Kyntra BIO

First Quarter 2026 Financial Results

May 11, 2026

Forward-Looking Statements

This presentation contains forward-looking statements regarding Kyntra Bio's strategy, future plans and prospects, including statements regarding its commercial products and clinical programs and those of its partners Fortis and UCSF. These forward-looking statements include, but are not limited to, statements regarding the efficacy, safety, and potential clinical or commercial success of Kyntra Bio products and product candidates, statements under the caption "Recent and Near-Term Catalysts", statements about regulatory interactions, the payoff of the Morgan Stanley Tactical Value term loan, statements regarding cash, such as the expectation that cash, cash equivalents and accounts receivable will be sufficient to fund Kyntra Bio's operating plans into 2028, and statements about Kyntra Bio's plans and objectives. These forward-looking statements are typically identified by use of terms such as "may," "will", "should," "on track," "could," "expect," "plan," "anticipate," "believe," "estimate," "predict," "potential," "continue" and similar words, although some forward-looking statements are expressed differently. Kyntra Bio's actual results may differ materially from those indicated in these forward-looking statements due to risks and uncertainties related to the continued progress and timing of its various programs, including the enrollment and results from ongoing and potential future clinical trials, and other matters that are described in Kyntra Bio's most recent Annual Report on Form 10-K and Quarterly Report on Form 10-Q, each as filed with the Securities and Exchange Commission (SEC), including the risk factors set forth therein. Investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this release, and Kyntra Bio undertakes no obligation to update any forward-looking statement in this press release, except as required by law.

KYNB Investment Highlights

Advancing mid- and late-stage assets in prostate cancer and rare disease; cash runway into 2028

FG-3246 & FG-3180: Attractive Assets in Prostate Cancer, Phase 2 Trial Enrolling

- FG-3246, a potential first-in-class, CD46 targeting ADC, with a validated payload, clinically meaningful responses in previous mCRPC trials and a well-characterized safety profile
- FG-3180, a PET imaging agent with demonstrated uptake in CD46 positive tumors, in development as potential novel patient selection biomarker
- Currently enrolling Phase 2 monotherapy trial of FG-3246 and FG-3180 in mCRPC, post-ARPI / pre-chemo setting; interim analysis expected in 4Q 2026

Roxadustat: A Phase-3 Ready Development Opportunity

- Approved in > 40 countries and commercialized by AstraZeneca and Astellas for anemia associated with CKD; >1 million patients treated worldwide since 2019
- Compelling wholly owned, Phase 3-ready U.S. development opportunity in anemia due to LR-MDS and high red blood cell transfusion burden
- Reached agreement with the FDA on important Phase 3 clinical trial design elements, providing a regulatory pathway forward
- Orphan Drug Designation in MDS granted by FDA in December 2025

Recent and Near-Term Catalysts

- FG-3246 Phase 2 monotherapy trial interim results expected in 4Q 2026
- Roxadustat Phase 3 LR-MDS trial anticipated to commence in 2H 2026*

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ADC=antibody drug conjugate; LR-MDS=low-risk myelodysplastic syndromes; mAb=monoclonal antibody; mCPRC=metastatic castration-resistant prostate cancer; SOC=standard of care.
*Costs of an internally run Phase 3 LR-MDS study are not included in current cash runway projections.

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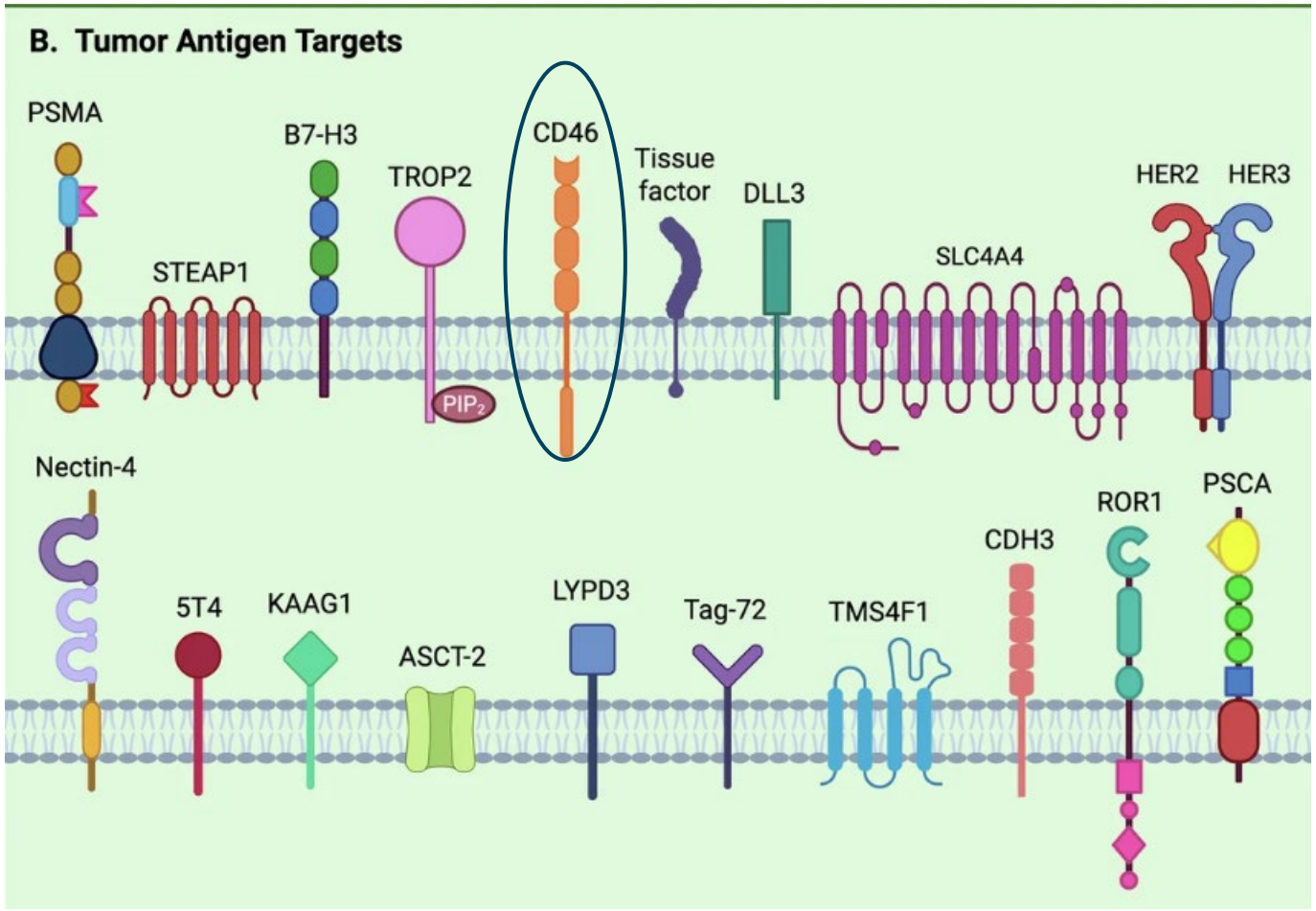
FG-3246 & FG-3180 Program

CD46 as a Novel Tumor Selective Target in mCRPC



CD46

- Multi-functional protein, overexpressed in cancer
- Negatively regulates the complement system and helps tumors evade complement-dependent cytotoxicity
- Highly expressed in mCRPC and other solid tumors with limited expression in normal tissues
- Expression is up-regulated as prostate cancer progresses from localized castration-sensitive prostate cancer to mCRPC
- 50%-70% of mCRPC patients are estimated to have high expression of CD46
- Expressed more homogenously and at higher levels compared to PSMA

1. Su Y, et al. *JCI Insight*. 2018; 3(17):e121497.
2. Lin, C., Hadfield, M.J., Santopietro, A. *et al.* The evolving landscape of antibody-drug conjugates (ADCs) for treatment of prostate cancer. *npj Precis. Onc.* 9, 351 (2025). https://doi.org/10.1038/s41698-025-01131-0

Targeting a Novel Epitope of CD46 Has Therapeutic and Diagnostic Potential

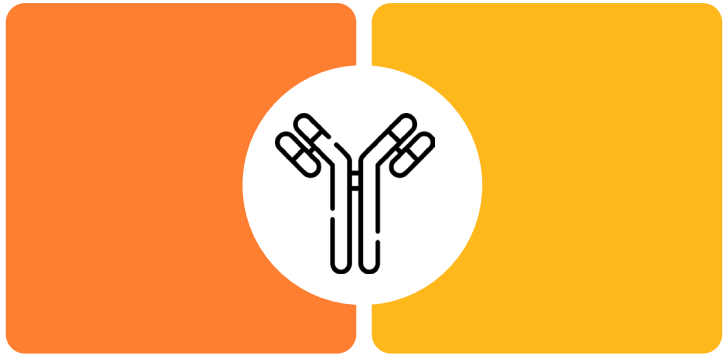
FG-3246
Therapeutic

Targeting antibody + MMAE payload

YS5 antibody: Offers an androgen receptor agnostic and non-PSMA approach

MMAE: a potent anti-microtubule agent (validated chemotherapy)

Payload and linker approved in five marketed ADCs, generating **~$5 billion** in 2025 net revenue



YS5 is a fully-human, full length, IgG1 mAb to tumor-selective epitope of CD46 that is:

Less accessible on most normal cells

Does not interfere with complement system regulation

FG-3180 PET
Imaging Agent

Targeting antibody + ^{89}Zr tracer

Demonstrated specific uptake in CD46 positive tumors

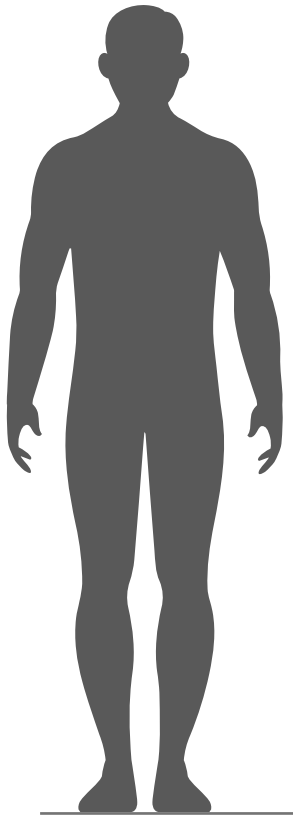
Potential to inform patient selection

PET-based biomarker currently considered superior to CD46 IHC in prostate cancer

Development strategy aims to achieve **clinically differentiated profile** in competitive yet dissatisfied mCRPC market

FG-3246 Demonstrated Meaningful Monotherapy Clinical Activity in 5L+ mCRPC Patients

Phase 1 dose escalation and expansion study results in biomarker unselected and heavily pre-treated patient population with median of 5 prior lines of therapy

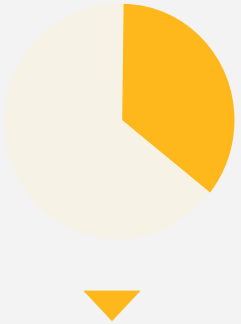


Efficacy analysis included **40 patients** from the dose escalation cohorts-level ≥ 1.2 mg/kg and cohort 1 (adenocarcinoma) of the dose expansion cohort at 2.7 mg/kg AJBW

8.7
months

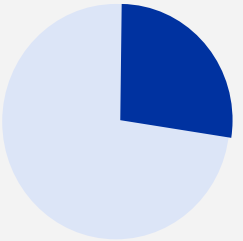
Median rPFS

95% CI:
5.49 - 11.14



~36%

PSA Decline by >50%



~20%
ORR

7.5
months

Median DOR

Range:
4.53 - 9.69

2.7 mg/kg AJBW declared as the MTD in the study

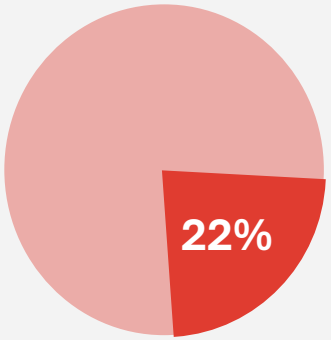
DOR=duration of response; ORR=overall response rate; rPFS=radiographic progression free survival; PSA=prostate specific antigen.

Encouraging Anti-Tumor Activity Observed in the Phase 1b/2 Investigator-Initiated Study of FG-3246 in Combination with Enzalutamide in mCRPC

Phase 1b/2 results in biomarker unselected patients, majority of **who progressed on ≥2 prior ARPIs**

7.0
months

Median rPFS

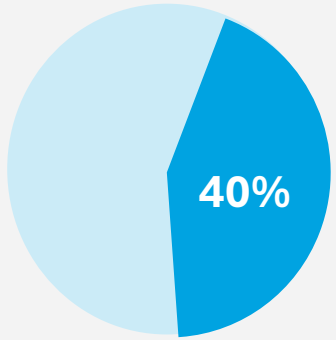


PSA50 Response

Phase 1b/2 results in patients who progressed on **1 prior ARPI***

10.1
months

Median rPFS



PSA50 Response

*Median rPFS similar across different ARPIs (abiraterone, enzalutamide, apalutamide, and darolutamide)

- **Encouraging FG-3246 anti-tumor activity in patients with mCRPC observed, particularly in patients progressing on only 1 prior ARPI**
- **Neutropenia risk was successfully mitigated with use of G-CSF prophylaxis**

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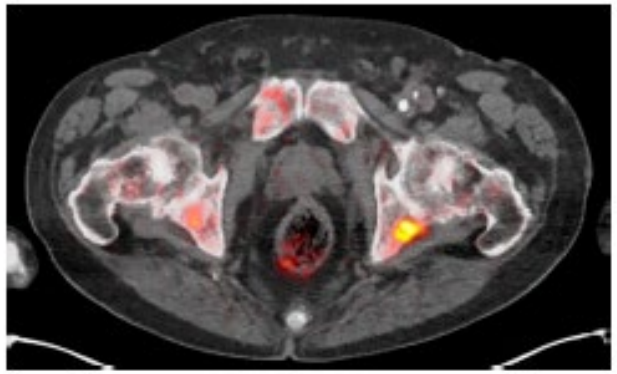
Higher Tumor Uptake of FG-3180 (PET46) was Associated with PSA50 Response

	PSA50 Response		P-value
	Yes (n=7)	No (n=16)	
$SUV_{max\text{-}ave}$	11.68 [9.91-13.88]	9.24 [7.98-10.64]	0.109
$SUV_{max\text{-}ave}$ / $SUV_{mean\ blood\ pool}$	**9.57 [9.24-11.93]**	**7.58 [6.66-9.80]**	**0.053**



Results demonstrate FG-3180's potential as PET imaging biomarker for patient selection; further evaluation ongoing in the Phase 2 monotherapy trial

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FG-3246 and FG-3180 Phase 2 Monotherapy Trial Initiated

Interim results expected in 4Q 2026

Phase 2 - FG-3246 Dose Optimization in Post-ARPI, Pre-Chemo mCRPC, All Comers (US only)

Primary Endpoint: Optimal dose for Phase 3 based on efficacy, safety, and PK

Secondary Endpoints: rPFS, PSA50, PSA90

Exploratory Endpoint: FG-3180 (PET imaging agent) as a diagnostic radiopharmaceutical

1:1:1 Randomization

- **Arm A: Dose Level 1 (N=25) 1.8 mg/kg AJBW**
- **Arm B: Dose Level 2 (N=25): 2.4 mg/kg AJBW**
- **Arm C: Dose Level 3 (N=25): 2.7 mg/kg AJBW**

All arms will use primary prophylaxis with G-CSF

Expected 4Q 2026

Safety Review Committee

- Planned review when 10 patients in each arm complete cycle 1
- Planned review when 25 patients in each arm complete cycle 1
- Ad hoc as needed

Interim Analysis

- Planned for up to 12 weeks after 12 patients in each arm are enrolled
- DMC recommendation based on futility analysis and review of other available efficacy, safety, PK and E-R data
- Futility evaluated by Composite Response Rate (PSA50/ORR)

Final Analysis

- Planned for 12 months post N=25 enrolled in each cohort
- Benefit/Risk assessment (Recommended Phase 3 Dose)
- Decision on FG-3180 for patient pre-selection in Phase 3

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FG-3246 Phase 2 Monotherapy Trial: Three Main Design Elements Driving the Potential for Increasing rPFS versus Phase 1 Monotherapy Study (>8.7 months)

Further validated by Phase 1b/2 Combination IST

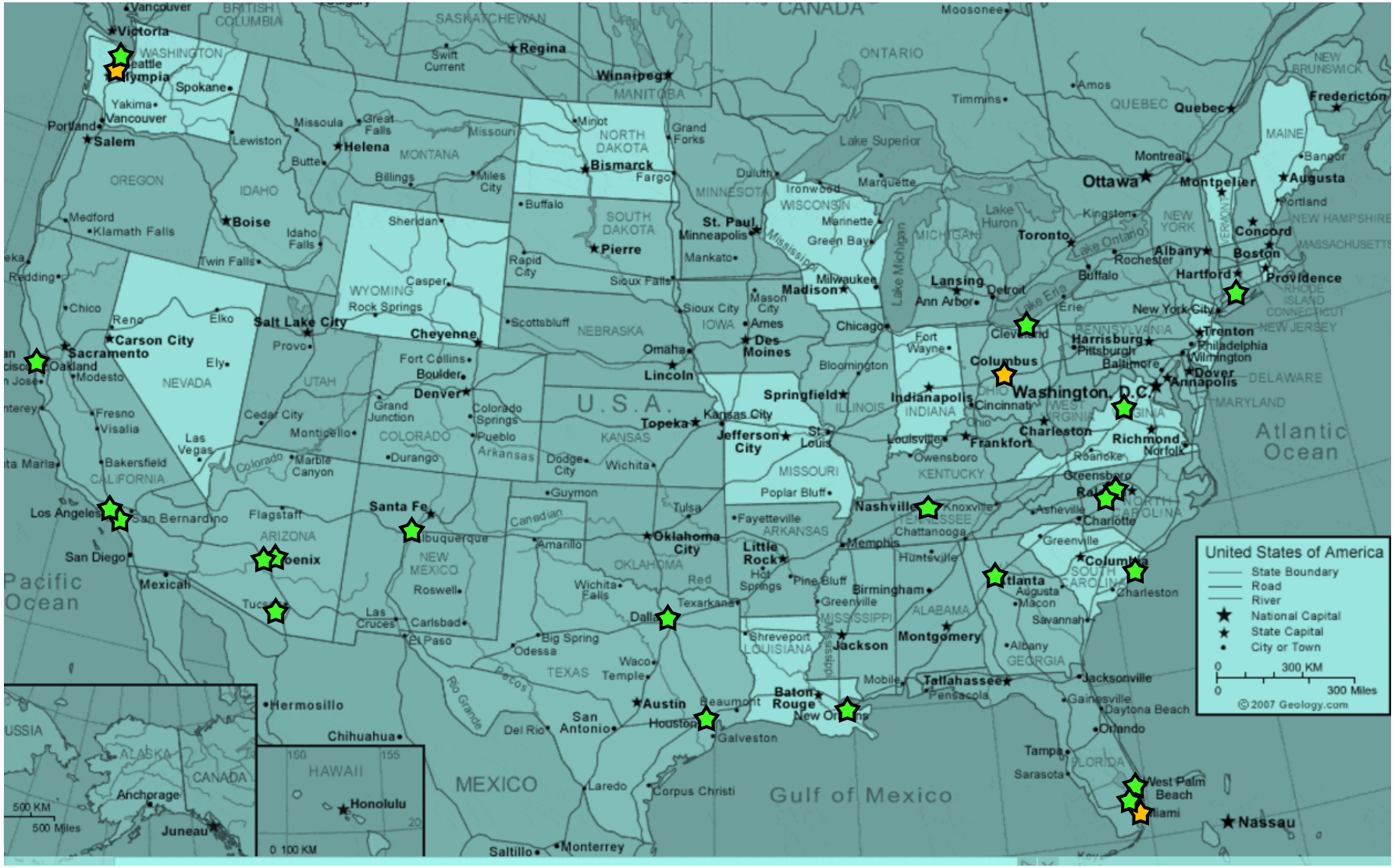
Use of three of the highest doses (1.8mg/kg; 2.4mg/kg; 2.7mg/kg), given the exposure response established during the Phase 1 dose escalation and expansion trial

Use of primary prophylaxis G-CSF to help mitigate MMAE-associated adverse events like neutropenia, and maintain patients on their drug regimen longer

Moving upline to patients who have progressed on one prior ARPI – 1L or 2L mCRPC treatment as opposed to 5L+ in the Phase 1 monotherapy trial

Strong Enrollment Momentum and Highly Engaged Sites in the Phase 2 Monotherapy Study

Clinical Sites Currently Activated and in Startup



Activated	★	21
In Startup	★	3

Interim analysis expected in 4Q 2026

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Roxadustat Program

Anemia Associated with Lower-Risk MDS Represents a Significant Opportunity

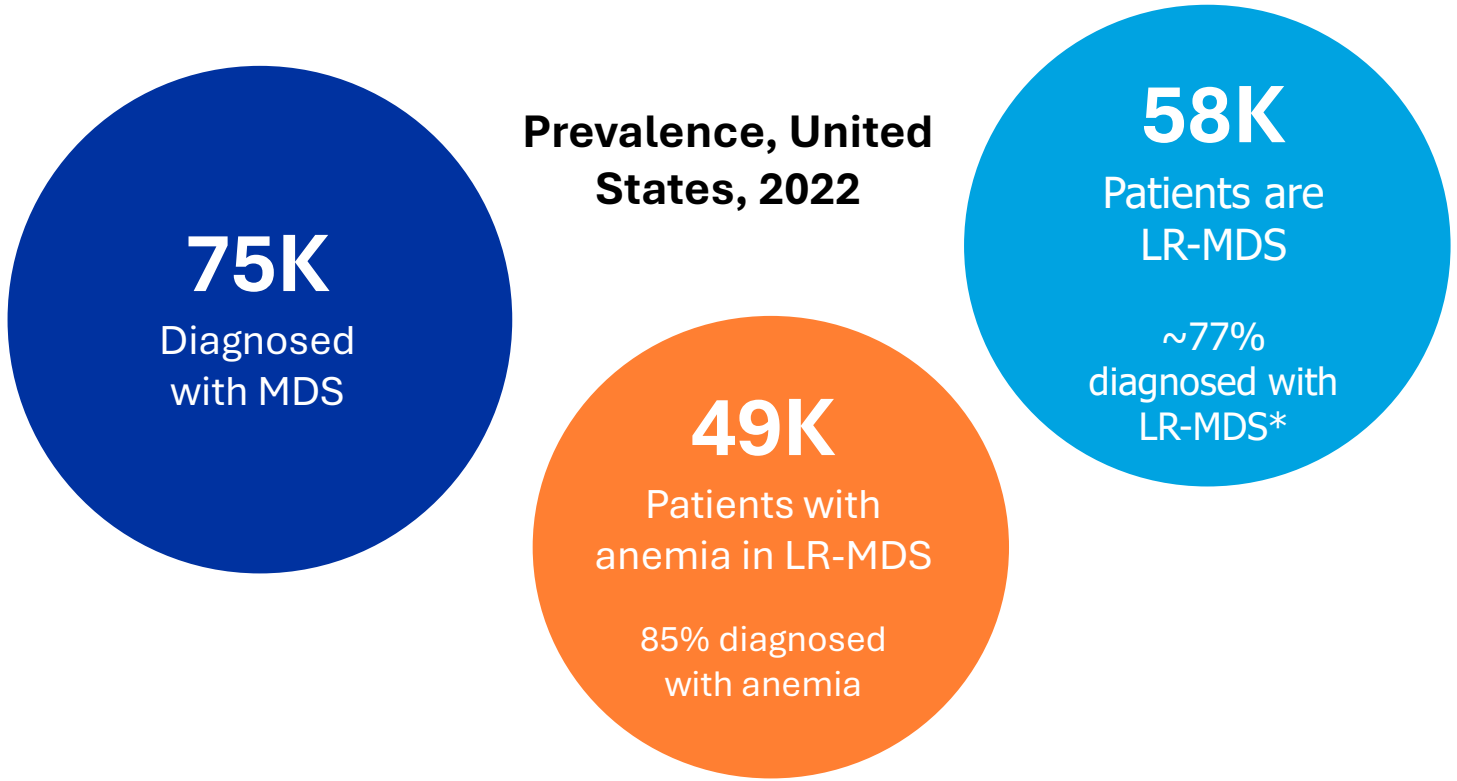
Anemia is the hallmark symptom of MDS that gives rise to significant morbidity

~75K
patients live with MDS in the U.S.

~90% suffering from anemia and its **negative impact** on quality of life

Current 1L agents are **effective in <50% patients** and relief is often temporary with **limited treatment options in 2L+**

SOCs are challenging to dose-calibrate and can only be administered through in-practice IV infusion or subQ injection

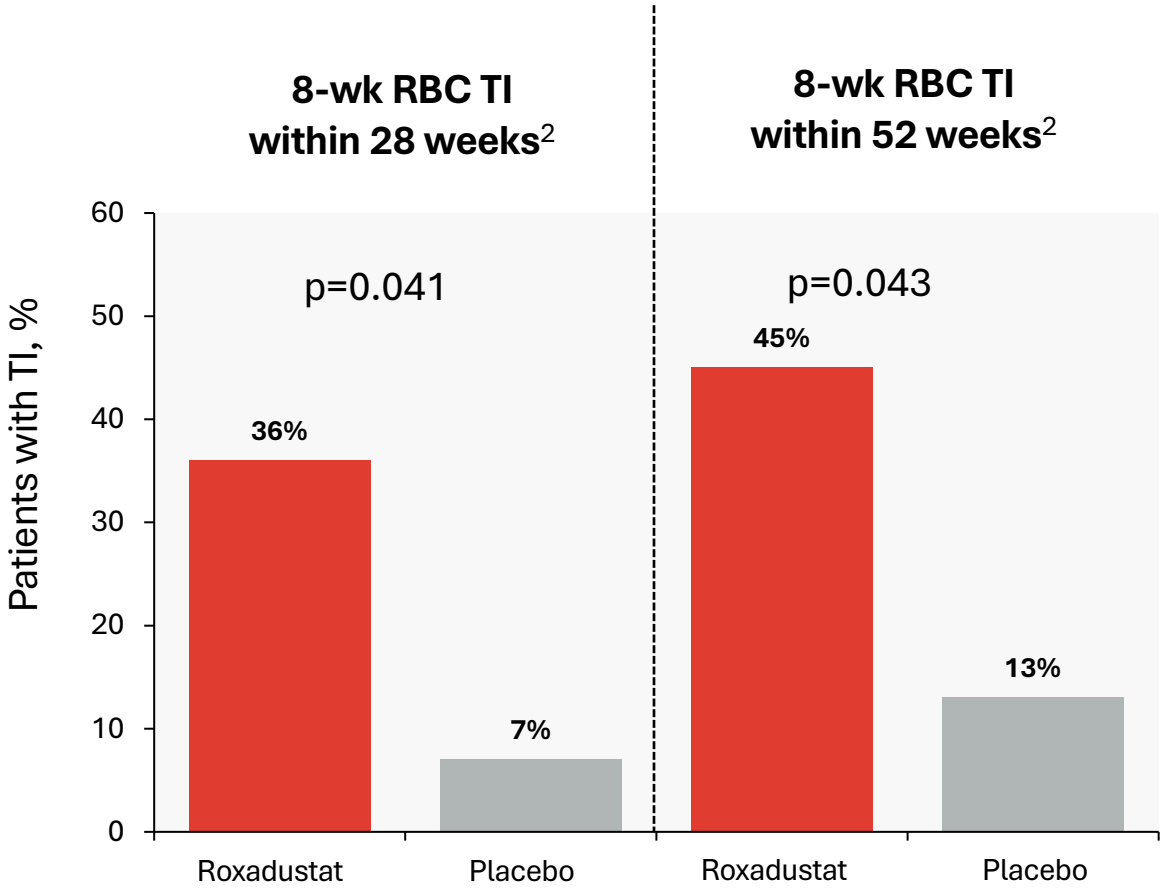


Despite recent approvals, there remains a significant unmet need in the refractory population for additional treatments that provide durable response and the convenience of oral administration

SEER, 2025 ; DRG 2023, Fenaux et al, Leukemia (2018); Platzbecker et al, Leukemia (2017).

Anemia of LR-MDS: Phase 3 Development Opportunity Based on Post Hoc Subgroup Results from MATTERHORN Phase 3 Trial

In patients with high transfusion burden[1], roxadustat showed promising TI benefits compared to placebo



No. of patients with response (% [95% CI])	Roxadustat (n=22)	Placebo (n=15)
8-wk RBC TI within 28 weeks[2]	8 (36% [17-59])	1 (7% [0-32])
8-wk RBC TI within 52 weeks[2]	10 (45% [24-68])	2 (13% (2-40])

Final analysis data cut-off date: Aug 2, 2023

Full analysis population (all randomized patients who received ≥1 dose of study drug and had ≥1 corresponding on-treatment Hb assessment)

[1]High transfusion burden at baseline defined by IWG2018: ≥4 pRBC units in two consecutive 8-week periods prior to randomization

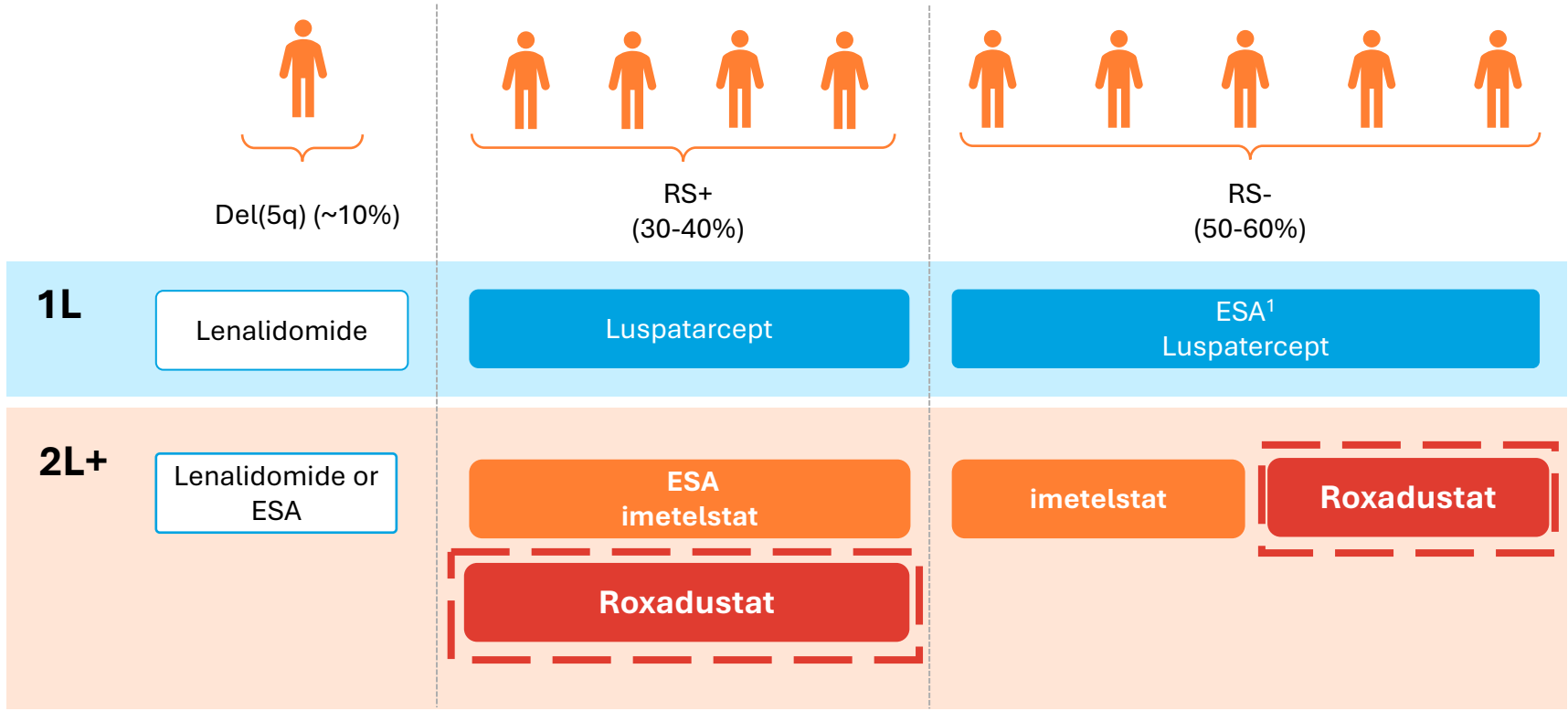
[2]Post-hoc analysis with nominal p-values

CI, confidence interval; pRBC, packed red blood cells; TI, transfusion independence

Roxadustat May Elevate the Standard of Care in 2L+ LR-MDS-Anemia

Target indication:

Treatment of anemia in patients with LR-MDS who are refractory to, intolerant to, or ineligible for, prior ESA treatment



RS = ring sideroblasts.
1. NCCN preferred is ESA, luspatercept approved in this setting. 2. Luspatercept not approved in 2L+ RS- MDS anemia.

Potential Pivotal Phase 3 Trial Overview

Currently exploring the opportunity to develop internally or with a strategic partner

Patient Population

- High transfusion burden: Patients requiring ≥ 4 pRBC units in two consecutive 8-week periods prior to randomization
- Refractory to, intolerant to, or ineligible for prior ESAs

Safety

Management of potential thrombotic risk through:

- Eligibility criteria
- Dose modification criteria
- Discontinuation criteria

Efficacy

- Primary endpoint: ≥8-week RBC-TI response rate
- Key secondary endpoints: ≥12- and ≥16-week RBC-TI response rate
- Final analysis will be performed when all participants have completed ~12 months of treatment or discontinued

Dose Regimen

- Oral route of administration, three times per week
- Starting dose of 2.5 mg/kg with potential for stepwise dose titration to a maximum of 3.5 mg/kg

Phase 3 protocol being finalized per FDA feedback received in April 2026

Significant Opportunity for Roxadustat in Anemia Associated with LR-MDS

Substantial unmet need in LR-MDS anemia	• Significant unmet need despite recent approvals • Opportunity for new therapeutic agents that are more effective in RS- patients • No other oral treatments for anemia of LR-MDS commercially available or in late-stage development
Highly differentiated profile	• Differentiated profile with potentially superior tolerability and convenient dosing and administration • Targeted Phase 3 program could enable an approval in anemia associated with LR-MDS • Granted FDA Orphan designation, which provides 7 years of regulatory exclusivity in the U.S. • Abstract accepted for European Hematology Association (EHA) annual meeting in June 2026
Large market opportunity	• Worldwide LR-MDS market is expected to exceed $4B in 5 years • Attractive pricing opportunity combined with efficient commercial model • Potential for >$500M in peak U.S. sales

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Financial Results

Thank You

For more information contact ir@kyntrabio.com

NASDAQ: KYNB