APREA THERAPEUTICS

WE CAN'T WAIT TO CURE CANCER

A clinical-stage precision medicine oncology company focused on the discovery and development of targeted therapies for patients with biomarker-defined cancers

November 2026



Forward-Looking Statements

Certain information contained in this presentation includes "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, and the Private Securities Litigation Reform Act of 1995, related to our study analyses, clinical trials, regulatory submissions, development plans and projected cash position. We may, in some cases, use terms such as "future," "predicts," "believes," "potential," "continue," "anticipates," "estimates," "expects," "plans," "intends," "targeting," "confidence," "may," "could," "might," "likely," "will," "should" or other words that convey uncertainty of future events or outcomes to identify these forward-looking statements. Our forward-looking statements are based on current beliefs and expectations of our management team and on information currently available to management, and involve risks, potential changes in circumstances, assumptions and uncertainties. All statements contained in this presentation other than statements of historical fact are forward-looking statements, including statements regarding our ability to develop, commercialize and achieve market acceptance of our current and planned product candidates, our research and development efforts, including timing considerations and other matters regarding our business strategies, use of capital, results of operations and financial position, projected cash runway, plans and objectives for future operations, the timing, progress, enrollment and completion of our ongoing and planned clinical trials, the timing of expected clinical data updates and medical meeting presentations, the potential expansion of ACESOT-1051, the planned addition of clinical sites and dose levels, the development of a companion IHC assay, the potential development of APR-1051 in single-agent and combination settings, the potential further development of ATRN-119, the scope and duration of our intellectual property protection, and the potential advancement of our early-stage programs. Any or all of the forward-looking statements may turn out to be wrong or be affected by inaccurate assumptions we might make or by known or unknown risks and uncertainties. These forward-looking statements are subject to risks and uncertainties including, without limitation, risks related to the success, timing and cost of our ongoing and anticipated clinical trials for our current product candidates, including the timing of initiation, pace of enrollment and completion of trials, our ability to fully fund our disclosed clinical trials, which assumes no material changes to our currently projected expenses, our need for substantial additional funding, which may not be available on acceptable terms or at all, the receipt and timing of interim or preliminary results, which are not necessarily indicative of final results and have not been fully source verified, the occurrence of serious or unexpected adverse events, including pneumonitis and neutropenia, that may require dose modifications or affect further development, our understanding of product candidate mechanisms of action and interpretation of preclinical and early clinical results from our clinical development programs, our ability to predict clinical outcomes based on such preclinical and early clinical results, our ability to successfully develop and validate a diagnostic assay with third parties, the timing and outcome of regulatory interactions, our ability to regain and maintain compliance with The Nasdaq Stock Market continued listing requirements, and the other risks, uncertainties and factors described under "Risk Factors," "Management's Discussion and Analysis of Financial Condition and Results of Operations" and elsewhere in the documents we file with the U.S. Securities and Exchange Commission. For all these reasons, actual results and developments could be materially different from those expressed in or implied by our forward-looking statements. You are cautioned not to place undue reliance on these forward-looking statements, which are made only as of the date of this presentation. We undertake no obligation to update such forward-looking statements for any reason, except as required by law. This presentation may not be reproduced, forwarded to any person or published, in whole or in part.

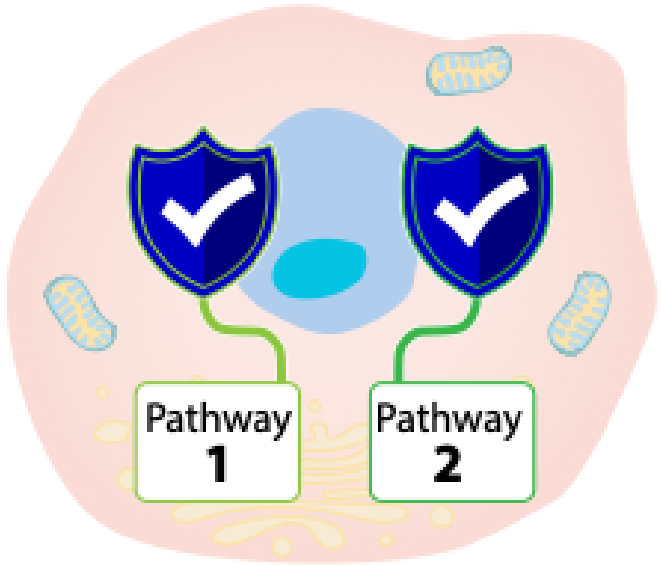
APR-1051 and ATRN-119 are investigational drugs and have not yet been approved by the U.S. Food and Drug Administration or any other regulatory authority.

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Synthetic Lethality

Synthetic lethality is a therapeutic strategy that targets cancer cell's unique weakness by blocking a backup pathway that the cancer cell depends on to survive, while potentially reducing harm to healthy cells

1 Both systems active



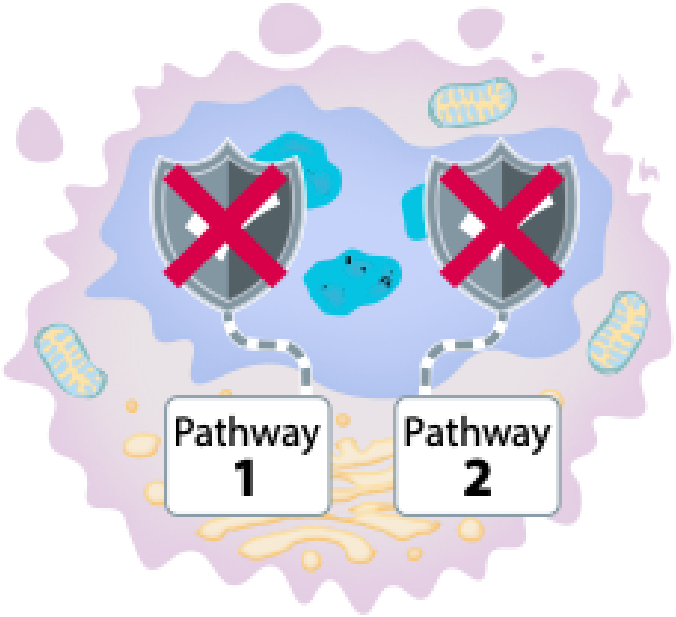
Two pathways support cell survival

2 One system lost



If one pathway is lost, the other pathway compensates

3 Both systems lost



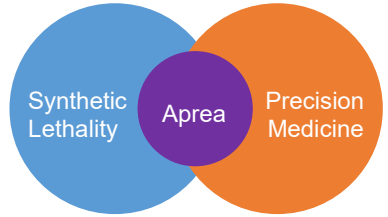
If both pathways are disabled, the cell dies

Cancer cells may already have lost one pathway
A drug that blocks the second pathway selectively kills the cancer cell

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Aprea Therapeutics (NASDAQ: APRE)
One Critical Pathway - Multiple Targets



Positioned at the forefront of synthetic lethality and precision medicine

Targeted Oncology

Transition from broad, toxic chemotherapy to potentially safer, precision-guided targeted therapies

Precision-Driven Development

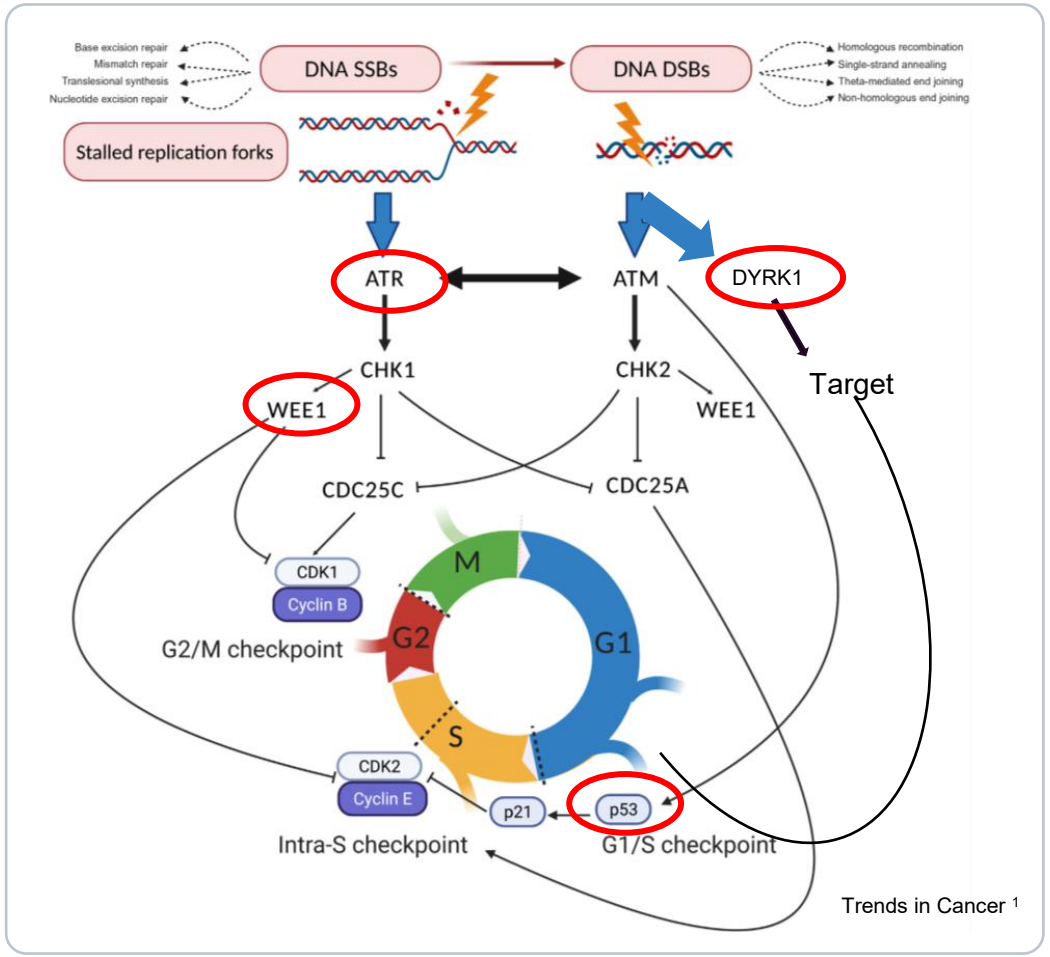
Develop highly selective cancer therapies that exploit tumor-specific mutations to maximize cancer cell killing while sparing healthy tissue

Pipeline with Clinical Momentum

All programs are designed to address significant unmet medical needs across genetically defined cancer populations

Early Clinical Proof-of-Concept

Preliminary signals of monotherapy activity observed in ongoing Phase 1 trial

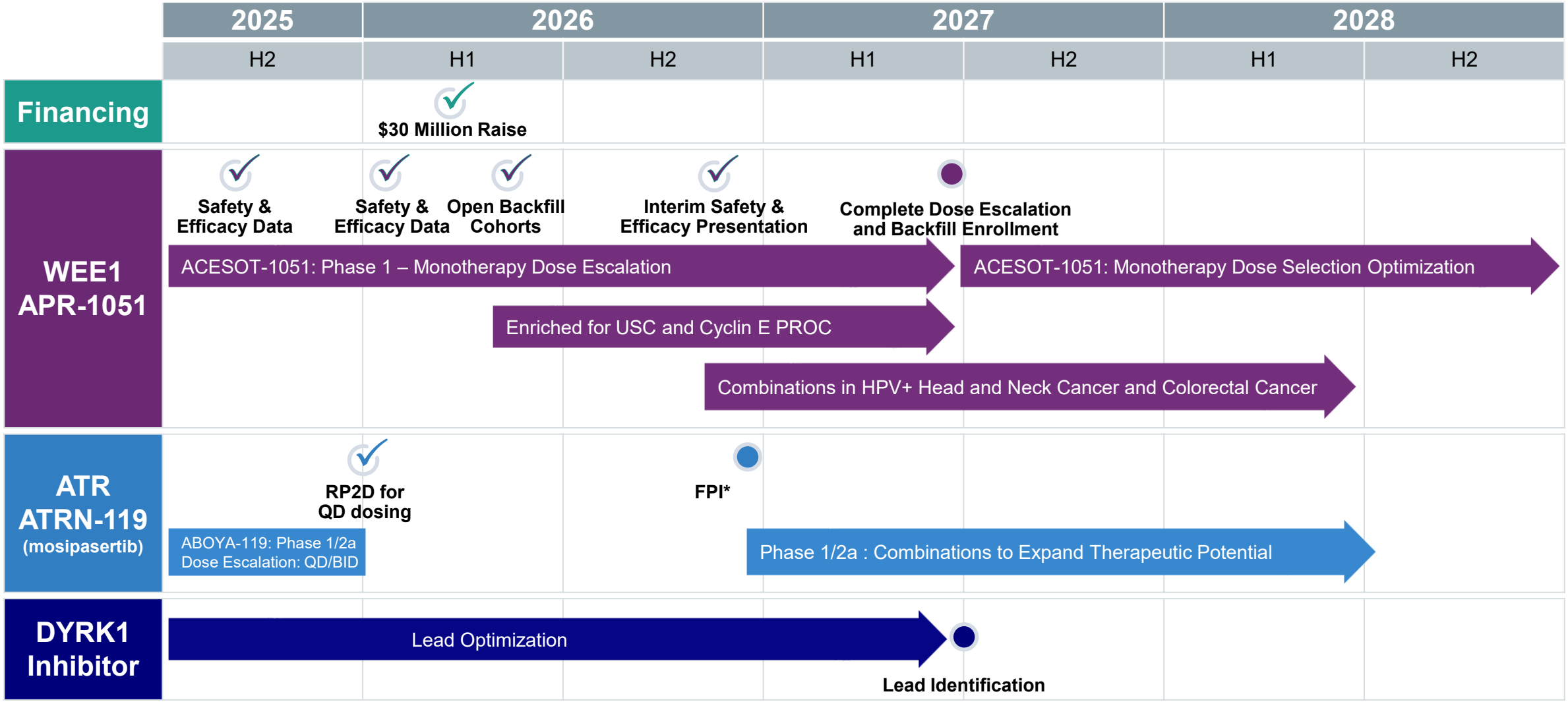


1. Ngoi N, *et al*. Targeting the replication stress response through synthetic lethal strategies in cancer medicine. *Trends in Cancer*. (2021); 7(10):930-957

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Robust DDR Development Pipeline and Corporate Milestones

2025-2028 Accomplished and anticipated milestones



DNA Damage Response (DDR), Uterine Serous Carcinoma (USC), Platinum-resistant Ovarian Cancer (PROC)
*FPI contingent upon execution of a research collaboration or partnering agreement; study initiation is expected to be externally supported without use of current company resources.

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Strong Drug Development and Commercial Expertise

Experienced team in synthetic lethality and targeted therapy

Management

Oren Gilad, PhD President and CEO	John P. Hamill SVP and CFO	Eugene Kennedy, MD Chief Medical Advisor	Ze'ev Weiss, CPA, BSc Chief Business Advisor	Mike Carleton, PhD Translational Medicine Advisor	Brian Wiley SVP, Corporate Strategy
ATRIN Pharmaceuticals Perelman School of Medicine, University of Pennsylvania	Windtree Therapeutics Trevena Savient Pharmaceuticals, Inc. NephroGenex pharmanet	carisma Therapeutics Galera Therapeutics, Inc ICT Innovative Cellular Therapeutics NewLink Genetics	ATRIN Pharmaceuticals INTEC PHARMA pwc	inipharm ATRIN Pharmaceuticals MERCK Bristol Myers Squibb presage Mavu Pharma	Boston BioConsulting NewLink Genetics Gloucester Pharmaceuticals Celgene Aventis Millennium

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WEE1 Inhibitor: APR-1051

ACESOT-1051:

Clinical Proof-Of-Concept

WEE1 Has Emerged as a Therapeutic Target of Significant Industry Interest

Clinically validated, prior WEE1 inhibitors have been challenged by narrow therapeutic windows
Aprea is applying key insights to advance APR-1051 as a potentially best-in-class WEE1 inhibitor

Program	Clinical Limitations	Strategic Outcome	What It Signals
Adavosertib (AstraZeneca)	Hematologic & GI toxicity limited dose intensity	Terminated further clinical development Returned by AstraZeneca to Merck & Co.	Biology works, narrow therapeutic window
Azenosertib (Zentalis)	Continuous dosing not tolerated[1]	TRAEs leading to dose reductions, interruptions and discontinuation	Biology works
Debio 0123 (Debiopharm)	QT prolongation liability at high doses[2]	Limited single-agent activity – no responses up to MTD[3]; activity seen in combination with PKMYT1 inhibitor[4]	Potential future as combination agent
Program	**Engineered Profile**	**Strategic Outcome**	**What It Signals**
APR-1051 (Aprea Therapeutics)	Structurally differentiated, highly potent, limited off-target inhibition	Preliminary signals of monotherapy activity	Potential to expand therapeutic window

No head-to-head studies have been conducted. Trial information is based on publicly available data and should be interpreted cautiously

TRAEs – Treatment related adverse events

1. Zentalis Corporate Presentation, April 2026
2. Debio 0123-101, A Phase 1 Trial of Debio 0123 In Combination With Carboplatin In Advanced Solid Tumors: Safety, Pharmacokinetic, And Preliminary Antitumor Activity Data, Poster ASCO 2023
3. Abstract 3120, ASCO 2024
4. Poster CT022, AACR 2026

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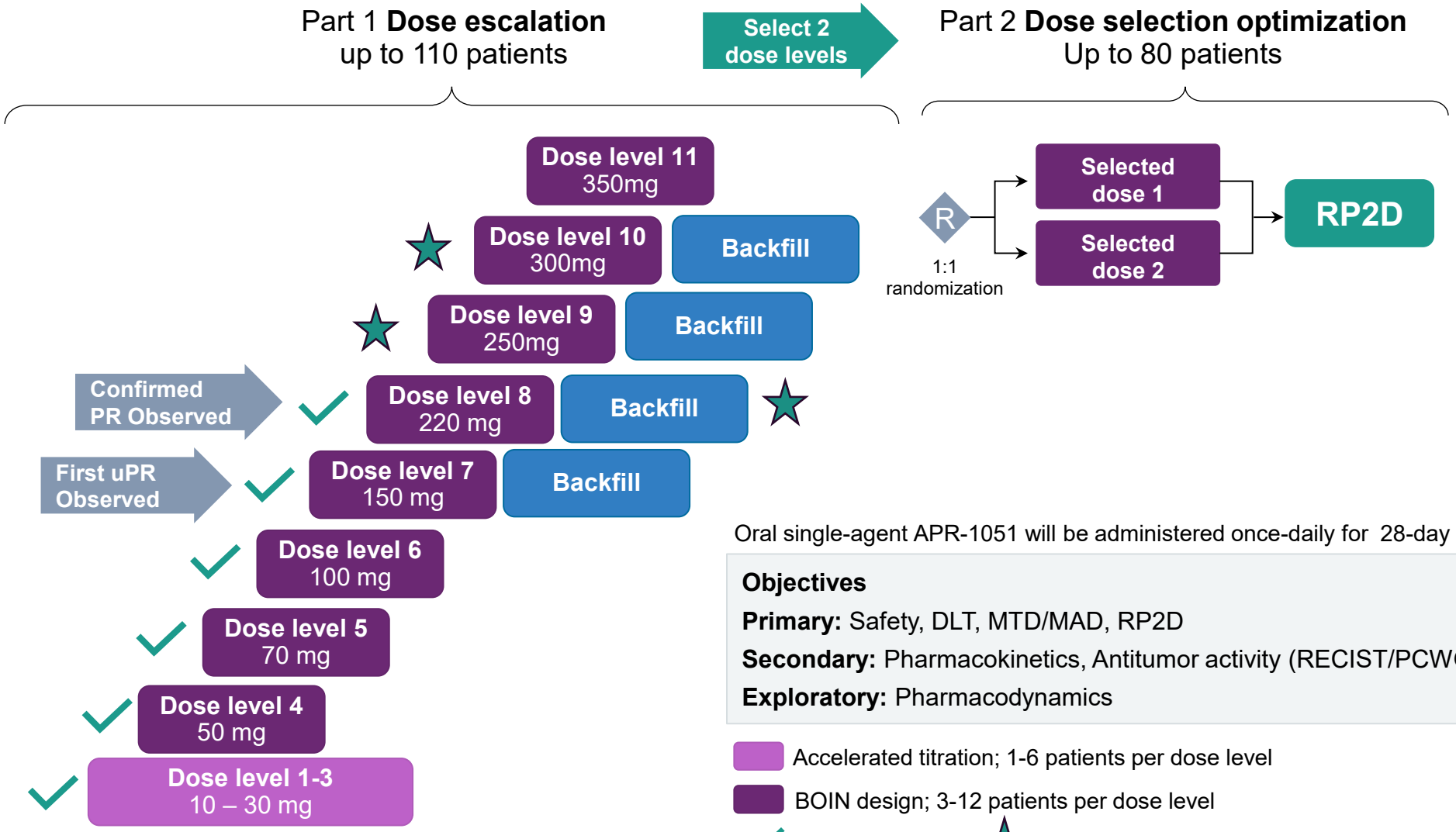
ACESOT-1051: Phase 1 Study Design

Multi-center, open-label Phase 1 single-agent dose escalation and dose selection optimization

Eligible patients

≥ 18 yo with advanced solid tumor harboring cancer-associated gene alterations

- **USC regardless biomarker status**
- **Cyclin E-overexpressing platinum-resistant ovarian cancer (PROC)**
- CCNE1, CCNE2, FBXW7 or PPP2R1A
- HPV+ oropharyngeal squamous cell carcinoma, cervical, vaginal, or vulvar carcinoma
- KRAS-GLY12/GLY13 & TP53 colorectal cancer



Oral single-agent APR-1051 will be administered once-daily for 28-day cycles

Objectives

Primary: Safety, DLT, MTD/MAD, RP2D

Secondary: Pharmacokinetics, Antitumor activity (RECIST/PCWG3)

Exploratory: Pharmacodynamics

Accelerated titration; 1-6 patients per dose level

BOIN design; 3-12 patients per dose level

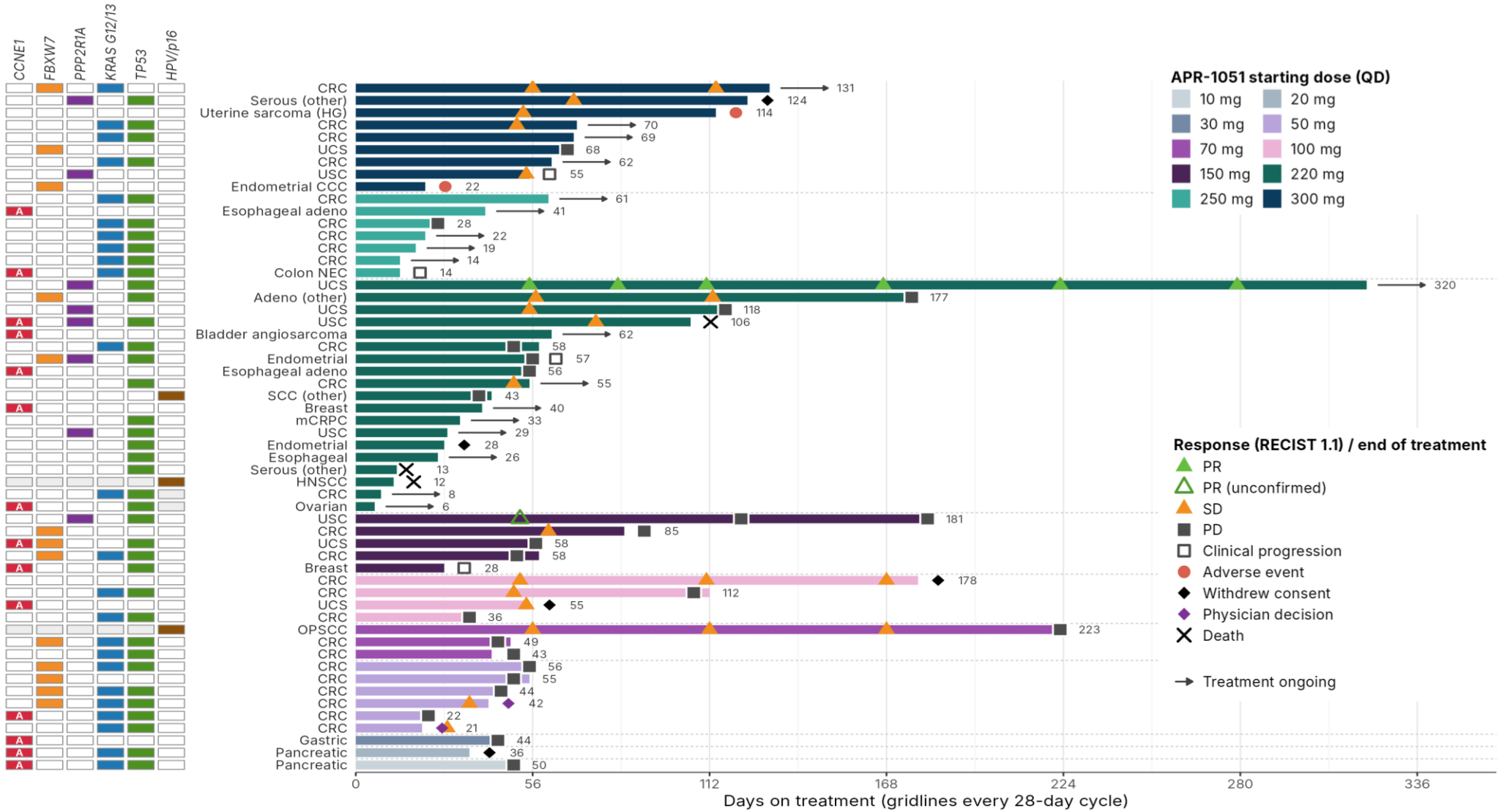
= cleared = currently enrolling

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APR-1051 Summary of Duration of Treatment (n=56 for all dose levels)

Data Cutoff: November 1, 2026



Not all data source verified. Bars show starting dose; dose modifications are not displayed. Unconfirmed = CR/PR without another CR/PR at least 28 days apart. Number at bar end = days on treatment.
Genomics from the EDC Gene Alteration Biomarker page, supplemented by enrollment forms where the EDC is incomplete; gray/blank does not establish wild type.

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Treatment-related AEs in Patients Treated with APR-1051 (N=56)

Data Cutoff: November 1, 2026

- 1 DLT observed: AST / ALT increase without bilirubin increase at 50mg in patient w/ liver metastases
- Low incidence (7%) of Grade 3/4 neutropenia with no febrile neutropenia
- Low incidence of Grade 3+ gastrointestinal toxicity – diarrhea (2%)
- TRAEs were primarily Grade 1 and 2 gastrointestinal events and fatigue

MedDRA Preferred Term APR-1051 all dose levels (n = 56)

TRAE[a], n (%)	All Grades	Grade ≥ 3[b]
Nausea	23 (41)	0 (0)
Fatigue	14 (25)	3 (5)
Diarrhea	8 (14)	1 (2)
Vomiting	8 (14)	0 (0)
Neutrophil count decrease	5 (9)	4 (7)[d]
Anemia	4 (7)	0 (0)
Platelet count decrease	4 (7)	0 (0)
Dehydration	3 (5)	0 (0)
ALT increase	2 (4)	2 (4)[c]
Anorexia	2 (4)	0 (0)

TRAE[a], n (%)	All Grades	Grade ≥ 3[b]
AST increase	2 (4)	2 (4)[c]
Constipation	2 (4)	0 (0)
Creatinine increase	2 (4)	0 (0)
Dysgeusia	2 (4)	0 (0)
Dyspnea	2 (4)	1 (2)
GERD	2 (4)	0 (0)
Headache	2 (4)	0 (0)
Lymphocyte count decrease	2 (4)	2 (4)
Pneumonitis	2 (4)	2 (4)[e]
Other*	12 (21)	0 (0)

*TRAEs that were reported in 1 (2%) patient each: abdominal pain, blood bilirubin increase, blurred vision, dizziness, dyspepsia, eczema, fall, GI disorder, hot flashes, hypokalemia, hypomagnesemia, insomnia, proteinuria, urticaria, weight loss

[a] A patient may have more than one AE and/or have the same AE more than once. [b] Grade 3 unless otherwise indicated based on CTCAE v5.0. [c] In one patient, Grade 3 ALT and AST increase were a DLT. [d] Three patients had Grade 4 neutrophil count decrease, one event was serious. [e] Both events were serious

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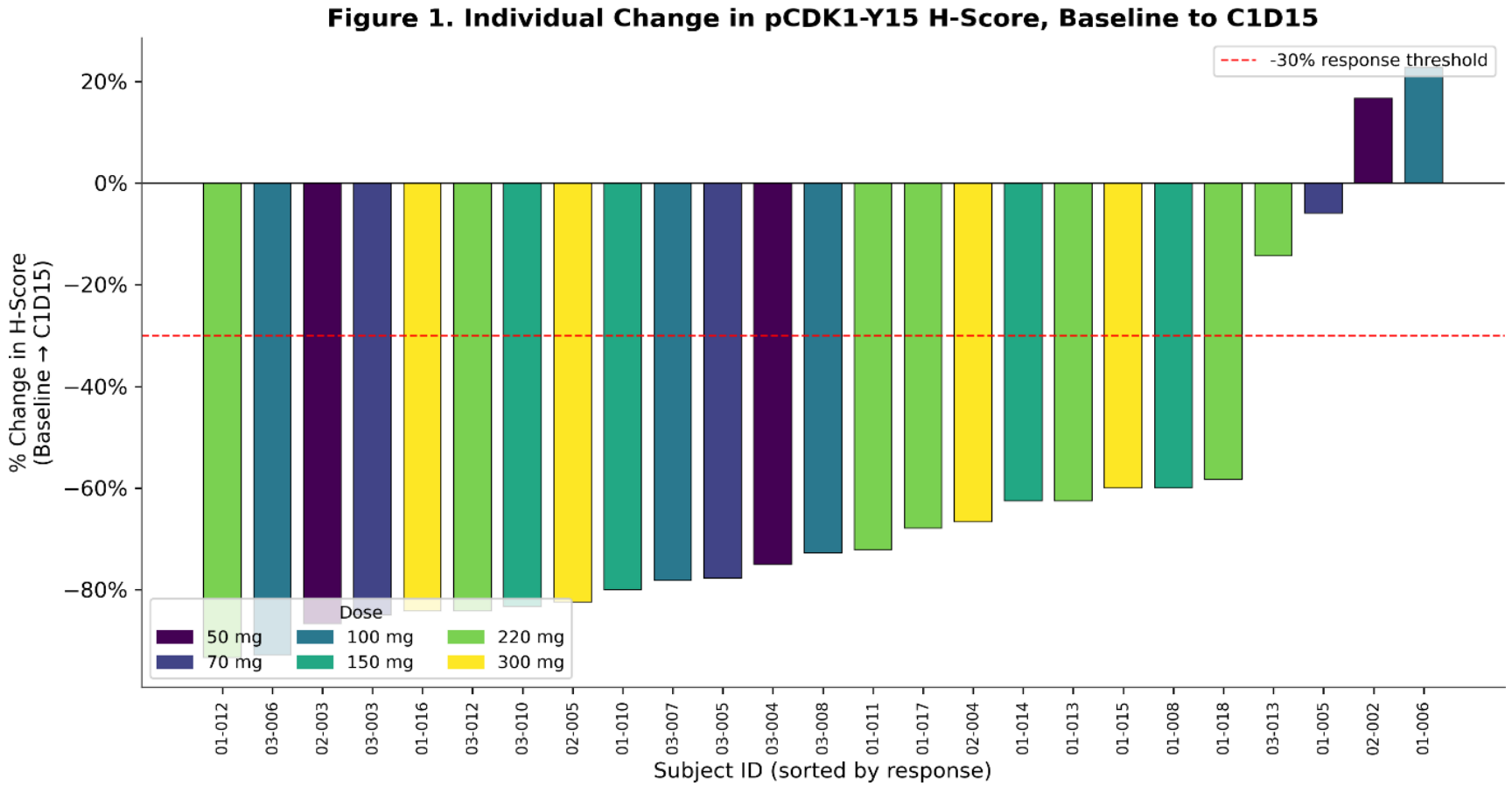
Not all data source verified

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Inhibition of pCDK1-Y15 is a PD Marker for WEE1 Inhibition

APR-1051 suppresses phosphorylation of CDK1-Y15 across multiple doses

- pCDK1-Y15 suppression is the primary confirmatory biomarker of WEE1 target engagement and dose-justification for APR-1051
- Paired skin punch biopsies were stained with IHC for pCDK1-Y15
- Consistent and substantial pCDK1-Y15 suppression observed in most patients



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Confirmed Partial Response in Patient 01-011

220mg QD – Currently on treatment

Demographics: 63-year-old Black Female
Site: MD Anderson Cancer Center
Diagnosis: Uterine carcinosarcoma
Key Mutations: PPP2R1A

Treatment History (4 prior lines)

- Line 1: Carboplatin + Paclitaxel → 126 days, PD
- Line 2: Doxorubicin → 56 days, PD
- Line 3: Topotecan → 70 days, PD
- Line 4: Pembrolizumab + Lenvatinib → 5months, PD

APR-1051 – Treatment Outcome

- C1D1: Dec 18, 2025
- Current Status: **On treatment 320 days (C12D10) November 1, 2026**
- Best Response: **Confirmed Partial Response (PR)**
  - PR (-50%) at first assessment Feb 10, 2026
  - Confirmed PR with additional -9.5% reduction from C3D1 Mar 10, 2026; scans continue to show approximately 50% tumor reduction.
- Tumor marker: CA-125 reduction from BL 362.4 U/mL to C3D1 46.8 U/mL ; 40.2 U/mL March 11, 2026; 53 U/ml April 08, 2026; 80 U/ml June 02, 2026; 103 U/ml July 28, 2026; 122 U/ml September 22, 2026
- Adverse Events: All AEs reported to date Grade 1 only

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Disease Control Observed in Early Patient Outcomes

APR-1051 shows preliminary evidence of disease control in rectal cancer with mutated FBXW7

100 mg Cohort Case Report

Stable disease maintained for 178 days in patient with FBXW7 mutation (100 mg QD) (elected to stop study participation)

Patient: 86-year-old Asian Female
Diagnosis: Rectal Cancer
Key Mutations: FBXW7 (Drives Cyclin E accumulation and overexpression)

Treatment History: 5 prior lines - heavily pretreated

- **Line 1:** Capecitabine/oxaliplatin → 191 days, PD
- **Line 2:** Capecitabine/oxaliplatin/bevacizumab → 45 days, PD
- **Line 3:** FOLFIRI + bevacizumab → 43 days, PD
- **Line 4:** Local XRT (lung mets) → 12 days, not evaluable
- **Line 5:** Tretinoin/bevacizumab/Tecentriq (ATRT trial) → 50 days, PD

APR-1051 Activity:

- **Current Status:** Consent withdrawn after 178 days
- **Best Response:** SD at third scan (-15% tumor response)

Notes: Durable SD maintained 181 days in a heavily pretreated 86-year-old patient; well tolerated with minimal toxicity. FBXW7 mutation may be relevant to response

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Disease Control Observed in Early Patient Outcomes

APR-1051 shows preliminary evidence of disease control in HPV+ head and neck cancer

70 mg Cohort Case Report

Stable disease maintained for 223 days in patient 01-005 HPV+ head and neck cancer (70 mg QD) (PD)

Patient: 62-year-old White Male
Diagnosis: HPV+ Oropharyngeal Squamous Cell Carcinoma (base of tongue)

Key Mutations: P16+

Treatment History: 3 prior lines

- **Line 1:** Concomitant cisplatin/XRT → 49 days, PD
- **Line 2:** Pembrolizumab→ 84 days, PD
- **Line 3:** Paclitaxel/carboplatin → 184 days, PD

APR-1051 Activity

- **Current Status:** PD after 223 days of SD treatment
- **Best Response:** SD at first scan (-5% tumor response)

Notes: Stable disease maintained for 223 days.

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Development Strategy: Biomarker Defined Registration Path

Preliminary signals of monotherapy activity across cohorts in genomically defined tumors including uterine cancer, endometrial cancer, CRC and HNSCC

Clinical Activity by Indication and Biomarker

Indication	Biomarker / Altered Genes	Clinical Activity in ACESOT-1051*
Uterine/ Endometrial Cancer	PPP2R1A CCNE1 overexpressed TP53	2 PR 4 SD
CRC	KRAS & TP53 FBXW7	7 SD
HNSCC	HPV+	1 SD
Other	TP53 FBXW7, other	4 SD

Path to Registrational Cohort

1. Expand USC and CycE-PROC
2. Add additional cohorts
   - CRC FBXW7-mutated
   - HPV+ cancers
   - PPP2R1A mutated
3. Confirm durability, consistency of response and safety

- Responses across dose levels support a biomarker enriched expansion path
- Activity beyond endometrial cancer supports additional biomarker-defined cohorts

*Data as of November 1, 2026 and are preliminary from an ongoing dose-escalation study. Responses and stable disease defined by RECIST 1.1 on first on-treatment scan require confirmation in additional patients and may change as follow-up matures. Safety and efficacy outcomes may vary by dose, schedule, and patient characteristics.

Not all data source verified

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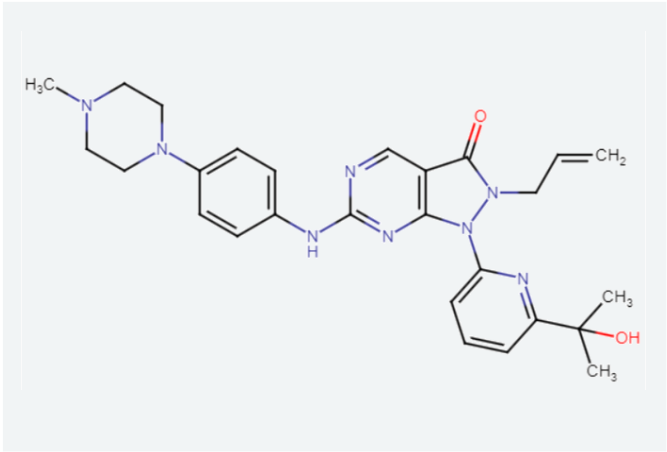
APR-1051:

Potentially Differentiated WEE1 Inhibitor

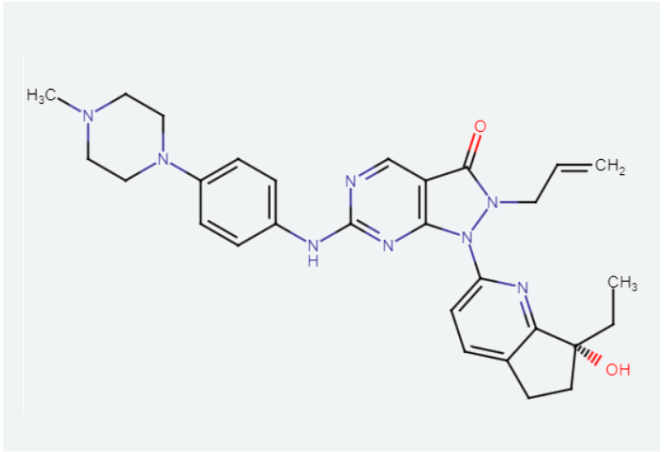
APR-1051: Potentially Best-in-Class WEE1 Inhibitor

Structurally differentiated: high potency, limited off-target inhibition design compared to other molecules

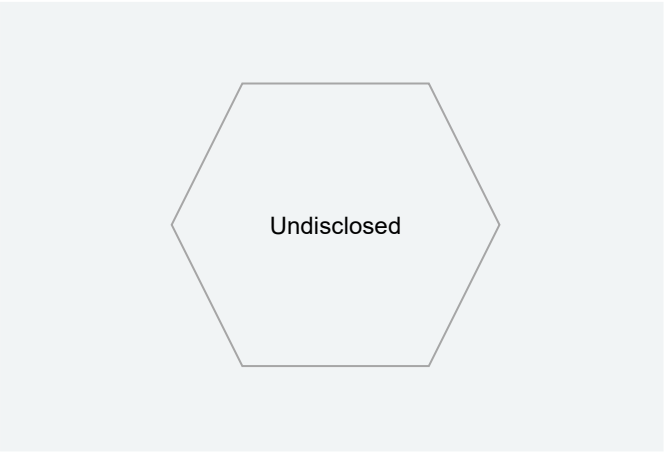
APR-1051 is based on a different molecular structure than AZD-1775 and ZN-c3 (not an analogue)



AstraZeneca
Adavosertib (AZD-1775)



Zentalis
Azenosertib (ZN-c3)



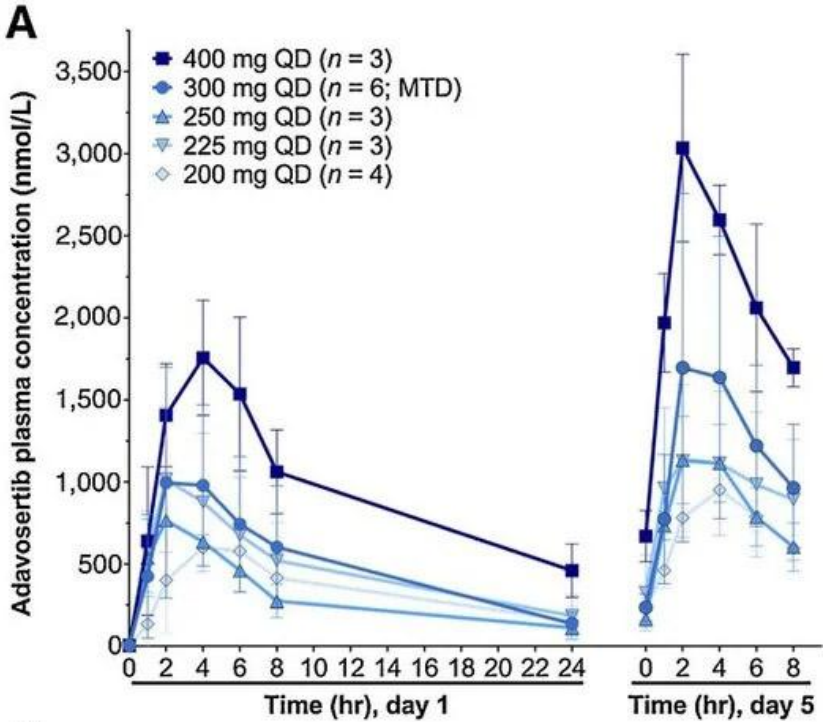
Aprea
APR-1051

No head-to-head clinical studies have been conducted.

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Pharmacokinetics of Adavosertib (AZD1775) and Azenosertib (ZN-c3)

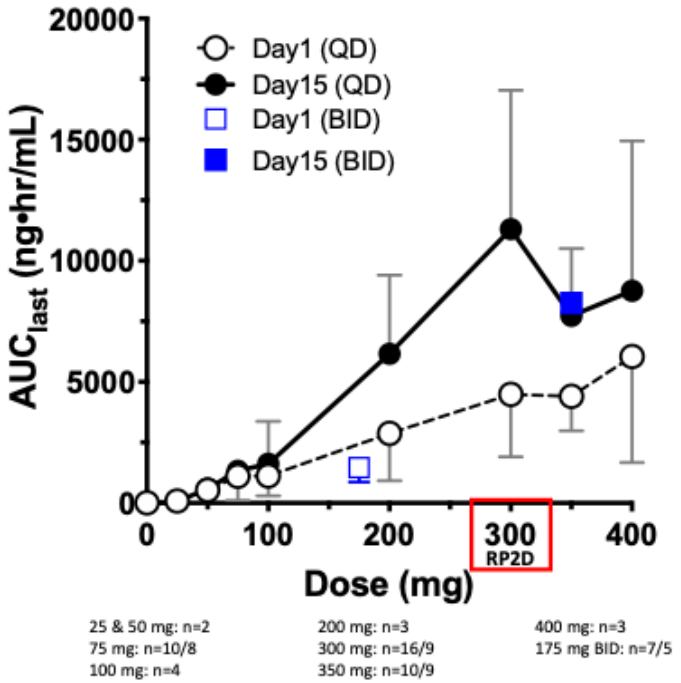
Adavosertib PK



Takebe et al., Clinical Cancer Research 2021

Azenosertib PK

- Median Tmax: 1 to 4 hours (fasted)
- Cmax and AUC0-24h: Highly variable; dose-dependent increase up to 300 mg, with apparent plateau at higher doses
- RP2D (300 mg QD): Mean steady-state AUC0-24h of 11,000 ng·h/mL (CV 52%)



Zentalis Pharmaceuticals, Inc.
FORM 10-K
For the fiscal year ended December 31, 2021

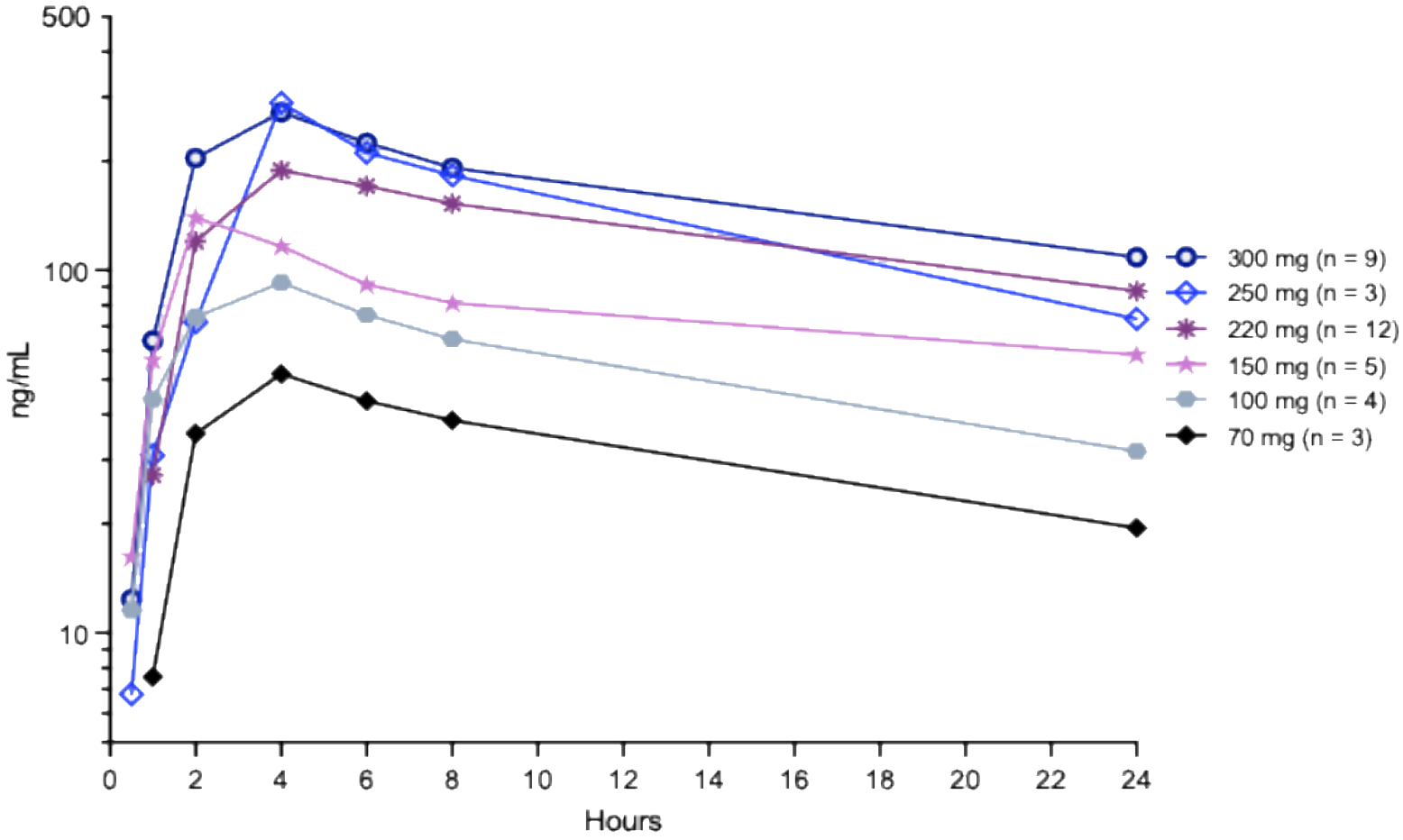
Zentalis Pharmaceuticals, Inc.
Corporate Presentation
November 2021

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PK Data Support Once-daily Dosing of APR-1051

18-hour median half-life, limited peak-to-average concentration difference

- Exposure increases with once-daily dosing through 300 mg
- Median half-life of ~18 hours and median T_{max} of 4 hours after the first dose
- Accumulation with once-daily dosing is ~2.3-fold based on AUC



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Not all data source verified

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APR-1051: Potentially Best-in-Class WEE1 Inhibitor

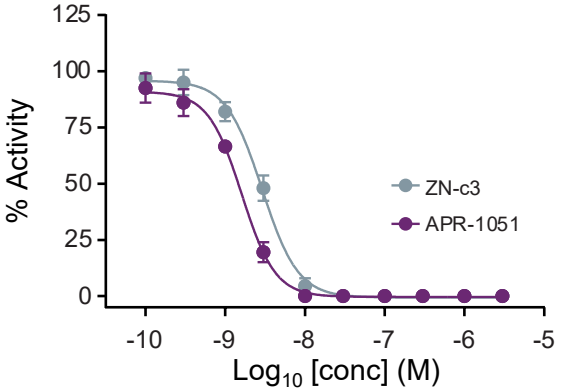
Potent inhibitor of WEE1

Does not substantially inhibit structurally and functionally related PLK1, PLK2 or PLK3

On-target WEE1 potency[1]

Important difference in off-target inhibition between APR-1051 and ZN-c3[1]

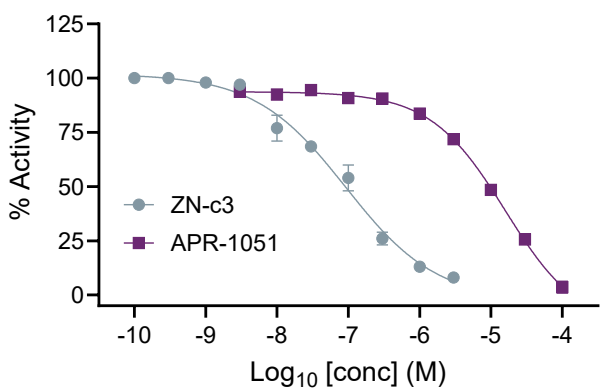
WEE1 IC_{50} Determination



ZN-c3 = 2.9 nM
APR-1051 = 1.6 nM

WEE1 Inhibition
IC50 similar to ZN-c3

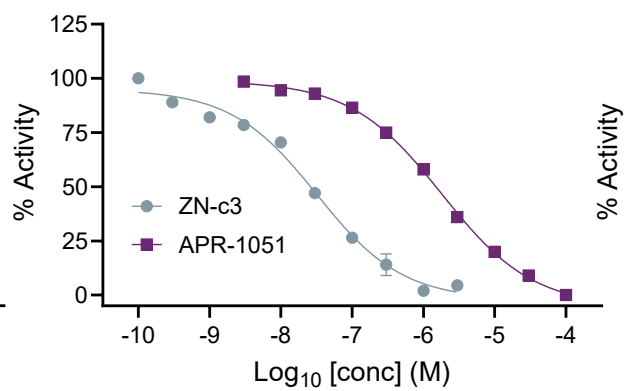
PLK1 IC_{50} Determination



ZN-c3 = 92.1 nM
APR-1051 = 15,900 nM

PLK1 Inhibition
IC50 >150-fold difference

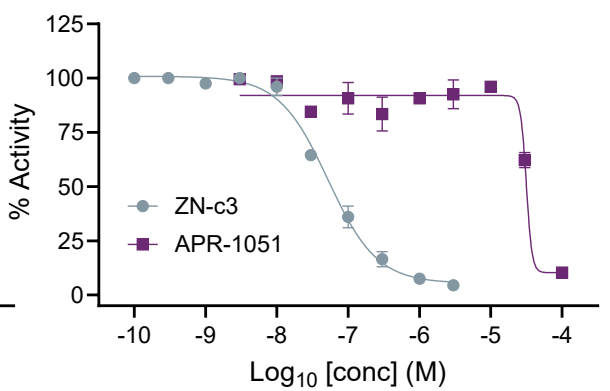
PLK2 IC_{50} Determination



ZN-c3 = 32.0 nM
APR-1051 = 1,800 nM

PLK2 Inhibition
IC50 >50-fold difference

PLK3 IC_{50} Determination



ZN-c3 = 52.2 nM
APR-1051 = 31,600 nM

PLK3 Inhibition
IC50 >600-fold difference

APR-1051 specificity for WEE1 opens potential for greater therapeutic window

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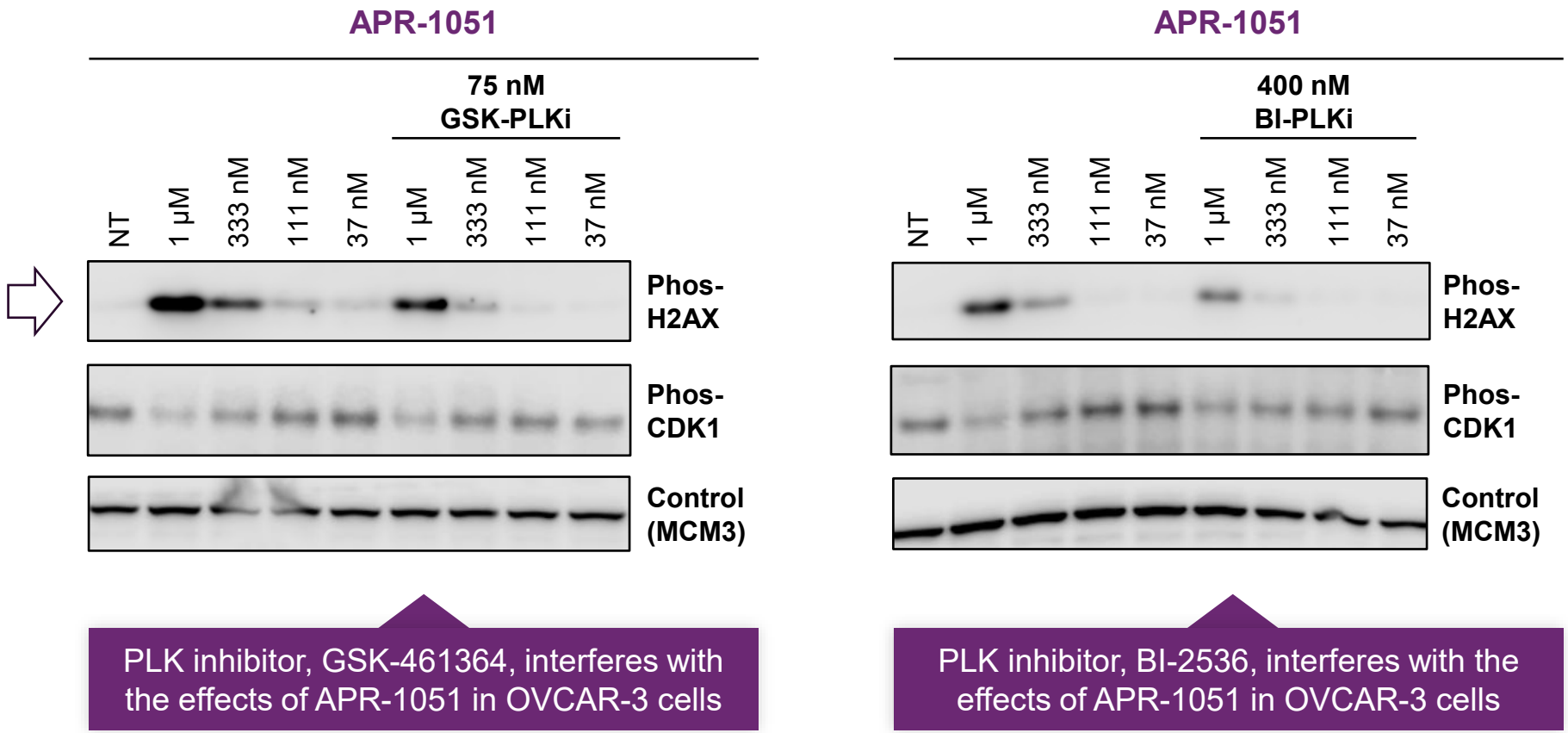
[1]Data from exploratory in-vitro studies. No head-to-head clinical studies have been conducted.

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PLK1 Inhibition Counteracts Effect of WEE1 Inhibitors[1]

Minimal PLK1 co-inhibition enhances therapeutic window for APR-1051

Evidence of DNA damage allowed by WEE1 inhibition. PLK1 reduces functional potency of WEE1 inhibition.



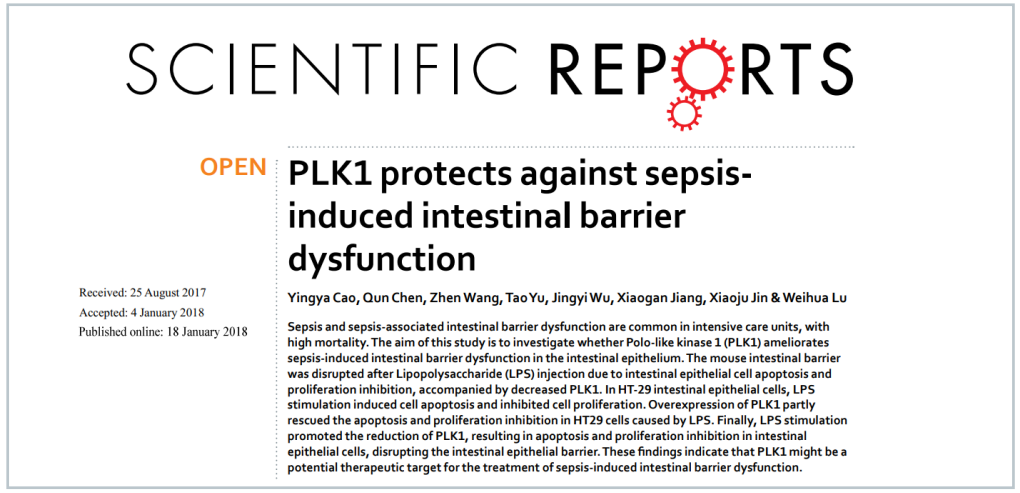
Inhibition of PLK1 reduces efficacy of WEE1 inhibition.
Results in requiring higher doses of WEE1 inhibitors and introduces PLK1 related toxicity.

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[1]Data from exploratory in-vitro studies

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Studies Show PLK1 Suppression is Associated with Sepsis-Induced Loss of Intestinal Barrier Function



SCIENTIFIC REPORTS

OPEN

PLK1 protects against sepsis-induced intestinal barrier dysfunction

Received: 25 August 2017
Accepted: 4 January 2018
Published online: 18 January 2018

Yingya Cao, Qun Chen, Zhen Wang, Tao Yu, Jingyi Wu, Xiaogan Jiang, Xiaoju Jin & Weihua Lu

Sepsis and sepsis-associated intestinal barrier dysfunction are common in intensive care units, with high mortality. The aim of this study is to investigate whether Polo-like kinase 1 (PLK1) ameliorates sepsis-induced intestinal barrier dysfunction in the intestinal epithelium. The mouse intestinal barrier was disrupted after Lipopolysaccharide (LPS) injection due to intestinal epithelial cell apoptosis and proliferation inhibition, accompanied by decreased PLK1. In HT-29 intestinal epithelial cells, LPS stimulation induced cell apoptosis and inhibited cell proliferation. Overexpression of PLK1 partly rescued the apoptosis and proliferation inhibition in HT29 cells caused by LPS. Finally, LPS stimulation promoted the reduction of PLK1, resulting in apoptosis and proliferation inhibition in intestinal epithelial cells, disrupting the intestinal epithelial barrier. These findings indicate that PLK1 might be a potential therapeutic target for the treatment of sepsis-induced intestinal barrier dysfunction.



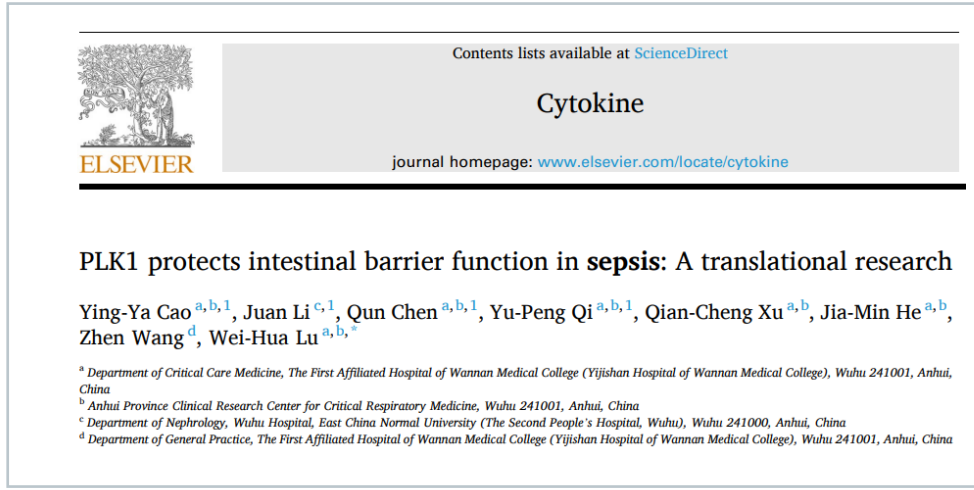
Cao *et al. Molecular Medicine* (2022) 28:163
https://doi.org/10.1186/s10020-022-00597-z

Molecular Medicine

RESEARCH ARTICLE Open Access

PLK1 protects intestinal barrier function during sepsis by targeting mitochondrial dynamics through TANK-NF-κB signalling

Ying-Ya Cao[1,2†], Yuan Zhang[1†], Wuyun Gerile[1†], Yan Guo[1], Li-Na Wu[1], Li-Li Wu[1], Kai Song[1], Wei-Hua Lu[2] and Jian-Bo Yu[1*]



Contents lists available at ScienceDirect

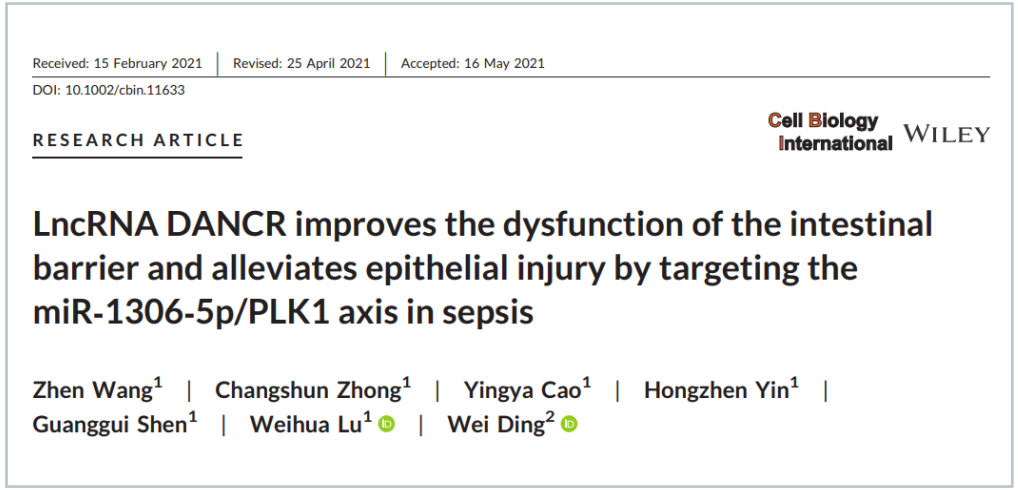
Cytokine

journal homepage: www.elsevier.com/locate/cytokine

PLK1 protects intestinal barrier function in **sepsis**: A translational research

Ying-Ya Cao [a,b,1], Juan Li [c,1], Qun Chen [a,b,1], Yu-Peng Qi [a,b,1], Qian-Cheng Xu [a,b], Jia-Min He [a,b], Zhen Wang [d], Wei-Hua Lu [a,b,*]

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[b] Anhui Province Clinical Research Center for Critical Respiratory Medicine, Wuhu 241001, Anhui, China
[c] Department of Nephrology, Wuhu Hospital, East China Normal University (The Second People's Hospital, Wuhu), Wuhu 241000, Anhui, China
[d] Department of General Practice, The First Affiliated Hospital of Wannan Medical College (Yijishan Hospital of Wannan Medical College), Wuhu 241001, Anhui, China



Received: 15 February 2021 | Revised: 25 April 2021 | Accepted: 16 May 2021
DOI: 10.1002/cbin.11633

RESEARCH ARTICLE

Cell Biology International WILEY

LncRNA DANCR improves the dysfunction of the intestinal barrier and alleviates epithelial injury by targeting the miR-1306-5p/PLK1 axis in sepsis

Zhen Wang[1] | Changshun Zhong[1] | Yingya Cao[1] | Hongzhen Yin[1] | Guanggui Shen[1] | Weihua Lu[1] | Wei Ding[2]

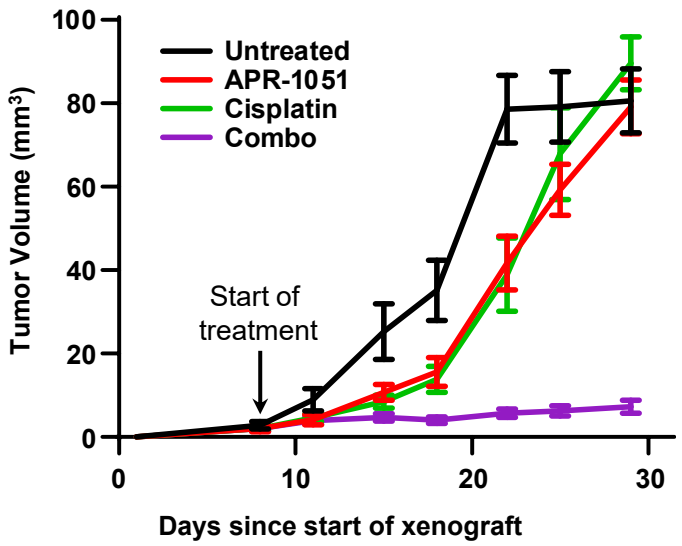
1 PLK1 protects against sepsis-induced intestinal barrier dysfunction, Cao *et al, Scientific Reports* (2018).
2 PLK1 protects intestinal barrier function in sepsis: A translational research, Cao *et al*, *Cytokine* (2023).
3 PLK1 protects intestinal barrier function in sepsis: A translational research, Cao *et al*, *Molecular Medicine* (2022).
4 LncRNA DANCR improves the dysfunction of the intestinal barrier and alleviates epithelial injury by targeting the miR-1306-5p/PLK1 axis in sepsis, Wang *et al., Cell Biology International* (2021).

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APR-1051 Showed Preclinical Activity in Combination with Chemo, IO and ATRi Across Multiple Cancer Models

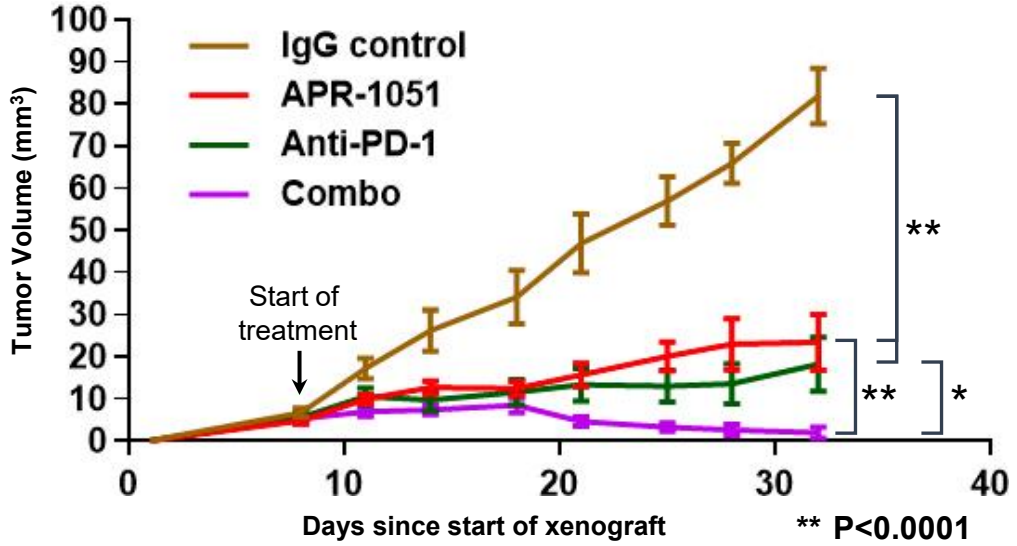
APR-1051 suggests synergistic potential preclinically with standard oncology agents

Chemotherapy



UMSCC47 tumor cells

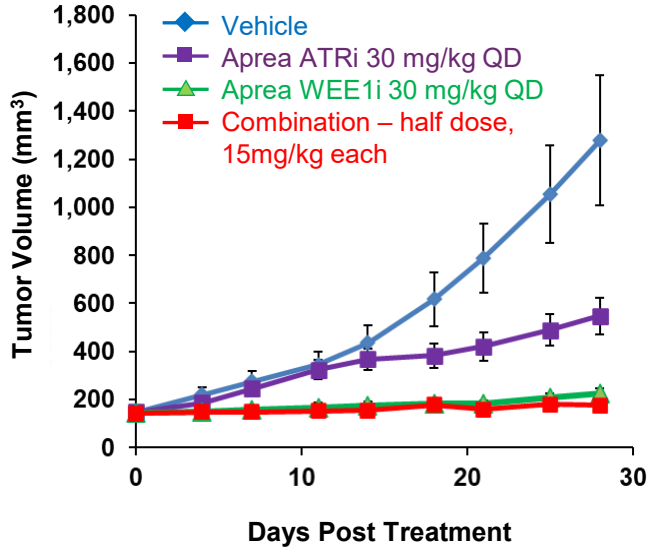
Immuno-oncology



** P<0.0001
* P=0.0067

mEER tumor cells

DDR combination



OVCAR3 tumor xenograft

HPV+ Cancer – Collaboration with MD Anderson

Ovarian Cancer*

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* Data on file.

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Ongoing Trial Progress

Further focus on patient populations likely to respond to WEE1 inhibition

- *PPP2R1A* mutated uterine cancers represent an emerging clinical efficacy signal of an unmet clinical need
- Continued focus on genomic biomarkers including *CCNE1, CCCNE2, FBXW7*
- Working with diagnostics partner to develop IHC for Cyclin E overexpression underway, allowing for enrollment of patients with Cyclin E overexpressing platinum-resistant ovarian cancer (PROC)
- Trial intends to enroll 50+ patients with USC or Cyclin E overexpressing PROC
- Ongoing expansion of clinical trial to 10+ trial sites to complete dose escalation and backfill expansion enrollment by end of Q2 2027

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APR-1051 WEE1 Summary

A next-generation WEE1i with the potential to deliver meaningful clinical benefit and durable value

1 Clinically validated target

- WEE1 inhibitors have shown promising activity in genomically defined tumors
- Competitor programs constrained by low therapeutic window

2 APR-1051 clinical highlights

- Preliminary clinical single-agent proof-of-concept observed in heavily pretreated patients with advanced solid tumors
- Potentially favorable safety profile at active dose levels[1]
- Potentially favorable PK[1], including an approximately 18-hour half-life and continuous once-daily administration
- Robust WEE1 target engagement: consistent suppression of pCDK1-Y15 across multiple dose levels

3 APR-1051 preclinical differentiation and potentially best-in-class opportunity

- Novel structure with high potency, limited off-target inhibition design
- Minimal PLK1 inhibition may enhance therapeutic window
- Potential for synergy demonstrated in combination with standard oncology agents

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[1] No head-to-head clinical studies have been conducted.

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WE CAN'T WAIT TO CURE CANCER

Intellectual Property Portfolio

Financial Summary & Capitalization

Investment Highlights

Robust Global Intellectual Property Protection

Family 1	**Ataxia Telangiectasia and Rad3-Related (ATR) Protein Kinase Inhibitors**	• Macrocyclic inhibitors of ATR & methods of using them to treat various cancers, filed on Oct. 13th, 2015 • Patents granted in AU, BR, CA, CN, EP, IL, IN, JP, KR, MX, HK. • 1.1: Issued on May 30, 2017 as U.S. Patent 9,663,535; 1.2: Issued on May 29, 2018 as U.S. Patent 9,981,989; 1.3: Issued on Feb. 5, 2019 as U.S. Patent 10,196,405
Family 2	**ATR Inhibitors and Methods of Use**	• Carboxylic acid-containing macrocyclic ATR inhibitors, and prodrugs; methods of using these inhibitors to treat various cancers; filed on Apr. 12, 2017 • Issued on May 28th, 2019 as U.S. Patent 10,301,324
Family 3	**ATR Inhibitor Pharmaceutical Composition and Methods**	• International application filed on Apr. 14, 2023 • Pharmaceutical formulation and composition of our lead ATR inhibitor in the clinic • Patent granted in JP and EA; Applications pending US, AU, BR, CA, CN, EP, HK, IL, IN, KR, MX, NZ, PH, SG, ZA
Family 4	**WEE1 Inhibitor Pharmaceutical Compositions and Methods**	• International Application filed on Jun. 3, 2022 • Composition of our lead WEE1 inhibitor compounds • Patent granted in AU; Applications pending in US, AU, BR, CA, CN, EP, HK, IL, IN, JP, KR, MX, ZA
Family 5	**Methods of Treating Cancer**	• Clinical methods of treating advanced solid cancer tumors using lead ATR inhibitor • International application filed on Sept. 19, 2025
Family 6	**Macrocyclic DYRK1A-B Inhibitors and Methods of their Preparation and Use**	• International application filed on Jan. 22, 2026 • Macrocyclic inhibitors of DYRK1A-B and methods of using them to treat disease
Family 7	**Macrocyclic DDR Target Inhibitors and Methods of their Preparation and Use**	• International application filed on Jan. 25, 2026
Family 8	**Methods of Treating Cancer**	• Provisional application filed on Jan. 9, 2026 • Clinical methods of treating cancer using lead Wee1 inhibitor

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Aprea Therapeutics (NASDAQ: APRE)

Financial Summary and Capitalization

Cash and Equivalents of ~$37.8M as of September 30, 2026

$30.0M in gross proceeds raised in private placement that closed on March 31, 2026

Securities	Common Equivalents as of November 4, 2026
Preferred Stock (as converted)	15,596
Common Stock[1]	14,191,136
Pre-Funded Warrants	39,799,626
Purchase Warrants	45,844,103
Milestone Warrants	2,194,788
Options	1,107,804
Restricted Stock Units	65,438
Fully Diluted Equivalents	103,218,491

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[1]400,000,000 common shares authorized

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Investment Highlights



Technology developed by pioneers in synthetic lethality

- Management with strong drug development and commercial expertise
- Focused on addressing unmet needs for patients with biomarker defined cancers



Highly potent and selective design, potential best in class inhibitors

- Diversified portfolio including WEE1 (APR-1051) and ATR (ATRN-119) inhibitors
- Preliminary evidence of clinical activity including PRs with APR-1051
- Single agent and combination potential therapies



Near term catalysts

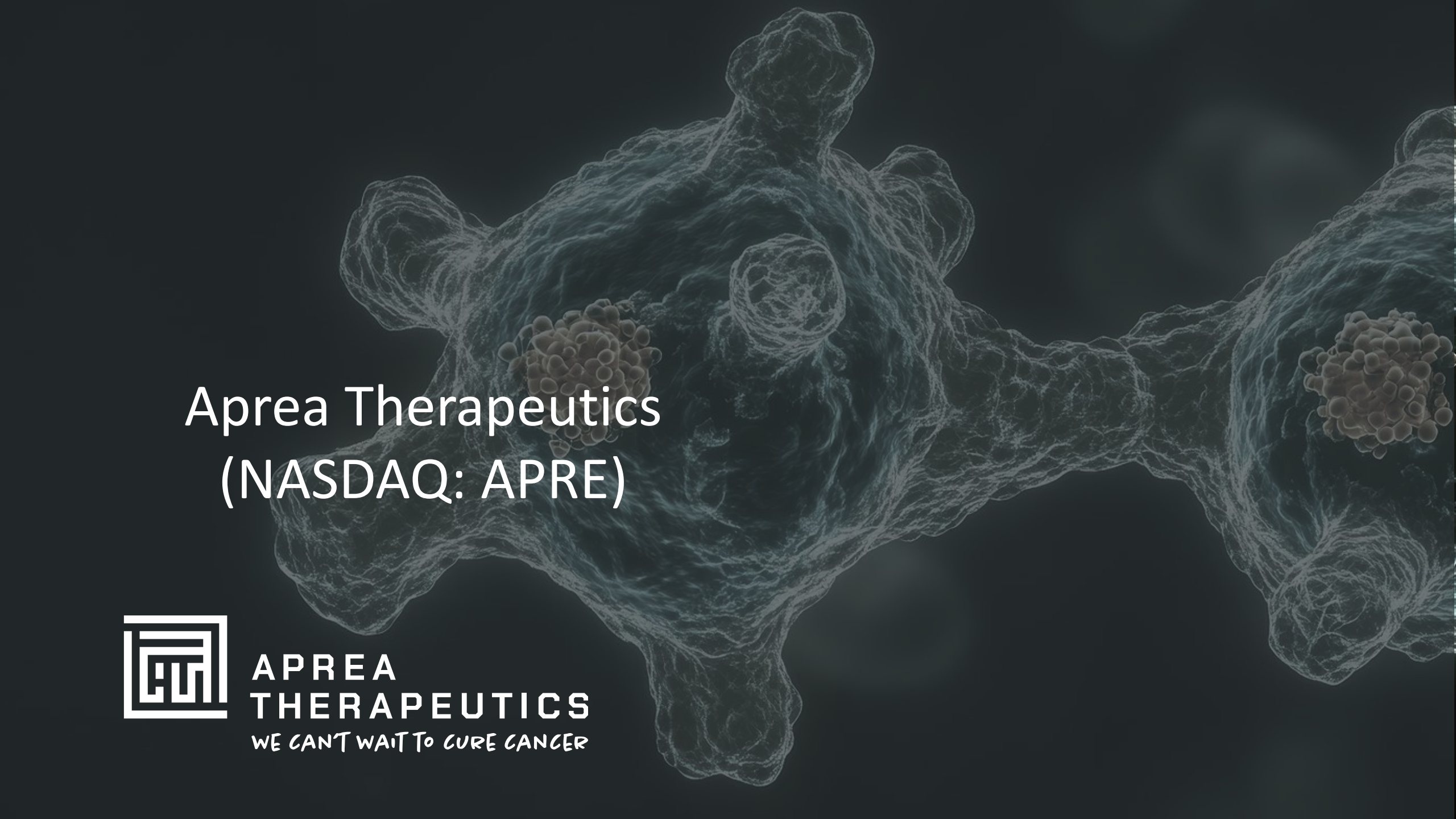
- APR-1051: Q4 2026 Interim clinical data ✓ Q2 2027 Complete dose escalation enrollment
- ATRN-119: October 2025 RP2D ✓ H2 2026 Potential collaborations on combinations



Expected cash runway into Q1 2028

- Achieve near term inflection points and catalysts
- Evaluate optimal strategic partnerships

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