DEFEATING CANCER: The Challenge. Our Mission.

March 2020

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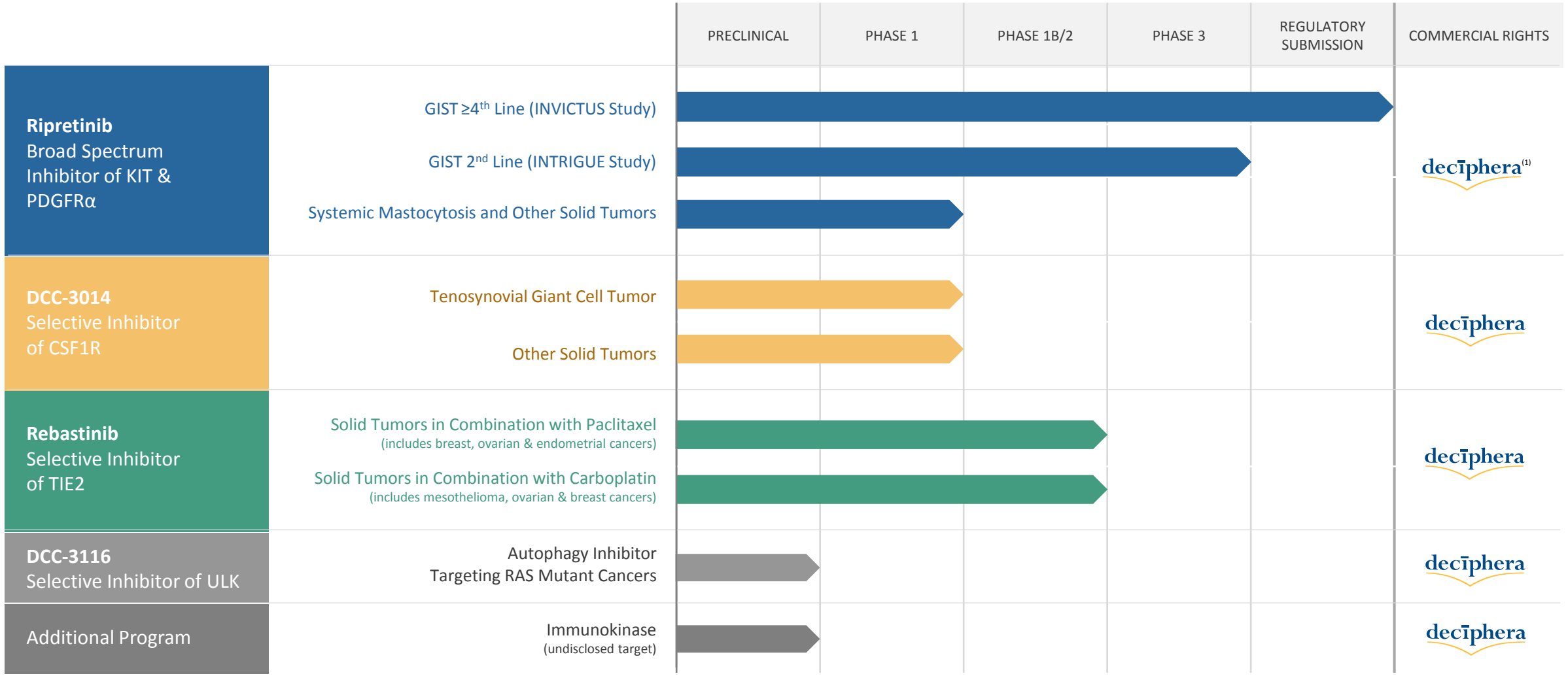
Executing on Our Mission

At Deciphera, we are focused on discovering, developing, and bringing important new medicines to patients for the treatment of cancer.

- Ripretinib: **Positive results** from INVICTUS Phase 3 study in ≥4th line GIST
- Ripretinib: **NDA accepted** and preparing for potential U.S. launch
- **Rapidly advancing wholly-owned** clinical-stage portfolio(1)
- Novel switch control kinase inhibitor discovery platform **fuels the pipeline**

Notes: GIST=gastrointestinal stromal tumor; NDA=new drug application; (1) Exclusive development and commercialization license for ripretinib with Zai Lab in Greater China.

Robust Clinical Stage Oncology Pipeline of Novel Kinase Inhibitors



Notes: KIT=KIT proto-oncogene receptor tyrosine kinase; PDGFRα=platelet-derived growth factor receptor α; CSF1R=colony stimulating factor 1 receptor; TIE2=TEK tyrosine kinase; (1) Development and commercialization exclusive license with Zai Lab in Greater China.

2020 Expected Milestones for the Year Ahead

Ripretinib

- FDA grants Priority Review and sets PDUFA data of August 13, 2020 in advanced GIST
- Potential commercial launch in advanced GIST
- Submit EU Marketing Authorisation Application to EMA
- Complete enrollment in the INTRIGUE Phase 3 study in 2nd line GIST
- Present Phase 1 study expansion data

DCC-3014

- Select Phase 2 dose for tenosynovial giant cell tumor (TGCT) and initiate the expansion portion of study
- Update Phase 1 data in TGCT patients

Rebastinib

- Select Phase 2 dose and activate Part 2 of Phase 1b/2 study in combination with carboplatin
- Present Phase 1b/2 data in combination with carboplatin
- Present Phase 1b/2 data in combination with paclitaxel

DCC-3116

- Submit IND application to FDA

Notes: FDA=U.S. Food and Drug Administration; PDUFA=Prescription Drug User Fee Act; EMA=European Medicines Agency; IND=Investigational New Drug.

Ripretinib: Potential to Change Practice in Advanced GIST

Novel TKI designed to inhibit broad range of mutations in KIT and PDGFRα

Strong efficacy and safety data from randomized Phase 3 INVICTUS study

NDA accepted by the FDA for advanced GIST

- Priority Review granted; PDUFA date of August 13, 2020
- Breakthrough Therapy Designation
- NDA being reviewed under FDA Real-Time Oncology Review (pilot program)

Marketing applications submitted to Health Canada and Australian Therapeutic Goods Administration for advanced GIST and are being reviewed under FDA Project Orbis (initiative)

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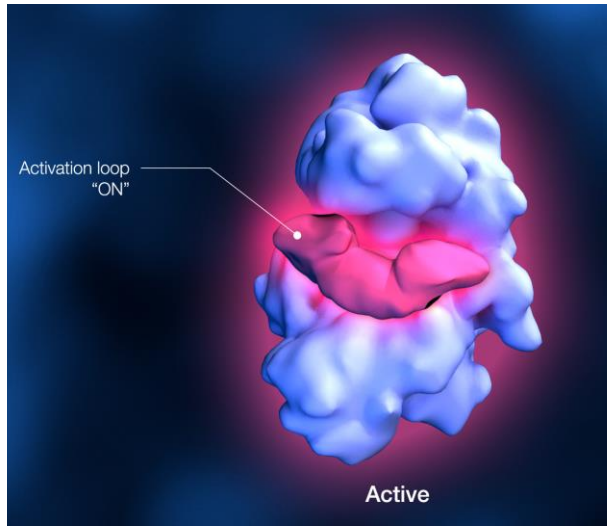
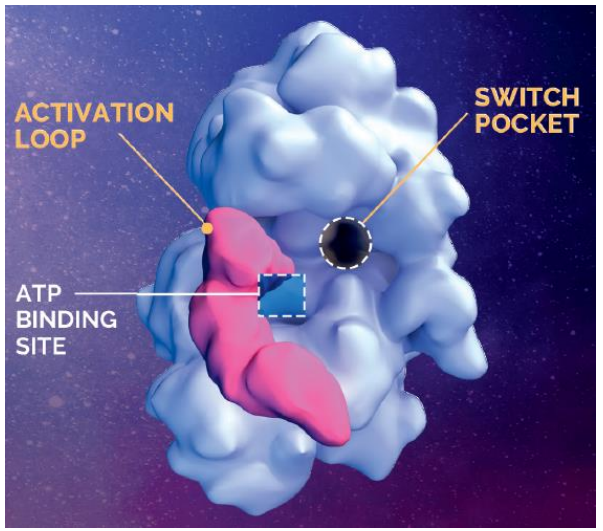
Notes: TKI=tyrosine kinase inhibitor.

Ripretinib: A Novel Kinase Switch Control Inhibitor

Switched on: Kinase active



Switched off: Kinase inactive



Achieving switch control may prevent downstream signaling and cell proliferation to potentially overcome the mechanisms of resistance associated with progressing GIST

A unique dual mechanism of action that regulates the kinase switch pocket and activation loop

- Prevents the activation loop from binding to the switch pocket
- Locks the kinase in the inactive ("off") state

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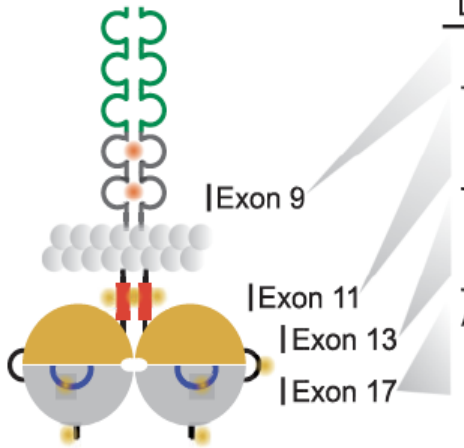
Notes: ATP=adenosine triphosphate.

Ripretinib: Designed to Address a Broad Range of Mutations in GIST

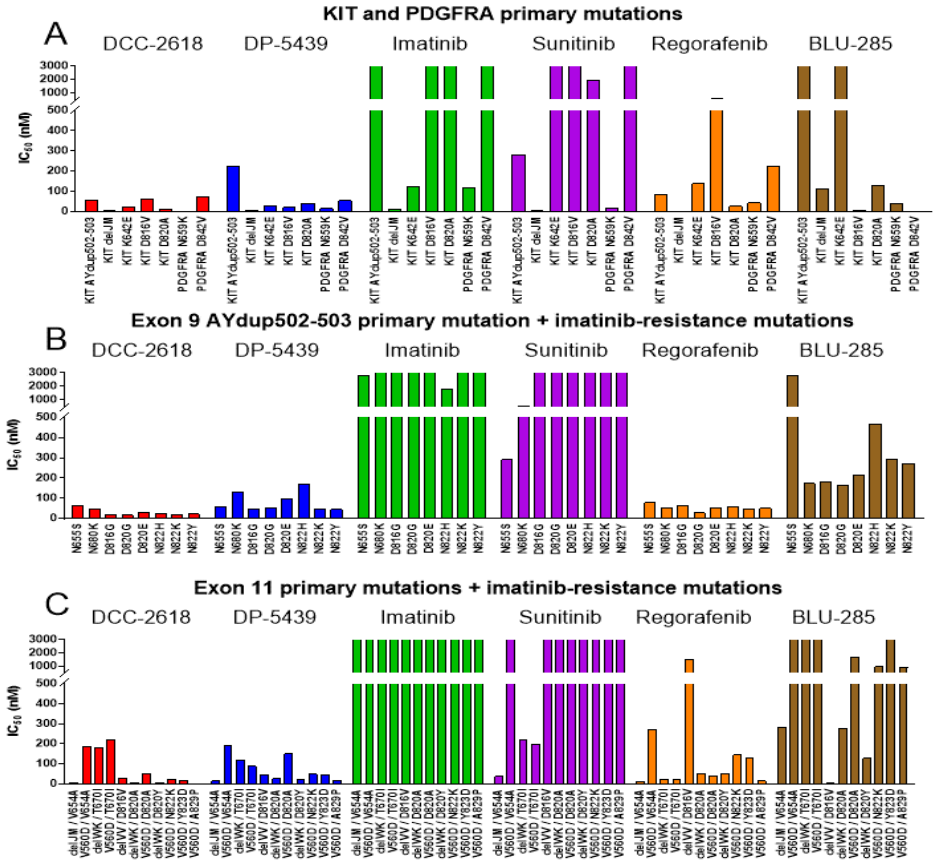
KIT Mutations Drive ~80% of GIST



Domain	Gene	1° Mutation Frequency	2° Mutation Frequency
D5	*KIT*	10%	
JM	*KIT*	67	
	PDGFRA	1	
TK1	*KIT*	1	56
	PDGFRA	1	
A-Loop	*KIT*	1	41
	PDGFRA D842V	5	
	PDGFRA	1	3

Source: Hemming M et al. Translational insights into gastrointestinal stromal tumors and current clinical advances. Annals of Oncology; 29: 2037-2045, 2018.

Ripretinib: Broad Mutational Coverage in KIT and PDGFRα



Source: AACR 2018

Notes: (A) GIST primary mutations; or imatinib-resistant KIT mutations with (B) exon 9 or (C) exon 11 primary mutations.

Significant Unmet Medical Need Post-Imatinib

Estimated Incidence of GIST: **U.S. 4,000-6,000**[1]

1L

1st Line Treatment:
Imatinib*
- mPFS: 18.9 months[2]
- mOS: 46.8 months[3]

2L

2nd Line Treatment:
Sunitinib*
- mPFS: 5.6 months[4]
- mOS: 17.0 months[4]

~2,000 U.S. incident patients eligible for treatment[6]

3L

3rd Line Treatment:
Regorafenib*
- mPFS: 4.8 months[5]
- mOS: 17.4 months[5]

~70-80% eligible patients from prior line[7]

4L

4th Line Treatment:
No Approved Treatment*

~70-80% eligible patients from prior line[7]

**As of January 9, 2020, avapritinib is approved in the U.S. for GIST patients with PDGFRA exon 18 mutations only, which mutations are harbored by an estimated ~6% of patients with newly diagnosed GIST.*

Notes: mPFS=median progression free survival; mOS=median overall survival; (1) American Cancer Society, Key Statistics for Gastrointestinal Stromal Tumors, Accessed December 13, 2019; (2) Gleevec [package insert]. Stein, Switzerland: Novartis; 2008; (3) Casali PG, et al. *J Clin Oncol*. 2017;35:1713-1720; (4) Sutent [package insert]. New York, NY: Pfizer; 2011, mPFS and mOS converted from weeks to months; (5) Stivarga [package insert]. Germany: Bayer Healthcare; 2013; (6) Internal Deciphera estimate of annual new treatment-eligible 2nd line patients of approximately 2,000 is based on recent analyses of U.S. claims data. For reference, estimated annual prevalence of treated GIST patients in the 2nd line is approximately 2,600 based on recent Deciphera analyses of U.S. claims data; (7) Eligible patients for the 3rd and 4th lines exclude the estimated proportion of patients that die, discontinue oncology treatment, or enter clinical trial and, therefore, are not eligible for treatment. These estimates are based on recent Deciphera analyses of U.S. claims data. Estimates are inherently uncertain.

invictus 〉 Global Pivotal Phase 3 Study in ≥4th Line GIST

35 Sites
13 Countries

3+ Prior Lines of Therapy(1)

Ripretinib
150 mg QD

2:1 Randomization
Double Blind
n=129

Placebo

PRIMARY ENDPOINT =
Progression Free Survival(2)

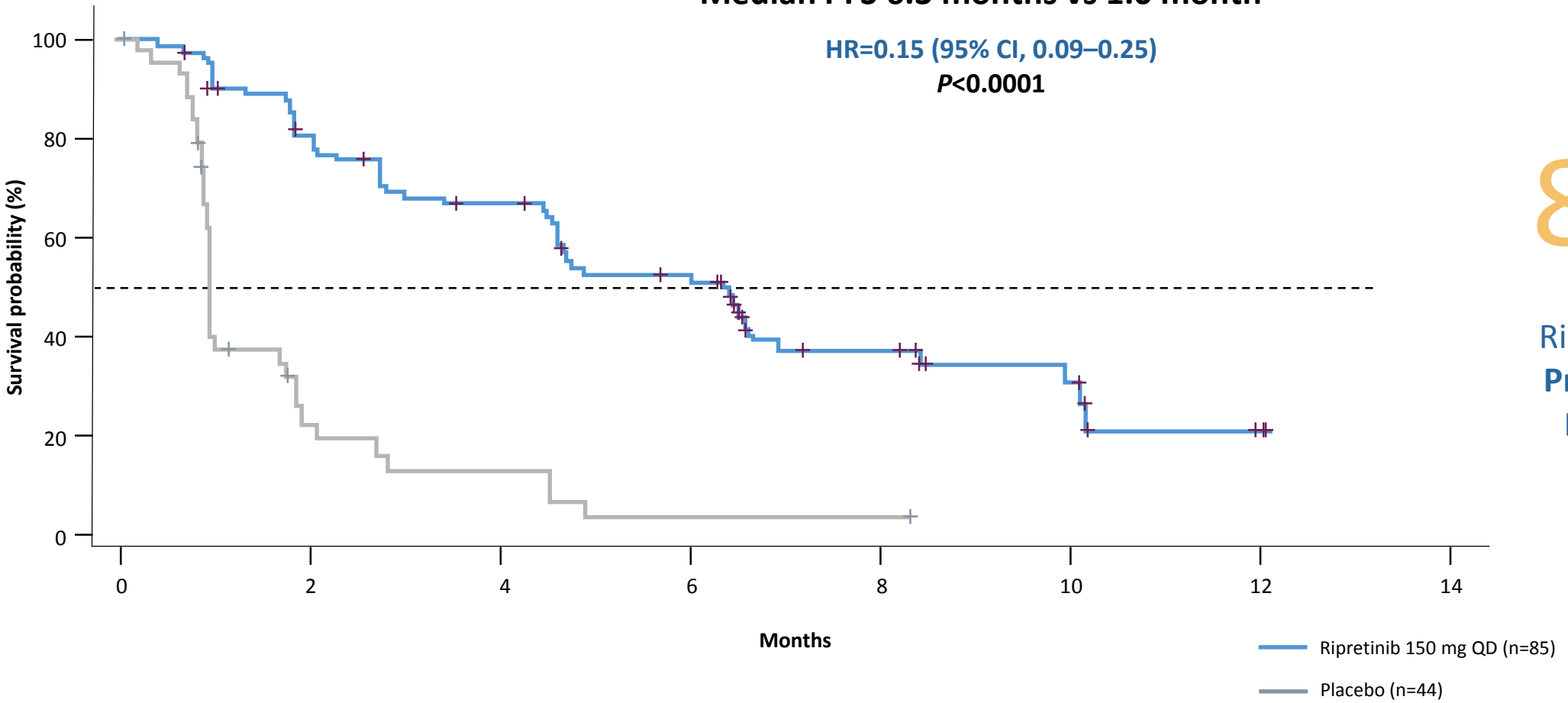
Notes: QD=daily; (1) Phase 3 pivotal study in patients with ≥4th line GIST who previously received at least imatinib, sunitinib, and regorafenib; (2) Following progression: (a) placebo patients can crossover to ripretinib and (b) ripretinib patients can continue on treatment or escalate to 150 mg BID, or twice daily.

invictus 〉 Progression-Free Survival (PFS) Benefit

Median PFS 6.3 months vs 1.0 month[(1)]

HR=0.15 (95% CI, 0.09–0.25)

***P*<0.0001**



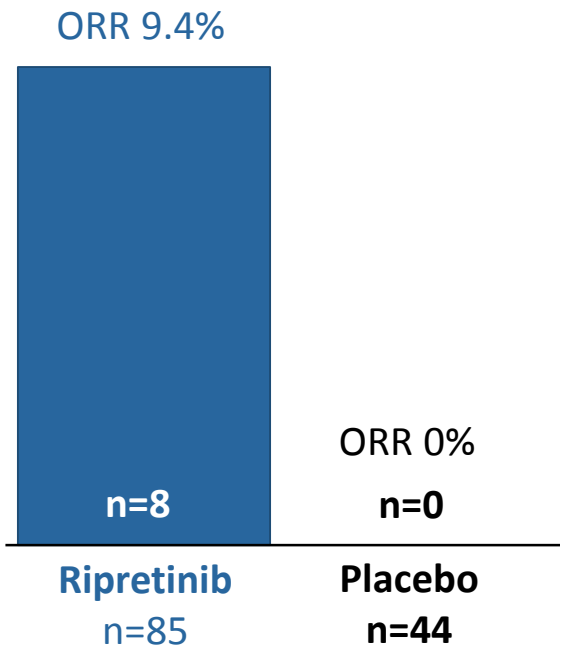
85%

Reduction in Risk of **Disease Progression or Death** Versus Placebo

Notes: Data presented at European Society for Medical Oncology (ESMO) Congress 2019; (1) Double-blind period.

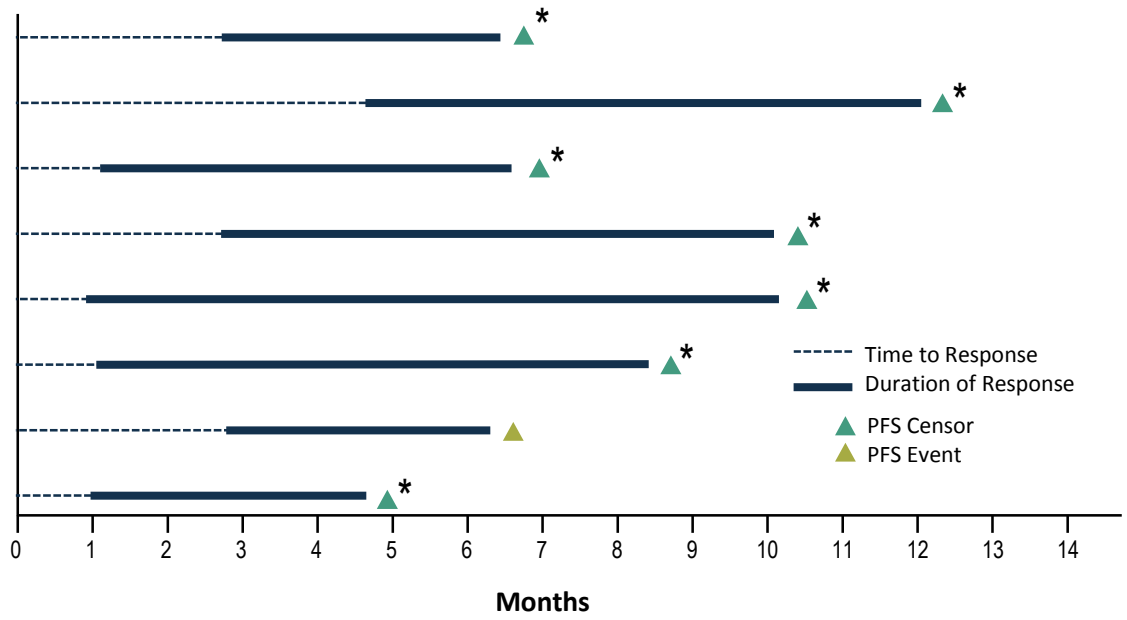
invictus 〉 Durable Response with Ripretinib

Confirmed ORR



***P*=0.0504**

Patients Who Responded (n=8)



- Median duration of response has not been reached yet
- *7 of 8 ripretinib responders are still responding as of data cutoff
- All responders had partial responses

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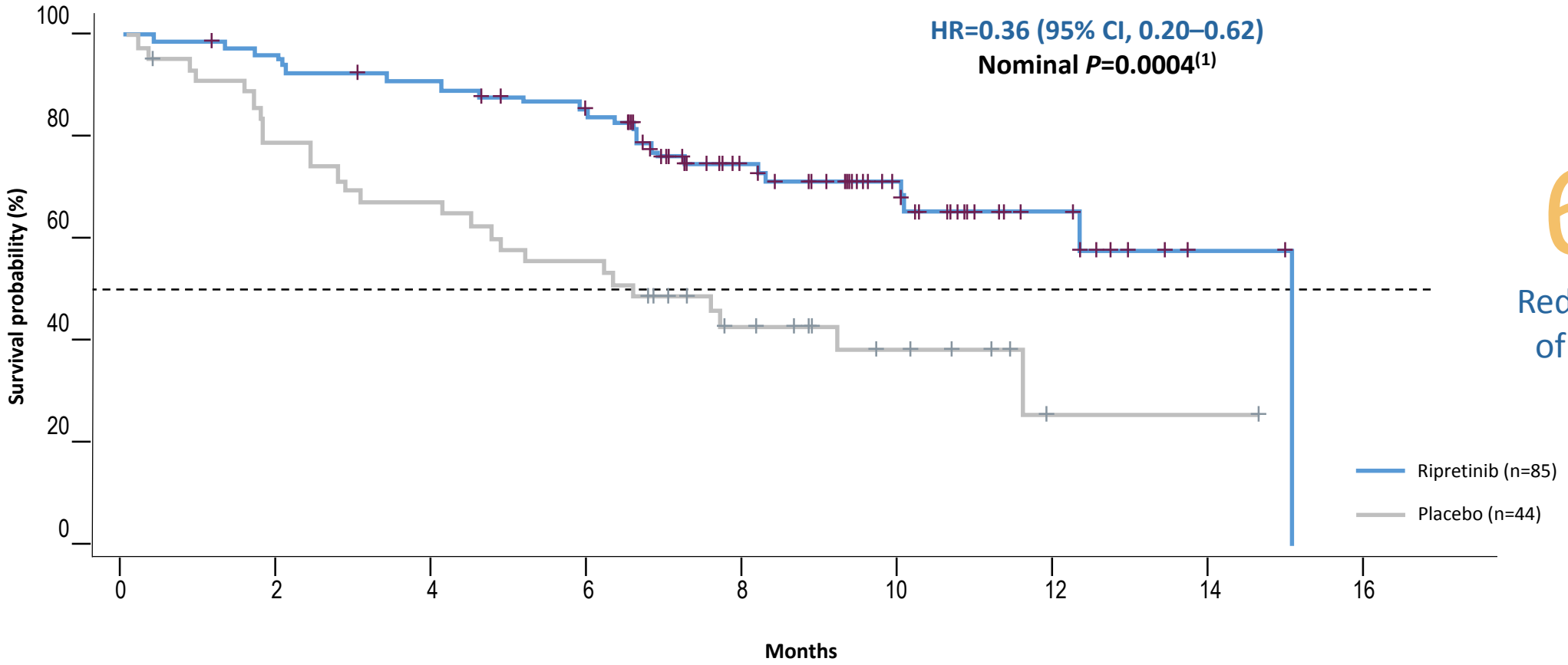
Notes: Data presented at ESMO Congress 2019; ORR=Objective response rate; ORR was not statistically significant.

invictus 〉 Overall Survival (OS) Benefit

Median OS 15.1 vs 6.6 months

HR=0.36 (95% CI, 0.20–0.62)

Nominal *P*=0.0004(1)



64%

Reduction in Risk of **Death** Versus Placebo

Notes: Data presented at ESMO Congress 2019; Data includes all time periods, including dose escalations. Placebo arm includes patients taking placebo who, following progression, were crossed-over to ripretinib treatment; (1) Due to hierarchical testing procedures of the end points, the OS end point could not be formally tested because the ORR was not statistically significant.

invictus 〉 **Ripretinib** Was Generally Well Tolerated

TEAEs in >20% of patients Preferred Term	RIPRETINIB		PLACEBO	
	Any Grade (n=85)	Grade 3/4 (n=85)[1]	Any Grade (n=43)[2]	Grade 3/4 (n=43)[1],[2]
Any TEAE or grade 3/4 TEAE[3]	84 (99%)	42 (49%)	42 (98%)	19 (44%)
Alopecia	44 (52%)	0	2 (5%)	0
Fatigue	36 (42%)	3 (4%)	10 (23%)	1 (2%)
Nausea	33 (39%)	3 (4%)	5 (12%)	0
Abdominal pain	31 (37%)	6 (7%)	13 (30%)	2 (5%)
Constipation	29 (34%)	1 (1%)	8 (19%)	0
Myalgia	27 (32%)	1 (1%)	5 (12%)	0
Diarrhea	24 (28%)	1 (1%)	6 (14%)	1 (2%)
Decreased appetite	23 (27%)	1 (1%)	9 (21%)	1 (2%)
PPE syndrome	18 (21%)	0	0	0
Vomiting	18 (21%)	3 (4%)	3 (7%)	0

Any TEAE leading to…	RIPRETINIB (n=85)	PLACEBO (n=43)[2]
Dose reduction	6 (7%)	1 (2%)
Dose interruption	20 (24%)	9 (21%)
Treatment discontinuation	7 (8%)	5 (12%)
Death[4]	5 (6%)	10 (23%)

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Notes: Data presented at ESMO Congress 2019; TEAE=treatment emergent adverse events; PPE=palmar-plantar erythrodysesthesia syndrome; (1) Corresponding grade 3/4 TEAEs to TEAEs in >20% of patients receiving ripretinib; (2) 44 patients were randomized to placebo, but 1 patient did not receive treatment; (3) Regardless of causality; (4) One patient in each arm considered possibly related to blinded study drug.

Ripretinib: A Potential Best-In-Class Treatment for Advanced GIST

Ripretinib significantly improved **progression free survival** vs. placebo, reducing the risk of progression or death by **85%**

(median PFS of 6.3 months vs. 1.0 month; HR=0.15, 95% CI (0.09-0.25), *P*<0.0001)

Ripretinib showed a clinically meaningful improvement in **overall survival** vs. placebo, reducing the risk of death by **64%**

(median OS of 15.1 months vs. 6.6 months; HR=0.36, 95% CI (0.20-0.63), Nominal *P*=0.0004)

Ripretinib was associated with a favorable safety profile

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Notes: Data presented at ESMO Congress 2019.

Ripretinib: Phase 1 GIST Cohorts Positive Updated Results Across All Lines of Treatment

Line of Therapy[1]	2nd Line (n=31)	3rd Line (n=28)	≥4th Line (n=83)
Median Progression Free Survival	46 weeks	36 weeks	24 weeks
Objective Response Rate (confirmed responses only)	19%	14%	7%
Median Duration of Response	80 weeks	NE	76 weeks
Mean Treatment Duration[2]	56 weeks	58 weeks	45 weeks

Ripretinib 150 mg QD (n=142)

Notes: Data presented at AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2019; data cut-off of August 10, 2019; NE=not estimatible; (1) Data for ripretinib 150 mg QD in 142 patients and based on investigator assessment as determined by RECIST v1.1; (2) Includes 64 patients who elected for intra-patient dose escalation from 150 mg QD to 150 mg BID.

intrigue 〉 Ongoing Global Pivotal Phase 3 Study in 2nd Line GIST

Initiated December 2018

111 Active Sites(1)

20 Countries

Prior Imatinib Therapy(2)

Ripretinib
150 mg QD

1:1 Randomization
Open-label
n=358(3)

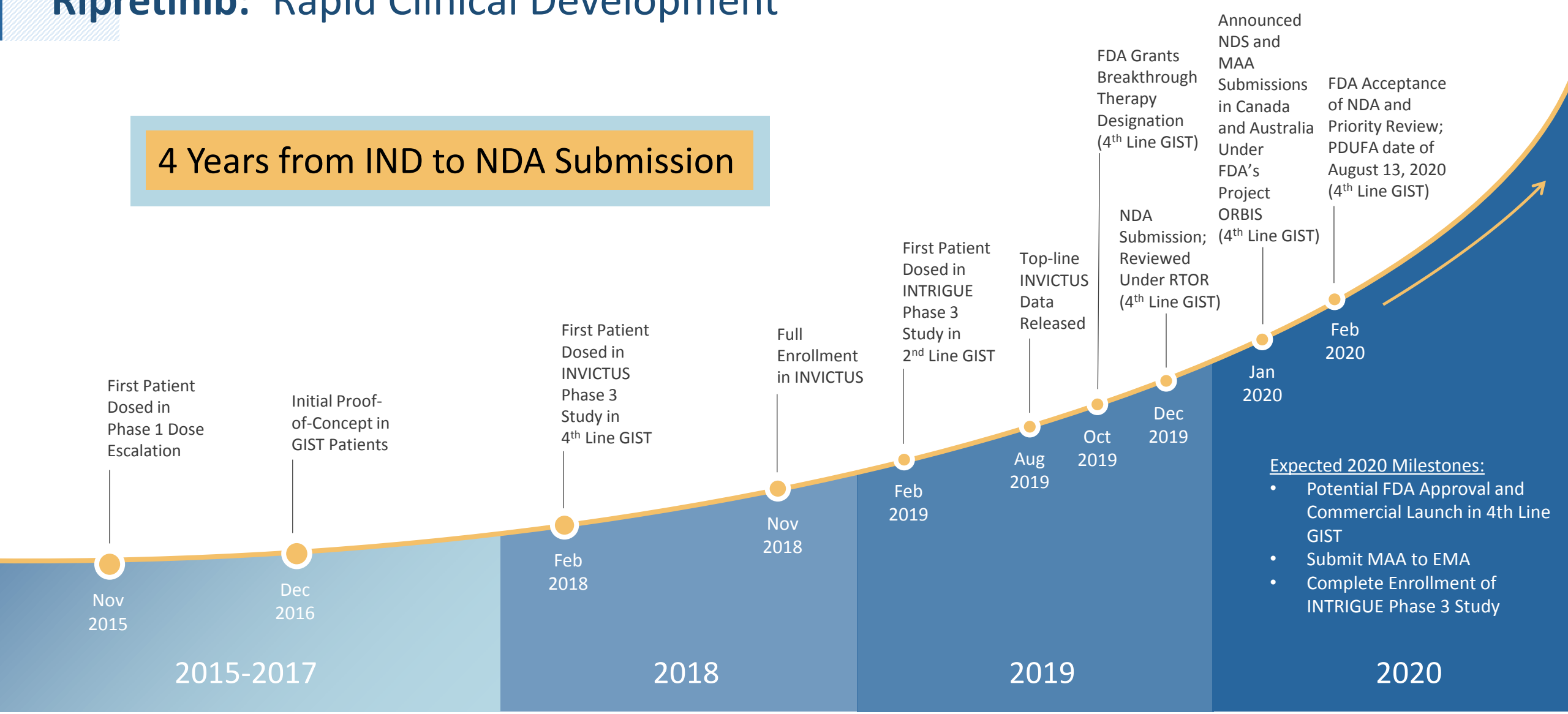
Sunitinib
50 mg QD

PRIMARY ENDPOINT
= Progression Free Survival
No Cross-over Option

Notes: (1) Number of open sites current as of February 14, 2020; (2) Phase 3 pivotal study in 2nd line patients who previously received imatinib; (3) Does not include a planned increase designed to strengthen the ability to achieve the pre-specified number of events; any increase is not expected to change the total number of required events, the statistical powering of the study, or our current guidance on timing of full enrollment.

Ripretinib: Rapid Clinical Development

4 Years from IND to NDA Submission



Notes: MAA=Marketing Authorisation Application; NDS=New Drug Submission.

Commercial Preparations are on Track for Potential 2020 Launch

MEDICAL AFFAIRS

- ✓ MSL team built and engaging with KOLs
- ✓ Publication plan implemented
- ✓ Medical information build on track

MARKETING

- ✓ Marketing teams in place (HCP and patient)
- ✓ Go-to-market strategies defined
- ✓ Active and appropriate KOL engagement ongoing
- ✓ Disease education program launched

MARKET ACCESS

- ✓ Market access leadership in place
- ✓ Market access field team recruiting on track
- ✓ Distribution and patient support/assistance strategies defined and build on track

SALES

- ✓ Sales leadership team in place
- ✓ Customer segmentation & targeting complete
- ✓ Selling model defined
- ✓ Sales force recruiting on track

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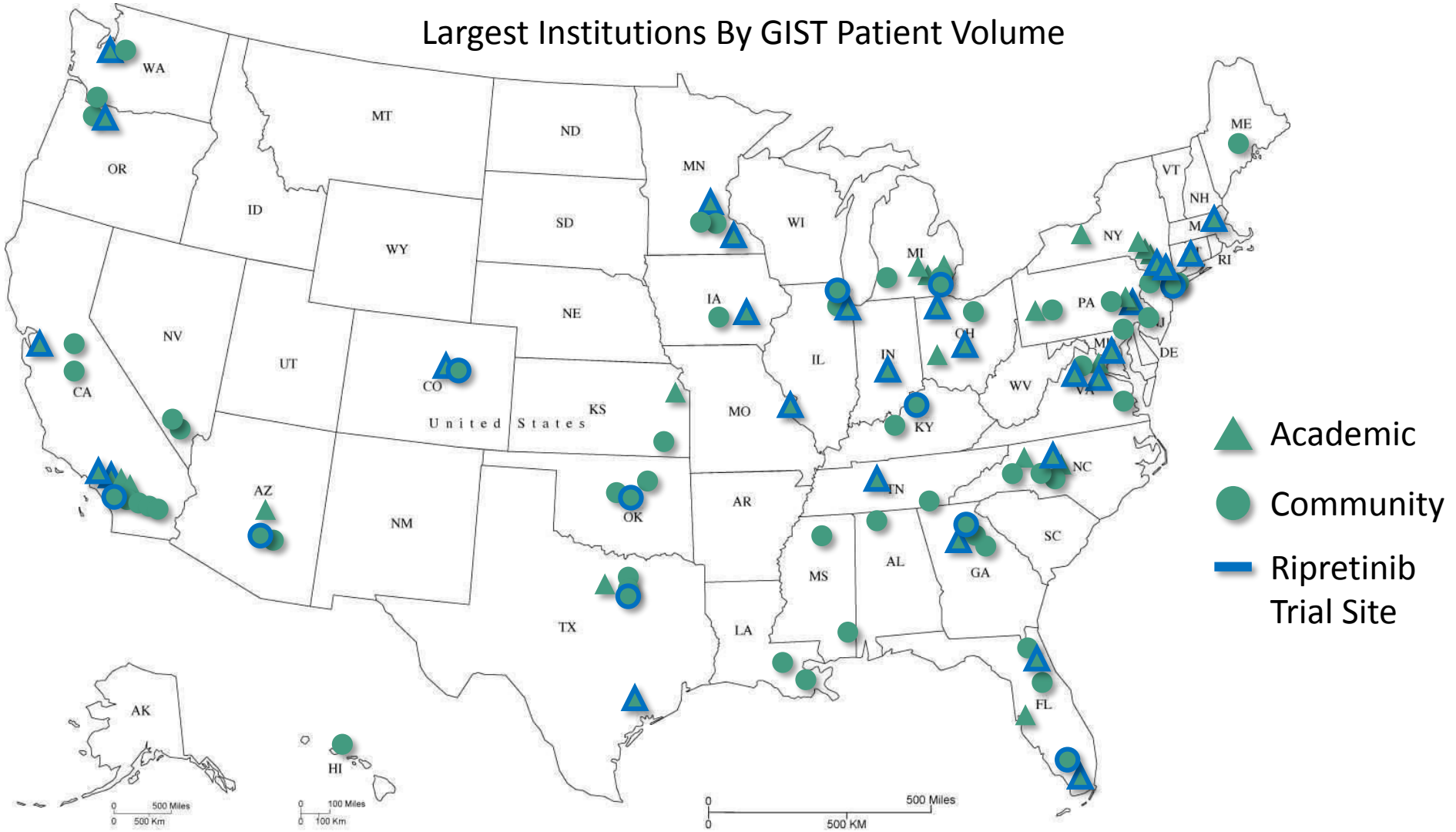
Notes: MSL=medical science liaison; KOL=key opinion leader; HCP=healthcare professional; VP=vice president.

GIST Treatment Occurs in Both Academic (~30%) and Community (~70%) Institutions; Many Leading Institutions Have Participated in Ripretinib Trials



Notes: Deciphera internal analysis of claims data, 2019.

In Deciphera Market Research, Oncologists Highlight Key Areas of Unmet Need

Market Research Verbatims

*"We have a **very effective front-line treatment** available... which is very rewarding."*

*"The toxicity [of post-imatinib therapies] is higher, so the cost in terms of **quality of life is worse** than when we are using imatinib."*

*"...the transition to [post-imatinib therapy] is **difficult** emotionally as well as clinically."*

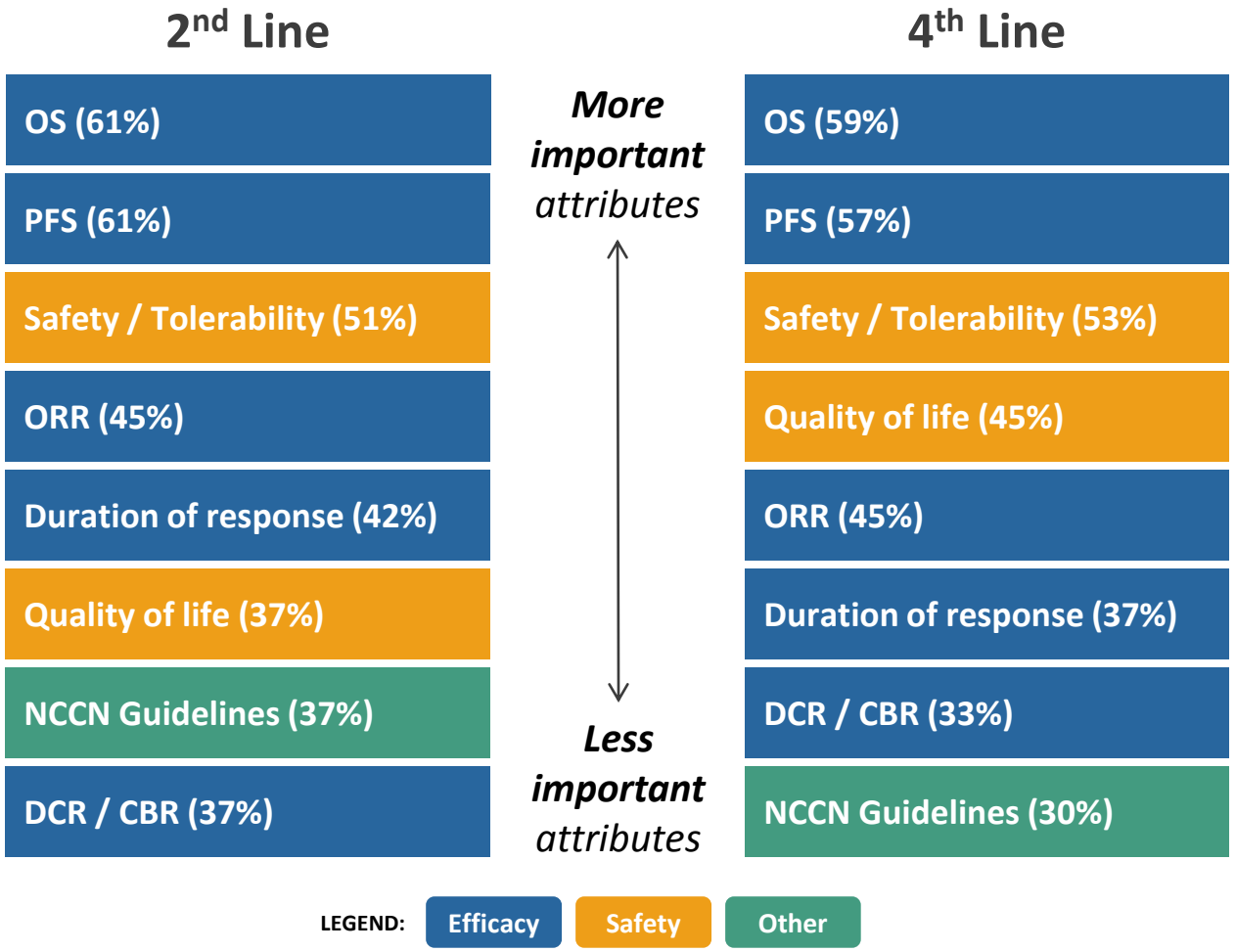
Commonly Cited Unmet Needs

- Need for more effective and tolerable **treatment options** after front-line imatinib
- Need for therapies that address **mutational heterogeneity** across and within GIST patients
- Need for **novel mechanism of action** to overcome resistance

Notes: Deciphera internal market research, 2019.

Deciphera Market Research Shows the Importance of OS, PFS, and Tolerability in GIST and High Interest in Ripretinib Product Profile

Ranking of endpoints by level of importance[1, 2]



97% of oncologists surveyed would consider using a product like ripretinib in advanced GIST[2]

Frequently cited reasons:

- ✓ Overall survival benefit
- ✓ Progression free survival benefit
- ✓ Duration of response
- ✓ Safety / tolerability profile
- ✓ Objective response rate

Notes: NCCN=National Comprehensive Cancer Network; DCR=disease control rate; CBR=clinical benefit rate; (1) Percent of respondents selecting as one of the most important endpoints; (2) Deciphera quantitative demand market research, n=251 GIST treating oncologists, October 2019.

Deciphera's Vision for Ripretinib in GIST is to be the Standard of Care Across All Approved Indications

Leverage ripretinib's differentiated mechanism of action and currently known clinical profile to address unmet medical needs

Fast-to-market strategy designed to fulfill urgent unmet need in 4th line GIST

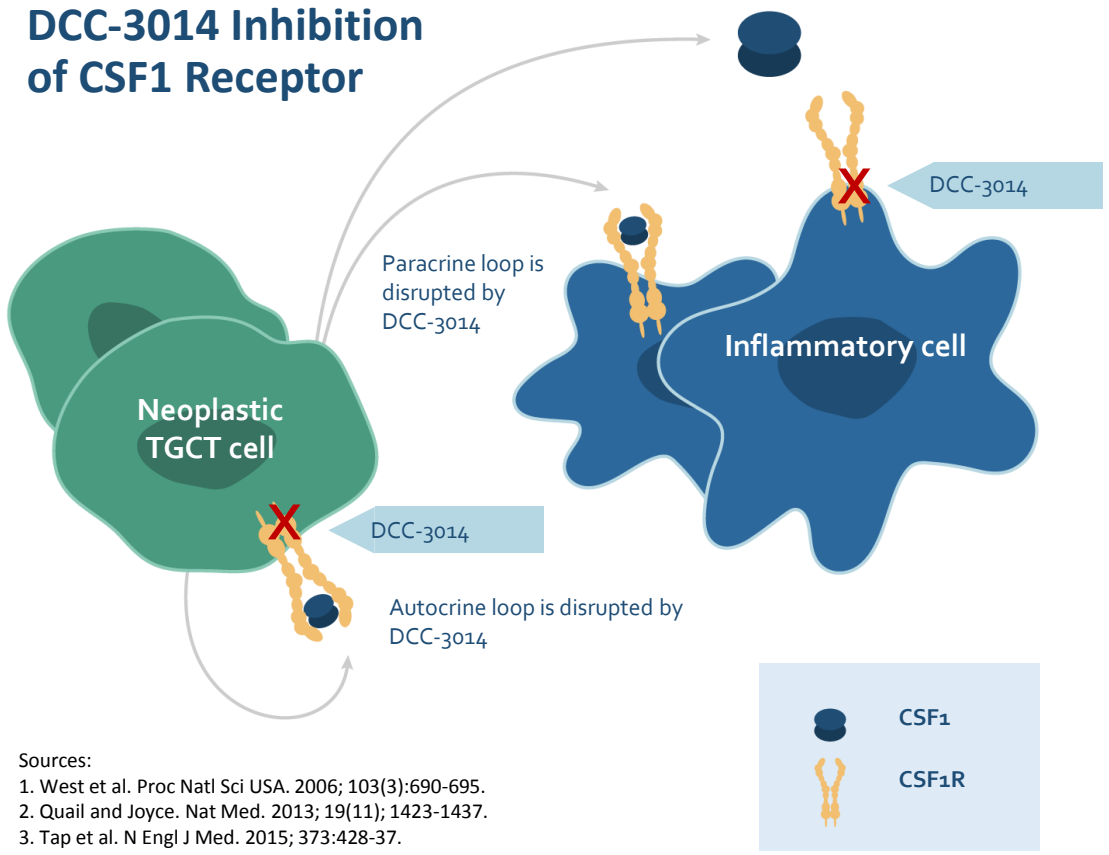
Expansion strategy in 2nd line GIST designed to address need for more effective and tolerable options post-imatinib

LCM strategies to explore additional uses and indications

- Front-line opportunities
- Potential combination strategies

Notes: LCM=life cycle management.

DCC-3014: A Highly Selective and Potent CSF1R Inhibitor

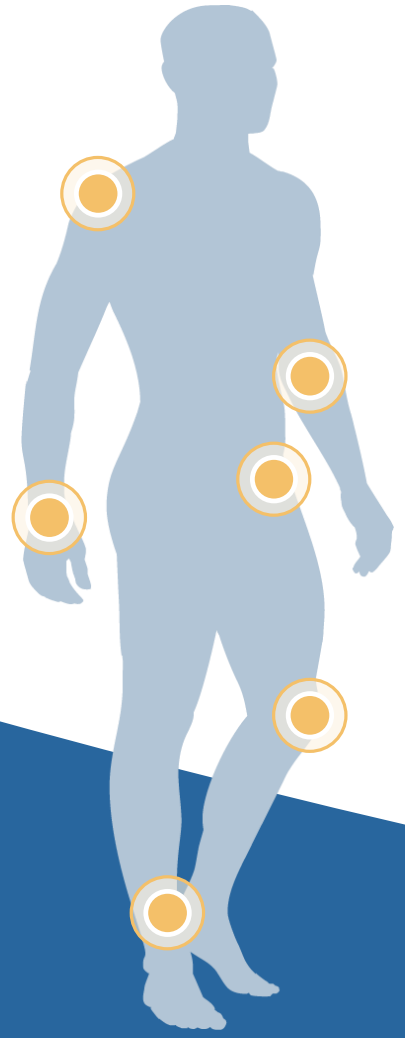


Sources:
1. West et al. Proc Natl Sci USA. 2006; 103(3):690-695.
2. Quail and Joyce. Nat Med. 2013; 19(11); 1423-1437.
3. Tap et al. N Engl J Med. 2015; 373:428-37.
4. Cannarile et al. J Immunother Cancer. 2017; 5(1): 53.

- Phase 1 dose escalation study ongoing
- Generally well tolerated at doses of up to 50 mg in patients receiving three-day loading, followed by 20 mg QD maintenance regimen
- Initial proof-of-concept in three patients with diffuse-type tenosynovial giant cell tumor (TGCT) with preliminary anti-tumor activity
  - Potential for favorable tolerability profile when considering challenges of existing approved therapy

Notes: Data presented at Connective Tissue Oncology Society (CTOS) Annual Meeting 2019.

Unmet Medical Need in Tenosynovial Giant Cell Tumor (TGCT)



Symptoms

- Rare, locally aggressive tumors
- Genetic translocation causes overproduction of CSF-1, triggering migration of inflammatory cells to tumor sites

Two Types of TGCT

1. **Localized TGCT**
- Affects fingers, toes, knee, wrist and ankle
- Annual incidence of new cases in the U.S.: ~13,000[(1)]

2. **Diffuse TGCT**
- Most commonly affects the knee, as well as hip, ankle, elbow and shoulder
- Annual incidence of new cases in the U.S.: ~1,300[(1)]

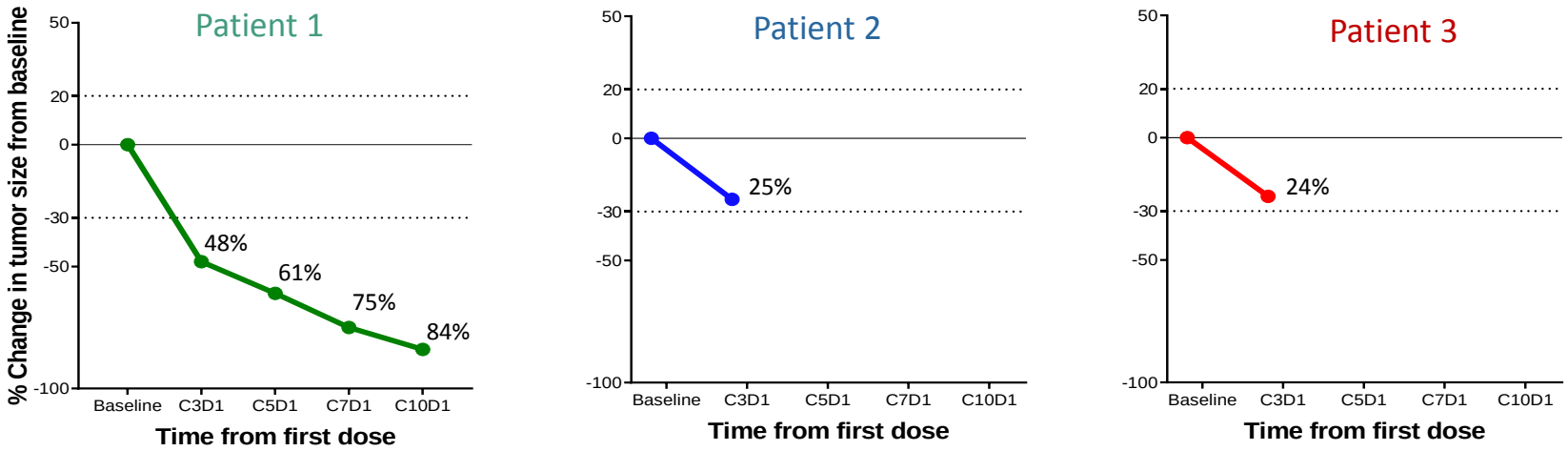
Unmet Medical Need

- Surgical resection is standard treatment
- High rate of recurrence in diffuse TGCT
- CSF1R inhibition has demonstrated clinical benefit in diffuse TGCT
- Pexidartinib received FDA approval in August 2019
  - REMS and intensive monitoring required due to hepatotoxicity concerns (off-target)
- Unmet medical need for effective CSF1R inhibitor with favorable safety/tolerability profile for TGCT patients

Notes: CSF-1=colony-stimulating factor 1; REMS=Risk Evaluation and Mitigation Strategies;
(1) Mastboom et al. *Acta Orthopaedica*. 2017;88(6):688-694.

DCC-3014: Preliminary Phase 1 Data in Initial TGCT Patients

Clinical Proof-of-Concept in TGCT Patients



Changes from baseline in tumor size assessed by investigator per RECIST version 1.1

DCC-3014 was generally well tolerated in initial three patients with diffuse-type TGCT

No grade ≥3 TEAEs observed

Preliminary anti-tumor activity and symptomatic improvement

Symptomatic improvements in mobility and reduced pain were observed in all three patients based on investigator notes

Dose-escalation evaluation is ongoing to determine the recommended Phase 2 dose

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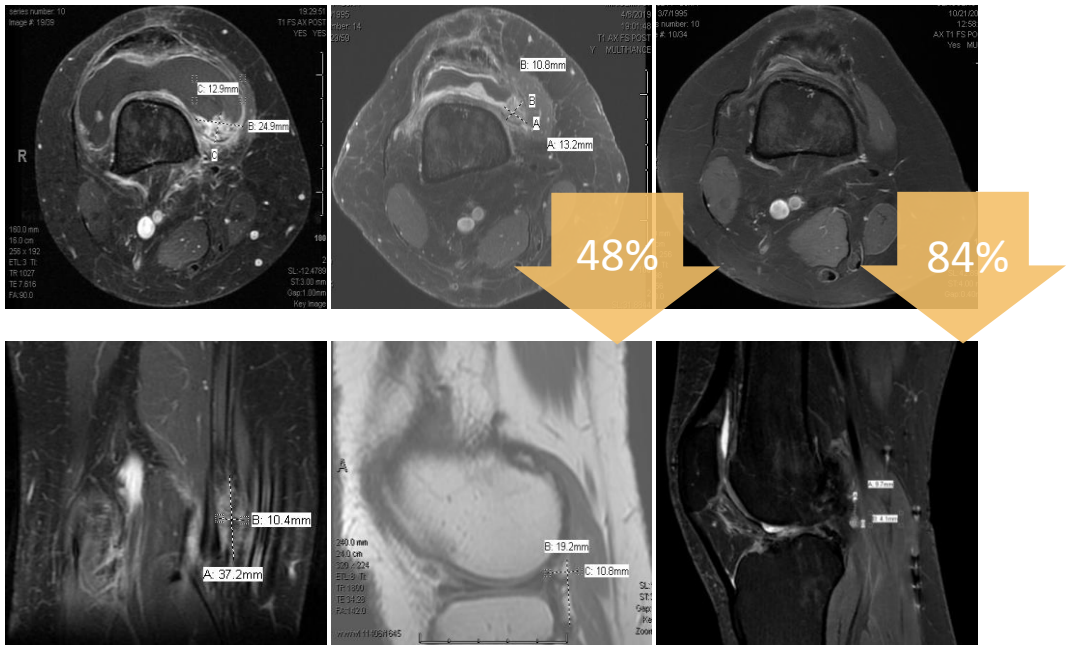
Notes: Data presented at CTOS Annual Meeting 2019; dashed lines denote 30% decrease and 20% increase in tumor size threshold for partial response and progressive disease, respectively, per RECIST version 1.1; C=cycle; D=day; RECIST=response evaluation criteria in solid tumors; two patients remained on study and one patient discontinued in Cycle 4 due to relocation to outside of U.S.

DCC-3014: TGCT Case Studies from the Phase 1

Patient 1

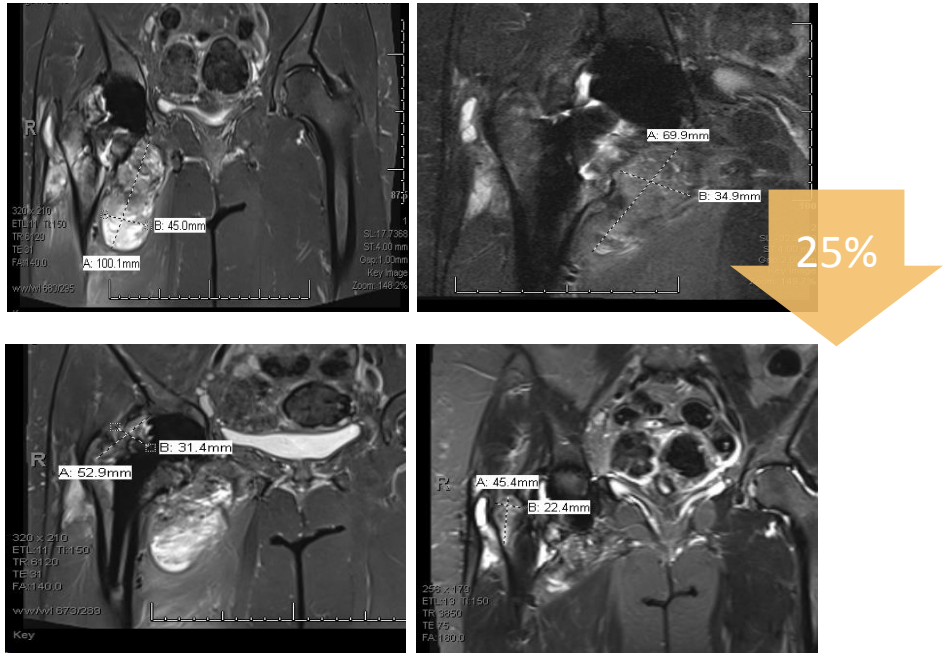
Baseline C3D1 C10D1



- 24-year-old female patient diagnosed with diffuse-type TGCT (right posterior knee) in June 2016, three prior surgeries, and recurrence/progression on MRI by December 2018
- Active in Cycle 10 as of data cut-off

Patient 2

Baseline C3D1



- 57-year-old female patient diagnosed with diffuse-type TGCT (right hip) in 2014, six prior surgeries, and recurrent disease on MRI by February 2019
- Active in Cycle 5 as of data cut-off

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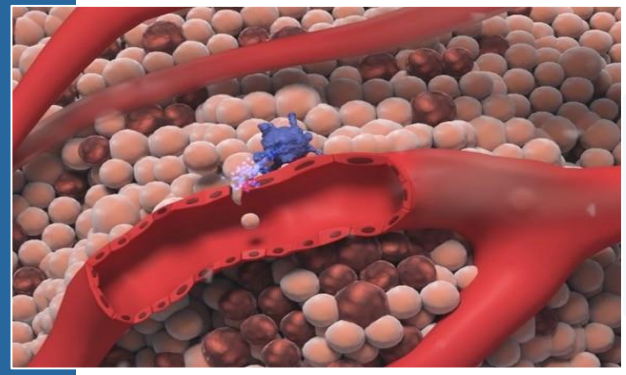
Notes: Data presented at CTOS Annual Meeting 2019.

Rebastinib: A Highly Potent and Selective TIE2 Inhibitor

Potential Benefits in Combination with Chemotherapy

- Chemotherapy leads to recruitment of pro-tumoral M2 macrophages from the bone marrow
- M2 macrophages serve as pumps for tumor cell intravasation and metastasis
- Rebastinib is designed to inhibit chemotherapy-induced recruitment of M2 macrophages to tumors
- Rebastinib is designed to block rebound angiogenesis and inhibit M2 macrophages

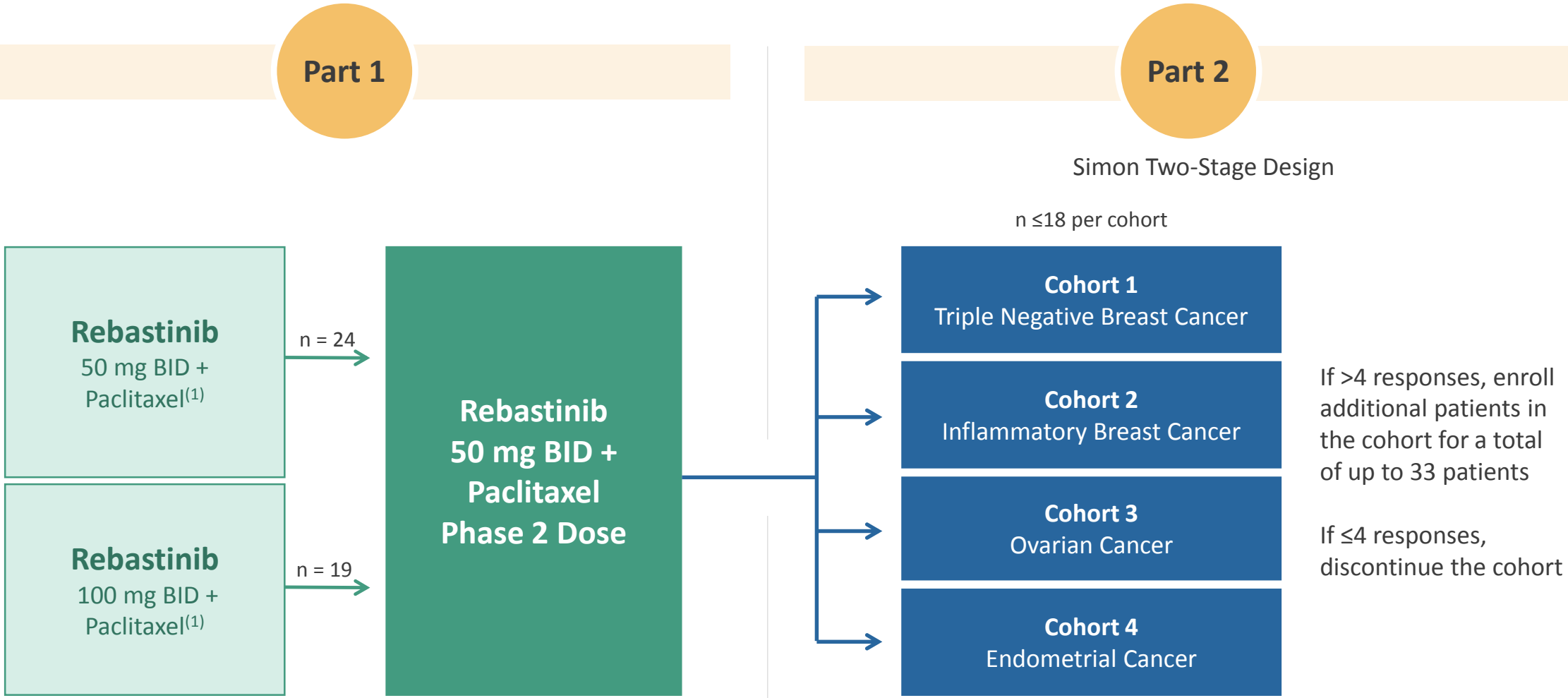


- Potent, small molecule inhibitor of TIE2
- Targets TIE2 expressing macrophages (TEMs) and endothelial cells in tumor environment
- Combination of rebastinib with chemotherapy may increase tumor killing through multiple mechanisms
  - Tumor vascularization, dissemination, metastasis, immunotolerance

Development status

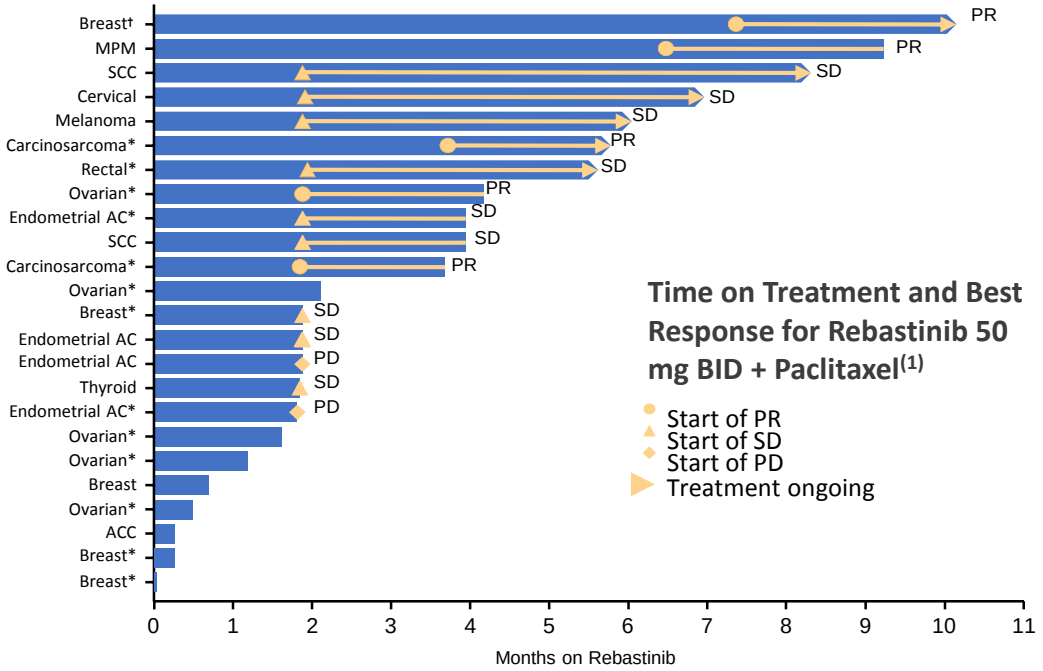
- Two ongoing studies in combination with paclitaxel or carboplatin
- Encouraging preliminary results from Part 1 of the Phase 1b/2 study in combination with paclitaxel presented in October 2019
- Selected Phase 2 dose and activated Part 2 of the Phase 1b/2 study in combination with carboplatin in January 2020

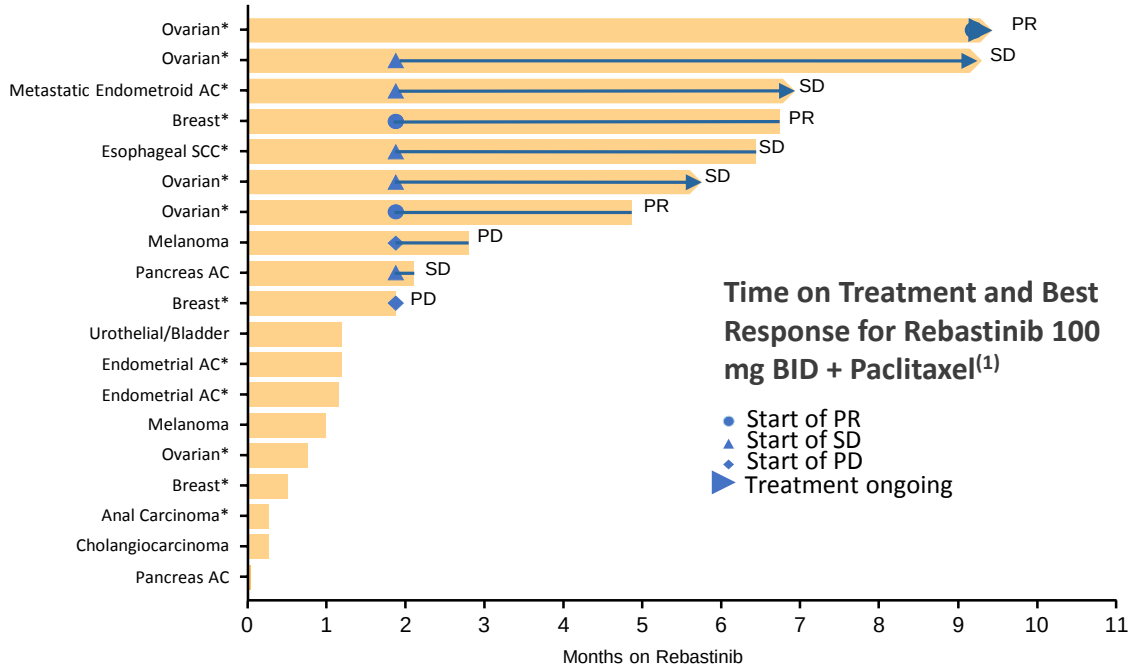
Rebastinib: Phase 1b/2 Study in Combination with Paclitaxel



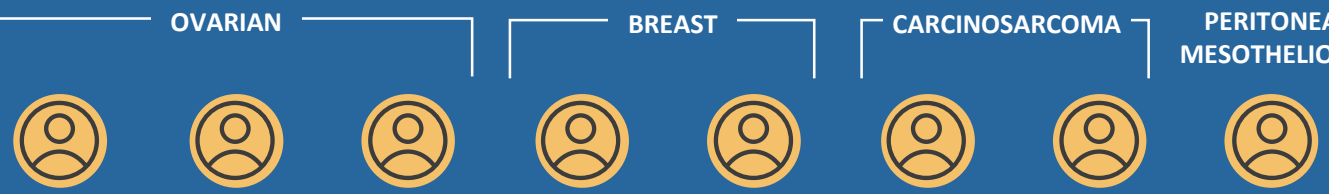
Notes: (1) 80 mg/m^2 60 minute IV infusion.

Rebastinib: Part 1 of Phase 1b/2 Study in Combination with Paclitaxel Shows Encouraging Preliminary Anti-tumor Activity





Objective responses



Notes: Data presented at AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2019; AC=adenocarcinoma; ACC=adrenocortical carcinoma; MPM=malignant peritoneal mesothelioma; PD=progressive disease; PR=partial response; SCC=squamous cell carcinoma; SD=stable disease; (1) Tumor responses were evaluated by the investigator according to Response Evaluation Criteria in Solid Tumors 1.1 criteria; as per study protocol, includes confirmed and unconfirmed responses; *prior paclitaxel therapy; †patient did not receive prior paclitaxel, but did receive prior docetaxel.

Rebastinib: Part 1 Data of the Phase 1b/2 Study Showed the Combination with Paclitaxel Was Generally Well Tolerated

TEAEs ≥ 10% regardless of relatedness

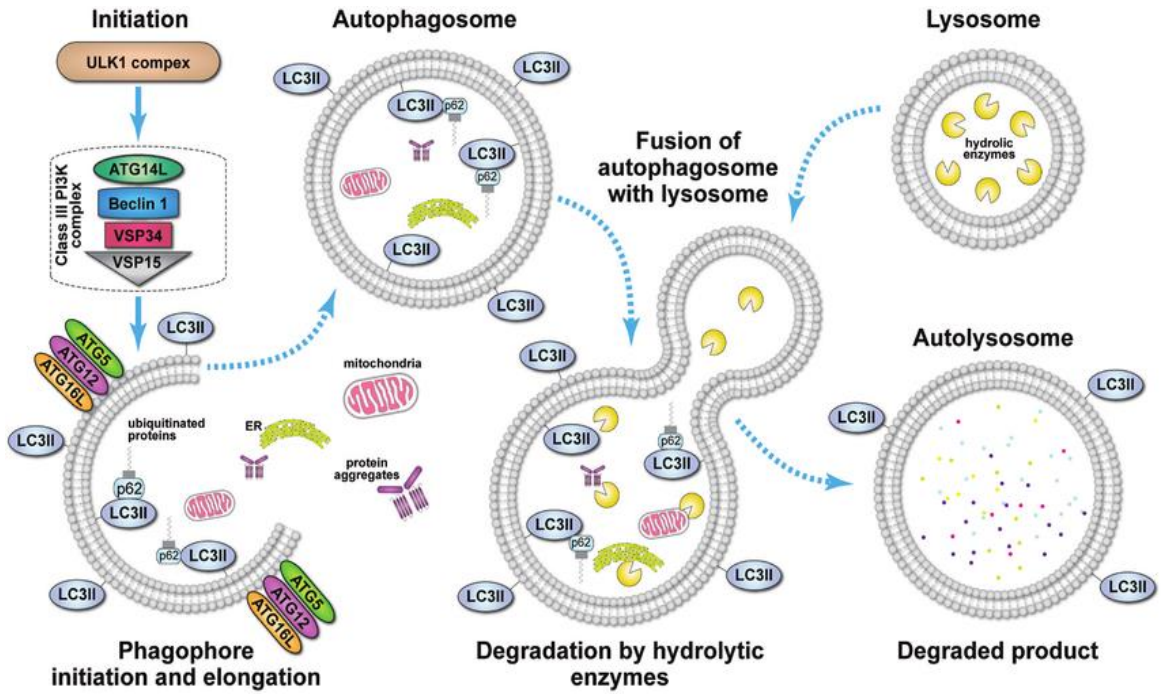
	50 mg BID (n=24)		100 mg BID (n= 19)		Total (n=43)	
Preferred Term	Any grade	Grade ≥ 3	Any grade	Grade ≥ 3	Any grade	Grade ≥ 3
Fatigue	8 (33%)	1 (4%)	5 (26%)	0	13 (30%)	1 (2%)
Constipation	3 (13%)	0	6 (32%)	0	9 (21%)	0
Diarrhea	2 (8%)	0	7 (37%)	0	9 (21%)	0
Dry mouth	6 (25%)	0	3 (16%)	0	9 (21%)	0
Alopecia	4 (17%)	0	4 (21%)	0	8 (19%)	0
Anemia	4 (17%)	2 (8%)	4 (21%)	2 (11%)	8 (19%)	4 (9%)
Dyspnea	4 (17%)	0	4 (21%)	0	8 (19%)	0
Nausea	6 (25%)	1 (4%)	2 (11%)	0	8 (19%)	1 (2%)
Peripheral sensory neuropathy	2 (8%)	0	6 (32%)	0	8 (19%)	0
Dizziness	3 (13%)	0	4 (21%)	0	7 (16%)	0
Hypokalemia	4 (17%)	1 (4%)	3 (16%)	0	7 (16%)	1 (2%)
Urinary tract infection	3 (13%)	1 (4%)	4 (21%)	0	7 (16%)	1 (2%)
Hypomagnesemia	3 (13%)	0	3 (16%)	0	6 (14%)	0
Onychomadesis	3 (13%)	0	3 (16%)	0	6 (14%)	0
Sepsis	2 (8%)	2 (8%)	4 (21%)	4 (21%)	6 (14%)	6 (14%)
ALT increased	5 (21%)	0	0	0	5 (12%)	0
Decreased appetite	3 (13%)	0	2 (11%)	0	5 (12%)	0
Dysgeusia	3 (13%)	0	2 (11%)	0	5 (12%)	0
Headache	1 (4%)	1 (4%)	4 (21%)	0	5 (12%)	1 (2%)
Rash	3 (13%)	0	2 (11%)	0	5 (12%)	0
Stomatitis	4 (17%)	1 (4%)	1 (5%)	0	5 (12%)	1 (2%)
Vomiting	4 (17%)	1 (4%)	1 (5%)	0	5 (12%)	1 (2%)

- Frequencies of TEAEs were similar between 50 mg and 100 mg BID
- One patient experienced a rebastinib-related SAE (grade 2 muscular weakness) and 4 patients had an SAE related to paclitaxel and rebastinib (5 events: grade 3 pneumonia [n=2], grade 3 nausea [n=1], grade 3 vomiting [n=1], and grade 2 myocardial ischemia [n=1])
- Two patients experienced muscular weakness (one grade 1 at 50 mg BID and remains on treatment, and one grade 2 at 100 mg BID and discontinued treatment)

Notes: Data presented at AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2019.

DCC-3116 is a Potent & Selective ULK Inhibitor Designed to Inhibit Autophagy

ULK: Initiating Factor for Autophagy



Adapted from: Ndoye A and Weeraratna AT. Autophagy- An emerging target for melanoma therapy [version 1]. F1000Research 2016, 5:1888.

First-in-class opportunity for new therapeutic in RAS mutant cancers

- RAS mutant cancers have high basal levels of autophagy
- DCC-3116 observed preclinically to durably and potently inhibit autophagy in RAS mutant cancer cell lines through the inhibition of ULK kinase
- Combination of DCC-3116 and MAPK pathway inhibitors have been observed to synergize to block RAS mutant cancers *in vivo*

Highly potent and selective (IC_{50} at 1 mM ATP)

- ULK1 4.7 nM and ULK2 35 nM
- No off-target kinases within 30-fold of ULK1/ 5 kinases within 100-fold of ULK1

Designed to avoid CNS exposure

IND submission expected in 2H 2020

Financial Highlights

As of December 31, 2019

Shares Outstanding

51.6 MM (basic)

58.4 MM (fully-diluted)

Note: Does not include 3.7 MM shares issued in Q1:20 follow-on

Cash, Cash Equivalents & Marketable Securities

$580 MM

Note: Does not include net proceeds before expenses of $188 MM from Q1:20 follow-on

Cash and Follow-on Proceeds Expected to Fund Operating Expenses and CapEx into the Second Half 2022

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Significant Expected 2020 Milestones Across the Pipeline

Ripretinib	✓ FDA grants Priority Review and sets PDUFA data of August 13, 2020 in advanced GIST (1H20) ○ Potential commercial launch in 4th line GIST (2H20) ○ Submit EU Marketing Authorization Application to EMA (2H20) ○ Complete enrollment in the INTRIGUE Phase 3 study in 2nd line GIST (2H20) ○ Present Phase 1 study expansion data (2H20)
DCC-3014	○ Select Phase 2 dose for TGCT and initiate the expansion portion of study (2H20) ○ Update Phase 1 data in TGCT patients (2H20)
Rebastinib	✓ Select Phase 2 dose and activate Part 2 of Phase 1b/2 study in combination with carboplatin (1H20) ○ Present Phase 1b/2 data in combination with carboplatin (2H20) ○ Present Phase 1b/2 data in combination with paclitaxel (2H20)
DCC-3116	○ Submit IND application to FDA (2H20)

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