DEFEATING CANCER: The Challenge. Our Mission.

December 2020

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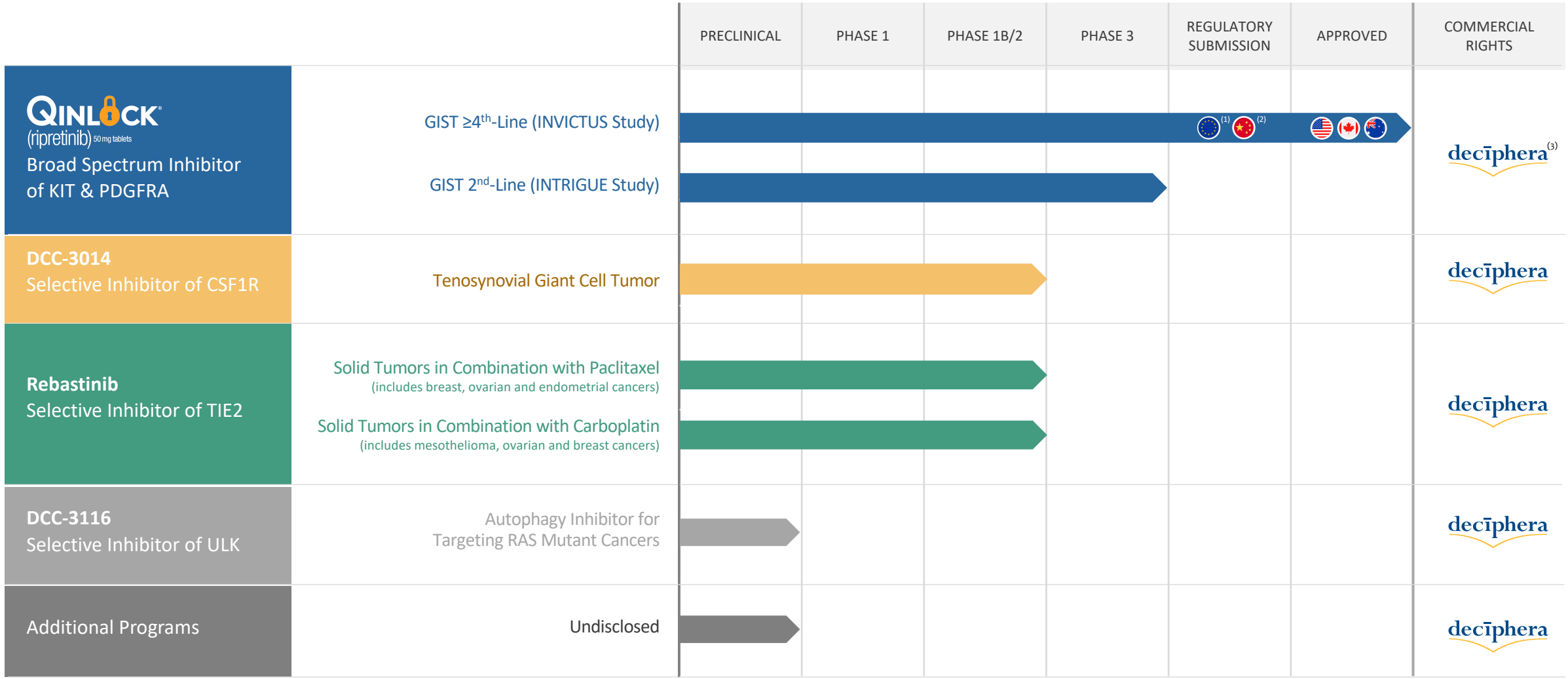
Executing on Our Mission

At Deciphera, we are focused on discovering, developing, and bringing important new medicines to patients for the treatment of cancer.

- Successfully **launch** QINLOCK® (ripretinib) in the U.S.
- Drive the development of QINLOCK in **2nd line GIST** (INTRIGUE)
- **Rapidly advancing wholly-owned** clinical-stage portfolio(1)
- Novel switch control kinase inhibitor discovery platform **fuels the pipeline**

Notes: (1) Exclusive development and commercialization license for ripretinib with Zai Lab in Greater China.

Robust Pipeline of Novel Switch-Control Kinase Inhibitors



Notes: CSF1R=colony stimulating factor 1 receptor; GIST=gastrointestinal stromal tumor; KIT=KIT proto-oncogene receptor tyrosine kinase; PDGFRα=platelet-derived growth factor receptor α; RAS=rat sarcoma gene; TIE2=TEK tyrosine kinase; ULK=unc-51-like kinase.

1) Submitted and received validation of a Marketing Authorisation Application for QINLOCK in fourth-line GIST by the European Medicines Agency; 2) China National Medical Products Administration has accepted a New Drug Application for ripretinib for the treatment of adult patients with fourth-line GIST; 3) Development and commercialization exclusive license with Zai Lab in Greater China.

2020 Expected Milestones for the Year Ahead

QINLOCK® (ripretinib) 50 mg tablets

- ✓ FDA approval and U.S. commercial launch in 4th line GIST
- ✓ Present Phase 1 study expansion data
- ✓ Submit EU Marketing Authorisation Application to EMA
- ✓ Complete enrollment in the INTRIGUE Phase 3 study in 2nd line GIST

DCC-3014

- ✓ Select Phase 2 dose for tenosynovial giant cell tumor (TGCT) and initiate the expansion portion of study
- ✓ Update Phase 1 data in TGCT patients

Rebastinib

- ✓ Select Phase 2 dose and activate Part 2 of Phase 1b/2 study in combination with carboplatin
- ✓ Present Phase 1b/2 data in combination with paclitaxel
- ✓ Present Phase 1b/2 data in combination with carboplatin

DCC-3116

- Submit IND application to FDA

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Notes: FDA=U.S. Food and Drug Administration; PDUFA=Prescription Drug User Fee Act; EMA=European Medicines Agency; IND=Investigational New Drug.

QINLOCK®: Now Approved in the United States

U.S. FDA Approval & Commercial Launch

- Approved by U.S. FDA in 4th line GIST on May 15, 2020
- Net sales in first full quarter of $14.7MM (3Q20); $19.5MM (launch to 3Q20)

Multiple Global Regulatory Filings and Approvals

- Approved by Health Canada (June 2020) and Australian TGA (July 2020)
- Accepted NDA to China National Medical Products Administration (July 2020)[1]
- Submitted MAA to European Medicines Agency (Validated 4Q20)

Ongoing Global Phase 3 Study in 2nd Line GIST (INTRIGUE)

- Completed target enrollment of 426 patients
- Top-line data expected in 2H21

QINLOCK is the first approved TKI designed specifically for GIST regardless of patients' mutational status

Notes: Full prescribing information is available at www.QINLOCK.com; FDA=U.S. Food and Drug Administration; MAA= Marketing Authorisation Application; TGA=Therapeutic Goods Administration; NDA=New Drug Application.
1) Development and commercialization exclusive license with Zai Lab in Greater China.

QINLOCK®: 4 Strategic Objectives For Launch

1 **Educate and raise awareness**	• Extensive mutational heterogeneity drives resistance to established therapies
2 **Differentiate QINLOCK®**	• Novel switch control mechanism of action • Potent inhibition of broad spectrum of mutations *in vitro* • Potentially practice-changing efficacy • Favorable tolerability with low dose modifications due to AEs
3 **Reach and impact GIST prescribers**	• Academic centers of excellence • Community practices
4 **Optimize patient access**	• Deciphera AccessPoint™ • Comprehensive patient support programs and resources

QINLOCK® U.S. Launch Success in 3Q20

Net Sales First Full Quarter *(3Q20)*

$14.7 MILLION

Unique Prescribers *(Launch-to-Date)*

250+

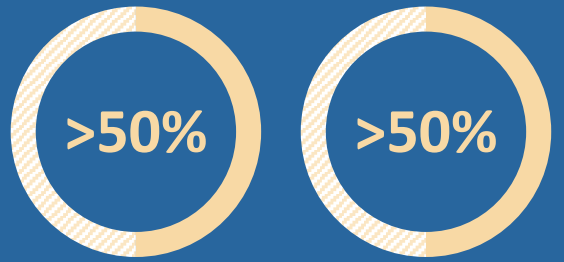
Unique Institutions *(Launch-to-Date)*

200+

Initial Launch Details

- **Continued strong demand, new prescriber growth, and broad access**
- **New prescribers more than doubled during the quarter**
- **Strong awareness, product perceptions, and intent to prescribe among GIST treaters with 4th line patients**

Community Accounts



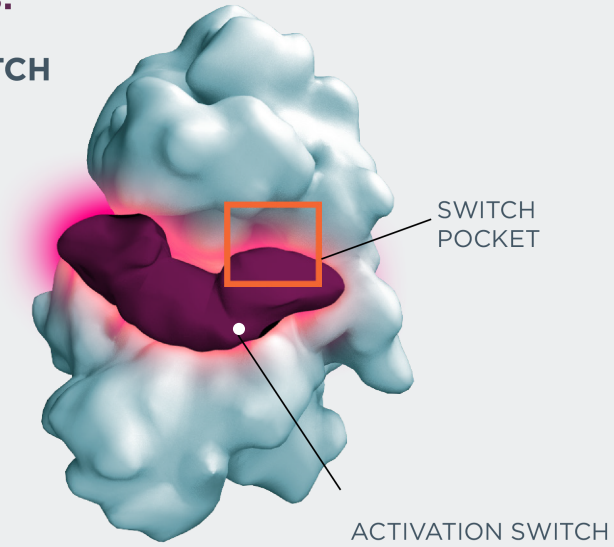
Notes: Unique prescribers and unique institutions information are from May 22 – September 30, 2020.

QINLOCK®: A Novel Switch-Control Kinase Inhibitor Engineered to Block the Drivers of Resistance in Advanced GIST

Switched on: Kinase active

Kinase activation requires the interaction of two critical regions:

- **ACTIVATION SWITCH**
- **SWITCH POCKET**



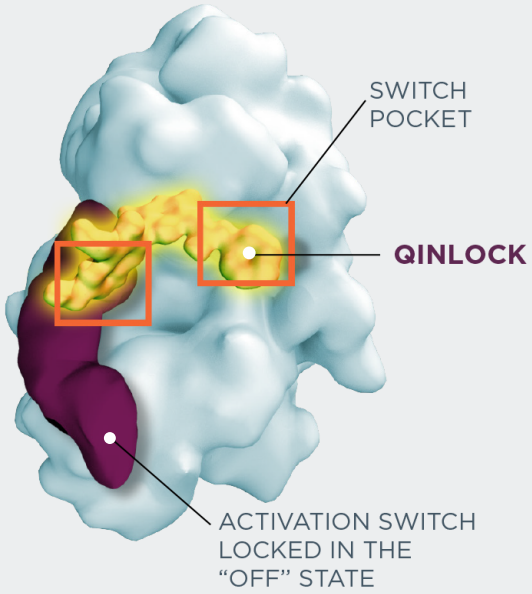
Switched off: Kinase inactive

As shown in preclinical studies, QINLOCK

BINDS
to both the activation switch and switch pocket, regardless of where mutations arise

LOCKS
the kinase in the inactive ("off") state, inhibiting downstream signaling and cancer cell proliferation

In vitro studies not designed to assess clinical efficacy



The dual MOA of QINLOCK provided broad-spectrum inhibition of KIT and PDGFRα kinase signaling *in vitro*, including multiple primary and secondary mutations and wild type GIST

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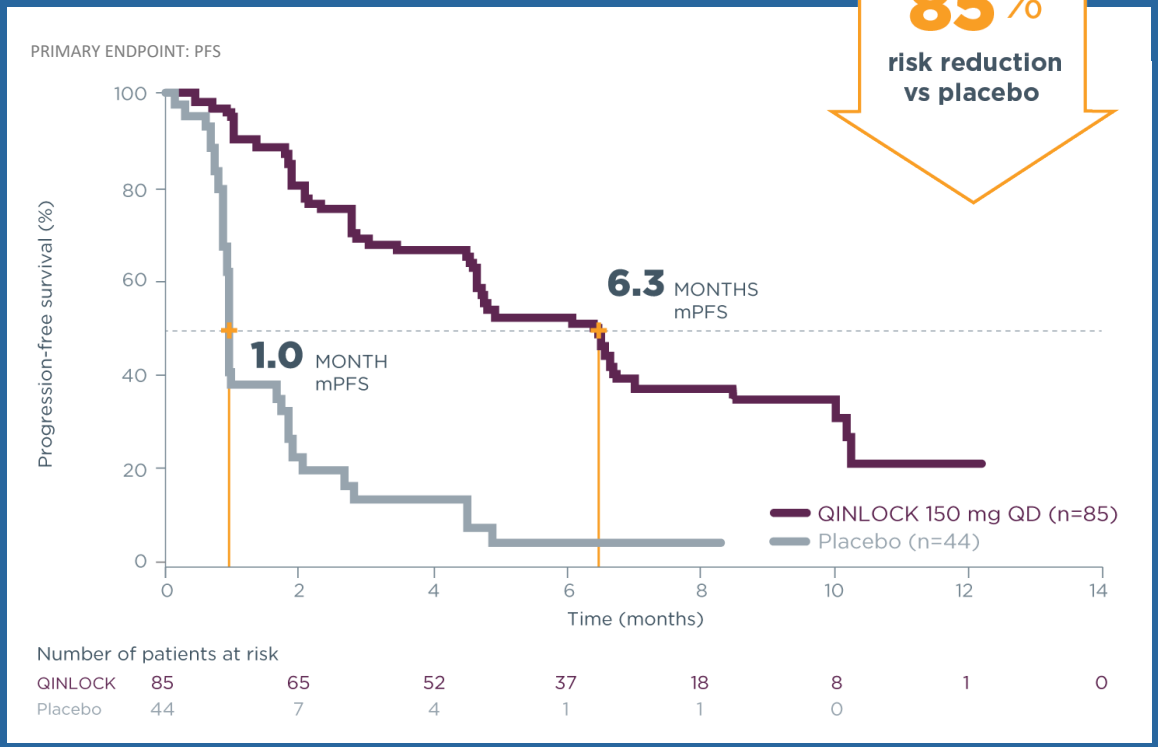
Notes: MOA=mechanism of action.

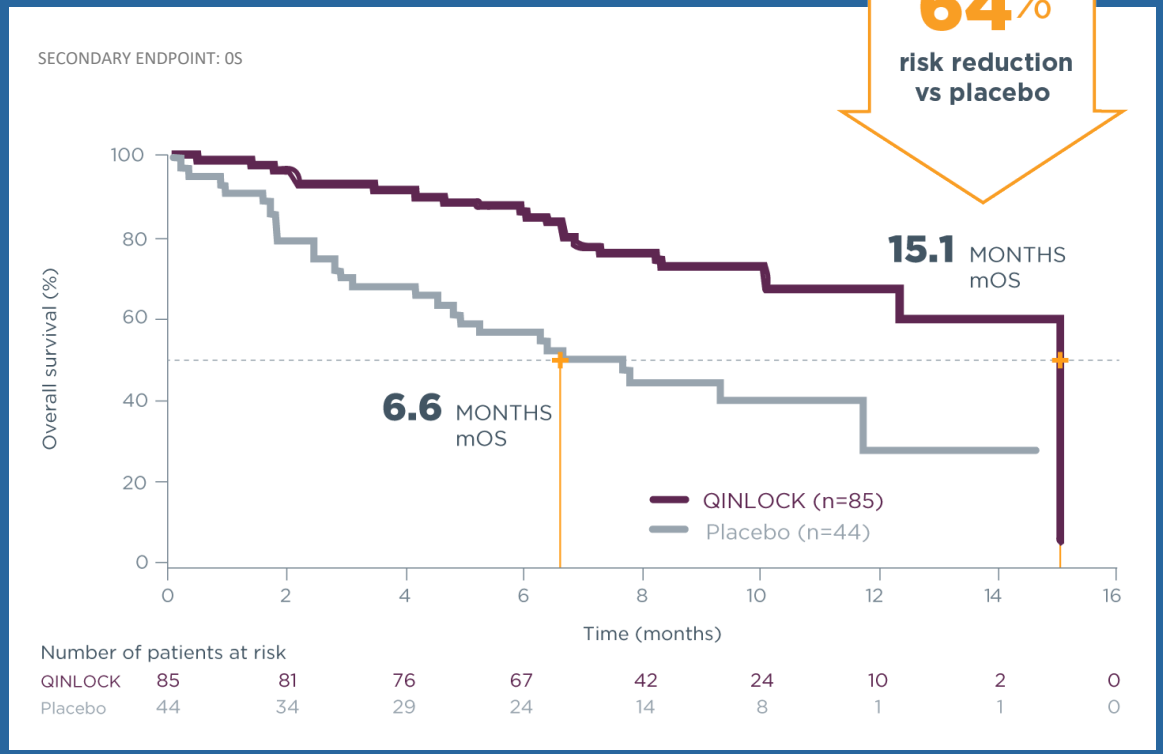
QINLOCK®: A Potential Best-In-Class Treatment for Advanced GIST

Progression-free survival



(median PFS of 6.3 months vs. 1.0 month; HR=0.15, 95% CI [0.09-0.25], *P*<0.0001)

Overall survival



(median OS of 15.1 months vs. 6.6 months; HR=0.36, 95% CI [0.21-0.62])

Key secondary endpoint of objective response rate was 9.4% compared with 0% for placebo (*P*=0.0504)

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Notes: Full prescribing information is available at www.QINLOCK.com; Overall survival data includes all time periods, including dose escalations. Placebo arm includes patients taking placebo who, following progression, were crossed-over to QINLOCK treatment.

QINLOCK®: Safety Highlights from the Prescribing Information

Most Common Adverse Reactions (≥20%; Any Grade)

- Alopecia, fatigue, nausea, abdominal pain, constipation, myalgia, diarrhea, decreased appetite, palmar-plantar erythrodysesthesia syndrome, and vomiting

Warnings and Precautions

- Palmar-plantar erythrodysesthesia syndrome
- New primary cutaneous malignancies
- Hypertension
- Cardiac dysfunction
- Risk of impaired wound healing
- Embryo-fetal toxicity

Dose Modifications from INVICTUS Phase 3 Study[1]

Any adverse reaction leading to…	RIPRETINIB (n=85)	PLACEBO (n=43)[2]
Treatment discontinuation	7 (8%)	5 (12%)
Dose interruption	20 (24%)	9 (21%)
Dose reduction	6 (7%)	1 (2%)

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Notes: (1) Data presented at ESMO Congress 2019; (2) 44 patients were randomized to placebo, but 1 patient did not receive treatment; Full prescribing information is available at www.QINLOCK.com; adverse reactions=treatment-emergent adverse events regardless of causality.

Significant Unmet Medical Need Post-Imatinib

Estimated Incidence of GIST, U.S.: **4,000-6,000**[1]

1st line therapy
Imatinib[2]

18.9
months mPFS*

51.4%
ORR

49.0
months mOS*

*Results for imatinib 400 mg. This study compared imatinib 400 mg to imatinib 800 mg.[3]

2nd line therapy
Sunitinib[4,5]

5.6
months mPFS
HR=0.33

6.8%
ORR

17.0
months mOS
HR=0.83

~2,000
U.S. incident patients eligible for treatment[6]

3rd line therapy
Regorafenib[7]

4.8
months mPFS
HR=0.27

4.5%
ORR

17.4
months mOS
HR=0.91

~1,400–1,600
U.S. incident patients eligible for treatment[6]

4th line therapy[8]
QINLOCK® (ripretinib) 50 mg tablets

6.3
months mPFS
HR=0.15

9.4%
ORR

15.1
months mOS
HR=0.36

~1,000–1,300
U.S. incident patients eligible for treatment[6]

Avapritinib is approved in the U.S. for GIST patients with PDGFRα exon 18 mutations only, which are harbored by ~6% of patients with newly diagnosed GIST.[9,10]

Notes: HR=hazard ratio; mOS=median overall survival; mPFS=median progression free survival; ORR=objective response rate.

(1) American Cancer Society, Key Statistics for Gastrointestinal Stromal Tumors, Accessed December 13, 2019; (2) Gleevec [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2020; (3) Gastrointestinal Stromal Tumor Meta-Analysis Group (MetaGIST). *J Clin Oncol*. 2010; 28:1247-1253; (4) Sutent [package insert]. New York, NY: Pfizer; 2020, mPFS and mOS converted from weeks to months; (5) Garrett CR, et al. Poster presented at: Connective Tissue Oncology Society: November 13-15, 2008; London, UK. Abstract 35049; (6) Internal Deciphera estimates of annual new treatment-eligible patients are based on analyses of U.S. claims data; eligible patients for 3rd and 4th lines exclude the estimated proportion of patients across lines that die, discontinue oncology treatment, or enter clinical trial and, therefore, are not eligible for treatment. Estimates are inherently uncertain; (7) Stivarga [package insert]. Germany: Bayer Healthcare; 2020; (8) QINLOCK [package insert]. Waltham, MA: Deciphera Pharmaceuticals; 2020; (9) Ayvakit [package insert]. Cambridge, MA: Blueprint Medicines Corp; 2020; (10) Lopes LF, Bacchi CE. *J Cell Mol Med*. 2010;14:42-50.

QINLOCK®: Phase 1 GIST Cohorts Positive Updated Results Across All Lines of Treatment

Line of Therapy[1]	2nd Line (n=31)	3rd Line (n=28)	≥4th Line (n=83)
Median Progression Free Survival	10.7 months	8.3 months	5.5 months
Objective Response Rate	19.4%	14.3%	7.2%
Median Duration of Response	18.4 months	NE	17.5 months
Mean Treatment Duration[2,3]	13.2 months	13.4 months	10.5 months

Ripretinib 150 mg QD (n=142)

Source: Janku et al. Switch Control Inhibition of KIT and PDGFRA in Patients With Advanced Gastrointestinal Stromal Tumor: A Phase I Study of Ripretinib. *J Clin Oncol* 2020; 38:3294-3303.
Notes: NE=not estimable; (1) Data for ripretinib 150 mg QD in 142 patients and based on investigator assessment as determined by RECIST v1.1; (2) Additional data on file with the company; (3) Includes 64 patients who elected for intra-patient dose escalation from 150 mg QD to 150 mg BID.

intrigue › Ongoing Global Pivotal Phase 3 Study in 2nd Line GIST

Initiated December 2018

122 Active Sites

22 Countries

Prior Imatinib Therapy

Ripretinib
150 mg QD

1:1 Randomization
Open-label Study

Completed Target Enrollment of 426 Patients

Sunitinib
50 mg QD

PRIMARY ENDPOINT
= Progression Free Survival
No Cross-over Option

TOP-LINE DATA
Expected in 2H 2021

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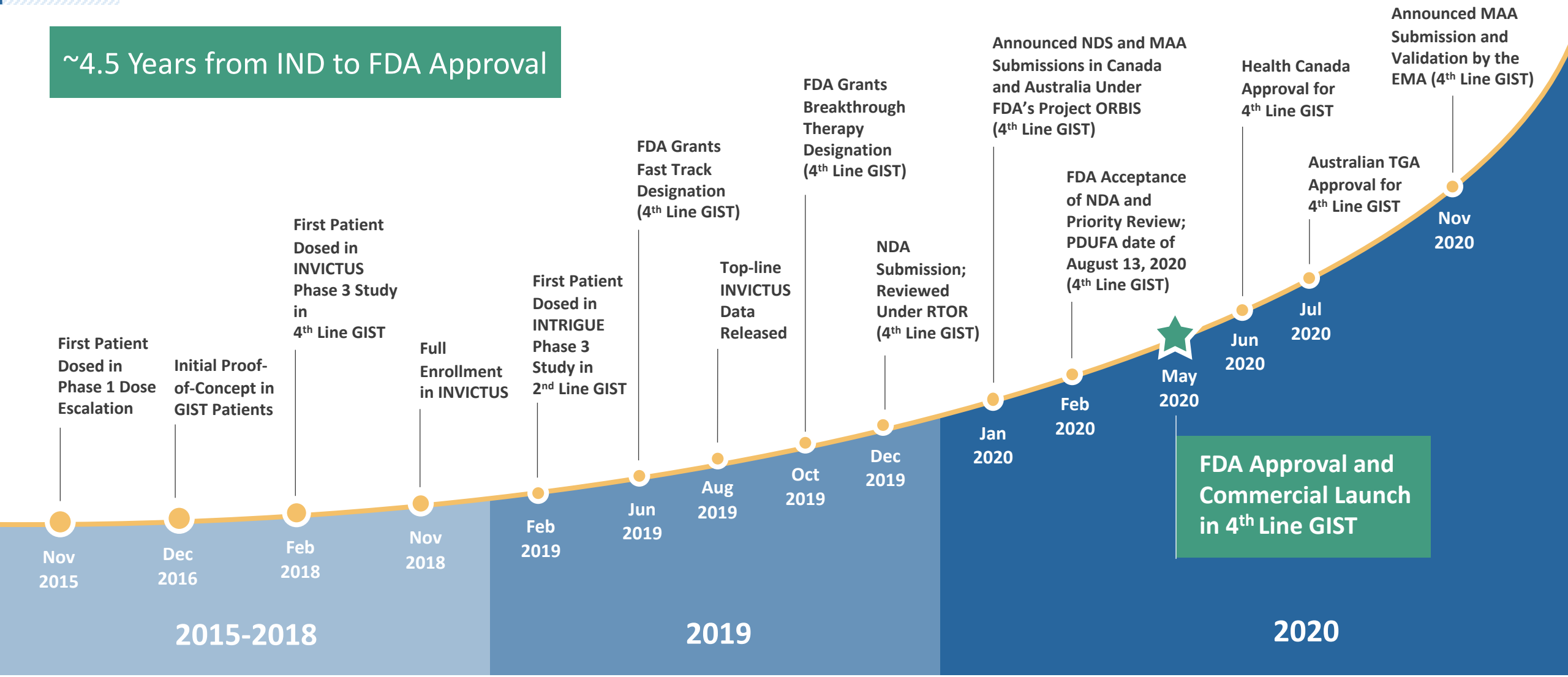
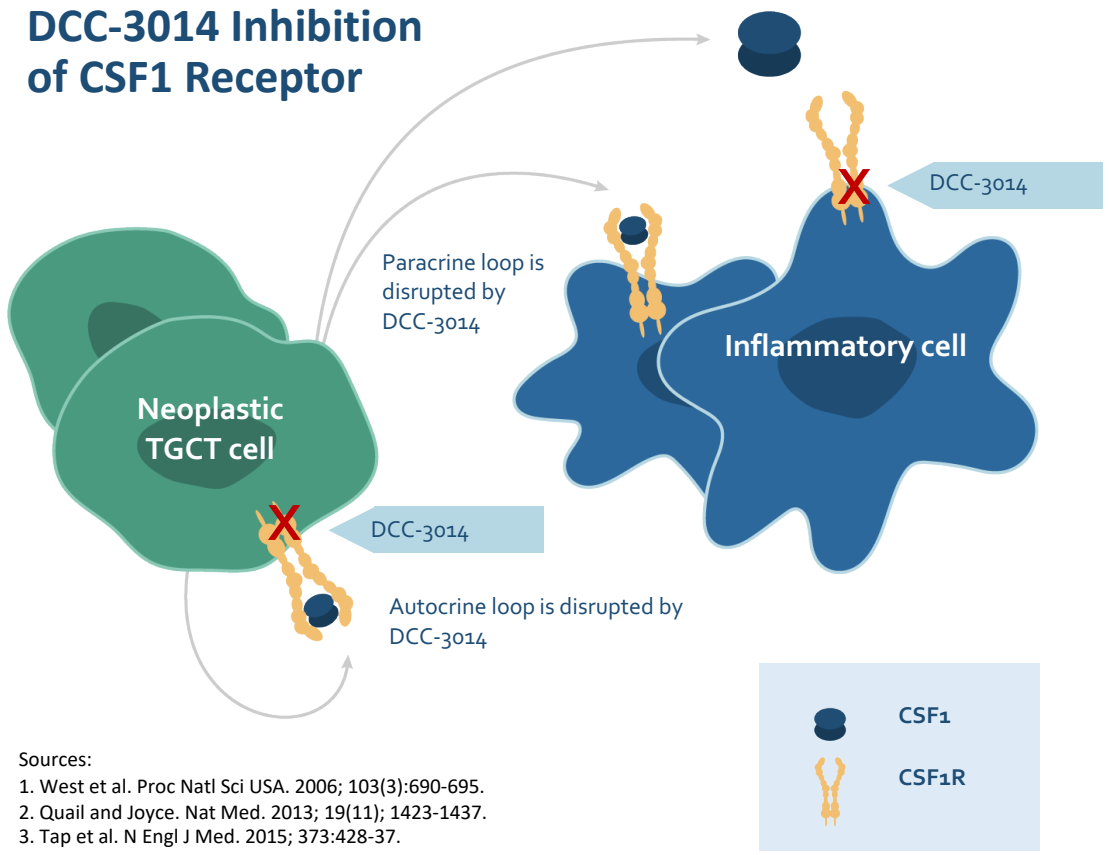
QINLOCK® (ripretinib): Rapid Clinical Development to Approval

~4.5 Years from IND to FDA Approval



Notes: FDA=Food and Drug Administration; IND=Investigational New Drug; MAA=Marketing Authorisation Application; NDA=New Drug Application; NDS=New Drug Submission; PDUFA=Prescription Drug User Fee Act; RTOR=Real-Time Oncology Review; TGA=Australian Therapeutic Goods Administration; TGA=Therapeutic Goods Administration; EMA=European Medicines Agency.

DCC-3014: A Highly Selective and Potent CSF1R Inhibitor



Sources:
1. West et al. Proc Natl Sci USA. 2006; 103(3):690-695.
2. Quail and Joyce. Nat Med. 2013; 19(11); 1423-1437.
3. Tap et al. N Engl J Med. 2015; 373:428-37.
4. Cannarile et al. J Immunother Cancer. 2017; 5(1): 53.

- Phase 1/2 study of DCC-3014 is ongoing
- Preliminary results showed highly encouraging signs of antitumor activity in TGCT patients (n=22)
  - 41% of patients (9 of 22) across all TGCT cohorts achieved an objective response, including one complete response
  - 78% of responders (7 of 9 patients) had a partial response at their first restaging scan evaluation (week 9)
- Treatment was generally well-tolerated with treatment emergent adverse events mostly grade 1/2
- The recommended Phase 2 dose for DCC-3014 in TGCT patients was determined to be 30 mg twice weekly (no loading dose)

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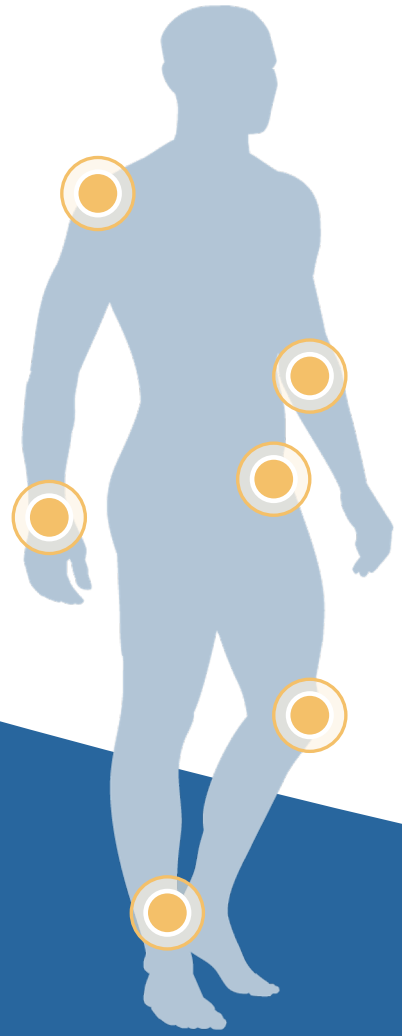
Notes: Data presented at Connective Tissue Oncology Society (CTOS) Annual Meeting 2020.

Unmet Medical Need in **Tenosynovial Giant Cell Tumor (TGCT)**



Symptoms

- Rare, locally aggressive tumors
- Genetic translocation causes overproduction of CSF-1, triggering migration of inflammatory cells to tumor sites

Two Types of TGCT

1. **Localized TGCT**
   - Affects fingers, toes, knee, wrist and ankle
   - Annual incidence of new cases in the U.S.: ~13,000[(1)]
2. **Diffuse TGCT**
   - Most commonly affects the knee, as well as hip, ankle, elbow and shoulder
   - Annual incidence of new cases in the U.S.: ~1,300[(1)]

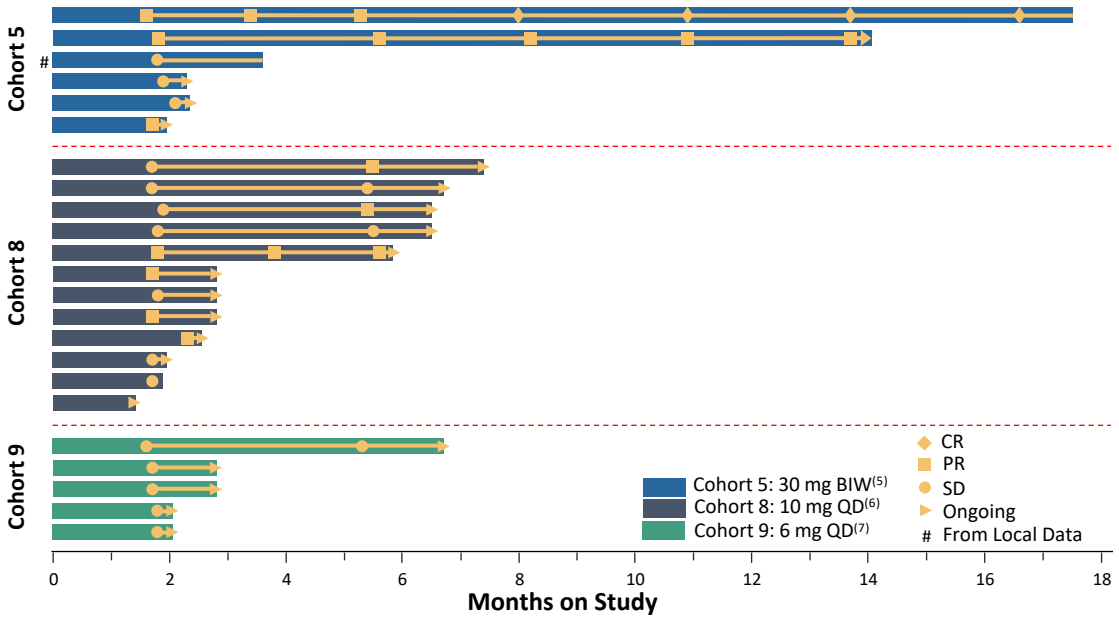
Unmet Medical Need

- Surgical resection is standard treatment
- High rate of recurrence in diffuse TGCT
- CSF1R inhibition has demonstrated clinical benefit in diffuse TGCT
- Pexidartinib received FDA approval in August 2019
  - REMS and intensive monitoring required due to hepatotoxicity concerns (off-target)
  - CHMP adopted a negative opinion on the MAA in June 2020
- Unmet medical need for effective CSF1R inhibitor with favorable safety/tolerability profile for TGCT patients

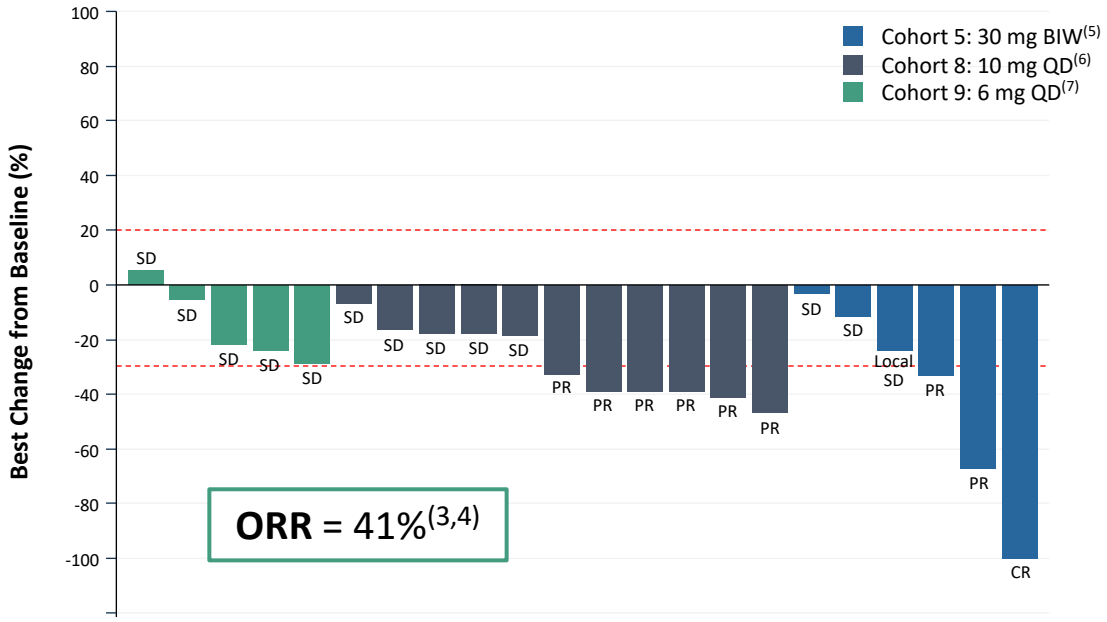
Notes: CSF-1=colony-stimulating factor 1; REMS=Risk Evaluation and Mitigation Strategies; CHMP=Committee for Medicinal Products; MAA=Marketing Authorisation Application;
(1) Mastboom et al. *Acta Orthopaedica*. 2017;88(6):688-694.

DCC-3014: Dose Escalation in Phase 1 Shows Encouraging Anti-Tumor Activity in TGCT Patients

Time on Treatment



Best Percent Change from Baseline in Tumor Size(1,2)



Encouraging Preliminary Anti-Tumor Activity(3,4)

- 9 patients (41%) across all TGCT cohorts achieved an objective response (1 CR, 8 PR)
- 7 of the 9 responders (78%) had a partial response at their first restaging scan evaluation (week 9)

Preliminary Safety Data Shows DCC-3014 as Well Tolerated In TGCT Patients

- TEAEs occurring in ≥25% of patients regardless of relatedness were blood CPK increased (52%), AST increased (44%), periorbital edema (44%), fatigue (40%), lipase increased (32%), and ALT increased (28%). No SAEs related to DCC-3014 were reported
- All bilirubin levels were within the normal limit and observed transaminase and pancreatic enzyme elevations were asymptomatic and not clinically significant
- One patient (4%) discontinued treatment due to an adverse event (Grade 3 AST elevation from Grade 1 at baseline)

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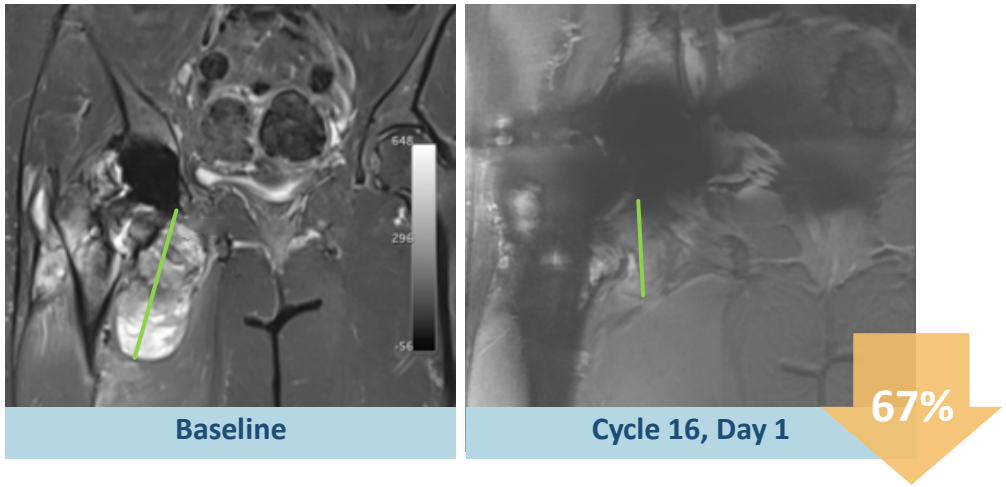
Notes: Data presented at CTOS Annual Meeting 2020; results are reported for patients with TGCT with data cutoff for safety as of September 23, 2020 and efficacy as of October 5, 2020; safety population n=25, modified intent-to-treat population n=22; PR=partial response; ORR=objective response rate; SD=stable disease; PD=progressive disease; TEAE=treatment-emergent adverse events; SAE=serious adverse events; BIW=twice weekly; QD=daily; CPK=creatine phosphokinase; AST=aspartate amino transferase; ALT=alanine aminotransferase; (1) Waterfall plot excludes 3 patients yet to reach the study's first efficacy assessment timepoint; (2) Dotted lines denote 30% decrease and 20% increase in tumor size cutoffs for partial response and progressive disease, respectively; (3) Assessed by independent central review unless otherwise noted (RECIST v1.1) (4) Includes 1 complete response (confirmed) and 8 partial responses (2 confirmed and 6 to be confirmed at future follow up); (5) After 5-day 30 mg QD loading dose; (6) After 3-day 30 mg QD loading dose; (7) After 3-day 20 mg QD loading dose.

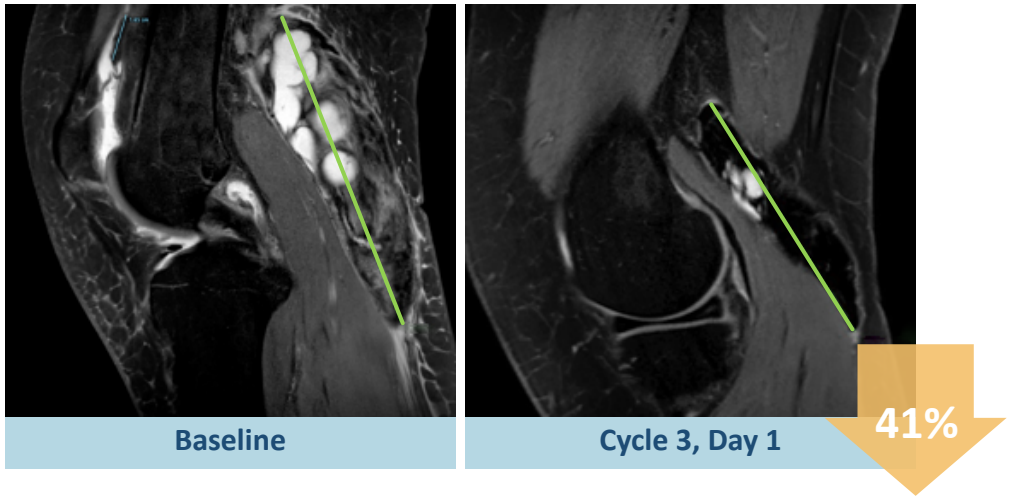
DCC-3014: TGCT Case Studies from Phase 1

Case Study 1



- 57-year-old female diagnosed with TGCT (hip) in 2014
- Prior surgeries: 2 resections, 2 synovectomies, 1 total hip replacement, and 1 cryoablation (2014-2019)
- No prior systemic therapy
- Enrolled in July 2019 (cohort 5 – DCC-3014 dose: 30 mg twice weekly[1])
  - Dose reduced to 20 mg twice weekly in cycle 6 due to grade 3 urticaria, re-escalated in cycle 10
- Partial response after 2 cycles (33% decrease from baseline)
- Treatment ongoing in cycle 16 (67% decrease at cycle 16, day 1)

Case Study 2



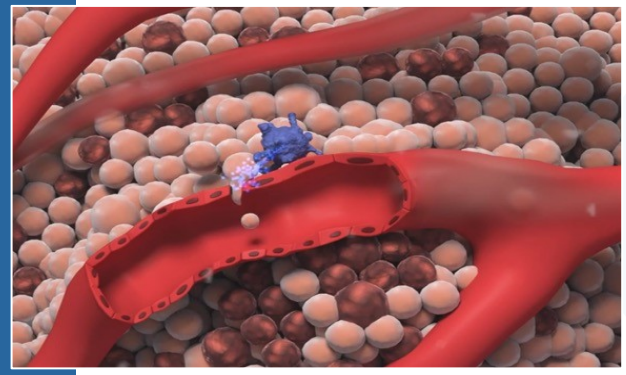
- 39-year-old female diagnosed with TGCT (knee) in 2020
- No prior systemic therapy or surgery
- Enrolled in June 2020 (cohort 8 – DCC-3014 dose: 10 mg daily[2])
- Partial response after 2 cycles (41% decrease from baseline)
- Treatment ongoing in cycle 4

Notes: Data presented at CTOS Annual Meeting 2020; TGCT=tenosynovial giant cell tumor; (1) After 5-day 30 mg QD loading dose; (2) After 3-day 30 mg QD loading dose.
Patients provided informed consent for use of these images.

Rebastinib: A Highly Potent and Selective TIE2 Inhibitor

Potential Benefits in Combination with Chemotherapy

- Chemotherapy leads to recruitment of pro-tumoral M2 macrophages from the bone marrow
- M2 macrophages serve as pumps for tumor cell intravasation and metastasis
- Rebastinib is designed to inhibit chemotherapy-induced recruitment of M2 macrophages to tumors
- Rebastinib is designed to block rebound angiogenesis and inhibit M2 macrophages

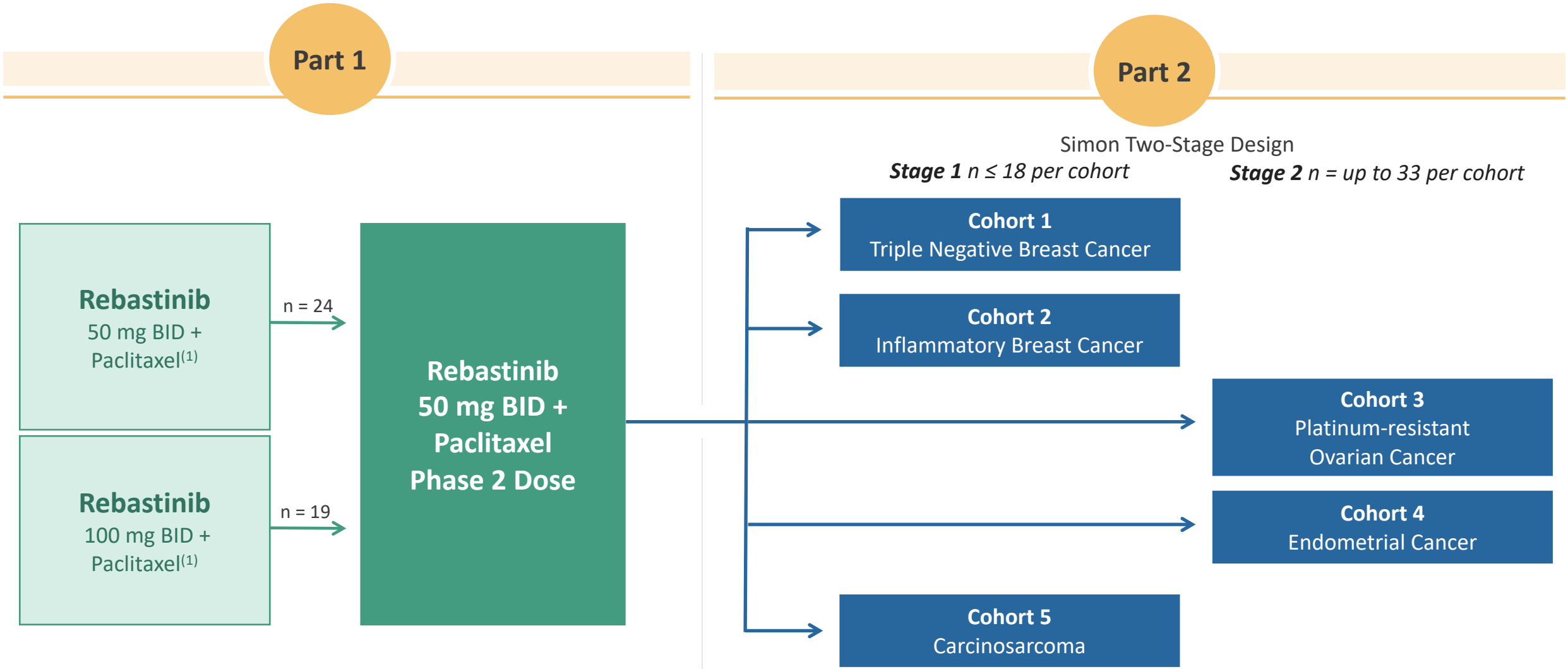


- Potent, small molecule inhibitor of TIE2
- Targets TIE2 expressing macrophages (TEMs) and endothelial cells in tumor environment
- Combination of rebastinib with chemotherapy may increase tumor killing through multiple mechanisms
  - Tumor vascularization, dissemination, metastasis, immunotolerance

Development status

- Two ongoing studies in combination with paclitaxel or carboplatin
- Encouraging preliminary results from Part 2 of the Phase 1b/2 study in combination with paclitaxel in endometrial and platinum-resistant ovarian cancer
- Selected Phase 2 dose and activated Part 2 of the Phase 1b/2 study in combination with carboplatin in January 2020; data from Part 1 of study presented at the ESMO 2020

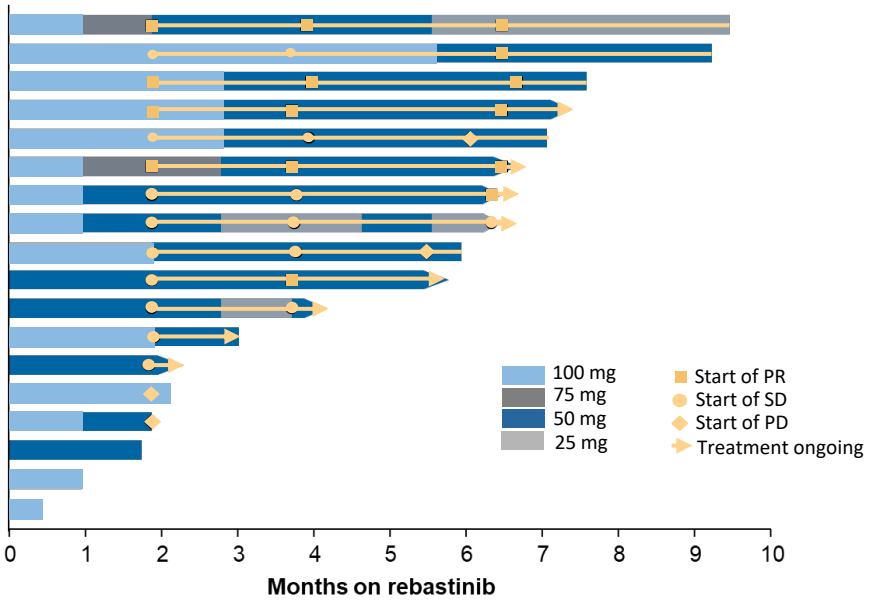
Rebastinib: Phase 1b/2 Study in Combination with Paclitaxel



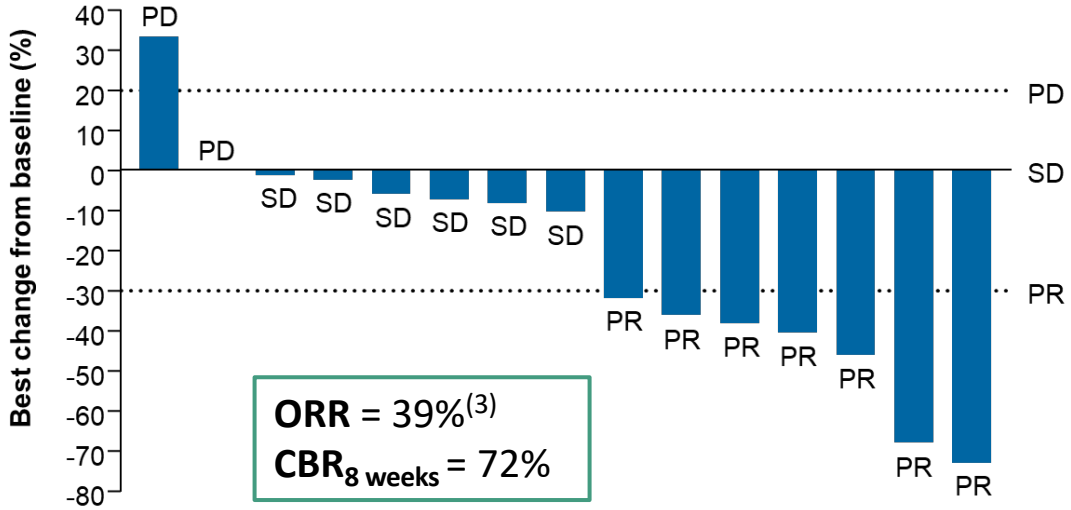
Notes: (1) 80 mg/m^2 IV infusion over 60 minutes.

Rebastinib: Part 2 (Stage 1) of Phase 1b/2 Study in Combination with Paclitaxel Shows Encouraging Anti-tumor Activity in **Endometrial Cancer**

Time on Treatment



Best Percent Change from Baseline in Tumor Size[1,2]



- All patients received ≥1 prior line of the combination of paclitaxel/carboplatin and 20 (95%) received ≥2 prior anti-cancer regimens
- Majority of the common (≥15%) TEAEs regardless of causality were grade ≤2
- SAEs at least possibly related to rebastinib occurred only at 100 mg BID and resolved after dose reductions
- Nine patients experienced SAEs at least possibly related to rebastinib including muscular weakness (n=2), acute myocardial infarction (n=1), atrial flutter (n=1), dehydration (n=1), head discomfort (n=1), nausea (n=1), peripheral edema (n=1), and pneumonia (n=1)

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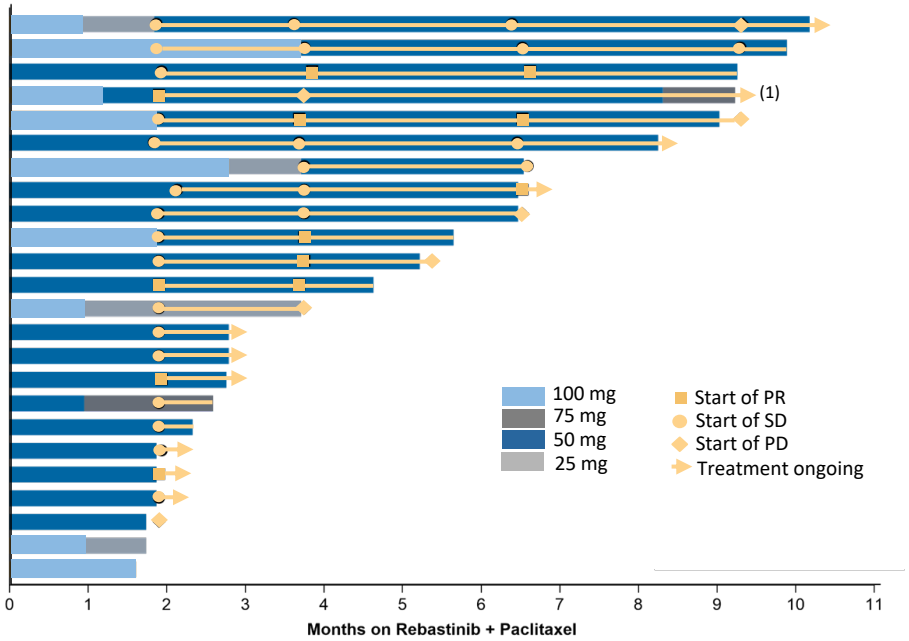
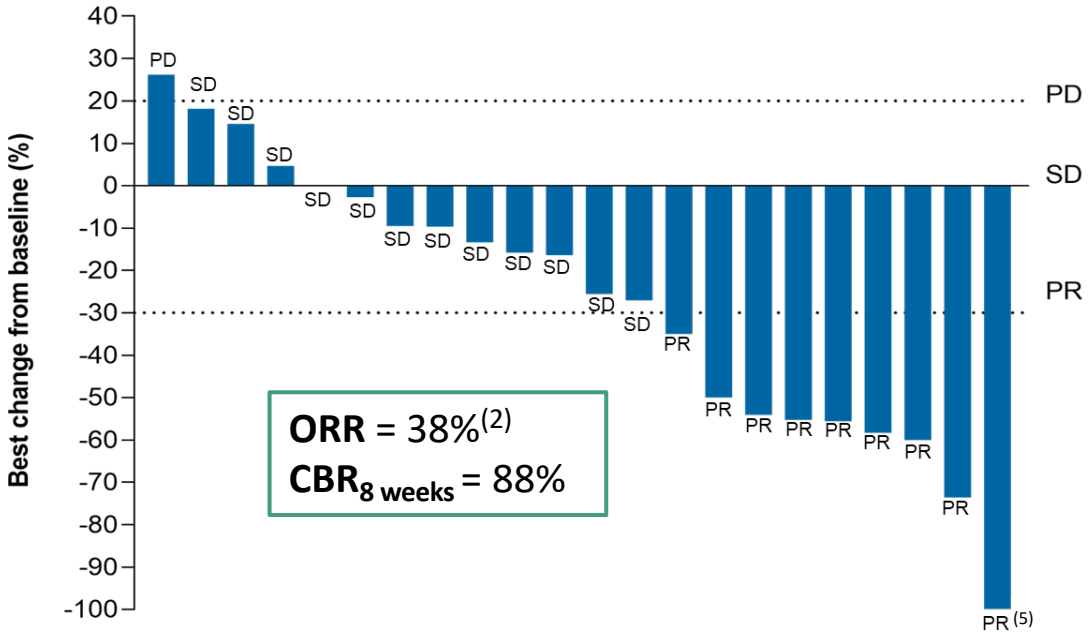
Notes: Data presented at ASCO 2020; results are reported for patients with endometrial cancer who initiated treatment as of February 22, 2020 with follow-up data cutoff as of April 20, 2020; safety population n=21, modified intent-to-treat population n=18; PR=partial response; ORR=objective response rate; SD=stable disease; PD=progressive disease; CBR=clinical benefit rate; TEAE=treatment-emergent adverse events; SAE=serious adverse events; (1) Waterfall plot excludes 3 patients with early discontinuation for whom no radiological assessments were available; (2) Dotted lines denote 30% decrease and 20% increase in tumor size cutoffs for partial response and progressive disease, respectively; (3) Includes 7 partial responses (4 confirmed) and 6 stable disease.

Rebastinib: Part 2 (Stage 1) of Phase 1b/2 Study in Combination with Paclitaxel Shows Encouraging Anti-tumor Activity in **Platinum-resistant Ovarian Cancer**

Time on Treatment



Best Percent Change from Baseline in Tumor Size[3,4]



- All patients received ≥1 prior line of the combination of paclitaxel/carboplatin and 23 (79%) received ≥4 prior anti-cancer regimens
- TEAEs occurring in ≥25% of patients regardless of causality were fatigue (41%), dry mouth (38%), nausea (34%), diarrhea (31%), stomatitis (31%), abdominal pain (28%), and peripheral sensory neuropathy (28%)
- 11 patients (38%) had a TEAE of Grade ≥3
- Two patients experienced SAEs at least possibly related to rebastinib: muscular weakness/fatigue (starting dose rebastinib 100 mg BID and resolved with drug interruption) and urinary tract infection (starting dose rebastinib 50 mg BID)
- A CA-125 response occurred in 10/17 patients (59%)

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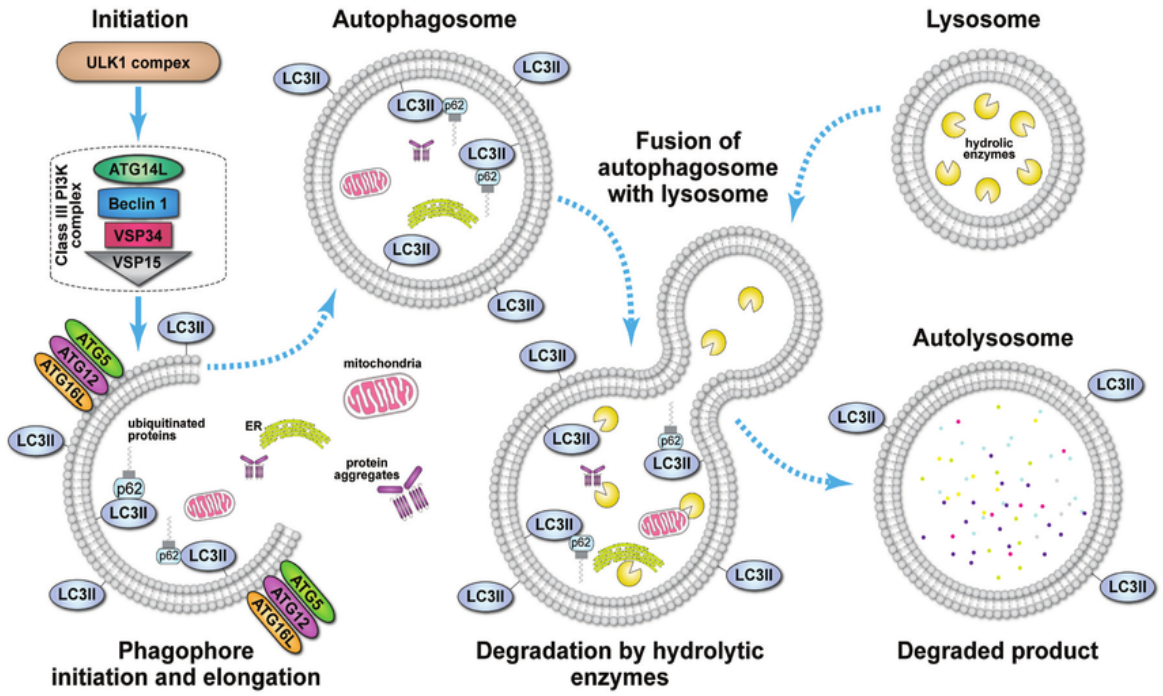
Notes: Data presented at ESMO Congress 2020; results are reported for patients in the platinum-resistant ovarian cancer expansion cohort who initiated treatment as of June 3, 2020, with follow-up data through July 31, 2020; safety population n=29, modified intent-to-treat population n=24; PR=partial response; ORR=objective response rate SD=stable disease; PD=progressive disease; CBR=clinical benefit rate; TEAE=treatment-emergent adverse event; SAE=serious adverse events; (1) Patient continued treatment beyond PD for clinical benefit; (2) Includes 9 partial responses (3 confirmed, 3 to be confirmed at future follow-up, and 3 unable to be confirmed) and 12 stable disease; (3) Waterfall plot excludes 2 patients with early discontinuation for whom no radiological assessments were available; (4) Dotted lines denote 30% decrease and 20% increase in tumor size cutoffs for partial response and progressive disease, respectively; (5) Target lesions were classified as a complete response; non-target lesion was non-CR/non-PD.

DCC-3116 is a Potent & Selective ULK Inhibitor Designed to Inhibit Autophagy

ULK: Initiating Factor for Autophagy



Adapted from: Ndoye A and Weeraratna AT. Autophagy- An emerging target for melanoma therapy [version 1]. F1000Research 2016, 5:1888.

First-in-class opportunity for new therapeutic in RAS mutant cancers

- RAS mutant cancers have high basal levels of autophagy
- DCC-3116 observed preclinically to durably and potently inhibit autophagy in RAS mutant cancer cell lines through the inhibition of ULK kinase
- Combination of DCC-3116 and MAPK pathway inhibitors have been observed to synergize to block RAS mutant cancers *in vivo*

Highly potent and selective (IC_{50} at 1 mM ATP)

- ULK1 4.7 nM and ULK2 35 nM
- No off-target kinases within 30-fold of ULK1/ 5 kinases within 100-fold of ULK1

Designed to avoid CNS exposure

IND submission expected in 4Q20

Financial Highlights

As of September 30, 2020

Shares Outstanding

56.6 MM (basic)

63.5 MM (fully-diluted)

Cash, Cash Equivalents & Marketable Securities

$584.3 MM

Cash Expected to Fund Operating Expenses and CapEx into the Second Half of 2022

Significant Expected 2020 Milestones Across the Pipeline

QINLOCK® (ripretinib) 50 mg tablets	✓ FDA approval and U.S. commercial launch in 4th line GIST (2Q20) ✓ Present Phase 1 study expansion data (3Q20) ✓ Submit EU Marketing Authorisation Application to EMA (3Q20) ✓ Complete enrollment in the INTRIGUE Phase 3 study in 2nd line GIST (4Q20)
DCC-3014	✓ Select Phase 2 dose for TGCT and initiate the expansion portion of study (4Q20) ✓ Update Phase 1 data in TGCT patients (4Q20)
Rebastinib	✓ Select Phase 2 dose and activate Part 2 of Phase 1b/2 study in combination with carboplatin (1Q20) ✓ Present Phase 1b/2 data in combination with paclitaxel (2Q20 and 3Q20) ✓ Present Phase 1b/2 data in combination with carboplatin (3Q20)
DCC-3116	○ Submit IND application to FDA (4Q20)

THANK YOU

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