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Corporate Presentation

May 2026

Forward-Looking Statements

Except for the historical information contained herein, this presentation contains forward-looking statements made pursuant to the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. Investors are cautioned that such statements, including, without limitation, those regarding: (i) Geron's beliefs, plans and expectations regarding the growth prospects for RYTELO and Geron's positioning for long-term growth and value creation; (ii) Geron's 2026 financial guidance, including its projected RYTELO net product revenue and expected total operating expenses; (iii) Geron's path to building a sustainable hematology powerhouse; (iv) Geron's beliefs regarding its ability to drive appropriate adoption in second-line lower-risk myelodysplastic syndromes/neoplasms (LR-MDS) U.S. patients, and that RYTELO is positioned to lead in second-line LR-MDS; (v) Geron's plan to pursue ex-U.S. RYTELO paths for LR-MDS patients; (vi) Geron's beliefs, assumptions and expectations regarding opportunities to expand the RYTELO addressable market, including its ability to potentially expand into relapsed/refractory myelofibrosis (R/R MF) based on the results of the Phase 3 IMpactMF trial; (vii) Geron's beliefs regarding the potential to leverage its balance sheet to pursue innovation; (viii) Geron's plans, views and expectations regarding RYTELO's ability to address core unmet needs in LR-MDS; (ix) Geron's belief that data presented at the 2025 American Society of Hematology (ASH) Annual Meeting suggests treatment-emergent cytopenias reflect on-target activity and are potentially associated with transfusion independence and hemoglobin improvement; (x) Geron's efforts to expand awareness, confidence and appropriate use of RYTELO through its commercial, medical affairs and patient advocacy strategies, and the anticipated success of those efforts; (xi) the status and expected timing of RYTELO development milestones, including as set forth on its pipeline chart included herein; (xii) Geron's beliefs regarding the progress and status of the Phase 3 IMpactMF trial and its estimates regarding the timing of the interim and final analyses therefrom, together with the assumptions used in making these estimates; (xiii) the potential of the Phase 3 IMpactMF trial to confirm the survival benefit observed in the Phase 2 IMbark trial; (xiv) Geron's beliefs and expectations regarding the strength of Geron's intellectual property position for RYTELO and the extent to which such position supports RYTELO's commercial opportunity, including the expected length of regulatory, market and patent exclusivities for RYTELO; (xv) any projections of revenue, expenses, patient populations, commercial opportunity and similar forecasts, along with the underlying assumptions; and (xvi) other statements that are not historical facts, including statements of past performance, efforts, trends, or results of Geron's clinical trials, commercialization efforts or performance indicators, about which inferences or assumptions may be made, constitute forward-looking statements and are not indicative of future performance or results. These forward-looking statements involve risks and uncertainties that can cause actual results to differ materially from those in such forward-looking statements. These risks and uncertainties, include, without limitation, risks and uncertainties related to: (a) whether Geron is successful in commercializing RYTELO for the treatment of certain patients with LR-MDS with transfusion dependent anemia and achieves increased market acceptance across the breadth of the eligible patient segments in RYTELO's approved indication, including in appropriate second-line LR-MDS U.S. patients; (b) whether the FDA and foreign regulatory authorities will approve imetelstat for other indications on the timelines expected, or at all; (c) Geron's plans to pursue paths for RYTELO outside the U.S. for LR-MDS patients and risks related to operating outside of the U.S.; (d) Geron's future opportunities and plans, including the uncertainty of future revenues, expenses and other financial performance and results, and the related risk Geron may be unable to meet its 2026 financial guidance; (e) whether regulatory authorities permit the further development of imetelstat on a timely basis, or at all, without any clinical holds; (f) whether RYTELO (imetelstat) may cause, or have attributed to it, adverse events that could delay or prevent the commencement and/or completion of clinical trials, impact its regulatory approval, or limit its commercial potential; (g) whether the Phase 3 IMpactMF trial in R/R MF has a positive outcome and demonstrates safety and effectiveness to the satisfaction of the FDA and international regulatory authorities, and whether Geron's projected rates for death events differ from actual rates, which may cause the interim and final analyses to occur later than anticipated; (h) if the Phase 3 IMpactMF trial is positive, whether the FDA and international regulatory authorities approve RYTELO in the R/R MF indication with the labeling claims necessary or desirable for the successful commercialization of RYTELO in that indication; (i) whether any future safety or efficacy results of RYTELO treatment cause its benefit-risk profile to become unacceptable; (j) whether imetelstat actually demonstrates disease-modifying activity in patients and the ability to target the malignant stem and progenitor cells of the underlying disease; (k) whether Geron meets its post-marketing requirements and commitments for RYTELO; (l) whether there are failures or delays in manufacturing or supplying sufficient quantities of RYTELO (imetelstat) or other clinical trial materials that impact commercialization of RYTELO or the continuation of the IMpactMF trial and other trials; (m) whether Geron is able to establish and maintain effective sales, marketing and distribution capabilities, obtain adequate coverage and third-party payor reimbursement, and achieve adequate acceptance in the marketplace; (n) whether Geron is able to obtain and maintain the exclusivity terms and scopes provided by patent and patent term extensions, regulatory exclusivity, and have freedom to operate; (o) that Geron may be unable to successfully commercialize RYTELO due to competitive products, or otherwise; (p) that Geron's past performance, clinical data and results, or commercial performance indicators and demand trends, may not be replicated in or predictive of future results, performance or trends; (q) whether Geron stays in compliance with and satisfies its obligations under its debt and synthetic royalty financing agreements; (r) whether Geron successfully completes its restructuring plan, manages the changes in its workforce, and realizes expected operating expense saving; and (s) the impact of general economic, industry or political climate in the U.S. or internationally and the effects of macroeconomic conditions on Geron's business and business prospects, financial condition and results of operations. Additional information on the above risks and uncertainties and additional risks, uncertainties and factors that could cause actual results to differ materially from those in the forward-looking statements are contained in Geron's filings and periodic reports filed with the Securities and Exchange Commission under the heading "Risk Factors" and elsewhere in such filings and reports, including in Geron's quarterly report on Form 10-Q for the period ended September 30, 2025, and subsequent filings and reports by Geron, including in its upcoming annual report on Form 10-K for the year ended December 31, 2025. Undue reliance should not be placed on forward-looking statements, which speak only as of the date they are made, and the facts and assumptions underlying the forward-looking statements may change. Except as required by law, Geron disclaims any obligation to update these forward-looking statements to reflect future information, events, or circumstances.

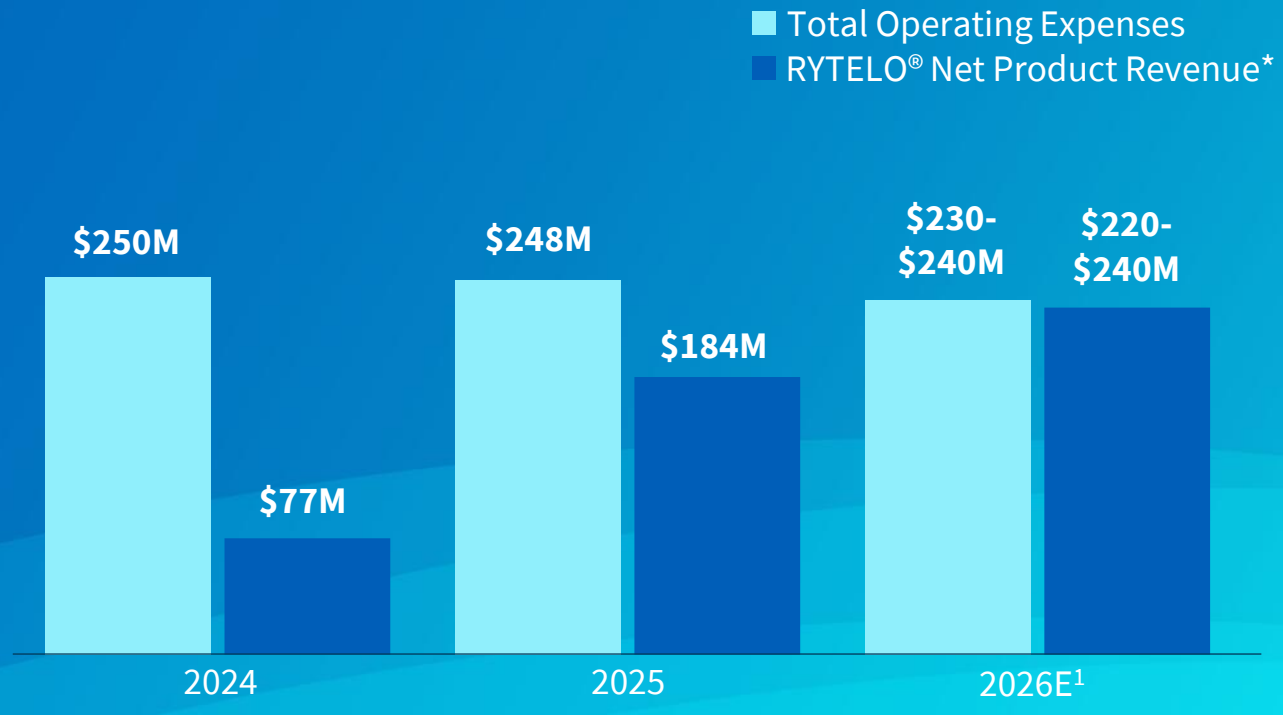
Building a Leading Hematology Company

Maximize the Value of RYTELO® (imetelstat) – Wholly-Owned, First-in-Class Telomerase Inhibitor

- **$220M-$240M** in expected 2026 RYTELO net product revenue[1], expected to be driven by strong commercial execution and targeting of appropriate second-line U.S. patients*
- Align on EU LR-MDS commercial strategy for RYTELO by the end of 2026
- Expand into relapsed/refractory myelofibrosis if Phase 3 IMpactMF trial is successful and RYTELO is approved in this indication. Obtained Orphan Drug Designation for myelofibrosis

Financial Discipline and Opportunistic Innovation

- Guiding to total operating expenses of **$230M-$240M** in 2026[1]
- Potential to leverage balance sheet to pursue innovation



[1] 2026 Financial Guidance provided by Geron and reiterated on and as of May 6, 2026.
* RYTELO® (imetelstat) is approved in the U.S. and the EU for the treatment of certain adult patients with lower-risk myelodysplastic syndromes (LR-MDS) with transfusion-dependent anemia. See U.S. Prescribing Information and Medication Guide: https://pi.geron.com/products/US/pi/rytelo_pi.pdf;

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Targeting Telomerase Upregulation in Hematologic Cancers

Telomerase Upregulation is a Key Driver of Cancer Cell Proliferation and Immortality

- **Telomerase is intermittently upregulated in normal stem and progenitor cells** to facilitate normal blood cell production.[1,2]
- In contrast, malignant stem and progenitor cells **continuously upregulate telomerase**, driving uncontrolled proliferation and cancer immortality.[3,4]
- Cancerous stem and progenitor cells in the bone marrow drive many hematologic cancers.

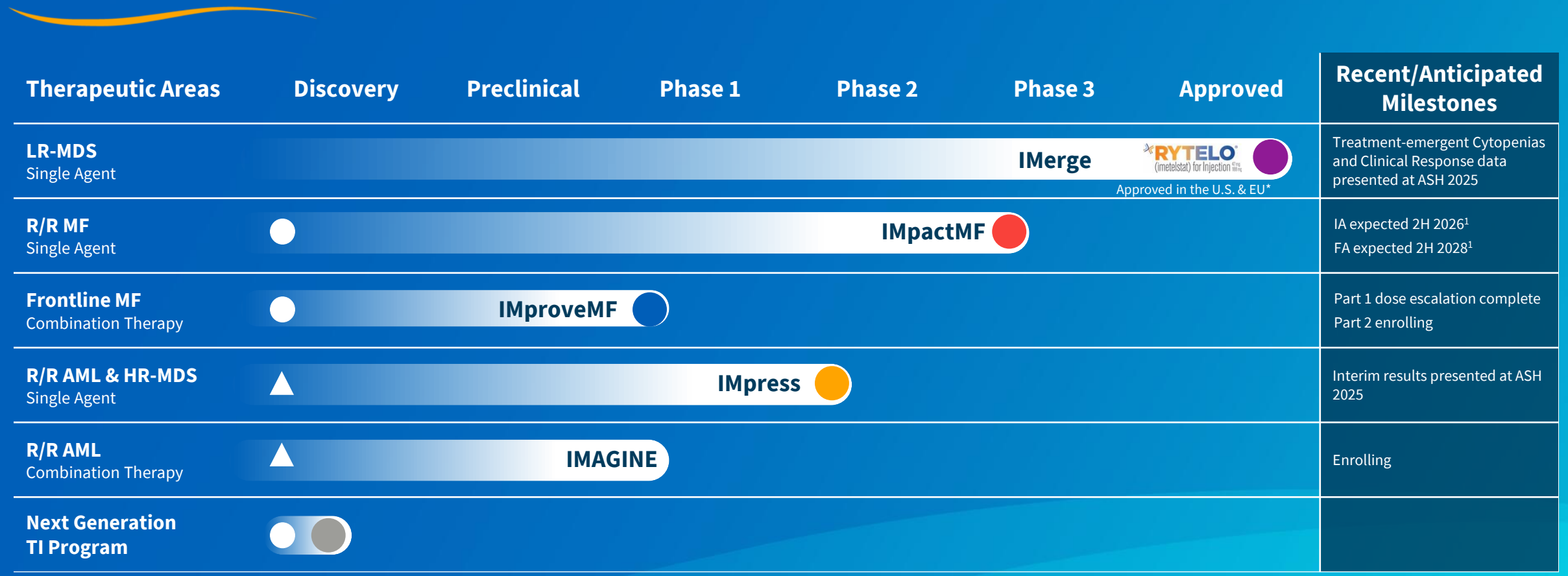
Telomerase Inhibition is Designed to Eliminate Malignant Clones and Strip Cancer of Its Immortality

- Using an oligonucleotide approach, Geron has developed a **novel telomerase inhibitor**, imetelstat, designed to **bind directly to telomerase.**[5,6]
- Imetelstat blocks telomerase from adding DNA back to telomeres, which **halts cancer proliferation and signals apoptosis.**[5,6]
- Telomerase inhibitors **selectively target malignant clones** that continuously upregulate telomerase **rather than healthy cells.**[5,6]

HSC, hematopoietic stem cell; hTR, human telomerase RNA; MPC, myeloid progenitor cell.

1. Amit M, et al. *Dev Biol*. 2000;227(2):271-278. 2. Koh CM, et al. *J Clin Invest*. 2015;125(5):2109-2122. 3. Kim NW, et al. *Science*. 1994; 266(5193): 2011-2015. 4. Lichtsteiner SP, et al. *Ann N Y Acad Sci.* 1999; 886: 1-11 5. 4. Asai A, et al. *Cancer Res.* 2003;63(14):3931-9. 6. Herbert BS, et al. *Oncogene*. 2005;24(33):5262-8.

Exploring the Potential of Telomerase Inhibition in Myeloid Malignancies



HR-MDS: higher-risk myelodysplastic syndromes; LR-MDS: lower-risk MDS; MF: myelofibrosis; R/R AML: relapsed/refractory acute myeloid leukemia; R/R MF: relapsed/refractory MF; TI: telomerase inhibitor; IA: interim analysis; FA: final analysis

* RYTELO® (imetelstat) is approved in the U.S. and the EU for the treatment of certain adult patients with lower-risk myelodysplastic syndromes (LR-MDS) with transfusion-dependent anemia. See U.S. Prescribing Information and Medication Guide: https://pi.geron.com/products/US/pi/rytelo_pi.pdf; see Summary of Product Characteristics for RYTELO in the EU: https://pi.geron.com/products/rytelo/eu/rytelo_smpc_eu.pdf

[1] These projections are based on expectations about event rates (death), which can change over time and may differ from our current expectations.

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Lower-Risk Myelodysplastic Syndromes (LR-MDS): A Serious and Underrecognized Blood Cancer

~16K patients diagnosed in the U.S. each year[1]

~8K new second-line starts in the U.S. annually[1]

90%
of patients develop symptomatic anemia[2]

51%
of patients will become transfusion dependent within six months of diagnosis[3]

Current 1st Line Therapies Show **Limited Durability**[4]

Disease course is **variable** and **unpredictable**

Many patients cycle through multiple lines of therapy[4]

LR-MDS is a chronic, progressive and relentless disease – with fatigue, transfusion dependence, and limited treatment choices that profoundly impact daily life and long-term outcomes[2-5]

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1. Estimated based on IQVIA claims data analysis rolling 12 months ending January 2026.
2. Santini V. Anemia as the main manifestation of myelodysplastic syndromes. Semin Hematol. 2015 Oct;52(4):348-56.
3. de Swart L, Smith A, Johnston TW. Validation of the Revised International Prognostic Scoring System (IPSS-R) in patients with lower-risk myelodysplastic syndromes: a report from the prospective European LeukaemiaNet MDS (EUMDS) registry. Br J Haematol. 2015; 170(3):372-383.
4. Platzbecker U, Kubasch AS, Homer-Bouthiette C, Prebet T. Current challenges and unmet medical needs in myelodysplastic syndromes. Leukemia. 2021 May 28;35(8):2182-2198.
5. Fattizzo B, Levati GV, Giannotta JA, Cassanello G, Cro LM, Zaninoni A, Barbieri M, Croci GA, Revelli N, Barcellini W. Low-Risk Myelodysplastic Syndrome Revisited: Morphological, Autoimmune, and Molecular Features as Predictors of Outcome in a Single Center Experience. Front Oncol. 2022 Mar 22;12:795955.

Inspired by the real experiences of people living with blood cancer, Geron is advancing science that aims to meaningfully improve patients' lives.

Living with lower-risk myelodysplastic syndrome is a trip you wish you didn't have to take. Some days I can't even do normal things – grocery shopping, tidying up, even walking to the door to hang a holiday wreath. I'm just so persistently and relentlessly tired. It feels like trying to walk through cement."

– LINDA, LIVING WITH LR-MDS

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RYTELO® (imetelstat) Approved in the U.S. and EU for Eligible Lower-Risk Myelodysplastic Syndrome*

RYTELO™
(imetelstat) for Injection 47 mg 188 mg

A first-in-class telomerase inhibitor with **a unique mechanism of action** representing a **highly differentiated treatment** approved for eligible patients with **lower-risk myelodysplastic syndromes (LR-MDS)***

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* RYTELO® (imetelstat) is approved in the U.S. and the EU for the treatment of certain adult patients with lower-risk myelodysplastic syndromes (LR-MDS) with transfusion-dependent anemia. See U.S. Prescribing Information and Medication Guide: https://pi.geron.com/products/US/pi/rytelo_pi.pdf; see Summary of Product Characteristics for RYTELO in the EU: https://pi.geron.com/products/rytelo/eu/rytelo_smpc_eu.pdf

RYTELO® Addresses the Core Unmet Needs in LR-MDS*

EFFICACY	**Higher and durable transfusion independence[1] (TI)** **- 39.8% patients achieved ≥8-week TI vs 15% with placebo[1] (P<0.001)[1]** **- Median duration of response of 52 weeks (51.6 weeks from KM analysis)[1]**
SAFETY	**Predictable and generally manageable cytopenias, with 80% of Gr 3/4 cytopenias recovering to ≤Gr 2 within 2 to 4 weeks, and no increase in clinical consequences[1]**
MDS NCCN GUIDELINES[2]	**In Second-Line Therapy: Imetelstat is a Category 1 treatment option for RS+ and RS-ESA-eligible patients** **In First-Line Therapy: Imetelstat is a Category 2A treatment option for RS+ and RS-ESA-ineligible patients**

1. Platzbecker U and Santini V, et al. Imetelstat in patients with lower-risk myelodysplastic syndromes who have relapsed or are refractory to erythropoiesis-stimulating agents (IMerge): a multinational, randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2024;403(10423):249-260.
2. Refer to NCCN guidelines on slide 24

* RYTELO® (imetelstat) is approved in the U.S. and the EU for the treatment of certain adult patients with lower-risk myelodysplastic syndromes (LR-MDS) with transfusion-dependent anemia. See U.S. Prescribing Information and Medication Guide: https://pi.geron.com/products/US/pi/rytelo_pi.pdf; see Summary of Product Characteristics for RYTELO in the EU: https://pi.geron.com/products/rytelo/eu/rytelo_smpc_eu.pdf

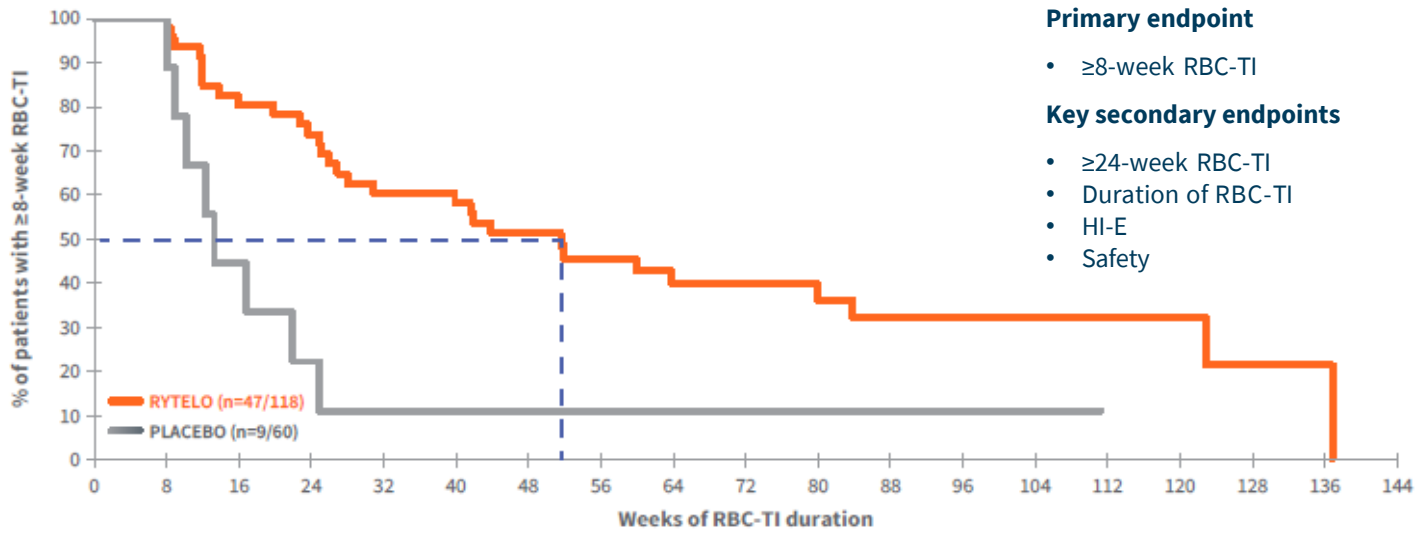
Durable Transfusion Independence Supported by Phase 3 Results

IMerge Phase 3 demonstrated meaningful, sustained clinical benefit for patients with LR-MDS[1,2]

Randomized, double-blind, placebo-controlled | N=178 (ITT population) | Conducted across 118 sites in 17 countries

Median duration of response with RYTELO: 51.6 weeks
(95% CI: 26.4-89.1) vs. 13.3 weeks with placebo (95% CI: 8.0-24.9)
(HR 0.2; 95% CI: 0.1-0.6)*

Median RBC-TI for RYTELO® responders[2,3,*]



Primary endpoint

- ≥8-week RBC-TI

Key secondary endpoints

- ≥24-week RBC-TI
- Duration of RBC-TI
- HI-E
- Safety

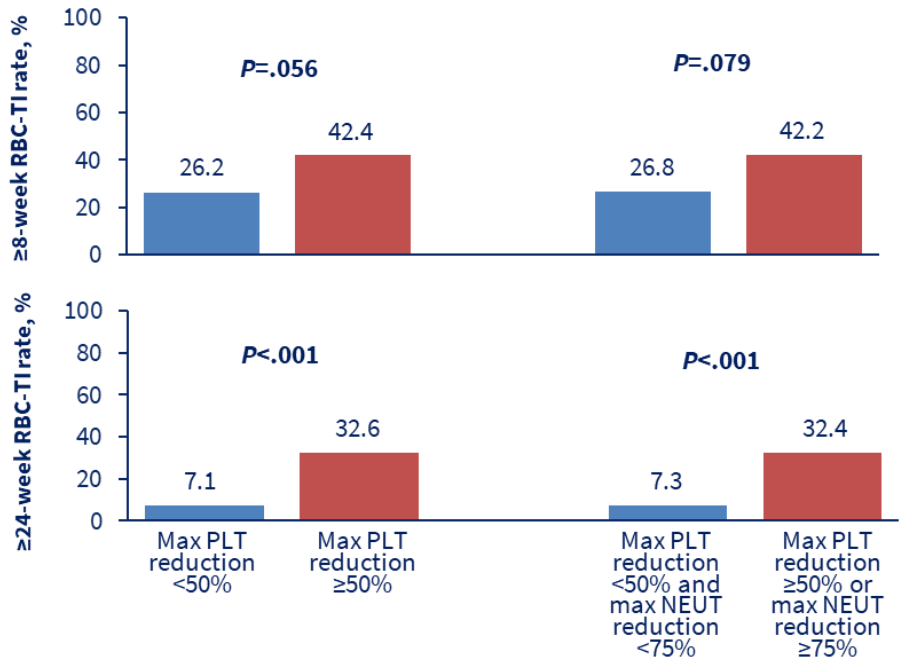
Number of patients

RYTELO	47	47	37	33	27	26	20	16	13	11	11	8	6	5	3	3	1	1	0
PLACEBO	9	9	4	2	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0

*Kaplan-Meier estimates of duration of RBC-TI; 8-week TI responder analysis set; hazard ratio is from the Cox proportional hazard model, stratified by prior RBC transfusion burden (≤6 vs >6 units RBC) and IPSS risk group (low vs intermediate-1), with treatment as the only covariate; P-value for superiority of RYTELO vs placebo in hazard ratio is based on stratified log-rank test.
CI, confidence interval; HI-E, hematologic improvement-erythroid; HR, hazard ratio; ITT, intention-to-treat; LR-MDS, lower-risk myelodysplastic syndromes; RBC, red blood cell; TI, transfusion independence.
1. RYTELO. Prescribing information. Geron Corp.; 2024. 2. Platzbecker U and Santini V, et al. Lancet. 2024;403(10423):249-260. 3. Data on file. Geron Corporation. Foster City, CA.

Data Presented at ASH 2025 Suggest Treatment-Emergent Cytopenias Reflect On-Target Activity and are Potentially Associated with TI and Hb Improvement

RBC-TI Response to Imetelstat by Maximum Reduction in Platelets or Neutrophils Within the First 2 Cycles of Treatment[3,a]



Correlation between Treatment-Emergent Cytopenias and Clinical Response with Imetelstat in Patients with Lower-Risk Myelodysplastic Syndromes: Analysis from the IMerge Trial (Zeidan et al., Oral #490)

Key Insights from ASH 2025 Oral Presentation

Cytopenias associated with clinical response: Early reductions in platelets or neutrophils were associated with higher rates of 8- and 24-week RBC-TI and Hb increases in this post hoc analysis[1]

Evidence to support potential disease-modifying activity: Patients showed reductions in mutation burden, cytogenetic improvements, and biological changes aligned with improved RBC-TI and Hb[1,2]

Safety profile remains predictable and generally manageable: Cytopenias are early, expected, manageable with dose modifications, and associated with clinical response (Hb rise and RBC-TI), suggesting an on-target effect on malignant progenitor cells[1,3]

[a]Unadjusted nominal *P* values are presented.

1. Platzbecker U and Santini V, et al. *Lancet*. 2024;403(10423):249-260. 2. Santini V, et al. *Blood*. 2023;142(1): 4603. 3. Zeidan A, et al. Presented at ASH 2025. Abstract 490 (oral).

RYTELO* Performance Metrics

Demand Volume Growth

6%

demand increase in Q1 2026 over Q4 2025[1]

Q1 2026 RYTELO Net Revenue

$51.8M

up 31% over Q1 2025 and up 8% over Q4 2025

1st and 2nd Line Patient Starts

~33%

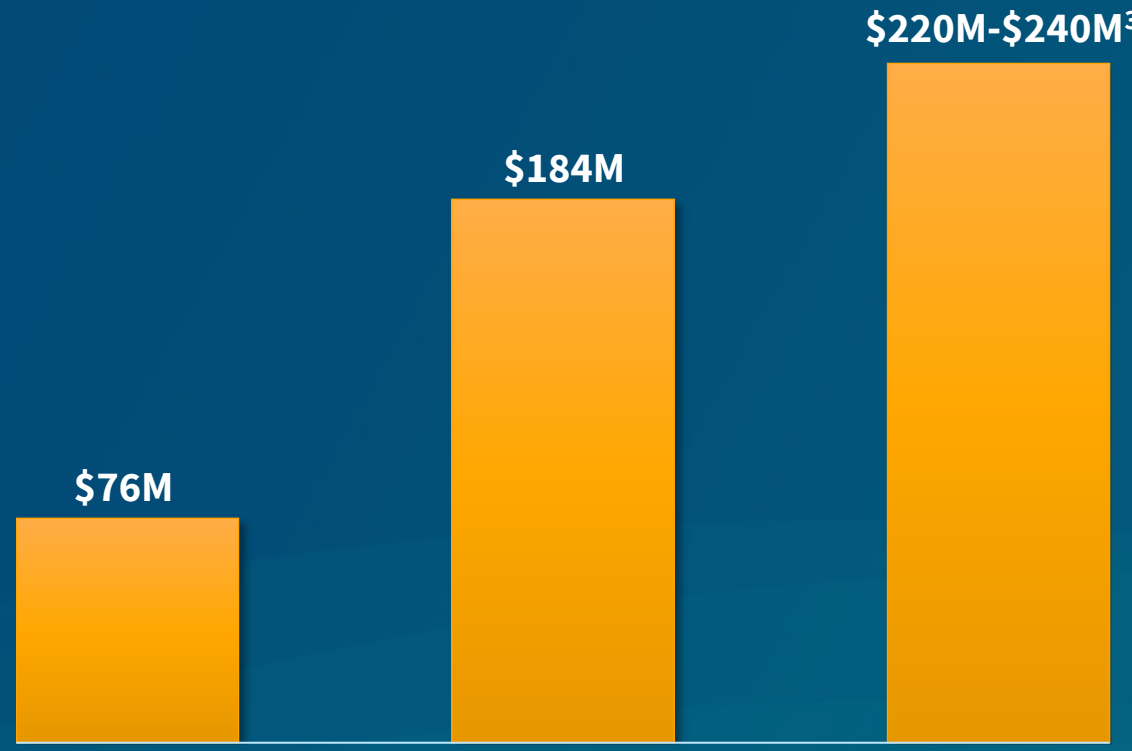
of RYTELO new patients starts in 1st and 2nd line[2]

Prescribing Accounts

~1,450

ordering accounts since approval, a ~12% increase Q1 2026 over Q4 2025[1]

RYTELO Annual Net Revenue



Sources: 1. Geron internal data on file. 2. Estimated based on IQVIA claims data analysis rolling 12 months ending January 2026. 3. 2026 Financial Guidance provided by Geron in its press release and reiterated on and as of May 6, 2026.

* RYTELO® (imetelstat) is approved in the U.S. and the EU for the treatment of certain adult patients with lower-risk myelodysplastic syndromes (LR-MDS) with transfusion-dependent anemia. See U.S. Prescribing Information and Medication Guide: https://pi.geron.com/products/US/pi/rytelo_pi.pdf

RYTELO Positioned to Lead in Second-Line LR-MDS

RYTELO™ (imetelstat) for Injection 47 mg 188 mg

~8,000 U.S. Patients[1]

Addressable Second-line LR-MDS Market

1. **Favorable FDA Label**
2. **Updated NCCN Guidelines***
3. **Growing Real-World Data & Experience**

Driving appropriate adoption in second-line where unmet need remains high

[1] Company estimates

Total addressable patient population includes patients recommended in the NCCN Clinical Practice Guidelines in Oncology for the treatment of MDS as a Category 1 and 2A treatment. Geron promotes RYTELO within its FDA-approved indication for patients requiring four or more red blood cell units over eight weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents (ESAs).

*Refer to NCCN guidelines on slide 24.

Engaging the LR-MDS Community in Surround Sound

- Commercial
- Medical Affairs
- Patient Advocacy

→

- Digital and Non-Personal Campaigns
- HCP Education
- Patient Community Engagement
- Disease Awareness
- Presence at Hematology Forums
- Third-Party Education

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Coordinated Commercial, Medical, and Advocacy Efforts to Expand Awareness, Confidence, and Appropriate use of RYTELO®

Refined Positioning & Targeting

- Targeting engagement with high-volume accounts and prioritizing centers treating earlier-line and second-line LR-MDS patients[1]
- Investing in marketing channels with a focus on digital, non-personal, and third-party educational platforms

Data & Evidence Expansion

- Academic and U.S. focused ISTs beyond IMerge trial
- RWE studies in community settings

Education & Engagement

- Community HCPs (AE management, transfusion burden)
- Increased presence at hematology forums
- Third-party and peer-to-peer education

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[1] Geron promotes RYTELO within its FDA-approved indication for patients requiring four or more red blood cell units over eight weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents (ESAs).

A Field Ready Scientific Story

RYTELO® Key Messages

Unique MOA	**Targets telomerase and is thought to induce apoptosis in malignant, disease-causing cells, unlike ESAs, EMAs and HMAs**
Efficacy	**39.8% patients achieved ≥8-week TI vs 15% with placebo (P<0.001)[1]**
Durability	**Median duration of response of 52 weeks (51.6 weeks from KM analysis)[1] Almost 1 year of ZERO transfusions observed for nearly half of RYTELO responders, with a median rise in HG of +3.6 g/dL[1]**
Safety	**Predictable and generally manageable cytopenias, with 80% of cytopenias recovering within 2 to 4 weeks with no increase in clinical consequences[1]**
Long-Term Follow-Up	**In a post hoc analysis, 45 months IMerge follow up suggests no increase in risk of death with HR of 0.82, and progression to AML similar to placebo arm[2]**
Cytopenia as a Predictor of Response	**Proactive education and simplified management algorithm provided to HCPS for management of expected and generally short duration cytopenias potentially associated with efficacy[3]**

1. Platzbecker U and Santini V, et al. Imetelstat in patients with lower-risk myelodysplastic syndromes who have relapsed or are refractory to erythropoiesis-stimulating agents (IMerge): a multinational, randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2024;403(10423):249-260.
2. In the primary analysis, mOS was not reached at a median study follow-up of 18 months. The study was not statistically powered to detect significant OS.
3. Zeidan A, et al. Correlation between treatment-emergent cytopenias and clinical response with imetelstat (IME) in patients (Pts) with lower-risk myelodysplastic syndromes (LR-MDS): Analysis from the IMerge Trial. *Blood* 2025; 146 (Supplement 1): 490.

Potential to Expand Addressable Market with JAK Inhibitor Relapsed Refractory Myelofibrosis Opportunity[1]

~12,000

U.S. JAKi treated / well-controlled MF patients
(currently only 3 approved treatments – all JAK inhibitors)

75%
of those JAKi treated patients fail or discontinue treatment

JAKi: Janus kinase inhibitor; MF: myelofibrosis; R/R MF: relapsed/refractory.
Source: US IQVIA Claims through 2023 (MF Market Sizing Report delivered March 2024); DRG Epi (2022 Report) Growth Rates applied through 2040
[1] Subject to positive results in the Phase 3 IMpactMF trial and FDA approval of RYTELO label expansion to treat addressable U.S. JAKi R/R MF patients.

Imetelstat: Potentially Disease-Modifying Activity in Myelofibrosis

Myelofibrosis	Reduction in telomerase activity correlated with clinical benefits	Depletion of mutated and cytogenetically abnormal clones (eg: JAK2V617F, CALR, or MPL driver mutations) correlated with clinical benefits	Improvements in bone marrow fibrosis correlated with clinical benefits	• Improved overall survival • Improved symptoms • Reduced spleen volume

CALR, calreticulin; JAK, Janus kinase; MPL, myeloproliferative leukemia virus oncogene..

Mascarenhas J, et al. *J Clin Oncol.* 2021;39(26):2881-2892.

IMbark Phase 2 Trial Evaluated Two Doses to Inform Selection of the Phase 3 IMpactMF Treatment Dose

Randomized Phase 2 study assessing efficacy and safety of imetelstat in R/R myelofibrosis

Randomized, single blind (n=107)

Imetelstat
9.4mg/kg[2] IV[#] every 3 weeks
(n= 59)

Imetelstat
4.7 mg/kg[2] IV[#] every 3 weeks
(n= 48)

- **Inclusion criteria[3,4]:**
  - Intermediate-2 or high-risk MF R/R to JAKi (definition agreed with the FDA)[1]
  - Symptomatic and with palpable spleen

Co-Primary Endpoints:

- Symptom and spleen response at week 24

Key Secondary Endpoints:

- Safety
- Overall Survival
- Clinical Improvement
- Pharmacokinetic
- Patient-Reported Outcomes

IMbark

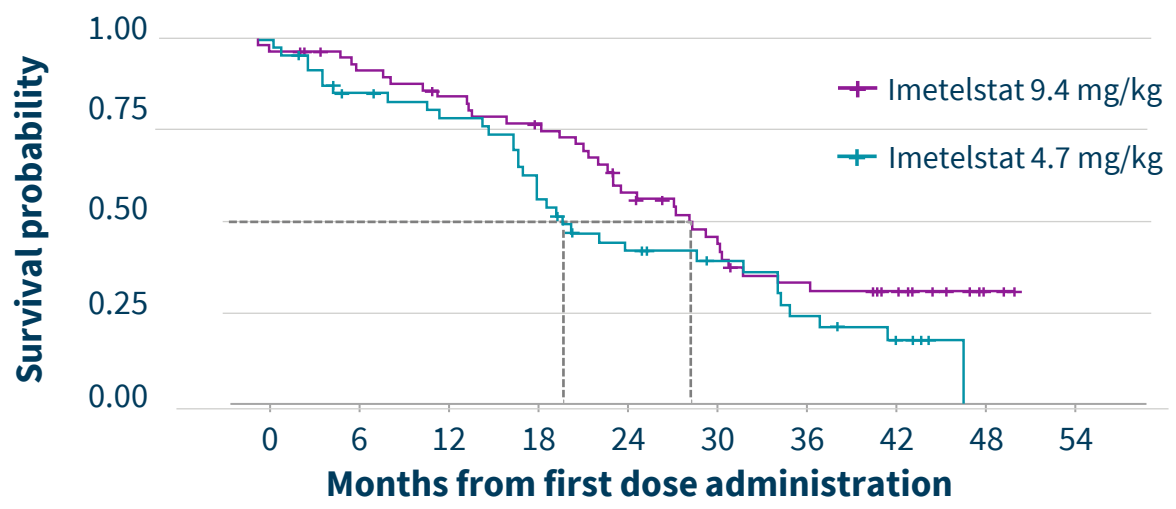
ClinicalTrials.gov Identifier: NCT0246086

IMbark demonstrated encouraging findings across key secondary endpoints, including an OS signal[3]

imetelstat salt form
[1]R/R to JAKi defined as documented progressive disease during or after JAKi. Patients must have worsening of splenomegaly-related abdominal pain at any time after the start of JAKi therapy and EITHER no reduction in spleen volume or size after 12 weeks of JAKi therapy, OR worsening splenomegaly at any time after the start of JAKi therapy documented by increase in spleen volume from nadir by 25% measured by MRI or CT, or increase in spleen size by palpation. [2]4.4 mg/kg imetelstat active moiety is equivalent to 4.7 mg/kg imetelstat sodium; 8.9 mg/kg imetelstat active moiety is equivalent to 9.4 mg/kg imetelstat sodium.
[3] Mascarenhas J, et al. *J Clin Oncol.* 2021;39(26):2881-2892. [4]. Mascarenhas J, et al. *Blood*. 2020;136(suppl 1): 39-40.

Overall Survival Outcomes in IMbark Supported Advancement to Phase 3

An overall survival signal was observed at the dose selected for Phase 3 evaluation



No. at risk										
Imetelstat 4.7 mg/kg[a]	48	39	35	28	17	13	8	4	0	0
Imetelstat 9.4 mg/kg[a]	59	53	46	42	30	24	14	9	2	0

At median follow-up of 41.7 months[2]:

- **Median OS (9.4 mg/kg): 29.9 months**
- **Median OS (4.7 mg/kg): 19.9 months**

Selected dose (9.4 mg/kg) carried forward and overall survival chosen as the Phase 3 primary endpoint

MF, myelofibrosis; OS, overall survival;
[1]OS analysis was performed based on database lock in October 2018, when the median follow-up was 27.4 months. Mascarenhas J, et al. *J Clin Oncol*. 2021;39(26):2881-2892.
[2]Mascarenhas J, et al. Komrokji RS, Cavo M et al. HemaSphere 4(S1), 507(2020). Poster presentation at EHA25 Virtual Congress, 11–21 June 2020.

IMbark Phase 2 Safety Profile Reinforced Phase 3 Dose Selection

Cytopenias were generally manageable and clinical consequences appeared limited

IMbark Phase 2 Trial Adverse Events

AEs,[1] n (%)	4.7 mg/kg# (n=48)		9.4 mg/kg# (n=59)	
	All grades	Grade ≥3	All grades	Grade ≥3
Hematologic[a] (≥15% in either arm)				
Thrombocytopenia	11 (23)	11 (23)	29 (49)	24 (41)
Anemia	15 (31)	15 (31)	26 (44)	23 (39)
Neutropenia	5 (10)	5 (10)	21 (36)	19 (32)
Nonhematologic (≥20% in either arm)				
Nausea	15 (31)	1 (2)	20 (34)	2 (3)
Diarrhea	18 (38)	2 (4)	18 (31)	0
Fatigue	10 (21)	3 (6)	16 (27)	4 (7)
Dyspnea	9 (19)	6 (13)	14 (24)	3 (5)
Abdominal pain	10 (21)	2 (4)	14 (24)	3 (5)
Asthenia	9 (19)	3 (6)	14 (24)	6 (10)
Pyrexia	8 (17)	1 (2)	13 (22)	3 (5)
Edema peripheral	13 (27)	0	11 (19)	0

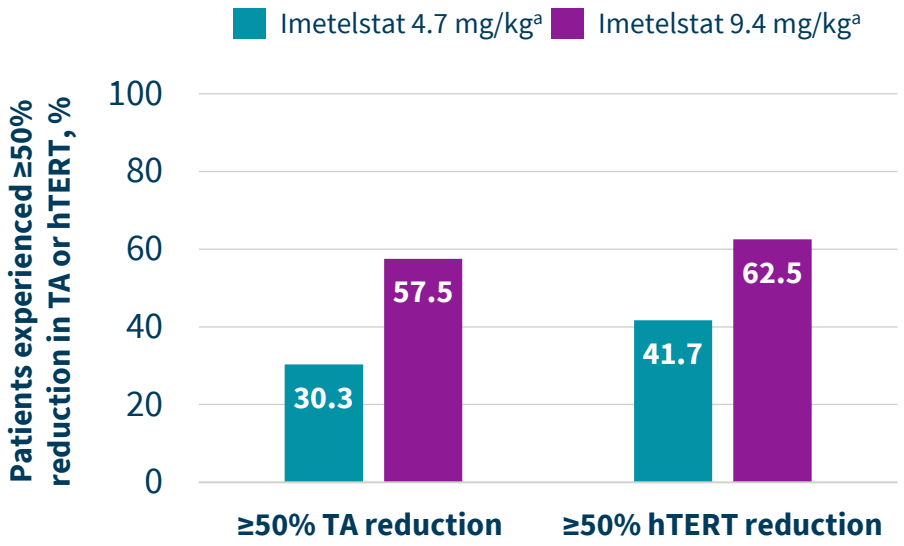
- **Thrombocytopenia and neutropenia characterization:**
  - Short time to onset: Median 9-weeks (~3 cycles)
  - Short duration: Median <2-weeks
  - Reversible: >70% within 4 weeks
  - Generally manageable with dose holds and reductions

- **Limited clinical consequences:**
  - 2% Grade 3 febrile neutropenia
  - 5% Grade 3/4 hemorrhagic events
  - 10% Grade 3/4 infections

AE, adverse event
[a]Treatment-emergent, per reported AEs. Frequency of reported Grade 3/4 hematologic AEs were consistent with cytopenias reported through lab values.
1. Mascarenhas J, et al. *J Clin Oncol.* 2021;39(26):2881-2892. **2.** Mascarenhas J, et al. EHA 2021. Congress Poster EP1106.
Imetelstat salt

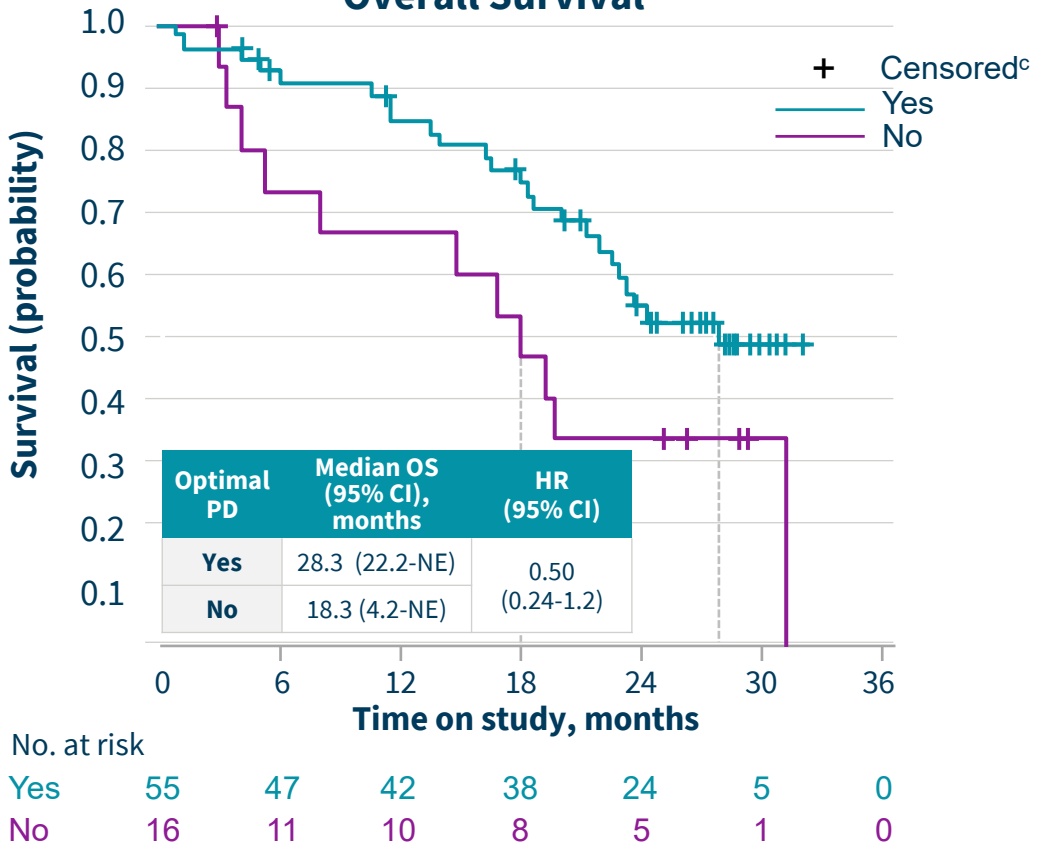
IMbark Phase 2 Post Hoc Analysis: Dose-Dependent On-Target Activity Correlated With Clinical Benefits and Overall Survival

TA and hTERT Reduction by Imetelstat Dose[1,2]



Patients who achieved optimal PD effect had improved rates of spleen and symptom response, and a trend toward longer OS compared with those who did not[b]

Overall Survival[1]

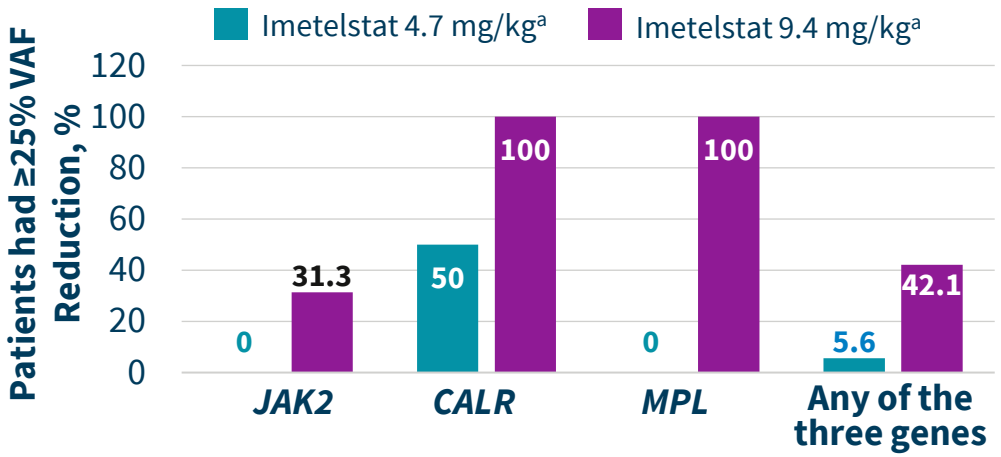


HR, hazard ratio; hTERT, human telomerase reverse transcriptase; NE, not evaluable; OS, overall survival; PD, pharmacodynamic; TA, telomerase activity.
[a]imetelstat salt [b]Optimal PD effect was defined as ≥50% reduction in TA or hTERT expression level. [c]Overall survival time was censored at the last known alive date.

1. Mascarenhas J, et al. *J Clin Oncol*. 2021;39(26):2881-2892. Mascarenhas J, et al. EHA 2020. Congress Poster EP1098.

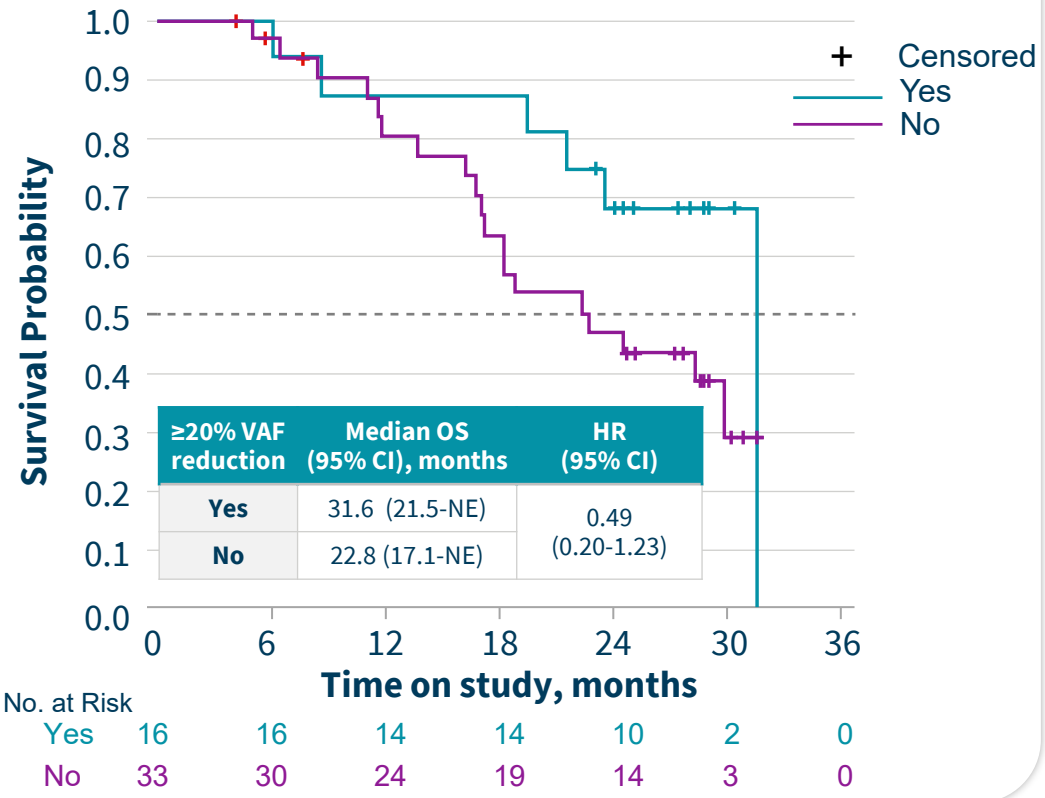
IMbark Phase 2 Post Hoc Analysis: Mutation Burden Reduction Correlated With Clinical Benefits and Overall Survival

≥25% VAF Reduction in Driver Mutations With Imetelstat Treatment[1]



- A larger percentage of patients in the 9.4 mg/kg[a] IV arm had a ≥25% reduction of VAF across genes
- Reduction in mutation burden was associated with outcomes, including spleen and symptom responses, reduced fibrosis, and OS

Median OS by ≥20% VAF Reduction Status



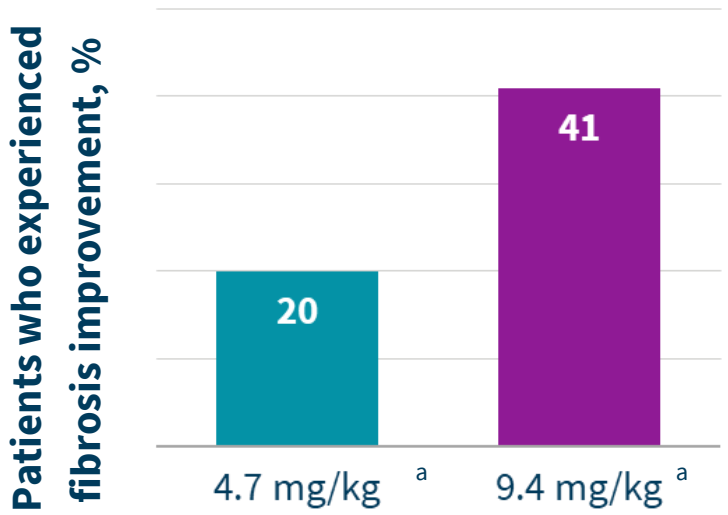
≥20% VAF reduction	Median OS (95% CI), months	HR (95% CI)
Yes	31.6 (21.5-NE)	0.49 (0.20-1.23)
No	22.8 (17.1-NE)	

CALR, calreticulin; HR, hazard ratio; IV, intravenous; *JAK2*, Janus-associated kinase 2; MF, myelofibrosis; *MPL*, MPL proto-oncogene;; OS, overall survival; VAF, variant allele frequency.
[a] Imetelstat salt

1. Mascarenhas J, et al. *J Clin Oncol.* 2021;39(26):2881-2892.

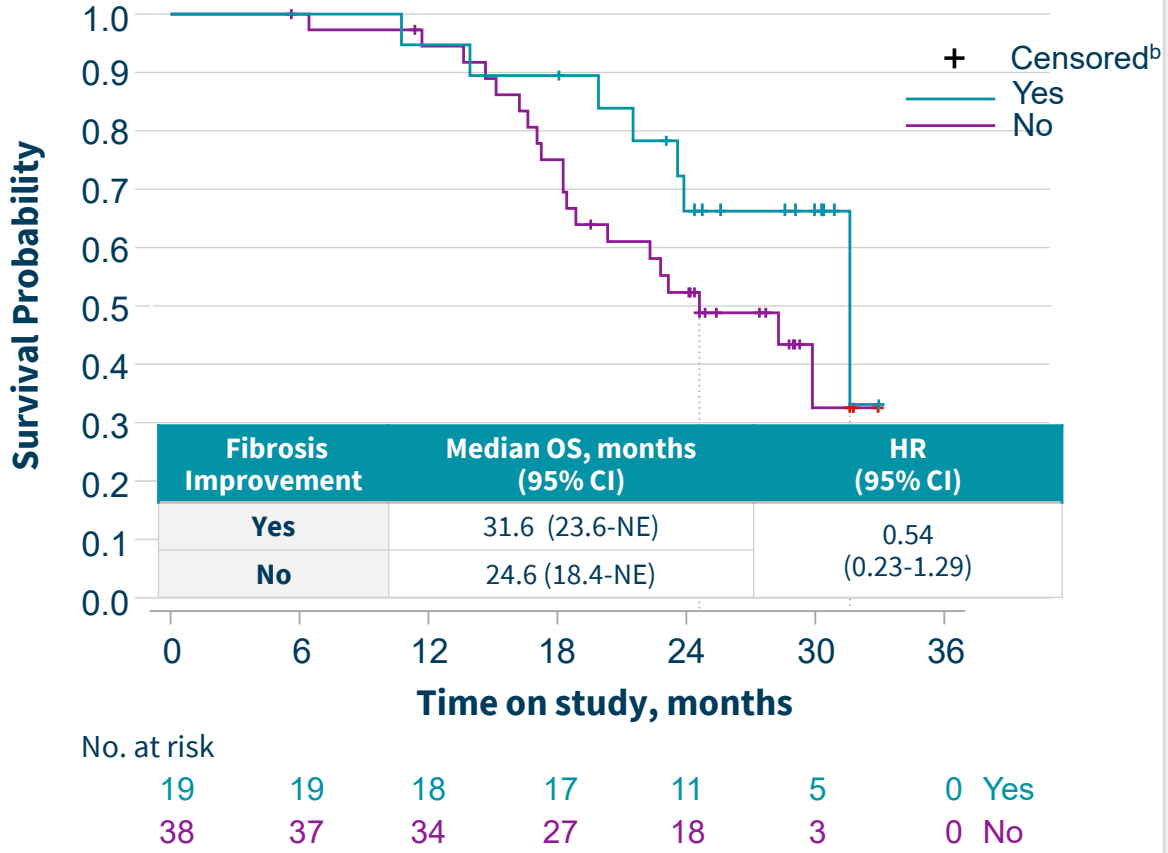
IMbark Phase 2 Post Hoc Analysis: Bone Marrow Fibrosis Improvement Correlated With Overall Survival

Dose-Dependent Fibrosis Improvement With Imetelstat Treatment[1]



- More patients in the 9.4 mg/kg[a] IV arm had an improvement in fibrosis (≥1 grade reduction by central review)
- Patients who experienced fibrosis improvement had a numerically longer, but nonsignificant, median OS

Median OS by Bone Marrow Fibrosis Improvement Status



Fibrosis Improvement	Median OS, months (95% CI)	HR (95% CI)
Yes	31.6 (23.6-NE)	0.54 (0.23-1.29)
No	24.6 (18.4-NE)	

, HR, hazard ratio; IV, intravenous; NE, not evaluable; OS, overall survival;
[a]metelstat salt. [b]Overall survival time was censored at the last known alive date.
1.Mascarenhas J, et al. *J Clin Oncol.* 2021;39(26):2881-2892.

Pilot Open-Label Study: Reversal of Bone Marrow Fibrosis

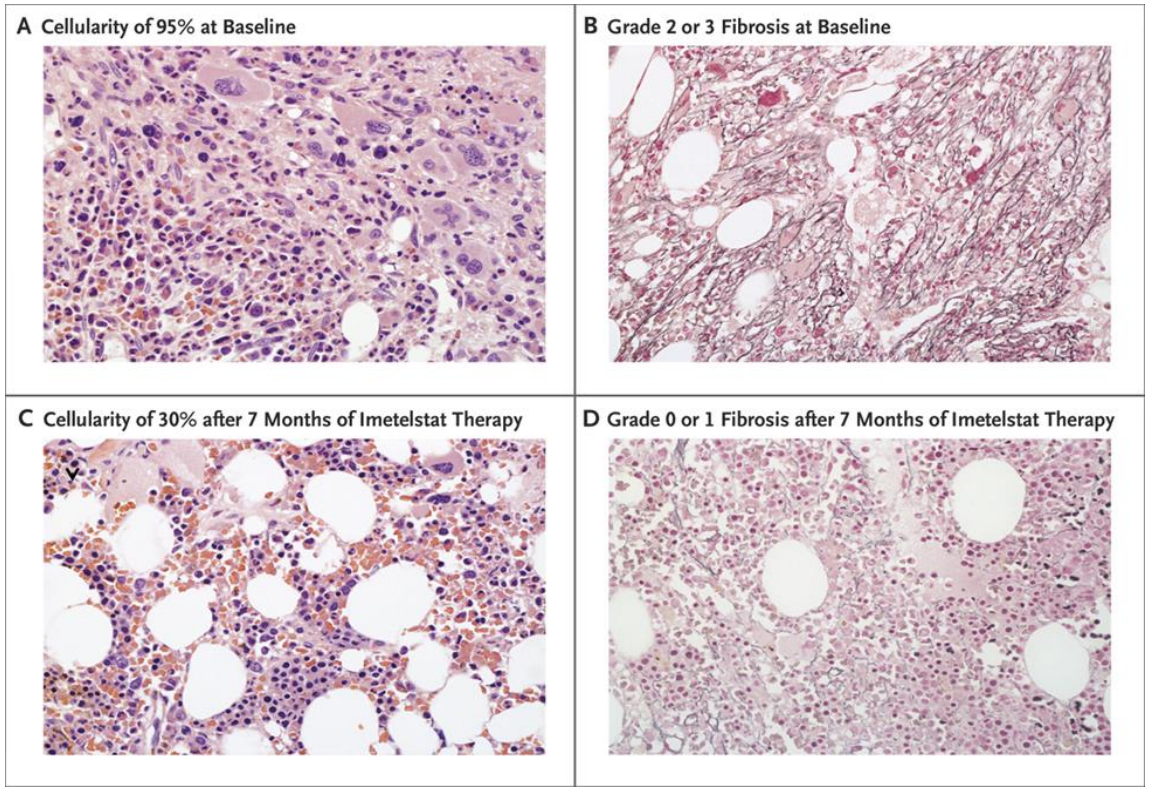


Figure 1

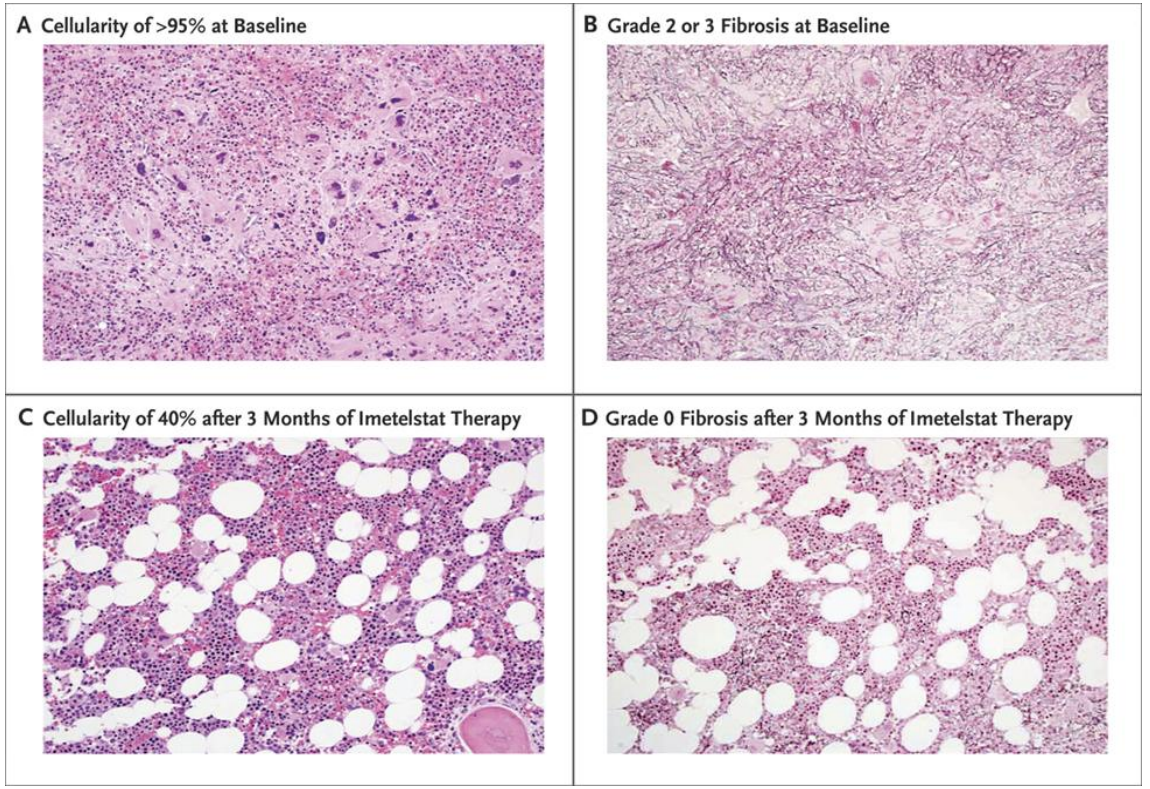


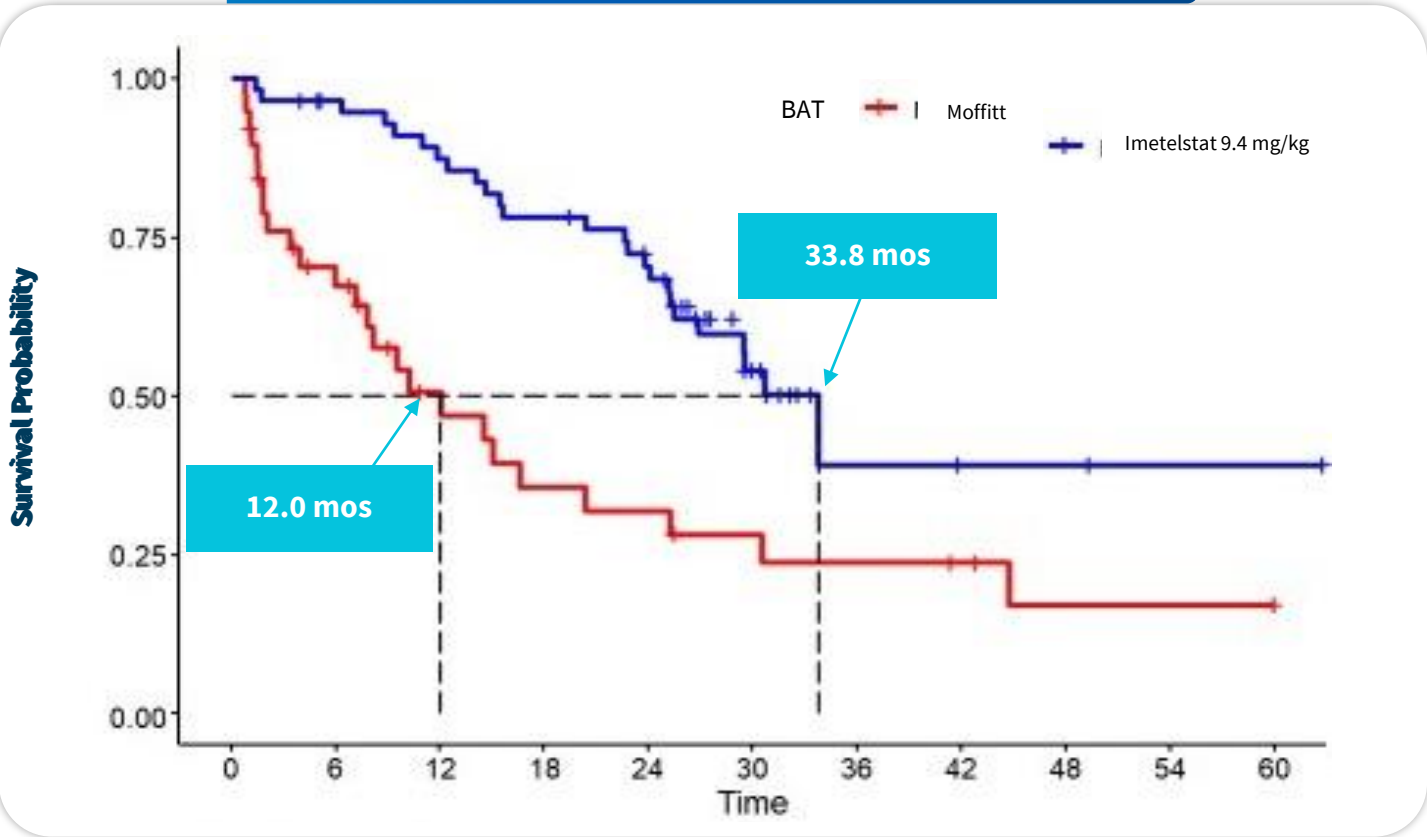
Figure 2

The four patients from a pilot open-label study of the efficacy and safety of imetelstat in myelofibrosis and other myeloid malignancies who experienced a complete response had documented reversal of bone marrow fibrosis; two illustrative cases are shown in Figure 1 and Figure 2.

Source: Tefferi A, Lasho TL, Begna KH, Patnaik MM, Zblewski DL, Finke CM, Laborde RR, Wassie E, Schimek L, Hanson CA, Gangat N, Wang X, Pardanani A. A Pilot Study of the Telomerase Inhibitor Imetelstat for Myelofibrosis. N Engl J Med. 2015 Sep 3;373(10):908-19

Median Overall Survival More than Doubled Compared to Best Available Therapy (BAT) in Real-World Data (RWD) Study

RWD BAT vs. Imetelstat 9.4 mg/kg



- **Median OS (imetelstat 9.4 mg/kg): 33.8 months**
- **Median OS (BAT): 12.0 months**

Treatment with imetelstat was associated with longer overall survival compared to BAT in closely matched patients with MF after JAK inhibitor failure

IMbark Phase 2 data compared to RWD from a closely-matched cohort of patients at the Moffitt Cancer Center who had discontinued ruxolitinib and were subsequently treated with BAT

Kuykendall et al. Favorable overall survival with imetelstat in relapsed/refractory myelofibrosis patients compared with real-world data. Ann Hematol. 2022 Jan;101(1):139-146.

IMpactMF Phase 3 Designed to Confirm Survival Benefit Observed in Phase 2 IMbark

First Phase 3 R/R Myelofibrosis Trial with Overall Survival as the Primary Endpoint

INT-1/INT-2/HR MF R/R to JAKi (n=320)

- **Imetelstat** 9.4mg/kg IV# every 3 weeks (n ~214)
- **Best Available Therapy^** (n ~106)

Primary Endpoint:

- Overall Survival

Secondary Endpoints:

- Symptom improvement (TSS ≥ 50%)
- Spleen volume reduction (SVR ≥35%)
- PROs
- Safety

IMpactMF

ClinicalTrials.gov Identifier: NCT04576156

Recent Projected Milestones:

Enrollment Complete; Trial Ongoing*

2H 2026: Interim OS analysis*

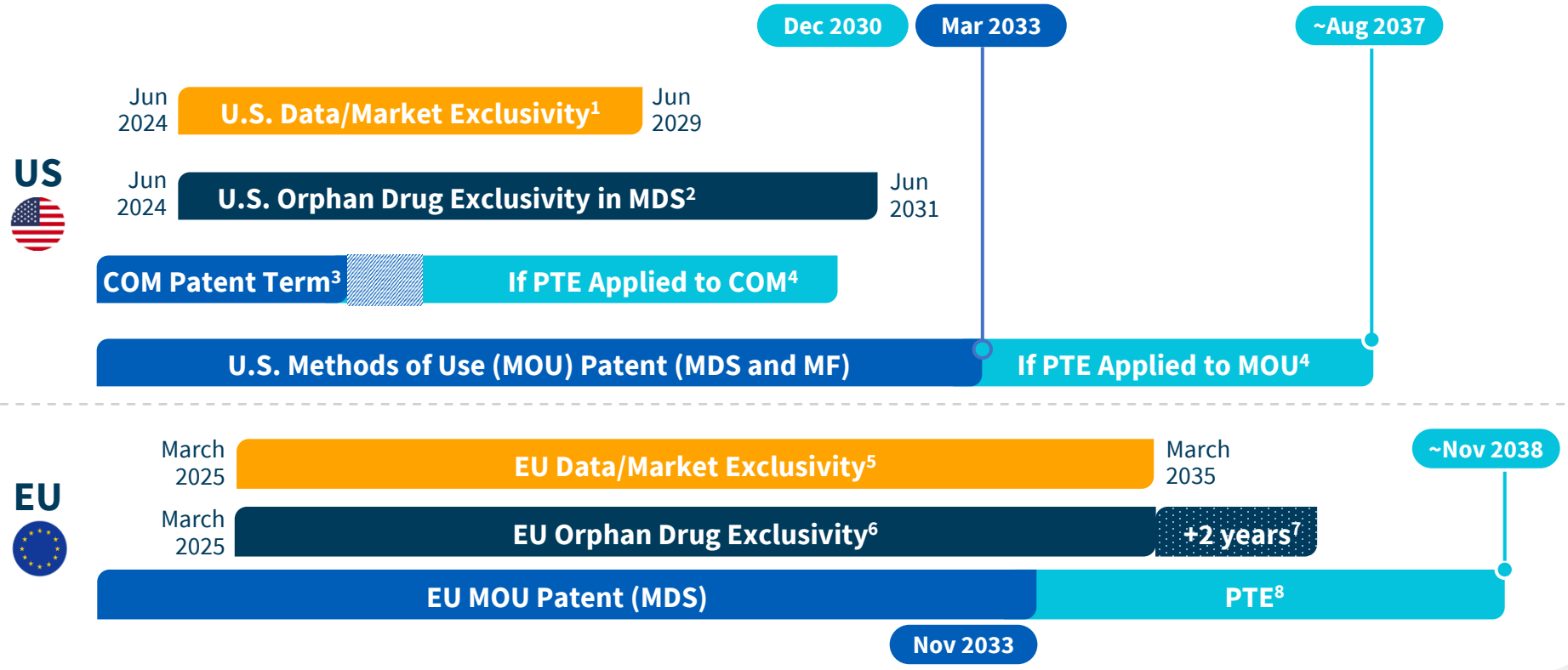
2H 2028: Final OS analysis (base case)*

INT-1/INT-2/HR MF: Intermediate-1/Intermediate-2/High Risk MF; PROs: patient-reported outcomes; SVR: spleen volume reduction; TSS: total symptom score.
* Study was fully enrolled as of September 2025. IMpactMF interim analysis may readout for overall survival in the second half of 2026, and final analysis may readout in the second half of 2028. These projections are based on expectations about event rates (deaths), which can change over time and may differ, perhaps materially, from our current expectations.
# imetelstat salt form
^Best available therapies include hydroxyurea, corticosteroids, danazol, and others

Strong Exclusivity for RYTELO® Supports Commercial Opportunity

Exclusivity for LR-MDS Expected into 2037 in the U.S. and 2038 in the EU

Expected Regulatory Exclusivities and Patent Terms



PTE Applications filed in U.S. for RYTELO patents

- PTE review can take years
- Strategy to retain optionality on PTE applications until review is completed

RYTELO patents listed in FDA's Orange Book

PTE Applications filed in EU for RYTELO MOU (MDS) patent

- PTE review occurs on country-by-country basis and can take years

1. New Chemical Entity (NCE) exclusivity for 5 years after first approval. 2. Orphan drug exclusivity in U.S. for 7 years after any indication. 3. Our composition of matter patent was granted interim patent term extension under the Hatch-Waxman Act, which extends its expiration date to December 2026, while a decision is being rendered on the patient term extension application. 4. U.S. Patent Term Extension (PTE) can only be applied to one patent; if our composition of matter (COM), expected to confer exclusivity through December 2030, but if applied to our MOU patent, expected to confer exclusivity through August 2037 and may apply to all approved uses covered by the patent, i.e., both MDS and MF (if approved), under 35 USC 156(b)(2). 5. New Active Substance (NAS) exclusivity for 10 years after approval. 6. Orphan drug exclusivity in EU for 10 years after approval. 7. Pediatric exclusivity of 2 years could be added for successful completion of PIP. 8. PTE (i.e., Supplemental Protection Certificates (SPCs)) could extend EU patent term by as much as 5 years.

Building a Leading Hematology Company

- Maximize the Value of RYTELO® (imetelstat)
- Execute the IMpactMF Interim Analysis in R/R Myelofibrosis
- Pursue Opportunistic Innovation

Operational Execution and Financial Discipline

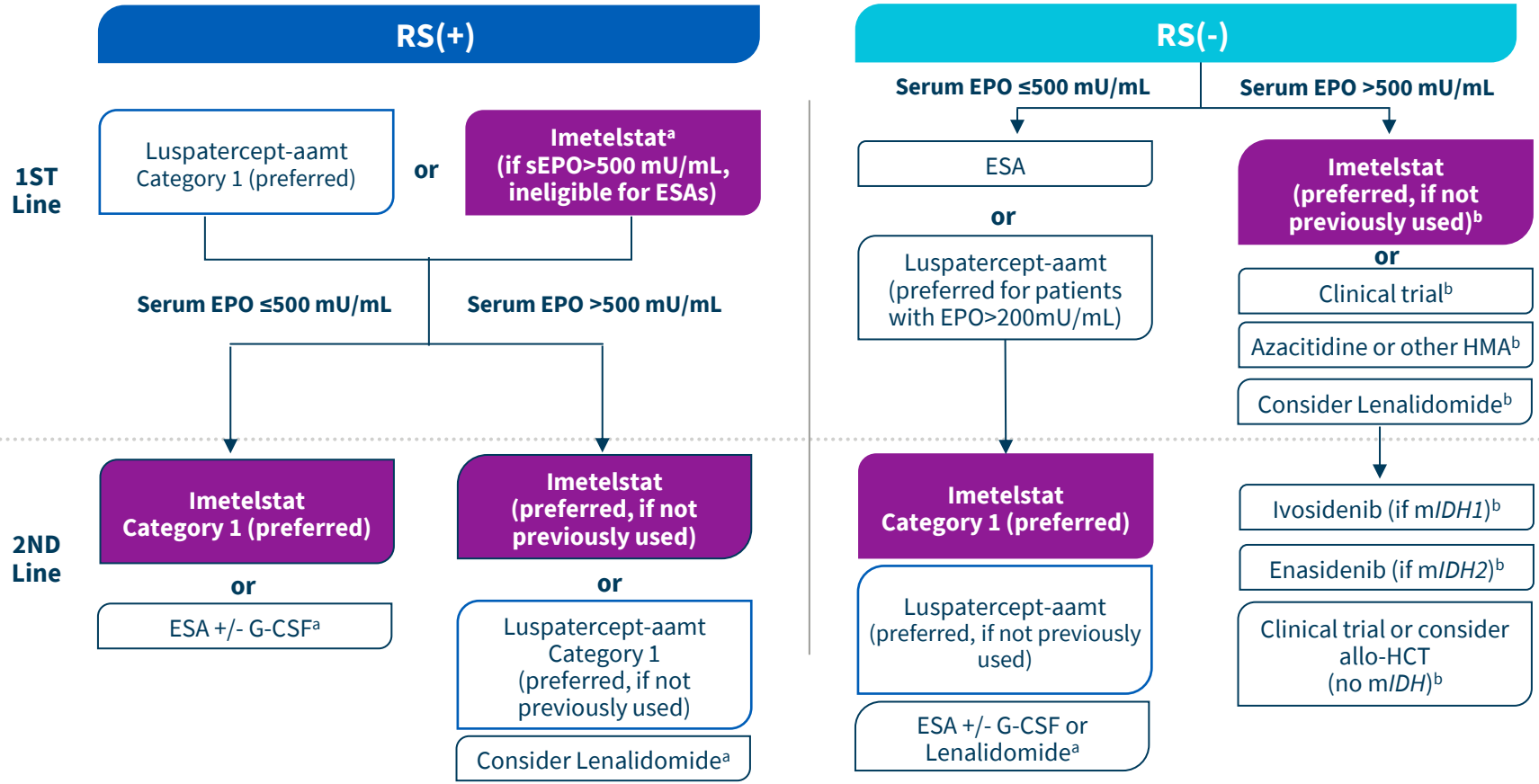
geron

Appendix

NCCN Guidelines Recommend Imetelstat as a Preferred Second-Line Treatment Option

NCCN MDS Guidelines include imetelstat for use for both RS(+) and RS(-) populations in 1st line ESA-ineligible patients and in 2nd line patients regardless of prior therapy

Treatment of Symptomatic Anemia in Patients with LR-MDS



In 1st line, imetelstat is a Category 2A treatment option for RS+ and RS- ESA-ineligible patients

In 2nd line, imetelstat is a Category 1 treatment option for RS+ and RS- ESA-eligible patients, and Category 2A treatment option for RS+ ESA-ineligible patients

All recommendations are category 2A unless otherwise indicated.
National Comprehensive Cancer Network® (NCCN®) makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
[a]Other recommended. [b]Poor probability to respond to immunosuppressive therapy (IST).
RS: ring sideroblast; ESA: erythropoietin stimulating agents; EPO: erythropoietin; HMA: hypomethylating agents; G-CSF: granulocyte-colony stimulating factor; NCCN Guidelines®: NCCN Clinical Practice Guidelines in Oncology.