# ASH 2025 ANALYST AND INVESTOR EVENT

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

**December 8, 2025**

# FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements. Such statements include, but are not limited to, statements regarding our research, preclinical and clinical development activities, plans and projected timelines for ziftomenib, expectations regarding the combinability and therapeutic potential of ziftomenib with other therapies, and expectations regarding KOMZIFTI's differentiated profile and commercial potential. The words "believe," "may," "should," "will," "estimate," "promise," "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. Risks that contribute to the uncertain nature of the forward-looking statements include: our preclinical studies and clinical trials may not be successful; the U.S. Food and Drug Administration (FDA) may not agree with our interpretation of the data from clinical trials of our product candidates; we may decide, or the FDA may require us, to conduct additional clinical trials or to modify our ongoing clinical trials; we may experience 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 may arise, which could result in increased costs and delays, or limit our ability to obtain regulatory approval; our product candidates may not receive regulatory approval or be successfully commercialized; unexpected adverse side effects or inadequate therapeutic efficacy of our product candidates could delay or prevent regulatory approval or commercialization; we may not be able to obtain additional financing; KOMZIFTI may have unintended side effects; and we may experience challenges associated with market competition, market acceptance and commercialization of KOMZIFTI. 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.

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# TODAY'S AGENDA

## Review of Ziftomenib Clinical Data Presented at ASH 2025

**Ziftomenib in Combination with Venetoclax and Azacitidine in Newly Diagnosed *NPM1*-m AML**

**Ziftomenib in Combination with Venetoclax and Azacitidine in R/R *NPM1*-m or *KMT2A*-r AML**

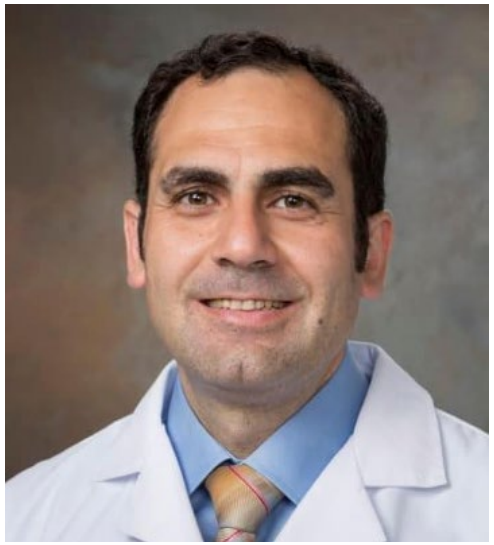
**Conclusions and Next Steps**

**Q&A Session**

# KEY OPINION LEADERS AND INVITED PARTICIPANTS

**Eunice Wang, M.D.**

- Chief of Leukemia Service, Roswell Park Comprehensive Cancer Center, Buffalo, NY
- Professor of Oncology in the Department of Medicine at Roswell Park



**Amer Zeidan, MBBS, MHS**

- Chief, Division of Hematologic Malignancies, Director of Hematology Early Therapeutics Research, Yale Cancer Center
- Associate Professor of Medicine (Hematology), Yale University

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# 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.**


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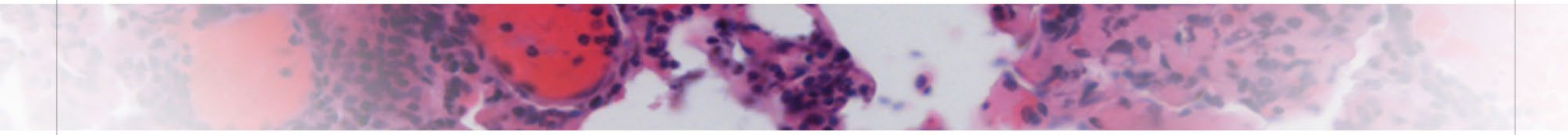
# ZIFTOMENIB + VEN/AZA IN NEWLY DIAGNOSED *NPM1*-m AML

Amer Zeidan, MBBS, MHS

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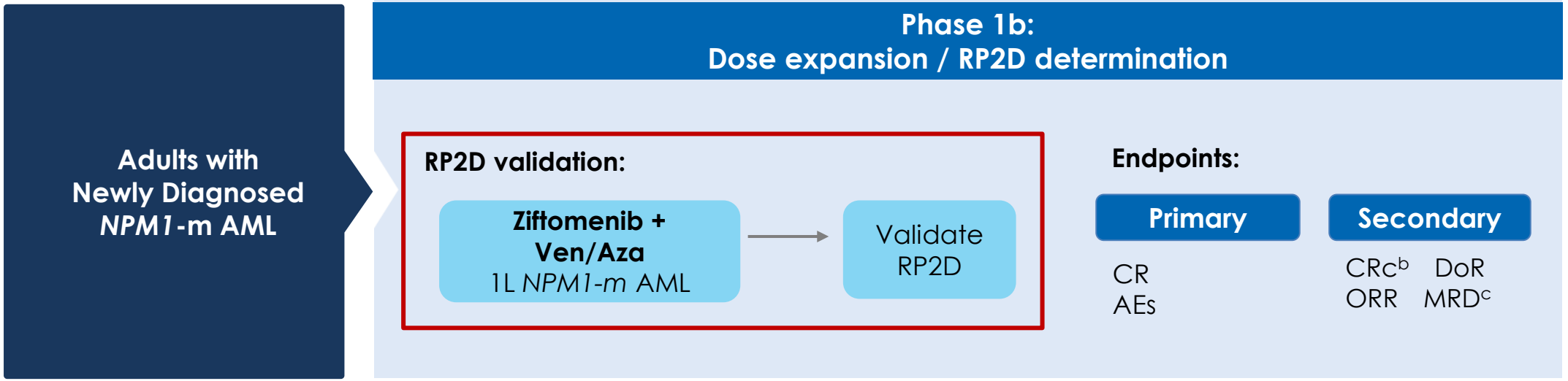
*Presented at the 67th American Society of Hematology (ASH) Annual Meeting and Exposition on December 6–9, 2024 in Orlando, FL. Presentation ID 766.*

# KOMET-007: Ongoing Phase 1 Combination Trial of Ziftomenib in Newly Diagnosed AML[a]

## Ziftomenib + Ven/Aza Combination (NCT05735184)

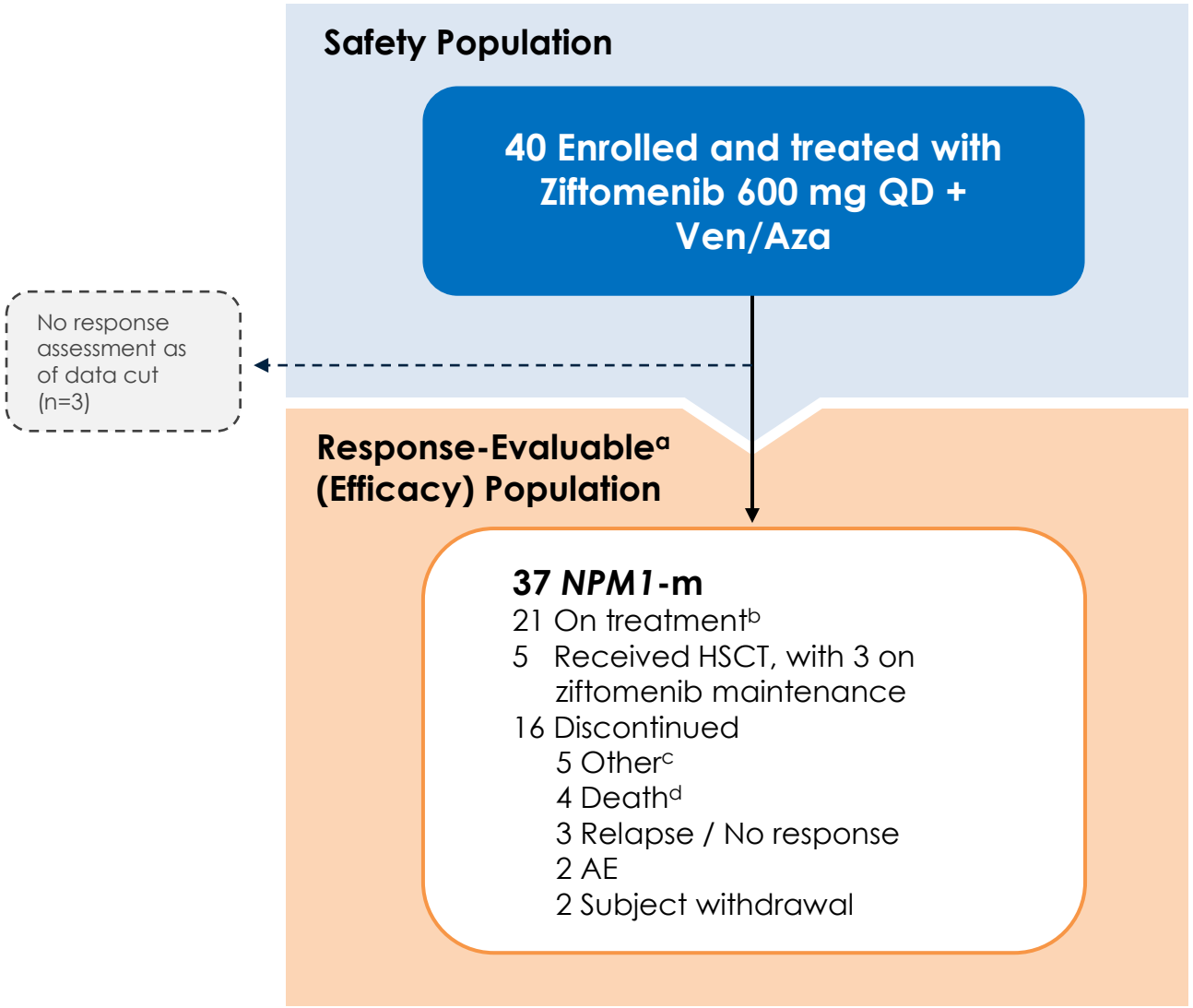



- Ziftomenib dosing started on Cycle 1 Day 8 and was administered continuously thereafter
- Ven was administered per label in 28-day cycles, with adjustments to Ven dosing and cycle length based on blast clearance in Cycle 1 bone marrow biopsy, performed between Days 14–28
- Aza was administered on Cycle 1 Days 1–7
- Patients were treated with ongoing cycles of triplet therapy based on protocol-mandated bone marrow biopsy results
- **Here we present the first safety and clinical activity results in patients with newly diagnosed *NPM1*-m AML from phase 1b treated with ziftomenib 600 mg in combination with Ven/Aza**

[a]Patients with *NPM1*-m AML from this cohort were included in the current analysis. [b]CR with full, partial, or incomplete hematologic recovery; [c]*NPM1* MRD was performed by central next-generation sequencing with $5x10^{-5}$ sensitivity

1L, first-line; AE, adverse event; CR, complete remission; CRc, composite complete remission; DoR, duration of response; MRD, measurable residual disease; ORR, objective response rate; RP2D, recommended phase 2 dose

# KOMET-007: Safety and Efficacy Populations: Newly Diagnosed AML




- As of Sep 24, 2025, 40 patients with newly diagnosed *NPM1*-m AML were enrolled and treated with ziftomenib 600 mg orally once daily + Ven/Aza
- Median follow-up was **26.1 weeks** (range 1.6–54.1)
- 70% (26/37) of patients were still on-study and 55% (21/37) were still receiving ziftomenib

[a] Patients who had ≥1 response assessment or who had died. [b] Patients who had not discontinued ziftomenib as of the data cutoff date. [c] Other reasons included: patient decision for hospice / close to home (n=2), non-compliance (n=1), moved to transplant on local maintenance protocol (n=1), physician decision (n=1). [d] Deaths included: sepsis (n=3), acute respiratory failure (n=1)

Data cutoff: Sep 24, 2025. HSCT, hematopoietic stem cell transplant; QD, once daily

# Baseline Characteristics: Newly Diagnosed AML

| n (%) | *NPM1*-m, 600 mg (N=40) |
|---|---|
| **Median age, years (range)** | 75 (53–93) |
| **Female** | 21 (53) |
| **Race** | |
| White | 31 (78) |
| Non-White / Other | 5 (13) |
| Unknown / Not reported | 4 (10) |
| **ECOG PS** | |
| 0 | 1 (3) |
| 1 | 16 (40) |
| 2 | 23 (58) |
| **Selected co-mutations[a]** | 26 (65) |
| *FLT3* | 14 (35) |
| *IDH1/2* | 9 (23) |
| **Therapy-related AML** | 0 (0) |

[a]Co-mutations can be co-occurring

Data cutoff: Sep 24, 2025. ECOG PS, Eastern Cooperative Oncology Group performance status

Newly Diagnosed

# Safety and Tolerability of Ziftomenib with Ven/Aza: Newly Diagnosed AML

## TEAEs in ≥25% of Patients

| n (%) | All TEAEs (N=40) | Ziftomenib-Related TEAEs (N=40) |
|---|---|---|
| **Any Grade** | **40 (100)** | **25 (63)** |
| Nausea | 16 (40) | 9 (23) |
| Vomiting | 16 (40) | 4 (10) |
| Diarrhea | 16 (40) | 5 (13) |
| Fatigue | 16 (40) | 8 (20) |
| Thrombocytopenia[a] | 15 (38) | 8 (20) |
| Neutropenia[b] | 15 (38) | 9 (23) |
| Leukopenia[c] | 12 (30) | 5 (13) |
| Constipation | 12 (30) | 2 (5) |
| Edema peripheral | 11 (28) | 2 (5) |
| Anemia | 10 (25) | 5 (13) |
| Aspartate aminotransferase increased | 10 (25) | 7 (18) |
| Decreased appetite | 10 (25) | 6 (15) |

- Ziftomenib's safety profile in combination with Ven/Aza appeared similar to that reported for newly diagnosed AML patients treated with Ven/Aza alone[1]

[a]Includes platelet count decreased and thrombocytopenia. [b]Includes neutrophil count decreased and neutropenia; [c]Includes white blood cell count decreased and leukopenia

**1.** DiNardo CD et al. *N Engl J Med* 2020;383:617–39

Data cutoff: Sep 24, 2025. TEAE, treatment-emergent adverse event

Newly Diagnosed

# Safety and Tolerability of Ziftomenib with Ven/Aza: Newly Diagnosed AML

## Grade ≥3 TEAEs in ≥10% of Patients

| n (%) | All Grade ≥3 TEAEs (N=40) | Grade ≥3 Ziftomenib-Related TEAEs (N=40) |
|---|---|---|
| **Grade ≥3** | **34 (85)** | **16 (40)** |
| Neutropenia[a] | 15 (38) | 8 (20) |
| Thrombocytopenia[b] | 11 (28) | 7 (18) |
| Leukopenia[c] | 10 (25) | 4 (10) |
| Anemia | 8 (20) | 5 (13) |
| Febrile neutropenia | 5 (13) | 1 (3) |
| Sepsis | 5 (13) | 1 (3) |
| Lymphocytopenia[d] | 4 (10) | 1 (3) |
| Pneumonia | 4 (10) | 0 (0) |

## Ziftomenib-Related AEs of Interest

- 1 (3%) case of differentiation syndrome (grade 2) successfully resolved with protocol-specified mitigation, and patient resumed ziftomenib
- 1 (3%) case of investigator-assessed QTc prolongation (grade 3) occurred in setting of concomitant significant electrolyte abnormalities; event resolved with electrolyte repletion, and patient successfully resumed ziftomenib

[a]Includes neutrophil count decreased and neutropenia; [b]Includes platelet count decreased and thrombocytopenia; [c]Includes white blood cell count decreased and leukopenia; [d]Includes lymphocyte count decreased and lymphocytopenia

Data cutoff: Sep 24, 2025. QTc, corrected QT interval

Newly Diagnosed

# Clinical Activity[a] of Ziftomenib with Ven/Aza: Newly Diagnosed AML

| n (%) | *NPM1*-m, 600 mg (N=37) |
|---|---|
| **CRc** | 32 (86) |
| Median time to first CRc, weeks (range) | 3.4 (2.4–9.6) |
| **ORR** | 33 (89) |
| CR | 27 (73) |
| CRh | 2 (5) |
| CRi | 3 (8) |
| MLFS | 1 (3) |
| PR | 0 (0) |
| **NR** | 1 (3) |
| **NE[b]** | 3 (8) |

- CR/CRh rates by co-mutated status were consistent with overall CR/CRh response rates:
  - *77%* (10/13) for *FLT3* and *89%* (8/9) for *IDH1/2*

[a]In patients with ≥1 response assessment or had died. [b]Post-baseline response assessment not done (n=3) at time of data cutoff

Data cutoff: Sep 24, 2025. CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; MLFS, morphologic leukemia-free state; MRD, measurable residual disease;

NE, not evaluable; NR, no response; ORR, objective response rate; PR, partial response

Newly Diagnosed

# Molecular MRD Negativity in CRc Responders: Newly Diagnosed AML

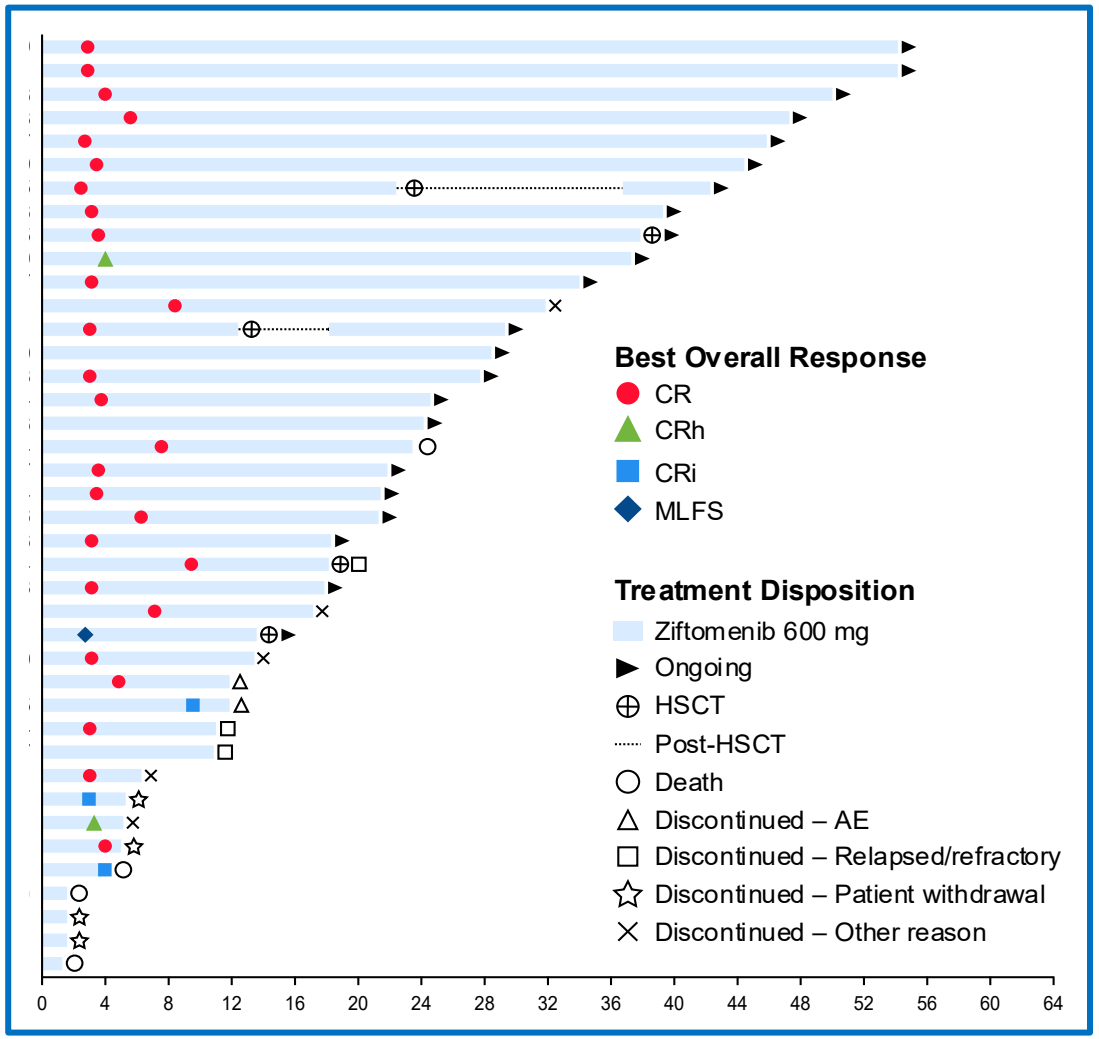
| n/N (%) | Central MRD (Threshold ≤0.1%) | Central MRD (Threshold ≤0.01%) |
|---|---|---|
| **MRD negativity rate[a]** | 17/25 (68) | 11/25 (44) |
| Median time to first MRD negativity, weeks (range) | 9.4 (4.9–22.9) | 9.6 (8.4–22.9) |
| **Timing of MRD negativity[b]:** | | |
| By Cycle 1 | 1/17 (6) | 0 |
| By Cycle 2 | 12/17 (71) | 7/11 (64) |
| By Cycle 3 | 16/17 (94) | 10/11 (91) |
| By Cycle 4[c] | 17/17 (100) | 11/11 (100) |

[a]*NPM1* MRD was performed among tested CRc responders by central next-generation sequencing with 0.005% sensitivity; protocol-defined threshold ≤0.01% was considered meaningful. [b]Among CRc responders who achieved MRD-negativity. [c]Four patients who received less than 4 cycles of therapy were just above the 0.01% MRD threshold at time of analysis; MRD assessments are ongoing

Data cutoff: Sep 24, 2025. MRD, measurable residual disease

# Duration of Treatment and Clinical Outcomes: Newly Diagnosed AML

## *NPM1*-m




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

- Median duration of CR was **not reached**[a]
- Median OS was **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]

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

Data cutoff: Sep 24, 2025

CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; MLFS, morphologic leukemia-free state; HSCT, hematopoietic stem cell transplant; OS, overall survival; PR, partial response

# ANC and Platelet Recovery in CRc Responders: Newly Diagnosed AML

| Median (range) | *NPM1*-m, 600 mg (N=32)[a] |
|---|---|
| **Days to ANC recovery ≥0.5 × $10^9$/L** | 36 (1–69) |
| **Days to ANC recovery ≥1.0 × $10^9$/L** | 37 (1–69) |
| **Days to platelet count recovery ≥50 × $10^9$/L** | 24 (0–84) |
| **Days to platelet count recovery ≥100 × $10^9$/L** | 30 (20–77) |

- Times to neutrophil and platelet count recovery were comparable to those for Ven/Aza alone[1–3]

[a] Subset of patients who reached cutoff

**1.** Gutman JA et al. *Haematologica.* 2023;108(10):2616–25. **2.** Li X et al. *Invest New Drugs*. 2025;43(4):915–23. **3.** Rausch CR et al. *Cancer*. 2021;127(14):2489–99

Data cutoff: Sep 24, 2025. ANC, absolute neutrophil count

# Conclusions

- **In the ongoing KOMET-007 study, ziftomenib 600 mg QD combined with Ven/Aza showed high rates of durable morphologic and MRD-negative CR in newly diagnosed *NPM1*-m AML**
  - 86% CRc (73% CR), with 68% molecular CRc MRD-negativity
  - Median duration of CRc and median OS were not reached as of the data cutoff
- **The addition of ziftomenib to Ven/Aza did not result in increased toxicity**
  - Myelosuppression was as expected for Ven/Aza
  - Times to neutrophil and platelet count recovery were comparable to those for Ven/Aza alone
  - One case each of differentiation syndrome (grade 2) and investigator-assessed QTc (grade 3) were successfully managed and did not require discontinuation of ziftomenib
- **Taken together, these data support advancement of this ziftomenib-based combination in the ongoing KOMET-017 (NCT07007312) randomized phase 3 study in newly diagnosed *NPM1*-m AML**

# ZIFTOMENIB + VEN/AZA IN R/R *NPM1*-m or *KMT2A*-r AML

Eunice Wang, M.D.

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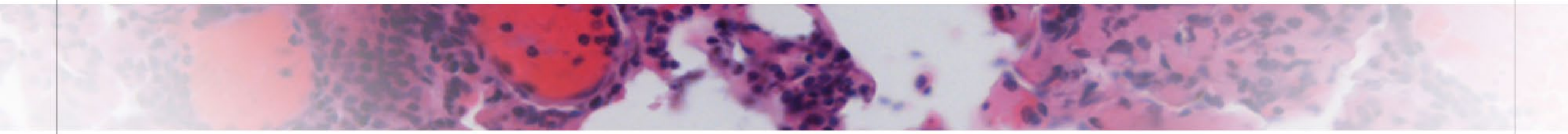

# Ziftomenib in Combination with Venetoclax and Azacitidine in Relapsed/Refractory *NPM1*-m or *KMT2A*-r Acute Myeloid Leukemia: Updated Phase 1a/b Safety and Clinical Activity Results from KOMET-007


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]

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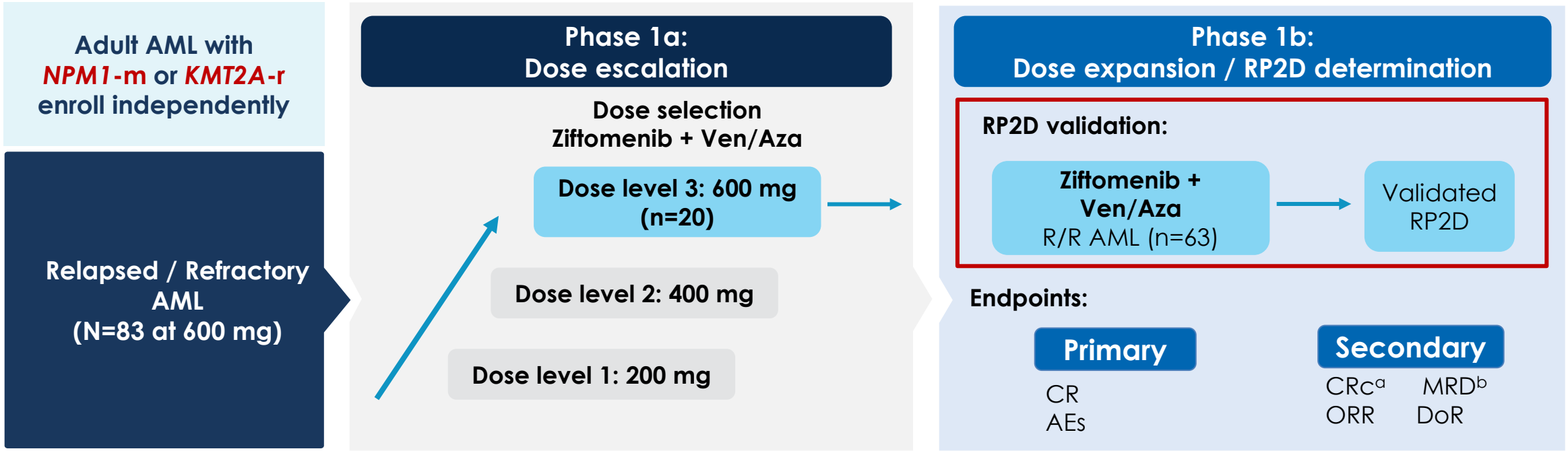
*Presented at the 67th American Society of Hematology (ASH) Annual Meeting and Exposition on December 6–9, 2024 in Orlando, FL. Presentation ID 764.*

# KOMET-007: Ongoing Phase 1 Combination Trial of Ziftomenib in R/R AML

## Ziftomenib + Ven/Aza Combination (NCT05735184)

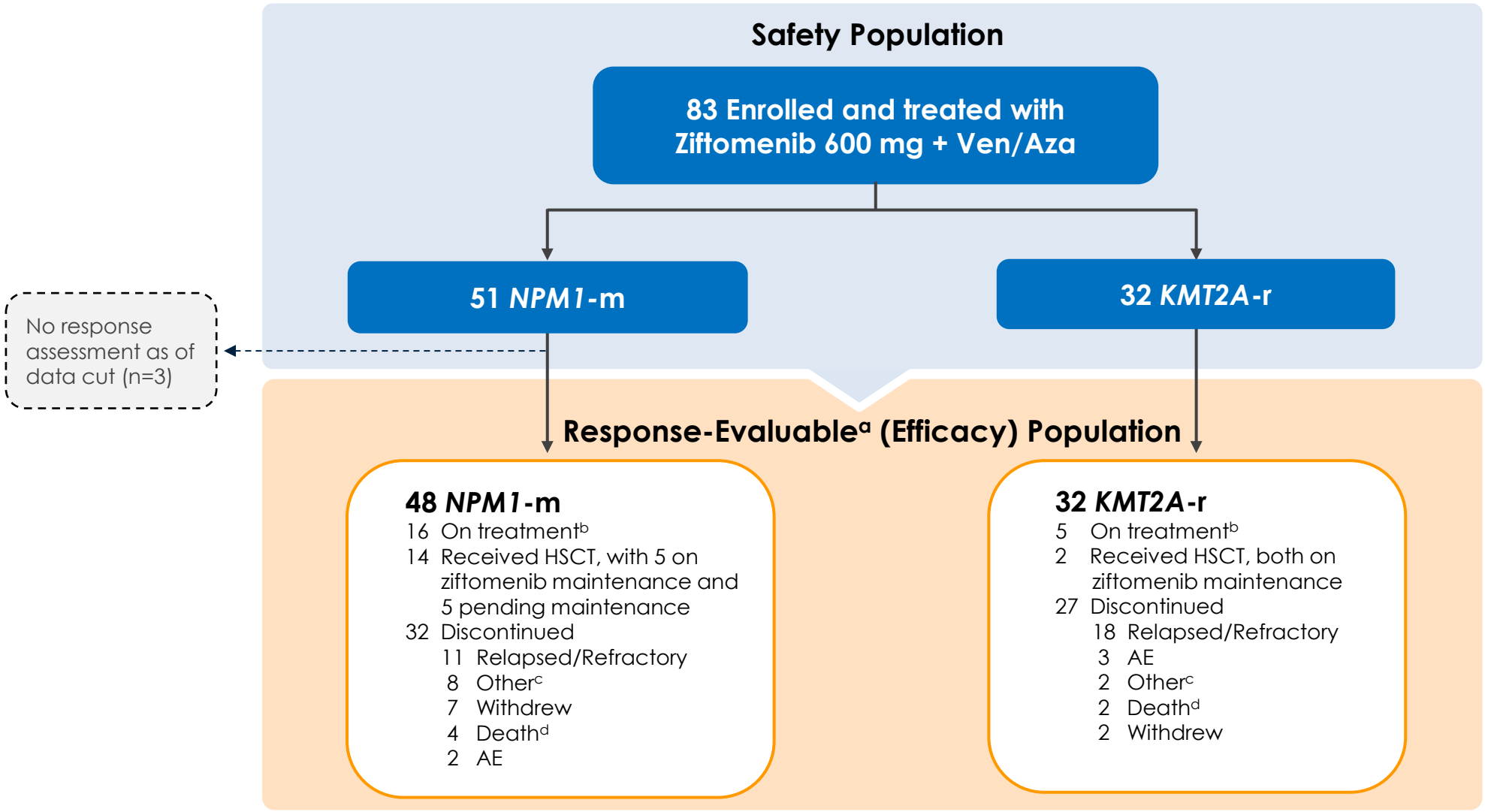



- Ziftomenib dosing started on Cycle 1 Day 8 and was administered continuously thereafter; Ven was administered per label in 28-day cycles; adjustments to cycle length based on Cycle 1 bone marrow biopsy results. Aza was administered on Cycle 1 Days 1–7; additional cycles based on bone marrow biopsy results
- **Here, we present updated safety and clinical activity in 83 patients with R/R AML treated with ziftomenib 600 mg once daily in combination with Ven/Aza**

[a] CR with full, partial, or incomplete hematologic recovery. [b] Locally assessed by next-generation sequencing, RT-qPCR, and multiparameter flow cytometry

AE, adverse event; CR, complete remission; CRc, composite complete remission; DoR, duration of response; MRD, measurable residual disease; ORR, overall response rate; RP2D, recommended phase 2 dose

# KOMET-007: Safety and Efficacy Populations: R/R AML




[a] Patients who had ≥1 response assessment or who had died. [b] Patients who had not discontinued ziftomenib as of the data cutoff date. [c] Other reasons included: *NPM1*-m: physician decision (n=2), completed planned therapy (n=1), CNS disease (n=1), patient started another clinical trial (n=1), patient decision (n=3); *KMT2A*-r: patient deemed too ill to continue (n=1), physician decision (n=1). [d] Deaths included: *NPM1*-m: graft-vs-host disease (n=1), multiorgan failure (n=1), sepsis (n=1), respiratory failure (n=1); *KMT2A*-r: cardiac arrest (n=1), septic shock (n=1)

Data cutoff: Sep 24, 2025. CNS, central nervous system; HSCT, hematopoietic stem cell transplant

# Baseline Characteristics and Disposition: R/R AML

| n (%) | *NPM1*-m, 600 mg (N=51) | *KMT2A*-r, 600 mg (N=32) | All Patients, 600 mg (N=83) |
|---|---|---|---|
| **Median age, years (range)** | 65 (25–85) | 56 (19–76) | 62 (19–85) |
| **Female** | 23 (45) | 17 (53) | 40 (48) |
| **Race** | | | |
| White | 37 (73) | 22 (69) | 59 (71) |
| Black / African American | 5 (10) | 2 (6) | 7 (8) |
| Other / Non-White / Unknown | 9 (18) | 8 (25) | 17 (20) |
| **ECOG PS** | | | |
| 0 | 13 (26) | 7 (22) | 20 (24) |
| 1 | 24 (47) | 18 (56) | 42 (51) |
| 2 | 14 (28) | 7 (22) | 21 (25) |
| **Selected co-mutations** | | | |
| *FLT3* | 21 (41) | 3 (9) | 24 (29) |
| *IDH1/2* | 7 (14) | 0 | 7 (8) |
| Both *FLT3* and *IDH1/2* | 2 (2) | 0 | 2 (2) |
| **Median prior therapies (range)** | 1 (1–4) | 1 (1–4) | 1 (1–4) |
| Prior HSCT | 10 (20) | 6 (19) | 16 (19) |
| Prior venetoclax | 26 (51) | 22 (69) | 48 (58) |
| Prior menin inhibitors | 1 (2) | 7 (22) | 8 (10) |
| **Patients on treatment** | 16 (31) | 5 (16) | 21 (25) |
| **Median follow-up, weeks (range)** | 26.3 (3.3–69.1) | 16.9 (2.4–65.4) | 24.6 (2.4–69.1) |



Data cutoff: Sep 24, 2025. ECOG PS, Eastern Cooperative Oncology Group performance status

# Safety and Tolerability of Ziftomenib with Ven/Aza: R/R AML

## TEAEs in ≥25% of All Patients

| n (%) | All TEAEs | | | Ziftomenib-Related TEAEs |
|---|---|---|---|---|
| | *NPM1*-m, 600 mg (N=51) | *KMT2A*-r, 600 mg (N=32) | All Patients, 600 mg (N=83) | All Patients, 600 mg (N=83) |
| **Any grade** | **49 (96)** | **32 (100)** | **81 (98)** | **48 (58)** |
| Nausea | 19 (37) | 15 (47) | 34 (41) | 13 (16) |
| Fatigue | 25 (49) | 6 (19) | 31 (37) | 12 (15) |
| Thrombocytopenia[a] | 16 (31) | 14 (44) | 30 (36) | 8 (10) |
| Febrile neutropenia | 14 (28) | 13 (41) | 27 (33) | 8 (10) |
| Diarrhea | 17(33) | 9 (28) | 26 (31) | 3 (4) |
| Leukopenia[b] | 18 (35) | 8 (25) | 26 (31) | 7 (8) |
| Neutropenia[c] | 14 (28) | 12 (38) | 26 (31) | 8 (10) |
| Vomiting | 14 (28) | 11 (34) | 25 (30) | 9 (11) |
| Anemia | 11 (22) | 13 (41) | 24 (29) | 8 (10) |
| Constipation | 16 (31) | 7 (22) | 23 (28) | 4 (5) |
| Pruritus | 17 (33) | 6 (19) | 23 (28) | 12 (15) |
| Decreased appetite | 14 (28) | 7 (22) | 21 (25) | 6 (7) |
| Hypokalemia | 10 (20) | 11 (34) | 21 (25) | 0 |

[a] Includes platelet count decreased and thrombocytopenia. [b] Includes white blood cell count decreased and leukopenia. [c] Includes neutrophil count decreased and neutropenia
Data cutoff: Sep 24, 2025. TEAE, treatment-emergent adverse event

# Safety and Tolerability of Ziftomenib with Ven/Aza: R/R AML

## Grade ≥3 TEAEs in ≥10% of All Patients

| n (%) | All Grade ≥3 TEAEs | | | Grade ≥3 Ziftomenib-Related TEAEs |
|---|---|---|---|---|
| | *NPM1*-m, 600 mg (N=51) | *KMT2A*-r, 600 mg (N=32) | All Patients, 600 mg (N=83) | All Patients, 600 mg (N=83) |
| **Grade ≥3** | **46 (90)** | **30 (94)** | **76 (92)** | **33 (40)** |
| Thrombocytopenia[a] | 15 (29) | 13 (41) | 28 (34) | 7 (8) |
| Febrile neutropenia | 14 (28) | 12 (38) | 26 (31) | 8 (10) |
| Leukopenia[b] | 18 (35) | 8 (25) | 26 (31) | 7 (8) |
| Neutropenia[c] | 14 (27) | 12 (38) | 26 (31) | 8 (10) |
| Anemia | 8 (16) | 9 (28) | 17 (21) | 6 (7) |
| Sepsis | 6 (12) | 6 (19) | 12 (15) | 4 (5) |

## Ziftomenib-Related AEs of Interest

- No ziftomenib-related QTc prolongation was reported with the combination
- 2 (2%) patients discontinued due to ziftomenib-related AEs (both *KMT2A*-r; grade 4 sepsis and grade 3 stomatitis)
- 1 (1%) differentiation syndrome (*NPM1*-m, grade 3) successfully resolved with protocol-specified mitigation and patient resumed ziftomenib

[a] Includes platelet count decreased and thrombocytopenia. [b] Includes white blood cell count decreased and leukopenia. [c] Includes neutrophil count decreased and neutropenia
Data cutoff: Sep 24, 2025. QTc, corrected QT interval

# Clinical Activity[a] of Ziftomenib with Ven/Aza: R/R AML

| n (%) | *NPM1*-m, 600 mg (N=48) | *KMT2A*-r, 600 mg (N=32) |
|---|---|---|
| **CRc** | 23 (48) | 9 (28) |
| Median time to first CRc, weeks (range) | 3.9 (2.7–15.6) | 4.0 (2.6–18.9) |
| **ORR** | 31 (65) | 13 (41) |
| CR | 13 (27) | 2 (6) |
| CRh | 6 (13) | 5 (16) |
| CRi | 4 (8) | 2 (6) |
| MLFS | 7 (15) | 4 (13) |
| PR | 1 (2) | 0 |
| **NR** | 13 (27) | 17 (53) |
| **NE[b]** | 4 (8) | 2 (6) |
| **MRD negativity rate[c], n/N (%)** | 12/20 (60) | 3/7 (43) |
| Median time to first MRD negativity, weeks (range) | 8.8 (2.9–21.4) | 8.1 (7.7–18.9) |

- For *NPM1*-m, CR/CRh rates were 46% (13/28), 42% (5/12), and 14% (1/7) for patients with 1, 2, and ≥3 prior lines of therapy, respectively

[a] In patients with ≥1 response assessment or had died. [b] Not evaluable (1 *NPM1*-m) or not done (3 *NPM1*-m, 2 *KMT2A*-r). [c] Locally assessed among CRc responders (NGS, RT-qPCR, FISH, flow cytometry)

Data cutoff: Sep 24, 2025. CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; MLFS, morphologic leukemia-free state; MRD, measurable residual disease; NE, not evaluable; NR, no response; ORR, objective response rate; PR, partial response

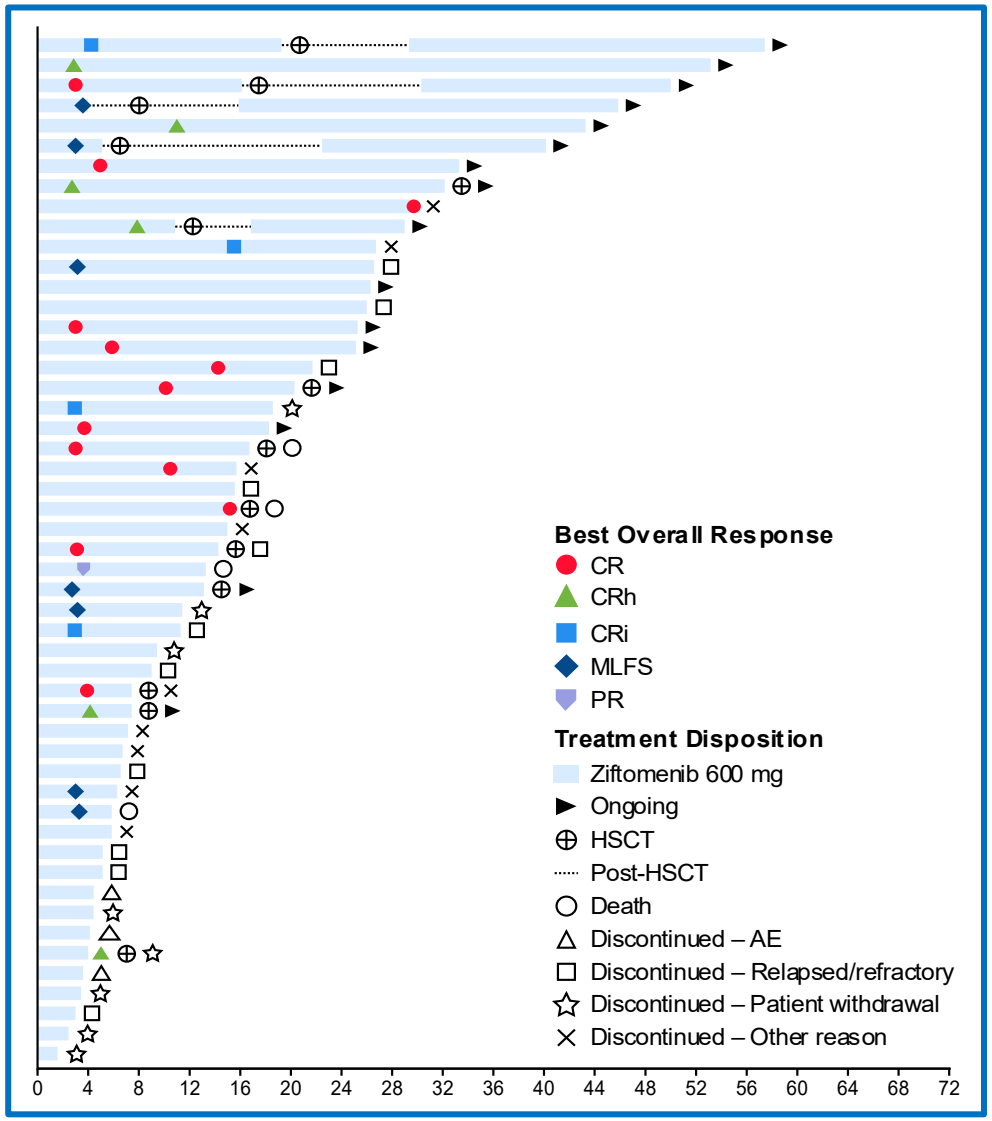
# Clinical Activity[a] by Prior Venetoclax

| n (%) | No Prior Ven | | Prior Ven | |
|---|---|---|---|---|
| | *NPM1*-m, 600 mg (N=23) | *KMT2A*-r, 600 mg (N=10) | *NPM1*-m, 600 mg (N=25) | *KMT2A*-r, 600 mg (N=22) |
| **CRc** | 16 (70) | 6 (60) | 7 (28) | 3 (14) |
| Median time to first CRc, weeks (range) | 3.8 (2.7–15.6) | 3.4 (2.6–15.1) | 4.3 (2.9–14.3) | 9.3 (7.7–18.9) |
| **ORR** | 19 (83) | 7 (70) | 12 (48) | 6 (27) |
| CR | 10 (44) | 2 (20) | 3 (12) | 0 |
| CRh | 4 (17) | 3 (30) | 2 (8) | 2 (9) |
| CRi | 2 (9) | 1 (10) | 2 (8) | 1 (5) |
| MLFS | 3 (13) | 1 (10) | 4 (16) | 3 (14) |
| PR | 0 | 0 | 1 (4) | 0 |
| **NR** | 4 (17) | 3 (30) | 9 (36) | 14 (64) |
| **NE** | 0 | 0 | 4 (16) | 2 (9) |
| **MRD negativity rate[b], n/N (%)** | 7/13 (54) | 1/4 (25) | 5/7 (71) | 2/3 (67) |
| Time to first MRD negativity, median (range), weeks | 11.7 (3.1–16.6) | 8.1 (8.1–8.1) | 3.0 (2.9–21.4) | 13.3 (7.7–18.9) |

[a] In patients with ≥1 response assessment or had died. [b] Locally assessed among CRc responders

Data cutoff: Sep 24, 2025. CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; MLFS, morphologic leukemia-free state; MRD, measurable residual disease; NE, not evaluable; NR, no response; ORR, objective response rate; PR, partial response

# Duration of Treatment and Clinical Outcomes: *NPM1*-m



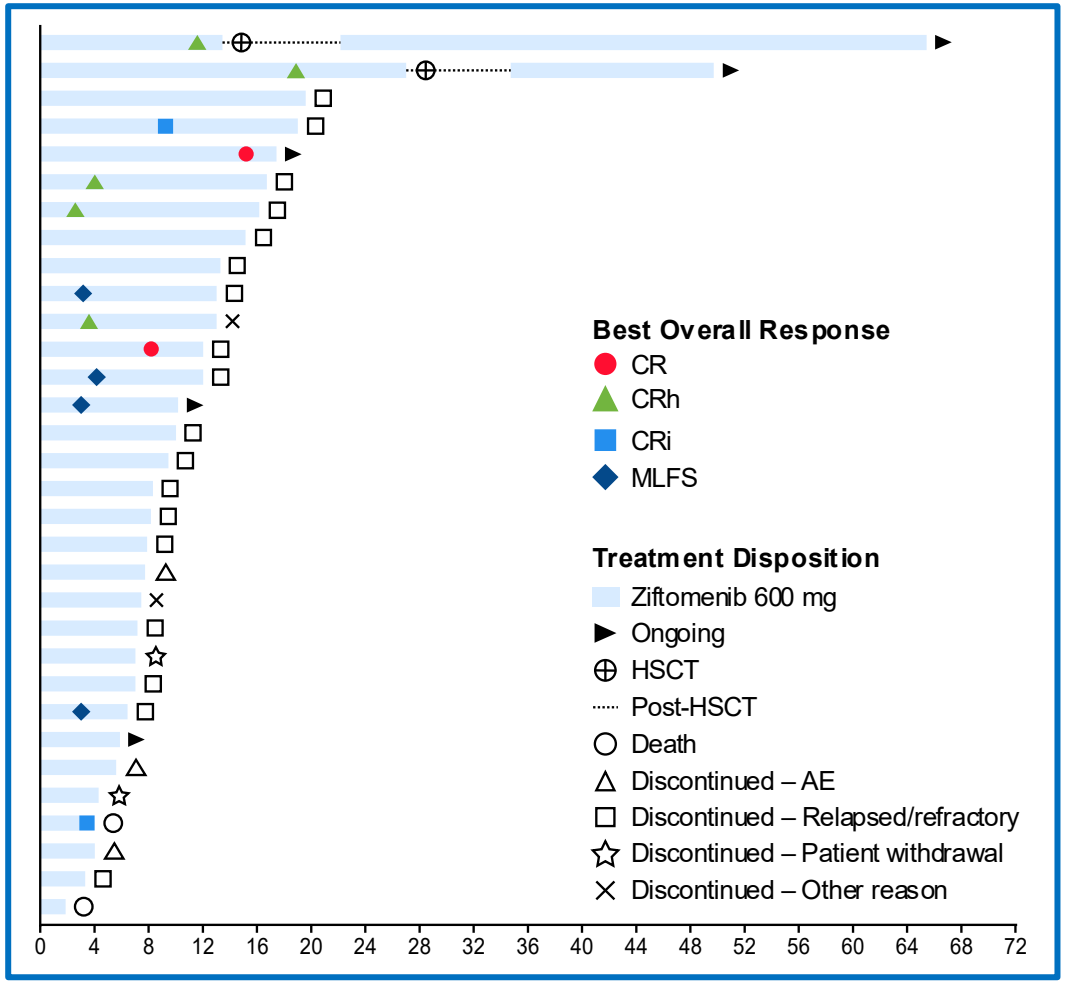

For *NPM1*-m, after a median follow-up of 27.4 weeks (range 3.3–69.1):

- Median duration of CRc was **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 was **54.9 weeks** (95% CI 32.0–NE)

Data cutoff: Sep 24, 2025.

CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; MLFS, morphologic leukemia-free state; HSCT, hematopoietic stem cell transplant; OS, overall survival; PR, partial response

# Duration of Treatment and Clinical Outcomes: *KMT2A*-r




For *KMT2A*-r, after a median follow-up of 16.9 weeks (range 2.4–65.4):

- Median duration of CRc was **12.4 weeks** (95% CI 0.9–NE)
  - Ven-naïve: 10.0 weeks (95% CI 0.9–NE)
- 2 *KMT2A*-r patients received HSCT, and both went onto ziftomenib maintenance
- Median OS was **21.1 weeks** (95% CI 12.4–64.9)

Data cutoff: Sep 24, 2025.

CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; MLFS, morphologic leukemia-free state; HSCT, hematopoietic stem cell transplant; OS, overall survival; PR, partial response

# ANC and Platelet Recovery in CRc Responders: R/R AML

| Median (range) | All Patients, 600 mg (N=32)[a] |
|---|---|
| **Days to ANC recovery ≥0.5 × $10^9$/L** | 36 (0–136) |
| **Days to ANC recovery ≥1.0 × $10^9$/L** | 45 (34–145) |
| **Days to platelet count recovery ≥50 × $10^9$/L** | 27 (0–139) |
| **Days to platelet count recovery ≥100 × $10^9$/L** | 28 (0–243) |

- Times to neutrophil and platelet count recovery were comparable to those for Ven/Aza alone[1]

[a] Subset of patients who reached cutoff

**1.** Aldoss et al. *Haematologica*. 2018;103(9):e404–7.

Data cutoff: Sep 24, 2025. ANC, absolute neutrophil count

# Conclusions

- **In the ongoing KOMET-007 study, ziftomenib 600 mg once daily in combination with Ven/Aza was well tolerated in R/R *NPM1*-m or *KMT2A*-r AML**
  - Low rates of ziftomenib-related myelosuppression
  - No ziftomenib-related QTc prolongation was reported
  - One case of differentiation syndrome (*NPM1*-m, grade 3) successfully resolved with protocol-specified mitigation, and patient resumed ziftomenib
- **Encouraging clinical activity was demonstrated in patients with R/R *NPM1*-m or *KMT2A*-r AML, including in patients with prior venetoclax exposure**
  - *NPM1*-m: 65% ORR and 48% CRc, with a median DoR of 39.9 weeks
    - Ven-naïve: 83% ORR and 70% CRc; Ven-exposed: 48% ORR and 28% CRc
  - *KMT2A*-r: 41% ORR and 28% CRc, with a median DoR of 12.4 weeks
    - Ven-naïve: 70% ORR and 60% CRc
- **Taken together, these data support further investigation of ziftomenib-based combinations in R/R *NPM1*-m and *KMT2A*-r AML**

# CONCLUSIONS AND NEXT STEPS

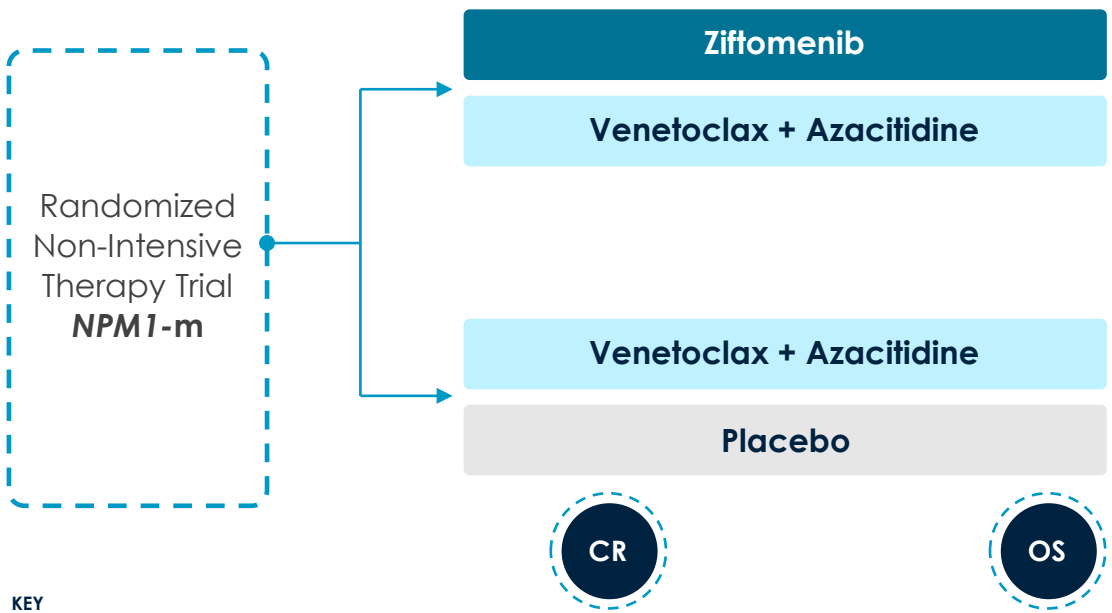
Mollie Leoni, M.D., Chief Medical Officer

# KOMET-017 EVALUATES BROAD FRONTLINE AML PATIENT POOL

## Enrolling as of September 2025 (NCT07007312)

komet-017
ACUTE LEUKEMIAS
KURA KO-MEN-017

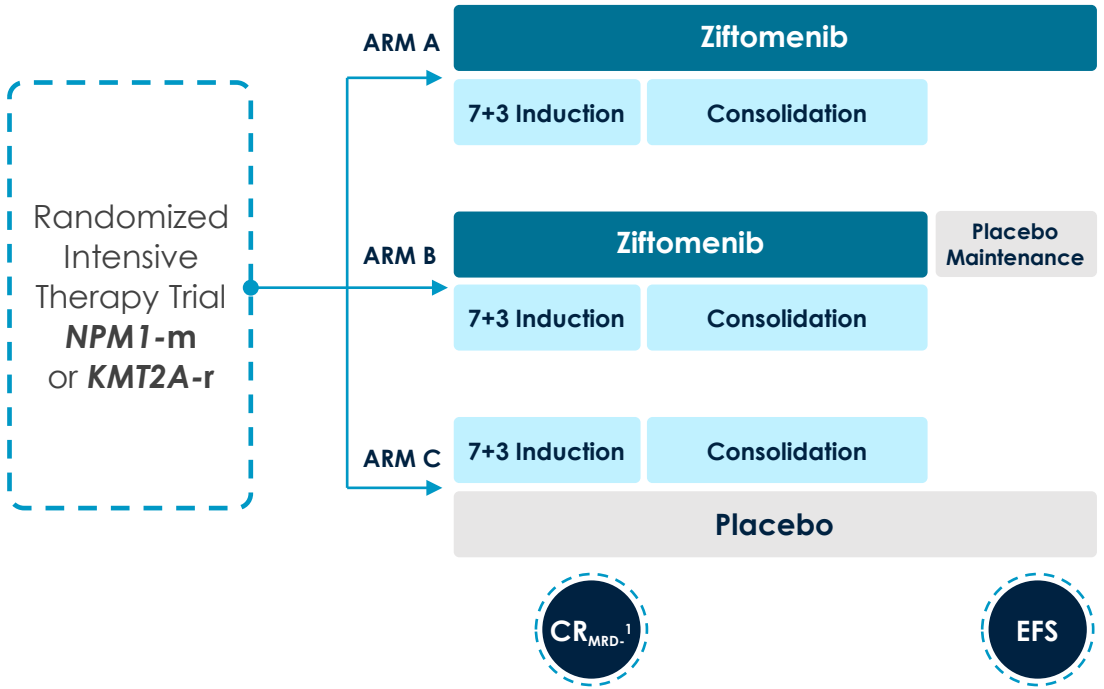
### KOMET-017-NIC
(NON-INTENSIVE CHEMOTHERAPY)




KEY

Ziftomenib | SOC Backbone | Placebo

### KOMET-017-IC
(INTENSIVE CHEMOTHERAPY)




1. *NPM1*-m only

7+3, seven days of cytarabine and 3 days of daunorubicin; CR, complete response; OS, overall survival; CR MRD-, complete response with minimal residual disease; EFS, event-free survival

# QUESTIONS & ANSWERS

# THANK YOU

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