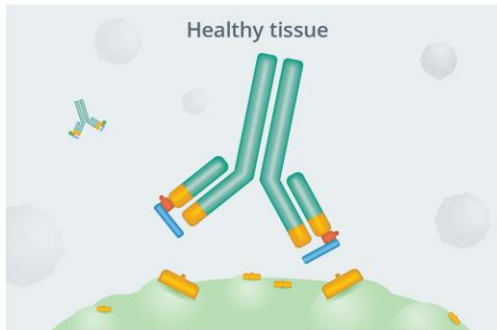
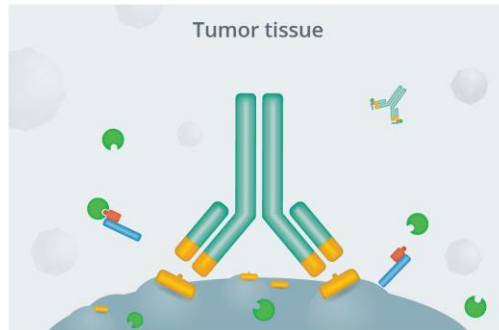


ABOUT CYTOMX

CytomX is a clinical-stage, oncology-focused biopharmaceutical company dedicated to destroying cancer differently. By pioneering a novel class of conditionally activated biologic candidates, powered by our Probody® therapeutic technology platform, CytomX is leading the field of conditionally activated oncology therapeutics forward. Our proprietary, unique and versatile Probody technology platform is designed to enable conditional activation of biologic therapeutic candidates within the tumor microenvironment, while minimizing drug activity in healthy tissues.



The "masking" peptide is designed to limit the ability of Probody therapeutics to bind to healthy tissue—thereby helping to minimize toxicities.



In the tumor environment, protease enzymes are expected to remove the "mask" and activate the Probody therapeutic to bind to its target on cancer cells.

We have utilized our multi-modality Probody platform to build a promising pipeline of potential first-in-class and best-in-class therapeutics that encompasses seven novel product candidates, three of which are currently in Phase 2 clinical studies across multiple cancer indications. These include the conditionally activated antibody-drug conjugates CX-2029 (targeting CD71) and praluzatamab ravtansine (CX-2009, targeting CD166), the Probody immune checkpoint inhibitors pacmilimab (CX-072, targeting PD-L1) and BMS-986249 (targeting CTLA-4), and the T-cell-engaging bispecific antibody CX-904 (targeting EGFR on tumor cells and the CD3 receptor on T cells). We are also actively broadening the potential application of our platform to cytokines.

PROBODY THERAPEUTICS HAVE THE POTENTIAL TO IMPROVE CANCER TREATMENT IN THREE WAYS:

- Enhancing a potential product's "therapeutic window," the balance between tolerability and anti-tumor activity
- Allowing the pursuit of high potential targets that were previously considered "undruggable" due to their ubiquitous expression on normal tissues
- Enabling the development of new combination therapies, including immunotherapies, by improving tolerability

Modality	Product Candidate	Target-Payload	Indication	Preclinical	Phase 1	Phase 2	Commercial Rights/Partner
Antibody-Drug Conjugate	CX-2029	CD71-MMAE	SqNSCLC, Esophageal/GEJ, DLBCL	[Progress bar]			CYTOMX, abbvie
	CX-2051	EpCAM	Solid tumors	[Progress bar]			CYTOMX
	Praluzatamab ravtansine (CX-2009)	CD166-DM4	HR+/HER2-non-amp BC	[Progress bar]			CYTOMX
Immuno-Oncology	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			
	CX-801	IFN alpha-2b	TBD	[Progress bar]			CYTOMX
TCB	CX-904	EGFRxCD3	Solid tumors	[Progress bar]			CYTOMX, AMGEN
	Various	Undisclosed	TBD	[Progress bar]			CYTOMX, astellas

BC: breast cancer
 CD166: activated leukocyte cell adhesion molecule
 CD3: cluster of differentiation 3
 CD71: transferrin receptor
 CRPC: castration-resistant prostate cancer
 CTLA-4: cytotoxic T-lymphocyte-associated protein 4
 DLBCL: diffuse large B-cell lymphoma
 EGFR: epidermal growth factor receptor
 EpCAM: epithelial cell adhesion molecule
 GEJ: gastroesophageal junction
 IFN-α2b: interferon alpha-2b
 HCC: hepatocellular carcinoma
 HNSCC: head and neck squamous cell carcinoma
 SqNSCLC: squamous non small cell lung cancer
 TNBC: triple negative breast cancer

LEAD CANDIDATES

CX-2029: A First-in-Class Conditionally Activated ADC Targeting CD71, the Transferrin Receptor

CX-2029 is a CD71-directed conditionally activated ADC being developed in collaboration with AbbVie. CD71, also known as the transferrin receptor, is highly expressed on a number of solid and hematologic tumors, as well as many normal tissues, and therefore has been considered an undruggable target. CX-2029 is conjugated with MMAE, a highly toxic chemotherapeutic agent. CytomX is evaluating CX-2029 in a Phase 2 expansion study as a monotherapy in patients with squamous non-small cell lung cancer, head and neck squamous cell carcinoma, esophageal and gastro-esophageal junction cancers, and diffuse large B-cell lymphoma. Encouraging preliminary activity was observed in patients with squamous non-small cell lung cancer.

CX-2051: An EpCAM-directed Conditionally Activated ADC

CX-2051 is a wholly-owned conditionally activated ADC directed toward the epithelial cell adhesion molecule (EpCAM), with potential applicability across multiple EpCAM-expressing epithelial cancers. An IND submission is planned in 2023.

Praluzatamab Ravtansine (CX-2009): A First-in-Class Conditionally Activated ADC Targeting CD-166

Praluzatamab ravtansine is a CD166-directed conditionally activated antibody-drug conjugate (ADC) wholly-owned by CytomX. CD166 is a protein widely expressed on solid tumor cells, as well as on normal tissues, and therefore has been considered undruggable. Praluzatamab ravtansine is conjugated with DM4, a highly potent cytotoxic drug. Praluzatamab ravtansine demonstrated single-agent activity in a Phase 2 study in heavily-pretreated patients with advanced hormone receptor-positive, HER2-non-amplified breast cancer. Based on topline results of a three-arm Phase 2 study, CytomX will be seeking a partnership to further advance praluzatamab ravtansine.

Ipilimumab Probody Program

BMS-986249 and BMS-986288 are Probody versions of the anti-CTLA4 antibody, ipilimumab and non-fucosylated ipilimumab, respectively. CytomX's partner, Bristol Myers Squibb, is studying BMS-986249 in a randomized Phase 2 study in combination with nivolumab, the anti-PD-1 antibody, versus ipilimumab plus nivolumab in patients with untreated advanced melanoma. This novel combination is also being evaluated in advanced hepatocellular carcinoma, castration-resistant prostate cancer, and triple-negative breast cancer. Bristol Myers Squibb is also evaluating BMS-986288, as a monotherapy and in combination with nivolumab, in a Phase 1 study in patients with selected advanced solid tumors.

CX-904: A Conditionally Activated T-Cell-Engaging Bispecific Antibody Targeting EGFR

CX-904 is a conditionally activated T-cell-engaging bispecific antibody targeting the epidermal growth factor receptor (EGFR) on tumor cells and the CD3 receptor on T cells and is being developed in collaboration with Amgen. In preclinical studies, CytomX's Probody EGFRxCD3 bispecific therapeutics demonstrated anti-tumor activity and better tolerability when compared to EGFRxCD3 bispecifics without Probody masking. CX-904 is currently being evaluated in a first-in-human Phase 1 study in patients with advanced solid tumors.

CX-801: An Interferon Alpha-2b Probody Cytokine

CX-801 is a wholly-owned interferon (IFN) alpha-2b Probody. Interferons are approved anti-cancer therapies but are limited by narrow therapeutic windows. Based on preclinical studies, CX-801 demonstrated a wide therapeutic index with an enhanced tolerability profile versus unmasked IFN, without compromising its potent antitumor effects. CX-801 has broad potential applicability in traditionally immuno-oncology sensitive as well as insensitive (cold) tumors.

**DESTROYING CANCER,
*DIFFERENTLY.***

Platform:

novel approach;
conditionally activated,
Probody® platform

Pipeline:

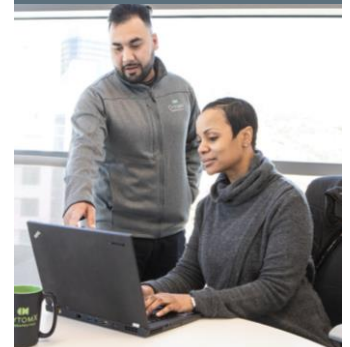
tumor-directed treatment;
addressing high
unmet needs

People:

cancer obsessed team;
unique and passionate

Partnerships:

collaborations with
like-minded leaders
and innovators



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PARTNERSHIPS

CytomX actively seeks strategic partnerships to broaden the application of the Probody platform across many cancer types, biological targets and antibody modalities. These alliances allow us to extend the reach of our therapeutic opportunity and bring in significant non-dilutive capital into the company.



In April 2016, CytomX entered into a strategic collaboration with AbbVie Inc. to co-develop and co-commercialize conditionally activated ADCs. Under the terms of the agreement, CytomX and AbbVie are co-developing a conditionally activated ADC directed toward CD71, with CytomX leading pre-clinical and early clinical development. AbbVie will lead later development and commercialization, with global late-stage development costs shared between the two companies. AbbVie will lead global commercial activities with CytomX eligible to receive a profit share in the U.S. and tiered double-digit royalties on net product sales outside of the U.S. CytomX retains an option to co-promote in the U.S. AbbVie also receives exclusive worldwide rights to develop and commercialize conditionally activated ADCs against up to two additional, undisclosed oncology targets.



In 2017, CytomX entered into a strategic collaboration with Amgen to co-develop T-cell-engaging bispecific therapeutics. The companies are co-developing CX-904, a conditionally activated T-cell-engaging bispecific antibody targeting the epidermal growth factor receptor (EGFR) on tumor cells and the CD3 receptor on T cells. EGFR is a highly validated oncology target expressed on multiple human cancer types. The challenge with leveraging EGFR as a target for T-cell engagers is that the broad distribution of the target on normal tissues precludes the use of conventional strategies due to widespread toxicities at low doses. CytomX is leading the early development of CX-904. Amgen will lead later development and commercialization with global late-stage development costs shared between the two companies. CytomX is eligible to receive development, regulatory and commercial milestones for the CX-904 program. Amgen will lead global commercial activities with CytomX able to opt into a profit share in the U.S. and receive tiered, double-digit royalties on net product sales outside of the U.S.

Amgen also receives exclusive worldwide rights to develop and commercialize up to three additional, undisclosed targets. Should Amgen ultimately pursue all of these targets, CytomX will be eligible to receive additional upfront and milestone payments and high single-digit to mid double-digit royalty payments on any resulting products. CytomX also receives the rights from Amgen to an undisclosed preclinical T-cell-engaging bispecific program. Amgen is eligible to receive milestones and royalty payments on any resulting products from this CytomX program.



In 2020, CytomX entered into a strategic collaboration with Astellas to co-develop T-cell-engaging bispecific therapeutics. The companies are co-developing CytomX Probody T-cell-engaging bispecifics against the clinically validated oncology target cluster of differentiation 3 (CD3). CytomX and Astellas will collaborate on several initial programs with CytomX leading research and discovery activities, up to clinical candidate selection. Astellas will lead and fund preclinical and clinical development, and commercialization activities with CytomX eligible to receive tiered high-single digits to mid-teens royalties on net product sales outside of the U.S.



In 2014, CytomX entered into a strategic collaboration with Bristol Myers Squibb to develop immuno-oncology therapeutics using our Probody platform. Bristol Myers Squibb is conducting a randomized Phase 2 study of BMS-986249, a Probody version of Yervoy® (ipilimumab), an anti-CTLA-4 antibody, in combination with Opdivo® (nivolumab), an anti-PD-1 antibody, versus Yervoy® (ipilimumab) and Opdivo® (nivolumab) in patients with untreated metastatic melanoma. This study has been modified to include three additional single-arm cohorts: advanced hepatocellular carcinoma, metastatic castration-resistant prostate cancer, and advanced triple-negative breast cancer. Bristol Myers Squibb is also studying BMS-986288, a Probody version of non-fucosylated Yervoy® (ipilimumab), as a monotherapy and in combination with Opdivo® (nivolumab), in a Phase 1/2 study in patients with selected advanced solid tumors.

We are advancing a deep oncology pipeline of highly differentiated therapeutics by blazing our own trail and in partnership with some of the world's leading biopharmaceutical companies.



We have established conditional activation as a strategic area of biologics research and development as we strive to utilize our powerful and versatile Probody platform to create biologic therapeutics that can make the biggest difference to the lives of people with cancer.