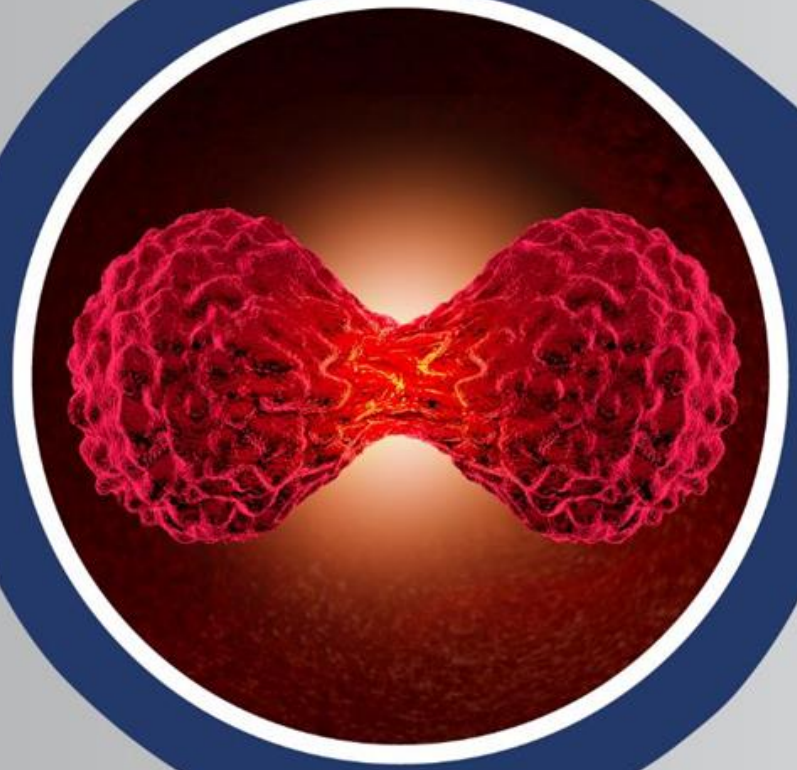


ONCTERNAL therapeutics™

TARGETING CANCER

New Science. New Cancer Therapies. New Hope.

Company Overview – April 2022

FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements (including within the meaning of §21E of the U.S. Securities Exchange Act of 1934, as amended, and § 27A of the U.S. Securities Act of 1933, as amended). Forward-looking statements, which generally include statements regarding goals, plans, intentions and expectations, are based upon current beliefs and assumptions of Oncternal Therapeutics, Inc. ("Oncternal") and are not guarantees of future performance. Statements that are not historical facts are forward-looking statements, and include statements regarding the expected timing for achieving key milestones, including the expected initiation of, and elements constituting, the ZILO-301 and ZILO-302 studies, the potential that the ZILO-301 study can serve as a registrational study, submission of an Investigational New Drug application for ONCT-808 and completing and announcing results of clinical trials of Oncternal's other product candidates, the anticipated market potential, duration of patent coverage, ability to obtain and maintain favorable regulatory designations, and potential accelerated approval pathways for Oncternal's product candidates and preclinical programs, Oncternal's estimated cash and cash equivalents as of March 31, 2022, and Oncternal's anticipated cash runway.

All forward-looking statements are subject to risks and uncertainties, including risks and uncertainties inherent in Oncternal's business, including risks associated with the clinical development and process for obtaining regulatory approval of Oncternal's product candidates such as potential delays in the commencement, enrollment and completion of clinical trials; the risk that results seen in a case study of one patient likely will not predict the results seen in other patients in the clinical trial; the risk that interim results of a clinical trial do not predict final results and that one or more of the clinical outcomes may materially change as patient enrollment continues, following more comprehensive reviews of the data, as follow-up on the outcome of any particular patient continues, and as more patient data become available; and other risks described in Oncternal's filings with the U.S. Securities and Exchange Commission ("SEC"). Except as required by applicable law, Oncternal undertakes no obligation to revise or update any forward-looking statement. All forward-looking statements in this presentation are current only as of the date on which the statements were made. Additional factors that could cause actual results to differ materially from those expressed in the forward-looking statements are discussed in Oncternal's filings with the SEC.

Zilovertamab, ONCT-808, and ONCT-534 are investigational product candidates or preclinical programs that have not been approved by the U.S. Food and Drug Administration for any indication.

This presentation includes certain information obtained from trade and statistical services, third-party publications, and other sources. Oncternal has not independently verified such information and there can be no assurance as to its accuracy.

Corporate Highlights

ZILOVERTAMAB: POTENTIALLY FIRST-IN-CLASS MONOCLONAL ANTIBODY TARGETING ROR1

- Safety and efficacy results for zilovertamab + ibrutinib in patients with MCL/CLL compare favorably to historical single-agent ibrutinib
- Agreement with U.S. FDA on Phase 3 global registrational study design for the treatment of patients with R/R MCL

ONCT-808: AUTOLOGOUS CAR-T CELL THERAPY TARGETING ROR1

- IND-enabling activities supported by Lentigen (lentivirus manufacturing) and Miltenyi Biotec (process development)
- Research collaborations for next-gen allogeneic CAR-T and CAR-NK cell therapies with Karolinska Institutet & Celularity

ONCT-534: DUAL-ACTION ANDROGEN RECEPTOR INHIBITOR (DAARI)

- Activity against prostate cancer preclinical models with androgen receptor mutations including overexpression and splice variants such as AR-V7

MULTIPLE DATA CATALYSTS

- Expected initiation of zilovertamab + ibrutinib global registrational Phase 3 Study ZILO-301 in 3Q 2022
- Clinical data updates in MCL and CLL
- ONCT-808 ROR1 CAR-T cell therapy IND submission planned in mid-2022

Clinical Stage Biotech Focused on Hematological Malignancies and Prostate Cancer with Multiple Modalities and Deep ROR1 Expertise

ONCTERNAL therapeutics™

Hematological Malignancies

Zilovertamab – ROR1 monoclonal antibody

- Demonstrated clinical benefit of combination with ibrutinib compared to historical ibrutinib monotherapy
- Expect MCL registrational study initiation in 3Q 2022

ONCT-808 – ROR1 CAR-T Cell Therapy

- Expect IND submission in mid-2022

Prostate Cancer

ONCT-534 – Dual Action AR Inhibitor (DAARI)

- First-in-class MOA interacting with both N-terminal Domain and Ligand-Binding Domain of the androgen receptor inducing AR degradation
- Active preclinically against AR amplification, splice variant and LBD mutation models

Zilovertamab – ROR1 monoclonal antibody

- IND open for advanced prostate cancer

Experienced Team

ONCTERNAL therapeutics™

James Breitmeyer, MD, PhD
CEO, Founder, Director

Richard Vincent
CFO

Salim Yazji, MD
CMO

Gunnar Kaufmann, PhD
CSO

Raj Krishnan, PhD
CTO

Chase Leavitt
General Counsel

Pablo Urbaneja
SVP, Corporate Development

Steve Hamburger, PhD
SVP, Regulatory Affairs & Quality Assurance

David Hale
Co-founder
Board Chairman

Michael Carter, MD
Director

Jinzhu Chen, PhD
Director

Daniel Kisner, MD
Director

Rosemary Mazanet, MD, PhD
Director

Bill LaRue
Director

Xin Nakanishi, PhD
Director

Charles Theuer, MD, PhD
Director

Robert Wills, PhD
Director

Robust Pipeline – Novel Product Candidates in Multiple Indications

Modality	Product Candidate	Indication	Preclinical	Phase 1	Phase 2	Phase 3
ROR1 mAb	Zilovertamab	Mantle Cell Lymphoma (MCL)				
		Chronic Lymphocytic Leukemia (CLL)				
		Prostate Cancer				
ROR1 Cell Therapy	ONCT-808 (Autologous CAR-T)	Hematological Malignancies				
	Allogeneic	Hematological Malignancies and Solid Tumors				
Dual-Action AR Inhibitor	ONCT-534	Prostate Cancer				

Table of Contents

ROR1 (Receptor Tyrosine Kinase-Like Orphan Receptor 1)

Compelling Tumor-Specific Target

ONCTERNAL therapeutics™

- Expressed on **most B-cell malignancies**, including
  - Mantle cell lymphoma (MCL), diffuse large B-cell lymphoma (DLBCL), chronic lymphocytic leukemia (CLL)
- Expressed on **many solid tumors**
  - Increased ROR1 expression associated with more aggressive tumors, shorter PFS and OS
- ROR1 activity associated with **aggressive phenotype**
  - Invasion, metastasis, stem cell-like behavior, and resistance to treatment
- Subject of **recent large pharma acquisitions**
  - ROR1-ADCs: Merck (VelosBio), Boehringer (NBE)
- **Oncternal ROR1 pipeline differentiated and advancing**
  - Deep target expertise and experience

Green 2008 Trends Cell Biol. 2008; Matsuda T 2001 Mech Dev.; Fukuda 2008 PNAS; Hudecek 2010 Blood; Zhang 2012 Am J Pathology; Zhang 2014 PNAS

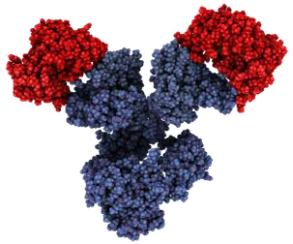
ROR1 Expressed on Multiple Solid and Liquid Tumors

MCL	95%
CLL	95%
Uterus	96%
Lymphoma	90%
Prostate	90%
Skin	89%
Pancreatic	83%
Adrenal	83%
Lung	77%
Breast	75%
Testicular	73%
Colon	57%
Ovarian	54%

Zhang 2012 AJP

Two Development Programs Targeting ROR1

Zilovertamab ROR1 mAb



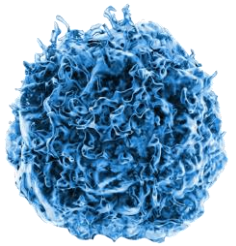
Background

- High-affinity IgG1 humanized ROR1 mAb
- Binds to tumors but not normal adult tissues
- Patent coverage through 2033
- Supported by ~$14M non-dilutive CIRM grant and ibrutinib product donation
- Zilovertamab is the mAb used in MK-2140 ADC
  - VelosBio spun out in 2018, acquired by Merck for $2.75B

Development status

- MCL: Agreement with U.S. FDA on Phase 3 study design for ibrutinib combo in patients with R/R MCL
- CLL: Phase 2 with ibrutinib (data: ASH 2021)
- FDA Orphan Drug Designations for MCL and CLL
- mCRPC: P1b IST with docetaxel IND in effect

ROR1 CELL THERAPY PROGRAM



Background

- ROR1 expression on many tumor types
- Potential safety and efficacy advantages
- MK-2140 ADC data at ASH 2021: no apparent off-tumor ROR1 organ toxicities

Development status

- ONCT-808 utilizing zilovertamab scFv selected as the lead autologous CAR-T product candidate
- Collaborations with Celularity, Karolinska Institutet and Shanghai Pharma (China)
- IND enabling work ongoing including WuXi, Lentigen and Miltenyi Biotec
- Productive pre-IND meeting Jan ’22, IND submission expected in mid-2022

Zilovertamab Extensive Preclinical Research

Potential as combination therapy, multiple tumor indications and safety advantage

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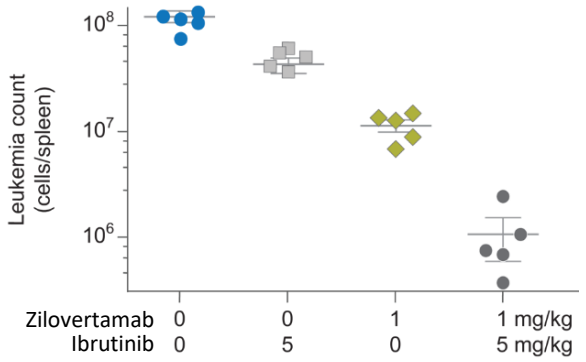
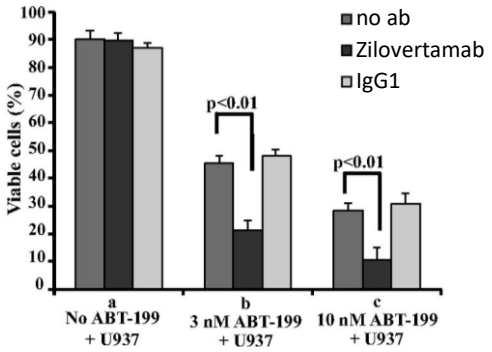
Synergistic with Targeted Agents

- Synergistic with ibrutinib in CLL + MCL



Yu 2017 Leukemia

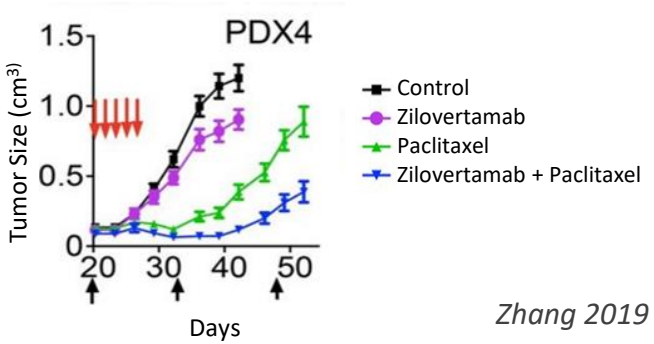
- Synergistic with venetoclax (ABT-199)



Rassenti 2017 PNAS

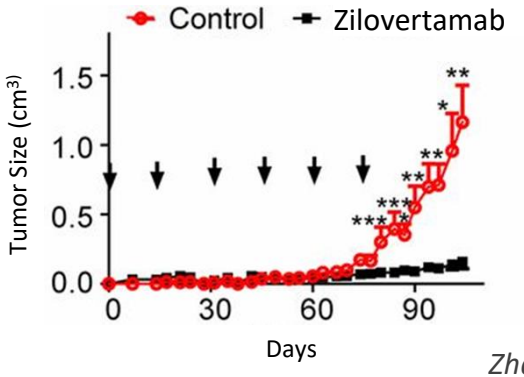
Active in Solid Tumor Models

- Zilovertamab and paclitaxel are at least additive against TNBC PDX growth, and eliminate tumor forming cells



Zhang 2019 PNAS

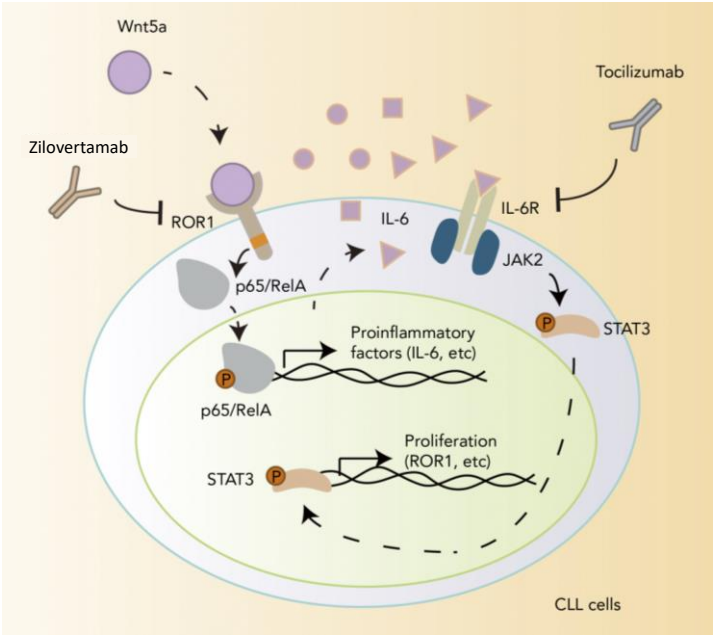
- Anti-tumor activity in PDX models of ovarian cancer



Zhang 2014 PNAS

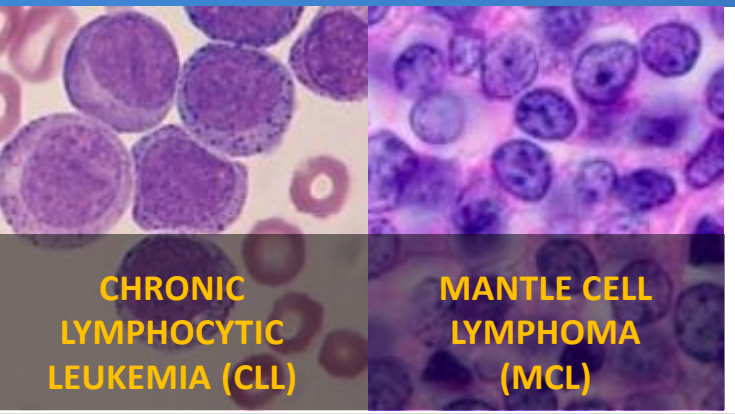
Inhibits Inflammatory Pathway

- Zilovertamab blocks pro-inflammatory JAK/STAT signaling pathway in CLL cells
- Mechanism for potential safety advantage observed in patients



Chen 2019 Blood

CIRLL Trial (CIRM-0001) – Phase 1/2 Study of Zilovertamab and Ibrutinib in Patients with MCL and CLL



- ✓ Encouraging interim clinical data in MCL and CLL presented at ASH 2021
- ✓ Data support Phase 3 registrational study design

STUDY DESIGN

PART 1 (in CLL & MCL)	PART 2 (in CLL & MCL)	PART 3 (in CLL)
DOSE-FINDING COHORT • Zilovertamab at 2, 4, 8 & 16 mg/kg and 300 & 600 mg doses evaluated • Ibrutinib added after one month	**DOSE-EXPANSION COHORT** • Confirm Recommended Dosing Regimen (RDR) of zilovertamab (600 mg) + ibrutinib at approved dose	**RANDOMIZED EFFICACY** • Zilovertamab + ibrutinib vs. ibrutinib • Primary endpoint: Complete Response rate
Enrolled	***MCL Phase 2 enrolling*** *CLL enrolled*	*Enrolled*

- Ibrutinib from Pharmacyclics/AbbVie
- Collaboration with UC San Diego and CIRM

ClinicalTrials.gov Identifier: NCT03088878

CIRLL = Cirmtuzumab and **I**brutinib targeting **R**OR1 for **L**eukemia and **L**ymphoma
CIRM = **C**alifornia **I**nstitute for **R**egenerative **M**edicine

CIRLL Trial Summary

Zilovertamab + Ibrutinib Data Update at ASH 2021

ONCTERNAL therapeutics™

MCL:

- **Clinical activity compares favorably to published single-agent ibrutinib data(1)**
  - ORR 81% (21/26)
  - CR rate 35% (9/26)
  - CRs durable for up to 32 months
  - Median PFS of 35.9 months and OS not reached, regardless of prior # of therapies, after a median follow-up of 14.4 months
- **Encouraging clinical activity in high-risk sub-populations**
  - Prior SCT or CAR-T (n=7): 100% ORR (5 CR, 2 PR)
  - Ki-67 levels ≥30% (n=13): 85% ORR (4 CR, 7 PR)
  - > 1 prior systemic therapy (n=11): 82% ORR (5 CR, 4 PR)
  - Prior ibrutinib (n=5): 80% ORR (2 CR, 2 PR)

CLL:

- **The combination of zilovertamab plus ibrutinib is a well-tolerated and active regimen in CLL**
  - Updated Part 1 & 2 results:
    - ORR 91% (31/34)
    - CR rate 6% (2/34)
    - Clinical Benefit 100% (34/34)
    - Median PFS not reached after median follow-up of 29 months
  - Randomized cohort (Part 3) results
    - Data continue to mature with time
    - ORR 93.3% (14/15 combo) vs 100% (7/7 mono)
    - Median PFS not reached for either arm after median follow up of ~18 months

No additional toxicity when zilovertamab is combined with ibrutinib

The combination has been well tolerated, with treatment emergent adverse events and hematologic abnormalities consistent with, or slightly lower than those reported for ibrutinib alone. For example, in patients with MCL, Grade 3-4 neutrophil decrease was documented in **9.7%** of patients with zilovertamab plus ibrutinib, compared to **29%** for ibrutinib alone from its registration study

There have been no dose-limiting toxicities and no serious adverse events attributed to zilovertamab alone

(1) Historical data with single-agent ibrutinib in MCL population with similar distribution of prior lines of therapy reported overall ORR 66% and CR rate 20% (Rule et al. 2017 Br J Haem); such data may not be directly comparable due to differences in study protocols, conditions and patient populations.

R/R MCL: Tumor Reduction and Progression-Free Survival

Zilovertamab + Ibrutinib Data Update at ASH 2021

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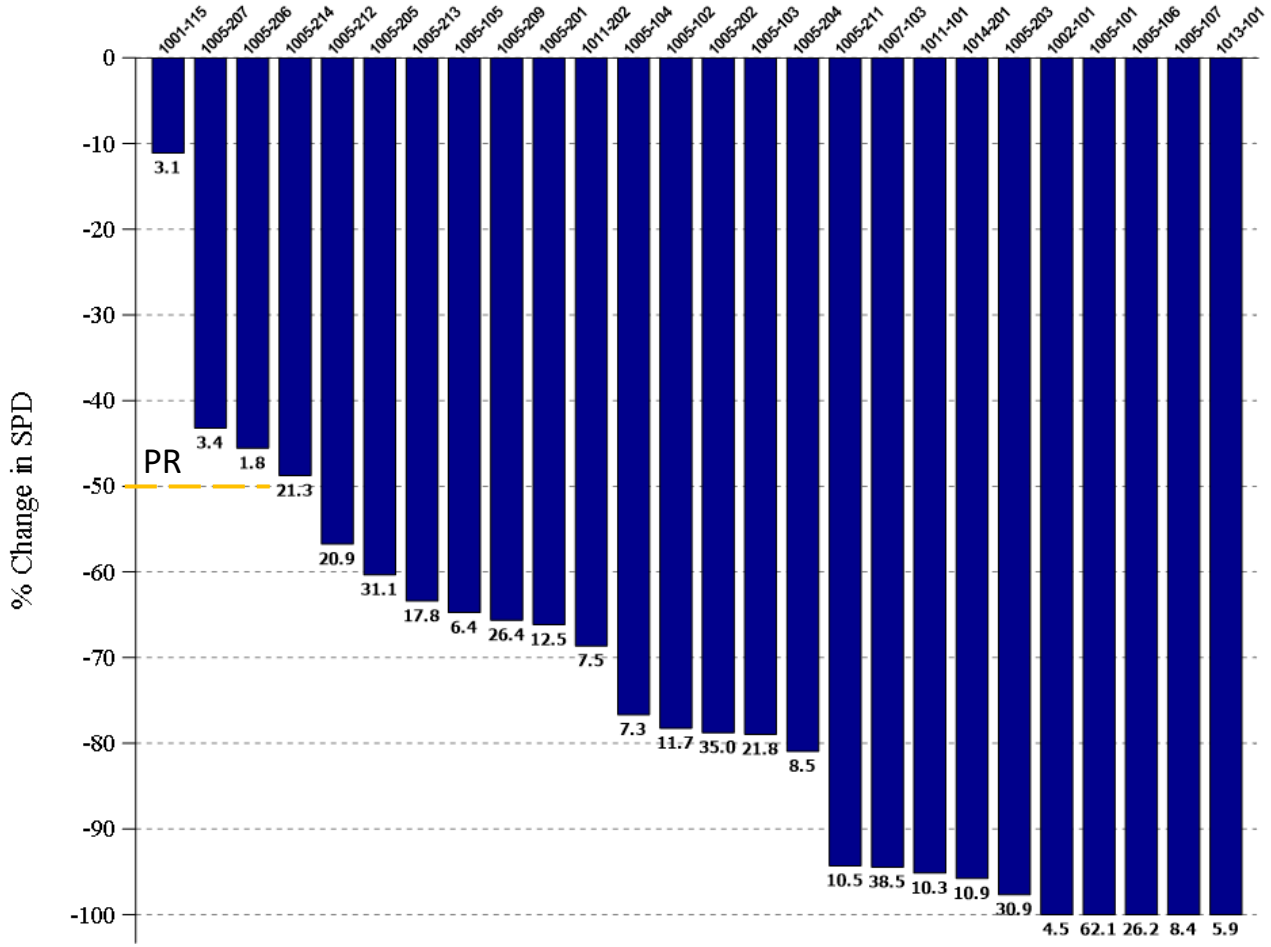
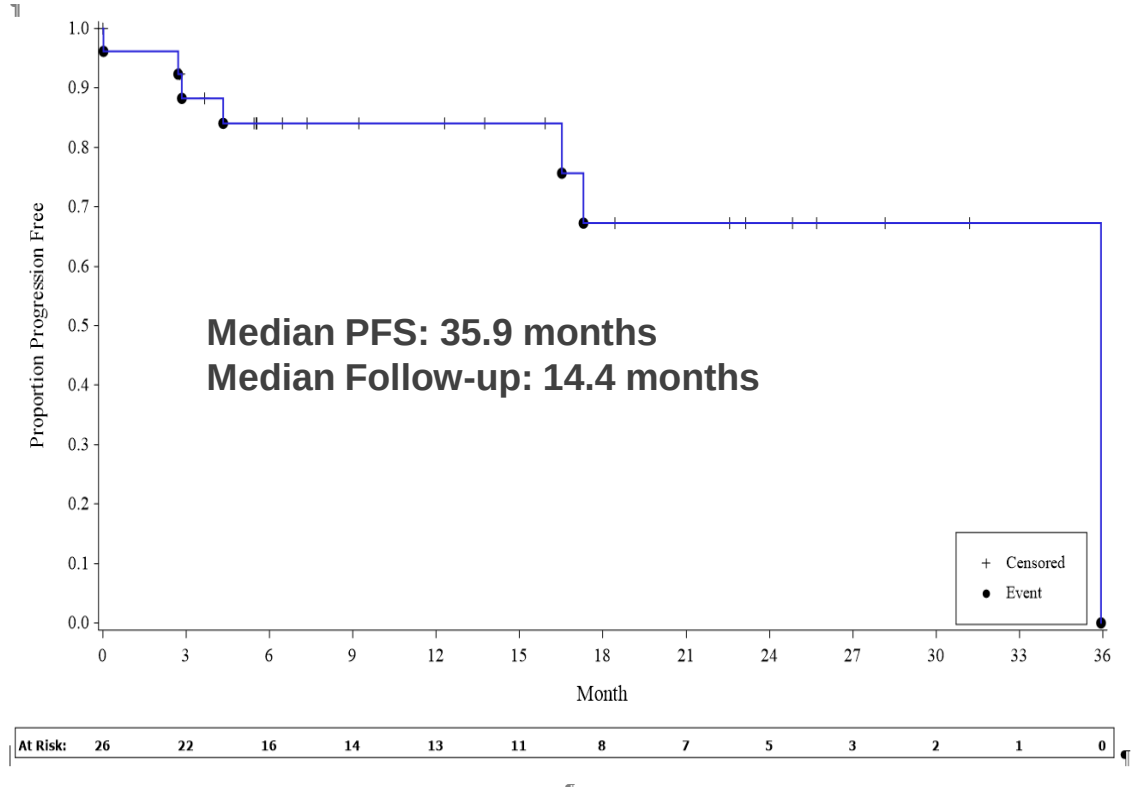
81% ORR and median PFS of 35.9 months

Best Tumor Reduction (SPD)



Progression-Free Survival



Median PFS: 35.9 (95% CI: 16.5, 35.9)

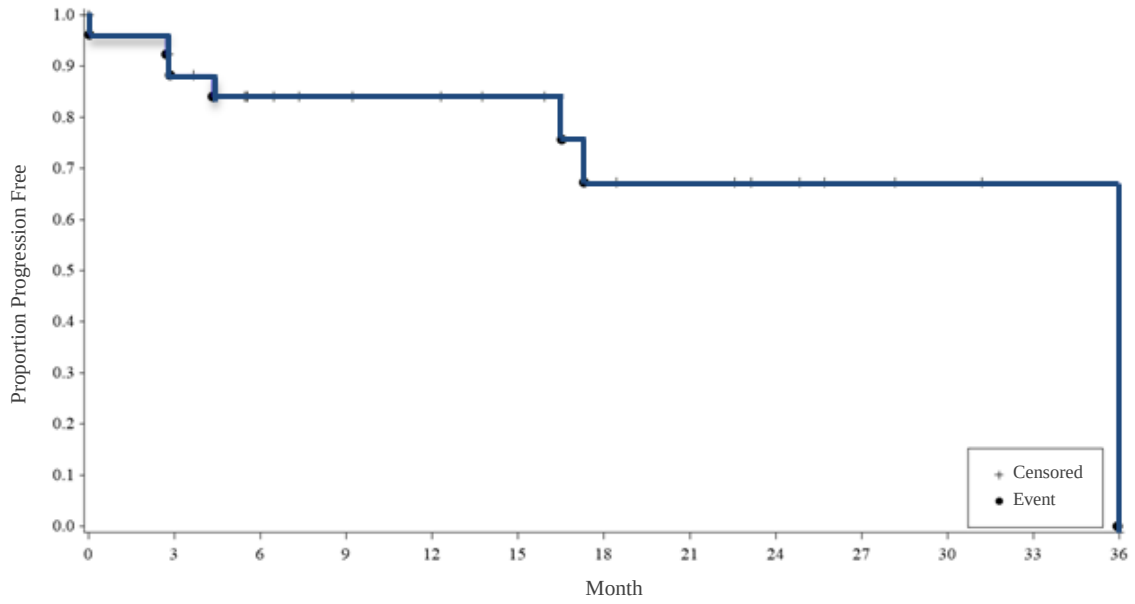
Data: 01OCT2021; Evaluable MCL Part 1 & 2 patients (n=26); Patients were considered evaluable for response if they had 1-dose of zilovertamab and had 1-post baseline tumor assessment; SPD= sum of product of diameters; Number under bars represent baseline SPD; NE= not estimable

R/R MCL: Compares Favorably to Historical Single-Agent Ibrutinib Data

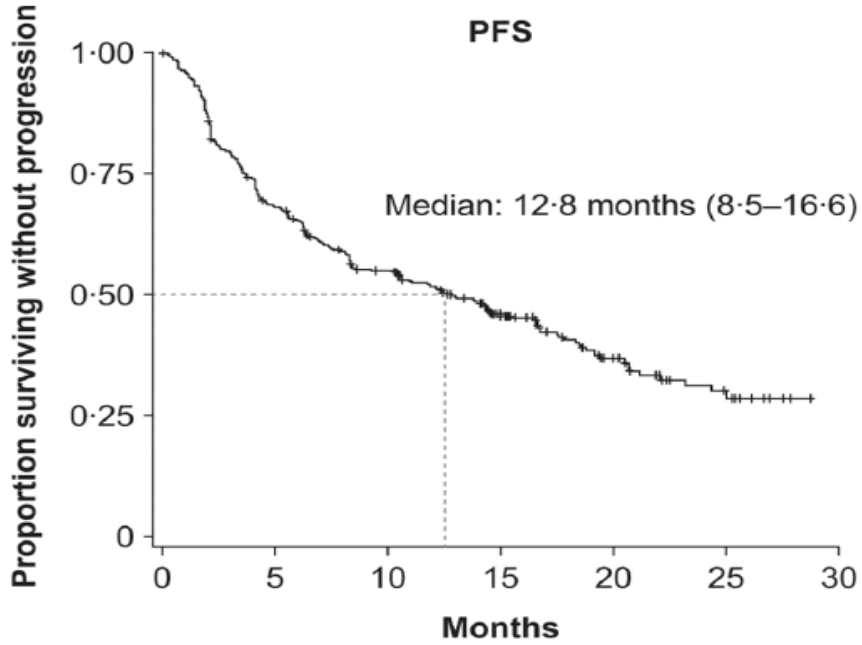
Zilovertamab + Ibrutinib Data Update at ASH 2021

Zilovertamab + ibrutinib (Oncternal Data Oct 2021)

PFS



Single-agent ibrutinib (Rule 2017 Br J Haematol)



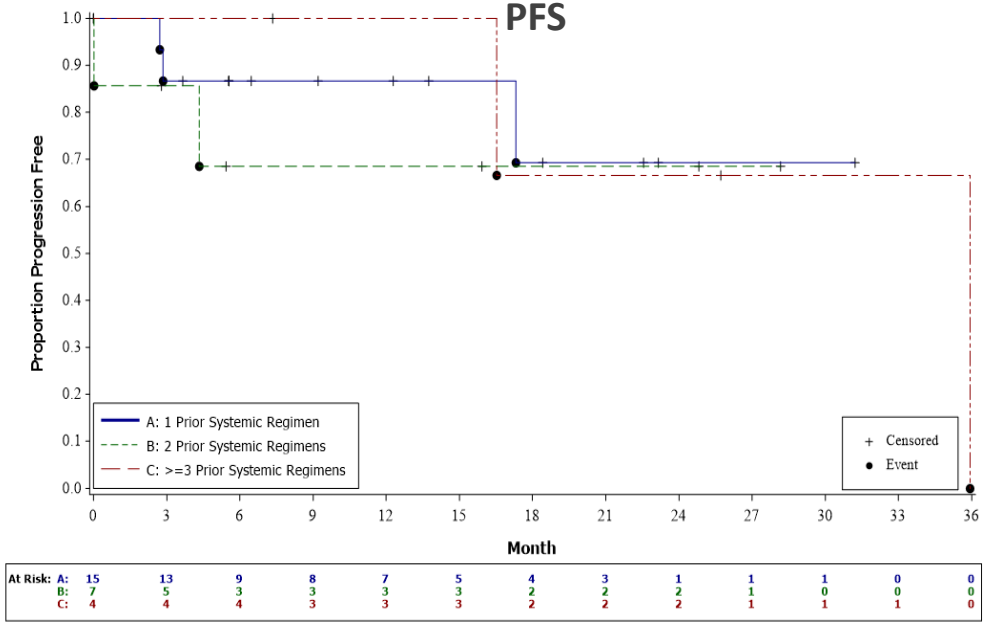
Baseline characteristics	**Median follow-up**	14.4 months	24-25 months
Clinical outcomes	**Median PFS**	35.9 months 95% CI: (**16.5 – 35.9 months**)	12.8 months. 95% CI: (**8.5 – 16.6 months**)
	ORR	**80.8%**	**66%**
	CR	**34.6%**	**20%**

Note: Data presented are from separate studies and such data may not be directly comparable due to differences in study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative efficacy or other benefits of the combination of zilovertamab and ibrutinib compared to single-agent ibrutinib; NE= not estimable

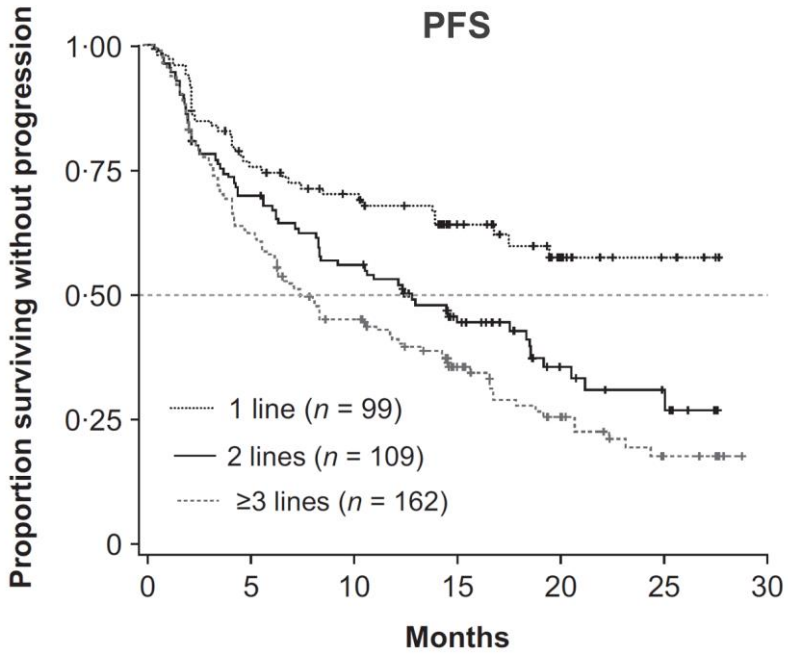
R/R MCL: Encouraging PFS Observed Based on Prior Line of Therapy Compared to Historical Ibrutinib Alone

Zilovertamab + Ibrutinib Data Update at ASH 2021

Zilovertamab + ibrutinib (Oncternal Data Oct 2021)



Single-agent ibrutinib (Rule 2017 Br J Haematol)



PFS by Subtypes – Prior Systemic Therapy (months)

Prior sys. therapy	Zilovertamab + Ibrutinib PFS , median (95% CI)	Ibrutinib PFS median
1	NR (17.3, NE)	NR
2	NR (0.03, NE)	~12
≥ 3	35.9 (16.5, 35.9)	~8

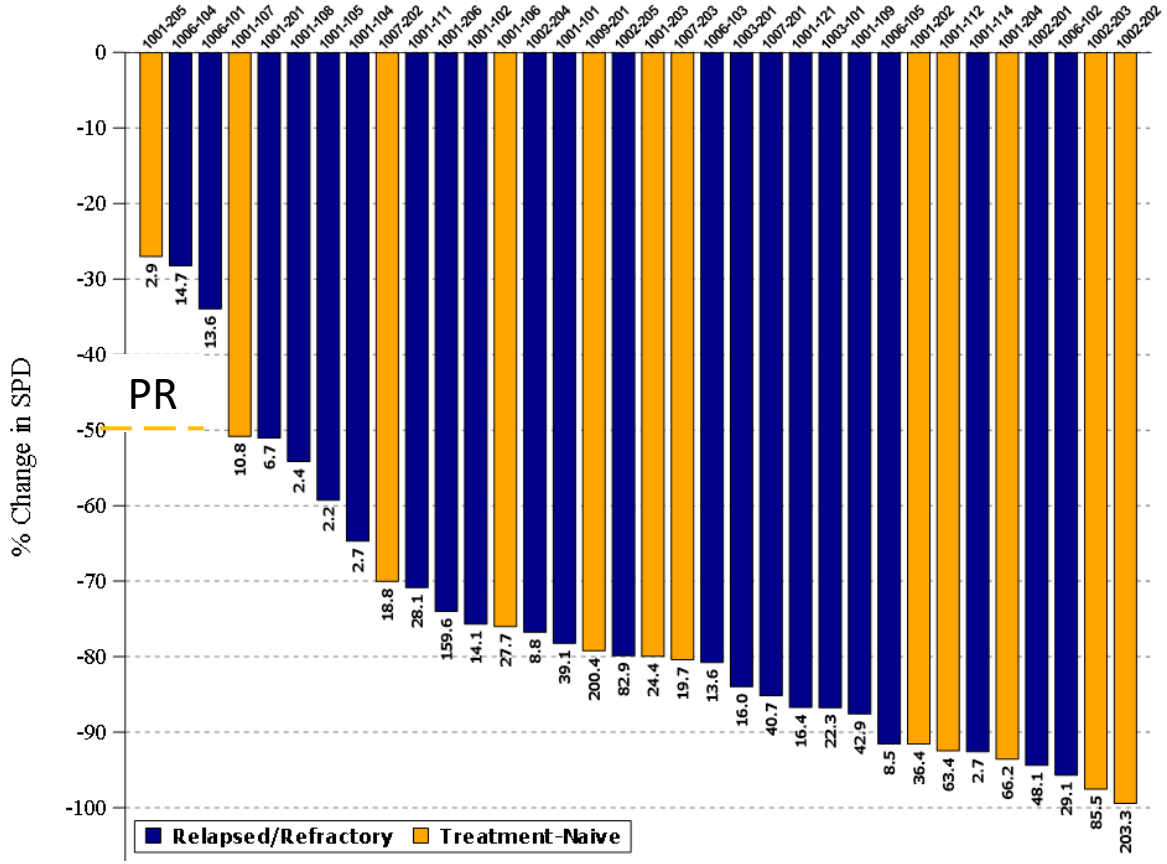
Note: Data presented are from separate studies and such data may not be directly comparable due to differences in study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative efficacy or other benefits of the combination of zilovertamab and ibrutinib compared to single-agent ibrutinib; NE= not estimable

CLL: Tumor Reduction and Progression-Free Survival

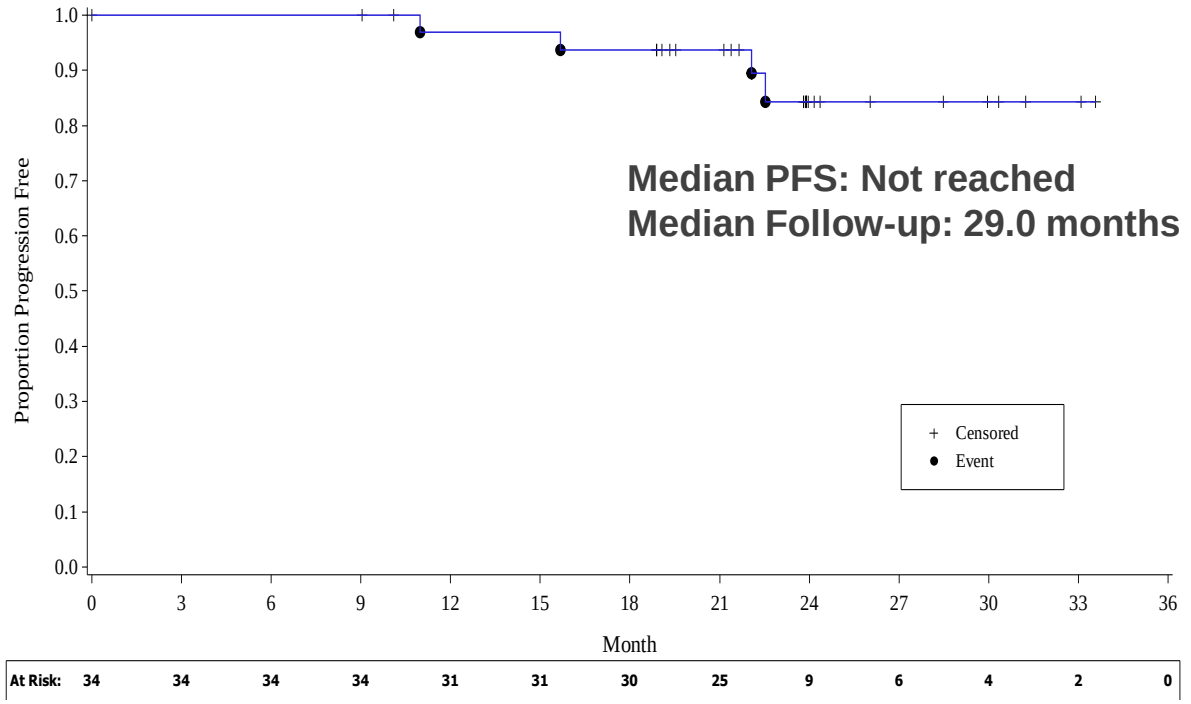
Zilovertamab + Ibrutinib Data Update at ASH 2021

91% ORR and median PFS was not reached in CLL

Best % Tumor Reduction
CLL Parts 1 & 2



Progression-Free Survival
CLL Parts 1 & 2



Median PFS: NE (95% CI: 36.26, NE)

Data: 01OCT2021; Evaluable CLL Part 1 & 2 patients (n=34); Patients were considered evaluable for response if they had 1-dose of zilovertamab and had 1-post baseline tumor assessment; SPD= sum of product of diameters; Number under bars represent baseline SPD; NE= not estimable

CLL: Encouraging Landmark PFS Based on Number of Prior Lines of Therapy

Zilovertamab + Ibrutinib Data Update at ASH 2021

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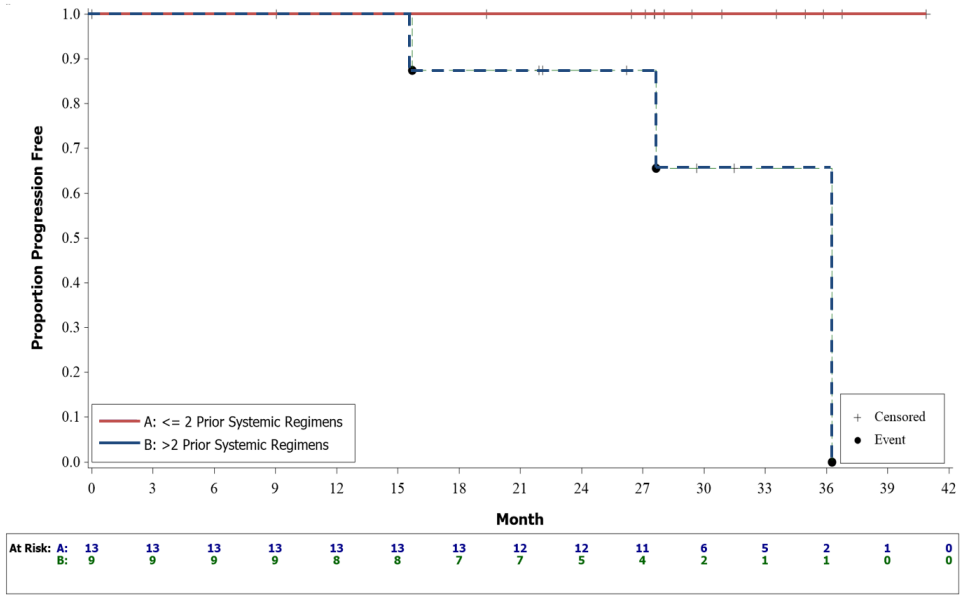
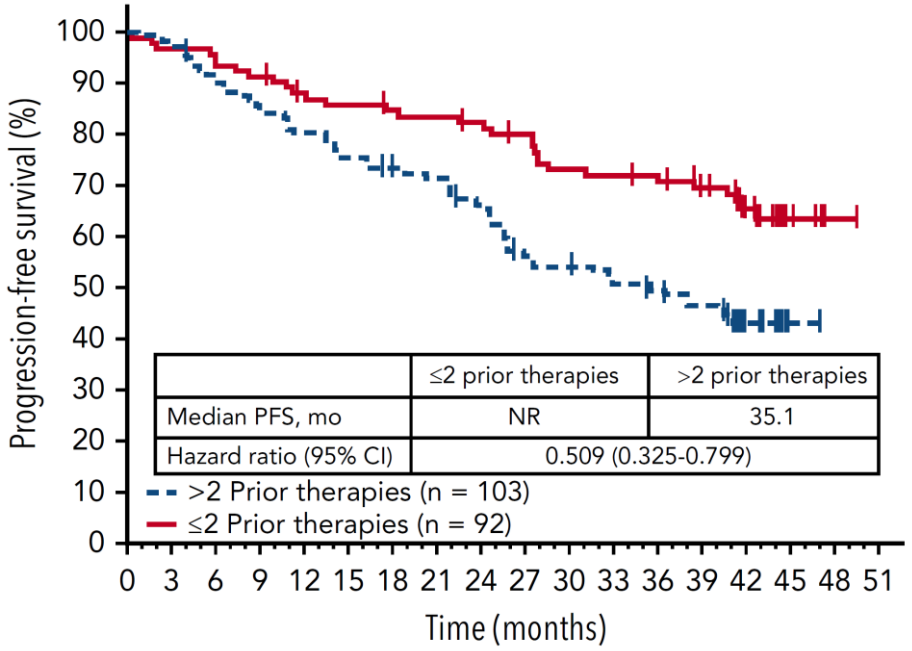
Zilovertamab + ibrutinib (Oncternal Data Oct 2021) PFS



PFS by prior therapies from single-agent ibrutinib treatment in high-risk, relapsed patients with CLL (Byrd, Blood 2019)



PFS by Subtypes – Prior Systemic Therapy	Prior sys. therapy	Landmark PFS 24 months	Landmark PFS 36 months	Landmark PFS 24 months	Landmark PFS 36 months
	1 or 2	~100%	~100%	~85%	~75%
	> 2	~85%	~65%	~65%	~50%

Data: 01OCT2021; PFS is defined as the time from the first dose to the time of objective disease progression or death from any cause, whichever occurs first; NR- not reached. NE – not evaluable

Agreement with U.S. FDA on Phase 3 Registrational Study Design for Zilovertamab in the Treatment of Patients with Mantle Cell Lymphoma

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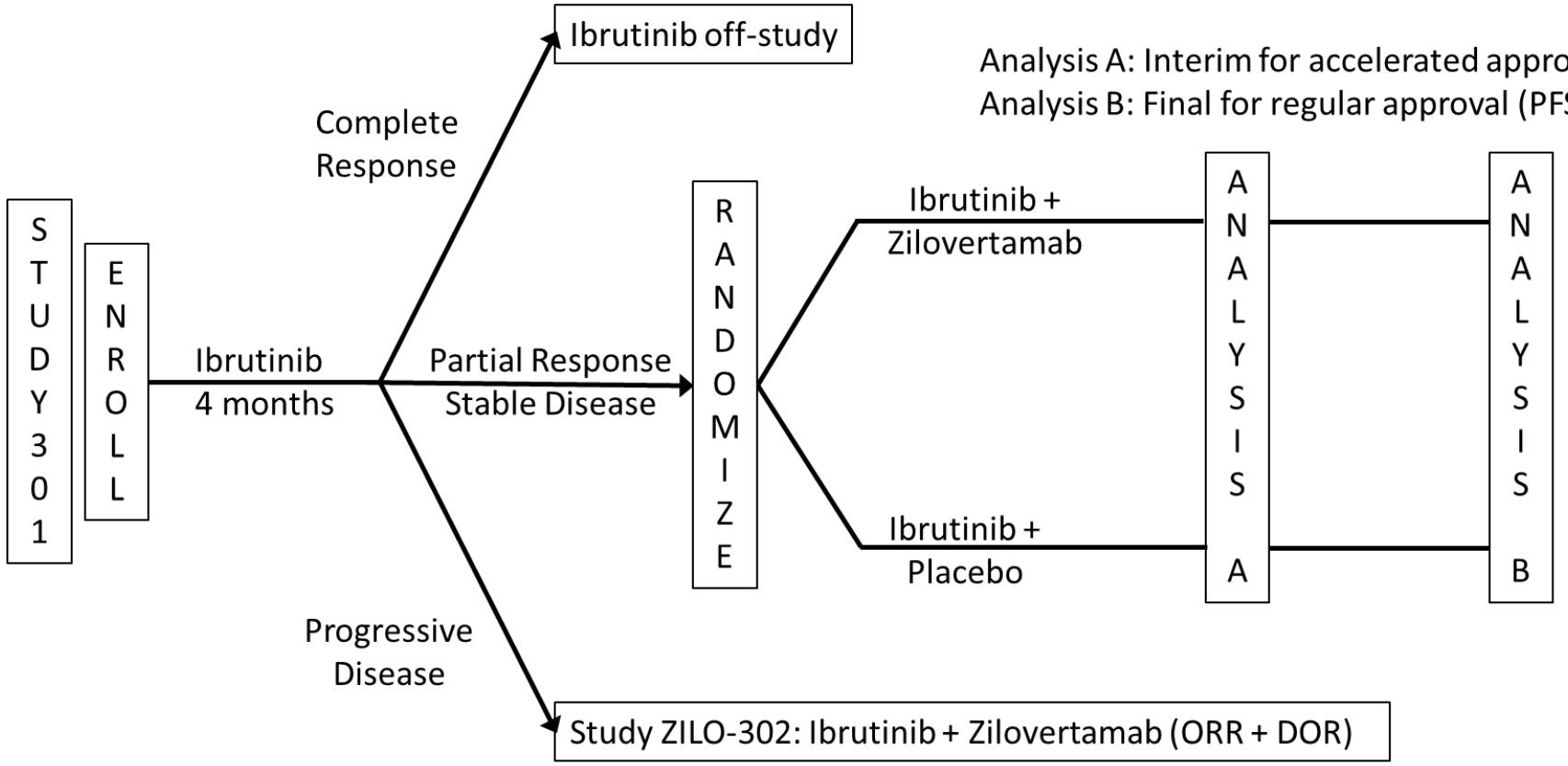
Successful End-of-Phase 2 FDA meeting (December 2021)

- Reached consensus on design and major details of Phase 3 Study ZILO-301, to treat patients with R/R MCL with zilovertamab plus ibrutinib
- Positive feedback on the proposed key clinical and regulatory requirements of our development program for zilovertamab in MCL
- Agency previously provided positive feedback on the sufficiency of the preclinical and pharmacology studies of zilovertamab needed to support a BLA submission

Zilovertamab Registrational Study Plan

ZILO-301: Randomized, Double-blind, Placebo-controlled, Multi-center Phase 3 Study of Zilovertamab (A ROR1 Antibody) Plus Ibrutinib Versus Ibrutinib Plus Placebo in Patients with Relapsed or Refractory Mantle Cell Lymphoma
ZILO-302: Open-label companion study of zilovertamab plus ibrutinib for rescue of patients refractory to ibrutinib during 4-month run-in



- Plan to randomize 250 patients
- Interim data as early as 2 years from first-patient-in (85% power)
- Final data as early as 3 years from first-patient-in (>90% power)

Global registrational study expected to be initiated in 3Q 2022

Zilovertamab Opportunities Beyond MCL
Prostate Cancer (PC)

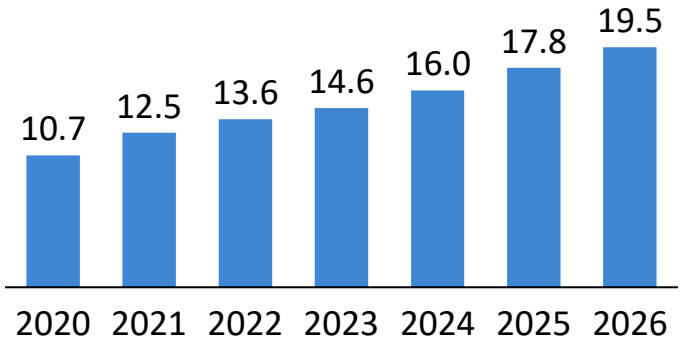
ONCTERNAL therapeutics™

Market Opportunity

High Unmet Medical Need

- Second most frequently diagnosed cancer among men in the U.S. behind skin cancer
- 5-year survival of 30% in the metastatic setting
- >34,000 deaths per year in the US

Prostate Cancer Global Sales Projections
$ billion; Evaluate Pharma



Clinical/Scientific Rationale

- ROR1 is expressed by ~90% of prostate cancers
- ROR1 expression has also been demonstrated on neuro-endocrine prostate cancer cells
- Wnt5a signaling pathway is activated in patients with advanced PC progressing while on AR inhibitor treatment
- Expression of Wnt5a in patients with mCRPC has been associated with poor OS

Clinical Strategy

Ongoing Phase 1b Randomized Study in Metastatic Castration-Resistant Prostate Cancer (UCSD IST)

Patient Population:
- Metastatic CRPC
- Prior abiraterone and/or next generation anti-androgen

Design:
- 3+3 dose escalation design with expansion (n=32)
- Docetaxel + Zilo (every 3 weeks x 6)

Primary End Points:
- RP2D

Secondary End Point:
- Clinical benefit rate

UC San Diego Health System

ClinicalTrials.gov Identifier: NCT05156905

Zilovertamab Opportunities Beyond MCL
Consolidation for CLL Patients on Venetoclax

- Investigator-sponsored, single-center two-stage study to determine the efficacy of zilovertamab in patients with measurable disease on venetoclax for at least 1 year who have detectable disease (MRD > 0.01% in the blood or marrow)
- Following 6 months of zilovertamab + venetoclax, patients are assessed for MRD in the blood/marrow

Screening
- Dx of CLL/SLL
- At least 1 year of venetoclax
- Detectable MRD in blood or marrow (>0.01%)

Zilovertamab 600mg IV day 1, 15, 29, then q28d (7 total infusions)

Venetoclax 400mp PO daily

Primary Endpoint
- uMRD in marrow at end of combination therapy

Primary Feasibility Endpoint:
- Undetectable MRD (uMRD) rate after Zilovertamab + Venetoclax

Secondary and Exploratory Endpoints:
- Safety
- Time to next treatment
- Gene expression changes

Main inclusion criteria:
- CLL or SLL
- Detectable CLL (> 0.01% CLL cells in the blood or marrow)
- Must have received at least 12 months of venetoclax(1)

Statistical Considerations
- Success rate of 25% uMRD considered compelling
- Success rate of < 5% would be considered not compelling
- n =16, 80% power to reject H_0, $\alpha < 5\%$

ClinicalTrials.gov Identifier: NCT04501939

(1) may be receiving venetoclax at the time of screening and study entry
uMRD = Undetectable Minimal Residual Disease

Table of Contents

Oncternal's Two-Stage ROR1 Cell Therapy Development Strategy

1 **ONCT-808 autologous ROR1 CAR-T cell therapy**

- Quick path to demonstration of safety and efficacy
- Reduced technology risk: autologous CAR-T cells
- Reduced indication risk: B-cell malignancies, including failures to prior CD19 CAR-T cell therapy
- US IND on track for submission in mid-2022

2 **Next-generation allogeneic cell therapies targeting ROR1**

- Incorporate technologies to overcome immunosuppression & CAR-T resistance
- Partnerships with Celularity and Karolinska Institutet
- Allogeneic CAR-T and CAR-NK cell therapies
- Hematologic and solid tumor indications

Cell Therapy Scientific Advisory Board

Supporting ONCT-808 development and next-gen ROR1 Cell Therapies

ONCTERNAL therapeutics™

Michael Wang, MD

Endowed Professor in the Department of Lymphoma & Myeloma at MD Anderson Cancer Center

- Director of the Mantle Cell Lymphoma Program of Excellence and Co-Director of the B-Cell Lymphoma Moon Shot Program at MD Anderson Cancer Center
- Lead PI in Tecartus® registrational study
- Over 200 peer-reviewed publications

Angela Shen, MD, MBA

Clinical and Translational Market Sector Leader Mass General Brigham

- Deep clinical, regulatory, and strategic expertise in autologous and allogeneic cell therapies
- Experienced CMO in the cell therapy biotech space
- Led clinical team responsible for designing and launching Kymriah® registrational study

Marcela Maus, MD, PhD

Associate Professor, Medicine, Harvard Medical School
Director of Cellular Immunotherapy, Cancer Center, Massachusetts General Hospital

- Translational physician-scientist in cancer immunology
- Lab focuses on the design, generation, and use of innovative forms of immune cell engineering
- Trained in the laboratories of Katherine High, Michel Sadelain, and Carl June

Sadik Kassim, PhD

CTO (Genomic Medicines) · Danaher Corporation

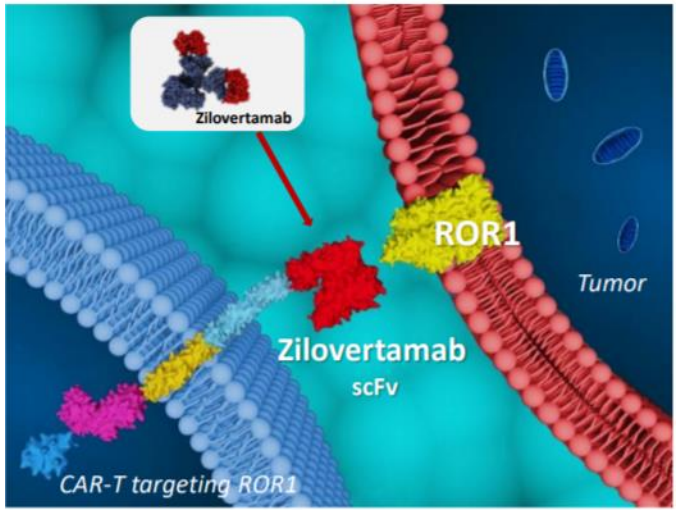
- Chief Technology Officer at Vor Biopharma
- Chief Scientific Officer at Mustang Bio
- Led the BLA and MAA CMC efforts for Kite's Tecartus®
- Former Head of Early Analytical Development for Novartis' Cell and Gene Therapies Unit

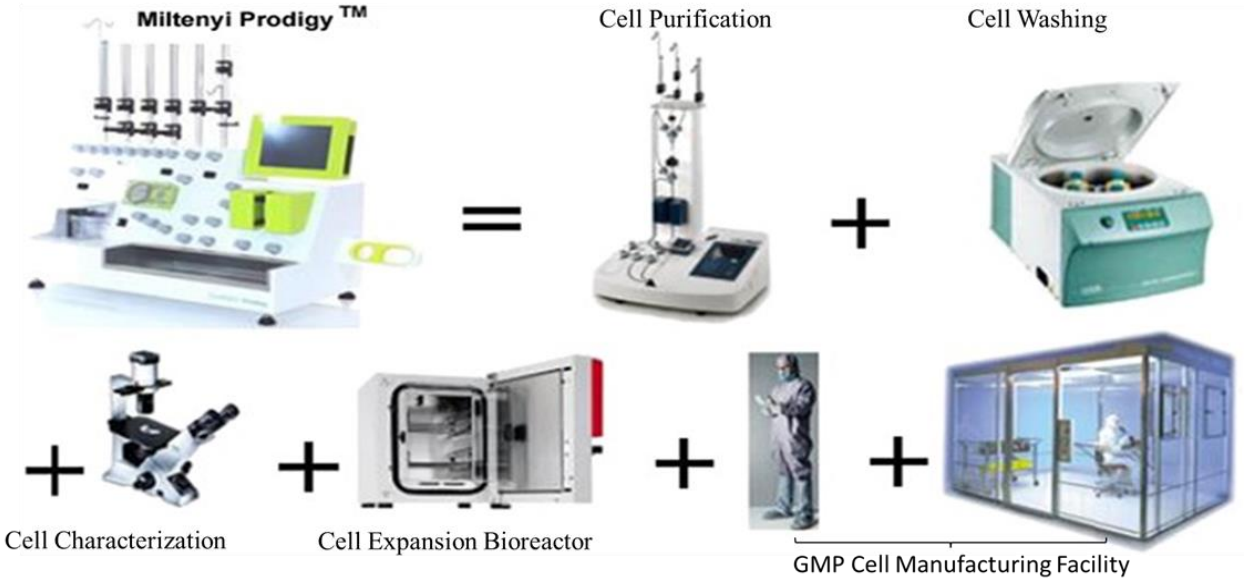
ONCT-808 CMC and Manufacturing Progress

1. **Lead ROR1 CAR construct optimized and selected with demonstrated high potency against ROR1+ cancer cell lines**

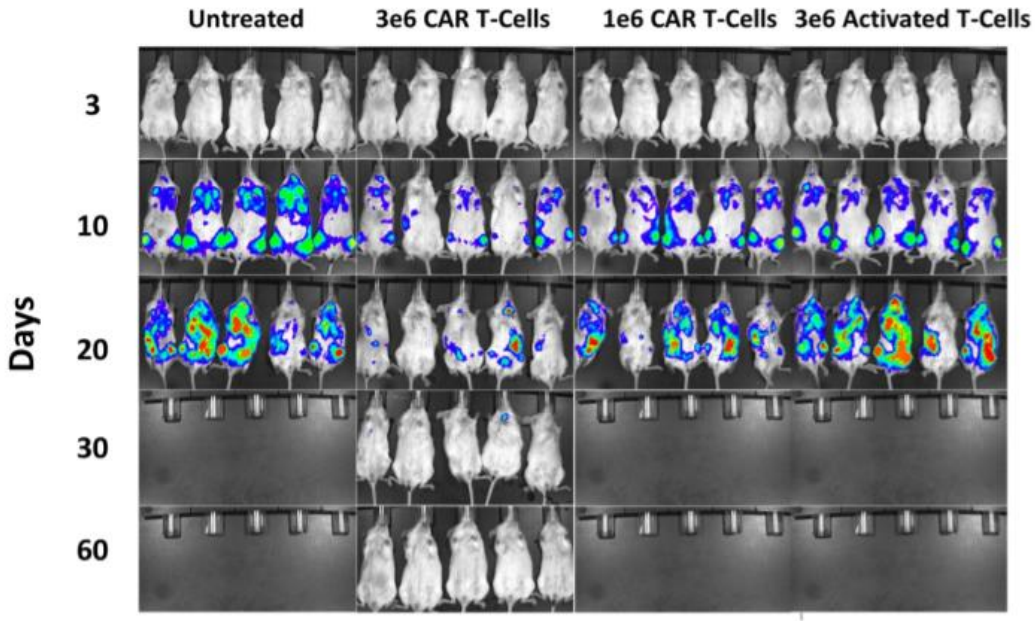
2. **Lentivirus production process confirmed with robust titers of greater than 1 E9 IFU/mL achieved**

3. **Oncternal ROR1 CAR-T cell product process optimized and confirmed**
   - Leveraging a flexible, closed fully-automated platform
   - One week production process post-activation
   - Greater than 2 billion CAR+ T cells produced with over 60% CAR+ expression
   - Majority of CAR T cells with juvenile phenotypes (CD4 and CD8 stem central memory T cells)



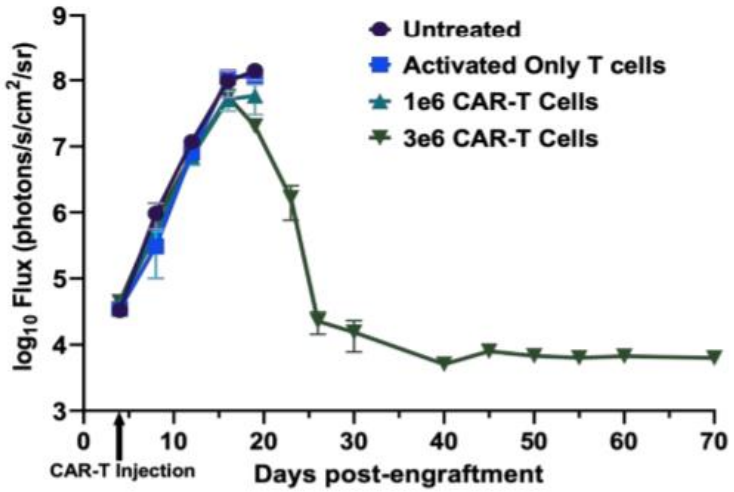


ONCT-808 Preclinical Update – Strong Anti-tumor Activity



Bioluminescence imaging of mice inoculated with MEC1-ROR1 cells and with ROR1 CAR T-cells. Animals treated with CAR-T cells had reduced disease burden compared to controls.

Prussak 2020 ASCO SITC



Bioluminescence imaging of MEC1-ROR1 cells following treatment with ROR1 CAR-T cells. Mice treated with 3e6 CAR-T reduced the leukemic burden to background levels by day 30 and controlled disease for remainder of study. Animals in the control groups (untreated, ATC or lower 1e6 dose) had to be sacrificed on day 20.

- **Strong anti-tumor activity of ROR1 CAR-T cells demonstrated in CLL xenograft mouse model**
- **Additional IND-supporting in vivo studies are ongoing**

Oncternal Next-generation ROR1 Cell Therapy Effort Overview

Vision

- Off-the-shelf ROR1-targeting immune cell therapy for both liquid and solid malignancies

Mission

- Utilization of our potentially best-in-class ROR1 targeting moiety with:
  - Specific immune cell subsets or entire immune cell populations
  - Adult donor cells or stem cells
  - Fortified against tumor microenvironment
  - Dual targeting approaches to eliminate specific tumor cell populations

Current partnerships supporting next-generation ROR1 cell therapy efforts

- Karolinska Institutet R&D collaboration for CAR-T cell and CAR-NK cell therapies
- Celularity research collaboration with on allogeneic cell therapies

Collaboration with Celularity will Explore Synergies between ROR1 Targeting and Novel Placental-Derived Allogeneic Cell Therapy Platform

ONCTERNAL therapeutics™

ONCTERNAL therapeutics™

First-in-class, clinically proven, ROR1-targeting monoclonal antibody and CAR construct

+

celularity®

Off-the-shelf placental-derived allogeneic CAR-NK and CAR-T cell therapy platform

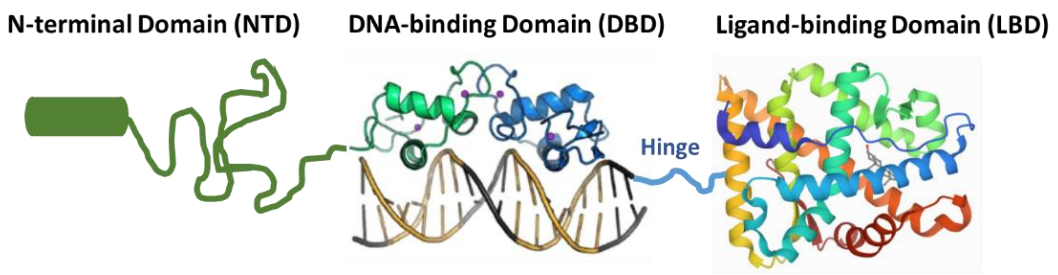
- Research collaboration to develop and evaluate stem cell-derived cellular therapies targeting ROR1
- Will explore use of Oncternal's ROR1-targeting mAb and chimeric antigen receptor (CAR) constructs in combination with Celularity's natural killer (NK) and T cell therapies
- Will leverage advantages of placental-derived cellular therapies and specificity of ROR1 targeting to address significant unmet need in a wide range of cancers

Table of Contents

ONCT-534: Dual-Action Androgen Receptor Inhibitor (DAARI)

Differentiated Mechanism of Action

- ONCT-534 binds to both N-terminal Domain (NTD) and Ligand-Binding Domain (LBD) of the androgen receptor (AR) and induces AR degradation
- NTD binding potentially relevant to activity against splice-variants
- Current standard of care treatment options, such as enzalutamide or apalutamide, bind to LBD only



Potential to address unmet needs in prostate cancer

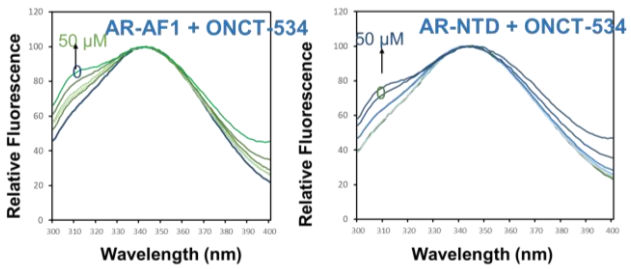
- Potential next-generation treatment option for patients with advanced prostate cancer
  - Focus on addressing emerging unmet medical need related to resistant androgen receptor splice variant (AR-SV)-expressing tumors(1)
- Strong preclinical efficacy in vitro and in vivo
  - Activity against enzalutamide-sensitive and enzalutamide-resistant models, including AR-SV-expressing tumors
- Potential in other AR-driven disease, including luminal AR-triple negative breast cancer (LAR-TNBC) and non-oncology indications

(1) Antonarakis NEJM 2014

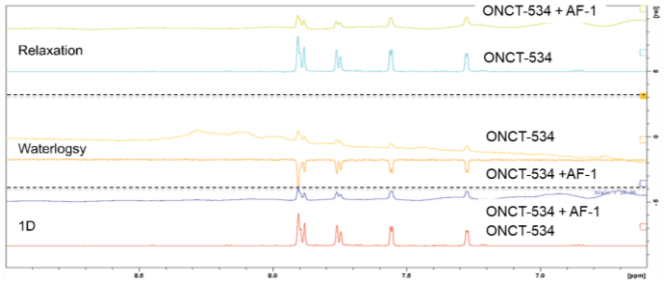
ONCT-534 In-Vivo Data Show Potential as Treatment Option for Splice Variant-Expressing Prostate Cancers

Biophysical studies suggest ONCT-534 interacts with AR N-terminus (AF-1)

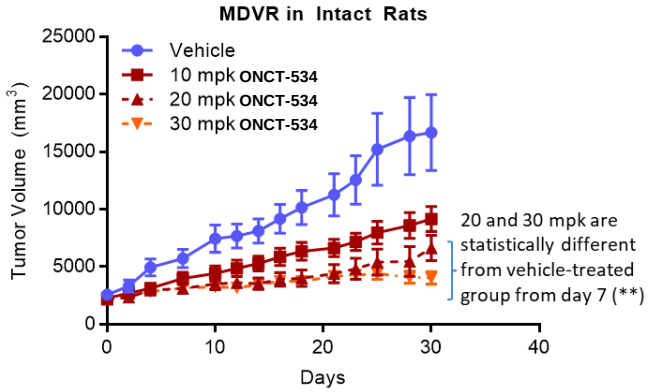
Fluorescence polarization studies with purified AR AF-1

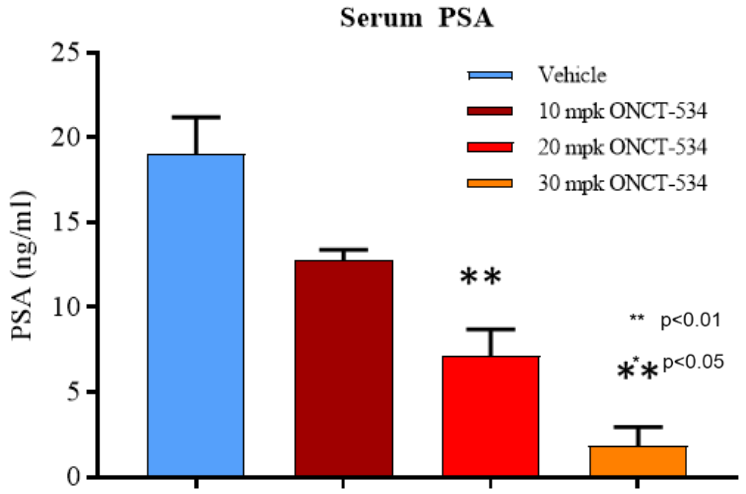


NMR with purified AR AF-1 protein in the presence or absence of ONCT-534



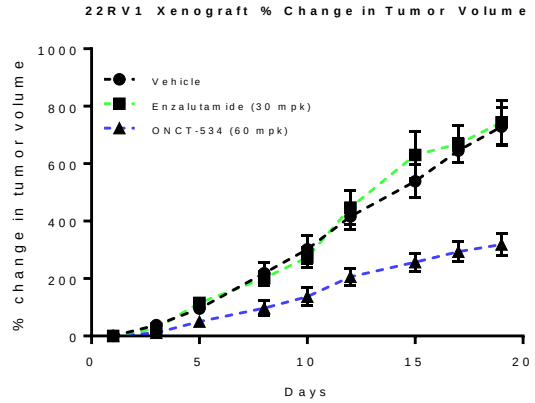
Inhibition of enzalutamide-resistant PCa xenograft in non-castrated animals



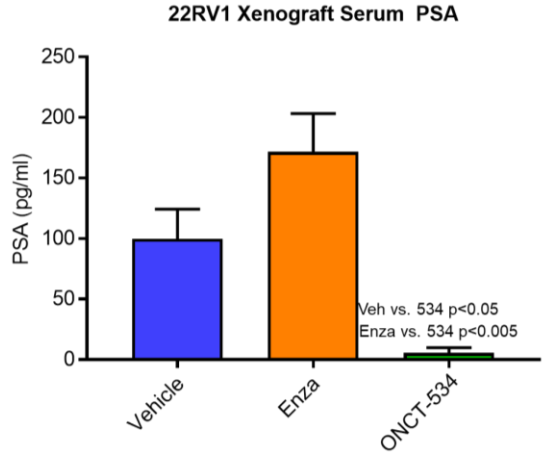


Activity against AR-Splice Variant 7 (AR-V7) xenografts in castrated animals

Inhibition of AR-V7-positive 22RV1 CRPC xenograft



Lowering of serum PSA levels in 22Rv1 tumors



Source: Narayanan, Virtual Poster Presentation at 2021 AACR-NCI-EORTC Virtual International Conference on Molecular Targets

Table of Contents

Financial Information: ONCT (Nasdaq)

Cash & Cash Investments @ March 31, 2022 (Estimated) Cash Runway well into 3Q 2023	$82.2M
Debt	$0M
Capitalization:	
Common Shares Outstanding	49.4M
Options / Warrants in the Money @ December 31, 2021(1)	0.4M
Fully Diluted in the Money	49.8M
Non-Dilutive Support	
• CIRM Grant for CIRLL Study thru March 2022	~$14.4M
• Ibrutinib CTM for CIRLL Study	Supply Agreement

(1) Excludes out-of-the-money stock options and warrants totaling ~10.3M

Anticipated Pipeline Milestones

Zilovertamab

- MCL global registrational Phase 3 Study ZILO-301 initiation **3Q 2022**
- MCL & CLL clinical data update for ongoing Phase 2 **2Q 2022**
- Prostate cancer (mCRPC) IST Phase 1b enrollment **mid-2022**

ONCT-808 ROR1 CAR-T cell therapy

- B-Cell malignancies IND submission **mid-2022**

ONCT-534

- Prostate cancer GLP toxicology studies and GMP manufacturing initiation **2Q 2022**

Corporate Highlights

ZILOVERTAMAB: POTENTIALLY FIRST-IN-CLASS MONOCLONAL ANTIBODY TARGETING ROR1

- Safety and efficacy results for zilovertamab + ibrutinib in patients with MCL/CLL compare favorably to historical single-agent ibrutinib
- Agreement with U.S. FDA on Phase 3 global registrational study design for the treatment of patients with R/R MCL

ONCT-808: AUTOLOGOUS CAR-T CELL THERAPY TARGETING ROR1

- IND-enabling activities supported by Lentigen (lentivirus manufacturing) and Miltenyi Biotec (process development)
- Research collaborations for next-gen allogeneic CAR-T and CAR-NK cell therapies with Karolinska Institutet & Celularity

ONCT-534: DUAL-ACTION ANDROGEN RECEPTOR INHIBITOR (DAARI)

- Activity against prostate cancer preclinical models with androgen receptor mutations including overexpression and splice variants such as AR-V7

MULTIPLE DATA CATALYSTS

- Expected initiation of zilovertamab + ibrutinib global registrational Phase 3 Study ZILO-301 in 3Q 2022
- Clinical data updates in MCL and CLL
- ONCT-808 ROR1 CAR-T cell therapy IND submission planned in mid-2022