



**BOUNDLESS BIO™**

# Unlocking a New Paradigm in Cancer Treatment via ecDNA-Directed Therapies (ecDTx)

*Corporate Presentation*

*March 2026*

*Nasdaq: BOLD*

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We caution you that this presentation contains forward-looking statements about us and our industry. All statements other than statements of historical facts contained in this presentation are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “anticipate,” “believe,” “contemplate,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “would,” “target,” or “will” or the negative of these terms or other similar expressions. These statements are based on the Company’s current beliefs and expectations. Forward-looking statements include but are not limited to statements regarding: the expected timing of an initial clinical proof-of-concept readout from the KOMODO-1 trial; the Company’s cash runway and the sufficiency thereof to fund operations through the anticipated initial clinical proof-of-concept readout from the KOMODO-1 trial; the potential safety and therapeutic benefits of BBI-940 and other ecDTx the Company may develop in treating patients with oncogene amplified cancers; the expected benefits of the Company’s portfolio prioritization, capital allocation, and revised operating plan; and the Company’s potential to deliver clinically-meaningful, high-impact ecDTx for cancer patients and create long-term value for stockholders. The Company’s actual results and performance may differ materially from those expressed or implied in any forward-looking statement due to substantial known and unknown risks and uncertainties, including, without limitation: potential delays in the enrollment, data readouts, or completion of clinical trials or in regulatory submissions and responses; the Company may use its capital resources sooner than it expects; the Company may be unable to obtain necessary additional funding when needed, on acceptable terms, or at all; the Company is early in its development efforts and its approach to discover and develop ecDTx to treat oncogene amplified cancers is novel and unproven; clinical and preclinical development of therapeutics involves a lengthy and expensive process with inherently uncertain timelines and outcomes; results from preclinical studies or early clinical trials not necessarily being predictive of future results; unexpected adverse side effects or inadequate efficacy of the Company’s ecDTx that may limit their development, regulatory approval, and/or commercialization; the Company’s ability to retain key personnel; the Company’s dependence on third parties in connection with clinical trials, preclinical studies, and manufacturing; the Company may expend its limited resources to pursue a particular ecDTx or combination therapy and fail to capitalize on ecDTx with greater development or commercial potential; the potential for the Company’s programs and prospects to be negatively impacted by developments relating to its competitors, including the results of studies or regulatory determinations relating to its competitors; regulatory and healthcare reform developments in the United States and foreign countries; disruptions in the FDA’s ability to perform routine activities or function in the normal course; the Company’s ability to obtain, maintain, defend, and enforce patent or other intellectual property protection for its ecDTx and technology; macroeconomic and geopolitical events and conditions, including international trade policies and tariffs; and other risks described in the Company’s filings with the Securities and Exchange Commission (SEC), including under the heading “Risk Factors” in the Company’s annual report on Form 10-K for the year ended December 31, 2025 and any subsequent filings with the SEC. You are cautioned not to place undue reliance on forward-looking statements, which speak only as of the date hereof, and, except as required by law, the Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

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# Boundless Bio (BOLD): clinical-stage public company establishing a new category in oncology that addresses oncogene amplified cancers



## Oncogene amplified cancer:

- Significant **unmet medical need** (worse survival)
- Generally unresponsive to targeted therapy and immunotherapy
- **~1.3M new patients** per year in major markets<sup>1</sup>

## Extrachromosomal DNA (ecDNA):

- Cancer-specific circular DNA—a **root cause of oncogene amplification**
- **Transformative** emerging area of cancer biology
- **Spyglass drug discovery platform** leverages ecDNA to identify synthetic lethal targets in cancer

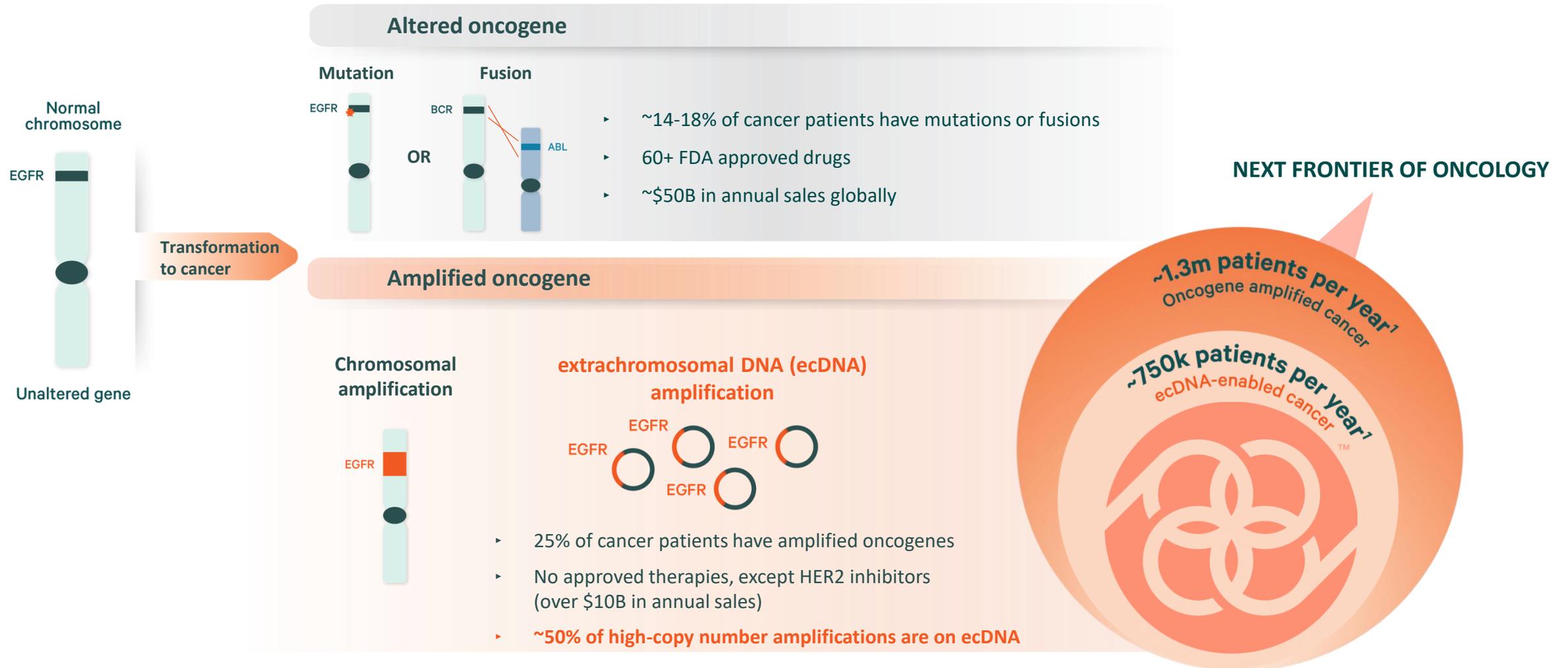
## ecDNA-directed therapies (ecDTx):

- BBI-940: oral Kinesin degrader development candidate; **FIH KOMODO-1 Phase 1 clinical trial underway**
- Preclinically validated ecDNA-selective targets for ecDTx discovery

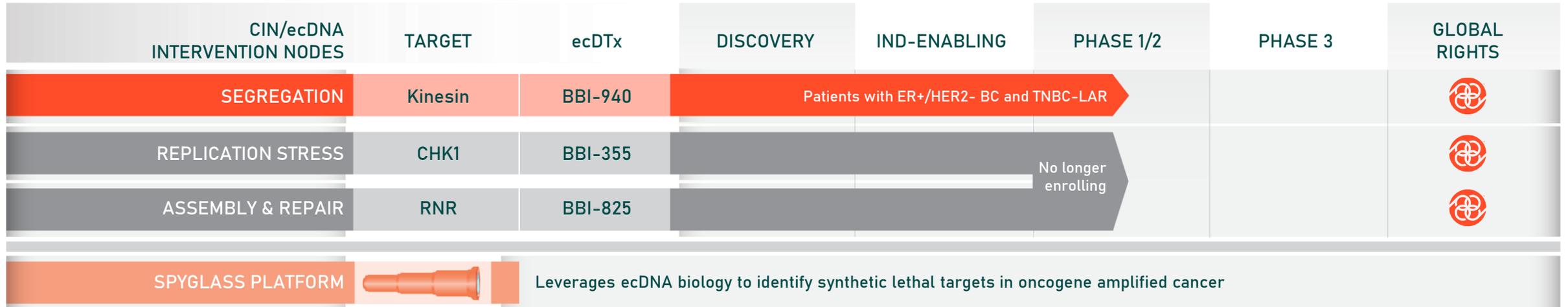
## Strong Foundation:

- Experienced team; track record of **precision oncology drug approvals, multi-\$B M&A**
- Leading scientific founders, board, advisors
- Cash runway into 2H28; through expected clinical POC for BBI-940

# ecDNA are cancer-specific, circular units of DNA that are a frequent driver of oncogene amplified cancer



# Next-generation precision oncology pipeline to address high unmet needs in oncogene amplified cancer



*ER+:* ER positive; *HER2-:* HER2 negative; *BC:* breast cancer; *TNBC:* triple-negative breast cancer; *LAR:* luminal androgen receptor; *ecDTx:* ecDNA-directed therapeutic candidates

# Accomplished leadership team has proven experience delivering value for patients and shareholders



**Zachary Hornby**

Chief Executive Officer,  
President, Director



**Christian Hassig, PhD**

Chief Scientific Officer



**Robert Doebele, MD, PhD**

Chief Medical Officer



**Jessica Oien, JD**

Chief Legal Officer



**David Hinkle, CPA**

SVP, Finance &  
Controller





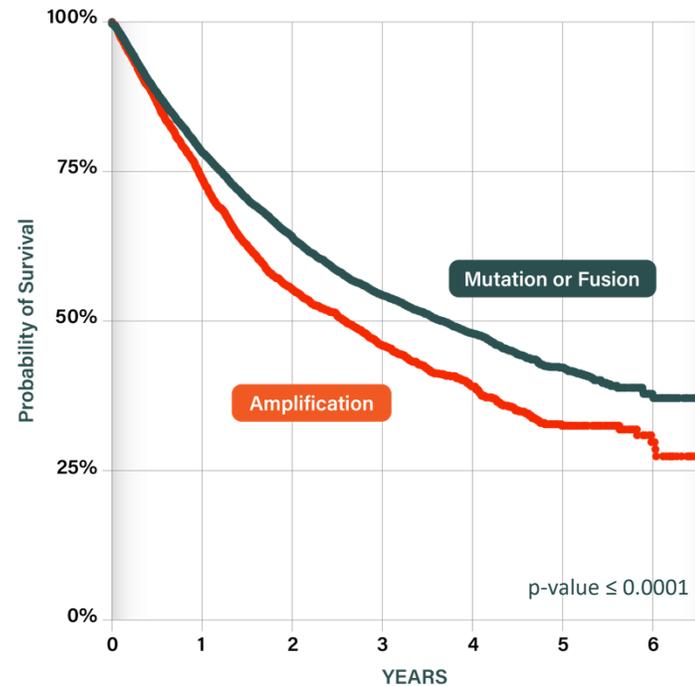
**Significant unmet need in oncogene amplified cancers**

# Cancers with oncogene amplifications: more aggressive, difficult to treat, and worse prognosis

## Oncogene amplified cancers

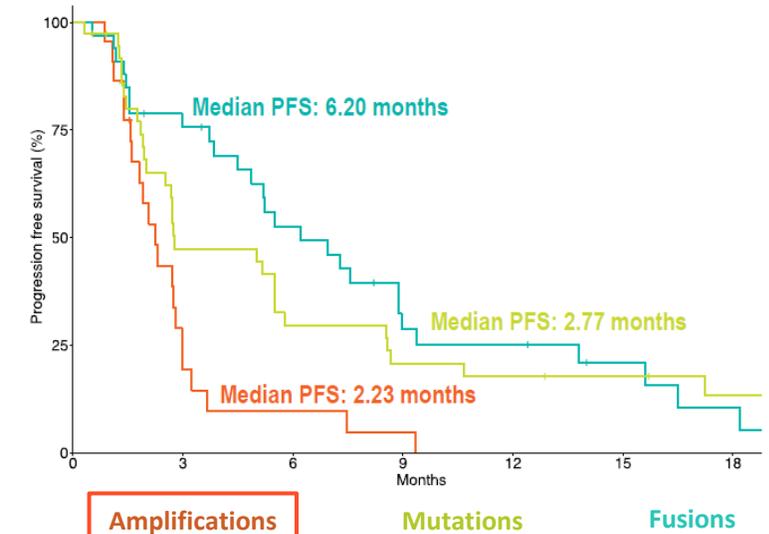
- **Oncogene amplification** is an oncogenic alteration where **extra copies (>2)** of a gene (e.g., *EGFR*) drive tumor growth or resistance
- Patients with oncogene amplifications have **worse survival** than other cancer patients
- Unlike other alterations, oncogene amplified tumors are generally **unresponsive to targeted therapies and immunotherapies**

**Survival of cancer patients, segmented by oncodriver status<sup>1</sup>**



Patients with primary or metastatic cancers with **amplifications, point mutations, skipping deletions or fusions** of these genes: *AR, ALK, ARAF, BRAF, CCND1, CDK4, CDK6, EGFR, ERBB2, FGFR1, FGFR2, FGFR3, FGFR4, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MAP2K4, MDM2, MET, MYC, NF1, NRAS, NTRK1, NTRK2, NTRK3, PDGFB, PDGFRA, PDGFRB, PIK3CA, RAF1, RET, ROS1*

**PFS of cancer patients with *FGFR* alterations treated with *FGFR* inhibitors**



Despite advancements in precision medicine, cancers with oncogene amplifications generally do not respond to targeted therapies

TARGETED THERAPY	TARGET	APPROVED	NO APPROVAL
	CDK4/6	HR+/HER2- breast cancer	
	EGFR	L858R NSCLC T790M NSCLC Exon 19 deletion NSCLC Exon 20 insertion NSCLC	
	FGFR	FGFR3 mutation bladder cancer FGFR2/3 fusion cholangiocarcinoma	

A new approach is needed to treat cancers driven by oncogene amplifications

## Improvements in cancer drugs drive increased rates of resistance via oncogene amplification

### Patients with ≥ 1 amplification at resistance

Indication	Previous-gen inhibitors	Next-gen inhibitors	References
EGFR-mutated non-small cell lung cancer (NSCLC)	erlotinib or gefitinib <b>15/145 (10%)</b>	osimertinib <b>24/109 (22%)</b>	Chmielecki et al., <i>Nat Comm</i> (2023)
ALK+ NSCLC	crizotinib <b>6/90 (7%)</b>	lorlatinib <b>9/31 (29%)</b>	Solomon et al., <i>JCO</i> (2024)
ROS1 fusion NSCLC	crizotinib <b>7/42 (17%)</b>	crizotinib → lorlatinib <b>8/28 (29%)</b>	Lin et al., <i>Clin Cancer Res</i> (2021)
KRAS <sup>G12C</sup> colorectal cancer (CRC)	adagrasib + cetuximab <b>13/34 (38%)</b>	divarasis + cetuximab <b>11/14 (79%)</b>	Desai et al., <i>Nat Med</i> (2023); Yaeger et al., <i>Canc Disc</i> (2024)
BRAF <sup>V600E</sup> CRC	chemo + cetuximab <b>0/94 (0%)</b>	encorafenib + binimetinib + cetuximab <b>22/112 (20%)</b>	Kopetz et al., <i>Nat Med</i> (2024)
Pancreatic ductal adenocarcinoma (PDAC)	adagrasib or sotorasib (in KRAS <sup>G12C</sup> ) <b>6/22 (27%)</b>	daraxonrasib <b>18/44 (41%)</b>	Dilly, et al., <i>Cancer Discovery</i> (2024); Aronchik, et al., <i>ANE poster</i> (2025)
<p>Additionally, emerging preclinical evidence and retrospective clinical studies indicate <b>ABC transporter</b> amplification/up-regulation may drive resistance to <b>chemotherapy</b> and <b>ADCs</b>, revealing a <b>new targetable resistance pathway</b>.</p>			<p>Bergonzini, et al., <i>J Exp Clin Cancer Res</i> (2024); Sledge, et al., <i>SABCS poster</i> (2024); <i>Boundless Bio unpublished data</i></p>

Despite advanced targeted therapies, **amplification-driven resistance** remains a challenge across many solid tumor indications



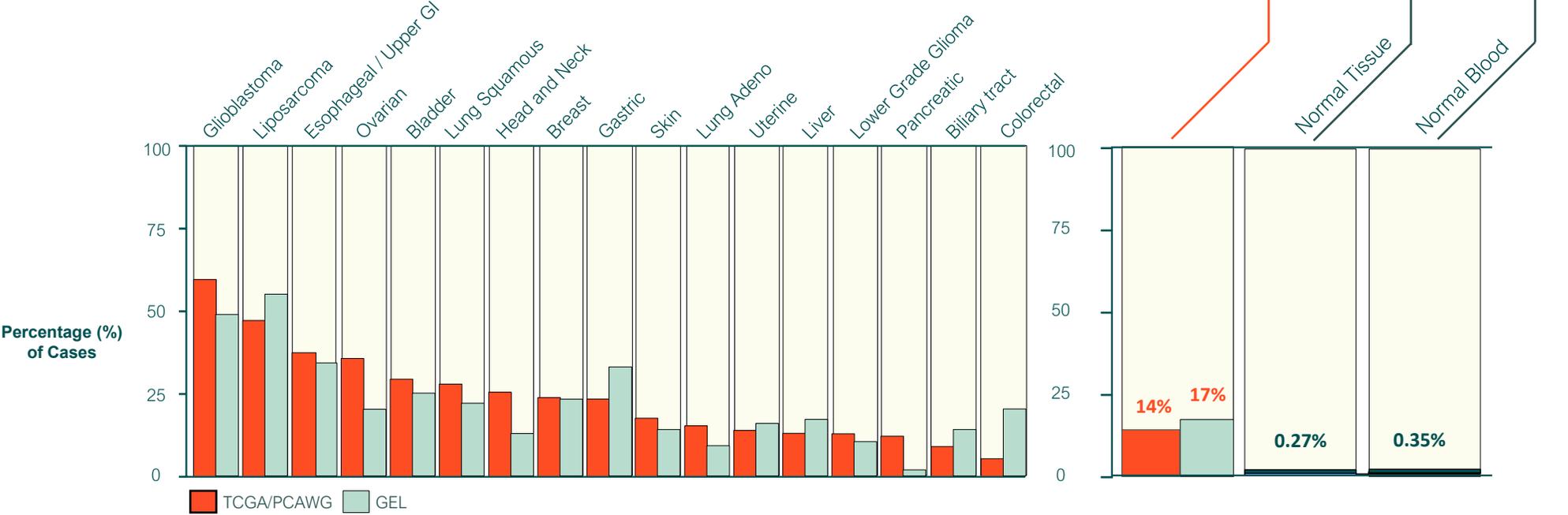
## ecDNA: a key driver of oncogene amplifications



# Multiple clinical datasets demonstrate that ecDNA are detected broadly across cancers

ecDNA are not found in normal tissue or blood

**ecDNA prevalence across tumor types; early-stage patients**



- ecDNA are present in **14-17% of cancer specimens at diagnosis, across multiple tumor types**
- ecDNA have **negligible presence in normal tissue or blood**

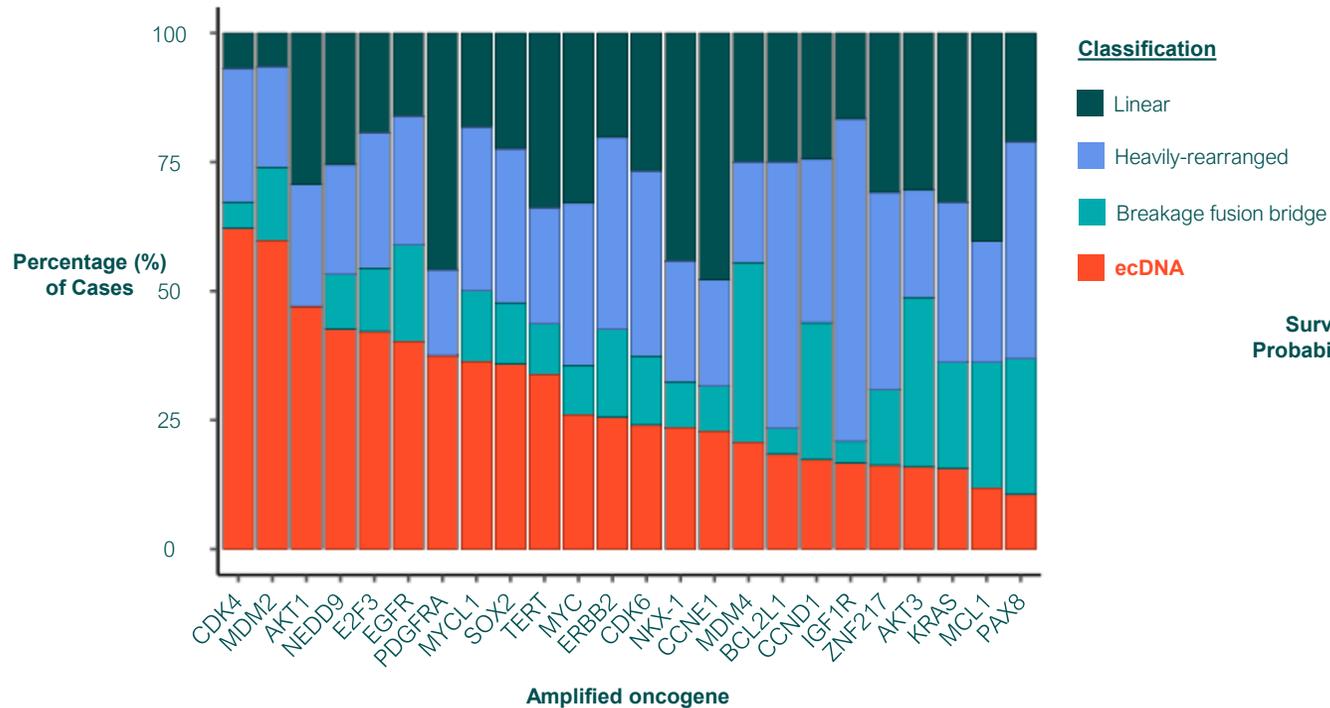
Analysis of WGS data from >3,000 tumor and matched normal samples TCGA and PCAWG; ~15,000 tumor samples from GEL

# Cancer's most common high copy number oncogene amplifications frequently occur on ecDNA; when they do, it is associated with worse survival

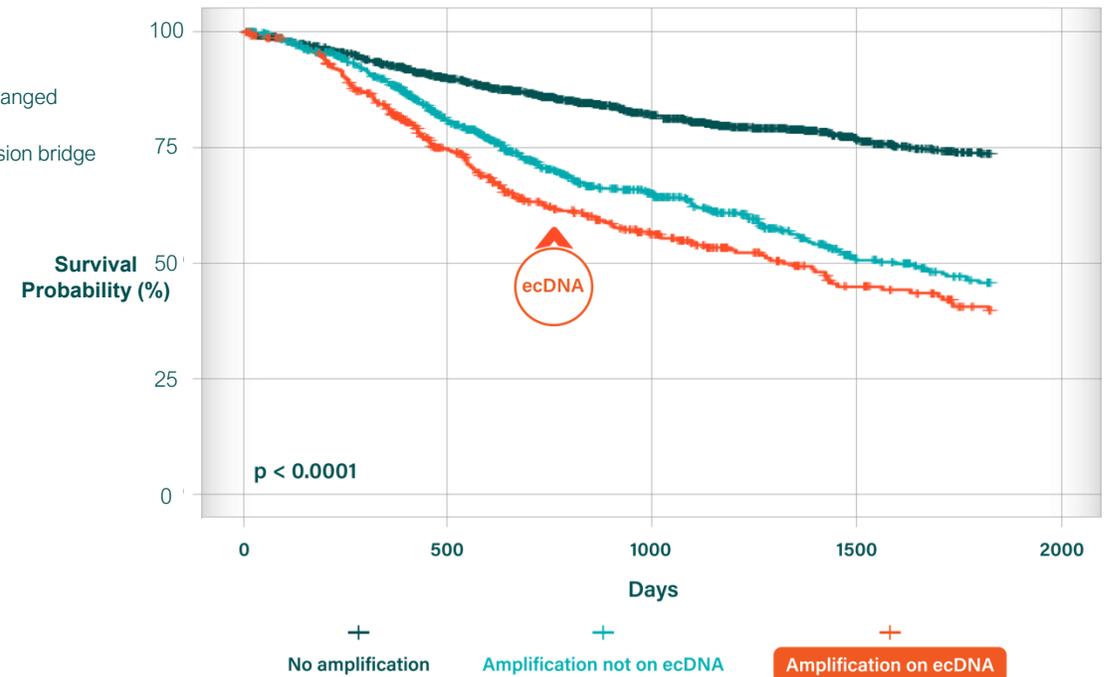
~54% of high-copy number oncogene amplifications are detected on ecDNA

Patients with oncogene amplification on ecDNA have **worse survival**

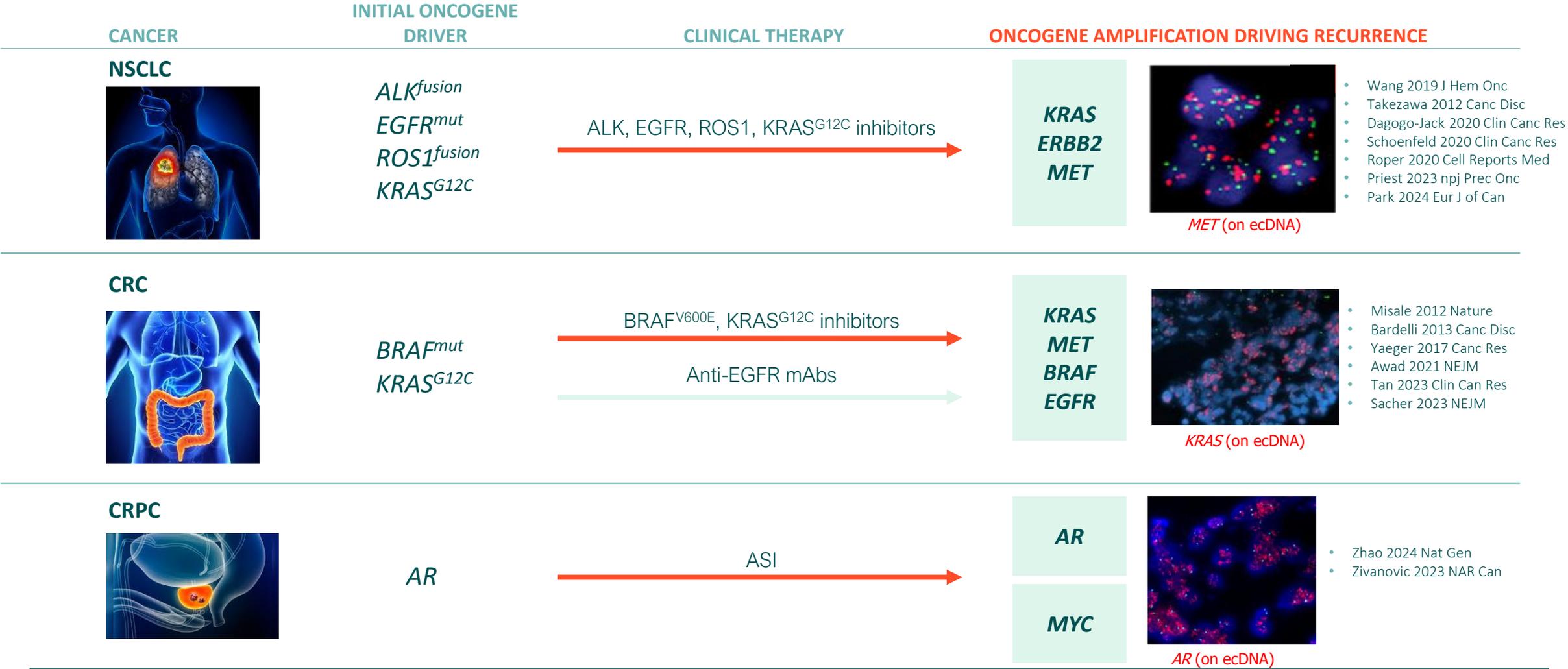
**Most frequently amplified oncogenes, segmented by amplification type**



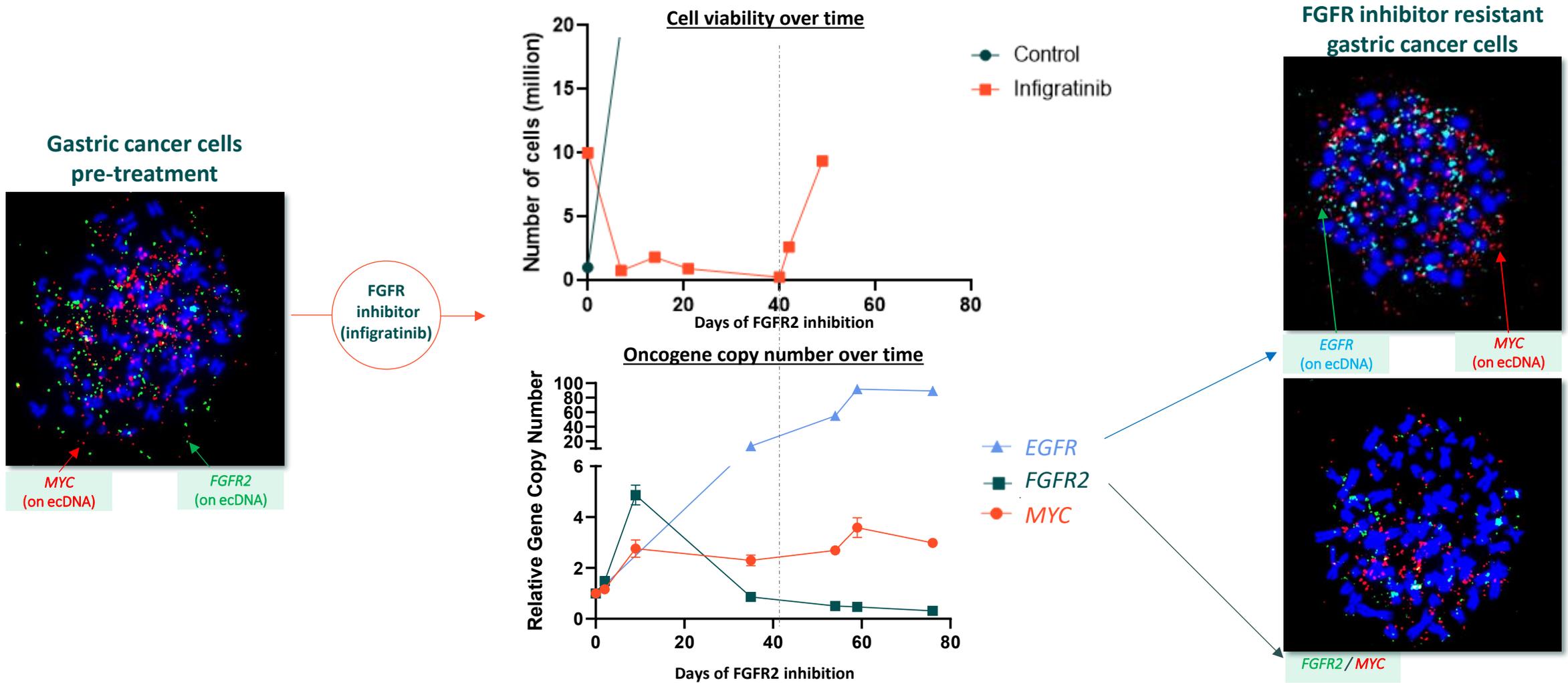
**Survival of cancer patients, segmented by gene amplification status**



# Oncogene amplifications on ecDNA are a frequent mechanism of clinical resistance to multiple therapeutic modalities



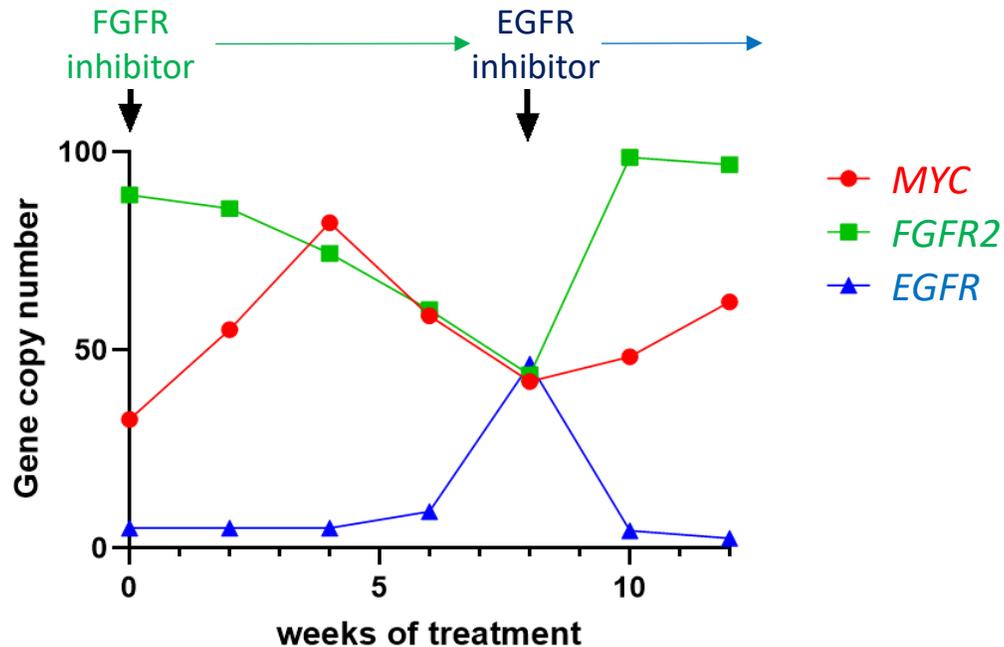
# ecDNA enable cancer cells to become resistant to therapies by rapidly adapting oncogene dependency



In these gastric cancer cells, ecDNA enable a rapid switch of oncogene dependency from *FGFR2* to *EGFR* under therapeutic pressure

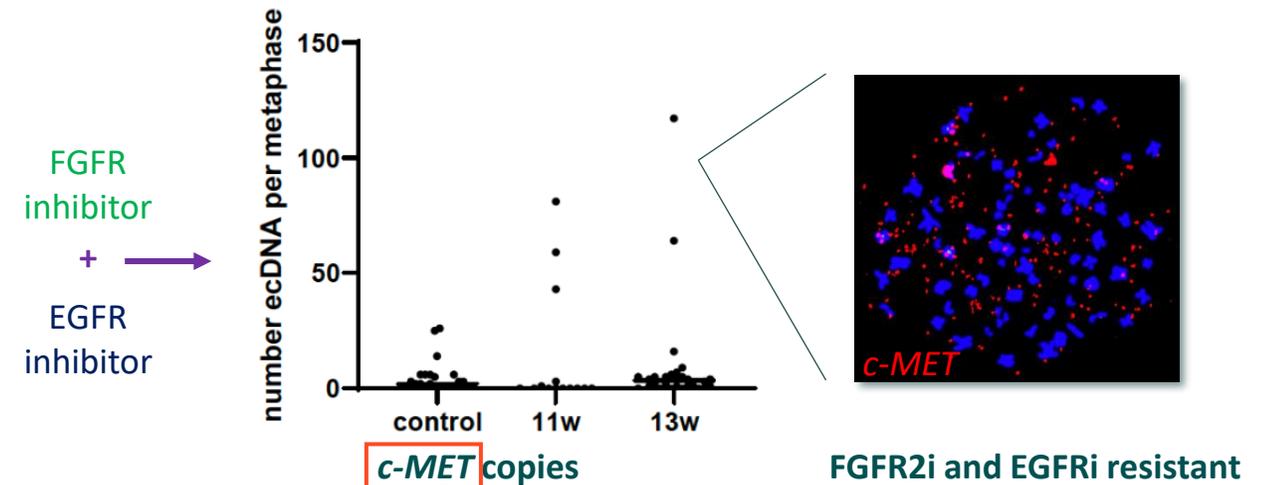
# Tumors employ ecDNA to rapidly enable new oncogenic drivers, even under combination target inhibition

Oncogene copy on ecDNA changes dynamically in response to *sequential targeted therapeutic pressure*



Inhibition of EGFR results in return of *FGFR2* => ecDNA amplification supports oncogenesis

New oncogene populations can arise on ecDNA in response to *combination targeted therapeutic pressure*



Simultaneous dual inhibition of FGFR2 and EGFR leads to ecDNA driven amplification of new oncogene (*c-MET*)

Targeting only the oncogenes amplified on ecDNA is a futile therapeutic approach due to ecDNA-enabled process of continuous and rapid oncogene dependency switching

# Driving a new treatment paradigm by targeting ecDNA pathways that enable tumor evolution and resistance

## Traditional Targeted Therapy:

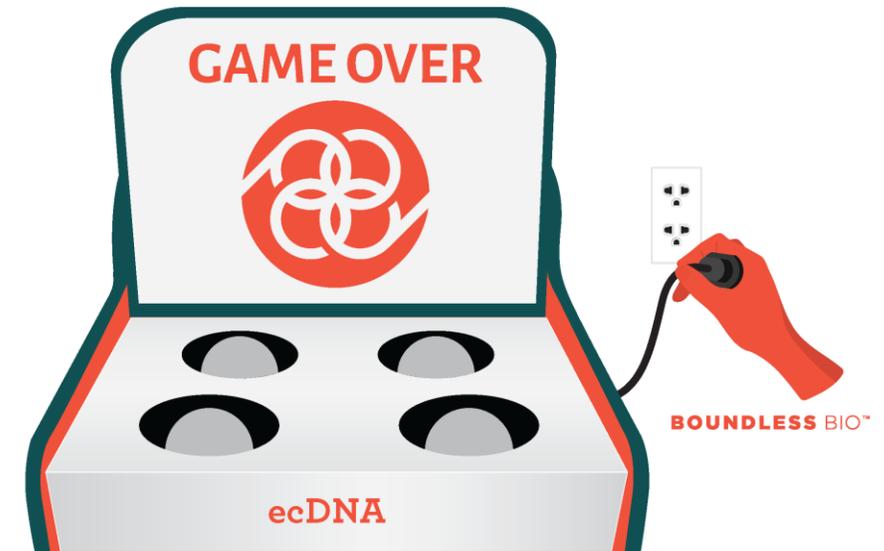
Develop targeted inhibitors against activated oncodriver targets, but cells typically develop **resistance**



Applying traditional targeted therapy approach to ecDNA enabled cancers is clinical 'Whac-a-Mole'

## Next Generation Precision Oncology:

Exploit underlying vulnerabilities in **ecDNA-driven cells** to drug targets essential for ecDNA functionality in cancer



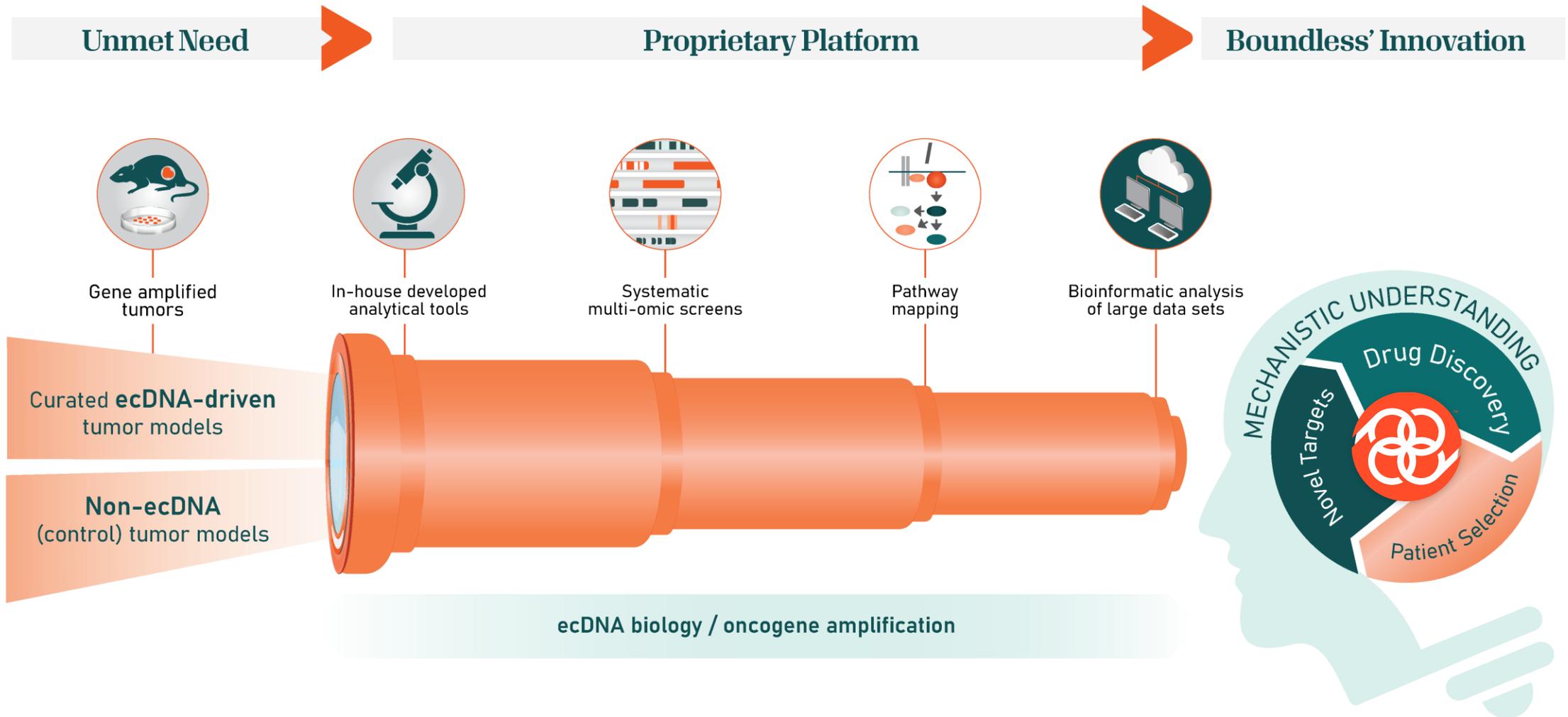
Disable ecDNA plasticity and/or function



- Replication & transcription
- Assembly & repair
- Segregation

# Spyglass: unique platform that interrogates ecDNA biology to identify synthetic lethal targets in cancer

Proprietary target and drug discovery engine



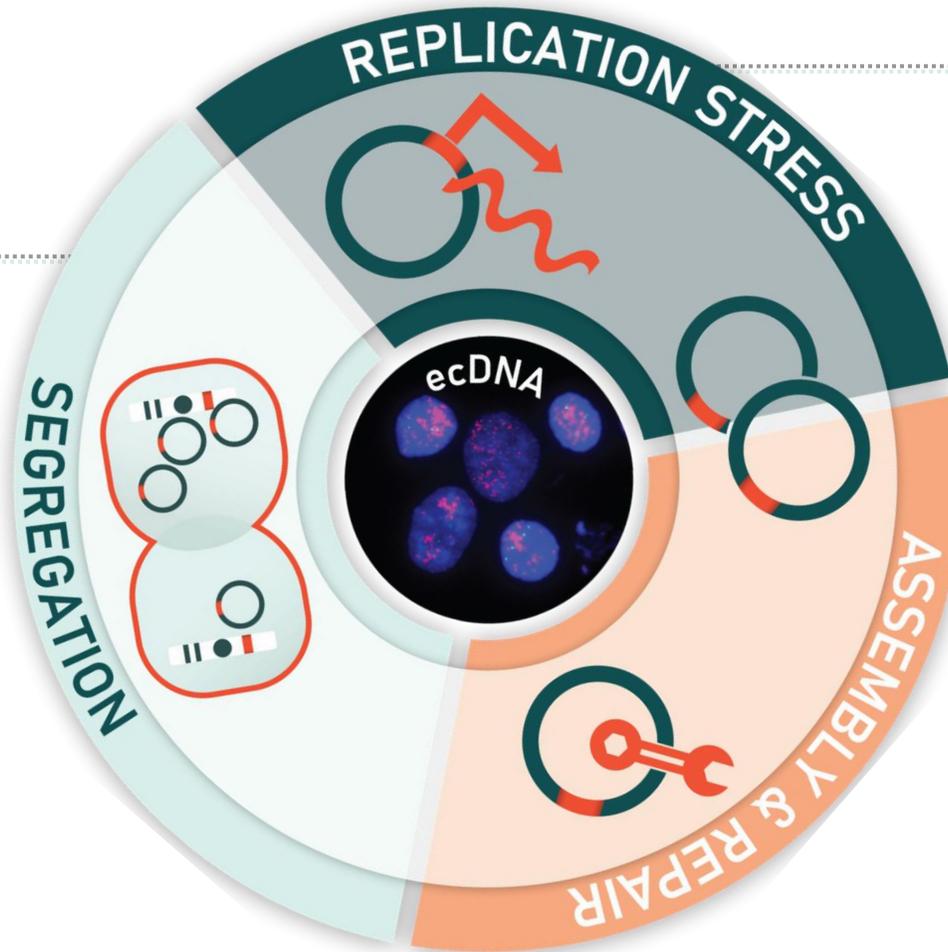
# Spyglass reveals cancer targets, both novel and validated, that intersect distinct nodes of ecDNA lifecycle

## Kinesin

### BBI-940 (Phase 1 clinical)

Novel, oral, selective degrader of Kinesin

Kinesin is a target involved in segregation of DNA and critical for ecDNA segregation



## CHK1

### BBI-355

Novel, oral, selective inhibitor of CHK1  
CHK1 is master regulator of replication stress, including that induced by ecDNA

## RNR

### BBI-825

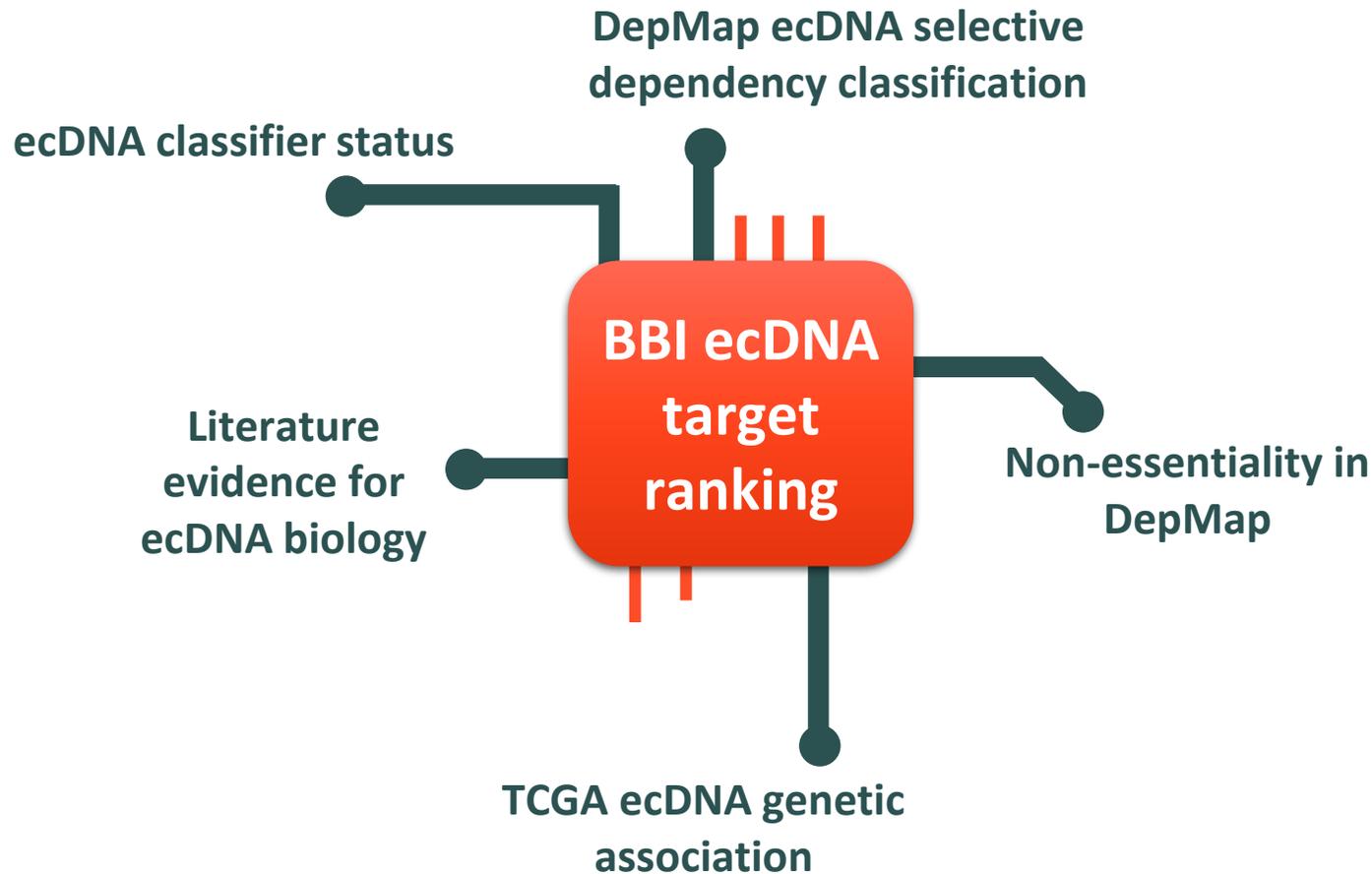
Novel, oral, selective inhibitor of RNR  
RNR is a rate-limiting enzyme for *de novo* synthesis of dNTPs, the raw materials of DNA, including ecDNA



## **BBI-940: novel Kinesin oral degrader**

*Targets DNA segregation in cancer*

# Spyglass screening identified Kinesin as an ecDNA-associated target



**BBI ecDNA target ranking**  
Heuristic scoring method combining internal data sets with large public resources identifying genes and pathways critical for ecDNA-high cancer lines

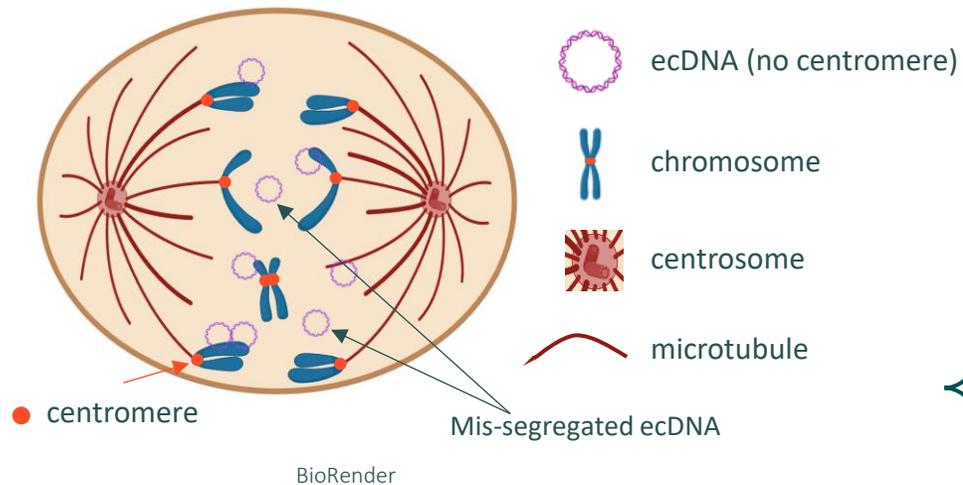
**Pathway Enrichment Analysis**

**Kinesin**  
RRM1, RRM2

*Revealed specific pathways strongly associated with ecDNA dependency*

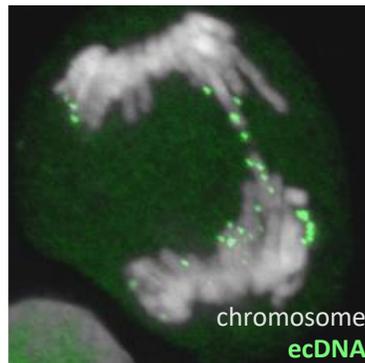
*Novel kinesin target and RNR validated as ecDNA targets*

## Kinesin regulates DNA segregation and the viability of ecDNA dependent cells



- Chromosome segregation is primarily dependent on interactions between the mitotic spindle microtubules and the centromere
- ecDNA lack centromeres and likely rely on distinct mitotic machinery for proper segregation and ‘chromosomal hitchhiking’
- Spyglass has revealed a kinesin (“Kinesin”) that is non-essential for chromosome segregation in healthy cells, but is essential for proper ecDNA segregation and inheritance in cancer cells
- Genetic knockdown or degradation of “Kinesin” reduced ecDNA and showed synthetic lethality and robust anti-tumor activity in chromosomally unstable (CIN) and ecDNA-enabled cancer models
- We are unaware of any other efforts to drug Kinesin

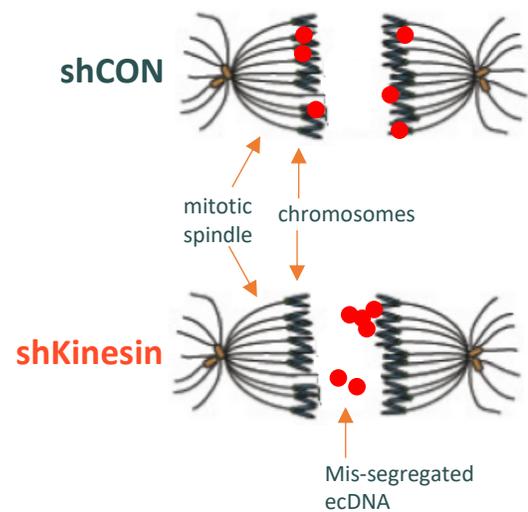
*ecDNA ‘hitchhikes’  
with chromosomes  
during mitosis*



Oobatake and Shimizu, Genes Chrom Canc 2019

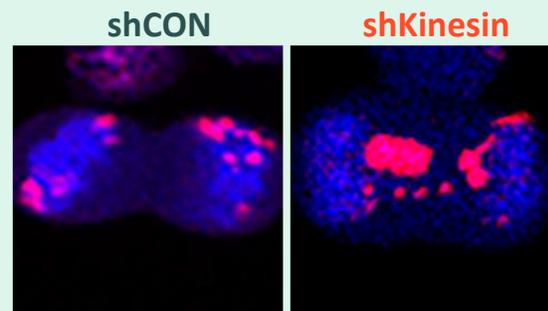
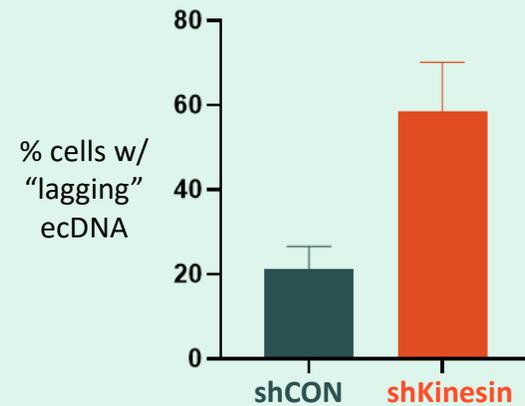
# Genetic knockdown of Kinesin resulted in mis-segregation of ecDNA during mitosis and reduced cellular ecDNA levels over time

## Model for Kinesin inhibition



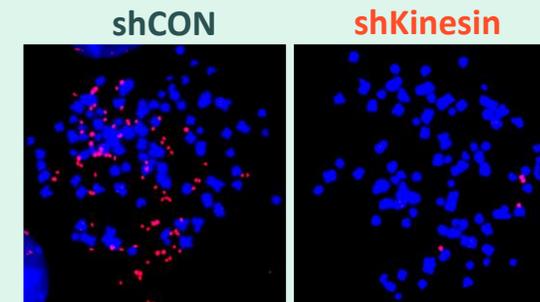
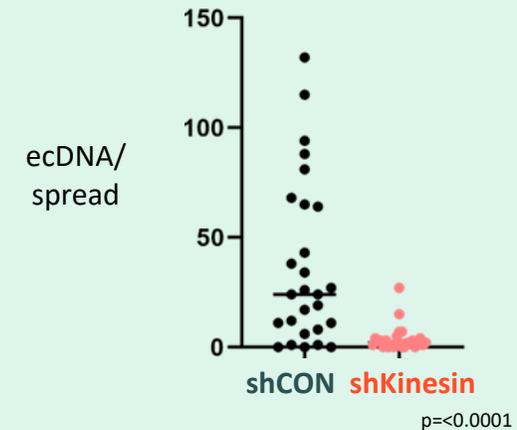
Kinesin hypothesized to interact with both ecDNA and chromosomes, independently of centromeres, to align DNA at the metaphase plate and promote segregation during mitosis

## ecDNA displayed a “lagging” phenotype during mitosis in the absence of Kinesin



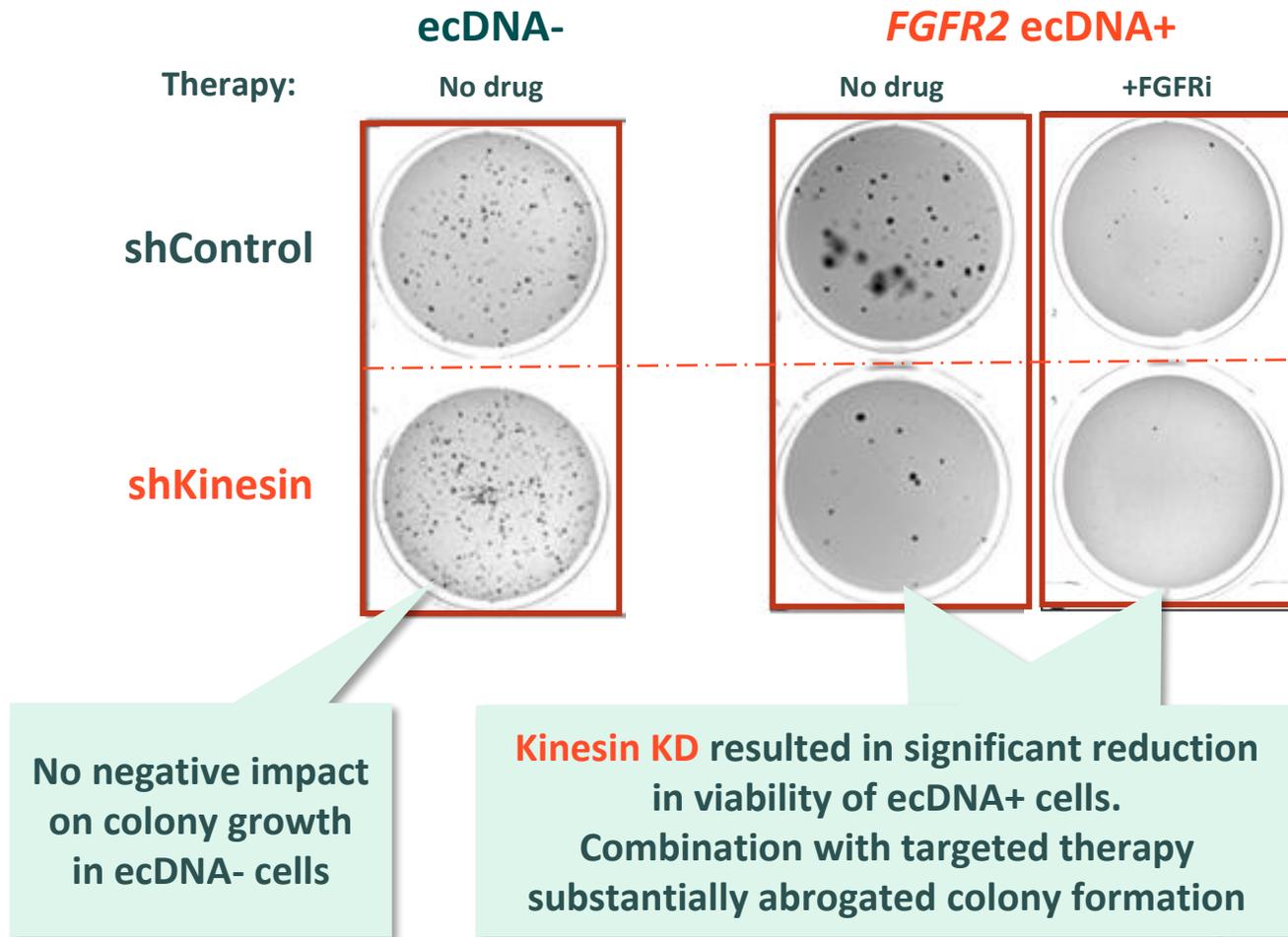
DNA / ecDNA

## Knock down of kinesin led to reduced levels of ecDNA in cancer cells

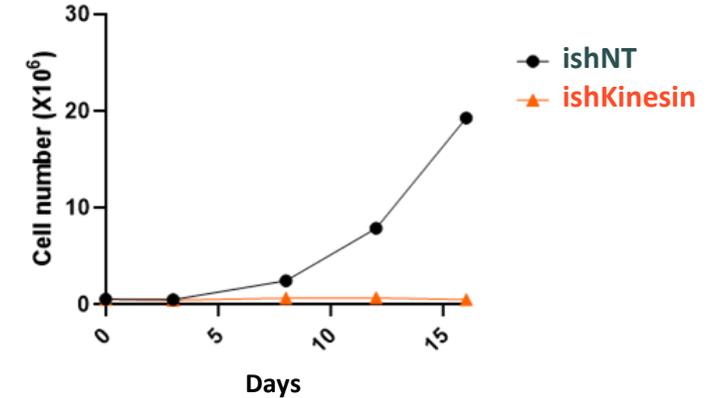


DNA / ecDNA

# Genetic inactivation of Kinesin resulted in significant anti-proliferation of oncogene amplified tumor cell lines



### Anti-tumor activity in MYCN amplified cancer cell line



Genetic inhibition resulted in antiproliferation and cytotoxicity in multiple cancer cell lines

Boundless identified a Kinesin inhibitor scaffold via high-throughput screens of >1M compounds  
Extensive medicinal chemistry effort optimized potent, cell-active, heterobifunctional degraders

HTS/HTL

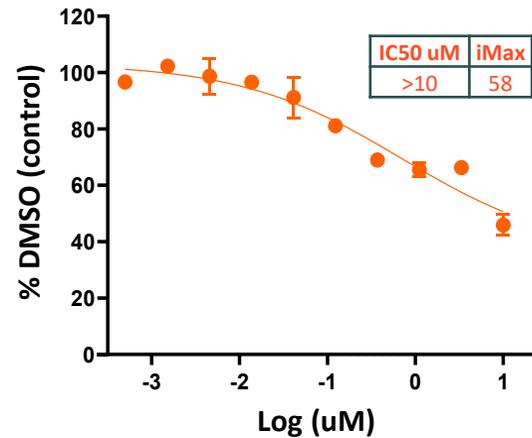
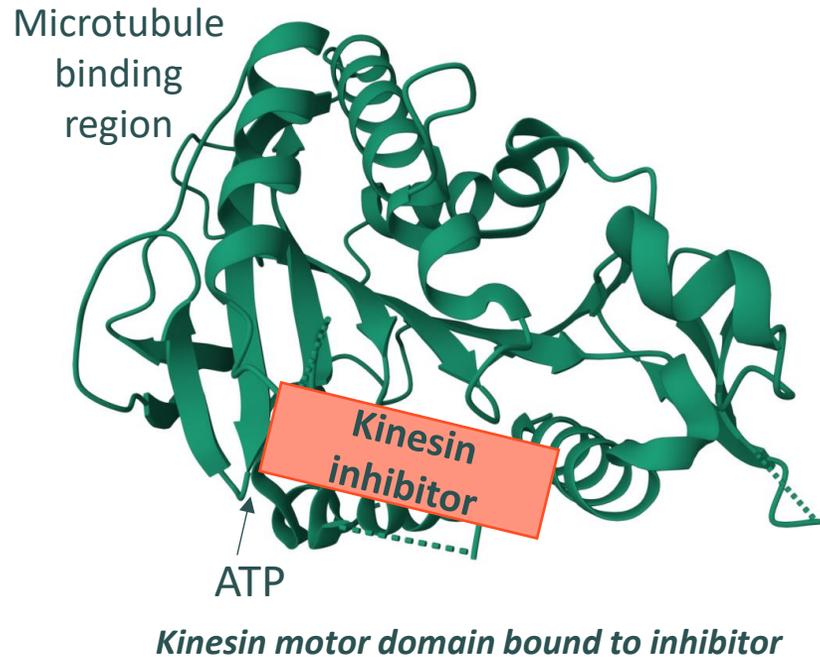
uM biochemical inhibitor series

Inhibitor/ligand SAR

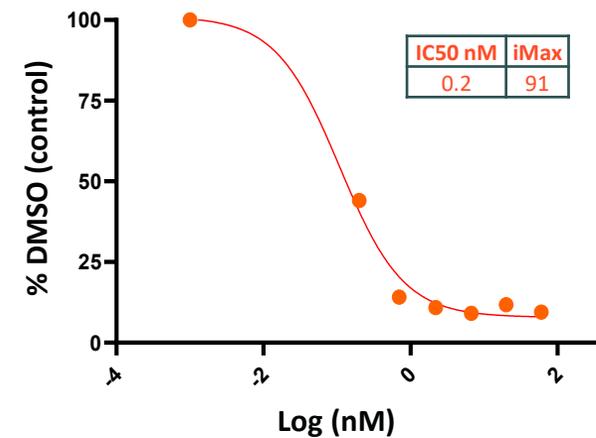
- nM inhibitors
- Selective motor domain binding
- Weak cellular activity

Degrader optimization

- nM heterobifunctional degraders
- Robust cellular and *in vivo* activity



*Potent inhibitors*

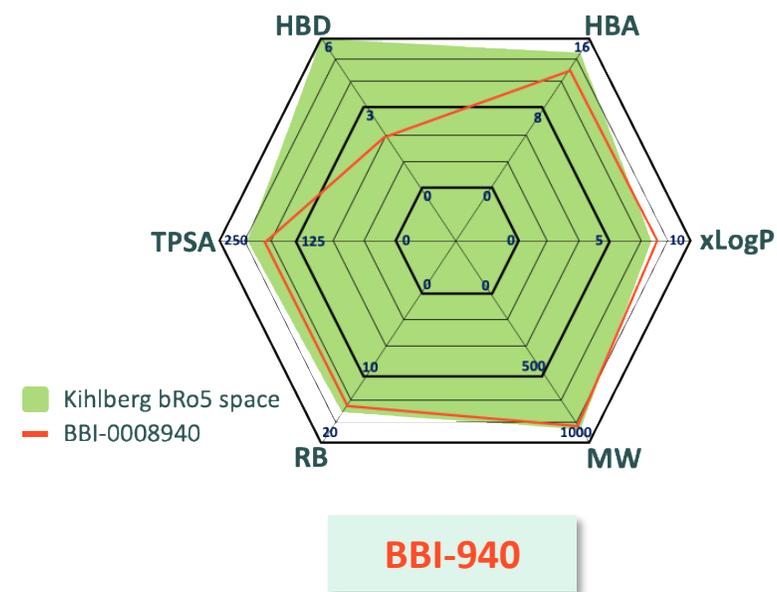


*Potent degraders*

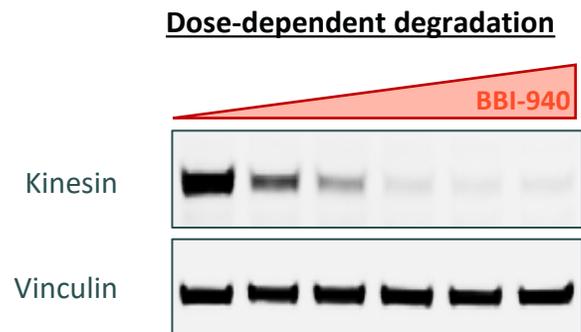
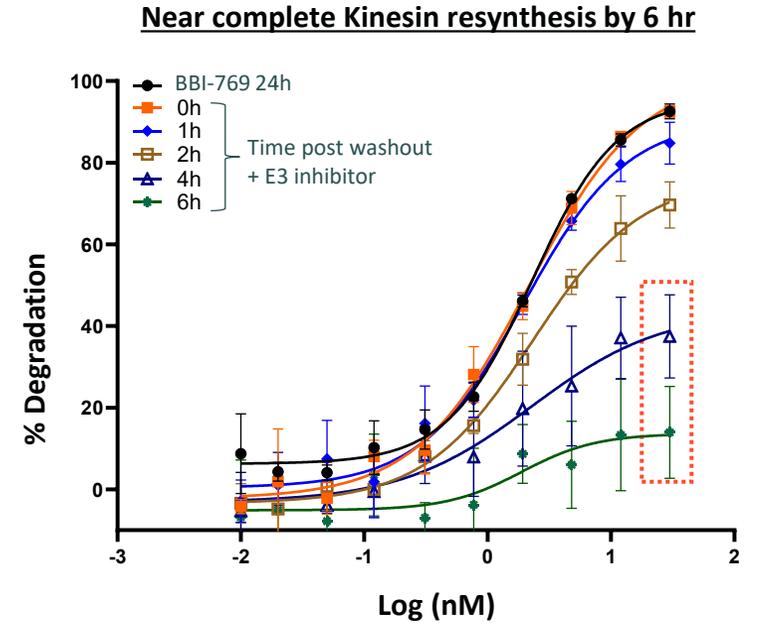
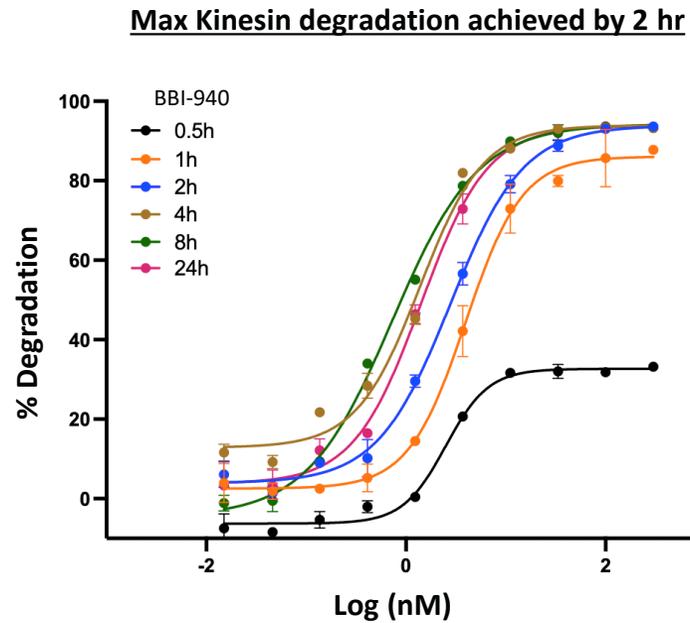
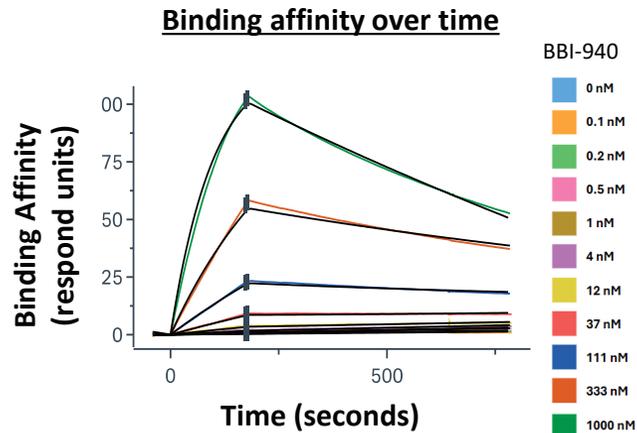
## BBI-940 achieves Boundless's target product profile (TPP) for novel Kinesin oral degrader

Product Preclinical Property	TPP	BBI-940
Route of administration PO bioavailability (mouse/rat/dog)	Oral >20%	✓
<i>In vitro</i> potency (HiBit DC <sub>50</sub> /DC <sub>90</sub> , Dmax%)	<10nM/<100nM, >90%	✓
CYPi	>1uM	✓
hERG	>1000x over target	✓
Kinesin Selectivity/CEREP panel/proteomics	>100x/>100x/clean	✓
PD Response ( <i>in vivo</i> % degradation)	>80%	✓
Efficacy	>70% TGI single agent	✓

Oral Druggable Space beyond Lipinski's Rule of Five\*



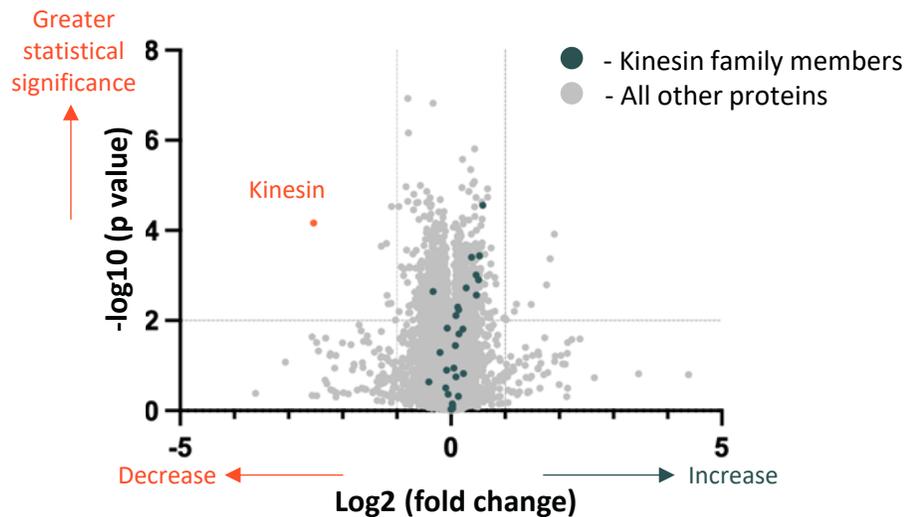
# BBI-940 demonstrated strong binding, potent inhibition, and remarkable degradation of Kinesin target, with favorable kinetics



Fast kinetic degradation of Kinesin supports sufficient target coverage to overcome resynthesis rates of the protein

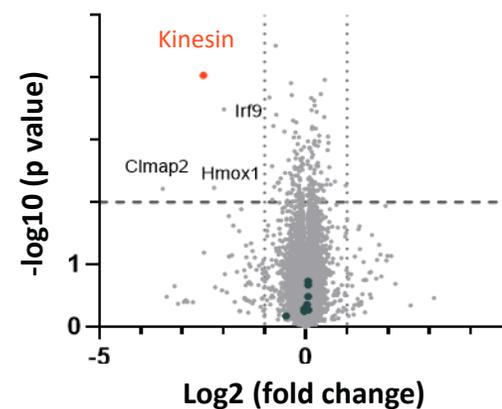
# BBI-940 degraded cellular Kinesin with exquisite selectivity over other kinesins and cellular targets

**Differentially expressed proteins after treatment with BBI-940  
(100 nM following 8 hrs in CAL51 cells)**

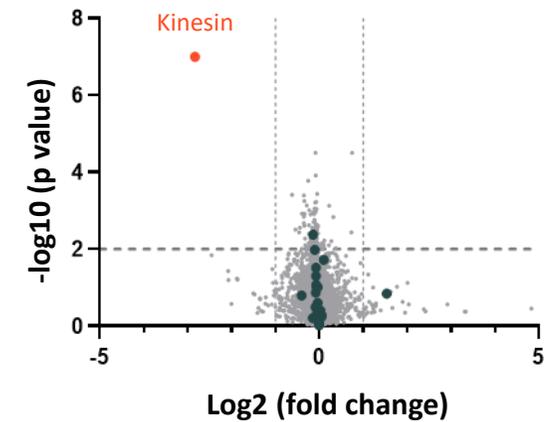


- BBI-940 elicited rapid and selective degradation of only Kinesin in human breast cancer cell line
- BBI-940 demonstrated selectivity against broad receptor target panel
- BBI-940 displayed selective biochemical inhibition over all other kinesin family members, including KIF18A
- Proteomics in rat and dog cells demonstrated selective degradation and suitability as toxicology species

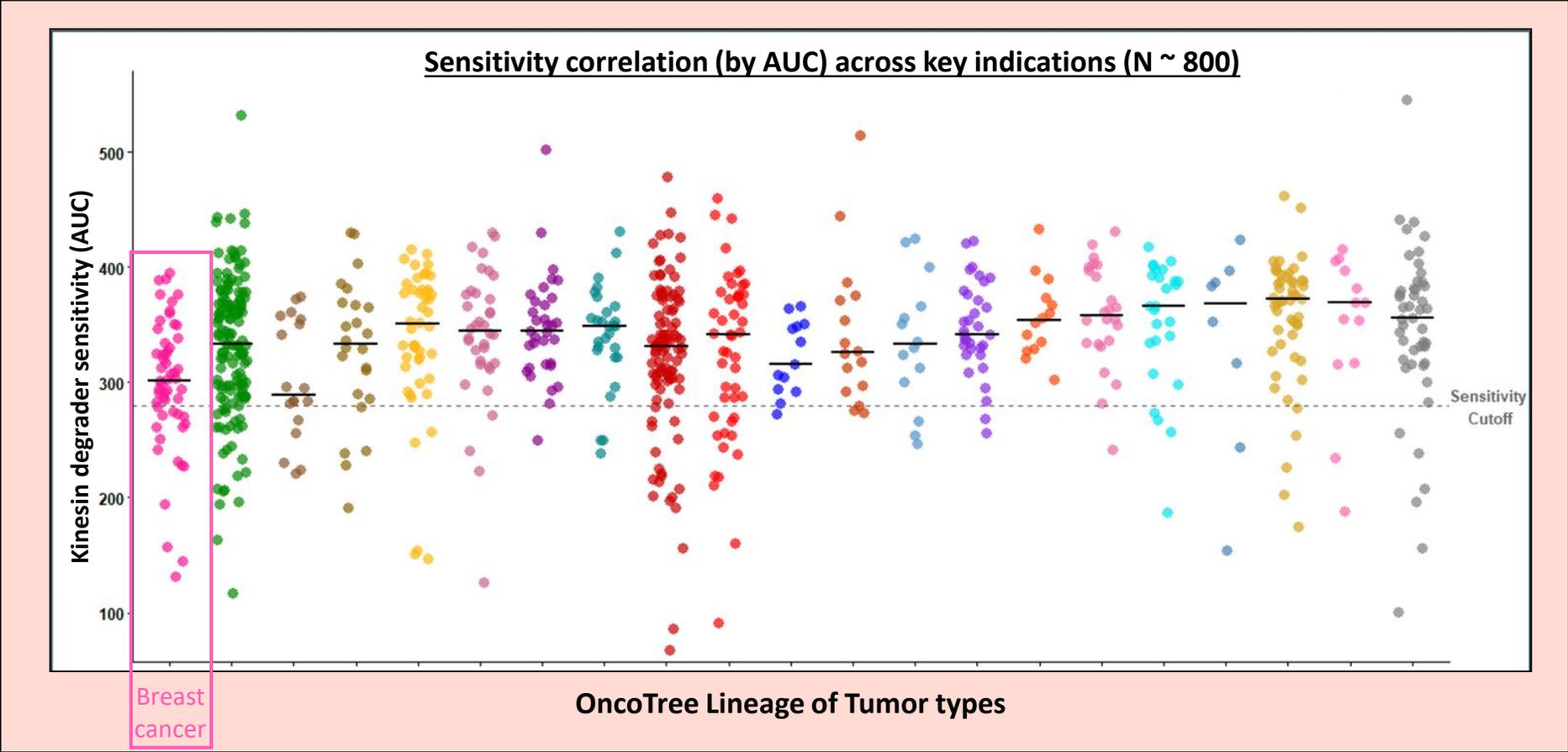
**Rat model**



**Dog model**

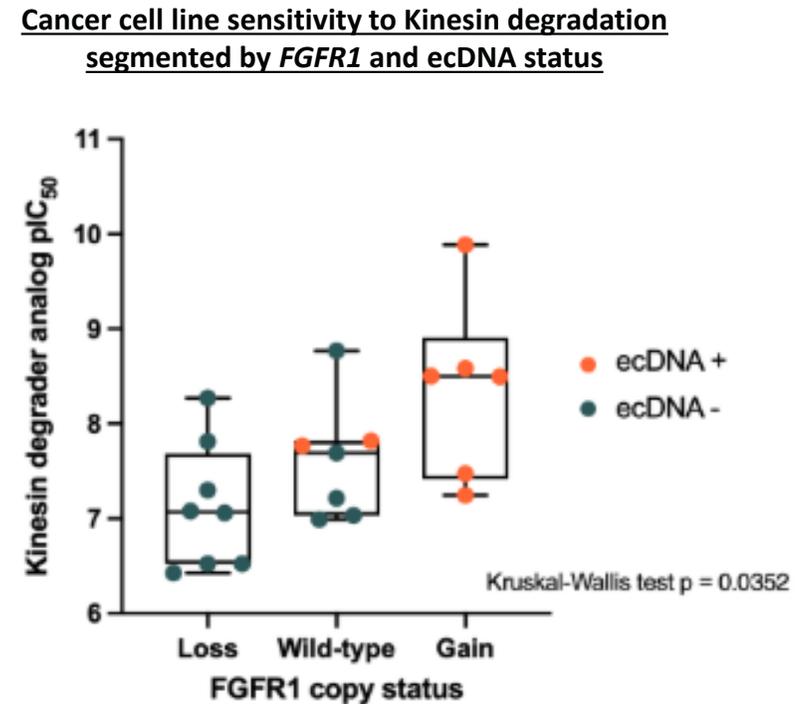
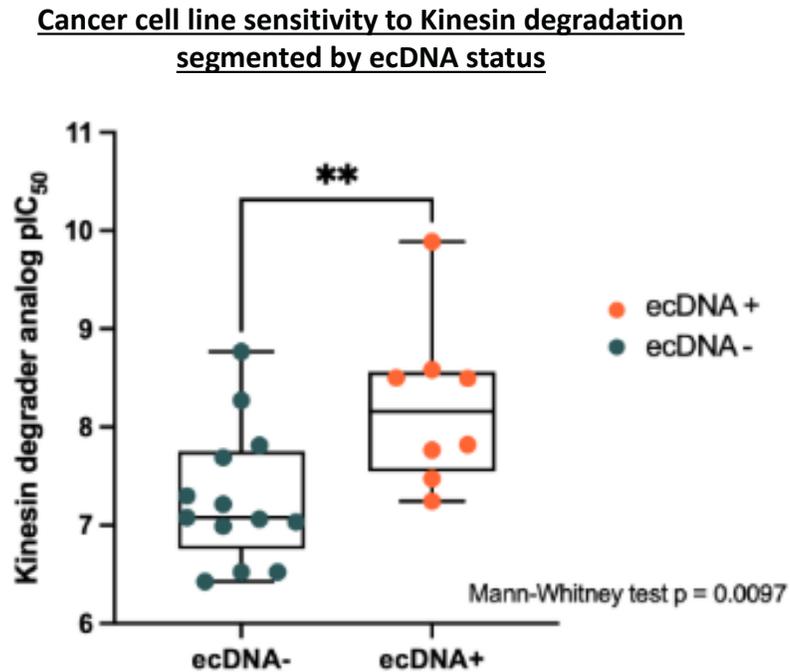


Cancer cell line screen identified multiple tumor types with high sensitivity to Kinesin degradation, including breast cancer



~15% of cell lines sensitive to Kinesin degradation

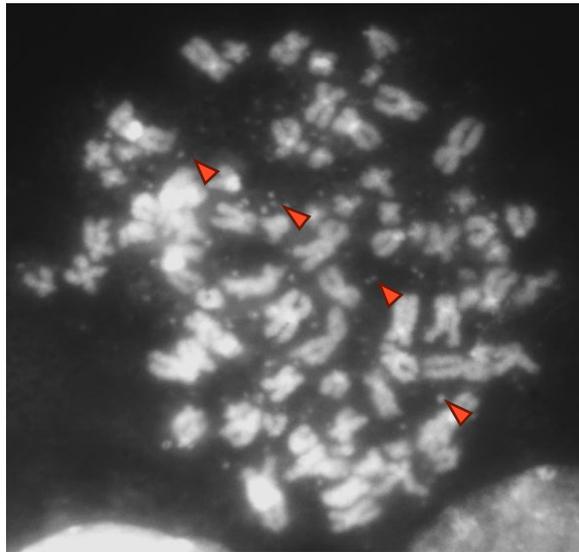
## *In vitro* sensitivity to Kinesin degradation in breast cancer cell lines is correlated with ecDNA status



- Breast cancer cell lines were profiled for sensitivity to Kinesin degraders
- ecDNA status was determined by DAPI staining of metaphase spreads
- ecDNA+ and *FGFR1* copy gain cell lines are correlated with higher sensitivity

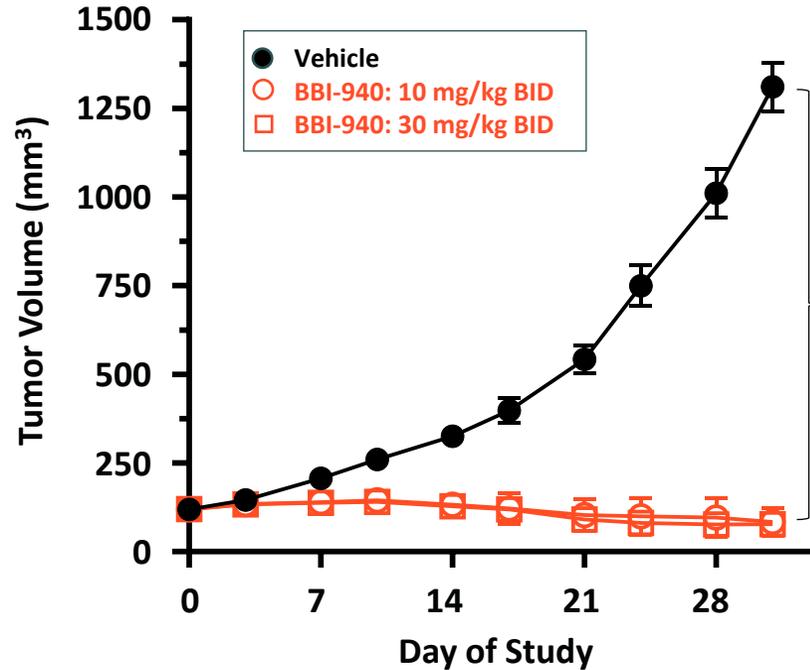
# BBI-940 induced tumor regressions as a single agent in breast cancer CDX *in vivo* model

DNA staining of metaphase spread



▲ Referring to ecDNA

Tumor volume over time in TNBC-LAR CDX

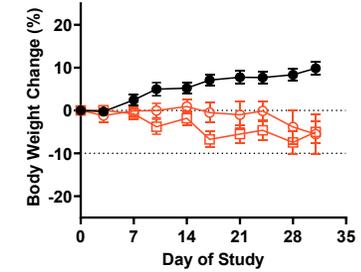


\*\*\*\*

Significance by ordinary one-way ANOVA with Tukey's multiple comparisons tests, \*\*\*\* P<0.0001

30% regression (10 mg/kg)  
35% regression (30 mg/kg)

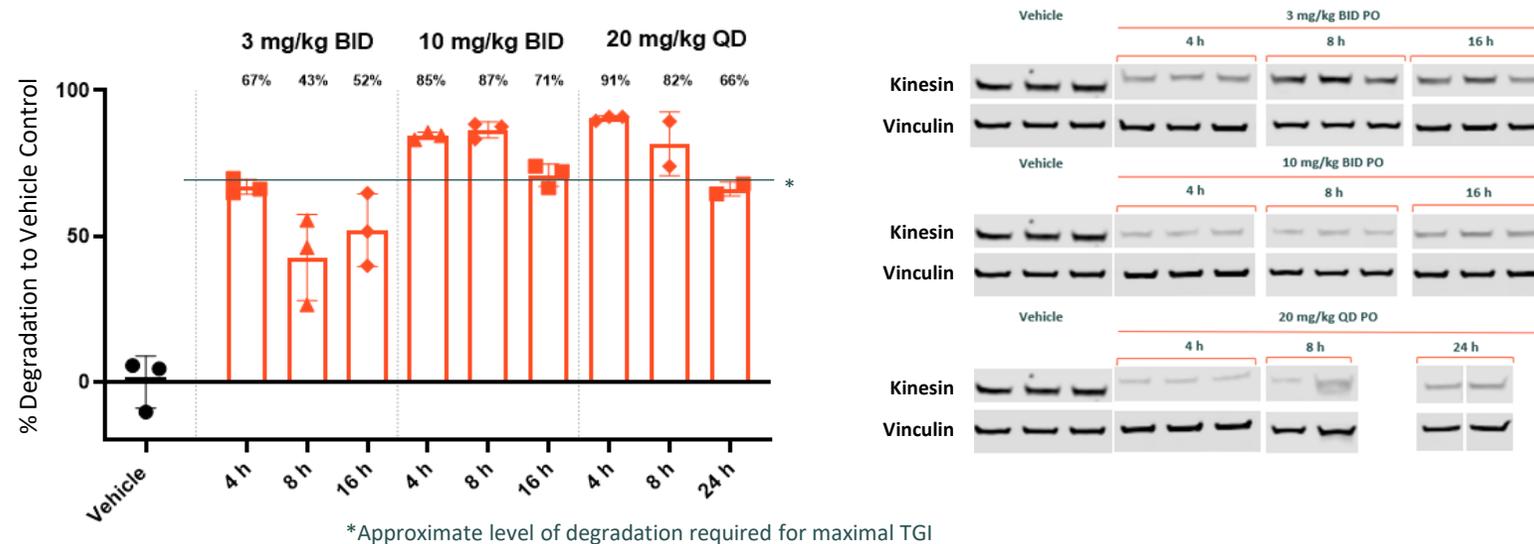
Body weight over time



- Monotherapy regression demonstrated with oral administration in a gene amplified ecDNA+ breast cancer model
- BBI-940 demonstrated sustained regressions at both doses tested
- BBI-940 generally well tolerated (body weight loss <10%)

# Steady state PK/PD of BBI-940 traced with anti-tumor activity in tumor bearing mice

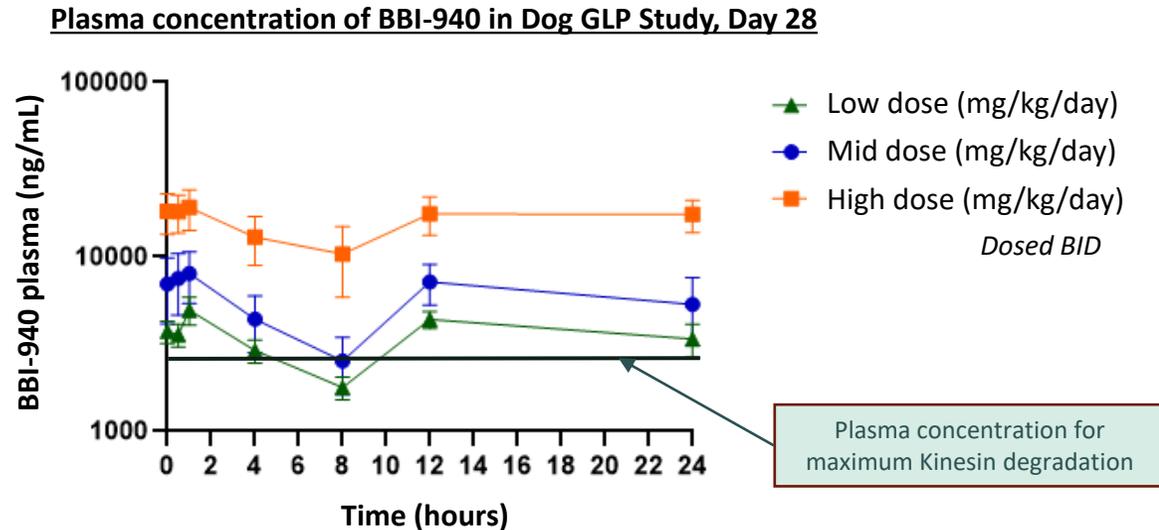
**Kinesin degradation at BBI-940 doses vs. time**



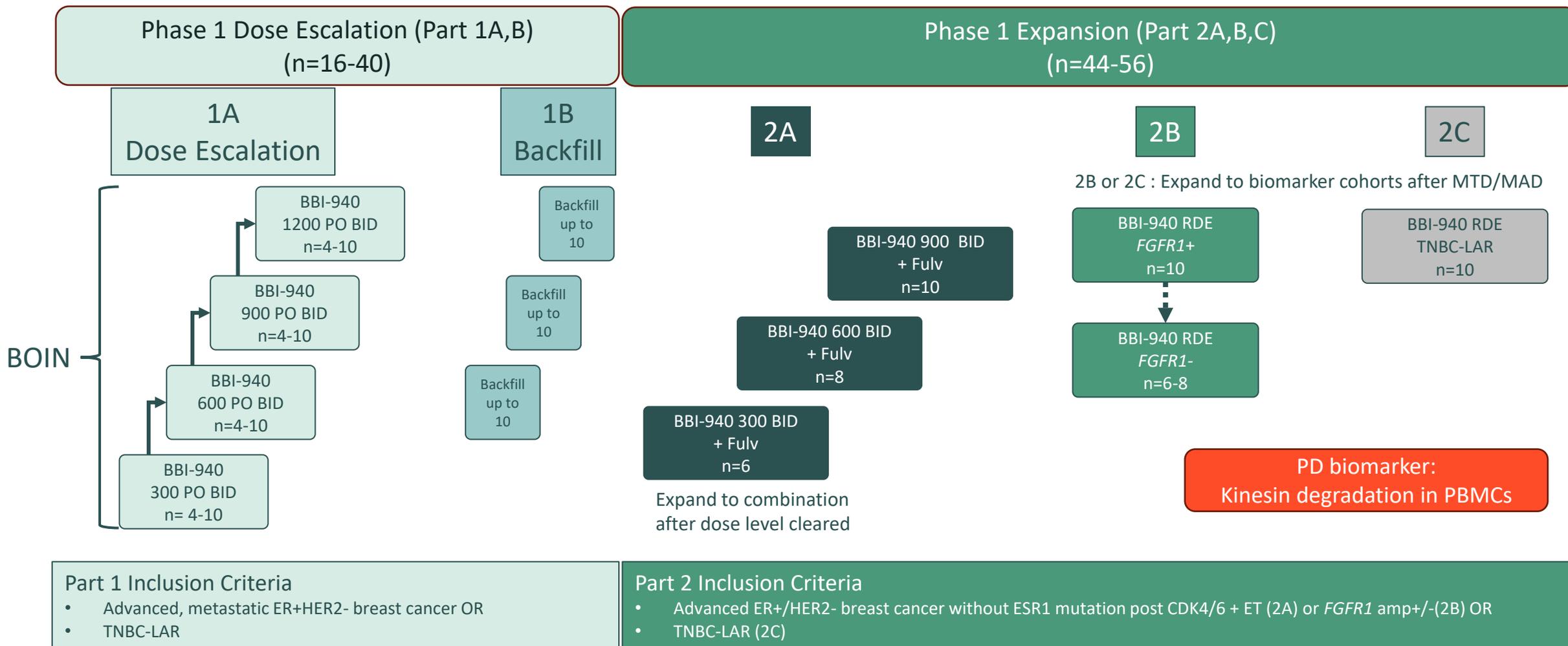
- Orally administered BBI-940 displayed dose-proportional exposure in plasma and tumor
- 10 mg/kg BID results in >70% target degradation over the dosing interval

## BBI-940 was well tolerated in 28-day GLP-toxicity and toxicokinetic studies in rat and dog

- No deaths
- No dose-related findings in:
  - Body weight or food consumption
  - Cage-side observations or clinical exams
  - Gross necropsy (no lesions)
  - Ophthalmic exams
- Safety pharmacology: no changes in ophthalmology or CNS (FOB)
- Histopathology: no concerning findings
- Toxicokinetics: covers or exceeds efficacious exposure in mouse CDX models



# First-in-human, phase 1 study of BBI-940 in metastatic breast cancer Kinesin Oral Molecular Degradator for Oncology (KOMODO-1)



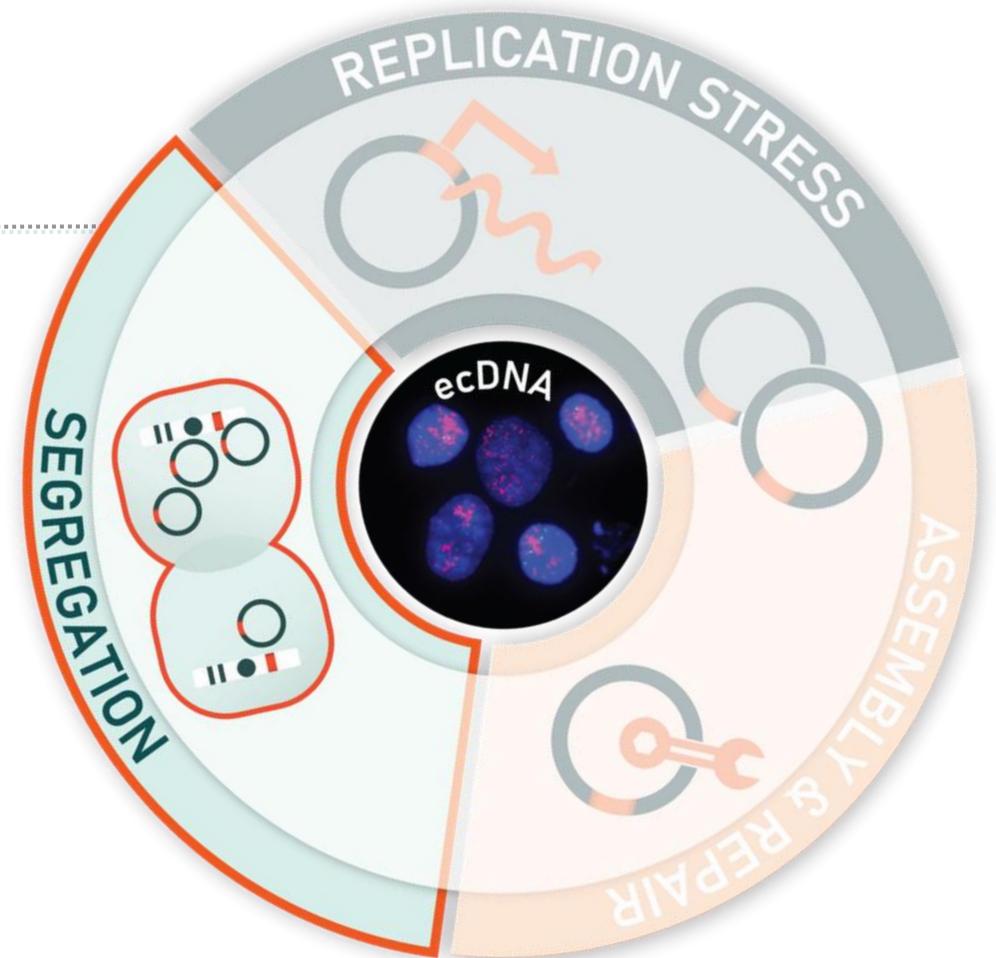
NCT07408089

## BBI-940 summary: first-in-class Kinesin degrader advancing in the clinic

### Novel Kinesin

#### BBI-940 (Phase 1 clinical)

- Potentially **first-in-class, oral, selective** Kinesin degrader
- Kinesin is a novel cancer target **essential for ecDNA segregation** but **non-essential** for normal chromosome segregation
- *In vitro* cytotoxicity and *in vivo* anti-tumor activity established in oncogene amplified cancer models, including **tumor regressions** in breast cancer models
- **FIH KOMODO-1 Phase 1 clinical trial underway**
- **No evidence of competitor programs globally**





**Boundless Bio: leading a new area of cancer biology  
and targeting a large unmet need**

# Boundless has identified additional novel ecDNA targets for ecDTx discovery efforts

## CHK1

### BBI-355

Novel, oral, selective inhibitor of CHK1  
CHK1 is master regulator of replication stress, including that induced by ecDNA

### Target D: epigenetic regulator

Stage: Hit to Lead  
Selective molecular glue degrader

### New discovery targets:

#### Target A: ubiquitin enzyme

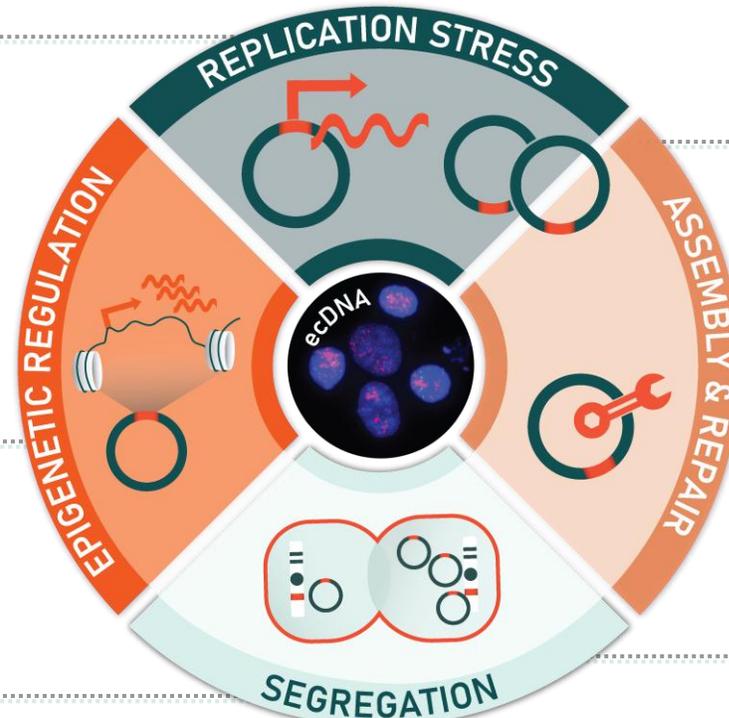
Stage: Hit Identification

#### Target B: Kinesin interactor

Stage: Assay Development

#### Target C: ATPase

Stage: Target Validation



## RNR

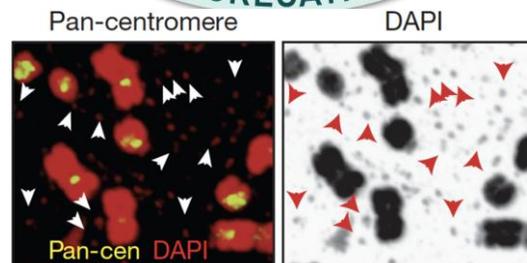
### BBI-825

Novel, oral, selective inhibitor of RNR  
RNR is a rate-limiting enzyme for *de novo* synthesis of dNTPs, the raw materials of DNA, including ecDNA

## Kinesin

### BBI-940 (Phase 1 clinical)

Novel, oral, selective degrader of Kinesin  
Kinesin is a target involved in segregation of DNA and critical for ecDNA segregation



Exploit non-centromeric ecDNA segregation pathways and chromosomal instability

# Boundless Bio is leading a compelling and differentiated approach to address oncogene amplified cancers

## Dedicated to Oncogene Amplified Cancers by Targeting Unique Cancer Biology

- **Oncogene amplifications:** one of cancer’s highest unmet medical needs; expansive addressable market
- **ecDNA:** a root cause of amplification; Boundless Bio’s unique lens into differentiated cancer biology
- **Spyglass:** ecDNA-focused platform to identify synthetic lethal targets in oncogene amplified / CIN cancer
- **ecDTx:** potentially first-in-class therapeutic programs (wholly-owned)

## Fortress Position, Well-Funded, Track Record

- Founded by world’s leading ecDNA experts
- Experienced team: track record of precision oncology drug approvals, multi-\$B M&A
- Approximately \$108M in cash and equivalents\*, expected to provide cash runway into 2H28

## Highly-Differentiated Value Drivers

ecDTx	Target	Intervention Node	Anticipated Milestones
<b>BBI-940</b>	Kinesin	DNA Segregation	KOMODO-1 clinical trial initiated in Q1:26 Initial clinical POC expected within existing cash runway

# Boundless Bio: a breakthrough biotech company leading the next wave of innovation in cancer treatment

## CANCER TREATMENT BREAKTHROUGHS



1940s  
CHEMOTHERAPY



1990-2000s  
TARGETED THERAPY



2010s  
IMMUNOTHERAPY



2020s-2030s  
ecDNA-DIRECTED THERAPIES (ecDTx)



Each prior wave of therapeutic innovation has been  
unable to address a critical population:

PATIENTS WITH ONCOGENE AMPLIFIED CANCERS



**BOUNDLESS** BIO

*Unbound by convention, bound to save lives*

[www.boundlessbio.com](http://www.boundlessbio.com)

 @BoundlessBio

## Bibliography of recent reviews and publications covering ecDNA—active hyperlinks

2025	Paul Mischel, Howard Chang	<a href="#">Nature: Genetic elements promote retention of extrachromosomal DNA in cancer cells</a>
2025	Lillian Siu	<a href="#">NEJM: Extrachromosomal DNA – Amping Up Cancer</a>
2024	Paul Mischel, Howard Chang	<a href="#">Nature: Enhancing transcription-replication conflict targets ecDNA-positive cancers</a>
2024	Howard Chang, Paul Mischel, Charles Swanton	<a href="#">Nature: Origins and impact of extrachromosomal DNA</a>
2024	Ben Cravatt, Paul Mischel, Howard Chang	<a href="#">Nature: Coordinated inheritance of extrachromosomal DNAs in cancer cells</a>
2024	Vineet Bafna, Roel Verhaak	<a href="#">Nature Genetics: Mapping extrachromosomal DNA amplifications during cancer progression</a>
2024	Paul Mischel, Howard Chang	<a href="#">Nature Reviews Cancer: Extrachromosomal DNA in cancer</a>
2023	Paul Mischel, Vineet Bafna, Howard Chang, Roel Verhaak	<a href="#">Nature: Extrachromosomal DNA in the cancerous transformation of Barrett’s oesophagus</a>
2022	Vineet Bafna, Paul Mischel	<a href="#">Annual Reviews: Extrachromosomal DNA in Cancer</a>
2022	Paul Mischel, Howard Chang	<a href="#">Nature Structural and Molecular Biology: Gene regulation on extrachromosomal DNA</a>
2022	Rene Medema (Netherlands Cancer Inst.)	<a href="#">Chromosoma: Life of double minutes: generation, maintenance, and elimination</a>
2022	Vineet Bafna, Howard Chang, Paul Mischel	<a href="#">Annual Reviews: Extrachromosomal DNA: An Emerging Hallmark in Human Cancer</a>
2020	Anton Hensen, Howard Chang, Paul Mischel, Vineet Bafna	<a href="#">Nature Genetics: Extrachromosomal DNA is associated with oncogene amplification and poor outcome across multiple cancers</a>
2020	Paul Mischel, Charles Swanton (Crick Inst.)	<a href="#">Annals of Oncology: Extrachromosomal DNA—relieving heredity constraints, accelerating tumour evolution</a>
2020	Christopher Ott (Mass Gen)	<a href="#">Cancer Cell: Circles with a Point: New Insights into Oncogenic Extrachromosomal DNA</a>
2019	Roel Verhaak, Vineet Bafna, Paul Mischel	<a href="#">Nature Reviews: Extrachromosomal oncogene amplification in tumour pathogenesis and evolution</a>

