CytomX Therapeutics

A Multi-Modality PROBODY® Therapeutic Pipeline to Address Major Unmet Needs in Oncology

August 2024

Forward-Looking Statements

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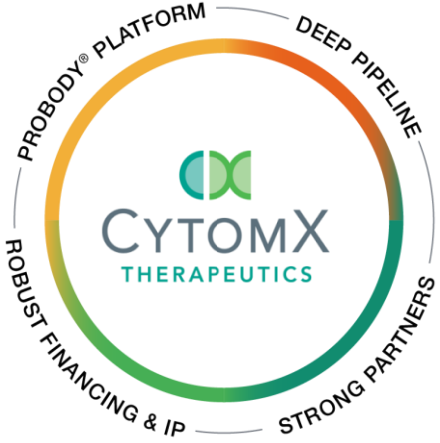
Company Snapshot

Addressing Major Unmet Need in Oncology



South San Francisco, CA

PROBODY® Platform: Unique antibody masking strategy for tumor localization and enhancement of therapeutic index

Pipeline: >15 PROBODY programs in multiple therapeutic modalities; 3 clinical-stage molecules with retained commercial rights

Lead Programs: CX-904 (EGFR-CD3), CX-2051 (EpCAM ADC), and CX-801 (IFN-α2b)

Partners: Bristol Myers Squibb, Amgen, Astellas, Regeneron, Moderna

Financials: ~$137M cash balance as of Q2 2024 with cash runway to the end of 2025, excluding any potential milestones or new business development

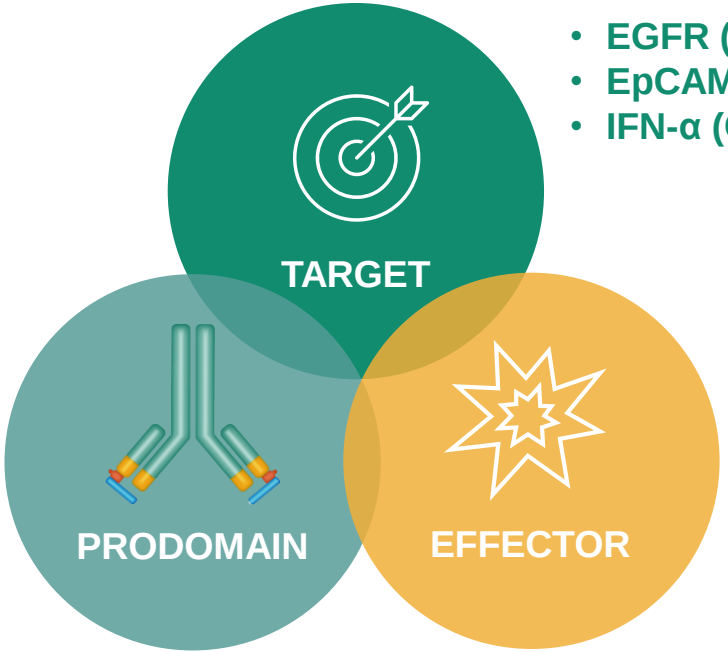
Organization: ~120 employees; seasoned executive team with ~200 years of collective biotech experience; integrated R&D capabilities to support wholly-owned and collaboration programs

CytomX Product Design Strategy Leverages the PROBODY® Platform

Optimized selection of target, prodomain and effector function

Targets with **validated efficacy and broad anti-tumor potential** that need localization to unlock potential

- **EGFR (CX-904)**
- **EpCAM (CX-2051)**
- **IFN-α (CX-801)**



Optimized tuning of masking to **maximize potential therapeutic index**

Matching "effector" to target to maximize anti-cancer activity

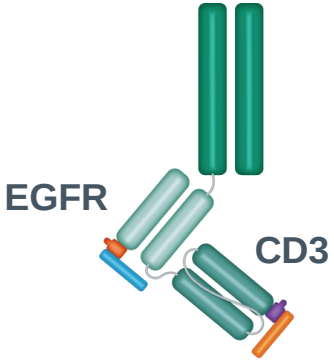
- **T-Cell Engager**
- **ADC**
- **Cytokine**

CytomX Pipeline Addresses Multiple Large Oncology Indications

Multi-modality, Tumor-Localized Probody® Therapeutics

CX-904 (EGFRxCD3)

PROBODY® T-Cell Engager



Substrate linkers Masks

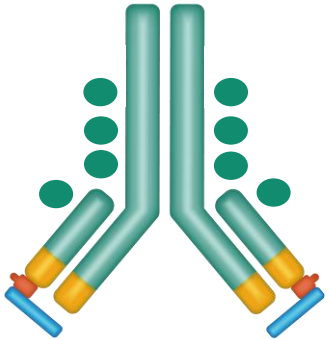
Utilize EGFR expression as an "address" to localize T-cells to solid tumors

OPPORTUNITY

Broad applicability in EGFR+ tumors regardless of mutational status

CX-2051 (EpCAM)

PROBODY® ADC



Substrate linkers Masks Linker/payload

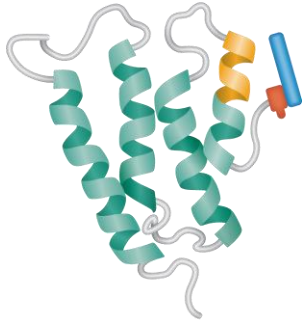
Increase therapeutic index for EpCAM through tumor localization and tailored Topo-1 linker-payload

OPPORTUNITY

EpCAM+ tumors including CRC

CX-801 (IFNα2b)

PROBODY® Cytokine



Substrate linkers Masks

Harness IFNα2b activity to preferentially impact the tumor microenvironment

OPPORTUNITY

Designed to be a cornerstone of combination therapy

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CytomX is Executing to Plan and Entering a Data-Rich Period

2024 & 2025 Potential Milestones

Program	Stage	2024	2025
CX-904 (EGFR TCE)	Phase 1 Dose Escalation	☑ Initial Phase 1a Dose Escalation data ❑ Program Update by Year-end ❑ Decision to Expand to Phase 1b	❑ Phase 1b Initiation
CX-2051 (EpCAM ADC)	Phase 1 Dose Escalation	☑ Phase 1 Initiation in EpCAM+ tumors including CRC in 1H 2024 ☑ Enrolling Third Dose Escalation Cohort	❑ Initial Phase 1 Data in 1H 2025
CX-801 (IFNα2b)	Phase 1 Dose Escalation	☑ Phase 1 Initiation in Solid Tumors including Melanoma, RCC and HNSCC ☑ Merck supply agreement for KEYTRUDA®	❑ Initial Phase 1 Data in 2H 2025
Research Collaborations	Preclinical	☑ $10 million in Astellas milestones achieved in 2024 year-to-date • More than 10 ongoing preclinical programs with partners; majority are TCEs • Additional research milestones achievable in 2024 – 2025 and beyond	

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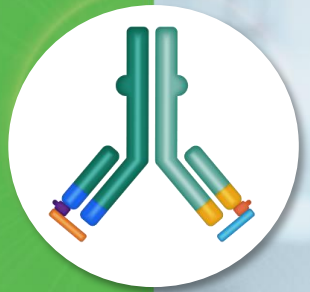
AMGEN

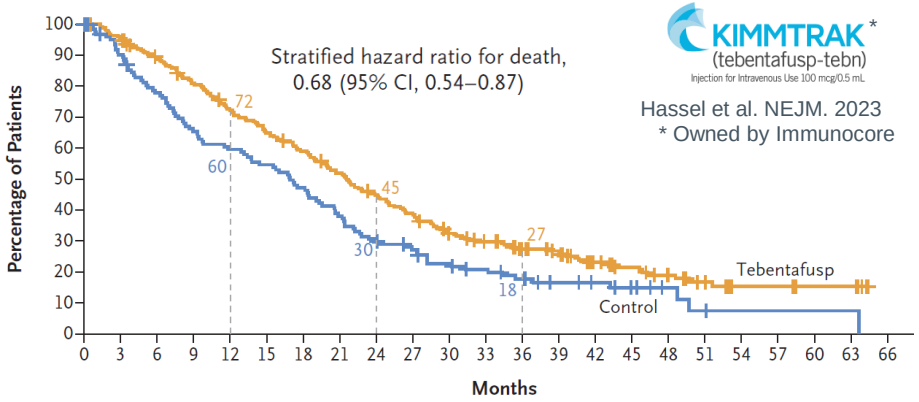


CX-904: Masked PROBODY® T-cell Engager Targeting EGFR and CD3

Landscape for T-Cell Engagers (TCEs) for Solid Tumors

Increasing Clinical Validation, Major R&D Investment Across the Industry

Tebentafusp in Uveal Melanoma



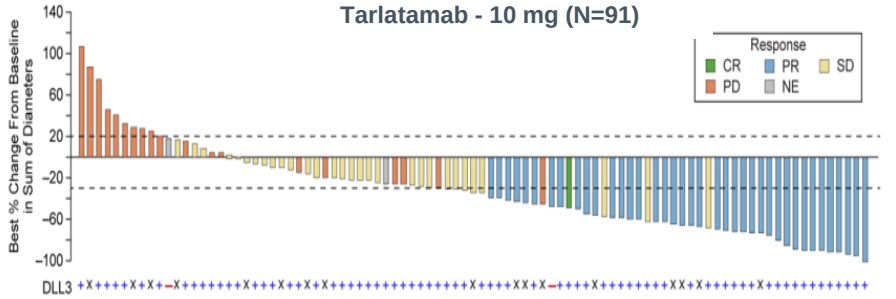
No. at Risk																					
Tebentafusp	252	239	218	197	175	157	142	124	106	92	73	64	53	47	32	25	18	13	8	8	5	5	0
Control	126	110	94	79	72	66	57	46	36	31	25	21	17	12	10	7	4	2	1	1	1	1	0

Tarlatamab in SCLC

AMGEN

IMDELLTRA (tarlatamab-dlle) for injection 1 mg & 10 mg single-use vials

M.-J. Ahn et al. NEJM. 2023



+ detectable DLL3
- undetectable DLL3
X not evaluable/available

Solid Tumor TCEs are a Key Focus Area for Global Oncology Leaders

AMGEN · astellas · Roche · Pfizer · REGENERON · abbvie · Boehringer Ingelheim

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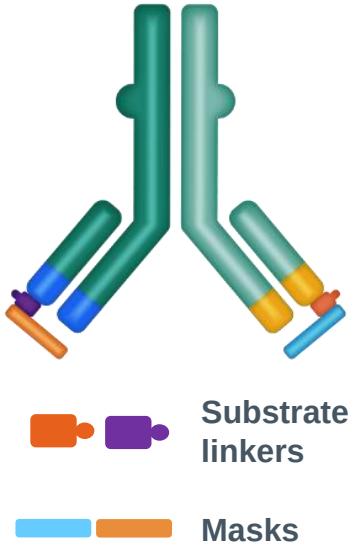
CytomX PROBODY® T-cell Engagers are Designed to Address Key Limitations of Conventional TCEs in Solid Tumors

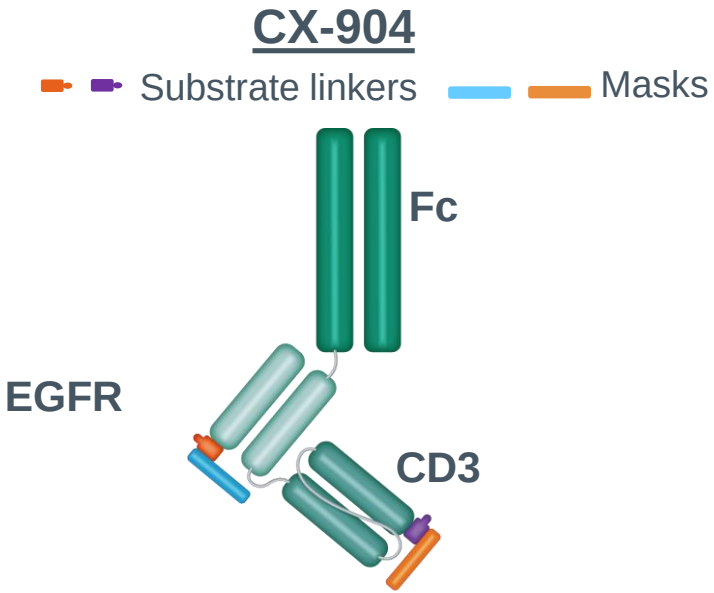
PROBODY® T-Cell Engagers



- **Conventional T-Cell engagers** are highly potent, but their use in solid tumors is significantly limited by:
  - Systemic toxicities such as Cytokine Release Syndrome (CRS) and ICANS
  - On-target, off-tumor toxicity
- **Masked, Conditionally activated Probody® T-Cell engagers** are designed to retain potent anti-tumor activity while having less systemic toxicities
- CytomX has a **broad pipeline of internal and partnered PROBODY® TCE programs** with retained commercial rights on select programs, including CX-904 (EGFR-CD3)

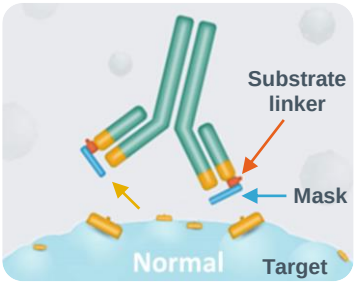
CX-904: Masked PROBODY® T-Cell Engager Targeting EGFR and CD3

Format and therapeutic concept

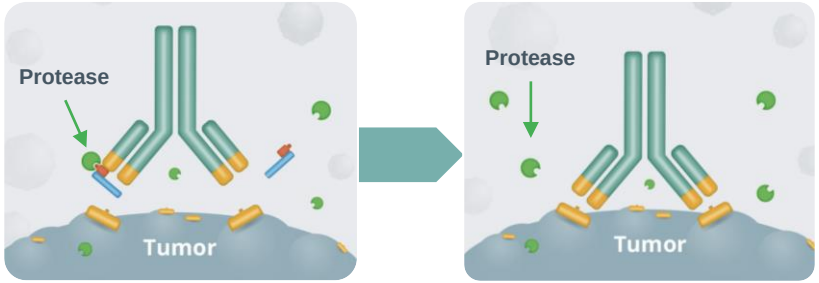


- Finely tuned masks and protease substrates
- Distinct “Prodomains” on EGFR and CD3 to optimize therapeutic window
- Fc domain to mimic PK of approved T-cell engagers

“Masking” limits PROBODY therapeutic binding to healthy tissues



Tumor proteases “unmask” PROBODY therapeutics, allowing binding to tumor cells



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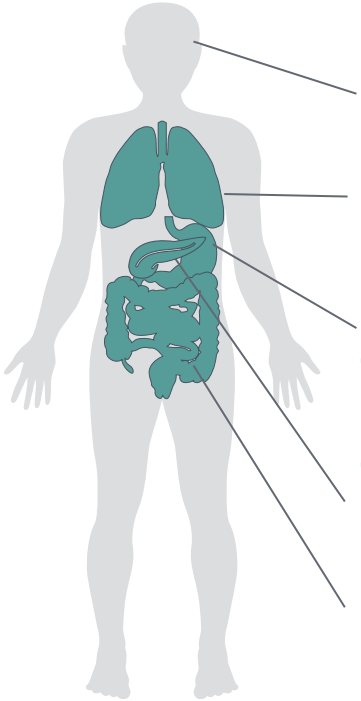
CX-904 Can Potentially Address Multiple Indications With High Unmet Need

CX-904 - High Potential TCE for EGFR+ Tumors

- Prevalent EGFR expression in many cancer types
- CX-904 masked EGFR TCE designed to address large unmet need and market opportunity
- Monotherapy activity demonstrated
- Opportunity to combine with immunotherapy or other targeted agents

2023 US Metastatic, Addressable Patients

Patients (%) with EGFR+ Tumors



HNSCC
40,000 (98%)

Sq., Adeno NSCLC
210,000 (95%)

Esophageal
38,000 (99%)

GEJ/Gastric
30,000 (90%)

Pancreatic
65,000 (88%)

Colorectal
100,000 (93%)

Source: TPM 8+ equivalent to 2+ by IHC (internal prevalence study); TPM = Transcripts per million; TCGA RNA Seq Data; Epidemiology data from DRG

CX-904 Dose Escalation Status and Current Enrollment

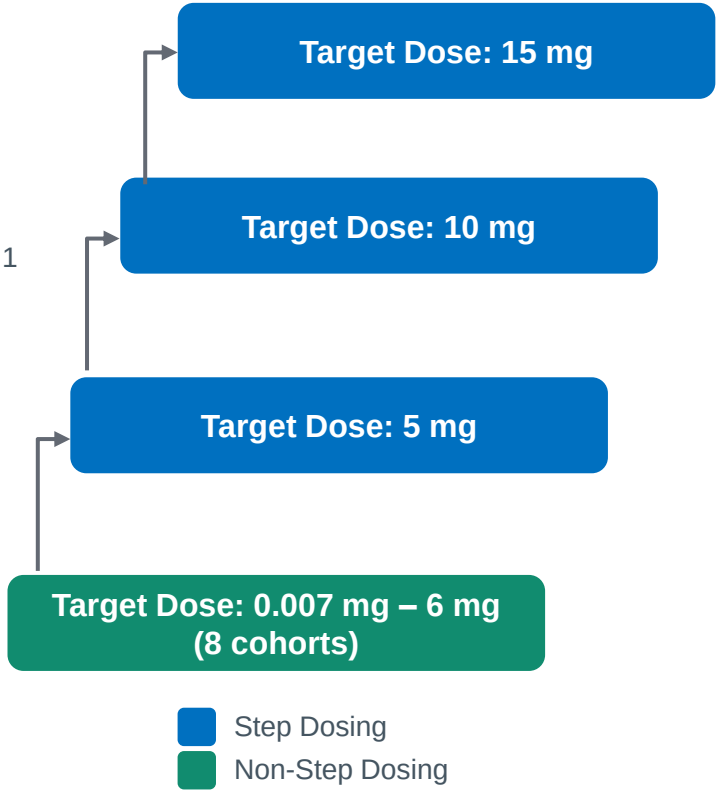
Dose ranges consistent with biologically effective dose modeling[1]

Key Eligibility Criteria

- Age ≥ 18 years
- Locally advanced/metastatic disease
- Tumors with known EGFR expression; unselected
- Measurable disease per RECIST 1.1
- Adequate organ function
- ECOG 0-1

Key Objectives

- Primary
  - Safety and tolerability
  - Determine MTD and RP2D
- Secondary
  - Anti-tumor activity
  - Pharmacokinetics



Currently Enrolling 15 mg dose and other cleared dose levels

- Schedules tested with 1 or 2 steps with 7 or 14 days between successive doses to achieve target dose
- Once target dose is reached, subsequent doses administered Q2W
- Current step-dosing schedule:
  - **3 mg -** *7d* **- 5 mg -** *7d* **– target dose**
  - Data cutoff through 10 mg target dose
  - Currently enrolling cohort with 15 mg target dose

Source: 1.CytomX Internal Data

CTMX-904-101 Phase 1a Baseline Characteristics

35 Patients enrolled through 10 mg Target Dose

Patient Characteristics: *Advanced late-line refractory disease*	Non-Step Dosing (n = 19)	Step Dosing (n = 16)	Total Safety Evaluable (N =35)
Median Age (range)	58 (36, 77)	54 (35, 79)	58 (35, 79)
Indication:			
CRC*	11 (58%)	7 (44%)	18 (51%)
Pancreatic	2 (11%)	5 (31%)	7 (20%)
NSCLC	3 (16%)	-	3 (9%)
HNSCC	-	3 (19%)	3 (9%)
Gastric	1 (5%)	1 (6%)	2 (6%)
Esophageal	1 (5%)	-	1 (3%)
Other	1 (5%)	-	1 (3%)
Prior cancer therapies, median (range)	**4 (1, 8)**	**3 (2, 5)**	**4 (1, 8)**
Refractory (PD) to last prior therapy	13 (68%)	5 (31%)	18 (51%)
Prior EGFRi	5 (26%)	3 (19%)	8 (23%)
Prior PD-(L)1	7 (37%)	3 (19%)	10 (29%)

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**17 of 18 patients MSS CRC*

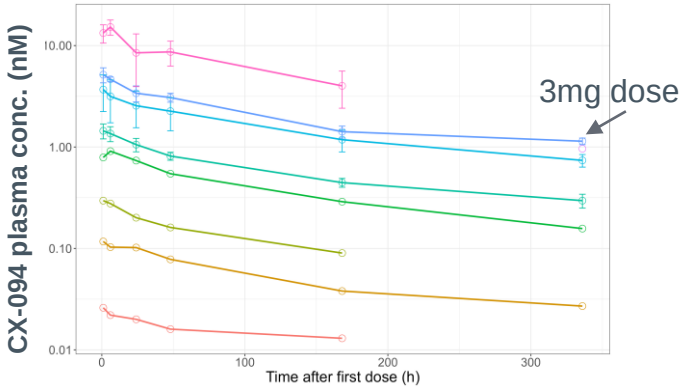
Data cutoff as of 16 Apr 2024

Ph1 Clinical PK Data is Consistent with CX-904 PROBODY TCE Design

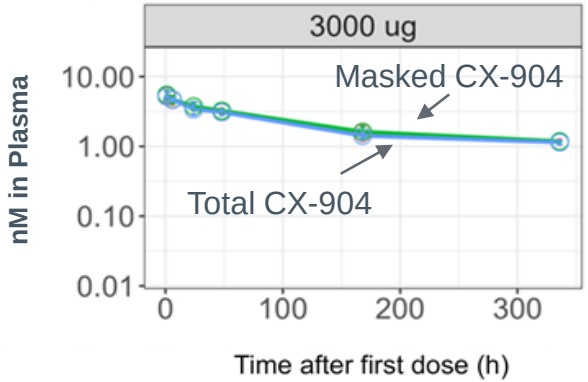
CX-904 exposure increases linearly with dose and remains masked in circulation

- Total CX-904 exposure (Cmax and AUC) increase linearly with increasing dose
  - No apparent change in clearance with dose
  - No apparent Target Mediated Drug Disposition (TMDD)
- Circulating CX-904 is predominantly masked
  - Preliminary estimates of half-life is between 2.8-5.3 days

Total CX-904



Greater than 98% masked in circulation, reducing peripheral activity and CRS



Source: CytomX internal data from clinical studies of CX-904 (Probody® EGFR x CD3 TCE)

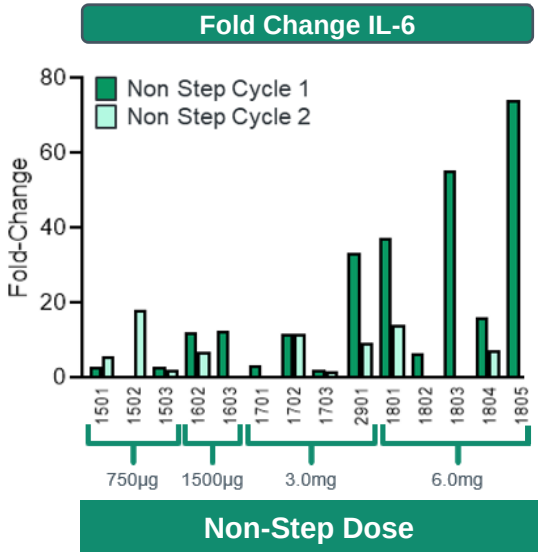
Initial CX-904 Non-Step Dosing Was Well Tolerated Through 3 mg

No CRS observed through 3 mg, no grade >1 CRS at 6 mg

No prophylaxis administered for CRS

Preferred Term, Treatment-Related AEs in >1 patient or DLT	Non-Step 0.007 mg - 3 mg (n = 14)			Non-Step 6 mg (n = 5)			Total (n = 19)
	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 3	All Grades
Arthralgia	3 (21%)	2 (14%)	-	-	2 (40%)	-	7 (37%)
CRS	-	-	-	5 (100%)	-	-	5 (26%)
Arthritis	-	1 (7%)	-	-	1 (20%)		2 (11%)
Rash[a]	-	-	-	1 (20%)	-	1 (20%)	2 (11%)
Vomiting	-	-	-	2 (40%)	-	-	2 (11%)
Tenosynovitis	-	-	-	-	-	1 (20%)	1 (5%)

[a] *Includes the preferred terms rash maculopapular, dermatitis acneiform, rash pustular, and skin exfoliation*



Source: CytomX Internal Data

- *Emerging musculoskeletal AEs were associated with dose dependent IL-6 elevation*
- *DLTs at 6 mg non-step dose were tenosynovitis, rash (maculopapular)*
- *No ICANS was observed*

CX-904 Remained Well Tolerated Through 10 mg with Step-Dosing

No CRS or ICANS of any grade; dose escalation continues

Preferred Term, Treatment-Related AEs in >1 patient	Step-Dosing 5 mg target (n=10)			Step-Dosing 10 mg target (n = 6)			Total (n =16)
	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 3	All Grades
Rash[a]	3 (30%)	3 (30%)	-	6 (100%)	-	-	12 (75%)
Arthralgia	2 (20%)	1 (10%)	1 (10%)	-	1 (17%)	1 (17%)[b]	6 (38%)
Pruritus	2 (20%)	-	-	3 (50%)	-	-	5 (31%)
Arthritis	-	1 (10%)	-	-	1 (17%)	1 (17%)[b]	3 (19%)
Vomiting	1 (10%)	-	-	1 (17%)	1 (17%)	-	3 (19%)
Nausea	-	1 (10%)	-	-	2 (33%)	-	3 (19%)
CRS or ICANS	-	-	-	-	-	-	-

[a] *Includes the preferred terms rash maculo-papular, dermatitis acneiform, rash pustular, and skin exfoliation*
[b] *Not protocol-defined DLTs*

Step-Dosing and Tocilizumab Prophylaxis Implemented

- Step-dosing enabled escalation to higher target doses
- Tocilizumab has activity in ICI-induced arthritis[1,2,3,4]
- Tocilizumab shown not to impact TCE anti-tumor activity[5]

Summary of Safety and Tolerability

- No change in arthralgia incidence and severity with higher target dose
- No Grade 3 rash
- No related adverse events leading to treatment discontinuation
- No mandatory hospitalization required for monitoring at cleared dose levels

Sources: [1] Kim et al. 2022 ; [2] Actemra product insert; [3] Fleischmann et al. 2009; [4] Holmstroem et al. 2022; [5] Kauer et al. 2022

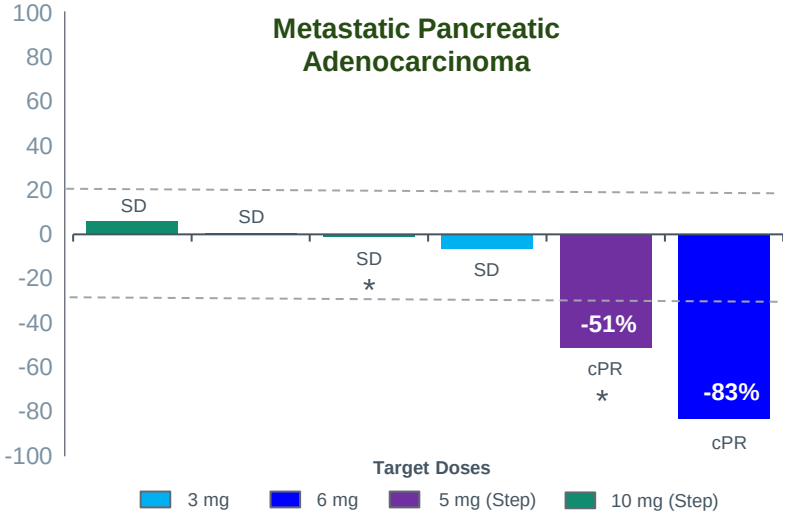
Data cutoff as of 16 Apr 2024

Phase 1a Initial Anti-Tumor Activity for CX-904

Confirmed objective responses and disease control observed in pancreatic cancer

CX-904 Initial Phase 1a Actvity - Best Reponse Per Recist 1.1
Target Doses ≥ 0.75 mg (n=26)

Efficacy Evaluable Patients *Advanced late-line disease N=25*[1]	Confirmed Objective Response	Stable Disease	Progressive Disease	Measurable Reductions in Tumor Burden
CRC (n=13)[1]	-	3 (23%)	9 (69%)	2 (15%)
Pancreatic (n=6)	2 (33%)	4 (67%)	-	4 (67%)
NSCLC (n=2)	-	1 (50%)	1 (50%)	1 (50%)
HNSCC (n=2)	-	-	2 (100%)	-
Gastric (n=2)	-	-	2 (100%)	-
Esophageal (n=1)	-	1 (100%)		1 (100%)



[1] *One CRC patient was not evaluable because tumor assessment was performed prior to minimum time requirement for categorical response of SD per RECIST 1.1*

Data cutoff as of 16 Apr 2024

** Patient still on study treatment as of data cutoff*

Case Study: Confirmed PR in Metastatic Pancreatic Adenocarcinoma

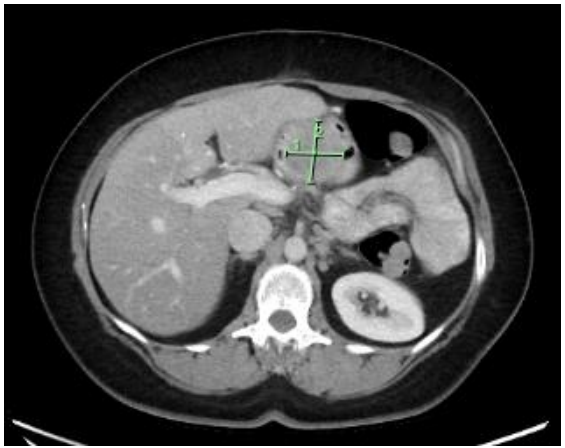
Patient remains on CX-904 treatment (>3 months as of data cutoff)

Patient Background:

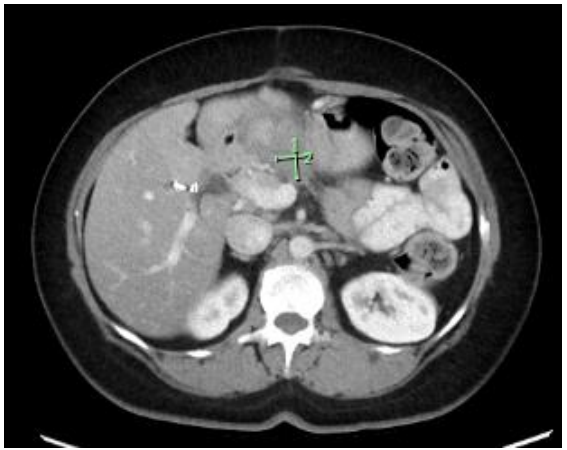
- 49 y/o female
- Surgery, radiotherapy, three prior lines of systemic chemotherapy

Dosing and clinical course on CX-904:

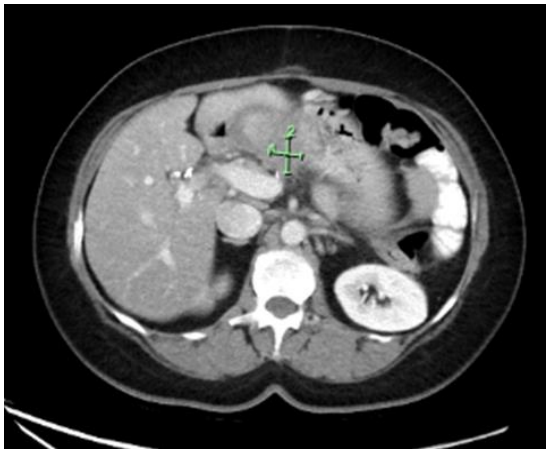
- 1.5 mg on D1, 5 mg on D8 and Q2W thereafter
- No CRS; G3 related arthralgia resolved to G1 after 1-cycle dose delay and corticosteroids
- PR per RECIST 1.1 at 6- and 12-week tumor assessments



43 × 41 mm
Baseline target lesion



23 × 19 mm
-46.5% reduction at 6 weeks



21 × 20 mm
-51.2% reduction at 12 weeks

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Data cutoff as of 16 Apr 2024

Pancreatic Cancer Incidence & Treatment Landscape

Remains critical area of high unmet need

Estimated Incidence

66,440 new cases in 2024

51,750 deaths estimated in 2024

- 2nd leading cause of cancer deaths
- 80% of patients present with unresectable disease
- Overall, the survival rate is 13% at 5 years
- **EGFR over-expression commonly observed in PDAC**

Treatment Landscape

- Patients with localized disease: surgical resection
- Patients with recurrent or metastatic disease
  - SOC chemo includes gemcitabine combo with Abraxane (nab-paclitaxel, albumin bound paclitaxel) or FOLFIRINOX (if eligible)
  - Historically unresponsive to anti-EGFR mAbs[1] or immunotherapy
- Benchmark[2] in 2L+ metastatic pancreatic cancer:
  - ORR: 7.7%
  - mPFS: 3.1 months
  - OS: 6.1 months

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Sources: Surveillance and Health Equity Science, American Cancer Society (2023 stats) & SEER through National Cancer Institute. 2023 Cowen Therapeutics Categories Outlook

Sources: [1] Forster, et al. 2020; [2]ONIVYDE® Package Insert

CX-904 EGFR-CD3 PROBODY® TCE Phase 1a Initial Data

Summary and Next Steps

CX-904 Demonstrates a Favorable Safety Profile

- Masking is maintained in circulation
- No CRS or ICANS observed with step-dosing
- Treatment-related AEs are manageable with no discontinuations
- CX-904 can be administered in out-patient setting

Promising Early Efficacy and Pharmacodynamic activity

- Confirmed RECIST 1.1 PRs in 2 of 6 (33%) metastatic pancreatic adenocarcinoma patients
- CD8+ margination and tumor infiltration consistent with mechanism of action

Future Monotherapy Enrollment Focused on Determining RP2D

- Continued enrollment in Pancreatic, NSCLC, HNSCC to inform Phase 1b strategy
- Combination strategies under consideration

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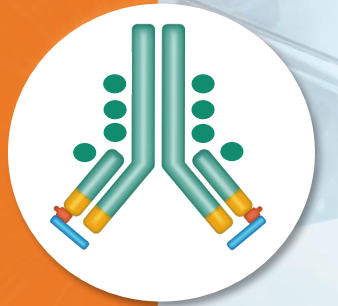


CX-2051:
Masked PROBODY® ADC Targeting EpCAM

Antibody Drug Conjugates, a Growing and Potent Modality in Solid and Liquid Tumors

Approved Solid Tumor ADCs

tivdak
tisotumab vedotin-tftv
for injection 40 mg

TF1

ENHERTU®
fam-trastuzumab deruxtecan-nxki
20 mg/mL INJECTION FOR INTRAVENOUS USE

HER2

TRODELVY®
sacituzumab govitecan-hziy
180 mg for injection

TROP2

Kadcyla®
ado-trastuzumab emtansine
20 mg/mL INJECTION FOR INTRAVENOUS USE

HER2

PADCEV®
enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

Nectin4

ELAHERE™
mirvetuximab soravtansine-gynx
injection 100 mg

FRα

Approved Liquid Tumor ADCs

POLIVY™
polatuzumab vedotin-piiq
INJECTION FOR INTRAVENOUS USE 30 MG | 140 MG

CD79b

Zynlonta®
loncastuximab tesirine-lpyl
for injection, for intravenous use • 10mg

CD19

ADCETRIS®
brentuximab vedotin | injection 50 mg

CD30

BESPONSA™
inotuzumab ozogamicin INJECTION FOR IV INFUSION
0.9 mg single-dose vial

CD22

MYLOTARG™
gemtuzumab ozogamicin injection for IV infusion
4.5 mg single-dose vial

CD33

CytomX THERAPEUTICS

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

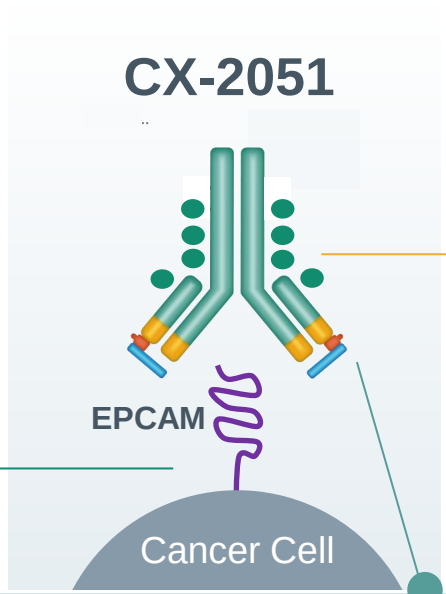
CX-2051: Optimized Design

Masked EpCAM PROBODY® ADC with Topoisomerase-1 Linker-Payload

TARGET

Validated, High Potential Target

- Broad expression profile
- Proven localized anti-cancer activity
- Limited therapeutic index that requires masking



EFFECTOR

Tailored Payload

- Next-gen camptothecin analog (Topo-1) linker-payload, DAR8
- Optimized to drive bystander activity
- Payload known efficacy in EpCAM+ tumor types

PRODOMAIN

Optimized Masking

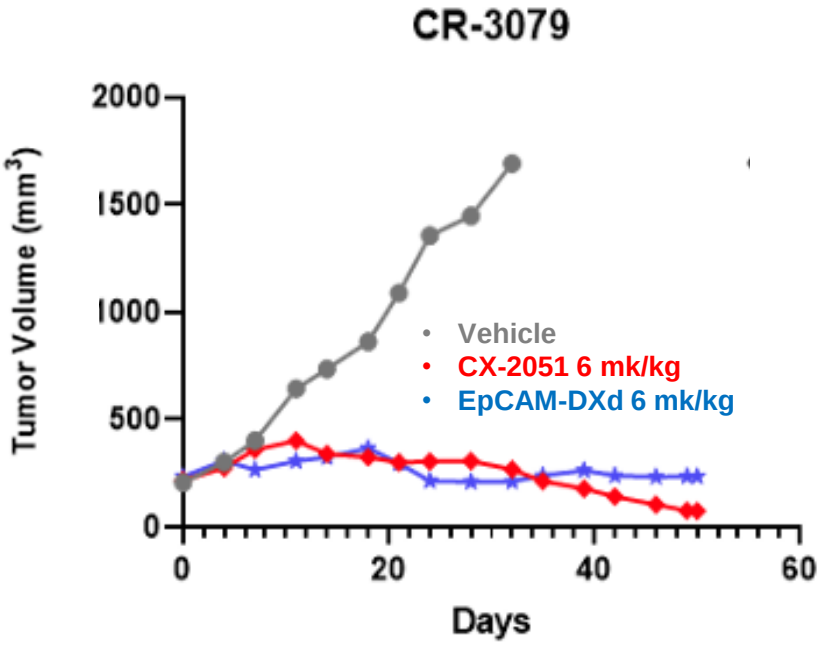
- Protease-cleavable substrate with broad cleavability across multiple tumors
- Peptide mask with masking efficiency >100x by ELISA

Program licensed from immunogen

CytomX Therapeutics

Preclinical Profile of CX-2051 Shows DXd-like Potency with Substantially Improved Tolerability Compared to the Unmasked ADC

Anti-Tumor Xenograft Activity in CRC Model



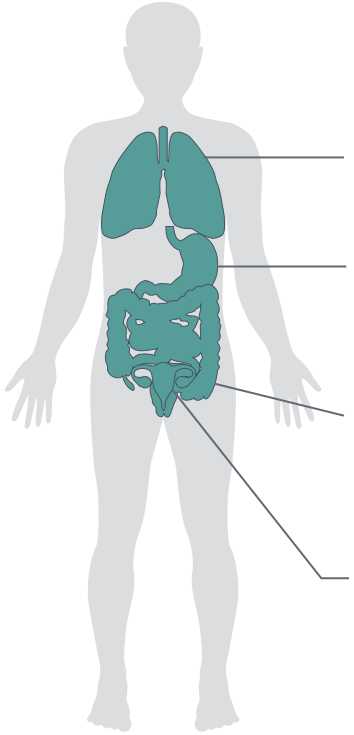
Tolerability in Cyno Toxicology Study

Dosing (3 x Q2W)	CX-2051 (Masked)	CX-2052 (Unmasked)
10 mpk	Tolerated	Not tolerated
30 mpk	Tolerated	
60 mpk	Tolerated	
90 mpk	Not Tolerated	

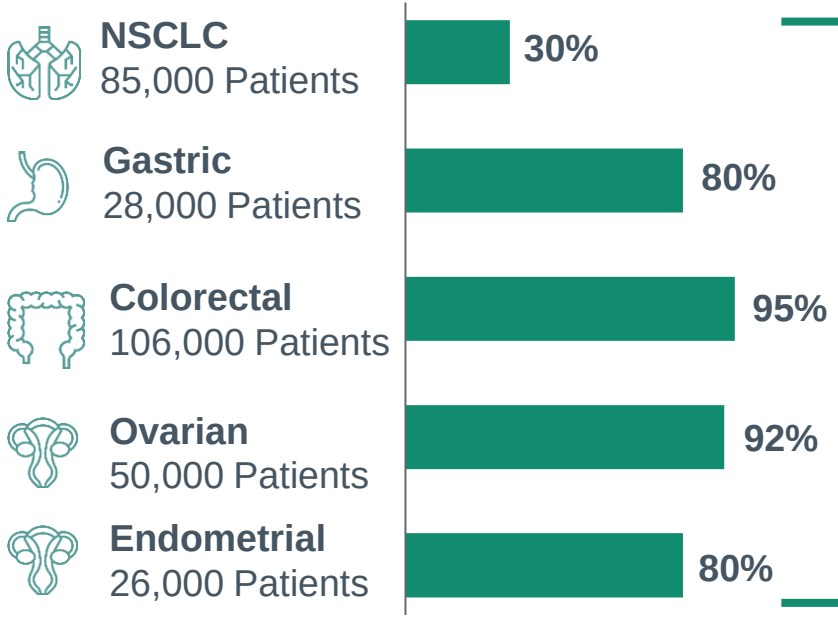
Source: 14th Annual World ADC Conference, October 2023

CX-2051 – Broad Opportunity Across Multiple EpCAM+ Indications

2023 US Metastatic, Addressable Patients



% of Patients with EpCAM+ Tumors (IHC ≥ 2+)



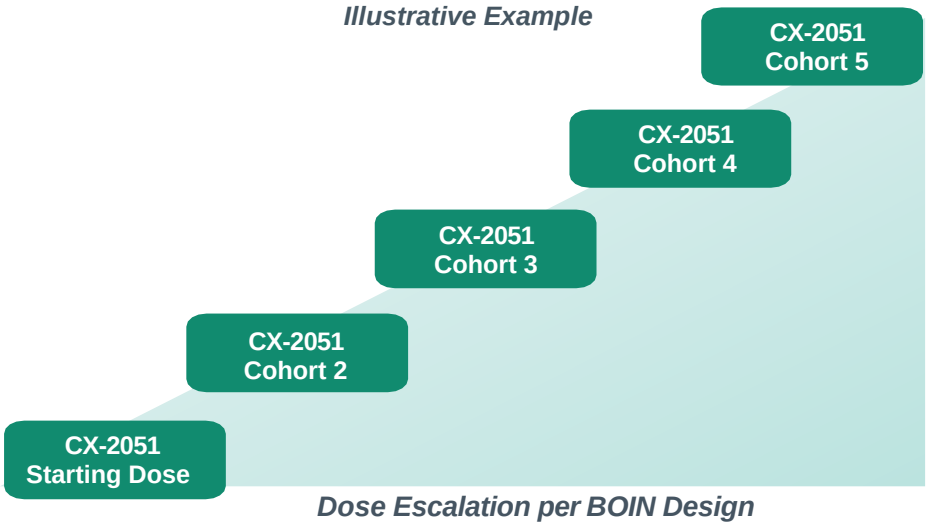
>295,000
EpCAM+
Addressable Patients

Source: DRG Epidemiology & Forecast Dashboards, 2021 – 2023

CX-2051 Phase 1 Strategy Designed to Rapidly Demonstrate Proof of Concept in EpCAM Expressing Tumors

Part 1: Dose Escalation

Advanced/metastatic solid tumors with known/documented EpCAM expression



- Determine dose(s) for indication specific expansions; assess for early evidence of anti-tumor activity

Part 2: Dose Expansion

Indication-Specific Expansion Cohorts

*Advanced/Metastatic CRC**

CX-2051 ≤ MTD/MAD

EpCAM+ Cancer #2

CX-2051 ≤ MTD/MAD

EpCAM+ Cancer #3

CX-2051 ≤ MTD/MAD

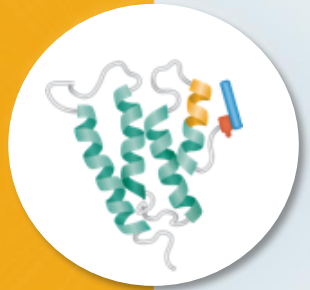
- Evaluate safety and tolerability and efficacy in multiple EpCAM+ tumors

BOIN = Bayesian optimal interval; MAD = Maximum assessed dose; MTD = Maximum tolerated dose

* Example

CytomX Therapeutics

CytomX Therapeutics



CX-801:
Dually-Masked PROBODY® Cytokine, IFNα-2b

Immuno-oncology Treatment Landscape

Significant Unmet Need Remains, Creating Major Opportunity for CX-801

IO Sensitive Tumors

Indications where PD-(L)1s are Approved


Melanoma & Non-Melanoma


NSCLC & SCLC


Gastric / GEJ & Esophageal


Bladder


HNSCC


MSI-H / Pan Tumor


Renal


Endometrial & Cervical


Liver


TNBC

10 – 50% **Overall Response Rates with Single-Agent PD-(L)1[1,2]**

IO Resistant Tumors

Insensitive to PD-(L)1s / CPI


MSS CRC


HR+/- Breast


Prostate


Ovarian


Pancreatic

< 10% **Overall Response Rates with Single-Agent PD-(L)1[1,2]**

Significant Opportunities for CX-801

- Increase frequency and durability of responses in **IO-sensitive tumors**
- Establish or restore efficacy in **IO-resistant tumors**

CytomX Therapeutics

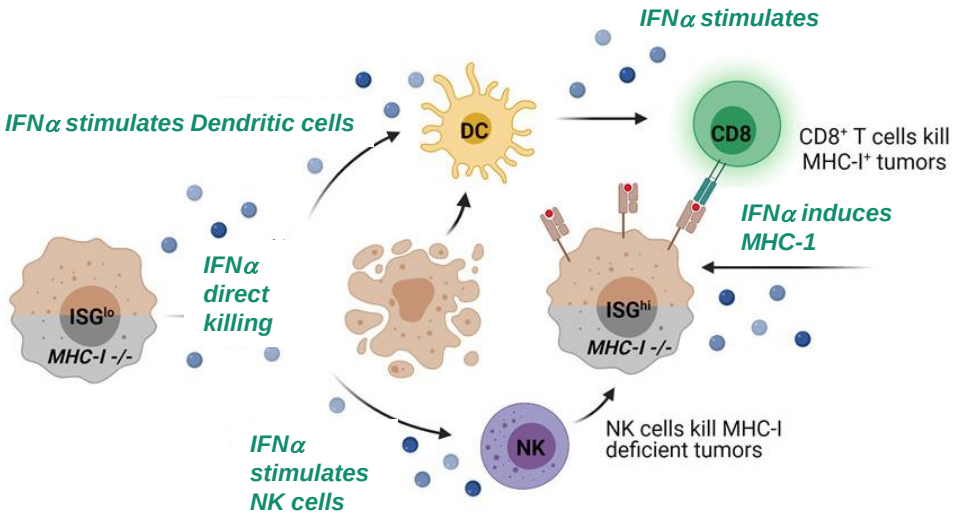
Source: [1]Sun et al. Biomarker Research. 2020; [2]DFCI and NCI Data Commons

IFNα-2b is a Powerful Cancer Immunotherapy with a Dual Mechanism of Action and Ideal Properties to Combine with PD-1 Therapy

Why IFNα-2b?

Mechanism of Action

- IFNα-2b provides an **orthogonal activity to IL-12, IL-2 and IL-15** in the cancer immunity cycle
  - IFNα-2b can **kill cancer cells directly** leading to immunogenic cell death, and
  - IFNα-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 IFNγ*
- Approved for treating melanoma (Sylatron™), renal (Avastin® + IFN), and bladder cancer (Adstiladrin®)
- Potential to **unlock classically CPI-resistant indications**

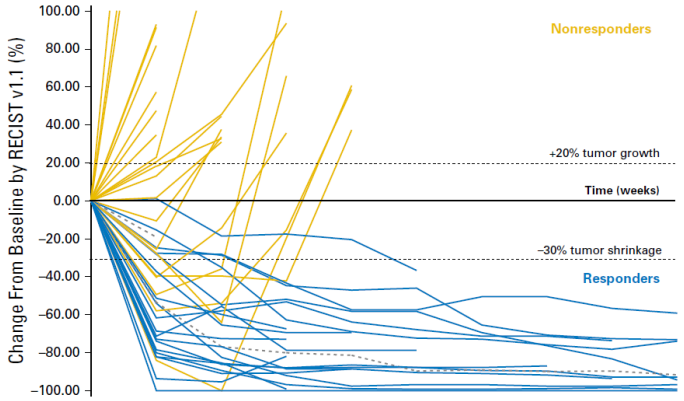


Adapted from Green et al., Mol. Ther. Onc. 2021

IFN-α2b has Proven Activity in Combination with PD-1 but Has Been Limited Due to Toxicity

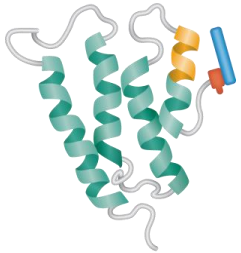
Peginterferon + PD-1 in Melanoma

(Davar et al., J Clin. Onc., 2018)



- ⊕ Potent activity (60.5% ORR)
- ⊖ Significant, dose limiting adverse events (49% Grade 3/4 AEs)

CX-801 (Conditionally-Activated IFN-α2b)



- ⊕ Less systemic toxicity
- ⊕ Better Exposure
- ⊕ Systemic Delivery
- ⊕ Increased Therapeutic Index
- ⊕ Improved Combination Therapies

CX-801: Optimized Design

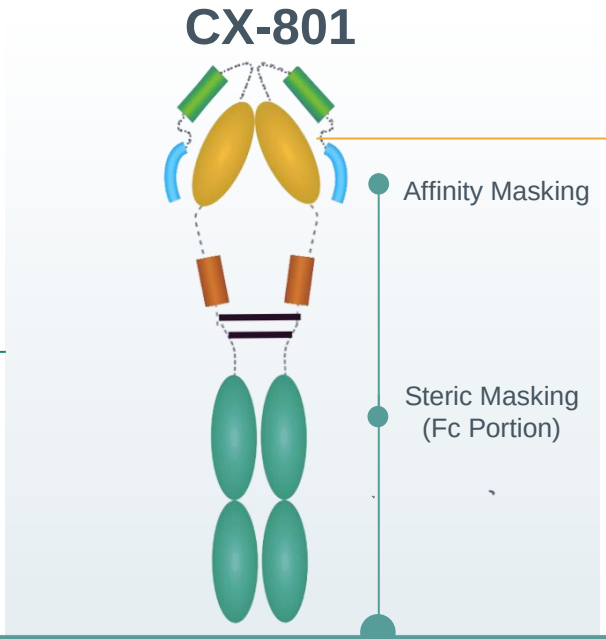
Dually-Masked, Conditionally Activated PROBODY® IFNα2b

TARGET

Validated, High Potential Target

- Approved immunotherapy in multiple tumors
- Enhanced anti-cancer activity in combination with PD-1
- Limited clinical use due to poor tolerability

PRODOMAIN



EFFECTOR

IFNα2b

- Dual-mechanism of action
- Proven single agent activity
- Increases APCs to enhance PD-1 blockade

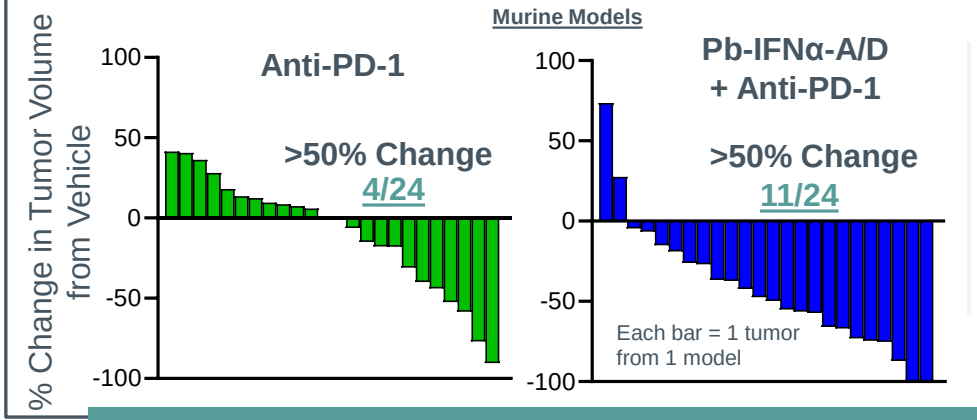
Optimized Masking & Substrates

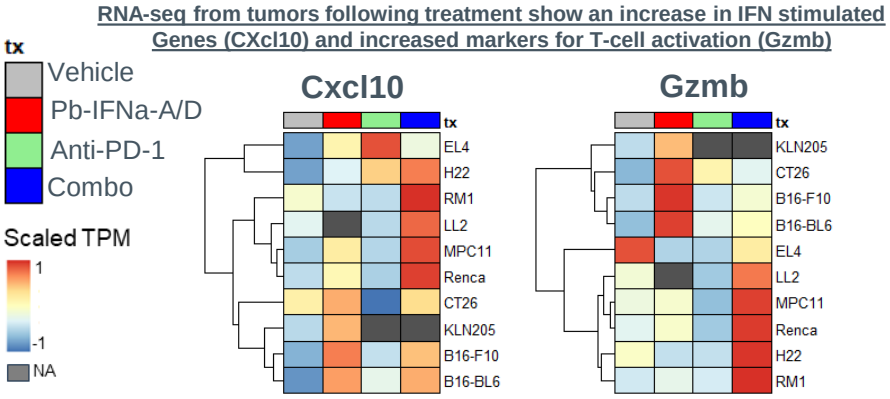
- Dual-masking strategy with steric and affinity mask (peptide)
- 1000X masking efficiency based on preclinical models
- Preclinically, Probody IFNα is effectively unmasked in the tumor

CytomX Therapeutics

CX-801 Preclinical Profile Suggests Clinical Synergy with PD-1 and Enhanced Tolerability Compared to Unmasked IFNα2b

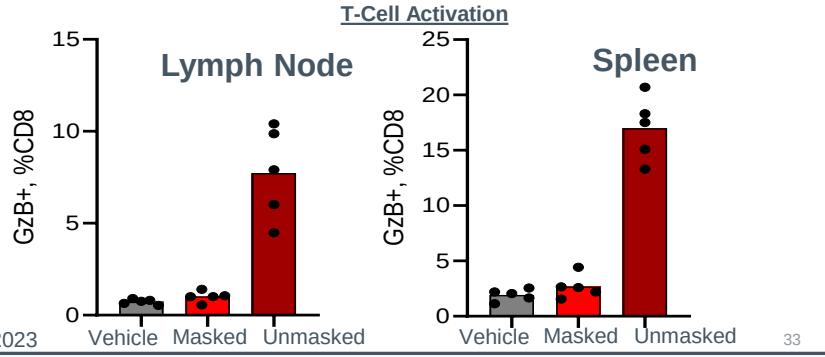
Single Agent and Synergistic Activity with PD-1 Observed with Probody IFNα2B in Preclinical Models





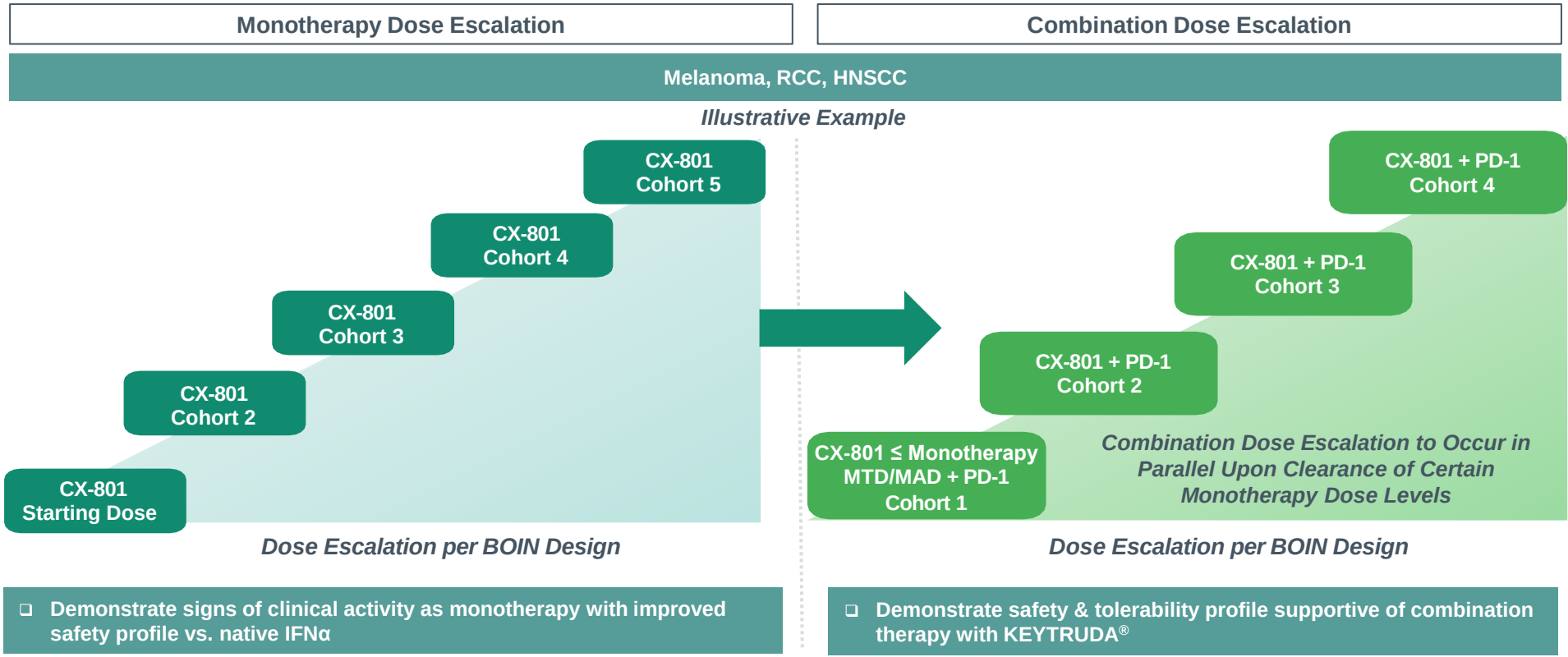
Masking of IFNα Significantly Increases Tolerability and Lowers Peripheral Activity (Murine Models)

	5 ug	20 ug	600 ug	1200 ug	2400 ug
Pb-IFNa-A/D (Masked)			Tolerated	Tolerated	Not tolerated
IFNa-A/D (Unmasked)	Tolerated	Not tolerated			



Source: Povinelli, et. al. SITC 2023

Phase 1 Dose Escalation is Designed to Assess CX-801 Clinical Profile as Monotherapy and in Combination with KEYTRUDA®



- Demonstrate signs of clinical activity as monotherapy with improved safety profile vs. native IFNα
- Demonstrate safety & tolerability profile supportive of combination therapy with KEYTRUDA®

NOTE: PD-1 Inhibitor administered on approved dose and schedule, BOIN = Bayesian Optimal Interval; MTD = Maximum tolerated dose; MAD = Maximum assessed dose

CytomX Therapeutics

Strategic Partnerships

Business Development as a Strategic Engine for Value Creation

Bristol Myers Squibb™	AMGEN	astellas	REGENERON	moderna
T-Cell Engagers, Other	*T-Cell Engagers*	*T-Cell Engagers*	*Bispecific Immunotherapies*	*MRNA Oncology & Other Diseases*
• **Preclinical Programs**	• **CX-904** EGFRxCD3 **Phase 1a*** • **Preclinical Programs**	• **Preclinical Programs****	• **Preclinical Programs**	• **Preclinical MRNA Programs**

> $500M of funds raised through collaborations

> 10 Active, Preclinical Collaboration Programs

Commercial Rights, Near- and Long-term milestones

**Co-development & Commercialization with retained U.S. Rights*
***CytomX retains US rights on select programs*

CytomX THERAPEUTICS

CytomX Therapeutics

Outlook & Milestones

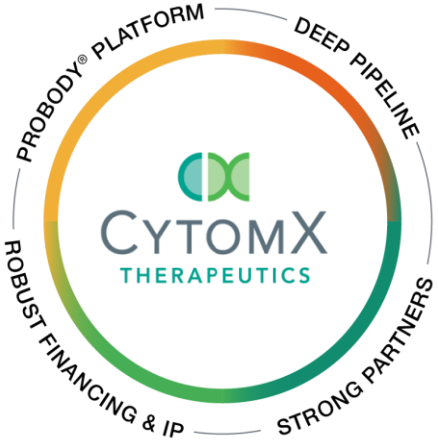
CytomX Therapeutics: Building for the Future

Transforming Lives with Safer, More Effective Therapies

Potential Pipeline Milestones

Program	Indications	1H 2024	2H 2024	1H 2025	2H 2025
CX-904 (EGFRxCD3)	EGFR+ Solid tumors	Phase 1a Dose Escalation	• CX-904 Program Update by YE 2024 • Potential Decision on Ph1b Expansion by YE 2024	Phase 1b expansions	CytomX / AMGEN
CX-2051 (EpCAM ADC)	EpCAM+ Tumors incl. CRC	Phase 1a Dose Escalation			CytomX Phase 1b Expansions
CX-801 (IFNα2b)	Solid Tumors incl. Melanoma, RCC, HNSCC	Phase 1a monotherapy and PD-1 combination			CytomX
Preclinical Programs *Next Generation Masked, PROBODY Therapeutics*		Multiple wholly-owned next-generation programs across TCEs, ADCs, Cytokines			
		> 10 Partnered Research Programs Focused in TCEs			

CytomX Therapeutics: Building for the Future



- **Differentiated PROBODY® Platform**
- **Robust Multi-Modality Pipeline of Masked Biologics**
- **Large Market Opportunities**
- **High-Quality Partners**
- **Strong Financial Position**
- **Talented Organization**

Broad, Multi-Modality PROBODY® Pipeline Including Partnered Programs

Economics	Product Candidate(s)	Modality / Effector	Indication(s)	Preclinical	Phase 1	Phase 2	Commercial Rights
Wholly-Owned or Retained US Rights*	CX-904 (EGFR)	T-Cell Engager CD3	EGFR+ Solid tumors				CytomX AMGEN
	CX-2051 (EpCAM)	ADC Topo-1 Payload	EpCAM+ Tumors incl. CRC				CytomX
	CX-801 (IFNα2b)	Cytokine IFN-α2b	Solid Tumors incl. Melanoma, Renal, HNSCC				CytomX
	PROBODY® TCBs[1]	T-cell bispecifics (TCBs)	TBD				CytomX astellas
Fully Partnered**	PROBODY® TCBs[1]	TCBs	TBD				AMGEN astellas REGENERON
	Various Modalities	T-Cell Engagers,Other	TBD				Bristol Myers Squibb
	PROBODY® mRNAs	Probody mRNA	Oncology & Non-oncology				moderna

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

** Milestone payments and royalties payable to CytomX Therapeutics

1. PROBODY TCBs includeT-cell engagers and other bispecific immunotherapies