DARLIFARNIB IN RCC CLINICAL UPDATE: KCRS 2026

July 27, 2026

Our goal is to develop transformative therapies to extend and improve the lives of patients with cancer

KURA ONCOLOGY

FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements. Such statements include, but are not limited to, statements about our beliefs regarding the Company's value proposition; our research and development activities; the therapeutic potential of our product candidates; darlifarnib's potential to combine with other therapies, enhance clinical activity across entire classes of targeted therapy, and overcome resistance; the potential market opportunity for darlifarnib; the development of darlifarnib across multiple targeted therapies and disease settings; ongoing and planned clinical trials evaluating darlifarnib in combination with third-party therapies; the timing of clinical trials and the availability of clinical data; and our cash runway. The words "believe," "may," "should," "will," "estimate," "plan," "continue," "anticipate," "intend," "expect," "potential," and similar expressions (including the negative thereof) are intended to identify forward-looking statements. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. These risks include, among others: the risk that the Company may not achieve the value proposition we currently anticipate; the risk that our clinical trials may not be successful; the risk that results observed in preclinical studies or early clinical trials may not be predictive of results in later clinical trials, and that our product candidates may fail to demonstrate the safety or efficacy suggested by preclinical or early clinical data; the risk that we may not be successful in entering into or maintaining clinical collaboration and supply arrangements with third-party manufacturers, or in otherwise obtaining access to compounds we seek to evaluate in combination with our product candidates; the risk that the U.S. Food and Drug Administration may not permit our planned studies to proceed on the anticipated timelines, or at all, or may otherwise delay, restrict, or prevent the development, regulatory approval, or commercialization of our product candidates; delays in the initiation, enrollment, completion, or analysis of clinical trials, or in the reporting of data from such clinical trials; challenges in clinical trial design or execution, which could result in increased costs and delays, or limit our ability to obtain regulatory approval; the risk that our product candidates may not demonstrate adequate safety or efficacy, receive regulatory approval, or be successfully commercialized; the risk that the anticipated market opportunity for the Company's product candidates may differ from our current expectations; and our ability to obtain additional financing. Additional risks and uncertainties may emerge from time to time, and it is not possible for the Company's management to predict all such risks 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. 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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KURA ONCOLOGY HAS A COMPELLING VALUE PROPOSITION IN 2026 AND BEYOND

Ziftomenib

- **FDA Approved KOMZIFTI®** for adult R/R *NPM1*-mutated AML patients
- Robust new patient starts and **early launch momentum**
- Advancing ziftomenib to address up to **50% of AML patients**
- **Multiple 2026 readouts** expected to support ziftomenib as a **broadly combinable AML backbone**

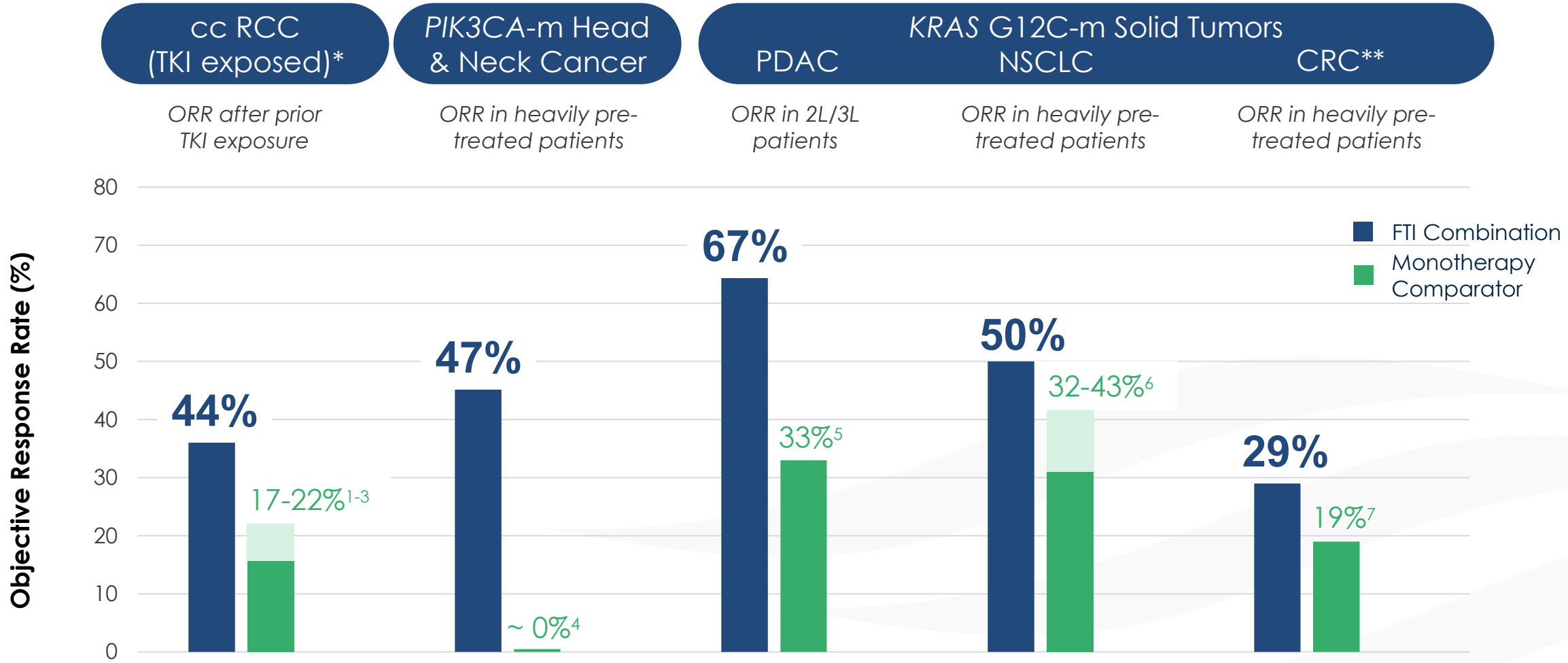
Darlifarnib

- Mechanism-driven, targeted therapy-agnostic **combination platform**
- Phase 1b expansion with **cabozantinib in RCC** underway
- Phase 1a escalation with **daraxonrasib in 2L+ PDAC** planned
- Precision combination(s) platform study has potential to provide **additional optionality and value creation**

Strong Financial Position: $580.8M in cash and investments as of 3/31/26, plus $180M in anticipated payments

PRECISION COMBINATIONS. BETTER PATIENT OUTCOMES.

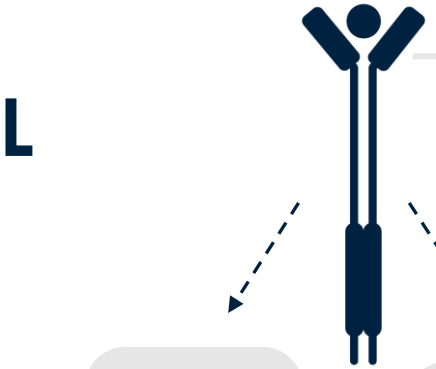
MEANINGFUL CLINICAL ACTIVITY HAS BEEN DEMONSTRATED WITH FTI COMBINATIONS IN 3 OF 3 CLINICAL SETTINGS



*IKCS EU2026. **In KRASi-naïve patients. [1]Choueiri TK *et al. Lancet Oncol.* 2016;17(7):917–927; [2]Choueiri TK *et al. N. Engl. J. Med.* 2024;391(8):710–721; [3]Rini BI *et al. Lancet Oncol.* 2020;21:95–104; [4] Juric D *et al. J. Clin. Oncol.* 2018;36(13):1291-1299. [5]Bekaii-Saab TS *et al. J. Clin. Oncol.* 2023;41(25):4097-4106; [6]Jänne PA *et al. N. Engl. J. Med.* 2022;387:120-131; Mok TSK *et al. J Clin. Oncol.* 2024;42(17 Suppl.):LBA8509; [7]Yaeger R *et al. N. Engl. J. Med.* 2023;388:44-54.

CLINICAL ACTIVITY OF DARLIFARNIB HAS POTENTIAL APPLICABILITY TO ENTIRE CLASSES OF TARGETED THERAPY

MULTIPLE OPPORTUNITIES FOR BOTH GO-IT-ALONE AND COLLABORATION



VEGFR TKIs and multi kinase inhibitors

- **cabozantinib***
- zanzalintinib
- axitinib
- lenvatinib
- combinations with immunotherapies

KRAS

PI3Kα

PI3Kα Inhibitors

- **alpelisib***
- inavolisib
- RLY-2608
- STX-478

RAS Inhibitors

- **adagrasib***
- sotorasib
- daraxonrasib
- divarasib
- elironrasib
- KRAS G12X and pan-RAS inhibitors in development

MAPK

AKT

RHEB

inactive

RHEB

active

FTase

DARLIFARNIB

mTORC1

4EBP1

S6K

S6

*Kura has generated Phase 1 clinical data for FTI combination

FARNESYL TRANSFERASE INHIBITOR (FTI) DARLIFARNIB COMBINED WITH CABOZANTINIB IN RENAL CELL CARCINOMA (RCC): UPDATED PHASE 1A RESULTS FROM FIT-001

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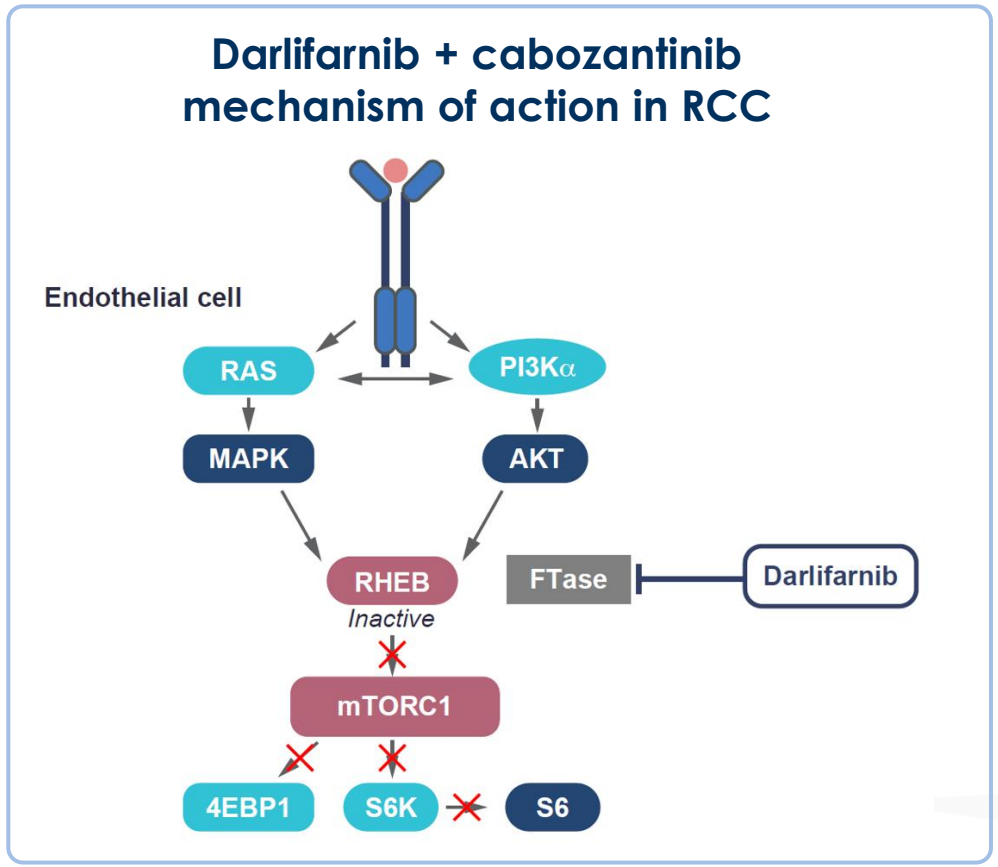
[1]Stephenson Cancer Center, University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA; [2]Mayo Clinic Comprehensive Cancer Center, Phoenix, AZ, USA; [3]Division of Hematology-Oncology, University of California Los Angeles Medical Center, Los Angeles, CA, USA; [4]Genitourinary Cancer Research, Sarah Cannon Research Institute, Nashville, TN, USA; [5]Gastrointestinal Cancer Research, Sarah Cannon Research Institute, Nashville, TN, USA; [6]Center for Head and Neck Oncology, Dana-Farber Cancer Institute, Boston, MA, USA; [7]Sarah Cannon Research Institute at HCA HealthONE, Denver, CO, USA; [8]Division of Medical Oncology, Department of Medicine, University of Southern California Norris Comprehensive Cancer Center, Los Angeles, CA, USA; [9]Florida Cancer Specialists, Sarah Cannon Research Institute, Sarasota, FL, USA; [10]Division of Hematology, Oncology and Blood & Marrow Transplantation, University of Iowa Hospitals and Clinics, Iowa City, IA, USA; [11]University of Texas MD Anderson Cancer Center, Houston, TX, USA; [12]Kura Oncology, Inc., San Diego, CA, USA

DISCLOSURES

Dr. Ayanambakkam's disclosures include consulting or advisory roles with Regeneron, Pfizer Oncology, Astellas Pharma, Bristol Myer Squibb – WINN CDA, Pharmacosmos Therapeutics, Natera Oncology, Foundation Medicine, National Cancer Institute, Native American Center of Cancer Health Excellence, AVEO, Johnson & Johnson, Kura Oncology.

DARLIFARNIB CAN ENHANCE ACTIVITY OF VEGFR-TKIs IN RCC



- VEGFR-TKIs are active for advanced RCC but are limited by **persistent mTORC1 signaling that promotes tumor growth, angiogenesis, and disease progression**[1–4]
  - Outcomes with **existing and emerging TKI or HIF-2a monotherapies** in 2L+ are modest (**ORRs 18%–40%,** mPFS 6–11 months)[5–9]
- **Darlifarnib**, a potent next-generation FTI, blocks RHEB farnesylation, resulting in **selective mTORC1 inhibition while sparing mTORC2**[4]
  - Previous evaluation of darlifarnib plus cabozantinib in patients with prior cabozantinib treatment demonstrated ORR 44% and DCR 94%[10]

[1]Sharma R *et al. J. Exp. Clin. Cancer Res.* 2021;40:186; [2]Yakes FM *et al. Mol. Cancer Ther*. 2011;10:2298–2308; [3]Cancer Genome Atlas Research Network. *Nature* 2013;499:43–9; [4]Gasendo JG *et al. Mol. Cancer Ther*. 2026; doi: 10.1158/1535-7163.MCT-25-0449; [5]Rini BI *et al. Lancet Oncol*. 2020;21:95-104; [6]Choueiri TK *et al. N. Engl. J. Med*. 2024;391:710-721; [7]Albiges L *et al. Oncologist*. 2024;29(Suppl 1):42; [8]Choueiri TK *et al. N. Engl. J. Med*. 2015;373:1814-1823; [9]Motzer RJ *et al.* ASCO GU 2026. Oral Abstract LBA417; [10]Zakharia Y *et al.*
2026 IKCS: Europe, Poster C8.

FIT-001: PHASE 1a OF DARLIFARNIB AND CABOZANTINIB IN LOCALLY ADVANCED OR METASTATIC RCC

Key Eligibility Criteria

- Age ≥18 years
- Histologically or cytologically confirmed RCC
- ccRCC: ≥1 prior systemic therapy with IO-based treatment
- Non-ccRCC: Treatment naive or received any prior systemic therapy
- Karnofsky PS ≥70
- No active CNS metastases

Key Endpoints

- Safety and tolerability
- Antitumor activity
- Pharmacokinetics

Phase 1a Dose Escalation[a,b]

Darlifarnib administered orally QD on Days 1–7 and 15–21 plus cabozantinib administered orally QD in 28-day cycles

Cabozantinib-naive ccRCC

- Darlifarnib 8 mg[c] + Cabozantinib 60 mg
- Darlifarnib 5 mg[c] + Cabozantinib 60 mg
- Darlifarnib 3 mg + Cabozantinib 60 mg

- Darlifarnib 8 mg + Cabozantinib 40 mg
- Darlifarnib 5 mg + Cabozantinib 40 mg
- Darlifarnib 3 mg + Cabozantinib 40 mg

Phase 1b Expansion and Dose Optimization in ccRCC

NCT06026410

[a]Each individual patient will receive one of the planned dose levels of darlifarnib + cabozantinib; [b]Darlifarnib + adagrasib combination for patients with *KRAS* G12C-mutated NSCLC, CRC, or PDAC is also being assessed; [c]Darlifarnib 5 mg and 8 mg + cabozantinib 60 mg cohorts enrolled cabozantinib-naive ccRCC patients only.

BASELINE CHARACTERISTICS

All RCC Patients (including both cabozantinib-naïve and cabozantinib-experienced)

n (%)	Total (N=72)
Median age, years (range)	67 (24–83)
Male	55 (76)
Race	
White	54 (75)
Non-White[a]	18 (25)
RCC type	
Clear cell	58 (81)
Non-clear cell	13 (18)
Karnofsky PS	
80–100	71 (99)
50–70	1 (1)
Prior therapy lines, median (range)[b]	2 (1–7)
IO only[c]	22 (31)
IO + TKI combination	48 (67)
Cabozantinib (any line)[d]	27 (38)
HIF-2α inhibitor	12 (17)

- As of May 8, 2026, **72 RCC patients** were treated with the combination across dose escalation cohorts
  - 27 patients remained on treatment
  - Median follow-up time was 8.8 months (range 0.9–20.6)
- Patients were **heavily pretreated** with >50% having ≥2 prior lines of therapy
- Most patients had prior IO and/or TKI exposure

[a]Includes Black or African American, Asian, American Indian or Alaska Native, Other, and Multiple; [b]Patients may have received multiple prior therapies; [c]Includes IO as monotherapy or doublet; [d]Darlifarnib 5 mg and 8 mg + cabozantinib 60 mg cohorts enrolled cabozantinib-naive patients only.

Data cutoff: May 8, 2026

SAFETY AND TOLERABILITY OF THE COMBINATION

All RCC Patients (including both cabozantinib-naïve and cabozantinib-experienced)

n (%)	Total (N=72)	
	Any-Grade	Grade ≥3
TEAEs (≥30% of all patients)		
Diarrhea	46 (64)	6 (8)
Fatigue	36 (50)	7 (10)
Neutropenia	34 (47)	27 (38)
Nausea	32 (44)	0
Decreased appetite	26 (36)	0
Stomatitis	24 (33)	1 (1)
Palmar-plantar erythrodysesthesia syndrome	22 (31)	1 (1)

n (%)	Related to darlifarnib	Related to cabozantinib	Total (N=72)
TEAEs, any grade	65 (90)	69 (96)	71 (99)
Grade ≥3	42 (58)	41 (57)	55 (76)
Serious TEAEs, any grade	11 (15)	13 (18)	29 (40)
Death	1 (1)[a]	1 (1)[b]	4 (6)[c]
DLTs[d]	-	-	4 (6)

- The safety and tolerability profile was broadly consistent with reported safety profiles of each study drug[1–3]
- Supportive care, including for neutropenia, was not allowed during the DLT period[e]

[a]Due to pneumonia; [b]Due to cardiac arrest; [c]Due to cardiac arrest (n=2), pneumonia (n=1), septic shock (n=1); [d]DLTs were neutropenia (2 grade 3, 1 grade 4) and aspartate aminotransferase increased (1 grade 3); [e]DLT period was the first 28 days of cycle 1.

[1]Lacy S *et al. Cancer Chemother Pharmacol.* 2018;81:1061–1070. [2]Ayanambakkam A *et al.* ESMO 2025. Poster 2604P. [3]Hanna GJ *et al.* ESMO 2025, Poster 981P.
Data cutoff: May 8, 2026

ENCOURAGING ANTI-TUMOR ACTIVITY

Cabozantinib-Naive ccRCC[a]

n (%) [95% CI]	Darlifarnib + Cabozantinib 40 mg (N=6)	Cabozantinib 60 mg[b]		
		Darlifarnib 3 mg (n=6)	Darlifarnib 5 mg (n=10)	Darlifarnib 8 mg (n=12)
ORR (CR+PR)	2 (33) [4.3–77.7]	2 (33) [4.3–77.7]	5 (50)[c] [18.7–81.3]	4 (33) [9.9–65.1]
DCR (CR+PR+SD)	5 (83) [35.9–99.6]	6 (100) [54.1–100]	8 (80) [44.4–97.5]	12 (100) [73.5–100]
CBR[d]	5 (83) [35.9–99.6]	2 (33) [4.3–77.7]	7 (70) [34.8–93.3]	7 (58) [27.7–84.8]

- Encouraging antitumor activity was observed in this pretreated population
  - ORRs 33%–50%, and median DOR was not estimable
  - 47% of cabozantinib-naïve patients had prior TKI
- ccRCC patients with prior cabozantinib exposure have also had encouraging responses to the combination[1]

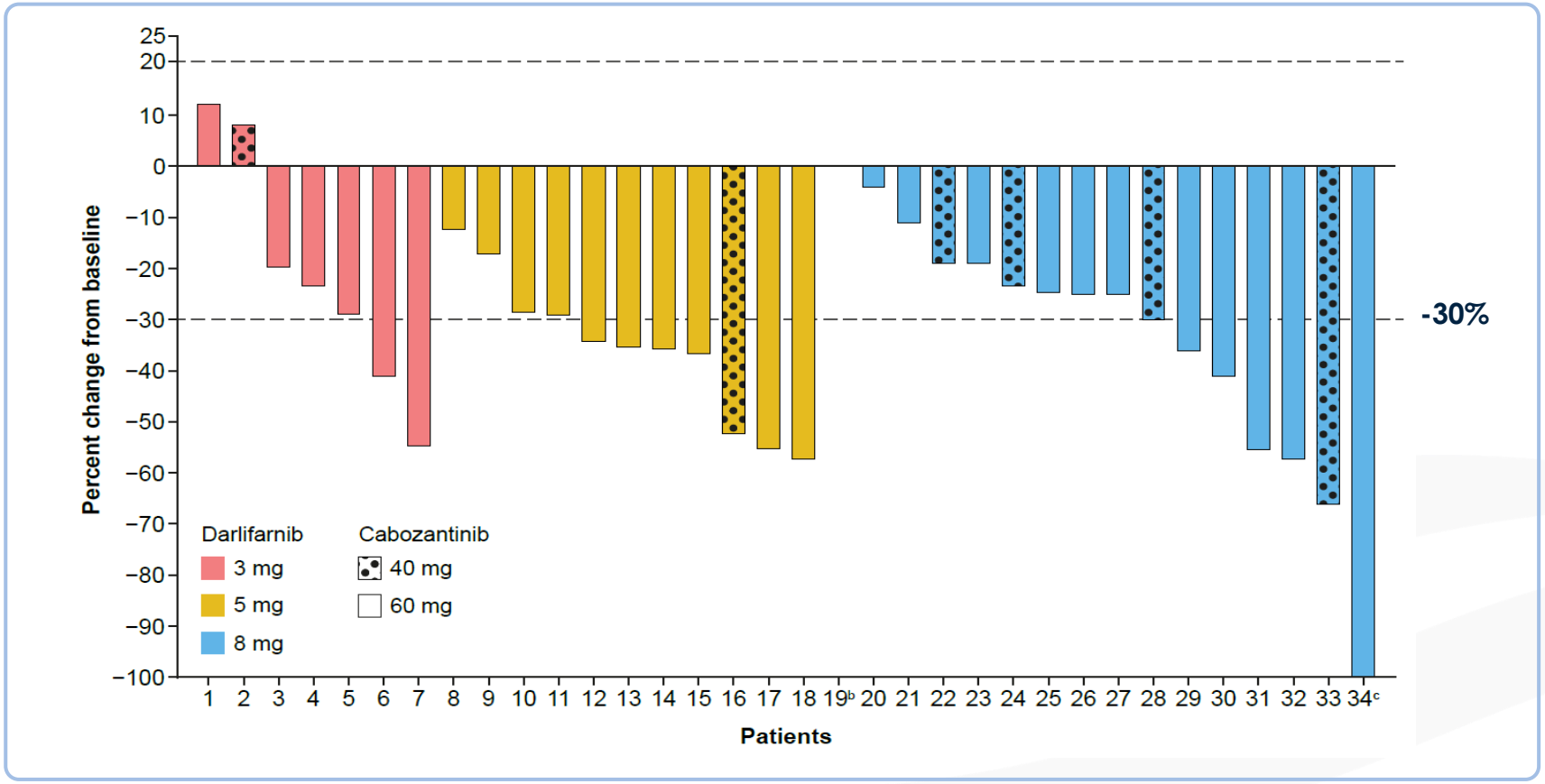
[a]Response-evaluable patients had ≥1 post-baseline scan; [b]Cabozantinib 40 mg cohorts were enrolled before cabozantinib 60 mg cohorts; [c]One PR was unconfirmed; patient withdrew consent for non-study related reason; [d]CBR defined as confirmed CR, confirmed PR, or SD duration ≥24 weeks.

[1]Zakharia Y *et al.* 2026 IKCS: Europe. Poster C8.

Data cutoff: May 8, 2026

ENCOURAGING ANTI-TUMOR ACTIVITY (ORR AND DCR)

Cabozantinib-Naive ccRCC[a] best percent change from baseline in target lesion size



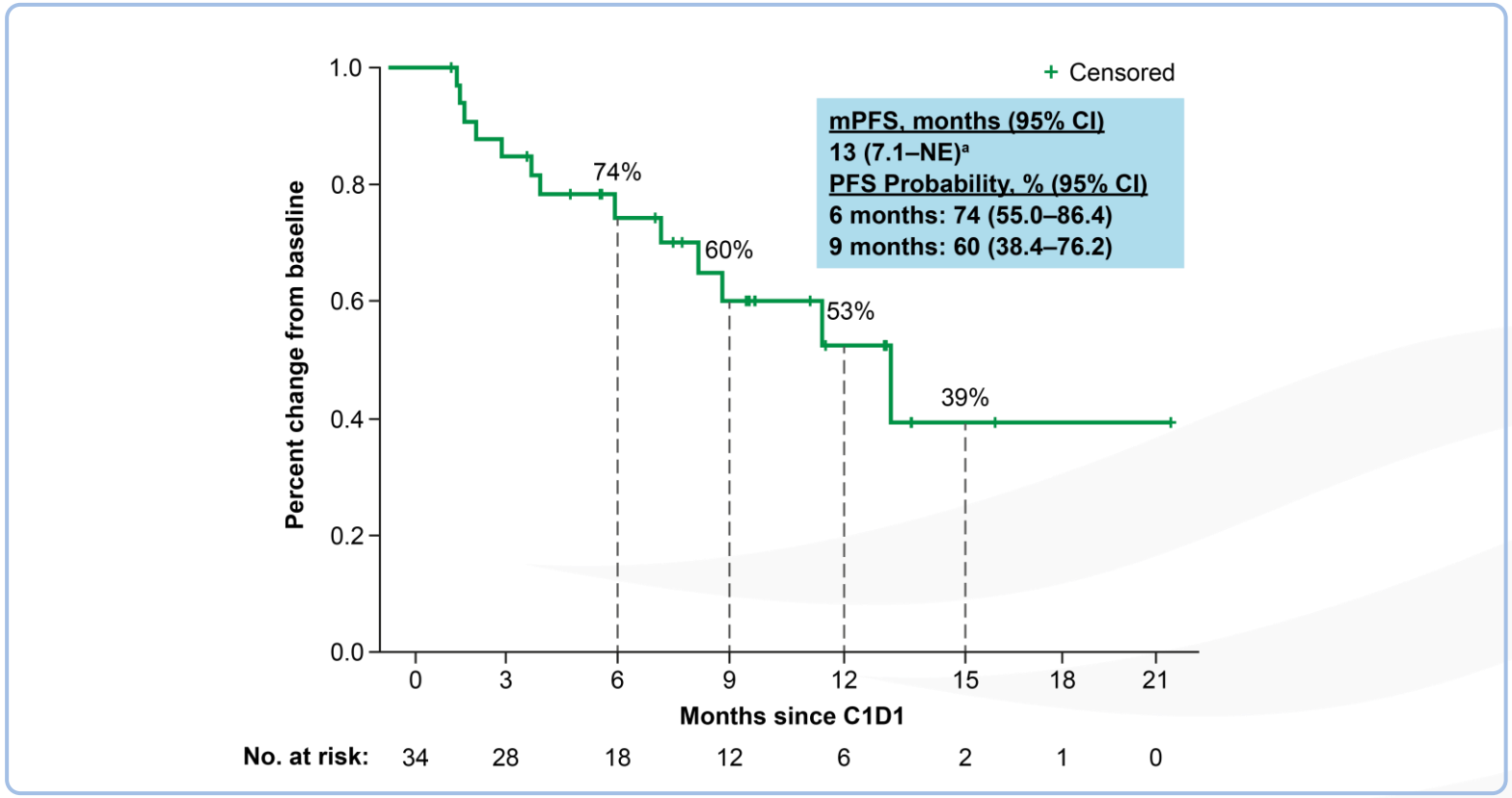
[a]Response-evaluable patients had ≥1 post baseline scan; [b]Patient received darlifarnib 8 mg + cabozantinib 60 mg; [c]Response was considered PR because 100% tumor reduction was observed in target lesion but not in non-target lesions.

Data cutoff: May 8, 2026

DURATION OF TREATMENT AND CLINICAL OUTCOMES

Cabozantinib-Naive ccRCC

- Durable clinical benefit was observed across all evaluated combination dose levels, with more than half of patients remaining on treatment at data cutoff

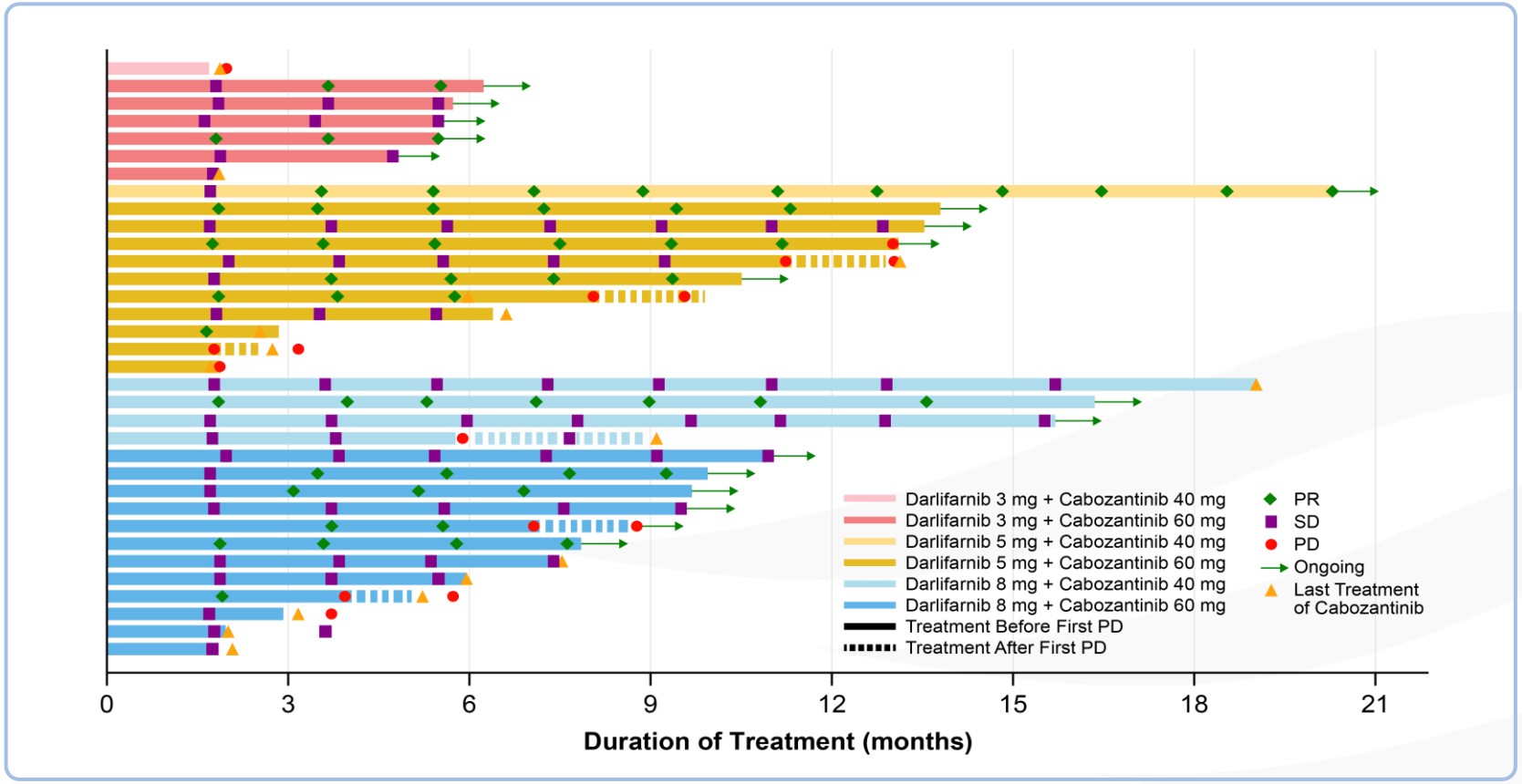


[a]Median follow up was 9.4 months (95% CI 6.9–12.8); PFS is aggregated across dose levels and follow up varied by dose level.
Data cutoff: May 8, 2026

DURATION OF TREATMENT AND CLINICAL OUTCOMES

Cabozantinib-Naive ccRCC time on treatment and response in evaluable patients

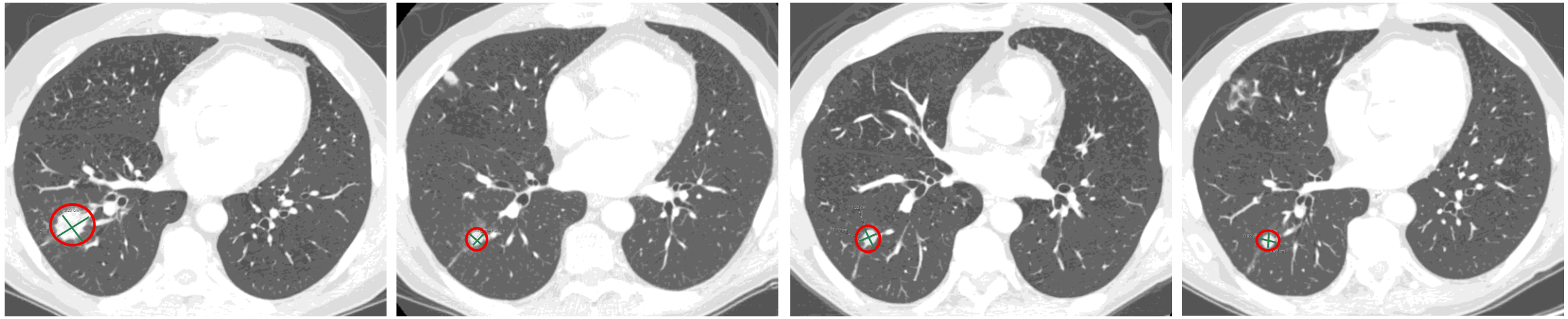
- Durable clinical benefit was observed across all evaluated combination dose levels, with more than half of patients remaining on treatment at data cutoff



Data cutoff: May 8, 2026

DURABLE PR IN A CABOZANTINIB-NAÏVE ccRCC PATIENT

RLL Lung Nodule



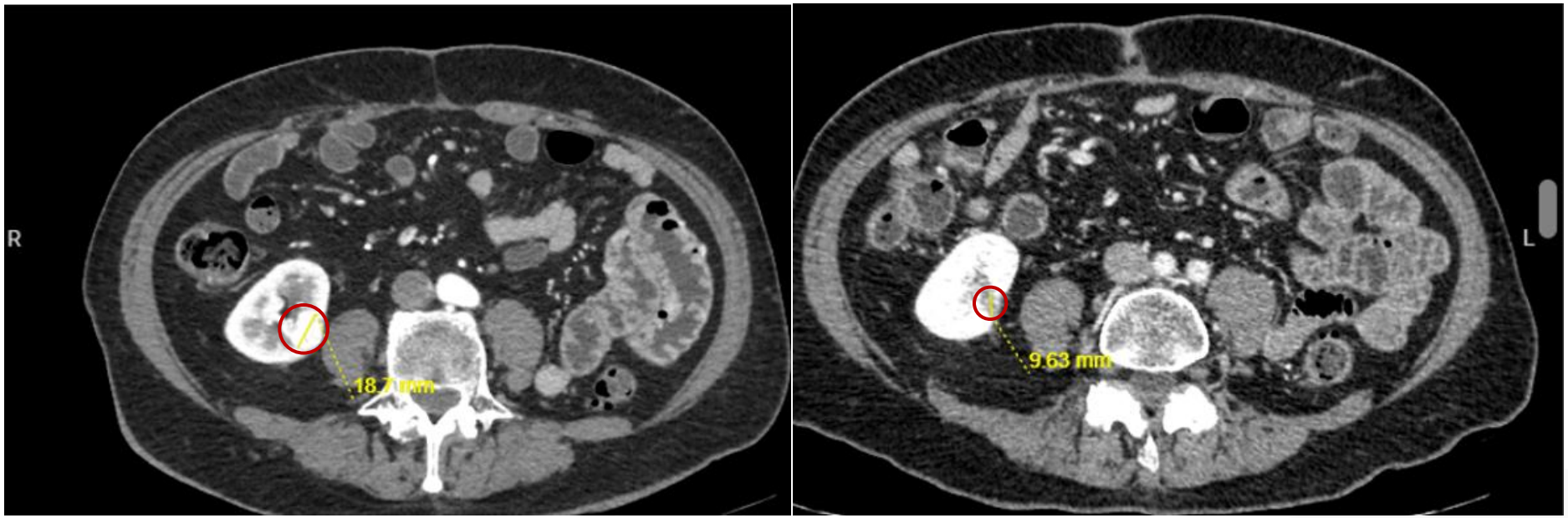
Screening → Week 8 → Week 16 → Week 24

- 66-year-old male with ccRCC diagnosed in 2023
- Prior therapy included first line ipilimumab + nivolumab with a BOR of PD
- Initiated darlifarnib 5 mg + cabozantinib 60 mg Jan 2025
  - Confirmed durable PR from week 8 through week 48; 37% reduction was observed at week 8, with deepest response of 55% at week 40

Tumor shrinkage and PR achieved at week 8, and maintained at week 48

DURABLE ACTIVITY IN AN ADVANCED ccRCC PATIENT

Right Renal Mass



Screening → **Week 32**

- 74-year-old male with ccRCC diagnosed in 2022
- **Prior therapy included first line zanzalintinib + nivolumab with a BOR of PR, discontinued due to PD**
- Initiated darlifarnib 3 mg + cabozantinib 60 mg Oct 2025
  - Confirmed durable PR from week 8 through week 24; 33% reduction was observed at week 8, with deepest response of 54% at week 24

Tumor shrinkage and PR achieved at week 8, and maintained at week 32

CONCLUSIONS

CLINICAL ACTIVITY

- With long-term follow-up, the combination has demonstrated **durable and encouraging antitumor activity** in cabozantinib-naive and -exposed patients[1], with **ORRs of 33%–50% and mPFS of 13 months** in cabozantinib-naive patients from the FIT-001 phase 1a study

SAFETY

- The combination was **well tolerated with a safety profile that was manageable** with dose modifications and consistent with reported component adverse events[2–4]
  - Neutropenia was successfully managed with dose interruption/reduction and supportive care after the initial DLT period

NEXT STEPS

- Together, these data support continued development of darlifarnib in combination with cabozantinib and other VEGFR-TKIs to further evaluate its potential to **enhance antiangiogenic and antitumor activity in patients with ccRCC**
  - FIT-001 phase 1b is currently enrolling cabozantinib-naive ccRCC patients (**NCT06026410**)

[1]Zakharia Y *et al.* 2026 IKCS: Europe. Poster C8; [2]Lacy S *et al. Cancer Chemother. Pharmacol.* 2018;81:1061-1070; [3]Ayanambakkam A *et al.* ESMO 2025. Poster 2604P; [4]Hanna GJ *et al.* ESMO 2025, Poster 981P.

FIT-001: PHASE 1B COMBINATION TRIAL IN CABOZANTINIB-NAIVE LOCALLY ADVANCED OR METASTATIC ccRCC

Dose Optimization to Establish Recommended Phase 3 Dose is Ongoing in Phase 1b (NCT06026410)

Key Eligibility Criteria

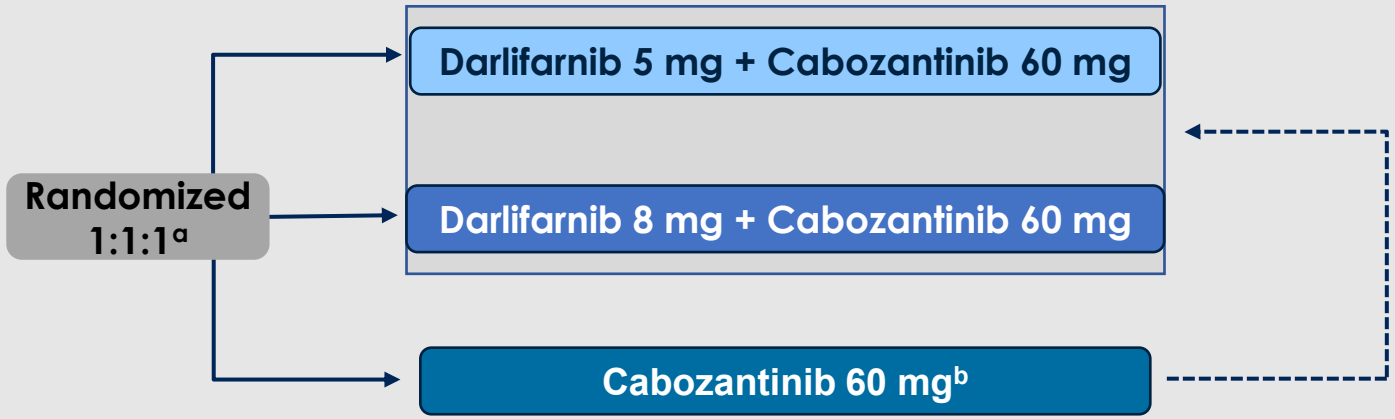
- ≥1 prior systemic therapy with IO-based treatment
- Cabozantinib-naive ccRCC

Key Endpoints

- Safety and tolerability
- Antitumor activity
- Pharmacokinetics

Phase 1b: Expansion and Dose Optimization in ccRCC

Darlifarnib administered orally on QD Days 1–7 and 15–21 plus cabozantinib administered orally QD in 28-day cycles



Phase 1b study is open and enrolling (NCT06026410)

[a]Patients will be stratified based on prior non-cabozantinib TKI exposure (naive or exposed); [b]Crossover to combination cohort allowed upon progression on cabozantinib monotherapy.

COMBINATION LANDSCAPE AND ANTICIPATED NEXT STEPS

Mollie Leoni, M.D.

SUMMARY OF THE DARLIFARNIB PROGRAM IN RCC

- **MOA:** New class of treatment for RCC
- **Clinical Activity:** Demonstrated mechanism of action for darlifarnib and ability to enhance clinical activity of cabozantinib in ccRCC
- **Safety/Tolerability:** Manageable profile for darlifarnib + cabozantinib in advanced RCC
- **Dose Optimization:** Randomized Phase 1b cohort (darlifarnib + cabozantinib) actively enrolling
  - Goal: Establish recommended Phase 3 dose for future registrational study
  - Preliminary Phase 1b data expected in 2H 2027
- **Initial Development Opportunities:** 2/3L+ advanced RCC
- **Additional Combinations:** Of interest

DARLIFARNIB + CABOZANTINIB IMPROVING UPON REPORTED ACTIVITY IN RCC POPULATION

Darlifarnib FIT-001	ORR	mPFS	mOS
Ph1a darlifarnib + cabozantinib	33-50%	13 mos	NE

2L Cabozantinib Benchmarks

	ORR	mPFS	mOS
Cabozantinib (Phase 2 CaboPoint Cohort B)[1]	27.5%	8.3 mos	24.1 mos
Cabozantinib (Phase 3 LITESPARK-011)[2]	40.0%	10.7 mos	27.6 mos

Key Attributes of the Combination for 2L Therapy

- Manageable safety and tolerability
- Differentiated activity
- Mechanism-driven combination
- Potential to overcome resistance

[1]Albiges L *et al. Eur. Urol.* 2026;89(3):210-219; [2]Symposium, LBA417 (https://www.asco.org/abstracts-presentations/256659/slides).

STRONG OPPORTUNITY TO ENHANCE CLINICAL BENEFIT RELATIVE TO CURRENT 3L+ STANDARDS

Darlifarnib FIT-001	ORR	mPFS	mOS
Ph1a darlifarnib cabozantinib +	33-50%	13 mos	NE

3L Benchmarks

	ORR	mPFS	mOS
Tivozanib[1] (TIVO-3)	18%	5.6 mos	16.4 mos
Belzutifan[2] (LITESPARK-005)	23%	5.6 mos	21.4 mos

Key Attributes of the Combination for 3L+ Therapy

- High unmet need (*no dominant standard after failure of IO- and VEGF-based therapies*)
- Differentiated activity (*particularly in progression-free survival*)
- Commercially attractive (*builds upon familiar standard of care TKI*)

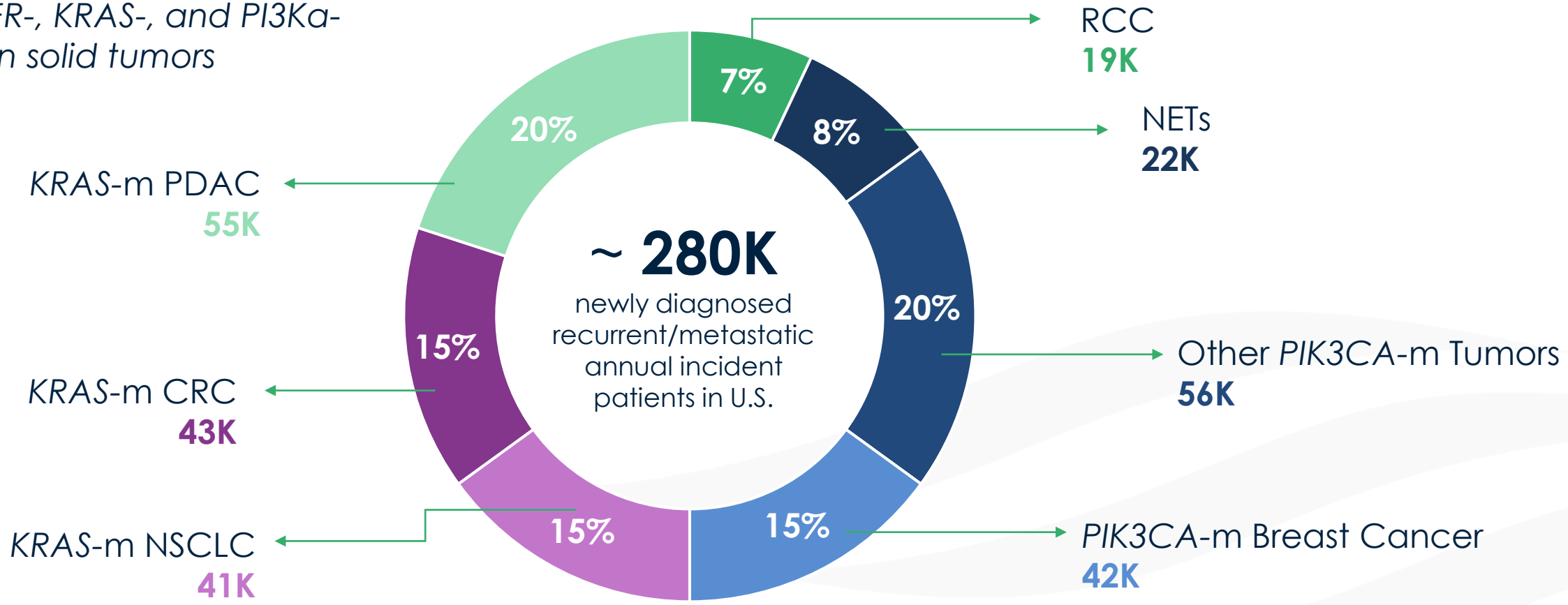
[1]Johns AC *et al. Oncologist.* 2024;29(7):589-595; [2]Choueiri TK *et al. N Engl J Med.* 2024;391(8):710-721.

CLOSING REMARKS

Troy Wilson, Ph.D., J.D.

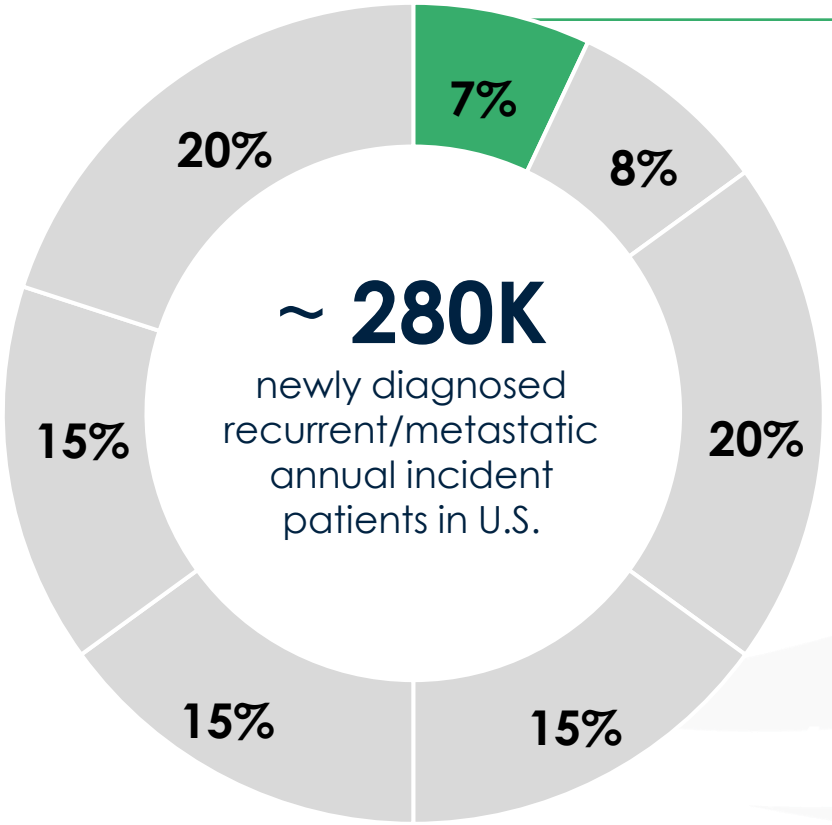
LARGE POTENTIAL MARKET OPPORTUNITY FOR DARLIFARNIB

Potential to combine with targeted therapies in VEGFR-, KRAS-, and PI3Kα-driven solid tumors



Data sources include Decision Resources Group, Market Forecast Dashboard, 2025; Jalbert JJ *et al. Oncologist* 2020;25(4):e644–e650; Lim TKH *et al. Lung Cancer* 2023;184:107293; Cascetta P *et al. Cancers* 2022;14(21):5430.

INITIAL ADDRESSABLE MARKET FOR DARLIFARNIB IN THE 2L/3L RENAL CELL CARCINOMA LANDSCAPE



Market Opportunity (per year)

RCC[1] $8B/yr

$6B in 2L (12K)
$2B in 3L+ (9K)

[1]RCC Assumptions: Overall RCC epidemiology based on DRG RCC Forecast Report, 2025; 2L: 12K eligible patients; 3L: 9K eligible patients annually; DOT 2L: 15 months, 3L 8 months; $40K/month per patient.

KURA ONCOLOGY HAS A COMPELLING VALUE PROPOSITION IN 2026 AND BEYOND

Ziftomenib

- **FDA Approved KOMZIFTI®** for adult R/R *NPM1*-mutated AML patients
- Robust new patient starts and **early launch momentum**
- Advancing ziftomenib to address up to **50% of AML patients**
- **Multiple 2026 readouts** expected to support ziftomenib as a **broadly combinable AML backbone**

Darlifarnib

- Mechanism-driven, targeted therapy-agnostic **combination platform**
- Phase 1b expansion with **cabozantinib in RCC** underway
- Phase 1a escalation with **daraxonrasib in 2L+ PDAC** planned
- Precision combination(s) platform study has potential to provide **additional optionality and value creation**

Strong Financial Position: $580.8M in cash and investments as of 3/31/26, plus $180M in anticipated payments

QUESTIONS & ANSWERS

ABBREVIATIONS

2L+, second line plus
3L, third line
4EBP1, 4E binding protein 1
AKT, protein kinase B
S6, protein S6
S6K, protein S6 kinase
C, cycle
cc, clear cell
CBR, clinical benefit rate
CI, confidence interval
CNS, central nervous system
CR, complete response
CRC, colorectal cancer
D, day
DCR, disease control rate
DL, dose level
DLT, dose-limiting toxicity
DOR, duration of response
DOT, duration of treatment
Ftase, farnesyl transferase
FTI, farnesyl transferase inhibitor
HIF-2a, hypoxia-inducible factor 2 alpha
IO, immuno-oncology
KRAS, Kirsten rat sarcoma viral oncogene homolog
KRASi, Kirsten rat sarcoma viral oncogene homolog inhibitor
m, median
MAPK, mitogen-activated protein kinase
mos, months
mOS, median overall survival
mPFS, median progression-free survival
mTORC1, mammalian target of rapamycin complex 1
NE, not evaluable
NETs, neuro endocrine tumors
NSCLC, non-small cell lung cancer
ORR, objective response rate
PD, progressive disease
PDAC, pancreatic ductal adenocarcinoma
PI3Kα, phosphoinositide 3-kinase
PFS, progression-free survival
PR, partial response
PS, performance status
QD, once daily
RCC, renal cell carcinoma
RAS, rat sarcoma virus
RHEB, Ras homolog enriched in brain
SD, stable disease
SOC, standard of care
TEAE, treatment-emergent adverse event
TKI, tyrosine kinase inhibitor
TRAE, treatment-related adverse event.
VEGFR, vascular endothelial growth factor receptor

THANK YOU

Our goal is to develop transformative therapies to extend and improve the lives of patients with cancer