R&D Day – ROMVIMZA –

May 20, 2025

ONO PHARMA

Agenda

Opening (9:00-9:10)

Toichi Takino
Representative Director, President and Chief Operating Officer

ROMVIMZA (9:10-10:05)

Matthew L. Sherman, M.D.
Executive Vice President,
Chief Medical Officer,
Deciphera

Margarida Duarte
Executive Vice President,
Global Chief Commercial Officer,
Deciphera

Michelle DiNapoli
Senior Vice President,
US Commercial,
Deciphera

Q&A Session (10:05-10:30)

Cautionary Notes

Forecasts and other forward-looking statements included in this document are based on information currently available and certain assumptions that the Company deems reasonable.
Actual performance and other results may differ significantly due to various factors. Such factors include, but are not limited to:

- **(i) failures in new product development**
- **(ii) changes in general economic conditions due to reform of medical insurance system**
- **(iii) failures in obtaining the expected results due to effects of competing products or generic drugs**
- **(iv) infringements of the Company's intellectual property rights by third parties**
- **(v) stagnation of product supply from the delay in production due to natural disasters, fires and so on**
- **(vi) onset of new side effect of post-licensure medical product and,**
- **(vii) currency exchange rate fluctuations and interest rate trend.**

Information about pharmaceutical products (including products currently in development) included in this document is not intended to constitute an advertisement of medical advice.

Deciphera Performance Trends

- Acquisition completed in June 2024 and P/L consolidation started in July 2024
- Sales of QINLOCK, already launched, are progressing steadily. Sales in the fiscal year ended in March 2025 were 25.5 billion yen. Sales in the fiscal year ending March 2026 are expected to be 34 billion yen.
- In February 2025, we launched ROMVIMZA, a drug for the treatment of tenosynovial giant cell tumors, in the United States.

Functions of ONO Pharma US will be integrated into Deciphera around July 2025.
Single-year profitability is expected in FY2027.

FY2024 Results (2024.7-2025.3)

Product Sales: 26.1 billion yen (102.4% of plan)
Expenses: 42.3 billion yen
- R&D expenses 24.2 billion yen, SG&A expenses 18.1 billion yen

QINLOCK® (ripretinib) 50 mg tablets

(Approved in 40 + countries)

FY2025 Full-Year Forecast (2025.4-2026.3)

Product Sales: Approx. 40 billion yen
Expenses: About 57 billion yen
- R&D expenses approximately 36 billion yen, SG&A expenses approximately 21 billion yen

Romvimza™ (vimseltinib) 30mg Capsules

(Launched in US, EU filing)

Forecast Annualized Exchange Rate of ¥145/USD

Pipeline (Excluding OPDIVO)

As of April 24, 2025

	Phase 1	Phase 1/2	Phase 2	Pivotal	Filing・Approval
Solid Tumor	**ONO-7475** Pancreatic cancer, EGFR-mutated NSCLC／P1	**DCC-3116** Solid tumor, Advanced Malignancies／P1/2	**ONO-4578** Gastric cancer, Colorectal cancer／P2	**QINLOCK®** GIST2L KIT Exon 11+17/18／P3	**QINLOCK®** GIST4L／Approved in over 40 countries
	ONO-8250 HER2-expressing Solid tumor／P1	**ONO-7427** Solid tumor／P1/2			**ROMVIMZA™** TGCT／ Launch in the US
	ONO-7428 Solid tumor／P1	**ONO-4482** Melanoma, Hepatocellular carcinoma／P1/2			
	ONO-7914 Solid tumor／P1	**DCC-3084** Advanced Malignancies／P1/2			
	ONO-7913 Pancreatic cancer, Colorectal cancer／P1	**DCC-3009** GIST／ P1/P2			
	ONO-4578 NSCLC、HER2陰性乳がん／P1				
Hematologic cancer / other blood disease	**ONO-4685** T-cell lymphoma／P1		**Sapablursen** Polycythemia Vera ／P2	**Tirabrutinib/ONO-4059** PCNSL／P2	
			Vimseltinib cGVHD／P2		
Immunology/ Specialty	**ONO-4685** Autoimmune disease/P1			**Tirabrutinib /ONO-4059** Pemphigus ／P3	
	ONO-4915 Autoimmune disease/P1			**Gel-one** Osteoarthritis of the knee & Hip /P3	
Neurology			**ONO-2808** Multiple System Atrophy／P2	**ONO-2017** Primary generalized tonic-clonic seizures / Partial-onset seizures/ P3	
			ONO-1110 Postherpetic Neuralgia etc.★／P2		
			ONO-2020 Alzheimer's Disease etc※ ／ P2		

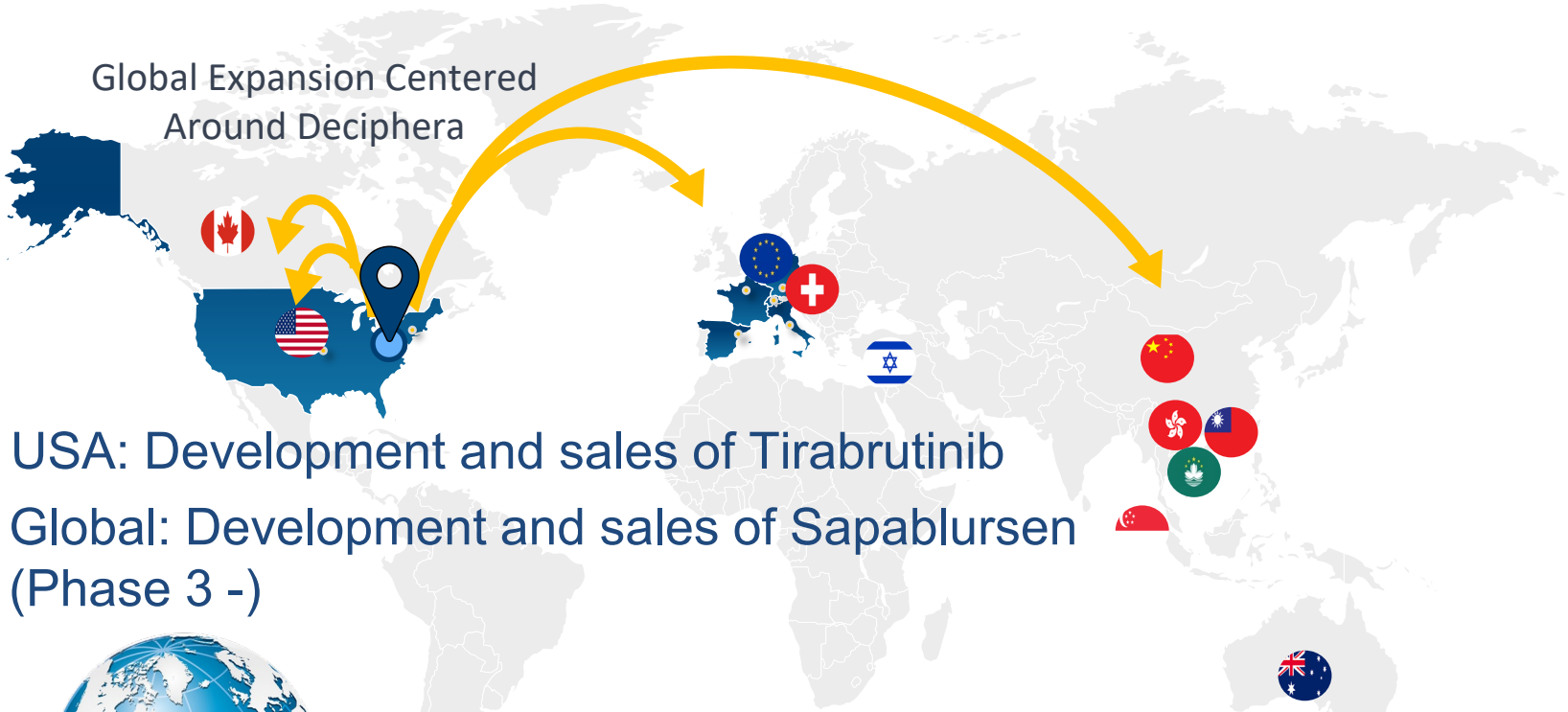
※Agitation Associated with Dementia Due to Alzheimer's Disease
★Fibromyalgia, Hunner Type Interstitial Cystitis, Major Depressive Disorder, Social Anxiety Disorder

Synergy with Deciphera

In July 2025, integrate US and European development and sales operations into Deciphera to centralize and accelerate global market expansion.

deciphera® a member of ONO PHARMA

Integration of US and European development and sales operations with Deciphera in July 2025



USA: Development and sales of Tirabrutinib

Global: Development and sales of Sapablursen (Phase 3 -)

- **Countries highlighted in blue are where Deciphera has facilities (USA, Switzerland, Germany, France, Italy, Spain, Netherlands)**
- **Flags represent countries where QINLOCK is launched (EU4, Germany, France, Italy, Spain)**

Sales Projection for the Next 10 Years

+ Increase sales of global products (QINLOCK, ROMVIMZA, VELEXBRU, Sapablursen)
+ Royalties for Opdivo's subcutaneous formulations and compounds will continue after the patent for the intravenous formulation expires
+ Launch of ONO-2017 and Gel-One in Japan
+ Launch of in-house products
- During 2025 to 2026, patents for diabetes-related products (Forxiga, Glactiv) will expire.
- Patent expiration for Opdivo (US 2028, Europe 2030, Japan 2031)

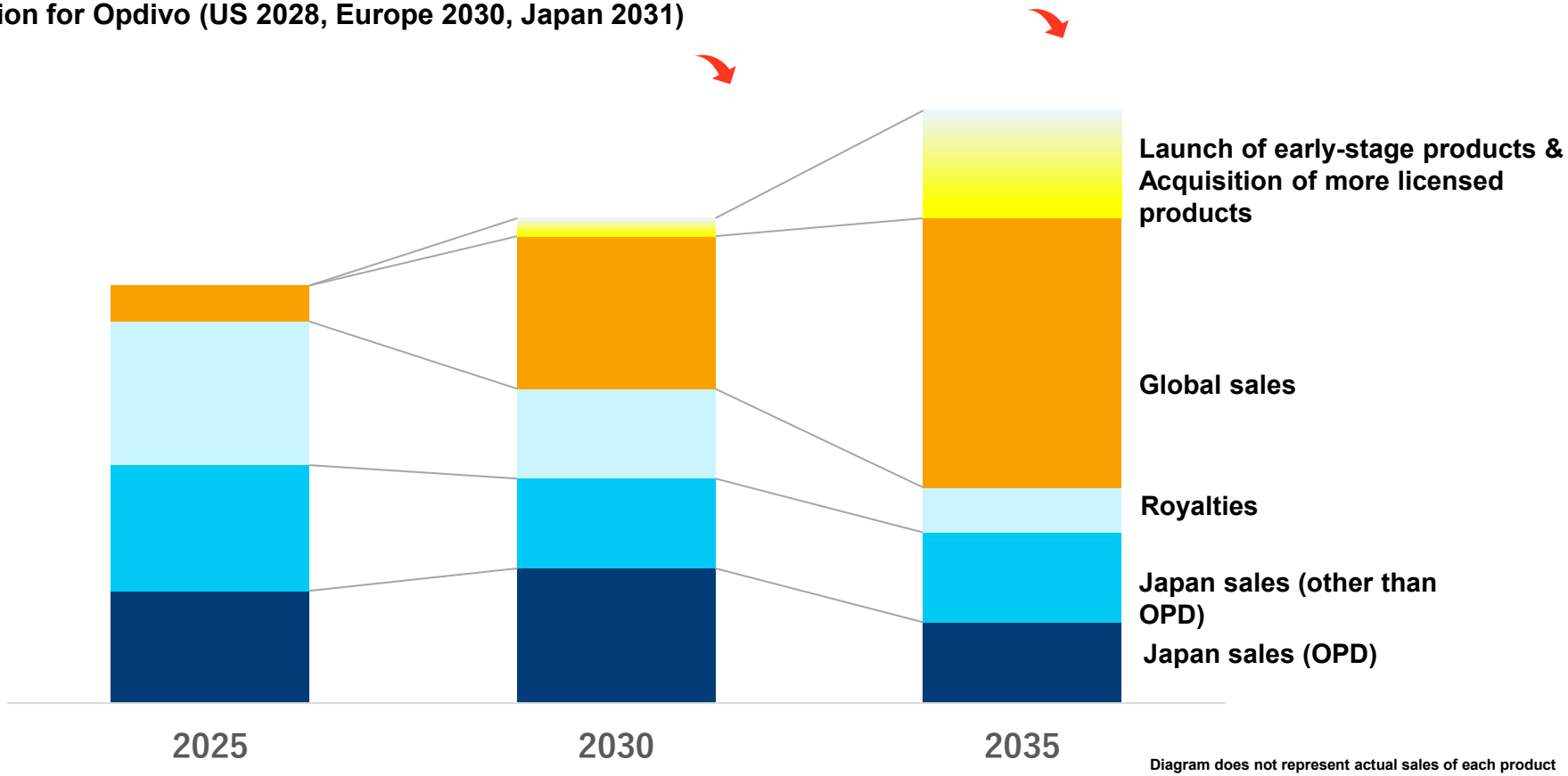


Diagram does not represent actual sales of each product

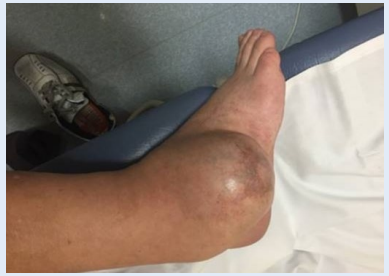
HIGH UNMET NEED AND MOTION RESULTS

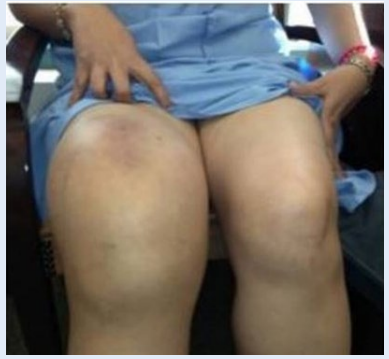
Matthew L. Sherman, M.D.

Tenosynovial Giant Cell Tumor: A Locally Aggressive Tumor Associated with Substantial Morbidity

DIAGNOSIS AND PATIENT BURDEN

- Long path to diagnosis
- High disease burden
- Severe pain
- Limited function
- Swelling
- Stiffness





UNMET NEED

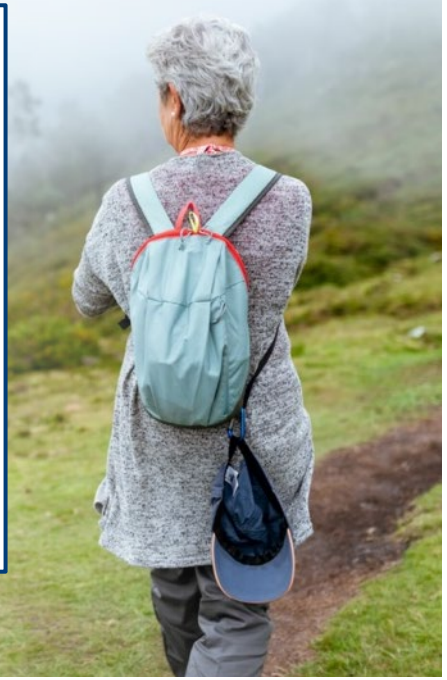
- Existing Product: Black box warning and Risk Evaluation and Mitigation Strategy (REMS) program due to hepatotoxicity risks; rejected by EMA
- Unmet need remains for effective CSF1R inhibitor with favorable safety profile

Ankle image courtesy of Tap WD, et al. ASCO 2018, abstract 11502; Knee image courtesy of Tap WD, et al. N Engl J Med. 2015;373:428-437.
Notes: CSF1R=colony-stimulating factor 1 receptor; EMA=European Medicines Agency; TGCT=tenosynovial giant cell tumor

Significant Unmet Medical Need

- TGCT is a locally aggressive tumor with substantial morbidity including severe pain, limited function, swelling, and stiffness
- Many patients are not amenable to surgery or have disease recurrence after one or more surgeries
- ROMVIMZA (vimseltinib) is the first FDA approved therapy without a black box or a REMS program
- No approved therapies yet in Europe

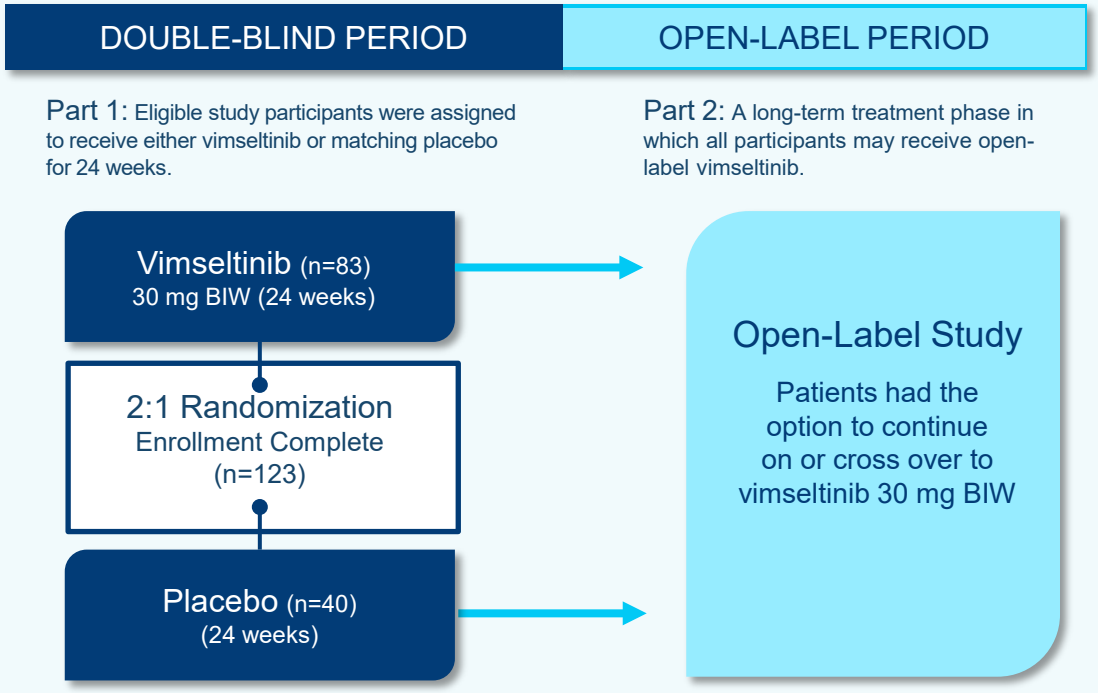
> The impact is huge. You get really limited by the tumor….What bothers me the most are the pain symptoms…You continuously take pain meds to fight the pain.
>
> — TGCT patient



Notes: FDA=U.S. Food and Drug Administration; REMS=Risk Evaluation and Mitigation Strategies; TGCT=tenosynovial giant cell tumor

A Multicenter, Randomized, Placebo-Controlled, Double-Blind Study

International Study with 35 Sites



Phase 3 MOTION Study

Assessed the efficacy and safety of vimseltinib for the treatment of patients with TGCT not amenable to surgery[1]

Primary Endpoint

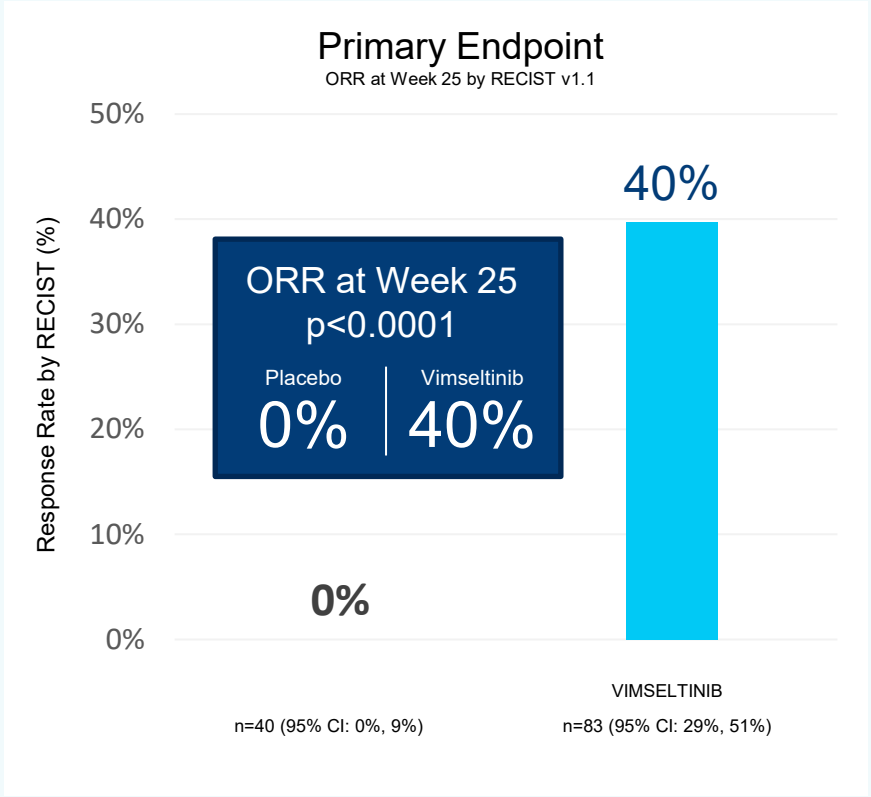
- Objective Response Rate (ORR)

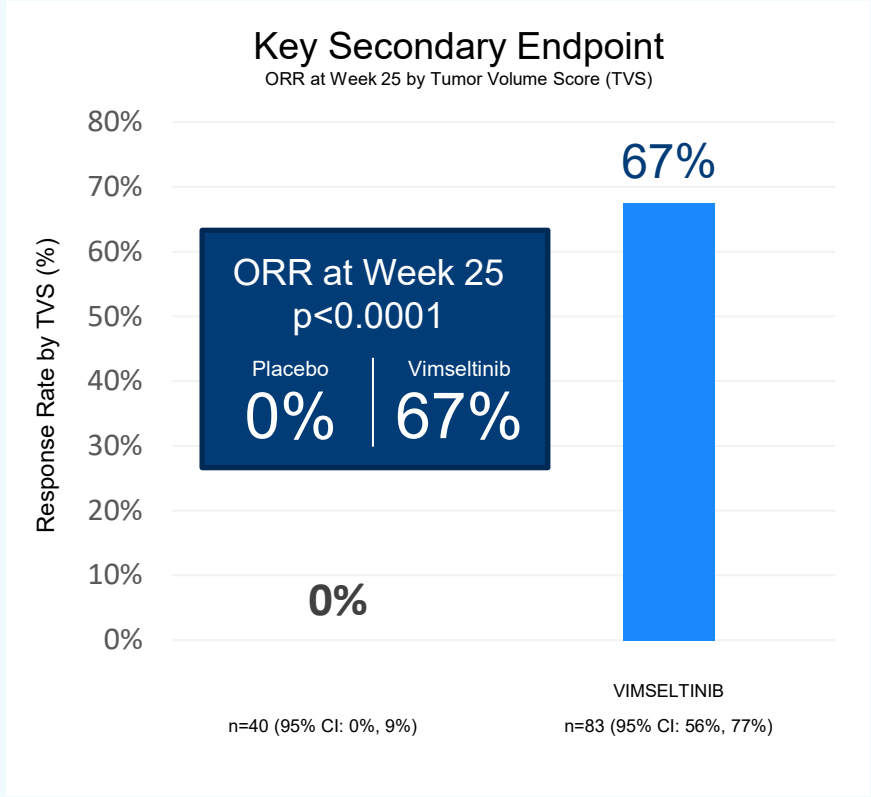
Secondary Endpoints

- ORR per Tumor Volume Score
- Mean Change From Baseline (CFB) in Active Range of Motion (ROM)
- Mean CFB in PROMIS-PF
- Mean CFB in Worst Stiffness NRS
- Mean CFB in EQ-VAS
- BPI-30 Response Rate in Worst Pain

Notes: BIW=twice weekly; TGCT=tenosynovial giant cell tumor; PROMIS=Patient-reported Outcomes Measurement Information System; worst stiffness by Numeric Rating Scale (NRS); worst pain response rate by Brief Pain Inventory (BPI); EQ-VAS= EuroQol Visual Analogue Scale (1) Primary and secondary endpoints at Week 25.

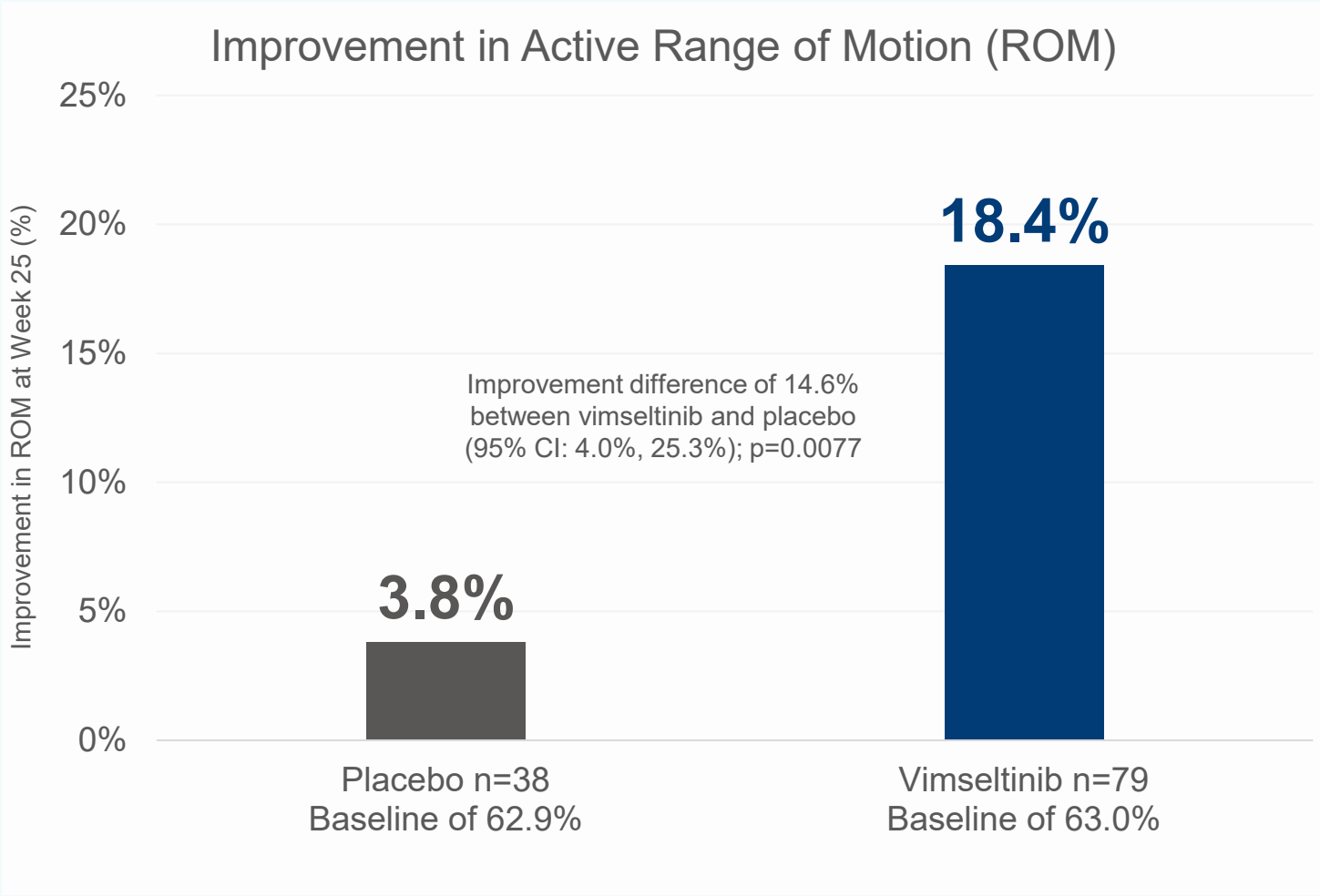
Study Met Primary and All Six Secondary Endpoints





Notes: Gelderblom, *Lancet*, 2024; Endpoints evaluated by blinded independent radiologic review (IRR). ORR=Objective Response Rate by Response Evaluation Criteria in Solid Tumors (RECIST) v1.1 Complete Response = 4 (5%); Partial Response = 29 (35%). ORR by TVS Complete Response = 4 (5%); Partial Response = 52 (63%). A response by TVS is defined as a ≥50% reduction in the tumor volume relative to baseline.

Key Secondary Endpoint: Active Range of Motion



~5X

IMPROVEMENT IN

ROM

AT WEEK 25

Notes: Gelderblom, *Lancet*, 2024; n=number of patients with a baseline ROM value. Active ROM is measured for the affected joint as a percentage of a normal reference range as defined by the American Medical Association. The mean change from baseline at Week 25 was compared between the two treatment arms.

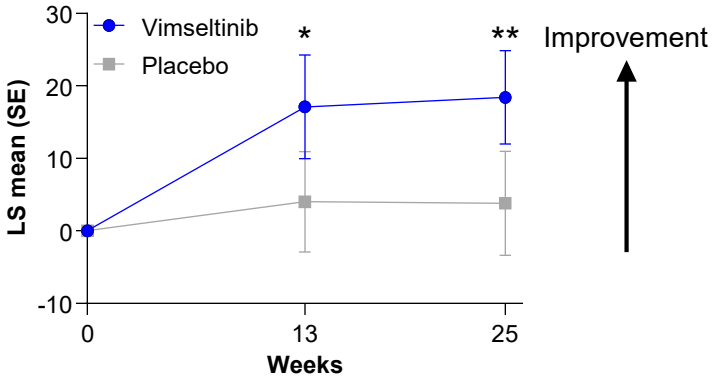
ROMVIMZA Provided Statistically Significant and Clinically Meaningful Improvements Versus Placebo

At week 25	Vimseltinib n = 83	Placebo n = 40	*P*-value	Statistically significant	Clinically meaningful
Active Range of Motion					
% Mean change from baseline (SE)	18.4 (6.5)	3.8 (7.2)		✓	✓
% Difference (95% CI), *P*-value	14.6 (4.0 to 25.3)		***P* = 0.0077**		
PROMIS-Physical Function					
Mean change from baseline (SE)	4.6 (1.0)	1.3 (0.9)		✓	✓
Difference (95% CI), *P*-value	3.3 (1.4 to 5.2)		***P* = 0.0007**		
Worst stiffness Numeric Rating Scale					
Mean change from baseline (SE)	−2.1 (0.2)	−0.3 (0.3)		✓	✓
Difference (95% CI), *P*-value	−1.8 (−2.5 to −1.1)		***P* <0.0001**		
EQ-Visual Analogue Scale					
Mean change from baseline (SE)	13.5 (2.4)	6.1 (2.9)		✓	✓
Difference (95% CI), *P*-value	7.4 (1.4 to 13.4)		***P* = 0.0155**		
BPI worst pain					
n (% Response rate[a])	40 (48)	9 (23)		✓	✓
% Difference (95% CI), *P*-value[b]	26 (4 to 42)		***P* = 0.0056**		

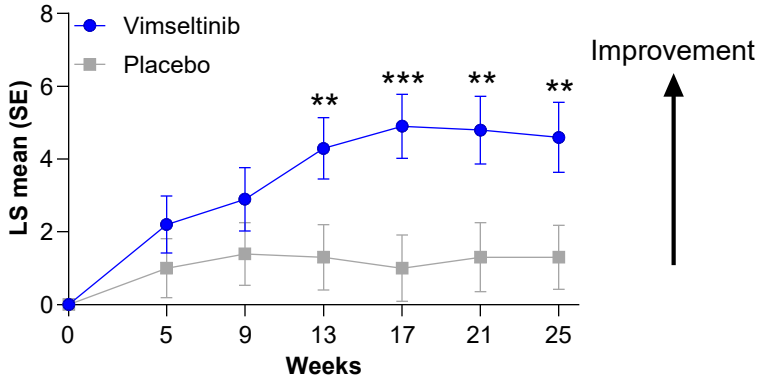
Notes: Gelderblom, *Lancet*, 2024; [a]Responder: Experienced at least a 30% decrease in mean BPI worst pain and did not experience a 30% or greater increase in narcotic analgesic use. [b]An unstratified exact CI was utilized.
BPI= Brief Pain Inventory; CI= confidence interval; EQ-VAS= EuroQol Visual Analogue Scale; PROMIS-PF= Patient-Reported Outcomes Information System Physical Function; ROM= range of motion; SE= standard error

ROMVIMZA Provided Statistically Significant and Clinically Meaningful Improvements Versus Placebo

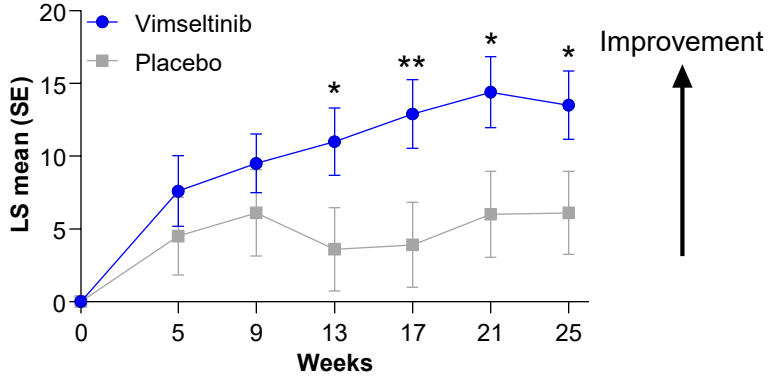
Active Range of Motion



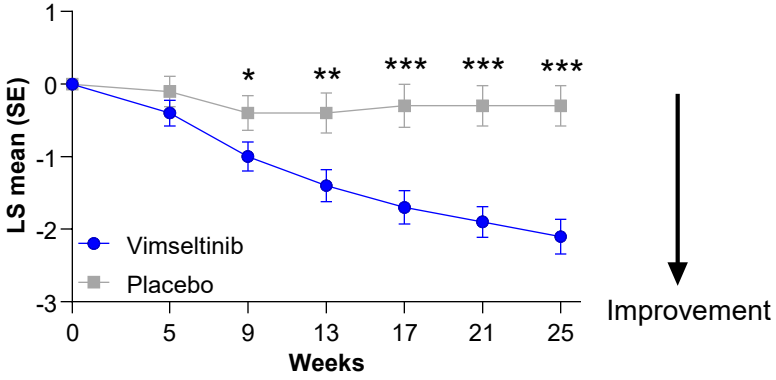
Physical Function†[1]



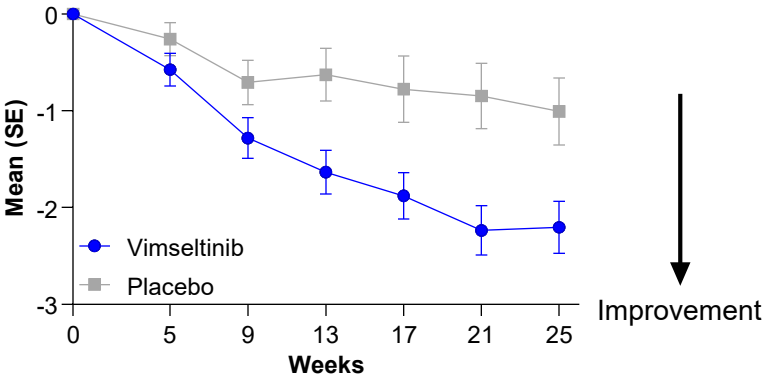
Health Status‡



Worst Stiffness



Worst Pain



Regardless of objective tumor response by IRR using RECIST v1.1, approximately 40% of participants receiving vimseltinib achieved a response in ≥3 clinical outcomes vs 6% of participants receiving placebo

Notes: Gelderblom, *Lancet*, 2024; Data cutoff: August 22, 2023. *P <0.05; **P <0.01; ***P <0.0001. †) Physical function as assessed by PROMIS-PF (TGCT specific) . ‡) Health status as assessed by EQ-VAS. 1) Gelhorn HL, et al. J Patient Rep Outcomes. 2019;3:6. BPI= brief pain inventory; EQ-VAS= EuroQol Visual Analogue Scale; IRR= independent radiological review; LS= least squares; PROMIS-PF= Patient-Reported Outcomes Measurement Information System Physical Function; RECIST v1.1= Response Evaluation Criteria in Solid Tumors version 1.1; ROM= range of motion; SD= standard deviation; SE= standard error; TGCT= tenosynovial giant cell tumor.

ROMVIMZA Was Generally Well Tolerated with Few Discontinuations Due to Treatment Emergent Adverse Events

TEAEs in ≥15% of participants in either treatment arm	Vimseltinib n = 83		Placebo n = 39[a]	
Preferred term, n (%)	All grades	Grade 3/4	All grades	Grade 3/4
Periorbital edema	37 (45)	3 (4)	5 (13)	0
Fatigue	27 (33)	0	6 (15)	0
Face edema	26 (31)	1 (1)	3 (8)	0
Pruritus	24 (29)	2 (2)	3 (8)	0
Headache	23 (28)	1 (1)	10 (26)	0
Asthenia	22 (27)	1 (1)	9 (23)	1 (3)
Nausea	21 (25)	0	8 (21)	1 (3)
Blood CPK increased	20 (24)	8 (10)	0	0
AST increased	19 (23)	0	1 (3)	0
Arthralgia	16 (19)	0	6 (15)	1 (3)
Rash	16 (19)	0	2 (5)	0
Rash maculopapular	16 (19)	1 (1)	0	0
Edema peripheral	15 (18)	0	3 (8)	0
Hypertension	14 (17)	4 (5)	4 (10)	1 (3)
Diarrhea	10 (12)	0	8 (21)	1 (3)

- Most TEAEs were Grade 1/2
- Serum enzyme elevations were consistent with the known mechanism of action of CSF1R inhibitors[1,2]
- TEAEs led to treatment discontinuation in 6% of participants receiving vimseltinib[b]
- There was no evidence of cholestatic hepatotoxicity, drug-induced liver injury, or hair/skin hypopigmentation

Notes: Gelderblom, *Lancet*, 2024; [a]One participant randomized to placebo never received treatment. [b]Reflects treatment discontinuations at data cutoff; AEs are attributed to part 1 or part 2 based on AE start date and may have occurred in part 2 for some participants. 1) Pognan F, et al. *Curr Res Toxicol*. 2022;3:100091. 2) Radi ZA, et al. *Am J Pathol*. 2011;179(1):240-7. AE= adverse event; AST= aspartate aminotransferase; CSF1R= colony-stimulating factor 1 receptor; CPK= creatine phosphokinase; TEAE= treatment-emergent AE.

MOTION Primary Results Demonstrated the Clinical and Functional Benefits of ROMVIMZA in Participants with TGCT

PIVOTAL PHASE 3 MOTION STUDY

Met its primary and all key secondary endpoints and demonstrated a well-tolerated safety profile

Primary Endpoint ORR at Week 25

- **40%** for ROMVIMZA vs. **0%** for placebo (p<0.0001) ORR by RECIST v1.1

Key Secondary Endpoints

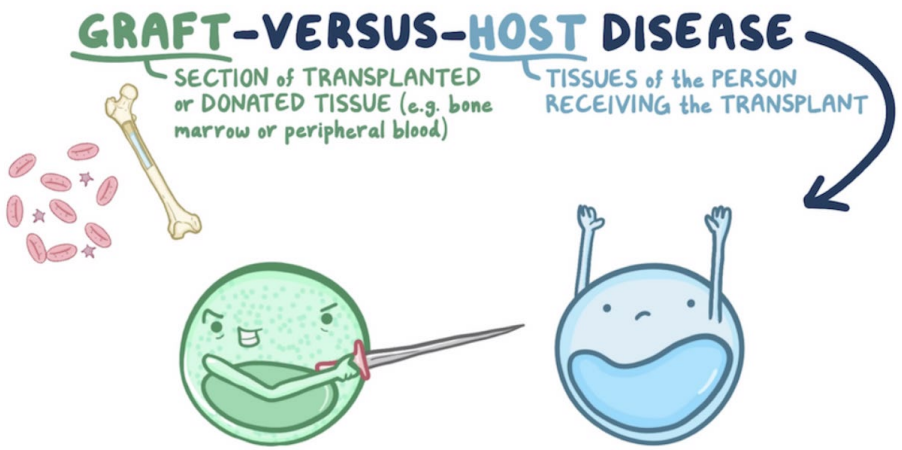
Statistically significant and clinically meaningful improvement across all key secondary endpoints, including:

- **67%** for ROMVIMZA vs. **0%** for placebo (p<0.0001) ORR by Tumor Volume Score
- **~5X** improvement in active range of motion vs. placebo (p=0.0077)

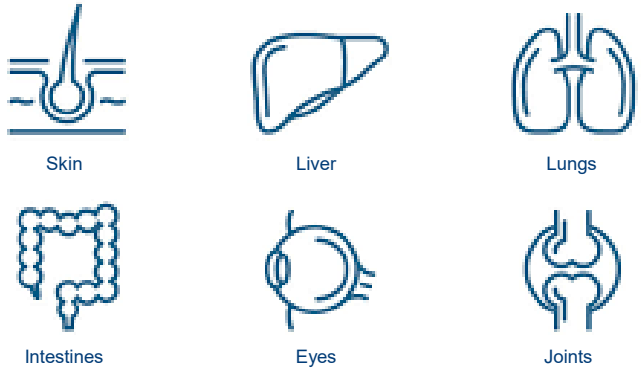
ROMVIMZA was well-tolerated and the safety profile was consistent with previously disclosed data with no evidence of cholestatic hepatotoxicity, leading to no black box warning from the FDA

Notes: Gelderblom, *Lancet*, 2024; IRR= independent radiological review; RECIST v1.1= Response Evaluation Criteria in Solid Tumors version 1.1; TGCT= tenosynovial giant cell tumor

New Growth Opportunity in Chronic Graft vs. Host Disease



Chronic Graft-Versus-Host Disease



- As an oral agent, ROMVIMZA may offer best-in-class CSF1R option as single agent or in combination with other oral cGVHD therapies
- Chronic GVHD affects 30-50% of allogeneic hematopoietic cell transplant recipients (14,000 U.S. prevalence)
- Significant unmet medical need in steroid refractory patients (~50%); movement toward combination therapy
- ROMVIMZA single-agent Phase 2 study in cGVHD initiated in 4Q 2024 and ongoing

Notes: cGVHD=chronic graft versus host disease; (1) Deciphera market research; (2) Phase 2 study conditional and subject to FDA approval. Figures: Osmosis.org 2022; National Cancer Institute, 2021.

TGCT MARKET OVERVIEW & OPPORTUNITY

Margarida Duarte

Deciphera Is at a Major Inflection Point

Becoming a multiproduct company

QINLOCK approved in >40 countries for GIST and ROMVIMZA recently approved in the US for TGCT

High unmet need in TCGT

Locally aggressive tumor with substantial morbidity and an unaddressed market

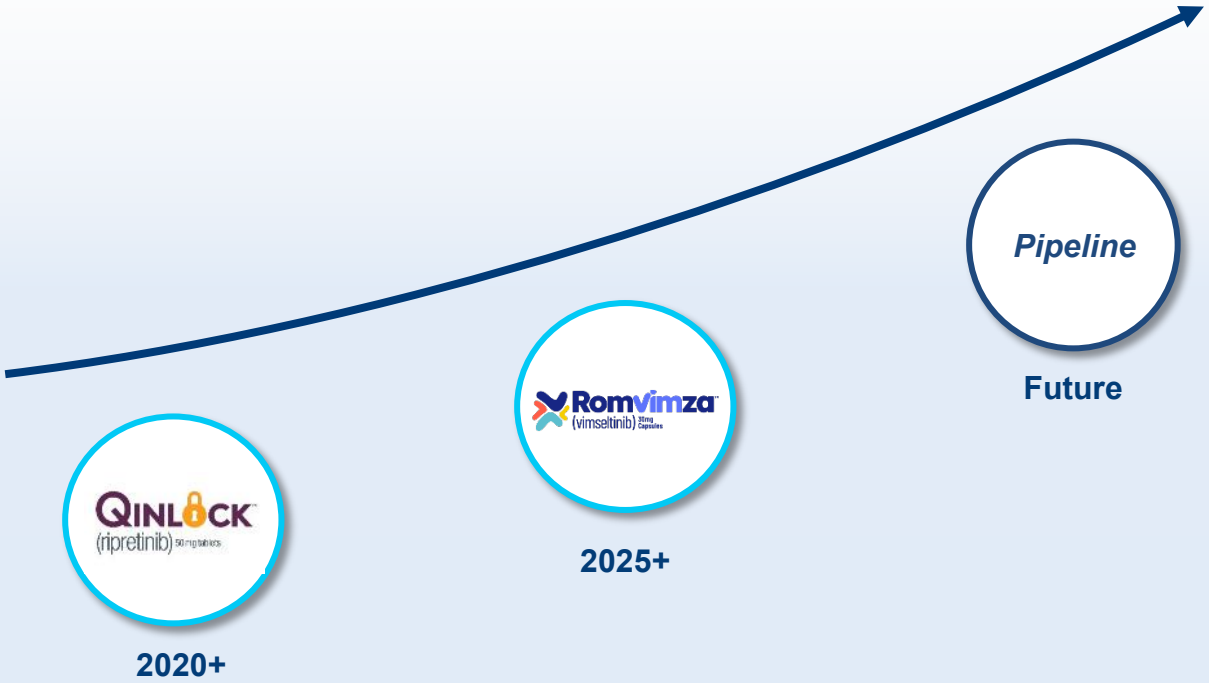
ROMVIMZA efficacy and safety profile

Differentiated profile and potential for market growth

Leading commercial capabilities

Highly synergistic opportunities between GIST and TGCT

Building on Our Success with QINLOCK

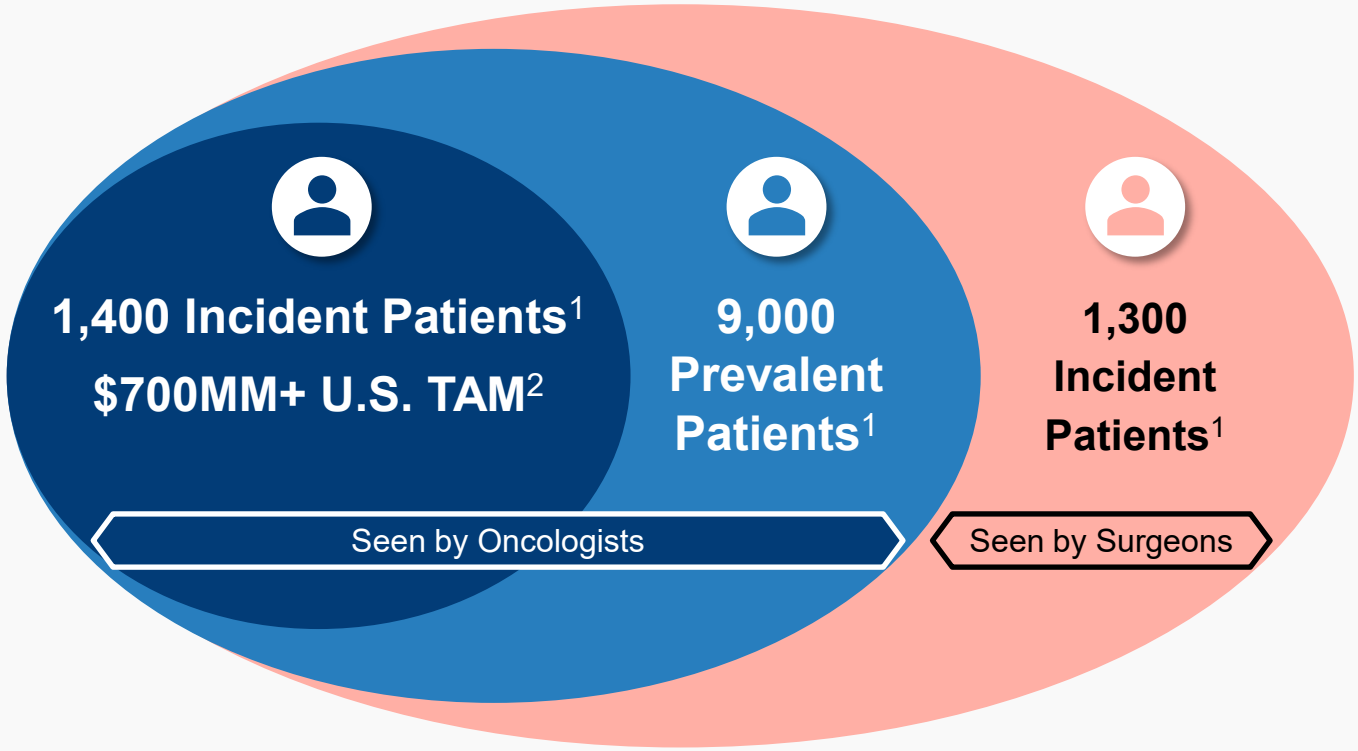


Complementary Commercial Opportunities

- Established relationships with physicians who treat GIST and TGCT
- 70%-80% overlap in US prescribing physicians for GIST and TGCT
- MOTION study deployed in major sarcoma sites across the globe

Significant Opportunity to Benefit Patients with TGCT

U.S. Opportunity



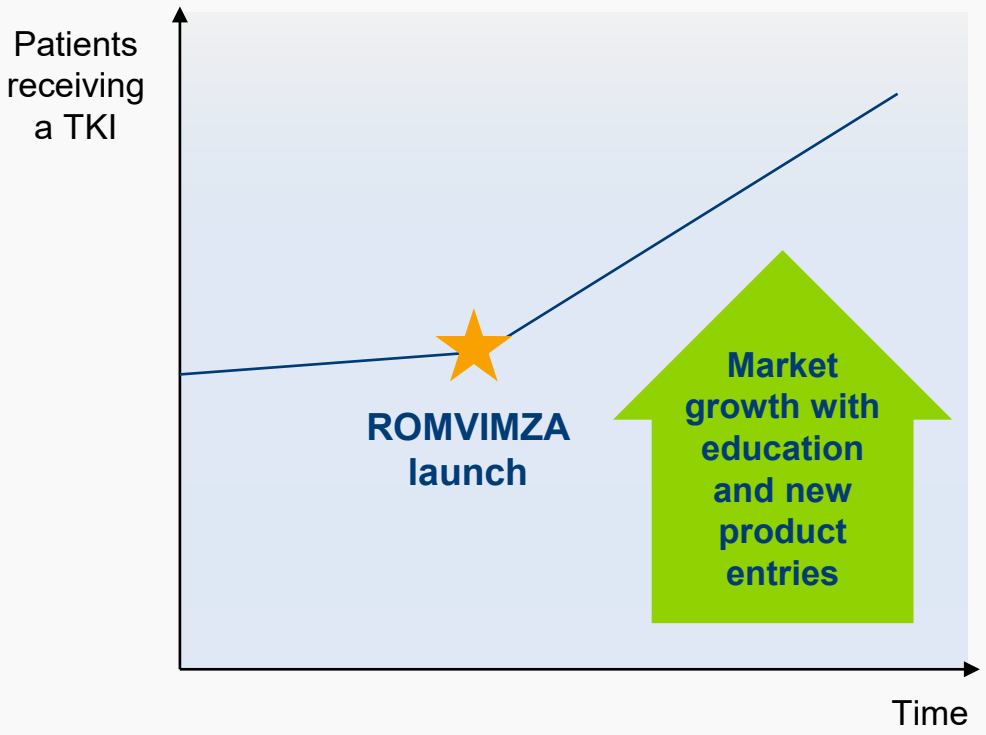
E.U. Opportunity

- Comparable incidence and recurrence rates in Europe[3]
- No approved therapies

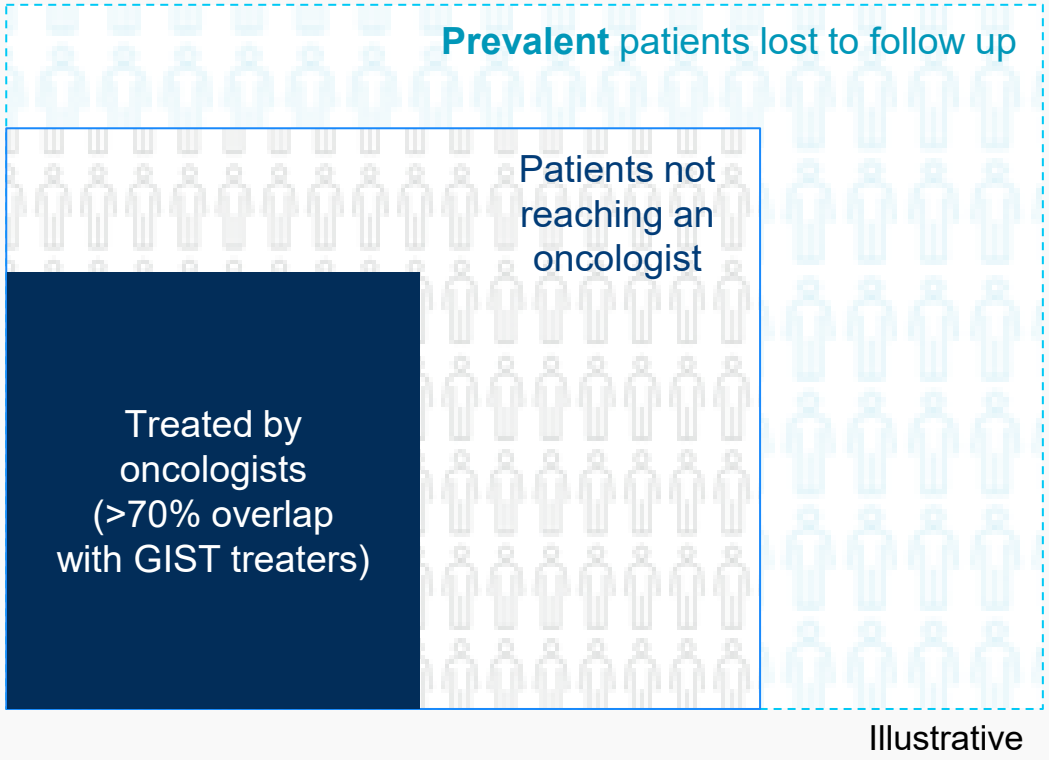
Notes: TAM=total addressable market; (1) Deciphera internal analysis of U.S. claims data; eligible patients defined as diagnosed, Rx-treated, and recently engaged with a medical oncologist (or a surgeon); claims data span 2012-2022; estimates shown are for 2022; prevalent estimate includes incident patients; estimates are inherently uncertain; (2) Total addressable market calculated as estimated Rx-treated patient incidence x 24 months duration x current pexidartinib WAC price and assumes opportunity at steady state. (3) Mastboom et al. Acta Orthopaedica. 2017;88(6):688-694

Untapped Opportunity – Market Expansion Expected

New product launches alongside increased disease awareness and referrals to oncologists will expand the TGCT TKI market



Large and untapped opportunity



US LAUNCH

Michelle DiNapoli

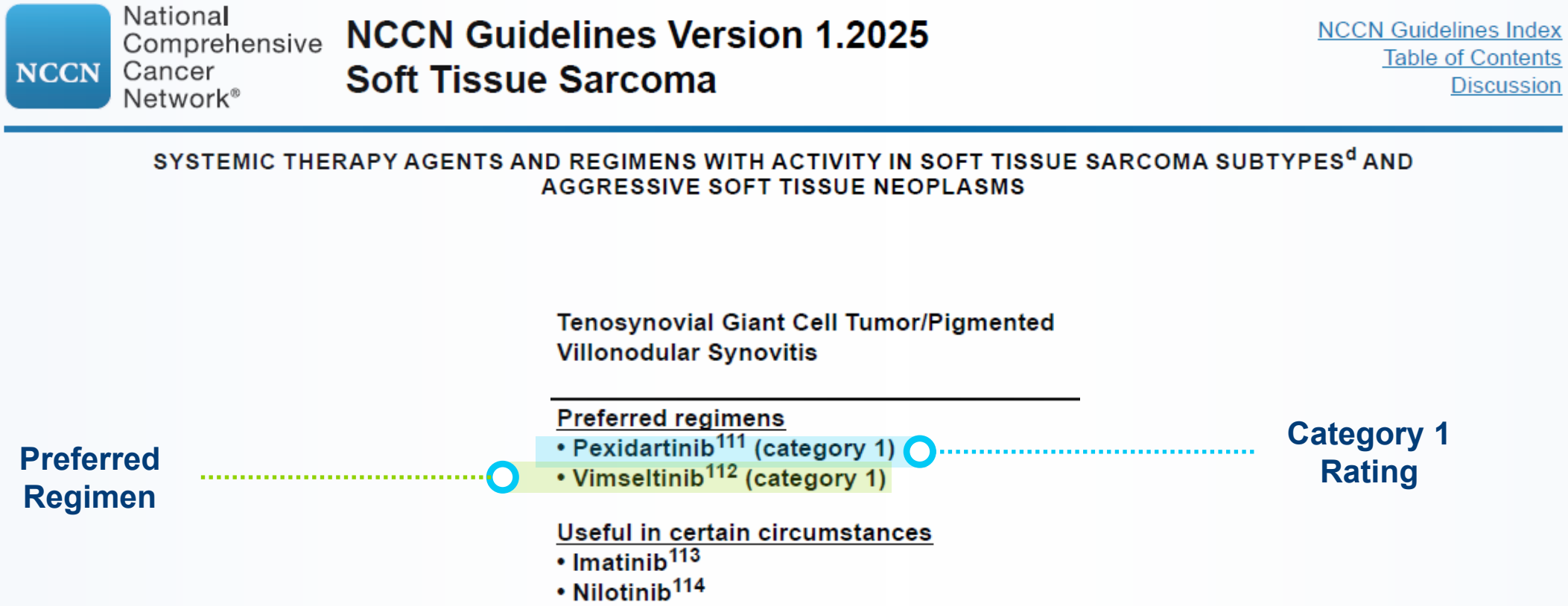
Just Launched in the US

Launched February 14, 2025

INDICATIONS AND USAGE

ROMVIMZA is indicated for treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) for which surgical resection will potentially cause worsening functional limitation or severe morbidity.

ROMVIMZA Added to the NCCN Guidelines as Preferred Regimen



Two FDA-Approved Treatments for TGCT in the US: ROMVIMZA and Existing Product

	ROMVIMZA	Existing Product
Indication	Indicated for treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) for which surgical resection will potentially cause worsening functional limitation or severe morbidity.	Indicated for the treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery.
MOA	Kinase inhibitor that targets CSF1R.	Small molecule tyrosine kinase inhibitor that targets CSF1R, KIT, and FLT3 harboring an ITD mutation.
Black Box Warning	**No Black Box Warning.**	**Black Box Warning** for hepatoxicity i.e. fatal liver injury, including vanishing bile duct syndrome. Monitoring and prompt cessation of Existing Product may not eliminate the risk of serious and potentially fatal liver injury.
REMS Program	No	Yes - Existing Product is available only through a restricted program under a REMS, because of the risk of hepatotoxicity.
Dosing	Twice-weekly	Twice-daily
Dietary Restrictions	**None; be taken with or without food.**	**Must be taken with a low-fat meal. Avoid grapefruit juice.**
Contraceptive Restrictions	**None.** Patients must be on effective birth control while on and for 1 month after the final dose.	**Avoid hormonal birth control, since existing product can render hormonal birth control ineffective.** Patients must be on effective non-hormonal birth control while on and for 1 month after the final dose.
Hair and Skin Color Changes	**No**	**Hair color changes, skin pigment changes** (hypopigmentation, depigmentation, discoloration, hyperpigmentation), photosensitivity reactions.

Reminder: There are no head-to-head clinical trials comparing the efficacy or safety of ROMVIMZA to Existing Product. No comparisons between the efficacy and safety of ROMVIMZA and Existing Product can be made

At Launch, Deciphera Will Drive Uptake of ROMVIMZA Through Focus on Two Critical Stakeholders: Oncologists and Patients

Oncologists

Objective: Drive awareness, differentiation and uptake with medical and orthopedic oncologists

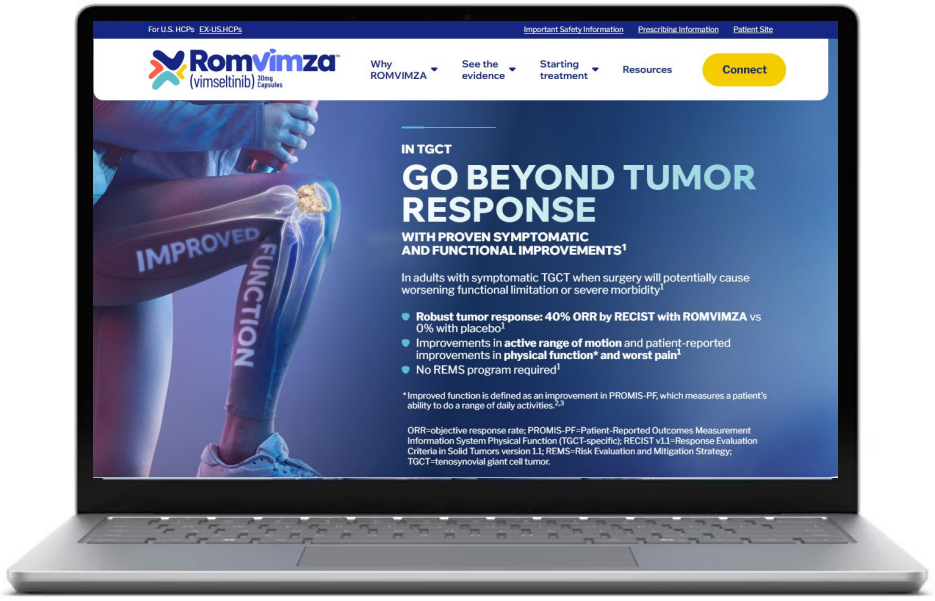
- ***Highest concentration of eligible patients***
  - Patients who are referred to oncologists are typically symptomatic and in need of other treatment options
- ***Targeted and efficient approach***
  - Medical oncologists write 90% of tyrosine kinase inhibitors (TKIs) for TGCT
- ***Growth opportunity exists***
  - Medical oncologists only treat 50% of their incident patients with a TKI
- ***High unmet need***
  - Medical oncologists seeking new, non-surgical treatment options
- ***Aligns w/ Deciphera synergies and call points***

TGCT Patients

Objective: Engage, empower, & activate symptomatic TGCT patients

- ***Active and organized patient/advocacy groups***
  - TGCT patients are highly involved in their journey and supporting other patients
- ***Extremely motivated due to current dissatisfaction***
  - Eager to find new, alternative non-surgical and safe treatment options
- ***Highly influential in treatment decisions***
  - MDs actively consult patients in treatment process
- ***Large Information void for TGCT***
  - Patients yearning for more information to help guide optimal treatment path

Deciphera Is Swiftly Driving Awareness Of ROMVIMZA Approval With Oncologists



www.romvimzahcp.com

- ✓ Reach to Sarcoma Centers of Excellence
- ✓ Third Party Educational Webinars
- ✓ **Increased** website traffic

HCP Media Highlights

- ***Strong HCP interest***
  - **>9K visits to ROMVIMZAHCP.com**
- ***Eligible Patients Identified***
  - **Steady increase in Prescribing Information and Product Fact Sheet downloads**
- **Intent To initiate Patients on ROMVIMZA**
  - **Increased traffic to Deciphera Access**

POSITIVE FEEDBACK FROM HCPS[1]

> A better drug than pexidartinib, especially in terms of toxicity.
>
> – Medical Oncologist

> Side effect profile and duration of response is great, ROMVIMZA is a great option over the others.
>
> – Medical Oncologist

> When orthopedic surgeons see this, they will recognize that patients should be referred earlier to receive this medicine.
>
> – Medical Oncologist

[1]HCP feedback

Likewise, Deciphera is Driving Awareness of ROMVIMZA and TGCT Education with Patients

www.romvimza.com

www.TGCTtruth.com

Patient Media Highlights

- **Strong Patient Interest**
  - **>11K visits to ROMVIMZA.com**
- **Intent to Request ROMVIMZA from HCP**
  - **Doctor Discussion Guide downloads**
- **Intent to Start Treatment**
  - **Deciphera Access Point visits**

Earned Media Highlights

- 3rd party webinars regarding TGCT aligned with ROMVIMZA approval

EXCITEMENT FROM PATIENT COMMUNITY

> Patients are making appointments to ask about ROMVIMZA!
>
> – Patient Advocate

> I know a patient who showed their HCP the ROMVIMZA PI to talk about treatment!
>
> – Patient Advocate

> We have a webinar series dedicated to the evolving treatment landscape of TGCT.
>
> – Patient Advocate

ROMVIMZA Has Demonstrated Positive Market Receptivity

Positive Product Impressions

- Strong positive reaction to no REMS and no black box warning
- Minimal liver toxicity with no hair depigmentation
- Viewed as effective with rapid improvement in symptoms and tumor response
- Twice weekly dosing with no food restriction

Broad Prescriber Base

- ROMVIMZA Rx coming from Sarcoma Centers of Excellence, academic, community and government accounts

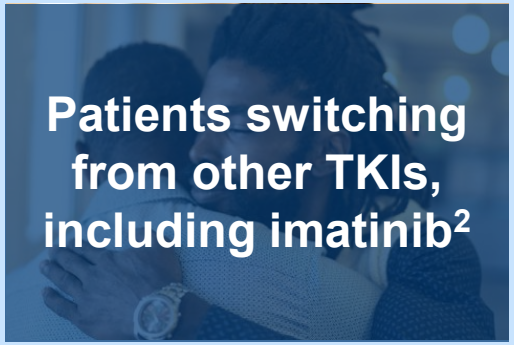
Fast Patient Access

- Positive Feedback on product profile from Payers
- Early and Broad Payor Coverage
  - -- Commercial
  - -- Medicare
  - -- Medicaid
  - -- Veterans Affairs
- Limited evidence of New to Market Blocks

ROMVIMZA Usage Across Various Patient Profiles Aligns with Oncologists' Positive Perceptions

~90% of oncologists would use ROMVIMZA in patients initiating TKI for 1st time[1]

>80% of oncologists would use ROMVIMZA in patients previously discontinuing another TKI due to toxicity[1]



>80% of oncologists would switch from current TKI to ROMVIMZA if patients are experiencing limited efficacy, despite tolerating it well[1]

~70% of oncologists believe more surgery-naïve patients would choose ROMVIMZA vs. surgery[2]

~80% of oncologists agree that more surgery-recurrent patients would choose ROMVIMZA rather than additional surgery[1]

1 TGCT US Demand Estimation Study, July 2024
2 ROMVIMZA market data

Significant Growth Opportunities in TGCT and cGVHD

ROMVIMZA just approved in the US with encouraging early launch indicators

Significant commercial opportunity in TGCT that is highly synergistic with GIST

Potential for market expansion with increased awareness and referrals

Under review by the European Medicines Agency for TGCT

Label expansion opportunity in cGVHD

Early-Stage Pipeline

Matthew L. Sherman, M.D.

Solving Limitations of Classical Kinase Inhibitors

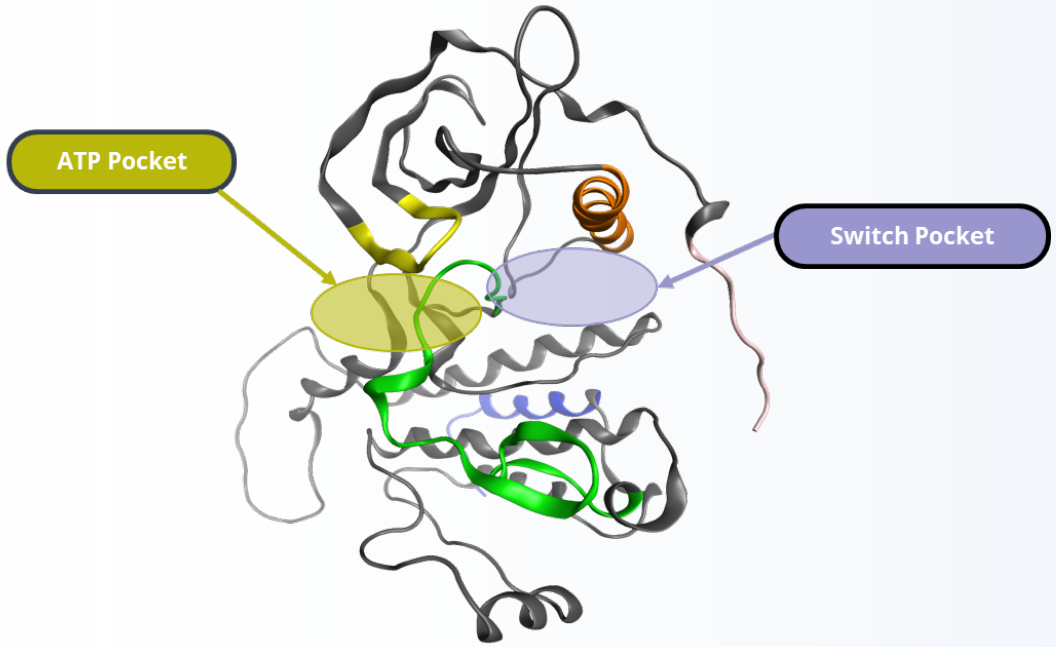
We take advantage of variation in the switch-control amino acid environment to design superior, drug-like molecules

Higher kinase specificity

- Enhanced kinome selectivity
- Stabilize inactive form of the kinase
- Fewer off-target effects

Increased potency

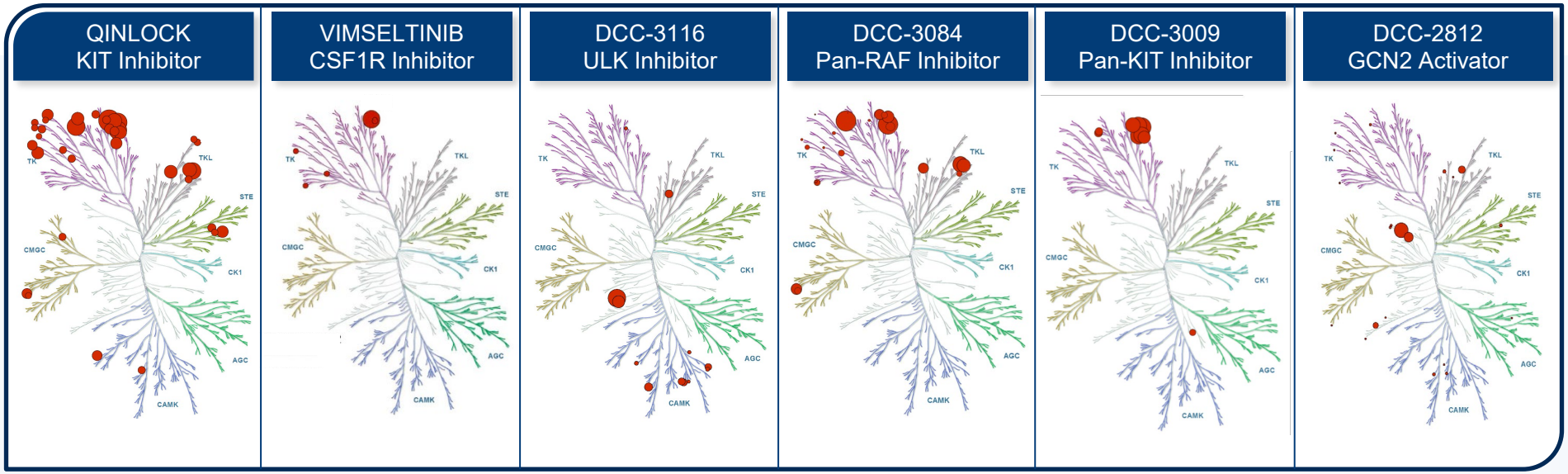
- Insensitive to cellular [ATP]
- Extended pharmacology



Switch Control Platform has Delivered Multiple Approved Agents and Clinical Stage Compounds

QINLOCK (ripretinib) 50 mg tablets

Romvimza (vimseltinib) 30mg Capsules



Notes: CSF1R=colony-stimulating factor 1 receptor; GCN2=general control nonderepressible 2; KIT=KIT proto-oncogene receptor tyrosine kinase; RAF=rapidly accelerated fibrosarcoma; ULK=unc-51-like autophagy-activating kinase.

Deciphera has developed two FDA approved drugs

Additional compounds are in pre-proof-of-concept clinical studies or entering development in 2025

Sustainable platform for development of future kinase inhibitors and activators

Driving Innovation Through Our Proven Discovery Engine

Fueled by our proprietary drug discovery platform,
we intend to advance multiple drug candidates to treat cancer

DCC-3116 (ULK)

- Potential first-in-class ULK inhibitor
- Designed to inhibit cancer autophagy, a broad potential resistance mechanism

EXPECTED 2025 MILESTONE

Strategic decision for expansion cohort(s) in combination with sotorasib and ripretinib

DCC-3084 (RAF)

- Potential best-in-class pan-RAF inhibitor
- Validated target with single agent and combination opportunities

EXPECTED 2025 MILESTONE

Strategic decision on opening solid tumors expansion cohort in Phase 1 study

DCC-3009 (KIT)

- Potential best-in-class pan-KIT inhibitor
- Designed to inhibit the spectrum of KIT mutations that drive GIST

EXPECTED 2025 MILESTONE

Continue to enroll dose escalation cohorts in Phase 1 study

DCC-2812 (GCN2)

- Potent and selective activator of the GCN2 kinase regulation of the integrated stress response

EXPECTED 2025 MILESTONE

Initiate enrollment in Phase 1 study

Notes: ULK=unc-51-like kinase; RAF=rapidly accelerated fibrosarcoma; KIT=KIT proto-oncogene receptor tyrosine kinase; RP2D=recommended Phase 2 dose; FDA=U.S. Food and Drug Administration; IND=Investigational New Drug Application; GCN2=general control nonderepressible 2; GIST=gastrointestinal stromal tumor

Deciphera Clinical Development – Completed, Ongoing and Planned Studies

>500
Global Sites

>25 Countries

US, Canada, Europe,
SE Asia, Australia,
South America

6 Active Development Programs

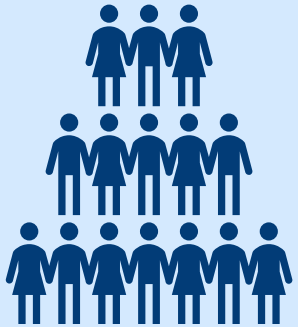
Ripretinib
Vimseltinib
DCC-3116, DCC-3084, DCC-3009
DCC-2812 (pre-IND)

>25 Clinical Protocols

>50 Protocol Amendments

Phase 1/2/3 studies
Clinical pharmacology
Bridging studies

>3,000
Participants



ONO PHARMA