CORPORATE PRESENTATION

Leading the Next Era of Precision Medicine

March 5, 2026

FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. The words "believe," "may," "should," "will," "estimate," "promise," "plan," "continue," "anticipate," "intend," "expect," "potential," "vision" and similar expressions (including the negative thereof) are intended to identify forward-looking statements. Such statements include, but are not limited to, statements regarding the future operations, financial results and financial condition of Kura Oncology, Inc. ("Kura," "Kura Oncology," "we," "us" or "our"); our research, preclinical and clinical development activities; plans and projected timelines for ziftomenib, darlifarnib and preclinical assets; the expected timing and presentation of results and data from clinical trials; expectations regarding the therapeutic and commercial potential of KOMZIFTI™ and our product candidates; expectations regarding regulatory approvals; anticipated cash runway and expectations regarding our collaboration with Kyowa Kirin. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Factors that contribute to the uncertain nature of the forward-looking statements include: risks associated with market competition, market acceptance and commercialization of KOMZIFTI; risks associated with the conduct of preclinical studies and clinical trials; the potential for the U.S. Food and Drug Administration ("FDA") to disagree with our interpretation of the data from clinical trials of our product candidates, to require us to conduct additional clinical trials or to require us to modify our ongoing clinical trials; potential delays in the commencement, enrollment, completion or analysis of clinical testing for our product candidates, or in the reporting of data from such clinical testing, or significant issues regarding the adequacy of our clinical trial designs or the execution of our clinical trials, which could result in increased costs and delays, or limit our ability to obtain regulatory approval; the risk that our product candidates may not receive regulatory approval; the potential for KOMZIFTI or our product candidates to have unexpected adverse side effects; the risk that we may not be able to obtain additional financing and the risk that our collaboration with Kyowa Kirin may not be successful. Additional risks and uncertainties may emerge from time to time, and it is not possible for Kura's management to predict all risk factors and uncertainties.

All forward-looking statements contained in this presentation speak only as of the date on which they were made. Other risks and uncertainties affecting us are described more fully in our filings with the Securities and Exchange Commission ("SEC"). We undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

This presentation may also contain statistical, preclinical and clinical data obtained from and prepared by third parties. The recipient is cautioned not to give undue weight to such disclosures. Neither Kura nor any other person makes any representation as to the accuracy or completeness of such data or undertakes any obligation to update such data after the date of this presentation.

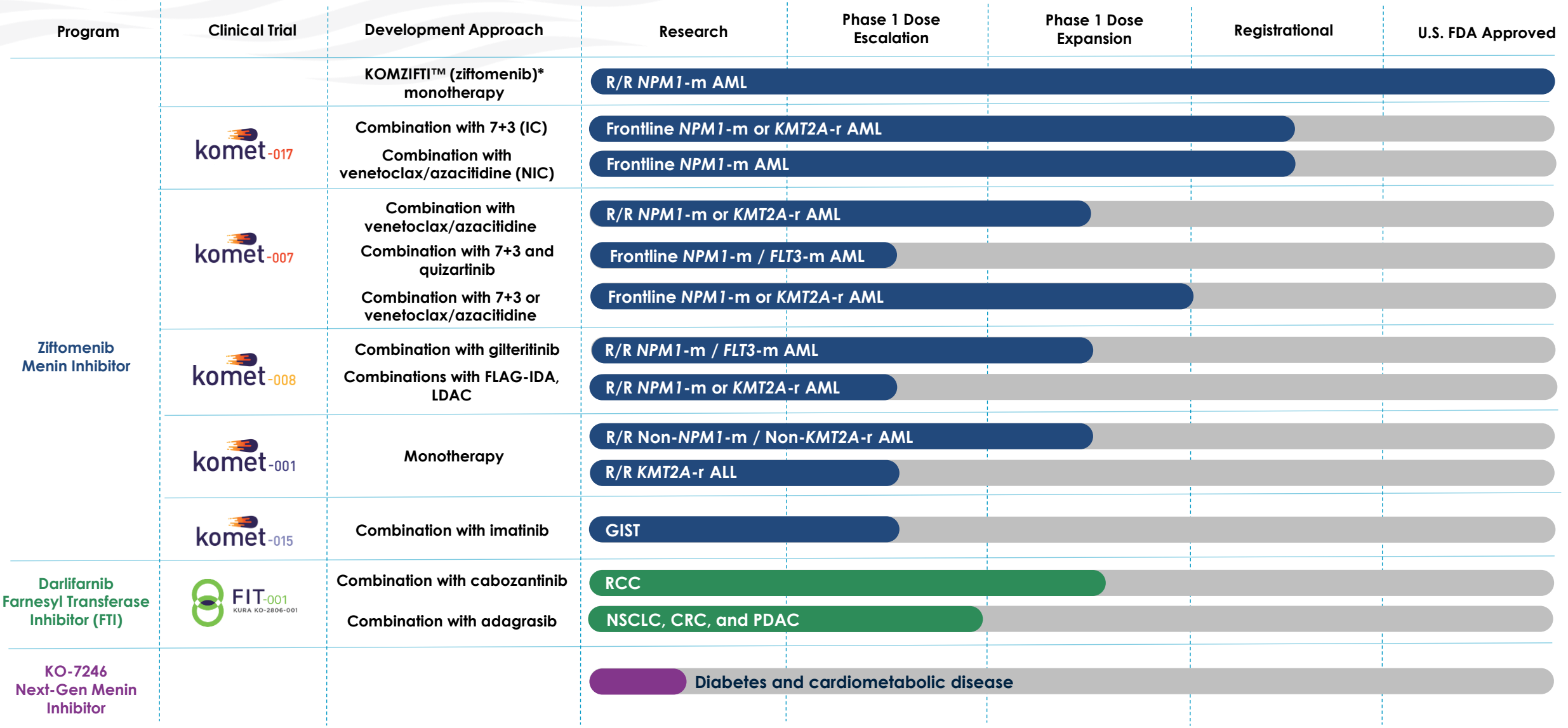
DEDICATED TO REALIZING THE PROMISE OF PRECISION MEDICINES TO HELP PATIENTS WITH CANCER LEAD BETTER, LONGER LIVES

- Commercial-stage precision oncology company
- KOMZIFTI™ (ziftomenib) approved for treatment of adult patients with R/R *NPM1-m* AML
- Comprehensive ziftomenib clinical development strategy designed to address up to 50% of AML patients, representing a ~$7 billion U.S. total addressable market
- Cancer is best treated via combinations[1]: our novel agents integrate with and enhance existing therapies to overcome treatment gaps and improve patient outcomes
- Deep pipeline of potentially transformative therapies, positioning company for long-term, sustainable growth
- NASDAQ: KURA

R/R, relapsed/refractory; -m, mutated; AML, acute myeloid leukemia

1. Gilad Y, Gellerman G, Lonard DM, O'Malley BW. Drug Combination in Cancer Treatment-From Cocktails to Conjugated Combinations. Cancers (Basel). 2021 Feb 7;13(4):669.

ADVANCING A DIVERSIFIED PIPELINE



* KOMZIFTI (ziftomenib) was approved by the U.S. Food and Drug Administration for the treatment of adult patients with relapsed or refractory (R/R) acute myeloid leukemia (AML) with a susceptible *NPM1* mutation who have no satisfactory alternative treatment options.
-m, mutant; -r, rearranged; 7+3, 7 days of cytarabine + 3 days of daunorubicin; ALL, acute lymphoblastic leukemia; GIST, gastrointestinal stromal tumors; RCC, renal cell carcinoma; NSCLC, non-small cell lung cancer; CRC, colorectal cancer; PDAC, pancreatic ductal adenocarcinoma; IC, intensive chemotherapy; NIC, non-intensive chemotherapy; FLAG-IDA, fludarabine, high-dose cytarabine (Ara-C), granulocyte-colony stimulating factor (G-CSF) and idarubicin; LDAC, Low-dose cytarabine

The investigational agents and investigational uses of marketed products identified above have not been approved by the U.S. Food and Drug Administration (FDA). Safety and efficacy have not been established.
Progress bars indicate the stage of development based on ongoing or completed activities. A partial bar indicates a phase in progress; a full bar indicates completion of a phase. Bars do not represent scale, duration, or likelihood of success.

2026: BUILDING A FOUNDATION FOR CONTINUED LONG-TERM GROWTH

2026 PRIORITIES

- Execute KOMZIFTI launch to establish market leadership in R/R *NPM1*-m AML
- Drive comprehensive data generation strategy in combination and 1L AML Ph 3 study execution
- Confirm POC of darlifarnib (TORC1 inhibition) combination in RCC and other solid tumors
- Advance additional preclinical assets to expand portfolio

2030+ VISION

- **Establish KOMZIFTI as standard of care in menin-driven AML**
- **Achieve multiple product approvals in major disease areas**
- **Expand commercial franchise beyond AML**
  - ***Darlifarnib in RCC, NET, and RAS- and PI3K-driven solid tumors***
  - ***Ziftomenib + imatinib in GIST***
- **Realize multi-billion-dollar revenue potential; retain key strategic rights**

RCC, renal cell carcinoma; NET, neuroendocrine tumor

2026 ZIFTOMENIB PRIORITIES

ESTABLISH >> Commercial Leadership

- Establish clear differentiation in the menin inhibitor class
- Deliver strong **quarter-over-quarter growth** in revenue and adoption
- Achieve **leading class share** in R/R *NPM1*-m AML setting

EXECUTE >> Frontline Franchise

- Drive toward **first-to-market in 1L AML** through enrollment of KOMET-017 trials
- Present **updated data** on ziftomenib / 7+3 combo in 1L *NPM1*-m/*KMT2A*-r AML
- **Advance enrollment of KOMET-007** cohort evaluating combination of ziftomenib with 7+3 and quizartinib in 1L *NPM1*-m/*FLT3*-m AML (quad)

EXPAND >> Broaden Addressable Market

- **Publish practice-informing data** of ziftomenib in combination with ven/aza in R/R AML
- **Generate and present data** in *NPM1-m/FLT3*-m AML (25-30% of incident cases)
- **Expand beyond AML** – ziftomenib + imatinib in **GIST**

GIST, gastrointestinal stromal tumors

2026 DARLIFARNIB PRIORITIES

ESTABLISH >> Combination Backbone

- Generate data to position darlifarnib as a **preferred combination partner** for targeted therapies in solid tumors

EXECUTE >> Clinical Validation and Potential Registration

- Advance RCC development
  - Enroll Phase 1b trial of **darlifarnib + cabozantinib in 2L+ RCC**
  - **Present updated data** from Phase 1a trial of darlifarnib + cabozantinib in advanced RCC
- Outline registrational path

EXPAND >> Combination Potential

- **Present preliminary Phase 1a data** for darlifarnib + adagrasib (NSCLC, CRC, PDAC)
- Identify **additional indications** and partner darlifarnib with novel PI3Kα and RAS inhibitors

NSCLC, non-small cell lung cancer; CRC, colorectal cancer; PDAC, pancreatic ductal adenocarcinoma

2026 MENIN PIPELINE PRIORITIES

IDENTIFY >> New Opportunities

- **Identify additional opportunities** for menin inhibition in solid tumors and other diseases

ADVANCE >> Next-Generation Assets

- Advance **KO-7246**, a next-gen menin inhibitor, for **diabetes and cardiometabolic diseases**
- **Present preclinical data** highlighting transformational potential of menin inhibitors in diabetes

EXPAND >> Portfolio Breadth

- Nominate a next-gen menin development candidate for combinations in solid tumors
- Evaluate opportunity in **ER+ driven tumors**

ER+, estrogen receptor-positive

STRATEGIC COLLABORATION WITH KYOWA KIRIN POSITIONS KURA TO UNLOCK THE FULL VALUE OF ZIFTOMENIB AND PIPELINE

- Kura retains **leadership and key strategic rights** to ziftomenib in the U.S. to preserve strategic flexibility
- 50/50 U.S. co-development/co-promote with Kura booking 100% U.S. sales and leading commercial strategy and global development
- Enables **broad development and commercialization**, including 1L fit/unfit, combos with targeted therapies, and maintenance setting

FINANCIAL HIGHLIGHTS AND OUTLOOK

Well-capitalized to support KOMZIFTI commercial launch and pipeline advancement

- $2.1 million of KOMZIFTI net product revenue in 4Q 2025, based on the five-week period of commercial sales following November 13 approval
- $667.2 million in cash, cash equivalents and short-term investments as of Dec 31, 2025
- Cash, cash equivalents and short-term investments as of Dec 31, 2025, together with anticipated collaboration payments under the agreement with Kyowa Kirin, are expected to fund the ziftomenib AML program through the topline results from the first pivotal Phase 3 KOMET-017 frontline trial, anticipated in 2028

NOW FDA APPROVED

komzifti™
ziftomenib
200 mg capsules

Please see additional Important Safety Information and full Prescribing Information, including Boxed Warning.

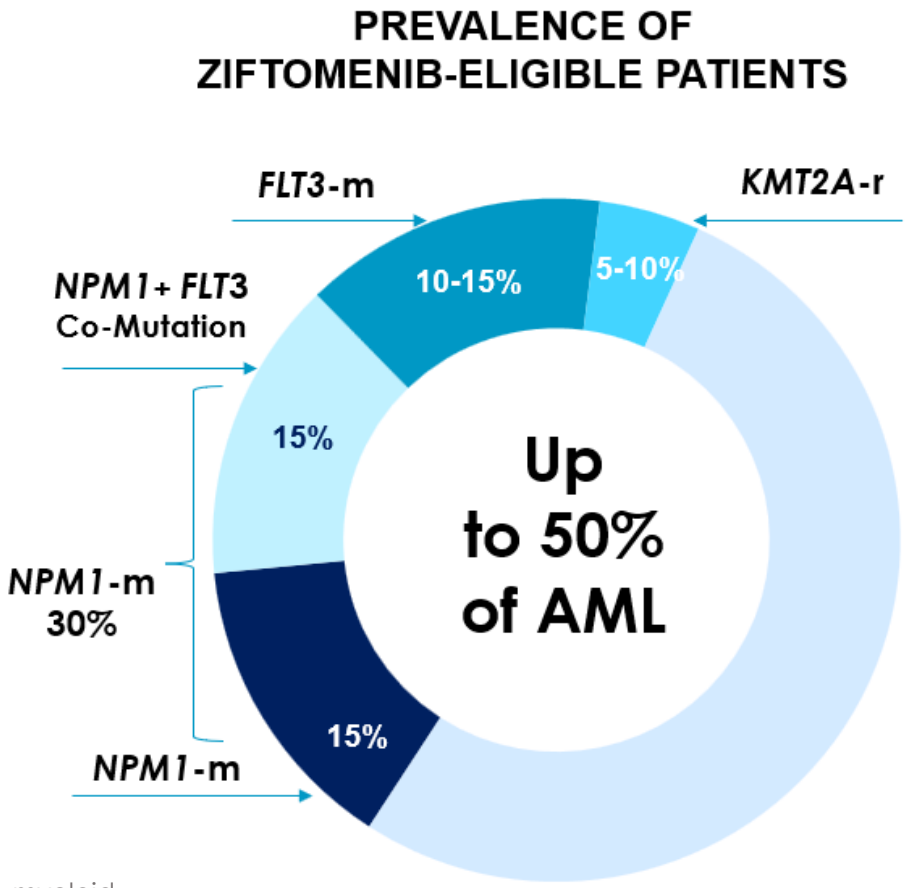
komzifti™ (ziftomenib) 200 mg capsules

UP TO 50% OF AML PATIENTS MAY BENEFIT FROM MENIN INHIBITOR THERAPY

22,010 new cases of AML diagnosed in the U.S. each year[1]

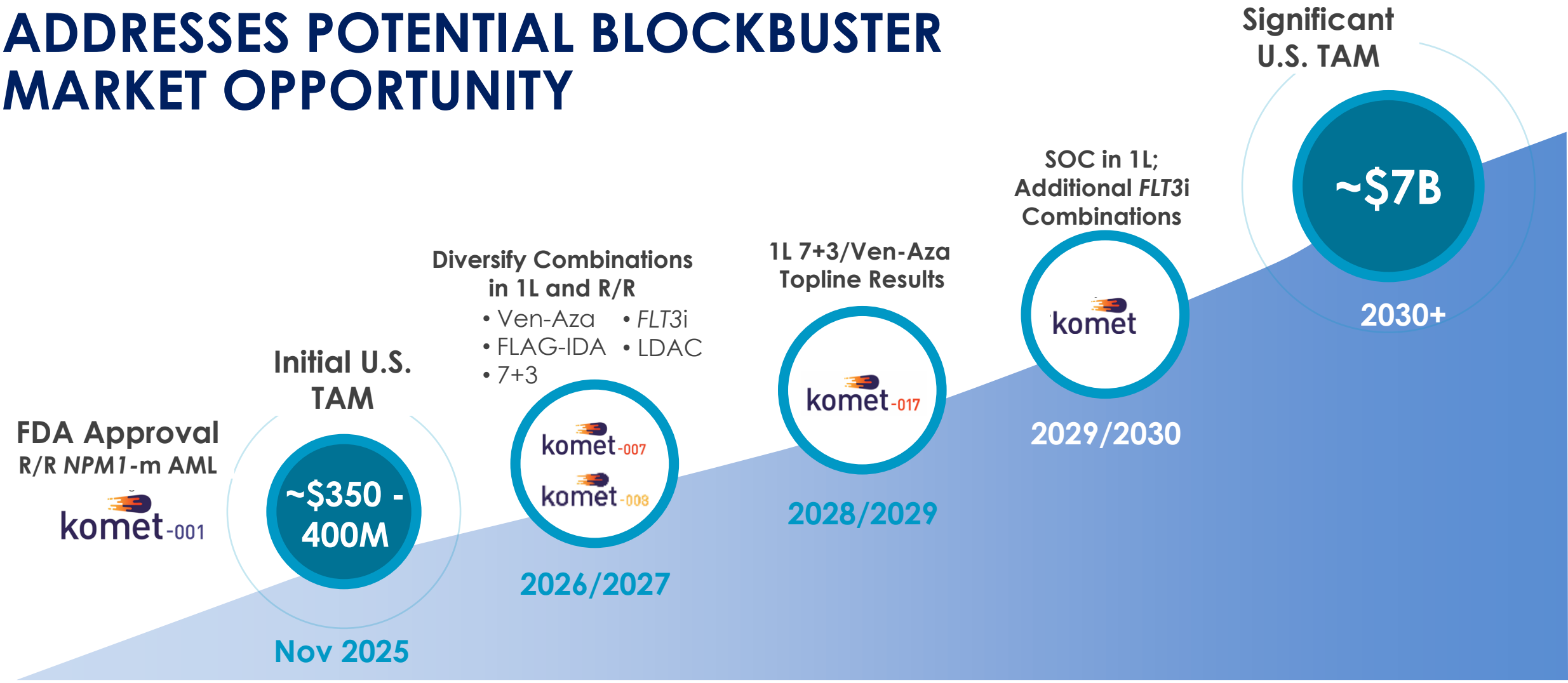
AML is characterized by significant genetic heterogeneity due to driver mutations, including *NPM1*-m, *FLT3*-m, *IDH1/2*-m and *KMT2A*-r[2,3]

NPM1 mutations are observed in 30% to 35% of cases and are an important upstream driver mutation that uses the menin pathway[4,5]



1. American Cancer Society. Updated December 27, 2025. https://www.cancer.org/cancer/types/acute-myeloid-leukemia/about/key-statistics.html **2.** Papaemmanuil E et al. N Engl J Med. 2016;374(23):2209-2221. doi:10.1056/NEJMoa1516192 **3.** The Cancer Genome Atlas Research Network. N Engl J Med. 2013;368(22):2059-2074. doi:10.1056/NEJMoa1301689 **4.** Burrows F et al. Poster presented at: AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics: Discovery, Biology, and Clinical Applications; October 26-30, 2017; Philadelphia, PA. **5.** Falini B, Dillon R. Blood Cancer Discov. 2024;5(1):8-20.

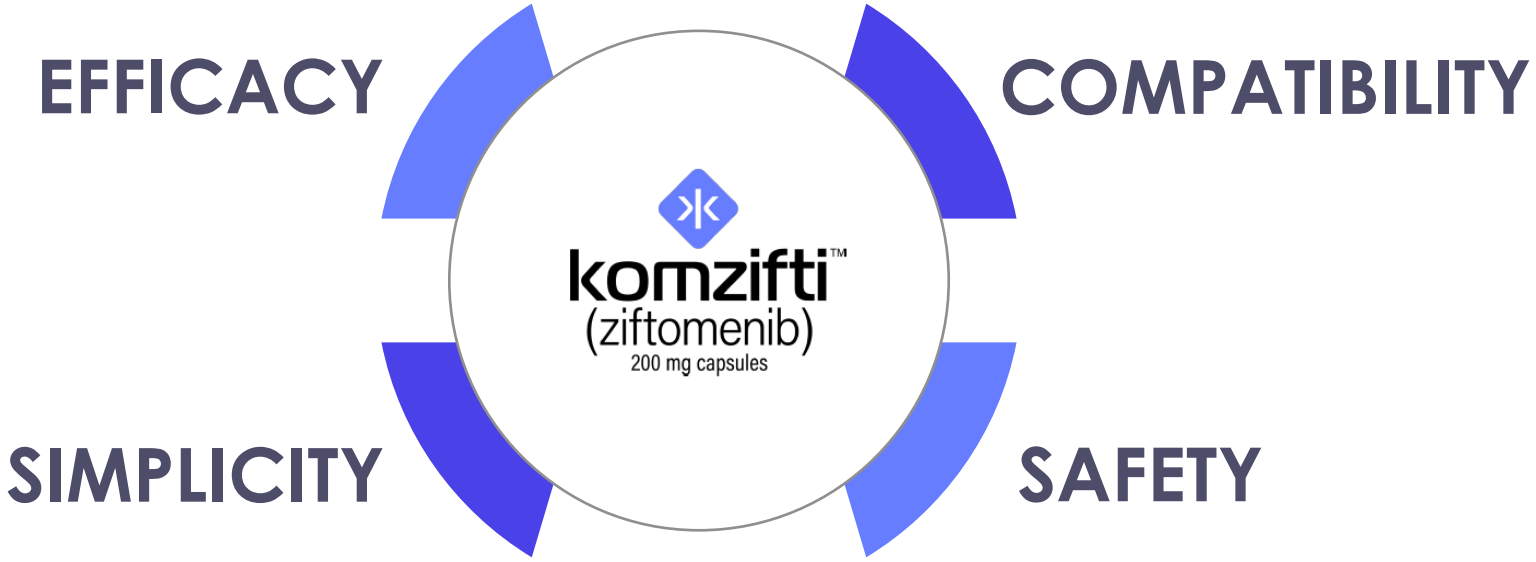
COMPREHENSIVE DEVELOPMENT STRATEGY ADDRESSES POTENTIAL BLOCKBUSTER MARKET OPPORTUNITY



SOC, standard of care; TAM, total addressable market

KOMZIFTI'S DIFFERENTIATED PROFILE

KOMZIFTI is indicated for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible nucleophosmin 1 (*NPM1*) mutation who have no satisfactory alternative treatment options.



Please see additional Important Safety Information and full Prescribing Information, including Boxed Warning.

INVESTIGATING ZIFTOMENIB ACROSS THE AML CONTINUUM

RELAPSED / REFRACTORY

IC or NIC Therapy or Tolerable Therapy

Transplant/ No Transplant

Targeted Therapy in *FLT3*-m, *IDH1*/2m and/or *NPM1*-m

Non-Intensive Therapy/ Palliative Care

komet ACUTE LEUKEMIAS

KOMET-001
NPM1-m AML
KMT2A-r ALL
Non-*NPM1*-m / Non-*KMT2A*-r AML

KOMET-007
Zifto + Ven/Aza
Zifto + Ven Only

KOMET-008
Zifto + FLAG-IDA
Zifto + LDAC
Zifto + gilt

1L TREATABLE

IC or NIC Therapy

Transplant/ No Transplant

Post-Transplant/ Consolidation Maintenance

komet ACUTE LEUKEMIAS

KOMET-007
Zifto + Ven/Aza
Zifto + 7+3
Zifto + 7+3 + quiz

KOMET-017-IC
Zifto + 7+3
Placebo + 7+3

KOMET-017-NIC
Zifto + Ven/Aza
Placebo + Ven/Aza

Investigator/Company-Sponsored Studies Across Adult and Pediatric Hematologic Malignancies

Gilt, gilteritinib; IC, induction chemotherapy; NIC, non-intensive chemotherapy; quiz, quizartinib

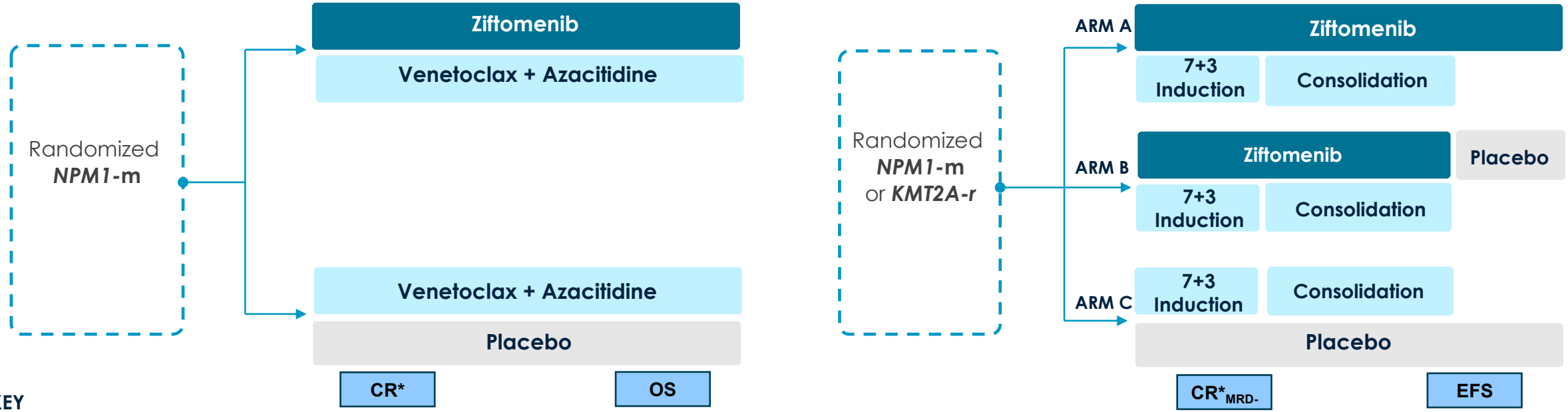
KOMET-017 PROVIDES TREATMENT OPTIONS TO BROAD FRONTLINE AML PATIENT POOL

komet-017
ACUTE LEUKEMIAS
KURA KO-MEN-017

KOMET-017-NIC
(NON-INTENSIVE CHEMOTHERAPY)

N = 1,300

KOMET-017-IC
(INTENSIVE CHEMOTHERAPY)



KEY

Ziftomenib | SOC Backbone | Placebo | Endpoints

* Dual primary endpoint with potential for U.S. accelerated approval.
7+3, seven days of cytarabine and 3 days of daunorubicin; CR, complete response; CR MRD-, complete response with minimal residual disease; EFS, event-free survival; IC, induction chemotherapy; NIC, non-intensive chemotherapy; OS, overall survival.

Ziftomenib combined with intensive induction chemotherapy (7+3) in newly diagnosed *NPM1*-m or *KMT2A*-r acute myeloid leukemia: Updated phase 1a/b results from KOMET-007

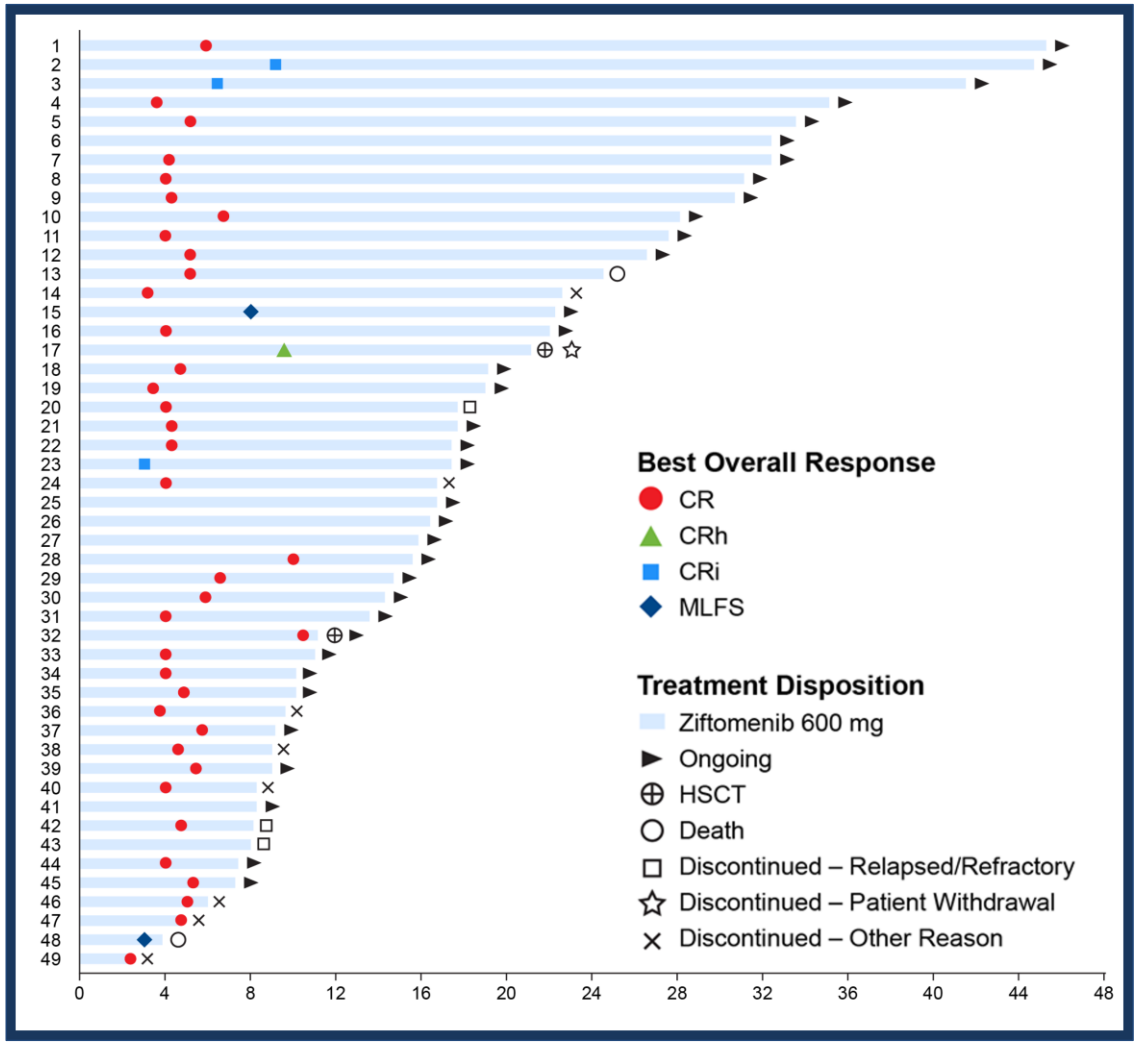
S136

Harry Erba[1], Eunice S. Wang[2], Amir T. Fathi[3], Gail J. Roboz[4], Yazan F. Madanat[5], Stephen A. Strickland[6], Suresh Balasubramanian[7], James K. Mangan[8], Keith Pratz[9], Anjali Advani[10], Ivana Gojo[11], Jessica K. Altman[12], Marcello Rotta[13], Kiran Naqvi[14], Jorge Cortes[15], Mark Juckett[16], Leonard C. Alsfeld[17], James S. Blachly[18], Marina Kremyanskaya[19], Neil Palmisiano[20], Kalyan V. Nadiminti[21], Gary Schiller[22], Tara L. Lin[23], Mohamad Khawandanah[24], Michael W. Schuster[25], Talha Badar[26], Julie Mackey Ahsan[27], Tianle Chen[27], Marcie Riches[27], Daniel Corum[27], Mollie Leoni[27], and Amer M. Zeidan[28]

[1]Duke Cancer Institute, Durham, NC, USA; [2]Roswell Park Comprehensive Cancer Center, Buffalo, NY, USA; [3]Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; [4]Weill Cornell Medicine and The New York Presbyterian Hospital, New York, NY, USA; [5]University of Texas Southwestern Medical Center, Dallas, TX, USA; [6]SCRI at TriStar Centennial, Nashville, TN, USA; [7]Karmanos Cancer Institute, Wayne State University, Detroit, MI, USA; [8]Moores Cancer Center, University of California, San Diego, La Jolla, CA, USA; [9]Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA, USA; [10]Cleveland Clinic, Cleveland, OH, USA; [11]Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University School of Medicine, Baltimore, MD, USA; [12]Robert H. Lurie Comprehensive Cancer Center, Northwestern University, Chicago, IL, USA; [13]Colorado Blood Cancer Institute, Denver, CO, USA; [14]Chao Family Comprehensive Cancer Center, University of California Irvine Health, Orange, CA, USA; [15]Georgia Cancer Center, Augusta, GA, USA; [16]Department of Hematology, University of Minnesota, Minneapolis, MN, USA; [17]Ochsner MD Anderson Cancer Center, New Orleans, LA, USA; [18]The Ohio State University Comprehensive Cancer Center, Columbus, OH, USA; [19]Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY, USA; [20]Rutgers Cancer Institute of New Jersey, New Brunswick, NJ, USA; [21]Carbone Cancer Center, University of Wisconsin-Madison, Madison, WI, USA; [22]David Geffen School of Medicine at UCLA, Los Angeles, CA, USA; [23]The University of Kansas Cancer Center, Kansas City, KS, USA; [24]University of Oklahoma Health Sciences Center, Stephenson Cancer Center, Oklahoma, OK, USA; [25]Stony Brook University Hospital Cancer Center, Stony Brook, NY, USA; [26]Mayo Clinic, Jacksonville, FL, USA; [27]Kura Oncology, Inc., San Diego, CA, USA; [28]Yale University and Yale Cancer Center, New Haven, CT, USA

EHA2025
Congress
June 12-15 | Milan, Italy

DURATION OF TREATMENT & PRELIMINARY CLINICAL OUTCOMES IN 1L *NPM1*-m AML (7+3 COMBINATION)

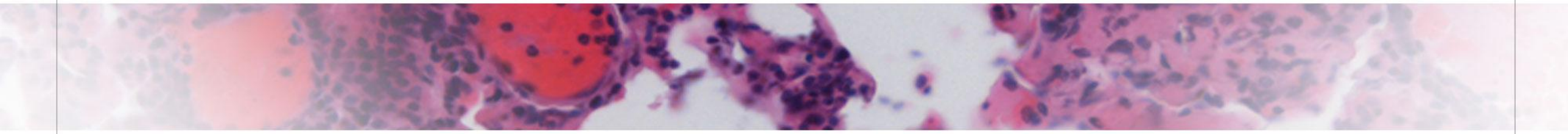


After a median follow-up of 24.9 weeks (range 4.3–47.1):

- Median duration of CR **not reached**[a]
- Median OS **not reached**[a]
- 2 *NPM1*-m patients received HSCT
- 3 discontinuations due to relapse
- 96% (47/49) of patients remained alive and continued on-study[b]

Data cutoff: Mar 21, 2025.
[a] Among response-evaluable patients.
[b] Patients on-treatment or in long-term follow-up.
CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; HSCT, hematopoietic stem cell transplant

American Society of Hematology
Helping hematologists conquer blood diseases worldwide



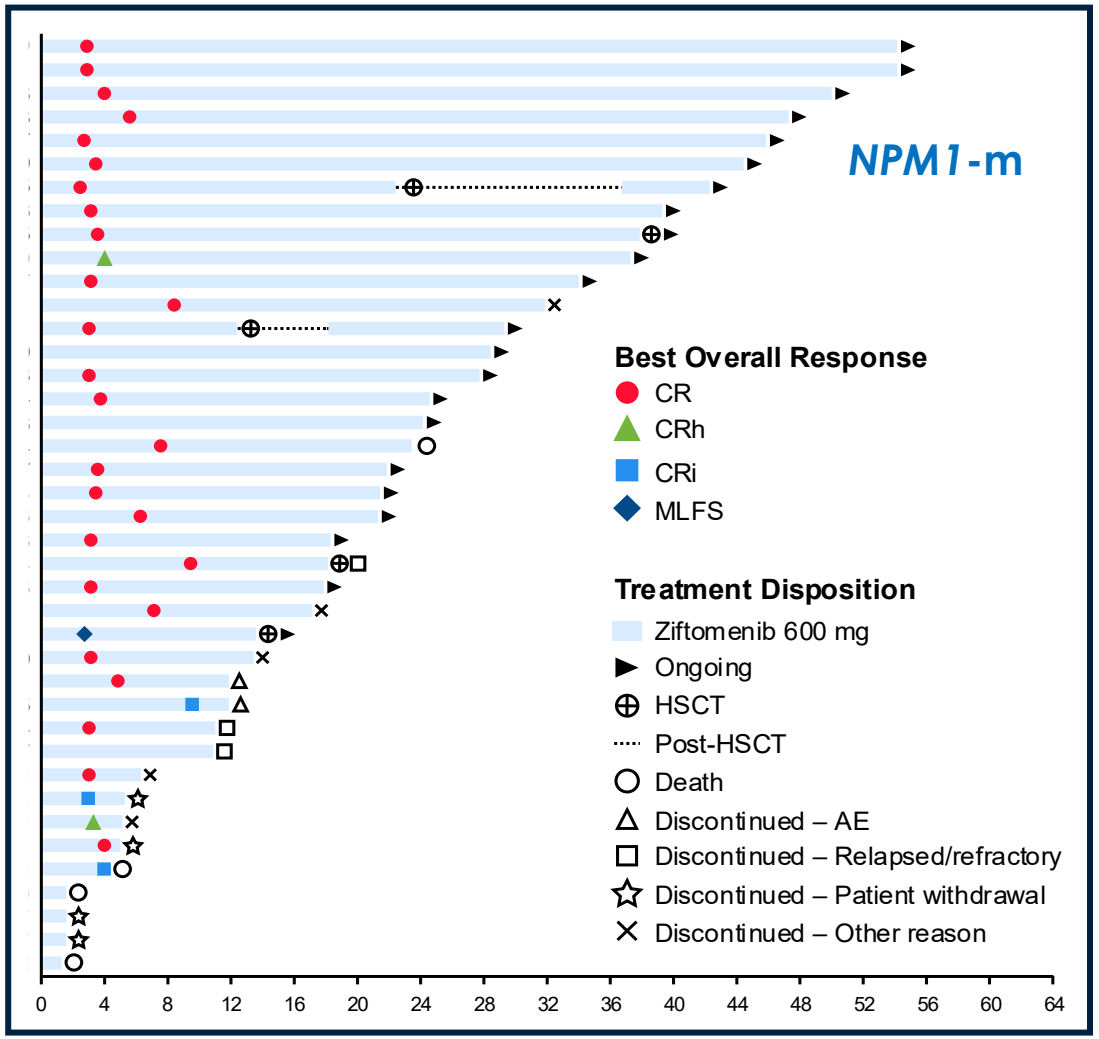
Ziftomenib in Combination with Venetoclax and Azacitidine in Newly Diagnosed *NPM1*-m Acute Myeloid Leukemia: Phase 1b Results from KOMET-007

Gail J. Roboz, MD[1], Eunice S. Wang, MD[2], Amir T. Fathi, MD[3], Harry Erba, MD, PhD[4], Keith W. Pratz, MD[5], Guru Subramanian Guru Murthy, MD, MS[6], Leonard C. Alsfeld, MD[7], James S. Blachly, MD[8], Kiran Naqvi, MD[9], Ghayas C. Issa, MD[10], Ayman Qasrawi, MD[11], Stephen A. Strickland, MD[12], Neil D. Palmisiano, MDMS[13], Jessica K. Altman, MD[14], Cecilia Arana Yi, MD[15], Grerk Sutamtewagul, MD[16], Yazan F. Madanat, MD[17], Suresh Kumar Balasubramanian, MD[18], Christine M. McMahon, MD[19], Hongling Zhang, MS[20], Tianle Chen, PhD[20], Marcie Riches, MD[20], Daniel Corum, PhD[20], Mollie Leoni, MD[20], Amer M. Zeidan, MBBS, MHS[21]

[1]Weill Cornell Medicine and The New York Presbyterian Hospital, New York, NY; [2]Roswell Park Comprehensive Cancer Center, Buffalo, NY; [3]Massachusetts General Hospital, Harvard Medical School, Boston, MA; [4]Duke Cancer Institute, Durham, NC; [5]Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA; [6]Froedtert & Medical College of Wisconsin, Milwaukee, WI; [7]Ochsner MD Anderson Cancer Center, New Orleans, LA; [8]The Ohio State University Comprehensive Cancer Center, Columbus, OH; [9]Chao Family Comprehensive Cancer Center, University of California Irvine Health, Orange, CA; [10]Department of Leukemia, The University of Texas MD Anderson Cancer Center, Houston, TX; [11]Department of Internal Medicine, University of Kentucky, Lexington, KY; [12]SCRI at TriStar Centennial, Nashville, TN; [13]Rutgers Cancer Institute of New Jersey, New Brunswick, NJ; [14]Robert H. Lurie Comprehensive Cancer Center, Northwestern University, Chicago, IL; [15]Division of Hematology and Oncology, Mayo Clinic, Phoenix, AZ; [16]University of Iowa Health Care, Holden Comprehensive Cancer Center, Iowa City, IA; [17]The University of Texas Southwestern Medical Center, Dallas, TX; [18]Karmanos Cancer Institute, Wayne State University, Detroit, MI; [19]Anschutz Medical Campus, Division of Hematology, University of Colorado School of Medicine, Aurora, CO; [20]Kura Oncology, Inc., San Diego, CA; [21]Yale University and Yale Comprehensive Cancer Center, New Haven, CT

Presented at the 67th American Society of Hematology (ASH) Annual Meeting and Exposition on December 6–9, 2024 in Orlando, FL. Presentation ID 766.

DURATION OF TREATMENT & PRELIMINARY CLINICAL OUTCOMES IN 1L *NPM1*-m AML (VEN/AZA COMBINATION)



After a median follow-up of 26.1 weeks (range 1.6–54.1):

- Median duration of CR **not reached**[a]
- Median OS **not reached**[a]
- 5 *NPM1*-m patients underwent HSCT, and 3 went onto ziftomenib maintenance
- 68% (27/40) of patients remained alive and continued on-study[b]

Data cutoff: Sep 24, 2025.

[a] Among response-evaluable patients; [b] Patients on-treatment or in long-term follow-up.

CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; MLFS, morphologic leukemia-free state; PR, partial response

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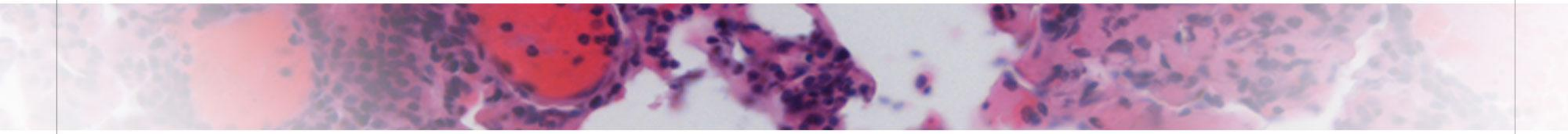

Ziftomenib in Combination with Venetoclax and Azacitidine in Relapsed/Refractory *NPM1*-m or *KMT2A*-r Acute Myeloid Leukemia: Updated Phase 1a/b Safety and Clinical Activity Results from KOMET-007

Ghayas C. Issa, MD[1], Amir T. Fathi, MD[2], Amer M. Zeidan, MBBS, MHS[3], Harry Erba, MD, PhD[4], Gail J. Roboz, MD[5], Jessica K. Altman, MD[6], Keith W. Pratz, MD[7], Mark B. Juckett, MD, MHCM[8], Tara L. Lin, MD[9], Suresh Kumar Balasubramanian, MD[10], Anjali S. Advani, MD[11], Gary J. Schiller, MD[12], Neil D. Palmisiano, MDMS[13], Marcello Rotta, MD[14], Stephen A. Strickland, MD[15], Christine M. McMahon, MD[16], Yazan F. Madanat, MD[17], Talha Badar, MBBS, MD[18], Mohamad Khawandanah, MD[19], George Yaghmour, MD[20], James McCloskey, MD[21], James K. Mangan, MD, PhD[22], Antoine N. Saliba, MD[23], Ivana Gojo, MD[24], Diaa Osman, DO, MPH[25], Hongling Zhang, MS[26], Ying Tian, PhD[26], Marcie Riches, MD[26], Daniel Corum, PhD[26], Mollie Leoni, MD[26], Eunice S. Wang, MD[27]

[1]Department of Leukemia, The University of Texas MD Anderson Cancer Center, Houston, TX; [2]Massachusetts General Hospital, Harvard Medical School, Boston, MA; [3]Yale University and Yale Comprehensive Cancer Center, New Haven, CT; [4]Duke Cancer Institute, Durham, NC; [5]Weill Cornell Medicine and The New York Presbyterian Hospital, New York, NY; [6]Robert H. Lurie Comprehensive Cancer Center, Northwestern University, Chicago, IL; [7]Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA; [8]Department of Hematology, University of Minnesota, Minneapolis, MN; [9]The University of Kansas Medical Center, Kansas City, KS; [10]Karmanos Cancer Institute, Wayne State University, Detroit, MI; [11]Taussig Cancer Institute, Cleveland Clinic, Cleveland, OH; [12]David Geffen School of Medicine at UCLA, Los Angeles, CA; [13]Rutgers Cancer Institute of New Jersey, New Brunswick, NJ; [14]Colorado Blood Cancer Institute, Denver, CO; [15]SCRI at TriStar Centennial, Nashville, TN; [16]Anschutz Medical Campus, Division of Hematology, University of Colorado School of Medicine, Aurora, CO; [17]The University of Texas Southwestern Medical Center, Dallas, TX; [18]Mayo Clinic, Jacksonville, FL; [19]University of Oklahoma Health Sciences Center, Stephenson Cancer Center, Oklahoma City, OK; [20]University of Southern California Norris Comprehensive Cancer Center, Los Angeles, CA; [21]John Theurer Cancer Center, Hackensack University Medical Center, Hackensack, NJ; [22]UC San Diego Moores Cancer Center, La Jolla, CA; [23]Mayo Clinic, Rochester, MN; [24]Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University School of Medicine, Baltimore, MD; [25]Texas Oncology, Lakeway, TX; [26]Kura Oncology, Inc., San Diego, CA; [27]Roswell Park Comprehensive Cancer Center, Buffalo, NY

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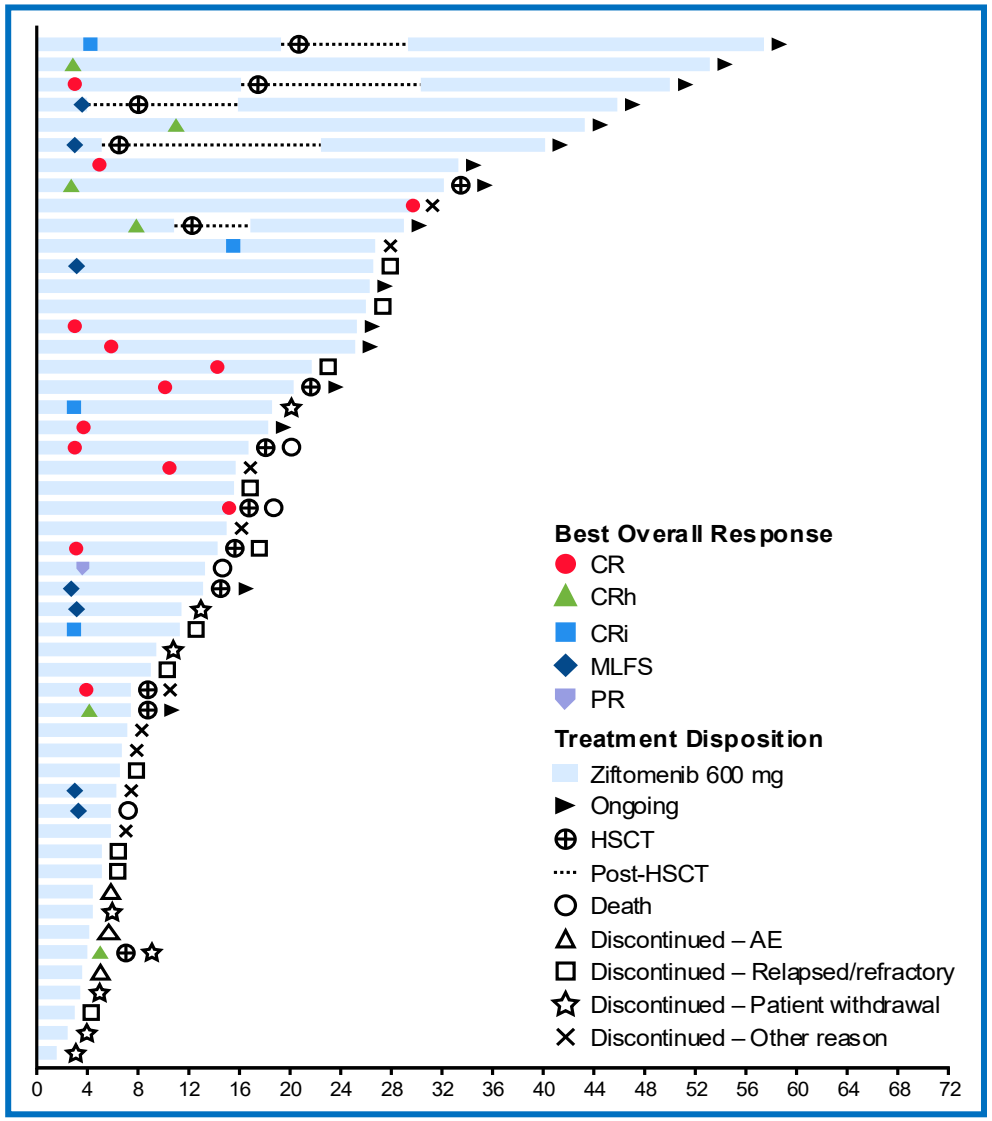
DURATION OF TREATMENT & PRELIMINARY CLINICAL OUTCOMES IN R/R *NPM1*-m AML (VEN/AZA COMBINATION)



After a median follow-up of 27.4 weeks (range 3.3–69.1):

- Median duration of CRc **39.9 weeks** (95% CI 16.1–NE)
  - Ven-naïve: 39.9 weeks (95% CI 12.9–NE)
- 14 *NPM1*-m patients received HSCT, and 5 went onto ziftomenib maintenance
- Median OS **54.9 weeks** (95% CI 32.0–NE)

Data cutoff: Sep 24, 2025.
CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery

SUMMARY OBSERVATIONS OF COMBINATION DATA PRESENTED TO DATE (1/2)

EFFICACY

Deep and durable clinical responses

Robust clinical activity with deep responses demonstrated in newly diagnosed:

- *NPM1*-m AML or *KMT2A*-r AML with 7+3 combination
- *NPM1*-m AML with ven/aza in combination

Encouraging clinical activity demonstrated with ven/aza combination in patients with R/R *NPM1*-m or *KMT2A*-r AML, including in patients with prior ven exposure

COMPATIBILITY

Excellent ability to combine with other agents

No dose modifications required due to interactions with backbone

No additional toxicity beyond that expected with ven/aza or 7+3 alone

Compatibility with anti-fungal and other supportive therapies, including potent CYP3A4 inhibitors

SUMMARY OBSERVATIONS OF COMBINATION DATA PRESENTED TO DATE (2/2)

SAFETY

Best-in-class benefit-risk profile

Low rates of investigator-assessed, ziftomenib-related cytopenias and no additional myelosuppression observed

Ziftomenib at 600 mg QD in combinations did not delay neutrophil and platelet count recovery

Combinations mitigate risk of differentiation syndrome, with rare events successfully managed

Low rates of QTc prolongation due to any cause observed in combinations

SIMPLICITY

Convenient dosing may promote beneficial compliance

Once-daily dosing,
regardless of concomitant medications

No weight-based dosing adjustments needed

No need to combine tablet strengths or for additional dosage forms

DARLIFARNIB (KO-2806)

FARNESYL TRANSFERASE INHIBITOR (FTI)

Combination therapy using FTIs has potential to address drug resistance and provide deeper and more durable anti-tumor activity

THERE IS A NEED TO IMPROVE STANDARDS OF CARE FOR PATIENTS TREATED WITH TARGETED THERAPIES

Despite impressive progress with small molecule targeted therapies, resistance limits the potential of many agents

- Targeted therapies are often effective but insufficient as monotherapies
- Combinations (*e.g.*, KRAS/EGFR inhibitors in CRC) have demonstrated enhanced response

There is a significant need to identify combination therapeutics, which address mechanisms of innate and adaptive resistance

Kura Oncology is pioneering FTIs to enhance the therapeutic potential of targeted therapies

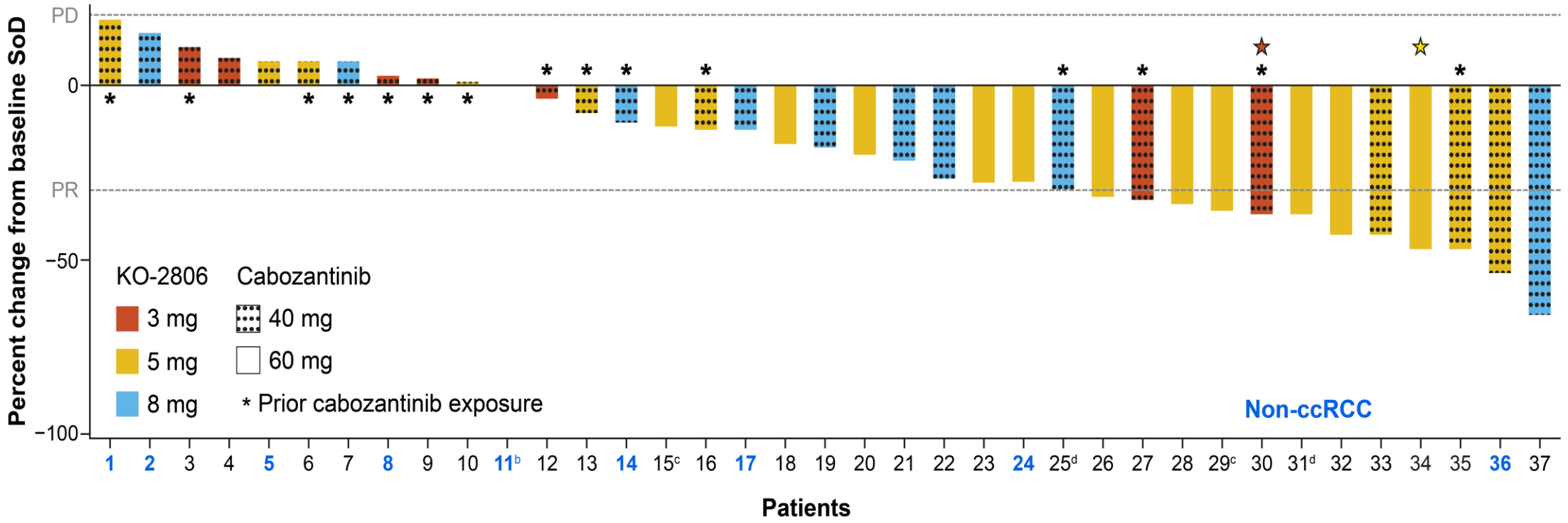
- mTOR is a clinically validated target, and FTIs reduce mTOR activation by blocking RHEB farnesylation
- RHEB/mTOR inhibition is relevant to anti-VEGF TKIs, KRAS inhibitors and PI3Kα inhibitors

Simultaneous inhibition of RHEB/mTOR using FTIs has potential to address resistance and provide deeper and more durable anti-tumor activity

FTI, farnesyl transferase inhibitor

ENCOURAGING CLINICAL ACTIVITY OF DARLIFARNIB AND CABOZANTINIB IN RESPONSE-EVALUABLE[a] RCC PATIENTS

Best overall response in all response-evaluable[a] patients across dose levels



[a] Response-evaluable patients had ≥ 1 post-baseline scan. [b] Patient received KO-2806 3 mg + cabozantinib 40 mg. [c] Patient had BOR of PD due to new lesion. [d] Unconfirmed PR.

ccRCC, clear cell renal cell carcinoma; SoD, sum of diameters.

Data cutoff: Aug 15, 2025

CONCLUSIONS FROM DARLIFARNIB + CABOZANTINIB COMBO IN RCC PATIENTS

Data support dose optimization of darlifarnib and cabozantinib as well as further investigation of the combinations in RCC

- Darlifarnib + cabozantinib demonstrated a manageable safety profile across dose levels assessed
- Antitumor activity of darlifarnib + cabozantinib combination was observed across all doses in RCC (potentially exceeding the activity of cabozantinib alone), including among patients with prior cabozantinib exposure
  - ORR: 33%–50% in ccRCC (with prior cabozantinib: 20%–50%)
  - DCR: 80%–100% in ccRCC
- Activity of the darlifarnib + cabozantinib combination supports the hypothesis that darlifarnib enhances antiangiogenic activity of cabozantinib

Data cutoff: Aug15, 2025
DCR, disease control rate

ANTICIPATED NEXT STEPS FOR DEVELOPMENT OF DARLIFARNIB AND CLINICAL UPDATES IN 2026

Anticipated Next Steps for the Darlifarnib Program

- Initiate Phase 1b for darlifarnib + cabozantinib combo to determine optimal biologically active dose (OBAD)
- Complete dose escalation for darlifarnib + adagrasib in *KRAS*^{G12C}-m NSCLC, CRC and PDAC
- Explore opportunities to evaluate additional indications and combination partners

Additional Clinical Data Anticipated in 2026

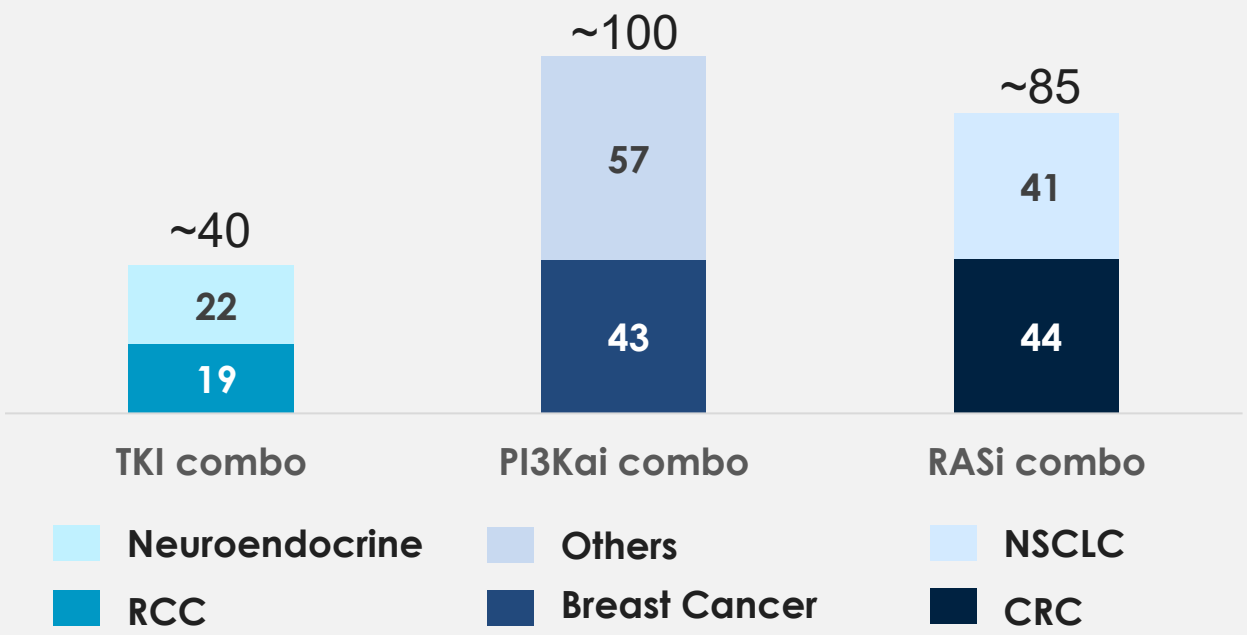
- Present updated data on Phase 1a dose escalation for darlifarnib + cabozantinib combo
- Present preliminary Phase 1a clinical data for darlifarnib + adagrasib

PDAC, pancreatic ductal adenocarcinoma

LARGE POTENTIAL OPPORTUNITY IN DARLIFARNIB WITH > 200K ANNUAL INCIDENT PATIENTS IN THE U.S.

ANNUAL U.S. INCIDENCE, 2025

Thousands of patients



OPPORTUNITY AREAS

VEGFR TKI

- Potential to combine with cabozantinib and other TKIs in RCC and potentially in NET
- Potential to combine with TKI and I/O in 1L RCC

KRAS and PI3Kα

- Potential to combine with multiple agents in KRAS- and PI3Kα-driven cancers across major solid tumors
- Potential for synergistic efficacy, lifecycle management, and multi-drug revenues

Data sources include Decision Resources Group, Market Forecast Dashboard (2025); Jalbert et,. Oncologist. 2020 Apr;25(4):e644-e650; Lim, et al., Lung Cancer, 184, 2023; Cascetta, et al., Cancers, 14(21):5430, 2022.
I/O, immuno-oncology therapy; TKI, tyrosine kinase inhibitor.

2026: ANTICIPATED PROGRESS

Accelerate U.S. uptake of KOMZIFTI in R/R *NPM1*-m AML

Drive quarter-over-quarter revenue growth

ziftomenib	
Present updated KOMET-007 data evaluating combination with 7+3 in 1L *NPM1*-m/*KMT2A*-r AML	1H
Publish ven/aza combination data in R/R *NPM1-m* AML	1H
Present preliminary data from KOMET-008 cohort evaluating combination with gilteritinib in R/R *NPM1*-m/FLT3-m AML	2H
Advance enrollment of Phase 3 trials incl. IC and NIC (KOMET-017)	ongoing
Advance enrollment of KOMET-007 cohort evaluating combination with 7+3 and quizartinib in 1L *NPM1*-m/*FLT3*-m AML (quad)	ongoing
Expand to non-AML indications including ongoing Phase 1a dose escalation trial evaluating combination with imatinib in GIST	ongoing

darlifarnib	
Initiate expansion cohorts of darlifarnib and cabozantinib in advanced RCC (Phase 1b)	1H
Present preliminary data from darlifarnib and adagrasib in *KRAS*^{G12C}-mutated solid tumors (NSCLC, CRC, PDAC)	1H
Present updated dose-escalation data from darlifarnib and cabozantinib in advanced RCC (Phase 1a)	2H
Explore opportunities to evaluate additional indications and combination partners	ongoing

Pipeline	
Present preclinical menin inhibitor data on diabetes (differentiation from other assets/programs)	2H
Advance KO-7246, next-generation menin inhibitor, in IND-enabling studies for diabetes and cardiometabolic dis	ongoing
Advance preclinical development of next-gen development candidate for use in combination therapy for solid tumors	ongoing

THANK YOU

Leading the Next Era of Precision Medicine