Company Overview
The Onvansertib Opportunity

AUGUST 2026

Forward-looking statements

Certain statements in this presentation are forward-looking within the meaning of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of words such as "anticipate," "believe," "forecast," "estimated" and "intend" or other similar terms or expressions that concern our expectations, strategy, plans or intentions. These forward-looking statements are based on our current expectations and actual results could differ materially. There are several factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, clinical trials involve a lengthy and expensive process with an uncertain outcome, and results of earlier studies and trials may not be predictive of future trial results; our clinical trials may be suspended or discontinued due to unexpected side effects or other safety risks that could preclude approval of our product candidate; results of preclinical studies or clinical trials for our product candidate could be unfavorable or delayed; our need for additional financing; ; uncertainty as to the outcome of pending litigation against Nerviano Medical Sciences S.r.l. with respect to our license agreement with Nerviano; risks related to business interruptions, including the outbreak of COVID-19 coronavirus and cyber-attacks on our information technology infrastructure, which could seriously harm our financial condition and increase our costs and expenses; uncertainties of government or third party payer reimbursement; dependence on key personnel; limited experience in marketing and sales; substantial competition; uncertainties of patent protection and litigation; dependence upon third parties; and risks related to failure to obtain FDA clearances or approvals and noncompliance with FDA regulations. There are no guarantees that our product candidate will be utilized or prove to be commercially successful. Additionally, there are no guarantees that future clinical trials will be completed or successful or that our product candidate will receive regulatory approval for any indication or prove to be commercially successful. Investors should read the risk factors set forth in our Form 10-K for the year ended December 31, 2025, and other periodic reports filed with the Securities and Exchange Commission. While the list of factors presented here is considered representative, no such list should be considered to be a complete statement of all potential risks and uncertainties. Unlisted factors may present significant additional obstacles to the realization of forward-looking statements. Forward-looking statements included herein are made as of the date hereof, and we do not undertake any obligation to update publicly such statements to reflect subsequent events or circumstances.

Onvansertib: Highly selective PLK1 inhibitor with practice-changing potential in first-line RAS-mutated metastatic colorectal cancer

Strong Efficacy in RAS-mutated mCRC

- 72% ORR in randomized Phase 2 trial, +30% over SoC; median PFS not reached vs 12.2 months in SoC*
- Synergy with FOLFIRI/bev in first-line RAS-mut mCRC with a favorable safety profile
- Confirms earlier efficacy shown in Ph 1b/2 trial in second-line KRAS-mut mCRC in bev-naïve patients

Large Commercial Opportunity

- First-line RAS-mutated mCRC, is an area of high unmet need and limited innovation
- Practice-changing potential in large, underserved populations
- Opportunity for market expansion, including in rare RAS-driven cancers such as CMML

Clear Registrational Path

- Successful End-of-Phase 2 FDA meeting: aligned on the registrational trial in first-line RAS-mutated mCRC
- Dose and chemo regimen selected: 30 mg onvansertib + FOLFIRI/bev
- Ph 3 designed to allow for Accelerated Approval (ORR) and full approval (PFS)

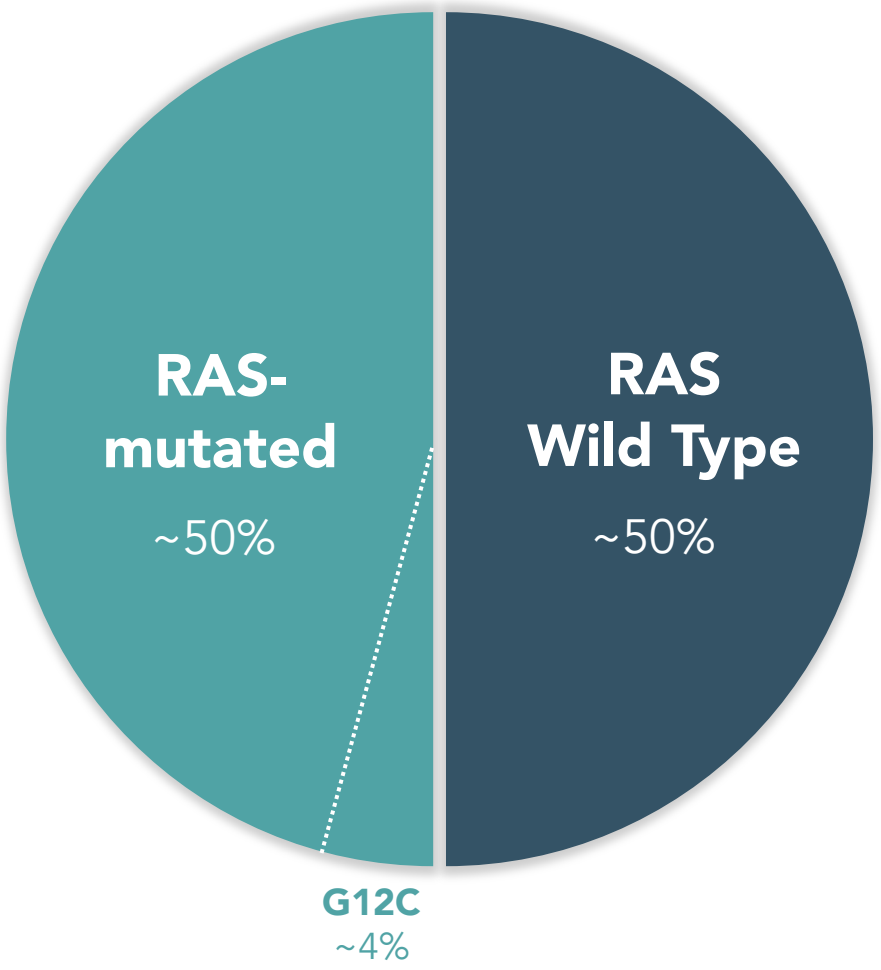
ORR reflects BICR. PFS reflects Investigator Assessment
ORR: Objective Response Rate; PFS: Progression Free Survival; BICR: Blinded Independent Central Review

Positioned to address the first-line RAS-mutated mCRC market

~150,000 newly diagnosed CRC patients in U.S.; 20% present metastatic disease*

Blockbuster potential:

Onvansertib targets **All RAS-mut mCRC**



1st Line Standard-of-Care Remains Unchanged for Two Decades

Chemotherapy (FOLFOX/FOLFIRI/FOLFOXIRI) + Bevacizumab (Avastin®)

No approvals specific to panRAS-mut mCRC

For patients with mCRC

15%
5-year relative OS

Less than **12** months
median PFS

*American Cancer Society; NCI SEER database
CRC, colorectal cancer; mCRC, metastatic colorectal cancer

ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

Mechanistic Rationale for FOLFIRI/bev Combination

Positive Data from the Phase 2 CRDF-004 Trial

Broader Opportunity

Onvansertib's anti-angiogenic synergy with FOLFIRI/bev strongly supports combination therapy

Two clinical studies demonstrate improved outcomes with FOLFIRI/bev in bev-naïve patients, validating combination synergy

Onvansertib targets RAS-mutated mCRC in three ways

1	Synthetic lethality in RAS-mut background	RAS-mut mCRC tumor cells are hypersensitive to onvansertib
2	Synergy with FOLFIRI	HIF1α suppression and inhibition of DNA repair pathways
3	Synergy with bevacizumab	Inhibits creation of new blood vessels (angiogenesis)

ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

Mechanistic Rationale for FOLFIRI/bev Combination

Positive Data from the Phase 2 CRDF-004 Trial

Broader Opportunity

CRDF-004 Phase 2 trial: key goals/endpoints achieved

Primary Goal:
DOSE + CHEMO SELECTION

30 mg onvansertib + FOLFIRI/bev

Selected the efficacious and safe dose of onvansertib + SoC for the registrational program

Primary Endpoint:
ORR

30% improvement in ORR

30 mg onvansertib + FOLFIRI/bev demonstrated improvement in ORR compared to SoC

Secondary Endpoint:
PFS

Median PFS not yet reached vs SoC

9 of 14 patients remain on onvansertib + FOLFIRI/bev treatment; median PFS not reached but reached in SoC

CRDF-004: dose-finding, randomized, controlled Phase 2 trial in first-line patients with RAS-mutated mCRC

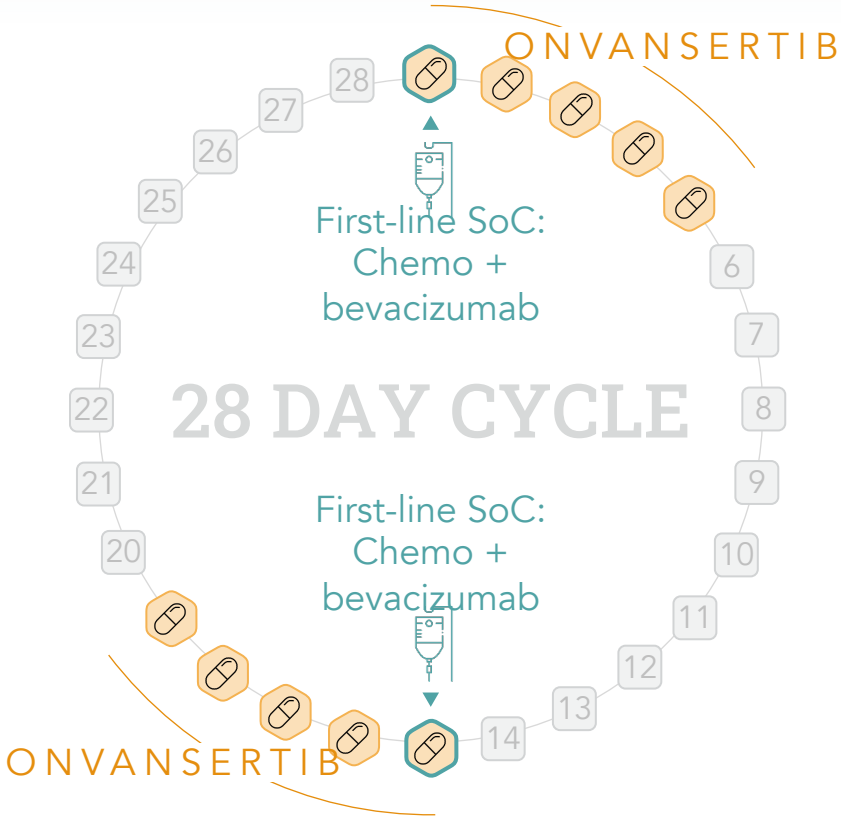
ENROLLMENT CRITERIA

- First-line mCRC
- KRAS+/NRAS+
- No BRAF-V600 or MSI-H/dMMR
- Unresectable
- No prior bev

R
ITT=110

6 RANDOMIZATION ARMS

SoC alone	1. FOLFIRI/bev 2. FOLFOX/bev
Onv 20mg +	3. FOLFIRI/bev 4. FOLFOX/bev
Onv 30mg +	5. FOLFIRI/bev 6. FOLFOX/bev



ENDPOINTS*

Primary:	ORR
Secondary:	DoR and PFS

* Assessed by blinded independent central review (BICR)

Trial conducted in partnership with Pfizer Ignite, an end-to-end service for biotech companies

mCRC: metastatic colorectal cancer; ORR: objective response rate; DoR: duration of response; PFS: progression free survival; SoC: standard of care; onv: onvansertib; bev: bevacizumab

Demographics and baseline characteristics

	FOLFIRI/bev (N=19)	Onv 20 mg + FOLFIRI/bev (N=18)	Onv 30 mg + FOLFIRI/bev (N=18)	FOLFOX/bev (N=18)	Onv 20 mg + FOLFOX/bev (N=18)	Onv 30 mg + FOLFOX/bev (N=19)
Age (years)						
Mean (SD)	55.41 (14.34)	52.41 (13.13)	59.67 (12)	56.24 (12.04)	59.41 (14.5)	60.11 (14.1)
Median (Min, Max)	53 (32, 81)	52 (30, 78)	60 (34, 81)	57 (34, 82)	66 (34, 79)	59.5 (39, 86)
ECOG						
0	6 (31.6%)	13 (72.2%)	11 (61.1%)	7 (38.9%)	10 (55.6%)	11 (57.9%)
1	11 (57.9%)	4 (22.2%)	7 (38.9%)	10 (55.6%)	7 (38.9%)	7 (36.8%)
Stage at initial diagnosis*						
STAGE IV	9 (47.4%)	10 (55.6%)	14 (77.8%)	9 (50.0%)	11 (61.1%)	13 (68.4%)
STAGE III	4 (21.1%)	4 (22.2%)	2 (11.1%)	6 (33.3%)	2 (11.1%)	3 (15.8%)
STAGE II	3 (15.8%)	2 (11.1%)	2 (11.1%)	2 (11.1%)	3 (16.7%)	1 (5.3%)
STAGE I	0	1 (5.6%)	0	0	1 (5.6%)	1 (5.3%)
Side of tumor						
RIGHT	5 (26.3%)	8 (44.4%)	6 (33.3%)	8 (44.4%)	7 (38.9%)	7 (36.8%)
LEFT	6 (31.6%)	7 (38.9%)	6 (33.3%)	5 (27.8%)	8 (44.4%)	4 (21.1%)
BILATERAL	6 (31.6%)	2 (11.1%)	6 (33.3%)	4 (22.2%)	2 (11.1%)	7 (36.8%)
Liver metastasis at study entry						
Yes	10 (52.6%)	10 (55.6%)	14 (77.8%)	10 (55.6%)	12 (66.7%)	14 (73.7%)
No	7 (36.8%)	7 (38.9%)	4 (22.2%)	7 (38.9%)	5 (27.8%)	4 (21.1%)
Liver only disease						
No	15 (78.9%)	15 (83.3%)	11 (61.1%)	14 (77.8%)	16 (88.9%)	15 (78.9%)
Yes	2 (10.5%)	2 (11.1%)	7 (38.9%)	3 (16.7%)	1 (5.6%)	3 (15.8%)
Number of metastatic organs						
Multiple	11 (57.9%)	9 (50.0%)	9 (50%)	9 (50.0%)	13 (72.2%)	15 (78.9%)
Single	6 (31.6%)	8 (44.4%)	9 (50%)	8 (44.4%)	4 (22.2%)	3 (15.8%)
Prior adjuvant or neo-adjuvant chemo						
No	13 (68.4%)	12 (66.7%)	14 (77.8%)	12 (66.7%)	12 (66.7%)	16 (84.2%)
Yes	4 (21.1%)	5 (27.8%)	4 (22.2%)	5 (27.8%)	5 (27.8%)	2 (10.5%)

*Missing in one patient

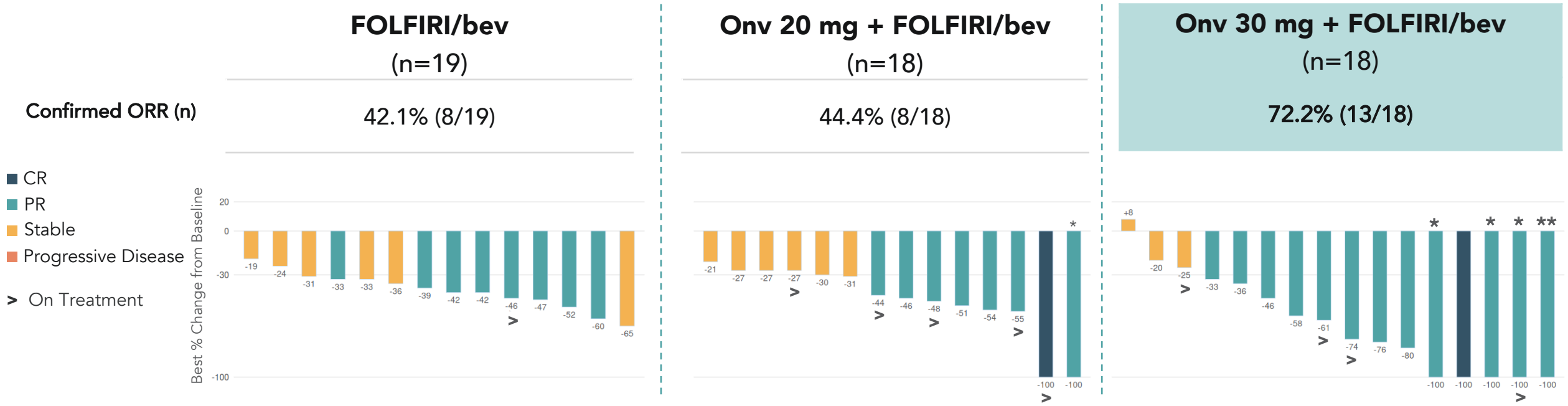
As of the March 18, 2026 data cut-off, 13 of 14 remaining patients continue on onvansertib + SoC chemo/bev

Population, n	FOLFIRI/bev	Onv 20mg + FOLFIRI/bev	Onv 30mg + FOLFIRI/bev	FOLFOX/bev	Onv 20mg + FOLFOX/bev	Onv 30mg + FOLFOX/bev	Total
Intent-to-treat (ITT)	19	18	18	18	18	19	110
Safety population (dosed)	17	17	18	17	17	18	104
Patients still on study treatment	**1**	**5**	**4**	**0**	**3**	**1**	**14**

Onv 30 mg + FOLFIRI/bev delivers superior ORR & depth of response: 30% improvement in ORR over FOLFIRI/bev

Objective Response Rate (per BICR) - ITT Analysis

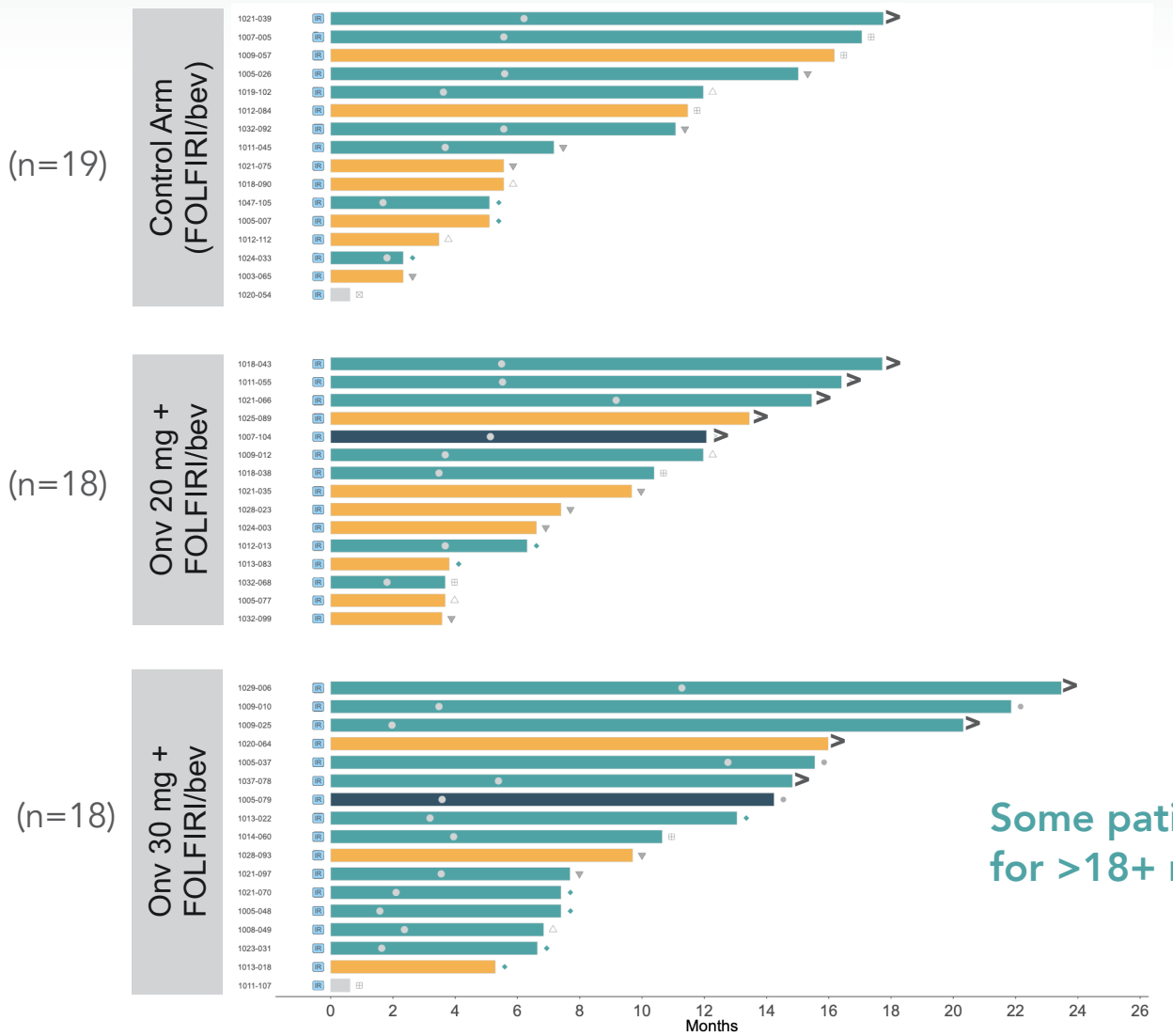
	FOLFIRI/bev (n=19)	Onv 20 mg + FOLFIRI/bev (n=18)	Onv 30 mg + FOLFIRI/bev (n=18)
		Onv 20 mg/Onv 30 mg + FOLFIRI/bev (n=36)	
		Combined ORR: 58.3% (21)	
Confirmed ORR (n)	42.1% (8/19)	44.4% (8/18)	**72.2% (13/18)**



Data cutoff: March 18, 2026
** CR at last assessment; unconfirmed due to discontinuation for curative surgery
* Residual non-target disease (Non-CR/Non-PD)
Patients that are not-evaluable or do not have target lesions are not shown in the plots

Onv 30 mg + FOLFIRI/bev demonstrates longer duration of treatment

9 of 10 remaining patients on onv + FOLFIRI/bev



Time on Trial by Best Confirmed Response

- Complete Response
- Partial Response
- Stable Disease

- > On Treatment
- First Response Scan

Reason For Discontinuation

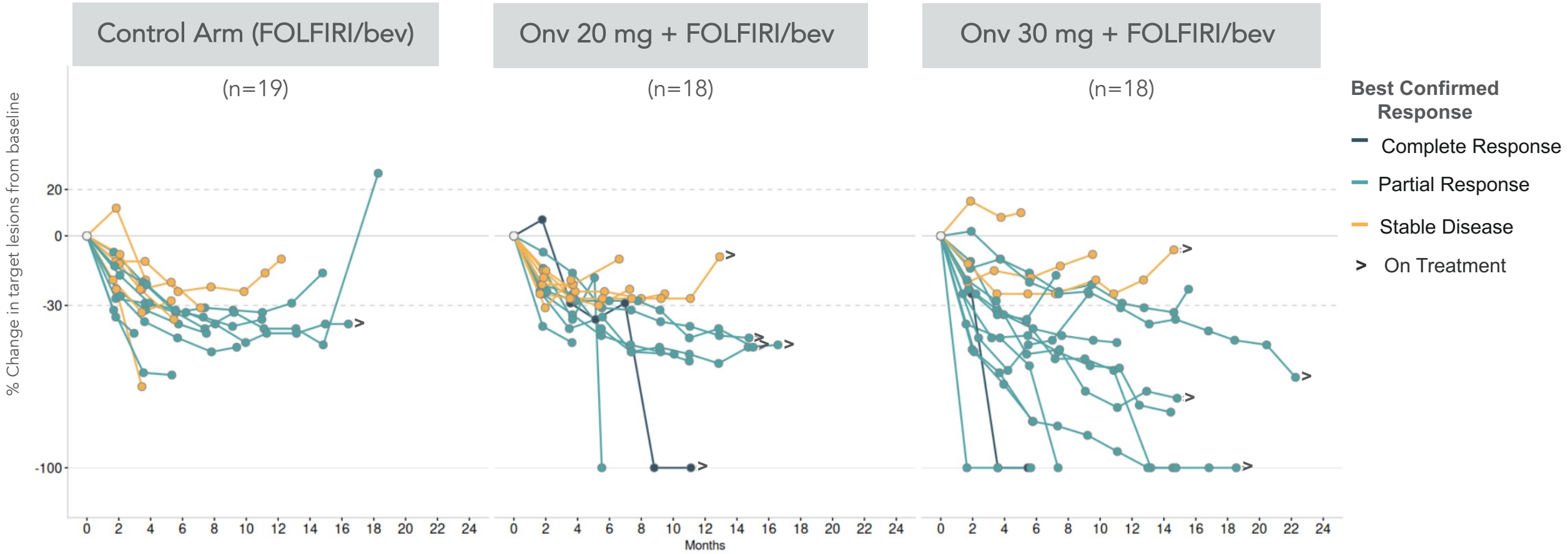
- Death
- Adverse Event
- To Pursue Surgery
- Progressive Disease (Investigator)
- Patient Decision
- Other

Some patients on treatment for >18+ months

Patients that are not evaluable are not shown in the plots

Data cutoff: March 18, 2026

Onv 30 mg + FOLFIRI/bev demonstrates deep and durable tumor shrinkage over time

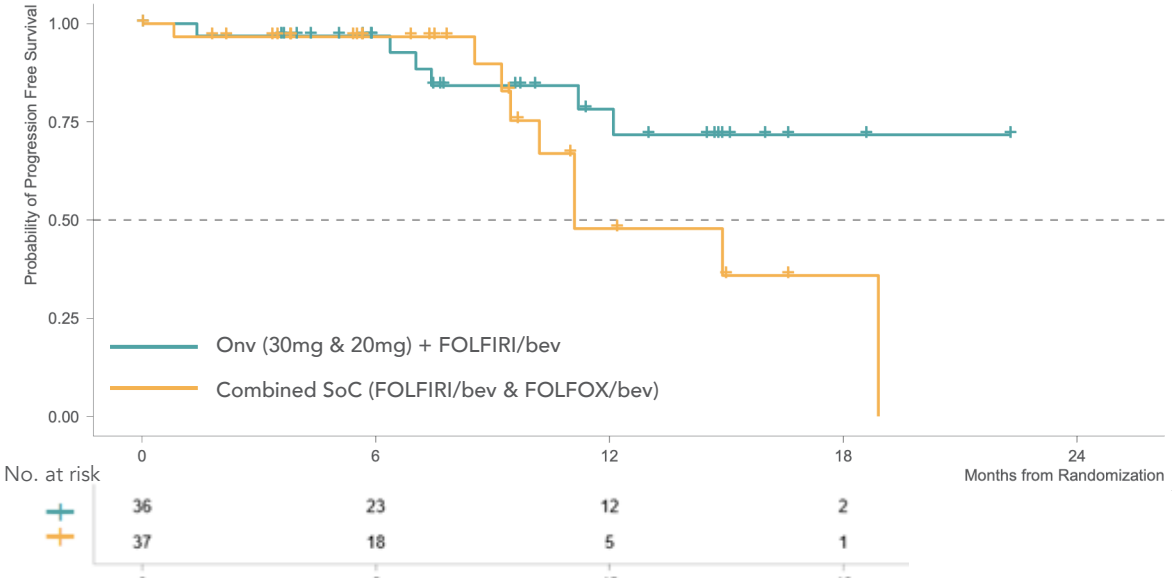


Data cutoff: March 18, 2026

Patients that are not-evaluable or do not have target lesions are not shown in the plots.

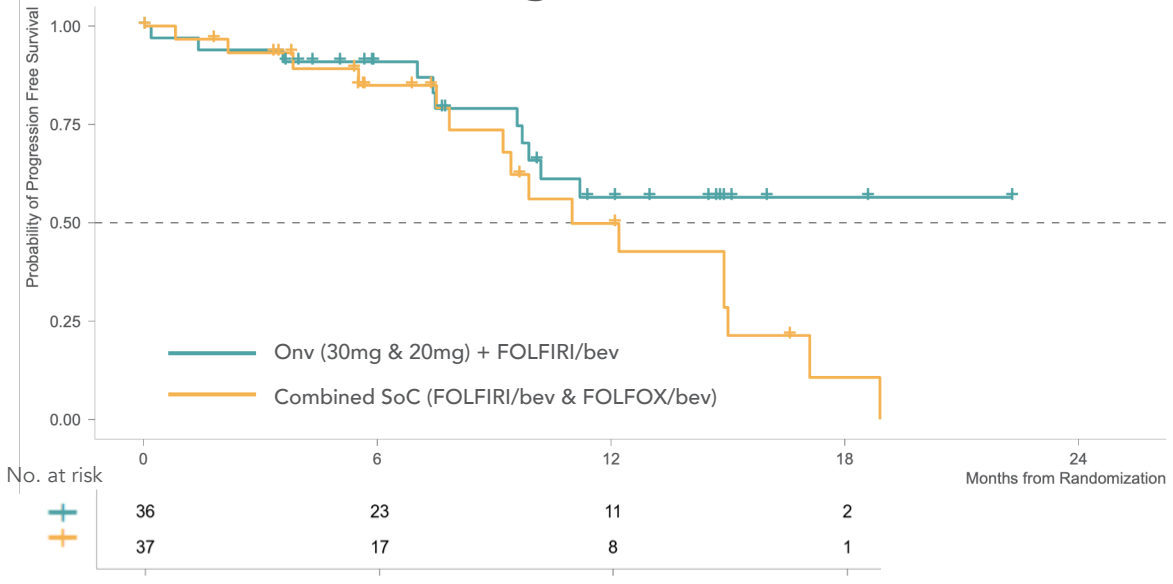
Onv (20 & 30 mg) + FOLFIRI/bev shows improved PFS vs SoC (FOLFIRI/bev & FOLFOX/bev)

BICR Assessment



	FOLFIRI/bev + FOLFOX/bev	Onv (20 & 30mg) + FOLFIRI/bev
N	37	36
Median PFS	11.07	NR*
HR (95% CI)	0.44 (0.15, 1.25)	

Investigator Assessment



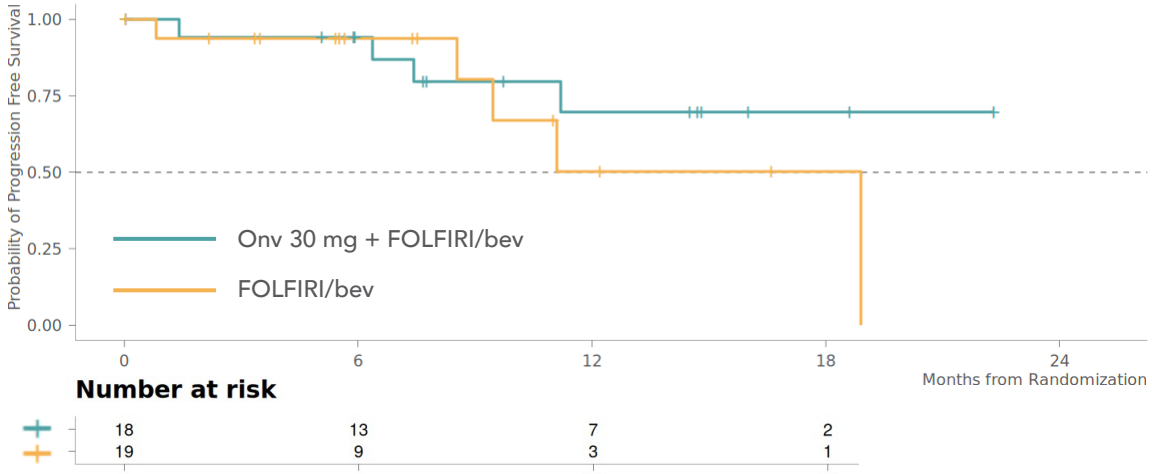
	FOLFIRI/bev + FOLFOX/bev	Onv (20 & 30mg) + FOLFIRI/bev
N	37	36
Median PFS	10.97	NR*
HR (95% CI)	0.53 (0.25, 1.15)	

Data cutoff: March 18, 2026

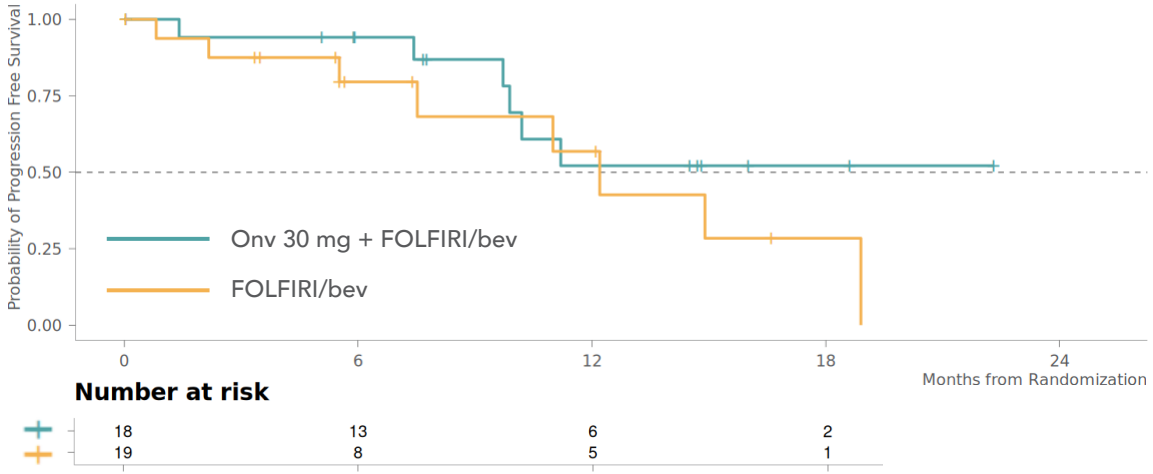
HR: hazard ratio; PFS: Progression Free Survival; BICR: Blinded Independent Central Review; * Nine patients still on study

Onv 30 mg + FOLFIRI/bev shows improved PFS vs FOLFIRI/bev

BICR Assessment



Investigator Assessment



	FOLFIRI/bev	Onv 30 mg + FOLFIRI/bev
N	19	18
Median PFS	18.89*	NR**
HR (95% CI)	0.55 (0.15, 2.09)	

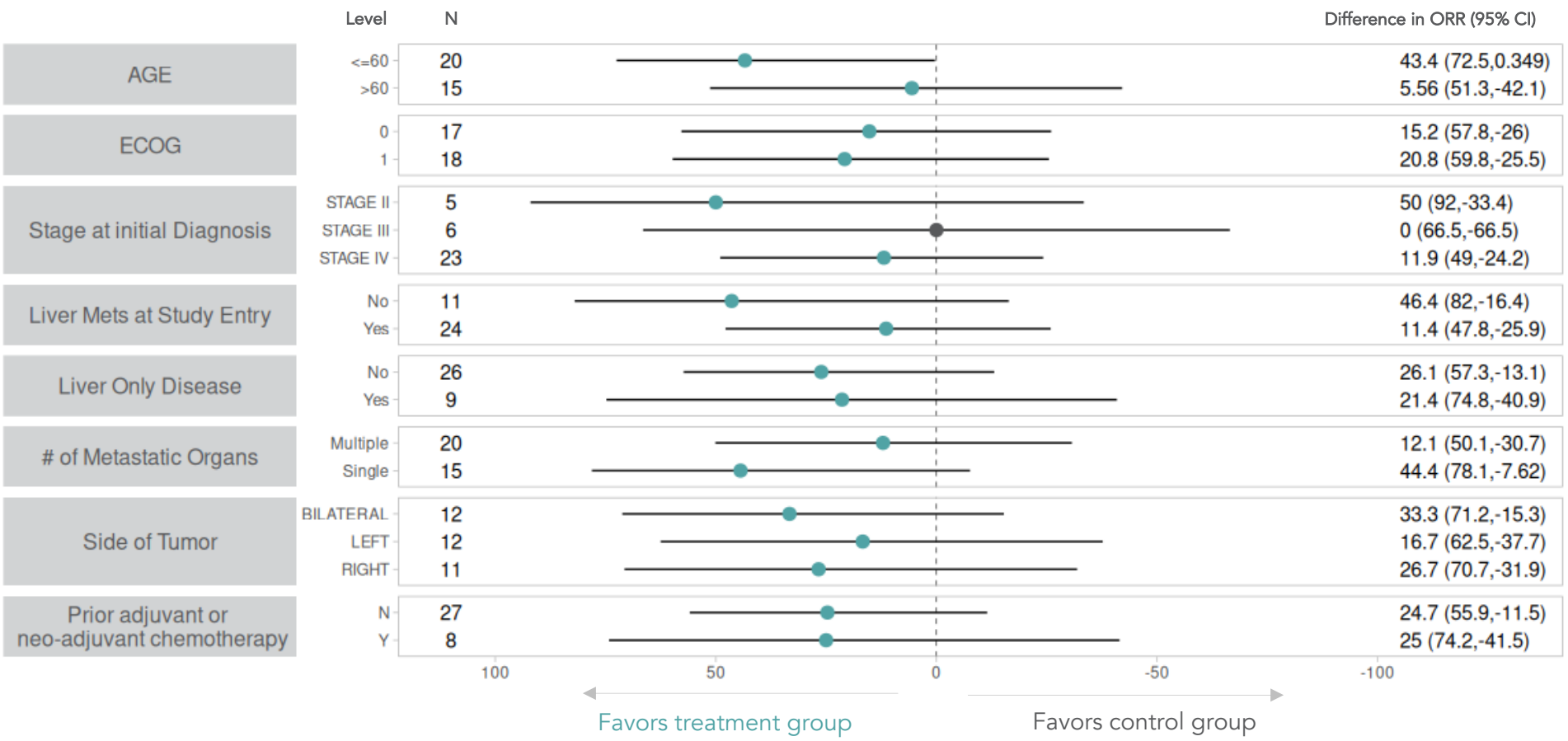
	FOLFIRI/bev	Onv 30 mg + FOLFIRI/bev
N	19	18
Median PFS	12.22*	NR**
HR (95% CI)	0.57 (0.2, 1.65)	

Data cutoff: March 18, 2026

*Discordance in median PFS in FOLFIRI/ bev arm due to investigator-assessed progressive disease (PD) and discontinuation prior to BICR confirmation of progression

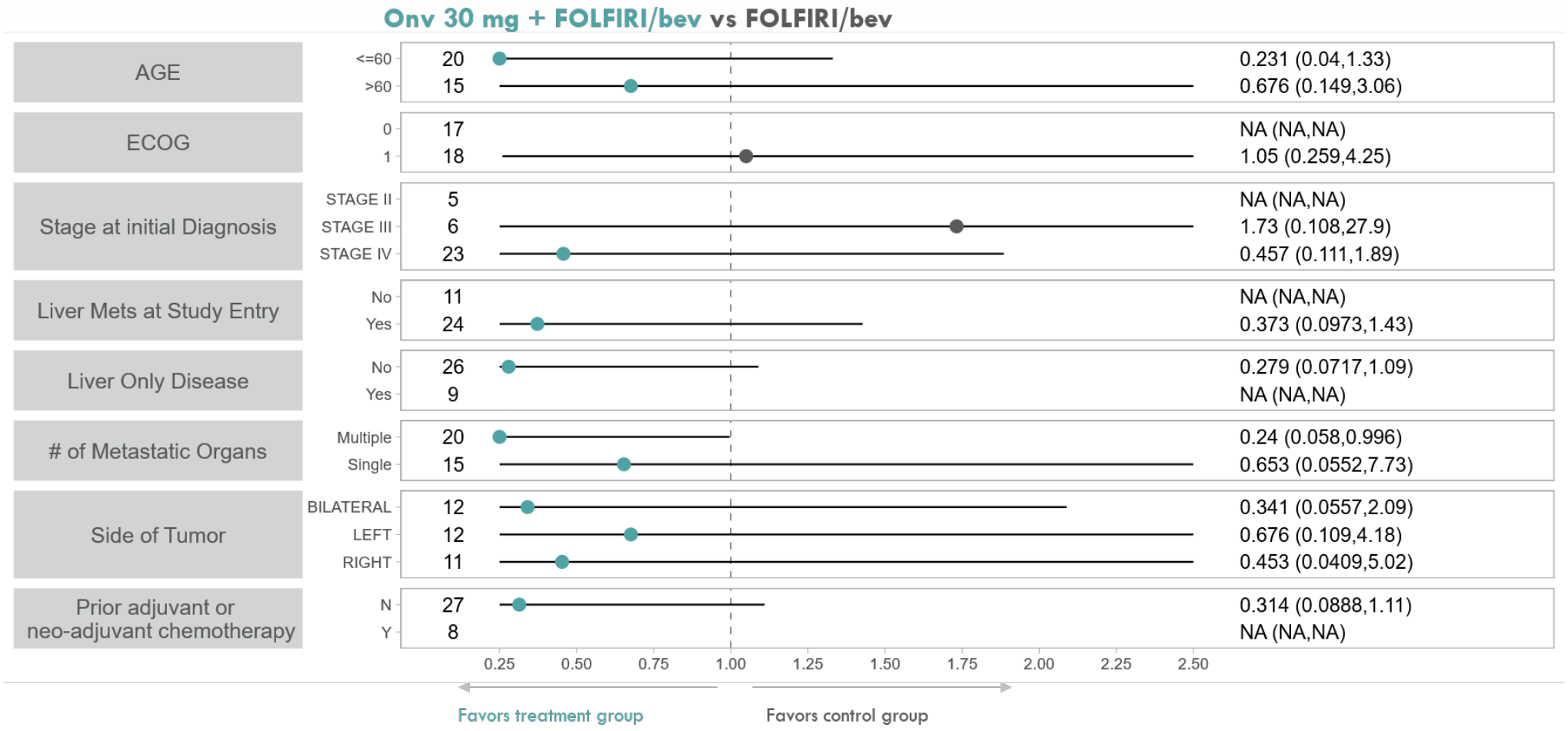
**Four patients still on study

Forest plot of ORR (BICR) by baseline characteristics demonstrates consistent benefit across subgroups with Onv 30 mg + FOLFIRI/bev



STAGE I at initial diagnosis excluded due to too few patients to meaningfully analyze.

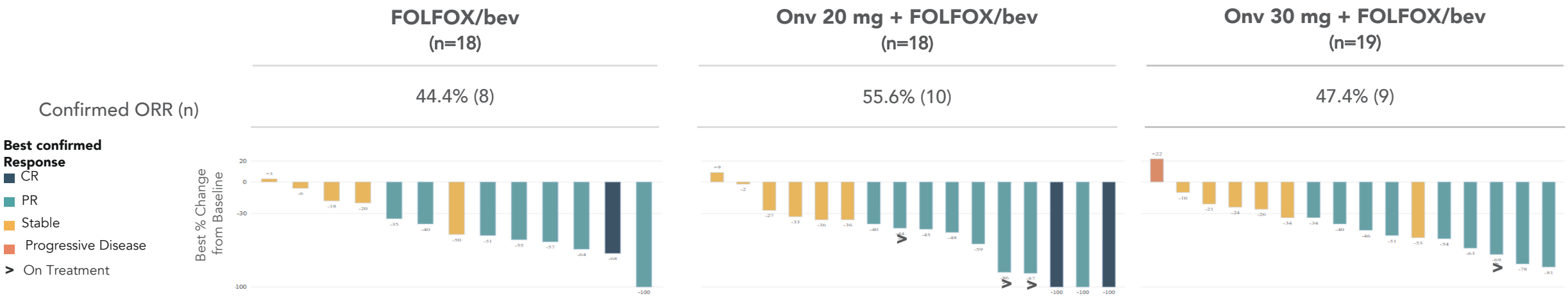
Forest plot of PFS* by baseline characteristics demonstrates trends in benefit across subgroups with Onv 30 mg + FOLFIRI/bev



* Progressive disease events were based on events of BICR and Investigator assessments. The earliest reported date was used for a conservative estimate
STAGE I at initial diagnosis excluded due to too few patients to meaningfully analyze.

Onvansertib adds no consistent meaningful benefit to FOLFOX/bev

Objective Response Rate (per BICR)[a] - ITT Analysis



Progression Free Survival	FOLFOX/bev (n=18)	Onv 20 mg + FOLFOX/bev (n=18)		Onv 30 mg + FOLFOX/bev (n=19)	
	Median (95% CI)	Median (95% CI)	Hazard Ratio (95% CI)	Median (95% CI)	Hazard Ratio (95% CI)
BICR only	11.07 (10.18-NR)	14.13 (10.94-NR)	1.14 (0.32, 4.04)	11.37 (9.4-NR)	2.2 (0.67, 7.28)
Investigator only	9.89 (9.23-NR)	12.78 (7.39-NR)	1.02 (0.39, 2.64)	11.37 (8.15-NR)	1.81 (0.64, 5.08)

Data cutoff: March 18, 2026

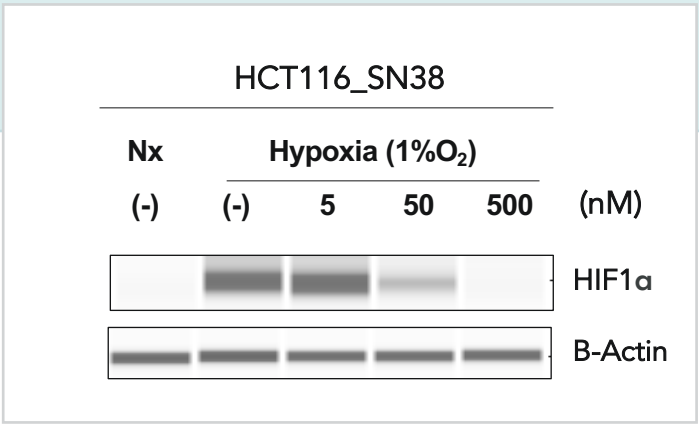
Patients that are not evaluable are not shown in the plots

Mechanistic rationale for onvansertib's synergy with FOLFIRI but not FOLFOX

Onvansertib may complement irinotecan via HIF1α suppression and inhibition of DNA repair pathways

Topoisomerase I inhibitors (Irinotecan/SN38) + Onvansertib

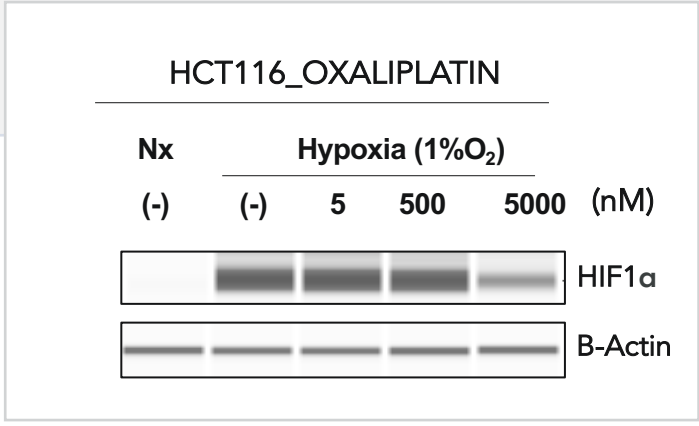
- Both suppress HIF1**a** → dual anti-angiogenic effect
- Irinotecan-induced double stranded breaks (DSBs) rely on PLK1-dependent Homologous Recombination repair



SN38 decreases HIF1**a** in a dose-dependent manner; HIF1**a** less sensitive to oxaliplatin

Oxaliplatin + Onvansertib

- Oxaliplatin has low impact on HIF1a suppression — no shared antiangiogenic effect
- Oxaliplatin induced DNA damage uses Nucleotide Excision Repair mechanism — limited/no role of PLK1



HCT116 is a human colorectal cell line; Irinotecan, a component of FOLFIRI, is a prodrug of SN38

Onvansertib shows no unexpected, overlapping, or new toxicities when added to FOLFIRI/bev or FOLFOX/bev

	FOLFIRI/bev (N=17)		Onv 20 mg + FOLFIRI/bev (N=17)		Onv 30 mg + FOLFIRI/bev (N=18)		FOLFOX/bev (N=17)		Onv 20 mg + FOLFOX/bev (N=17)		Onv 30 mg + FOLFOX/bev (N=18)	
Number (%) of Participants: by Preferred Term	Any Grade n (%)	Gr ≥ 3 n (%)	Any Grade n (%)	Gr ≥ 3 n (%)	Any Grade n (%)	Gr ≥ 3 n (%)	Any Grade n (%)	Gr ≥ 3 n (%)	Any Grade n (%)	Gr ≥ 3 n (%)	Any Grade n (%)	Gr ≥ 3 n (%)
Participants with events	17 (100.0)	15 (88.2)	17 (100.0)	13 (76.5)	18 (100.0)	15 (83.3)	16 (94.1)	11 (64.7)	17 (100.0)	12 (70.6)	18 (100.0)	16 (88.9)
Nausea	9 (52.9)	1 (5.9)	13 (76.5)	1 (5.9)	12 (66.7)	0	11 (64.7)	1 (5.9)	12 (70.6)	0	11 (61.1)	0
Fatigue	9 (52.9)	0	12 (70.6)	0	11 (61.1)	0	10 (58.8)	2 (11.8)	12 (70.6)	1 (5.9)	10 (55.6)	0
Diarrhea	11 (64.7)	1 (5.9)	13 (76.5)	2 (11.8)	9 (50.0)	0	8 (47.1)	1 (5.9)	7 (41.2)	1 (5.9)	7 (38.9)	0
Neutrophil count decreased	9 (52.9)	5 (29.4)	5 (29.4)	2 (11.8)	7 (38.9)	3 (16.7)	5 (29.4)	5 (29.4)	7 (41.2)	4 (23.5)	7 (38.9)	4 (22.2)
Peripheral sensory neuropathy	5 (29.4)	0	2 (11.8)	0	3 (16.7)	0	6 (35.3)	0	10 (58.8)	2 (11.8)	11 (61.1)	1 (5.6)
Vomiting	6 (35.3)	1 (5.9)	8 (47.1)	0	7 (38.9)	0	5 (29.4)	1 (5.9)	7 (41.2)	1 (5.9)	4 (22.2)	0
Hypertension	6 (35.3)	2 (11.8)	8 (47.1)	3 (17.6)	7 (38.9)	3 (16.7)	3 (17.6)	0	5 (29.4)	1 (5.9)	7 (38.9)	5 (27.8)
Constipation	3 (17.6)	1 (5.9)	6 (35.3)	0	5 (27.8)	0	2 (11.8)	0	10 (58.8)	0	8 (44.4)	0
Abdominal pain	5 (29.4)	2 (11.8)	4 (23.5)	1 (5.9)	7 (38.9)	1 (5.6)	4 (23.5)	0	6 (35.3)	1 (5.9)	7 (38.9)	1 (5.6)
Decreased appetite	7 (41.2)	1 (5.9)	5 (29.4)	0	7 (38.9)	1 (5.6)	4 (23.5)	0	7 (41.2)	0	3 (16.7)	0
Epistaxis	4 (23.5)	0	9 (52.9)	0	7 (38.9)	0	4 (23.5)	0	5 (29.4)	0	4 (22.2)	0
Anemia	4 (23.5)	1 (5.9)	7 (41.2)	1 (5.9)	5 (27.8)	1 (5.6)	3 (17.6)	0	4 (23.5)	1 (5.9)	8 (44.4)	4 (22.2)
Platelet count decreased	2 (11.8)	1 (5.9)	4 (23.5)	0	3 (16.7)	1 (5.6)	7 (41.2)	1 (5.9)	7 (41.2)	0	8 (44.4)	2 (11.1)
Weight decreased	7 (41.2)	2 (11.8)	2 (11.8)	1 (5.9)	6 (33.3)	0	2 (11.8)	0	3 (17.6)	0	5 (27.8)	1 (5.6)
Alopecia	5 (29.4)	0	4 (23.5)	0	6 (33.3)	0	2 (11.8)	0	5 (29.4)	0	2 (11.1)	0
Dizziness	3 (17.6)	0	4 (23.5)	0	2 (11.1)	0	3 (17.6)	0	5 (29.4)	0	7 (38.9)	0
Headache	4 (23.5)	0	7 (41.2)	0	2 (11.1)	0	4 (23.5)	0	6 (35.3)	0	1 (5.6)	0
Hypokalemia	4 (23.5)	1 (5.9)	3 (17.6)	2 (11.8)	5 (27.8)	2 (11.1)	5 (29.4)	1 (5.9)	3 (17.6)	0	4 (22.2)	1 (5.6)
Insomnia	0	0	5 (29.4)	0	4 (22.2)	0	3 (17.6)	0	6 (35.3)	0	6 (33.3)	0
Stomatitis	3 (17.6)	1 (5.9)	7 (41.2)	0	3 (16.7)	0	6 (35.3)	0	3 (17.6)	0	1 (5.6)	0
White blood cell count decreased	5 (29.4)	1 (5.9)	5 (29.4)	0	5 (27.8)	0	6 (35.3)	2 (11.8)	0	0	2 (11.1)	1 (5.6)
Dysgeusia	2 (11.8)	0	1 (5.9)	0	4 (22.2)	0	5 (29.4)	0	5 (29.4)	0	5 (27.8)	0

*Data cut-off March 18, 2026, from an ongoing trial and unlocked EDC database. events shown occurred in ≥20% of total patients; Subjects reporting more than one adverse event (AE) within a preferred term are counted only once in that preferred term. For subjects reporting more than one AE within a preferred term, the AE with maximum grade is included in the table.

Onvansertib study compares favorably to previous mCRC studies

Data from positive first-line mCRC chemo/bev clinical trials by RAS-mutated status

Targeted agent	Trial	Trial population		ORR Exp. vs Ctrl.	PFS (months) Exp. vs Ctrl.	Hazard ratio
Onvansertib (CRDF-004)	Onv 30 mg + FOLFIRI/bev vs FOLFIRI/bev	RAS mutant	**Mutant only**	**72.2% vs 43.2%**	**Not Reached vs 12.22***	**0.57***
Bevacizumab	IFL/bev vs IFL	KRAS WT or mutant	All ITT patients	45% vs 35%	10.6 vs 6.2	0.54 p<0.0001
			Mutant only[1]	**43% vs 41%**	**9.3 vs 5.5**	**0.41**
FOLFOXIRI/bev (TRIBE trial)	FOLFOXIRI/bev vs FOLFIRI/bev	RAS WT or mutant	All ITT patients	65% vs 54%	12.3 vs 9.7	0.77 p=0.006
			Mutant only[1]	**66% vs 55%**	**12.0 vs 9.5**	**0.78**

Source: Bevacizumab: USPI from accessdata.fda.gov, Hurwitz H, et al. The Oncologist 2009. FOLFOXIRI: Cremolini C, et al. Lancet Oncol 2015.
1. RAS mutation was evaluated retrospectively and tumor samples for RAS analysis were not available for all patients.
* CRDF-004 PFS and HR per Investigator Assessment analysis

CRDF-004 Phase 2 trial: key goals/endpoints achieved

Primary Goal:
DOSE + CHEMO SELECTION

30 mg onvansertib + FOLFIRI/bev

Selected the efficacious and safe dose of onvansertib + SoC for the registrational program

Primary Endpoint:
ORR

30% improvement in ORR

30 mg onvansertib + FOLFIRI/bev demonstrated improvement in ORR compared to SoC

Secondary Endpoint:
PFS

Median PFS not yet reached vs SoC

9 of 14 patients remain on onvansertib + FOLFIRI/bev treatment; median PFS not reached but reached in SoC

CRDF-005: Proposed pivotal trial in first-line RAS-mutated mCRC
FDA End-of-Phase 2 meeting completed in 2Q 2026

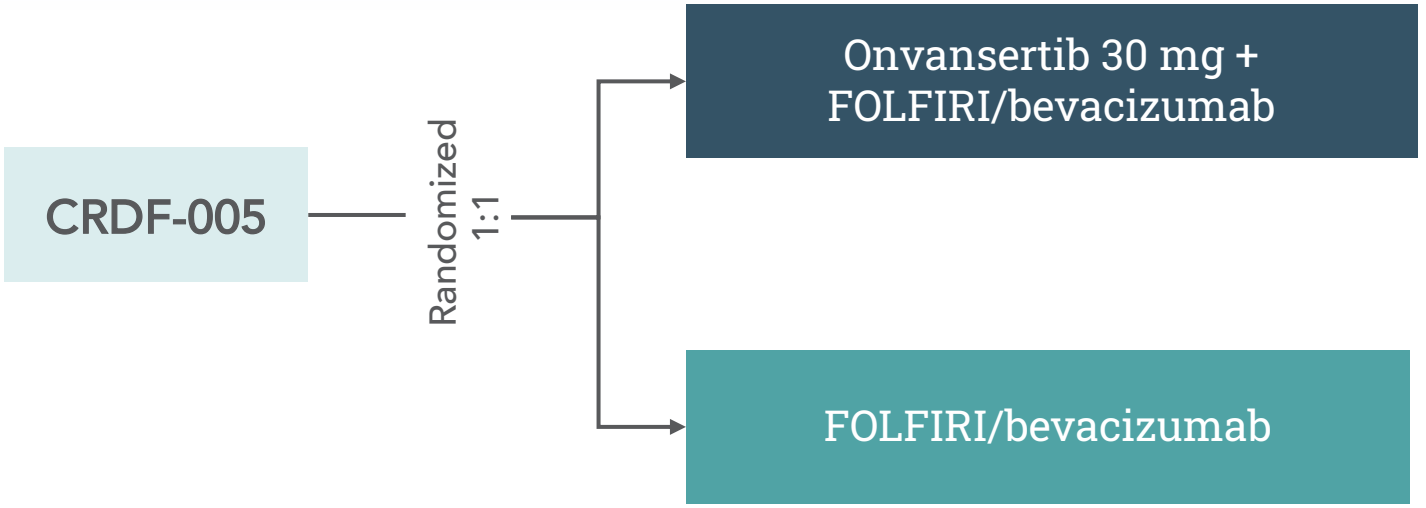
ENROLLMENT CRITERIA

- First-line mCRC
- KRAS+/NRAS+
- No BRAF-V600 or MSI-H/dMMR
- Unresectable
- No prior bev

ENDPOINTS

Dual Primary Endpoints: ORR and PFS

Secondary: DoR and OS



Design details:

- Proposed sample size ~ 640 patients
- >90% power to detect PFS and ORR difference in the two arms
- Potential for accelerated approval based on ORR and durability of responses
- FDA feedback received, EMA feedback pending

Competitive landscape: Onvansertib's unique position in first-line RAS-mutated mCRC

Current Standard of Care (FDA approved)

Chemotherapy

(FOLFOX/FOLFIRI/FOLFOXIRI)
± bevacizumab

Ongoing/planned Phase 3 in first-line mCRC

RAS-mutated
Onvansertib + FOLFIRI + bev

KRAS G12C
Sotorasib + panitumumab + FOLFIRI
MK-1084 + cetuximab + FOLFOX

MSS/pMMR
PD1/VEGF bispecifics + chemo combinations

MSS/pMMR
PD1 (eg Tislelizumab) + bev + chemo

MSS
TGFBR2xPD1 bispecific + FOLFOX + bev

Onvansertib is the only program specifically for pan RAS-mut mCRC

mCRC, metastatic colorectal cancer; MSS, microsatellite stable; pMMR, proficient mismatch repair

ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

Mechanistic Rationale for FOLFIRI/bev Combination

Positive Data from the Phase 2 CRDF-004 Trial

Broader Opportunity

Our pipeline opens many attractive opportunities for onvansertib

	Line of Therapy	Trial	IIT*	Ph1	Ph2	Ph3	Combination with:
mCRC (RAS-mut)	1st line	CRDF-004 (w/Pfizer)			randomized		FOLFIRI/bev and FOLFOX/bev
	2nd line	Ph 1b/2			completed		FOLFIRI/bev
CMML	2nd line	Ph 1	MAYO CLINIC Rochester, Minnesota		expansion ongoing		None (monotherapy)
mPDAC	1st line	Ph 2	KU MEDICAL CENTER The University of Kansas				NALIRIFOX
	2nd line	Ph 2			completed		Nal-IRI/leucovorin/5-FU
SCLC	2nd line	Ph 2	UNIVERSITY of MARYLAND MARLENE AND STEWART GREENEBAUM COMPREHENSIVE CANCER CENTER				None (monotherapy)
TNBC	2nd line	Ph 2	Dana-Farber Cancer Institute				Paclitaxel

* For investigator-initiated trials (IITs) only, the investigator's institution is provided., CMML, chronic myelomonocytic leukemia; mPDAC, metastatic pancreatic ductal adenocarcinoma; SCLC, small-cell lung cancer; TNBC, triple-negative breast cancer.

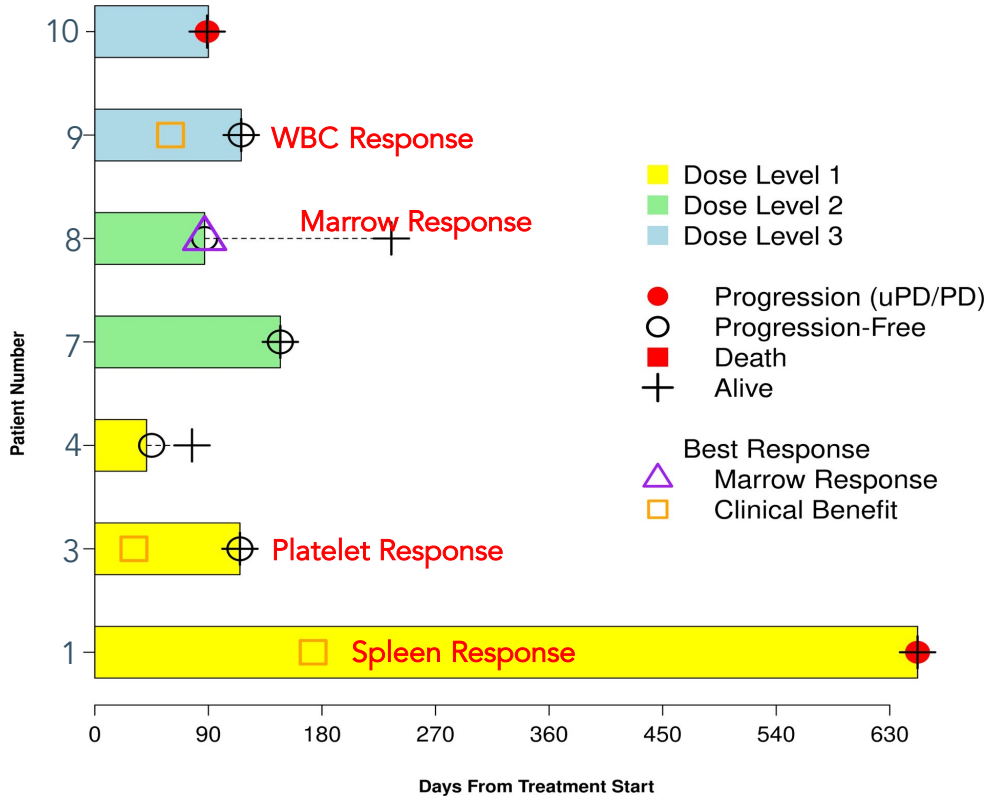
Investigator-initiated Phase 1 trial in CMML: onvansertib shows encouraging early activity as monotherapy in orphan disease

Chronic Myelomonocytic Leukemia (CMML)

- Aggressive hematologic malignancy (median age ~76; median survival <3 years)
- Overlapping features of MDS and MPN; marked by monocytosis, cytopenias, and bone marrow dysplasia
- Poor clinical outcomes; high risk of bone marrow failure and progression to AML
- Hypomethylating agents (HMAs): only approved therapy but no sig effect on natural history of disease

Phase 1 trial assessing safety & efficacy of onvansertib in relapsed/refractory CMML (n=10)

- Onvansertib was generally well tolerated and showed preliminary efficacy in ~40% of patients, including:
  - 100% platelet response
  - Normalization of white blood cell count
  - Spleen response
  - Optimal bone marrow response: blast reduction from 8% to 2%, enabling allogeneic stem cell transplant
  - 3 patients with stable disease
- Dose expansion is currently open and recruiting



Swimmers' plot showing for those who received at least 1 cycle (n=8) with 3 (38%) patients meeting criteria for either hematological or optimal marrow response. One patient (not pictured here) was also progression free but did not complete the assessable DLT period.

CMML, chronic myelomonocytic leukemia; DLT, dose limiting toxicity; MDS, myelodysplastic syndromes; MPN, myeloproliferative neoplasms

Upcoming Key Milestones

Clinical & Regulatory Inflection Points

1H 2026

- ✓ Reported detailed CRDF-004 Phase 2 data in first-line RAS-mutated mCRC
- ✓ Announced registrational strategy and Phase 3 trial design following consultation with FDA

2H 2026

- Feedback on registrational program from European Medicines Agency expected

1Q 2027

- Initiate registrational program / Phase 3 trial in first-line RAS-mutated mCRC

Ongoing

- Continue expansion across additional PLK1-driven cancers through ongoing investigator-sponsored studies (e.g., CMML, mPDAC, SCLC, TNBC)

Financials

- As of June 30, 2026, $34.5 million in cash, cash equivalents, and short-term investments
- Additional $10 million gross proceeds from registered direct offering raised in July 2026
- Sufficient to fund operations into 3Q 2027