CytomX Therapeutics

REIMAGINING THERAPEUTIC ANTIBODIES FOR THE TREATMENT OF CANCER

H.C. Wainwright 22nd Annual Global Investment Conference

SEPTEMBER 15, 2020

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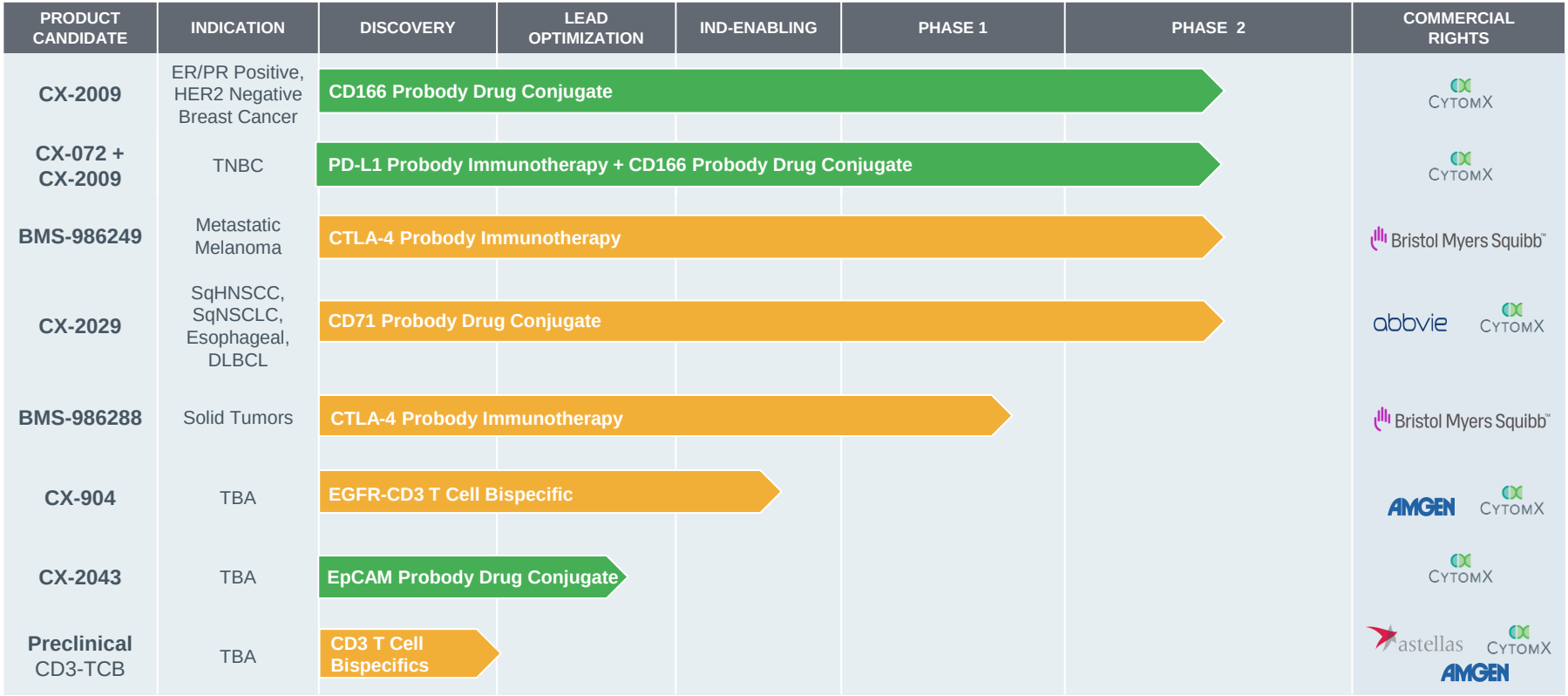
Company Summary

Clinical-stage biopharmaceutical company advancing first-in-class and best-in-class cancer treatments with a novel therapeutic antibody platform:

Probody® Therapeutics

- Novel platform for therapeutic antibody targeting to cancer tissue
- Broad progress in 1H 2020 as clinical-stage programs advance into Phase 2
- Potential first-in-class programs against previously undruggable targets: CD166 (CX-2009) and CD71 (CX-2029)
- Potential best-in-class programs against validated targets: CX-072 (anti-PD-L1), BMS-986249, BMS-986288 (anti-CTLA-4)
- Strong scientific foundation: established proof of concept for platform and broad discovery engine
- Strong balance sheet: $346 million at end of Q2 2020

Broad Probody Therapeutic Pipeline Advancing to Phase 2 Clinical Studies



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TNBC: triple negative breast cancer; SqHNSCC: squamous head and neck cell carcinoma; SqNSCLC squamous non small cell lung cancer; DLBCL: diffuse large B-cell lymphoma

Strong Track Record of Major Alliance Formation to Broaden CytomX Pipeline and Generate Significant Non-Dilutive Capital

Bristol Myers Squibb	abbvie	AMGEN	astellas
LEAD PROGRAMS: Anti-CTLA-4 • BMS-986249 - CTLA-4 Probody in Phase 2 for melanoma • BMS-986288 - 2nd generation CTLA-4 Probody in Phase 1 dose escalation	**LEAD PROGRAM: CX-2029** • CD71 PDC • Entering Phase 2 expansions • CytomX co-development & co-commercialization option	**LEAD PROGRAM: CX-904** • EGFR-CD3 Pro-T-Cell Bispecific • IND Targeted for 2021 • CytomX co-development & U.S. profit share option	**Pro-T-Cell Bispecifics** • Discovery stage • Lead programs undisclosed • CytomX co-commercialization options

- **> $500 million** in upfront and milestone payments to date
- **> $5 billion** potential development and regulatory milestones
- **3 programs** advanced from concept to clinical stage
- Multiple discovery stage programs

Robust Execution in 2020

1H 2020 ACHIEVEMENTS

- **CX-2029 (anti-CD71) Phase 1 Dose Escalation**
  - $40 million milestone from AbbVie
  - Phase 1 data presented at ASCO 2020
- **CX-2009 (anti-CD166) Phase 2 Strategy**
  - HR+/HER2- Breast Cancer
  - Combination with CX-072 in TNBC
  - Phase 1 data update at ASCO 2020
- **Major New R&D Alliance with Astellas**
  - Probody T-cell Bispecifics; $80M Upfront
- **BMS-986249 (anti-CTLA-4) Phase 2 Advancement**
  - Metastatic Melanoma
  - Phase 1 safety data presented at ASCO

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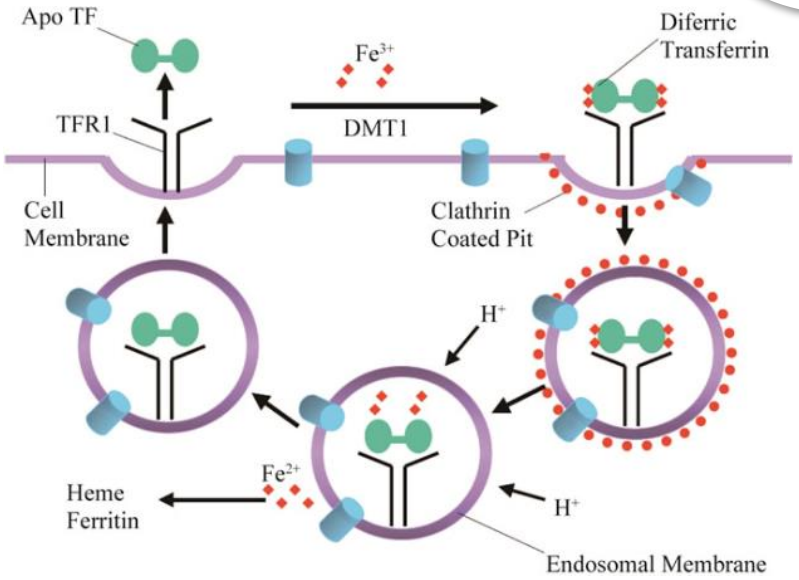
Targeting Undruggable Targets with Probody Drug Conjugates

CX-2029 and CX-2009: *Potential First-in-Class Agents with Demonstrated Single-Agent Clinical Activity*

CD71: A Unique Target Opportunity in Oncology

- CD71 = Transferrin Receptor 1
  - Transmembrane glycoprotein that efficiently internalizes iron-bound transferrin
  - Highly expressed on many cancers
  - Known to internalize ADCs
- CD71 expression in normal cells prohibits development of a traditional antibody drug conjugate (ADC) due to lethal on-target toxicity



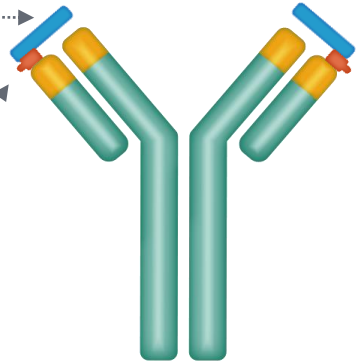
Elliott and Head. *J Cancer Ther. 2012;3:278-311.*

CX-2029 Design: A Probody Drug Conjugate Targeting CD71

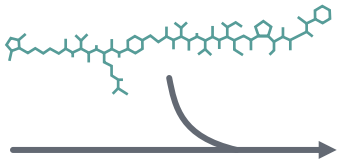
MONOMETHYL AURISTATIN E (MMAE):
POTENT CYTOTOXIC MICROTUBULE INHIBITOR, BLOCKING CELL DIVISION

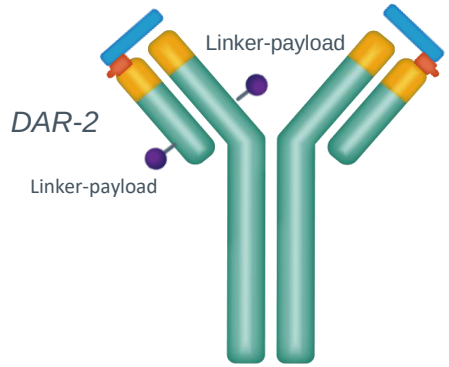
Mask prevents/ significantly reduces binding in normal tissue

Proteases cleave **substrate,** remove mask and allow target engagement in the TME



Linker-payload
mc-vc-PAB-MMAE



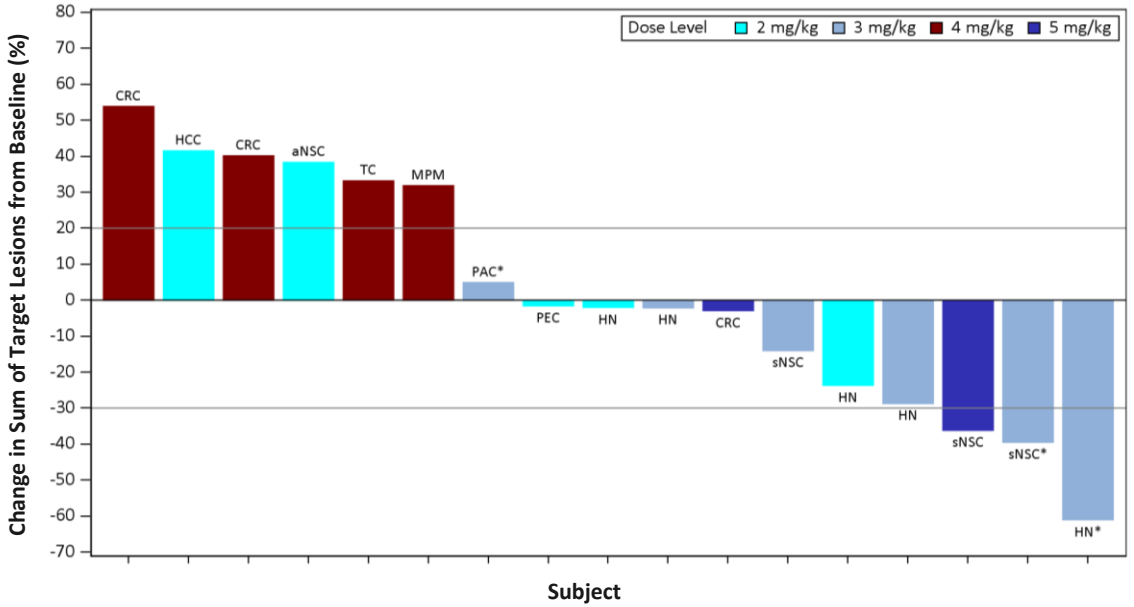


CD71- DIRECTED PROBODY

CX-2029 PDC

TME, tumor microenvironment.

CX 2029 Phase 1 Dose Escalation
Confirmed Partial Responses in sqHNSCC and sqNSCLC



aNSC = non–small cell lung cancer (adenocarcinoma), CRC = colorectal cancer, HCC = hepatocellular carcinoma, HN = head and neck squamous cell carcinoma, MPM = malignant pleural mesothelioma, PAC = pancreatic cancer, PEC = perivascular epithelioid cell tumor, sNSC=non–small cell lung cancer (squamous cell carcinoma), TC = thyroid carcinoma.

*Denotes subjects still on treatment.

13 patients not included due to (a) 5 patients ongoing without first on-study scan; (b) 6 patients discontinued without on-study scan; (c) 1 patient without measurable disease at baseline, and (d) 1 patient diagnosed with new lesion without target lesion(s) assessed.

All 3 patients with Target Lesions Shrinkage >30% are confirmed partial responses

Presented at ASCO 2020

Data cut-off: April 20, 2020.

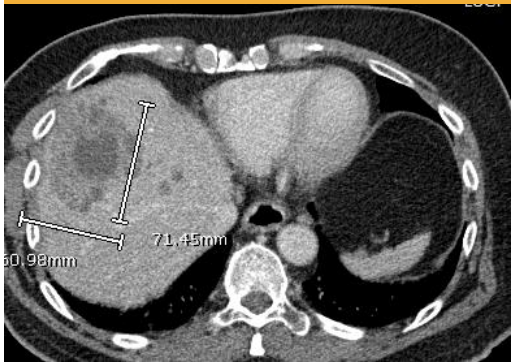
CX-2029 Phase 1 Dose Escalation Case Study
Single Agent Activity in Squamous Head and Neck Carcinoma (3 mg/kg)

Cancer History
- Diagnosed with nasopharyngeal carcinoma in February 2018
- Prior therapy included: docetaxel/5FU/cisplatin with radiation (3 mo.); high-dose cisplatin (1 mo.); investigational agent (sEPHB4-HAS) + pembrolizumab (3 mo.; PD)

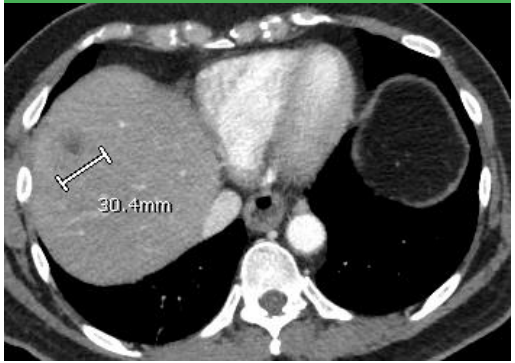
Relevant Past Medical History:
anemia, increased LFTs, HTN, neuropathy, dyspnea

Initiated CX-2029: [14 Jan 2020]
- **Toxicity:** Cycle 1 grade 4 neutropenia (Neulasta) and grade 2 anemia; Cycles 2-4 grade 3 anemia managed with PRBCs, transfusions and **dose reduction to 2 mg/kg**; darbepoetin initiated Cycle 6
- **Response**: Partial response at Week 8 (13 Mar 2020) confirmed 8 weeks later (8 May 2020)

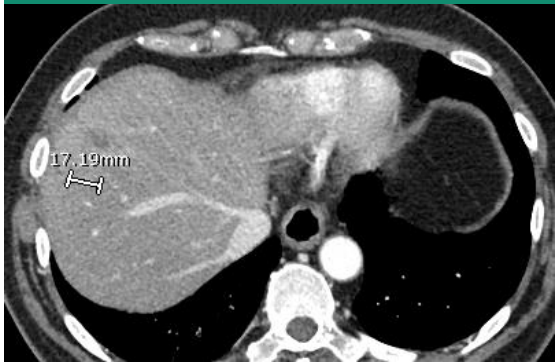
18 Dec 2019



13 Mar 2020 (43% ↓)



8 May 2020 (78% ↓)



Presented at CytomX ASCO Event 2020

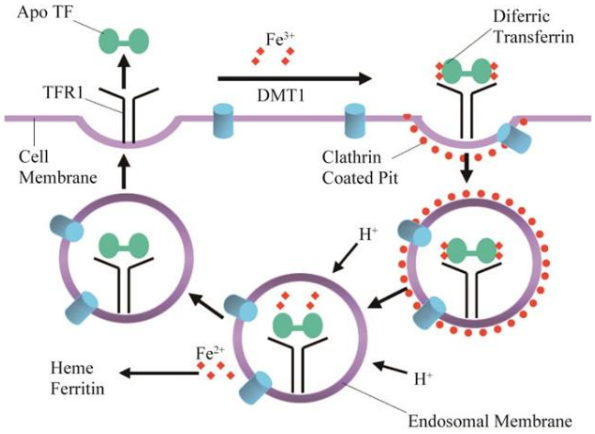
CX-2029 Phase 1: Safety Summary

- Doses tested: 0.1 mg/kg - 5.0 mg/kg
- Most frequent grade 3+ AEs were hematologic
  - Anemia, neutropenia
  - Consistent with non-clinical toxicology and MMAE payload
- Anemia likely multi-factorial including CD71 biology
  - Anemia managed with red blood cell transfusions, growth factor support and/or dose delays/reductions
- Clinical PK showed > 95% masking maintained in circulation
- 3 mg/kg Q3W selected as Phase 2 dose

Treatment-Related Grade 3+ AEs (≥2 patients)	Patients, n (%)				
	CX-2029 1.0 mg/kg (n=3)	CX-2029 2.0 mg/kg (n=8)	CX-2029 3.0 mg/kg (n=12)	CX-2029 4.0 mg/kg (n=6)	CX-2029 5.0 mg/kg (n=4)
Anemia	1 (33)	5 (63)	7 (58)	5 (83)	4 (100)
Neutropenia	0	0	4 (33)	3 (50)	3 (75)
Leukopenia	0	0	1 (8)	2 (33)	2 (50)
Infusion-related reaction	0	1 (13)	0	1 (17)	0

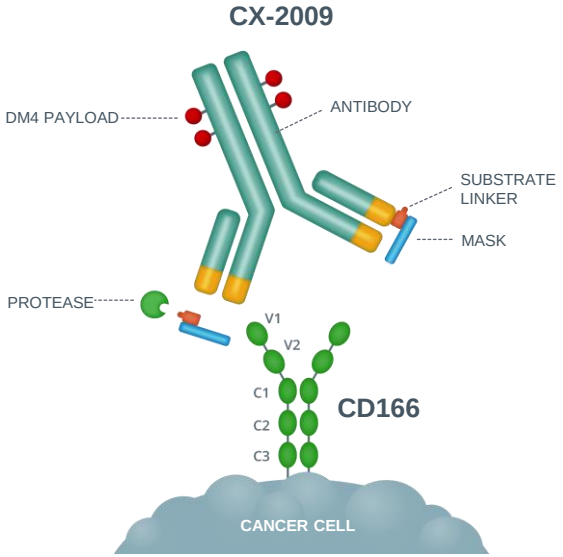
Presented at ASCO 2020

CX-2029 Summary and Next Steps:
First Successful Targeting of CD71, a Novel Anti-Cancer Target



- Probody platform has enabled therapeutic levels of an anti-CD71 MMAE drug conjugate to be achieved in patients with advanced cancers
- Phase 2 expansion studies being initiated at 3mg/kg q3w in four tumor types
  - Squamous HNSCC, squamous NSCLC, Esophageal, and DLBCL
- Program partnered in global co-development alliance with AbbVie
- CytomX continues to advance through Phase 2 POC
- Phase 1 data achieved $40 million dose escalation milestone payment in 1H 2020

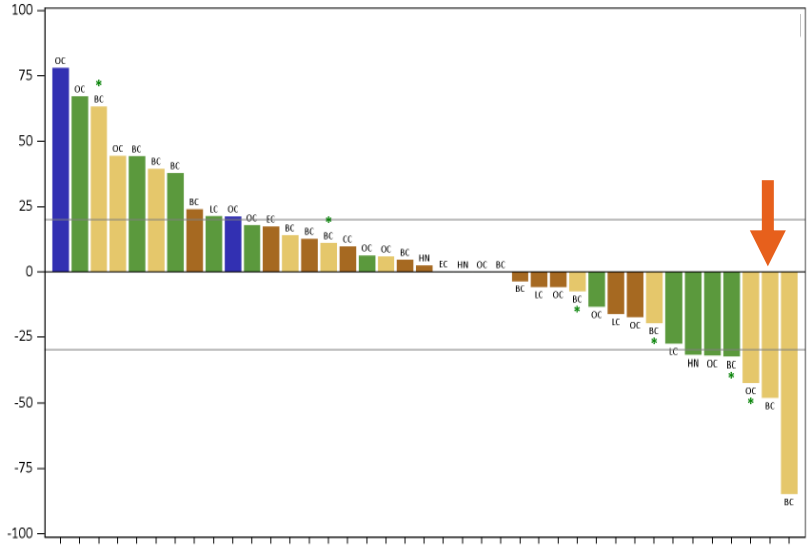
CX-2009 Design: A Probody Drug Conjugate Targeting CD166

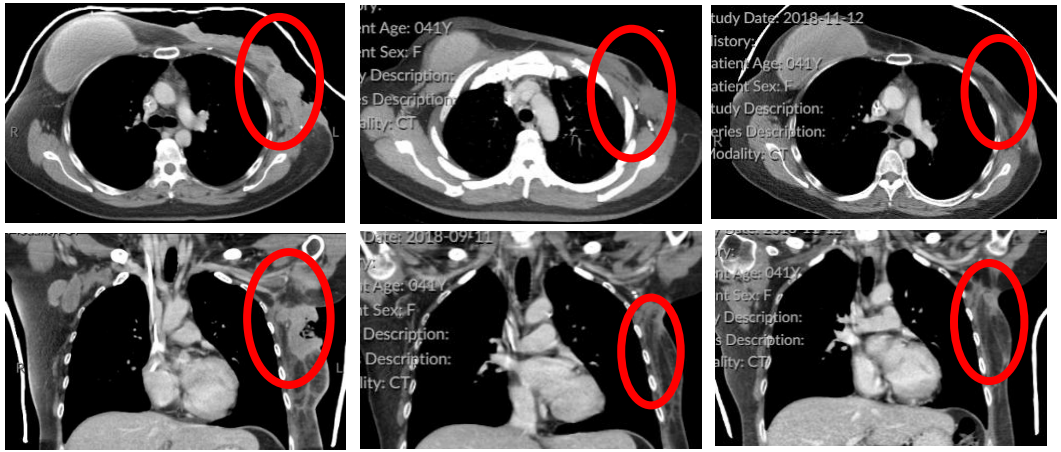


- CD166 (ALCAM: Activated Leukocyte Cell Adhesion Molecule) is a novel broadly and highly expressed tumor antigen (e.g., Breast, Ovarian, Lung, HNSCC)
- CD166 is also present on normal tissues (e.g. GI tract, liver, lung, pancreas, activated T-cells) precluding conventional ADC strategies
- CX-2009 applies Probody technology to a proprietary anti-CD166 antibody coupled with the DM4 maytansine payload
- Phase 1 clinical studies complete
- Phase 2 underway in Breast Cancer

Single Agent Activity for CX-2009 Observed in Phase 1 Dose Escalation in Multiple Cancer Types with Q3W Dosing Schedule

Case Study: Pembrolizumab and Sacituzumab govitecan-refractory TNBC Patient at 8 mg/kg





New lesion observed. Progression noted.

- 15/39 (38%) achieved tumor shrinkage
- 29/39 (74%) achieved stable disease or better at the time of the first on-treatment scan

*Denotes patient considered to be on treatment, as no end-of-treatment date listed in database as of data cut-off date.
[a] CX-2009 4- to 10-mg/kg dose levels; response-evaluable population with post-baseline disease assessments.
Patients (n=9) who are evaluable for efficacy but are not presented in the figure as the magnitude of tumor burden change was not in the database at the time of data cut-off. Patients (n=2) with non-measurable disease at baseline who are evaluable for efficacy are not included in the figure. Patients (n=3) with one evaluable post-baseline tumor scan <7 weeks from treatment start assessed as stable disease will be considered to have best overall response of not evaluable.
BC=breast carcinoma; LC=non-small cell lung carcinoma; OC=epithelial ovarian carcinoma; EC=endometrial carcinoma; HN=head and neck squamous cell carcinoma; CC=cholangiocarcinoma.

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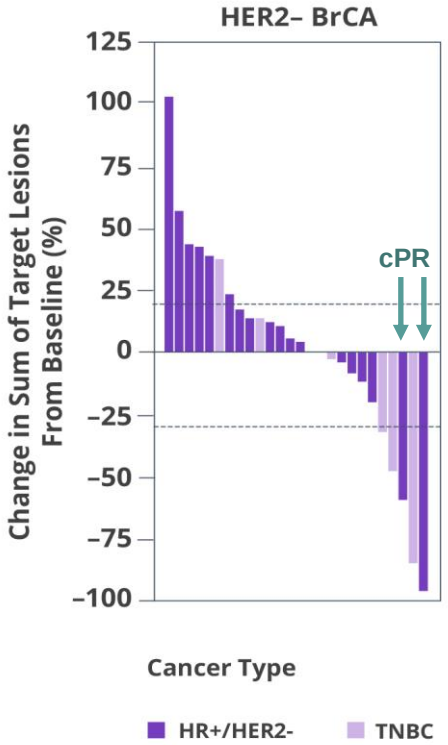
Presented at AACR 2019

CX-2009 Phase 1 Showed Evidence of Clinical Benefit in Patients with Breast Cancer Treated ≥4 mg/kg Q3W



	Evaluable Breast Cancer Patients		
	TNBC (n=8)	HR+/HER2– (n=18)	All (n=26)
Response, n			
Confirmed PR	0	2	2
Unconfirmed PR	3	0	3
SD	1	8	9
PD	4	8	12
CBR16	4	6	10 (39%)
CBR24	4	5	9 (35%)

Presented at ASCO 2020

HER2- BrCA: HER 2 negative breast cancer; TNBC: Triple negative breast cancer

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CX-2009: Phase 1 Summary of Overall Adverse Events

Category, n	CX-2009 Dose (mg/kg)							
	≤4 Q3W (n=20)	5 Q3W (n=9)	6 Q3W (n=9)	7 Q3W (n=9)	8 Q3W (n=22)	9 Q3W (n=9)	6 Q2W (n=6)	10 Q3W (n=8)
TRAE	14	9	9	9	21	9	6	7
Grade 3+	1	3	2	2	14	5	3	4
Causing discontinuation	0	3	2	0	3	2	0	1
DLT	0	0	0	0	1	0	2	0
TRAE death	0	0	0	0	1*	0	0	0
Ocular AE	2	6	2	3	13	5	5	6
Grade 3+	0	1	0	0	3	3	2	1
Neuropathy	1	6	2	2	8	3	3	2
Grade 3+	0	1	1	1	0	1	1	0
Hepatic disorder	1	0	2	1	9	3	2	3
Grade 3+	0	0	0	0	4	0	1	3
Blood/lymphatic system disorders	1	0	0	1	6	0	1	0
Grade 3+	1	0	0	0	4	0	0	0

Presented at ASCO 2020

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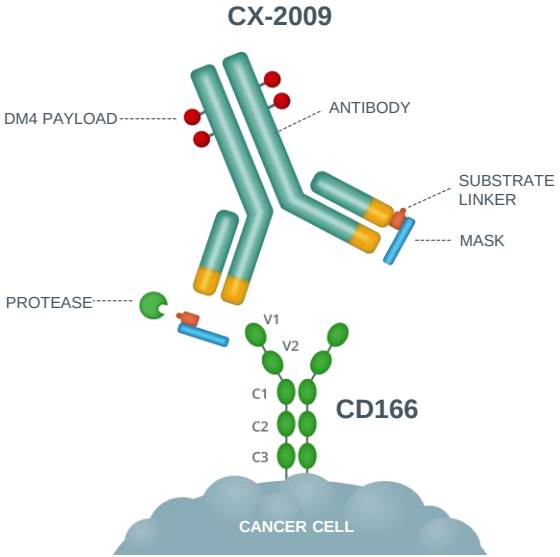
CX-2009 Phase 1 Summary and Next Steps

First-in-Human Trial Validates CD166 as a Viable First-in-Class Therapeutic Cancer Target



- Probody platform works as designed, enabling administration of an antibody drug conjugate against CD166, a previously undruggable ADC target
- Toxicities observed are consistent with the DM4 payload and were manageable at a dose of 7mg/kg Q3W
- Confirmed partial responses and clinically meaningful disease control observed in patients with HER2 negative breast cancer
- CX-2009 is being further explored in Phase 2 expansion cohorts as monotherapy in patients with HR+/HER2- breast cancer and both as monotherapy and in combination with CX-072 (an anti-PD-L1 Probody) in patients with TNBC.

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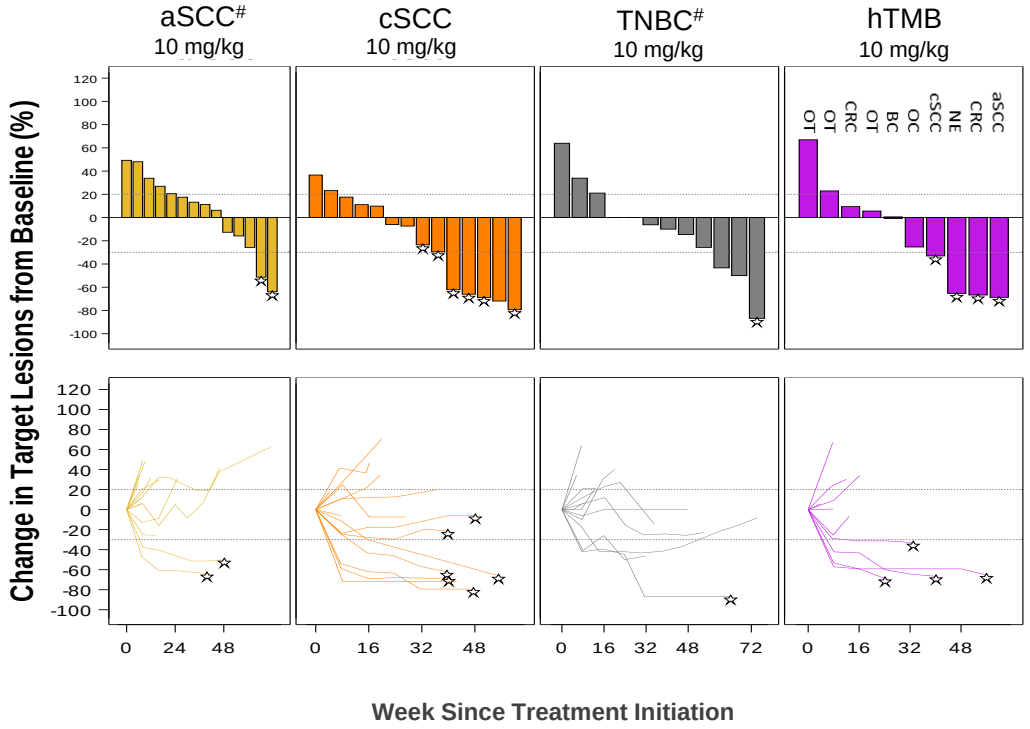
Cancer Immunotherapy Programs

- CX-072 (PD-L1)
- CTLA-4 (BMS Collaboration)

CX-072 anti-PD-L1 Probody:
A Novel, Wholly-Owned Checkpoint Inhibitor for Combination Strategies



SUMMARY

- ✓ Maturing Phase 1/2 data confirms broad and durable monotherapy activity in I/O responsive tumors with attractive long-term tolerability
- ✓ Long term patients experienced fewer irAEs and had no grade 3+ irAEs suggesting that tolerability early on can impact duration of treatment
- ✓ Phase 2 combination with CX-2009 in TNBC being launched

Presented at ASCO 2020

☆ Denotes patient considered to be on treatment as of data cut-off date; evaluable patients include those in the safety population with post-baseline response assessment. # Includes all evaluable patients from dose escalation at 10 mg/kg (n=2, TNBC and anal SCC) and dose expansion. aSCC: anal squamous cell carcinoma, cSCC: cutaneous squamous cell carcinoma, TNBC: triple-negative breast cancer, hTMB: high tumor mutational burden; CRC: colorectal cancer, NE: neuroendocrine carcinoma, OC: ovarian cancer, BC: breast cancer, OT: other tumor type

Anti-CTLA-4 Program with Bristol Myers Squibb:
Potentially Safer and More Effective Versions of Ipilimumab

BMS-986249: Ipilimumab Probody in Phase 2

Goal is to enhance CTLA-4 exposure in the tumor microenvironment while potentially sparing systemic toxicity

Initial Phase 1 safety data presented at ASCO 2020

- Evaluated up to 30mg/kg monotherapy and 15mg/kg + nivolumab

- Advanced by BMS into randomized 5 arm Phase 2 expansion cohort in metastatic melanoma in Q1 2020
- $10 million milestone to CytomX Q1 2020

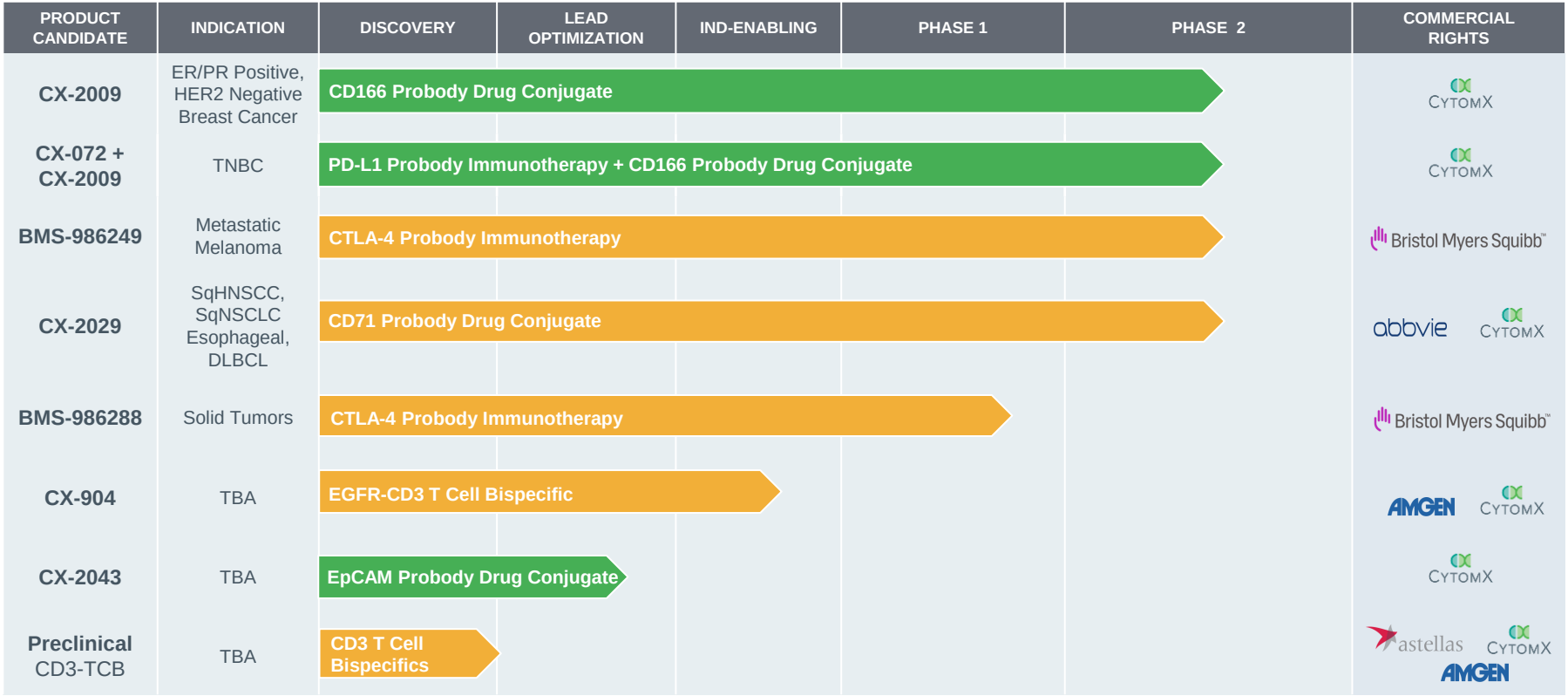
BMS-986288: Non-fucosylated Ipilimumab Probody

Goal is to enhance therapeutic window of more potent version of ipilimumab

- Ongoing Phase 1 dose escalation study in solid tumors

Presented by Bristol Myers Squibb at ASCO 2020 and AACR 2020

Broad Probody Therapeutic Pipeline Advancing to Phase 2 Clinical Studies



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2020 Achievements and Future Milestones

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  - Metastatic Melanoma
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FUTURE MILESTONES*

- CX-2009 Phase 2 HR+/HER2- Breast Cancer
  - Re-initiation 2H 2020; Initial Data Late 2021
- CX-2009 + CX-072 Phase 2 TNBC
  - Initiation 2H 2020; Initial Data Late 2021
- CX-2029 Phase 2 expansions
  - Initiation 2H 2020; Initial Data Late 2021
- BMS-986249 randomized Phase 2
- CX-904 (EGFR-CD3) IND
- CX-2043 (EpCAM) IND
- Additional IND(s) from internal and partnered discovery programs

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