

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): May 20, 2024

Foghorn Therapeutics Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation)

001-39634
(Commission
File Number)

47-5271393
(IRS Employer Identification No.)

500 Technology Square, Ste 700
Cambridge, MA
(Address of principal executive offices)

02139
(Zip Code)

(Registrant's telephone number, including area code): (617) 586-3100

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, \$0.0001 par value per share	FHTX	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

Foghorn Therapeutics Inc. (the "Company") is furnishing as Exhibit 99.1 to this Current Report on Form 8-K a presentation dated May 20, 2024, which the Company intends to use in meetings with or presentations to investors. The information in this Item 7.01 (including Exhibit 99.1 attached hereto) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference into any filing by the Company under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.

Description

[99.1](#)

[Investor Presentation dated May 20, 2024](#)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

FOGHORN THERAPEUTICS INC.

By: /s/ Kristian Humer
Kristian Humer
Chief Financial Officer

Date: May 20, 2024



FCGHORN[®]

THERAPEUTICS

Unique biology
Precision therapeutics
Broad impact

May 2024

Forward Looking Statements

This presentation contains forward-looking statements that are based on management's beliefs and assumptions and on information currently available to management. All statements other than statements of historical facts contained in this presentation are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "could," "may," "might," "will," "likely," "anticipates," "intends," "plans," "seeks," "believes," "estimates," "expects," "continues," "projects" or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. Forward-looking statements include, but are not limited to, statements concerning: the potential outcomes from our collaboration agreement with Lilly; the initiation, timing, progress and results of our research and development programs and pre-clinical studies and clinical trials, including with respect to our Phase 1 study of FHD-286 in combination with decitabine or cytarabine in relapsed and/or refractory AML patients and anticipated timing of release of clinical data, and the planned Phase 1 dose escalation study of FHD-909 with Loxo@Lilly; our ability to advance product candidates that we may develop and to successfully complete preclinical and clinical studies; our ability to leverage our initial programs to develop additional product candidates using our Gene Traffic Control Platform®; the impact of exogenous factors, including macroeconomic and geopolitical circumstances, on our and our collaborators' business operations, including our research and development programs and pre-clinical studies; developments related to our competitors and our industry; our ability to expand the target populations of our programs and the availability of patients for clinical testing; our ability to obtain regulatory approval for FHD-286 and any future product candidates from the FDA and other regulatory authorities; our ability to identify and enter into future license agreements and collaborations; our ability to continue to rely on our CDMOs and CROs for our manufacturing and research needs; regulatory developments in the United States and foreign countries; our ability to attract and retain key scientific and management personnel; the scope of protection we are able to establish, maintain and enforce for intellectual property rights covering FHD-286, our future products and our Gene Traffic Control Platform; and our use of proceeds from capital-raising transactions, estimates of our expenses, capital requirements, and needs for additional financing. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this presentation. Additional important factors to be considered in connection with forward-looking statements are described in the Company's filings with the Securities and Exchange Commission, including with the section entitled "Risk Factors" in the Company's Annual Report on Form 10-K for the fiscal year ended December 31, 2023. Any forward-looking statements represent the Company's views only as of the date of this presentation and should not be relied upon as representing its views as of any subsequent date. The Company explicitly disclaims any obligation to update any forward-looking statements. The Company's business is subject to substantial risks and uncertainties.

Foghorn is the Pioneer in Chromatin Biology, an Untapped Area for Therapeutics

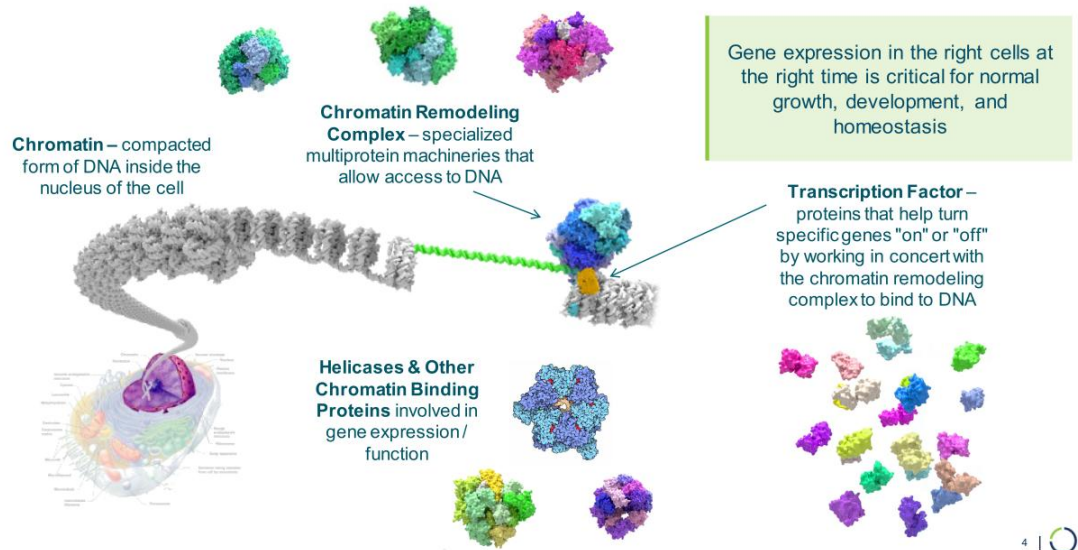
What if ... It were possible to **develop a therapeutic approach to treat half of all cancers?**

Chromatin biology is implicated in up to 50% of tumors

~2.5 million cancer patients

Potential for therapeutic area expansion (e.g., I&I)

Chromatin Regulatory System Orchestrates Gene Expression; Multiple Opportunities for Targets and Therapeutics



Foghorn has Progressed Multiple Programs Against Challenging Targets

BRM/BRG1: Implicated across solid and hematologic malignancies
Challenge: Can dual inhibition yield clinical benefit?

FHD-286
dual inhibitor in the clinic
Data H2 '24

BRM: Potential in up to 5% of all solid tumors
Challenge: Industry has failed to develop a selective inhibitor

FHD-909
selective inhibitor expected to
enter the clinic second half '24

CBP: Role in bladder, colorectal, breast, gastric, lung cancers
Challenge: Toxicities with dual inhibition, difficulty engineering selectivity

Selective CBP Degradator
IND enabling studies
anticipated by end of year

EP300: Role in both solid and heme malignancies
Challenge: Toxicities with dual inhibition, difficulty engineering selectivity

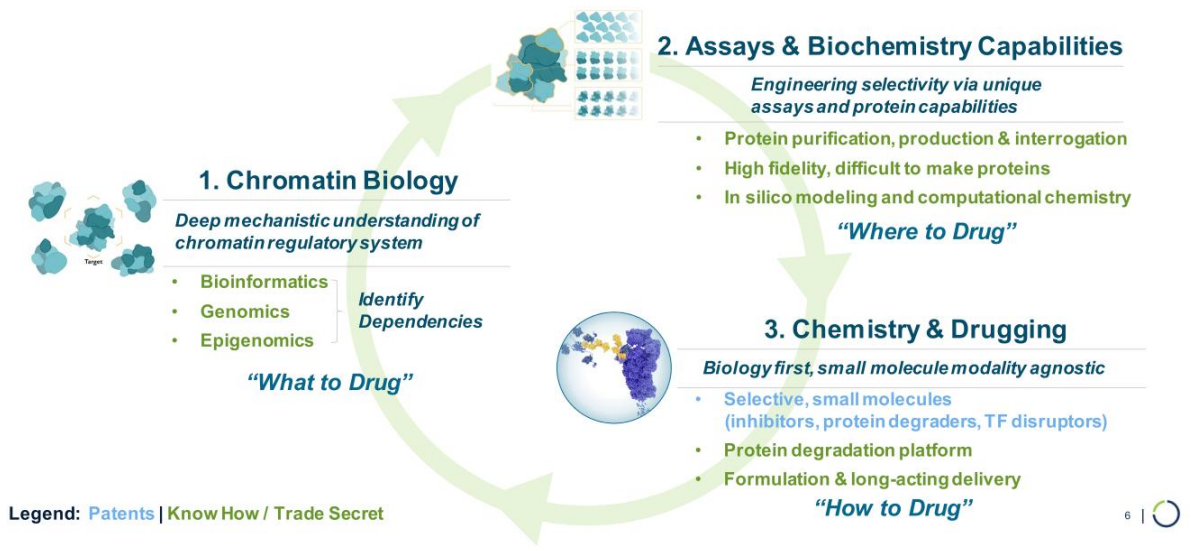
Selective EP300 Degradator
IND enabling studies
anticipated in 2025

ARID1B: Role in ovarian, endometrial, colorectal cancer
Challenge: Industry has had no success with selective target engagement

Selective ARID1B binder
identified. Potential critical step
towards degradation

... and more.

Foghorn's Gene Traffic Control® Platform Designed to Deliver Precision, First-in-Class Therapeutics: Integrated, Scalable, Efficient, Repeatable



Foghorn's Unique Platform Capabilities Evolved from Drugging a Specific Chromatin Remodeling Complex (BAF)*

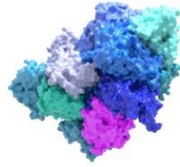
Challenge: produce, manipulate, study, and drug a 1.5 megadalton multi-protein complex

BAF Chromatin Remodeling Complex

Challenge: drug highly similar proteins that have no enzymatic function

Assays and Biochemistry Capabilities

- Purification & recombinant production of large proteins and protein complexes
- Biochemistry & biophysics of intrinsically disordered proteins
- High throughput screening for binders and inhibitors



Protein Degradation Platform

- Proprietary linker library
- Suite of assays specific to degradation (i.e., synthesis kinetics, degradation kinetics)
- Optimal E3 ligase pairing
- Ternary complex modeling
- Long-acting formulation technology

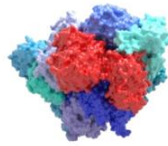
Current and Future Applications

- Selectively drugging highly similar proteins / hard to drug proteins
- Disease area expansion
- Going beyond chromatin – novel biology with complex proteins
- Payloads for ADCs*

*Brahme-Associated Factor (BAF), Antibody Drug Conjugates (ADCs).

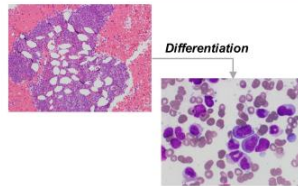
The Next Foghorn Chapter: Delivering Multiple Potential Blockbusters into the Clinic

Pioneering BAF and Chromatin Biology
(2016 – 2020)



- ✓ Built platform and developed deep understanding of biology
- ✓ Producing BAF and transcription factors at scale
- ✓ **Demonstrated druggability of chromatin regulatory system**

POC, Platform & Pipeline Expansion
(2021 – 2023)



- ✓ **Loxo@Lilly strategic collaboration**
- ✓ FHD-286 demonstrated broad differentiation effect in acute myeloid leukemia (AML)
- ✓ Initiated efforts on CBP and EP300
- ✓ Expansion of protein degrader platform

Progress Multiple High Value Assets into the Clinic
(2024 – 2027)



- **Proof of concept data for BRM Selective Inhibition (FHD-909) in NSCLC***
- **Registrational trials for FHD-286 in AML**
- **Potential for 5 additional INDs**
- **Pipeline, platform, disease area expansion**

*Non-small cell lung cancer (NSCLC)

Foghorn Is Advancing a Pipeline of First-in-Class Precision Therapeutics with Potential for Broad Application in Oncology ...

Modality	Program	Disease	Discovery	Pre-Clinical	Phase 1	Phase 2 / 3	Commercial Rights
Enzyme Inhibitors	FHD-286 (BRG1/BRM)	Relapsed/Refractory AML					FOGHORN THERAPEUTICS
	FHD-909 (Selective BRM)	BRG1 mutant cancers (e.g., NSCLC, bladder, endometrial, colorectal)					LOXO FOGHORN THERAPEUTICS
	Partnered Undisclosed	Undisclosed					LOXO FOGHORN THERAPEUTICS
Protein Degraders	Selective BRM	BRG1 mutant cancers (e.g., NSCLC, bladder, endometrial, colorectal)					LOXO FOGHORN THERAPEUTICS
	Selective CBP	EP300 mutant cancers (e.g., bladder, gastric, breast, NSCLC, colorectal)					FOGHORN THERAPEUTICS
	Selective EP300	EP300 dependent cancers (e.g., prostate, DLBCL), CBP mutant cancers (e.g., NSCLC, bladder)					FOGHORN THERAPEUTICS
	Selective ARID1B	ARID1A mutant cancers (e.g., ovarian, endometrial, colorectal)					FOGHORN THERAPEUTICS
Transcription Factor Disruptors	Undisclosed	Undisclosed					FOGHORN THERAPEUTICS
3 Discovery Programs	Undisclosed	Undisclosed					LOXO FOGHORN THERAPEUTICS

... with Multiple Near-Term Value Inflection Points through 2026

FHD-286	AML Combination Dose Escalation Data	H2 2024
FHD-909 (Selective BRM Inhibitor)	Phase 1 Initiation	H2 2024
Selective BRM Degrader	IND Filing / Phase 1 Initiation	Confidential
Selective CBP Degrader	Initiate IND-Enabling Studies	Year End 2024
Lilly Target #2	Target Disclosure and IND Filing	Confidential
Selective EP300 Degrader	Initiate IND-Enabling Studies	2025
Selective ARID1B Degrader	Development Candidate	H1 2026

Potential Multi-Billion Dollar Opportunities in Oncology

\$500M to \$2B Market Opportunities Each



Greater than \$2B Market Opportunities Each



Foghorn Owned

Partnered w Lilly

Potential for therapeutic area expansion
(e.g., immunology and inflammation)

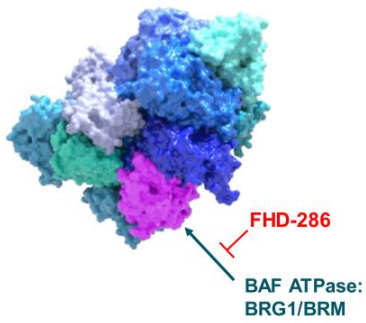
Clinical & Pre-Clinical Programs

- FHD-286 – Dual BRM/BRG1 Inhibitor
 - FHD-909 (a.k.a. LY4050784) – Selective BRM Inhibitor
 - Selective CBP Degradator
 - Selective EP300 Degradator
 - Selective ARID1B Program
-



FHD-286: Dual BRM/BRG1 Inhibition
Targeting BAF Dependency in Cancer

Exploring BAF Dependency in Cancer with FHD-286 – Potent, Oral Dual Inhibitor of BRM and BRG1



FHD-286:

- Allosteric modulation inhibiting the activity of both BRM and BRG1
- Oral, daily, potent small molecule inhibitor

Current and Potential Future Opportunity

Mutations	Pre-clinical data support ability to address BAF mutated cancers (e.g., BRG1 mutant)
Differentiation	Clinical and pre-clinical data demonstrated broad-based differentiation across AML and multiple solid tumors
Overcoming Drug Resistance	Pre-clinical data support ability to overcome drug resistance (i.e., EGFR NSCLC, enzalutamide-resistant CRPC, PD-1 refractory)
Immune Modulation	Clinical data demonstrated an increase of CD8+ T-cells and a reduction of T-regulatory cells

Significant Opportunity for Novel, Effective Therapy in Patients with R/R AML

Most cases of AML are not curable

- Greater than 50% patients relapse
- Intensive chemo – still standard of care

40% of AML cases have no actionable mutations

- No meaningful developments for broad AML patient population since Venetoclax
- Recent developments focused on actionable mutations (e.g., FLT3, IDH1/2, MLL**)

Initial FHD-286 Opportunity

~17,000 Drug Treatable R/R Patients*

- **Post Ven/Aza:**
 - No standard of care
 - CRc rates 15-17%
 - Median OS ~3mo
- High unmet need

FHD-286 Opportunity: R/R Patients and Potentially Newly Diagnosed Patients

*Source: Decision Resources Group 2025 Forecast; **Menin inhibitors not yet approved; R/R: relapsed/refractory; CRc: composite complete response

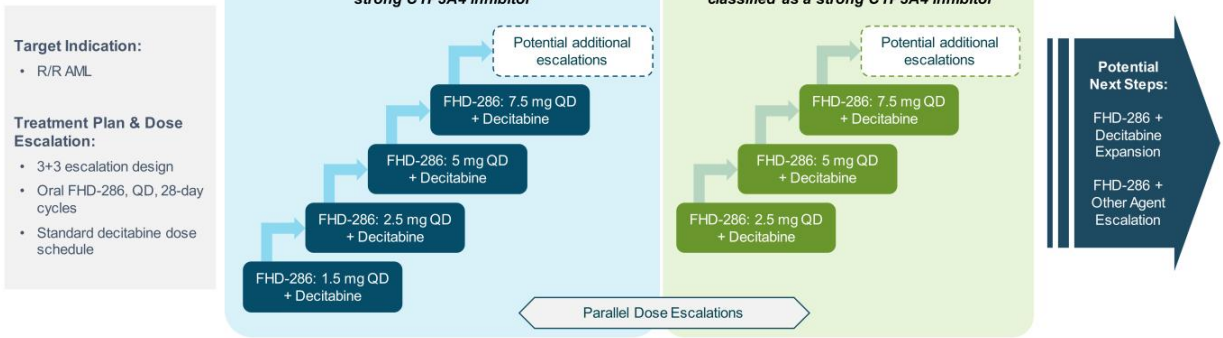
FHD-286 Induced Differentiation Across a Broad Range of Genetic Backgrounds in Phase 1 Study

Dose Level	Mutations	Cytogenetics Risk	Starting CD11b%	Max CD11b%	CD11b+ Fold Change	Starting CD34%	Min CD34%	CD34+ % Decrease
10mg	N/A	Adverse	7	62	9.2x	94	27	(71%)
7.5mg	CBFB (locus at 16q22)		2	94	59.4x	70	2	(97%)
7.5mg	KMT2A rearrangement	Adverse	3	58	21.4x	85	9	(90%)
7.5mg	RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK	Adverse	5	73	15x	95	18	(81%)
7.5mg	N/A	Adverse	8	52	6.3x	94	33	(65%)
7.5mg	ASXL1, TP53, U2AF1	Adverse	19	63	3.3x	92	51	(45%)
5mg	RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2	Adverse	3	74	29x	94	19	(80%)
5mg	RUNX1, NRAS, ASXL1	Adverse	4	97	22.8x	98	7	(93%)
5mg	N/A	Adverse	6	79	13x	93	11	(88%)
5mg	TET2, WT1 GATA2 PLCG2 ARHGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2		3	24	8.1x	86	62	(27%)
5mg	N/A	Adverse	4	28	6.5x	93	66	(29%)
5mg	DNMT3a, TET2		21	88	4.1x	30	4	(88%)
2.5mg	NRAS, WT1	Adverse	3	13	4.8x	93	89	(4%)

CD11b (marker of differentiation) increases →

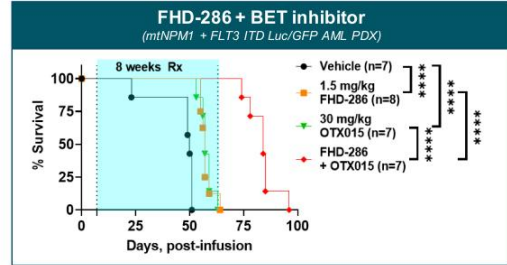
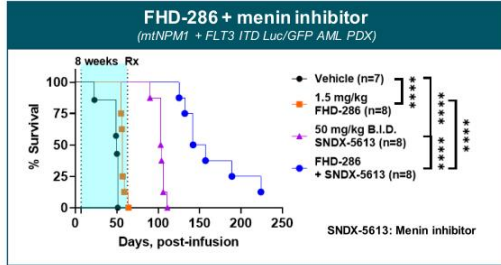
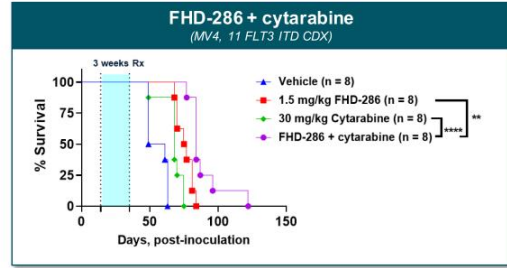
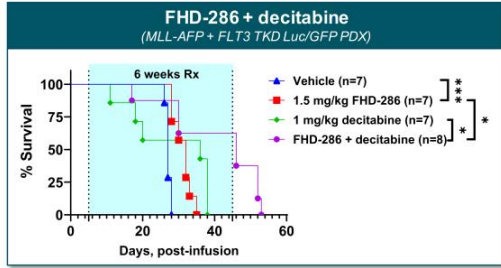
↓
CD34 (leukemic stem cell marker) decreases

Dose Escalation Trial Design in Combination with Decitabine in AML



Key Objectives	
Primary	<ul style="list-style-type: none"> Safety/Tolerability Maximum Tolerated Dose (MTD) and/or Recommended Phase 2 Dose (RP2D) determinations
Secondary	<ul style="list-style-type: none"> Preliminary clinical activity PK parameters of FHD-286 in combination with Decitabine in subjects on/off triazole antifungal agents classified as strong CYP3A4 inhibitors
Exploratory	<ul style="list-style-type: none"> PD effects of FHD-286 in combination with Decitabine MRD

Pre-Clinical Data Demonstrated Combination Potential with Multiple Agents in AML



FHD-286 Has Potential in Multiple High-Value Oncology Indications



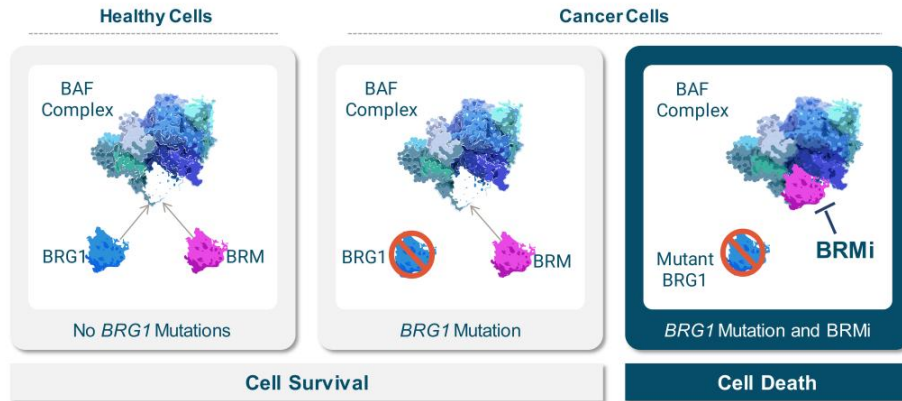


Selective BRM Modulators
For BRG1 Mutated Cancers

BRM Selective Inhibitor FHD-909 IND Submitted Q2'24, BRM Selective Degradar Continues Late-Stage Pre-Clinical Development

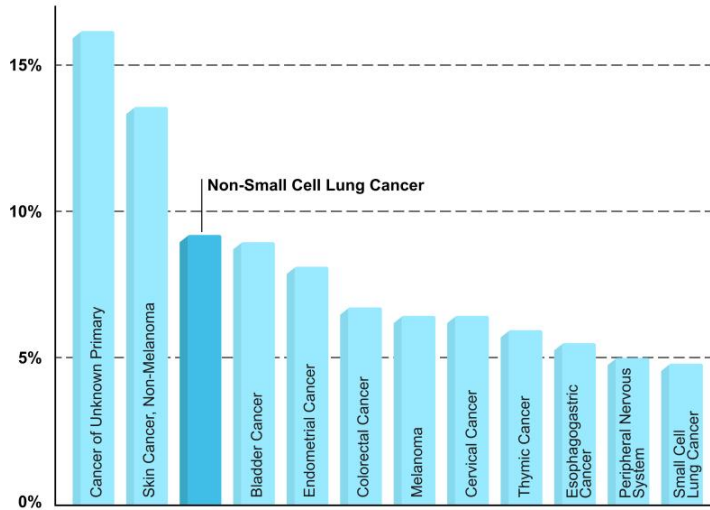
	BRM Selective Inhibitor (FHD-909)	BRM Selective Degradar
Biology	Exploit the synthetic lethal relationship between BRM (SMARCA2) and mutated BRG1 (SMARCA4)	
Stage	IND submitted in Q2'24	Advancing in parallel through late pre-clinical development
Opportunity	BRG1 mutated cancer including ~10% of NSCLC and up to 5% of all solid tumors	
Loxo@Lilly Partnership	50/50 global R&D cost share 50/50 U.S. economics tiered ex-U.S. royalties starting in the low double-digit range and escalating into the twenties	

BRM Selective Inhibition is a Promising Strategy to Exploit the Synthetic Lethal Relationship Between BRM and Mutated BRG1



Precision medicine targeting synthetic lethal relationships is a proven clinical approach now used in multiple cancers (e.g., PARP inhibitors)

BRG1 is Mutated in Up to 10% of NSCLC; Up to 5% of Solid Tumors

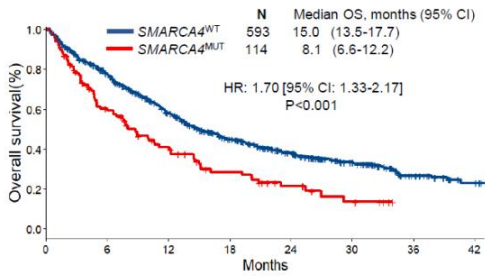


BRG1 mutated across a broad range of tumors

Accounts for ~5% of solid tumors

Patients with NSCLC Harboring BRG1 Mutations Have Significantly Worse Clinical Outcomes and Define a High Unmet Need Patient Population

Overall Survival for BRG1wt vs BRG1mut¹

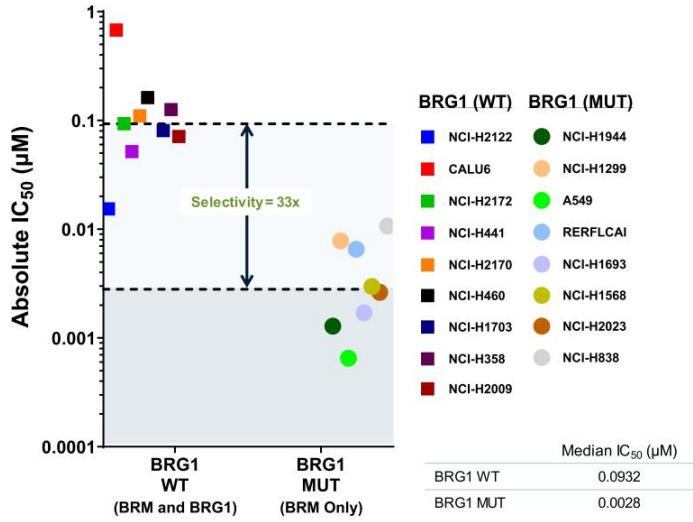


BRG1 mutated in up to 10% of NSCLC tumors, minimal overlap with other mutations²



1. Alessi JV, et al., 2021; 2. TCGA via cBioPortal
¹BRG1 = SMARCA4

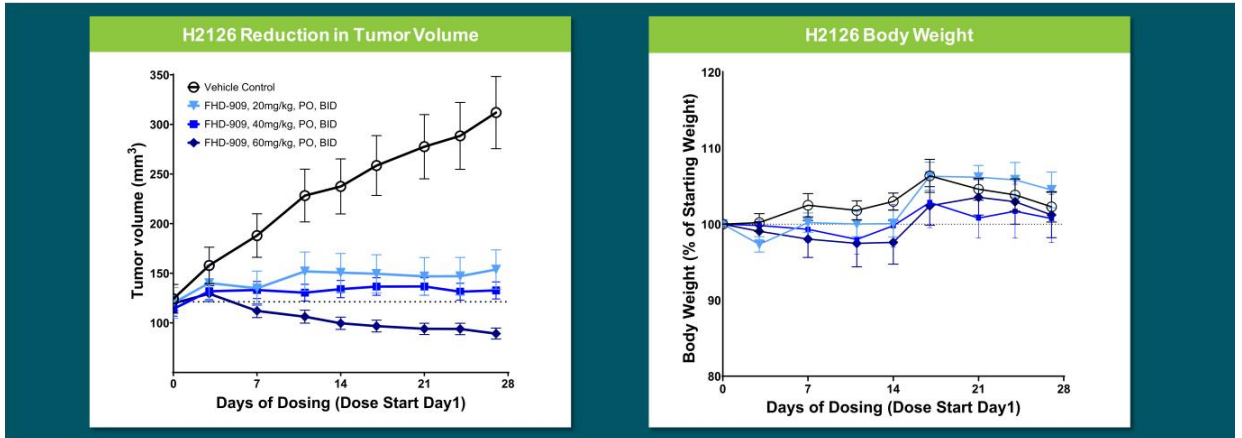
FHD-909 Demonstrated Approximately 33-fold Selectivity Across 17 BRG1 Mutant and Wild-Type Cell Lines *In Vivo*



Spread in potency for wild type versus mutant cell lines indicates

33-fold selectivity observed

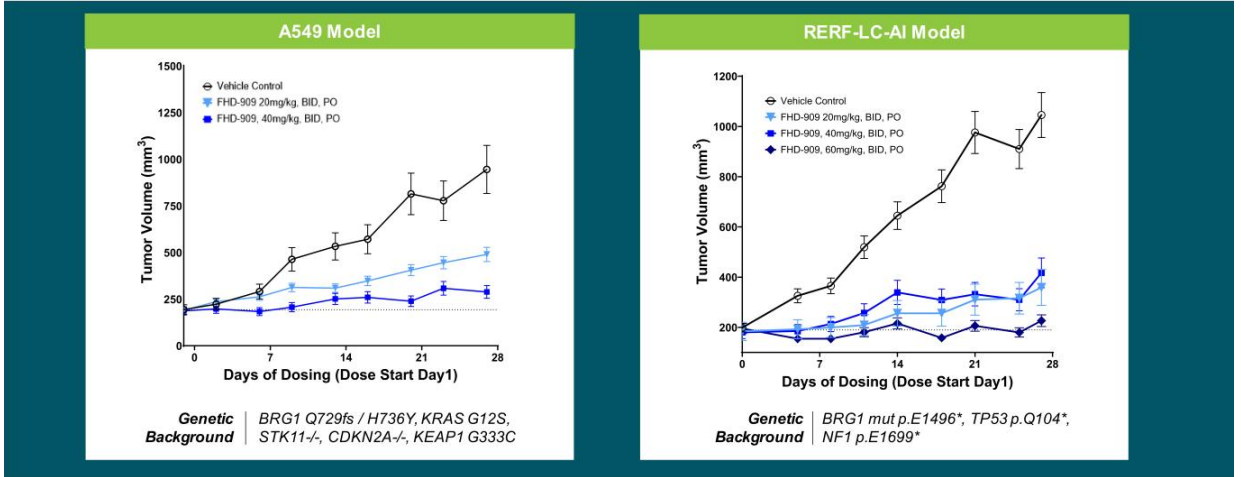
FHD-909 Monotherapy Demonstrated Regression *In Vivo* in H2126 BRG1 Mutant NSCLC Model and Was Well Tolerated



Genetic Background: BRG1 W764R, TP53 E62*, STK11^{-/-}, CDKN2A^{-/-}, KEAP1 R272C

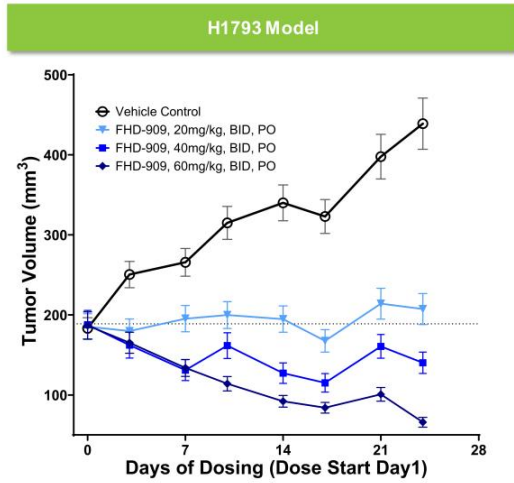
NOTE: All doses were well tolerated. Dosing holidays were applied at the high dose, as appropriate.

FHD-909 Monotherapy Demonstrated 96% TGI in A549 and Tumor Stasis in RERF-LC-AI Mutant NSCLC Models



NOTE: All doses were well tolerated. Dosing holidays were applied at the high dose, as appropriate.

FHD-909 Monotherapy Demonstrated Regression in H1793 BRG1 Mutant NSCLC Model

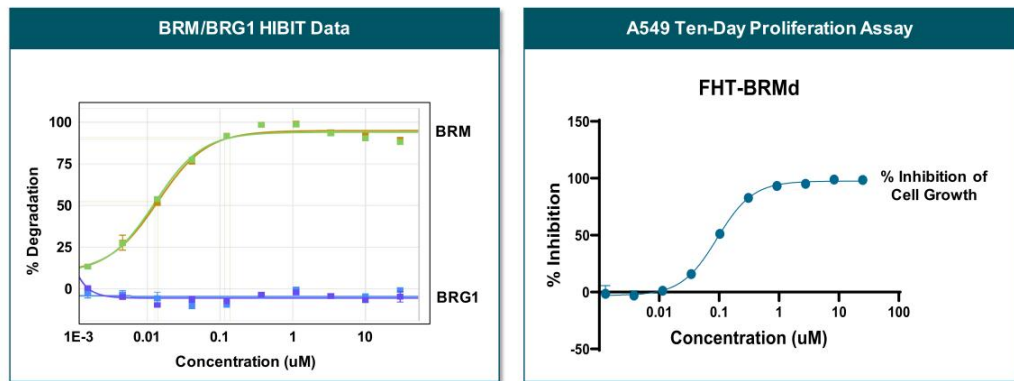


- **FHD 909** delivered across range of BRG1 mut xenograft models
- Results ranging from impressive TGI to regression as monotherapy
- All doses across all four models were well tolerated

Genetic Background | BRG1 E514*, TP53 R209*R273H, ARID1A C884*

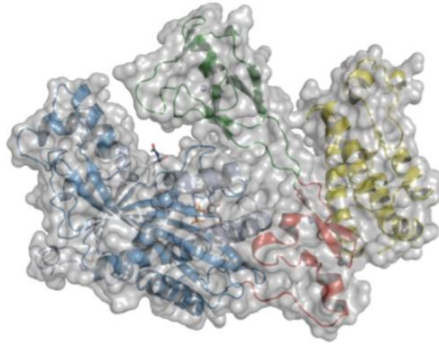
NOTE: All doses were well tolerated. Dosing holidays were applied at the high dose, as appropriate

BRM Selective Degradator Achieved Complete BRM Degradation and Cell Growth Inhibition *In Vitro*



Degraders Caused Time- and Dose-Dependent BRM Degradation
Antiproliferative Effects in A549 Mutant NSCLC Model

CBP and EP300 Proteins – A Decades Long Challenge in Selectivity



- **CBP** and **EP300** are chromatin regulators and histone acetyltransferases
- **CBP** and **EP300** are virtually identical, thus achieving selectivity is a significant challenge
 - Dual targeting has revealed tolerability and safety issues

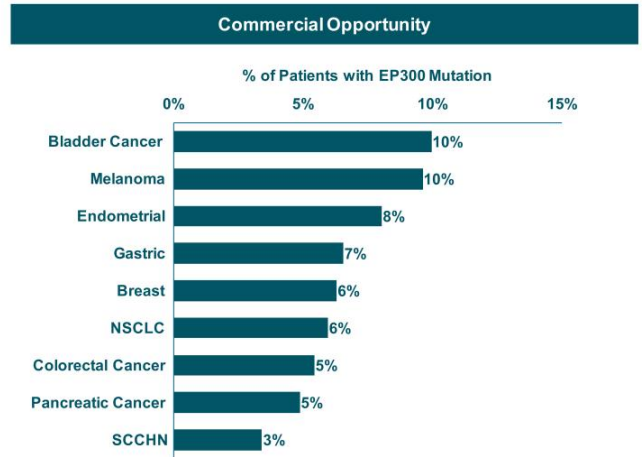
Foghorn is working on two separate programs, each with their own defined dependencies and patient populations



Selective CBP Protein Degradator
For EP300 Mutated Cancers

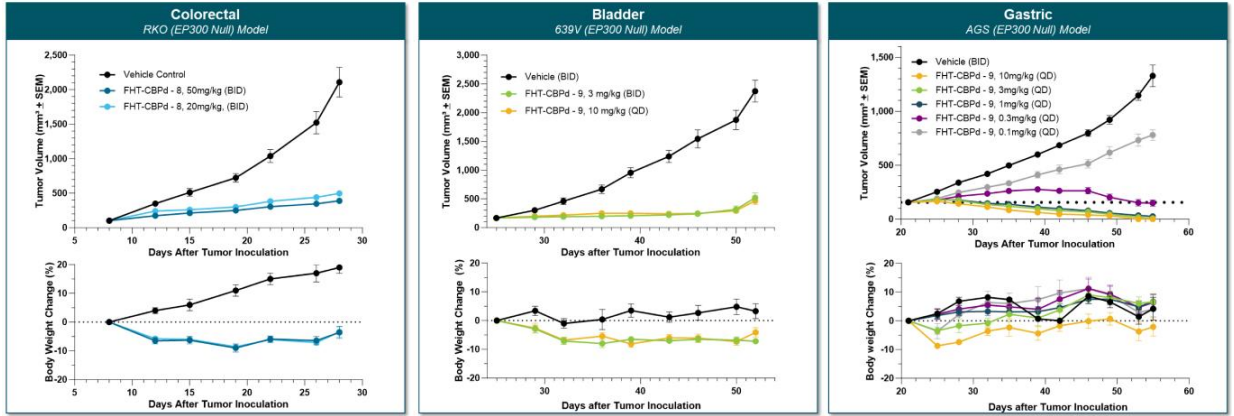
Summary: Selective CBP Protein Degradator for EP300 Mutated Cancers

Target / Approach	<ul style="list-style-type: none"> CREB binding protein (CBP) Targeted protein degrader
Initial Indication	<ul style="list-style-type: none"> EP300 mutated cancers (e.g., subsets of bladder, colorectal, breast, gastric and lung cancers)
Mutation / Aberration	<ul style="list-style-type: none"> EP300 mutated cancers
Stage	<ul style="list-style-type: none"> Pre-clinical
New Patients Impacted / Year*	<ul style="list-style-type: none"> Over 100,000

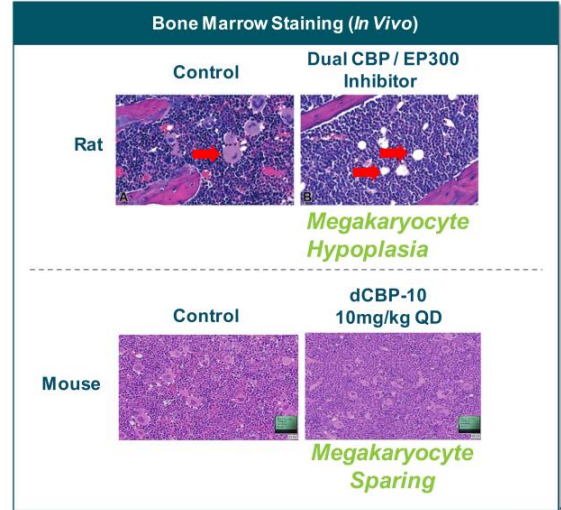
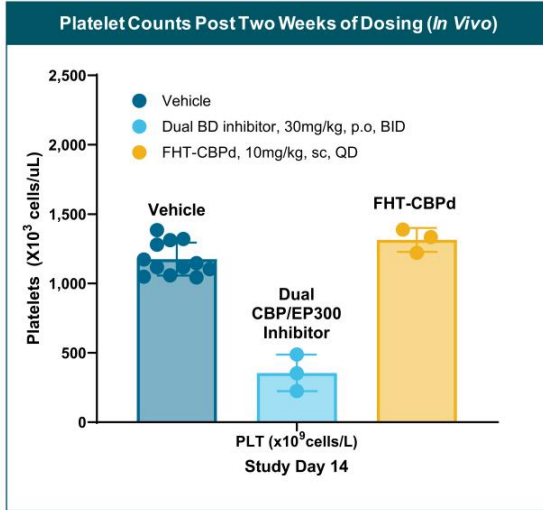


* Per year incidence in the U.S., EU5, Japan . Source: Clarivate DRG Mature Markets Data.

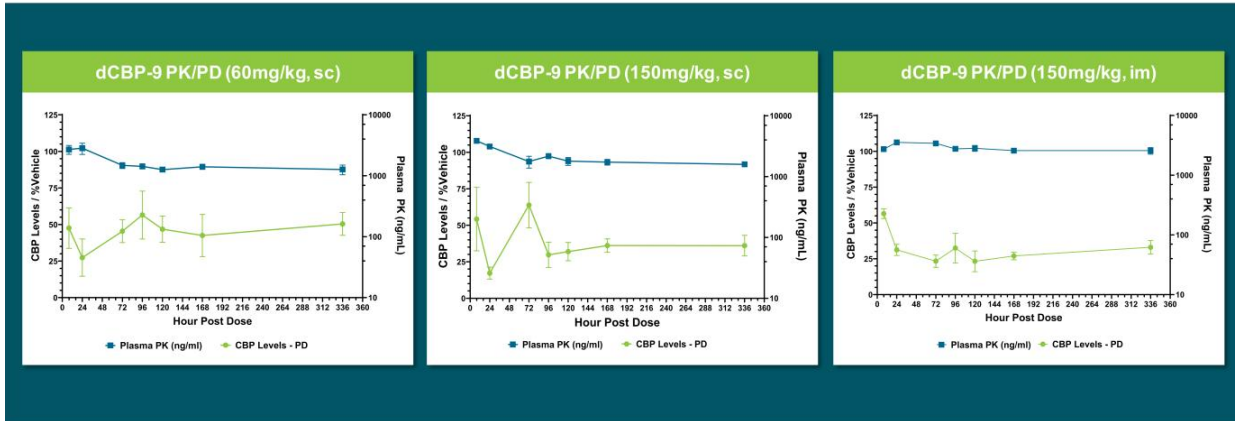
Selective CBP Degradation Resulted in Significant Tumor Growth Inhibition in Colorectal & Bladder and Regression in Gastric EP300 Null Models



Pre-Clinical Studies Indicate Selective CBP Degradation Did Not Show Thrombocytopenia and Spares Megakaryocytes *In Vivo*



Pre-Clinical Studies Indicate Long-Acting Injectable Formulations of CBP Degrader Could Enable At Least Once Every 2 Weeks Dosing

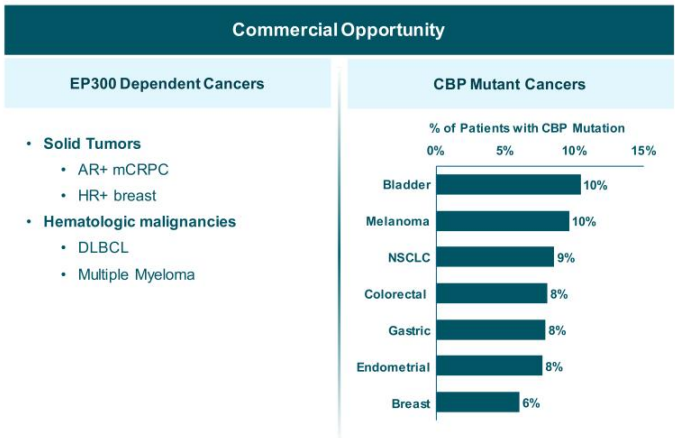




Selective EP300 Protein Degradator
For CBP Mutated and EP300 Dependent Cancers

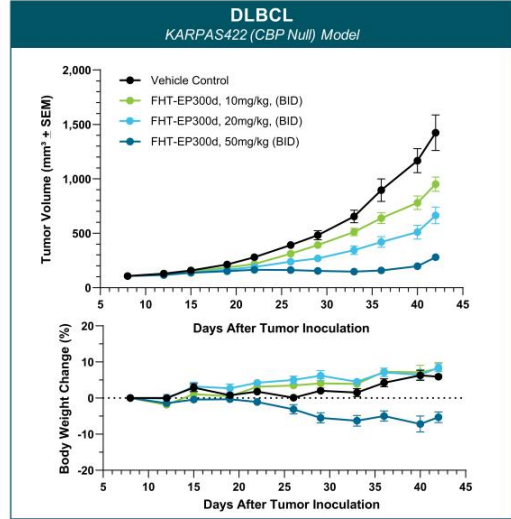
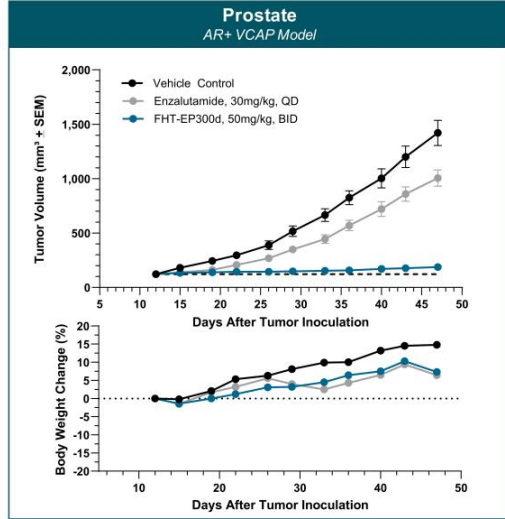
Summary: Selective EP300 Protein Degradator for CBP Mutant & EP300 Dependent Cancers

Target / Approach	<ul style="list-style-type: none"> E1A binding protein p300 (EP300) Targeted protein degrader
Initial Indications	<ul style="list-style-type: none"> AR+ Prostate DLBCL Bladder, melanoma, others
Mutation / Aberration	<ul style="list-style-type: none"> EP300 dependent cancers CBP mutant cancers
Stage	<ul style="list-style-type: none"> Pre-clinical
New Patients Impacted / Year*	<ul style="list-style-type: none"> Over 100,000

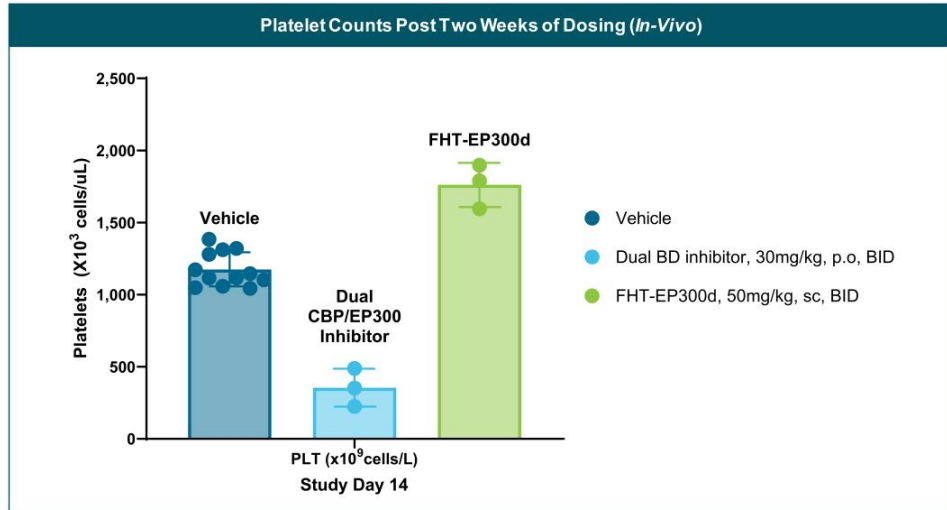


* Per year incidence in the U.S., EU5, Japan. Source: Clarivate DRG Mature Markets Data.

EP300 Degradation Results in Significant Tumor Growth Inhibition in AR+ VCAP Prostate and KARPAS422 DLBCL Models



Selective EP300 Degradation Does Not Show Thrombocytopenia *In Vivo*





Selective ARID1B Protein Degradator
For ARID1A Mutated Cancers

ARID1B is a Major Synthetic Lethal Target Implicated in Up To 5% of All Solid Tumors

Target / Approach

- ARID1B
- Targeted protein degrader

Initial Indication

- ARID1A mutated cancers

Mutation / Aberration

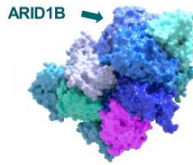
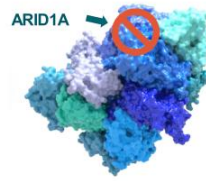
- ARID1A mutations (e.g., ovarian, endometrial, colorectal, bladder and other cancers)

Stage

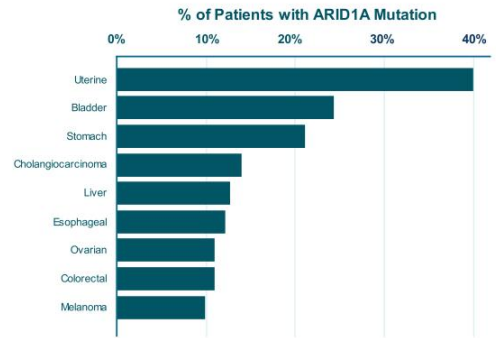
- Pre-clinical

New Patients Impacted / Year*

- > 175,000



Commercial Opportunity

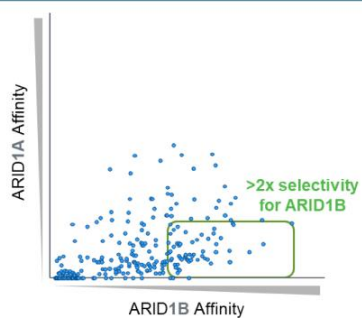


~5% of all solid tumors harbor ARID1A mutations

* Per year incidence in the U.S., EU5, Japan. Source: Clarivate DRG Mature Markets Data.

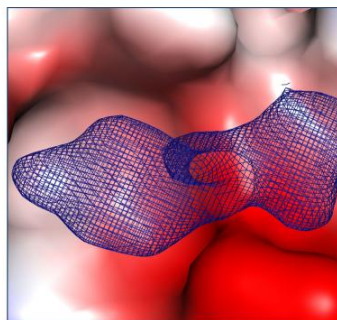
Compound Screening and Structure-Based Optimization Yielded Selective ARID1B Binders

Identification of Selective ARID1B Binders



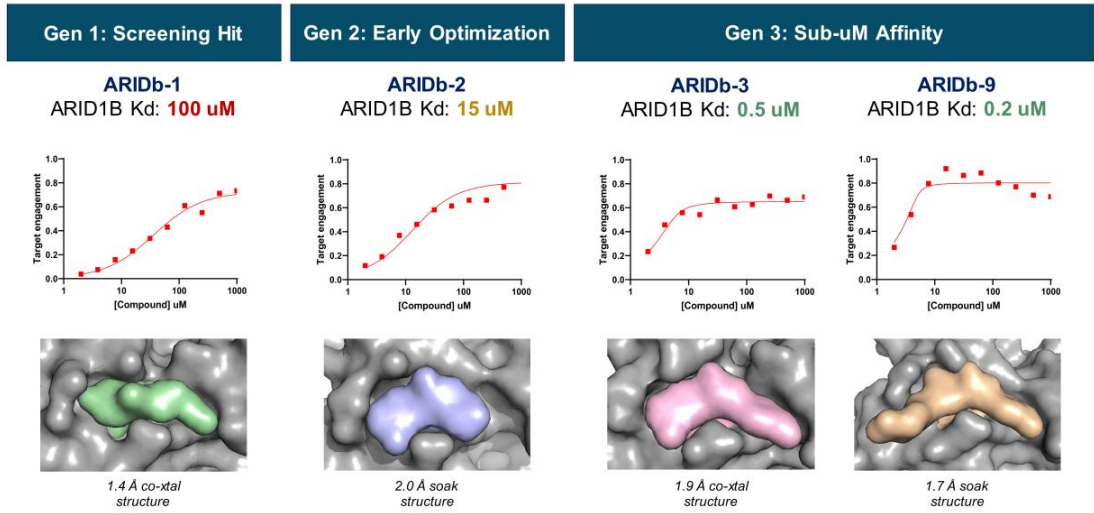
- Mapped and purified several potential ligandable regions of ARID, which were then screened against various compound libraries
- Characterized binding using multiple biochemical and biophysical techniques: e.g., DSF, ASMS, NMR, and SPR

X-Ray Crystal Structures Detail Selective ARID1B Binding



- Determined X-ray crystal structure of ARID ligandable domains with specific binders
- Leveraged these structures to drive binding affinities and expand binding chemotypes

Structure-Based Optimization Drove Improved ARID1B Binding Affinity from 100 μM to less than 200 nM



Multiple Near-Term Value Inflection Points through 2026

FHD-286	AML Combination Dose Escalation Data	H2 2024
FHD-909 (Selective BRM Inhibitor)	Phase 1 Initiation	H2 2024
Selective BRM Degrader	IND Filing / Phase 1 Initiation	Confidential
Selective CBP Degrader	Initiate IND-Enabling Studies	Year End 2024
Lilly Target #2	Target Disclosure and IND Filing	Confidential
Selective EP300 Degrader	Initiate IND-Enabling Studies	2025
Selective ARID1B Degrader	Development Candidate	H1 2026

Developing First-In-Class Precision Medicines Targeting Major Unmet Needs in Cancer



Leader in Unique Area of Cancer Biology

Foghorn is a leader in targeting chromatin biology, which has the potential to address underlying dependencies of many genetically defined cancers

Platform with initial focus in oncology, **therapeutic area expansion potential**



Large Market Potential

Chromatin biology is implicated in up to **50% of tumors**, potentially impacting **~2.5 million patients**

Foghorn's current pipeline potentially addresses **more than 500,000** of these patients

Broad pipeline across a range of targets and small molecule modalities



Well-Funded

\$206.7 million in cash and equivalents
(as of 3/31/2024)

Provides **runway into H1'26**



Value Drivers

Anticipate data from the Phase 1 study of FHD-286 in combination with decitabine in **H2'24**

BRM Selective Inhibitor (FHD-909), partnered with Loxo@Lilly, **IND submitted to FDA, Phase 1 initiation anticipated in H2'24**

Advancement of preclinical assets (BRM Selective Degradar, CBP, EP300, ARID1B) towards INDs



Major Strategic Collaboration

Strategic collaboration with Loxo@Lilly; **\$380 million upfront**; 50/50 U.S. economic split on two lead programs



FCGHORN[®]

THERAPEUTICS

Unique biology
Precision therapeutics
Broad impact

May 2024

Appendix



Loxo@Lilly Collaboration Validates Foghorn Approach: Significant Upfront and Deal Economics



\$380 Million Up-front

\$300 million cash

\$80 million in Foghorn common stock at a price of \$20 per share



50/50 U.S. Economics on Two Programs

50/50 U.S. economic split on BRM-Selective and another undisclosed program

Tiered ex-U.S. royalties starting in the low double-digit range and escalating into the twenties based on revenue levels



Three Undisclosed Discovery Programs

Option to participate in a percentage of the U.S. economics

Tiered ex-U.S. royalties from the mid-single digit to low-double digit range

\$1.3 billion in potential milestones



FHD-286: Dual BRM/BRG1 Inhibition
Targeting BAF Dependency in Cancer

Additional Information

Potential First-in-Class Broad-Based Differentiation Agent With Significant Combination Potential in AML

Completed Phase I Monotherapy Safety and Efficacy Results

Efficacy

- Differentiation observed in heavily pre-treated patients, regardless of mutational status
- Multiple patients with bone marrow and peripheral blast improvements and associated ANC recovery

Safety

- Adverse data observed to be profile consistent with late-line AML population
 - Most frequent \geq grade 3 TRAEs: increased blood bilirubin, hypocalcemia, differentiation syndrome (DS), stomatitis, increased ALT
- Adjudicated Differentiation Syndrome rate of 15%

Ongoing Phase I Combination Study

- Phase I dose escalation study evaluating oral daily dosing of FHD-286 with fixed dose decitabine or cytarabine
- Standard 3+3 dose escalation design
- Data anticipated in H2'2024

Peripheral Blood and Bone Marrow Blast Count Reduction Led to ANC Recovery in a Subset of Patients

Diagnosis	Dose Level	Mutations	Cytogenetic Risk	Cycles on Study	ANC Recovery	Peripheral Starting Blast %	Peripheral Min Blast %	Peripheral Blast % Change	BMA Starting Blast %	BMA Min Blast %	BMA Blast % Change
AML	10mg	N/A	Adverse	2.2	YES	15	0	(100)	40	6	(85)
AML	10mg	DNMT3A, U2AF1, DDX41, CUX1, TP53	Adverse	0.5	N	20	0	(100)	13	2	(85)
AML	10mg	NRAS, SF3B1	Intermediate	7.3	N	2	0	(100)	12	5	(58)
AML	10mg	NRAS, BRCA1, MEN1, CDKN1Ap	Adverse	0.3	N	80	11	(86)	52	-	-
AML	10mg	D17Z1, TP53	Intermediate	0.6	N	9	1	(89)	9	-	-
AML	10mg	GATA2, ETV6, KDR	Intermediate	1.4	N	2	2	0	5	-	-
AML	7.5mg	RUNX1, KRAS, ASXL1, JAK2, TET2, EZH2, ETNK1	Intermediate	2.9	N	83	1	(99)	83	2	(98)
AML	7.5mg	ASXL1, TP53, U2AF1	Adverse	1.3	N	-	5	-	36	14	(61)
AML	7.5mg	KMT2A rearrangement	Adverse	2.8	YES	97	5	(95)	89	48	(46)
AML	7.5mg	N/A	Adverse	4.1	YES	28	4	(86)	25	15	(40)
* MDS	7.5mg	DNMT3A, TP53	Adverse	1.4	N	-	0	-	8	5	(38)
AML	7.5mg	DNMT3A, KRAS, NRAS	Adverse	1.8	N	32	2	(94)	47	49	4
AML	7.5mg	CBFB (locus at 16q22)	Favorable	1.7	YES	32	0	(100)	27	29	7
AML	7.5mg	N/A	Adverse	0.1	N	35	19	(46)	72	-	-
AML	7.5mg	ASXL1, BCOR, FLT3ITD, NF1, CBL, H1-B, NFE2	Adverse	0.7	N	8	7	(13)	25	-	-
AML	7.5mg	N/A	-	0.5	N	0	0	0	8	-	-
AML	7.5mg	NRAS, ASXL2, SRSF2	Adverse	0.1	N	93	-	-	17	-	-
AML	7.5mg	ASXL1, DNMT3A, TET2, TP53	Adverse	0.5	N	-	4	-	-	-	-
AML	7.5mg	FLT3ITD	Favorable	0.8	N	0	39	-	12	-	-

* MDS Patient

Peripheral Blood and Bone Marrow Blast Count Reduction Leading to ANC Recovery in a Subset of Patients

Diagnosis	Dose Level	Mutations	Cytogenetic Risk	Cycles on Study	ANC Recovery	Peripheral Starting Blast %	Peripheral Min Blast %	Peripheral Blast % Change	BMA Starting Blast %	BMA Min Blast %	BMA Blast % Change
AML	5mg	RUNX1, NRAS, ASXL1	Adverse	3.1	YES	29	0	(100)	35	12	(66)
AML	5mg	N/A	Adverse	8.0	N	-	2	-	11	7	(36)
AML	5mg	N/A	Adverse	1.8	YES	6	0	(100)	24	16	(33)
AML	5mg	ASXL1, DNMT3A, KRAS, PTPN11, WT1, GRIN2AWT1	Adverse	2.0	N	32	38	19	49	52	6
* MDS	5mg	RUNX1, NRAS, KRAS, SF3B1, ASXL2, CSF3R, GATA2	Adverse	1.0	YES	5	13	160	11	14	27
* MDS	5mg	DNMT3a, TET2	Intermediate	1.9	YES	0	0	0	-1	2	100
AML	5mg	TET2, WT1, GATA2, PLCG2, ARHGGEF28, BRD4, CDK12, DDX41, KMT20, PARP1, ZRSR2	Intermediate	1.7	YES	9	0	(100)	18	46	156
AML	5mg	KRAS, PTPN11, IRF8, MSH6, RUNX1	-	1.3	N	17	7	(59)	-	80	-
AML	5mg	TP53	Adverse	0.7	N	41	20	(51)	18	-	-
AML	5mg	TP53	Adverse	0.5	N	44	35	(20)	55	-	-
AML	5mg	PPM1D, TP53	Adverse	0.5	N	15	12	(20)	18	-	-
AML	5mg	KRAS, TET2	Adverse	0.6	N	37	32	(14)	56	-	-
* MDS	5mg	ASXL1, DNMT3A, IDH1, SRSF2, SF3B1, TET2	-	0.4	N	0	0	0	0	-	-
AML	5mg	N/A	Adverse	0.5	N	10	11	13	-	-	-
AML	5mg	ASXL1, NRAS, EP300, STAG2, RUNX1, TET2	Adverse	0.1	N	25	32	25	11	-	-
AML	5mg	CEBPA, KMT2C, NCDR1, CBL	-	0.3	N	48	75	56	64	-	-
AML	2.5mg	NRAS, WT1	Adverse	1.4	N	36	62	72	45	74	64
AML	2.5mg	BCR/ABL, PMLRARA, RUNX1, TET2	-	2.4	N	68	28	(59)	30	-	-
AML	2.5mg	N/A	Adverse	0.8	N	7	0	(100)	22	-	-
AML	2.5mg	DNMT3A, KRAS, TP53	Adverse	0.8	N	28	40	46	45	-	-
AML	2.5mg	DNMT3A, TP53	Adverse	1.0	N	4	-	-	25	-	-

* MDS Patient

Signs of Differentiation in Heavily Pre-Treated, Secondary AML Patient with Abnormal Karyotype in Phase 1 Dose Escalation Study

Patient Background:

- 47-year-old male, secondary AML
- Abnormal karyotype: Del (7Q), Inv (3), Der (7;12), -8, ADD(1)

Prior AML Treatment:

- Progressive disease: 4 lines prior treatment and 2 bone marrow transplants

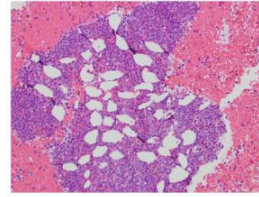
Prior non-AML treatment:

- MDS with inv(3) and der(7;12) and ASXL1 mut. Received AZA x 4.

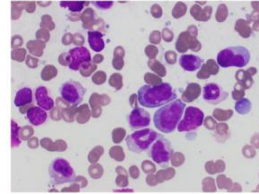
Initiation of FHD-286 at 10 MG Dose:

- Bone marrow blast from 40% to 6% with clear evidence of differentiation with persistence of cytogenetics abnormalities. ANC recovery.

Bone Marrow Blast Reduction from 40% to 6%



Bone Marrow Aspirate: Clear Evidence of Differentiation



Clinical Benefit in Heavily Pre-Treated Patient in Phase 1 Dose Escalation Study

Patient Background:

- 25-year-old male, treatment-related AML
- KMT2A rearrangement

Prior AML Treatment:

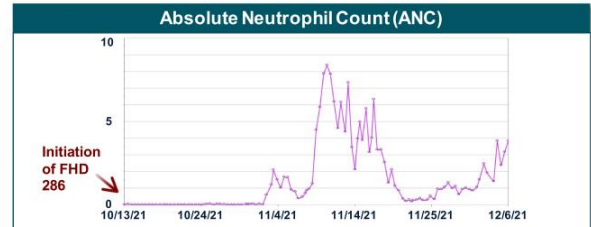
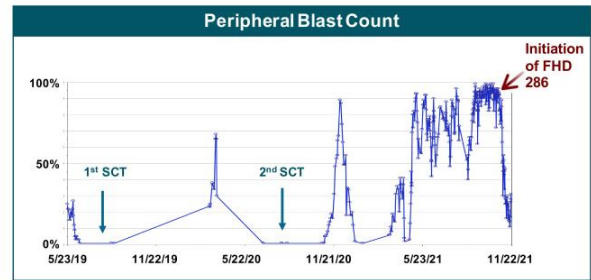
- Progressive disease with CNS Leukemia: 7 lines prior treatment and 2 bone marrow transplants

Prior non-AML treatment:

- Ewing's sarcoma: Treated with Chemo/RT/Surgery (VCR, doxo, cyclophos, ifos, etoposide)

Initiation of FHD-286 at 10 MG Dose:

- Drop in peripheral blast, 97% to 5%
- Bone marrow reduction from 89% to 48%, with ANC recovery





Transcription Factors

A Novel Approach

Foghorn's Novel Approach to Drugging Transcription Factors Enabled by Its Protein Production and Discovery Capabilities

Transcription Factors are Compelling Drug Targets...

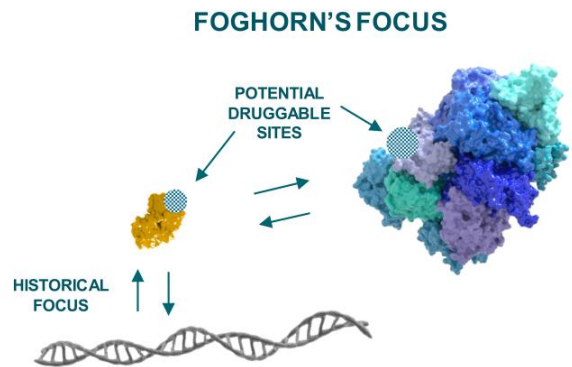
- Highly involved in gene expression
- Implicated in range of cancers and other diseases

...But Historically Difficult to Target...

- Featureless surface: no druggable binding pocket
- Tight interactions with DNA: undruggable affinities

Foghorn Has a New Approach Focusing on Interaction with BAF

- Druggable binding pockets
- Druggable affinities

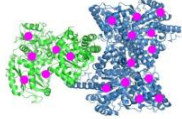


Transcription Factors Bind to BAF Directly with Specificity; Unique Insights into Where and How Transcription Factors Bind

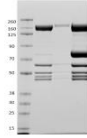


Mapping the TF-BAF Interaction

Mass spec. foot-printing



Pull-down assays

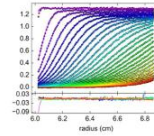


Foghorn's collection of BAF sub-complexes and domains

Validating the TF-BAF Interaction

Biophysical

AUC / SPR / ITC



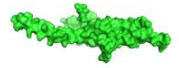
Biochemical

TR-FRET / FP



Structural

Crystal / NMR





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Unique biology
Precision therapeutics
Broad impact

May 2024
