VERASTEM ONCOLOGY

Delivering Novel Therapies in RAS/MAPK Pathway Driven Cancers

May 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 benefits of collaborations, including with 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 potential for and timing of 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," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," "can," "promising" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Each forward-looking statement is subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied in such statement.

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Verastem Oncology

Strong progress in 2023 sets up multiple value-creation opportunities

Positioned to Deliver on 2024 Catalysts

➢ On track to deliver the first approved therapy in LGSOC

- Data from Part A of RAMP 201 showed avutometinib, a RAF/MEK Clamp, in combination with defactinib, a FAK inhibitor, demonstrated robust responses in patients with recurrent low-grade serous ovarian cancer (LGSOC)
- Phase 3 confirmatory study underway with plans to report updated topline data from RAMP 201 trial in Q2 2024
- Plan to initiate rolling NDA for Accelerated Approval in Q2 2024

➢ Ongoing studies in additional indications including Pancreatic Cancer and NSCLC

- Report initial safety and efficacy results from RAMP 205 trial of avutometinib + defactinib + gemcitabine/nab-paclitaxel in first-line metastatic pancreatic cancer at ASCO 2024
- Report updated data from RAMP 203 non-small cell lung cancer (NSCLC) trial evaluating avutometinib plus defactinib with Amgen's KRAS G12C inhibitor, sotorasib, in H2 2024
- Report data from RAMP 204 NSCLC trial evaluating avutometinib with Mirati Therapeutics (Bristol Myers Squibb (BMS)) KRAS G12C inhibitor, adagrasib, in H2 2024

➢ GenFleet collaboration furthers pipeline potential in RAS/MAPK driven cancers

- GenFleet's IND application for GFH375/VS-7375, a potential best-in-class oral KRAS G12D (ON/OFF) inhibitor, was filed in China and accepted for review
- 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 Q1 2024 with $110.1M in cash and investments and $28.1 million GAAP operating expenses ($26.6 million non-GAAP operating expenses*)

* Q1 2024 GAAP operating expenses of $28.06M less Q1 2024 stock-based compensation expense of $1.48M = $26.58M Q1 2024 non-GAAP operating expenses; IND: investigational new drug application; NDA: new drug application

Driving Momentum in 2024: Recap of Recent Key Achievements

Avutometinib + Defactinib: Recurrent LGSOC

- ✓ Received FDA Orphan Drug Designation
- ✓ Initiated Phase 3 confirmatory study in Q4'23
- ✓ Presented planned subgroup analysis of Part A RAMP 201 trial
- ✓ RAMP 201 FDA meeting – combination selected as go-forward regimen

Avutometinib + Defactinib: Metastatic Pancreatic Cancer

- • Initial safety and efficacy results from RAMP 205 to be presented at ASCO 2024
- ✓ Initiated RAMP 205 combo avutometinib + gemcitabine/nab-paclitaxel + defactinib

Avutometinib + KRAS G12C Inhibitors: NSCLC

- ✓ Received FDA Fast Track Designation for avutometinib in combination with Mirati's (BMS) G12C inhibitor adagrasib
- ✓ Received FDA Fast Track Designation and for avutometinib plus defactinib with Amgen's G12C inhibitor sotorasib
- ✓ 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

GFH375/VS-7375: Oral G12D (ON/OFF) Inhibitor

- ✓ Established discovery and development collaboration with GenFleet
- ✓ Presented preclinical data of GFH375/VS-7375, a potential best-in-class oral KRAS G12D (ON/OFF) inhibitor, at AACR 2024
- ✓ IND application was filed in China and accepted for review in Q1'24

Clinical Program Designed to Maximize LGSOC and Beyond

Trial/Regimen	IND-Enabling/ Preclinical	Phase 1	Phase 2	Phase 3	Anticipated Milestones	Collaboration
Avutometinib + Defactinib: Recurrent LGSOC						
RAMP 301 RAF/MEK Clamp + FAKi vs ICT					RAMP 301 Ongoing Enrollment	
RAMP 201 RAF/MEK Clamp + FAKi					RAMP 201 Topline Data; Initiate Rolling NDA Submission Seeking Accelerated Approval: Q2 2024	
Avutometinib ± Defactinib + KRAS G12C Inhibitors: mKRAS G12C NSCLC						
RAMP 203 RAF/MEK Clamp ± FAKi + KRAS G12Ci (sotorasib)					RAMP 203 Updated Data: H2 2024	Amgen
RAMP 204 RAF/MEK Clamp + KRAS G12Ci (adagrasib)					RAMP 204 Data: H2 2024	Mirati (BMS)
Avutometinib + Defactinib: 1L Metastatic Pancreatic Cancer						
RAMP 205 RAF/MEK Clamp + FAKi + gemcitabine, nab-paclitaxel					RAMP 205 Initial Safety/Efficacy at ASCO 2024	PanCAN
GFH375/VS-7375						
KRAS G12D (ON/OFF) inhibitor					IND filed in China and accepted for review; upon clearance expect to initiate Phase 1 in China in H2 2024	GenFleet

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Avutometinib RAF/MEK Clamp Program Overview

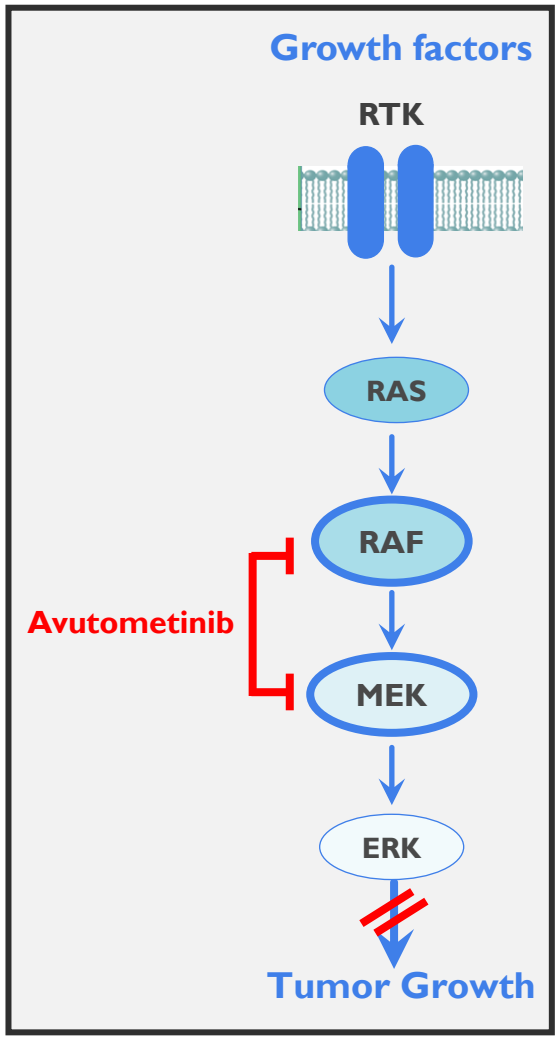
Avutometinib is a Differentiated Agent with the Potential to Serve as the Backbone for Combinations Across RAS Pathway-Driven Cancers

- Differentiated 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 recurrent LGSOC
- Breakthrough Therapy Designation for combination of avutometinib and defactinib for treatment of recurrent LGSOC after one or more prior lines of therapy including platinum-based chemotherapy
- Received FDA Fast Track Designation for avutometinib in combination with Amgen's G12C inhibitor sotorasib in KRAS G12C-mutated metastatic NSCLC
- FDA Fast Track Designation granted for avutometinib plus defactinib in combination with sotorasib for the treatment of KRAS G12C-mutated metastatic NSCLC
- FDA Fast Track Designation granted for avutometinib in combination with Mirati's (BMS) G12C inhibitor adagrasib in KRAS G12C-mutated metastatic NSCLC
- Potential best-in-class safety & tolerability profile relative to marketed MEK inhibitors, with potential for combinability with agents from multiple target classes
- Promising signals of clinical activity in various RAS pathway-driven cancers, including in patients whose tumors previously progressed on other MEK inhibitors

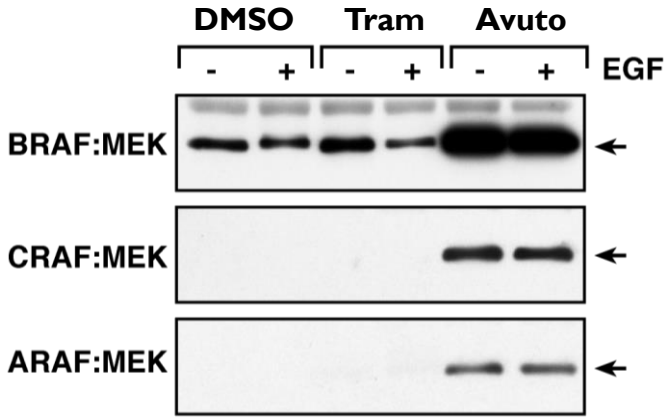
RAF-Rapidly accelerated fibrosarcoma, MEK-Mitogen-activated protein kinase kinase, RAS-Rat sarcoma virus MAPK-Mitogen-activated protein kinase KRAS-Kirsten rat sarcoma virus; NRAS-Neuroblastoma RAS viral oncogene homolog, BRAF-v-raf murine sarcoma viral oncogene homolog B1, NF1-Neurofibromatosis type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

Avutometinib is a Differentiated 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 activities

MEK1

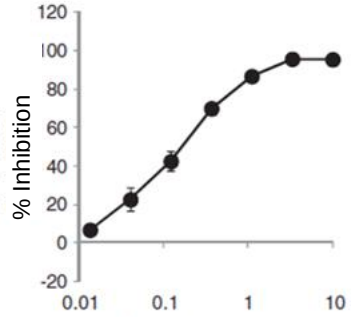
IC_{50}: 0.16 ± 0.043 µmol/L

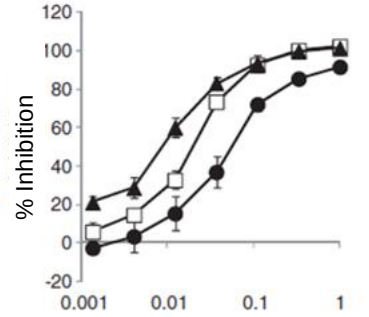
RAF family

IC_{50}(CRAF●): 0.056 ± 0.016 µmol/L

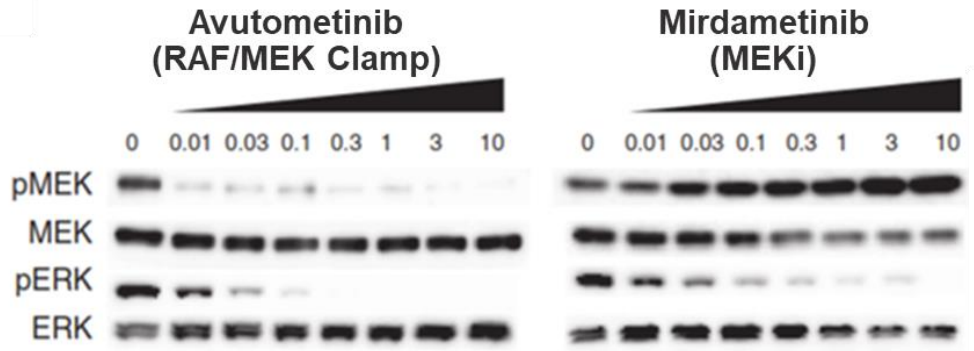
IC_{50}(BRAF □): 0.019 ± 0.0030 µmol/L

IC_{50}(BRAF V600E▲): 0.0082 ± 0.0015 µmol/L





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



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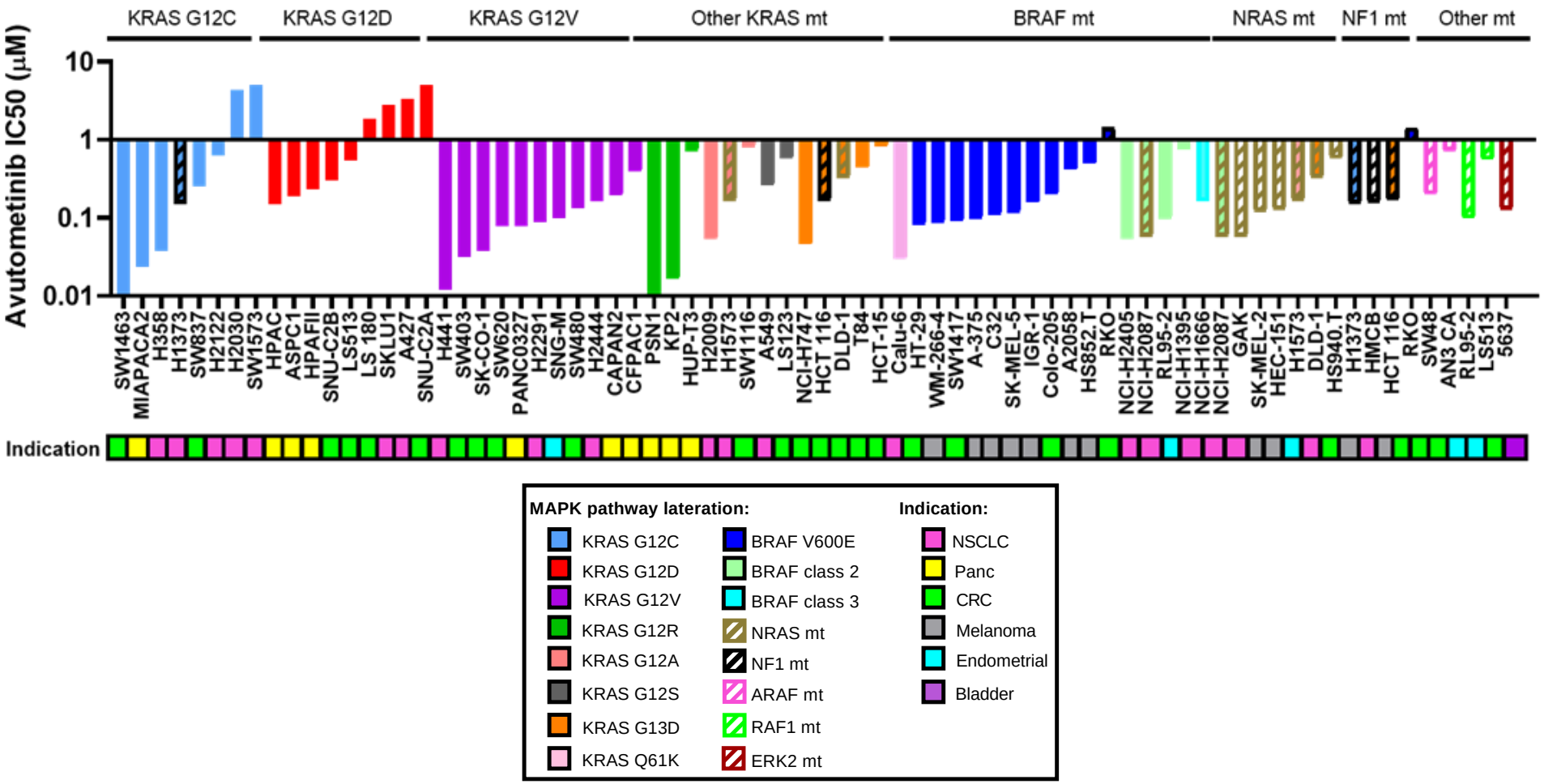
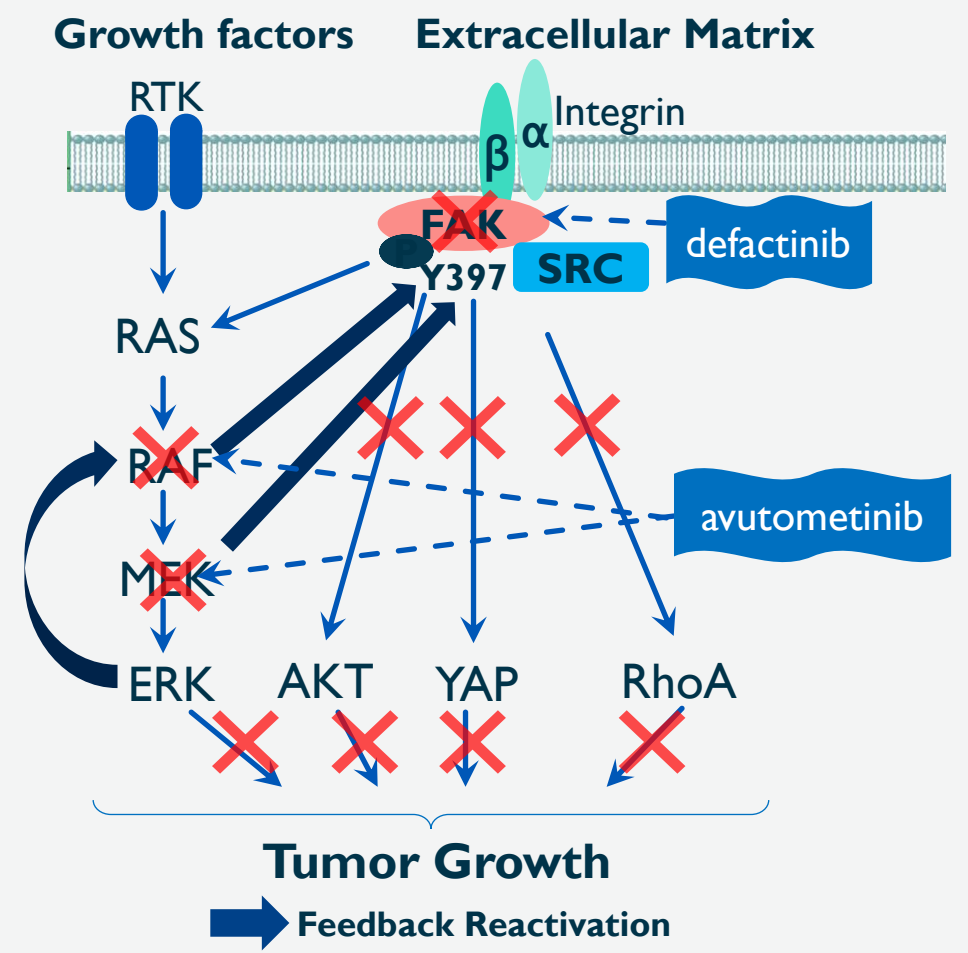
Coma et al., AACR 2022; Ishii et al., *Cancer Res*, 2013; Lito et al., *Cancer Cell*, 2014

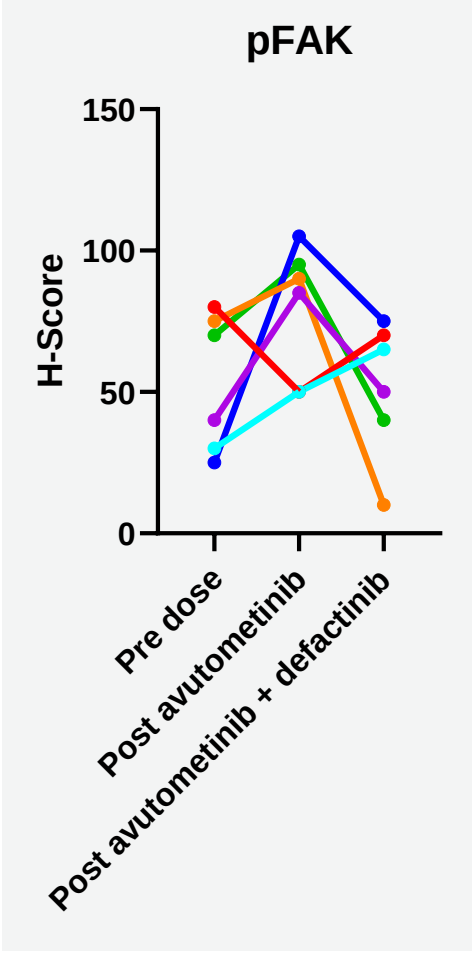
Avutometinib Inhibits Cell Proliferation Across Multiple RAS/MAPK Pathway Alterations and Multiple Solid Tumor Histologies

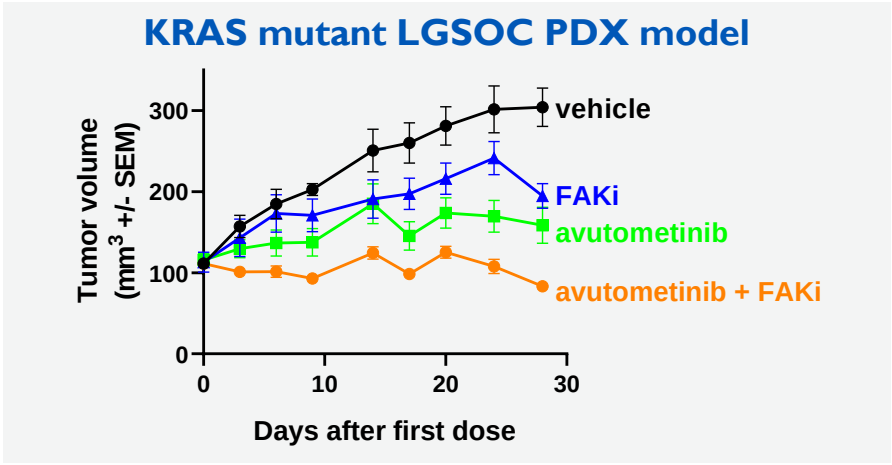


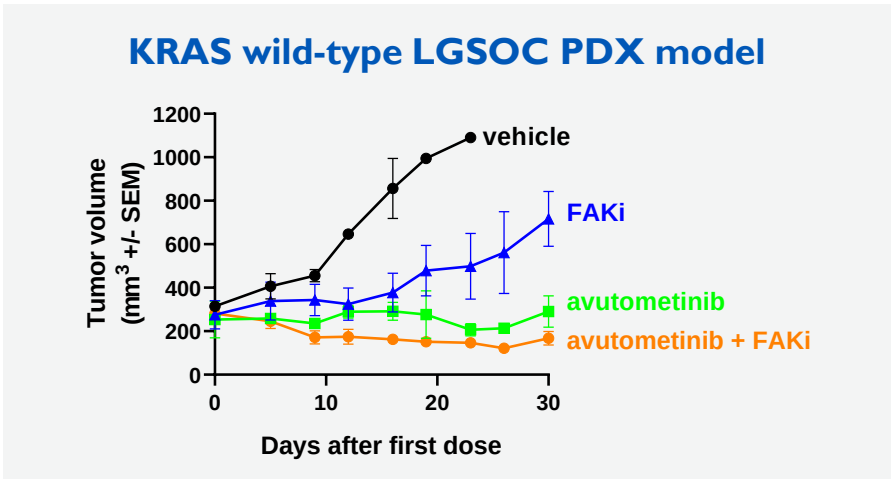
Verastem, unpublished data

Scientific Rationale for Avutometinib and FAK Inhibitor Combination *Anti-Tumor Efficacy in KRAS Mutant and Wild-Type LGSOC models*









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 Regimen

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**	**RP2D** (Avutometinib 3.2mg twice weekly + defactinib 200mg twice daily) **N=38 21 days of 28-day cycle**
Treatment Related Adverse Event	**Grade ≥3**	**Grade ≥3**	**Grade ≥3**
Rash	3 (50%)	5 (19%)	2 (5%)
CK elevation (Creatine phosphokinase)	1 (17%)	2 (8%)	2 (5%)

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

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 disease that is distinct from high-grade serous ovarian cancer (HGSOC) in its pathology, protracted clinical course and low 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 ineffective (6-13% overall response rate (ORR)).
  - LGSOC has a chemo-resistant nature and optimal treatment has not yet been defined. NCCN guidelines include clinical trials and observation 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 LGSOC
  - Updated data from ASCO 2023 showed a 45% confirmed ORR in the combination arm with tumor shrinkage in 86% of evaluable patients
- RAMP 301: A confirmatory Phase 3 trial evaluating the combination of avutometinib and defactinib versus standard chemotherapy or 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 prior lines of therapy

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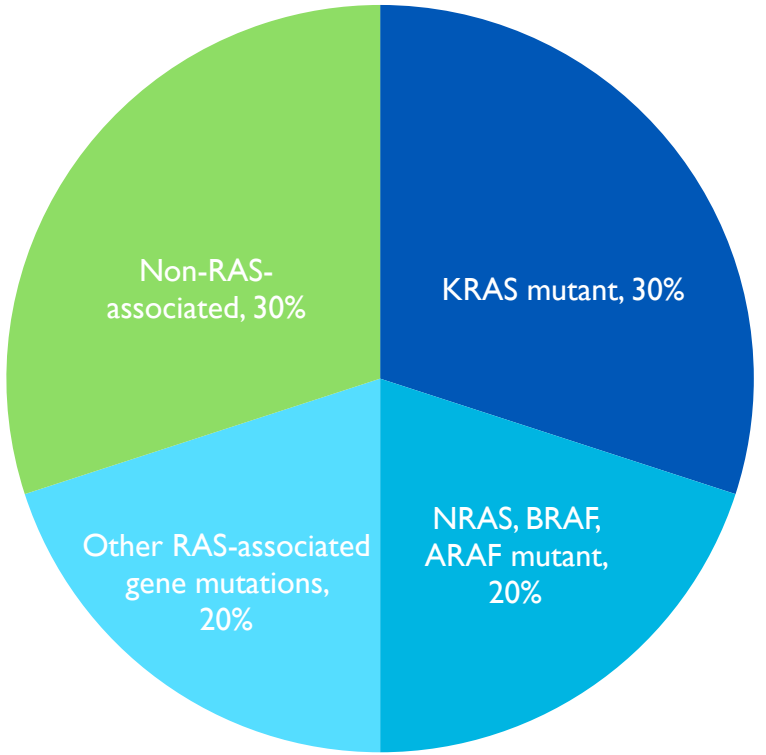
Monk et al., The Evolving Landscape of Chemotherapy in Newly Diagnosed Advanced Epithelial Ovarian Cancer, 2019; Slomovitz et al., Low-Grade serous ovarian cancer: State of the Science, 2020; Grisham et al., Low-Grade Serous Ovarian Cancer: Current Treatment Paradigms and Future Directions, 2018; AACR Project GENIE Cohort v9.0-public and Verastem unpublished analysis; Banerjee et al., Phase I study of the combination of 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 of a two-tier system for grading ovarian serous carcinoma, 2007; NCCN guidelines v1.2023; Zwimpfer et al. Cancer treatment Reviews 112 (2023).

LGSOC is a Distinct RAS Pathway-Driven Cancer with a High Unmet Need

- 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 Have KRAS mt
~70% of LGSOC Shows RAS Pathway-Associated mts



References: AACR Project GENIE Cohort v9.0-public and Verastem unpublished analysis

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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, 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 Paradigms and Future Directions; Curr Treat Options Oncology; 2018; Malpica et al., Am J. Surg Pathol 2007

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)	Discontinuation Rate due to AEs
GOG 281[1]	**2** (1-10)	No	* Low %	**SoC (n=130)**	**6% 95% CI: (3%, 12%)**	INV	7.2 (5.6-9.9)	30%
				Trametinib (n=130)	**26% 95% CI: (19%, 35%)**	INV	13.0 (9.9-15.0)	**36%**
MILO[2]	**2** (1-8)	No	* Low %	**SoC (n=101)**	**13% 95% CI: (7%, 21%)**	BICR	10.6 (9.2 - 14.5)	17%
				Binimetinib[2] (n=198)	**16% 95% CI: (11%, 22%)**	BICR	9.1 (7.3-11.3)	**31%**

[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

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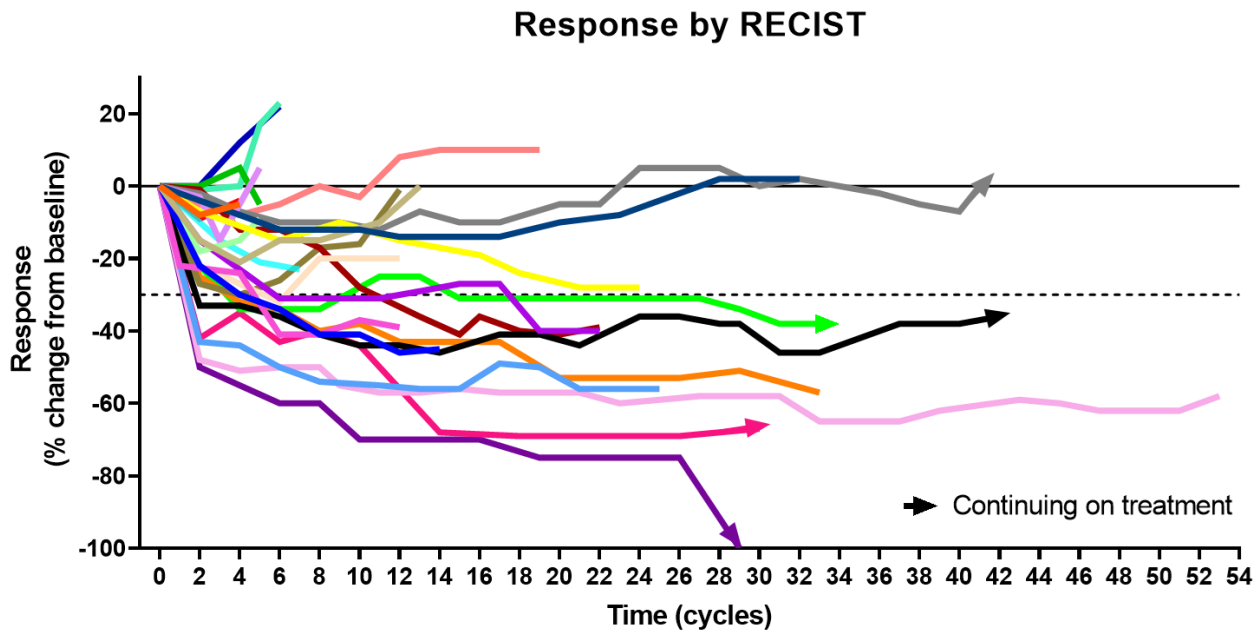
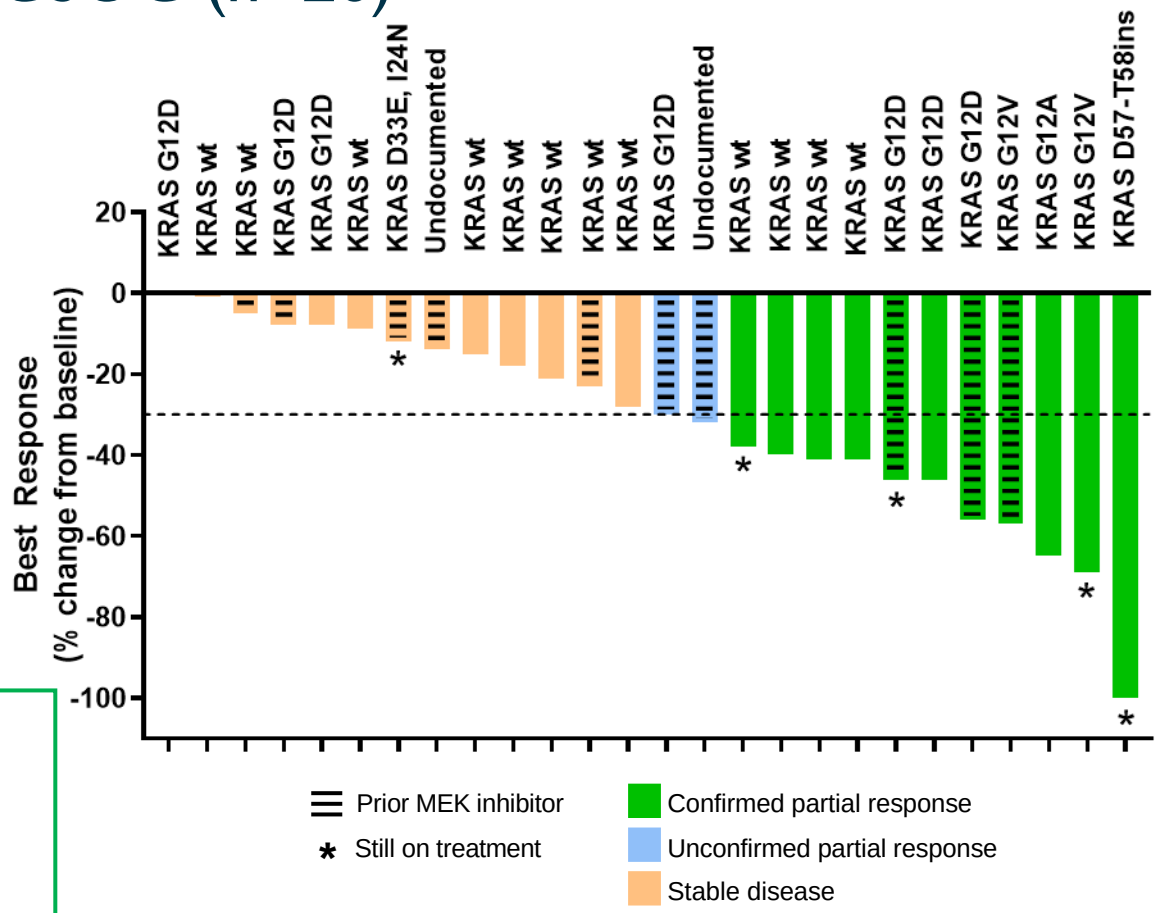
SoC = Standard of Care (endocrine / chemotherapy). INV = Investigator, BICR = Blinded independent central review, PFS = Progression free survival
CI = confidence interval, NR = Not reached

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
- Responses observed in patients previously treated with MEK inhibitor
- No new safety findings with continued follow-up
- 1 patient discontinued for adverse events as of July 2023 (skin AE)
- Data confirmed via BICR

28-day cycles
DoR: Duration of Response
PFS: Progression free survival
NR: Not reached

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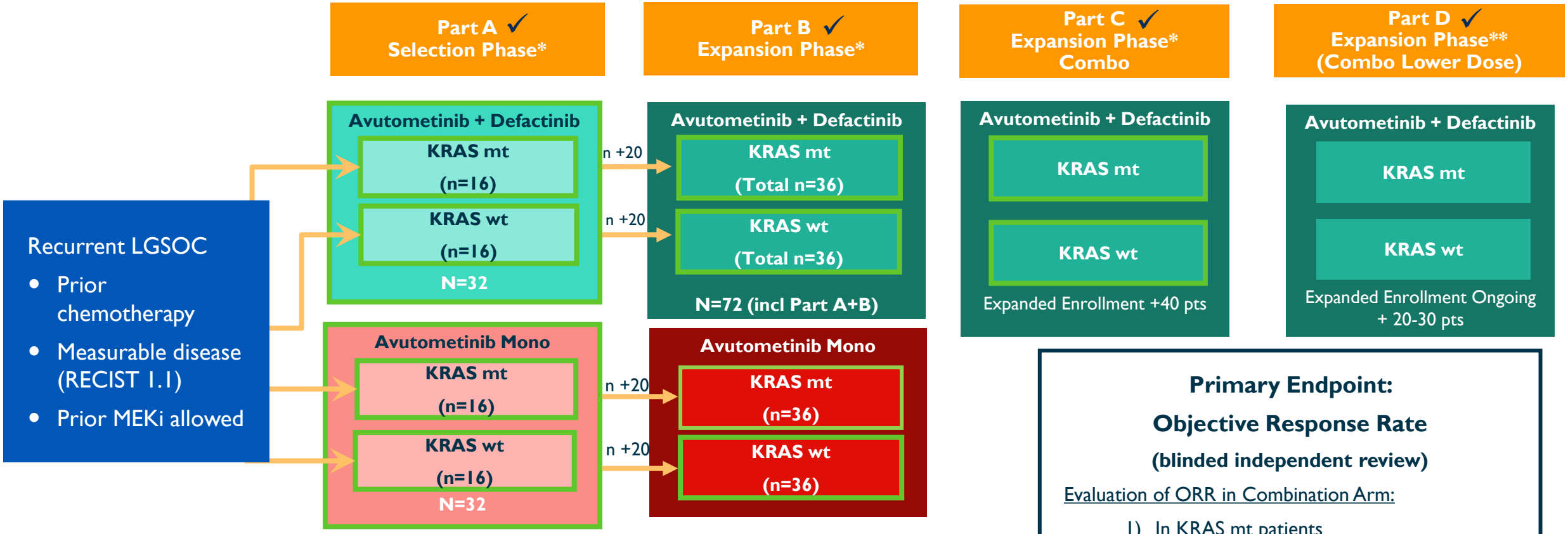
Denis, 5th Annual RAS-Targeted Drug Development Sept 2023; (Data cut off July 2023: Data on file); *BICR = Blinded independent central review*

RAMP 201 (ENGOTov60/GOG3052): Registration-Directed Phase 2 Trial of Avutometinib ± Defactinib in Patients with Recurrent LGSOC



Primary Endpoint:

Objective Response Rate

(blinded independent review)

Evaluation of ORR in Combination Arm:

1) In KRAS mt patients
2) All patients (KRAS mt & wt)

Combination Arm:
Target Enrollment Completed for Parts A, B, C, and D

* 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

"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)	KRAS wt 29% (4/14)
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 (45%) patients 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 combination
- Median duration of response and median progression free survival have not been reached
- Safety and tolerability continued to be favorable and consistent with previously reported data
  - The discontinuation rate due to ≥ 1 adverse event was 12% in the combination overall to date (4.9% due to elevated blood CPK)

Recent LGSOC Trials with Standard of Care Highlight High Unmet Need: Current Trials with Avutometinib + Defactinib Show Overall Response Rate >40%

Trial	Median Number of Prior lines of Therapy	Prior MEK Allowed	Prior Bevacizumab	Therapy	Response Rate ORR	Image Assessment	Median PFS Months (95% CI)	Discontinuation Rate Due to AEs
GOG 281[1]	**2** (1-10)	No	* Low %	**Standard of Care**	**6% ^ *95% CI: (3%, 12%)***	INV	7.2 (5.6-9.9)	30%
				Trametinib	26%^ 95% CI: (19%, 35%)	INV	13.0 (9.9-15.0)	**36%**
MILO[2]	**2** (1-8)	No	* Low %	**Standard of Care**	**13% 95% CI: (7%, 21%)**	**BICR**	10.6 (9.2 to 14.5)	17%
				Binimetinib	16% 95% CI: (11%, 22%)	**BICR**	9.1 (7.3-11.3)	**31%**
FRAME[3]	3.5	Yes	19 %	**Avutometinib + Defactinib**	**42%^** *95% CI: (23%, 63%)*	INV	**20** (11 - 31)	4%
RAMP 201 Part A (ASCO 2023 data)[4]	4	Yes	65%	**Avutometinib + Defactinib**	**45% 95% CI: (26%, 64%) 52%*** **	**BICR**	Not Yet Reached	10%**

[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 + Unconfirmed Objectives responses*
***12% discontinuation in all combination pts (Part A + B (n=81): 4.9% due to elevated blood CPK)*

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 independent central review
PFS = Progression free survival
CI = confidence interval
AE = adverse event

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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 + Defactinib		
	KRAS mt (n=16)	KRAS wt (n=17)	Total (n=33)	KRAS mt (n=16)	KRAS wt (n=15)	Total (n=31)
Age (yrs), median (min, max)	58 (27, 72)	48 (27, 74)	**51 (27, 74)**	61 (29, 71)	50 (30, 74)	**55 (29, 74)**
ECOG PS, n (%)						
0	8 (50)	15 (88)	23 (70)	11 (69)	9 (60)	20 (65)
1	8 (50)	2 (12)	10 (30)	5 (31)	6 (40)	11 (35)
Number of Prior Systemic Regimens, median (min, max)	4 (1, 10)	3 (1, 9)	3 (1, 10)	4 (1, 8)	5 (2, 11)	**4 (1, 11)**
Prior platinum-based chemotherapy, n (%)	15 (94)	17 (100)	32 (97)	16 (100)	15 (100)	31 (100)
Prior MEK inhibitor therapy, n (%)	5 (31)	5 (29)	10 (30)	2 (13)	2 (13)	4 (13)
Prior Bevacizumab, n (%)	8 (50)	8 (47)	16 (48)	7 (44)	13 (87)	20 (64)
Prior Hormonal therapy, n (%)	11 (69)	13 (76)	24 (73)	15 (94)	13 (87)	28 (90)

RAMP 201 Part A: Evaluable Patient Population*

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

	Avutometinib			Avutometinib + Defactinib		
	KRAS mt (n=15)	KRAS wt (n=15)	Total (n=30)	KRAS mt (n=15)	KRAS wt (n=14)	Total (n=29)
Confirmed ORR, n (%)	2 (13)	1 (6)	3 (10) 95% CI (2%, 24%)	9 (60)	4 (29)	13 (45) 95% CI (26%, 64%)
CR, n (%)	1 (7)	0	1 (3)	0	0	0
PR, n (%)	1 (7)	1 (6)	2 (7)	9** (60)	4 (29)	13 (45)
SD, n (%)	12 (80)	13 (81)	25 (83)	6 (40)	7 (50)	13 (45)
Disease control rate*, n (%)**	14 (93)	14 (88)	28 (93)	15 (100)	11 (79)	26 (90)
PD, n (%)	1 (7)	2 (13)	3 (10)	0	3 (21)	3 (10)
Confirmed + unconfirmed ORR, n (%)	2 (13)	1 (6)	3 (10)	11 (73)	4 (29)	15 (52)

* 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, wild type

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

Part A (Evaluable for Efficacy *)

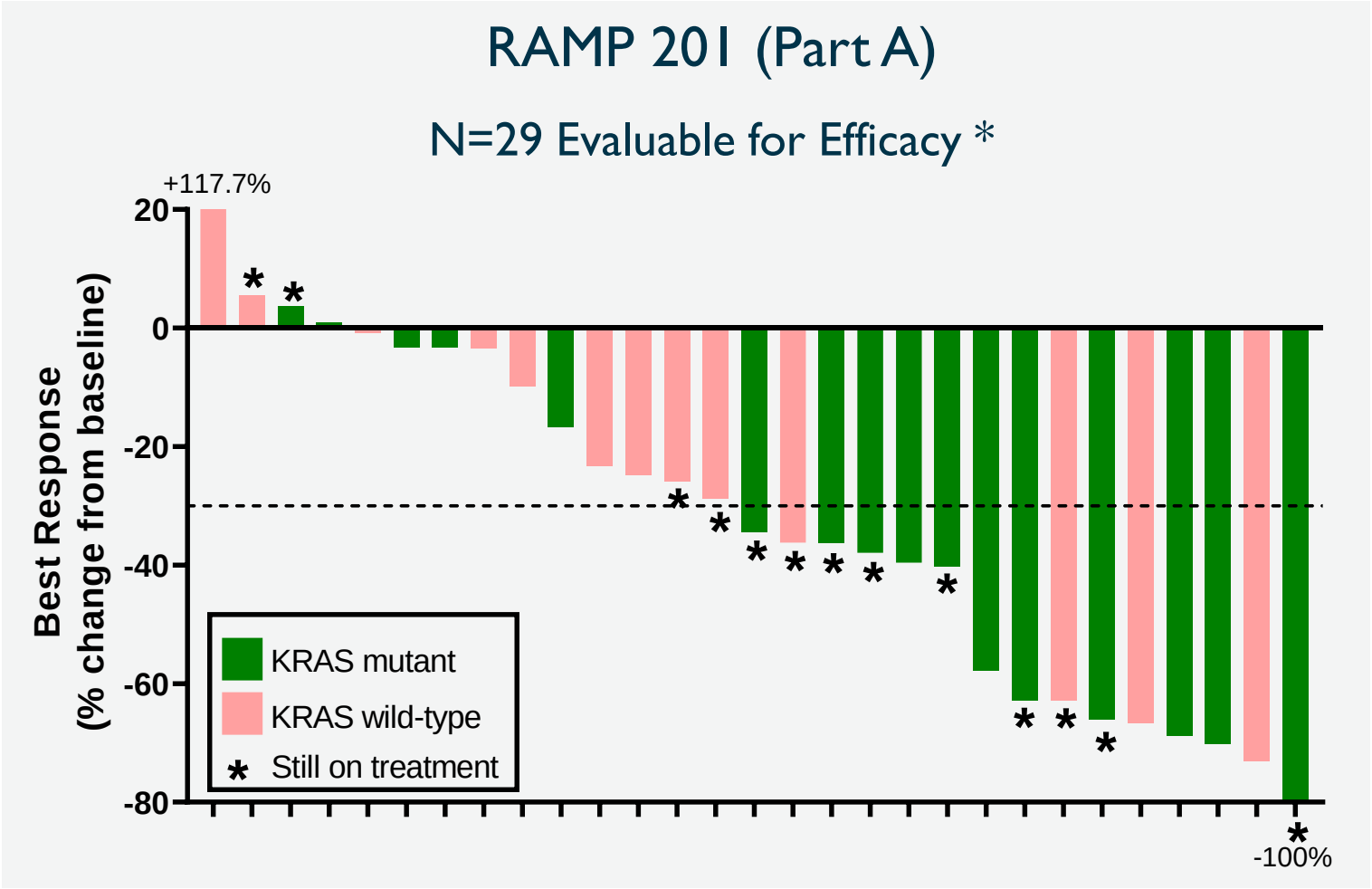
Confirmed ORR: **45%**

Confirmed/Unconfirmed ORR: **52%**

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

Patients still on study treatment: 45%

Minimum follow-up: 12 months



* Evaluable for Efficacy: At least one blinded imaging assessment

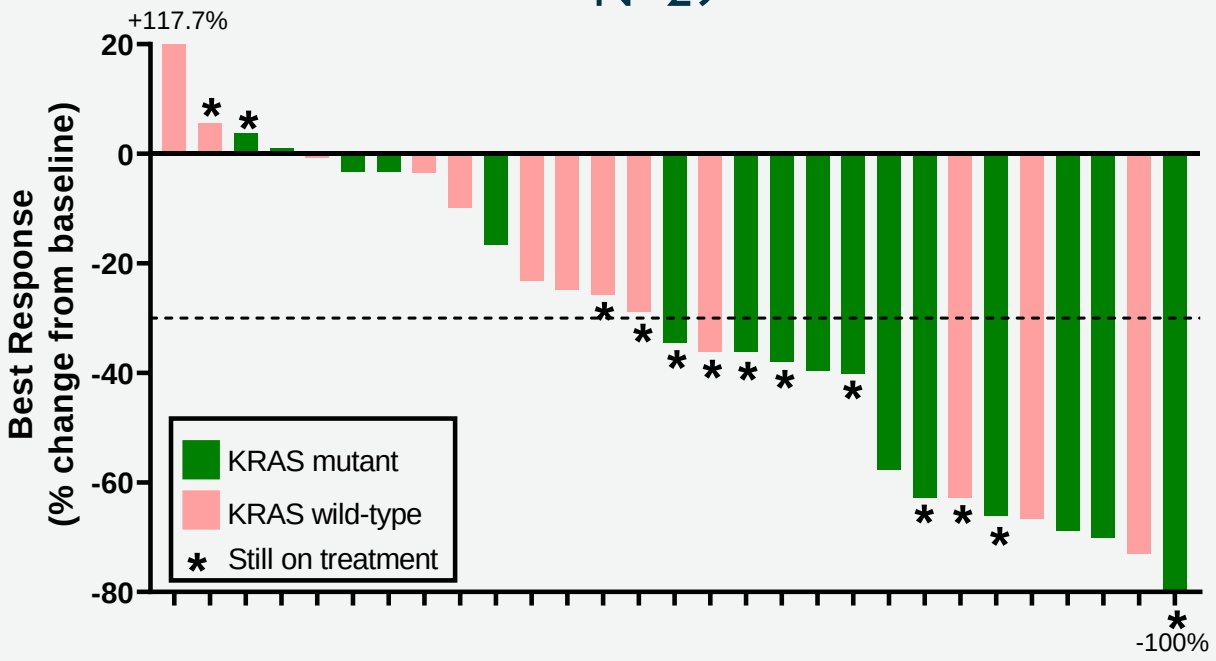
Combination of Avutometinib and Defactinib

Initial Data from RAMP 201 Trial Reinforce Findings from FRAME Trial

RAMP 201 (Part A)

Interim Analysis - Blinded ICR

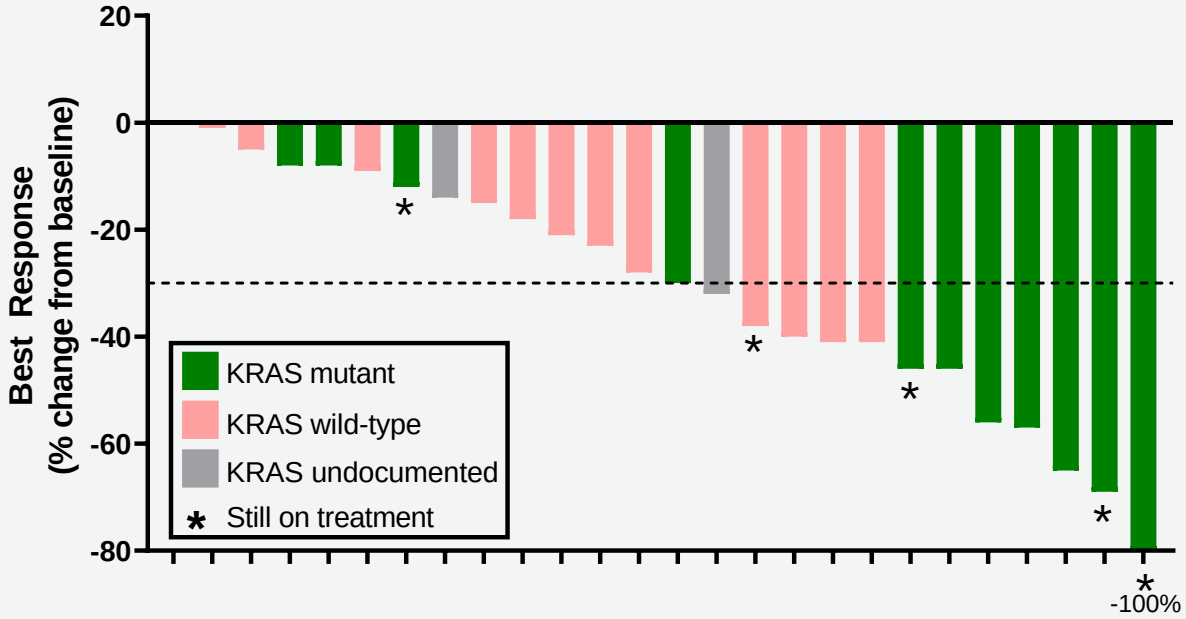
N=29



FRAME

Investigator Assessment

N=26



RAMP 201: Safety and Tolerability Profile of Avutometinib + Defactinib
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

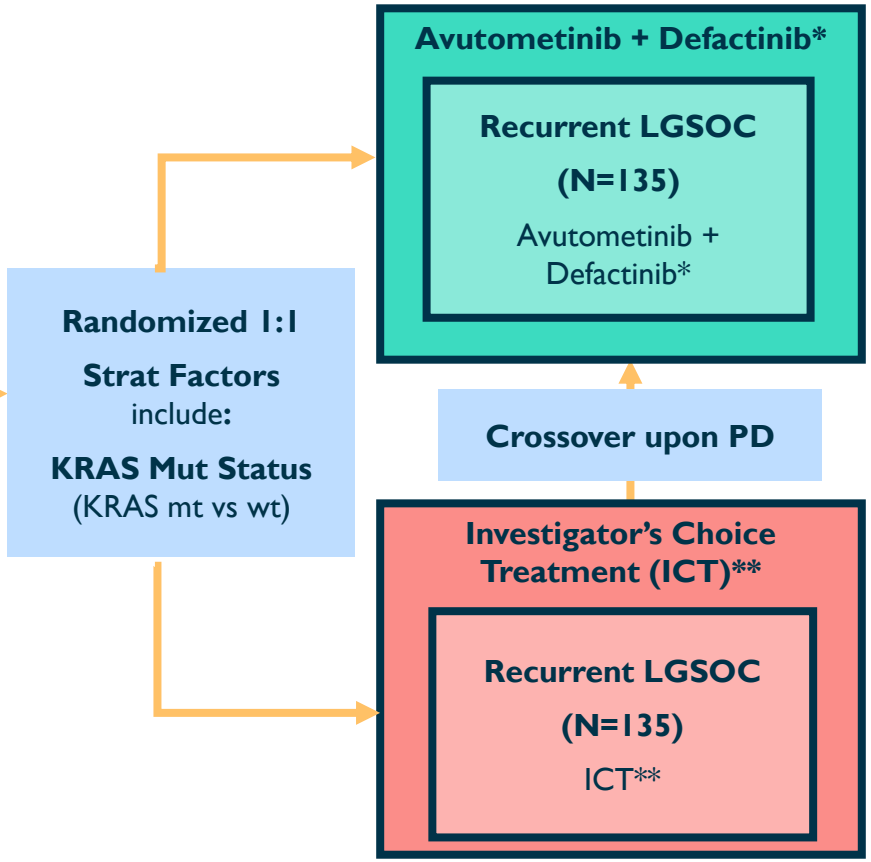
Avutometinib + Defactinib (n=81)		
	Any Grade	Grade ≥3
Nausea, n (%)	50 (61.7)	0
Diarrhea, n (%)	40 (49.4)	3 (3.7)
Blood CPK increased, n (%)	39 (48.1)	15 (18.5)
Oedema peripheral, n (%)	34 (42.0)	1 (1.2)
Vomiting, n (%)	30 (37.0)	0
Vision blurred, n (%)	29 (35.8)	0
Dermatitis acneiform, n (%)	28 (34.6)	2 (2.5)
Fatigue, n (%)	27 (33.3)	3 (3.7)
Rash, n (%)	25 (30.9)	2 (2.5)
Dry skin, n (%)	18 (22.2)	0
Anemia, n (%)	14 (17.3)	3 (3.7)

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)

- Recurrent LGSOC
  - KRAS mt+wt
- Prior platinum chemotherapy
- Prior MEKi allowed
- Prior Bev allowed
- Measurable disease (RECIST 1.1)



Primary Endpoint:
Progression-Free Survival (PFS) by **BICR**

Secondary Endpoints include:

- **Objective Response Rate (ORR)**
- **Duration of Response (DoR)**
- **Disease Control Rate (DCR)**
- **Safety / Tolerability**
- **Patient Reported Outcomes**
- **Overall Survival**

Primary Analysis: Hierarchical Evaluation

1) KRAS mutant LGSOC only
2) All recurrent LGSOC

*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

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

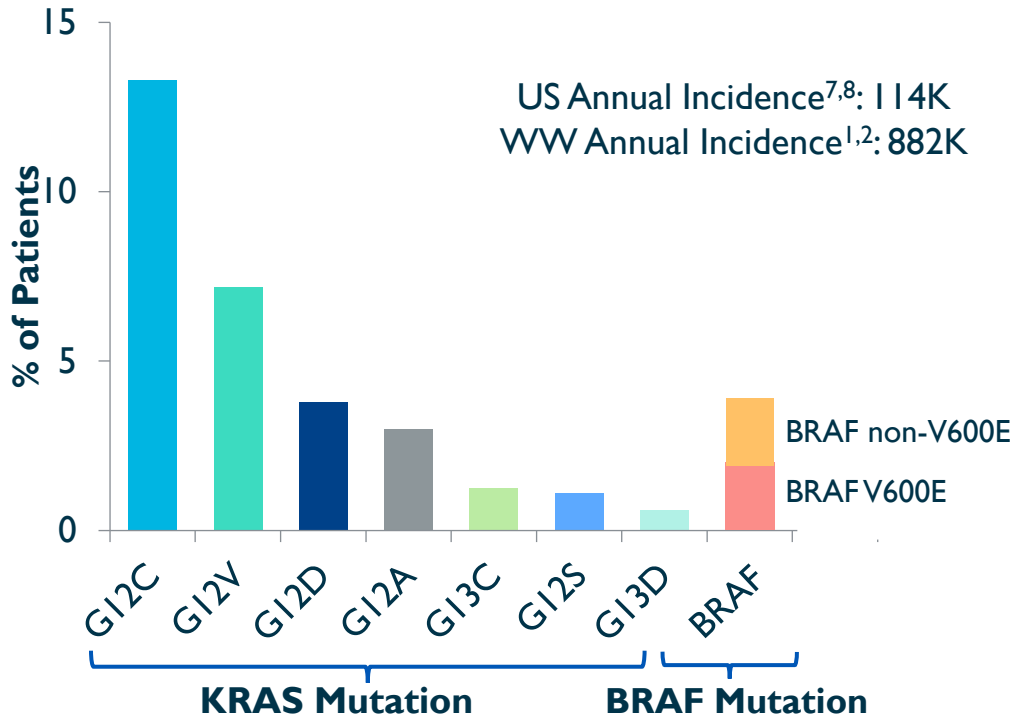
Next Milestones

- Plan to file for accelerated approval based on the totality of the data from the RAMP 201 and FRAME studies
- Report updated topline data from RAMP 201 trial in H1 2024
- Continue site activation (sites currently open in US and Australia) and enrollment of RAMP 301, a Phase 3 confirmatory study

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]

Advanced or Metastatic NSCL Cancer Recommend Histologic and Molecular Subtyping[5]

EGFR/ALK/ROS1/BRAF/ KRAS G12C (targeted)	Non-targeted PD-(L)1 ≥ 1%	Non-Targeted PD-(L)1 < 1%
Appropriate targeted agent	**PD-(L)1 single agent or PD-(L)1 + chemo**	**Chemo ± PD-(L)1**

Recurrence

Prior PD-(L)1	*No Prior PD-(L)1*
Chemotherapy • Docetaxel • Gemcitabine • Pemetrexed	**PD-(L)1**

Recurrence

Chemotherapy or clinical trials

- 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 ± defactinib + sotorasib in KRAS G12C NSCLC
- RAMP 204: Avutometinib + adagrasib in KRAS G12C NSCLC

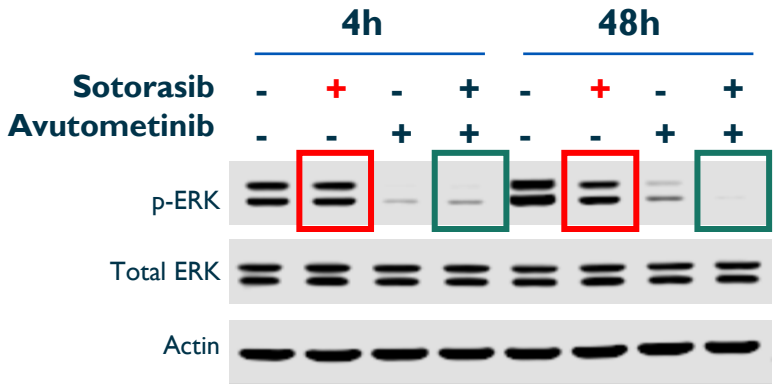
References:
[1] Globocan, 2020; [2] https://www.ncbi.nlm.nih.gov/books/NBK519578/; [3] TCGA PanCancer Atlas (cBioPortal analysis); [4] www.thelancet.com Vol 389 January 21, 2017; [5] Adapted from NCCN Non-small cell lung cancer guidelines Version 3.2020; [6] Clinical Cancer Research DOI 10.1158/1078-0432.CCR-18-2062; [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

Preclinical Synergy of Avutometinib + G12C Inhibitors in KRAS G12C Models

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

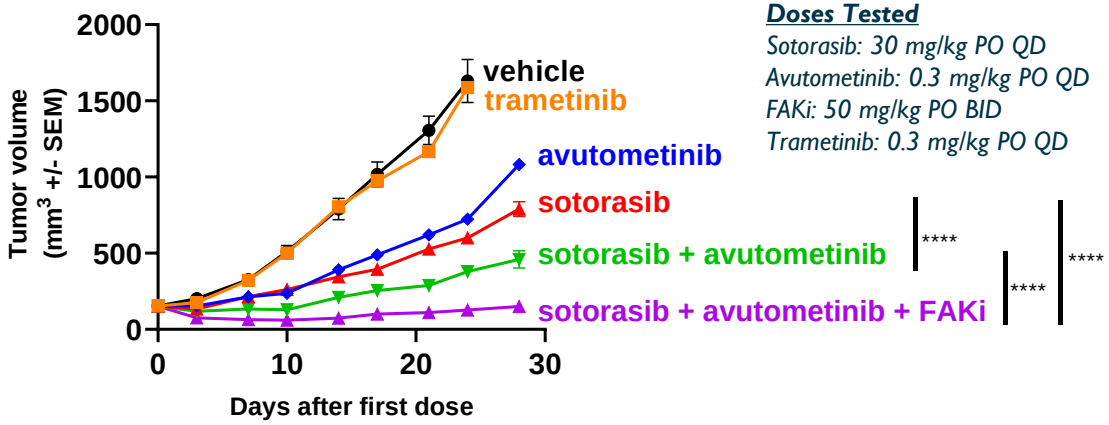
Avutometinib + sotorasib yields deeper and more sustained inhibition of ERK signaling pathway



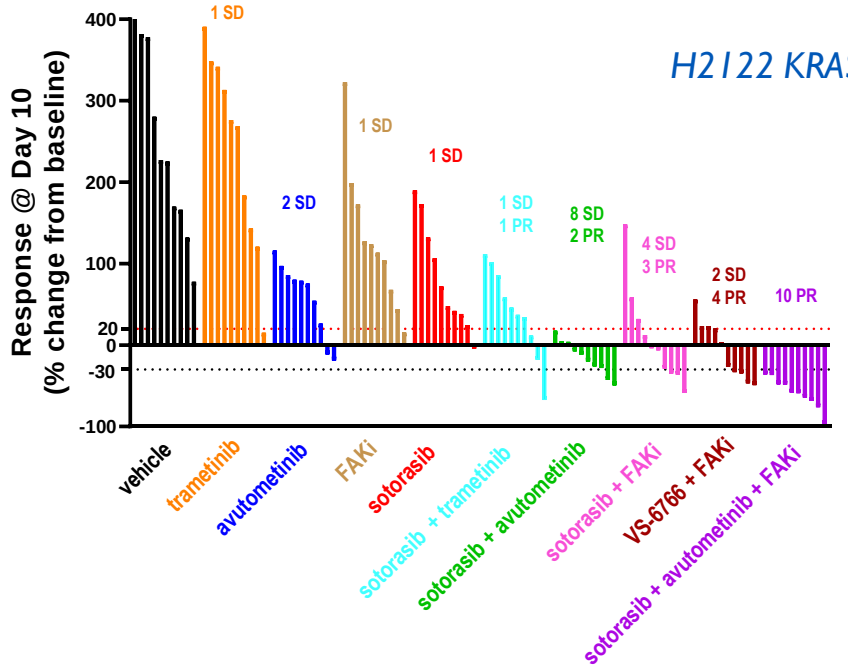
H2122 KRAS G12C NSCLC

Concentrations Tested
Sotorasib: 100 nM
Avutometinib: 100 nM

Avutometinib & FAKi potentiate sotorasib efficacy in KRAS G12C NSCLC in vivo; Tumor regression in all mice with triple combination



Doses Tested
Sotorasib: 30 mg/kg PO QD
Avutometinib: 0.3 mg/kg PO QD
FAKi: 50 mg/kg PO BID
Trametinib: 0.3 mg/kg PO QD



H2122 KRAS G12C NSCLC

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Reference: Coma et al., AACR 2021 *ND: not determined*

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

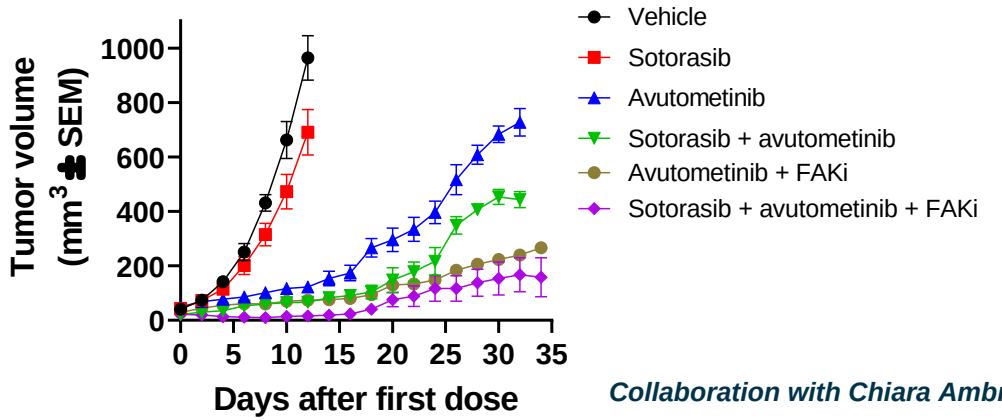
Avutometinib is effective against acquired KRAS mutations that occur clinically upon progression on G12C inhibitors

	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

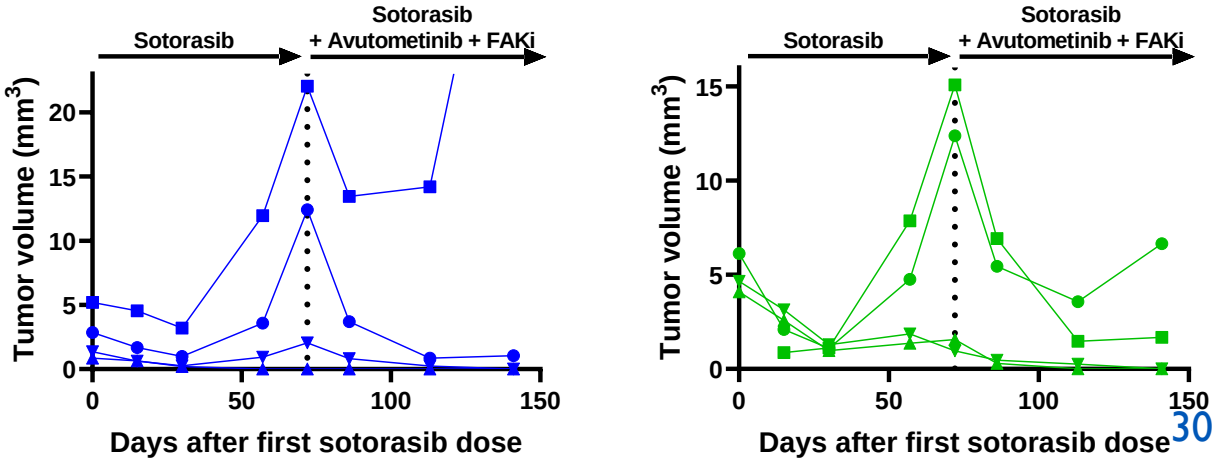
Collaboration with Andy Aguirre, DFCI

Addition of avutometinib + FAK inhibitor to sotorasib increases tumor growth inhibition in a sotorasib-resistant KRAS G12C/Y96D model



Collaboration with Chiara Ambrogio, U Turin (Italy)

Addition of avutometinib + FAKi restores anti-tumor activity after progression on sotorasib monotherapy in a KRAS G12C NSCLC GEMM model



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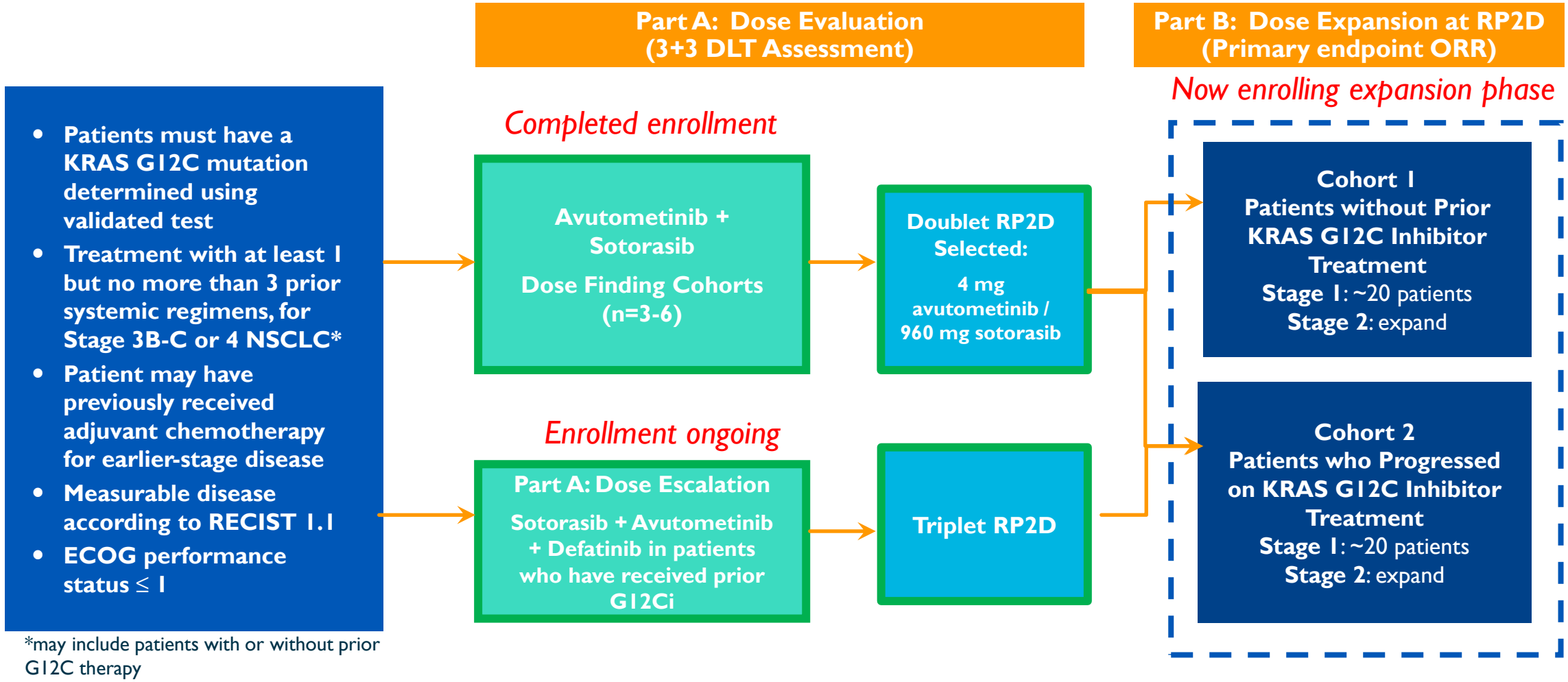
Reference: Coma et al., AACR RAS meeting 2023

Collaboration with Mariano Barbacid, CNIO (Spain)

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



*may include patients with or without prior G12C therapy

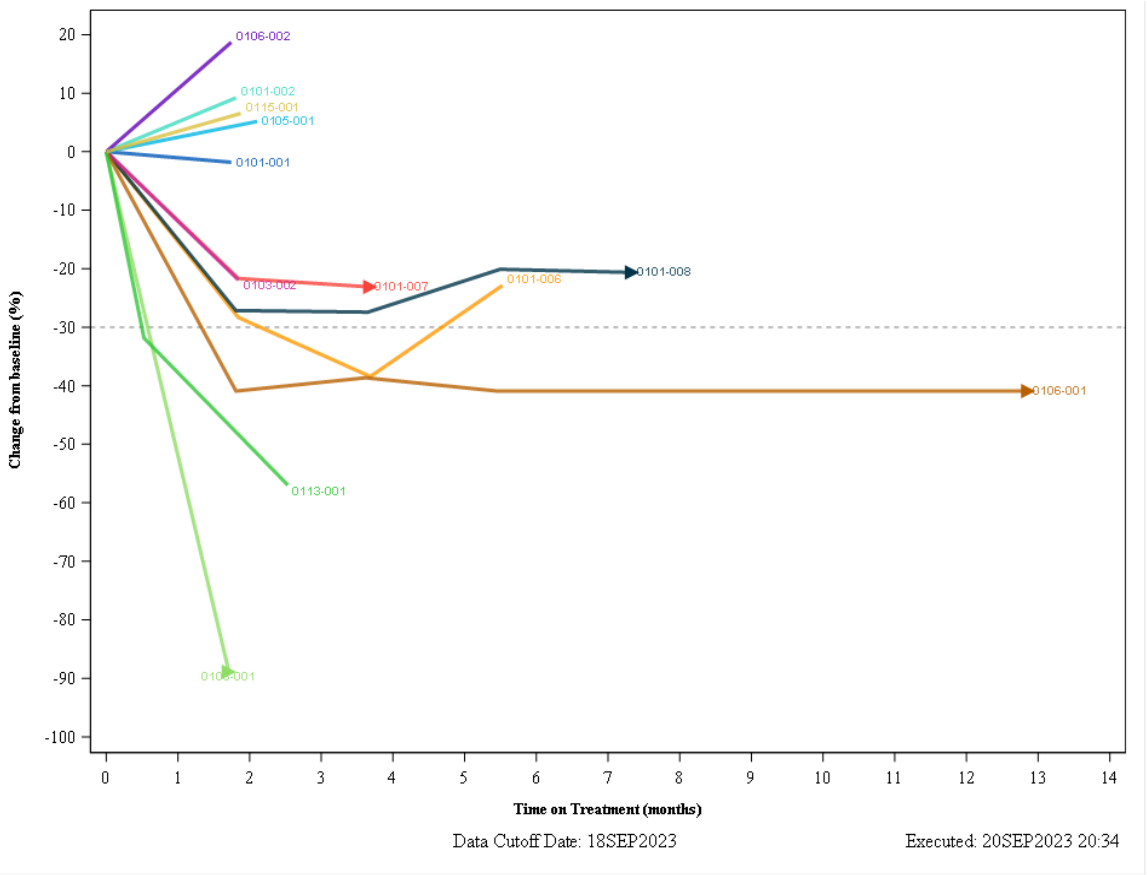
Collaboration with Amgen NCT05074810

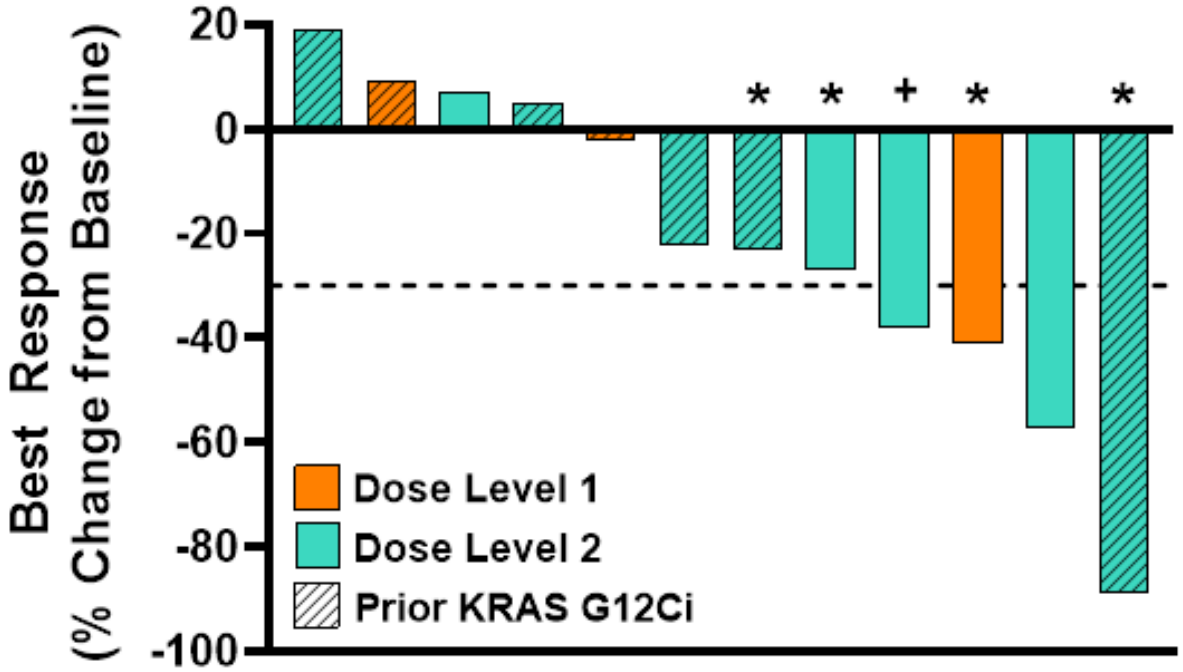
DLT = dose-limiting toxicity; n = number of patients; ORR = overall response rate; RP2D = recommended phase 2 dose

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

Avutometinib + Sotorasib

Percentage Change in Target Lesion Sum with time on treatment





*On treatment at time of data cutoff; **+** Patient with -38.4% tumor reduction classified as SD due to disease progression prior to confirmatory scan.

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

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

- Patients must have a KRAS G12C mutation determined using validated test
- Treatment with at least 1 but no more than 3 prior systemic regimens, for Stage 3B-C or 4 NSCLC
- Patient must have received prior therapy with a KRAS G12C inhibitor and experience progressive disease
- Measurable disease according to RECIST 1.1
- ECOG performance status ≤ 1

Part A: Dose Evaluation (3+3 DLT Assessment)

Part B: Dose Expansion (Primary endpoint ORR)

Avutometinib + Adagrasib

Dose Finding Cohorts (n=3-6)

→ RP2D Selection →

Stage 1: 19 patients (including Part A patients) treated with RP2D

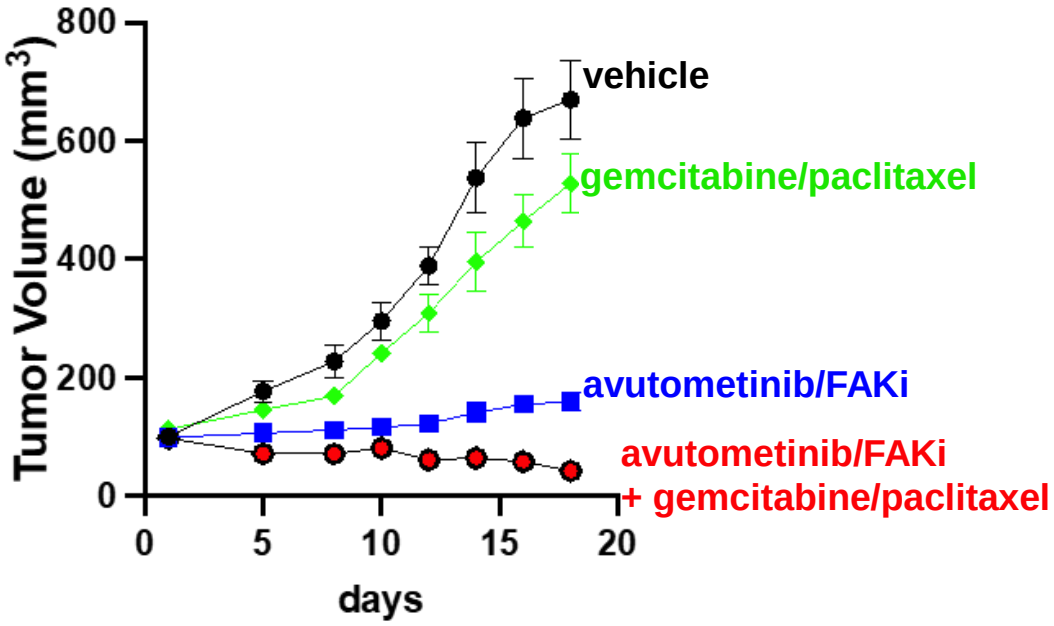
Stage 2: expand to 55 patients

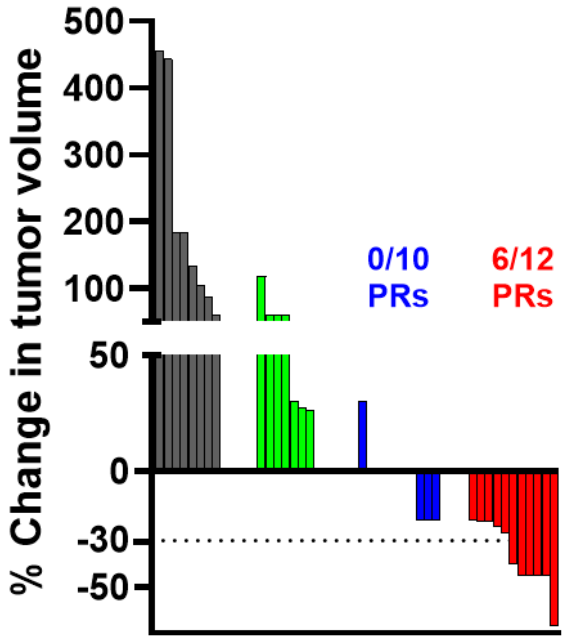
VERASTEM ONCOLOGY Collaboration with Mirati (BMS) NCT05375994

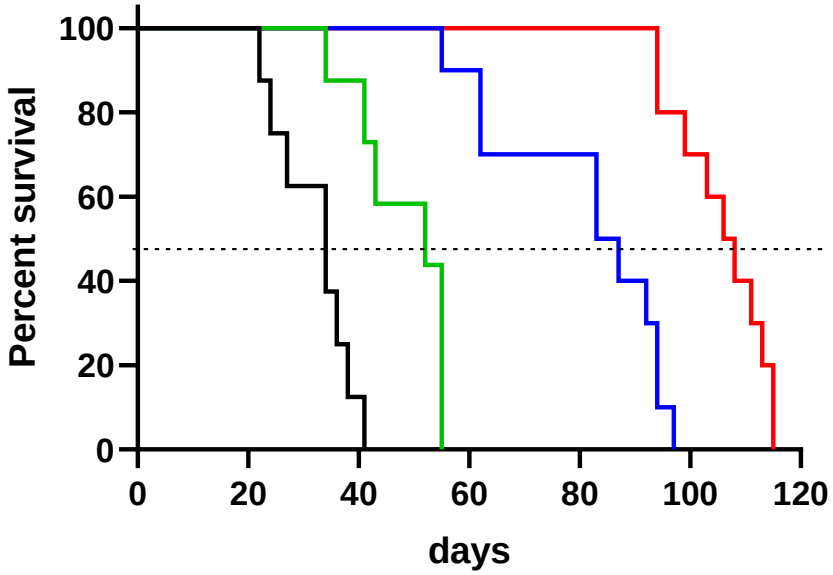
DLT = dose-limiting toxicity; n = number of patients; ORR = overall response rate; RP2D = recommended phase 2 dose

Avutometinib + Defactinib in Pancreatic Cancer

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







- ✓ The combination of avutometinib + FAKi induces tumor growth inhibition and increases survival but does not induce partial responses (≥30% tumor reduction)
- ✓ Addition of chemo (gemcitabine + paclitaxel) to avutometinib/FAKi induces tumor regression including partial responses (≥30% tumor reduction) in 6 out of 12 mice

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Liu et al., AACR 2024 (DeNardo)

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

- Patients with confirmed metastatic pancreatic ductal adenocarcinoma
- Eligible for treatment in the first-line setting with standard gemcitabine and nab-paclitaxel
- Prior adjuvant or neoadjuvant chemotherapy, radiotherapy or surgery is permitted if the last intervention/ dose was ≥ 12 months prior to the diagnosis of metastatic disease
- Measurable disease according to RECIST 1.1
- ECOG performance status ≤ 1

Part A: Dose Evaluation (3+3 DLT Assessment)

Avutometinib + Defactinib + Gemcitabine + Nab-paclitaxel

Dose Finding Cohorts (n=3-6)

→ RP2D Selection →

Part B: Dose Expansion at RP2D (Primary endpoint ORR)

Patients with PDAC
KRAS G12D
KRAS G12V
KRAS G12R
Others

Treated with RP2D

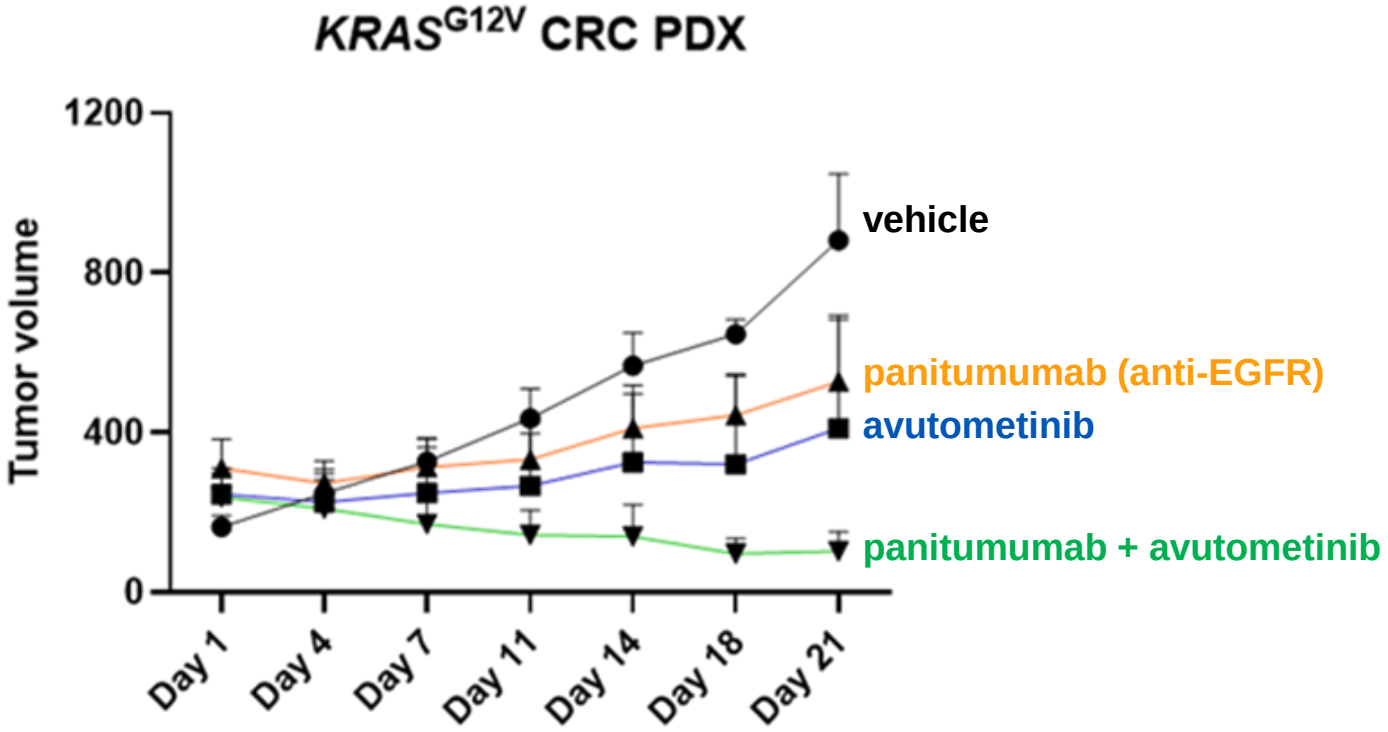
Stage 1: 17 patients
If ≥4 responders, then

Stage 2: expand to 29 patients

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

Avutometinib Combination in Colorectal Cancer

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



- Avutometinib + anti-EGFR (panitumumab) induces tumor regression in a KRAS mutant CRC patient-derived xenograft model
- G12Ci + anti-EGFR (sotorasib + panitumumab and adagrasib + cetuximab) have shown partial responses in KRAS G12C CRC (Fakih et al. ESMO 2021; Weiss et al. ESMO 2021)
- **These data support the ongoing clinical evaluation of avutometinib + cetuximab (anti-EGFR) for treatment of KRAS mt CRC (NCT05200442)**

Collaboration with Marwan Fakih, City of Hope

Pachter, RAS Development Summit, 2021

RAS Pathway-Driven Cancers and Rational Avutometinib Combinations

Investigator-Sponsored Trials Provide Ongoing Comprehensive Approach to Establish More Complete Blockade of RAS Pathway & Resistance Pathways

	Indication	Incidence/ Prevalence	Biomarker %	Regimen	Setting	Phase	Institution
Gynecologic Cancers	LGSOC	Prevalence 6k[1]	70%	Avutometinib + defactinib + letrozole	Low-grade serous ovarian cancer without prior systemic treatment	Phase 1/2	Memorial Sloan Kettering Cancer Center
	Gynecologic Basket	Incidence[4-8]: 85K	25%	Avutometinib + defactinib	Recurrent RAS Pathway-driven (RAS/RAF/NF1) endometrioid cancer, mucinous ovarian cancer, high-grade serous ovarian cancer or cervical cancer	Phase 2	University of Oklahoma
	Mesonephric	Incidence:[9] ~680	96%	Avutometinib + defactinib	Advanced or recurrent mesonephric gynecologic cancer	Phase 2	Memorial Sloan Kettering Cancer Center
CRC	KRAS mt	Incidence[2]: 148K	45%	Avutometinib + cetuximab	Recurrent metastatic KRAS mt	Phase 1/2	University of Chicago
	RAS/RAF wt CRC	Incidence[2]: 148K	50%[12]	Avutometinib + defactinib + cetuximab	Unresectable, Anti-EGFR-Refractory Advanced Colorectal Cancer	Phase 1/2	M.D. Anderson Cancer Center
Breast Cancer	ER+/Her2-	Incidence[2]: 279K	22.5%	Avutometinib + abemaciclib + fulvestrant	Recurrent ER+/HER2- breast cancer following progression on CDK4/6i + aromatase inhibitor	Phase 1/2	Dana-Farber Cancer Institute
Melanoma	MAPK alterations or wt	Incidence[2]: 100K	100%	Avutometinib + defactinib ± encorafenib	Patients with brain metastases from cutaneous melanoma with RAS, RAF or NF1 alterations or RAS/RAF/NF1 wt	Phase 1/2	University of Utah
Thyroid	MAPK alterations[+]	Incidence[3]: 44K	35%	Avutometinib + defactinib	Differentiated & anaplastic thyroid cancer	Phase 2	Memorial Sloan Kettering Cancer Center

[+]excluding BRAFV600E

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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 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 Paradigms and Future Directions; Curr Treat Options Oncology; 2018; Globocan 2020; [2]Cancer Statistics 2020, Siegel et. al. *CA Cancer J Clin* 2020;70:7-30; [3]Cancer Statistics 2020, Siegel et. al. *CA Cancer J Clin* 2020;70:7-30 [4]Uterine cancer is one of the leading gynecologic neoplastic disorders in the US, of which over 80% are endometrioid adenocarcinomas (EA); [5]Endometrioid OC (EnOC) accounts for approximately 10% of all OC, with the majority of cases diagnosed as low grade, early stage disease with excellent clinical; [6]ucinous ovarian cancer: 3-11% of ovarian cancer (Hada et al., 2021); [7]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); [8]HGSOC the most common type of ovarian cancer, accounting for approximately 75% of epithelial ovarian cancers. (https://ocrahope.org/news/high-grade-serous-carcinoma/) [9]Ji Son (David Hong) ASCO 2023

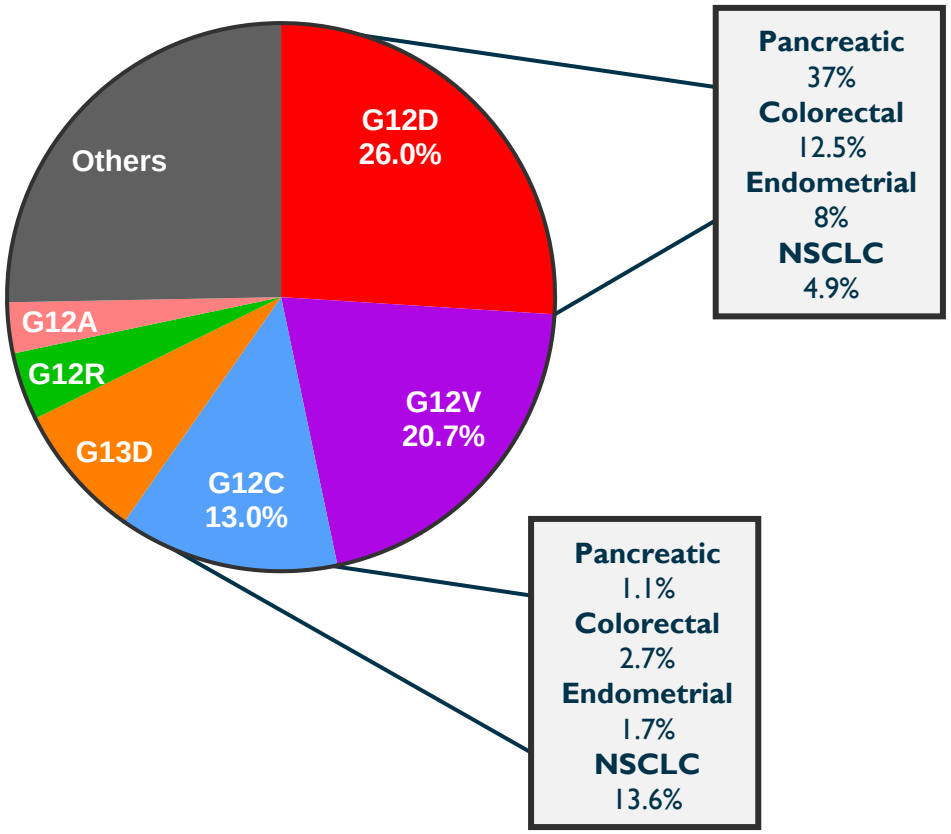
Discovery Efforts

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

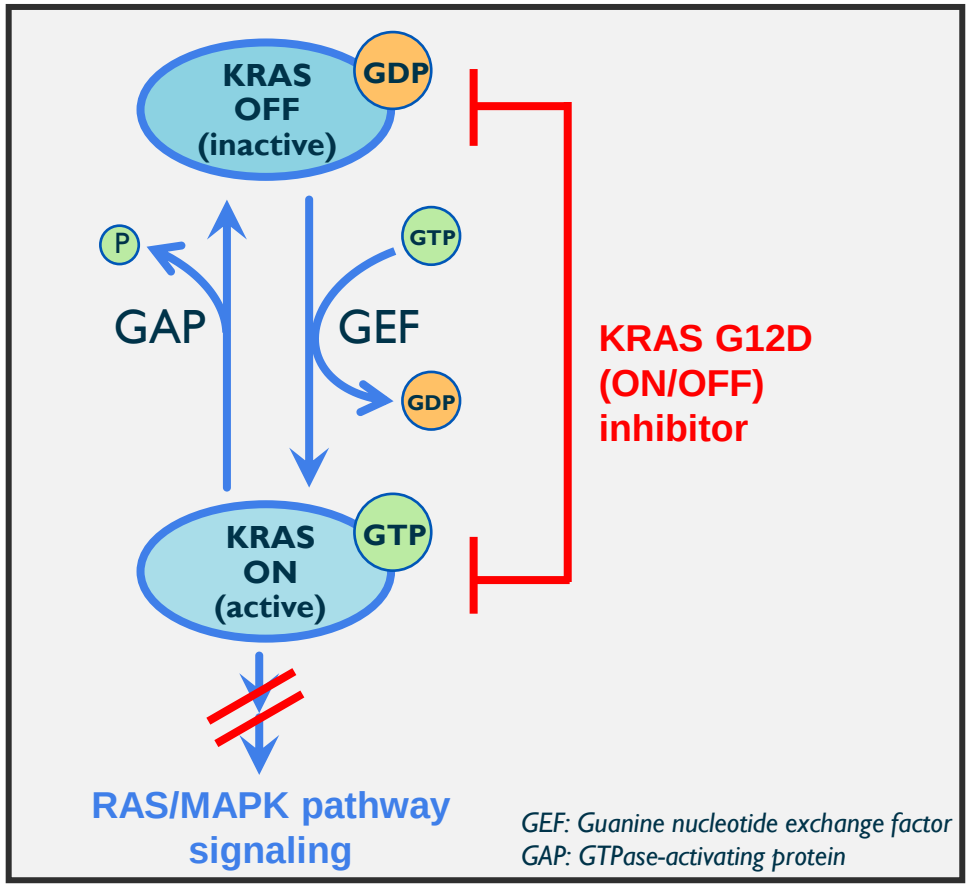
- Increases the breadth of Verastem's oncology pipeline with strategically-aligned RAS pathway focus
  - Exclusive options for Verastem to exclusively license up to 3 programs with development and commercialization rights outside of the GenFleet markets of mainland China, Hong Kong, Macau, and Taiwan
  - 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 discovery phase
  - Small molecule programs focused on anti-cancer targets related to the RAS/MAPK pathway or surrounding cancer cell signaling
- 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 program
- 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 on a program by program basis
  - Combined with the upfront amount, payments for future annual R&D support, development milestones and option payment for 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 in-license options
  - Includes exclusive rights for Verastem to obtain a license to each of the compounds after successful completion of pre-determined milestones in Phase I trials

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

KRAS G12D is the most frequent KRAS mutation in human cancer



Ideal to inhibit both the active (ON) & inactive (OFF) states of KRAS for deep and durable inhibition of tumor growth



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Reference: Adapted from Hofmann et al., Cancer Discovery 2022

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

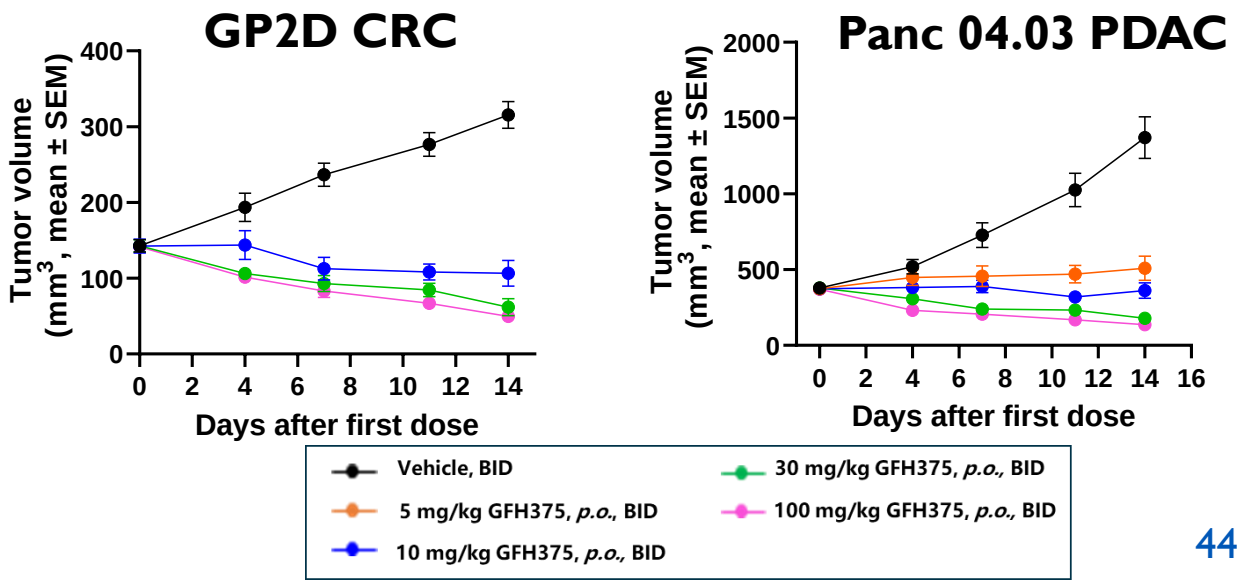
First program from the GenFleet collaboration

- 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 OFF (GDP) states of KRAS G12D

KRAS G12D State	GFH375 IC50 (nM) (KRAS G12D binding)
GppNp-bound (ON/active)	2 ± 1
GDP-bound (OFF/inactive)	6 ± 1

Potent anti-tumor efficacy demonstrated across preclinical models



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Zhou et al., AACR 2024

Financials

Key Financial Statistics

As of and for the quarter ended March 31, 2024

Cash, cash equivalents & investments	$110.1M
GAAP Operating Expenses	$28.1M
Non-GAAP Operating Expenses*	$26.6M
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 payment fee
  - Interest only payments through April 2025
  - No financial covenants

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* Q1 2024 GAAP operating expenses of $28.06M less Q1 2024 stock-based compensation expense of $1.48M = $26.58M Q1 2024 non-GAAP operating expenses

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

THANK YOU

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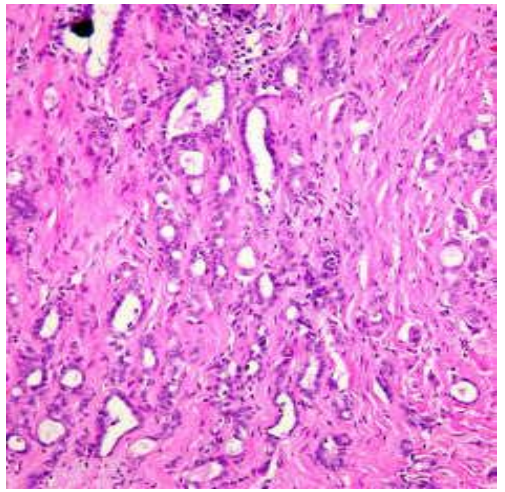
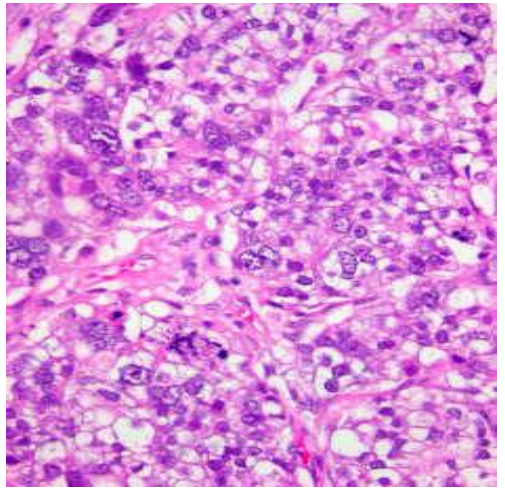
Addendum

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

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 Therapies

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

RECURRENCE THERAPY[r]

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] ± maintenance letrozole (category 2B) or other hormonal therapy (category 2B)[h]
- Paclitaxel/carboplatin/bevacizumab + maintenance bevacizumab[f,i] (ICON-7 & GOG-218)
- Hormone therapy (aromatase inhibitors: anastrozole, letrozole, exemestane) (category 2B)

No Category 1 recommendations (high-level evidence).
Category 2a (lower-level evidence with uniform NCCN consensus) unless otherwise indicated
f: There is no standard sequencing of drugs for recurrent disease. Considerations include prior therapies, disease burden, relative efficacy, and relative toxicity profile.
t: An aromatase inhibitor (i.e., letrozole, anastrozole, exemestane) is preferred if not used previously. Fulvestrant, tamoxifen, or leuprolide acetate is recommended if an aromatase inhibitor was given previously.

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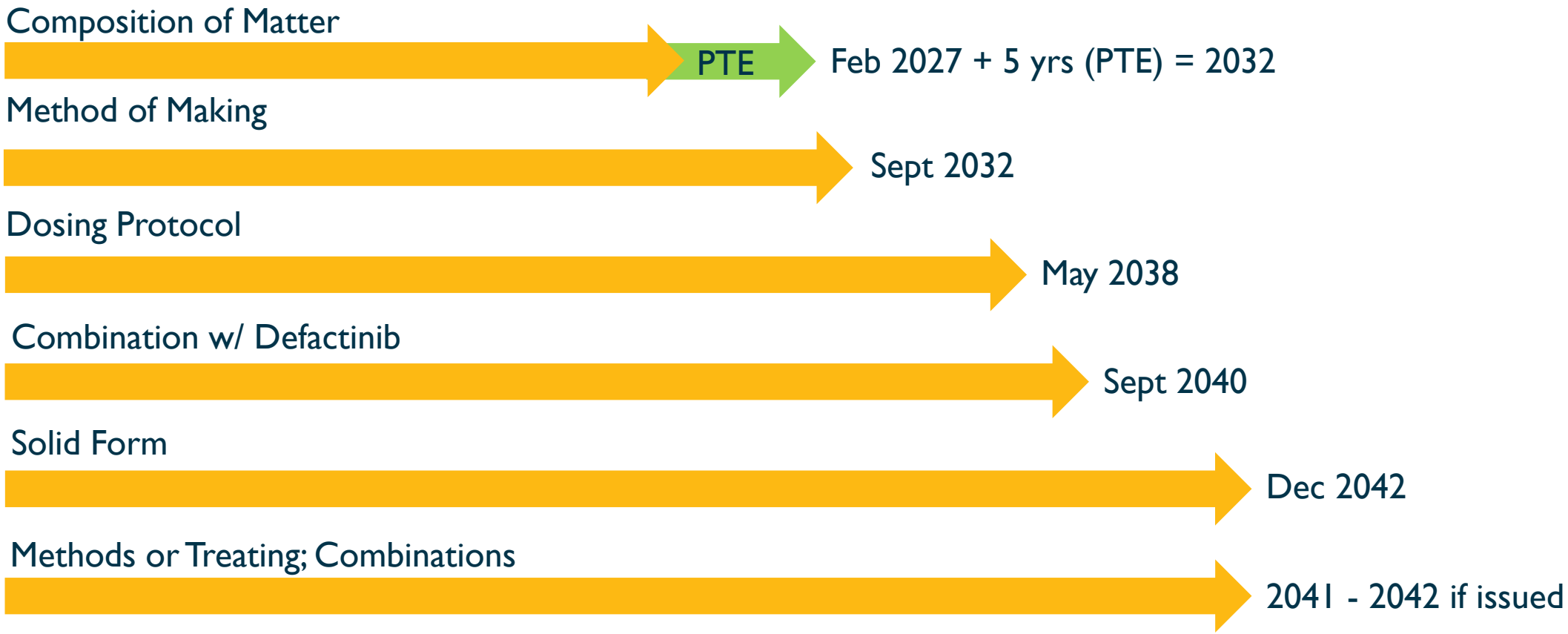
[1] NCCN guidelines v1.2023

Avutometinib Patent Exclusivity



Experienced Senior Management Team

Daniel Paterson
President and Chief Executive Officer

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

Dan Calkins
Chief Financial Officer

Previous experience:
- Technical Accounting Consultant- CFGI
- PwC LLP

Cathy Carew
Chief Organizational Effectiveness Officer

Previous experience:
- Principal – HR Collaborative
- Ironwood
- ActiveBiotics
- Dynogen
- Tufts Health Plan

Mike Crowther
Chief Commercial and Business Strategy Officer

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

John Hayslip, M.D.
Chief Medical Officer

Previous experience:
- CMO, I-MAB
- Nektar Therapeutics, AbbVie
- Director of clinical research and data management, University of Kentucky's Markey Cancer Center

Jonathan Pachter, Ph.D.
Chief Scientific Officer

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

Colleen Mockbee
Global Head of Regulatory Affairs and Development

Previous experience:
- Chief Development Officer & SVP of Regulatory, OncXerna
- Head of Global Regulatory, Lilly Oncology