Q4 2023 Financial Results and ONSEMBLE Trial Data

February 29, 2024

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, 2023, 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.

AGENDA

1. 2023 was a transformational year
2. New data release from 2nd line ONSEMBLE trial
3. Review of financial position

2023 announcements were transformational for Cardiff Oncology

August: mCRC

Novel MOA for onvansertib	Inhibits vascularization of tumors
First-line CRDF-004 trial with Pfizer Ignite	Based on FDA recommendation
Discontinued second-line trial	First-line has larger patient population than second-line

September: beyond mCRC

New data from mPDAC trial	19% (4 PRs of 21) ORR 3 of 4 confirmed (14% ORR)* 7.7% ORR historical controls
New mPDAC clinical program	First-line investigator-initiated trial
New data from SCLC trial	Onvansertib monotherapy 1 cPR, 3 SD and 3 PD of 7 patients

* As of February 29, 2024, three of the four initial partial responses seen on the mPDAC trial confirmed on their subsequent scan, and one initial partial response did not confirm. PR: partial response; cPR: confirmed partial response; ORR: objective response rate; mCRC: metastatic colorectal cancer; mPDAC: metastatic pancreatic ductal adenocarcinoma; SCLC: small cell lung cancer; MOA: mechanism of action

Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

CRDF-004

ENROLLING

RAS-mutated mCRC

90 patients, randomized, 3 arms (2 doses + control),

Pfizer Ignite

SECOND LINE

Ph 1b/2
(TROV-054)

COMPLETED

KRAS-mutated mCRC

66 evaluable patients, single arm

CRDF-003
ONSEMBLE
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC

23 patients*, randomized, blinded, 3 arms (2 doses + control)

* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable for efficacy because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

Provided initial signal of efficacy in second-line RAS-mutated mCRC

CRDF-004

ENROLLING

RAS-mutated mCRC

90 patients, randomized, 3 arms (2 doses + control)

Pfizer Ignite

SECOND LINE

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CRDF-003

ONSEMBLE mCRC Clinical Trial

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Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

Randomized second-line trial designed to show onvansertib's contribution to SoC that was discontinued

CRDF-004

ENROLLING

RAS-mutated mCRC

90 patients, randomized, 3 arms (2 doses + control)

Pfizer Ignite

SECOND LINE

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CRDF-003

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Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

Shift to 1st-line setting based on:

1. Phase 1b/2 clinical data
2. New mechanism of action
3. FDA recommendation

CRDF-004

ENROLLING

RAS-mutated mCRC

90 patients, randomized, 3 arms (2 doses + control)

Pfizer Ignite

SECOND LINE

Ph 1b/2
(TROV-054)

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66 evaluable patients, single arm

CRDF-003
ONSEMBLE
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC

23 patients*, randomized, blinded, 3 arms (2 doses + control)

* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

Today we are announcing new data from the ONSEMBLE trial

FIRST LINE		FUTURE POTENTIAL CRDF-004
SECOND LINE	EXISTING DATA Ph 1b/2 (TROV-054)	NEW DATA CRDF-003 ONSEMBLE mCRC Clinical Trial

ONSEMBLE Phase 2 trial was designed to generate randomized data

NEW DATA
CRDF-003

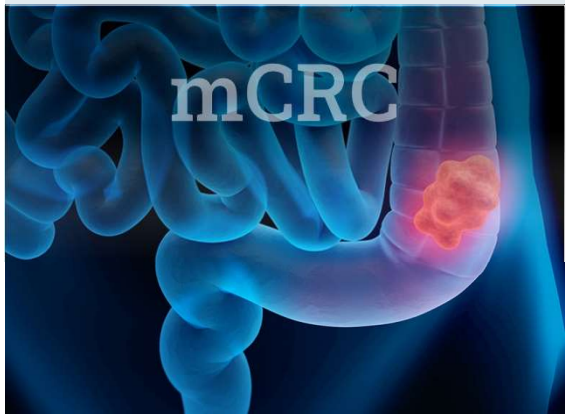
ENROLLMENT CRITERIA

2nd line mCRC

KRAS+/NRAS+

Unresectable

R
N=23
1:1:1



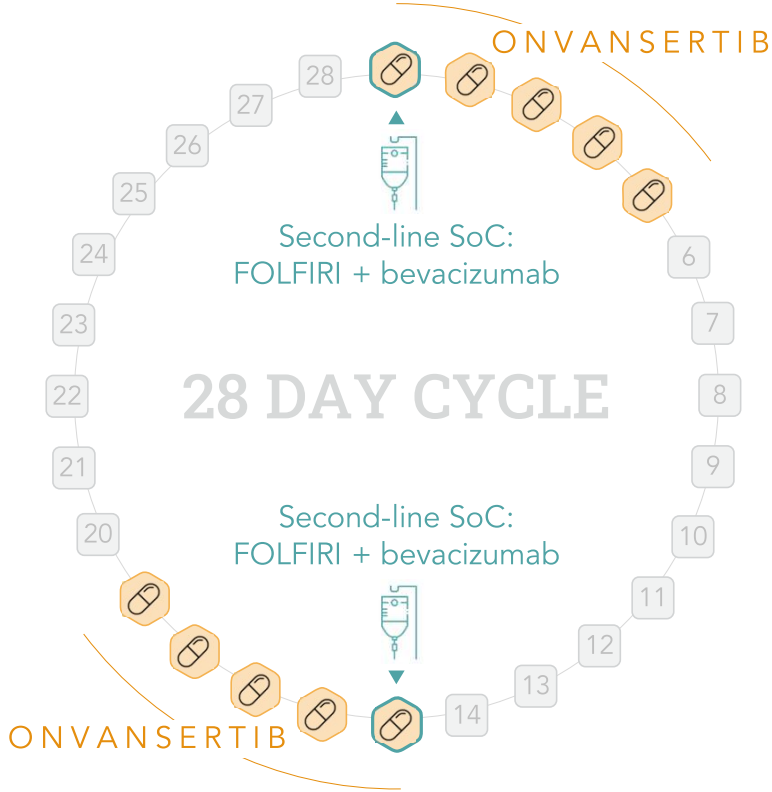
Standard of Care
FOLFIRI/bev

Onvansertib 20mg
+ FOLFIRI+bev

Onvansertib 30mg
+ FOLFIRI+bev

PRIMARY ENDPOINT

Objective Response Rate



ONSEMBLE's patient demographics reflect second-line mCRC population

NEW DATA
CRDF-003

Enrollment*

Number of Patients (N)	FOLFIRI and bev	FOLFIRI-bev and Onvansertib - 20mg	FOLFIRI-bev and Onvansertib - 30mg	Total Patients All Doses
Intent to Treat	8	8	7	23
Treated (included in safety evaluable patients)	7	8	7	22
Evaluable for efficacy	6	8	7	21

Total Patients N=22	Median [range] or n (%)
Age (years)	53 [35-81]
Sex	
Male	12 (54%)
Female	10 (46%)
ECOG[1]	
0	9 (41%)
1	12 (55%)

Total Patients N=22	Median n (%)
Liver metastasis	
None	5 (23%)
Liver and other	13 (59%)
Liver only	4 (18%)
Number of metastatic organs	
1	7 (32%)
≥2	15 (68%)
Prior bevacizumab treatment	
Yes	15 (68%)
No	7 (32%)

* Data are interim as of January 3, 2024 from an ongoing trial and unlocked database. ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

[1] ECOG was not recorded for one patient

2nd line ONSEMBLE patients may or may not have received bev in 1st line

NEW DATA
CRDF-003

Bev exposed vs bev naïve patients

		1st LINE	2nd LINE
"Bev naïve"	patients who did not receive prior bev in first-line	FOLFOX 7 of 21*	FOLFIRI + **bevacizumab** +/- ONVANSERTIB
or			
"Bev exposed"	patients who received bev in first-line	FOLFOX + **bevacizumab** 14 of 21*	

ONSEMBLE mCRC Clinical Trial

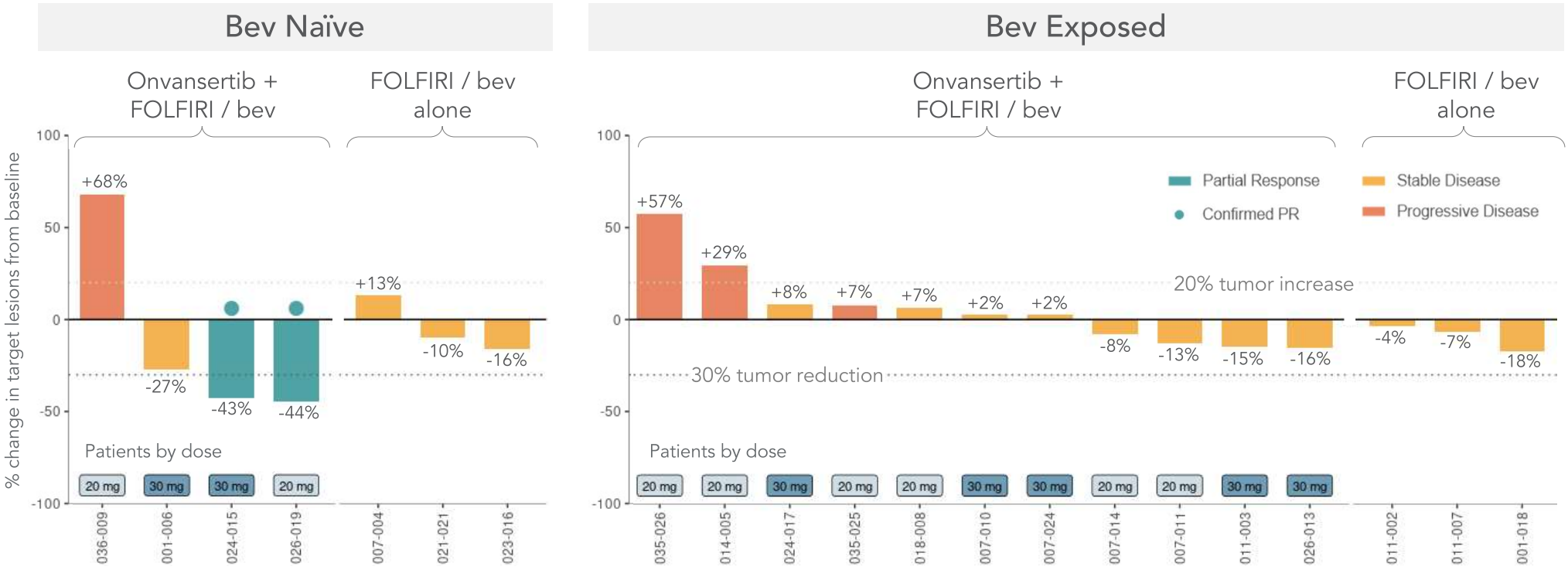
In the ONSEMBLE trial, all patients received FOLFIRI & bev +/- onvansertib

* Number of the 21 ONSEMBLE patients evaluable for efficacy that were bev naïve or bev exposed.

Bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

NEW DATA
CRDF-003

Best Radiographic Response*— ONSEMBLE mCRC Clinical Trial patients (as of February 26, 2024)



* Radiographic response determined per RECIST 1.1. Waterfall plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database.

Bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

NEW DATA
CRDF-003

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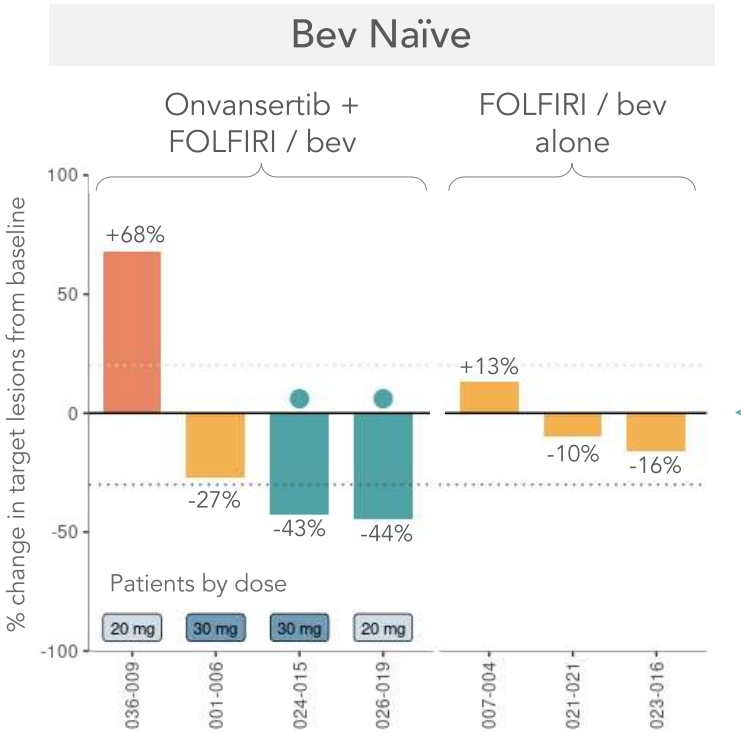


Objective responses were observed ONLY in bev naïve patients that were treated with onvansertib + SoC

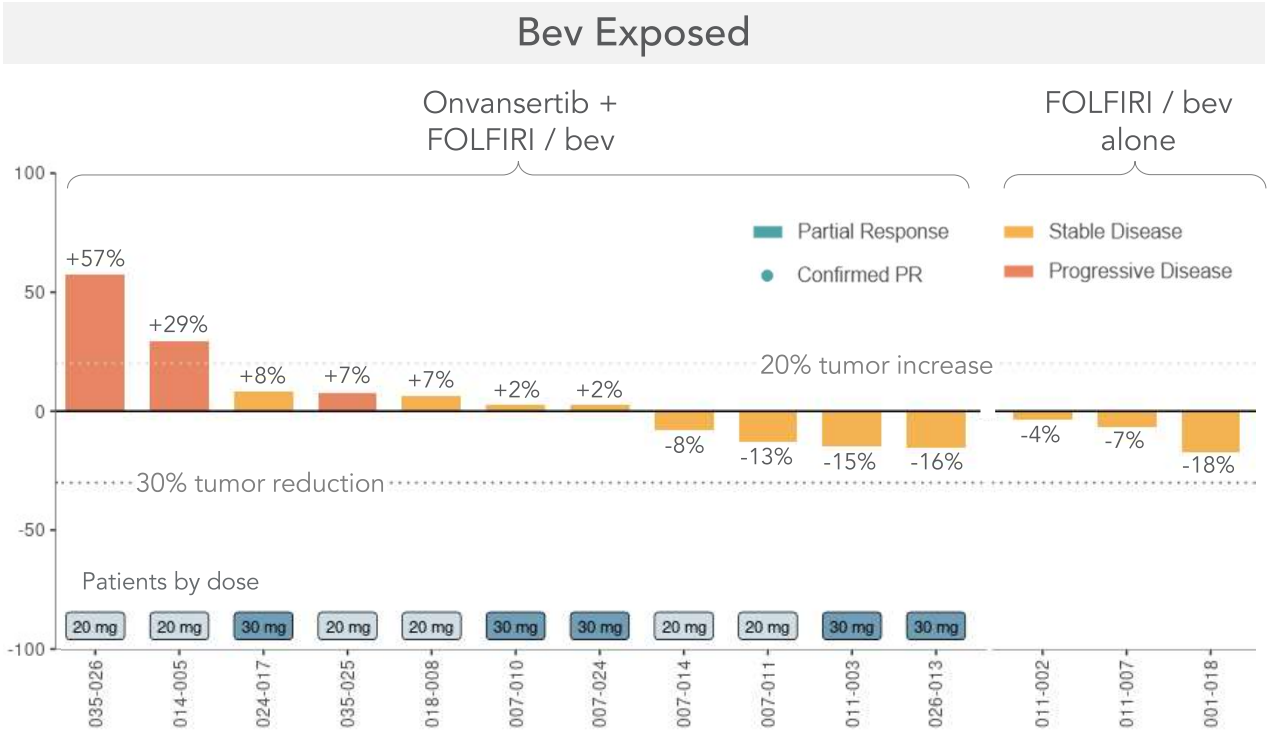
* Radiographic response determined per RECIST 1.1. Waterfall plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database.

Bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

NEW DATA
CRDF-003

Best Radiographic Response*— ONSEMBLE mCRC Clinical Trial patients (as of February 26, 2024)

No objective responses observed in bev exposed arms



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CRDF-003

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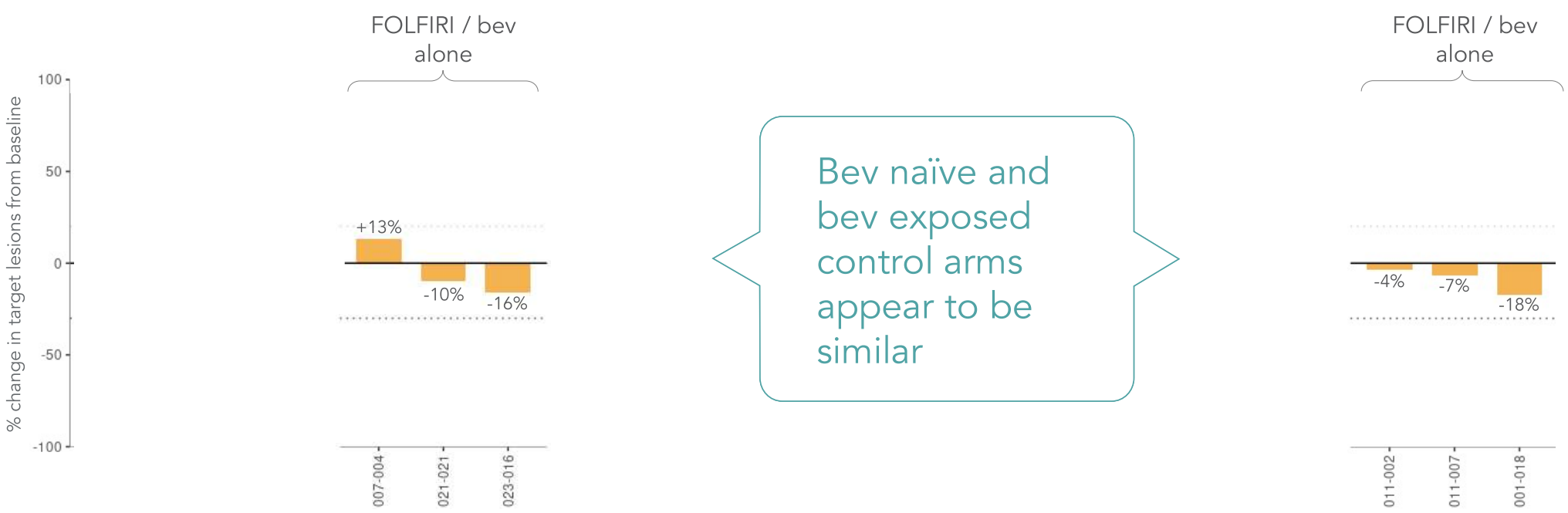

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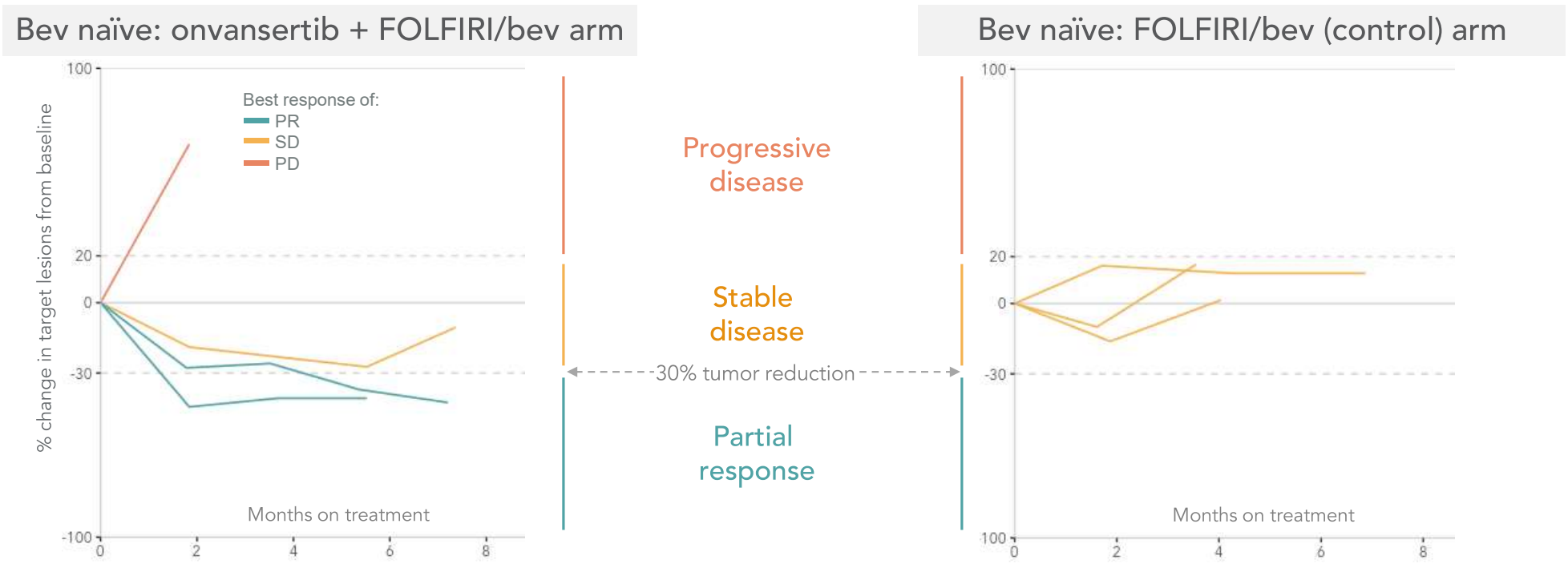
Bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

NEW DATA
CRDF-003

Change in tumor size from baseline* – ONSEMBLE mCRC Clinical Trial bev naïve patients (as of February 26, 2024)



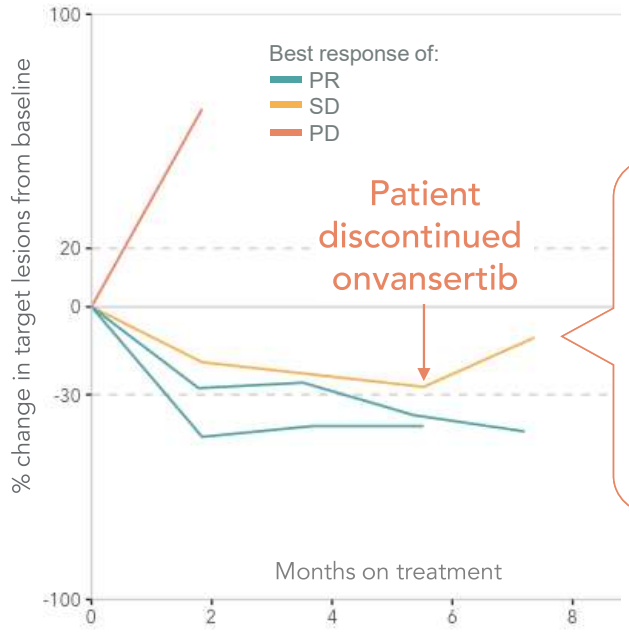
* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database

Bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

NEW DATA
CRDF-003

Change in tumor size from baseline* – ONSEMBLE mCRC Clinical Trial bev naïve patients (as of February 26, 2024)

Bev naïve: onvansertib + FOLFIRI/bev arm



Patient 006 discontinued onvansertib but remained on FOLFIRI/bev at their 6-month scan due to a suspicious new lung lesion.
Lesion was later biopsy-confirmed as a Valley fever (fungal) infection, not a new tumor lesion

* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database

Two independent clinical trials demonstrate the bev naïve finding

NEW DATA
CRDF-003

			Objective Response Rate (ORR) by Cohort*	
		N	Bev Naïve	Bev Exposed
ONSEMBLE mCRC Clinical Trial Randomized	Onvansertib + SoC	15	50% (2 of 4)	0% (0 of 11)
	Control (SoC alone)	6	0% (0 of 3)	0% (0 of 3)
Phase 1b/2 Single-arm	Onvansertib + SoC	66	73% (11 of 15)	16% (8 of 51)

* Radiographic response determined per RECIST 1.1. ONSEMBLE data reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database. Onvansertib + SoC includes patients at both the 20mg and 30mg dose of onvansertib. Phase 1b/2 data reflects interim data as of June 16, 2023 from an ongoing trial and unlocked database.

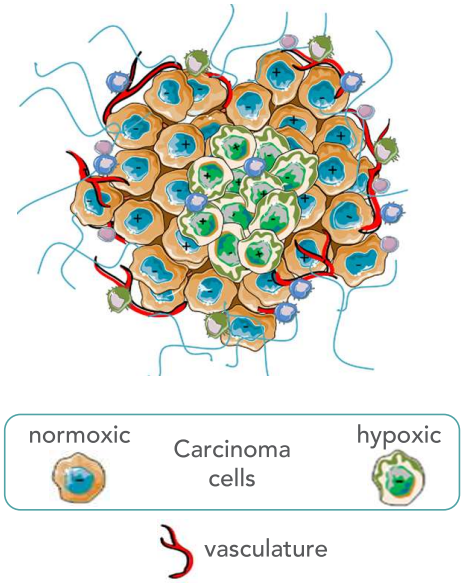
HIF1α plays a critical role in a tumor's response to hypoxia

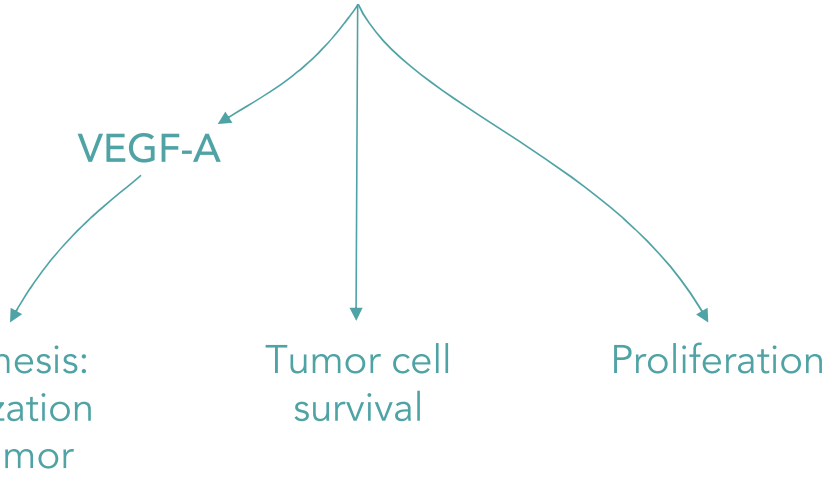
Tumor growth → Hypoxia → HIF1α

The tumor cells outgrow the blood supply and become starved of oxygen and nutrients…

… low oxygen levels lead to elevated HIF1α protein expression

… turns on VEGF-A expression and secretion to recruit new vasculature as well as turning on a multitude of downstream survival genes





https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2017.01625/full

Onvansertib and bev independently inhibit tumor response to hypoxia in bev naïve tumors

Tumor growth → **Hypoxia** → HIF1α ⊣ **onvansertib**

Tumor growth

The tumor cells outgrow the blood supply and become starved of oxygen and nutrients…

Hypoxia

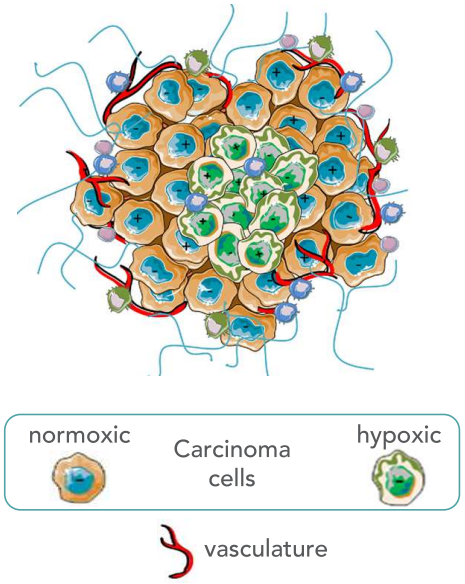
… low oxygen levels lead to elevated HIF1α protein expression

HIF1α

… turns on VEGF-A expression and secretion to recruit new vasculature as well as turning on a multitude of downstream survival genes

onvansertib

inhibits HIF1α expression



bevacizumab ⊣ VEGF-A

neutralizes VEGF-A

- Angiogenesis: Vascularization of the tumor
- Tumor cell survival
- Proliferation

https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2017.01625/full

Each step of our journey has reinforced the next step

FIRST LINE

FUTURE POTENTIAL

CRDF-004

ENROLLING

SECOND LINE

EXISTING DATA

Ph. 1b/2
(TROV-054)

COMPLETED

NEW DATA

CRDF-003
ONSEMBLE
mCRC Clinical Trial

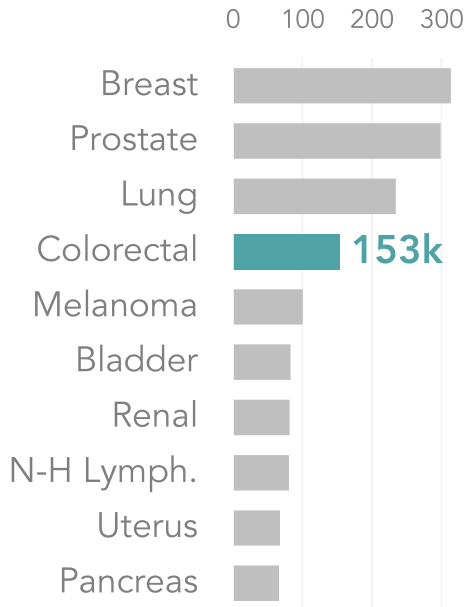
DISCONTINUED

Our lead program targets first-line RAS-mutated mCRC

FUTURE POTENTIAL
CRDF-004

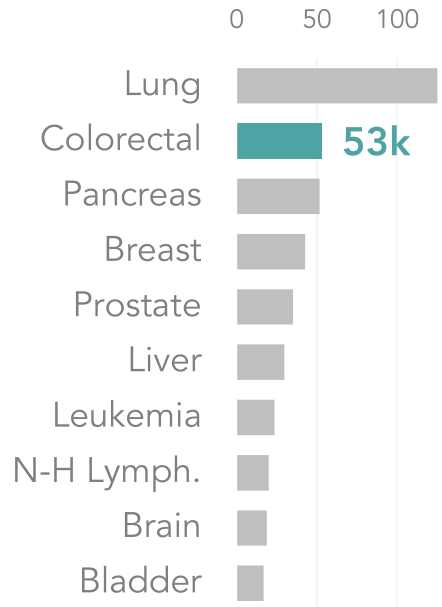
mCRC is common…

2024 new US cases ('000s)*

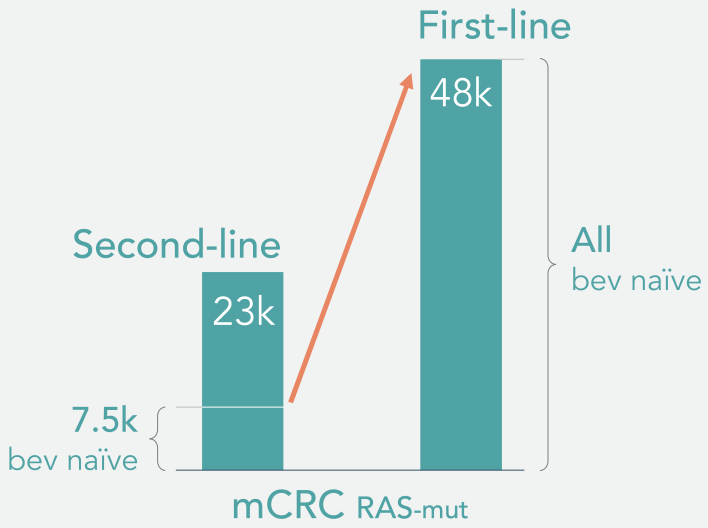


…and challenging to treat

2024 US deaths ('000s)*



Annual eligible US patients*



* American Cancer Society Cancer Facts and Figures 2024, and company estimates of first-line and second-line mCRC population with KRAS- and NRAS-mutated cancers.

There is a significant unmet need in RAS-mutated mCRC first-line SoC

FUTURE POTENTIAL
CRDF-004

Standard of Care for first-line RAS-mutated mCRC includes chemo + bevacizumab

Chemotherapy	FOLFOX FOLFIRI	(approved 1996) (approved 2002)
✚		
Antiangiogenic	Bevacizumab (Avastin®)	(approved 2004)
Targeted therapy	None	

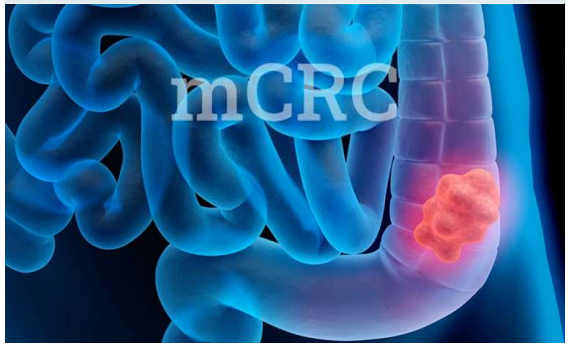
Trial design of CRDF-004: first-line RAS-mutated mCRC Phase 2 trial

FUTURE POTENTIAL
CRDF-004

ENROLLMENT CRITERIA

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

R
N=90
1:1:1



Standard of Care (n=30)
FOLFIRI/bev or FOLFOX/bev

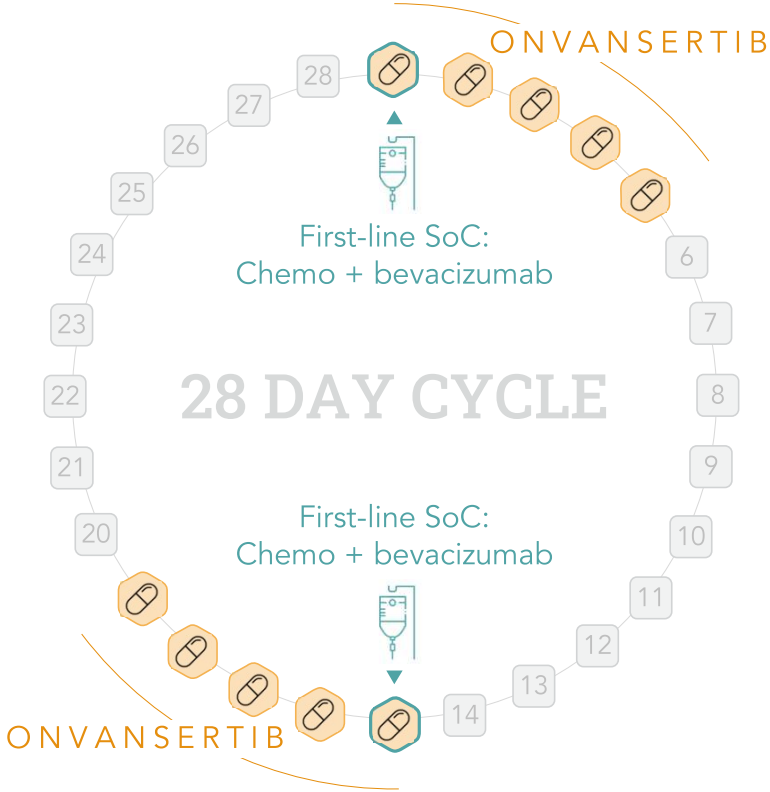
Onvansertib 20mg (n=30)
+FOLFIRI/bev or FOLFOX/bev

Onvansertib 30mg (n=30)
+FOLFIRI/bev or FOLFOX/bev

ENDPOINTS

Primary	ORR
Secondary	DoR and PFS

PFIZER IGNITE is providing clinical execution for CRDF-004



In CRDF-004, each arm will have an equal number of FOLFIRI/bev and FOLFOX/bev patients.

Our financial position is strong as of Q4 2023

Summary financial information as of December 31, 2023

December 31, 2023 cash and investments*	$74.8M
Q4 2023 net cash used in Operating Activities*	$7.1M
Runway with current cash extends into 3Q 2025	

We expect to release data from our first-line RAS mutated mCRC trial (CRDF-004) in mid-2024

* Financial information above is derived from our audited financials in Form 10K filed on 2/29/24 and unaudited financials in Form 10Q filed on 11/2/23.

ONSEMBLE second-line data support our CRDF-004 first-line strategy

	Results from ONSEMBLE Second-line RAS-mut mCRC	Implications for CRDF-004 First-line RAS-mut mCRC
Efficacy signal in bev naïve patients	Objective responses observed only in bev naïve patients that received onvansertib with SoC	All first-line mCRC patients are bev naïve
No SoC signal in the control arm	No objective responses observed in bev naïve patients randomized to the control arm (SoC only)	Addition of onvansertib may improve efficacy of SoC chemo/bev
Signal in both 20mg & 30mg dose	1 partial response observed in each dose of onvansertib (20mg and 30mg)	Data from 20mg and 30mg arms could be combined for earlier efficacy evaluation

Appendix

Additional ONSEMBLE data

ONSEMBLE trial swimmer plot

NEW DATA
CRDF-003

Swimmer plot* – ONSEMBLE mCRC Clinical Trial patients (as of February 26, 2024)

Bev Naïve

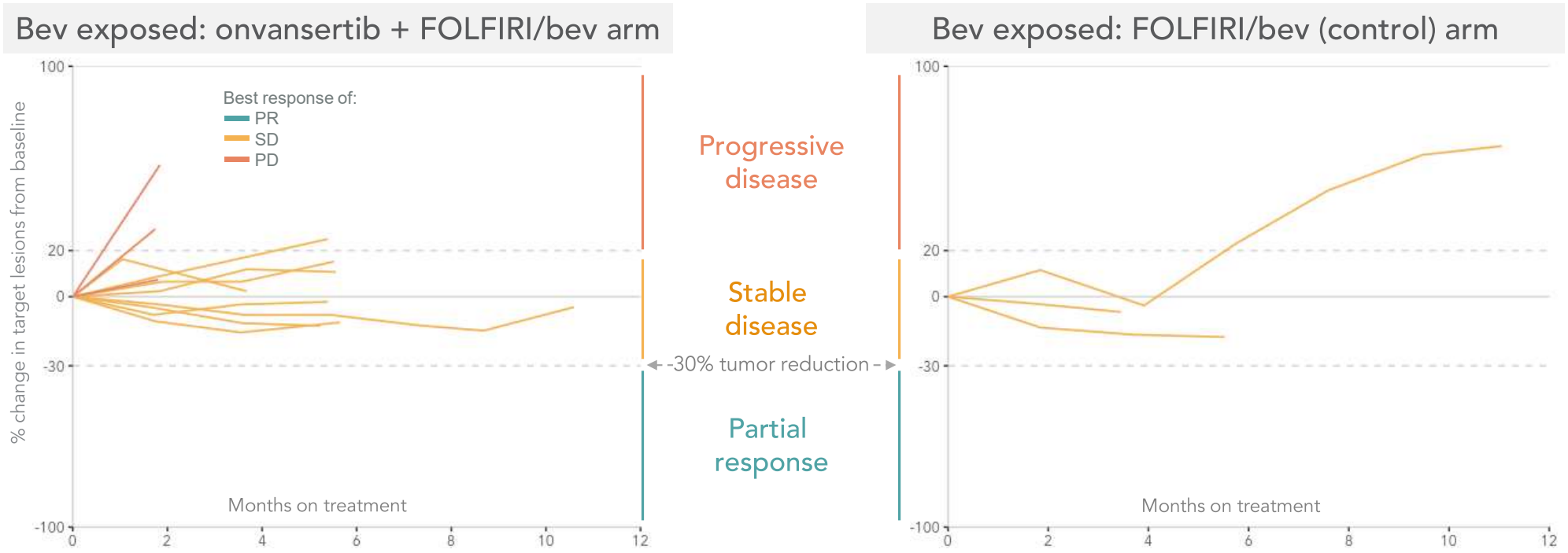
Bev Exposed

* Swimmer plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database. Patient 001-006 discontinued onvansertib at their 6-month scan due to a suspicious new lung lesion, which was later biopsy-confirmed as a Valley fever (fungal) infection. Patient 011-002 continues on trial in the control arm despite progressive disease, as the treating physician believes the patient continues to have clinical benefit from second-line standard of care treatment..

Bev exposed patients, with or without onvansertib, showed no responses

NEW DATA
CRDF-003

Change in tumor size from baseline* – ONSEMBLE mCRC Clinical Trial bev exposed patients (as of February 26, 2024)



* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked database

Control Arm: Treatment Emergent Adverse Effects (TEAEs)

NEW DATA
CRDF-003

Control arm
(N=7)

Patients received FOLFIRI+bev

No major/unexpected toxicity seen

N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Any Adverse Events	6 (85.7)	6 (85.7)	3 (42.9)	0 (0.0)	6 (85.7)
Diarrhea	3 (42.9)	1 (14.3)	0 (0.0)	0 (0.0)	4 (57.1)
Nausea	2 (28.6)	1 (14.3)	1 (14.3)	0 (0.0)	4 (57.1)
Fatigue	3 (42.9)	0 (0.0)	1 (14.3)	0 (0.0)	4 (57.1)
Neutropenia	0 (0.0)	3 (42.9)	0 (0.0)	0 (0.0)	3 (42.9)
Stomatitis	1 (14.3)	1 (14.3)	1 (14.3)	0 (0.0)	3 (42.9)
Vomiting	1 (14.3)	0 (0.0)	1 (14.3)	0 (0.0)	2 (28.6)
Alopecia	1 (14.3)	2 (28.6)	0 (0.0)	0 (0.0)	3 (42.9)
Constipation	2 (28.6)	1 (14.3)	0 (0.0)	0 (0.0)	3 (42.9)
Decreased appetite	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Insomnia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
Hypokalaemia	1 (14.3)	1 (14.3)	0 (0.0)	0 (0.0)	2 (28.6)
Anaemia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
Cough	1 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)
Dysgeusia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Dyspepsia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
Hypertension	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)	1 (14.3)
Lymphopenia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
Pyrexia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)

* Data consists of all adverse events entered into the EDC as of January 3, 2024, from an ongoing trial and unlocked database. N: number of patients; events shown occurred in ≥10% of 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. TEAEs: Treatment Emergent Adverse Events; Columns show the absolute # of patients and (%) of the population.

Onvansertib 30mg Arm TEAEs: Onvansertib in combination with FOLFIRI+bev is well-tolerated

NEW DATA
CRDF-003

Experimental arm

Onv 30mg (N=7)

Patients received FOLFIRI+bev +30 mg dose of onvansertib

No major/unexpected toxicity seen

N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Any Adverse Events	7 (100.0)	7 (100.0)	4 (57.1)	0 (0.0)	7 (100.0)
Diarrhea	1 (14.3)	1 (14.3)	2 (28.6)	0 (0.0)	4 (57.1)
Nausea	2 (28.6)	1 (14.3)	0 (0.0)	0 (0.0)	3 (42.9)
Fatigue	3 (42.9)	1 (14.3)	0 (0.0)	0 (0.0)	4 (57.1)
Neutropenia	0 (0.0)	1 (14.3)	2 (28.6)	0 (0.0)	3 (42.9)
Stomatitis	2 (28.6)	1 (14.3)	0 (0.0)	0 (0.0)	3 (42.9)
Vomiting	2 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	2 (28.6)
Alopecia	1 (14.3)	1 (14.3)	0 (0.0)	0 (0.0)	2 (28.6)
Constipation	1 (14.3)	1 (14.3)	0 (0.0)	0 (0.0)	2 (28.6)
Decreased appetite	0 (0.0)	2 (28.6)	0 (0.0)	0 (0.0)	2 (28.6)
Insomnia	3 (42.9)	0 (0.0)	0 (0.0)	0 (0.0)	3 (42.9)
Hypokalaemia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Anaemia	1 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)
Cough	2 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	2 (28.6)
Dysgeusia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
Dyspepsia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
Hypertension	0 (0.0)	1 (14.3)	1 (14.3)	0 (0.0)	2 (28.6)
Lymphopenia	2 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	2 (28.6)
Pyrexia	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)	1 (14.3)
Thrombocytopenia	0 (0.0)	2 (28.6)	0 (0.0)	0 (0.0)	2 (28.6)

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Onvansertib 20mg Arm TEAEs: Onvansertib in combination with FOLFIRI+bev is well-tolerated

NEW DATA
CRDF-003

Experimental arm

Onv 20mg (N=8)

Patients received FOLFIRI+bev +20 mg dose of onvansertib

No major/unexpected toxicity seen

2 Grade 4 TEAEs of neutropenia seen in patients (008 and 019) receiving 20mg onvansertib+SoC

- Both patients recovered after delaying their next cycle of treatment for 7 and 10 days, respectively
- Both patients are still on-trial

N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Any Adverse Events	8 (100.0)	7 (87.5)	2 (25.0)	2 (25.0)	8 (100.0)
Diarrhea	4 (50.0)	3 (37.5)	0 (0.0)	0 (0.0)	7 (87.5)
Nausea	3 (37.5)	3 (37.5)	0 (0.0)	0 (0.0)	6 (75.0)
Fatigue	2 (25.0)	0 (0.0)	1 (12.5)	0 (0.0)	3 (37.5)
Neutropenia	1 (12.5)	0 (0.0)	1 (12.5)	2 (25.0)	3 (37.5)
Stomatitis	1 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	2 (25.0)
Vomiting	2 (25.0)	2 (25.0)	0 (0.0)	0 (0.0)	4 (50.0)
Alopecia	2 (25.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (25.0)
Constipation	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Decreased appetite	2 (25.0)	2 (25.0)	0 (0.0)	0 (0.0)	4 (50.0)
Insomnia	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Hypokalaemia	1 (12.5)	0 (0.0)	1 (12.5)	0 (0.0)	2 (25.0)
Anaemia	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Cough	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Dysgeusia	2 (25.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (25.0)
Dyspepsia	0 (0.0)	1 (12.5)	0 (0.0)	0 (0.0)	1 (12.5)
Hypertension	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Lymphopenia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Pyrexia	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Thrombocytopenia	0 (0.0)	1 (12.5)	0 (0.0)	0 (0.0)	1 (12.5)

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