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Corporate Presentation

March 2019

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Forward-looking Statements

This presentation contains "forward-looking statements" as defined by the Private Securities Litigation Reform Act of 1995. We caution investors that forward-looking statements are based on management's expectations and assumptions as of the date of this presentation and involve substantial risks and uncertainties that could cause the actual outcomes to differ materially from what we currently expect. These risks and uncertainties include, but are not limited to, those associated with: expectations regarding the timing of enrollment, completion and outcome of CONTESSA, our Phase 3 study of tesetaxel in patients with locally advanced or metastatic breast cancer; expectations regarding the timing of enrollment, completion and outcome of CONTESSA 2, our Phase 2 study of tesetaxel in patients with locally advanced or metastatic breast cancer; the unpredictable relationship between preclinical study results and clinical study results; our ability to obtain regulatory approval of tesetaxel; our capital requirements; the expected length of commercial exclusivity for tesetaxel; and other risks and uncertainties identified in our filings with the United States Securities and Exchange Commission. Forward-looking statements in this presentation apply only as of the date made, and we undertake no obligation to update or revise any forward-looking statements to reflect subsequent events or circumstances.

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Our Mission

Odonate Therapeutics™ is dedicated to the development of best-in-class therapeutics that improve and extend the lives of patients with cancer

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Our Company

- Odonate Therapeutics is dedicated to the development of best-in-class therapeutics that improve and extend the lives of patients with cancer
- Our initial focus is on developing tesetaxel, an investigational, orally administered taxane, for the treatment of locally advanced or metastatic breast cancer (MBC)
- Tesetaxel has been generally well tolerated in clinical studies and has demonstrated single-agent antitumor activity in Phase 2 studies in patients with MBC
- We are conducting a multinational, multicenter, randomized, Phase 3 study of tesetaxel in MBC, known as CONTESSA
- Our goal for tesetaxel is to develop an effective chemotherapy choice for patients that provides quality-of-life advantages over current alternatives

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There Remains a High Unmet Medical Need in the Treatment of Metastatic Breast Cancer

Breast Cancer Incidence and Deaths Remain High

	Estimated Incidence		Estimated Deaths per Year	
	Breast Cancer	Ranking among All Cancers	Breast Cancer	Ranking among All Cancers in Women
Europe[a]	523,000	#1	138,000	#1
U.S.[b]	269,000	#1	41,000	#2
World[a]	2,089,000	#2	627,000	#1

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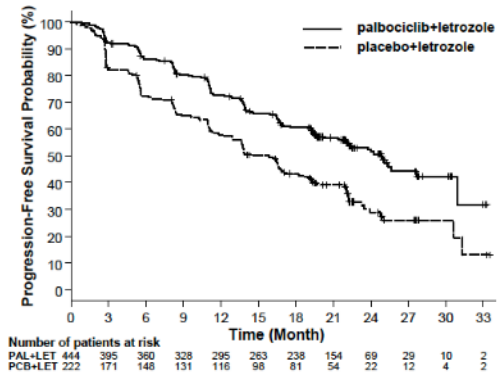
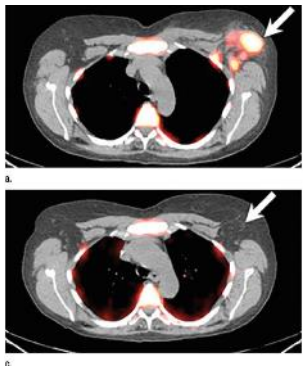
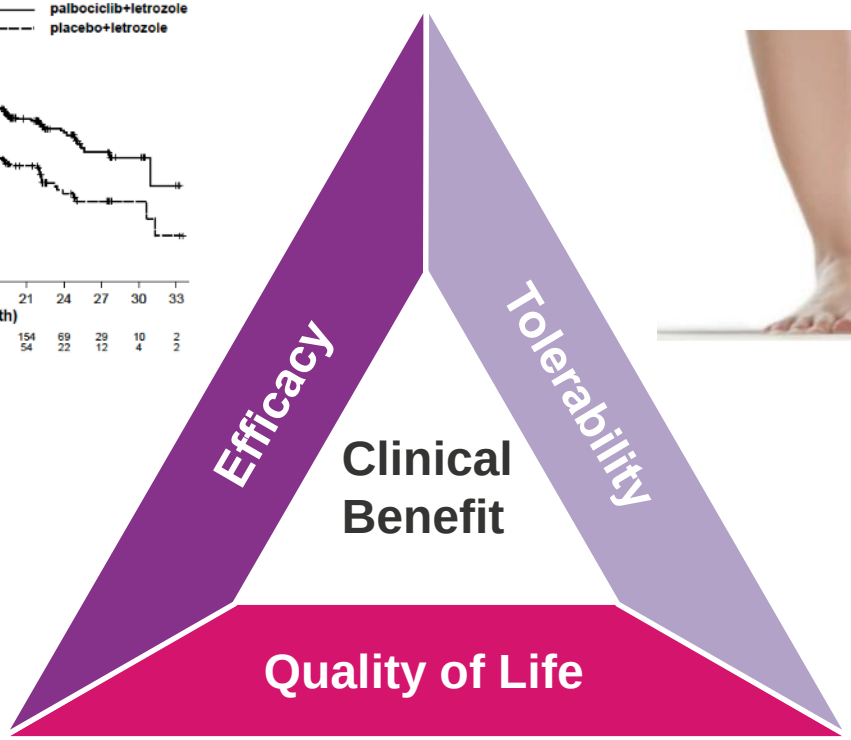
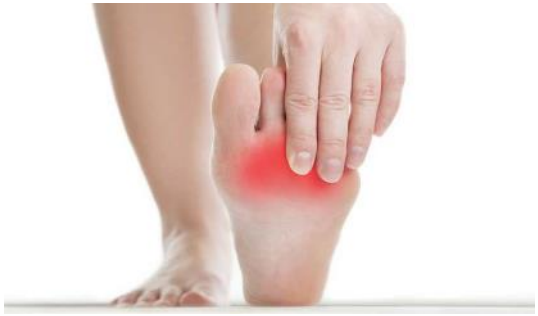
[a] World Health Organization
[b] American Cancer Society

Clinical Benefit Is a Balance of Efficacy, Tolerability and Quality of Life









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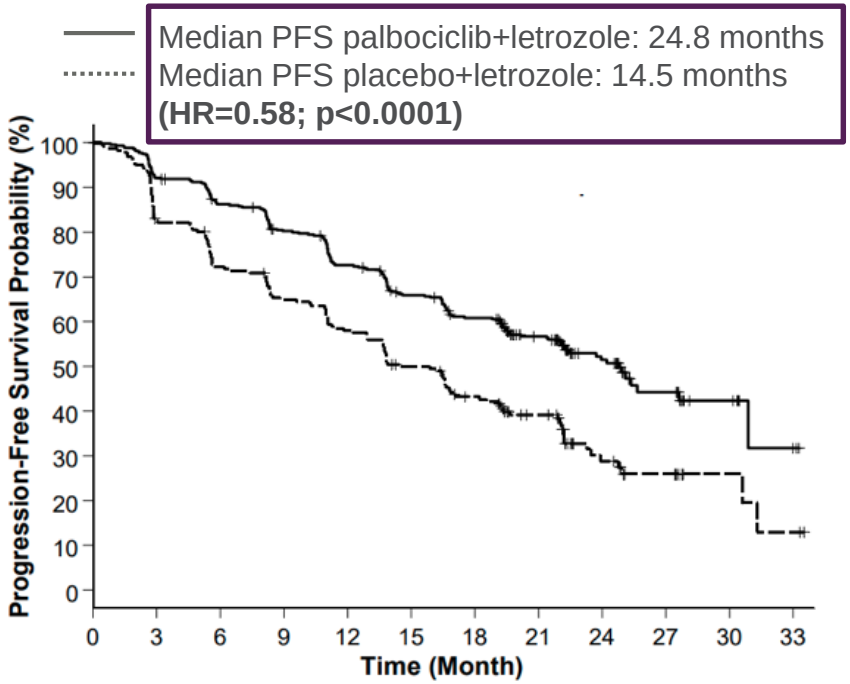
CDK 4/6 Inhibitors – A Major Advance in the Treatment of HR Positive MBC

When given together with endocrine therapy, palbociclib, an oral therapy, significantly delays the need for chemotherapy

PFS Palbociclib+letrozole vs. Placebo+letrozole in MBC[a]



Tolerability[b]

Adverse Event	Palbociclib–Letrozole (N=444)			Placebo–Letrozole (N=222)*		
	Any Grade	Grade 3	Grade 4†	Any Grade	Grade 3	Grade 4
	number of patients (percent)					
Any adverse event	439 (98.9)	276 (62.2)	60 (13.5)	212 (95.5)	49 (22.1)	5 (2.3)
Neutropenia‡	353 (79.5)	249 (56.1)	46 (10.4)	14 (6.3)	2 (0.9)	1 (0.5)
Leukopenia§	173 (39.0)	107 (24.1)	3 (0.7)	5 (2.3)	0	0
Fatigue	166 (37.4)	8 (1.8)	0	61 (27.5)	1 (0.5)	0
Nausea	156 (35.1)	1 (0.2)	0	58 (26.1)	4 (1.8)	0
Arthralgia	148 (33.3)	3 (0.7)	0	75 (33.8)	1 (0.5)	0
Alopecia¶	146 (32.9)	0	0	35 (15.8)	0	0
Diarrhea	116 (26.1)	6 (1.4)	0	43 (19.4)	3 (1.4)	0
Cough	111 (25.0)	0	0	42 (18.9)	0	0
Anemia‖	107 (24.1)	23 (5.2)	1 (0.2)	20 (9.0)	4 (1.8)	0
Back pain	96 (21.6)	6 (1.4)	0	48 (21.6)	0	0
Headache	95 (21.4)	1 (0.2)	0	58 (26.1)	4 (1.8)	0
Hot flush	93 (20.9)	0	0	68 (30.6)	0	0

Palbociclib added little Grade 3-4 non-hematologic toxicity to letrozole

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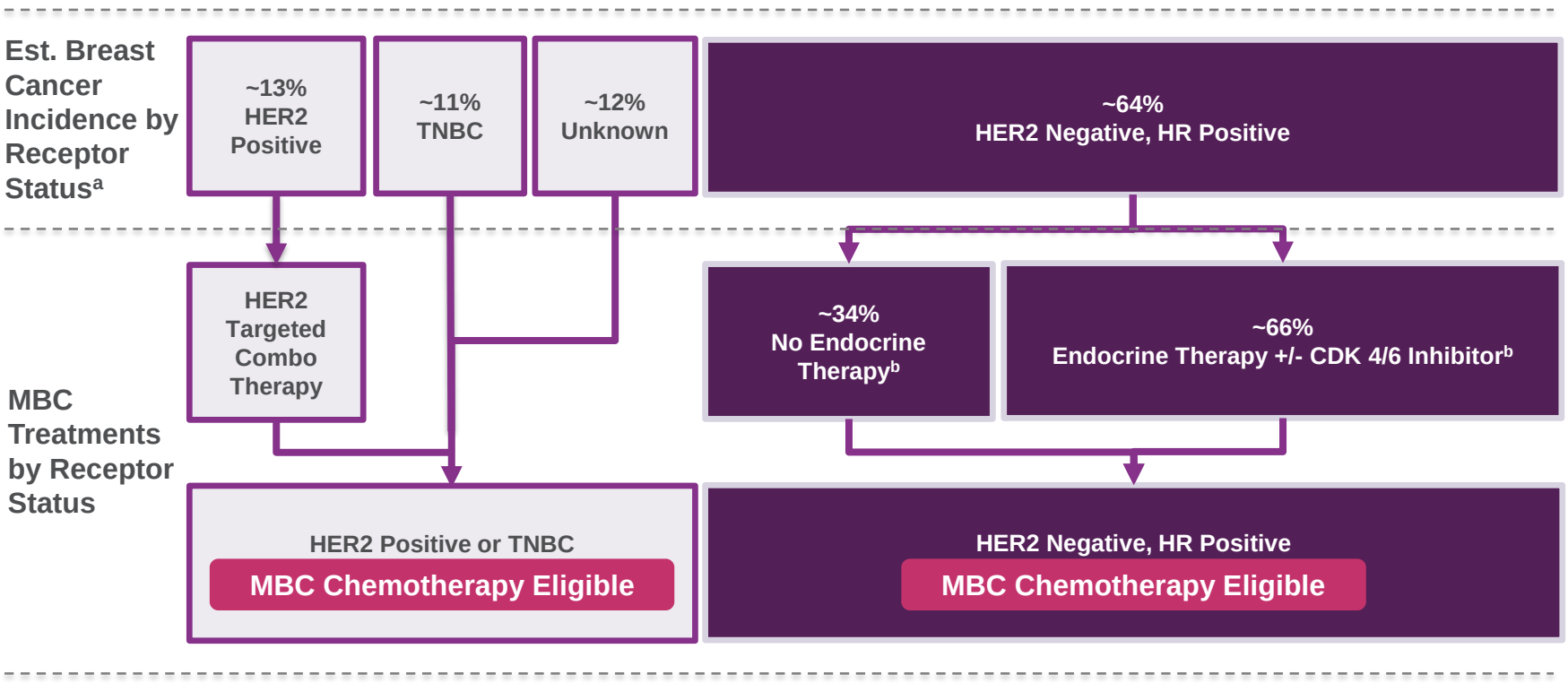
[a] Ibrance (palbociclib) FDA prescribing label

[b] Finn et al, *New England Journal of Medicine* 2016;375(20):1925-1936

Chemotherapy Remains a Mainstay Treatment for MBC



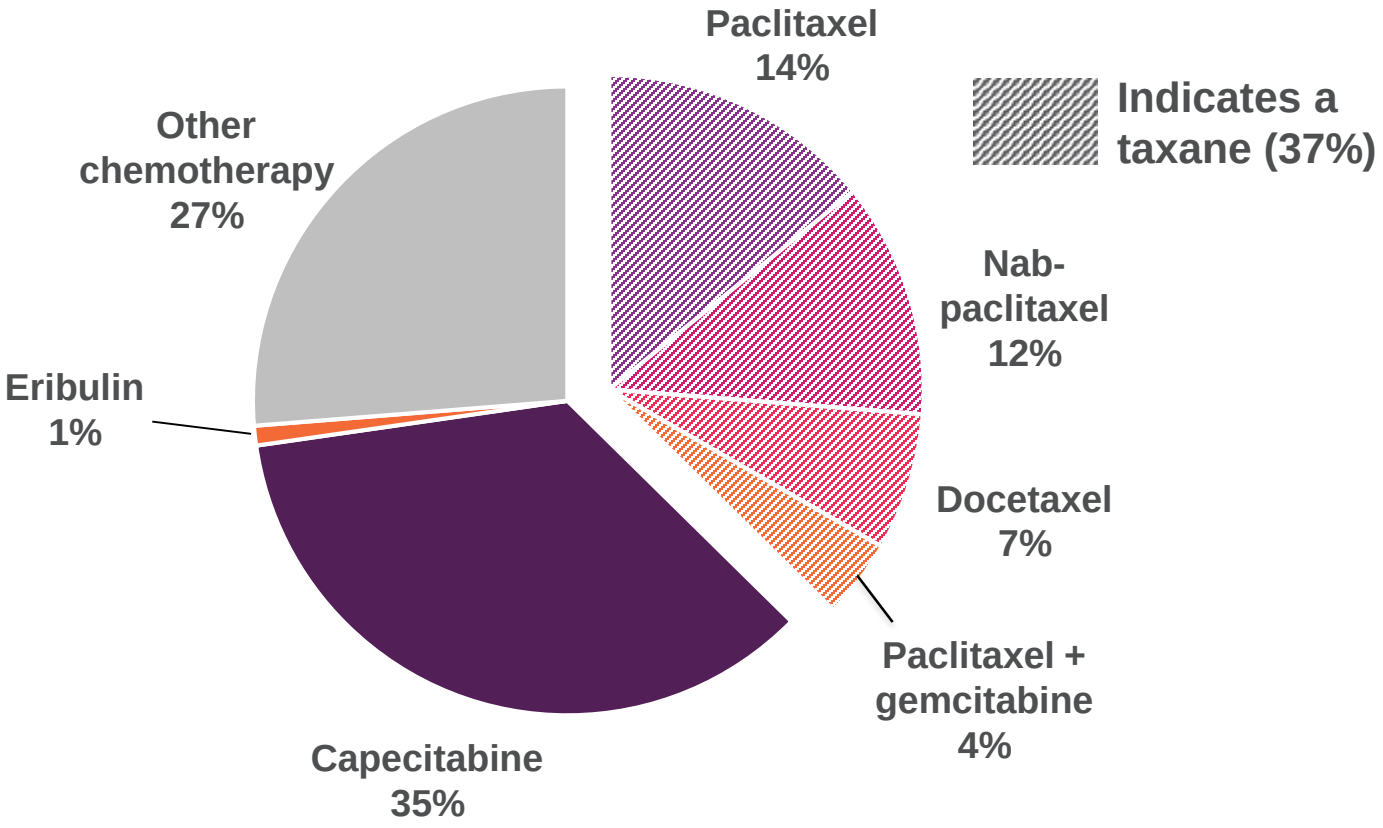
HR=hormone receptor, MBC=metastatic breast cancer, TNBC=triple-negative breast cancer

[a] Howlader et al, *Journal of the National Cancer Institute* 2014;106(5):1-8

[b] Caldeira et al, *Oncology and Therapy* 2016;4:189-197

Taxanes Are Preferred Chemotherapy Agents in MBC

Physician-reported Preferences for First-line Chemotherapy for Patients with HER2 negative, HR positive MBC



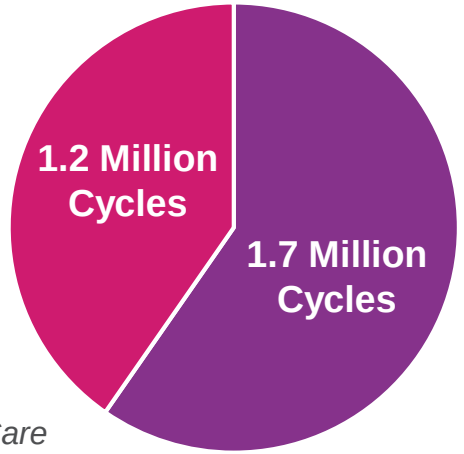
Recent survey of 201 U.S. community-based oncologists from Lin et al, *Cancer Medicine* 2016;5(2):209-220

Currently Available Taxanes (Paclitaxel, Nab-paclitaxel and Docetaxel) All Are Administered Intravenously

Therapies that must be given intravenously at an infusion center often are associated with[a]:

- Fear of needles and complications associated with venous access
- Anxiety, including institutional-triggered side effects such as nausea and vomiting
- Heightened awareness of life-threatening disease presence
- Disruption of daily activities

>2.8 Million Cycles of Paclitaxel, Nab-paclitaxel and Docetaxel Administered in 2016 in Europe and the U.S.[b]



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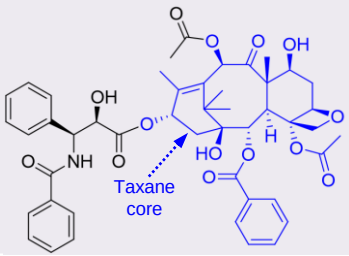
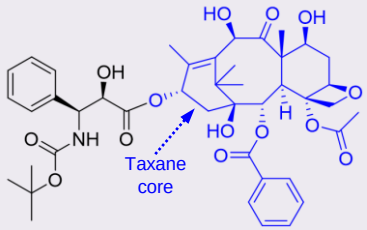
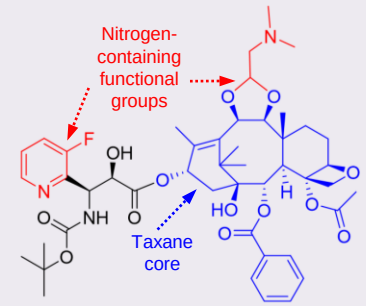
[a] Gornas et al, *European Journal of Cancer Care* 2010;19(1):131-136;
Schott et al, *BMC Cancer* 2011;11:129

[b] Symphony Health Solutions 2016; IMS Health 2016

Tesetaxel: An Orally Administered Taxane with Improved Pharmacologic Properties

Chemical and Pharmacologic Properties of Paclitaxel, Docetaxel and Tesetaxel

Molecule	Paclitaxel	Docetaxel	Tesetaxel
Structure			
Substantially effluxed by P-gp pump[a]	Yes	Yes	No
Oral bioavailability in preclinical studies	8%[b]	18%[c]	56%
Solubility (µg/mL)[d]	0.3[e]	0.5[f]	41,600
Terminal plasma half-life in humans ($t_{1/2}$)	11 hours[g]	11 hours[h]	193 hours[i]

[a] The P-glycoprotein (P-gp) efflux pump mediates gastric absorption as well as chemotherapy resistance
[b] Shanmugam et al, *Drug Development and Industrial Pharmacy* 2015;41(11):1864-1876
[c] McEntee et al, *Veterinary and Comparative Oncology* 2003;1(2):105-112
[d] At pH conditions similar to gastric fluid
[e] Montaseri, *Taxol: Solubility, Stability and Bioavailability* 1997
[f] Bharate et al, *Bioorganic & Medicinal Chemistry Letters* 2015;25(7):1561-1567
[g] Tan et al, *British Journal of Cancer* 2014;110(11):2647-54
[h] Taxotere (docetaxel) prescribing label
[i] Lang et al, 2012 ASCO Annual Meeting, Journal of Clinical Oncology 2012;20(15 supp):2555

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Tesetaxel Has Simple, Patient-friendly Dosing Regimen

		Paclitaxel[a]	Tesetaxel
Route		Intravenous	Oral
Anti-allergy Premedication		Yes[b]	No
Frequency		Once every 7 days	Once every 21 days
Dose per	**Administration**	80 mg/m^2	27 mg/m^2
	21 days	240 mg/m^2	27 mg/m^2
Patient Experience		A needle and a several-hour infusion center visit	2-5 pills per cycle
			

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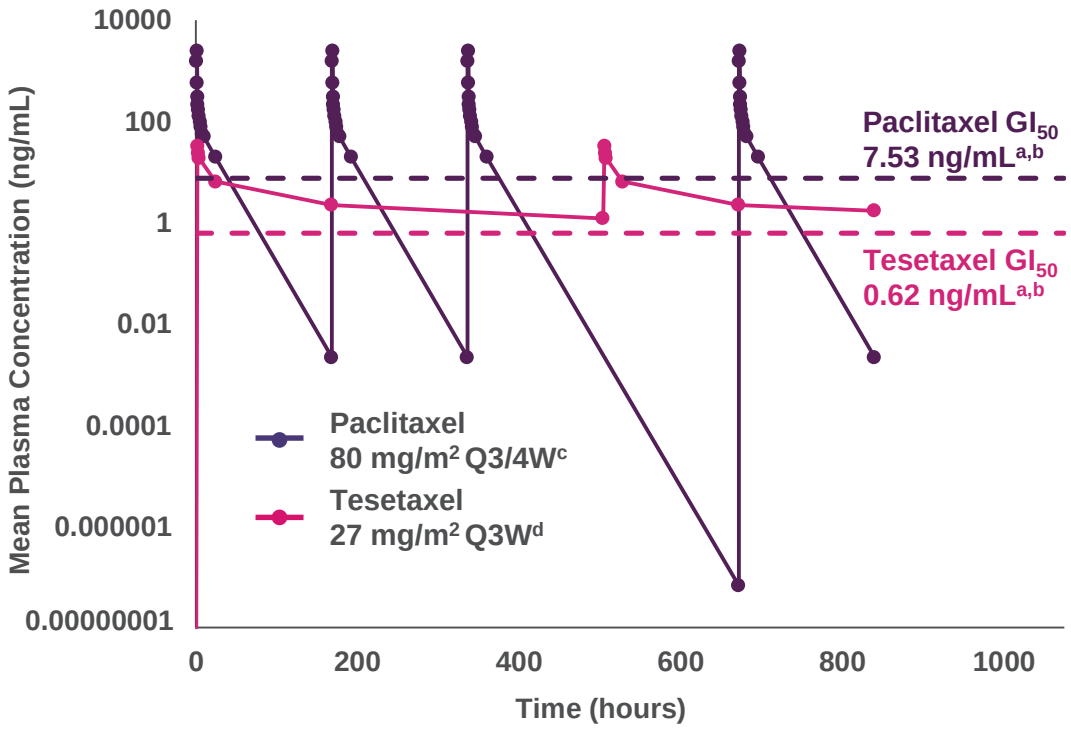
[a] National Comprehensive Cancer Network (NCCN), Clinical Practice Guidelines in Oncology 2017

[b] Corticosteroid plus antihistamine plus H_2 antagonist as per prescribing label

PK Profiles of Paclitaxel and Tesetaxel

Mean Plasma Concentration (ng/mL) vs. Time (hours) for Paclitaxel and Tesetaxel



Metric	Paclitaxel	Tesetaxel
Dose	80 mg/m^2 Q3/4W	27 mg/m^2 Q3W
C_{max} (ng/mL)	2,483[c]	36[d]
GI_{50} (ng/mL)	7.53[a,b]	0.62[a,b]
C_{max}/GI_{50}	330	58
$t_{1/2}$ (hours)	11[c]	193[d]
% time above GI_{50}	18%	100%

[a] Shionoya et al, *Cancer Science* 2003;94(5):459-66
[b] Trock et al, *Journal of the NCI* 1997;89(13):917-31
[c] Tan et al, *British Journal of Cancer* 2014;110(11):2647-54
[d] Lang et al, 2012 ASCO Annual Meeting, *Journal of Clinical Oncology* 2012;20(15 supp):2555

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Tesetaxel Retained Activity against Chemotherapy-resistant Tumors *In Vitro*

	GI_{50}[a] (ng/mL)		
	Paclitaxel	**Docetaxel**	**Tesetaxel**
P-gp[b] Negative Tumor Cell Lines (n=17)	1.8	0.8	0.5
P-gp Positive Tumor Cell Lines (n=6)	15.7	4.3	0.8

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[a] Concentration of drug required to inhibit growth by 50%
[b] The P-glycoprotein (P-gp) efflux pump mediates gastric absorption as well as chemotherapy resistance
Source: Shionoya et al, *Cancer Science* 2003;94(5):459-466

Taxanes and CNS Penetration

- Paclitaxel and docetaxel do not significantly penetrate the brain
  - Paclitaxel: 1% of plasma level[a]
  - Docetaxel: 8% of plasma level[b]
- P-gp is a central element of the blood-brain barrier
- Unlike paclitaxel and docetaxel, tesetaxel is substantially not effluxed by P-gp

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[a] Eiseman et al, *Cancer Chemotherapy and Pharmacology* 1994;34:465-471
[b] Hendrikx et al, *British Journal of Cancer* 2014;110:2669-2676

AACR American Association for Cancer Research ANNUAL MEETING 2019 ATLANTA

Odonate Therapeutics Announces Presentation at the American Association for Cancer Research (AACR) Annual Meeting 2019

- In Preclinical Testing, Tesetaxel Brain Concentrations Exceeded Concentrations Required for Tumor Killing for Sustained Period of Time -

	N	Radioactivity[a] Concentration 14 Days after Dosing (ng eq./g or mL)			Tumor GI_{50}[b] (ng/mL)	Cerebrum Concentration/ Tumor GI_{50}
		Cerebrum (Mean ± SD)	Plasma (Mean ± SD)	Cerebrum/ Plasma		
Dog[c]	3	10.9 ± 4.0	0.9 ± 0.1	12x	0.6	18x
Monkey[d]	3	6.5 ± 3.8	0.9 ± 0.2	7x	0.6	11x

[a] Tesetaxel labeled with ^{14}C
[b] Concentration of drug required to inhibit growth by 50% across 23 tumor cell lines
[c] Single dose of 0.6 mg/kg (equivalent to 44% of a human dose of 27 mg/m^2)
[d] Single dose of 1 mg/kg (equivalent to 44% of a human dose of 27 mg/m^2)

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CNS Metastases Are Common and Associated with Poor Outcomes

Cancer Type	Patients (%) Who Develop CNS Mets	Median Survival with or without CNS Mets	Median Survival with CNS Mets
Metastatic Breast Cancer			
HER2 Negative, HR Positive	10%[a]	25 months[b]	10 months[a]
HER2 Positive	30-55%[a]	37 months[c]	20 months[a]
Triple Negative	25-46%[a]	13 months[d]	6 months[a]
Lung Cancer			
Advanced Non-Small Cell Lung Cancer	40%[e]	8-10 months[e]	4-5 months[e]

[a] Phillips et al, *The Breast* 2017;31:90-98
[b] Bergh et al, *Journal of Clinical Oncology* 2012;30(9):921-9
[c] Urruticoechea et al, *Journal of Clinical Oncology* 2018;36,no.15_suppl:1013-1013
[d] Kassam et al, *Clinical Breast Cancer* 2009;9:29-33
[e] Ali et al, *Current Oncology* 2013;Aug;20(4):e300–e306

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2018 ASCO® ANNUAL MEETING

Poster Board #123
Abstract 1042

Activity of Tesetaxel, an Oral Taxane, Given as a Single-agent in Patients with HER2-, Hormone Receptor + (HR+) Metastatic Breast Cancer (MBC) in a Phase 2 Study

Andrew Seidman[1], Lee Schwartzberg[2], Vinay Gudena[3], Peter Rubin[4], Stew Kroll[5], Joseph O'Connell[5], Kevin Tang[5], Joyce O'Shaughnessy[6]

[1]Memorial Sloan Kettering Cancer Center, New York, NY; [2]West Cancer Center, Memphis, TN; [3]Cone Health Cancer Center, Greensboro, NC; [4]SMHC Cancer Care and Blood Disorders, Biddeford, ME; [5]Odonate Therapeutics, Inc., San Diego, CA; [6]Texas Oncology-Baylor Charles A. Sammons Cancer Center, US Oncology, Dallas, TX

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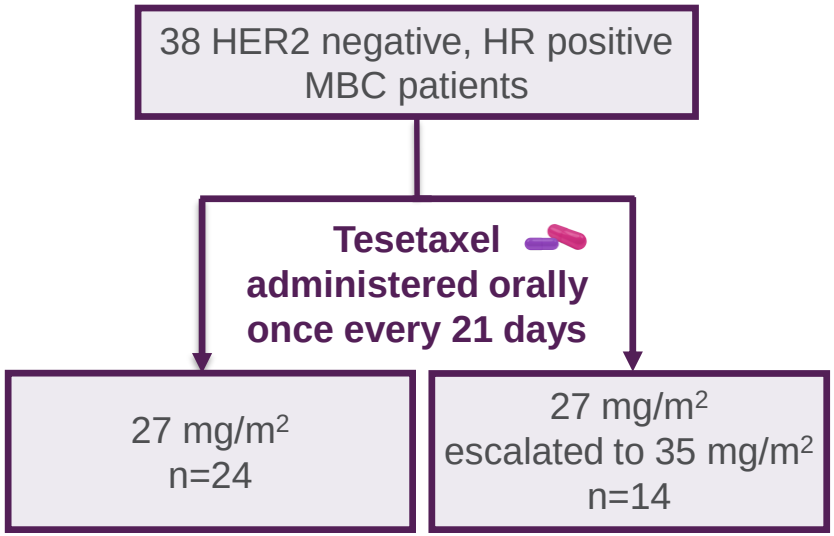
Source: Seidman et al, 2018 ASCO Annual Meeting

Exposure and Patient Characteristics



Patient Characteristics	n=38
Median age, years (minimum, maximum)	58 (36, 80)
Median time from initial diagnosis, years (minimum, maximum)	2 (0, 12)
ECOG status, n (%)	
0 / 1	20 (53) / 18 (47)
Prior therapy, n (%)	
Endocrine therapy	28 (74)
Neoadjuvant/adjuvant chemotherapy	26 (68)
Taxane-containing regimen	20 (53)
Anthracycline-containing regimen	19 (50)
Prior radiotherapy, n (%)	
No / Yes	11 (29) / 27 (71)
Visceral disease, n (%)	
No / Yes	5 (13) / 33 (87)
Common sites of disease, n (%)	
Liver	19 (50)
Lung	18 (47)
Bone	19 (50)
Lymph node	16 (42)

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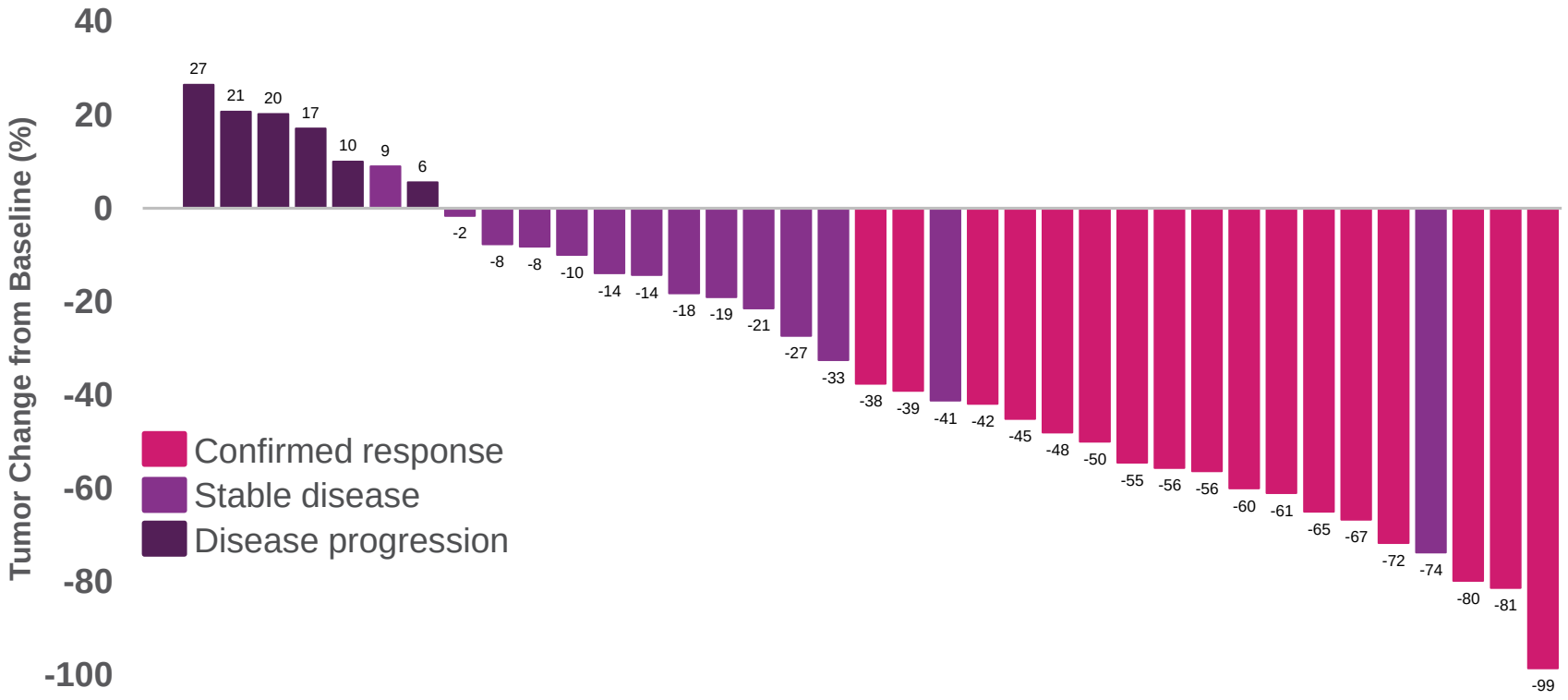
Source: Seidman et al, 2018 ASCO Annual Meeting

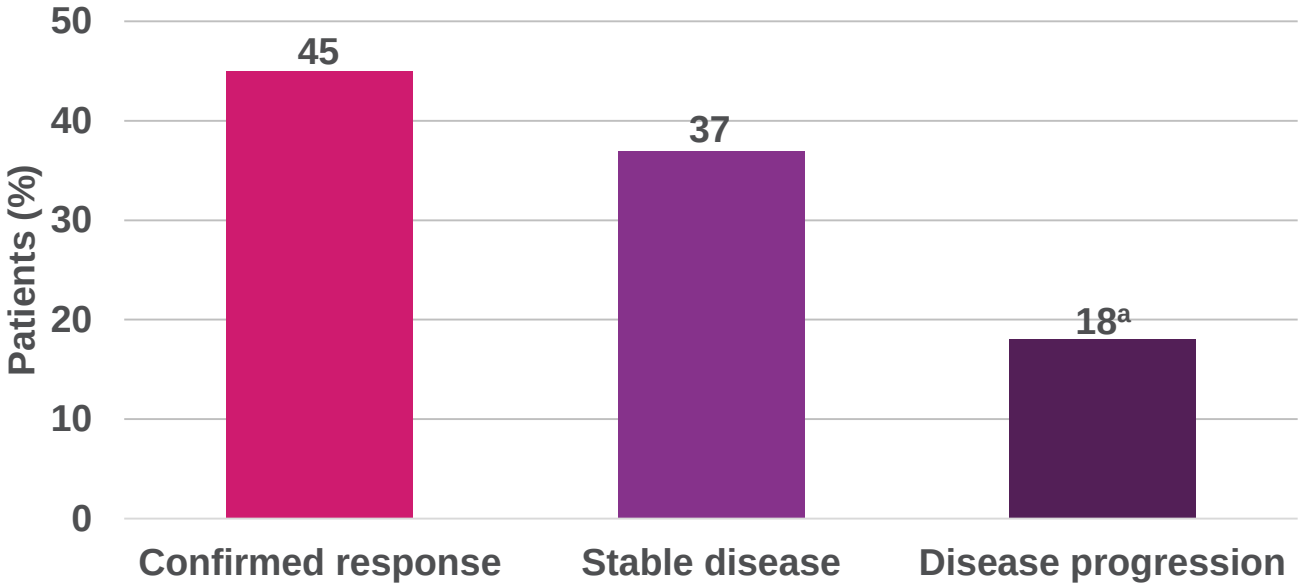
Tumor Change from Baseline in Target Lesions[a]



[a] Nadir change based on sum of the diameters
Source: Seidman et al, 2018 ASCO Annual Meeting

Response

- All 38 enrolled patients are included in the efficacy analysis
- 45% (95% CI: 29%-62%) of patients achieved a confirmed response
- Median duration of response was 10.9 months (95% CI: 4.3-13.6 months)
- Median PFS was 5.4 months (95% CI: 3.8-9.8 months)



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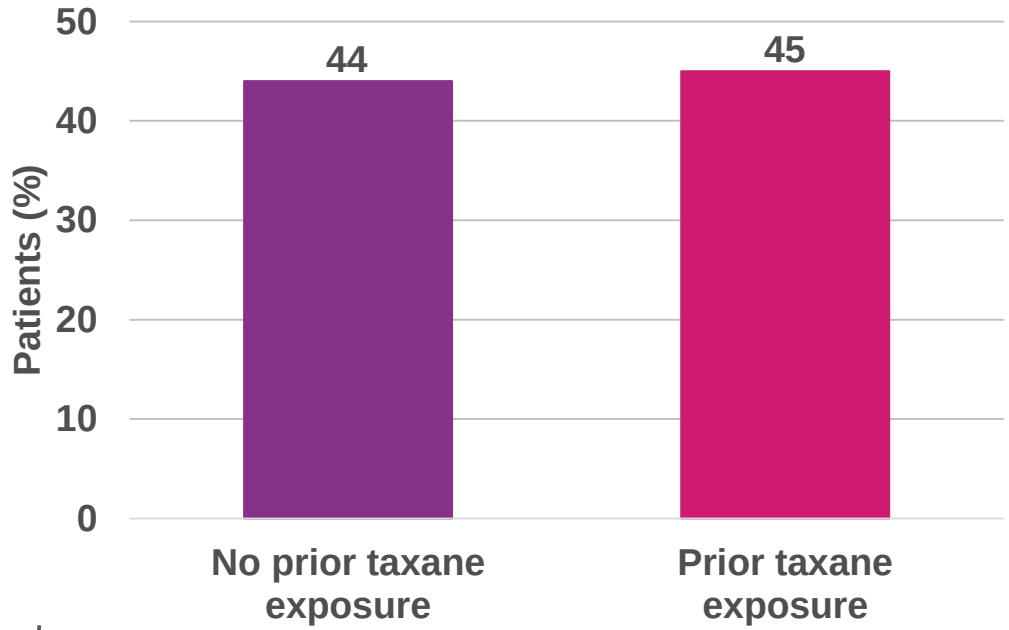
[a] Includes 1 patient who was not evaluated for response
Source: Seidman et al, 2018 ASCO Annual Meeting

Response by Prior Taxane Exposure

44% (95% CI: 22%-69%) of patients with no prior taxane exposure achieved a confirmed response, compared to 45% (95% CI: 23%-68%) of patients with prior taxane exposure



Source: Seidman et al, 2018 ASCO Annual Meeting

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Grade ≥3 Adverse Events Regardless of Relationship

- There were no adverse events leading to death
- There were no hypersensitivity reactions
- The incidence of Grade 2 alopecia was 18%

Adverse Events in 2 or More Patients	27 mg/m² (n=24) n (%)		27 mg/m² Escalated to 35 mg/m² (n=14) n (%)	
	Grade 3	Grade 4	Grade 3	Grade 4
Neutropenia	3 (13)	3 (13)	0 (0)	6 (43)
Febrile neutropenia	1 (4)	0 (0)	0 (0)	1 (7)
Thrombocytopenia	2 (8)	0 (0)	0 (0)	0 (0)
Neuropathy	1 (4)	0 (0)	4 (29)	0 (0)
Fatigue	2 (8)	0 (0)	2 (14)	0 (0)
Pain in extremity	1 (4)	0 (0)	2 (14)	0 (0)
ALT increased	1 (4)	0 (0)	1 (7)	0 (0)
Diarrhea	0 (0)	1 (4)	1 (7)	0 (0)
Muscle weakness	1 (4)	0 (0)	1 (7)	0 (0)
Pyrexia	1 (4)	0 (0)	1 (7)	0 (0)
Sepsis	1 (4)	0 (0)	1 (7)	0 (0)
Vomiting	1 (4)	0 (0)	1 (7)	0 (0)
Hypokalemia	0 (0)	0 (0)	2 (14)	0 (0)
AST increased	2 (8)	0 (0)	0 (0)	0 (0)
Decreased appetite	2 (8)	0 (0)	0 (0)	0 (0)
Dehydration	2 (8)	0 (0)	0 (0)	0 (0)
Renal failure acute	2 (8)	0 (0)	0 (0)	0 (0)

Source: Seidman et al, 2018 ASCO Annual Meeting

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A Multinational, Multicenter, Randomized, Phase 3 Study of Tesetaxel in MBC

Registration Studies of Chemotherapy Agents FDA-Approved for Advanced Breast Cancer

Drug	Sponsor	Treatment Arms	N	Primary Endpoint	Hazard Ratio	Difference at Median (Months)	P-Value
Capecitabine	Roche	Capecitabine + docetaxel vs. docetaxel	511	PFS[a]	0.64	1.9	0.0001
Gemcitabine	Lilly	Gemcitabine + paclitaxel vs. paclitaxel	529	TTP[b]	0.65	2.3	<0.0001
Ixabepilone	Bristol-Myers	Ixabepilone + capecitabine vs. capecitabine	752	PFS[a]	0.69	1.6	<0.0001

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[a] Progression-free survival, or time from randomization until objective tumor progression or death, whichever occurs first

[b] Time to progression, or time from randomization until objective tumor progression

Source: U.S. Prescribing Information for each drug

CONTESSA Hypothesis and Objective

Hypothesis

The all-oral regimen of tesetaxel plus a *reduced dose* of capecitabine will lengthen PFS while being well-tolerated as compared to capecitabine alone

Objective

Establish a new, all-oral treatment option with an improved benefit-risk profile

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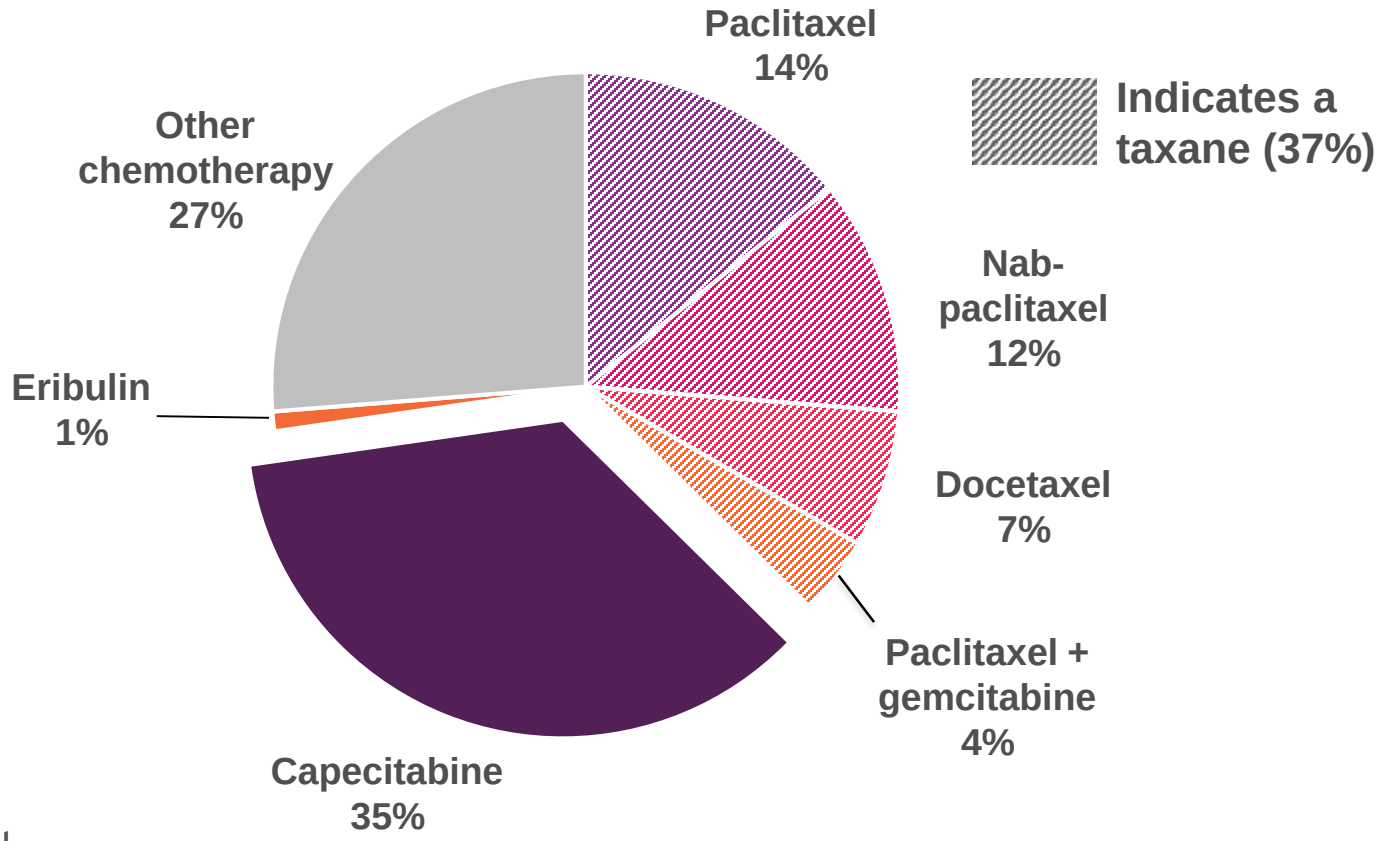
Capecitabine, An Oral Chemotherapy, Is Widely Used in MBC

Physician-reported Preferences for First-line Chemotherapy for Patients with HER2 negative, HR positive MBC



Recent survey of 201 U.S. community-based oncologists from Lin et al, *Cancer Medicine* 2016;5(2):209-220

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CONTESSA Study Design

Multinational, Multicenter, Randomized

Target Enrollment

Patients with HER2 negative, HR positive, MBC who have received no more than one chemotherapy regimen for advanced disease and have received a taxane in the neoadjuvant or adjuvant setting
N=600

1:1 Randomization

Tesetaxel 27 mg/m²
Day 1 of a 21-day cycle
+
Capecitabine 1,650 mg/m²
(825 mg/m² BID)
Evening Day 1 to Morning Day 15 of a 21-day cycle

Treated until progressive disease or unacceptable toxicity

Capecitabine 2,500 mg/m²
(1,250 mg/m² BID)
Evening Day 1 to Morning Day 15 of a 21-day cycle

Primary Endpoint: PFS assessed by Independent Radiologic Review Committee (IRC)

Secondary Endpoints: Overall survival (OS), ORR assessed by IRC and disease control rate assessed by IRC

BID=twice per day

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Support for Combining Capecitabine at 1,650 mg/m^2/day[a] with a Taxane

18 first-line chemotherapy MBC studies of taxane plus capecitabine combinations

- No apparent dose response from 1,650 to 2,000 mg/m^2/day[a]
- 1,650 mg/m^2/day[a] most studied dose <2,000 mg/m^2/day[a]

Taxane+Capecitabine Studies Conducted at a Capecitabine Dose of:	# of Studies	# of Patients	ORR	PFS (months)	OS (months)
1,900-2,000 mg/m^2/day[a,b]	10	498	53%	10.5	27.4
1,800 mg/m^2/day[a,c]	2	195	55%	10.4	25.9
1,650 mg/m^2/day[a,d]	5	436	64%	11.8	27.2
1,500 mg/m^2/day[a,e]	1	37	50%	NA	NA

[a] Days 1-14 of a 21-day cycle

[b] Bachelot et al, *Oncology* 2011;80(3-4):262-268; Campone et al, *The Breast Journal* 2013;19(3):240-249; Chitapanarux et al, *Asia-Pacific Journal of Clinical Oncology* 2012;8:76-82; Fan et al, *Annals of Oncology* 2013;24:1219-1225; Liao et al, *Chemotherapy* 2013;59:207-213; Michalaki et al, *Anti-Cancer Drugs* 2009;20(3):204-207; Michalaki et al, *Anticancer Research* 2010;30:3051-3054; Venturini et al, *Cancer* 2003;97(5):1174-1180; Wang et al, *Cancer* 2015;121:3412; Wardley et al, *Journal of Clinical Oncology* 2010;28(6):976-983

[c] Bisagni et al, *Cancer Chemotherapy and Pharmacology* 2013;71(4):1051-1057; Luck et al, *Breast Cancer Research and Treatment* 2015;149:141-149

[d] Hatschek et al, *Breast Cancer Research and Treatment* 2012;131(3):939-947; Lam et al, *European Journal of Cancer* 2014;50(18):3077-3088; Perez et al, *Annals of Oncology* 2010;21(2):269-274; Schwartzberg et al, *Clinical Breast Cancer* 2012;12(2):87-93; Tonyali et al, *Journal of Cancer Research and Clinical Oncology* 2013;139(6):981-986

[e] Silva et al, *Clinical Breast Cancer* 2008;8(2):162-167

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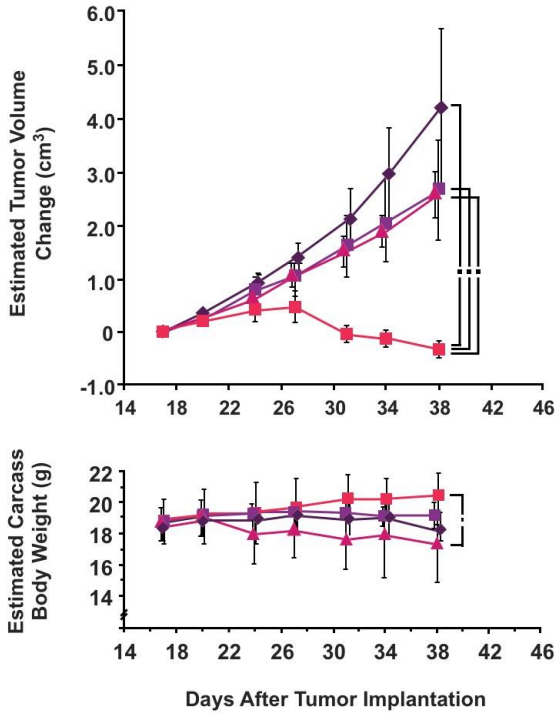
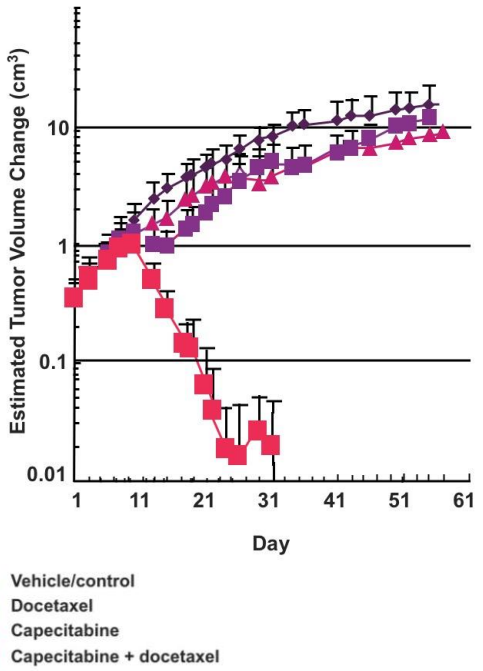
Preclinical Evidence of Synergy when Combining a Taxane with Capecitabine

- Taxanes up-regulate tumor levels of thymidine phosphorylase, the enzyme essential for the activation of capecitabine[a,b]
- Synergy may be tumor-specific, as toxicity as measured by weight loss and effect on peripheral blood cells was minimal[b]

Capecitabine at 1/2 MTD + Docetaxel at 1/8 MTD[a,c]



Capecitabine at 2/3 MTD + Docetaxel at 1/15 MTD[b,d]



[a] Sawada et al, *Clinical Cancer Research* 1998;4:1013-1019
[b] Fujimoto-Ouchi et al, *Clinical Cancer Research* 2001;7(4):1079-1086
[c] Capecitabine dosed 5 times every 7 days; docetaxel dosed once every 7 days
[d] Capecitabine dosed on Days 1-14 and 22-36; docetaxel dosed on Days 8 and 29

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CONTESSA Hypothesis and Objective

Hypothesis

The all-oral regimen of tesetaxel plus a *reduced dose* of capecitabine will lengthen PFS while being well-tolerated as compared to capecitabine alone

Objective

Establish a new, all-oral treatment option with an improved benefit-risk profile

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Tesetaxel License, Exclusivity and Financial Position

Tesetaxel License and Intellectual Property

- Odonate licensed rights to tesetaxel in all major markets from Daiichi Sankyo in 2013
  - Aggregate future milestone payments of up to $31 million, contingent on attainment of certain regulatory milestones
  - Tiered royalty that ranges from the low to high single digits, depending on annual net sales
- Intellectual property includes: 9 U.S., 4 European and 7 Japanese patents, as well as two pending U.S. patent applications and one pending European patent application
  - Issued U.S. patent covering crystal form to provide exclusivity until 2031, assuming 5 years of Hatch-Waxman patent term restoration

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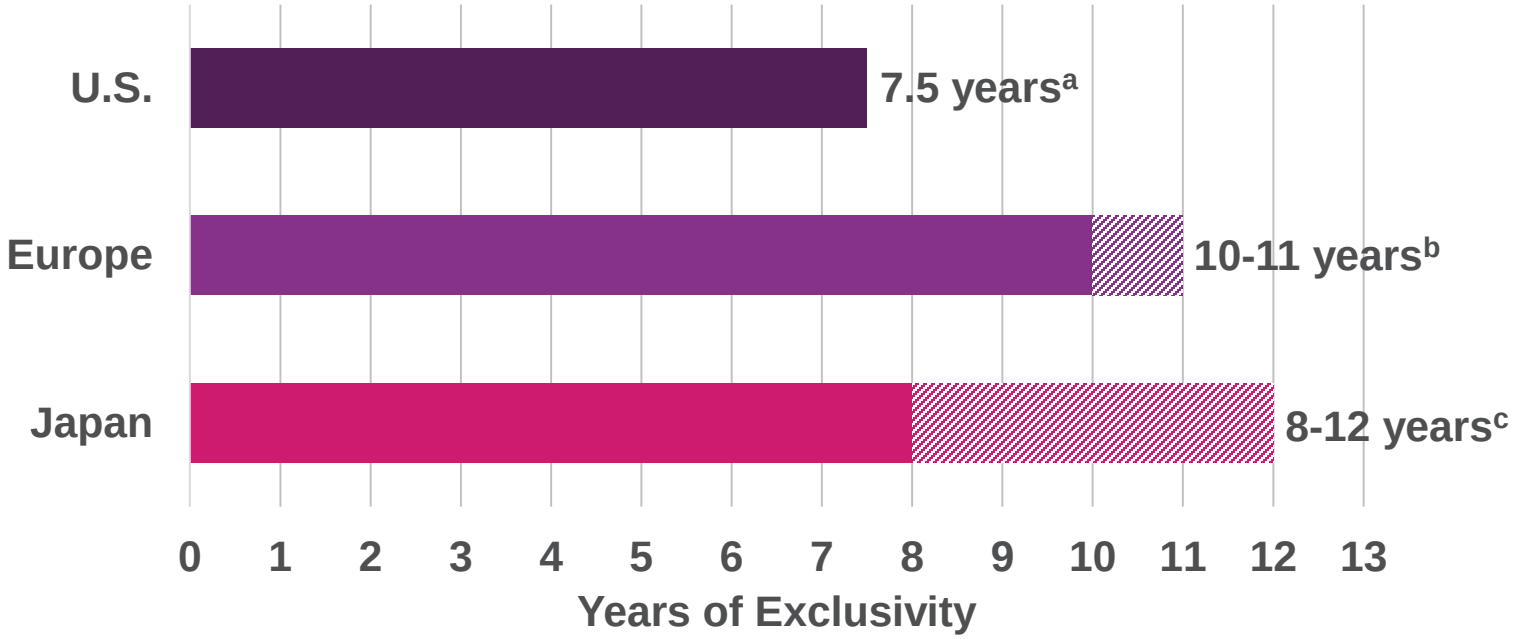
NCE Regulatory Exclusivity



"…if an action for patent infringement is commenced during the one-year period beginning forty-eight months after the date of the approval of the subsection (b) application, the thirty-month period referred to in subparagraph (C) shall be extended by such amount of time (if any) which is required for seven and one-half years to have elapsed from the date of approval of the subsection (b) application."[a]

[a] Title 21 United States Code Ch. 9: Federal Food, Drug, and Cosmetic Act
[b] Regulation (EC) No. 726/2004 of the European Parliament and of the Council, Article 14(11)
[c] Pharmaceutical Administration and Regulations in Japan Ch. 4: Post-Marketing Surveillance of Drugs

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Financial Position

	As of Dec. 31, 2018	Dec. 31, 2017
	(in millions)	
Cash.....	$139.1	$198.1
Total Assets.....	$142.7	$203.5
Liabilities.....	$18.7	$7.5
Debt.....	-	-
Total Stockholders' Equity.....	$124.0	$196.0

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Odonate Summary

- Odonate Therapeutics is dedicated to the development of best-in-class therapeutics that improve and extend the lives of patients with cancer
- Our initial focus is on developing tesetaxel, an investigational, orally administered taxane, for the treatment of MBC
- Tesetaxel has been generally well tolerated in clinical studies and has demonstrated single-agent antitumor activity in Phase 2 studies in patients with MBC
- We are conducting a multinational, multicenter, randomized, Phase 3 study of tesetaxel in MBC, known as CONTESSA
- Our goal for tesetaxel is to develop an effective chemotherapy choice for patients that provides quality-of-life advantages over current alternatives

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