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): **April 9, 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 April 9, 2024, Verastem, Inc. posted its corporate presentation on its website, a copy of which is furnished hereto as Exhibit 99.1 to this Current Report on Form 8-K.

Item 9.01. Financial Statements and Exhibits

Exhibit No.	Description
99.1	Corporate Presentation, dated April 9, 2024
104	Cover Page Interactive Data File (formatted in Inline XBRL)

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: April 9, 2024

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

Exhibit 99.1

VERASTEM ONCOLOGY

Delivering Novel Therapies in RAS/MAPK Pathway Driven Cancers

April 2024

Corporate Presentation

Disclaimers

Forward-Looking

This presentation includes forward-looking statements about Verastem Oncology's programs and product candidates, strategy, future plans and prospects, including statements related to the expected outcome and benefit GenFleet Therapeutics (Shanghai), Inc. ("GenFleet"), the potential clinical value of various of its clinical trials, the timing of commencing and completing trials, including topline data reports, interactions with regulators, the commercialization of product candidates and potential for additional development programs involving Verastem Oncology's lead compound. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "plan," "p "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 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 avutometinib in con 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 canc 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 produc 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 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 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 third-party payors (including government agencies) may not reimburse; developments affecting our product candidates; that data may not be available when expected; that enrollment of clinical trials may take longer than expected; that our product candidates will cause adverse safety events a arise from additional data or analysis, or result in unmanageable safety profiles as compared to their levels of efficacy; that our product candidates may experience manufacturing or supply interruptions or failures; that any 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 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 eventua 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; that we may not have sufficient cash to f 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 our target market for our product candidates presently estimating; that 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 not see a return on investment on the p continue to make pursuant to the collaboration and option agreement with GenFleet or that GenFleet will fail to fully perform under the agreement; that we may be unable to obtain adequate financing in the future throug 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 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 Cor 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 statements.

Use of Non-GAAP Financial Measures

This presentation contains references to our non-GAAP operating expense, a financial measure that is not calculated in accordance with generally accepted accounting principles in the US ("GAAP"). This non-GAAP finan amounts or expenses from the corresponding financial measures determined in accordance with GAAP. Management believes this non-GAAP information is useful for investors, taken in conjunction with the Company's G it provides greater transparency and period-over-period comparability with respect to the Company's operating performance and can enhance investors' ability to identify operating trends in the Company's business. Mana other factors, to assess and analyze operational results and trends and to make financial and operational decisions. Non-GAAP information is not prepared under a comprehensive set of accounting rules and should only be understanding of the Company's operating results as reported under GAAP, not in isolation or as a substitute for, or superior to, financial information prepared and presented in accordance with GAAP. In addition, this nc unlikely to be comparable with non-GAAP information provided by other companies. The determination of the amounts that are excluded from non-GAAP financial measures is a matter of management judgment and depe the nature of the underlying expense or income amounts. Reconciliations between this non-GAAP financial measure and the most comparable GAAP financial measure are included in the footnotes to the slides in this pres GAAP number appears.

Third-Party Sources

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and Verastem Oncology's own internal estimates and research. W these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions.

VERASTEM ONCOLOGY

Verastem Oncology

Strong progress in 2023 sets up multiple value-creation opportunities

Well-Positioned To Deliver on 2024 Catal

➢ On track to deliver the first approved therapy in LGSOC

- Data at ASCO 2023 of avutometinib, a RAF/MEK Clamp in combination with defact demonstrated robust responses in patients with recurrent low-grade serous ovaria
- Phase 3 confirmatory study underway with plans to report updated topline data fro H1 2024
- Commence rolling NDA for Accelerated Approval in H1 2024

➢ Ongoing studies in additional indications including Pancreatic Cance

- Report initial safety and efficacy results from RAMP 205 trial of avutometinib + gem paclitaxel + defactinib in first-line metastatic pancreatic cancer in H1 2024
- Report updated data from both non-small cell lung cancer (NSCLC) trials - RAMP Amgen) and RAMP 204 (adagrasib-Mirati) trials in Mid-2024

➢ GenFleet collaboration furthers pipeline potential in RAS/MAPK dri

- GenFleet's IND application for GFH375/VS-7375, a potential best-in-class oral KRA (ON/OFF) inhibitor, was filed in China and accepted for review; upon clearance exp Phase 1 trial in China in H2 2024
- Expect to initiate Phase 1 trial for GFH375/VS-7375 in China in H2 2024
- Ongoing discovery/lead optimization for second and third programs

➢ Strong balance sheet to support ongoing programs and operations

- Company ended Q4 2023 with $137.1M in cash and investments and $31.1 million expenses ($29.5 million non-GAAP operating expenses*)

* Q4 2023 GAAP operating expenses - $31.14M less Q4 2023 stock compensation of $1.60M = $29.54M Q4 2023 non-GAAP oper
IND: investigational new drug application; NDA: new drug application

Driving Momentum in 2024: Recap of Recent Key Achiever

Avutometinib + Defactinib: Recurrent LGSOC	Avutometinib + Defactinib: Metastatic Pancreatic Cancer	Avutometinib + KRAS G12C Inhibitors: NSCLC	GFH375/ Oral G12D Inhib
✓ Received FDA Orphan Drug Designation ✓ Initiated Phase 3 confirmatory study ✓ Presented planned subgroup analysis of Part A RAMP 201 trial ✓ RAMP 201 FDA meeting – combination selected as go-forward regimen	✓ Initiated RAMP 205 combo avutometinib + gemcitabine/nab-paclitaxel + defactinib	✓ Received FDA Fast Track Designation for avutometinib in combo with Amgen's G12C inhibitor sotorasib ✓ Presented initial results from Phase 1/2 RAMP 203 trial of avutometinib + sotorasib in KRAS G12C mutant NSCLC ✓ Added defactinib to avutometinib and sotorasib combination in the RAMP 203 trial	✓ Established dis development with GenFleet ✓ Selected GFH potential best- KRAS G12D (inhibitor ✓ IND applicatio China and acc

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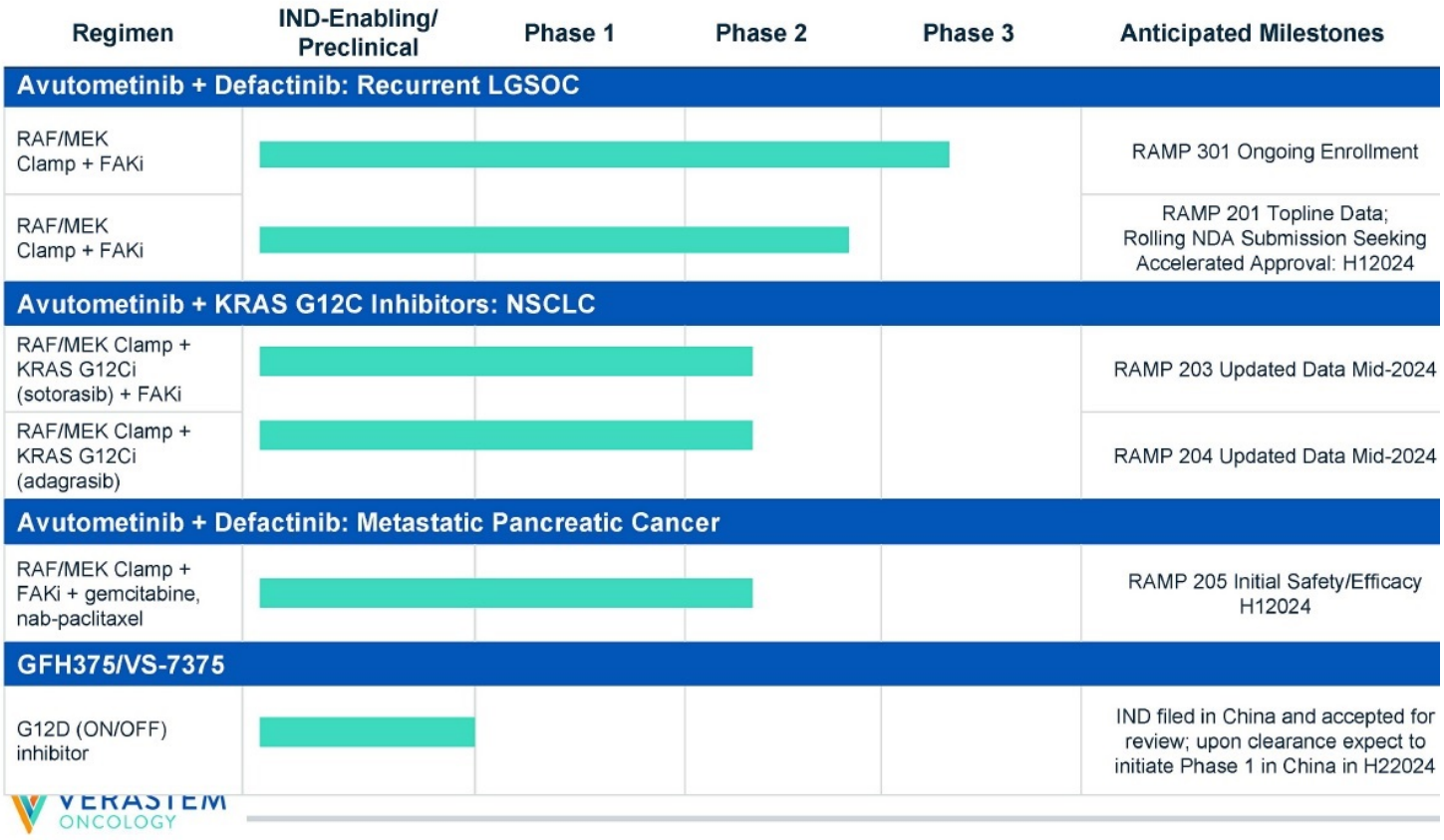
Clinical Program Designed for Success in LGSOC, Signal Generation



Avutometinib RAF/MEK Clamp Program Overview

Avutometinib is a Differentiated Agent with the Potential to Serve a Backbone for Combinations Across RAS Pathway-Driven Cancers

- Unique RAF/MEK clamp mechanism of action
- Novel intermittent dosing schedule; convenient oral regimen
- Orphan Drug Designation for avutometinib alone or in combination with defactinib in recur
- Breakthrough Therapy Designation for combination of avutometinib and defactinib for treatr recurrent LGSOC after one or more prior lines of therapy including platinum-based chemot
- Received FDA Fast Track Designation for avutometinib in combination with Amgen's G12C i sotorasib in KRAS G12C-mutant NSCLC
- Potential best-in-class safety & tolerability profile relative to marketed MEK inhibitors, with p combinability with agents from multiple target classes
- Promising signals of clinical activity in various RAS pathway-driven cancers, including in patie tumors previously progressed on other MEK inhibitors

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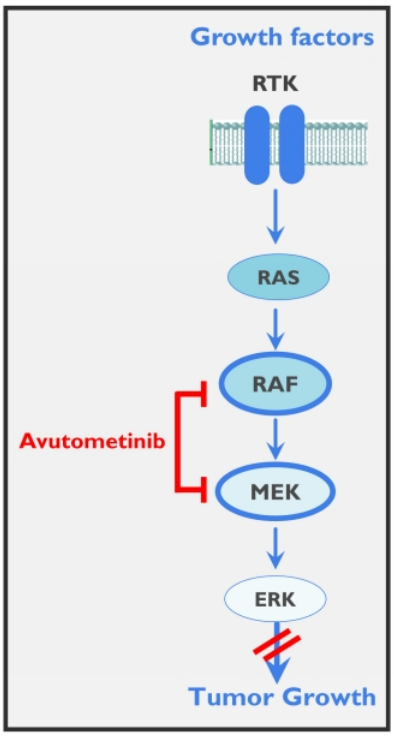
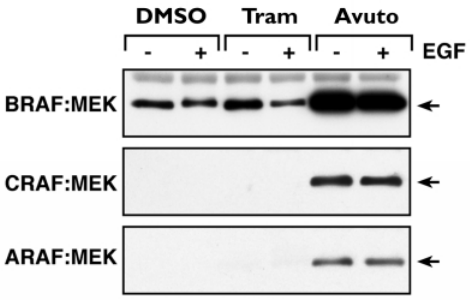
RAF-Rapidly accelerated fibrosarcoma, MEK-Mitogen-activated protein kinase kinase, RAS-Rat sarcoma virus MAPK-Mitogen-activated protein kinase KRAS-NRAS-Neuroblastoma RAS viral oncogene homolog, BRAF-v-raf murine sarcoma viral oncogene homolog B1, NF1-Neurofibromatosis type 1

Avutometinib is a Unique Small Molecule RAF/MEK Clamp

Contrasting Mechanism of Action vs. MEK-Only Inhibitors

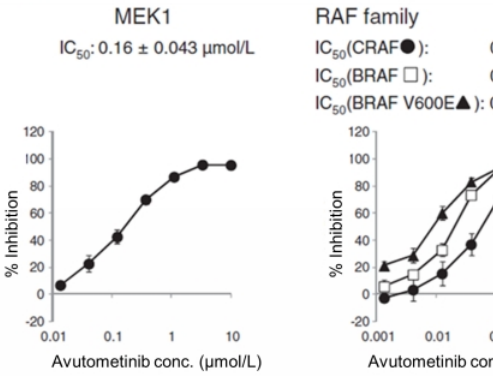


Avutometinib induces dominant negative RAF/MEK complexes

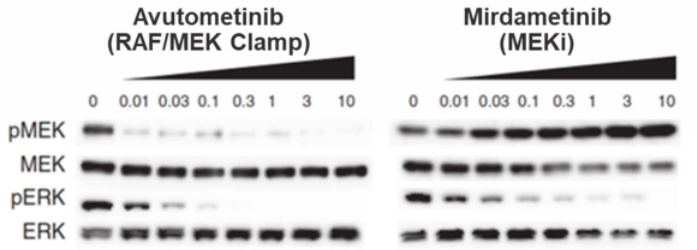


Collaboration with Deborah Morrison, NCI

Avutometinib inhibits both RAF and MEK



The RAF/MEK clamp mechanism avoids the compensatory activation of pMEK enabling more complete pERK inhibition



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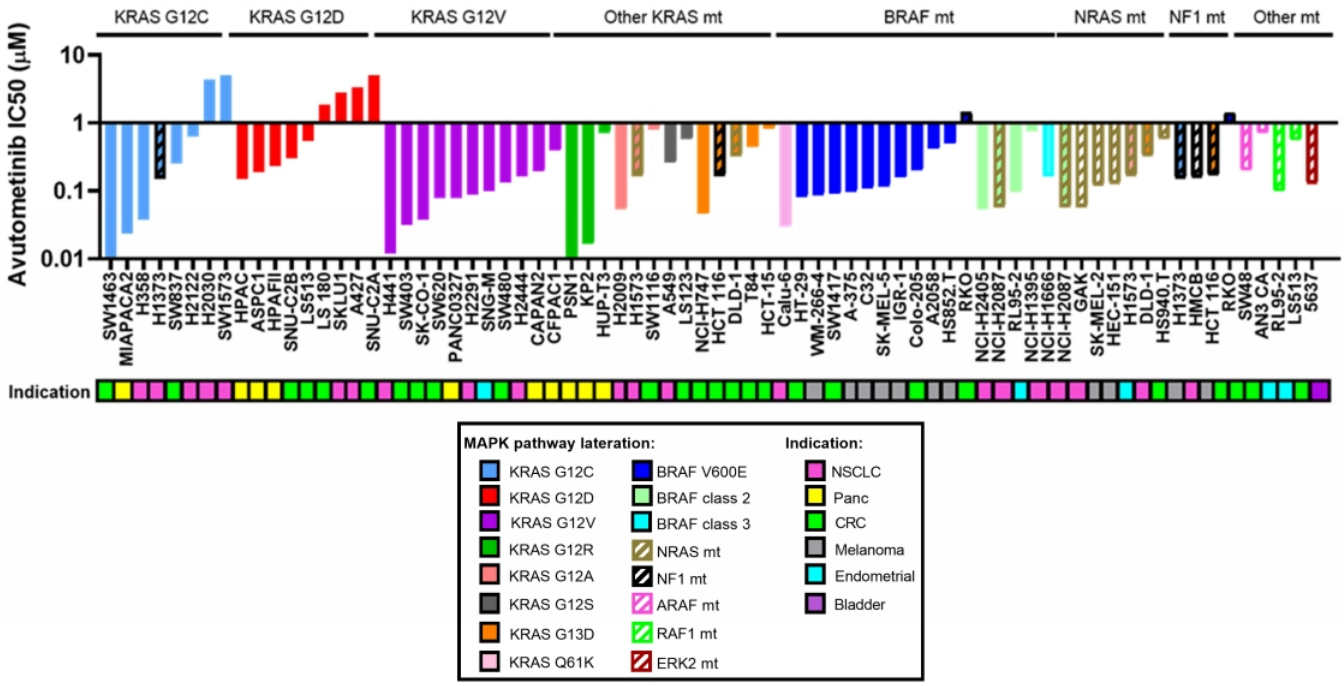
Coma et al., AACR 2022; Ishii et al., *Cancer Res*, 2013; Lito et al., *Cancer Cell*, 2014

Avutometinib Inhibits Cell Proliferation Across Multiple RAS/MAPK Alterations and Multiple Solid Tumor Histologies



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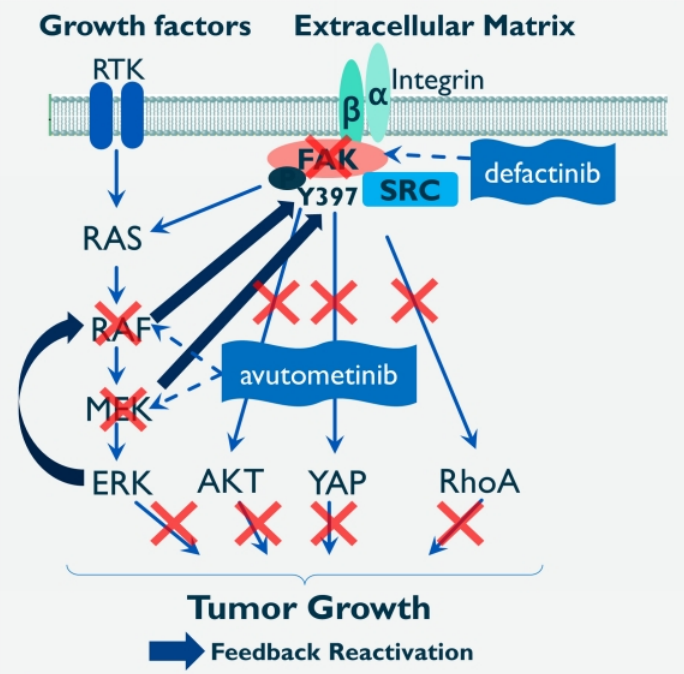
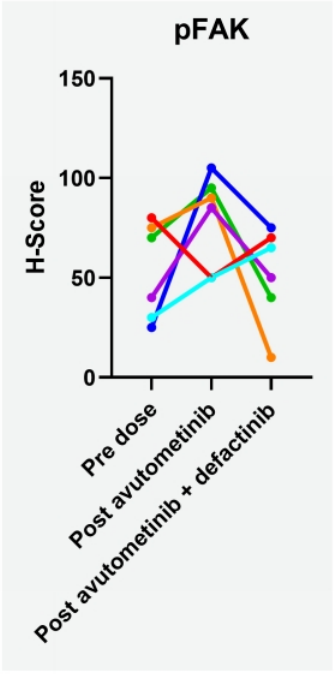
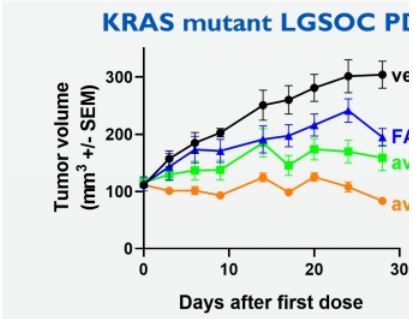
Verastem, unpublished data

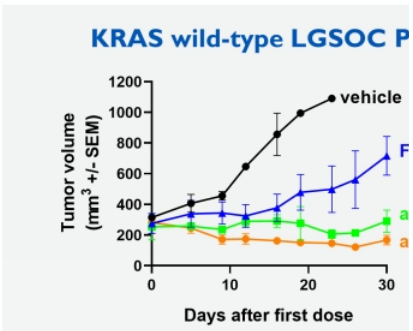
Strong Scientific Rationale for Avutometinib and FAK Inhibitor Con

Anti-Tumor Efficacy in KRAS Mutant and Wild-Type LGSOC models









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Banerji, BTOG Dublin, Jan 23, 2019; Banerji, AACR VM 1, April 27, 2020, CT143; Banerji, unpublished; Santin, unpublished

Optimized Dosing Schedule Defined: Favorable Tolerability Profile with Novel Intermittent Dosing Regim

Summary of Adverse Events Grade ≥ 3 Occurring in ≥ 5% of patients

	Avutometinib monotherapy Daily at MTD N=6 28-day cycle	RP2D Avutometinib monotherapy 4mg twice weekly N=26 28-day cycle	RP (Avutometini weekly + def twice N= 21 days of
Treatment Related Adverse Event	**Grade ≥3**	**Grade ≥3**	**Grad**
Rash	3 (50%)	5 (19%)	2 (
CK elevation (Creatine phosphokinase)	1 (17%)	2 (8%)	2 (

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[1] Chenard-Poirier, *et al.* ASCO 2017; References: Banerji, Q4 2020 report; Data on file; RP2D: recommended phase 2 dosing

RAS Pathway-Driven Cancers and Rational Avutometinib Combinations

Ongoing Comprehensive Approach to Establish More Complete Blo
RAS Pathway & Resistance Pathways

	Indication	Incidence/ Prevalence	Biomarker %	Regimen	Setting	Ph
Incidence[2,3]: 114K	RAMP301 LGSOC	Prevalence[1]: 6K		Avutometinib + defactinib	Relapsed Refractory molecularly profiled LGSOC	Phase 3 Confirmato
Gynecologic Cancers	RAMP201 LGSOC	Prevalence[1]: 6K		Avutometinib + defactinib	Relapsed Refractory molecularly profiled LGSOC	Phase 2 Registration AA cohort
	Gynecologic Basket*	Incidence[6-10]: 85K		Avutometinib + defactinib	Recurrent RAS Pathway-driven (RAS/RAF/NF1) endometrioid cancer, mucinous ovarian cancer, high-grade serous ovarian cancer or cervical cancer	Phase 2
	Mesonephric	Incidence:[11] ~680		Avutometinib + defactinib	Advanced or recurrent mesonephric gynecologic cancer	Phase 2
NSCLC Adenocarcinoma	RAMP203 KRAS G12C	Incidence[2,3]: 114K		Avutometinib + sotorasib ± defactinib	Recurrent KRAS G12C with prior KRAS G12C inhibitor(i) treatment or KRAS G12Ci naïve	Phase 1
	RAMP204 KRAS G12C			Avutometinib + adagrasib	Recurrent KRAS G12C with prior KRAS G12Ci treatment that progressed	Phase 1
Pancreatic	RAMP205 PDAC	Incidence[4]: 58K		Avutometinib + defactinib + gemcitabine/nab-paclitaxel	Previously untreated (front-line) metastatic pancreatic ductal adenocarcinoma (PDAC)	Phase 1
CRC	KRAS mt*	Incidence[5]: 148K		Avutometinib + cetuximab	Recurrent metastatic KRAS mt	Phase 1
Breast Cancer	ER+*	Incidence[5]: 279K		Avutometinib + abemaciclib + fulvestrant	Recurrent ER+/HER2- breast cancer following progression on CDK4/6i + aromatase inhibitor	Phase 1
Thyroid	MAPK alterations*+	Incidence[4]: 44K		Avutometinib + defactinib	Differentiated & anaplastic thyroid cancer	Phase 2

*1ST +excluding BRAFV600E

[1] Monk, Randall, Grisham, The Evolving Landscape of Chemotherapy in Newly Diagnosed Advanced Epithelial Ovarian Cancer, Am Soc Clin Oncol Educ Book; 2019; Slomovitz, Gourley, Carey, Malpica, Shih, Huntsman, Fader., Grisham et al, Low-Grade serous ovarian cancer: State of the Science; Gynecol Oncol; 2020. Grisham, Iyer, Low-Grade Serous Ovarian Cancer: Current Treatment Parad Globocan 2020; [2]Pakkals and Ramalingam JCI Insight 2018); [3]Cancer Statistics 2020, Siegel et. al. *CA Cancer J Clin* 2020;70:7-30; [4]Cancer Statistics 2020, Siegel et. al. *CA Cancer J Clin* 2020;70:7-30 [5]CbioPortal; [6]Uterine cancer is one of the leading gynecologic neoplastic disorders in the US, of which over 80% are endometrioid adenocarcinomas (EA); [7]Endometrioid OC (EnOC) accounts for approxin grade, early stage disease with excellent clinical; [8]Mucinous ovarian cancer: 3-11% of ovarian cancer (Hada et al., 2021); [9]90% of Ovarian Cancer is Epithelial Ovarian Cancer (https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf); [10]HGSOC the most common type of ovarian cancer, accounting for (https://ocrahope.org/news/high-grade-serous-carcinoma/) [11]Ji Son (David Hong) ASCO 2023

Avutometinib ± Defactinib in Low-Grade Serous Ovarian Cancer

LGSOC Unmet Need & Opportunity

- LGSOC is a less common type of ovarian cancer that is often diagnosed in younger women
  - LGSOC is a unique disease that is distinct from high-grade serous ovarian cancer (HGSOC) in its pathology, protracted clin response to chemotherapy and thus requires a more tailored therapeutic approach
  - An estimated 1,000-2,000 patients are diagnosed with LGSOC per year in the U.S., with prevalence of ~6,000
- There are currently no approved therapies specifically indicated for recurrent LGSOC
  - Recent clinical trials in recurrent LGSOC showed that standard-of-care chemo and hormonal therapy are relatively ineffectiv
  - LGSOC has a chemo-resistant nature and optimal treatment has not yet been defined. NCCN guidelines include clinical tria highlighting the lack of approved & effective therapies
- LGSOC is known to be driven by the MAPK (RAS) pathway in ≥70% of patients
- A phase I/II study in the UK (FRAME) evaluated the combination of avutometinib and defactinib
  - Results in recurrent LGSOC showed a 42% confirmed ORR with durable responses and favorable safety/tolerability
- RAMP 201:A registration-directed Phase 2 trial of avutometinib and avutometinib + defactinib in recurrent LGSO
  - Updated data from ASCO 2023 showed a 45% confirmed ORR in the combination arm with tumor shrinkage in 86% of evalu
- RAMP 301:A confirmatory Phase 3 trial evaluating the combination of avutometinib and defactinib versus standard hormonal therapy for the treatment of recurrent LGSOC

  - **Orphan Drug Designation** for avutometinib alone or in combination with defactinib in recurrent LGSOC
  - **Breakthrough Therapy Designation** granted for avutometinib and defactinib in recurrent LGSOC after one or more

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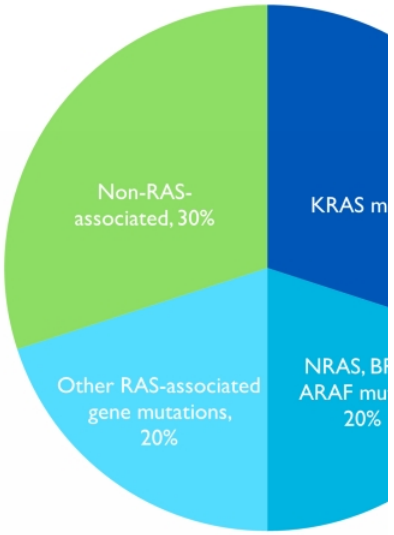
Monk et al., The Evolving Landscape of Chemotherapy in Newly Diagnosed Advanced Epithelial Ovarian Cancer, 2019; Slomovitz et al., Low-Grade serous ovarian cancer: State of the Science, 202 Grade Serous Ovarian Cancer: Current Treatment Paradigms and Future Directions, 2018; AACR Project GENIE Cohort v9.0-public and Verastem unpublished analysis; Banerjee et al., Phase I stu the dual RAF/MEK inhibitor VS-6766 and the FAK inhibitor defactinib: Results of efficacy in low grade serous ovarian cancer, ESMO 2021; Malpica et al., Interobserver and intraobserver variability grading ovarian serous carcinoma, 2007; NCCN guidelines v1.2023; Zwimpfer et al. Cancer treatment Reviews 112 (2023).

LGSOC is a Unique RAS Pathway-Driven Cancer with a High Unm

- LGSOC is a type of ovarian cancer that disproportionately affects younger women
- 1,000 to 2,000 patients in the U.S. and 15,000 to 30,000 worldwide diagnosed with LGSOC each year
- A slow growing cancer, that has a median survival of almost 10 years, so patients remain in treatment for a long time (10-yr prevalence ~80,000 worldwide, ~6,000 US)
- Patients often experience significant pain and suffering from their disease over time
- Prior research has focused primarily on HGSOC. However, LGSOC is clinically, histologically and molecularly unique from HGSOC with limited treatments available

~30% of LGSOC Patients Hav
~70% of LGSOC Shows RAS Pathwa



References: AACR Project GENIE Cohort v9.0-public a

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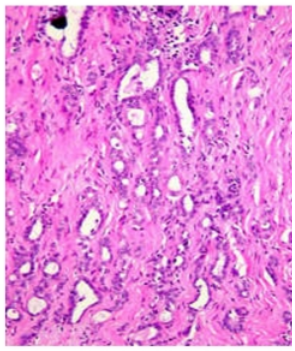
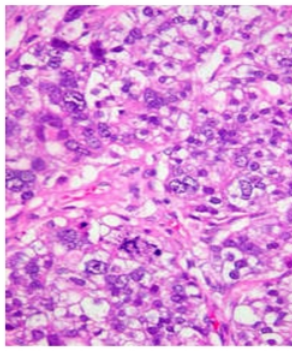
Monk, Randall, Grisham, The Evolving Landscape of Chemotherapy in Newly Diagnosed Advanced Epithelial Ovarian Cancer, Am Soc Clin Oncol Educ Book; 2019; Slomovitz, Gourley, Carey, Malpi Low-Grade serous ovarian cancer: State of the Science; Gynecol Oncol; 2020. Grisham, Iyer, Low-Grade Serous Ovarian Cancer: Current Treatment Paradigms and Future Directions; Curr Treat C Surg Pathol 2007

Low-Grade and High-Grade Serous Ovarian Cancer Are Different D

Variable	LGSOC	HGSOC
Nuclear atypia	Uniform round to oval with little variation	+++ Marked variation
Mitotic Index	<12 mitoses per 10 hpf	>12 mitoses per 10 hpf
Chromatin and variation in size of nucleus	Little	Marked (nuclear size ratio ≥3)
Mutation	KRAS ++ BRAF + ER/PR +++	P53 +++ BRCA1/2 +
Precursor	Serous borderline tumor	Tubal intraepithelial neoplasia



LGSOC



HGSOC

Malpica et al., Am J. Surg Pathol 2007

Recurrent LGSOC: High Medical Need

No Approved Treatment Options – Limited Benefit from Available Therapie

Recurrent Low-Grade Ovarian Cancer – Treatment Guidelines [1]

RECURRENCE THERAPY[r]

No Category 1 recommendations (high-level evid
Category 2a (lower-level evidence with uniform N
unless otherwise indicated
f: There is no standard sequencing of drugs for rec
disease. Considerations include prior therapies, di
efficacy, and relative toxicity profile.
t: An aromatase inhibitor (i.e., letrozole, anastrozo
preferred if not used previously. Fulvestrant, tamo
acetate is recommended if an aromatase inhibitor

Recurrent disease[s] →

- Clinical trial
- or
- Trametinib[f]
- or
- Binimetinib (category 2B)[f]
- or
- Dabrafenib + trametinib (for *BRAF* V600E-positive tumors)[f]
- or
- Hormonal therapy[t]
- or
- Chemotherapy (if not previously used), see OV-C (6 of 11)
- or
- Other systemic therapy[f,u]
  - For platinum-sensitive disease, see OV-C (8 of 11)
  - For platinum-resistant disease, see OV-C (9 of 11)
- or
- Observation

Preferred Regimens

- Paclitaxel/carboplatin q3weeks[f,g] ± ma
  letrozole (category 2B) or other hormo
  (category 2B)[ff]
- Paclitaxel/carboplatin/bevacizumab + r
  bevacizumab[f,l] (ICON-7 & GOG-218)
- Hormone therapy (aromatase inhibitors
  anastrozole, letrozole, exemestane) (c

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[1] NCCN guidelines v1.2023

Recent LGSOC Trials Highlight High Unmet Need

Trial	Number of Prior Systemic Therapies Median (range)	Prior MEK allowed	Prior Bevacizumab	Therapy	Response Rate ORR	Image Assessment	Median PFS Months (95% CI
GOG 281[1]	2 (1-10)	No	* Low %	**SoC (n=130)**	**6% 95% CI: (3%, 12%)**	INV	7.2 (5.6-9.9)
				Trametinib (n=130)	**26% 95% CI: (19%, 35%)**	INV	13.0 (9.9-15.0)
MILO[2]	2 (1-8)	No	* Low %	**SoC (n=101)**	**13% 95% CI: (7%, 21%)**	BICR	10.6 (9.2 - 14.5)
				Binimetinib[2] (n=198)	**16% 95% CI: (11%, 22%)**	BICR	9.1 (7.3-11.3)

[1] Study GOG 281 trial Gershenson et al., Lancet 2022
[2] MILO Study Monk et al., J Clin Oncol 2020.

** Low historical use of bevacizumab during trial conduct. % not reported*
MILO: no more than 3 lines of prior chemotherapy

SoC = Standar
(endocrine / ch
INV = Investig
BICR = Blinde
PFS = Progres
CI = confidenc
NR = Not rea

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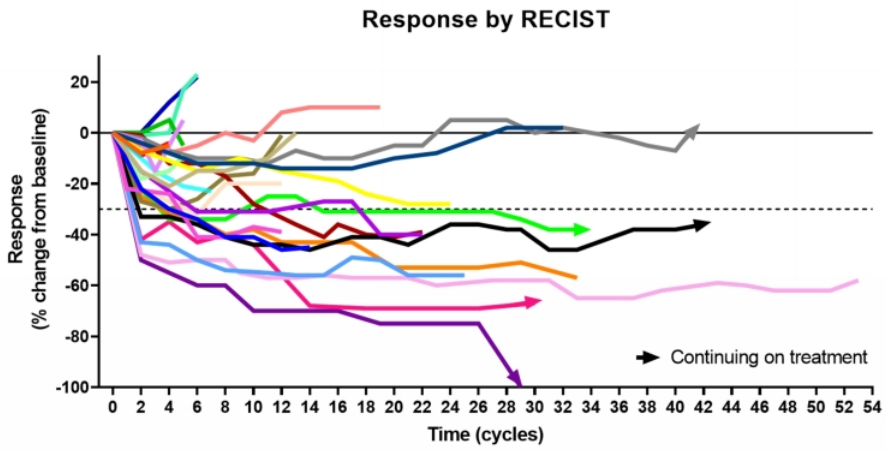
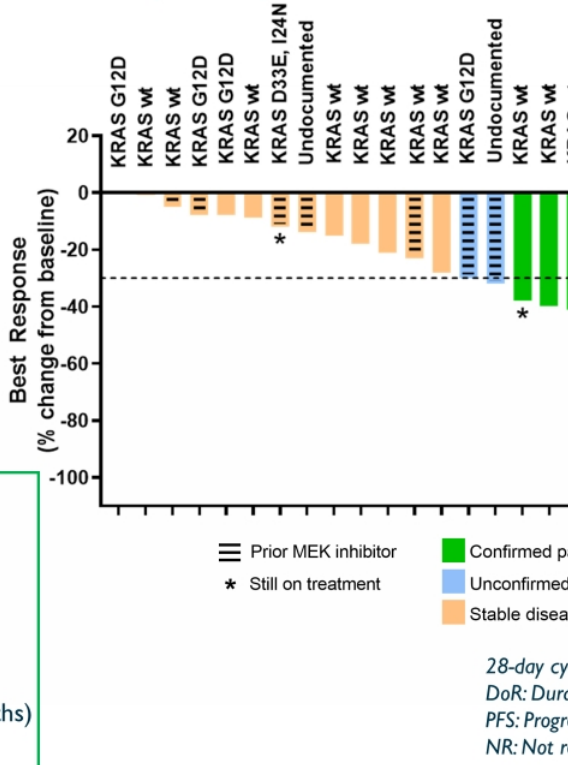
FRAME Study: High Rate of Durable Responses with the Combination of Avutometinib and Defactinib in Recurrent LGSOC (n=26)





- Overall response rate (ORR) = 42% (11 confirmed PRs/26)
  - KRAS mutant ORR = 58% (7 confirmed PRs/12)
  - KRAS wild-type ORR = 33% (4 confirmed PRs/12)
- Median DoR 26.9 months (95% CI 8.5-47.3) across all LGSOC patients
- Median PFS 20.0 months (95% CI 11.1 – 31.2) across all LGSOC per RECIST 1.1
- Median 3.5 prior lines of treatment (n=26)
- Responses observed in patients previously treated with MEK inhibitor
- 19% (5/26) patients still on treatment as of July 2023 (minimum follow up: ~17 months)
- No new safety findings with continued follow-up
- 1 patient discontinued for adverse events as of July 2023 (skin AE)

28-day cy
DoR: Dura
PFS: Progr
NR: Not r

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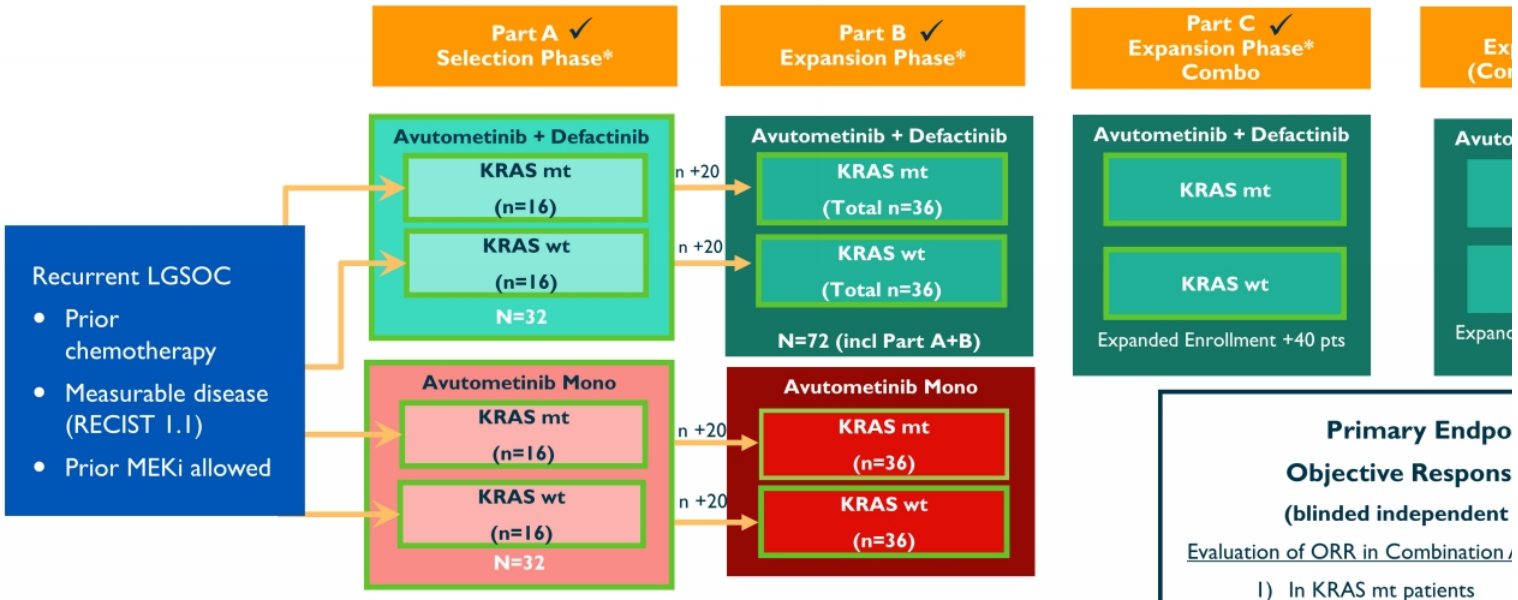
Denis, 5th Annual RAS-Targeted Drug Development Sept 2023; (Data cut off July 2023: Data on file)

RAMP 201 (ENGOTov60/GOG3052): Registration-Directed Phase
Avutometinib ± Defactinib in Patients with Recurrent LGSOC



* Dosing: Avutometinib + Defactinib combo: Avutometinib 3.2 mg PO 2x/wk 21/28 days + Defactinib 200 mg PO BID: 21/28 days; Avutometinib monotherapy: Avutometinib 4.0 mg PO 2x/wk 21/28 days

** Lower Dose: Avutometinib + Defactinib combo: Avutometinib 1.6 mg PO 2x/wk 21/28 days + Defactinib 200 mg PO BID: 21/28 days;

✓ Completed Enrollment

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"These results demonstrate avutometinib in combination with defactinib can deliver high response rates for patients with recurrent LGSOC with a promising safety profile to date. It is particularly encouraging to see extensive tumor shrinkage in women who have had several treatment lines, including prior MEK inhibitors. These latest findings suggest the combination may offer a new treatment option for women with this hard-to-treat cancer, and we are hopeful it will become the new standard of care."

–Dr. Susana Banerjee, MBBS, MA PhD, FRCP, *global and 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*

ASCO 2023 data

Updated Data from Part A of RAMP 201

	Avutometinib + Defactinib	
	Total (n=29)	
ORR, % (n)	**45% (13)** 95% CI: (26%, 64%)	
	KRAS mt 60% (9/15)	
Tumor shrinkage, % (n)	**86% (25)**	
Median Time to Response	5.5 months (range 1.6-14.7 months)	
Relative avutometinib Dose Intensity	**83% ± 20%**	

- 29 patients were evaluable for efficacy with a minimum follow-up of 12 months and 13 remain on study treatment
- Patients were heavily pretreated with a median of 4 prior systemic regimens (up to 11
  - 3 out of 4 patients who received prior MEK inhibitors responded to the combir
- Median duration of response and median progression free survival have not been reac
- Safety and tolerability continued to be favorable and consistent with previously report
  - The discontinuation rate due to ≥ 1 adverse event was 12% in the combination due to elevated blood CPK)

Recent LGSOC Trials with Standard of Care Highlight High Unmet Need
Current Trials with Avutometinib + Defactinib Show Overall Response R

Trial	Median Number of Prior lines of Therapy	Prior MEK Allowed	Prior Bevacizumab	Therapy	Response Rate ORR	Image Assessment	Median PFS Months (95% CI)
GOG 281[1]	2 (1-10)	No	* Low %	**Standard of Care**	**6% ^ *95% CI: (3%, 12%)***	INV	7.2 (5.6-9.9)
				Trametinib	26%^ 95% CI: (19%, 35%)	INV	13.0 (9.9-15.0)
MILO[2]	2 (1-8)	No	* Low %	**Standard of Care**	**13% 95% CI: (7%, 21%)**	**BICR**	10.6 (9.2 to 14.5)
				Binimetinib	16% 95% CI: (11%, 22%)	**BICR**	9.1 (7.3-11.3)
FRAME[3]	3.5	Yes	19 %	**Avutometinib + Defactinib**	**42%^** *95% CI: (23%, 63%)*	INV	**20** (11 - 31)
RAMP 201 Part A (ASCO 2023 data)[4]	4	Yes	65%	**Avutometinib + Defactinib**	**45% 95% CI: (26%, 64%) 52%*** **	**BICR**	Not Yet Reached

[1]Study GOG 281 trial Gershenson et al., Lancet 2022
[2]MILO Study Monk et al., J Clin Oncol 2020.
[3] Banerjee et al., ESMO Sept 2021
[4] Banerjee et al., ASCO June 2023
** Low historical use of bevacizumab during trial conduct. % not reported*
MILO: no more than 3 lines of prior chemotherapy

**** Confirmed + U*
***12% discontinuation in all combination pts (Part A + B (n=81): 4*

SoC = Standard of Care
GOG 281: *(chemotherapy / endocrine therapy)*
PLD (liposomal doxorubicin), paclitaxel, topotecan, letrozole or tamoxifen
MILO: *(chemotherapy only)*
PLD (liposomal doxorubicin), paclitaxel or topotecan

INV = Investigator
BICR = Blinded indep
PFS = Progression fr
CI = confidence inter
AE = adverse event

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ASCO 2023 data

RAMP 201 Part A: Heavily Pre-Treated Patient Population

Prior Platinum-Based Chemotherapy, Endocrine Therapy, Bevacizumab in Most Patients; Prior MEK Inhibitor Therapy was Permitted

	Avutometinib Monotherapy			Avutometinib +	
	KRAS mt (n=16)	KRAS wt (n=17)	Total (n=33)	KRAS mt (n=16)	KRAS v (n=15
Age (yrs), median (min, max)	58 (27, 72)	48 (27, 74)	**51 (27, 74)**	61 (29, 71)	50 (30,
ECOG PS, n (%)					
0	8 (50)	15 (88)	23 (70)	11 (69)	9 (60)
1	8 (50)	2 (12)	10 (30)	5 (31)	6 (40)
Number of Prior Systemic Regimens, median (min, max)	4 (1, 10)	3 (1, 9)	3 (1, 10)	4 (1, 8)	5 (2,
Prior platinum-based chemotherapy, n (%)	15 (94)	17 (100)	32 (97)	16 (100)	15 (100
Prior MEK inhibitor therapy, n (%)	5 (31)	5 (29)	10 (30)	2 (13)	2 (13)
Prior Bevacizumab, n (%)	8 (50)	8 (47)	16 (48)	7 (44)	13 (87
Prior Hormonal therapy, n (%)	11 (69)	13 (76)	24 (73)	15 (94)	13 (87

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ASCO 2023 data

RAMP 201 Part A: Evaluable Patient Population*

Positive ORR Confirmed by Blinded Independent Central Review (BICR) Support Avutometini Defactinib as Go Forward Regimen in LGSOC - Regardless of KRAS Status

	Avutometinib			Avutometinib + Defa		
	KRAS mt (n=15)	KRAS wt (n=15)	Total (n=30)	KRAS mt (n=15)	KRAS wt (n=14)	
Confirmed ORR, n (%)	2 (13)	1 (6)	3 (10) 95% CI (2%, 24%)	9 (60)	4 (29)	
CR, n (%)	1 (7)	0	1 (3)	0	0	
PR, n (%)	1 (7)	1 (6)	2 (7)	9** (60)	4 (29)	
SD, n (%)	12 (80)	13 (81)	25 (83)	6 (40)	7 (50)	
Disease control rate*, n (%)**	14 (93)	14 (88)	28 (93)	15 (100)	11 (79)	
PD, n (%)	1 (7)	2 (13)	3 (10)	0	3 (21)	
Confirmed + unconfirmed ORR, n (%)	2 (13)	1 (6)	3 (10)	11 (73)	4 (29)	

* Evaluable for Efficacy: At least one blinded imaging assessment in 31 of 33 and 29 of 31 patients enrolled in respective treatment arms

** Includes patient deepened to CR at last assessment; CR not yet confirmed

***Disease control rate (SD + PR + CR) at 8 weeks.

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BICR, blinded independent central review; mt, mutant; ORR, objective response rate; PD, progressive disease; PR, partial response; SD, stable disease; wt, wi

ASCO 2023 data

Combination of Avutometinib and Defactinib
High Disease Control Rate + Tumor Reduction in Recurrent LGSOC

Part A (Evaluable for Efficacy *)

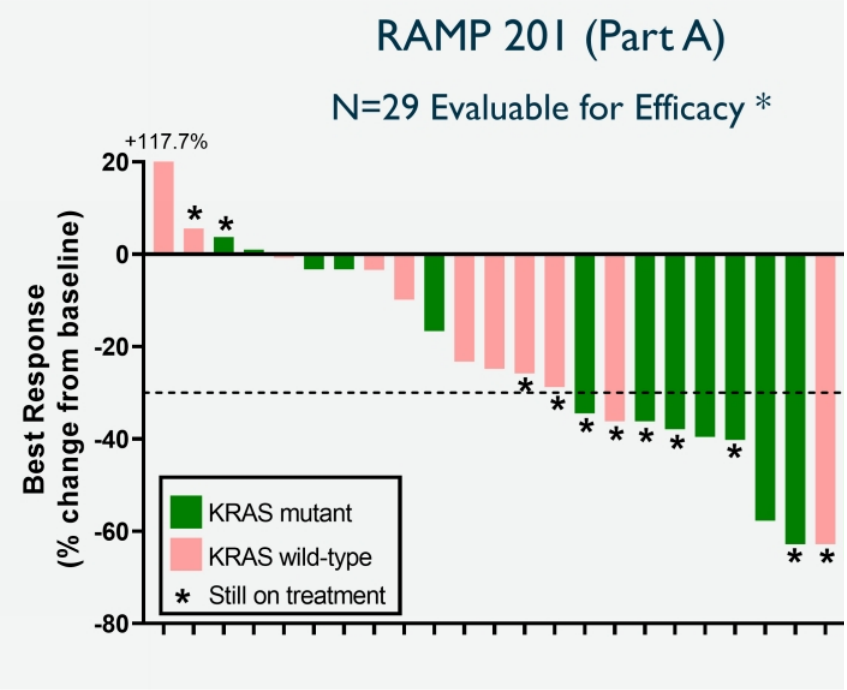
Confirmed ORR: **45%**

Confirmed/Unconfirmed ORR: **52%**

Disease Control Rate (SD+PR): **90%**

Patients still on study treatment: 45%

Minimum follow-up: 12 months



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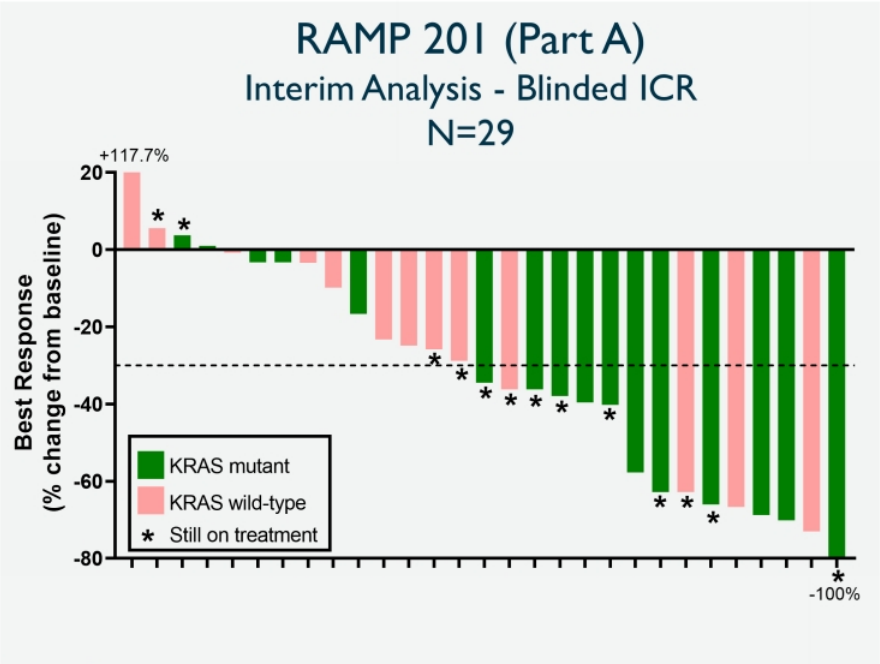
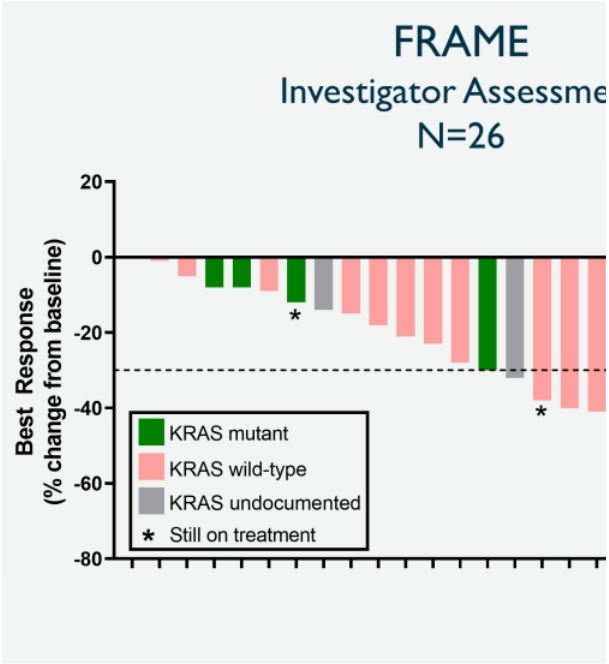
* Evaluable for Efficacy: At least one blinded imaging assessment

ASCO 2023 data

Combination of Avutometinib and Defactinib

Initial Data from RAMP 201 Trial Reinforce Findings from FRAME Trial





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ASCO 2023 data

RAMP 201: Safety and Tolerability Profile of Avutometinib + Defacti

No New Safety Signals; Few Discontinuations Due to Adverse Events

Most Common Treatment-Related Adverse Events (>20%) in All Treated Patients

- Majority of adverse events are mild to moderate and manageable/reversible[1]
- Few discontinuations due to adverse events (12.3% in combo due to ≥ 1 TEAE 4.9% due to elevated blood CPK*)
  * No association to date with clinically significant toxicities, including rhabdomyolysis

Avutometinib + Defactinib (n=81		
	Any Grade	G
Nausea, n (%)	50 (61.7)	
Diarrhea, n (%)	40 (49.4)	
Blood CPK increased, n (%)	39 (48.1)	
Oedema peripheral, n (%)	34 (42.0)	
Vomiting, n (%)	30 (37.0)	
Vision blurred, n (%)	29 (35.8)	
Dermatitis acneiform, n (%)	28 (34.6)	
Fatigue, n (%)	27 (33.3)	
Rash, n (%)	25 (30.9)	
Dry skin, n (%)	18 (22.2)	
Anemia, n (%)	14 (17.3)	

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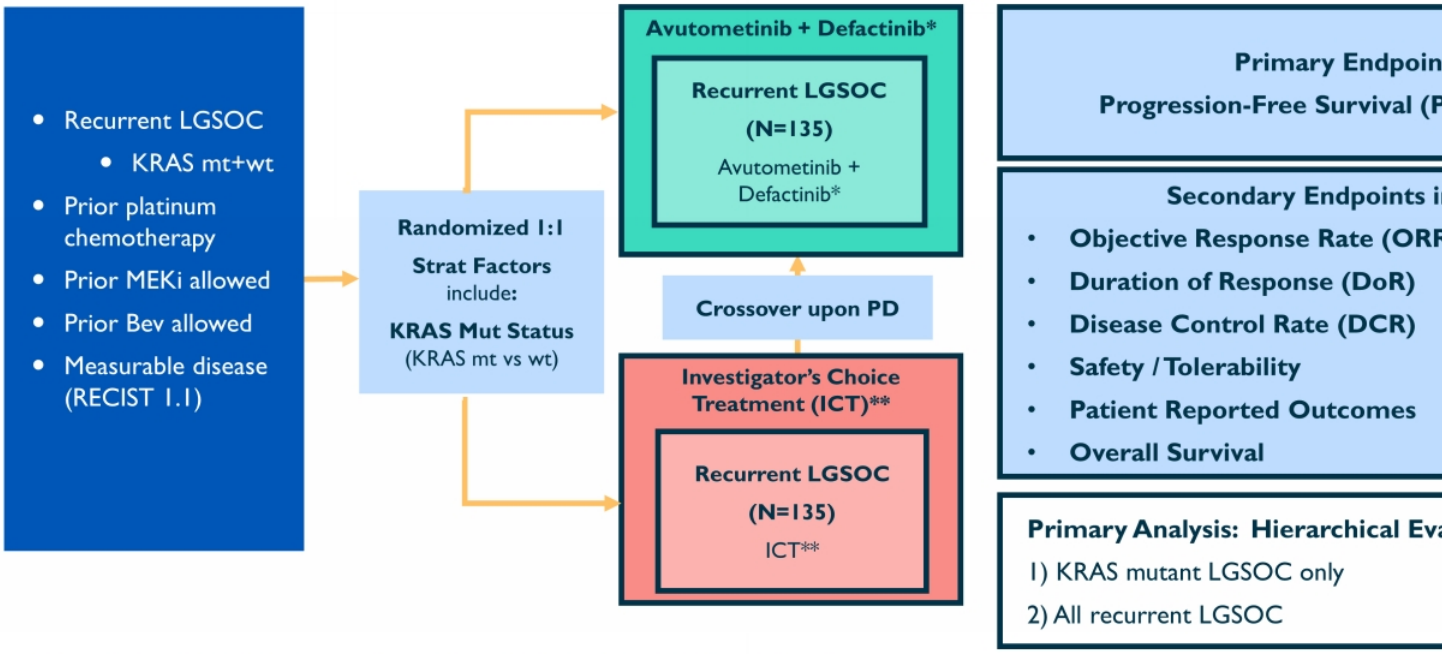
Banerjee et al., ASCO June 2023;
[1] J Clin Oncol 41, 2023 (suppl 16; abstr 5515)

❖RAMP-301: Avutometinib + Defactinib

Phase 3 Confirmatory Trial – Randomized Controlled Trial (RCT)



*A+D Dosing: Avutometinib 3.2 mg PO 2x/wk 21/28 days + Defactinib 200mg PO BID: 21/28 days

**Chemo Hormonal ICT: Liposomal doxorubicin (PLD), Paclitaxel, Topotecan, Letrozole, Anastrozole

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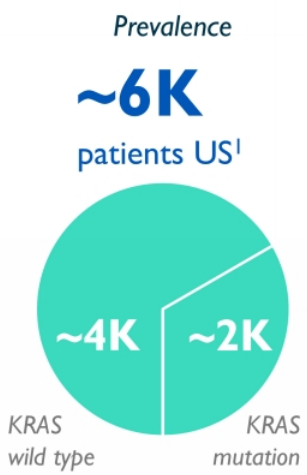
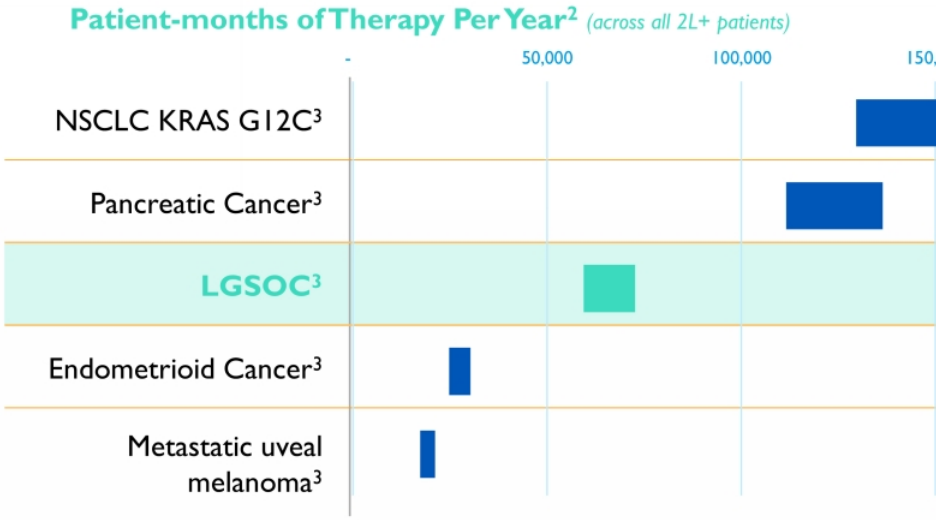
BICR: Blinded Independent Central Review

RAMP 201 Part A Interim Data Support Meaningful Market Potential f
Recurrent LGSOC Regardless of KRAS Status with Long Duration of T





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[1] Monk, Randall, Grisham, The Evolving Landscape of Chemotherapy in Newly Diagnosed Advanced Epithelial Ovarian Cancer, Am Soc Clin Oncol Educ Boo
Slomovitz, Gourley, Carey, Malpica, Shih, Huntsman, Fader., Grisham et al, Low-Grade serous ovarian cancer: State of the Science; Gynecol Oncol; 2020. Gr
Low-Grade Serous Ovarian Cancer: Current Treatment Paradigms and Future Directions; Curr Treat Options Oncology; 2018; Globocan 2020

[2] Patient-months of Therapy metric calculated by multiplying relevant incidence/prevalence rate times estimated duration of therapy; represents US market e
patient population estimates from Globocan 2020, American Cancer Society 2021, AACR Genie Cohort V9.0 public, and scientific publications. Duration of
estimates from clinical studies and clinician experience. Patient-months on therapy is for 2nd-line+ patients

[3] NSCLC KRAS G12C 2nd line patients (incidence); Pancreatic RAS/RAF mutant 2nd-line patients (incidence); LGSOC KRAS mutant and wild-type patients (p
Endometrioid RAS/RAF mutant 2nd-line patients (incidence); Uveal melanoma RAS/RAF mutant 2nd-line patients (incidence)

Plan to File for Accelerated Approval with Mature RAMP 201 and FRAME Study Results

Recent Achievements/Milestones

- Encouraging efficacy results include independently confirmed responses (FRAME study)
- RAMP 201 Part A data at ASCO 2023 demonstrated ORR of 45% (13/29) and tumor shrinkage in 86% (25/29) of evaluable patients
- No new safety signals; few discontinuations due to adverse events
- Initiated RAMP 301, a Phase 3 confirmatory trial
- High unmet need in rare ovarian cancer with no currently FDA approved therapies specifically for recurrent LGSOC
- Received FDA Breakthrough Therapy Designation and Orphan Drug Designation for avutometinib in combination with defactinib in LGSOC

Next Milestones

- Plan to file for accelerated approval ba totality of the data from the RAMP 20 studies
- Report updated topline data from RA H1 2024
- Continue site activation (sites current and Australia) and enrollment of RAM confirmatory study

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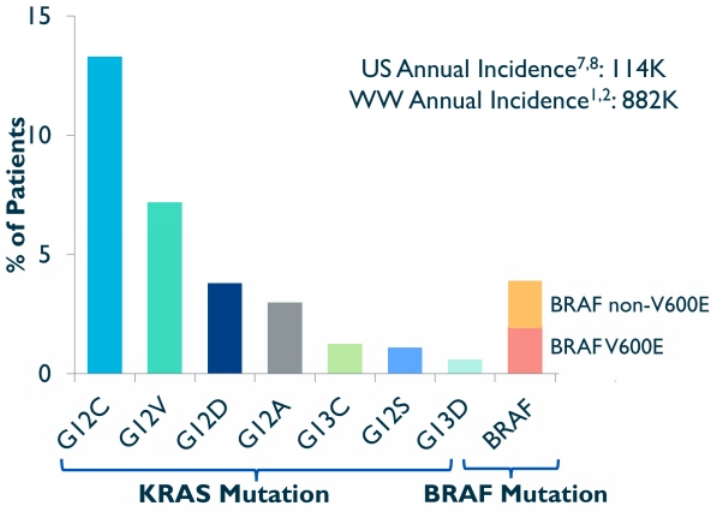
Avutometinib with KRAS G12C Inhibitors in Non-Small Cell Lung Cancer

High Unmet Need in Refractory NSCLC Adenocarcinoma

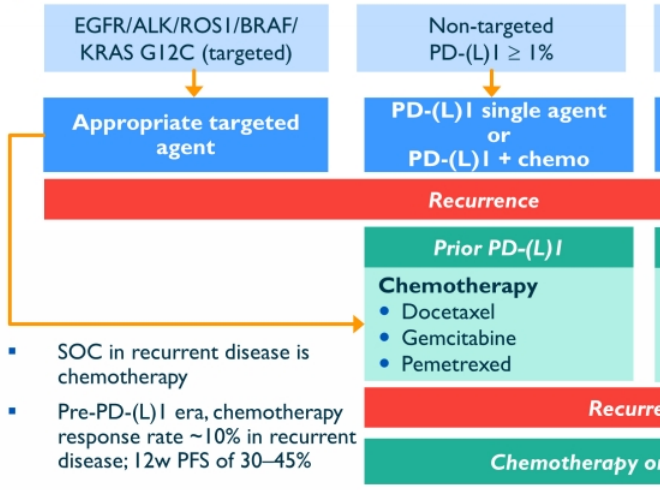
NSCLC Adenocarcinoma[3]



KRAS Mutations Represent 25% of Lung Adenocarcinoma & BRAF Mutations Represent ~4% (EGFR 17%, ALK 7%)[4,6]

References:
[1] Globocan, 2020
[2] https://www.ncbi.nlm.nih.gov/books/NBK519578/
[3] TCGA PanCancer Atlas (cBioPortal analysis)
[4] www.thelancet.com Vol 389 January 21, 2017
[5] Adapted from NCCN Non-small cell lung cancer guidelines Version 3.2020
[6] Clinical Cancer Research DOI 10.1158/1078-0432.CCR-18-2062
[7] 50% of NSCLC is adenocarcinoma (Pakkala and Ramalingam JCI Insight 2018)
[8] Cancer Statistics 2020, Siegel et. al. *CA Cancer J Clin* 2020;70:7-30

Advanced or Metastatic NSCL Can
Recommend Histologic and Molecular S



- SOC in recurrent disease is chemotherapy
- Pre-PD-(L)1 era, chemotherapy response rate ~10% in recurrent disease; 12w PFS of 30–45%

Verastem Clinical Trials:

- RAMP 203: Avutometinib + sotorasib in KRAS G12C NS
- RAMP 204: Avutometinib + adagrasib in KRAS G12C NS

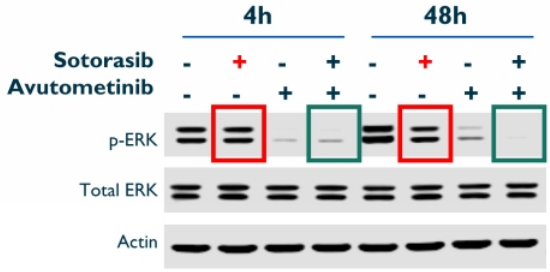
Preclinical Synergy of Avutometinib + G12C Inhibitors in KRAS G1

Synergy of avutometinib + G12C inhibitors across G12C mutant NSCLC, CRC & Pancreatic cancer cell lines

Cell line	Indication	Sensitivity to G12C inhibitors	Combined Synergy Score: Avutometinib + sotorasib	Combined Synergy Score: Avutometinib + adagrasib
H2122	NSCLC	Moderately sensitive	44.7	44.6
H1373	NSCLC	Sensitive	10.0	3.4
SW1573	NSCLC	Insensitive	8.6	12.0
H358	NSCLC	Sensitive	6.9	5.4
H2030	NSCLC	Moderately sensitive	5.1	ND
SW837	CRC	Sensitive	16.1	18.5
MIAPACA2	Panc	Sensitive	2.3	5.3

ND: not determined

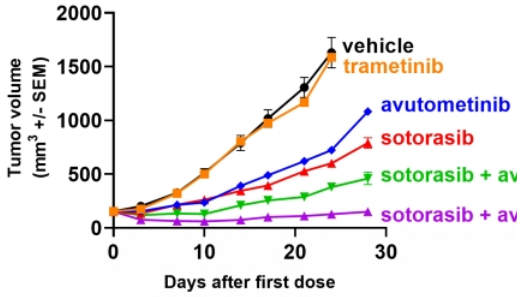
Avutometinib + sotorasib yields deeper and more sustained inhibition of ERK signaling pathway

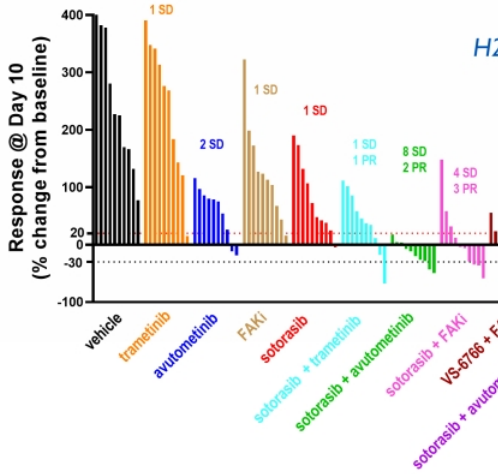


H2122 KRAS G12C NSCLC

Concentrations Tested
Sotorasib: 100 nM
Avutometinib: 100 nM

Avutometinib & FAKi potentiate sotorasib effic NSCLC in vivo; Tumor regression in all mice witl





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Reference: Coma et al., AACR 2021

Avutometinib ± FAKi Restores Anti-Tumor Efficacy of Sotorasib in G12Ci-Resistant KRAS G12C Models

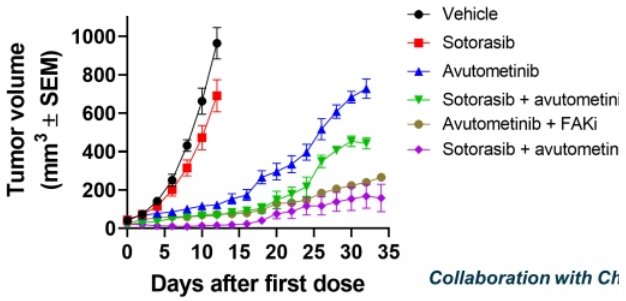
Avutometinib is effective against acquired KRAS mutations that occur clinically upon progression on G12C inhibitors

	IC50 (nM)		
Cell Line	Sotorasib	Adagrasib	Avutometinib
G12C	29	3	14
G12D	435	382	7
G12C/R68S	157	85	13
G12C/H95D	11	235	10
G12C/Y96C	438	216	4
G12C/Y96D	>5000	578	17

<30 nM	30 - 150 nM	>150 nM

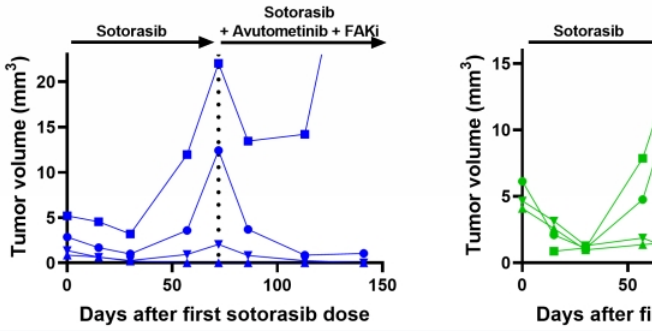
Collaboration with Andy Aguirre, DFCI

Addition of avutometinib + FAK inhibitor to sotorasib increases tu in a sotorasib-resistant KRAS G12C/Y96D mod



Collaboration with Ch

Addition of avutometinib + FAKi restores anti-tumor activity af sotorasib monotherapy in a KRAS G12C NSCLC GEM



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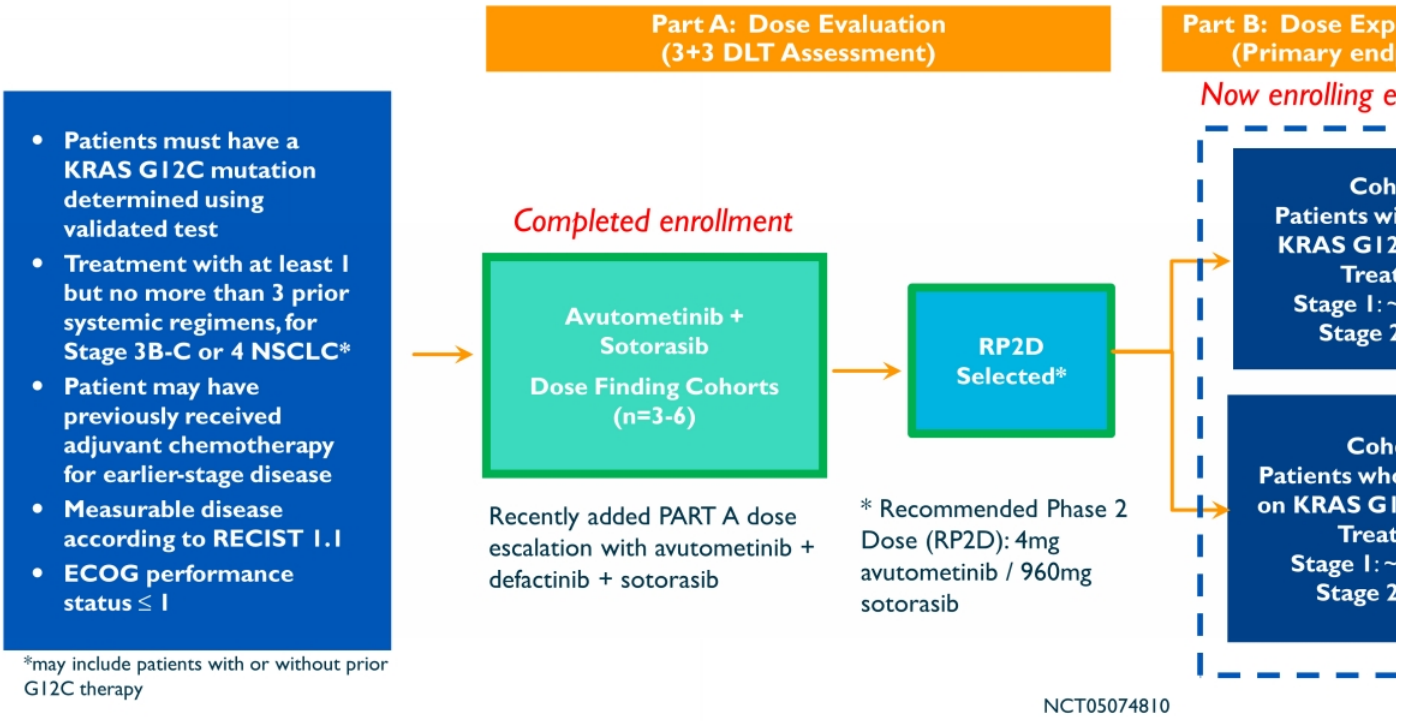
Reference: Coma et al., AACR RAS meeting 2023

Collaboration with Mariano Barbacid, CNIO (S

RAMP 203: Phase 1/2 Trial of Avutometinib + LUMAKRAS™ (Soto Defactinib in KRAS G12C Advanced NSCLC



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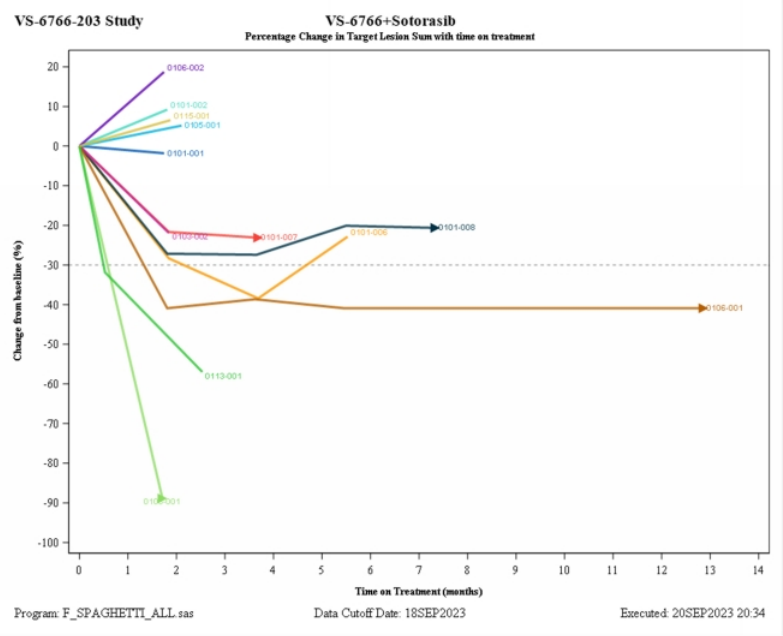
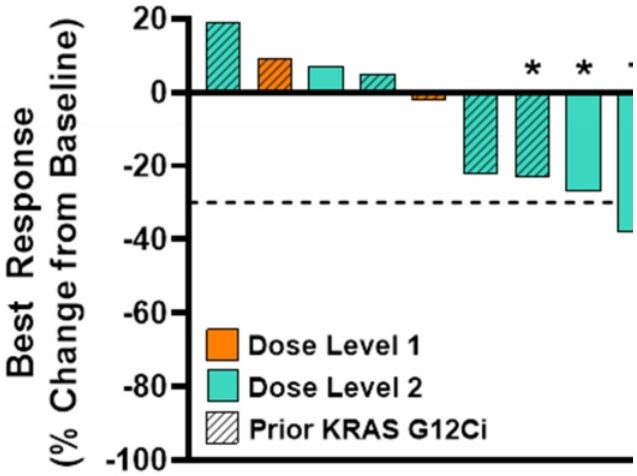
Collaboration with Amgen

DLT = dose-limiting toxicity; n = number of patients; ORR = overall response rate; RP2D = recommended phase 2 dose

RAMP 203: Objective Responses in KRAS G12C NSCLC Sotorasib + Avutometinib Combination

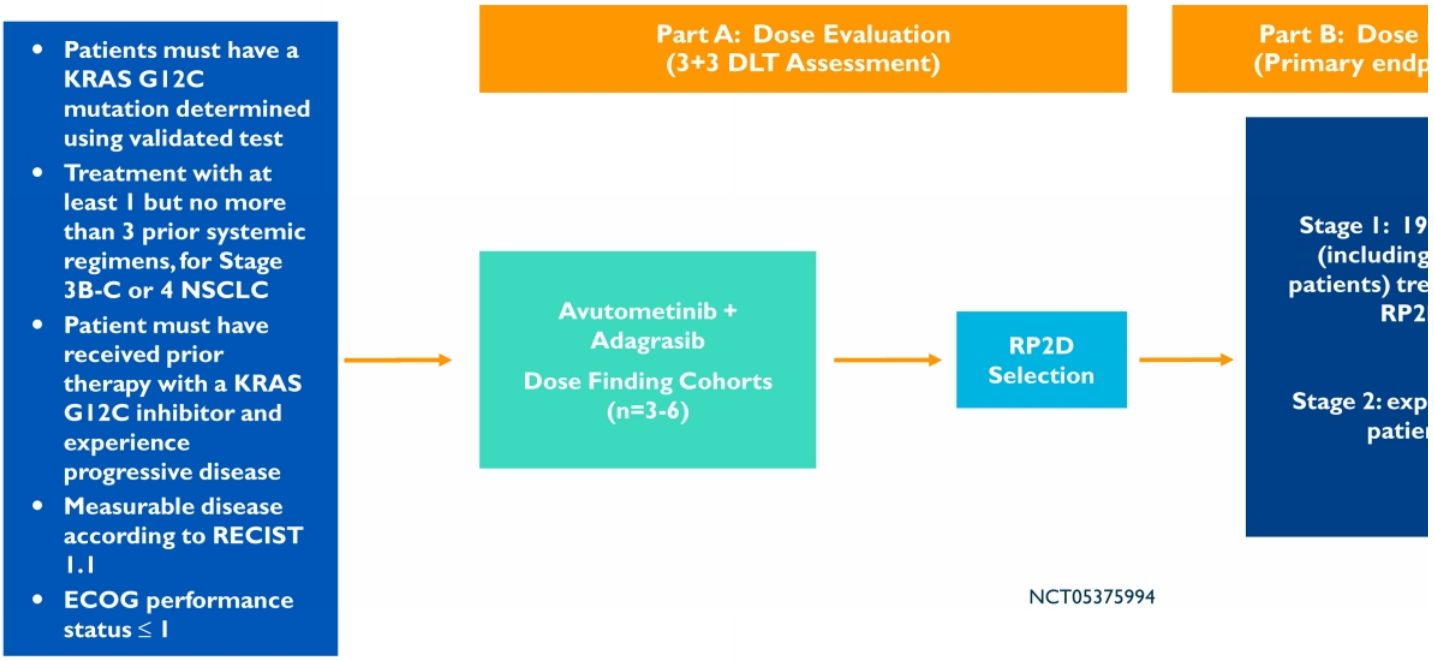




*On treatment at time of data cutoff; + Patient with -38
classified as SD due to disease progression prior to cont

Reference: Awad et al., EORTC- NCI – AACR Conference Oct 2023

RAMP 204: Phase 1/2 Trial of Avutometinib + KRAZATI™ (Adagras
KRAS G12C Advanced NSCLC

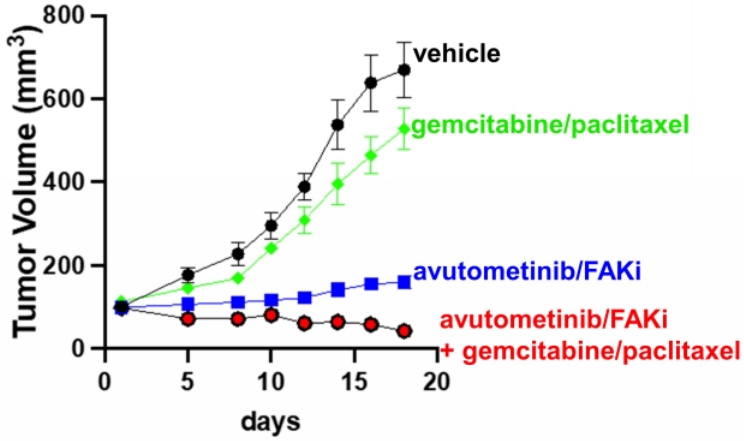


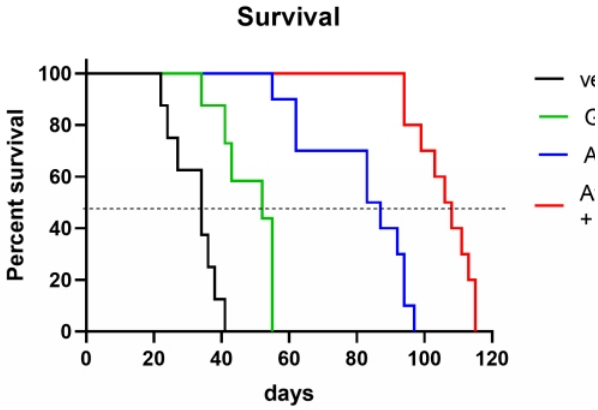
VERASTEM ONCOLOGY Collaboration with Mirati Therapeutics

DLT = dose-limiting toxicity; n = number of patients; ORR = overall response rate; RP2D = recommended phase 2 dose

Avutometinib Combinations in Pancreatic Cancer and Colorectal Cancer

Addition of Avutometinib + FAKi to Chemotherapy Induces Tumor and Increases Survival in a KRAS/p53 Pancreatic Cancer Mouse Mo





- ✓ The combination of avutometinib + FAKi induces tumor growth inhibition and increases surv does not induce tumor regression
- ✓ Addition of chemo (gemcitabine + paclitaxel) to avutometinib/FAKi induces tumor regression

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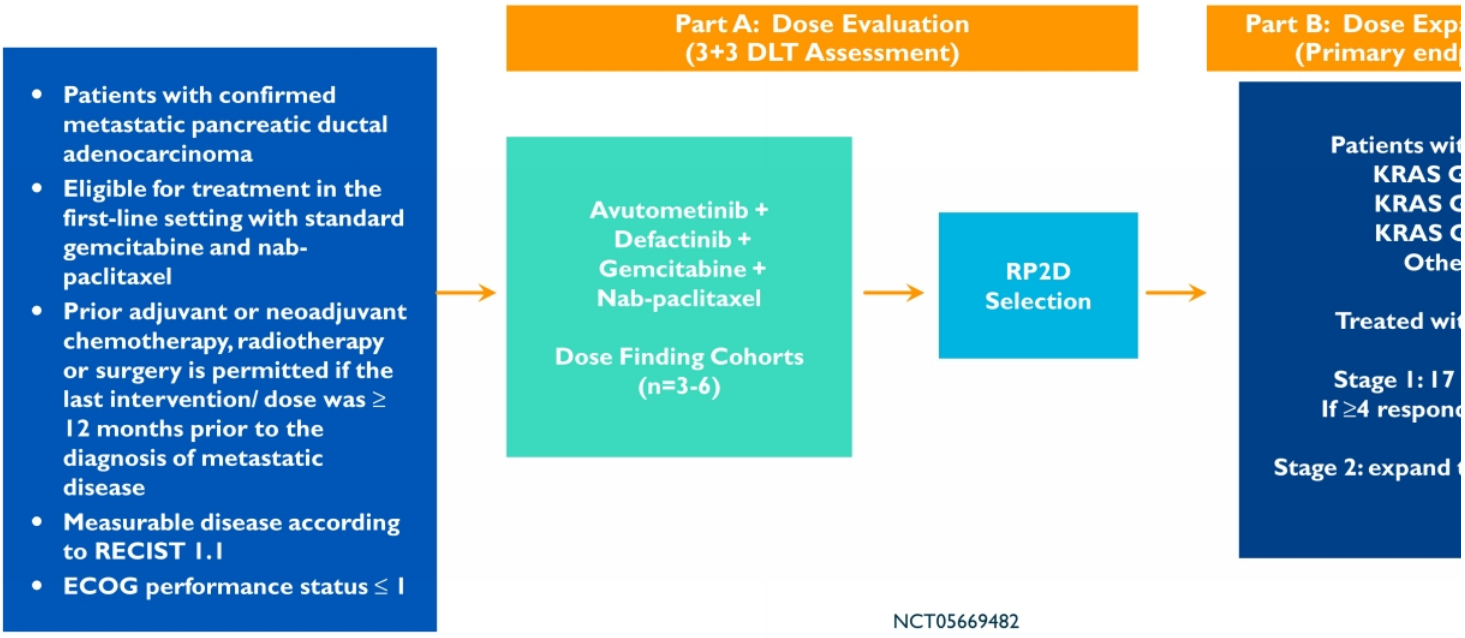
Collaboration with David DeNardo, Washington University; unpubl

RAMP 205: Phase 1/2 Trial of Avutometinib/Defactinib + GEMZAR™ (Gemcitabine)/ABRAXANE™ (Nab-paclitaxel) in Front Line Metast Pancreatic Cancer



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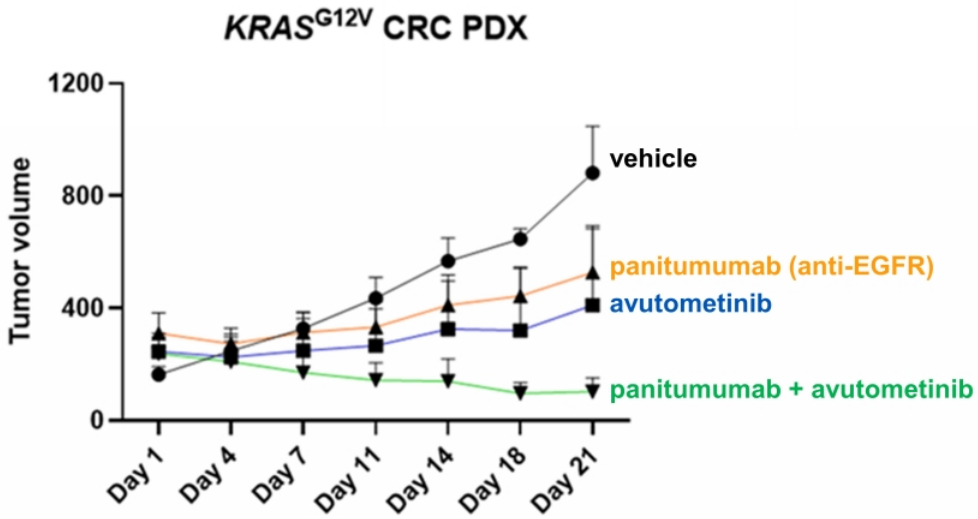
DLT = dose-limiting toxicity; n = number of patients; ORR = overall response rate; RP2D = recommended phase 2 dose

Combination of Avutometinib with anti-EGFR mAb Induces Tumor Regression in a KRAS mt Colorectal PDX Model



- Avutometinib + anti-EGFR (pa
  induces tumor regression in a
  CRC patient-derived xenograf
- G12Ci + anti-EGFR (sotorasib
  panitumumab and adagrasib +
  have shown partial responses i
  CRC (Fakih et al. ESMO 2021;
  ESMO 2021)
- **These data support the on
  clinical evaluation of avuto
  cetuximab (anti-EGFR) for
  of KRAS mt CRC (NCT05**

Collaboration with Marwan Fakih, City of Hope

Pachter, RAS Development Summit, 2021

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Discovery Efforts

Discovery and Development Collaboration with GenFleet Strength Pipeline Targeting RAS Pathway-Driven Cancers

- Increases the breadth of Verastem's oncology pipeline with strategically-aligned RAS pathway focus
  - Exclusive options for Verastem to exclusively license up to 3 programs with development and commercializati of the GenFleet markets of mainland China, Hong Kong, Macau, and Taiwan
  - Potential development in combination with Verastem's current pipeline
  - Selected GFH375 (VS-7375), an oral KRAS G12D (ON/OFF) inhibitor as lead program; programs 2 & 3 in dis
  - Small molecule programs focused on anti-cancer targets related to the RAS/MAPK pathway or surrounding c
- Strategic collaboration builds on Verastem Oncology and GenFleet's experience in RAS pathway-driven cancers
  - Collective worldwide strengths in RAS pathway discovery and development
  - Established network of collaborators, including leading scientific and clinical experts
  - Leverages experience from GenFleet's KRAS G12C inhibitor program and Verastem's avutometinib/defactinib
- Risk-sharing structure of the collaboration with milestone-based options provides capital efficient approach
  - At execution, Verastem paid GenFleet an upfront payment for options to obtain exclusive right to 3 programs program basis
  - Combined with the upfront amount, payments for future annual R&D support, development milestones and o first program through completion of Phase I trial could equal up to $11.5 million
  - Potential total deal size across all 3 programs up to $625.5 million excluding royalties if Verastem exercises its
  - Includes exclusive rights for Verastem to obtain a license to each of the compounds after successful completi determined milestones in Phase I trials

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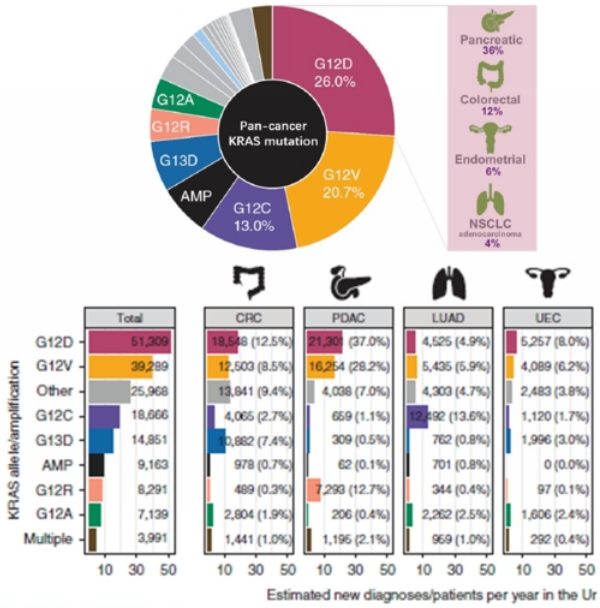
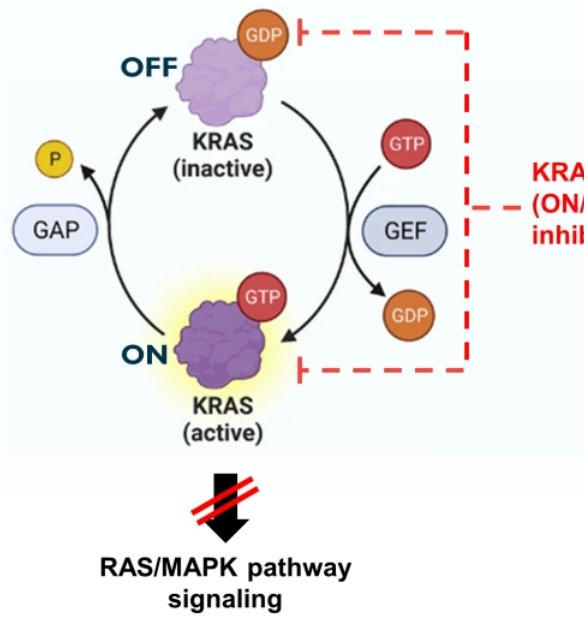
Rationale for Designing a Potent and Selective Orally Bioavailable Inhib
KRAS G12D (ON/OFF) for the Treatment of Patients with KRAS G12

KRAS G12D is the most frequent KRAS mutation in human cancer



Ideal to inhibit both the active (ON) & inactiv
of KRAS for deep and durable inhibition of t



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Hofmann et al., Cancer Discovery 2022

GFH375 (VS-7375) is an Oral KRAS G12D (ON/OFF) Inhibitor

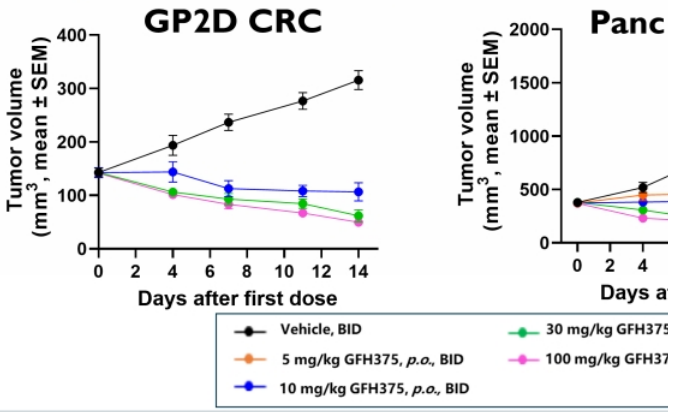
First program from the GenFleet collaboration

- GFH375 (VS-7375) is a potent and selective orally bioavailable inhibitor of KRAS G12D (ON/OFF) with potent anti-tumor efficacy demonstrated across preclinical models
- Dual inhibitor of ON (GTP) and OFF (GDP) states of KRAS G12D
- Orally bioavailable across preclinical species
- Potent against intracranial tumor models suggesting potential to treat brain metastases
- Avutometinib enhances anti-tumor efficacy of GFH375 (VS-7375) in preclinical models
- IND-enabling GLP toxicology studies complete
- IND application filed in China and accepted for review; upon clearance expect to initiate Phase 1 trial in China in H2 2024

Dual inhibitor of ON (GTP) and O states of KRAS G12D

KRAS G12D State	GFH375 IC (KRAS G12D
GppNp-bound (ON/active)	2 ± 1
GDP-bound (OFF/inactive)	6 ± 1

Potent anti-tumor efficacy demonst across preclinical models



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Zhou et al., AACR 2024

Financials

Key Financial Statistics

As of and for the quarter ended December 31, 2023

Cash, cash equivalents & investments	$137.1M
GAAP Operating Expenses	$31.1M
Non-GAAP Operating Expenses*	$29.5M
Shares Outstanding	25.3M**

Sources of Non-Dilutive Capital

- **Oxford Finance LLC Credit Facility**
  - Up to $150M available in a series of term loans
    - $40M term loans outstanding
    - Remaining $110M available upon achievement of pre-defined milestones or at lender's discretion
  - Floating interest rate, subject to a floor and a cap; 5% final payment charge, and loan subject to 1-3% early pa
  - Interest only payments through April 2025
  - No financial covenants
- **Secura Bio, Inc. (Secura) Asset Purchase Agreement – COPIKTRA**
  - Regulatory and commercial milestone payments up to $95M
  - Entitled to receive 50% of royalties, milestones, and sublicensee revenue payments made to Secura related to
  - Low double-digit royalties on annual net sales over $100M in US, EU, and UK

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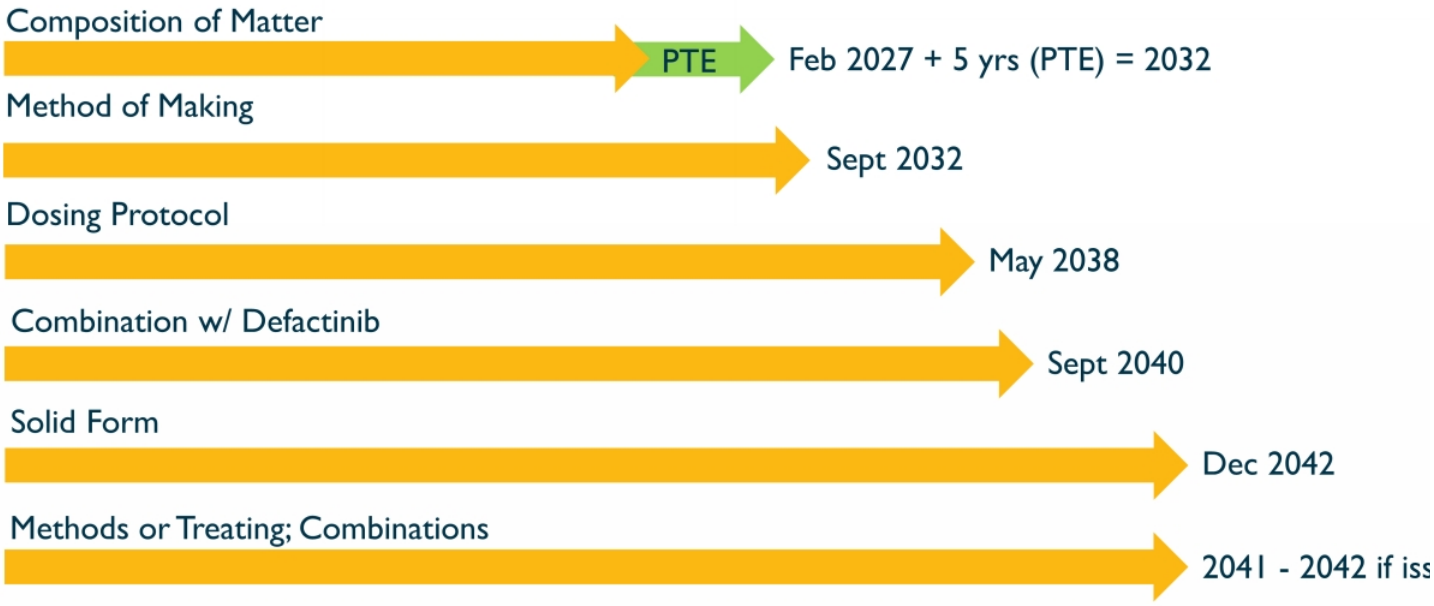
* Q4 2023 GAAP operating expenses - $31.14M less Q4 2023 stock compensation of $1.60M = $29.54M Q4 2023 non-GAAP operating expen

**Excludes Series A Preferred (0.8M Shares on as-converted basis), Series B Preferred (4.2M Shares on as-converted basis), and outstanding un warrants (1.5M Shares).

Avutometinib Patent Exclusivity



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Experienced Senior Management Team

Daniel Paterson
President and Chief Executive Officer

- CEO – The DNA Repair Co. (now On-Q-ity)
- PharMetrics (now IMS), Axion

Dan Calkins
Chief Financial Officer

- Technical Accounting Consultant- CFGI
- PwC LLP

Cathy C
Chief Organ
Effectiveness

- Principal –
- Ironwood, A
  Tufts Health

Mike Crowther
Chief Commercial and Business Strategy Officer

- CBO, Minerva Biotechnologies
- Interim US lead and VP of US Marketing, Kite Pharma
- Celgene

Jonathan Pachter, Ph.D.
Chief Scientific Officer

- Head of Cancer Biology – OSI (now Astellas)
- Schering-Plough

Hagop Y
MSc, M.
Head of Me

- CMO, BIND Progenics,
- CMO & EV SVP, Imclon

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THANK YOU