Corporate Presentation

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Forward Looking Statements

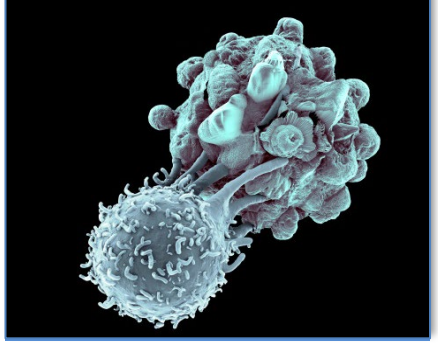
This presentation contains certain forward-looking statements about Curis, Inc. (“we,” “us,” or the “Company”) within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. Words such as “expect(s),” “feel(s),” “believe(s),” “will,” “may,” “anticipate(s)” and similar expressions are intended to identify forward-looking statements. Forward-looking statements are statements that are not historical facts, reflect management’s expectations as of the date of this presentation, and involve risks and uncertainties. Forward-looking statements herein include, but are not limited to, statements with respect to the timing and results of future clinical and pre-clinical milestones; the timing of future preclinical studies and clinical trials and results of these studies and trials; the clinical and therapeutic potential of our drug candidates; and management’s ability to successfully achieve its goals. These forward-looking statements are based on our current expectations and may differ materially from actual results due to a variety of important factors including, without limitation, risks relating to: whether any of our drug candidates will advance further in the clinical development process and whether and when, if at all, they will receive approval from the U.S. Food and Drug Administration or equivalent foreign regulatory agencies; whether historical preclinical results will be predictive of future clinical trial results; whether historical clinical trial results will be predictive of future trial results; whether any of our drug candidate discovery and development efforts will be successful; whether any of our drug candidates will be successfully marketed if approved; our ability to achieve the benefits contemplated by our collaboration agreements; management’s ability to successfully achieve its goals; our ability to raise additional capital to fund our operations on terms acceptable to us; general economic conditions; competition; and the other risk factors contained in our periodic and interim reports filed with the Securities and Exchange Commission which are available on the SEC website at www.sec.gov. You are cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof, and we do not undertake any obligation to revise and disseminate forward-looking statements to reflect events or circumstances after the date hereof, or to reflect the occurrence of or non-occurrence of any events, except as required by law.

Oncology-Focused Biotech

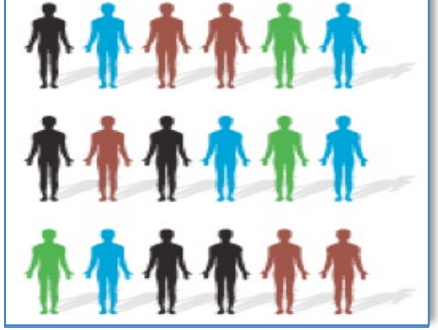
Mission: Innovative Medicines to Treat Cancer Effectively

- Pipeline of differentiated small molecule cancer drug candidates
- Developing and intend to commercialize oncology drugs
- Partnerships:
  Aurigene, Genentech/Roche

Immuno-oncology



Precision Oncology



Treatment of Patients with Cancer

Orally available small molecules

	Program	Indication	Stage of Development				
			Preclinical	Phase 1	Phase 2	Phase 3	Marketed
Heme Malignancies	CUDC-907 HDAC / PI3K	MYC-altered DLBCL					
	CA-4948 * IRAK4 Kinase	MYD88-altered Lymphomas					
Checkpoint Inhibitors	CA-170 * PD-L1 / VISTA	Solid Tumors & Lymphomas					
	CA-327 * PDL1 / TIM3	Cancers					
Approved	Erivedge® ** Smoothened	Advanced Basal Cell Carcinoma					

* Licensed from Aurigene

** Developed and marketed by Genentech (Curis receives royalty income)

CUDC-907

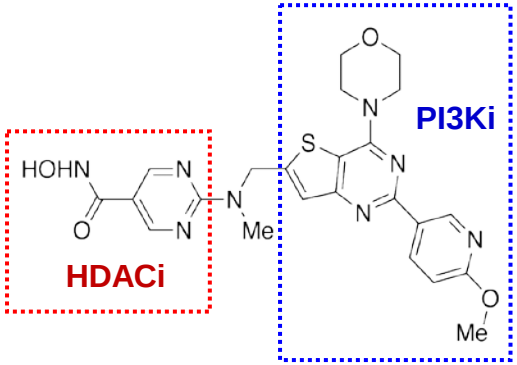
Phase 2 drug candidate to treat MYC-driven DLBCL

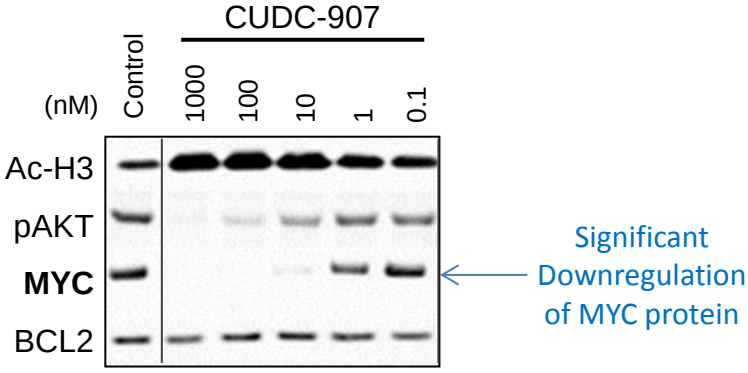
Program	Indication	Stage of Development				
		Preclinical	Phase 1	Phase 2	Phase 3	Marketed
CUDC-907 HDAC / PI3K	MYC-altered DLBCL					

CUDC-907 has the potential to become a treatment for MYC-altered DLBCL

CUDC-907

- Oral, small molecule inhibitor of HDAC & PI3K enzymes[1]
- Down-regulates MYC mRNA and protein levels[2]
- Phase 1 study completed (88 patients) – relapsed/ refractory (R/R) lymphoma or multiple myeloma[3]
  - Favorable safety and tolerability observed
  - Objective responses (CRs and PRs) in patients with R/R DLBCL, including in MYC-altered tumors[4]
- Phase 2 trial in MYC-altered R/R DLBCL
- Orphan designation in DLBCL





Protein levels in treated DLBCL cells

1. Qian et.al. Clin Cancer Res. 2012. 18: 4104
2. Sun et.al. Mol Cancer Ther. 2017. 6: 285
3. Younes et.al. Lancet Oncol. 2016. 17: 622
4. Oki et.al. Haematologica. 2017 (epub)

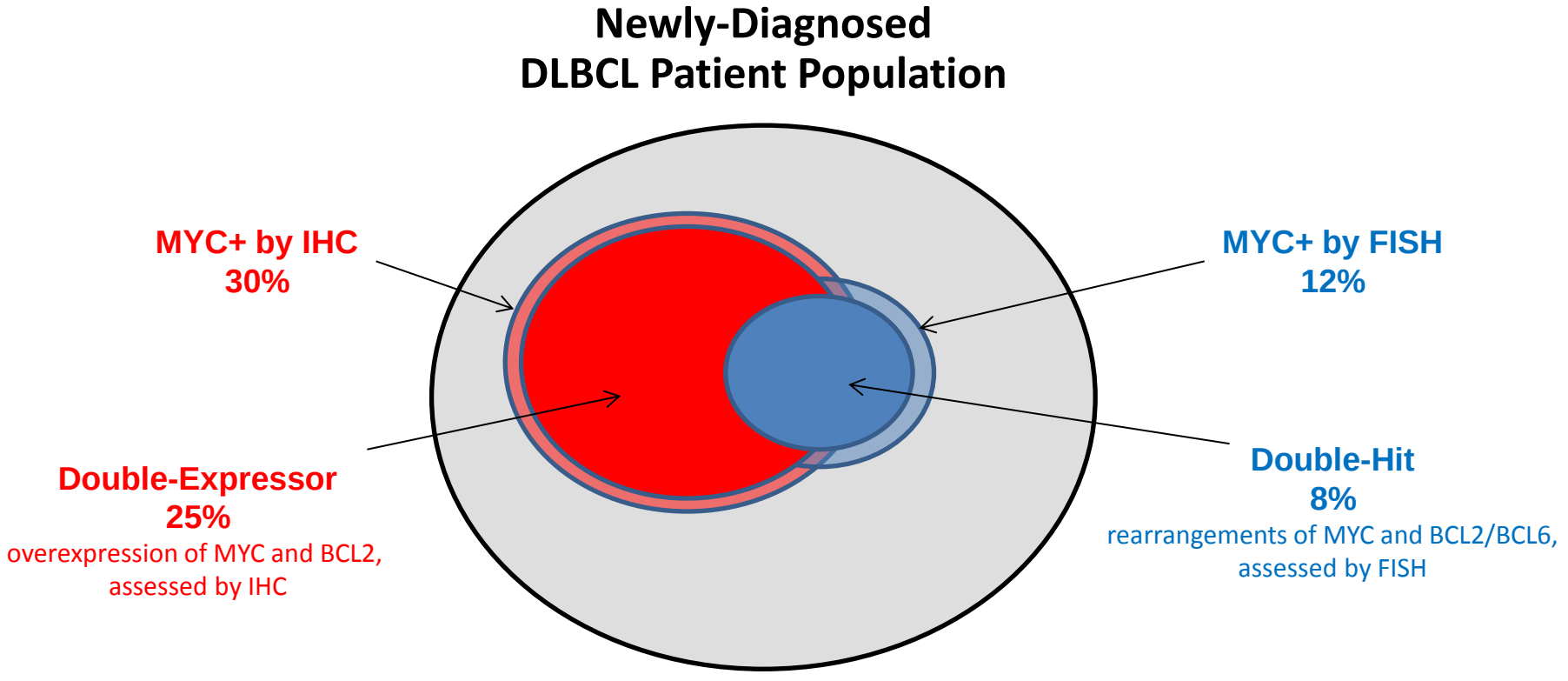
CUDC-907 Clinical Studies – Summary

Over 200 patients treated to date

- **Phase 1 dose escalation: R/R lymphoma and multiple myeloma**
  - 44 patients – including 9 patients with DLBCL
    - 9 patients with DLBCL: 2 CR, 3 PR
- **Phase 1 expansion: R/R DLBCL**
  - 16 patients treated with monotherapy: 1 CR, 3 PR
  - 12 patients treated with CUDC-907 + rituximab: 2 CR
- **Phase 2: R/R DLBCL**
  - 68 patients
    - 46 with MYC+ disease status: 4 CR, 3 PR
    - 14 with MYC- disease status: 1 response
    - 8 with unknown MYC status: 0 response
- **Phase 1 dose escalation: R/R solid tumors**
  - 38 patients: 11 SD
- **Well tolerated at RP2D (60mg, 5 days on/2 days off)**

DLBCL and MYC

35% of newly diagnosed DLBCL patients have MYC alterations[1]



1. Curr Hematol Malig Rep. 2016 Jun;11(3):208-17

CUDC-907 Phase 1 and Phase 2 Trials in DLBCL

Study population

- Relapsed or refractory DLBCL after ≥2 prior regimens
- Total of 105 patients enrolled in Phase 1 (37) and Phase 2 (68)

Treatment: oral, once daily dosing – RP2D

- 5/2 (5 days on, 2 days off): 60mg continuous dosing

Safety and tolerability

- No DLT at RP2D
- Phase 1 DLT of diarrhea (1 pt) and hyperglycemia (1 pt)
- Interim results for Phase 2 show that most common (> 10% of patients) Grade ≥ 3 TEAE observed to date: diarrhea (14%), neutropenia (14%), thrombocytopenia (19%)

CUDC-907 in All DLBCL Patients by MYC Status

Objective Responses (N=105)

	MYC+	MYC-	MYC-unknown
ITT	60	22	23
Evaluable	48	17	16
CR	8	1	0
PR	6	2	2
SD	6	4	4
PD	31	13	13
NE	9	2	4
ORR (%, ITT)	23	14	9
ORR (%, Evaluable)	29	18	13
CRR (%, ITT)	13	5	0
CRR (%, Evaluable)	16.7	6	0

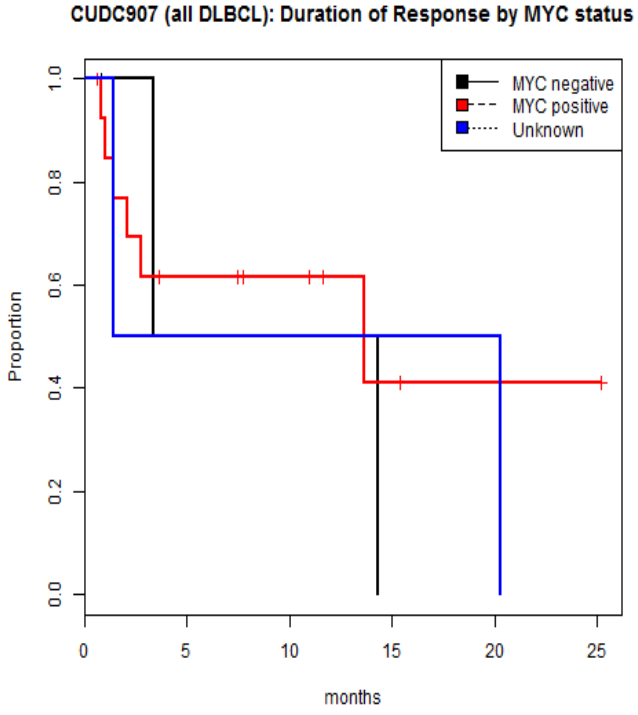
CUDC-907 Efficacy in DLBCL

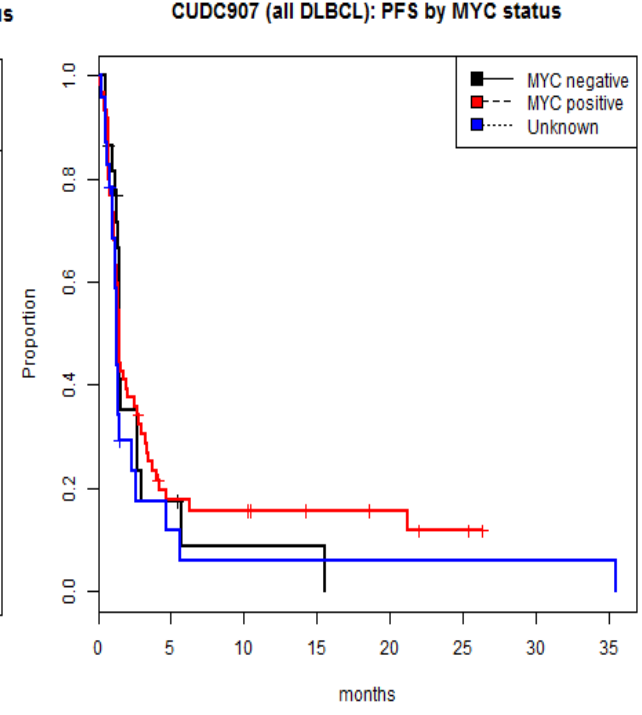
Combined Phase 1 and Phase 2

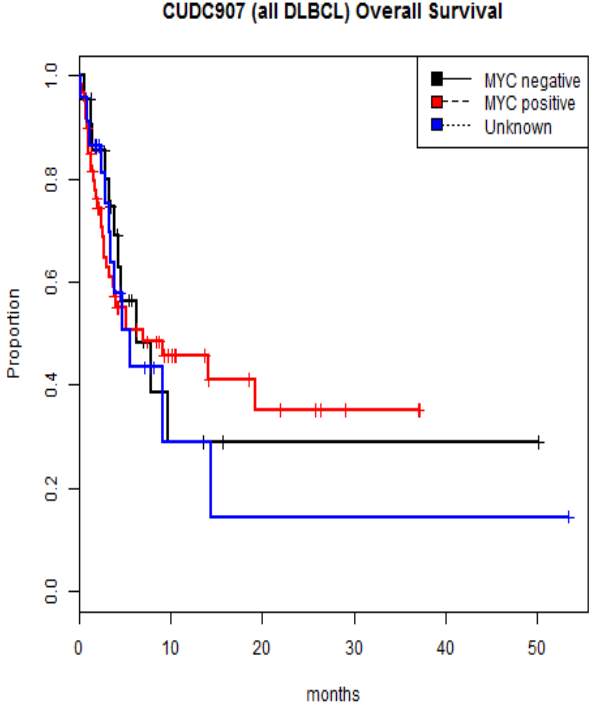
Group	Total Responses	ORR		Median DOR (95% CI)	Median PFS (95% CI)	Median OS (95% CI)
		Evaluable Population	ITT Population			
MYC-altered	14 (8 CR, 6 PR)	29% (14/48)	23% (14/60)	13.6 (2.1, NC)	1.4 (1.2, 2.1)	7 (3.0, NC)
Non-MYC-altered	3 (1 CR, 2PR)	18% (3/17)	14% (3/22)	8.8 (3.3, 14.3)	1.4 (1.3, 2.7)	6.3 (3.3, NC)
MYC unknown	2 (2 PR)	13% (2/16)	9% (2/23)	10.8 (1.4, 20.2)	1.3 (1.0, 2.3)	5.7 (3.4, 14.4)
All	19 (9 CR, 10 PR)	24% (19/81)	18% (19/105)	13.6 (1.4, 20.2)	1.4 (1.3, 1.5)	6.3 (3.9, 14.2)

CUDC-907 Efficacy in DLBCL

Combined Phase 1 and Phase 2







CUDC-907 Development Status

- **Safety and tolerability observed to date at recommended dose and schedule**
  - No new safety findings in interim Phase 2 trial results
  - Durable CRs and PRs observed preferentially in patients with MYC-altered DLBCL
- **Clinical benefit in patients with MYC+ relapsed/refractory DLBCL disease**
  - Difficult to treat population with no approved treatment options and poor prognosis
  - Combined 22% response rate in patients with MYC+ disease status (Phase 1 and Phase 2)
  - Includes 7 durable CRs
- **Orphan drug designation for treatment of patients with DLBCL**
- **Evaluating potential registrational trial to better capture and demonstrate CUDC-907 benefit in target DLBCL population**

CA-170

Oral, small molecule checkpoint inhibitor – PDL1 and VISTA

Program	Indication	Stage of Development				
		Preclinical	Phase 1	Phase 2	Phase 3	Marketed
CA-170 PDL1 / VISTA	Solid Tumors & Lymphomas					

CA-170 is a first-in-class oral small molecule immune checkpoint inhibitor

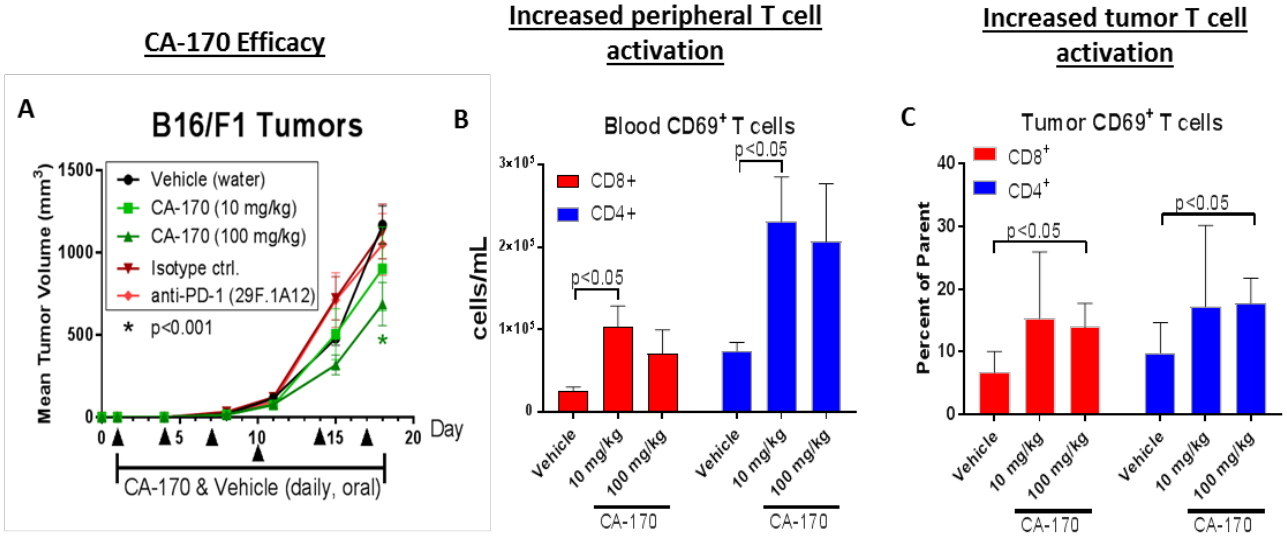
In Phase 1 clinical development

CA-170 is a Checkpoint inhibitor

Ex-vivo and in vivo T cell activation and anti-tumor activity

- Rationally designed, orally bioavailable small molecule
- Targets 2 non-redundant immune checkpoints: PDL1 and VISTA

Non-Clinical Pharmacology *

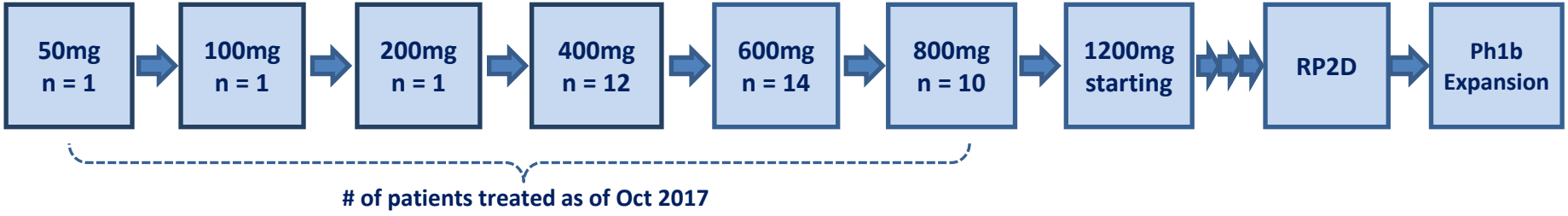


** Ref: Powderly etc, ESMO, 2017*

CA-170 Phase 1 Trial

Dose escalation stage

Accelerated Titration Followed by 3+3 Design
Selected Dose Levels Back-Filled with Additional Patients



Objectives

- Primary: Recommended Phase 2 Dose (RP2D), Safety
- Secondary: PK, PD, anti-cancer activity

Patient Population

- Patients with advanced solid tumors or lymphoma
- Study sites in South Korea, US, Spain, UK

Treatment

- Oral, once daily, dosing in continuous 21-day cycles

Baseline Patient Characteristics

Characteristics	Overall n = 39	
Male	21	(54%)
Female	18	(46%)
(median, range) Age	61	(26-86)
ECOG PS 0	12	(31%)
ECOG PS 1	27	(69%)
(median, range) Prior Lines	7	(0-9)

CA-170 Oral Exposure in Patients

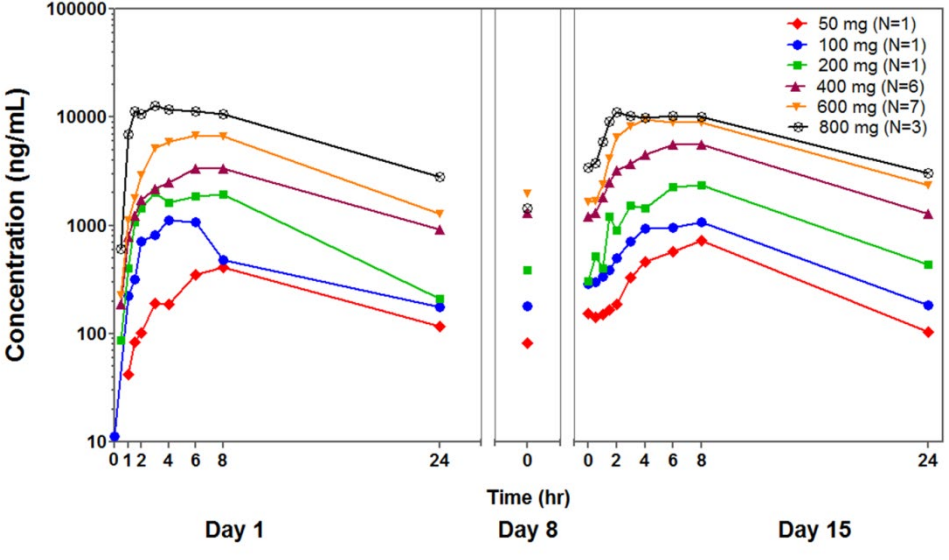
50mg – 800mg dose – continuous once daily dosing

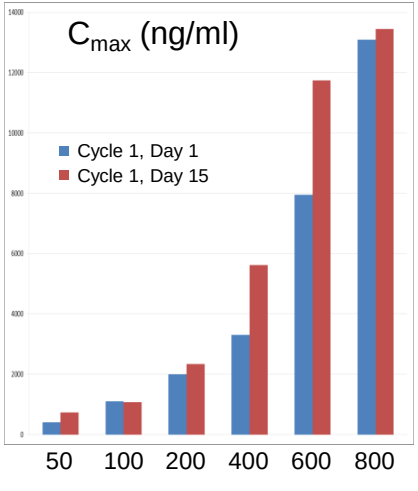
PK profile in patients was similar to PK observed in non-clinical models

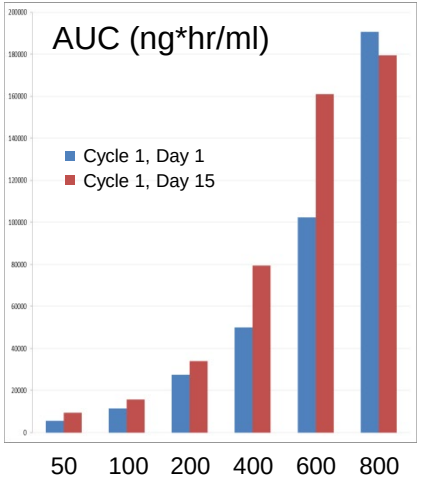
- Cmax and AUC at 50mg dose in patients was similar to 10mg/kg dose in mouse (active dose)

Dose proportional increase in exposure with increasing doses in patients

- Near-linear doubling in Cmax and AUC with dose doubling: 50mg – 800mg daily dose

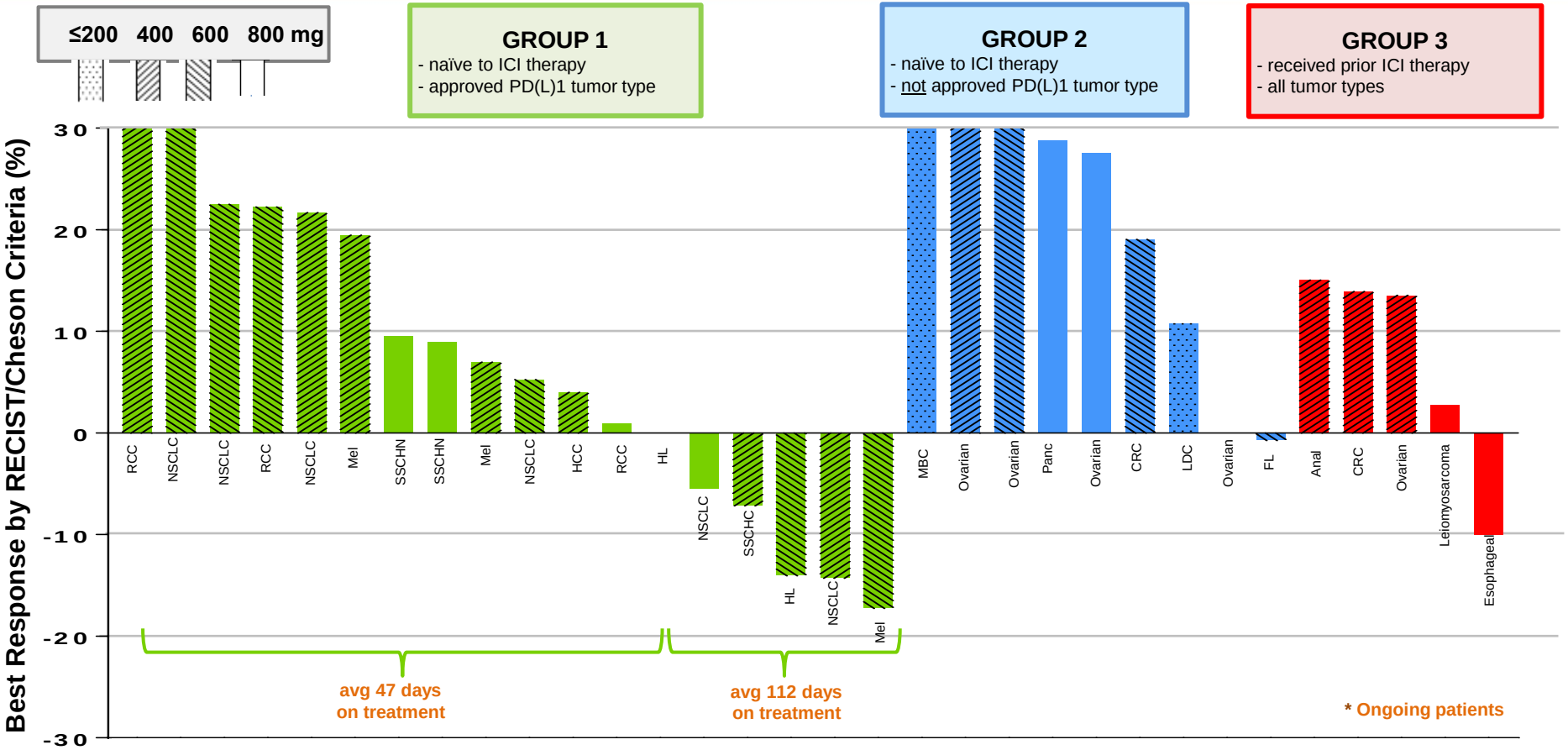






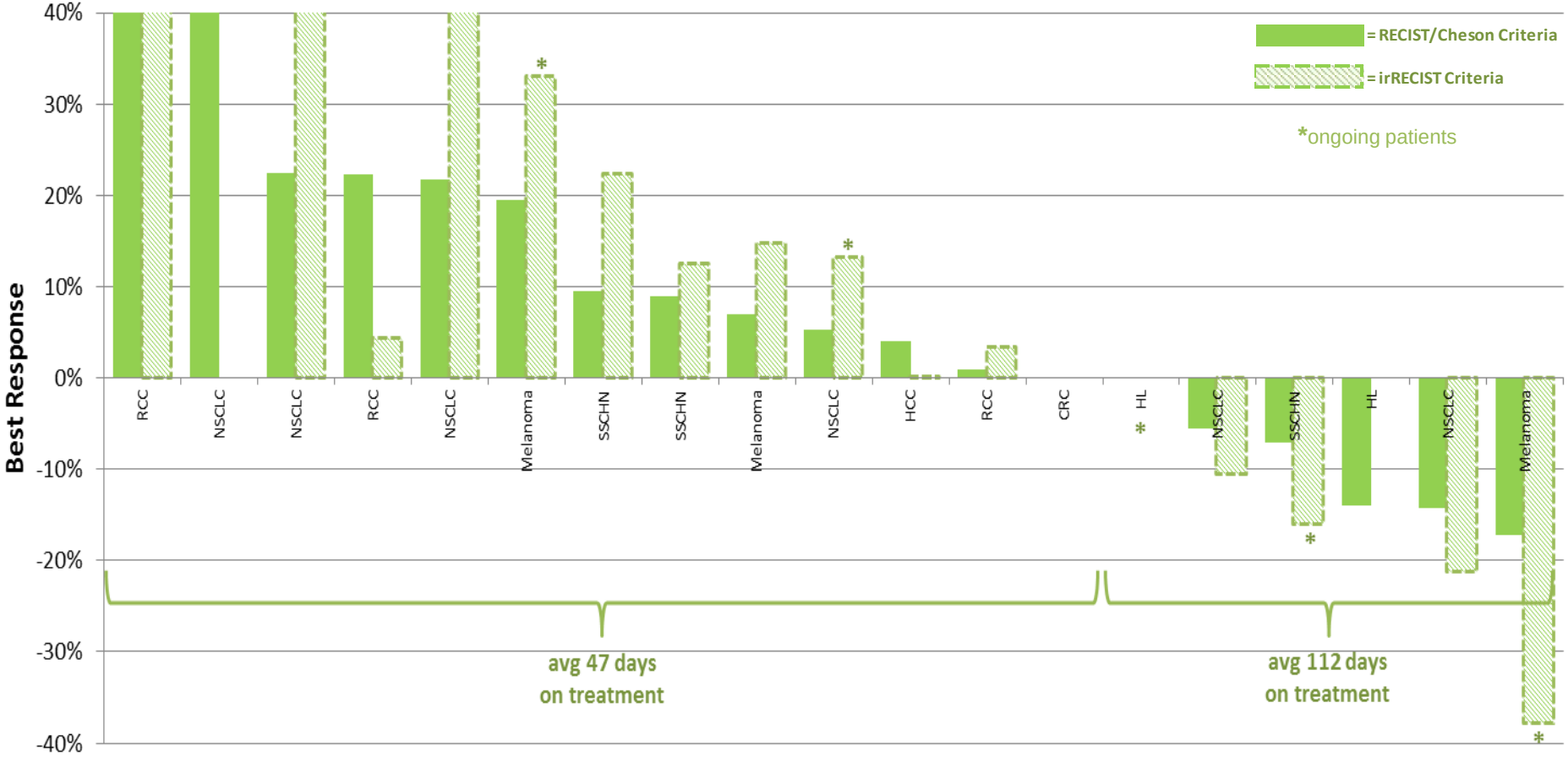
CA-170 SITC Conference

Phase 1 Clinical Activity



CA-170 Anti-tumor Activity

IO treatment-naïve patients treated during dose escalation



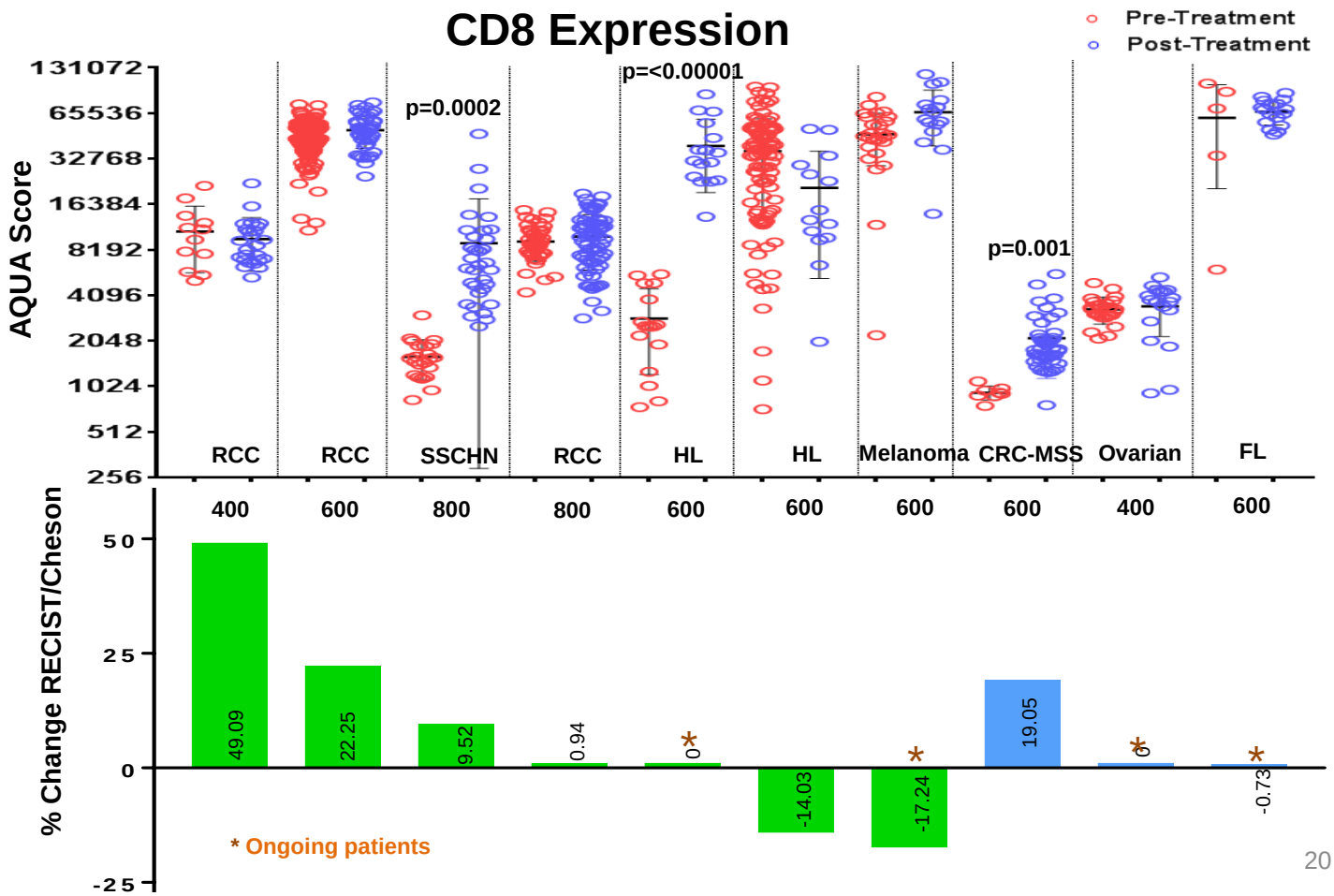
CA-170 Tumor Pharmacodynamics

Post-treatment increase in cytotoxic T cells in tumors

Each circle represents the automated quantification (AQUA) score of a single view field of the tumor biopsy for each patient.

GROUP 1
- naïve to ICI therapy
- approved PD(L)1 tumor type

GROUP 2
- naïve to ICI therapy
- not approved PD(L)1 tumor type



CA-170 Development Path

Expansion in key cancer types and profiling of patient tumors

CA-170 Treatment

Clinical Parameters

- Tumor shrinkage
- Duration on treatment
- AE / irAE profile

Real-time analysis & correlation

Tumor and Immune Profile Parameters

- Tumor infiltrate profile
- Gene expression profile
- Expression of targets

Biomarker or signature-defined patient selection

CA-327

Oral, small molecule checkpoint inhibitor – PDL1 and TIM3

Program	Indication	Stage of Development				
		Preclinical	Phase 1	Phase 2	Phase 3	Marketed
CA-327 PD-L1 / TIM3	Cancers					

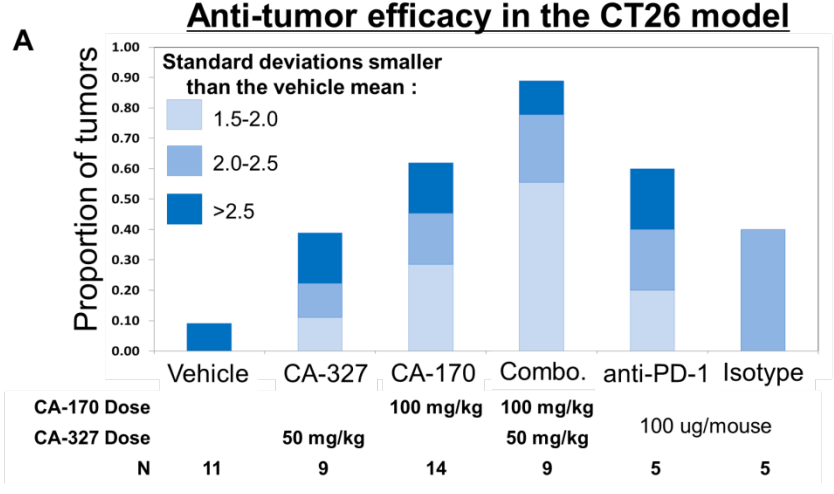
CA-327 is an oral, small molecule immune checkpoint inhibitor

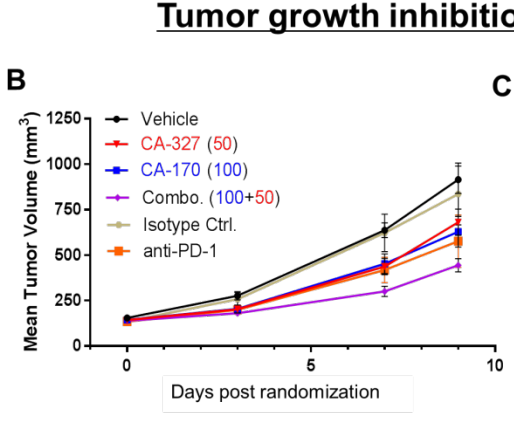
IND filing expected in 2H 2018

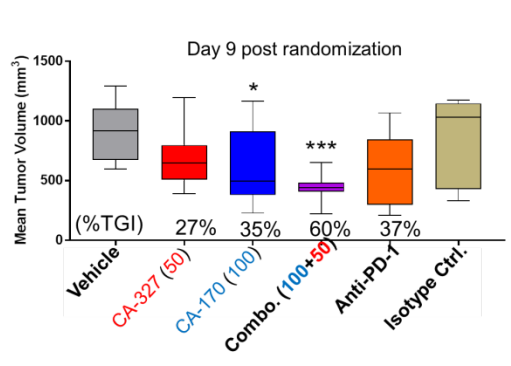
CA-327 in Combination with CA-170

CT26 Tumor Bearing Mice

A



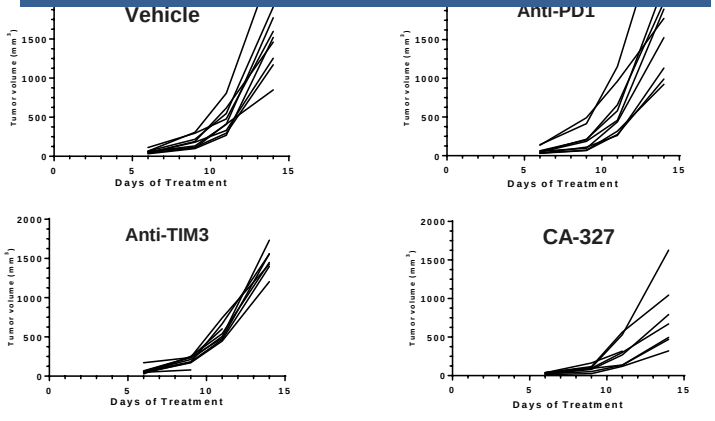




CA-327 Summary of *In Vivo* Activity

- CA-327 shows dose-dependent, significant efficacy in multiple syngenic tumor models
- Efficacy of CA-327 at 10mg/kg is comparable to combination of anti-PD1 and anti-TIM3 antibodies
- CA-170 & CA-327 exhibit additive efficacy in MC38

Tumor Growth Inhibition: B16/F10 Melanoma Model



Model	CT26 (TGI%)		B16F10 (TGI%)			B16F10 Repeat (TGI%)				MC38 (TGI%)			EMT6 (TGI%)	
Dose (mpk)	327	Anti-PD1	327	Anti-PD1	Anti-TIM3	327	Anti-PD1	Anti-TIM3	αPD1 αTIM3	327	Anti-PD1	327+ 170	327	Anti-PD1
1	22		45							24				
3	35	7	41	5		40	17		42	33	34			8
10	43		52		18	51		20		40		**65**	32	
30	46		33							39				

CA-4948

Oral, small molecule inhibitor of IRAK4

Program	Indication	Stage of Development				
		Preclinical	Phase 1	Phase 2	Phase 3	Marketed
CA-4948 * IRAK4 Kinase	MYD88-altered Lymphomas					

CA-4948 is an oral, small molecule inhibitor of IRAK4

First patient dosed in January 2018 (Phase 1 trial in Non-Hodgkin's Lymphoma)

CA-4948 and IRAK4

Validated target in MYD88-mutated non-Hodgkin's lymphomas

- Inhibition of B cell receptor signaling provides clinical efficiency in MCL, WM, MZL and other lymphomas
- Overactive Toll-like receptor (TLR) pathway is another hallmark of some B cell lymphomas
- MYD88 mutations constitutively activate the TLR pathway
- CA-4948 is a small-molecule inhibitor of interleukin-1 receptor-associated kinase 4 (IRAK4)
- Inhibition of IRAK exhibits pharmacodynamic and antitumor activity in in vitro and in vivo nonclinical models

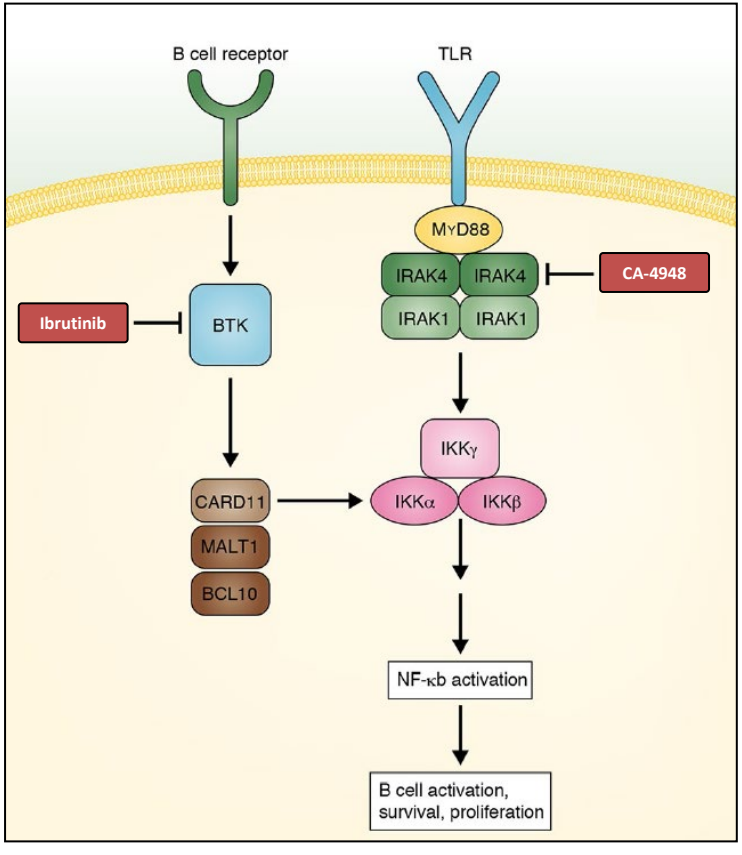


Image adapted from J Exp Med. 2015 Dec 14; 212(13): 2184

Prevalence of Oncogenic *MYD88* Mutations

Non-Hodgkin lymphomas

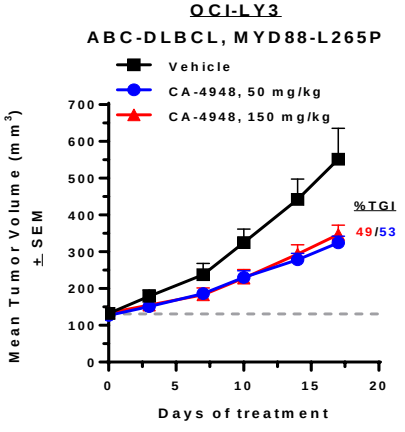
Indication	*MYD88*-L265P
Diffuse Large B-cell Lymphoma (ABC-DLBCL)	15-29%
Immune-privileged DLBCL (IP-DLBCL)	50-80%
Waldenstrom's Macroglobulinemia (WM)	95-97%
Lymphoplasmacytic Lymphoma (LPL)	79%
Splenic Marginal Zone Lymphoma (SMZL)	6-10%
Mucosa-Associated Lymphoid Tissue (MALT)	9%
Chronic Lymphocytic Leukemia (CLL)	2.9%

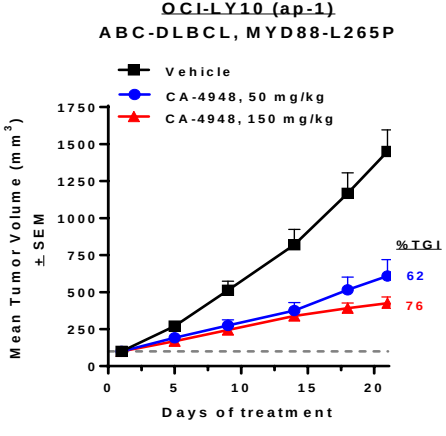
CA-4948 *In vivo* Anti-Tumor Activity

MYD88-mutant DLBCL tumor models

- ***In vivo*** **anti-tumor activity in MYD88-mutant (L265P) vs. MYD88-wt DLBCL models**

ABC DLBCL
***MYD88*-L265P**





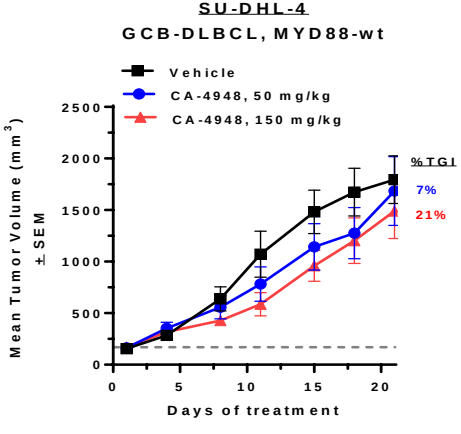
CA-4948	%TGI	n
50 mg/kg	53%	8/8
150 mg/kg	49%	7/8

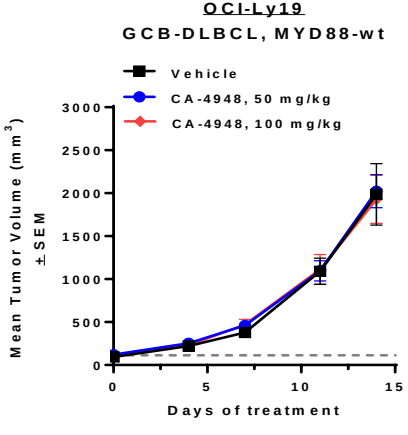
*p<0.05

CA-4948	%TGI	n
50 mg/kg	63*	9/9
150 mg/kg	69*	9/9

*p ≤0.002

GCB DLBCL
***MYD88*-wt**





CA-4948	%TGI	n
50 mg/kg	7*	7/8
150 mg/kg	20*	8/8

*p = ns

CA-4948	%TGI	n
50 mg/kg	0	8/8
100 mg/kg	0	7/7

CA-4948 Phase 1 Study Summary

- **Phase 1 open label dose escalation and expansion study of CA-4948 in patients with relapsed/refractory non-Hodgkin lymphoma**
- **Approximately 75 patients (~24 in escalation, ~50 in expansion)**
  - Confirmed B-cell non-Hodgkin lymphoma, including Waldenström macroglobulinemia/ lymphoplasmacytic lymphoma
  - Dose escalation: standard 3+3 design with dose level increases based on a modified Fibonacci sequence
  - Dose expansion: RP2D or MTD in 2 cohorts
    - Patients with MYD88 mutations
    - Patients with wild-type MYD88
- **Primary objective: to determine the safety and tolerability, DLTs, MTD, and RP2D of CA-4948**

Treatment of Patients with Cancer

Orally available small molecules

	Program	Indication	Stage of Development				
			Preclinical	Phase 1	Phase 2	Phase 3	Marketed
Heme Malignancies	CUDC-907 HDAC / PI3K	MYC-altered DLBCL					
	CA-4948 * IRAK4 Kinase	MYD88-altered Lymphomas					
Checkpoint Inhibitors	CA-170 * PD-L1 / VISTA	Solid Tumors & Lymphomas					
	CA-327 * PDL1 / TIM3	Cancers					
Approved	Erivedge® ** Smoothened	Advanced Basal Cell Carcinoma					

* Licensed from Aurigene

** Developed and marketed by Genentech (Curis receives royalty income)

Projected Milestones

CUDC-907

Updated regulatory path	■ Q1 2018

CA-170

Phase 1 dose escalation	■ Ongoing
Phase 2 expansion trial	■ Q4 2017 – in India

CA-4948

Phase 1 dose escalation data	■ 2H 2018

CA-327

IND filing	■ 2H 2018

Summary of Financials

As of December 31, 2017

	as of Dec 31
Cash & Marketable Securities	$60.2M
Basic Shares Outstanding	164.2M
Fully Diluted Shares Outstanding	180.2M

Note: Fully Diluted Shares = 164.2M basic shares + 16.0M options

END