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): **November 5, 2026**

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 November 5, 2026, the Company posted its updated 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 November 5, 2026
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: November 5, 2026

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

Exhibit 99.1

Delivering Novel Therapies for RAS/MAPK Pathway-Driven Cancers

CORPORATE PRESENTATION

NOVEMBER 2026

VERASTEM ONCOLOGY

Disclaimers

FORWARD-LOOKING STATEMENTS

This presentation includes forward-looking statements about, among other things, Verastem Oncology's (the "Company") programs and product candidates, strate commercialization of AVMAPKI® FAKZYNJA® CO-PACK (avutometinib capsules; defactinib tablets) as a treatment for adult patients with Kirsten rat sarcoma viral on (LGSOC), the expected outcome and benefits of collaborations, including with GenFleet Therapeutics (Shanghai), Inc. (GenFleet), including the conduct of a Phase the RAMP 301 Phase 3 trial to confirm the results of the RAMP 201 study specific to KRAS mutant recurrent LGSOC patients and to expand the indication for AVMAP the structure and potential clinical value of our completed, planned and pending clinical trials, including the RAMP 201, RAMP 201J, RAMP 205, RAMP 301, TARGE timing of commencing and completing trials, including topline data reports, the Company's proforma cash position, our interactions with regulators, the timeline an timing of commercialization of our product candidates and potential for additional development programs involving the Company's lead compound and the potent anticipated market opportunities of our drug candidates. The words "anticipate," "believe," "estimate," "expect," "may," "plan," "target," "potential," "would," "could looking statements, although not all forward-looking statements contain these identifying words. Each forward-looking statement is subject to risks and uncertaintie such statement.

Each forward-looking statements is subject to a number of risks and uncertainties that could cause actual results to differ materially from those expressed or implied forward-looking statements; risks related to the development and successful commercialization of our product candidates; obtaining and maintaining regulatory ap challenges with the commercialization of a new product; our history of operating losses and the possibility that we may never achieve or maintain profitability; risks limited to Verastem's ability to achieve enrollment objectives concerning patient numbers (including an adequate safety database), outcomes objectives and/or timi occurrence of adverse safety events; our ability to successfully commercialize AVMAPKI FAKZYNJA CO-PACK in the U.S. including our ability to generate market de raise sufficient capital to fund ongoing operations as currently planned or to obtain financing on acceptable terms or to fund operations from revenues generated b maintain regulatory approval of AVMAPKI FAKZYNJA CO-PACK; the impact of current and future healthcare reforms, including those affecting the delivery of or pay initiatives of the current U.S. presidential administration, including regulatory and policy changes that may adversely affect our business; risks related to our ability t product candidates; decisions by regulatory authorities regarding trial design, labeling and other matters that could affect the timing, availability or commercial pot 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 reimb 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 r that data may not be available when expected; that enrollment of clinical trials may take longer than expected; the risks that we will not satisfy our post-marketing re AVMAPKI FAKZYNJA CO-PACK; that our marketed product candidates may cause adverse safety events and/or unexpected concerns may arise from additional dat efficacy; that we may not be able to confirm the results from the RAMP 201 study or expand the approved indication for AVMAPKI FAKZYNJA CO-PACK; that our pr any of our third-party contract research organizations, contract manufacturing organizations, clinical sites, or contractors, among others, who we rely on may fail to f or commercializing products before or more successfully than we do which could result in reduced market share or market potential for our product candidates; tha eventual commercialization of our product candidates; that the development and commercialization of our product candidates may take longer or cost more than p execution of such commercialization; that we may not attract and retain high quality personnel; that we or Pfizer, Inc. may fail to fully perform under the license agre Pharmaceutical Co., Ltd. may fail to fully perform under the avutometinib license agreement; that we or GenFleet may fail to fully perform under the collaboration ar our total addressable and target markets for our product candidates might be smaller than we are presently estimating; that we or Secura Bio, Inc. may fail to fully p milestone payments; that we may not be able to establish new or expand on existing collaborations or partnerships, including with respect to in-licensing of our pro financing in the future through product licensing, co-promotional arrangements, public or private equity, debt financing or otherwise; that we may not pursue or sul administration's significant reduction in the FDA's workforce and potential reductions to the FDA's budget, we may experience a material impact to the FDA's ability regulatory and oversight activities; and that our product candidates may not receive regulatory approval, become commercially successful products, or result in nev

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 2026, 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 s update or revise any of these statements whether as a result of new information, future events or otherwise, except as required by law. Our business is subject to sub investors, and others should give careful consideration to these risks and uncertainties.

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 accoun amounts or expenses from the corresponding financial measures determined in accordance with GAAP. Management believes this non-GAAP information is useful because it provides greater transparency and period-over-period comparability with respect to the Company's operating performance and can enhance investors' a measure, among other factors, to assess and analyze operational results and trends and to make financial and operational decisions. Non-GAAP information is not p supplement an understanding of the Company's operating results as reported under GAAP, not in isolation or as a substitute for, or superior to, financial informatio measure is unlikely to be comparable with non-GAAP information provided by other companies. The determination of the amounts that are excluded from non-GA other factors, the nature of the underlying expense or income amounts. Reconciliations between this non-GAAP financial measure and the most comparable GAAP such non-GAAP number appears.

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, publication 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 ver completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptio such assumptions.

VERASTEM ONCOLOGY

Verastem Oncology: Tackling Challenging Cance

OUR FOCUS

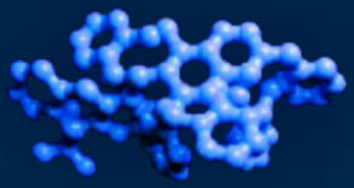
To expeditiously develop and deliver transformative therap
for people living with RAS/MAPK pathway-

OUR COMMERCIAL PRODUCTS

AVMAPKI® FAKZYNJA® CO-PACK
(avutometinib capsules; defactinib tablets)
0.8 mg; 200 mg



MONOTHERAPY & CO



VS-7375
KRAS G12D (ON/OFF) Inhibitor

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RAS: Rat Sarcoma Virus; MAPK: Mitogen-Activated Protein Kinase; RAF: Rapidly Accelerated Fibrosarcoma; MEK:
KRAS: Kirsten Rat Sarcoma Virus
Please see the full Prescribing Information for more information

OUR ADVANTAGE:

Well Positioned to Deliver Continued Commercia Best-in-Class Treatment for Long-term Growth

CLINICAL-TO-COMMERCIAL SUCCESS

in bringing novel RAS/MAPK pathway-targeted therapies from development to FDA approval to commercialization

INNOVATIVE PIPELINE

with a potential best-in-class KRAS G12D asset targeting the most prevalent KRAS mutation in human cancers

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FDA: Food and Drug Administration

OUR PIPELINE:

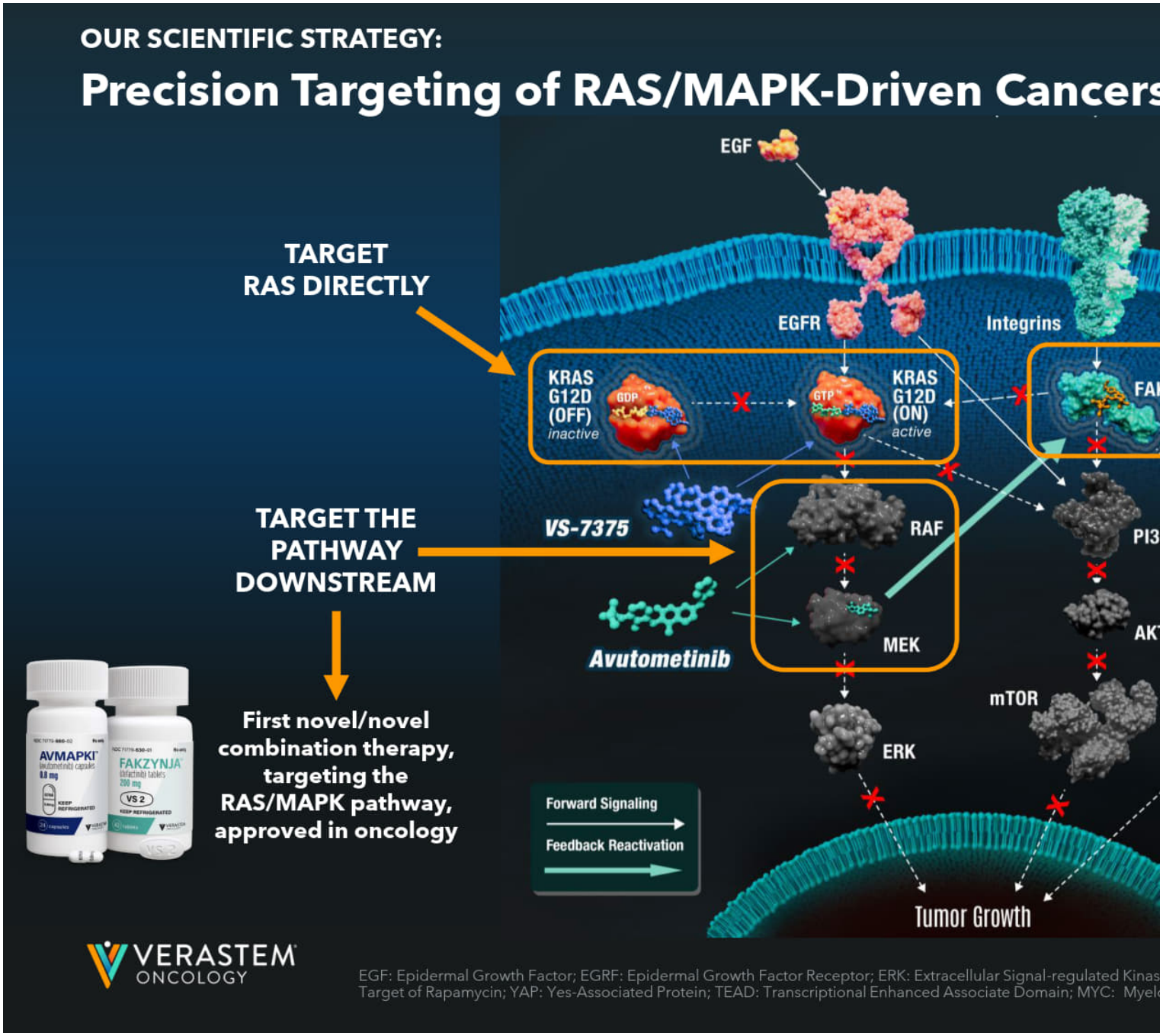
Multi-Faceted & Targeted Approaches to Address F

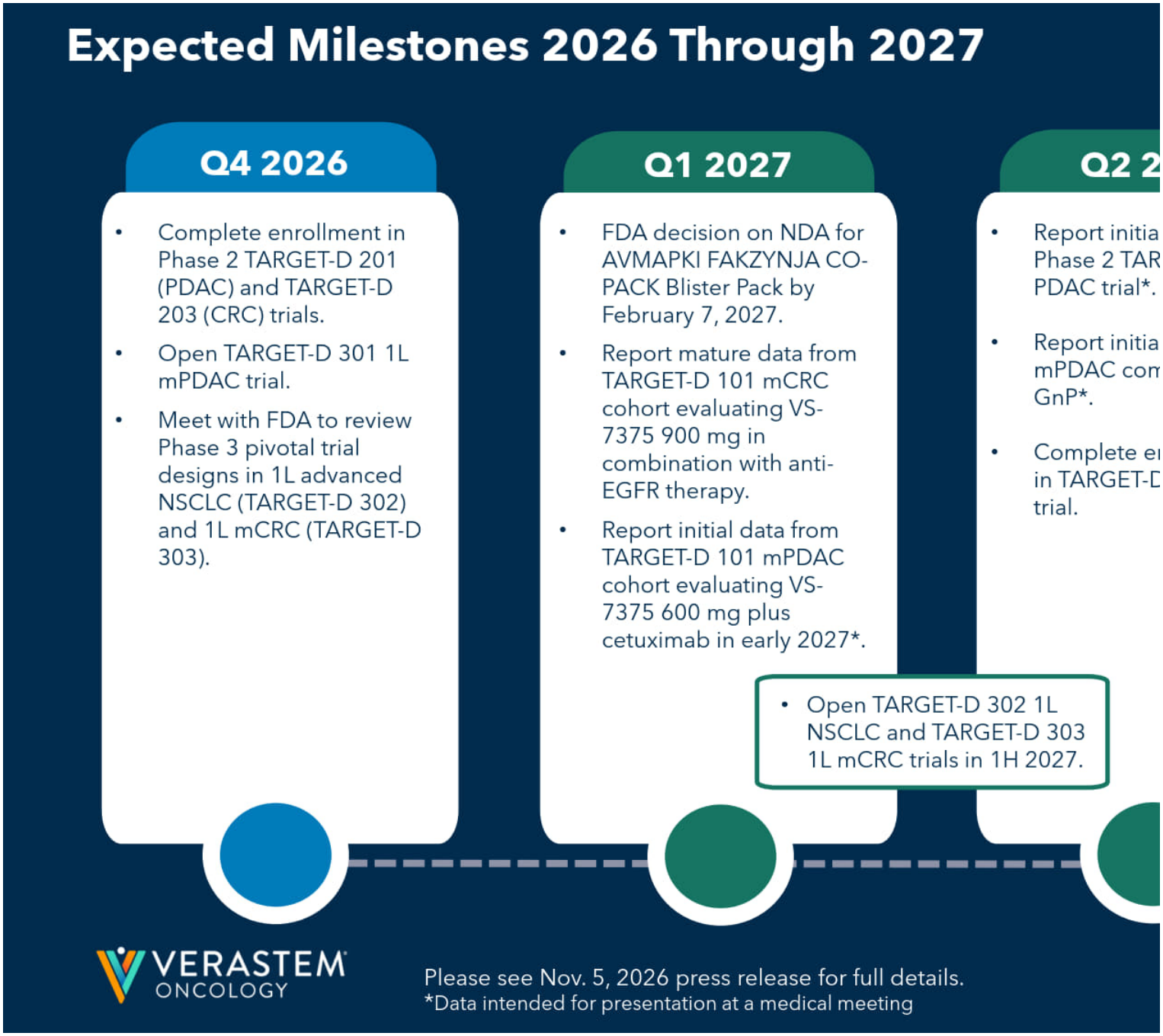
Asset	Line of Therapy	Phase
Avutometinib, RAF/MEK Clamp + Defactinib, FAKi		
Avutometinib + Defactinib	Recurrent LGSOC	RAMP 201: Phase 2 Registration Directed T Accelerated FDA Approval May 2025
Avutometinib + Defactinib vs ICT	Recurrent LGSOC	RAMP 301: Phase 3 International Confirma
VS-7375, oral KRAS G12D (ON/OFF) inhibitor		
VS-7375 monotherapy + various combinations	KRAS G12D-mutated solid tumors (advanced solid tumors)	TARGET-D 101: Phase 1/2 dose escalation & expansion
VS-7375 monotherapy + EGFR combination	2L mPDAC; 1L PDAC combination	TARGET-D 201: Phase 2 registration directed
VS-7375 monotherapy	2L/3L advanced NSCLC; 2L+ asymptomatic untreated brain mets	TARGET-D 202: Phase 2 registration directed
VS-7375 combinations w/ EGFR & Chemotherapy	2L+ mCRC; 1L mCRC combination	TARGET-D 203: Phase 2 registration directed
VS-7375 combinations	1L mPDAC	TARGET-D 301: Phase 3 pivotal trial
VS-7375 combination	1L advanced NSCLC	TARGET-D 302: Phase 3 pivotal trial (planned
VS-7375 combination	1L mCRC	TARGET-D 303: Phase 3 pivotal trial (planned

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Not shown: RAMP201J trial by Japanese Gynecologic Oncology Group sponsored by Verastem.
*GenFleet Therapeutics has an ongoing clinical trial in China with VS-7375, known as GFH375 in China. GenFleet re
discovery phase. A third undisclosed target was chosen but based on research it was determined that it was not technically feasible

ICT: investigator choice of treatment; LGSOC: Low-grade Serous Ovarian Cancer; mPDAC: metastatic Pancreatic Du
kinase inhibitor; EGFR: epidermal growth factor receptor


OUR SCIENTIFIC STRATEGY:
Precision Targeting of RAS/MAPK-Driven Cancers
TARGET RAS DIRECTLY
TARGET THE PATHWAY DOWNSTREAM
First novel/novel combination therapy, targeting the RAS/MAPK pathway, approved in oncology
AVMAPKI
FAKZYNJA
EGF
EGFR
Integrins
KRAS G12D (OFF) inactive
GDP
GTP
KRAS G12D (ON) active
VS-7375
Avutometinib
RAF
MEK
ERK
PI3
AK
mTOR
Forward Signaling
Feedback Reactivation
Tumor Growth
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EGF: Epidermal Growth Factor; EGRF: Epidermal Growth Factor Receptor; ERK: Extracellular Signal-regulated Kinas
Target of Rapamycin; YAP: Yes-Associated Protein; TEAD: Transcriptional Enhanced Associate Domain; MYC: Myel


Expected Milestones 2026 Through 2027
Q4 2026
Complete enrollment in Phase 2 TARGET-D 201 (PDAC) and TARGET-D 203 (CRC) trials.
Open TARGET-D 301 1L mPDAC trial.
Meet with FDA to review Phase 3 pivotal trial designs in 1L advanced NSCLC (TARGET-D 302) and 1L mCRC (TARGET-D 303).
Q1 2027
FDA decision on NDA for AVMAPKI FAKZYNJA CO-PACK Blister Pack by February 7, 2027.
Report mature data from TARGET-D 101 mCRC cohort evaluating VS-7375 900 mg in combination with anti-EGFR therapy.
Report initial data from TARGET-D 101 mPDAC cohort evaluating VS-7375 600 mg plus cetuximab in early 2027*.
Open TARGET-D 302 1L NSCLC and TARGET-D 303 1L mCRC trials in 1H 2027.
Q2 2
Report initia
Phase 2 TAR
PDAC trial*.
Report initia
mPDAC con
GnP*.
Complete e
in TARGET-D
trial.
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Please see Nov. 5, 2026 press release for full details.
*Data intended for presentation at a medical meeting

AVMAPKI® FAKZYNJA® CO-PACK

(avutometinib capsules; defactinib tablets)
0.8 mg; 200 mg

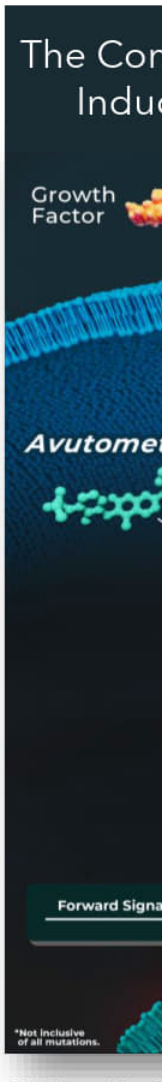
Commercially Launched in the U.S. for KRAS-mutated Recurrent LGSOC

FDA APPROVAL DATE: MAY 8, 2025

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70% of LGSOC Tumors are Driven by the RAS/MA
~30% of These Have a KRAS Mutation[1,2,3,4]

- Avutometinib inhibits MEK kinase activity while blocking the compensatory reactivation of MEK by upstream RAF[5,6,7]
- Blocking RAF and/or MEK activates FAK, a key mediator of drug resistance[8,9]
- Defactinib, a FAK inhibitor, inhibits parallel pathway signaling[10,11,12]
- Together, avutometinib plus defactinib offer more complete blockade of the signaling that drives the growth of RAS/MAPK pathway-dependent tumors



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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 S
Extracellular Signal
Phosphatidylinositc
Homolog Family M

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

- U.S. annual incidence: ~1,000-2,000[1] and prevalence: 6,000-8,000[2]
- Affects younger women with bimodal peaks of diagnosis between the ages of 20-30 and 50-60
  - Disproportionately impacts health, fertility and long-term quality of life[3,4]
- 80-90% of patients will experience a recurrence[5]
- Standard of care offers low to moderate response rates (6-13%)[6,7,8]



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1.Verastem DOF; 2. 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; 8. Monk 2020/p3758/table2/footnote-b;

AVMAPKI FAKZYNJA CO-PACK Q3 Update

PRIORITIES

Growth in new patient starts

Drive use in the right patients at the first or next recurrence

Helping patients stay on AVMAPKI FAKZYNJA CO-PACK

- ✓ Q3 net product revenue: $24M
- ✓ Demand held steady after sign
- ✓ Strong refill reinforce a clear pr patients stay on therapy
- ✓ Focused execution has the pot growth
- ✓ New Blister Pack NDA acceptar Q1 27 supports patient conven

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1.Please see Nov. 5, 2026 press release

Please see the full Prescribing Information for more information

AVMAPKI FAKZYNJA CO-PACK Blister

FDA Priority Review Granted | **PDUFA date: February 7, 2027**

Current Co-Pack



4 AVMAPKI capsules
0.8 mg each per dose

1 FAKZYNJA tablet
200 mg per dose

Refrigerated storage

Proposed Standa

1 AVMAPKI tablet
3.2 mg per dose

1 FAKZNJYA tablet
200 mg per dose

3 blister cards

Standard and reduced dose packs

No refrigeration required

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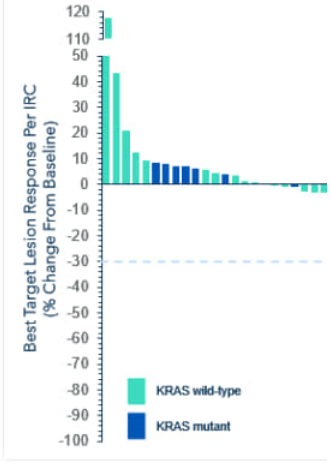
Proposed formulation and packaging changes are subject to FDA appro

RAMP 201: Demonstrated Durable Results Across Var
Heavily Pretreated US & European Patients With and V

Positive initial data from Japan RAMP 201J study

	All Patients[1]	KRAS mt	KRAS wt
ORR %	**31%**	**44%**	**17%**
DoT, mean	14.5 months	18 months	11 months
DoR, median	31 months	31 months	9 months
PFS, median	13 months	22 months	13 months
DCR at 6 or more months	61%	70%	50%
Discontinuation Rate Due to AEs	10%		

82% of All Pa



Avutometi

RAMP 201 Data @ SGO 2026

RAMP 201 Long-Term Data Median Follow-Up of 2 Years[2]:

- **More than half of responders (56%)** remain in response at 24 months
- **KRAS mt patients:** mDoR remains at 31.1 months and mPFS is 19.6 months
- **KRAS wt patients:** mDoR is now 12 months and mPFS is 12.7 months
- **The discontinuation rate due to AEs remains low (12%)** even with extensive follow up

Published in Gynecologic Oncology, Vol. 213, pages 59-67, Oct. 2026

External Contro

RAMP 201J Presented

- **KRAS mt patients:** m
- **KRAS wt patients:** m
- **The discontinuation**

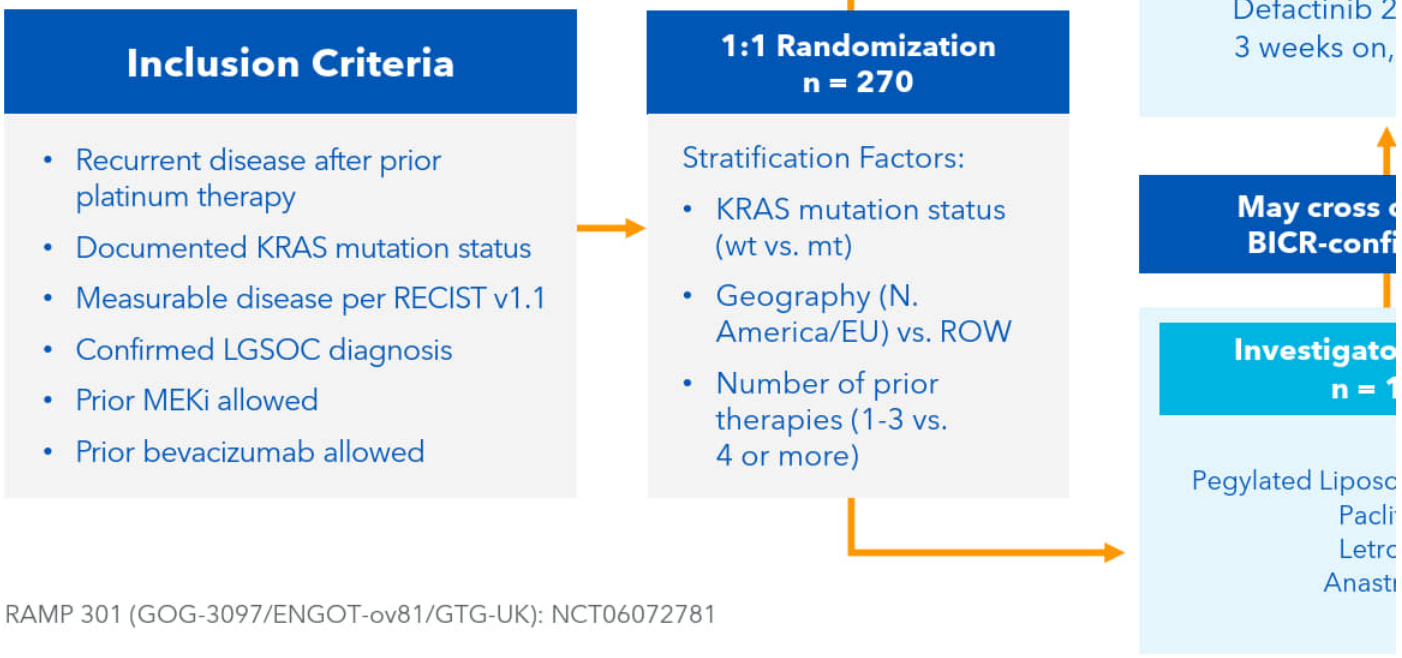
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1. RAMP 201 data cut off as of June 30, 2024; 2. RAMP 201 Long-Term Efficacy and Safety August 2025 data cut off presented at SG
ORR: Objective Response Rate; DoT: Duration of Treatment; mDoR: median Duration of Response; mPFS: median Progression-fre

Completed enrollment of primary analysis population

RAMP 301: International Phase 3 Avutometinib + Defactinib in Recu

- **Expect to report topline primary endpoint of PFS by mid-2027**
- Similar entry criteria to RAMP 201 patient population: KRAS mt and
- Study sites include the U.S., Canada, UK, Europe, Australia, New Zea



RAMP 301 (GOG-3097/ENGOT-ov81/GTG-UK): NCT06072781

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*US FDA analysis plan will evaluate PFS independently in KRAS-mt and KRAS wt LGSOC; BID: twice a day; BIW: twi
KRAS: kirsten rat sarcoma virus; MEKi: MEK inhibitor; mt: mutant; PO: per oral; PTs:, patients; ORR: objective respo
survival; PROs: patient-reported outcomes; RECIST: response evaluation criteria in solid tumors; wt: wild-type. BICR

AVMAPKI FAKZYNJA CO-PACK Future Commerci

Potential for Label and Geographic Expansion

2025

U.S.
Secured FDA Accelerated Approval in KRAS-mutated recurrent LGSOC.

2027

RAMP 301:
Topline data expected in mid-2027.

U.S. Label Expansion
Leverage the RAMP 301 results to confirm the initial indication and expand the indication regardless of KRAS mutation status.

2028

Japan:
Leverage the re
RAMP 201J & R
potential approv
KRAS mutant ar
wild-type recurr

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KRAS mt represents ~33% of the population, while the wt represents 67% and therefore there are many more addressable patients

AVMAPKI FAKZYNJA CO-PACK Product Innovat



Finalist in the Best Product for Rare/Orphan Diseases category



NORD Industry Innovation Award

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VS-7375, Oral KRAS G12D (ON/OFF) Inhibitor

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KRAS G12D: The Most Prevalent Mutation in Can and High Unmet Need

VS-7375: Opportunity to Address a Large Patient Population Acro



PANCREATIC CANCER

40%

KRAS G12D mutation in pancreatic cancer correlates with worse outcomes, shorter survival and a higher risk of progression[1]

Annual U.S. TAM:

~29K



COLORECTAL CANCER

15%

KRAS G12D mutation in CRC is often linked to more aggressive tumors[2]

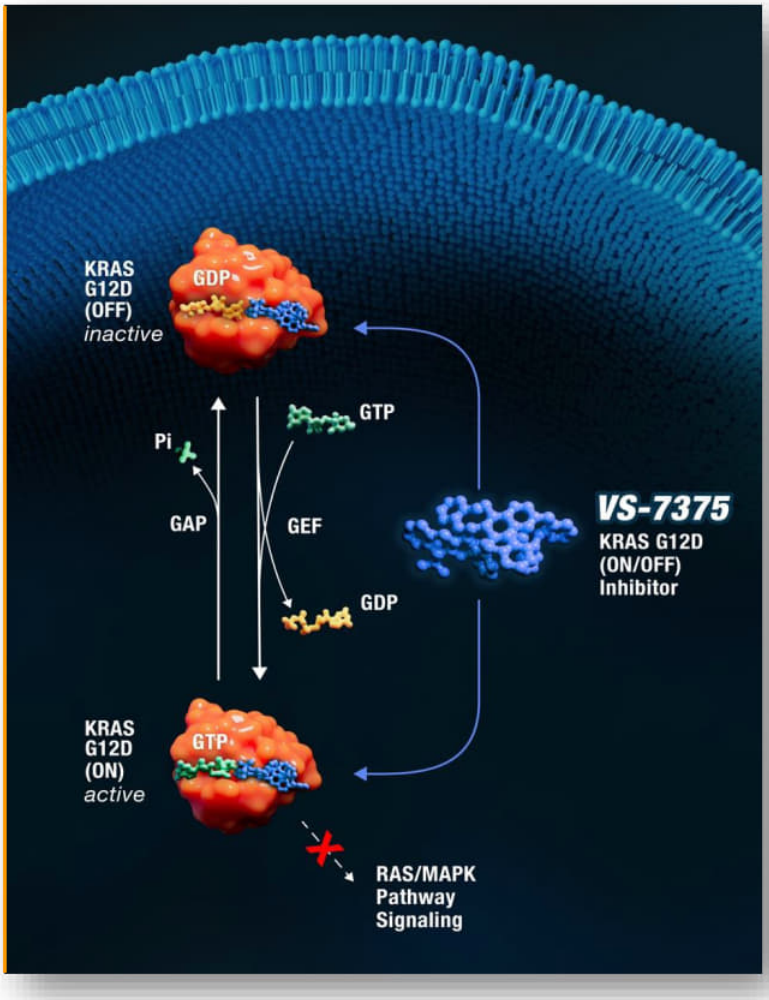
Annual U.S. TAM:

~22K

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CancerMPact Patient Metrics Active Disease calculation for Stage IV patients; TAM: Total Addressable Mar disease estimate. Ref: Lee et al Nature, Dec 2022 for epidemiology; 1 McIntyre et al., Cancer Cell 2024, 42 *J Clin Med*. 2020;9(12):3863; 3: Judd J, Abdel Karim N, Khan H, et al. Mol Cancer Ther. 2021;20(12):2577

VS-7375: Potential Best-in-Class G12D Inhibitor f
Mutated Cancers



DIFFERENTIATED PROFILE

Dual potent inhibition of bo
Correlates with better in vivo efficacy a
inhibitors

High affinity for KRAS G12D
Correlates with more rapid and durabl
tumor cell lines

Selective inhibition of KRAS
Spares T cell proliferation in contrast to
impairs T cell proliferation

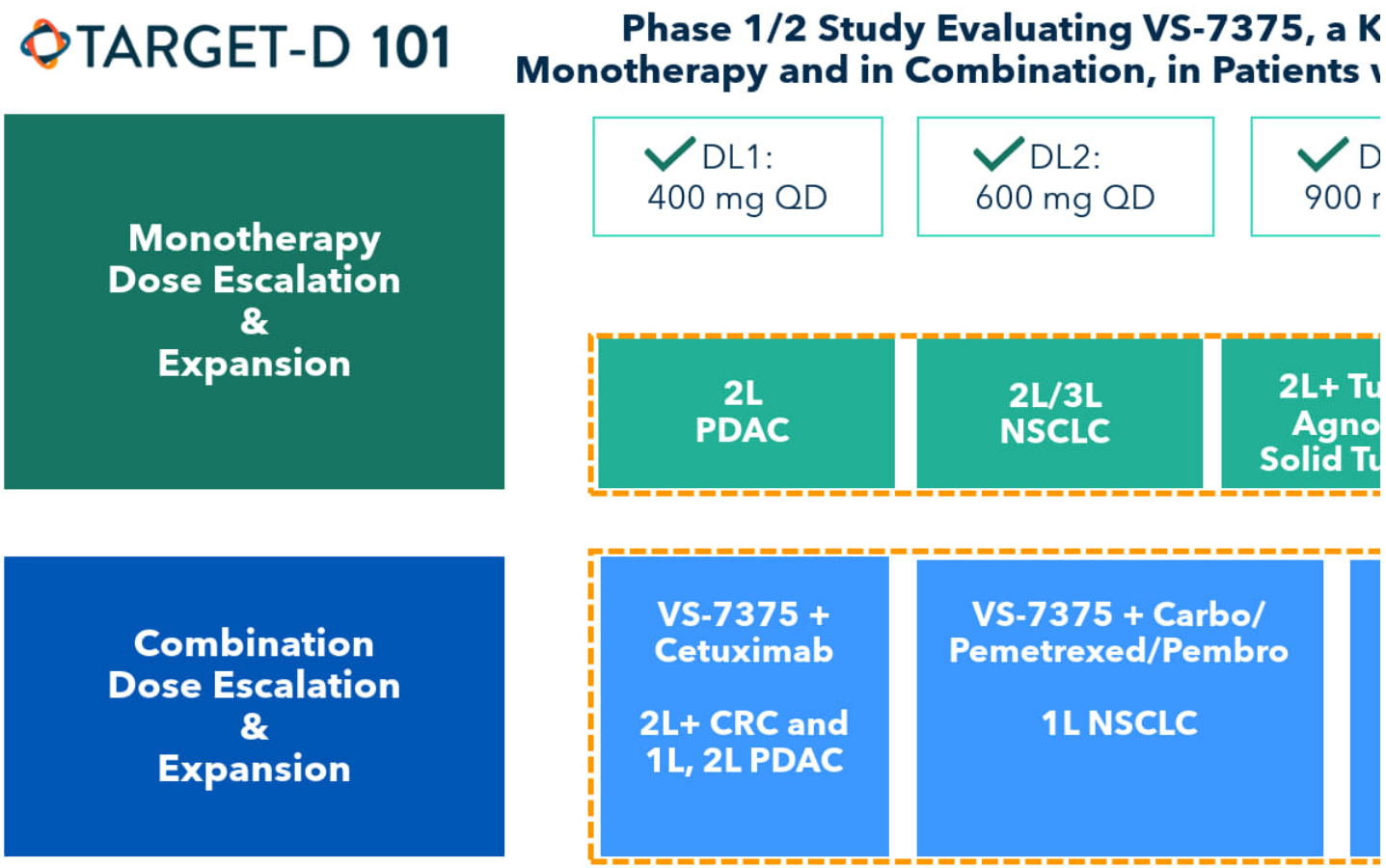
Once daily dose-proportion
Enables exposures in all patients corre
preclinical models

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Pachter et al., Targeting RAS 2nd edition 2025; Ai et al., ASCO 2025; Li et al., World Conference o
Kinase; GEF: Guanine nucleotide exchange factor GAP: GTPase-activating protein

VS-7375: Enrolled 190+ Patients Across Dose Esc

Completed target enrollment in PDAC, CRC, and NSCLC cohorts in Ju



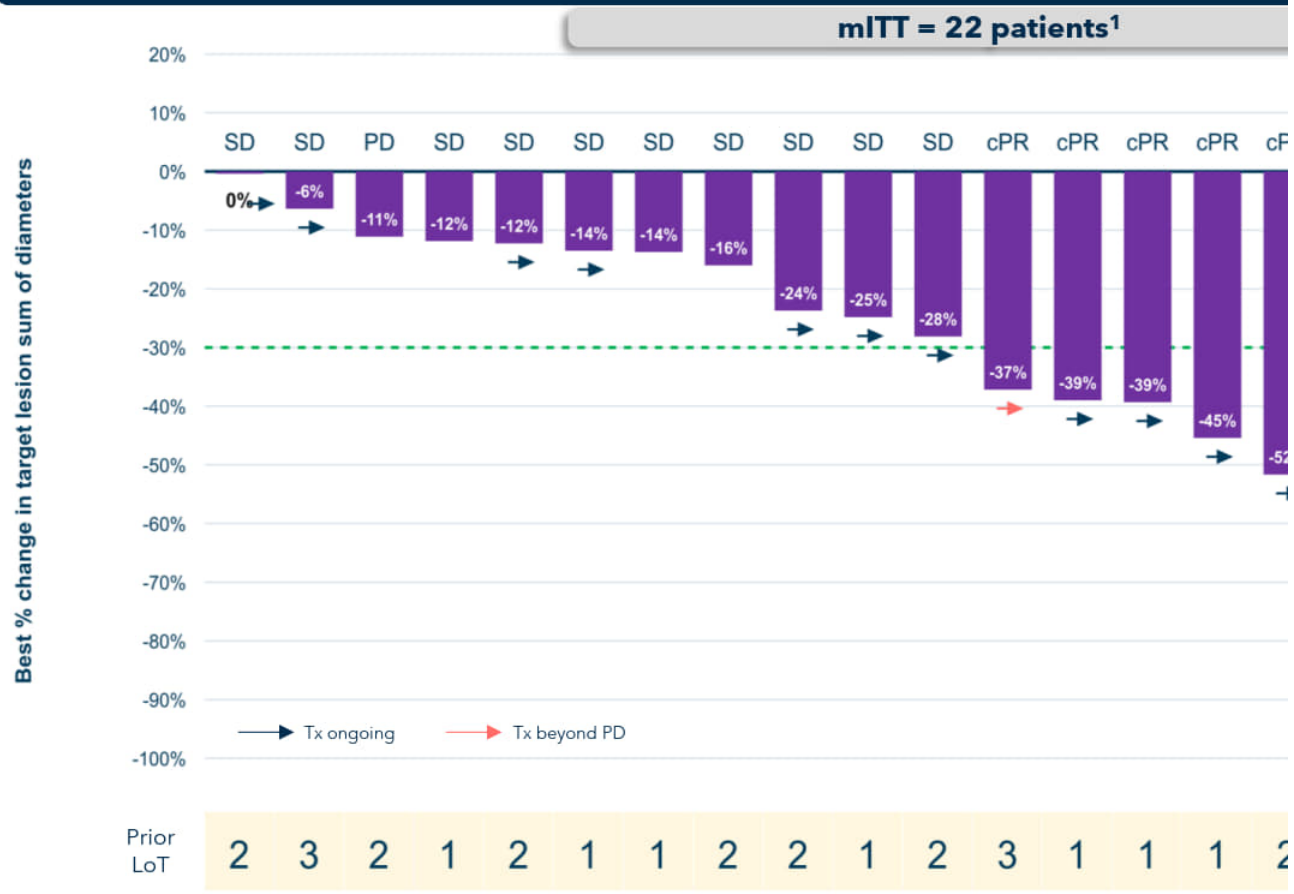
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The study is dosing with meals and using prophylactic antiemetics

NCT07020221; DL: dose level; 2L: second-line; 3L: third-line

VS-7375 900 mg Emerging as Potential Best-in-C
Previously Treated (2L-4L) KRAS G12D mPDAC

41% cORR (9/22) 2L+ [2] | 50% cORR (4/8) 2L[2]



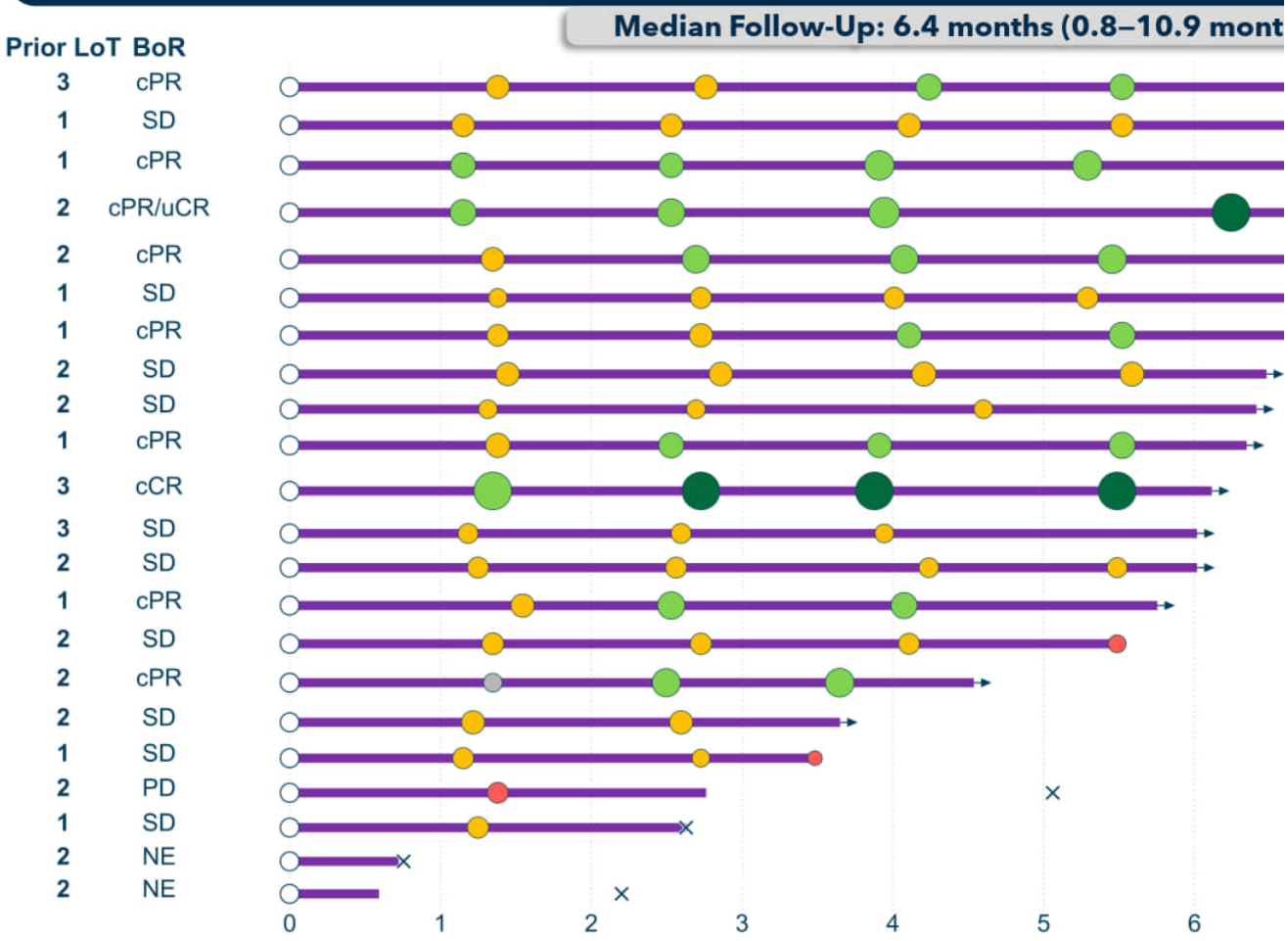
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Data cutoff: Oct. 7, 2026

1: The mITT (modified intent-to-treat) population includes any patient that received at least one dose of VS-7375 and starte
waterfall owing to non-evaluable disease. One died of coronary artery disease and stroke before the first disease assessm
later; 3: uCR: unconfirmed Complete Response - patient had confirmed Partial Response and one Confirmed Response or
adenocarcinoma; cORR: confirmed objective response rate; SD: stable disease; PD: progressive disease

VS-7375: First KRAS G12D Inhibitor to Demonstr Durability in mPDAC

67% Landmark 6-month PFS rate | 80% Lanc



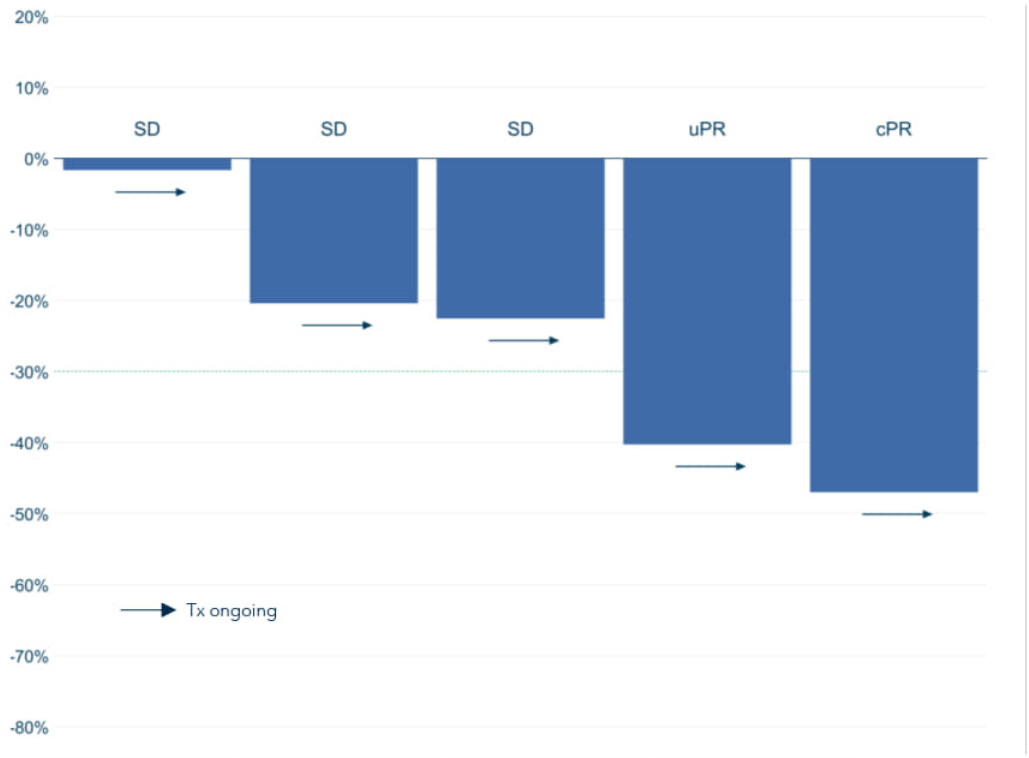
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Data cutoff: Oct. 7, 2026; The mITT population includes any patient that received at least one dose of VS-7375 and starte
overall survival; SLD: sum of lesion diameter. BoR: best overall response; LoT: line of therapy; NE: not evaluable; Tx: treat

VS-7375 900 mg Combo with anti-EGFR Demons
Antitumor Activity in mCRC

33% ORR* (2/6) 3L+ CRC

mITT = 6 patients[1] | Median Follow-Up: 6.1 months (0.4–7.0 m



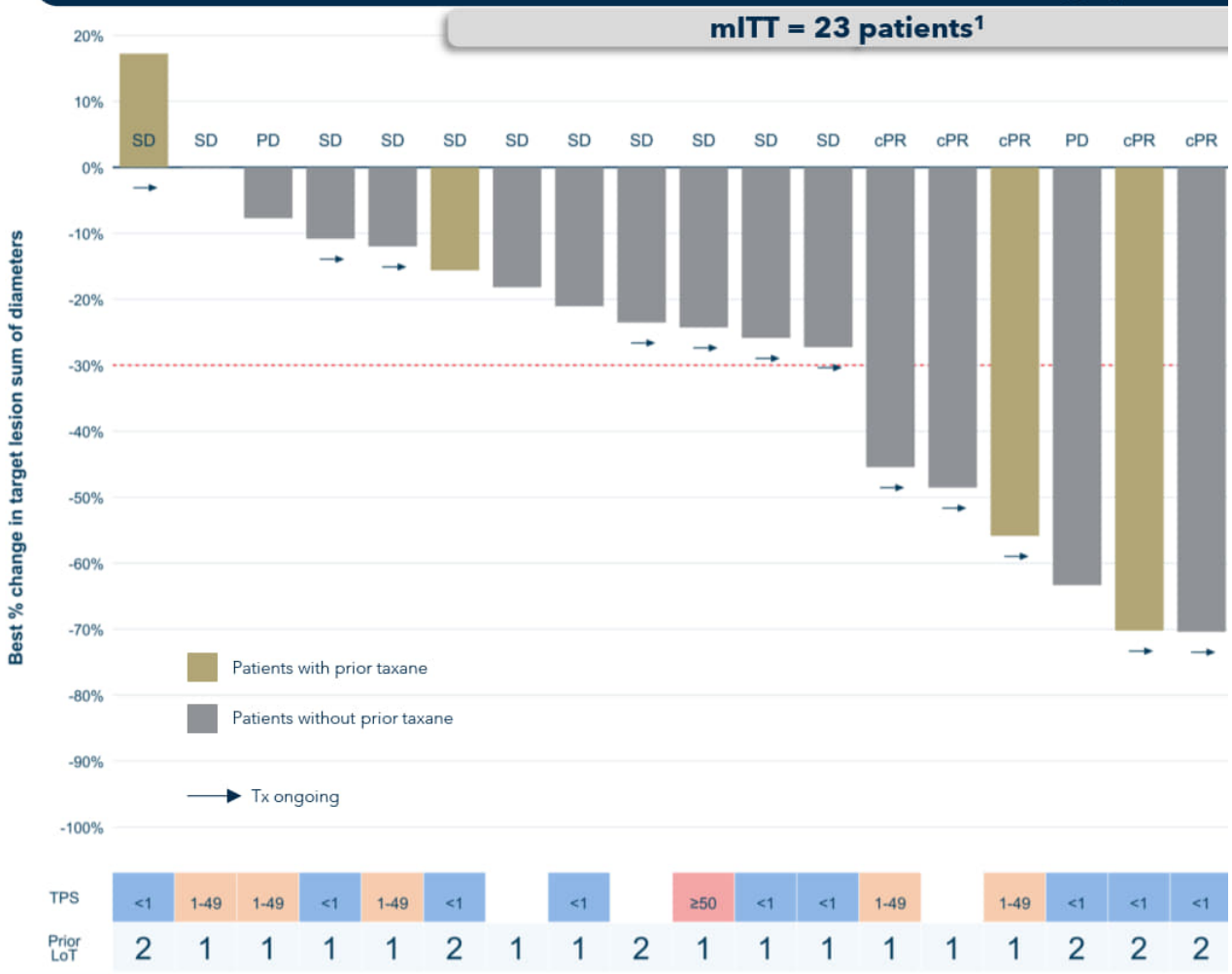
Prior LoT	3	2	3	2	2
# of scans	4	4	1	3	4

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*ORR included confirmed responses and ongoing unconfirmed responses pending confirmation
Data cutoff: Oct. 7, 2026
1: The mITT population includes any patient that received at least one dose of VS-7375 and started therapy on or before July 22, 2

VS-7375 Demonstrates Confirmed Responses at 6

43% cORR (10/23) 2L+ NSCLC, including prior



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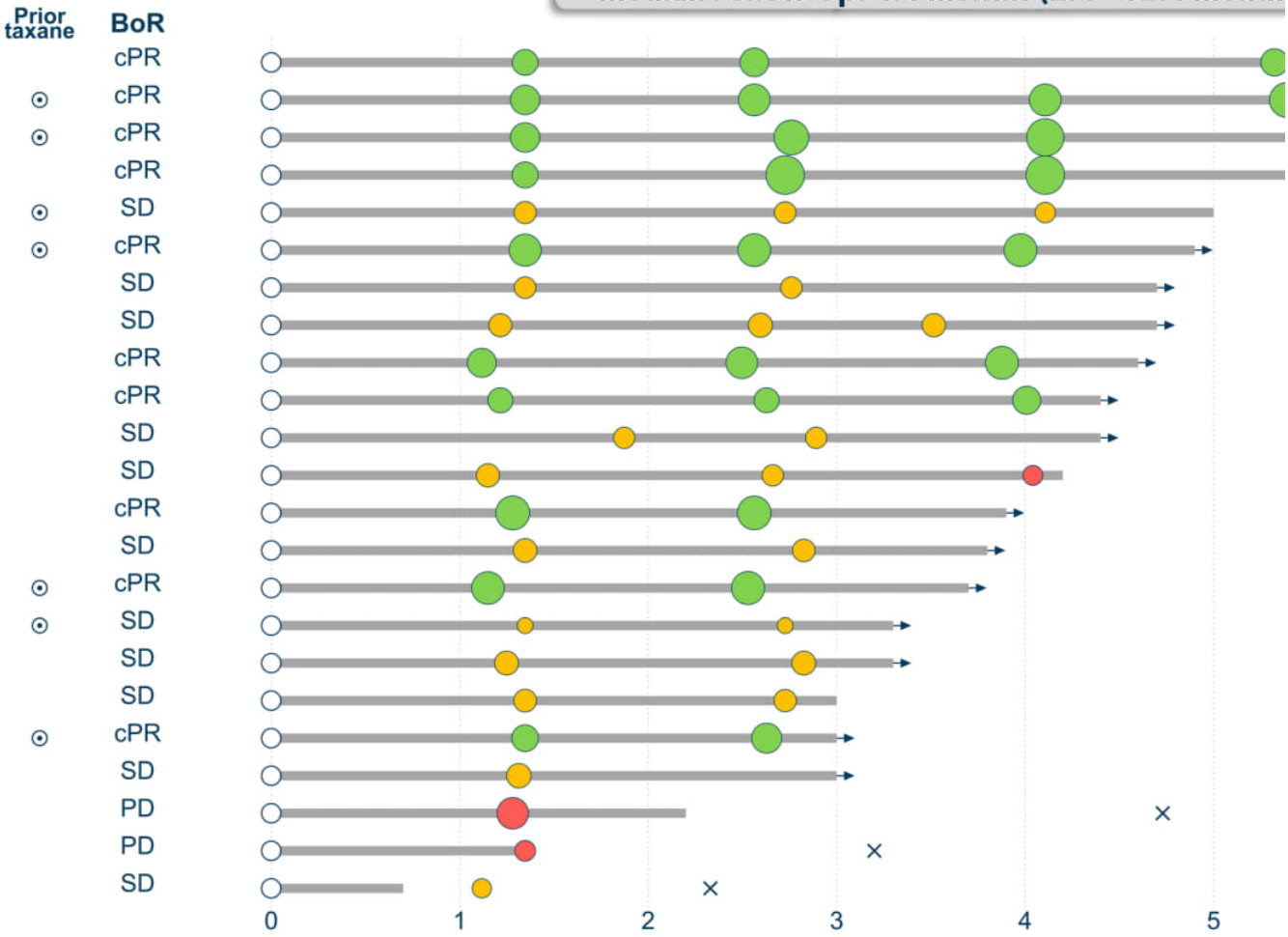
Data cutoff: Oct. 7, 2026

1: The mITT population includes any patient that received at least one dose of VS-7375 and started therapy on or b

VS-7375 Shows Encouraging Durability at 600 m

72% landmark PFS rate at 6 months; mF

Median Follow-Up: 4.4 months (2.4 –12.4 month



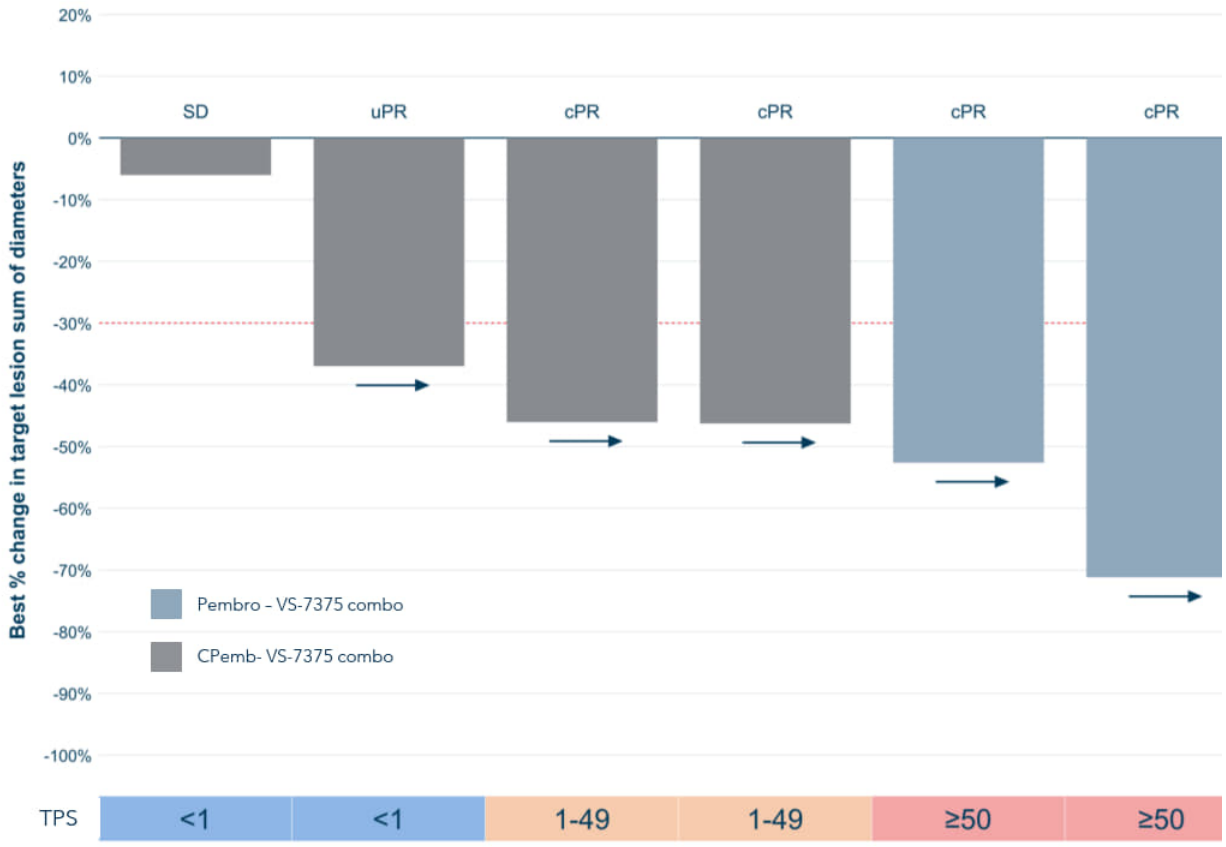
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Data cutoff: Oct. 7, 2026; the mITT population includes any patient that received at least one dose of VS-7375 and sta

VS-7375 at 600 mg Shows Early Antitumor Activ SoC in NSCLC, Supporting Combination Potentia

75% ORR* (6/8) in 1L NSCLC con

mITT = 8 patients[1] | Median Follow-Up: 4.4 months (0.



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Platinum+Pemetrexed (CPem) +/- Pembrolizumab (Pembro) in KRAS G12D Adenocarcinoma of the Lung
*ORR included confirmed responses and ongoing unconfirmed responses pending confirmation
Data cutoff: Oct. 7, 2026
1: The mITT population includes any patient that received at least one dose of VS-7375 and started therapy on or b the first post-baseline disease assessment, which was likely triggered by an infusion related reaction to pembrolizur

VS-7375 900 mg Monotherapy: High Dose Intens Discontinuations Due to AEs Across Tumor Types

	900 mg (N=48)
Median duration of Tx (range), months	3.0 (0.2 – 10.6)
TRAEs leading to	
Discontinuation	**2%**
Reduction	**6%**
Interruption	**15%**
TEAEs leading to	
Discontinuation	**2%**
Reduction	**6%**
Interruption	**19%**
Relative Dose Intensity Median (IQR)	**97% (87–100%)**

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VSTM DOF. Data cutoff date: Sep 29, 2026; AE: adverse events; Tx: treatment; TRAEs: treatment-rela
IQR: interquartile range

VS-7375 900 mg Tolerability is Characterized by l and Serious TRAEs, Further Supporting it as the G

	900 mg (N=48)	
Median duration of Tx (range), months	3.0 (0.2 – 10.6)	
TRAEs	**All Gr.**	**Gr.3**
Patients with Any TRAE	**81%**	**10%**
Patients with Any GI TRAE	**75%**	**2%**
Patients with Any Serious TRAE	**6%**	

No Grade 4 or 5 TRAEs.

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VSTM DOF. Data cutoff date: Sep 29, 2026; GI: gastrointestinal; Gr: grade; SAEs: serious adverse ev

VS-7375 is Generally Well Tolerated Without Clear Dose-De of Either 600 mg or 900 mg QD); Consistent with June 202

System Organ Class Preferred Term	600 mg (N=73) mDoT (range) = 4.3 (0.5-11.0) mo				
	Gr. 1 n (%)	Gr. 2 n (%)	Gr. 3 n (%)	Gr. ≥4 n (%)	All Gr. n (%)
Gastrointestinal disorders					
Nausea	**29 (40)**	**10 (14)**	**4 (5)**	0	**43 (59)**
Diarrhoea	**28 (38)**	**11 (15)**	**4 (5)**	0	**43 (59)**
Vomiting	**18 (25)**	**8 (11)**	**1 (1)**	0	**27 (37)**
Abdominal pain	**3 (4)**	0	**1 (1)**	0	**4 (5)**
Constipation	**7 (10)**	0	0	0	**7 (10)**
Dyspepsia	**4 (5)**	0	0	0	**4 (5)**
Abdominal distension	**3 (4)**	0	0	0	**3 (4)**
General disorders and administration site conditions				0	
Fatigue	**17 (23)**	**5 (7)**	**1 (1)**	0	**23 (32)**
Investigations				0	
Lipase increased	**5 (7)**	**4 (5)**	**1 (1)**	0	**10 (14)**
Amylase increased	**4 (5)**	**2 (3)**	0	0	**6 (8)**
Alanine aminotransferase increased	**3 (4)**	0	**1 (1)**	0	**4 (5)**
Weight decreased	**3 (4)**	**1 (1)**	0	0	**4 (5)**
White blood cell count decreased	**1 (1)**	**3 (4)**	0	0	**4 (5)**
Aspartate aminotransferase increased	**1 (1)**	0	**2 (3)**	0	**3 (4)**
Blood and lymphatic system disorders				0	
Anaemia	**2 (3)**	**6 (8)**	**1 (1)**	0	**9 (12)**
Neutropenia[1]	**4 (5)**	**3 (4)**	**1 (1)**	0	**8 (11)**
Thrombocytopenia[2]	**2 (3)**	0	0	0	**2 (3)**
Metabolism and nutrition disorders				0	
Decreased appetite	**5 (7)**	**5 (7)**	0	0	**10 (14)**
Nervous system disorders				0	
Dysgeusia	**5 (7)**	**2 (3)**	0	0	**7 (10)**
Skin and subcutaneous tissue disorders				0	
Pruritus	**4 (5)**	0	0	0	**4 (5)**

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Subjects are counted only once at their highest grade. Adverse events are graded according to the Common Te
'1. Neutropenia' and 'Neutrophil count decreased' are grouped as 'Neutropenia'. 2. 'Thrombocytopenia' and 'P
Data cutoff: Sep 29 2026

VS-7375: Advancing Potential Best-in-Class Prof
Clinical Development Paths

NOW → NEXT

Pancreatic Cancer



TARGET-D 201

2L mPDAC mono & EGFR Combo
1L mPDAC EGFR Combo

TAR
1L mPD
GnP Co

✓ FDA granted Fast Track Designations in advanced/metastatic PDAC

Lung Cancer



TARGET-D 202

2L advanced NSCLC Mono
1L advanced NSCLC Brain Mets Mono

TARGET-
1L advanced NSC
Chemo & IO Com

✓ FDA granted Fast Track Designation in advanced/metastatic NSCLC

Colorectal Cancer



TARGET-D 203

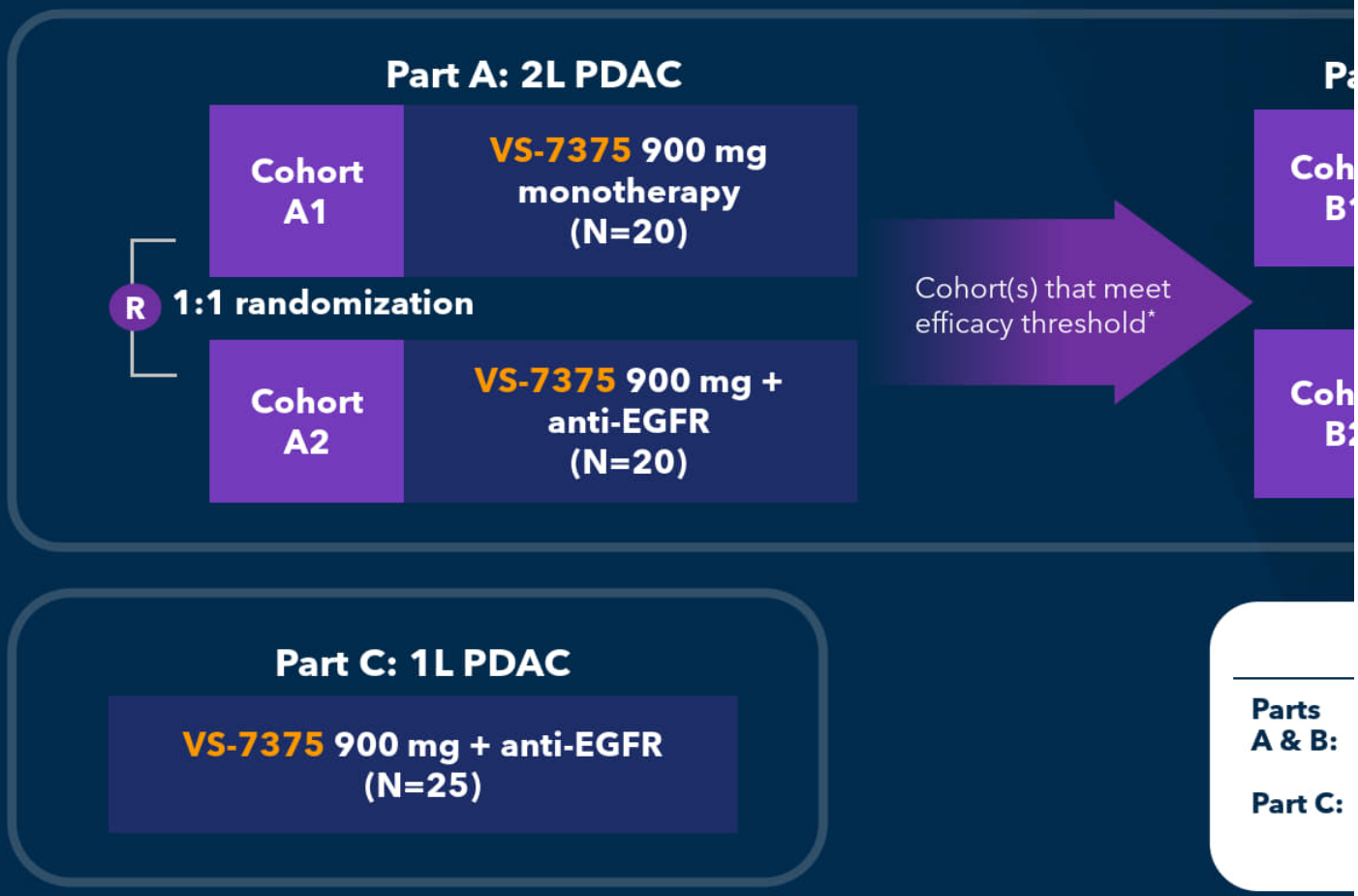
2L mCRC EGFR Combo
1L mCRC EGFR + Chemo Combo

TARGET-D 30
1L mCRC EGFR + Chemo Com

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*Subject to discussions with the FDA.
Potential opportunities based on data from ongoing clinical trials; BTD: breakthrough therapy designation

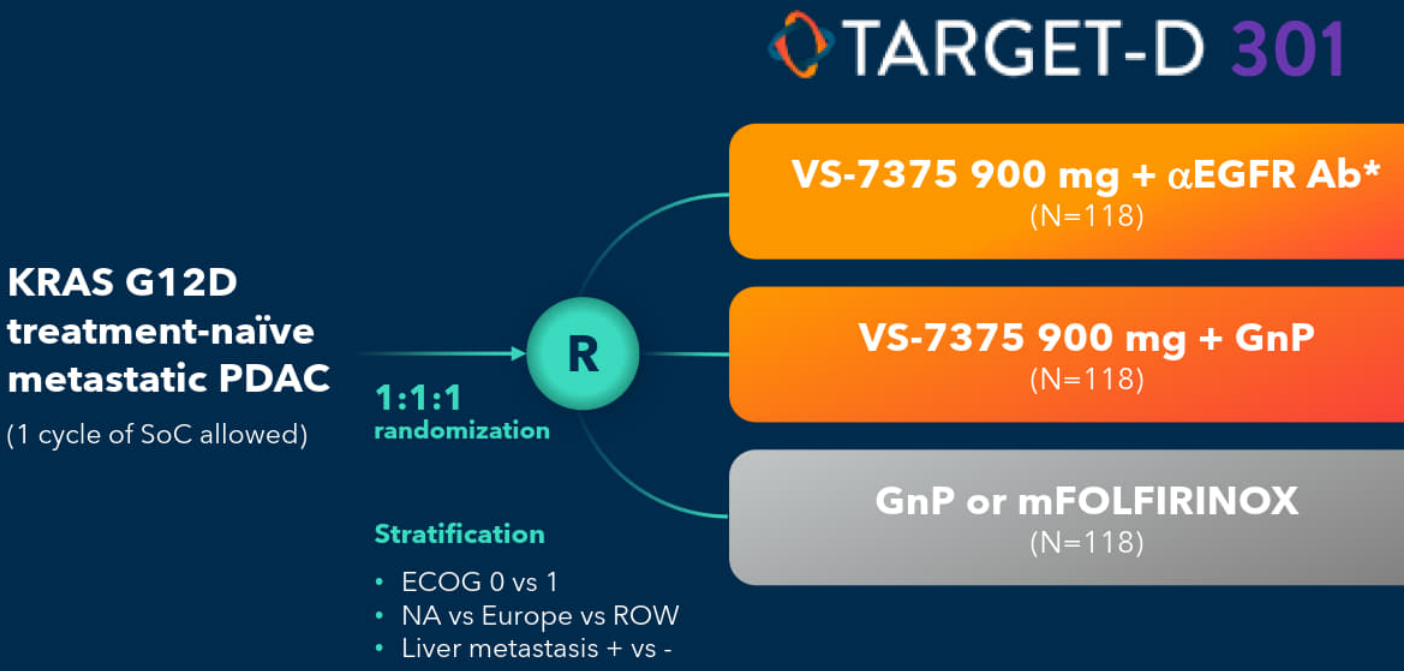
Maximizing the Opportunity in PDAC Through V Monotherapy and EGFR Combination Strategies



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*All A1 pts with SD allowed to crossover to cetuximab combo if A1 fails to meet efficacy threshold
EGFR: Epidermal Growth Factor Receptor

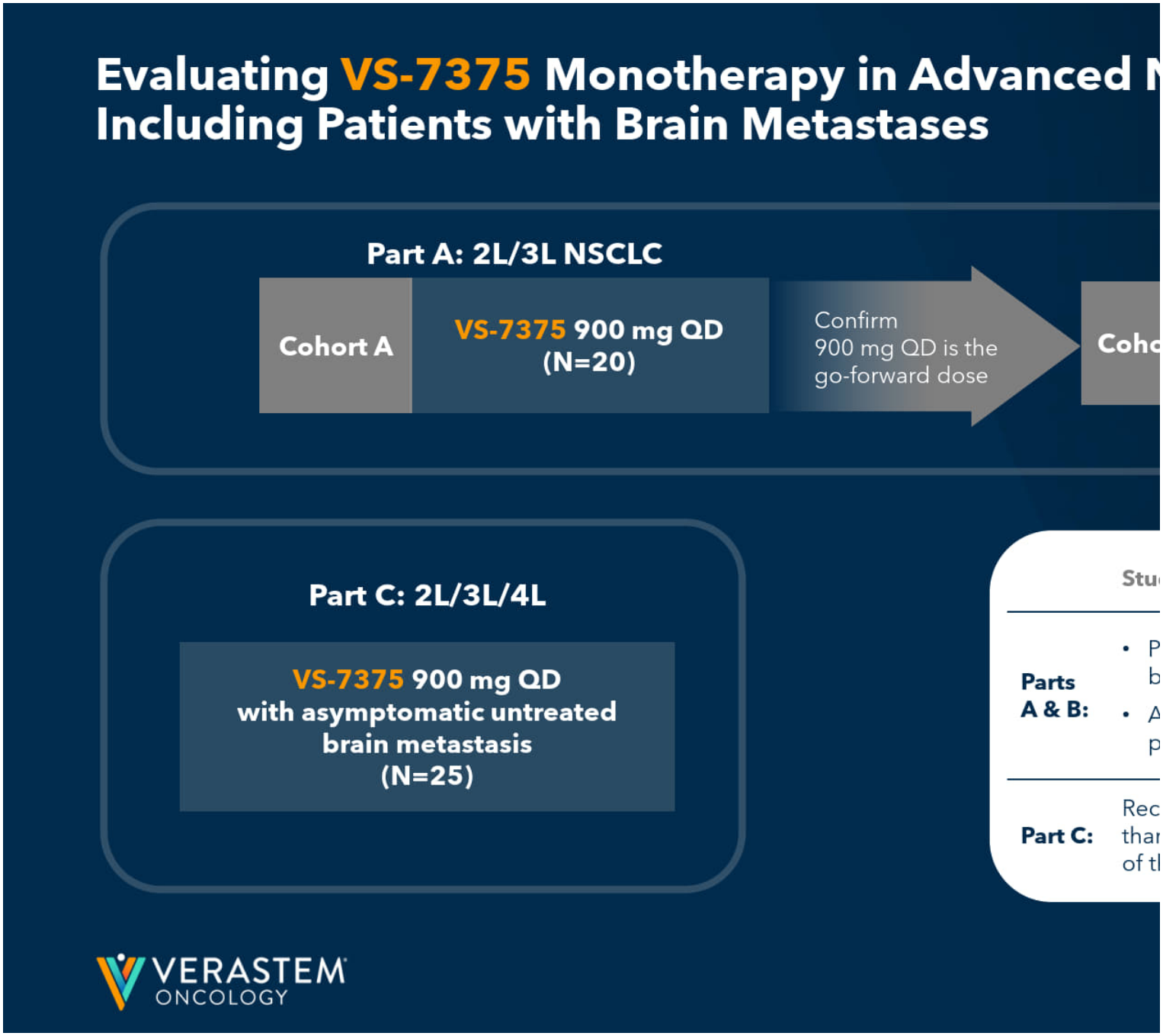
VS-7375 1L PDAC Phase 3: TARGET-D 301 Study
Potential for Chemo-Free Option



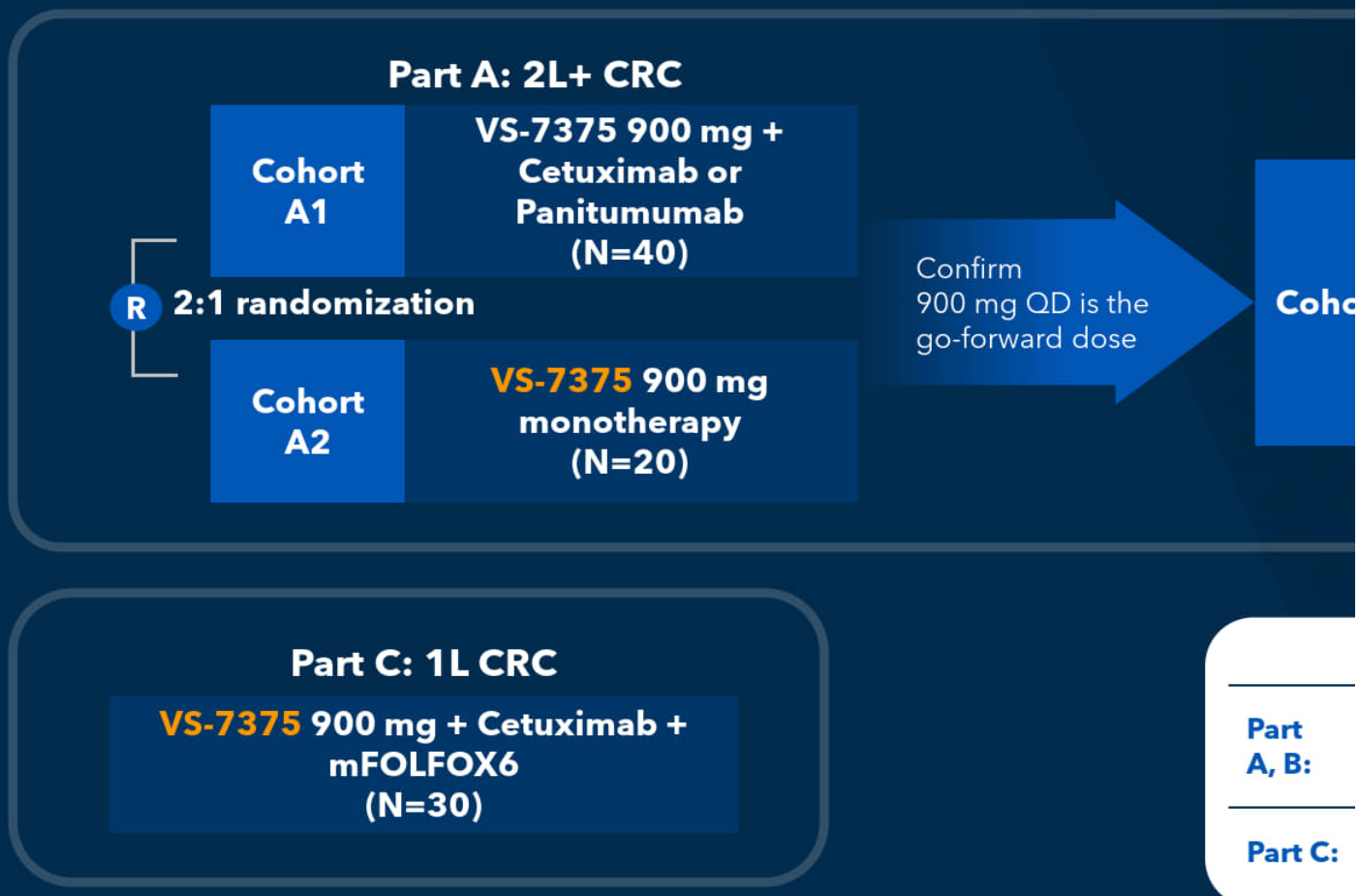
REACHED ALIGNMENT ON PROTOCOL
PLAN TO OPEN PHASE 3, 1L mPDAC TRIAL

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*either panitumumab or cetuximab


Evaluating VS-7375 Monotherapy in Advanced N
Including Patients with Brain Metastases
Part A: 2L/3L NSCLC
Cohort A
VS-7375 900 mg QD
(N=20)
Confirm
900 mg QD is the
go-forward dose
Coho
Part C: 2L/3L/4L
VS-7375 900 mg QD
with asymptomatic untreated
brain metastasis
(N=25)
Stu
Parts
A & B:
Part C:
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Advancing a VS-7375 Combination Strategy wit
EGFR Inhibitors and Chemotherapy in Metastati



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#No prior TAS-102 (trifluridine and tipiracil) or regorafenib. VEGFi as appropriate.
mFOLFOX: modified oxaliplatin, leucovorin, and 5-fluorouracil; VEGFI: vascular endothelial Growth Factor

RAMP 205: Avutometinib + Defactinib + Standard-of-Care in First-Line Metastatic Pancreatic Cancer

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RAMP 205: 86% 6-month Overall Survival Rate, F Survival Data Continue to Mature

- **90% of patients presented with metastatic disease (Stage IV) at diagnc**
- **At the RP2D (DL1), the majority (83%) of patients experienced tumor s**
- **9 patients remain on therapy, follow up continues**
- **Adverse events remained generally consistent with previously reporte with no new safety signals observed**

	RAMP 205 Dose Level 1 9.8 months median follow-up
	N = 29
ORR % (n)	Confirmed: **52%** (15/29)
6 months PFS % (95% CI)	**68%** (45, 82)
6 months OS % (95% CI)	**86%** (47,99)

RP2D DL1: Avutometinib 2.4 mg twice weekly (BIW), defactinib 200 mg twice daily (BID) for 3 weeks on and one week off, and gemcitabine (800 mg/m^2) plus nab-paclitaxel (125 mg/m^2) administered on Days 1, 8, and 15 of each 28-day cycle.

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1. Wainberg Z, Melisi D, Macarulla T et al. NALIRIFOX versus nab-paclitaxel and gemcitabine in treatment- adenocarcinoma (NAPOLI 3): a randomized, open-label, phase 3 trial; The Lancet, 2023; 402, 1272-1281

VSTM DOF: As of June 5, 2026 data cutoff

Financials

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Q3 2026 Financial Highlights

Proforma cash of $422.8M with gross proceeds from October public offering, co expected to extend cash runway into 1H 2028

Financial Summary
($ in millions)

Net Product Revenue
GAAP Operating Expenses
Non-GAAP Operating Expenses
Cash, cash equivalents & short-term investments
Pro-Forma cash, cash equivalents & short-term investments
Shares Outstanding

Oberland Finance Credit Facility
- $75M principal of notes outstanding
  - Floating interest rate, subject to a floor and a cap
  - Interest only payments through January 2031

Oberland Revenue Notes
- Up to $75M in synthetic royalty revenue notes
  - $50M funded at closing in August 2026
  - $25M available at Company's option upon quarterly sales of AVMAPKI FAKZYNJA CO-PACK of at least
  - Royalty rate of 4.50%, reduces to 1.75% upon paying previously funded amounts in royalties prior to De
  - Maturity Date of June 2033

No financial covenants

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* Three months ended September 30, 2026 GAAP operating expenses of $99.24M less Q3 2026 stock-based compe $25.25M Q3 2026 non-GAAP operating expenses.
** Pro-Forma amount includes receipt of $250.0M gross proceeds from the October public offering,
*** Excludes unexercised pre-funded warrants (9.7M shares upon exercise).

Delivering for Long-term Growth

- **AVMAPKI FAKZYNJA CO-PACK has potential to be standard-of KRAS-mutated recurrent LGSOC**
  - RAMP 301: Fully-enrolled Phase 3 confirmatory trial has the potential to label and can be leveraged for EU/Japan approvals in recurrent LGSOC of KRAS mutation
  - Meaningful growth driven by new patient starts, increased refills and exp physician adoption
- **VS-7375 addresses significant opportunity in multiple KRAS G tumors with a differentiated profile and compelling antitumor**
  - Broad clinical development program advancing VS-7375 across multiple types with multiple registration pathways
  - Three registration-directed Phase 2 trials underway in pancreatic, lung a colorectal cancers, with three Phase 3 trials planned to initiate in late Q4 2027
- **Cash runway into 1H of 2028* to see key data inflection points**

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EU: European Union ; *Please see November 5, 2026 press release.

THANK YOU!

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Appendix

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AVMAPKI FAKZYNJA CO-PACK Patent Portfolio

OB: 7,928,109 Defactinib COM US (expiry 4/17/2028) | PTA | PTE (Aug, 2(

OB: 7,897,792 Avutometinib COM (expiry 2/9/2027)

OB: 8,247,411 Defactinib – genus (expiry 4/17/2028)

OB: 11,400,090 – Avutometinib mono dosing - (expiry 10/29/2038)

OB: 11,517,573 A+D combo dosing- (expiry 9/11/2040)

OB: 11,873,296 Avuto polymorph – (expiry 12/29/2042)

OB: 12,509,450 Avuto formulation- (expiry 12/29/2042)

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OB: Orange Book Listed Patent