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): November 23, 2026

KYMERA THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-39460**	**81-2992166**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

Kymera Therapeutics, Inc.
500 North Beacon Street, 4th Floor
Watertown, Massachusetts 02472
(Address of principal executive offices, including zip code)

(857) 285-5300
(Registrant's telephone number, including area code)

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	Trade Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	KYMR	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.

On November 23, 2026, Kymera Therapeutics, Inc. (the "Company") hosted a conference call to discuss the results from the Company's BROADEN2 Phase 2b atopic dermatitis patient trial of KT-621, a first-in-class, oral STAT6 degrader. A form of the slide presentation is being furnished as Exhibit 99.1 to this Current Report on Form 8-K. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

The information in this Item 7.01, including Exhibit 99.1 attached hereto, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as expressly set forth by specific reference in such filing.

Item 9.01. Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	Kymera Therapeutics, Inc. slide presentation, dated November 23, 2026, furnished herewith.
104	Cover Page Interactive Data

SIGNATURE

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.

Kymera Therapeutics, Inc.

Date: November 23, 2026

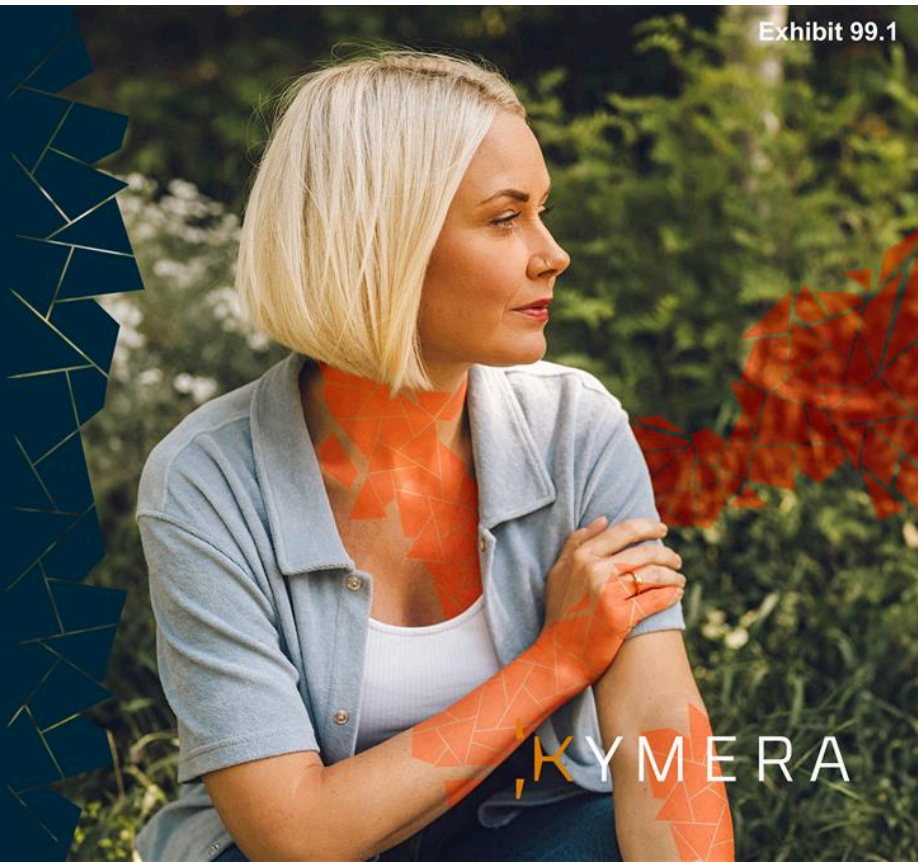
By: /s/ Nello Mainolfi
Nello Mainolfi, Ph.D

Exhibit 99.1

BROADEN2 TRIAL

KT-621 Phase 2b Atopic Dermatitis Trial Results

November 23, 2026



Agenda

Introduction
Justine Koenigsberg
Vice President, Investor Relations

KT-621: Transforming Type 2 Disease Treatment
Nello Mainolfi, PhD
Founder, President and Chief Executive Officer

KT-621/STAT6:
BROADEN2 Phase 2b Atopic Dermatitis Results
Terence Rooney, MD
Chief Medical Officer

Closing Remarks
Nello Mainolfi, PhD
Founder, President and Chief Executive Officer

Question and Answer Session



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Forward Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. These statements include, but are not limited to, implied and express statements about our strategy, business plans and objectives for our programs, including the therapeutic potential, clinical benefits and safety profiles of such product candidates; expectations regarding timing, success and data announcements of ongoing preclinical studies and clinical trials; the preliminary cross-study assessments comparing non-head-to-head clinical data of KT-621 to published data for dupilumab; our ability to initiate more than ten phase three trials across multiple indications; our ability to initiate new clinical programs, the initiation, timing, progress and results of our current and future preclinical studies and clinical trials of our current and prospective product candidates; our plans to develop and commercialize our current and any future product candidates and the implementation of our business model and strategic plans for our business, current; and any future product candidates. All statements other than statements of historical facts contained in this presentation, including express or implied statements regarding our strategy, future financial condition, future operations, projected costs, prospects, plans, objectives of management and expected market growth, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "anticipate," "upcoming," "assume," "believe," "could," "estimate," "expect," "goal," "intend," "may," "milestones," "objective," "plan," "predict," "potential," "seek," "should," "target," "will," "would" and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. You should not rely upon forward-looking statements as predictions of future events and actual results or events could differ materially from the plans, intentions and expectations disclosed herein.

Any forward-looking statements are based on management's current expectations and beliefs and are subject to a number of risks, uncertainties and important factors that may cause actual events or results to differ materially from those expressed or implied by any forward-looking statements including, without limitation, risks associated with: the timing and anticipated results of our current and future preclinical studies and clinical trials, supply chain, strategy and future operations; the delay of any current and future preclinical studies or clinical trials or the development of our drug candidates; the risk that the results of prior preclinical studies and clinical trials may not be predictive of future results in connection with current or future preclinical studies and clinical trials, including those for KT-621, KT-579, KT-485/SAR447971 and KT-200; the risk that cross-trial comparisons may not be reliable as no head-to-head trials have been conducted comparing KT-621 to dupilumab, and Phase 2 clinical data for KT-621 may not be directly comparable to dupilumab's clinical data due to differences in molecule composition, trial protocols, dosing regimens, and patient populations and characteristics; the risk that our strategic partnerships with Sanofi and Gilead may not be able to successfully accelerate the development and commercialization of the IRAK4 and CDK2 degrader program, respectively; our ability to successfully demonstrate the safety and efficacy of our drug candidates; the timing and outcome of any interactions with regulatory authorities; obtaining, maintaining and protecting our intellectual property; our relationships with existing and future collaboration partners; the availability of funding sufficient for the Company's operating expenses and capital expenditure requirements, the impacts of current macroeconomic and geopolitical events. These risks and uncertainties are described in greater detail in the section entitled "Risk Factors" in the Company's most recent Quarterly Report on Form 10-Q and in subsequent filings with the Securities and Exchange Commission. In addition, any forward-looking statements represent Kymera's views only as of today and should not be relied upon as representing its views as of any subsequent date. Kymera explicitly disclaims any obligation to update any forward-looking statements, except as required by law. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements. As a result of these risks and others, including those set forth in our filings with the SEC, actual results could vary significantly from those anticipated in this presentation, and our financial condition and results of operations could be materially adversely affected.

Certain information contained in this presentation and statements made orally during this presentation relate to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. No head-to-head trials have been conducted comparing KT-621 to dupilumab. Phase 2 clinical data for KT-621 may not be directly comparable to dupilumab's clinical data due to differences in molecule composition, trial protocols, dosing regimens, and patient populations and characteristics. Accordingly, cross-trial comparisons may not be reliable. While the Company believes these third-party studies, publications, surveys and other data to be reliable as of the date of the presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, no independent sources have evaluated the reasonableness or accuracy of the Company's internal estimates or research, and no reliance should be made on any information or statements made in this presentation relating to or based on such internal estimates and research. This presentation contains trademarks, trade names and service marks of other companies, which are the property of their respective owners.

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KT-621: Transforming Type 2 Disease Treatment

Nello Mainolfi, PhD
Founder, President and CEO

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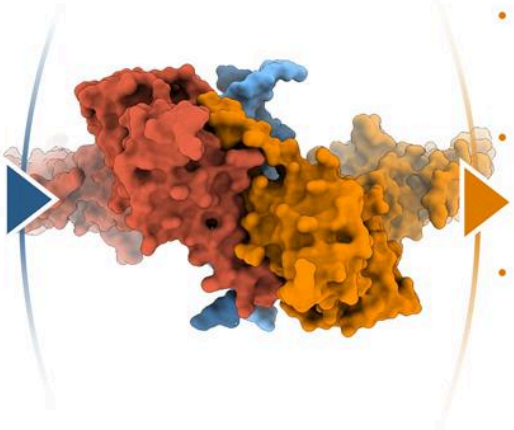
Kymera: Promise of Unprecedented Innovation, **Now a Reality**

KT-621/STAT6: One of the Largest Opportunities in Immunology

- BROADEN2 validates STAT6 targeting in a global, placebo-controlled study
- Potential first oral medicine for a wide range of Type 2 diseases, with double-digit billion-dollar sales potential
- Opportunity to expand treatment to millions of patients not receiving advanced therapy
- Potential multiyear lead over competing STAT6 programs



Proven Engine for Oral Small Molecule Innovation

- STAT6 data validates unique platform capabilities to deliver oral medicines for millions of patients[1]
- Positive KT-579/IRF5 Phase 1 data support a complementary immunology franchise
- Deeply experienced immunology team in place for late-stage development and commercial launch readiness

10+ Potential Phase 3 trials across multiple indications

ADVANCING A NEW CLASS OF TARGETED ORAL MEDICINES

10+ Discovery programs in areas of unmet need

[1]GlobalData, 2026.

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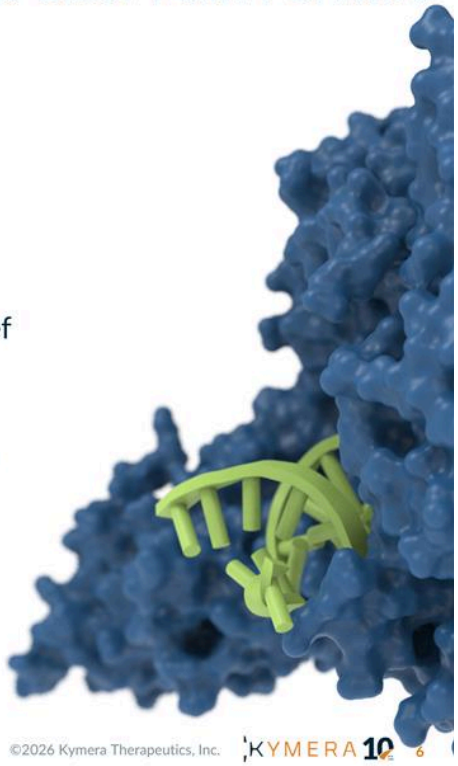
KT-621 BROADEN2 Delivers Compelling Results & Clear Path Forward

Well-conducted trial, with placebo rates within historical ranges

Statistically significant results across all doses at Week 16, with significant onset as early as Week 1 for EASI reductions and itch relief

Treatment effect across all doses comparable to marketed biologics, with mid dose numerically superior

Well-tolerated with a favorable safety profile



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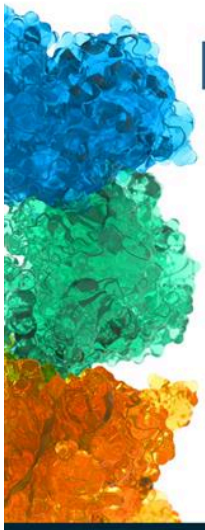
KT-621 BROADEN2 Delivers Compelling Activity Across All Doses

Mid Dose Delivered Strongest Improvements Across Endpoints, Well Positioned to Advance to Phase 3



SKIN IMPROVEMENT[1]

-72%

Mean reduction in EASI

vs. -27% placebo (p<0.0001)

62%

EASI-75

vs. 22% placebo (p<0.0001)

ITCH RELIEF[1]

52%

≥4 PPNRS Improvement

vs. 13% placebo (p<0.0001)

SAFETY

Favorable safety profile

Well-tolerated with a safety and tolerability profile consistent with IL-4/IL-13 biologics

Positive clinical data support a first-in-industry profile:
Potentially transformative safe and effective oral option for patients with Type 2 inflammatory diseases

[1]Data from KT-621 mid dose; EASI: Eczema Area and Severity Index; PPNRS: Peak Pruritus Numerical Rating Scale; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis.

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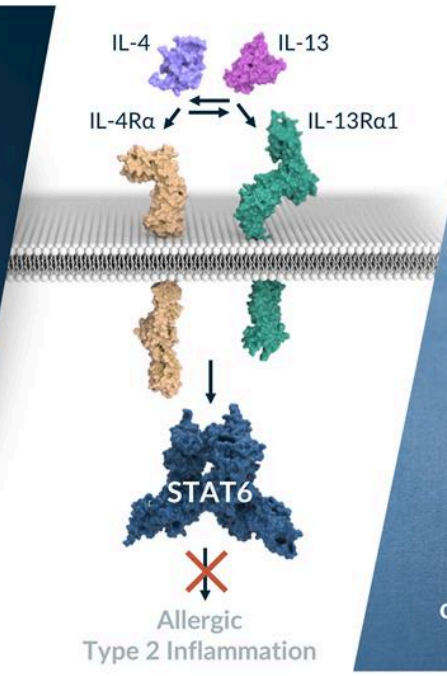
A New Era of Oral Therapy for Type 2 Inflammation

STAT6

FIRST-IN-CLASS TARGETED MECHANISM

- STAT6 is central to IL-4/IL-13 signaling in Type 2 inflammation
- Dupilumab, an injectable biologic blocking IL-4/IL-13, is the only approved Type 2-targeting drug across 9 indications
- KT-621, potential first-in-industry STAT6 degrader, blocks Type 2 inflammation with a targeted oral small molecule



Allergic
Type 2 Inflammation



KT-621:
Once daily oral therapy, continuous pathway blockade

Sharma et al, 2023; Takeda et al, 1996; Kaplan et al, 1996; Junttila, 2018; Kolkhir et al, 2023.

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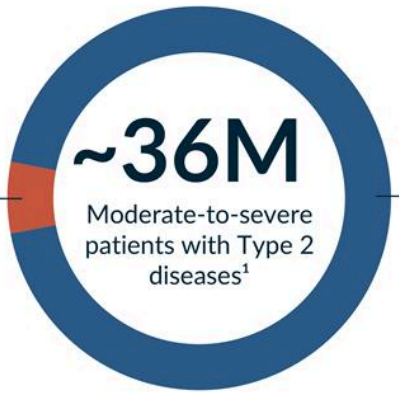
KT-621: Potential to be First Oral Therapy for Millions of Undertreated Patients Across Type 2 Diseases

Limited penetration:

~5% (2M)

on advanced systemic therapies

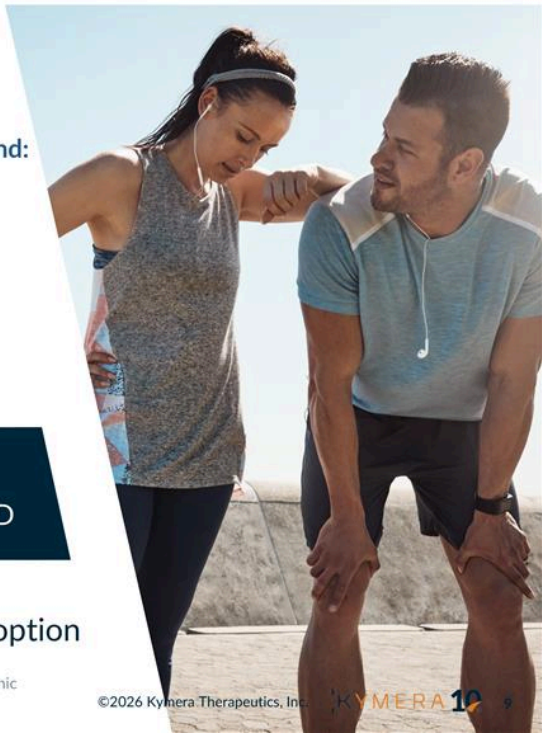
>$30B market[1]



Opportunity to expand:

~95%

of patients are underserved



DERMATOLOGY				GI	RESPIRATORY		
AD	CSU	PN	BP	EoE	Asthma	CRSwNP	COPD

Substantial market opportunity in immunology

Opportunity to reach millions of patients with a safe, effective, oral option

[1]GlobalData, 2026; AD: Atopic Dermatitis; BP: Bullous Pemphigoid; COPD: Chronic Obstructive Pulmonary Disease; CRSwNP: Chronic Rhinosinusitis with Nasal Polyps; CSU: Chronic Spontaneous Urticaria; EoE: Eosinophilic Esophagitis; PN: Prurigo Nodularis.

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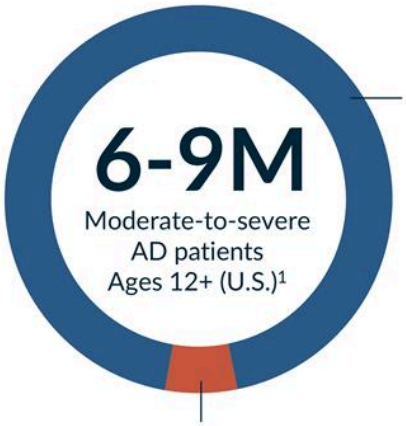
KT-621: Atopic Dermatitis Opportunity



Limited penetration:

~5% (400k)

on advanced systemic therapies

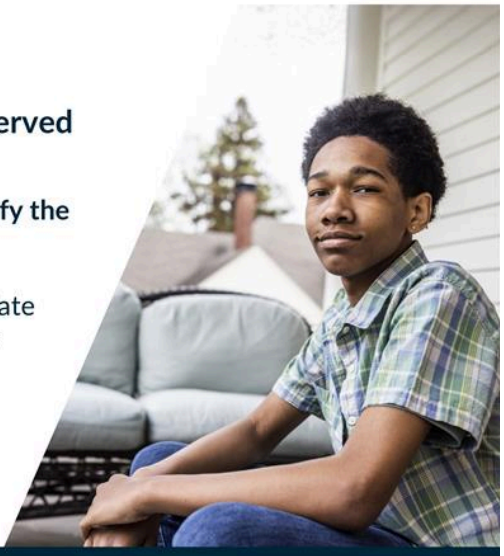
~$11B market[2]

~95% of patients are **underserved**

Many feel their disease state **does not justify the trade-offs** of current advanced therapies[3]

Injection hesitancy: reluctance to initiate injectable biologics and in many cases preference to avoid needles

Safety concerns: boxed warnings and side effects of existing orals



KT-621 has the potential to **expand advanced therapy use**, reaching **millions of AD patients** who are untreated or inadequately controlled

[1]Company estimates based on industry and peer-reviewed research; [2]GlobalData, 2026; [3]Quantitative survey and market research by Trinity, 2026: n = 166 patients and caregivers.

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New Oral Mechanisms Expand Markets by Reaching More Patients

ICOTYDE™ (icotrokinra) tablets

20k patients in the first two quarters on market

~60% of new patients are naïve to advanced systemic therapies[1]

Otezla® (apremilast) 30mg tablets

Market-leading share of new prescriptions within a year of approval

85% of new patients were naïve to advanced systemic therapies[2]

Dermatology Advanced Therapy Market Trajectories[3]



Psoriasis market has grown >5x since Otezla's launch; AD's higher prevalence & lower penetration (~5%) offer substantial opportunity for KT-621 to expand treatment

~80% of AD patients not already on an advanced therapy want a safe, effective, oral treatment[4]

[1]Johnson&Johnson Third Quarter 2026 Results Call; [2]Celgene Third Quarter 2015 Results Call; [3]EvaluatePharma; [4]Quantitative survey and market research by Trinity, 2026: n = 166 patients and caregivers; All trademarks and registered trademarks are the property of their respective owners.

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KT-621/STAT6: BROADEN2 Phase 2b Atopic Dermatitis Results

Terence Rooney, MD
Chief Medical Officer

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Atopic Dermatitis Disrupts Daily Life for Millions of Patients



Chronic inflammatory skin disease characterized by dry, scaly, inflamed skin, intense itch and increased susceptibility to infection

Scope

- **~40 million** adults in US/EU5/JP[1]
- **6-9 million** US adults and adolescents with moderate-to-severe AD[2]
- Majority of patients have disease **onset as children** and cope with its burden into adulthood
- Many patients also live with **other Type 2 inflammatory diseases**

Quality of Life Impact

- Disruption of daily activities: itch, pain, sleep disturbance, emotional well-being

Frequent symptoms continue to disrupt daily life in AD patients regardless of treatment[3]



[1]GlobalData (2026 diagnosed prevalent patient population for AD in US/EU5/JP); [2]Company estimates based on industry and peer-reviewed research; [3]Quantitative survey and market research by Trinity, 2026: n = 166 patients and caregivers.

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KT-621 BROADEN2 Phase 2b Trial

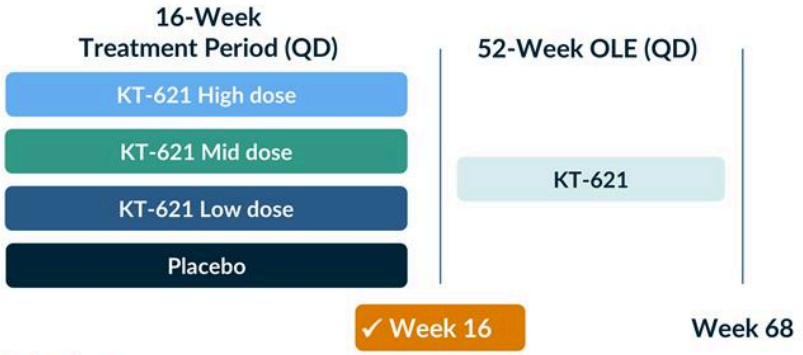
Randomized, Double Blind, Placebo-controlled, Parallel-group, Multicenter, Dose-ranging

BROADEN2 TRIAL

- Adults & adolescents aged ≥12 years with moderate-to-severe AD
- Inadequate topical response
- N=244
- Randomization 1:1:1:1
- 52-week OLE

Baseline Entry Criteria

- EASI score ≥16
- vIGA-AD score ≥3
- Peak Pruritus NRS ≥4
- BSA ≥10%
- Documented TCS failure for AD



Endpoints

- Primary endpoint: percent change from baseline in EASI score at week 16
- Secondary endpoints include:
  - EASI-75, EASI-90, vIGA-AD 0/1
  - Percent change from baseline in PPNRS and proportion of patients achieving a ≥4-point improvement from baseline

Efficacy Analysis: Rescue or discontinuation of study drug for lack of efficacy: non-responder imputation (NRI) for binary endpoints, worst observation carried forward (WOCF) for continuous endpoints; missing data or discontinuation of study drug for reasons other than lack of efficacy: multiple imputation (MI); BSA: Body Surface Area; EASI: Eczema Area and Severity Index; OLE: open-label extension; PPNRS: Peak Pruritus Numerical Rating Scale; QD: once a day; TCS: Topical Corticosteroids; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis.

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BROADEN2 Demographics and Baseline Characteristics

	Placebo (n=59)	Low Dose (n=61)	Mid Dose (n=61)	High Dose (n=63)	Overall (n=244)
Female, n (%)	18 (30.5)	31 (50.8)	26 (42.6)	24 (38.1)	99 (40.6)
Age, years, mean (SD)	39.6 (14.5)	39.0 (13.1)	36.9 (14.4)	38.5 (14.2)	38.5 (14.0)
Weight, kg, mean (SD)	82.9 (21.9)	80.7 (23.7)	82.4 (22.2)	80.0 (17.3)	81.5 (21.3)
Duration of AD from diagnosis, year, mean (SD)	30.6 (15.0)	28.0 (14.8)	27.8 (15.1)	26.2 (14.2)	28.1 (14.8)
Race, n (%)					
White	42 (71.2)	37 (60.7)	35 (57.4)	30 (47.6)	144 (59.0)
Black or African American	3 (5.1)	11 (18.0)	5 (8.2)	13 (20.6)	32 (13.1)
Asian	13 (22.0)	12 (19.7)	17 (27.9)	16 (25.4)	58 (23.8)
Other/Unknown	1 (1.7)	1 (1.6)	4 (6.6)	4 (6.3)	10 (4.1)
Baseline Disease Characteristics					
EASI, mean (SD)	28.7 (11.2)	27.7 (10.5)	26.4 (8.2)	28.5 (11.9)	27.8 (10.5)
vIGA-AD 4, n (%)	21 (35.6)	20 (32.8)	26 (42.6)	26 (41.3)	93 (38.1)
PPNRS, weekly mean (SD)	7.3 (1.7)	7.1 (1.6)	6.9 (1.6)	7.1 (1.4)	7.1 (1.6)
BSA affected, mean (SD)	48.4 (20.4)	41.3 (19.7)	41.2 (15.5)	46.3 (21.0)	44.3 (19.4)
Prior Advanced Systemic Therapy, n (%)	19 (32.2)	20 (32.8)	20 (32.8)	21 (33.3)	80 (32.8)
Comorbid asthma, n (%)	23 (39.0)	15 (24.6)	17 (27.9)	16 (25.4)	71 (29.1)

Of 244 randomized patients, 234 completed the 16-week double-blind treatment period; Of these, 230 enrolled in the OLE

BSA: Body Surface Area; EASI: Eczema Area and Severity Index; PPNRS: Peak Pruritus Numerical Rating Scale; SD: Standard Deviation; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis.

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KT-621 Efficacy Data

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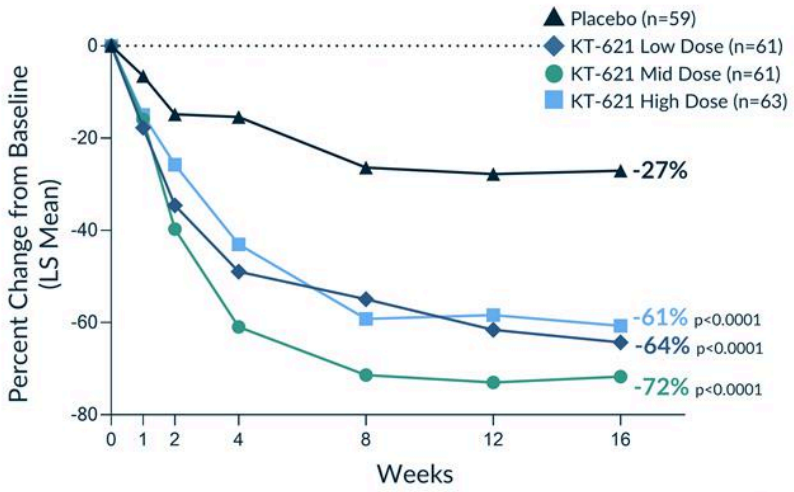
KT-621 Met Primary Endpoint Across All Doses with Rapid Onset

Mean % Change from Baseline in EASI



Consistent pharmacology across KT-621 studies: PK and STAT6 degradation across all doses in BROADEN2 in line with Phase 1 findings

- All three doses demonstrated statistically significant EASI improvement versus placebo
- KT-621 treatment significantly reduced skin lesions as early as Week 1 with continued improvements through Week 16
- At Week 16, mid dose patients achieved a 72% mean reduction versus 27% with placebo
- The mid dose, predicted to achieve the desired STAT6 pharmacology, delivered the largest numerical improvements across all efficacy endpoints

EASI: Eczema Area and Severity Index; LS: Least Squares; PK: Pharmacokinetics.

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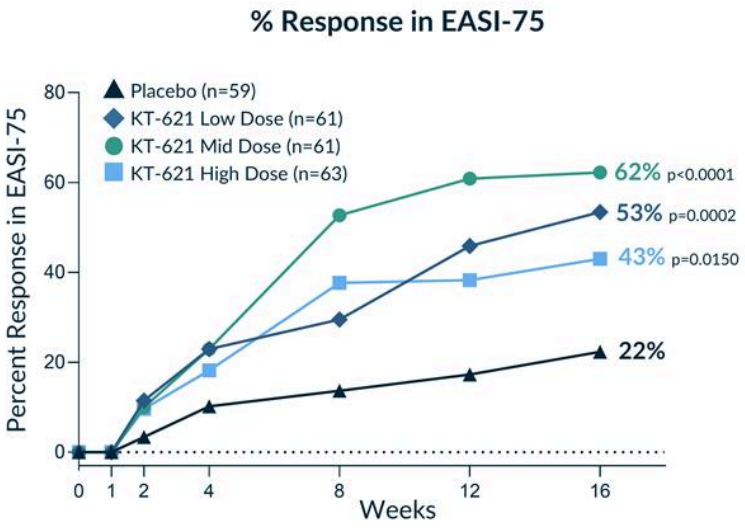
KT-621 Demonstrated Early, Substantial Clinical Improvement



- EASI-75 response rates were statistically significant versus placebo across all three doses
- Responses emerged as early as Week 2, with sustained improvement through Week 16, reflecting early onset and a substantial clinical response
- At Week 16, 62% of mid dose patients achieved at least 75% improvement in EASI versus 22% with placebo

EASI: Eczema Area and Severity Index.

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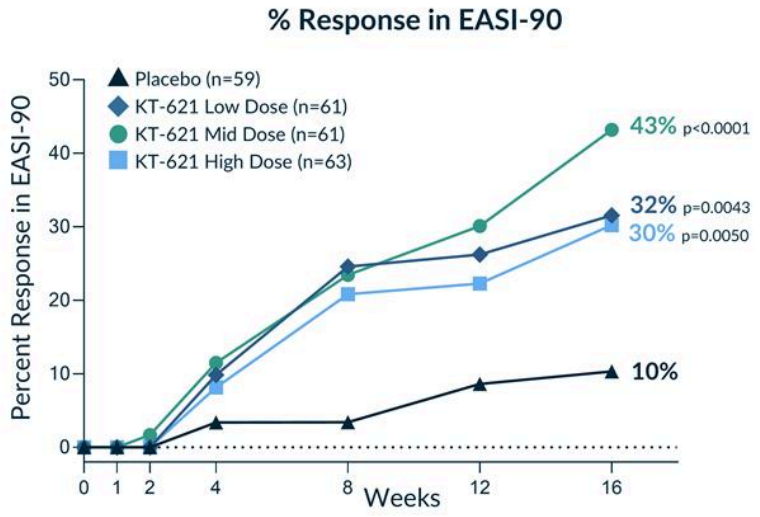
KT-621 Demonstrated Deep Clinical Responses with Continued Improvement



- EASI-90 responses were statistically significant versus placebo across all doses
- Responses emerged by Week 4 with continued improvement through Week 16
- At Week 16, 43% of mid dose patients achieved at least 90% improvement in EASI versus 10% with placebo, and demonstrated pronounced reductions in the extent and intensity of AD lesions

EASI: Eczema Area and Severity Index.

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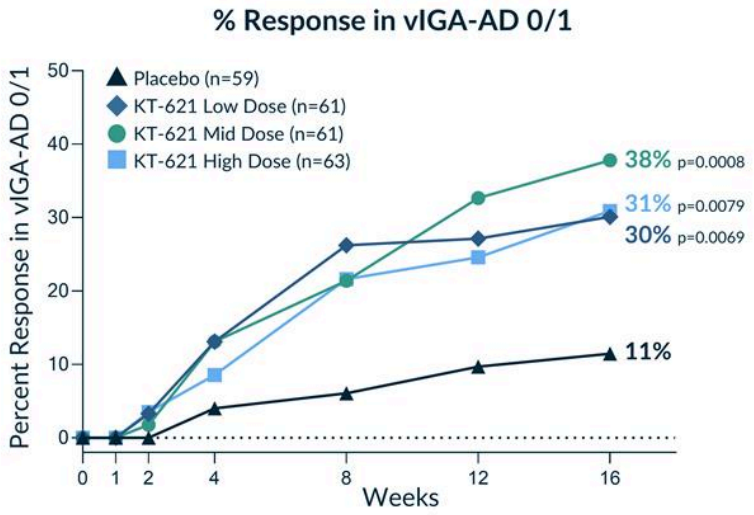
KT-621 Achieved Clear or Almost Clear Skin Through Week 16 in More Than a Third of Patients



- vIGA-AD 0/1 responses were statistically significant across all doses compared with placebo
- Clear or almost clear skin responses emerged as early as Week 2 and increased through Week 16
- At Week 16, 38% of mid dose patients achieved clear or almost clear skin with at least a 2-point improvement from baseline versus 11% with placebo

vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis.

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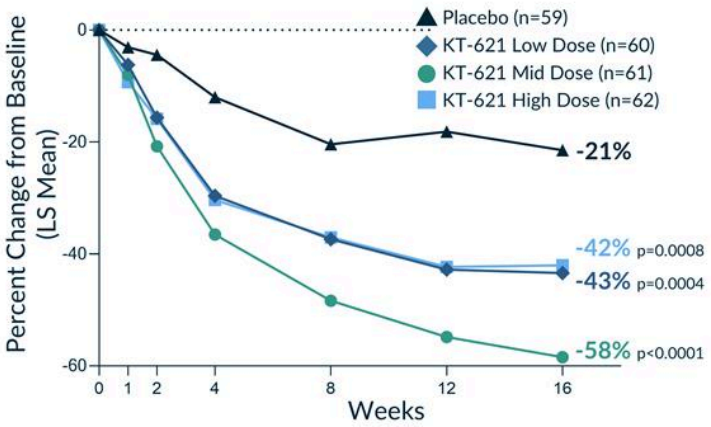
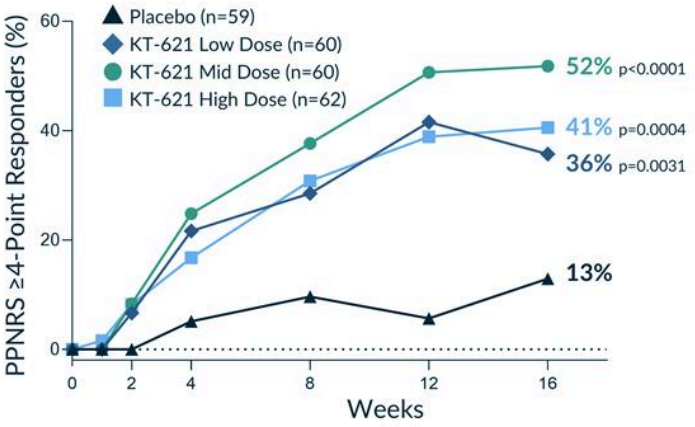
KT-621 Delivered Rapid and Substantial Itch Relief

Mean % Change from Baseline Peak Pruritus NRS



Peak Pruritus NRS ≥4-Point Improvement



- Itch reductions were significant as early as Week 1, with continued improvement through Week 16
- At Week 16, mid dose patients achieved a 58% mean reduction in itch versus 21% with placebo. More than half of mid dose patients achieved a ≥4-point improvement versus 13% with placebo

LS: Least Squares; PPNRS: Peak Pruritus Numerical Rating Scale.

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Example of Clinical Response to KT-621 in BROADEN2 Patient

Significant Improvements in Disease Severity and Quality of Life

Before and After Treatment for EASI-90 Responder

Baseline **Week 16**



- Patient with severe AD inadequately controlled with prior topical therapies, including TCS, TCI and an AhR agonist
- EASI score decreased from almost 50 at baseline to less than 5 at Week 16, representing a >90% reduction
- vIGA-AD improved from 4 (severe) at baseline to 1 (almost clear) at Week 16
- PPNRS decreased from 7 at baseline to 1 at Week 16, reflecting substantial itch relief

AhR: Aryl Hydrocarbon Receptor; EASI: Eczema Area and Severity Index; PPNRS: Peak Pruritus Numerical Rating Scale; TCI: Topical Calcineurin Inhibitors; TCS: Topical Corticosteroids; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis.

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KT-621 Safety Data

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BROADEN2 Phase 2b Safety Summary

Well-tolerated with a Safety and Tolerability Profile Consistent with Prior Clinical Experience of IL-4/IL-13 Biologics

	Placebo (n=59)	Low Dose (n=61)	Mid Dose (n=61)	High Dose (n=63)	All KT-621 (n=185)
Safety summary through Week 16, n (%)					
Patients reporting ≥1 TEAE	30 (50.8)	31 (50.8)	37 (60.7)	28 (44.4)	96 (51.9)
Patients reporting ≥1 severe TEAE[1]	4 (6.8)	1 (1.6)	0	1 (1.6)	2 (1.1)
Patients reporting ≥1 serious TEAE[1]	2 (3.4)	1 (1.6)	0	1 (1.6)	2 (1.1)
Patients who discontinued study drug due to TEAE	0	0	1 (1.6)	1 (1.6)	2 (1.1)
Most frequent TEAEs through Week 16 (≥5% of patients in any KT-621 arm), n (%)					
Nasopharyngitis	5 (8.5)	8 (13.1)	4 (6.6)	2 (3.2)	14 (7.6)
Conjunctivitis	0	5 (8.2)	3 (4.9)	3 (4.8)	11 (5.9)
Conjunctivitis allergic	0	4 (6.6)	5 (8.2)	2 (3.2)	11 (5.9)
Upper respiratory tract infection	5 (8.5)	2 (3.3)	4 (6.6)	2 (3.2)	8 (4.3)
Dermatitis atopic	6 (10.2)	4 (6.6)	0	0	4 (2.2)

- No dose response or meaningful imbalances in placebo versus treatment arm TEAEs except for conjunctivitis
- Pooled conjunctivitis rate[2] (all terms) of 19.7% for low dose, 13.1% for mid dose and 11.1% for high dose; all events were mild to moderate and none led to treatment discontinuation

[1]7 severe TEAEs occurred in 6 patients across all arms (atopic dermatitis 4, impetigo 1, hand fracture 1, schizoaffective disorder 1, in a participant with a prior history); of which 4 were SAEs (atopic dermatitis 2, hand fracture 1, schizoaffective disorder 1); All were deemed unrelated to study drug; [2]Pooled conjunctivitis rate includes the following preferred terms: conjunctivitis allergic, conjunctivitis, conjunctivitis bacterial, conjunctivitis viral, noninfective conjunctivitis; SAE: Serious Adverse Event; TEAE: Treatment Emergent Adverse Event.

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KT-621 Data Support Late-Stage Development & Unique Profile

BROADEN2 TRIAL

- Met primary and secondary endpoints, with statistical significance, rapid onset, and sustained or increasing responses across all doses through Week 16
- KT-621 efficacy profile is at least comparable to current standard of care
- Demonstrated favorable safety and tolerability profile
- 96% of patients completed treatment through Week 16; 98% of these enrolled in the OLE
- Continuing to build evidence through longer-term follow-up in BROADEN2 OLE and BREADTH Phase 2b asthma trial



KT-621 has demonstrated consistent translation from STAT6 biology to clinical activity, supporting continued development in AD and beyond

OLE: Open Label Extension.

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Closing Remarks

Nello Mainolfi, PhD

Founder, President and CEO

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KT-621 Broad Late-Stage Development in Type 2 Diseases

	DERMATOLOGY/GI	RESPIRATORY
Phase 2	BROADEN2 TRIAL Today's Phase 2b data inform Phase 3 dose selection for dermatology/GI indications	BREADTH TRIAL Late 2027 Phase 2b data will inform/confirm Phase 3 dose selection for respiratory indications
Phase 3	• **Atopic Dermatitis (expected to initiate by mid-2027)**[1] • Eosinophilic Esophagitis • Chronic Spontaneous Urticaria • Prurigo Nodularis • Bullous Pemphigoid	• Asthma • Chronic Rhinosinusitis with Nasal Polyps • Chronic Obstructive Pulmonary Disease

Phase 2b trials in AD and asthma have the potential to support Phase 3 trials across multiple Type 2 indications, where millions of patients remained underserved and a safe, effective, oral option could transform care

Subject to alignment with regulators; GI: Gastroenterology.

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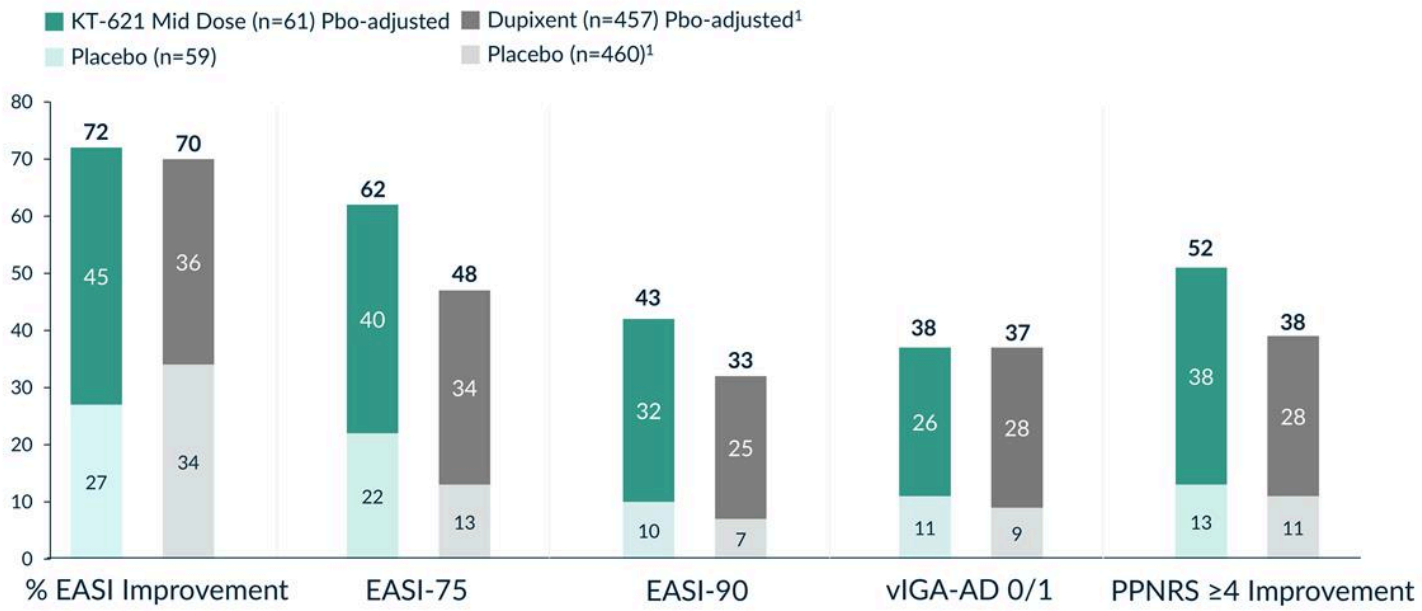
KT-621 BROADEN2 Clinical Efficacy Demonstrated Competitive Profile



[1]Dupilumab data from SOLO1 and SOLO2 studies (Thaci et al, Dermatological Science, 2019); No head-to-head trials have been conducted, cross-trial comparisons may not be reliable due to differences in molecule composition, trial protocols, dosing regimens, and patient populations and characteristics; EASI: Eczema Area and Severity Index; PBO: Placebo; PPNRS: Peak Pruritus Numerical Rating Scale; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis.

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KT-621 BROADEN2 Data Reinforce Opportunity to Transform Standard of Care



Clinical validation of oral STAT6 degradation
BROADEN2 safety and efficacy results provide validation in AD and reinforce KT-621's potential to become the first oral therapy across a wide range of Type 2 diseases

First oral therapy with the opportunity to reach millions more AD patients
A safe and effective oral has the potential to expand advanced therapy adoption to millions of patients and serve the vast majority that are untreated or inadequately controlled with non-systemic therapies

Overall BROADEN2 data have refined our Target Product Profile
Once-a-day oral with an efficacy and safety profile at least in line with pathway biologics such as dupilumab

Defining milestone
Validates Kymera's discovery engine and provides a foundation for continued innovation and growth

KT-621 has the potential to expand into an underpenetrated but highly valuable market (>$30B today at ~5% market penetration) **positioning KT-621 as a potential once-in-a-generation drug**

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Thank You

We are deeply grateful to the patients, investigators, collaborators and teams whose partnership and commitment made this milestone possible



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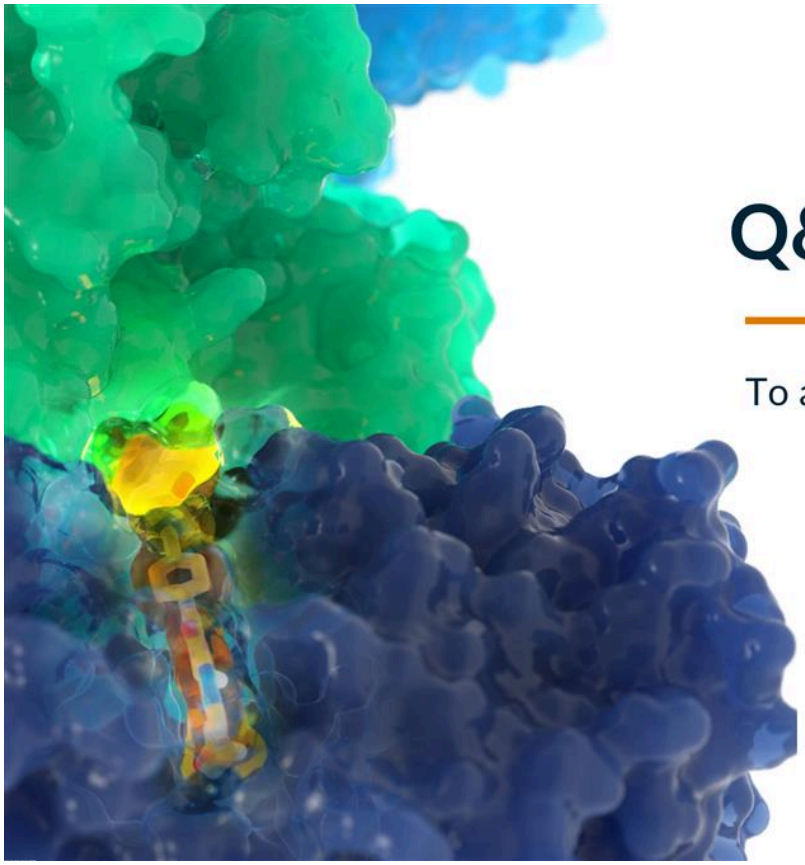

Q&A

To ask a question, raise your virtual hand

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