Ziftomenib Combined With Intensive Induction (7+3) for Newly Diagnosed *NPM1*-m or *KMT2A*-r Acute Myeloid Leukemia (AML): Long-Term Results From the KOMET-007 Trial

Amer M Zeidan[1], Eunice Wang[2], Harry Erba[3], Stephen Strickland[4], Ghayas Issa[5], Suresh K Balasubramanian[6], Gail J Roboz[7], Christine McMahon[8], Marcello Rotta[9], Yazan Madanat[10], Keith Pratz[11], James S Blachly[12], Tara F Lin[13], Gary Schiller[14], Talha Badar[15], Ivana Gojo[16], Jessica K Altman[17], James Mangan[18], Mark Juckett[19], Kiran Naqvi[20], Anjali Advani[21], Leonard C. Alsfeld[22], Jorge Cortes[23], Mohamad Khawandanah[24], Kalyan Nadiminti[25], Hongling Zhang[26], Tianle Chen[26], Valerie Chamberlain Santos[26], Marcie Riches[26], Daniel Corum[26], Mollie Leoni[26], and Amir T Fathi[27]

[1]Yale University and Yale Comprehensive Cancer Center, New Haven, CT, USA; [2]Roswell Park Comprehensive Cancer Center, Buffalo, NY, USA; [3]Duke Cancer Institute, Durham, NC, USA; [4]SCRI at TriStar Centennial, Nashville, TN, USA; [5]Department of Leukemia, The University of Texas MD Anderson Cancer Center, Houston, TX, USA; [6]Karmanos Cancer Institute, Wayne State University, Detroit, MI, USA; [7]Weill Cornell Medicine and The New York Presbyterian Hospital, New York, NY, USA; [8]Anschutz Medical Campus, Division of Hematology, University of Colorado School of Medicine, Aurora, CO, USA; [9]Colorado Blood Cancer Center, Denver, CO, USA; [10]The University of Texas Southwestern Medical Center, Dallas, TX, USA; [11]Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA, USA; [12]The Ohio State University Comprehensive Cancer Center, Columbus, OH, USA; [13]University of Kansas Medical Center, Kansas City, KS, USA; [14]David Geffen School of Medicine at UCLA, Los Angeles, CA, USA; [15]Mayo Clinic, Jacksonville, FL, USA; [16]Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University School of Medicine, Baltimore, MD, USA; [17]Robert H. Lurie Comprehensive Cancer Center, Northwestern University, Chicago, IL, USA; [18]Moores Cancer Center, University of California, San Diego, CA, USA; [19]Department of Hematology, University of Minnesota, Minneapolis, MN, USA; [20]Chao Family Comprehensive Cancer Center, University of California Irvine Health, Orange, CA, USA; [21]Cleveland Clinic, Cleveland, OH, USA; [22]Ochsner MD Anderson Cancer Center, New Orleans, LA, USA; [23]Georgia Cancer Center, Augusta, GA, USA; [24]University of Oklahoma Health Sciences Center, Stephenson Cancer Center, Oklahoma City, OK, USA; [25]Carbone Cancer Center, University of Wisconsin-Madison, Madison, WI, USA; [26]Kura Oncology, Inc., San Diego, CA, USA; [27]Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA

Slides can be accessed through this Quick Response (QR) code.

Copies obtained are for personal use only.

Presented at the European Hematology Association (EHA) 2026 Congress | June 11–14, 2026 | Stockholm, Sweden

Amer M Zeidan – Presenter Disclosures

Serve(d) as director, officer, partner, employee, advisor, consultant, or trustee for: AbbVie; Akesobio; Agios; Amgen; AstraZeneca/Alexion, Astellas; BioCryst; Beigene; Boehringer Ingelheim; Celgene/BMS; Chiesi/Cornerstone biopharma; Daiichi Sankyo; Dr Reddy; Epizyme; Faron; Fibrogen/Kyntro Bio; GSK; Glycomimetics; Genentech/Roche; Gilead; Geron; Innocare, Janssen/J&J; Jasper; Karyopharm; Kyowa Kirin; Keros; Kura; Novartis; Notable; Orum; Otsuka; Oncoverity, Pfizer; Puretech/Gallop Oncology, Regeneron; Rigel; Seattle Genetics; Shattuck labs; Schrodinger; Syros; Syndax; Servier; Takeda; Treadwell; Taiho; Vincerx; Zentalis.

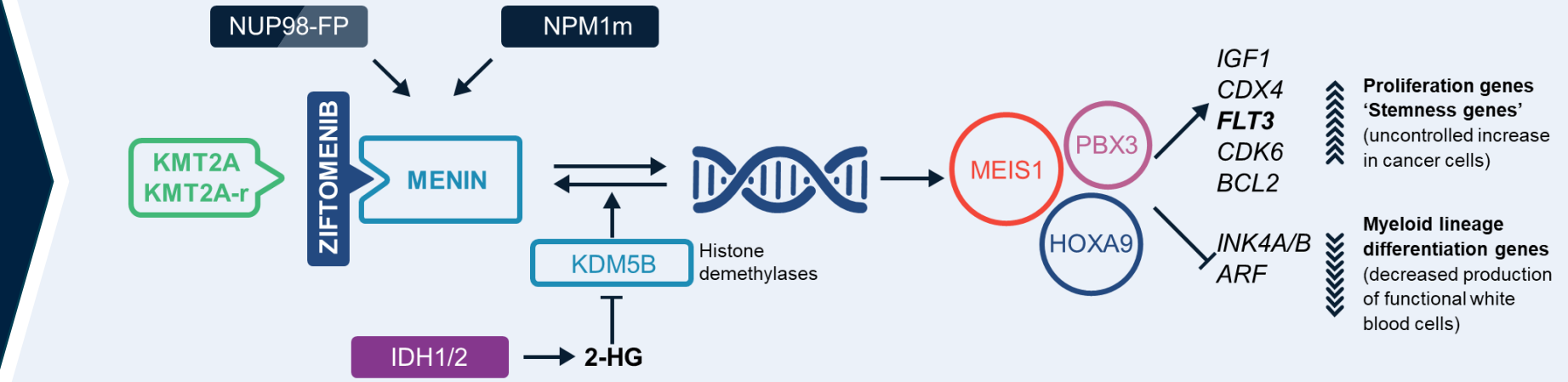
Received clinical research support (institutional) from: AbbVie; Agios, AkesoBio, Astex/Taiho; Bristol-Meyers Squibb/Celgene; Daiichi Sankyo; Faron, Geron; GSK, Genentech/Roche, Kura; Innocare, Novartis; Orum; Oncoverity, Shattuck Labs; Syros, Systimmune, Sillajen, Takeda.

Travel Support: Fibrogen/Kyntra Bio, Kura.

Ziftomenib Targets the Menin Pathway, a Foundational Target in AML

- *NPM1* mutations and *KMT2A* rearrangements drive leukemogenesis in ~35–40% of AML[1,2]
- **Ziftomenib** – a potent, selective, once-daily oral menin inhibitor – is approved by the U.S. FDA as monotherapy for adults with R/R *NPM1*-m AML. It has also shown clinically meaningful activity and tolerability in combination for newly diagnosed *NPM1*-m or *KMT2A*-r AML[3-6]
- **KOMET-007** (NCT05735184) is an ongoing, multi-cohort, open-label, dose-escalation (phase 1a) and expansion (phase 1b) study of ziftomenib in combination with standard therapies in adults with newly diagnosed or R/R *NPM1*-m or *KMT2A*-r AML

Ziftomenib Mechanism of Action[7–16]



AML, acute myeloid leukemia; *KMT2A*-r, *KMT2A*-rearranged; *NPM1*-m, *NPM1*-mutated; R/R, relapsed/refractory; U.S. FDA, U.S. Food and Drug Administration

1. Papaemmanuil et al. *N Engl J Med*. 2016; 375:900-1; **2.** Issa et al. *Leukemia*. 2021; 3:2482-95; **3.** Issa et al. *Blood*. 2025; 146(Suppl 1):764; **4.** Erba et al. *Hemasphere*. 2025; 9(Suppl 1):S136; **5.** Zeidan et al. *Blood*. 2024; 144(Suppl_1):214; **6.** Kura Oncology Inc. 2025; KOMZIFTI™ (ziftomenib) prescribing information; **7.** Collins and Hess. *Curr Opin Hematol*. 2016; 23(4)354-61; **8.** Lu et al. *Cancer Cell*. 2016; 30(1):92-107; **9.** Ferreira et al. *Oncogene*. 2016; 35(23):3079-82; **10.** Jeong et al. *Nat Genet*. 2014; 46(1):17-23; **11.** Wang et al. *Blood*. 2005; 106(1):254-64; **12.** Chowdhury et al. *EMBO Rep*. 2011; 12(5):463-9; **13.** Schmidt et al. *Leukemia*. 2019; 33(7):1608-19; **14.** Xu et al. *Cancer Cell*. 2016; 30(6):863-78; **15.** Brunetti et al. *Cancer Cell*. 2018; 34(3):499-512; **16.** Wang et al. *Cancer Discov*. 2023; 13(3):724-45.

KOMET-007: Ongoing Combination Trial of Ziftomenib in Newly Diagnosed AML

Ziftomenib / 7+3 Combination

Adults with *NPM1*-m or *KMT2A*-r AML enroll independently

Newly Diagnosed AML (N=99)

PHASE 1a: HIGH-RISK[a] AML Dose Escalation

Induction: Ziftomenib / 7+3
Consolidation: Ziftomenib / HiDAC/IDAC[b] or HSCT if clinically indicated[c]
Maintenance: Ziftomenib Monotherapy[d]

- **Dose level 3: 600 mg QD** — Selected RP2D
- **Dose level 2: 400 mg QD**
- **Dose level 1: 200 mg QD**
- **Dose level −1: 100 mg QD**

PHASE 1b: ALL IC-ELIGIBLE AML Dose Expansion / RP2D Determination

Induction: Ziftomenib / 7+3
Consolidation: Ziftomenib / HiDAC/IDAC[b] or HSCT if clinically indicated[c]
Maintenance: Ziftomenib Monotherapy[d]

Ziftomenib / 7+3
Selected dose from Phase 1a
(600 mg QD)

→ **Validated RP2D (600 mg QD)**

Endpoints:

Primary	Secondary
AEs DLTs (Phase 1a) CR[e]	CRc[f] ORR[g] DoR

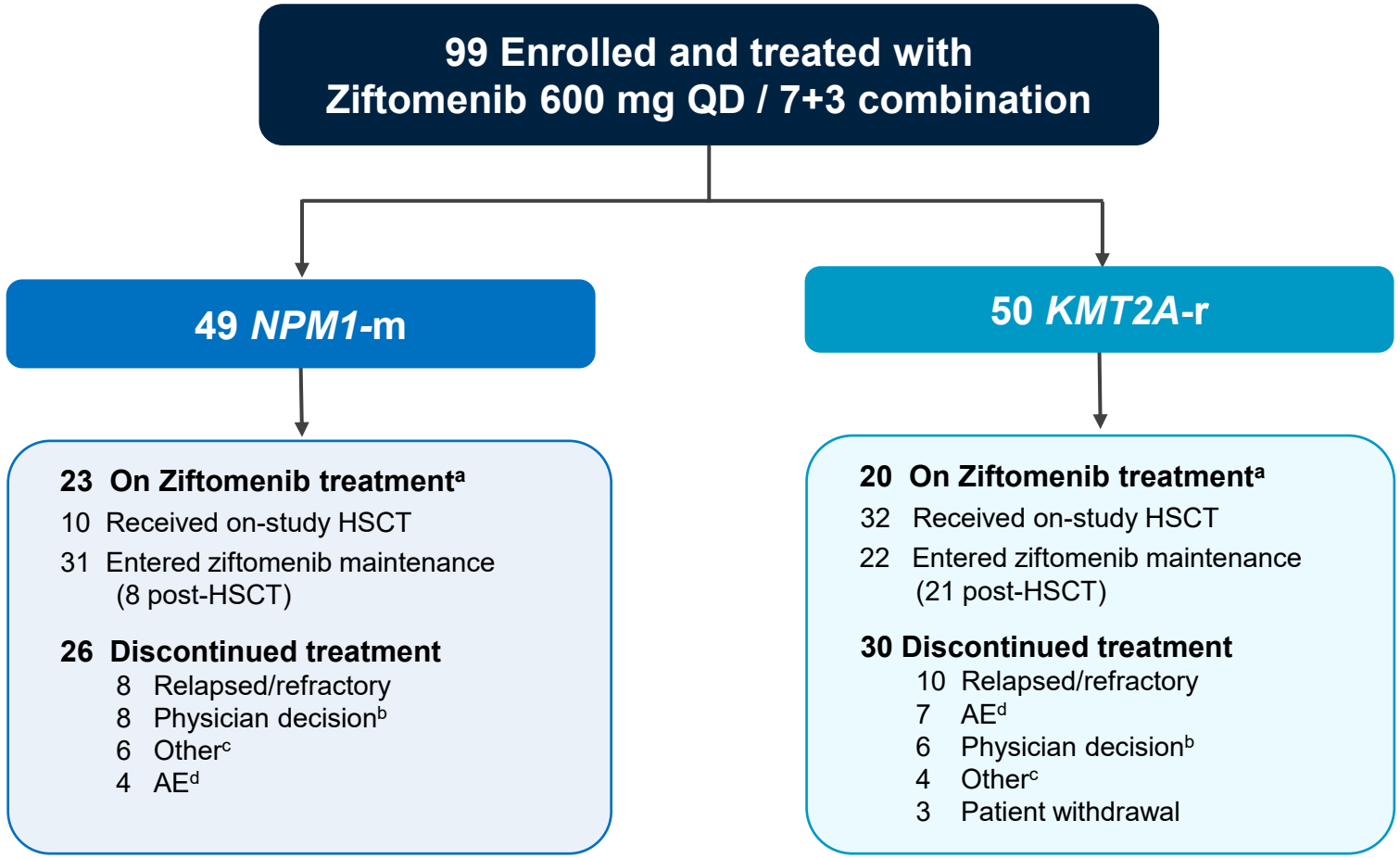
- Ziftomenib started on Cycle 1 Day 8 and administered continuously thereafter; cytarabine was administered on Cycle 1 Days 1–7 and daunorubicin on Cycle 1 Days 1–3; re-induction cycles allowed based on bone marrow biopsy results

Here, we present updated safety and clinical activity in all patients with newly diagnosed AML treated at the ziftomenib RP2D of 600 mg QD in combination with standard doses of 7+3 across phase 1a/b

[a]High-risk defined as *KMT2A*-r AML, or *NPM1*-m AML with adverse-risk cytogenetics per ELN criteria, age ≥60 years, and/or treatment-related AML regardless of age; [b]HiDAC, IDAC or VYXEOS® were permitted; [c]For HSCT, ziftomenib was held; [d]Ziftomenib 600 mg monotherapy for up to 2 years; [e]per ELN 2022 criteria; [f]CR, CRh, or CRi; [g]CRc or MLFS

7+3, cytarabine/daunorubicin; AE, adverse event; CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; CRc, composite complete remission; DLT, dose-limiting toxicity; DoR, duration of remission; HiDAC, high-dose cytarabine; HSCT, hematopoietic stem cell transplantation; IC, intensive chemotherapy; IDAC, intermediate-dose cytarabine; MLFS, morphologic leukemia-free state; ORR, objective response rate; RP2D, recommended phase 2 dose

KOMET-007 Patient Populations: Newly Diagnosed AML



- As of Apr 10, 2026, **99 patients** (49 *NPM1*-m, 50 *KMT2A*-r) with newly diagnosed AML were enrolled and treated with ziftomenib 600 mg orally once daily and 7+3
- Median follow-up was **17.6 months** for *NPM1*-m and **11.0 months** for *KMT2A*-r
- 90% (44/49) of *NPM1*-m and 62% (31/50) of *KMT2A*-r patients were still on-study

[a]Patients who had not discontinued ziftomenib as of the data cutoff date; [b]Physician decisions included: *NPM1*-m: decision to withdraw patient from study (n=1), myocarditis of uncertain etiology (n=1), patient graft-versus-host disease status (n=1), patient commencing alternative treatment (n=5); *KMT2A*-r: patient unable to return to site for treatment (n=1), patient started cranio-spinal irradiation (n=1), nonspecific symptoms (predominantly pruritus) (n=1), failure to meet eligibility criteria for post-HSCT maintenance therapy (n=1), commencing alternative treatment (n=2); [c]Other reasons included: *NPM1*-m: patient refusal to continue study treatment (n=1), maintenance off trial (n=1), patient declined to adhere to birth control requirements (n=1), patient proceeded to off-study transplant (n=3); *KMT2A*-r: patient proceeded with chemotherapy+donor lymphocyte infusion (n=1), patient decided not to continue with ziftomenib (n=1), patient proceeded to transplant (n=2); [d]Adverse events included: *NPM1*-m: arthralgia, ischemic enteritis, cerebral hemorrhage, drug-induced liver injury (all n=1); *KMT2A*-r: multiple organ dysfunction syndrome (n=1), sepsis (n=1), staphylococcal sepsis (n=1), clostridial sepsis (n=1), disseminated mucormycosis (n=1), cardiac arrest (n=1), differentiation syndrome (n=1)

Data cutoff: Apr 10, 2026. HSCT, hematopoietic stem cell transplantation

Baseline Characteristics

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)
Median age, years (range)	60 (30–71)	43 (18–70)	53 (18–71)
Female	25 (51)	31 (62)	56 (57)
Race			
White	36 (73)	32 (64)	68 (69)
Non-White	3 (6)	7 (14)	10 (10)
Unknown[a]	10 (20)	11 (22)	21 (21)
ECOG PS 0–1	44 (90)	48 (96)	92 (93)
Select co-mutations			
FLT3[b]	7 (14)	7 (14)	14 (14)
IDH1/2	18 (37)	2 (4)	20 (20)
Therapy-related AML	2 (4)	10 (20)	12 (12)

[a]Includes unknown and not reported categories; [b]*FLT3*-ITD allelic ratio <0.05 (4 *NPM1*-m) or considered ineligible for FLT3 inhibitor (3 *NPM1*-m, 7 *KMT2A*-r); [c]Patients on treatment or in long-term follow-up

Data cutoff: Apr 10, 2026. ECOG PS, Eastern Cooperative Oncology Group performance status; ITD, internal tandem duplication

Safety and Tolerability of Ziftomenib with 7+3

TEAEs in ≥30% of All Patients

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)	Ziftomenib-related (N=99)
Any grade	**49 (100)**	**50 (100)**	**99 (100)**	**85 (86)**
Febrile neutropenia	30 (61)	37 (74)	67 (68)	16 (16)
Diarrhea	33 (67)	33 (66)	66 (67)	22 (22)
Thrombocytopenia[a]	33 (67)	30 (60)	63 (64)	23 (23)
Pruritus	28 (57)	26 (52)	54 (55)	36 (36)
Nausea	24 (49)	26 (52)	50 (51)	17 (17)
Hypokalemia	21 (43)	24 (48)	45 (45)	5 (5)
Stomatitis	18 (37)	25 (50)	43 (43)	5 (5)
Anemia[b]	22 (45)	20 (40)	42 (42)	16 (16)
Fatigue	20 (41)	20 (40)	40 (40)	13 (13)
ALT increased	20 (41)	19 (38)	39 (39)	13 (13)
Headache	17 (35)	18 (36)	35 (35)	7 (7)
Constipation	20 (41)	13 (26)	33 (33)	3 (3)
Neutropenia[c]	16 (33)	16 (32)	32 (32)	15 (15)
Rash maculo-papular	14 (29)	18 (36)	32 (32)	8 (8)
Vomiting	15 (31)	16 (32)	31 (31)	11 (11)
Edema peripheral	16 (33)	14 (28)	30 (30)	3 (3)
Dizziness	17 (35)	13 (26)	30 (30)	6 (6)

- Ziftomenib safety profile in combination with intensive chemotherapy was consistent with that reported for 7+3 alone[1]
- No new or unexpected AEs with long-term follow-up

[a]Includes PTs platelet count decreased and thrombocytopenia; [b]Includes PTs hemoglobin decreased, red blood cell count decreased and anemia; [c]Includes PTs neutrophil count decreased and neutropenia

Data cutoff: Apr 10, 2026. ALT, alanine aminotransferase; PT, preferred term; TEAE, treatment-emergent adverse event

1. Lin et al. *Blood Adv*. 2021; 5(6):1719-28.

Safety and Tolerability of Ziftomenib with 7+3

Grade ≥3 TEAEs in ≥10% of All Patients

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)	Grade ≥3 Ziftomenib-related (N=99)
Any grade ≥3	**46 (94)**	**49 (98)**	**95 (96)**	**52 (53)**
Febrile neutropenia	29 (59)	33 (66)	62 (63)	13 (13)
Thrombocytopenia[a]	31 (63)	28 (56)	59 (60)	21 (21)
Anemia[b]	20 (41)	17 (34)	37 (37)	15 (15)
Neutropenia[c]	16 (33)	15 (30)	31 (31)	13 (13)
Leukopenia[d]	12 (24)	16 (32)	28 (28)	9 (9)
Hypokalemia	5 (10)	10 (20)	15 (15)	1 (1)
Sepsis	6 (12)	7 (14)	13 (13)	4 (4)
Lymphopenia[e]	5 (10)	9 (18)	14 (14)	4 (4)
ALT increased	6 (12)	5 (10)	11 (11)	4 (4)
Pruritus	6 (12)	4 (8)	10 (10)	10 (10)[f]

Grade ≥3 AEs of Interest

Differentiation syndrome (DS):

- 4 Gr3 DS cases (4%; 1 *NPM1*-m, 3 *KMT2A*-r); no Gr4
- All DS events successfully resolved with protocol-specified mitigation and 3 continued ziftomenib treatment

QTc prolongation:

- 3 Gr3 investigator-assessed QTc prolongation cases[g] (3%; 1 *NPM1*-m, 2 *KMT2A*-r; none ziftomenib-related); no Gr4
- All QTc events successfully resolved and continued ziftomenib treatment

[a]Includes PTs platelet count decreased and thrombocytopenia; [b]Includes PTs hemoglobin decreased, red blood cell count decreased and anemia; [c]Includes neutrophil count decreased and neutropenia; [d]Includes white blood cell count decreased and leukopenia; [e]Includes lymphocyte count decreased and lymphopenia; [f]Pruritis was generally managed with gabapentin-based (n=8) or antihistamine-based (n=2) therapy; [g]All 3 patients were on other medications at time of QT assessment (posaconazole, ciprofloxacin, levofloxacin, hydroxyzine, metronidazole); 1 patient had ongoing hypokalemia and hypomagnesemia

Data cutoff: Apr 10, 2026. Gr, grade; PT, preferred term; QTc, corrected QT interval.

Clinical Activity of Ziftomenib with 7+3

n (%)	*NPM1*-m (N=49)	*KMT2A*-r (N=50)	All Patients (N=99)
CRc	47 (96)	45 (90)	92 (93)
ORR	48 (98)	46 (92)	94 (95)
CR	46 (94)	41 (82)	87 (88)
CRh	1 (2)	1 (2)	2 (2)
CRi	0	3 (6)	3 (3)
MLFS	1 (2)	1 (2)	2 (2)
PR	0	0	0
NR	1 (2)	3 (6)	4 (4)
NE	0	1 (2)	1 (1)
CR MRD negativity (local), n/m (%)[a]	39/46 (85)	30/35 (86)	69/81 (85)
CRc MRD negativity (local), n/m (%)[a]	40/47 (85)	32/39 (82)	72/86 (84)
Median time to CR MRD negativity, months (range)	1.5 (0.5–12.2)	0.9 (0.5–2.8)	1.2 (0.5–12.2)
Median time to CRc MRD negativity, months (range)	1.5 (0.5–12.2)	0.9 (0.5–2.8)	1.1 (0.5–12.2)

[a]Among evaluable responders tested for MRD per local assay (NGS, RT-qPCR, flow cytometry, or FISH [*KMT2A*-r only])

Data cutoff: Apr 10, 2026. FISH, fluorescence in situ hybridization; MRD, measurable residual disease; NE, not estimable; NGS, next-generation sequencing; NR, no response; PR, partial remission; RT-qPCR, quantitative reverse transcription polymerase chain reaction

Central Molecular MRD Negativity: Newly Diagnosed *NPM1*-m AML

n/N (%)	Central MRD (Threshold <0.1%)	Central MRD (Threshold <0.01%)
CRc MRD negativity rate[a]	31/39 (79)	22/39 (56)
Median time to MRD negativity, months (range)	2.2 (0.7–2.6)	2.3 (0.8–3.1)
Timing of MRD negativity[b]:		
By Cycle 1	10/31 (32)	6/22 (27)
By Cycle 2	31/31 (100)	22/22 (100)
By Cycle 3	31/31 (100)	22/22 (100)

[a]*NPM1* MRD was performed among CRc responders by central next-generation sequencing (sensitivity of 0.0025%; protocol-defined threshold <0.01%); [b]Among CRc responders who achieved MRD negativity

Data cutoff: Apr 10, 2026

ANC and Platelet Recovery in CRc Responders

Median days (IQR), Cycle 1	*NPM1*-m (N=47)	*KMT2A*-r (N=45)	All Patients (N=92)
ANC ≥0.5 x 10^9/L	28 (21–32)	27 (25–29)	27 (23–30)
ANC ≥1.0 x 10^9/L	28 (27–35)	28 (26–35)	28 (26–35)
Platelets ≥50 x 10^9/L	23 (21–29)	26 (22–29)	25 (21–29)
Platelets ≥100 x 10^9/L	28 (24–33)	28 (26–30)	28 (25–33)

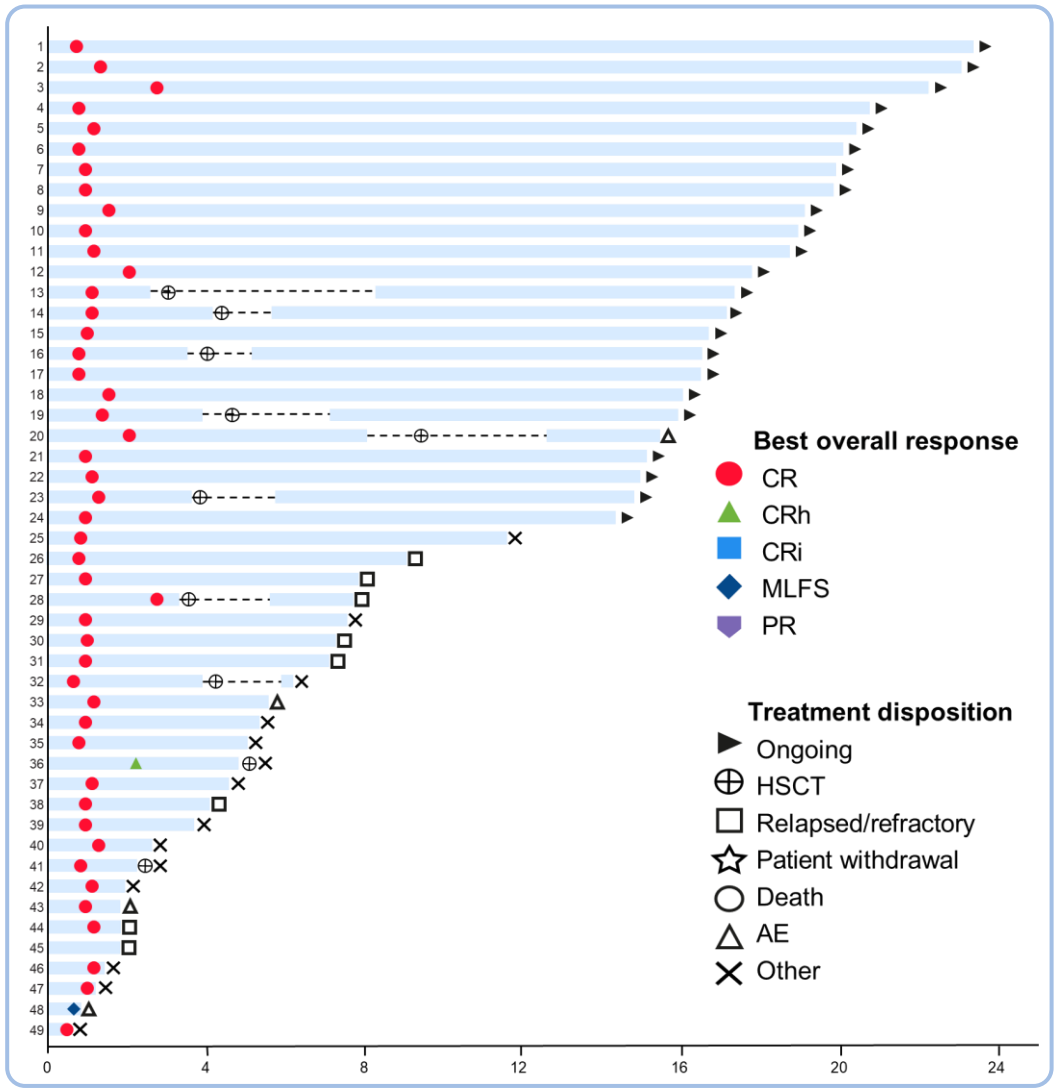
- Time to neutrophil and platelet recovery was comparable to that for intensive chemotherapy regimens[1,2]

Data cutoff: Apr 10, 2026. ANC, absolute neutrophil count; IQR, interquartile range

1. Lancet et al. *J Clin Oncol*. 2018; 36(26):2684-92; **2.** Erba et al. *Lancet*. 2023; 401(10388):1571-83

Duration of Treatment and Clinical Outcomes

NPM1-m



After a median follow-up of 17.6 months (range 1.0–23.5):

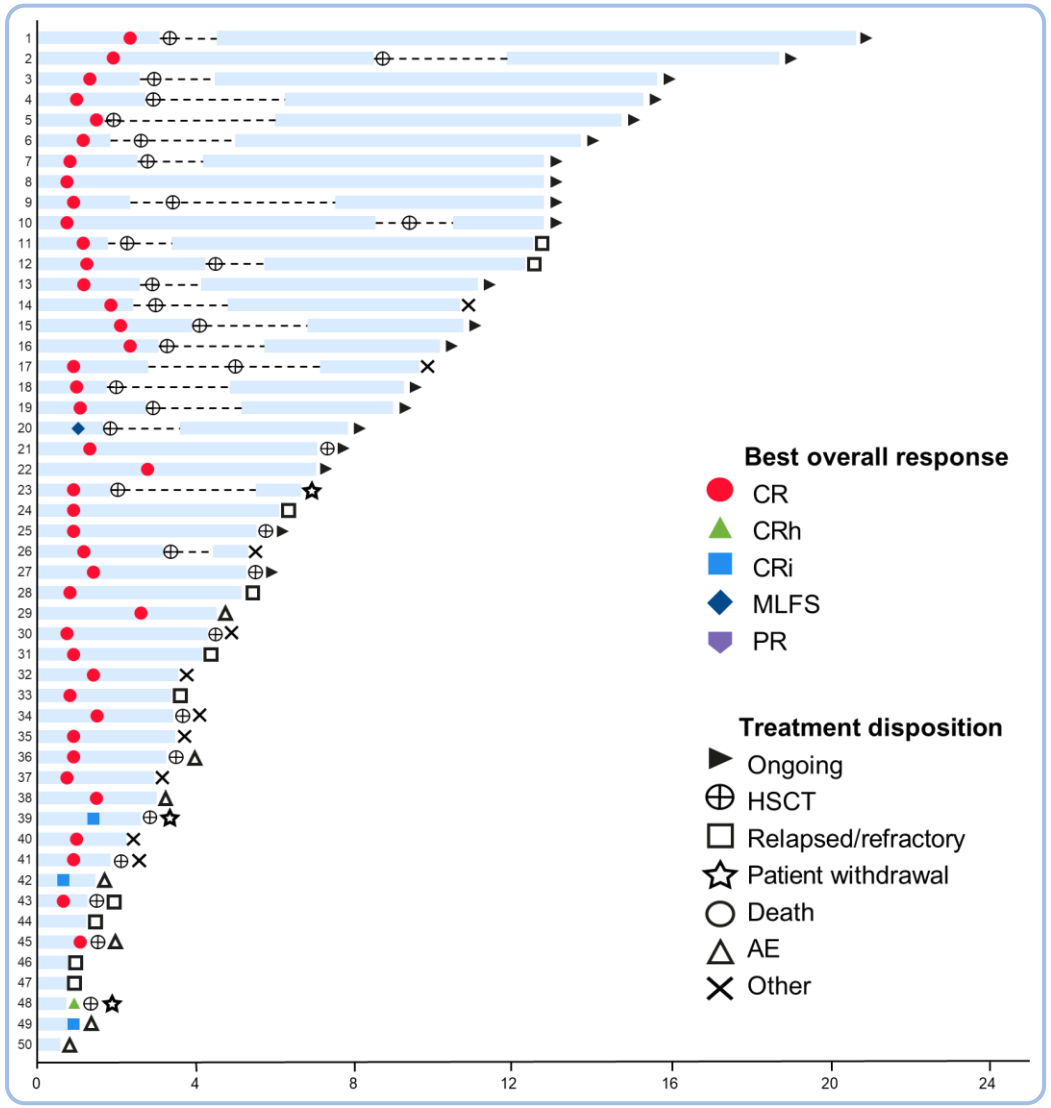
- Median duration of CR was **not reached**
  - 80% duration of CR at 12 months
- 10 *NPM1*-m patients received HSCT
- 31 *NPM1*-m patients entered maintenance treatment
  - 8 after on-study HSCT
  - 23 without on-study HSCT
- 8 discontinued due to relapse/refractory
- 4 discontinued due to AEs (1 ziftomenib-related)

Data cutoff: Apr 10, 2026

AE, adverse event; CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; HSCT, hematopoietic stem cell transplantation; MLFS, morphologic leukemia-free state; PR, partial response

Duration of Treatment and Clinical Outcomes

KMT2A-r



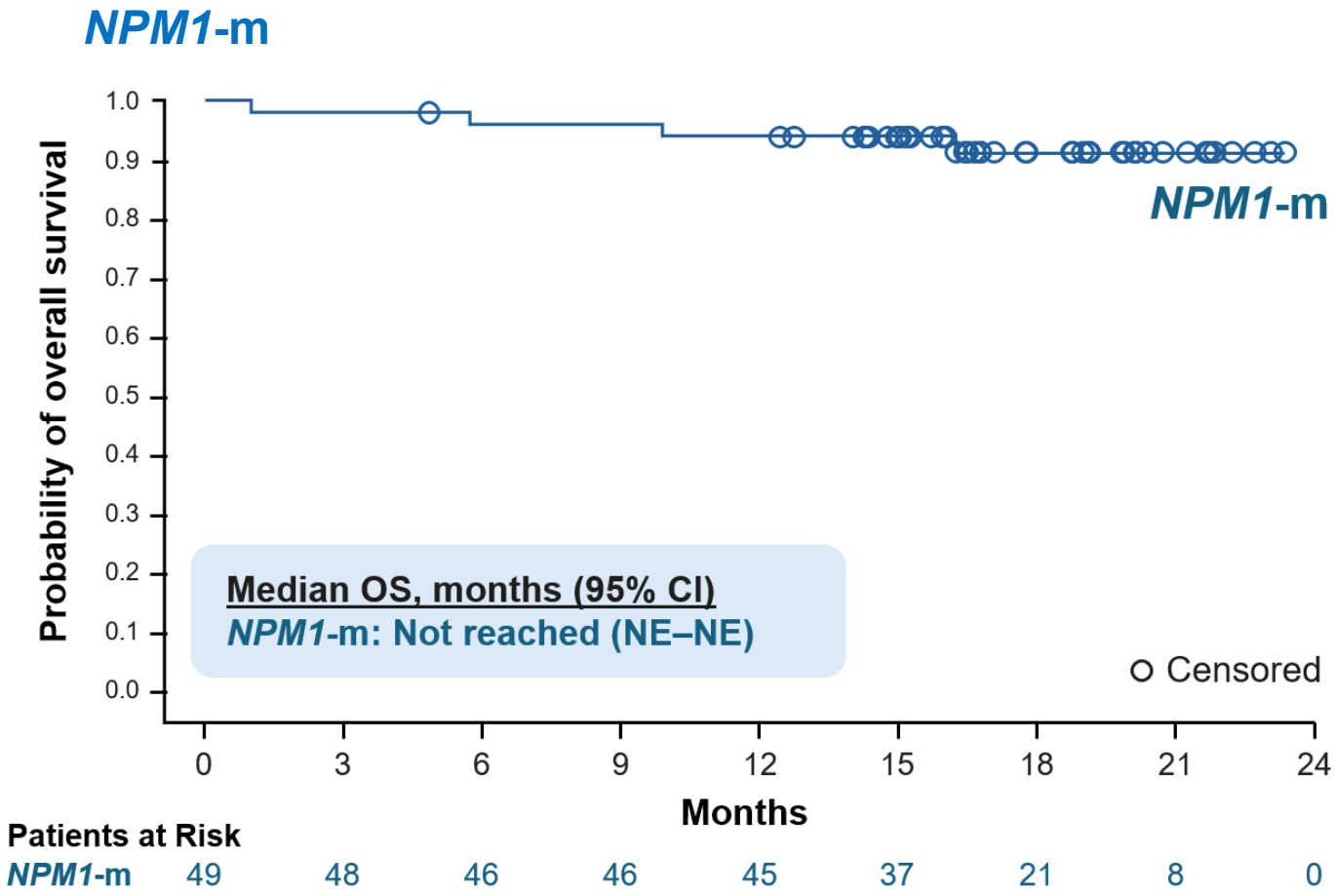
After a median follow-up of 11.0 months (range 0.9–21.9):

- Median duration of CR was **12.0 months** (95% CI 6.0–NE) and follow-up continues
- 32 *KMT2A*-r patients received HSCT
- 22 *KMT2A*-r patients entered ziftomenib maintenance
  - 21 after on-study HSCT
  - 1 without on-study HSCT
- 10 discontinued due to relapse/refractory
- 7 discontinued due to AEs (2 ziftomenib-related)

Data cutoff: Apr 10, 2026

AE, adverse event; CR / CRh / CRi, complete remission with full / partial / incomplete hematologic recovery; HSCT, hematopoietic stem cell transplantation; MLFS, morphologic leukemia-free state; NE, not estimable; PR, partial response

Overall Survival



After a median follow-up of 17.6 months (range 1.0–23.5):

- Median OS was **not reached**
  - *NPM1*-m: 94% OS rate at 12 months
- Median age was 60 years
- 90% (44/49) of *NPM1*-m patients remained alive and continued on study[a]
  - 60-day mortality: 2% (1/49)

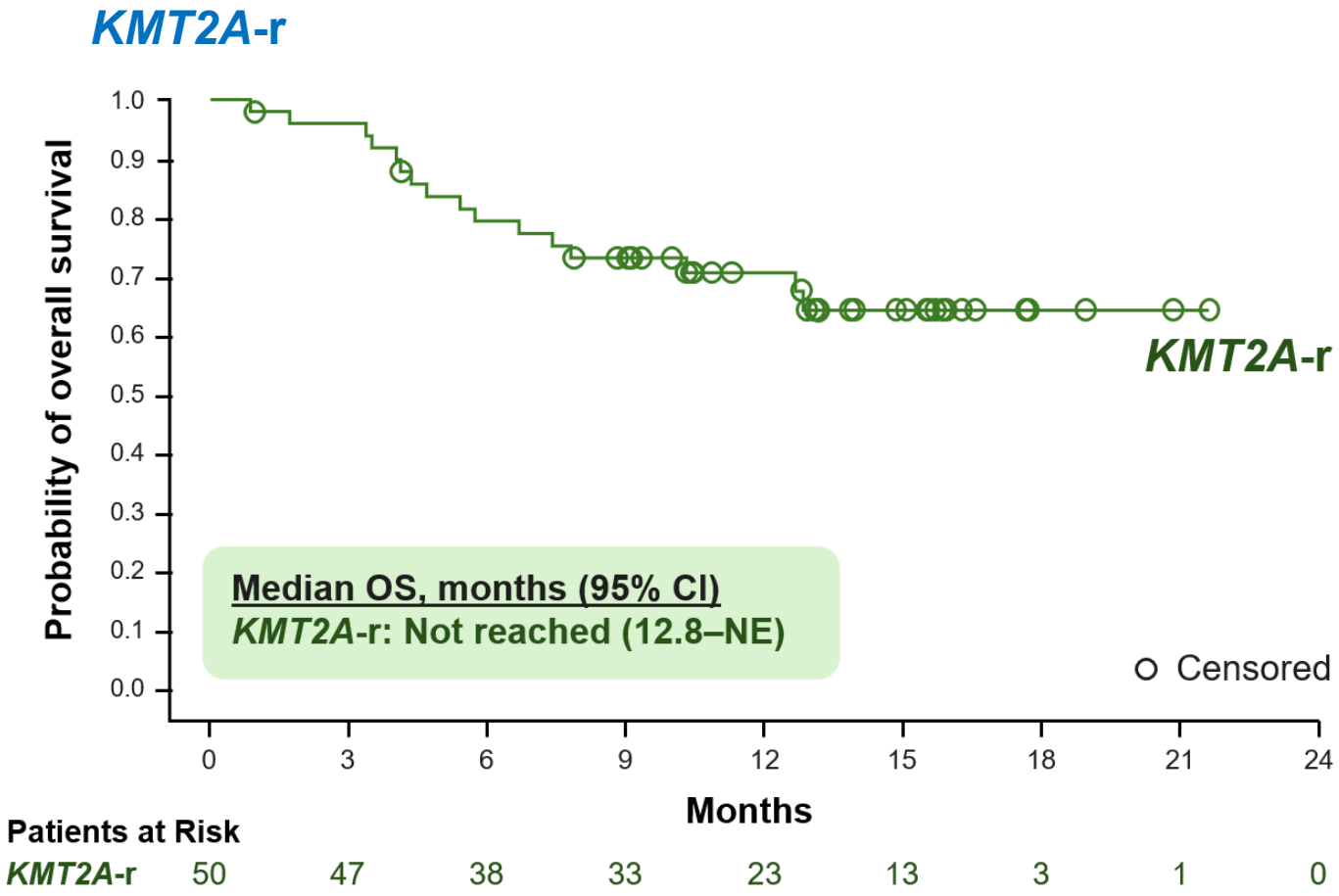
- 12-month OS with intensive chemotherapy-based regimens varied from ~70–80% in younger/fit patients to ~45–55% in older adults[1-5]

[a]Patients on treatment or in long-term follow-up

Data cutoff: Apr 10, 2026. OS, overall survival

1. Othus et al. *Leukemia*. 2019; 33(2):371-378. **2.** Othman et al. *Blood*. 2024; 144(7):714-728; **3.** Lachowiez et al. *Blood Adv*. 2020; 4(7):1311–1320. 4. Hernández-Sánchez et al., *Leukemia*. 2026; 40(2):418-428. **5.** Recher et al. *Leukemia*. 2022; 36(4):913-922.

Overall Survival



After a median follow-up of 11.0 months (range 0.9–21.9):

- Median OS was **not reached**
  - *KMT2A*-r: 71% OS rate at 12 months
- Median age was 43 years
- 62% (31/50) of *KMT2A*-r patients remained alive and continued on study[a]
  - 60-day mortality: 4% (2/50)

[a]Patients on treatment or in long-term follow-up

Data cutoff: Apr 10, 2026. OS, overall survival

Conclusions

SAFETY

In KOMET-007, ziftomenib 600 mg QD combined with 7+3 was well tolerated with a safety profile consistent with previous reports

- 4 cases (4%) of Gr3 differentiation syndrome (1 *NPM1*-m, 3 *KMT2A*-r; no Gr4); all successfully resolved with protocol-specified mitigation and 3 continued on treatment
- Low rates of ziftomenib-related cytopenias and minimal additive myelosuppression observed with this combination
  - Ziftomenib 600 mg QD did not delay neutrophil and platelet count recovery

CLINICAL ACTIVITY

Robust clinical activity with deep and durable responses in newly diagnosed *NPM1*-m and *KMT2A*-r AML

- CRc: **96%** for *NPM1*-m, **90%** for *KMT2A*-r
  - CRc MRD negativity (local): **85%** for *NPM1*-m, **82%** for *KMT2A*-r
- Median duration of CR was **not reached** for *NPM1*-m and **12.0 months** for *KMT2A*-r
- Median OS was **not reached**: OS rates of 94% for *NPM1*-m and 71% for *KMT2A*-r at 12 months

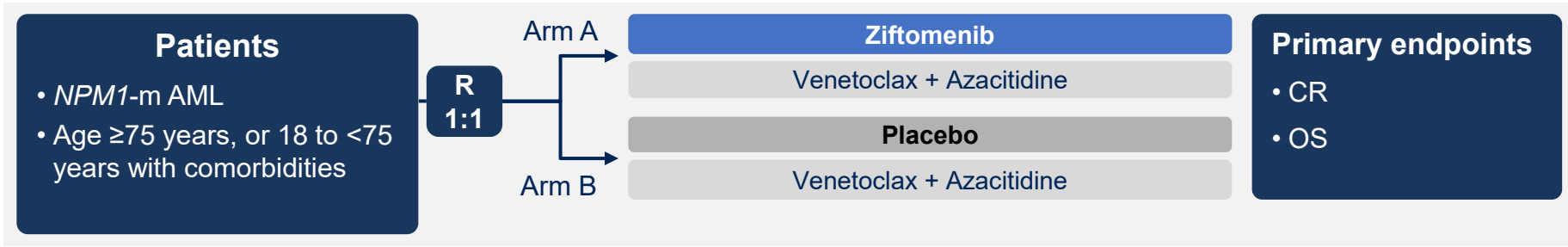
NEXT STEPS

Taken together, these data support the ongoing phase 3 registrational trial of ziftomenib in combination with intensive chemotherapy in newly diagnosed AML (KOMET-017; NCT07007312)

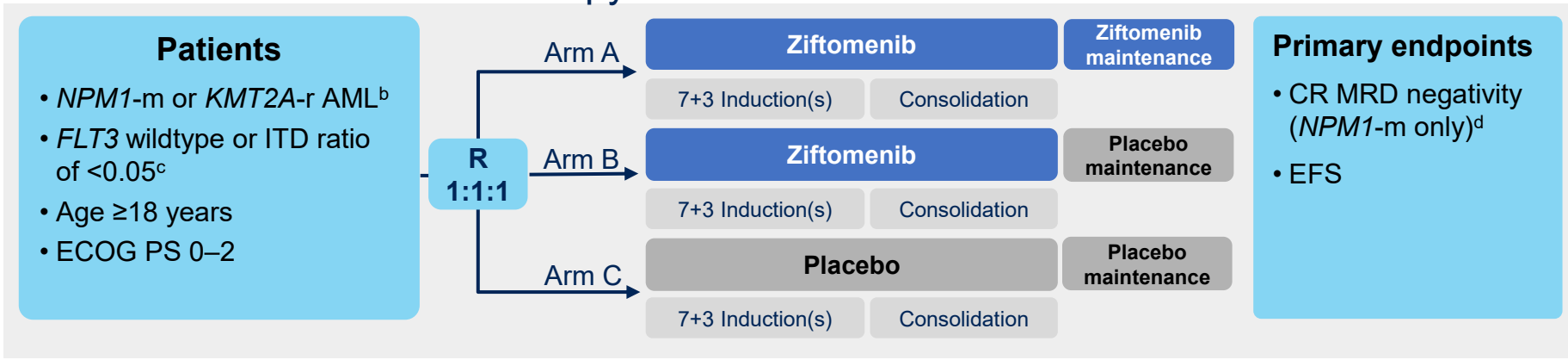
KOMET-017: Phase 3 Ziftomenib Pivotal Newly Diagnosed Combination Studies

Two independently powered, registration-enabling, randomized phase 3 studies in fit and unfit newly diagnosed AML (N=1300)

KOMET-017-NIC: Non-intensive therapy[a] – Ziftomenib + venetoclax/azacitidine combo



KOMET-017-IC: Intensive therapy[a] – Ziftomenib and 7+3 combo



Study is open and enrolling (NCT07007312)

[a]HSCT allowed on both studies; [b]Excluding partial tandem duplication; [c]Unless ineligible for FLT3-targeted therapy; [d]*NPM1* central MRD by NGS at <0.01% threshold

EFS, event-free survival; IC, intensive chemotherapy; NIC, non-intensive chemotherapy; R, randomized

Acknowledgments

- We thank all the patients, their families, and their caregivers, as well as the KOMET-007 study investigators and their study teams
- This study was sponsored by Kura Oncology, Inc., in partnership with Kyowa Kirin Co., Ltd.
- Medical writing support was provided by Catriona Thomson, PhD, of Envision Pharma Group, with funding from Kura Oncology, Inc.

Slides can be accessed through this Quick Response (QR) code.

Copies obtained are for personal use only.