



Corporate Overview

December 2025



Forward-Looking Statements

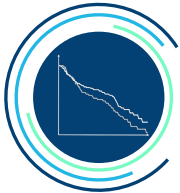
This presentation contains forward-looking statements about us, including our clinical trials and development plans, and our industry, that are based on management's beliefs and assumptions and on information currently available to our management. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "might," "ongoing," "plan," "potential," "predict," "project," "should," "target," "will," "would," or the negative of these terms or other comparable terminology are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. All statements, other than statements related to present facts or current conditions or of historical facts, contained in this presentation are forward-looking statements. Accordingly, these statements involve estimates, assumptions, substantial risks and uncertainties which could cause actual results to differ materially from those expressed in them, including but not limited to that we have incurred significant operating losses, and we expect that we will incur significant operating losses for the foreseeable future; that our financial condition raises substantial doubt as to our ability to continue as a going concern and we require additional capital to finance our operations beyond the second quarter of fiscal year 2026, and a failure to obtain this necessary capital in the near term on acceptable terms, or at all, could force us to delay, limit, reduce or terminate our development programs, commercialization efforts or other operations; that we have a high risk of never generating revenue or becoming profitable or, if we achieve profitability, we may not be able to sustain it; that clinical and preclinical drug development involves a lengthy and expensive process with uncertain timelines and outcomes, and results of prior preclinical studies and early clinical trials are not necessarily predictive of future results, and elraglusib may not achieve favorable results in clinical trials or preclinical studies, and we may not be able to make regulatory submissions or receive regulatory approval on a timely basis, if at all; that we may not successfully enroll additional patients or establish or advance plans for phase 2 or other development, including through conversations with the FDA or EMA and the standards such bodies may impose for such development; that regulatory approval processes may involve delays, unfavorable determinations or other challenges due to various factors, including government funding, staffing and political uncertainties; the risk that clinical trial data are subject to differing interpretations and assessments by regulatory authorities and within the medical community; that elraglusib could be associated with side effects, adverse events or other properties or safety risks, which could delay or preclude regulatory approval, cause us to suspend or discontinue clinical trials or result in other negative consequences; that this presentation includes preliminary and unpublished data which may be subject to change following the availability of more data or following a more comprehensive review of the data and should not be relied upon as a final analysis; that we do not have, and may never have, any approved products on the market and our business is highly dependent upon receiving approvals from various U.S. and international governmental agencies and will be severely harmed if we are not granted approval to manufacture and sell our product candidates; our reliance on third parties to conduct our non-clinical studies and our clinical trials; our reliance on third-party licensors and ability to preserve and protect our intellectual property rights; that we currently depend entirely on the success of elraglusib, which is our only product candidate, and if we are unable to advance elraglusib in clinical development, obtain regulatory approval and ultimately commercialize elraglusib, or experience significant delays in doing so, our business will be materially harmed; that we face significant competition from other biotechnology and pharmaceutical companies; that we may not be successful in our efforts to investigate elraglusib in additional indications and we may expend our limited resources to pursue a new product candidate or a particular indication for elraglusib and fail to capitalize on product candidates or indications that may be more profitable or for which there is a greater likelihood of success; that the termination of third-party licenses could adversely affect our rights to important compounds or technologies; and our ability to fund development activities, including because our financial condition raises substantial doubt as to our ability to continue as a going concern and we require additional capital to finance our operations beyond the second quarter of fiscal year 2026, and a failure to obtain this necessary capital in the near term on acceptable terms, or at all, could force us to delay, limit, reduce or terminate our development programs, commercialization efforts or other operations. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and we undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date hereof. In addition, any forward-looking statements are qualified in their entirety by reference to the factors discussed under the heading "Risk Factors" in our Annual Report on Form 10-K filed with the SEC on March 13, 2025, our Quarterly Reports on Form 10-Q, and other filings with the SEC. This presentation also contain estimates and other statistical data that we obtained from industry publications and research and studies conducted by third parties relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates.

Company Highlights



Class-Leading GSK-3 β Inhibitor

- Highly specific small molecule kinase-inhibitor with excellent drug-like properties
- >500 patients treated to date



Compelling Survival Data in mPDAC

- Statistically significant improvements in overall survival (OS) in global Phase 2 trial in 1L mPDAC
 - 40% improvement in mOS
 - 100% improvement in 1-year survival
 - Hazard Ratio: 0.63



Broad Therapeutic Potential

- Clinical activity (CRs/PRs and extended disease control) in multiple other oncology indications, including Ewing Sarcoma, Melanoma, mCRC, and NSCLC
 - Phase 2/registration trial in planning for refractory Ewing Sarcoma patients



Oral Dose Tablet Successfully Developed

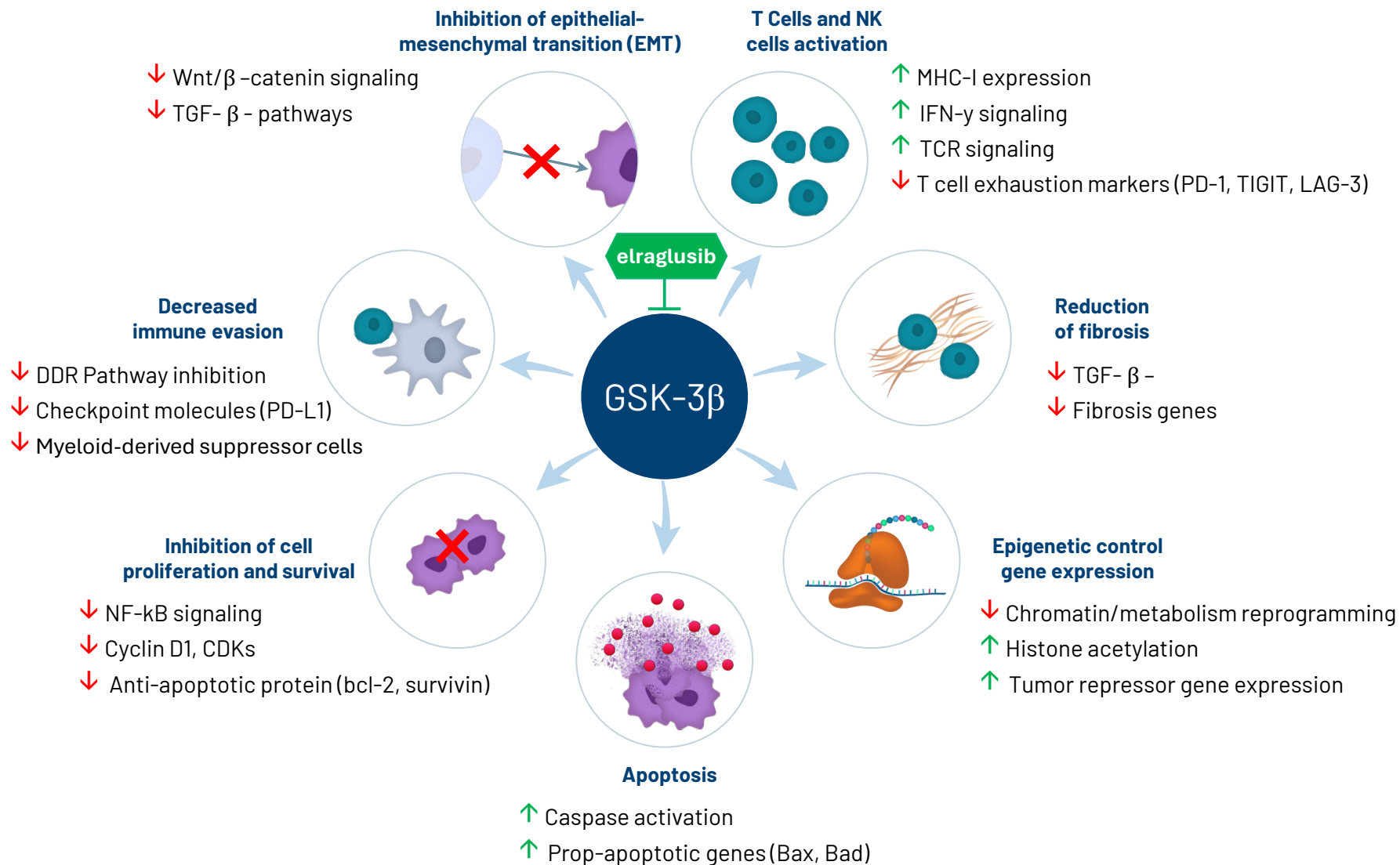
- Oral liquid successfully evaluated in Healthy Volunteer Phase 1 study
- Solid dose achieved >95% bioavailability in preclinical studies
 - Phase 1/2 study planned in advanced cancer patients including refractory metastatic melanoma












Extended IP Protection

- Broad composition of matter IP protection until 2038 before PTE
- Orphan Drug Designations for pancreatic and other cancer types
- Fast Track Designation for pancreatic cancer
- Rare Pediatric Disease Designations for Ewing Sarcoma and neuroblastoma

Elraglusib: Multimodal MOA Supported by Clinical Data



Strategic Pipeline Growth for IV and Oral Elraglusib

| Elraglusib Injection (IV) | Program | Preclinical | Phase 1 | Phase 2 | Phase 3 | Milestones |
|---|------------------------------|--|---|---|----------------------|---|
| Pancreatic Cancer (with GnP) 1st line metastatic | Adult Actuate-1801 Part 3B |  | | | <i>In Planning**</i> | <ul style="list-style-type: none">- Updated Phase 2 data to be presented at ASCO GI in January 2026- FDA meeting request: clarity for registration requirements: 1H 2026*- EMA meeting request: clarity for potential Conditional Approval/ Phase 3 design requirements for full registration: 1H 2026* |
| Pancreatic Cancer (with FOLFIRINOX) 1st line metastatic | Investigator Initiated Trial |  MASSACHUSETTS GENERAL HOSPITAL |  |  | | <ul style="list-style-type: none">- Study closed to enrollment- Data Readout: Mid 2026 |
| Advanced Pancreatic Cancer (with mFOLFIRINOX + retifanlimab) | Investigator Initiated Trial |  UPMC  |  |  | | <ul style="list-style-type: none">- Enrollment open |
| Advanced Refractory Cancers - Ewing Sarcoma (EWS) Cohort Only | Pediatric Actuate-1902 |  | | | <i>In Planning**</i> | <ul style="list-style-type: none">- Phase 1 topline data: Q4 2025- Initiate Phase 2/Registration trial: 2H 2026 |
| Elraglusib (oral tablet) | | | | | | |
| Phase 1 dose escalation in advanced, refractory solid cancers | Adult Actuate-2401 | | <i>In Planning**</i> | | | <ul style="list-style-type: none">- Study initiation: 1H 2026 |
| Phase 2 treatment of CPI refractory metastatic melanoma and other advanced refractory cancers | Adult /Pediatric | | | <i>In Planning**</i> | | <ul style="list-style-type: none">- Study initiation: 1H 2027 |

* The Company plans to request meetings with the FDA and EMA in the first half of 2026 to align on paths towards product registrations in the U.S. and EU

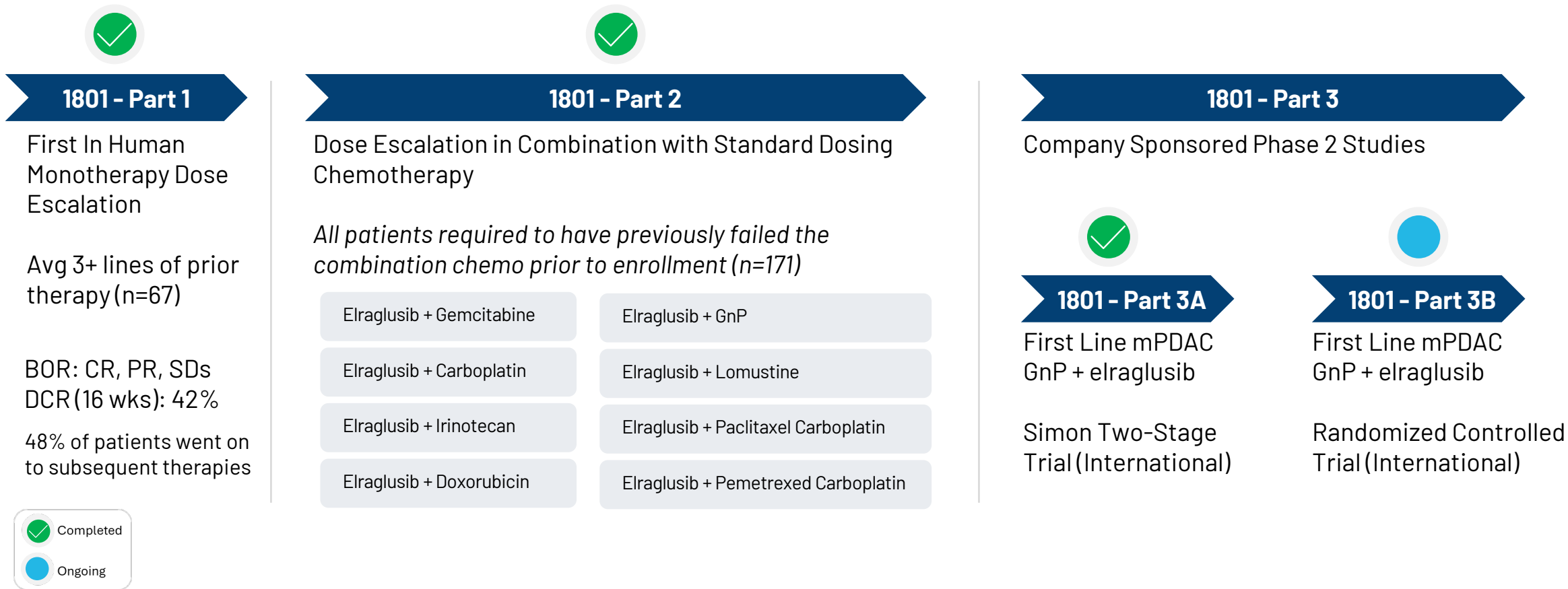
**Contingent upon future funding

GnP: gemcitabine/nab-paclitaxel; CPI: Checkpoint Inhibitor

Elraglusib Advancing Under a Master Protocol 1801

Accelerated Study Design from Phase 1 to Phase 2 for Elraglusib Injection (IV)

Establishes process for transition from elraglusib monotherapy (Part 1) to evaluation of multiple chemotherapy combinations (Part 2) to Phase 2 efficacy studies (Part 3) under one protocol¹



1. Database for 1801 Parts 1-3A locked; final CSR in development
BOR: Best Overall Response; SD: Stable Disease; DCR: Disease Control Rate

mPDAC Represents a High Unmet Need With Significant Commercial Potential



Pancreatic Cancer

Metastatic pancreatic cancer is highly aggressive and accounts for approximately 80-85% of all pancreatic cancer diagnoses. Projected market growth to >\$5 billion by 2030¹



Survival Rate and Economic Burden

The prognosis remains poor with a 5-year survival rate of less than 10%² and a high economic burden with annual treatment costs exceeding \$100,000 per patient³



Current Treatment

FOLFIRINOX and GnP are standard but offer limited survival benefits. Elraglusib is currently in clinical trials with FOLFIRINOX and GnP



Elraglusib Opportunity

Novel GSK-3 β inhibitor that targets multiple molecular pathways in cancer cells but also impacts the TME and immune response

1. Pancreatic Cancer Treatment Market Size Report, 2030, <https://www.grandviewresearch.com/industry-analysis/pancreatic-cancer-treatment-market>

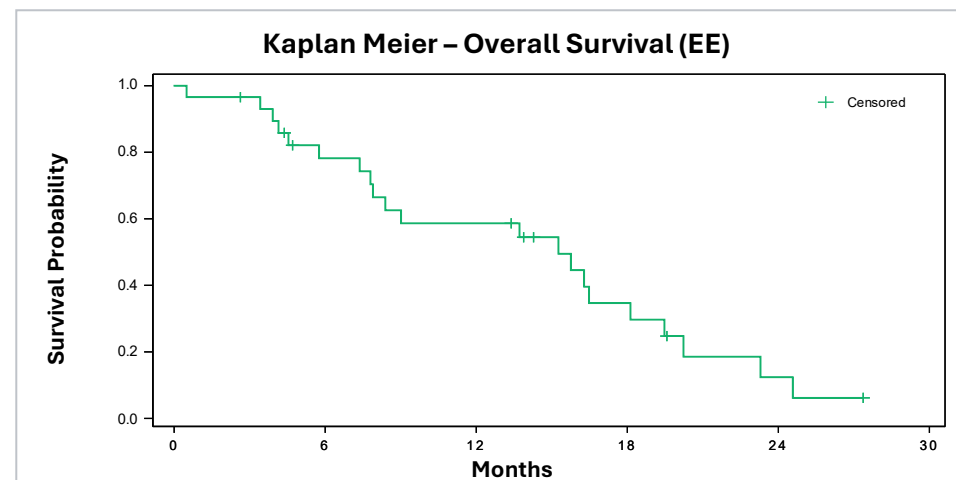
2. Hu JX, Zhao CF, Chen WB, Liu QC, Li QW, Lin YY, Gao. World J Gastroenterol. 2021 Jul 21;27(27):4298-4321. doi: 10.3748/wjg.v27.i27.4298. PMID: 34366606; PMCID: PMC8316912

3. Soefje SA. Managing the economic impact of advanced pancreatic cancer. Am J Manag Care. 2019 Jan;25(1 Suppl):S11-S16. PMID: 30681820

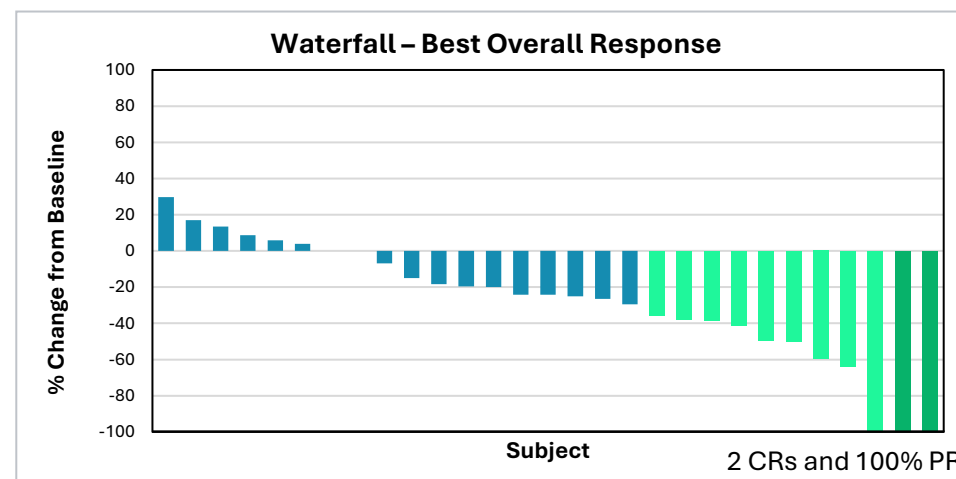
Phase 2 – Clinical Activity with Extended Median Overall Survival

1801 Part 3A in mPDAC

- Simon Two-Stage trial design - Stage 1
- Evaluate the combination of elraglusib and GnP
 - mOS of 15.3 (EE population)
 - 2 CRs confirmed
 - 9 PRs confirmed
 - DCR: 52%, ORR: 38%
 - Met Simon stage 1 threshold of DCR>50%
- 42 total patients enrolled (ITT)*



| | |
|-----------------|----------------|
| Subjects | 29 |
| Event | 21 (72%) |
| Censored | 8 (28%) |
| Median Survival | 15.26 |
| 95% CL | (7.895, 18.13) |



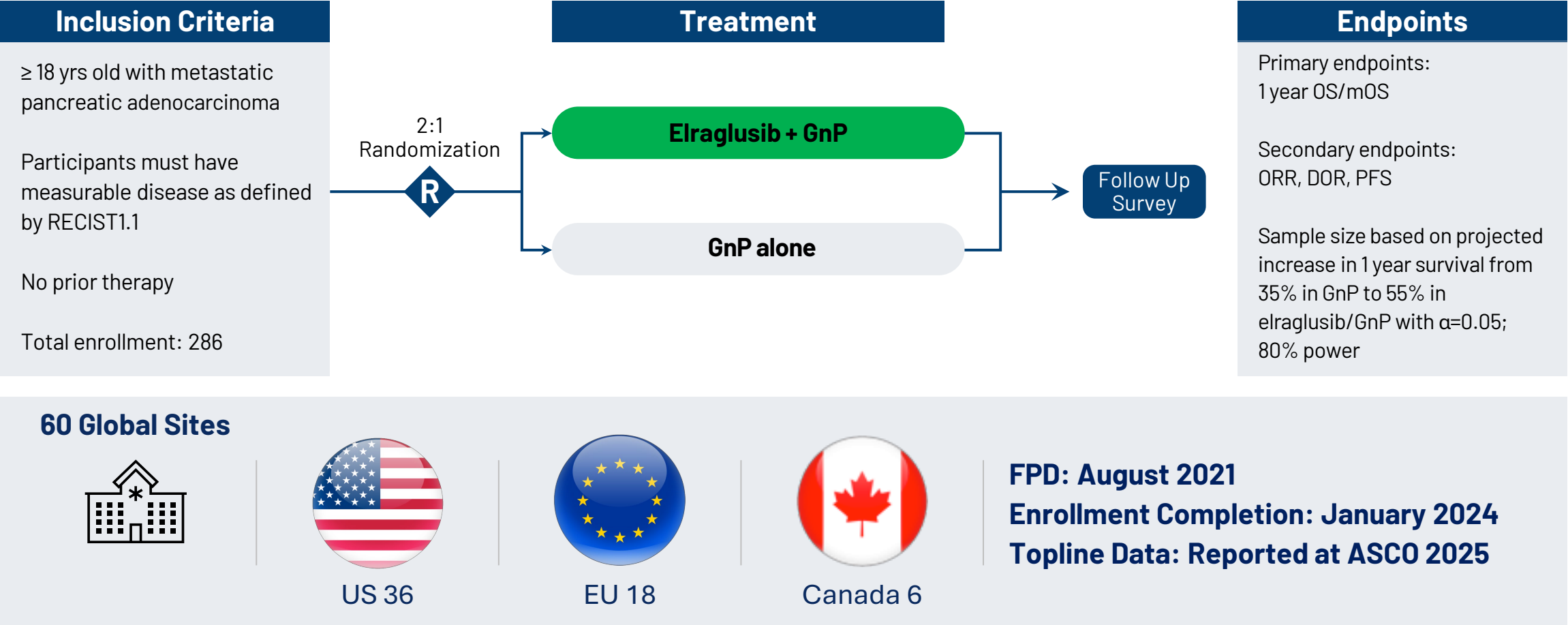
The encouraging preliminary efficacy prompted a pivot to a randomized Phase 2 trial

Historical Control: Wainberg, Zev A et al., The Lancet, Volume 402, Issue 10409, 1272 – 1281; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4631139/>

*13 subjects had no response data entered

EE: efficacy evaluable; ORR: overall response rate; ITT: intent to treat

1801-Part 3B: Phase 2 RCT in First-Line Metastatic PDAC



PDAC: A Disease with Urgent Unmet Needs

- Most patients with PDAC present with advanced or metastatic disease with poor survival
- Median survival remains <1 year, with real world data for mOS ranging from 6-9 months
- Apart from PARP inhibitors as maintenance therapy in a subset of patients with gBRAC1/2 metastatic PDAC patients, there is an urgent need for more novel therapeutic targets for PDAC patients

| Study | Comparison | mOS (months) | 1 year OS (%) |
|-------------------------------------|----------------------------------|--|---------------|
| MPACT (Von Hoff et al. 2013) | GnP vs Gem | 8.5 vs 6.7 HR 0.72 ; p<0.001 | 35.0 vs 22.0 |
| NAPOLI-3 (Wainberg et al., 2024) | GnP vs NALIRIFOX | 9.2 vs 11.1 HR 0.83 ; p<0.036 | 39.5 vs 45.6 |
| Cockrum et al. (2025) | GnP and FFX Real-world review | GnP 6.9 (3.6-9.8) FFX 9.2 (4.7-11.4) | N/A |

Study 1801 Part 3B RCT Patient Demographics

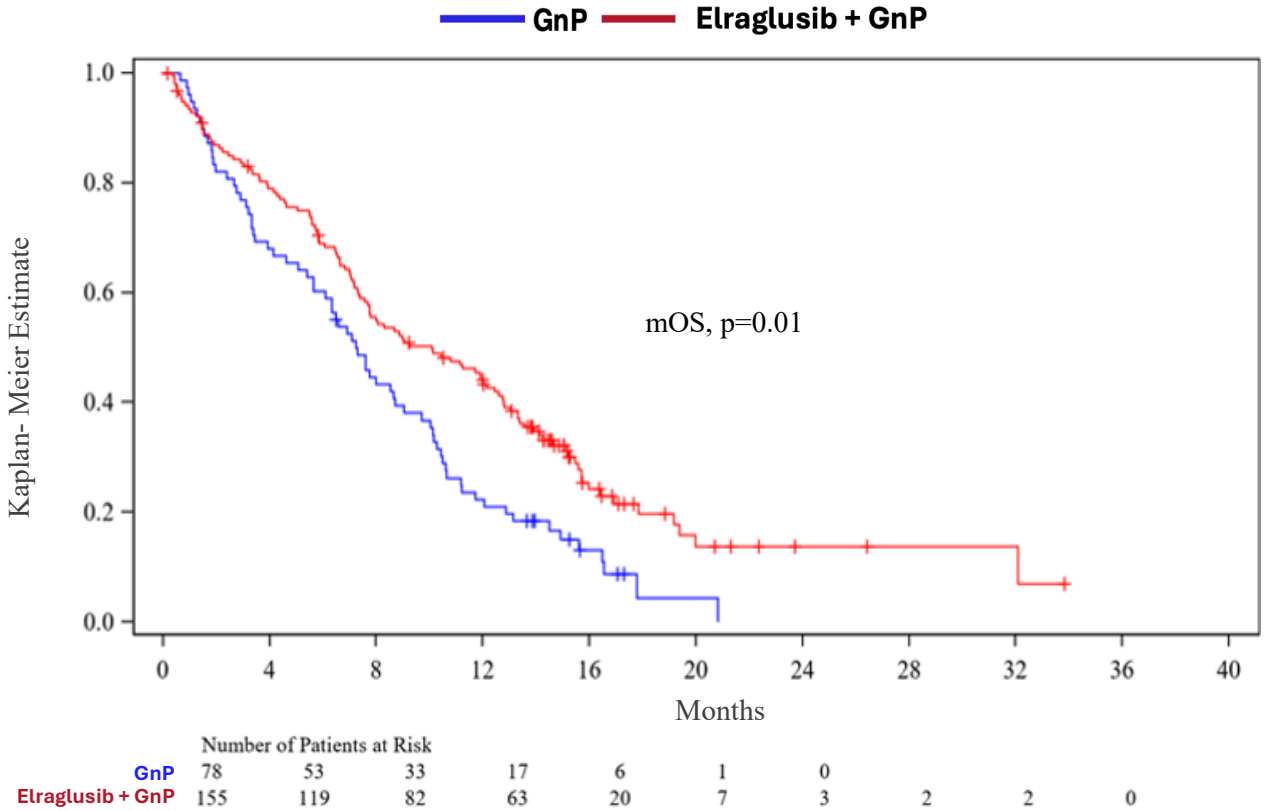
| Demographics | GnP (n=78) | Elraglusib + GnP (n=155) |
|-------------------------------------|-------------|--------------------------|
| Sex | | |
| Female | 35 (44.9%) | 75 (48.4%) |
| Male | 43 (55.1%) | 80 (51.6%) |
| Age (years) | | |
| n (%) | 78 (100%) | 155 (100%) |
| Mean (S.D.) | 66.2 (9.9) | 65.1 (9.1) |
| Median | 68.0 | 65.0 |
| Min, Max | 42.0, 85.0 | 42.0, 86.0 |
| Race | | |
| Asian | 2 (2.6%) | 5 (3.2%) |
| Black or African American | 6 (7.7%) | 7 (4.5%) |
| White | 65 (83.3%) | 128 (82.6%) |
| Multiracial | 0 | 1 (0.6%) |
| Unknown/Not Reported | 5 (6.4%) | 14 (9.0%) |
| Ethnicity | | |
| Hispanic or Latino | 0 | 8 (5.2%) |
| Not Hispanic or Latino | 77 (98.7%) | 141 (91.0%) |
| Unknown/Not Reported | 1 (1.3%) | 6 (3.9%) |
| Body Surface Area (BSA) (m2) | | |
| n (%) | 78 (100%) | 154 (99.4%) |
| Mean (S.D.) | 1.83 (2.23) | 1.82 (0.22) |
| Median | 1.82 | 1.81 |
| Min, Max | 1.31, 2.77 | 1.30, 2.41 |

| Demographics | GnP (n=78) | Elraglusib + GnP (n=155) |
|--|------------|--------------------------|
| Eastern Cooperative Oncology Group Performance Status | | |
| 0 | 31 (39.7%) | 64 (41.3%) |
| 1 | 45 (57.7%) | 89 (57.4%) |
| 2 | 2 (2.6%) | 2 (1.3%) |
| Disease Status | | |
| Metastatic at Initial Diagnosis | 59 (75.6%) | 109 (70.3%) |
| Metastatic at Study Entry | 77 (98.7%) | 154 (99.4%) |
| Site of Metastases | | |
| Pancreas | 68 (87.2%) | 123 (79.4%) |
| Liver | 61 (78.2%) | 112 (72.3%) |
| Lymph Node | 27 (34.6%) | 69 (44.5%) |
| Lung | 26 (33.3%) | 58 (37.4%) |

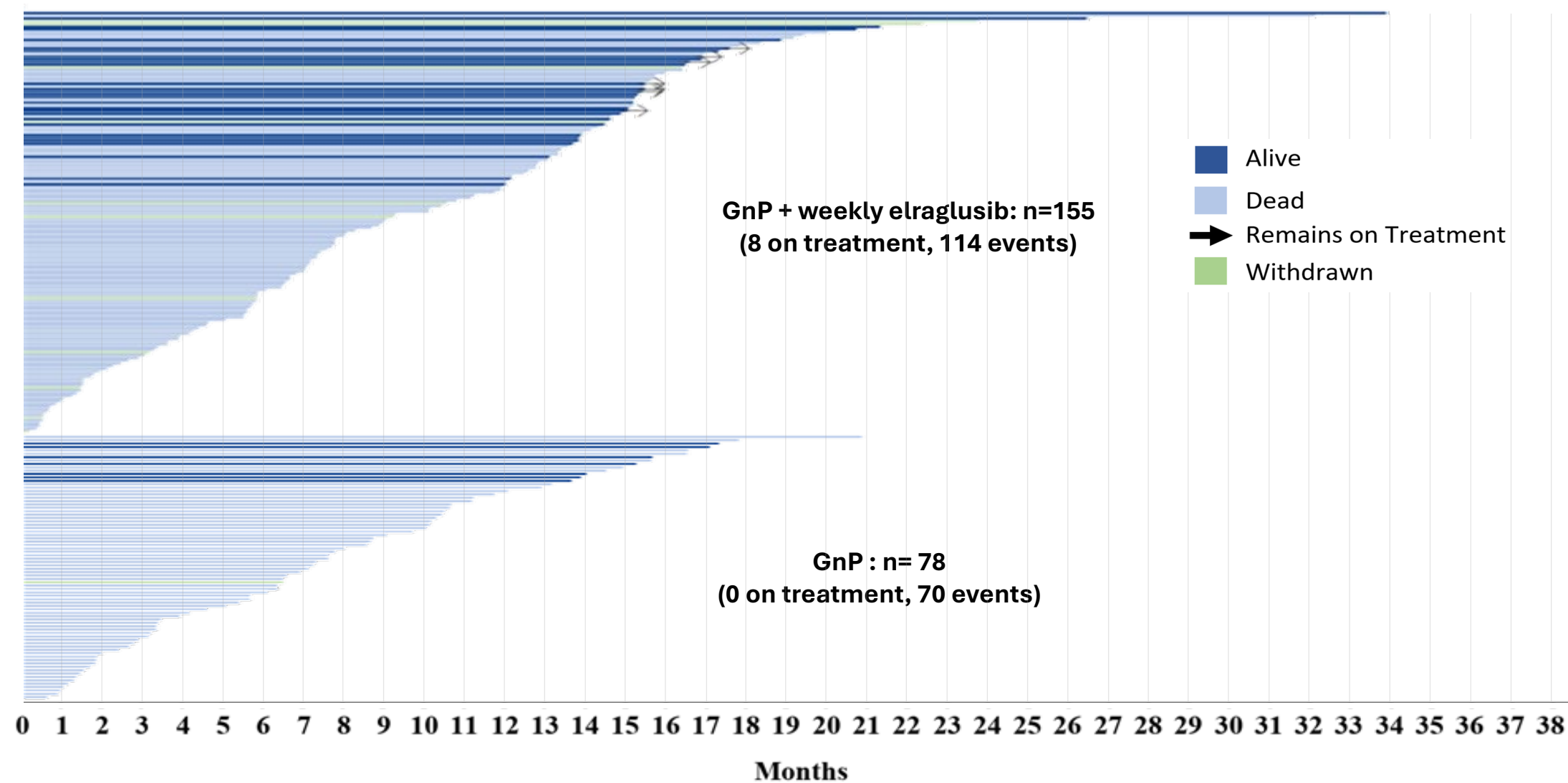
Study 1801 Part 3B Meets Primary Endpoint of Improved Survival

Doubling of 1 year OS and 37% Reduction in Risk of Death vs GnP

| | GnP (n=78) | Elraglusib/GnP (n=155) |
|---|---------------|---------------------------|
| Primary Endpoint: mOS (months) HR=0.63; log-rank p=0.01 | 7.2 | 10.1 |
| 12-month OS (%) p=0.0005 | 22.3 | 44.1 |
| Events(% events) | 70 (89.7%) | 114 (73.5%) |
| 18-month OS (%) | 4.4 | 19.7 |
| 24-month OS (%) | 0 | 13.8 |
| mPFS (months) HR=0.90; P=NS | 5.1 | 5.6 |
| Events(% events) | 75 (96.2%) | 136 (87.7%) |
| DCR | 56.4% | 61.3% |
| ORR n(%) | 17 (21.8%) | 45 (29.0%) |

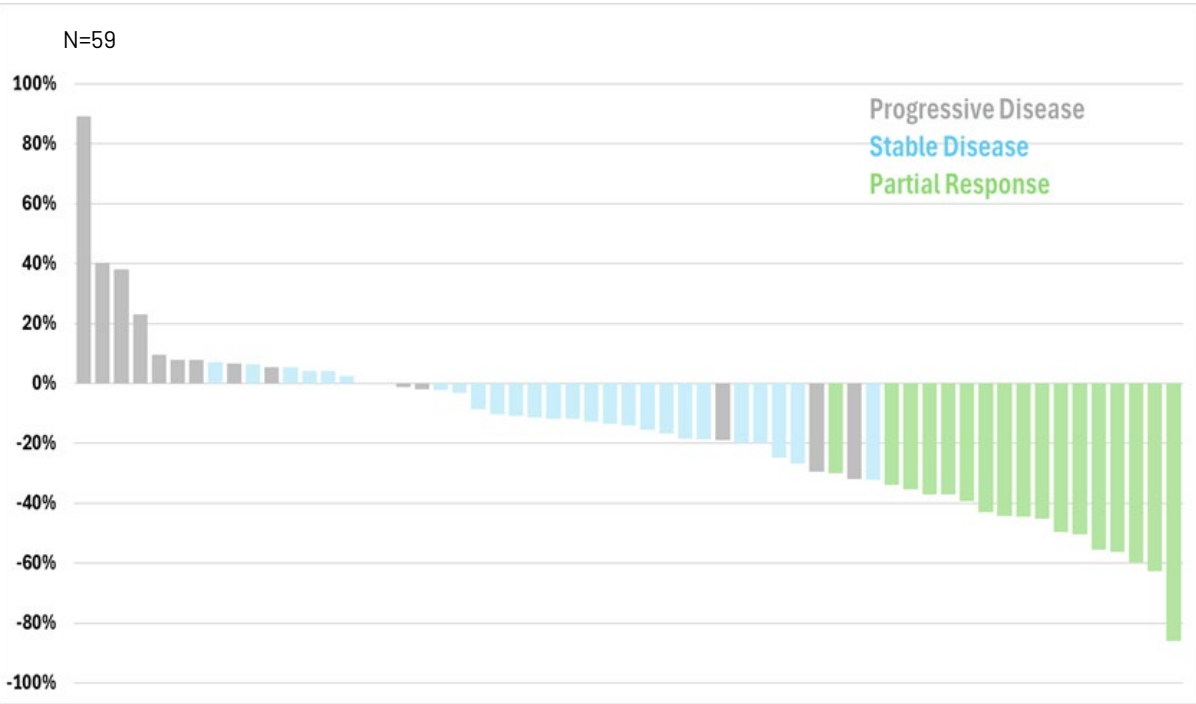


Durable and Sustained Responses Observed Relative to GnP

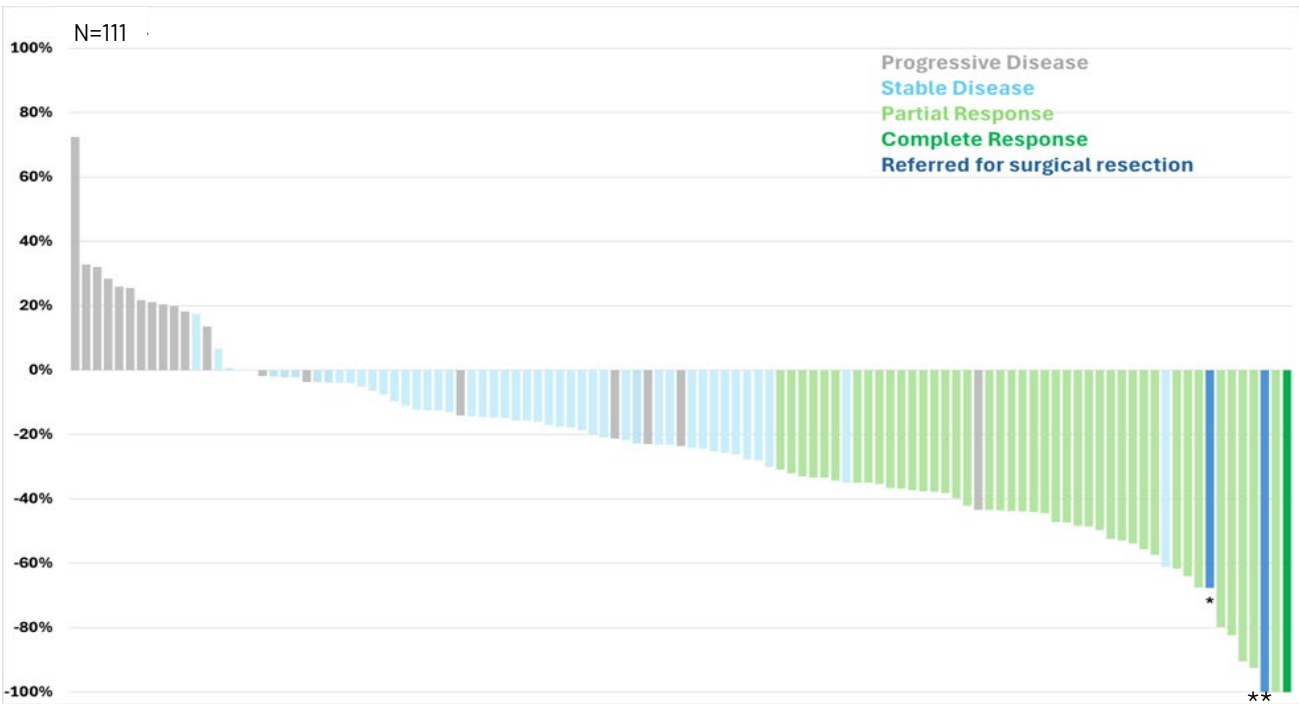


Elraglusib Arm Demonstrated Strong Improvement in ORR and Depth of Response vs. GnP

GnP Best Overall Response



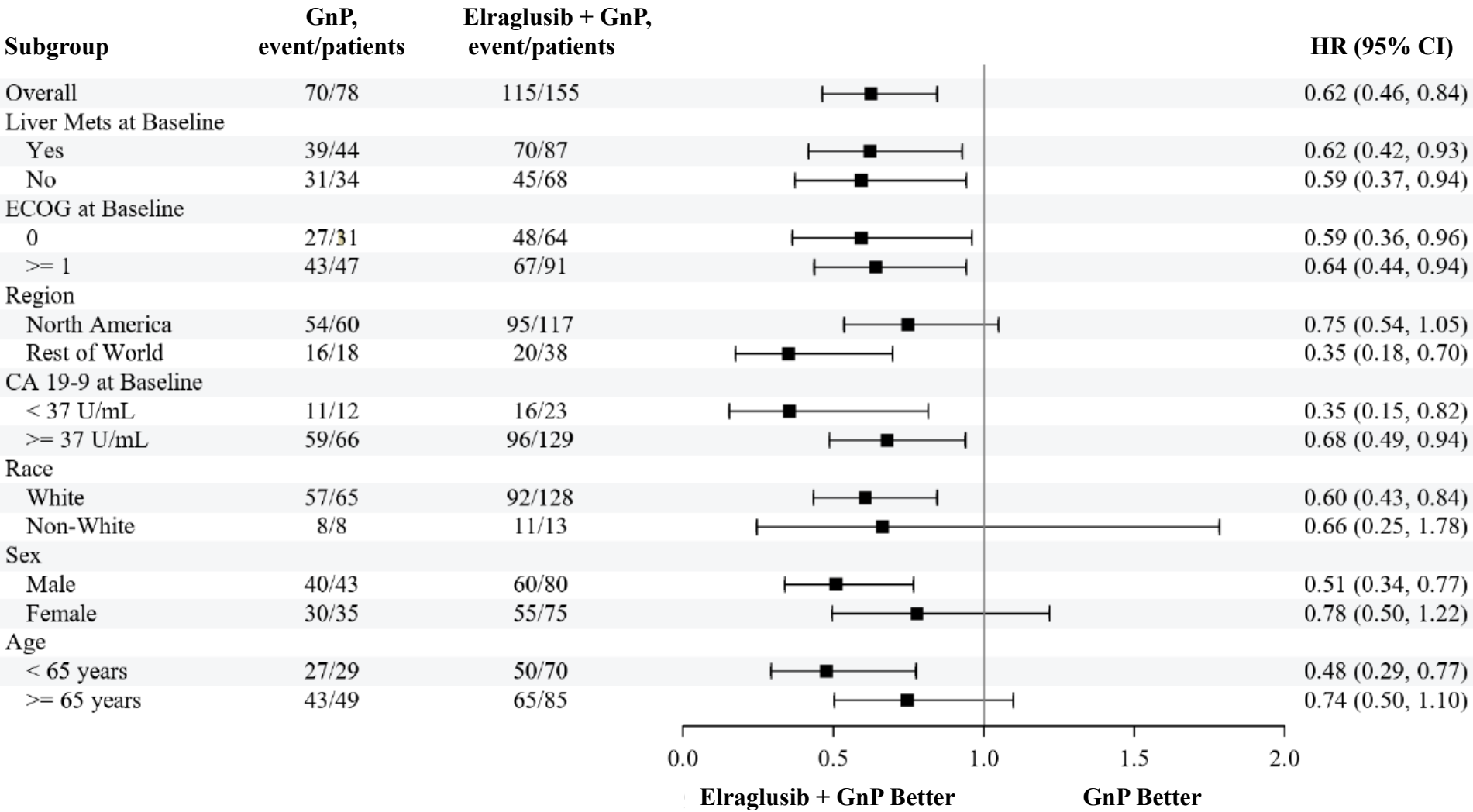
Elraglusib + GnP Best Overall Response



*Patient had a partial response on treatment, then was referred for a Whipple procedure and subsequently came off treatment

**Patient had a partial response on treatment, then was referred for a Whipple procedure and then reported a complete response with 100% of the primary tumor removed

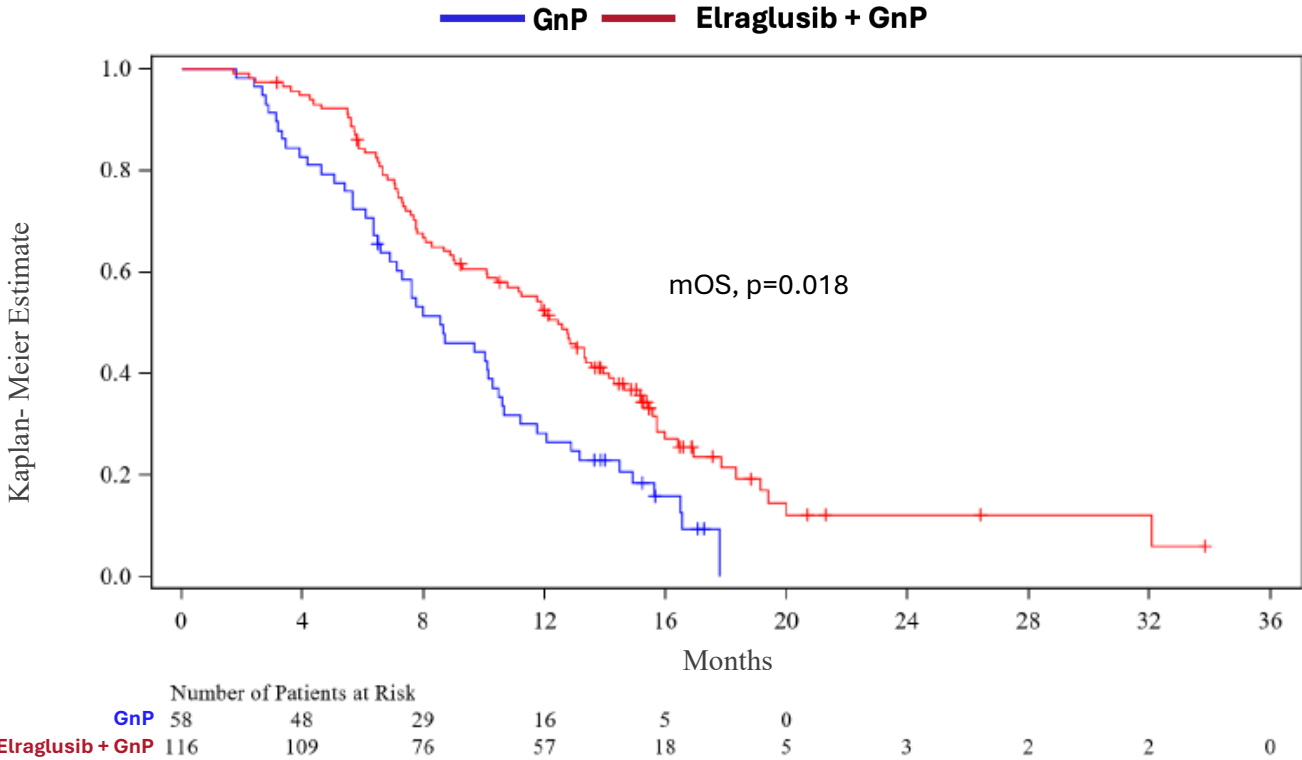
Clinical Benefit Observed For Elraglusib + GnP Across All Subgroups Evaluated



Subgroup of Patients Treated for One Cycle (4 weeks) – Significant Benefit in OS

Near Doubling of 1 year OS and 43% Reduction in Risk of Death vs GnP

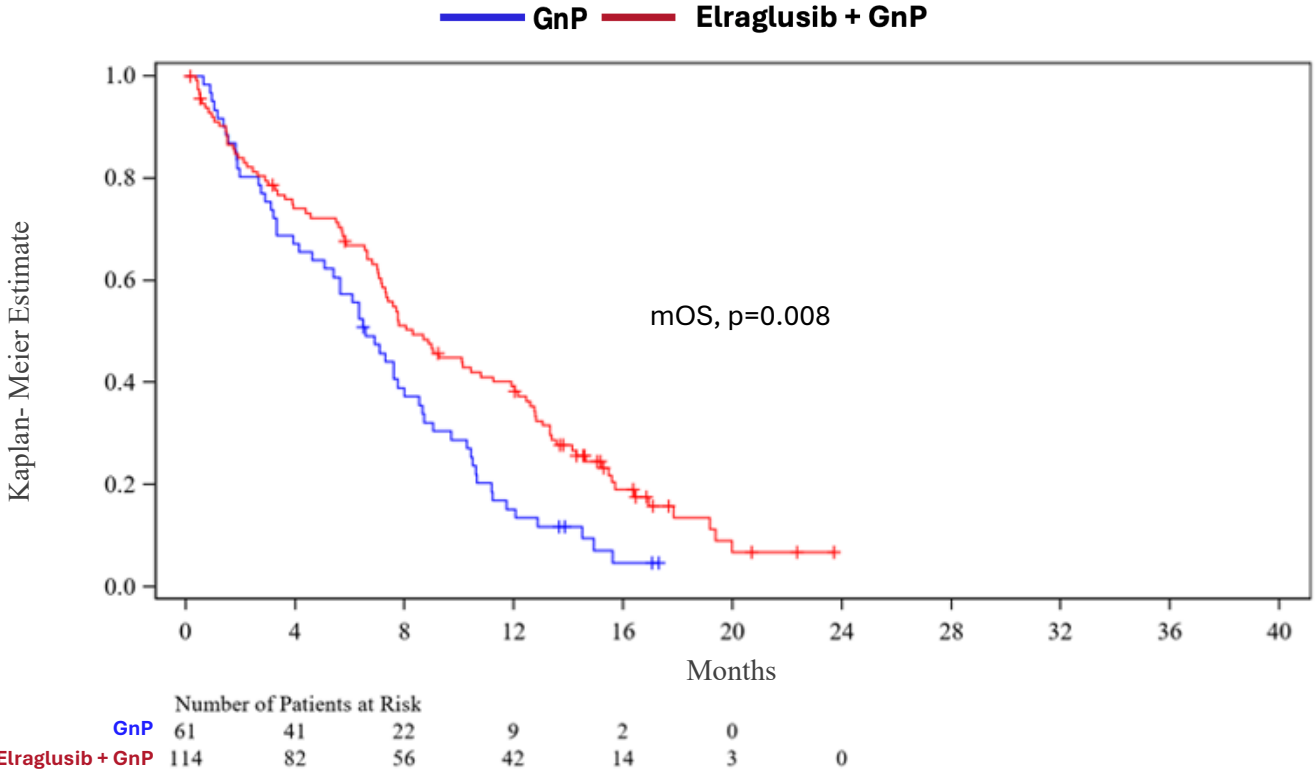
| | GnP (n=58) | Elraglusib/GnP (n=116) |
|--|---------------|---------------------------|
| Primary Endpoint: mOS (months) HR=0.57; log-rank p=0.018 | 8.5 | 12.5 |
| 12-month OS (%) | 28.3 | 52.5 |
| Events(% events) | 50 (86.2%) | 85 (73.3%) |
| 18-month OS (%) | 0 | 21.5 |
| 24-month OS (%) | 0 | 12.1 |
| mPFS (months) HR=0.78; P=NS | 5.6 | 6.9 |
| Events(% events) | 55 (94.8%) | 105 (90.5%) |
| DCR | 44.8% | 53.4% |
| ORR n(%) | 17 (29.3%) | 44 (37.9%) |



Patients with Liver Metastases - Significant Benefit in mOS and mPFS

2.5X Increase in 1 Year Survival and a 38% Reduction in Risk of Death

| | GnP (n=61) | Elraglusib/GnP (n=114) |
|--|-------------------|---------------------------|
| Primary Endpoint: mOS (months) HR=0.62; log-rank p=0.008 | 6.6 | 8.3 |
| 12-month OS (%) p=0.0003* | 15.2 | 39.2 |
| Events (% events) | 56 (91.8%) | 92 (80.7%) |
| 18-month OS (%) | 0 | 13.6 |
| 24-month OS (%) | 0 | 0 |
| mPFS (months) HR=0.72; P=0.039 | 3.9 | 4.9 |
| Events (% events) | 59 (96.7%) | 104 (91.2%) |
| DCR | 27.9% | 36.8% |
| ORR n (%) | 12 (19.7%) | 34 (29.8%) |



Subsequent Anti-Cancer Therapy Is Balanced Between Both Arms

| | GnP (n=78) | Eraglusib/GnP (n=155) |
|------------------------------------|---------------|--------------------------|
| Subsequent anti-cancer therapy (%) | 37 (47.4%) | 78 (50%) |
| Systemic anti-neoplastic therapy | 36 (46%) | 78 (50%) |
| FOLFIRINOX | 13 (35%) | 23 (28%) |
| FOLFOX | 1 (3%) | 0 (0%) |
| FOLFIRI | 3 (8%) | 7 (9%) |
| GnP | 3 (8%) | 10 (13%) |
| 5-FU/liposomal irinotecan/LV | 3 (8%) | 7 (9%) |
| Other* | 13 (36%) | 31 (40%) |
| Radiotherapy | 1 (3%)** | 0 (0%) |

*Other primarily represents various other chemotherapy regimens

**Patient also received anti-neoplastic therapy with radiation

LV: leucovorin

Safety Profile of Elraglusib in Combination with GnP

Actuate 1801 Part 3B (ongoing)

TEAEs of Any Grade Reported in ≥20% of Patients Treated with elraglusib

| Adverse Event | Elraglusib + GnP (N=155) | | GnP (N=78) | |
|--|-----------------------------|------------|---------------|-----------|
| | Patients, n (%) | | | |
| | Any Grade | Grade ≥3 | Any Grade | Grade ≥3 |
| Any TEAE | 155 (100) | 139 (89.7) | 77 (98.7) | 62 (79.5) |
| Serious TEAE | 86 (55.5) | 81 (52.3) | 44 (56.4) | 43 (55.1) |
| Leading to Stoppage of Any Study Drug | 42 (27.1) | 26 (16.8) | 20 (25.6) | 16 (20.5) |
| Resulting in death | 19 (12.3) | 19 (12.3) | 13 (16.7) | 13 (16.7) |
| TEAEs of any Grade in ≥20% of Patients | | | | |
| Visual Impairment | 105 (67.7) | 1 (0.6) | 7 (9.0) | 0 |
| Fatigue | 97 (62.6) | 26 (16.8) | 39 (50.0) | 4 (5.1) |
| Neutropenia* | 95 (61.3) | 81 (52.2) | 32 (41.0) | 24 (30.8) |
| Diarrhea | 91 (58.7) | 15 (9.7) | 38 (48.7) | 6 (7.7) |
| Nausea | 90 (58.1) | 11 (7.1) | 38 (48.7) | 4 (5.1) |
| Alopecia | 71 (45.8) | 0 | 27 (34.6) | 0 |
| Anemia** | 71 (45.8) | 39 (25.2) | 35 (44.9) | 23 (29.5) |
| Decreased appetite | 64 (40.6) | 9 (5.8) | 19 (24.4) | 6 (7.7) |
| Thrombocytopenia*** | 58 (37.4) | 17 (11.0) | 25 (32.1) | 6 (7.7) |
| Vomiting | 59 (38.1) | 5 (3.2) | 30 (38.5) | 1 (1.3) |
| Edema peripheral | 56 (36.1) | 3 (1.9) | 25 (32.1) | 0 |
| Constipation | 50 (32.3) | 3 (1.9) | 24 (30.8) | 1 (1.3) |
| Pyrexia | 44 (28.4) | 2 (1.3) | 20 (25.6) | 1 (1.3) |
| Abdominal pain | 45 (29.0) | 14 (9.0) | 16 (20.5) | 2 (2.6) |
| Weight decreased | 42 (27.1) | 5 (3.2) | 16 (20.5) | 4 (5.1) |
| Peripheral sensory neuropathy | 39 (25.2) | 4 (2.6) | 18 (23.1) | 0 |
| Hypokalemia | 35 (22.6) | 8 (5.2) | 24 (30.8) | 4 (5.1) |
| Asthenia | 32 (20.6) | 9 (5.8) | 19 (24.4) | 5 (6.4) |
| Dysgeusia | 32 (20.6) | 0 | 16 (20.5) | 0 |
| Infusion related reaction | 31 (20.0) | 4 (2.6) | 1 (1.3) | 0 |
| Neuropathy peripheral | 21 (13.5) | 1 (0.6) | 18 (23.1) | 0 |

Key Takeaways

- Overall rate of a TEAE and/or an SAE observed were similar in the elraglusib + GnP-treated patients as compared to GnP-treated patients
- Treatment discontinuation due to TEAEs were similar across the treatment groups
- Visual impairment and fatigue were major TEAEs attributed to elraglusib as a single agent in 1801 Part 1 and were mild to moderate in the 1801 3B¹
 - Transient visual impairment described as transient alterations in color and skin tones under fluorescent light
 - No permanent changes to eye structure or vision

¹Carneiro et al. Clin Cancer Res 2024 Feb 1;30(3):522-531

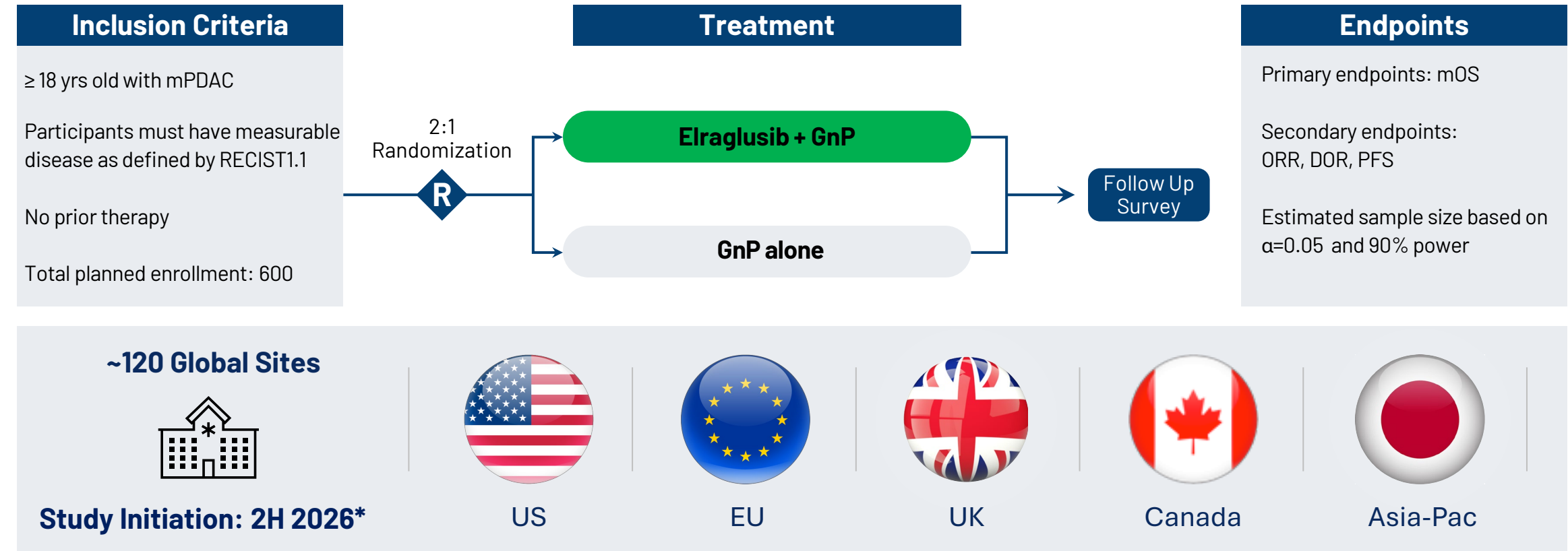
*Includes Preferred Terms (PT) neutropenia and neutrophil count decreased

** Includes PT anemia and hemoglobin decreased

***Includes PT thrombocytopenia and platelet count decreased

mPDAC Future Development and Registration Plans

- Regulatory discussions planned with FDA and EMA on registration pathway
- Registration trial design to be harmonized to support approval in both the US and EU



Elraglusib Has Potential in Multiple Indications with High Unmet Need

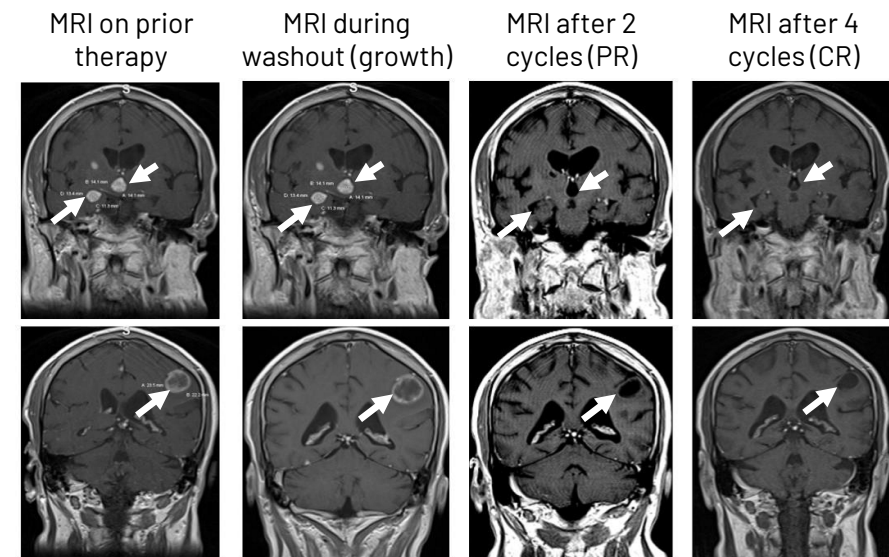
Actuate 1801 Part 1 evaluated elraglusib as a single agent

- First objective response reported in patient treated with 5 mg/kg elraglusib monotherapy
- Metastatic melanoma diagnosed in 2018; widely metastasized to the brain, lungs, bones, muscles, stomach, lymph nodes, pancreas and adrenal glands
- Refractory to all FDA-approved standard therapies, including several checkpoint inhibitors and BRAF / MEK inhibitor
- **After 12 Weeks on elraglusib:** Brain MRI showed complete response (CR) by RANO criteria, PET scan showed complete metabolic response ("CMR")
- **Durable CMR ongoing (OS >6.5 years as of November 2025)**

Refractory, metastatic melanoma identified as a clinical indication for elraglusib development

- A second patient receiving single-agent elraglusib has ongoing stable disease (SD)(3.1 years as of last documented alive date)
- Also failed all FDA-approved standard therapies including immune checkpoint inhibitors and several experimental treatments
- Patients receiving chemotherapy salvage after anti-PD-1 treatment have a mOS of 6.9 months across all chemotherapy tested¹
- **Potential for genomic biomarker enrichment to improve the probability of success based on ML models of CPI response**

1. Goldinger et al., Eur J Cancer 2022; 162: 22.



12 weeks on elraglusib leads to Complete Response by PET-MRI.
Cystic lesions observed in place of prior tumor.

| Combination | Key Histologies | mOS (1801) |
|------------------------|---|------------|
| Elraglusib Monotherapy | CPI Refractory, Metastatic Melanoma | 9.1 months |
| Elraglusib/Irinotecan | Refractory, Metastatic Colorectal | 6.9 months |
| Elraglusib/Carboplatin | CPI/Platinum refractory, Metastatic NSCLC | ND |

Elraglusib Oral Tablet Demonstrates Positive PK Profile

| Route | Potency | Target Dose (mg/kg) | Half-life (hr) | T _{max} (hr) | C _{max} (ng/mL) | AUC _{last} (hr*ng/mL) | Dose-limiting Toxicity |
|-------|---------|---------------------|----------------|-----------------------|--------------------------|--------------------------------|------------------------|
| IV | N/A | 10 | 2.63 | 0.0830 | 6,560 | 22,300 | No |
| Oral | 250 mg | 25 | 3.01 | 4.50 | 6,090 | 77,000 | No (MTD) |
| Oral | 500 mg | 50 | 7.63 | 6.00 | 9,230 | 137,000 | Yes |

- Elraglusib Oral Tablet exceeds plasma exposures of elraglusib IV
- Pharmacokinetics to date have been largely dose-proportional
- Elraglusib Oral Tablet will be given daily, which should achieve steady state plasma levels of drug
- This will allow further exploration of risk-benefit, dose and anti-cancer activity in indications identified as promising in Actuate-1801

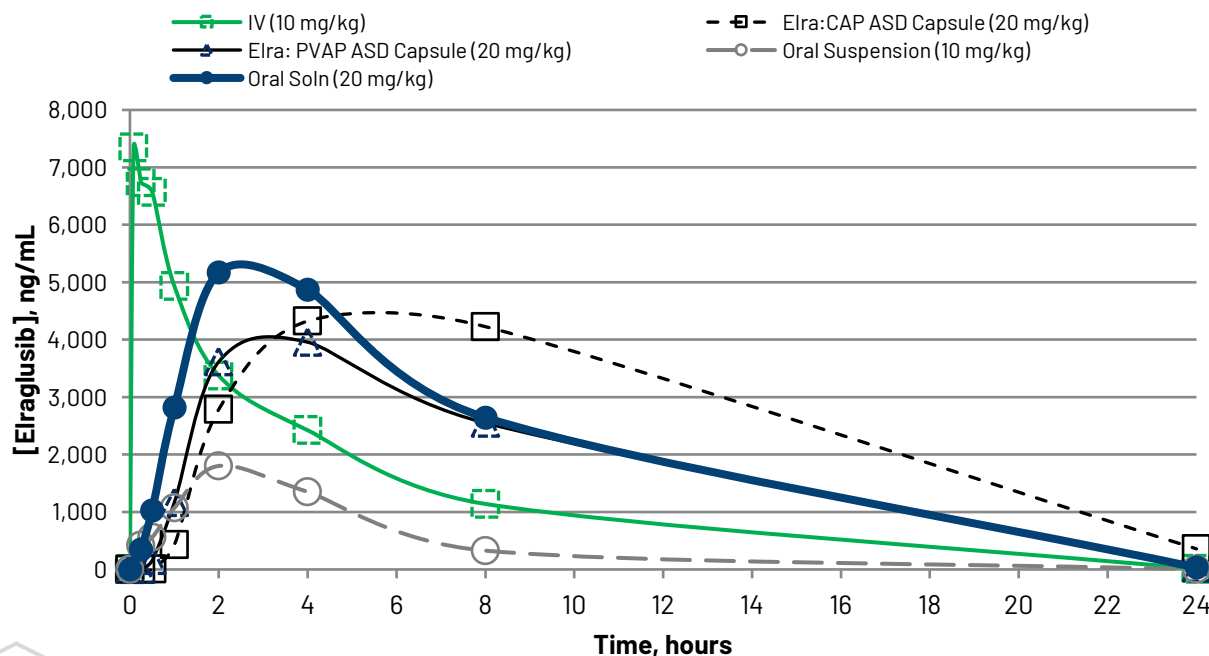
Oral Tablet formulation allows for expansion into new patient populations

Elraglusib Oral Tablet Development Plan

Benefits

- Preclinical studies show Oral Solid >95% bioavailability
- Elraglusib oral dosage forms may allow potential expansion into pediatric and adult cancer indications where standard of care is oral
- May improve compliance and patient experience in indications where long DCR is observed

Elraglusib Blood Concentration – Oral Formulations



Development Plan – Phase 1/2 Study in Cancer Patients

Phase 1 Daily Dose Escalation Study

- Accelerated dose escalation
 - Design: 3+3 dose escalation to MTD/RP2D
- Adult refractory solid tumor patients
- Planned study initiation 1H 2026*



Phase 2 Treatment Study

- Daily dose at RP2D
- CPI refractory metastatic melanoma and other advanced refractory cancers
- Planned study initiation 1H 2027*

*Contingent upon future funding
RP2D: Recommended Phase 2 Dose

Ewing Sarcoma: Pediatric Trial Demonstrates Clinical Responses in Multiple Patients



Phase 1/2 study (Actuate-1902) in pediatric cancer patients with recurrent/refractory solid cancers



There are currently no treatment regimens that meaningfully extend life in Ewing sarcoma patients with metastatic, refractory disease



Patients that have metastasis and disease recurrence after chemotherapy have short survival of 3-8 months¹

Trial Update

- Twelve patients were enrolled in Actuate-1902 and appear to have metastatic, refractory Ewing and Ewing-like sarcoma and had disease progression on their last treatment regimen prior to joining the study
- All twelve patients received the combination of elraglusib+cyclophosphamide/topotecan in 1902
- All twelve patients had received two or more previous chemotherapy regimens
- One patient had CR at their 1st scan as Best Overall Response (BOR)
 - Stopped all treatments after four months and continued to be in complete remission with no evidence of disease almost three years after termination of treatment
- One patient had BOR of CMR (Complete Metabolic Response, no detectable lesions by FDG-PET)
- One patient had BOR of PR (52% reduction in tumor)
- Three patients had BOR of SD
- Study is closed, final data expected by end of Q4 2025

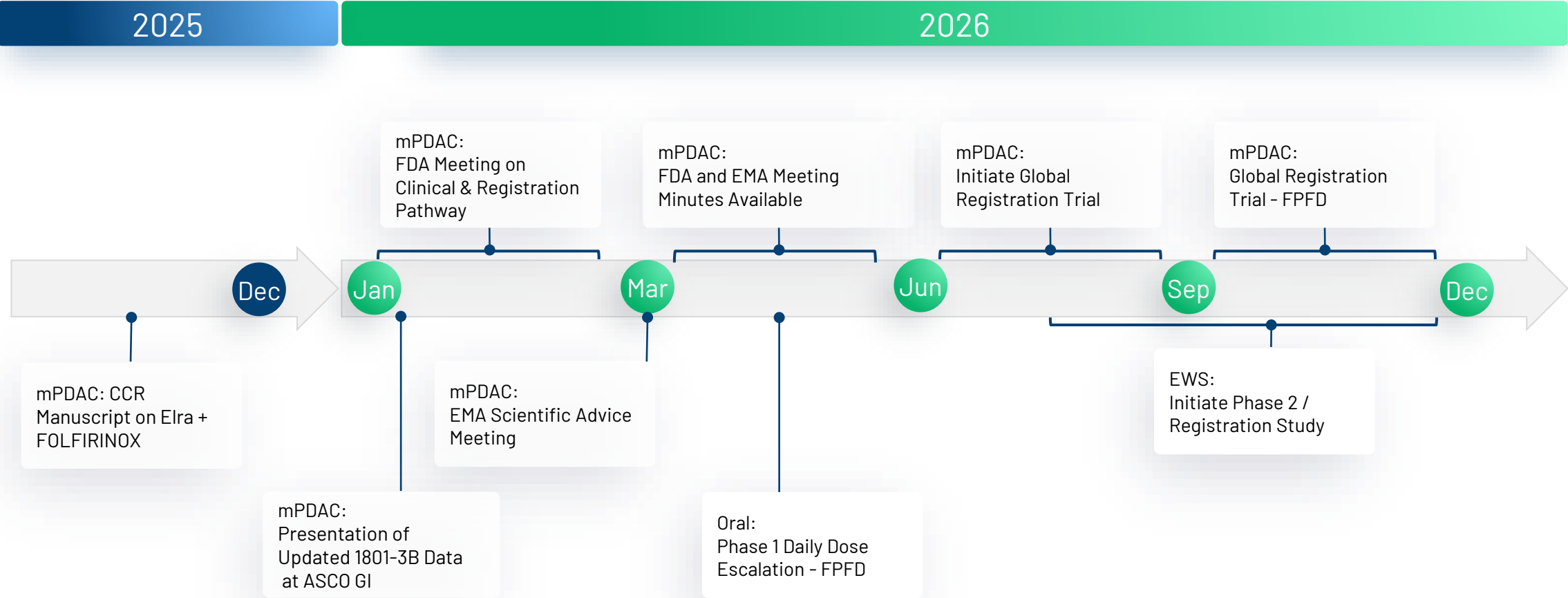
Objective responses and durable survival highlight development opportunity in Ewing Sarcoma

Elraglusib Ewing Sarcoma Development Plan

- Actuate has been engaging with KOLs and patient advocacy groups in US and EU on Phase 2 study
- Pre-IND meeting with FDA planned to discuss registration pathway
- Discussions initiated and ongoing with US, EU, and UK patient advocacy groups regarding clinical development support and non-dilutive funding
 - National Pediatric Cancer Foundation (NPCF)
 - Nonclinical EWS models (University of Colorado)
 - Clinical program partnership with NPCF sites
 - Clinical trial design
- Potential to initiate global Phase 2 registration trial in 2H 2026*



Key Near Term Anticipated Development Plans and Milestones



Seasoned and Successful Leadership

Experienced leadership team with demonstrated ability to develop and commercialize cancer drugs



Daniel M. Schmitt – Chief Executive Officer and Founder

- 30+ years of biotechnology and pharmaceutical experience across senior executive roles
- Led and contributed to the successful development and launch of multiple pharmaceutical products
- Exosurf, Zovirax, Valtrex, Adenoscan, Ambisome, Duraclon, Campath, Abraxane, enTrust
- Executed ~1B+ in milestone value through licensing, acquisition, and development deals



Andrew Mazar, PhD – Chief Operating Officer and Scientific Co-Founder

- Co-founder, Chief Scientific Officer and Director, Monopar Therapeutics, Inc. (Nasdaq: MNPR)
- Entrepreneur-in-Residence; Professor of Pharmacology; Founding Director, Center for Developmental Therapeutics, Northwestern University
- Chief Scientific Officer, Attenuon, LLC
- Internationally recognized expert in cancer metastasis and translational oncology
- Eleven drugs from discovery through Phase 2
- >250 peer-reviewed publications and book chapters and inventor on >70 patents
- Serial entrepreneur with seven start-ups founded



Paul Lytle – Chief Financial Officer

- 30+ years of finance and accounting experience
- 25+ years of public company experience for Nasdaq listed companies
- Served as co-founder, CFO, and director for multiple biotech companies
- Raised in excess of \$500 million in net proceeds from various equity and debt offerings

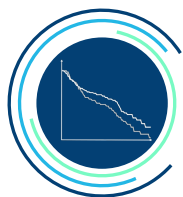


Steven D. Reich, MD – Sr VP, Clinical Development and Acting Chief Medical Officer

- Oncology drug development executive leader for commercial clinical development and strategy
- Directed multi-national medical research groups within pharmaceutical/biotechnology companies and CRO
- Lead investigator for Phase I-III trials and designed and managed Phase I-IV trials for industrial sponsors
- Headed the clinical research programs leading to multiple US, Canadian, and European drug approvals
- Epogen, Targretin, Panretin, Fludara, Inlyta



Investment Highlights



Compelling Survival Data in mPDAC



Broad Therapeutic Potential in Multiple Oncology Indications



Significant Commercial Potential in Major Markets



Extended IP Protection



Seasoned Leadership Team



Ticker: ACTU

