



41st Annual J.P. Morgan Healthcare Conference

Sean McCarthy, *D.Phil.*

Chief Executive Officer and Chairman

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Leading the Field of Localized Biologic Therapies

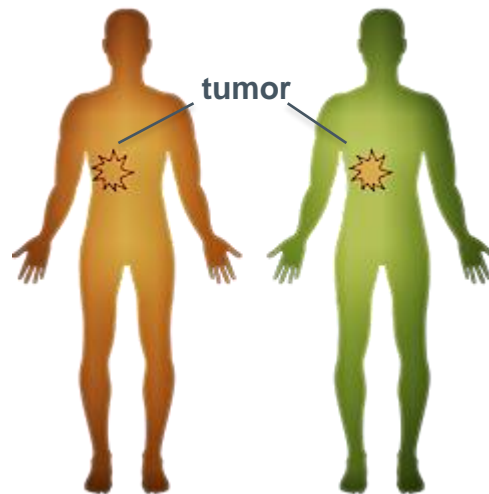
The Promise of Conditionally Active, Localized Biologic Therapies

R&D Challenge

- Next Generation Biologic Therapies have evolved to **highly potent formats** including:
 - T-Cell Engagers (TCBs)
 - Antibody Drug Conjugates (ADCs)
 - Immunotherapies
- Separating **potency from toxicity** is a key challenge for **optimizing therapeutic effectiveness**

CytomX Probody® Therapeutics

- Designed to **localize anti-cancer efficacy** and **decrease systemic toxicities**



Active Antibody

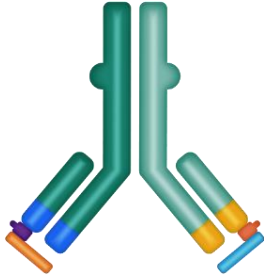


Masked Probody Tx

Leading Platform for Localized Biologic Therapies

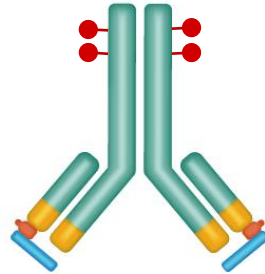
Addressing Major Challenges in Today's Cancer R&D Landscape

T-Cell Bispecifics



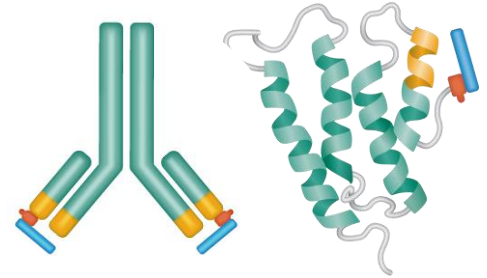
Localizing T-cell engaging bispecifics to attack solid tumors

Antibody-Drug Conjugates



Unlocking new ADC targets through localization in disease tissue

Immunotherapies



Harnessing immunotherapy through preferential activity in the tumor microenvironment

— Substrate linkers — Masks — Linker payload

Integrated Business Model for Long-Term Value Creation

Leader in localized
biologic therapies

Multi-Modality
Platform

**Probody®
Platform**

**Deep
Pipeline**

4 Clinical-stage assets
2 INDs expected in 2023



**\$194M Cash as
of Q3 2022**

**Broad IP
portfolio**

**Robust
Financing
and IP**

**Strong
Partners**

6 major partnerships
4 molecules in the clinic

Broad, Multi-Modality Probody® Pipeline

Economics	Product Candidate	Target	Indication	Preclinical	Phase 1	Phase 2	Partner
Wholly-Owned or US Rights*	CX-2029	CD71-MMAE	SqNSCLC, Esophageal / GEJ	<div></div>			<div>CYTOMX</div> <div>abbvie</div>
	CX-904	EGFRxCD3	Solid tumors	<div></div>			<div>CYTOMX</div> <div>AMGEN</div>
	CX-2051	EpCAM	Solid tumors	<div></div>			<div>CYTOMX</div>
	CX-801	IFN-α2b	TBD	<div></div>			<div>CYTOMX</div>
	Various	Undisclosed	TBD	<div></div>			<div>CYTOMX</div> <div><div>astellas</div></div>
Collaborator Directed Pipeline	BMS-986249	CTLA-4	1L Melanoma	<div>+ nivolumab vs. ipi + nivo</div>			<div><div>Bristol Myers Squibb</div></div>
			TNBC, HCC, CRPC	<div>+ nivolumab</div>			
	BMS-986288	CTLA-4 (a-fucosylated)	Solid tumors	<div>+/- nivolumab</div>			
	Probody TCBs	Undisclosed	TBD	<div></div>			<div>AMGEN</div> <div><div>astellas</div><div>REGENERON</div></div>
	Various	Undisclosed	TBD	<div></div>			<div><div>Bristol Myers Squibb</div><div>abbvie</div></div>
	Various	Undisclosed	TBD	<div></div>			<div>moderna</div>

Probody® Modality:

TCBs

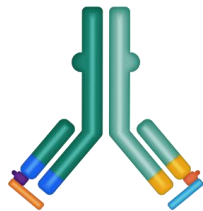
ADCs

Immunotherapy

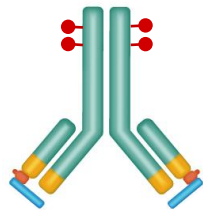
mRNA

Undisclosed

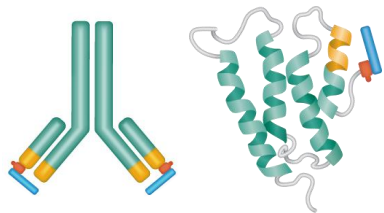
Pipeline Review



Expanding R&D Activities in T-cell Engaging Bispecifics



Probody[®] Antibody Drug Conjugates



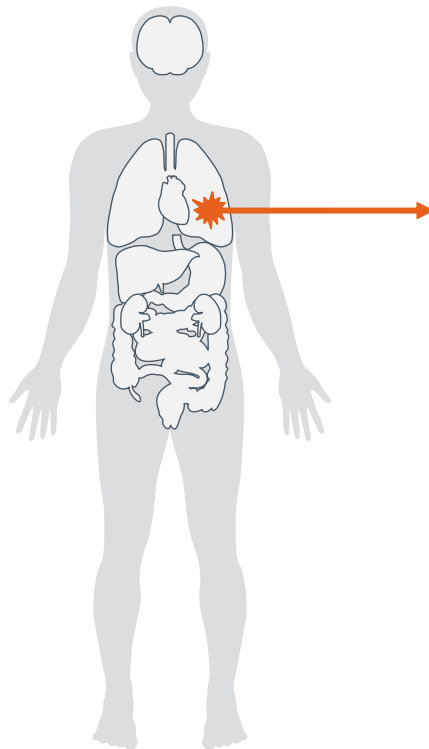
Probody[®] Immunotherapies

Expanding R&D Activities in T-cell Engaging Bispecifics

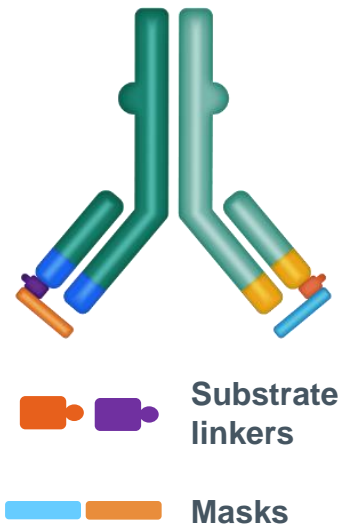
- CX-904 (EGFRxCD3) Phase 1 Progress 
- Astellas: Progress in TCB Collaboration  astellas
- Regeneron Collaboration 



CytomX Probody® Bispecifics are Designed to Localize T-cell Engaging Antibodies to the Tumor Microenvironment



Probody® Bispecifics



- **Conventional Bispecifics** are highly potent, however toxicity is a significant challenge
- **Probody® Conditionally Activated Bispecifics** retain potent anti-tumor activity while having less systemic toxicities

CX-904 Targets EGFR: A High Potential Target for Localized T-Cell Bi-specific

- **Epidermal Growth Factor Receptor (EGFR)**
 - EGFR is a tyrosine kinase receptor involved in homeostatic regulation of normal cells and carcinogenesis of epithelial malignancies^{1,2}
 - EGFR plays a crucial role in cancer, and is one of the most frequently altered oncogenes in solid tumors¹
 - Multiple EGFR targeting mAbs and small molecules approved
- **Prevalent EGFR expression in many cancer types**
 - EGFR x CD3 conditionally activated TCB has opportunity across a multitude of solid tumors
- **CX-904 designed to unlock EGFR potential**
 - Mechanism of action does not rely on EGFR signaling blockade
 - Less impacted by acquired resistance, e.g., activating mutations in NSCLC, KRAS/BRAF mutations in CRC
 - Opportunity to combine with IO or other targeted agents including EGFR tyrosine kinase inhibitors

Localized EGFRxCD3 TCB Induces Tumor Regressions and Increases MTD in Preclinical Studies

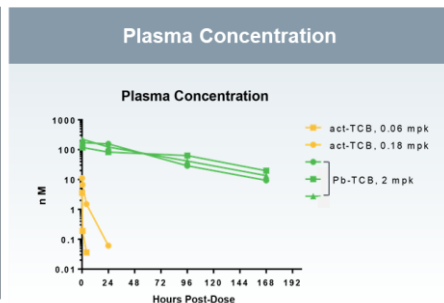
Increases MTD

TCB*	Dose (mg/kg)	Clinical Observations
Act-TCB	0.06 (MTD)	Moderate
Act-TCB	0.18	Severe
Pb-TCB	0.6	None
Pb-TCB	2.0	Mild
Pb-TCB	4.0 (MTD)	Moderate

* Act-TCB: Protease activated, unmasked TCB;
Pb-TCB: Conditionally activated, masked TCB

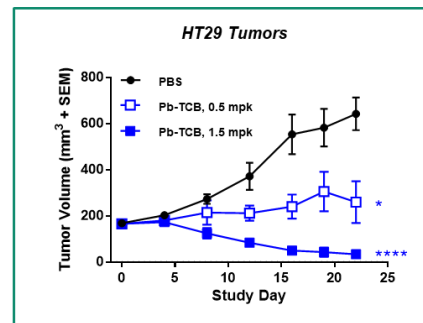
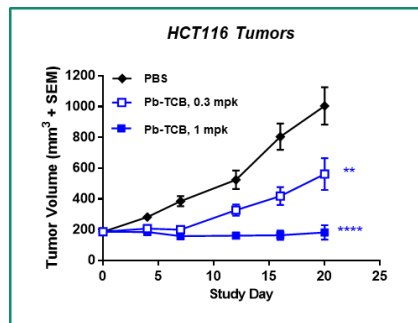
MTD increases by >60-fold with conditionally activated TCB (Pb-TCB)

Extends PK



Masking markedly extends PK relative to the unmasked TCB (no TMDD)

Single Agent Efficacy in Human PBMCs engrafted into HCT116 and HT29 Tumor-bearing NSG mice



Conditionally Activated EGFRxCD3 TCB Demonstrates Efficacy in Animal Models

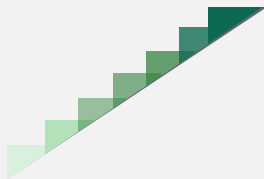
CX-904 Progress-to-date and Clinical Path Forward

2022 Progress

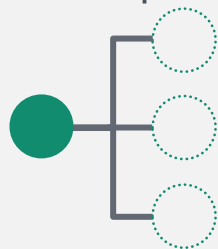
- ✓ First Patient Dosed in May 2022
- ✓ Advanced through single patient cohorts
- ✓ 3+3 Dose Escalation Ongoing

CTMX-904-101 Study

Dose Escalation:



Dose Expansion:



2023 Focus Areas

- Continued dose escalation
- Potential exploration of multiple Phase 2 doses to optimize Phase 1b/2 success
- Robust biomarker and translational science effort to optimize patient selection strategies

Phase 1a Goal: Assess Safety and Determine Phase 1b/2 dose(s)

Astellas Collaboration: Progress with T-Cell Engaging Bi-specifics



March 2020

***Probody® T-Cell Engaging Bispecific
Collaboration***

Collaboration Highlights

- Multiple pre-clinical programs in progress
- CytomX retains U.S. Co-Commercialization and profit share rights to a select number of programs
- Research funded by Astellas

CytomX and Regeneron Collaboration on Bispecific Immunotherapies



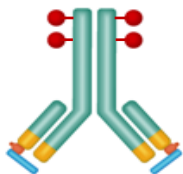
REGENERON

November 2022

*Probody® Conditional Bispecifics
for the Treatment of Cancer*

Collaboration Highlights

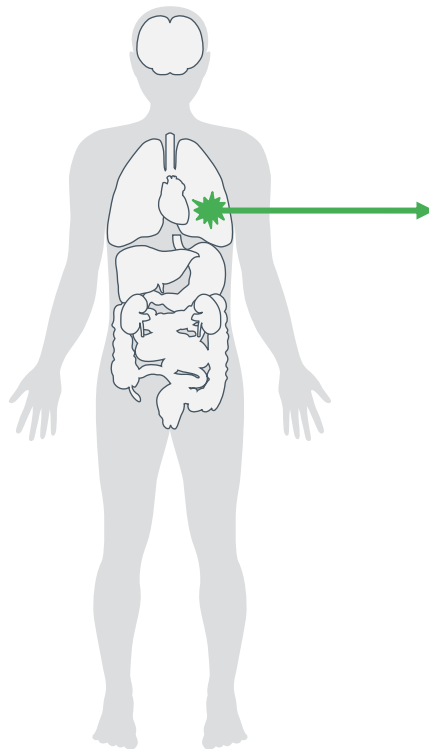
- Enables development of bispecific immunotherapies using CytomX's Probody® and Regeneron's Veloci-Bi® platforms
- Potentially addresses tumors that are unresponsive to immunotherapy
- \$30 million upfront payment, up to ~\$2 billion in milestones, tiered royalties on global net sales
- Research funded by Regeneron



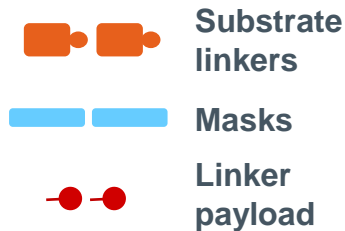
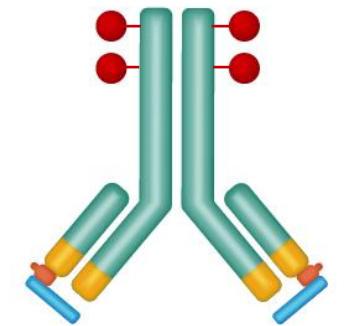
Probody[®] ADCs

- **CX-2051:** First-in-Class ADC Directed Toward Epithelial Cell Adhesion Molecule (EpCAM)
- **CX-2029:** First-in-Class ADC Directed Toward CD71 (Transferrin Receptor) for Multiple Cancer Types

CytomX Probody[®] ADCs are Designed to Localize the Potent Anti-Tumor Activity of Cytotoxic Payloads

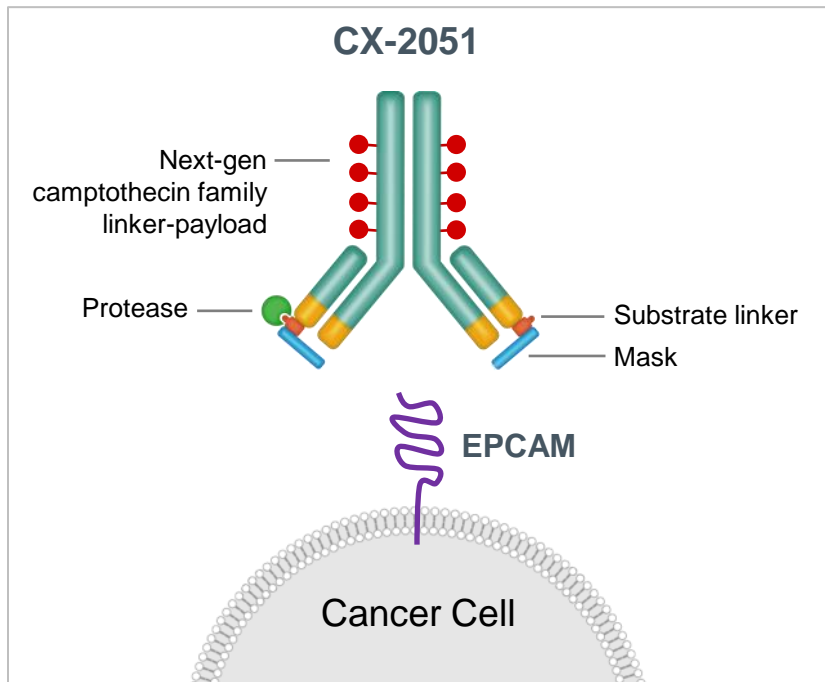


Probody[®] Antibody Drug Conjugates



- **Conventional ADCs** are highly potent, however On-Target, Off-Tumor effects can cause significant adverse events
- **Probody[®] Conditionally Activated ADCs** retain potent anti-tumor activity while having less systemic toxicities

CX-2051: EpCAM-Directed Conditionally Activated ADC with Next Generation Camptothecin Payload



Conditionally-Activated EpCAM ADC

- Probody peptide mask with >60X masking efficiency
- Protease-cleavable substrate with broad cleavability across multiple tumor types
- Next-gen camptothecin linker-payload
- Optimized linker drives bystander effect
- Inter-chain cysteine conjugation DAR8

EpCAM Has Been Clinically Validated But Not As a Systemic Therapy

Locally administered EpCAM therapies have been validated in the clinic

- **Removab (catumaxomab):** EpCAM x CD3 bispecific
- Delivered by intraperitoneal infusion
- Approved for treatment of malignant ascites (but later withdrawn for commercial reasons)

Insys Therapeutics

- **Vicineum fusion protein:** anti-EpCAM scFv linked to a truncated form of Pseudomonas exotoxin A
- Delivered by intravesical administration
- ~40% 3-month complete response in bladder cancer

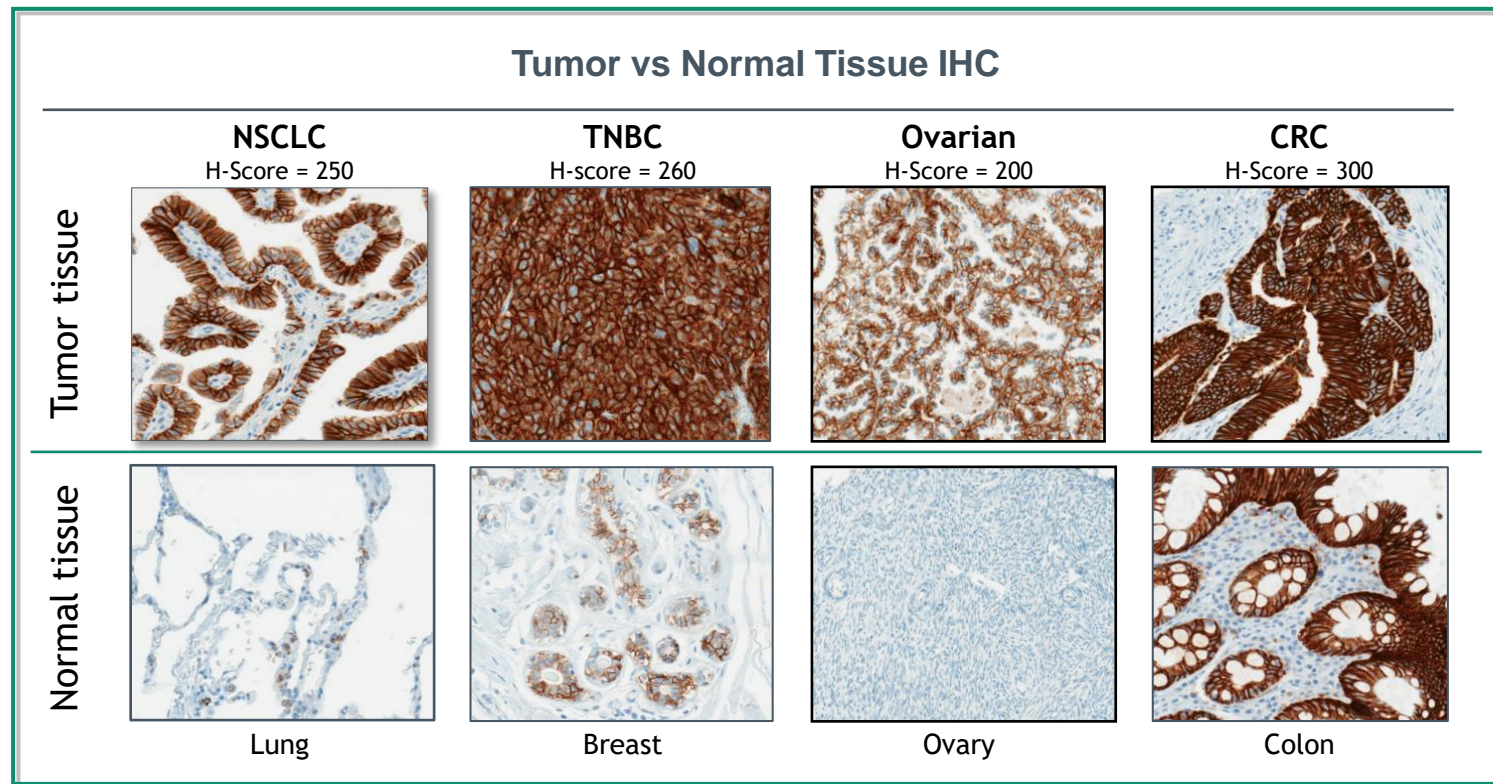
Sesen Bio

Systemic EpCAM approaches have significant toxicity concerns

Asset	Company	MOA	Stage	Status
Solitomab	Amgen	EpCAM x CD3 BiTE	Ph 1	GI tox reported; discontinued
ING-1	XOMA	EpCAM mAb	Ph 1	Pancreatitis reported; discontinued
3622W94	GSK	EpCAM mAb	Ph 1	Pancreatitis reported; discontinued

EpCAM: A Compelling Target with Multiple Tumor Opportunities

IND Filing Anticipated 2H 2023

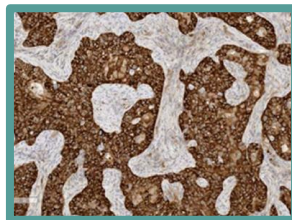


CX-2029: CD71-Directed Conditionally Activated ADC with Clinically Proven MMAE Payload

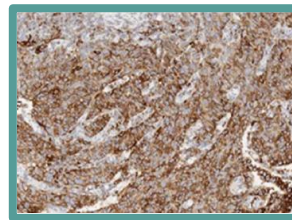
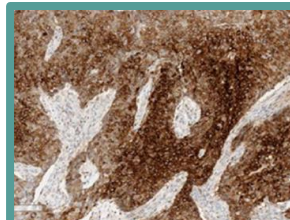
- CD71 was previously an undruggable target with conventional therapeutics due to central role in iron metabolism
- CX-2029 is a CD71-directed MMAE conjugated conditionally activated ADC
- CX-2029 is the first-in-class CD71 targeted therapeutic candidate

CD71 Tumor Expression by IHC

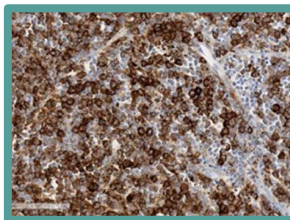
LUNG



HNSCC



ESOPHAGEAL



LYMPHOMA

Multi-Cohort CX-2029 Phase 2 Expansion Study Fully Enrolled

3 mg/kg Q3W Phase 2 Dose

Study Design:

Part A – 3+3 Dose escalation

- 0.1 mg/kg to 5 mg/kg Q3W

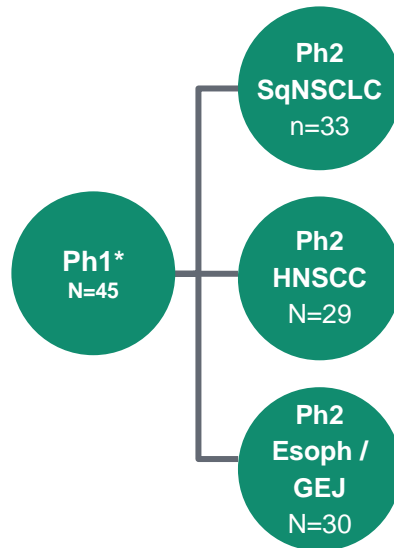
Part B – Tumor Biopsy Cohort

- Doses of 2 and 3 mg/kg Q3W evaluated

Part C – Phase 2 Expansion Cohorts

- 3mg/kg Q3W Phase 2 dose

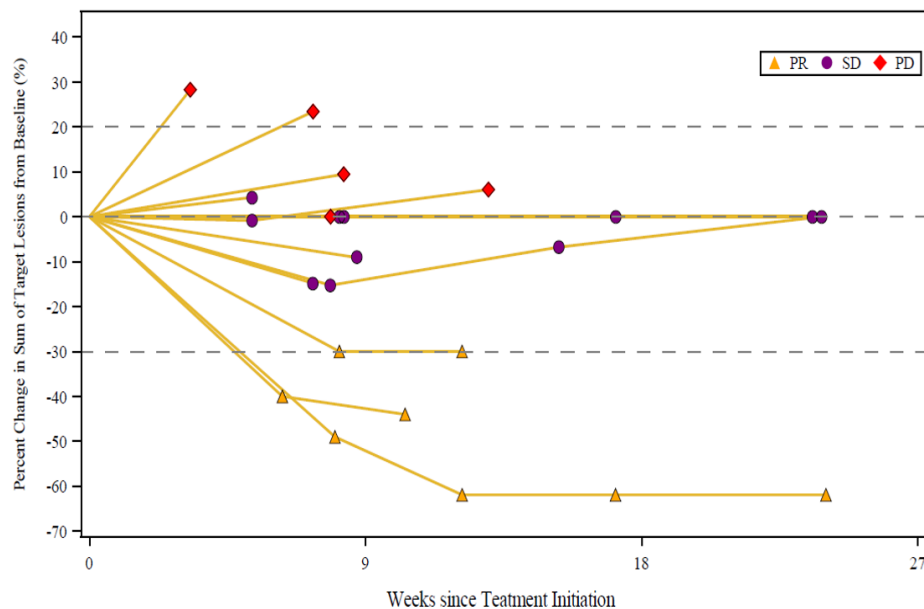
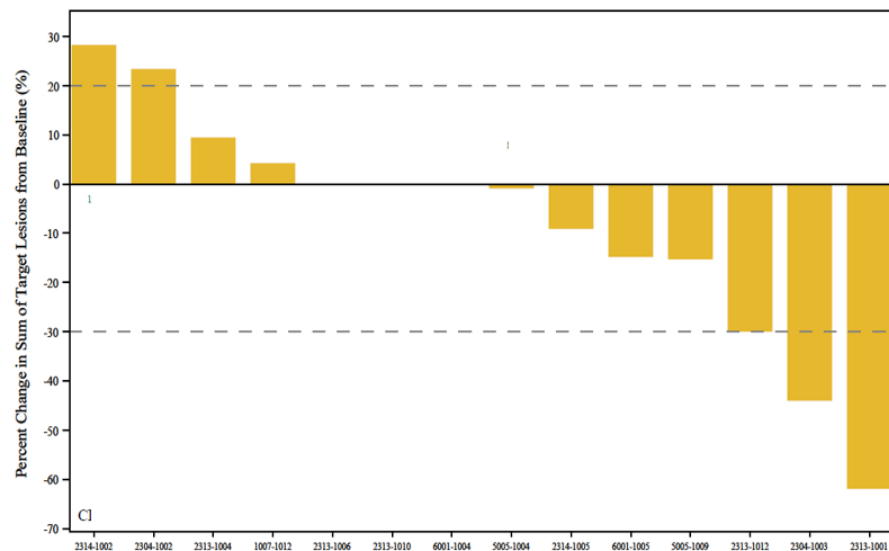
PROCLAIM-CX-2029-101



Note: Phase 2 Expansion includes 5 Patients from Part B dosed at 3mg/kg Q3W; 2 patients with sqNSCLC and 3 HNSCC

Squamous Esophageal: 21% Confirmed ORR and 57% DCR

N = 14 Efficacy Evaluable Patients

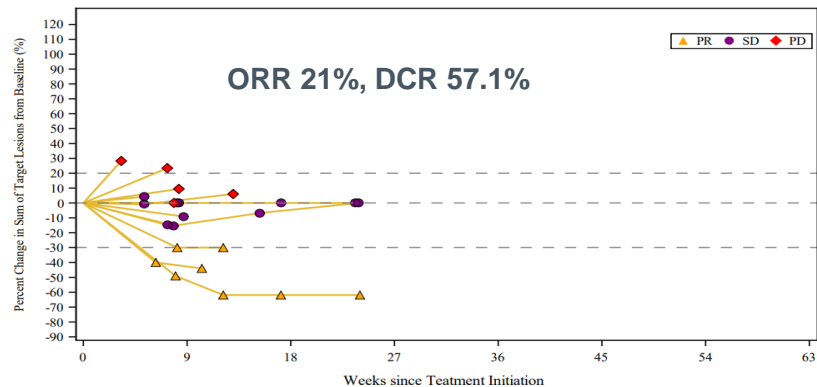


Data snapshot cutoff date for efficacy: 2022 October 4

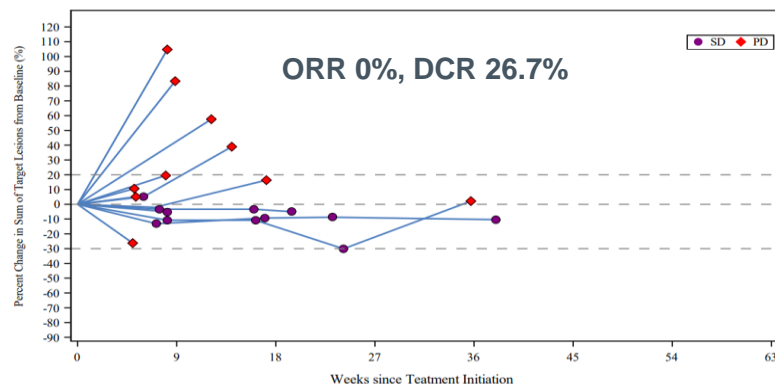
CX-2029 Responses Observed in Squamous Tumors

Durable Responses in Heavily Pretreated and Refractory ESCC, HNSCC, and sqNSCLC

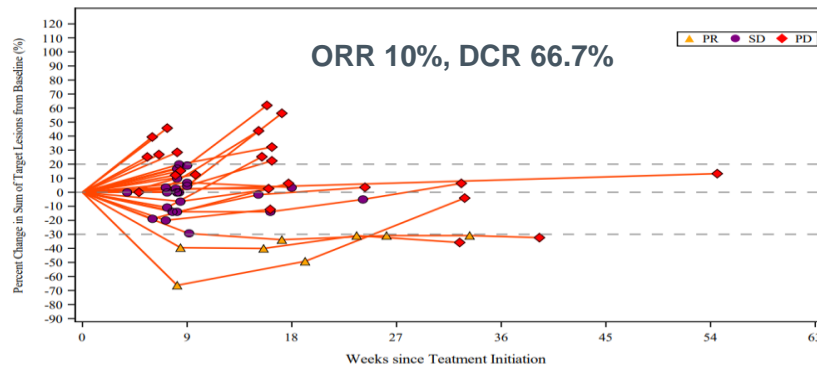
Squamous Esophageal



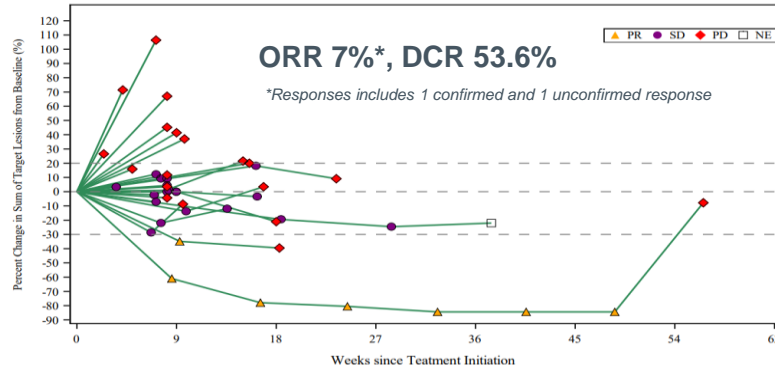
Adeno Esophageal



Squamous NSCLC



Squamous Head & Neck



Anemia Remains Most Common Treatment Related Adverse Event

Predictable and Managed with Transfusions, Dose Delays and/or Reductions

Preferred Term	Parts B & C 3 mg/kg (n=92)					
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	All Grades
Subjects w at least 1 related TEAE	0	13 (14.1)	70 (76.1)	7 (7.6)	0	90 (97.8)
Anemia	2 (2.2)	4 (4.3)	70 (76.1)	0	0	76 (82.6)
Infusion related reaction	11 (12.0)	51 (55.4)	3 (3.3)	0	0	65 (70.7)
Neutropenia	2 (2.2)	4 (4.3)	9 (9.8)	7 (7.6)	0	22 (23.9)
Fatigue	4 (4.3)	11 (12.0)	1 (1.1)	0	0	16 (17.4)
Nausea	6 (6.5)	5 (5.4)	1 (1.1)	0	0	12 (13.0)
Diarrhea	9 (9.8)	1 (1.1)	0	0	0	10 (10.9)

AE Grades are based on CTCAE v 5.0; AEs w missing relationship are considered related to CX-2029

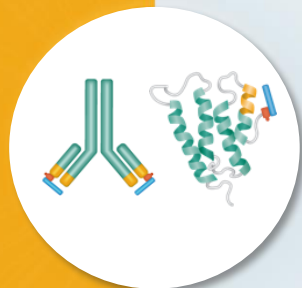
Subjects are only counted only at the maximum severity grade experienced w each preferred term

Neutropenia includes the following preferred terms: 'Neutropenia', 'Neutrophil count decreased', 'Febrile neutropenia' and 'Pancytopenia'

Data cut date: 5 August 2022

CX-2029 Summary: CD71 Targeted for First Time with an ADC

- Responses in squamous tumors including heavily pre-treated ESCC
- Encouraging duration of response in patients with a confirmed partial response or stable disease
- Biomarker evaluation for future patient selection strategies continues
- Ongoing work on potential anemia mitigation strategies
- CytomX and AbbVie to determine next steps for CX-2029 in 2023



Probody[®] Immunotherapies

- **CX-801**: Conditionally Activated IFN α -2b
- **BMS-986249**: First-in-class Conditionally Activated Antibody Targeting Cytotoxic T Lymphocyte Antigen-4 (CTLA-4)

Cytokine Therapeutics Are Potent, But Associated With Safety Issues

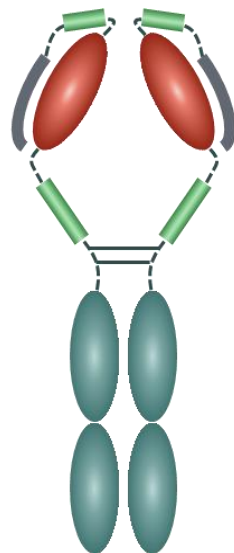
Cytokines and Cytokine Therapeutics

- Major regulators of innate and adaptive immune system
- Broad anti-tumor activity demonstrated in the clinic
- ***Clinical success to date limited by systemic toxicity or poor exposure***

Potential Advantages for Conditional Cytokine Therapeutics

- ✓ **Less systemic toxicity**
- ✓ **Better exposure** (reduced TMDD)
- ✓ **Systemic delivery** (versus IT injection)
- ✓ **Increased therapeutic index**
- ✓ **Improved combination therapies**

Probody® Cytokines

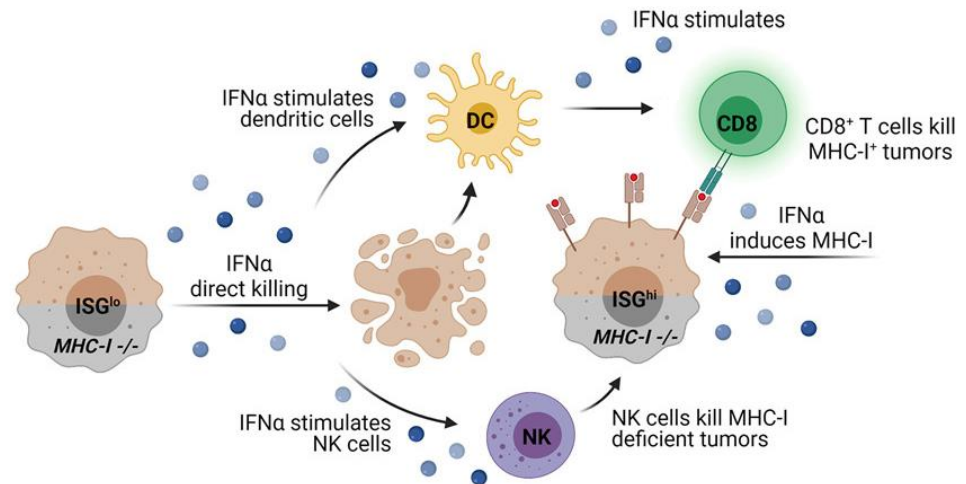


IFN α -2b is a Powerful Mediator of Immune Activation with Ideal Properties for Cancer Immunotherapy

Why IFN α -2b?

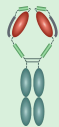
Mechanism of Action

- IFN α -2b provides an **orthogonal activity to IL-12, IL-2 and IL-15** in the cancer immunity cycle
 - IFN α -2b can **kill cancer cells directly** leading to immunogenic cell death, and
 - IFN α -2b **stimulates antigen presenting cells to activate T cells** – *distinct from IL-2, IL-12, and IL-15 that are restricted to proliferative effects via IFN γ*
- Potential to **unlock classically CPI-resistant indications**



Adapted from Green et al., Mol. Ther. Onc. 2021

CX-801: Expanding the Reach of I/O Therapy



CX-801

Potential Best in Class

1

Best-in-Class Profile

- Differentiated molecule with attractive preclinical efficacy and tolerability profile
- Well tolerated in multi-dose pilot NHP tox study up to 60 mg/kg



Broad Therapeutic Applications

- Enhance IO therapy and expand the reach of IO agents to more patients

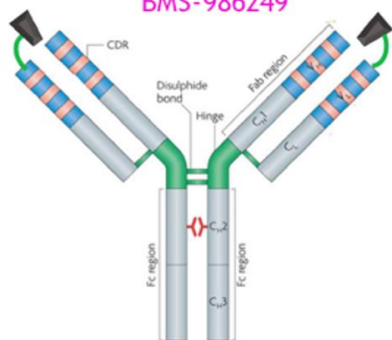
2023

CX-801 IND anticipated in 2H 2023

Next Generation Probody® CTLA-4 Programs

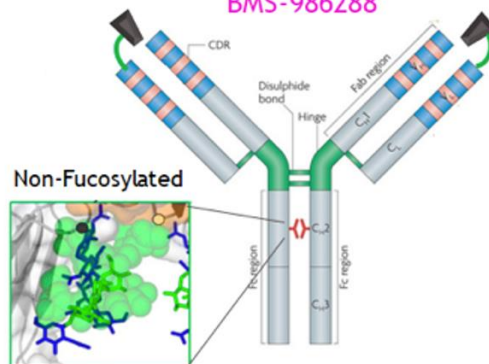
Probody®

BMS-986249



NF-Probody®

BMS-986288



Non-Fucosylated Probody®
with increased CD16 affinity

Ipilimumab Probody® with a
protease cleavable mask to
localize activity to the tumor

BMS CTLA-4 Probody® Summary

BMS-986249, a Probody version of Ipilimumab

- Phase 1 doses tested ranged from 240 mg – 2400 mg
- Early efficacy reported with no unexpected safety signals
- Randomized Phase 2 ongoing

BMS-986288, a Probody version of anti-CTLA-4 Non-Fucosylated antibody (BMS-986218)

- Phase 1/2 study ongoing
- Designed to enhance CD16 binding and increase APC-mediated T cell priming



Moderna Alliance and Closing Comments

CytomX and Moderna Announce Strategic Collaboration to Research and Develop Messenger RNA-Based Conditionally Activated Therapeutics



January 2023

***Conditionally Activated mRNA Therapies in
Cancer and Other Diseases***

Collaboration Highlights

- Collaboration will combine CytomX's Probody® Platform with Moderna's mRNA technologies
- Collaboration Scope includes oncology and non-oncology conditions
- CytomX to receive \$35 million upfront payment, including \$5 million of prefunded R&D
- Potential for up to approximately \$1.2 billion in research, milestones, tiered royalties on global net sales
- Research funded by Moderna
- Moderna option to participate in a future financing

Broad, Multi-Modality Probody® Pipeline

Economics	Product Candidate	Target	Indication	Preclinical	Phase 1	Phase 2	Partner
Wholly-Owned or US Rights*	CX-2029	CD71-MMAE	SqNSCLC, Esophageal / GEJ	<div></div>			<div>CYTOMX</div> <div>abbvie</div>
	CX-904	EGFRxCD3	Solid tumors	<div></div>			<div>CYTOMX</div> <div>AMGEN</div>
	CX-2051	EpCAM	Solid tumors	<div></div>			<div>CYTOMX</div>
	CX-801	IFN-α2b	TBD	<div></div>			<div>CYTOMX</div>
	Various	Undisclosed	TBD	<div></div>			<div>CYTOMX</div> <div><div>astellas</div></div>
Collaborator Directed Pipeline	BMS-986249	CTLA-4	1L Melanoma	<div>+ nivolumab vs. ipi + nivo</div>			<div><div>Bristol Myers Squibb</div></div>
			TNBC, HCC, CRPC	<div>+ nivolumab</div>			
	BMS-986288	CTLA-4 (a-fucosylated)	Solid tumors	<div>+/- nivolumab</div>			
	Probody TCBs	Undisclosed	TBD	<div></div>			<div>AMGEN</div> <div><div>astellas</div><div>REGENERON</div></div>
	Various	Undisclosed	TBD	<div></div>			<div><div>Bristol Myers Squibb</div><div>abbvie</div></div>
	Various	Undisclosed	TBD	<div></div>			<div>moderna</div>

Probody® Modality:

TCBs

ADCs

Immunotherapy

mRNA

Undisclosed

Transforming Lives with Safer, More Effective Therapies

Potential 2023 Events and Milestones



- **CX-904 (EGFRxCD3):** Continue patient enrollment and dose escalation in ongoing Phase 1 study
- **File 2 New INDs:** CX-801 (IFNa2b) and CX-2051 (EpCAM) in the second half of 2023
- **CX-2029 (CD71):** Determine next steps with AbbVie
- **BMS CTLA-4:** Continued clinical progress for BMS-986249 and BMS-986288
- **Collaborations:** Initiation of R&D activities with our newest collaborators, Regeneron and Moderna