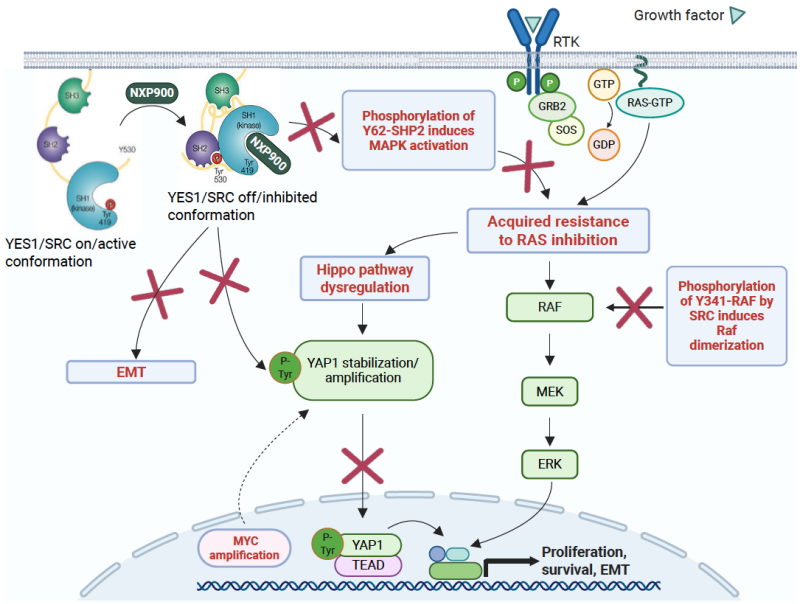


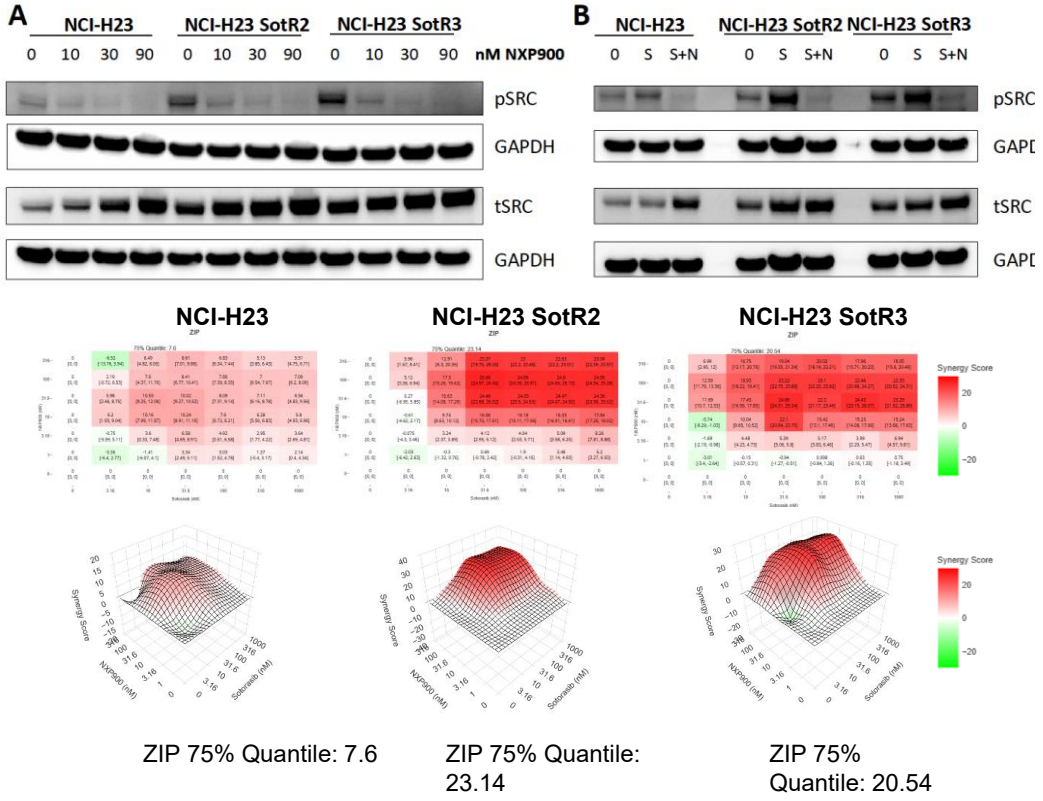
(Nat. Comm. 2022)

- ALK and EGFR targeted agents have demonstrated potent and durable activity in NSCLC
- However, emergence of resistance to ALK and EGFR targeting drugs is inevitable
- SRC, YES1 and YAP1 activation have been extensively validated preclinically and in clinical samples

NXP900 Combination With RAS Inhibitors

SRC activation is involved in multiple pathways leading to acquired resistance to Ras inhibition (AACR 2026)

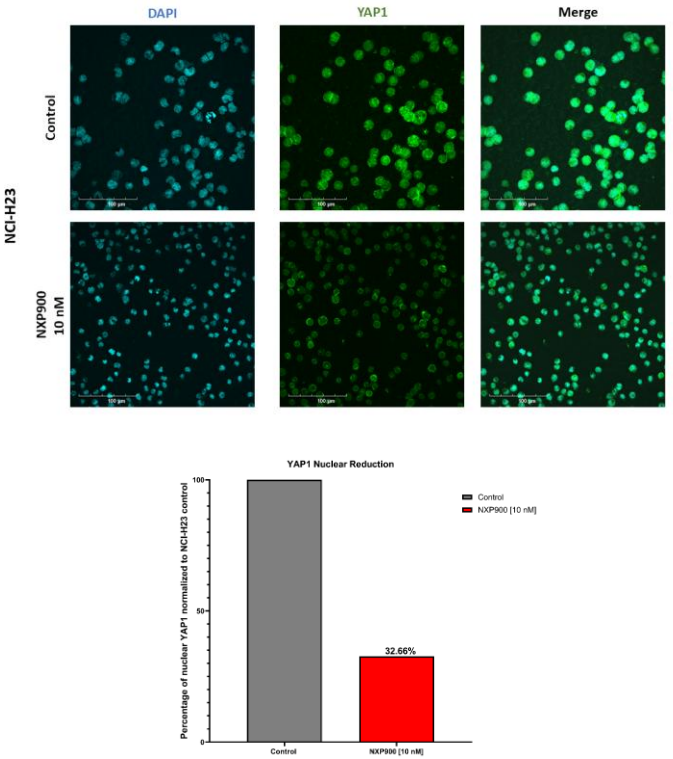




ZIP 75% Quantile: 7.6

ZIP 75% Quantile: 23.14

ZIP 75% Quantile: 20.54



- SRC, YES1 and YAP1 activation have been validated preclinically as drivers of resistance to RAS inhibitors.
- NXP900 inhibits at low nanomolar concentrations SRC overactivation in sotorasib-resistant NSCLC cells and inhibits YAP1 nuclear localization (a marker of acquired resistance).
- Low nanomolar concentrations of NXP900 result in potent synergy in cell proliferation assays in combination with sotorasib in sensitive and resistant NSCLC cells.

Phase 1b Program: Combination Study

NXP900 will be evaluated in combination with EGFR and ALK inhibitors in patients with NSCLC who initially responded, and became resistant to, treatment with EGFR/ALK TKIs

EGFR/ALK TKIs are highly effective treatments for patients with NSCLC harboring tumor-driving alterations in the EGFR and ALK genes.

Acquired resistance inevitably abrogates the treatment effect of these agents, resulting in an unmet medical need in patients failing these treatments.

Extensive scientific literature implicates YES1 and SRC in acquired resistance to EGFR and ALK TKIs.

Broad preclinical program provides early evidence of NXP900's potential to have an impact on SRC-driven bypass mechanism driving acquired resistance to EGFR/ALK TKIs.

NXP900: Significant Market Opportunity

NXP900 Single Agent Market Opportunity

Addressable patient potential supported by potent in vivo activity in lung, esophageal and head and neck cancer models

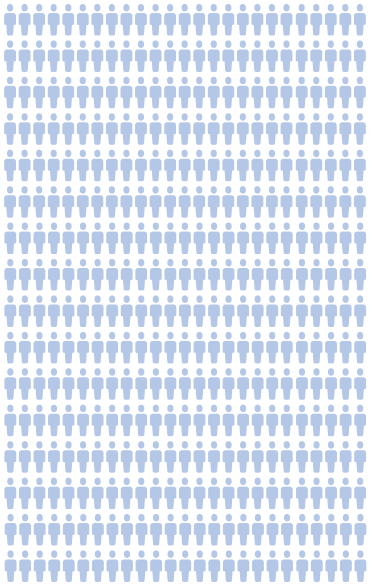
FAT1 mutations/deletions

- **Bladder** 6,872
- **NSCLC** 11,353
- **H&N** 12,150

YES1 amplifications

- **Esophageal** 1,132
- **NSCLC** 2,977
- **Bladder** 3,316
- **H&N** 3,336

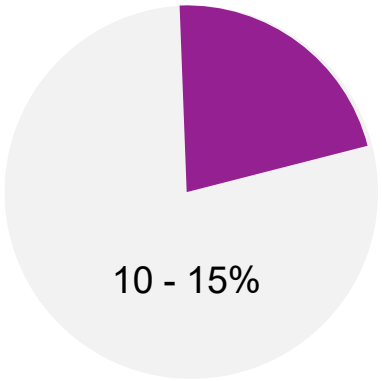
FAT1 and YES1 alterations affect **>41,000 patients**



Mutations Play a Major Role Guiding NSCLC Treatment

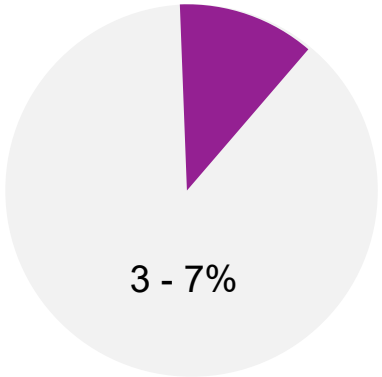
Approximately 200K newly diagnosed U.S. NSCLC patients, 2026*

EGFR



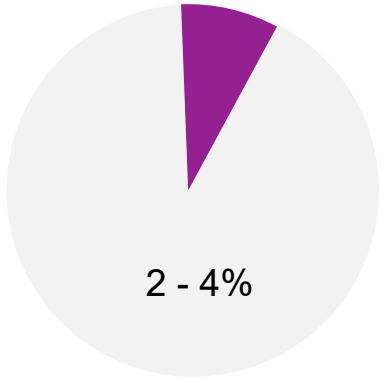
~20-30K

ALK



~6-14K

RET/ROS



~4-8K

Targeted therapy opportunity:

~30-52K

Incidence

*Based on ~229K newly diagnosed lung cancer patients, including 80-85% of patients with NSCLC (based on Cancer Facts & Figures, 2026)

Financial and Corporate Highlights

Financial Highlights and Upcoming Milestones

Selected Financial Highlights

Financial Information	
Ticker	NVCT
Cash	$25.1 million as of March 31, 2026
Insider Ownership	
Founders and >5% holders	Approximately 40%

2026 Expected Milestones

Program	Milestone
NXP900	▪ **Multiple clinical data updates from the Phase 1b program H2 2026**

Research Coverage

Roth-MKM	Jonathan Aschoff
Lucid Capital Markets	Christopher Liu
Laidlaw & Company	Yale Jen
Maxim Group	Naz Rahman
H.C. Wainwright	Joe Pantginis

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Select and acquire novel, rationally-designed targeted therapy drug candidates

Focus on drug development for serious conditions of unmet need in oncology

NXP900

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Potential indications: YES1/SRC-driven solid tumors, cancers of squamous cell origin, ALK positive / EGFR-mutated NSCLC (combination)

Management Team with Strong Track Record

3 approved drugs in 4 indications in the US and EU and multiple strategic deals

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Innovative Precision Medicine for Serious Conditions of Unmet Medical Need in Oncology

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