

R&D Day – ROMVIMZA –

May 20, 2025

Agenda



Opening (9:00-9:10)

代表取締役 社長 COO

Representative Director, President and Chief Operating Officer

滝野 十一
Toichi Takino

ROMVIMZA (9:10-10:05)



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



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



Michelle DiNapoli
Senior Vice President,
US Commercial,
Deciphera

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

注意事項

この資料に記載されている業績見通し等の将来に関する記述は、当社が現在入手している情報及び合理的であると判断する一定の前提に基づいており、実際の業績等は様々な要因により、大きく異なる可能性があります。

以下に、事業展開上のリスク要因となる可能性があると考えられる主な事項を挙げますが、これらに限定されるものではありません。

- (i) 新製品開発の失敗
- (ii) 医療保険制度の改革による事業環境の変化
- (iii) 競合品や後発品の影響により、期待した成果を得られない可能性
- (iv) 第三者による知的財産の侵害等
- (v) 自然災害や火災などで、生産の停滞・遅延発生による製品供給の滞り
- (vi) 市販後の医薬品における新たな副作用の発現
- (vii) 為替レートの変動や金利動向

また、この資料には医薬品（開発中のものを含む）に関する情報が含まれていますが、宣伝広告、医学的アドバイスを目的としているものではありません。

Deciphera社の業績動向

- 2024年6月に買収完了し2024年7月よりP/L連結開始
- 上市済の医薬品「QINLOCK」の販売は堅調に進捗しており、2025年3月期売上は255億円であった。2026年3月期売上は340億円を見込む。
- 2025年2月には腱滑膜巨細胞腫治療薬「ROMVIMZA」の米国での販売を開始。2025年7月を目途にOno Pharma USとDecipheraの機能を統合。2027年度の単年単体黒字化を見込む。

**2025年3月期
実績
(2024.7-2025.3)**

製品売上：261億円（計画比102.4%）
費用：423億円
 -研究開発費 242億円、販管費181億円



（40ヶ国以上で承認）

**2026年3月期
通期予想
(2025.4-2026.3)**

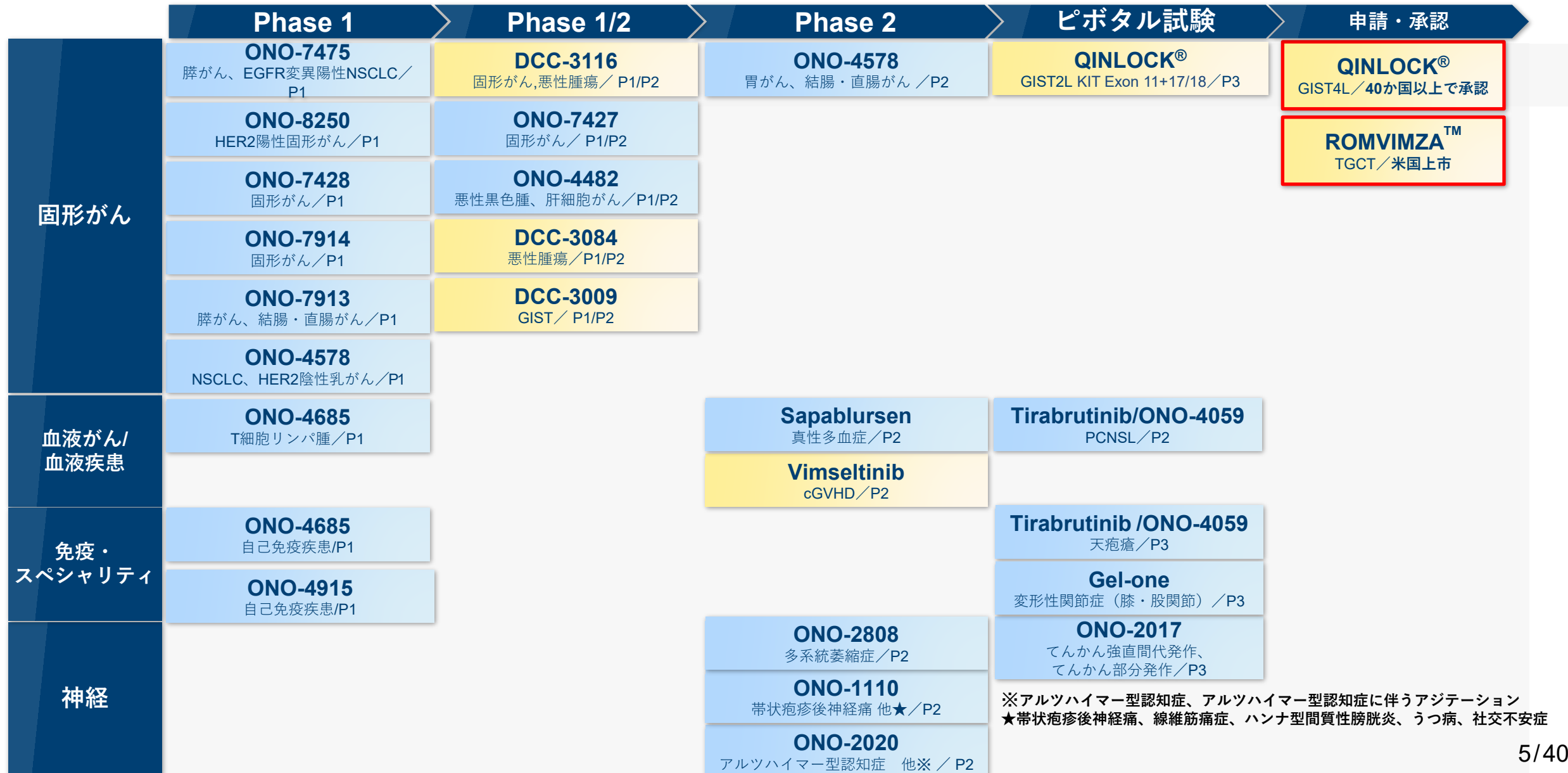
製品売上：約400億円
費用：約570億円
 -研究開発費 約360億円、販管費 約210億円



（米国で上市、欧州申請中）

開発パイプライン（オプジーボを除く）

2025年4月24日現在



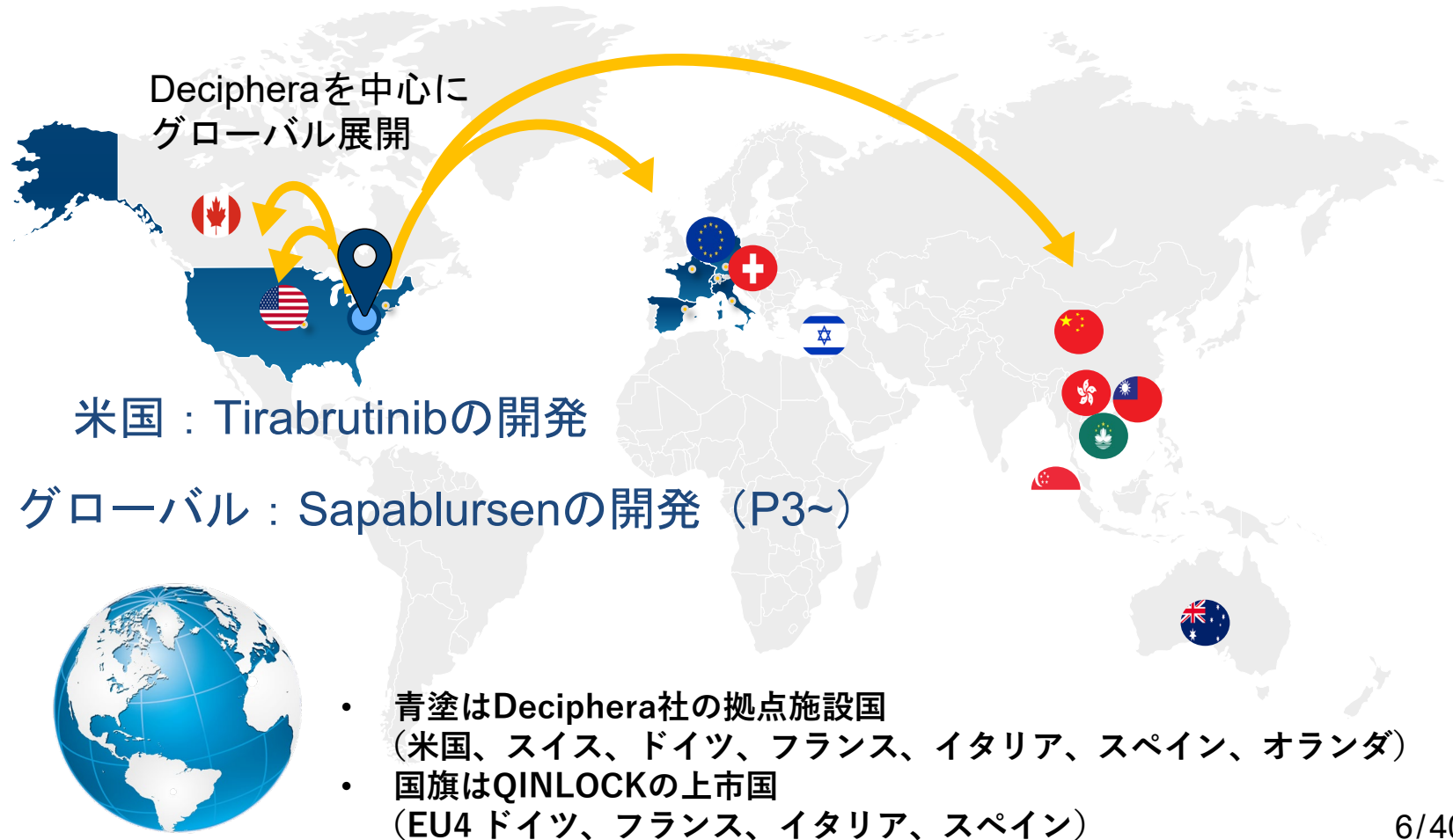
※アルツハイマー型認知症、アルツハイマー型認知症に伴うアジテーション
★帯状疱疹後神経痛、線維筋痛症、ハンナ型間質性膀胱炎、うつ病、社交不安症

Decipheraとのシナジー効果

2025年7月米欧の開発・販売事業をDecipheraに統合して、
グローバル展開の販売を推進・加速する

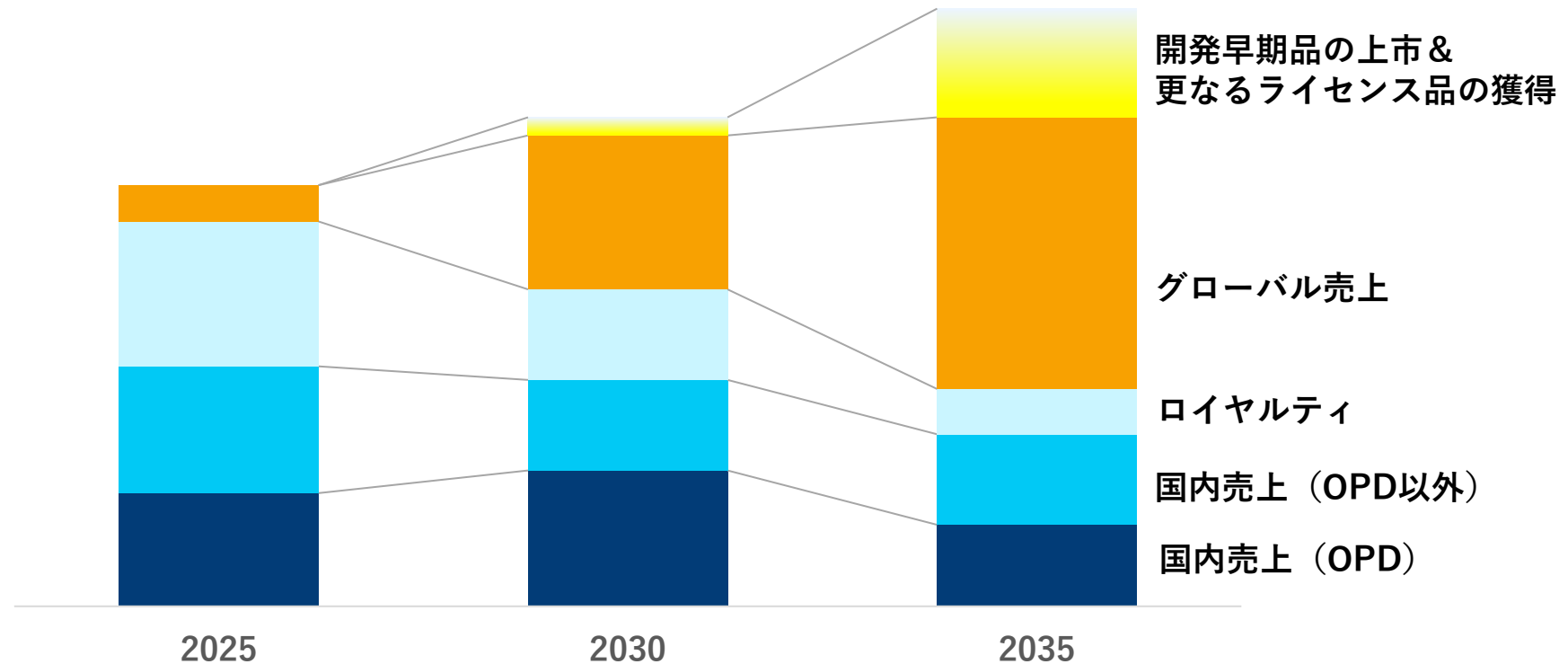
deciphera[®]
a member of
ONO PHARMA

2025年7月米欧の開発・販売
事業をDecipheraに統合



今後10年の成長イメージ

- + グローバル製品（QINLOCK、ROMVIMZA、VELEXBRU、Sapablursen）の売上拡大
- + オプジーボの皮下注製剤及び合剤のロイヤルティは静注製剤の特許満了後も継続
- + ONO-2017、Gel-Oneの国内上市
- + 自社創製品の上市
- 2025-2026年にかけて、糖尿病関連製品（フォシーガ、グラクティブ）の特許満了
- オプジーボの特許満了（2028年米国、2030年欧州、2031年日本）



HIGH UNMET NEED AND MOTION RESULTS

Matthew L. Sherman, M.D.



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



DIAGNOSIS AND PATIENT BURDEN

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



UNMET NEED

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

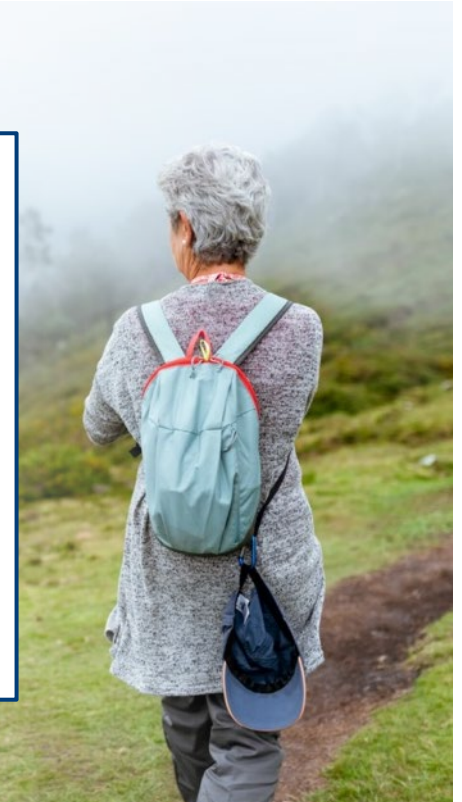
Significant Unmet Medical Need

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

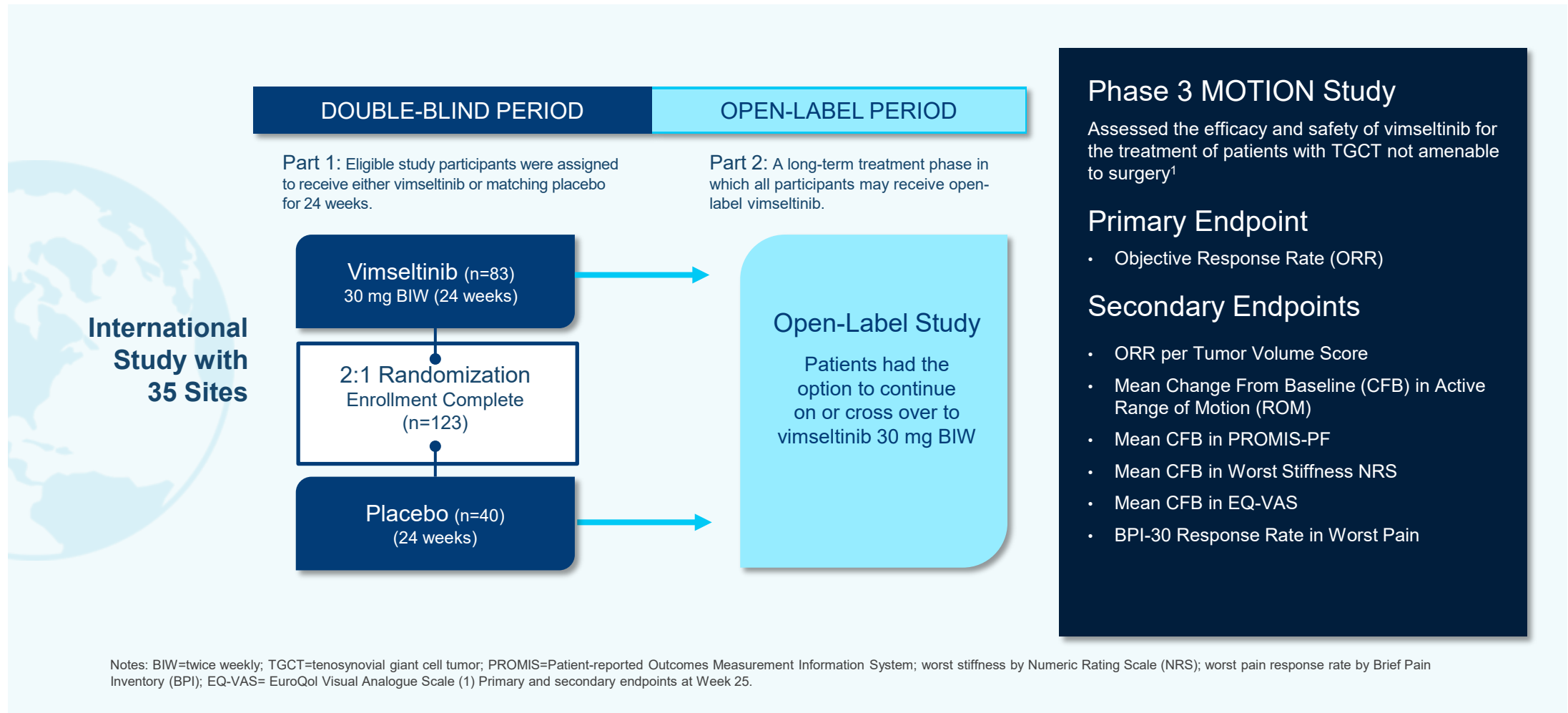


The impact is huge. You get really limited by the tumor....What bothers me the most are the pain symptoms...You continuously take pain meds to fight the pain.

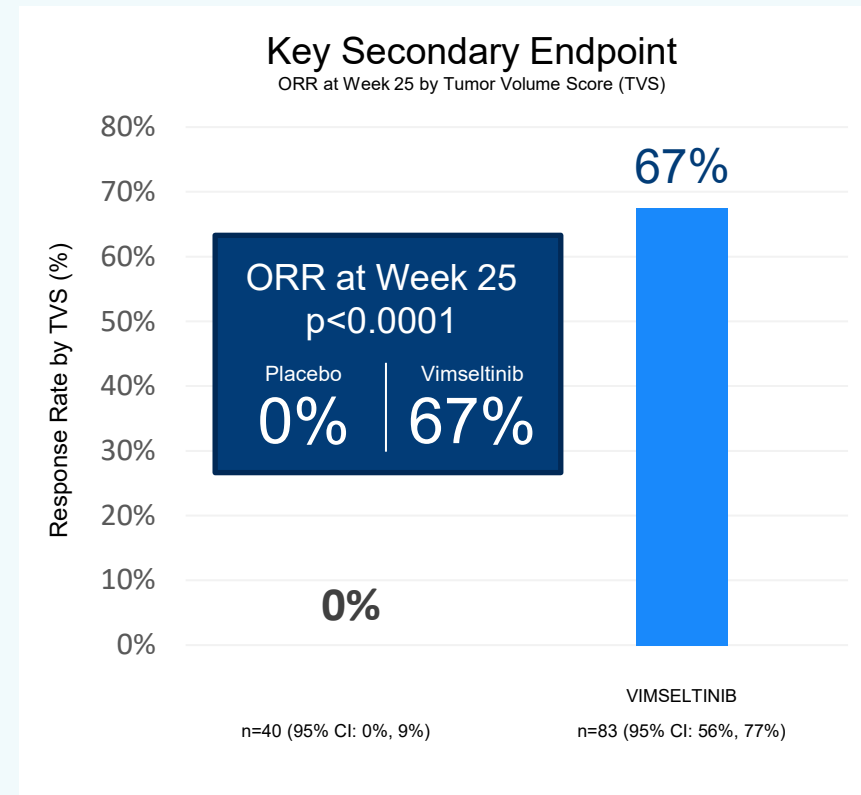
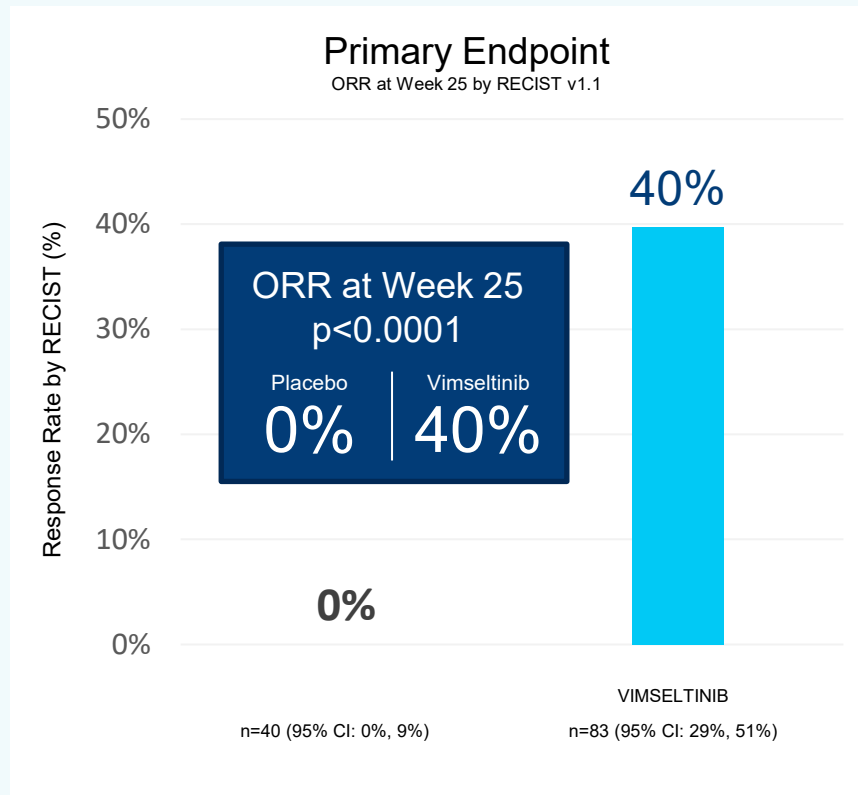
— TGCT patient



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

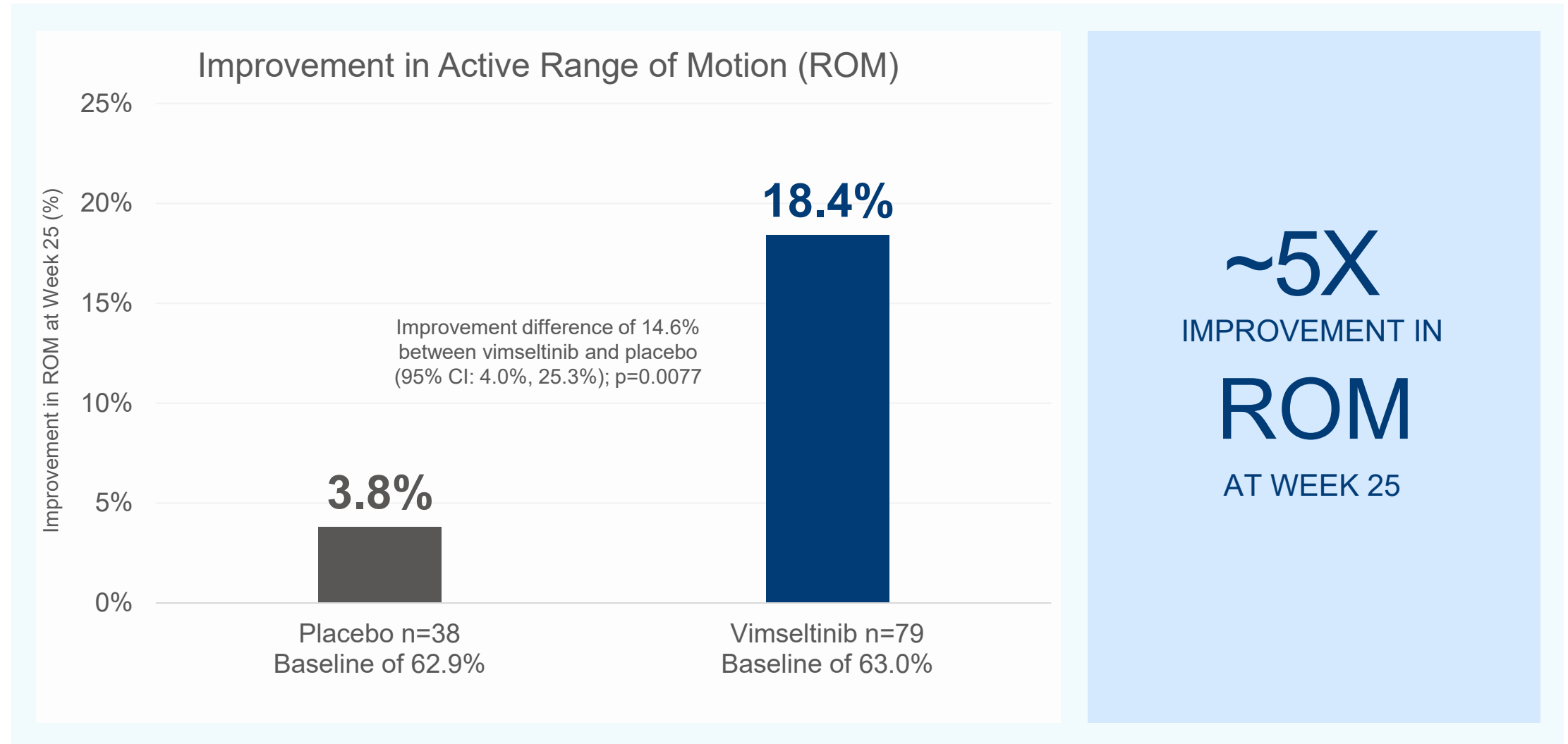


Study Met Primary and All Six Secondary Endpoints



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

Key Secondary Endpoint: Active Range of Motion



ROMVIMZA Provided Statistically Significant and Clinically Meaningful Improvements Versus Placebo

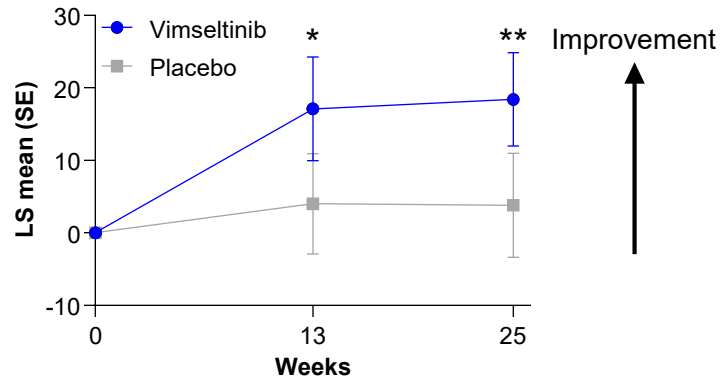


At week 25	Vimseltinib n = 83	Placebo n = 40	P-value	Statistically significant	Clinically meaningful
Active Range of Motion					
% Mean change from baseline (SE)	18.4 (6.5)	3.8 (7.2)		✓	✓
% Difference (95% CI), P-value		14.6 (4.0 to 25.3)	P = 0.0077		
PROMIS-Physical Function					
Mean change from baseline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

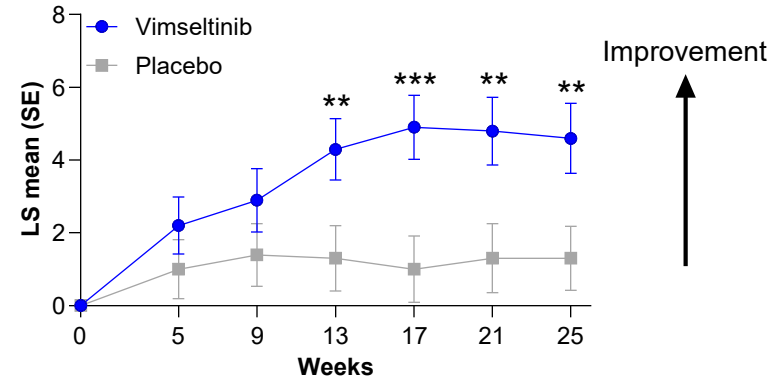
ROMVIMZA Provided Statistically Significant and Clinically Meaningful Improvements Versus Placebo



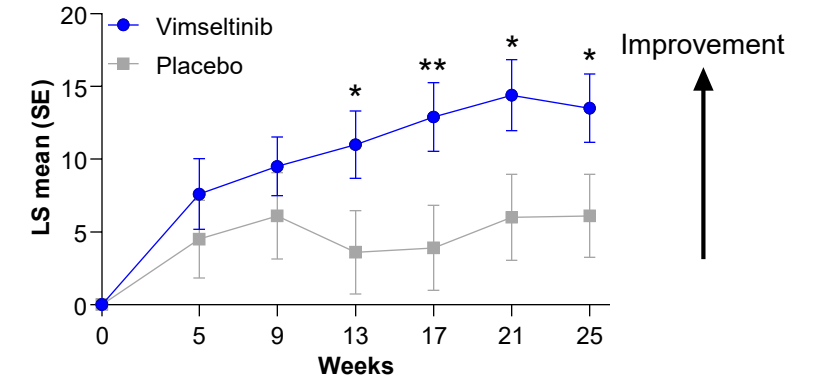
Active Range of Motion



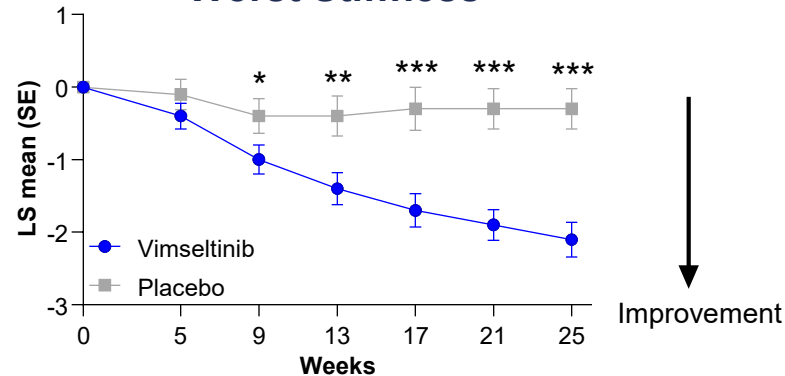
Physical Function[†]



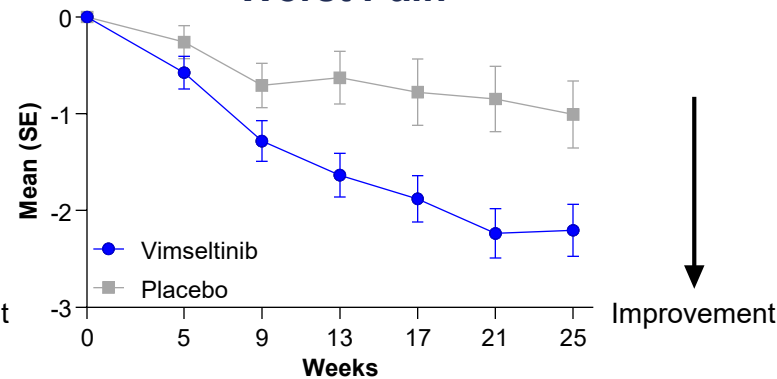
Health Status[‡]



Worst Stiffness



Worst Pain



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

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

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

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

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



PIVOTAL PHASE 3 MOTION STUDY

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

Primary Endpoint ORR at Week 25

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

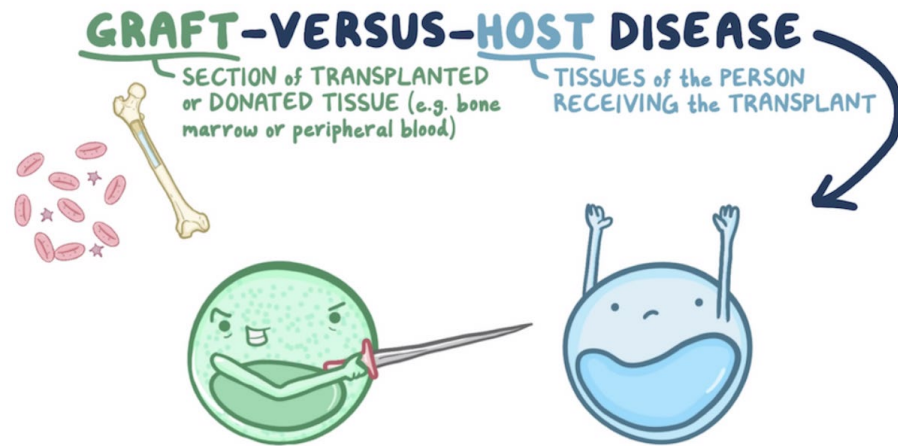
Key Secondary Endpoints

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

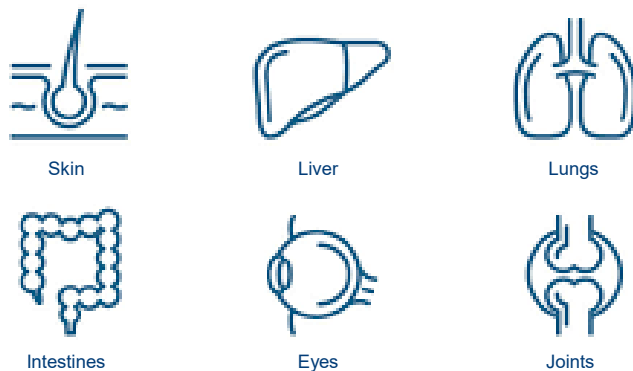
- **67%** for ROMVIMZA vs. **0%** for placebo ($p < 0.0001$) ORR by Tumor Volume Score
- **~5X** improvement in active range of motion vs. placebo ($p = 0.0077$)

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

New Growth Opportunity in Chronic Graft vs. Host Disease



Chronic Graft-Versus-Host Disease



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

TGCT MARKET OVERVIEW & OPPORTUNITY

Margarida Duarte



Deciphera Is at a Major Inflection Point



Becoming a multiproduct company

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



High unmet need in TCGT

Locally aggressive tumor with substantial morbidity and an unaddressed market



ROMVIMZA efficacy and safety profile

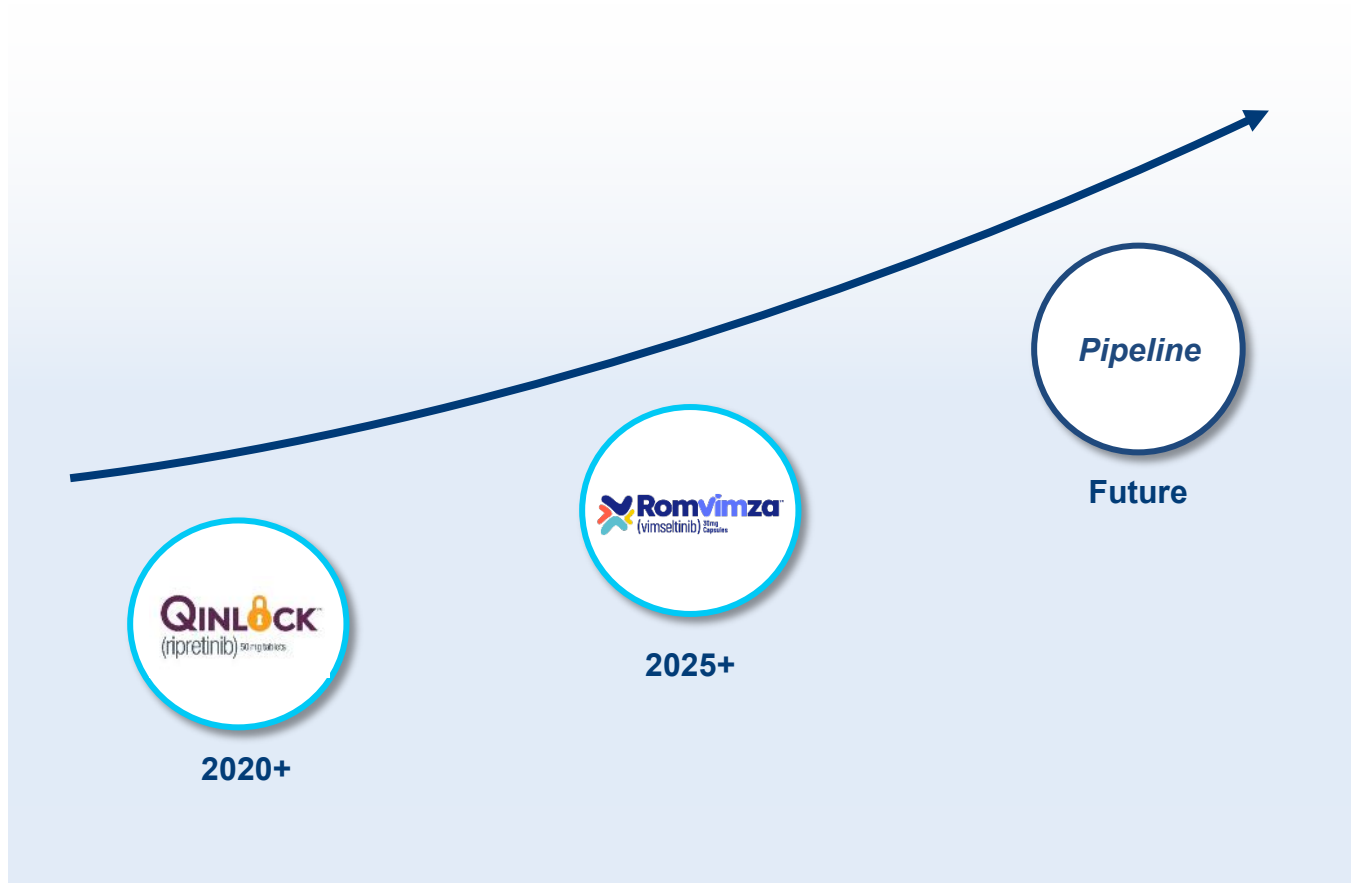
Differentiated profile and potential for market growth



Leading commercial capabilities

Highly synergistic opportunities between GIST and TGCT

Building on Our Success with QINLOCK



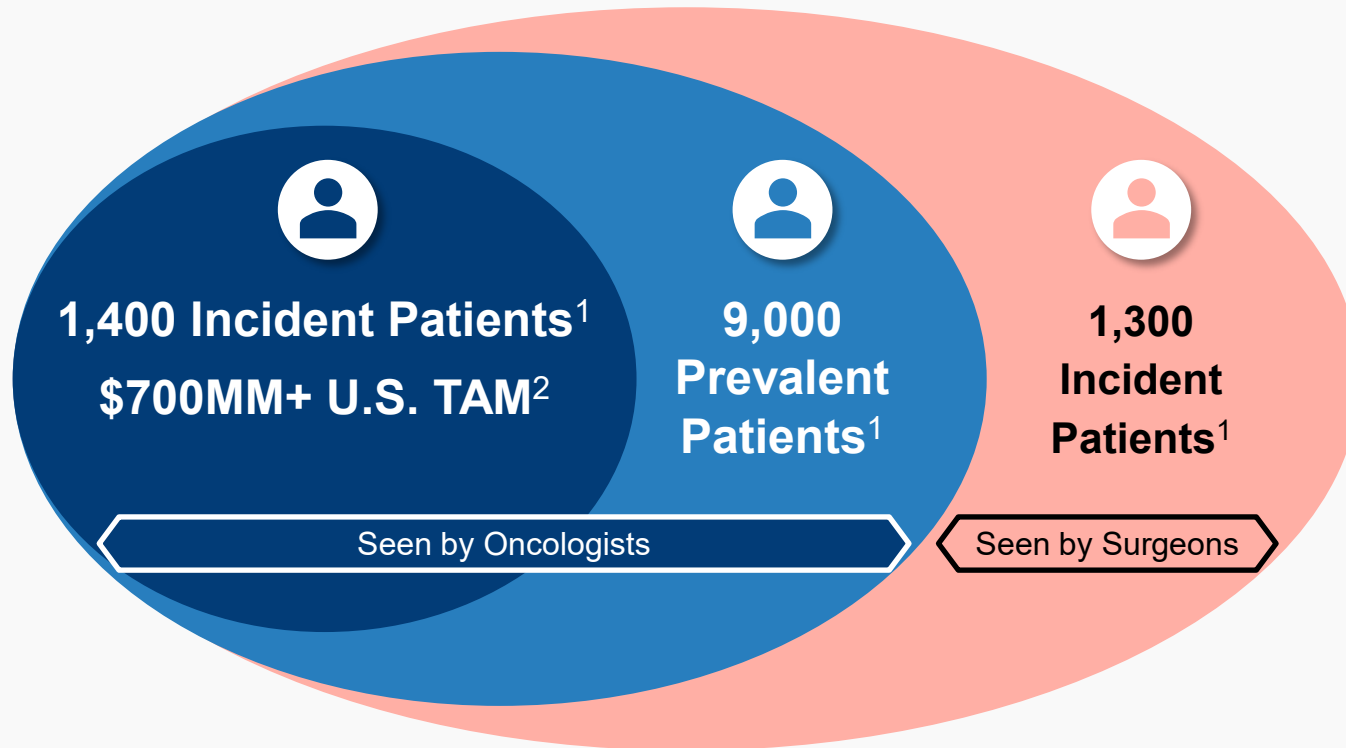
Complementary Commercial Opportunities

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

Significant Opportunity to Benefit Patients with TGCT



U.S. Opportunity



E.U. Opportunity



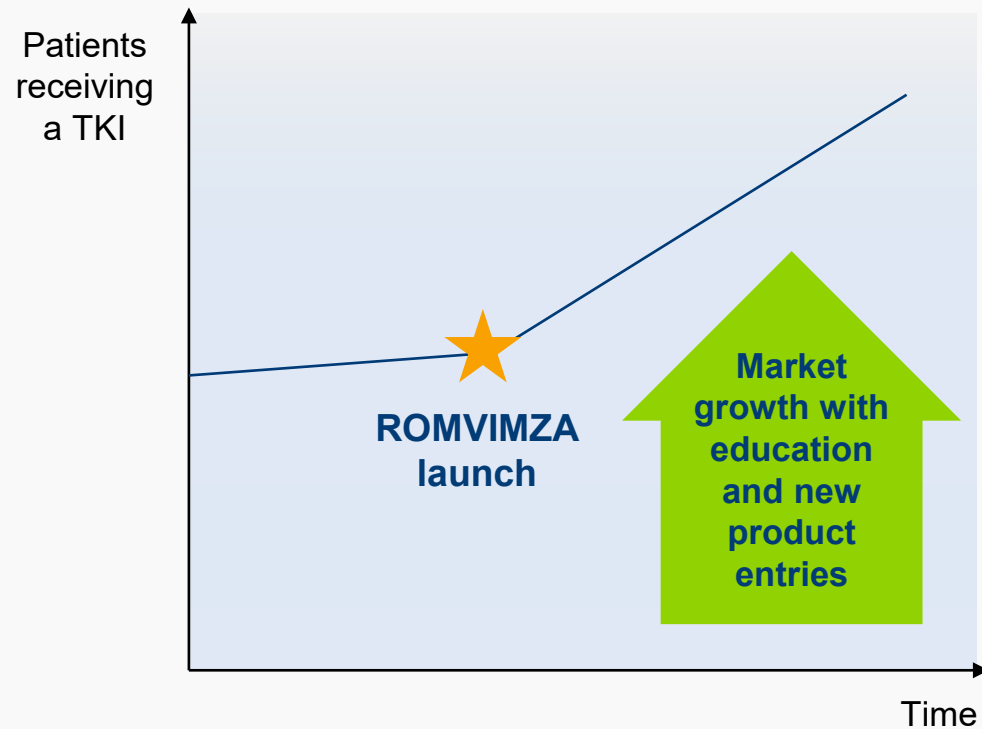
- Comparable incidence and recurrence rates in Europe³
- No approved therapies

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

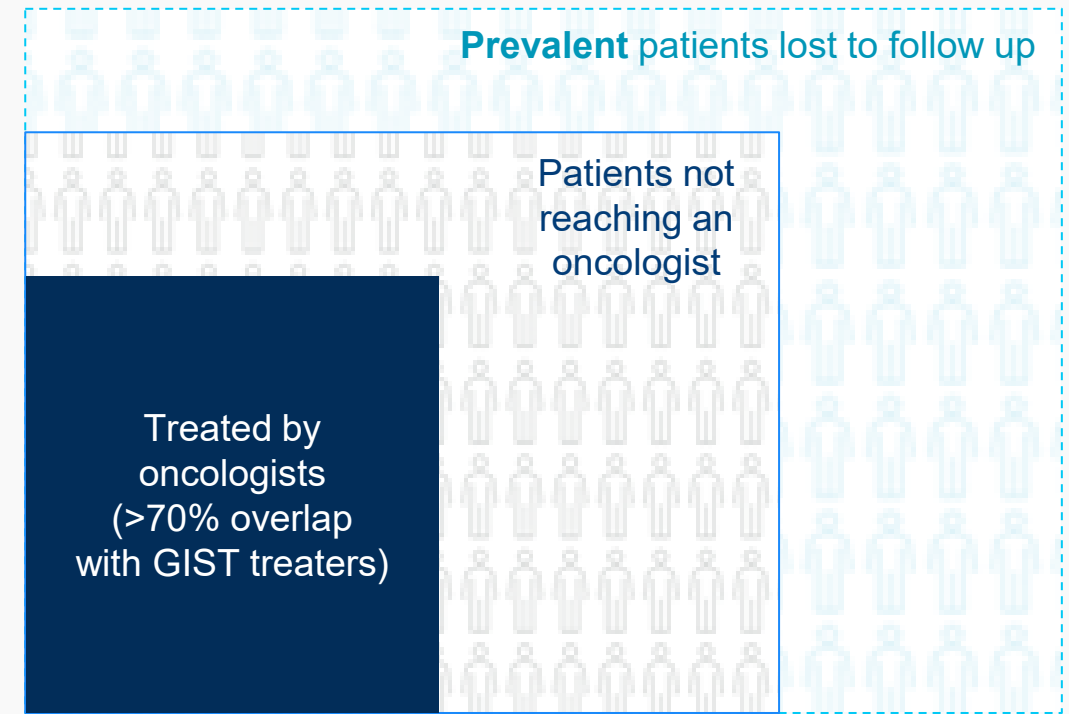
Untapped Opportunity – Market Expansion Expected



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



Large and untapped opportunity



Illustrative

US LAUNCH

Michelle DiNapoli



Just Launched in the US



Launched February 14, 2025

INDICATIONS AND USAGE

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



ROMVIMZA Added to the NCCN Guidelines as Preferred Regimen



National
Comprehensive
Cancer
Network®

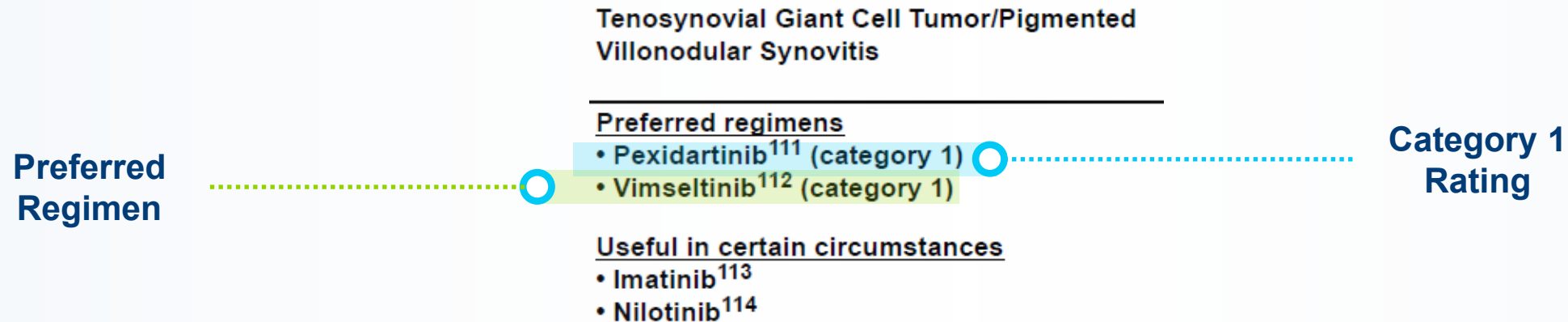
NCCN Guidelines Version 1.2025 Soft Tissue Sarcoma

[NCCN Guidelines Index](#)

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[Discussion](#)

SYSTEMIC THERAPY AGENTS AND REGIMENS WITH ACTIVITY IN SOFT TISSUE SARCOMA SUBTYPES^d AND AGGRESSIVE SOFT TISSUE NEOPLASMS



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



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

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



Oncologists



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

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

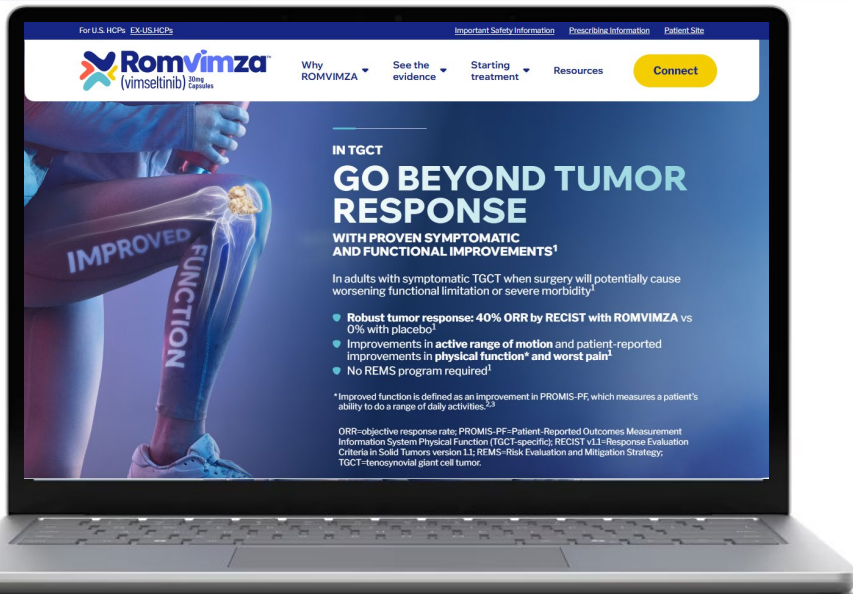
TGCT Patients



Objective: Engage, empower, & activate symptomatic TGCT patients

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

Deciphera Is Swiftly Driving Awareness Of ROMVIMZA Approval With Oncologists



www.romvimzahcp.com

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

HCP Media Highlights

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

POSITIVE FEEDBACK FROM HCPS¹

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

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

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

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



www.romvimza.com



www.TGCTtruth.com

Patient Media Highlights

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

Earned Media Highlights

- 3rd party webinars regarding TGCT aligned with ROMVIMZA approval

EXCITEMENT FROM PATIENT COMMUNITY

“Patients are making appointments to ask about ROMVIMZA!

– Patient Advocate

“I know a patient who showed their HCP the ROMVIMZA PI to talk about treatment!

– Patient Advocate

“We have a webinar series dedicated to the evolving treatment landscape of TGCT.

– Patient Advocate

TGCT WEBINAR Navigating the Decision-Making of Which CSF1 Inhibitors to Pick for Your TGCT

Dr. Richard Riedel
Medical Oncologist, Duke Health, Duke Cancer Institute

Dr. William Tap
Medical Oncologist, Memorial Sloan Kettering Cancer Center

April 18th @ 11AM ET

With the approval of ROMVIMZA (vimseltinib) in the United States and expected global approval, there will now be multiple medications for the treatment of TGCT (i.e., Pexidartinib/TURALIO, vimseltinib/ROMVIMZA). There are several other therapies under investigation in clinical trials including pimicotinib and emactuzumab. As patients have more options for managing their TGCT, there are key considerations to facilitate that decision-making. Drs. Bill Tap and Richard Riedel will walk you through how they will counsel patients and what information is key to decision-making for both patients and providers. This will be a panel discussion, and no formal lecture slides will be included. Come with your questions or submit them at support@tgctsupport.org.

OUR PRESENTERS

Dr. Richard Riedel is a medical oncologist and professor of medicine at Duke University. He is also the Program Director for the Duke Hematology-Oncology Fellowship Program.

Dr. William Tap is a medical oncologist and the Chief of Sarcoma Medical Oncology Service at Memorial Sloan Kettering Cancer Center. Both Drs Riedel and Tap focus on bone and soft tissue cancers as well as TGCT.

TGCTSupport [REGISTRATION LINK bit.ly/DecisionTGCT](https://bit.ly/DecisionTGCT)

TGCT SUPPORT IS A PROGRAM OF **The Life Raft**

TGCT WEBINAR Recent Advancements in Medications to Treat TGCT

Dr. Gabriel Tinoco
Medical Oncologist, OSUCCC, The James

February 25th @ 12PM ET

Medications for the treatment of TGCT have advanced exponentially in the last decade. With the discovery of a druggable target, CSF1 inhibitors have provided a promising alternative treatment strategy to surgery. With the prospect of two approved in the United States (Pexidartinib/TURALIO and Vimseltinib/Romvimza) and many under investigation (e.g., pimicotinib, Emactuzumab), Dr. Gabriel Tinoco will take you through all the available options and the recent evidence supporting each. He will also cover the recent medication, Vimseltinib (Brand name Romvimza) as we expect approval on February 17, 2025.

There will be a Q&A session following Dr. Tinoco's presentation!

OUR PRESENTER

Dr. Gabriel Tinoco is a medical oncologist specializing in bone and soft tissue sarcomas at The Ohio State University Comprehensive Cancer Center (OSUCCC) – The James. Passionate about improving outcomes for patients facing TGCT and other rare tumors, Dr. Tinoco focuses on advancing precision oncology and translational research. As part of a multidisciplinary team, he collaborates with experts across surgical oncology and orthopedic surgery to provide personalized treatment plans for patients with TGCT backed by cutting-edge technology and clinical trials. In addition to his clinical work, Dr. Tinoco serves as an Associate Professor of Medicine at Ohio State, contributing to innovative research aimed at creating a cancer-free world.

TGCTSupport [REGISTRATION LINK bit.ly/MedicationsTGCT](https://bit.ly/MedicationsTGCT)

TGCT SUPPORT IS A PROGRAM OF **The Life Raft**

ROMVIMZA Has Demonstrated Positive Market Receptivity



Positive Product Impressions

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

Broad Prescriber Base

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

Fast Patient Access

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

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



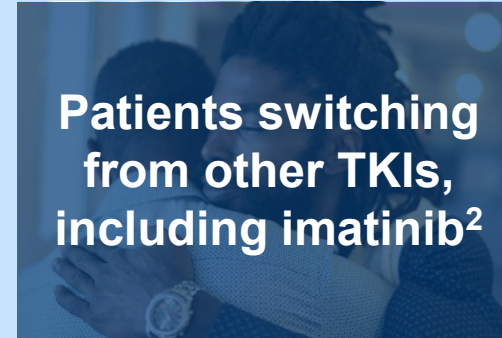
TKI naive patients²

~90% of oncologists would use ROMVIMZA in patients initiating TKI for 1st time¹



Existing Product Failures due to Toxicity²

>80% of oncologists would use ROMVIMZA in patients previously discontinuing another TKI due to toxicity¹



Patients switching from other TKIs, including imatinib²

>80% of oncologists would switch from current TKI to ROMVIMZA if patients are experiencing limited efficacy, despite tolerating it well¹



Patients Pre- and Post- Surgery²

~70% of oncologists believe more surgery-naïve patients would choose ROMVIMZA vs. surgery²

~80% of oncologists agree that more surgery-recurrent patients would choose ROMVIMZA rather than additional surgery¹

¹ TGCT US Demand Estimation Study, July 2024

² ROMVIMZA market data

Significant Growth Opportunities in TGCT and cGVHD



ROMVIMZA just approved in the US with encouraging early launch indicators



Significant commercial opportunity in TGCT that is highly synergistic with GIST



Potential for market expansion with increased awareness and referrals



Under review by the European Medicines Agency for TGCT



Label expansion opportunity in cGVHD

Early-Stage Pipeline

Matthew L. Sherman, M.D.



Solving Limitations of Classical Kinase Inhibitors

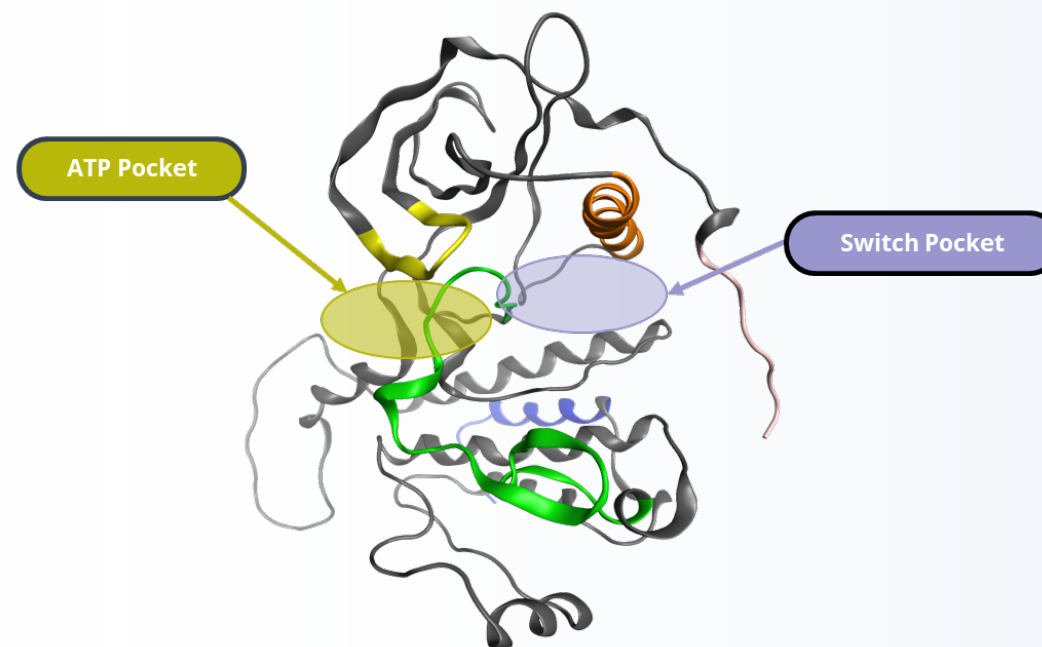
We take advantage of variation in the switch-control amino acid environment to design superior, drug-like molecules

Higher kinase specificity

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

Increased potency

- Insensitive to cellular [ATP]
- Extended pharmacology

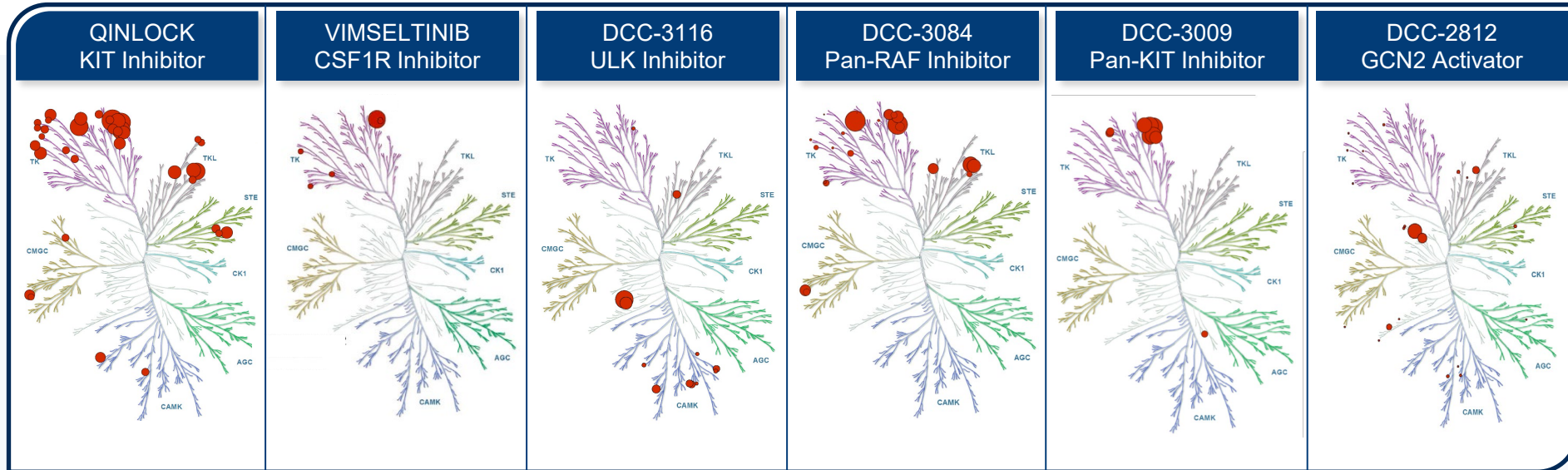


Switch Control Platform has Delivered Multiple Approved Agents and Clinical Stage Compounds



QINLOCK
(ripretinib) 50 mg tablets

Romvimza
(vimseltinib) 30mg Capsules



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

Deciphera has developed two FDA approved drugs

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

Sustainable platform for development of future kinase inhibitors and activators

Driving Innovation Through Our Proven Discovery Engine



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

DCC-3116 (ULK)

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

EXPECTED 2025 MILESTONE

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

DCC-3084 (RAF)

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

EXPECTED 2025 MILESTONE

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

DCC-3009 (KIT)

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

EXPECTED 2025 MILESTONE

Continue to enroll dose escalation cohorts in Phase 1 study

DCC-2812 (GCN2)

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

EXPECTED 2025 MILESTONE

Initiate enrollment in Phase 1 study

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

Deciphera Clinical Development – Completed, Ongoing and Planned Studies



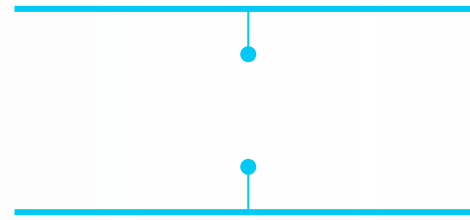
6 Active Development Programs

Ripretinib

Vimseltinib

DCC-3116, DCC-3084, DCC-3009

DCC-2812 (pre-IND)



>25 Clinical Protocols
>50 Protocol Amendments

Phase 1/2/3 studies

Clinical pharmacology

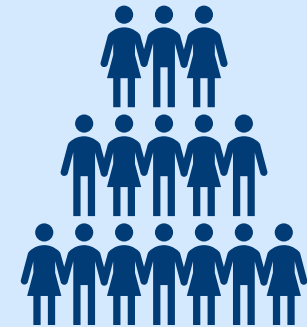
Bridging studies

>500
Global Sites

>25 Countries

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

>3,000
Participants





ONO PHARMA