CytomX® THERAPEUTICS

Unmasking Advances in Oncology

August 2026

© 2026 CytomX Therapeutics, Inc.

Legal Disclaimer

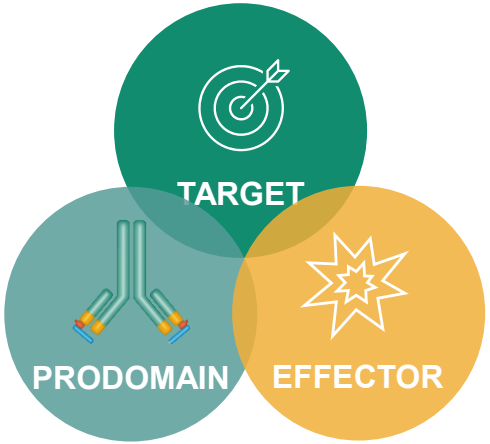
This presentation (including any oral commentary that accompanies this presentation) contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. All statements other than statements 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 and likelihood of success are forward-looking statements. Terms such as "may," "might," "should," "could," "predict," "potential," "believe," "expect," "continue," "will," "anticipate," "seek," "estimate," "intend," "plan," "projection," "would," "annualized" and "outlook," or other words that convey uncertainty of future events or outcomes (including the negative of these terms) may identify these forward-looking statements. Such statements are based on current expectations and assumptions 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, including varsetatug masetecan ("Varseta-M") and CX-801, and other development activities; uncertainties inherent in the initiation and enrollment of clinical trials; uncertainties regarding the availability and timing of data from clinical trials; the risk that initial clinical data, including data for Varseta-M and CX-801, may not reflect later clinical trial results; the unpredictability of the duration and results of regulatory review; the uncertainty of market acceptance for approved products and innovative therapeutic treatments; competition; the potential not to receive partnership milestones, profit sharing or royalty payments; the possible impairment of or inability to obtain intellectual property rights; possible safety or efficacy concerns with our drug candidates, including Varseta-M and CX-801; and 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 in our public filings with the U.S. Securities and Exchange Commission ("SEC"), including in Part II, Item 1A, "Risk Factors," of our Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission on May 7, 2026, and in our other filings we make with the SEC from time to time, which are available at www.sec.gov. 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.

This presentation concerns products that have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to their safety or effectiveness for the purposes for which they are being investigated. This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. This presentation contains trademarks, services marks, trade names and copyrights of the company and other companies, which are the property of their respective owners. The use or display of third parties' trademarks, service marks, trade name or products in this presentation is not intended to, and does not imply, a relationship with the company, or an endorsement of sponsorship by the company.

PROBODY® Therapeutic Design

Right Target, Right Tumor, Right Effector Mechanism

CytomX® THERAPEUTICS



PROBODY® Platform: Leading the field of masked therapeutics

Clinical Programs:

- Varsetatug masetecan (EpCAM PROBODY ® Topo-1 ADC)* for Colorectal Cancer and EpCAM-expressing tumors
- CX-801 (PROBODY ® IFN-α2b) for Melanoma

Financials: $330M cash as of Q2 2026; runway to 2nd half of 2028

  – Additional $37M received from Regeneron in July 2026

Organization: Integrated R&D capabilities; multiple pharma alliances including research collaboration with Regeneron

**Varsetatug masetecan ("Varseta-M") - (formerly CX-2051)*

Abbreviations: EpCAM=Epithelial Cell Adhesion Molecule; ADC=Antibody Drug Conjugate; IFN-α2b=Interferon alpha 2-b

Q2 2026 Highlights

Varseta-M

- Phase 1 monotherapy update expected by the end of 2026 with goal to start registrational study in late-line CRC by 1H 2027
- Phase 1 bevacizumab combo study ongoing in 3L+ mCRC
- Phase 1/2 chemotherapy combo study planned to begin in Q4 2026
- Phase 1 study in Gastric/GEJ, EpCAM selected PDAC, and EpCAM selected BTC initiating in Q3 2026

Pipeline & Partnerships

- CX-801 + KEYTRUDA® cleared the 3rd dose level in dose escalation
- CX-801 melanoma data expected in 1H 2027
- Expanded Regeneron collaboration in bispecific immunotherapies

Organization

- $330M in cash as of Q2 2026, additional $37M received from Regeneron in July 2026
- Cash runway into 2H 2028
- Board of Directors and leadership team strengthened for late-phase development

CytomX Therapeutics

Abbreviations: mCRC=metastatic colorectal cancer; GEJ=gastroesophageal junction; PDAC=pancreatic ductal carcinoma; BTC=Biliary tract cancer; EpCAM=Epithelial Cell Adhesion Molecule

Varseta-M is the only EpCAM-Directed ADC in Development with a Promising Clinical Profile in Late-line CRC

Varseta-M Efficacy in Late-Line CRC[1]

- Confirmed ORR of 20% at 8.6 mg/kg and 32% at 10 mg/kg
- Preliminary PFS of 6.8 months at 8.6 mg/kg and 7.1 months at 10 mg/kg
- High EpCAM expression confirmed in all patients with evaluable biopsies

Encouraging Safety Profile[1,2]

- AEs generally manageable and reversible with no pancreatitis, serious liver toxicity or ILD observed.
- Hematologic profile may be attractive for future combinations.
- Diarrhea was the most common Grade 3 TRAE (24%) across 7.2-10 mg/kg doses. Initial reported data from dose optimization suggests potential for improved rates of Grade 3 diarrhea with prophylaxis (10% Grade 3)

mCRC Development Strategy & Market Opportunity

- 2nd leading cause of cancer death worldwide; 5-year survival rate of 13% in mCRC[3]
- Phase 1 monotherapy dose optimization ongoing with goal to start registrational study in 1H 2027
- Phase 1 combinations with bevacizumab and chemotherapy have potential to unlock earlier-line mCRC

Abbreviations: ORR=Objective response rate; PFS=progression free survival; ILD= interstitial lung disease; TRAE=treatment related adverse event

1) Based on Company data presentation on March 16, 2026 utilizing actual body weight (ABW) dosing; 2) Dose optimization safety data based on March 2, 2026 data snapshot in 20 patients treated at 8.6 and 10 mg/kg adjusted ideal body weight (AIBW) dosing and updated prophylaxis regimen of anti-motility medication plus budesonide after 2 months of follow-up post treatment initiation; 3) World Health Organization, interactive data; Biller and Schrag, 2021, JAMA; American Cancer Society

CytomX® THERAPEUTICS

Varseta-M Development Plan Continues to Broaden in CRC and Additional EpCAM-expressing Gastrointestinal Indications

Product Candidate(s)	Indication(s)	Phase 1 / 2	Phase 3 / Registrational
Varseta-M Monotherapy EpCAM Topo-1 ADC	3L+ metastatic CRC (mCRC)	• *Phase 1 Update Expected by end of 2026* • *Potential Registrational Study Start in 1H 2027*	
Varseta-M + bevacizumab	2L/3L mCRC	• *Initiated Phase 1 in Q1 2026* • *Evaluating Q2W and Q4W Doses*	
Varseta-M + bevacizumab + chemotherapy[1]	1L/2L mCRC	*Initiating Phase 1/2 in Q4 2026*	
Varseta-M	Gastric/GEJ, PDAC, BTC	*Initiating Phase 1 in Q3 2026*	
CX-801 (IFNα2b)	Advanced Melanoma	*Phase 1 Data CX-801 + KEYTRUDA® Expected in 1H 2027*	

1. Chemotherapy combinations including Varseta-M with bevacizumab, 5-fluorouracil, and leucovorin

Varseta-M antibody and linker-payload licensed through collaboration with Immunogen.

CytomX Therapeutics

Varsetatug masetecan (Varseta-M)*

A Novel EpCAM-Directed ADC Focused on Colorectal Cancer (CRC) and Gastrointestinal Tumors

*Formerly known as CX-2051

© 2026 CytomX Therapeutics, Inc.

Antibody Drug Conjugates are Transforming Cancer Care

Varseta-M brings the promise of ADCs to colorectal cancer

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

Nectin-4 / Bladder

Seagen/Pfizer

Varseta-M*
PROBODY® ADC

EpCAM / CRC

CytomX Therapeutics

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

HER2 / Breast, Lung**

Daiichi/Astra Zeneca

ELAHERE™
mirvetuximab soravtansine-gynx
injection 100 mg

FRα / Ovarian

Immunogen/AbbVie

TRODELVY®
sacituzumab govitecan-hziy
180 mg for injection

TROP2 / Breast

Immunomedics/Gilead

**Varsetatug masetecan is not an approved product and is in ongoing clinical development. **Enhertu select indications only. Sources: Company announcements.*

All trademarks & tradenames belong to their respective owners, as identified above.

Colorectal Cancer Remains One of the Biggest Unmet Needs in Oncology

~1.9M patients per year, increasing to 3M by 2040

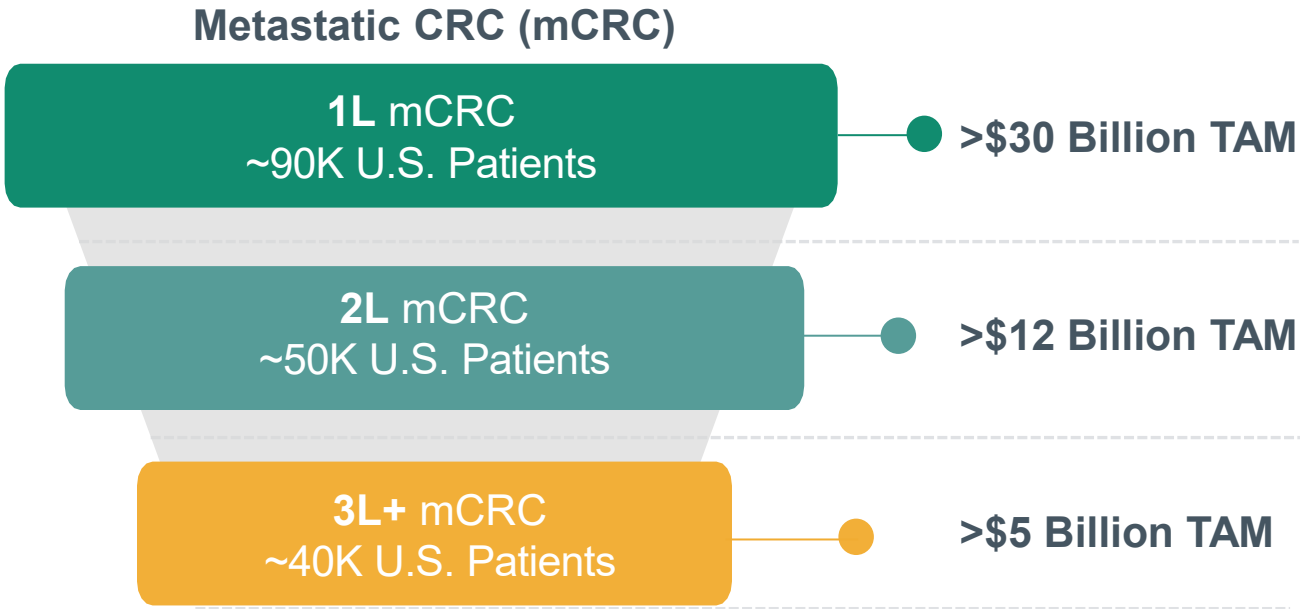
2nd leading cause of cancer death worldwide

5-year survival rate of 13% in mCRC

Sources: World Health Organization, interactive data; Biller and Schrag, 2021, JAMA; American Cancer Society

Varseta-M has the Potential to Address a Large Patient Population due to Broad and Consistent EpCAM Expression in CRC

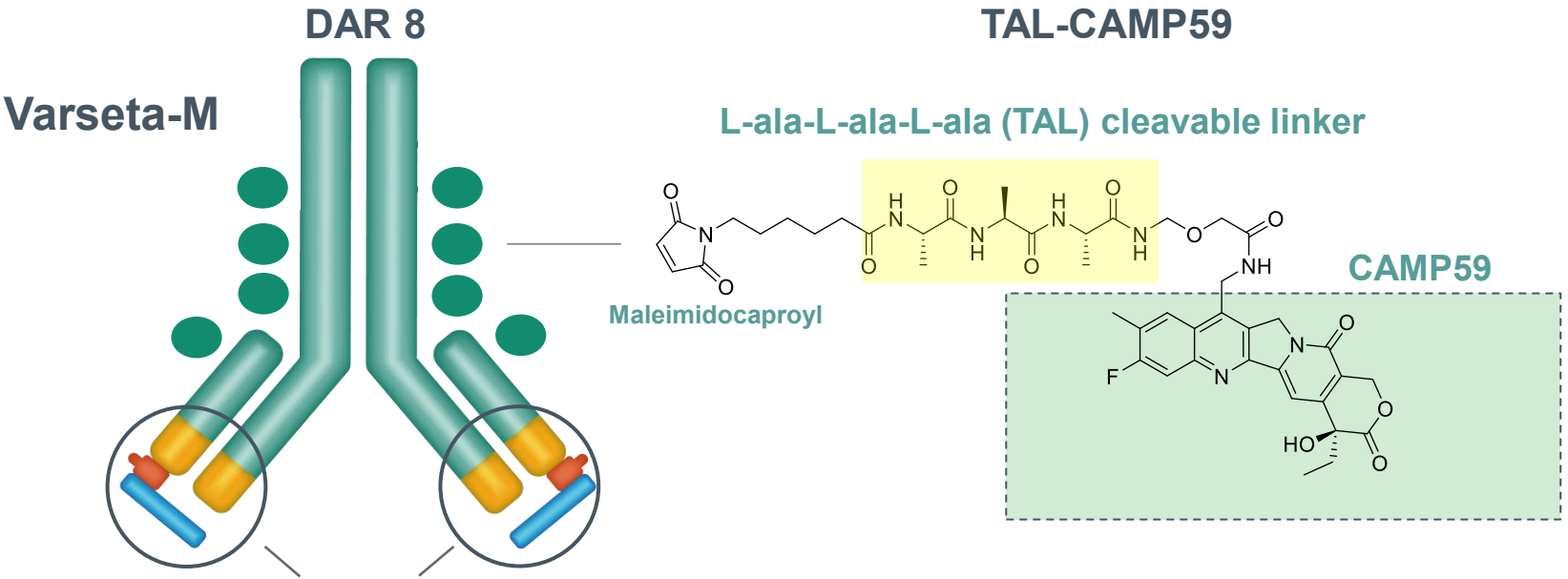
By 2035 U.S. CRC Diagnosed Incidence Estimated to be 165K Patients Annually



Sources and assumptions: 2035 DRG epidemiology and company estimates regarding pricing assumptions based on approved ADCs; estimated duration of treatment based on mCRC standard of care
Abbreviations: TAM=Total Addressable Market

Varsetatug masetecan: A Novel EpCAM Targeting PROBODY ® ADC

The Right Target, The Right Payload



- ***EpCAM is abundant in CRC but previously undruggable due to normal tissue expression***
- ***CytomX protease cleavable masking platform reduces EpCAM binding in normal tissues***
- ***Masetecan Topo-1 payload selected to drive anti-tumor activity in CRC***

Abbreviations: DAR = drug antibody ratio

The Current Standard of Care in 3L+ Metastatic CRC Is Highly Inadequate

Current therapies have limited survival benefit

Treatment	Treatment Line	ORR (%)	DCR (%)	Median PFS (months)	Median OS (months)
Fruquintinib[1]	3L/4L+	2%	56%	3.7	7.4
Regorafenib[2]	3L/4L+	1%	41%	2.0	6.4
Trifluridine/tipiracil[3]	3L/4L+	2%	44%	2.0	7.1
Trifluridine/tipiracil + *Bevacizumab*[4]	3L	6%	77%	5.6*	10.8*

**SUNLIGHT study total patients; Patients previously treated with prior bevacizumab had median PFS of 4.5 months and OS of 9.0 months*

Abbreviations: DCR = disease control rate; ORR = overall response rate; OS = overall survival; PFS = progression free survival.
Sources: 1. Dasari et al. 2023, Fruzaqla® (fruquintinib) Prescribing information (PI); 2. Grothey et al. 2013; Stivarga® (regorafenib) PI; 3. Lonsurf® (trifluridine and tipiracil) 4. Prager et al. 2023.

CytomX Therapeutics

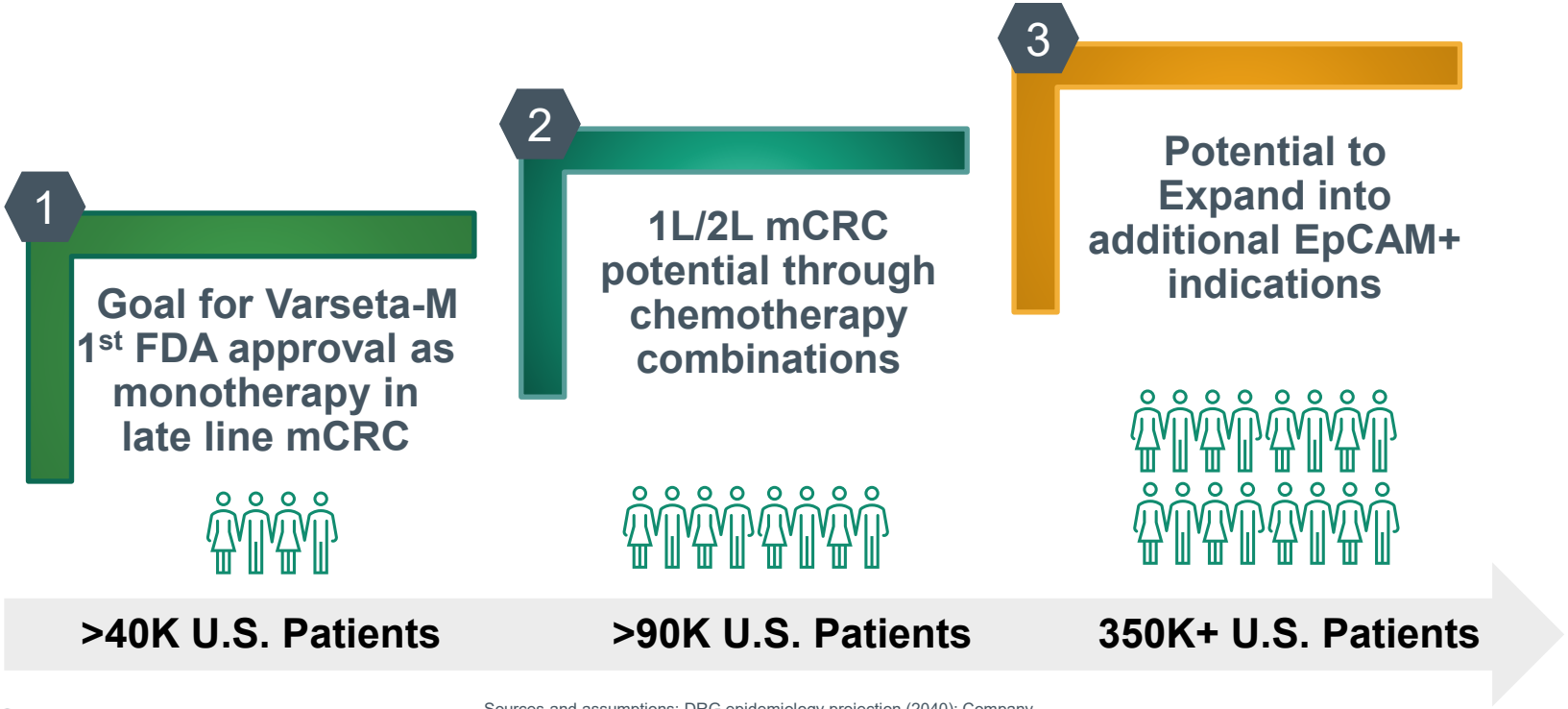
Data are not from head-to-head studies. Cross-trial data interpretation should be considered with caution as it is limited by differences in study population, sample size, inclusion and exclusion criteria, trial design and many other factors.

Varseta-M Development Strategy

© 2026 CytomX Therapeutics, Inc.

Varseta-M is a Differentiated, Potential First-in-Class ADC Positioned to Address a Broad EpCAM+ Patient Population

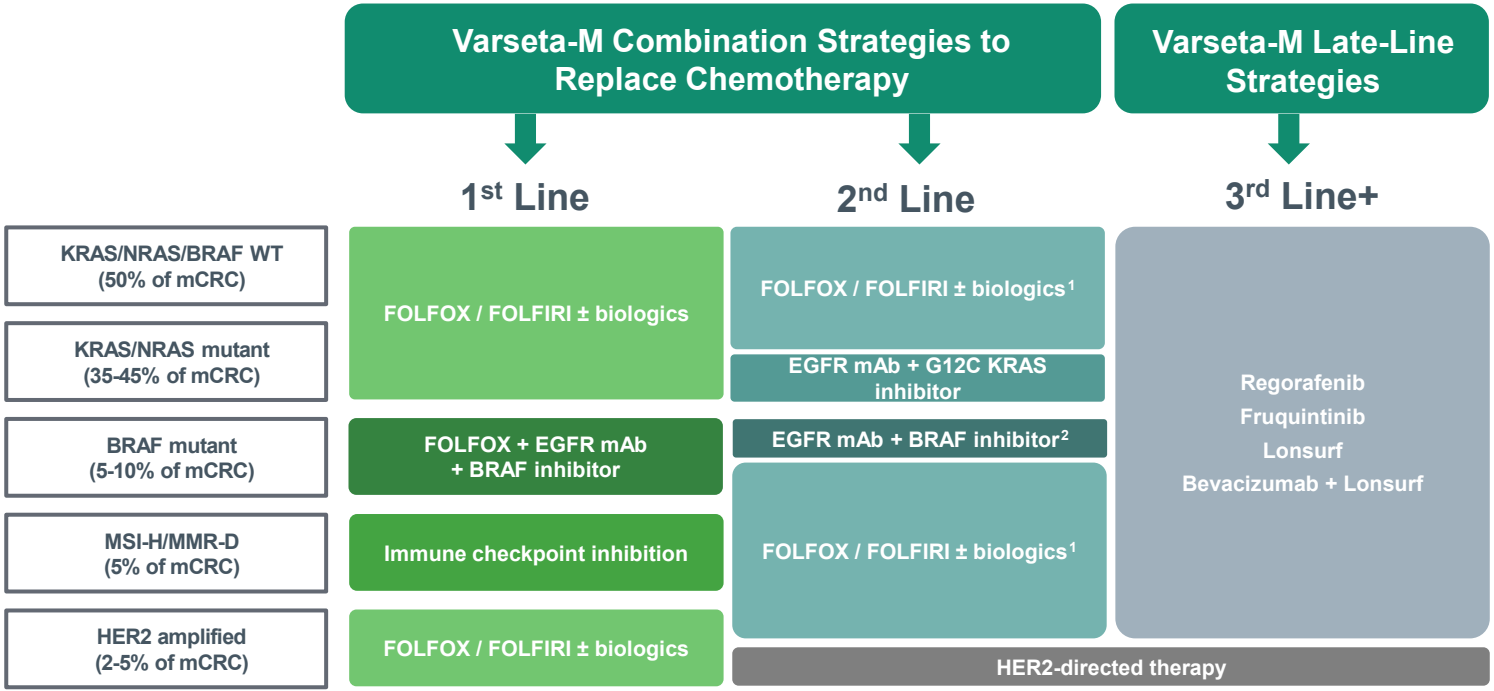
Unlocking Multiple Layers of Value Creation



Sources and assumptions: DRG epidemiology projection (2040); Company estimates on CRC incidence growth, treatable patients in mCRC, other indications

Broad Development Opportunity for Varseta-M in Metastatic CRC

Potential across the treatment paradigm as monotherapy and in combinations



[1] *Whichever regimen that was not previously given in 1L.* [2] *If BRAF inhibitor not previously given in 1L.*

Abbreviations: FOLFIRI = fluorouracil, folinic acid, irinotecan; FOLFOX = fluorouracil, folinic acid, oxaliplatin. mAb = monoclonal antibody; HER2= Human epidermal growth factor receptor 2.

Adapted from Biller and Schrag, 2021

CytomX Therapeutics

Varseta-M Monotherapy Development in mCRC

© 2026 CytomX Therapeutics, Inc.

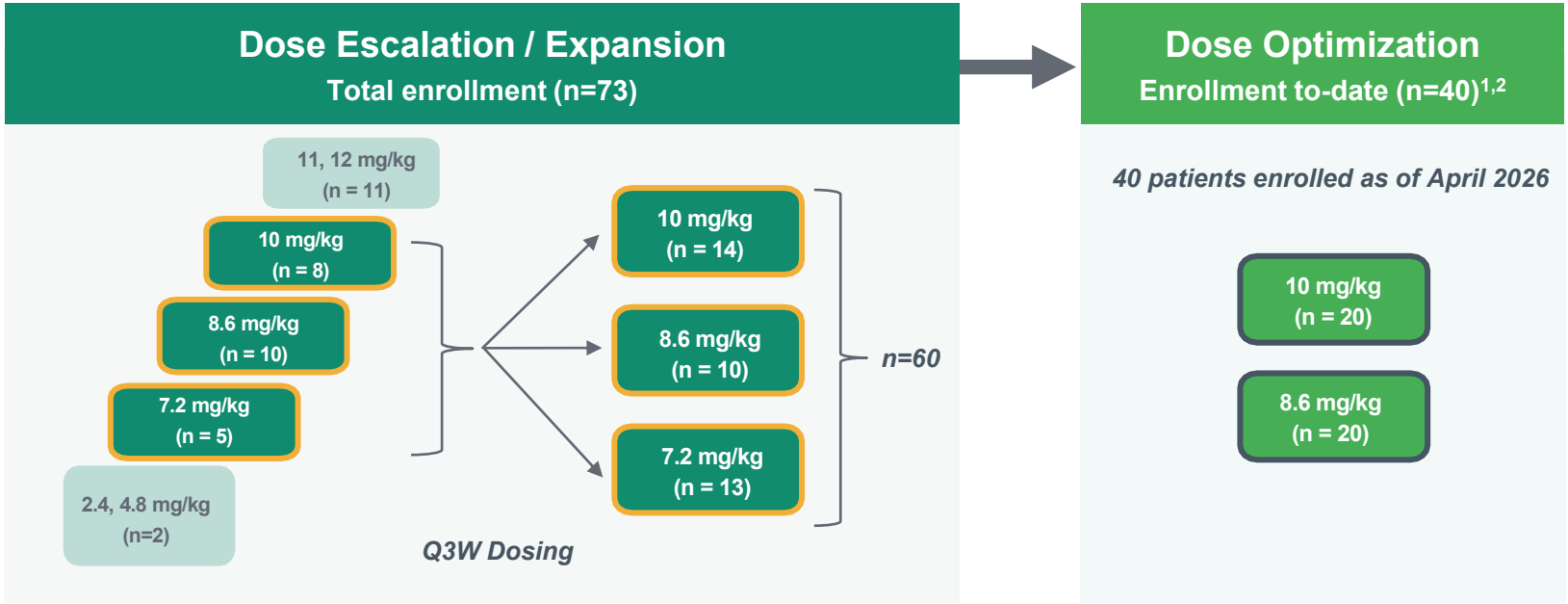
Varseta-M Phase 1 Monotherapy Focused in Late-Line Metastatic CRC

Data to inform potential registrational study in 3rd or 4th line mCRC

Phase 1 Study: 113 Monotherapy Patients Enrolled

- Phase 1 Dose Escalation (began April 2024); Dose Expansions (began May 2025); Dose Optimization (began October 2025)

Patient Enrollment: mCRC patients (pts) unselected for EpCAM expression; population enrolled had a median of 3 prior therapies; 49% of pts had ≥4 prior therapies; 76% of pts had liver metastases.[3]



1. Adjusted ideal body weight (AIBW) dosing and optimized prophylaxis; 2. Enrollment Update as of May 7, 2026 CytomX Therapeutics Earnings Call;
3. As of January 16, 2026 data cutoff presented on March 16, 2026

Varseta-M Combinations in Earlier-Line mCRC

© 2026 CytomX Therapeutics, Inc.

Varseta-M Combination with Bevacizumab is Ongoing with Potential to Enable 3rd line CRC Development

Varseta-M + Bevacizumab
Phase 1 Dose Escalation in 3L+ mCRC[1]

Varseta-M Q2W + Bevacizumab

Varseta-M Q4W + Bevacizumab

✓ ***Initiated in Q1 2026; Enrollment ongoing***

- ***Goal to determine a dose(s) and schedule for late phase development of the combination***

Varseta-M + Bevacizumab
*Potential Later Phase Development**

3rd Line mCRC:

Varseta-M + Bevacizumab
vs.
Lonsurf + Bevacizumab
4.5 months PFS, 9 months mOS[2]

- **Varseta-M + Bevacizumab has the potential to improve upon the standard of care in 3rd line mCRC**

**Illustrative only; actual future trial design to be determined based on emerging date, regulatory feedback, costs and other scientific and business factors*

CytomX Therapeutics

[1] Study CTMX-2051-101; [2]Prager et al. 2023

Planned Varseta-M Phase 1/2 Combination Study with Bevacizumab + 5-FU Enables Potential Irinotecan Replacement in 1st and 2nd line mCRC

Varseta-M + Bevacizumab + 5-FU
Phase 1 Dose Escalation

Phase 2 Study

Phase 1 / 2 Study Enrollment in 2nd Line mCRC

Varseta-M Q2W + Bevacizumab, 5-FU/leucovorin (BFF)

Varseta-M Q4W + Bevacizumab, 5-FU/leucovorin (BFF)

- ***Beginning in Q4 2026***

Varseta-M + Bevacizumab, 5-FU/leucovorin (BFF)

- **Goal to replace irinotecan in bevacizumab + FOLFIRI regimen in 2L mCRC**

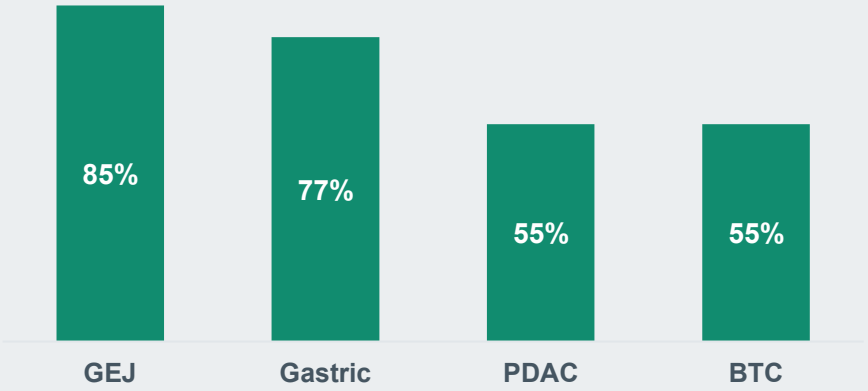
Varseta-M in EpCAM+ Gastrointestinal Cancers

© 2026 CytomX Therapeutics, Inc.

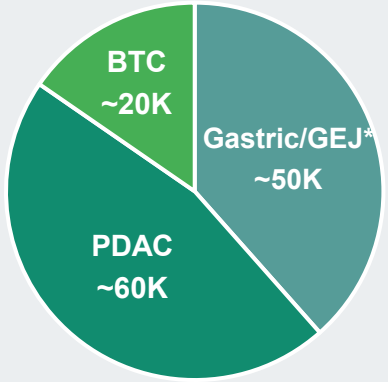
Broadening the Varseta-M Program to EpCAM+ GI Indications

Patient enrollment to commence in Q3 2026

EpCAM Highly Expressed in Prioritized GI Tumors[1]



US Incidence – Prioritized GI Cancers ~130K Patients Diagnosed Annually



*Includes Esophogeal Adenocarcinoma

Varseta-M demonstrated clinical activity in heavily pretreated CRC, de-risking clinical profile in other GI indications:

- **Gastric/GEJ:** proof of concept with Topo-1 ADCs, options limited for patients without targeted therapy options with poor outcomes in 2L+
- **PDAC**: EpCAM selected post Pan-RAS patients have high unmet need with limited treatment options
- **BTC:** Potential for focused development path in EpCAM selected patients

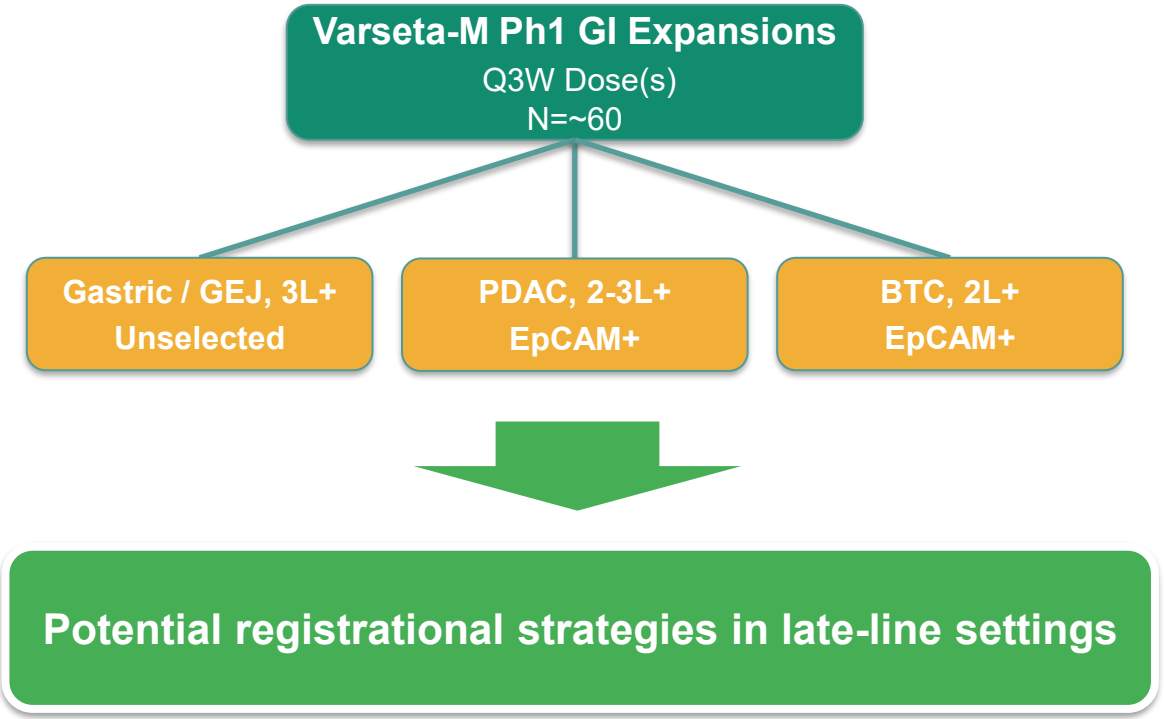
CytomX Therapeutics

Sources: 1. CytomX Prevalence Study EpCAM Expression based on IHC 3+ (>10%) Or 2+/3+ (>50%); 2.SEER Cancer Statistics, Company estimates

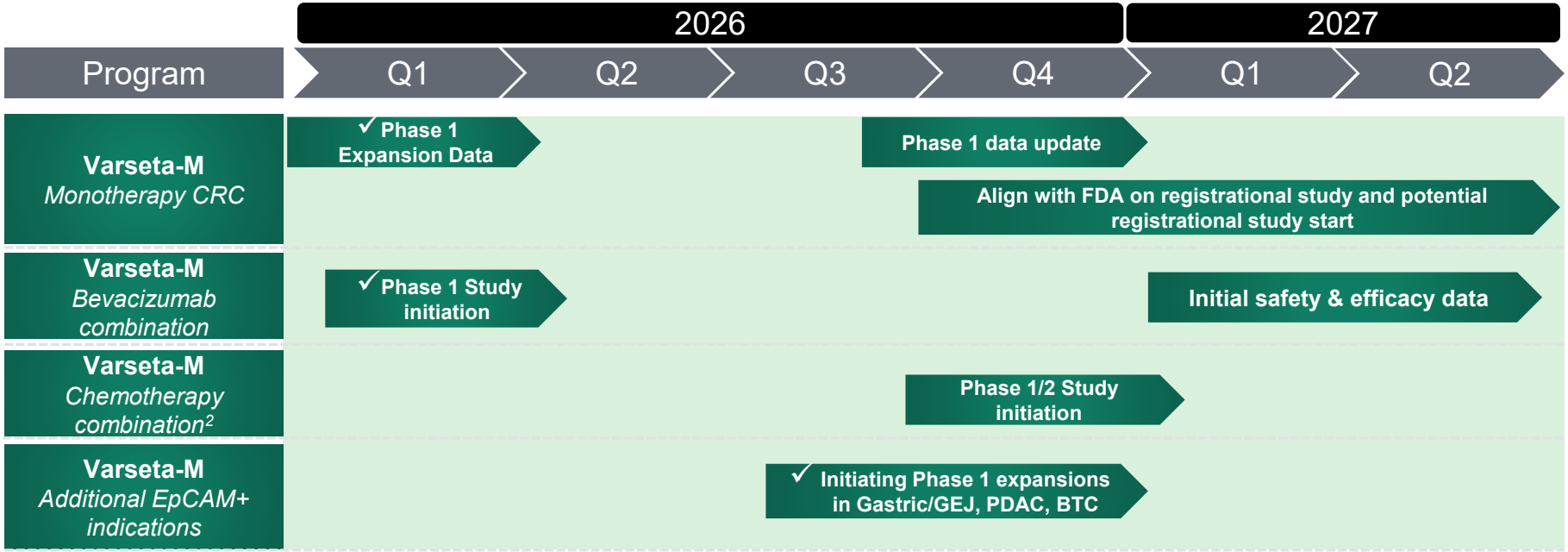
Varseta-M Monotherapy Cohort Expansions in GI Indications with High Unmet Need Initiating in Q3 2026

Phase 1 Study Overview

- **Key Endpoints**:
  - Safety, tolerability, PK
  - Efficacy: ORR, PFS
- **Key Inclusion Criteria**
  - Must have received at least 1 prior SOC regimen
  - Gastric/GEJ: no selection for EpCAM
  - PDAC/BTC selected for EpCAM



Multiple Varseta-M Milestones Anticipated Over Next 12 to 18 Months[1]



1. *Reflects current expectations, subject to change*
2. *Chemotherapy combinations including Varseta-M with bevacizumab, 5-fluorouracil, and leucovorin*

CX-801 PROBODY® IFNα-2b

A Novel Immunotherapy Focused in Melanoma

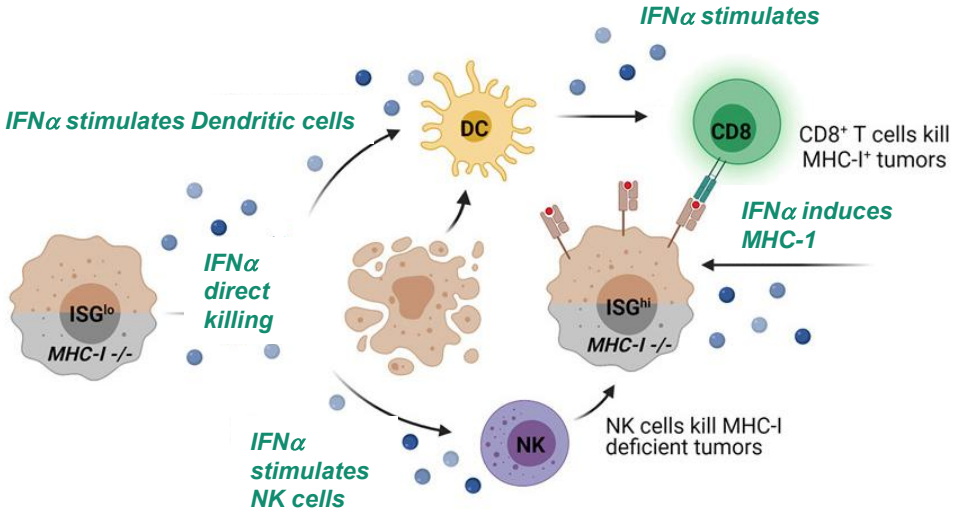
© 2026 CytomX Therapeutics, Inc.

IFNα-2b is a Powerful Cancer Immunotherapy With Ideal Properties to Combine with Checkpoint Inhibitor Therapy

Why IFNα-2b?

IFNα-2b Mechanism of Action

- Kills cancer cells directly leading to immunogenic cell death
- Stimulates antigen presenting cells to activate tumor-reactive T cells
- Modulates NK, stromal and vascular cells
- Approved for treating melanoma (peginterferon alfa-2b), renal (bevacizumab + IFN), and bladder cancer (nadofaragen firadenovec)
- Potential to treat checkpoint resistant / refractory indications



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

Abbreviations: NK=natural killer cells; ISG=Interferon-stimulated gene; MHC=Major histocompatibility complex

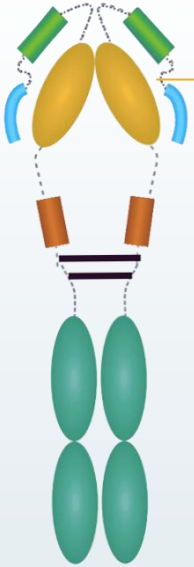
CX-801: Dually-Masked, Conditionally Activated PROBODY® IFNα2b

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

CX-801



EFFECTOR

IFNα2b

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

PRODOMAIN

Masking & Substrates Design Strategy

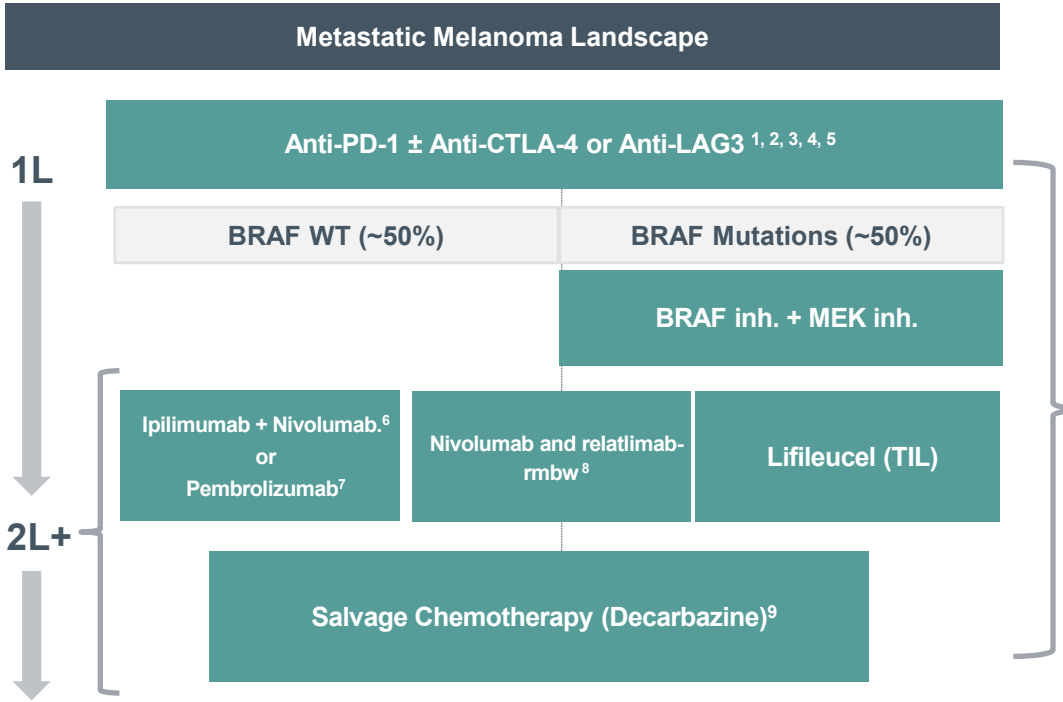
- Dual-masking strategy with steric and affinity mask (peptide)
- 1000X masking efficiency observed in preclinical models

CytomX Therapeutics

Abbreviations: APCs=Antigen Presenting Cells; Fc=Fragment crystallizable

High Unmet Need in PD-1 Refractory Melanoma Patients

CX-801 has potential to enhance responsiveness to checkpoint inhibitors



CX-801 Development Opportunities in Melanoma

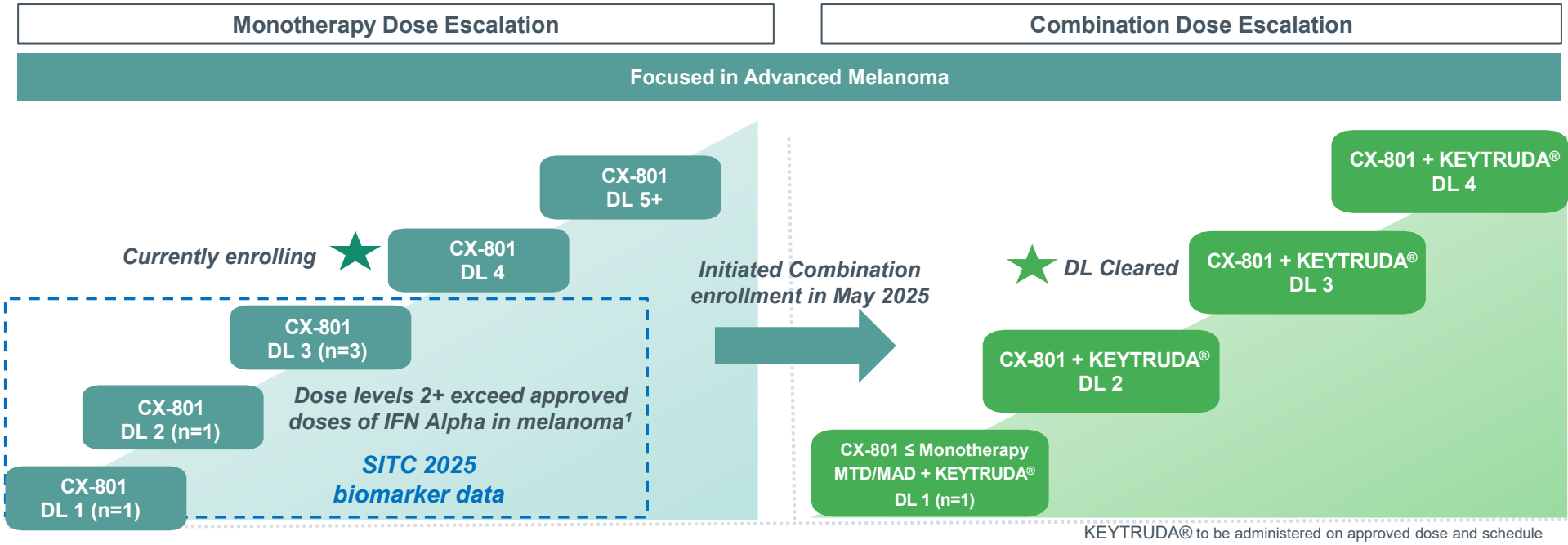
- **Combine with anti-PD-1 inhibitors in post-PD-1 setting**
  - **Improve on activity of PD-1 inhibitors (7% ORR)[9]**
  - **Potential safe and tolerable alternative to TIL therapy**
- **Offers a novel opportunity for combination with immunotherapy**

[1] Robert et al. 2015; [2] Robert et al. 2023; [3] Tawbi et al. 2022; [4] Wolchock et al. 2017; [5]Wolchock et al.2022; [6] VanderWalde et al.; [7] Olson et al. 2021 2023; [8] Ascierto et al. 2023; [9] Robert et al. 2011

Abbreviations: TIL=Tumor-infiltrating lymphocyte

CytomX Therapeutics

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



KEYTRUDA® to be administered on approved dose and schedule

- **Combination dose escalation commenced in May 2025**
- **Plan to report initial Phase 1 clinical data in combination with KEYTRUDA® in 1H 2027**

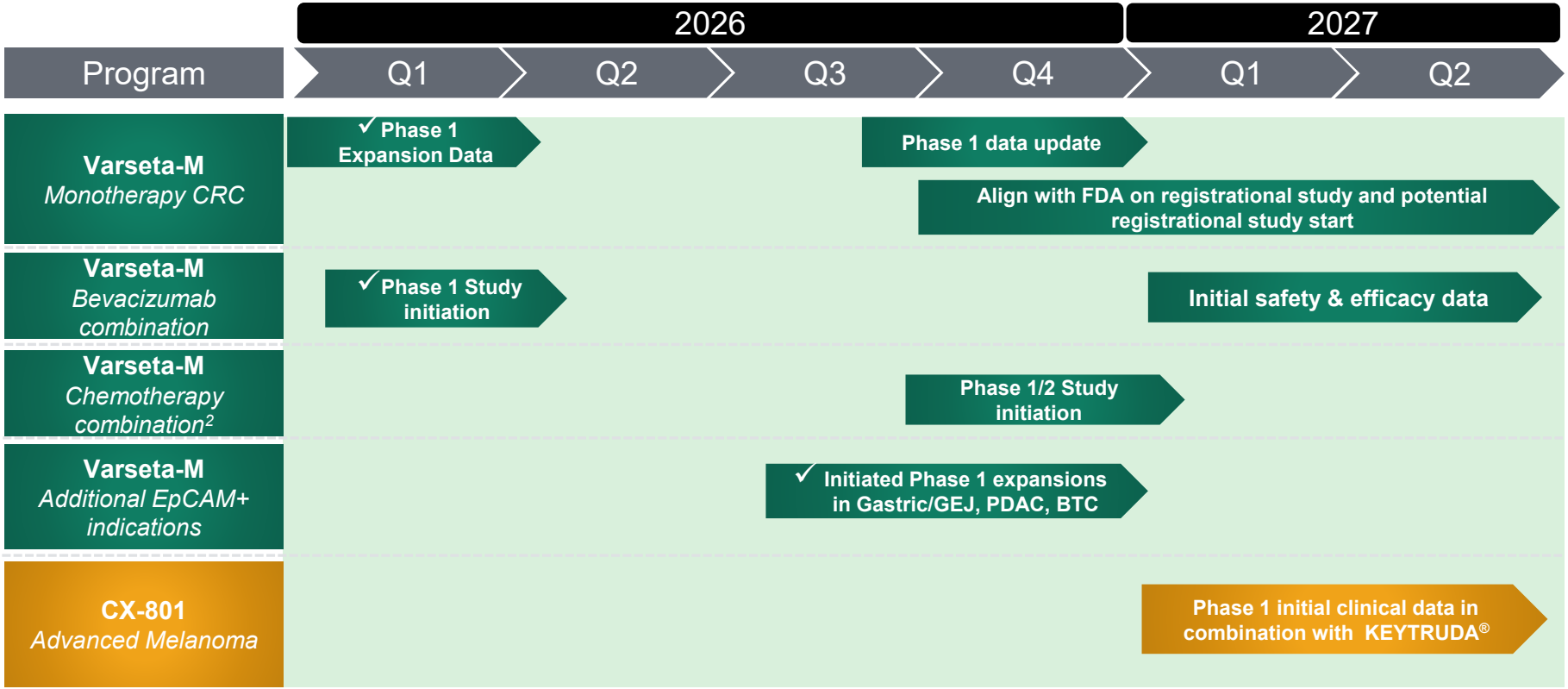
1. Package Insert - SYLATRON™

KEYTRUDA® is a registered trademark of Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA

Milestones and Outlook

© 2026 CytomX Therapeutics, Inc.

Multiple Milestones Anticipated Over Next 12 to 18 Months[1]



1. *Reflects current expectations, subject to change*
2. *Chemotherapy combinations including Varseta-M with bevacizumab, 5-fluorouracil, and leucovorin*

CytomX Therapeutics

CytomX® THERAPEUTICS

Unmasking Advances in Oncology

August 2026

© 2026 CytomX Therapeutics, Inc.