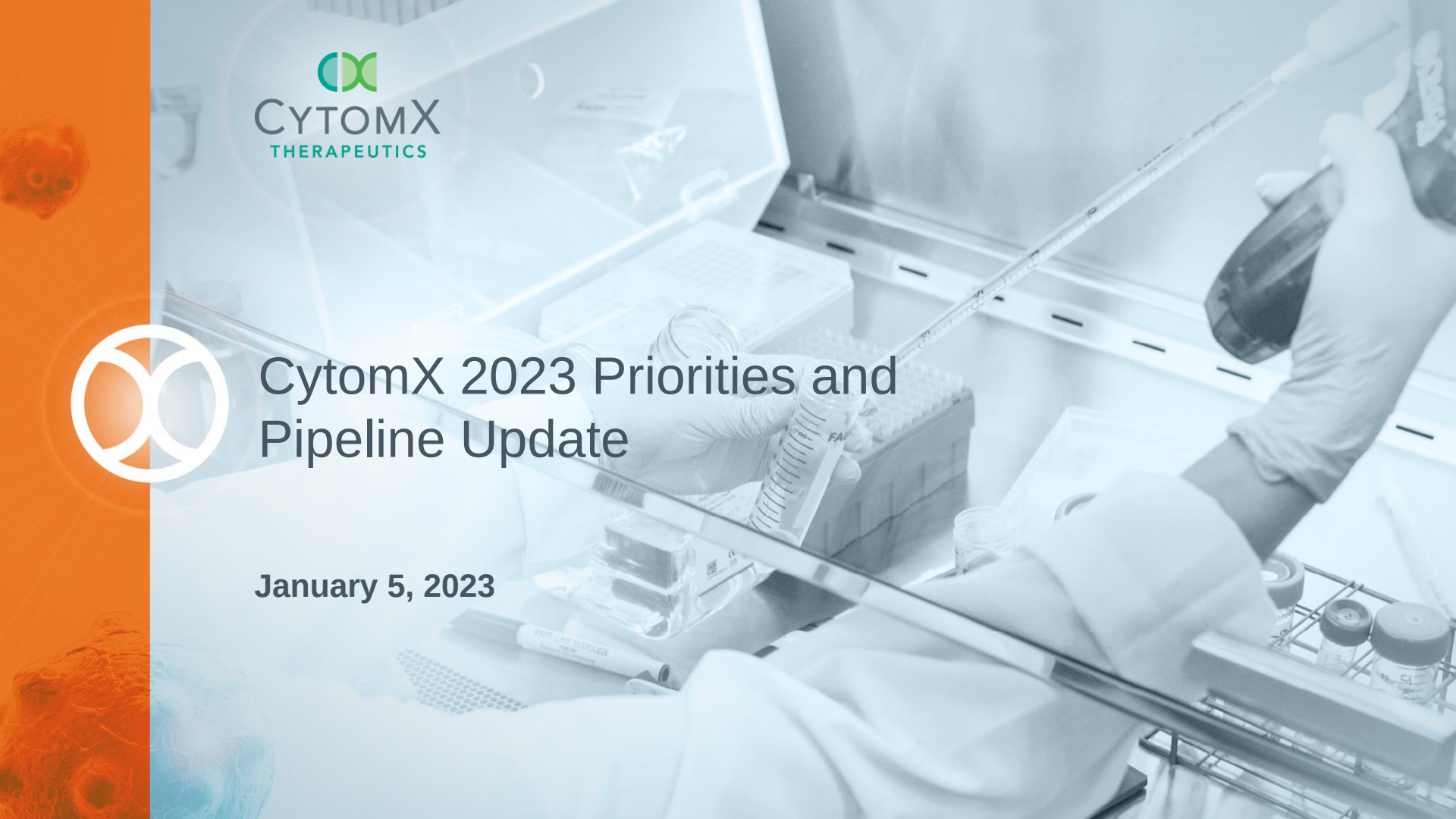
CytomX Therapeutics

CytomX 2023 Priorities and Pipeline Update

January 5, 2023



Forward-Looking Statements

This presentation may contain projections and other forward-looking statements regarding future events. All statements other than statements of historical facts contained in this presentation, including statements regarding our future financial condition, technology platform, development strategy, prospective products, preclinical and clinical pipeline and milestones, regulatory objectives, expected payments from and outcomes of collaborations, and likelihood of success, are forward-looking statements. Such statements are predictions only and involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These risks and uncertainties include, among others, the costs, timing and results of preclinical studies and clinical trials and other development activities; the uncertainties inherent in the initiation and enrollment of clinical trials; the uncertainties associated with the COVD-19 pandemic; expectations of expanding on-going clinical trials; availability and timing of data from clinical trials; the unpredictability of the duration and results of regulatory review; market acceptance for approved products and innovative therapeutic treatments; competition; the potential not to receive partnership milestone, profit sharing or royalty payments; the possible impairment of or inability to obtain intellectual property rights; and possible safety or efficacy concerns, general business, financial and accounting risks and litigation. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. More information concerning us and such risks and uncertainties is available on our website and in our press releases and in our public filings with the U.S. Securities and Exchange Commission. We are providing this information as of its date and do not undertake any obligation to update or revise it, whether as a result of new information, future events or circumstances or otherwise. Additional information may be available in press releases or other public announcements and public filings made after the date of this presentation.

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Agenda

Introduction

Moderna Collaboration

CX-2029 Phase 2 Cohort Expansion Data Update

Expanding R&D Activities in T-cell engaging bispecifics

- CX-904 (EGFRxCD3) Phase 1 Progress
- Astellas Collaboration
- Regeneron Collaboration

2023 Potential Events and Milestones

Q&A

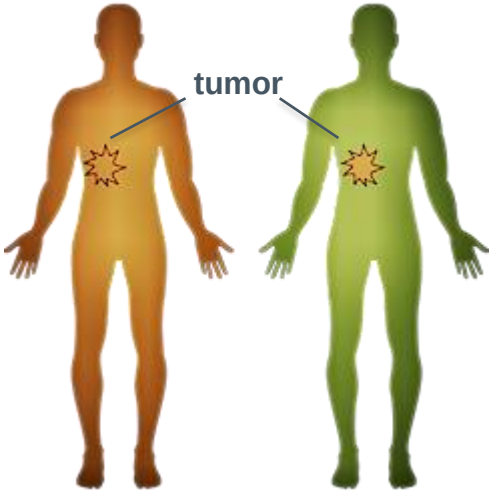
The Promise of Conditionally Active, Localized Biologic Therapies

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**



Integrated Business Model for Long-Term Value Creation

Probody® Platform

Leader in localized biologic therapies

Multi-Modality Platform

Deep Pipeline

4 Clinical-stage assets

2 INDs expected in 2023

Robust Financing and IP

$194M Cash as of Q3 2022

Broad IP portfolio

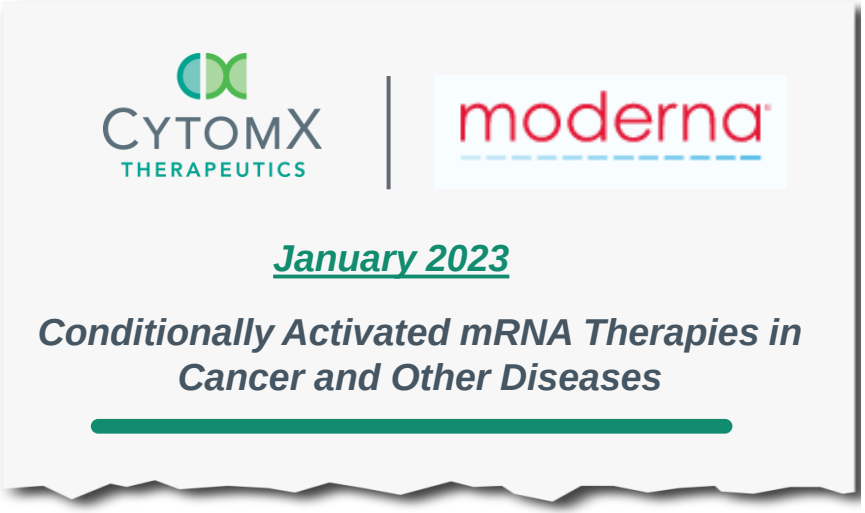
Strong Partners

6 major partnerships

4 molecules in the clinic

Bristol Myers Squibb · AMGEN · astellas · REGENERON · abbvie · moderna

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



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, development, regulatory and sales-based 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		CytomX, abbvie
	CX-904	EGFRxCD3	Solid tumors		CytomX, AMGEN
	CX-2051	EpCAM	Solid tumors		CytomX
	CX-801	IFN-α2b	TBD		CytomX
	Various	Undisclosed	TBD		CytomX, astellas
Collaborator-Directed Pipeline	BMS-986249	CTLA-4	1L Melanoma	+ nivolumab vs. ipi + nivo	Bristol Myers Squibb
			TNBC, HCC, CRPC	+ nivolumab	
	BMS-986288	CTLA-4 (a-fucosylated)	Solid tumors	+/- nivolumab	
	Probody TCBs	Undisclosed	TBD		AMGEN, astellas, REGENERON
	Various	Undisclosed	TBD		Bristol Myers Squibb, abbvie
	mRNA	Undisclosed	TBD		moderna

Probody® Modality: TCBs | ADCs | Immunotherapy | mRNA | Undisclosed

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*US Rights include wholly-owned molecules or collaboration molecules in which CytomX has a right or option to share in U.S. commercial profits

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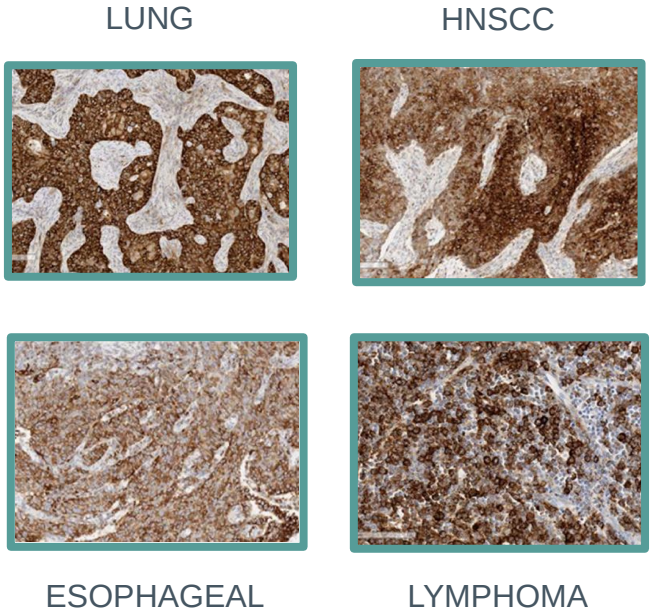
abbvie

CX-2029 Phase 2 Cohort Expansion Data Update

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



Data generated by CytomX

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

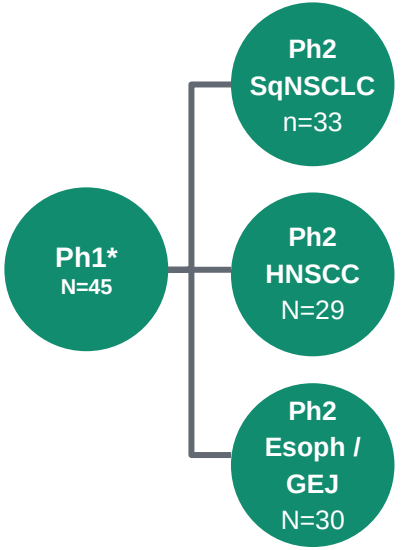
Part B – Tumor Biopsy Cohort

- 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

Phase 1 Data: Johnson M. et al. Clin Cancer Res. 2021 Aug 15;27(16):4521-4530.

Patient Characteristics:
Heavily Pre-treated, Late-stage Patients

Safety Population (receiving 3 mg/kg) Parts B[a] + C	Esophageal n=30	HNSCC n=29	NSCLC n=33	All n=92
Age (years) at enrollment Mean (SD)	61.3 (8.12)	61.1 (8.86)	66.0 (8.77)	62.9 (8.81)
Stage IV at study entry n (%)	28 (93.3)	27 (93.1)	24 (72.7)	79 (85.9)
Prior Checkpoint Inhibitor n (%)	12 (40.0)	27 (93.1)	33 (100.0)	72 (78.3)
Prior Platinum based regimen n (%)	30 (100.0)	28 (96.6)	33 (100.0)	91 (98.9)
Membrane H-score Mean (SD)	112.7 (105.12)	131.6 (113.45)	79.6 (91.63)	
Duration of treatment in weeks (Median (min-max))	8.9 (2-33)	10 (3-59)	12.1 (1-38)	10 (1-59)
Prior lines of cancer therapy (Median (min-max))	3 (1-6)	4 (1-9)	3 (1-12)	3 (1-12)

[a] *Includes 5 Patients from Part B dosed at 3mg/kg Q3W; 2 patients with sqNSCLC and 3 HNSCC*

Data cut date: 5 August 2022

CX-2029-101 Parts B+C: 3 mg/kg Updated Efficacy Results

Clinical activity continues to be observed in squamous tumors

Response rates range from 7.1-21.4% and DCR of 53-67% in heavily pre-treated patients with squamous tumors

Efficacy Evaluable Population (receiving 3 mg/kg) Parts B[a] + C	Esophageal Squamous n=14	Esophageal (Adeno/GEJ/Other) n=15	HNSCC n=28**	sqNSCLC n=30
CR (confirmed or unconfirmed)	0	0	0	0
PR (Confirmed or Unconfirmed) (95%CI)	3 (21.4) (4.7, 50.8)	0	2 (7.1) (0.9, 23.5)	3 (10.0) (2.1, 26.5)
Confirmed PR (%)	3 (21.4)	0 (0.0)	1 (3.6)	3 (10.0)
Unconfirmed PR (%)	0	0	1 (3.6)	0
SD (95% CI)	5 (35.7) (12.8, 64.9)	4 (26.7) (7.8, 55.1)	13 (46.4) (27.5, 66.1)	17 (56.7) (37.4, 74.5)
Disease Control Rate*	8 (57.1)	4 (26.7)	15 (53.6)	20 (66.7)
PD (95% CI)	5 (50.0) (12.8, 64.9)	11 (73.3) (44.9, 92.2)	12 (42.9) (24.5, 62.8)	10 (33.3) (17.3, 52.8)

[a] *Efficacy evaluable includes patients who received at least one-post baseline assessment and also includes 5 Patients from Part B dosed at 3mg/kg Q3W; 2 patients with sqNSCLC and 3 HNSCC*

* *A best response of CR, PR or SD at the first post-baseline assessment*

** *1 Patient not evaluable*

Data snapshot cut date for efficacy: 2022 October 4

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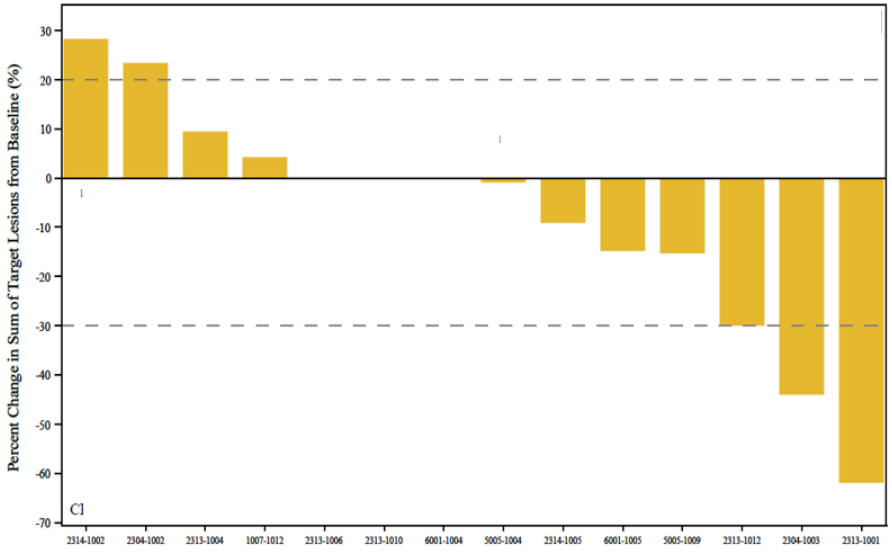
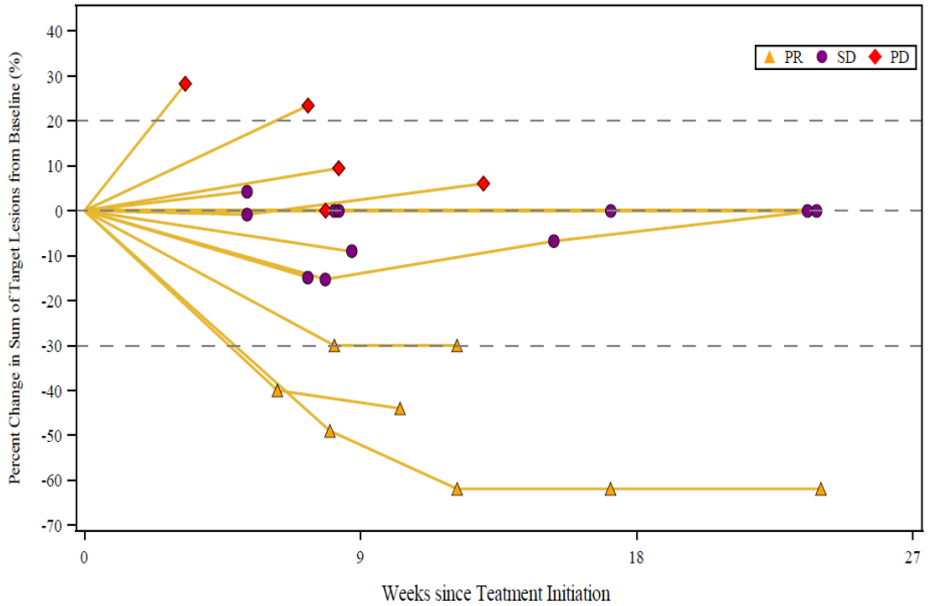
Squamous Esophageal: 21% Confirmed ORR and 57% DCR

N = 14 Efficacy Evaluable Patients



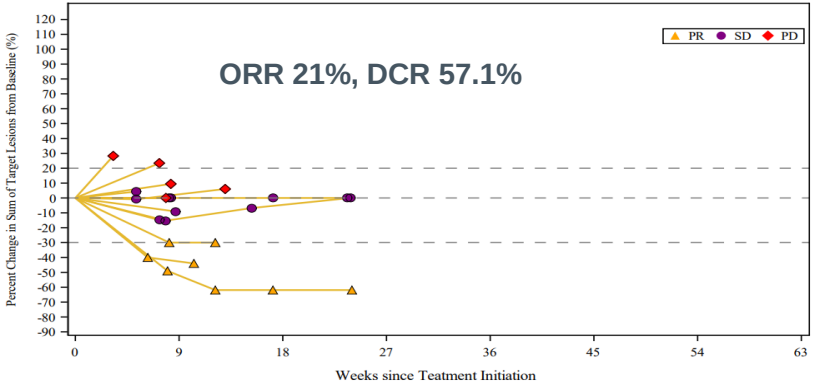


Data snapshot cutoff date for efficacy: 2022 October 4

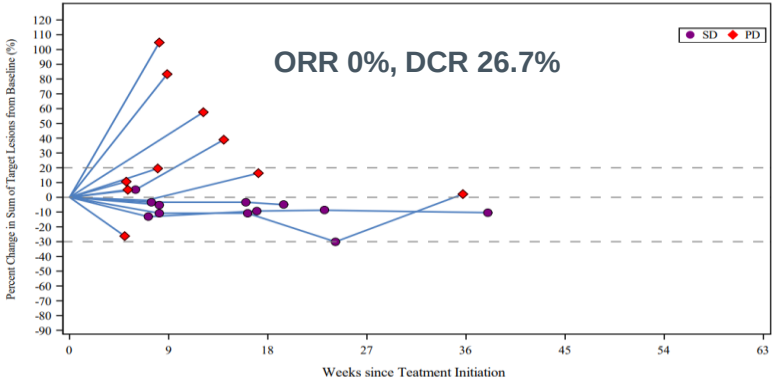
CX-2029 Responses Observed in Squamous Tumors

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

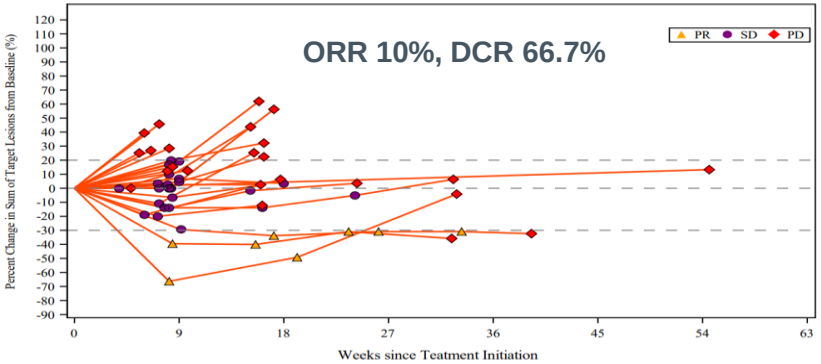
Squamous Esophageal



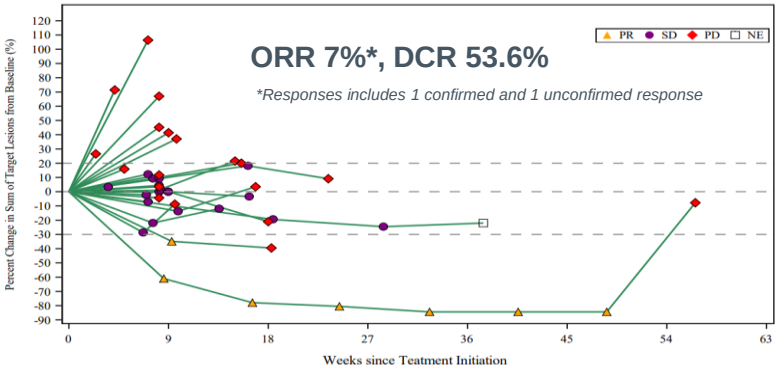
Adeno Esophageal



Squamous NSCLC



Squamous Head & Neck



Most Common Treatment Related AEs (TRAEs)

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

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Expanding R&D Activities in T-cell Engaging Bispecifics

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

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 malignacies[1,2]
  - EGFR plays a crucial role in cancer, and is one of the most frequently altered oncogenes in solid tumors[1]
  - Multiple EGFR targeting mAbs and small molecules approved
- **Prevalent EGFR expression in many cancer types**
  - EGFR x CD3 conditionally activated TCB has opportunity in both high- and low-expressing cancers
- **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

Sources: 1) Thomas and Weihua. Front Oncol. 2019; 2) Cai et al. Front. Oncol. 2020

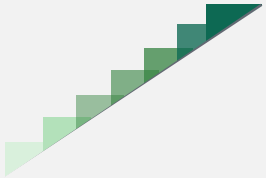
CX-904 Progress-to-date and Clinical Path Forward

2022 Progress

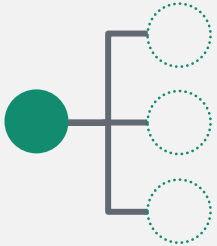
- ✓ First Patient Dosed in May 2022
- ✓ Advanced through single patient cohorts
- ✓ 3+3 Dose Escalation Ongoing

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)

CytomX Therapeutics AMGEN

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

CytomX THERAPEUTICS | REGENERON

November 2022

Probody ® Conditional Bispecifics for the Treatment of Cancer

Collaboration Highlights

- **Collaboration enables the development of bispecific immunotherapies using CytomX's Probody® and Regeneron's Veloci-Bi® platforms**
- **Potentially addresses tumor types that have historically been unresponsive to immunotherapy**
- **CytomX received $30 million upfront payment and is eligible to receive up to ~$2 billion in research, development, regulatory and sales-based milestones, tiered royalties on global net sales**
- **Research funded by Regeneron**

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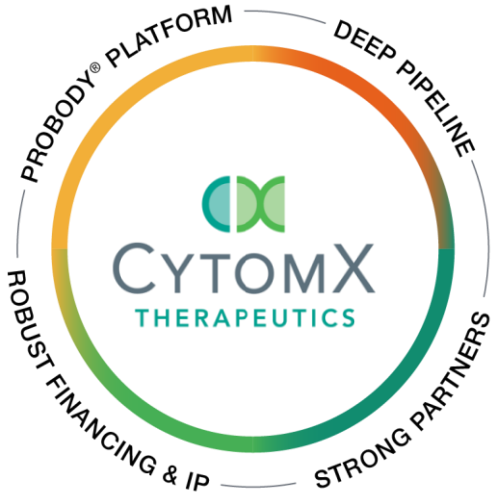
2023 Outlook

Continued Leadership and Innovation in 2023

Potential 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

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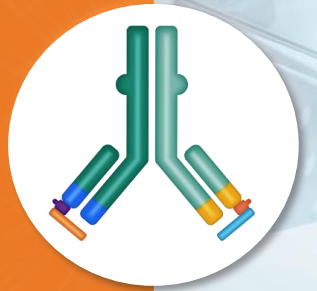

Q&A Session