

An aerial photograph of a person in a blue kayak on a body of water. The kayaker is wearing a white long-sleeved shirt, a red cap, and a life vest. The water is dark blue with some ripples. The kayaker is positioned in the lower right quadrant of the frame. A large, semi-transparent blue circle is overlaid on the left side of the image, containing the text "CORPORATE PRESENTATION". The circle is outlined with a dashed white line. The background is a dark blue, textured surface, possibly water or a map, with some white dashed lines.

*Leading the Next Era of
Precision Medicine*

January 12, 2026

FORWARD-LOOKING STATEMENTS AND LEGAL DISCLAIMERS

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; 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.

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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 combinations¹: 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

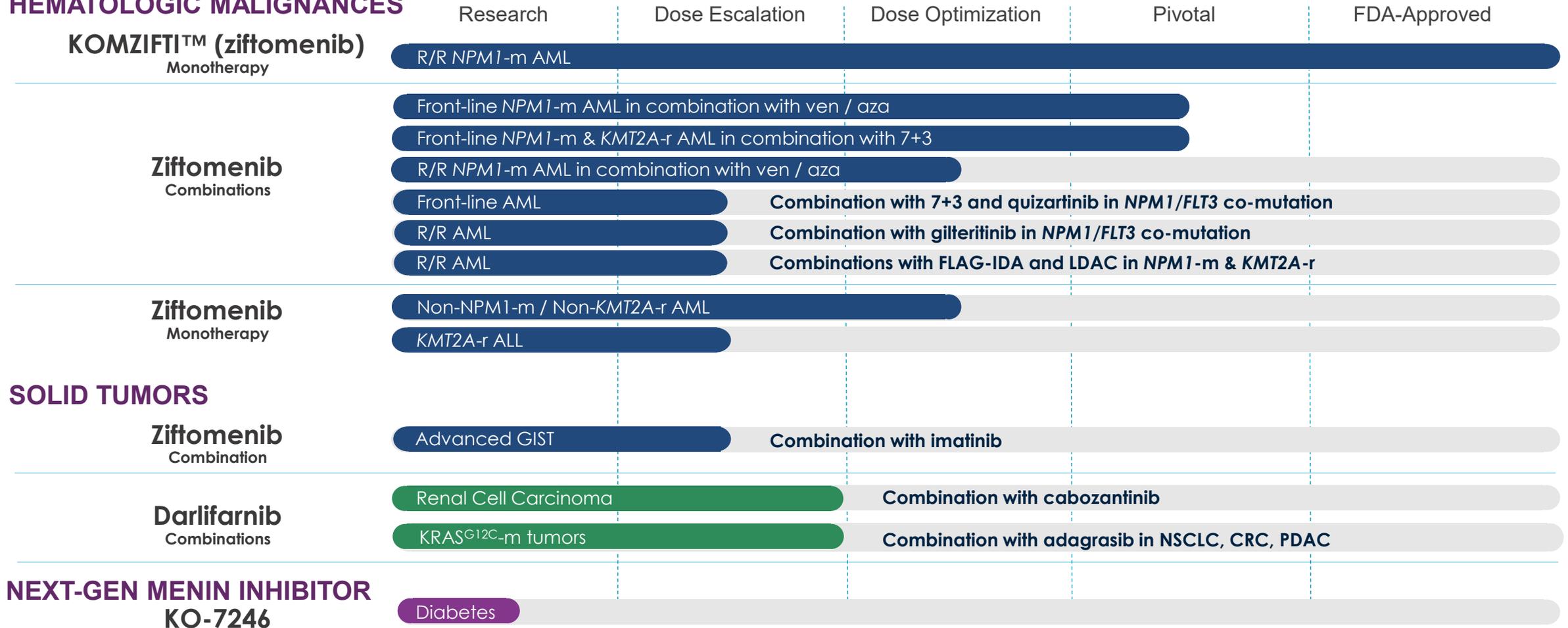
R/R, relapsed/refractory; -m, mutated; AML, acute myeloid leukemia

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

HEMATOLOGIC MALIGNANCIES



ven/aza, venetoclax/azacitidine; -r, rearranged; 7+3, 7 days of cytarabine + 3 days of daunorubicin; ALL, acute lymphoblastic leukemia; GIST, gastrointestinal stromal tumors
 The investigational agents and investigational uses of marketed products identified above have not been approved by the US Food and Drug Administration. 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.



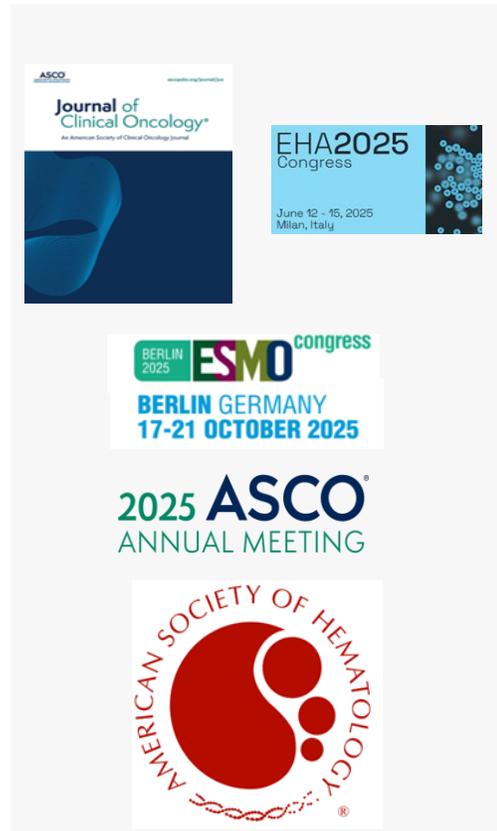
2025: A TRANSFORMATIVE YEAR

Regulatory & Commercial Milestones



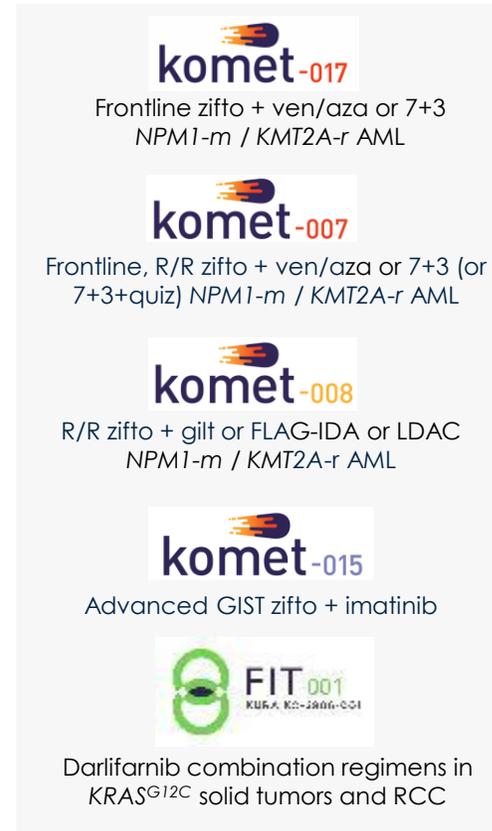
A collage of regulatory and commercial milestones for 2025. It includes the Komzifti logo (ziftomenib 200 mg capsules), the Komet-001 logo (ACUTE LEUKEMIAS KURA KO-MEN-001), the NCCN Guidelines logo, a BioWorld STAT Endpoints News logo, a LinkedIn and X social media icon, a photo of three people, and a blue banner stating 'KOMZIFTI™ IS NOW FDA APPROVED'.

High-impact Science



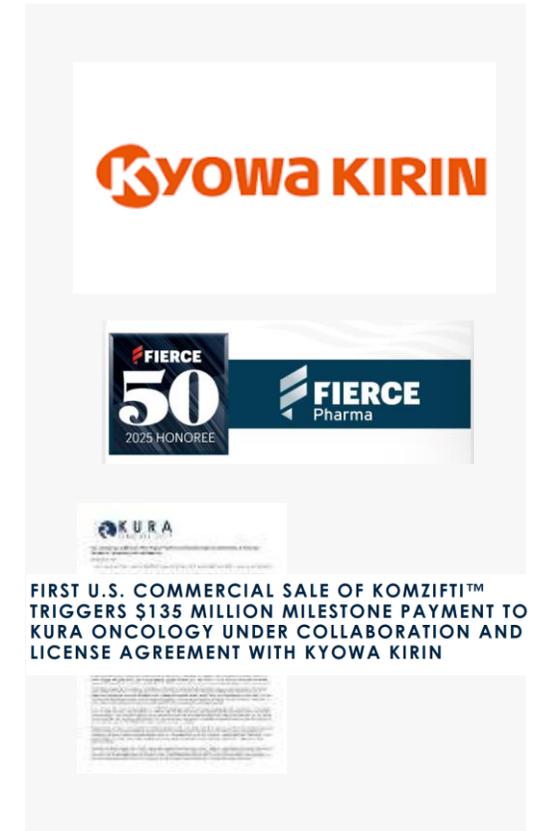
A collage of high-impact science events. It features the Journal of Clinical Oncology logo, the EHA2025 Congress logo (June 12 - 15, 2025, Milan, Italy), the ESMO Congress logo (BERLIN 2025, BERLIN GERMANY, 17-21 OCTOBER 2025), the 2025 ASCO Annual Meeting logo, and the American Society of Hematology logo.

Pipeline Advancements



A collage of pipeline advancements. It includes the Komet-017 logo (Frontline zifto + ven/aza or 7+3 NPM1-m / KMT2A-r AML), the Komet-007 logo (Frontline, R/R zifto + ven/aza or 7+3 (or 7+3+quiz) NPM1-m / KMT2A-r AML), the Komet-008 logo (R/R zifto + gilt or FLAG-IDA or LDAC NPM1-m / KMT2A-r AML), the Komet-015 logo (Advanced GIST zifto + imatinib), and the FIT-001 logo (KURA, KO-2806-001) (Darifarnib combination regimens in KRAS^{G12C} solid tumors and RCC).

Financial & Operational Highlights



A collage of financial and operational highlights. It features the Kyowa Kirin logo, the Fierce 50 2025 Honoree logo (Fierce Pharma), and a document titled 'FIRST U.S. COMMERCIAL SALE OF KOMZIFTI™ TRIGGERS \$135 MILLION MILESTONE PAYMENT TO KURA ONCOLOGY UNDER COLLABORATION AND LICENSE AGREEMENT WITH KYOWA KIRIN'.



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

- Launch KOMZIFTI and establish as **market leader** in adult R/R *NPM1*-m AML

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 *FLT3*-m AML (25-30% of incident cases)
- **Expand beyond AML** – ziftomenib + imatinib in **GIST**



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 PI3Ka and RAS inhibitors



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**
- **Publish 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**



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



REVENUE UPDATE AND OUTLOOK



\$2.1 million KOMZIFTI net product revenue (unaudited) from first commercial sale on November 21, 2025 through December 31, 2025



\$15 to \$17 million 4Q 2025 collaboration revenue (non-cash item)



2026 KOMZIFTI net product revenue anticipated to grow sequentially quarter-over-quarter



2026 collaboration revenue (non-cash item) expected to be \$45 to \$55 million



FINANCIAL HIGHLIGHTS

Well-capitalized to support KOMZIFTI commercial launch and pipeline advancement

- **\$2.1 million** of KOMZIFTI net product revenue in the five-week period of initial commercial availability ended December 31, 2025
- **\$667.3 million** in cash, cash equivalents and short-term investments as of 12/31/2025
- **\$570 million** in milestone payments **received to date** under collaboration agreement with Kyowa Kirin
- **\$921 million in additional potential milestone payments**, including \$180 million expected in 2027-2028, under collaboration agreement with Kyowa Kirin
- Current cash, cash equivalents and short-term investments together with anticipated short-term collaboration payments and product revenue, **expected to support ziftomenib AML program through topline results in front-line Phase 3 trial in newly-diagnosed AML**



NOW FDA APPROVED



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

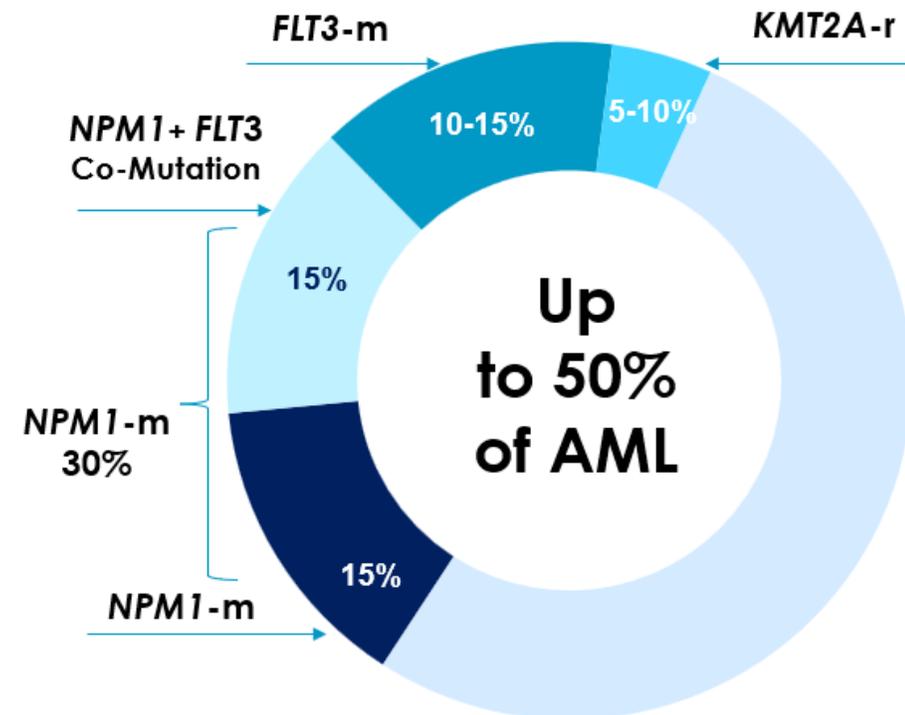
UP TO 50% OF AML PATIENTS MAY BENEFIT FROM MENIN INHIBITOR THERAPY

22,010 new cases of AML diagnosed in the U.S. each year¹

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}

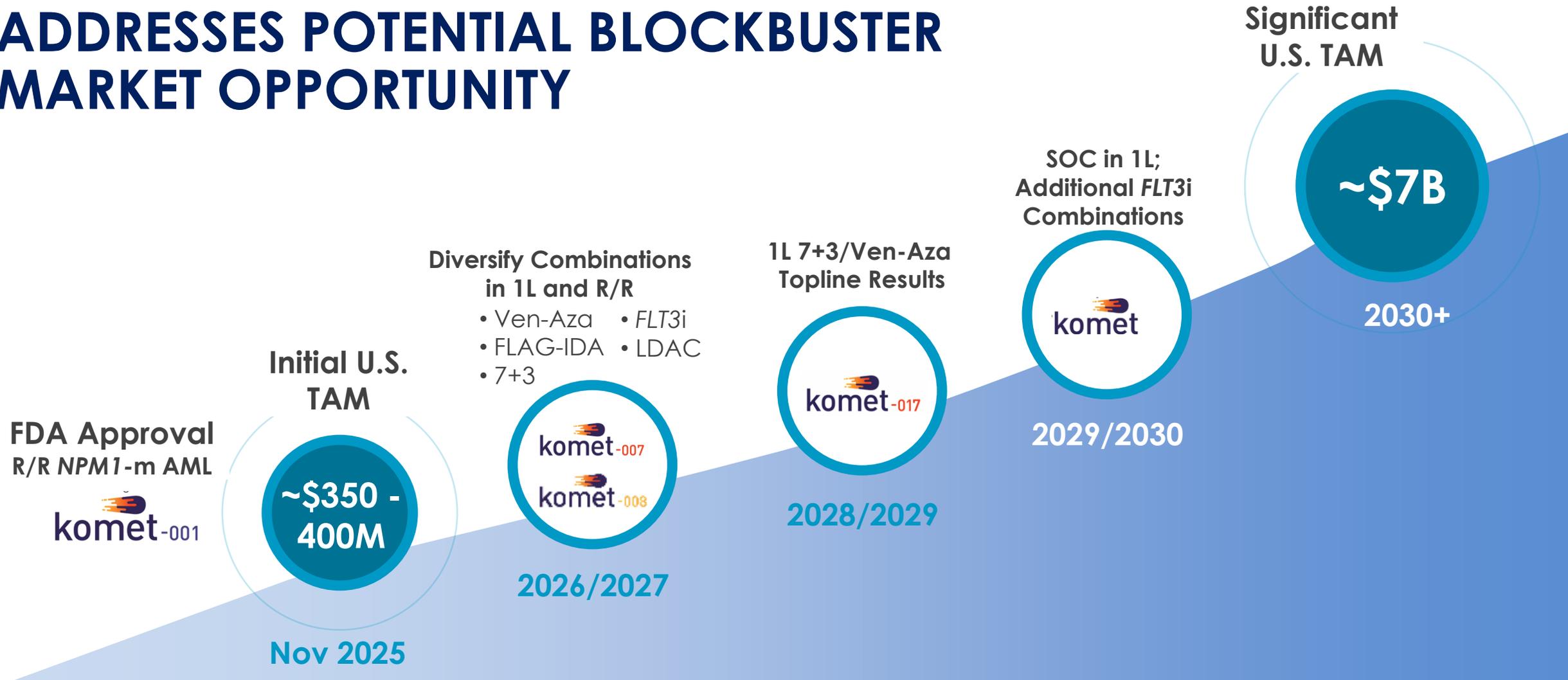
PREVALENCE OF ZIFTOMENIB-ELIGIBLE PATIENTS



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.

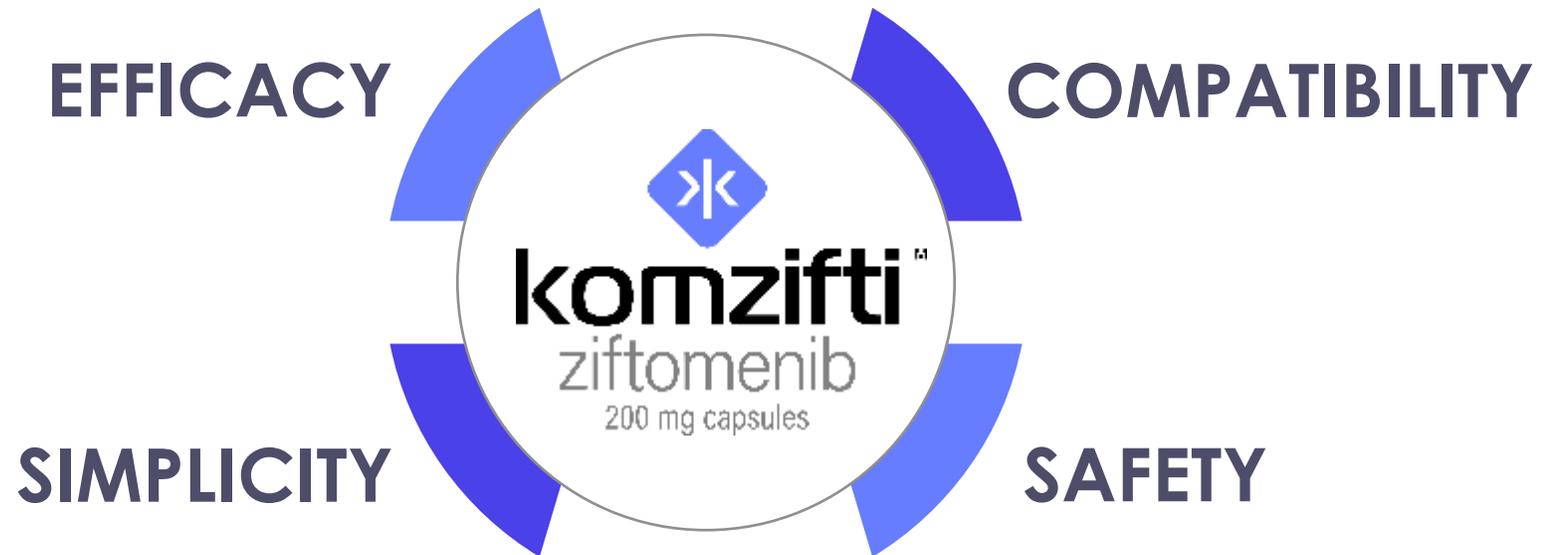


COMPREHENSIVE DEVELOPMENT STRATEGY ADDRESSES POTENTIAL BLOCKBUSTER MARKET OPPORTUNITY



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.



ESTABLISHING KOMZIFTI AS THE MENIN INHIBITOR OF CHOICE FOR ADULT PATIENTS WITH R/R *NPM1*-M AML

DRIVE ADOPTION

4,000+

Academic and
Community Target
Accounts

ENSURE ACCESS

60

Oncology Account
Managers activated

*Across Kura and Kyowa Kirin
20+ Yrs Average Sales Experience
8 Yrs Average Hem/Onc, AML, Rare
Disease Experience*

ONE TEAM

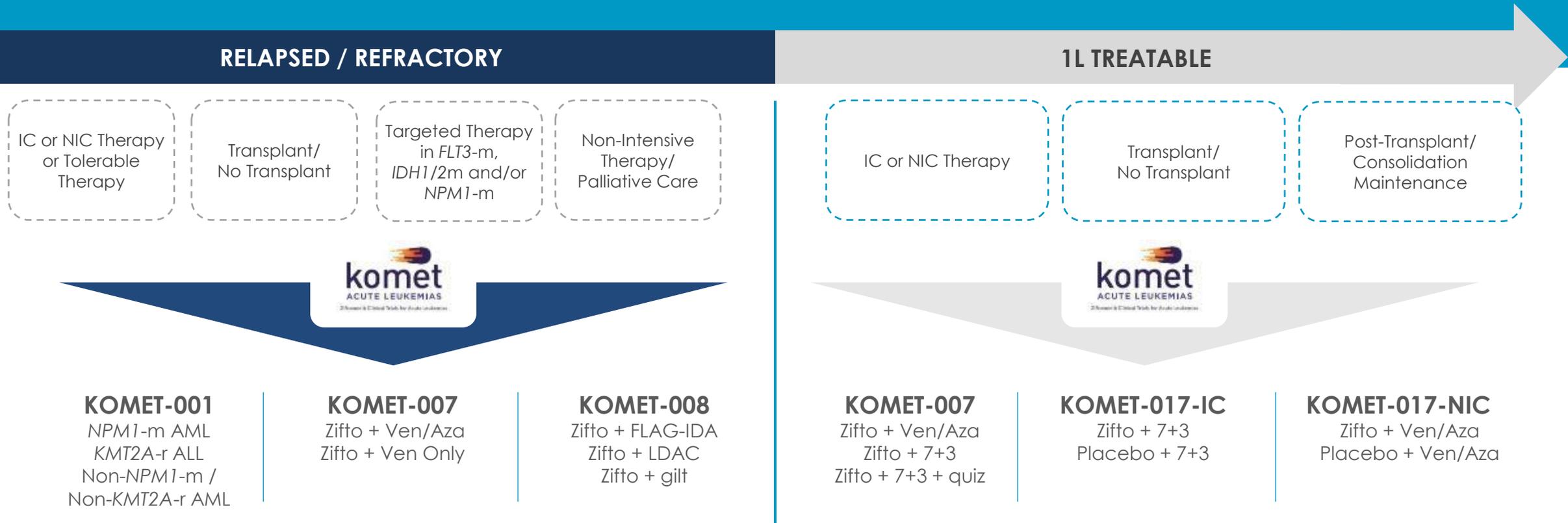
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Aligned Team

*Kura Oncology
Kyowa Kirin
Integrated Commercial Strategy*



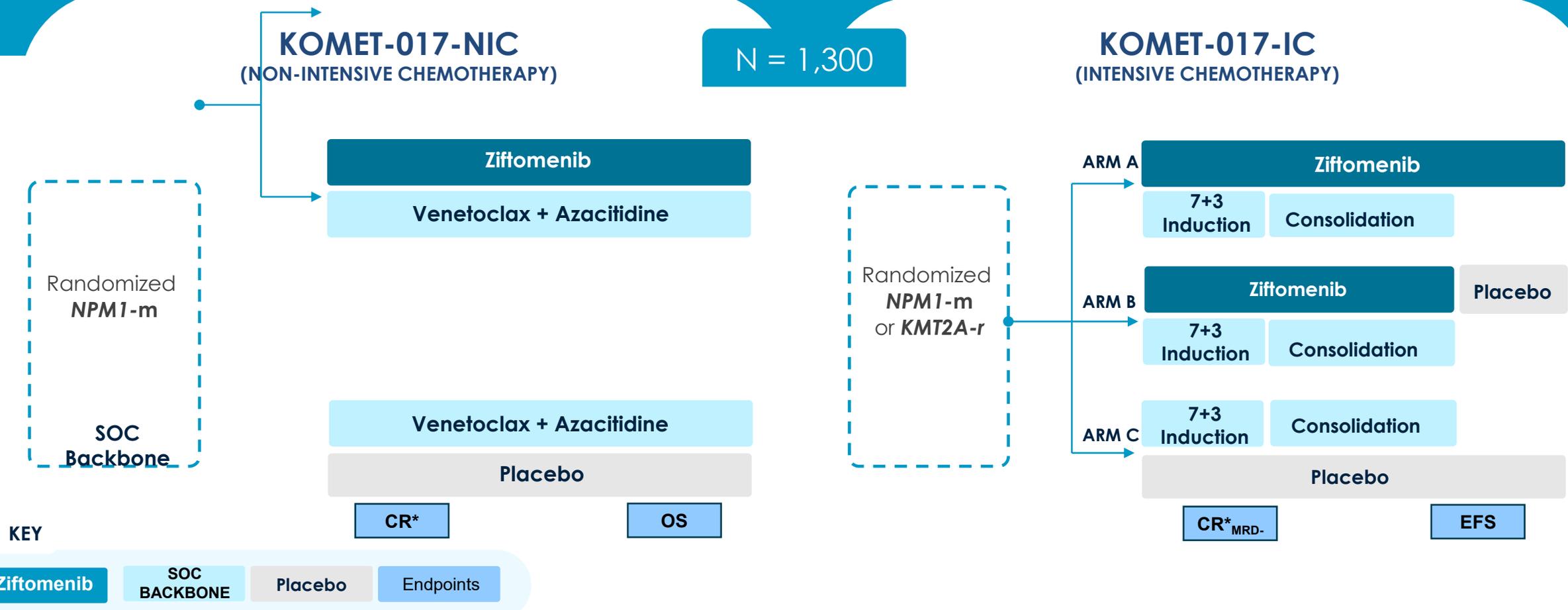
INVESTIGATING ZIFTOMENIB ACROSS THE AML CONTINUUM



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



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



* 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.

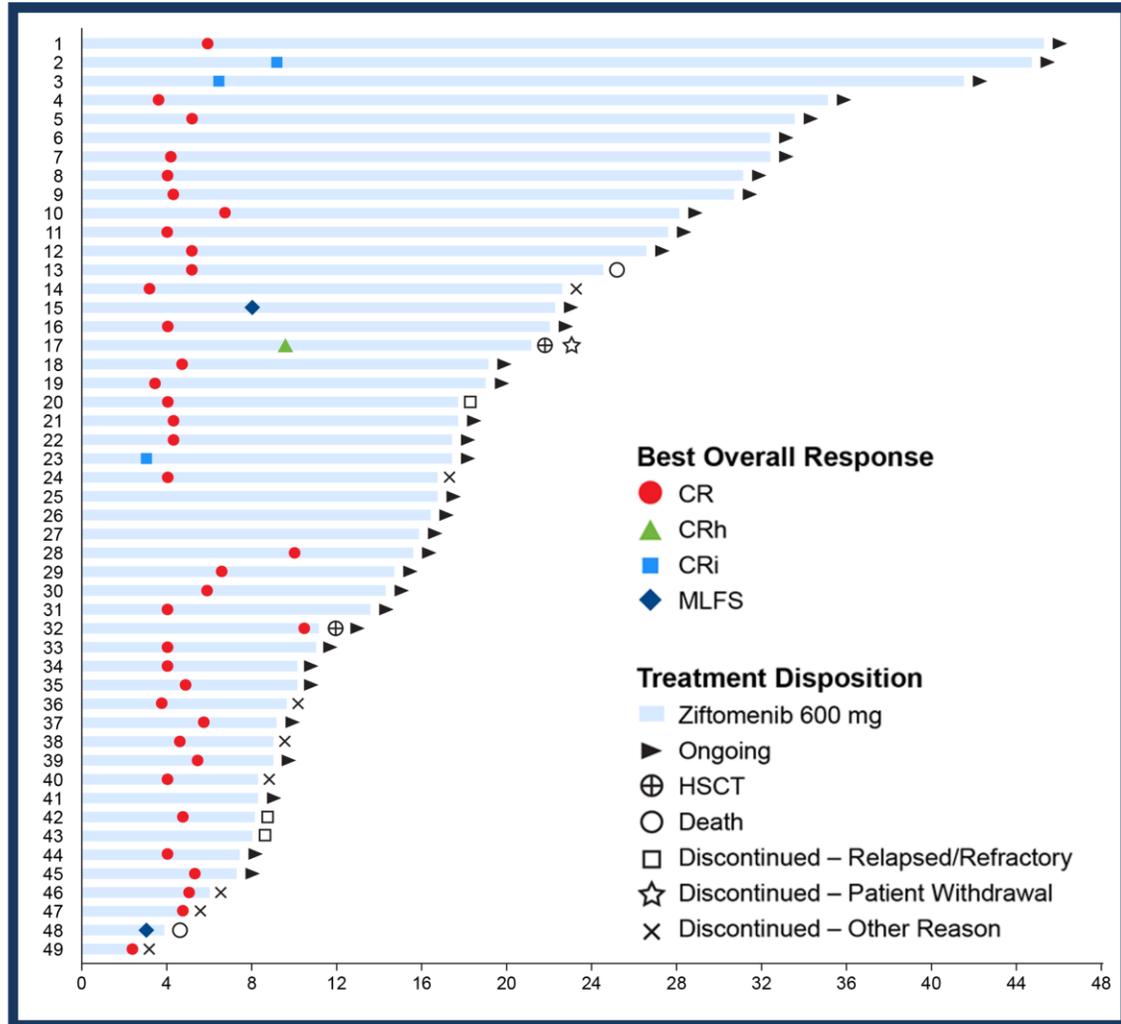


Ziftomenib combined with intensive induction chemotherapy (7+3) in newly diagnosed *NPM1*-m or *KMT2A*-r acute myeloid leukemia: Updated phase 1a/b results from KOMET-007

Harry Erba¹, Eunice S. Wang², Amir T. Fathi³, Gail J. Roboz⁴, Yazan F. Madanat⁵, Stephen A. Strickland⁶, Suresh Balasubramanian⁷, James K. Mangan⁸, Keith Pratz⁹, Anjali Advani¹⁰, Ivana Gojo¹¹, Jessica K. Altman¹², Marcello Rotta¹³, Kiran Naqvi¹⁴, Jorge Cortes¹⁵, Mark Juckett¹⁶, Leonard C. Alsfeld¹⁷, James S. Blachly¹⁸, Marina Kremyanskaya¹⁹, Neil Palmisiano²⁰, Kalyan V. Nadiminti²¹, Gary Schiller²², Tara L. Lin²³, Mohamad Khawandanah²⁴, Michael W. Schuster²⁵, Talha Badar²⁶, Julie Mackey Ahsan²⁷, Tianle Chen²⁷, Marcie Riches²⁷, Daniel Corum²⁷, Mollie Leoni²⁷, and Amer M. Zeidan²⁸

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

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



Duration of treatment (weeks)

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

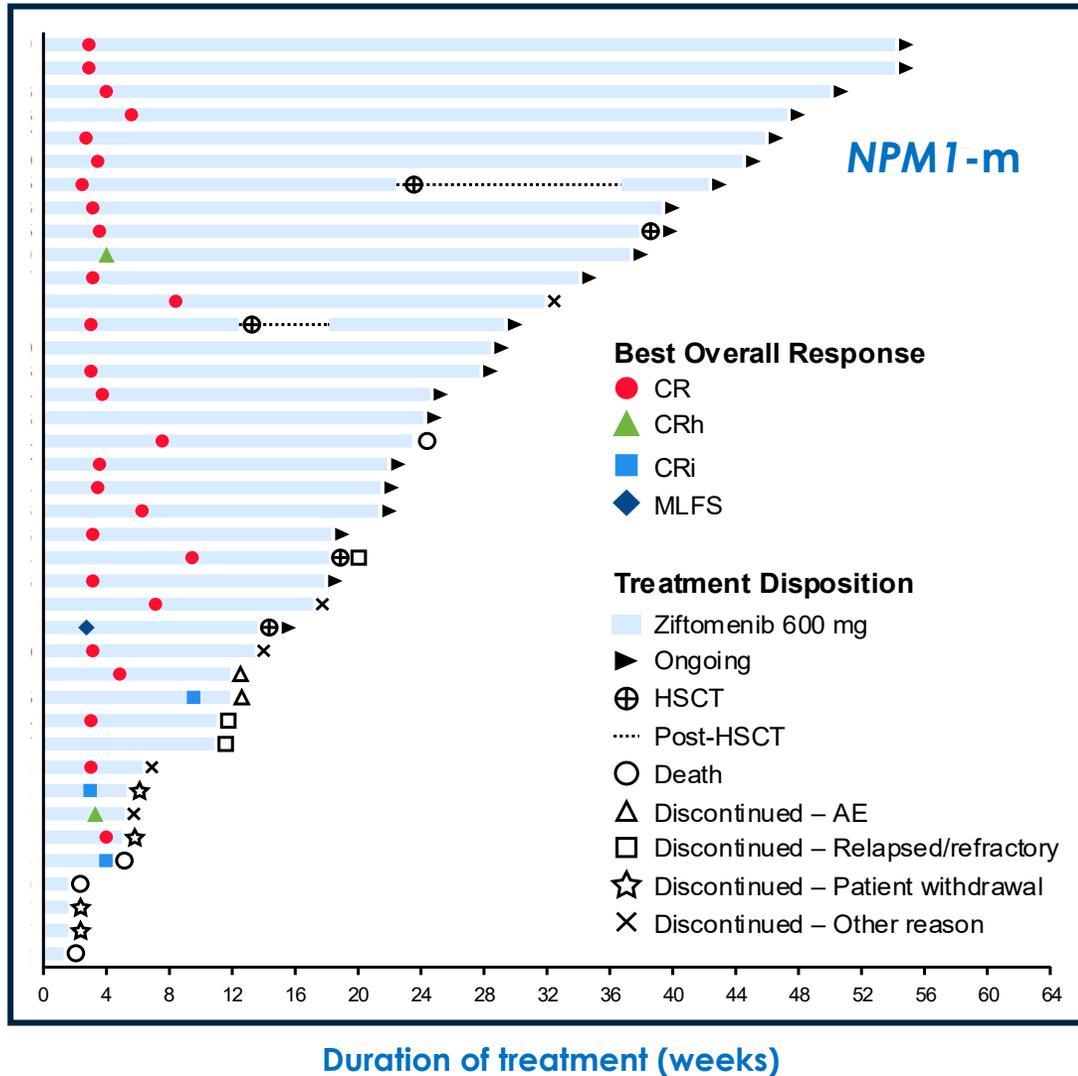
Ziftomenib in Combination with Venetoclax and Azacitidine in Newly Diagnosed *NPM1*-m Acute Myeloid Leukemia: Phase 1b Results from KOMET-007

Gail J. Roboz, MD¹, Eunice S. Wang, MD², Amir T. Fathi, MD³, Harry Erba, MD, PhD⁴, Keith W. Pratz, MD⁵, Guru Subramanian Guru Murthy, MD, MS⁶, Leonard C. Alsfeld, MD⁷, James S. Blachly, MD⁸, Kiran Naqvi, MD⁹, Ghayas C. Issa, MD¹⁰, Ayman Qasrawi, MD¹¹, Stephen A. Strickland, MD¹², Neil D. Palmisiano, MDMS¹³, Jessica K. Altman, MD¹⁴, Cecilia Arana Yi, MD¹⁵, Grek Sutamtewagul, MD¹⁶, Yazan F. Madanat, MD¹⁷, Suresh Kumar Balasubramanian, MD¹⁸, Christine M. McMahon, MD¹⁹, Hongling Zhang, MS²⁰, Tianle Chen, PhD²⁰, Marcie Riches, MD²⁰, Daniel Corum, PhD²⁰, Mollie Leoni, MD²⁰, Amer M. Zeidan, MBBS, MHS²¹

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



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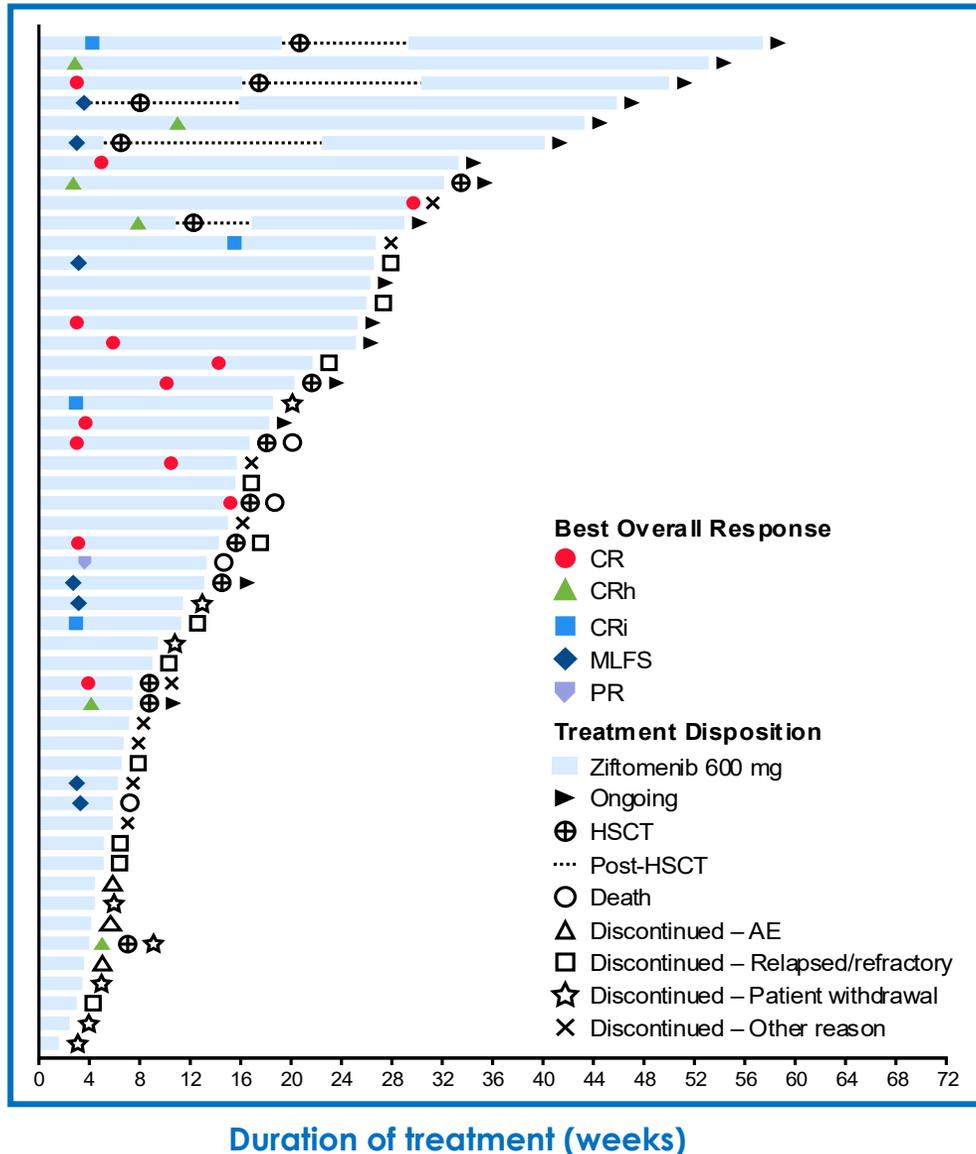
Ziftomenib in Combination with Venetoclax and Azacitidine in Relapsed/Refractory *NPM1*-m or *KMT2A*-r Acute Myeloid Leukemia: Updated Phase 1a/b Safety and Clinical Activity Results from KOMET-007

Ghayas C. Issa, MD¹, Amir T. Fathi, MD², Amer M. Zeidan, MBBS, MHS³, Harry Erba, MD, PhD⁴, Gail J. Roboz, MD⁵, Jessica K. Altman, MD⁶, Keith W. Pratz, MD⁷, Mark B. Juckett, MD, MHCM⁸, Tara L. Lin, MD⁹, Suresh Kumar Balasubramanian, MD¹⁰, Anjali S. Advani, MD¹¹, Gary J. Schiller, MD¹², Neil D. Palmisiano, MDMS¹³, Marcello Rotta, MD¹⁴, Stephen A. Strickland, MD¹⁵, Christine M. McMahan, MD¹⁶, Yazan F. Madanat, MD¹⁷, Talha Badar, MBBS, MD¹⁸, Mohamad Khawandanah, MD¹⁹, George Yaghmour, MD²⁰, James McCloskey, MD²¹, James K. Mangan, MD, PhD²², Antoine N. Saliba, MD²³, Ivana Gojo, MD²⁴, Diaa Osman, DO, MPH²⁵, Hongling Zhang, MS²⁶, Ying Tian, PhD²⁶, Marcie Riches, MD²⁶, Daniel Corum, PhD²⁶, Mollie Leoni, MD²⁶, Eunice S. Wang, MD²⁷

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



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

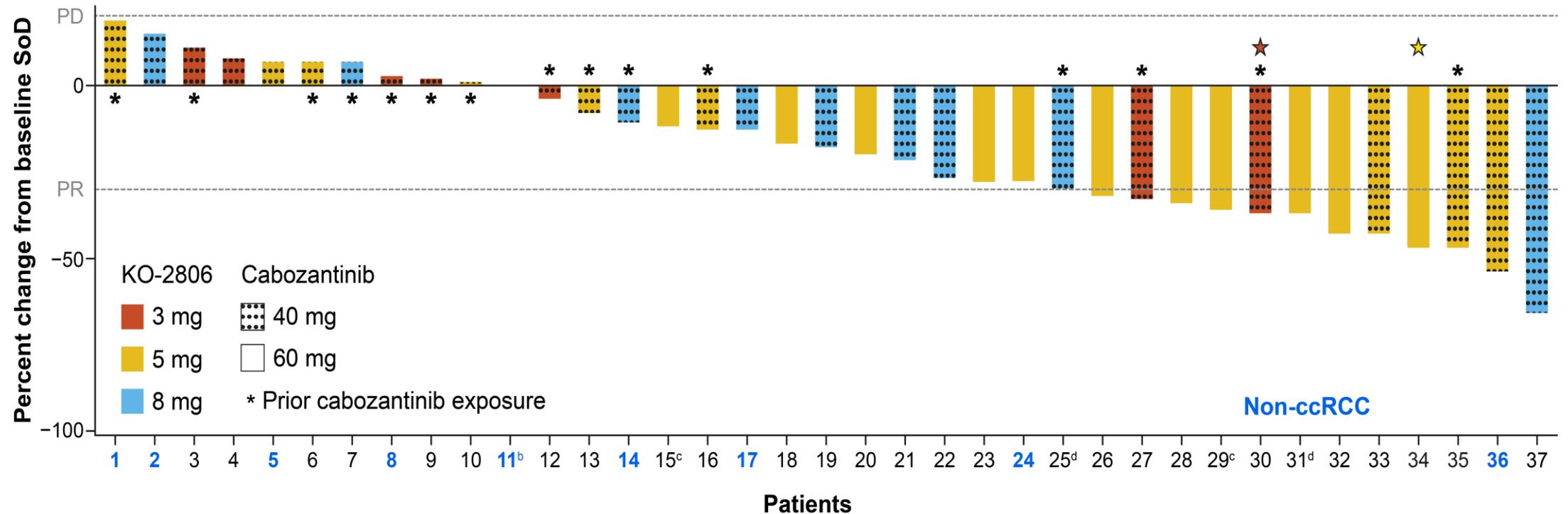
- mTOR is a clinically validated target, and FTIs reduce mTOR activation by blocking RHEB farnesylation
- RHEB/mTOR inhibition is relevant to anti-VEGF TKIs, KRAS inhibitors and PI3Ka inhibitors

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



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.



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



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

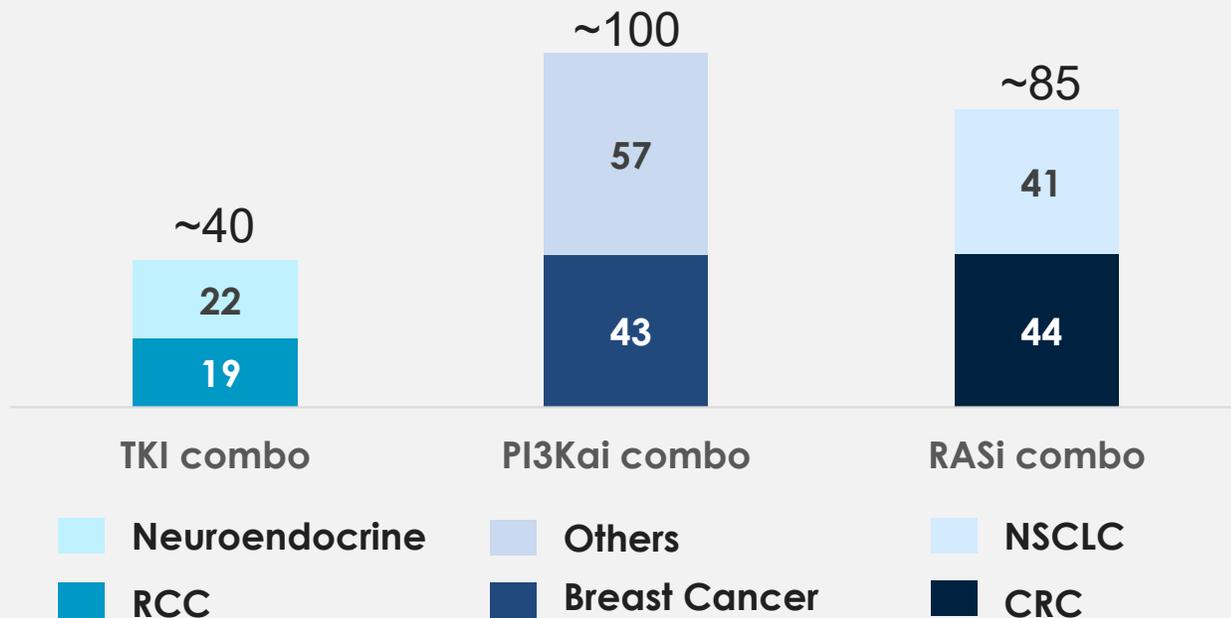
Additional Clinical Data Anticipated in 2026

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



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 PI3K α

- Potential to combine with multiple agents in KRAS- and PI3K α -driven cancers across major solid tumors
- Potential for synergistic efficacy, lifecycle management, and multi-drug revenues



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 <i>NPM1-m/KMT2A-r</i> AML	1H
Publish ven/aza combination data in R/R <i>NPM1-m</i> AML	1H
Present preliminary data from KOMET-008 cohort evaluating combination with gilteritinib in R/R <i>NPM1-m/FLT3-m</i> 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 <i>NPM1-m/FLT3-m</i> 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 <i>KRAS^{G12C}</i> -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

Publish 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



An aerial photograph of a person in a blue kayak on a body of water. The kayaker is wearing a white long-sleeved shirt, a red cap, and a life vest. The water is dark blue with some ripples. The kayak has two large circular hatches on the deck. The overall scene is captured from a high angle, looking down at the kayaker.

**THANK
YOU**

***Leading the Next Era of
Precision Medicine***