

Creating Novel Therapeutics  
By People With Excellent Expertise  
In Drug Design



VORONOI

**IR BOOK**

December 4, 2025

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# VORONOI. Overview

## Company Overview

Establishment	Feb 2015 (KOSDAQ IPO in Jun 2022)
Chief Executive Officer	Daekwon Kim, Hyuntae Kim
Headquarters	S 18th F, Songdogwahak-ro 32, Yeonsu-gu, Incheon, Republic of Korea 21984
Business Overview	New Drug Development
Research Areas	Targeted Therapies for Oncology and Refractory Diseases
Employees (2025.3Q)	149
Capital (2025.3Q)	9.1 billion KRW
Assets (2025.3Q)	99.5 billion KRW

## Company Structure

**“Bio – Tech Cluster”**

Boston SongDo

Medchem Lab

Biology Lab

Preclinical Center



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# VORONOI

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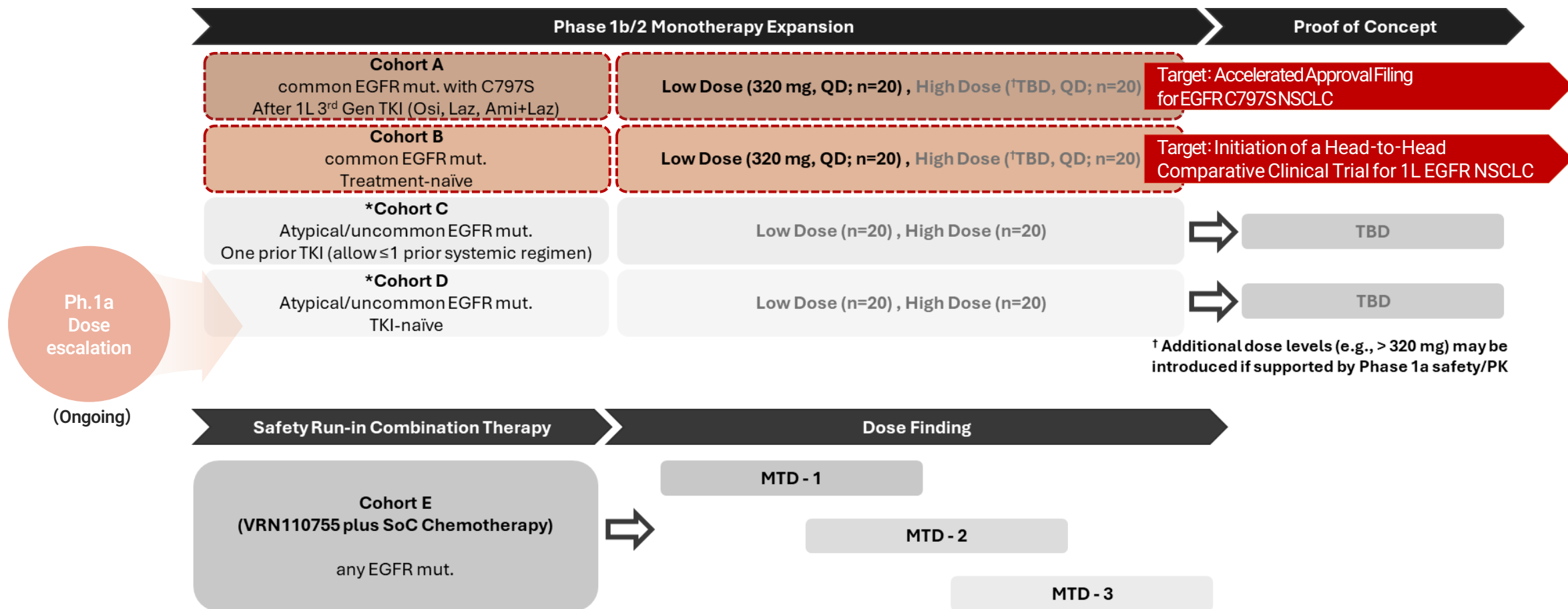
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## VRN11. EGFR NSCLC Targeted Therapy

1. VRN11. Upcoming Development Milestones
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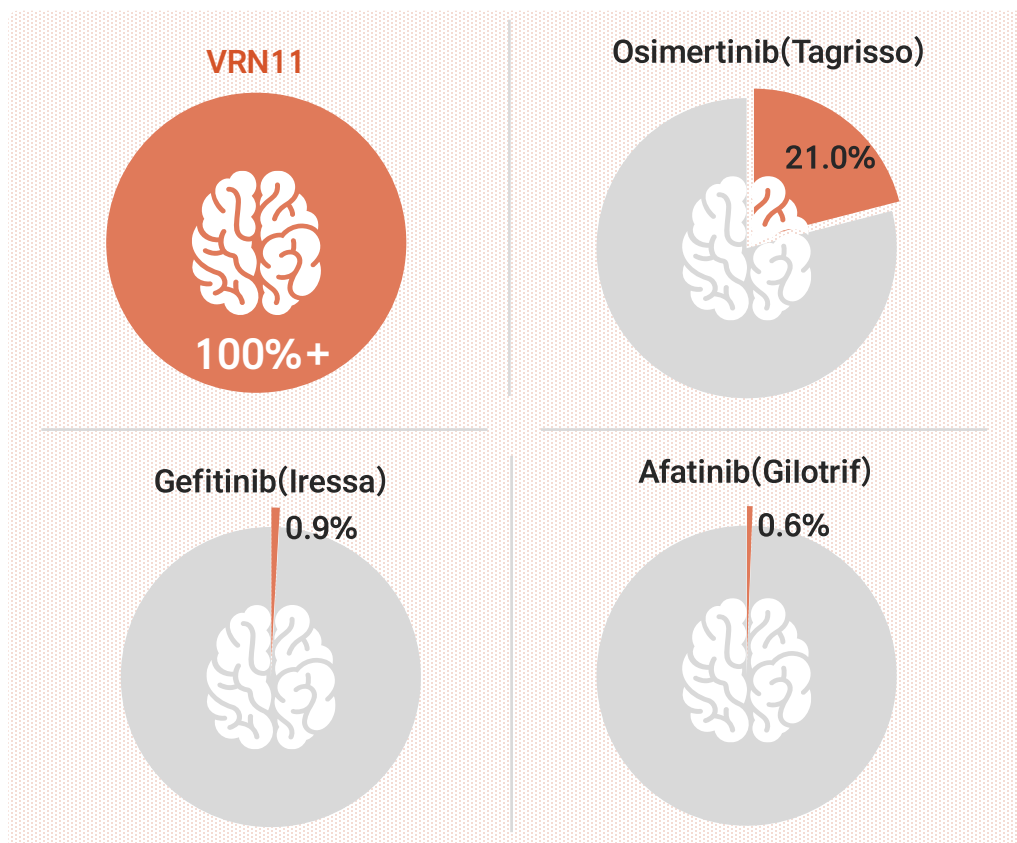
# VRN11. Upcoming Development Milestones



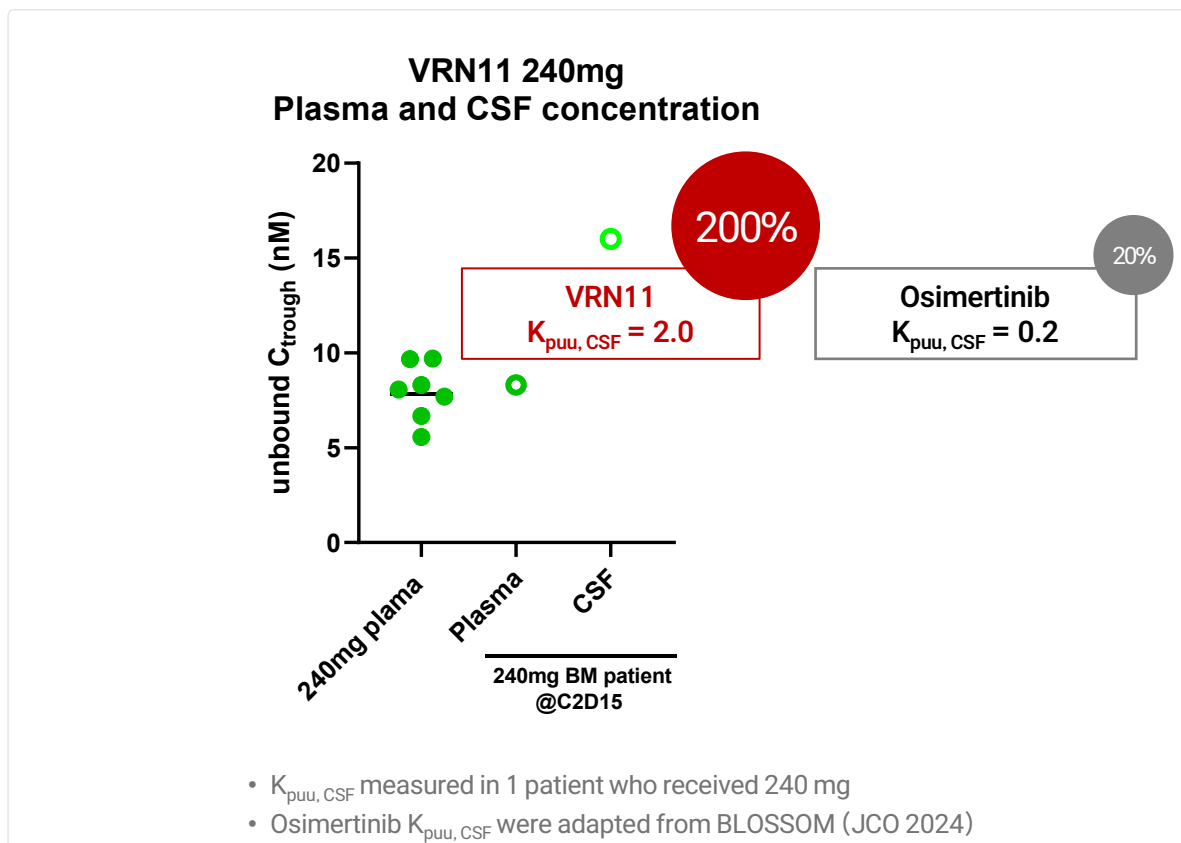
# Comparison of VRN11-Osimertinib (1) Efficacy in Patients with Brain Metastasis①

VRN11 has established the world's first human PoC data showing 200% brain penetration, compared to 20% for osimertinib

## Brain Permeability( $K_{p,uu,brain/Rat}$ )<sup>1</sup>



## Brain Permeability in patients( $K_{puu,CSF}$ )



# Comparison of VRN11-Osimertinib (1) Efficacy in Patients with Brain Metastasis②

100% Disease Control Rate (DCR) in brain metastatic patients treated beyond the minimum expected effective dose  
 Confirmed case of complete response (CR) in brain metastatic patient

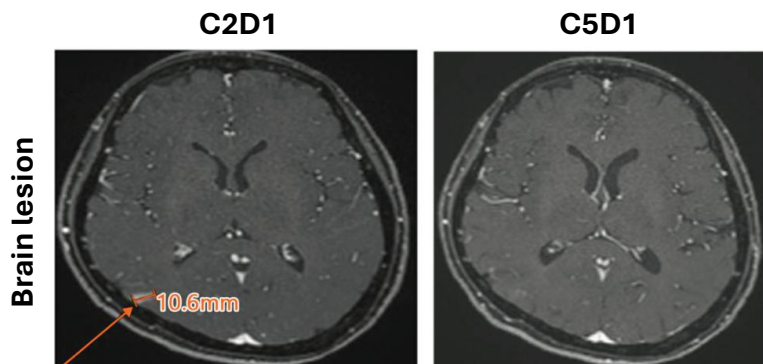
## Clinical Benefit in Brain Metastatic Patients Demonstrated in Phase 1a Study

✓ CNS response (3<sup>rd</sup> line, ≥ 160mg )

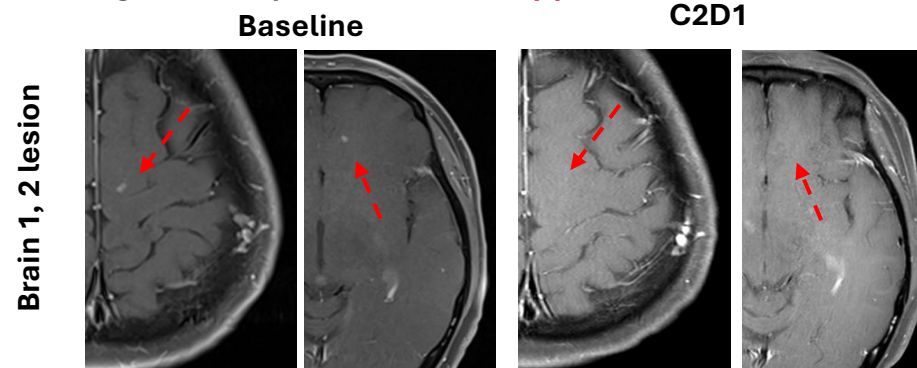
Number of Patients	Disease Control Rate (DCR)
11	100% (11/11)

- All BM/LM patients are ongoing treatment

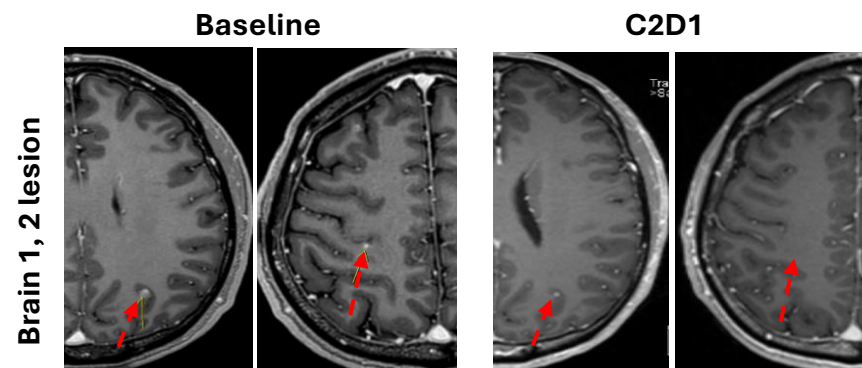
✓ 40mg Case Report: tumor disappearance of CNS lesion



✓ 160mg Case Report: tumor disappearance of CNS lesion

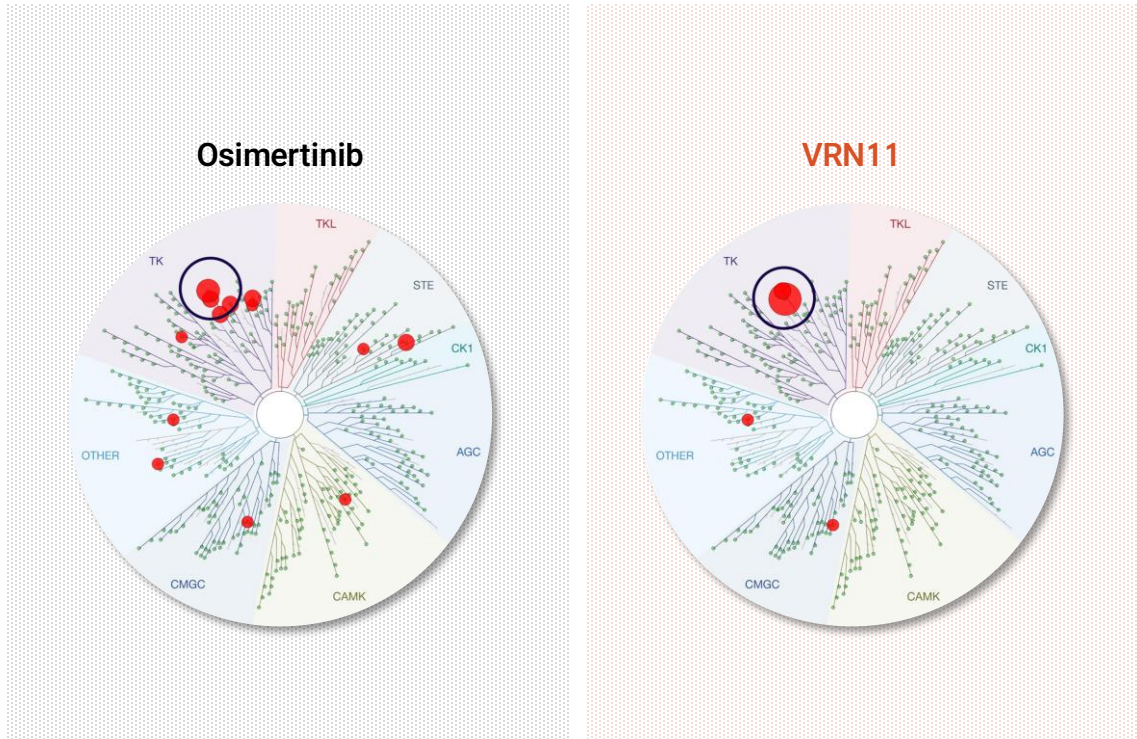


✓ 240mg Case Report: decrease in size of CNS lesion



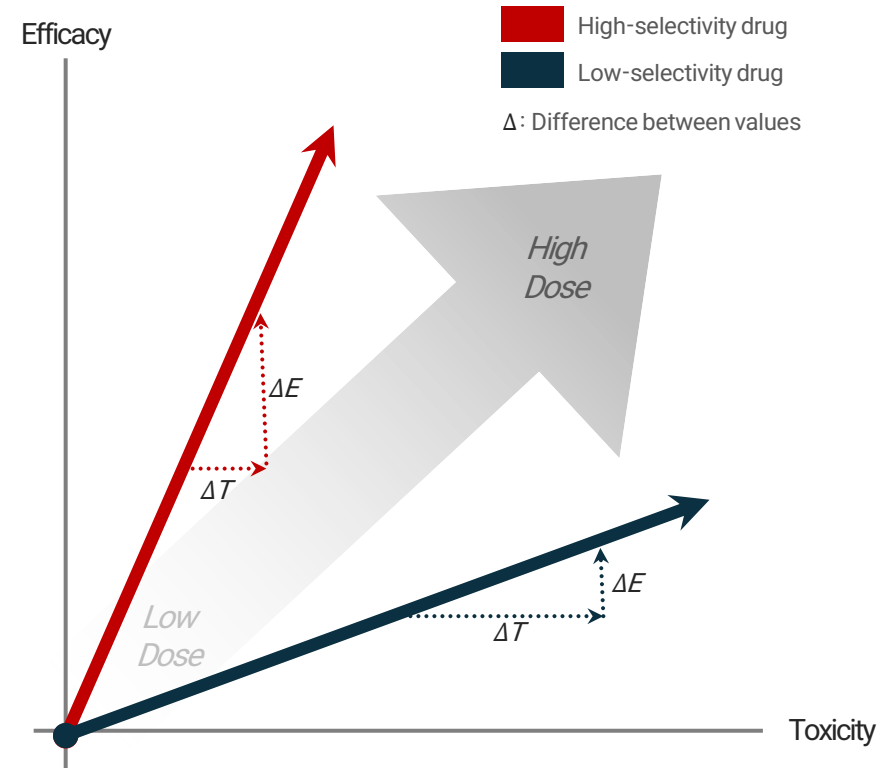
# Comparison of VRN1 1-Osimertinib (2) Selectivity: “Maximizing Efficacy & Safety”

## [Comparison of VRN1 1-Osimertinib] Selectivity



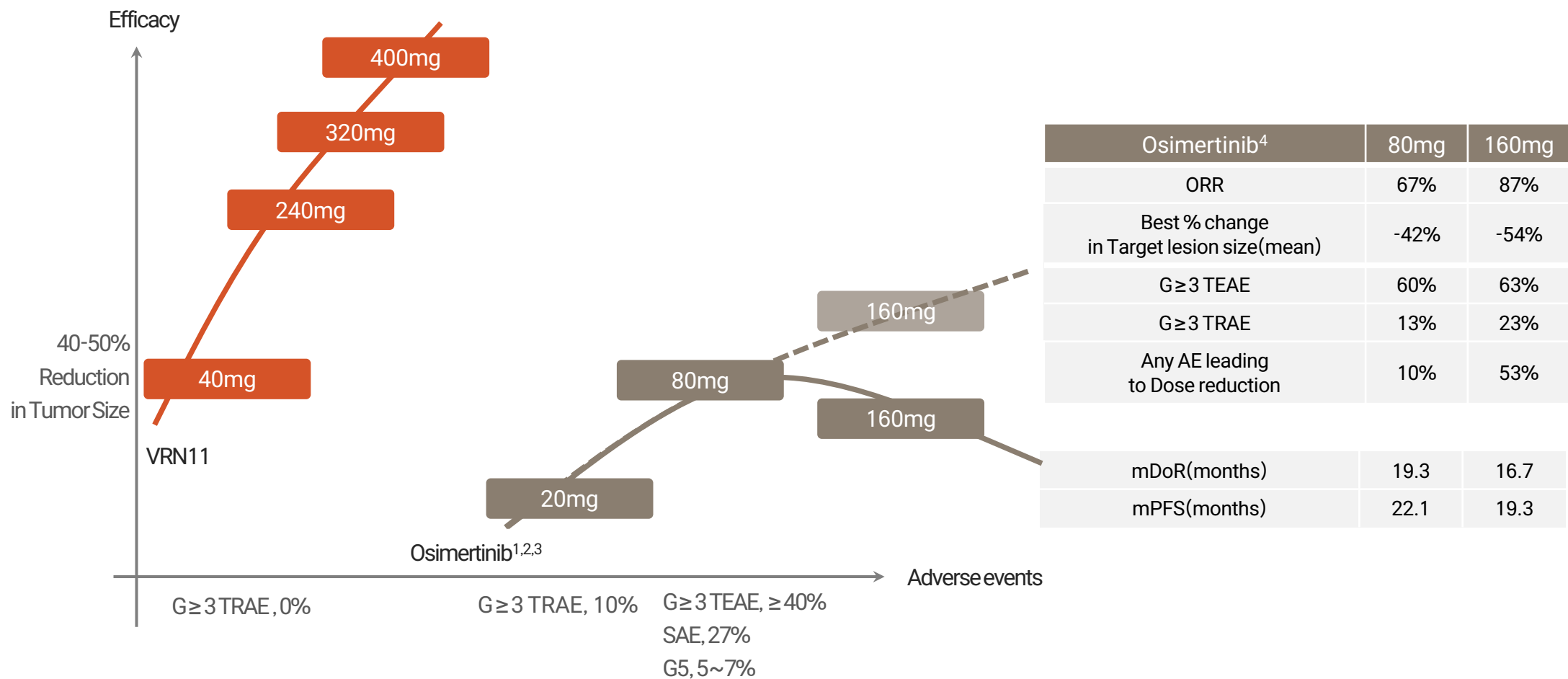
✓ Kinase profiles were analyzed against 486 human kinases, and S10 kinases were indicated as a red dot.

## Efficacy and Toxicity Changes( $\Delta$ ) with Increasing Dose



# Comparison of VRN11-Osimertinib (3) Efficacy & Safety

VRN11 demonstrated superior efficacy and a favorable safety profile compared to Osimertinib



Source: <sup>1</sup>Jänne PA, et al., N Engl J Med. 2015;372(18):1689-1699, <sup>2</sup>S.S. Ramalingam, et al.,N Engl J Med 2020;382, <sup>3</sup>ESMO2023, <sup>4</sup>Ramalingam SS, et al., J Clin Oncol 36:841-849.

# Comparison of VRN11-Osimertinib (4) Safety①

Anticancer efficacy confirmed at ≥40 mg in phase 1, and no drug-related Grade 3 or higher observed up to 400 mg (10-fold dose increase)

## Safety profile of VRN11 observed in phase 1a study (As of 2025.10)

Dose Escalation

TRAE, n(n=54)	Any Grade	Grade 1	Grade 2	Grade ≥3	SAEs
XXXmg					
480mg					
400mg(n=1)	0	0	0	0	0
320mg(n=4)	1	1	0	0	0
240mg(n=14)	8	6	1	0	0
160mg (n=13)	7	5	2	0	0
80mg (n=12)	2	2	0	0	0
40mg (n=3)	1	1	0	0	0
20mg (n=4)	2	2	0	0	0
10mg (n=3)	1	1	0	0	0

On treatment  
No DLT

## Improved safety compared with osimertinib

Event(%)	Osimertinib (80mg, n=279)*		VRN11 (160~400mg, n=34)	
	All	Grade ≥3	All	Grade ≥3
Diarrhea	49	2	9	-
Rash	54	1	18	-
Dry skin	33	<1	9	-
Paronychia	33	<1	-	-
Stomatitis	25	<1	6	-
Pruritus	15	-	6	-
Anemia	12	1	-	-
QT Prolongation	10	2	-	-
ILD/Pneumonitis	4	2	-	-

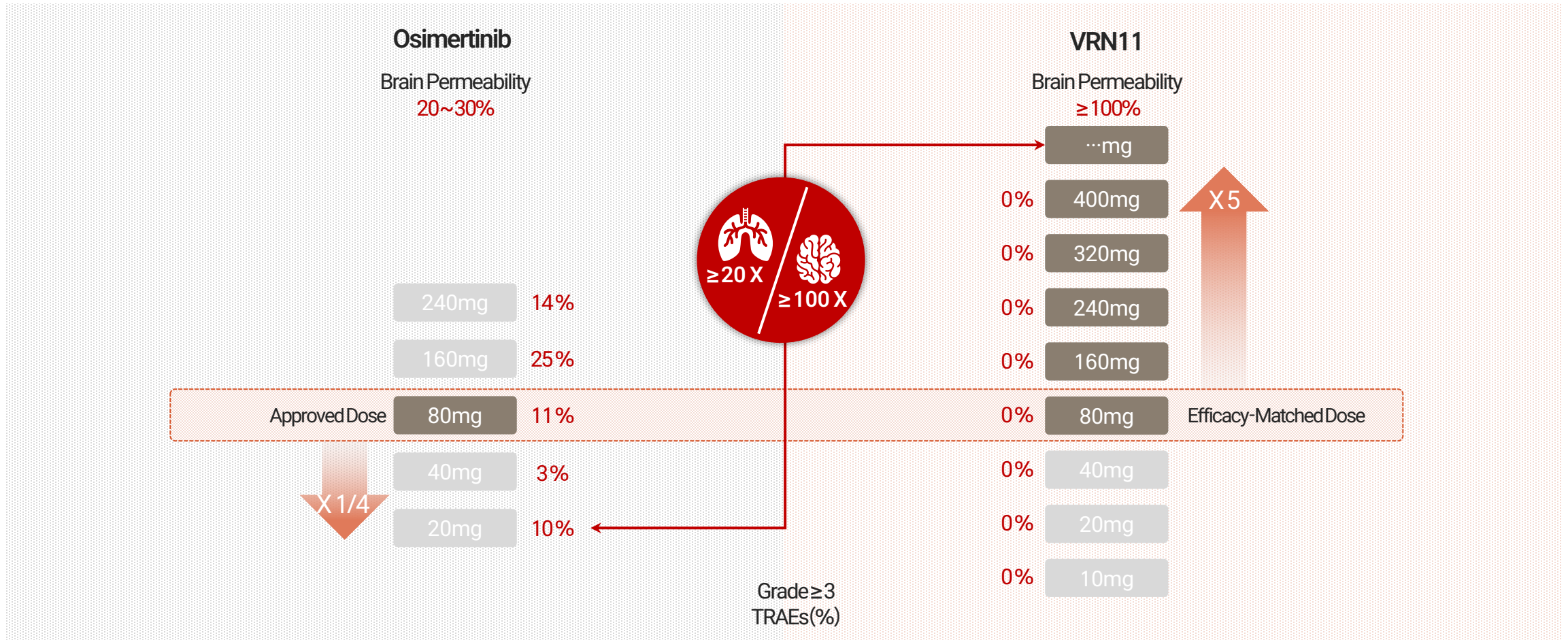
EGFR on target tox. EGFR off target tox.

- Dose reduction(due to TRAEs) 0%
- Permanently discontinuation(due to TRAEs) 0%

DLT, Dose limiting toxicity; TRAE, treatment-related adverse event; SAE, serious adverse event  
Source: \*Osimertinib safety profiles adapted from FLAURA (NEJM 2019)

# Comparison of VRN11-Osimertinib (4) Safety②

## Safety Comparison(Osimertinib<sup>1</sup> vs VRN11)

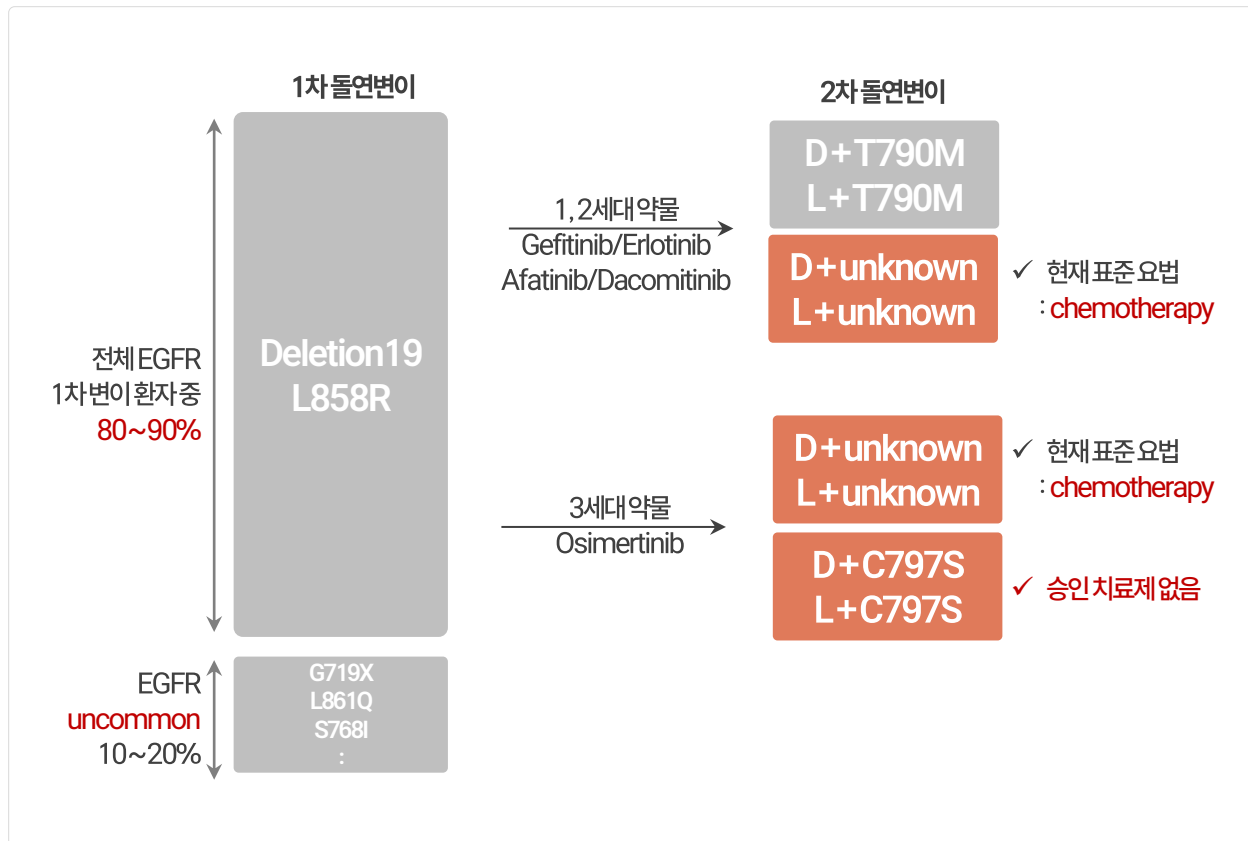


Source: <sup>1</sup>Jänne PA, et al., N Engl J Med. 2015;372(18):1689-1699

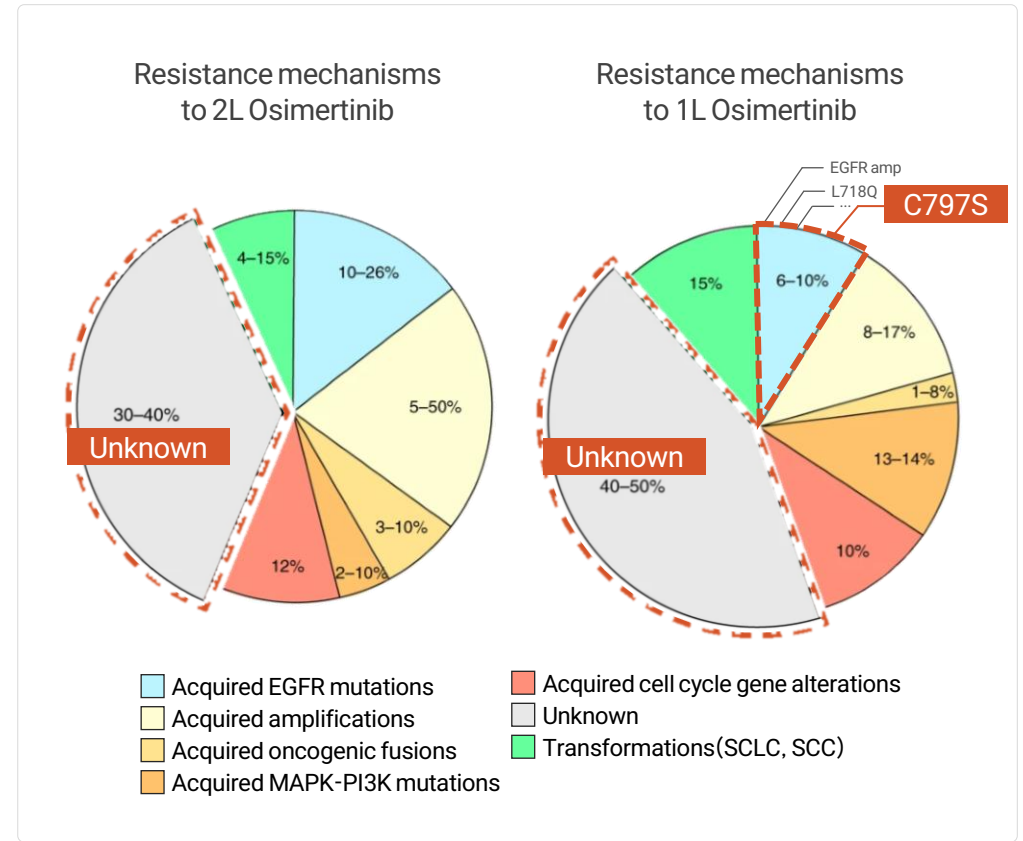
# EGFR NSCLC Landscape

EGFR C797S accounts for ~10% of Osimertinib resistance, and Approximately 30–50% of resistance mechanisms to osimertinib remain **unknown**  
 EGFR del19, L858R, C797S mutations and SOC (including EGFR TKIs) refractory/resistant patients

## EGFR Non-small cell lung cancer (NSCLC) Landscape



## Resistance mechanisms to Osimertinib in EGFR NSCLC<sup>1</sup>



EGFR, epidermal growth factor receptor; NSCLC, Non-small cell lung cancer; TKI, Tyrosine kinase inhibitor  
 Source: <sup>1</sup>Leonetti, A. et al. Br J Cancer 121, 725–737 (2019)

# Phase 1a(Dose escalation) clinical trial design

A global Phase 1 clinical trial is ongoing in Taiwan and Korea (including Hong Kong and Australia)

## Phase 1a Highlights(As of 2025.10)

### Key Eligibility Criteria

- Advanced NSCLC with driving EGFR mutations
- Received prior standard therapy including TKI
- ECOG PS 0-1

### Key Endpoints

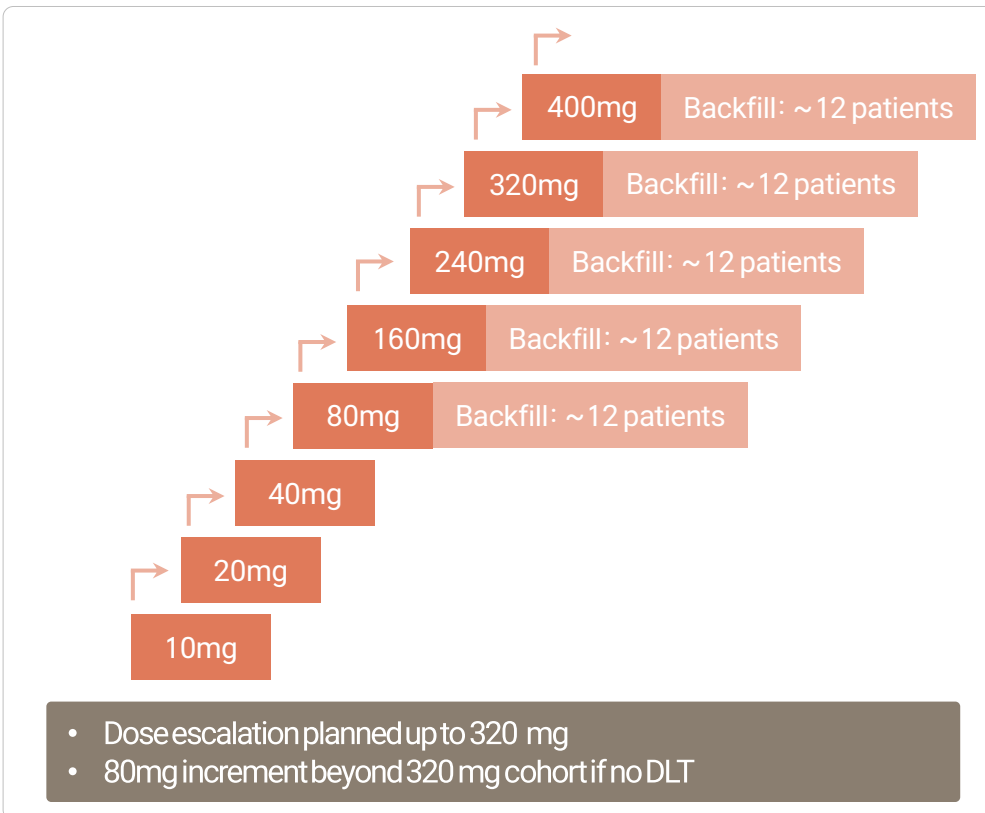
- Safety and tolerability
- Pharmacokinetics
- Anti-tumor responses

### Dose Escalation

- VRN11 administered orally QD
- 28-day treatment cycle

Characteristics		10 – 400 mg QD n = 54
Median age, years (range)		60 (45-87)
Sex, n (%)	Male / Female	18 (33) / 36 (67)
Race, n (%)	Asian	54 (100)
ECOG PS, n (%)	0 / 1	24 (44) / 30 (56)
Mutation type, n (%)	Classic	26 (48)
	Classic + C797S	4 (7)
	Classic + T790M	4 (7)
	Atypical	5 (9)
	Atypical + T790M	2 (4)
	Not detected	13 (24)
	Median number of prior systemic therapies (range)	

## Phase 1a clinical trials design



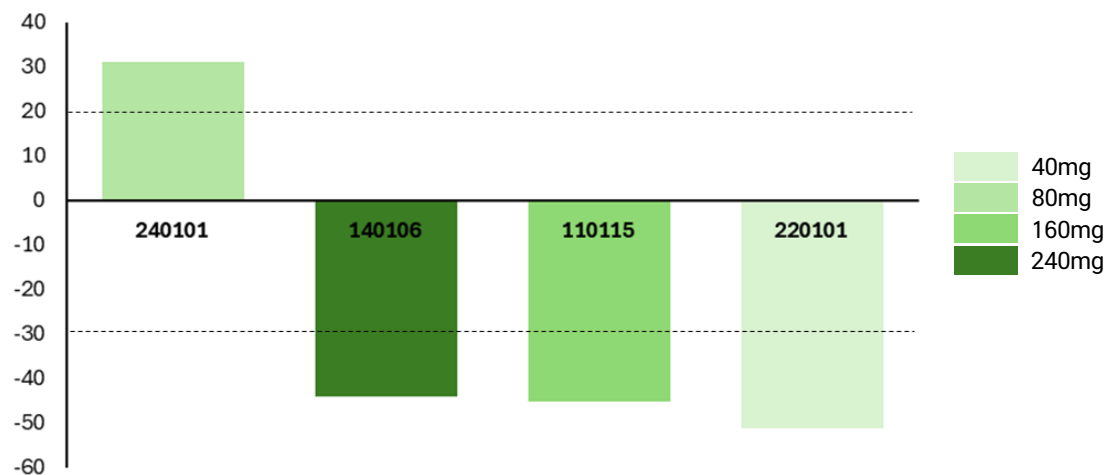


***Efficacy of 2<sup>nd</sup> line treatment***  
*(Patients with acquired EGFR C797S mutation)*

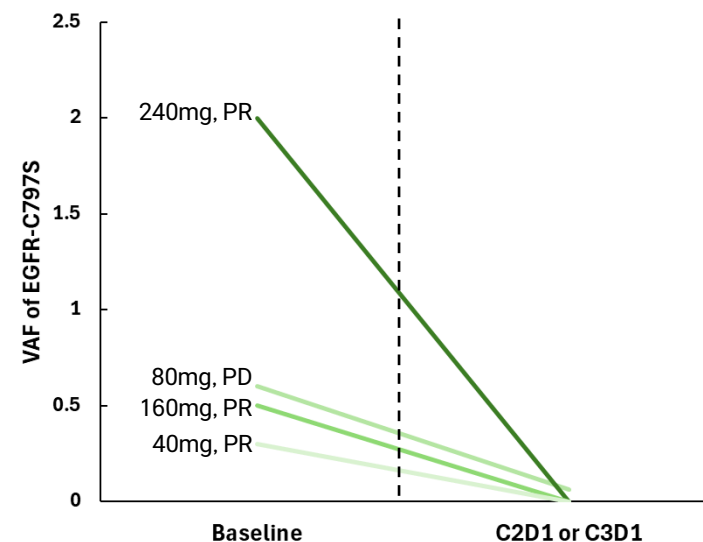
# Efficacy in Patients with EGFR C797S Mutation

As a global first in precision medicine targeted therapy, promising therapeutic efficacy (**ORR 75%, 3/4 pts**) was observed in the phase 1a (dose escalation) study **without any Grade 3 or higher adverse events**. Moreover, efficacy was evident in patients with brain metastases.

## Monotherapy Efficacy(EGFR C797S, with brain metastasis)



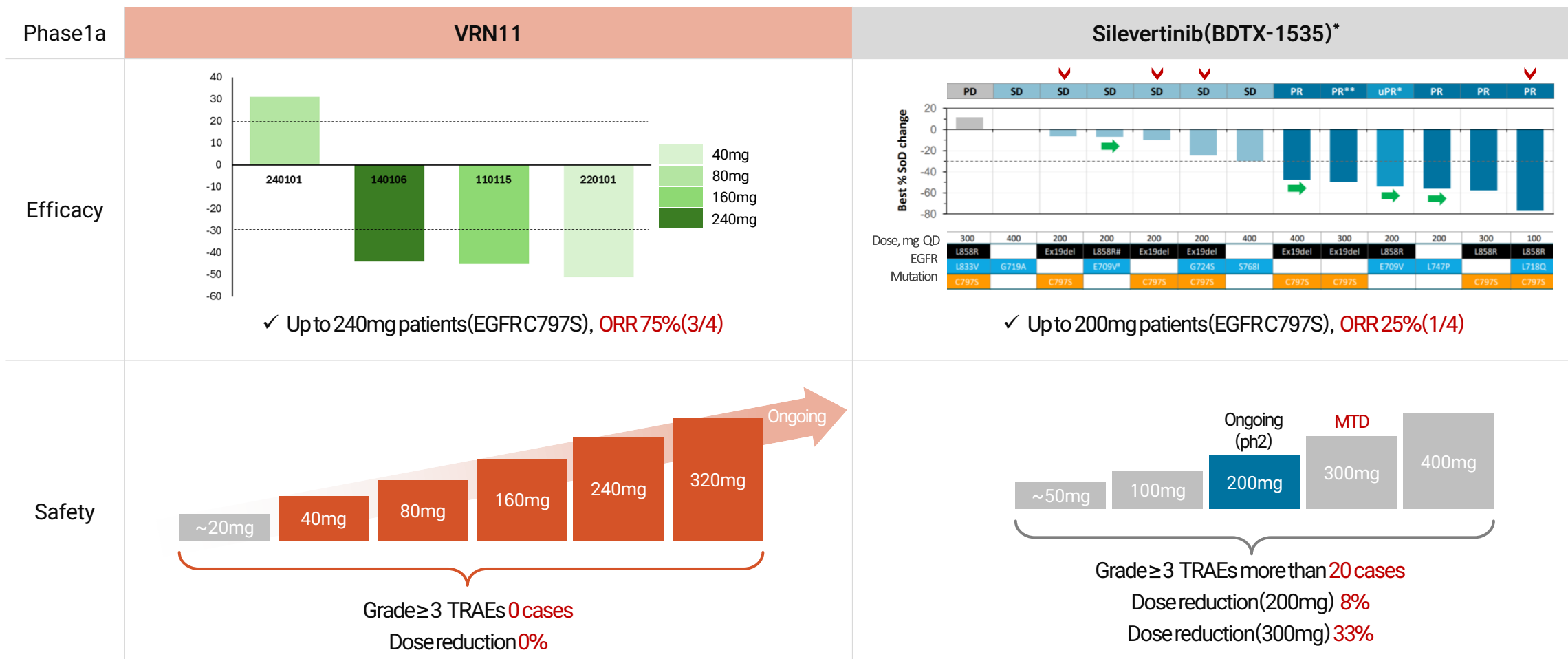
## Molecular Response for C797S patient



Patient ID	Dose level	EGFR mutants	Prior TKIs	ctDNA clearance (C797S)	Best changes in target lesions (%)	Brain lesion	Best response
1	40 mg	L858R/C797S/ R776H	Dacomitinib-Osimertinib	100%	-51.4	Disappeared	PR
2	160 mg	Del19/C797S	Osimertinib	100%	-45.3	Disappeared	PR
3	240 mg	Del19/C797S	Lazertinib-Osimertinib	100%	-44.1	Decreased	PR
4	80 mg	Del19/C797S	Osimertinib	80%	31.2	Increased	PD

ORR, overall response rate; PR, Partial response; SD, Stable disease; PD, Progressive disease; Data cutoff October 14,2025

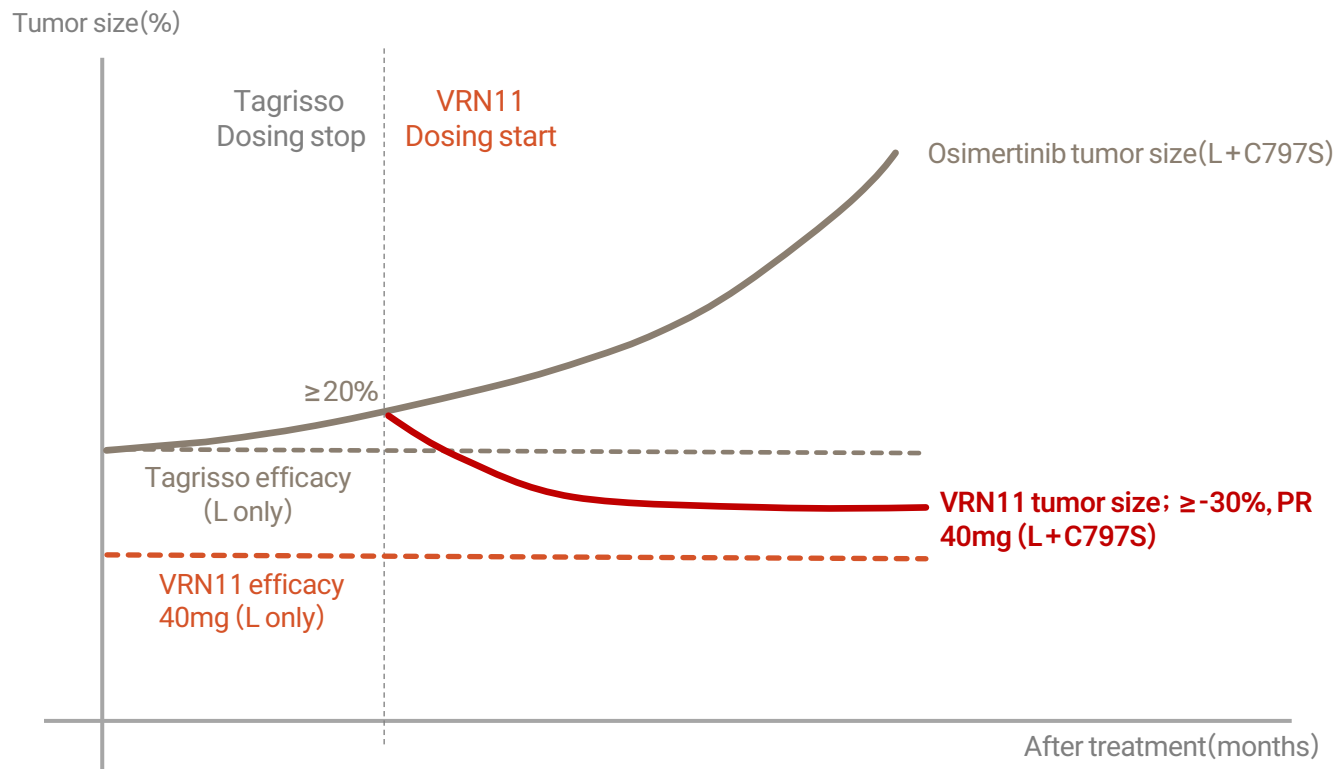
# Phase 1 Comparison with Competitors Targeting EGFR C797S



ORR, overall response rate; PR, partial response; SD, stable disease; PD, progression disease; TRAEs, treatment-related adverse events; MTD, maximum tolerated dose; Source: \*AACR-NCI-EORTC2023

# Accelerated Approval Strategy Based on Efficacy in EGFR C797S Mutation

## Treatment response rate for the EGFR C797S mutation



## Accelerated Approval Target for EGFR C797S Mutant NSCLC

	Chemotherapy(2L) <sup>1</sup>	VRN11
Efficacy	mPFS 4.2months ORR 36%	40~240mg patients, <b>ORR 75%(3/4)</b> mPFS $\geq 6$ months(expected) ORR $\geq 50\%$ (expected)
Safety	<b><math>\geq</math> Grade 3 AEs 48%</b>	<b><math>\geq</math> Grade 3 AEs 0%</b>

- Targeting year-end completion of Phase 1 to finalize RP2D for the accelerated approval cohort
- Phase 1b/2 entry in 2026 and accelerated approval plan in 4Q 2026

## Example of Accelerated Approvals for 2<sup>nd</sup> Line EGFR Inhibitor (Tagrisso, EGFR T790M)

- Determine RP2D (80 mg), followed by a Phase 2 trial for accelerated approval
- Approximately **32 months** from Phase 1 initiation to accelerated approval (2013.03~2015.11)
- ORR **51~59%**
- DoR **12.4 months**

L, EGFR L858R; PFS, Progression free survival; ORR, Overall response rate; AEs, adverse events; DoR, Duration of Response; Source: <sup>1</sup>Passaro, A. et al. Annals of Oncology, Volume 35, Issue 1, 77 - 90,

# #Case: Efficacy in Patients with EGFR C797S Mutation

Confirmed therapeutic efficacy against the EGFR C797S mutation in 40 mg to 240 mg cohorts (cohorts above 240 mg ongoing)

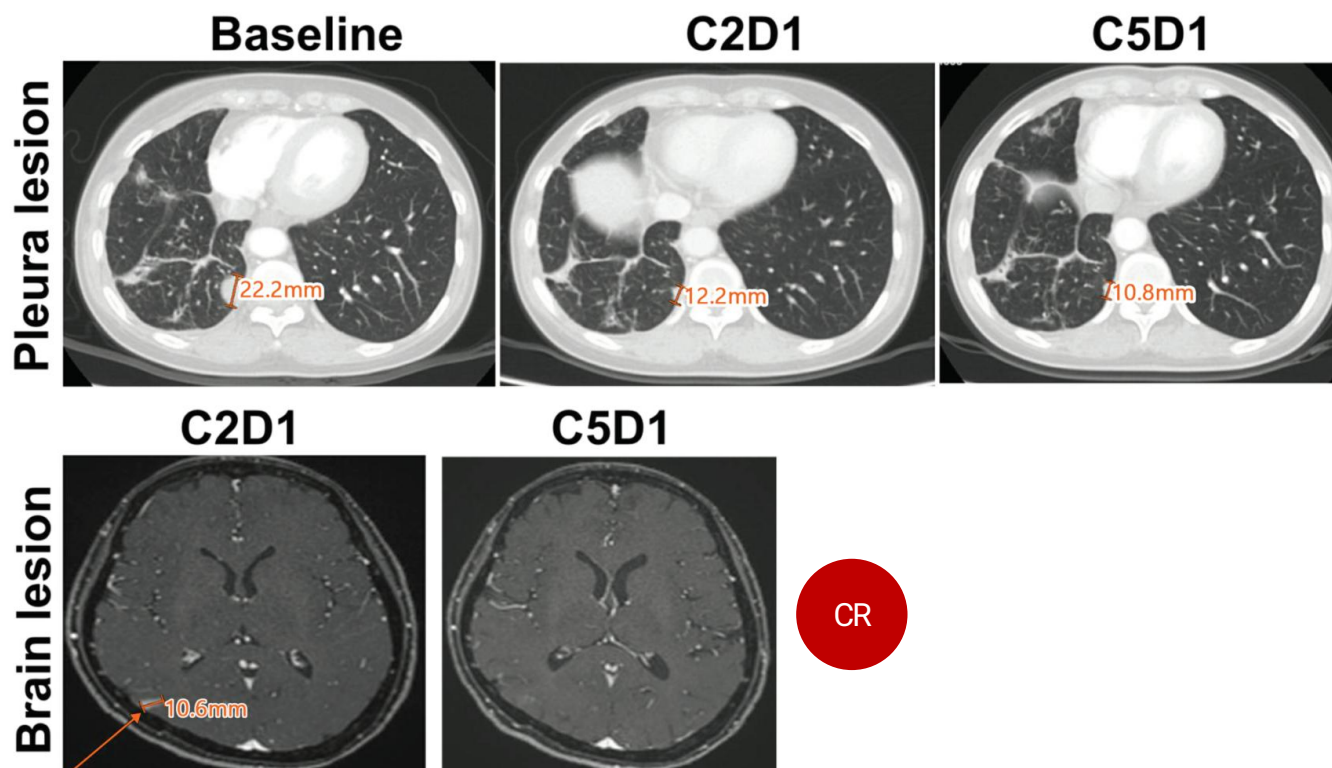
## ✓ 40mg Case Report: EGFR L858R/R776H/C797S

### Baseline and Treatment History

- Lung, brain, and pleural metastasis
- Two prior systemic treatments including dacomitinib and osimertinib

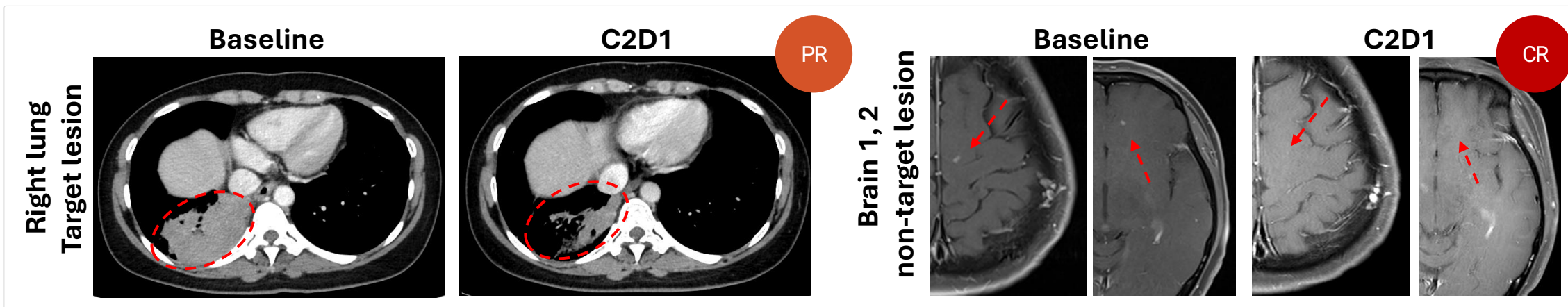
### VRN11 Treatment

- 40mg QD, 19 weeks
- **Pleura lesion: 51% tumor reduction**
- **CNS lesion: tumor disappearance**
- Best response: PR
- Safety: grade 1 malaise TRAE

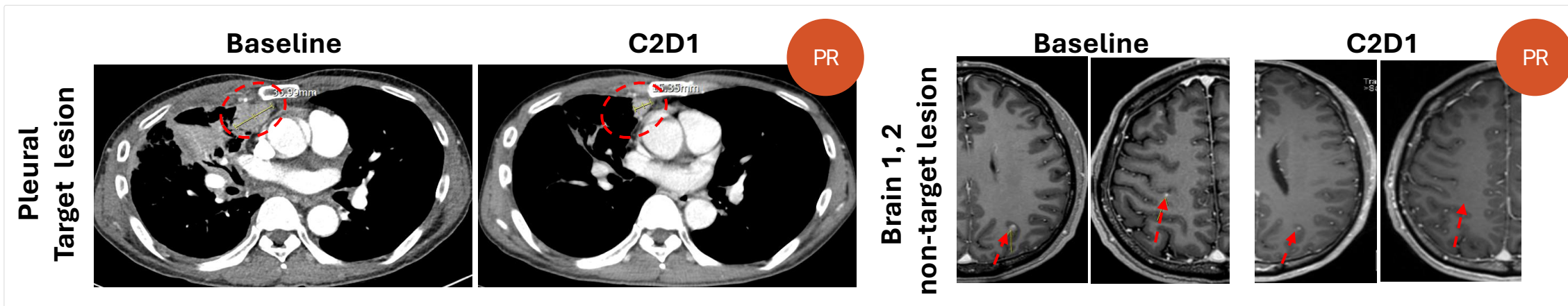


# #Case: Efficacy in Patients with EGFR C797S Mutation

✓ 160mg Case Report: EGFR Del19/C797S



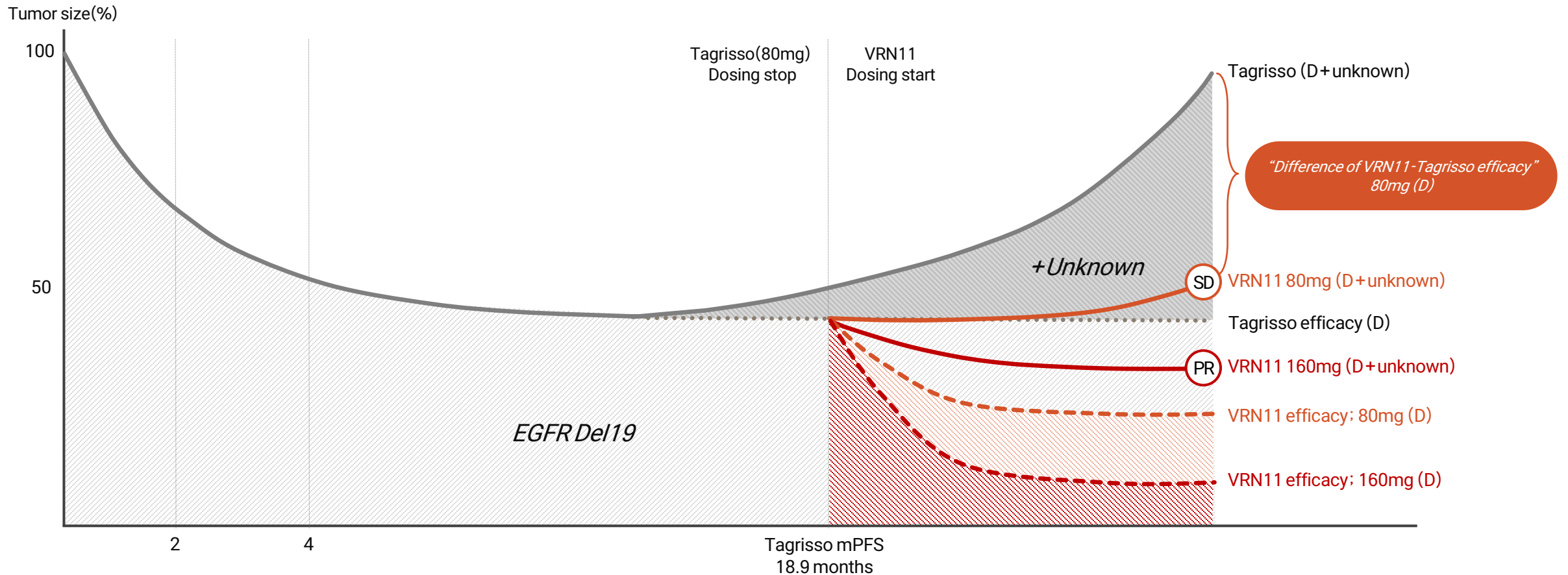
✓ 240mg Case Report: EGFR Del19/C797S





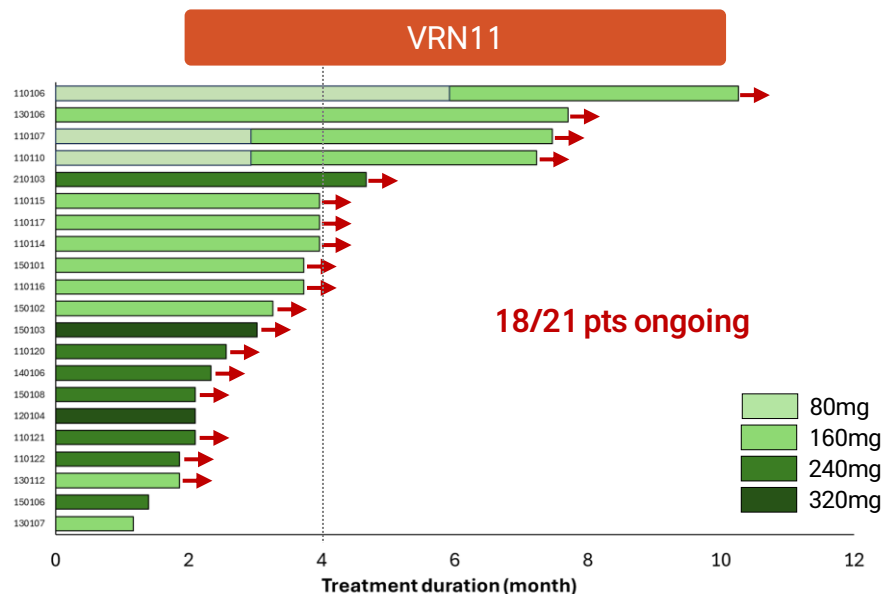
***Efficacy of 2<sup>nd</sup> line treatment***  
*(Patients Resistant to First-Line EGFR Therapy)*

# Simulation of cancer cure rate(2L+ ; EGFR primary mutation + unknown)



# Comparison of VRN11 and Osimertinib

Among 21 patients with EGFR-mutant NSCLC who have received third-line or later therapies, 18 patients are still in treatment. Based on preliminary observations, mPFS exceeding that of osimertinib (4.07 months) is anticipated

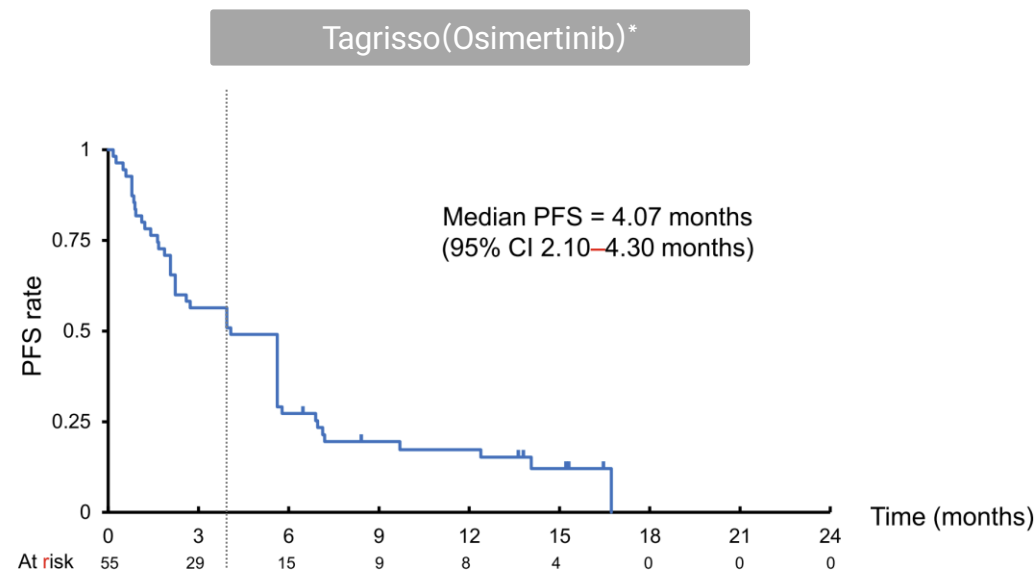


Response to treatment (n=21)

Response	No (%)
PR	4 (19.0%)
SD	16 (76.2%)
PD	1 (4.8%)
NE	0 (0.0%)

ORR 19.0%  
DCR 95.2%

✓ ≥Grade 3 AEs 0%



Response to treatment (n=55)

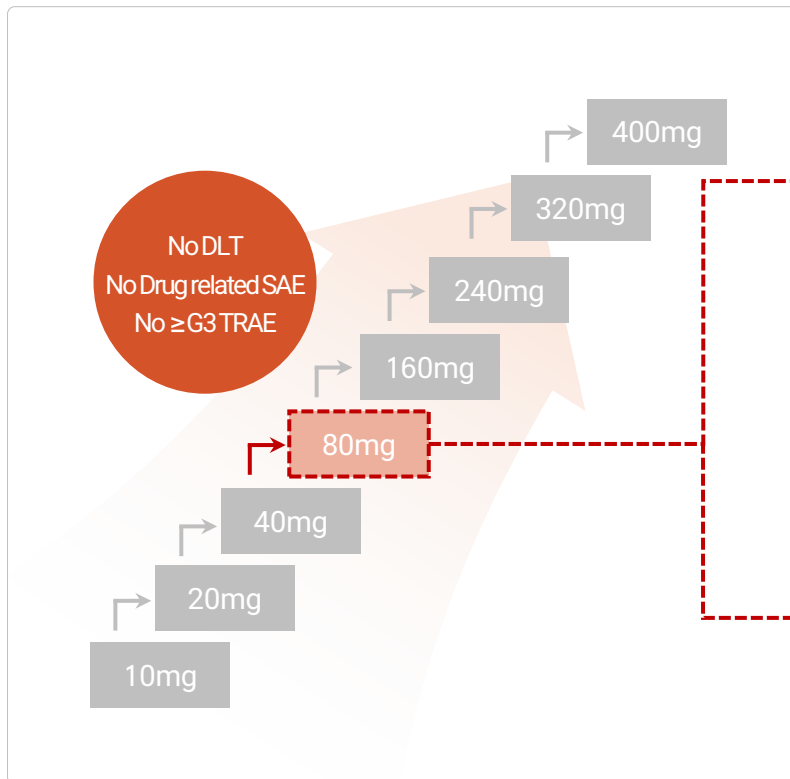
Response	No (%)
PR	16 (29.1%)
SD	16 (29.1%)
PD	18 (32.7%)
NE	5 (9.1%)

ORR 29.1%  
DCR 58.2%

✓ ≥Grade 3 AEs 32.9%

# #Case: VRN11 80mg

## Phase 1a. Dose escalation



### ✓ 80mg Case Report: EGFR Del19(80mg→160mg)

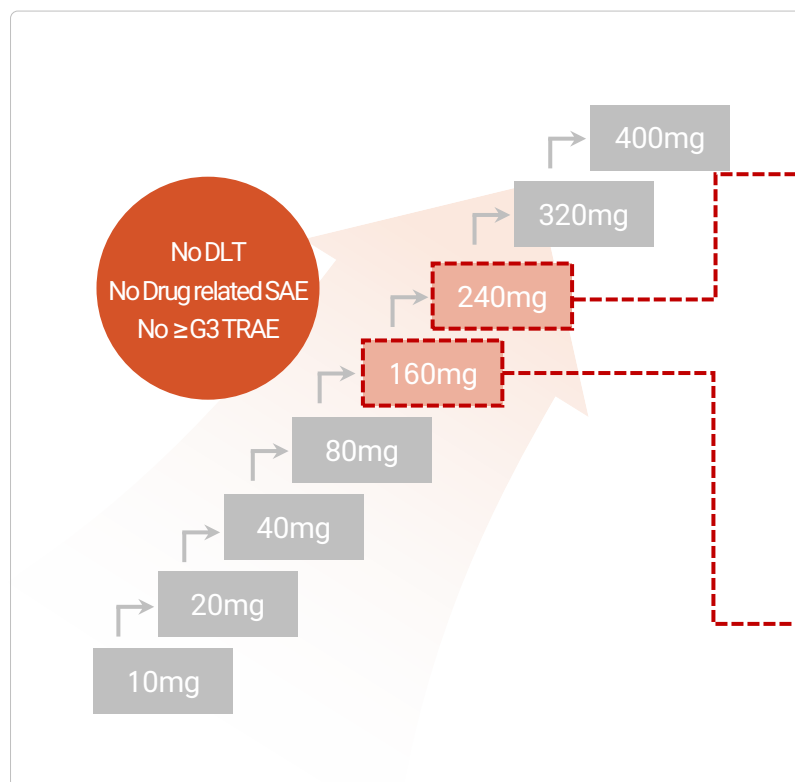
Baseline and Treatment History	VRN11 Treatment
<ul style="list-style-type: none"> <li>• Pleura metastasis</li> <li>• Two prior systemic treatments including <b>afatinib</b></li> </ul>	<ul style="list-style-type: none"> <li>• &gt; 10 months (on-treatment)</li> <li>• <b>Lung lesion: 47.37% tumor reduction</b></li> <li>• <b>Pleural effusion: disappearance</b></li> <li>• Best response: PR</li> <li>• Safety: <b>No TRAE</b></li> </ul>

### ✓ 80mg Case Report: EGFR Del19/T790M

Baseline and Treatment History	VRN11 Treatment
<ul style="list-style-type: none"> <li>• Lung, lymph node, and adrenal gland metastasis</li> <li>• Six prior systemic treatments including <b>dacomitinib and lazertinib</b></li> </ul>	<ul style="list-style-type: none"> <li>• 80mg QD, 16 weeks</li> <li>• <b>Adrenal gland lesion: 47% tumor reduction</b></li> <li>• Best response: SD</li> <li>• Safety: <b>No TRAE</b></li> </ul>

# #Case: VRN11 160mg, 240mg

## Phase 1a. Dose escalation



### ✓ 240mg Case Report: EGFR L858R

Baseline and Treatment History	VRN11 Treatment
<ul style="list-style-type: none"> <li>EGFR L858R mutation</li> <li>Prior treatment: 10 prior treatments</li> </ul>	<ul style="list-style-type: none"> <li><b>Target lesions: 43% reduction (after 4 weeks)</b></li> <li>Best response: PR</li> <li>Safety: G1 skin rash</li> </ul>

### ✓ 160mg Case Report: EGFR Del19 (Amplification)

Baseline and Treatment History	VRN11 Treatment
<ul style="list-style-type: none"> <li>EGFR Del19 and brain metastasis</li> <li>Prior treatment: Osimertinib (disease progression after 5 months)</li> </ul>	<ul style="list-style-type: none"> <li><b>Target lesions, ~7% reduction (after 4 weeks)</b></li> <li>Best response: SD (including brain lesion)</li> <li>Safety: No TRAE</li> </ul>

# Unmet needs for SOC (including EGFR TKIs) resistant/refractory patients

Current therapies show limited efficacy and safety in standard-treatment – resistant/refractory patients

Strong disease control observed in heavily pretreated patients supports the expectation of improved outcomes in the second-line setting

## SOC resistant/refractory patient trial indirect comparison

	EGFR common mutation(2L+)					
Drug name	Chemotherapy <sup>1</sup>	Chemotherapy+ Amivantamab <sup>1</sup>	Chemotherapy + Amivantamab + lazertinib <sup>1</sup>	Osimertinib <sup>2</sup>	<i>VRN11 (expected)</i>	<i>VRN11 + Chemotherapy (expected)</i>
mPFS (months)	4.2	6.3	8.3	2.8	≥ 6	≥ 10
≥ Grade3 Adverse events	48%	72%	92%	32%	0%	≤ 50%

### ✓ Key updates on VRN11 ph1a clinical trial

Efficacy

- DCR 95.2%(20/21)
- 18/21 patients ongoing
- Patients under treatment for ≥ 10 months at data cutoff

Safety

- up to 400mg patients(n=54), **≥ Grade 3 TRAEs 0%**

\*Data cutoff October 14,2025

## Potential Synergistic Effect of VRN11 in Combination with Chemotherapy for EGFR Del19/L858R and Unknown Mutation NSCLC

PFS, progression-free survival; TRAE, treatment-related adverse event; DCR, disease control rate  
 Source: <sup>1</sup>Passaro, A. et al. Annals of Oncology, Volume 35, Issue 1, 77 - 90, <sup>2</sup>Jänne PA, et al. N Engl J Med. 2015;372(18):1689-1699

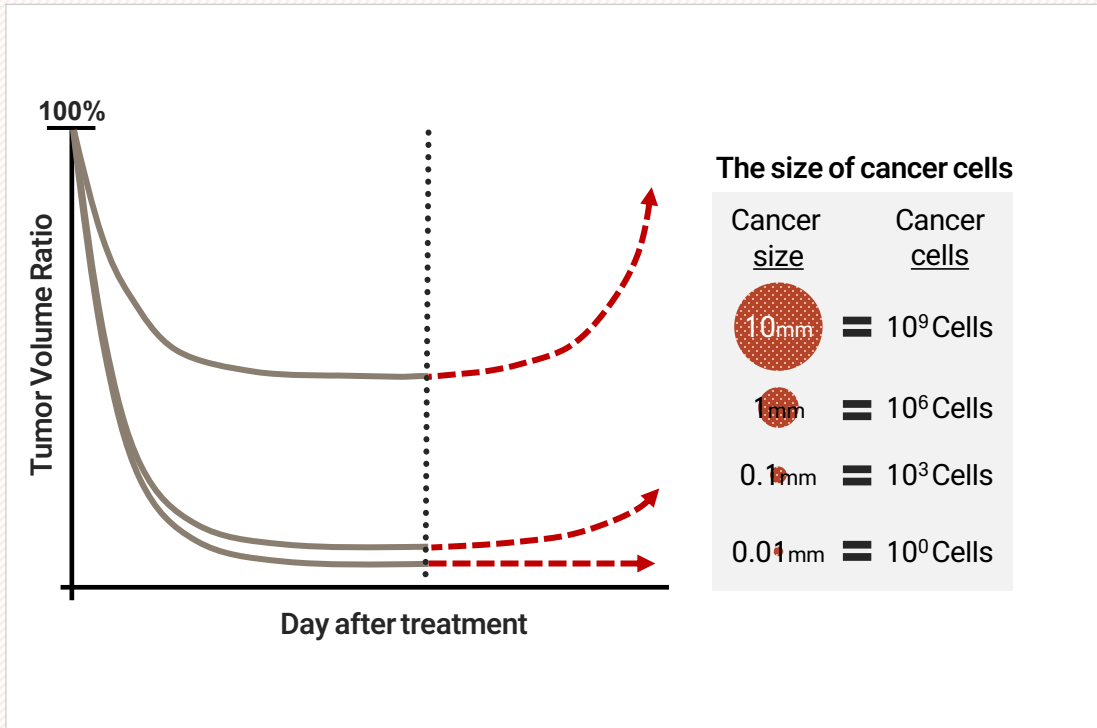


*Potential of 1<sup>st</sup> line treatment*

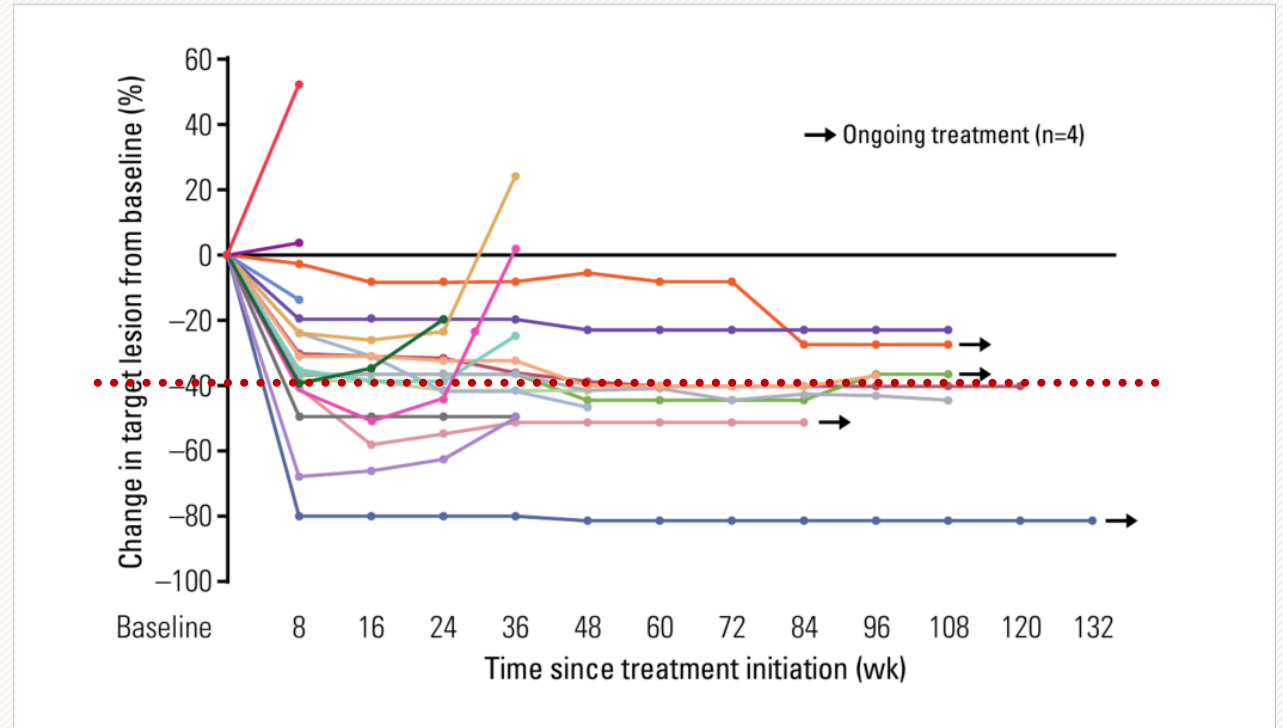
# Persister Cancer Cell, Treatment Resistance and PFS

The treatment rate reflects the remaining tumor cells. Fewer residual tumor cells are associated with a lower chance of developing resistance or alternative signaling pathways, resulting in prolonged progression-free survival (PFS)

Simulation of treatment rate



Treatment rate of Osimertinib (Tagrisso)<sup>1</sup>



Source: <sup>1</sup>Park CK, et al. Cancer Res Treat. 2021;53(1):93-103.

# Reinterpretation of IC<sub>50</sub> data

Treatment Potency (Treatment Rate) = f {(Binding affinity) × (Drug concentration in the system)}

## PFS Prediction Enabled by PK-Based Target Engagement Modeling



**$C_{trough,ss,free}$**

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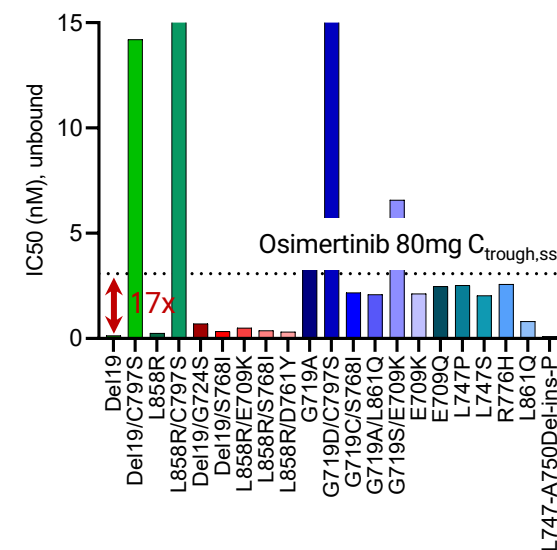
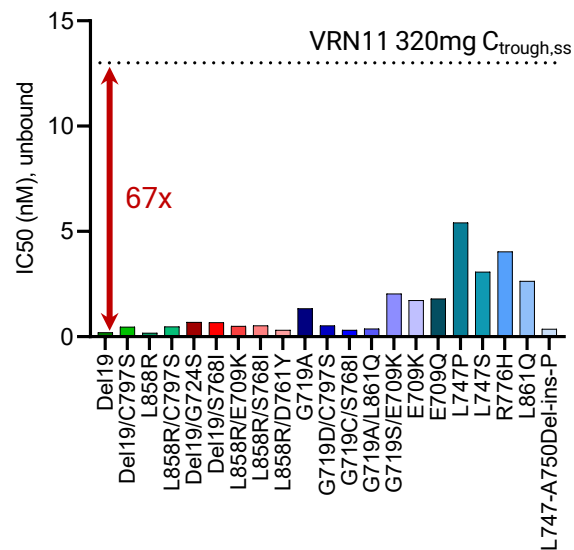
**$IC_{50}$**

✓ **Binding Probability (Concentration)**  
Drug concentrations post 24hr

✓ **Binding Affinity**  
Drug concentration required to kill cancer

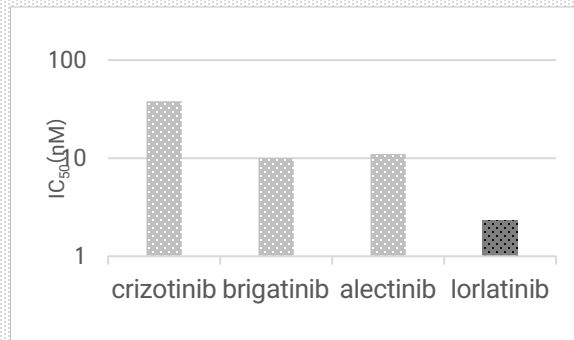
## Target engagement ratio

EGFR mutations	VRN11	Osimertinib	VRN11 /Osimertinib
	320mg	80mg	
Classic	67	17	4x
Classic + C797S	27	< 1	180x
Classic + Atypical	26	8	3x
Atypical	15	4	4x



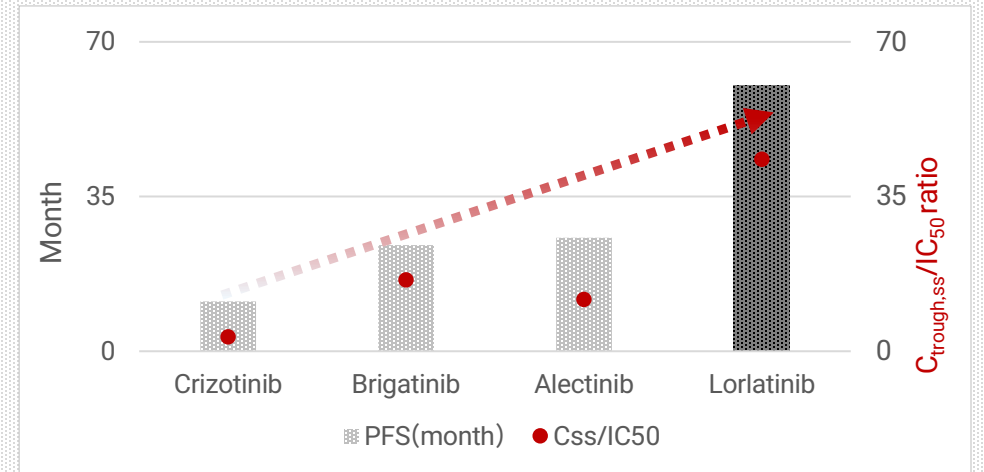
# $C_{trough} / IC_{50}$ - PFS relationship (ALK, EGFR)

## ALK fusion NSCLC case



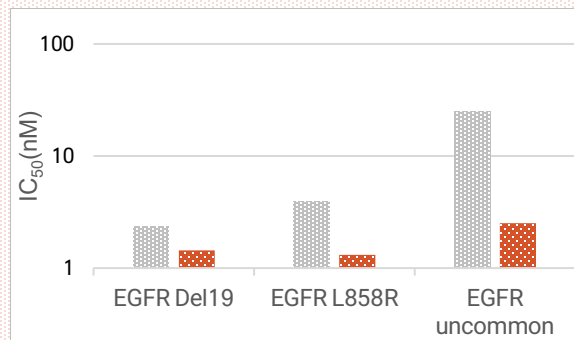
$$\frac{C_{trough,ss,free}}{IC_{50}}$$

✓ Binding Probability (Concentration)  
✓ Binding Affinity



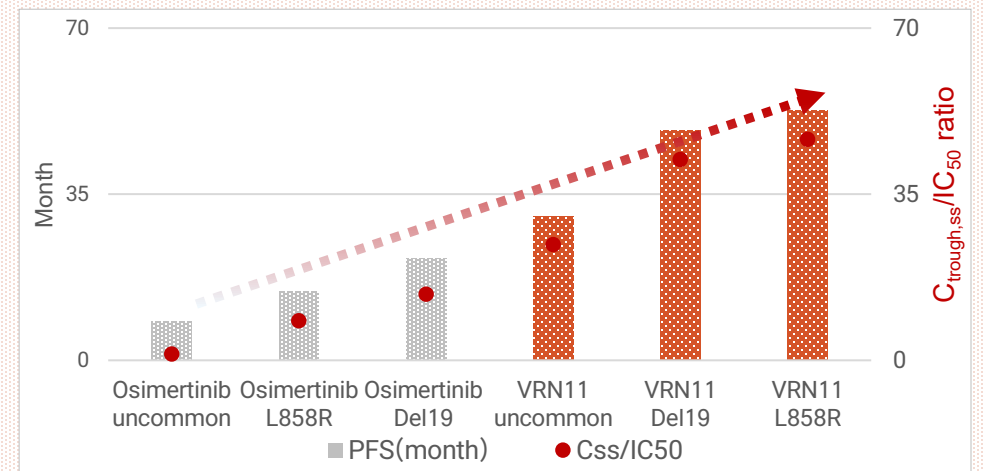
## EGFR NSCLC case

■ Osimertinib ■ VRN11



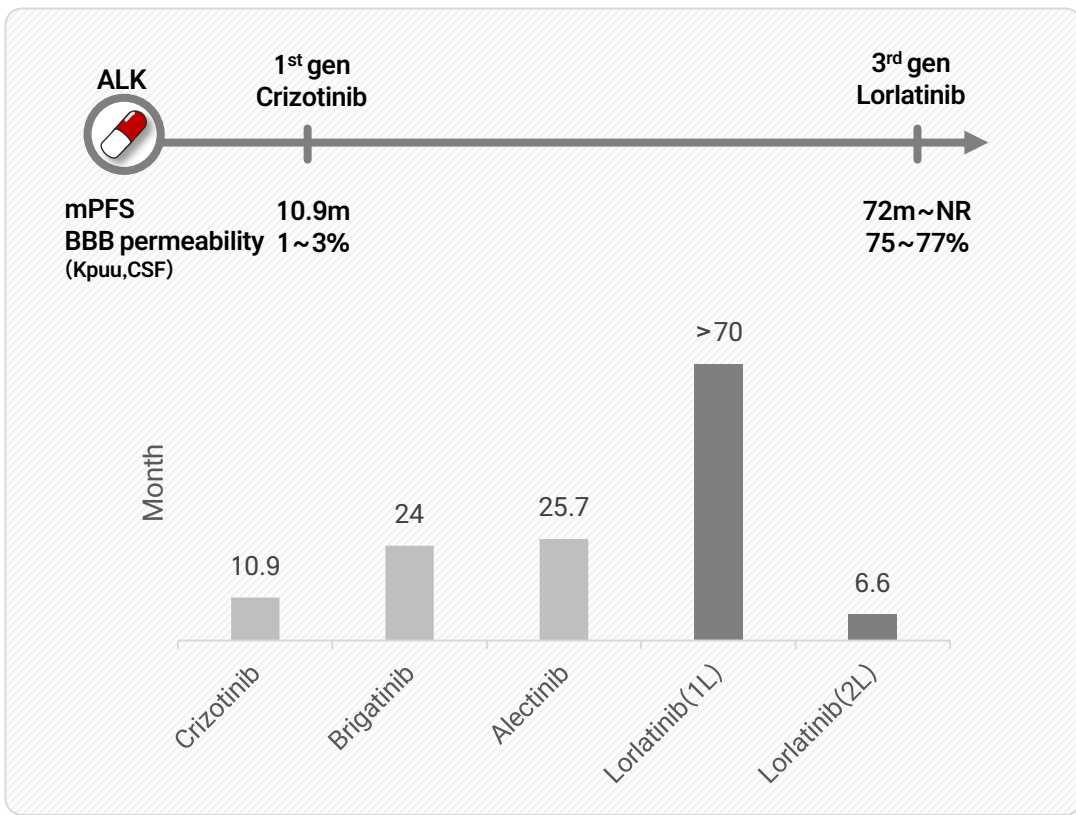
$$\frac{C_{trough,ss,free}}{IC_{50}}$$

✓ Binding Probability (Concentration)  
✓ Binding Affinity

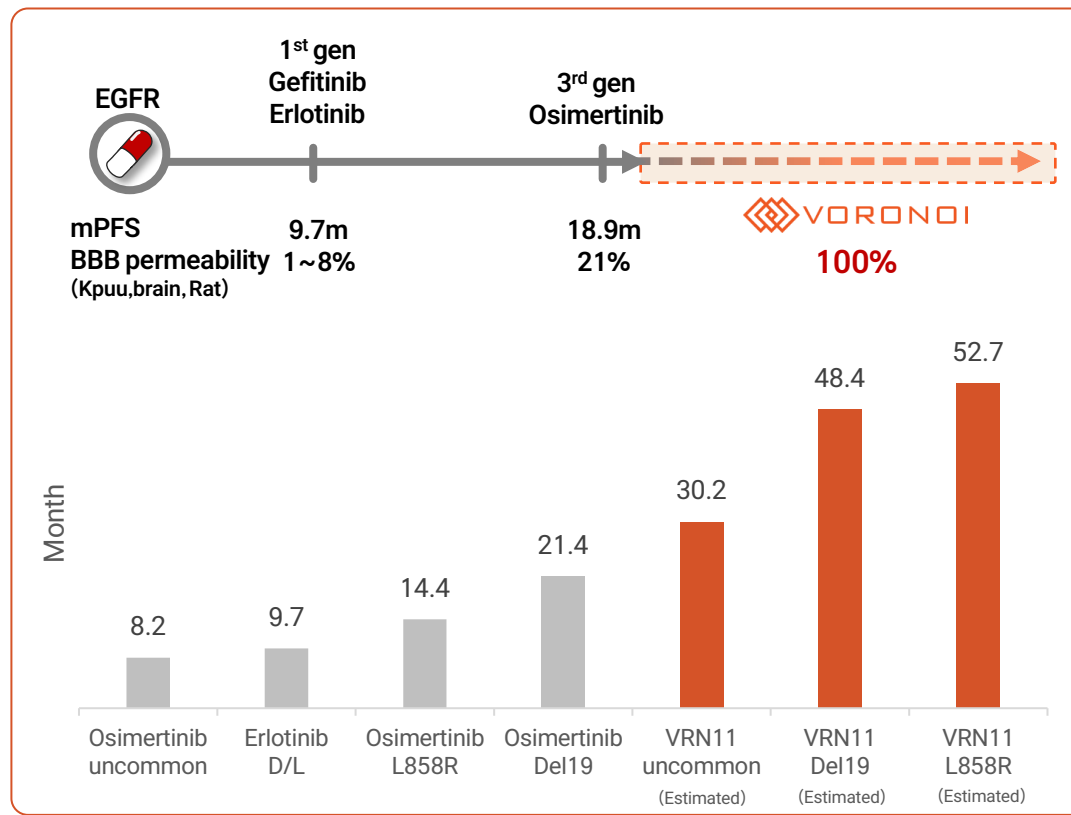


# Comparison of PFS of targeted therapies

### Comparison of PFS of targeted therapies(ALK)



### Comparison of PFS of targeted therapies(EGFR)



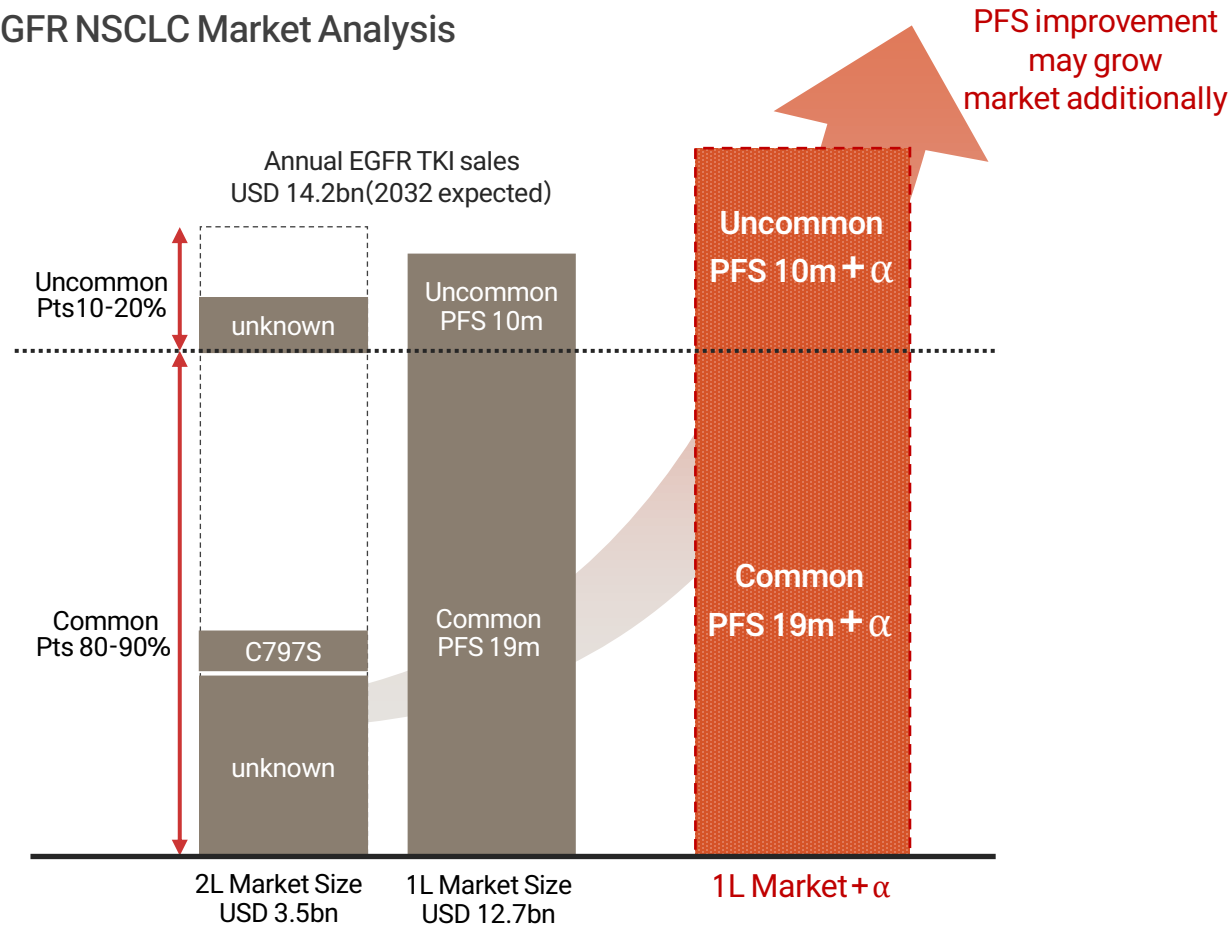
Source: Douillard JY, et al. Br J Cancer 2014;110:55-62, Rosell R, et al. Lancet Oncol 2012;13:239-246, Soria JC, et al. N Engl J Med 2018;378:113-125, Jang Ho Cho et al., JCO 38, 488-495(2020), Felip, E. et al. Annals of Oncology, Volume 32, Issue 5, 620 – 630, Solomon BJ, et al. N Engl J Med 2014;371:2167-2177, Solomon BJ, et al. JCO 0, JCO.24.00581, Peters S, et al. N Engl J Med. 2017;377(9):829-838, Camidge DR, et al. J Thorac Oncol. 2021;16(12):2091-2108, Toyooki Hida, Transl Lung Cancer Res. 2023 Aug 30;12(8):1822-1825, in-house



*Market size*

# EGFR NSCLC Market size

## EGFR NSCLC Market Analysis



## Each EGFR mutation specific differentiation

### EGFR DC, LC

- “First/Best-in class Drug”
- No treatment option available
- Aiming accelerated approval with exquisite selectivity profile

### EGFR Del19, L858R(2L)

- “Best-in class Drug”
- Aiming accelerated approval in combination with chemotherapy

### EGFR Del19, L858R(1L)

- “Best-in-class Drug”
- Exquisite selectivity and brain penetration confirmed
- Expecting superior efficacy with good therapeutic margins in clinical settings

### EGFR uncommon

- “Best-in-class Drug”
- Exquisite selectivity and brain penetration confirmed
- Expecting superior efficacy with good therapeutic margins in clinical settings

Creating Novel Therapeutics  
By People With Excellent Expertise  
In Drug Design

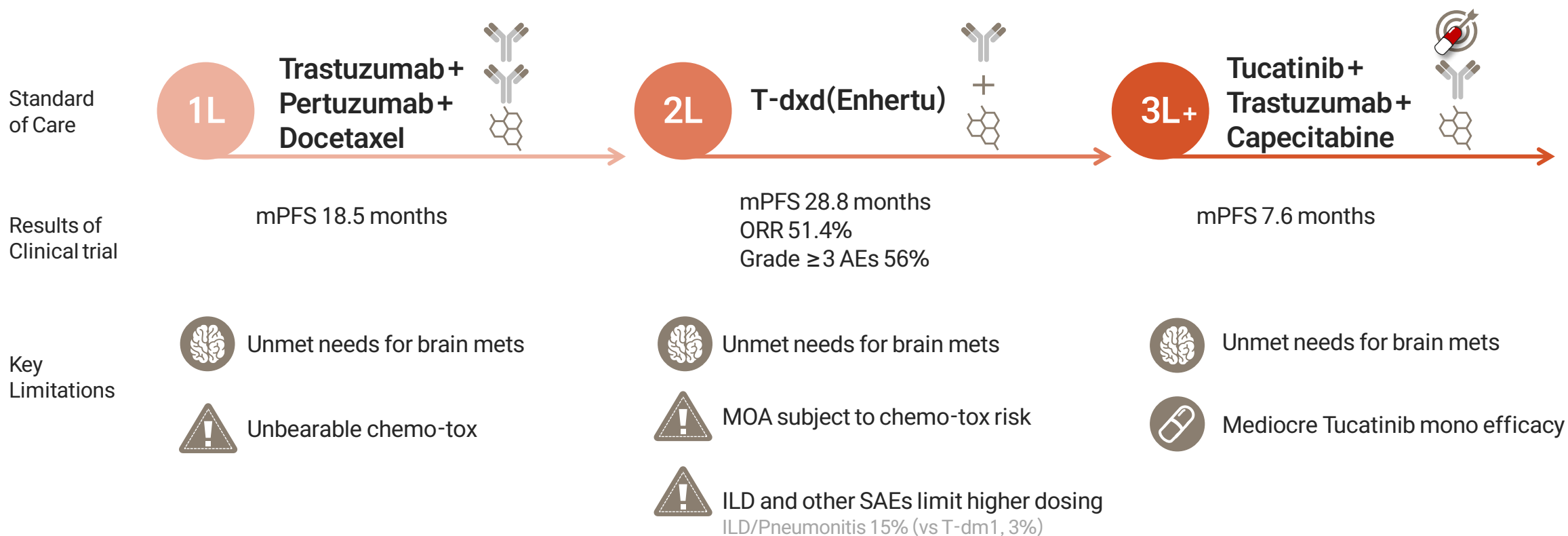


**VRN10. HER2+ Breast Cancer Targeted Therapy**






1. HER2+ Breast Cancer Treatment Guideline
2. HER2+ TKI Competitive Landscape
3. Clinical Data Comparison
4. Antitumor Activity in HER2 Solid Tumors Observed from the Starting Dose in Phase 1a Study
5. Safety
6. Phase 1a Trial Design

# HER2 positive Breast Cancer Treatment Guideline

VRN10 to overcome limitations of existing treatment options



# HER2 positive TKI Competitive Landscape

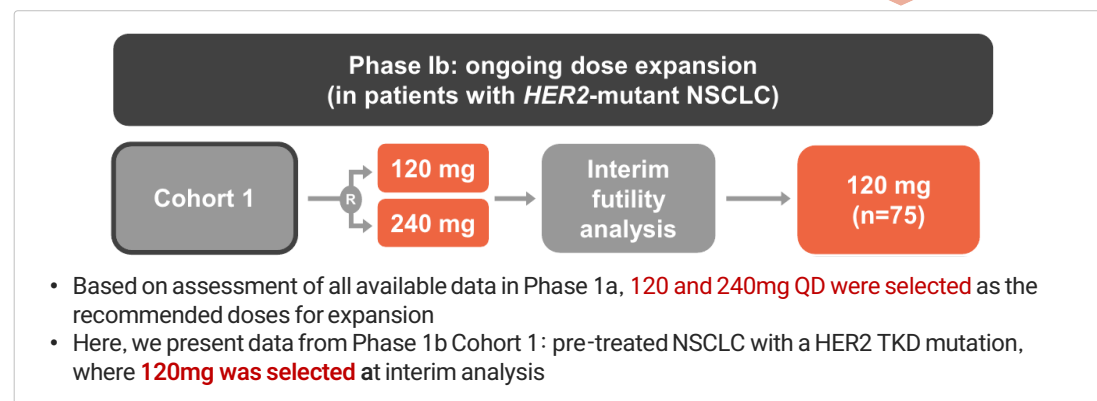
	 <b>VORONOI</b> <b>VRN10</b>	 <b>Boehringer Ingelheim</b> <b>Zongertinib</b>	 <b>Purix Biotechnology</b> <b>Neratinib</b>	 <b>Roche</b> <b>ZN-A-1041</b>	 <b>Pfizer</b> <b>Tucatinib</b>
HER2 selectivity over EGFR	+++	+++	-	+	+++
Potency to resistant mutants	+++		+++	+	+
Intracranial efficacy	+++	-	-	+++	+
Binding mode	<b>Covalent</b>	Covalent	Covalent	Non-covalent	Non-covalent
GSH reactivity	<b>Low</b>	Moderate	High		Low
HER2 ADC Internalization	<b>Promote</b>		Promote	No promote	No promote
BCRP substrate	<b>No</b>	Yes	No		Yes

# Clinical Data Comparison (Enhertu vs Zongertinib)

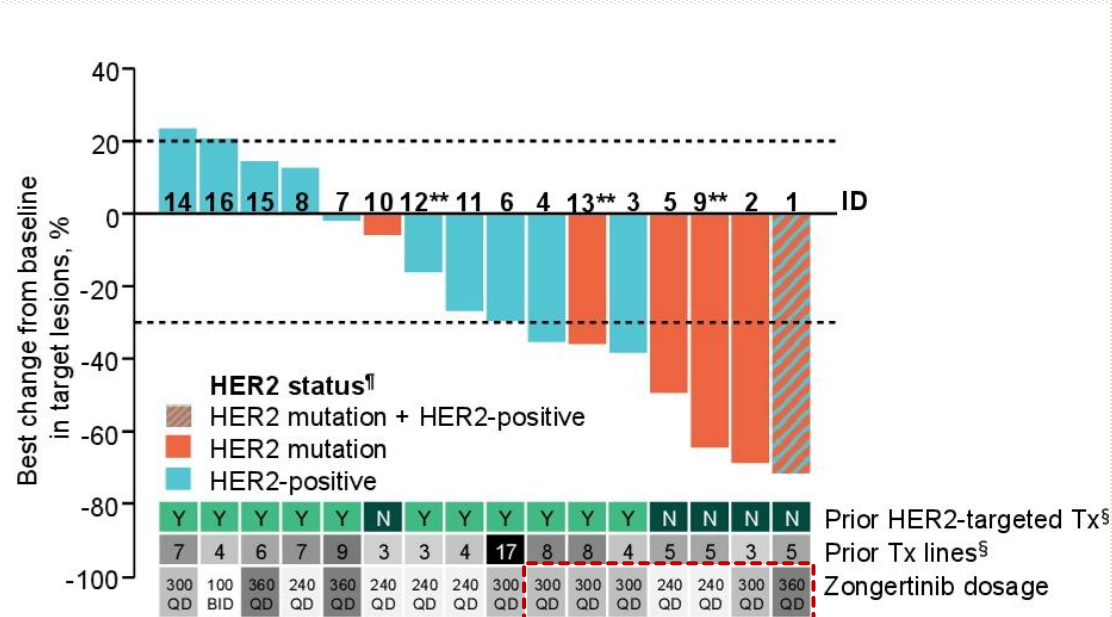
## [HER2 NSCLC] T-Dxd vs Zongertinib

Drug name (Clinical trial)	T-Dxd <sup>1</sup> (DESTINY-Lung02)	Zongertinib <sup>2</sup> (Beamion LUNG-1)
ORR	49%	71%
mPFS	9.9 months	12.4 months
Grade ≥3 TRAE	38.6%	17% (ALT, AST increased, etc.)
ILD	12.9%	-

## Beamion LUNG-1 Trial Design<sup>3</sup>

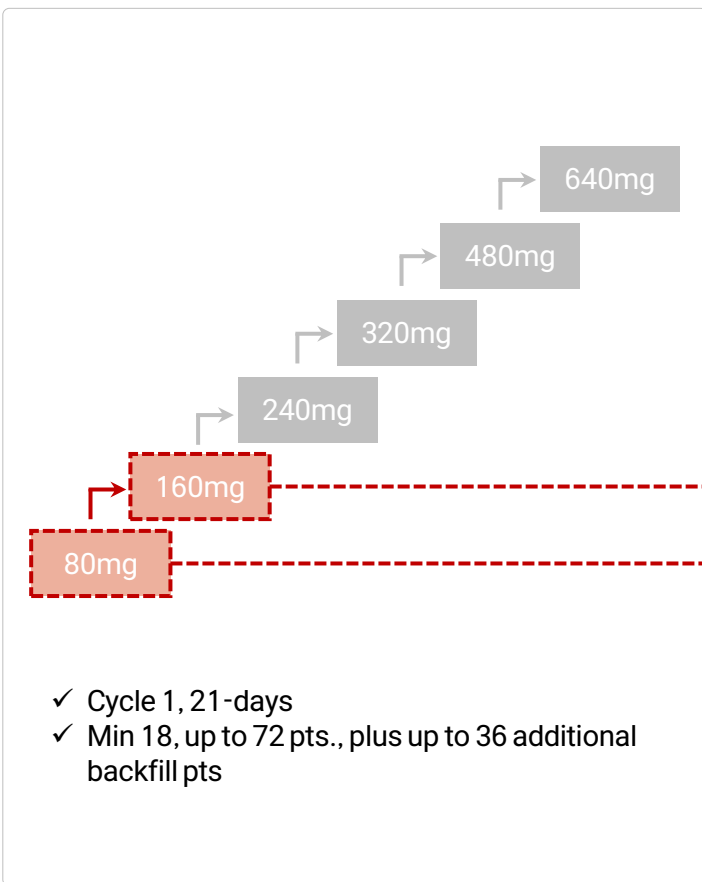


## [HER2-altered Breast Cancer] Efficacy (previously treated patients)<sup>4</sup>



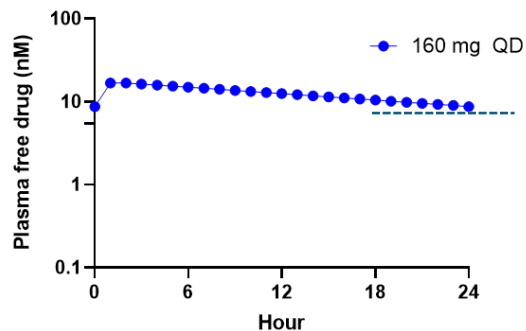
# Clinical Data Comparison (VRN10 vs Zongertinib)

## Phase 1a. Dose escalation(Monotherapy)

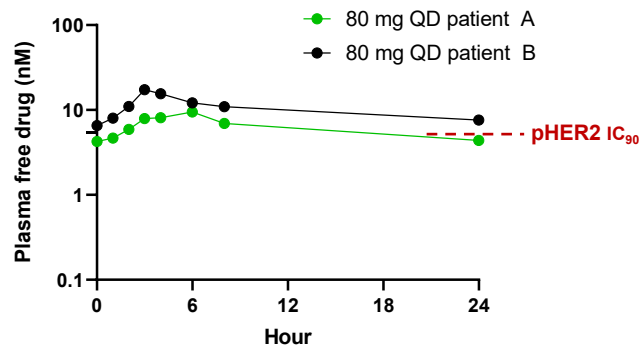


## VRN10. Pharmacokinetics(PK)

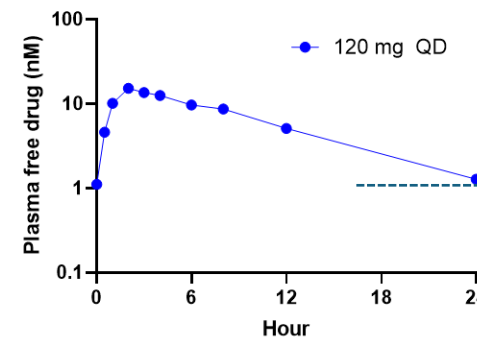
VRN101099, expected unbound PK



VRN101099, unbound PK



Zongertinib, unbound PK

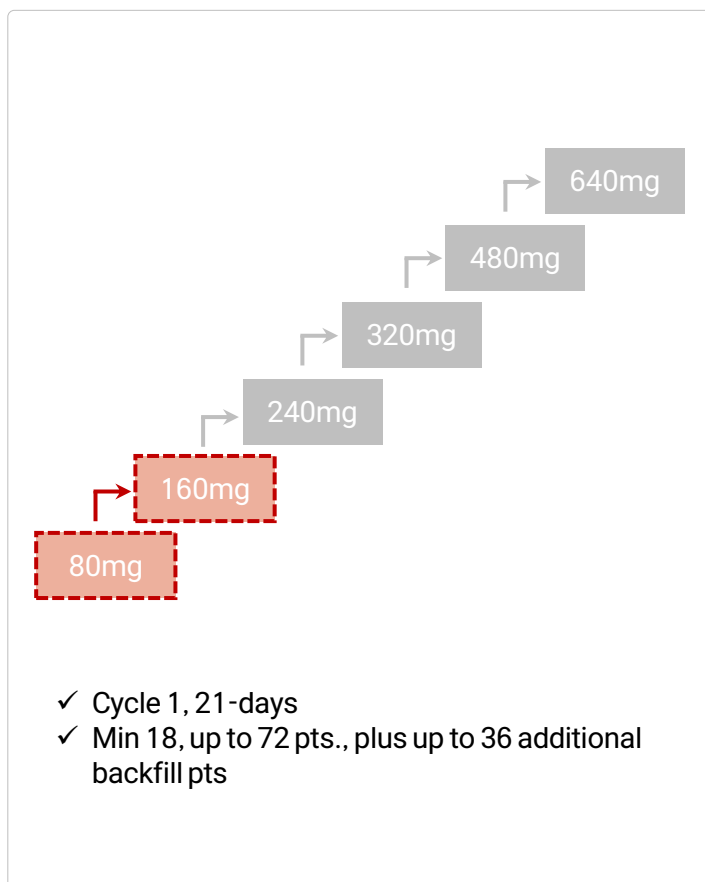


- ✓ Grade ≥ 3 TRAE (LLE, etc.) 17%
- ✓ Any TRAE 92%

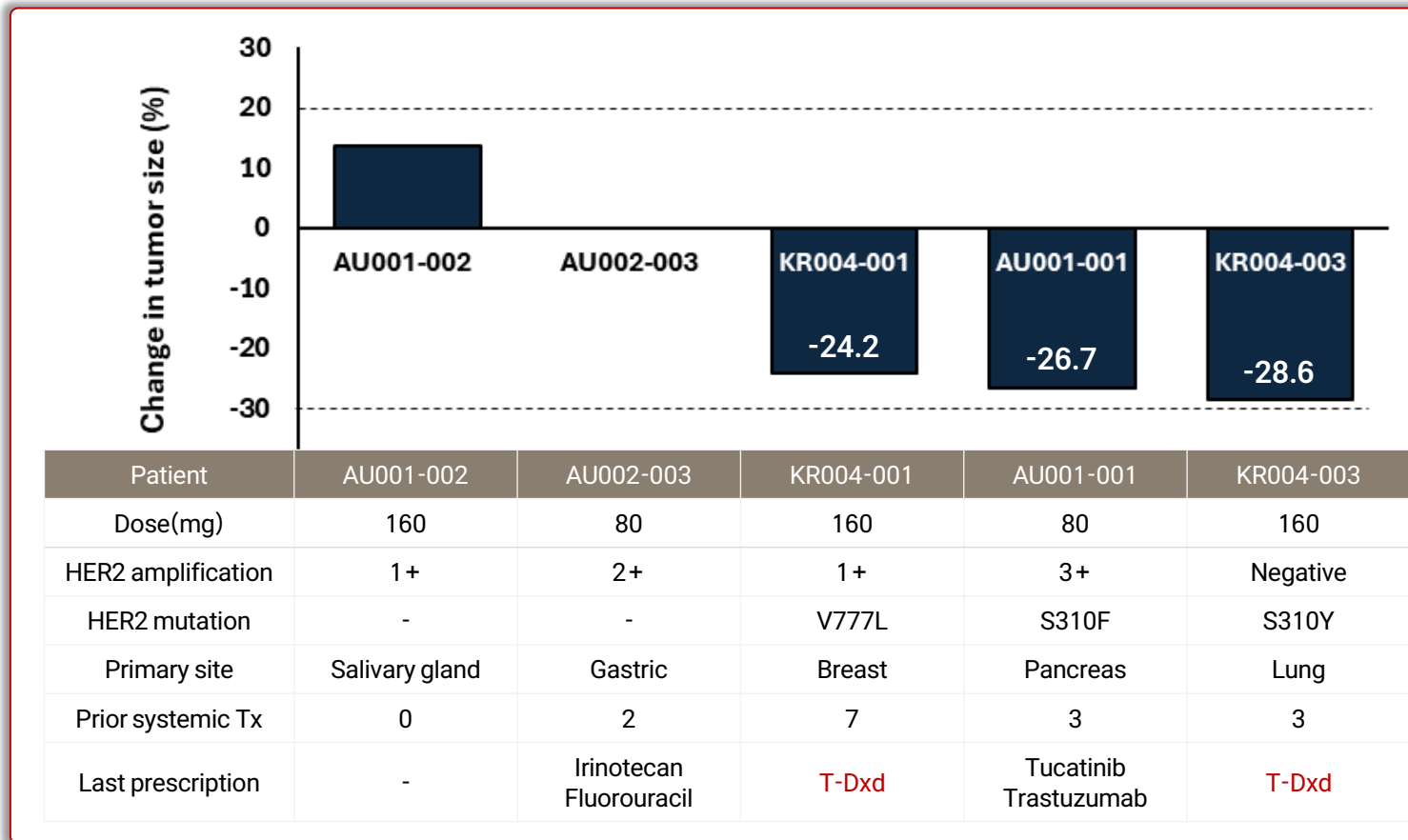
# Antitumor Activity in HER2 Solid Tumors Observed from the Starting Dose in Phase 1a Study

Demonstrated Antitumor Activity in 2/2 T-DXd – Refractory and 3/3 HER2-Mutant Patients

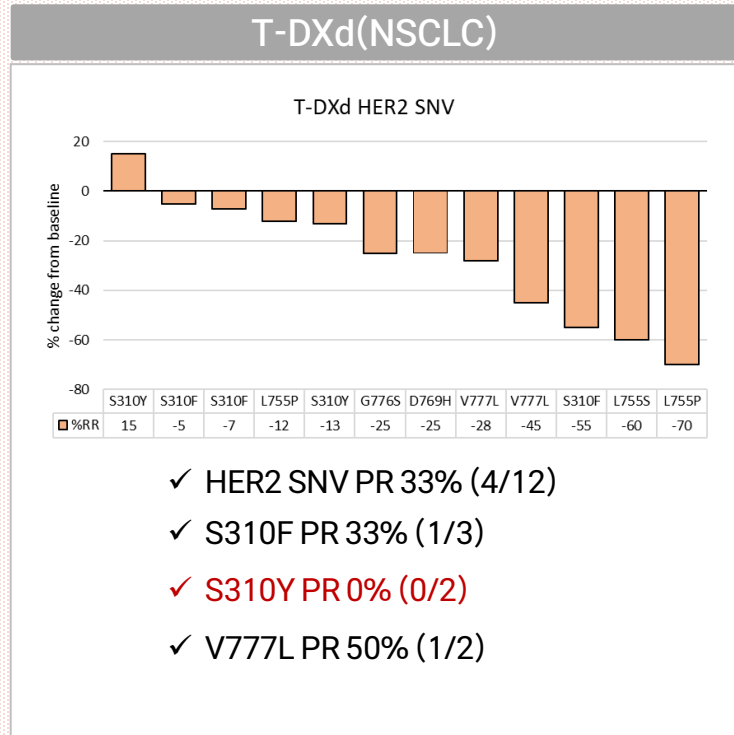
## Phase 1a. Dose escalation (Monotherapy)



## VRN10. Efficacy



# Clinical Data Comparison (HER2 SNV mutation; VRN10 vs T-DXd vs Zongertinib)



DOI: 10.1056/NEJMoa2112431

### Zongertinib

- ✓ S310F PR 50% (3/6)
- ✓ S310Y PR 0% (0/4)
- ✓ L755P Data 없음(n=3)

DOI: 10.1056/NEJMoa2503704 (appendix)

### VRN10

- ✓ S310F (80 mg): -26.7%
- ✓ S310Y (160 mg): -28.6%
- ✓ V777L (160mg): -29.7%\*

# #Case Study(80mg)

## ✓ 80mg, Pancreas(AU001-001)

### Baseline and Treatment History

- Primary site: Pancreas
- HER2 biomarker: S310F
- Prior systemic Tx: 3
  - FOLFIRINOX
  - Gemcitabine-Paclitaxel
  - Trastuzumab-Tucatinib

### VRN10 Treatment

- Best response(C3D1):  
Stable Disease(Overall -26.7%)

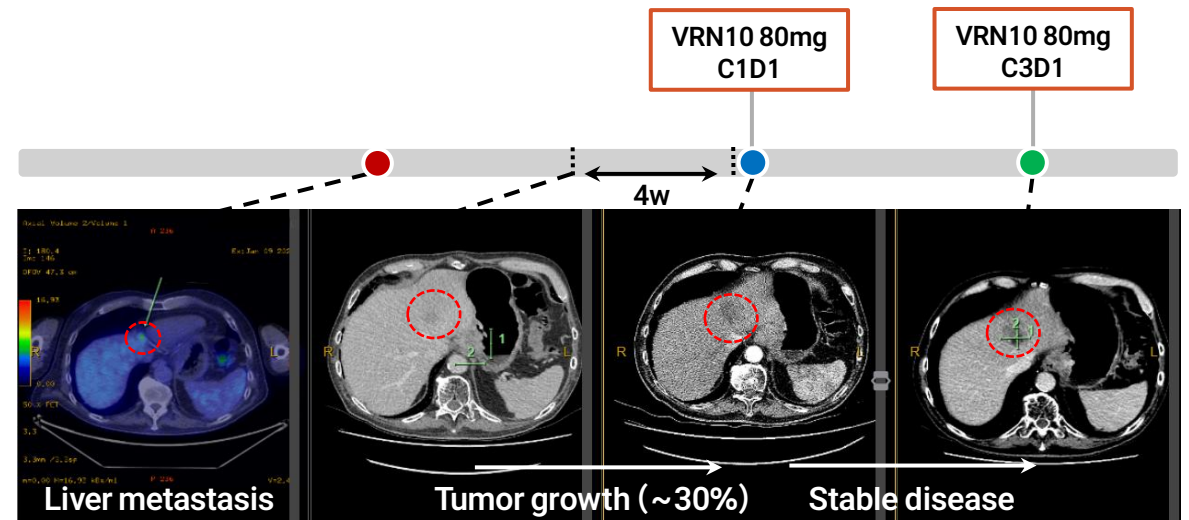
## ✓ 80mg, Gastric(AU002-003)

### Baseline and Treatment History

- Primary site: Gastric
- HER2 IHC 2+ / DISH-
- Prior systemic Tx: 2
  - Nivolumab, Oxaliplatin, Fluorouracil
  - Irinotecan, Fluorouracil

### VRN10 Treatment

- Best response(C3D1): Stable Disease



# #Case Study(160mg)

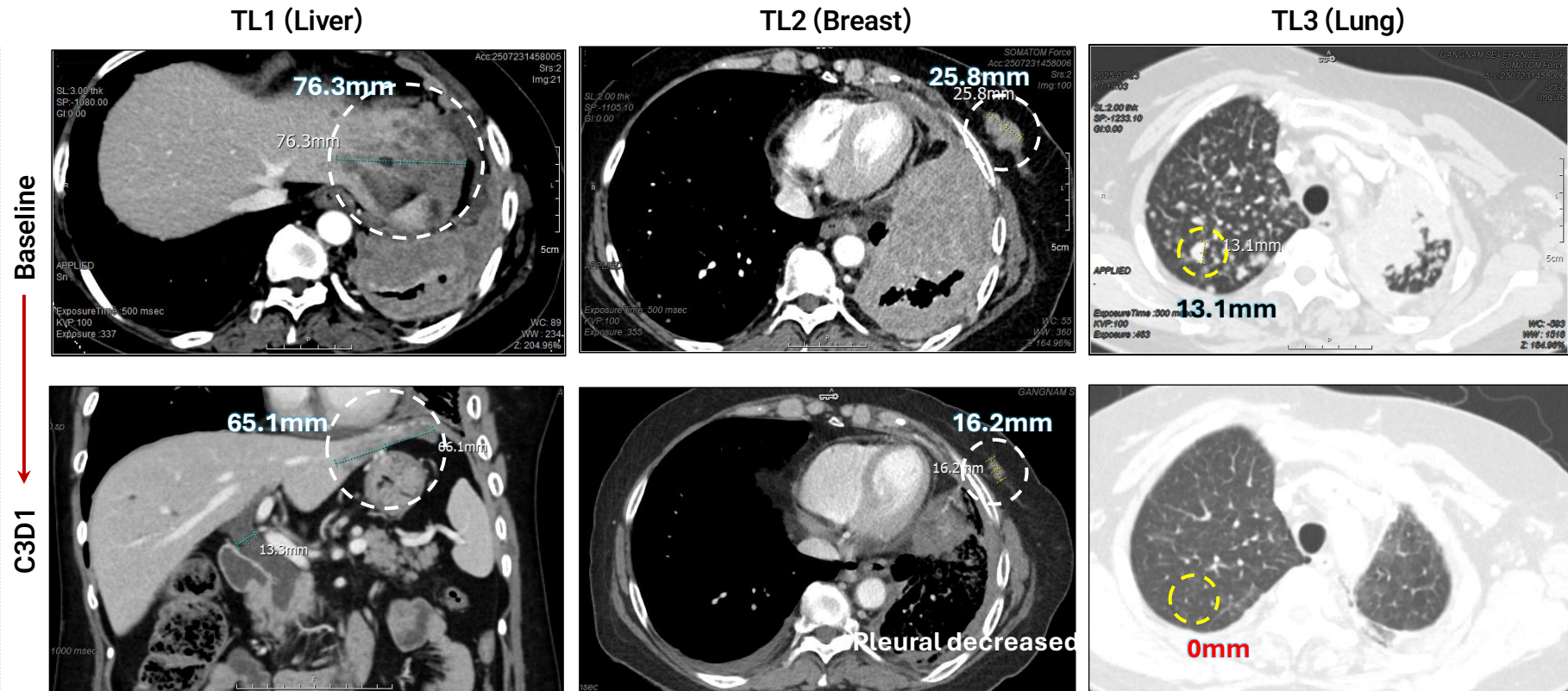
## ✓ 160mg, Lung(KR004-003)

### Baseline and Treatment History

- Primary site: Lung
- HER2 biomarker: S310Y
- Prior systemic Tx: 3  
-T-DXd

### VRN10 Treatment

- Best response(C3D1):  
**Stable Disease(Overall -28.6%)**
- **TL3(lung) Complete remission**
- Cycle 4 ongoing



# #Case Study(160mg)

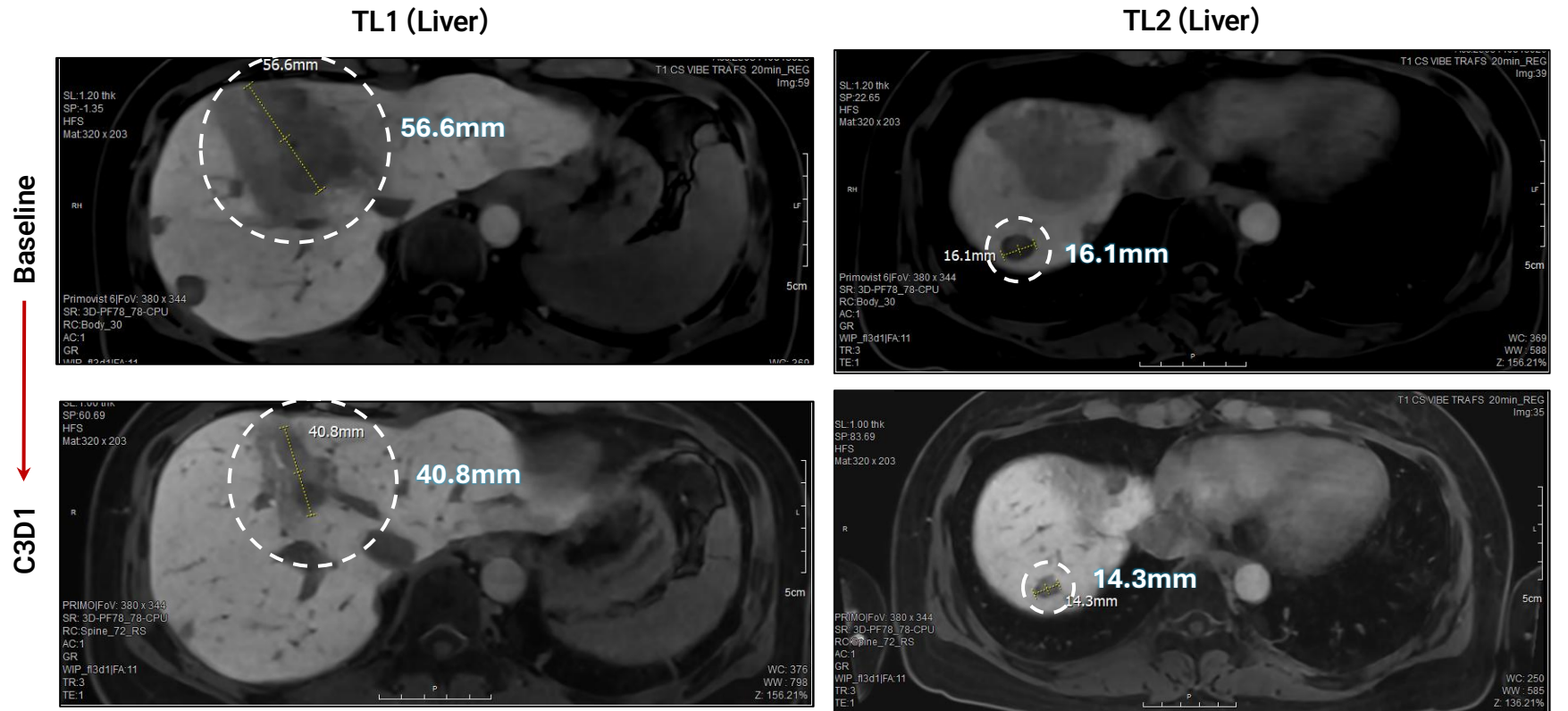
✓ 160mg, Breast(KR004-001)

## Baseline and Treatment History

- Primary site: Breast
- HER2 biomarker: V777L
- Prior systemic Tx: 7  
-T-DXd

## VRN10 Treatment

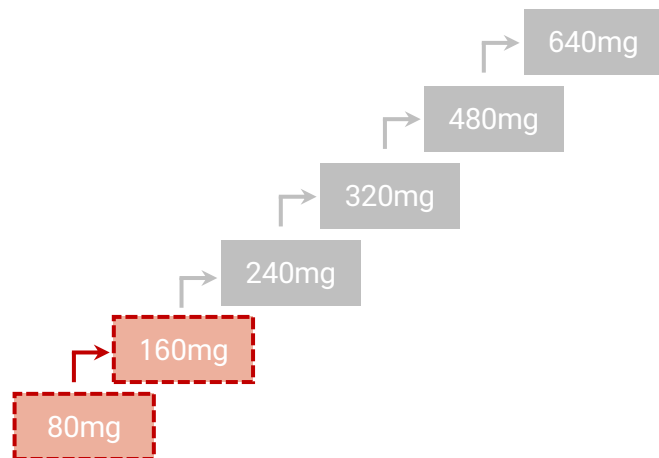
- Best response(C3D1):  
**Stable Disease(Overall -24.2%)**
- Cycle 5 ongoing



# Safety

Superior safety profile compared to competitors observed from the starting dose

## Phase 1a. Dose escalation(Monotherapy)



- ✓ Cycle 1, 21-days
- ✓ Min 18, up to 72 pts., plus up to 36 additional backfill pts

## VRN10. Safety(Comparison of Zongertinib Safety)

Event (%)	VRN10				Zongertinib	
	All	Grade≥3	All	Grade≥3	All	Grade≥3
	80mg (n=3)		160mg (n=3)		120mg (n=75)	
Any TRAE	-	-	*33	-	97	17
Diarrhea	-	-	*33	-	56	1
Rash	-	-	-	-	33	-
ALT increased	-	-	-	-	24	5
AST increased	-	-	-	-	21	8
Dry skin	-	-	-	-	15	-
Pruritus	-	-	-	-	13	-

\*A single case of diarrhea occurred and resolved within one week.

✓ Current 240mg cohort ongoing

✓ No DLT up to 160mg

# Phase 1a Trial Design

Ongoing global phase 1 trial in South Korea and Australia, with first patient dosed in Q1 2025  
Combination trial planned from phase 1b onward

## Phase 1a Highlights

### Key Eligibility Criteria

- HER2 positive solid cancer as determined by IHC, FISH, or NGS of ctDNA
- Confirmed HER2 mutation (e.g., S310X, R678Q, L755X, I767M, V777X)

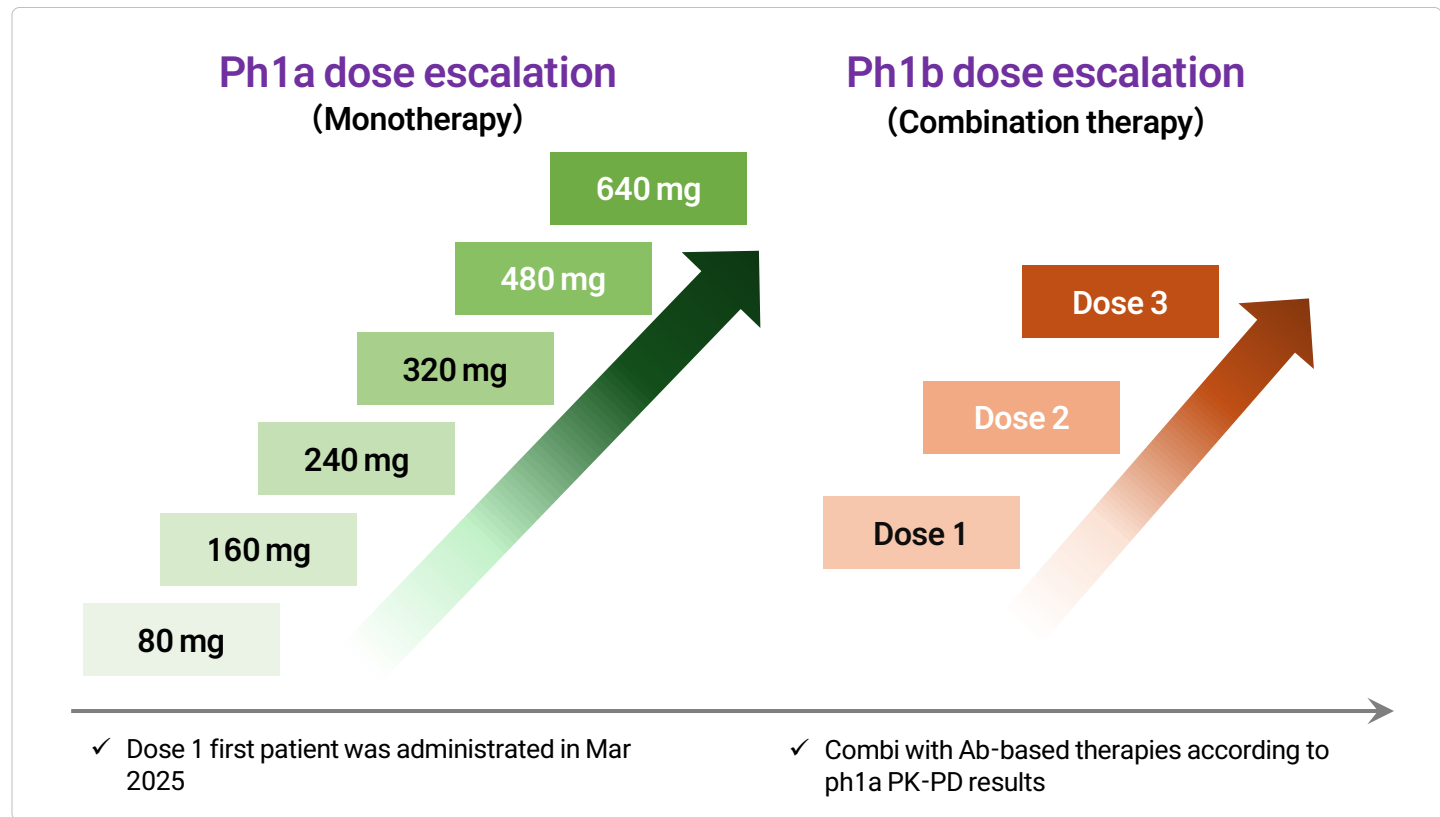
### Key Endpoints

- Safety, tolerability, PK, and PD to determine the MTD and/or RP2D

### Dose Escalation

- Standard “3+3” dose escalation
- Min 18, up to 72 pts., plus up to 36 additional backfill pts.
- DLT assessment: first cycle of treatment (i.e. Cycle 1, 21 days)

## Phase 1 clinical trial design



Creating Novel Therapeutics  
By People With Excellent Expertise  
In Drug Design



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Thank You

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