UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): February 25, 2026

Cardiff Oncology, Inc.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-35558**	**27-2004382**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

11055 Flintkote Avenue **San Diego, California**	**92121**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (858) 952-7570

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock	CRDF	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

Cardiff Oncology, Inc. intends to conduct meetings with third parties in which its corporate slide presentation will be presented. A copy of the presentation materials is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information in this report, including the presentation furnished as Exhibit 99.1 hereto, shall not be deemed to be "filed" for purposes of Section 18 of the Securities and Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, and shall not be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing. In addition, the exhibit furnished herewith contain statements intended as "forward-looking statements" that are subject to the cautionary statements about forward-looking statements set forth in such exhibit.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

99.1 Cardiff Oncology, Inc. Corporate Presentation

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CARDIFF ONCOLOGY, INC.

Date: February 25, 2026

By: /s/ Mani Mohindru
Mani Mohindru

Interim Chief Executive Officer

Cardiff Oncology™

Company Overview
The Onvansertib Opportunity

FEBRUARY 2026

Forward-looking statements

Certain statements in this presentation are forward-looking within the meaning of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of words such as "anticipate," "believe," "forecast," "estimated" and "intend" or other similar terms or expressions that concern our expectations, strategy, plans or intentions. These forward-looking statements are based on our current expectations and actual results could differ materially. There are several factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, clinical trials involve a lengthy and expensive process with an uncertain outcome, and results of earlier studies and trials may not be predictive of future trial results; our clinical trials may be suspended or discontinued due to unexpected side effects or other safety risks that could preclude approval of our product candidate; results of preclinical studies or clinical trials for our product candidate could be unfavorable or delayed; our need for additional financing; risks related to business interruptions, including the outbreak of COVID-19 coronavirus and cyber-attacks on our information technology infrastructure, which could seriously harm our financial condition and increase our costs and expenses; uncertainties of government or third party payer reimbursement; dependence on key personnel; limited experience in marketing and sales; substantial competition; uncertainties of patent protection and litigation; dependence upon third parties; and risks related to failure to obtain FDA clearances or approvals and noncompliance with FDA regulations. There are no guarantees that our product candidate will be utilized or prove to be commercially successful. Additionally, there are no guarantees that future clinical trials will be completed or successful or that our product candidate will receive regulatory approval for any indication or prove to be commercially successful. Investors should read the risk factors set forth in our Form 10-K for the year ended December 31, 2025, and other periodic reports filed with the Securities and Exchange Commission. While the list of factors presented here is considered representative, no such list should be considered to be a complete statement of all potential risks and uncertainties. Unlisted factors may present significant additional obstacles to the realization of forward-looking statements. Forward-looking statements included herein are made as of the date hereof, and we do not undertake any obligation to update publicly such statements to reflect subsequent events or circumstances.

Unlocking a high-value oncology market: Highly selective PLK1 inhibitor with blockbuster potential in first-line RAS-mutant mCRC

Onvansertib: Oral, highly selective PLK1 inhibitor

- PLK1: key signaling target that impacts tumor cell division, DNA repair, angiogenesis and survival
- Highly selective oral PLK1inhibitor designed to avoid toxicity

Practice-changing potential in large, underserved populations

- Targeting first-line RAS-mutant mCRC, an area of high unmet need and limited innovation
- Opportunity for market expansion, including in rare RAS-driven cancers such as CMML

Strong efficacy signal in first-line RAS-mutant mCRC

- In ITT analysis, confirmed ORR of 72% in 30 mg onvansertib + FOLFIRI/bev arm, 30% improvement over FOLFIRI SoC
- Median PFS not yet reached in either onvansertib + FOLFIRI/bev arm
- Favorable dose-dependent trends and PFS hazard ratios for both doses of onvansertib + FOLFIRI/bev arms

Path to registration – mCRC

- 30 mg onvansertib + FOLFIRI/bev dose proposed for registrational program
- FDA meeting planned within H1' 26 to review registrational program, potential for for accelerated approval (ORR/DoR)

CMML, chronic myelomonocytic leukemia; DoR, duration of response; mCRC, metastatic colorectal cancer; ORR, overall response rate; PFS, progression free survival; SoC, standard of care

CRC: High unmet need with limited therapies for RAS-mutated mCRC

COLORECTAL CANCER

3rd
most common cancer worldwide

Annually in the United States

150,000
new cases

55,000
deaths

For patients with mCRC

15%
5-year relative OS

Less than **12** months
Median PFS

1st LINE STANDARD of CARE

Remains unchanged for two decades

No approvals for RAS-mutated mCRC

Chemotherapy
(Folfox/Folfiri/Folfoxiri)

\+

Bevacizumab
(Avastin®)

American Cancer Society; Morris et al., J Clin Oncol 2023, Shi et al., J Clin Oncol 2025.
CRC, colorectal cancer; mCRC, metastatic colorectal cancer; OS, overall survival; PFS, progression free survival

Positioned to address the first-line RAS-mutated mCRC market

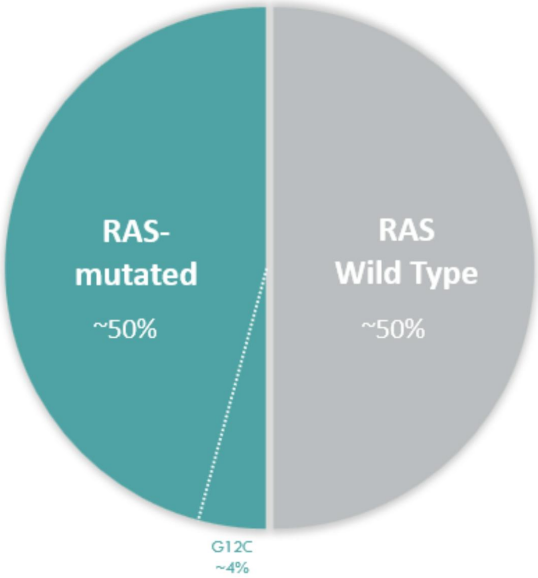
~150,000 newly diagnosed CRC patients in U.S., with 20% present metastatic disease*

Cardiff Oncology™

Blockbuster potential:

50% of first-line mCRC market

Onvansertib targets **ALL RAS-mutated mCRC**



*CDC
CRC, colorectal cancer; mCRC, metastatic colorectal cancer

Competitive landscape: Onvansertib's unique position in first-line RAS-mutated mCRC

Current Standard of Care (FDA approved)

Chemotherapy

(FOLFOX/FOLFIRI/FOLFOXIRI) ± bevacizumab

Ongoing/planned Phase 3 in RAS-mutated MSS/pMMR

RAS-mutated
Onvansertib + FOLFIRI + bev

KRAS G12C
Sotorasib + panitumumab + FOLFIRI
MK-1084 + cetuximab + FOLFOX

MSS/pMMR
PD1/VEGF Bispecifics + chemo combinations

MSS/pMMR
PD1 (eg Tislelizumab) + bev + chemo

Onvansertib is the only program specifically designed for the RAS-mutated population

mCRC, metastatic colorectal cancer; MSS, microsatellite stable; pMMR, proficient mismatch repair

ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

Mechanism Supports First-Line Treatment

Promising Clinical Benefit in Ongoing CRDF-004 Trial

Broader Opportunity for Onvansertib

Initially targeted 2nd line KRAS-mutated mCRC based on two known MOAs

1	Synthetic lethality in RAS-mut background	RAS-mut mCRC tumor cells are hypersensitive to onvansertib
2	Synergy with chemo	Onvansertib inhibits repair of chemo-induced DNA damage

mCRC, metastatic colorectal cancer; MOA, mechanism of action, Ref: Cell 2009;137(5):835-48, Neoplasma: 2012;59(6):676-84.

Ph 1b/2 trial in 2nd line KRAS-mut mCRC combined onvansertib with FOLFIRI+bev

ENROLLMENT CRITERIA

Second-line mCRC

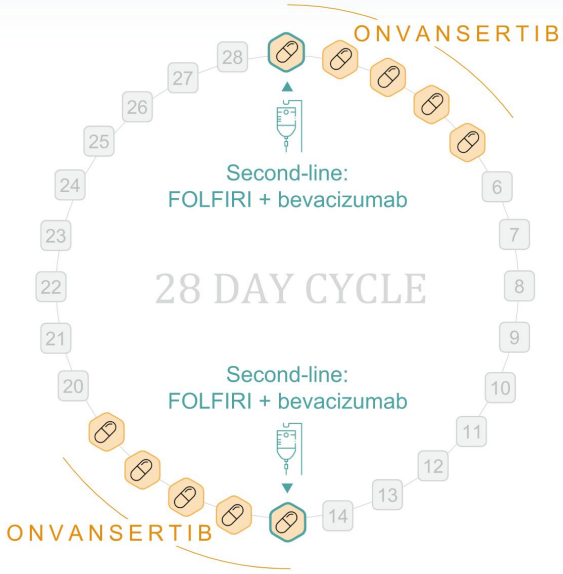
KRAS+

Unresectable

N=68

ENDPOINTS

Primary:	ORR
Secondary:	DoR and PFS



Patient's tumors are scanned every 8 weeks

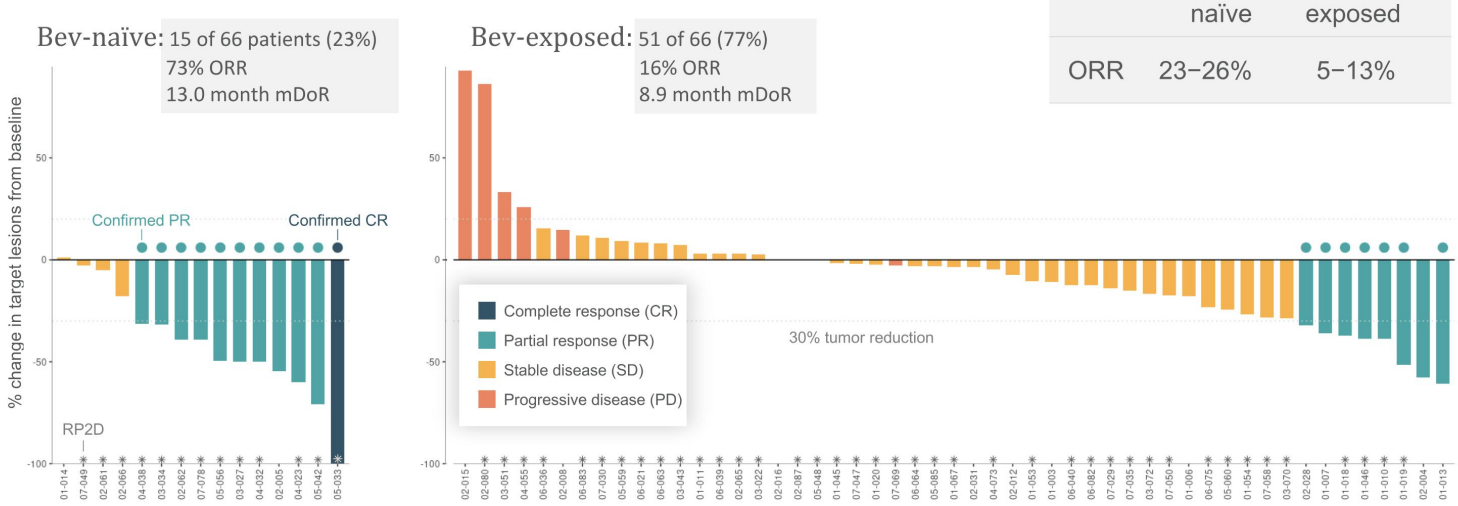
mCRC, metastatic colorectal cancer; ORR, objective response rate; DoR, duration of response; PFS, progression free survival; bev, bevacizumab

Ph 1b/2 trial: Bev-naïve patients treated with onvansertib + FOLFIRI/bev achieved higher response rates

Best Radiographic Response and Duration of Response*

66 evaluable patients (as of June 16, 2023)

	Historical controls**	
	Bev-naïve	Bev-exposed
ORR	23–26%	5–13%



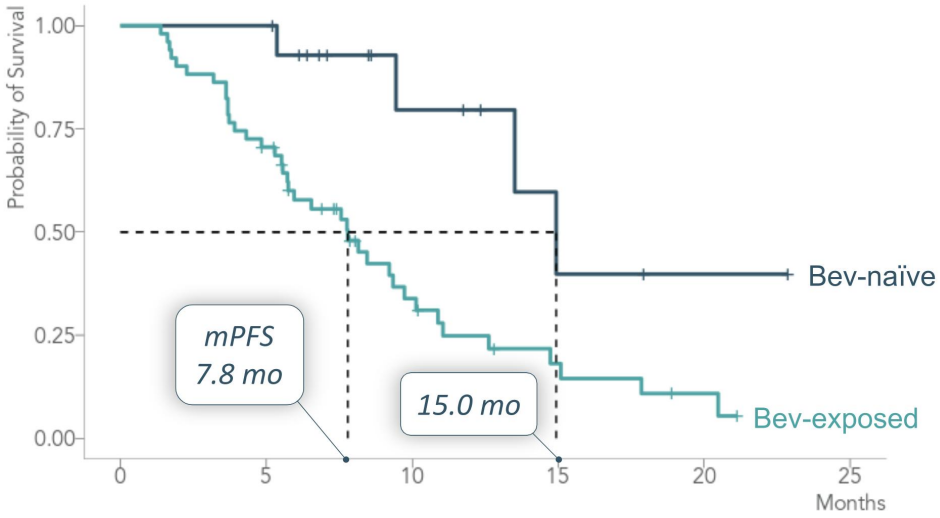
Bev, bevacizumab; ORR, objective response rate; DoR, duration of response; RP2D, recommended phase 2 dose

* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database.

** Bennouna et al., Lancet Oncol 2013; 14: 29–37; Giessen et al., Acta Oncologica, 2015, 54: 187-193; Cremolini et al., Lancet Oncol 2020, 21: 497–507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842–2848; Beretta et al, Med Oncol 2013, 30:486.

Ph 1b/2 trial: Bev-naïve patients treated with onvansertib + FOLFIRI/bev achieved higher mPFS

Progression-free survival*
66 evaluable patients (as of June 16, 2023)



	Historical controls**	
	Bev naïve	Bev exposed
mPFS (mo)	6.9–8.5	4.5–6.7

* Onvansertib mPFS are interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database. PFS, progression free survival; bev, bevacizumab; mo, months

** Bennouna et al., Lancet Oncol 2013; 14: 29–37; Giessen et al., Acta Oncologica, 2015, 54: 187-193; Cremolini et al., Lancet Oncol 2020, 21: 497–507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842–2848; Beretta et al, Med Oncol 2013, 30:486.

Multiple onvansertib MOAs underlie our focus on RAS-mutated CRC

Onvansertib attacks RAS-mutated mCRC in three ways

1	Synthetic lethality in RAS-mut background	RAS-mut CRC tumor cells are hypersensitive to onvansertib
2	Synergy with chemo	Onvansertib inhibits repair of chemo-induced DNA damage
3	Synergy with bevacizumab	Onvansertib inhibits creation of new blood vessels

ONVANSERTIB

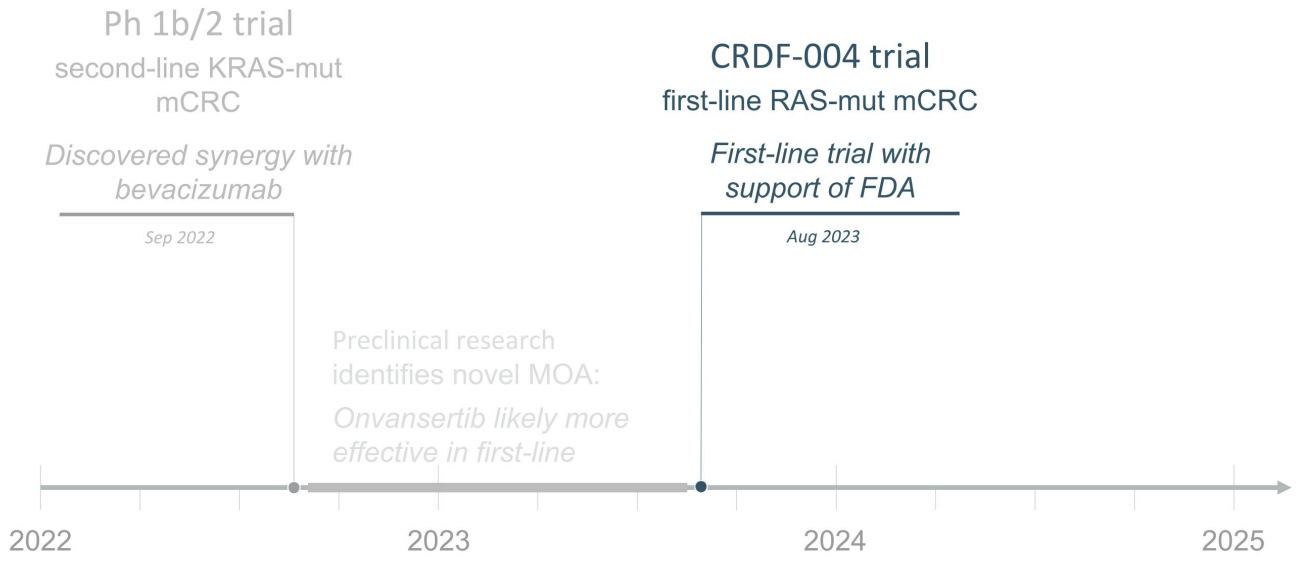
FIRST-LINE RAS-MUTATED mCRC

Mechanism Supports First-Line Treatment

Promising Clinical Benefit in Ongoing CRDF-004 Trial

Broader Opportunity for Onvansertib

Lead program addressing first-line RAS-mut mCRC



mCRC, metastatic colorectal cancer; mut, mutated; MOA, mechanism of action

Modest benefit in first-line mCRC setting presents significant commercial opportunity for onvansertib

Data from positive first-line mCRC chemo/bev Phase 3 clinical trials by RAS-mut status*

Targeted agent	Trial	Mechanism of action	Trial population		Sample size	ORR Exp. vs Ctrl.	PFS (months) Exp. vs Ctrl.	Hazard ratio
Bevacizumab	IFL/bev vs IFL	Antiangiogenic	KRAS WT or mutant	All ITT patients	813	45% vs 35%	10.6 vs 6.2	0.54 p<0.0001
				Mutant only[1]	**78**	**43% vs 41%**	**9.3 vs 5.5**	**0.41**
FOLFOXIRI/bev (TRIBE trial)	FOLFOXIRI/bev vs FOLFIRI/bev	Chemo	RAS WT or mutant	All ITT patients	508	65% vs 54%	12.3 vs 9.7	0.77 p=0.006
				Mutant only[1]	**236**	**66% vs 55%**	**12.0 vs 9.5**	**0.78**

* Source: Bevacizumab: USPI from accessdata.fda.gov, Hurwitz H, et al. The Oncologist 2009. FOLFOXIRI: Cremolini C, et al. Lancet Oncol 2015. 1. RAS mutation was evaluated retrospectively and tumor samples for RAS analysis were not available for all patients. mCRC, metastatic colorectal cancer; SoC, standard of care; ORR, objective response rate; ITT, intent-to-treat; Exp, experimental arm; Ctrl, control arm; PFS, progression free survival; WT, wild type; bev, bevacizumab; p, p-value

CRDF-004: Dose-finding Phase 2 trial in first-line RAS-mutated mCRC

ENROLLMENT CRITERIA

First-line mCRC

KRAS+/NRAS+

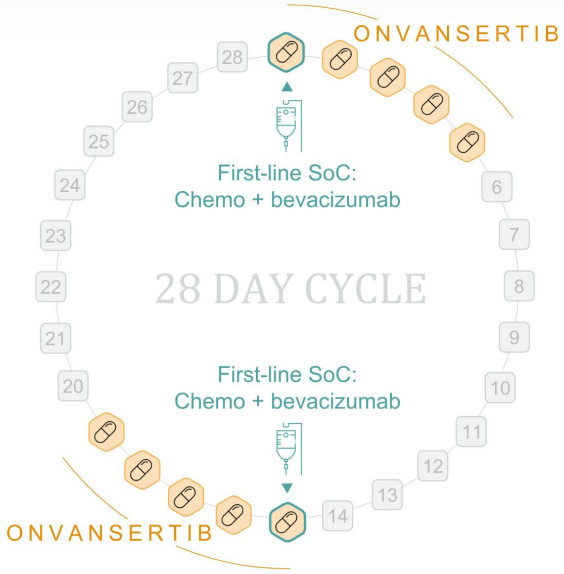
Unresectable

No prior bev

R
ITT=110

6 RANDOMIZATION ARMS

SoC alone	1. FOLFIRI/bev 2. FOLFOX/bev
Onv 20mg +	3. FOLFIRI/bev 4. FOLFOX/bev
Onv 30mg +	5. FOLFIRI/bev 6. FOLFOX/bev



Patient's tumors are scanned every 8 weeks

ENDPOINTS*

Primary: ORR

Secondary: DoR and PFS

* Assessed by blinded independent central review (BICR)

bev, bevacizumab; DoR, duration of response; mCRC, metastatic colorectal cancer; onv, onvansertib; ORR, objective response rate;; PFS, progression free survival; SoC, standard of care

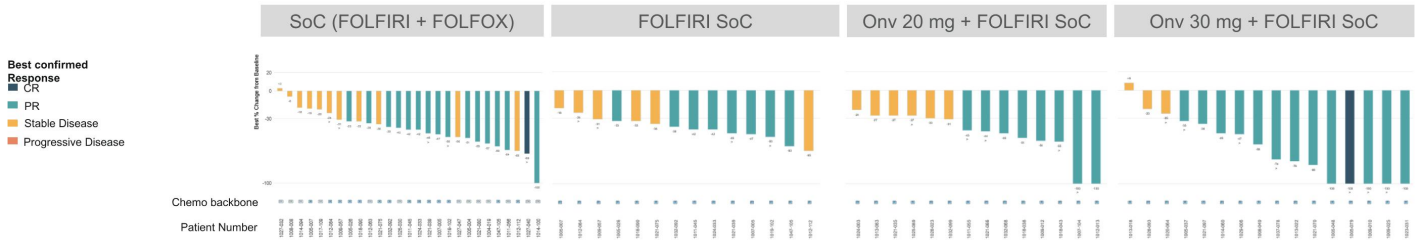
CRDF-004 demographics and baseline characteristics

Safety Population (Dosed)	FOLFIRI/bev (n=17)	FOLFIRI/bev/onv 20 (n=17)	FOLFIRI/bev/onv 30 (n=18)	FOLFOX/bev (n=17)	FOLFOX/bev/onv 20 (n=17)	FOLFOX/bev/onv 30 (n=18)	Total (n=104)
Age (years)							
Median	53 (32, 81)	52 (30, 78)	60 (34, 81)	57 (34, 82)	66 (34, 79)	59.5 (39, 86)	57 (30, 86)
Gender, n (%)							
Male	10 (58.8)	10 (58.8)	10 (55.6)	11 (64.7)	7 (41.2)	11 (61.1)	59 (56.7)
Female	7 (41.2)	7 (41.2)	8 (44.4)	6 (35.3)	10 (58.8)	7 (38.9)	45 (43.3)
Race, n (%)							
White	13 (76.5)	15 (88.2)	15 (83.3)	12 (70.6)	13 (76.5)	13 (72.2)	81 (77.9)
Black or African American	2 (11.8)	0	1 (5.6)	1 (5.9)	0	2 (11.1)	6 (5.8)
Asian	1 (5.9)	0	1 (5.6)	1 (5.9)	2 (11.8)	1 (5.6)	6 (5.8)
Native Hawaiian or Other Pacific Islander	0	1 (5.9)	0	1 (5.9)	0	0	2 (1.9)
Not reported	0	1 (5.9)	0	2 (11.8)	1 (5.9)	1 (5.6)	5 (4.8)
Unknown	1 (5.9)	0	1 (5.6)	0	1 (5.9)	1 (5.6)	4 (3.8)
ECOG, n (%)							
0	6 (35.3)	14 (82.4)	11 (61.1)	7 (41.2)	10 (58.8)	11 (61.1)	59 (56.7)
1	11 (64.7)	3 (17.6)	7 (38.9)	10 (58.8)	7 (41.2)	7 (38.9)	45 (43.3)
Stage at Initial Diagnosis, n (%)							
STAGE I	0	1 (5.9)	0	0	1 (5.9)	1 (5.6)	3 (2.9)
STAGE II	3 (17.6)	2 (11.8)	2 (11.1)	2 (11.8)	3 (17.6)	1 (5.6)	13 (12.5)
STAGE III	4 (23.5)	4 (23.5)	2 (11.1)	6 (35.3)	2 (11.8)	3 (16.7)	21 (20.2)
STAGE IV	9 (52.9)	10 (58.8)	14 (77.8)	9 (52.9)	11 (64.7)	13 (72.2)	66 (63.5)
Missing	1 (5.9)	0	0	0	0	0	1 (1.0)
Side of Tumor, n (%)							
Bilateral	6 (35.3)	2 (11.8)	6 (33.3)	4 (23.5)	2 (11.8)	7 (38.9)	27 (26.0)
Left	6 (35.3)	7 (41.2)	6 (33.3)	5 (29.4)	8 (47.1)	4 (22.2)	36 (34.6)
Right	5 (29.4)	8 (47.1)	6 (33.3)	8 (47.1)	7 (41.2)	7 (38.9)	41 (39.4)
Liver metastasis at study entry, n (%)							
No	7 (41.2)	8 (47.1)	5 (27.8)	9 (52.9)	5 (29.4)	4 (22.2)	38 (36.5)
Yes	10 (58.8)	9 (52.9)	13 (72.2)	8 (47.1)	12 (70.6)	14 (77.8)	66 (63.5)
Liver only disease, n (%)							
No	15 (88.2)	15 (88.2)	11 (61.1)	14 (82.4)	16 (94.1)	15 (83.3)	86 (82.7)
Yes	2 (11.8)	2 (11.8)	7 (38.9)	3 (17.6)	1 (5.9)	3 (16.7)	18 (17.3)
Number of organs involved at baseline, n (%)							
<3 organs	13 (76.5)	9 (52.9)	10 (55.6)	12 (70.6)	11 (64.7)	8 (44.4)	63 (60.6)
>=3 organs	4 (23.5)	7 (41.2)	8 (44.4)	5 (29.4)	6 (35.3)	10 (55.6)	40 (38.5)
Missing	0	1 (5.9)	0	0	0	0	1 (1.0)
Prior adjuvant or neo-adjuvant chemotherapy, n (%)							
No	13 (76.5)	12 (70.6)	14 (77.8)	12 (70.6)	12 (70.6)	16 (88.9)	79 (76.0)
Yes	4 (23.5)	5 (29.4)	4 (22.2)	5 (29.4)	5 (29.4)	2 (11.1)	25 (24.0)

Bev, bevacizumab; onv, onvansertib; onv 20, onvansertib 20mg; onv 30, onvansertib 30mg

Onvansertib + FOLFIRI/bev drives improvement in both depth of response and ORR in first-line RAS-mut mCRC

	SoC[b] (FOLFIRI/bev and FOLFOX/bev) (n=37)	FOLFIRI/bev (n=19)	Onv 20 mg +FOLFIRI/bev (n=18)	Onv 30 mg +FOLFIRI/bev (n=18)
Objective Response Rate (per BICR)[a] as of January 22, 2026- ITT analysis				
Confirmed ORR (n)	**43.2% (16)**	**42.1% (8)**	**44.4% (8)**	**72.2% (13)** p-value = 0.051[c] (vs SoC)



Bev, bevacizumab; BICR, Blinded Independent Central Review; CI, confidence interval; CP, confirmed response; HR, hazard ratio; NR, not reached; Onv, onvansertib; ORR, objective response rate; PFS, progression-free survival; PR, partial response; SoC, standard of care.
[a]ORR is confirmed responses
[b]SoC is the combination of the FOLFIRI/bev and FOLFOX/bev arms
[c]Fisher's exact test

Onvansertib + FOLFIRI/bev arms have not yet reached median PFS, with clear dose-dependent efficacy trends and compelling hazard ratios

	FOLFIRI/bev (n=19)	Onv 20 mg +FOLFIRI/bev (n=18)	Onv 30 mg +FOLFIRI/bev (n=18)
Progression Free Survival[a]			
Median PFS (months, 95% CI)	10.97 (7.52-NR)	Not Reached (7.49-NR)	Not Reached (9.72-NR)
PFS HR vs FOLFIRI/bev		0.56 (0.18-1.73)[b]	0.38 (0.12-1.17)[b]
PFS HR vs SoC (FOLFIRI/bev & FOLFOX/bev)		0.57 (0.21-1.58)[c]	0.37 (0.13-1.02)[c] p-value = 0.048[d] (vs SoC)
PFS Rate at 6 months (95% CI)	79.5 (61.1-100)	88.1 (73.9-100)	94.1 (83.6-100)

Data cut: January 22, 2026
Bev=bevacizumab; BICR=Blinded Independent Central Review; CI=confidence interval; HR=hazard ratio; NR=not reached; Onv=onvansertib; ORR=objective response rate; PFS=progression-free survival; SoC=standard of care.
[a]Progressive disease events were based on combined BICR and Investigator assessments due to very small number of events in BICR assessment. The earliest reported date was used for a conservative estimate.
[b]PFS HR is the comparison of the onvansertib arm to FOLFIRI/bev
[c]PFS HR is the comparison of the onvansertib arm to SoC
[d]Log-rank test

A few patients in onvansertib + FOLFIRI/bev arms achieved deep responses, CR, and surgery referrals*

47-year-old female

Metastatic disease on enrollment. Right sided colon cancer.

Target lesions in peritoneum (SLD 27mm) with non-target lesions throughout peritoneum.

Achieved CR and went to curative surgery after 6 cycles of treatment.

30mg onv + FOLFIRI/bev

62-year-old male

Metastatic disease. Right sided colon cancer.

Target lesions in liver (SLD 32mm), non-target lesions in liver and adrenal gland.

Achieved CR after 6 cycles. Referred for curative surgery.

30mg onv + FOLFIRI/bev

* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database. SLD, sum of the longest diameters; onv, onvansertib; bev, bevacizumab; CR, complete response; PR, partial response

CRDF-004 treatment emergent adverse events (TEAE) data as of July 8, 2025*

Safety Population (Dosed)	FOLFIRI/bev (n=17)		FOLFIRI/bev/onv 20mg (n=17)		FOLFIRI/bev/onv 30mg (n=18)		FOLFOX/bev (n=17)		FOLFOX/bev/onv 20mg (n=17)		FOLFOX/bev/onv 30mg (n=18)	
N (% of total)	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3	All Grades	Gr >=3
Any Adverse Events	17 (100.0)	12 (70.6)	17 (100.0)	14 (82.4)	18 (100.0)	15 (83.3)	16 (94.1)	9 (52.9)	17 (100.0)	10 (58.8)	18 (100.0)	13 (72.2)
Fatigue	7 (41.2)	0	12 (70.6)	0	11 (61.1)	0	9 (52.9)	2 (11.8)	12 (70.6)	1 (5.9)	10 (55.6)	0
Nausea	6 (35.3)	1 (5.9)	13 (76.5)	0	9 (50.0)	0	11 (64.7)	0	12 (70.6)	0	8 (44.4)	0
Diarrhea	10 (58.8)	1 (5.9)	12 (70.6)	1 (5.9)	9 (50.0)	0	7 (41.2)	0	7 (41.2)	1 (5.9)	7 (38.9)	0
Neutrophil count decreased	8 (47.1)	4 (23.5)	4 (23.5)	1 (5.9)	6 (33.3)	3 (16.7)	5 (29.4)	5 (29.4)	6 (35.3)	3 (17.6)	7 (38.9)	4 (22.2)
Neutropenia	2 (11.8)	1 (5.9)	1 (5.9)	0	4 (22.2)	4 (22.2)	3 (17.6)	1 (5.9)	2 (11.8)	2 (11.8)	0	0
Hypertension	4 (23.5)	1 (5.9)	8 (47.1)	3 (17.6)	6 (33.3)	1 (5.6)	3 (17.6)	0	4 (23.5)	1 (5.9)	6 (33.3)	2 (11.1)
Vomiting	5 (29.4)	1 (5.9)	7 (41.2)	0	6 (33.3)	0	3 (17.6)	0	6 (35.3)	0	2 (11.1)	0
Constipation	3 (17.6)	1 (5.9)	5 (29.4)	0	5 (27.8)	0	2 (11.8)	0	8 (47.1)	0	5 (27.8)	0
Epistaxis	4 (23.5)	0	8 (47.1)	0	6 (33.3)	0	3 (17.6)	0	3 (17.6)	0	3 (16.7)	0
Peripheral sensory neuropathy	4 (23.5)	0	2 (11.8)	0	1 (5.6)	0	4 (23.5)	0	8 (47.1)	2 (11.8)	8 (44.4)	1 (5.6)
Abdominal pain	3 (17.6)	2 (11.8)	4 (23.5)	1 (5.9)	6 (33.3)	1 (5.6)	2 (11.8)	0	6 (35.3)	0	5 (27.8)	0
Anaemia	4 (23.5)	1 (5.9)	6 (35.3)	0	4 (22.2)	1 (5.6)	3 (17.6)	0	2 (11.8)	0	7 (38.9)	3 (16.7)
Decreased appetite	6 (35.3)	0	5 (29.4)	0	4 (22.2)	0	3 (17.6)	0	6 (35.3)	0	2 (11.1)	0
Platelet count decreased	2 (11.8)	1 (5.9)	1 (5.9)	0	2 (11.1)	0	7 (41.2)	1 (5.9)	7 (41.2)	0	7 (38.9)	1 (5.6)
Alopecia	5 (29.4)	0	4 (23.5)	0	6 (33.3)	0	2 (11.8)	0	4 (23.5)	0	2 (11.1)	0
Headache	4 (23.5)	0	6 (35.3)	0	2 (11.1)	0	4 (23.5)	0	4 (23.5)	0	1 (5.6)	0
White blood cell count decreased	4 (23.5)	0	4 (23.5)	0	5 (27.8)	0	6 (35.3)	0	0	0	2 (11.1)	1 (5.6)
Dizziness	3 (17.6)	0	3 (17.6)	0	2 (11.1)	0	3 (17.6)	0	4 (23.5)	0	5 (27.8)	0
Dysgeusia	2 (11.8)	0	1 (5.9)	0	3 (16.7)	0	4 (23.5)	0	5 (29.4)	0	5 (27.8)	0
Weight decreased	6 (35.3)	1 (5.9)	2 (11.8)	0	5 (27.8)	0	2 (11.8)	0	2 (11.8)	0	3 (16.7)	0
Hypokalaemia	3 (17.6)	0	3 (17.6)	2 (11.8)	4 (22.2)	2 (11.1)	2 (11.8)	1 (5.9)	3 (17.6)	0	4 (22.2)	1 (5.6)
Stomatitis	3 (17.6)	0	6 (35.3)	0	1 (5.6)	0	5 (29.4)	0	2 (11.8)	0	1 (5.6)	0
Insomnia	0 (0.0)	0	4 (23.5)	0	3 (16.7)	0	1 (5.9)	0	5 (29.4)	0	4 (22.2)	0
Paraesthesia	1 (5.9)	0	2 (11.8)	0	0	0	2 (11.8)	0	5 (29.4)	0	6 (33.3)	0
Lymphocyte count decreased	3 (17.6)	0	2 (11.8)	0	4 (22.2)	0	2 (11.8)	0	1 (5.9)	0	3 (16.7)	2 (11.1)
Cough	4 (23.5)	0	4 (23.5)	0	2 (11.1)	0	1 (5.9)	0	0	0	3 (16.7)	0
Pyrexia	2 (11.8)	0	3 (17.6)	1 (5.9)	3 (16.7)	1 (5.6)	2 (11.8)	0	3 (17.6)	0	1 (5.6)	0
Blood alkaline phosphatase increased	3 (17.6)	0	1 (5.9)	0	1 (5.6)	0	4 (23.5)	0	0	0	3 (16.7)	0
Dyspepsia	1 (5.9)	0	4 (23.5)	0	2 (11.1)	0	1 (5.9)	0	1 (5.9)	0	3 (16.7)	0
Proteinuria	2 (11.8)	0	3 (17.6)	0	2 (11.1)	0	0	0	3 (17.6)	0	2 (11.1)	0

*Data consists of all adverse events entered into the electronic data capture (EDC) system as of July 8, 2025, from an ongoing trial and unlocked EDC database. N: number of patients; events shown occurred in ≥10% of total patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. Columns show the absolute # of patients and (%) of the population. Bev, bevacizumab; onv, onvansertib

CRDF-004 trial (ongoing): key takeaways

Data summary: onvansertib + FOLFIRI/bev

- **Confirmed ORR of 72% in 30 mg arm**, 30% improvement over FOLFIRI SoC
- Median **PFS not yet reached** in either the 20 mg or 30 mg arm onv + FOLFIRI/bev
- Favorable **dose-dependent** trends in PFS **hazard ratios** for both 20 mg and 30 mg onv doses + FOLFIRI/bev over FOLFOX/bev & FOLFIRI/bev SoC
  - HR vs FOLFIRI/bev: 0.56 (20 mg) and 0.38 (30 mg)
  - HR vs SoC (FOLFIRI/bev and FOLFOX/bev): 0.57 (20 mg) and 0.48 (30 mg, $p<0.05$)
- **No significant added toxicity**
- CRDF-004 data support **selection of 30 mg onvansertib** dose for combination with FOLFIRI/bev backbone for registrational program
- Onv + FOLFOX/bev arms did not demonstrate benefit in RAS-mutated mCRC

Bev, bevacizumab; DoR, duration of response; HR, hazard ration; mCRC, metastatic colorectal cancer; onv, onvansertib; ORR, objective response rate; PFS, progression-free survival; SoC, standard of care

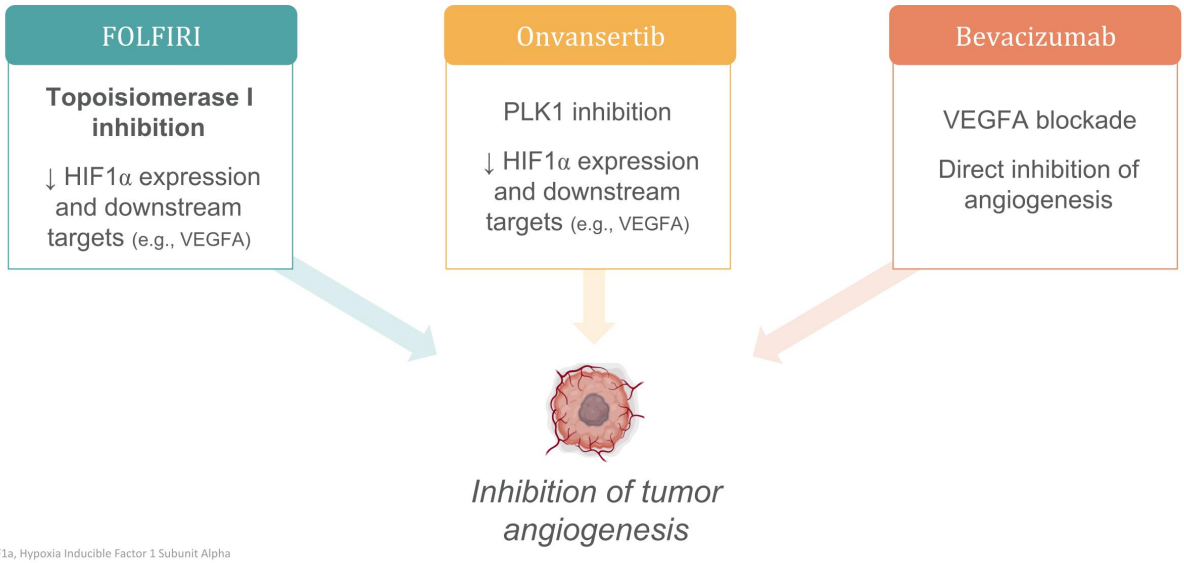
Onvansertib study compares favorably to previous mCRC studies

Data from positive first-line mCRC chemo/bev clinical trials by RAS-mut status*

Targeted agent	Trial	Mechanism of action	Trial population		Sample size	ORR Exp. vs Ctrl.	PFS (months) Exp. vs Ctrl.	Hazard ratio
Onvansertib (CRDF-004)	Onv + FOLFIRI/bev vs SoC (FOLFIRI/bev and FOLFOX/bev)	Synergy w/ antiangiogenic & chemo	RAS mutant	**Mutant only**	110	**72.2% vs 43.2%**	**Not Reached vs 10.97**	0.38 p=0.048
Bevacizumab	IFL/bev vs IFL	Antiangiogenic	KRAS WT or mutant	All ITT patients	813	45% vs 35%	10.6 vs 6.2	0.54 p<0.0001
				Mutant only[1]	**78**	**43% vs 41%**	**9.3 vs 5.5**	**0.41**
FOLFOXIRI/bev (TRIBE trial)	FOLFOXIRI/bev vs FOLFIRI/bev	Chemo	RAS WT or mutant	All ITT patients	508	65% vs 54%	12.3 vs 9.7	0.77 p=0.006
				Mutant only[1]	**236**	**66% vs 55%**	**12.0 vs 9.5**	**0.78**

* Source: Bevacizumab: USPI from accessdata.fda.gov, Hurwitz H, et al. The Oncologist 2009. FOLFOXIRI: Cremolini C, et al. Lancet Oncol 2015. 1. RAS mutation was evaluated retrospectively and tumor samples for RAS analysis were not available for all patients. mCRC, metastatic colorectal cancer; SoC, standard of care; ORR, objective response rate; ITT, intent-to-treat; Exp, experimental arm; Ctrl, control arm; PFS, progression free survival; WT, wild type; bev, bevacizumab; p, p-value

Mechanistic synergy in anti-angiogenic affects between FOLFIRI, onvansertib, and bev supports combination rationale



Bev, bevacizumab; HIF1a, Hypoxia Inducible Factor 1 Subunit Alpha

Multiple onvansertib MOAs underlie our focus on RAS-mutated CRC

Onvansertib attacks RAS-mutated mCRC in three ways

1	Synthetic lethality in RAS-mut background	RAS-mut CRC tumor cells are hypersensitive to onvansertib
2	Synergy with FOLFIRI chemo	Onvansertib inhibits repair of chemo-induced DNA damage
3	Synergy with bevacizumab	Onvansertib inhibits creation of new blood vessels

CRDF-004 data positions onvansertib for registrational trial

First-line RAS-mutated mCRC clinical development program

Agreed with FDA June 2023 Type C meeting

CRDF-004

PHASE 2 DOSE-CONFIRMATION TRIAL

Data support selection of **30 mg onvansertib dose in combination with FOLFIRI/bev** for registrational program in first-line RAS-mutated mCRC

1H 2026:

- Expect to provide detailed CRDF-004 data and registrational plans
- EoPh2 Meeting with FDA

CRDF-005

PHASE 3 REGISTRATIONAL TRIAL

Preliminary Dose/ Design*:
30 mg onvansertib with FOLFIRI/bev regimen vs. SOC (FOLFOX/bev and FOLFIRI/bev)

Next Steps:

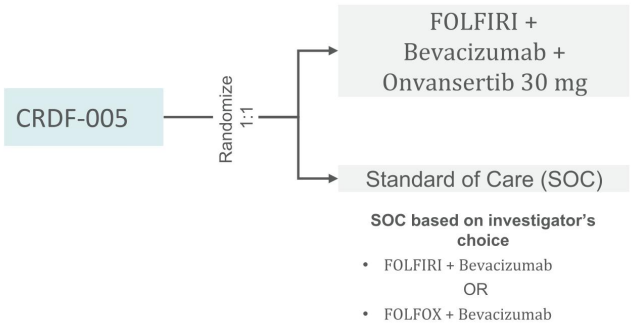
- Plans to initiate registrational program in 2026, pending finalization of trial design by FDA
- Expects to compare onvansertib + FOLFIRI/bev to both SoC regimens, FOLFIRI/bev or FOLFOX/bev

mCRC, metastatic colorectal cancer; ORR, objective response rate; DoR, duration of response; PFS, progression free survival; OS, overall survival
*Pending FDA feedback

Phase 3 CRDF-005:
preliminary trial design in first-line RAS-mutated mCRC

ENROLLMENT CRITERIA

- First-line mCRC
- KRAS+/NRAS+
- Unresectable
- No prior bev



Key Assumptions (to be finalized after FDA discussions)

- 2 arm study (combine onvansertib and FOLFIRI/bev as Arm 1, SOC as Arm 2)
- 30 mg onvansertib dose
- Physician's choice chemotherapy for SOC arm

ENDPOINTS**

Dual Primary Endpoints: ORR and PFS

Secondary: DoR and OS

*Assessed by blinded independent central review (BICR)

mCRC, metastatic colorectal cancer; ORR, objective response rate; DoR, duration of response; PFS, progression free survival; SoC, standard of care; onv, onvansertib; bev, bevacizumab

Pfizer is providing clinical execution for CRDF-004

Cardiff Oncology retains full economic ownership and control of onvansertib

PFIZER
BREAKTHROUGH
GROWTH INITIATIVE

$15M investment; Pfizer representative serves on Scientific Advisory Board

PFIZER
Ignite

Serves as CRO partner for the clinical execution of CRDF-004 trial

ONVANSERTIB

FIRST-LINE RAS-MUTATED mCRC

Mechanism Supports First-Line Treatment

Promising Clinical Benefit in Ongoing CRDF-004 Trial

Broader Opportunity for Onvansertib

Our pipeline opens many attractive opportunities for onvansertib

	Line of Therapy	Trial	IIT*	Ph1	Ph2	Ph3	Combination with:
mCRC (RAS-mut)	1st line	CRDF-004 (w/Pfizer)			randomized		FOLFIRI/bev and FOLFOX/bev
	2nd line	Ph 1b/2			completed		FOLFIRI/bev
CMML	2nd line	Ph 1	Mayo Clinic Rochester, Minnesota		expansion ongoing		None (monotherapy)
mPDAC	1st line	Ph 2	KU Medical Center The University of Kansas				NALIRIFOX
	2nd line	Ph 2			completed		Nal-IRI/leucovorin/5-FU
SCLC	2nd line	Ph 2	University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center				None (monotherapy)
TNBC	2nd line	Ph 2	Dana-Farber Cancer Institute				Paclitaxel

* For investigator-initiated trials (IITs) only, the investigator's institution is provided. mCRC, metastatic colorectal cancer; CMML, CMML, chronic myelomonocytic leukemia; mPDAC, metastatic pancreatic ductal adenocarcinoma; SCLC, small-cell lung cancer; TNBC, triple-negative breast cancer; bev, bevacizumab.

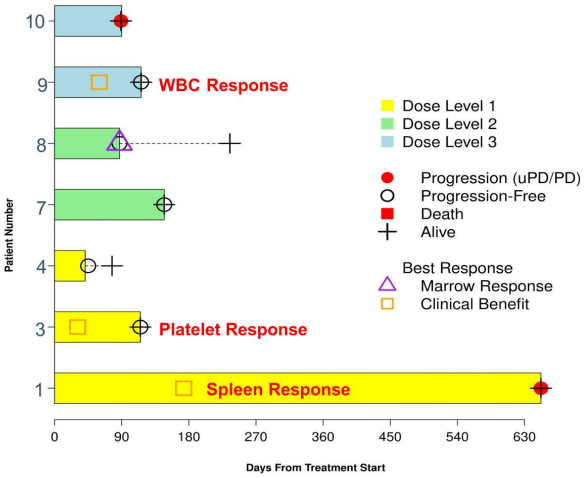
Investigator-initiated Phase 1 trial in CMML: onvansertib shows encouraging early activity as monotherapy in orphan disease

Chronic Myelomonocytic Leukemia (CMML)

- Aggressive hematologic malignancy (median age ~76; median survival <3 years)
- Overlapping features of MDS and MPN; marked by monocytosis, cytopenias, and bone marrow dysplasia
- Poor clinical outcomes; high risk of bone marrow failure and progression to AML
- Hypomethylating agents (HMAs): only approved therapy but no sig effect on natural history of disease

Phase 1 trial assessing safety & efficacy of onvansertib in relapsed/refractory CMML (n=10)

- Onvansertib was generally well tolerated and showed preliminary efficacy in ~40% of patients, including:
  - 100% platelet response
  - Normalization of white blood cell count
  - Spleen response
  - Optimal bone marrow response: blast reduction from 8% to 2%, enabling allogeneic stem cell transplant
  - 3 patients with stable disease
- Dose expansion is currently open and recruiting



Swimmers' plot showing for those who received at least 1 cycle (n=8) with 3 (38%) patients meeting criteria for either hematological or optimal marrow response. One patient (not pictured here) was also progression free but did not complete the assessable DLT period.

CMML, chronic myelomonocytic leukemia; DLT, dose limiting toxicity; MDS, myelodysplastic syndromes; MPN, myeloproliferative neoplasms

Upcoming Milestones

Clinical & Regulatory Inflection Points

1H 2026

- Report detailed CRDF-004 Phase 2 data in first-line RAS-mutated mCRC
- Announce registrational strategy and Phase 3 trial design following consultation with FDA

2H 2026

- Initiate registrational program / Phase 3 trial in first-line RAS-mutated mCRC

Ongoing

- Continue expansion across additional PLK1-driven cancers through ongoing investigator-sponsored studies (e.g., CMML, mPDAC, SCLC, TNBC)

Financials*	$58.3 million in cash, cash equivalents, and short-term investments, sufficient to fund operations into the first quarter of 2027

*As of December 31, 2025

mCRC, metastatic colorectal cancer; CMML, chronic myelomonocytic leukemia; mPDAC, metastatic pancreatic ductal adenocarcinoma; SCLC, small-cell lung cancer; TNBC, triple-negative breast cancer

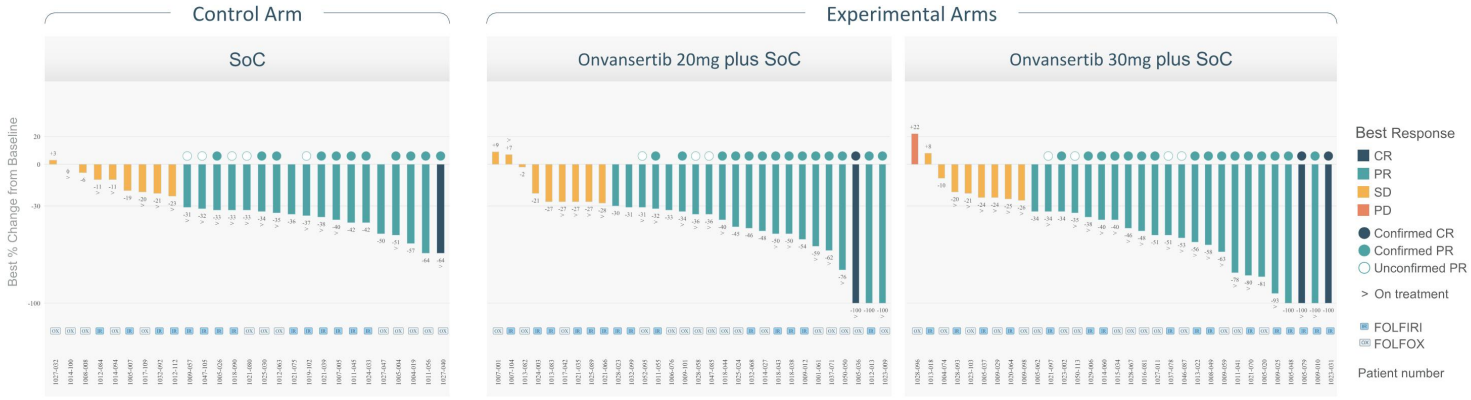
Appendix

Additional CRDF-004 data

Deeper tumor regression observed with onvansertib+SoC- July 8, 2025

Best Radiographic Response BY ONVANSERTIB DOSE*

Intent-to-treat (ITT)	Control (SoC alone)	Onv 20mg + SoC	Onv 30mg + SoC
Confirmed ORR[1]	30%	42%	49%
ORR[2]	43%	50%	59%

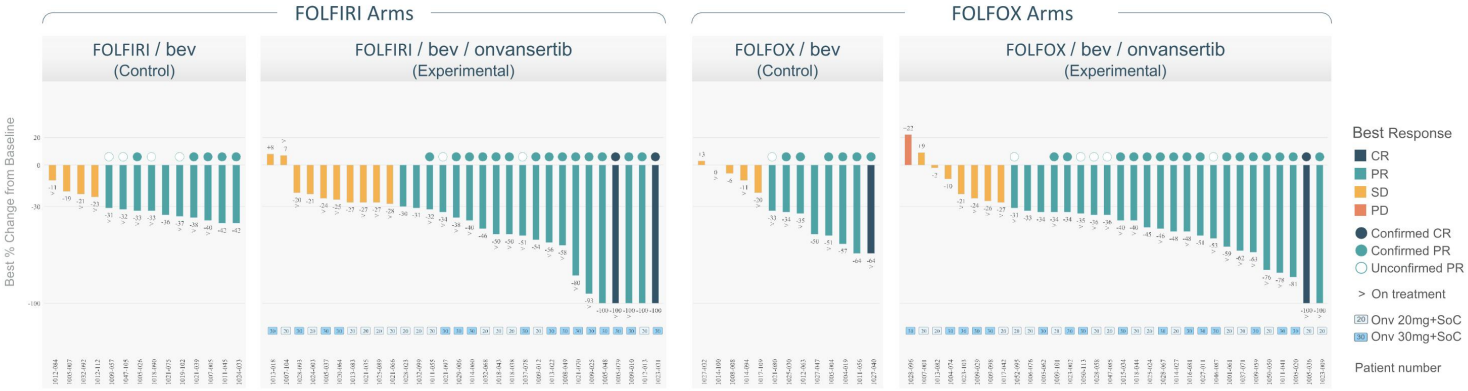


* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database. A PR with no circle above is an unconfirmed PR with treatment discontinued (will never confirm) and is not considered a responder for ORR calculation. Patients 1003-065 (unconfirmed PR) and 1011-106 (Non-CR/Non-PD) do not appear on the waterfall plot as they had no target lesions. 1. Confirmed ORR includes positively confirmed CRs and PRs per RECIST 1.1. 2. ORR includes positively confirmed CRs and PRs and unconfirmed PRs who were still on treatment and may yet be confirmed. SoC, standard of care; ORR, objective response rate; onv, onvansertib; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease

Deeper tumor regression observed when adding onvansertib to either chemo backbone vs SoC alone- July 8, 2025

Best Radiographic Response BY CHEMO BACKBONE*

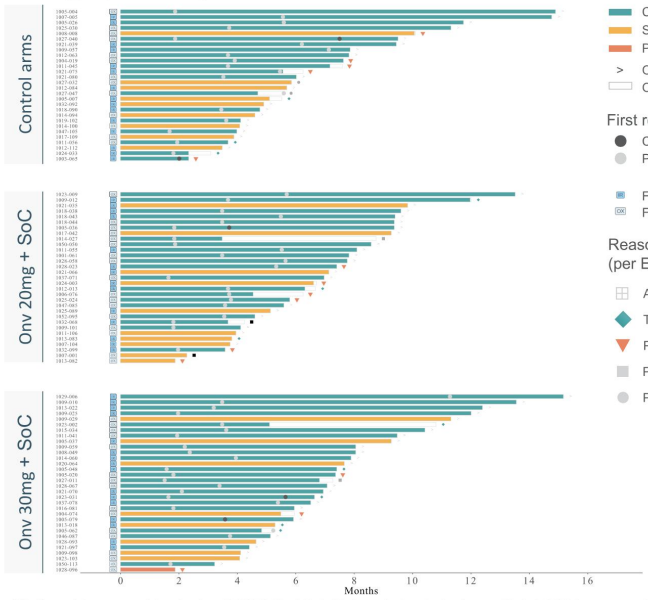
Intent-to-treat (ITT)	FOLFIRI		FOLFOX	
	Control	SoC + Onv	Control	SoC + Onv
Confirmed ORR[1]	26%	44%	33%	46%
ORR[2]	47%	50%	39%	59%



* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database for all patients with measurable disease. A PR with no circle above is an unconfirmed PR with treatment discontinued (will never confirm) and is not considered a responder for ORR calculation. Patients 1003-065 (unconfirmed PR) and 1011-106 (Non-CR/Non-PD) do not appear on the waterfall plot as they had no target lesions. 1. Confirmed ORR includes positively confirmed CRs and PRs per RECIST 1.1. 2. ORR includes positively confirmed CRs and PRs and unconfirmed PRs who were still on treatment and may yet be confirmed. SoC, standard of care; ORR, objective response rate; onv, onvansertib; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease

Higher number of 30mg onvansertib patients remain on trial vs. control- July 2025

Radiographic Response over Time*



Time on Trial by Best Response
- CR/PR
- SD
- PD
- On treatment
- On follow up

First response scan
- CR
- PR

- FOLFOX
- FOLFIRI

Reason for discontinuation (per EDC)
- Adverse event
- To pursue surgery
- Progressive disease
- Physician decision
- Patient decision

Safety Population (Dosed)	Control (SoC alone)	Onv 20mg + SoC	Onv 30mg + SoC
Patients on treatment	18 (53%)	19 (56%)	23 (64%)
Patients discontinued treatment:	16 (47%)	15 (44%)	13 (36%)
To pursue surgery	3	3	5
Progressive disease	5	6	3
Adverse events/toxicity[1]	1	3	2

Median follow up time for all patients is ~6 months

* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database for all patients with at least one post-baseline scan. 1. One control, one 20mg and two 30mg patients discontinued due to adverse events / toxicity prior to their first post-baseline scan and are not included in the swimmer plot. SoC, standard of care; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; onv, onvansertib; EDC, electronic data capture system

Greater number of onvansertib 30mg dose patients achieved Early Tumor Shrinkage – July 8, 2025

Early Tumor Shrinkage (ETS)

≥20% reduction in tumor size at 2-month scan.

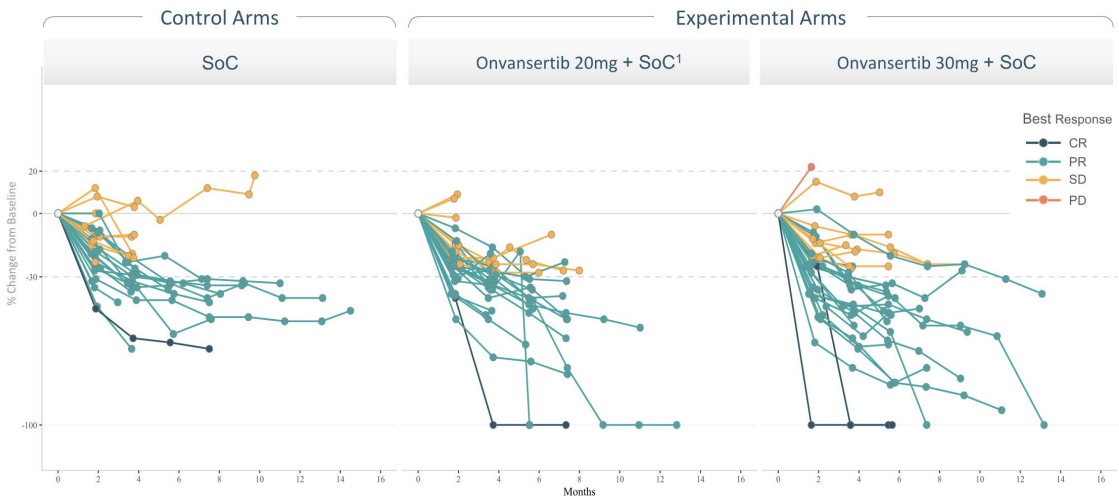
Final data: All patients on trial have had a 2-month scan.

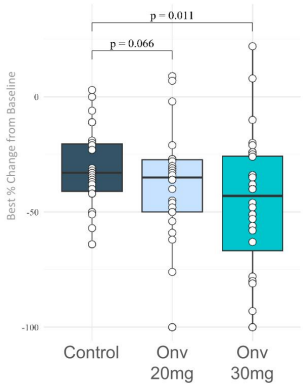
	Previous Ph3 1st Line mCRC Trials[1]				
% of patients with ETS	TRIBE RAS WT/mut.	CRYSTAL RAS WT	OPUS RAS WT	CRDF-004 RAS mut.	
Control Arm	52%	49%	46%	41% (11/27)	
Experimental Arm	63%	62%	69%	Onv 20mg 63% (19/30)	Onv 30mg 69% (22/32)
ETS Delta *p-value*	11% *0.025*	13% *0.02*	23% *0.006*	22% *0.114*	28% *0.038*
Hazard Ratio	0.79	0.68	0.57		
Improvement in PFS	2.0 mo	4.4 mo	3.7 mo		

1. First-line mCRC trials in which ETS and/or DpR were evaluated as predictors of PFS and OS comparing a control arm of chemo alone vs. an experimental arm of chemo + an active agent including bevacizumab (TRIBE) and cetuximab (CRYSTAL and OPUS). Piessevaux, et al, J Clin Oncol 2013; Cremolini, et al, Ann Oncol 2015; Van Cutsem, et. al, N Engl J Med 2009 (HR for CRYSTAL); Bokemeyer et al, Ann Oncol 2011 (HR for OPUS). ETS, early tumor shrinkage; mCRC, metastatic colorectal cancer; WT, wild type; mut., mutated; PFS, progression free survival; bev, bevacizumab; onv, onvansertib.

Tumor regression vs. baseline is deeper over time with onv 30mg dose- July 8, 2025

Radiographic Response over Time*





* Radiographic response determined per RECIST 1.1 by blinded independent central review as of July 8, 2025 from an ongoing trial and unlocked database. 1. Per protocol, patients' tumors are assessed by CT scan every 2 months, and Patient 1012-013 in the 20mg onv arm had an off-protocol MRI (different modality) of their tumors in preparation for their curative surgery (which occurred after their 6-month, -100% scan), which showed a spike (increase) in the size of the patient's tumor. SoC, standard of care; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; onv, onvansertib; p, p-value

Depth of Response is deeper for the onv 30mg dose arm- July, 8 2025

Depth of Response (DpR)

Maximum tumor shrinkage at nadir on trial

Interim data: Patients on trial may achieve deeper tumor regression

	Previous Ph3 1st Line mCRC Trials[1]				
% Tumor Shrinkage	TRIBE RAS WT/mut.	CRYSTAL RAS WT	OPUS RAS WT	CRDF-004 RAS mut.	
Control Arm	38%	33%	31%	32%	
Experimental Arm	43%	51%	58%	Onv 20mg 41%	Onv 30mg 48%
DpR Delta	5%	18%	27%	9% *p-value 0.066*	16% *0.011*
Hazard Ratio	0.79	0.68	0.57		
Improvement in PFS	2.0 mo	4.4 mo	3.7 mo		

1. First-line mCRC trials in which ETS and/or DpR were evaluated as predictors of PFS and OS comparing a control arm of chemo alone vs. an experimental arm of chemo + an active agent including bevacizumab (TRIBE) and cetuximab (CRYSTAL and OPUS). 1. Cremolini, et al, Ann Oncol 2015; Piessevaux, et al, J Clin Oncol 2013; Mansmann, et al, Ann Oncol 2013 ; Van Cutsem, et. al, N Engl J Med 2009 (HR for CRYSTAL); Bokemeyer et al, Ann Oncol 2011 (HR for OPUS). DpR, depth of response; mCRC, metastatic colorectal cancer; WT, wild type; mut., mutated; PFS, progression free survival; onv, onvansertib; mo, month