An aerial photograph of a person in a blue kayak on dark water. The kayaker is wearing a white long-sleeved shirt, a red cap, and a life vest. The kayak is blue with yellow accents. The water is dark with some ripples. The background shows some rocky terrain. A large, semi-transparent blue circle is overlaid on the left side of the image, containing the text. Dashed white lines form a circular path around the blue circle and a curved path at the bottom right.

FDA Approval of KOMZIFTI™

November 13, 2025

Agenda



Opening Remarks

Troy Wilson, Ph.D., J.D.
President & Chief Executive Officer
Kura Oncology



KOL Perspective

Eunice Wang, M.D.
Chief of the Leukemia Service and Professor of
Oncology Roswell Park Comprehensive Cancer Center



USPI Review

Mollie Leoni, M.D.
Chief Medical Officer
Kura Oncology



Commercialization Strategy

Brian Powl
Chief Commercial Officer
Kura Oncology



Forward Looking Statement

This presentation contains forward-looking statements. Such statements include, but are not limited to, statements regarding KOMZIFTI's position as a best-in-class menin inhibitor; KOMZIFTI's differentiated benefit-risk profile; the potential of KOMZIFTI to be the menin inhibitor of choice for adult patients with relapsed or refractory *NPM1*-mutated acute myeloid leukemia (AML) and their healthcare providers, the preferred backbone for combinations throughout the continuum of care in AML and a foundational therapy for acute leukemias; our potential to transform AML treatment; the potential of the absence of drug-drug interactions and Boxed Warnings for QTc prolongation and Torsades de Pointes to benefit patients and to support the use of KOMZIFTI over other menin inhibitors; the potential compatibility of KOMZIFTI with other anti-leukemic therapies and supportive medications commonly used in the treatment of patients with AML; the potential of KOMZIFTI's ability to be co-administered with anti-infectives to provide predictability and reduce complexity and risk; activities, plans and projected timelines for the clinical development of KOMZIFTI; the timing of anticipated presentations of data from our clinical trials of KOMZIFTI; our ability to advance our development programs and widen our lead ahead of others in the field of menin inhibition; our ability to successfully launch KOMZIFTI in the United States; expectations regarding the timing of product delivery; awareness of ziftomenib among healthcare providers; our ability to offer patients and providers rapid access to KOMZIFTI with seamless, comprehensive and simple support; the potential of KOMZIFTI to benefit a large number of diverse patients with relapsed or refractory *NPM1*-mutated AML and to improve patient lives; the potential benefit of KOMZIFTI to prescribers and the healthcare system; the potential of KOMZIFTI to capture significant market share in relapsed or refractory *NPM1*-mutated AML; the market opportunity for KOMZIFTI in relapsed or refractory *NPM1*-mutated AML and frontline AML; and expectations regarding our collaboration with Kyowa Kirin. 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: the risk that KOMZIFTI may have unintended side effects; risks associated with market competition, market acceptance and commercialization of KOMZIFTI; the risk that the collaboration with Kyowa Kirin is unsuccessful; the risk that our clinical trials may not be successful; and other risks associated with the process of discovering, developing and commercializing drugs that are safe and effective for use as human therapeutics, and in the endeavor of building a business around such drugs. 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.

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 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.



Now FDA Approved



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.

KOMZIFTI™ Data & Label

Overview of U.S. Prescribing Information for KOMZIFTI



INDICATION

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

RECOMMENDED DOSE

600 mg orally, once daily

AVAILABLE DOSE STRENGTHS

200 mg capsules

First and only approved once-daily, oral menin inhibitor

NPM1 mutations, one of the most common genetic drivers of AML, are now actionable for patients

Full Approval of KOMZIFTI Based on Phase 1b/2 KOMET-001 Trial

Efficacy Parameter N=112	%
CR + CRh, n (%)	24 (21.4)
95% CI	(14.2, 30.2)
Median DOCR+CRh (months)	5.0
95% CI	(1.9, 8.1)
Median time to first response for patients who achieved CR or CRh (months)	2.7
Of patients who achieved CR or CRh, those who responded \leq 6 months of initiating KOMZIFTI	88%

CR, complete remission; CRh, complete remission with partial hematologic recovery

Additional Supportive Efficacy Data From JCO Publication¹



Median OS of **18.4** months among responders vs. **3.5** months among non-responders

MRD negativity rate of **61%** among patients with CR/CRh

Comparable clinical activity across:

- Age
- Comutations (ie, FLT3-ITD/TKD or IDH1/2-m)
- Number of prior lines of therapy
- Prior transplant
- Prior venetoclax exposure

¹Eunice S. Wang et al. Ziftomenib in Relapsed or Refractory NPM1-Mutated AML. J Clin Oncol 0, JCO-25-01694

Safety Highlights from KOMZIFTI Prescribing Information

Most common adverse reactions ($\geq 20\%$; any grade)

- Infection without identified pathogen, hemorrhage, diarrhea, nausea, fatigue, edema, bacterial infection, musculoskeletal pain, differentiation syndrome, pruritus, febrile neutropenia, and transaminases increased.

Serious adverse reactions occurring in $\geq 5\%$ of patients

- Infection without an identified pathogen (29%)
- Febrile neutropenia (18%)
- Bacterial infection (16%)
- Differentiation syndrome (16%)
- Dyspnea (6%)

Safety Highlights from KOMZIFTI Prescribing Information

No Grade 4 or Grade 5 QTc interval prolongation

- QTc interval prolongation was ≤Grade 3 in 12% of patients
- QTc interval prolongation occurred in 10% of the 70 patients 65 years of age or older

Largest mean QTc interval was 7.7 ms (upper confidence level =12.6 ms)

- ICH E14 guidance sets thresholds for concern in assessing QT prolongation
- Mean change of ≥ 20 ms is generally considered to pose a meaningful risk for Torsades de Pointes and other arrhythmias

Drug Interactions

- No significant drug interactions requiring dose adjustments
- No requirement of dose adjustment for concomitant use of KOMZIFTI with strong CYP3A4 inhibitors

Boxed Warning

- Inclusion of boxed warning for differentiation syndrome
- No boxed warnings for QTc or Torsades de Pointes

KOL Perspective



Eunice Wang, M.D.
Chief of the Leukemia Service
and Professor of Oncology
Roswell Park Comprehensive
Cancer Center



KOMET-007 at EHA 2025: Clinical Activity of Ziftomenib in Combination with 7+3 in Newly Diagnosed AML^a

n (%)	<i>NPM1-m</i>	<i>KMT2A-r</i>
	600 mg (n=44)	600 mg (n=27)
CRc	41 (93)	24 (89)
ORR	43 (98)	24 (89)
NR	1 (2)	2 (7)
NE	0	1 (4)
CRc MRD-negativity, n/N (%)^b	26/38 (68)	15/18 (83)
Median time to CRc MRD-negativity, weeks (range)	4.7 (2–17)	4.1 (3–12)

^aPatients who had ≥1 response assessment or who had died.

^bAmong evaluable responders tested for MRD per local assay (NGS, RT-qPCR, FISH, flow cytometry). Preliminary central testing also shows concordance with local MRD-negative rates.

Data cutoff: Mar 21, 2025.

Per ELN 2022: CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; FISH, fluorescence in situ hybridization; MLFS, morphologic leukemia-free state; MRD, measurable residual disease; NE, not evaluable; NGS, next-generation sequencing; NR, no response; ORR, objective response rate; PR, partial remission; RT-qPCR, quantitative reverse transcription polymerase chain reaction.



KOMZIFTI™ Commercial Strategy

NOW APPROVED



komziftiTM
ziftomenib
200 mg capsules

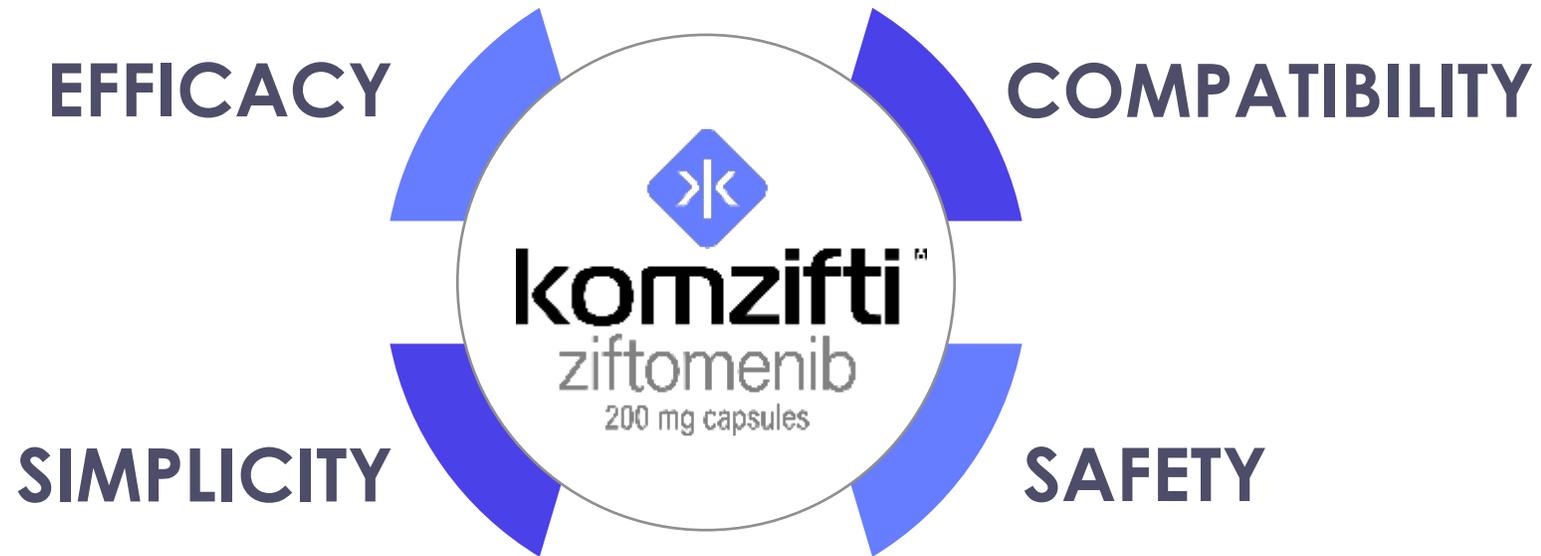
The first and only approved
once-daily oral menin inhibitor

Aligned, experienced team
ready to execute

Commercially ready for
R/R *NPM1*-m AML patients

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.



NPM1-m AML Market Development & HCP Awareness



Strong execution of disease state education has generated **awareness and excitement**, positioning KOMZIFTI for success

Metric	Result vs Target Benchmark
Awareness of KOMET-001 Pivotal Data	✓
Belief in menin pathway as a primary driver in NPM1-m AML	✓
Belief in menin inhibitors addressing unmet need of R/R NPM1-m AML patients	✓
Awareness of ziftomenib	✓
Belief in testing all AML patients for NPM1-m	✓

Establishing KOMZIFTI as the Menin Inhibitor of Choice for Adult Patients with R/R *NPM1*-m AML

DRIVE ADOPTION

4,000+
Academic and
Community Target
Accounts

ENSURE ACCESS

60
Oncology Account
Managers activated
*Across Kura and Kyowa Kirin
20+ Yrs Average Sales Experience
8 Yrs Average Hem/Onc, AML, Rare
Disease Experience*

ONE TEAM

1
Aligned Team
*Kura Oncology
Kyowa Kirin
Integrated Commercial Strategy*

Access for KOMZIFTI is Designed to Offer Patients and Providers Rapid Access with Seamless Support Solutions

100% of top Payer Accounts engaged pre-approval

4

Access Field Teams

*Payer Account Directors
Field Reimbursement Directors
Corporate Account Directors
Medical Value & Outcomes Liaisons*

1

Tailored, limited distribution model to optimize access

Comprehensive & Simple Support

THROUGHOUT THE ENTIRE TREATMENT JOURNEY



For PATIENTS (↑) and HCPs (↓)



Financial Assistance



Appeals Support



Prior Auth Support



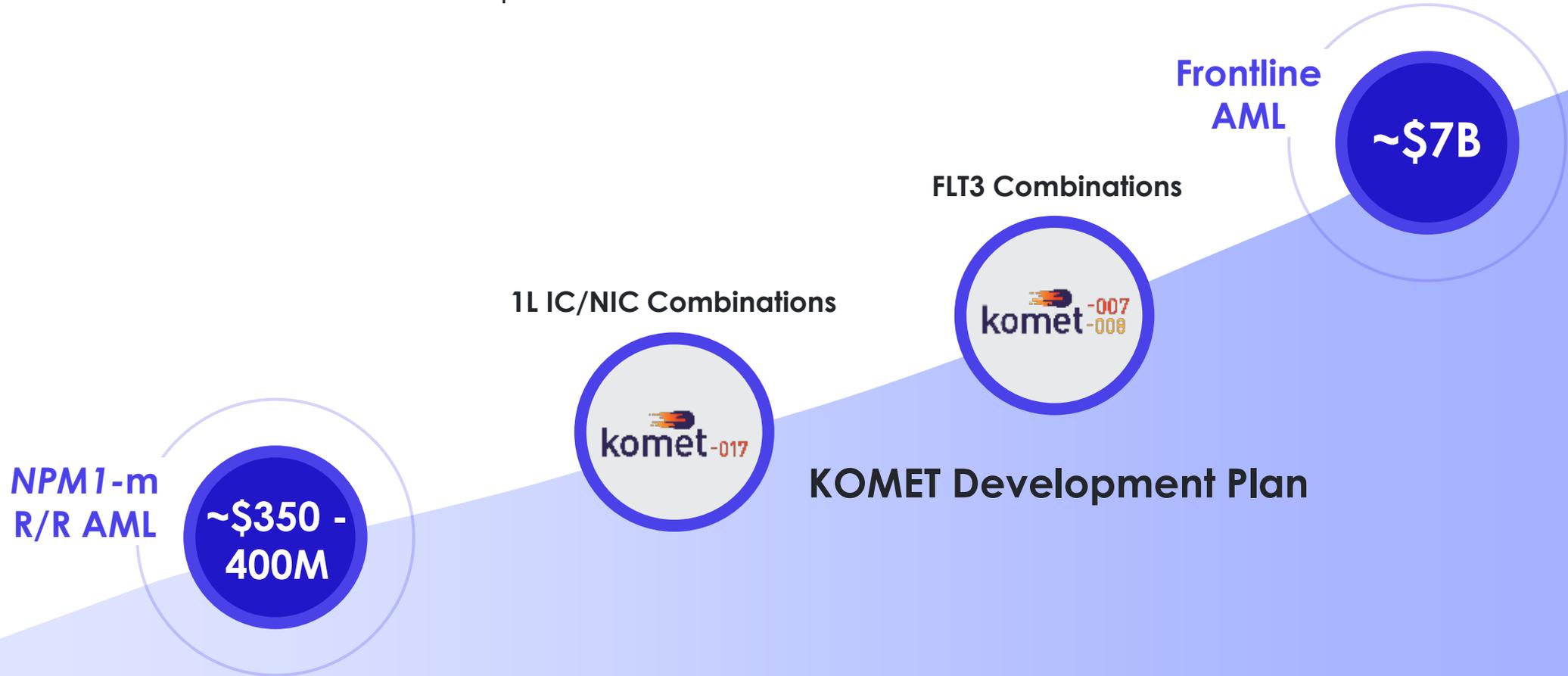
Distribution Coordination



Insurance Verification

Laying the Foundation for Continued Commercial Success

U.S. Market Potentials Across AML Populations



Closing Remarks

Questions & Answers

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 kayak is positioned horizontally across the middle of the frame. A large, semi-transparent teal circle is overlaid on the left side of the image, containing the text "THANK YOU".

**THANK
YOU**

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