



# Company Overview The Onvansertib Opportunity

JULY 2024

# Forward-looking statements

## CERTAIN STATEMENTS IN THIS PRESENTATION ARE

**FORWARD-LOOKING** within the meaning of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of words such as "anticipate," "believe," "forecast," "estimated" and "intend" or other similar terms or expressions that concern our expectations, strategy, plans or intentions. These forward-looking statements are based on our current expectations and actual results could differ materially. There are several factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, clinical trials involve a lengthy and expensive process with an uncertain outcome, and results of earlier studies and trials may not be predictive of future trial results; our clinical trials may be suspended or discontinued due to unexpected side effects or other safety risks that could preclude approval of our product candidate; results of preclinical studies or clinical trials for our product candidate could be unfavorable or delayed; our need for additional financing; risks related to business interruptions, including the outbreak of COVID-19 coronavirus and cyber-attacks on our information technology infrastructure, which could seriously harm our financial condition and increase our costs and expenses; uncertainties of government or third party payer reimbursement; dependence on key personnel; limited experience in marketing and sales; substantial competition; uncertainties of patent protection and litigation;

dependence upon third parties; and risks related to failure to obtain FDA clearances or approvals and noncompliance with FDA regulations. There are no guarantees that our product candidate will be utilized or prove to be commercially successful. Additionally, there are no guarantees that future clinical trials will be completed or successful or that our product candidate will receive regulatory approval for any indication or prove to be commercially successful. Investors should read the risk factors set forth in our Form 10-K for the year ended December 31, 2023, and other periodic reports filed with the Securities and Exchange Commission. While the list of factors presented here is considered representative, no such list should be considered to be a complete statement of all potential risks and uncertainties. Unlisted factors may present significant additional obstacles to the realization of forward-looking statements. Forward-looking statements included herein are made as of the date hereof, and we do not undertake any obligation to update publicly such statements to reflect subsequent events or circumstances.

# Cardiff Oncology: Positioned to improve 1<sup>st</sup> line RAS-mut mCRC treatment

First-in-Class PLK1 inhibitor	Robust clinical data in 2L KRAS-mut mCRC	FDA	Pfizer
<ul style="list-style-type: none"><li>• <b>Onvansertib</b>: first well-tolerated PLK1-selective inhibitor</li><li>• PLK1 inhibition disrupts tumor growth several ways</li></ul>	<p>Ph 1b/2 data</p> <ul style="list-style-type: none"><li>• <b>73%</b> response rate vs <b>~25%</b> in SoC</li><li>• <b>15 month</b> progression free survival vs <b>~8 month</b> in SoC</li></ul> <p>ONSEMBLE <b>validates</b> strong data signal</p>	<ul style="list-style-type: none"><li>• <b>FDA</b>-agreed path to 1<sup>st</sup> line RAS-mut mCRC accelerated approval</li></ul>	<ul style="list-style-type: none"><li>• <b>Pfizer</b> is equity investor and has seat on SAB</li><li>• <b>Pfizer</b> provides clinical execution of 1<sup>st</sup> line trial</li></ul>

We expect clinical data from our 1<sup>st</sup> line RAS-mutated mCRC trial in H2 2024  
Runway with current cash extends into Q3 2025

# Onvansertib combines powerfully with bevacizumab to inhibit tumor growth

## Human metastatic colorectal cancer (mCRC) tumors grown in mice (KRAS G12V)

The combination of onvansertib and bevacizumab shows dramatically reduced tumor size and vascularization

Control group		
Bevacizumab		<ul style="list-style-type: none"><li>• Roche drug Avastin®</li><li>• 8<sup>th</sup> largest global drug in 2019</li><li>• \$7.1B sales</li></ul>
Onvansertib		
Onvansertib + bevacizumab		

 **Cardiff Oncology™**

\* SW620 KRAS-G12V mCRC xenograft models were treated with control (vehicle), onvansertib, bevacizumab or the combination of onvansertib and bev. 8-9mice / group. Tumors were removed and photographed at the end of the study. Representative photographs from three mice from each group are shown.

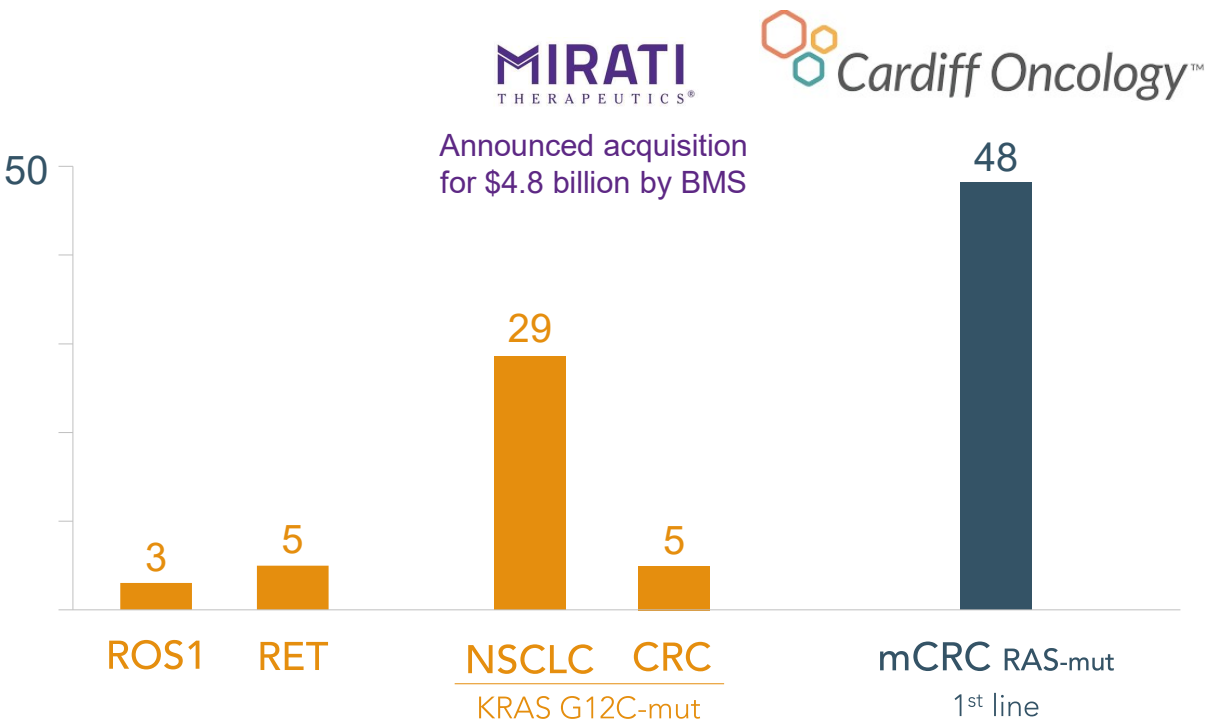
# Onvansertib targets large patient populations with unmet need

Targets with oncogenic alterations	Targets without oncogenic alterations
ROS1	PLK1
RET	PARP
KRAS G12C	CDK4/6
EGFR	PD1/PDL1
TRK	VEGF










\* ROS1 estimated eligible patients presented in Turning Point Therapeutics' corporate presentation May 2022 slide 6 (NSCLC disease incidence in the US of 140k of which 2% of patients harbor ROS1 translocation). RET estimated eligible patients presented in Loxo Oncology's corporate presentation January 2018 disclosed on Form 8-K (Jan 8, 2018).

KRAS G12C estimated eligible patients includes patient numbers from SEER website and G12C percentage from Mirati's corporate presentation. BMS announced its intention to acquire MRTX for \$4.8B equity value on 10/8/2023. mCRC estimated population includes 1<sup>st</sup> line, KRAS- and NRAS-mutated cancers.

Annual eligible U.S. patients ('000s)\*



# Our pipeline opens many attractive opportunities for onvansertib

	Line of Therapy	Trial	IIT*	Ph2	Ph3	Combination with:
mCRC (RAS-mut)	1 <sup>st</sup> line	CRDF-004 (w/Pfizer)				FOLFIRI/bev and FOLFOX/bev
	2 <sup>nd</sup> line	Ph 1b/2				FOLFIRI/bev
	2 <sup>nd</sup> line	CRDF-003 (ONSEMBLE)				FOLFIRI/bev
mPDAC	2 <sup>nd</sup> line	Ph 2				Nal-IRI/leucovorin/ 5-FU
	1 <sup>st</sup> line	Ph 2	 OHSU Knight Cancer Institute			Gemzar®/Abraxane®
SCLC	2 <sup>nd</sup> line	Ph 2				None (monotherapy)
TNBC	2 <sup>nd</sup> line	Ph 2				Paclitaxel

\* For investigator-initiated trials (IITs) only, the investigator's institution is provided.

mPDAC = metastatic pancreatic ductal adenocarcinoma; SCLC = small-cell lung cancer; TNBC = triple-negative breast cancer; bev= bevacizumab, or Avastin®



---

## Fighting mCRC through PLK1 inhibition

---

Robust data in lead mCRC program

---

Path forward to accelerated approval

---

# Onvansertib specifically targets PLK1, a well-established cancer target

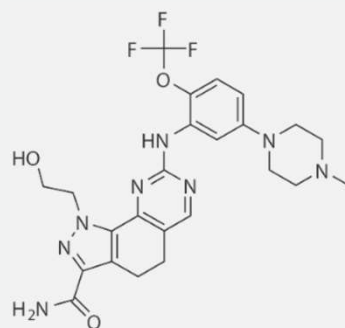
## Onvansertib

First oral, well-tolerated  
PLK1-selective inhibitor



### PROPERTIES

- Small molecule
- Oral dosing
- 24-hour half-life



### SPECIFICITY

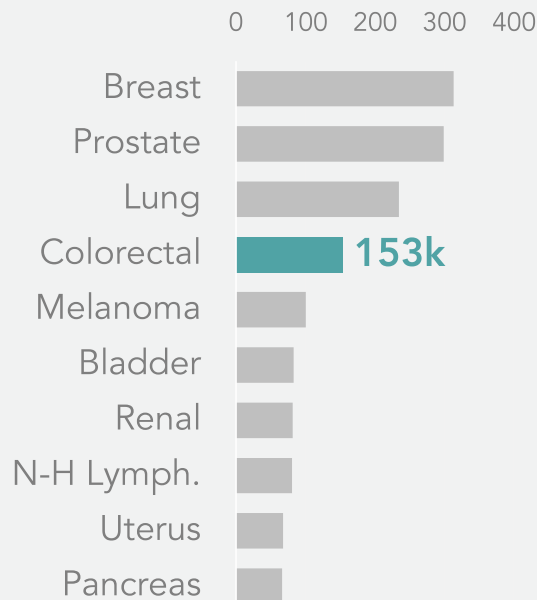
Exquisitely specific for PLK1

ENZYME	IC <sub>50</sub> (μM)
PLK1	0.002
PLK2	>10
PLK3	>10
CK2	0.4
FLT3	0.4
CDK1/CycB	>10
42 other kinases and >140 in the Millipore panel	>10

# Our lead program targets RAS-mutated metastatic colorectal cancer

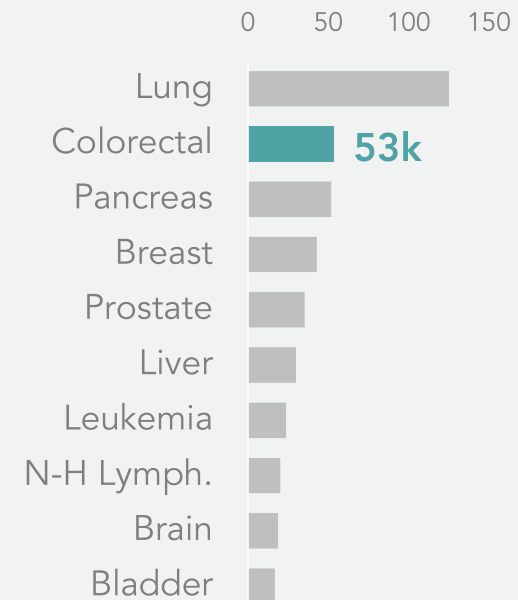
## mCRC is BOTH common...

2023 new US cases ('000s)\*



## ...and challenging to treat

2023 US deaths ('000s)\*



\* American Cancer Society Cancer Facts and Figures 2024.

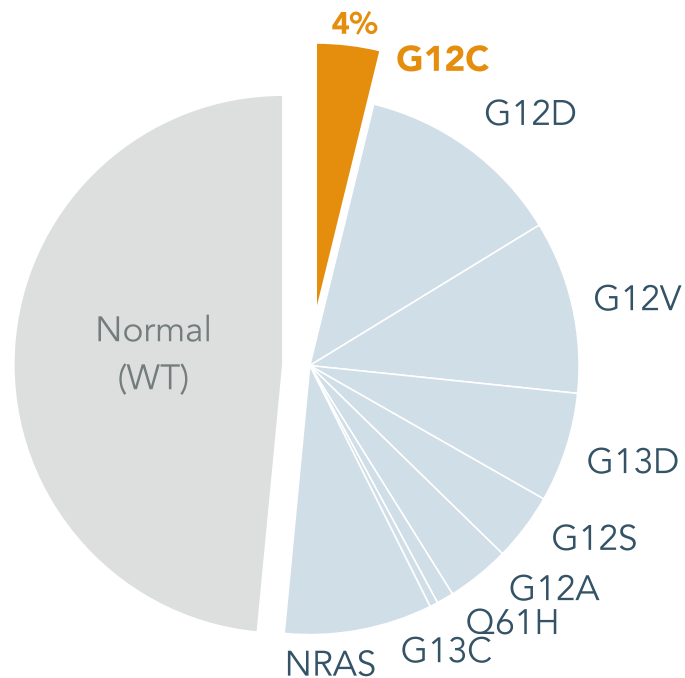
mCRC standard of care leaves a significant unmet need

**Standard of Care** for 1<sup>st</sup> / 2<sup>nd</sup> line RAS-mutated mCRC includes chemo + bevacizumab

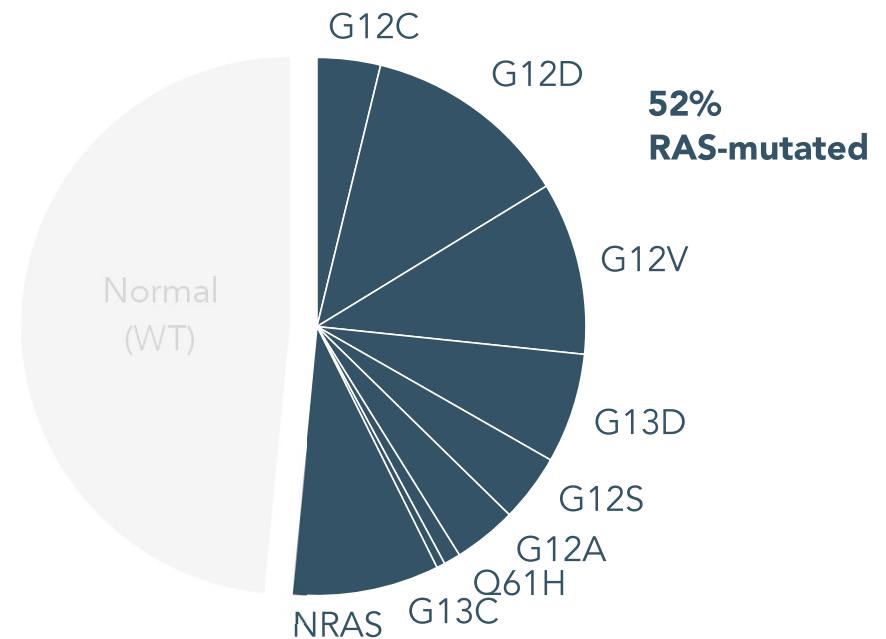
Chemotherapy	FOLFOX (approved 1996) FOLFIRI (approved 2002)
+ / -	
Antiangiogenic	Bevacizumab (Avastin®) (approved 2004)
Targeted therapy	None

## Other mCRC development programs leave a significant unmet need

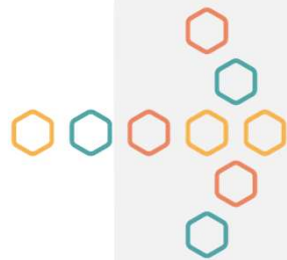
**KRAS G12C** therapies would address a small part of the need<sup>1</sup>



**Onvansertib** is targeting all RAS-mutated mCRC<sup>1</sup>



1. Jones R et al. Br J Cancer. 2017 Mar 28;116(7):923-929



---

Fighting mCRC through PLK1 inhibition

---

Robust data in lead mCRC program

---

Path forward to accelerated approval

---

# Our mCRC journey of discovery led us from second-line to first-line

## FIRST LINE

**CRDF-004**

ENROLLING

RAS-mutated mCRC  
90 patients,  
randomized,  
3 arms (2 doses +  
control),  
Pfizer Ignite

## SECOND LINE

**Ph 1b/2**  
(TROV-054)

COMPLETED

KRAS-mutated mCRC  
66 evaluable patients,  
single arm

**CRDF-003**

 **ONSEMBLE**  
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC  
23 patients\*,  
randomized,  
blinded,  
3 arms (2 doses +  
control)

\* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable for efficacy because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

# Our mCRC journey of discovery led us from second-line to first-line

## FIRST LINE

Provided initial signal of efficacy in second-line RAS-mutated mCRC

**CRDF-004**

ENROLLING

RAS-mutated mCRC  
90 patients,  
randomized,  
3 arms (2 doses +  
control)  
Pfizer Ignite

## SECOND LINE

**Ph 1b/2**  
(TROV-054)

COMPLETED

KRAS-mutated mCRC  
66 evaluable patients,  
single arm

**CRDF-003**

 **ONSEMBLE**  
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC  
23 patients\*,  
randomized,  
blinded,  
3 arms (2 doses +  
control)

\* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

# Our mCRC journey of discovery led us from second-line to first-line

## FIRST LINE

Randomized second-line trial designed to show onvansertib's contribution to SoC that was discontinued

**CRDF-004**

ENROLLING

RAS-mutated mCRC  
90 patients,  
randomized,  
3 arms (2 doses +  
control)  
Pfizer Ignite

## SECOND LINE

**Ph 1b/2**  
(TROV-054)

COMPLETED

KRAS-mutated mCRC  
66 evaluable patients,  
single arm

**CRDF-003**

 **ONSEMBLE**  
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC  
23 patients\*,  
randomized,  
blinded,  
3 arms (2 doses +  
control)

\* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

# Our mCRC journey of discovery led us from second-line to first-line

## FIRST LINE

Shift to 1<sup>st</sup>-line setting based on:

1. Phase 1b/2 clinical data
2. New mechanism of action
3. FDA recommendation
4. ONSEMBLE validation

### CRDF-004

ENROLLING

RAS-mutated mCRC  
90 patients,  
randomized,  
3 arms (2 doses +  
control)  
Pfizer Ignite

## SECOND LINE

### Ph 1b/2 (TROV-054)

COMPLETED

KRAS-mutated mCRC  
66 evaluable patients,  
single arm

### CRDF-003



DISCONTINUED

RAS-mutated mCRC  
23 patients\*,  
randomized,  
blinded,  
3 arms (2 doses +  
control)

\* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

# Our mCRC journey of discovery led us from second-line to first-line

## FIRST LINE

CRDF-004

ENROLLING

RAS-mutated mCRC  
90 patients,  
randomized,  
3 arms (2 doses +  
control)  
Pfizer Ignite

## SECOND LINE

**Ph 1b/2**  
(TROV-054)

COMPLETED

KRAS-mutated mCRC  
66 evaluable patients,  
single arm

CRDF-003

 **ONSEMBLE**  
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC  
23 patients\*,  
randomized,  
blinded,  
3 arms (2 doses +  
control)

\* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

# Our focus is RAS-mutated tumors where there are no targeted therapies

## Normal

Standard\*

Targeted

## 1<sup>st</sup> LINE

Chemo +/- bevacizumab

+/- EGFR inhibitor

## 2<sup>nd</sup> LINE

Chemo +/- bevacizumab

NONE

RAS-mut mCRC is approx.  
half the mCRC population<sup>1</sup>

## RAS Mutated

Standard\*

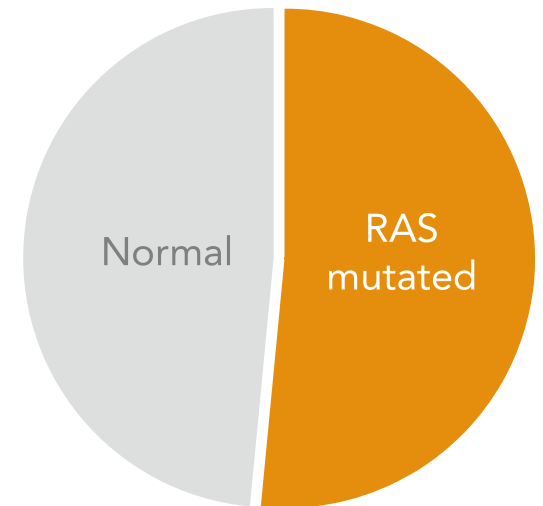
**Targeted**

Chemo +/- bevacizumab

**NONE**

Chemo +/- bevacizumab

**NONE**



\* FOLFOX and FOLFIRI are interchangeable as SoC chemo for 1<sup>st</sup> and 2<sup>nd</sup> line.  
1. Jones R et al. Br J Cancer. 2017 Mar 28;116(7):923-929

## Our Ph1b/2 trial added onvansertib to SoC in the 2<sup>nd</sup> line setting

### Normal

Standard

Targeted

### 1<sup>st</sup> LINE

Chemo +/- bevacizumab

+/- EGFR inhibitor

### 2<sup>nd</sup> LINE

Chemo +/- bevacizumab

NONE

### RAS Mutated

Standard

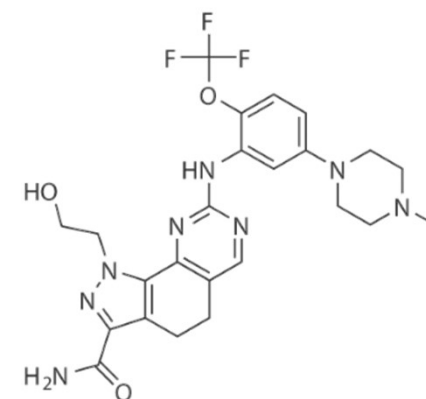
Targeted

FOLFOX +/- bevacizumab

NONE

FOLFIRI +/- bevacizumab

**ONVANSERTIB**



◀ Our trial explored adding onvansertib to FOLFIRI + bev (SoC)

# Our Ph1b/2 trial combined onvansertib with the current SoC in 2<sup>nd</sup> line

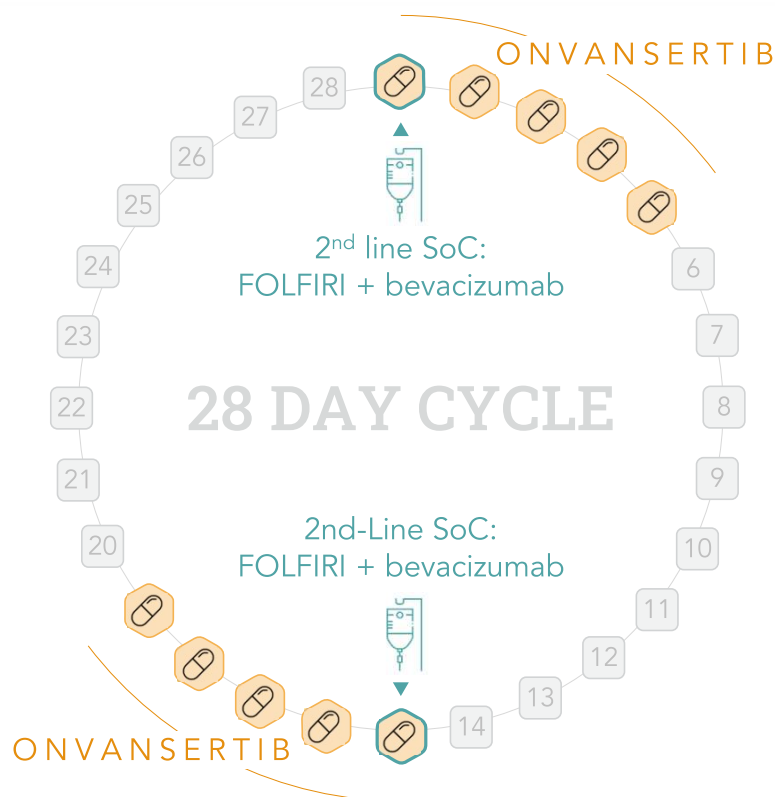
## ENROLLMENT CRITERIA

2<sup>nd</sup> line mCRC

KRAS-mut

Unresectable

N=68 (66 evaluable)

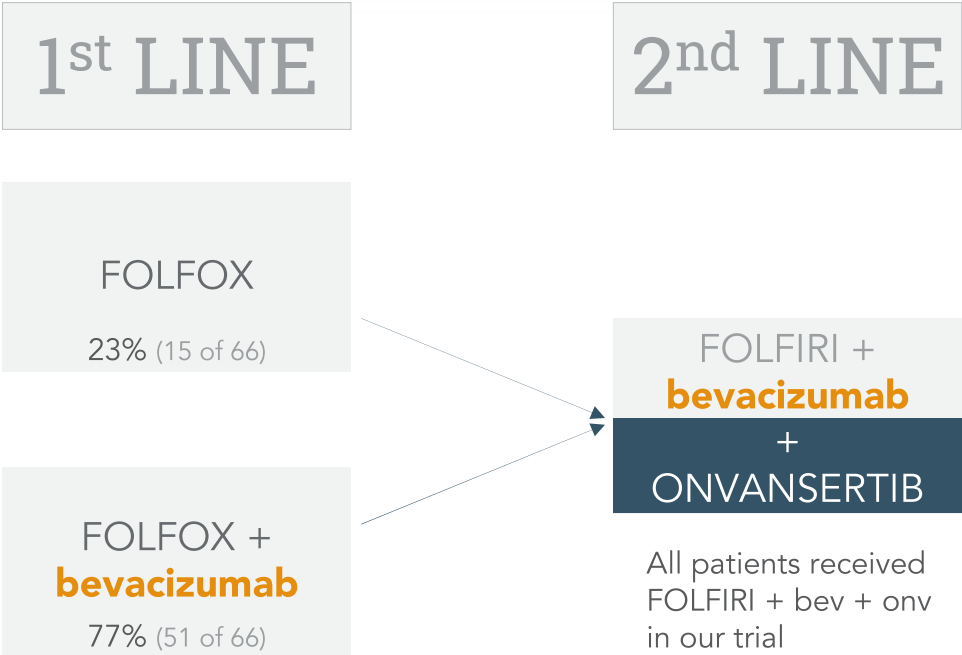
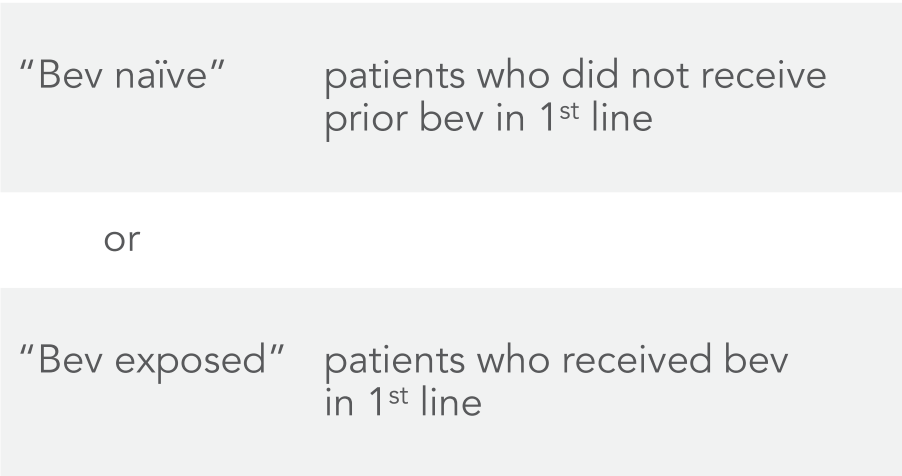


## EFFICACY ENDPOINTS

- 1** Primary: Objective Response Rate (ORR) per RECIST v1.1 in patients who receive  $\geq 1$  cycle of treatment
- 2** Secondary: Progression-Free Survival (PFS) and Duration of Response (DoR)
- 3** Exploratory: decrease in KRAS-mutational burden and response to treatment

# Ph 1b/2 trial patients may or may not have received bev in 1<sup>st</sup> line

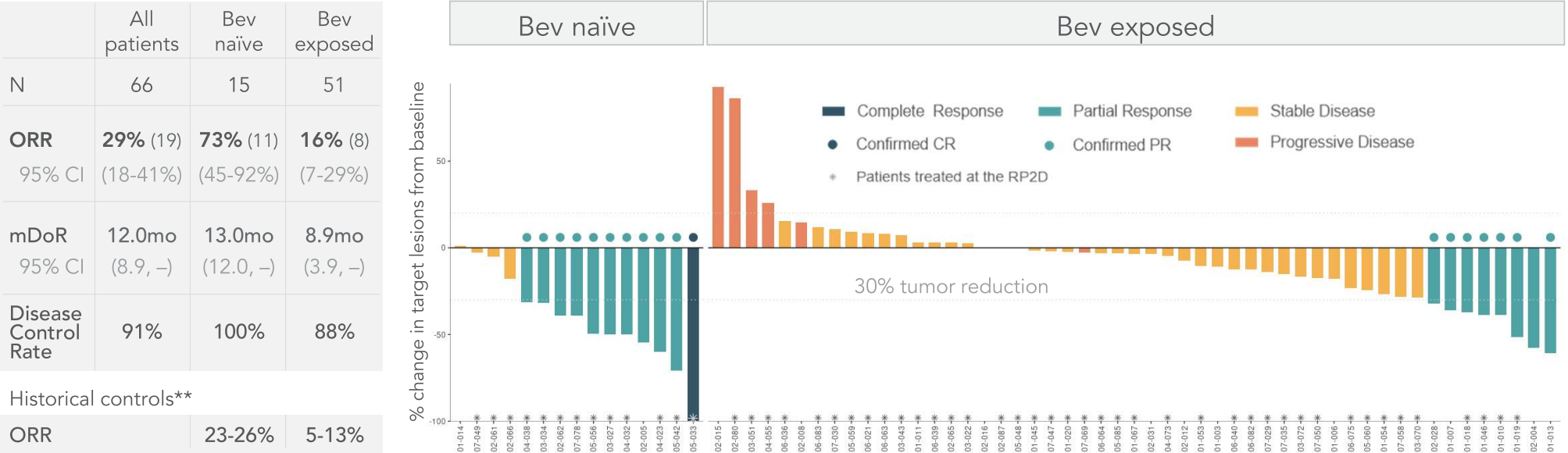
## Bev exposed vs bev naïve patients



# Ph 1b/2 trial bev naïve patients achieved higher response rates

## Best Radiographic Response and Duration of Response\* – 66 evaluable patients (as of June 16, 2023)

	All patients	Bev naïve	Bev exposed
N	66	15	51
ORR	29% (19)	73% (11)	16% (8)
95% CI	(18-41%)	(45-92%)	(7-29%)
mDoR	12.0mo	13.0mo	8.9mo
95% CI	(8.9, –)	(12.0, –)	(3.9, –)
Disease Control Rate	91%	100%	88%
Historical controls**			
ORR		23-26%	5-13%

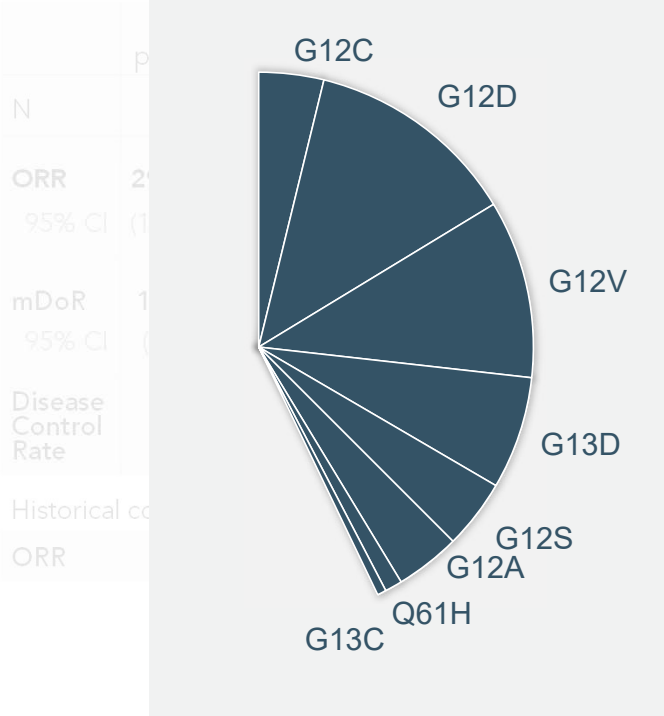


\* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of June 16, 2023 from an ongoing trial and unlocked database. mDoR CI: “–” means not reached.

\*\* Bennouna et al., Lancet Oncol 2013; 14: 29–37; Giessen et al., Acta Oncologica, 2015, 54: 187–193; Cremolini et al., Lancet Oncol 2020, 21: 497–507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842–2848; Beretta et al, Med Oncol 2013, 30:486.

# Ph 1b/2 trial patients achieved responses across KRAS mutations

Best Response Frequency of Common KRAS Mutations in mCRC<sup>1</sup>



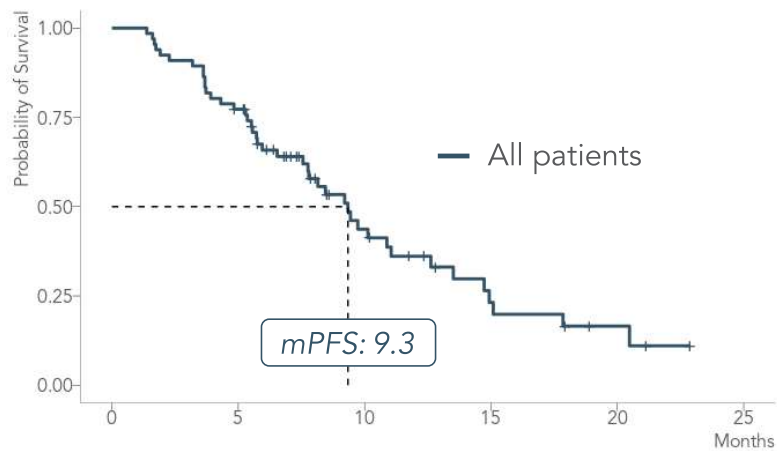
Onvansertib responses across KRAS mutations (as of June 16, 2023)<sup>2</sup>

KRAS Variant	Bev naïve			Bev exposed			Total
	CR+PR	SD	PD	PR	SD	PD	
G12D	3	1		4	12	1	21
G12V	1				10	2	13
G13D	2			2	4		8
G12A	3	1		1	2		7
G12C	1				2	1	4
G12S		1			2	1	4
A146T				1	2		3
Q61H	1	1			1		3
K117N					1	1	2
G12R					1		1
Total	11	4	0	8	37	6	66

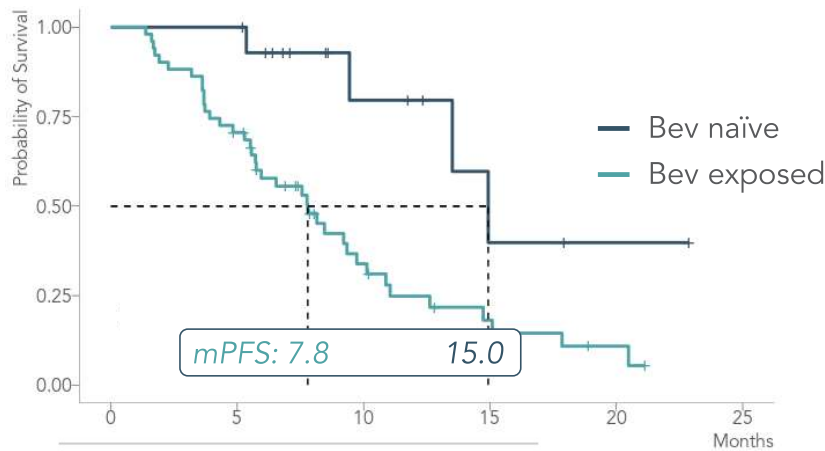
1. Jones R et al. Br J Cancer. 2017 Mar 28;116(7):923-929  
2. One patient that was categorized as G12A in the August 2023 data release has now been updated as G12R.

# Ph 1b/2 trial mPFS exceeds historical controls for SoC

**Progression free survival\*** – 66 evaluable patients (as of June 16, 2023)



Characteristic	N	Event N	mPFS (95%CI)
Overall	66	42	9.3 (7.8, 14)



Characteristic	N	Event N	mPFS (95%CI)	p-value <sup>†</sup>
prior_chemo	66	42		0.003
Bev Naïve			15 (14, —)	
Prior Bev			7.8 (5.8, 10)	
<sup>†</sup> Log-rank test		CI of "—" means not reached		

Historical controls**		
	Bev exposed	Bev naïve
mPFS	4.5 - 6.7mos	6.9 - 8.5mos

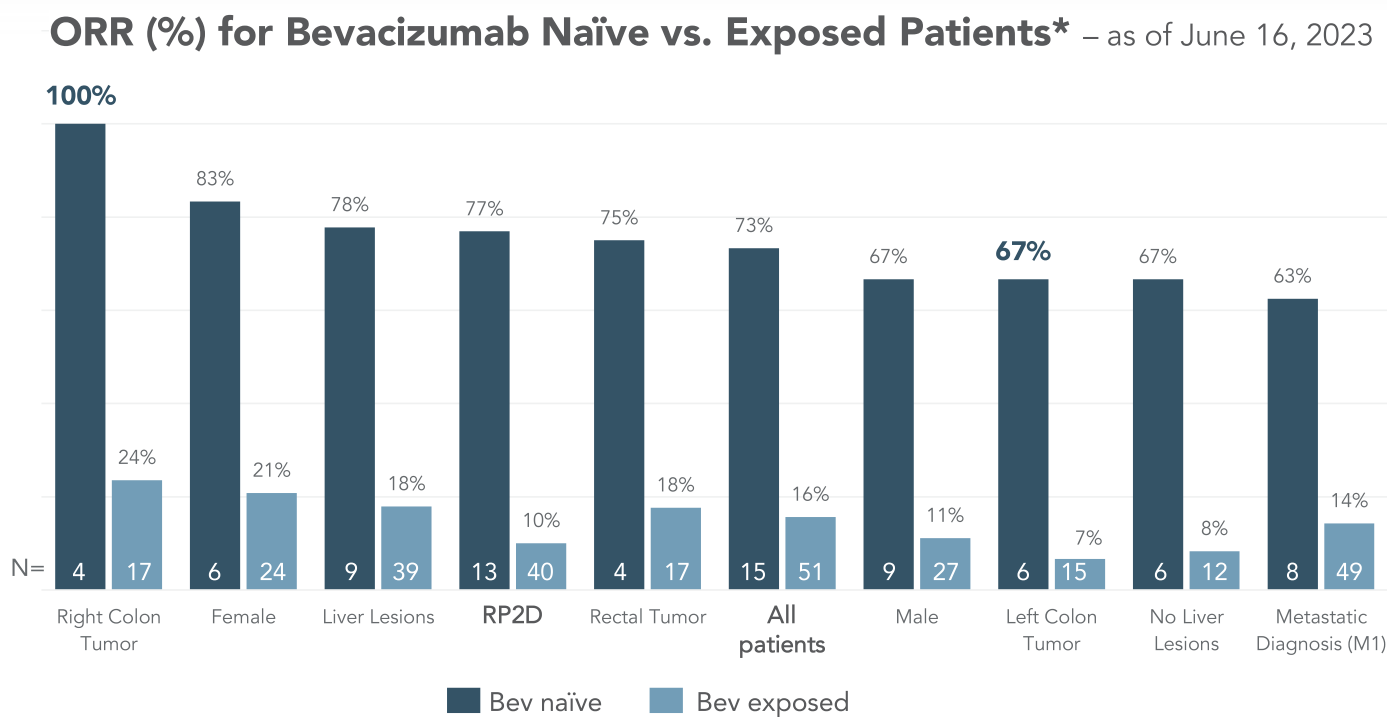
\* Onvansertib mPFS are interim data as of June 16, 2023 from an ongoing trial and unlocked database

\*\* Bennouna et al., Lancet Oncol 2013; 14: 29–37; Giessen et al., Acta Oncologica, 2015, 54: 187-193; Cremolini et al., Lancet Oncol 2020, 21: 497–507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842–2848; Beretta et al, Med Oncol 2013, 30:486.

24

# Ph 1b/2 trial ORR is consistently greater for bev naïve patients across characteristics

No single patient characteristic explains the difference in response rates by prior bev status



\* Onvansertib ORR is interim data as of June 16, 2023 from an ongoing trial and unlocked database.



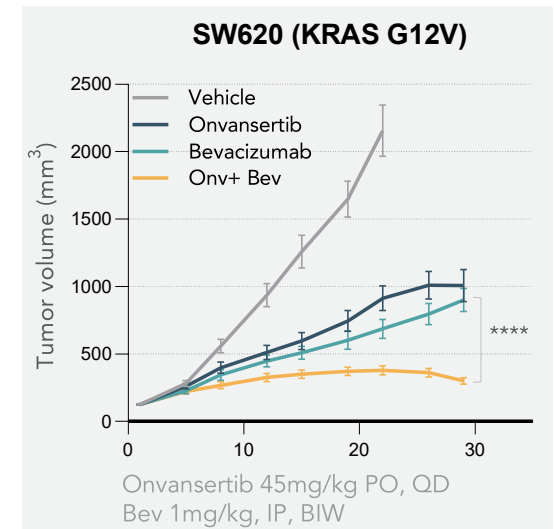
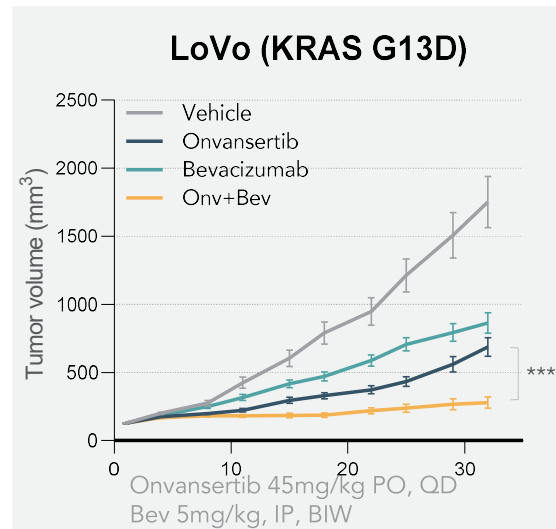
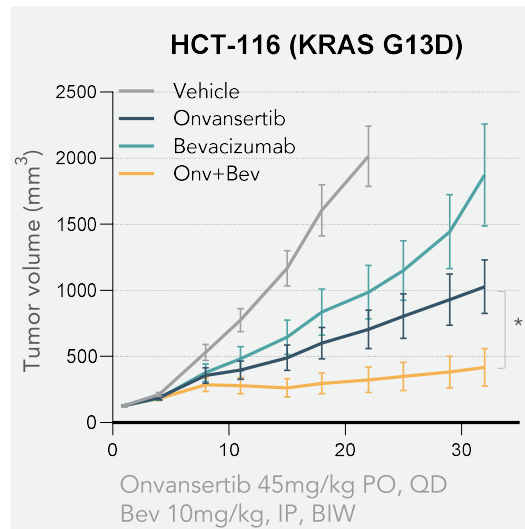
---

## Scientific basis for clinical findings

---

























# Onvansertib + bev inhibits tumor growth greater than either agent alone

The combination had significant superior anti-tumor activity compared to the single agents



Three KRAS-mutant mCRC xenograft models were treated with vehicle (control), onvansertib, bevacizumab or the combination of onvansertib and bev. 8-9mice/ group. Mean  $\pm$  SEM are represented on graphs. An unpaired t-test was used to test the difference in tumor volume change on the last day of treatment between the combination treatment and the most effective control arm. \* $p < 0.05$ , \*\*\* $p < 0.001$ , \*\*\*\* $p < 0.0001$

# Onvansertib plays an independent role in antiangiogenesis that complements bev

	LoVo (KRAS G13D)*			SW620 (KRAS G12V)*			
Control (vehicle)							
Bevacizumab							<ul style="list-style-type: none"><li>• Roche drug Avastin®</li><li>• 8<sup>th</sup> largest global drug in 2019</li><li>• \$7.1B sales</li></ul>
Onvansertib							
Onv + bev							



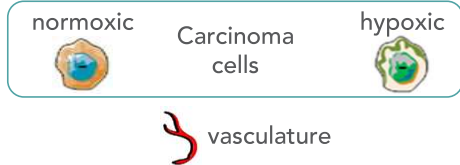
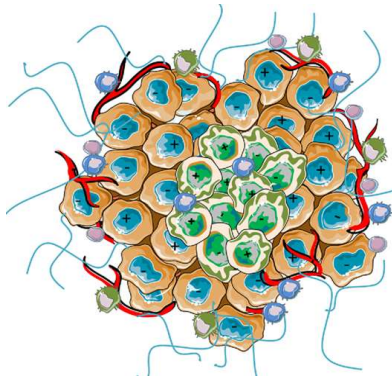
KRAS-mut mCRC tumors from mice treated with onv + bev appear smaller and pale (less vascularized)

\* Two KRAS-mutant mCRC xenograft models were treated with control (vehicle), onvansertib, bevacizumab or the combination of onvansertib and bev. 8-9 mice / group. Tumors were removed and photographed at the end of the study. Representative photographs from three mice from each group are shown.

# HIF1 $\alpha$ plays a critical role in a tumor's response to hypoxia

## Tumor growth

The tumor cells outgrow the blood supply and become starved of oxygen and nutrients...



## Hypoxia

... low oxygen levels lead to elevated HIF1 $\alpha$  protein expression

## HIF1 $\alpha$

... turns on VEGF-A expression and secretion to recruit new vasculature as well as turning on a multitude of downstream survival genes

VEGF-A

Angiogenesis:  
Vascularization  
of the tumor

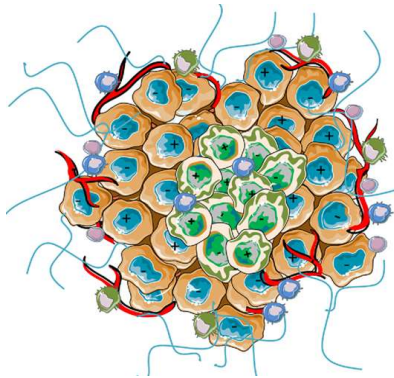
Tumor cell  
survival

Proliferation

# Onvansertib and bev independently inhibit tumor response to hypoxia in bev naïve tumors

## Tumor growth

The tumor cells outgrow the blood supply and become starved of oxygen and nutrients...



## Hypoxia

... low oxygen levels lead to elevated HIF1 $\alpha$  protein expression

## HIF1 $\alpha$

... turns on VEGF-A expression and secretion to recruit new vasculature as well as turning on a multitude of downstream survival genes

**onvansertib**  
inhibits HIF1 $\alpha$  expression

**bevacizumab**  
neutralizes VEGF-A

VEGF-A

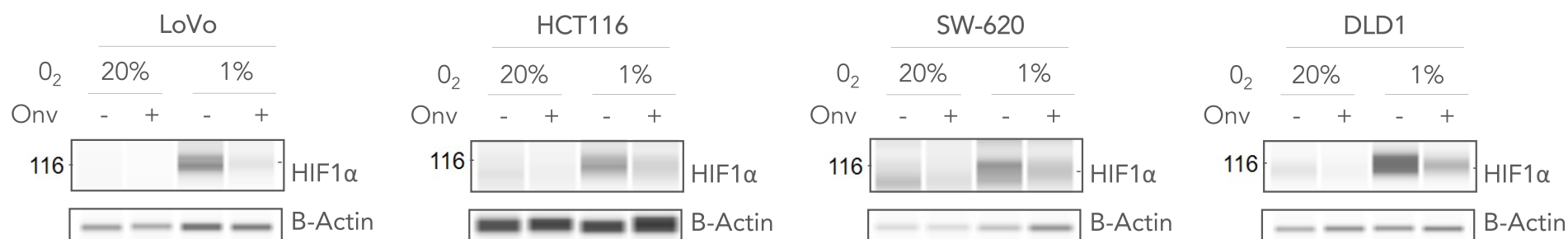
Angiogenesis:  
Vascularization  
of the tumor

Tumor cell  
survival

Proliferation

# Onvansertib inhibits the hypoxia signaling pathway by downregulating HIF1 $\alpha$ expression

In 4 RAS-mutant CRC cell lines<sup>1</sup>, onvansertib inhibited hypoxia-induced HIF1 $\alpha$  expression



PLK1 inhibition using siRNA against PLK1 (siPLK1)<sup>2</sup> prevented hypoxia-induced HIF1 $\alpha$  expression



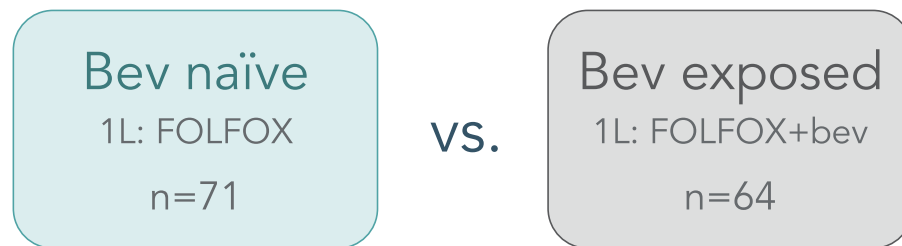
1. KRAS-mutant CRC cell lines were cultured under normoxia (20%O<sub>2</sub>) or hypoxia (1%O<sub>2</sub>), in the presence (+) or absence (-) of onvansertib. HIF1 $\alpha$  expression was induced under hypoxia.  
2. LoVo and HCT116 cells were transfected with siRNA control (-) or siRNA targeting PLK1 (siPLK1) and then exposed to 20% or 1%O<sub>2</sub>. Cells were collected 24h after transfection.

# Prior bev therapy in 1<sup>st</sup> line can confer resistance to bev, and onvansertib

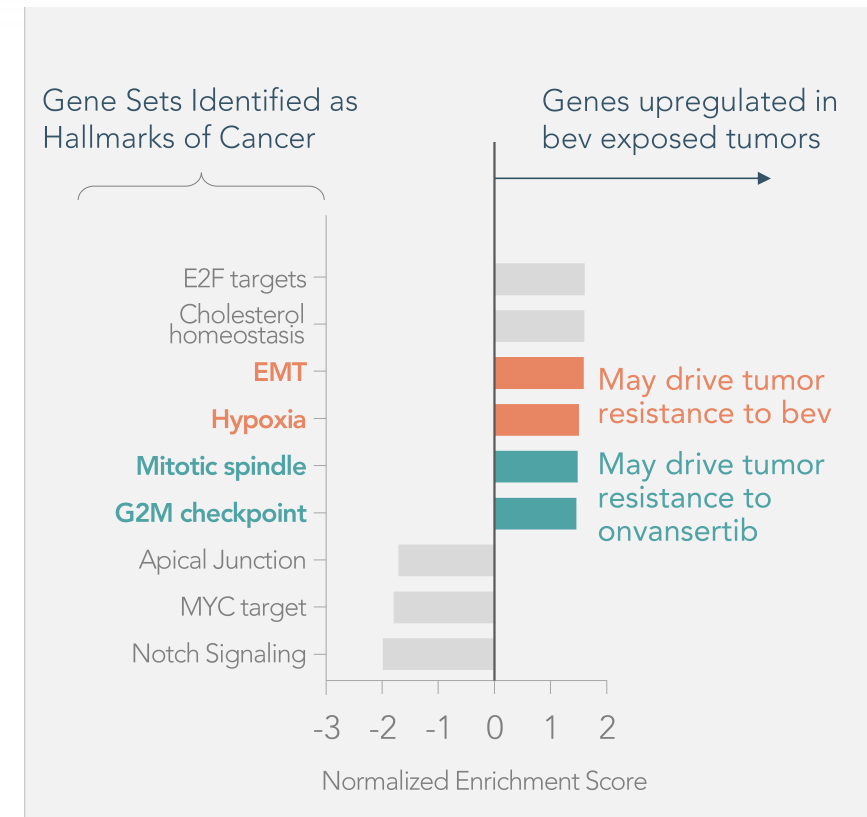
## "TEMPUS Tumor Biopsy Library

### 135 tumor biopsy samples identified

- All from KRAS-mut mCRC patients
- After completing 1<sup>st</sup> line therapy (prior to 2<sup>nd</sup> line)



Performed RNA sequencing to see changes in tumor biology after 1<sup>st</sup> line treatment +/- bev



# Our mCRC journey of discovery led us from second-line to first-line

## FIRST LINE

CRDF-004

ENROLLING

RAS-mutated mCRC  
90 patients,  
randomized,  
3 arms (2 doses +  
control)  
Pfizer Ignite

## SECOND LINE

Ph 1b/2  
(TROV-054)

COMPLETED

KRAS-mutated mCRC  
66 evaluable patients,  
single arm

CRDF-003



DISCONTINUED

RAS-mutated mCRC  
23 patients\*,  
randomized,  
blinded,  
3 arms (2 doses +  
control)

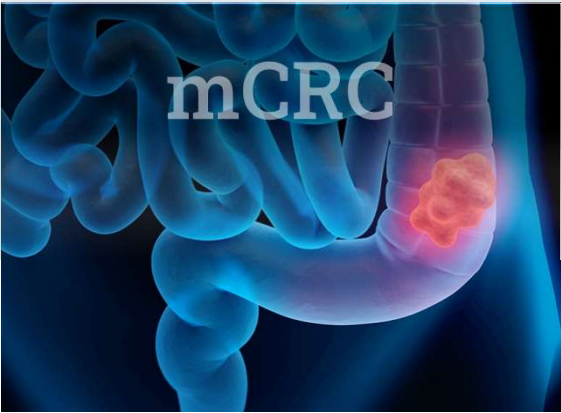
\* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

# ONSEMBLE Ph 2 trial was designed to generate randomized data

## ENROLLMENT CRITERIA

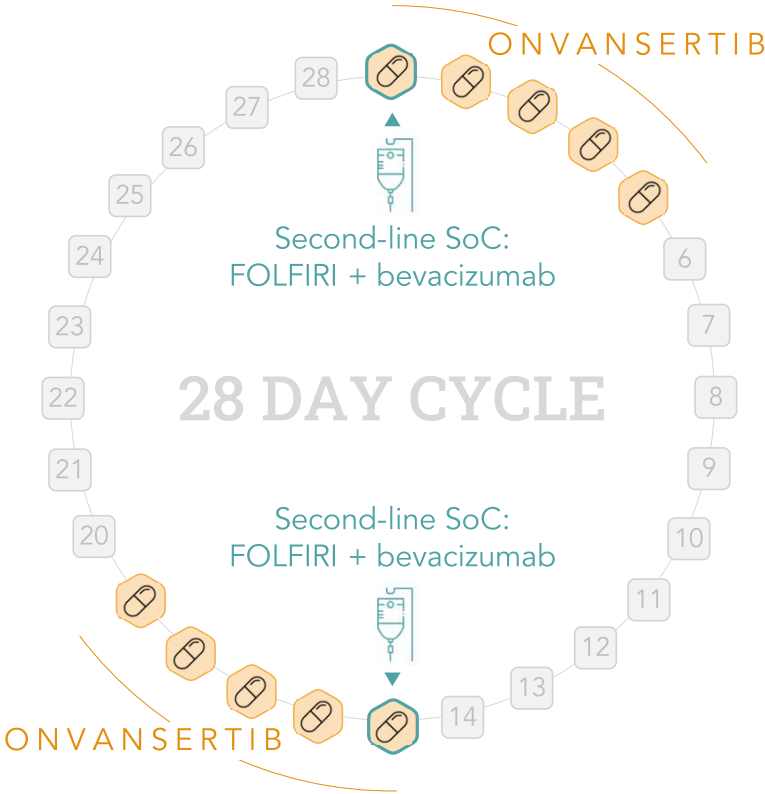
2<sup>nd</sup> line mCRC  
KRAS+/NRAS+  
Unresectable

**R**  
N=23  
1:1:1



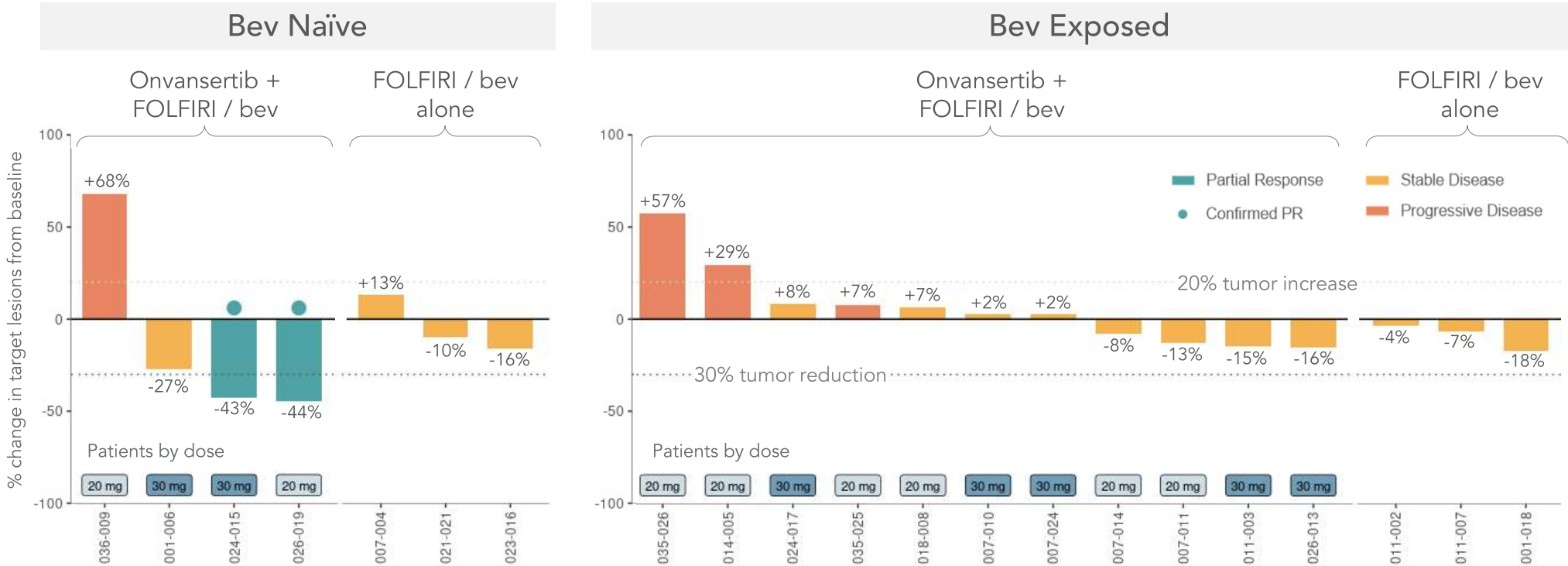
- SoC: FOLFIRI/bev
- Onv 20mg + FOLFIRI/bev
- Onv 30mg + FOLFIRI/bev

**PRIMARY ENDPOINT**  
Objective Response Rate



# ONSEMBLE bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

Best Radiographic Response\* –  ONSEMBLE patients (as of February 26, 2024)

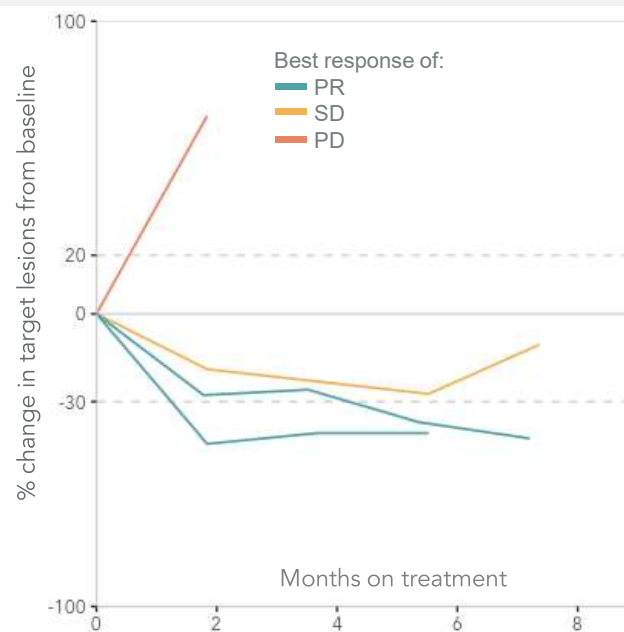


\* Radiographic response determined per RECIST 1.1. Waterfall plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database.

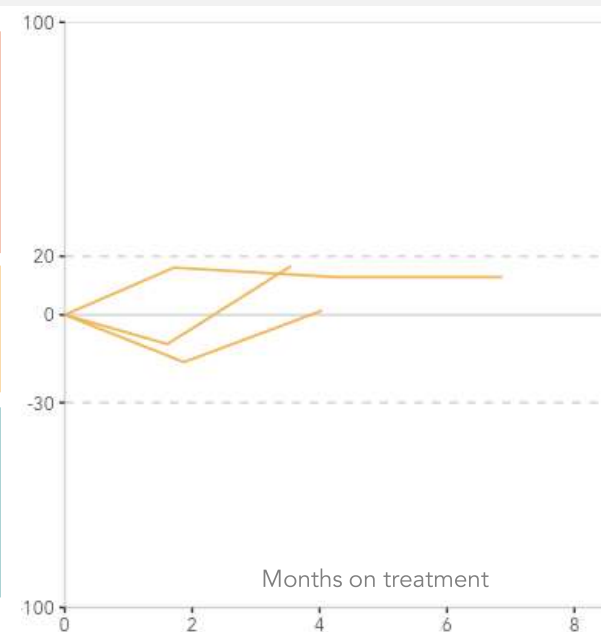
# ONSEMBLE bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

**Change in tumor size from baseline\*** –  **ONSEMBLE** bev naïve patients (as of February 26, 2024)

Bev naïve: onvansertib + FOLFIRI/bev arm



Bev naïve: FOLFIRI/bev (control) arm



Progressive disease

Stable disease

Partial response

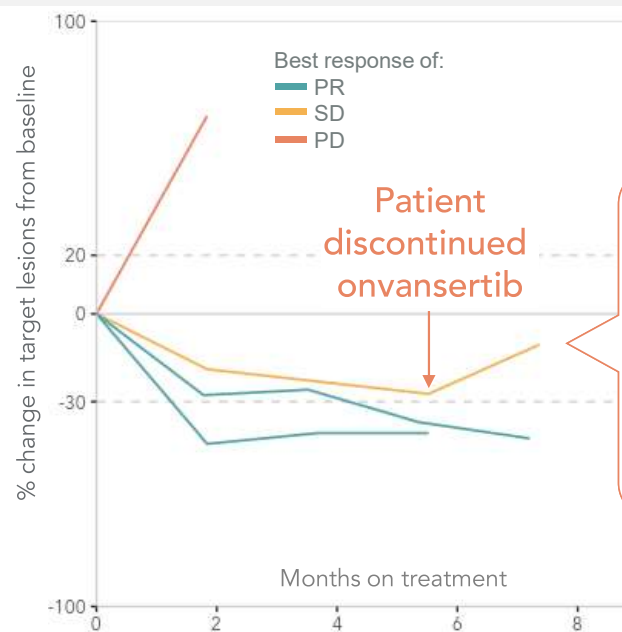
← -30% tumor reduction →

\* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database

# ONSEMBLE bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

**Change in tumor size from baseline\*** –  **ONSEMBLE** bev naïve patients (as of February 26, 2024)


Bev naïve: onvansertib + FOLFIRI/bev arm



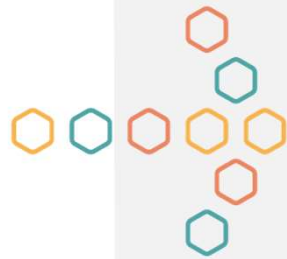
Patient 006 discontinued onvansertib but remained on FOLFIRI/bev at their 6-month scan due to a suspicious new lung lesion. Lesion was later biopsy-confirmed as a Valley fever (fungal) infection, not a new tumor lesion

\* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database

## Two independent clinical trials demonstrate the bev naïve finding

Objective Response Rate (ORR) by Cohort*				
		N	Bev Naïve	Bev Exposed
	Onvansertib + SoC	15	50% (2 of 4)	0% (0 of 11)
	Control (SoC alone)	6	0% (0 of 3)	0% (0 of 3)
Phase 1b/2 Single-arm	Onvansertib + SoC	66	73% (11 of 15)	16% (8 of 51)

\* Radiographic response determined per RECIST 1.1. ONSEMBLE data reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database. Onvansertib + SoC includes patients at both the 20mg and 30mg dose of onvansertib. Phase 1b/2 data reflects interim data as of June 16, 2023 from an ongoing trial and unlocked database.



---

Fighting mCRC through PLK1 inhibition

---

Robust data in lead mCRC program

---

Path forward to accelerated approval

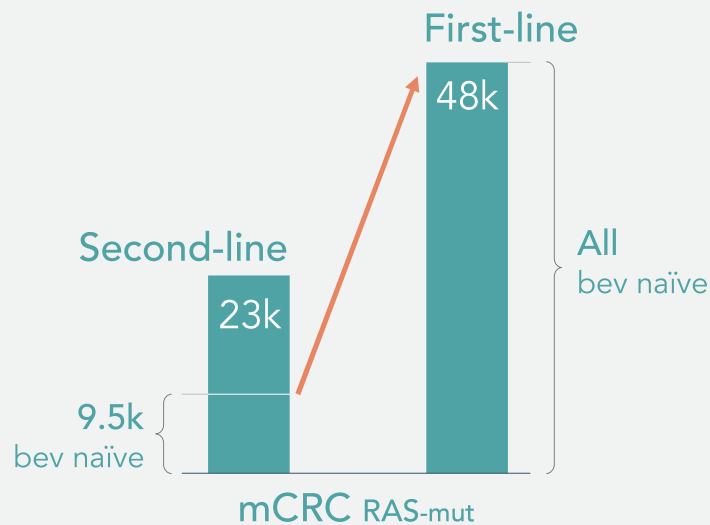
---

# Our mCRC journey of discovery led us from second-line to first-line

FIRST  
LINE

SECOND  
LINE

Annual eligible US patients\*



**CRDF-004**

ENROLLING

RAS-mutated mCRC  
90 patients,  
randomized,  
3 arms (2 doses +  
control)  
Pfizer Ignite

\* Company estimates of first-line and second-line mCRC population with KRAS- and NRAS-mutated cancers.

# mCRC program positions onvansertib for accelerated and full-approval

## mCRC clinical development program agreed with FDA at June 2023 Type C meeting

### CRDF-004

1<sup>st</sup> line RAS-mutated mCRC trial  
90 patients, randomized, 2 doses of onvansertib

#### Highlights of CRDF-004 exploratory trial

- Provide randomized clinical safety / efficacy data
- Confirm optimal dose in 1<sup>st</sup> line
- Expect to provide initial data readout in H2 2024
- Pfizer Ignite provides clinical execution

### CRDF-005

1<sup>st</sup> line RAS-mutated mCRC registrational trial  
320 patients, randomized

#### Highlights of CRDF-005 registrational trial

- Seamless registrational trial for accelerated and full approval, as agreed with FDA
- ORR endpoint: For accelerated approval
- PFS / OS trend endpoint: For full approval

# Trial design of CRDF-004: first-line RAS-mutated mCRC Phase 2 trial

## ENROLLMENT CRITERIA

First-line mCRC  
KRAS+/NRAS+  
Unresectable  
No prior bev

**R**  
N=90



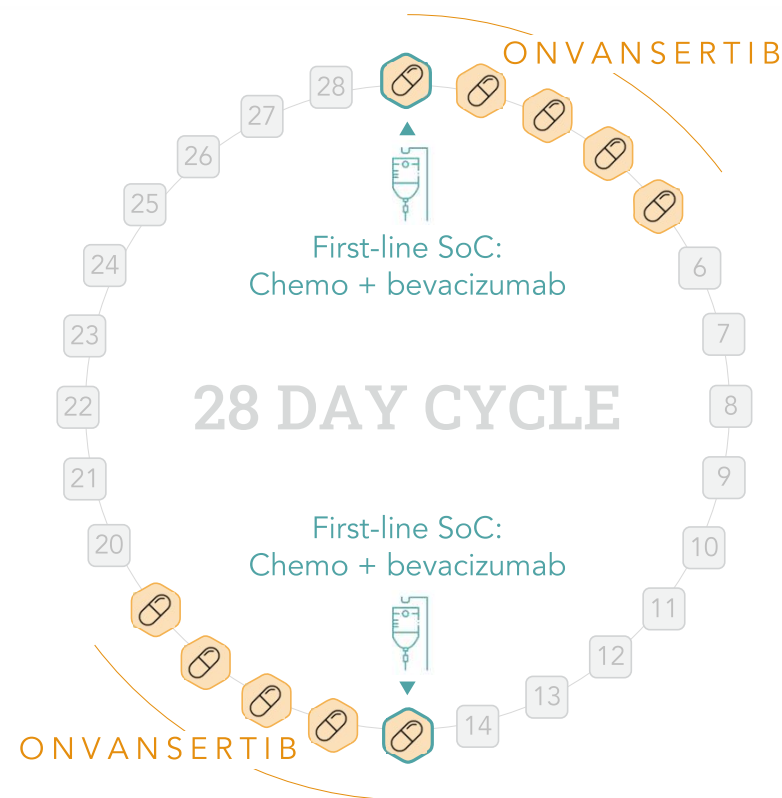
## 6 RANDOMIZATION ARMS

SoC alone	1. FOLFIRI/bev
	2. FOLFOX/bev
Onv 20mg +	3. FOLFIRI/bev
	4. FOLFOX/bev
Onv 30mg +	5. FOLFIRI/bev
	6. FOLFOX/bev

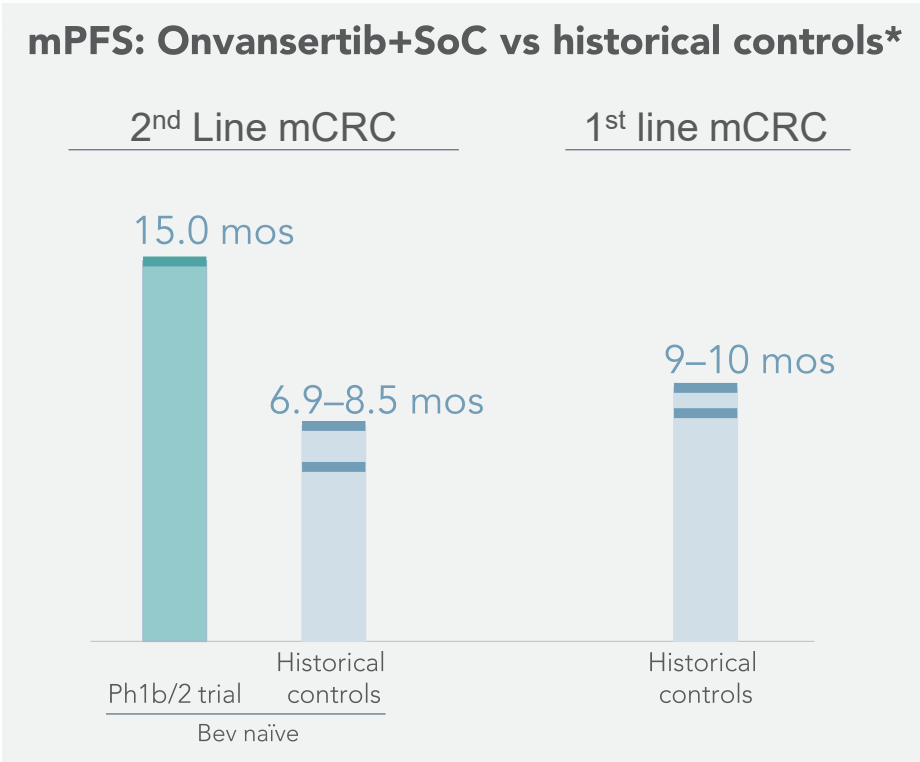
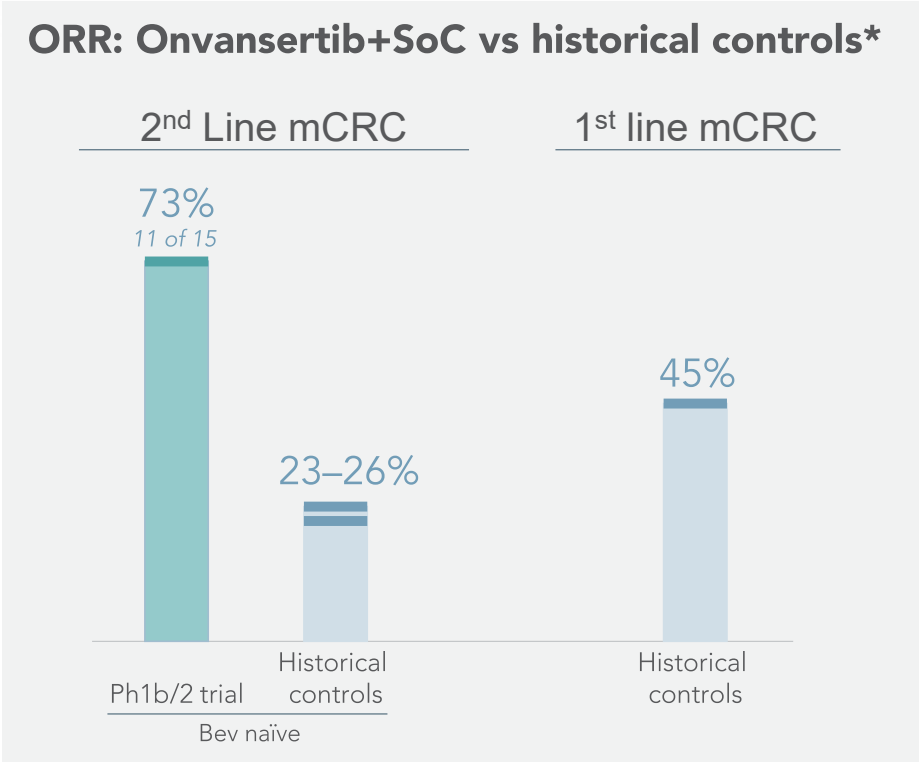
## ENDPOINTS \*

Primary: ORR  
Secondary: DoR and PFS

\* Blinded independent central review



# ORR/PFS for bev naïve patients exceeds 1<sup>st</sup> and 2<sup>nd</sup> line historical controls



**Given the design of prior trials, historical controls include RAS-mut and RAS wild-type cancers**

\* 2008: Bennouna et al., Lancet Oncol 2013; 14: 29–37; 2013: Giessen et al., Acta Oncologica, 2015, 54: 187–193; 2017: Cremolini et al., Lancet Oncol 2020, 21: 497–507; and Antoniotti et al., Correspondence Lancet Oncol June 2020. J. Clin. Med. 2020, 9, 3889; doi:10.3390/jcm9123889. ORR ad PFS data are interim data from an ongoing trial and unlocked database. Historical controls are from studies in similar anti-angiogenic drugs and restricted geographical areas, and do not all represent purely comparable 2nd line mCRC patient populations.

## Pfizer will support clinical execution of 1<sup>st</sup> line mCRC trial

### PFIZER BREAKTHROUGH GROWTH INITIATIVE

November 2021

- \$15M investment
- Adam Schayowitz, Ph.D., MBA, Head, Product Teams, Portfolio & Program Management at Pfizer Oncology joins Scientific Advisory Board
- Right of first access to data

### PFIZER Ignite

August 2023

- Pfizer Ignite is responsible for the clinical execution of 1<sup>st</sup> line mCRC trial (CRDF-004), including development capabilities, scale and expertise
- Cardiff Oncology retains full economic ownership and control of onvansertib

# Cardiff Oncology: Positioned to improve 1<sup>st</sup> line mCRC treatment

First-in-Class PLK1 inhibitor	Robust clinical data in 2L KRAS-mut mCRC	FDA	Pfizer
<ul style="list-style-type: none"> <li>• <b>Onvansertib</b>: first well-tolerated PLK1-selective inhibitor</li> <li>• PLK1 inhibition disrupts tumor growth several ways</li> </ul>	<p>Ph 1b/2</p> <ul style="list-style-type: none"> <li>• <b>73%</b> response rate vs ~<b>25%</b> in SoC</li> <li>• <b>15 month</b> mPFS vs ~<b>8 month</b> in SoC</li> </ul> <p><b>ONSEMBLE</b> data</p>	<ul style="list-style-type: none"> <li>• <b>FDA</b>-agreed path to 1<sup>st</sup> line accelerated approval</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Pfizer</b> is equity investor and has seat on SAB</li> <li>• <b>Pfizer</b> provides clinical execution of 1<sup>st</sup> line trial</li> </ul>

We expect clinical data from our 1<sup>st</sup> line RAS-mutated mCRC trial in H2 2024

March 31, 2024 cash and investments*	\$67.2M
--------------------------------------	---------

Net cash used in Operating Activities* (Rolling two-quarter period ending March 31, 2024)	\$14.9M
--	---------

Runway with current cash extends into Q3 2025

\* Financial information above is derived from our audited financials in Form 10K filed on 2/29/24 and unaudited financials in Form 10Q filed on 5/2/24.



## Appendix

### Additional mCRC Data

# Ph 1b/2 trial's patient demographics reflects 2<sup>nd</sup> line mCRC population

## Enrollment\*

Number of Patients (N)	Phase 1b, Dose Level 0 Onvansertib 12 mg/m <sup>2</sup>	Phase 1b, Dose Level +1 Onvansertib 15 mg/m <sup>2</sup>	Phase 1b, Dose Level +2 Onvansertib 18 mg/m <sup>2</sup>	Phase 2 RP2D Onvansertib 15 mg/m <sup>2</sup>	Total Patients All Doses
Treated	6	6	6	50	68

Total Patients N=68	Median [range] or n (%)
Age (years)	56 [34-83]
Sex	
Male	37 (54%)
Female	31 (46%)
ECOG	
0	36 (53%)
1	32 (47%)
Primary tumor site	
Colon	44 (65%)
Rectum	22 (32%)
Other	2 (3%)

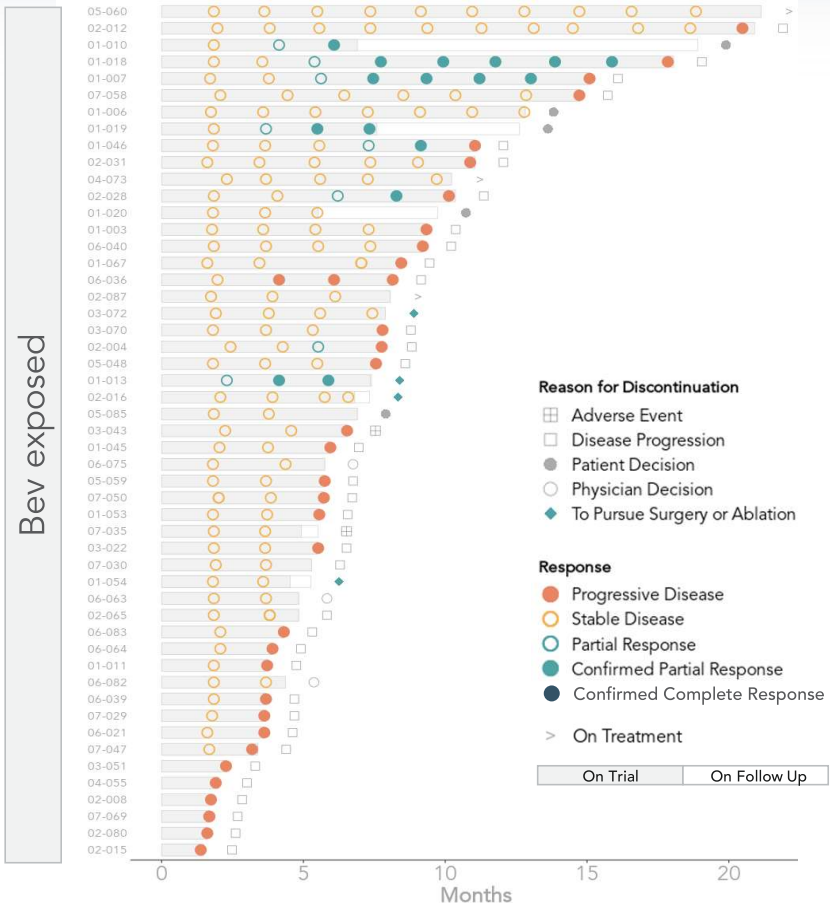
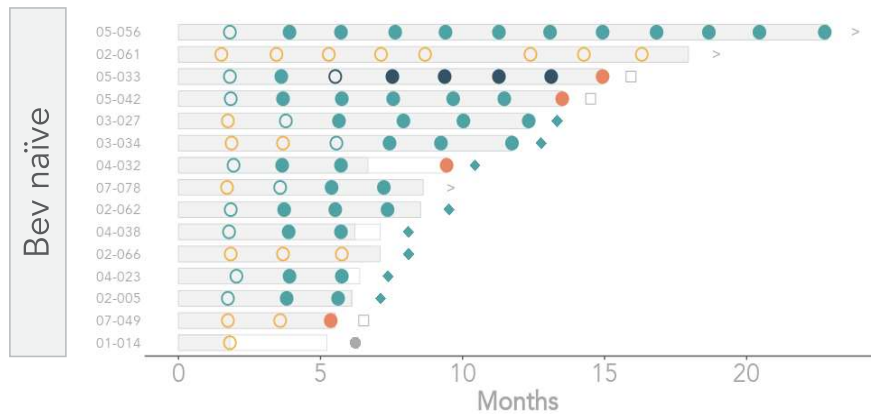
Total Patients N=68	Median n (%)
Liver metastasis	
None	20 (29%)
Liver and other	36 (53%)
Liver only	12 (18%)
Number of metastatic organs	
None	1 (1.5%)
1	4 (6%)
≥2	63 (92.5%)
Prior bevacizumab treatment	
Yes	51 (75%)
No	17 (25%)

\* Data are interim as of June 16, 2023 from an ongoing trial and unlocked database.

# Ph 1b/2 trial bev naïve patients experienced more durable responses

Swimmer plot\* – 66 evaluable patients (as of June 16, 2023)

	All patients	Bev naïve	Bev exposed
Pursued surgery / ablation	18% (12/66)	53% (8/15)	8% (4/51)
Initial PR at 8 week scan	9	8	1
Initial PR at 16+ week scan	10	3	7



\* Swimmer plot / table reflect interim data as of June 16, 2023 from an ongoing trial and unlocked database. After external review of the tumor measurements completed May 12, 2023, it was determined that patients 02-028 and 04-038 were confirmed PRs.

## Ph 1b/2 trial: onvansertib in combination with FOLFIRI-bev is well-tolerated\*

- All treated patients (N=68)
  - All dose levels (12mg/m<sup>2</sup>, 15mg/m<sup>2</sup>, 18mg/m<sup>2</sup>)
- No major / unexpected toxicities are seen as compared to FOLFIRI / bev
- 8 G4 hematologic AEs occurred
  - All resolved without issue through dose holds, including the removal of the 5-FU bolus (as per NCCN Guidelines), and/or growth factor support
  - None of the 8 patients discontinued treatment due to these AEs

TEAE	GR1	GR2	GR3	GR4	TOTAL	TEAE	GR1	GR2	GR3	GR4	TOTAL
Fatigue	24	22	7	0	53 78%	Cough	11	0	0	0	11 16%
Neutropenia	1	18	23	7	49 72%	Pyrexia	8	1	1	0	10 15%
Nausea	29	13	4	0	46 68%	Dyspnea	7	3	0	0	10 15%
Diarrhea	21	13	4	0	38 56%	AST Increase	7	2	1	0	10 15%
Leukopenia	9	14	5	1	29 43%	Lymphocytopenia	2	7	0	0	9 13%
Anemia	22	5	2	0	29 43%	Dyspepsia	9	0	0	0	9 13%
Alopecia	20	5	0	0	25 37%	ALT Increase	8	0	1	0	9 13%
Abdominal Pain	14	8	3	0	25 37%	Hypocalcemia	9	0	0	0	9 13%
Stomatitis	15	6	3	0	24 35%	Insomnia	9	0	0	0	9 13%
Hypertension	4	10	9	0	23 34%	Dehydration	1	5	2	0	8 12%
Thrombocytopenia	17	5	1	0	23 34%	Hypokalemia	6	2	0	0	8 12%
Constipation	17	2	1	0	20 29%	Arthralgia	6	2	0	0	8 12%
Vomiting	11	6	3	0	20 29%	Hand / Foot Syndrome	5	2	0	0	7 10%
Epistaxis	15	0	0	0	15 22%	Hemorrhoids	5	2	0	0	7 10%
Headache	13	0	0	0	13 19%	Non-Cardiac Chest Pain	6	1	0	0	7 10%
Decreased Appetite	4	6	2	0	12 18%	ALP Increase	5	1	1	0	7 10%
Back Pain	10	2	0	0	12 18%						

\* Data consists of all adverse events entered into the EDC as of June 13, 2023, from an ongoing trial and unlocked database. N: number of patients (total N=68); events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; TOTAL shows the absolute # of patients and (%) of the population. COVID, as an AE, is not included as that data is still under review and being tabulated.

# ONSEMBLE’s patient demographics reflect second-line mCRC population

## Enrollment\*

Number of Patients (N)	FOLFIRI and bev	FOLFIRI-bev and Onvansertib - 20mg	FOLFIRI-bev and Onvansertib - 30mg	Total Patients All Doses
Intent to Treat	8	8	7	23
Treated (included in safety evaluable patients)	7	8	7	22
Evaluable for efficacy	6	8	7	21

Total Patients N=22	Median [range] or n (%)
Age (years)	53 [35-81]
Sex	
Male	12 (54%)
Female	10 (46%)
ECOG <sup>1</sup>	
0	9 (41%)
1	12 (55%)

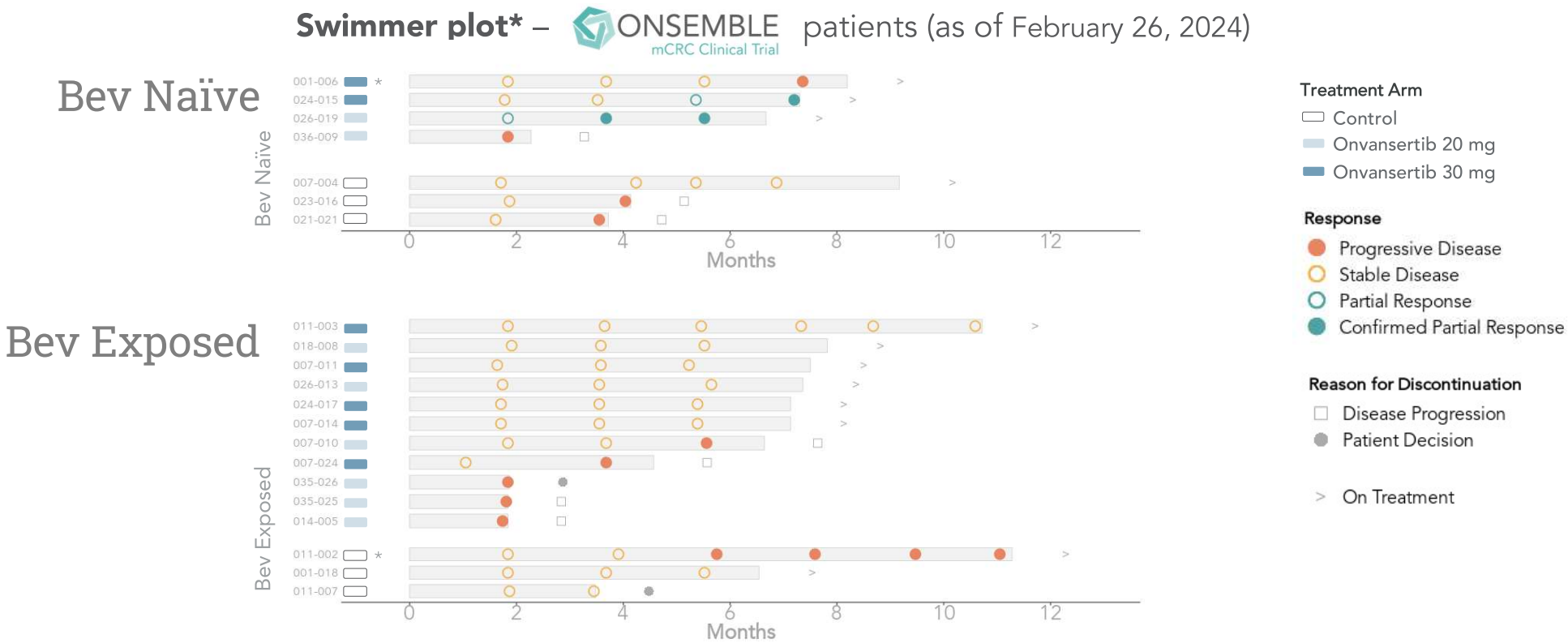
Total Patients N=22	Median n (%)
Liver metastasis	
None	5 (23%)
Liver and other	13 (59%)
Liver only	4 (18%)
Number of metastatic organs	
1	7 (32%)
≥2	15 (68%)
Prior bevacizumab treatment	
Yes	15 (68%)
No	7 (32%)

\* Data are interim as of January 3, 2024 from an ongoing trial and unlocked database. ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were “bev exposed” and randomized to the control arm.

<sup>1</sup> ECOG was not recorded for one patient

50

# ONSEMBLE swimmer plot



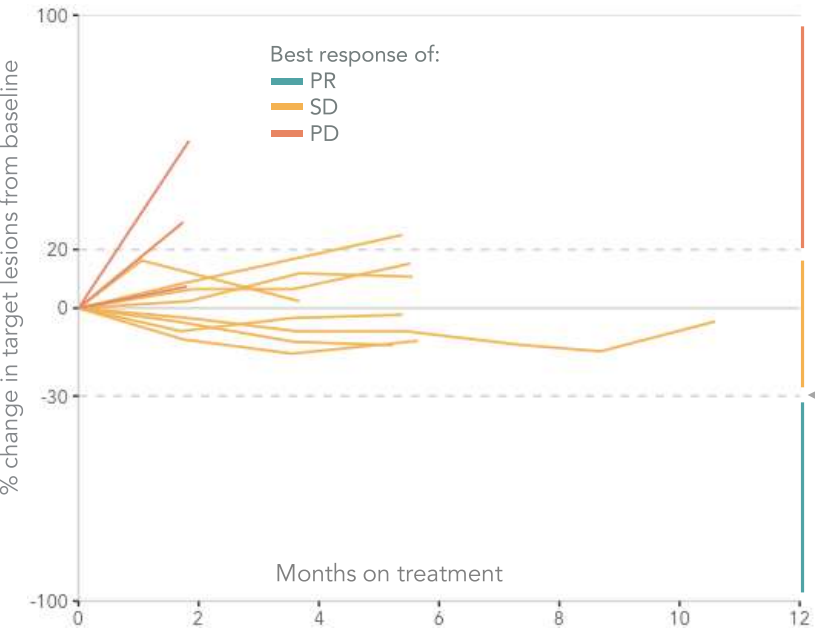
\* Swimmer plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database. Patient 001-006 discontinued onvansertib at their 6-month scan due to a suspicious new lung lesion, which was later biopsy-confirmed as a Valley fever (fungal) infection. Patient 011-002 continues on trial in the control arm despite progressive disease, as the treating physician believes the patient continues to have clinical benefit from second-line standard of care treatment..

51

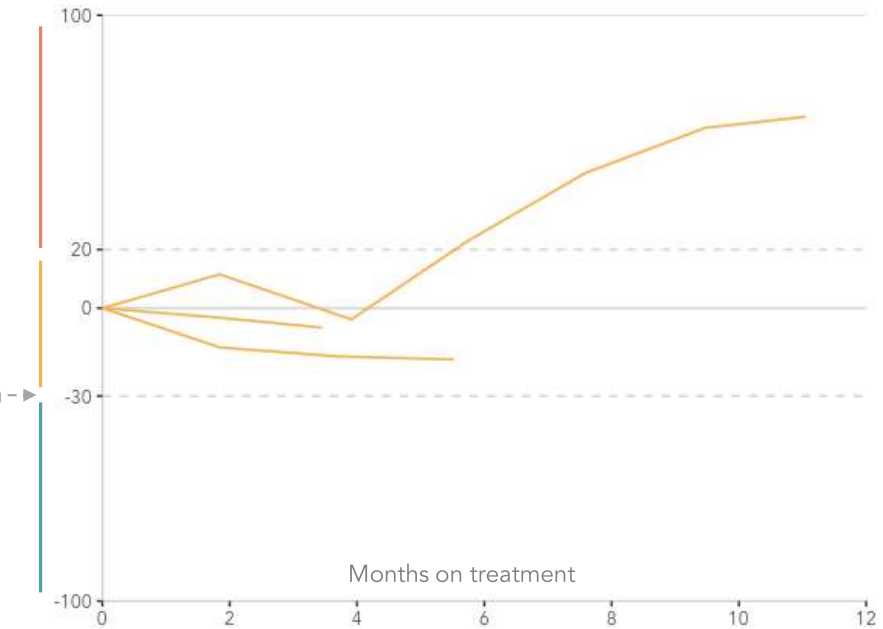
# ONSEMBLE bev exposed patients, with or without onvansertib, showed no responses

**Change in tumor size from baseline\*** –  **ONSEMBLE** bev exposed patients (as of February 26, 2024)

Bev exposed: onvansertib + FOLFIRI/bev arm



Bev exposed: FOLFIRI/bev (control) arm



\* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database

# ONSEMBLE Control Arm: Treatment Emergent Adverse Effects (TEAEs)

## Control arm

(N=7)

Patients received FOLFIRI+bev

No major/unexpected toxicity seen

N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Any Adverse Events	6 ( 85.7)	6 ( 85.7)	3 ( 42.9)	0 ( 0.0)	6 ( 85.7)
Diarrhea	3 ( 42.9)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	4 ( 57.1)
Nausea	2 ( 28.6)	1 ( 14.3)	1 ( 14.3)	0 ( 0.0)	4 ( 57.1)
Fatigue	3 ( 42.9)	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	4 ( 57.1)
Neutropenia	0 ( 0.0)	3 ( 42.9)	0 ( 0.0)	0 ( 0.0)	3 ( 42.9)
Stomatitis	1 ( 14.3)	1 ( 14.3)	1 ( 14.3)	0 ( 0.0)	3 ( 42.9)
Vomiting	1 ( 14.3)	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	2 ( 28.6)
Alopecia	1 ( 14.3)	2 ( 28.6)	0 ( 0.0)	0 ( 0.0)	3 ( 42.9)
Constipation	2 ( 28.6)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	3 ( 42.9)
Decreased appetite	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)
Insomnia	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Hypokalaemia	1 ( 14.3)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)
Anaemia	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Cough	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Dysgeusia	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)
Dyspepsia	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Hypertension	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	1 ( 14.3)
Lymphopenia	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Pyrexia	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)

\* Data consists of all adverse events entered into the EDC as of January 3, 2024, from an ongoing trial and unlocked database. N: number of patients; events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; Columns show the absolute # of patients and (%) of the population.

# ONSEMBLE onvansertib 30mg Arm TEAEs: Onvansertib in combination with FOLFIRI+bev is well-tolerated

## Experimental arm

Onv 30mg (N=7)

Patients received FOLFIRI+bev  
+30 mg dose of onvansertib

No major/unexpected toxicity seen

N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Any Adverse Events	7 (100.0)	7 (100.0)	4 ( 57.1)	0 ( 0.0)	7 (100.0)
Diarrhea	1 ( 14.3)	1 ( 14.3)	2 ( 28.6)	0 ( 0.0)	4 ( 57.1)
Nausea	2 ( 28.6)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	3 ( 42.9)
Fatigue	3 ( 42.9)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	4 ( 57.1)
Neutropenia	0 ( 0.0)	1 ( 14.3)	2 ( 28.6)	0 ( 0.0)	3 ( 42.9)
Stomatitis	2 ( 28.6)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	3 ( 42.9)
Vomiting	2 ( 28.6)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)
Alopecia	1 ( 14.3)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)
Constipation	1 ( 14.3)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)
Decreased appetite	0 ( 0.0)	2 ( 28.6)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)
Insomnia	3 ( 42.9)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	3 ( 42.9)
Hypokalaemia	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)
Anaemia	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Cough	2 ( 28.6)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)
Dysgeusia	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Dyspepsia	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)
Hypertension	0 ( 0.0)	1 ( 14.3)	1 ( 14.3)	0 ( 0.0)	2 ( 28.6)
Lymphopenia	2 ( 28.6)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)
Pyrexia	0 ( 0.0)	0 ( 0.0)	1 ( 14.3)	0 ( 0.0)	1 ( 14.3)
Thrombocytopenia	0 ( 0.0)	2 ( 28.6)	0 ( 0.0)	0 ( 0.0)	2 ( 28.6)

\* Data consists of all adverse events entered into the EDC as of January 3, 2024, from an ongoing trial and unlocked database. N: number of patients; events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; Columns show the absolute # of patients and (%) of the population.

# Onvansertib 20mg Arm TEAEs: Onvansertib in combination with FOLFIRI+bev is well-tolerated

## Experimental arm

Onv 20mg (N=8)

Patients received FOLFIRI+bev  
+20 mg dose of onvansertib

No major/unexpected toxicity seen

2 Grade 4 TEAEs of neutropenia  
seen in patients (008 and 019)  
receiving 20mg onvansertib+SoC

- Both patients recovered after  
delaying their next cycle of  
treatment for 7 and 10 days,  
respectively
- Both patients are still on-trial

N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Any Adverse Events	8 (100.0)	7 ( 87.5)	2 ( 25.0)	2 ( 25.0)	8 (100.0)
Diarrhea	4 ( 50.0)	3 ( 37.5)	0 ( 0.0)	0 ( 0.0)	7 ( 87.5)
Nausea	3 ( 37.5)	3 ( 37.5)	0 ( 0.0)	0 ( 0.0)	6 ( 75.0)
Fatigue	2 ( 25.0)	0 ( 0.0)	1 ( 12.5)	0 ( 0.0)	3 ( 37.5)
Neutropenia	1 ( 12.5)	0 ( 0.0)	1 ( 12.5)	2 ( 25.0)	3 ( 37.5)
Stomatitis	1 ( 12.5)	1 ( 12.5)	0 ( 0.0)	0 ( 0.0)	2 ( 25.0)
Vomiting	2 ( 25.0)	2 ( 25.0)	0 ( 0.0)	0 ( 0.0)	4 ( 50.0)
Alopecia	2 ( 25.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	2 ( 25.0)
Constipation	1 ( 12.5)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	1 ( 12.5)
Decreased appetite	2 ( 25.0)	2 ( 25.0)	0 ( 0.0)	0 ( 0.0)	4 ( 50.0)
Insomnia	1 ( 12.5)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	1 ( 12.5)
Hypokalaemia	1 ( 12.5)	0 ( 0.0)	1 ( 12.5)	0 ( 0.0)	2 ( 25.0)
Anaemia	1 ( 12.5)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	1 ( 12.5)
Cough	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)
Dysgeusia	2 ( 25.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	2 ( 25.0)
Dyspepsia	0 ( 0.0)	1 ( 12.5)	0 ( 0.0)	0 ( 0.0)	1 ( 12.5)
Hypertension	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)
Lymphopenia	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)
Pyrexia	1 ( 12.5)	0 ( 0.0)	0 ( 0.0)	0 ( 0.0)	1 ( 12.5)
Thrombocytopenia	0 ( 0.0)	1 ( 12.5)	0 ( 0.0)	0 ( 0.0)	1 ( 12.5)

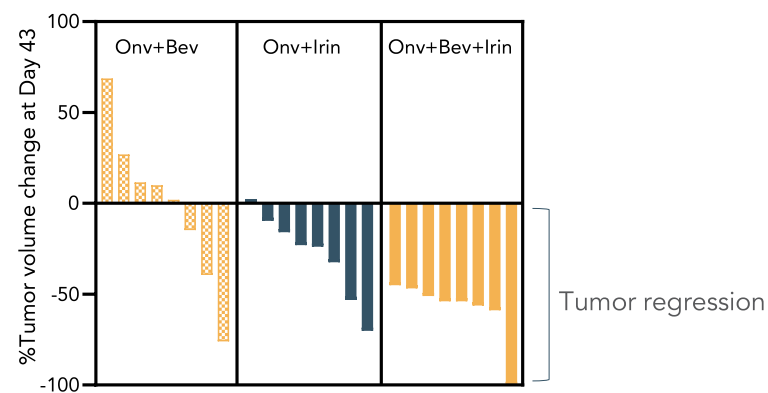
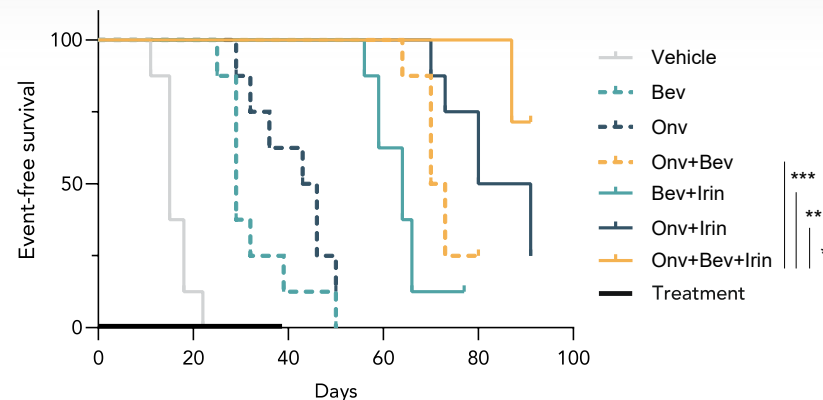
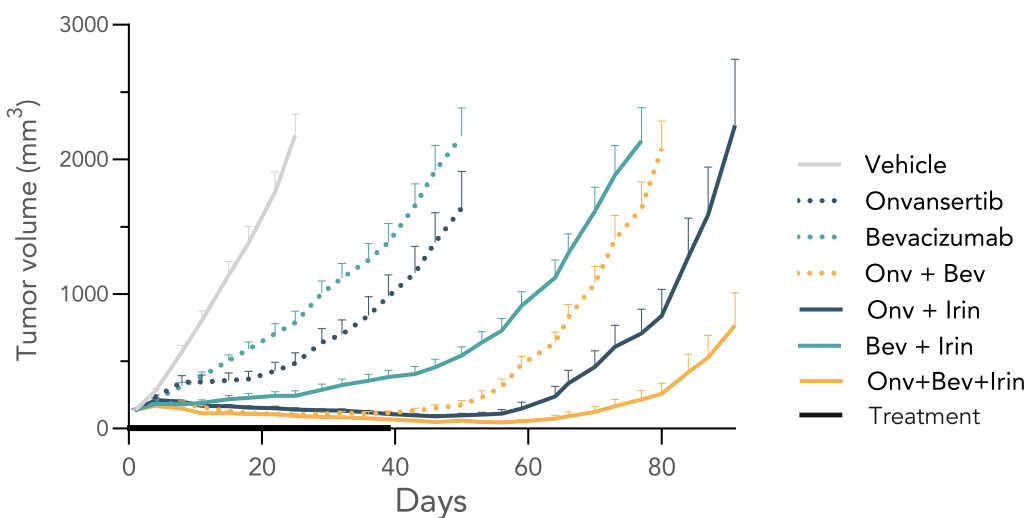
\* Data consists of all adverse events entered into the EDC as of January 3, 2024, from an ongoing trial and unlocked database. N: number of patients; events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; Columns show the absolute # of patients and (%) of the population.

# The combination of onvansertib, bevacizumab and irinotecan showed greater potency than each individual or doublet therapy

The combination of onvansertib, bevacizumab and irinotecan was potent in the HCT116 xenograft model, resulting in:

- tumor regression in all treated mice (8/8), including 1 CR
- prolonged event-free survival

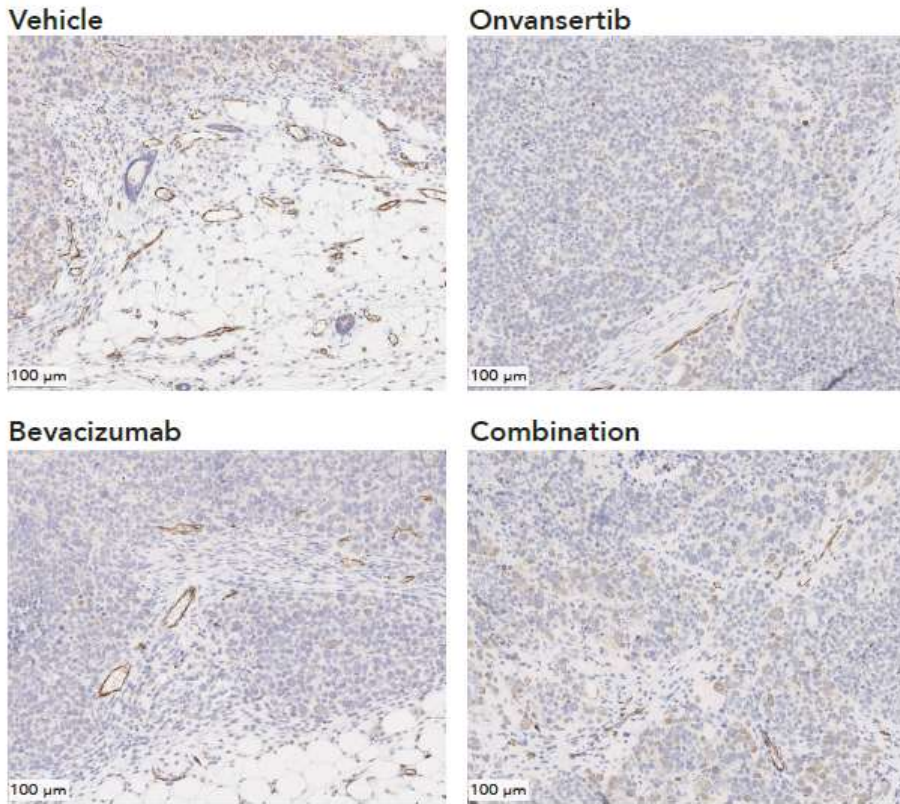
At the end of the study (Day 91), 6 of the 8 mice treated with the triplet combination had tumors  $<1000\text{mm}^3$



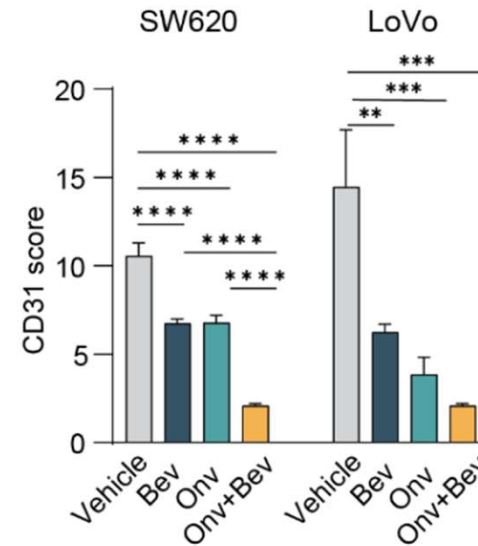
HCT116 xenografts were treated with the indicated drugs for 39 days and tumor volumes were measured (8mice/group, mean + SEM are represented on graph). Kaplan-Meier survival curve for event-free survival (time to reach tumor volume  $1000\text{mm}^3$ ) was calculated. Log-rank Mantel Cox test was used for survival analyses, \* $p<0.05$ , \*\* $p<0.01$ , \*\*\* $p<0.001$ .

# The combination of onvansertib and bev reduces tumor vascularization

CD31



- Vascularization was quantified using the endothelial marker CD31
- Onvansertib and bev monotherapies reduced tumor vascularization
- The combination treatment of onvansertib and bev resulted in further decrease in vascularization



SW620 xenograft model is shown. CD31 scoring: for each sample 5 fields of view at 100 μm magnification were randomly selected in the tumor area. CD31 positive vessels were manually counted in these fields. Mean score ± SEM for each treatment group (n=6/group) are plotted. One-way ANOVA was used to test differences between treatment arms. \*p<0.05, \*\*p<0.01, \*\*\*p<0.001, \*\*\*\*p<0.0001

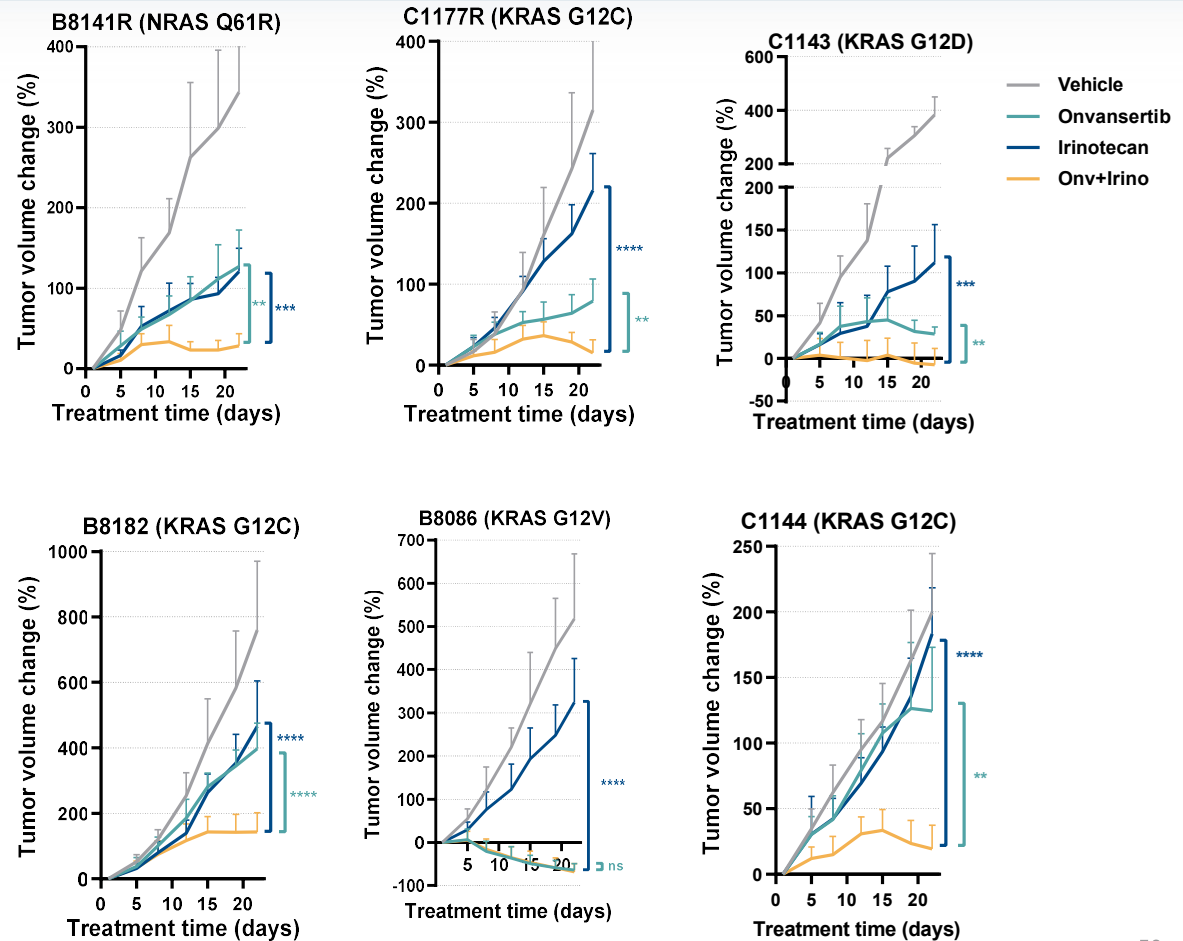
# Onvansertib in combination with irinotecan in RAS-mutant CRC PDXs

The combination of onvansertib and irinotecan showed anti-tumor activity in 6 RAS-mutated PDX models with either acquired or intrinsic resistance to irinotecan.

The combination showed significant increased anti-tumor activity compared to onvansertib single agent in 5 of the 6 models.

These data support that onvansertib + irinotecan is an active combination in RAS-mutated PDX models and that Onvansertib can sensitize tumors to irinotecan.

In collaboration with Dr. Kopetz (MD Anderson)



Dosing schedule: onvansertib 60 mg/kg daily; irinotecan 40mg/kg weekly, for up to 21 days. Mean + SD are represented. Unpaired t-test, \*\*p<0.01, \*\*\*p<0.001, \*\*\*\*p<0.0001

# Onvansertib in combination with FOLFOX in RAS-mutant CRC PDXs

The chemotherapeutics oxaliplatin+5FU had no or modest activity in the 6 RAS-mutant PDX models tested.

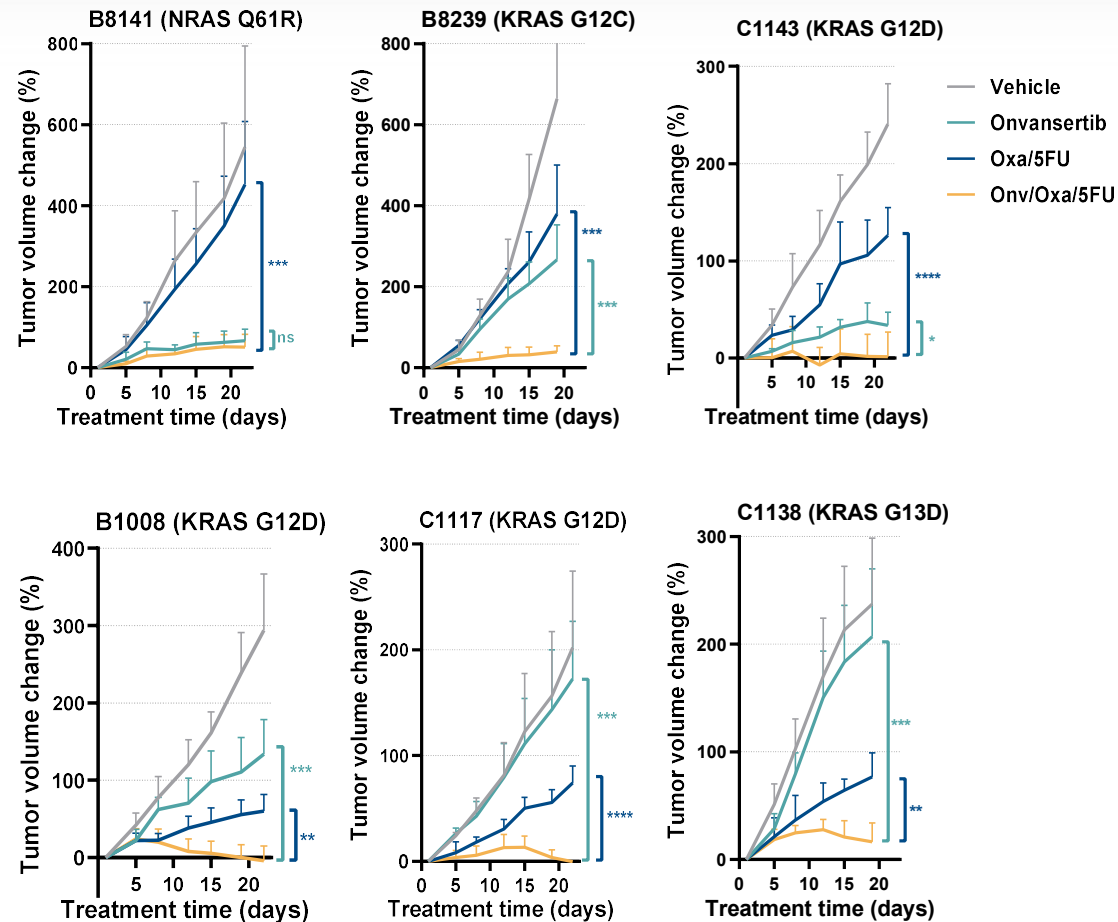
Conversely, the combination of onvansertib with oxaliplatin+5FU was efficacious in all 6 models, resulting in tumor stasis or tumor regression.

In 5 of the 6 models, the combination had significantly superior activity than the single agent treatments.

These data support the efficacy of onvansertib in combination with oxaliplatin+5FU in RAS-mutant CRC PDXs resistant or partially sensitive to oxaliplatin+5FU.

In collaboration with Dr. Kopetz (MD Anderson)

Dosing schedule: onvansertib 45 mg/kg daily; oxaliplatin 10mg/kg weekly; 5-FU 25mg/kg 5times/week for up to 21days. Mean + SD are represented. Unpaired t-test, \*p<0.05, \*\*p<0.01, \*\*\*p<0.001, \*\*\*\*p<0.0001





## Appendix: Metastatic Pancreatic Adenocarcinoma (mPDAC)

Data from two mPDAC trials provides a path forward in 1<sup>st</sup> line setting

**mPDAC**  
**CRDF-001 Ph 2 Second-Line Trial**

- Combination with Nal-irinotecan/leucovorin/5-FU

**mPDAC**  
**Biomarker Discovery Trial (IIT)**

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



**Path forward: Move to 1<sup>st</sup> line mPDAC**

- New IIT combining onvansertib with SoC (Gemzar/Abraxane)

## Data from two mPDAC trials provides a path forward in 1<sup>st</sup> line setting

### **mPDAC CRDF-001 Ph 2 Second-Line Trial**

- Combination with Nal-irinotecan/leucovorin/5-FU

### **mPDAC Biomarker Discovery Trial (IIT)**

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



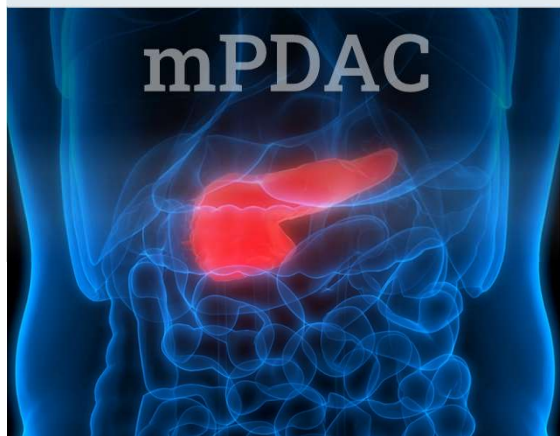
### **Path forward: Move to 1<sup>st</sup> line mPDAC**

- New IIT combining onvansertib with SoC (Gemzar/Abraxane)

# CRDF-001 mPDAC 2<sup>nd</sup> line Ph2 trial combines onvansertib with SoC

## ENROLLMENT CRITERIA

2<sup>nd</sup> line refractory patients  
Measurable tumor by  
RECIST 1.1



## OBJECTIVE

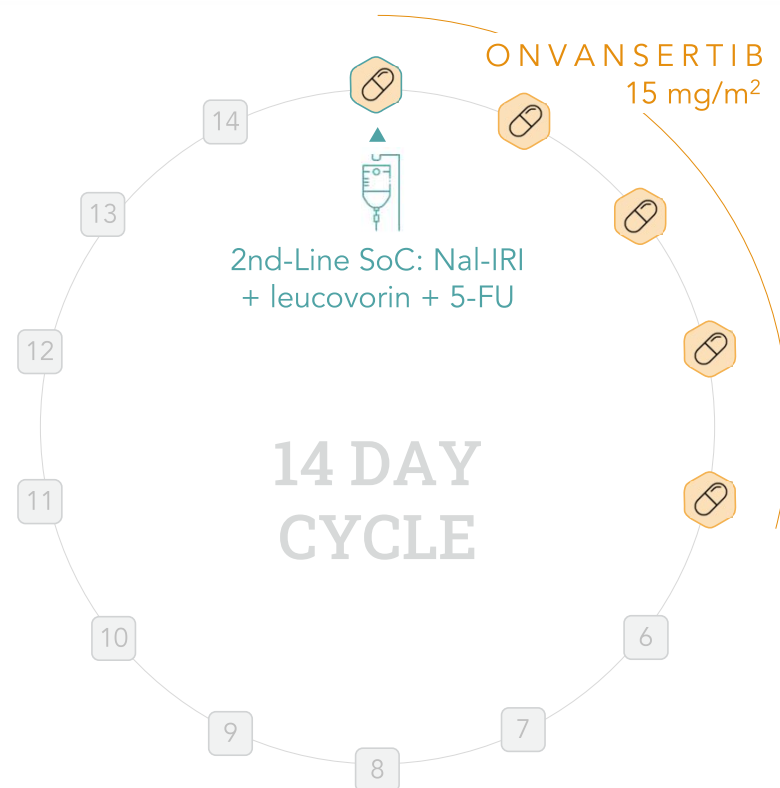
To determine the efficacy  
and safety of onvansertib  
when added to standard  
of care

## PRIMARY ENDPOINT

ORR (RECIST 1.1)

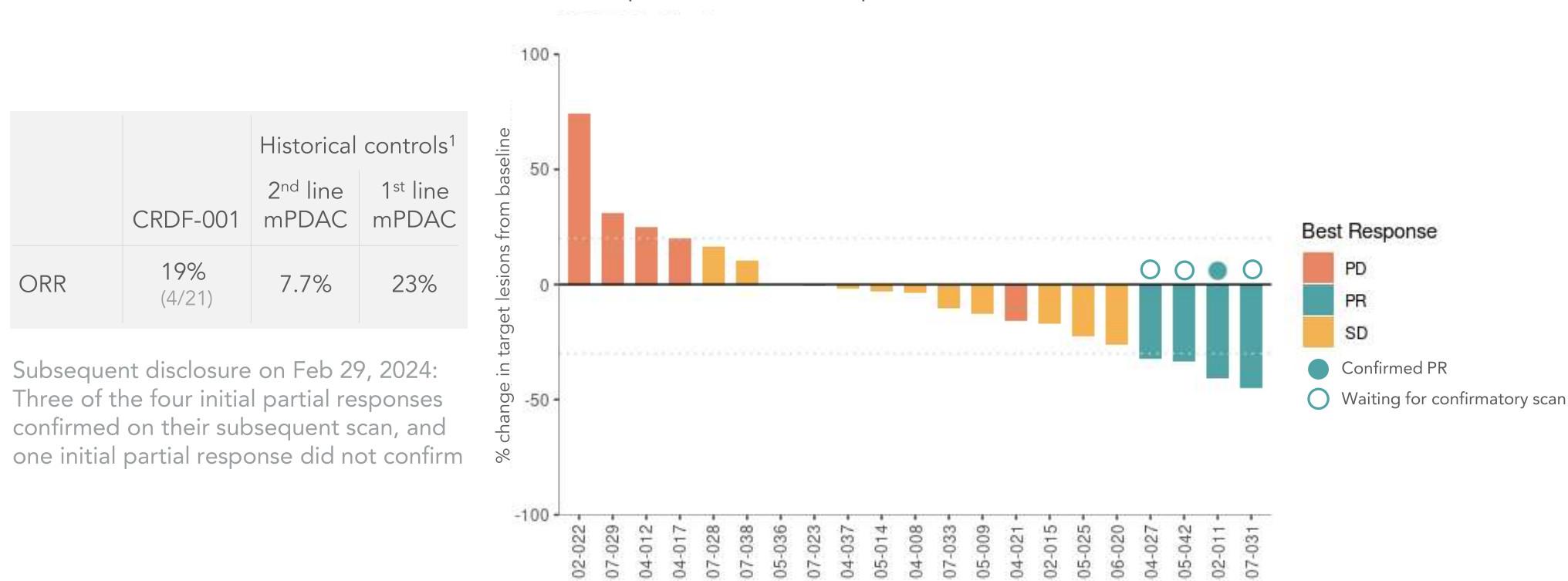
## SECONDARY ENDPOINT

Disease Control Rate (DCR)



# Onvansertib+SoC has higher efficacy than 2<sup>nd</sup> line historical controls

## Best Radiographic Response – 21 evaluable patients (as of September 13, 2023)\*

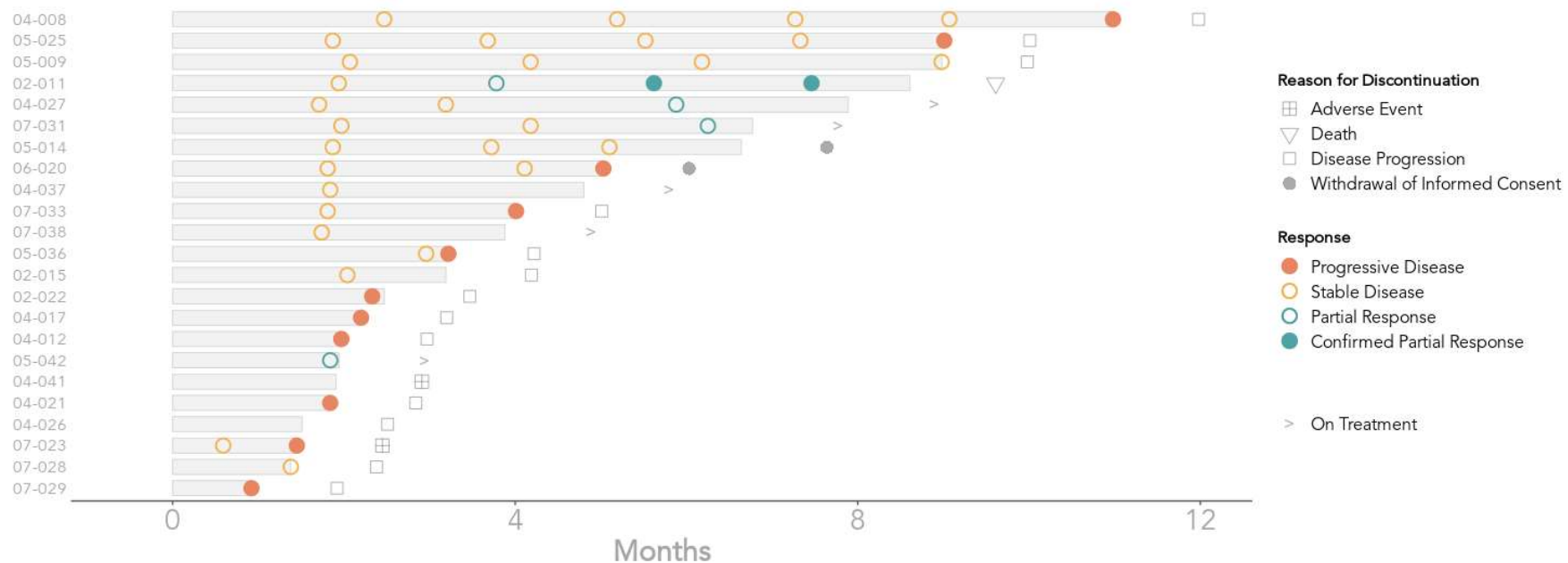


\* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of September 13, 2023 from an ongoing trial and unlocked database. For ORR analysis, there are two patients excluded (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

1. FDA insert for Onivyde (Nal-IRI): [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2015/207793lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/207793lbl.pdf); 387: 545–57. Von Hoff et al., N Engl J Med 2013; 369:1691-703.

# Stable disease patients have converted to partial responses over time

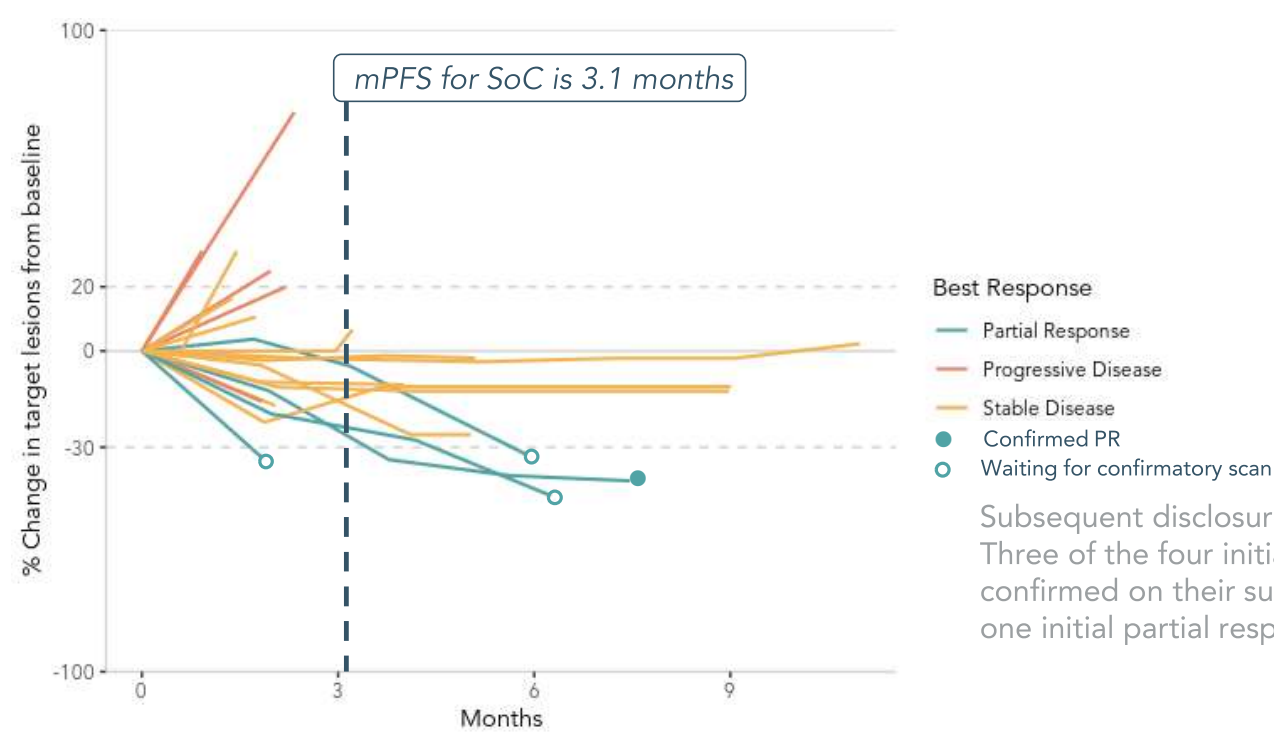
## Swimmer plot – 23 evaluable patients (as of September 13, 2023)\*



\* Swimmer plot reflects interim data as of September 13, 2023 from an ongoing trial and unlocked database. For the swimmer plot, there are two patients included (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

# Patient responses to onvansertib+SoC can deepen over time

**Spider plot** – 21 evaluable patients (as of September 13, 2023)\*

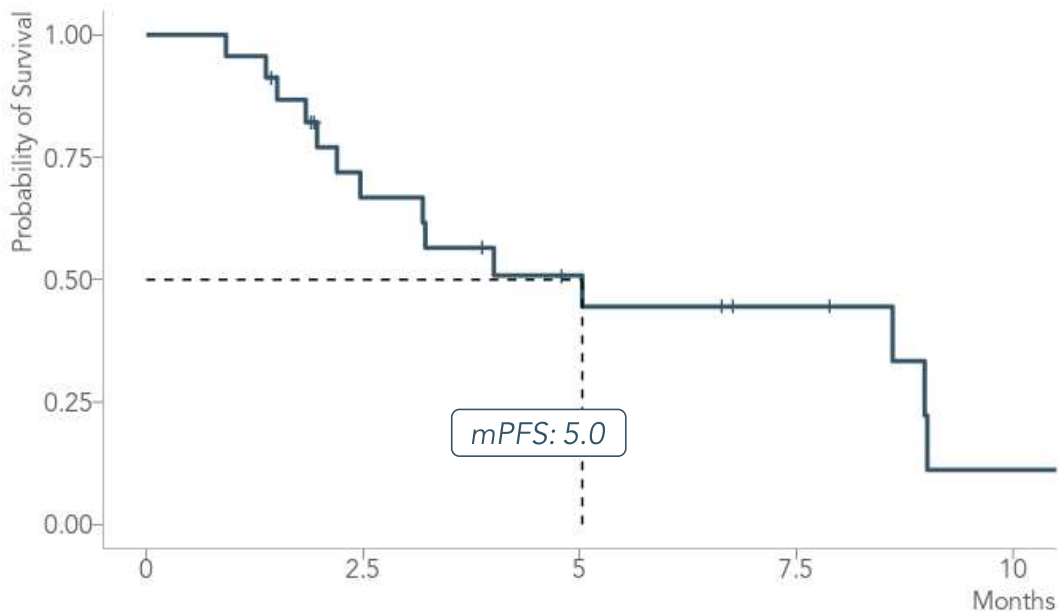


\* Spider plot reflect interim data as of September 13, 2023 from an ongoing trial and unlocked database. For ORR analysis, there are two patients excluded (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

# Onvansertib+SoC has longer median PFS than 2<sup>nd</sup> line historical controls

**Progression-free survival** – 23 evaluable patients (as of September 13, 2023)\*

	CRDF-001	Historical controls <sup>1</sup>	
		2 <sup>nd</sup> line mPDAC	1 <sup>st</sup> line mPDAC
mPFS	5.0 mos	3.1 mos	5.5 mos
16 week progression-free <sup>2</sup>	56%	Not available	48%



\* Onvansertib mPFS are interim data as of September 13, 2023 from an ongoing trial and unlocked database. For PFS analysis, there are two patients included (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

1. FDA insert for Onivyde (Nal-IRI): [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2015/207793lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/207793lbl.pdf); 387: 545–57. Von Hoff et al., N Engl J Med 2013; 369:1691-703.

2. Probability of being progression-free at 16 weeks using KM survival analysis. Data not available for 2nd line

## Data from two mPDAC trials provides a path forward in 1<sup>st</sup> line setting

### **mPDAC CRDF-001 Ph 2 Second-Line Trial**

- Combination with Nal-irinotecan/leucovorin/5-FU

### **mPDAC Biomarker Discovery Trial (IIT)**

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



### **Path forward: Move to 1<sup>st</sup> line mPDAC**

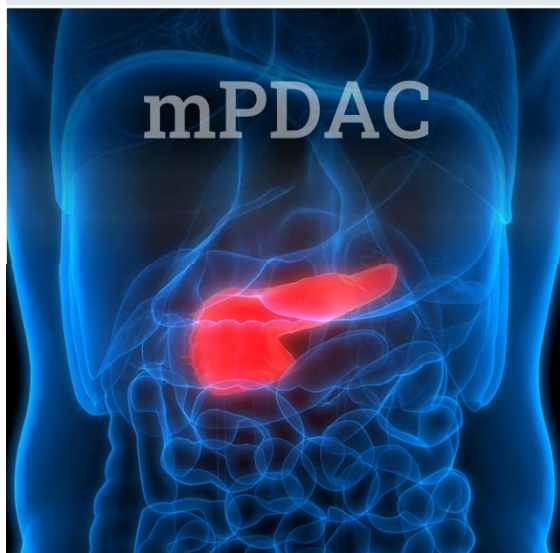
- New IIT combining onvansertib with SoC (Gemzar/Abraxane)

# mPDAC Biomarker Discovery trial evaluates onvansertib monotherapy

Investigator-initiated trial at OHSU Knight Cancer Institute

## ENROLLMENT CRITERIA

Patients with metastatic pancreatic cancer (any line)



## OBJECTIVES

### Responsive biomarkers

- To demonstrate pancreatic tumor response to onvansertib monotherapy by measuring Ki67 and CA 19-9

### Predictive biomarkers

- Use multi-omic analyses to identify predictive biomarkers of pancreatic tumor response to onvansertib

## ONVANSERTIB MONOTHERAPY

(12mg/m<sup>2</sup> QD, 10 days)

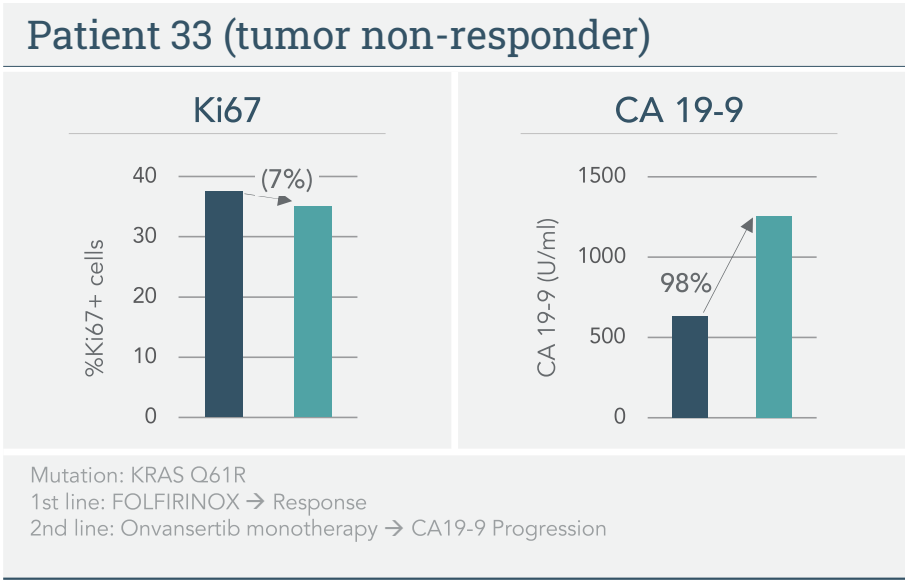
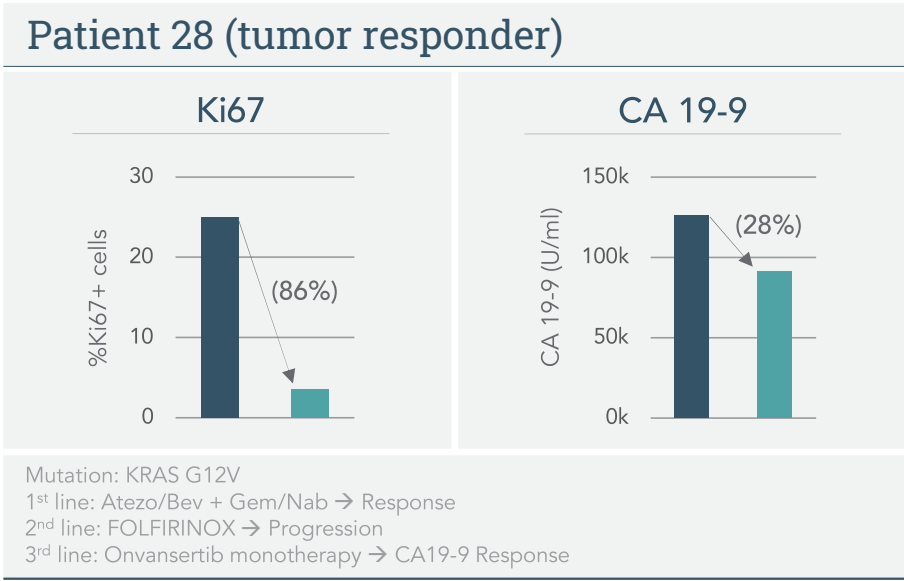


Obtain biopsies / bloodwork before and after 10 days of onvansertib monotherapy to conduct extensive multi-omic analyses

# Onvansertib monotherapy decreased tumor proliferation and CA19-9

## Biomarker Discovery Trial: Biomarker Response\* – 2 patients (as of September 13, 2023)

- Ki67 is a well-established marker of tumor proliferation
- CA 19-9 is a clinically-used biomarker to monitor treatment response



■ Pre-treatment    ■ Post-treatment

\* Patient 28 and patient 33 had liver metastases and biopsies were taken pre- and post-onvansertib monotherapy treatment for ten days.

## Data from two mPDAC trials provides a path forward in 1<sup>st</sup> line setting

### mPDAC CRDF-001 Ph 2 Second-Line Trial

- Combination with Nal-irinotecan/leucovorin/5-FU

### mPDAC Biomarker Discovery Trial (IIT)

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



### **Path forward: Move to 1<sup>st</sup> line mPDAC**

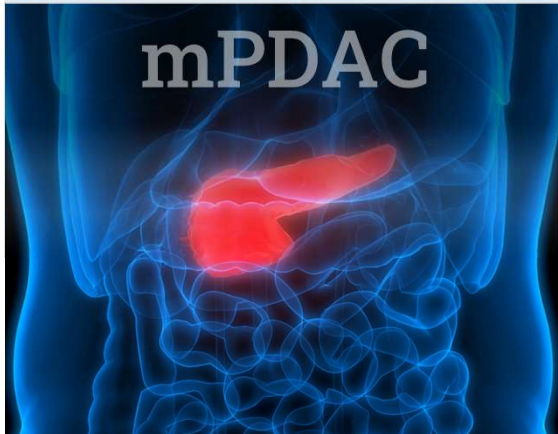
- New IIT combining onvansertib with SoC (Gemzar/Abraxane)

# Proposed mPDAC 1<sup>st</sup> line Ph2 trial combines onvansertib with SoC

Proposed investigator-initiated trial with the OHSU Knight Cancer Institute

## ENROLLMENT CRITERIA

First-line patients  
Unresectable  
Locally advanced or  
metastatic



## TWO LEAD-IN COHORTS

Cohort 1

- 10-day lead-in with onvansertib monotherapy (30mg po daily)

Cohort 2

- No lead-in therapy

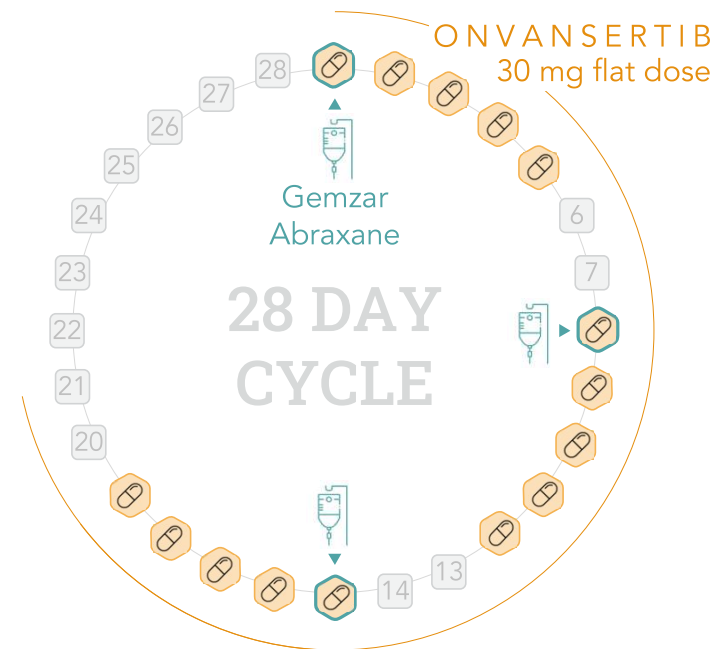
## PRIMARY ENDPOINT

ORR, DCR at 16 weeks

## SECONDARY ENDPOINTS

DoR, PFS, Safety

## SUBSEQUENT CHEMO + ONVANSERTIB TREATMENT\*



\* If a DLT occurs at dose level 1; then omit day 8 chemo only, and continue with onvansertib 30mg dose; but if toxicity persists at day 15, then decrease onvansertib dose to 20mg daily



## Appendix: Investigator-Initiated Trial Small Cell Lung Cancer (SCLC)

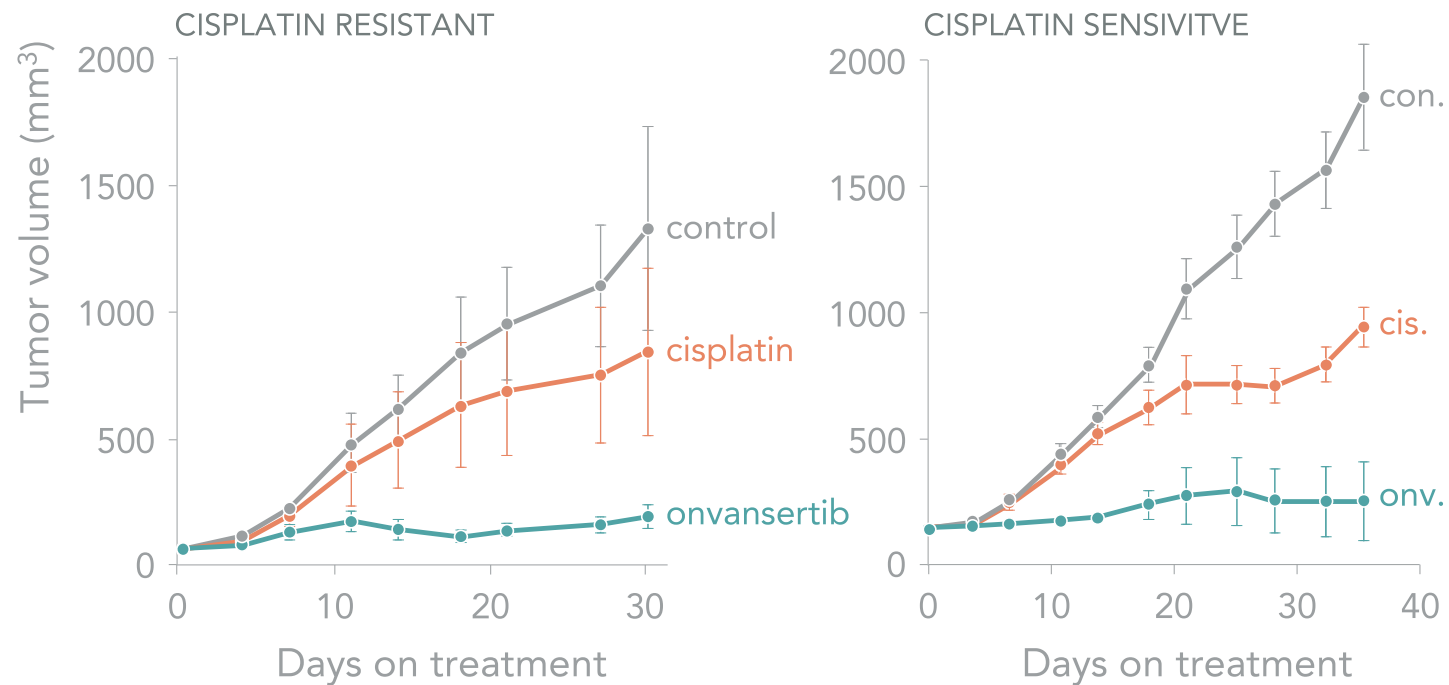
# Onvansertib demonstrates single-agent activity in SCLC

## TRIAL RATIONALE

Onvansertib monotherapy showed significant tumor growth inhibition against platinum-sensitive and -resistant models



## *In vivo* efficacy of onvansertib monotherapy (SCLC xenografts)\*



\* Mice were implanted with SCLC PDX and treated with vehicle, cisplatin 3mg/kg IP weekly, or onvansertib oral 60mg/kg 10 ON / 4 OFF

# Trial design for onvansertib monotherapy in extensive stage SCLC

## ENROLLMENT CRITERIA

Relapsed who have received  $\leq 2$  prior therapies

Single-arm trial  
Stage 1: N=15  
Stage 2: N=20



## OBJECTIVE

To determine the efficacy and safety of onvansertib monotherapy

## PRIMARY ENDPOINT

ORR (RECIST 1.1)

## SECONDARY ENDPOINTS

Progression-Free Survival (PFS)  
Overall Survival (OS)



Additional preliminary data for the small cell lung cancer investigator-initiated trial are available in our [investor presentation](#) filed on Form 8-K on September 26, 2023 (page 22 – 26).

# Preliminary safety and efficacy for onvansertib monotherapy in SCLC

## ENROLLMENT CRITERIA

Relapsed who have received  $\leq 2$  prior therapies

Single-arm trial  
Stage 1: N=15  
Stage 2: N=20



## PRELIMINARY SAFETY (N=6)

IRB reviewed safety data for the first 6 patients. Post IRB review, the trial continues to enroll with no conditions.

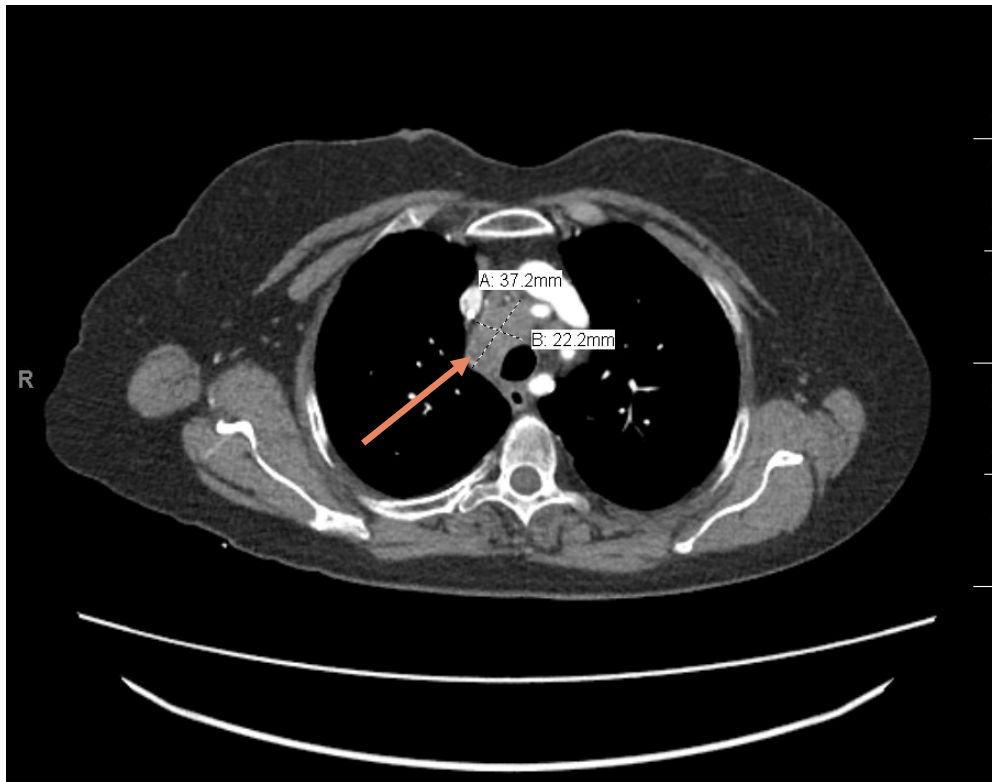
## PRELIMINARY EFFICACY (N=7)

Best response	PR	SD	PD
# of patients	1 (confirmed)	3	3

Disease control rate = 57% (4/7)

## Radiographic scans for patient with a confirmed PR in SCLC IIT

Baseline Scan



Restaging after Cycle 2





Appendix:  
Investigator-Initiated Trial  
Triple Negative Breast Cancer (TNBC)

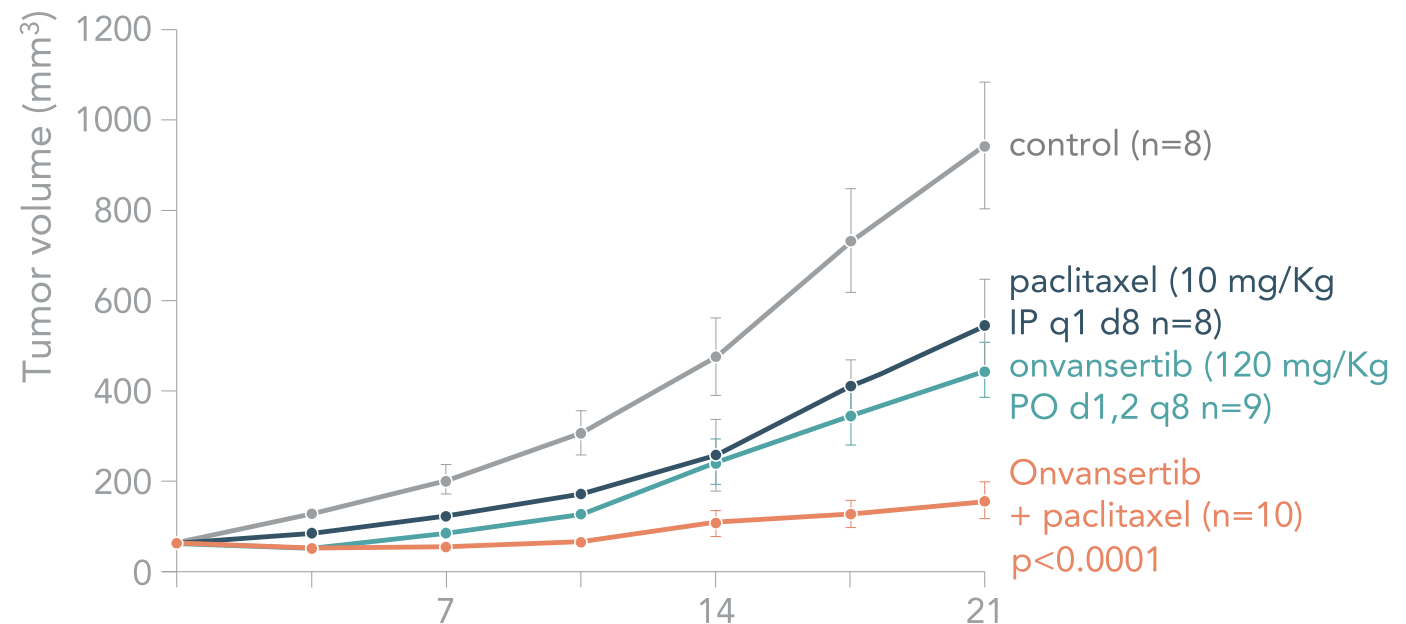
# Preclinical: Onvansertib + paclitaxel is superior to single agent therapy

## TRIAL RATIONALE

The combination of onvansertib + paclitaxel showed significant synergy

TNBC

*In vivo* efficacy of onvansertib in combination with paclitaxel  
Tp53-Mutant SUM159 xenografts\*



\* SUM159 cells were implanted in the mammary fat pad of NOD-scid-IL2 receptor gamma null female mice, and treatments began as follows when tumor volume reached 40 mm<sup>3</sup>: vehicle, onvansertib oral (PO) twice per week (days 1-2), paclitaxel intraperitoneally (IP) weekly (day 1), or the combination.

# This is the first trial to explore onvansertib + paclitaxel combination

## ENROLLMENT CRITERIA

Metastatic TNBC relapsed or progressed

Single arm trial  
Ph 1b: N=14–16  
Ph 2: N=34



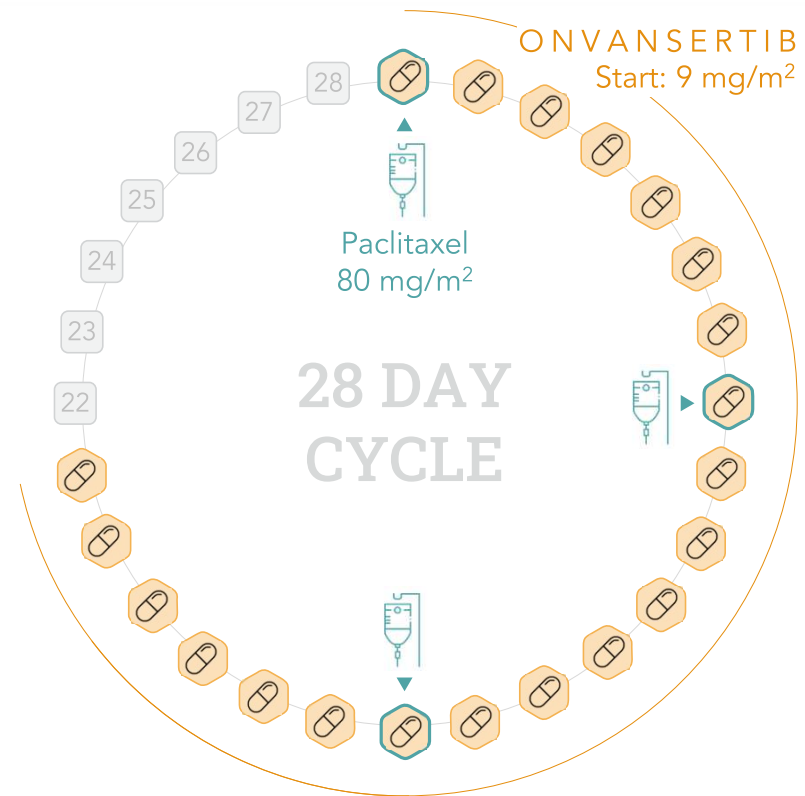
## PRIMARY ENDPOINTS

**Phase 1b**  
Safety, characterization of DLTs  
Determination of RP2D

**Phase 2**  
ORR (RECIST 1.1)

## ONVANSERTIB DOSING

Starting: 9 mg/m<sup>2</sup>  
Escalation: 12 mg/m<sup>2</sup>, 18 mg/m<sup>2</sup>  
De-escalation: 6 mg/m<sup>2</sup>

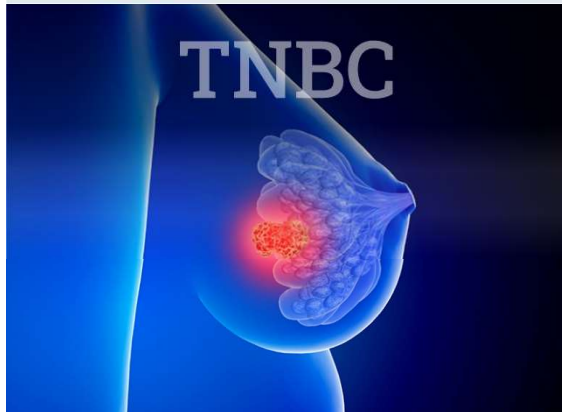


# This is the first trial to explore onvansertib + paclitaxel combination

## ENROLLMENT CRITERIA

Metastatic TNBC relapsed or progressed

Single arm trial  
Ph 1b: N=14–16  
Ph 2: N=34



## PRIMARY ENDPOINTS

Phase 1b  
Safety, characterization of DLTs  
Determination of RP2D

Phase 2  
ORR (RECIST 1.1)

## SECONDARY ENDPOINT

Phase 2  
Progression-Free Survival (PFS)

