

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

*Leading the Next Era of
Precision Medicine*

May 12, 2026

FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. The words “believe,” “may,” “should,” “will,” “estimate,” “promise,” “plan,” “continue,” “anticipate,” “intend,” “expect,” “potential,” “vision” and similar expressions (including the negative thereof) are intended to identify forward-looking statements. Such statements include, but are not limited to, statements regarding the future operations, financial results and financial condition of Kura Oncology, Inc. (“Kura,” “Kura Oncology,” “we,” “us” or “our”); our research, preclinical and clinical development activities; plans and projected timelines for ziftomenib, darlifarnib, KO-7246 and other preclinical assets; the expected timing and presentation of results and data from clinical trials; expectations regarding the therapeutic and commercial potential of KOMZIFTI™ and our product candidates; KOMZIFTI’s potential market leadership; expectations regarding regulatory approvals; anticipated cash runway and expectations regarding our collaboration with Kyowa Kirin. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Factors that contribute to the uncertain nature of the forward-looking statements include: risks associated with market competition, market acceptance and commercialization of KOMZIFTI; risks associated with the conduct of preclinical studies and clinical trials; the potential for the U.S. Food and Drug Administration (“FDA”) to disagree with our interpretation of the data from clinical trials of our product candidates, to require us to conduct additional clinical trials or to require us to modify our ongoing clinical trials; potential delays in the commencement, enrollment, completion or analysis of clinical testing for our product candidates, or in the reporting of data from such clinical testing, or significant issues regarding the adequacy of our clinical trial designs or the execution of our clinical trials, which could result in increased costs and delays, or limit our ability to obtain regulatory approval; the risk that our product candidates may not receive regulatory approval; the potential for KOMZIFTI or our product candidates to have unexpected adverse side effects; the risk that we may not be able to obtain additional financing and the risk that our collaboration with Kyowa Kirin may not be successful. Additional risks and uncertainties may emerge from time to time, and it is not possible for Kura’s management to predict all risk factors and uncertainties.

All forward-looking statements contained in this presentation speak only as of the date on which they were made. Other risks and uncertainties affecting us are described more fully in our filings with the Securities and Exchange Commission (“SEC”). We undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

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 disclosures. Neither Kura 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.



DEDICATED TO REALIZING THE PROMISE OF PRECISION MEDICINES TO HELP PATIENTS WITH CANCER LEAD BETTER, LONGER LIVES

- Commercial-stage precision oncology company
- KOMZIFTI™ (ziftomenib) approved for treatment of adult patients with R/R *NPM1-m* AML
- Comprehensive ziftomenib clinical development strategy designed to address up to 50% of AML patients, representing a ~\$7 billion U.S. total addressable market
- Cancer is best treated via combinations¹: our novel agents integrate with and enhance existing therapies to overcome treatment gaps and improve patient outcomes
- Deep pipeline of potentially transformative therapies, positioning company for long-term, sustainable growth
- NASDAQ: KURA

1. Gilad Y, Gellerman G, Lonard DM, O'Malley BW. Drug Combination in Cancer Treatment-From Cocktails to Conjugated Combinations. *Cancers (Basel)*. 2021 Feb 7;13(4):669.



ADVANCING A DIVERSIFIED PIPELINE

Program	Clinical Trial	Development Approach	Research	Phase 1 Dose Escalation	Phase 1 Dose Optimization	Registrational	U.S. FDA Approved
Ziftomenib Menin Inhibitor		KOMZIFTI™ (ziftomenib)* monotherapy	R/R <i>NPM1</i> -m AML				
	komet-017	Combination with 7+3 (IC)	Frontline <i>NPM1</i> -m or <i>KMT2A</i> -r AML				
		Combination with venetoclax/azacitidine (NIC)	Frontline <i>NPM1</i> -m AML				
	komet-007	Combination with venetoclax/azacitidine	R/R <i>NPM1</i> -m or <i>KMT2A</i> -r AML				
		Combination with 7+3 and quizartinib	Frontline <i>NPM1</i> -m / <i>FLT3</i> -m AML				
		Combination with 7+3 or venetoclax/azacitidine	Frontline <i>NPM1</i> -m or <i>KMT2A</i> -r AML				
	komet-008	Combination with gilteritinib	R/R <i>NPM1</i> -m / <i>FLT3</i> -m AML				
Combinations with FLAG-IDA, LDAC		R/R <i>NPM1</i> -m or <i>KMT2A</i> -r AML					
komet-001	Monotherapy	R/R Non- <i>NPM1</i> -m / Non- <i>KMT2A</i> -r AML					
			R/R <i>KMT2A</i> -r ALL				
komet-015	Combination with imatinib	GIST					
Darlifarnib Farnesyl Transferase Inhibitor (FTI)	FIT-001 KURA KO-2806-001	Combination with cabozantinib	RCC				
		Combination with adagrasib	NSCLC, CRC, and PDAC				
KO-7246 Next-Gen Menin Inhibitor			Diabetes and cardiometabolic disease				

* KOMZIFTI (ziftomenib) was approved by the U.S. Food and Drug Administration for the treatment of adult patients with relapsed or refractory (R/R) acute myeloid leukemia (AML) with a susceptible *NPM1* mutation who have no satisfactory alternative treatment options.

The investigational agents and investigational uses of marketed products identified above have not been approved by the U.S. Food and Drug Administration (FDA). Safety and efficacy have not been established. Progress bars indicate the stage of development based on ongoing or completed activities. A partial bar indicates a phase in progress; a full bar indicates completion of a phase. Bars do not represent scale, duration, or likelihood of success.



2026: BUILDING A FOUNDATION FOR CONTINUED LONG-TERM GROWTH

2026 PRIORITIES

- Execute KOMZIFTI launch to establish market leadership in R/R *NPM1*-m AML
- Drive comprehensive data generation strategy in combination and 1L AML Ph 3 study execution
- Confirm POC of darlifarnib (TORC1 inhibition) combination in RCC, CRC, NSCLC, PDAC, and other solid tumors
- Advance additional preclinical assets to expand portfolio

2030+ VISION

- Establish KOMZIFTI as standard of care in menin-driven AML
- Achieve multiple product approvals in major disease areas
- Expand commercial franchise beyond AML
 - *Darlifarnib* in RCC, NET, and RAS- and PI3K-driven solid tumors
 - *Ziftomenib* + *imatinib* in GIST
- Realize multi-billion-dollar revenue potential; retain key strategic rights



2026 ZIFTOMENIB PRIORITIES

ESTABLISH >> Commercial Leadership

- Deliver strong **quarter-over-quarter growth** in revenue and adoption
- Achieve **leading class share** in R/R *NPM1-m* AML setting

EXECUTE >> Frontline Franchise

- Drive toward **first-to-market in 1L AML** through enrollment of KOMET-017 trials
- Present **updated data** on ziftomenib / 7+3 combo in 1L *NPM1-m/KMT2A-r* AML
- **Advance enrollment of KOMET-007** cohort evaluating combination of ziftomenib, 7+3 and quizartinib in 1L *NPM1-m/FLT3-m* AML (quad)

EXPAND >> Broaden Addressable Market

- **Publish practice-informing data** of ziftomenib in combination with ven/aza in R/R AML
- **Generate and present data** in *NPM1-m/FLT3-m* AML (25-30% of incident cases)
- **Expand beyond AML** – ziftomenib + imatinib in **GIST**



2026 DARLIFARNIB PRIORITIES

ESTABLISH >> Combination Backbone

- Generate data to position darlifarnib as a **preferred combination partner** for targeted therapies in solid tumors

EXECUTE >> Clinical Validation and Potential Registration

- Advance RCC development
 - Enroll Phase 1b trial of **darlifarnib + cabozantinib in 2L+ RCC**
 - **Present updated data** from Phase 1a trial of darlifarnib + cabozantinib in advanced RCC
- Outline registrational path

EXPAND >> Combination Potential

- **Present preliminary Phase 1a data** for darlifarnib + adagrasib (NSCLC, CRC, PDAC)
- Identify **additional indications** and partner darlifarnib with novel PI3Ka and RAS inhibitors



2026 MENIN PIPELINE PRIORITIES

IDENTIFY >> New Opportunities

- **Identify additional opportunities** for menin inhibition in solid tumors and other diseases

ADVANCE >> Next-Generation Assets

- Advance **KO-7246**, a next-gen menin inhibitor, for **diabetes and cardiometabolic diseases**
- **Present preclinical data** highlighting transformational potential of menin inhibitors in diabetes

EXPAND >> Portfolio Breadth

- Nominate a next-gen menin development candidate for combinations in solid tumors
- Evaluate opportunity in **ER+ driven tumors**



STRATEGIC COLLABORATION WITH KYOWA KIRIN POSITIONS KURA TO UNLOCK THE FULL VALUE OF ZIFTOMENIB AND PIPELINE



Kura retains **leadership and key strategic rights** to ziftomenib in the U.S. to preserve strategic flexibility



50/50 U.S. co-development/co-promote with Kura booking 100% U.S. sales and leading commercial strategy and global development



Enables **broad development and commercialization**, including 1L fit/unfit, combos with targeted therapies, and maintenance setting



FINANCIAL HIGHLIGHTS AND OUTLOOK

**Well-capitalized to
support KOMZIFTI
commercial launch and
pipeline advancement**

- \$5.8 million of KOMZIFTI net product revenue in 1Q 2026, the first full quarter of commercialization
- \$580.8 million in cash, cash equivalents and short-term investments as of March 31, 2026
- Cash, cash equivalents and short-term investments as of March 31, 2026, together with anticipated collaboration payments under the agreement with Kyowa Kirin, are expected to fund the ziftomenib AML program through the topline results from the first pivotal Phase 3 KOMET-017 frontline trial, anticipated in 2028



FDA APPROVED



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

KOMZIFTI LAUNCH OFF TO STRONG START



1Q 2026:
**First Full
Quarter** of
Commercial Launch

85 new patients starts
157 total prescriptions

\$5.8 M
net product revenue

In a
**PREFERRED
POSITION**
with many payers

First and only once-daily targeted therapy for
adults with R/R *NPM1*-m AML

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



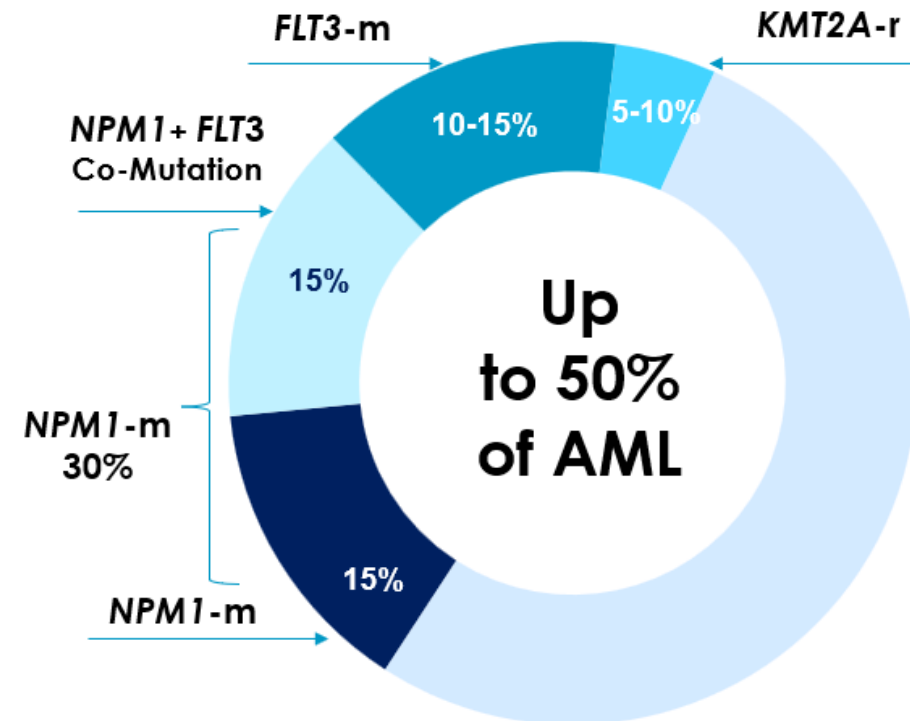
UP TO 50% OF AML PATIENTS MAY BENEFIT FROM MENIN INHIBITOR THERAPY

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

AML is characterized by significant genetic heterogeneity due to driver mutations, including *NPM1*-m, *FLT3*-m, *IDH1/2*-m and *KMT2A*-r^{2,3}

NPM1 mutations are observed in 30% to 35% of cases and are an important upstream driver mutation that uses the menin pathway^{4,5}

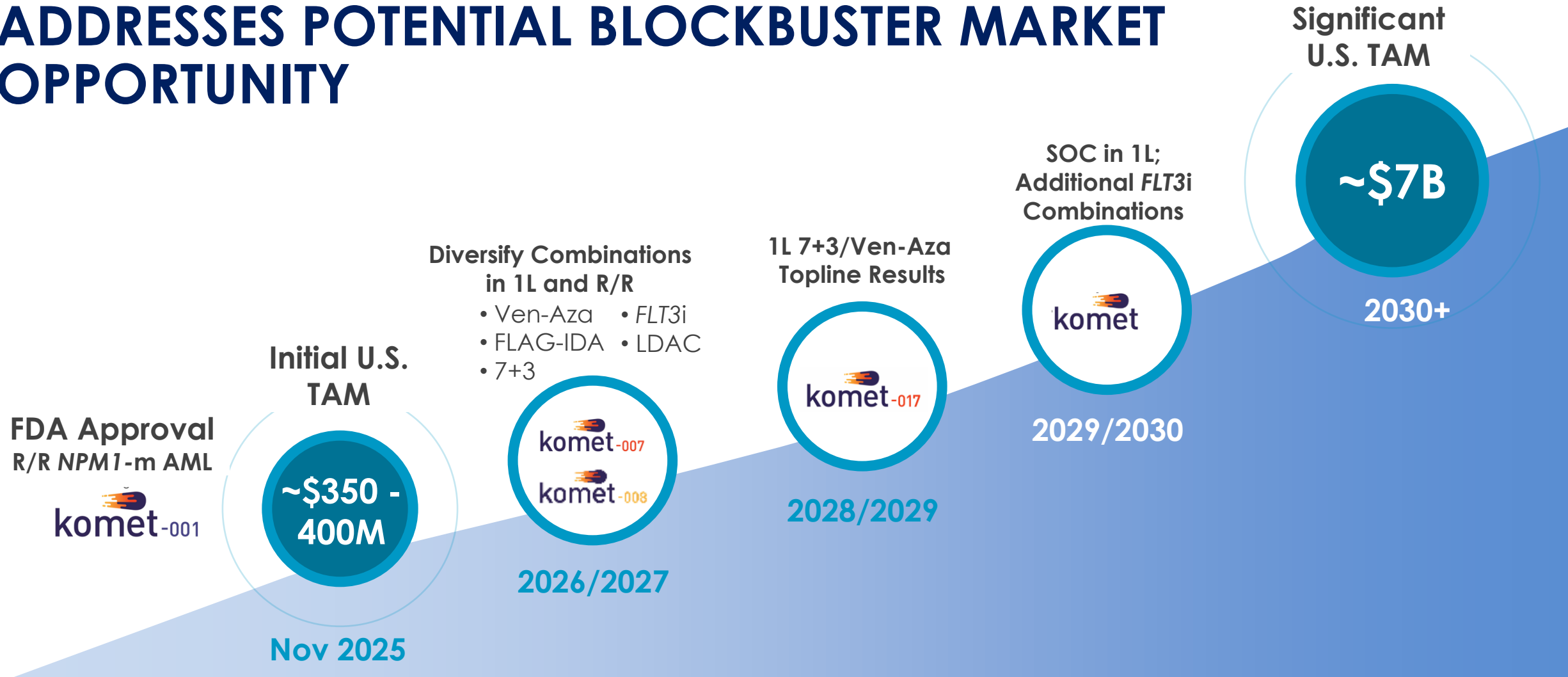
PREVALENCE OF ZIFTOMENIB-ELIGIBLE PATIENTS



1. American Cancer Society. Updated December 27, 2025. <https://www.cancer.org/cancer/types/acute-myeloid-leukemia/about/key-statistics.html> 2. Papaemmanuil E et al. N Engl J Med. 2016;374(23):2209-2221. doi:10.1056/NEJMoa1516192 3. The Cancer Genome Atlas Research Network. N Engl J Med. 2013;368(22):2059-2074. doi:10.1056/NEJMoa1301689 4. Burrows F et al. Poster presented at: AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics: Discovery, Biology, and Clinical Applications; October 26-30, 2017; Philadelphia, PA. 5. Falini B, Dillon R. Blood Cancer Discov. 2024;5(1):8-20.

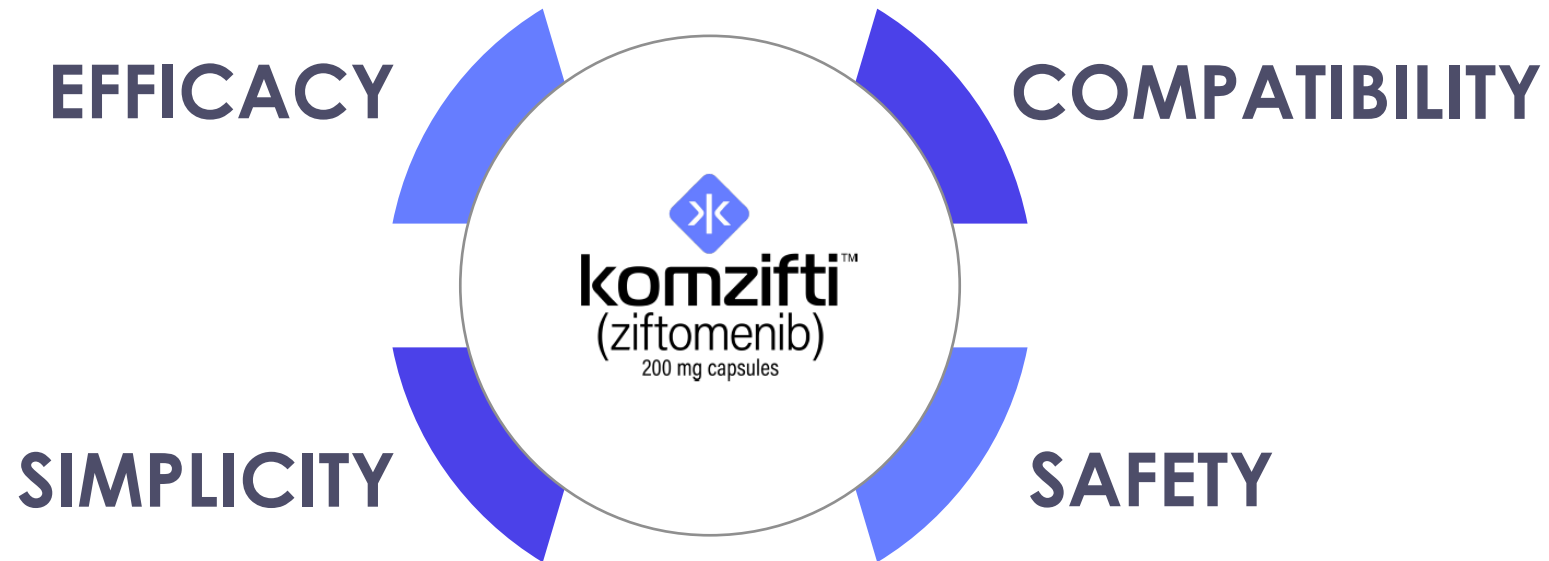


COMPREHENSIVE DEVELOPMENT STRATEGY ADDRESSES POTENTIAL BLOCKBUSTER MARKET OPPORTUNITY



KOMZIFTI'S DIFFERENTIATED PROFILE

KOMZIFTI is indicated for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible nucleophosmin 1 (*NPM1*) mutation who have no satisfactory alternative treatment options.



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



INVESTIGATING ZIFTOMENIB ACROSS THE AML CONTINUUM

RELAPSED / REFRACTORY

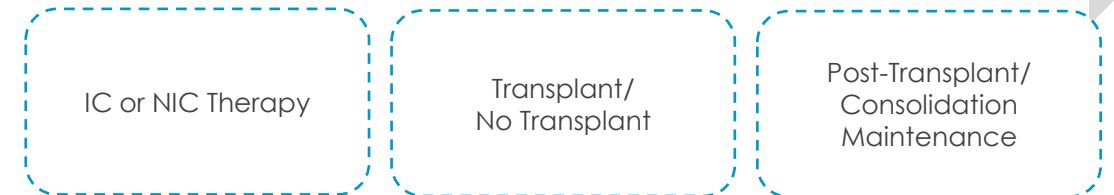


KOMET-001
NPM1-m AML
KMT2A-r ALL
 Non-*NPM1-m* /
 Non-*KMT2A-r* AML

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

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

1L TREATABLE



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

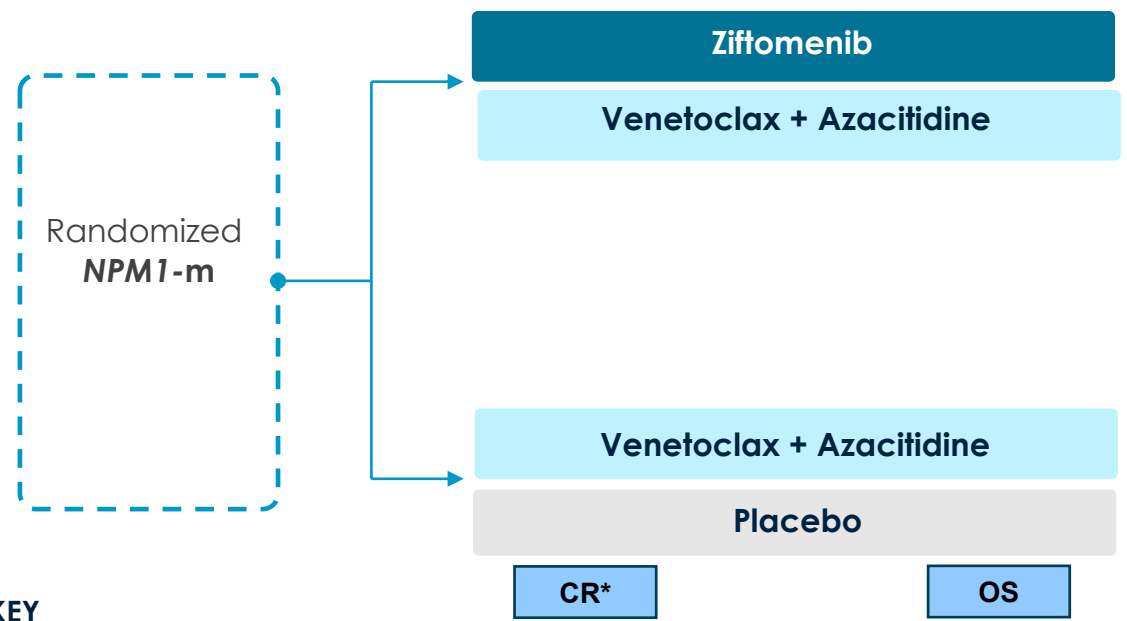
Investigator/Company-Sponsored Studies Across Adult and Pediatric Hematologic Malignancies



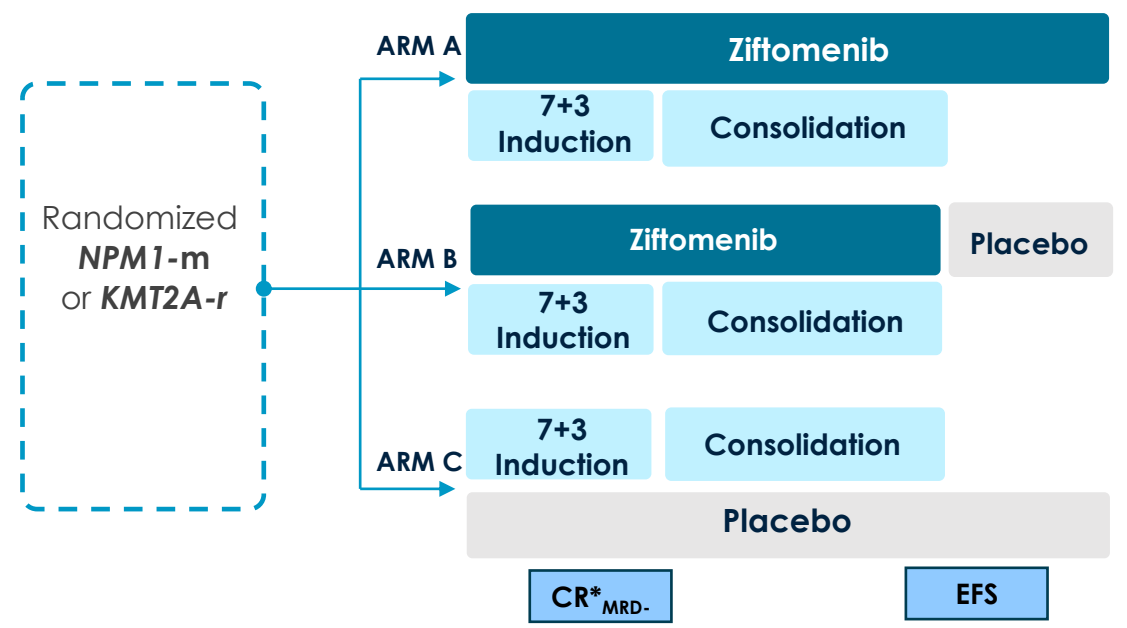
KOMET-017 PROVIDES TREATMENT OPTIONS TO BROAD FRONTLINE AML PATIENT POOL

N = 1,300

KOMET-017-NIC (NON-INTENSIVE CHEMOTHERAPY)



KOMET-017-IC (INTENSIVE CHEMOTHERAPY)



KEY

Ziftomenib SOC Backbone Placebo Endpoints

* Dual primary endpoint with potential for U.S. accelerated approval.



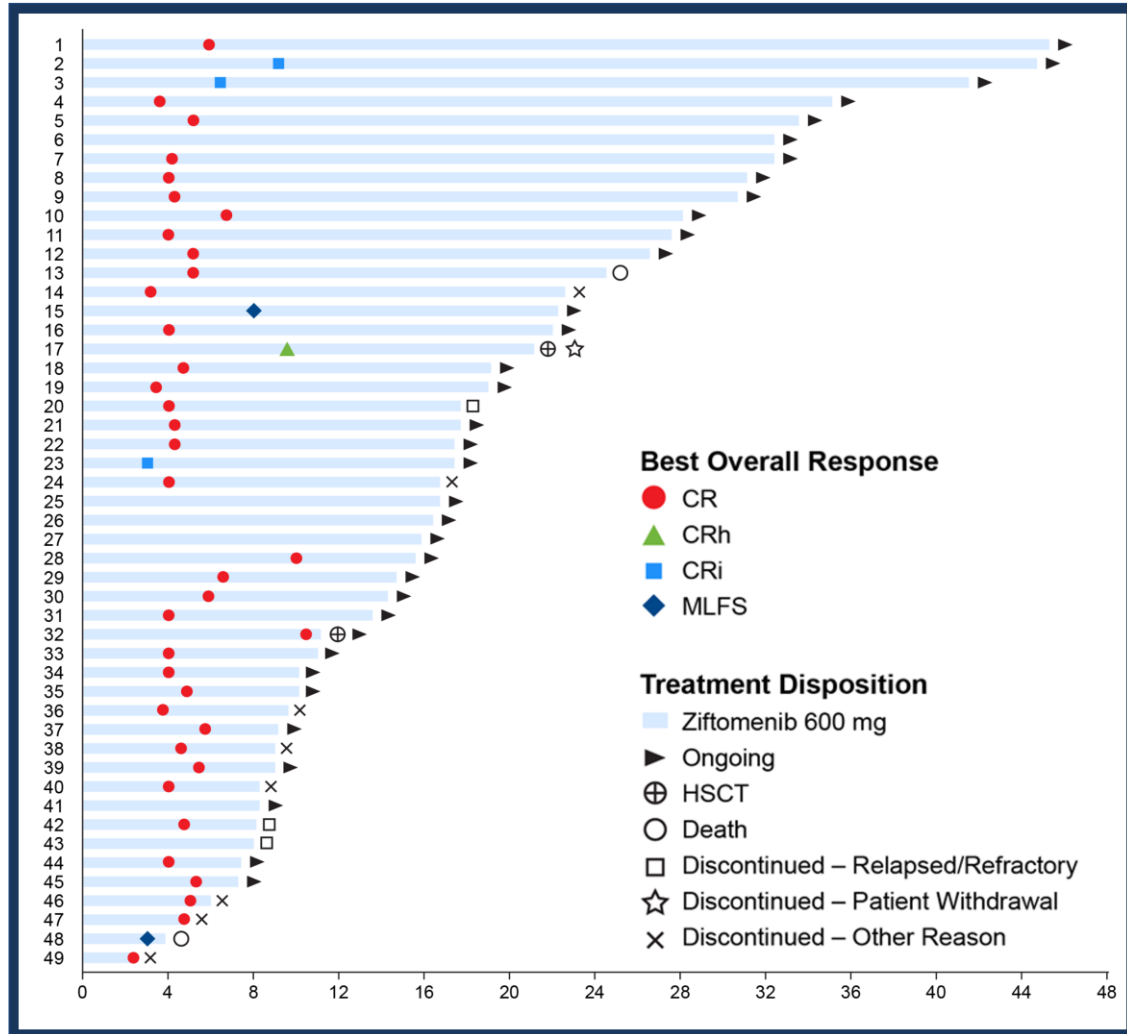
Ziftomenib combined with intensive induction chemotherapy (7+3) in newly diagnosed *NPM1*-m or *KMT2A*-r acute myeloid leukemia: Updated phase 1a/b results from KOMET-007

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

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EHA2025
Congress
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DURATION OF TREATMENT & PRELIMINARY CLINICAL OUTCOMES IN 1L *NPM1*-m AML (7+3 COMBINATION)



Duration of treatment (weeks)

After a median follow-up of 24.9 weeks (range 4.3–47.1):

- Median duration of CR **not reached**^a
- Median OS **not reached**^a
- 2 *NPM1*-m patients received HSCT
- 3 discontinuations due to relapse
- 96% (47/49) of patients remained alive and continued on-study^b

Data cutoff: Mar 21, 2025.

^a Among response-evaluable patients.

^b Patients on-treatment or in long-term follow-up.





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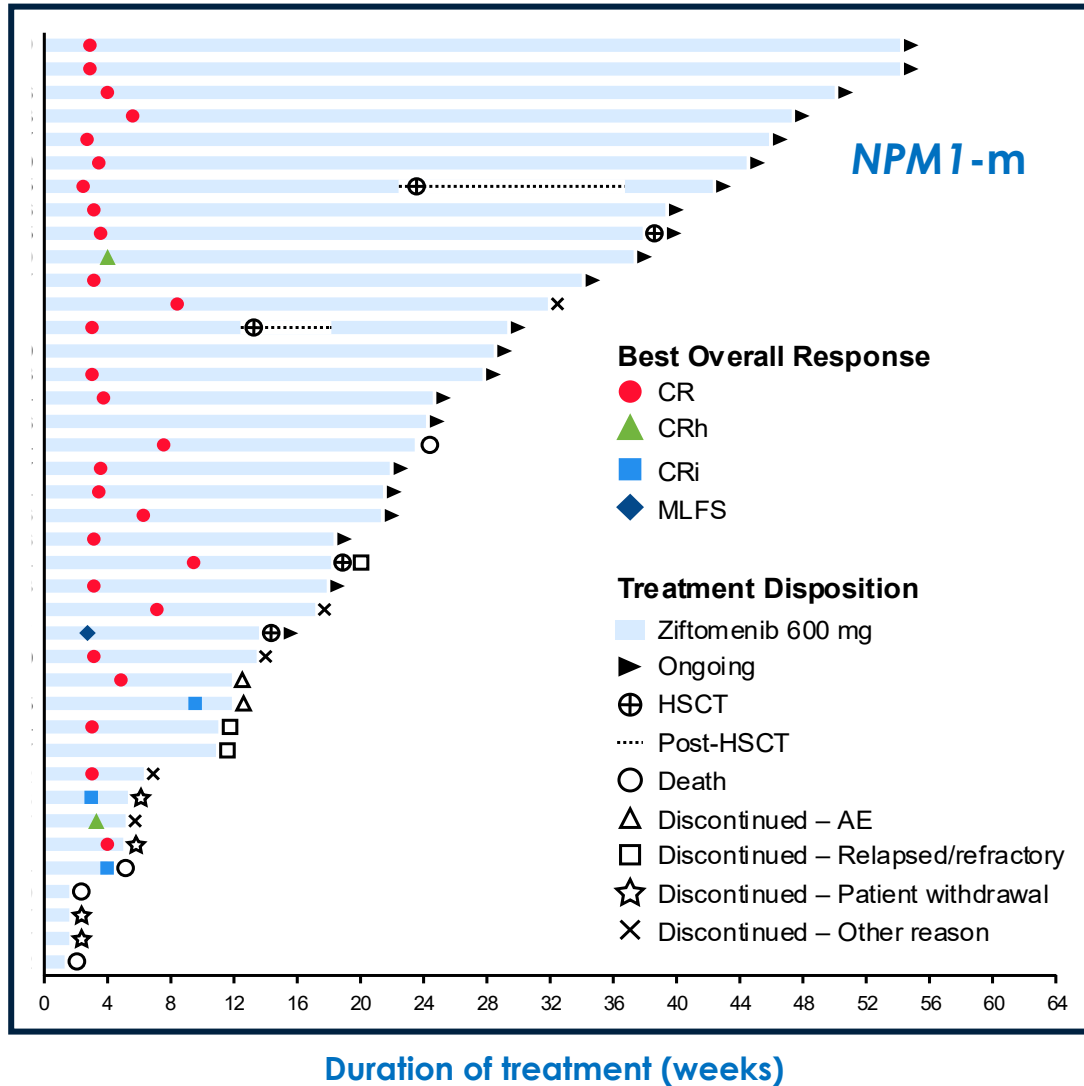
Ziftomenib in Combination with Venetoclax and Azacitidine in Newly Diagnosed *NPM1*-m Acute Myeloid Leukemia: Phase 1b Results from KOMET-007

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

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



DURATION OF TREATMENT & PRELIMINARY CLINICAL OUTCOMES IN 1L *NPM1*-m AML (VEN/AZA COMBINATION)



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

- Median duration of CR **not reached**^a
- Median OS **not reached**^a
- 5 *NPM1*-m patients underwent HSCT, and 3 went onto ziftomenib maintenance
- 68% (27/40) of patients remained alive and continued on-study^b

Data cutoff: Sep 24, 2025.

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





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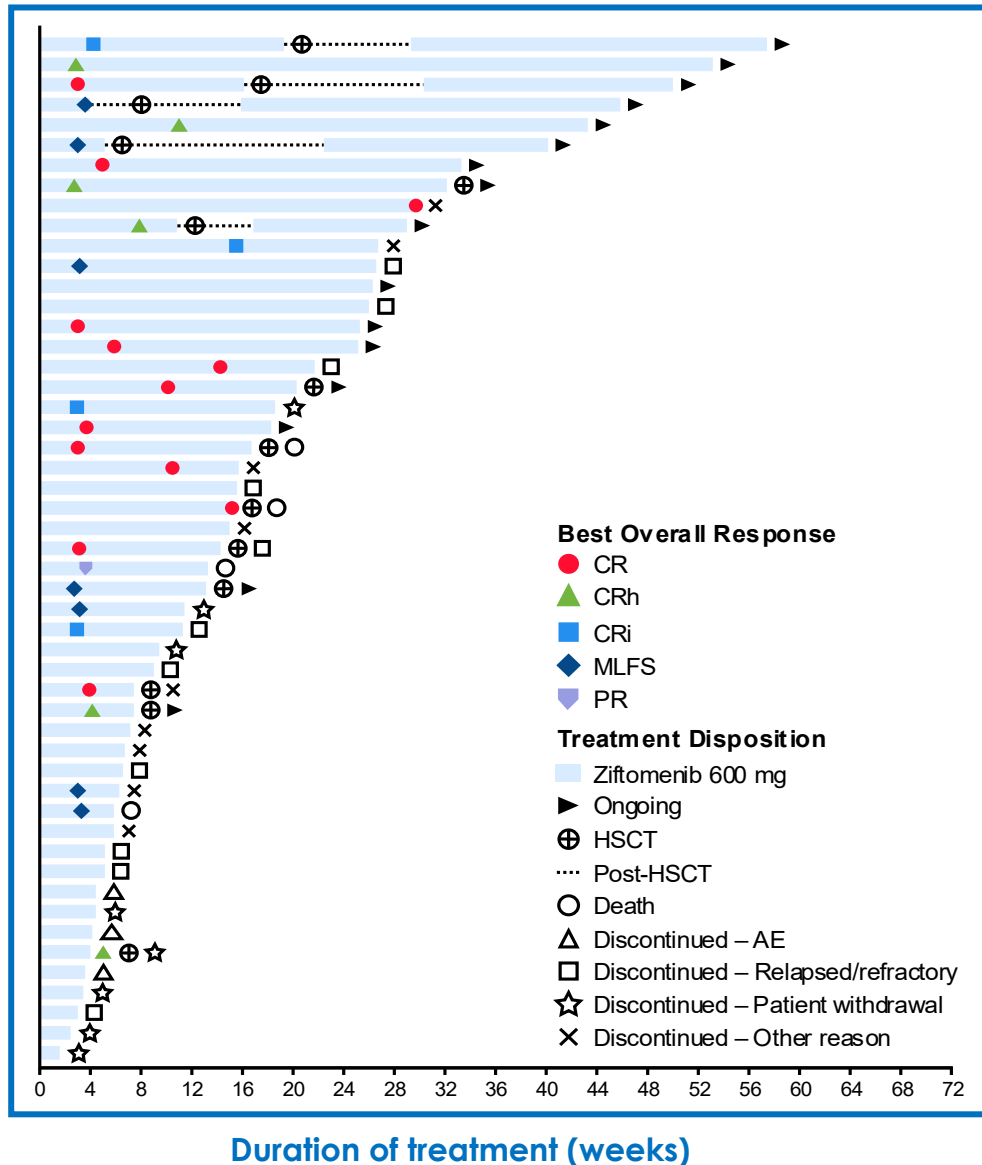
Ziftomenib in Combination with Venetoclax and Azacitidine in Relapsed/Refractory *NPM1*-m or *KMT2A*-r Acute Myeloid Leukemia: Updated Phase 1a/b Safety and Clinical Activity Results from KOMET-007

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

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



DURATION OF TREATMENT & PRELIMINARY CLINICAL OUTCOMES IN R/R *NPM1*-m AML (VEN/AZA COMBINATION)



After a median follow-up of 27.4 weeks (range 3.3–69.1):

- Median duration of CRc **39.9 weeks** (95% CI 16.1–NE)
 - Ven-naïve: 39.9 weeks (95% CI 12.9–NE)
- 14 *NPM1*-m patients received HSCT, and 5 went onto ziftomenib maintenance
- Median OS **54.9 weeks** (95% CI 32.0–NE)

Data cutoff: Sep 24, 2025.



SUMMARY OBSERVATIONS OF COMBINATION DATA PRESENTED TO DATE (1/2)

EFFICACY

Deep and durable clinical responses

Robust clinical activity with deep responses demonstrated in newly diagnosed:

- *NPM1*-m AML or *KMT2A*-r AML with 7+3 combination
- *NPM1*-m AML with ven/aza in combination

Encouraging clinical activity demonstrated with ven/aza combination in patients with R/R *NPM1*-m or *KMT2A*-r AML, including in patients with prior ven exposure

COMPATIBILITY

Excellent ability to combine with other agents

No dose modifications required due to interactions with backbone

No additional toxicity beyond that expected with ven/aza or 7+3 alone

Compatibility with anti-fungal and other supportive therapies, including potent CYP3A4 inhibitors



SUMMARY OBSERVATIONS OF COMBINATION DATA PRESENTED TO DATE (2/2)

SAFETY

Best-in-class benefit-risk profile

Low rates of investigator-assessed, ziftomenib-related cytopenias and no additional myelosuppression observed

Ziftomenib at 600 mg QD in combinations did not delay neutrophil and platelet count recovery

Combinations mitigate risk of differentiation syndrome, with rare events successfully managed

Low rates of QTc prolongation due to any cause observed in combinations

SIMPLICITY

Convenient dosing may promote beneficial compliance

Once-daily dosing,
regardless of concomitant medications

No weight-based dosing adjustments needed

No need to combine tablet strengths or for additional dosage forms



DARLIFARNIB (KO-2806)

FARNESYL TRANSFERASE INHIBITOR (FTI)

Combination therapy using FTIs has potential to address drug resistance and provide deeper and more durable anti-tumor activity



THERE IS A NEED TO IMPROVE STANDARDS OF CARE FOR PATIENTS TREATED WITH TARGETED THERAPIES

Despite impressive progress with small molecule targeted therapies, resistance limits the potential of many agents

- Targeted therapies are often effective but insufficient as monotherapies
- Combinations (e.g., KRAS/EGFR inhibitors in CRC) have demonstrated enhanced response

There is a significant need to identify combination therapeutics, which address mechanisms of innate and adaptive resistance

Kura Oncology is pioneering FTIs to enhance the therapeutic potential of targeted therapies

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

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



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

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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

- All patients received prior I/O-based treatment as well as prior cabozantinib
- All responders had progression on prior cabozantinib
- 4/7 responders had cabozantinib as immediate prior line of treatment
- Historical rates of ORR with subsequent treatment after prior cabozantinib or other TKI exposure ~17% – 22%¹⁻³

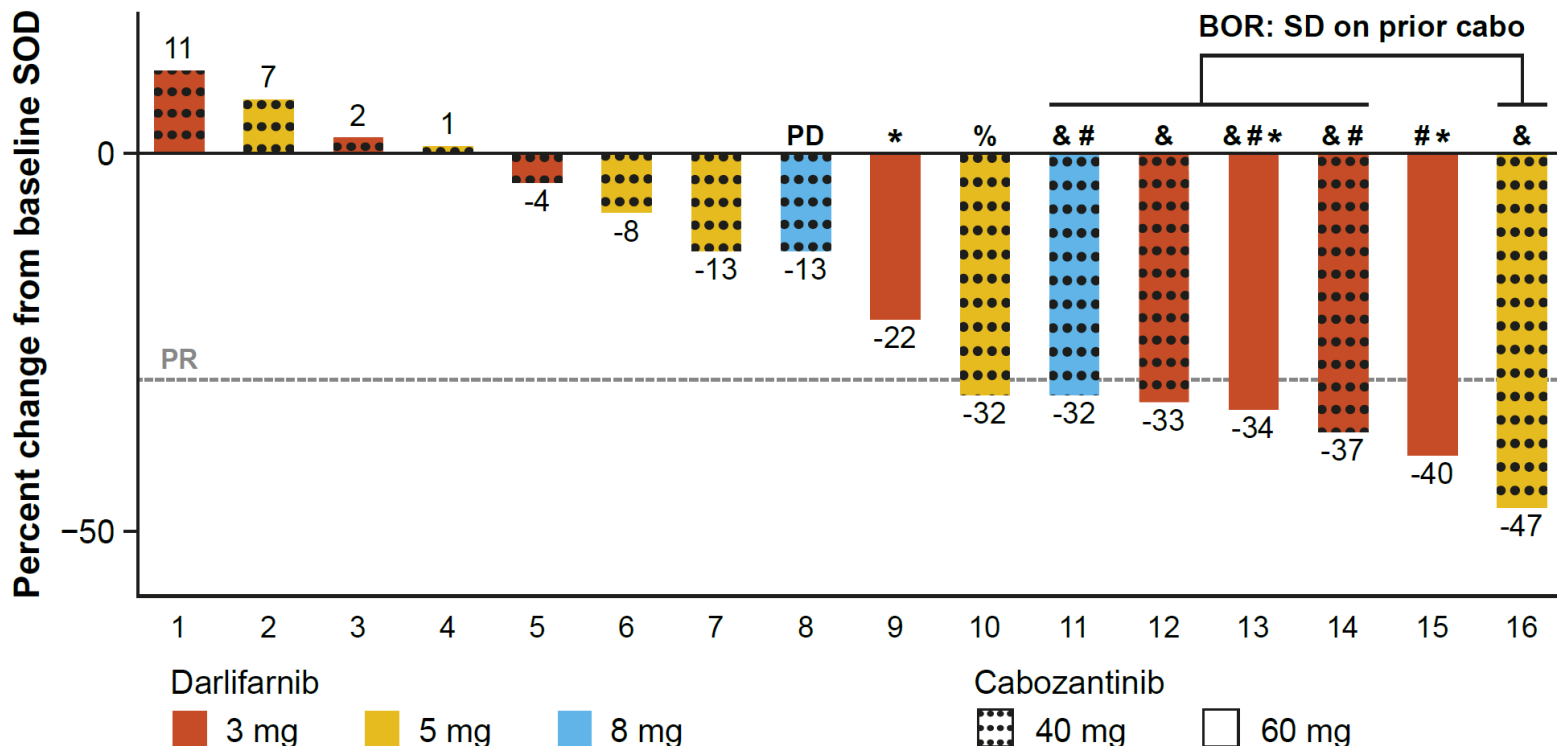
^a Response-evaluable patients had ≥1 post-baseline scan. ^b One patient had only one disease assessment (PD as best response). ^c One patient had uPR. ^d DCR includes patients with SD and PR of any duration.

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.
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.



CONCLUSIONS FROM DARLIFARNIB + CABOZANTINIB COMBO IN CABOZANTINIB EXPERIENCED RCC

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

- Safety and tolerability profile generally consistent with cabozantinib monotherapy, with on-target myelosuppression that could be managed with supportive care
- Combination demonstrates encouraging antitumor activity in ccRCC 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



DARLIFARNIB UPDATES IN 2026

Recent Updates

- Initiated Phase 1b for darlifarnib + cabozantinib combo to determine optimal biologically active dose (OBAD) in RCC
- Completed dose escalation for darlifarnib + adagrasib in KRAS^{G12C}-m NSCLC, CRC and PDAC
- Presented encouraging preliminary Phase 1a data for darlifarnib + cabozantinib in prior cabozantinib-exposed RCC

Additional Clinical Data Anticipated in 2026

- Present preliminary Phase 1a clinical data for darlifarnib + adagrasib (ASCO 2026)
- Present updated data on Phase 1a dose escalation for darlifarnib + cabozantinib in cabozantinib-naïve and -exposed RCC (2H 2026)

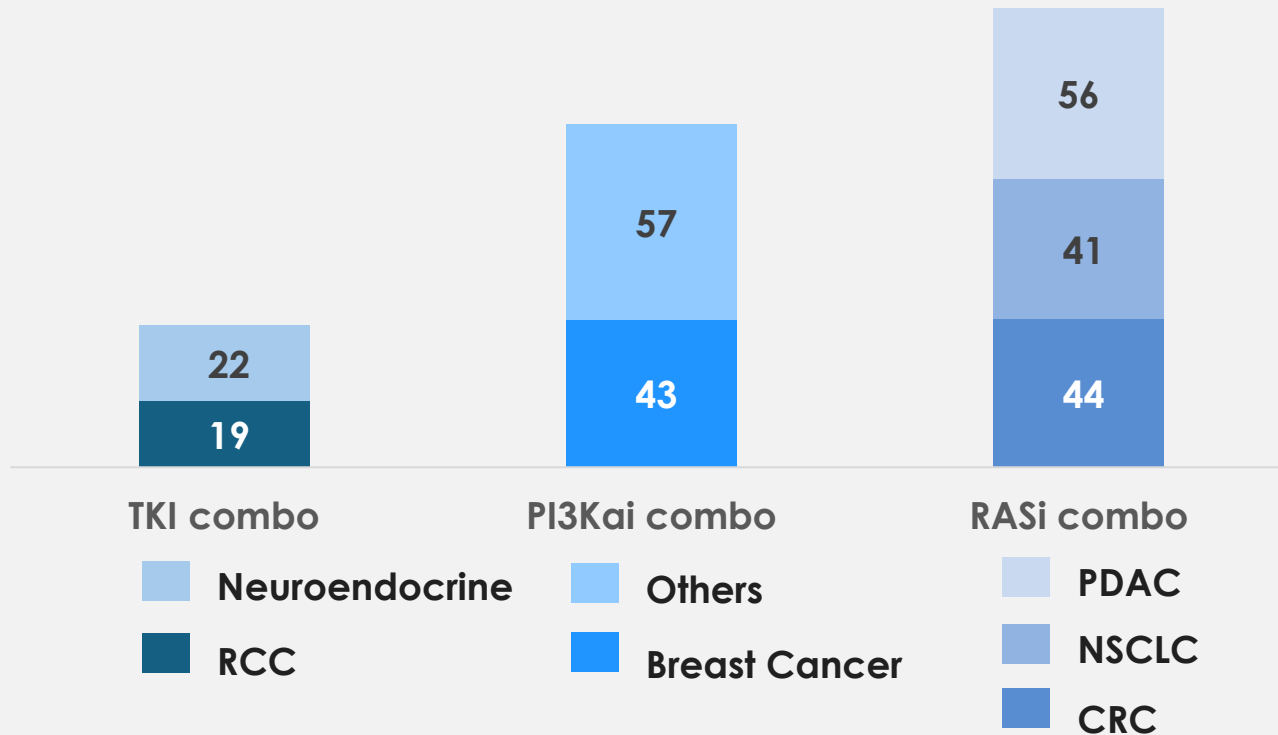
Anticipated Next Steps

- Explore opportunities to evaluate additional indications and combination partners



LARGE POTENTIAL OPPORTUNITY IN DARLIFARNIB WITH ~280K ANNUAL INCIDENT PATIENTS IN THE U.S.

ANNUAL U.S. INCIDENCE, 2025 Thousands of patients



OPPORTUNITY AREAS



VEGFR TKI

- Potential to combine with cabozantinib and other TKIs in RCC and potentially in NET
- Potential to combine with TKI and I/O in 1L RCC

KRAS and PI3K α

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



2026: ANTICIPATED PROGRESS



Accelerate U.S. adoption of KOMZIFTI in R/R *NPM1*-m AML
Drive quarter-over-quarter revenue growth

ziftomenib	
Present updated KOMET-007 data evaluating combination with 7+3 in 1L <i>NPM1</i> -m/ <i>KMT2A</i> -r AML at EHA 2026	1H
Publish ven/aza combination data in R/R <i>NPM1</i> -m AML	1H
Present preliminary data from KOMET-008 cohort evaluating combination with gilteritinib in R/R <i>NPM1</i> -m/ <i>FLT3</i> -m AML	2H
Advance enrollment of Phase 3 trials incl. IC and NIC (KOMET-017)	ongoing
Advance enrollment of KOMET-007 cohort evaluating combination with 7+3 and quizartinib in 1L <i>NPM1</i> -m/ <i>FLT3</i> -m AML (quad)	ongoing
Expand to non-AML indications including ongoing Phase 1a dose escalation trial evaluating combination with imatinib in GIST	ongoing

darlifarnib	
Initiate expansion cohorts of darlifarnib and cabozantinib in advanced RCC (Phase 1b)	✓
Present preliminary data from darlifarnib and adagrasib in <i>KRAS</i> ^{G12C} -mutated solid tumors (NSCLC, CRC, PDAC) at ASCO 2026	1H
Present updated dose-escalation data from darlifarnib and cabozantinib in advanced RCC (Phase 1a)	2H
Explore opportunities to evaluate additional indications and combination partners	ongoing

Pipeline

Present preclinical menin inhibitor data on diabetes (differentiation from other assets/programs)	2H
Advance KO-7246, next-generation menin inhibitor, in IND-enabling studies for diabetes and cardiometabolic disease	ongoing
Advance preclinical development of next-gen development candidate for use in combination therapy for solid tumors	ongoing



Abbreviations

1L: first line
2L: second line
7+3: 7 days of cytarabine + 3 days of daunorubicin
ALL: acute lymphoblastic leukemia
AML: acute myeloid leukemia
CR: complete remission
CRh / Cri: complete remission with partial hematologic recovery
Cri: complete remission with incomplete hematologic recovery
CRc: composite complete remission
CR MRD: complete response with minimal residual disease
CRC: colorectal cancer
CYP3A4: cytochrome P450 3A4
DCR: disease control rate
EFS: event-free survival
EGFR: epidermal growth factor receptor
ER+: estrogen receptor-positive
FLAG-IDA: fludarabine, high-dose cytarabine (Ara-C), granulocyte-colony stimulating factor (G-CSF) and idarubicin
FLT3: fms-like tyrosine kinase 3
FTI: farnesyl transferase inhibitor
HSCT: hematopoietic stem cell transplant
GILT: gilteritinib
GIST: gastrointestinal stromal tumors
IC: intensive chemotherapy
IDH1/2: isocitrate dehydrogenase 1 or 2
IO: immuno-oncology therapy
KMT2A: Lysine Methyltransferase 2A

KRAS: Kirsten rat sarcoma viral oncogene homolog
LDAC: low-dose cytarabine
MLFS: morphologic leukemia-free state
MTOR: mammalian target of rapamycin
NET: neuroendocrine tumor
NIC: non-intensive chemotherapy
NPM1: Nucleophosmin 1
NSCLC: non-small cell lung cancer
OBAD: optimal biologically active dose
ORR: overall response rate
OS: overall survival
PDAC: pancreatic ductal adenocarcinoma
PIK3a: phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha
PR: partial response
RAS: rat sarcoma
RCC: renal cell carcinoma
RHEB: Ras homolog enriched in brain
R/R: relapsed/refractory
SOC: standard of care
TAM: total addressable market
TKI: tyrosine kinase inhibitor
TORC1: target of rapamycin complex 1
Quiz: quizartinib
VEGF: vascular endothelial growth factor
Ven/aza: venetoclax + azacitidine
-m: mutated
-r: rearranged

An aerial photograph of a person in a blue kayak on a dark blue body of water. The kayaker is wearing a white long-sleeved shirt, a red cap, and a life vest. The water shows ripples and reflections. A large, semi-transparent teal circle is overlaid on the left side of the image, containing the text "THANK YOU".

**THANK
YOU**

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