Corporate Presentation

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Forward Looking Statements

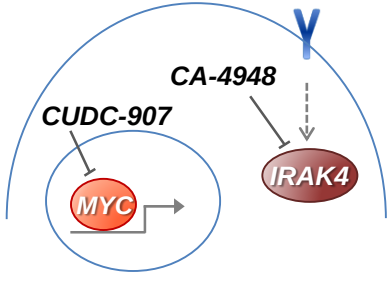
This presentation contains certain forward-looking statements about Curis, Inc. ("we," "us," or the "Company") within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. Words such as "expect(s)," "feel(s)," "believe(s)," "will," "may," "anticipate(s)" and similar expressions 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

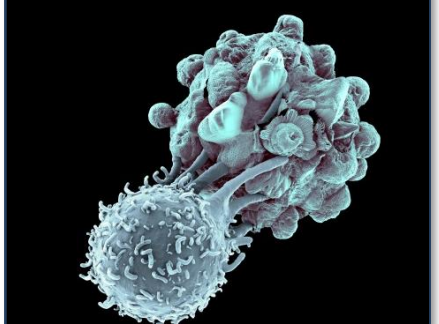
Mission: Innovative Medicines to Treat Cancer Effectively

Strategy: Development and Expect to Commercialize

Heme Cancers Targeted Drugs



Immune Checkpoint Inhibitors



Approved Drug Royalty Revenues

Erivedge vismodegib

Advanced Basal Cell Carcinoma

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)

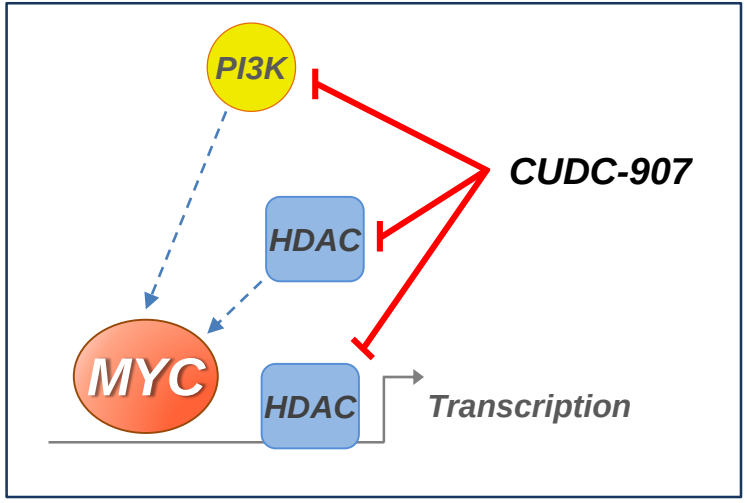
CUDC-907

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					

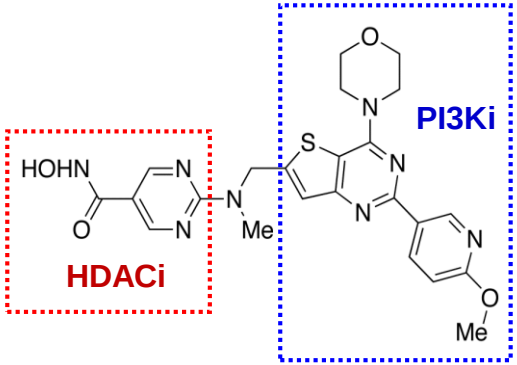
CUDC-907 is clinically active in patients with relapsed/refractory DLBCL that have MYC alterations

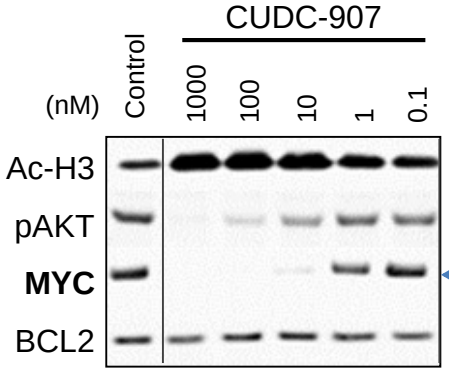
CUDC-907 Downregulates MYC



CUDC-907

- Oral, small molecule inhibitor of HDAC & PI3K enzymes[1]
- Down-regulates MYC mRNA and protein levels[2]
- Phase 1 study completed[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[5]
  - Objective responses (CRs and PRs) predominately in MYC-altered tumors[6]
- Orphan designation in DLBCL





Significant Downregulation of MYC protein

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. 102: 1923
5. Landsburg et.al. 2016. 128: 5422
6. Landsburg et.al. 2017. ASH Annual Conf.

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)**

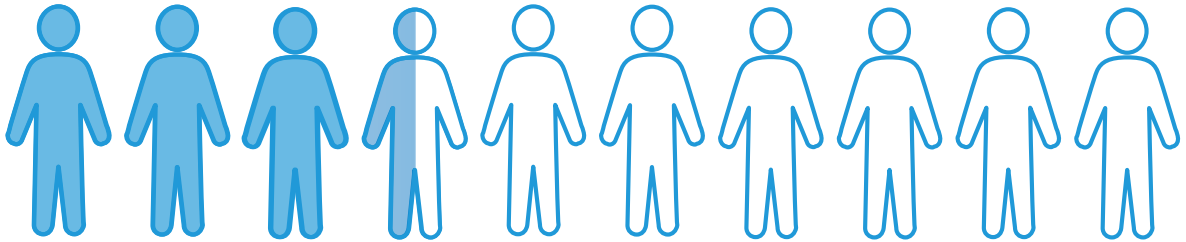
CUDC-907 Addressable Population

35% of patient with DLBCL have MYC altered disease[4]

- **MYC-altered disease has inferior outcome after chemotherapy or transplant[1,2,3]**
- **Patients are less likely to qualify or proceed to stem cell transplant or cell-based therapies[1,2]**
- **REFINE study: 2 year OS of 0% for MYC-altered relapsed/refractory DLBCL vs. 29.9% for non-MYC-altered[3]**

~35%

Patients with MYC-altered disease



Comparator

No FDA approved treatment options for MYC-altered patients in any line

1. Cuccuini et al. Blood. 2012 May 17;119(20):4619-4624
2. Herrera et al. Journal of Clinical Oncology. 2017;35(1):24-31
3. Epperla et al. Cancer. 2017;123(22):4411-4418
4. Landsburg et al. Curr Hematol Malig Rep. 2016 June;11(3):208-217

CUDC-907 Phase 1 and Phase 2 Trials in DLBCL

Acceptable safety and tolerability for long-term treatment

Study population

- Relapsed or refractory DLBCL after ≥2 prior regimens
- Transplant-ineligible population
- 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) at 60mg dose
- Results from 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

105 patients: durable CR and PR observed

Relapsed Refractory DLBCL	MYC+	MYC- / Unknown
Patients Enrolled	**60**	**45**
CR	**8**	**1**
PR	**6**	**4**
Objective Response Rate	**23.30%**	**11.10%**
CR Rate	**13.30%**	**2.20%**
Duration of Response (median)	**13.7 months**	**14.2 months**
Ongoing patients (range)	**6 (14 – 30.3 months)**	**1 (9.2 months)**

CUDC-907 Development Path and Status

Registration plan to treat patients with MYC-altered DLBCL

Registration path

- **Patient population:** relapsed/refractory, transplant-ineligible, MYC-altered DLBCL
- **Objective:** demonstrate durable objective response benefit
- **Pivotal trial options:** non-randomized and randomized designs developed

Patient selection

- **Diagnostic:** MYC status as determined by IHC (standard cut-off values)

Drug manufacture

- **Drug substance:** initial commercial-scale API manufacturing has commenced
- **Drug product:** 30mg tablet formulation, 60mg once daily on 5 / 2 schedule

Status

- Have initiated discussions with regulatory authorities
- Expect to update on plans and timelines by end of Q1 / early Q2 2018

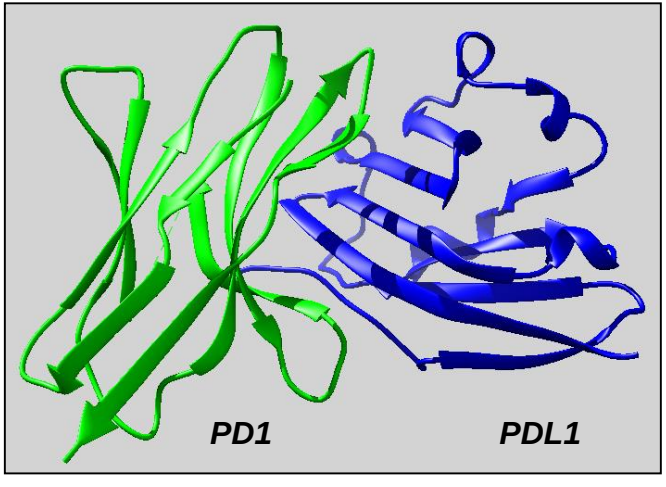
CA-170

Oral, small molecule checkpoint inhibitor – PDL1 and VISTA

Program	Indication	Stage of Development				
		Preclinical	Phase 1	Phase 2	Phase 3	Marketed
CA-170 * PD-L1 / VISTA	Solid Tumors & Lymphomas					

CA-170 is the only drug candidate in clinical development that targets immune checkpoints as a small molecule

CA-170 Binds Interaction Site

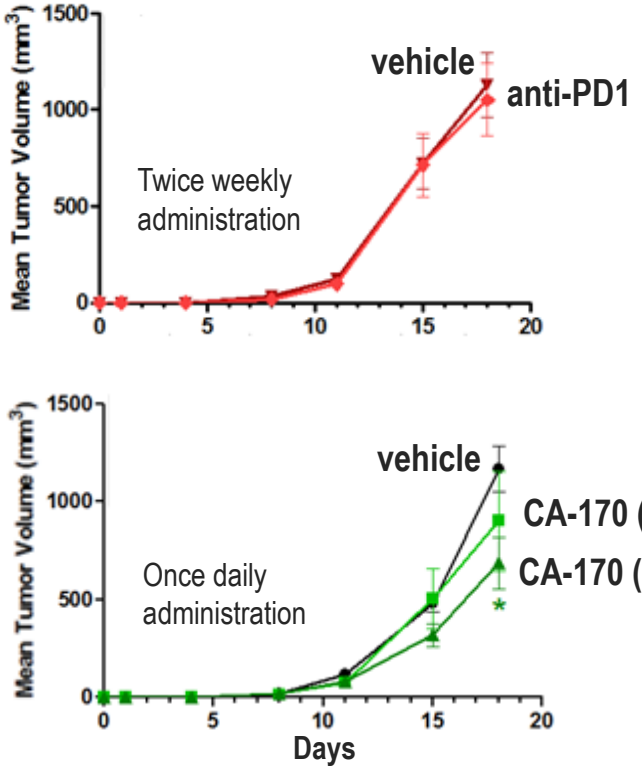


CA-170 is a Checkpoint inhibitor

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

- **Rationally designed, oral small molecule**
  - Targets interaction regions in the extracellular domain
- **Targets two non-redundant immune checkpoints: PDL1 and VISTA**
  - CA-170 binds to PDL1 and to VISTA
  - Dose-dependent ex-vivo activation of T cells inhibited by exogenous PDL1 or by VISTA
  - Selective: no rescue of T cells inhibited by CTLA-4, TIM3, BTLA, LAG3
- **Potent immune stimulatory and anti-tumor activity *in vivo***
  - Activity observed in models that do not respond to anti-PD1 antibody treatment (B16F1 melanoma)

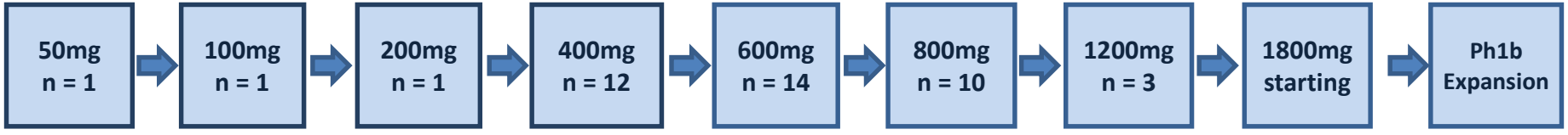
B16F1 Melanoma Syngeneic Model



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 (Nov 2017)

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

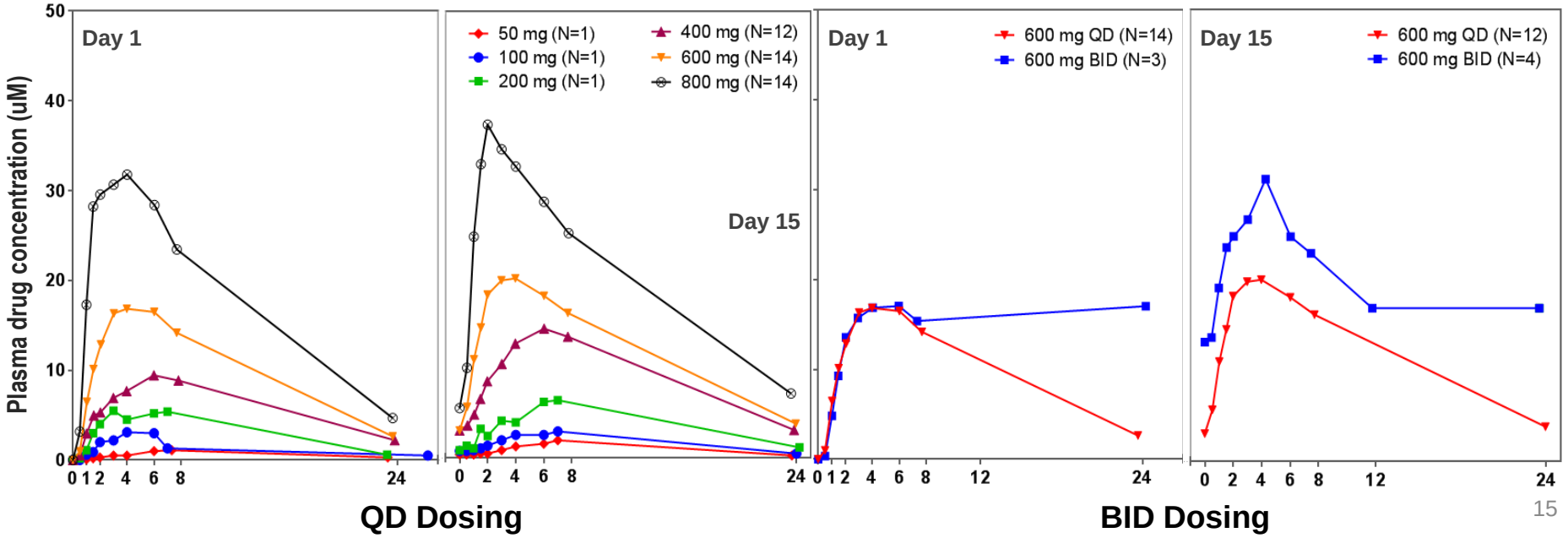
50mg – 800mg QD dose, 600mg BID

Dose proportional increase in exposure with increasing doses in patients

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

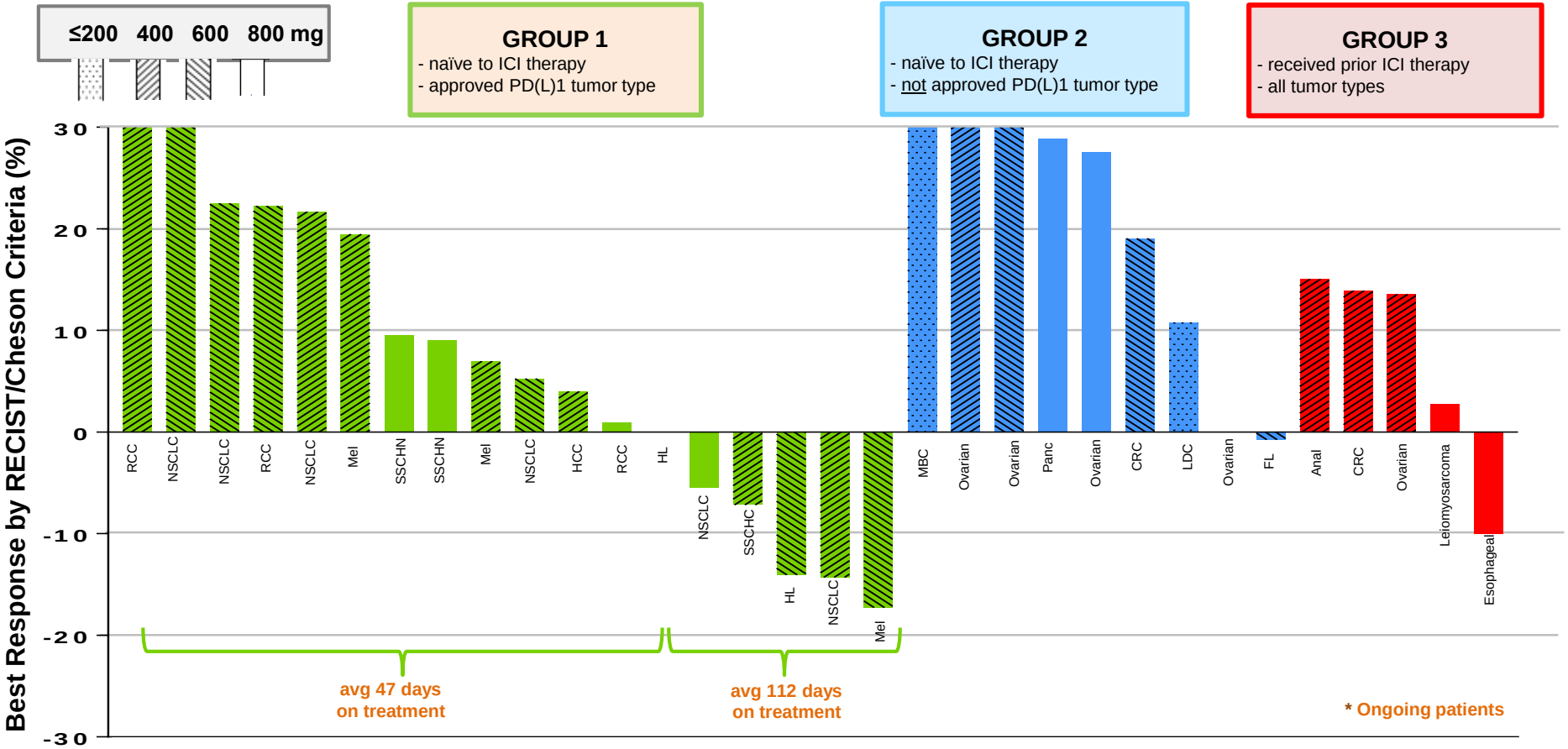
BID dosing: provides for high steady-state levels of drug plasma concentration

- High drug exposure maintained throughout dosing



CA-170 SITC Conference

Phase 1 Clinical Activity (Nov 2017)



CA-170 Development Status

Opportunity to achieve clinical benefit in multiple trials

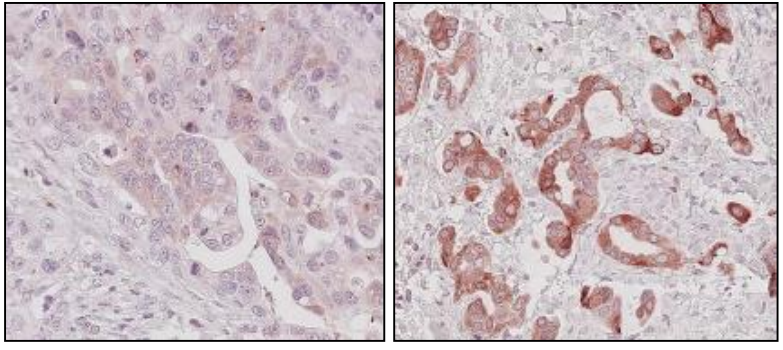
- **Phase 1 dose escalation**
  - Cohort of 900mg BID dosing initiated
    - Immunotherapy treatment-naïve patients
- **Phase 2 trial initiated in India**
  - Immunotherapy treatment-naïve patients from selected cancer types
  - Patients with no more than 3 prior treatment regimens
- **Evaluating potential trial options in VISTA-expressing subpopulation**
  - Opportunity in NSCLC, gastric cancer and potentially others cancer types

VISTA is an Inhibitory Checkpoint

Expressed on tumor cells and on infiltrating immune cells

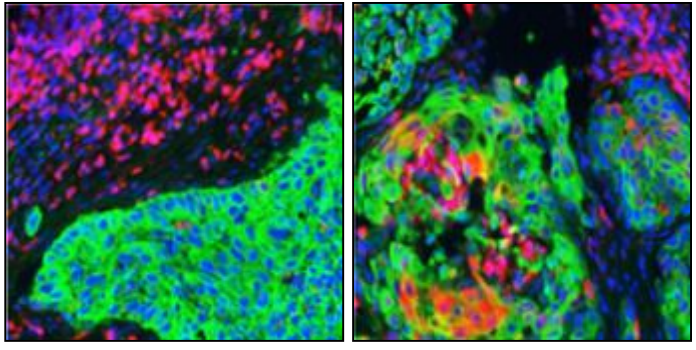
- **VISTA appears to be expressed on tumor cells in subpopulations of certain cancers**
  - ~ 20% NSCLC specimens
  - ~ 10% of Gastric cancer samples
- **VISTA expression in tumor microenvironment is up-regulated after checkpoint inhibitor therapy**
  - ~ 25% of ipilimumab-treated prostate cancer patient specimen with 5-fold increased VISTA expression
  - ~ 60% of melanoma patients with increased VISTA expression at progression

Gastric Cancer[2]



No VISTA on Tumor | High VISTA (~ 10%)

NSCLC[1]



No VISTA on Tumor | High VISTA (~ 20%)

1. Villarroel-Espindolai et al. Clinical Cancer Research. 2018
2. B€oger et al. Oncoimmunology. 2017

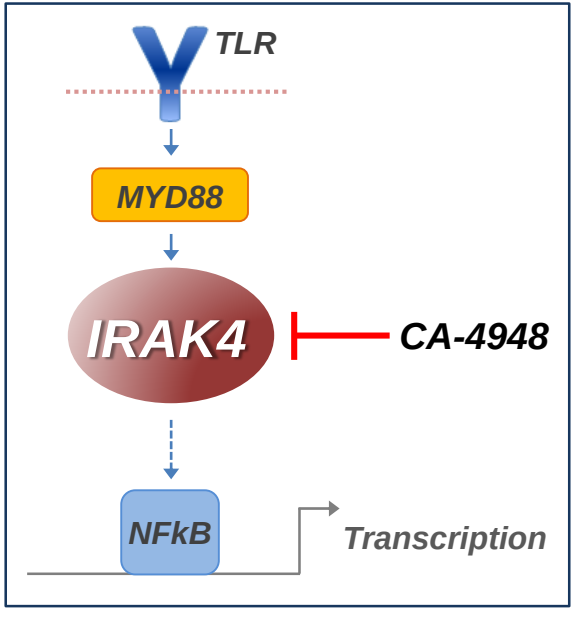
CA-4948

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 has the potential to benefit patients with MYD88-altered lymphomas

CA-4948 Inhibits IRAK4



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

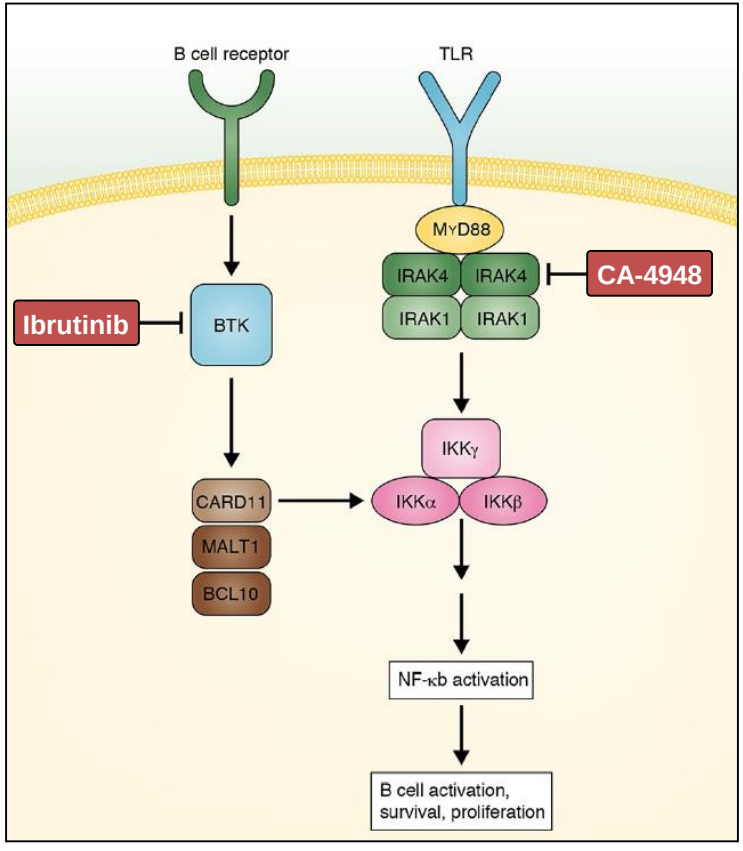


Image adapted from J Exp Med. 2015 Dec 14; 212(13): 2184.

Prevalence of Oncogenic *MYD88* Mutations

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%

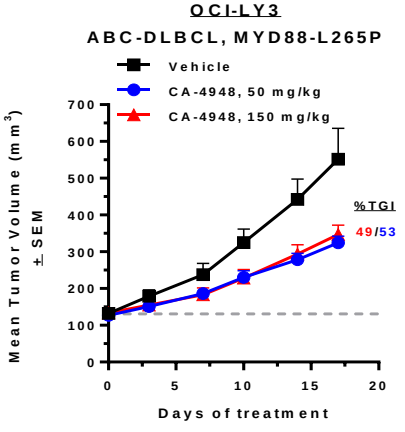
1. Ngo VN et al. 2011; Nature 470(7332): 115-119
2. Kraan et al., 2013; Blood Cancer J. 3:e139
3. Treon S et al. 2018; Br J Haematol 180(3):374-380
4. Baer C et al. 2017; Leukemia 31(6):1355-1382
5. Martinez-Lopez A et al., 2015; Am J Surg Pathol 39(5):644-51

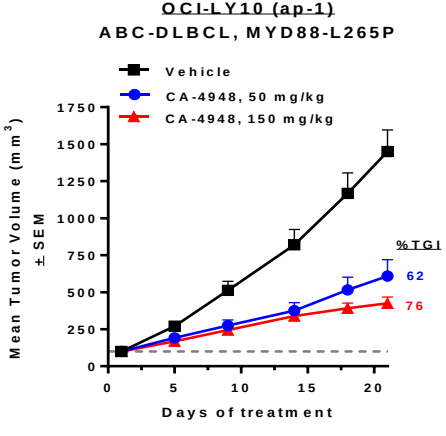
CA-4948 *In vivo* Anti-Tumor Activity

MYD88-mutant DLBCL tumor models

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

ABC DLBCL
***MYD88*-L265P**





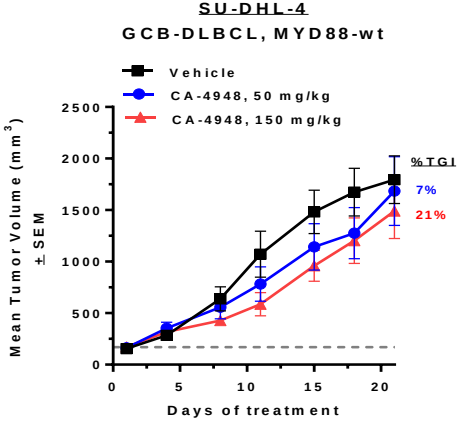
CA-4948	%TGI	n
50 mg/kg	53%	8/8
150 mg/kg	49%	7/8

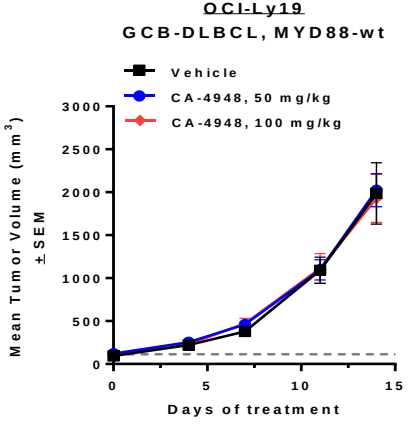
*p<0.05

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 Lymphoma Trial Summary

- **Phase 1 open label dose escalation and expansion study of CA-4948 in patients with relapsed/refractory non-Hodgkin lymphoma**
- **Dose escalation and expansion trial**
  - **Patients**: non-Hodgkin lymphoma, including Waldenström macroglobulinemia
  - **Dose escalation**: standard 3+3 design
  - **Dose expansion**: treat patients at RP2D (or MTD)
    - Patients with MYD88 mutations
    - Patients with TLR pathway alterations
- **Objectives:**
  - **Primary**: safety and tolerability, DLTs, MTD, PK
  - **Secondary**: PD effects, RP2D and measurement of anti-cancer activity

Treatment of Patients with Cancer

Orally available small molecules

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	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 – early Q2 2018

CA-170

Updated clinical results
Phase 1 & Phase 2 trials

- mid – Q3 2018

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