

geron®
more meaningful moments

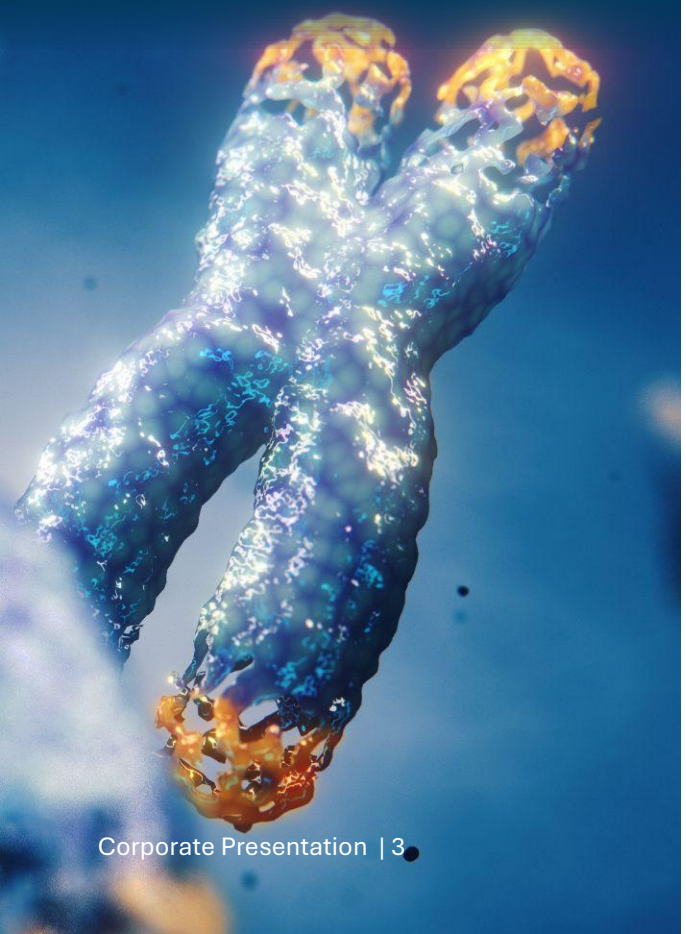
Corporate Presentation

November 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 regarding the potential to leverage its balance sheet to pursue innovation; (vii) Geron's plans, views and expectations regarding RYTELO's ability to address core unmet needs in LR-MDS; (viii) 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; (ix) 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; (x) the status and expected timing of RYTELO development milestones, including as set forth on its pipeline chart included herein; (xi) 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; (xii) any projections of revenue, expenses, patient populations, commercial opportunity and similar forecasts, along with the underlying assumptions; and (xiii) 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 any future safety or efficacy results of RYTELO treatment cause its benefit-risk profile to become unacceptable; (h) whether imetelstat actually demonstrates disease-modifying activity in patients and the ability to target the malignant stem and progenitor cells of the underlying disease; (i) whether Geron meets its post-marketing requirements and commitments for RYTELO; (j) whether there are failures or delays in manufacturing or supplying sufficient quantities of RYTELO (imetelstat) or other materials that impact commercialization of RYTELO or the continuation of clinical trials; (k) 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; (l) 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; (m) that Geron may be unable to successfully commercialize RYTELO due to competitive products, or otherwise; (n) 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; (o) whether Geron stays in compliance with and satisfies its obligations under its debt and synthetic royalty financing agreements; (p) 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 November 4, 2026, and subsequent filings and reports by Geron, including in its 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 Value of RYTELO®* in U.S.

Mid-to-high end of

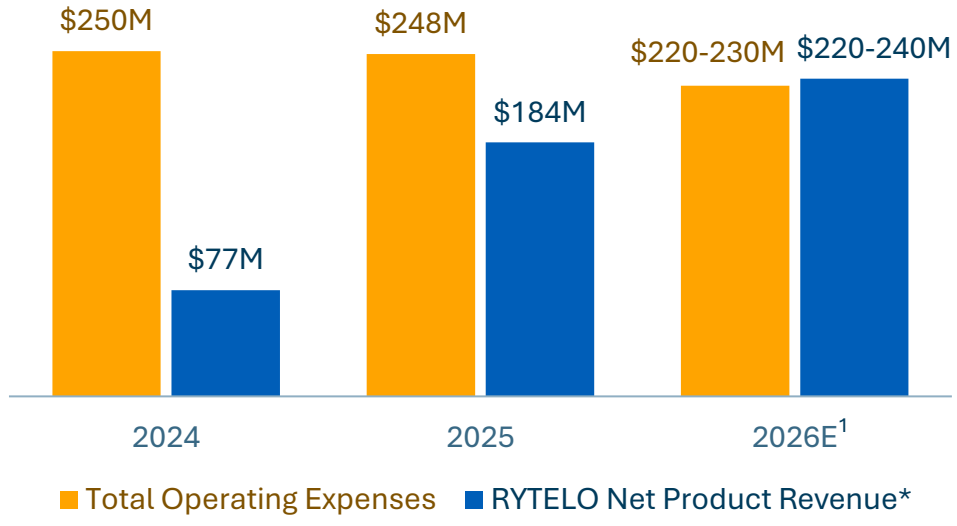
$220-240m

2026 RYTELO expected net product revenue[1]

Execute with Financial Discipline

$220-230m

2026 expected total operating expenses[1]



Value Drivers

Grow demand for RYTELO in second-line LR-MDS in the U.S.

Broaden RYTELO access to eligible LR-MDS patients in Europe and other geographies

Pursue opportunistic innovation to expand portfolio

[1] 2026 Financial Guidance provided by Geron and reiterated on and as of November 4, 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;

Telomerase—targeting one of cancer's fundamental survival mechanisms

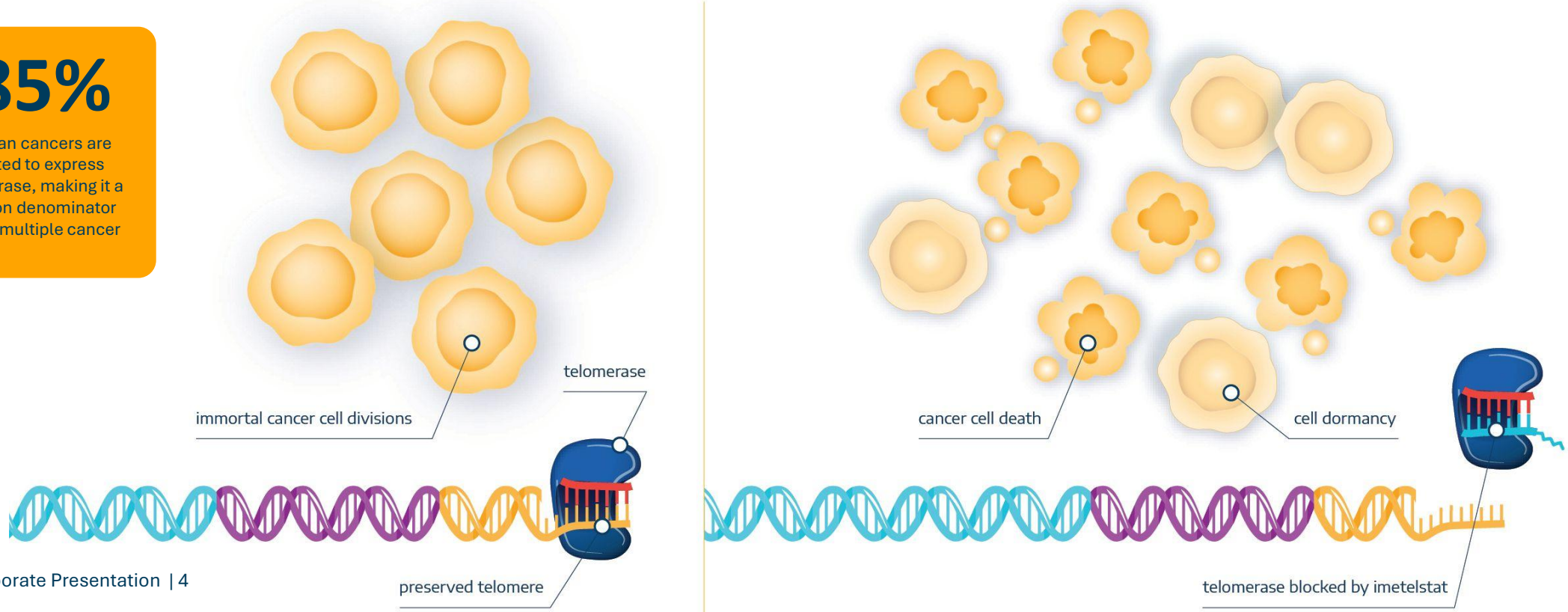
Most healthy cells are designed to divide only a limited number of times. Many cancer cells escape this natural limit by activating telomerase, enabling them to effectively become immortal.

How telomerase inhibition works

1. Telomerase enables cancer cells to continue dividing indefinitely
2. Geron's telomerase inhibitor is an oligonucleotide that binds directly to telomerase, inhibiting its activity
3. This limits cancer proliferation and may help restore healthy blood cell production in bone marrow

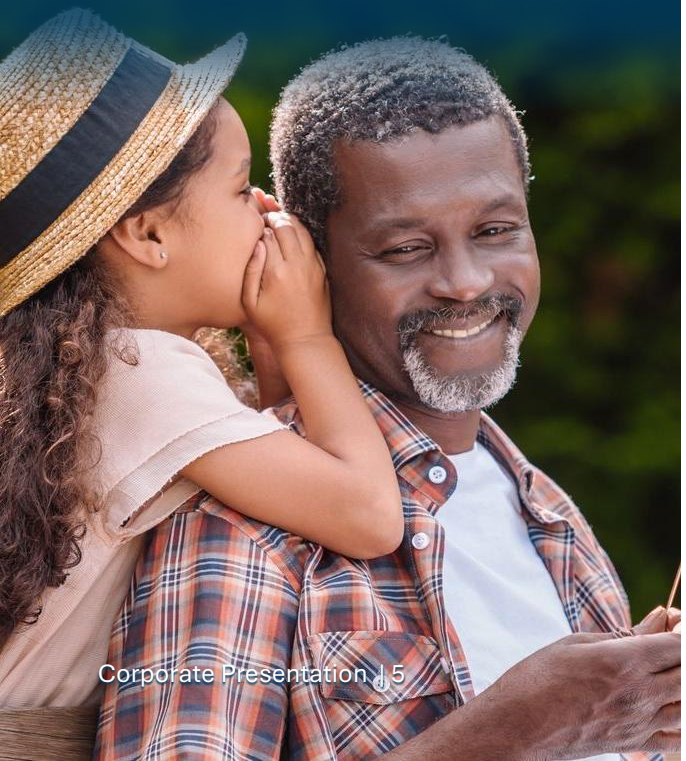
~85%

of human cancers are estimated to express telomerase, making it a common denominator across multiple cancer types.



lower-risk myelodysplastic syndromes (LR-MDS)

A serious and underrecognized blood cancer



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[1-4]

Current 1st Line Therapies Show **Limited Durability**[3]

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

Many patients cycle through multiple lines of therapy[3]

16k
patients diagnosed in the U.S. each year[5]

8k
new second-line starts in the U.S. annually[5]

90%
of patients develop symptomatic anemia[1]

51%
of patients will become transfusion dependent within six months of diagnosis[2]

1. Santini V. Anemia as the main manifestation of myelodysplastic syndromes. Semin Hematol. 2015 Oct;52(4):348-56. 2. 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. 3. 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. 4. 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. 5. Estimated based on IQVIA claims data analysis rolling 12 months ending January 2026.

“

I have a personal mantra, and I call it ‘find your brave.’

What that means to me is that I look deep inside myself to find resilience, positivity, and examples of living in the present and enjoying the beauty of each day.

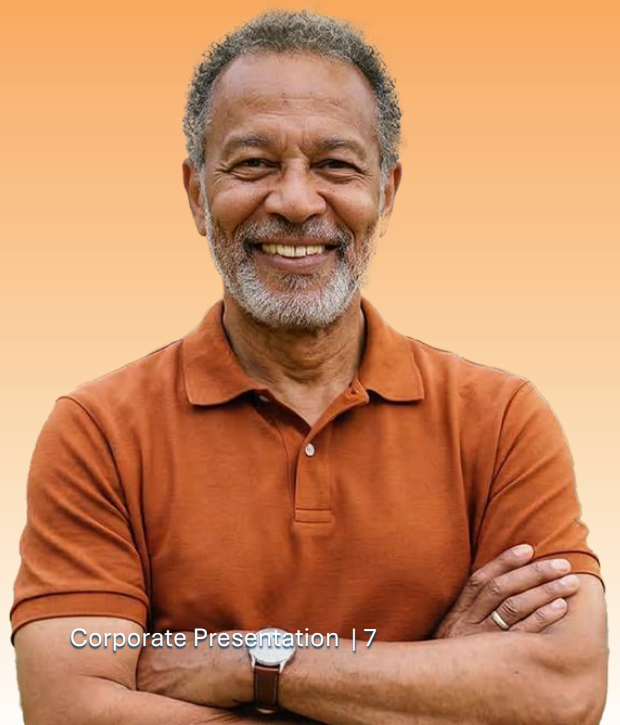
- Linda, living with LR-MDS



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

RYTELO®

(imetelstat) approved in the U.S. and EU for eligible lower-risk myelodysplastic syndromes*





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)*

* 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

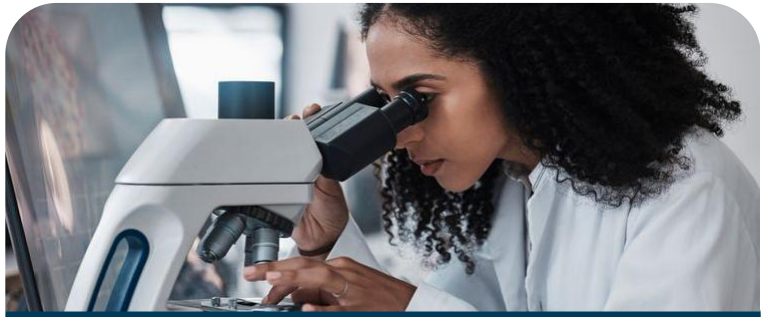
RYTELO® Addresses the Core Unmet Needs in LR-MDS*



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

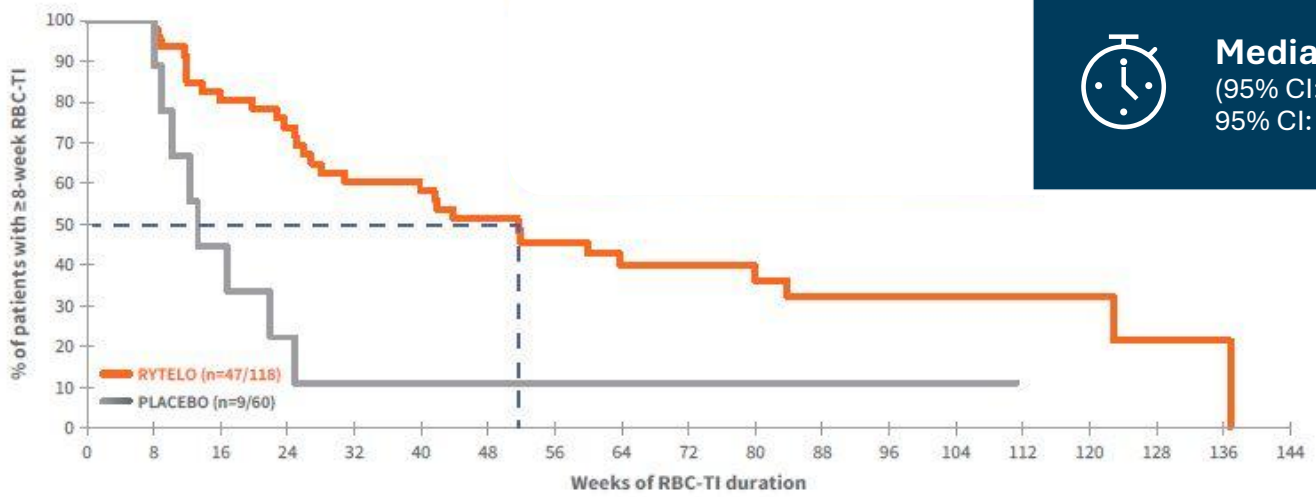
In First-Line Therapy: Imetelstat is a Category 2A treatment option for RS+ and RS- ESA-ineligible patients

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]

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



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

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)*

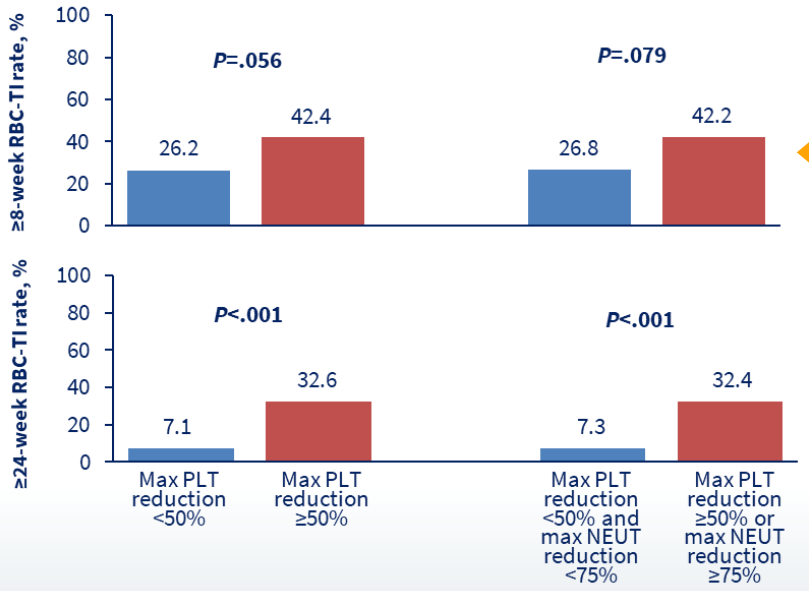
Randomized, double-blind, placebo-controlled | N=178 (ITT population) | Conducted across 118 sites in 17 countries

CI, confidence interval; 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. *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.

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]

Hb, hemoglobin; RBC, red blood cell; TI, transfusion independence; [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

10%

demand increase in Q3 2026 over Q2 2026[1]

Q3 2026 RYTELO Net Revenue

$60.1M

up 27% over Q3 2025 and up 5% over Q2 2026

1L and 2L Line Patient Starts

~36%

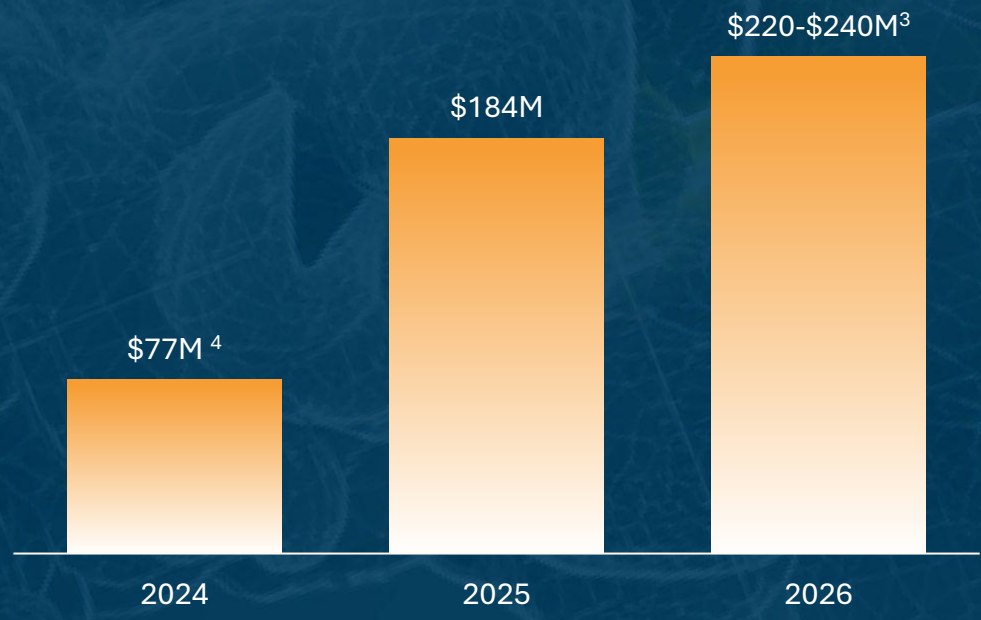
of RYTELO new patients starts in 1st and 2nd line[2]

Prescribing Accounts

~1,700

ordering accounts since approval, an ~8% increase Q3 2026 over Q2 2026[1]

RYTELO Annual Net Revenue



1. Geron internal data on file. 2. Estimated based on IQVIA claims data analysis rolling 12 months ending July 2026. 3. 2026 Financial Guidance provided by Geron in its press release and reiterated on and as of November 4, 2026. 4. Represents RYTELO net revenue from FDA approval in June 2024.

RYTELO® Positioned to Lead in Second-Line LR-MDS

~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 19

Coordinated **Commercial, Medical, & Advocacy** Efforts

to Expand Awareness, Confidence, and Appropriate use of RYTELO®



Commercial

Medical Affairs

Patient Advocacy

1 Refined Positioning & Targeting

- Targeting engagement with high-volume accounts and prioritizing centers treating earlier-line and second-line LR-MDS patients1
- Investing in marketing channels with a focus on digital, non-personal, and third-party educational platforms

2 Data & Evidence Expansion

- Advancing academic- and U.S.-focused investigator-sponsored trials (ISTs) beyond the IMerge trial
- Generating real-world evidence (RWE) in community settings to better understand treatment patterns and outcomes

3 Education & Engagement

- Empowering the full healthcare team, including physicians, APPs, pharmacists, and other key stakeholders
- Engaging with patients and care partners to better understand and elevate unmet needs
- Expanding our presence across key hematology forums to foster education, exchange, and collaboration

A field-ready scientific story

RYTELO® (imetelstat) for Injection 47 mg 188 mg

geron

RYTELO® Key Messages

Unique MOA

Targets telomerase and is thought to induce apoptosis in malignant, disease-causing cells, unlike ESAs, EMAs and HMAs

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]

Efficacy

39.8% patients achieve d ≥8-week TI vs 15% with placebo (P<0.001)[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

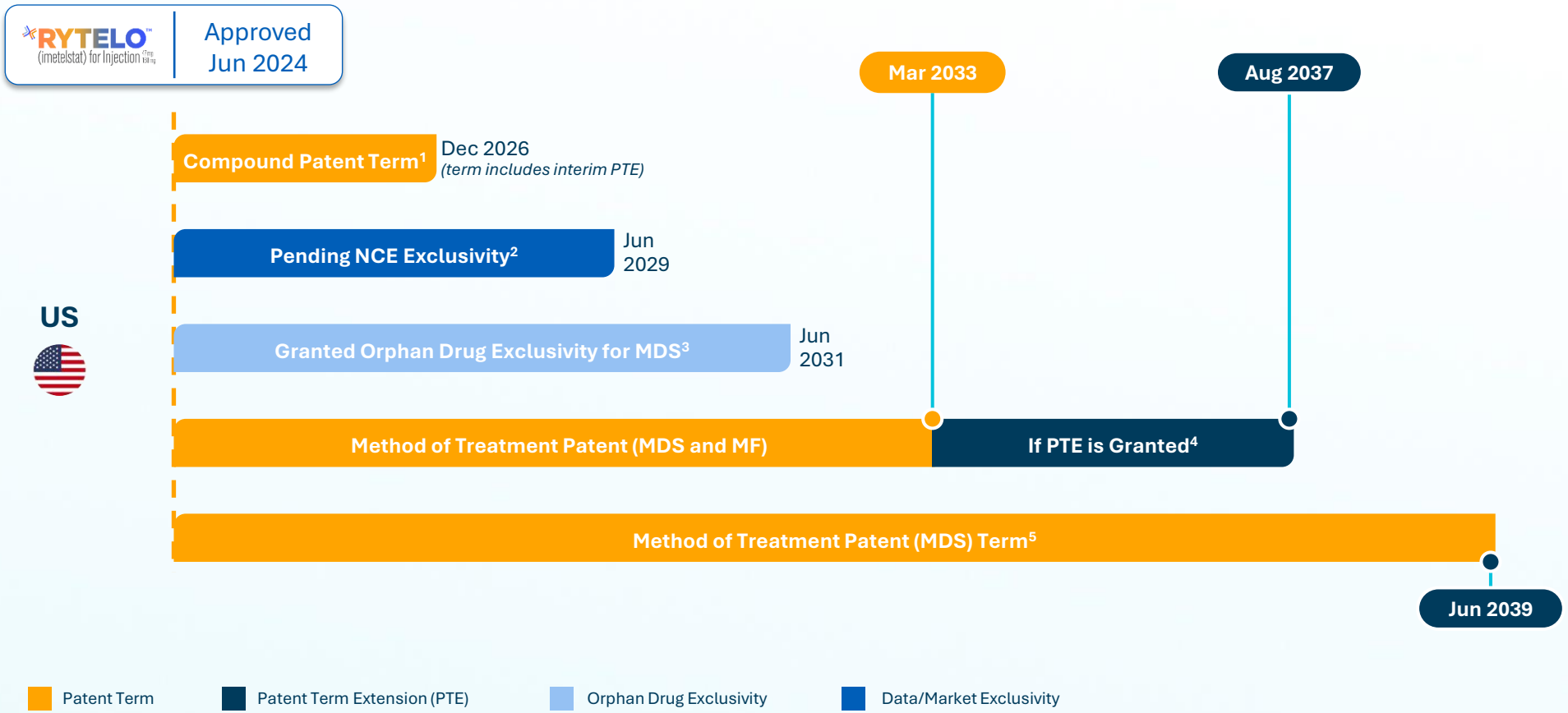
In a post hoc analysis, 45 months IMerge follow up suggests no increase in risk of death with HR of 0.82, and progression to AML similar to placebo arm[2]

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.

RYTELO® is protected by layered exclusivities into 2039 in the U.S.

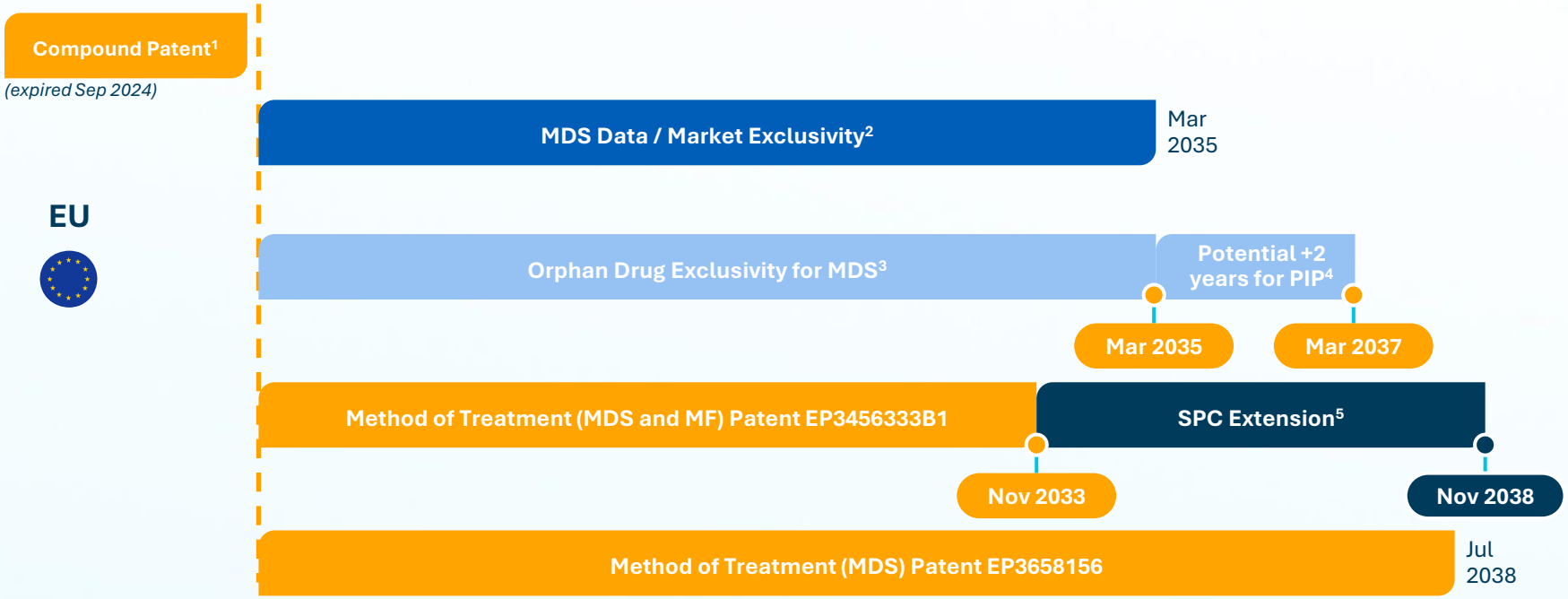


- RYTELO® protected by orphan drug exclusivity until **June 2031**
- RYTELO® protected by Orange Book patents with last-expiring patent in **June 2039**
- The patent-term extension for the method of treatment for MDS and MF patent would provide complementary protection through **August 2037**

1. A compound patent, U.S. Patent No. 7,494,982, has term that includes an interim patent-term extension (PTE), which extends its expiration date to December 2026. 2. Geron has requested new chemical entity (NCE) exclusivity, which if confirmed would provide data and market exclusivity for 5 years after first approval. 3. Orphan drug exclusivity provides market exclusivity for 7 years after the first approval of the MDS indication. 4. If PTE is applied to U.S. Patent No. 9,375,485, it could extend this patent protection for MDS and MF through August 2037. 5. Method of treatment patent is directed to treatment of MDS, U.S. Patent No. 12,171,778.

RYTELO® is protected by layered exclusivities into 2038 in the EU

RYTELO (imetelstat) for Injection — Approved Mar 2025



- RYTELO® protected by EU data / market exclusivity until **March 2035**
- RYTELO® currently protected by orphan drug exclusivity until **March 2035**
- Geron may pursue a pediatric investigation plan to add two more years to the orphan drug designation and extend to **March 2037**

1. EP 1 667 522, including imetelstat composition-of-matter claims, expired 9 Sept. 2024. 2. EU data / market and orphan exclusivity shown from the March 2025 authorization date. 3. Subject to 5-year review in March 2030. 4. A PIP application was submitted in 2020 and modified in 2022 (EMEA-001910-PIP03-20-M01) targeting patients with AML or MDS. 5. SPC has already been granted in some EU countries: Austria, Cyprus, Denmark, Spain, France, Hungary, Italy, Latvia, Malta, Netherlands, Portugal, Sweden, Slovak Republic, and Slovenia. The SPC is still pending (not granted yet) in several other EU countries, including Germany. Although SPCs are filed on country-by-country basis, they all expire November 2038 regardless of when they are granted.

building a **leading hematology** company

through focused execution and strategic growth

grow

RYTELO® demand in second-line LR-MDS in the U.S.

broaden

RYTELO access to eligible LR-MDS patients in Europe and other geographies

pursue

Opportunistic innovation to expand portfolio

Maintain strong operational execution and financial discipline



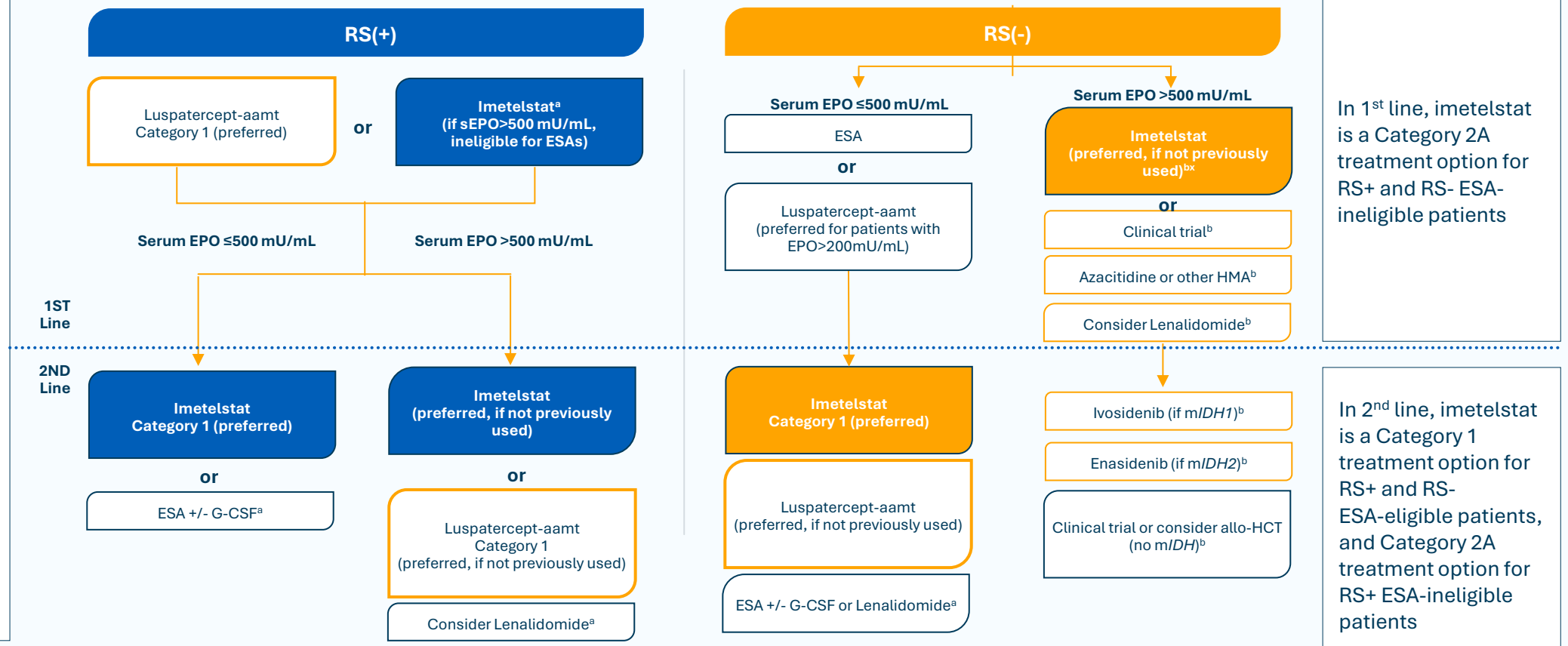


Appendix

NCCN guidelines recommend imetelstat

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



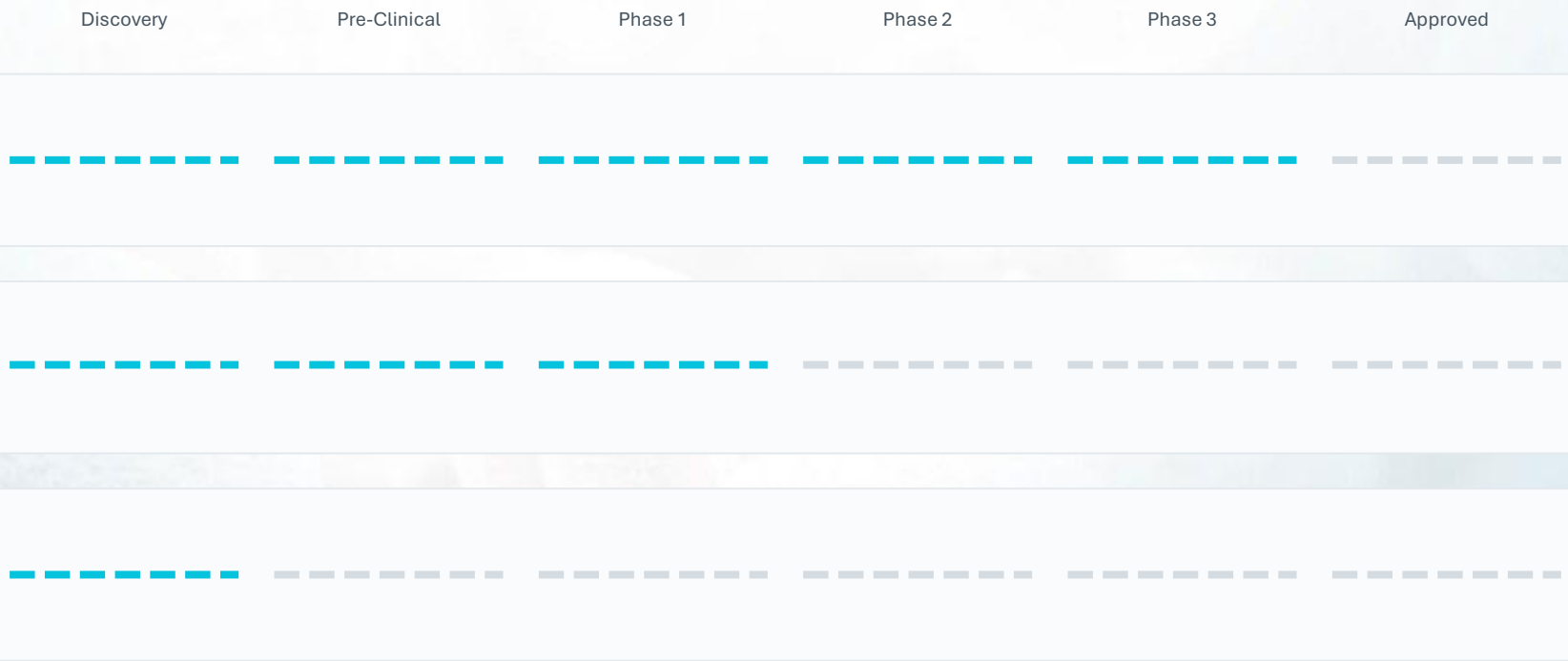
In 1st line, imetelstat is a Category 2A treatment option for RS+ and RS- ESA-ineligible patients

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.

Telomerase Inhibition in Myeloid Malignancies

Corporate sponsored



MF: myelofibrosis; R/R MF: relapsed/refractory MF; TI: telomerase inhibitor

IMbark
Phase 2 Trial

evaluated two doses to inform selection of the **Phase 3 IMpactMF** treatment dose

Randomized, single blind (n=**107**)

- **Imetelstat 9.4 mg/kg[1]** IV[#] every 3 weeks (n=59)
- **Imetelstat 4.7 mg/kg[1]** IV[#] every 3 weeks (n=48)

Inclusion criteria[2,3]

- Intermediate-2 or high-risk MF R/R to JAKi (definition agreed with the FDA)[4]
- Symptomatic and with palpable spleen

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

Co-Primary Endpoints

- Symptom and spleen response at week 24

Key Secondary Endpoints

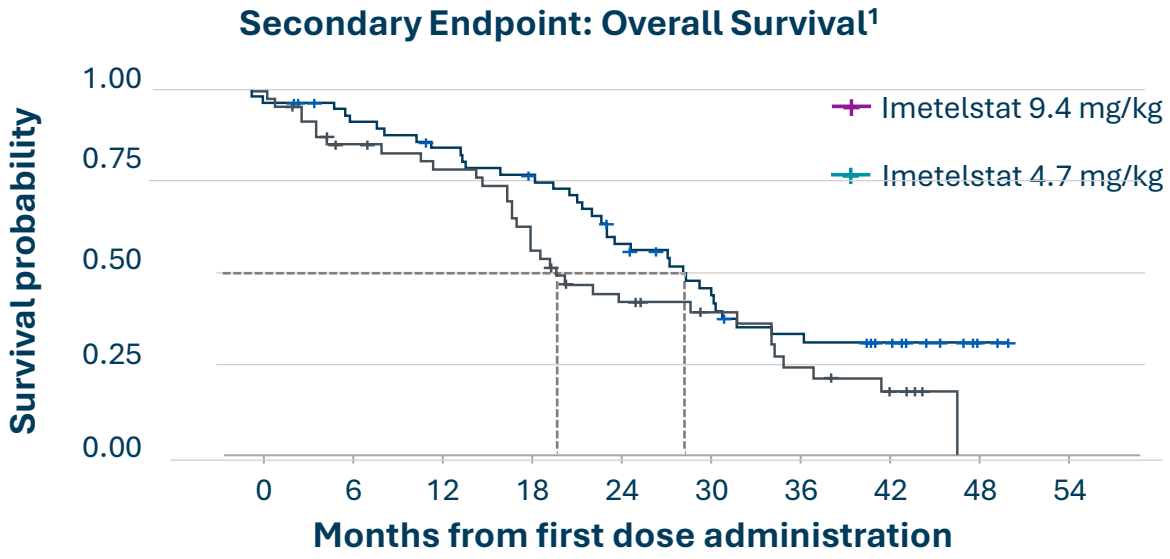
- Safety
- Overall survival
- Clinical improvement
- Pharmacokinetics
- Patient-reported outcomes

ClinicalTrials.gov Identifier: NCT0246086

imetelstat salt form. 1. 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. 2. Mascarenhas J, et al. *J Clin Oncol.* 2021;39(26):2881-2892. 3. Mascarenhas J, et al. *Blood.* 2020;136(suppl 1):39-40. 4. 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.

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

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, Komrokji RS, Cavo M, et al. *HemaSphere.* 2020;4(S1):507. Poster presentation at EHA25 Virtual Congress, 11-21 June 2020.

IMbark Phase 2 safety profile reinforced Phase 3 dose selection

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[2]
- 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; # Imetelstat salt form.
[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.

IMpactMF Phase 3 design

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

Recent Updates

- Announced discontinuation of the trial in October 2026
- No new safety signals observed

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