



# Company Overview The Onvansertib Opportunity

FEBRUARY 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; 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.

# Unlocking a high-value oncology market: Highly selective PLK1 inhibitor with blockbuster potential in first-line RAS-mutant mCRC



## Onvansertib: Oral, highly selective PLK1 inhibitor

- PLK1: key signaling target that impacts tumor cell division, DNA repair, angiogenesis and survival
- Highly selective oral PLK1 inhibitor designed to avoid toxicity



## Practice-changing potential in large, underserved populations

- Targeting first-line RAS-mutant mCRC, an area of high unmet need and limited innovation
- Opportunity for market expansion, including in rare RAS-driven cancers such as CMML



## Strong efficacy signal in first-line RAS-mutant mCRC

- In ITT analysis, confirmed ORR of 72% in 30 mg onvansertib + FOLFIRI/bev arm, 30% improvement over FOLFIRI SoC
- Median PFS not yet reached in either onvansertib + FOLFIRI/bev arm
- Favorable dose-dependent trends and PFS hazard ratios for both doses of onvansertib + FOLFIRI/bev arms



## Path to registration – mCRC

- 30 mg onvansertib + FOLFIRI/bev dose proposed for registrational program
- FDA meeting planned within H1' 26 to review registrational program, potential for accelerated approval (ORR/DoR)

# CRC: High unmet need with limited therapies for RAS-mutated mCRC

## COLORECTAL CANCER

**3<sup>rd</sup>**

most common cancer worldwide

Annually in the United States

**150,000**

new cases

**55,000**

deaths

For patients with mCRC

**15%**

5-year relative OS

Less than **12** months

Median PFS

## 1<sup>st</sup> LINE STANDARD of CARE

Remains unchanged for two decades

No approvals for RAS-mutated mCRC

**Chemotherapy**

(Folfox/Folfiri/Folfoxiri)



**Bevacizumab**

(Avastin®)

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

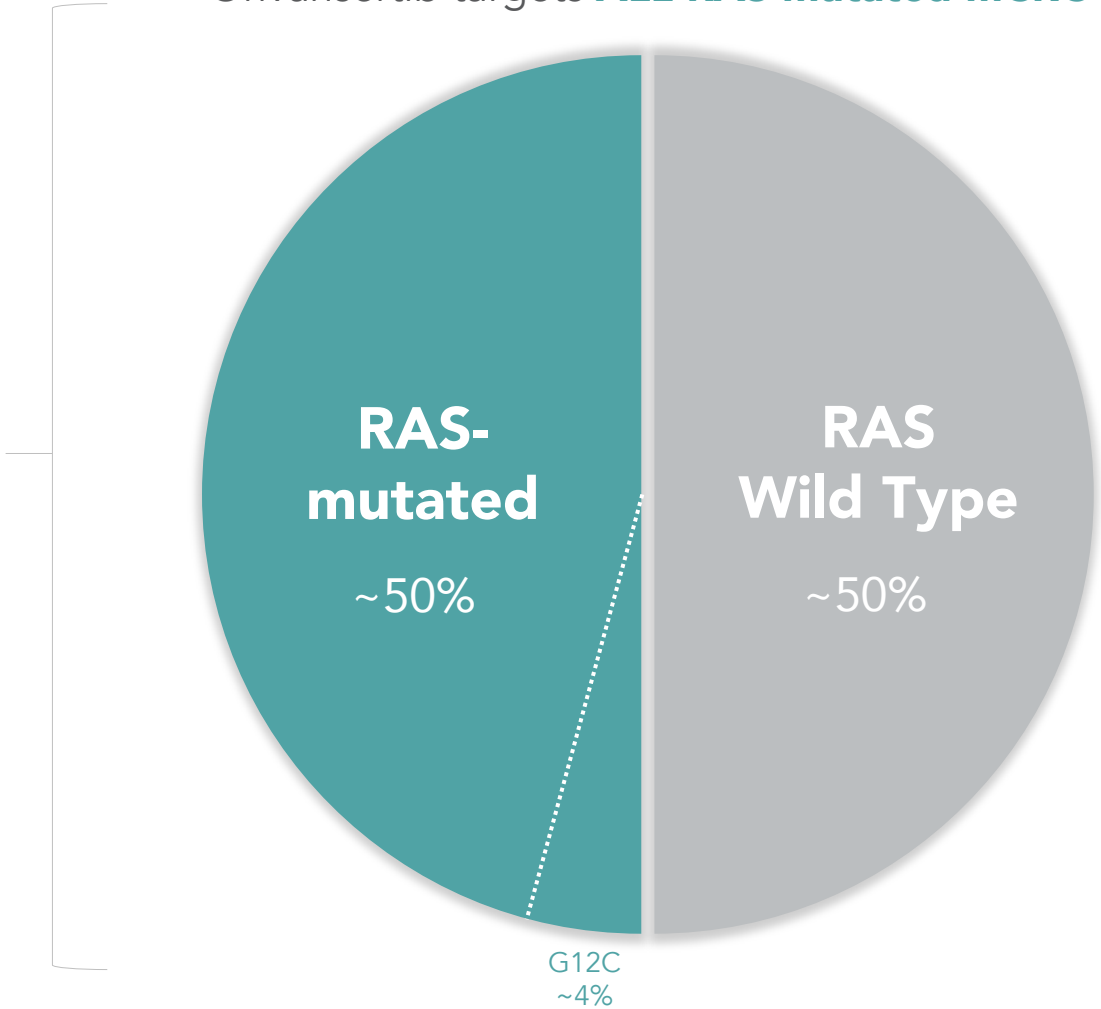
~150,000 newly diagnosed CRC patients in U.S.,  
with 20% present metastatic disease\*



**Blockbuster potential:**

**50%** of first-line  
mCRC market

Onvansertib targets **ALL RAS-mutated mCRC**



\*CDC  
CRC, colorectal cancer; mCRC, metastatic colorectal cancer

# 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 RAS-mutated MSS/pMMR

### RAS-mutated

Onvansertib + FOLFIRI + bev

Onvansertib is the only program specifically designed for the RAS-mutated population

### KRAS G12C

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

### MSS/pMMR

PD1/VEGF Bispecifics + chemo  
combinations

### MSS/pMMR

PD1 (eg Tislelizumab) + bev + chemo



# ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

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Mechanism Supports First-Line Treatment

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Promising Clinical Benefit in Ongoing CRDF-004 Trial

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Broader Opportunity for Onvansertib

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# Initially targeted 2<sup>nd</sup> line KRAS-mutated mCRC based on two known MOAs

**1** Synthetic lethality in RAS-mut background

RAS-mut mCRC tumor cells are hypersensitive to onvansertib

**2** Synergy with chemo

Onvansertib inhibits repair of chemo-induced DNA damage

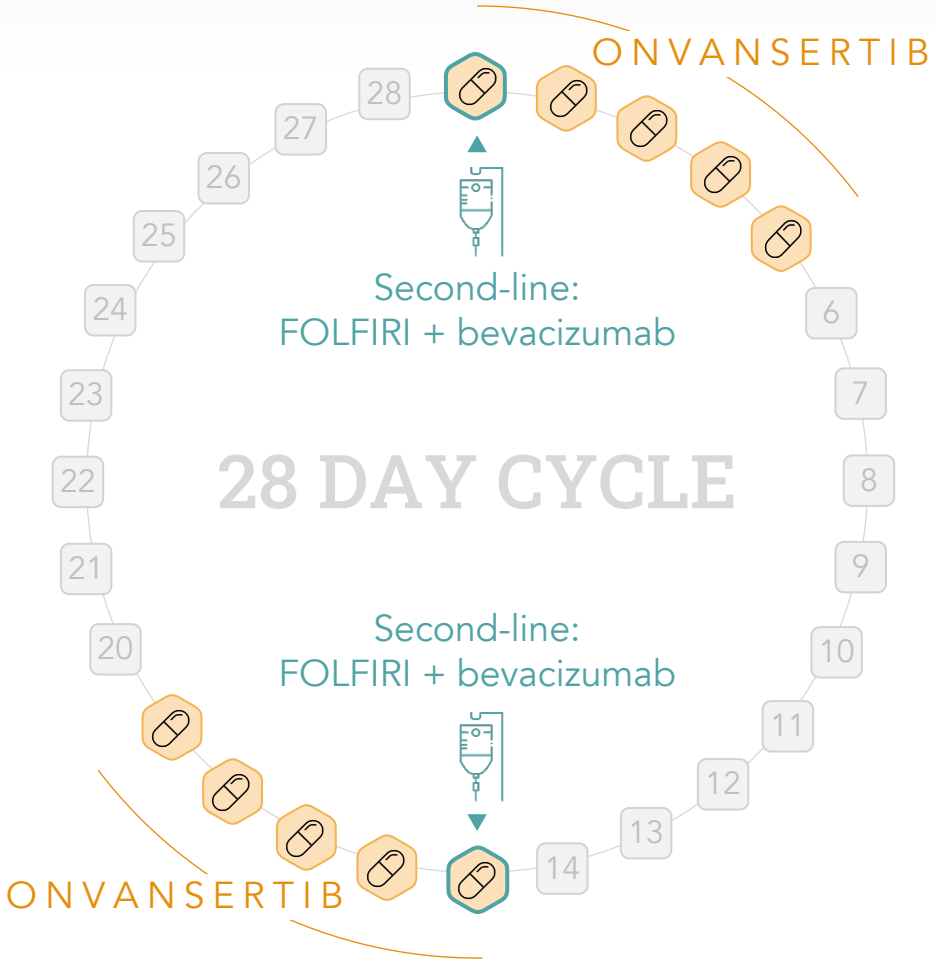
# Ph 1b/2 trial in 2<sup>nd</sup> line KRAS-mut mCRC combined onvansertib with FOLFIRI+bev

## ENROLLMENT CRITERIA

- Second-line mCRC
- KRAS+
- Unresectable
- N=68

## ENDPOINTS

- Primary: ORR
- Secondary: DoR and PFS



Patient's tumors are scanned every 8 weeks

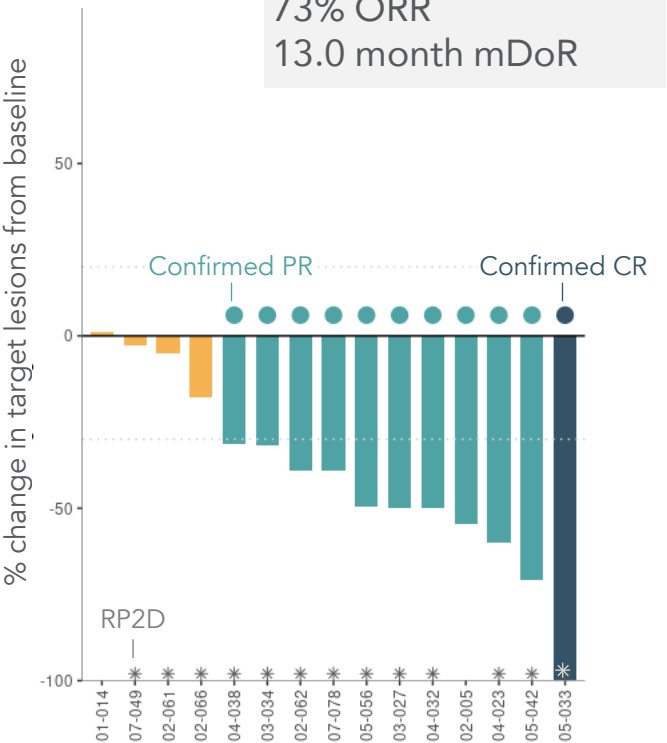
# Ph 1b/2 trial: Bev-naïve patients treated with onvansertib + FOLFIRI/bev achieved higher response rates

## Best Radiographic Response and Duration of Response\*

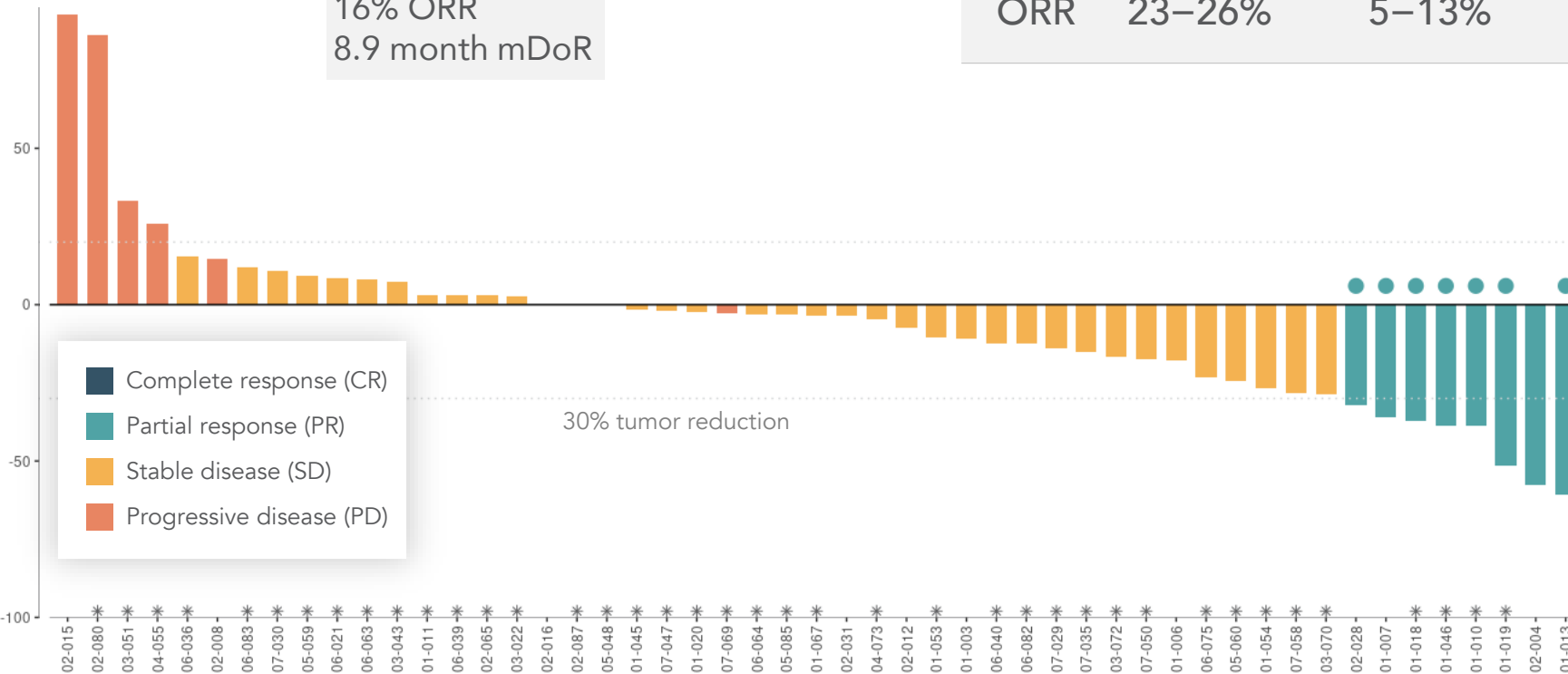
66 evaluable patients (as of June 16, 2023)

	Historical controls**	
	Bev-naïve	Bev-exposed
ORR	23–26%	5–13%

**Bev-naïve:** 15 of 66 patients (23%)  
73% ORR  
13.0 month mDoR



**Bev-exposed:** 51 of 66 (77%)  
16% ORR  
8.9 month mDoR



Bev, bevacizumab; ORR, objective response rate; DoR, duration of response; RP2D, recommended phase 2 dose

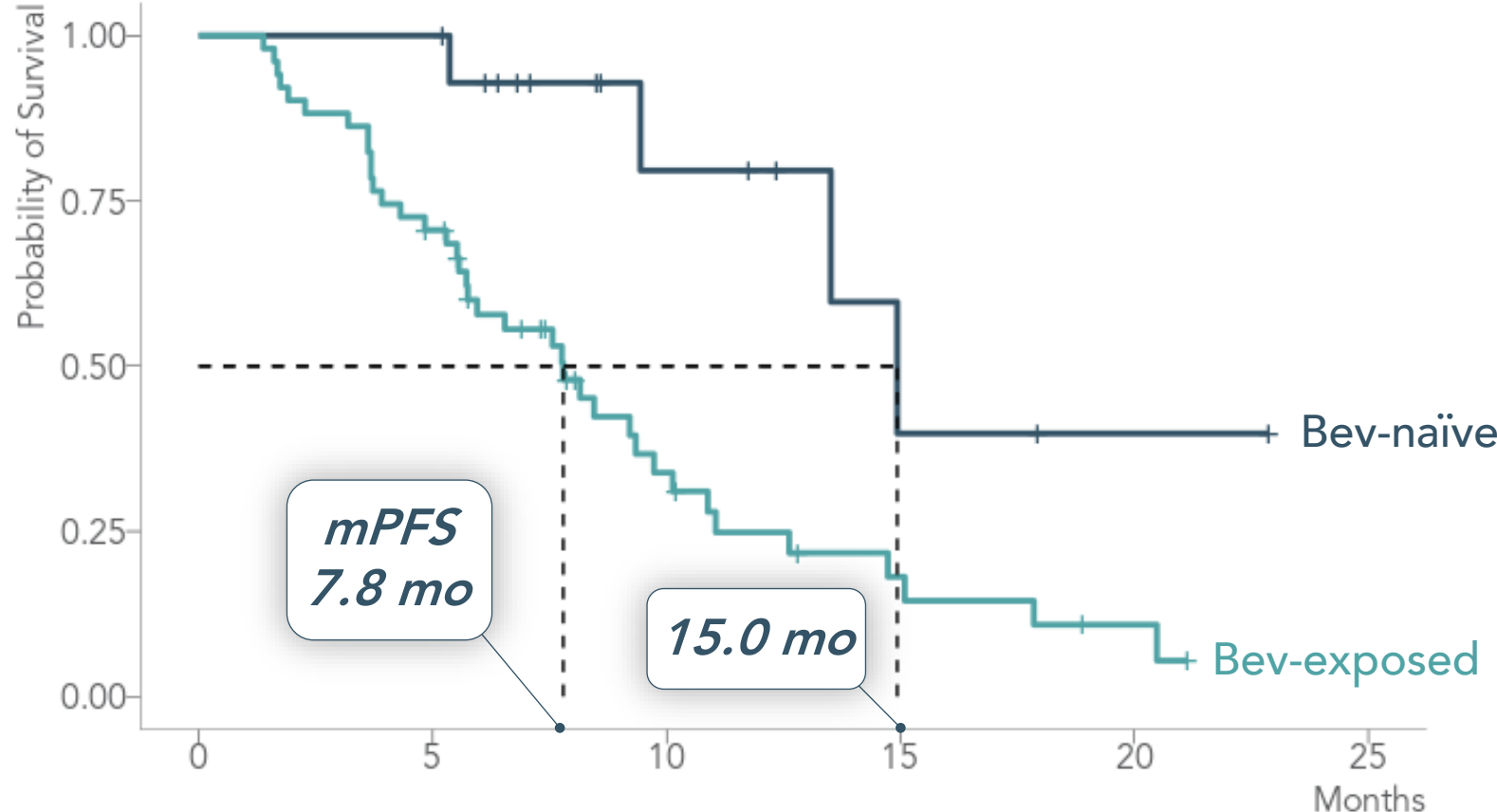
\* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database.

\*\* Bennouna et al., Lancet Oncol 2013; 14: 29–37; Giessen et al., Acta Oncologica, 2015, 54: 187-193; Cremolini et al., Lancet Oncol 2020, 21: 497–507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842–2848; Beretta et al., Med Oncol 2013, 30:486.

# Ph 1b/2 trial: Bev-naïve patients treated with onvansertib + FOLFIRI/bev achieved higher mPFS

## Progression-free survival\*

66 evaluable patients (as of June 16, 2023)



	Historical controls**	
	Bev naïve	Bev exposed
mPFS (mo)	6.9–8.5	4.5–6.7

\* Onvansertib mPFS are interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database. PFS, progression free survival; bev, bevacizumab; mo, months

\*\* Bennouna et al., Lancet Oncol 2013; 14: 29–37; Giessen et al., Acta Oncologica, 2015, 54: 187-193; Cremolini et al., Lancet Oncol 2020, 21: 497–507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842–2848; Beretta et al., Med Oncol 2013, 30:486.

# Multiple onvansertib MOAs underlie our focus on RAS-mutated CRC

## Onvansertib attacks RAS-mutated mCRC in three ways

- 1** Synthetic lethality in RAS-mut background  
RAS-mut CRC tumor cells are hypersensitive to onvansertib
- 2** Synergy with chemo  
Onvansertib inhibits repair of chemo-induced DNA damage
- 3** Synergy with bevacizumab  
Onvansertib inhibits creation of new blood vessels

# ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

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Mechanism Supports First-Line Treatment

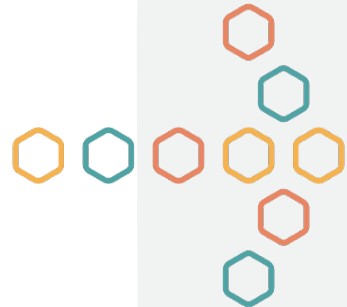
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Promising Clinical Benefit in Ongoing CRDF-004 Trial

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Broader Opportunity for Onvansertib

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# Modest benefit in first-line mCRC setting presents significant commercial opportunity for onvansertib

Data from positive first-line mCRC chemo/bev Phase 3 clinical trials by RAS-mut status\*

Targeted agent	Trial	Mechanism of action	Trial population	Sample size	ORR Exp. vs Ctrl.	PFS (months) Exp. vs Ctrl.	Hazard ratio	
Bevacizumab	IFL/bev vs IFL	Antiangiogenic	KRAS WT or mutant	All ITT patients	813	45% vs 35%	10.6 vs 6.2	0.54 p<0.0001
				Mutant only <sup>1</sup>	78	43% vs 41%	9.3 vs 5.5	0.41
FOLFOXIRI/bev (TRIBE trial)	FOLFOXIRI/bev vs FOLFIRI/bev	Chemo	RAS WT or mutant	All ITT patients	508	65% vs 54%	12.3 vs 9.7	0.77 p=0.006
				Mutant only <sup>1</sup>	236	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. mCRC, metastatic colorectal cancer; SoC, standard of care; ORR, objective response rate; ITT, intent-to-treat; Exp, experimental arm; Ctrl, control arm; PFS, progression free survival; WT, wild type; bev, bevacizumab; p, p-value

# CRDF-004: Dose-finding Phase 2 trial in first-line RAS-mutated mCRC

## ENROLLMENT CRITERIA

First-line mCRC

KRAS+/NRAS+

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 +

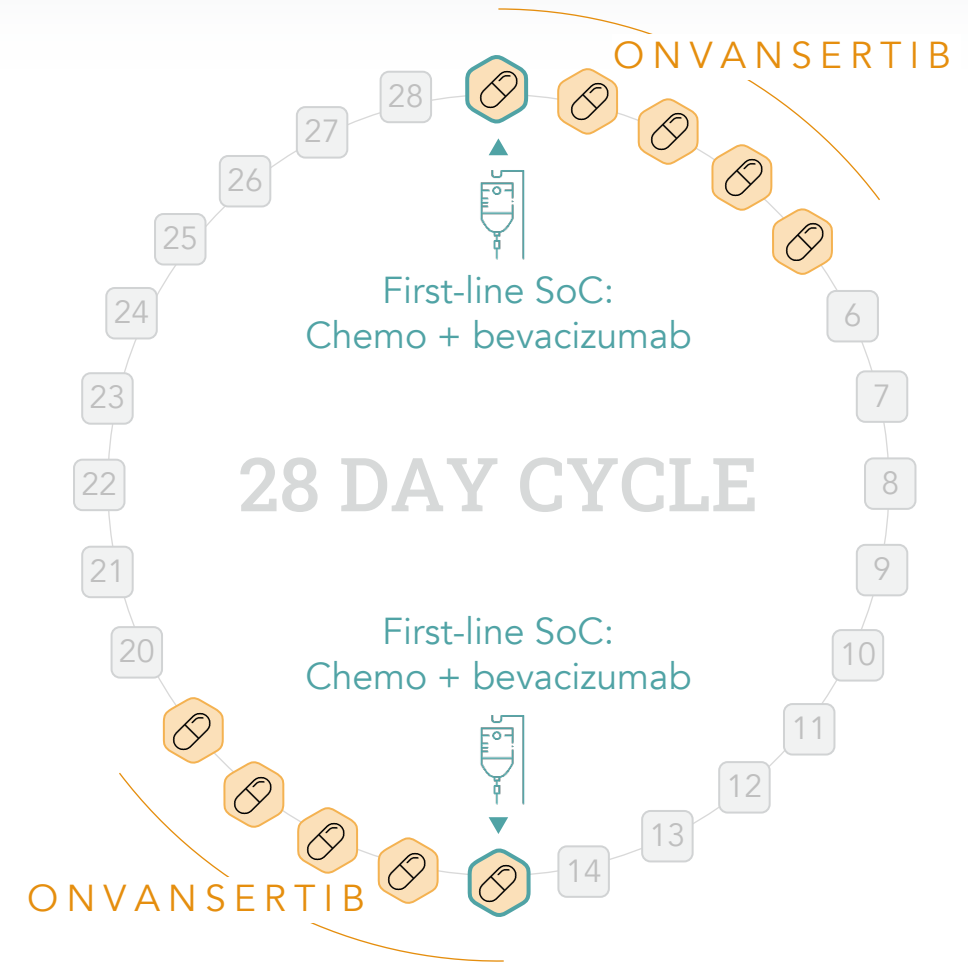
5. FOLFIRI/bev
6. FOLFOX/bev

## ENDPOINTS\*

Primary: ORR

Secondary: DoR and PFS

\* Assessed by blinded independent central review (BICR)



Patient's tumors are scanned every 8 weeks

# CRDF-004 demographics and baseline characteristics

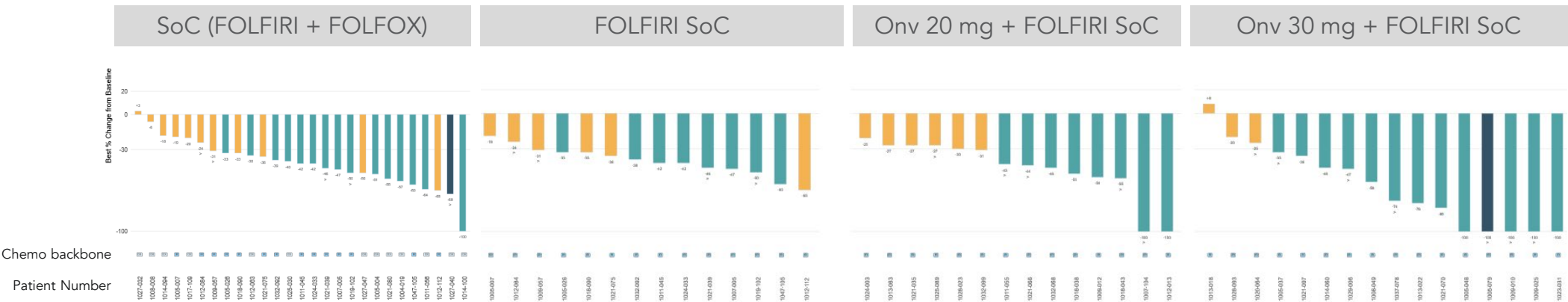
Safety Population (Dosed)	FOLFIRI/bev (n=17)	FOLFIRI/bev/onv 20 (n=17)	FOLFIRI/bev/onv 30 (n=18)	FOLFOX/bev (n=17)	FOLFOX/bev/onv 20 (n=17)	FOLFOX/bev/onv 30 (n=18)	Total (n=104)
<b>Age (years)</b>							
Median	53 (32, 81)	52 (30, 78)	60 (34, 81)	57 (34, 82)	66 (34, 79)	59.5 (39, 86)	57 (30, 86)
<b>Gender, n (%)</b>							
Male	10 (58.8)	10 (58.8)	10 (55.6)	11 (64.7)	7 (41.2)	11 (61.1)	59 (56.7)
Female	7 (41.2)	7 (41.2)	8 (44.4)	6 (35.3)	10 (58.8)	7 (38.9)	45 (43.3)
<b>Race, n (%)</b>							
White	13 (76.5)	15 (88.2)	15 (83.3)	12 (70.6)	13 (76.5)	13 (72.2)	81 (77.9)
Black or African American	2 (11.8)	0	1 (5.6)	1 (5.9)	0	2 (11.1)	6 (5.8)
Asian	1 (5.9)	0	1 (5.6)	1 (5.9)	2 (11.8)	1 (5.6)	6 (5.8)
Native Hawaiian or Other Pacific Islander	0	1 (5.9)	0	1 (5.9)	0	0	2 (1.9)
Not reported	0	1 (5.9)	0	2 (11.8)	1 (5.9)	1 (5.6)	5 (4.8)
Unknown	1 (5.9)	0	1 (5.6)	0	1 (5.9)	1 (5.6)	4 (3.8)
<b>ECOG, n (%)</b>							
0	6 (35.3)	14 (82.4)	11 (61.1)	7 (41.2)	10 (58.8)	11 (61.1)	59 (56.7)
1	11 (64.7)	3 (17.6)	7 (38.9)	10 (58.8)	7 (41.2)	7 (38.9)	45 (43.3)
<b>Stage at Initial Diagnosis, n (%)</b>							
STAGE I	0	1 (5.9)	0	0	1 (5.9)	1 (5.6)	3 (2.9)
STAGE II	3 (17.6)	2 (11.8)	2 (11.1)	2 (11.8)	3 (17.6)	1 (5.6)	13 (12.5)
STAGE III	4 (23.5)	4 (23.5)	2 (11.1)	6 (35.3)	2 (11.8)	3 (16.7)	21 (20.2)
STAGE IV	9 (52.9)	10 (58.8)	14 (77.8)	9 (52.9)	11 (64.7)	13 (72.2)	66 (63.5)
Missing	1 (5.9)	0	0	0	0	0	1 (1.0)
<b>Side of Tumor, n (%)</b>							
Bilateral	6 (35.3)	2 (11.8)	6 (33.3)	4 (23.5)	2 (11.8)	7 (38.9)	27 (26.0)
Left	6 (35.3)	7 (41.2)	6 (33.3)	5 (29.4)	8 (47.1)	4 (22.2)	36 (34.6)
Right	5 (29.4)	8 (47.1)	6 (33.3)	8 (47.1)	7 (41.2)	7 (38.9)	41 (39.4)
<b>Liver metastasis at study entry, n (%)</b>							
No	7 (41.2)	8 (47.1)	5 (27.8)	9 (52.9)	5 (29.4)	4 (22.2)	38 (36.5)
Yes	10 (58.8)	9 (52.9)	13 (72.2)	8 (47.1)	12 (70.6)	14 (77.8)	66 (63.5)
<b>Liver only disease, n (%)</b>							
No	15 (88.2)	15 (88.2)	11 (61.1)	14 (82.4)	16 (94.1)	15 (83.3)	86 (82.7)
Yes	2 (11.8)	2 (11.8)	7 (38.9)	3 (17.6)	1 (5.9)	3 (16.7)	18 (17.3)
<b>Number of organs involved at baseline, n (%)</b>							
<3 organs	13 (76.5)	9 (52.9)	10 (55.6)	12 (70.6)	11 (64.7)	8 (44.4)	63 (60.6)
>=3 organs	4 (23.5)	7 (41.2)	8 (44.4)	5 (29.4)	6 (35.3)	10 (55.6)	40 (38.5)
Missing	0	1 (5.9)	0	0	0	0	1 (1.0)
<b>Prior adjuvant or neo-adjuvant chemotherapy, n (%)</b>							
No	13 (76.5)	12 (70.6)	14 (77.8)	12 (70.6)	12 (70.6)	16 (88.9)	79 (76.0)
Yes	4 (23.5)	5 (29.4)	4 (22.2)	5 (29.4)	5 (29.4)	2 (11.1)	25 (24.0)

# Onvansertib + FOLFIRI/bev drives improvement in both depth of response and ORR in first-line RAS-mut mCRC

	SoC <sup>b</sup> (FOLFIRI/bev and FOLFOX/bev) (n=37)	FOLFIRI/bev (n=19)	Onv 20 mg +FOLFIRI/bev (n=18)	Onv 30 mg +FOLFIRI/bev (n=18)
<b>Objective Response Rate (per BICR)<sup>a</sup> as of January 22, 2026- ITT analysis</b>				
Confirmed ORR (n)	43.2% (16)	42.1% (8)	44.4% (8)	<b>72.2% (13)</b> p-value = 0.051 <sup>c</sup> (vs SoC)

**Best confirmed Response**

- CR
- PR
- Stable Disease
- Progressive Disease



Bev, bevacizumab; BICR, Blinded Independent Central Review; CI, confidence interval; CP, confirmed response; HR, hazard ratio; NR, not reached; Onv, onvansertib; ORR, objective response rate; PFS, progression-free survival; PR, partial response; SoC, standard of care.  
<sup>a</sup>ORR is confirmed responses  
<sup>b</sup>SoC is the combination of the FOLFIRI/bev and FOLFOX/bev arms  
<sup>c</sup>Fisher's exact test

# Onvansertib + FOLFIRI/bev arms have not yet reached median PFS, with clear dose-dependent efficacy trends and compelling hazard ratios

	FOLFIRI/bev (n=19)	Onv 20 mg +FOLFIRI/bev (n=18)	Onv 30 mg +FOLFIRI/bev (n=18)
<b>Progression Free Survival<sup>a</sup></b>			
Median PFS (months, 95% CI)	10.97 (7.52-NR)	Not Reached (7.49-NR)	Not Reached (9.72-NR)
PFS HR vs FOLFIRI/bev		0.56 (0.18-1.73) <sup>b</sup>	0.38 (0.12-1.17) <sup>b</sup>
PFS HR vs SoC (FOLFIRI/bev & FOLFOX/bev)		0.57 (0.21-1.58) <sup>c</sup>	0.37 (0.13-1.02) <sup>c</sup> p-value = 0.048 <sup>d</sup> (vs SoC)
PFS Rate at 6 months (95% CI)	79.5 (61.1-100)	88.1 (73.9-100)	94.1 (83.6-100)

Data cut: January 22, 2026  
 Bev=bevacizumab; BICR=Blinded Independent Central Review; CI=confidence interval; HR=hazard ratio; NR=not reached; Onv=onvansertib; ORR=objective response rate; PFS=progression-free survival; SoC=standard of care.  
<sup>a</sup>Progressive disease events were based on combined BICR and Investigator assessments due to very small number of events in BICR assessment. The earliest reported date was used for a conservative estimate.  
<sup>b</sup>PFS HR is the comparison of the onvansertib arm to FOLFIRI/bev  
<sup>c</sup>PFS HR is the comparison of the onvansertib arm to SoC  
<sup>d</sup>Log-rank test

# A few patients in onvansertib + FOLFIRI/bev arms achieved deep responses, CR, and surgery referrals\*

## 47-year-old female

Metastatic disease on enrollment.  
Right sided colon cancer.

Target lesions in peritoneum (SLD 27mm) with non-target lesions throughout peritoneum.

Achieved CR and went to curative surgery after 6 cycles of treatment.

30mg onv + FOLFIRI/bev

## 62-year-old male

Metastatic disease. Right sided colon cancer.

Target lesions in liver (SLD 32mm), non-target lesions in liver and adrenal gland.

Achieved CR after 6 cycles. Referred for curative surgery.

30mg onv + FOLFIRI/bev

# CRDF-004 treatment emergent adverse events (TEAE) data as of July 8, 2025\*

Safety Population (Dosed) N (% of total)	FOLFIRI/bev (n=17)		FOLFIRI/bev/onv 20mg (n=17)		FOLFIRI/bev/onv 30mg (n=18)		FOLFOX/bev (n=17)		FOLFOX/bev/onv 20mg (n=17)		FOLFOX/bev/onv 30mg (n=18)	
	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3
Any Adverse Events	17 (100.0)	12 (70.6)	17 (100.0)	14 (82.4)	18 (100.0)	15 (83.3)	16 (94.1)	9 (52.9)	17 (100.0)	10 (58.8)	18 (100.0)	13 (72.2)
Fatigue	7 (41.2)	0	12 (70.6)	0	11 (61.1)	0	9 (52.9)	2 (11.8)	12 (70.6)	1 (5.9)	10 (55.6)	0
Nausea	6 (35.3)	1 (5.9)	13 (76.5)	0	9 (50.0)	0	11 (64.7)	0	12 (70.6)	0	8 (44.4)	0
Diarrhea	10 (58.8)	1 (5.9)	12 (70.6)	1 (5.9)	9 (50.0)	0	7 (41.2)	0	7 (41.2)	1 (5.9)	7 (38.9)	0
Neutrophil count decreased	8 (47.1)	4 (23.5)	4 (23.5)	1 (5.9)	6 (33.3)	3 (16.7)	5 (29.4)	5 (29.4)	6 (35.3)	3 (17.6)	7 (38.9)	4 (22.2)
Neutropenia	2 (11.8)	1 (5.9)	1 (5.9)	0	4 (22.2)	4 (22.2)	3 (17.6)	1 (5.9)	2 (11.8)	2 (11.8)	0	0
Hypertension	4 (23.5)	1 (5.9)	8 (47.1)	3 (17.6)	6 (33.3)	1 (5.6)	3 (17.6)	0	4 (23.5)	1 (5.9)	6 (33.3)	2 (11.1)
Vomiting	5 (29.4)	1 (5.9)	7 (41.2)	0	6 (33.3)	0	3 (17.6)	0	6 (35.3)	0	2 (11.1)	0
Constipation	3 (17.6)	1 (5.9)	5 (29.4)	0	5 (27.8)	0	2 (11.8)	0	8 (47.1)	0	5 (27.8)	0
Epistaxis	4 (23.5)	0	8 (47.1)	0	6 (33.3)	0	3 (17.6)	0	3 (17.6)	0	3 (16.7)	0
Peripheral sensory neuropathy	4 (23.5)	0	2 (11.8)	0	1 (5.6)	0	4 (23.5)	0	8 (47.1)	2 (11.8)	8 (44.4)	1 (5.6)
Abdominal pain	3 (17.6)	2 (11.8)	4 (23.5)	1 (5.9)	6 (33.3)	1 (5.6)	2 (11.8)	0	6 (35.3)	0	5 (27.8)	0
Anaemia	4 (23.5)	1 (5.9)	6 (35.3)	0	4 (22.2)	1 (5.6)	3 (17.6)	0	2 (11.8)	0	7 (38.9)	3 (16.7)
Decreased appetite	6 (35.3)	0	5 (29.4)	0	4 (22.2)	0	3 (17.6)	0	6 (35.3)	0	2 (11.1)	0
Platelet count decreased	2 (11.8)	1 (5.9)	1 (5.9)	0	2 (11.1)	0	7 (41.2)	1 (5.9)	7 (41.2)	0	7 (38.9)	1 (5.6)
Alopecia	5 (29.4)	0	4 (23.5)	0	6 (33.3)	0	2 (11.8)	0	4 (23.5)	0	2 (11.1)	0
Headache	4 (23.5)	0	6 (35.3)	0	2 (11.1)	0	4 (23.5)	0	4 (23.5)	0	1 (5.6)	0
White blood cell count decreased	4 (23.5)	0	4 (23.5)	0	5 (27.8)	0	6 (35.3)	0	0	0	2 (11.1)	1 (5.6)
Dizziness	3 (17.6)	0	3 (17.6)	0	2 (11.1)	0	3 (17.6)	0	4 (23.5)	0	5 (27.8)	0
Dysgeusia	2 (11.8)	0	1 (5.9)	0	3 (16.7)	0	4 (23.5)	0	5 (29.4)	0	5 (27.8)	0
Weight decreased	6 (35.3)	1 (5.9)	2 (11.8)	0	5 (27.8)	0	2 (11.8)	0	2 (11.8)	0	3 (16.7)	0
Hypokalaemia	3 (17.6)	0	3 (17.6)	2 (11.8)	4 (22.2)	2 (11.1)	2 (11.8)	1 (5.9)	3 (17.6)	0	4 (22.2)	1 (5.6)
Stomatitis	3 (17.6)	0	6 (35.3)	0	1 (5.6)	0	5 (29.4)	0	2 (11.8)	0	1 (5.6)	0
Insomnia	0 (0.0)	0	4 (23.5)	0	3 (16.7)	0	1 (5.9)	0	5 (29.4)	0	4 (22.2)	0
Paraesthesia	1 (5.9)	0	2 (11.8)	0	0	0	2 (11.8)	0	5 (29.4)	0	6 (33.3)	0
Lymphocyte count decreased	3 (17.6)	0	2 (11.8)	0	4 (22.2)	0	2 (11.8)	0	1 (5.9)	0	3 (16.7)	2 (11.1)
Cough	4 (23.5)	0	4 (23.5)	0	2 (11.1)	0	1 (5.9)	0	0	0	3 (16.7)	0
Pyrexia	2 (11.8)	0	3 (17.6)	1 (5.9)	3 (16.7)	1 (5.6)	2 (11.8)	0	3 (17.6)	0	1 (5.6)	0
Blood alkaline phosphatase increased	3 (17.6)	0	1 (5.9)	0	1 (5.6)	0	4 (23.5)	0	0	0	3 (16.7)	0
Dyspepsia	1 (5.9)	0	4 (23.5)	0	2 (11.1)	0	1 (5.9)	0	1 (5.9)	0	3 (16.7)	0
Proteinuria	2 (11.8)	0	3 (17.6)	0	2 (11.1)	0	0	0	3 (17.6)	0	2 (11.1)	0

\*Data consists of all adverse events entered into the electronic data capture (EDC) system as of July 8, 2025, from an ongoing trial and unlocked EDC database. N: number of patients; events shown occurred in ≥10% of total patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. Columns show the absolute # of patients and (%) of the population. Bev, bevacizumab; onv, onvansertib

# CRDF-004 trial (ongoing): key takeaways

## Data summary: onvansertib + FOLFIRI/bev

- Confirmed ORR of 72% in 30 mg arm, 30% improvement over FOLFIRI SoC
- Median PFS not yet reached in either the 20 mg or 30 mg arm onv + FOLFIRI/bev
- Favorable **dose-dependent** trends in PFS **hazard ratios** for both 20 mg and 30 mg onv doses + FOLFIRI/bev over FOLFOX/bev & FOLFIRI/bev SoC
  - HR vs FOLFIRI/bev: 0.56 (20 mg) and 0.38 (30 mg)
  - HR vs SoC (FOLFIRI/bev and FOLFOX/bev): 0.57 (20 mg) and 0.48 (30 mg,  $p < 0.05$ )
- No significant added toxicity
- CRDF-004 data support **selection of 30 mg onvansertib** dose for combination with FOLFIRI/bev backbone for registrational program
- Onv + FOLFOX/bev arms did not demonstrate benefit in RAS-mutated mCRC

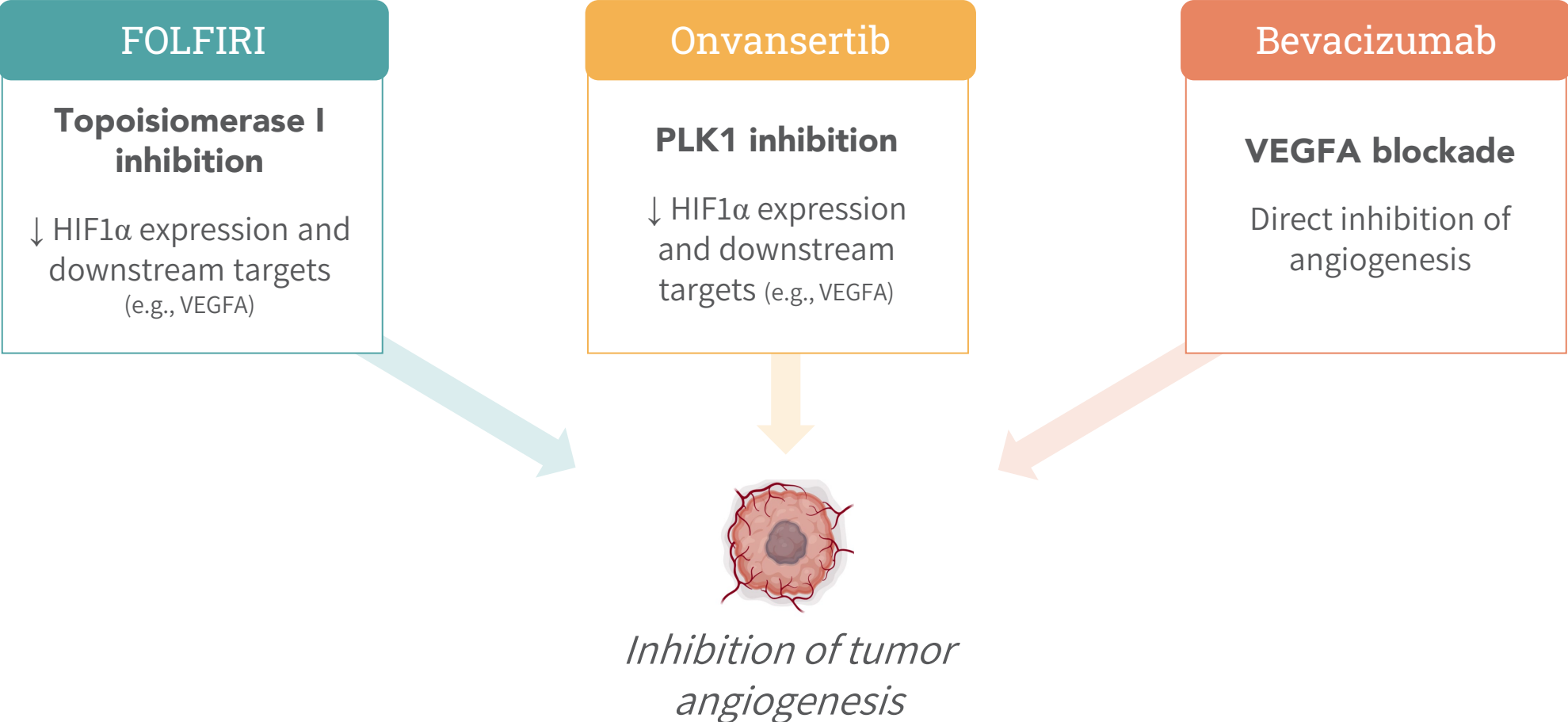
# Onvansertib study compares favorably to previous mCRC studies

Data from positive first-line mCRC chemo/bev clinical trials by RAS-mut status\*

Targeted agent	Trial	Mechanism of action	Trial population	Sample size	ORR Exp. vs Ctrl.	PFS (months) Exp. vs Ctrl.	Hazard ratio	
<b>Onvansertib (CRDF-004)</b>	Onv + FOLFIRI/bev vs SoC (FOLFIRI/bev and FOLFOX/bev)	Synergy w/ antiangiogenic & chemo	RAS mutant	<b>Mutant only</b>	<b>72.2% vs 43.2%</b>	<b>Not Reached vs 10.97</b>	<b>0.38</b> p=0.048	
<b>Bevacizumab</b>	IFL/bev vs IFL	Antiangiogenic	KRAS WT or mutant	All ITT patients	813	45% vs 35%	10.6 vs 6.2	0.54 p<0.0001
				<b>Mutant only<sup>1</sup></b>	<b>78</b>	<b>43% vs 41%</b>	<b>9.3 vs 5.5</b>	<b>0.41</b>
<b>FOLFOXIRI/bev (TRIBE trial)</b>	FOLFOXIRI/bev vs FOLFIRI/bev	Chemo	RAS WT or mutant	All ITT patients	508	65% vs 54%	12.3 vs 9.7	0.77 p=0.006
				<b>Mutant only<sup>1</sup></b>	<b>236</b>	<b>66% vs 55%</b>	<b>12.0 vs 9.5</b>	<b>0.78</b>

\* 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. mCRC, metastatic colorectal cancer; SoC, standard of care; ORR, objective response rate; ITT, intent-to-treat; Exp, experimental arm; Ctrl, control arm; PFS, progression free survival; WT, wild type; bev, bevacizumab; p, p-value

# Mechanistic synergy in anti-angiogenic effects between FOLFIRI, onvansertib, and bev supports combination rationale



# Multiple onvansertib MOAs underlie our focus on RAS-mutated CRC

## Onvansertib attacks RAS-mutated mCRC in three ways

- |          |   |   |
|----------|---|---|
| <b>1</b> | Synthetic lethality in RAS-mut background | RAS-mut CRC tumor cells are hypersensitive to onvansertib |
| <b>2</b> | Synergy with FOLFIRI chemo                | Onvansertib inhibits repair of chemo-induced DNA damage   |
| <b>3</b> | Synergy with bevacizumab                  | Onvansertib inhibits creation of new blood vessels        |

# CRDF-004 data positions onvansertib for registrational trial

## First-line RAS-mutated mCRC clinical development program

Agreed with FDA June 2023 Type C meeting

CRDF-004

### PHASE 2 DOSE-CONFIRMATION TRIAL

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Data support selection of 30 mg onvansertib dose in combination with FOLFIRI/bev for registrational program in first-line RAS-mutated mCRC

#### 1H 2026:

- Expect to provide detailed CRDF-004 data and registrational plans
- EoPh2 Meeting with FDA

CRDF-005

### PHASE 3 REGISTRATIONAL TRIAL

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#### Preliminary Dose/ Design\*:

30 mg onvansertib with FOLFIRI/bev regimen vs. SOC (FOLFOX/bev and FOLFIRI/bev)

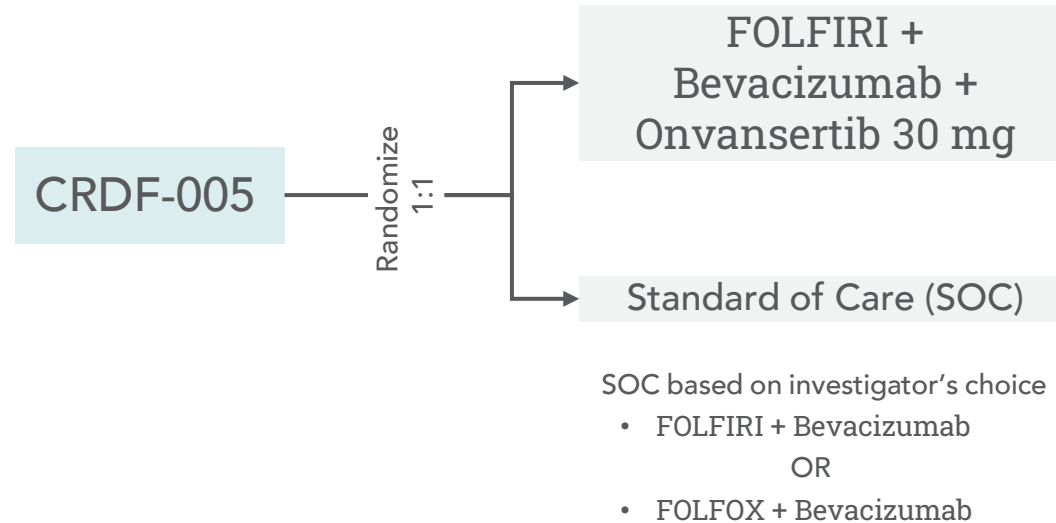
#### Next Steps:

- Plans to initiate registrational program in 2026, pending finalization of trial design by FDA
- Expects to compare onvansertib + FOLFIRI/bev to both SoC regimens, FOLFIRI/bev or FOLFOX/bev

# Phase 3 CRDF-005: preliminary trial design in first-line RAS-mutated mCRC

## ENROLLMENT CRITERIA

First-line mCRC  
KRAS+/NRAS+  
Unresectable  
No prior bev



## Key Assumptions (to be finalized after FDA discussions)

- 2 arm study (combine onvansertib and FOLFIRI/bev as Arm 1, SOC as Arm 2)
- 30 mg onvansertib dose
- Physician's choice chemotherapy for SOC arm

## ENDPOINTS\*\*

Dual Primary Endpoints: ORR and PFS

Secondary: DoR and OS

\*Assessed by blinded independent central review (BICR)

# Pfizer is providing clinical execution for CRDF-004

Cardiff Oncology retains full economic ownership and control of onvansertib



\$15M investment; Pfizer representative serves on Scientific Advisory Board



Serves as CRO partner for the clinical execution of CRDF-004 trial

# ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

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Mechanism Supports First-Line Treatment

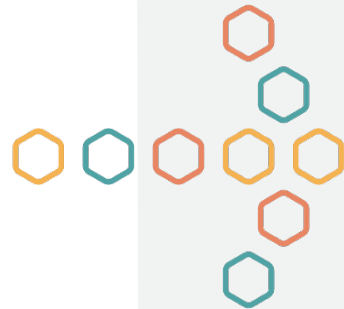
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Promising Clinical Benefit in Ongoing CRDF-004 Trial

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Broader Opportunity for Onvansertib

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# Our pipeline opens many attractive opportunities for onvansertib

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

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

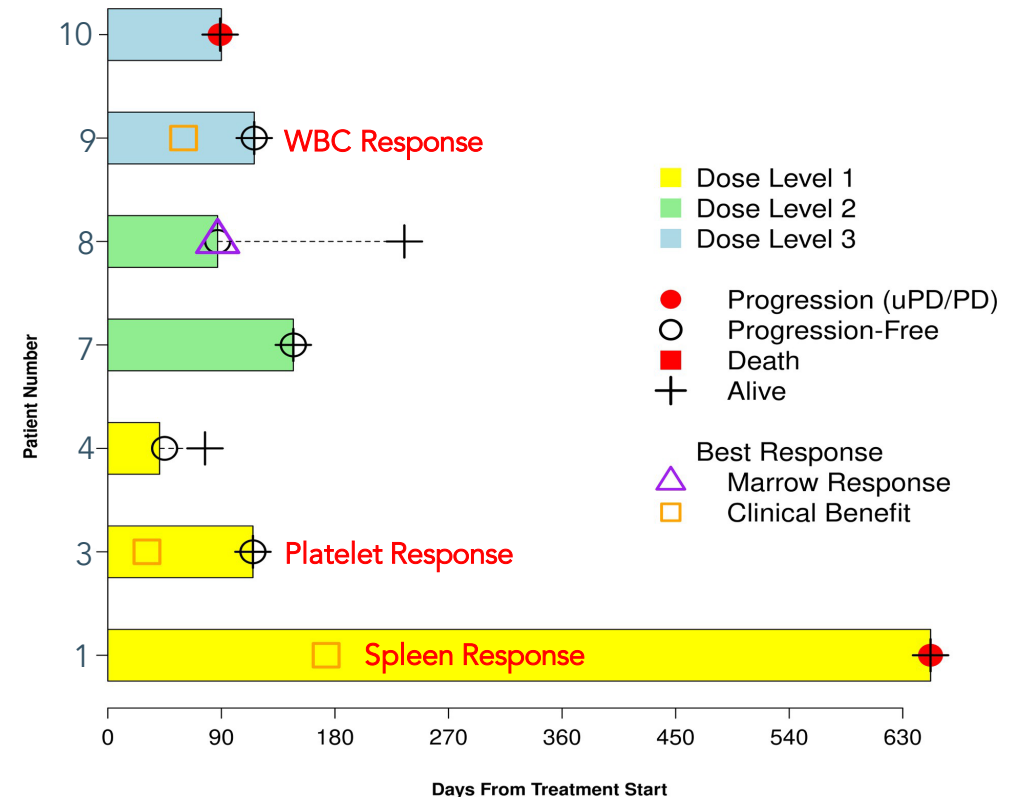
# Investigator-initiated Phase 1 trial in CMML: onvansertib shows encouraging early activity as monotherapy in orphan disease

## 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.

# Upcoming Milestones

## Clinical & Regulatory Inflection Points

### 1H 2026

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

### 2H 2026

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

### Ongoing

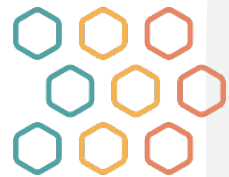
- Continue expansion across additional PLK1-driven cancers through ongoing investigator-sponsored studies (e.g., CMML, mPDAC, SCLC, TNBC)

### Financials\*

\$58.3 million in cash, cash equivalents, and short-term investments, sufficient to fund operations into the first quarter of 2027

\*As of December 31, 2025

mCRC, metastatic colorectal cancer; CMML, chronic myelomonocytic leukemia; mPDAC, metastatic pancreatic ductal adenocarcinoma; SCLC, small-cell lung cancer; TNBC, triple-negative breast cancer



## Appendix

Additional CRDF-004 data

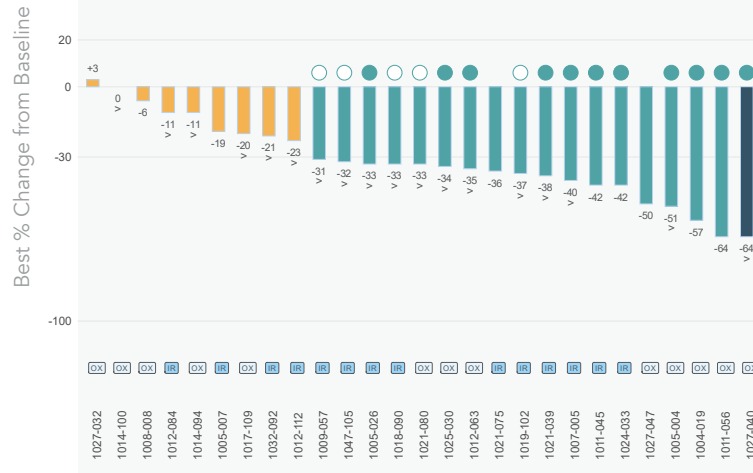
# Deeper tumor regression observed with onvansertib+SoC- July 8, 2025

## Best Radiographic Response BY ONVANSERTIB DOSE\*

	Intent-to-treat (ITT)	Control (SoC alone)	Onv 20mg + SoC	Onv 30mg + SoC
Confirmed ORR <sup>1</sup>		30%	42%	49%
ORR <sup>2</sup>		43%	50%	59%

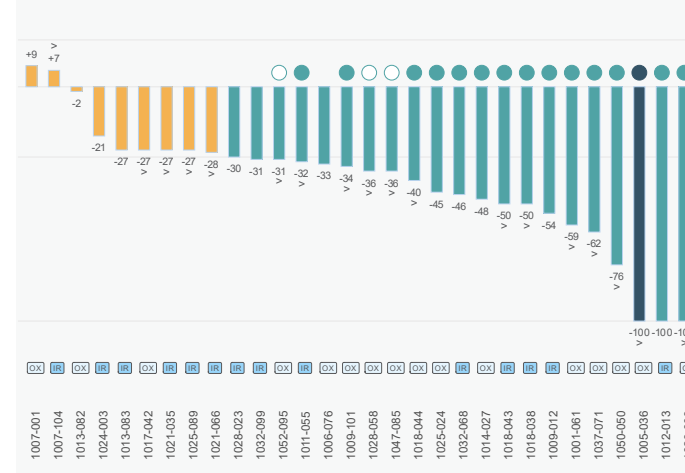
### Control Arm

#### SoC

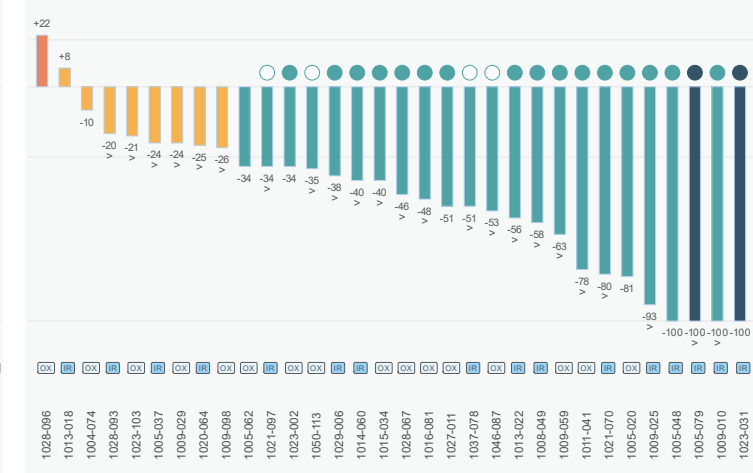


### Experimental Arms

#### Onvansertib 20mg plus SoC



#### Onvansertib 30mg plus SoC



#### Best Response

- CR
- PR
- SD
- PD
- Confirmed CR
- Confirmed PR
- Unconfirmed PR
- > On treatment

- FOLFIRI
- FOLFOX

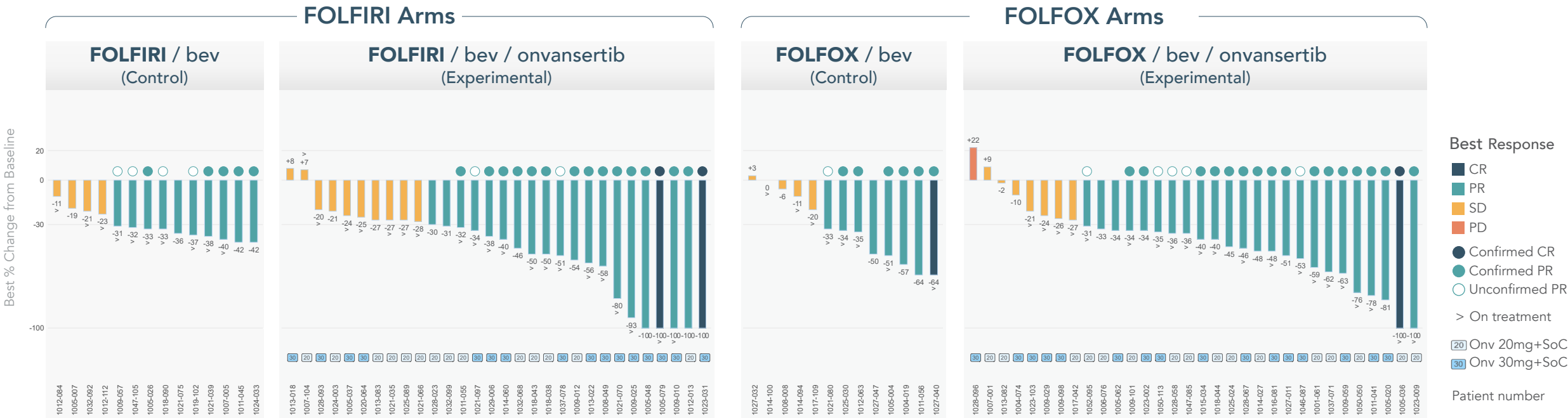
Patient number

\* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database. A PR with no circle above is an unconfirmed PR with treatment discontinued (will never confirm) and is not considered a responder for ORR calculation. Patients 1003-065 (unconfirmed PR) and 1011-106 (Non-CR/Non-PD) do not appear on the waterfall plot as they had no target lesions. 1. Confirmed ORR includes positively confirmed CRs and PRs per RECIST 1.1. 2. ORR includes positively confirmed CRs and PRs and unconfirmed PRs who were still on treatment and may yet be confirmed. SoC, standard of care; ORR, objective response rate; onv, onvansertib; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease

# Deeper tumor regression observed when adding onvansertib to either chemo backbone vs SoC alone- July 8, 2025

## Best Radiographic Response BY CHEMO BACKBONE\*

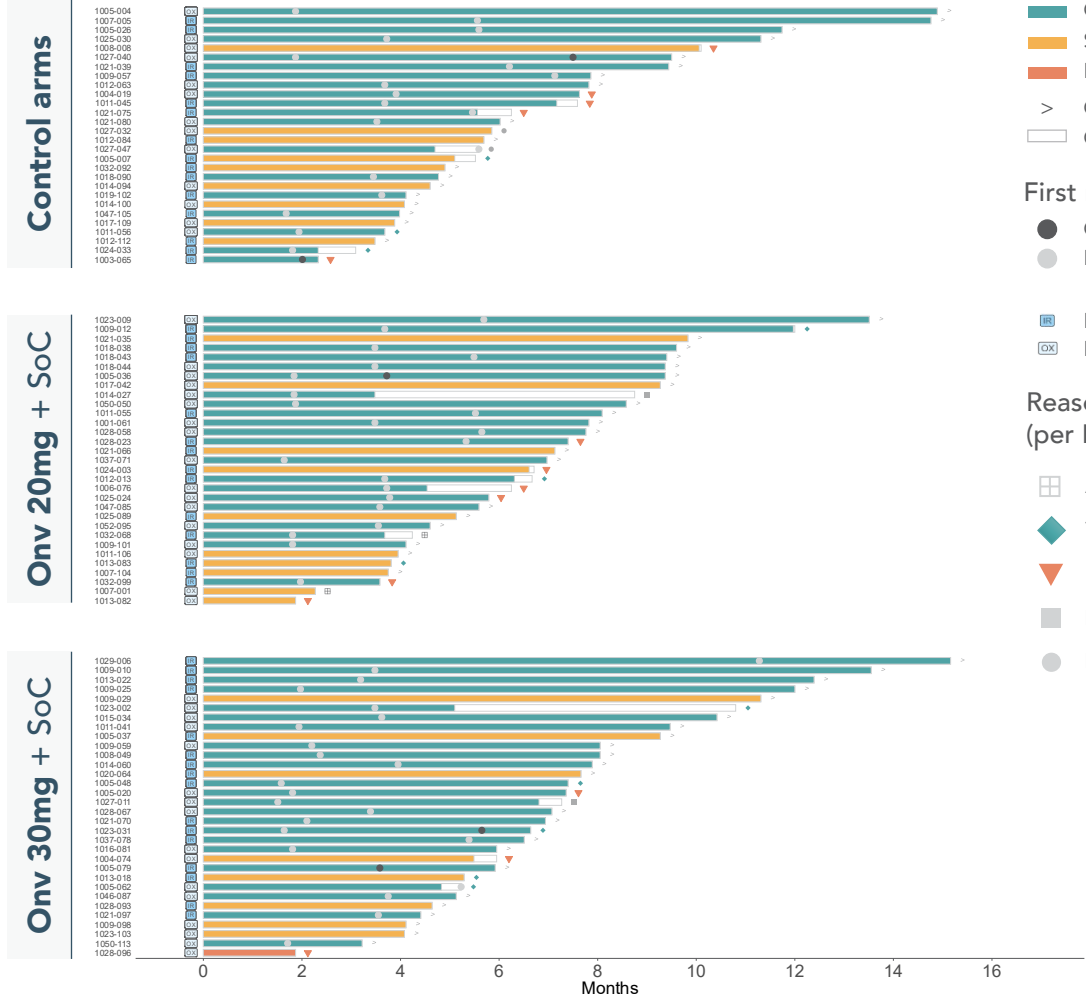
Intent-to-treat (ITT)	FOLFIRI		FOLFOX	
	Control	SoC + Onv	Control	SoC + Onv
Confirmed ORR <sup>1</sup>	26%	44%	33%	46%
ORR <sup>2</sup>	47%	50%	39%	59%



\* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database for all patients with measurable disease. A PR with no circle above is an unconfirmed PR with treatment discontinued (will never confirm) and is not considered a responder for ORR calculation. Patients 1003-065 (unconfirmed PR) and 1011-106 (Non-CR/Non-PD) do not appear on the waterfall plot as they had no target lesions. 1. Confirmed ORR includes positively confirmed CRs and PRs per RECIST 1.1. 2. ORR includes positively confirmed CRs and PRs and unconfirmed PRs who were still on treatment and may yet be confirmed. SoC, standard of care; ORR, objective response rate; onv, onvansertib; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease

# Higher number of 30mg onvansertib patients remain on trial vs. control- July 2025

## Radiographic Response over Time\*



### Time on Trial by Best Response

- CR/PR
- SD
- PD
- > On treatment
- On follow up

### First response scan

- CR
- PR

- FOLFOX
- FOLFIRI

### Reason for discontinuation (per EDC)

- Adverse event
- ◆ To pursue surgery
- ▼ Progressive disease
- Physician decision
- Patient decision

Safety Population (Dosed)	Control (SoC alone)	Onv 20mg + SoC	Onv 30mg + SoC
Patients on treatment	18 (53%)	19 (56%)	23 (64%)
Patients discontinued treatment:	16 (47%)	15 (44%)	13 (36%)
To pursue surgery	3	3	5
Progressive disease	5	6	3
Adverse events/toxicity <sup>1</sup>	1	3	2

Median follow up time for all patients is ~6 months

\* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database for all patients with at least one post-baseline scan. 1. One control, one 20mg and two 30mg patients discontinued due to adverse events / toxicity prior to their first post-baseline scan and are not included in the swimmer plot. SoC, standard of care; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; onv, onvansertib; EDC, electronic data capture system

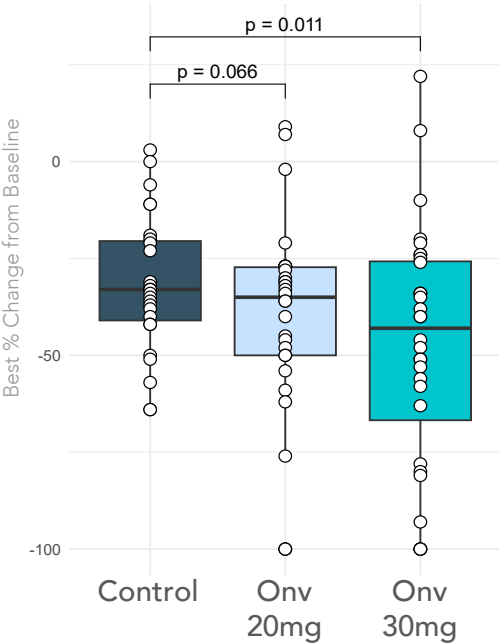
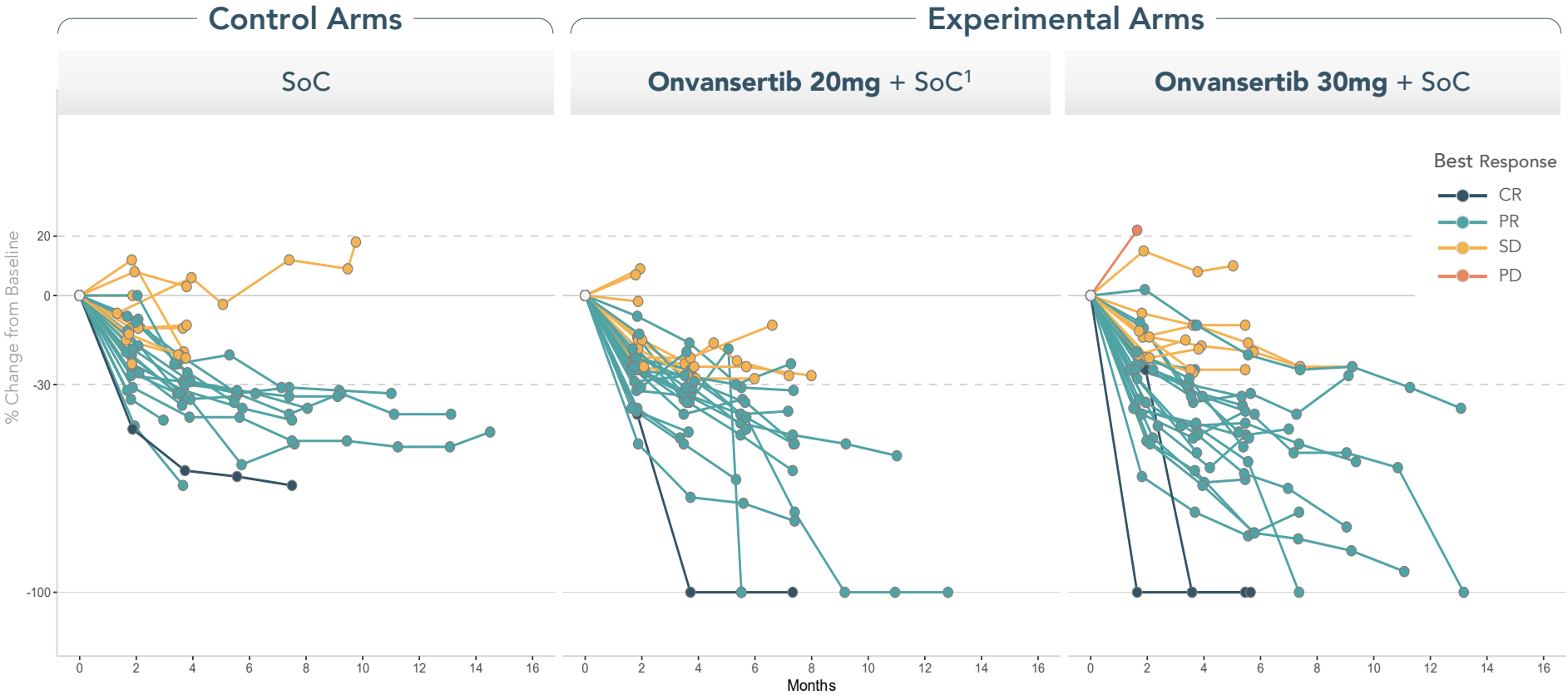
# Greater number of onvansertib 30mg dose patients achieved Early Tumor Shrinkage – July 8, 2025

	% of patients with ETS	Previous Ph3 1 <sup>st</sup> Line mCRC Trials <sup>1</sup>			CRDF-004 RAS mut.	
		TRIBE RAS WT/mut.	CRYSTAL RAS WT	OPUS RAS WT	Onv 20mg	Onv 30mg
Early Tumor Shrinkage (ETS) ≥20% reduction in tumor size at 2-month scan.	Control Arm	52%	49%	46%	41% (11/27)	
	Experimental Arm	63%	62%	69%	63% (19/30)	69% (22/32)
Final data: All patients on trial have had a 2-month scan.	<b>ETS Delta</b> <i>p-value</i>	<b>11%</b> <i>0.025</i>	<b>13%</b> <i>0.02</i>	<b>23%</b> <i>0.006</i>	<b>22%</b> <i>0.114</i>	<b>28%</b> <i>0.038</i>
	Hazard Ratio	0.79	0.68	0.57		
	Improvement in PFS	2.0 mo	4.4 mo	3.7 mo		

1. First-line mCRC trials in which ETS and/or DpR were evaluated as predictors of PFS and OS comparing a control arm of chemo alone vs. an experimental arm of chemo + an active agent including bevacizumab (TRIBE) and cetuximab (CRYSTAL and OPUS). Piessevaux, et al, J Clin Oncol 2013; Cremolini, et al, Ann Oncol 2015; Van Cutsem, et. al, N Engl J Med 2009 (HR for CRYSTAL); Bokemeyer et al, Ann Oncol 2011 (HR for OPUS). ETS, early tumor shrinkage; mCRC, metastatic colorectal cancer; WT, wild type; mut., mutated; PFS, progression free survival; bev, bevacizumab; onv, onvansertib.

# Tumor regression vs. baseline is deeper over time with onv 30mg dose- July 8, 2025

## Radiographic Response over Time\*



\* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database. 1. Per protocol, patients' tumors are assessed by CT scan every 2 months, and Patient 1012-013 in the 20mg onv arm had an off-protocol MRI (different modality) of their tumors in preparation for their curative surgery (which occurred after their 6-month, -100% scan), which showed a spike (increase) in the size of the patient's tumor. SoC, standard of care; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; onv, onvansertib; p, p-value

# Depth of Response is deeper for the onv 30mg dose arm- July, 8 2025

	% Tumor Shrinkage	Previous Ph3 1 <sup>st</sup> Line mCRC Trials <sup>1</sup>			CRDF-004	
		TRIBE RAS WT/mut.	CRYSTAL RAS WT	OPUS RAS WT	RAS mut.	
Depth of Response (DpR)	Control Arm	38%	33%	31%	32%	
Maximum tumor shrinkage at nadir on trial	Experimental Arm	43%	51%	58%	Onv 20mg 41%	Onv 30mg 48%
Interim data: Patients on trial may achieve deeper tumor regression	DpR Delta	5%	18%	27%	9% <i>p-value 0.066</i>	16% <i>0.011</i>
	Hazard Ratio	0.79	0.68	0.57		
	Improvement in PFS	2.0 mo	4.4 mo	3.7 mo		

1. First-line mCRC trials in which ETS and/or DpR were evaluated as predictors of PFS and OS comparing a control arm of chemo alone vs. an experimental arm of chemo + an active agent including bevacizumab (TRIBE) and cetuximab (CRYSTAL and OPUS). 1. Cremolini, et al, Ann Oncol 2015; Piessevaux, et al, J Clin Oncol 2013; Mansmann, et al, Ann Oncol 2013; Van Cutsem, et. al, N Engl J Med 2009 (HR for CRYSTAL); Bokemeyer et al, Ann Oncol 2011 (HR for OPUS). DpR, depth of response; mCRC, metastatic colorectal cancer; WT, wild type; mut., mutated; PFS, progression free survival; onv, onvansertib; mo, month