GFH375/VS-7375 Program Update:

Joint Presentation by GenFleet and Verastem

Oct. 27, 2025

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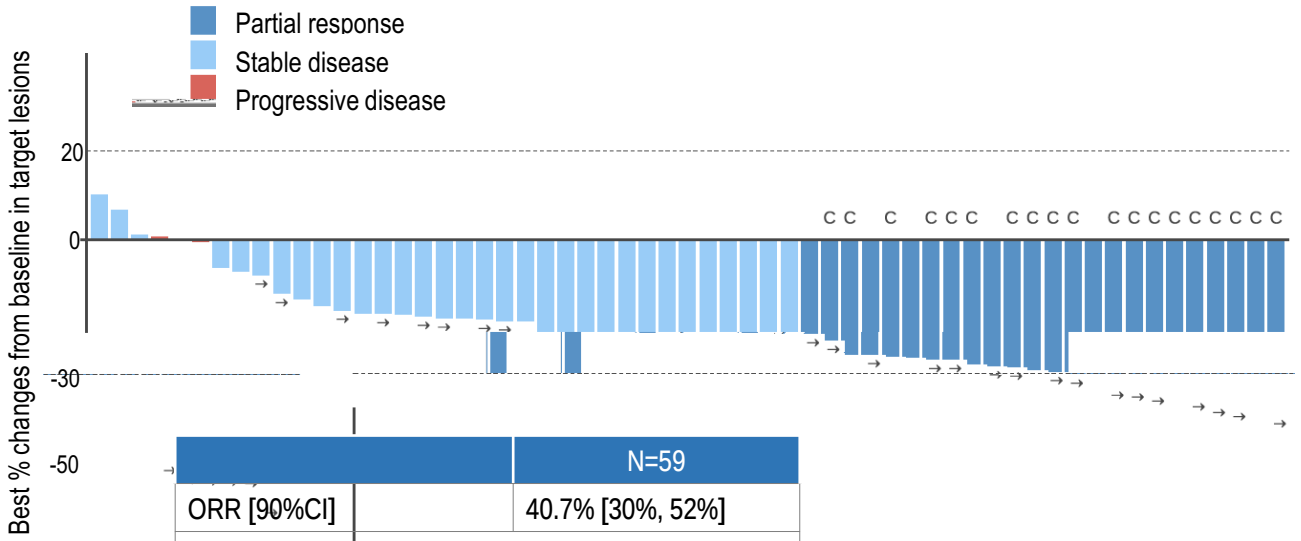
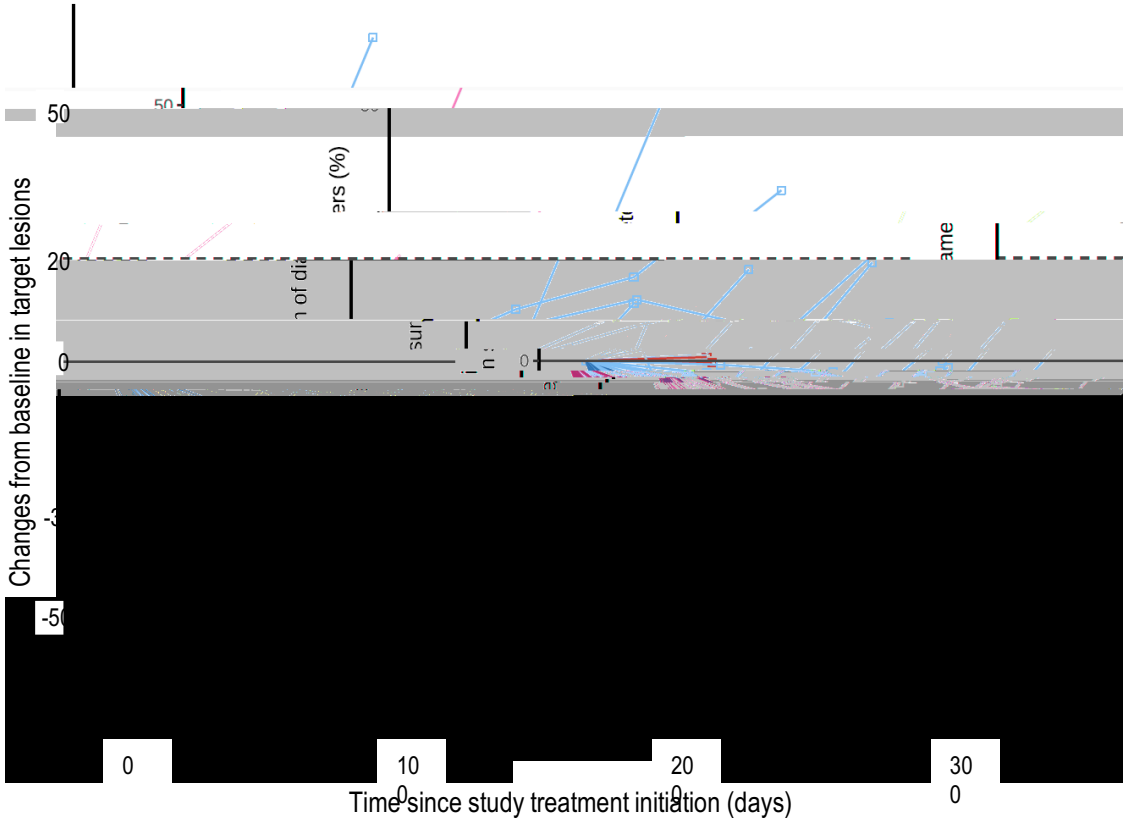
Best Overall Response

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



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



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

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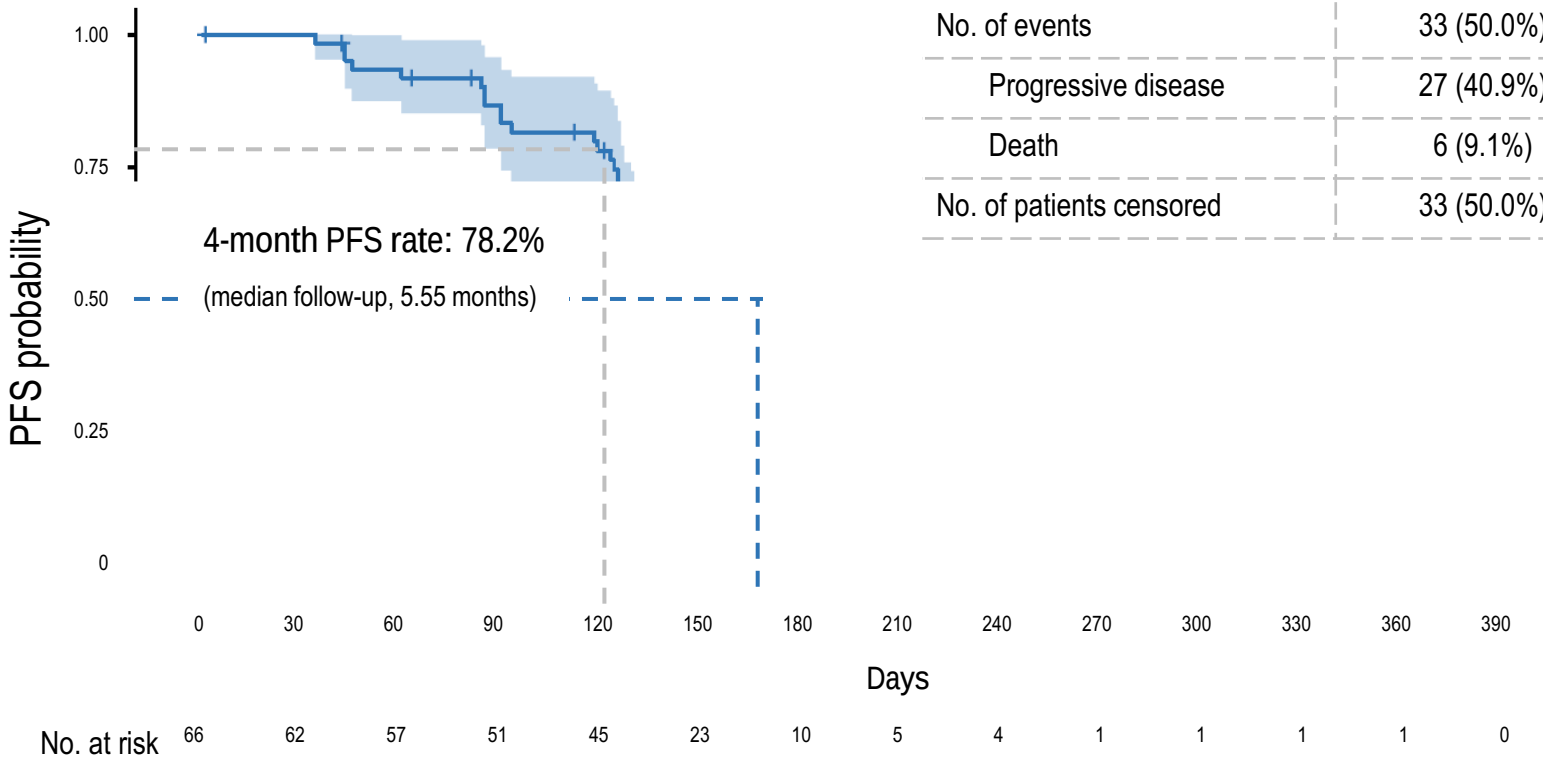
Progression-Free Survival

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



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

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

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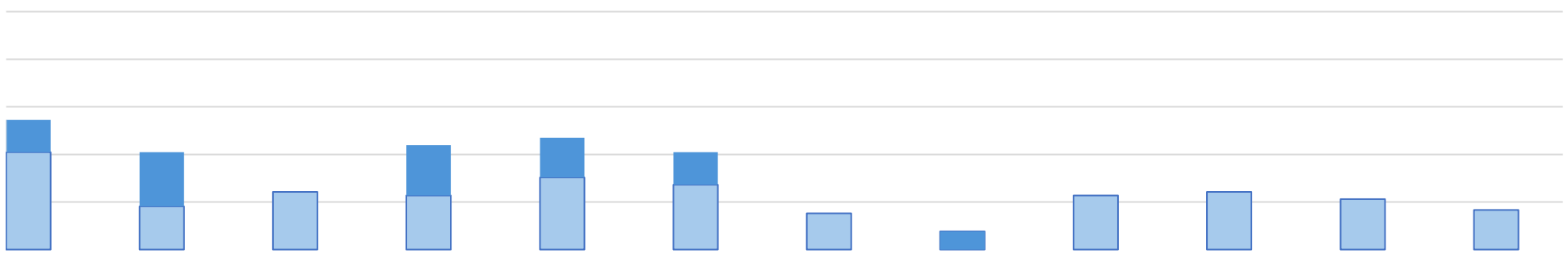
Common Adverse Events



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

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

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

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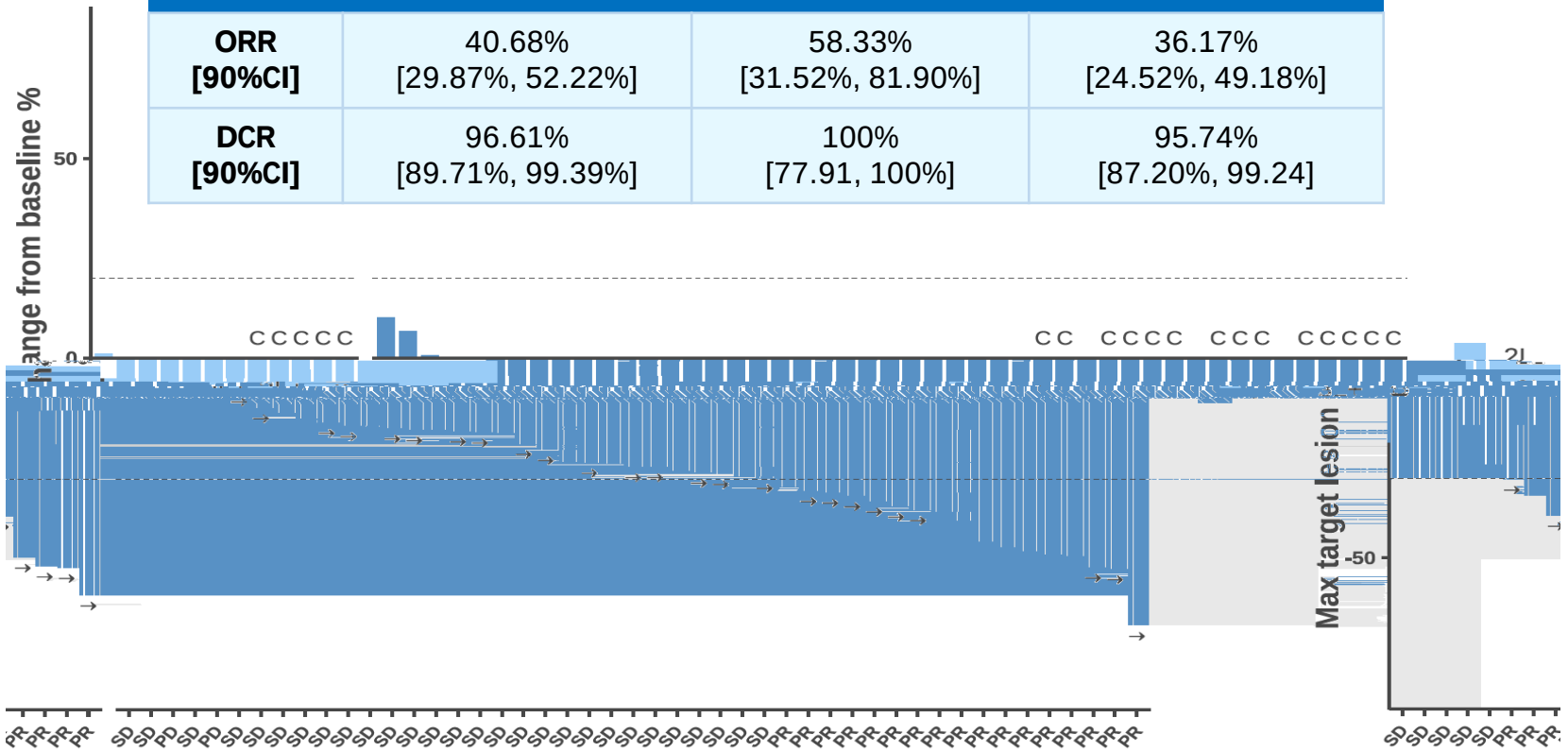
PDAC: Worse Baseline Condition Compared to Competitors

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

PDAC: Subgroup Analysis - ORR

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

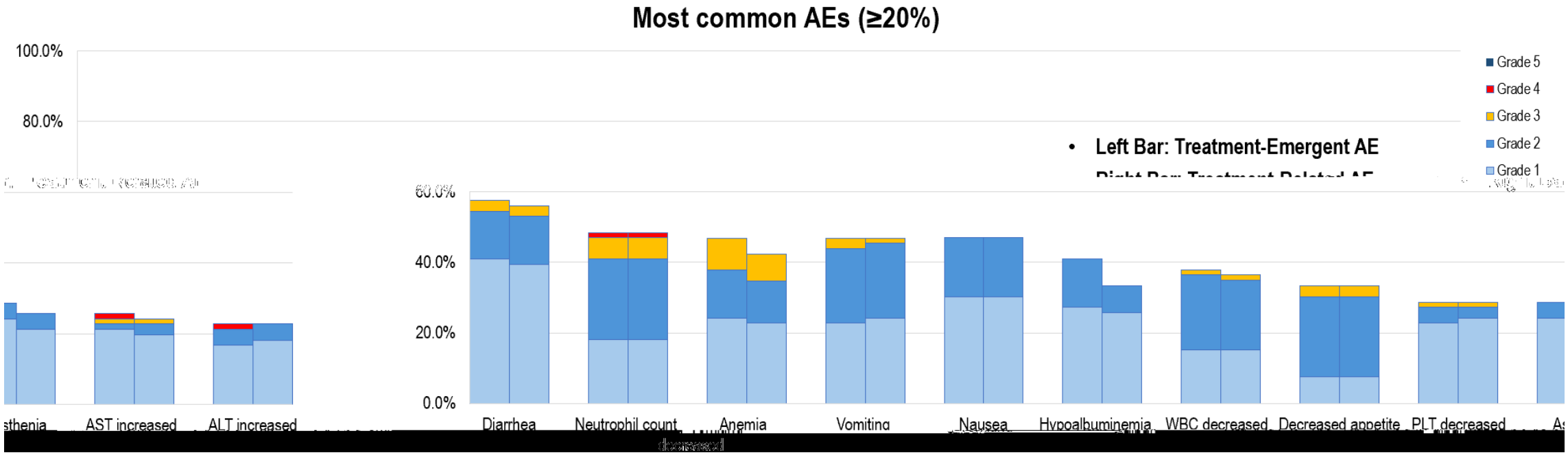
	All PDAC (N=59)	2L (N=12)	3L+ (N=47)
ORR [90%CI]	40.68% [29.87%, 52.22%]	58.33% [31.52%, 81.90%]	36.17% [24.52%, 49.18%]
DCR [90%CI]	96.61% [89.71%, 99.39%]	100% [77.91, 100%]	95.74% [87.20%, 99.24]



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

About AE Reporting in PDAC

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



Cross-Trial Comparisons of Safety in PDAC

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

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

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

Common TRAEs in PDAC: GFH375 vs RMC-6236

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

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

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

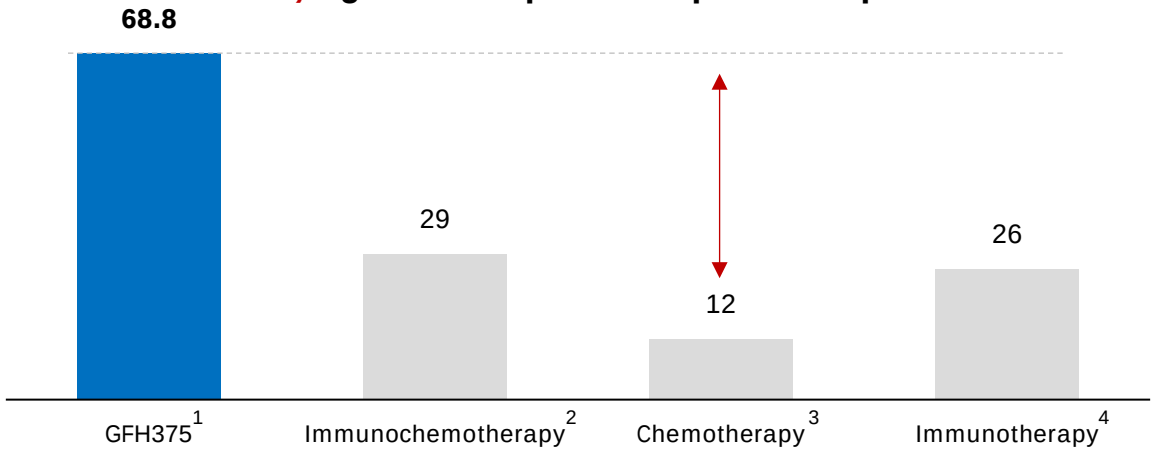
ICI Treatment is NOT Approved in PDAC, yet 33% Participants Had Prior ICI Treatment

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

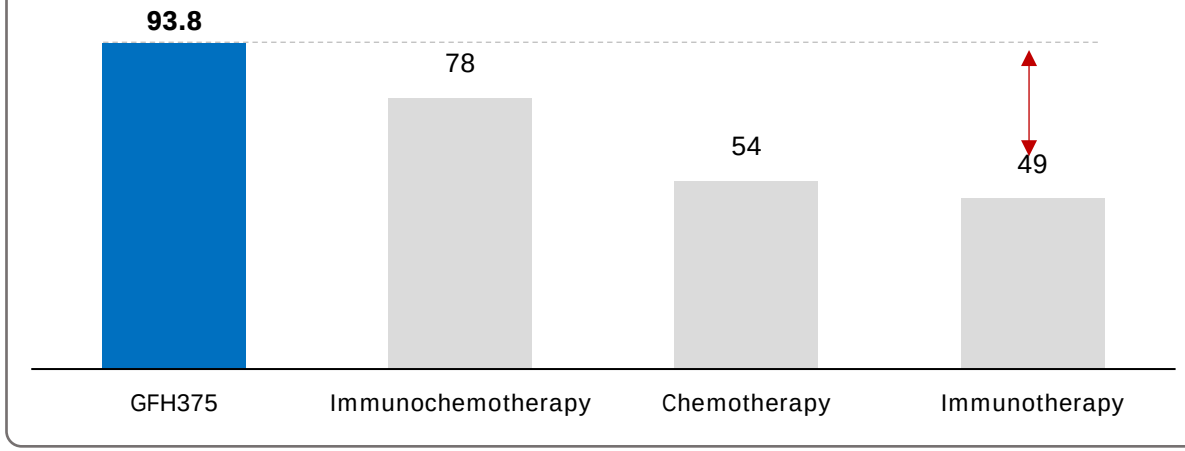
AE, n (%)	ICI pretreated (N=22)	ICI naïve (N=44)
At least one ≥Grade 3 TEAE	**15(68.2%)**	18 (40.9%)
At least one ≥Grade 3 TRAE	**10 (45.5%)**	11 (25%)
TESAE	**9 (40.9%)**	8 (18.2%)
TRSAE	**5 (22.7%)**	4 (9.1%)
Dose modification due to TEAE	**11 (50%)**	17 (38.6%)
Dose modification due to TRAE	**8 (36.4%)**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

NSCLC:
Better Efficacy in Pretreated Participants Compared to SoC

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



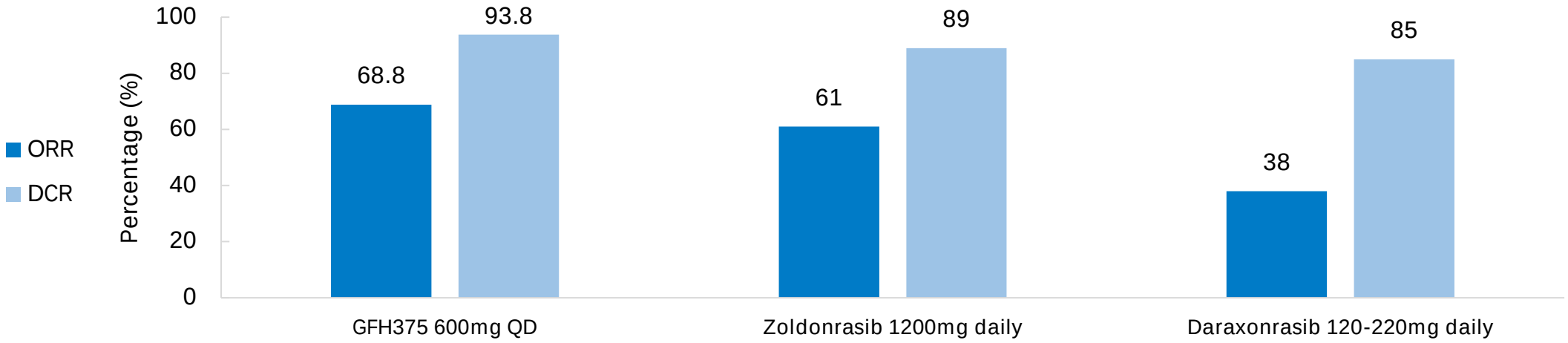
- **DCR: 93.8%, significantly improved compared with SoC**



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

NSCLC: Improved Efficacy Compared to Competitors

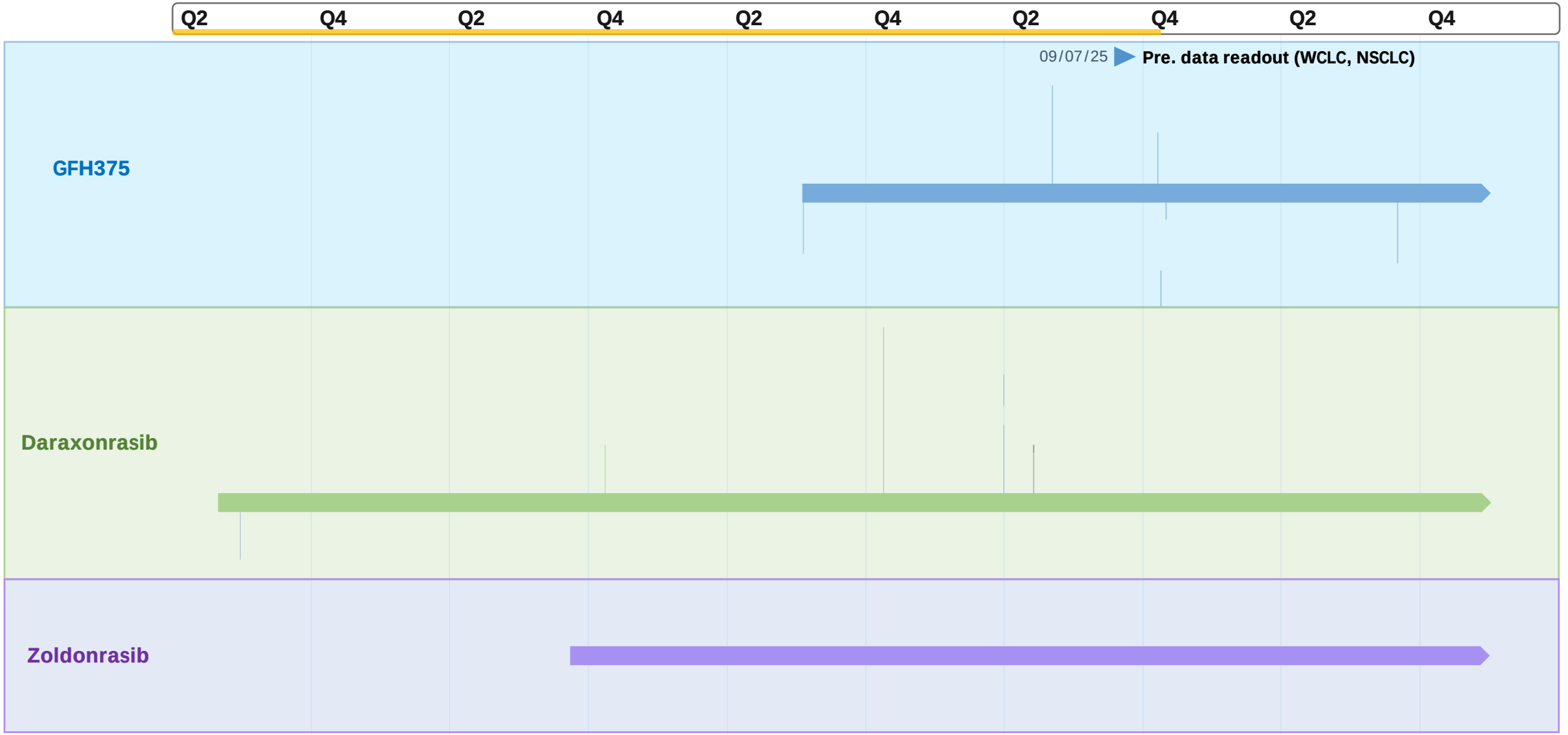
- **Best-in-class as G12D monotherapy for NSCLC**
- **Supporting single-arm accelerated approval for 2L+ NSCLC**



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

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

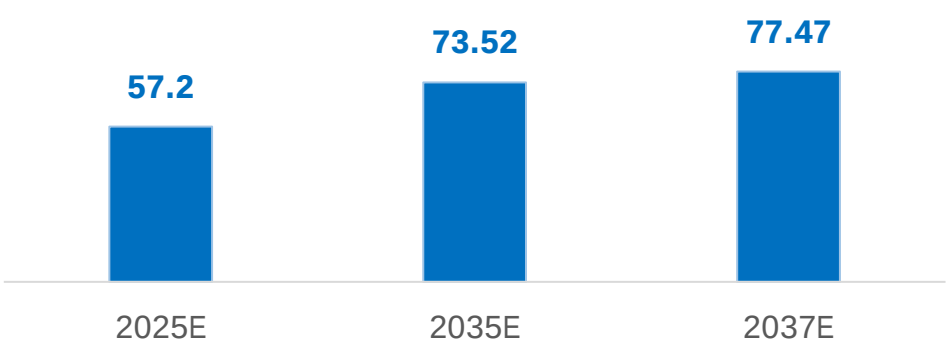
Clinical Development Status of GFH375 and Competitors



Marching towards a Leading Pancreatic Cancer Franchise

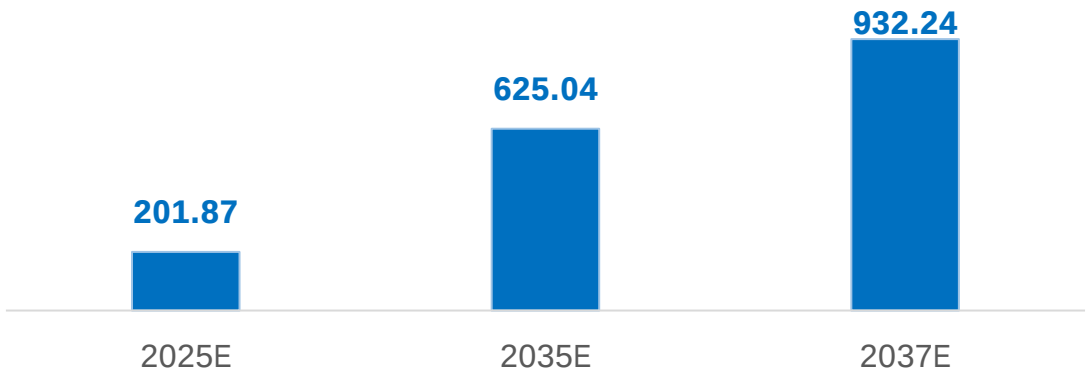
Forecasted global incidence of pancreatic cancer

Source: Frost Sullivan (in 10 thousands)

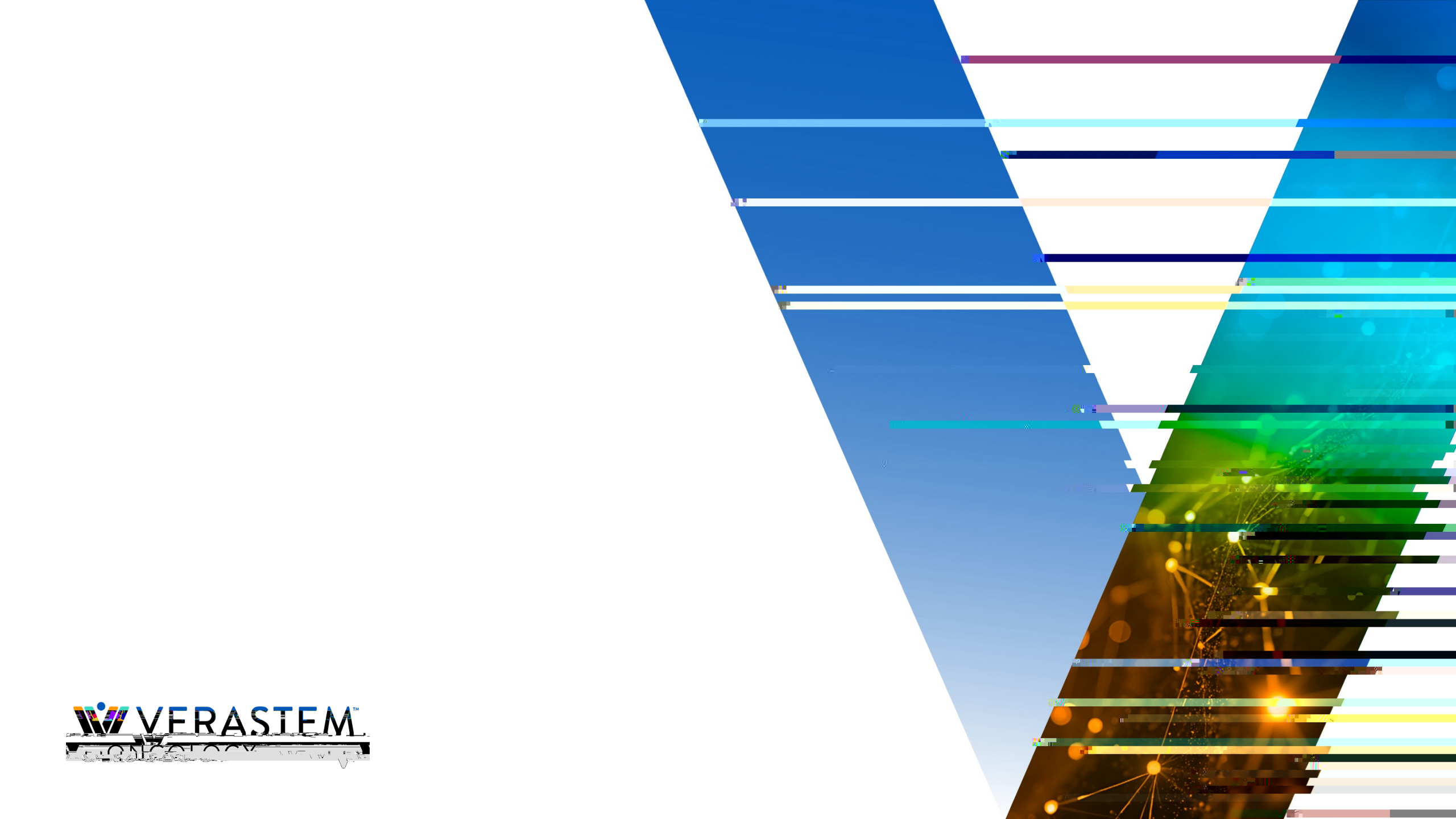


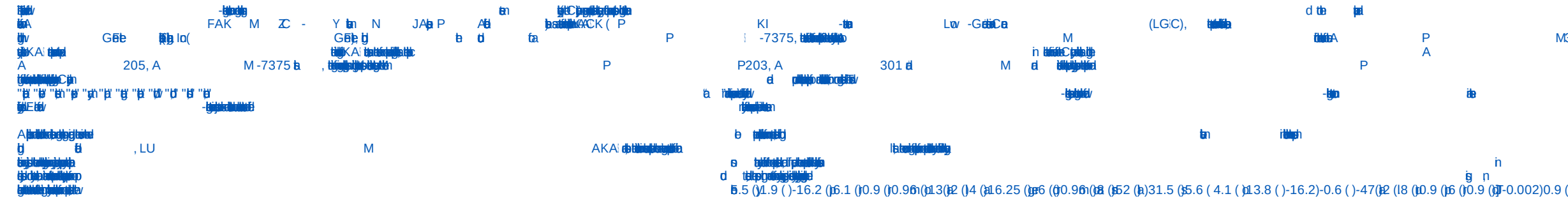
Forecasted global market of pancreatic cancer drugs

Source: Research Nester (100 million RMB)



Innovation, in expedition





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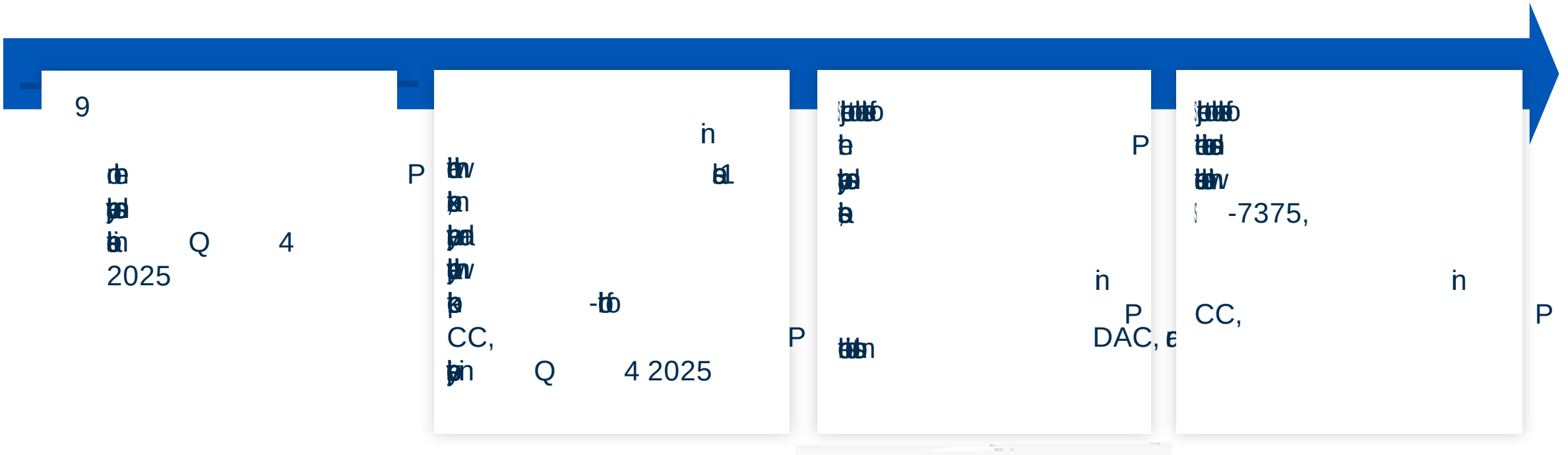
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