CIRRUS HCM

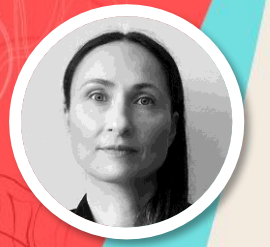
EDG-7500 in oHCM & nHCM: Part D 12–Week Topline Results

June 16, 2026

Forward Looking Statement

This presentation 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 presentation that are not purely historical are forward-looking statements. Such forward-looking statements include, among other things, statements regarding the benefits and potential of, and expectations regarding, EDG-7500; statements regarding the market opportunity for EDG-7500; statements regarding Edgewise's expectations relating to its clinical trials, including timing of the initiation of the Phase 3 trials of EDG-7500; clinical outcomes from trials of EDG-7500, which may materially change as more patient data become available; and statements by Edgewise's President and Chief Executive Officer and the President of the HCM Society. 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 Edgewise'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: the potential for the results of the ongoing or any future clinical trial of EDG-7500 to differ from the results of the Phase 2 CIRRUS-HCM trial; the risk of delays in initiating the planned Phase 3 trials of EDG-7500; risks associated with Edgewise's limited operating history, its products being early in development and not having products approved for commercial sale; risks associated with Edgewise not having generated any revenue to date; Edgewise's ability to achieve objectives relating to the discovery, development and commercialization of its product candidates, if approved; Edgewise's need for substantial additional capital to finance its operations; Edgewise's substantial dependence on the success of EDG-7500; Edgewise's ability to develop and commercialize EDG-7500; risks related to Edgewise's clinical trials of its product candidates not demonstrating safety and efficacy; risks related to Edgewise's product candidates causing serious adverse events, toxicities or other undesirable side effects; the outcome of preclinical testing and clinical trials not being predictive of the success of later clinical trials and the risks related to the results of Edgewise's clinical trials not satisfying the requirements of regulatory authorities; delays or difficulties in the enrollment and/or maintenance of patients in clinical trials; risks related to failure to capitalize on other indications or product candidates; risks related to competition; risks relating to interim, topline and preliminary data from Edgewise's clinical trials changing as more patient data becomes available; risks related to production of drugs by Edgewise's third-party manufacturers; risks related to changes in methods of product candidate manufacturing or formulation; risks related to not achieving adequate market acceptance; risks related to the regulatory approval processes of domestic and foreign authorities being lengthy, time consuming and inherently unpredictable; risks relating to disruptions at the FDA, the SEC and other government agencies; risks relating to Edgewise's ability to attract and retain highly skilled executive officers and employees; Edgewise's ability to obtain and maintain intellectual property protection for its product candidates; Edgewise's reliance on third parties; risks related to 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 documents that Edgewise files from time to time with the U.S. Securities and Exchange Commission. These forward-looking statements are made as of the date of this presentation, and Edgewise 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.

Dr. Kevin Koch
Chief Executive Officer



Dr. Aylin Tugcu
Senior Vice President, Clinical Development & Medical Affairs

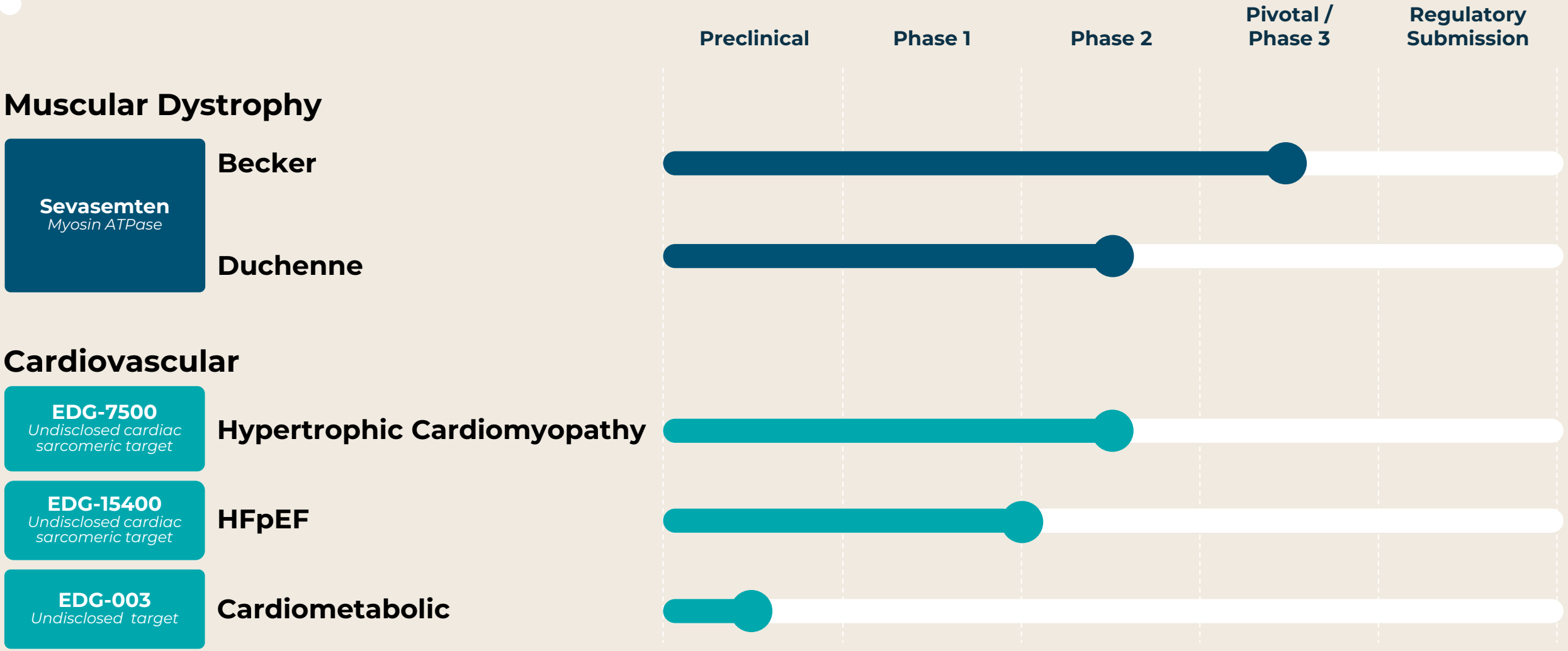
Dr. Michael Ayers
EDG-7500 Clinical Program Lead; Director of the HCM Center of Excellence at the University of Virginia

Dr. Anjali Owens
Center for Inherited Cardiac Disease, Hospital of the University of Pennsylvania and CIRRUS-HCM Investigator

Agenda

1. Introduction to Edgewise Therapeutics
2. Addressing the unmet need in HCM
3. Topline results: CIRRUS-HCM Phase 2 trial EDG-7500 12-week data in oHCM and nHCM
4. Closing remarks
5. Q & A

Our Pipeline



Sevasemten, EDG-7500 and EDG-15400 are investigational therapies that have not been approved by any regulatory authority, and their safety and efficacy have not been established

Abbreviations: Becker, Becker muscular dystrophy; Duchenne, Duchenne muscular dystrophy; HFpEF, Heart Failure with Preserved Ejection Fraction

Sale of Sevasemten Delivers **$1.55B Upfront**, Creates a Focused CV Company Fully Funded Through EDG-7500 Approval

Deal Component	Details
Upfront Cash at Close	**$1.55 billion**
Total Deal Value	Up to $2.65 billion
Milestone Payments	Up to $1.1 billion (regulatory & commercial)
Assets Transferred	Sevasemten + all muscular dystrophy IP, key personnel
Acquirer	Servier — independent global pharma; neurology as a strategic pillar
Expected Close	Q3 2026 (subject to regulatory clearance)

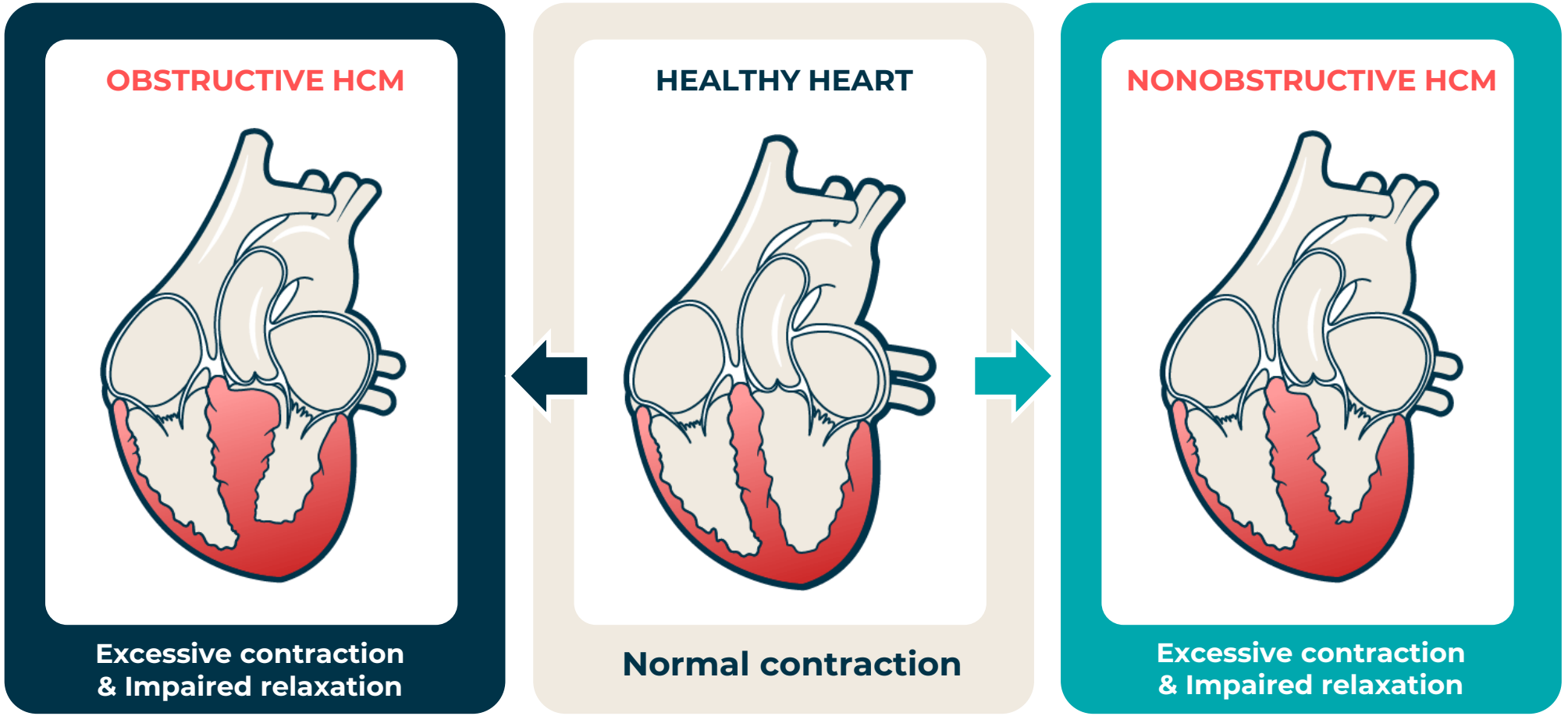
Hypertrophic Cardiomyopathy (HCM)

Brian, Living with HCM

Hypertrophic Cardiomyopathy (HCM) is a Severe Inherited Heart Disease

- Severe and progressive, patients present with shortness of breath, fatigue and chest pain and are often misdiagnosed
- There are two forms of HCM, obstructive (oHCM) and nonobstructive (nHCM)
- Current targeted treatments are only approved for oHCM (none for nHCM) and have limitations due to their MOA
- A significant unmet need remains for therapies that improve symptoms and quality of life without increasing heart failure risk

HCM: Structural and Functional Defects in the Myocardium Drive Significant Cardiac Impairment



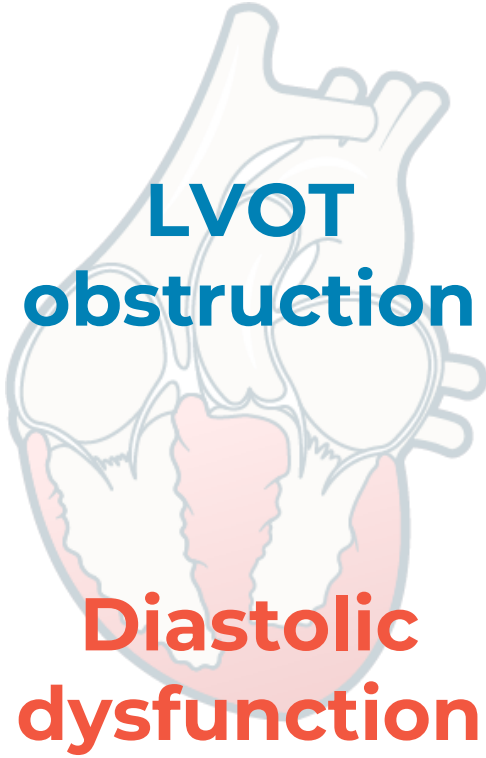
Abbreviations: LVOT, left ventricular outflow tract

LVOT Obstruction and Diastolic Dysfunction Contribute to the Development of **Heart Failure** in HCM

Addressing LVOT obstruction alone does not address the **underlying diastolic dysfunction**

Unmet need in both oHCM and nHCM is the **ability to resolve diastolic dysfunction**

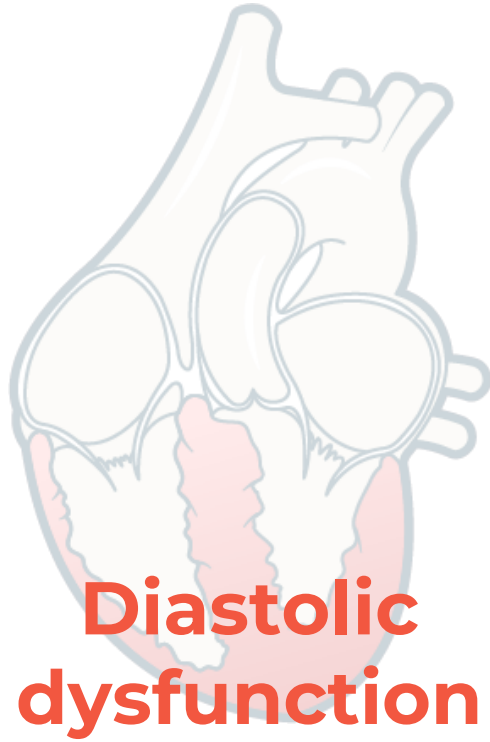
oHCM



LVOT obstruction

Diastolic dysfunction

nHCM



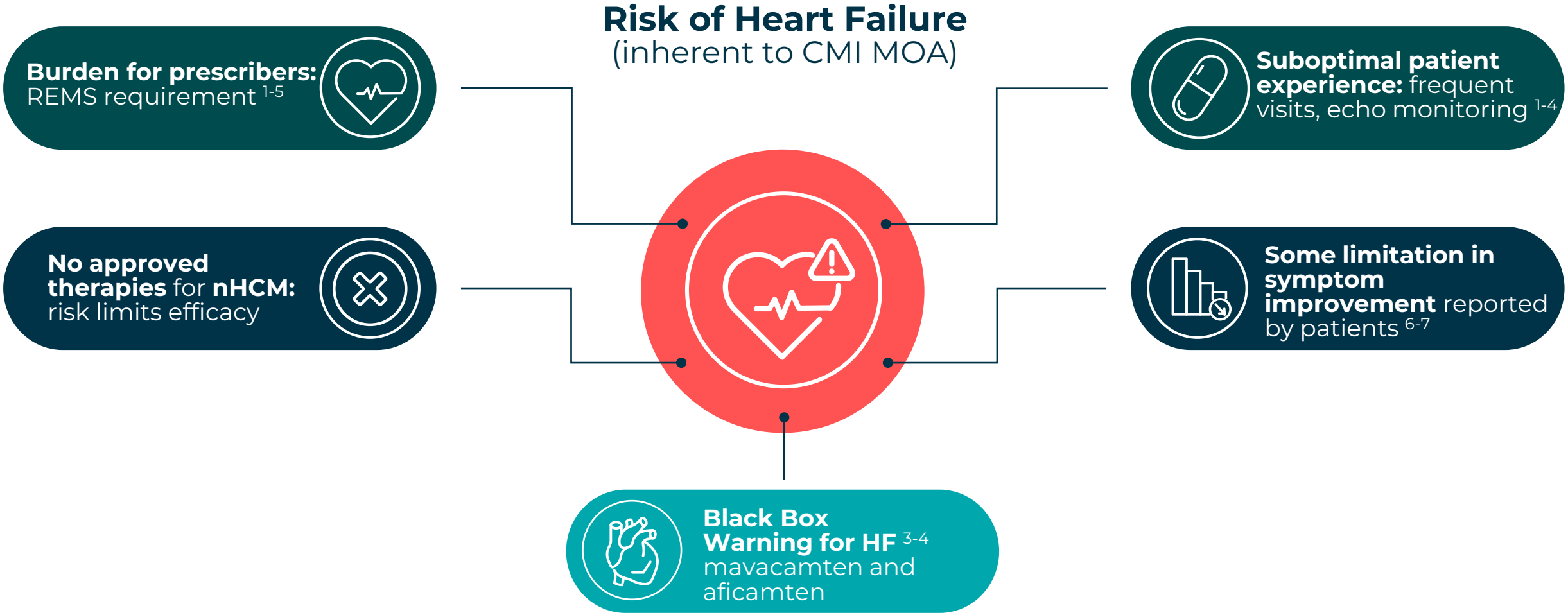
Diastolic dysfunction

HCM, hypertrophic cardiomyopathy; LVOT, left-ventricular outflow tract; nHCM, nonobstructive HCM; oHCM, obstructive HCM.

1. Maron MS et al. N Engl J Med 2003;348:4: 295-303; 2. Elliott PM et al. Eur Heart J 2006;27:16: 1933-1941.; 3. Lee HJ et al. Korean Circ J. 2022; 52(8) 563–575; 4. Rowin EJ et al. Circ Heart Fail. 2014;7(6):967-75

Edgewise THERAPEUTICS

Unmet Need Remains High in HCM Due to Intrinsic Mechanistic Limitations of CMIs



Abbreviations: HCM, hypertrophic cardiomyopathy; nHCM, nonobstructive hypertrophic cardiomyopathy; oHCM, obstructive hypertrophic cardiomyopathy; CMI, cardiac myosin inhibitor; REMs, risk evaluation and mitigation strategy; MOA, mechanism of action; HF, heart failure

1. Ommen SR et al. *Circulation*. 2024;149(23):e1239-e1311; 2. Maron MS et al. *N Engl J Med.* 2024;390:1846-61; 3. CAMZYOS [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; 2023; 4. MYQORZO [package insert]. South San Francisco, CA: Cytokinetics; 5. Olivotto I et al. *Lancet*. 2020;396(10253):759-769. 6. Edgewise market research 7. Guidepoint interviews with CAMZYOS prescribers.

EDG-7500 is a **Cardiac Sarcomere Modulator**

Minimal Changes in LVEF*

EDG-7500 is designed to avoid excessive or unpredictable drops in systolic performance

In clinical studies to date this has translated into no clinically meaningful changes in LVEF or reductions in LVEF to <50%

Novel MOA*

Slows contraction and enhances relaxation, without inhibiting peak myosin contractile force, which improves overall diastolic function

Emerging Clinical Profile

Encouraging preclinical and clinical results to date support a differentiated LVEF profile and positive patient-reported feel and function results

* Based on preclinical and clincal data with EDG-7500
Abbreviations: HCM, hypertrophic cardiomyopathy; LVEF, left ventricular ejection fraction; MOA, mechanism of action

CIRRUS-HCM Part D

CIRRUS-HCM Part D, a 12-Week Study of ‘7500 in Both oHCM and nHCM

CIRRUS-HCM

Open-Label Study to Evaluate the Safety, Tolerability, PK, and PD of EDG-7500 in Adults With HCM

PRIMARY ENDPOINT

Safety

PART D – KEY INCLUSION CRITERIA

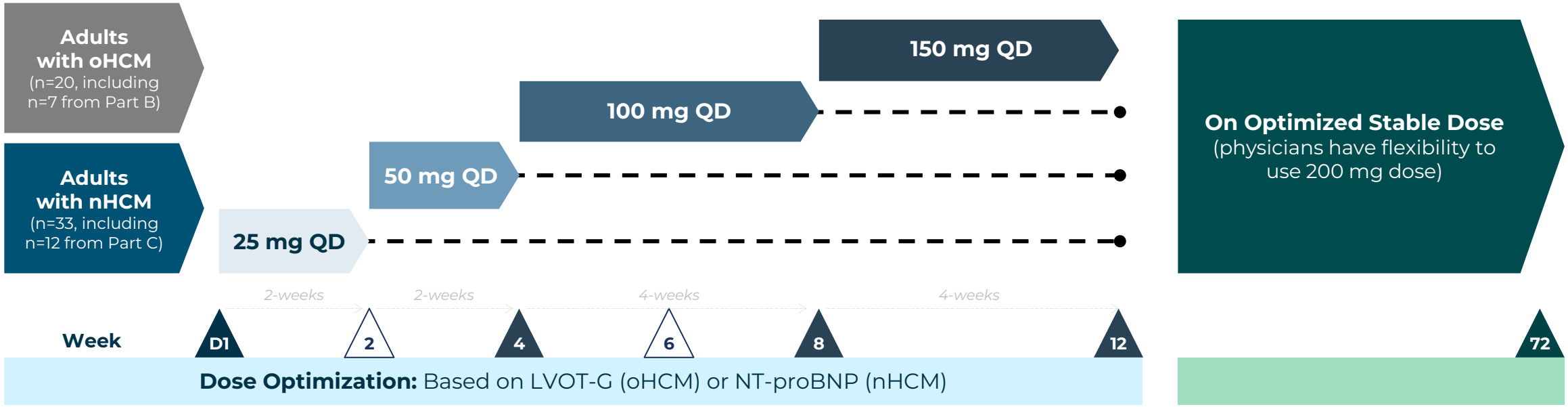
NYHA II-III, KCCQ-CSS < 85, LVEF ≥ 0.60, NT-proBNP ≥300 pg/mL
oHCM: LVOT-G ≥ 50 mmHg at rest or Valsalva
nHCM: LVOT < 30 mmHg at rest and Valsalva < 50 mmHg

SUBJECTS ENROLLED

53

Part D: 12 weeks goal-directed dose escalation to optimize efficacy and tolerability

Long-Term Extension



▲ Efficacy assessments: NT-proBNP, Cardiac Troponin I, KCCQ, NYHA and LVOT-G (oHCM only); LVEF also assessed

Abbreviations: LVOT, left ventricular outflow tract; NYHA, New York Heart Association; KCCQ, Kansas City Cardiomyopathy Questionnaire; LVEF, left ventricular ejection fraction; PK, pharmacokinetic; PD, pharmacodynamic; QD, once daily; HCM; hypertrophic cardiomyopathy; oHCM, obstructive hypertrophic cardiomyopathy; nHCM, nonobstructive hypertrophic cardiomyopathy

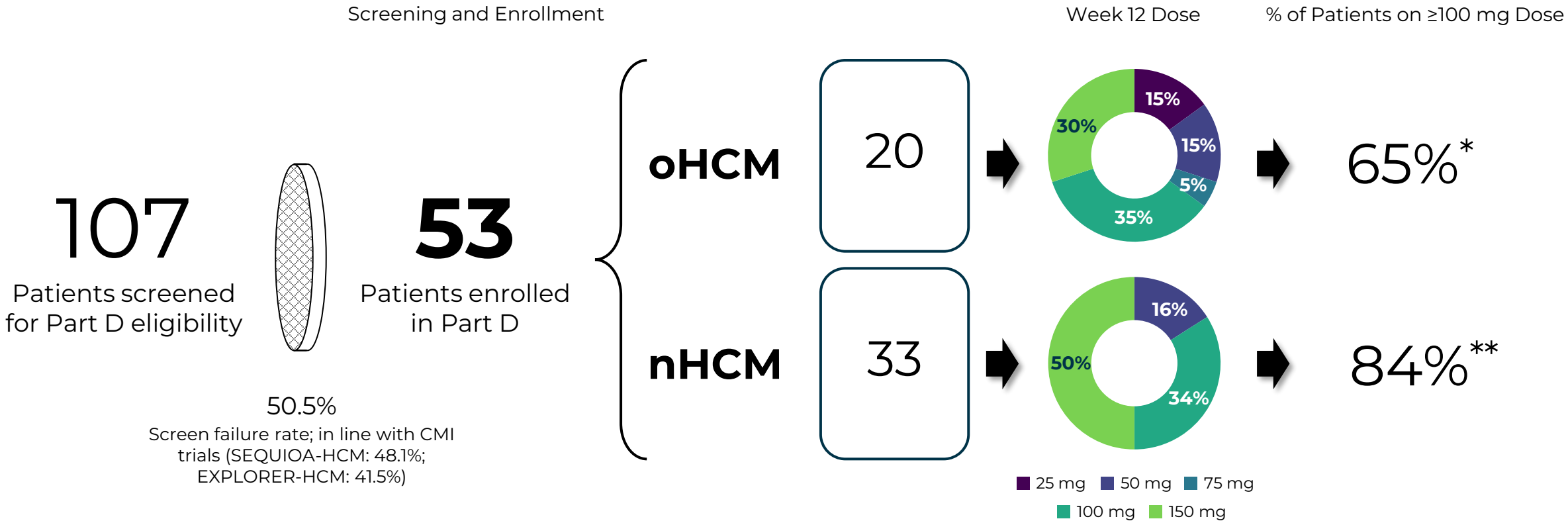
Edgewise THERAPEUTICS

Total of 53 Participants Enrolled in CIRRUS-HCM Part D

Baseline Characteristics	Part D oHCM (n=20)	Part D nHCM (n=33)
Age (yrs.)	58.6	49.1
Sex, female	45.0%	45.5%
BMI (kg/m^2)	28.5	27.1
History of AF	10.0%	21.2%
Race – White / Black / Asian / Other	85.0 / 10.0 / 5.0 / 0.0%	72.7 / 9.1 / 9.1 / 9.0%
Hypertension	60%	12%
NYHA II	70%	79%
NYHA III	30%	21%
KCCQ-OSS	60.5	60.6
KCCQ-CSS	64.9	66.4
LVEF	66.6%	63.3%
LVOT-G (resting; mmHg)	40.2	7.0
LVOT-G (Valsalva: mmHg)	85.1	8.4
NT-proBNP (geometric mean/median; pg/ml)	387 / 406	781 / 753

Abbreviations: LVOT, left ventricular outflow tract; CSS, clinical summary score; Dx, diagnosis, HCM, hypertrophic cardiomyopathy NYHA, New York Heart Association; KCCQ, Kansas City Cardiomyopathy Questionnaire; AF, atrial fibrillation; LVEF, left ventricular ejection fraction; OSS, overall summary score; BMI, body mass index.

Screen Failure Rates in Line with CMI Phase 3 Trials; The Majority of Individuals were on ≥100 mg Dose by Week 12



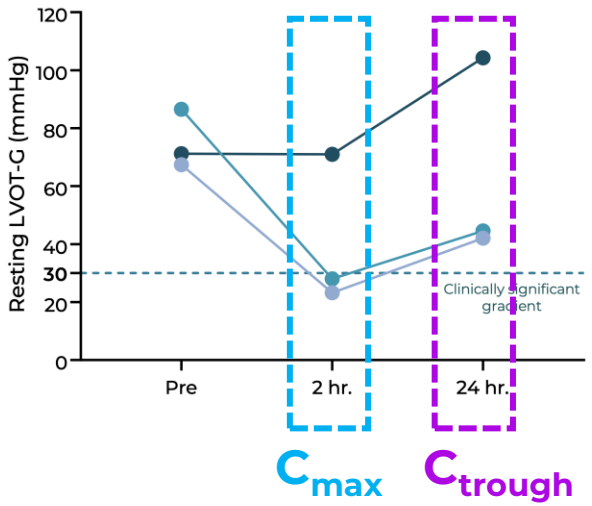
* Dose where oHCM patients met LVOT-G target (rest <30 mmHg, Valsalva <50 mmHg)
** Dose where nHCM patients met NT-proBNP target (<200 pg/ml or >50% reduction from baseline)

No Systolic Liability Observed with EDG-7500

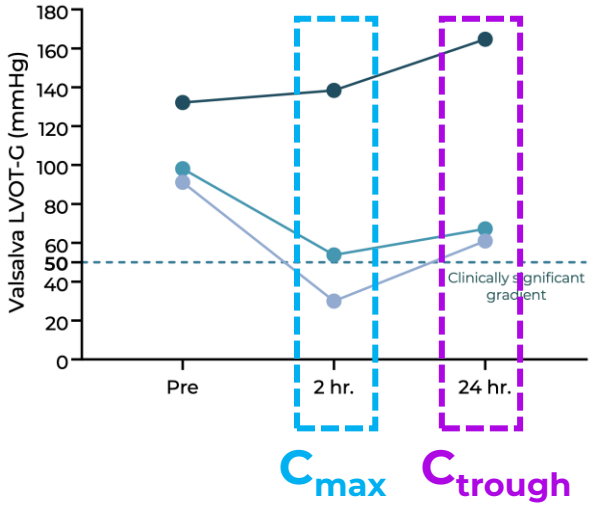
‘7500 Demonstrated **No Peak-Trough LVEF Relationship BUT Maximal Gradient Effect Observed at Peak (C_{max})**

Observations from CIRRUS-HCM Single Dose Study (Part A) in oHCM

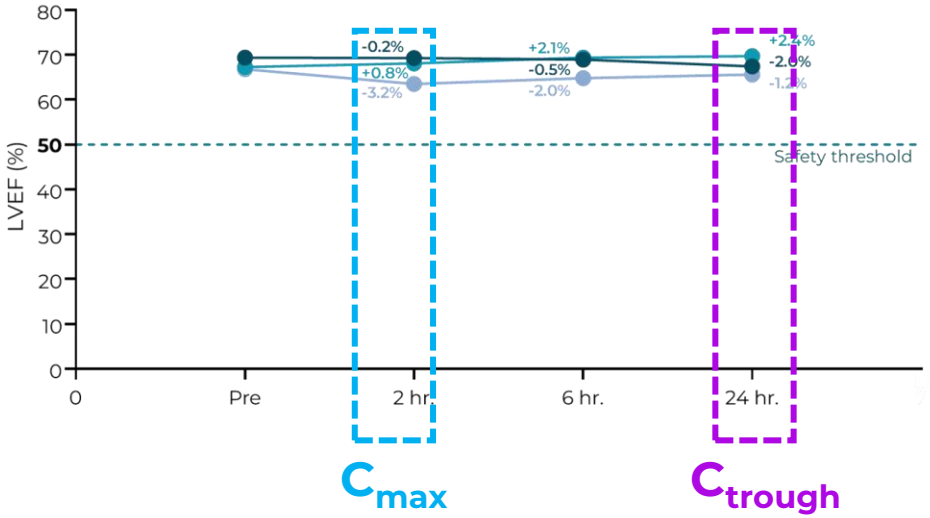
Resting LVOT-G



Valsalva LVOT-G



LVEF Reduction



50 mg (N=3) 100 mg (N=4) 200 mg (N=4)

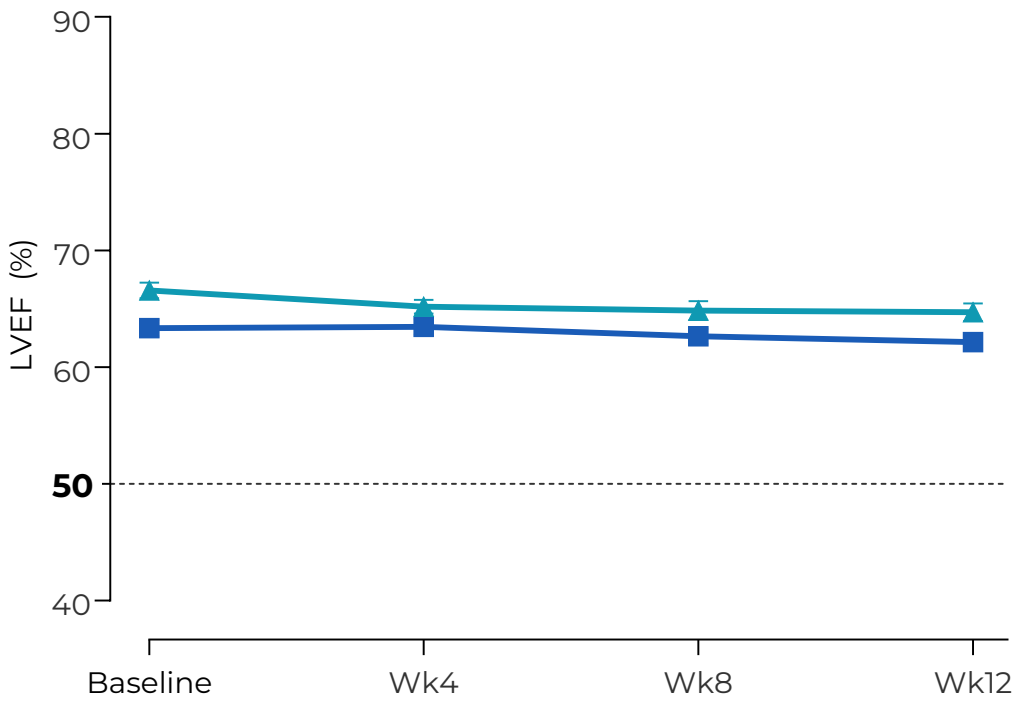
‘7500 Demonstrates a Distinct PK/PD Profile that Spares Systolic Drops in Ejection Fraction — LVOT-G Response is C_{max}-Driven; LVEF is Insensitive to [Plasma]

Abbreviations: Cmax, maximum observed plasma concentration; Ctrough, lowest plasma concentration before the next dose; LVEF, left ventricular ejection fraction; LVOT, left ventricular outflow tract, LVEF, left ventricular ejection fraction; PK, pharmacokinetic; PD, pharmacodynamic

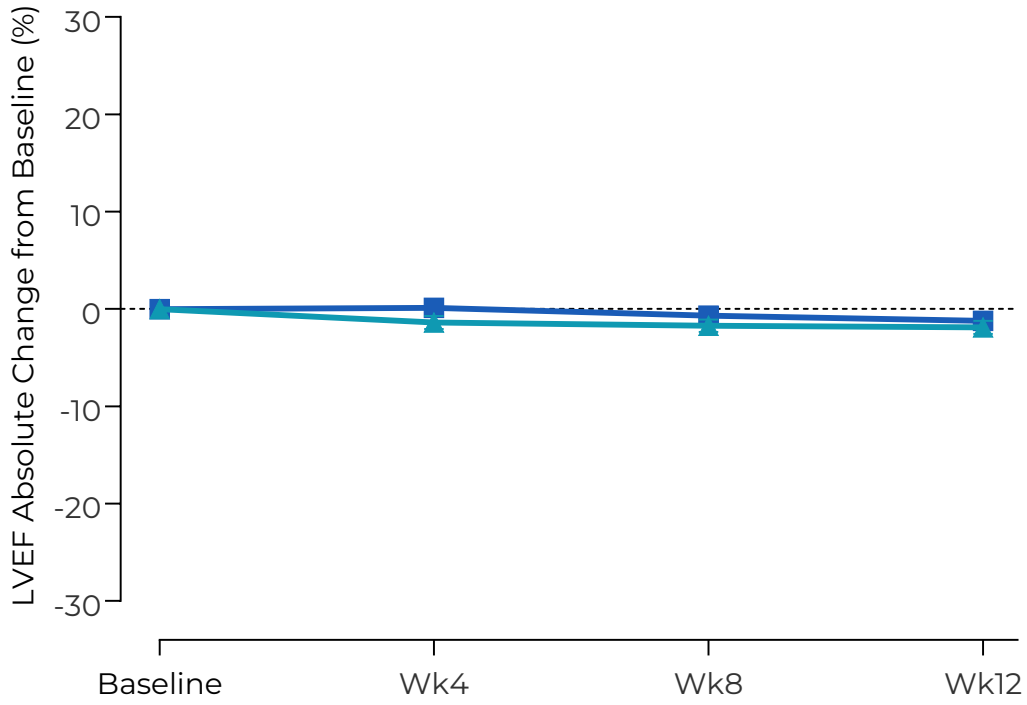
EDG-7500 Continues to Demonstrate **No Meaningful Reductions in LVEF**; **No Participants had LVEF Drops <50%**

Part D

Core Read LVEF Echo Data in oHCM and nHCM Patients Treated in Part D



oHCM	N=	20	20	20	20
nHCM	N=	33	33	33	33



oHCM	N=	20	20	20	20
nHCM	N=	33	33	33	33

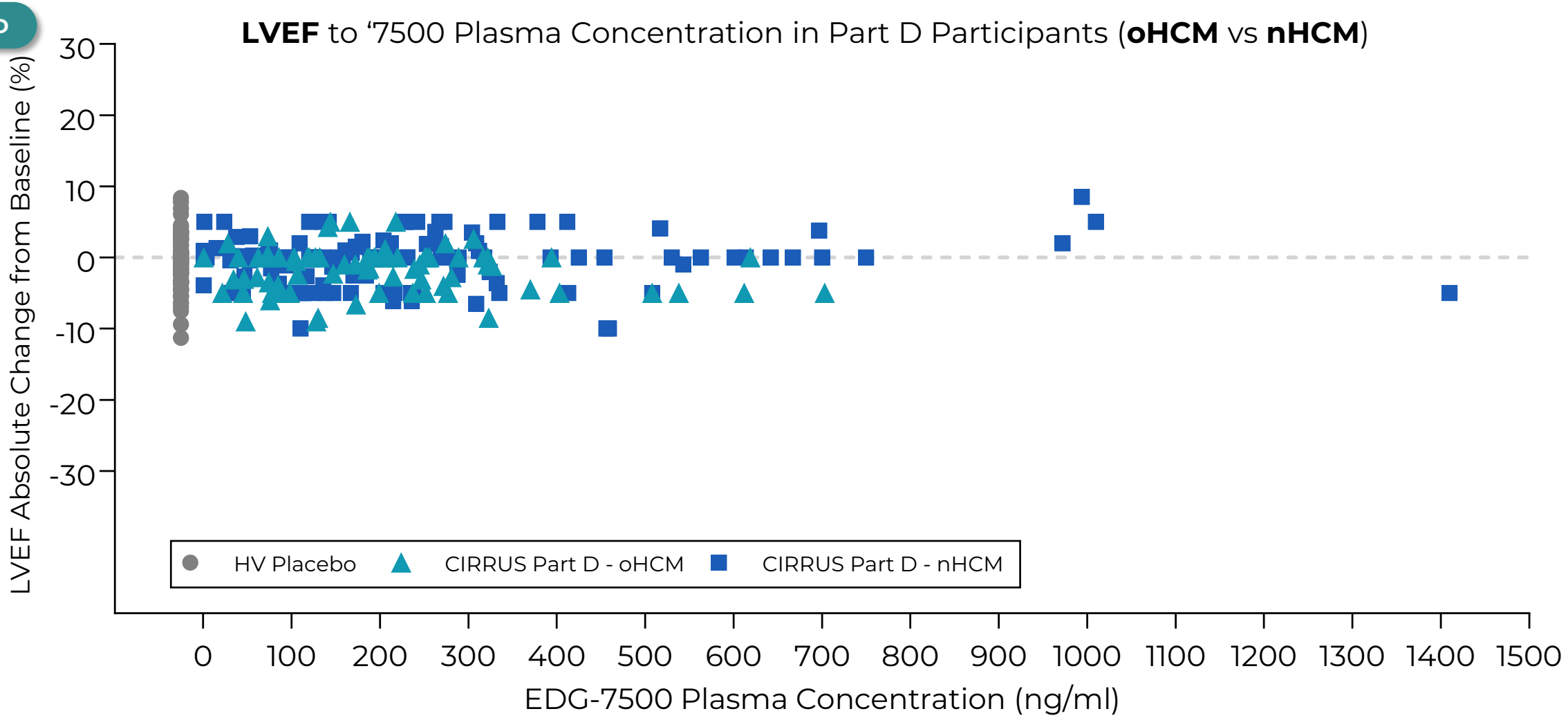
▲ CIRRUS-HCM Part D - oHCM ■ CIRRUS-HCM Part D - nHCM

Based on core lab read echos
Abbreviations: LVEF, left ventricular ejection fraction; HCM, hypertrophic cardiomyopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM

Edgewise THERAPEUTICS

No Correlation Between Plasma Concentration of ‘7500 and LVEF Change Across a Broad Exposure Range

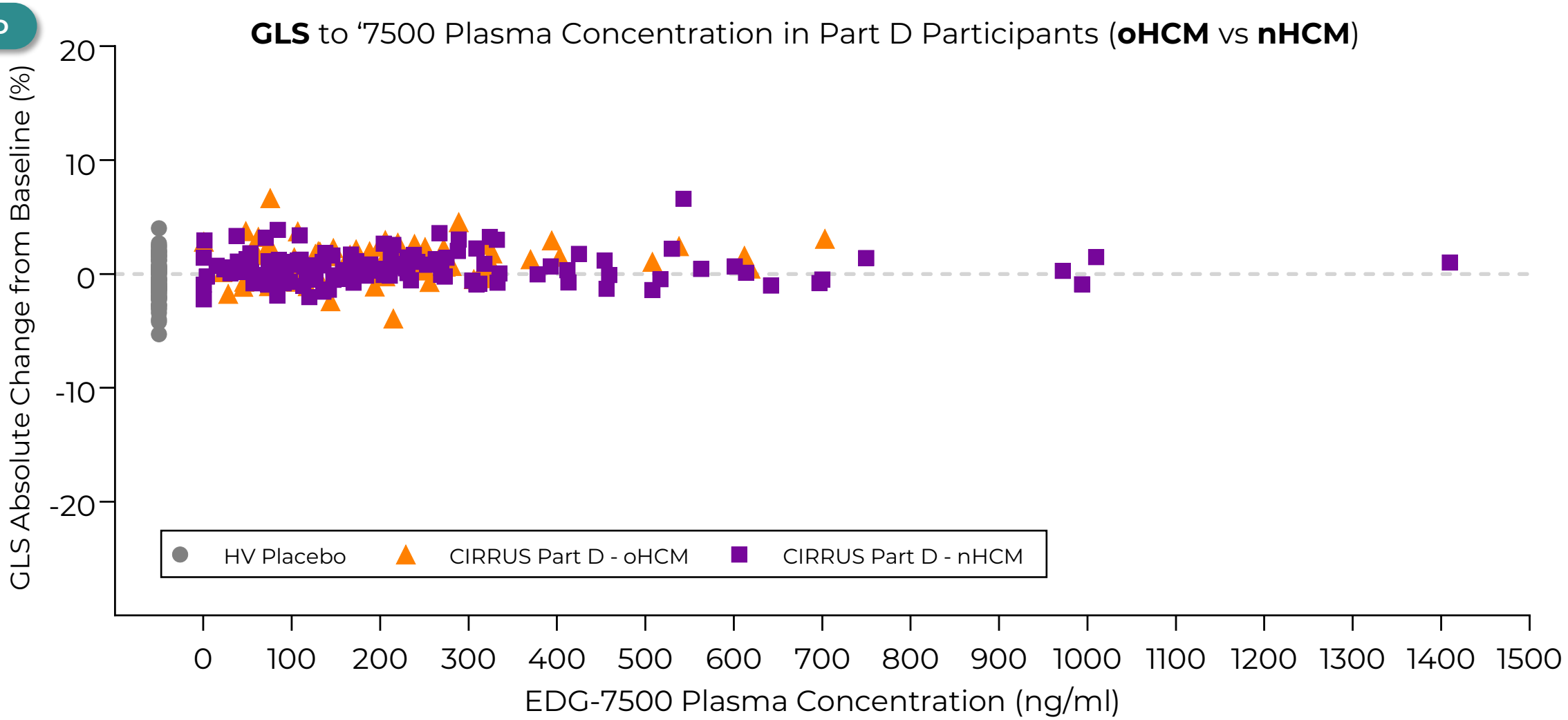
Part D



Placebo data comes from healthy volunteers who received 5-300 mg in the SAD or 25-100 mg in the MAD
Based on core lab read echos
Abbreviations: LVEF, left ventricular ejection fraction; HCM, hypertrophic cardiomyopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM

No Change in GLS After Administration of ‘7500

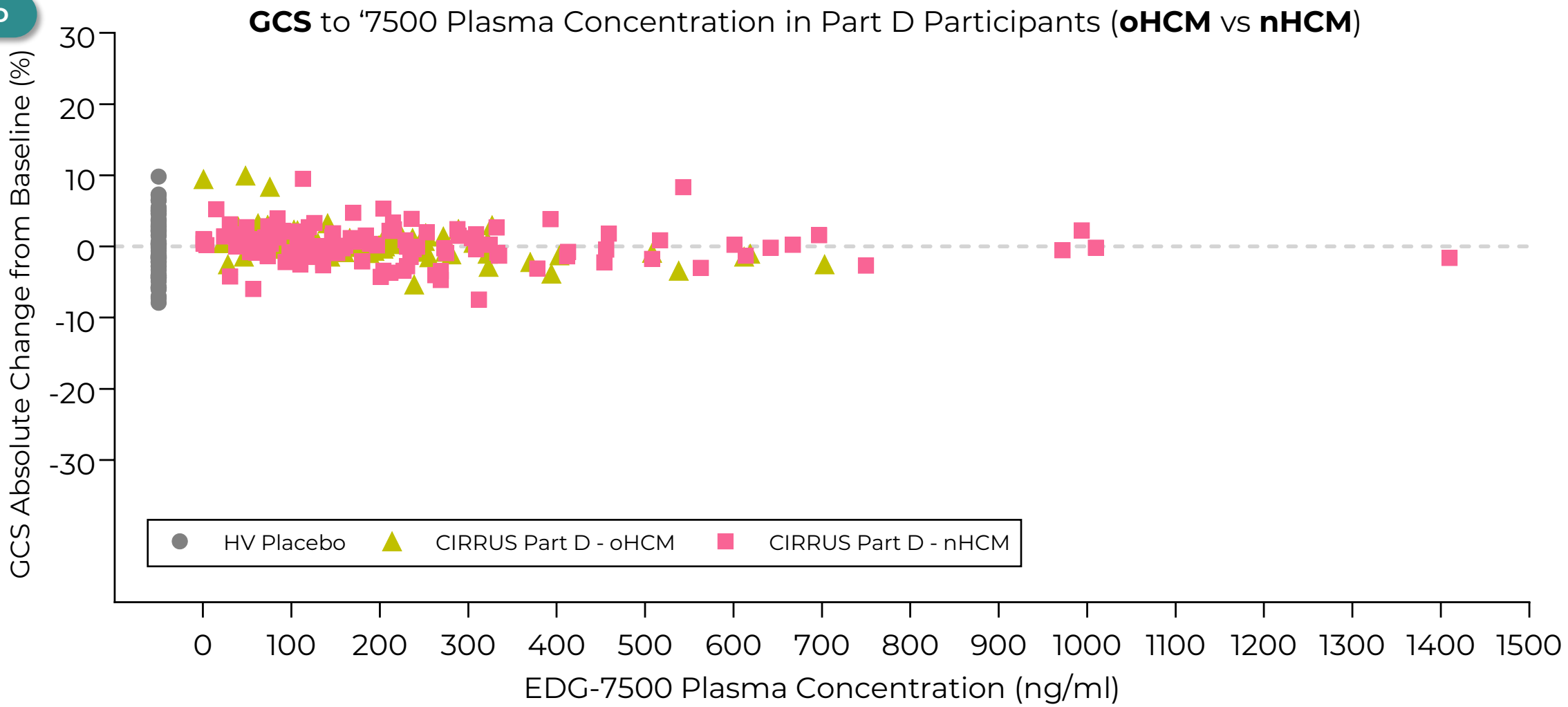
Part D



Placebo data comes from healthy volunteers who received 5-300 mg in the SAD or 25-100 mg in the MAD
Based on core lab read echos
Abbreviations: GLS, Global Longitudinal Strain ; HCM, hypertrophic cardiomyopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM

No Change in GCS After Administration of ‘7500 a Highly Sensitive Marker of Systolic Function

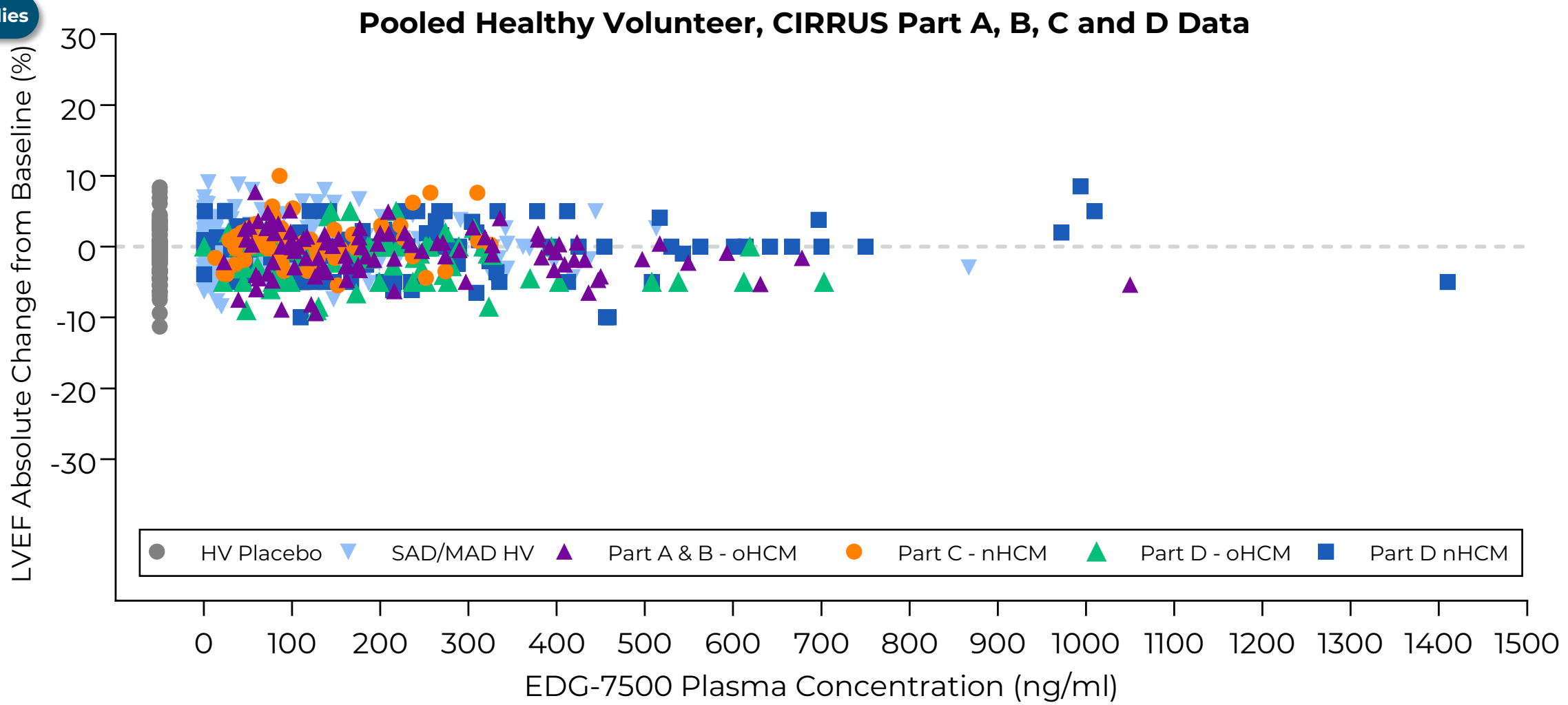
Part D



Placebo data comes from healthy volunteers who received 5-300 mg in the SAD or 25-100 mg in the MAD
Based on core lab read echos
Abbreviations: GCS, Global Circumferential Strain; HCM, hypertrophic cardiomyopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM

‘7500 Shows a **Distinct LVEF Profile**, to Support a Potential **Echo-Independent Dosing Paradigm**

All Studies



Healthy volunteers received doses of placebo or 5-300 mg in the SAD and placebo or 25-100 mg in the MAD
CIRRUS Part A participants received single doses of 50 mg, 100 mg and 200 mg; CIRRUS Part B and C participants received fixed dose of either 25 mg, 50 mg or 100 mg; CIRRUS Part D participants received 25-200 mg
Based on core lab read echos
Abbreviations: LVEF, left ventricular ejection fraction; SAD, single ascending dose; MAD, multiple ascending dose; HCM, hypertrophic cardiomyopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM

Edgewise THERAPEUTICS

No LVEF Drops Below 50% - Confirmed by Both Site and Core Lab Reads Across >700 Individual Echos

- Across all studies with ‘7500, there have been **>240 individuals** exposed to ‘7500 with **>700 echos** performed; **>420 of those echos were in HCM patients**

- There have been **no clinically significant changes in LVEF, no reductions in LVEF to below 50%, no heart failure events, and no hospitalizations due to drops in LVEF**
  - Confirmed by both site and core lab reads
  - Includes healthy volunteers, CIRRUS Parts A, B, C, and D — spanning doses from 25 mg to 300 mg QD

- **The observed lack of systolic liability** supports a potential echo-independent dosing paradigm **without the risk of drug-induced systolic heart failure**

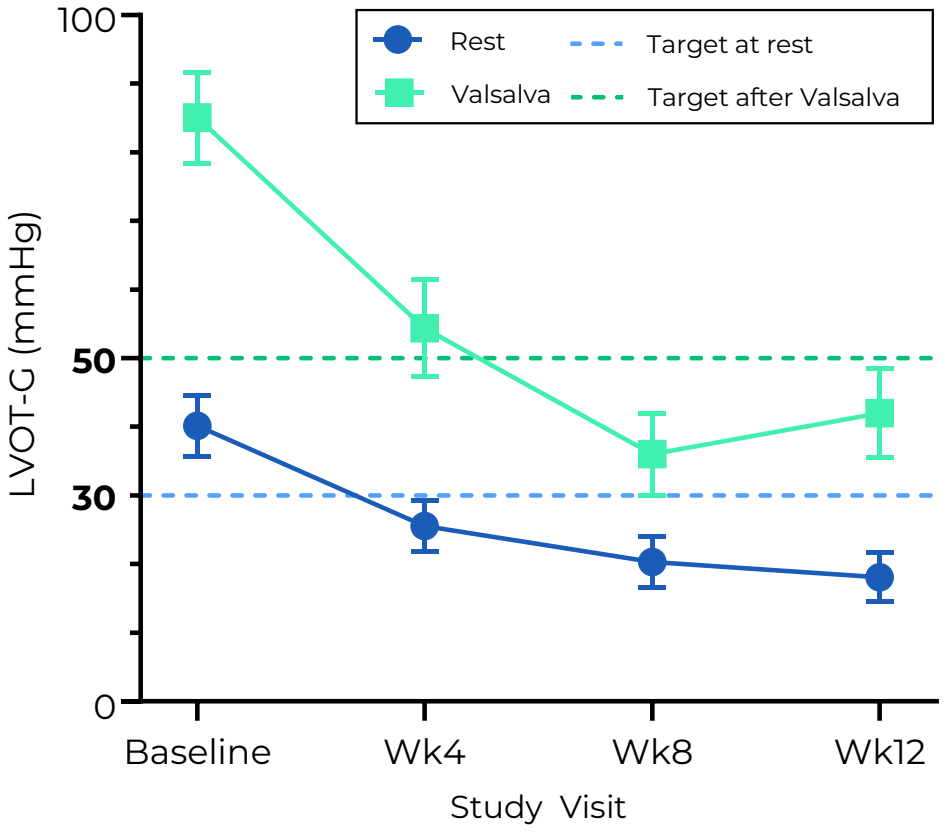
- Preservation of GCS — a highly sensitive marker of systolic mechanics — provides **differentiated evidence of maintained systolic function** a finding not previously demonstrated across published CMI datasets

Abbreviations: LVEF, left ventricular ejection fraction; HCM, hypertrophic cardiomyopathy; CMI, cardiac myosin inhibitor; GCS, global circumferential strain

oHCM: Robust Gradient and Feel & Function Response, with no impact on LVEF

After 12 Weeks, oHCM Patients Receiving ‘7500 Showed **Strong LVOT-G Responses** Both at Rest and After Valsalva

LVOT-G Responses in oHCM (N=20)



Rest

Baseline
40.2 mmHg

→

Week 12
18.1 mmHg

~55%
vs baseline

Valsalva

Baseline
85.1 mmHg

→

Week 12
42.0 mmHg

~51%
vs baseline

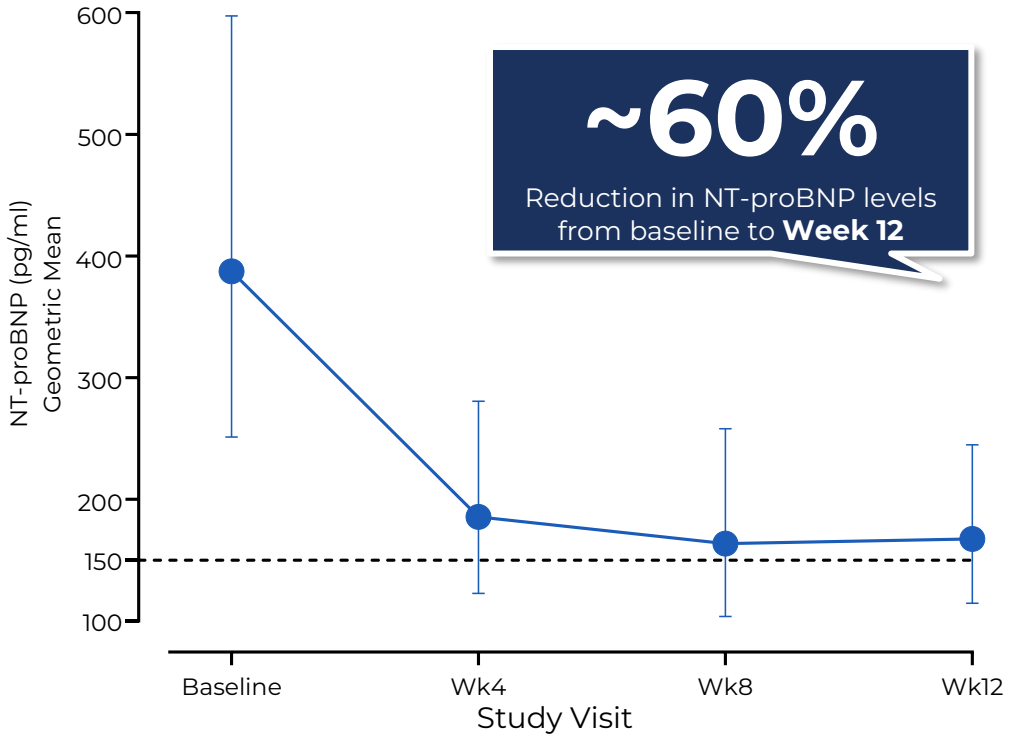
90% **demonstrated clinically meaningful improvement in LVOT-G**

Abbreviations: LVOT-G, left ventricular outflow tract-gradient

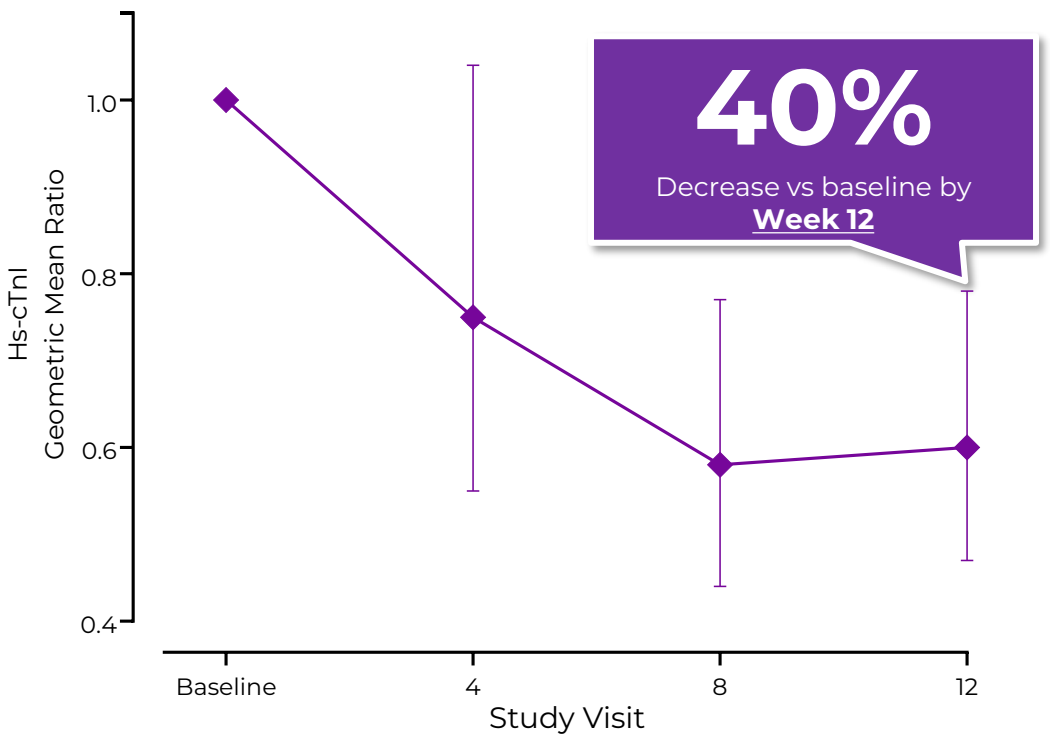
‘7500 Administration was Associated with **Improvement in Biomarkers of Heart Failure Severity and Tissue Injury**

NT-proBNP and Hs-cTnI After 12 Weeks

NT-proBNP (Biomarker of Heart Failure Severity)



Hs-cTnI (Biomarker of Heart Tissue Injury)

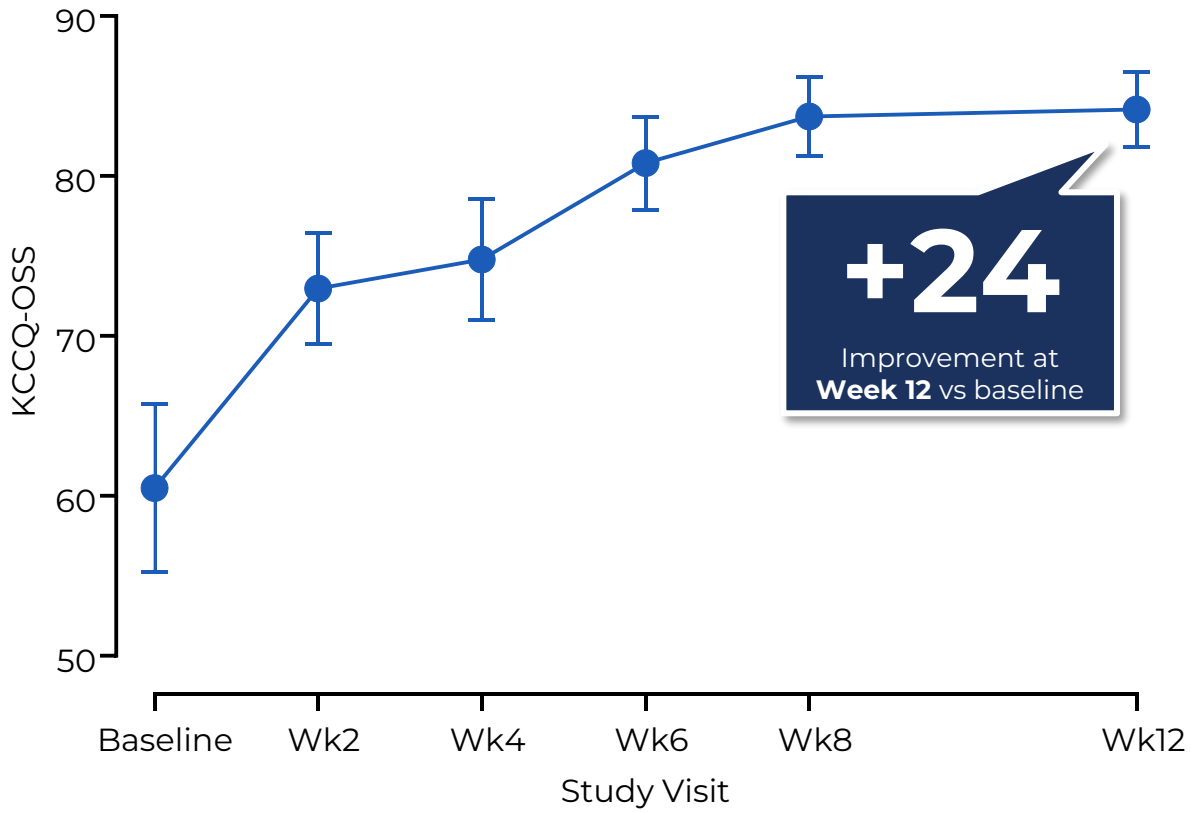


74% of oHCM Patients Achieved Either **Normal Levels of NT-proBNP** (<150 pg/ml) or a **Reduction of >50%** from Baseline

Abbreviations: HCM, hypertrophic cardiomyopathy; Hs-cTnI, high-sensitivity cardiac troponin I; NT-proBNP, N-terminal pro-B-type natriuretic peptide

‘7500 Administration Led to a **+24 Point** Improvement in KCCQ-OSS

Mean KCCQ-OSS by Study Visit (N=20)

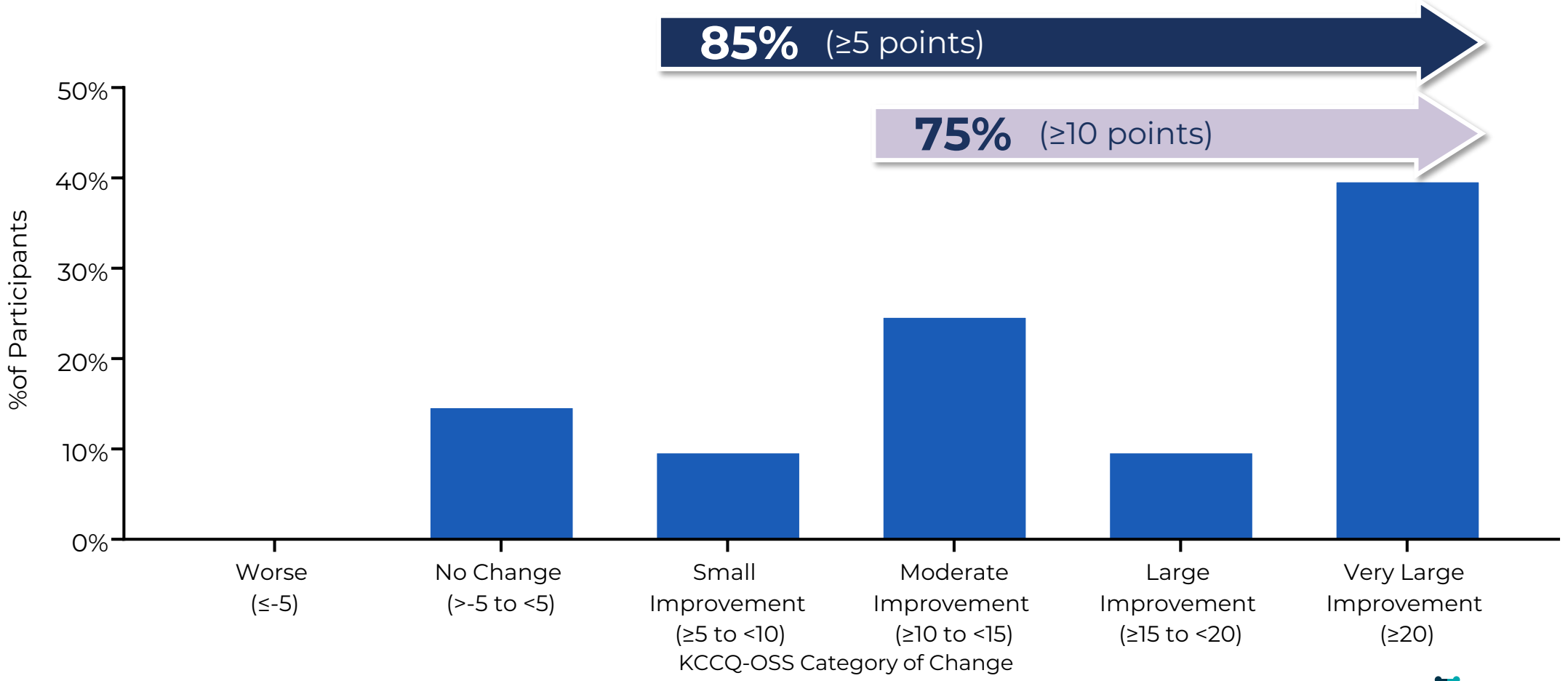


- Mean baseline KCCQ-OSS: 60.5
- Early improvements: 10+ point changes were observed by week 2
- The change in KCCQ-CSS from baseline to week 12 was **+19.6 points**
- The open label COLLIGO-HCM study with mavacamten showed a **+10.9 points** KCCQ-OSS change by week 12
- Across multiple studies, KCCQ-OSS placebo accounts for +5-7 points increases

Note: To-date, no head-to-head comparisons of any other products to any of our product candidates in any clinical trial have been completed; results have been obtained from different trials with different designs, endpoints and patient populations; results may not be comparable.
Means ± Std Err presented
Abbreviations: KCCQ, Kansas City Cardiomyopathy Questionnaire; OSS, overall summary score; oHCM, obstructive hypertrophic cardiomyopathy

‘7500 Administration Led to **Robust Clinical Improvements** in KCCQ-OSS; **85%** Observed an Improvement of ≥5 points

Responder Analysis: % oHCM Participants Achieving **Clinically Important KCCQ-OSS** Changes at 12 Weeks (N=20)

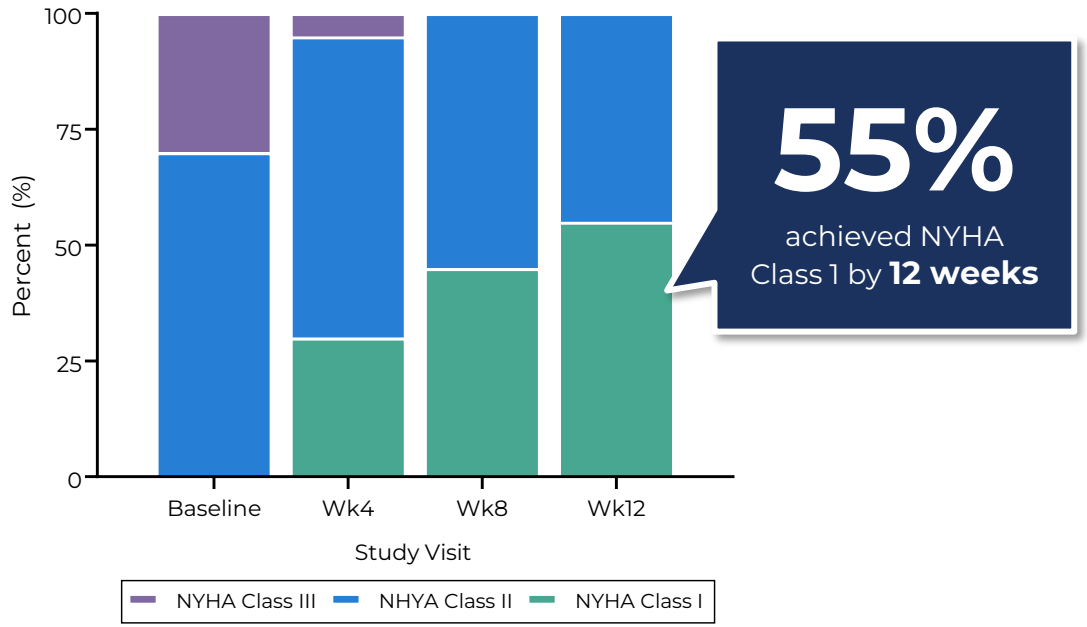


Source: Adapted from Sherrod CF, *et. al., J Am Coll Cardiol. 2024 Nov 5*: Effect of Aficamten on Health Status Outcomes in Obstructive Hypertrophic Cardiomyopathy: Results From SEQUOIA-HCM

By Week 12, **55%** of oHCM Patients were NYHA Class I (Normal); **70% of Individuals Exhibited ≥1 Class Improvement**

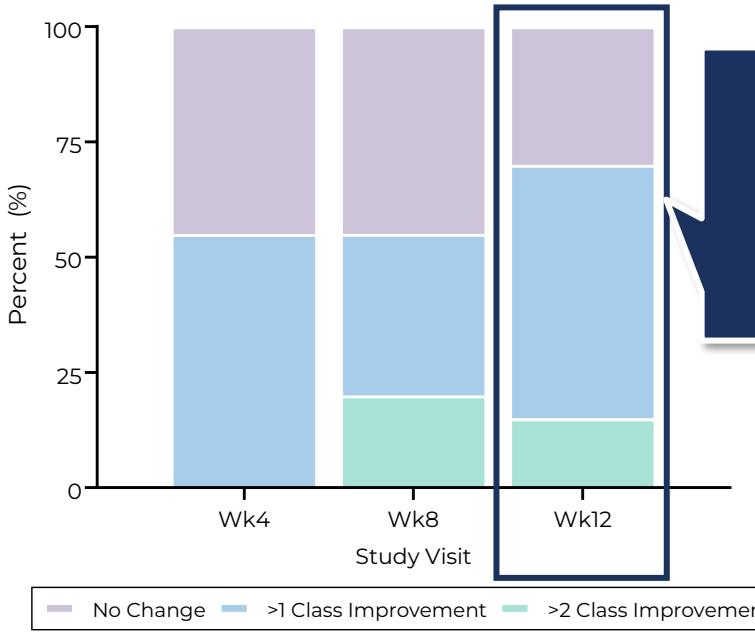
KCCQ Improvements Corroborated by **NYHA Class Improvements**

Change in NYHA Class Over Time



55% achieved NYHA Class 1 by **12 weeks**

NYHA Class Improvement Over Time



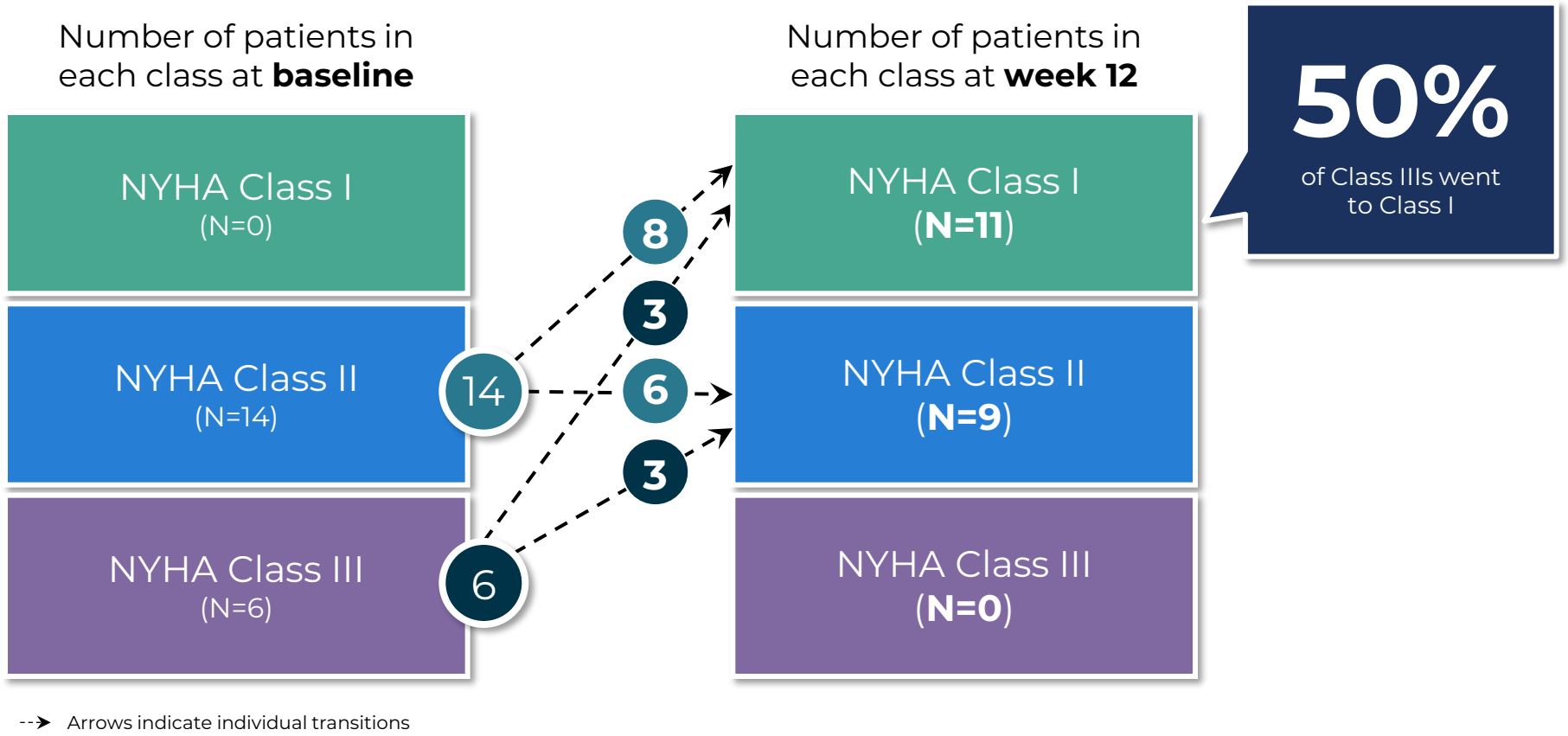
70% with **≥1 Class** Improvement at **12 weeks**

Rapid and sustained improvements in NYHA functional class

Abbreviations: KCCQ, Kansas City Cardiomyopathy Questionnaire; NYHA, New York Heart Association; HCM, hypertrophic cardiomyopathy

100% of oHCM Patients Transitioned from NYHA Class III to Either **Class I** or **Class II**; **50%** Transitioned from **Class III** to **I**

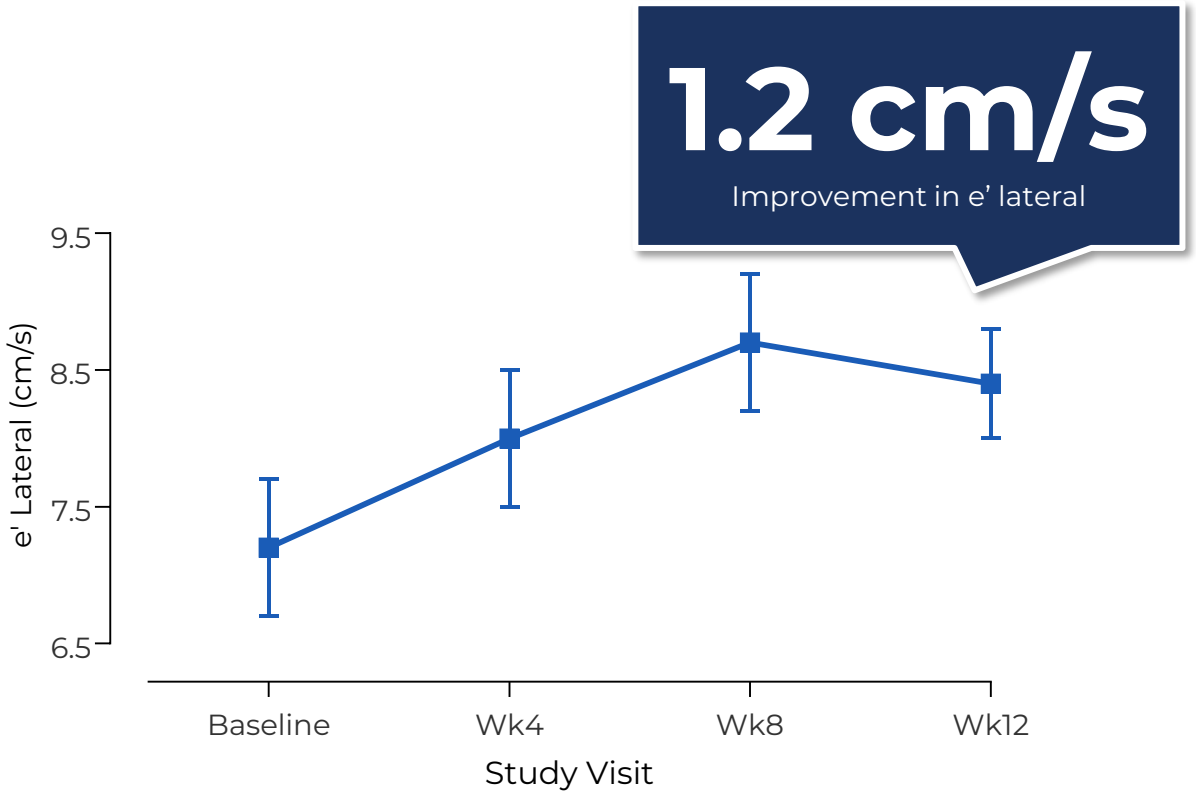
oHCM: NYHA Functional Class Transition from Baseline to Week 12

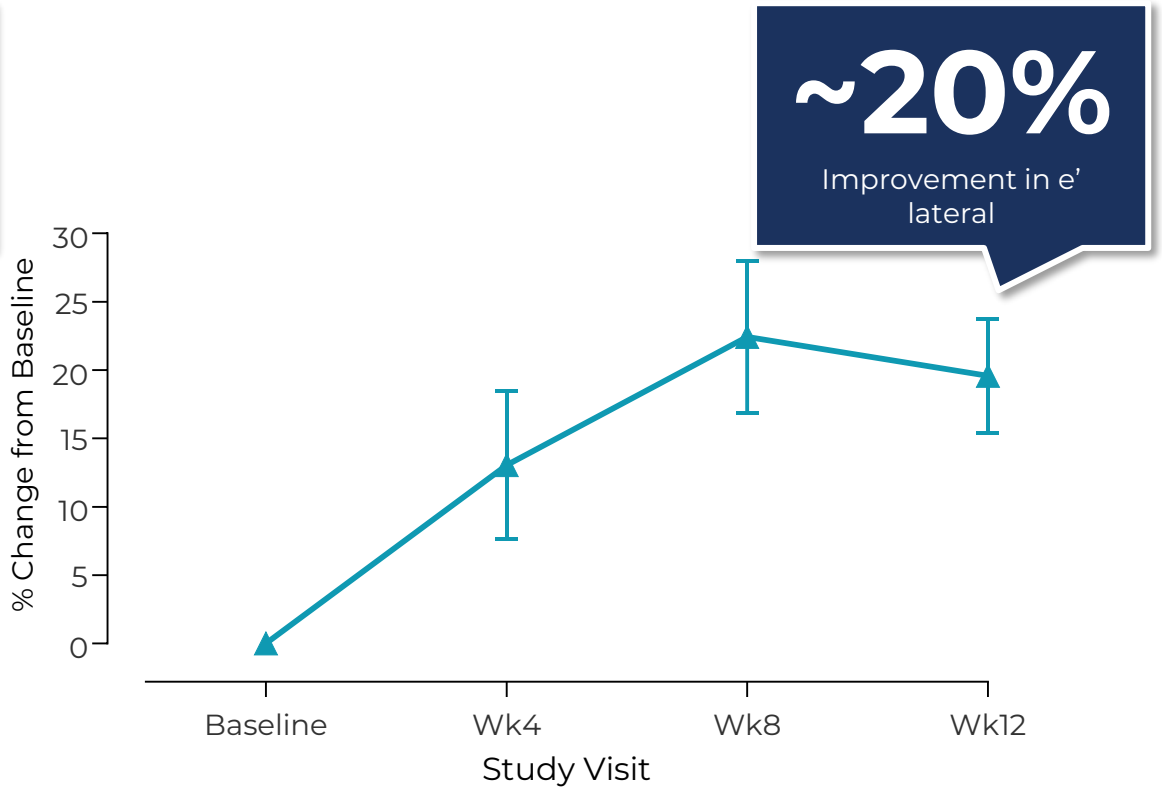


Abbreviations: NYHA, New York Heart Association; HCM, hypertrophic cardiomyopathy

oHCM Patients Receiving ‘7500 Experienced an **Increase in e’ Lateral**, an **Important Marker of Diastolic Function**

oHCM: Rapid Improvements in Mean e’ Lateral Observed (means ±SE)





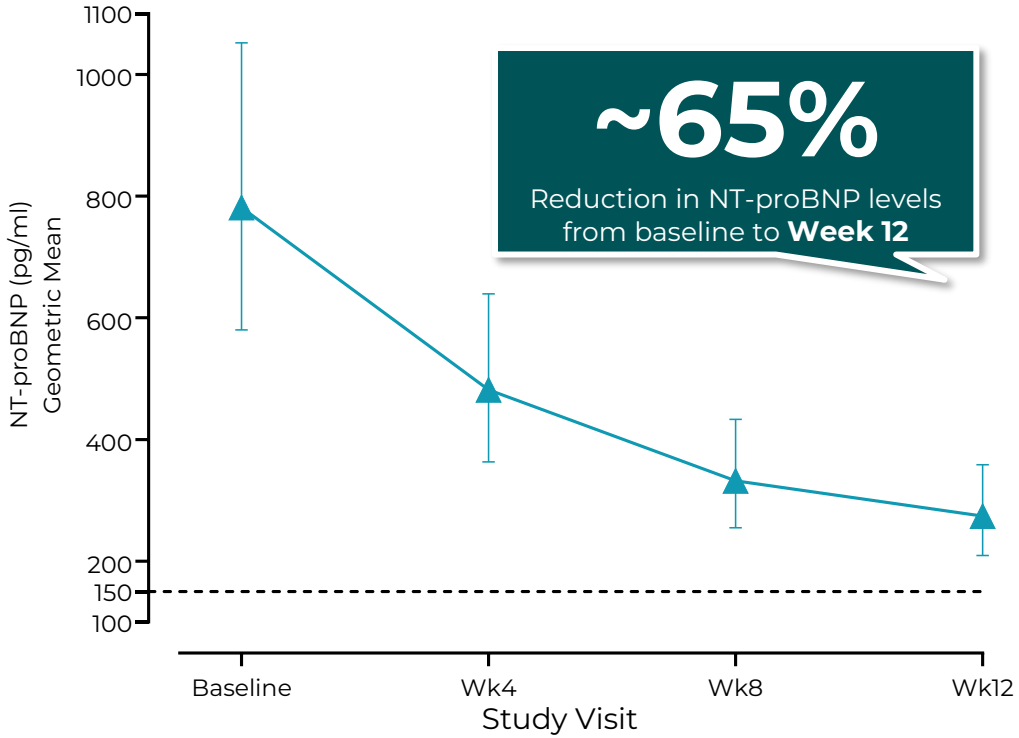
Abbreviations: e’ lateral, early diastolic tissue velocity of the lateral mitral annulus

nHCM: Early Observations Show Diastolic Gains and Meaningful Feel & Function in Just 12 Weeks

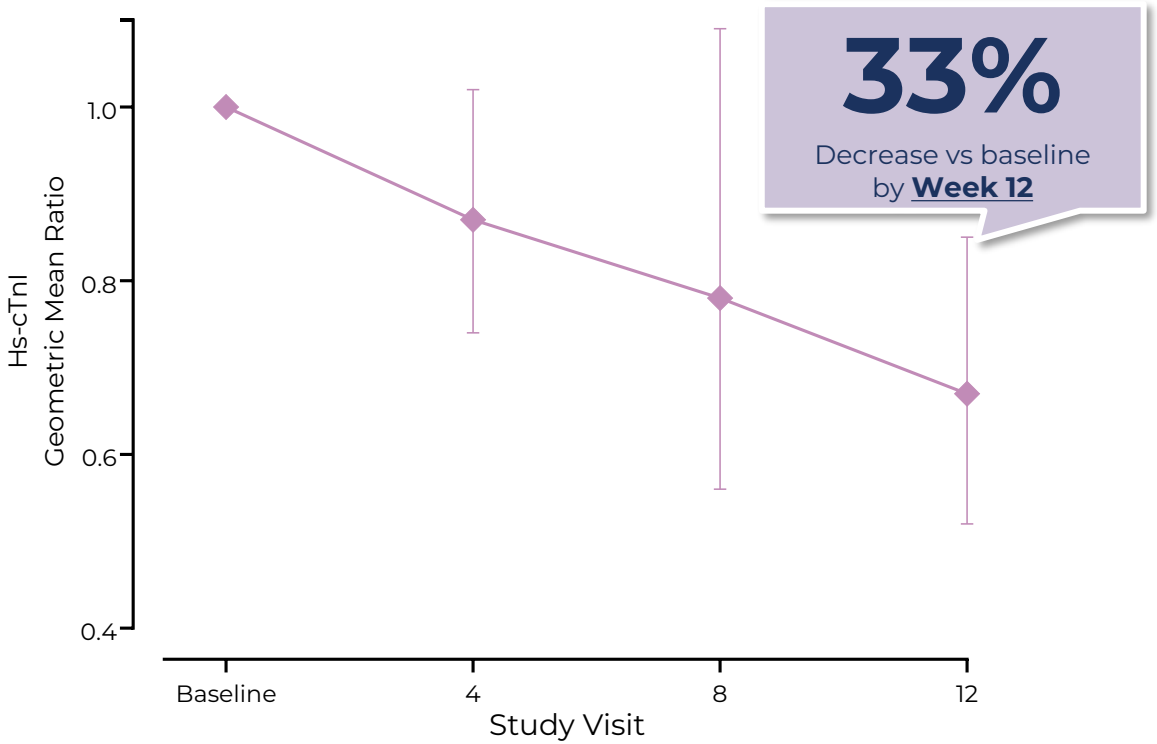
Similar to oHCM, ‘7500 Administration Led to **Improvement in Biomarkers** of Heart Failure Severity and Tissue Injury in nHCM

NT-proBNP and Hs-cTnI After 12 Weeks

NT-proBNP (Biomarker of Heart Failure Severity)



Hs-cTnI (Biomarker of Heart Tissue Injury)

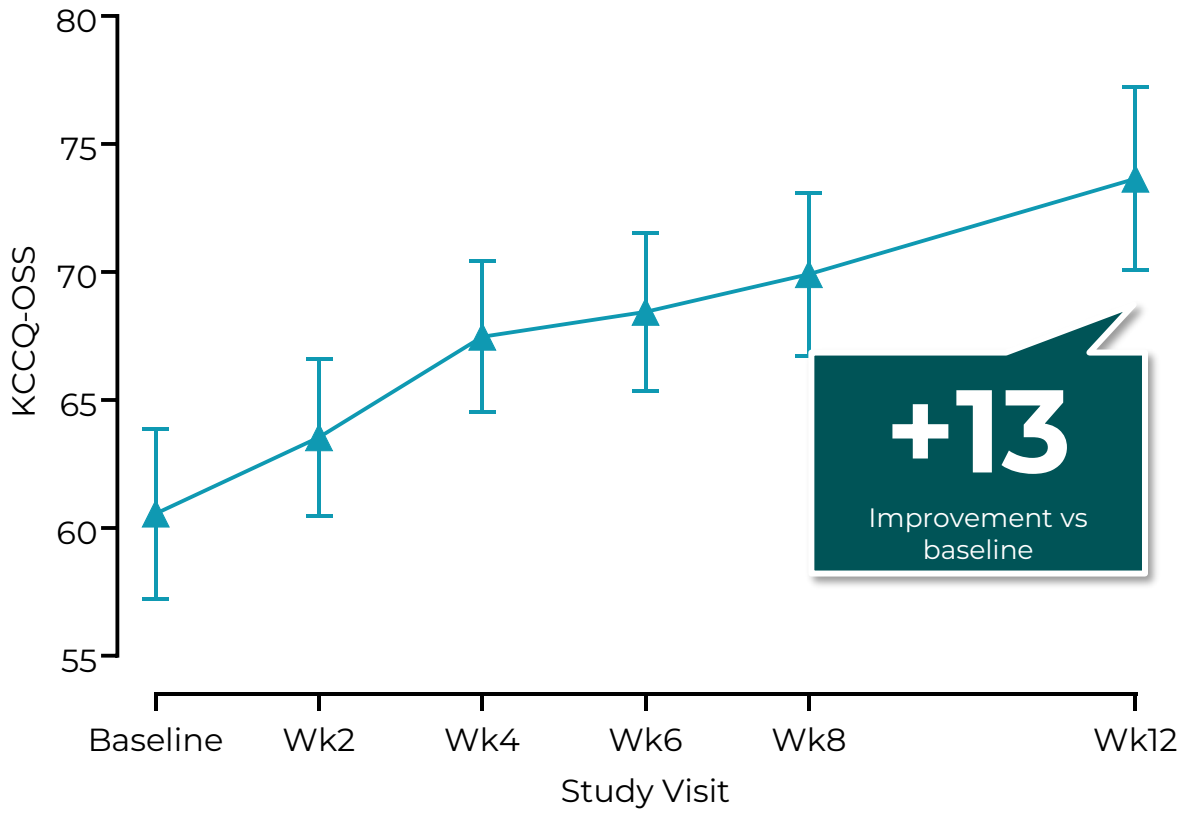


88% of nHCM Patients Achieved Either **Normal Levels of NT-proBNP** (<150 pg/ml) or a **Reduction of >50%** from Baseline

Abbreviations: HCM, hypertrophic cardiomyopathy; Hs-cTnI, high-sensitivity cardiac troponin I; NT-proBNP, N-terminal pro-B-type natriuretic peptide

‘7500 Administration Led to a **+13 Point** Improvement in KCCQ-OSS **by Week 12**

Mean KCCQ-OSS by Study Visit (N=33)

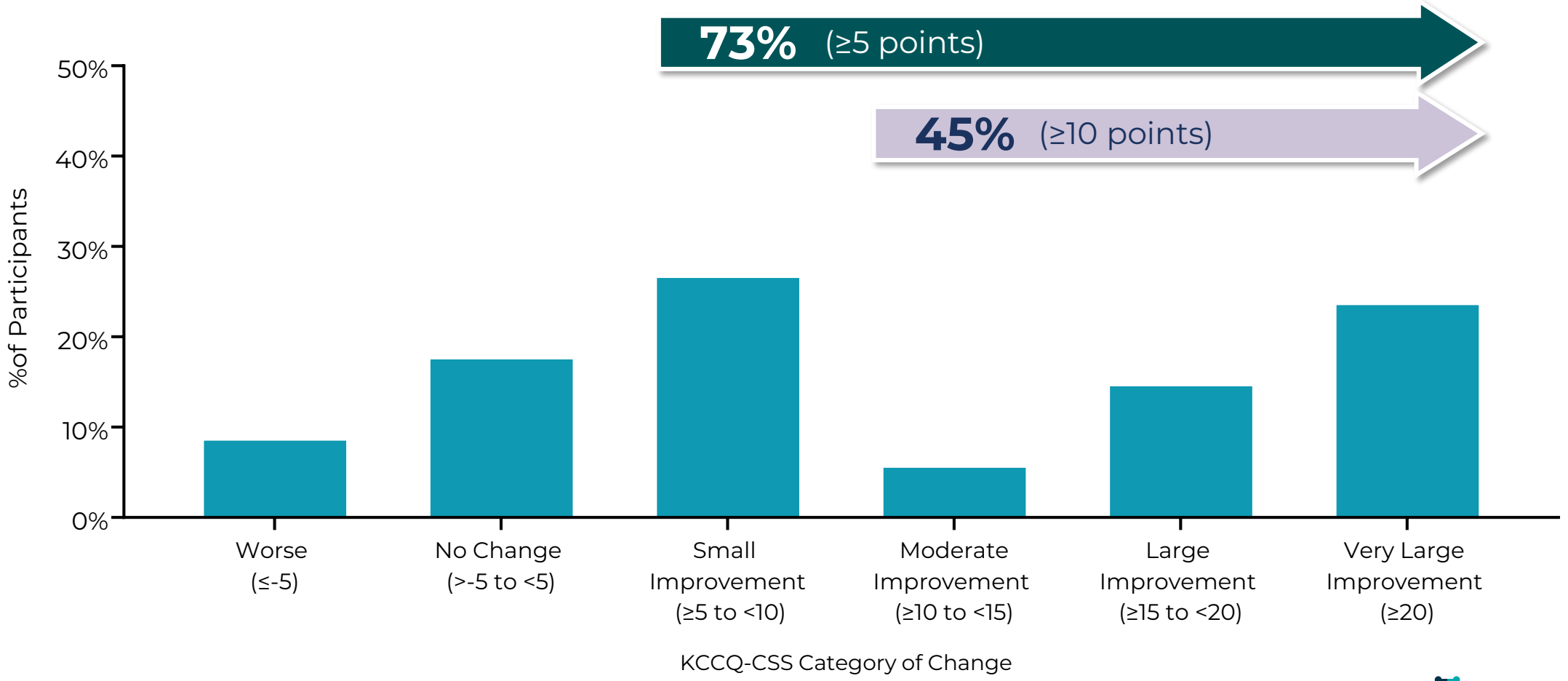


- Mean baseline KCCQ-CSS: 60.6
- The change in KCCQ-CSS from baseline to week 12 was **+12 points**
- KCCQ **continues to improve** over time with **no plateau by week 12**

Means ± Std Err presented
Abbreviations: KCCQ, Kansas City Cardiomyopathy Questionnaire; CSS, clinical summary score

‘7500 Administration in nHCM Patients Led to Meaningful KCCQ-CSS Responses: **73% Had Improvements of ≥5 Points**

Responder Analysis: % nHCM Participants Achieving **Clinically Important KCCQ-CSS** Changes at 12 Weeks (N=33)



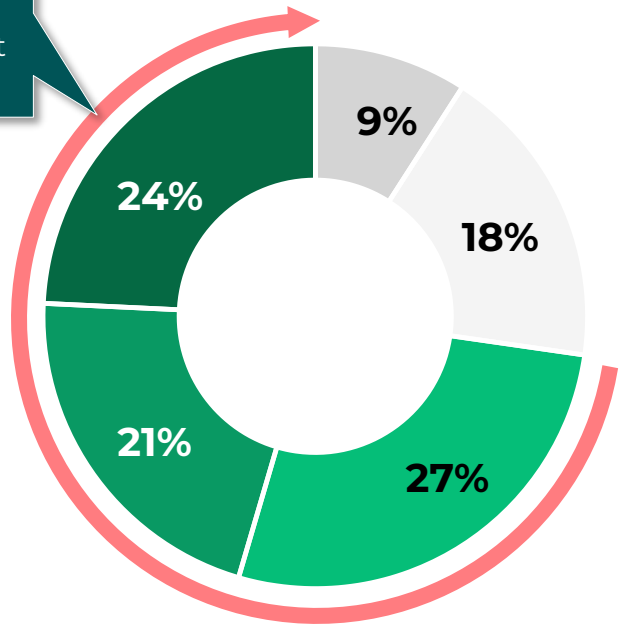
Source: Adapted from Sherrod CF, *et. al., J Am Coll Cardiol. 2024 Nov 5*: Effect of Aficamten on Health Status Outcomes in Obstructive Hypertrophic Cardiomyopathy: Results From SEQUOIA-HCM
Abbreviations: KCCQ, Kansas City Cardiomyopathy Questionnaire; CSS, clinical summary score; nHCM, nonobstructive hypertrophic cardiomyopathy

The Clinical Improvement Observed with '7500 is **More Robust** than Observations from REDWOOD Cohort 4

Categorical Change in KCCQ-CSS (N=33) vs Aficamten REDWOOD Cohort 4

73%
with clinical improvement at **Week 12**

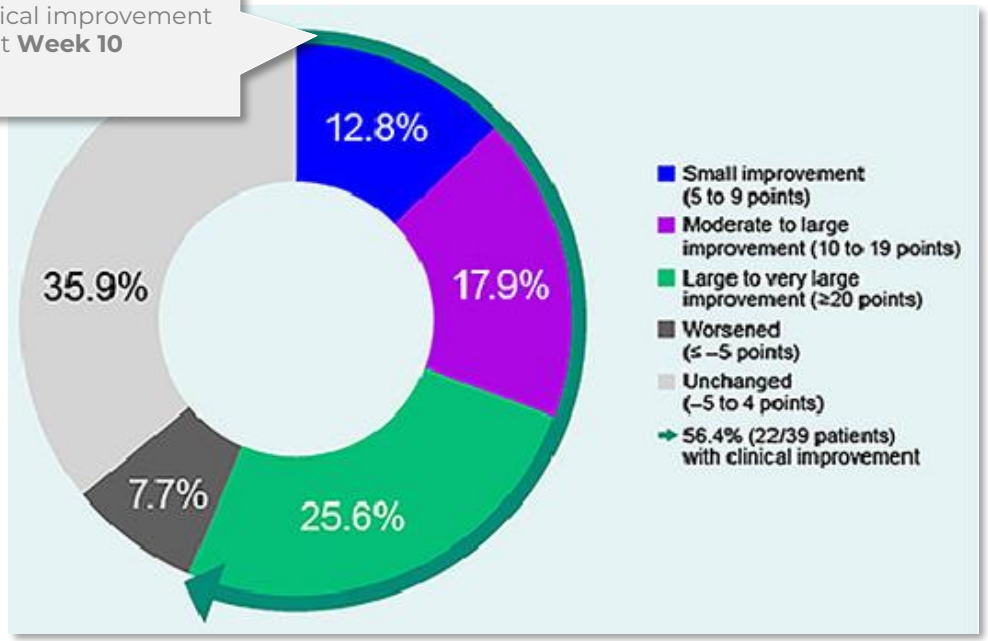
EDG-7500



vs.

~56%
with clinical improvement at **Week 10**

Aficamten



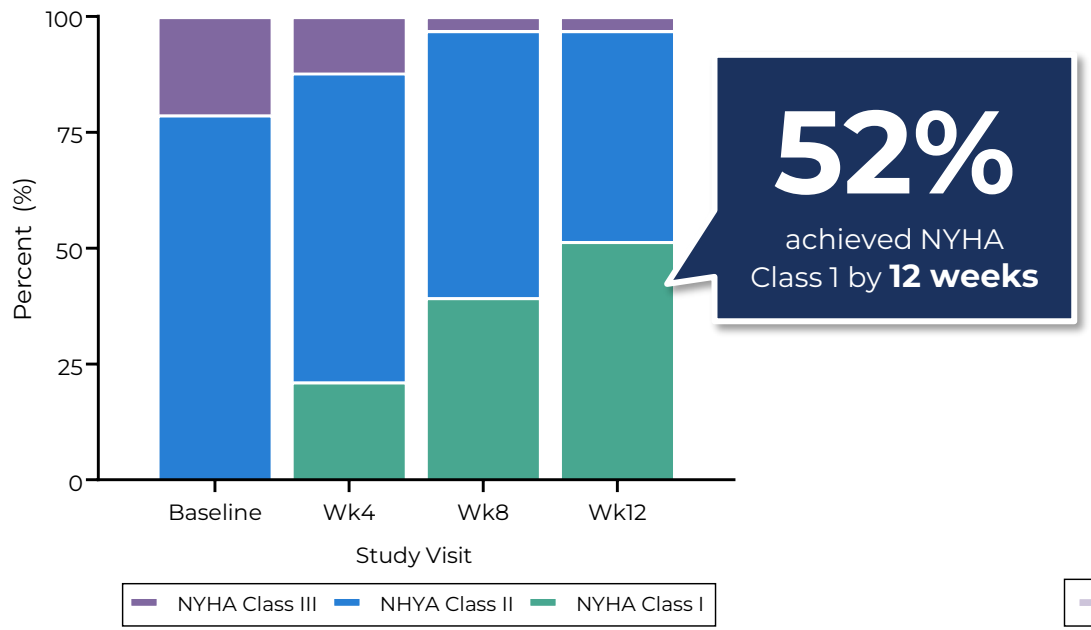
Worsened (≤-5) | Unchanged (-5 to <5) | Small (5 to <10) | Moderate-Large (10 to <20) | Large-Very Large (≥20)

Note: To-date, no head-to-head comparisons of any other products to any of our product candidates in any clinical trial have been completed; results have been obtained from different trials with different designs, endpoints and patient populations; results may not be comparable.
Source: Masri A, et. al., J Card Fail. 2024 Nov;30(11):1439-1448: Efficacy and Safety of Aficamten in Symptomatic Nonobstructive Hypertrophic Cardiomyopathy: Results From the REDWOOD-HCM Trial, Cohort 4

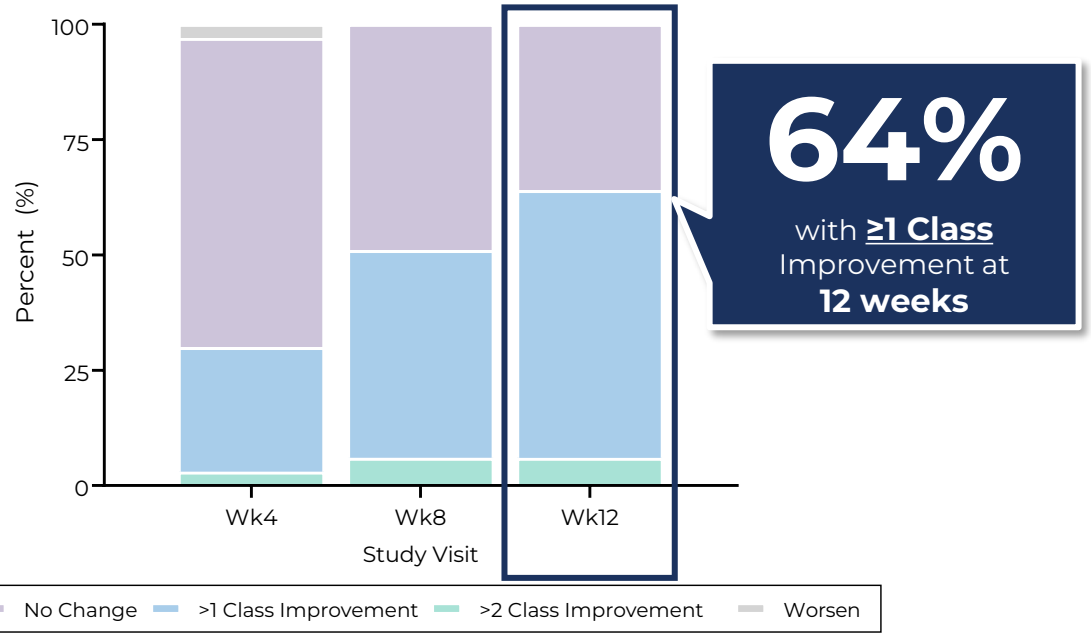
By Week 12, **52%** of nHCM Patients were NYHA Class I (Normal); **64% of Individuals Exhibited ≥1 Class Improvement**

KCCQ Improvements Corroborated by **Meaningful NYHA Class Improvements**

Change in NYHA Class Over Time



NYHA Class Improvement Over Time

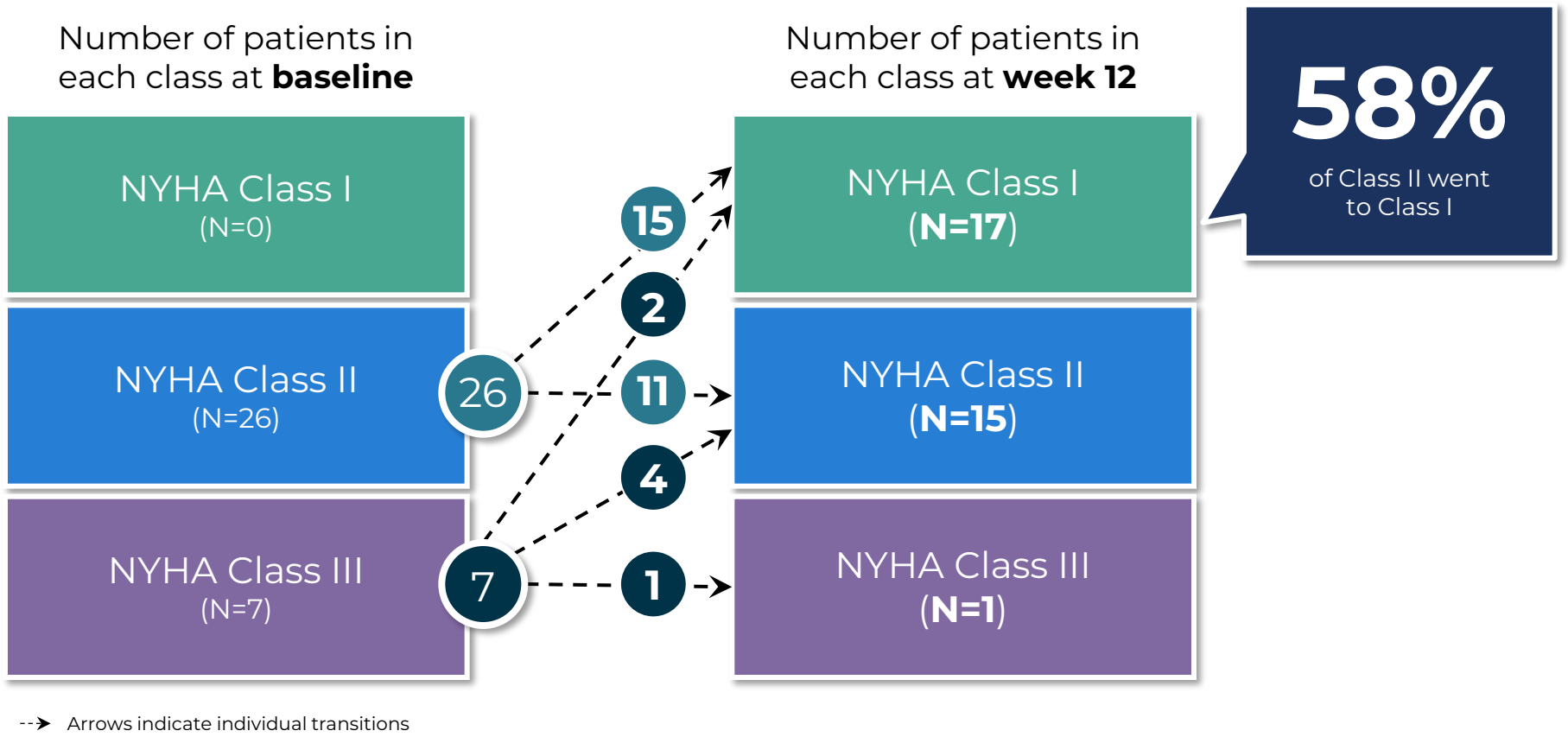


Rapid and sustained improvements in NYHA functional class for patients with symptomatic nHCM

Abbreviations: KCCQ, Kansas City Cardiomyopathy Questionnaire; NYHA, New York Heart Association; HCM, hypertrophic cardiomyopathy

86% of nHCM Patients Transitioned from NYHA Class III to Either **Class I** or **Class II**; **58%** Transitioned from **Class II** to **I**

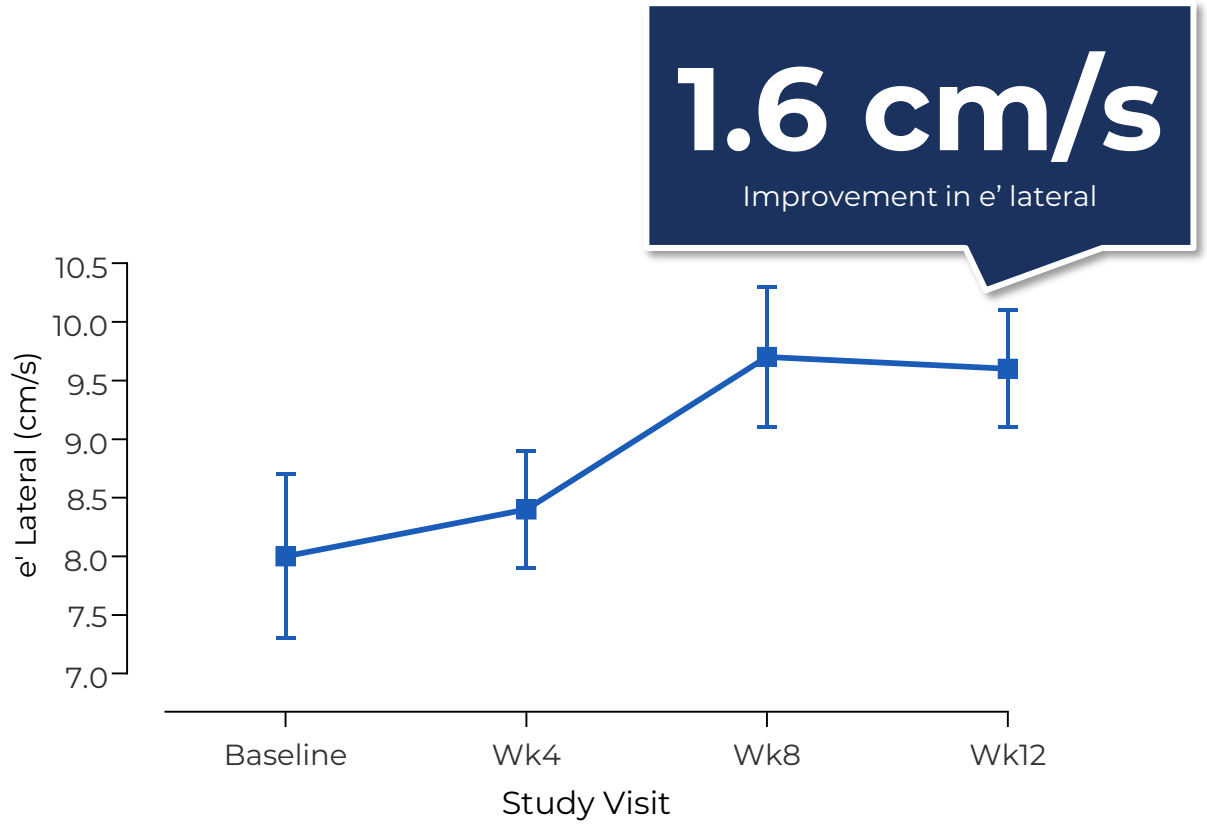
nHCM: NYHA Functional Class Transition from Baseline to Week 12

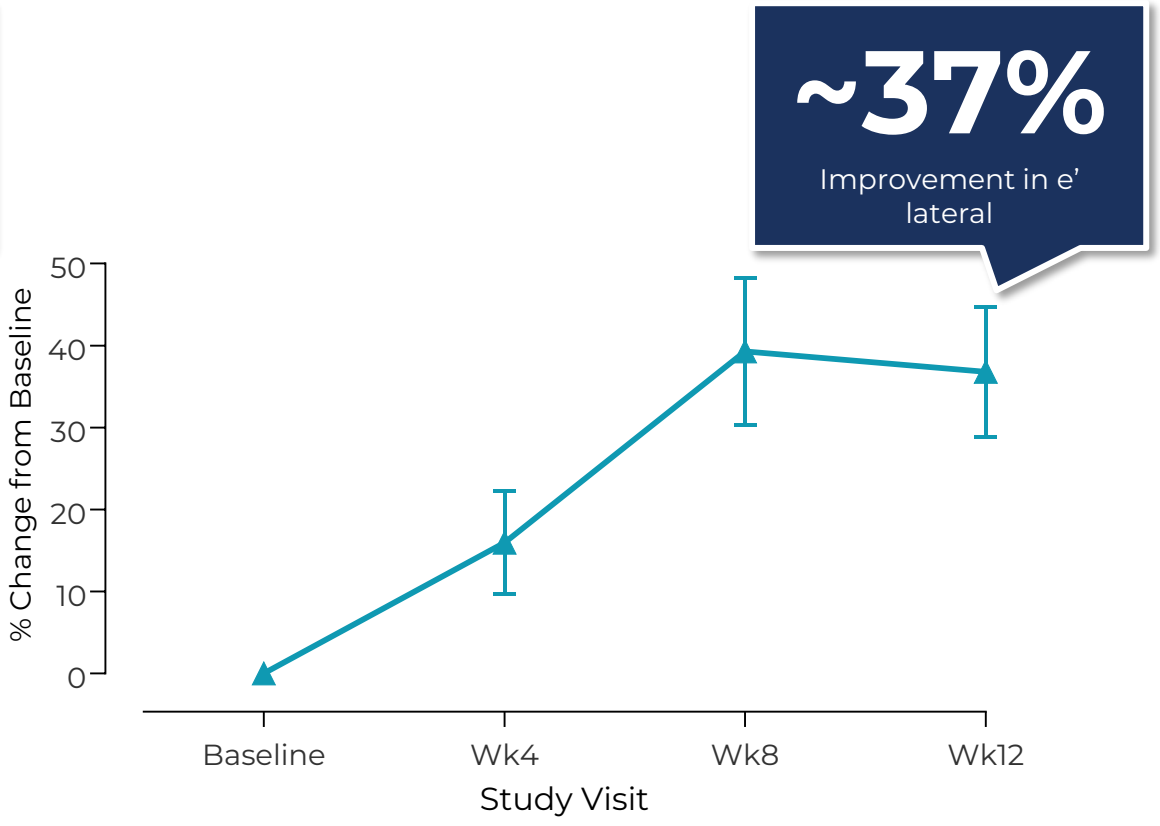


Abbreviations: NYHA, New York Heart Association; HCM, hypertrophic cardiomyopathy

Administration of ‘7500 Led to a **37% Increase in e’ Lateral** by Week 12, Suggesting Positive Lusitropic Effects

nHCM: Rapid Improvements in Mean e’ Lateral Observed (means ±SE)



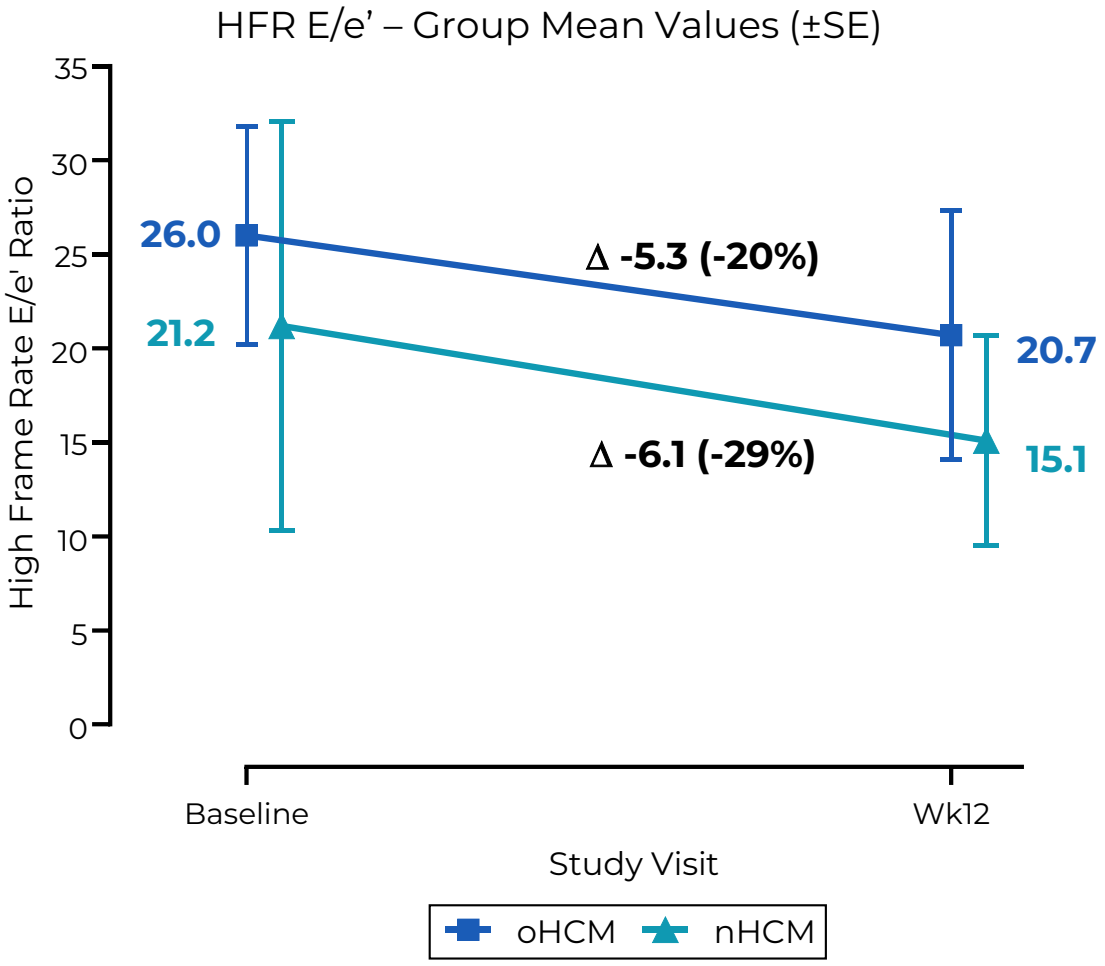


Abbreviations: e’ lateral, early diastolic tissue velocity of the lateral mitral annulus

Preliminary High Frame Rate Sub-Study Observations

High Frame Rate (HFR) Echo Allows **Deeper Interrogation of '7500's Effects on Diastolic Disease Markers in HCM**

Preview of Observations from HFR Analysis



'7500 improved biventricular diastolic function

- HFR echo data measures tissue-level myocardial relaxation
- Unprecedented improvements in E/e' observed in both oHCM and nHCM

Abbreviations: HFR, high frame rate; HCM, hypertrophic cardiomyopathy

Safety Beyond Systolic Function:
7500 is Generally Well Tolerated

‘7500 Continues to be **Generally Well Tolerated** in Part D; **No Evidence of Systolic Suppression** and No HF due to LVEF <50%

Safety Observations with ‘7500 Over 12 Weeks (N=53)

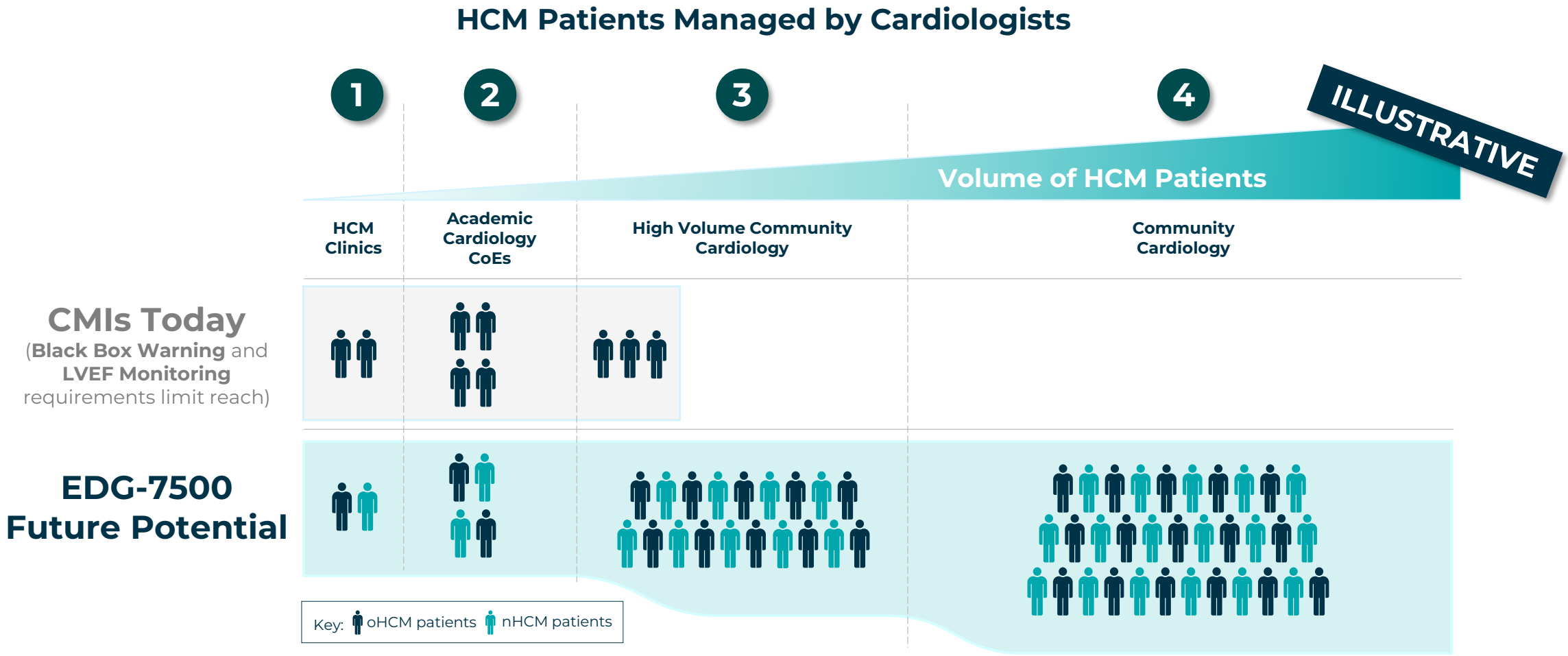
- No participants experienced an LVEF <50% or heart failure due to drops in LVEF
- Two participants had new onset AF/AFL
  - Both in oHCM participants and both deemed unrelated to study drug
- Other common treatment emergent adverse events (TEAEs)[1]
  - oHCM: Fatigue (N=3)
  - nHCM: Upper RTI (N=3), Rash (N=3)
- Five participants had Serious TEAEs – all were considered unrelated to study drug

1 – Preferred term reported in >2 participant in the oHCM or nHCM cohorts.

EDG-7500: Potential **Best-in-Disease** HCM Treatment Poised for **Phase 3 Success**

- **Novel mechanism with differentiated safety profile** including no measurable change in global systolic performance; no LVEF <50% and no HF events
- **Consistent and meaningful clinical improvements** observed across oHCM and nHCM
- Initial echocardiographic data (core and HFR) **suggest a direct lusitropic effect**
- The observed lack of systolic liability supports a **potential echo-independent dosing paradigm without the risk of drug-induced systolic heart failure**
- Phase 3 on track to initiate by **4Q2026**

‘7500’s TPP Could Reach a **Broader Range of Prescribers** Including General Cardiologists and KOLs at COEs



Source: Bluestar Market Research; Edgewise Blinded Guidepoint Interviews
Abbreviations: LVEF, left ventricular ejection fraction; HCM, hypertrophic myopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM; CMI, cardiac myosin inhibitor; KOL, key opinion leader; COE, center of excellence; TPP, target product profile

Strong Financial Position:

Well Capitalized to Execute Critical Value Generating Milestones

Well-Capitalized to Execute Across EDG-7500, EDG-15400 and Broader Cardiovascular Pipeline

CASH, CASH EQUIVALENTS & MARKETABLE SECURITIES*

~$500M**

DEBT

$0

COMMON SHARES OUTSTANDING (NASDAQ: EWTX)

~105M

SERVIER UPFRONT PROCEEDS EXTEND RUNWAY INTO THE EARLY 2030s, FUNDING KEY MILESTONES

*As of March 31, 2026
** Does not include proceeds from deal with Servier

Edgewise Pipeline is Rich in Anticipated Near-Term, Value-Creating Catalysts

		H2 2026	H1 2027	H2 2027
Cardiac	**Hypertrophic Cardiomyopathy**	EDG-7500 **P3 Initiation** oHCM & nHCM	EDG-7500 **48-Week** OL oHCM & nHCM Data	
		EOP2 FDA Feedback; Phase 3 Design		
	Heart Failure	EDG-15400 **P2 Initiation** in HFpEF	EDG-15400 **P2 Data** in HFpEF	EDG-15400 **P3 Initiation** in HFpEF

Abbreviations: HV, healthy volunteers; oHCM, obstructive hypertrophic cardiomyopathy; nHCM, non-obstructive hypertrophic cardiomyopathy; CV, cardiovascular; HFpEF, Heart Failure with Preserved Ejection Fraction; NDA, New Drug Application

Q & A

Edgewise® THERAPEUTICS


Edgewise®
THERAPEUTICS
Leaders in Cardiac Disease Science
Headquartered in beautiful **Boulder, Colorado,** with expert teams spanning the globe, we are dedicated to our mission: changing the lives of patients and families affected by serious muscle diseases