



VS-7375 Demonstrates Robust Anti-Tumor Activity Across Advanced KRAS G12D-Mutant Cancers, Highlighted by 50% Confirmed ORR in 2L Pancreatic Ductal Adenocarcinoma and Two Complete Responses in 2L+ Disease (One Confirmed)

October 14, 2026 at 6:00 AM EDT

VS-7375 900 mg QD monotherapy achieved a 41% confirmed ORR in the broader 2L+ pancreatic ductal adenocarcinoma (PDAC) patient population and a 36% confirmed ORR in 3-4L; responses are durable with a majority of patients ongoing >6 months and a 67% landmark 6-month PFS rate

FDA alignment reached on Phase 3 trial design in 1L mPDAC; plan to open trial by year-end

Early results in heavily pretreated 3L+ colorectal cancer (CRC) include 33% unconfirmed ORR with 900 mg QD in combination anti-EGFR therapy with no patients with target lesion increases

VS-7375 achieved 43% confirmed ORR with 600 mg QD monotherapy in 2L+ non-small cell lung cancer (NSCLC) including patients with prior taxane treatment; durable responses were observed and PFS is trending favorably; 900 mg QD dosing ongoing in Phase 2 TARGET-D 202 trial

With longer follow-up and expanded enrollment VS-7375 900 mg QD maintained a consistent tolerability profile with no evidence of cumulative toxicity and a 2% discontinuation rate due to adverse events, supporting 900 mg QD as the go-forward monotherapy dose and its combination potential

Investor event and webcast to be held today at 8:00 am ET

BOSTON--(BUSINESS WIRE)--Oct. 14, 2026-- Verastem Oncology (Nasdaq: VSTM), a biopharmaceutical company committed to advancing new medicines for patients with RAS/MAPK pathway-driven cancers, today announced positive initial efficacy and updated safety and tolerability data in first multi-tumor clinical data update from the ongoing TARGET-D 101 Phase 1/2 clinical trial evaluating VS-7375, an investigational and potential best-in-class oral KRAS G12D (ON/OFF) inhibitor, in patients with advanced KRAS G12D-mutated solid tumors. The data demonstrate robust clinical activity with a favorable safety and tolerability profile across multiple dose levels and tumor types, including metastatic pancreatic ductal adenocarcinoma (mPDAC), metastatic colorectal cancer (mCRC), and advanced non-small cell lung cancer (NSCLC). The data will be presented during an investor event and webcast today at 8:00 am ET.

"Patients with KRAS G12D-driven cancers deserve an effective, highly targeted therapy suitable for long-term treatment. Today's first multi-tumor clinical dataset for VS-7375 demonstrates compelling and robust responses across KRAS G12D-mutated cancers, marking an important development milestone and reinforcing our conviction that VS-7375 has the potential to become both a best-in-class therapy and the first therapy used for these patients," said Michael Kauffman, M.D., Ph.D., president of development at Verastem Oncology. "The PDAC data provide the strongest evidence to date supporting 900 mg monotherapy as our go-forward dose. At this dose, among all 22 patients, no tumor target lesions grew, responses were deep, two patients achieved a complete response, and most of the patients remain on therapy. Our single-agent confirmed response rates in PDAC in 2L as well as 3-4L are among the highest reported to date with any RAS inhibitor, further strengthening our confidence as we advance VS-7375 into a first-line Phase 3 trial in metastatic PDAC that we plan to open by the end of 2026. We believe the emerging antitumor activity in non-small cell lung and colorectal cancers, together with the favorable tolerability profile that allows for multiple combinations, also supports the broader development opportunity, both as monotherapy and in combination in the frontline setting, for VS-7375."

Clinical Data Highlights from the Ongoing TARGET-D 101 Phase 1/2 Trial

The TARGET-D 101 Phase 1/2 trial is a multi-center, open-label, dose-escalation and dose-expansion study evaluating the safety and efficacy of VS-7375, both as monotherapy and in combination, in patients with advanced KRAS G12D-mutated solid tumors. The study has enrolled more than 200 patients, and patient follow-up is ongoing, with data continuing to mature across both monotherapy and combination cohorts. Evaluation of the 1200 mg once daily (QD) dose is ongoing; 900 mg QD is advancing across tumors, alone or in combination.

VS-7375 in mPDAC

Initial data demonstrated compelling clinical antitumor activity in patients with previously treated mPDAC treated with 900 mg QD monotherapy of VS-7375. Efficacy was assessed in the modified intent-to-treat (mITT) population, defined as any patient that received at least one dose of VS-7375 and started therapy on or before July 22, 2026. A total of 22 patients that met the mITT criteria were included in the efficacy analysis and were treated with VS-7375 900 mg QD monotherapy with a median follow-up of 6.4 (0.8-10.9) months. Patients received a median of two prior lines of therapy (range 1-3), including standard-of-care (SoC) chemotherapy. Two patients were non-evaluable but included in the mITT: one died from coronary artery disease and stroke, while the other withdrew consent before the first assessment and died two months later; both deaths were unrelated to treatment.

As of the data cutoff date of October 7, 2026, patients receiving 900 mg VS-7375 daily demonstrated a confirmed objective response rate (ORR) of 50% (4/8) in second line (2L) PDAC, a 41% confirmed ORR (9/22) in the 2L+ setting, including two complete responses, one confirmed and one unconfirmed (treatment ongoing), and a 36% confirmed ORR (5/14) in the 3L/4L setting. The disease control rate (DCR) was 86% (n=22) in 2L+, the six-month landmark progression free survival (PFS) rate was 67%, and the landmark six-month overall survival (OS) rate was 80% with the majority of patients (16/22) remaining on treatment.

Compared with 600 mg QD monotherapy (n=27 mITT), the 900 mg dose produced deeper tumor reductions and a higher response rate. At 600 mg,

eight patients achieved objective responses, including four confirmed responses, and 11 of 27 patients remain on treatment. Verastem believes these data demonstrate a clear dose response and coupled with generally similar adverse event profiles at the two doses, establish 900 mg orally QD as the superior dose.

Pharmacokinetics & Biomarker Data in mPDAC

In updated pharmacokinetic (PK) data, the 900 mg QD monotherapy dose (n=23) evaluated across KRAS G12D-driven tumors continues to achieve target plasma levels of VS-7375 with optimal drug exposure to the majority of patients and provides clear separation from the 600 mg QD monotherapy dose (n=59).

In updated CA19-9 data, 15 of 17 patients with mPDAC treated with VS-7375 900 mg QD that had elevated baseline CA19-9 achieved greater than 50% reduction in the tumor marker. All these patients remain on treatment.

A strong molecular response was observed with VS-7375 900 mg QD monotherapy correlating with antitumor activity. Among 12 evaluable patients with KRAS G12D-mutant mPDAC treated with VS-7375 900 mg monotherapy in the second or later line setting who had detectable KRAS G12D circulating tumor DNA (ctDNA) at baseline, all patients (12/12) achieved a $\geq 50\%$ reduction in KRAS G12D variant allele frequency (VAF) by cycle 3 day 1 of treatment. Ninety-two percent of patients (11/12) achieved even deeper reductions ($\geq 90\%$) and 58% (7/12) achieved a 100% clearance of KRAS G12D ctDNA during this same time period – meaning levels were undetectable, demonstrating deep molecular responses to VS-7375 treatment.

VS-7375 First-line mPDAC Phase 3 Trial

Verastem has reached alignment with the U.S. Food and Drug Administration (FDA) on the Phase 3 study design to evaluate VS-7375 in the first-line mPDAC setting. The three-arm study will evaluate a chemotherapy-free regimen of VS-7375 900 mg QD in combination with anti-EGFR, VS-7375 at 900 mg QD in combination with conventional three weeks on and one week off gemcitabine/nab-paclitaxel (GnP), and investigator choice of SoC chemotherapy (GnP or modified FOLFIRINOX). PFS and ORR will serve as dual-primary endpoints, with OS as the secondary endpoint. The Company plans to open the trial by year-end 2026.

“The clinical activity observed with VS-7375 is complemented by striking molecular responses in patients with pancreatic cancer, including deep reductions in KRAS G12D variant allele frequency and ctDNA clearance in more than half of the evaluable patients,” said Manuel Hidalgo, M.D., Ph.D., director of the Gastrointestinal Cancer Center at New York University (NYU) Langone Health and a professor of medicine at NYU Grossman School of Medicine. Dr. Hidalgo is an investigator in the ongoing Phase 1 and Phase 2 trials evaluating VS-7375. “These molecular data provide additional evidence of the meaningful biological activity of VS-7375. Equally important, its tolerability profile provides a promising foundation for evaluation of VS-7375 in combination regimens and earlier treatment settings.”

VS-7375 in mCRC

Initial data demonstrated encouraging antitumor activity in patients with mCRC in the 3L treatment setting. Efficacy was assessed in the mITT population, defined as any patient that received at least one dose of VS-7375 and started therapy on or before July 22, 2026. A total of six patients met the mITT criteria, with one patient not evaluable for efficacy due to withdrawing consent prior to first disease assessment. Patients had received a median of two prior lines of SoC therapy (range 2–3).

As of the data cutoff date of October 7, 2026, with a median follow up of 6.1 (0.4-7.0) months, patients receiving 900 mg QD in combination with anti-EGFR achieved a 33% ORR (2/6; with one confirmed and one unconfirmed response) in the 3L+ setting with five patients remaining on treatment.

At 600 mg in combination with anti-EGFR (n=24 mITT), four patients achieved objective responses, including three confirmed responses and one unconfirmed response with 14 patients remaining on treatment. Compared with the combination of 600 mg VS-7375 with anti-EGFR, the 900 mg combination produced deeper tumor reductions. Patients are being enrolled at the 900 mg QD dose level in the TARGET-D 203 Phase 2 registration-directed 2L mCRC trial.

VS-7375 in Advanced NSCLC

The initial data demonstrated robust confirmed responses of VS-7375 600 mg QD in patients with NSCLC being treated in the 2L+ setting. Efficacy was assessed in the mITT population, defined as any patient that received at least one dose of VS-7375 and started therapy on or before July 22, 2026. A total of 23 patients met the mITT criteria and were included in the efficacy analysis. Patients received a median of one prior line of therapy (range 1-3) with SoC chemotherapy and immunotherapy.

As of the data cutoff date of October 7, 2026, with a median follow up of 4.4 months (2.4-12.4), in patients treated with VS-7375 600 mg QD monotherapy, the confirmed ORR was 43% (10/23) in 2L+ NSCLC. Responses were observed as early as the first post-baseline scan at six weeks. The six-month landmark PFS rate was 72%, with the majority of patients (17/23) remaining on treatment. The 900 mg QD dose level is currently being evaluated in the TARGET-D 202 Phase 2 registration-directed advanced NSCLC trial.

The Company shared preliminary data for VS-7375 600 mg that demonstrates early antitumor activity with 1L triplet SoC (chemotherapy and immunotherapy) supporting the combination potential in this treatment setting. A total of eight patients met the mITT criteria, which was defined as any patient who received at least one dose of VS-7375 and started therapy on or before July 22, 2026, and were included in the efficacy analysis. One patient withdrew consent before the first post-baseline disease assessment, which was likely triggered by an infusion-related reaction to pembrolizumab.

As of the data cutoff of October 7, 2026, with a median follow-up of 4.4 (0.9-5.8) months, patients treated with VS-7375 600 mg QD in combination with carboplatin, pemetrexed plus pembrolizumab or with pembrolizumab achieved a 75% ORR (6/8) in 1L KRAS G12D adenocarcinoma of the lung. Six patients remain on therapy. After clearing VS-7375 600 mg dose level with SoC and no dose-limiting toxicities in September 2026, evaluation of VS-7375 900 mg plus SoC is ongoing.

Biomarker Data in NSCLC

Among five evaluable patients with KRAS G12D-mutant advanced NSCLC who received VS-7375 600 mg monotherapy in the second or later line

setting and had detectable KRAS G12D ctDNA at baseline, all patients (5/5) achieved complete clearance of detectable KRAS G12D ctDNA. This shows KRAS G12D VAF can be cleared even at the 600 mg dose.

Updated Safety & Tolerability of VS-7375 Monotherapy and in Combination

Across monotherapy and combination cohorts in TARGET-D 101, VS-7375 continued to demonstrate a favorable and manageable safety profile at both the 600 mg and 900 mg dose level, consistent with prior observations and supported by increasing patient exposure and longer follow-up.

As of the September 29, 2026, data cutoff, VS-7375 monotherapy demonstrated a favorable and manageable safety profile at 900 mg QD across different KRAS G12D driven tumor types (n=48):

- The discontinuation rate due to adverse events (AEs) was 2%.
- VS-7375 at 900 mg had a favorable relative dose intensity level of 97% (median IQR 87-100%).
- Treatment-related adverse events (TRAEs) at 900 mg were primarily low-grade nausea, vomiting and diarrhea.
- Twenty-five percent of patients had no gastrointestinal (GI) AEs at the start of the first cycle and by month six approximately 40% of patients had no GI AEs. The vast majority of the GI side effects were effectively managed with standard supportive care measures, with only one reported Grade 3 case of nausea at the 900 mg QD dose that resolved in four days following optimization of anti-emetic agents.
- Grade 3 TRAEs occurred in 10% of patients and only 2% of patients experienced any Grade 3 GI TRAE.
- The limited dose-response relationship observed for GI AEs is consistent with a localized irritant effect rather than systemic toxicity.
- There were only two cases of rash, no greater than Grade 2, at the 900 mg QD dose. There were no cases of mucositis or stomatitis, toxicities commonly associated with panRAS inhibitors.
- Importantly, no clinically meaningful cytopenias or liver function abnormalities were reported.
- Emerging longer-term follow-up data are encouraging, with no clinically significant cumulative toxicities observed to date and since the June 23, 2026, update.

VS-7375 Safety with SoC Across Tumor Types

VS-7375 demonstrated consistent tolerability across combination regimens. In combination with cetuximab at 600 mg (n=41) and 900 mg (n=11), no overlapping AEs with anti-EGFR therapy were observed, and rash was consistent with the known cetuximab safety profile. In combination with GnP at 600 mg (n=13) and 900 mg (n=8), hematologic AEs and neuropathy were considered most likely attributable to GnP. With appropriate antiemetic prophylaxis, GI AE rates in the GnP and carboplatin pemetrexed and pembrolizumab combinations at 600 mg (n=9) were comparable to VS-7375 monotherapy. To date, in a limited number of patients, the frequency and severity of liver function test elevations and diarrhea in the carboplatin pemetrexed and pembrolizumab combinations have not differed meaningfully, with overall tolerability and activity remaining favorable.

"We designed our development strategy for VS-7375 around the hypothesis that deep and sustained inhibition of KRAS G12D could translate into meaningful clinical activity while maintaining the tolerability needed for long-term use and combination therapy," said Daniel Paterson, president and chief executive officer at Verastem Oncology. "The PK and biomarker data support the target coverage and antitumor activity observed to date, which bolster our belief of the role VS-7375 will have in pancreatic cancer and other KRAS G12D-driven cancers and its potential to improve upon existing standard-of-care and RAS therapies."

Expected Key Milestones:

- Plan to report mature data from the TARGET-D 101 mCRC 900 mg combination with anti-EGFR cohort and initial data from the 600 mg VS-7375 plus cetuximab combination cohort in mPDAC by year-end 2026.
- Plan to meet with the FDA before the end of the year to review Phase 3 pivotal trial designs in 1L mCRC (TARGET-D 303) and 1L advanced NSCLC (TARGET-D 302).
- Plan to open the TARGET-D 301 1L mPDAC trial by year-end 2026. Plan to enroll the first patient in the CRC and NSCLC Phase 3 pivotal trials in the first half of 2027.
- Expect to report initial data from the 1L mPDAC combination with GnP in Q1 2027.
- Expect to complete enrollment in the TARGET-D 201 (PDAC) and 203 (CRC) Phase 2 trials by the end of 2026; TARGET-D 202 (NSCLC) expected in Q2 2027.
- Plan to report initial data from Phase 2 TARGET-D 201 2L PDAC in Q2 2027; expect to report initial data from the Phase 2 TARGET-D 202 2L NSCLC and TARGET-D 203 2L CRC trials in the 2H of 2027.

Webcast Information

On Oct. 14th at 8:00 a.m. ET, a live audio webcast of the call, along with accompanying slides, will be available under "Events & Presentations" in the Investor section of the Company's website, <https://investor.verastem.com/events>. A replay of the webcast will be archived and available following the event.

About KRAS G12D

KRAS G12D represents 26% of all KRAS mutations, making it the most prevalent KRAS mutation in human cancers. When the KRAS gene is mutated, it can promote cancer development and growth. Patients with KRAS G12D-mutant tumors often have poorer outcomes, underscoring the need for therapies designed specifically to inhibit this mutation potently and for a long duration. The KRAS G12D mutation occurs most commonly in pancreatic (40%), colorectal (15%), endometrial (8%), biliary tract (7-15%), and non-small cell lung (5%) cancers. Currently, no therapies are approved by the U.S. Food and Drug Administration (FDA) specifically targeting KRAS G12D mutations in cancer.

About VS-7375, an Oral KRAS G12D (ON/OFF) Inhibitor & TARGET-D Clinical Program

[VS-7375](#) is a potential best-in-class, potent, and selective investigational oral KRAS G12D dual ON/OFF inhibitor. It is designed to uniquely bind to both the active (ON) and inactive (OFF) states of KRAS G12D, with the potential to inhibit KRAS G12D signaling and tumor growth more completely than compounds that block KRAS G12D only in the OFF state or only in the ON state.

[In June 2025](#), Verastem initiated TARGET-D 101, a Phase 1/2 dose escalation, dose expansion, and combination clinical trial evaluating the safety and efficacy of VS-7375 in patients with advanced KRAS G12D mutant solid tumors. Verastem has further expanded the VS-7375 clinical program with the initiation of three Phase 2 registration-directed, open-label clinical trials: TARGET-D 201 ([NCT07644559](#)) in second-line advanced or metastatic pancreatic ductal carcinoma, TARGET-D 202 ([NCT07659782](#)) in second/third-line advanced or metastatic non-small cell lung cancer, and TARGET-D 203 ([NCT07659795](#)) in metastatic colorectal cancer. On [June 16, 2026](#), the first patient was dosed in the TARGET-D 201 trial.

[In July 2025](#), the U.S. Food and Drug Administration (FDA) granted Fast Track Designation (FTD) to VS-7375 for the first-line treatment of patients with KRAS G12D-mutated locally advanced or metastatic adenocarcinoma of the pancreas and for the treatment of patients with KRAS G12D-mutated locally advanced or metastatic pancreatic ductal carcinoma who have received at least one prior line of standard systemic therapy. [In June 2026](#), the FDA also granted FTD to VS-7375 for the treatment of adult patients with KRAS G12D-mutated unresectable locally advanced or metastatic non-small cell lung cancer (NSCLC) who have received platinum-based chemotherapy and an anti-PD-(L)1 antibody either concurrently or sequentially.

[In December 2023](#), Verastem selected VS-7375 as its lead program from its collaboration with GenFleet Therapeutics, which aims to advance three oncology discovery programs related to RAS/MAPK pathway-driven cancers. The collaboration provides Verastem with an exclusive option to obtain a license for each of the three compounds in the collaboration after the successful completion of pre-determined milestones in a Phase 1 trial. [In January 2025](#), Verastem exercised its license for VS-7375. The licenses would give Verastem development and commercialization rights outside the GenFleet markets of mainland China, Hong Kong, Macau, and Taiwan. GenFleet is developing VS-7375 as GFH375 in China.

About Verastem Oncology

Verastem Oncology (Nasdaq: VSTM) is a biopharmaceutical company committed to developing and commercializing new medicines to improve the lives of patients diagnosed with RAS/MAPK pathway-driven cancers. Verastem markets AVMAPKI® FAKZYNJA® CO-PACK in the U.S. Our pipeline is focused on novel small molecule drugs that inhibit critical signaling pathways in cancer that promote cancer cell survival and tumor growth, including RAF/MEK inhibition, FAK inhibition, and KRAS G12D inhibition. For more information, please visit www.verastem.com and follow us on [LinkedIn](#).

Forward-Looking Statements

This press release includes forward-looking statements. These forward-looking statements generally can be identified by the use of words such as "anticipate," "expect," "plan," "could," "may," "believe," "estimate," "forecast," "goal," "potential," "project," and other words of similar meaning. Such forward-looking statements address various matters about, among other things, Verastem Oncology's programs and product candidates, strategy, future plans and prospects, including statements related to the potential for and timing of commercialization of product candidates, the anticipated timing for any amendments to the IND application for VS-7375/GFH375, the expected outcome and benefits of the Company's collaboration with GenFleet Therapeutics (Shanghai), Inc., the timing of commencing and completing trials and compiling data, the expected timing of the presentation of data by the Company, the potential clinical value of various of the Company's clinical trials, and the ability of the Company to raise sufficient capital to fund its development activities. Each forward-looking statement contained in this press release is subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statement. Applicable risks and uncertainties include, among others: the uncertainties inherent in research and development, such as the possibility of negative or unexpected results of clinical trials; that we may not see a return on investment on the payments we have and may continue to make pursuant to the collaboration and option agreement with GenFleet, or that GenFleet may fail to fully perform under the agreement; that we may not be successful in our continued commercialization of AVMAPKI FAKZYNJA CO-PACK; that the development and commercialization of our product candidates may take longer or cost more than planned, including as a result of conducting additional studies or our decisions regarding execution of such commercialization; that data may not be available when expected; that preclinical studies and any positive preliminary, initial "top-line," and interim data from our clinical trials of our product candidate may not necessarily be predictive of the results of ongoing or later clinical trials; risks associated with the regulatory and policy actions proposed and enacted by the current U.S. presidential administration that may adversely affect our business; risks associated with the current administration's reductions to the FDA's workforce and any subsequent reductions that may lead to disruptions and delays in the FDA's review and oversight of our product candidates and impact the FDA's ability to provide timely feedback on our development programs; that our product candidates may not receive regulatory approval, become commercially successful products, or result in new treatment options being offered to patients; and the risks identified under the heading "Risk Factors" as detailed in the Company's Annual Report on Form 10-K for the year ended December 31, 2025, as filed with the Securities and Exchange Commission (SEC) on March 4, 2026, the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2026, as filed with the SEC on August 6, 2026, as well as the other information we file with the SEC, are possibly realized. We caution investors not to place considerable reliance on the forward-looking statements contained in this press release. You are encouraged to read our filings with the SEC, available at www.sec.gov, for a discussion of these and other risks and uncertainties. The forward-looking statements in this press release speak only as of the date of this press release, and we undertake no obligation to update or revise any of these statements. Our business is subject to substantial risks and uncertainties, including those referenced above. Investors, potential investors, and others should give careful consideration to these risks and uncertainties.

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