Revolution Medicines Presents Updated Phase 1/2 Data for RASONQUE® (daraxonrasib) Plus Chemotherapy in First-Line Metastatic Pancreatic Cancer at ENA 2026

November 19, 2026

- *With additional patients and longer follow-up, the combination of RASONQUE plus gemcitabine and nab-paclitaxel demonstrated deep and durable responses in the first-line treatment setting*
- *Results support the ongoing Phase 3 RASolute 303 trial in patients with treatment-naïve metastatic pancreatic cancer*

REDWOOD CITY, Calif., Nov. 19, 2026 (GLOBE NEWSWIRE) -- Revolution Medicines, Inc. (Nasdaq: RVMD), a global, commercial-stage oncology company dedicated to discovering, developing and delivering innovative medicines for patients with RAS-addicted cancers, today announced encouraging updated results from the Phase 1/2 RMC-GI-102 open-label study evaluating RASONQUE (daraxonrasib) in combination with gemcitabine and nab-paclitaxel (GnP) as a potential first-line treatment for patients with metastatic pancreatic adenocarcinoma (PDAC). The data will be presented today during a late-breaking oral session at the EORTC-NCI-AACR (ENA) Symposium on Molecular Targets and Cancer Therapeutics in Barcelona, Spain.

As of September 28, 2026, 61 patients in the first-line metastatic PDAC cohort of the Phase 1/2 RMC-GI-102 open-label study had received RASONQUE (200 mg) plus GnP, with median follow-up of 18.3 months. In the updated analysis, the confirmed objective response rate was 60.7% (95% confidence interval [CI]: 47.3–72.9), including complete responses in 8.2% of patients. The disease control rate was 90.2% (95% CI: 79.8–96.3) and median duration of response was 11.1 months (95% CI: 7.6- 18.4). Median progression free survival (PFS) was 12.8 months (95% CI: 10.8–18.4) and the twelve-month overall survival was 76.6% (95% CI: 63.7-85.4). The safety profile was consistent with the known safety profiles previously observed for both RASONQUE and GnP. This update builds on findings previously presented at the American Association for Cancer Research (AACR) Annual Meeting in April 2026.

“With longer follow-up and a larger patient population, we are seeing a notable combination of high response rates, including deep complete responses, and durable disease control, with median progression-free survival exceeding one year,” said Wungki Park, M.D., M.S., medical oncologist at the David M. Rubenstein Center for Pancreatic Cancer Research at Memorial Sloan Kettering Cancer Center, RMC-GI-102 and *RASolute 303* investigator, and presenter of the data at ENA. “The emerging survival signal is meaningful and is estimated at 76.6% for patients to be alive at one year. Taken together, these findings provide a compelling rationale to further evaluate daraxonrasib as a potential first-line treatment option.”

“People with treatment-naïve metastatic pancreatic cancer urgently need more effective treatment options, given the limited clinical benefit of current chemotherapy regimens,” said Alan Sandler, M.D., chief development officer of Revolution Medicines. “The FDA’s recent Breakthrough Therapy Designation for RASONQUE plus GnP in this setting underscores the urgency of this work. The durability of treatment shown with these updated Phase 1/2 results is particularly encouraging and supports the ongoing Phase 3 RASolute 303 trial, which is evaluating RASONQUE both as a monotherapy and in combination with GnP versus GnP alone in patients with treatment-naïve metastatic PDAC, independent of tumor RAS genotype.”

The presentation (8LBA), titled “Daraxonrasib plus Gemcitabine/Nab-Paclitaxel (GnP) as First-Line (1L) Treatment for Patients (Pts) with Metastatic Pancreatic Adenocarcinoma (mPDAC),” will be delivered by Dr. Park during a late-breaking oral session on November 20, 2026, at the ENA Symposium in Barcelona, Spain.

About Pancreatic Adenocarcinoma (PDAC)
Pancreatic adenocarcinoma, or PDAC, is the most common form of pancreatic cancer and among the most challenging malignancies. RAS, a key growth control switch in human cells, is the main driver of pancreatic cancer, which is characterized by excessive RAS signaling. Each year, approximately 500,000 people globally are diagnosed with PDAC and it is the seventh leading cause of cancer-related deaths worldwide.[1,2]

Because early-stage pancreatic cancer often causes few or no symptoms, approximately 80% of patients are diagnosed after the disease has spread, when treatment options are more limited.[3] For patients with metastatic PDAC, the five-year relative survival rate is approximately 3% worldwide.[4]

About RASONQUE® (daraxonrasib)
RASONQUE (daraxonrasib) is an oral, RAS(ON) multi-selective, noncovalent, tri-complex inhibitor (TCI), approved by the U.S. FDA for the treatment of adult patients with metastatic pancreatic adenocarcinoma (PDAC) who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.[5] In the European Union, RASONQUE is approved by the European Commission for the treatment of adult patients with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy. RASONQUE is being investigated through a global Phase 3 registrational program in patients with PDAC and metastatic RAS mutant non-small cell lung cancer (NSCLC). Outside the U.S. and the European Union, RASONQUE is an investigational agent that has not been approved by any regulatory authority.

U.S. FDA APPROVED INDICATION
RASONQUE is indicated for the treatment of adult patients with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.

IMPORTANT SAFETY INFORMATION FOR U.S. APPROVED INDICATION
RASONQUE is associated with the following **Warnings and Precautions**: Dermatologic and Soft Tissue Toxicity, Stomatitis and Oral Disorders, Diarrhea, Gastrointestinal Perforation, Interstitial Lung Disease (ILD)/Pneumonitis, and Embryo-Fetal Toxicity.

WARNINGS AND PRECAUTIONS

Dermatologic and Soft Tissue Toxicity
RASONQUE can cause dermatologic toxicity, which may be severe. Clinical manifestations included, but were not limited to, rash, pruritus, paronychia, dry skin, and skin fissures. In clinical trials of patients with pancreatic adenocarcinoma, dermatologic toxicity occurred in 86% of patients treated with RASONQUE, of which 10% were Grade 3.

Monitor patients who develop dermatologic or soft tissue toxicities while receiving RASONQUE. Initiate prophylactic measures (e.g., topical corticosteroids, emollient creams, sunscreen, oral antibiotics) prior to the first dose of RASONQUE to reduce the risk of moderate to severe dermatologic reactions. Advise patients to limit sun exposure while taking RASONQUE. Initiate supportive measures (e.g., oral corticosteroids) as clinically indicated, and consider dermatologic consultation. Withhold, reduce the dose, or permanently discontinue RASONQUE based on severity.

Stomatitis and Oral Disorders
RASONQUE can cause stomatitis, including mouth ulcers and oral mucositis. In clinical trials of patients with pancreatic adenocarcinoma, stomatitis occurred in 57% of patients, of which 9% were Grade 3.

Monitor patients for signs and symptoms of stomatitis while receiving RASONQUE. Initiate a steroid-containing mouthwash for treatment of stomatitis and administer other topical treatments (e.g., chlorhexidine mouthwash, 2% lidocaine viscous) as clinically indicated. Withhold, reduce the dose, or permanently discontinue RASONQUE based on severity.

Diarrhea
RASONQUE can cause diarrhea. In clinical trials of patients with pancreatic adenocarcinoma, diarrhea occurred in 63% of patients, of which 6% were Grade 3.
If diarrhea occurs, administer antidiarrheal treatment as clinically indicated. Withhold, reduce the dose, or permanently discontinue RASONQUE based on severity.

Gastrointestinal Perforation
RASONQUE can cause gastrointestinal perforation. In clinical trials of patients with pancreatic adenocarcinoma, gastrointestinal perforation occurred in 0.9% of patients treated with RASONQUE, of which 0.5% were Grade 3, one event was Grade 4, and one event was fatal.

Monitor patients for gastrointestinal perforation. Withhold RASONQUE if gastrointestinal perforation is suspected. Reduce the dose or permanently discontinue RASONQUE if no other potential causes of gastrointestinal perforation are identified.

Interstitial Lung Disease (ILD)/Pneumonitis
RASONQUE can cause interstitial lung disease or pneumonitis. In clinical trials of patients with pancreatic adenocarcinoma, ILD/pneumonitis occurred in 2.4% of patients treated with RASONQUE, of which 0.9% were Grade 3, and one event was fatal.

Monitor patients for new or worsening pulmonary symptoms. Withhold RASONQUE if ILD/pneumonitis is suspected. Reduce the dose or permanently discontinue RASONQUE if no other potential causes of ILD/pneumonitis are identified.

Embryo-Fetal Toxicity
Based on findings in animals, RASONQUE can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment with RASONQUE and for 1 week after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with RASONQUE and for 1 week after the last dose.

ADVERSE REACTIONS
Serious adverse reactions occurred in 30% of patients treated with RASONQUE. Serious adverse reactions occurring in ≥ 2% of patients treated with RASONQUE were diarrhea (3.7%), pyrexia (3.3%), sepsis (2.9%), fatigue (2.1%), and hemorrhage (2.1%).

Adverse reactions leading to permanent discontinuation of RASONQUE occurred in 2.9% of patients, including two patients who discontinued due to rash (0.8%).

The most common (≥ 20%) adverse reactions in patients treated with RASONQUE were rash, diarrhea, stomatitis, nausea, fatigue, vomiting, abdominal pain, edema, decreased appetite, and hemorrhage.

DRUG INTERACTIONS

- Strong CYP3A Inhibitors with P-gp Inhibition: Avoid concomitant use.
- Strong CYP3A Inhibitors without P-gp Inhibition: Reduce RASONQUE dosage.
- Moderate CYP3A Inhibitors with or without P-gp Inhibition: Reduce RASONQUE dosage.
- P-gp Inhibitors: Reduce RASONQUE dosage.
- Cyclosporine A: Avoid concomitant use.
- Strong CYP3A Inducers: Avoid concomitant use. Increase RASONQUE dosage if concomitant use cannot be avoided.
- Moderate CYP3A Inducers: Increase RASONQUE dosage.
- P-gp Substrates: Take at least 4 hours apart from RASONQUE.

PROPHYLACTIC MEASURES
When initiating RASONQUE and throughout treatment, prophylactic and concomitant medications are recommended to reduce the risk of dermatologic reactions:

- administer a topical corticosteroid (applied to the face and chest) and emollient creams;
- advise patients to limit sun exposure and use broad-spectrum sunscreen (SPF 30 or higher); and
- consider prophylactic oral antibiotics (e.g., doxycycline or minocycline).

Please see U.S. Full Prescribing Information for RASONQUE.

About Revolution Medicines, Inc.

Revolution Medicines is a global, commercial-stage oncology company dedicated to discovering, developing and delivering innovative medicines for patients with RAS-addicted cancers. Leveraging its differentiated RAS(ON) tri-complex inhibitor platform, the company is advancing a broad, integrated portfolio of oral RAS(ON) inhibitors designed to directly target the active, cancer-driving state of RAS. Founded on rigorous scientific inquiry and a willingness to challenge long-held assumptions, Revolution Medicines is committed to changing the trajectory of disease for patients with RAS-addicted cancers worldwide. For more information, visit www.revmed.com and follow Revolution Medicines on LinkedIn, X (Twitter) and Instagram.

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the U.S. Private Securities Litigation Reform Act of 1995. Any statements in this press release that are not historical facts may be considered "forward-looking statements," including without limitation statements regarding the broad potential of RAS(ON) inhibition; the potential of RASONQUE in combination with GnP as a first-line treatment for patients with metastatic PDAC; treatment practices; the design, progress and expected outcomes of the company's ongoing and planned clinical trials, including RASolute 303; the extent to which updated results from the Phase 1/2 RMC-GI-102 study may support or be predictive of results in the RASolute 303 trial or other clinical trials; the company's regulatory interactions, plans and potential future regulatory submissions or approvals, including for RASONQUE in additional indications outside the U.S.; the potential for Breakthrough Therapy Designation to expedite the development and review of new medicines; the commercialization of RASONQUE; and progression of clinical studies and findings from these studies, including the tolerability, safety, and potential efficacy of the company's product and product candidates being studied.

Forward-looking statements are typically, but not always, identified by the use of words such as "aims," "anticipate," "believe," "could," "estimate," "expect," "intend," "may," "plan," "potential," "project," "should," "up to," "will," "would," and other similar terminology indicating future results. Such forward-looking statements are subject to substantial risks and uncertainties that could cause the company's development programs, future results, performance, or achievements to differ materially from those anticipated in the forward-looking statements. Such risks and uncertainties include without limitation risks and uncertainties inherent in the drug development process, including the company's programs' development stages, the process of designing and conducting preclinical and clinical trials, risk that results from earlier or ongoing clinical trials, including updated or interim results from open-label studies with limited patient numbers, may not be predictive of future results or may change as more patient data become available or following more comprehensive review of the data, the regulatory approval processes, the timing of regulatory filings, the challenges associated with manufacturing drug products, the company's ability to successfully establish, protect and defend its intellectual property, other matters that could affect the sufficiency of the company's capital resources to fund operations, reliance on third parties for manufacturing and development efforts, changes in the competitive landscape, and the effects on the company's business of global events, such as international conflicts or global pandemics. For a further description of the risks and uncertainties that could cause actual results to differ from those anticipated in these forward-looking statements, as well as risks relating to the business of Revolution Medicines in general, see Revolution Medicines' Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (the "SEC") on November 4, 2026, and its future periodic reports to be filed with the SEC. Any forward-looking statements in this press release speak only as of the date of this press release. Except as required by law, Revolution Medicines undertakes no obligation to update any forward-looking statements to reflect new information, events, or circumstances, or to reflect the occurrence of unanticipated events.

Revolution Medicines Media & Investor Contacts

Media
media@revmed.com

Investors
investors@revmed.com

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[5] RASONQUE (daraxonrasib) Prescribing Information. Redwood City, CA: Revolution Medicines, Inc.; August 2026.