Precision Oncology Company Targeting Virus-Associated Cancers

February 2021 Corporate Presentation

Forward Looking Statements

This communication contains "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995, including, without limitation, statements regarding: and effects of the merger of Viracta Therapeutics, Inc. (“Viracta”) and Sunesis Pharmaceutics, Inc, (“Sunesis”); Viracta’s clinical development pipeline, including expected timing of the registration trial for EBV-associated lymphomas and the Phase 1b/2 trial in EBV-associated solid tumors; the combined company’s expected cash forecast and runway into 2024; the expected ability of Viracta to undertake certain activities and accomplish certain goals with respect to our clinical program in EBV+ lymphoma or other virus-associated malignancies, the projected timeline of clinical development activities related to our clinical program in EBV+ lymphoma or other virus-associated malignancies, and expectations regarding future therapeutic and commercial potential with respect to our clinical program in EBV+ lymphoma or other virus-associated malignancies; the potential for multiple approvals in EBV+ lymphomas; the potential of Viracta’s synthetic lethality approach; and other statements that are not historical facts. Risks and uncertainties related to Viracta that may cause actual results to differ materially from those expressed or implied in any forward-looking statement include, but are not limited to: the ability of Viracta to timely and successfully achieve the anticipated benefits of the Merger and the concurrent financing; Viracta’s ability to successfully enroll patients in and complete its ongoing and planned clinical trials; Viracta's plans to develop and commercialize its product candidates, including all oral combinations of nanatinostat and valganciclovir; the timing of initiation of Viracta's planned clinical trials; the timing of the availability of data from Viracta's clinical trials; previous preclinical and clinical results may not be predictive of future clinical results; the timing of any planned investigational new drug application or new drug application; Viracta's plans to research, develop and commercialize its current and future product candidates; the clinical utility, potential benefits and market acceptance of Viracta's product candidates; Viracta's ability to identify additional products or product candidates with significant commercial potential; developments and projections relating to Viracta's competitors and its industry; the impact of government laws and regulations; Viracta's ability to protect its intellectual property position; and Viracta's estimates regarding future expenses, capital requirements and need for additional financing following the proposed transaction.

These risks and uncertainties may be amplified by the COVID-19 pandemic, which has caused significant economic uncertainty. If any of these risks materialize or underlying assumptions prove incorrect, actual results could differ materially from the results implied by these forward-looking statements. Additional risks and uncertainties that could cause actual outcomes and results to differ materially from those contemplated by the forward-looking statements are included under the caption “Risk Factors” and elsewhere in Viracta’s’ most recent filings with the SEC and any subsequent reports on Form 10-K, Form 10-Q or Form 8-K filed with the SEC from time to time and available at www.sec.gov. The forward-looking statements included in this communication are made only as of the date hereof. Viracta assumes no obligation and does not intend to update these forward-looking statements, except as required by law or applicable regulation.

Leadership Team

Ivor Royston, MD
President and Chief Executive Officer

FORWARD VENTURES · IDEC Pharmaceuticals Corporation · Hybritech

Lisa Rojkjaer, MD
Chief Medical Officer

NOVARTIS · morphosys · NORDIC NANOVECTOR

Daniel Chevallard, CPA
Chief Financial Officer

REGULUS · PROMETHEUS Therapeutics & Diagnostics · EY

Douglas Faller, MD, PhD
Chief Scientific Officer

BU Boston University School of Medicine

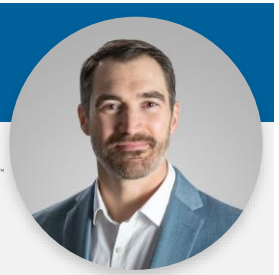
Xiaohu Deng, PhD
Senior VP, Product Development

KURA ONCOLOGY · Johnson & Johnson

Cheryl Madsen
SVP, Regulatory Affairs

CALITHERA · MEDIVATION · Genentech A member of the Roche Group

Michael Mueller
VP, Legal Affairs & General Counsel



Conatus Pharmaceuticals · APRICUS BIOSCIENCES

Robert McRae
VP, Operations & Strategic Alliances

CTI

Shelly Vandertie
Vice President, Finance

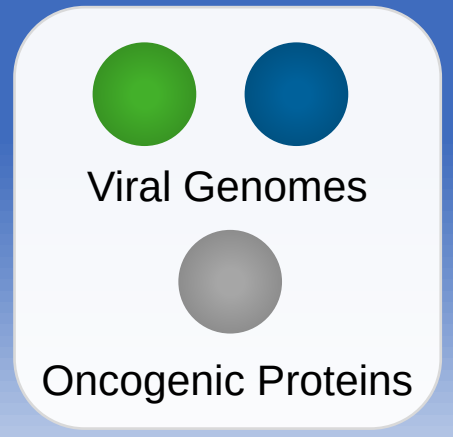
Conatus Pharmaceuticals · ALTHEA · EY

Mark McCamish, MD, PhD
Strategic Advisor

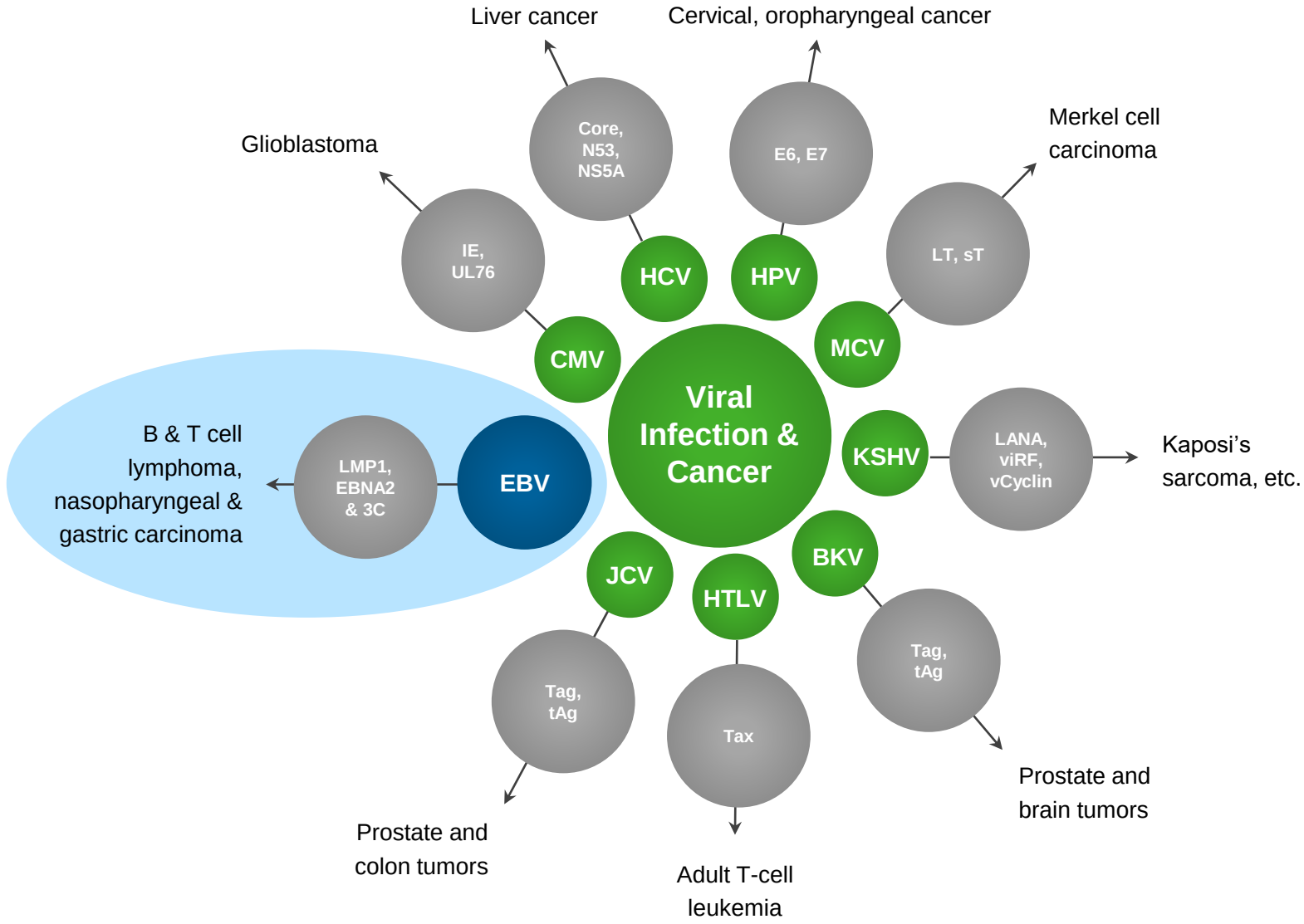
FORTY SEVEN · PDL BioPharma · NOVARTIS

viracta

Introduction to Viral Infections and Cancer

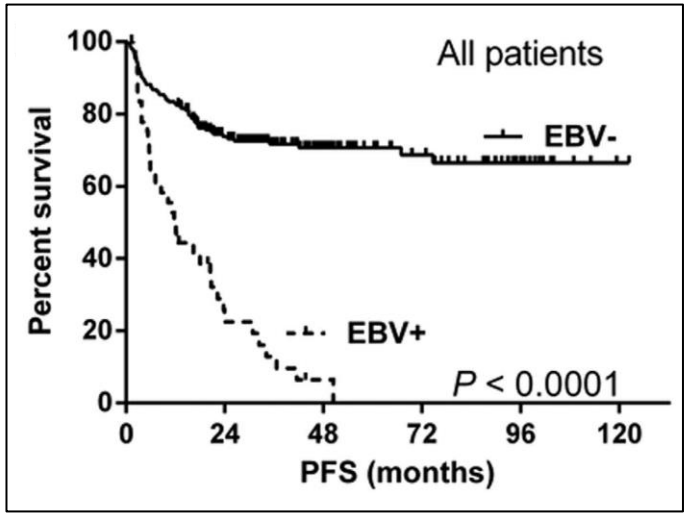


15-20% of Cancers Worldwide Contain Latent Viral Genomes

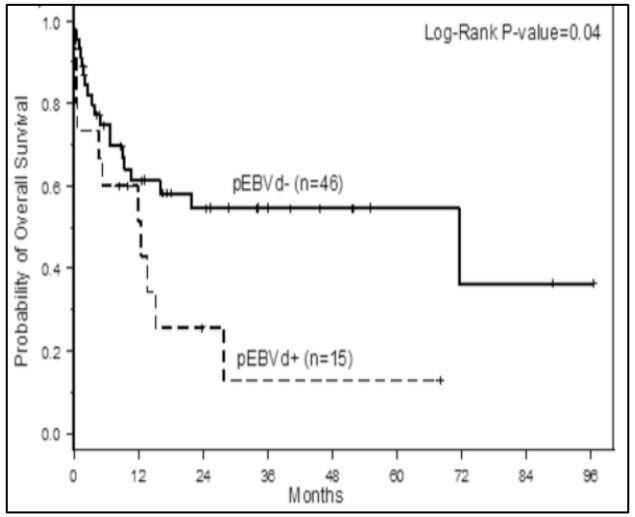


EBV: Prognostic Significance and Detection

DLBCL



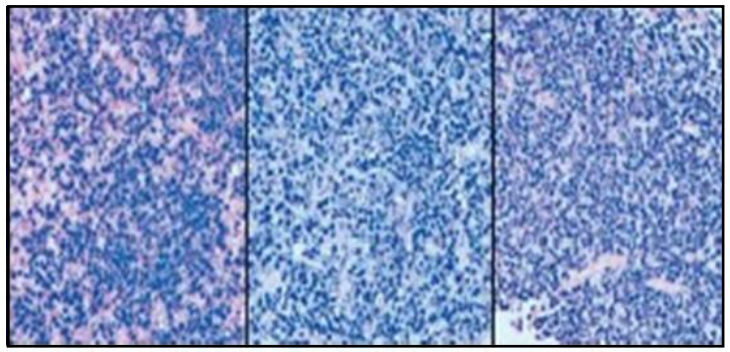
Peripheral T cell lymphoma (PTCL)



EBV positivity correlates with shortened survival in DLBCL, PTCL and HL:

- Standard of care can extend survival in EBV-negative lymphomas, but is not as effective in those that are EBV$^+$

DLBCL Plasmablastic NK/T



Dark blue: EBV genome

EBV encoded RNA *in situ* hybridization (EBER-ISH):

- Validated assay
- Standardized and easy to administer
- Directly detects EBV in cancerous cells

Source: Lu TX, et al. Sci Rep 5,12168, 2015; Haverkos BM et al. Int J Cancer. 2017, Kanakry JA, et al. Blood. 2013.

Epstein-Barr Virus (EBV): A High Global Cancer Priority

Viracta's novel treatment approach selectively targets EBV+ cancers

EBV: A *Herpes* family virus affecting a majority of the population

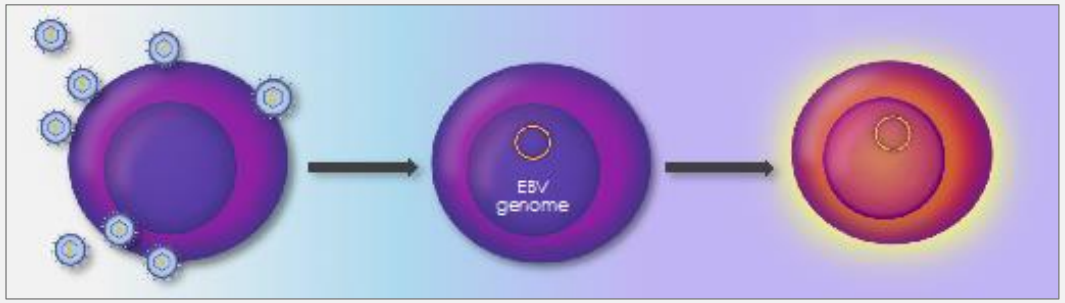
- Persists as a life-long latent infection, remaining dormant within cell nuclei
- Latency confers resistance to anti-viral therapies and facilitates evasion of immune detection

EBV is classified as a Group 1 human carcinogen

- Etiologically linked to a variety of human cancers, representing at least 250,000 new cases each year in lymphoma, NPC and GC

EBV+ cancers represent a pressing unmet need

- Poor prognosis with no approved therapies for EBV+ malignancies
- Responsible for ~143,000 cancer deaths each year*



*Wu L, et al. Exp. Therapeutic Med. 15: 3687, 2018

Viracta's Synthetic Lethality Approach Selectively Targets EBV+ Cancer Cells

Latency

EBV is latent in cancer cells and viral kinase genes are silenced epigenetically. **Valganciclovir (VGCV),** an antiviral prodrug of GCV, is inactive in the absence of the expression of viral protein kinase

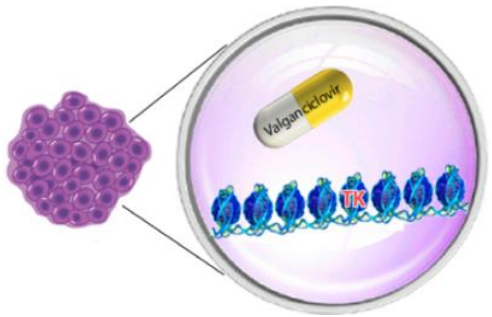
Induction of Viral Genes

Nanatinostat (Nstat) induces expression of EBV kinase genes which can activate GCV

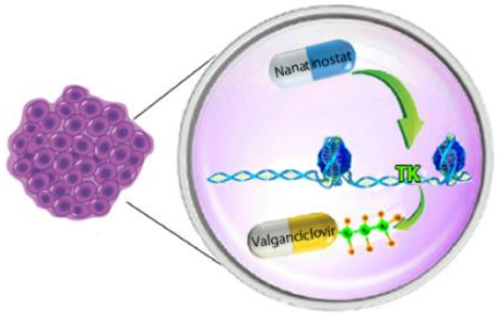
Lethality

Activated GCV induces apoptosis in EBV+ cancer cells

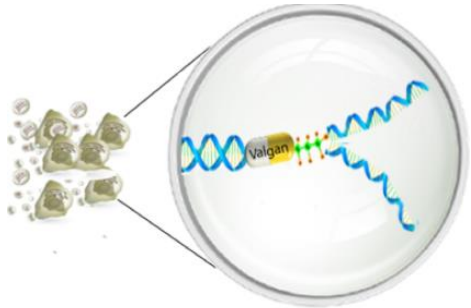
Latency



Kick



Kill



Today, it is understood that **synthetic lethality** can refer to cases in which the combination of a genetic mutation or epigenetic alteration or inhibition of a gene and the action of a chemical compound causes lethality.

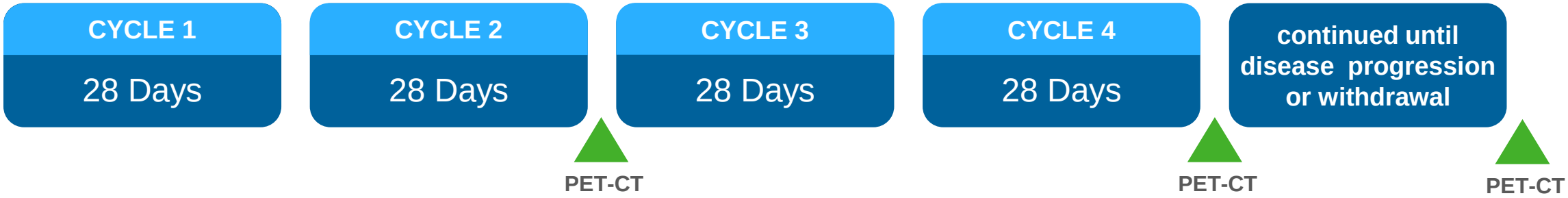
Viracta: Well-positioned to advance its novel oral therapy for EBV+ tumors

- **EBV+ cancers**: Orphan diseases with high unmet medical need, poor prognosis and no approved therapies
- **Viracta's approach**: Novel biomarker-directed therapy with oral delivery - targets EBV+ tumor cells by "Synthetic Lethality"
- **Lead program**: Relapsed or refractory (R/R) EBV+ lymphoma
  - Compelling Phase 1b/2 data presented at ASH Meeting in December 2020
  - Fast Track designation and multiple Orphan Drug Designations granted for EBV+ lymphoma program
  - Recent End of Phase 2 FDA Meeting in November 2020; alignment with FDA on path to registration
  - Global Registration trial anticipated to start in 1H'2021 designed to support multiple marketing approvals across various subtypes of EBV+ lymphoma
- **Pipeline expansion**: EBV+ solid tumor Phase 1b/2 trial planned for 2021
- **IP estate**: Issued patents and filed patent applications offering IP protection to 2040+
- **Financial position**: Publicly traded company on Nasdaq: VIRX
  - Over $120M cash as of close of merger with Sunesis in February 2021
  - Projected cash runway into 2024

EBV+ Lymphoma Program

Design of Phase 1b/2 Trial in R/R EBV+ Lymphoma

- Open-label, dose escalation/expansion study of oral Nstat +VGCV combination in patients with recurrent EBV+ lymphoma
- Dose-ranging Phase 1b (N=25) identified Recommended Phase 2 Dose (RP2D)
  - **RP2D = Nstat 20mg PO days 1-4/wk + VGCV 900mg PO QD**
- Phase 2 expansion cohort (N=30) currently enrolling at 22 sites in the US and Brazil



- **Endpoints**: Response rate (ORR by PET-CT; Lugano 2014), response duration, safety, clinical benefit rate (CBR)
- Other end-points: PK, change in plasma EBV DNA
- **Updated Phase 2 data presented at ASH 2020**

Promising Activity in Heavily Pre-treated, Refractory EBV+ Lymphomas

- Patients receiving ≥2 prior therapies: 76%
- Patients refractory to most recent therapy: 80%
- Patients that exhausted all standard therapies: 80%

Subtype	Enrolled (n)	Evaluable
B-NHL	**10 (22%)**	**9**
DLBCL	7	CR (2), PR (2), SD (2)
Other B Cell	3	PD (3)
T-NHL	**15 (33%)**	**10**
eNK/T	6	CR, PR (3), PD
PTCL, NOS	3	CR, PR
AITL	5	CR (2)
CTCL	1	PD
Immunodeficiency-associated	**13 (28%)**	**10**
PTLD	4	CR, PD (2)
Other [SLE (2), CVID (1), PI (1)]	4	CR, PR, PD
HIV-associated [plasmablastic (2), DLBCL (2), HL (1)]	5	PD (4)
Hodgkin	**8 (17%)**	**6** - SD (3), PD (3)
Total	**46**	**35**

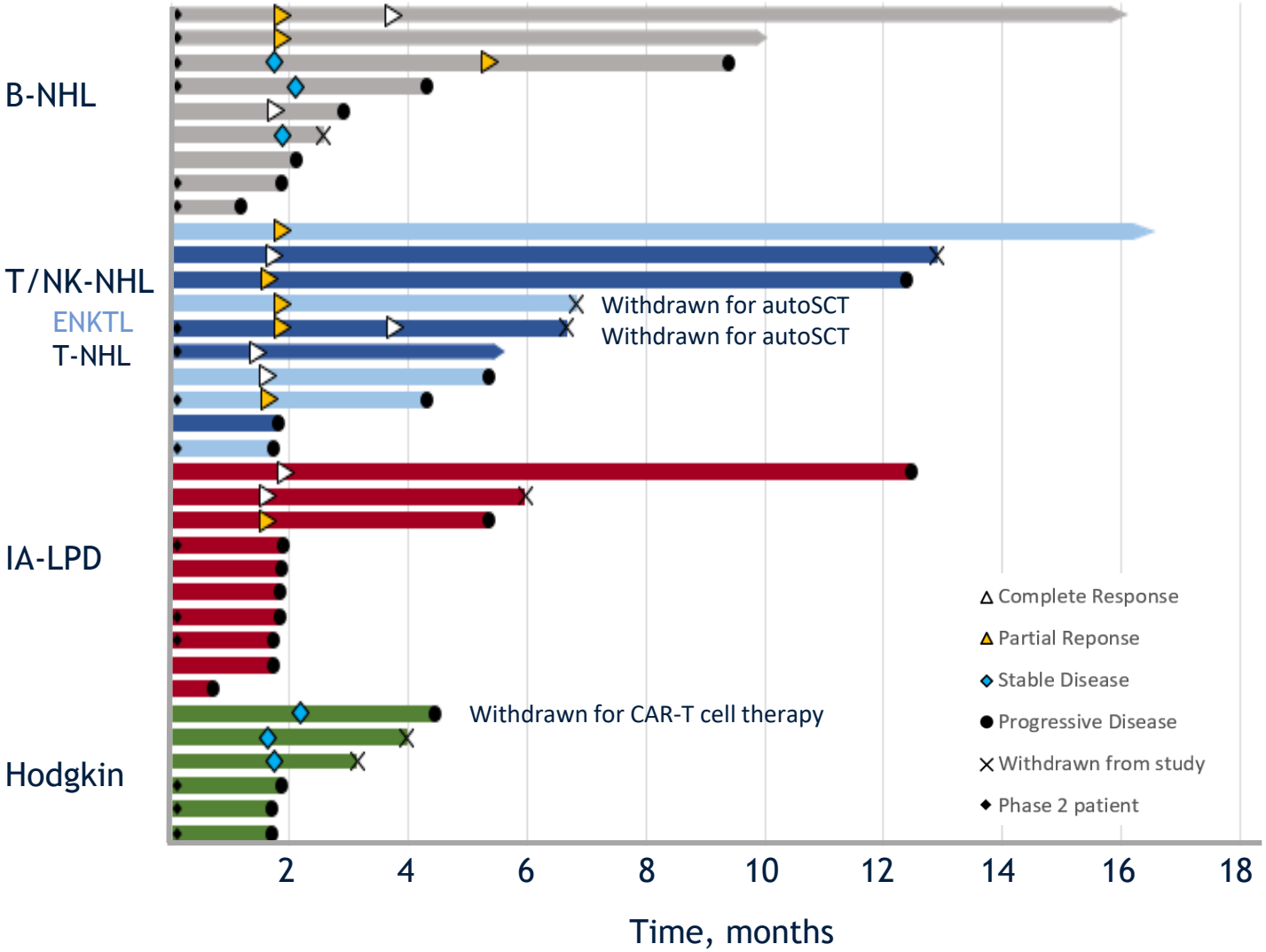
B cell
ORR 4/9 (44%)
CR 2/9 (22%)

T cell
ORR 8/10 (80%)
CR 4/10 (40%)

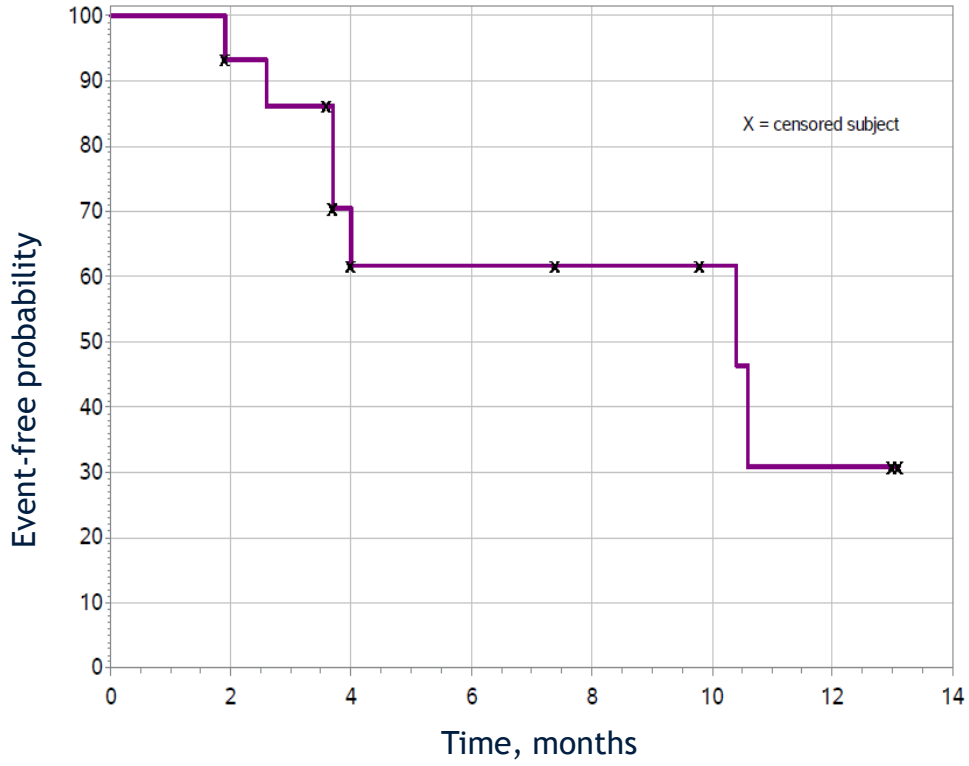
IA-LPD
ORR 3/10 (30%)
CR 2/10 (20%)

As of October 27, 2020

Response duration for all evaluable patients (N=35) by lymphoma subtype



Median duration of response (n=15)



Median duration of response: 10.4 months

Case Study #1: 37 y.o. female, extranodal NK/T-cell Lymphoma (ENKTL)

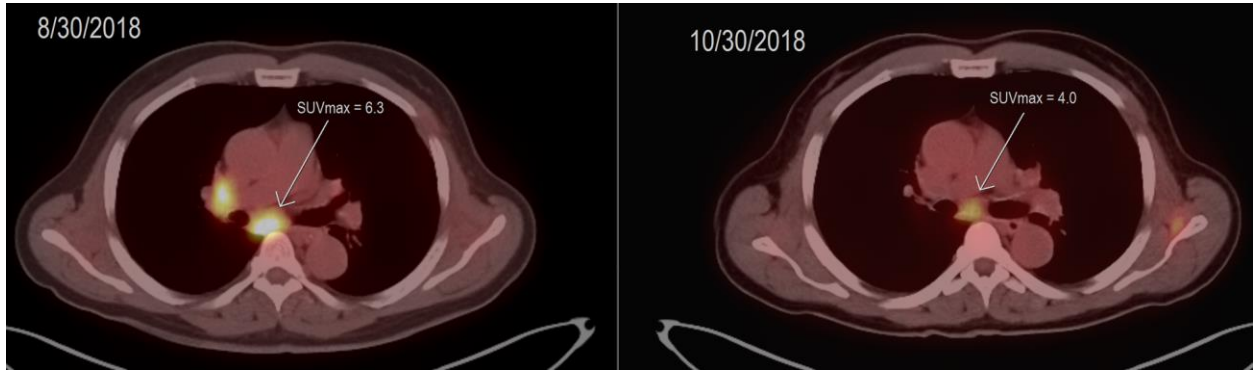
Refractory to 2nd Line ASCT; durable response >13 m and counting…

- SMILE (L-asparaginase-containing) plus radiotherapy (1st Line), ASCT (2nd line); refractory to last therapy
- Patient was being considered for palliative care
- Partial remission 1.9 months after start of therapy
- Duration of response currently 13 months and patient continues on treatment
- Relapses post- SMILE regimen have a poor prognosis, with a median overall survival of 4-6 months

Case Study #2: 58 y.o. male, peripheral T cell lymphoma (PTCL)

Durable PR after prior HDACi therapy and autologous stem cell transplantation (ASCT)

- CHOEP regimen (1st line); romidepsin/ASCT (2nd line); romidepsin (3rd line) with disease progression at 5 months
- Durable PR on oral Nstat + VGCV (10.6 months)



Phase 2 dose has a promising safety profile

Grade 3/4 AEs in ≥2 patients

	Phase 1b (n=25)		Phase 2 (n=21)	
	All	**G3/4**	**All**	**G3/4**
Thrombocytopenia	13 (52%)	8 (32%)	5 (24%)	3 (14%)
Nausea	10 (40%)	0	7 (33%)	2 (10%)
Neutropenia	9 (36%)	7 (28%)	6 (29%)	6 (29%)
Anemia	9 (36%)	5 (23%)	5 (24%)	5 (24%)
Lymphopenia	6 (24%)	5 (23%)	4 (19%)	3 (14%)
Leukopenia	5 (20%)	3 (12%)	4 (19%)	2 (10%)
Acute kidney injury	5 (20%)	3 (12%)	1 (5%)	1 (5%)
Febrile neutropenia	2 (8%)	2 (8%)	3 (14%)	3 (14%)
Hypokalemia	2 (8%)	1 (4%)	3 (14%)	1 (5%)
Urinary tract infection	3 (12%)	1 (4%)	2 (10%)	1 (5%)
Hypertension	3 (12%)	2 (8%)	-	-

- Oral regimen was generally well-tolerated
- The most common G3/4 AEs were reversible cytopenias
- Serious adverse events (SAEs) occurring in ≥2 patients were febrile neutropenia and pneumonia (both n=2)
- No study drug related deaths occurred in the treatment period
- Potential for combining with other chemo-and/or immunotherapies

Summary of Recent End of Phase 2 Meeting with FDA

Meeting held in November 2020 supporting Viracta's path to a marketing approval of its novel oral combination therapy

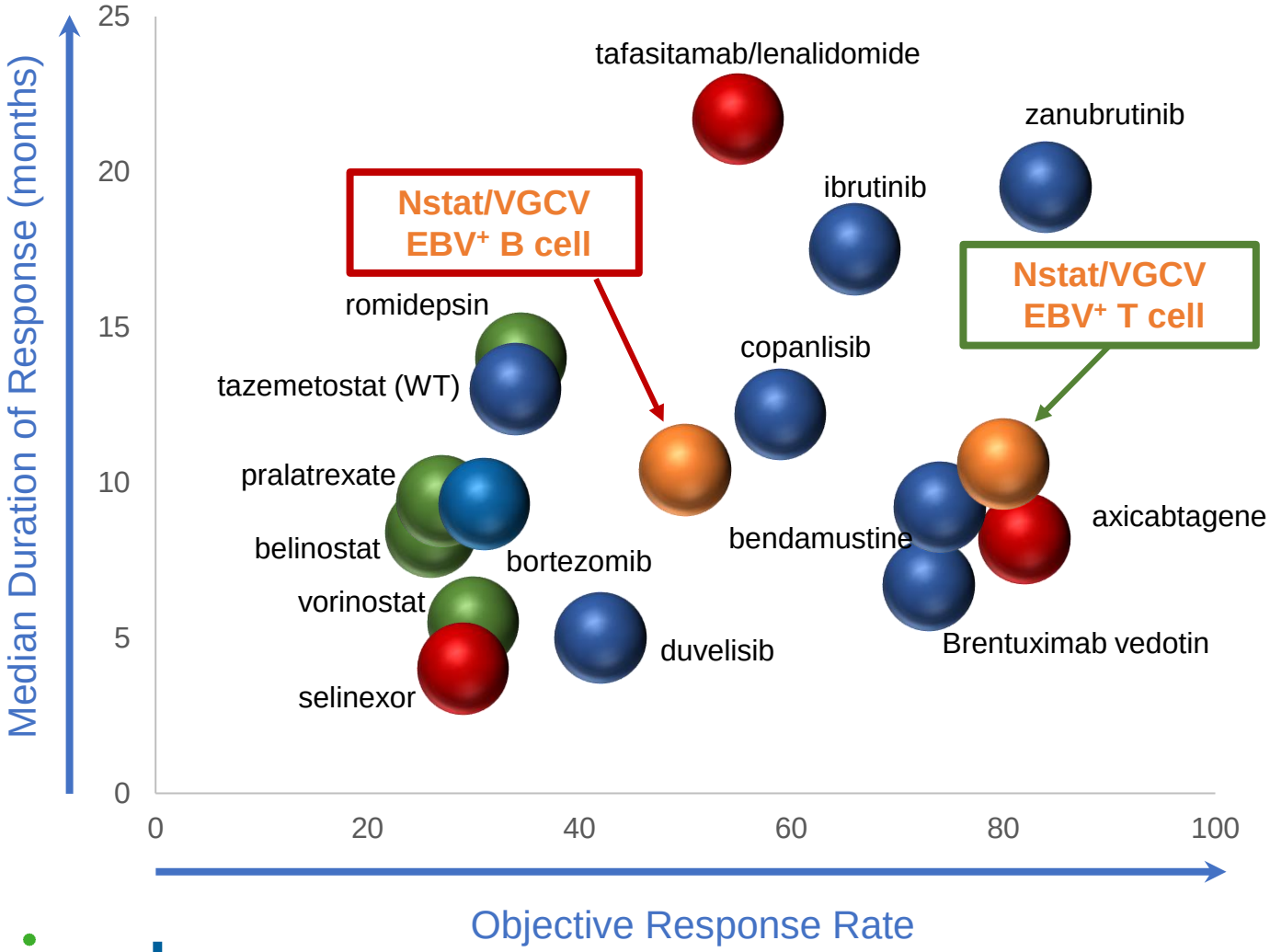
- FDA reviewers were **highly engaged** and expressed an interest to work closely with Viracta to increase probability of a successful registrational clinical trial

- FDA indicated that Viracta's proposed **single arm, basket study design** in patients with relapsed or refractory EBV-positive lymphomas after two or more previous lines of therapy could support a registration, based on the review of the Objective Response Rate (ORR) and the Duration of Response

- Approach was determined to be generally acceptable for obtaining **accelerated approval,** based on data review.

Single Arm Accelerated Approvals in R/R Lymphoma

Nanatinostat/Valganciclovir comparison to prior single-arm accelerated approvals



ORR and DoR for Nstat/VGCV in EBV+ lymphoma compare favorably against registration data for other accelerated approvals in various R/R lymphomas

Bubbles represent NDA data sets for single-arm accelerated approvals:

Green: T cell lymphomas

Red: DLBCL *(Kymriah® ORR 50%; mDoR NR)*

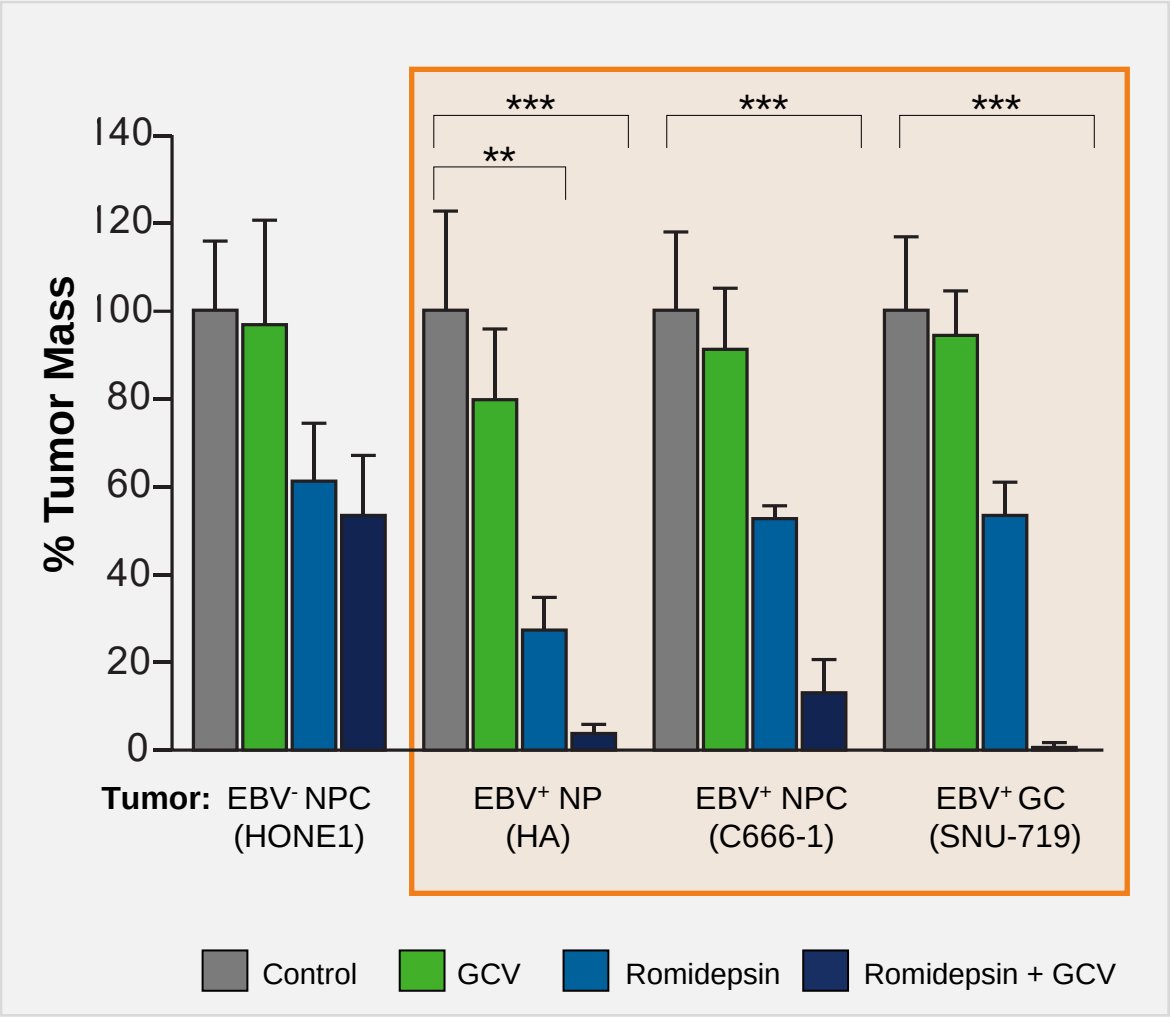
Blue: Other lymphomas

Orange: *Preliminary response data* for Nstat/VGCV in T cell and B cell NHL

EBV+ Solid Tumor Program

Preclinical Proof of Concept for Co-administration of Nstat & VGCV in Solid Tumors

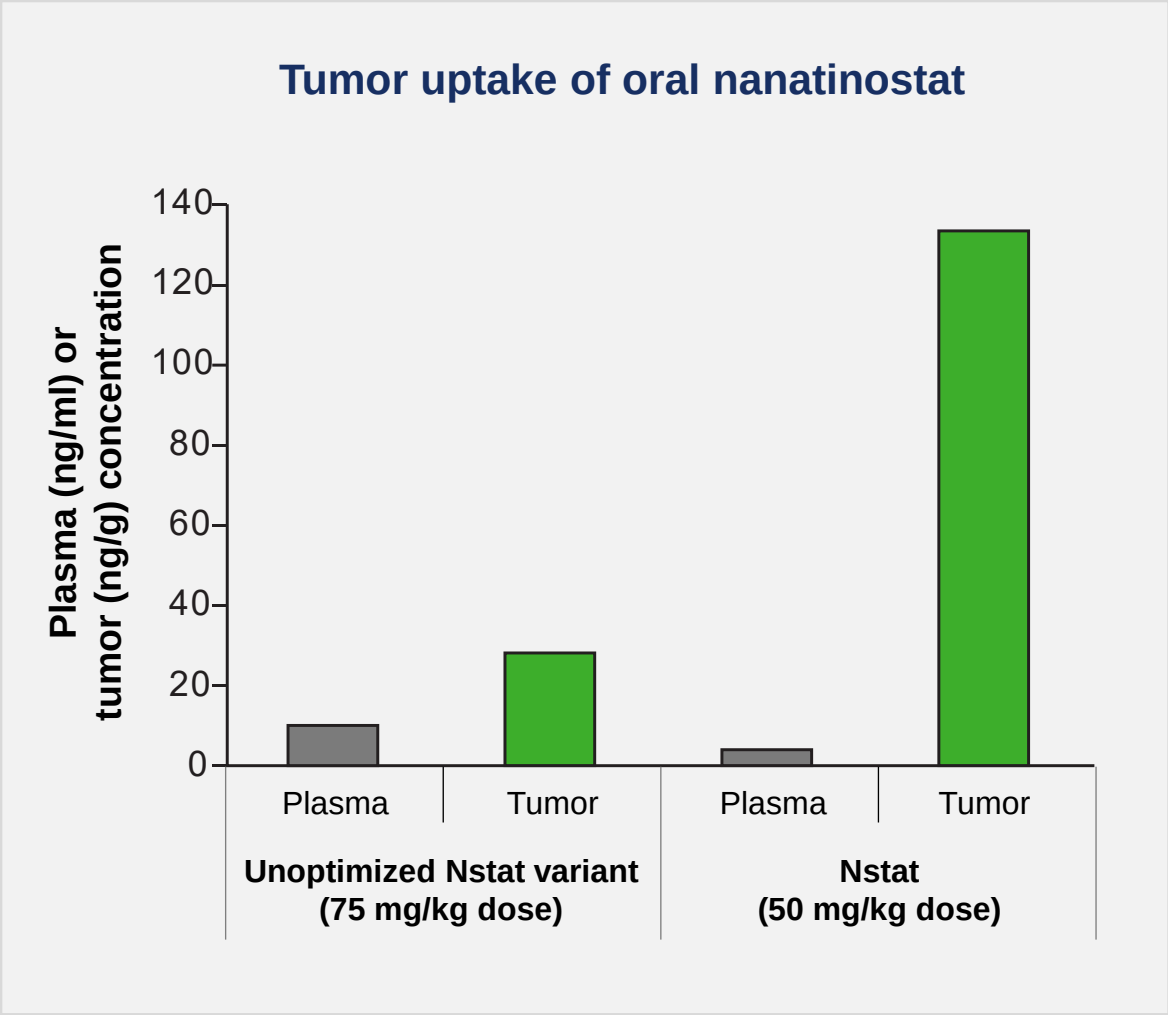
- Annual global incidence of NPC & GC: ~190,000
- High unmet need exists, especially for R/R disease
- Efficacy of combination approach was initially reported in murine models of EBV+ NPC and GC using a first generation intravenous (iv) HDACi + iv ganciclovir*



*Hui KW, et al. Int J Cancer:138.125-136 (2016)

Towards a phase 1b/2 study in EBV+ solid tumors

- High tumor uptake of nanatinostat was shown in murine xenograft models of colorectal cancer
- Viracta's "Synthetic Lethality" advantages:
  - All-Oral combination therapy
  - EBV-targeting
  - Favorable safety profile in combination with VGCV
- Phase 1b/2 study in EBV+ solid tumors planned to start in 2021



Moffat, et al. J. Med Chem. 53: 24, 2010.

Viracta Therapeutics – Sunesis Pharmaceuticals Merger Summary

- Viracta Therapeutics and Sunesis Pharmaceuticals merged in an all-stock transaction on February 24, 2021
- Viracta trading Nasdaq under ticker symbol VIRX
- Concurrent with the merger agreement, Viracta closed a $65 million private placement, led by BVF; funding to occur immediately prior to merger close
- Over $120M cash as of close of merger
- Projected cash runway into 2024

Contact Information

Ivor Royston, MD

President and CEO

+1 (858) 771-4190

iroyston@viracta.com

Daniel Chevallard, CPA

Chief Financial Officer

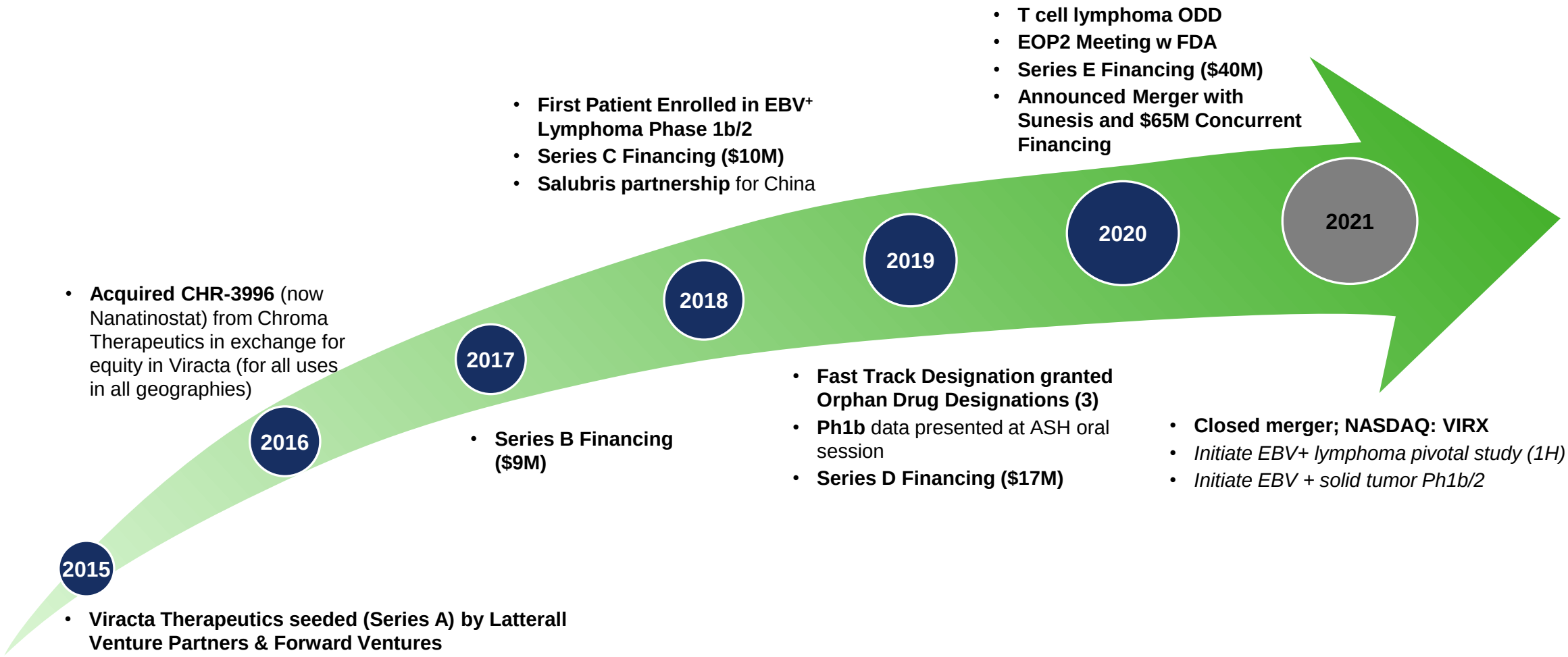
+1 (858) 771-4193

dchevallard@viracta.com

viracta

Appendix

Viracta Therapeutics, Inc. - Formation & Financing History



Board of Directors and Scientific Advisory Board

Board of Directors

Roger J. Pomerantz, MD
Chairman of the Board
President, Chief Executive Officer & Chairman of the Board, ContraFect Corporation

Ivor Royston, MD
Chief Executive Officer, Viracta

Tom Darcy
Chairman of the Audit Committee
Audit Partner, PricewaterhouseCoopers (Retired)

Michael Huang, MBA
Managing Partner, Taiwania Capital

Samuel Murphy, PhD
CEO, Salubris Biotherapeutics, Inc.;
VP and Head of International Business Development, Salubris Pharmaceuticals

Nicole Onetto, MD
Professional Director

Gur Roshwalb, MD, MBA
Managing Director, aMoon

Scientific and Clinical Advisors

Douglas Faller, MD, PhD
Scientific Founder & Chairman, Scientific Advisory Board, former Cancer Center Director & Vice Chairman of the Division of Medicine, Boston University

Robert Baiocchi, MD, PhD
Associate Professor, Associate Director for Translational & Clinical Science in the Division of Hematology, The Ohio State University

Corey Casper, MD, MPH
Chief Medical Officer at Infectious Disease Research Institute (IDRI), Co-Director of University of Washington/Fred Hutch Center for AIDS Research

Charles Cobbs, MD
Director of the Ivy Center for Advanced Brain Tumor Treatment, Swedish Neuroscience Institute, Seattle

Carl June, MD
Professor in Immunotherapy, Pathology & Laboratory Medicine
Director, Center for Cellular Immunotherapies
Director, Parker Institute for Cancer Immunotherapy, University of Pennsylvania

Ronald Levy, MD
Professor & Director of the Lymphoma Program at Stanford University School of Medicine; member of the National Academy of Medicine and the National Academy of Sciences

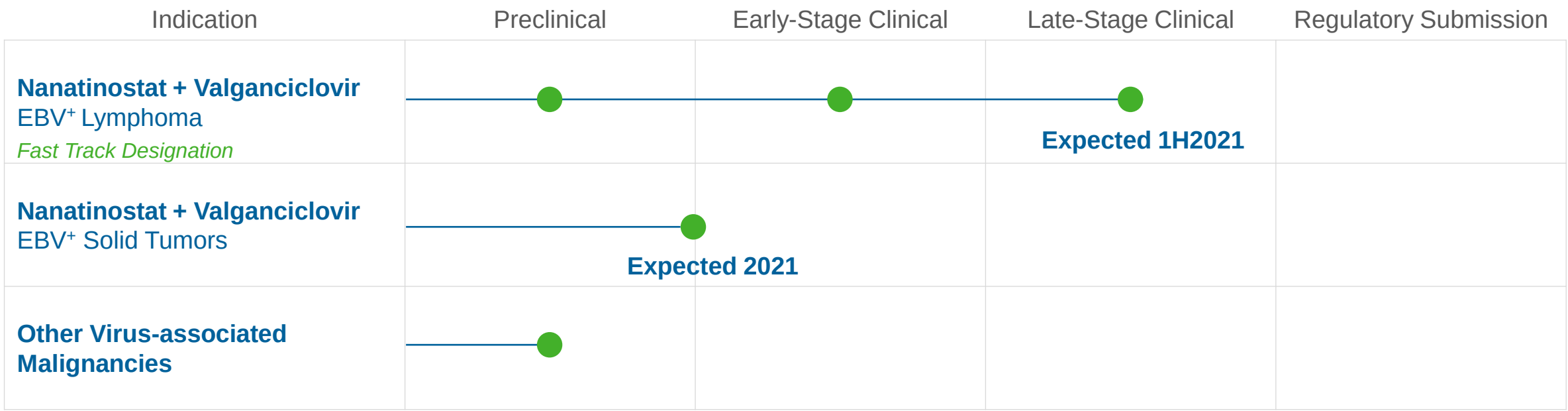
Pierluigi Porcu, MD
Director of the Hematologic Malignancies and Hematopoietic Stem Cell Transplantation Division in the Department of Medical Oncology for Sidney Kimmel Cancer Center at Thomas Jefferson University

Hao Shen, PhD
Professor of Microbiology, University of Pennsylvania

Daniel Von Hoff, MD
Physician in Chief, Distinguished Professor, Translational Genomics Research Institute (TGen), Phoenix AZ
Chief Scientific Officer, US Oncology Research

Lawrence Young, PhD
Vice President & Director of the Warwick Cancer Research Centre at University of Warwick, UK

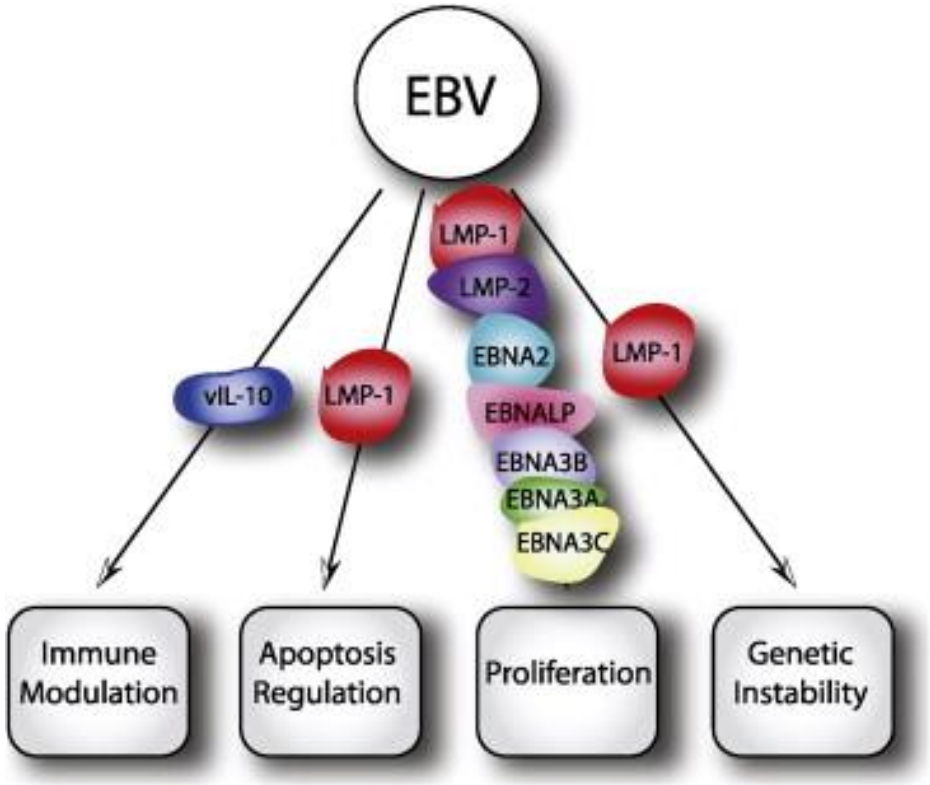
Pipeline: Innovative Approaches to Virus-associated Cancers



Orphan Drug Designations granted for nanatinostat in combination with valganciclovir for treatment of:

- T-cell lymphoma
- Post-transplant lymphoproliferative disorder (PTLD)
- Plasmablastic lymphoma

EBV - *Pleiotropic Roles in Oncogenesis*



LMP-1 — Inhibits p53;
upregulates bcl2
Upregulates NF-kB

EBNA2 — Upregulates c-myc

EBNA3 — Inhibits RB & p53

BHRF1 is bcl2 homologue ⟶ inhibit apoptosis

BCRF1 mimics IL-10 ⟶ suppress T cells

Induction of PDL1 ⟶ suppress T cells

McLaughlin-Drubin, M.E. & Munger K; Biochem Biophys Acta, 2008

Patients with recurrent EBV+ lymphomas need more treatment options

Accelerated approval path available given lack of options for patients

Subtypes	1st Line SoC	2nd Line Options	Limitations of Current Treatment Paradigm
DLBCL	R-CHOP	TL or Salvage ChemoRx + ASCT	• Outlook for refractory patients is bleak • CAR-T for 3rd line
Peripheral T-cell Lymphoma/AITL	CHO(E)P or BV+CHP for CD30+	HDACi, BV, or Salvage ChemoRx	• High unmet need with lack of standard of care in R/R disease • Clinical trial preferred for 1L and R/R disease (less responsive to CHOP)
Extranodal NK/ T cell Lymphoma	L-asparaginase-based (SMILE)+/- radiotherapy	Salvage ChemoRx+ ASCT, anti-PD1, Trial	• Dismal prognosis if R/R to L-asparaginase-based Rx (mOS ~5 mos) • Clinical trial preferred for R/R disease
Post-transplant Lymphoma (PTLD)	⇩ Immunosuppression, rituximab, or R-CHOP	Rituximab or R-CHOP	• Clinical trial preferred for R/R disease
Hodgkin Lymphoma	ABVD	BV +/- anti-PD1 or ASCT	• No preferred therapy for R/R HL • Higher treatment-related mortality in older patients • Outcomes are uniformly poor for R/R disease

Therapy abbreviations:

ABVD: adriamycin, bleomycin, vinblastine, dacarbazine
ASCT: autologous stem cell transplant
BV: brentuximab vedotin
CHP: cyclophosphamide, doxorubicin, prednisone
R-CHOP: rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone
CHOEP: CHOP, etoposide
SMILE: dexamethasone, methotrexate, ifosfamide, L-asparaginase, etoposide
TL: tafasitamab, lenalidomide
ChemoRx: chemotherapy