UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K
CURRENT REPORT

Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of report (Date of earliest event reported): **October 17, 2024**

Verastem, Inc.
(Exact Name of Registrant as Specified in Charter)

Delaware	**001-35403**	**27-3269467**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

117 Kendrick Street, Suite 500, Needham, MA	**02494**
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: **(781) 292-4200**

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common stock, $0.0001 par value per share	VSTM	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On October 17, 2024, Verastem, Inc. (the "Company" or "Verastem") presented updated, mature data from the ongoing Phase 2 RAMP 201 (ENGOTov60/GOG3052) ("RAMP 201") clinical trial evaluating the combination of avutometinib, an oral RAF/MEK clamp, and defactinib, an oral, selective focal adhesion kinase (FAK) inhibitor, in patients with recurrent low-grade serous ovarian cancer at the International Gynecologic Cancer Society ("IGCS") 2024 Annual Meeting in Dublin, Ireland. The Company posted the IGCS presentation on its website, a copy of which is furnished hereto as Exhibit 99.1 to this Current Report on Form 8-K.

On October 17, 2024, the Company also posted a presentation to its website, which the Company intends to use during its previously announced investor conference call and webcast to review the mature data from the RAMP 201 trial on October 17, 2024, at 4:30 p.m. Eastern Time. A copy of the presentation is furnished hereto as Exhibit 99.2 to this Current Report on Form 8-K.

Item 8.01 Other Events.

On October 17, 2024, the Company issued a press release announcing the mature data from the RAMP 201 trial and providing an update on the status of the associated rolling submission of a new drug application to the U.S. Food and Drug Administration. A copy of this press release is filed hereto as Exhibit 99.3 to this Current Report on Form 8-K.

Item 9.01. Financial Statements and Exhibits

Exhibit No.	Description
99.1	IGCS Presentation, dated October 17, 2024
99.2	Investor Presentation, dated October 17, 2024
99.3	Press Release, dated October 17, 2024 relating to Verastem's RAMP 201 Trial Data
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

VERASTEM, INC.

Dated: October 17, 2024

By: /s/ Daniel W. Paterson
Daniel W. Paterson
President and Chief Executive Officer

IGCS 2024
Annual Global Meeting
DUBLIN

Efficacy and Safety of Avutometinib ± Defactinib in Recurrent Low-Grade Serous Ovarian Cancer: Primary Analysis of ENGOT-OV60/GOG-3052/RAMP 201

ENGOT
European Network of Gynaecological Oncological Trial groups

GOG FOUNDATION®

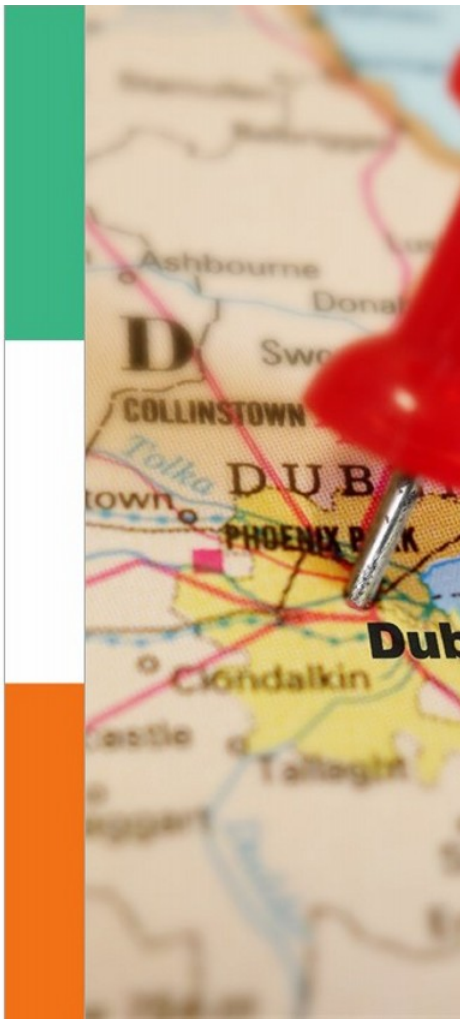
GTG-UK

Susana N. Banerjee, Carol Aghajanian, Els Van Nieuwenhuysen, Alessandro D. Santin, Kari L. Ring, Nicoletta Colombo, Premal H. Thaker, Emily N. Prendergast, Kathleen N. Moore, Hye Sook Chon, Andrew R. Clamp, David M. O'Malley, Bradley J. Monk, Alfonso Cortés Salgado, Michel Fabbro, Elsa Kalbacher, Toon Van Gorp, Stephanie Lustgarten, Hagop Youssoufian, Rachel N. Grisham

IGCS INTERNATIONAL GYNECOLOGIC CANCER SOCIETY

In Collaboration With

Fáilte Ireland



Disclosure

	No, nothing to disclose
x	Yes, please specify:

Company Name	*Honoraria/ Expenses*	*Consulting/ Advisory Board*	*Funded Research*	*Royalties/ Patent*	*Stock Options*	*Ownership/ Equity Position*	*Employee*
AbbVie, AstraZeneca, BioNTech, Eisai, Gilead, GlaxoSmithKline, Immunogen, Incyte, ITM Oncologics, Merck Sharpe Dohme, Mersana, Myriad, Oncxerna, Pharma&, Seagen, Verastem, Zymeworks		X					
AbbVie, AstraZeneca, GlaxoSmithKline, Immunogen, Merck Sharpe Dohme, Mersana, Takeda, Verastem	X						
Institution AstraZeneca, GlaxoSmithKline, Verastem (PI)			X				

New Treatment Options Are Needed for Patients With LGS

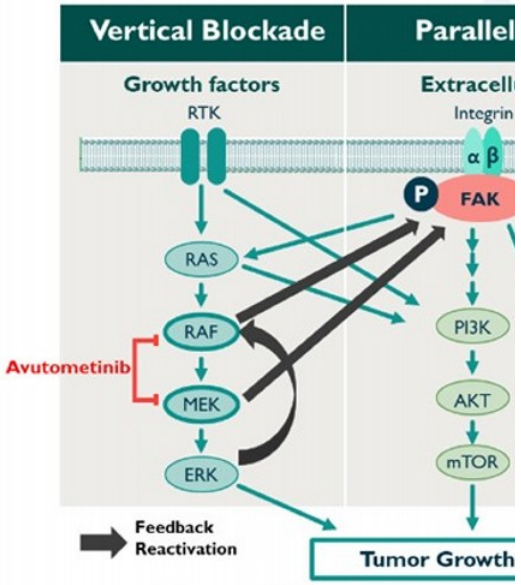
- LGSOC is a rare, histopathologically, molecularly, and clinically distinct cancer accounting for <10% of epithelial ovarian cancers[1,2]
- LGSOC is commonly driven by alterations in the RAS/MAPK pathway, including KRAS mutations, which in approximately 30% of patients[3,4]
- Molecular alterations may influence patient outcomes
  - KRAS mutations/MAPK alterations are associated with improved prognosis[1,5,6]
- Chemotherapy options have shown limited efficacy in LGSOC (ORR 0%–13%)[5,7]
- Response rates of 26% and 16% were observed with trametinib and binimetinib, respectively, but with discontinuation rates of 36% and 31% due to toxicity[5,7]

KRAS, kirsten rat sarcoma virus; LGSOC, low-grade serous ovarian cancer; MAPK, mitogen-activated protein kinase; ORR, objective response rate.

1. Grisham RN, et al. *Int J Gynecol Cancer*. 2023;33(9):1331-1344; **2**. Matsuo K, et al. *J Gynecol Oncol*. 2018;29(1a):e15; **3.** Manning-Geist B, et al. *Clin Cancer Res*. 2022;28(20)4456-4465; **4**. ElNaggar A, et al. *Gynecol* 2022;167(2):306-313; **5**. Gershenson DM, et al. *Lancet*. 2022;399(10324):541-553; **6**. Manning-Geist BL, et al. *Clin Adv Hematol Oncol*. 2024:22(5):205-226; **7**. Monk BJ, et al. *J Clin Oncol*. 2020;38(32):3753-3762.

Avutometinib and Defactinib Mechanism of Action

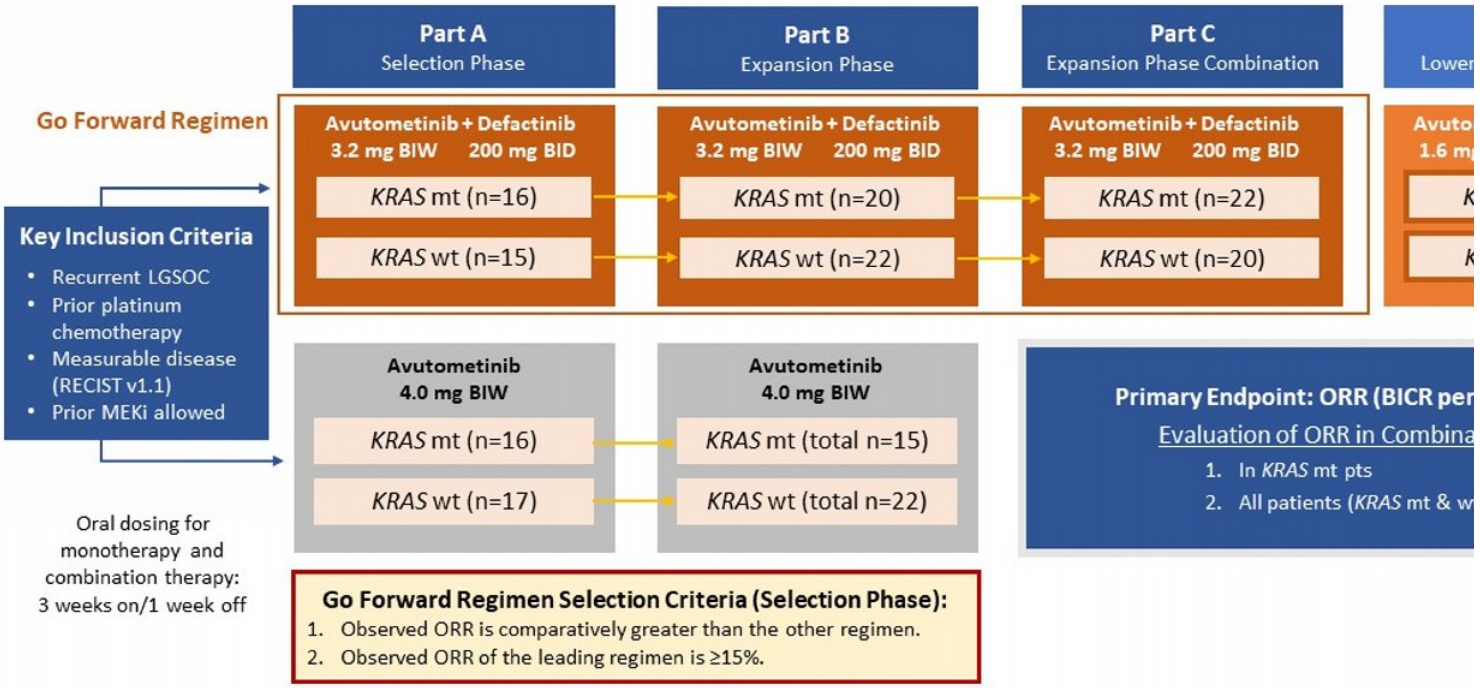
- **Avutometinib** is a first-in-class oral RAF/MEK clamp that potently inhibits MEK while also blocking the compensatory reactivation of MEK by upstream RAF[1,2]
- **Defactinib** is a selective inhibitor of FAK, a key adaptive resistance mechanism to the RAS/MAPK pathway[3-5]
- The clinical activity of avutometinib + defactinib demonstrated in the phase 1 FRAME study (NCT03875820) led to FDA Breakthrough Therapy Designation and rationale for the phase 2 ENGOT-ov60/GOG-3052/RAMP 201 (NCT04625270) study[6,7]



ERK; extracellular signal-regulated kinase; FAK, focal adhesion kinase; KRAS, kirsten rat sarcoma virus; LGSOC, low-grade serous ovarian cancer. MAPK, mitogen-activated protein kinase; MEK, mitogen-activated extracellular signal-regulated kinase; mTOR, mammalian target of rapamycin; P, phosphate; PI3K, phosphatidylinositol 3-kinase; RAF, rapidly accelerated fibrosarcoma; RAS, rat sarcoma v RhoA, Ras homolog family member A; RTK, receptor tyrosine kinase; YAP, Yes-associated protein.

1. Lito P, et al. *Cancer Cell*. 2014;25(5):697-710; **2**. Gonzalez-Del Pino GL, et al. *Proc Natl Acad Sci U S A*. 2021;118(36):e2107207118; **3**. Dawson JC, et al. *Nat Rev Cancer*. 2021;21:313-324; **4**. Shinde R, et al. *Cancer* 16):CT143; **5**. Kang Y, et al. *J Natl Cancer Inst*. 2013;105(19):1485-1495; **6**. Banerjee S, et al. *Ann Oncol*. 2021;32(suppl 5):S728; **7**. Verastem Oncology. Press Release: Verastem Oncology Receives Breakthrough Th 6766 with Defactinib in Recurrent Low-Grade Serous Ovarian Cancer. May 24, 2021. Accessed September 28, 2023. https://investor.verastem.com/node/12421/pdf.

ENGOT-ov60/GOG-3052/RAMP 201: Registration-Directed Phase 2 of Avutometinib ± Defactinib in Patients With Recurrent LGSC



Numbers represent patients treated on study.

BICR, blinded independent central review; BID, twice daily; BIW, twice weekly; KRAS, kirsten rat sarcoma virus; LGSOC, low-grade serous ovarian cancer; MEKi, mitogen-activated protein kinase kinase inhibi
pts, patients; ORR, objective response rate; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; wt, wild type.

ClinicalTrials.gov identifier: N

Baseline Characteristics: Parts A, B, and C

	Avutometinib + Defactinib 3.2 mg BIW + 200 mg BID 3 weeks on/1 week off			Avutometinib Monotherap 4.0 mg BIW 3 weeks on/1 week off		
	All patients N=115	KRAS mt N=58	KRAS wt N=57	All patients N=70	KRAS mt N=31	K
Age, median (min, max), y	54 (21, 87)	60 (29, 87)	45 (21, 80)	54 (21, 77)	57 (27, 74)	48
ECOG PS, n (%) 0	78 (68)	42 (72)	36 (63)	50 (71)	19 (61)	3
1	37 (32)	16 (28)	21 (37)	20 (29)	12 (39)	
# of prior systemic regimens, median (min, max)	3 (1, 9)	3 (1, 9)	3 (1, 9)	3 (1, 10)	3 (1, 10)	3
Prior platinum-based chemotherapy, n (%)*	114 (99)	58 (100)	56 (98)	69 (99)	30 (97)	3
Prior hormonal therapy, n (%)	99 (86)	49 (84)	50 (88)	58 (83)	25 (81)	3
Prior bevacizumab, n (%)	59 (51)	23 (40)	36 (63)	34 (49)	17 (55)	1
Prior MEK inhibitor therapy, n (%)	25 (22)	12 (21)	13 (23)	18 (26)	8 (26)	1

Avutometinib + defactinib group: 77% of patients were White; 4% Asian; 4% Black or African American; 4% other; 11% not reported
Avutometinib monotherapy group: 85% of patients were White; 3% Asian; 3% Black or African American; 2% other; 1% unknown; 7%

EU / US patients: 47% / 53% in the avutometinib + defactinib group, and 39% / 61% in the avutometinib monotherapy group

*2 pts without prior platinum received anastrazole only (1 in the monotherapy and 1 in combination arm)
BID, twice daily; BIW, twice weekly; ECOG PS, Eastern Cooperative Oncology Group performance status; KRAS, kirsten rat sarcoma virus; MEK, mitogen-activated protein kinase kinase; mt, mutant; wt, wild t

Patient Disposition: Parts A, B, and C

- Median follow-up in the combination group = 13.6 months (range, 1.4–39.5)
- In the combination group, mean relative dose intensity of 0.84 for avutometinib and 0.77 for defactin

	Avutometinib + Defactinib 3.2 mg BIW + 200 mg BID 3 weeks on/1 week off			Avutometinib Monotherap 4.0 mg BIW 3 weeks on/1 week off		
	All patients	KRAS mt	KRAS wt	All patients	KRAS mt	K
Patients treated	115	58	57	70	31	
Patients on treatment, n (%)	32 (28)	24 (41)	8 (14)	10 (14)	8 (26)	
Patients discontinued treatment, n (%)	83 (72)	34 (59)	49 (86)	60 (86)	23 (74)	
Primary reason for discontinuation						
RECIST v1.1 disease progression	46 (40)	18 (31)	28 (49)	33 (47)	14 (45)	
Adverse event/unacceptable toxicity	12 (10)	4 (7)	8 (14)	11 (16)	4 (13)	
Withdrawal of informed consent	10 (9)	4 (7)	6 (11)	6 (9)	3 (10)	
Other*	10 (9)	5 (9)	5 (9)	4 (6)	2 (6)	
Clinical deterioration	5 (4)	3 (5)	2 (4)	5 (7)	0	
Death	0	0	0	1 (1)	0	

Discontinuations due to AEs/unacceptable toxicity were reported in 10% of patients in the avutometinib + defactinib

Visit cutoff date: 30 June 2024

*Other includes: clinical progression (n=8) and progression confirmed by biopsy/pathology report, progression by confirmation of cytology from pleural effusion showing malignant etiology, debulking surge noncompliance, patient withdrawal with agreement to follow-up, physician decision (1 each).

AE, adverse event; BID, twice daily; BIW, twice weekly; KRAS, kirsten rat sarcoma virus; mt, mutant; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; wt, wild type.

Response Rate and Duration of Response: Parts A, B, an

In the avutometinib + defactinib combination group

- **RECIST 1.1 Objective Response Rate by BICR (primary endpoint):**
  - **31% overall; 44% KRAS mt, 17% KRAS wt**
  - **33% without prior MEKi, 24% with prior MEKi**
- **Median time to response: 3.7 months (range, 1.7**
- **Median duration of response: 31.1 months (95% C**

	Avutometinib + Defactinib 3.2 mg BIW + 200 mg BID 3 weeks on/1 week off			Avutometinib Monothera 4.0 mg BIW 3 weeks on/1 week of		
	All patients N=109	KRAS mt N=57	KRAS wt N=52	All patients N=69	KRAS mt N=30	
Confirmed* ORR, n (%)	**34 (31)**	**25 (44)**	**9 (17)**	12 (17)	7 (23)	
CR	2 (2)	2 (4)	0	1 (1)	1 (3)	
PR	32 (29)	23 (40)	9 (17)	11 (16)	6 (20)	
DOR, median (95% CI), mo	31.1 (14.8, 31.1)	31.1 (14.8, 31.1)	9.2 (5.5, NE)	NE‡	NE‡	
SD,† n (%)	62 (57)	28 (49)	34 (65)	43 (62)	17 (57)	
PD, n (%)	9 (8)	2 (4)	7 (13)	7 (10)	3 (10)	
Not evaluable, n (%)	4 (4)	2 (4)	2 (4)	7 (10)	3 (10)	

Efficacy evaluable population includes patients who received at least one dose of study drug and had measurable disease at baseline by BICR.
Patients not evaluable for response did not have a postbaseline assessment but are included in the denominator for the efficacy evaluable population.

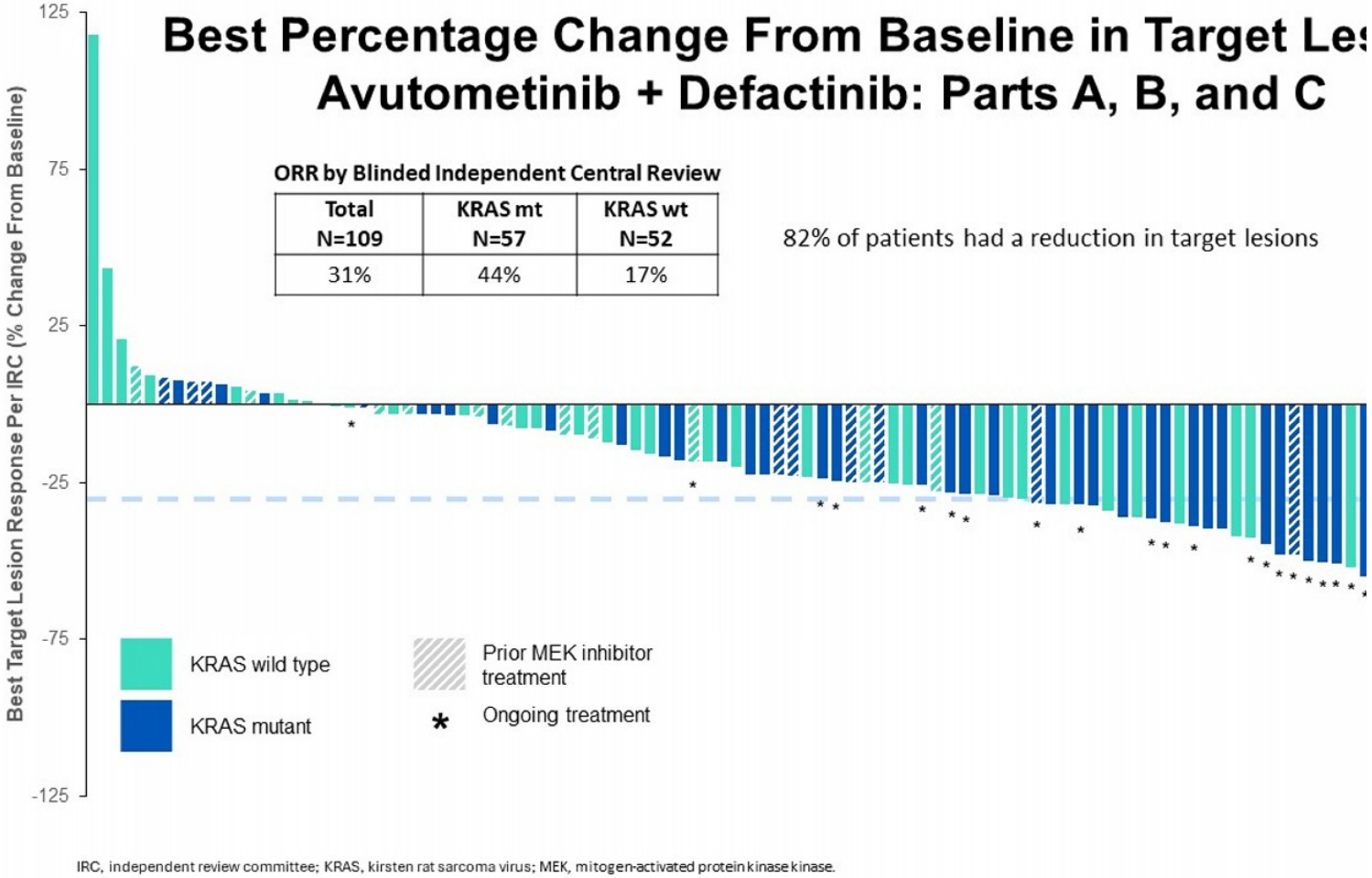
*By BICR. †Includes unconfirmed PR; SD (or unconfirmed PR) must occur ≥53 days after first dose date. ‡NE = Could not be estimated based on number of patients with loss of response.
BICR, blinded independent central review; BID, twice daily; BIW, twice weekly; CR, complete response; DOR, duration of response; KRAS, kirsten rat sarcoma virus; MEK, mitogen-activated protein kinase kina
mt, mutant; ORR, objective response rate; PD, progressive disease; PR, partial response; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; SD, stable disease; wt, wild type.

Best Percentage Change From Baseline in Target Les
Avutometinib + Defactinib: Parts A, B, and C

ORR by Blinded Independent Central Review

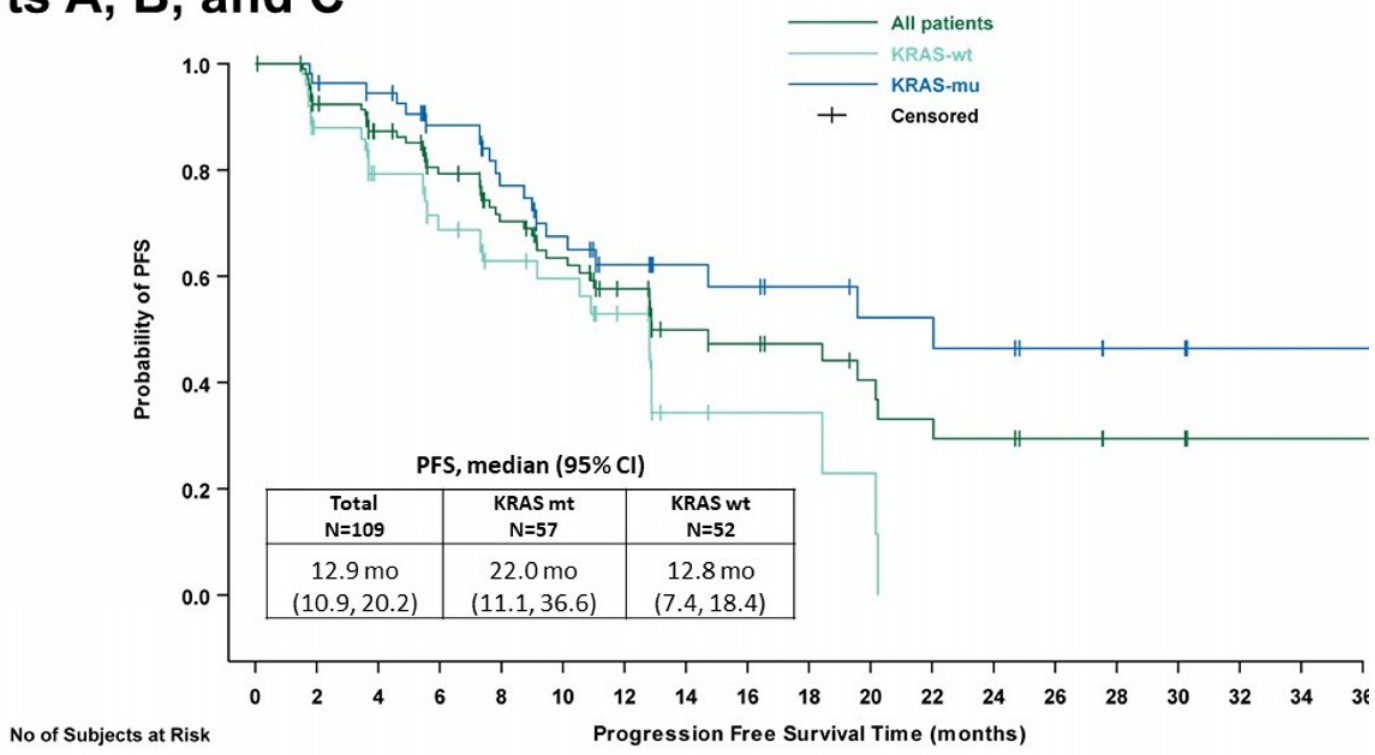
Total N=109	KRAS mt N=57	KRAS wt N=52
31%	44%	17%

82% of patients had a reduction in target lesions



IRC, independent review committee; KRAS, kirsten rat sarcoma virus; MEK, mitogen-activated protein kinase kinase.

Progression-Free Survival: Avutometinib + Defactinib: Parts A, B, and C



No of Subjects at Risk

All patients	109	94	81	66	53	45	32	19	17	15	11	9	8	6	3	3	1	1	1
KRAS-wt	52	41	32	25	20	18	13	4	3	3	2	0							
KRAS-mu	57	53	49	41	33	27	19	15	14	12	9	9	8	6	3	3	1	1	1

KRAS, kirsten rat sarcoma virus; mt, mutant; PFS, progression-free survival; wt, wild type.

Adverse Events Profile for Avutometinib + Defactinib: Parts A, B, and C

- 80% (92/115) of patients had AEs leading to **dose interruption**
  - 38% (44/115) for elevations in CPK
- 36.5% (42/115) of patients had AEs leading to **dose reduction**
- 10% (12/115) of patients **discontinued for AEs;** most common increased CPK (n=4)
- 7% (8/115) of patients had **serious AEs** considered by the investigator to be related to study treatment: the only event occurring in more than 1 patient was abdominal pain
- 4 **deaths** (within 30 days of discontinuation): GI hemorrhage, large intestine perforation, clinical progression, clinical deterioration (none considered related to study treatment)

Treatment-Related Adverse Events (>20% of patients)* n (%)	Avutometini 3.2 mg BIW 3 weeks or N=
Preferred term	**All Grades**
Non-laboratory AEs	
Nausea	77 (67.0)
Diarrhea	67 (58.3)
Oedema peripheral	61 (53.0)
Fatigue	50 (43.5)
Vomiting	49 (42.6)
Vision blurred	47 (40.9)
Rash	41 (35.7)
Dermatitis acneiform	39 (33.9)
Dry skin	30 (26.1)
Anemia	26 (22.6)
Laboratory-related AEs	
Increased blood CPK	69 (60.0)
Increased blood bilirubin increased/ hyperbilirubinemia	38 (33.0)
AST increased	36 (31.3)

*Most common adverse events (preferred term) considered by the investigato (either avutometinib or defactinib).

AE, adverse event; AST; aspartate aminotransferase; BID, twice daily; BIW, twice weekly; CPK, creatine phosphokinase; GI, gastrointestinal.

Adverse Events Profile for Avutometinib + Defactinib: Parts A, B, and C

Adverse events of interest that have been associated with MEK inhibitors

Treatment-Related Adverse Events, n (%)*	Avutometinib + Defactinib 3.2 mg BIW + 200 mg BID 3 weeks on/1 week off N=115	
Preferred term	**All Grades**	**Grade ≥3**
Ocular events		
Blurred vision	47 (40.9)	0
Visual impairment	7 (6.1)	0
Retinal pigment epithelial detachment	6 (5.2)	0
Retinal detachment	4 (3.5)	0
Serous retinal detachment	2 (1.7)	0
Serous retinopathy	2 (1.7)	0
Retinopathy	2 (1.7)	0
Retinal vein occlusion	1 (0.9)	0
Pneumonitis	1 (0.9)	0
Hypertension	4 (3.5)	1 (0.9)
Ejection fraction decreased	1 (0.9)	0
Congestive heart failure	0	0

*Adverse events (preferred term) considered by the investigator to be related to study drug (either avutometinib or defactinib).

BID, twice daily; BIW, twice weekly; MEK, mitogen-activated protein kinase kinase.

Low-Dose Avutometinib Evaluation: Part D

- The **low-dose regimen** of avutometinib (1.6 mg BIW) + defactinib (200 mg BID) evaluated in Part D was determir **suboptimal** based on the predefined analysis
  - Suboptimal threshold: disease progression by second scheduled assessment (Cycle 5 Day 1) >50% higher th observed with avutometinib 3.2 mg BIW + defactinib

IRC Assessment	Avutometinib 3.2 mg + 200 mg Defactinib 3 weeks on/1 week off N=109	Avutometinib 1.6 mg + 200 mg Defactinib 3 weeks on/1 week off N=23	% D
RECIST v1.1 progressive disease within 4 months	13 (12%)	5 (22%)	

- Therefore, the low-dose regimen will not be pursued as a starting dose in the treatment of recurrent LGSOC

BID, twice daily; BIW, twice weekly; IRC, independent review committee; LGSOC, low-grade serous ovarian cancer; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1.

Summary and Conclusions

- In women with recurrent LGSOC with few available treatment options, the combination of avutometinib 3.2
  defactinib 200 mg BID resulted in clinically meaningful responses, duration of response, and progression-fre
  - **ORR:** 31% overall; 44% in KRAS mt and 17% in KRAS wt
  - **Median DOR:** 31 months overall
  - **Median PFS**: 12.9 months overall; 22.0 months in KRAS mt and 12.8 months in KRAS wt
- The safety profile of the combination was consistent with previous reports
  - The majority of adverse events were grade 1 and 2
  - The majority of adverse events were managed with dose interruptions and reductions
  - Discontinuation rate of 10% for adverse events
- These data support the potential for avutometinib + defactinib as a new standard of care for recurrent LGS
  regardless of KRAS status

A phase 3 trial (GOG-3097/ENGOT-OV81/NCRI/RAMP 301) comparing avutometinib + defactinib to investigator's choice of therapy in recurrent LGSOC is enrolling

BID, twice daily; BIW, twice weekly; DOR, duration of response; KRAS, kirsten rat sarcoma virus; LGSOC, low-grade serous ovarian cancer; mt, mutant; ORR, objective response rate; PFS, progression-free survi

We thank the patients and their families, the trial teams at the participating centers, ENGOT, and GOG for supporting this study

United Kingdom (GTG-UK)
Royal Marsden NHS Foundation Trust (Susana Banerjee)
Beatson West of Scotland Cancer Centre (Rosalind Glasspool)
The Christie NHS Foundation Trust (Andrew Clamp)
UCLH Cancer Clinical Trials Unit (Rowan Miller)
Western General Hospital (Charlie Gourley)
Belgium (BGOG)
CHU de Liège (Christine Gennigens)
UZ Gent Medische Oncologie (Hannelorre Denys)
UZ Leuven (Els Van Nieuwenhuysen and Toon Van Gorp)
France (GINECO)
Centre Leon Berard (Isabelle Ray-Coquard)
Hospital Jean Minjoz (Elsa Kalbacher)
ICM Vall d'Aurelle (Michel Fabbro)
Institut Curie (Manuel Rodrigues)
Italy (MaNGO)
Instituto Europeo di Oncologia IRCCS (Nicoletta Colombo)
UOC Oncologia 2, Istituto Oncologico Veneto IRCCS (Valentina Guarneri)
Spain (GEICO)
Hospital Clínico Universitario de Valencia (Jose Alejandro Perez Fidalgo)
Hospital Universitario Ramon y Cajal (Alfonso Cortés-Salgado)
Hospital Universitario Reina Sofia (Maria Jesus Rubio)
Hospital Universitario Vall D'Hebron (Ana Oaknin)
Canada (ENGOT)
Centre de recherche di Centre Hospitalier de i'Universite de Montreal (Diane Provencher)
Princess Margaret Cancer Centre (Amit Oza)
United States (GOG)
Memorial Sloan Kettering Cancer Center (Rachel Grisham)
Advent Health (Robert Holloway)
Florida Cancer Specialists and Research Institute (Bradley J. Monk)
Cleveland Clinic Women's Health Institute (Peter Rose)
Comprehensive Cancer Centers of Nevada (Anu Thummala)
H. Lee Moffitt Cancer Center and Research Institute (Hye Sook Chon)
Maryland Oncology and Hematology (Carol Tweed)
Minnesota Oncology Hematology (Lauren Bollinger)
Northwest Cancer Specialists (Erin Salinas)
United States (GOG, continued)
Sansum Clinic (Gregg Newman)
Sarah Cannon Research Institute (Erika
The Ohio State University Wexner Med Hospital (David O'Malley)
Texas Oncology Austin (Lynne Knowles)
Texas Oncology Dallas (Kristi McIntyre)
Texas Oncology Longview (Anna M. Prie
Texas Oncology McAllen (Suresh Ratna
Texas Oncology San Antonio (Antonio S
Texas Oncology The Woodlands (Christ
University of Chicago (John Maroney)
University of New Mexico Comprehens Muller)
University of Oklahoma Medical Cente
University of Virginia (Kari Ring)
UT Southwestern Medical Center (Davi
Washington University School of Medi
Willamette Valley Cancer Institute and Anderson)
Yale School of Medicine (Alessandro Sa
Virginia Cancer Specialists (Mitul Gandh

ENGOT European Network of Gynaecological Oncological Trial groups · GOG FOUNDATION · GTG-UK · BGOG · GINECO · MaNGO · GEICO

ENGOT-ov60/GOG-3052/RAMP 201 was sponsored by Verastem Oncology

Avutometinib and Defactinib in Recurrent Low-Grade Serous Ovarian Cancer (LGSOC)

October 17, 2024

Corporate Update Call

VERASTEM ONCOLOGY

Forward-Looking Statements

This presentation includes forward-looking statements about, among other things, Verastem Oncology's (the "Company") programs and product candidates, strategy, future plans and prospects, including stater and expecting timing for the completion of the NDA submission for the avutometinib and defactinib combination in LGSOC, the ongoing discussions with the FDA and the ability to obtain Accelerated Approva mature RAMP 201 data, the potential of the combination of avutometinib and defactinib to change the way patients with recurrent LGSOC are treated, the status of enrollments for and potential of the results trial to expand the indication regardless of KRAS mutation status, the structure of our planned and pending clinical trials, the potential clinical value of various of the Company's clinical trials, including the RAMF 301 trials, the timing of commencing and completing trials, including topline data reports, interactions with regulators, the timeline and indications for clinical development, regulatory submissions, the potential commercialization of product candidates and the potential market opportunities of, and estimated addressable markets for, our drug candidates. The words "anticipate," "believe," "estimate," "expect," "intend," "project," "target," "potential," "will," "would," "could," "should," "continue," "can," "promising" and similar expressions are intended to identify forward-looking statements, although not all forward-looking state identifying words. Each forward-looking statement is subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied in such statement.

Applicable risks and uncertainties include the risks and uncertainties, among other things, regarding: the success in the development and potential commercialization of our product candidates, including avutom other compounds, including defactinib, LUMAKRAS and others; the uncertainties inherent in research and development, such as negative or unexpected results of clinical trials, the occurrence or timing of appli candidates that may be filed with regulatory authorities in any jurisdictions; whether and when regulatory authorities in any jurisdictions may approve any such applications that may be filed for our product can whether our product candidates will be commercially successful in such jurisdictions; our ability to obtain, maintain and enforce patent and other intellectual property protection for our product candidates; the of any legal proceedings; decisions by regulatory authorities regarding trial design, labeling and other matters that could affect the timing, availability or commercial potential of our product candidates; whether product candidates and preliminary or interim data from clinical trials will be predictive of the results or success of ongoing or later clinical trials; that the timing, scope and rate of reimbursement for our prod that the market opportunities of our drug candidates are based on internal and third-party estimates which may prove to be incorrect; that third-party payors (including government agencies) may not reimburs competitive developments affecting our product candidates; that data may not be available when expected; that enrollment of clinical trials may take longer than expected, which may delay our development pro submission or review by the FDA of our NDA submission in recurrent KRAS mutant LGSOC if enrollment in our confirmatory trial is not well underway at the time of submission or that the FDA may require additional patients in the Company's ongoing RAMP 301 confirmatory Phase 3 clinical trial prior to Verastem submitting or the FDA taking action on our NDA seeking accelerated approval; risks associated wit data, which may not be representative of more mature data, including with respect to interim duration of therapy data; that our product candidates will cause adverse safety events and/or unexpected concerns data or analysis, or result in unmanageable safety profiles as compared to their levels of efficacy; that we may be unable to successfully validate, develop and obtain regulatory approval for companion diagnostic candidates that require or would commercially benefit from such tests, or experience significant delays in doing so; that the mature RAMP 201 data and associated discussions with the FDA may not support the submission for the avutometinib and defactinib combination in LGSOC, including with respect to KRAS wild type LGSOC; that our product candidates may experience manufacturing or supply interruptions or third-party contract research organizations, contract manufacturing organizations, clinical sites, or contractors, among others, who we rely on fail to fully perform; that we face substantial competition, which m developing or commercializing products before or more successfully than we do which could result in reduced market share or market potential for our product candidates; that we will be unable to successful clinical development and eventual commercialization of our product candidates; that the development and commercialization of our product candidates will take longer or cost more than planned, including as a additional studies or our decisions regarding execution of such commercialization; that we may not have sufficient cash to fund our contemplated operations, including certain of our product development prog attract and retain high quality personnel; that we or Chugai Pharmaceutical Co., Ltd. will fail to fully perform under the avutometinib license agreement; that our total addressable and target markets for our pro smaller than we are presently estimating; that we or Secura Bio, Inc. will fail to fully perform under the asset purchase agreement with Secura Bio, Inc., including in relation to milestone payments; that we will n investment on the payments we have and may continue to make pursuant to the collaboration and option agreement with GenFleet Therapeutics (Shanghai), Inc. (GenFleet), or that GenFleet will fail to fully per that we may not be able to establish new or expand on existing collaborations or partnerships, including with respect to in-licensing of our product candidates, on favorable terms, or at all; that we may be unab financing in the future through product licensing, co-promotional arrangements, public or private equity, debt financing or otherwise; that we will not pursue or submit regulatory filings for our product candida candidates will not receive regulatory approval, become commercially successful products, or result in new treatment options being offered to patients.

Other risks and uncertainties include those identified under the heading "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2023, as filed with the Securities and Ex on March 14, 2024, and in any subsequent filings with the SEC, which are available at www.sec.gov and www.verastem.com.

The forward-looking statements in this presentation speak only as of the original date of this presentation, and we undertake no obligation to update or revise any of these stateme nts whether as a result of ne or otherwise, except as required by law.

Third-Party Sources

Certain information contained in this presentation, including industry and market data and other statistical information, relates to or is based on studies, publications, surveys and other data obtained from third Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no represe fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and th to the accuracy or reliability of such assumptions

Today's Agenda

Opening Remarks	Dan Paterson, President & Chief Executive Officer
Mature RAMP 201 Data Results	John Hayslip, M.D., Chief Medical Officer
Changing the Treatment Paradigm	Mike Crowther, Chief Commercial & Strategy Officer
Closing Remarks	Dan Paterson, President & Chief Executive Officer
Q&A	Dan Paterson, President & Chief Executive Officer John Hayslip, M.D., Chief Medical Officer Mike Crowther, Chief Commercial & Strategy Officer Dan Calkins, Chief Financial Officer

Opening Remarks

Dan Paterson, President and CEO

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Verastem Aims to Deliver First FDA-Approved Treatment Specifically for Recurrent KRAS mutant LGSOC in 2025

Avutometinib + Defactinib Demonstrated Durable Results Across Various Efficacy Measures in Heavily Pretreated Patients in RAMP 201

- 31% Overall ORR, 44% in KRAS mt, 17% in KRAS wt
- 82% of all patients had tumor shrinkage
  - 14.5 months estimated mean DoT, 18.3 months in KRAS mt and 10.7 months in KRAS wt
- 12.9 months median PFS, 22 months in KRAS mt, 12.8 months in KRAS wt
- 10% discontinuation rates due to adverse events

Clear Regulatory Path for KRAS M

- On track to complete the NDA submission recurrent KRAS mutant LGSOC; Pursuing A Approval with Priority Review
- RAMP 301 enrollment remains on track and enrolling all comers
- Committed to make the combination availab with KRAS wild-type in several ways, includi regulatory approval

Significant Market Opportunity in Area of High Unmet Need

- SoC (Chemo/Hormonal) is associated with low response rates (6-13%) with PFS below 12 months and high disc rates due to toxicity
- Plan to be launch ready in 2025 to maximize market opportunity in recurrent KRAS mutant LGSOC
- Plan to submit RAMP 201 for NCCN guideline review
- NCCN guideline inclusion may enable patients with KRAS wild-type LGSOC to access therapy, if approved

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The combination of Avutometinib and Defactinib is an investigational drug. It has not been proven to be safe or effective and has not been approved by FDA or any other co

Source for all data: RAMP 201 data cut off as of June 30, 2024; LGSOC: Low-grade serous ovarian cancer; ORR: Objective Response Rate; KRAS, kirsten rat sarcoma virus; KRAS mt: mutant; KR free Survival; NDA: New Drug Application; SOC: Standard of Care; NCCN: National Comprehensive Cancer Network;

Primary Analysis of the Phase 2 RAMP 201 Trial Evaluating Avutometinib and Defactinib in Recurrent LGSOC

John Hayslip, M.D.,
Chief Medical Officer

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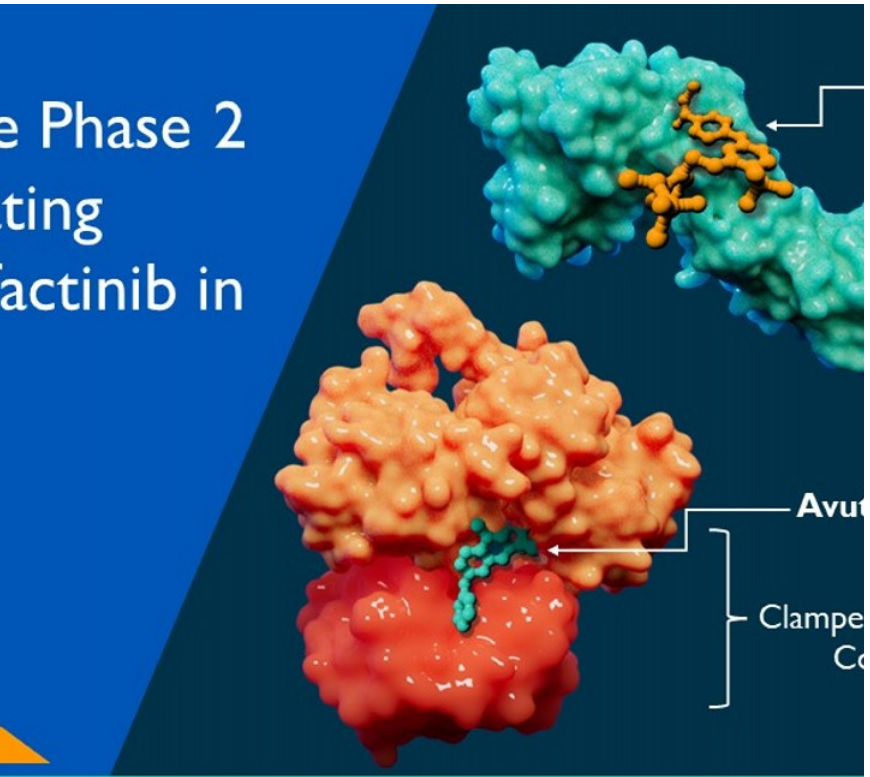
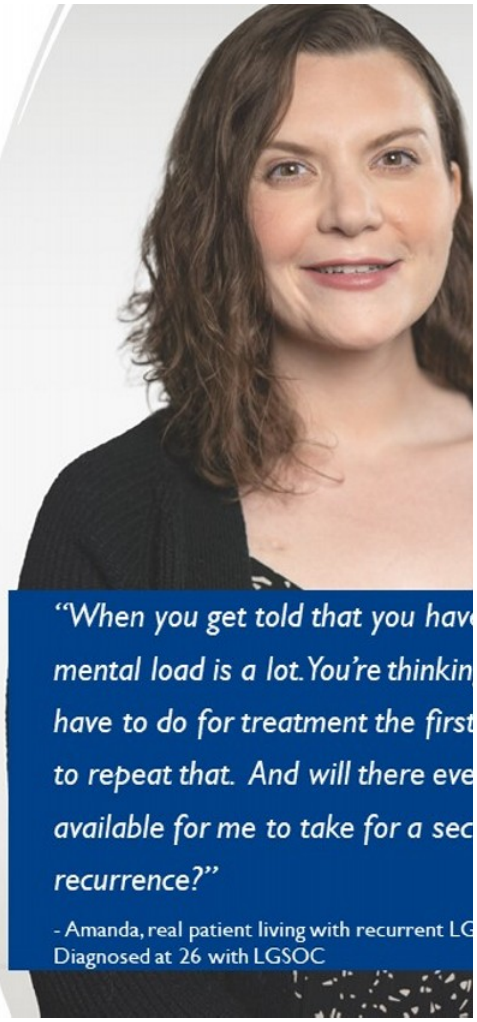


High Unmet Need for an Effective & Tolerable Therapy in Recurrent LGSOC

- **U.S. Incidence / Prevalence:** 1k-2k[1] / 6k-8k[2] / **Worldwide:** 80,000
- Affects **younger population** (20-30s) and disproportionately **impacts health, fertility, and long-term quality of life**[3,4]
- **80%+ of patients will experience a recurrence**[5]
- **Disease currently managed by NCCN guidelines,** with no FDA approved treatments
- Current SoC **offer poor to moderate response rates** (6-13%) and patients cycle through therapy[6,7,8]
- **Median OS of ~10 years** from time of diagnosis[9]
  - KRAS mt – ~12 years[10] and KRAS wt – ~7 years[10]



"When you get told that you hav
mental load is a lot. You're thinkin
have to do for treatment the first
to repeat that. And will there eve
available for me to take for a sec
recurrence?"

- Amanda, real patient living with recurrent LG
Diagnosed at 26 with LGSOC

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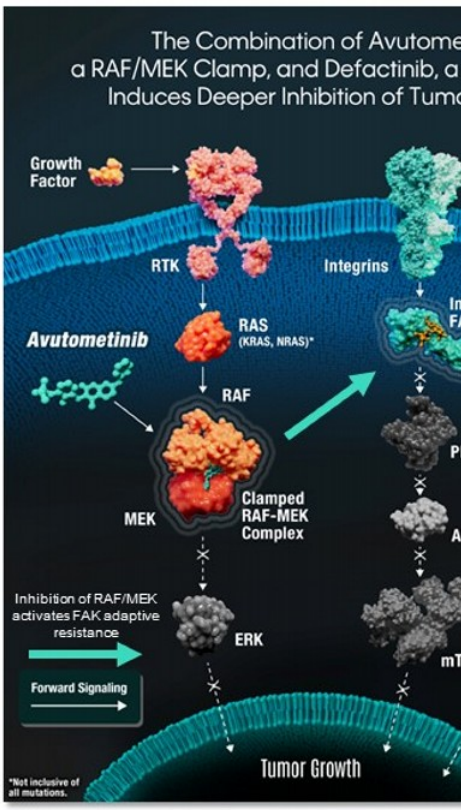
1. Verastem DOF; 13. US Cancer Statistics. Accessed 2024. 3. Slomovitz *Gynecol Oncol* 2020; 4. Manning-Geist B et al. Clin Cancer Res 2022;28(20):4456-4465; 5. Babaier 2022/p1/para1/ln6,7; 6. Gershenson Gynecol Oncol 2022; 7. Slomovitz *Gynecol Oncol* 2020; 10. Manning-Geist B et al. Clin Cancer Res 2022;28(20):4456-4465; 8. Monk 2020/p3758/table2/footnote-b; 9. Banerjee SN). J Clin Oncol. 41. No 16_suppl (June 1, 2023) 5515-5515; 10. Calculated using figures in Gershenson Gynecol Oncol 2022.

Avutometinib + Defactinib Aims to Inhibit Multiple Resistanc Mechanisms in the RAS/MAPK Pathway to Improve Patient

- 70% of LGSOC tumors are driven by RAS/MAPK pathway-associated mutations[1-4]
  - 30% are KRAS mutant with other mutations including NRAS, BRAF, NF1, and other RAS pathway-associated gene mutations
- Avutometinib is an oral RAF/MEK clamp that potently inhibits MEK kinase activity while also blocking the compensatory reactivation of MEK by upstream RAF[5-7]
- FAK is activated in response to MAPK pathway inhibition by avutometinib as well as by RAF inhibitors and MEK-only inhibitors[8, 9]
- Defactinib is an oral selective FAK inhibitor that inhibits parallel pathway signaling and FAK inhibition has been demonstrated to enhance the antitumor efficacy of avutometinib both preclinically and clinicall[10-12]
- Together, avutometinib and defactinib has the potential to offer more complete blockade of the signaling that drives the growth of RAS/MAPK pathway-dependent tumors with the objective of deeper and more durable responses

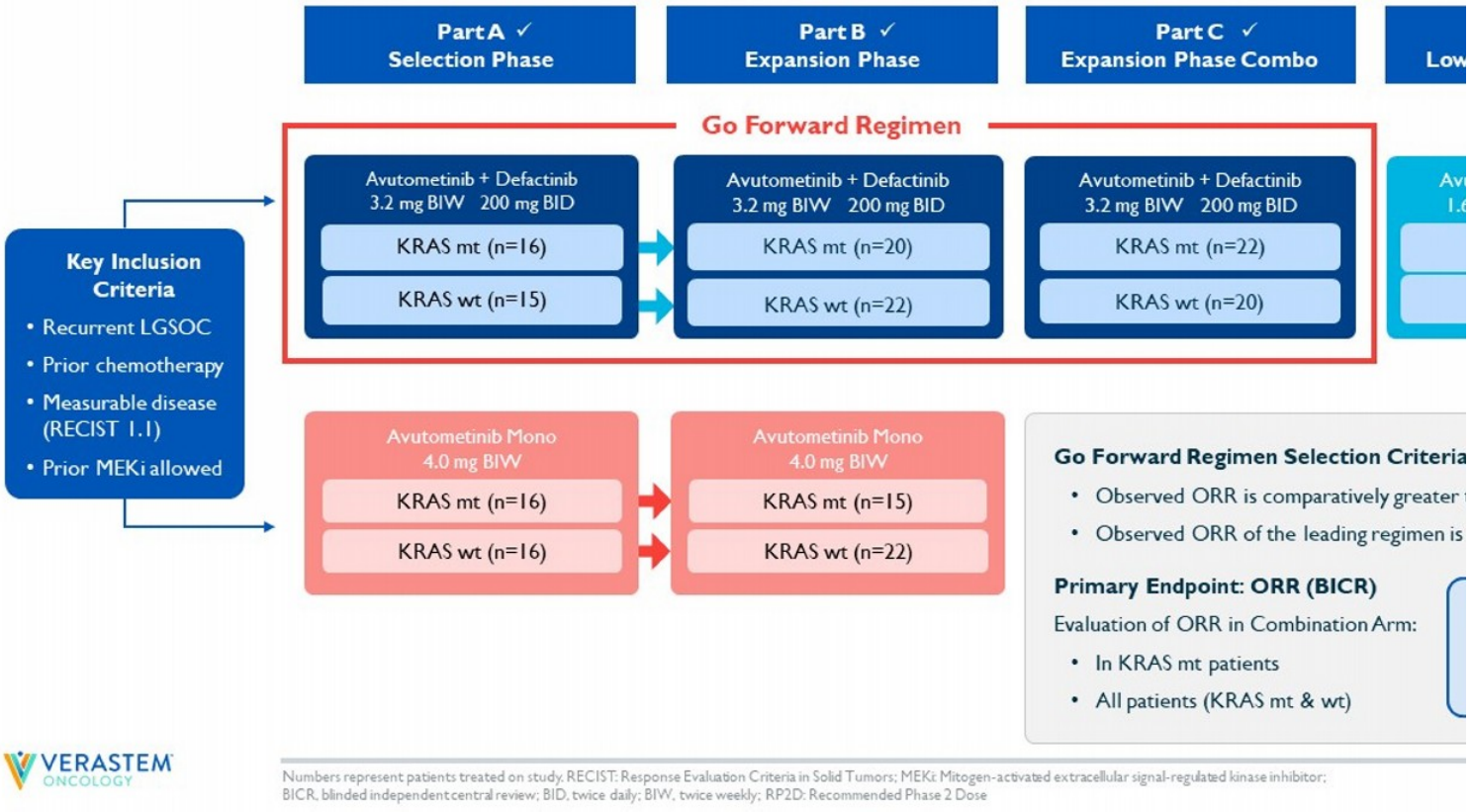


1 AACR Genie v16.1; 2 Cheasley et al. J Pathol 2021; 3 Thomson et al. Gynecol Oncol 2023; 4 Gershenson et al. Gynecol Oncol 2022; 5 Coma et al. AACR 2022; 6 Ishii et al. Cancer Res. 2013; 7 Lito et al. Cancer Cell. 2014; 8 Lubrano et al. AACR 2024; 9 Banerji et al. AACR 2020; 10 Jones et al. Invest New Drugs 2015; 11 McNamara et al. Gynecol Oncol 2024; 12 Banerjee et al. ASCO 2023

ERK: extracellular signal-regulated kinase; FAK, focal adhesion kinase; MAPK, mitogen-activated pro signal-regulated kinase; mTOR, mammalian target of rapamycin; P, phosphate; PI3K, phosphatidylino fibrosarcoma; RAS, rat sarcoma virus; RhoA, Ras homolog family member A; RTK, receptor tyrosin

RAMP 201: Registration-Directed Phase 2 Trial of Avutometinib Defactinib in Patients with Recurrent LGSOC

RAMP 201 (ENGOT-ov60/GOG-3052)



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Numbers represent patients treated on study. RECIST: Response Evaluation Criteria in Solid Tumors; MEKi: Mitogen-activated extracellular signal-regulated kinase inhibitor; BICR, blinded independent central review; BID, twice daily; BIW, twice weekly; RP2D: Recommended Phase 2 Dose

Avutometinib + Defactinib Demonstrate Durable Results in Effi Measures & Low Discontinuation Rates Due to AEs, Regardless Status

Primary analysis of entire RAMP 201 dataset supports go-forward regimen as optimal dose

Avutometinib (3.2 mg BIW) + Defactinib (200 mg BID) Regimen
Parts A+B+C

ORR: 31% overall	DOR at 6 months: 81% overall	Median PFS: 12.9 month
44% in KRAS mt	87% in KRAS mt	22.0 months in KRAS
17% in KRAS wt	63% in KRAS wt	12.8 months in KRAS

- Patients with more prior regimens (>3) including prior bevacizumab and MEK-only therapy had lower response rates
- The combination was well tolerated allowing for prolonged exposure to therapy
- 10% discontinued due to adverse events

Monotherapy: Avutometinib (4.0 BIW)
Part A+B

- Protocol evaluated avutometinib 4 mg monotherapy vs avutometinib 3.2 mg + defactinib combination
- ORR: 17% overall
  - 23% in KRAS mt and 13% in KRAS wt
- Go-Forward Regimen demonstrated higher ORR
- TEAEs leading to D/C was 16%

Low-Dose: Avutometinib (1.6 mg BIW) + Defactinib (20
Part D

- Disease progression by 4 months 22% in Low-Dose
  - Disease progression by 4 months 12% with Go-Regimen
- TEAEs leading to discontinuation: 15%
  - Not lower than Go-Forward Regimen

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The combination of Avutometinib and Defactinib is an investigational drug. It has not been proven to be safe or effective and has not been approved by FDA or any other co

Source for all data: RAMP 201 data cutoff as of June 30, 2024; DOR: Duration of Response; TEAEs: treatment-emergent adverse events; AEs: adverse events

RAMP 201 Enrolled Heavily Pre-treated Patients with a Me 3 Prior Systemic Regimens

- Most patients received prior platinum-based chemotherapy and endocrine therapy
- 51% of all patients received prior bevacizumab and about 1 in 5 received prior MEK-only inhibitor the

RAMP 201: Parts A+B+C Baseline Patient Characteristics		Avutometinib + Defactinib Regime 3.2 mg BIW + 200 mg BID 3 weeks on / 1 week off*
	All patients N=115	**KRAS mt N=58**
Age (years), Median (min, max)	54 (21, 87)	60 (29, 87)
ECOG PS, n (%)		
0	78 (68)	42 (72)
1	37 (32)	16 (28)
Median number of prior systemic regimens (min, max)	3 (1, 9)	3 (1, 9)
Prior platinum-based chemotherapy, n (%)*	114 (99)	58 (100)
Prior Hormonal therapy, n (%)	99 (86)	49 (84)
Prior Bevacizumab, n (%)	59 (51)	23 (40)
Prior MEK inhibitor therapy, n (%)	25 (22)	12 (21)

In the avutometinib + defactinib group: 77% of patients were White; 4% Asian; 4% Black or African American; 4% other; 11% not reported

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Source for all data: RAMP 201 data cut off as of June 30, 2024 *2 pts without prior platinum received anastrazole only (1 in the monotherapy and 1 in combination arm); ECO Cooperative Oncology Group performance status

Mature Data from RAMP 201 Continues to Show Robust R

- Overall: **31% ORR** in all evaluable patients
  - **44% ORR in KRAS mt** and **17% ORR in KRAS wt**

Response Rate: Parts A, B, and C	Avutometinib + Defactinib Regimen 3.2 mg BIW + 200 mg BID 3 weeks on / 1 week off		
	All patients N=109	KRAS mt N=57	K
Confirmed* ORR, n (%)	**34 (31)**	**25 (44)**	
CR	2 (2)	2 (4)	
PR	32 (29)	23 (40)	
SD†, n (%)	62 (57)	28 (49)	
PD, n (%)	9 (8)	2 (4)	
Not Evaluable, n (%)	4 (4)	2 (4)	

Efficacy evaluable population includes patients who received at least one dose of study drug and had measurable disease at baseline by BICR.
Patients not evaluable for response did not have a postbaseline assessment but are included in the denominator for the efficacy evaluable population.

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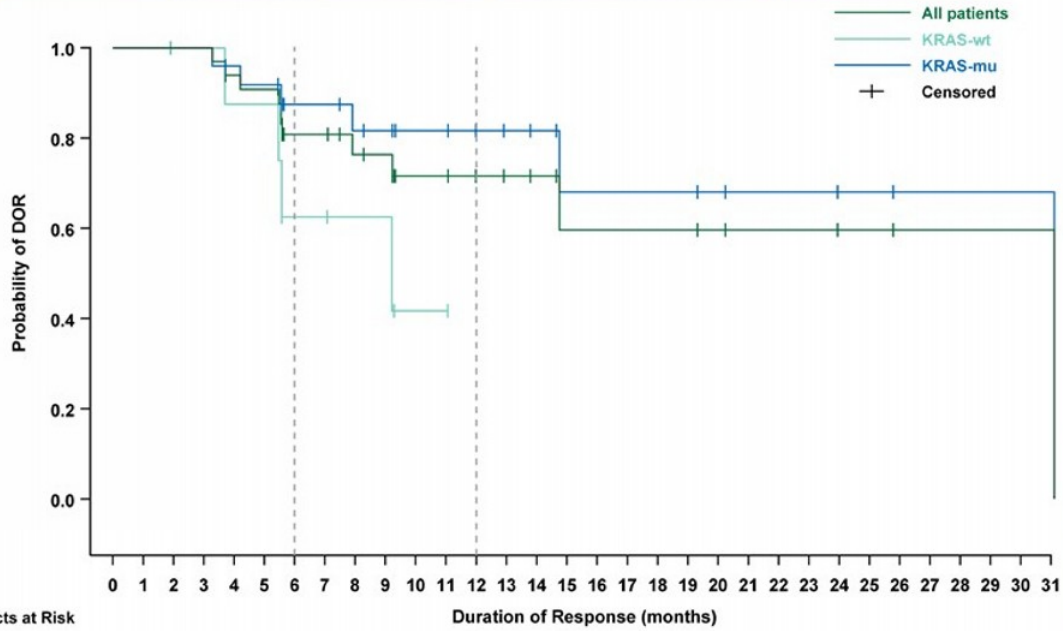
Source for all data: RAMP 201 data cut off as of June 30, 2024 ; * By RECIST 1.1 Objective Response by BICR: blinded independent central review 9primary endpoint); Includ
Unconfirmed PR; SD (or unconfirmed PR) must occur at least 53 days after first dose date; ‡ PD, progressive disease; PR, partial response; SD, stable disease.

81% of Patients Achieved a Duration of Response of at Leas

Avutometinib + Defactinib Regimen: Duration of Response



No of Subjects at Risk

All patients	34	34	33	33	30	29	20	20	17	16	12	12	9	8	7	5	5	5	5	5	4	3	3	3	2	2	1	1	1	1	1	1
KRAS-wt	9	9	8	8	7	7	4	4	3	3	1	1	0																			
KRAS-mu	25	25	25	25	23	22	16	16	14	13	11	11	9	8	7	5	5	5	5	5	4	3	3	3	2	2	1	1	1	1	1	1

3.7 MO

Median time
(range, I

87

DOR for KI
63% for KRAS

	Avuto 3.2 m 3 w
	All Patients N=34
DOR (mo), median (range)	**31.1** (14.8, 31.1)
DOR >= 6 mo* (95% CI)	81% (62%, 91%)
DOR >= 12 mo* (95% CI)	72% (54%, 89%)

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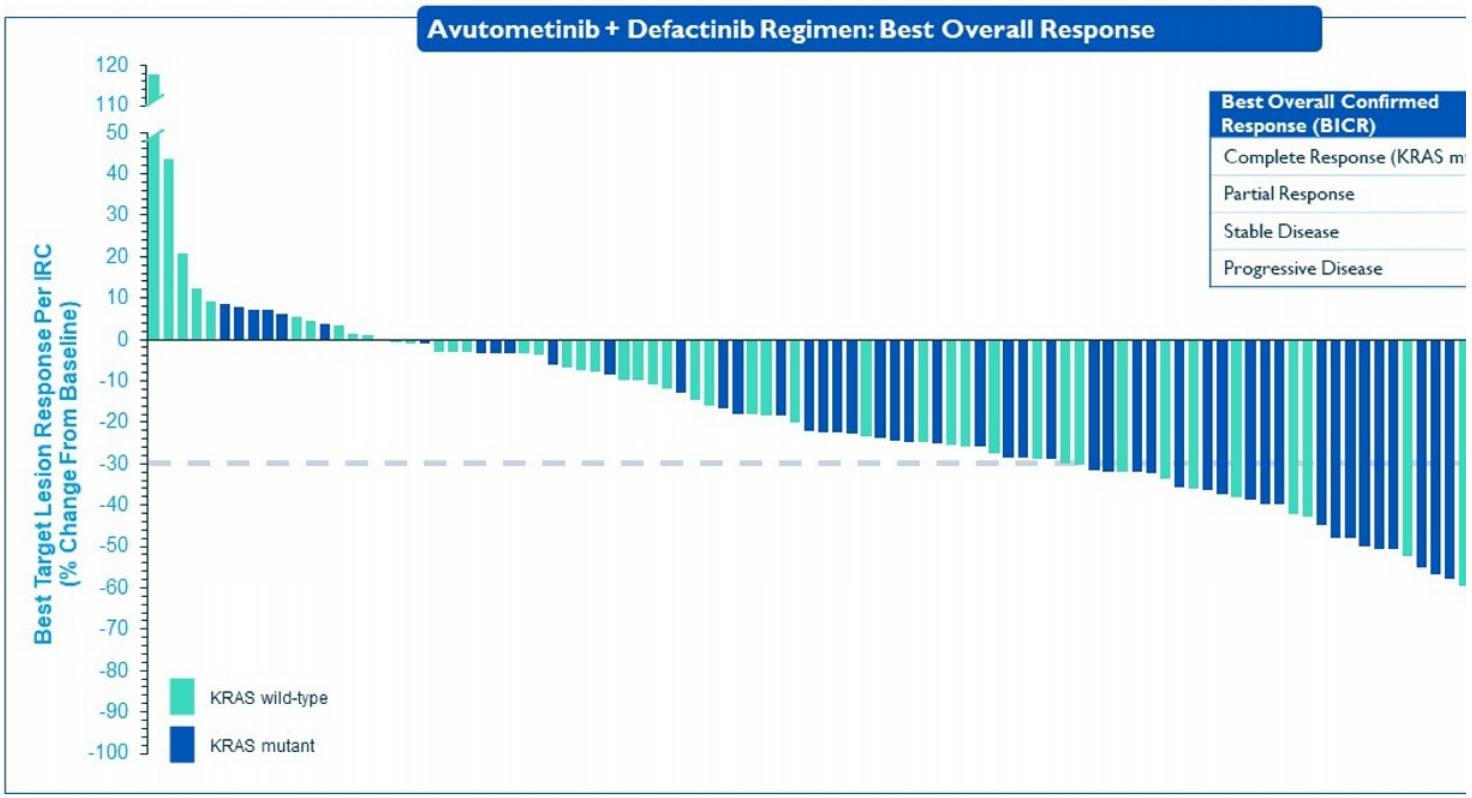
Source for all data: RAMP 201 data cut off as of June 30, 2024 ***KM estimates;** NE = Could not be estimated based on number of patients with loss of response.

82% of All Patients Had a Reduction in Target Lesions, Rega of KRAS Status



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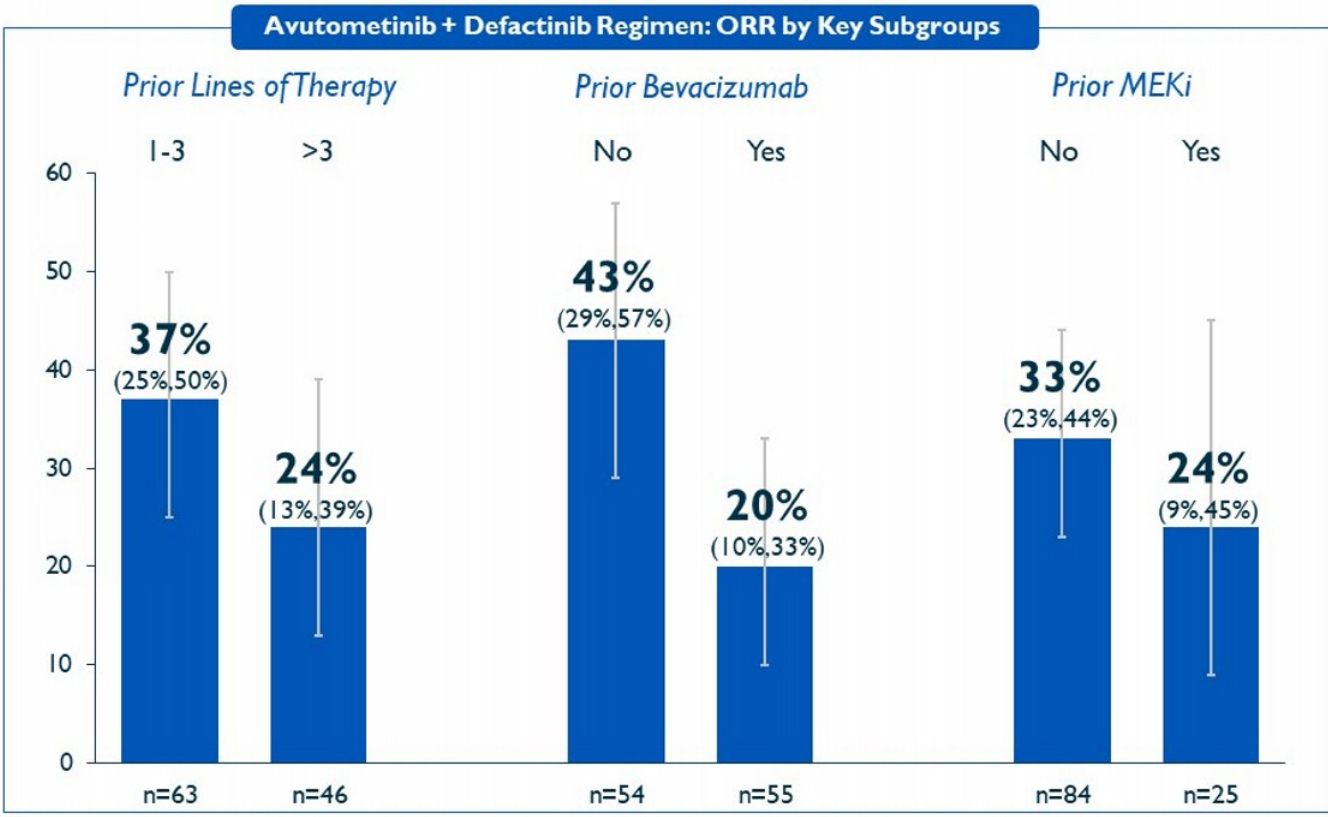
Source for all data: RAMP 201 data cut off as of June 30, 2024; Responses for 3 patients (KRAS wild type, n=1; KRAS mutant, n=2) were unknown. IRC, Independent Review

Receiving Avutometinib and Defactinib Earlier in the Cours Therapy was Associated with Higher Rates of Response



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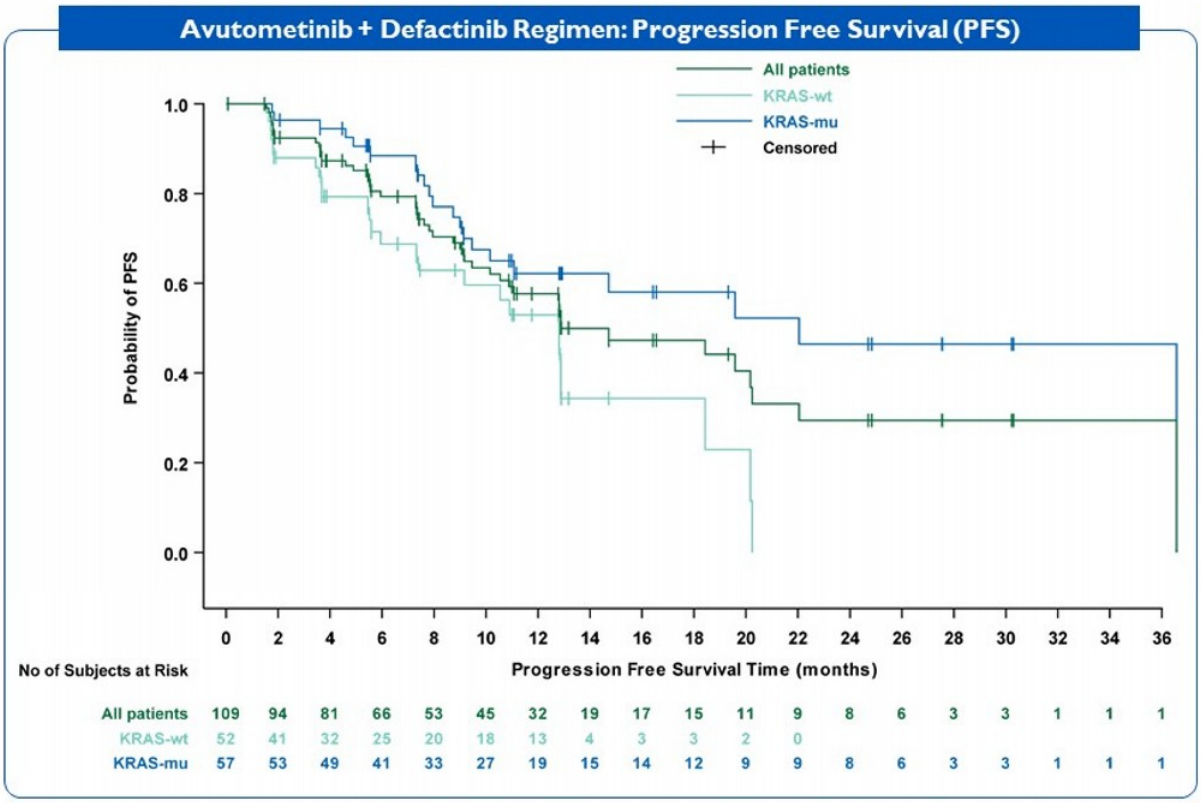
Source for all data: RAMP 201 data cut off as of June 30, 2024; Bars show 95% confidence intervals

Patients Achieved an Overall mPFS of 12.9 Months



At 6 N

79% OV

88% in KR
69% in K

At 12 I

58% OV

62% in KR
53% in K

PFS, media

Total N=109	KRA N=
12.9 mos (10.9, 20.2)	22 (11.1

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Source for all data: RAMP 201 data cut off as of June 30, 2024

Low Discontinuation Rate of 10% Due to Adverse Events, N
Safety Signals

	Avutometinib + Defactinib Regimen 3.2 mg BIW + 200 mg BID 3 weeks on / 1 week off		
	All patients	KRAS mt	K
Patients Treated	115	58	
Patients on Treatment, n (%)	32 (28)	24 (41)	
Patients Discontinued Treatment, n (%)	83 (72)	34 (59)	
Primary Reason for Discontinuation			
RECIST v1.1 Disease Progression	46 (40)	18 (31)	
Adverse Event/Unacceptable Toxicity	12 (10)	4 (7)	
Withdrawal of Informed Consent	10 (9)	4 (7)	
Other*	10 (9)	5 (9)	
Clinical Deterioration	5 (4)	3 (5)	
Death	0	0	

Median follow-up = 13.6 mo (range, 1.4 – 39.5)

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Source for all data: RAMP 201 data cut off as of June 30, 2024; *Other includes: clinical progression (n=8) and progression confirmed by biopsy/pathology report, progression cytology from pleural effusion showing malignant etiology, debulking surgery, patient noncompliance, patient withdrawal with agreement to follow-up, physician decision (1 ea

Avutometinib Plus Defactinib Continue to Demonstrate a Well-Tolerated Safety Profile

Treatment-Related Adverse Events (>20% of patients)* n (%)	Avutometinib + Defactinib Regimen 3.2 mg BIW + 200 mg BID 3 weeks on/1 week off N= 115	
Preferred term	**All Grades**	**Grade ≥3**
Non-laboratory AEs		
Nausea	77 (67.0)	3 (2.6)
Diarrhea	67 (58.3)	9 (7.8)
Oedema peripheral	61 (53.0)	1 (0.9)
Fatigue	50 (43.5)	3 (2.6)
Vomiting	49 (42.6)	3 (2.6)
Vision blurred	47 (40.9)	0
Rash	41 (35.7)	2 (1.7)
Dermatitis acneiform	39 (33.9)	5 (4.3)
Dry skin	30 (26.1)	0
Anemia	26 (22.6)	6 (5.2)
Laboratory-related AEs		
Increased blood CPK	69 (60.0)	28 (24.3)
Increased blood bilirubin increased/ hyperbilirubinemia	38 (33.0)	5 (4.3)
AST increased	36 (31.3)	2 (1.7)

Severe adverse events are generally unc
typically managed by a treatment pause

10% (12/115) discontinued for AEs (any
common increased CPK (n=4)

80% (92/115) had AEs leading to dose ir

- 38% (44/115) for elevations in CPK

36.5% (42/115) had AEs leading to dose

- Mean relative dose intensity of 0.84
and 0.77 for defactinib

7% (8/115) of patients had serious AEs
investigator to be related to study treat
event occurring in more than 1 patient

4 deaths (within 30 days of discontinuat
considered related to the study treatme

- GI hemorrhage, large intestine perf
progression, clinical deterioration

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Source for all data: RAMP 201 data cut off as of June 30, 2024; *Most common adverse events (preferred term) considered by the investigator to be related to study drug (eit
defactinib); AE, adverse event; AST; aspartate aminotransferase; CPK, creatine phosphokinase; GI, gastrointestinal.

Avutometinib Monotherapy Provided Lower Rate of Respo

- Patients enrolled had comparable baseline characteristics as patients randomized to avutometinib plus defactinib re
  - Median of 3 prior lines of therapy, 49% had prior bevacizumab, 26% had prior MEKi
- ORR: 17% in all patients, 23% KRAS mt and 13% KRAS wt
- TEAEs leading to D/C: comparable between monotherapy (16%) and combination (10%)

	Avutometinib Monotherapy 4.0 mg BIW 3 weeks on / 1 week off		
	All patients N=69	KRAS mt N=30	KRAS v N=39
Confirmed* ORR, n (%)	**12 (17)**	**7 (23)**	**5 (13)**
CR	1 (1)	1 (3)	0
PR	11 (16)	6 (20)	5 (13)
SD†, n (%)	43 (62)	17 (57)	26 (67
PD, n (%)	7 (10)	3 (10)	4 (10)
Not Evaluable, n (%)	7 (10)	3 (10)	4 (10)

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Source for all data: RAMP 201 data cut off as of June 30, 2024

Low-Dose Regimen (Part D) Determined to be Suboptima on Pre-Defined Analysis

Low-dose regimen will not be pursued as a starting dose in the treatment of recurrent LGS

- Patients enrolled in Part D had comparable baseline characteristics as patients randomized to the avutometinib plu regimen
  - Median of 3 prior lines of therapy, 40% had prior bevacizumab, 37% had prior MEKi
- Suboptimal threshold: disease progression by 2nd scheduled assessment (Cycle 5 Day 1) >50% higher than that obs avutometinib 3.2 mg BIW + defactinib
- TEAEs leading to D/C: comparable between 3.2 mg dose (10%) and 1.6 mg dose (15%)

IRC Assessment	Avutometinib 3.2 mg + 200 mg Defactinib Regimen 3 weeks on / 1 week off N=109	Avutometinib 1.6 mg + 200 mg Defactinib 3 weeks on / 1 week off N=23	%
RECIST v1.1 Progressive Disease within 4 months	13 (12%)	5 (22%)	

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Source for all data: RAMP 201 data cut off as of June 30, 2024; D/C discontinuation

RAMP 301: First Randomized Prospective Study to Fully Characterize KRAS Status of all Enrolled LGSOC Patients

RAMP 301:
Phase 3 International Confirmatory Trial

- Patients enrolling is similar to patient population in RAMP 201, with recurrent KRAS mt and KRAS prior MEKi and bevacizumab use allowed and post one line of platinum chemotherapy
  - Primary Endpoint: PFS
- Stratification Factors: KRAS mutation status (wt vs. mt)
- Investigator choice of treatment
  - May crossover to avutometinib + defactinib arm upon BICR-confirmed PD
- Study sites include the U.S., Australia, UK, Canada, and Europe

Enrollment is on track, targeting full enrollment by end of 2025

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Changing the Treatment Paradigm in Recurrent LGSOC

Mike Crowther
Chief Commercial and Strategy Officer

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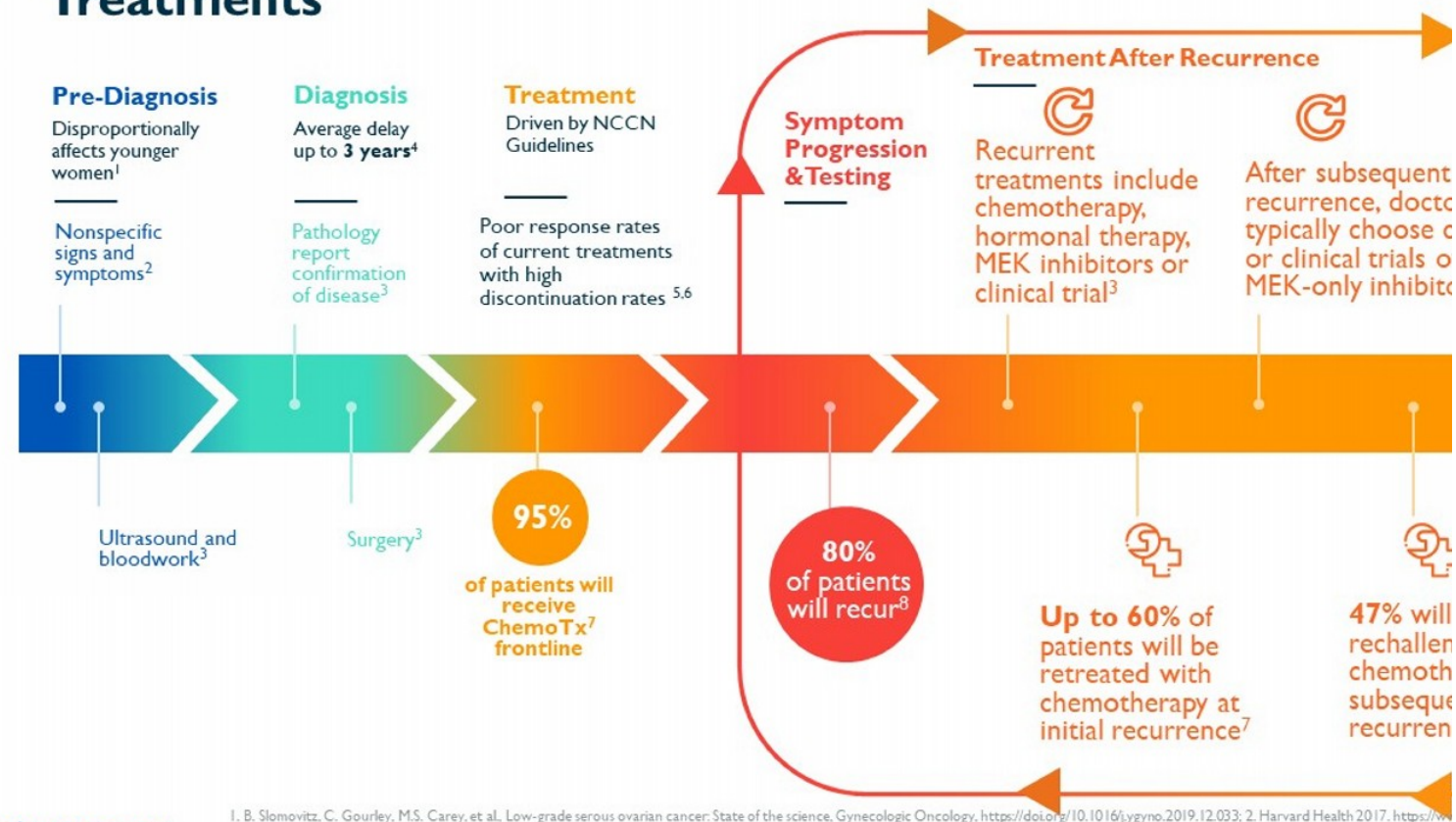
80% of Patients with LGSOC Recur and Often Cycle Throu Treatments



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1. B. Slomovitz, C. Gourley, M.S. Carey, et al. Low-grade serous ovarian cancer: State of the science, Gynecologic Oncology, https://doi.org/10.1016/j.ygyno.2019.12.033; 2. Harvard Health 2017. https://w symptoms-may-be-early-signs-of-ovarian-cancer. Assessed October 8, 2024; 3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Ovarian Cancer Including Fallopian Tube Cancer 3.2024; 4. LGSOC Patient Impact Survey Research Findings, Harris Poll 2023. https://www.businesswire.com/news/home/20231107926726/en/; 5. Monk BJ et al. J Clin Oncol 2020 (MILO); 6. Gershenson D Verastem DOF. Demand Study March 2024.\; 8. Gershenson et al J Clin Oncol 2015.

Current Available Therapies Offer Relatively Poor Response High Discontinuation Rates

- These studies started in 2013 and 2014
- Both MILO and GOG studies had low historical use of bevacizumab during trial conduct; % not reported
- Mutation category is KRAS/BRAF/NRAS rather than just KRAS for GOG 281
  - In both studies, not all patients had mutation status available
- In the MILO study no more than 3 lines of prior c
- No prior MEK was allowed in either GOG 281 or
- The number of prior systemic therapies median (r in GOG 281 and 2 (1-8) in MILO

Trial	Therapy	Image assessment	Response Rate ORR	ORR KRAS mt	ORR KRAS wt	Median PFS Months (95% CI)	mPFS KRAS mt	m KRA
GOG 281[1]	**SoC** (n=130) (n=22 KRAS/NRAS/ BRAF mt; n=42 KRAS/NRAS/ BRAF wt)	INV	**6%** 95% CI: (3%, 12%)	**9.1%,** 95% CI: (1.9%, 26.1%)	**7.1%,** 95% CI: (2.1%, 17.9%)	**7.2** (5.6-9.9)	**11.4** 95% CI: (3.7, 13.3)	95 (3.7
	Trametinib (n=130) (n=22 KRAS/NRAS/ BRAF mt; n=42 KRAS/NRAS/ BRAF wt)	INV	**26%** 95% CI: (19%, 35%)	**50%,** 95% CI: (30.2%, 69.8%)	**8.3%,** 95% CI: (2.9%, 18.6%)	**13.0** (9.9-15.0)	**13.2** 95% CI: (9.4, 20.8)	95 (5.6
MILO[2]	**SoC** (n=101) (n=24 KRAS mt; n=42 KRAS wt)	BICR	**13%** 95% CI: (7%, 21%)	**33%,** 95% CI: (16%, 55%)	**19%** (8.6%, 34%)	**10.6** (9.2 - 14.5)	**14.6** (9.4, NA)	(5.7
	Binimetinib[2] (n=198) (n=45 KRAS mt; n=90 KRAS wt)	BICR	**16%** 95% CI: (11%, 22%)	**44%,** 95% CI: (30%, 60%)	**19%,** 95% CI: (11%, 29%)	**9.1** (7.3-11.3)	**17.7** (12, NR)	(5.5

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[1]Study GOG 281 trial Gershenson et al, Lancet 2022; [2]MILO Study. Grisham et al Clinical Cancer Research 2023. [3]MILO Study Monk et al. J Clin Oncol 2020.; SoC = Standard of Care (endocrine Investigator; BICR = Blinded Independent Central Review; PFS = Progression Free Survival; CI = Confidence Interval; NR = Not Reached

Avutometinib + Defactinib Combo Has the Potential to Address Key Treatment Needs

To date, avutometinib + defactinib combination data in recurrent LGSOC show[1]:

- Clinically meaningful response rates and durable benefit in both KRAS mutant and wild-type tumors
- Long progression-free survival and duration of treatment
- Favorable tolerability profile, supported by novel intermittent dosing schedule, with oral treatments[2]
- Low discontinuation rates due to adverse events

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[1]Data from RAMP 201 study June 30, 2024 cutoff; [2]Chenard-Poirier, et al. ASCO 2017; References: Banerji, Q4 2020 report

LGSOC Represents a Significant Market Opportunity

Total Addressable Market Opportunity	KRAS mutant – Initial Launch	KRAS wild-type
Estimated Annual **Incident** Addressable Opportunity[1]	**$300M+**	**$374M+**
Incident Population[2]	~500	~1,000
Avg. Duration of Therapy[3]	18 months	11 months
Estimated **Prevalent** Addressable Opportunity[1] *(Target to Address in First 3-5 Years)*	**$1.7B+**	**$1.6B+**
Prevalent Population[2]	~2,800	~4,200
Avg. Duration of Therapy[3]	18 months	11 months

Anticipate hig penetration in KRAS mt pop

- No FDA appr for LGSOC

Plan to addres population ov from launch:

- Patients cycle
  - Median c therapies
- Long overall s patients at ~1
  - KRAS mt
  - KRAS wt

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1. Estimated total addressable market opportunity based on incident / prevalent populations, average duration of therapy (as observed in VSTM clinical trials) and co per month, consistent with other recent oncology drug launches (e.g. OJEMDA - $33,916 OGSIVEO - $29,000; www.dayonebio.com/wp-content/uploads/Ojemda-C www.hhs.texas.gov/sites/default/files/documents/apr-2024-durb-agenda-item8d.pdf) 2. Verastem DOF – Based on 30% KRAS mt and 70% KRAS wt in incident popul annually and 40% KRAS mt and 60% KRAS wt (calculation on file based on weighted average longer overall survival in KRAS mt compared to KRAS wt) initial preva RAMP 201 data cutoff as of June 30, 2024

Current Treatments on NCCN Guidelines

- Plan to submit RAMP 201, inclusive of entire patient population, for publication and NCCN considerati
- There are no FDA-approved treatments and no standard sequencing of drugs for recurrent disease

	NCCN Category 1	NCCN Category 2a	NCCN Category 2b
General % Commercial Payer Coverage			
Recurrent LGSOC Treatment NCCN Recommendations and Contemporary Clinical Data in LGSOC	**No category 1 recommendation**	**Hormonal therapy (e.g., Anastrozole, Letrozole) & chemotherapy** • 6-13% ORR and 17-30% discontinuation rate due to AEs • Based on GOG 281 and MILO studies **Trametinib** (2-4% U.S. utilization rate[1]) • 13 months PFS, 95% CI: (9.9-15.0) vs SoC • 26% ORR based on INV assessment of comparator arm of all patients not BICR • 36% discontinuation rate due to AEs • Based on GOG 281[2]	**Binimetinib** • Study stopped due to futility • PFS 12.5 vs 11.6 (HR 0.87) • 16% ORR based on BICR of comparator arm and 31% discontinuation rate due to AEs • Based on MILO study[3]

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[1]General source: NCCN; McGivney Global Advisory research and analysis; L.E.K. research and analysis. NCCN categories of preference: Preferred intervention. Other recommended intervention High-level of evidence generally means large randomized controlled Phased 3 trials; Pie charts represent coverage by all major commercial players; 1) Data on File 2) GOG 281 trial Gershenson et Monk et al., J Clin Oncol 2020;.

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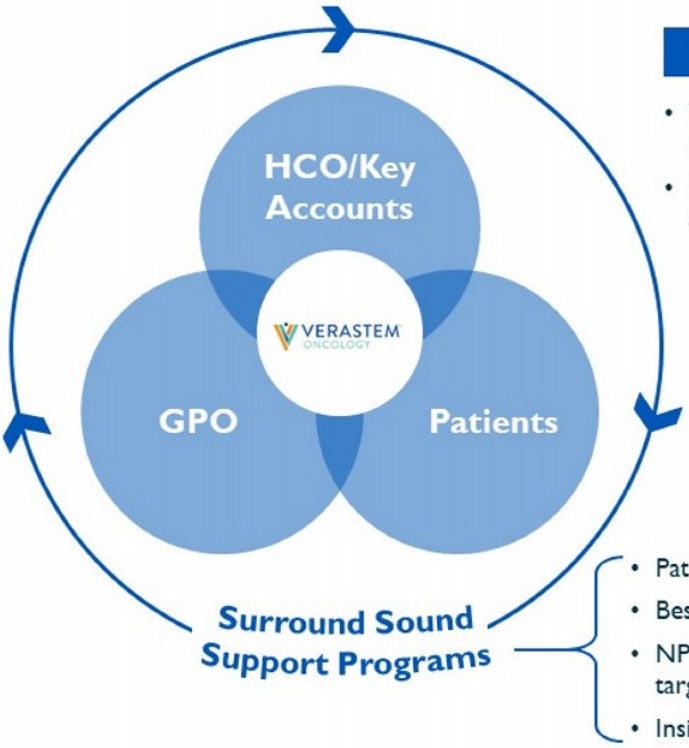
Efficiently Scaled Launch Model to Deliver Best-in-Class La for Recurrent KRAS mutant LGSOC

HCO/Key Account Focus

- Top 100 commercial HCOs contribute 49.4% of patient claims[1]
- ~400 HCPs manage these patients[1]
- Deploy lean, focused field team (14-18 reps) for access, scientific exchange, and sales

GPO/Large Affiliated Practices

- Ensuring inclusion in all relevant pathways and EMR systems
- Access is based on group provided programs and/or opportunities



Patient Fo

- YTD more than 2,300 registered on disease e
- Robust program for on and resources

- Patient support and access
- Best-in-class multichannel
- NPP pull through and rein targeted customers and w
- Inside Sales Reps will bolst

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[1]VSTM DOF – Claims LGSOC Proxy; [2]VSTM DOF. Self-identified patients with LGSOC registered via disease website; YTD: Year-to-date; NPP: Non-personal promotion

Potential to Change Treat Paradigm and Improve Patient C

1k-2k incidence with a prevalence of 6k-8k; **potential for high market penetrat in KRAS mutant** at launch enriching overtime with the prevalent patient populati

Current available therapies offer limited efficacy, relatively high discontinuation rate to AEs; **no FDA-approved therapies and no active promotion**

NCCN guidelines help to drive treatment decision; will submit entire RAMP 201 dataset for NCCN consideration

Avutometinib in combination with defactinib is differentiated on multipl efficacy measures, relatively low rates of discontinuation due to AEs and favorabl tolerability

Efficiently scaled launch model to deliver best-in-class launch for recurrent KRAS mutant LGSOC

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Closing Remarks

Dan Paterson, President and CEO

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Verastem Aims to Deliver First FDA-Approved Treatment Specifically for Recurrent KRAS mutant LGSOC in 2025

Avutometinib + Defactinib Demonstrated Durable Results Across Various Efficacy Measures in Heavily Pretreated Patients in RAMP 201

- 31% Overall ORR, 44% in KRAS mt, 17% in KRAS wt
- 82% of all patients had tumor shrinkage
  - 14.5 months estimated mean DoT, 18.3 months in KRAS mt and 10.7 months in KRAS wt
- 12.9 months median PFS, 22 months in KRAS mt, 12.8 months in KRAS wt
- 10% discontinuation rates due to adverse events

Clear Regulatory Path for KRAS M

- On track to complete the NDA submission recurrent KRAS mutant LGSOC; Pursuing A Approval with Priority Review
- RAMP 301 enrollment remains on track and enrolling all comers
- Committed to make the combination availab with KRAS wild-type in several ways, includi regulatory approval

Significant Market Opportunity in Area of High Unmet Need

- SoC (Chemo/Hormonal) is associated with low response rates (6-13%) with PFS below 12 months and high disc rates due to toxicity
- Plan to be launch ready in 2025 to maximize market opportunity in recurrent KRAS mutant LGSOC
- Plan to submit RAMP 201 for NCCN guideline review
- NCCN guideline inclusion may enable patients with KRAS wild-type LGSOC to access therapy, if approved

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The combination of Avutometinib and Defactinib is an investigational drug. It has not been proven to be safe or effective and has not been approved by FDA or any other co

Source for all data: RAMP 201 data cut off as of June 30, 2024; LGSOC: Low-grade serous ovarian cancer; ORR: Objective Response Rate; KRAS, kirsten rat sarcoma virus; KRAS mt: mutant; KR free Survival; NDA: New Drug Application; SOC: Standard of Care; NCCN: National Comprehensive Cancer Network;

Planned Near-Term LGSOC Commercial Launch, Followed by N Catalysts to Expand Into Larger, Underserved Patient Populatio

Program	Anticipated Milestones & Activities
Avutometinib + Defactinib in Recurrent Low-grade Serous Ovarian Cancer (LGSOC)	❑ Plan to complete rolling NDA in October 2024 ❑ Plan to announce mature data from RAMP 201 in October 2024 at IGCS Annual Mee ❑ Potential FDA approval in recurrent KRAS mutant LGSOC in 2025 • Continue site activations and patient enrollment in international Phase 3 confirmator
Avutometinib + Defactinib + SOC in First-Line Metastatic Pancreatic Cancer	• Continue RAMP 205 study follow up on all dose cohort levels to determine RP2D g regimen ❑ Plan to present updated results from RAMP 205 in Q1 2025
Avutometinib ± Defactinib + KRAS G12C Inhibitors: mKRAS G12C Non-small Cell Lung Cancer (NSCLC)	❑ Expect to report updated interim data in H2 2024 from RAMP 203 NSCLC trial eval avutometinib plus defactinib with Amgen's KRAS G12C inhibitor, sotorasib ❑ Expect to report initial interim data in H2 2024 from RAMP 204 NSCLC trial evaluating avutometinib with Mirati Therapeutics (Bristol Myers Squibb (BMS)) KRAS adagrasib
GenFleet's GFH375/VS-7375, KRAS G12D (ON/OFF) Inhibitor	• GenFleet plans to continue to enroll patients into Phase 1/2 trial for GFH375/VS-73 patients with KRAS G12D-mutated advanced solid tumors ❑ Plan to prepare for potential US IND for GFH375/VS-7375 by early 2025 ❑ Initial data readout of GFH375/VS-7375 study in China expected in 2025 • Ongoing discovery/lead optimization for second and third programs


Thank you to all the patients, their families, and the site investigators and staff that worked on RAMP 201.
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Q&A

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Exhibit 99.3

Verastem Oncology Presents Positive Updated RAMP 201 Data for Avutometinib and Defactinib Combination in Recurrent Low-Grade Serous Ovarian Cancer at the International Gynecologic Cancer Society (IGCS) 2024 Annual Meeting

Robust overall response rates observed (31% overall, 44% in KRAS mutant, 17% in KRAS wild-type) in patients whose cancer had progressed despite prior treatment with chemotherapy and/or MEK inhibitors and/or bevacizumab

Patients on avutometinib and defactinib achieved a median progression free survival of more than one year (12.9 months); 22 months in KRAS mutant population

The Company recently met with the FDA to review the mature data set and remains on track to complete the NDA submission in October 2024

Additional data to be presented at the IGCS meeting and during Company-hosted investor conference call and webcast today, October 17, 2024 at 4:30 pm EDT

BOSTON--(BUSINESS WIRE)—October 17, 2024--Verastem Oncology (Nasdaq: VSTM), a biopharmaceutical company committed to advancing new medicines for patients with cancer, today announced updated data from the Phase 2 RAMP 201 (ENGOTov60/GOG3052) clinical trial evaluating the combination of avutometinib, an oral RAF/MEK clamp, and defactinib, an oral, selective FAK inhibitor, in patients with recurrent low-grade serous ovarian cancer (LGSOC). The data were published as a late-breaking abstract and additional detailed findings will be presented today in an oral plenary session at the International Gynecologic Cancer Society (IGCS) 2024 Annual Meeting in Dublin, Ireland.

The primary analysis of the RAMP 201 trial, with a data cutoff of June 30, 2024, showed a confirmed overall response rate (ORR) by blinded independent central review (BICR) of 31% (34/109; 95% CI: 23-41) in all evaluable patients with measurable disease with approximately 12 months of follow up. Among patients with KRAS mutant (mt) LGSOC, the confirmed ORR was 44% (25/57; 95% CI: 31-58) and for patients with KRAS wild-type (wt) LGSOC the confirmed ORR was 17% (9/52; 95% CI: 8-30). The median duration of response (DOR) was 31.1 months (95% CI: 14.8-31.1) in all evaluable patients, with 31.1 months (95% CI: 14.8-31.1) in the KRAS mt population and 9.2 months (95% CI: 5.5-NE[1]) in the KRAS wt population. The median progression-free survival (PFS) was 12.9 months (95% CI: 10.9-20.2) in all evaluable patients, with 22 months (95% CI: 11.1-36.6) in the KRAS mt population and 12.8 months (95% CI: 7.4-18.4) in the KRAS wt population. The disease control rate (DCR) at 6 or more months was 61% in the total evaluable population, 70% in KRAS mt population and 50% in KRAS wt population. The updated data continue to demonstrate avutometinib in combination with defactinib is generally well-tolerated, with a 10% discontinuation rate due to adverse events (AEs) and no new safety signals were identified. The most common treatment-related AEs (all grades, grade ³3) for the combination were nausea (67.0%, 2.6%), diarrhea (58.3%, 7.8%), and increased blood creatine phosphokinase levels (60.0%, 24.3%).

“The notable response rates and low discontinuation rate seen with the combination of avutometinib and defactinib are significant. These updated results confirm the potential of this new combination therapy to change practice and be the new standard for care for recurrent low-grade serous ovarian cancer, which previously had limited effective treatment options,” said Professor Susana Banerjee, MBBS, MA, PhD, FRCP, Global Lead investigator of the study, Consultant Medical Oncologist at The Royal Marsden NHS Foundation Trust and Team Leader in Women’s Cancers at The Institute of Cancer Research, London.

Regulatory Update

A Type A meeting was recently held with the U.S. Food and Drug Administration (FDA), during which the Company aligned with the FDA on the Company's plans to complete the New Drug Application (NDA) submission in October 2024 for adult patients with recurrent KRAS mt LGSOC, who received at least one prior systemic therapy, based on the mature data from the RAMP 201 trial. The Company plans to seek Accelerated Approval from the FDA and request Priority Review. At this time, the FDA did not recommend pursuing a KRAS wt indication under Accelerated Approval. This strategic approach allows the Company to potentially reach the market more efficiently while mapping out a path forward with the FDA for the KRAS wild-type indication, including leveraging data from the ongoing RAMP 301 Phase 3 trial. RAMP 301, which is currently enrolling patients with recurrent LGSOC regardless of KRAS mutation status, will serve as a confirmatory study for the initial indication and has potential to expand the indication regardless of KRAS mutation status.

"In the mature data from the RAMP 201 trial most patients achieved tumor reductions and a median progression-free survival that was greater than one year across both KRAS mutant and KRAS wild-type patient populations. These results reinforce our confidence in the potential of the combination of avutometinib and defactinib to change how patients with recurrent low-grade serous ovarian cancer are treated," said John Hayslip, M.D., chief medical officer of Verastem Oncology. "Encouraged by the durable clinical benefit seen in KRAS wild-type patients in RAMP 201 and the poorer prognosis in this subset of patients that are treated with sub-optimal treatment choices today, we believe that this treatment combination will be the preferred treatment option for all subgroups of patients with recurrent low-grade serous ovarian cancer. We are committed to making the combination available to these patients, including working with the FDA to outline a path forward to expand the indication with additional data."

"Now that we have the mature data from the RAMP 201 trial, we are on track to complete our NDA submission for recurrent KRAS mutant low-grade serous ovarian cancer in October," said Dan Paterson, president and chief executive officer of Verastem Oncology. "We look forward to working with the FDA to potentially bring the first and only FDA-approved treatment specifically for patients with recurrent KRAS mutant low-grade serous ovarian cancer to the U.S. market in 2025."

Conference Call and Webcast Information

Verastem will hold an investor conference call and webcast on October 17, 2024 at 4:30 p.m. EDT, to review the mature data from the RAMP 201 trial. To access the conference call, please dial (844) 763-8274 (local) or (412) 717-9224 (international) at least 10 minutes prior to the start time and ask to be joined into the Verastem Oncology conference call. A live audio webcast of the call, along with accompanying slides, will be accessible under "Events & Presentations" in the Investors & Media section of the company's website at www.verastem.com.

The Company expects to file a current report on Form 8-K with the Securities and Exchange Commission (SEC) later today, which will include a copy of the IGCS oral presentation and the presentation which the Company intends to use on the investor conference call and webcast.

About RAMP 201

RAMP 201 (ENGOTov60/GOG3052) is an adaptive, two-part multicenter, parallel cohort, randomized, open-label trial to evaluate the efficacy and safety of avutometinib alone and in combination with defactinib in patients with recurrent low-grade serous ovarian cancer. The first part of the study (Part A) determined the selection of the go forward regimen, which was the combination of avutometinib and defactinib versus avutometinib alone, based on overall response rates. The expansion phases of the trial (Parts B and C) are evaluating the safety and efficacy of the go forward regimen of avutometinib 3.2 mg twice weekly and defactinib 200 mg twice daily. The Part D portion of the trial is evaluating a low dose of avutometinib in combination with defactinib to inform individualized dose reduction.

About Low-Grade Serous Ovarian Cancer (LGSOC)

LGSOC is a rare ovarian cancer that is insidious, persistent and ultimately fatal. LGSOC is distinct and different from high-grade serous ovarian cancer (HGSOC) and requires different treatment. LGSOC is highly recurrent and less sensitive to chemotherapy compared to HGSOC. Approximately 6,000-8,000 women in the U.S. and 80,000 worldwide are living with this disease. LGSOC affects younger women with bimodal peaks of diagnosis at ages between 20-30 and 50-60 and has a median survival of approximately ten years. The majority of patients report a negative impact of LGSOC on their mental and physical health, fertility, and long-term quality of life. The current standard of care for this disease includes hormone therapy and chemotherapy, but there are no treatments specifically approved by the U.S. Food and Drug Administration to treat LGSOC.

About the Avutometinib and Defactinib Combination

Avutometinib is a RAF/MEK clamp that induces inactive complexes of MEK with ARAF, BRAF and CRAF potentially creating a more complete and durable anti-tumor response through maximal RAS/MAPK pathway inhibition. In contrast to currently available MEK-only inhibitors, avutometinib blocks both MEK kinase activity and the ability of RAF to phosphorylate MEK. This unique mechanism allows avutometinib to block MEK signaling without the compensatory activation of MEK that appears to limit the efficacy of other MEK-only inhibitors.

Verastem Oncology is currently conducting clinical trials with avutometinib in RAS/MAPK driven tumors as part of its **R**af **A**nd **M**ek **P**rogram or RAMP. Verastem is currently enrolling patients and activating sites for RAMP 301 (NCT06072781) an international Phase 3 confirmatory trial evaluating the combination of avutometinib and defactinib, a selective FAK inhibitor, versus standard chemotherapy or hormonal therapy for the treatment of recurrent low-grade serous ovarian cancer (LGSOC). RAMP 201 (NCT04625270) is a Phase 2 registration-directed trial of avutometinib in combination with defactinib in patients with recurrent LGSOC and enrollment has been completed for the RAMP 201 trial.

Verastem initiated a rolling New Drug Application (NDA) submission in May 2024 to the U.S. Food and Drug Administration (FDA) for the investigational combination of avutometinib and defactinib in adults with recurrent KRAS mutant LGSOC who received at least one prior systemic therapy and expects to complete its NDA submission in the second half of 2024 with a potential FDA decision in the first half of 2025. The FDA granted Breakthrough Therapy Designation of the investigational combination of avutometinib and defactinib for the treatment of all patients with recurrent LGSOC after one or more prior lines of therapy, including platinum-based chemotherapy. Avutometinib alone or in combination with defactinib was also granted Orphan Drug Designation by the FDA for the treatment of LGSOC.

Verastem Oncology has established clinical collaborations with Amgen and Mirati to evaluate LUMAKRAS™ (sotorasib) in combination with avutometinib and defactinib and KRAZATI™ (adagrasib) in combination with avutometinib in KRAS G12C mutant NSCLC as part of the RAMP 203 (NCT05074810) and RAMP 204 (NCT05375994) trials, respectively. The RAMP 205 (NCT05669482), a Phase 1b/2 clinical trial evaluating avutometinib and defactinib with gemcitabine/nab-paclitaxel in patients with front-line metastatic pancreatic cancer, is supported by the PanCAN Therapeutic Accelerator Award. FDA granted Orphan Drug Designation to avutometinib and defactinib combination for the treatment of pancreatic cancer.

About Verastem Oncology

Verastem Oncology (Nasdaq: VSTM) is a late-stage development biopharmaceutical company committed to the development and commercialization of new medicines to improve the lives of patients diagnosed with cancer. Our pipeline is focused on RAS/MAPK-driven cancers, specifically novel small molecule drugs that inhibit critical signaling pathways in cancer that promote cancer cell survival and tumor growth, including RAF/MEK inhibition and FAK inhibition. For more information, please visit www.verastem.com and follow us on LinkedIn.

Forward-Looking Statements

This press release includes forward-looking statements about, among other things, Verastem Oncology's programs and product candidates, strategy, future plans and prospects, including statements related to, the scope and expecting timing for the completion of the NDA submission for the avutometinib and defactinib combination in LGSOC, the ongoing discussions with the FDA and the ability to obtain Accelerated Approval and Priority Review of the mature RAMP 201 data, the potential of the combination of avutometinib and defactinib to change the way patients with recurrent LGSOC are treated, the potential of the results of the RAMP 301 Phase 3 trial to expand the indication regardless of KRAS mutation status, the structure of our planned and pending clinical trials, the potential clinical value of various of the Company's clinical trials, including the RAMP 201, RAMP 205 and RAMP 301 trials, the timing of commencing and completing trials, including topline data reports, interactions with regulators, the timeline and indications for clinical development, regulatory submissions and the potential for and timing of commercialization of product candidates. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," "can," "promising" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties that could cause our actual results to differ materially from those expressed or implied in the forward-looking statements we make. Applicable risks and uncertainties include the risks and uncertainties, among other things, regarding: the success in the development and potential commercialization of our product candidates, including avutometinib in combination with other compounds, including defactinib, LUMAKRAS™ and others; the uncertainties inherent in research and development, such as negative or unexpected results of clinical trials, the occurrence or timing of applications for our product candidates that may be filed with regulatory authorities in any jurisdictions; whether and when regulatory authorities in any jurisdictions may approve any such applications that may be filed for our product candidates, and, if approved, whether our product candidates will be commercially successful in such jurisdictions; our ability to obtain, maintain and enforce patent and other intellectual property protection for our product candidates; the scope, timing, and outcome of any legal proceedings; decisions by regulatory authorities regarding trial design, labeling and other matters that could affect the timing, availability or commercial potential of our product candidates; whether preclinical testing of our product candidates and preliminary or interim data from clinical trials will be predictive of the results or success of ongoing or later clinical trials; that the timing, scope and rate of reimbursement for our product candidates is uncertain; that the market opportunities of our drug candidates are based on internal and third-party estimates which may prove to be incorrect; that third-party payors (including government agencies) may not reimburse; that there may be competitive developments affecting our product candidates; that data may not be available when expected; that enrollment of clinical trials may take longer than expected, which may delay our development programs, including delays in submission or review by the FDA of our NDA submission in recurrent KRAS mutant LGSOC if enrollment in our confirmatory trial is not well underway at the time of submission, or that the FDA may require the Company to enroll additional patients in the Company's ongoing RAMP-301 confirmatory Phase 3 clinical trial prior to Verastem submitting or the FDA taking action on our NDA seeking accelerated approval; risks associated with preliminary and interim data, which may not be representative of more mature data, including with respect to interim duration of therapy data; that our product candidates will cause adverse safety events and/or unexpected concerns may arise from additional data or analysis, or result in unmanageable safety profiles as compared to their levels of efficacy; that we may be unable to successfully validate, develop and obtain regulatory approval for companion diagnostic tests for our product candidates that require or would commercially benefit from such tests, or experience significant delays in doing so; that the mature RAMP 201 data and associated discussions with the FDA may not support the scope of our rolling NDA submission for the avutometinib and defactinib combination in LGSOC, including with respect to KRAS wild type LGSOC; that our product candidates may experience manufacturing or supply interruptions or failures; that any of our third party contract research organizations, contract manufacturing organizations, clinical sites, or contractors, among others, who we rely on fail to fully perform; that we face substantial competition, which may result in others developing or commercializing products before or more successfully than we do which could result in reduced market share or market potential for our product candidates; that we will be unable to successfully initiate or complete the clinical development and eventual commercialization of our product candidates; that the development and commercialization of our product candidates will take longer or cost more than planned, including as a result of conducting additional studies or our decisions regarding execution of such commercialization; that we may not have sufficient cash to fund our contemplated operations, including certain of our product development programs; that we may not attract and retain high quality personnel; that we or Chugai Pharmaceutical Co., Ltd. will fail to fully perform under the avutometinib license agreement; that the total addressable and target markets for our product candidates might be smaller than we are presently estimating; that we or Secura Bio, Inc. (Secura) will fail to fully perform under the asset purchase agreement with Secura, including in relation to milestone payments; that we will 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 Therapeutics (Shanghai), Inc. (GenFleet), or that GenFleet will fail to fully perform under the agreement; that we may not be able to establish new or expand on existing collaborations or partnerships, including with respect to in-licensing of our product candidates, on favorable terms, or at all; that we may be unable to obtain adequate financing in the future through product licensing, co-promotional arrangements, public or private equity, debt financing or otherwise; that we will not pursue or submit regulatory filings for our product candidates; and that our product candidates will not receive regulatory approval, become commercially successful products, or result in new treatment options being offered to patients.

Other risks and uncertainties include those identified under the heading "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2023 as filed with the Securities and Exchange Commission (SEC) on March 14, 2024 and in any subsequent filings with the SEC, which are available at www.sec.gov. The forward-looking statements contained in this press release reflect Verastem Oncology's views as of the date hereof, and the Company does not assume and specifically disclaims any obligation to update any forward-looking statements whether as a result of new information, future events or otherwise, except as required by law.

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[i] *NE = could not be estimated based on number of patients with loss of response*