ZIFTOMENIB CLINICAL UPDATE: EHA 2026

June 12, 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, including their potential to improve patient outcomes and to serve as foundational backbone therapies; ziftomenib's potential best-in-class profile and market opportunity; the potential for the Phase 1 KOMET-007 results to support the design and execution of our Phase 3 registrational KOMET-017 trials; the potential of the KOMET-017 trials to generate data that may support regulatory submissions across key global markets, demonstrate clinically meaningful benefit, reduce risks and uncertainty, and support commercial planning and launch preparedness; the potential for MRD data to support regulatory interactions, potential expedited development, or approval pathways, and value creation in frontline *NPM1*-m AML; the timing, progress, and results 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 our development programs may not create the value we currently anticipate; the risk that competing therapies may demonstrate superior efficacy, safety, tolerability, convenience, durability, regulatory positioning, or commercial acceptance; the risk that our clinical trials may not be successful; the risk that results observed in early clinical trials may not be predictive of results in later clinical trials; delays in the initiation, enrollment, completion, or analysis of clinical trials, or in the reporting of data from such clinical trials; the risk that regulatory authorities may delay, restrict, or prevent the development, regulatory approval, or commercialization of our product candidates; the risk that our product candidates may not demonstrate adequate safety or efficacy, receive regulatory approval, or be successfully commercialized; the risk that ziftomenib may not demonstrate, achieve, or maintain a differentiated or best-in-class profile relative to current or future therapies; 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.

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

KURA ONCOLOGY HAS A COMPELLING VALUE PROPOSITION IN 2026

- KOMZIFTI™ (ziftomenib) FDA approved for adult patients with relapsed/refractory *NPM1*-mutated AML
- 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
- Proof-of-concept data position darlifarnib as a new mechanism of action and foundational backbone therapy in RCC and RAS-driven solid tumors
- Strong Financial Position: $580.8M in cash and investments as of 3/31/26, plus $180M in anticipated payments

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Kura Oncology

TODAY'S AGENDA

Combination Studies of Ziftomenib in AML

- Ziftomenib + venetoclax/azacitidine in R/R *NPM1*-m AML
- Long-term results for ziftomenib / 7+3 combination in newly diagnosed *NPM1*-m and *KMT2A*-r AML
- Update on KOMET-017 in frontline AML

RESULTS FROM ZIFTOMENIB + VEN/AZA IN R/R *NPM1*-m AML

Mollie Leoni, M.D.

INVESTIGATING ZIFTOMENIB ACROSS THE AML TREATMENT CONTINUUM

RELAPSED / REFRACTORY

IC or NIC Therapy or Tolerable Therapy

Transplant/ No Transplant

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

Non-Intensive Therapy/ Palliative Care

komet ACUTE LEUKEMIAS

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

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

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

1L TREATABLE

IC or NIC Therapy

Transplant/ No Transplant

Post-Transplant/ Consolidation Maintenance

komet ACUTE LEUKEMIAS

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

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

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

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

TODAY, WE'LL BE TALKING ABOUT THREE OF OUR ONGOING CLINICAL TRIALS OF ZIFTOMENIB IN AML

RELAPSED / REFRACTORY

IC or NIC Therapy or Tolerable Therapy

Transplant/ No Transplant

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

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KOMET-017-IC
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Placebo + 7+3

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

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

DEEP AND DURABLE RESPONSES REPORTED WITH ZIFTOMENIB AND VEN/AZA IN R/R *NPM1*-m AML

RESEARCH ARTICLE | JUNE 2, 2026

Ziftomenib with venetoclax and azacitidine in relapsed/refractory NPM1-mutated acute myeloid leukemia

Clinical Trials & Observations

Eunice S. Wang, Harry P. Erba, Amer M. Zeidan, Gail J. Roboz, Jessica K. Altman, Anjali S. Advani, Tara L. Lin, Stephen A. Strickland, Mark B. Juckett, Keith W. Pratz, James K. Mangan, Christine M. McMahon, Leonard Clarkson Alsfeld, Suresh Kumar Balasubramanian, Guru Subramanian Guru Murthy, Marcello Rotta, Neil Palmisiano, James McCloskey, Antoine N Saliba, Mohamad Khawandanah, Yazan F. Madanat, Kiran Naqvi, Ayman H. Qasrawi, Gary J. Schiller, Talha Badar, Ivana Gojo, George Yaghmour, Diaa Osman, Hongling Zhang, Ying Tian, Harris S. Soifer, Marcie Riches, Daniel Corum, Mollie Leoni, Amir T. Fathi, Ghayas C. Issa

https://doi.org/10.1182/blood.2026034043

BLOOD FINDINGS STRENGTHEN CASE FOR ZIFTOMENIB AS A BACKBONE IN *NPM1*-m AML

	Venetoclax-naïve patients	Venetoclax-experienced patients
ORR	87% (20/23)	48% (12/25)
CRc	70% (16/23)	24% (6/25)
CRc Median DOR	9.2 months (95% CI, 5.8-NE)	8.6 months (95% CI, 1.6-NE)
Median OS	Not reached (N=25)	7.4 months (N=26)
Median Follow Up	10.7 months	9.9 months

***Historical benchmark with venetoclax:**
- ORR: 6-23%
- Median OS: 3-6 months

- Ziftomenib 600 mg once daily combined with venetoclax/azacitidine demonstrated **deep molecular responses** and **durable responses** in R/R *NPM1*-m AML
- **Combination was well tolerated**, with low rates of differentiation syndrome and QTc prolongation observed

*https://doi.org/10.1182/blood.2026034043 (and cited references)

RESULTS FROM ZIFTOMENIB + INTENSIVE CHEMOTHERAPY (7+3) IN NEWLY DIAGNOSED *NPM1*-m AND *KMT2A*-r AML

Amer Zeidan, MBBS, MHS

Ziftomenib Combined With Intensive Induction (7+3) for Newly Diagnosed *NPM1*-m or *KMT2A*-r Acute Myeloid Leukemia (AML): Long-Term Results From the KOMET-007 Trial

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AMER ZEIDAN – PRESENTER DISCLOSURES

Serve(d) as director, officer, partner, employee, advisor, consultant, or trustee for: AbbVie; Akesobio; Agios; Amgen; AstraZeneca/Alexion, Astellas; BioCryst; BeOne; Boehringer Ingelheim; Celgene/BMS; Chiesi/Cornerstone biopharma; Daiichi Sankyo; Dr Reddy; Epizyme; Faron; FibroGen/Kyntra Bio; GSK; Glycomimetics; Genentech/Roche; Gilead; Geron; Innocare, Janssen/J&J; Jasper; Karyopharm; Kyowa Kirin; Keros; Kura; Novartis; Notable; Orum; Otsuka; Oncoverity, Pfizer; Puretech/Gallop Oncology, Regeneron; Rigel; Seattle Genetics; Shattuck labs; Schrodinger; Syros; Syndax; Servier; Takeda; Treadwell; Taiho; Vincerx; Zentalis.

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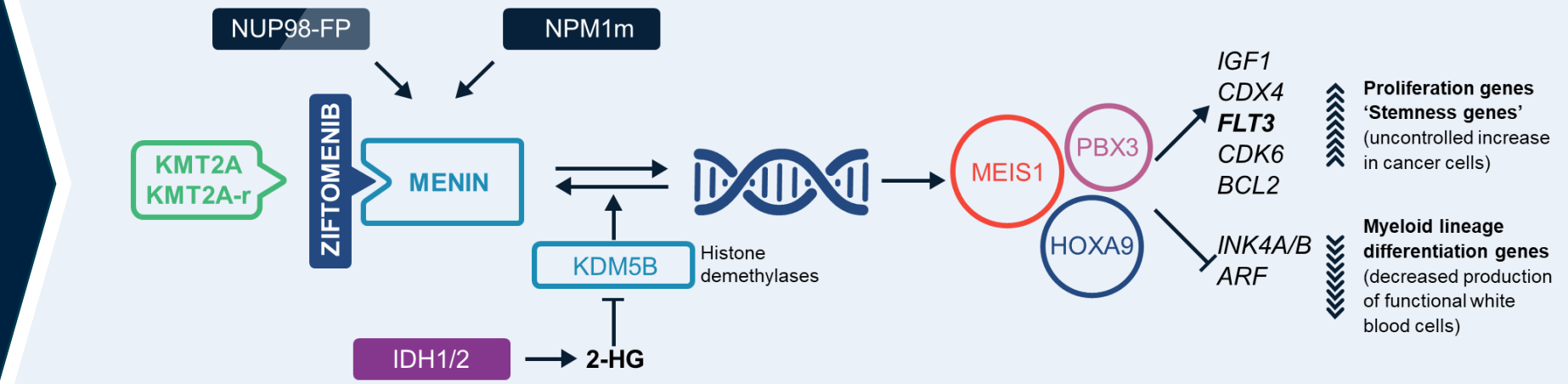
ZIFTOMENIB TARGETS THE MENIN PATHWAY

NPM1 mutations and *KMT2A* rearrangements drive leukemogenesis in ~35–40% of AML[1,2]

- **Ziftomenib** – a potent, selective, once-daily oral menin inhibitor – is approved by the U.S. FDA as monotherapy for adults with R/R *NPM1*-m AML. It has also shown clinically meaningful activity and tolerability in combination for newly diagnosed *NPM1*-m or *KMT2A*-r AML[3-6]
- **KOMET-007** (NCT05735184) is an ongoing, multi-cohort, open-label, dose-escalation (phase 1a) and expansion (phase 1b) study of ziftomenib in combination with standard therapies in adults with newly diagnosed or R/R *NPM1*-m or *KMT2A*-r AML

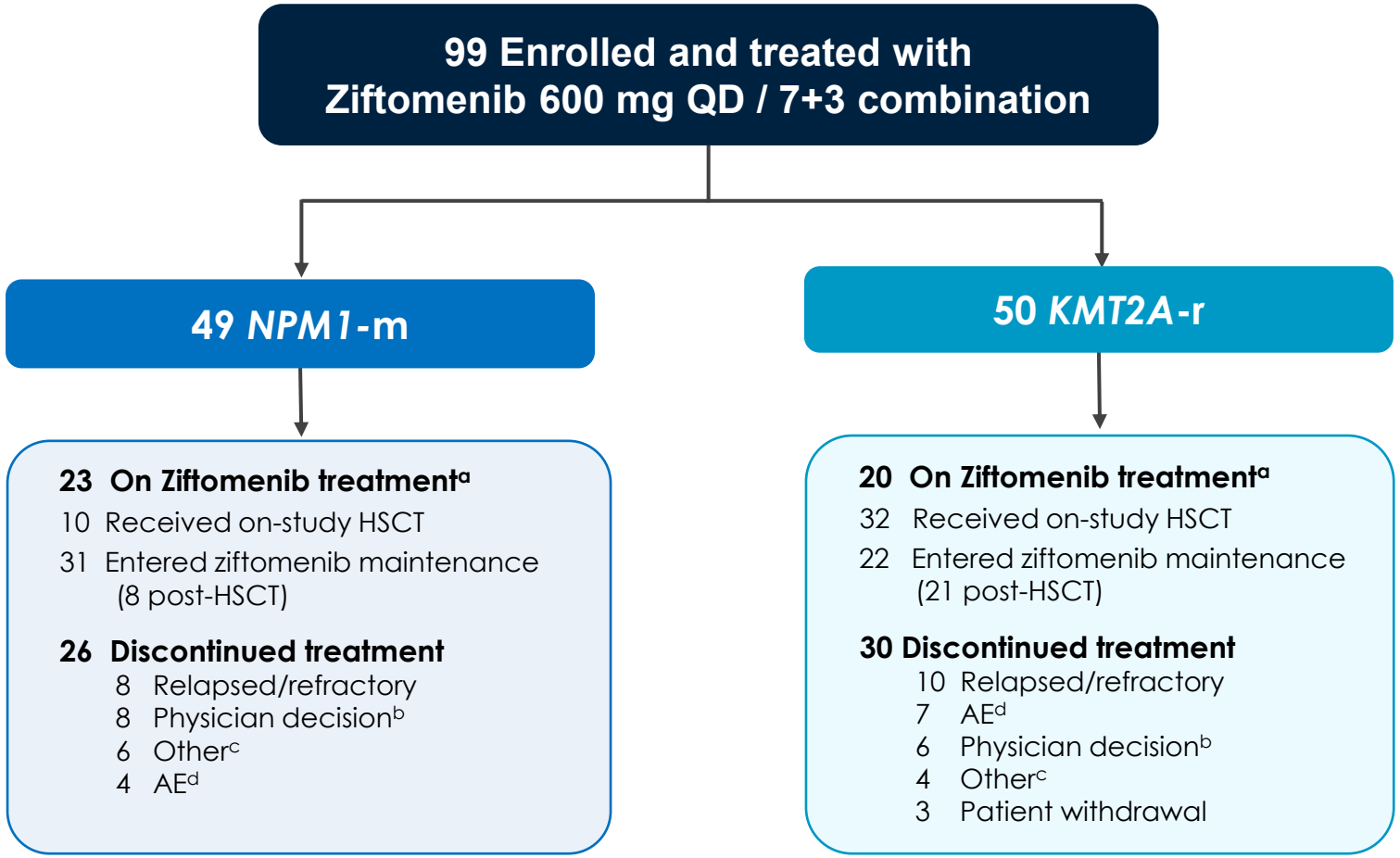
Ziftomenib Mechanism of Action[7–16]



AML, acute myeloid leukemia; *KMT2A-r*, *KMT2A*-rearranged; *NPM1*-m, *NPM1*-mutated; R/R, relapsed/refractory; U.S. FDA, U.S. Food and Drug Administration

1. Papaemmanuil et al. *N Engl J Med.* 2016; 375:900-1; 2. Issa et al. *Leukemia.* 2021; 3:2482-95; 3. Issa et al. *Blood*. 2025; 146(Suppl 1):764; 4. Erba et al. *Hemasphere*. 2025; 9(Suppl 1):S136; 5. Zeidan et al. *Blood.* 2024; 144(Suppl_1):214; 6. Kura Oncology, Inc. 2025; KOMZIFTI™ (ziftomenib) prescribing information; 7. Collins and Hess. *Curr Opin Hematol.* 2016; 23(4)354-61; 8. Lu et al. *Cancer Cell.* 2016; 30(1):92-107; 9. Ferreira et al. *Oncogene*. 2016; 35(23):3079-82; 10. Jeong et al. *Nat Genet.* 2014; 46(1):17-23; 11. Wang et al. *Blood.* 2005; 106(1):254-64; 12. Chowdhury et al. *EMBO Rep.* 2011; 12(5):463-9; 13. Schmidt et al. *Leukemia.* 2019; 33(7):1608-19; 14. Xu et al. *Cancer Cell.* 2016; 30(6):863-78; 15. Brunetti et al. *Cancer Cell.* 2018; 34(3):499-512; 16. Wang et al. *Cancer Discov*. 2023; 13(3):724-45.

KOMET-007 Patient Populations: NEWLY DIAGNOSED AML



- As of Apr 10, 2026, **99 patients** (49 *NPM1*-m, 50 *KMT2A*-r) with newly diagnosed AML were enrolled and treated with ziftomenib 600 mg orally once daily and 7+3
- Median follow-up was **17.6 months** for *NPM1*-m and **11.0 months** for *KMT2A*-r
- 90% (44/49) of *NPM1*-m and 62% (31/50) of *KMT2A*-r patients were still on-study

[a]Patients who had not discontinued ziftomenib as of the data cutoff date; [b]Physician decisions included: *NPM1*-m: decision to withdraw patient from study (n=1), myocarditis of uncertain etiology (n=1), patient graft-versus-host disease status (n=1), patient commencing alternative treatment (n=5); *KMT2A*-r: patient unable to return to site for treatment (n=1), patient started cranio-spinal irradiation (n=1), nonspecific symptoms (predominantly pruritus) (n=1), failure to meet eligibility criteria for post-HSCT maintenance therapy (n=1), commencing alternative treatment (n=2); [c]Other reasons included: *NPM1*-m: patient refusal to continue study treatment (n=1), maintenance off trial (n=1), patient declined to adhere to birth control requirements (n=1), patient proceeded to off-study transplant (n=3); *KMT2A*-r: patient proceeded with chemotherapy+donor lymphocyte infusion (n=1), patient decided not to continue with ziftomenib (n=1), patient proceeded to transplant (n=2); [d]Adverse events included: *NPM1*-m: arthralgia, ischemic enteritis, cerebral hemorrhage, drug-induced liver injury (all n=1); KMT2A-r: multiple organ dysfunction syndrome (n=1), sepsis (n=1), staphylococcal sepsis (n=1), clostridial sepsis (n=1), disseminated mucormycosis (n=1), cardiac arrest (n=1), differentiation syndrome (n=1)

Data cutoff: Apr 10, 2026.

BASELINE CHARACTERISTICS

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)
Median age, years (range)	60 (30–71)	43 (18–70)	53 (18–71)
Female	25 (51)	31 (62)	56 (57)
Race			
White	36 (73)	32 (64)	68 (69)
Non-White	3 (6)	7 (14)	10 (10)
Unknown[a]	10 (20)	11 (22)	21 (21)
ECOG PS 0–1	44 (90)	48 (96)	92 (93)
Select co-mutations			
FLT3[b]	7 (14)	7 (14)	14 (14)
IDH1/2	18 (37)	2 (4)	20 (20)
Therapy-related AML	2 (4)	10 (20)	12 (12)

[a]Includes unknown and not reported categories. [b]*FLT3*-ITD allelic ratio <0.05 (4 *NPM1*-m) or considered ineligible for FLT3 inhibitor (3 *NPM1*-m, 7 *KMT2A*-r). Data cutoff: Apr 10, 2026.

SAFETY AND TOLERABILITY OF ZIFTOMENIB WITH 7+3

TEAEs in ≥30% of All Patients

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)	Ziftomenib-related (N=99)
Any grade	**49 (100)**	**50 (100)**	**99 (100)**	**85 (86)**
Febrile neutropenia	30 (61)	37 (74)	67 (68)	16 (16)
Diarrhea	33 (67)	33 (66)	66 (67)	22 (22)
Thrombocytopenia[a]	33 (67)	30 (60)	63 (64)	23 (23)
Pruritus	28 (57)	26 (52)	54 (55)	36 (36)
Nausea	24 (49)	26 (52)	50 (51)	17 (17)
Hypokalemia	21 (43)	24 (48)	45 (45)	5 (5)
Stomatitis	18 (37)	25 (50)	43 (43)	5 (5)
Anemia[b]	22 (45)	20 (40)	42 (42)	16 (16)
Fatigue	20 (41)	20 (40)	40 (40)	13 (13)
ALT increased	20 (41)	19 (38)	39 (39)	13 (13)
Headache	17 (35)	18 (36)	35 (35)	7 (7)
Constipation	20 (41)	13 (26)	33 (33)	3 (3)
Neutropenia[c]	16 (33)	16 (32)	32 (32)	15 (15)
Rash maculo-papular	14 (29)	18 (36)	32 (32)	8 (8)
Vomiting	15 (31)	16 (32)	31 (31)	11 (11)
Edema peripheral	16 (33)	14 (28)	30 (30)	3 (3)
Dizziness	17 (35)	13 (26)	30 (30)	6 (6)

- Ziftomenib safety profile in combination with intensive chemotherapy was consistent with that reported for 7+3 alone[1]
- No new or unexpected AEs with long-term follow-up

[a]Includes PTs platelet count decreased and thrombocytopenia; [b]Includes PTs hemoglobin decreased, red blood cell count decreased and anemia; [c]Includes PTs neutrophil count decreased and neutropenia. Data cutoff: Apr 10, 2026. 1. Lin *et al. Blood Adv*. 2021; 5(6):1719-28.

SAFETY AND TOLERABILITY OF ZIFTOMENIB WITH 7+3

Grade ≥3 TEAEs in ≥10% of All Patients

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)	Grade ≥3 Ziftomenib-related (N=99)
Any grade ≥3	**46 (94)**	**49 (98)**	**95 (96)**	**52 (53)**
Febrile neutropenia	29 (59)	33 (66)	62 (63)	13 (13)
Thrombocytopenia[a]	31 (63)	28 (56)	59 (60)	21 (21)
Anemia[b]	20 (41)	17 (34)	37 (37)	15 (15)
Neutropenia[c]	16 (33)	15 (30)	31 (31)	13 (13)
Leukopenia[d]	12 (24)	16 (32)	28 (28)	9 (9)
Hypokalemia	5 (10)	10 (20)	15 (15)	1 (1)
Sepsis	6 (12)	7 (14)	13 (13)	4 (4)
Lymphopenia[e]	5 (10)	9 (18)	14 (14)	4 (4)
ALT increased	6 (12)	5 (10)	11 (11)	4 (4)
Pruritus	6 (12)	4 (8)	10 (10)	10 (10)[f]

Grade ≥3 AEs of Interest

Differentiation syndrome (DS):

- 4 Gr3 DS cases (4%; 1 *NPM1*-m, 3 *KMT2A*-r); no Gr4
- All DS events successfully resolved with protocol-specified mitigation and 3 continued ziftomenib treatment

QTc prolongation:

- 3 Gr3 investigator-assessed QTc prolongation cases[g] (3%; 1 *NPM1*-m, 2 *KMT2A*-r; none ziftomenib-related); no Gr4
- All QTc events successfully resolved and continued ziftomenib treatment

[a]Includes PTs platelet count decreased and thrombocytopenia; [b]Includes hemoglobin decreased, red blood cell count decreased and anemia; [c]Includes neutrophil count decreased and neutropenia; [d]Includes white blood cell count decreased and leukopenia; [e]Includes lymphocyte count decreased and lymphopenia. [f]Pruritis was generally managed with gabapentin-based (n=8) or antihistamine-based (n=2) therapy. [g]All 3 patients were on other medications at time of QT assessment (posaconazole, ciprofloxacin, levofloxacin, hydroxyzine, metronidazole); 1 patient had ongoing hypokalemia and hypomagnesemia.

Data cutoff: Apr 10, 2026.

CLINICAL ACTIVITY OF ZIFTOMENIB WITH 7+3

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)
CRc	47 (96)	45 (90)	92 (93)
ORR	48 (98)	46 (92)	94 (95)
CR	46 (94)	41 (82)	87 (88)
CRh	1 (2)	1 (2)	2 (2)
CRi	0	3 (6)	3 (3)
MLFS	1 (2)	1 (2)	2 (2)
PR	0	0	0
NR	1 (2)	3 (6)	4 (4)
NE	0	1 (2)	1 (1)
CR MRD negativity (local), n/m (%)[a]	39/46 (85)	30/35 (86)	69/81 (85)
CRc MRD negativity (local), n/m (%)[a]	40/47 (85)	32/39 (82)	72/86 (84)
Median time to CR MRD negativity, months (range)	1.5 (0.5–12.2)	0.9 (0.5–2.8)	1.2 (0.5–12.2)
Median time to CRc MRD negativity, months (range)	1.5 (0.5–12.2)	0.9 (0.5–2.8)	1.1 (0.5–12.2)

[a]Among evaluable responders tested for MRD per local assay (NGS, RT-qPCR, flow cytometry, or FISH [*KMT2A*-r only])
Data cutoff: Apr 10, 2026.

CENTRAL MOLECULAR MRD NEGATIVITY: NEWLY DIAGNOSED *NPM1*-M AML

n/N (%)	Central MRD (Threshold <0.1%)	Central MRD (Threshold <0.01%)
CRc MRD negativity rate[a]	31/39 (79)	22/39 (56)
Median time to MRD negativity, months (range)	2.2 (0.7–2.6)	2.3 (0.8–3.1)
Timing of MRD negativity[b]:		
By Cycle 1	10/31 (32)	6/22 (27)
By Cycle 2	31/31 (100)	22/22 (100)
By Cycle 3	31/31 (100)	22/22 (100)

[a]*NPM1* MRD was performed among CRc responders by central next-generation sequencing (sensitivity of 0.0025%; protocol-defined threshold <0.01%). [b]Among CRc responders who achieved MRD negativity. Data cutoff: Apr 10, 2026.

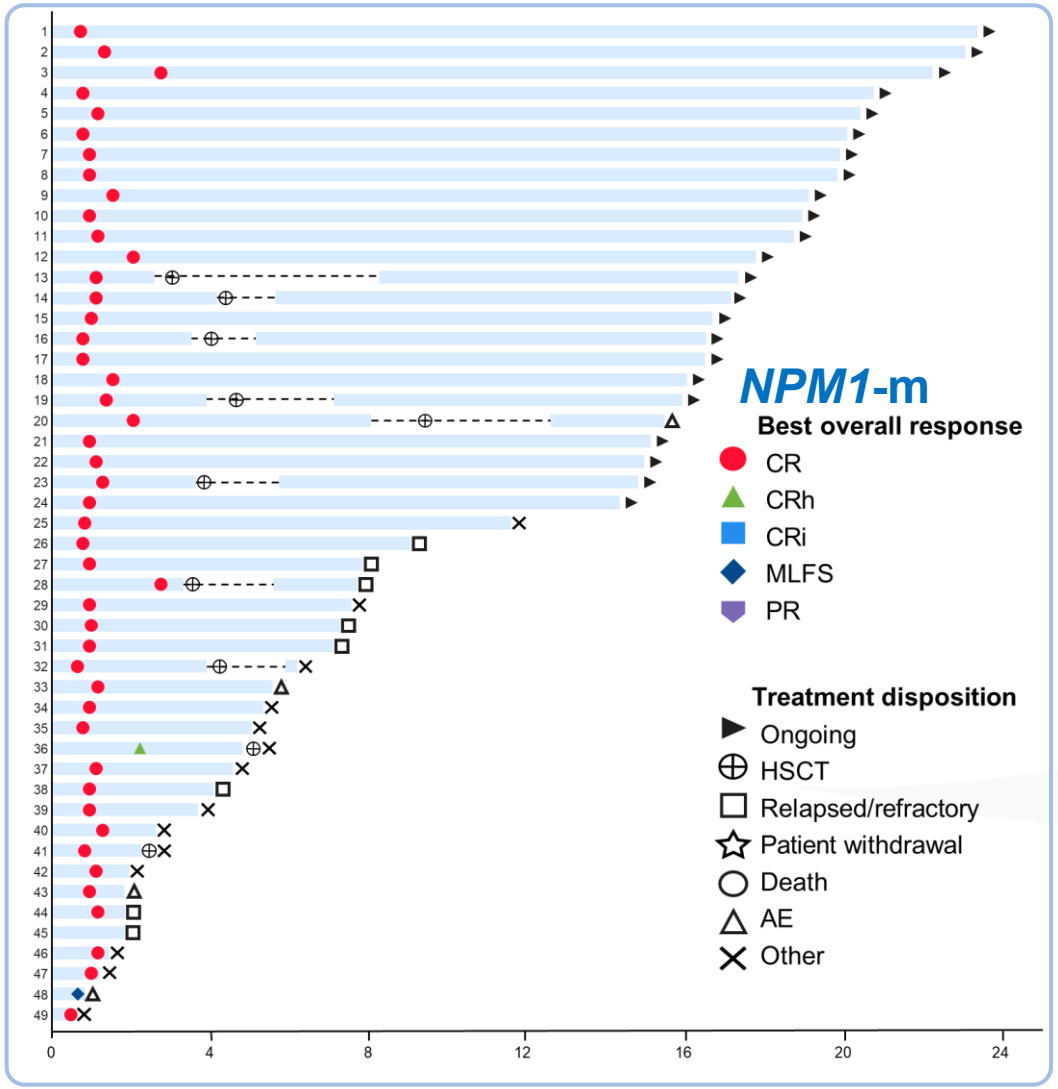
ANC AND PLATELET RECOVERY IN CRC RESPONDERS

Median days (IQR), Cycle 1	*NPM1*-m (N=47)	*KMT2A*-r (N=45)	All Patients (N=92)
ANC ≥0.5 x 10^9/L	28 (21–32)	27 (25–29)	27 (23–30)
ANC ≥1.0 x 10^9/L	28 (27–35)	28 (26–35)	28 (26–35)
Platelets ≥50 x 10^9/L	23 (21–29)	26 (22–29)	25 (21–29)
Platelets ≥100 x 10^9/L	28 (24–33)	28 (26–30)	28 (25–33)

- Time to neutrophil and platelet recovery was comparable to that for intensive chemotherapy regimens[1,2]

1. Lancet et al. *J Clin Oncol.* 2018; 36(26):2684-92; 2. Erba et al. *Lancet.* 2023; 401(10388):1571-83. Data cutoff: Apr 10, 2026.

DURATION OF TREATMENT AND CLINICAL OUTCOMES: *NPM1*-m

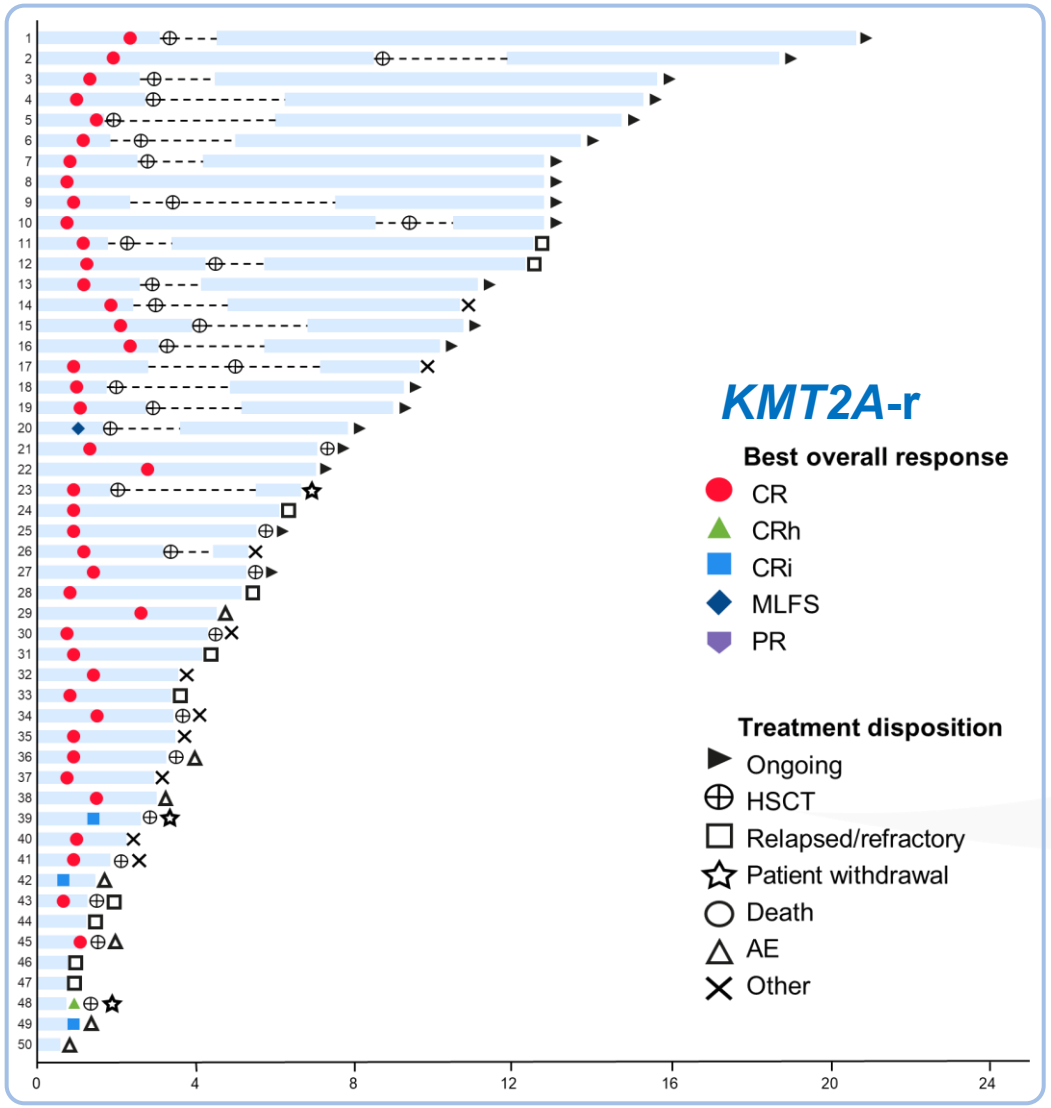


After a median follow-up of 17.6 months (range 1.0–23.5):

- Median duration of CR was **not reached**
  - 80% duration of CR at 12 months
- 10 *NPM1*-m patients received HSCT
- 31 *NPM1*-m patients entered maintenance treatment
  - 8 after on-study HSCT
  - 23 without on-study HSCT
- 8 discontinued due to relapse/refractory
- 4 discontinued due to AEs (1 ziftomenib-related)

Data cutoff: Apr 10, 2026.

DURATION OF TREATMENT AND CLINICAL OUTCOMES: *KMT2A*-r

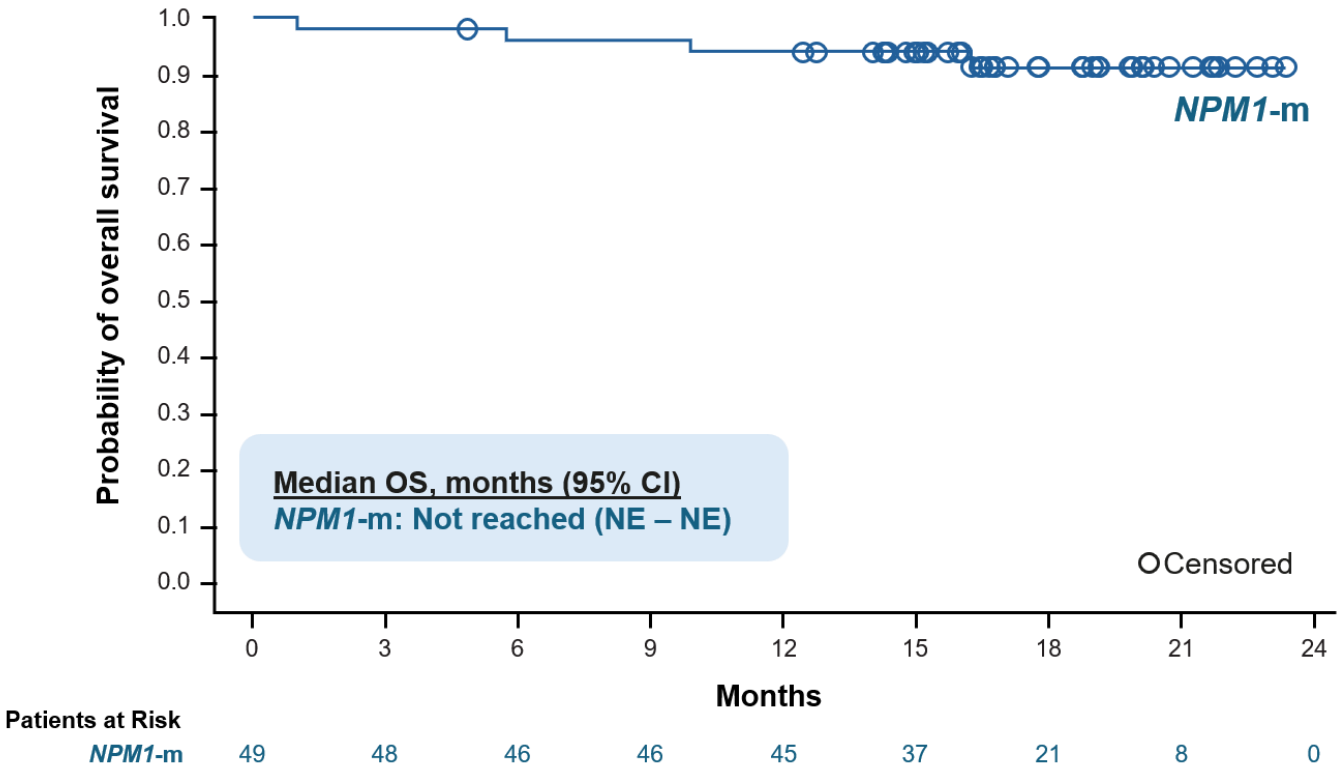


After a median follow-up of 11.0 months (range 0.9–21.9):

- Median duration of CR was **12.0 months**
- (95% CI 6.0–NE) and follow-up continues
- 32 *KMT2A*-r patients received HSCT
- 22 *KMT2A*-r patients entered ziftomenib maintenance
  - 21 after on-study HSCT
  - 1 without on-study HSCT
- 10 discontinued due to relapse/refractory
- 7 discontinued due to AEs (2 ziftomenib-related)

Data cutoff: Apr 10, 2026.

OVERALL SURVIVAL IN *NPM1*-m PATIENT SUBSET



After a median follow-up of 17.6 months (range 1.0–23.5):

- Median EFS was **not reached**
- Median OS was **not reached**
  - *NPM1*-m: 94% OS rate at 12 months
- 60-day mortality: 2% (1/49)
- Median age was 60
- Time to count recovery: 28 days
- 90% (44/49) of *NPM1*-m patients remained alive and continued on study[a]

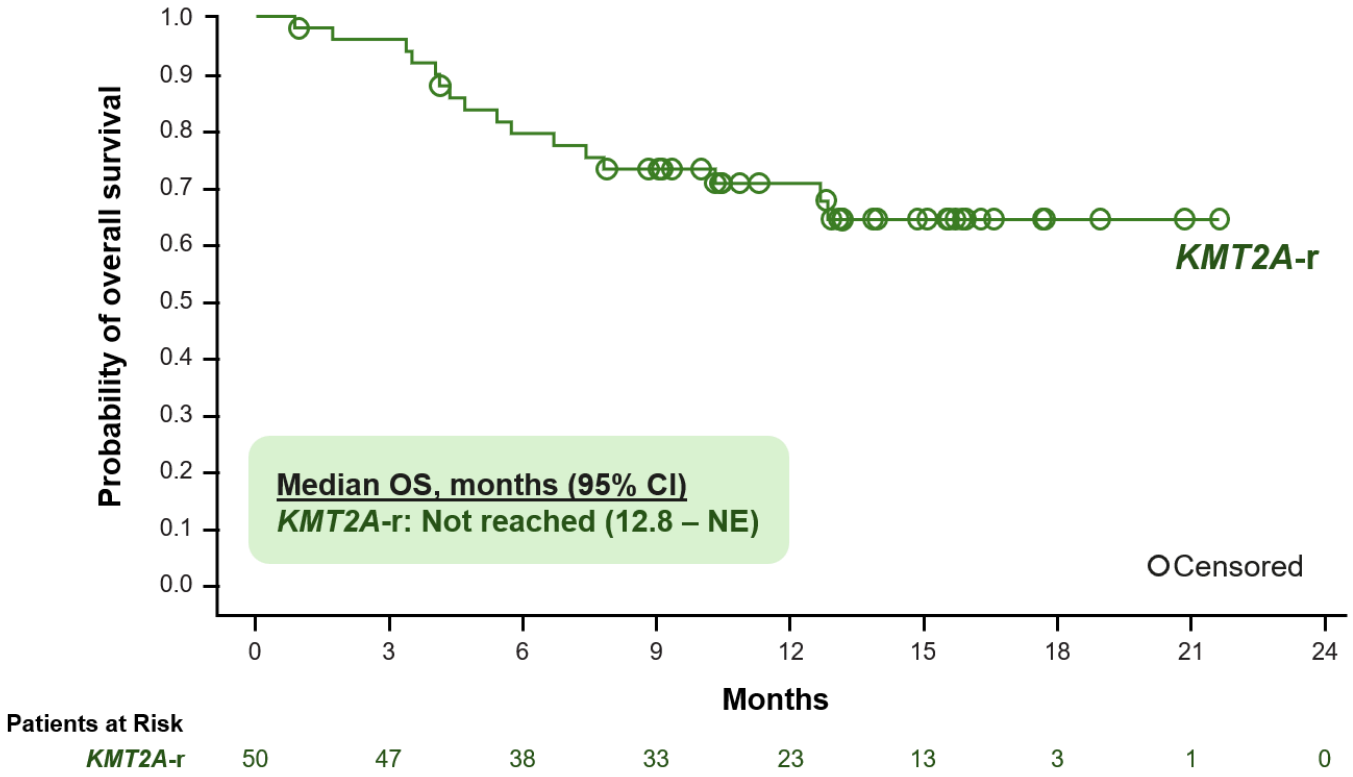
- 12-month OS with intensive chemotherapy-based regimens varied from ~70–80% in younger/fit patients to ~45–55% in older adults[1-5]

[a]Patients on treatment or in long-term follow-up

Data cutoff: Apr 10, 2026.

1. Othus et al. *Leukemia*. 2019; 33(2):371-378. 2. Othman et al. *Blood*. 2024; 144(7):714-728; 3. Lachowiez et al. *Blood Adv*. 2020; 4(7):1311–1320. 4. Hernández-Sánchez et al., *Leukemia*. 2026; 40(2):418-428. 5. Récher et al. *Leukemia*. 2022; 36(4):913-922.

OVERALL SURVIVAL IN *KMT2A*-r PATIENT SUBSET



After a median follow-up of 11.0 months (range 0.9–21.9):

- Median OS was **not reached**
  - *KMT2A*-r: 71% OS rate at 12 months
- Median age was 43 years
- 60-day mortality: 4% (2/50)
- 62% (31/50) of *KMT2A*-r patients remained alive and continued on study[a]

[a]Patients on treatment or in long-term follow-up

Data cutoff: Apr 10, 2026.

CONCLUSIONS

SAFETY

In KOMET-007, ziftomenib 600 mg QD combined with 7+3 was well tolerated with a safety profile consistent with previous reports

- 4 cases (4%) of Gr3 differentiation syndrome (1 *NPM1*-m, 3 *KMT2A*-r; no Gr4); all successfully resolved with protocol-specified mitigation and 3 continued on treatment
- Low rates of ziftomenib-related cytopenias and minimal additive myelosuppression observed with this combination
  - Ziftomenib 600 mg QD did not delay neutrophil and platelet count recovery

CLINICAL ACTIVITY

Robust clinical activity with deep and durable responses in newly diagnosed *NPM1*-m and *KMT2A*-r AML

- CRc: **96%** for *NPM1*-m, **90%** for *KMT2A*-r
  - CRc MRD negativity (local): **85%** for *NPM1*-m, **82%** for *KMT2A*-r
- Median duration of CR was **not reached** for *NPM1*-m and **12.0 months** for *KMT2A*-r
- Median OS was **not reached**: OS rates of 94% for *NPM1*-m and 71% for *KMT2A*-r at 12 months

NEXT STEPS

Taken together, these data support the ongoing Phase 3 registrational trial of ziftomenib in combination with intensive chemotherapy in newly diagnosed AML (KOMET-017; NCT07007312)

KOMET-017 ZIFTOMENIB + INTENSIVE CHEMOTHERAPY IN NEWLY DIAGNOSED *NPM1*-m AND *KMT2A*-r AML

Mollie Leoni, M.D.

KOMET-017 Designed to Generate Registration-Relevant Data Across Key Global Markets

- **Two large, conservatively powered Phase 3 studies**
- **Broad enrollment** across North America, Europe and Asia-Pacific
- **Limited focus on** emerging markets
- **Multi-region clinical site footprint**

- Potential to demonstrate **clinically meaningful benefit** rather than relying on optimistic statistical assumptions
- Designed to create a geographically diverse dataset representative of **major commercial AML markets**
- Expected to **reduce risks and uncertainty** around regional differences in clinical practice, supportive care, molecular testing, and long-term follow-up
- Intended to **support commercial readiness** by building investigator experience and physician familiarity across key potential launch markets

We are not just optimizing for enrollment speed;
we are optimizing for regulatory credibility, certainty and commercial relevance

EXCELLENT SAFETY AND TOLERABILITY IN KOMET-007 1L 7+3 COMBINATION STUDY SUPPORTS ONGOING PHASE 3 TRIALS

- Safety profile is similar to that reported with 7 + 3 alone[1]
- **Differentiation syndrome** – an 'on-target' toxicity – was **uncommon**
  - Grade 3 DS in 4%; no grade 4
  - All events resolved with treatment
- Minimal QTc prolongation
  - Grade 3 QTc prolongation reported in 3% and **all considered unrelated to ziftomenib**
  - All events resolved
- **Rapid count recovery** (neutrophils ≥ 1.0 x10^9/L; platelets ≥ 100 x10^9/L) by a median of 28 days supports hypothesis that **ziftomenib does not induce myelosuppression**
- **60-day mortality rate:** 2% (1/49) in *NPM1*-m; 4% (2/50) in *KMT2A*-r

1. Lin et al. *Blood Adv*. 2012;5(6):1719-28

KOMET-007 SHOWS ENCOURAGING LONG-TERM ACTIVITY VERSUS HISTORICAL BENCHMARKS FOR IC

NPM1-m Patients	KOMET-007[1]	Historical 7+3 Benchmark
CR Age ≤ 65 years Age > 65 years	 91% (31/34) 100% (15/15)	 88%[2] 56%[2]
CRc	96%	56-89%[2,3,4]
CR MRD- (bone marrow)	56%	44%[5]
12-month OS rate	94%	~70-80% in younger fit patients[3,4,5] ~45-55% in patients >65 years old[2,6]

[1]KOMET-007 (N=49) at 600 mg ziftomenib; MRDneg < 10^{-4}; [2]Lachowiez et al., *Blood Adv*. 2020; 4(7): 1311–1320; [3]Hernández-Sánchez et al., *Leukemia* 2026; 40(2): 418-428; [4]Othus et al. *Leukemia*. 2019; 33(2):371-378; [5]Othman et al., *Blood*. 2024; 144(7):714-728, including Supplemental Material; [6]Recher et al., Leukemia 2022; 36(4): 913-922.

- **Deep molecular responses, including marrow central MRD assessment in *NPM1*-m AML**
- **Durable responses and encouraging durability with extended follow-up**
- **Consistent and manageable safety profile**

CENTRAL MRD TESTING IS CONSIDERED MORE RELIABLE AND REGULATORY-GRADE THAN LOCAL TESTING

Local MRD Testing

- Multiple laboratories
- Different operators
- Different tests (PCR, flow, NGS) and instruments
- Different bioinformatics pipelines
- Potential for site-to-site variability
- Harder to compare results across studies

Central MRD Testing

- Single reference laboratory
- Same operators
- Same test (NGS) instrument platform
- Same pipeline
- Uniform assessment across all patients
- Regulatory-grade dataset suitable for registrational trials

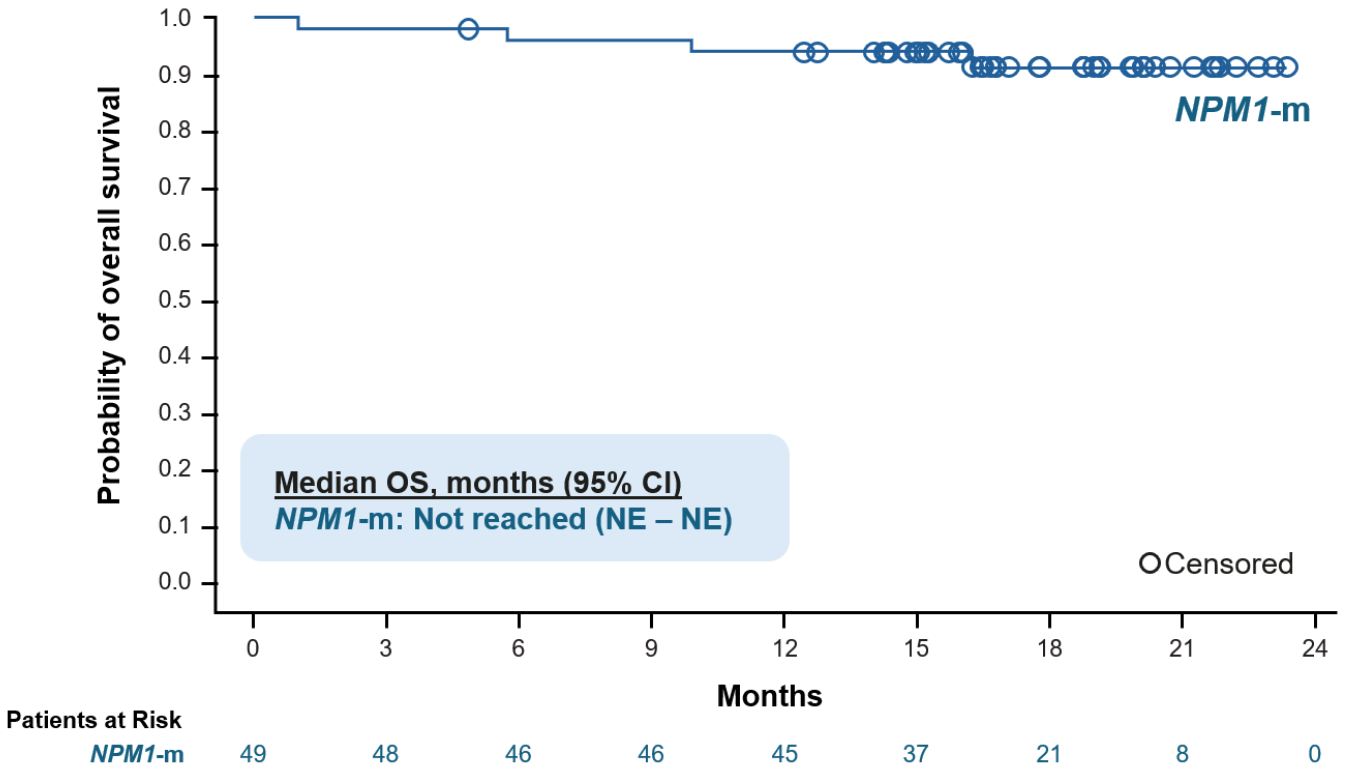
Centralized next-generation sequencing MRD testing reduces *inter*-site variability and provides a consistent, auditable assessment of molecular response across all patients, an important feature for a registrational Phase 3 trial

DEEP MOLECULAR RESPONSES HAVE POTENTIAL TO ACCELERATE VALUE CREATION IN 1L *NPM1*-M AML

- Co-primary endpoint for KOMET-017 IC is CR MRD negativity as measured by central NGS testing after two cycles
- MRD negativity is one of the strongest predictors of long-term outcomes in AML[1]
- The 56% MRD negativity rate observed among CRc responders in KOMET-007 compares favorably with historical benchmarks (~44% by NGS), suggesting ziftomenib may be driving deeper remissions beyond conventional response measures[2-5]
- FDA and global regulators are actively evaluating MRD as a surrogate endpoint in AML[6]
- **If confirmed in the ongoing Phase 3 trial, the magnitude of MRD negativity observed to date could substantially strengthen the case for accelerated approval; MRD is increasingly recognized by regulators and the AML community as a clinically meaningful measure of deep remission and a potential surrogate for long-term benefit**

1. https://ascopost.com/news/december-2025/new-pooled-analysis-strengthens-case-for-mrd-as-surrogate-endpoint-in-aml; 2. Othman et al. *Blood*. 2024; 143(4):336-341; 3. Othman et al. *Blood*. 2024; 143(19):1931-1936 4. Loo et al. Poster presented at: American Society of Hematology; 09 December 2023; San Diego, CA, US; 5. Bazinet et al. *Blood Adv*. 2023; 7(13):3284-3296. 6. https://aml-hub.com/medical-information/mrd-as-surrogate-clinical-trial-endpoint-for-aml-perspectives-from-mpaact

OVERALL *NPM1*-M SURVIVAL DATA IN KOMET-007 IS ENCOURAGING FOR KOMET-017 REGISTRATIONAL TRIAL



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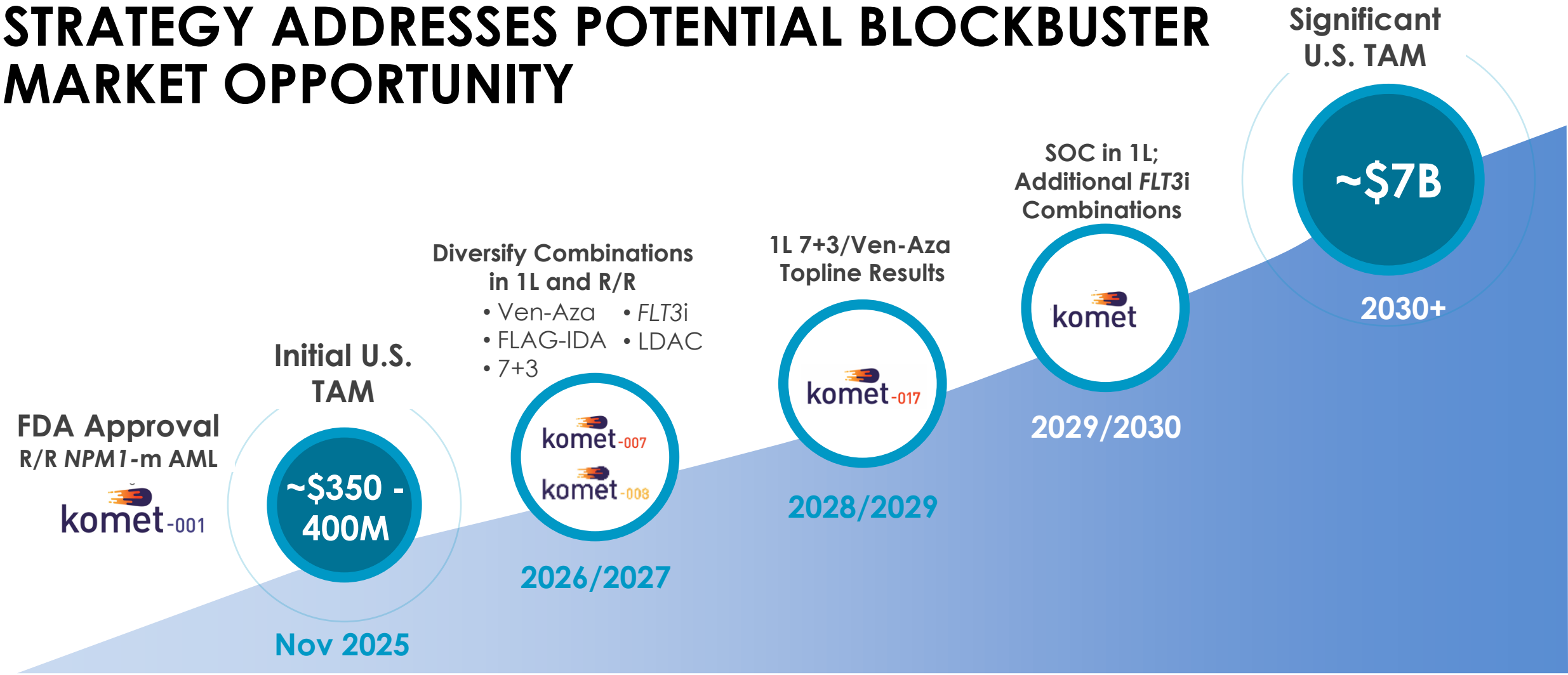
CLOSING REMARKS

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

COMPREHENSIVE ZIFTOMENIB DEVELOPMENT STRATEGY ADDRESSES POTENTIAL BLOCKBUSTER MARKET OPPORTUNITY



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**

- KOMET-007 results support potential **best-in-class profile** and are expected to **de-risk ongoing Phase 3 registrational studies**
- Ongoing survival data for KOMET-007 is encouraging and supports potential **multi-billion-dollar addressable market** for ziftomenib in 1L AML

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**

QUESTIONS & ANSWERS

THANK YOU

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

ABBREVIATIONS

1l: first line
2L: second line
7+3: cytarabine plus daunorubicin
AE: adverse event
ALT: alanine aminotransferase
AML: acute myeloid leukemia
ANC: absolute neutrophil count
CR: complete remission
CRc: composite complete remission
CRh: complete remission with partial hematologic recovery
CRi: complete remission with incomplete blood count recovery
DOR: duration of response
DS: differentiation syndrome
ECOG PS: eastern cooperative oncology group performance status
EFS: event free survival
FDA: U.S. Food and Drug Administration
FISH: fluorescence in situ hybridization
FLAG-IDA: fludarabine + cytarabine + G-CSF + idarubicin
FLT3: fms-like tyrosine kinase 3
GILT: gilteritinib
GR: grade
HSCT: hematopoietic stem cell transplantation
IC: intensive chemotherapy
IQR: interquartile range
ITD: internal tandem duplication
KMT2A: lysine methyltransferase 2A
LDAC: low-dose cytarabine
Mg: milligram
MLFS: morphologic leukemia-free state
MRD: measurable residual disease
NE: non estimable
NGS: next-generation sequencing
NIC: non-intensive chemotherapy
NPM1: nucleophosmin 1
NR: no response
ORR: objective response rate
OS: overall survival
PDAC: pancreatic ductal adenocarcinoma
PT: preferred term
RAS: rat sarcoma
RCC: renal cell carcinoma
R/R: relapsed/refractory
RT-qPCR: quantitative reverse transcription polymerase chain reaction
SOC: standard of care
TAM: total addressable market
TEAEs: treatment emergent adverse events
QD: once daily
QTc: corrected QT interval
Quiz: quizartinib
Ven: venetoclax
Ven/aza: venetoclax + azacitidine
-m: mutated
-r: rearranged