# GFH375/VS-7375 Program Update:

# Joint Presentation by GenFleet and Verastem

Oct. 27, 2025

# Copyright disclaimer and forward-looking statements

Specific information in this presentation may contain or constitute forward-looking words that are not historical facts. They can be identified by using forward-looking terminology, such as "predict", "believe", "plan", "predict", "expect", "will", "may", "should" and other words of similar meanings.

Based on the management's current beliefs, plans, estimates and expectations of the company's operation and market trends subject to changes beyond control, the forward-looking terminology reflects GenFleet Therapeutics' beliefs, plans, estimates and expectations of future development. Actual outcome in the future may differ significantly from forward-looking words owing to market, policy, and R&D uncertainties, among others.

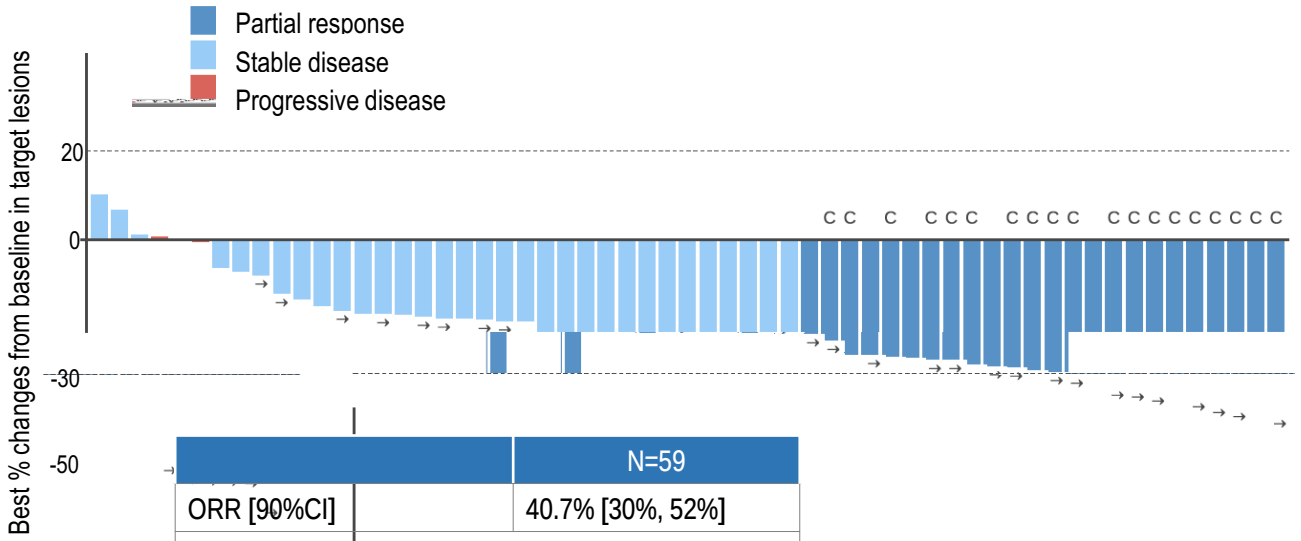
Subject to the above-mentioned uncertainties, GenFleet Therapeutics makes no expressed or implied guarantee as to the accuracy, completeness or feasibility of this presentation, and you are cautioned not to solely rely on such forward-looking words.

Neither the company nor any of its directors, officers, employees, shareholders, agents, related parties, consultants or representatives will be liable to you or any other person for consequences resulting from using this presentation. Investors are advised to exercise due diligence with reference to the company’s official disclosures for decision-making.

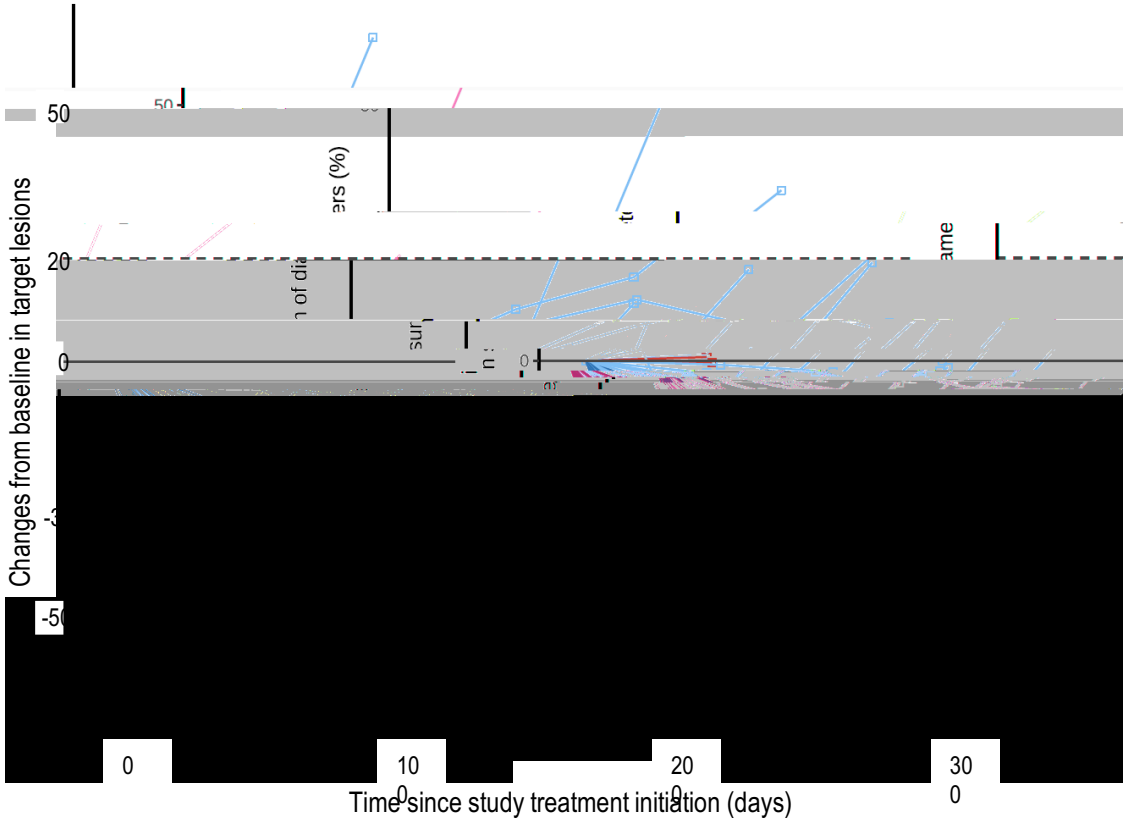
This presentation is strictly confidential. Without written consent of GenFleet Therapeutics in advance, this presentation is not permitted to be directly or indirectly copied, reproduced, distributed, transmitted or distributed as a whole or in part to any other person. The copyright of all materials in this presentation, including but not limited to photos, paintings and video clips, must belong to GenFleet Therapeutics and relevant third parties as appropriate.

# Best Overall Response

- ORR was 40.7% (24/59), 90%CI was [30%, 52%].
- DCR was 96.7% (57/59), 90%CI was [90%, 99%]. Majority (91.5%) had reduction in target lesions.




| | N=59 |
|---|---|
| ORR [90%CI] | 40.7% [30%, 52%] |
| Best overall response, n (%) | |
| Partial response | 24 (40.7) |
| Stable disease | 33 (55.9) |
| Progressive disease | 2 (3.4) |
| DCR [90%CI] | 96.7% [90%, 99%] |



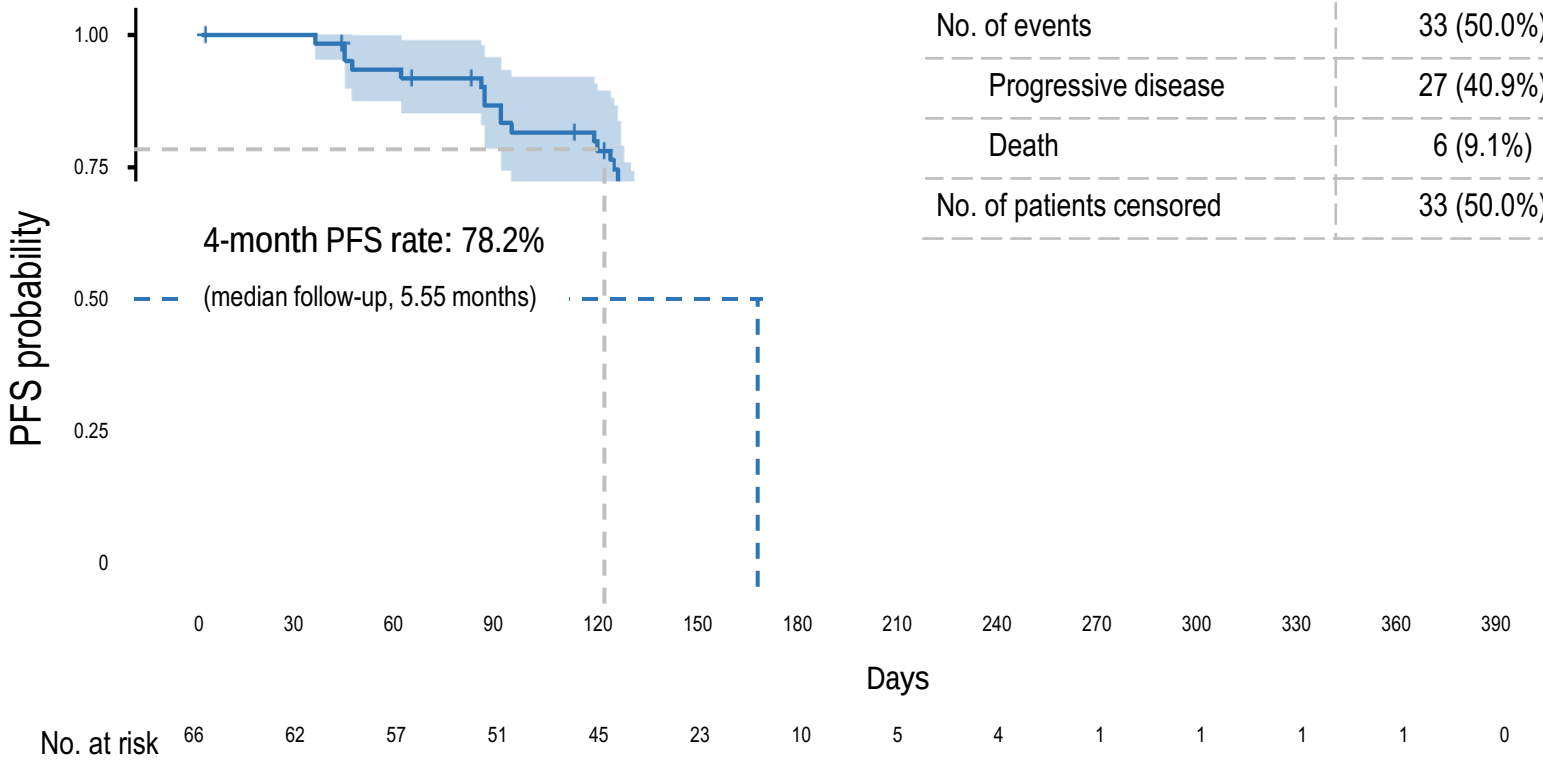

Data cut-off date: September 27, 2025. All patients received first dose of GFH375 for at least 4 months prior to the cut-off date. Seven patients had no post-treatment tumor assessments due to early dropout: 2 due to AEs not related to GFH375 (1 upper gastrointestinal hemorrhage and respiratory failure); 1 started new anticancer therapy; 4 early discontinued due to patient decision. Left figure: "C" represents confirmed responders. Arrows indicate treatment ongoing.
Abbreviations: CI, confidence interval. DCR, disease control rate. ORR, objective response rate.

Aiping Zhou, MD

Content of this presentation is copyright and responsibility of the author. Permission is required for re-use.

# Progression-Free Survival

- Median PFS was 5.52 months (90%CI: 4.27, 7.20), with a median follow-up time 5.65 months (90%CI: 4.96, 6.08).
- 4-month PFS rate was 78.2% (90%CI: 69.8%, 87.5%).



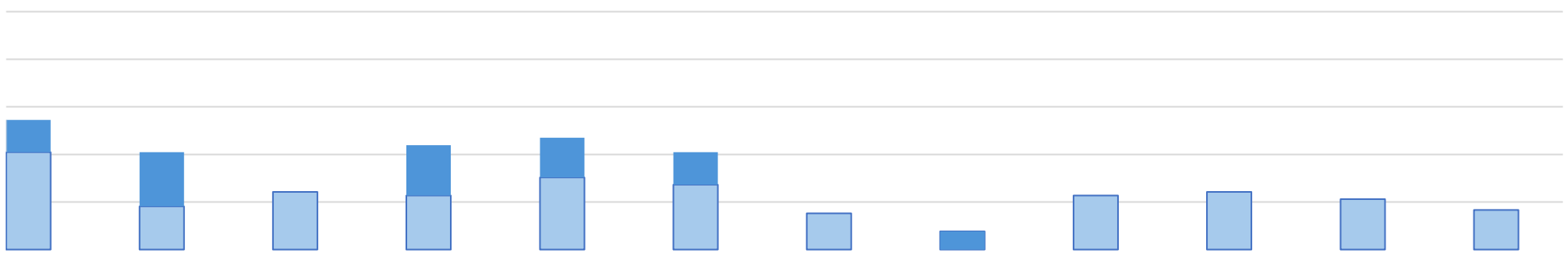

| | N=66, n (%) |
|---|---|
| No. of events | 33 (50.0%) |
| Progressive disease | 27 (40.9%) |
| Death | 6 (9.1%) |
| No. of patients censored | 33 (50.0%) |

Data cut-off date: September 27, 2025. All patients received first dose of GFH375 for at least 4 months prior to the cut-off date.

Aiping Zhou, MD

Content of this presentation is copyright and responsibility of the author. Permission is required for re-use.

# Common Adverse Events



Data cut-off date: August 27, 2025. Using MedDRA v27.1. Graded per CTCAE 5.0.

[1] Xinghao Ai et al. J Clin Oncol. 43, 3013-3013(2025). [2] Lu S, et al. 2025 WCLC. MA02.07

Abbreviations: ALT, alanine transferase. AST, aspartate transferase. CTCAE, Common Terminology Criteria for Adverse Events. PLT, platelet. TEAE, treatment-emergent adverse event. TRAE, treatment-related adverse event. WBC, white blood cell.

Aiping Zhou, MD

Content of this presentation is copyright and responsibility of the author. Permission is required for re-use.

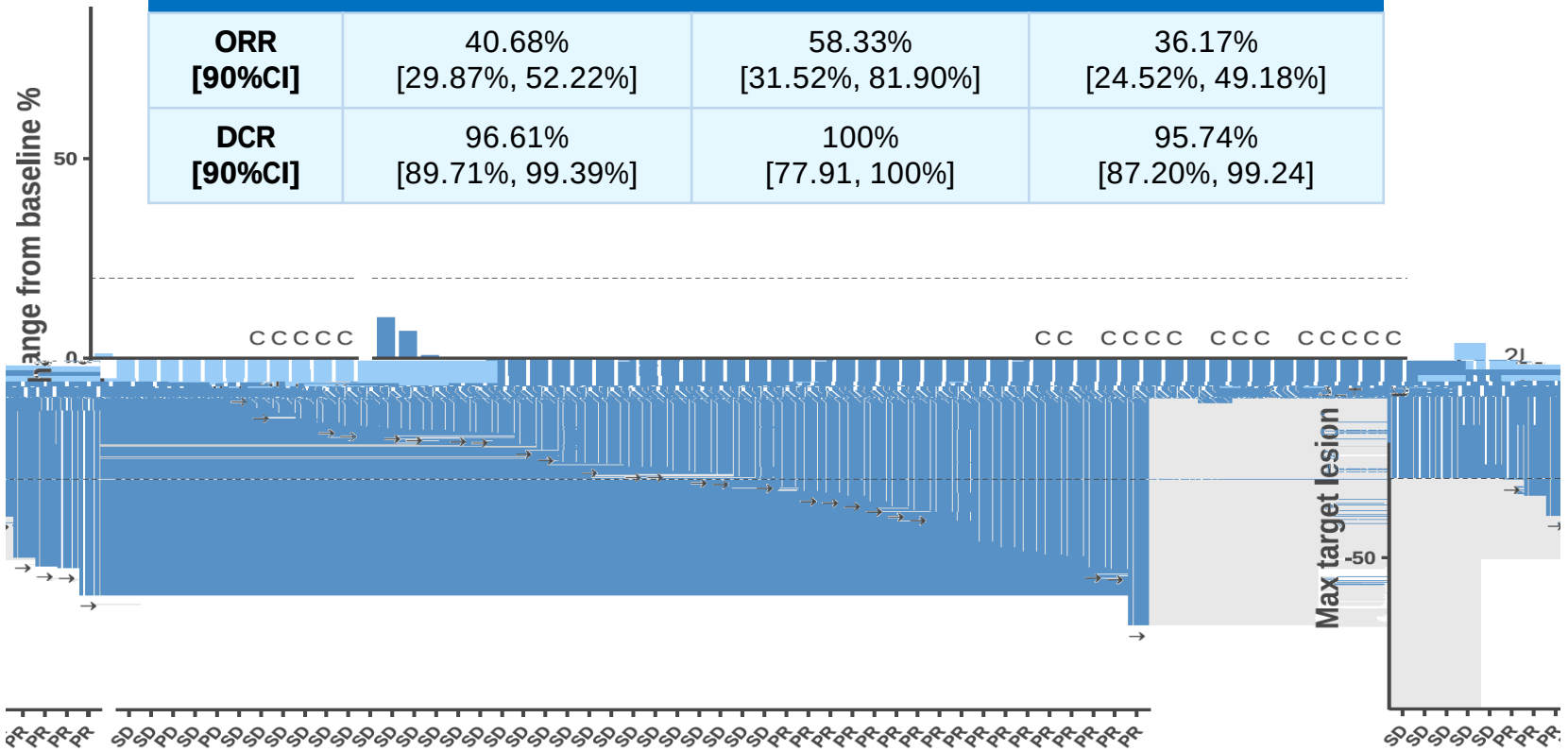
# PDAC: Worse Baseline Condition Compared to Competitors

| | | GFH375[1] 600 mg QD | Zoldonrasib[2] 150-1200 mg daily | Daraxonrasib[3] 300 mg daily |
|---|---|---|---|---|
| | | **N = 66** | **N = 104** | **N = 76** |
| **ECOG PS** | **0** | 0 | 29% | 34% |
| | **1** | 100% | 71% | 66% |
| **Median no. of PLoT (range)** | | 2 (1-5) | 2 (0-6) | 2 (1-7) |
| **1L** | | 31.8% | NA | 49% |
| **2L+** | | 68.2% | NA | 51% |

# PDAC: Subgroup Analysis - ORR

- **59 participants had measurable disease at baseline and at least one post-baseline tumor assessment**

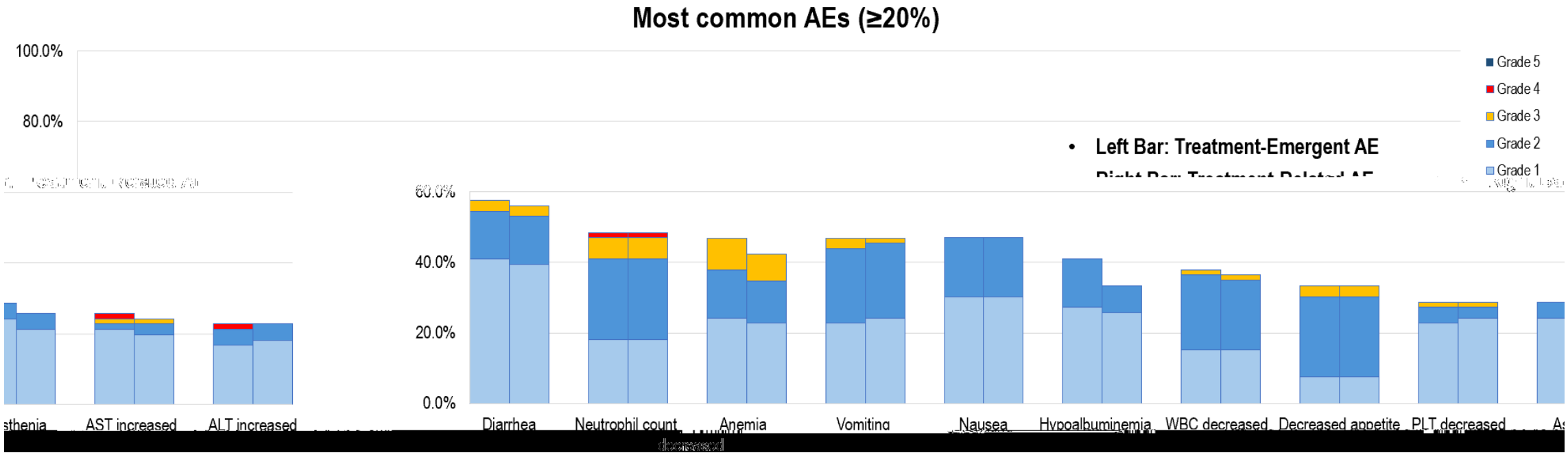
| | All PDAC (N=59) | 2L (N=12) | 3L+ (N=47) |
|---|---|---|---|
| **ORR [90%CI]** | 40.68% [29.87%, 52.22%] | 58.33% [31.52%, 81.90%] | 36.17% [24.52%, 49.18%] |
| **DCR [90%CI]** | 96.61% [89.71%, 99.39%] | 100% [77.91, 100%] | 95.74% [87.20%, 99.24] |




Data cut-off date: September 27, 2025. All participants received first dose of GFH375 for at least 4 months prior to the cut-off date. Seven participants had no post-treatment tumor assessments due to early dropout: 2 due to AEs not related to GFH375 (1 upper gastrointestinal hemorrhage and 1 respiratory failure); 1 started new anticancer therapy; 4 early discontinued due to participant decision. Figure: "C " represents confirmed responders. Arrows indicate treatment ongoing. The bars for 3 participants are not shown in the waterfall plot: [a]1 had best overall response (BOR) as SD, and the best percentage change from baseline in was 0%. [b]2 had progressive disease as their BOR: one had a target lesion decrease by 0.4% from baseline with non-target lesion progression; the other had target lesions increase by 0.7% from baseline with non-target lesion progression. Abbreviations: CI, confidence interval. DCR, disease control rate. ORR, objective response rate.

# About AE Reporting in PDAC

- We reported TEAE in addition to TRAE
- The only case of G4 liver tox was TEAE, not TRAE
  - Billiary tract obstruction due to enlarged lymphode which is not drug-related
- The only case of G4 neutropenia was previously treated with immunotherapy
- No new safety signal has been found
- US patients showed initial better profile than China patients (see VSTM update)



# Cross-Trial Comparisons of Safety in PDAC

- **The overall safety/tolerability of GFH375 is better than that of daraxonrasib.**

| | GFH375 600mg QD[1] | Daraxonrasib 300mg daily[2] | |
|---|---|---|---|
| | 2L+ PDAC, N=66 | 2L+ PDAC, N=83 | 1L PDAC, N=40 |
| **TRAE** | 100% | 96% | 95% |
| G3 or above | **31.8%** | 34% | 35% |
| Leading to discontinuation | **3.0%** | 0 | 10% |
| Leading to reduction | **6.1%** | 30% | 33% |
| Leading to interruption | **27.3%** | 43% | 53% |
| **Mean dose intensity*** | **93%** | 86% | 85% |

Source: [1]ESMO 2025. [2]Events & Presentations | Revolution Medicines. *Refers to the average amount of a drug administered per unit of time. It is used to assess treatment adherence and drug exposure and directly influences therapeutic efficacy and the risk of adverse events.
Abbreviations: 1L, first line. 2L+, second line and beyond. TRAE, treatment-related adverse event.

# Common TRAEs in PDAC: GFH375 vs RMC-6236

- **GI Tox: Which one is better?**
- **Hema Tox: No significant difference in G3 and above**
- **Liver Tox: lower G3 and above**

Source: [1]ESMO 2025. [2]Events & Presentations | Revolution Medicines.
Abbreviations: 1L, first line. 2L+, second line and beyond. WBC, white blood cell. PLT, platelet. AST, aspartate transaminase. ALT, alanine transaminase. NA, not available.

| | GFH375 600mg QD[1] | | Daraxonrasib 300mg daily[2] | | | |
|---|---|---|---|---|---|---|
| | 2L+ PDAC, N=66 | | 2L+ PDAC, N=83 | | 1L PDAC, N=40 | |
| | Any grade | Grade ≥ 3 | Any grade | Grade ≥ 3 | Any grade | Grade ≥ 3 |
| **Gastrointestinal disorders** | | | | | | |
| Diarrhea | 56.1% | 3.0% | 52% | 4% | 58% | 10% |
| Vomiting | 47.0% | 1.5% | 36% | 0 | 50% | 5% |
| Nausea | 47.0% | 0 | 39% | 0 | 50% | 3% |
| Decreased appetite | 33.3% | 3.0% | NA | NA | 15% | 0 |
| **Hematological toxicities** | | | | | | |
| Neutrophil count decreased | 48.5% | **7.6%** | 6% | **4%** | 0 | **0** |
| Anemia | 42.4% | **7.6%** | 8% | **7%** | 5% | **3%** |
| WBC count decreased | 36.4% | **1.5%** | NA | **NA** | NA | **NA** |
| PLT decreased | 28.8% | **1.5%** | 10% | **4%** | 8% | **0** |
| **Liver enzyme abnormalities** | | | | | | |
| AST increased | 24.2% | **1.5%** | 10% | **4%** | 8% | **0** |
| ALT increased | 22.7% | **0** | 7% | **2%** | 8% | **0** |
| **Skin toxicities** | | | | | | |
| Rash | 3.0% | 0 | 90% | 7% | 88% | 8% |

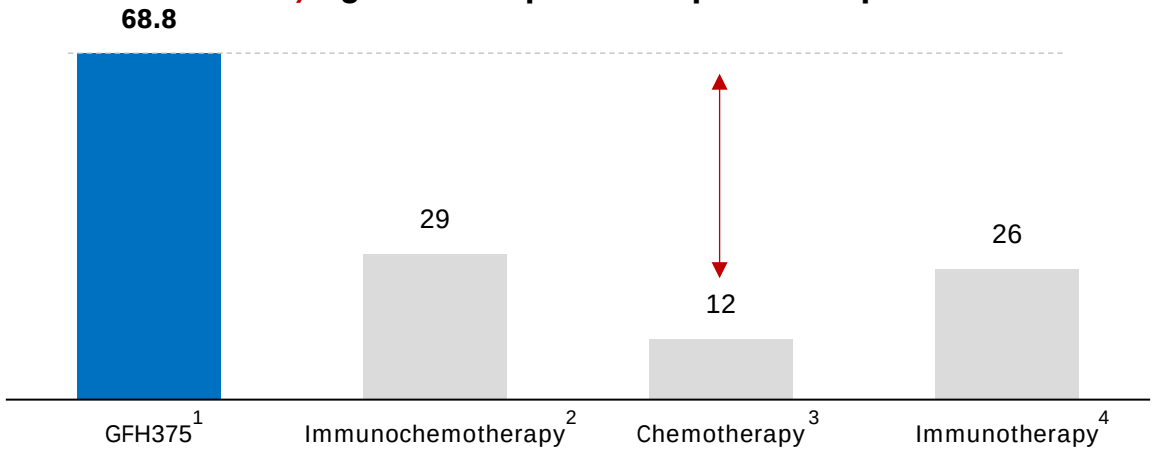
# ICI Treatment is NOT Approved in PDAC, yet 33% Participants Had Prior ICI Treatment

- **The incidence of grade ≥3 TEAEs/TRAEs, TEAEs/TRAEs leading to treatment interruption, and SAEs/TRSAEs were higher in participants with prior ICI than in the ICI naïve participants (ESMO2025 data)**

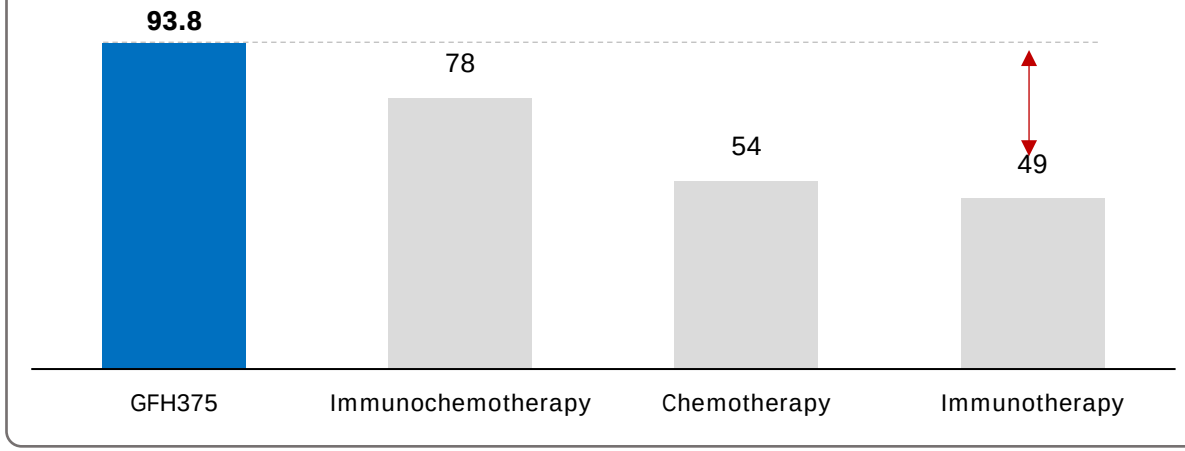
| AE, n (%) | ICI pretreated (N=22) | ICI naïve (N=44) |
|---|---|---|
| At least one ≥Grade 3 TEAE | **15(68.2%)** | 18 (40.9%) |
| At least one ≥Grade 3 TRAE | **10 (45.5%)** | 11 (25%) |
| TESAE | **9 (40.9%)** | 8 (18.2%) |
| TRSAE | **5 (22.7%)** | 4 (9.1%) |
| Dose modification due to TEAE | **11 (50%)** | 17 (38.6%) |
| Dose modification due to TRAE | **8 (36.4%)** | 13 (29.5%) |
| Discontinuation due to TEAE | **2 (9.1%)** | 3 (6.8%) |
| Discontinuation due to TRAE | **1 (4.5%)** | 1 (2.3%) |
| Dose reduction due to TEAE | **2 (9.1%)** | 2 (4.5%) |
| Dose reduction due to TRAE | **2 (9.1%)** | 2 (4.5%) |
| Dose interruption due to TEAE | **9 (40.9%)** | 16 (36.4%) |
| Dose interruption due to TRAE | **7 (31.8%)** | 11 (25%) |

# NSCLC:
# Better Efficacy in Pretreated Participants Compared to SoC

- **ORR: 68.8%, significant improved response compared to the SoC**



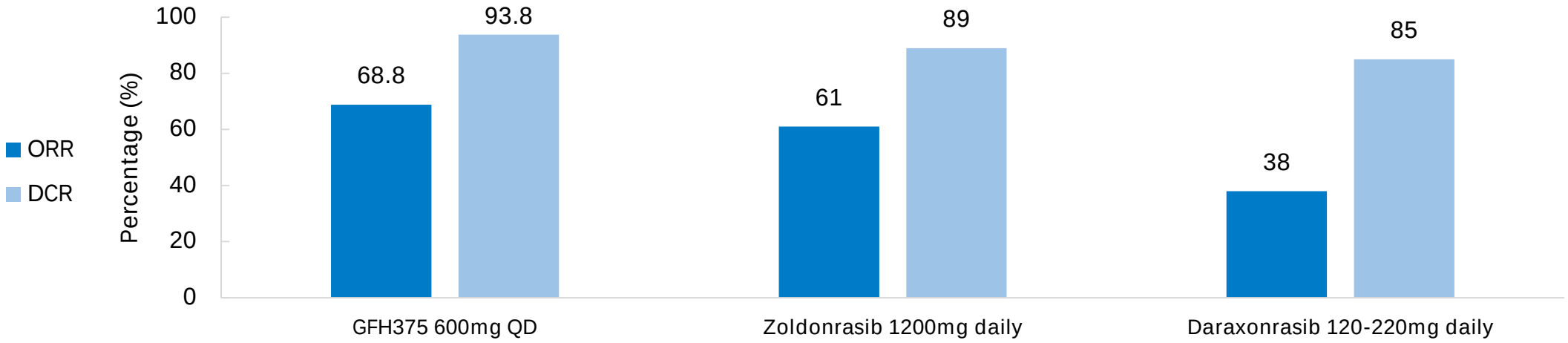

- **DCR: 93.8%, significantly improved compared with SoC**




Source: [1]WCLC 2025. [2]J Clin Oncol. 2024 Dec;42(34):4029-4039. [3]N Engl J Med. 2015 October 22; 373(17): 1627–1639. [4]Annals of Oncology, Volume 30, Issue 8, 1321 – 1328.
Abbreviations: ORR, objective response rate. DCR, disease control rate. PFS, progression free survival. NR, not reached.

# NSCLC: Improved Efficacy Compared to Competitors

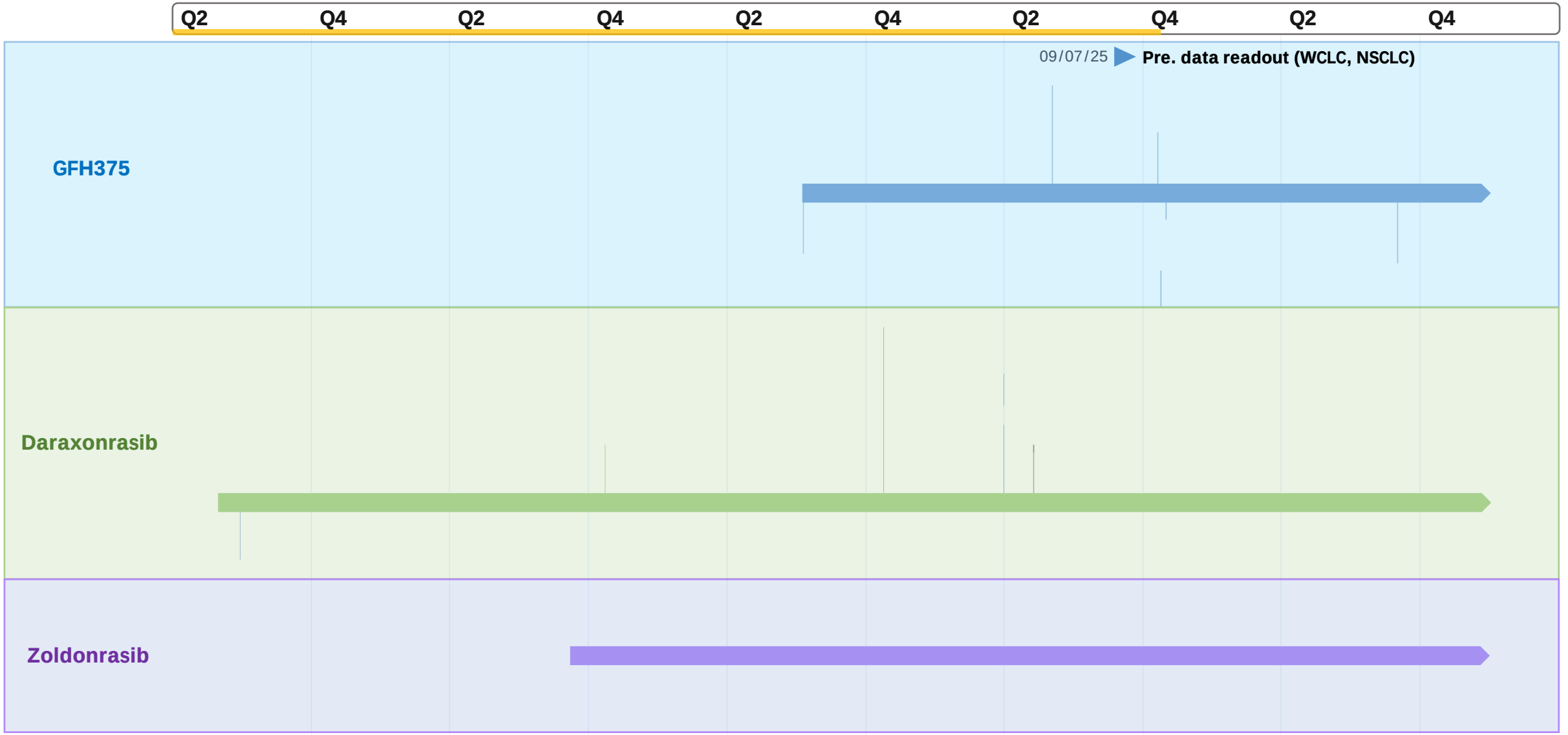
- **Best-in-class as G12D monotherapy for NSCLC**
- **Supporting single-arm accelerated approval for 2L+ NSCLC**




| Population | 2L+ NSCLC with KRAS G12D$_m$[1] | 2L+ NSCLC with KRAS G12D$_m$[2] | 2/3L NSCLC with KRAS G12X$_m$[3] |
|---|---|---|---|
| **Sample size** | 16 | 18 | 40 |
| **ORR** | 68.8% | 61% | 38%* |
| **DCR** | 93.8% | 89% | 85%* |
| **PFS** | NR | NA | 9.8 months |
| **OS** | NR | NA | 17.7 months |
| **Median follow-up time** | 4.2 months | NA | 10.8 months |

Cross-trial comparison. Source: [1]WCLC 2025. [2]AACR 2025. [3]ELCC 2025 (participants were required not have received docetaxel previously). *confirmed.
Abbreviations: 2L+, second line and beyond. ORR, objective response rate. DCR, disease control rate. PFS, progression-free survival. OS, overall survival. NR, not reached. NA, not available.

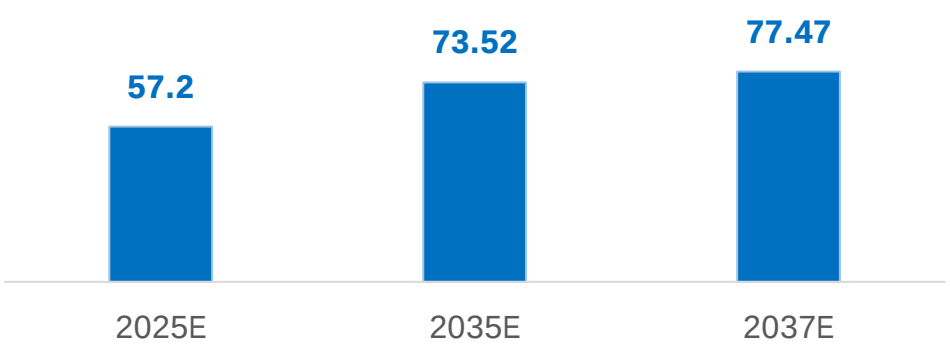
# Clinical Development Status of GFH375 and Competitors



# Marching towards a Leading Pancreatic Cancer Franchise

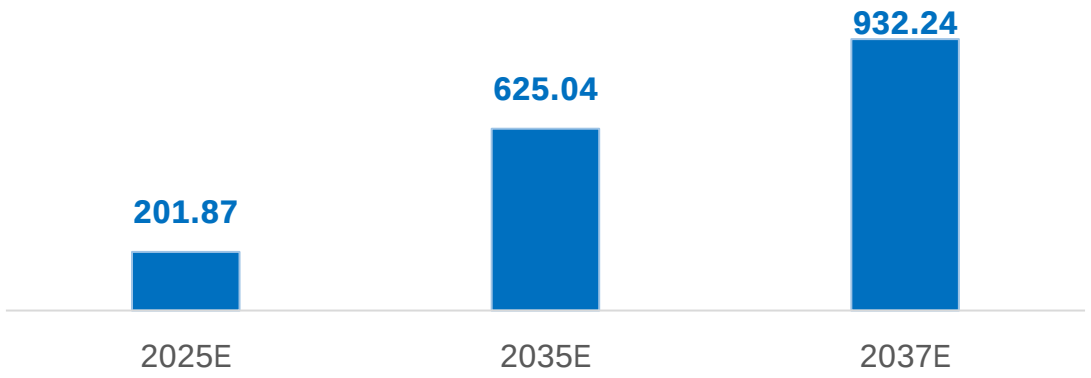
**Forecasted global incidence of pancreatic cancer**

Source: Frost Sullivan (in 10 thousands)

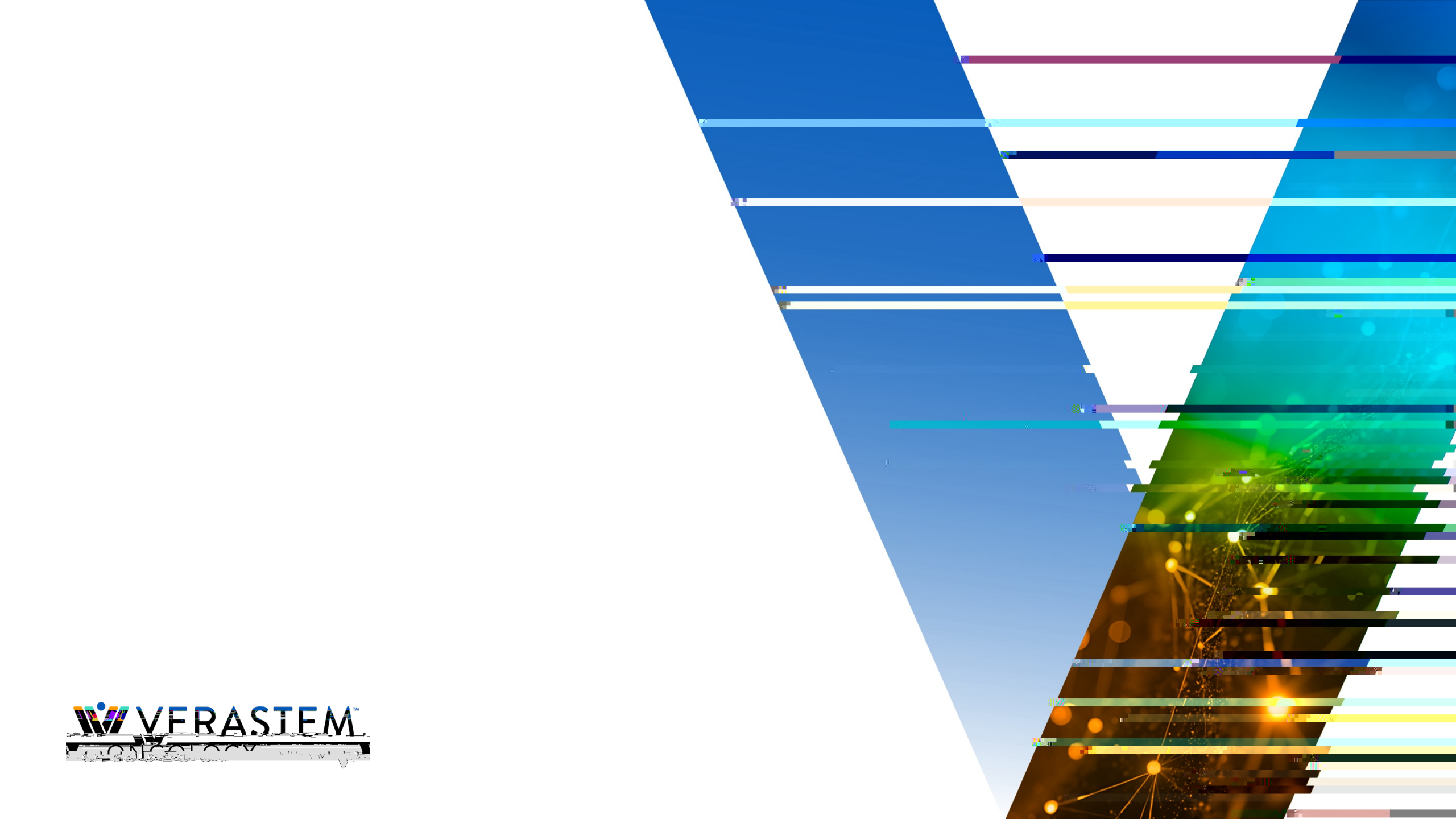


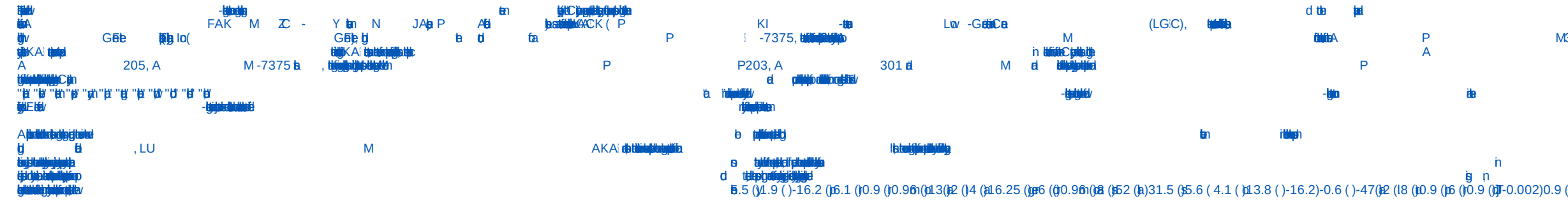

**Forecasted global market of pancreatic cancer drugs**

Source: Research Nester (100 million RMB)

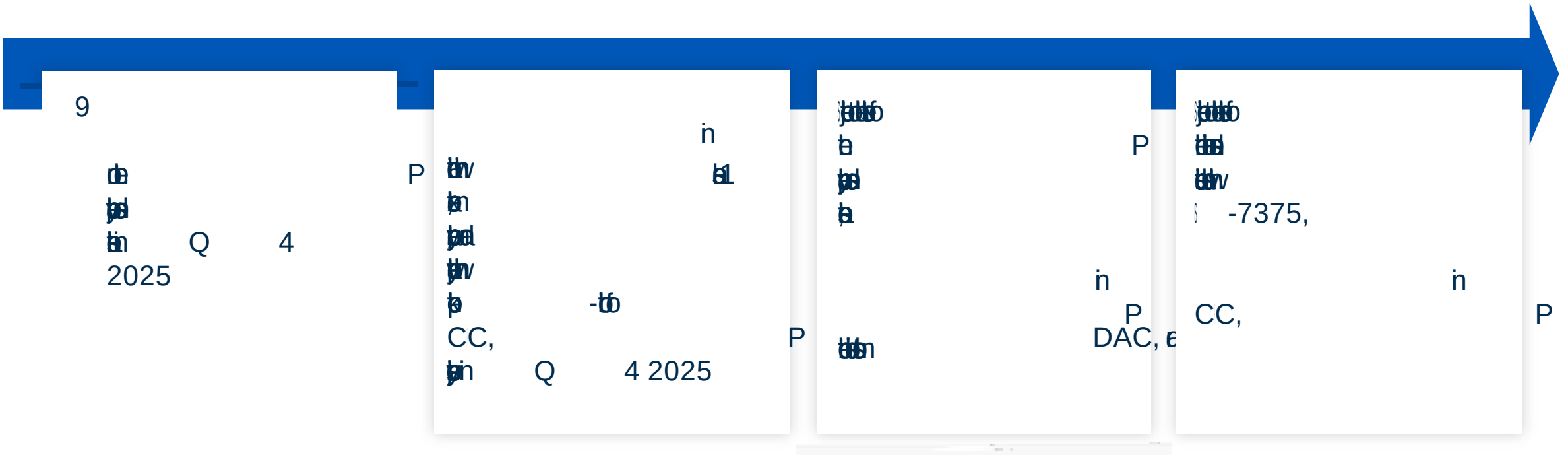


Innovation, in expedition





- 
  - 400 
- 
  - 
  - E
  - E
- 
  - M
  - C CC,
- 

- 
  - F -KA G12D
  - P DAC
  - P KA G12D
    m P DAC
    2025
- 
- 
  P

-