DARLIFARNIB CLINICAL UPDATE FROM 2026 IKCS: EUROPE

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

April 17, 2026

FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements. Such statements include, but are not limited to, statements regarding our research and development activities, plans and projected timelines for darlifarnib (KO-2806) and ziftomenib, expectations regarding the therapeutic potential of our product candidates, the potential of our agents to overcome treatment gaps and improve patient outcomes, the combinability of our product candidates with other therapies, the potential of the combination of darlifarnib with cabozantinib to establish a new standard of care, expectations regarding the timing and presentation of clinical data, and our potential for long-term, sustainable growth. 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 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; and we may not be able to obtain additional financing. 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. 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

- Commercial-stage precision oncology company
- KOMZIFTI™ (ziftomenib) approved for treatment of adult patients with relapsed/refractory *NPM1*-mutated acute myeloid leukemia (AML)
- Developing ziftomenib as a treatment to address up to 50% of AML patients
- Cancer is best treated via combinations[1]: our novel agents are designed to overcome treatment gaps and improve patient outcomes
- Deep pipeline of potentially transformative therapies, positioning company for long-term, sustainable growth
- NASDAQ: KURA

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.

PRECISION COMBINATIONS.

BETTER PATIENT OUTCOMES.

OUR GOAL: DEVELOP PRECISION COMBINATIONS TO IMPROVE OUTCOMES FOR PEOPLE WITH CANCER

Ziftomenib combinations in AML

- Intensive chemotherapy (cytarabine and daunorubicin)
- Non-intensive chemotherapy (venetoclax and azacitidine)
- FLT3 inhibitors (gilteritinib and quizartinib)

Ziftomenib combinations in gastrointestinal stromal tumors (GIST)

- KIT inhibitors (imatinib)

Darlifarnib combinations in kidney cancer (renal cell carcinomas or RCC)

- Anti-VEGFR inhibitors (cabozantinib)

Darlifarnib combinations in KRAS-mutated lung, colorectal and pancreatic cancers

- KRAS G12C inhibitors (adagrasib)

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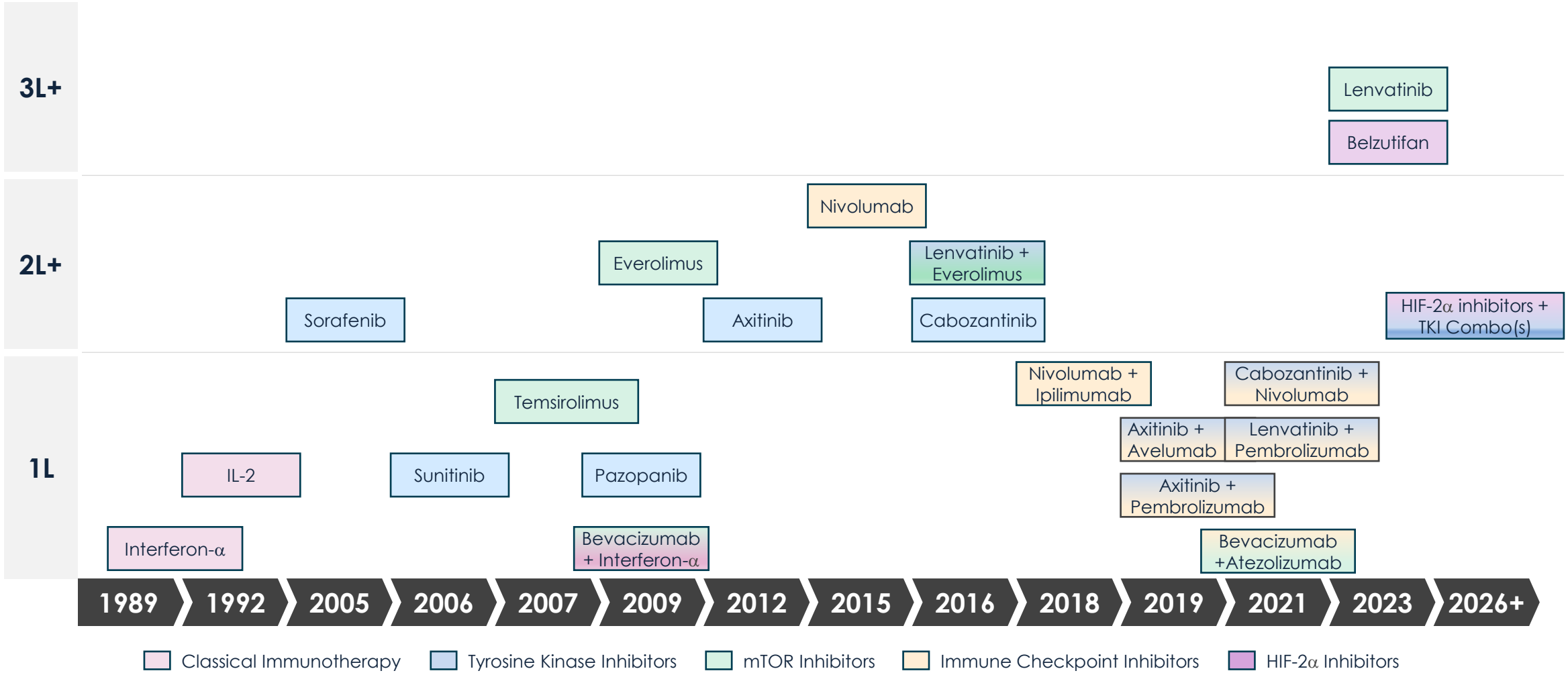
KIDNEY CANCER TREATMENT LANDSCAPE HAS EVOLVED WITH NEW TARGETS AND DIVERSE COMBINATIONS



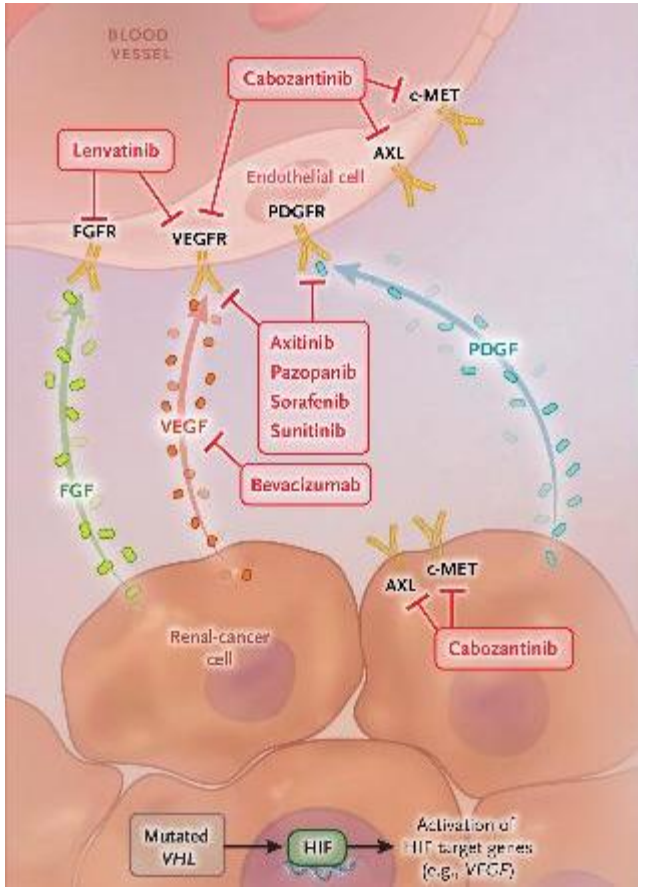
Adapted from *Nolla et al. Nature Reviews Urology* 2023; 20, 420-433.

DARLIFARNIB (KO-2806)

Next-generation farnesyl transferase inhibitor (FTI) optimized for precision combinations.

CABOZANTINIB AND OTHER TKI THERAPIES BLOCK VEGFR SIGNALING IN KIDNEY CANCER TUMORS

- **Cabozantinib**, **axitinib**, **lenvatinib**, and other TKI therapies block VEGFR and other kinases that drive tumor growth.
- The anti-VEGFR therapies act to **prevent tumor growth** and the **formation of new blood vessels** that support the tumor.
- These anti-VEGFR therapies are an important component of **every line of therapy** for kidney cancer.
- However, when a patient's disease progresses on anti-VEGFR therapy, subsequent therapies are less effective – highlighting the need for **new approaches** including **new precision combinations**.
- ORR with subsequent treatment after prior cabozantinib or other TKI exposure ~17% – 22%[1-3]



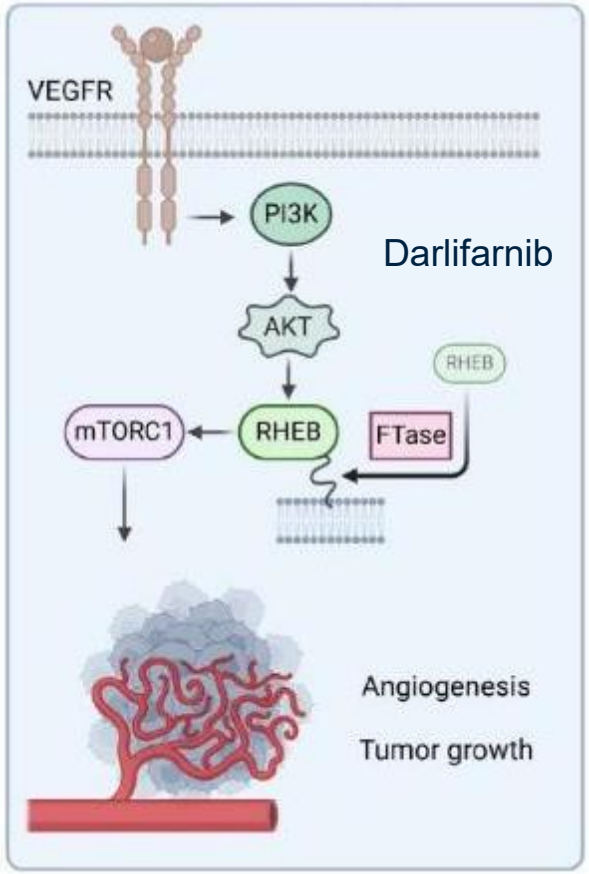
Adapted from Choueiri *et al. N. Engl. J. Med.* 2017;376:354-366

VEGF, vascular endothelial growth factor receptor

1. Choueiri TK *et al. Lancet Oncol.* 2016;17:917–927; 2. Choueiri TK *et al. N. Engl. J. Med.* 2024;391:710–721; 3. Rini BI *et al. The Lancet* 2021;21:95–104.

DARLIFARNIB BLOCKS mTORC1 SIGNALING

- **Darlifarnib** blocks farnesylation of RHEB, a protein essential to activation of mTORC1.
- This provides a **second, complementary block** on the key pathways in kidney cancer tumor cells.
- Preclinical studies show darlifarnib can **block tumor growth** and **inhibit angiogenesis**.
- Because darlifarnib only blocks **mTORC1**, one component of the TOR complex, it appears to have a **superior safety and tolerability profile** relative to first-generation mTOR inhibitors.
- Together with cabozantinib, the **precision combination** with darlifarnib may improve activity and overcome resistance to prior cabozantinib.



Smith *et al. Cancer Res.* 2023;83(19):3252-63;
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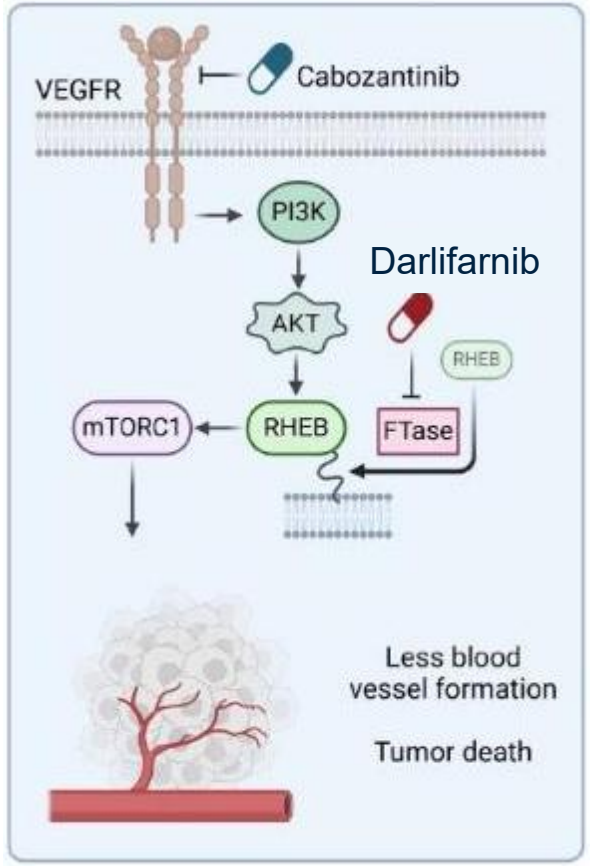

Smith *et al. Cancer Res.* 2023;83(19):3252-63;
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Farnesyl transferase inhibitor (FTI) darlifarnib (KO-2806) combined with cabozantinib (cabo) in clear cell renal cell carcinoma (ccRCC) patients after prior exposure to cabo: Preliminary phase 1 results from FIT-001

Yousef Zakharia[1], Adam E. Singer[2], Benjamin Garmezy[3], Jacob Thomas[4], Douglas E. Laux[5], Jason Henry[6], Liza Villaruz[7], Sanjay Goel[8], Paria Mahboub Johnson[9], Jenchun Kuan[10], Binaifer Balsara[9], Mollie Leoni[9], **Adanma Ayanambakkam[11]**

[1]Mayo Clinic Comprehensive Cancer Center, Phoenix, AZ, USA; [2]Division of Hematology-Oncology, University of California Los Angeles Medical Center, Los Angeles, CA, USA; [3]Sarah Cannon Research Institute, Nashville, TN, USA; [4]Division of Medical Oncology, Department of Medicine, University of Southern California Norris Comprehensive Cancer Center, Los Angeles, CA, USA; [5]Division of Hematology, Oncology and Blood & Marrow Transplantation, University of Iowa Hospitals and Clinics, Iowa City, IA, USA; [6]Sarah Cannon Research Institute at Health One, Denver, CO, USA; [7]UPMC Hillman Cancer Center, Pittsburgh, PA, USA; [8]Rutgers Cancer Institute of New Jersey, Brunswick, NJ, USA; [9]Clinical Development, Kura Oncology, Inc., San Diego, CA, USA; [10]Biometrics, Kura Oncology, Inc., San Diego, CA, USA; [11]Stephenson Cancer Center, University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA

THE KIDNEY CANCER ASSOCIATION PRESENTS IKCS EUROPE

Dr. A

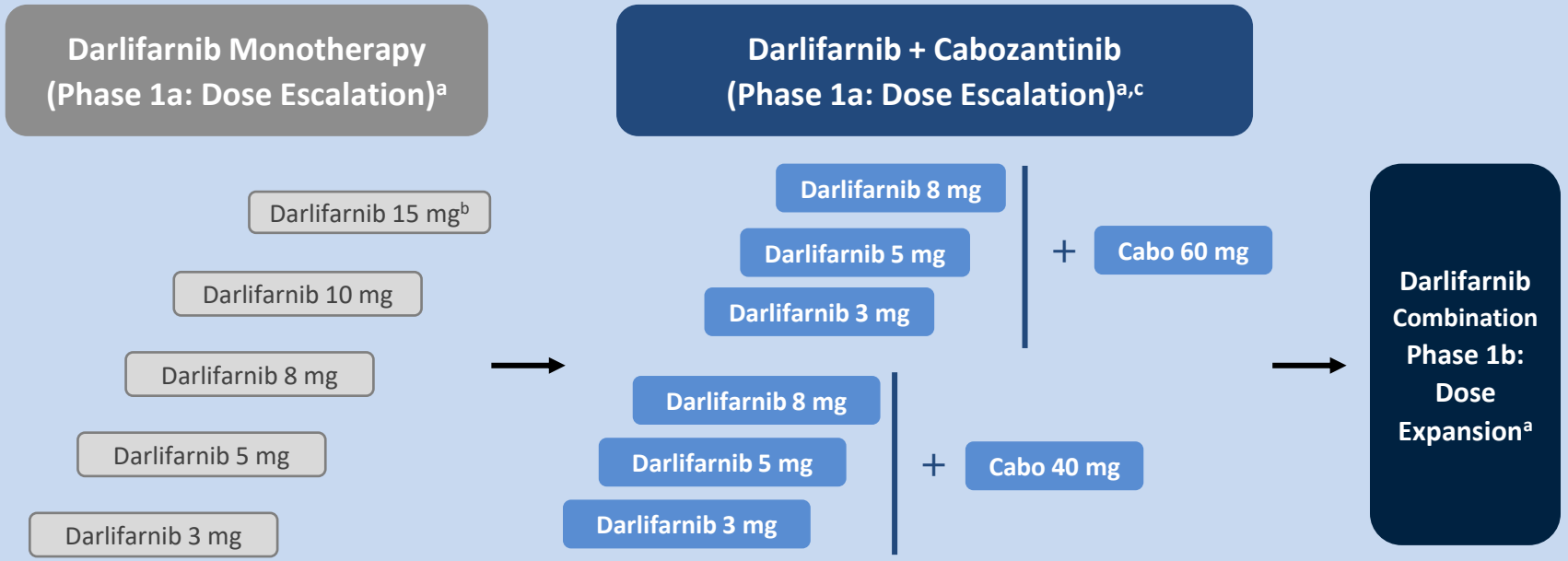
DISCLOSURES

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.

FIT-001 DARLIFARNIB MONOTHERAPY AND CABOZANTINIB COMBINATION STUDY DESIGNS

First-in-human, multicenter, open-label, phase 1a/b dose-escalation/-expansion study of darlifarnib alone and in combination in patients with advanced solid tumors

- **Darlifarnib + cabozantinib combination for patients with ccRCC or non-ccRCC**
- Darlifarnib 3, 5, or 8 mg was administered QD orally Days 1-7 and 15-21 plus continuous cabozantinib 40 mg or 60 mg QD in 28-day cycles



[a] Each individual patient will receive one of the planned DLs of darlifarnib. [b] Non-tolerated DL. [c] n=12 patients per dose level. [d] Up to 2 potential darlifarnib RP2Ds may be further evaluated in phase 1b dose expansion in combination with cabo.

cc, clear cell; DL, dose level; IO, immune checkpoint inhibition; QD, once daily; RCC, renal cell carcinoma.

BASELINE CHARACTERISTICS/DEMOGRAPHICS: CABO-EXPOSED ccRCC PATIENTS

n (%)	Cabozantinib 40 mg			Cabozantinib 60 mg[a]	Total N=18
	Darlifarnib 3 mg n=6	Darlifarnib 5 mg n=6	Darlifarnib 8 mg n=3	Darlifarnib 3 mg n=3	
Median age, years (range)	63 (54–82)	66 (54–79)	56 (48–80)	70 (66–79)	67 (48–82)
Male	3 (50)	4 (67)	3 (100)	2 (67)	12 (67)
Race					
White	4 (67)	3 (50)	2 (67)	3 (100)	12 (67)
Karnofsky PS					
50–70	0	0	0	0	0
80–100	6 (100)	6 (100)	3 (100)	3 (100)	18 (100)
Distant metastasis	6 (100)	6 (100)	3 (100)	2 (67)	17 (94)
Prior lines					
1	1 (17)	1 (17)	1 (33)	0	3 (17)
2	2 (33)	2 (33)	0	2 (67)	6 (33)
≥3	3 (50)	3 (50)	2 (67)	1 (33)	9 (50)
Prior therapy type(s)					
Cabo (immediate prior line)	**3 (50)**	**3 (50)**	**2 (67)**	**2 (67)**	**10 (56)**
Other TKI (any prior line)	**3 (50)**	**4 (67)**	**2 (67)**	**3 (100)**	**12 (67)**

- All patients received prior I/O-based treatment as well as prior cabozantinib
- **More than half of patients (56%) received prior cabozantinib as immediate prior line**
- Most patients (67%) had exposure to other TKIs, including axitinib, lenvatinib, sunitinib, tivozanib, pazopanib, or zanzalintinib

Data cutoff: Dec 8, 2025. [a]Darlifarnib 5 mg and 8 mg + cabo 60 mg dose levels included cabo-naïve patients only.

ENCOURAGING SAFETY AND TOLERABILITY OF DARLIFARNIB WHEN ADDED TO CABOZANTINIB (ALL RCC PATIENTS)[a]

n (%)	Cabozantinib 40 mg			Cabozantinib 60 mg		
	Darlifarnib 3 mg n=11	Darlifarnib 5 mg n=12	Darlifarnib 8 mg n=12	Darlifarnib 3 mg n=11	Darlifarnib 5 mg n=12	Darlifarnib 8 mg n=12
Any-grade darlifarnib TRAEs	9 (82)	11 (92)	10 (83)	7 (64)	10 (83)	11 (92)
Neutropenia	1 (9)	5 (42)	8 (67)	2 (18)	6 (50)	7 (58)
Fatigue	4 (36)	2 (17)	6 (50)	3 (27)	2 (17)	4 (33)
Diarrhea	4 (36)	3 (25)	2 (17)	3 (27)	4 (33)	2 (17)
Nausea	4 (36)	4 (33)	1 (8)	1 (9)	4 (33)	4 (33)
Thrombocytopenia	1 (9)	3 (25)	3 (25)	2 (18)	3 (25)	3 (25)
Grade ≥3 darlifarnib TRAEs	4 (36)	7 (58)	8 (67)	2 (18)	7 (58)	7 (58)
Neutropenia	1 (9)	5 (42)	7 (58)	1 (9)	4 (33)	3 (25)
Anemia	1 (9)	1 (8)	2 (17)	0	0	1 (8)
Fatigue	0	1 (8)	1 (8)	0	0	2 (17)
Thrombocytopenia	1 (9)	1 (8)	1 (8)	0	0	0
Leukopenia	0	1 (8)	1 (8)	0	0	0
Diarrhea	0	0	0	0	2 (17)	0

[a] Includes all safety-evaluable RCC patients (cabo-exposed and cabo-naïve patients).

Data cutoff: Dec 8, 2025.

Overall safety summary in all RCC patients[a] (continued)

n (%)	Cabozantinib 40 mg			Cabozantinib 60 mg			Total N=70
	Darlifarnib 3 mg n=11	Darlifarnib 5 mg n=12	Darlifarnib 8 mg n=12	Darlifarnib 3 mg n= 11	Darlifarnib 5 mg n=12	Darlifarnib 8 mg n=12	
Darli dose reduction	0	2 (17)	2 (17)	0	2 (17)	3 (25)	9 (13)
Darli interruption	5 (46)	7 (58)	7 (58)	3 (27)	9 (75)	11 (92)	42 (60)
Darli discontinuation	1 (9)	1 (8)	2 (17)	0	0	0	4 (6)
Cabo dose reduction	2 (18)	1 (8)	2 (17)	2 (18)	6 (50)	5 (42)	18 (26)
Cabo interruption	5 (46)	9 (75)	8 (67)	4 (36)	12 (100)	12 (100)	50 (71)

- Very few patients required darlifarnib discontinuation or dose reduction, including in the darlifarnib + cabo 60 mg cohort, allowing patients to remain on therapy
- Rates of cabozantinib dose interruptions for the 60mg dose appear consistent with previous cabozantinib studies

[a]Includes all safety-evaluable RCC patients (cabo exposed and cabo naive patients).

Data cutoff: Dec 8, 2025.

ENCOURAGING CLINICAL ACTIVITY IN RESPONSE-EVALUABLE[a] CABO-EXPOSED ccRCC PATIENTS

	Cabozantinib 40 mg			Cabozantinib 60 mg	Total N=16
	Darlifarnib 3 mg n=5	Darlifarnib 5 mg n=6	Darlifarnib 8 mg n=2[b]	Darlifarnib 3 mg n=3	
ORR (uPR + PR), n (%)	2 (40)	2 (33)[c]	1 (50)	2 (67)	7 (44)
95% CI	5.3–85.3	4.3–77.7	1.3–98.7	9.4–99.2	19.8–70.1
DCR[d], n (%)	5 (100)	6 (100)	1 (50)	3 (100)	15 (94)
95% CI	47.8–100	54.1–100	1.3–98.7	29.2–100	69.8–99.8

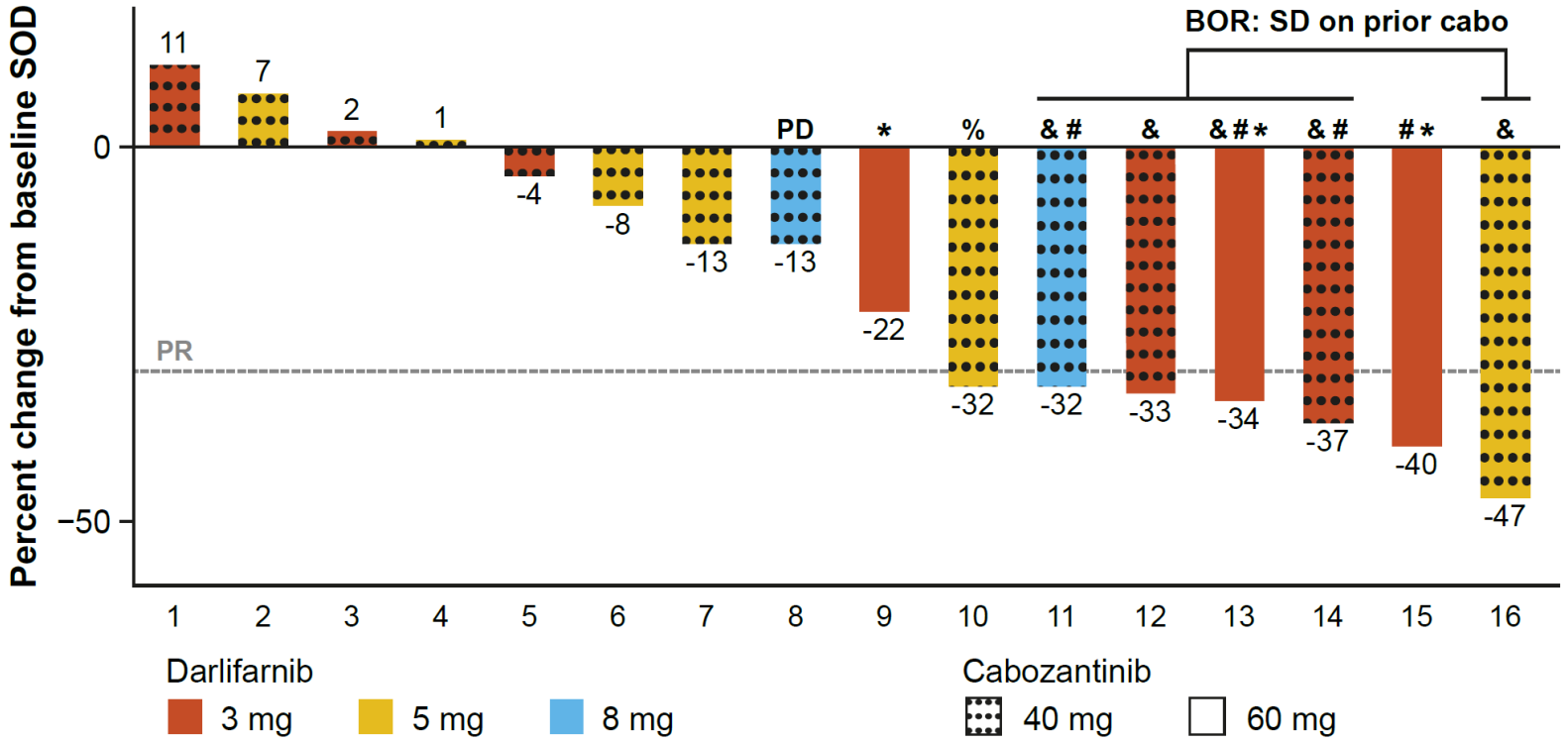
- ORR with subsequent treatment after prior cabo or other TKI exposure ~17% – 22%
- All responders had progression on prior cabozantinib
- 4/7 responders had cabozantinib as immediate prior line of treatment

[a] Response-evaluable patients had ≥1 post-baseline scan. [b] One patient had only one disease assessment (PD as best response). [c] One patient had uPR. [d] DCR includes patients with SD and PR of any duration.

Data cutoff: Dec 8, 2025

ENCOURAGING ACTIVITY OF THE COMBINATION IN RESPONSE-EVALUABLE[a] CABO-EXPOSED ccRCC PATIENTS

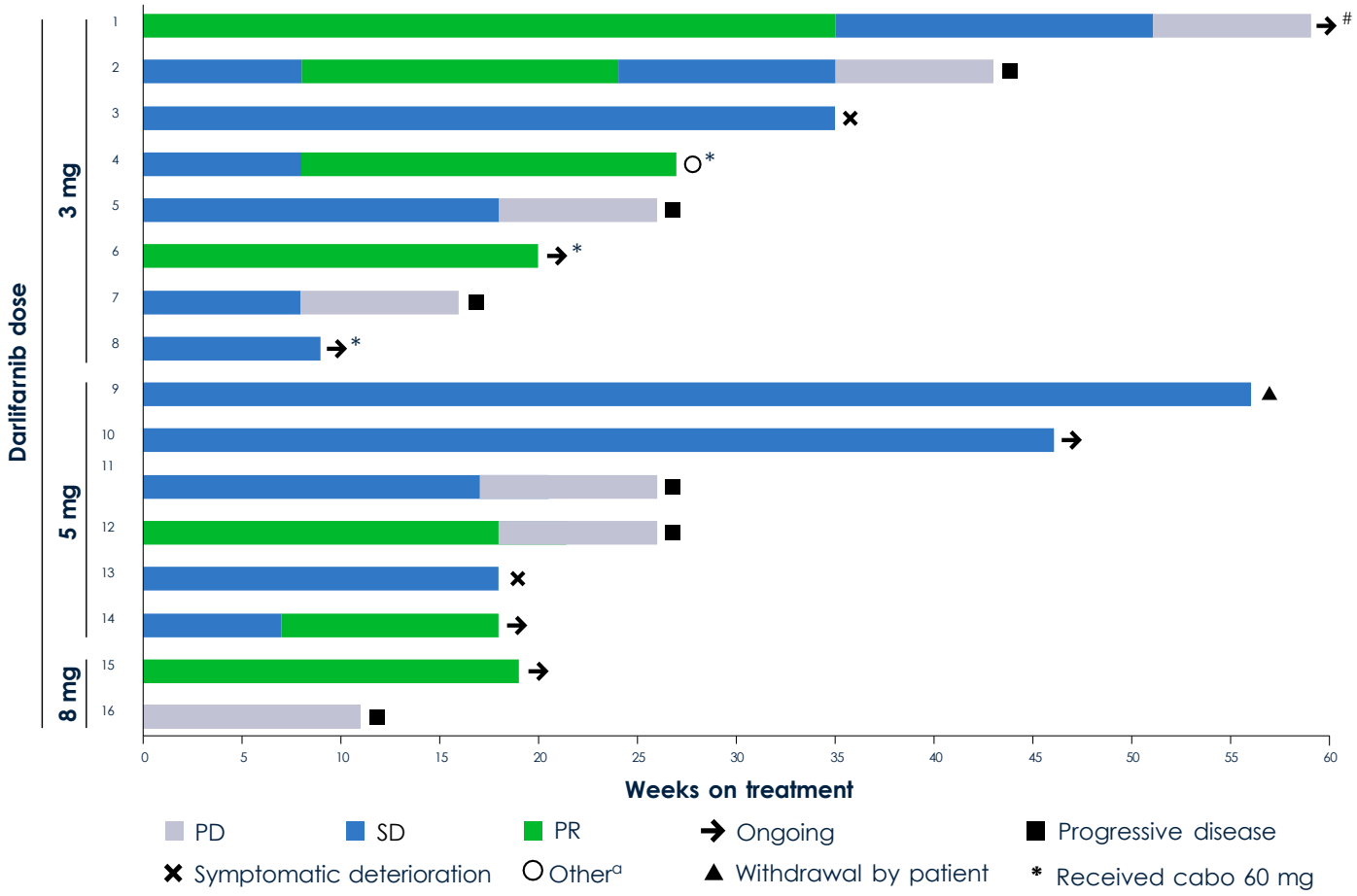
Best overall response in all response-evaluable[a] patients across dose levels



* Received darlifarnib 3 mg + cabo 60 mg; the remaining patients received cabo 40 mg in combination with darlifarnib 3, 5, or 8 mg. # Immediate prior cabo exposure. & BOR of SD on prior cabo. % uPR. [a] Response-evaluable patients had ≥1 post-baseline scan.

Data cutoff: Dec 8, 2025.

DURATION OF TREATMENT AND CLINICAL OUTCOMES IN CABO-EXPOSED ccRCC PATIENTS

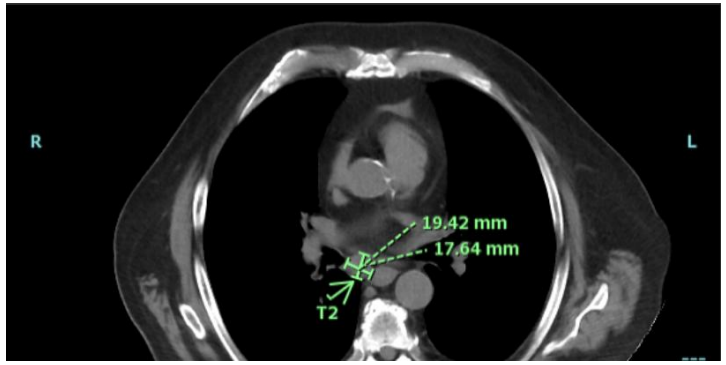


[#] Patient was on treatment post-PD due to clinical benefit. [a] Adverse event.

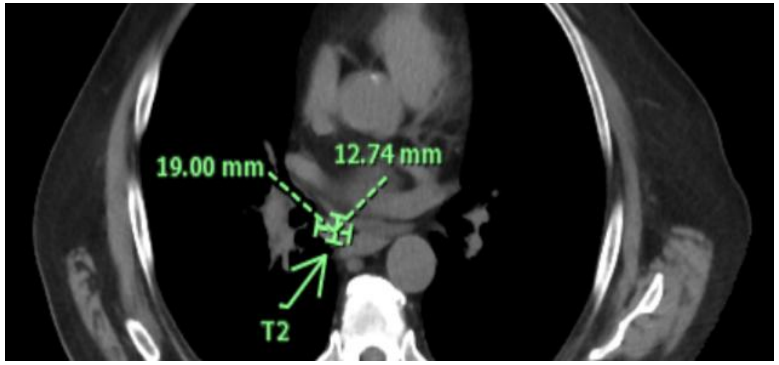
Data cutoff: Dec 8, 2025.

ACTIVITY OF COMBINATION IN 2ND LINE PATIENT WHO HAD RECEIVED IMMEDIATE PRIOR CABOZANTINIB

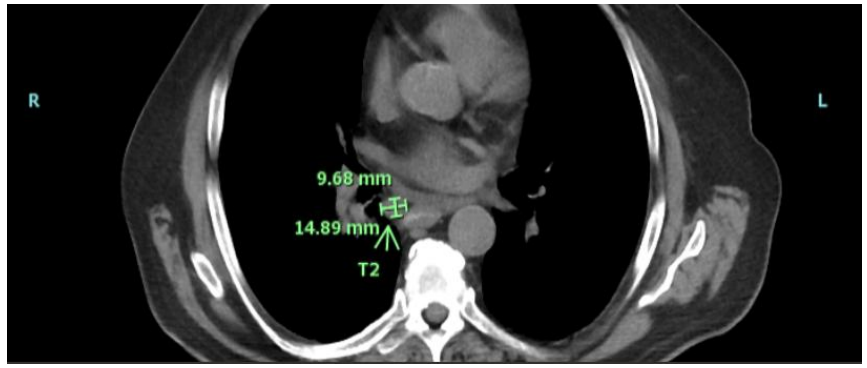
Subcarinal lymph node



Screening



Week 8



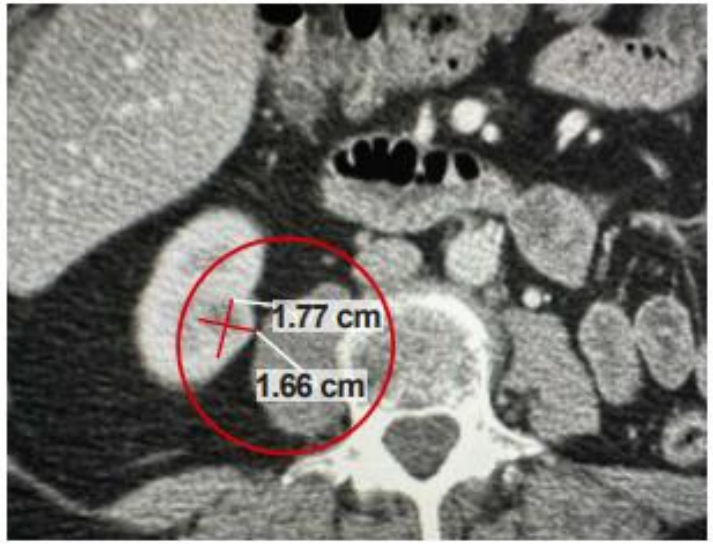
Week 16

PATIENT BACKGROUND

- 80-year-old male patient with ccRCC diagnosed in 2022
- Prior therapies:
  - 1L: Nivolumab + **cabozantinib** (BOR: SD)
- Initiated study treatment June 2025
- Dosage:
  - Darlifarnib 8 mg + cabozantinib 40 mg
- **Confirmed PR** (36% reduction at 8 weeks; 32% reduction at 16 weeks)
- As of data cutoff, patient remains on treatment

ACTIVITY OF COMBINATION IN 4TH LINE PATIENT WHO HAD RECEIVED PRIOR CABOZANTINIB

Right kidney lesion



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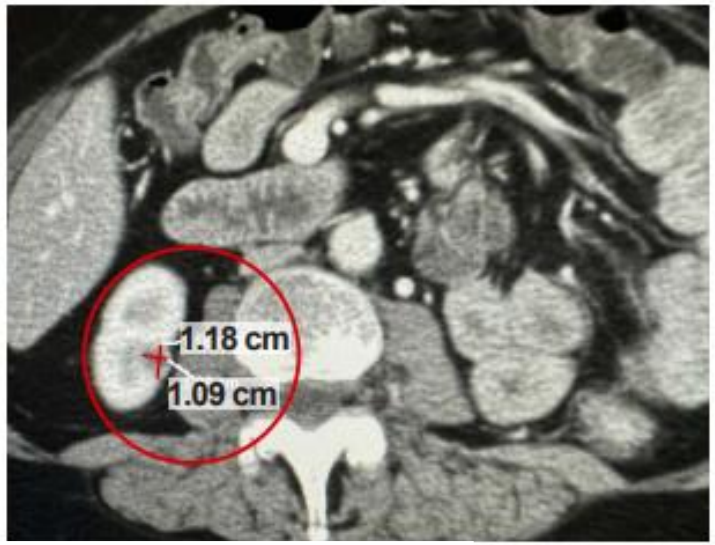


Week 32

PATIENT BACKGROUND

- 53-year-old female patient with ccRCC diagnosed in 2021
- Prior therapies:
  - 1L: Ipilimumab + nivolumab (BOR: SD)
  - 2L: Nivolumab + **cabozantinib** (BOR: SD)
  - 3L: **Belzutifan** (BOR: PD)
- Initiated study treatment Oct 2024
- Dosage:
  - Darlifarnib 3 mg + cabozantinib 40 mg
- **Confirmed PR** (38% reduction at week 8 to 53% at week 48)

SAFETY PROFILES (GRADE ≥3 ADVERSE EVENTS)

ADVERSE EVENT, n (%)	LENVATINIB + EVEROLIMUS[1] GRADE ≥3 TRAEs	CABOZANTINIB[1] GRADE ≥3 TRAEs	DARLIFARNIB (3mg, 5mg, 8mg) + CABOZANTINIB 60mg* GRADE ≥3 TRAEs
	(n=40)	(n=46)	(n=35)
Hypertension	14 (35)	7 (15)	2 (6)
Diarrhea	5 (12)	8 (17)	3 (9)
Lymphocyte count decreased	5 (12)	2 (4)	
Proteinuria	3 (8)	1 (2)	2 (6)
Fatigue	2 (5)	2 (4)	3 (9)
Lipase increased	3 (8)	0	
Hypokalemia	0	3 (6)	1 (3)
Abdominal pain	2 (5)	1 (2)	
Palmar-plantar erythrodysesthesia syndrome	2 (5)	1 (2)	0
Arthralgia	2 (5)	0	
Pneumonitis	2 (5)	0	
Neutropenia			8 (23)
Anemia			1 (3)
Thrombocytopenia			0
Leukopenia			0

- Selective mTORC1 modulation (via RHEB) avoids broad mTOR inhibition and class-associated toxicities
- Upstream FTI mechanism appears to enable a more manageable safety profile vs. traditional mTORi

[1]Hahn et al., ESMO Ann. Oncol. 2026;37(2):P241-249.
*Darli+cabo data cutoff: Dec 8, 2025

DARLIFARNIB + CABOZANTINIB PRECISION COMBINATION DEMONSTRATES ENCOURAGING ACTIVITY IN ccRCC

- When a patient's disease progresses on cabozantinib, subsequent therapies (including cabozantinib and other TKIs) are less effective
- Safety and tolerability profile consistent with cabozantinib, with on-target myelosuppression manageable with supportive care
- Combination demonstrates encouraging antitumor activity in patients whose disease had progressed on prior cabozantinib
  - 44% ORR
  - 94% DCR
- Prolonged treatment duration observed
  - Up to 56 weeks, with 1/3 patients remaining on therapy
- FIT-001 Phase 1b in 2L+ ccRCC actively enrolling in US and EU

Consistent Activity in 2L+ ccRCC, including Resensitization to Cabozantinib, Supports Continued Development

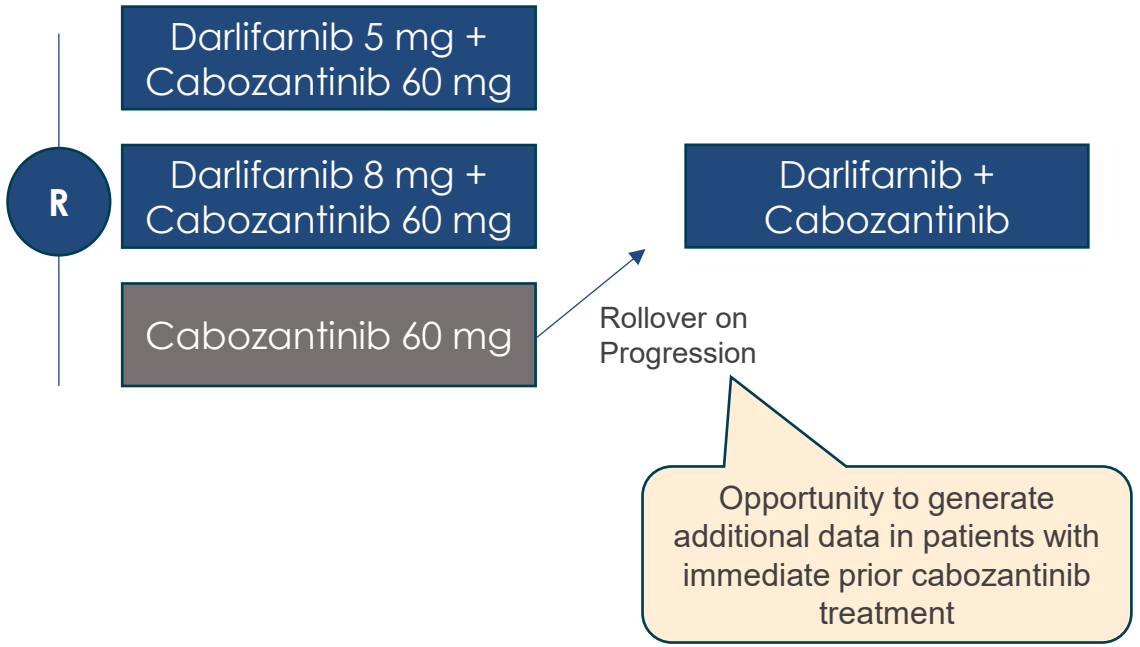
NEXT STEPS

Mollie Leoni, M.D.

FIT-001 Phase 1b Darlifarnib + Cabozantinib in 2L+ ccRCC Supports Dose Optimization and Pivotal Trial Decision Making

Actively Enrolling Across United States and Europe

FIT-001 Phase 1b
Darlifarnib + Cabozantinib Dose Expansion



Phase 1b Design

- Two combination dose levels and cabozantinib monotherapy (60 mg)
- Randomization 1:1:1
- Stratified by prior TKI exposure
  Open-label

Population

- ccRCC
- Prior IO-based therapy
- Cabozantinib-naïve
- No more than 3 prior lines of systemic therapy

Endpoints

- ORR
- DCR, DOR, PFS
- Safety and tolerability

ADVANCING DARLIFARNIB IN PRECISION COMBINATIONS FOR THE TREATMENT OF 2L+ ccRCC

1 Very Encouraging Preliminary Data

- Clinical activity supports potential as a differentiated, novel clinical mechanism of action in RCC
- Ph1b darlifarnib + cabozantinib cohorts are currently enrolling; data expected 2027

2 Defined Opportunity in IO-Refractory 2L+ Setting

- Limited options for kidney cancer patients whose disease has progressed on IO ± TKI and HIF2α inhibitors
- Significant need for new therapies following IO-based regimens
- There may be potential to combine darlifarnib + TKI with HIF2α inhibitors

3 Market Evolution

- Field is moving from single-agent to combinations in 2L+
- Earlier line HIF2*a* inhibitor use increases need for alternative MOAs in 2L+ settings

Darlifarnib + cabozantinib has potential to establish a new standard in IO-refractory 2L+ ccRCC

CLOSING REMARKS

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

2026: MULTIPLE CLINICAL DATA UPDATES EXPECTED FOR KURA'S EMERGING PRECISION COMBINATIONS

Ziftomenib combinations in AML

1H

- Publication of data from non-intensive chemotherapy (venetoclax and azacitidine) and ziftomenib in R/R *NPM1*-m AML
- Updated data from intensive chemotherapy (cytarabine and daunorubicin) and ziftomenib in 1L *NPM1*-m and *KMT2A*-r AML

2H

- Preliminary data from KOMET-008 cohort evaluating gilteritinib and ziftomenib in R/R *NPM1*-m/*FLT3*-m AML

Darlifarnib combinations in kidney cancer

1H

- Updated Phase 1a data of darlifarnib and cabozantinib in TKI-experienced kidney cancer patients

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2H

- Updated dose-escalation data from darlifarnib and cabozantinib in advanced kidney cancer (Phase 1a)

Darlifarnib combinations in KRAS-mutated lung, colorectal and pancreatic cancers

1H

- Preliminary data from darlifarnib and adagrasib in $KRAS^{G12C}$-mutated solid tumors (NSCLC, CRC, PDAC)

QUESTIONS & ANSWERS

THANK YOU

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