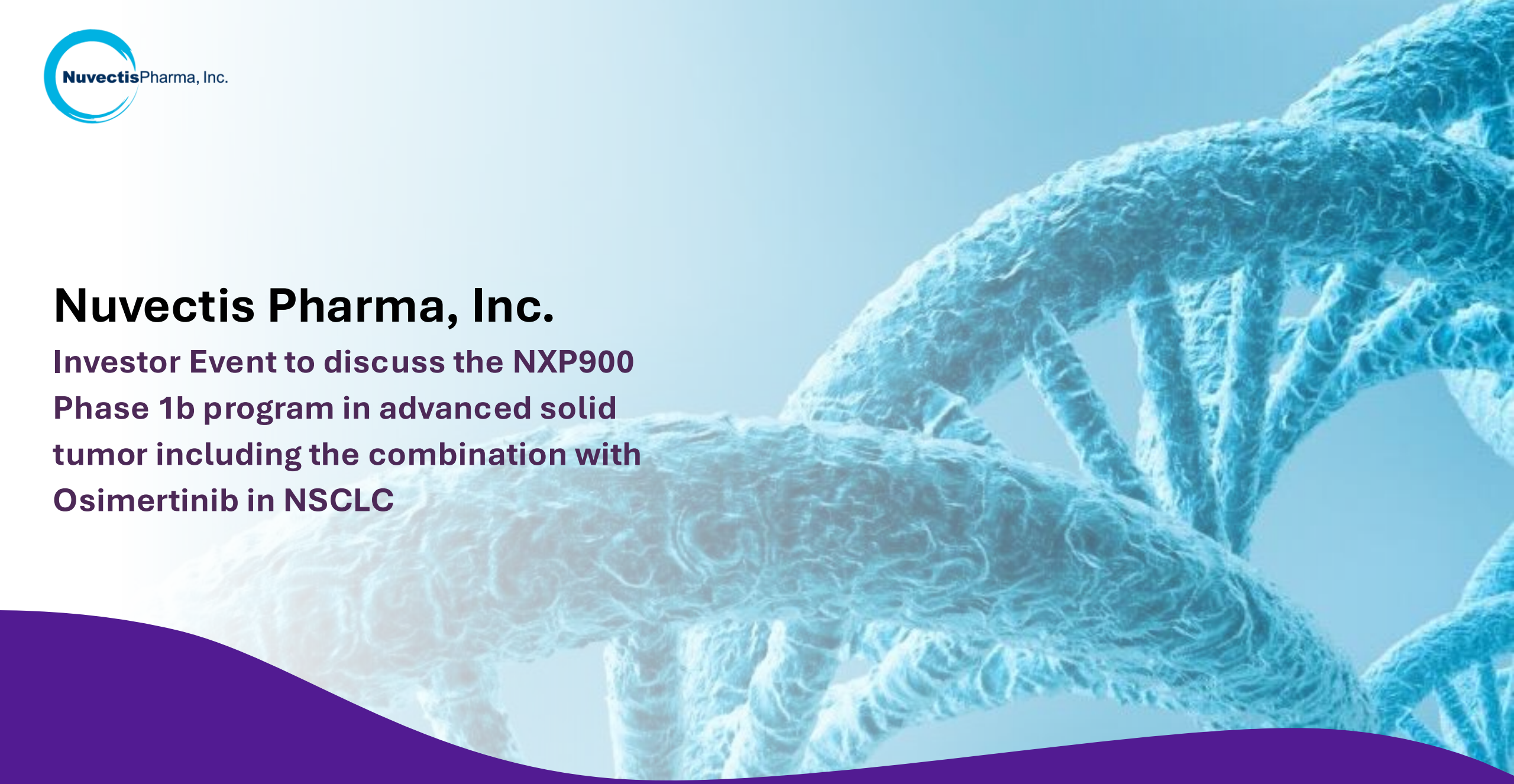
Nuvectis Pharma, Inc.

Investor Event to discuss the NXP900 Phase 1b program in advanced solid tumor including the combination with Osimertinib in NSCLC



(NASDAQ: NVCT) December 2025

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 NXP800 and 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 and NXP800, 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 third quarter 2025 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.

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 study underway and combination study with osimertinib poised to begin by YE 2025

Today's Speakers

Ron Bentsur

Chairman & Chief Executive Officer

Asier Unciti-Broceta, MPharm, MSc, PhD

Professor of Medicinal Chemistry
University of Edinburgh

Alexander Spira, MD, PhD, FACP, FASCO

Co Director Virginia Cancer Specialists Research Institute, Thoracic and Phase 1 Program,
Chief Scientific Officer - NEXT Oncology

Today's Agenda

Investor Event

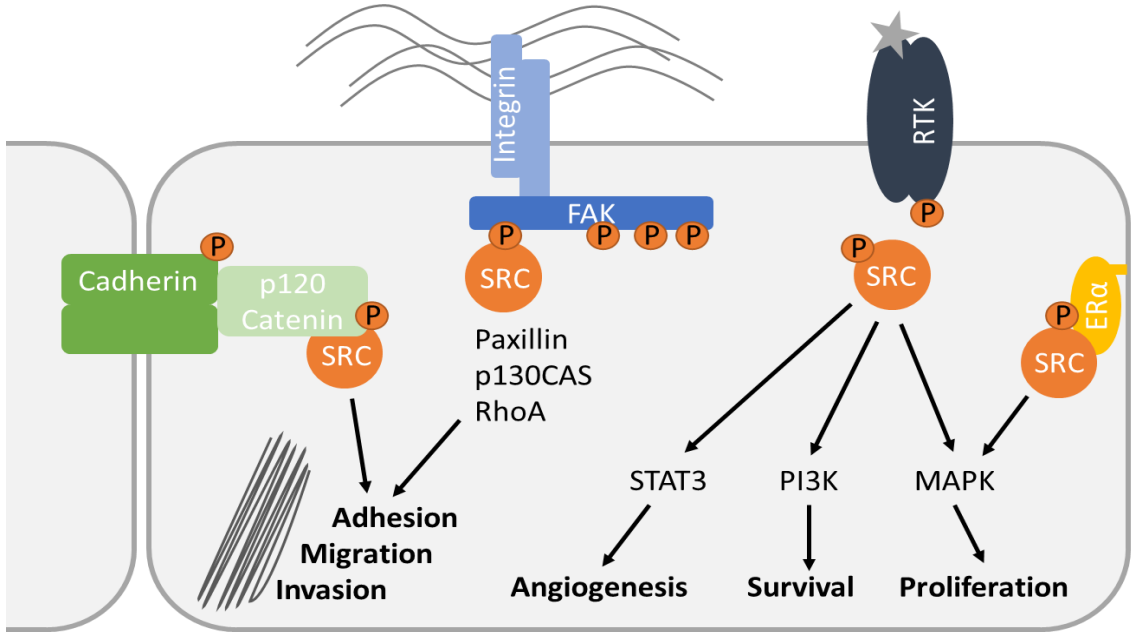
01	**Welcome**	Ron Bentsur, Chairman, CEO and President, Nuvectis
02	**NXP900 MOA Overview**	Professor Asier Unciti-Broceta, MPharm, MSc, PhD
03	**NXP900 Clinical Program**	Alexander Spira, MD, PhD, FACP, FASCO
04	**Wrap-up**	Ron Bentsur, Nuvectis
05	**Q&A**	Nuvectis and KOLs
06	**Closing Comments**	Ron Bentsur

Asier Unciti-Broceta, MPharm, MSc, PhD
Professor of Medicinal Chemistry
University of Edinburgh

NXP900: Mechanism of Action

Race for the Development of SRC/YES1 Inhibitors

- 1970. First oncogene identified, *vSrc*, in RSV
- 1976. First proto-oncogene identified, *cSrc*, in chicken
- 1980. Human *SRC* isolated and its gene product, SRC protein, characterized as a tyrosine kinase (first ever). *"The race to develop targeted anticancer therapies starts…"*
- Mid-80s. SRC family member YES1 characterised.
- 2006. SRC/ABL inhibitor dasatinib approved for CML
- 2012. SRC/ABL inhibitor bosutinib approved for CML
- 1980-2025. Accumulative research over decades have validated the role of SRC, YES1, and other family members in cancer survival, proliferation, angiogenesis and metastasis in several cancer types



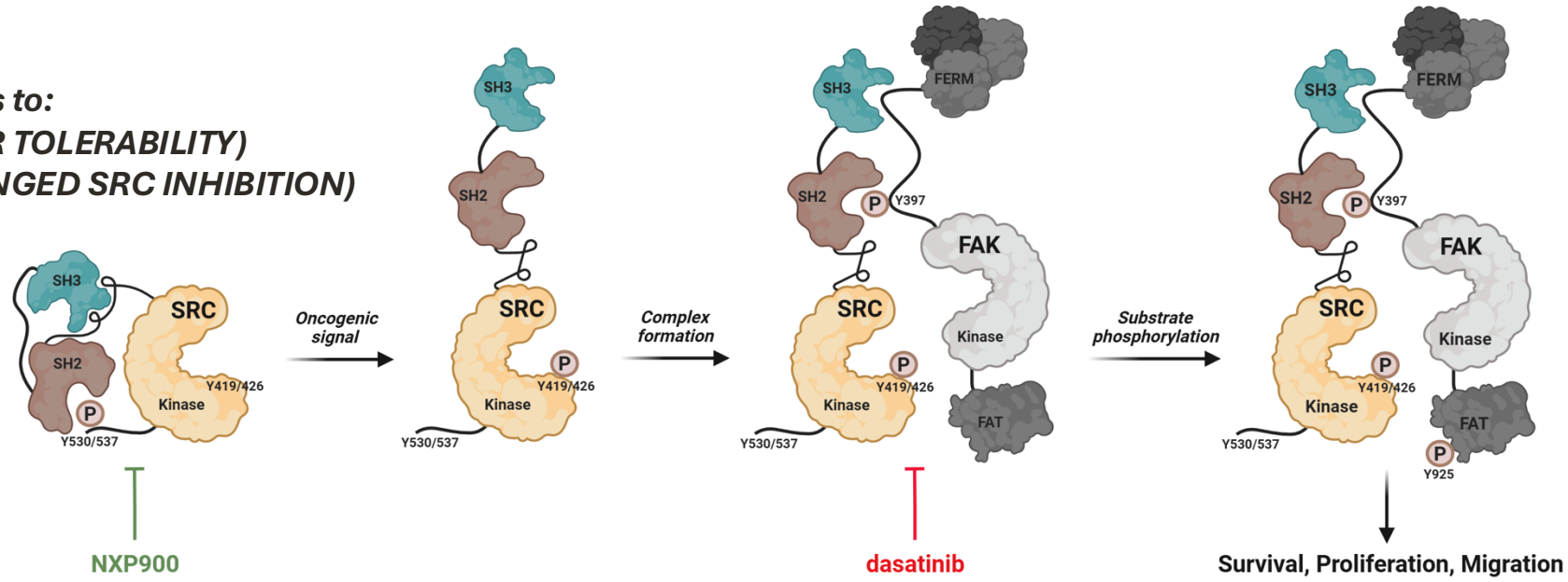
PARADOX *>>>> Despite the availability of clinical inhibitors and the overwhelming evidence of the role of* ***SRC*** *and* ***YES1*** *in cancer progression and resistance mechanisms,* ***inhibition of their kinase activity has not yet translated into clinical patient benefit***

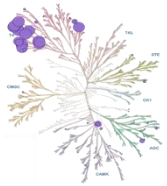
NXP900 Completely Shuts Down Signaling of Non-receptor Tyrosine Kinases of the SRC Family

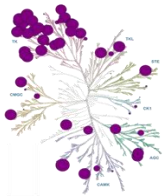
Novel inhibition mode of NXP900 vs other SRC inhibitors

***NXP900** inhibition mode leads to:*

- *higher selectivity (= HIGHER TOLERABILITY)*
- *superior potency (= PROLONGED SRC INHIBITION)*

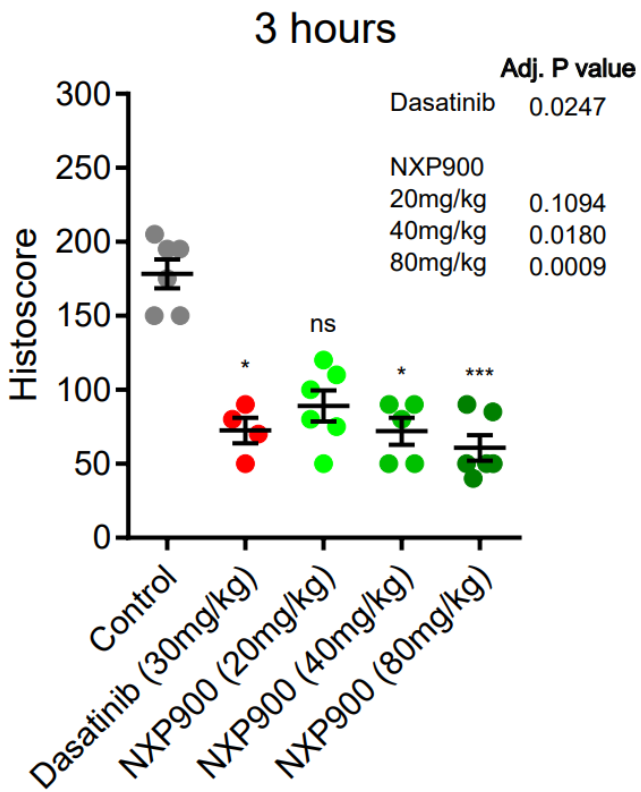


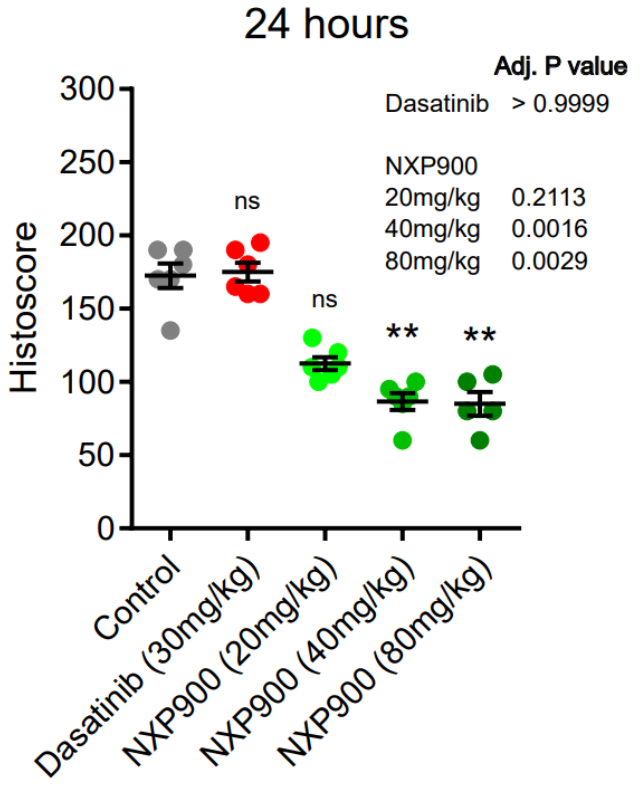




***bosutinib**, **saracatinib**, and **dasatinib** display similar inhibition mode and lack of selectivity*

Prolonged Inhibition of Phospho-SRC by NXP900 vs dasatinib In Vivo





Alexander Spira, MD, PhD, FACP, FASCO
Co Director Virginia Cancer Specialists Research Institute, Thoracic and Phase 1 Program,
Chief Scientific Officer - NEXT Oncology

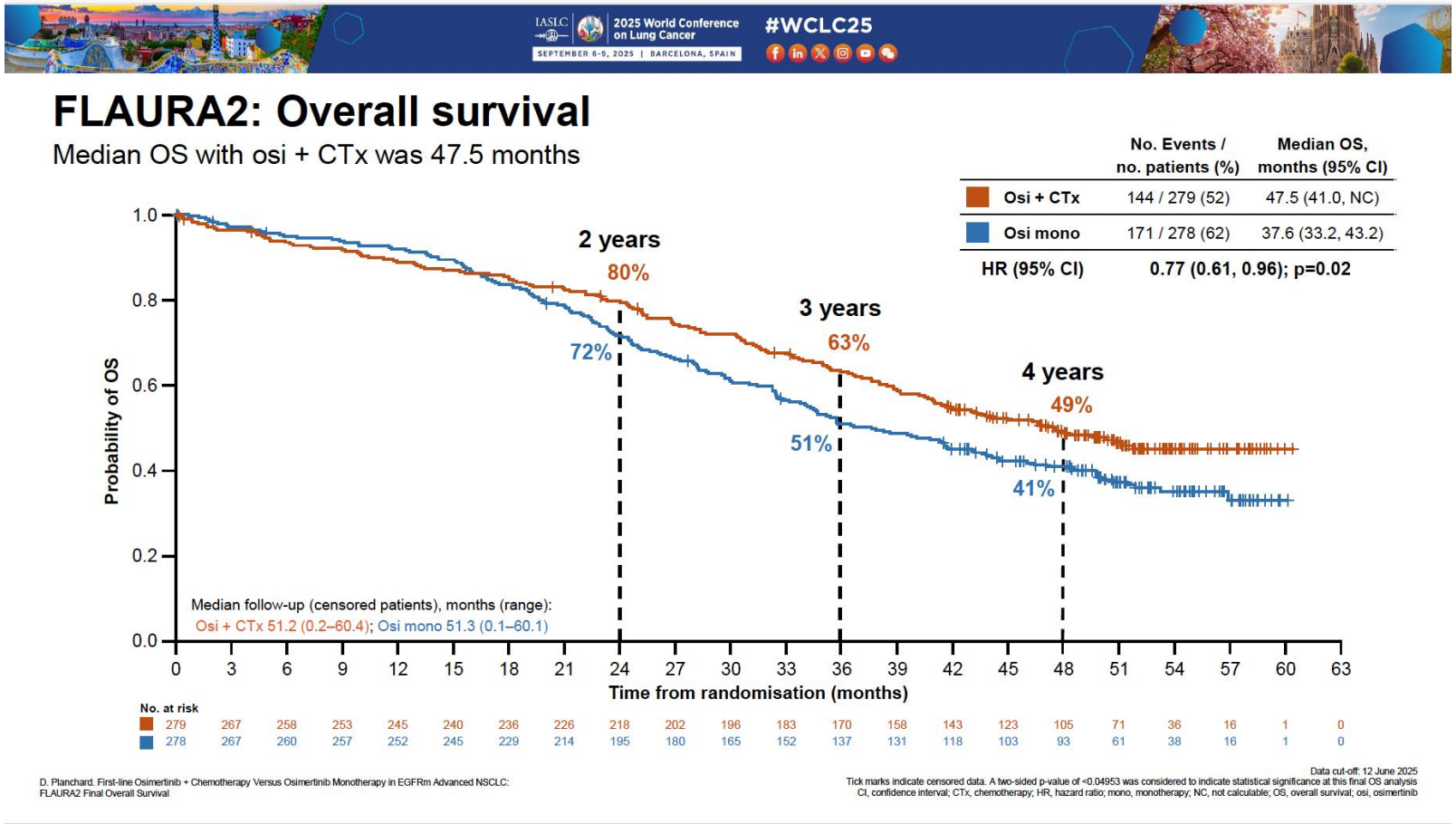
NXP900: Clinical Program

NSCLC Treatment Paradigms

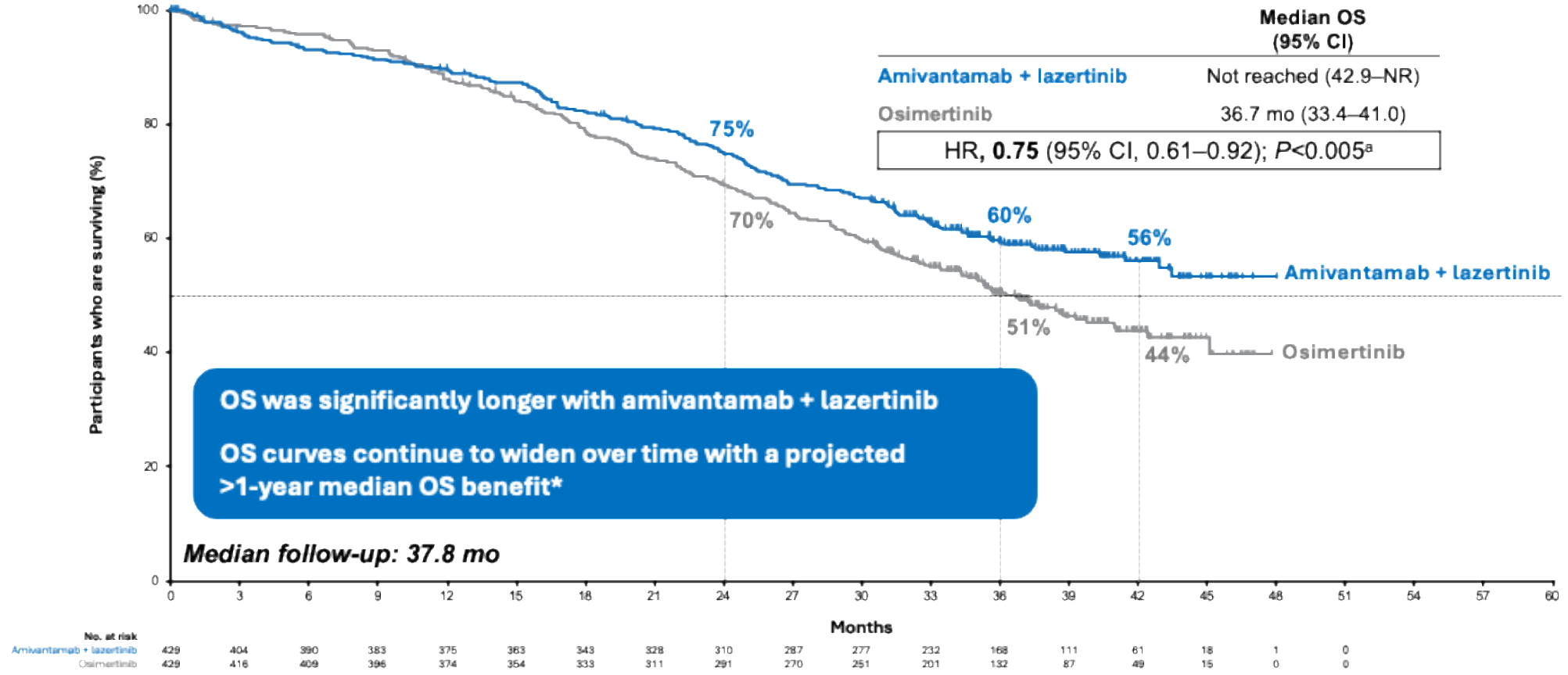
- For patients with no actionable genomic alterations (approx. 37% of lung adenocarcinoma and 100% of lung squamous cell)
  - 1st line
    - PDL score 0-49% - Platinum based therapies with immune checkpoint inhibitor
    - PDL >50% - immune checkpoint inhibitor alone vs triplet therapy
  - 2nd line
    - The current SOC is Docetaxel (median survival approx. 12 months)

- For patients with EGFR-mutated NSCLC (approx. 17% of lung adenocarcinoma)
  - 1st line
    - Osimertinib ± chemotherapy (chemo combination based on results from FLAURA2) - Advantages: tolerability, ease, oral administration, CNS penetration
    - Amivantamab + Lazertinib (based on results from MARIPOSA)
  - 2nd line (based on results from MARIPOSA)
    - 75% of patients make it to 2L mostly comprised of chemotherapy combination regimens (>55%) and TKI-based regimens (>25%)
  - Young patient population for which many people want to do well, but also want to maximize Quality of Life

FLAURA2: Overall Survival



Mariposa: Overall Survival

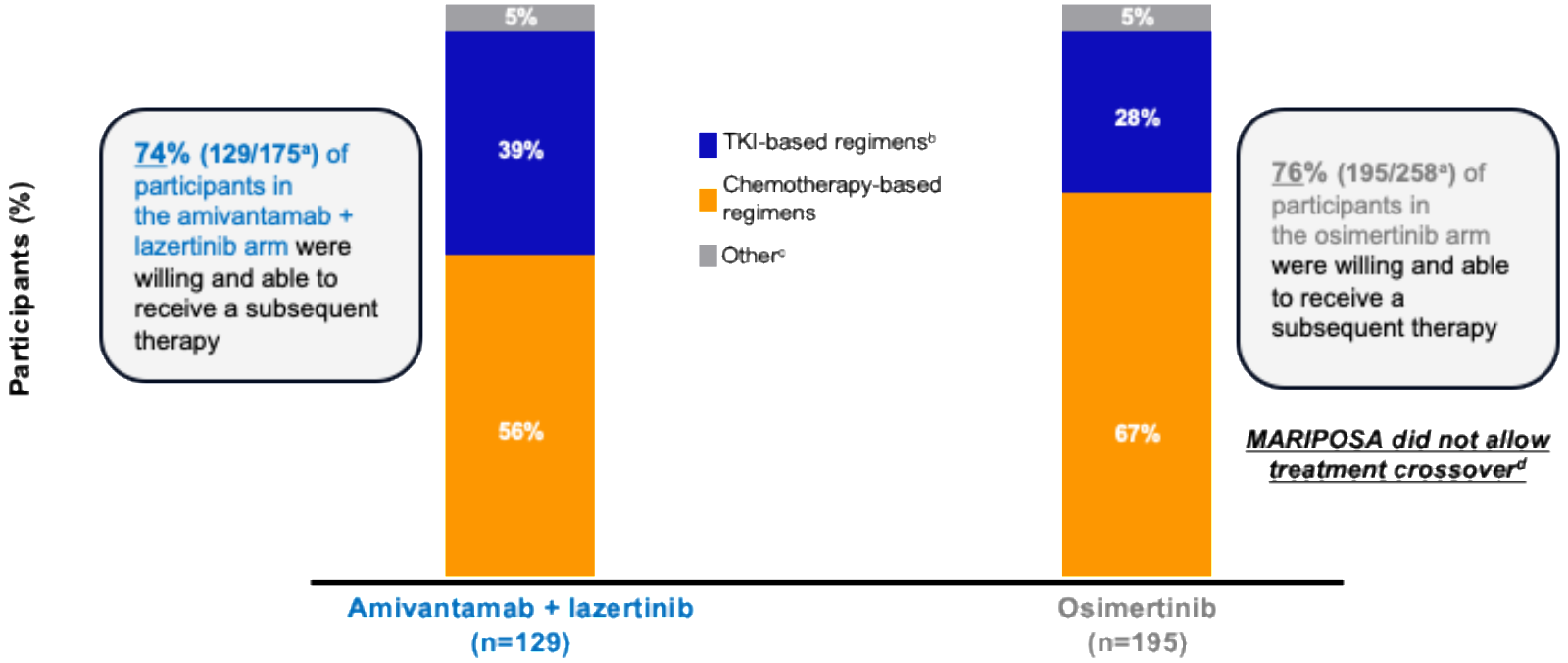


Based on an exponential distribution assumption of OS in both arms, the improvement in median OS is projected to exceed 1 year.

Note: Last participant was enrolled in May 2022. Clinical cutoff date was December 4, 2024. In total, 390 deaths had occurred in the amivantamab + lazertinib (173 deaths) and osimertinib (217 deaths) arms.

aP-value was calculated from a log-rank test stratified by mutation type (Ex19del or L858R), race (Asian or Non-Asian), and history of brain metastasis (present or absent). Hazard ratio was calculated from a stratified Cox regression model.

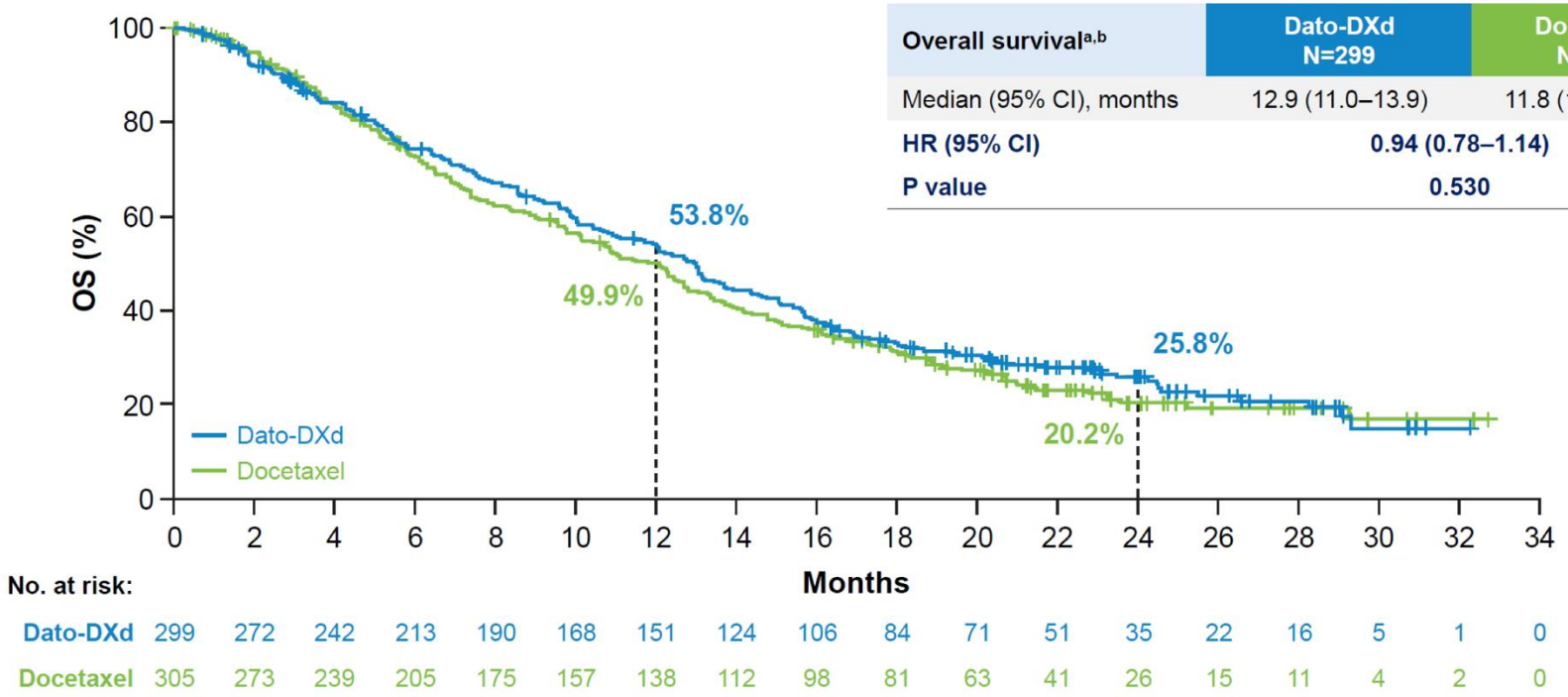
First Subsequent Therapy Post-Mariposa



74% and 76% received 2L therapy in Ami/Laz and Osi respectively, suggesting a long-term treatment plan after 1L is feasible

2nd Line:
Survival Outcomes on Docetaxel Remain Poor Underscoring a High Unmet Need

Overall Survival: ITT



Overall survival[a,b]	Dato-DXd N=299	Docetaxel N=305
Median (95% CI), months	12.9 (11.0–13.9)	11.8 (10.0–12.8)
HR (95% CI)	**0.94 (0.78–1.14)**	
P value	**0.530**	

Efficacy Outcomes for 2nd Line treatment with Docetaxel in Patients with EGFR-mutated NSCLC

Results from TROPION-LUNG01 Study

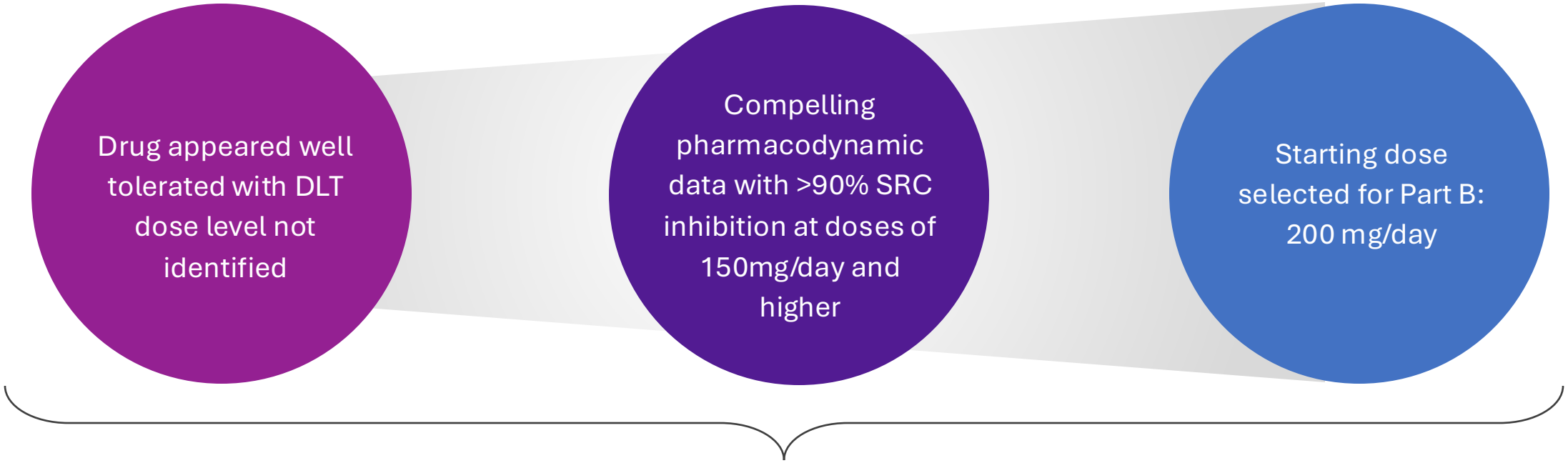
Efficacy Outcome	Docetaxel (n = 45)
Confirmed ORR,[a,b] % (95% CI)	9 (3-21)
Best overall response, n (%)	
CR	0
PR	4 (9)
SD	18 (40)
Non-CR or non-PD	0
PD	10 (22)
NE	13 (29)
Median DOR,[a] mo (95% CI)	NE (3.6-NE)
DCR,[a,c] % (95% CI)	49 (34-64)
Median PFS,[a] mo (95% CI)	2.7 (1.5-4.4)
Median OS, mo (95% CI)	12.8 (6.9-17.2)

Disease State Conclusions and NXP900 Opportunity

- For patients with no actionable genomic alterations
  - Specific cohorts designated in the Phase 1b single agent study
  - Docetaxel is the SOC, efficacy outcomes create a need for new treatment options
  - Additional treatments in development: Immunotherapies, ADCs.
- For patients with EGFR-mutated NSCLC
  - First line
    - Large proportion treated with osimertinib (± chemotherapy)
    - Amivantamab + Lazertinib share expected to increase
  - Second line
    - All IV regimens, usage depends on what was used in 1L
  - Substantial unmet need in previously patients with recurrent disease
    - NXP900 + Osi represents an option for an orally-administered combination

NXP900 Clinical Progress

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



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

NXP900 Phase 1b Overview

Enrollment initiated

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

Commencement pending

Combinations

#1: NSCLC: EGFR mutated, previous response to osimertinib

#2: NSCLC: ALK fusion, previous response to lorlatinib

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

Concluding Remarks

Key Takeaways

Phase 1b program aimed at unlocking the therapeutic potential of NXP900 in NSCLC and other tumors

01	NXP900 provides a unique opportunity to address unmet medical needs across large oncology indications where new treatments are urgently needed
02	In the Precision Oncology space, companies with compelling Phase 1b data in defined patient populations can generate significant interest from both the investment and pharma communities
03	NXP900 well tolerated in Phase 1a, with >90% SRC inhibition at doses of ≥150mg/day. DDI study opened the door to combination studies by showing that NXP900 does not change the metabolism of other drugs
04	The Phase 1b ongoing monotherapy study is evaluating NXP900 in patients with genetic alterations that are highly sensitive to treatment with NXP900, related to the Hippo pathway and YES1 amplifications
05	Our broad preclinical program suggests that combination use of NXP900 and EGFR/TKIs could have an impact on the SRC-driven bypass mechanism that drives acquired resistance to EGFR/ALK in NSCLC+
06	The target addressable population for NXP900 represents one of the largest opportunities within NSCLC development today based on the potential for monotherapy and combination uses

Q&A Discussion

Nuvectis Pharma, Inc.

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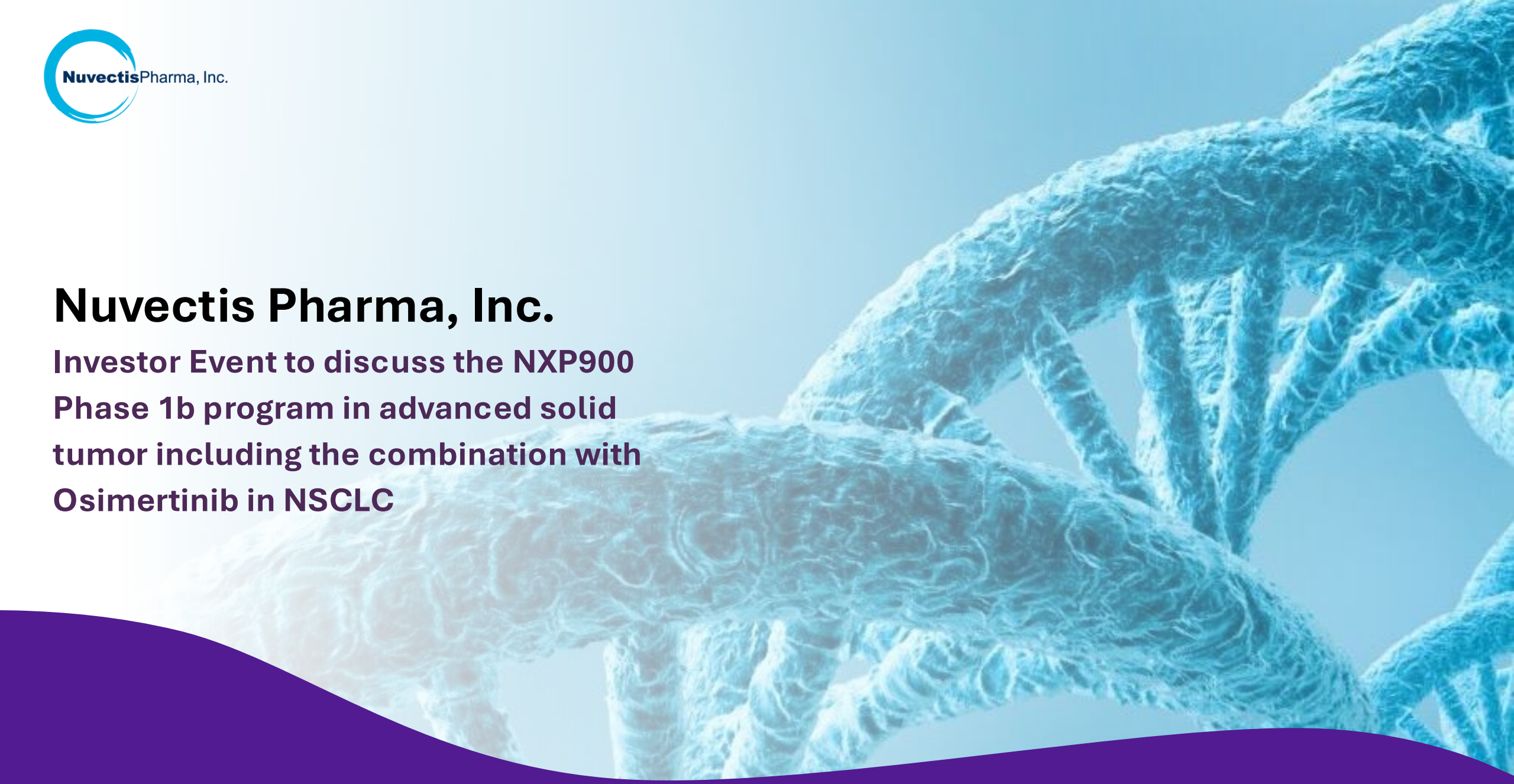

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