ORIC® Pharmaceuticals Reports Third Quarter 2026 Financial Results and Provides Operational and Rinzimetostat Program Updates

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Initiated Himalayas-1 global Phase 3 trial in patients with mCRPC previously treated with abiraterone, supported by a clinical trial collaboration and supply agreement with Bayer

Provided updated rinzimetostat combination data in post-abiraterone mCRPC and in post-AR inhibitor mCRPC, consisting of landmark rPFS estimates in both populations that remain consistent with competitor PRC2 inhibitor, and reconfirming a highly differentiated safety profile

Presented potential best-in-class enozertinib data at ESMO Congress 2026, including 84% systemic ORR and 70% CNS ORR, setting a new benchmark in 1L EGFR atypical NSCLC

Announced Redwood-1 global Phase 3 registrational trial in 1L EGFR atypical NSCLC, with initiation expected in 1H 2027

Cash and investments of approximately $345 million expected to provide runway into 2H 2028 and beyond anticipated primary endpoint readout from first Phase 3 trial for rinzimetostat

SOUTH SAN FRANCISCO, Calif. and SAN DIEGO, Nov. 16, 2026 (GLOBE NEWSWIRE) -- ORIC Pharmaceuticals, Inc. (Nasdaq: ORIC), a clinical stage oncology company focused on developing and commercializing treatments that address mechanisms of therapeutic resistance, today reported financial results and provided operational updates for the quarter ended September 30, 2026, and a rinzimetostat program update.

“Recent clinical data updates reinforce our confidence in the best-in-class potential of our late-stage portfolio, with rinzimetostat continuing to demonstrate an efficacy and safety profile in prostate cancer that is differentiated from current standards of care and the only other PRC2 inhibitor in Phase 3 development, and with enozertinib setting a new benchmark in 1L EGFR atypical NSCLC,” said Jacob M. Chacko, M.D., president and chief executive officer. “With the first Phase 3 trials either underway or planned across both programs and supported by a strong balance sheet, we are laser focused on execution in pursuit of our mission to *Overcome Resistance In Cancer*."

Third Quarter 2026 and Other Recent Highlights

Rinzimetostat: a potent and selective allosteric inhibitor of PRC2

Second Half 2026 Program Update

The Company conducted a pre-planned biannual Periodic Safety Review (PSR) in October 2026 for the ongoing Phase 1b dose-optimization cohorts evaluating 400 mg QD rinzimetostat in combination with darolutamide in patients with metastatic castration-resistant prostate cancer (mCRPC) previously treated with abiraterone and in patients with mCRPC previously treated with an androgen receptor (AR) inhibitor. As of August 14, 2026, with a median follow-up of approximately 8 months, the safety profile across both patient populations was consistent with the prior March 2026 data disclosure; the vast majority of treatment-related adverse events (TRAEs) were Grade 1 in severity and consistent with PRC2 and AR inhibition. The most common TRAEs were fatigue (32%; 11% Grade 1, 16% Grade 2, and 5% Grade 3), diarrhea (24%; 19% Grade 1 and 5% Grade 2), and nausea (22%; 19% Grade 1 and 3% Grade 2), which are similar rates and grades to the March 2026 disclosure. Consistent with the prior disclosure, there were no Grade 4 or 5 adverse events attributed to rinzimetostat or darolutamide. These data continue to demonstrate a highly differentiated safety profile, with significantly lower frequency and severity of adverse events, nearly all Grade 1 or 2, and fewer treatment modifications than competitor regimens.

In parallel with the PSR, longer-term durability was also evaluated across both patient populations.

- Post-abiraterone cohort: At the time of the previous data disclosure (March 6, 2026 data cutoff), of 18 efficacy-evaluable patients in this cohort, 7 remained on treatment without radiographic progression. As of the August 14, 2026 data cutoff, 2 of these 7 patients discontinued treatment due to radiographic progression (one at more than 13 months and one at more than 11 months), and 5 patients remained on treatment without radiographic progression, with the longest ongoing at nearly 17 months. While still preliminary with 28% of patients ongoing, landmark rPFS rates continue to demonstrate meaningful and durable clinical benefit for rinzimetostat in combination with darolutamide compared to competitor data and historical outcomes with approved therapies. With a median follow-up of 7.8 months, landmark rPFS rates of 59% at each of 8, 9, and 10 months are consistent with the competitor PRC2 inhibitor currently in multiple Phase 3 trials in prostate cancer (mevrometostat in combination with enzalutamide demonstrated estimated landmark rPFS rates of 63% at each of 8, 9, and 10 months in a post-abiraterone patient population). These rinzimetostat landmark rPFS rates are superior to reported outcomes for available standard-of-care therapies, including Xtandi®, Jevtana®, Taxotere®, and Pluvicto®. For reference, the estimated 10-month landmark rPFS for these approved therapies ranges from approximately 35% to 50%.
- Post-AR inhibitor cohort: At the time of the previous data disclosure (March 6, 2026 data cutoff), of 19 efficacy-evaluable patients in this cohort, 8 remained on treatment without radiographic progression. As of the August 14, 2026 data cutoff, 2 of these 8 patients discontinued treatment (one at nearly 10 months due to clinical progression; one at more than 8 months due to an adverse event), and 6 patients remained on treatment without radiographic progression, 4 of whom are ongoing

at between 12 to 16 months. While still preliminary with 32% of patients ongoing, landmark rPFS rates continue to demonstrate meaningful and durable clinical benefit for rinzimetostat in combination with darolutamide compared to competitor data and historical outcomes with approved therapies. With a median follow-up of 7.6 months, landmark rPFS rates of 71%, 59%, and 59% at 8, 9, and 10 months, respectively, are consistent with the competitor PRC2 inhibitor currently in multiple Phase 3 trials in prostate cancer (mevrometostat in combination with enzalutamide demonstrated estimated landmark rPFS rates of 58%, 54%, and 54% at 8, 9 and 10 months, respectively, in a post-AR inhibitor patient population). These rinzimetostat landmark rPFS rates are superior to reported outcomes for available standard-of-care therapies, including Zytiga®, Jevtana®, Taxotere®, and Pluvicto®. For reference, the estimated 10-month landmark rPFS for these approved therapies ranges from approximately 15% to 50%.

Additional Rinzimetostat Third Quarter 2026 and Other Recent Highlights

- Finalized the trial protocol and initiated the Himalayas-1 global Phase 3 registrational trial following End-of-Phase 1 interactions with the FDA and other global health authorities. The Himalayas-1 trial is expected to enroll approximately 600 patients from over 250 sites in 25 countries, randomized 1:1 to receive 400 mg once daily oral rinzimetostat (with or without food) in combination with darolutamide versus physician's choice of an AR inhibitor or docetaxel. The primary endpoint is radiographic progression-free survival and the key secondary endpoint is overall survival.
- Entered into a clinical trial collaboration and supply agreement with Bayer to provide darolutamide for Himalayas-1. Under the terms of the agreement, ORIC will conduct and sponsor the Himalayas-1 trial and Bayer will provide their AR inhibitor, NUBEQA® (darolutamide), at no cost for use in the trial in combination with rinzimetostat. This agreement does not grant Bayer any license, option, or other rights to rinzimetostat and ORIC retains full global development and commercial rights to rinzimetostat.
- Presented preclinical data at ESMO Congress 2026 highlighting potential advantages of targeting PRC2 via EED over EZH2, including that prostate cancer cells that rapidly developed resistance to the EZH2 inhibitor mevrometostat acquired an EZH2 mutation against which the potency of the EED inhibitor rinzimetostat was maintained. Preclinical results, supported by translational data in mCRPC patient samples, showed rinzimetostat reinforces a luminal, AR-dependent state, restricts lineage plasticity and enhances sensitivity to AR inhibition.

Enozertinib: a brain-penetrant, selective inhibitor targeting EGFR atypical mutations and EGFR exon 20 insertion mutations

- Presented potential best-in-class Phase 1b data at ESMO Congress 2026 in 1L NSCLC patients with EGFR atypical mutations. Despite enrolling patients with more than double the rate of baseline CNS disease as competitor datasets, including previously untreated CNS metastases, enozertinib demonstrated:
  - Meaningful systemic and compelling CNS responses: 84% confirmed systemic and 70% confirmed intracranial ORRs by investigator. These findings were supported by similar response rates utilizing the more stringent blinded independent central review (BICR), with a systemic ORR of 80% (RECIST 1.1) and an intracranial ORR of 67% (RANO-BM).
  - Promising early durability: while median PFS and duration of response data were immature as of the October 2026 data presentation cutoff date, a majority of patients remained on treatment and the 6-month landmark PFS of 88% compares favorably to reported benchmarks for currently used therapies and for late-stage investigational therapies.
  - A well-tolerated safety profile, with no significant off-target toxicity and manageable on-target toxicity, resulting in no treatment-related discontinuations.
- Supported by potential best-in-class data and based on End-of-Phase 1 interactions with the FDA, ORIC announced plans to initiate Redwood-1, a global Phase 3 registrational trial in 1L EGFR atypical NSCLC in 1H 2027. The Redwood-1 trial is expected to enroll approximately 360 patients with EGFR PACC and L861X mutations, including those with untreated brain metastases, randomized to receive 80 mg once daily oral enozertinib or physician's choice of osimertinib or afatinib. Dual primary endpoints include ORR by BICR for potential accelerated approval as well as PFS by BICR for full approval. Key secondary endpoints include overall survival and intracranial ORR by BICR RANO-BM.

ORIC-259: a potent, selective, oral small molecule degrader of CIP2A mRNA

- Announced agreement with Cancer Research UK (CRUK) to advance ORIC-259, a potential first-in-class CIP2A-targeted therapy into clinical development. Under the agreement, CRUK will fully fund, sponsor, design, and execute CTA-enabling activities and early clinical development of ORIC-259 for patients with cancer. ORIC retains an option to reacquire rights to ORIC-259 following Phase 1/2 data, with CRUK eligible to receive downstream milestone payments and royalties.

Key Achievements and Anticipated Program Milestones:

- Rinzimetostat in mCRPC:
  - Announced combination dose optimization data with AR inhibitor
  - Initiated first global Phase 3 registrational trial in post-abiraterone mCRPC
  - 2H 2026: Program update
- Enozertinib in NSCLC:
  - October 2026: 1L EGFR atypical monotherapy data presented at ESMO Congress 2026
  - 1H 2027: Initiate first global Phase 3 registrational trial in 1L EGFR atypical
  - Mid-2027: 1L EGFR exon 20 monotherapy data and combination data with SC amivantamab and combination with chemotherapy

Third Quarter 2026 Financial Results

- **Cash, Cash Equivalents and Investments:** Cash, cash equivalents and investments totaled $345.4 million as of September 30, 2026, which includes $59.9 million in net proceeds raised from healthcare specialist funds during the first quarter under the ATM (at-the-market) program. The company expects its cash and investments to fund the operating plan into 2H 2028.
- **R&D Expenses:** Research and development (R&D) expenses were $43.4 million for the three months ended September 30, 2026, compared to $28.8 million for the three months ended September 30, 2025, an increase of $14.6 million. The increase was primarily due to an increase in external expenses related to the advancement of rinzimetostat, offset by lower enozertinib costs due to timing of manufacturing and clinical costs. For the nine months ended September 30, 2026, R&D expenses were $111.1 million, compared to $84.0 million for the nine months ended September 30, 2025, an increase of $27.1 million. The increase was primarily due to an increase in external expenses related to the advancement of rinzimetostat, offset by lower enozertinib costs due to timing of manufacturing and clinical costs as well as lower preclinical costs.
- **G&A Expenses:** General and administrative (G&A) expenses were $8.2 million for the three months ended September 30, 2026, compared to $7.9 million for the three months ended September 30, 2025, an increase of $0.3 million. For the nine months ended September 30, 2026, G&A expenses were $25.4 million, compared to $24.5 million for the nine months ended September 30, 2025, an increase of $0.9 million. The increases were primarily due to higher professional services costs.

About ORIC Pharmaceuticals, Inc.

ORIC Pharmaceuticals is a clinical stage biopharmaceutical company dedicated to improving patients' lives by *Overcoming Resistance In Cancer*. ORIC's clinical stage product candidates include (1) rinzimetostat, an allosteric inhibitor of the polycomb repressive complex 2 (PRC2) via the EED subunit, being developed for prostate cancer, and (2) enozertinib, a brain-penetrant inhibitor targeting EGFR atypical and EGFR exon 20 insertion mutations, being developed for NSCLC. ORIC has offices in South San Francisco and San Diego, California. For more information, please go to www.oricpharma.com, and follow us on X or LinkedIn.

Cautionary Note Regarding Forward-Looking Statements

This press release contains forward-looking statements as that term is defined in Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Statements in this press release that are not purely historical are forward-looking statements. Such forward-looking statements include, among other things, the continued clinical development of rinzimetostat and enozertinib; the potential advantages of rinzimetostat and enozertinib; clinical outcomes from studies of rinzimetostat and enozertinib, which may materially change as patient enrollment continues or more patient data become available; the development plans and timelines for rinzimetostat and enozertinib; plans underlying ORIC's clinical trials and development; anticipated program milestones, including timing of program and data updates; the potential benefits of ORIC's agreement with CRUK; the period over which ORIC estimates its existing cash and investments will be sufficient to fund its current operating plan; and statements by the company's chief executive officer. Words such as "believes," "anticipates," "plans," "expects," "intends," "will," "goal," "potential" and similar expressions are intended to identify forward-looking statements. The forward-looking statements contained herein are based upon ORIC's current expectations and involve assumptions that may never materialize or may prove to be incorrect. Actual results could differ materially from those projected in any forward-looking statements due to numerous risks and uncertainties, including but not limited to: risks associated with the process of discovering, developing and commercializing drugs that are safe and effective for use as human therapeutics and ORIC's limited operating history; ORIC's ability to develop, initiate or complete preclinical studies and clinical trials for, obtain approvals for and commercialize any of its product candidates; changes in ORIC's plans to develop and commercialize its product candidates; the potential for clinical trials of rinzimetostat, enozertinib or any other product candidates to differ from preclinical, initial, interim, preliminary, expected or prior clinical trial results; negative impacts of health emergencies, economic instability or international conflicts on ORIC's operations, including clinical trials; the risk of the occurrence of any event, change or other circumstance that could give rise to the termination of ORIC's license and collaboration agreements or its clinical trial collaboration and supply agreements; the potential market for ORIC's product candidates, and the progress and success of competing therapeutics currently available or in development; ORIC's ability to raise any additional funding it will need to continue to pursue its business and product development plans; regulatory developments in the United States and foreign countries; ORIC's reliance on third parties, including contract manufacturers and contract research organizations; ORIC's ability to obtain and maintain intellectual property protection for its product candidates; the loss of key scientific or management personnel; competition in the industry in which ORIC operates; general economic and market conditions; and other risks. Information regarding the foregoing and additional risks may be found in the section entitled "Risk Factors" in ORIC's Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (the SEC) on November 16, 2026, and ORIC's future reports to be filed with the SEC. These forward-looking statements are made as of the date of this press release, and ORIC assumes no obligation to update the forward-looking statements, or to update the reasons why actual results could differ from those projected in the forward-looking statements, except as required by law.

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ORIC PHARMACEUTICALS, INC.
CONDENSED BALANCE SHEETS
(in thousands)

	September 30, 2026 (unaudited)	December 31, 2025
Assets		
Current assets:		
Cash, cash equivalents and short-term investments	$ 261,376	$ 281,488
Prepaid expenses and other current assets	13,375	6,978
Total current assets	274,751	288,466
Long-term investments	83,986	110,762
Property and equipment, net	2,085	2,415
Other assets	6,064	7,247
Total assets	$ 366,886	$ 408,890
Liabilities and Stockholders' Equity		
Current liabilities:		
Accounts payable	$ 2,151	$ 3,824
Accrued liabilities	22,625	16,593
Total current liabilities	24,776	20,417
Other long-term liabilities	2,607	4,111
Total liabilities	27,383	24,528
Total stockholders' equity	339,503	384,362
Total liabilities and stockholders' equity	$ 366,886	$ 408,890

ORIC PHARMACEUTICALS, INC.
STATEMENTS OF OPERATIONS AND COMPREHENSIVE LOSS
(Unaudited)
(in thousands, except share and per share amounts)

	Three Months Ended September 30,		Nine Months Ended September 30,	
	2026	2025	2026	2025
Operating expenses:				
Research and development	$ 43,358	$ 28,773	$ 111,091	$ 83,962
General and administrative	8,193	7,898	25,375	24,491
Total operating expenses	51,551	36,671	136,466	108,453
Loss from operations	(51,551)	(36,671)	(136,466)	(108,453)
Other income, net	3,475	4,084	11,131	9,490
Net loss	$ (48,076)	$ (32,587)	$ (125,335)	$ (98,963)
Other comprehensive (loss) gain:				
Unrealized (loss) gain on investments	(673)	428	(2,477)	236
Comprehensive loss	$ (48,749)	$ (32,159)	$ (127,812)	$ (98,727)
Net loss per share, basic and diluted	$ (0.44)	$ (0.33)	$ (1.17)	$ (1.20)
Weighted-average shares outstanding, basic and diluted	108,178,078	98,953,331	107,230,989	82,808,969