KURA ONCOLOGY AND KYOWA KIRIN REPORT ENCOURAGING LONG-TERM RESULTS FOR ZIFTOMENIB / 7+3 COMBINATION IN NEWLY DIAGNOSED AML

– 12-month OS rate 94% among NPM1-m AML patients and 71% among KMT2A-r AML patients in single-arm KOMET-007 trial –

– 96% CRc in newly diagnosed NPM1-m AML; 90% CRc in newly diagnosed KMT2A-r AML –

– High rates of MRD negativity among NPM1-m AML responders assessed by both local assays and central testing –

– Median OS not reached in either NPM1-m or KMT2A-r population with median follow-up of 17.6 months and 11.0 months, respectively –

– 12-month survival rate, remission rates, MRD negativity, durability of CR and tolerability compare favorably to 7+3 precedents and strengthen confidence in ongoing KOMET-017 Phase 3 registrational study –

– Kura to host a virtual investor event, June 12, 2026, at 8:00 a.m. ET / 5:00 a.m. PT –

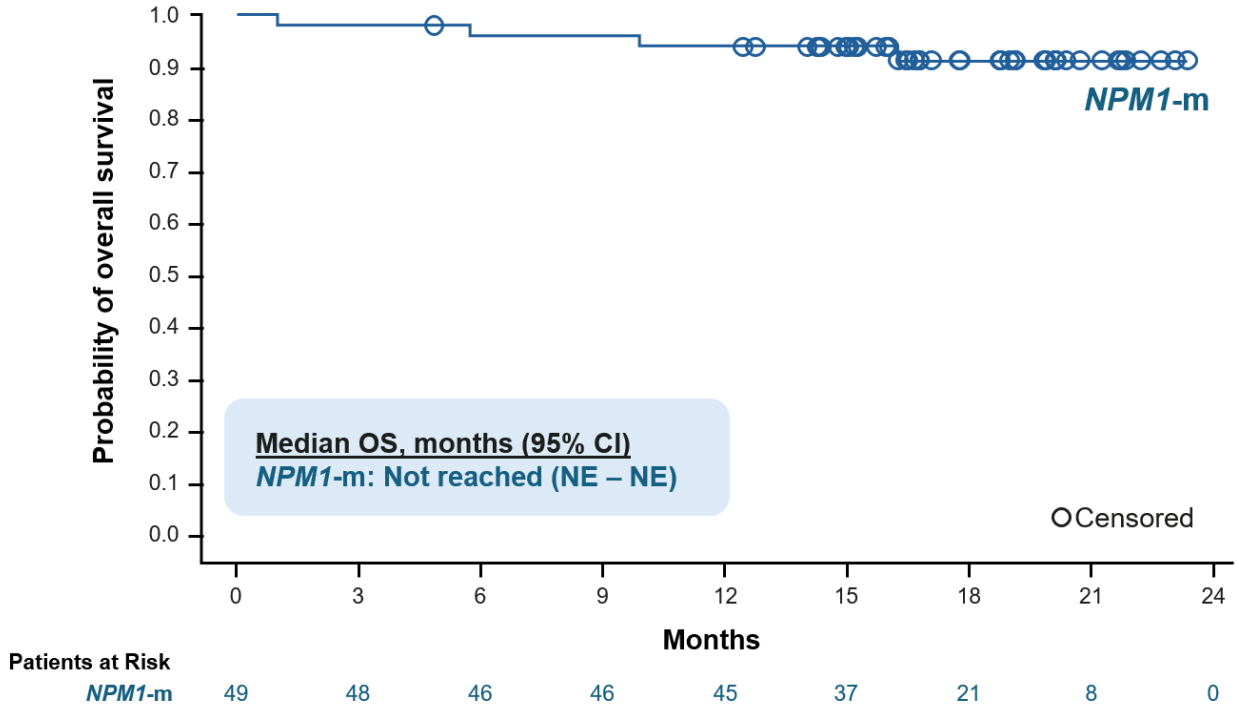
SAN DIEGO and TOKYO, June 11 and 12, 2026 – Kura Oncology, Inc. (Nasdaq: KURA) and Kyowa Kirin Co., Ltd. (TSE: 4151, "Kyowa Kirin") today announced encouraging long-term results from the Phase 1/2 KOMET-007 single-arm trial (NCT05735184) evaluating ziftomenib in combination with intensive chemotherapy, 7+3, in newly diagnosed *NPM1*-m or *KMT2A*-r AML. These results will be presented at the European Hematology Association 2026 Congress.

These data compare favorably to historical standard-of-care data with 7+3 alone:

***NPM1*-m Patients**	**KOMET-007[1]**	**Historical 7+3 Benchmark**
CR Age ≤ 65 years Age > 65 years	 91% (31/34) 100% (15/15)	 88%[2] 56%[2]
CRc	96%	56-89%[2,3,4]
CR MRD- (*bone marrow)*	56%	44%[5]
12-month OS rate	94%	~ 70-80% in younger fit patients[3,4,5] ~ 45-55% in patients > 65 years old[2,6]

[1]KOMET-007 (N=49) at 600 mg ziftomenib; MRD neg < 10^{-4}; [2]Lachowiez et al., *Blood Adv.* 2020; 4(7): 1311–1320; [3]Hernández-Sánchez et al., *Leukemia.* 2026; 40(2): 418-428; [4]Othus et al. *Leukemia*. 2019; 33(2):371-378; [5]Othman et al., *Blood.* 2024; 144(7):714-728, including Supplemental Material; [6]Recher et al., *Leukemia.* 2022; 36(4): 913-922.

Overall Survival (OS) for *NPM1*-m Patient Subset in Single-Arm KOMET-007 Trial: Median OS Not Reached



KOMZIFTI™ (ziftomenib) is approved by the U.S. Food and Drug Administration (FDA) as monotherapy for adult patients with relapsed or refractory AML with a susceptible *NPM1* mutation who have no satisfactory alternative treatment options. The use of ziftomenib in combination with 7+3 is investigational and has not been approved by any health authority.

"The updated results from the KOMET-007 trial provide important evidence supporting the safety and clinical activity of adding ziftomenib to intensive chemotherapy for patients with newly diagnosed *NPM1*-m and *KMT2A*-r AML," said Amer Zeidan, M.B.B.S., M.H.S., Chief, Division of Hematologic Malignancies at Yale Cancer Center and Professor of Medicine at Yale School of Medicine, and the lead investigator for the registrational KOMET-017 program. "Across nearly 100 patients treated to date, composite remission rates reaching 90-96%, high rates of MRD negativity and encouraging durability are especially meaningful in a disease where depth of response can inform long-term treatment decisions. The 12-month survival estimate of 94% for the *NPM1*-m patient cohort is particularly impressive. Based on the results observed to date, this regimen could represent a transformative therapeutic approach and may allow some patients to

avoid allogeneic hematopoietic cell transplantation, a procedure that carries a significant risk of mortality and morbidity. We will continue to follow patients to assess long-term safety and clinical activity, including outcomes for those who do not undergo transplantation, and these results continue to strongly support the registrational Phase 3 KOMET-017 trials."

As of the data cut-off on April 10, 2026:

High remission rates across both molecular subtypes

- 96% CRc and 98% ORR in *NPM1*-m AML, 90% CRc and 92% ORR in *KMT2A*-r AML

Deep molecular responses, including marrow central MRD assessment

- Local CRc MRD-negativity rates were 85% in *NPM1*-m AML and 82% in *KMT2A*-r AML
- In *NPM1*-m AML, marrow central MRD negativity (10^{-4}, NGS) among CRc responders was 79% (31/39) at the <0.1% threshold and 56% (22/39) at the <0.01% threshold, with all CRc responders who achieved central MRD negativity doing so by Cycle 2

Durable responses and encouraging durability with extended follow-up

- After median follow-up of nearly 18 months (range 1.0-23.5) in *NPM1*-m AML and 11.0 months (range 0.9-21.9) in *KMT2A*-r AML, median duration of complete response was not reached for the *NPM1*-m AML cohort and was 12 months for the *KMT2A*-r AML cohort
- Median OS was not reached, with median follow-up of 17.6 months in *NPM1*-m and 11.0 in *KMT2A*-r, respectively
    - *NPM1*-m: 94% OS rate at 12 months (range 1.0-23.5)
    - *KMT2A*-r: 71% OS rate at 12 months (range 0.9-21.9)
- The majority of patients remained alive and continued on study at time of data cut-off:
    - *NPM1*-m: 90% (44/49)
    - *KMT2A*-r: 62% (31/50)

Consistent and manageable safety profile

- Ziftomenib 600 mg once-daily plus 7+3 was generally well tolerated, with no new or unexpected safety signals observed with longer follow-up
- Low rates of ziftomenib-related cytopenias and minimal additive myelosuppression were observed with this combination
- Ziftomenib 600 mg once-daily did not delay neutrophil or platelet count recovery
- No Grade 4 differentiation syndrome or QTc prolongation events were reported
- Four patients (4%) experienced Grade 3 differentiation syndrome; all cases successfully resolved with protocol-specified mitigation and three continued on ziftomenib treatment
- Three patients (3%) experienced Grade 3 investigator-assessed QTc prolongation (all three on azole antifungals, fluoroquinolones, or other medications at time of assessment; one with ongoing hypokalemia and hypomagnesemia); none were assessed as

ziftomenib-related and all QTc events successfully resolved with all patients continuing on ziftomenib treatment
- 60-day mortality rate of 2% (1/49) in *NPM1*-m patients

"KOMET-007 has meaningfully strengthened the scientific and clinical foundation for KOMET-017 after ziftomenib was successfully integrated into intensive frontline therapy resulting in high remission rates, deep molecular clearance, encouraging durability and a favorable tolerability profile," said Mollie Leoni, M.D., Chief Medical Officer of Kura Oncology. "These data increase our confidence in the ongoing registrational program and support the potential for ziftomenib to serve as a foundational menin inhibitor backbone in frontline AML. Importantly, as more patients in clinical trials receive ziftomenib earlier in the treatment course and remain on therapy for longer periods, we believe there may be an opportunity to extend the benefit of menin inhibition beyond induction and deepen its impact across the AML treatment continuum."

"These data strongly support the continued study of ziftomenib as part of a frontline regime in newly diagnosed AML," said Yoshifumi Torii, Ph.D., Chief Medical Officer of Kyowa Kirin. "We view the high remission rates, along with deep MRD negativity and encouraging durability, as particularly meaningful. Despite advances in treatment, AML remains associated with a high risk of relapse, underscoring the continued need for improved long-term treatment strategies. These results suggest that ziftomenib, when combined with standard therapy, has the potential to advance the current treatment paradigm. We look forward to further evaluating its clinical value through the ongoing Phase 3 KOMET-017 trial."

The companies plan to publish these data in a peer-reviewed publication in the second half of 2026.

Copies of the presentation will be available on Kura's website at www.kuraoncology.com/pipeline/publications following presentation at the meeting.

Virtual Investor Event

Kura will host a webcast and conference call on June 12, 2026, at 8:00 am ET / 5:00 am PT, featuring management and Amer Zeidan, M.B.B.S., M.H.S., Chief, Division of Hematologic Malignancies and Professor of Medicine at Yale School of Medicine, and the lead investigator for the registrational KOMET-017 study. The live webcast and replay will be available on the Company's website at www.kuraoncology.com under the Investors tab in the Events and Presentations section.

Abbreviations

7+3 (cytarabine plus daunorubicin), AML (acute myeloid leukemia), CR (complete response), CRc (composite complete remission), *KMT2A*-r (*KMT2A*-rearranged), MRD (measurable residual disease), NGS (next-generation sequencing), *NPM1*-m (*NPM1*-mutant), ORR (objective response rate), OS (overall survival), QTc (corrected QT interval)

About Kura Oncology
Kura Oncology is a biopharmaceutical company committed to realizing the promise of precision medicines for the treatment of cancer. Kura's pipeline of small molecule drug candidates is designed to target cancer signaling pathways and address high-need hematologic malignancies and solid tumors. Kura developed and is commercializing KOMZIFTI™ (ziftomenib), the FDA-approved once-daily, oral menin inhibitor for the treatment of adults with relapsed or refractory *NPM1*-mutated acute myeloid leukemia, and continues to pioneer advancements in menin inhibition and farnesyl transferase inhibition. For additional information, please visit the Kura website at https://kuraoncology.com/ and follow us on X and LinkedIn.

About Kyowa Kirin
Kyowa Kirin aims to discover and deliver novel medicines and treatments with life-changing value. As a Japan-based Global Specialty Pharmaceutical Company, Kyowa Kirin has invested in drug discovery and biotechnology innovation for more than 70 years and is currently working to engineer the next generation of antibodies and cell and gene therapies with the potential to help patients with high unmet medical needs, such as bone & mineral, intractable hematological diseases/hemato-oncology and rare diseases. A shared commitment to Kyowa Kirin's values, to sustainable growth, and to making people smile unites Kyowa Kirin across the globe. You can learn more about the business of Kyowa Kirin at www.kyowakirin.com.

About Ziftomenib
Ziftomenib (marketed as KOMZIFTI™ in the U.S.) is a once-daily, oral menin inhibitor approved by the U.S. Food and Drug Administration for adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible *NPM1* mutation who have no satisfactory alternative treatment options. Ziftomenib is being studied across the AML treatment continuum, including in combination studies in newly diagnosed and relapsed/refractory *NPM1*-mutated AML, *KMT2A*-rearranged AML, and *FLT3*-mutated AML. Ziftomenib is also being explored in additional oncology indications, including advanced gastrointestinal stromal tumors.