GENFLEET THERAPEUTICS

Updates on Clinical Development of GFH375 and GFH276

Nov. 2026

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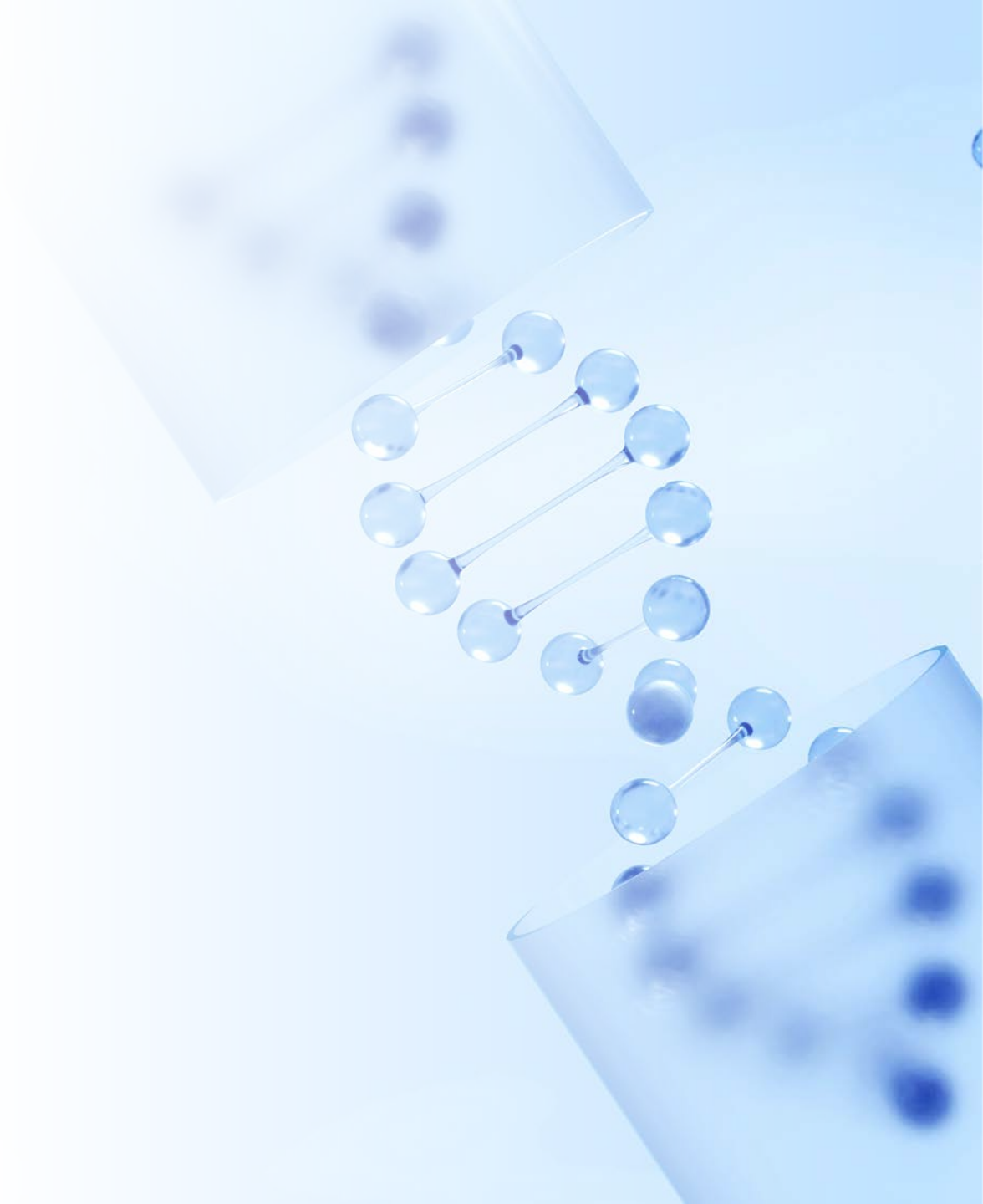
PART 01

Updates of GFH375's Clinical Timeline



Previously Disclosed Timeline of GFH375's Clinical Development
(@investor call on Oct. 15, 2027)

GenFleet's study momentum in China: druggability, execution and results

2024

2024.7 FPI
First patient dosed in China's study

Start Point of Clinical Development

D+11Months



2025

2025.6 ASCO Oral
66 pts' data in solid-tumor trial

2025.9 WCLC Oral
142 pts data in solid-tumor trial

2025.10 ESMO Oral & combo initiation
PhII PDAC data granted ESMO LBA

Study initiation of combo with chemo or cetux

2025.11 PDAC phase III initiation
World's first phIII trial of an oral KRAS G12Di (D+16M)

2026

2026.2 NSCLC BTD
First in China to have received BTD for oral KRAS G12Di

2026.4 PDAC BTD
Oral KRAS G12Di for pancreatic cancer

2026.6 ASCO Oral
World's first dedicated data of RASi for CCA

2026.7 NSCLC PhIII initiation
GFH375's 2nd PhIII study (D+24M)

2026.8 Multiple novel combos initiation
1L NSCLC, RAS doublet, RAS+cachexia

2026.9 WCLC Oral & CRC BTD
Phase II NSCLC data selected for WCLC oral

CRC BTD: in combination with cetux

GFH375 Approved to Enter Phase III Combinational Study in CRC

Granted with three BTDs in China, addressing major RAS-mutant tumors including PDAC, NSCLC and CRC

2024

2024.7 FPI

First patient dosed in China's study

Start Point of Clinical Development

D+11Months



2025

2025.6 ASCO Oral

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PhII PDAC data granted ESMO LBA

Study initiation of combo with chemo or cetux

2025.11 PDAC phase III initiation

World's first phIII trial of an oral KRAS G12Di (D+16M)

(Enrollment of all pts finished)

2026

2026.6 ASCO Oral

World's first dedicated data of RASi for CCA

2026.7 NSCLC PhIII initiation

GFH375's 2nd PhIII study (D+24M)

2026.8 Multiple novel combos initiation

1L NSCLC, RAS doublet, RAS+cachexia

2026.9 WCLC Oral & CRC BTD

Phase II NSCLC data selected for WCLC oral

2026. 10 CRC phase III starts

GFH375's 3rd PhIII study: combo with cetuximab (D+27M)

Preliminary Efficacy of Combination with EGFR Antibody in 2L+ CRC

Company	Regimen	Dose of KRAS G12D inhibitor	Sample size	ORR	DCR	PFS	Median follow-up	Cutoff
GenFleet	GFH375+cetux	600 mg QD	54	44%	89%	7.3 m	5.4 m	2026.9.16
Incyte	INCB161734+cetux	1200 mg QD	22	36%	100%	7.2 m	Not reported	2026.7.6
Quanta	QTX3034+cetux	1200 mg QD	21	25%	75%	Not reported	Not reported	2026.8.31

PART 02

Updates of GFH276's Clinical Development



GFH276: Front-Runner among China's Pan-RAS Inhibitors in Clinical Development

- **China's first Pan RAS inhibitor readout on a global academic meeting** (2026 ESMO LBA)
- **Dual-region approvals** (China + overseas) for multiple 1L/later-line combo trials addressing major tumor types

2025

2025.9 FPI

First patient dosed in China's study

Start Point of Clinical Development

2026

2026.7 PDAC combo IND approval

Combo with chemo or EGFR antibody (1L, China and AUS)

China study: pts enrolled at 80 and 120 mg QD dose levels

2026.7 PDAC combo IND approval

Combo with GFH375: world's first doublet of RAS inhibitors built on different MOAs

2026.8 NSCLC combo IND approval

Combo with PD-1±chemo, first-in-China Pan RAS inhibitor study for 1L NSCLC

2026.10 CRC combo IND approval

Combo with chemo (±VEGF antibody) or with EGFR antibody

D+13Months

2026.10 ESMO LBA

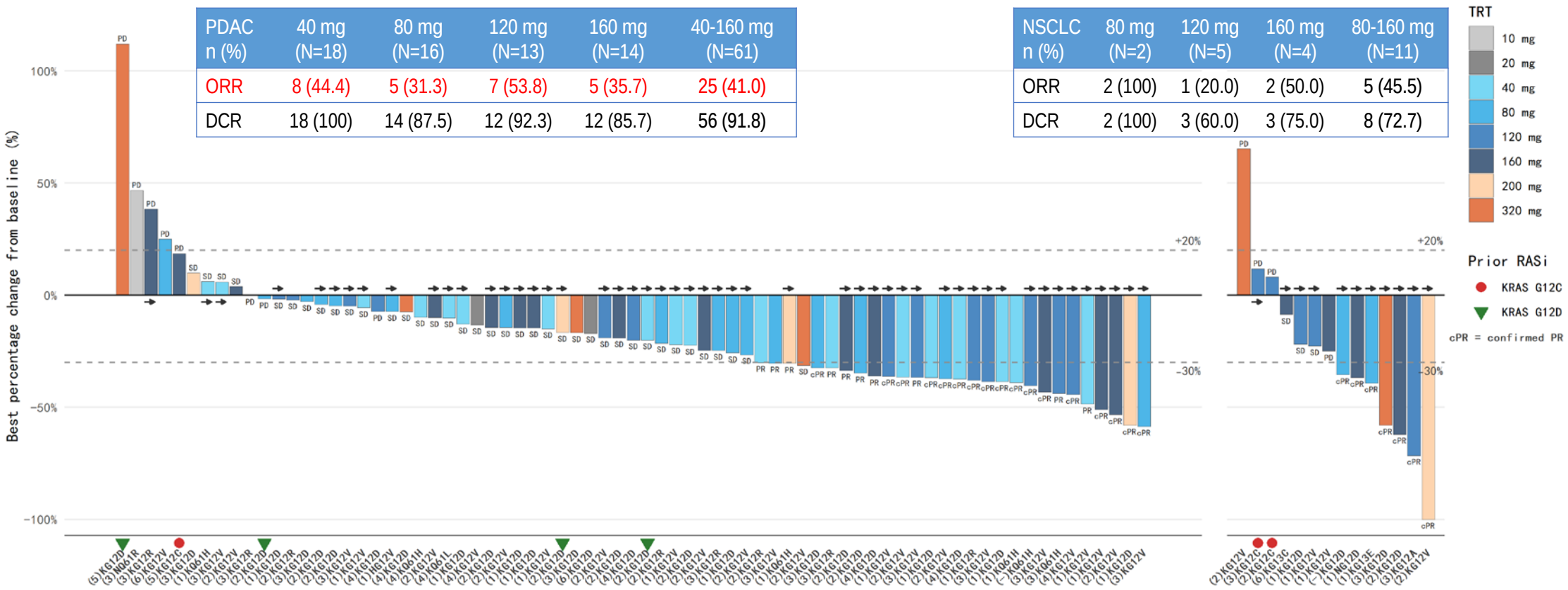
98 pts' data in solid-tumor trial

Objective Response

- Partial responses were observed starting from the 40 mg dose cohort.
- 61 PDAC and 14 NSCLC received 40~160 mg:
  - ORR was 41.0% (25/61, 90% CI: 30.3-52.3) in PDAC, and 45.5% (5/11, 90%CI: 20.0-72.9) in NSCLC.
  - In RAS inhibitor naïve patients, ORR was 43.1% (25/58) in PDAC, and 55.6% (5/9) in NSCLC.

PDAC n (%)	40 mg (N=18)	80 mg (N=16)	120 mg (N=13)	160 mg (N=14)	40-160 mg (N=61)
ORR	8 (44.4)	5 (31.3)	7 (53.8)	5 (35.7)	25 (41.0)
DCR	18 (100)	14 (87.5)	12 (92.3)	12 (85.7)	56 (91.8)

NSCLC n (%)	80 mg (N=2)	120 mg (N=5)	160 mg (N=4)	80-160 mg (N=11)
ORR	2 (100)	1 (20.0)	2 (50.0)	5 (45.5)
DCR	2 (100)	3 (60.0)	3 (75.0)	8 (72.7)



Data cutoff date: 15 September 2026

ORR and DCR were calculated in the evaluable population, defined as patients with target lesions at baseline and at least one post-dose evaluable tumor assessment. Among the 14 NSCLC, 3 were not evaluable: 1 at 40 mg had no baseline target lesions; 1 at 120 mg had no evaluable post-dose tumor assessment but was still on treatment; 1 at 160 mg dropped out without post-dose tumor assessment due to G3 stomatitis.

Yuxiang Ma, MD

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PDAC Cross-trial Efficacy Comparison

		GFH276	RMC-6236		
Data phase		Phase I	Phase I/II		Phase III
Dose level		40-160 mg QD	300 mg QD（all ORRs are confirmed）		
Overall population		All RAS mutations	All RAS mutations		
	Size	N=61（2L+）	N=38（2L）	N=45（3L+）	N=237（2L）
	ORR	41%	29%	20%	31.6%
	DCR	91.8%	95%	84%	Not reported
Subgroup efficacy		RAS inhibitor naïve	KRAS G12X-mutant		
	Size	N=58（2L+）	N=26（2L）	N=38（3L+）	N=217 (2L)
	ORR	43.1%	35%	21%	33.2%
	DCR	94.8%	92%	87%	Not reported
Cutoff and source		Cutoff: 2026.9.15 Source: 2026 ESMO	Cutoff: 2025.6.30 Source: 2026 NEJM		Cutoff: 2026.2.10 Source: 2026 ASCO

Objective Response

Abstract number: LBA33

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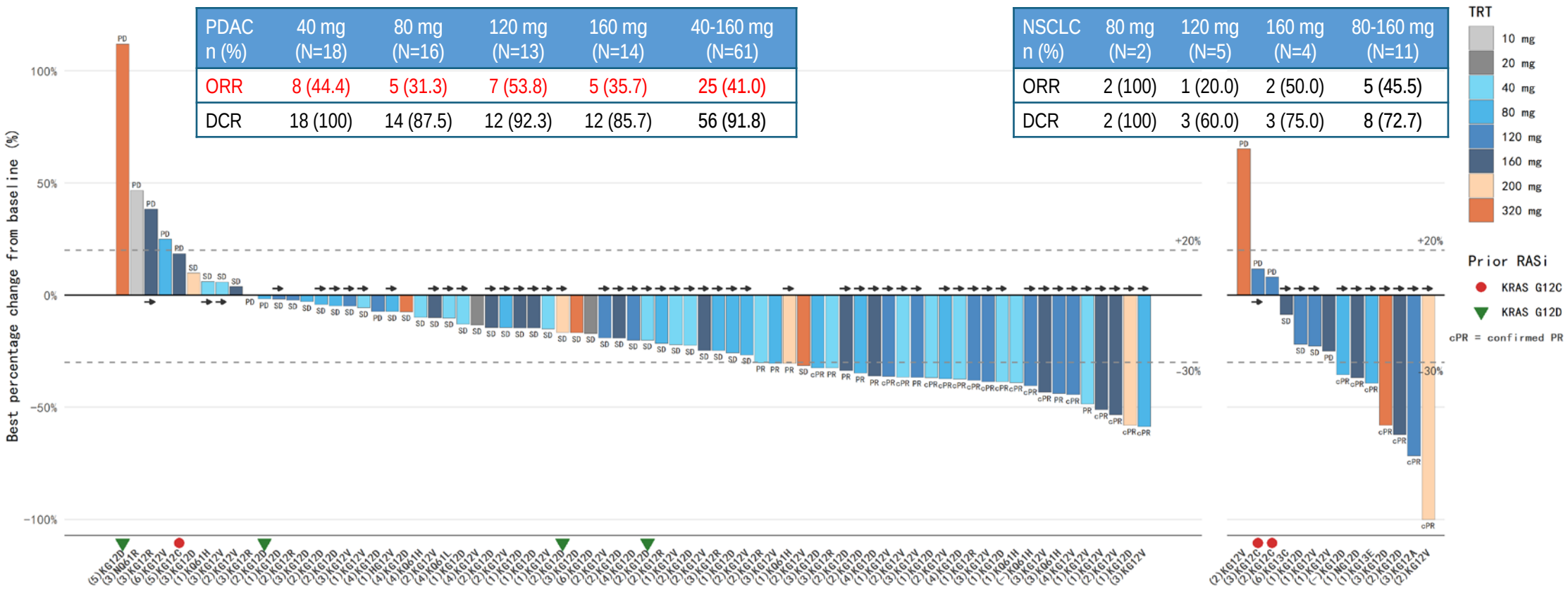

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MADRID 2026 ESMO congress

Preferred Safety & Tolerability vs. RMC-6236 at Similar Range of Exposures in PDAC

Adverse Event N (%)	GFH276										RMC-6236			
	40 mg (N=18)		80 mg (N=16)		120 mg (N=13)		160 mg (N=14)		120-160 mg (N=27)		160-220 mg (N=51)		300 mg (N=83)	
	Any	G ≥3	Any	G ≥3	Any	G ≥3	Any	G ≥3	Any	G ≥3	Any	G ≥3	Any	G ≥3
Follow-up duration, median (range)	9.3 w (5.1-31.1)		12.6 w (5.0-27.3)		6.3 w (5.1-11.3)		8.6 w (4.6-22.9)		8.1 w (4.1-22.9)		UN		17 m (10.3-24.6)#	
Treatment-related adverse event														
Any	17 (94)	0	16 (100)	3 (19)	13 (100)	2 (15)	14 (100)	4 (29)	27 (100)	6 (22)	51 (100)	13 (25)	80 (96)	28 (34)
Leading to dose modification	1 (6)	0	3 (19)	1 (6)	3 (23)	0	5 (36)	3 (21)	8 (30)	3 (11)	19 (37)	11 (22)	40 (48)	18 (22)
Dose interruption	1 (6)	0	1 (6)	1 (6)	2 (15)	0	4 (29)	2 (14)	6 (22)	2 (7)	18 (35)	11 (22)	36 (43)	17 (20)
Dose reduction	0	0	2 (13)	0	1 (8)	0	3 (21)	1 (7)	4 (15)	1 (4)	7 (14)	5 (10)	25 (30)	11 (13)
Leading to dose discontinuation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Treatment-related serious adverse event	1 (6)	0	1 (6)	1 (6)	0	0	1 (7)	1 (7)	1 (4)	1 (4)	3 (6)	2 (4)	5 (6)	4 (5)
Specific treatment-related adverse event														
Rash*	11 (61)	**0**	12 (75)	**0**	12 (92)	**0**	13 (93)	1 (7)	25 (93)	1 (4)	46 (90)	5 (10)	75 (90)	6 (7)
Diarrhea	7 (39)	0	5 (31)	0	4 (31)	0	9 (64)	1 (7)	13 (48)	1 (4)	21 (41)	0	43 (52)	3 (4)
Nausea	2 (11)	0	1 (6)	0	3 (23)	0	0	0	3 (11)	0	27 (53)	0	32 (39)	0
Stomatitis or mucositis/ mouth ulceration	4 (22)	0	9 (56)	0	7 (54)	0	9 (64)	0	16 (59)	0	18 (35)	2 (4)	45 (54)	3 (4)
Vomiting	4 (22)	0	1 (6)	0	2 (15)	0	1 (7)	0	3 (11)	0	12 (24)	0	30 (36)	0
Fatigue/ asthenia	0	0	1 (6)	0	1 (8)	0	3 (21)	0	4 (15)	0	14 (27)	2 (4)	14 (17)	1 (1)
Paronychia	1 (6)	0	4 (25)	0	4 (31)	0	3 (21)	0	7 (26)	0	8 (16)	0	15 (18)	0
Decreased appetite	0	0	1 (6)	0	3 (23)	0	1 (7)	0	4 (15)	0	4 (8)	1 (2)	10 (12)	0
Dry Skin	0	0	2 (13)	0	1 (8)	0	1 (7)	0	2 (7)	0	4 (8)	0	12 (14)	0

* The category of rash includes dermatitis (RMC-6236 only), **dermatitis acneiform**, **dermatitis exfoliative generalized** (GFH276 only), dermatitis bullous (RMC-6236 only), eczema (RMC-6236 only), erythema, **erythema nodosum** (GFH276 only), **rash**, rash erythematous (RMC-6236 only), rash macular (RMC-6236 only), rash maculopapular (RMC-6236 only), **drug eruption** (GFH276 only), **papule** (GFH276 only) and **rash pustular**.

Data for the study patients who received 300 mg of RMC-6236 daily as second-line therapy

Data cutoff date: **July. 15, 2026.**

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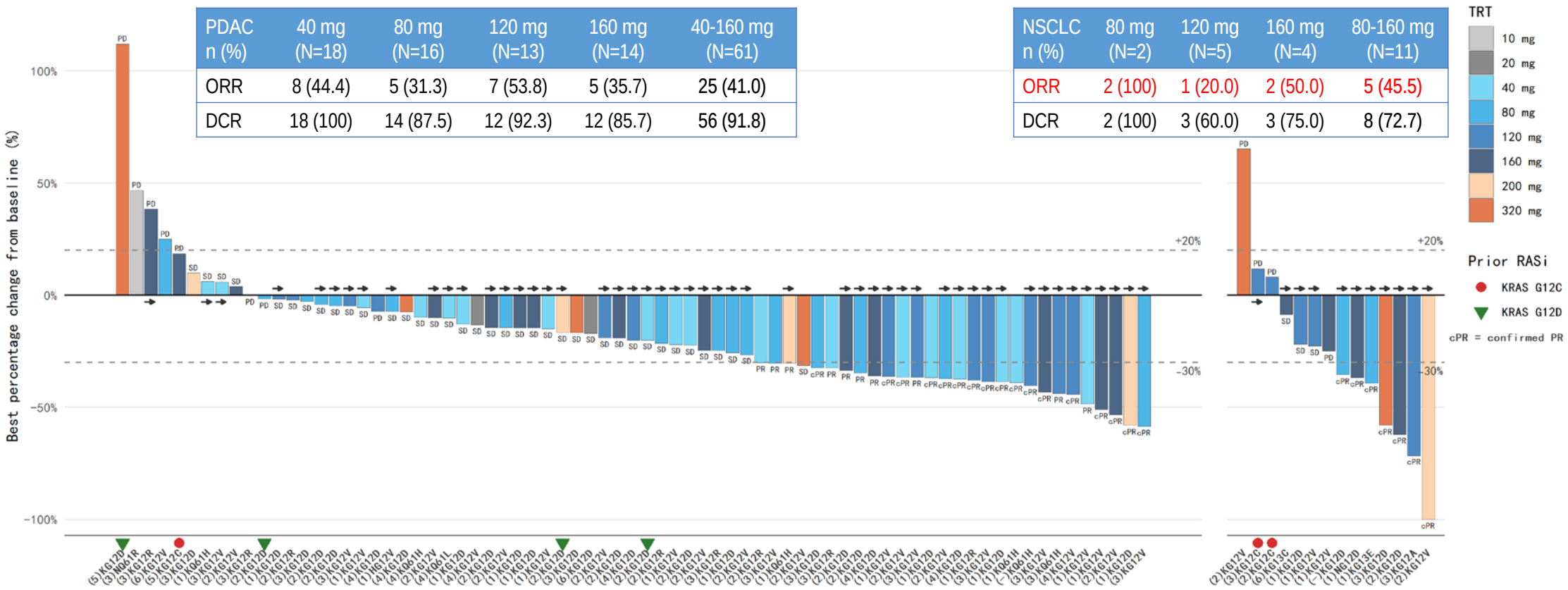

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Rash TRAEs in NSCLC across 5-320 mg QD Dose Levels

	5 mg (N=1)	10 mg (N=0)	20 mg (N=0)	40 mg (N=1)	80 mg (N=2)	120 mg (N=6)	160 mg (N=5)	200 mg (N=1)	320 mg (N=2)	5-20 mg (N=1)	40-160 mg (N=14)
All grades	0	0	0	1 (100.0%)	2 (100.0%)	6 (100.0%)	5 (100.0%)	1 (100.0%)	2 (100.0%)	0	14 (100.0%)
Grade≥3	0	0	0	0	0	1 (16.7%)	4 (80.0%)	1 (100.0%)	0	0	5 (35.7%)

*The category of rash includes rash, dermatitis acneiform, rash maculopapular, erythema nodosum, dermatitis exfoliative generalized, rash pustular, drug eruption, genital rash. Multiple types of rash may have occurred in the same patient.

PART 03

Regulatory Pathway of GFH276



Regulatory Path Exploration Backed by Clinical Trial Approvals

✓ Clinical trial approvals since Q3)	PDAC	NSCLC	CRC
	Monotherapy（120 /160 mg QD）		
2L+			✓ *+cetux* ✓ *+chemo（±VEGF antibody）*
1L	**+cetux ✓** **+chemo✓**	**+PD-1±chemo ✓**	

***Dosages in combinational trials:**

- GFH276: 80/120/160 mg QD
- No dose deductions of cetux, PD-1 and chemo

PART

04

Q&A




Innovation, in expedition