Company Overview
The Onvansertib Opportunity

NOVEMBER 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 1st line RAS-mut mCRC treatment

First-in-Class PLK1 inhibitor	Robust clinical data in 2L KRAS-mut mCRC	FDA	Pfizer
• **Onvansertib**: first well-tolerated PLK1-selective inhibitor • PLK1 inhibition disrupts tumor growth several ways	Ph 1b/2 data • **73%** response rate vs **~25%** in SoC • **15 month** progression free survival vs **~8 month** in SoC ONSEMBLE **validates** strong data signal	• **FDA**-agreed path to 1st line RAS-mut mCRC accelerated approval	• **Pfizer** is equity investor and has seat on SAB • **Pfizer** provides clinical execution of 1st line trial

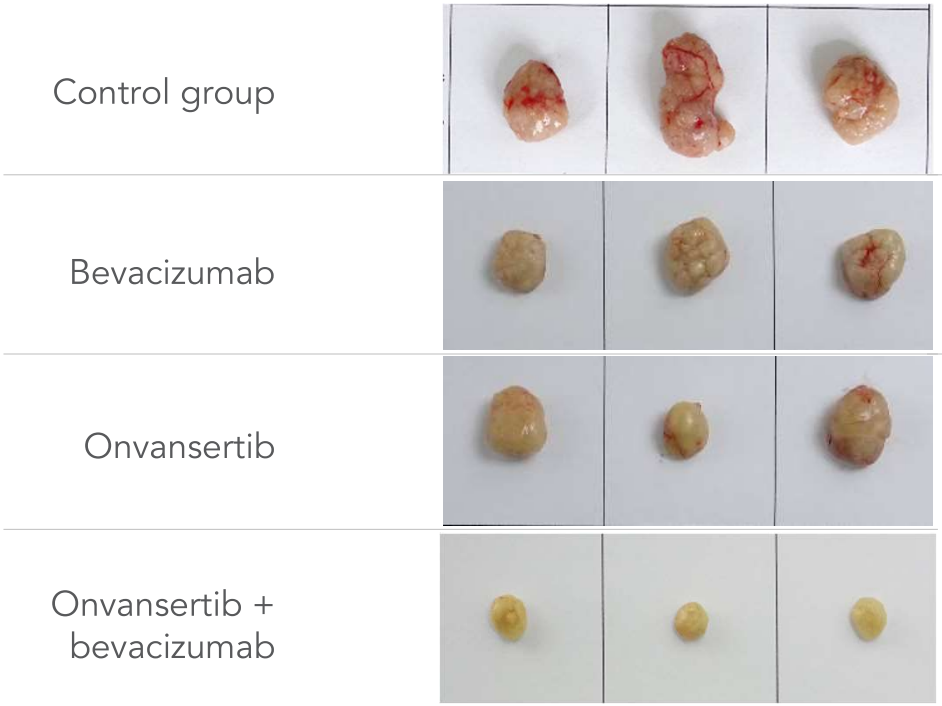
We expect initial clinical data from our 1st line RAS-mutated mCRC trial in Q4 2024

Runway with current cash extends into Q1 2026

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



- Roche drug Avastin®
- 8th largest global drug in 2019
  - $7.1B sales

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

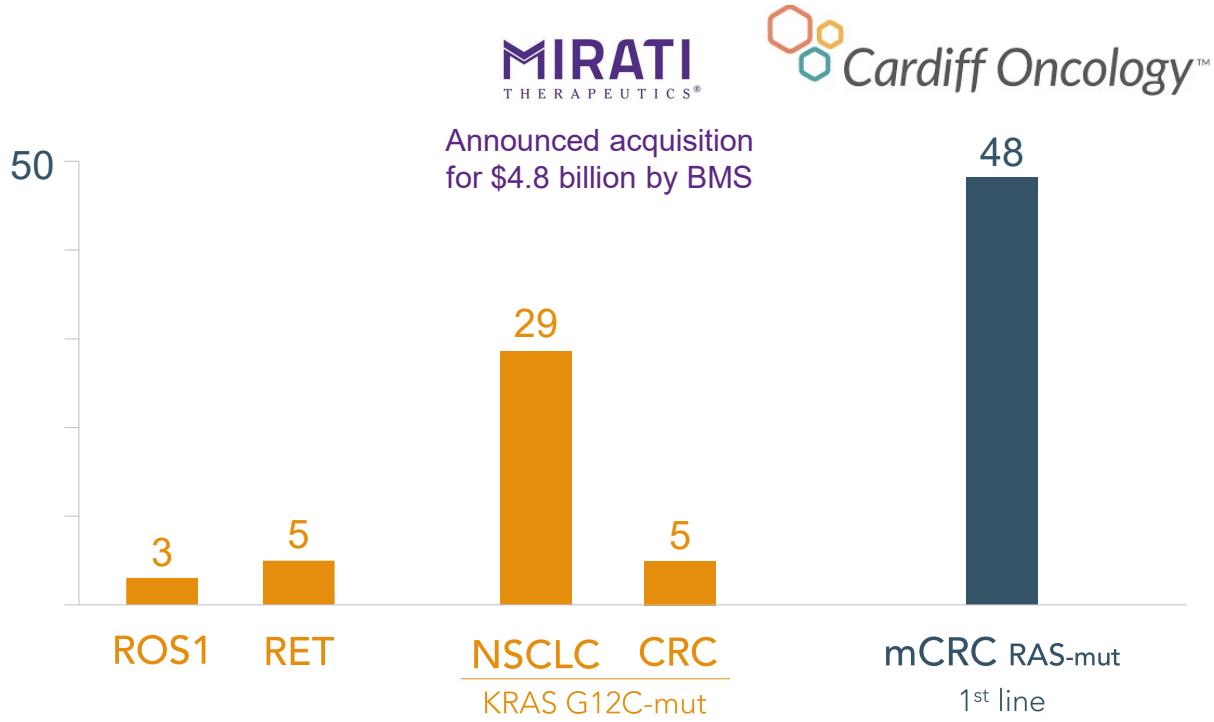
Targets with oncogenic alterations

- ROS1
- RET
- KRAS G12C
- EGFR
- TRK

Targets without oncogenic alterations

- **PLK1**
- PARP
- CDK4/6
- PD1/PDL1
- VEGF

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



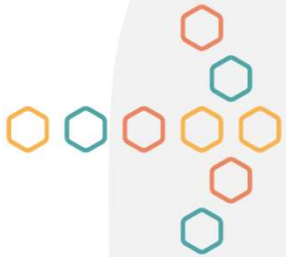
* ROS1 estimated eligible patients presented in Turning Point Therapeutics' corporate presentation May 2022 slide 6 (NSCLC disease incidence in the US of 140k of which 2% of patients harbor ROS1 translocation). RET estimated eligible patients presented in Loxo Oncology's corporate presentation January 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 1st line, KRAS- and NRAS-mutated cancers.

Our pipeline opens many attractive opportunities for onvansertib

	Line of Therapy	Trial	IIT*	Ph2	Ph3	Combination with:
mCRC (RAS-mut)	1st line	CRDF-004 (w/Pfizer)		randomized		FOLFIRI/bev and FOLFOX/bev
	2nd line	Ph 1b/2		completed		FOLFIRI/bev
	2nd line	CRDF-003 (ONSEMBLE)		completed		FOLFIRI/bev
mPDAC	1st line	Ph 2	IIT	planned		NALIRIFOX
	2nd line	Ph 2		completed		Nal-IRI/leucovorin/ 5-FU
SCLC	2nd line	Ph 2	University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center			None (monotherapy)
TNBC	2nd line	Ph 2	Dana-Farber Cancer Institute			Paclitaxel

* For investigator-initiated trials (IITs) only, the investigator's institution is provided. The planned first-line mPDAC trial will be conducted by an investigator to be named.
mPDAC = metastatic pancreatic ductal adenocarcinoma; SCLC = small-cell lung cancer; TNBC = triple-negative breast cancer; bev= bevacizumab



Fighting mCRC through PLK1 inhibition

Robust data in lead mCRC program

Path forward to accelerated approval

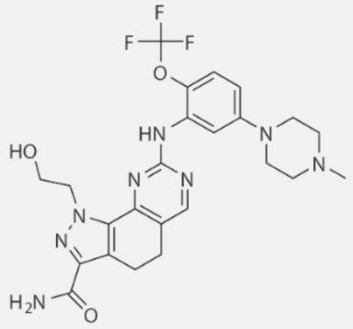
Onvansertib specifically targets PLK1, a well-established cancer target

Onvansertib

First oral, well-tolerated PLK1-selective inhibitor

PROPERTIES

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



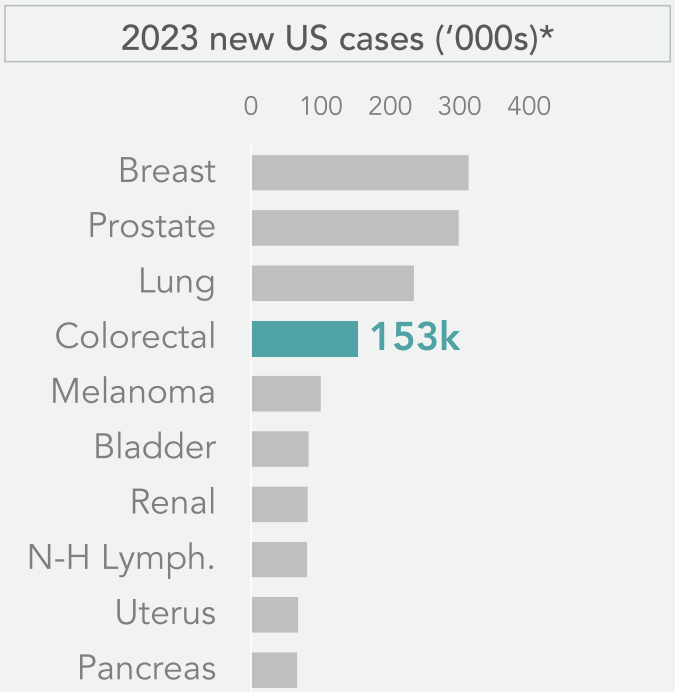
SPECIFICITY

Exquisitely specific for PLK1

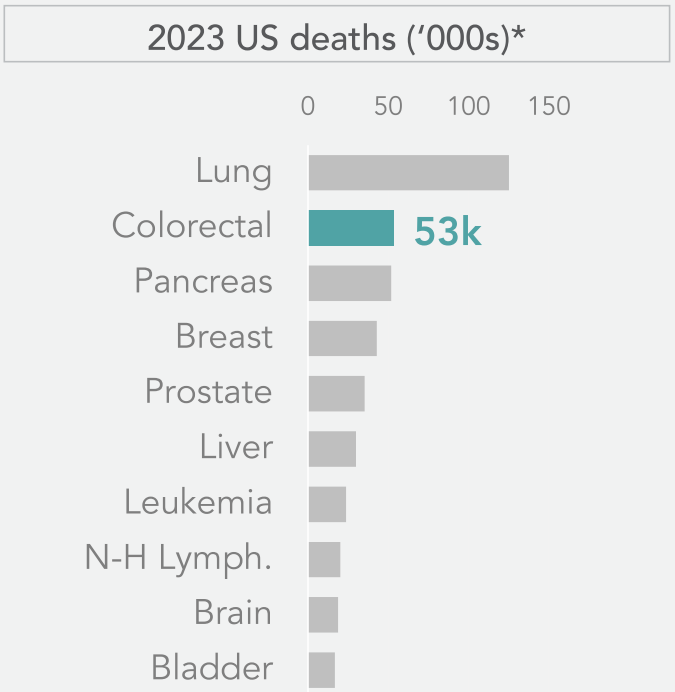
ENZYME	IC_{50} (μM)
PLK1	**0.002**
PLK2	>10
PLK3	>10
CK2	0.4
FLT3	0.4
CDK1/CycB	>10
42 other kinases and >140 in the Millipore panel	>10

Our lead program targets RAS-mutated metastatic colorectal cancer

mCRC is BOTH common…



…and challenging to treat



* American Cancer Society Cancer Facts and Figures 2024.

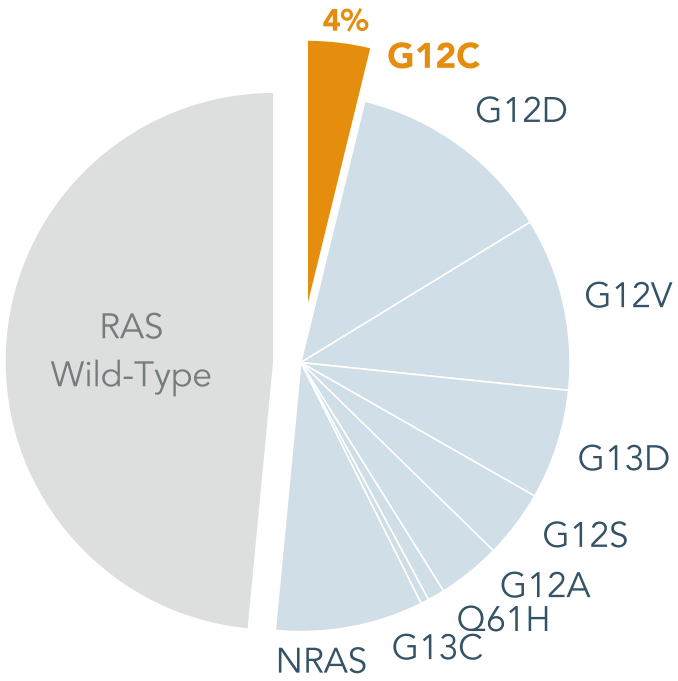
mCRC standard of care leaves a significant unmet need

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

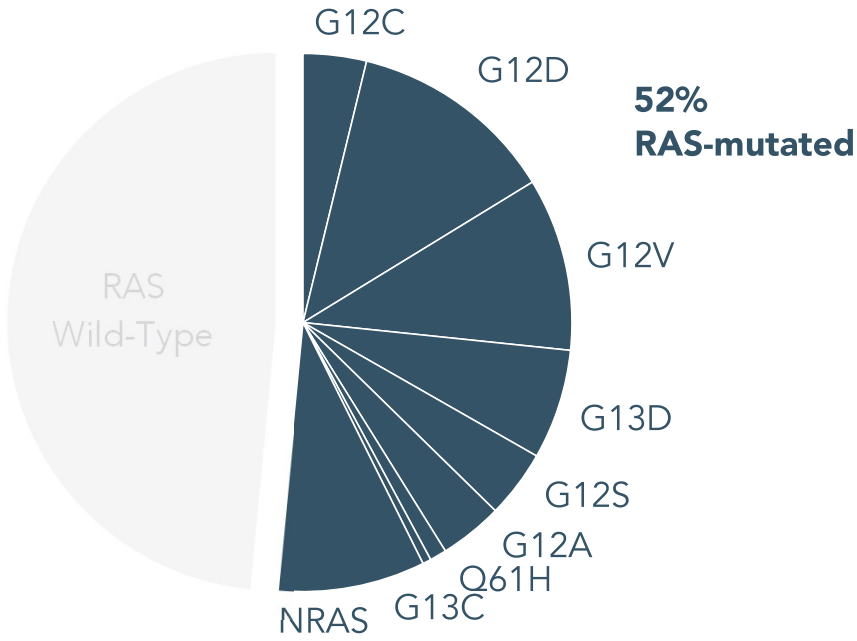
Chemotherapy	FOLFOX FOLFIRI	(approved 1996) (approved 2002)
✚ / ▬		
Antiangiogenic	Bevacizumab (Avastin®)	(approved 2004)
Targeted therapy	None	

Other mCRC development programs leave a significant unmet need

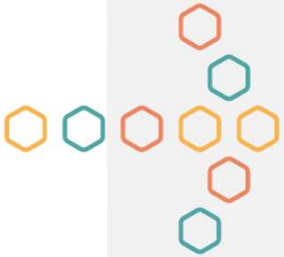
KRAS G12C therapies would address a small part of the need[1]



Onvansertib is targeting all RAS-mutated mCRC[1]



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 KRAS-mutated mCRC

CRDF-004

ENROLLING

RAS-mutated mCRC

90 patients, randomized, 3 arms (2 doses + control)

Pfizer Ignite

SECOND LINE

Ph 1b/2
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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

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

FIRST LINE

Shift to 1st-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
ONSEMBLE
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC

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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

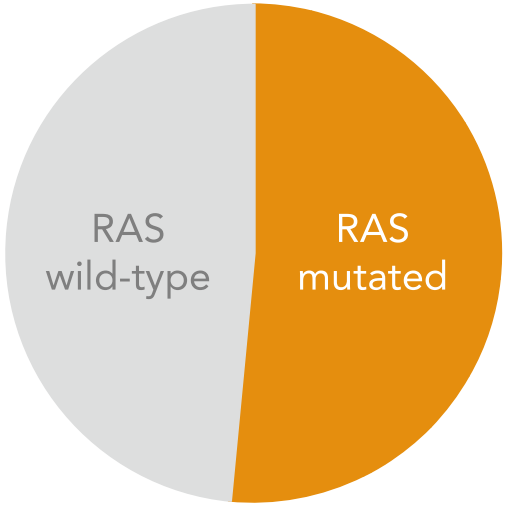
23 patients*, randomized, blinded, 3 arms (2 doses + control)

* 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

	1st LINE	2nd LINE
RAS Wild-Type		
Standard*	Chemo +/- bevacizumab	Chemo +/- bevacizumab
Targeted	+/- EGFR inhibitor	NONE
RAS Mutated		
Standard*	Chemo +/- bevacizumab	Chemo +/- bevacizumab
Targeted	**NONE**	**NONE**

RAS-mut mCRC is approx. half the mCRC population[1]

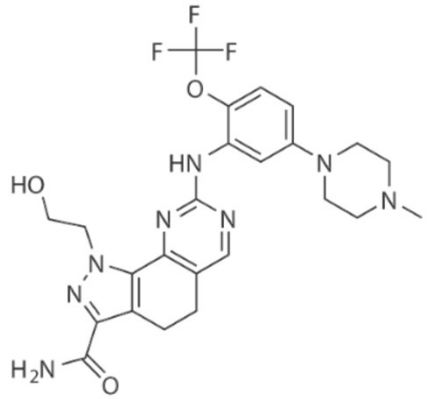


* FOLFOX and FOLFIRI are interchangeable as SoC chemo for 1st and 2nd line.

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 2nd line setting

	1st LINE	2nd LINE
RAS Wild-Type		
Standard	Chemo +/- bevacizumab	Chemo +/- bevacizumab
Targeted	+/- EGFR inhibitor	NONE
RAS Mutated		
Standard	FOLFOX +/- bevacizumab	FOLFIRI +/- bevacizumab
Targeted	NONE	ONVANSERTIB

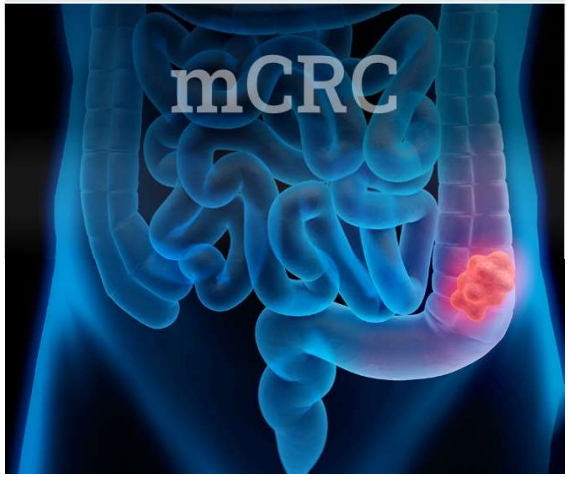


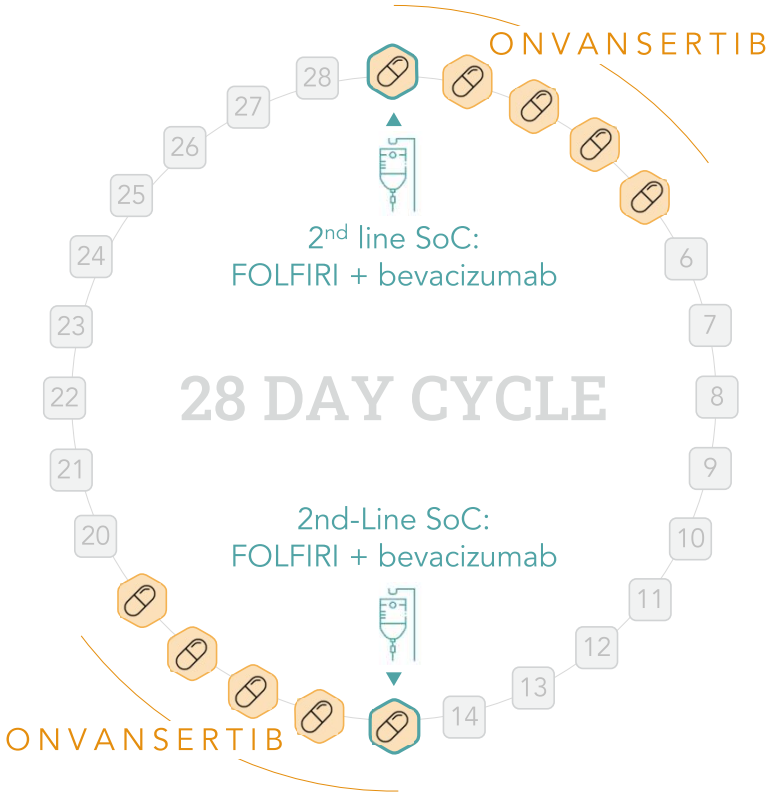
Our trial explored adding onvansertib to FOLFIRI + bev (SoC)

Our Ph1b/2 trial combined onvansertib with the current SoC in 2nd line

ENROLLMENT CRITERIA

- 2nd 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 ≥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 1st line

Bev exposed vs bev naïve patients

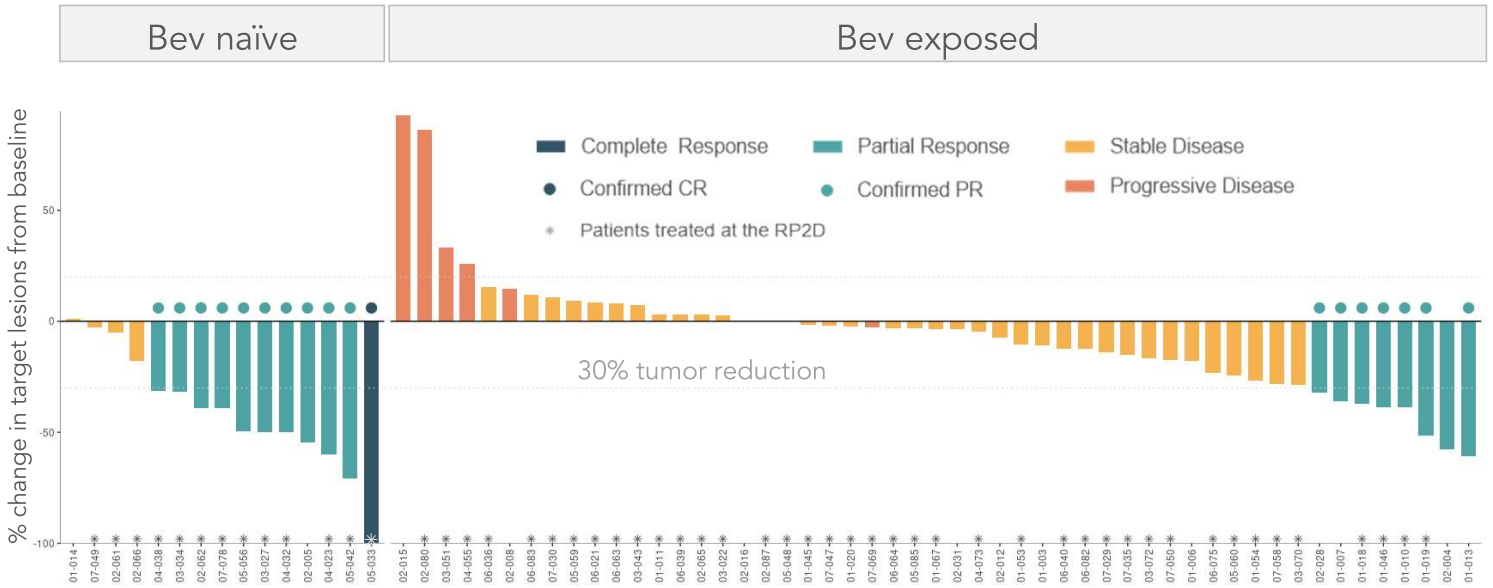
		1st LINE	2nd LINE
"Bev naïve"	patients who did not receive prior bev in 1st line	FOLFOX 23% (15 of 66)	FOLFIRI + **bevacizumab** + ONVANSERTIB
or			
"Bev exposed"	patients who received bev in 1st line	FOLFOX + **bevacizumab** 77% (51 of 66)	

All patients received FOLFIRI + bev + onv in our trial

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%

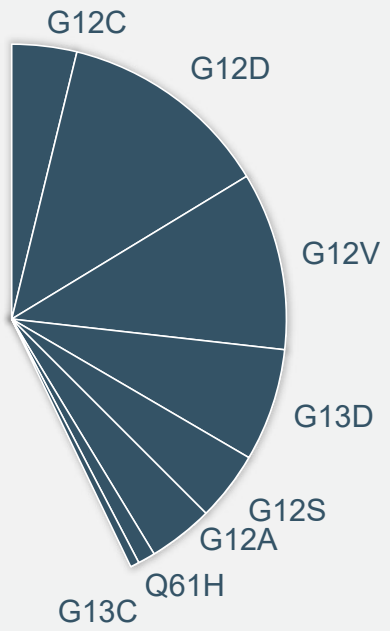


* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database. mDoR CI: "–" means not reached.

** 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

Frequency of Common KRAS Mutations in mCRC[1]



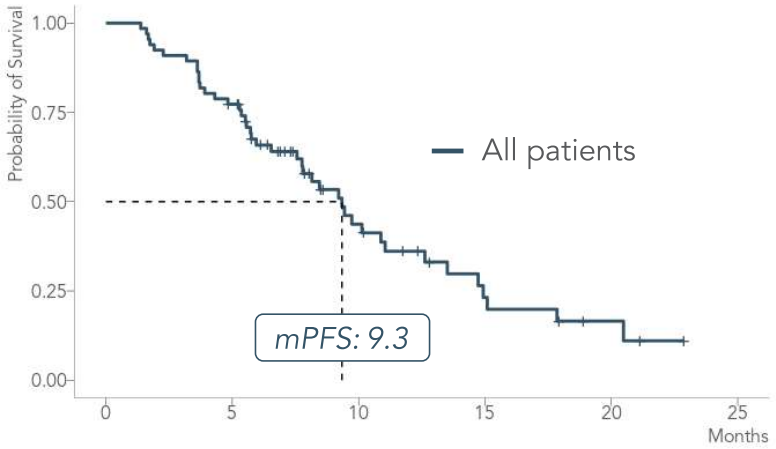
Onvansertib responses across KRAS mutations (as of June 16, 2023)[2]

KRAS Variant	Bev naïve			Bev exposed			
	CR+PR	SD	PD	PR	SD	PD	Total
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

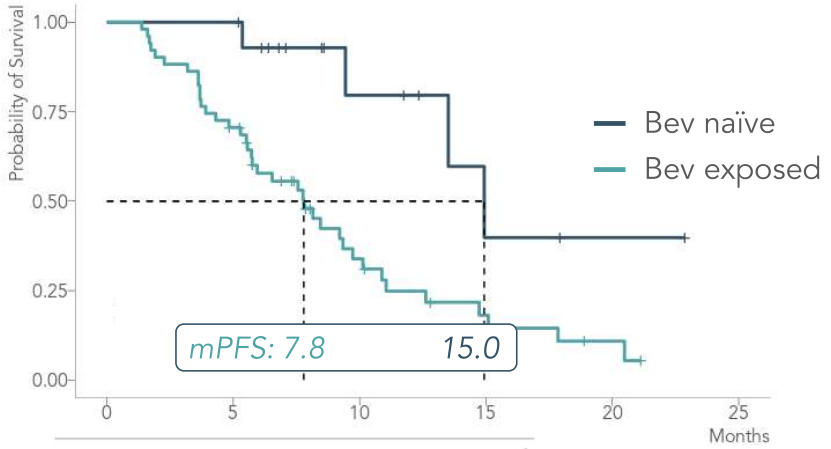
1. Jones R et al. Br J Cancer. 2017 Mar 28;116(7):923-929
2. One patient that was categorized as G12A in the August 2023 data release has now been updated as G12R.

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[†]
prior_chemo	66	42		0.003
Bev Naive			15 (14, —)	
Prior Bev			7.8 (5.8, 10)	

[†] Log-rank test

CI of "–" means not reached

Historical controls**

	Bev exposed	Bev naïve
mPFS	4.5 - 6.7mos	6.9 - 8.5mos

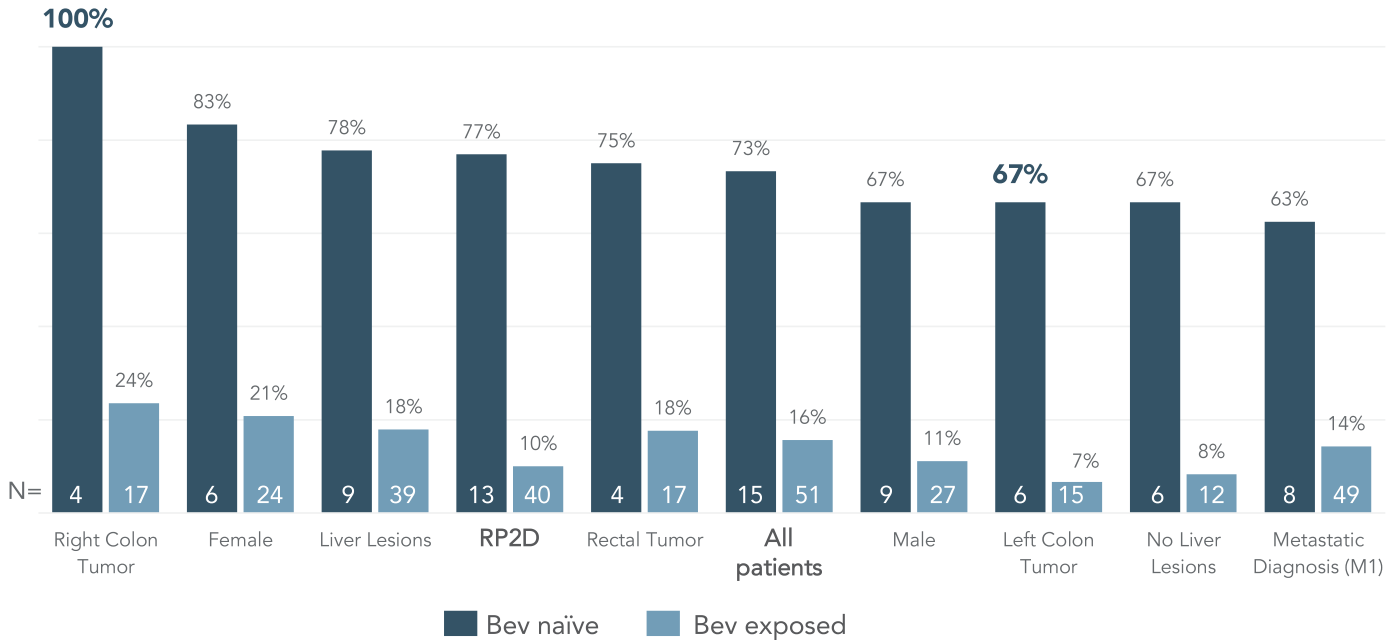
* Onvansertib mPFS are interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database

** 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.

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

ORR (%) for Bevacizumab Naïve vs. Exposed Patients* – as of June 16, 2023

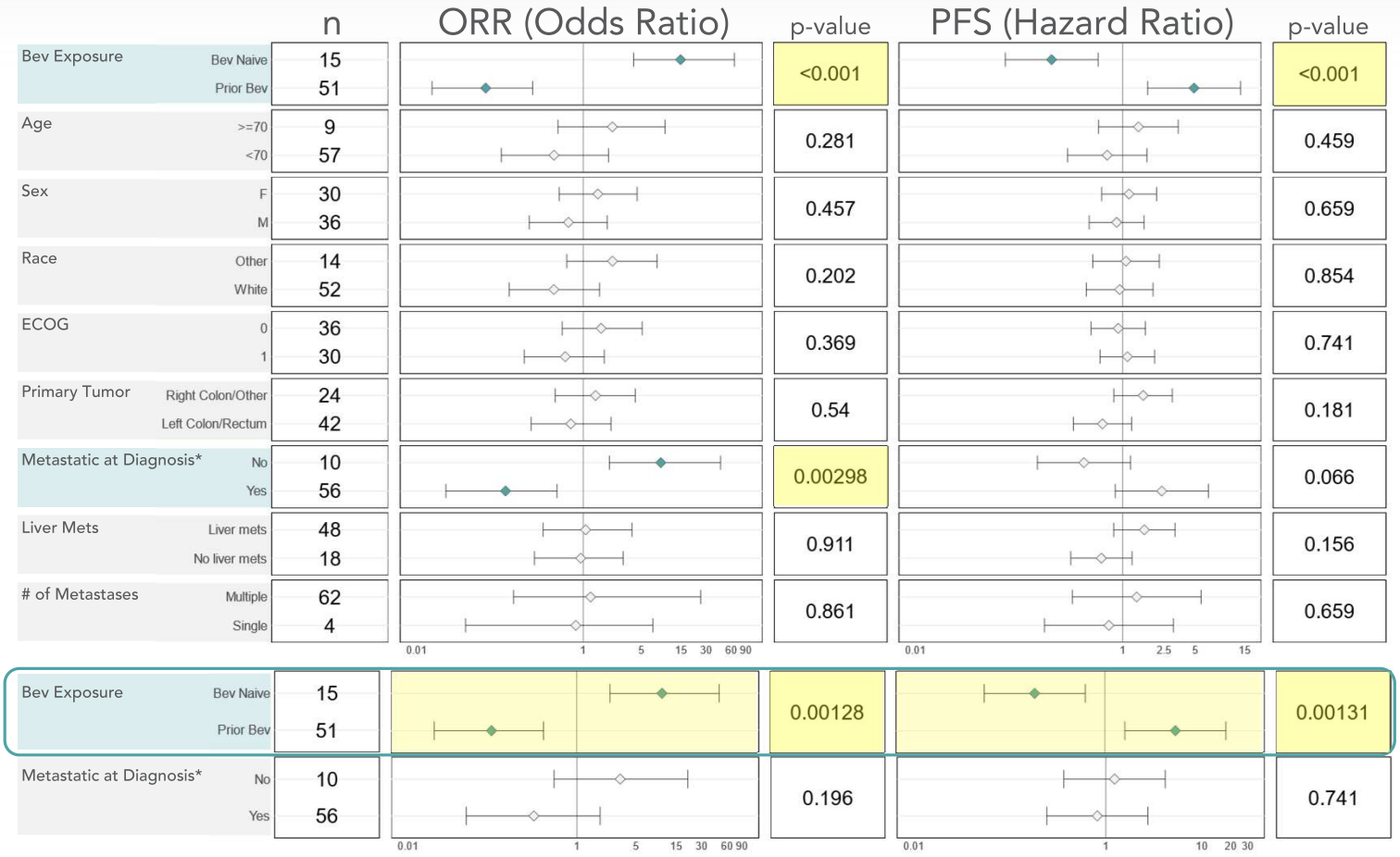


* Onvansertib ORR is interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database.

Phase 1b/2 multivariable analysis shows prior exposure to bev is the only patient characteristic associated with greater ORR and PFS

Univariable analysis of baseline characteristics for ORR and PFS indicate superior clinical benefit for bev naïve patients and for patients without metastatic disease at time of diagnosis

Multivariable Analysis was performed with these two characteristics, resulting in only prior bev exposure remaining independently associated with clinical benefit

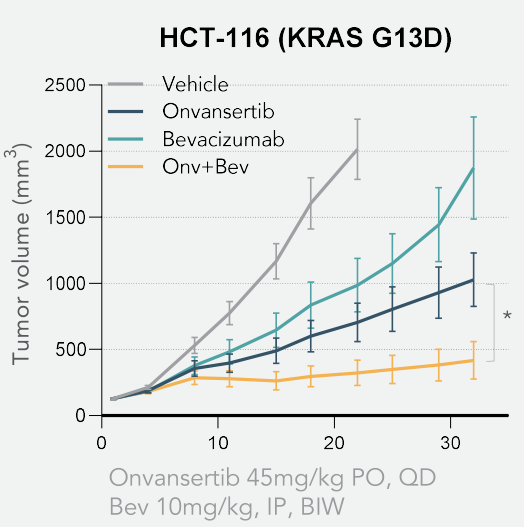


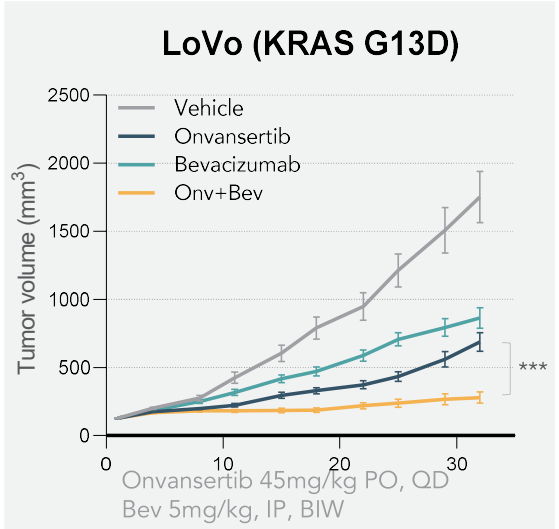
* Metastatic at Diagnosis: "Yes" means the patient's cancer had already metastasized when first diagnosed. "No" means the patient's initial diagnosis was non-metastatic CRC, but subsequently developed metastatic disease prior to enrolling in our Ph 1b/2 trial.

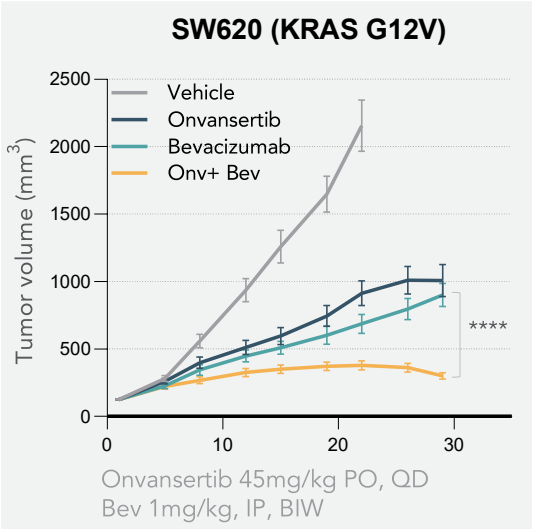
Scientific basis for clinical findings

Onvansertib + bev inhibits tumor growth greater than either agent alone

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

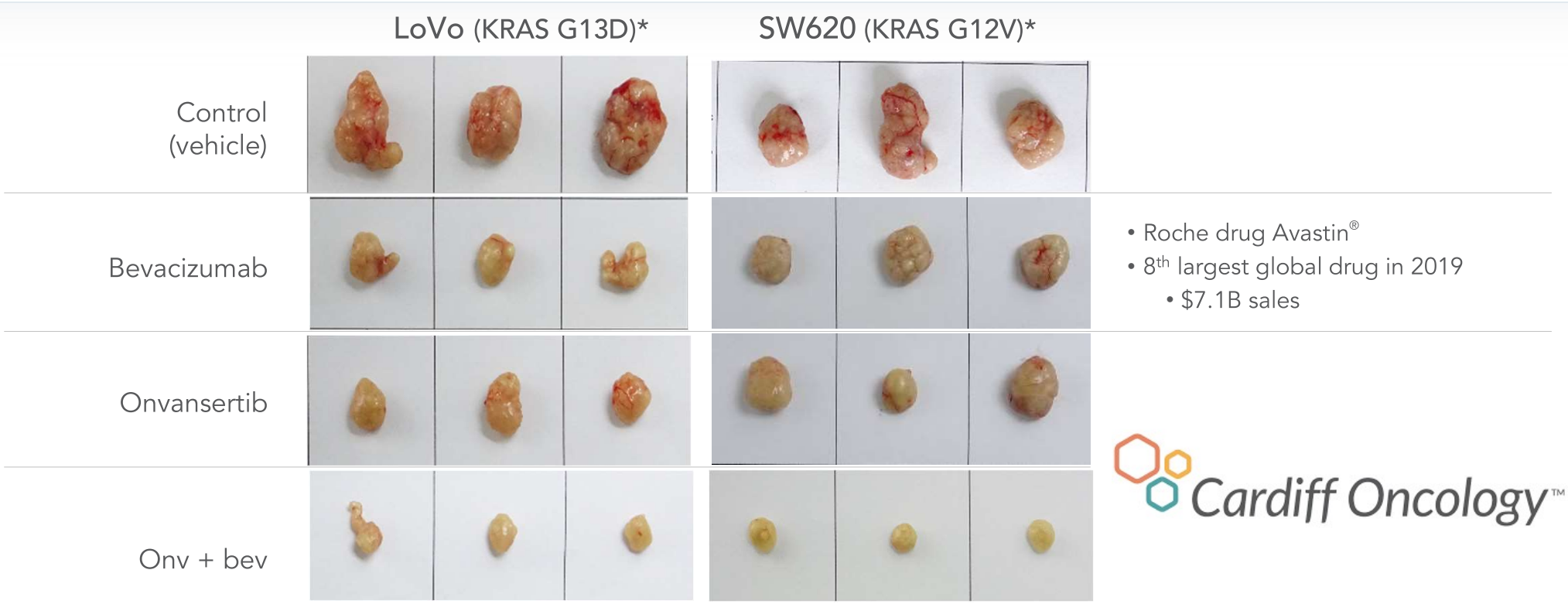






Three KRAS-mutant mCRC xenograft models were treated with vehicle (control), onvansertib, bevacizumab or the combination of onvansertib and bev. 8-9mice/ group. Mean ± SEM are represented on graphs. An unpaired t-test was used to test the difference in tumor volume change on the last day of treatment 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



- Roche drug Avastin®
- 8th largest global drug in 2019
  - $7.1B sales

Cardiff Oncology™

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. 8-9mice / group. Tumors were removed and photographed at the end of the study. Representative photographs from three mice from each group are shown.

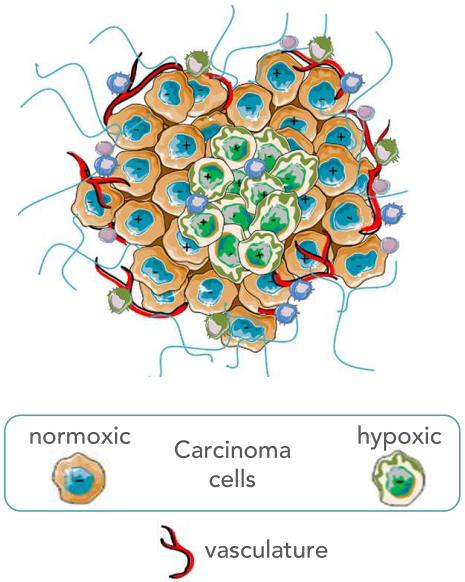
HIF1α plays a critical role in a tumor's response to hypoxia

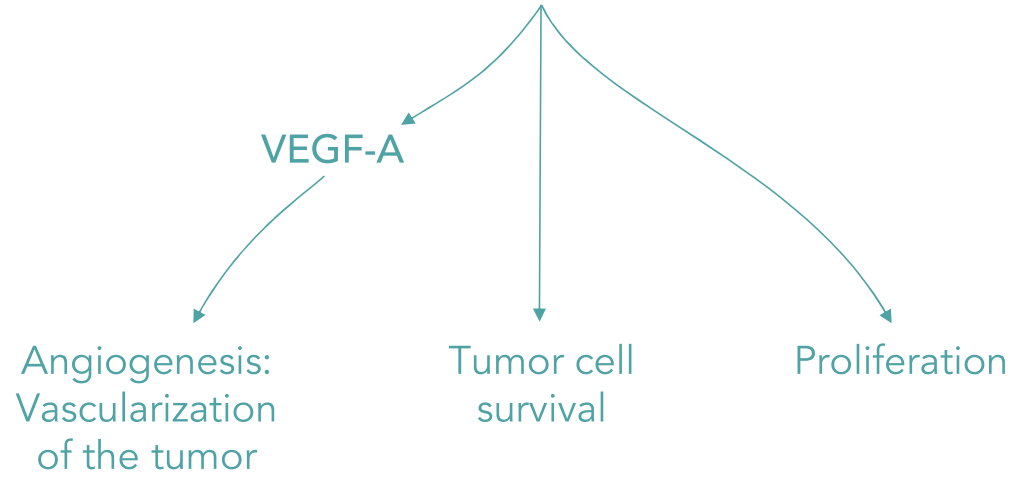
Tumor growth → Hypoxia → HIF1α

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

… low oxygen levels lead to elevated HIF1α protein expression

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





https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2017.01625/full

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

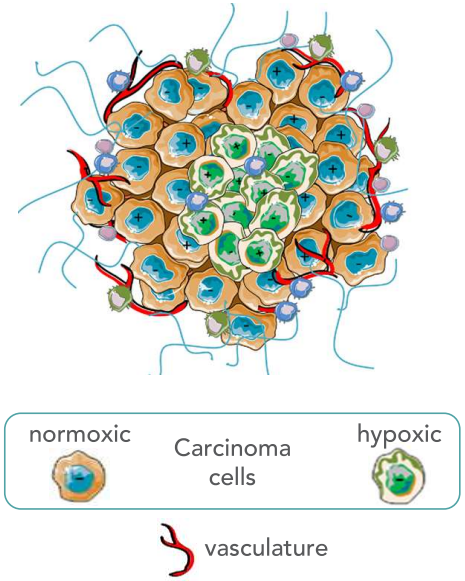
Tumor growth → **Hypoxia** → **HIF1α** ⊣ **onvansertib**

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

… low oxygen levels lead to elevated HIF1α protein expression

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

onvansertib inhibits HIF1α expression



bevacizumab ⊣ VEGF-A

neutralizes VEGF-A

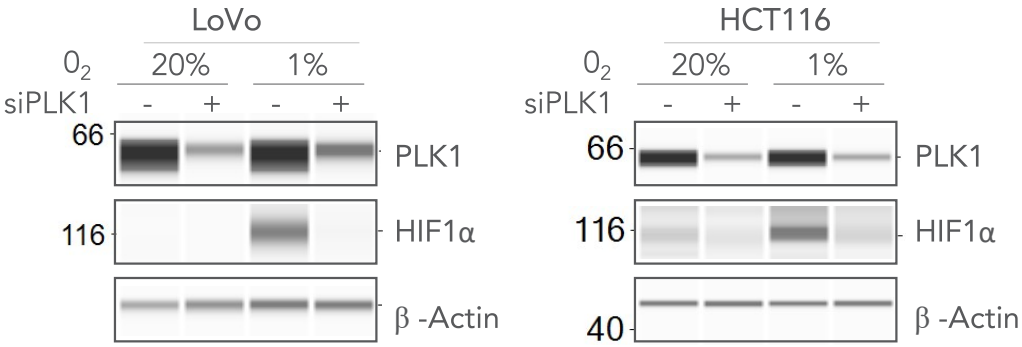
- Angiogenesis: Vascularization of the tumor
- Tumor cell survival
- Proliferation

https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2017.01625/full

Onvansertib inhibits the hypoxia signaling pathway by downregulating HIF1α expression

In 4 RAS-mutant CRC cell lines[1], onvansertib inhibited hypoxia-induced HIF1α expression

PLK1 inhibition using siRNA against PLK1 (siPLK1)[2] prevented hypoxia-induced HIF1α expression



1. KRAS-mutant CRC cell lines were cultured under normoxia (20%O2) or hypoxia (1%O2), in the presence (+) or absence (-) of onvansertib. HIF1α 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%O2. Cells were collected 24h after transfection.

Prior bev therapy in 1st line can confer resistance to bev, and onvansertib

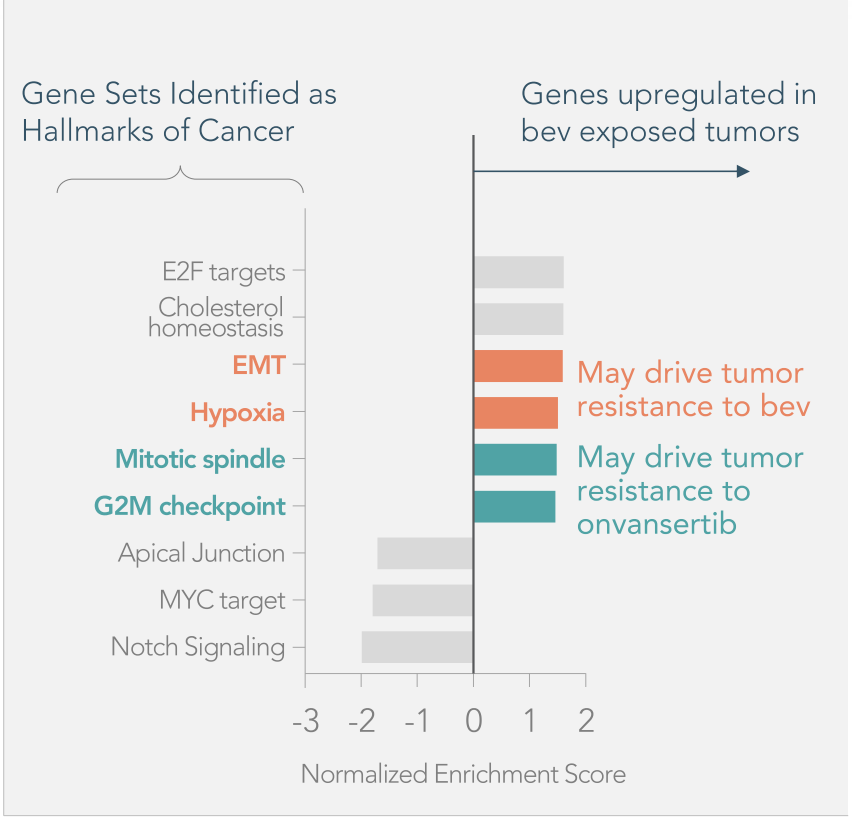
TEMPUS Tumor Biopsy Library

135 tumor biopsy samples identified

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

Bev naïve	vs.	Bev exposed
1L: FOLFOX		1L: FOLFOX+bev
n=71		n=64

Performed RNA sequencing to see changes in tumor biology after 1st 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
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.

ONSEMBLE Ph 2 trial was designed to generate randomized data

ENROLLMENT CRITERIA

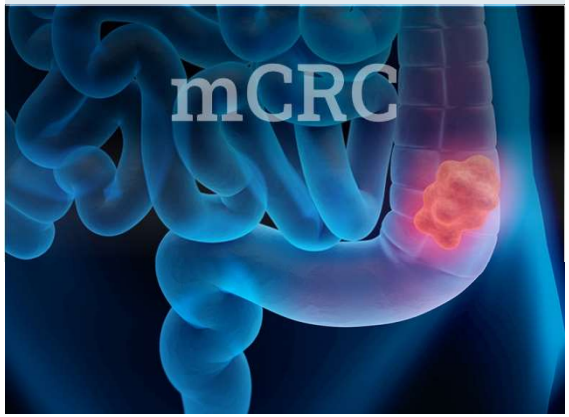
2nd line mCRC

KRAS+/NRAS+

Unresectable

R

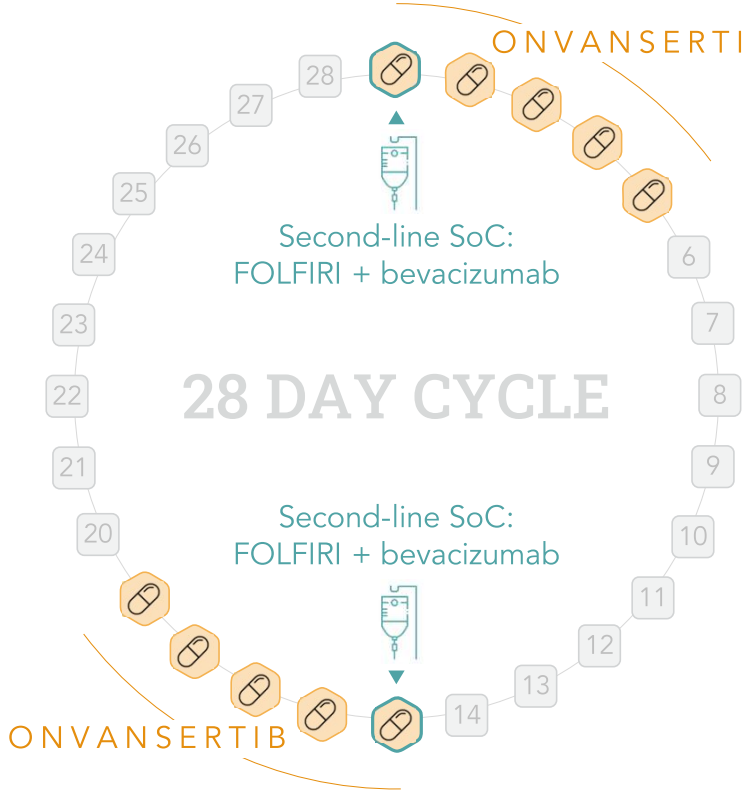
N=23
1:1:1



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

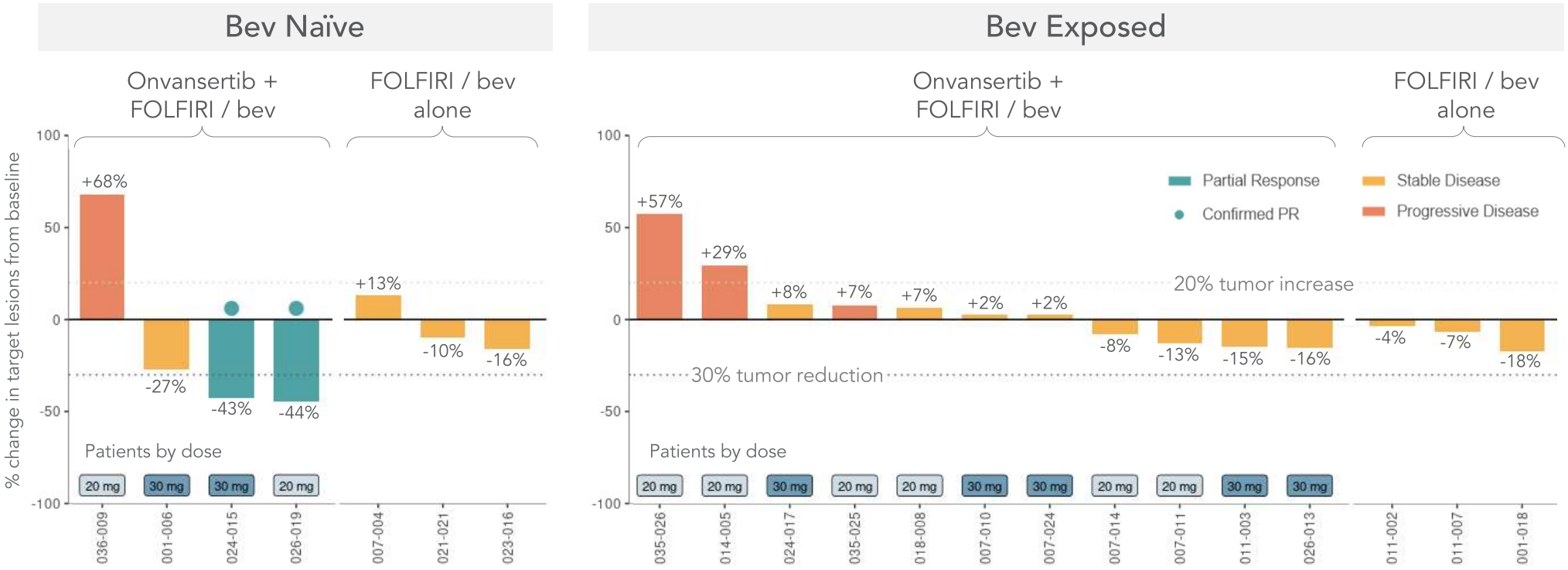
PRIMARY ENDPOINT

Objective Response Rate



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

Best Radiographic Response* – ONSEMBLE mCRC Clinical Trial patients (as of February 26, 2024)

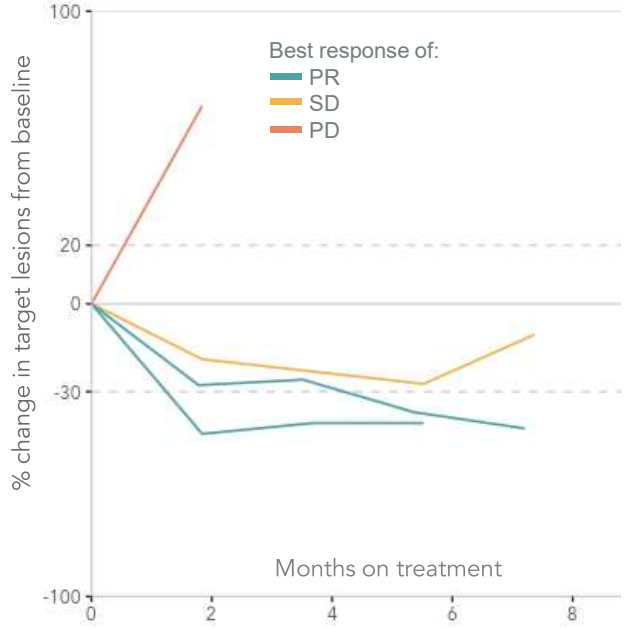


* Radiographic response determined per RECIST 1.1. Waterfall plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC database.

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

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

Bev naïve: onvansertib + FOLFIRI/bev arm



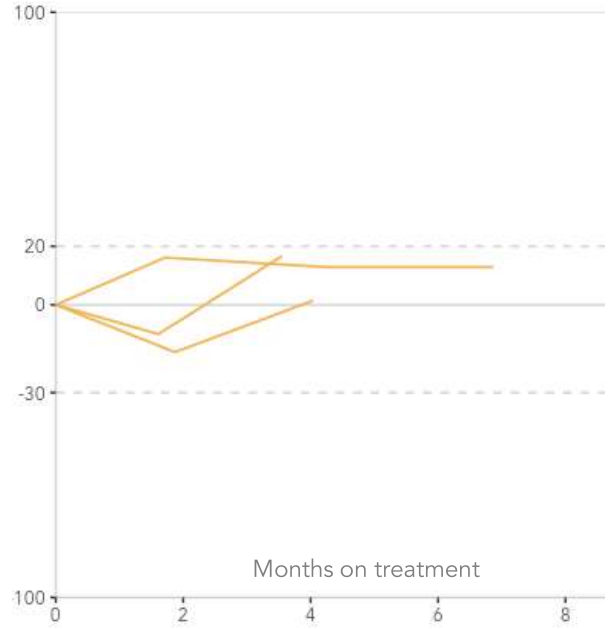
Progressive disease

Stable disease

30% tumor reduction

Partial response

Bev naïve: FOLFIRI/bev (control) arm

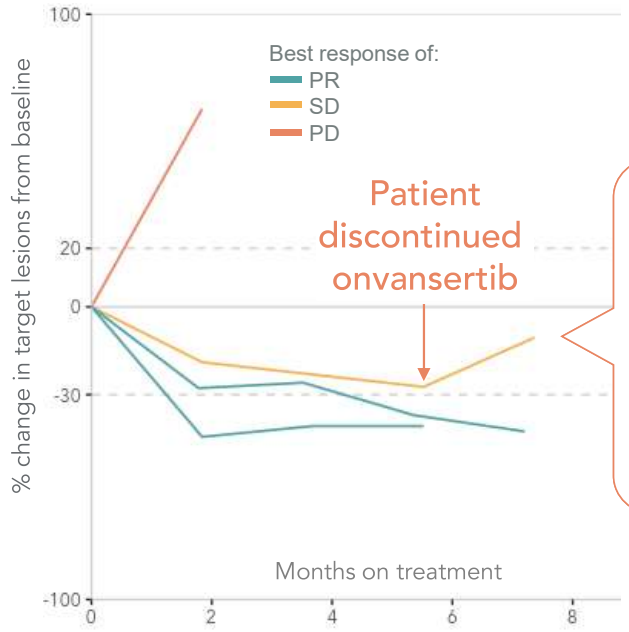


* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC database

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

Change in tumor size from baseline* – ONSEMBLE mCRC Clinical Trial 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 EDC database

Fighting mCRC through PLK1 inhibition

Robust data in lead mCRC program

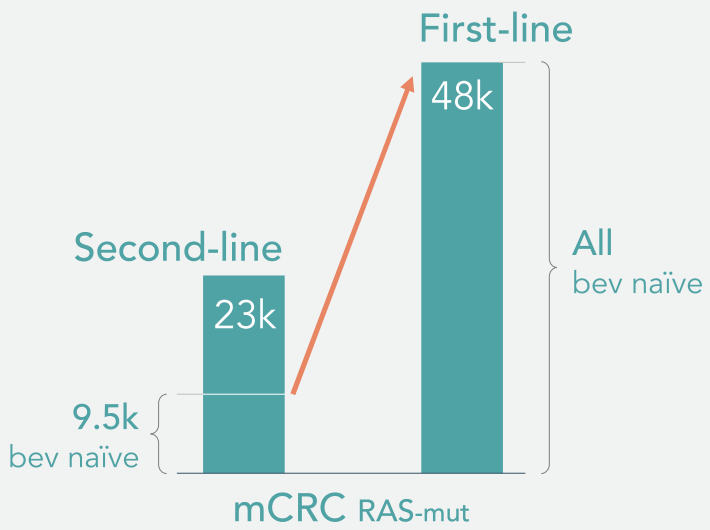
Path forward to accelerated approval

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

1st 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 1st line
- Expect to provide initial data readout in H2 2024
- Pfizer Ignite provides clinical execution

CRDF-005

1st line RAS-mutated mCRC registrational trial
320 patients, randomized

Highlights of CRDF-005 registrational trial

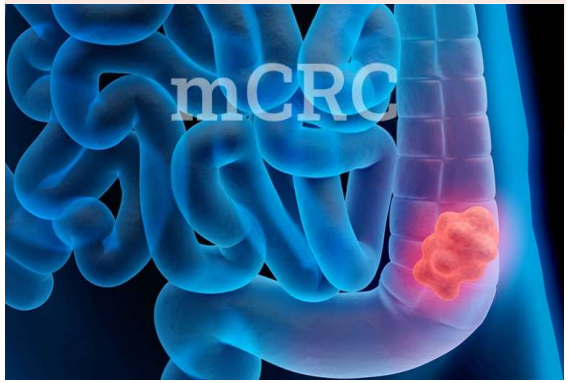
- Seamless registrational trial for accelerated and full approval, as agreed with FDA
- ORR endpoint: For accelerated approval
- PFS / OS trend endpoint: For full approval

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

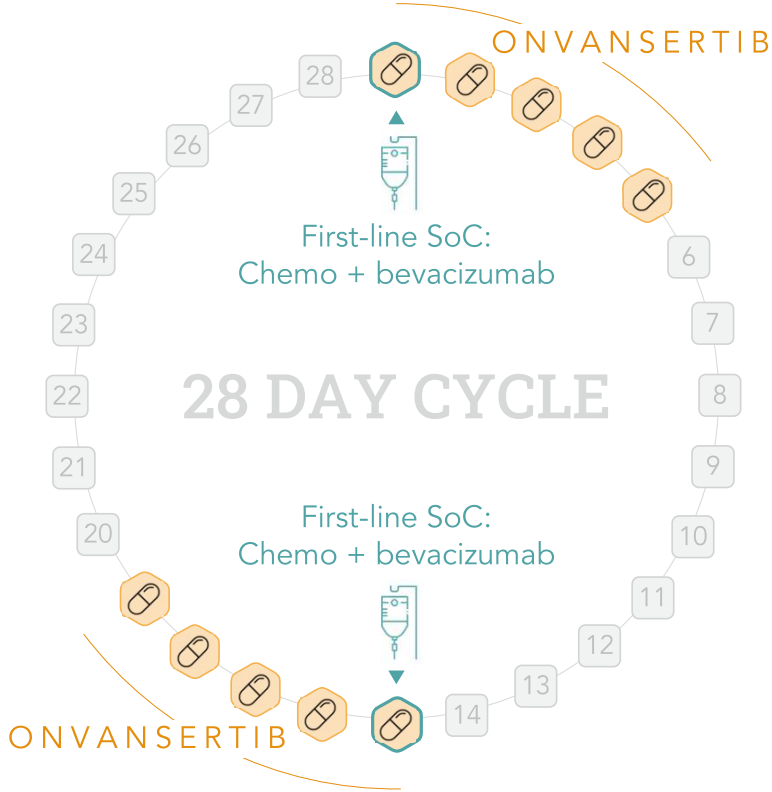
SoC alone	1. FOLFIRI/bev
	2. FOLFOX/bev
Onv 20mg +	3. FOLFIRI/bev
	4. FOLFOX/bev
Onv 30mg +	5. FOLFIRI/bev
	6. FOLFOX/bev

ENDPOINTS *

Primary: ORR

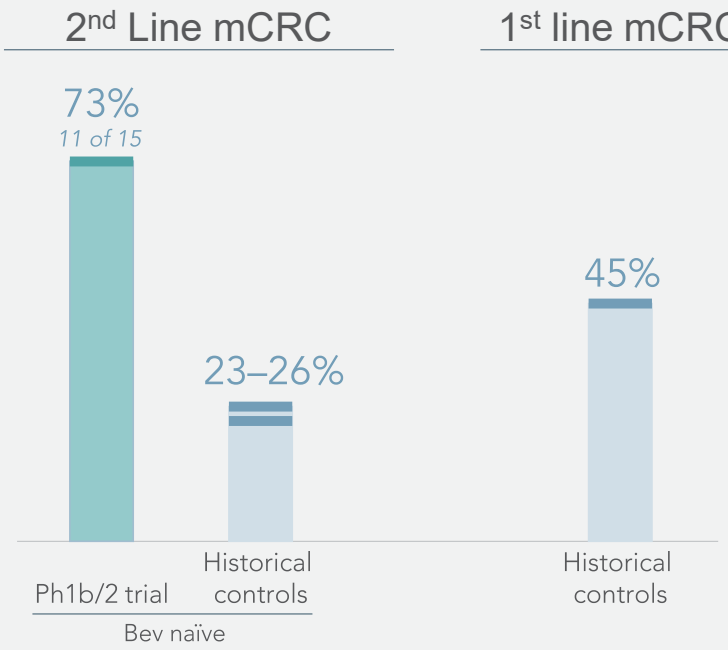
Secondary: DoR and PFS

* Blinded independent central review

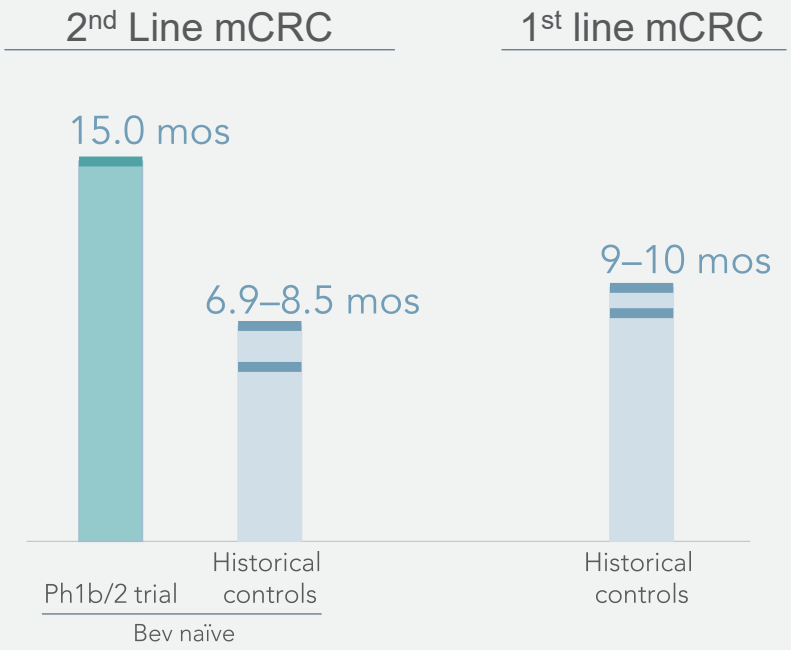


ORR/PFS for bev naïve patients exceeds 1st and 2nd line historical controls

ORR: Onvansertib+SoC vs historical controls*



mPFS: Onvansertib+SoC vs 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 EDC 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 1st line mCRC trial

PFIZER BREAKTHROUGH GROWTH INITIATIVE

November 2021

- $15M investment
- Nicholas Choong, MD (Vice President of Clinical Development and Therapeutic Area Head for GI cancers, Gynecologic cancers and Melanoma at Pfizer) serves on Scientific Advisory Board
- Right of first access to data

PFIZER Ignite

August 2023

- Pfizer Ignite is responsible for the clinical execution of 1st 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 1st line mCRC treatment

First-in-Class PLK1 inhibitor	Robust clinical data in 2L KRAS-mut mCRC	FDA	Pfizer
• **Onvansertib**: first well-tolerated PLK1-selective inhibitor • PLK1 inhibition disrupts tumor growth several ways	Ph 1b/2 • **73%** response rate vs **~25%** in SoC • **15 month** mPFS vs **~8 month** in SoC **ONSEMBLE** data	• **FDA**-agreed path to 1st line accelerated approval	• **Pfizer** is equity investor and has seat on SAB • **Pfizer** provides clinical execution of 1st line trial

We expect initial clinical data from our 1st line RAS-mutated mCRC trial in Q4 2024

September 30, 2024 cash and investments*	$57.7M
Net cash used in Operating Activities* (Rolling two-quarter period ending September 30, 2024)	$19.7M
Runway with current cash extends into Q1 2026	

* Financial information above is derived from our unaudited financials in Form 10Q filed on 11/7/24.

Cardiff Oncology™

Appendix

Additional mCRC Data

Ph 1b/2 trial's patient demographics reflect 2nd line mCRC population

Enrollment*

Number of Patients (N)	Phase 1b, Dose Level 0 Onvansertib 12 mg/m^2	Phase 1b, Dose Level +1 Onvansertib 15 mg/m^2	Phase 1b, Dose Level +2 Onvansertib 18 mg/m^2	Phase 2 RP2D Onvansertib 15 mg/m^2	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 EDC 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 EDC 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^2, 15mg/m^2, 18mg/m^2)
- 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 EDC 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

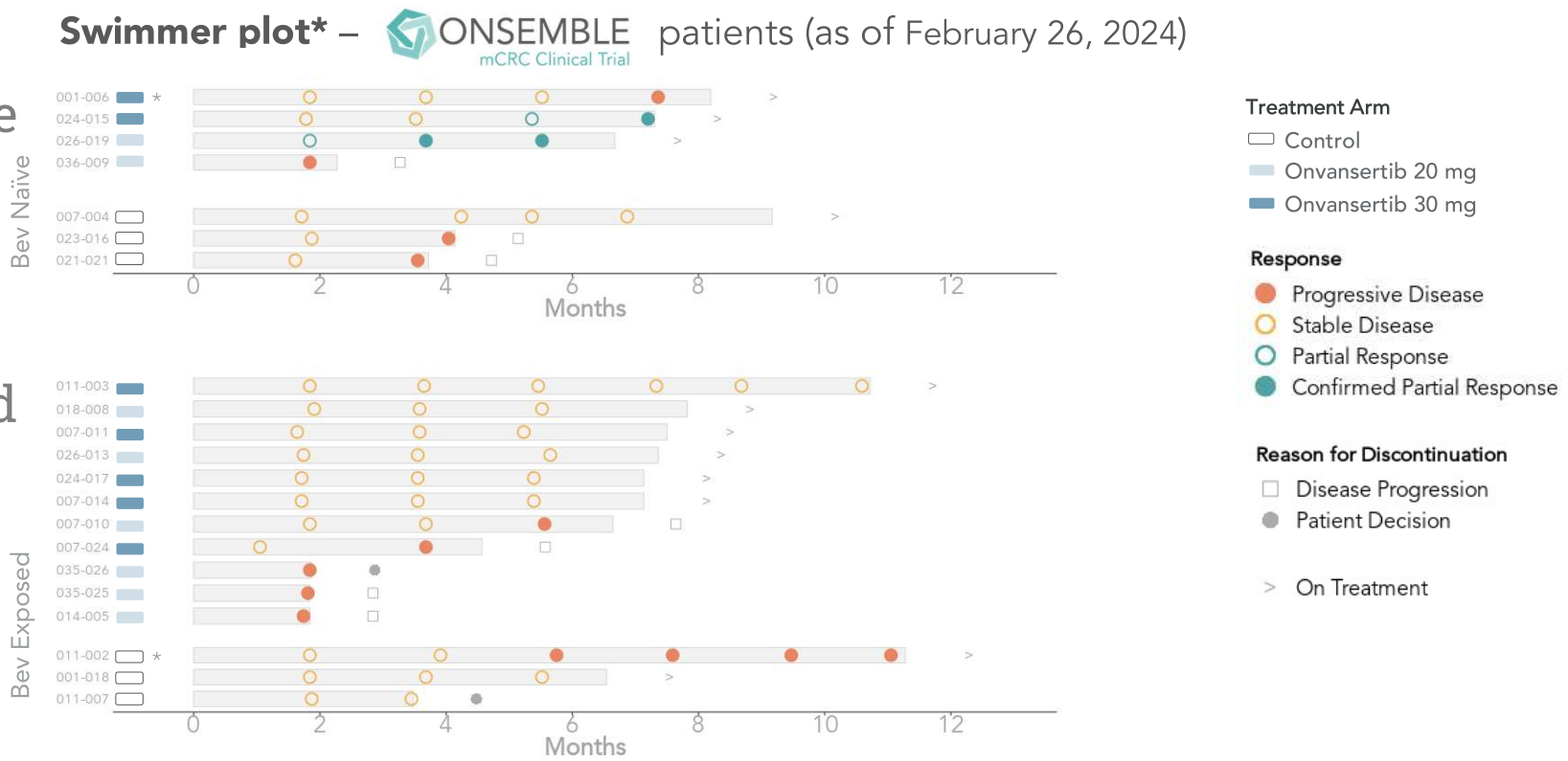
Total Patients N=22	Median [range] or n (%)
Age (years)	53 [35-81]
Sex	
Male	12 (54%)
Female	10 (46%)
ECOG[1]	
0	9 (41%)
1	12 (55%)

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 EDC 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.

[1] ECOG was not recorded for one patient

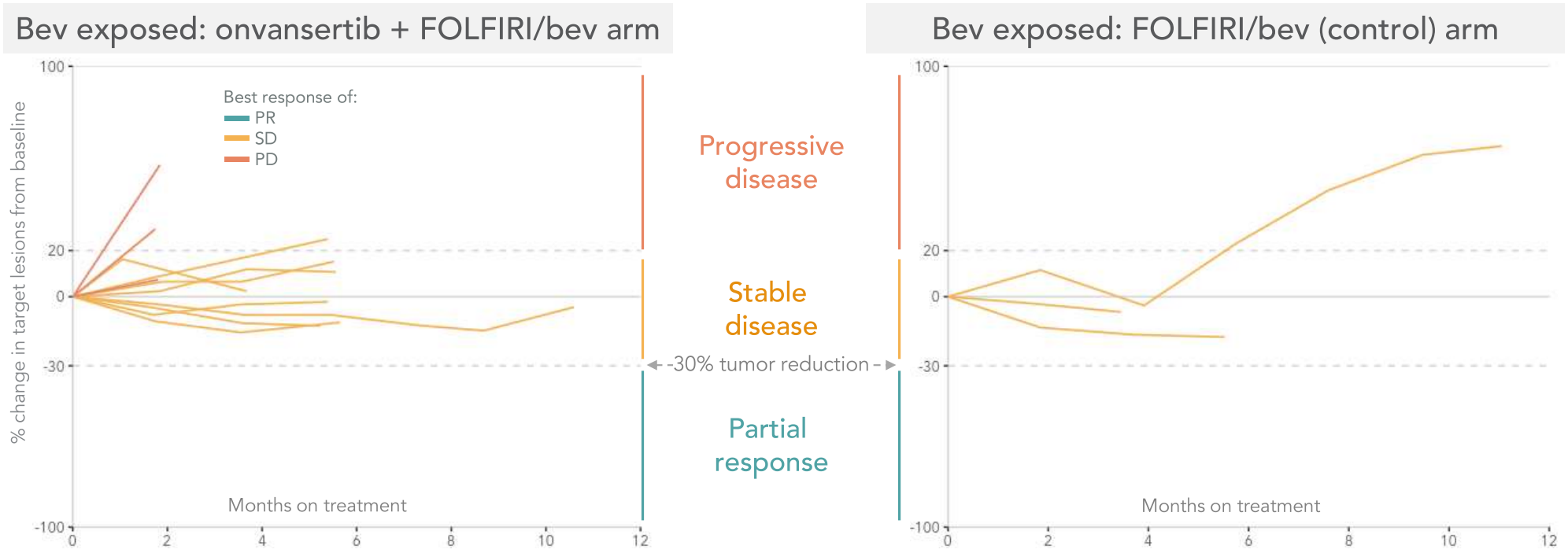
ONSEMBLE swimmer plot



* Swimmer plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC 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..

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

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



* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC 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 EDC 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 EDC 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 EDC 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 and bev independently inhibit tumor response to hypoxia in bev naïve tumors

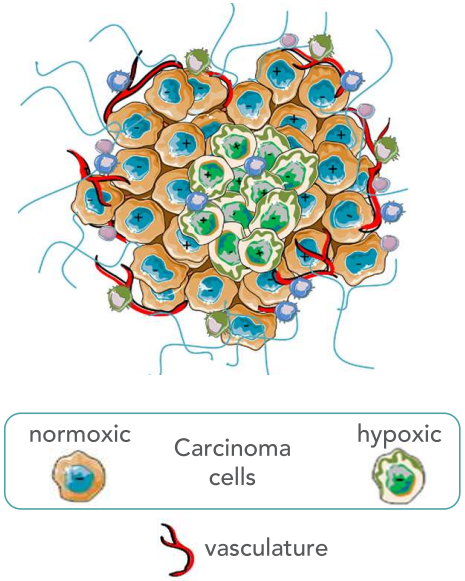
Tumor growth → **Hypoxia** → **HIF1α** ⊣ **onvansertib**

Tumor growth
The tumor cells outgrow the blood supply and become starved of oxygen and nutrients…

Hypoxia
… low oxygen levels lead to elevated HIF1α protein expression

HIF1α ⊣ **onvansertib**
inhibits HIF1α expression

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



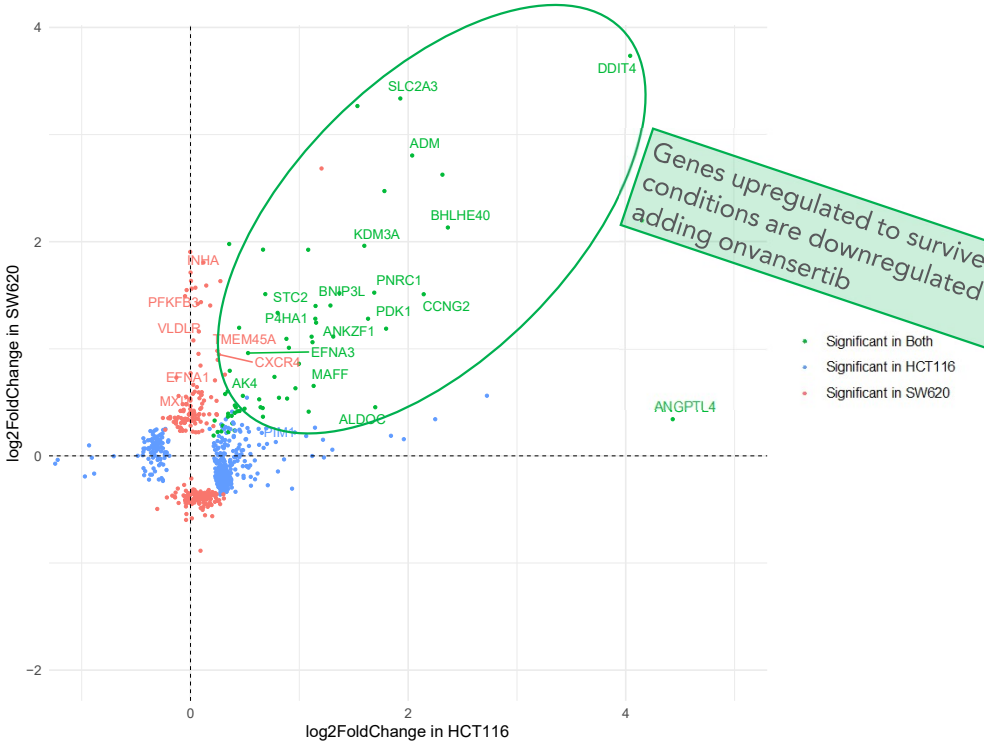
bevacizumab ⊣ VEGF-A
neutralizes VEGF-A

- Angiogenesis: Vascularization of the tumor
- Tumor cell survival
- Proliferation

https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2017.01625/full

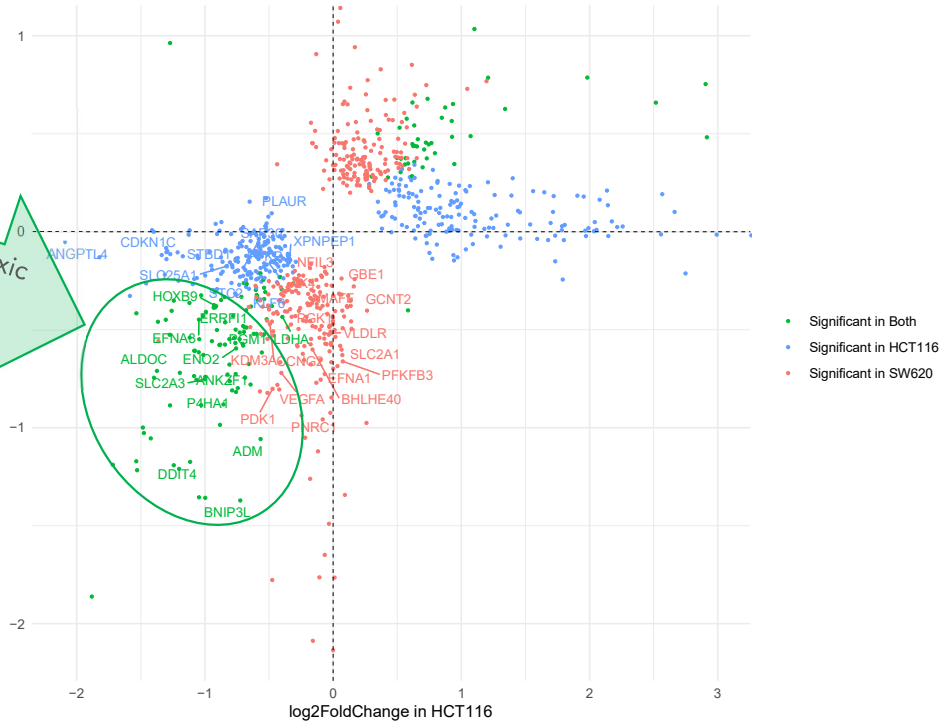
Onvansertib down-regulates genes induced by tumors in hypoxic conditions

Genes induced by hypoxia in two mCRC cell lines



Genes upregulated to survive hypoxic conditions are downregulated by adding onvansertib

Adding onvansertib inhibits adaptation to hypoxia



Hypoxia vs normoxia gene expression in HCT116 and SW620 cells

With vs without onvansertib gene expression in hypoxic HCT116 and SW620 cells

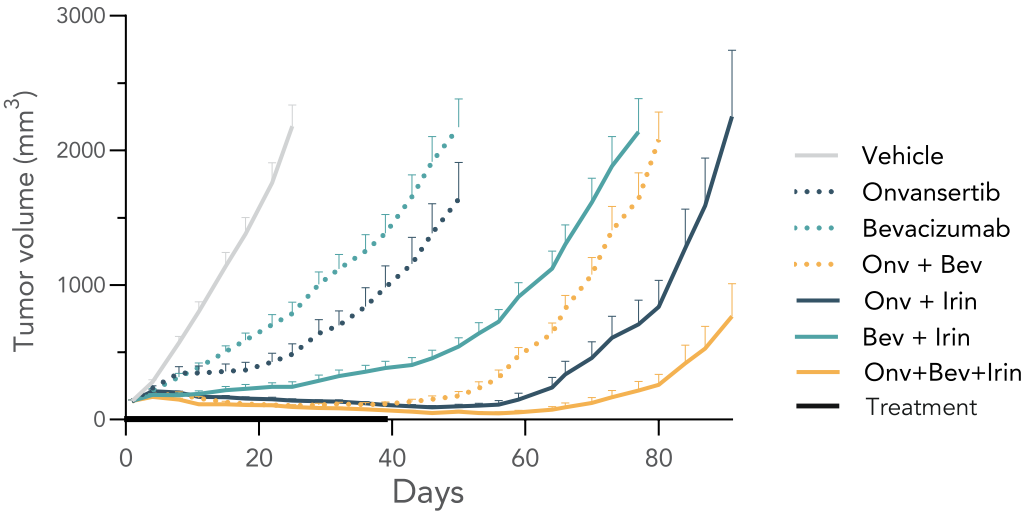
* Genes in the Hallmarks Hypoxia gene set are labeled. Top 250 genes with P-adjusted < 0.05 shown

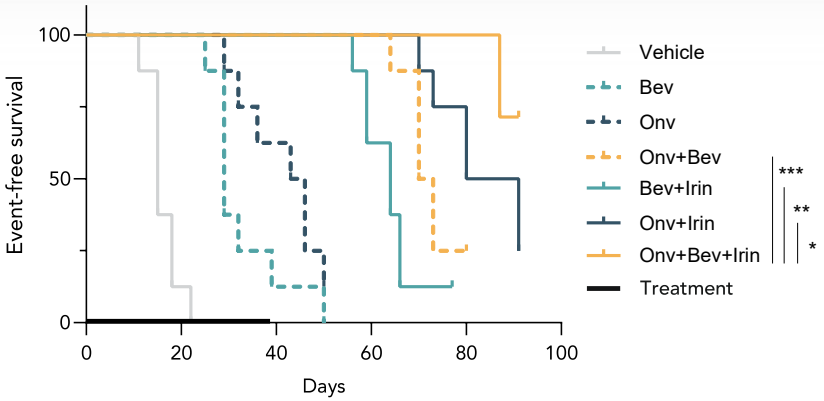
The combination of onvansertib, bevacizumab and irinotecan showed greater potency than each individual or doublet therapy

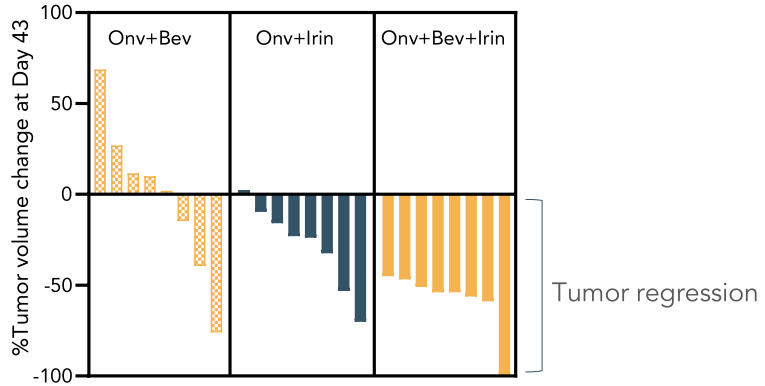
The combination of onvansertib, bevacizumab and irinotecan was potent in the HCT116 xenograft model, resulting in:

- 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<1000mm^3

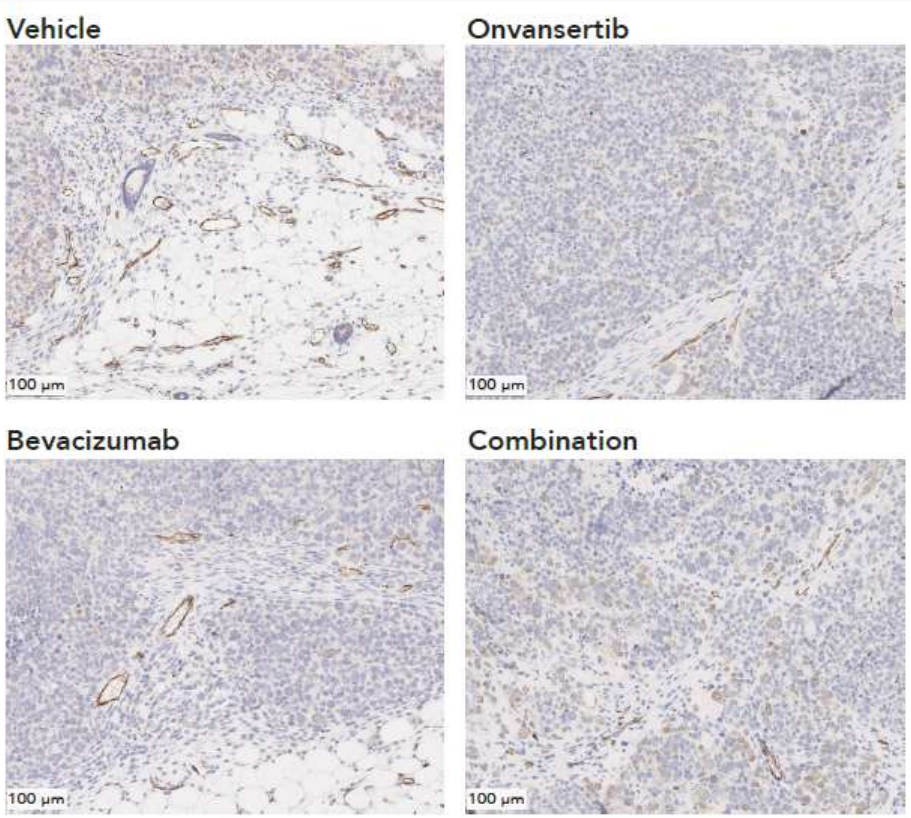




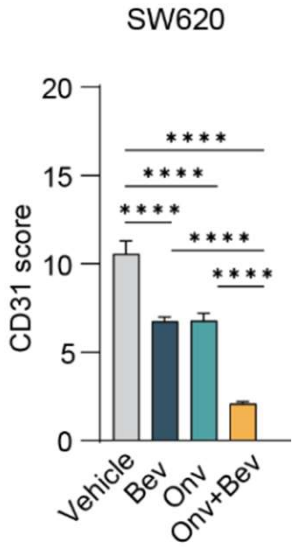


HCT116 xenografts were treated with the indicated drugs for 39 days and tumor volumes were measured (8mice/group, mean + SEM are represented on graph).
Kaplan-Meier survival curve for event-free survival (time to reach tumor volume 1000mm^3) was calculated. Log-rank Mantel Cox test was used for survival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

The combination of onvansertib and bev reduces tumor vascularization



- 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

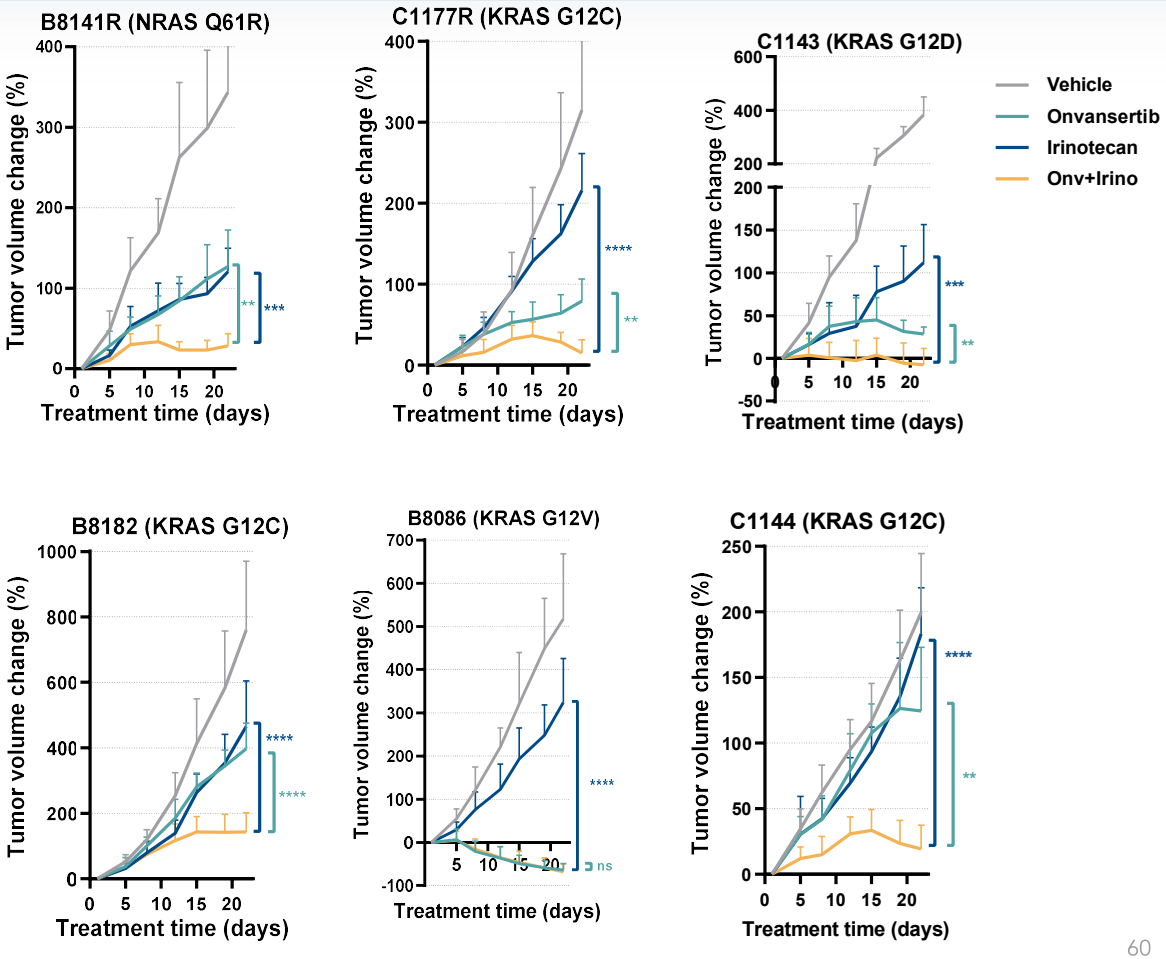
Onvansertib in combination with irinotecan in RAS-mutant CRC PDXs

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 21days. 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

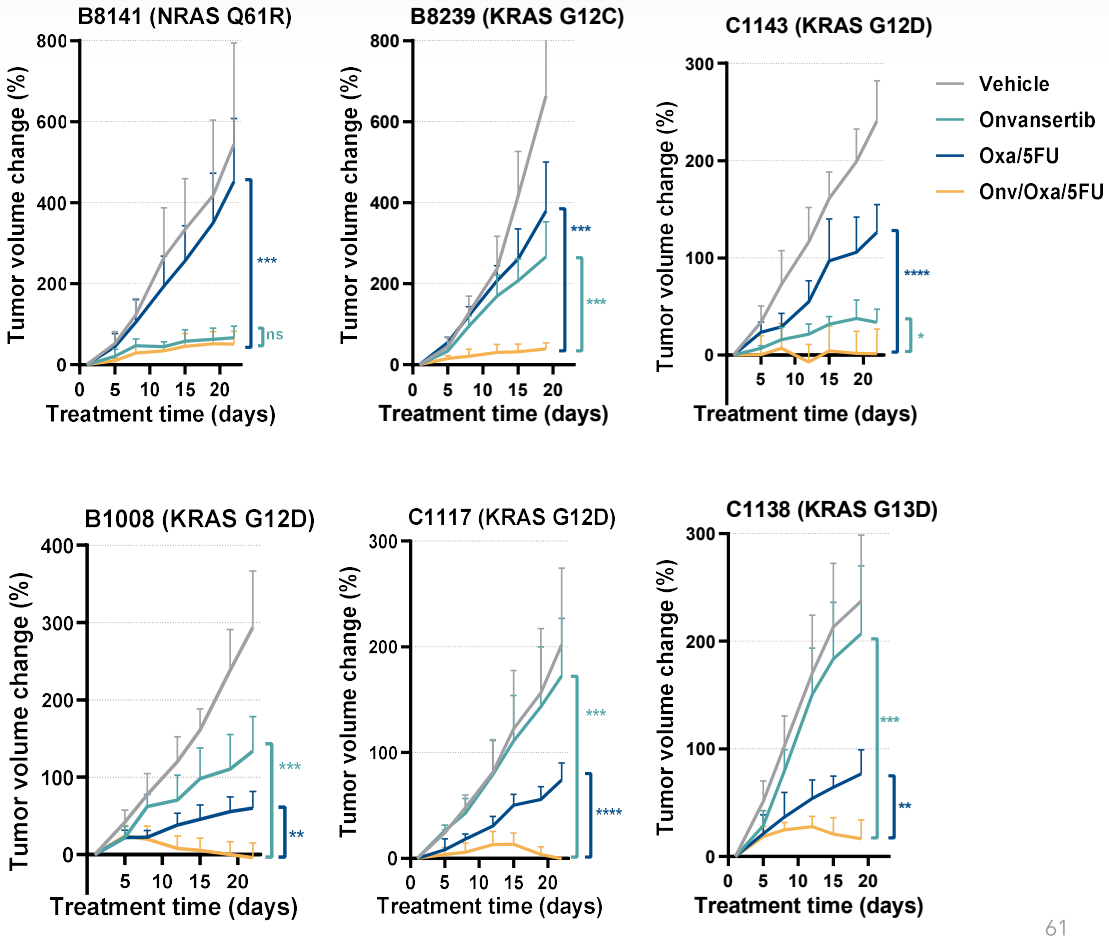
The chemotherapeutics oxaliplatin+5FU had no or modest activity in the 6 RAS-mutant PDX models tested.

Conversely, the combination of onvansertib with oxaliplatin+5FU was efficacious in all 6 models, resulting in tumor statis 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

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Appendix:

Metastatic Pancreatic Adenocarcinoma (mPDAC)

Data from two mPDAC trials provides a path forward in 1st 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 1st line mPDAC

- New IIT combining onvansertib with SoC (NALIRIFOX)

Data from two mPDAC trials provides a path forward in 1st 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 1st line mPDAC

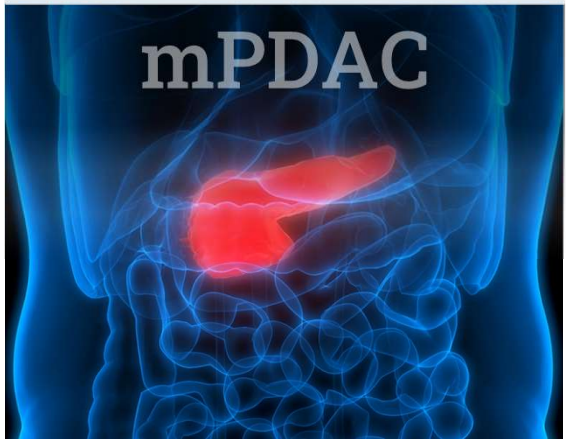
- New IIT combining onvansertib with SoC (NALIRIFOX)

CRDF-001 mPDAC 2nd line Ph2 trial combines onvansertib with SoC

ENROLLMENT CRITERIA

2nd line refractory patients

Measurable tumor by RECIST 1.1



OBJECTIVE

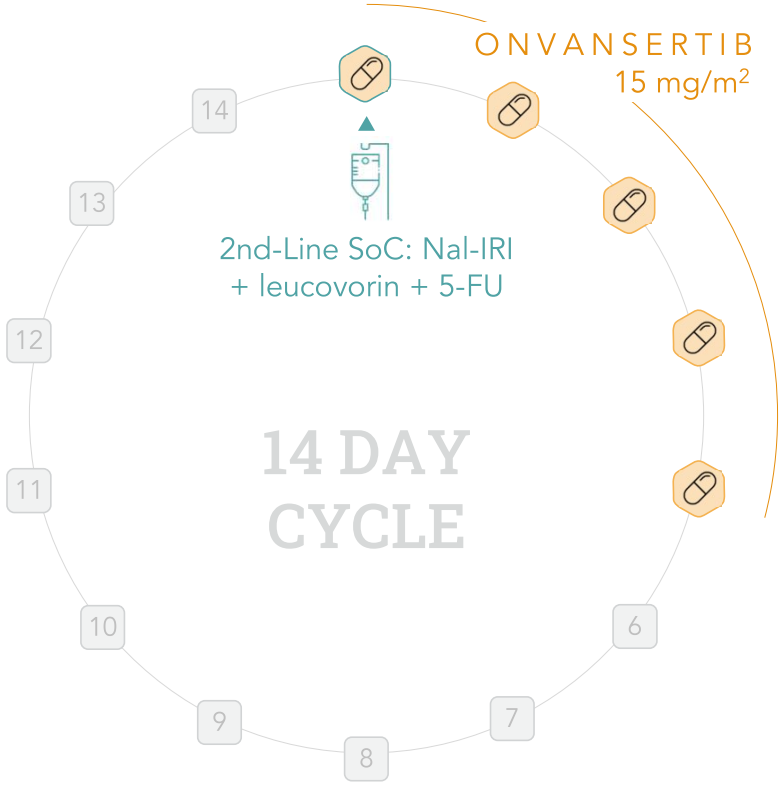
To determine the efficacy and safety of onvansertib when added to standard of care

PRIMARY ENDPOINT

ORR (RECIST 1.1)

SECONDARY ENDPOINT

Disease Control Rate (DCR)

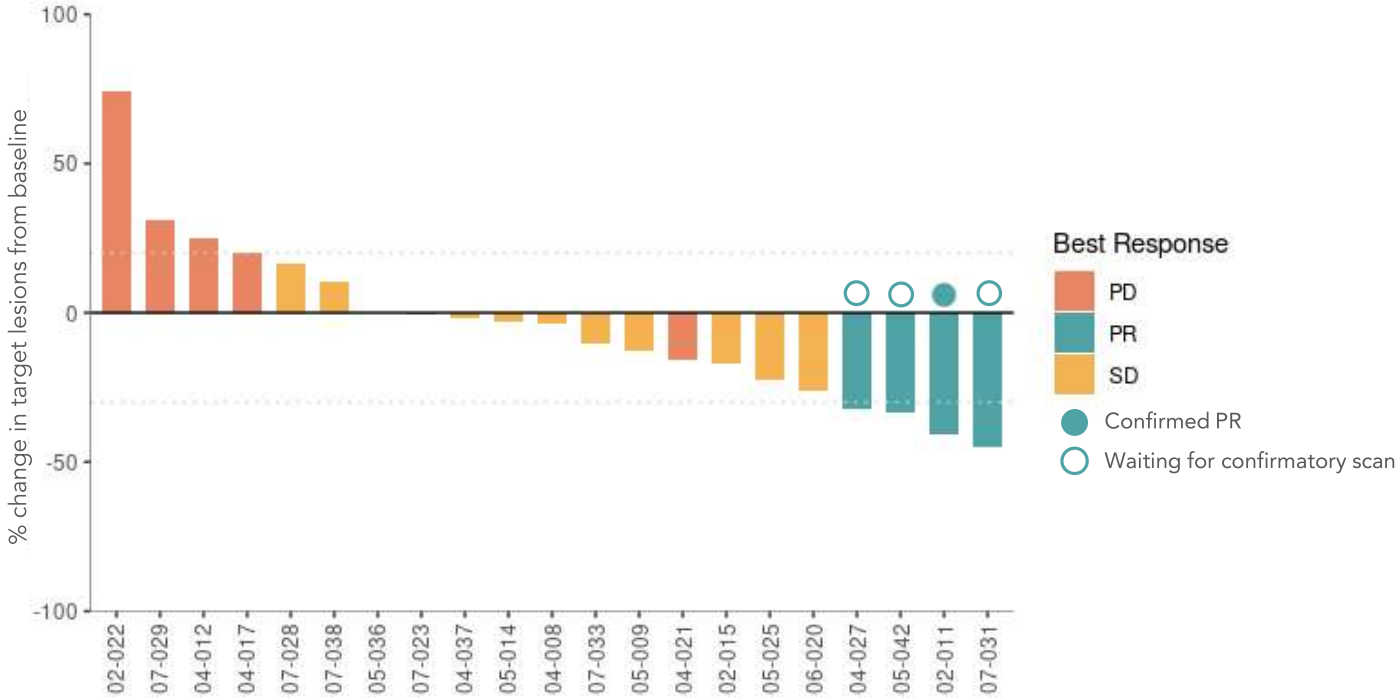


Onvansertib+SoC has higher efficacy than 2nd line historical controls

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

	CRDF-001	Historical controls[1] 2nd line mPDAC	Historical controls[1] 1st line mPDAC
ORR	19% (4/21)	7.7%	23%

Subsequent disclosure on Feb 29, 2024: Three of the four initial partial responses confirmed on their subsequent scan, and one initial partial response did not confirm

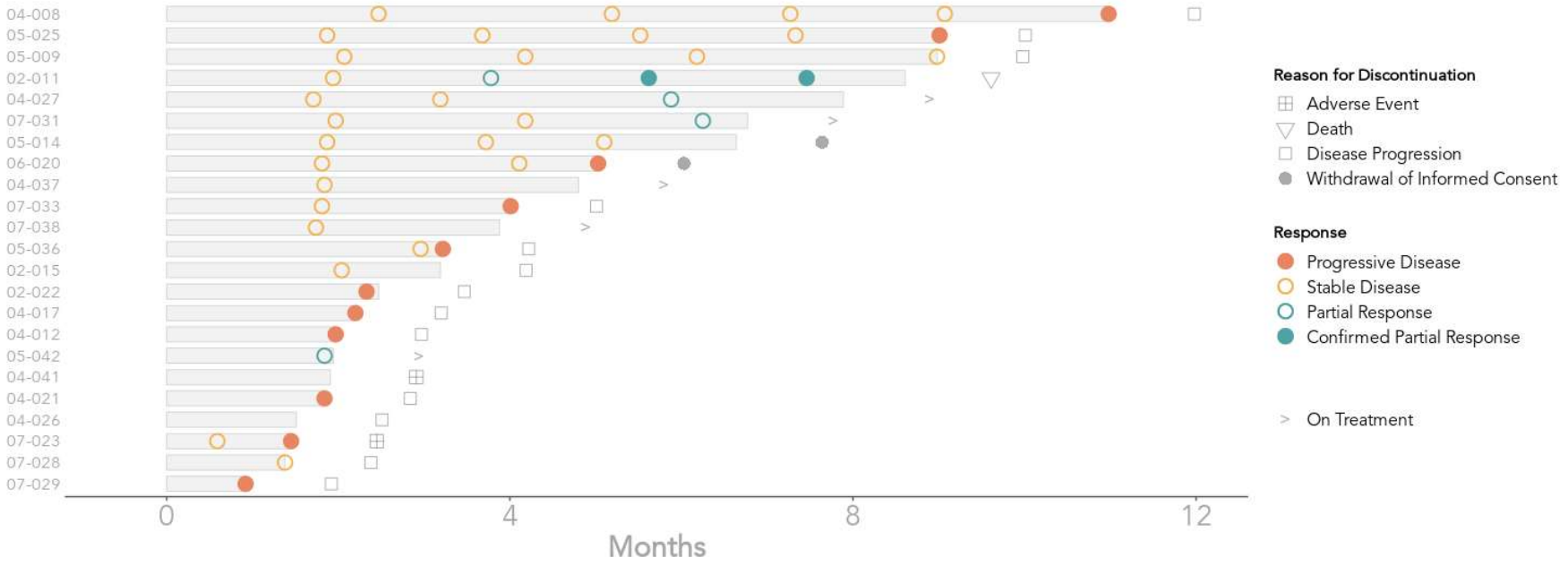


* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of September 13, 2023 from an ongoing trial and unlocked EDC database. For ORR analysis, there are two patients excluded (04-026 and 04-041) that had two cycles of treatment but left the trial before their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

1. FDA insert for Onivyde (Nal-IRI): https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/207793lbl.pdf; 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

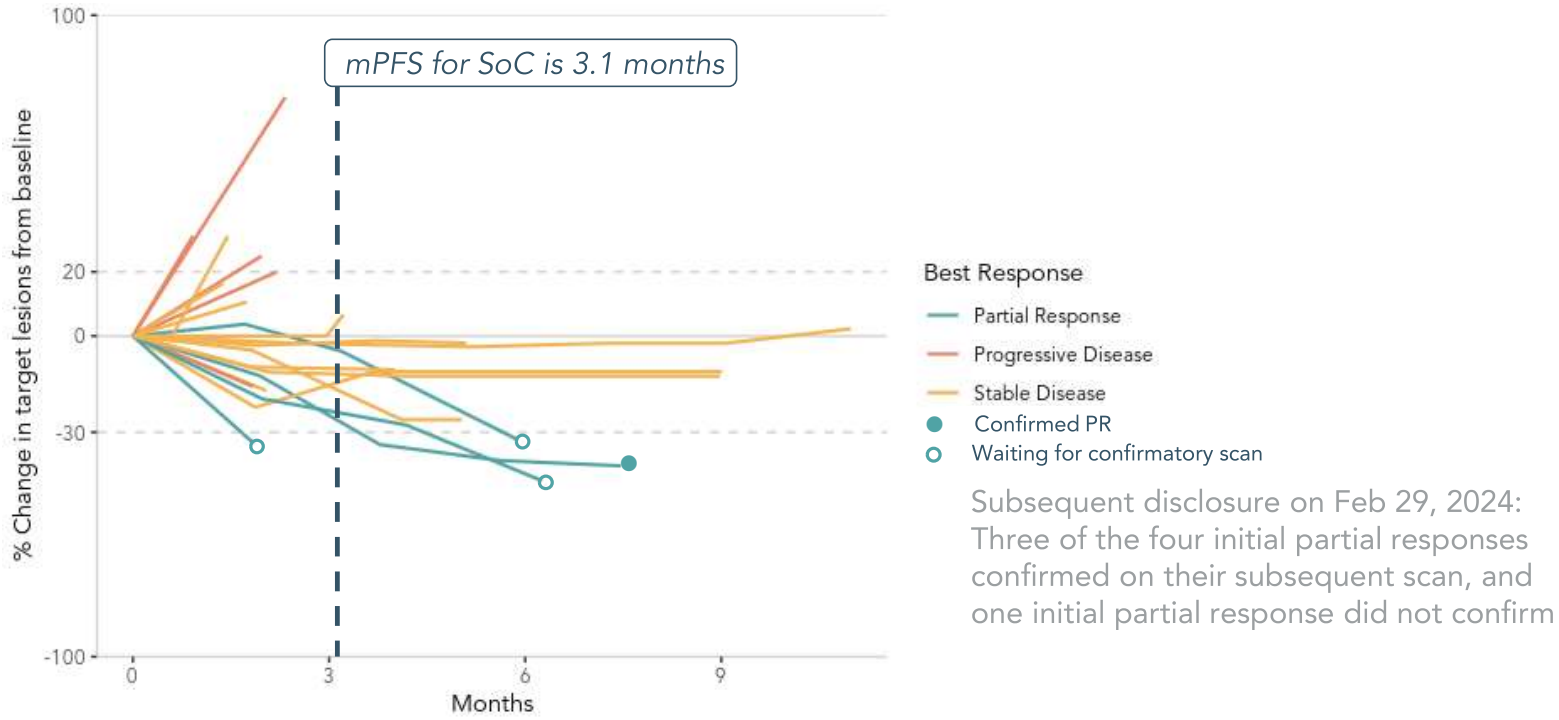
Swimmer plot – 23 evaluable patients (as of September 13, 2023)*



* Swimmer plot reflects interim data as of September 13, 2023 from an ongoing trial and unlocked EDC 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)*



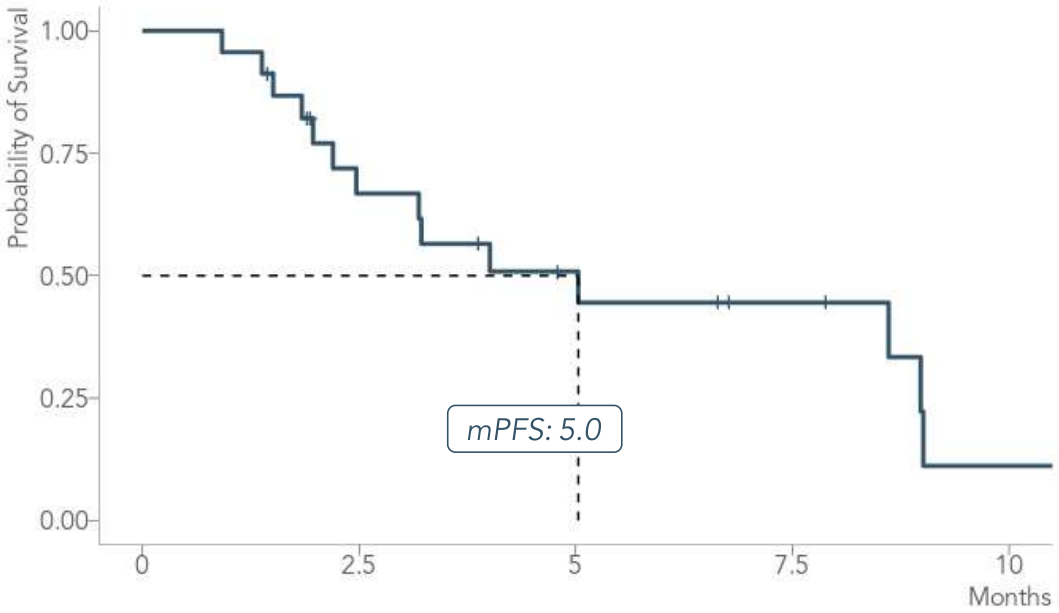
Subsequent disclosure on Feb 29, 2024: Three of the four initial partial responses confirmed on their subsequent scan, and one initial partial response did not confirm

* Spider plot reflect interim data as of September 13, 2023 from an ongoing trial and unlocked EDC 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 2nd line historical controls

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

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



* Onvansertib mPFS are interim data as of September 13, 2023 from an ongoing trial and unlocked EDC 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 ; 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 1st 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 1st line mPDAC

- New IIT combining onvansertib with SoC (NALIRIFOX)

mPDAC Biomarker Discovery trial evaluates onvansertib monotherapy

Investigator-initiated trial at OHSU Knight Cancer Institute

ENROLLMENT CRITERIA

Patients with metastatic pancreatic cancer (any line)

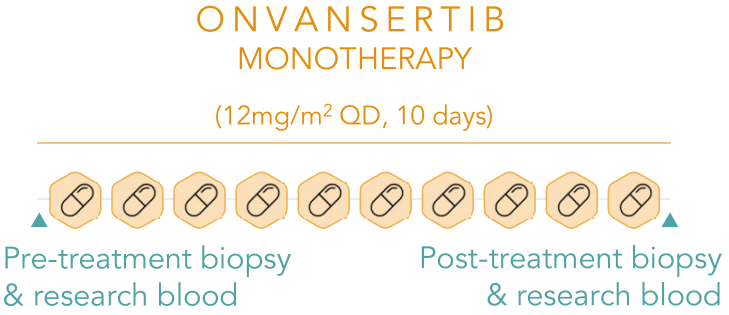
OBJECTIVES

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



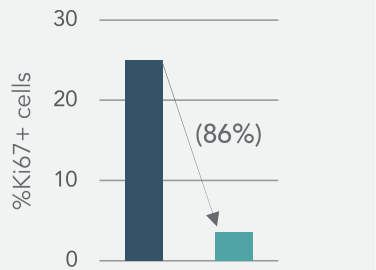
Obtain biopsies / bloodwork before and after 10 days of onvansertib monotherapy to conduct extensive multi-omic analyses

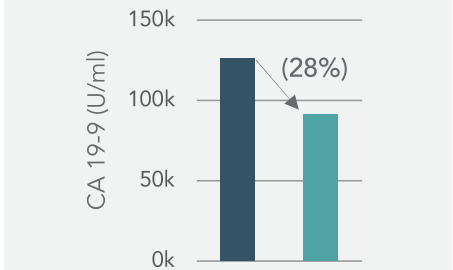
Onvansertib monotherapy decreased tumor proliferation and CA19-9

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

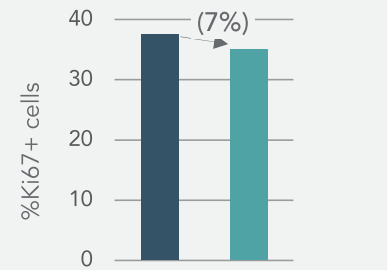
Patient 28 (tumor responder)

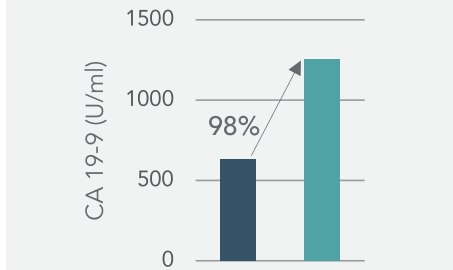




Mutation: KRAS G12V
1st line: Atezo/Bev + Gem/Nab → Response
2nd line: FOLFIRINOX → Progression
3rd line: Onvansertib monotherapy → CA19-9 Response

Patient 33 (tumor non-responder)





Mutation: KRAS Q61R
1st line: FOLFIRINOX → Response
2nd line: Onvansertib monotherapy → CA19-9 Progression

Pre-treatment Post-treatment

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

Data from two mPDAC trials provides a path forward in 1st 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 1st line mPDAC

- New IIT combining onvansertib with SoC (NALIRIFOX)

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

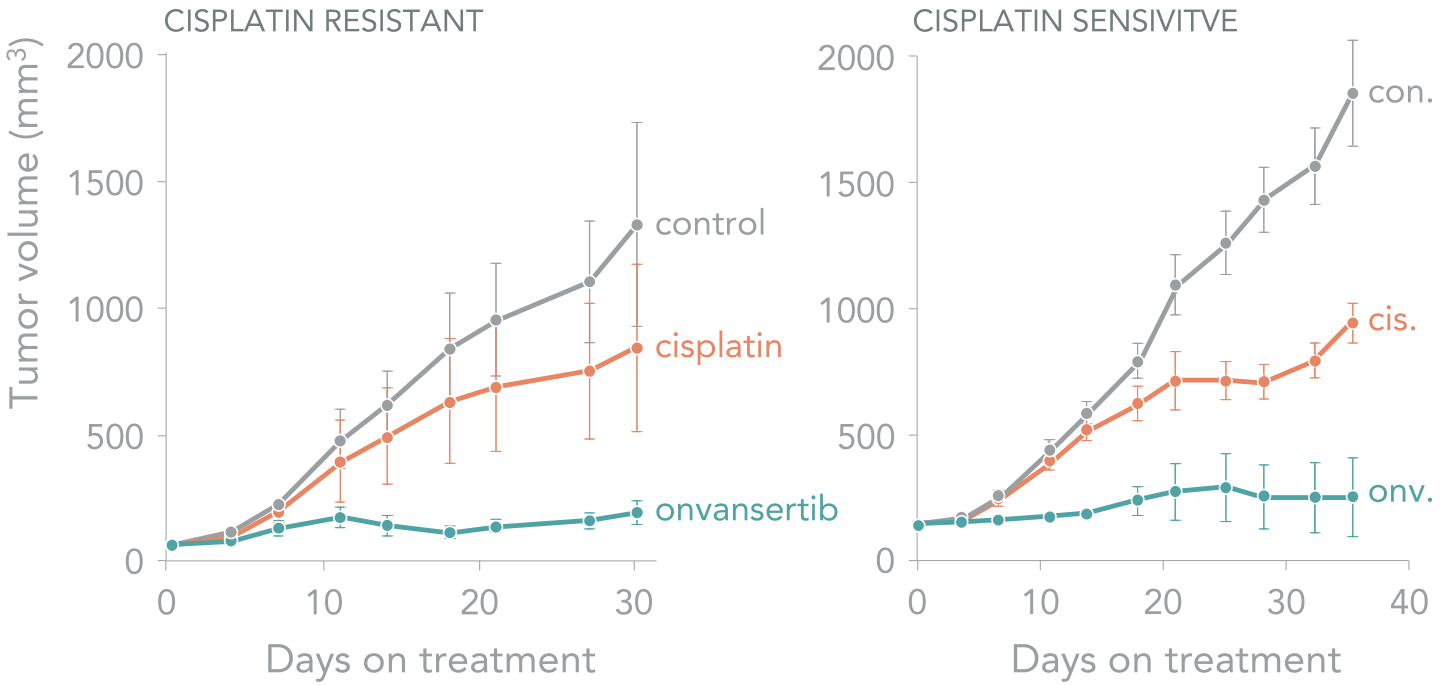
Onvansertib demonstrates single-agent activity in SCLC

TRIAL RATIONALE

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

SCLC

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 ≤2 prior therapies

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

UPMC LIFE CHANGING MEDICINE

SCLC

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 ≤2 prior therapies

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

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PRELIMINARY SAFETY (N=6)

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

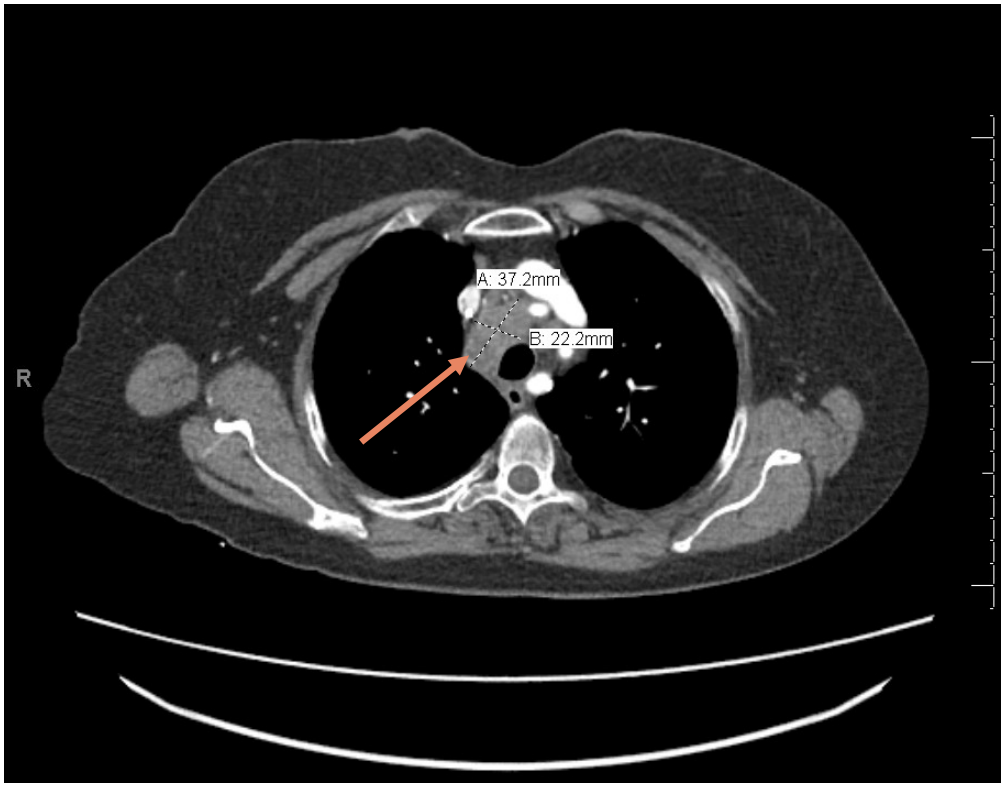
PRELIMINARY EFFICACY (N=7)

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

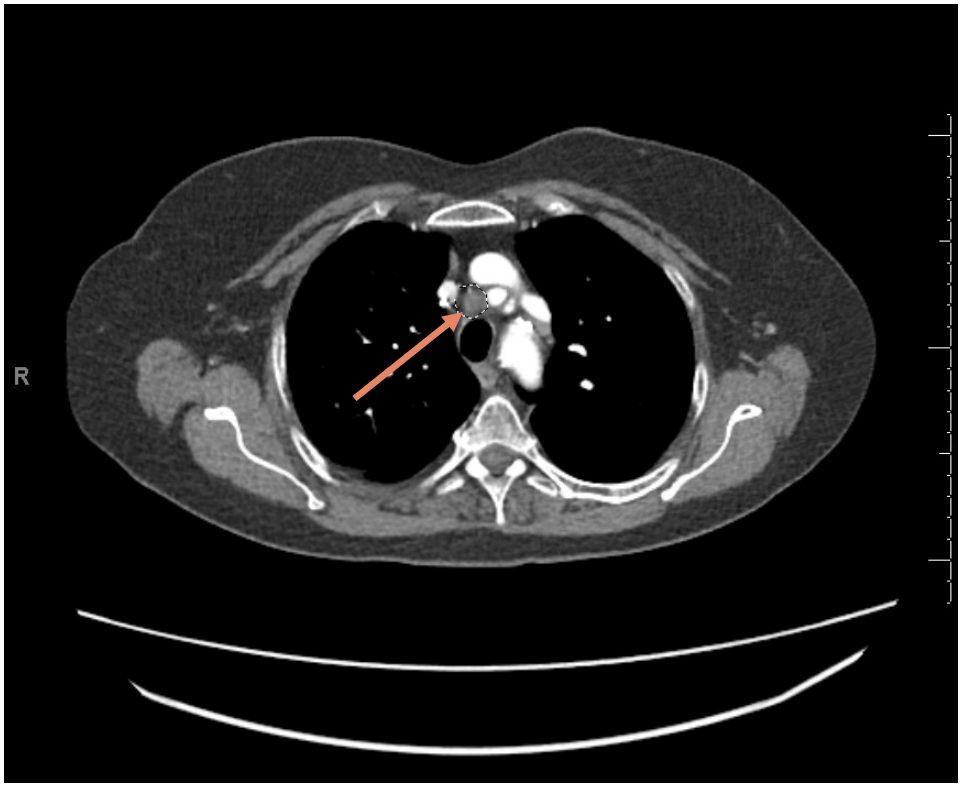
Disease control rate = 57% (4/7)

Radiographic scans for patient with a confirmed PR in SCLC IIT

Baseline Scan



Restaging after Cycle 2



Cardiff Oncology™

Appendix:

Investigator-Initiated Trial

Triple Negative Breast Cancer (TNBC)

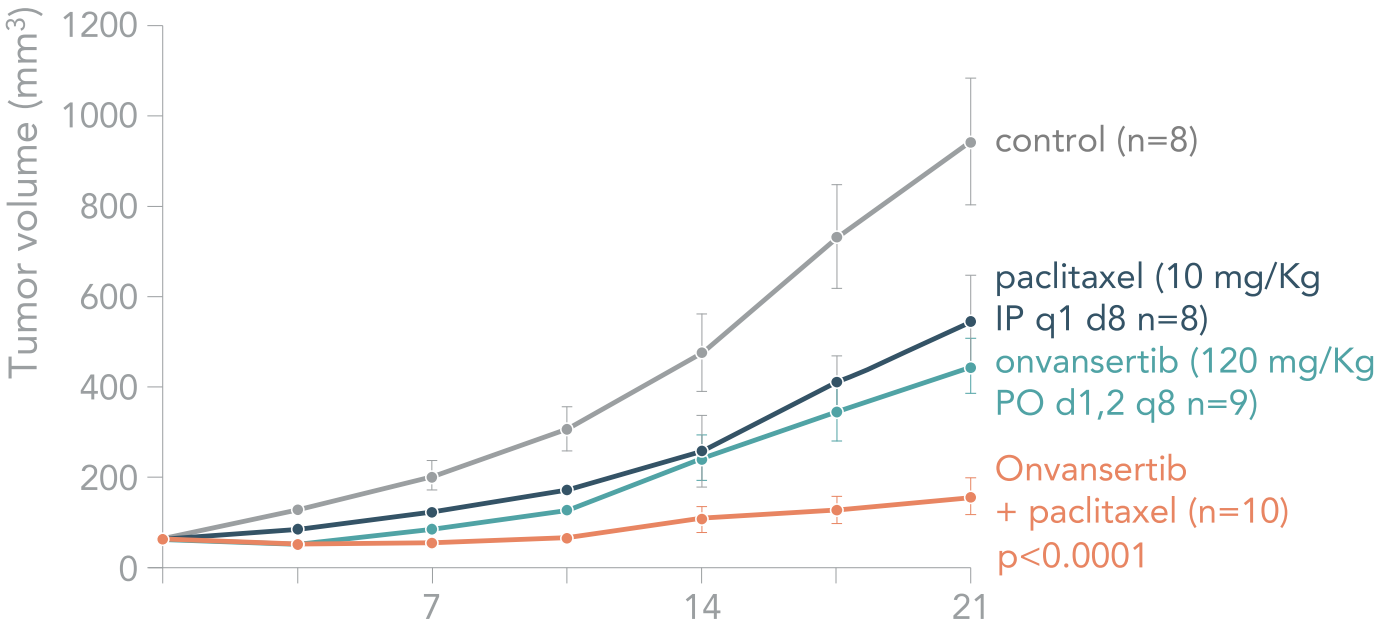
Preclinical: Onvansertib + paclitaxel is superior to single agent therapy

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^3: 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

Dana-Farber Cancer Institute

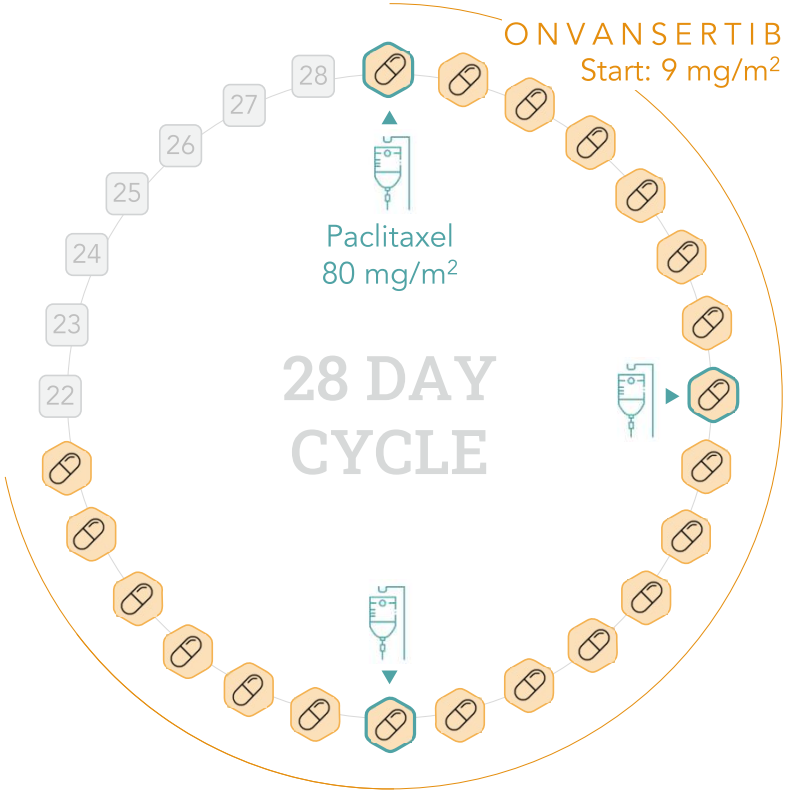
PRIMARY ENDPOINTS

Phase 1b
Safety, characterization of DLTs
Determination of RP2D

Phase 2
ORR (RECIST 1.1)

ONVANSERTIB DOSING

Starting: 9 mg/m^2
- Escalation: 12 mg/m^2, 18 mg/m^2
- De-escalation: 6 mg/m^2



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ENROLLMENT CRITERIA

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TNBC

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)