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Corporate Presentation

October 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 (xii) 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 June 30, 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

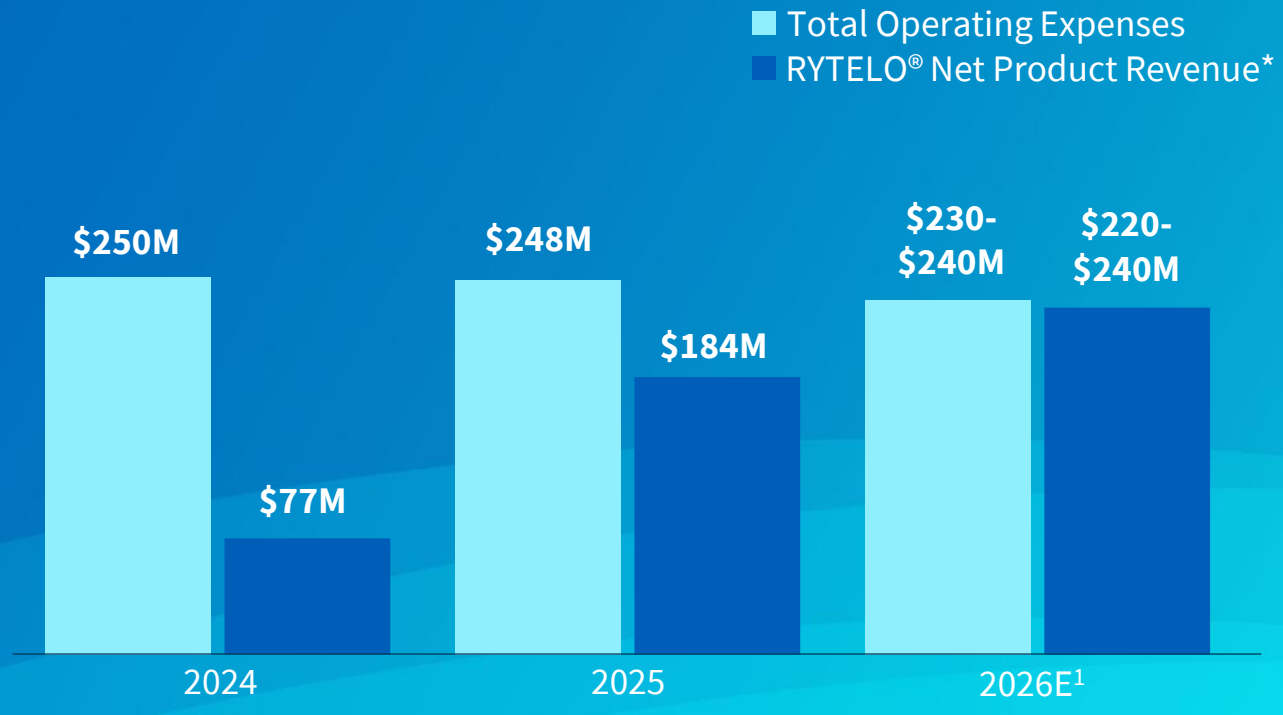
Maximize the Value of RYTELO® (imetelstat)

Wholly-Owned, First-in-Class Telomerase Inhibitor

- **$220M-$240M** in expected 2026 RYTELO net product revenue[1*]
- Communicate EU LR-MDS commercial strategy for RYTELO by the end of 2026

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 August 5, 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.

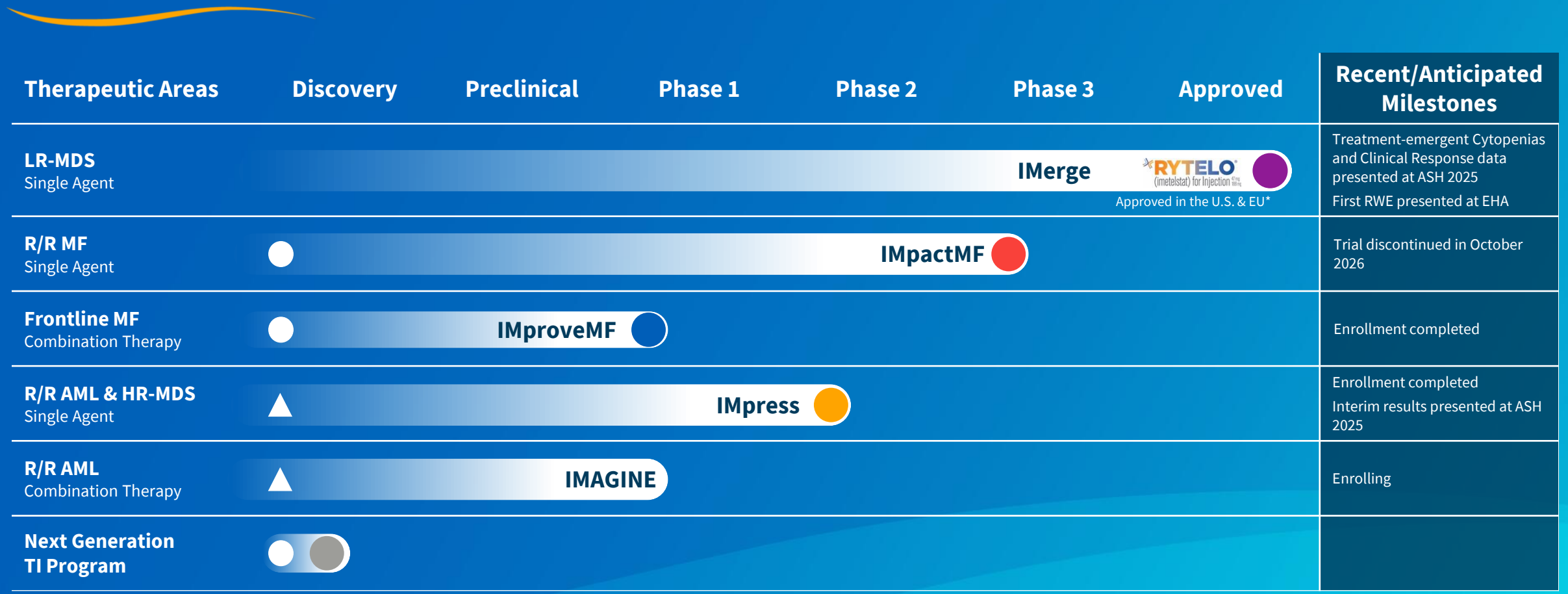
Telomerase Inhibition is Designed to Eliminate Malignant Clones and Strip Cancer of Its Immortality

- 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

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 31.

* 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

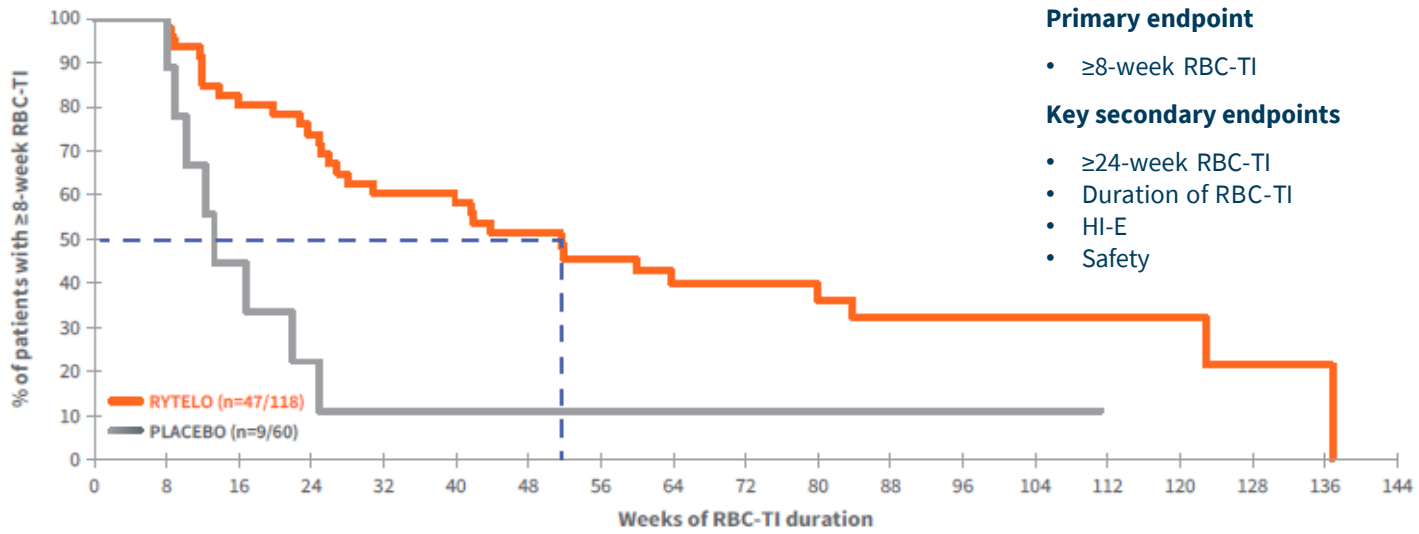
Durable Transfusion Independence Supported by Phase 3 Results

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

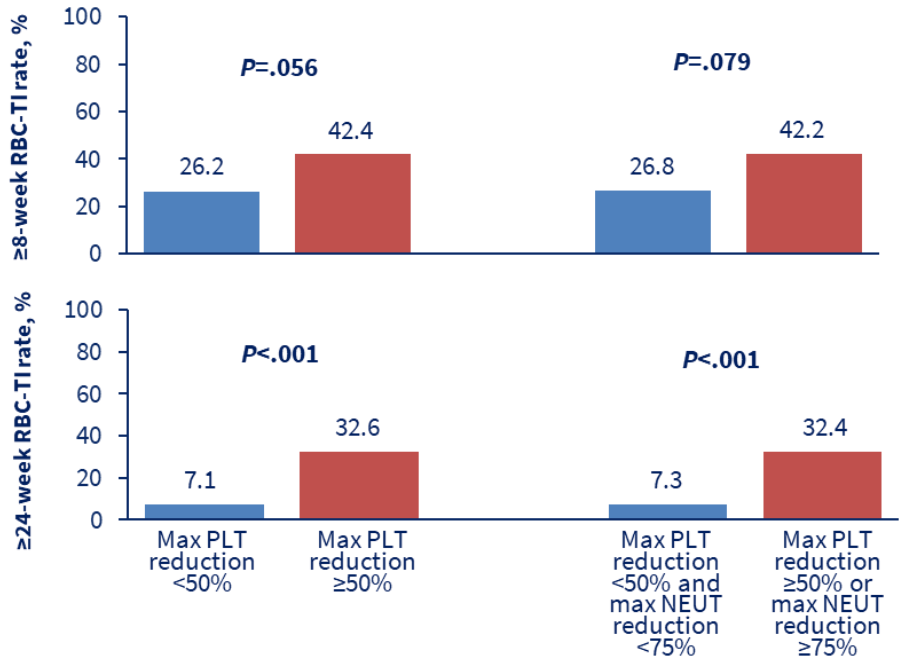
Number of patients

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[4] 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). 4. Post hoc pooled analysis of patients treated with RYTELO from the three parts of IMerge (Phase 2, Phase 3, and the QTc sub-study).

RYTELO* Performance Metrics

Demand Volume Growth

5%

demand increase in Q2 2026 over Q1 2026[1]

Q2 2026 RYTELO Net Revenue

$57.5

up 17% over Q2 2025 and up 11% over Q1 2026`

1st and 2nd Line Patient Starts

~34%

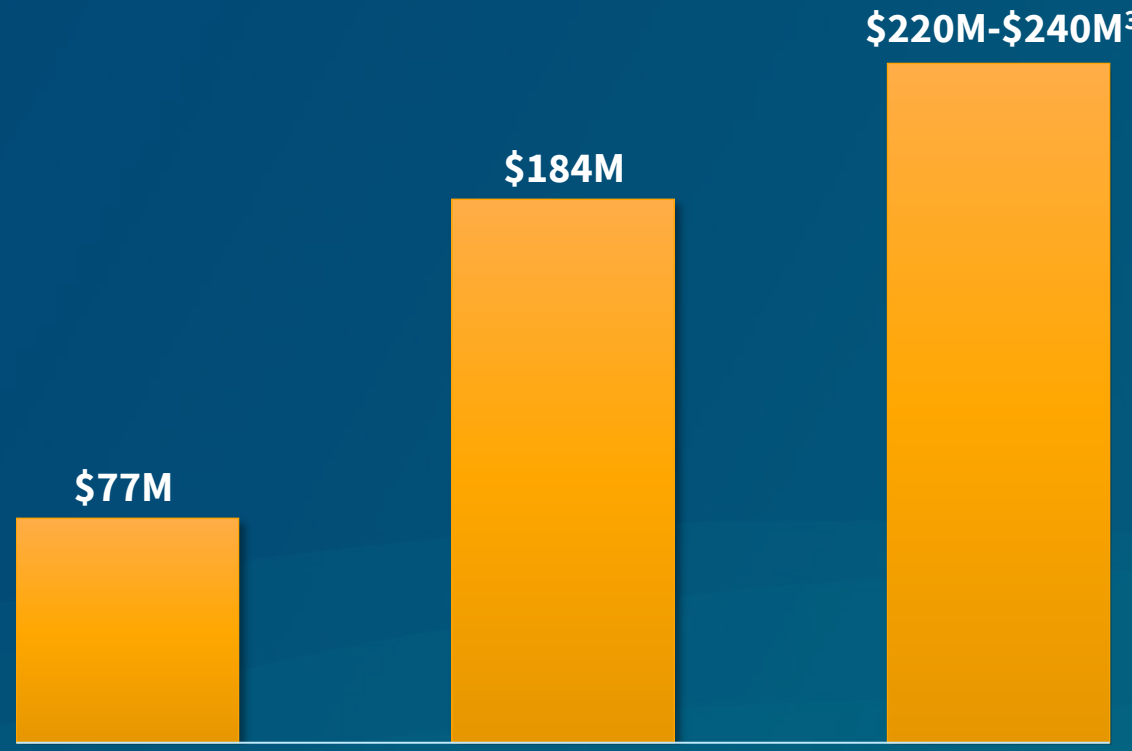
of RYTELO new patients starts in 1st and 2nd line[2]

Prescribing Accounts

~1,575

ordering accounts since approval, an ~8% increase Q2 2026 over Q1 2026[1]

RYTELO Annual Net Revenue



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Sources: 1. Geron internal data on file. 2. Estimated based on IQVIA claims data analysis rolling 12 months ending April 2026. 3. 2026 Financial Guidance provided by Geron in its press release and reiterated on and as of August 5, 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 31.

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

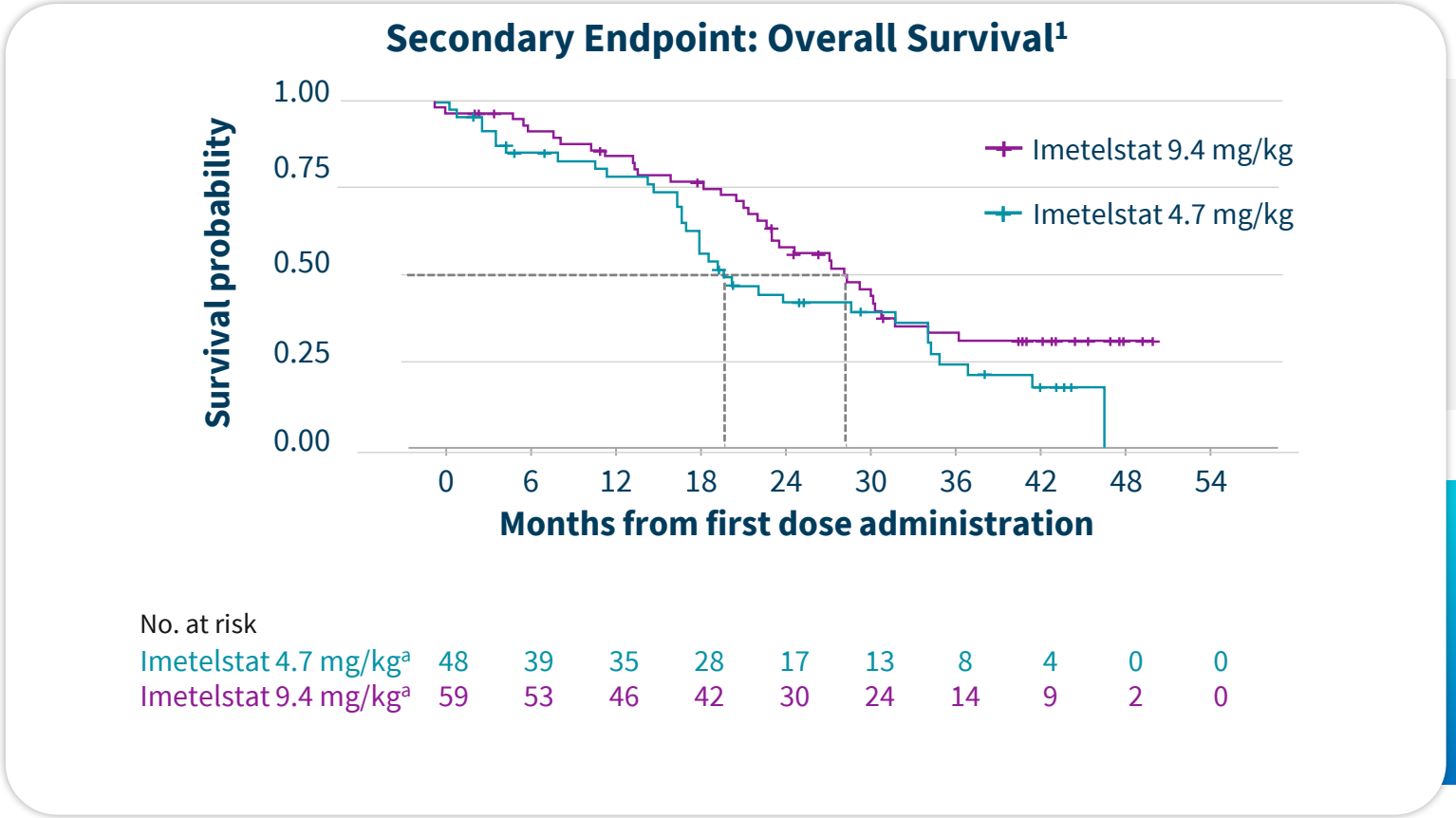
RYTELO® Key Messages

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.

Overall Survival Outcomes in IMbark Supported Advancement to Phase 3

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



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

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

IMpactMF

ClinicalTrials.gov Identifier: NCT04576156

Recent Projected Milestones:

Enrollment Complete; Trial Ongoing*

2H 2026: Interim OS analysis*

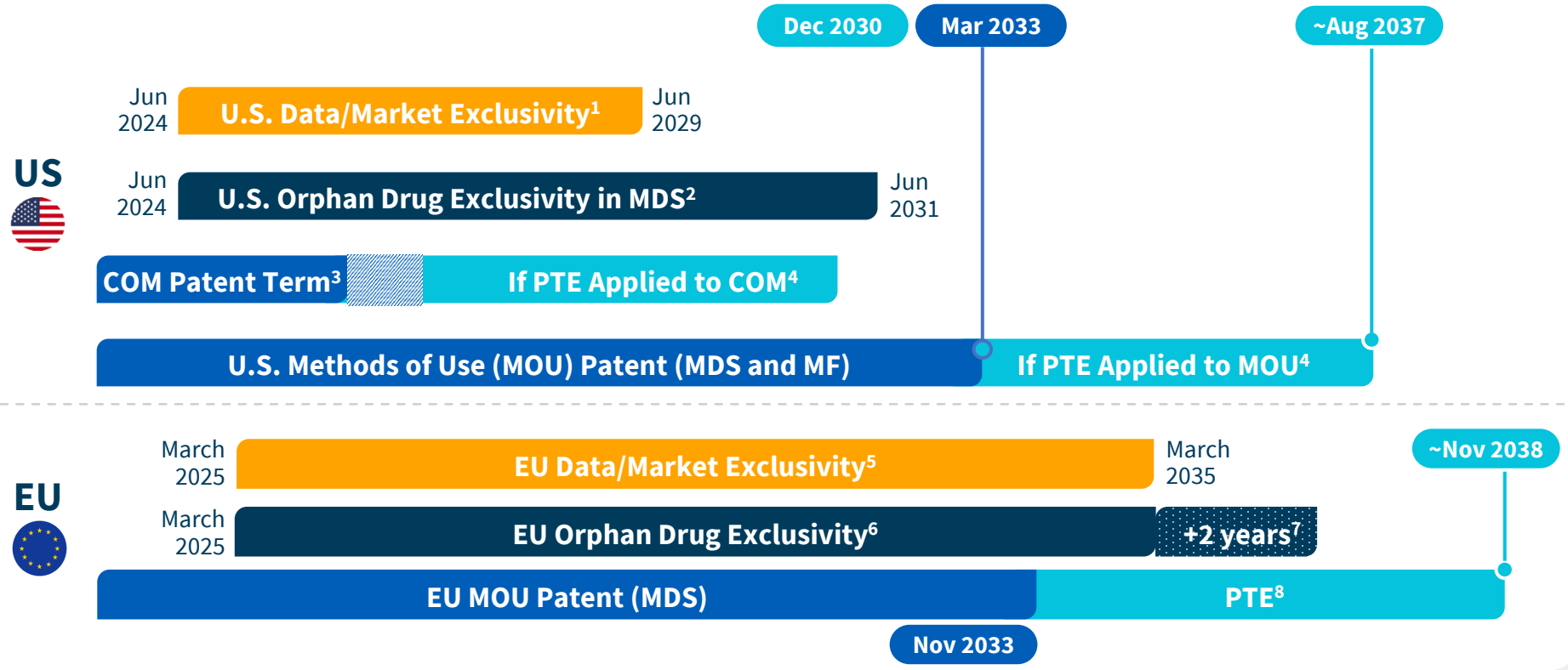
2H 2028: Final OS analysis (base case)*

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)
- Pursue Opportunistic Innovation

Operational Execution and Financial Discipline

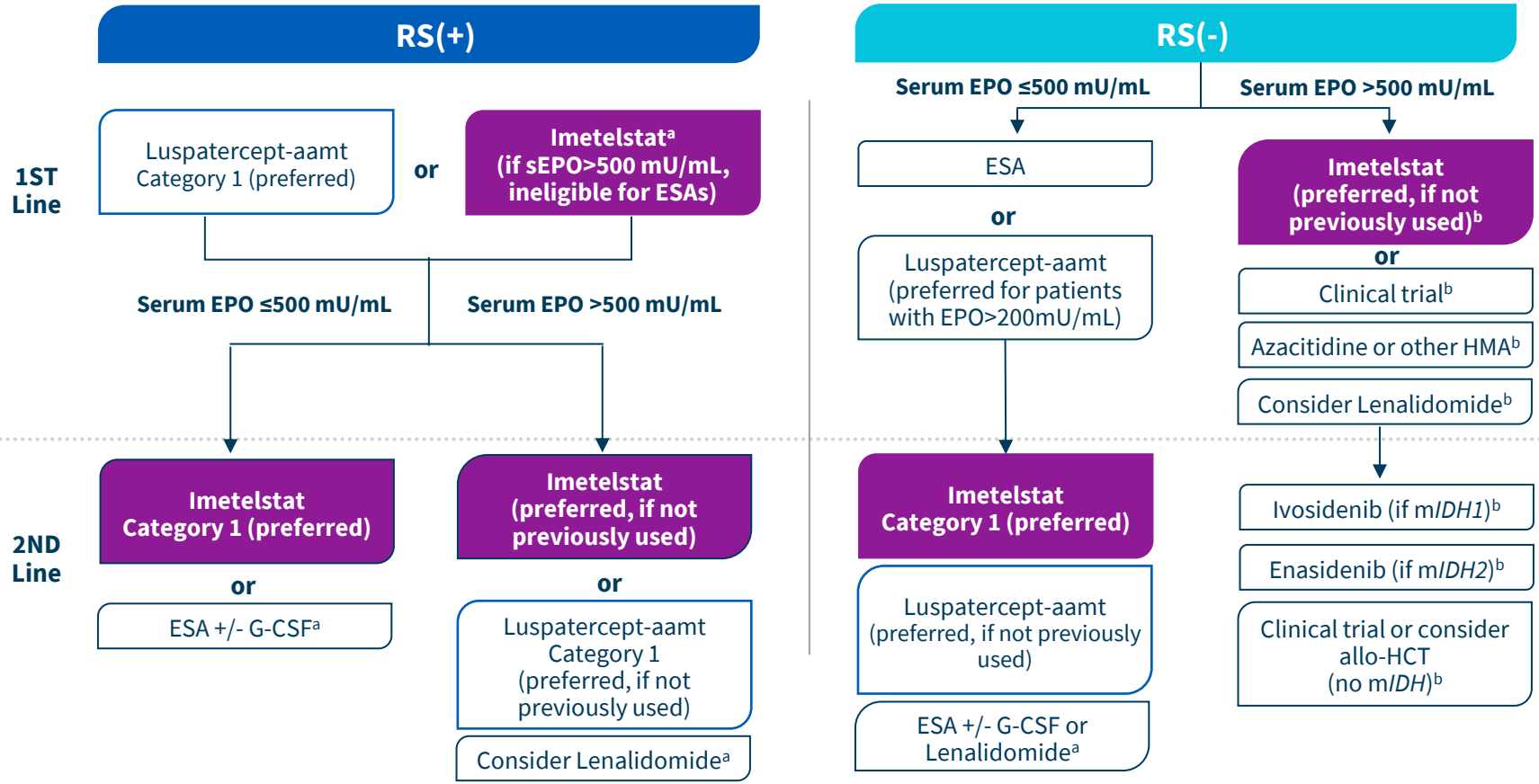
geron

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.
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[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.