UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

November 4, 2026
Date of Report (Date of earliest event reported)

Aprea Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-39069**	**84-2246769**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

3805 Old Easton Road **Doylestown, PA**	**18902**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(215) 948-4119**

(Former name or former address, if changed since last report): Not applicable

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common stock, par value $0.001 per share	APRE	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On November 4, 2026, Aprea Therapeutics, Inc. (the "Company") issued a press release announcing its financial results for the three and nine months ended September 30, 2026, and provided an update on the Company's operations for the same period. The Company is furnishing a copy of the press release, which is attached hereto as Exhibit 99.1.

In accordance with General Instruction B.2 of Form 8-K, the information included in this Item 2.02, including Exhibit 99.1 hereto, shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference into any filing made by the Company under the Exchange Act or Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing.

Item 8.01 Other Events.

On November 4, 2026, the Company updated its corporate presentation slide deck. A copy of the corporate presentation slide deck is filed as Exhibit 99.2 hereto and incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Press release issued by Aprea Therapeutics, Inc. dated November 4, 2026.
99.2	Corporate Presentation (November 2026).
104	Cover Page Interactive Data File (embedded within the inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Aprea Therapeutics, Inc.

Dated: November 4, 2026

By: /s/ Oren Gilad
Name: Oren Gilad, Ph.D.
Title: President and Chief Executive Officer

Exhibit 99.1

APREA THERAPEUTICS

Aprea Therapeutics Announces Third Quarter 2026 Financial Results

Updated interim Phase 1 data for oral WEE1 inhibitor APR-1051 to be featured in an oral presentation at the 38th EORTC-NCI-AACR Symposium (ENA 2026) in Barcelona on November 20, 2026

APR-1051 Phase 1 clinical trial expanded to nine sites, with immunohistochemistry (IHC) testing for Cyclin E expression now in place to support biomarker assessment and future patient selection strategies

$37.8 million in cash and cash equivalents as of September 30, 2026; cash runway expected into Q1 2028

DOYLESTOWN, PA, November 4, 2026 (GLOBE NEWSWIRE) — Aprea Therapeutics, Inc. (Nasdaq: APRE) ("Aprea", or the "Company"), a clinical-stage precision medicine oncology company focused on the discovery and development of targeted therapies for patients with biomarker-defined cancers, today reported financial results for the third quarter ended September 30, 2026, and provided a business update.

"We continue to make meaningful progress in advancing APR-1051 towards our goal of developing a differentiated, potentially best-in-class WEE1 inhibitor for patients with biomarker defined cancers," said Oren Gilad, Ph.D., President and Chief Executive Officer of Aprea. "We have expanded our clinical site network from three to nine active sites and expect enrollment in ACESOT-1051 to reach six to ten patients per month during the fourth quarter of 2026, positioning us to accelerate clinical development. Our strategy is focused on biomarker defined endometrial cancers, including uterine serous carcinoma, building on the encouraging early clinical activity observed in these patients. The preliminary antitumor activity and manageable tolerability observed to date support our strategy to advance APR-1051 as a single agent in selected patient populations, while evaluating rational combination approaches to expand its therapeutic potential across multiple tumor types. We look forward to presenting updated Phase 1 clinical results at the upcoming EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics and remain on track to select the dose for Part 2 of the study, focused on dose optimization, in the first half of 2027. With $37.8 million in cash and cash equivalents as of September 30, 2026, and an expected cash runway into the first quarter of 2028, we believe we are well positioned to execute our clinical development strategy, achieve meaningful milestones, and create long-term value for patients and shareholders."

Key Business Updates and Upcoming Key Milestones

ACESOT-1051: A Biomarker-Focused, Phase 1 Trial of Oral WEE1 Inhibitor, APR-1051

- APR-1051 is a potent and selective oral small molecule WEE1 inhibitor designed to potentially address therapeutic window limitations observed with earlier WEE1 programs. It is currently being evaluated in ACESOT-1051, a multi-center, open-label Phase 1 study. The primary objectives of this study are safety, dose-limiting toxicity, maximum tolerated or maximum administered dose, and recommended Phase 2 dose (RP2D). Secondary objectives include pharmacokinetics and antitumor activity assessed by RECIST/PCWG3.

- Aprea is focused on developing APR-1051 in genetically defined cancers, with special emphasis on endometrial cancers, including uterine serous carcinoma. This focus includes tumors characterized by PPP2R1A, CCNE1, CCNE2 or FBXW7 mutations and Cyclin E overexpression. The Company remains on track to select the dose for Part 2 of the study in the first half of 2027. The Company also plans to evaluate APR-1051 in combination with pembrolizumab in HPV-positive head and neck squamous cell carcinoma. The Company is expanding ACESOT-1051 to enroll at least 50 patients with uterine serous carcinoma or Cyclin E-overexpressing, platinum-resistant ovarian cancer, with completion of dose escalation and backfill expansion enrollment expected in the second quarter of 2027. The Company expects this expansion and the activation of additional clinical sites to increase research and development expenses for APR-1051 relative to its prior plans.

- Updated interim results from ACESOT-1051 will be featured in an oral presentation at the 38th EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics (ENA 2026), to take place November 18-20, 2026, in Barcelona, Spain. The presentation, titled "Interim results from the first-in-human phase 1 study of WEE1 inhibitor APR-1051 in patients with advanced solid tumors (ACESOT-1051)," is scheduled for Friday, November 20, 2026, and will be delivered by Timothy A. Yap, MBBS, Ph.D., FRCP, of the Department of Investigational Cancer Therapeutics, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center. The associated abstract, expected to be available early November 2026, includes trial design and interim clinical data as of a May 6, 2026 data cutoff. The oral presentation on November 20 will include updated clinical results, including data on patients enrolled since the cutoff.

- On October 20, 2026, Aprea hosted a virtual expert panel, **"The State of WEE1 Inhibition in Precision Oncology,"** ahead of the European Society for Medical Oncology (ESMO) Congress 2026. Moderated by Solomon Wilcots, the panel featured Alex Spira, M.D., of the Virginia Cancer Specialists Research Institute, NEXT Oncology, and Johns Hopkins University School of Medicine; Kevin DeGeeter of Ladenburg Thalmann & Co. Inc.; and Eugene Kennedy, M.D., Chief Medical Advisor of Aprea. The discussion addressed the underlying biology of WEE1, the selectivity challenges that have shaped the class, and scientific, clinical and market perspectives on the field. A replay of the expert panel can be accessed here. The views expressed by third-party panelists are their own and do not necessarily reflect the views of the Company.

- For more information on ACESOT-1051, refer to ClinicalTrials.gov NCT06260514.

ATR inhibitor, ATRN-119

- ATRN-119 is a potent and highly selective, potentially first-in-class macrocyclic ATR inhibitor designed for patients with tumors harboring mutations in DNA damage response (DDR)-related genes. We believe ATRN-119 was the first oral macrocyclic ATR inhibitor to enter clinical trials. Cancers with mutations in DDR-related genes represent a high unmet medical need, and these patients often have a poor prognosis and currently lack effective therapeutic options. Aprea is currently in discussions with leading academic centers to explore various combinations for ATRN-119. These include potential investigator-initiated studies evaluating ATRN-119 in combination with immuno-oncology (I/O) agents, chemotherapy, antibody-drug conjugates (ADCs) and/or radiation. Potential indications for these combinations include advanced solid tumors (e.g., HPV-positive head and neck cancers, sarcomas, and ovarian, colorectal and lung cancers) and hematologic malignancies (e.g., acute myeloid leukemia and myelodysplastic syndromes).

- In October 2025, Aprea determined the RP2D of 1,100 mg once daily for ATRN-119 in the ABOYA-119 Phase 1/2a dose-escalation study and subsequently closed this study to focus resources on the clinical development of APR-1051. Building on the completion of dose escalation, the Company is considering further ATRN-119 development in combination approaches that could expand its therapeutic potential, which may depend on its ability to collaborate successfully with third parties. Aprea believes ATRN-119's mechanism of action, potentially favorable safety profile and pharmacologic characteristics could make it an ideal candidate for combination with other anti-cancer therapies, including radiation therapy, chemotherapy, ADCs and immune checkpoint inhibitors.

Pipeline

- Aprea also has an early-stage program focused on developing macrocyclic DYRK1A/B inhibitors, and is targeting lead identification in the second quarter of 2027, subject to the availability of resources.

Intellectual Property

- Aprea's global intellectual property portfolio comprises 30 issued patents (US and ex-US) and 29 pending applications (US and ex-US) covering proprietary compounds, pharmaceutical compositions and methods of use across its WEE1 and ATR inhibitor programs. Pending applications, if granted, could provide patent protection through 2047 for the WEE1 program, including APR-1051, and extend protection for the ATR program, including ATRN-119, into 2045.

Financial Results for the Third Quarter Ended September 30, 2026

- As of September 30, 2026, the Company had cash and cash equivalents of $37.8 million, compared to $14.6 million as of December 31, 2025. Based on its current operating plan, the Company believes that its cash and cash equivalents as of September 30, 2026 will be sufficient to meet its currently projected operating expenses and capital expenditure requirements into the first quarter of 2028.
- For the third quarter ended September 30, 2026, the Company reported an operating loss of $5.2 million, compared to an operating loss of $3.1 million in the third quarter of 2025.
- Research and development (R&D) expenses were $3.3 million for the quarter ended September 30, 2026, compared to $1.6 million for the third quarter of 2025. The increase in R&D expenses was primarily related to an increase of $2.1 million in expenses for ACESOT-1051, the Company's Phase 1 dose-escalation study for APR-1051, partially offset by a decrease of $0.5 million in expenses for the ABOYA-119 clinical trial of ATRN-119, which has been closed.
- General and administrative (G&A) expenses were $1.8 million for the quarter ended September 30, 2026, compared to $1.5 million for the third quarter of 2025. The increase was primarily related to higher professional fees and consulting expenses.
- The Company reported a net loss of $4.8 million, or $(0.09) per basic and diluted share, on approximately 53.7 million weighted-average common shares outstanding for the quarter ended September 30, 2026, compared to a net loss of $3.0 million, or $(0.47) per basic and diluted share, on approximately 6.4 million weighted-average common shares outstanding for the comparable period in 2025. Weighted-average common shares outstanding for the 2026 period include approximately 39.8 million shares issuable upon exercise of pre-funded warrants exercisable for nominal consideration. As of September 30, 2026, the Company had 14,191,136 shares of common stock outstanding.

About Aprea

Aprea is a clinical-stage precision medicine oncology company focused on the discovery and development of targeted therapies for patients with biomarker-defined cancers. The Company is pursuing an approach to treating cancer that seeks to exploit vulnerabilities associated with cancer cell mutations. This approach is designed to kill tumor cells while minimizing the effect on normal, healthy cells. Aprea believes its technology has potential applications across multiple cancer types, including ovarian, endometrial, colorectal and head and neck squamous cell carcinoma. The Company's lead program is APR-1051, an oral, small molecule inhibitor of WEE1 kinase, currently in a Phase 1 clinical trial. The Company's second clinical-stage product candidate, ATRN-119, is a small molecule ATR inhibitor for which the Company has completed a Phase 1/2a dose-escalation study and is exploring combination approaches. For more information, please visit the Company's website at www.aprea.com.

The Company may use, and intends to use, its investor relations website at https://ir.aprea.com/ as a means of disclosing material nonpublic information and for complying with its disclosure obligations under Regulation FD.

Forward-Looking Statements

Certain information contained in this press release 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 press release 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 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, 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, 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 press release. We undertake no obligation to update such forward-looking statements for any reason, except as required by law.

Investor Contact:

Mike Moyer
LifeSci Advisors
mmoyer@lifesciadvisors.com

Media Contact:

Sean Naughton Ph.D.
Russo Partners, LLC
sean.naughton@russopartnersllc.com

APREA THERAPEUTICS

Consolidated Balance Sheets

	September 30, 2026 (unaudited)	December 31, 2025
Assets		
Current assets:		
Cash and cash equivalents	$ 37,846,363	$ 14,599,347
Prepaid expenses and other current assets	590,066	961,899
Total current assets	38,436,429	15,561,246
Property and equipment, net	62,443	59,807
Restricted cash	41,826	41,186
Other noncurrent assets	271,162	271,162
Total assets	$ 38,811,860	$ 15,933,401
Liabilities and Stockholders' Equity		
Current liabilities:		
Accounts payable	$ 1,261,783	$ 713,668
Accrued expenses	2,713,158	2,050,690
Total current liabilities	3,974,941	2,764,358
Commitments and contingencies		
Series A convertible preferred stock, $0.001 par value, 40,000,000 shares authorized; 31,194 shares issued and outstanding at September 30, 2026 and December 31, 2025	727,361	727,361
Stockholders' equity:		
Common stock, $0.001 par value, 400,000,000 shares authorized, 14,191,136 and 8,192,538 shares issued and outstanding at September 30, 2026 and December 31, 2025, respectively	14,191	8,192
Additional paid-in capital	390,035,043	356,709,645
Accumulated other comprehensive loss	(10,609,034)	(10,634,714)
Accumulated deficit	(345,330,642)	(333,641,441)
Total stockholders' equity	34,109,558	12,441,682
Total liabilities and stockholders' equity	$ 38,811,860	$ 15,933,401

Aprea Therapeutics, Inc.
Consolidated Statements of Operations and Comprehensive Loss
(Unaudited)

	Three Months Ended Sept 30,		Nine Months Ended Sept 30,	
	2026	**2025**	**2026**	**2025**
Grant revenue	$ —	$ 1,848	$ —	$ 282,422
Operating expenses:				
Research and development	3,340,592	1,638,917	7,413,801	6,034,196
General and administrative	1,832,937	1,480,319	5,222,320	4,838,969
Total operating expenses	5,173,529	3,119,236	12,636,121	10,873,165
Loss from operations	(5,173,529)	(3,117,388)	(12,636,121)	(10,590,743)
Other income (expense):				
Interest income	360,702	150,669	854,409	533,422
Other income	—	—	79,000	—
Foreign currency gain (loss)	2,847	(5,691)	13,511	(86,618)
Total other income	363,549	144,978	946,920	446,804
Net loss	$ (4,809,980)	$ (2,972,410)	$ (11,689,201)	$ (10,143,939)
Other comprehensive income (loss):				
Foreign currency translation	8,583	(1,117)	25,680	(2,155)
Total comprehensive loss	$ (4,801,397)	$ (2,973,527)	$ (11,663,521)	$ (10,146,094)
Net loss per share attributable to common stockholders, basic and diluted	$ (0.09)	$ (0.47)	$ (0.29)	$ (1.65)
Weighted-average common shares outstanding, basic and diluted	53,680,979	6,372,938	40,759,485	6,151,433

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

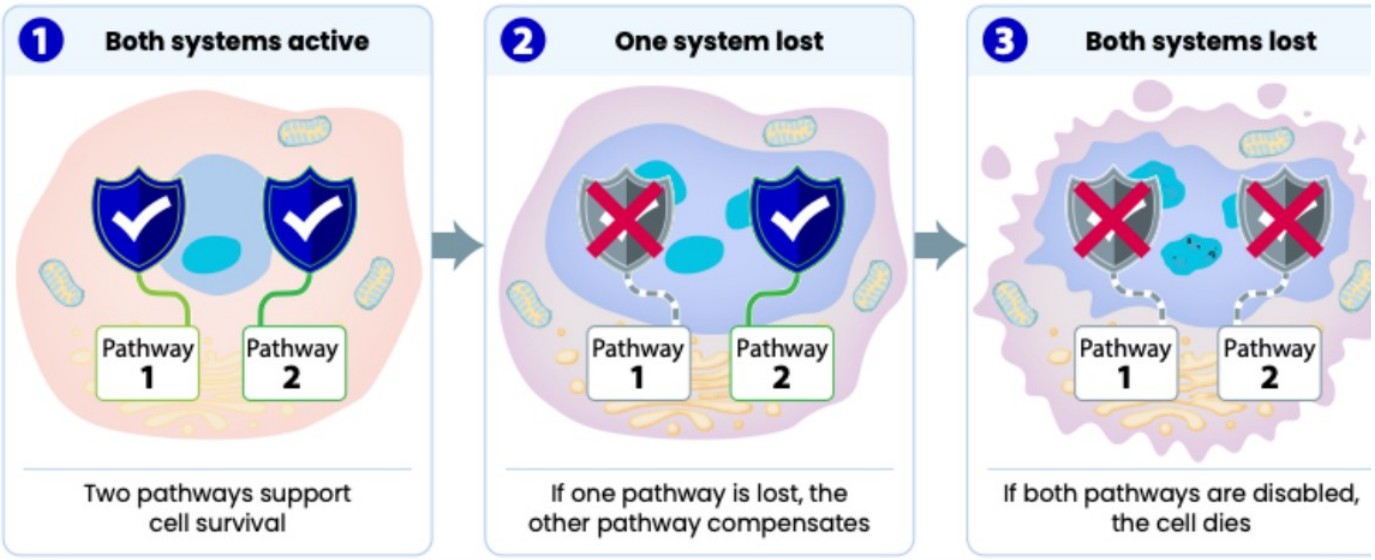
Certain information contained in this presentation includes "forward-looking statements", within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended related to our study analyses, clinical trials, regulatory submissions, and projecte 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 the future events or outcomes to identif 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 that 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, project 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 potential development of APR-1051 in single-agent and combination settings, the potential further development of ATRN-119, 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, the receipt and timing of interim or preliminary results, which are not necessarily indicative of final results, our understanding of product candidate mechanisms of action and interpretation of preclinical and early clinical results from our clinical development programs, ou ability to predict clinical outcomes based on such preclinical and early clinical results, the timing and outcome of regulatory interactions, 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, excep as required by law. This presentation shall not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of any securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction. 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



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

APREA THERAPEUTICS

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



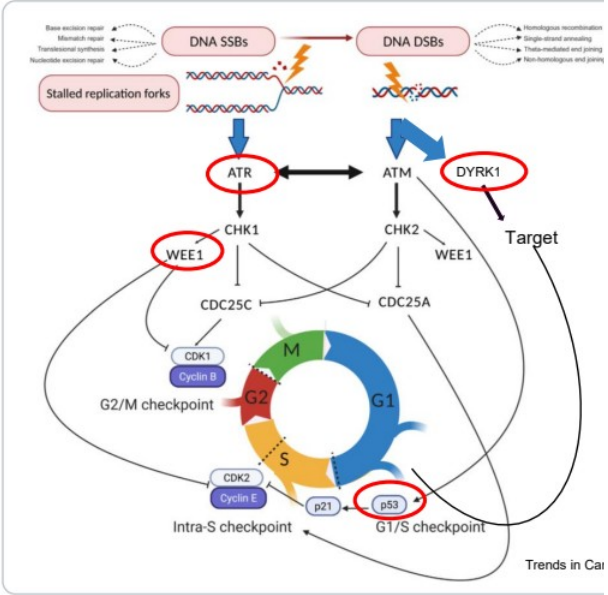
Positioned at the forefront of synthetic lethality and precision medicine

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

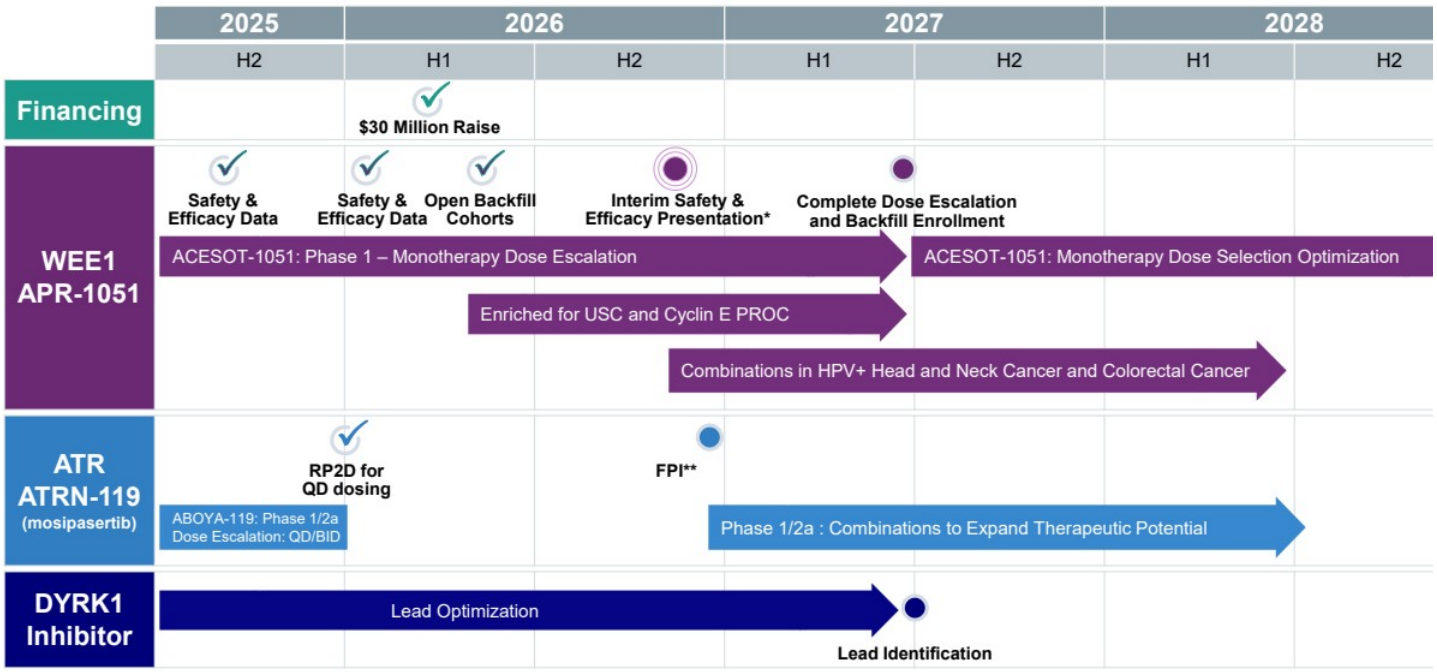


1. Ngoi N, *et al.* Targeting the replication stress response through synthetic lethal strategies in cancer medicine. *Trends in Cancer*. (2021); 7(10):930-957

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Robust DDR Development Pipeline and Corporate Milestones

2025-2028 Accomplished and anticipated milestones



DNA Damage Response (DDR)
*Planned major medical conference presentation
**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

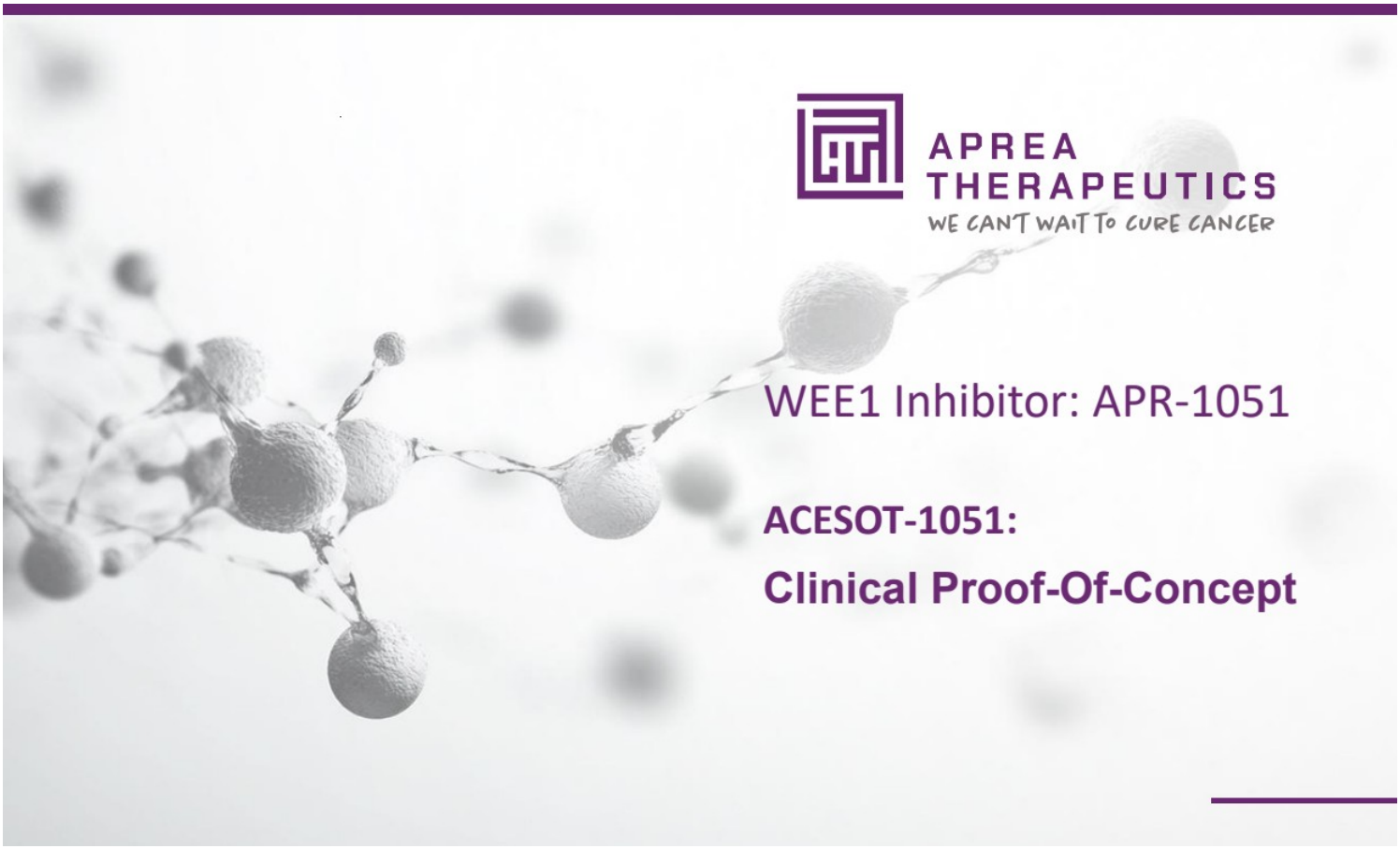
Management

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	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 MaYu PHARMA	Boston BioConsulting Gloucester Aventis

Board of Directors

Richard Peters, MD, PhD Chairman of the Board	**Oren Gilad, PhD** President and CEO	**Jean-Pierre Bizzari, MD** Director
Marc Duey Director	**Michael Grissinger** Director	**Gabriela Gruia, MD** Director
John Henneman Director	**Rifat Pamukcu, MD** Director	**Bernd R. Seizinger, MD, PhD** Director

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APREA
THERAPEUTICS
WE CAN'T WAIT TO CURE CANCER
WEE1 Inhibitor: APR-1051
ACESOT-1051:
Clinical Proof-Of-Concept

WEE1 Has Emerged as a Therapeutic Target of Significant Industry Inte

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

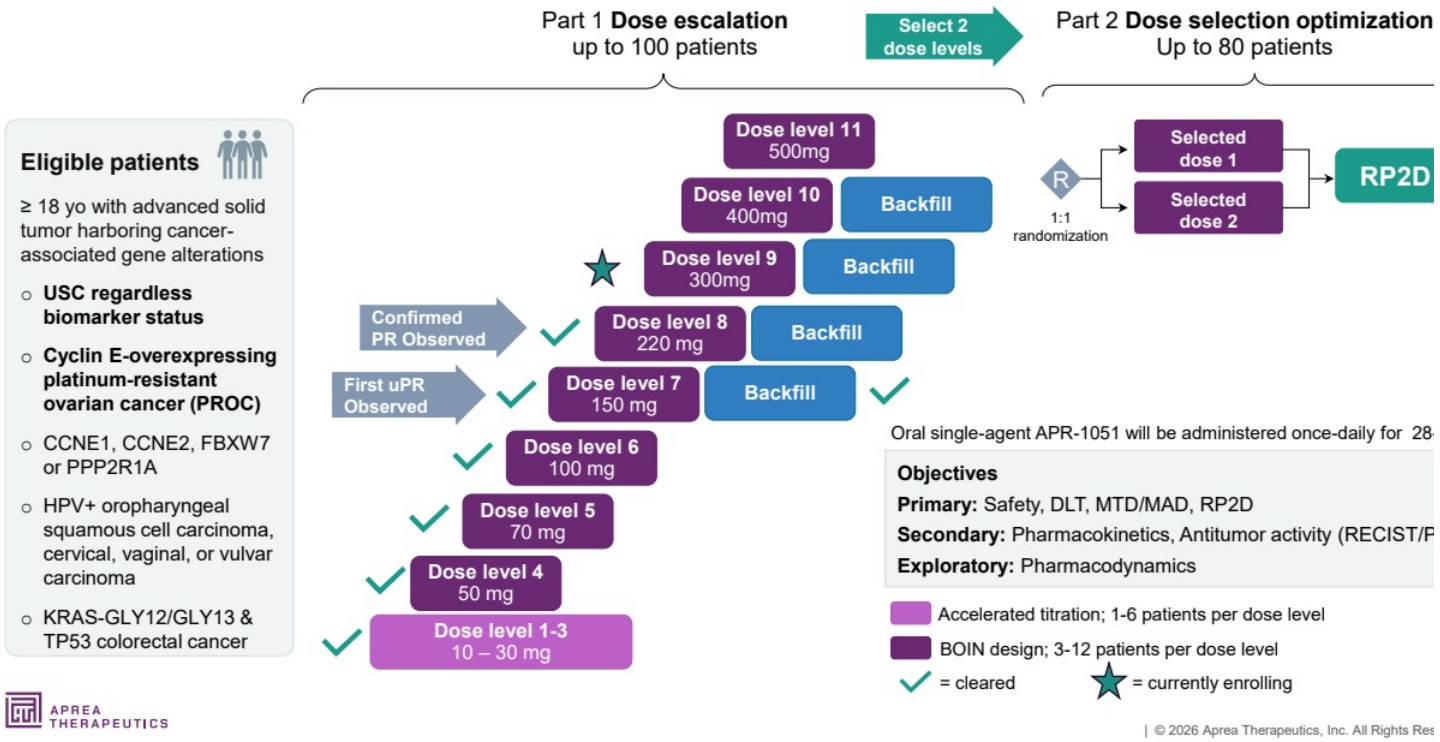
1. Zentalis Corporate Presentation, April 2026
2. Debio 0123-101, A Phase 1 Trial of Debio 0123 In Combination With Carboplatin In Advanced Solid Tumors: Safety, Pharmacokinetic, And Preliminary Antitumor Activity Data, Poster ASCO 2023
3. Abstract 3120, ASCO 2024
4. Poster CT022, AACR 2026

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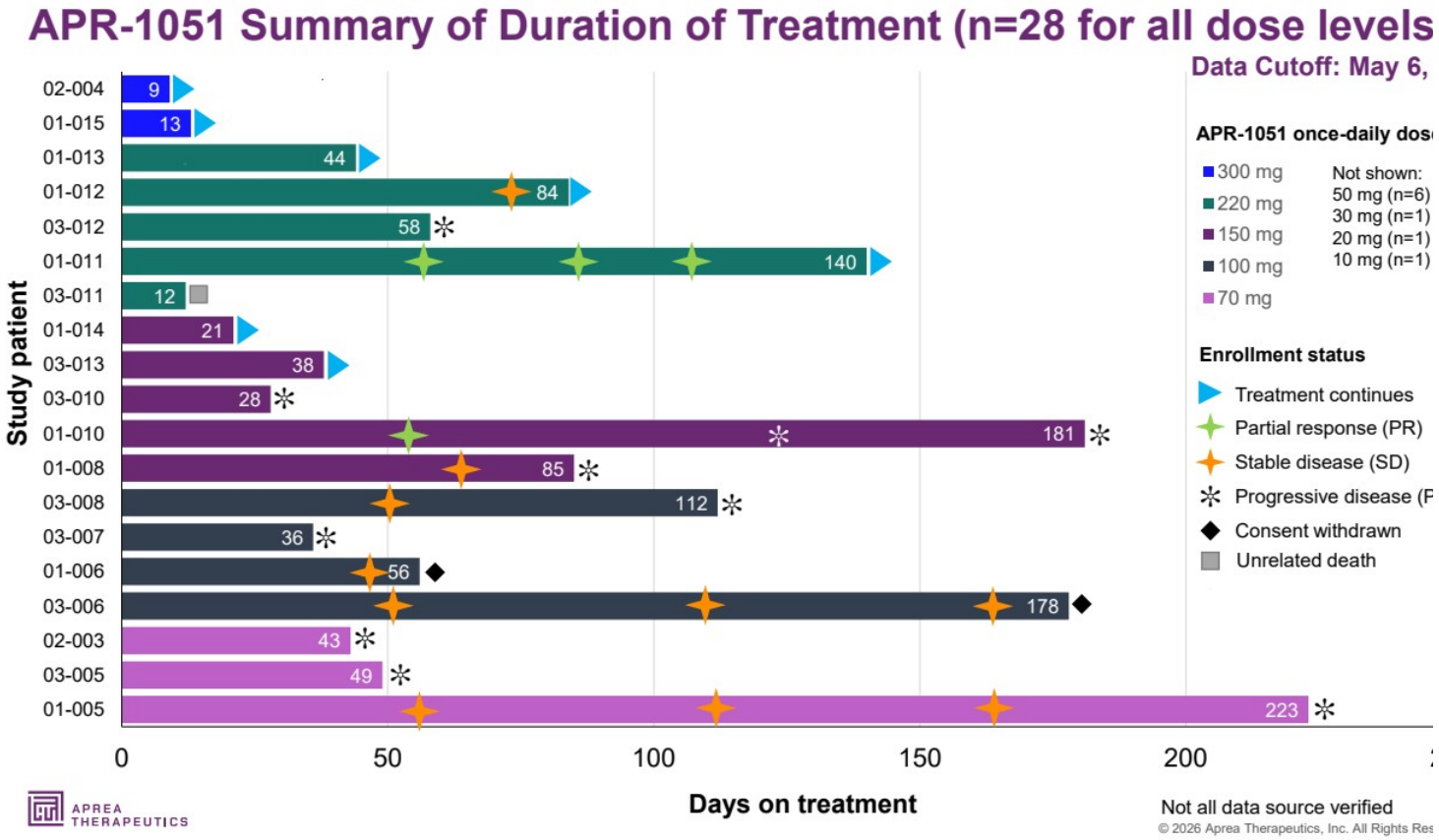
ACESOT-1051: Phase 1 Study Design

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



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APR-1051 Summary of Duration of Treatment (n=28 for all dose levels
Data Cutoff: May 6,
APR-1051 once-daily dos
300 mg
220 mg
150 mg
100 mg
70 mg
Not shown:
50 mg (n=6)
30 mg (n=1)
20 mg (n=1)
10 mg (n=1)
Enrollment status
Treatment continues
Partial response (PR)
Stable disease (SD)
Progressive disease (P
Consent withdrawn
Unrelated death
Study patient
02-004
01-015
01-013
01-012
03-012
01-011
03-011
01-014
03-013
03-010
01-010
01-008
03-008
03-007
01-006
03-006
02-003
03-005
01-005
9
13
44
84
58
140
12
21
38
28
181
85
112
36
56
178
43
49
223
0
50
100
150
200
Days on treatment
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Not all data source verified
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Treatment-related AEs in Patients Treated with APR-1051 (N=28)

Data Cutoff: May 6, 2026

MedDRA Preferred Term	APR-1051 All dose levels (N=28)	
Treatment-related AEs, n (%)[a]	**All Grades**	**Grade ≥ 3[b]**
Nausea	10 (35.7)	0 (0)
Fatigue	4 (14.3)	0 (0)
Vomiting	3 (10.7)	0 (0)
Alanine aminotransferase increased	1 (3.6)	1 (3.6)[c]
Anemia	1 (3.6)	0 (0)
Aspartate aminotransferase increase	1 (3.6)	1 (3.6)[c]
Blood bilirubin increased	1 (3.6)	0 (0)
Constipation	1 (3.6)	0 (0)
Dehydration	1 (3.6)	0 (0)
Dysgeusia	1 (3.6)	0 (0)
Dyspepsia	1 (3.6)	0 (0)
Eczema	1 (3.6)	0 (0)
Gastroesophageal reflux disease	1 (3.6)	0 (0)
Hypokalemia	1 (3.6)	0 (0)
Lymphocyte count decreased	1 (3.6)	1 (3.6)
Platelet count decreased	1 (3.6)	0 (0)

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a A patient may have more than one AE and/or have the same AE more than once
b Grade 3 unless otherwise indicated
c Increased alanine aminotransferase and aspartate aminotransferase occurred in the same patient, was determined to be serious, and considered one DLT event

Not all data source verified

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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 140 days (C6D1) – May 6, 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; scan April 8, 2026 showed 0% change
- Tumor marker: CA-125 reduction from BL 362.4 U/mL to C3D1 46.8 U/mL (87% decrease); 40.2 U/mL Mar 11, 2026; 53 U/ml April 08
- Adverse Events: C1D22 Gr 1 rash. C1D15 Gr1 thrombocytopenia , possibly related to IP; intermittent nausea Gr1 probably related; a increase Gr1 unlikely related. No DLT

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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 participati

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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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 2 SD
CRC	KRAS & TP53	3 SD
	FBXW7	
HNSCC	HPV+	1 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

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*Data as of May 6, 2026 and are preliminary from an ongoing dose-escalation study. Responses and stable disease require confirmation in additional patients and may change as follow-up matures. Safety and efficacy outcomes may vary by dose, schedule, and patient characteristics.

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WE CAN'T WAIT TO CURE CANCER

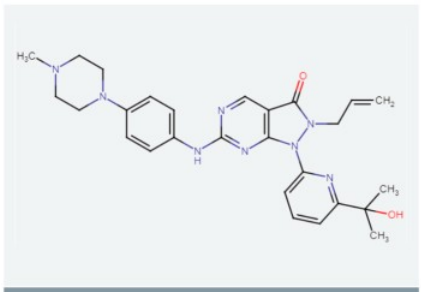
APR-1051:

Potentially Differentiated WEE1 Inhibitor

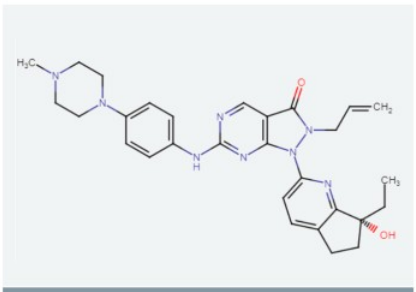
APR-1051: Potentially Best-in-Class WEE1 Inhibitor

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

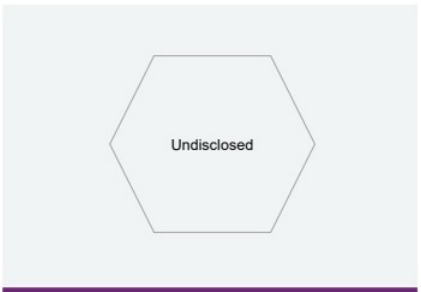
APR-1051 is based on a different molecular structure than AZD-1775 and ZN-c3 (not an analogue)



AstraZeneca
Adavosertib (AZD-1775)



Zentalis
Azenosertib (ZN-c3)



Aprea
APR-1051

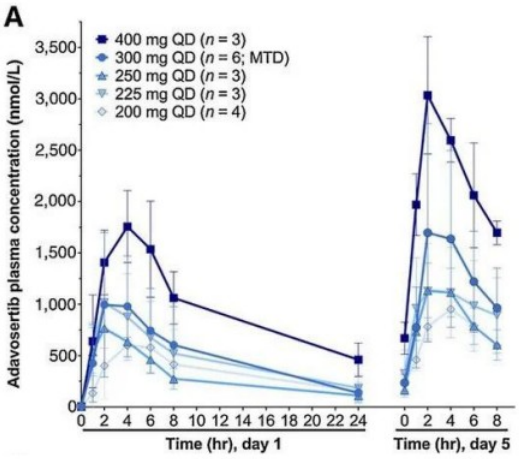
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No head-to-head clinical studies have been conducted.

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

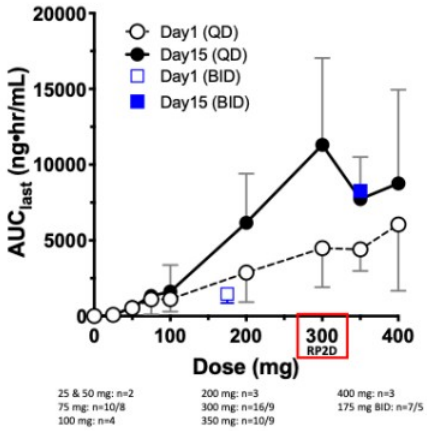
Adavosertib PK



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%)



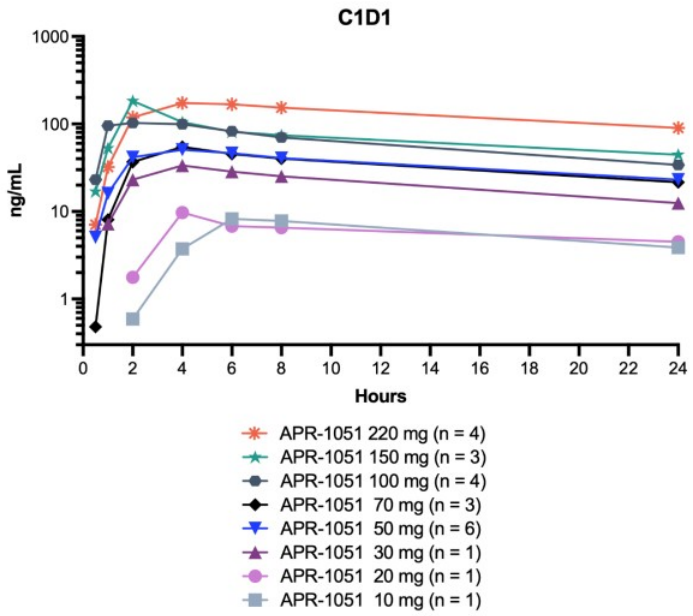
Zentalis Pharmaceuticals, Inc.
FORM 10-K
For the fiscal year ended December 31, 2021

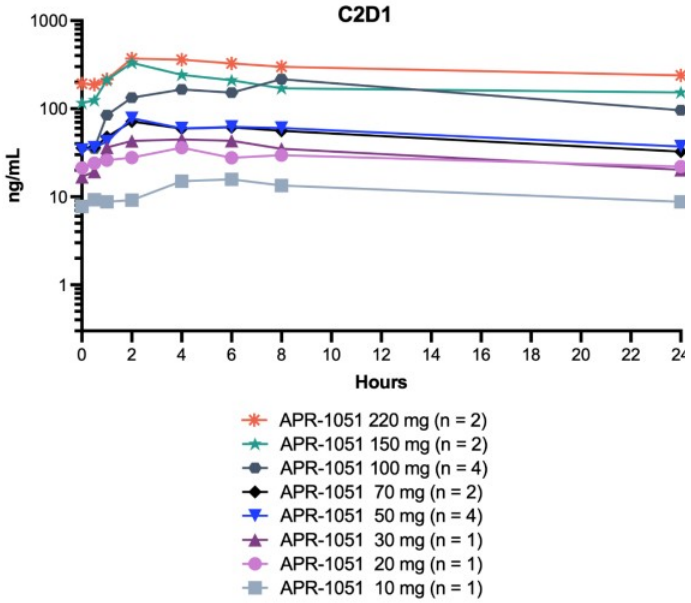
Zentalis Pharmaceuticals, Inc.
Corporate Presentation
November 2021

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APR-1051 Concentrations in Cycle 1 and Cycle 2 by Dose Level





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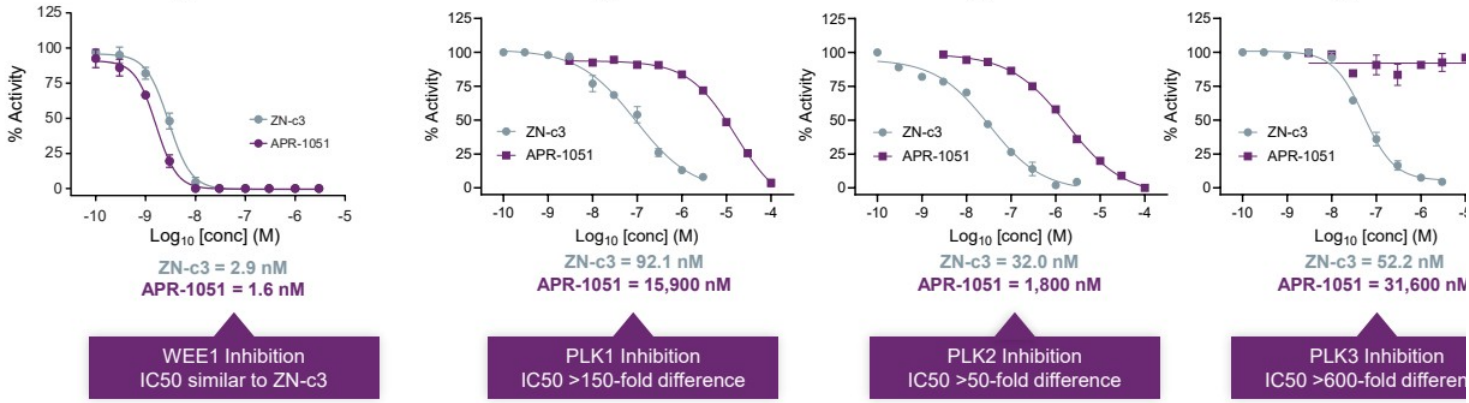
APR-1051: Potentially Best-in-Class WEE1 Inhibitor

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-c



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

WEE1 Inhibition
IC50 similar to ZN-c3

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

PLK1 Inhibition
IC50 >150-fold difference

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

PLK2 Inhibition
IC50 >50-fold difference

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

PLK3 Inhibition
IC50 >600-fold differen

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

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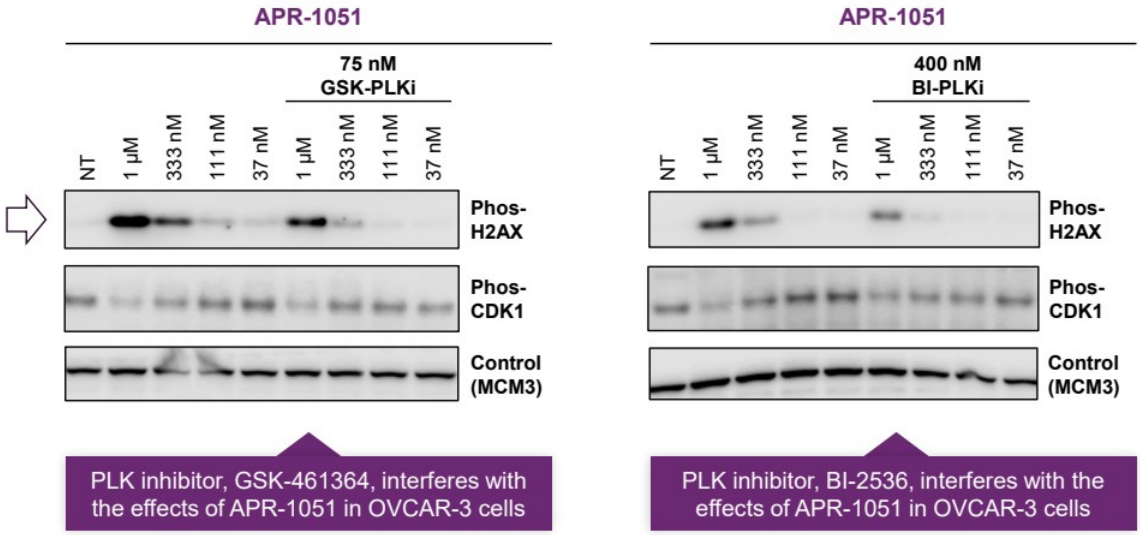
[1]Data from exploratory in-vitro studies. No head-to-head clinical studies have been conducted.

AACR-NCI-EORTC Meeting, Poster B323,
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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,*]

[a] Department of Critical Care Medicine, The First Affiliated Hospital of Wannan Medical College (Yijishan Hospital of Wannan Medical College), Wuhu 241001, Anhui, China
[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]

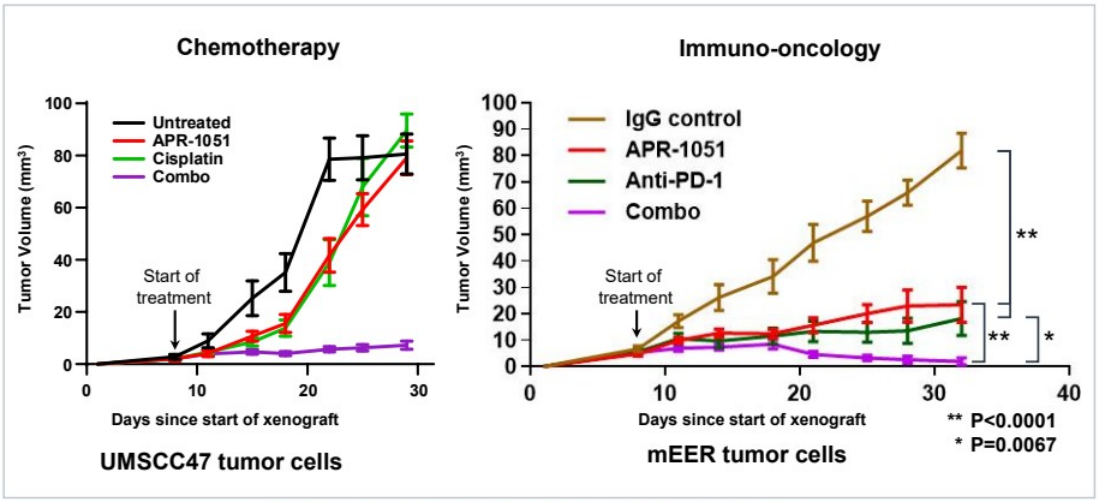
1 PLK1 protects against sepsis-induced intestinal barrier dysfunction, Cao *et al, Scientific Reports* (2018).
2 PLK1 protects intestinal barrier function in sepsis: A translational research, Cao *et al*, *Cytokine* (2023).
3 PLK1 protects intestinal barrier function in sepsis: A translational research, 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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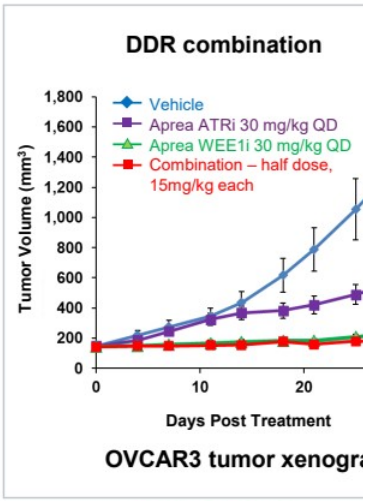
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APR-1051 Showed Preclinical Activity in Combination with Chemo, IO and ATRi Across Multiple Cancer Models

APR-1051 suggests synergistic potential preclinically with standard oncology agents



HPV+ Cancer – Collaboration with MD Anderson



Ovarian Cancer*

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* Data on file.

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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 proof-of-concept at 150 mg and 220 mg dose levels with two partial responses and six patients with stable disease presented at ASCO 2026
- Potentially favorable safety profile at active dose levels
- Enrollment accelerating with expansion from three to nine active clinical sites
- **Interim clinical data to be presented Q4 2026**

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

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

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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: Issu 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

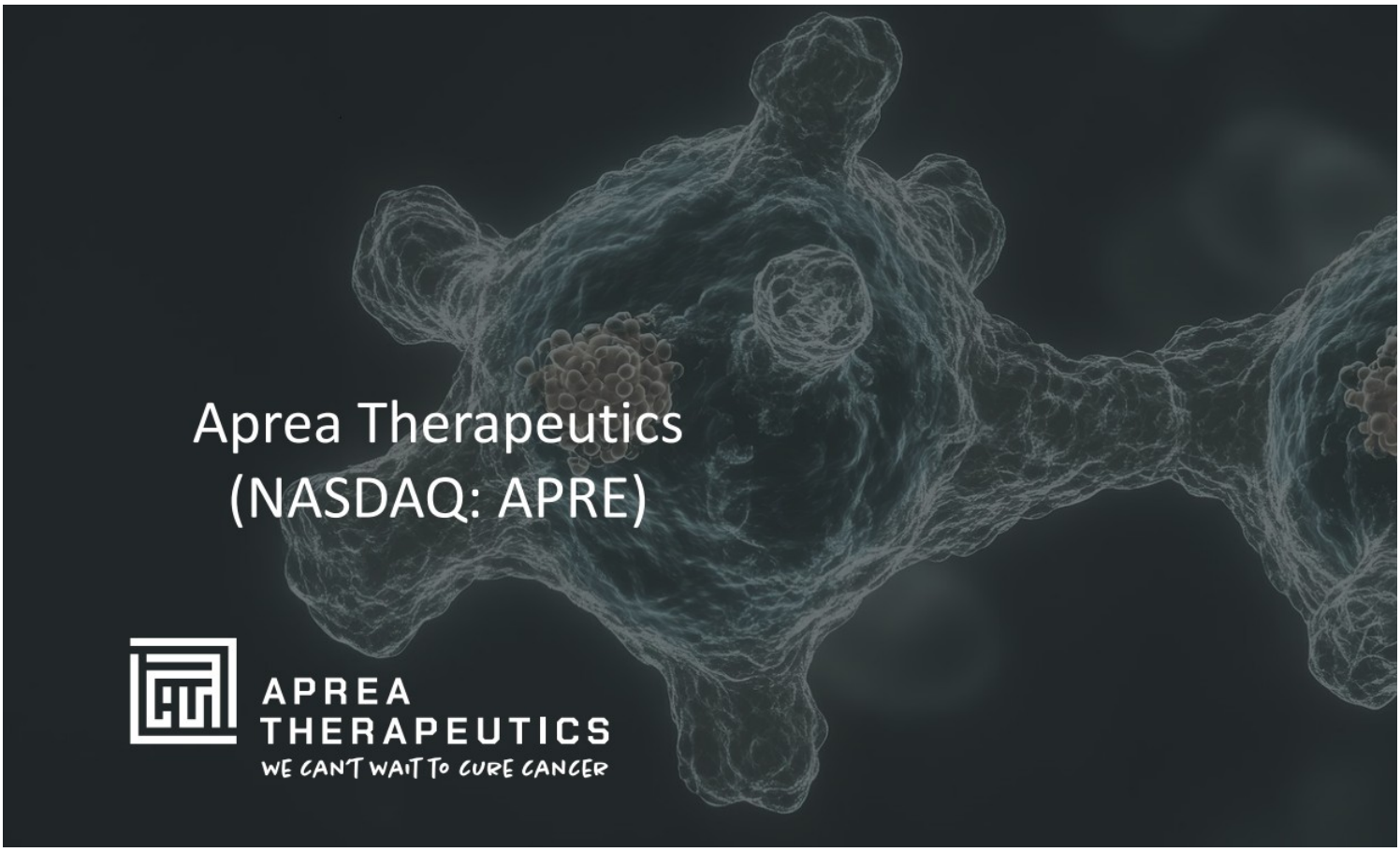


Expected cash runway into Q1 2028

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

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