UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): July 1, 2026

COMPASS THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-39696**	**82-4876496**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

80 Guest Street, Suite 601
Boston, Massachusetts 02135
(Address of Principal Executive Offices) (Zip Code)

(617) 500-8099
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	CMPX	NASDAQ Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01. Regulation FD Disclosure.

On July 1, 2026, Compass Therapeutics, Inc. updated its corporate presentation to reflect its most recent corporate updates, including data from the COMPANION-002 clinical study. A copy of the corporate presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information contained in this Item 7.01 (including Exhibit 99.1) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section and shall not be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	**Exhibit**
99.1	Corporate presentation of Compass Therapeutics, Inc. dated July 2026

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Compass Therapeutics, Inc.

Date: July 1, 2026

By: /s/ Neil Lerner
Neil Lerner
Chief Accounting Officer


COMPASS
THERAPEUTICS
Bringing Transformative Oncology Therapies to Patients
Corporate Presentation I July 2026

Nasdaq: CMPX

DISCLAIMER

This presentation has been prepared by Compass Therapeutics, Inc. ("we," "us," "our," or the "Company"). Statements contained herein are made as of the date of this presentation unless stated otherwise, and this presentation shall not under any circumstances create an implication that the information contained herein is correct as of any time after such date or that information will be updated or revised to reflect information that subsequently becomes available or changes occurring after the date hereof.

This presentation contains forward-looking statements. Statements in this presentation that are not purely historical are forward-looking statements. Such forward-looking statements include, among other things, references to Compass's financial position to continue advancing its product candidates, expectations about cash runway, business and development plans, and statements regarding Compass's product candidates, including their preclinical and clinical development, therapeutic potential and tolerability profile, and clinical trial milestones such as the expected trial design, timing of enrollment, patient dosing and data readouts, regulatory plans and the timing and nature of any regulatory interactions and subsequent approval pathways for any potential indications with respect to Compass's product candidates and the therapeutic potential thereof. Actual results could differ from those projected in any forward-looking statements due to numerous factors. Such factors include, among others, Compass's ability to raise the additional funding it will need to continue to pursue its business and product development plans, the inherent uncertainties associated with developing product candidates and operating as a development stage company, Compass's ability to identify additional product candidates for development, Compass's ability to develop, initiate and complete clinical trials for, obtain approvals for and commercialize any of its product candidates, competition in the industry in which Compass operates and market conditions. These forward-looking statements are made as of the date of this presentation, and Compass assumes no obligation to update the forward-looking statements, or to update the reasons why actual results could differ from those projected in the forward-looking statements, except as required by law. Investors should consult all of the information set forth herein and should also refer to the risk factor disclosure set forth in the reports and other documents Compass files with the U.S. Securities and Exchange Commission (SEC) available at www.sec.gov, including without limitation Compass's latest Annual Report on Form 10-K, Quarterly Report on Form 10-Q and subsequent filings with the SEC.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth 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 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 concerns drugs that are under clinical investigation, and which have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). It is currently limited by Federal law to investigational use, and no representation is made as to its safety or effectiveness for the purposes for which it is being investigated.

A Leader in Next-Generation Oncology Therapies

Tovecimig: Lead Near-Commercial Asset

Bispecific antibody targeting DLL4 x VEGF-A

Next-generation angiogenesis inhibitor

Phase 2/3 study in patients with BTC **met primary / key secondary endpoints**

Planning to **file BLA based on data** with potential approval in 2H 2027

$3B+ addressable US market in 2L BTC with potential expansion into: gastric, ovarian, CRC, renal, HCC

Innovative Oncology Pipeline

Novel and diverse pipeline including potential first- and best-in-class drugs:

CTX-8371: PD-1 x PD-L1

CTX-10726: PD-1 x VEGF-A

CTX-471: CD137 (4-1BB)

Compelling clinical activity in the **post-checkpoint inhibitor setting** – a critical unmet need

Robust antibody discovery platform generating **differentiated cell engagers** and other novel therapeutic candidates

Solid Foundation For Growth

$195M cash and marketable securities at Q1 2026 with runway into 2028

Multiple clinical and regulatory milestones in 2026, 2027 and beyond

Building focused commercial organization to support tovecimig in BTC and other future launches

Diversified & Robust Pipeline with Multiple Value Inflection Points

Program	Target	Preclinical	Phase 1	Phase 2	Phase 3	Milestones
Tovecimig	DLL4 x VEGF-A	Biliary Tract Cancer (2L)				Q3 26: Meet with FDA Q4 26: Submit BLA
		Solid Tumors (+/- paclitaxel)				Planning Phase 2 based on BTC efficacy data (potential: gastric, ovarian, CRC, renal, HCC)
CTX-471	CD137 (4-1BB)	Basket study – NCAM (CD56)+				Mid-26: Initiate Phase 2
CTX-8371	PD-1 x PD-L1	Solid Tumors				H2 26: Phase 1 cohort expansion data (NSCLC / TNBC / HL)
CTX-10726	PD-1 x VEGF-A	Solid Tumors				H2 26: Phase 1 data
Novel Cell Engagers	Multiple					Ongoing

Multiple Investigator Sponsored Trials (ISTs)

1st line BTC: Tovecimig + gem / cis / durvalumab NCT06548412
1st line BTC: Tovecimig + CTX-8371 + paclitaxel
2nd line gastric cancer: Tovecimig + CTX-8371 + paclitaxel
2nd line GBM: Tovecimig + CTX-471 NCT07392957
2nd line CRC: Tovecimig + FOLFIRI NCT07662031

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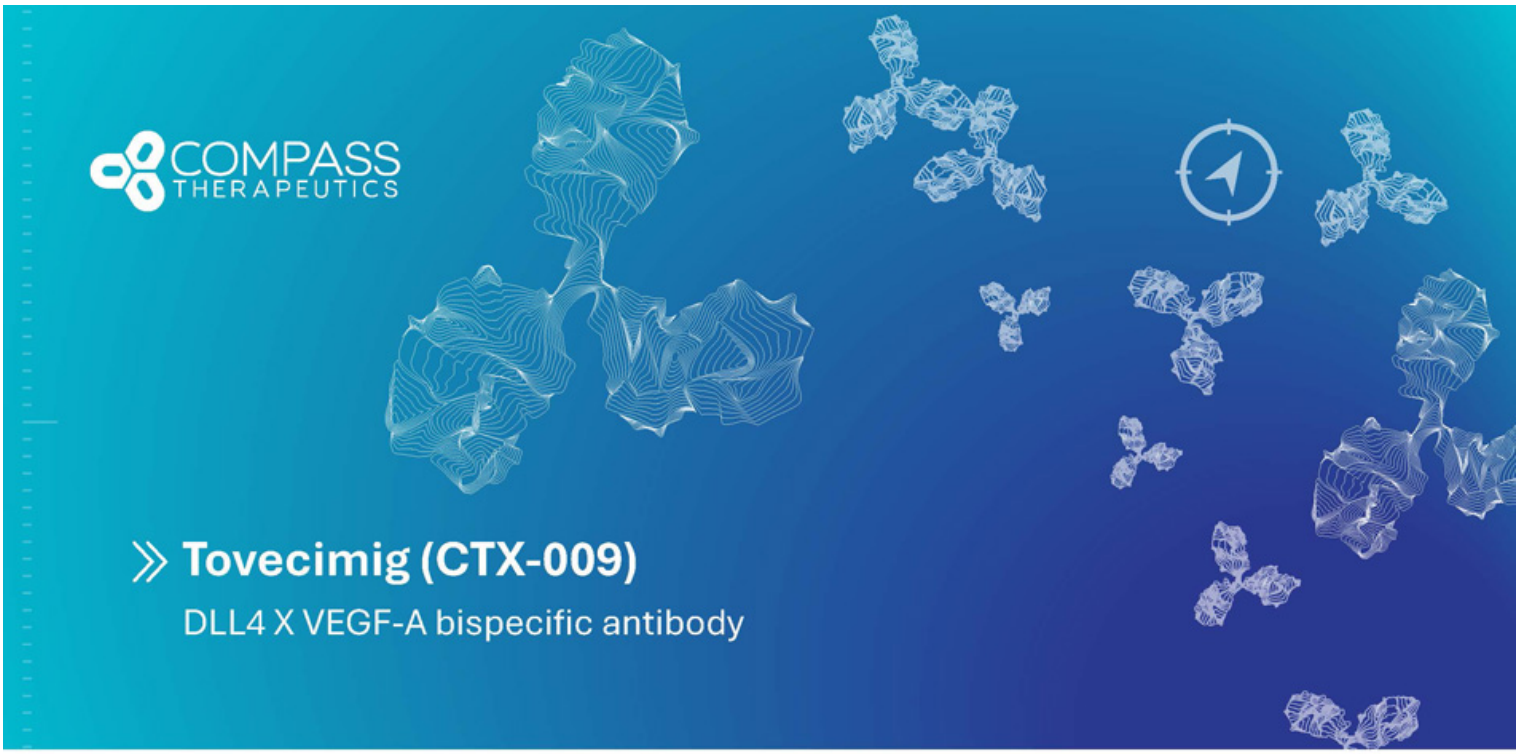
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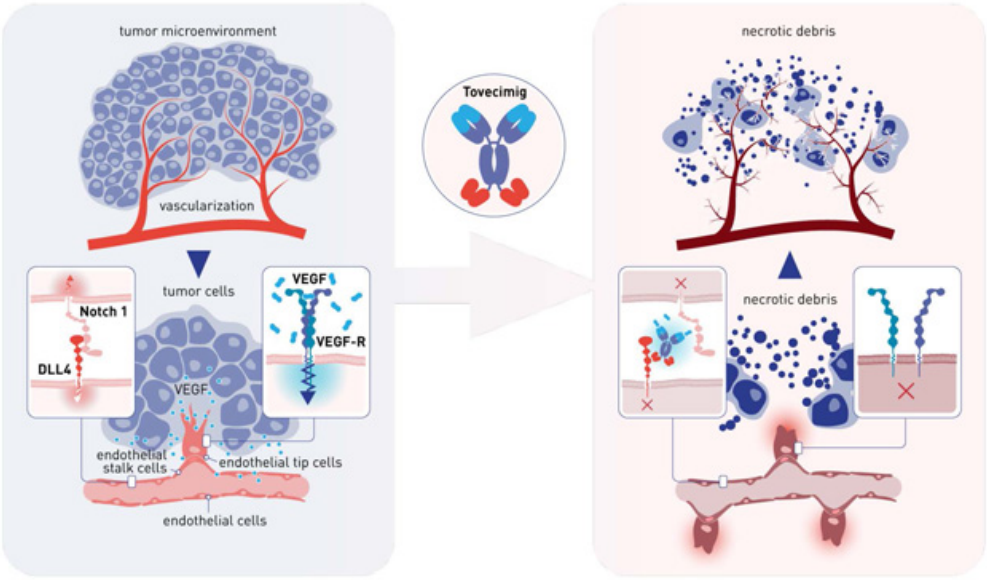
Tovecimig (CTX-009)
DLL4 X VEGF-A bispecific antibody

Tovecimig: Dual Targeting of DLL4 and VEGF to Maximize Anti-Angiogenesis

Anti-VEGF-A disrupts tumor vessel formation (a validated anti-angiogenic mechanism) while anti-DLL4 targets DLL4-Notch 1 signaling and alters perfusion in tumor vessels that are resistant to anti-VEGF therapies.

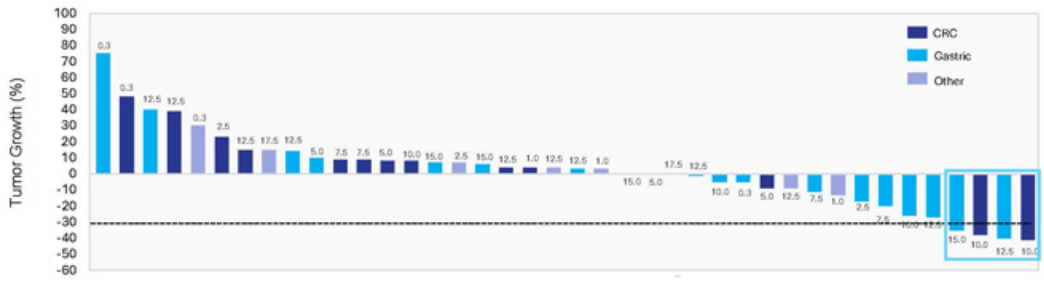


1. PMID: 17457300; 2. PMID: 21923938; 3. PMID: 27049350

Strong Monotherapy Activity in Multiple Refractory Tumor Types

Phase 1a – Dose Escalation[1]

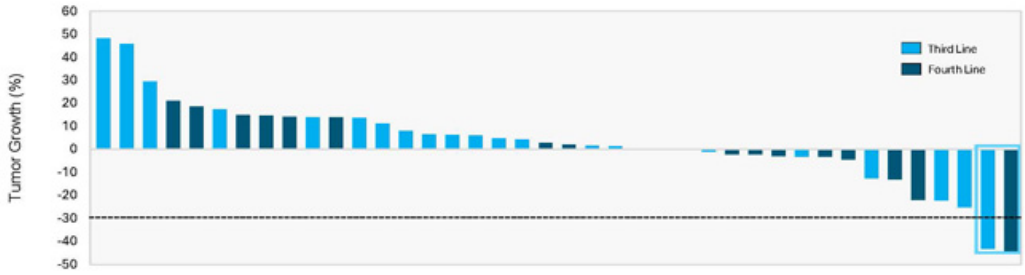
n=40 evaluable
dosed at 0.3-17.5 mg/kg



Demonstrated **monotherapy** activity in patients with **advanced colorectal cancer** and **gastric cancer**

Phase 2 – Advanced CRC[2]

n=40 evaluable
dosed at 10 mg/kg



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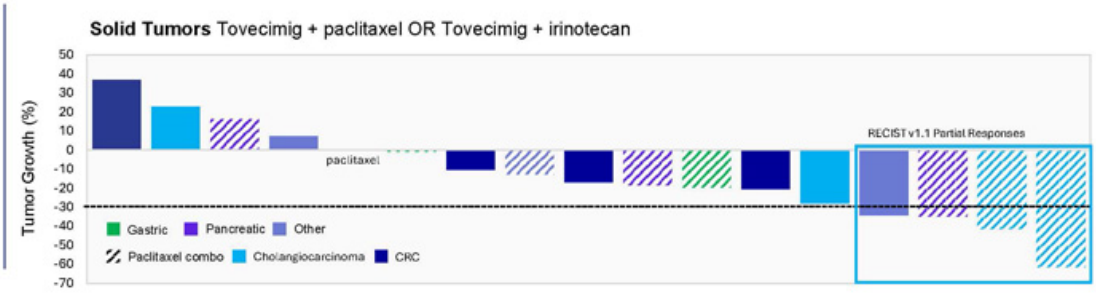
1. AACR-NIH-EORTC 2021 Meeting; 2. ASCO GI 2026

Strong Combination Activity in Multiple Refractory Tumor Types

Phase 1b – Combination[1]

n=17 evaluable
dosed at 10 or 12.5 mg/kg

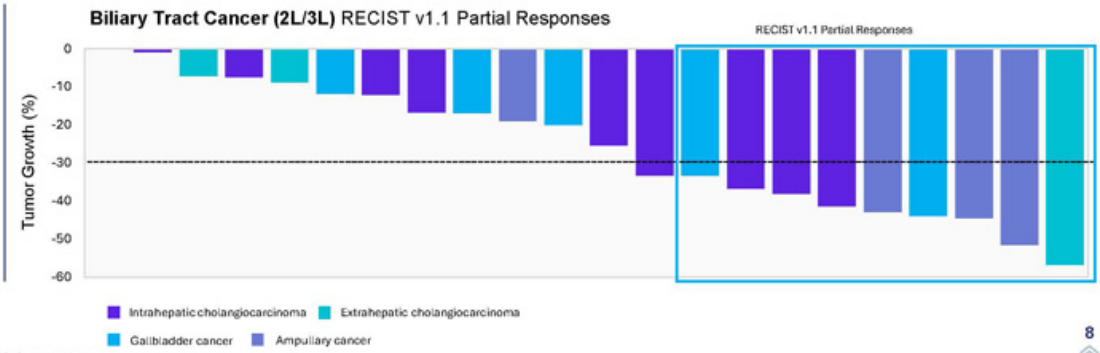


Strong activity in combination with **paclitaxel,** particularly in patients with **BTC**, led to a Phase 2/3 study

Phase 2 – Advanced BTC[2]

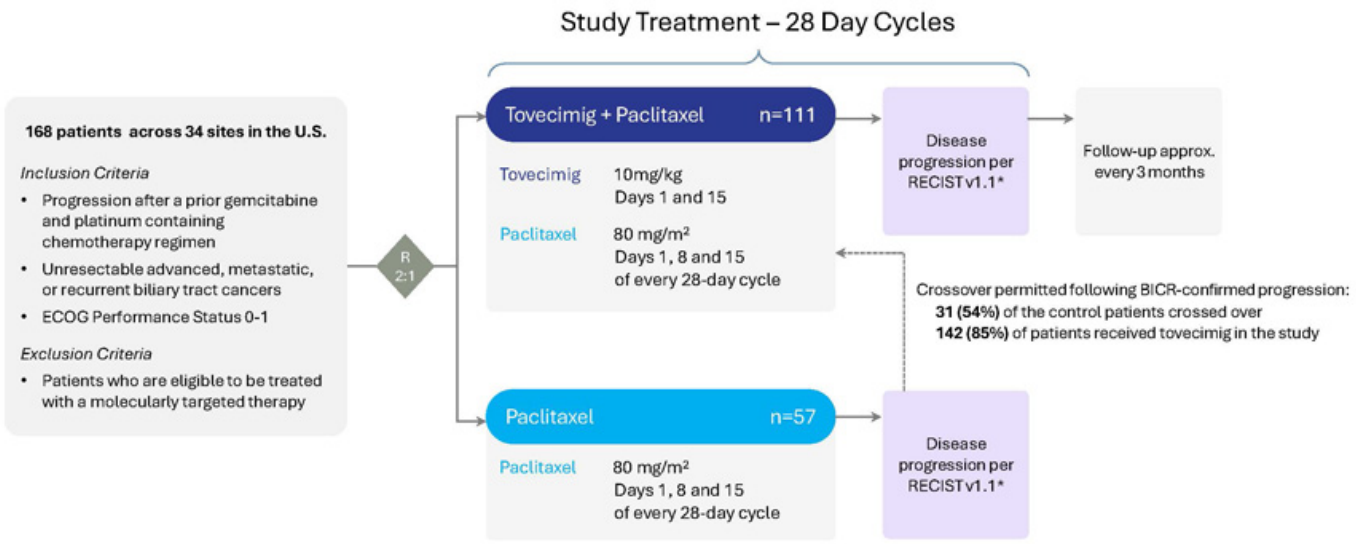
n=22 evaluable
dosed at 10 mg/kg

Investigator-assessed responses in single-arm study, 2 patients not evaluable



1. CCA Summit 2023; 2. ASCO GI 2023 Meeting

Pivotal Phase 2/3 COMPANION-002 Trial in BTC Study Design



*As confirmed by Blinded Independent Central Radiology (BICR) Review
ECOG = Eastern Cooperative Oncology Group.

Primary Endpoint: Overall response rate (ORR)

Key Secondary Endpoints: Progression-free survival (PFS) and overall survival (OS)

NCT05506943

COMPANION-002: Well-Balanced Baseline Demographics

		Tovecimig + Paclitaxel (n=111)	Paclitaxel (n=57)
Age	Median (years)	65.0	63.0
Sex	Male	53 (47.7)	24 (42.1)
	Female	58 (52.3)	33 (57.9)
Race	Asian	17 (15.3)	10 (17.5)
	White	84 (75.7)	40 (70.2)
	African American	4 (3.6)	6 (10.5)
	Unknown/Other	6 (5.4)	1 (1.8)
Primary Location	Intrahepatic	62 (55.9)	30 (52.6)
	Other (extrahepatic, gallbladder, ampullary)	49 (44.1)	27 (47.4)
ECOG	0	53 (47.7)	27 (47.4)
	1	58 (52.3)	30 (52.6)
Disease Status	Locally advanced	12 (10.8)	5 (8.8)
	Metastatic	99 (89.2)	52 (91.2)

COMPANION-002: Significant Improvement in Primary Endpoint of ORR

		Tovecimig + Paclitaxel	Paclitaxel
	Intent-to-Treat Population	n=111	n=57
	Overall Response Rate (CR+PR)	20 (18.0%)	3 (5.3%)
	Two-Sided p-value	p=0.0228	
Best Overall Response RECIST v1.1 by blinded independent central review (BICR)	**Complete Response (CR)**	1 (0.9%)	0 (0.0%)
	Partial Response (PR)	19 (17.1%)	3 (5.3%)
	Stable Disease (SD)	49 (44.1%)	18 (31.6%)
	Non-CR / Non-PD*	8 (7.2%)	2 (3.5%)
	Progressive Disease (PD)	18 (16.2%)	25 (43.9%)
	Not Evaluable (NE)**	16 (14.4%)	9 (15.8%)
	Disease Control Rate (CR + PR + SD)	69 (62.2%)	21 (36.8%)
	Two-Sided p-value	p=0.0018	

*Non-CR / Non-PD: patients enrolled based on local radiology scan results, but displayed no clearly definable target lesions as determined by independent central radiology.
** Not Evaluable: patients who did not receive a Week-8 scan; these patients are not evaluable for response only, but will be evaluable for PFS/OS analyses.
Data cutoff from COMPANION-002 as of April 2026.

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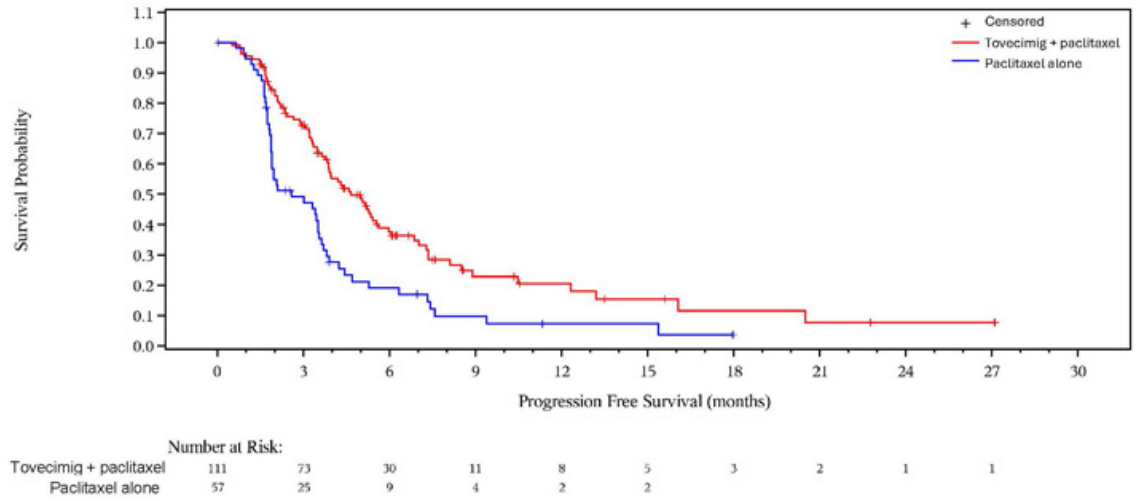
COMPANION-002: Tovecimig Significantly Improved PFS (BICR-Assessed)

ITT Analysis: HR=0.44, p<0.0001, 4.7 vs. 2.6 months median PFS



Number at Risk:

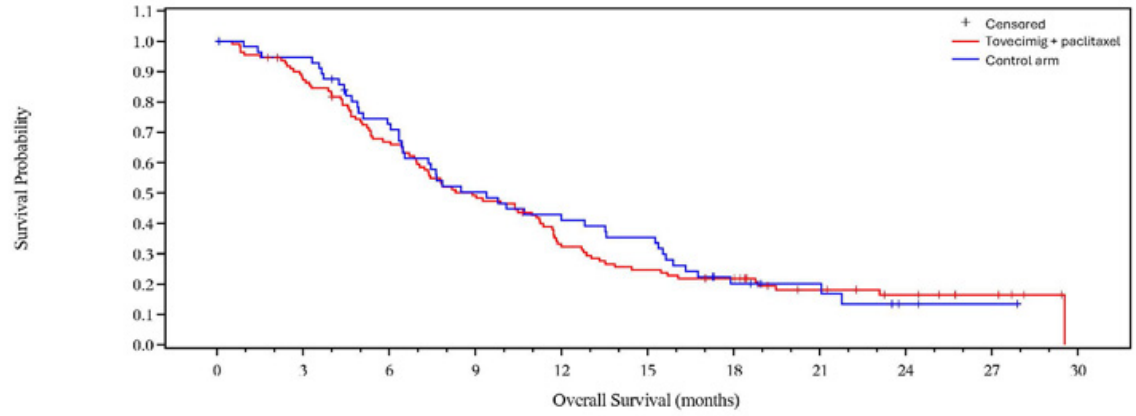
Tovecimig + paclitaxel	111	73	30	11	8	5	3	2	1	1
Paclitaxel alone	57	25	9	4	2	2				

Data cutoff from COMPANION-002 as of April 2026.

COMPANION-002: OS Analysis Confounded by Crossover

ITT analysis: HR=1.05, p=0.78, 8.9 vs. 9.4 months median OS

Control arm includes: 31 patients (54%) who crossed over and received tovecimig plus paclitaxel (with a median OS of 12.8 months)
26 patients (46%) who received paclitaxel alone (with a median of 6.1 months)



Number at Risk:

Tovecimig + paclitaxel	111	95	72	53	34	26	22	13	9	5	2
Paclitaxel alone	57	53	39	27	22	19	9	6	2	1	

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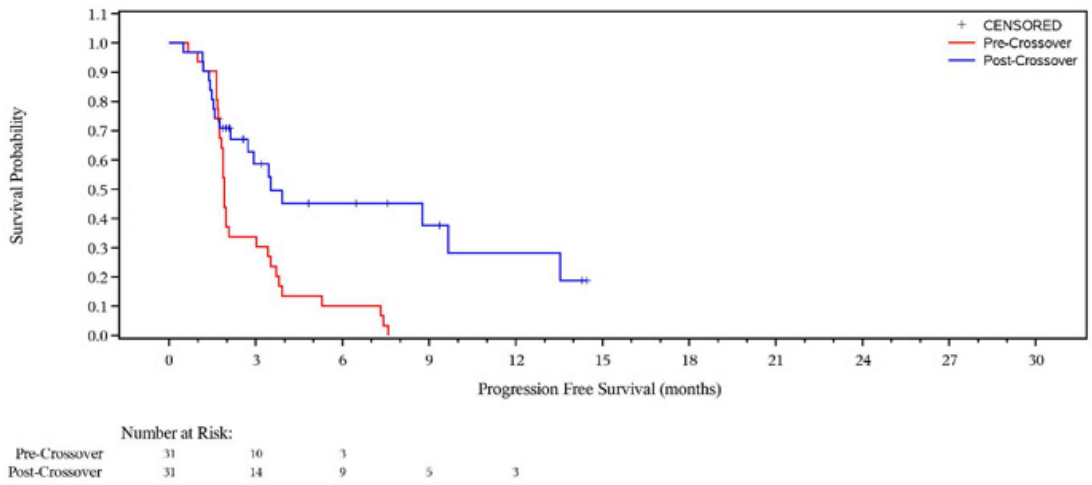
Data cutoff from COMPANION-002 as of April 2026.

COMPANION-002: Tovecimig Improved PFS2 Post-Crossover

Prespecified secondary analysis (n=31): HR=0.36, p=0.065, 3.5 vs. 1.9 months median PFS



Number at Risk:

Pre-Crossover	31	10	3		
Post-Crossover	31	14	9	5	3

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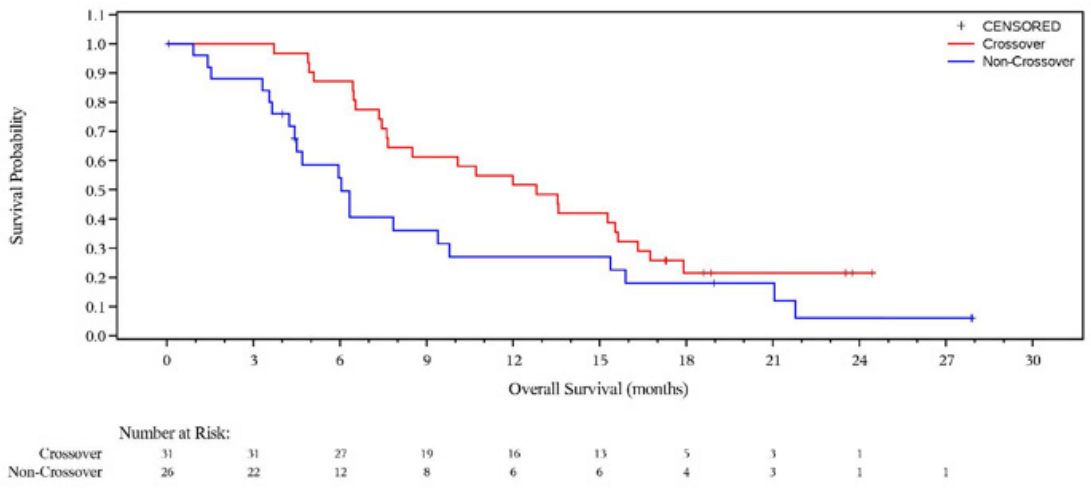
Data cutoff from COMPANION-002 as of April 2026.

COMPANION-002: Tovecimig Significantly Improved OS in Crossover Patients

Post hoc subset analysis (n=31 vs. n=26): HR=0.54, p=0.04, 12.8 vs. 6.1 months median OS



Number at Risk:

Crossover	31	31	27	19	16	13	5	3	1	
Non-Crossover	26	22	12	8	6	6	4	3	1	1

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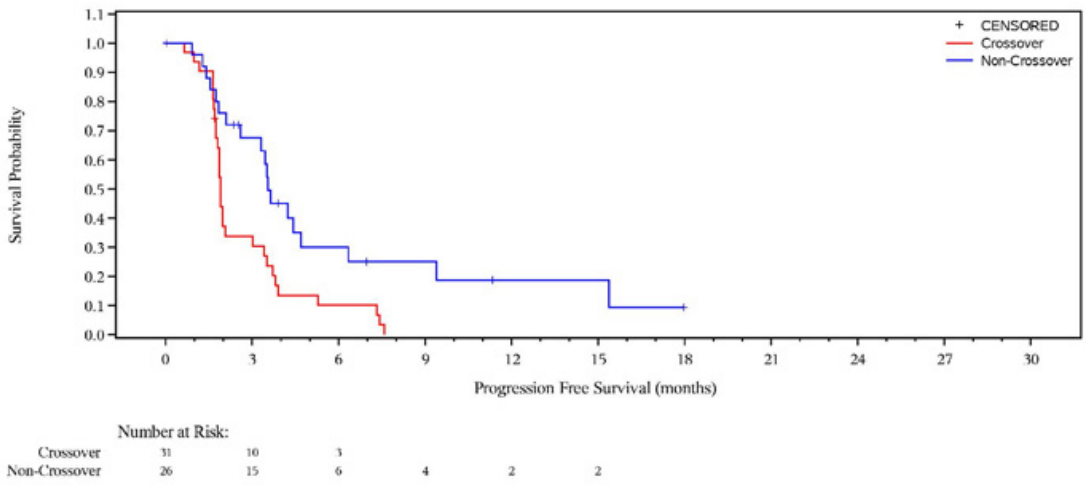
Data cutoff from COMPANION-002 as of April 2026.

COMPANION-002: Crossover Patients Progressed Faster on Paclitaxel Monotherapy than Patients Who Did Not Crossover

Post hoc subset analysis (n=31 vs. n=26): 1.9 vs. 3.6 months median PFS, p=0.007



Number at Risk:

Crossover	31	10	3			
Non-Crossover	26	15	6	4	2	2

Data cutoff from COMPANION-002 as of April 2026.

COMPANION-002 Safety: Treatment Emergent Adverse Events ≥ 20% (Combination Arm)

Safety profile generally consistent with previously reported data

	Tovecimig + Paclitaxel n=108				Paclitaxel n=53			
n (%)	Overall	Related	≥ Grade 3	Related ≥ Grade 3	Overall	Related	≥ Grade 3	Related ≥ Grade 3
Fatigue	72 (67)	66 (61)	16 (15)	12 (11)	24 (45)	23 (43)	3 (6)	2 (4)
Hypertension	75 (69)	65 (60)	56 (52)	48 (44)	10 (19)	2 (4)	3 (6)	1 (2)
Neutropenia	59 (55)	58 (54)	40 (37)	39 (36)	20 (38)	20 (38)	14 (26)	14 (26)
Diarrhea	51 (47)	38 (35)	6 (6)	6 (6)	15 (28)	11 (21)	1 (2)	1 (2)
Anemia	48 (44)	42 (39)	23 (21)	20 (19)	17 (32)	11 (21)	5 (9)	3 (6)
Alopecia	32 (30)	31 (29)	-	-	28 (53)	25 (47)	-	-
Nausea	43 (40)	36 (33)	2 (2)	-	17 (32)	13 (25)	-	-
Decreased appetite	44 (41)	32 (30)	2 (2)	1 (1)	11 (21)	7 (13)	-	-
Vomiting	36 (33)	30 (28)	1 (1)	1 (1)	13 (25)	12 (23)	1 (2)	1 (2)
Abdominal pain	35 (32)	6 (6)	9 (8)	2 (2)	13 (25)	2 (4)	4 (8)	-
Dyspnea	32 (30)	8 (7)	5 (5)	-	13 (25)	2 (4)	-	-
Peripheral edema	35 (32)	20 (19)	-	-	7 (13)	3 (6)	-	-
Peripheral Neuropathy	29 (27)	28 (26)	2 (2)	2 (2)	13 (25)	11 (21)	1 (2)	1 (2)
Proteinuria	37 (34)	30 (28)	3 (3)	2 (2)	5 (9)	-	-	-
Thrombocytopenia	33 (31)	30 (28)	7 (7)	7 (7)	6 (11)	3 (6)	-	-
Constipation	30 (28)	17 (16)	-	-	8 (15)	3 (6)	-	-
Epistaxis	32 (30)	23 (21)	-	-	4 (8)	2 (4)	-	-
Headache	25 (23)	10 (9)	-	-	7 (13)	4 (8)	-	-
Arthralgia	25 (23)	18 (17)	-	-	6 (11)	3 (6)	-	-

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Data cutoff from COMPANION-002 as of April 2026.

COMPANION-002: Study Summary and Next Steps

	Endpoint / Analysis	Results
ORR	Primary	**Significant improvement**: 18.0% vs 5.3% BICR-assessed ORR (p=0.0228)
PFS	Key Secondary	**Significant improvement**: 4.7 vs 2.6 months median PFS (HR=0.44, p<0.0001)
OS	Key Secondary	**OS confounded by crossover**: 8.9 vs 9.4 months median OS (HR=1.05, p=0.78) The high crossover rate (54% of control patients, leading to 85% of all patients receiving tovecimig) combined with extended median OS of crossover patients uniquely benefitted the control arm
Crossover Arm PFS1 / PFS2	Prespecified Secondary	**Improved post-crossover**: **3.5** vs 1.9 months median PFS (HR=0.36, p=0.065) (post-crossover PFS2 with tovecimig vs initial PFS1 on paclitaxel alone)
Crossover Arm OS	Post Hoc Subset	**Significant improvement**: **12.8** vs 6.1 months median OS (HR=0.54, p=0.04) (post-crossover patients vs patients who did not cross over)
Safety / Tolerability	Aes	**Generally consistent with prior studies**; no new safety signals

Longer OS despite faster initial progression on paclitaxel for these patients

Next Steps:
Meet with FDA to discuss these data in advance of a BLA submission

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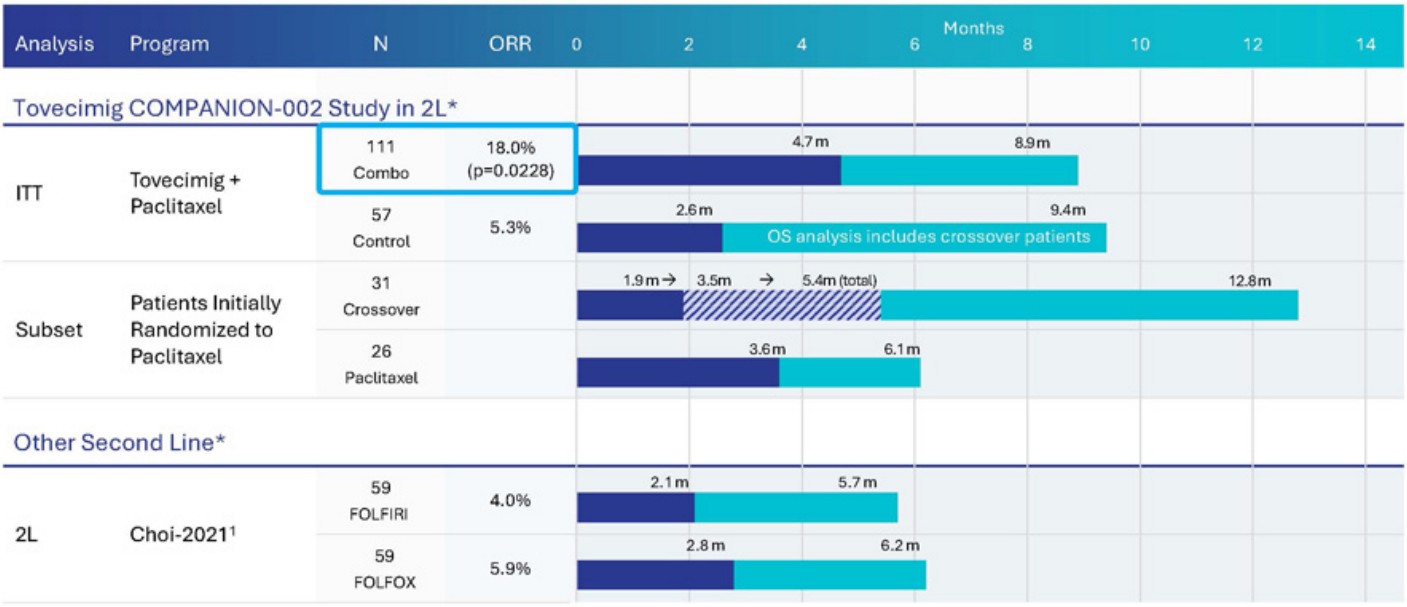
Tovecimig: Potential to Become Standard of Care in 2L BTC



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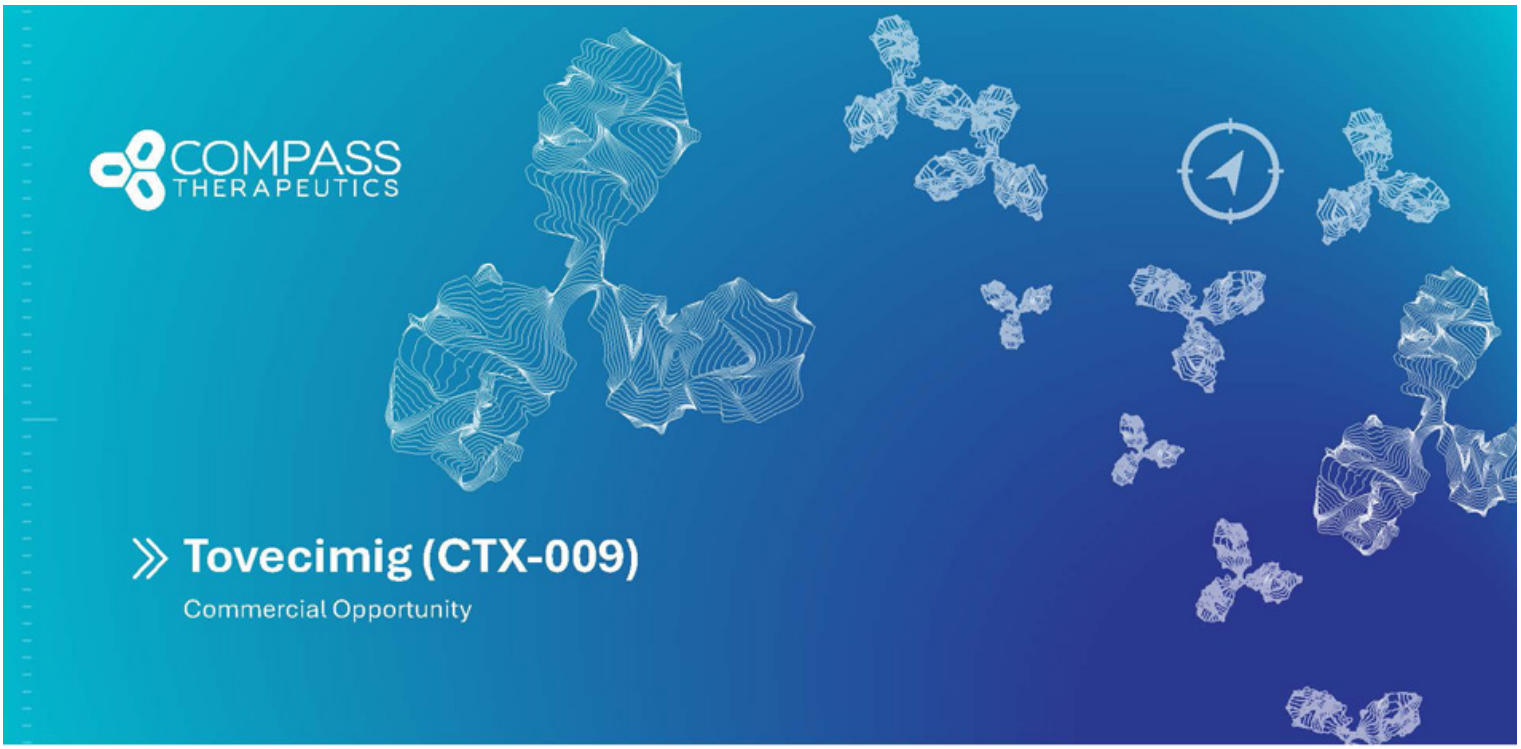
PMID: 34303267

*Historical data presented. Tovecimig is investigational and no head-to-head studies have been conducted.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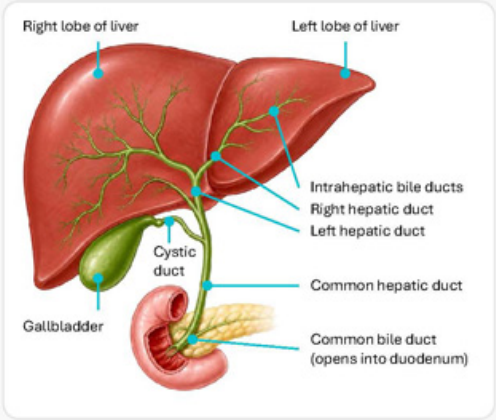
Tovecimig (CTX-009)
Commercial Opportunity

Significant Unmet Need in Biliary Tract Cancer Treatment Remains Despite Recent Advances



- **High unmet need exists for effective options for patients with BTC**
- Many patients present at late stage, leading to poor prognosis of ~10-15% 5-year survival[1]
- 1L SoC (Gem/Cis + anti-PD-1) offers only 24.9% 2-year survival benefit with **majority of patients progressing**[2]
- **2L treatment options are ineffective**
  - FOLFOX in this setting has a 5% ORR and a median OS of 6.1 months[3]
  - Biomarker-targeted therapies (e.g. FGFR, IDH1, HER2) offer limited benefit and only applicable to 15-20% of patients[4,5,6]

BTC is a group of **aggressive malignancies** originating in the bile ducts (cholangiocarcinoma) or gallbladder

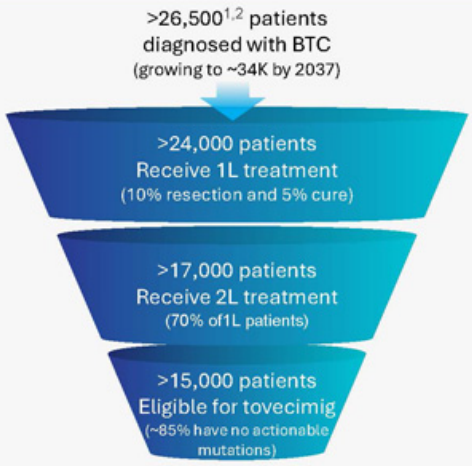
1. SEER database; 2. PMID: 3831989; 3. PMID: 3379849; 4. PMID: 37017301; 5. PMID: 33182517; 6. PMID: 38266541

Treatment Landscape Allows for a Targeted Launch in a Potential Total Addressable Market (TAM) of Over $3 Billion

Concentrated treatment landscape of BTC

- ~250 High Volume BTC Accounts
- ~125 BTC Accounts with 50+ Patients
- 86 HCOs with Medical/Hematology Oncology Clinical/ Scientific Expertise in BTC*

Over 15K patients/yr potentially eligible for tovecimig

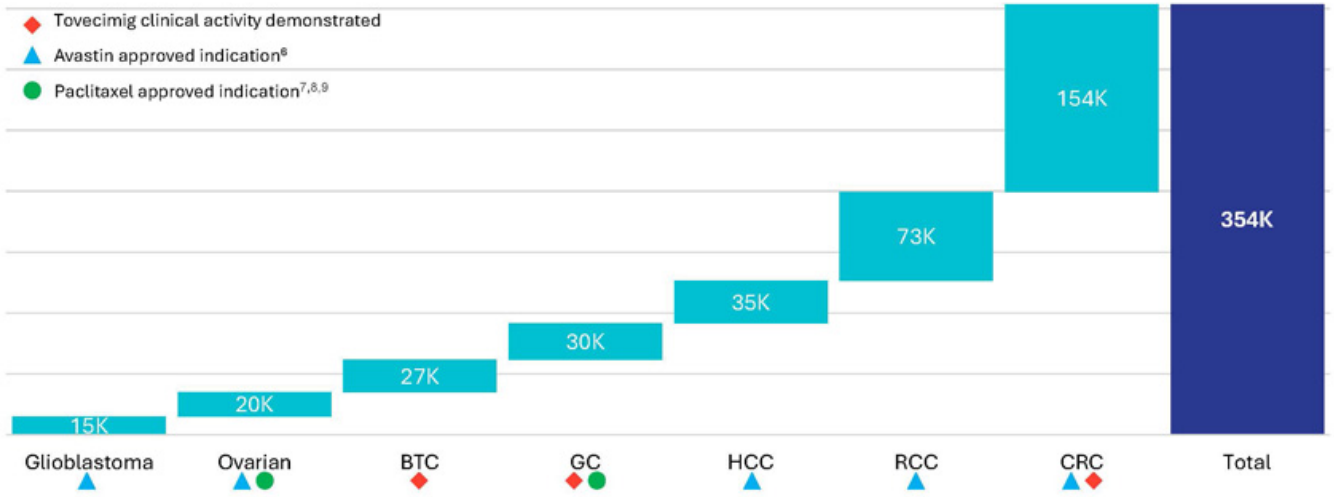


* As identified by the Cholangiocarcinoma Foundation (CCF)

1. PMID: 33825840 2. Gunchick et al., CCF Annual Conference 2026

Significant Expansion Opportunity for Tovecimig Beyond 2L BTC

Annual U.S. Incidence of DLL4-Enriched Solid Tumors[1-5]



1. Seer database (BTC, CRC, Ovarian); 2. Cancer.org (Gastric, HCC); 3. PMID: 41092086 (GBM); 4. PMID: 32644401 (RCC); 5. PMID: 3622354; 6. Avastin prescribing information; 7. PMID: 25103711; 8. https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020262s049lbl.pdf; 9. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/125477s048lbl.pdf

BTC=Biliary tract cancer; GC=Gastric cancer; HC=Hepatocellular carcinoma; RCC=Renal cell carcinoma; CRC=Colorectal cancer

Tovecimig – Advancing to Approval in BTC and Beyond

Strong Clinical Data in a Difficult Indication

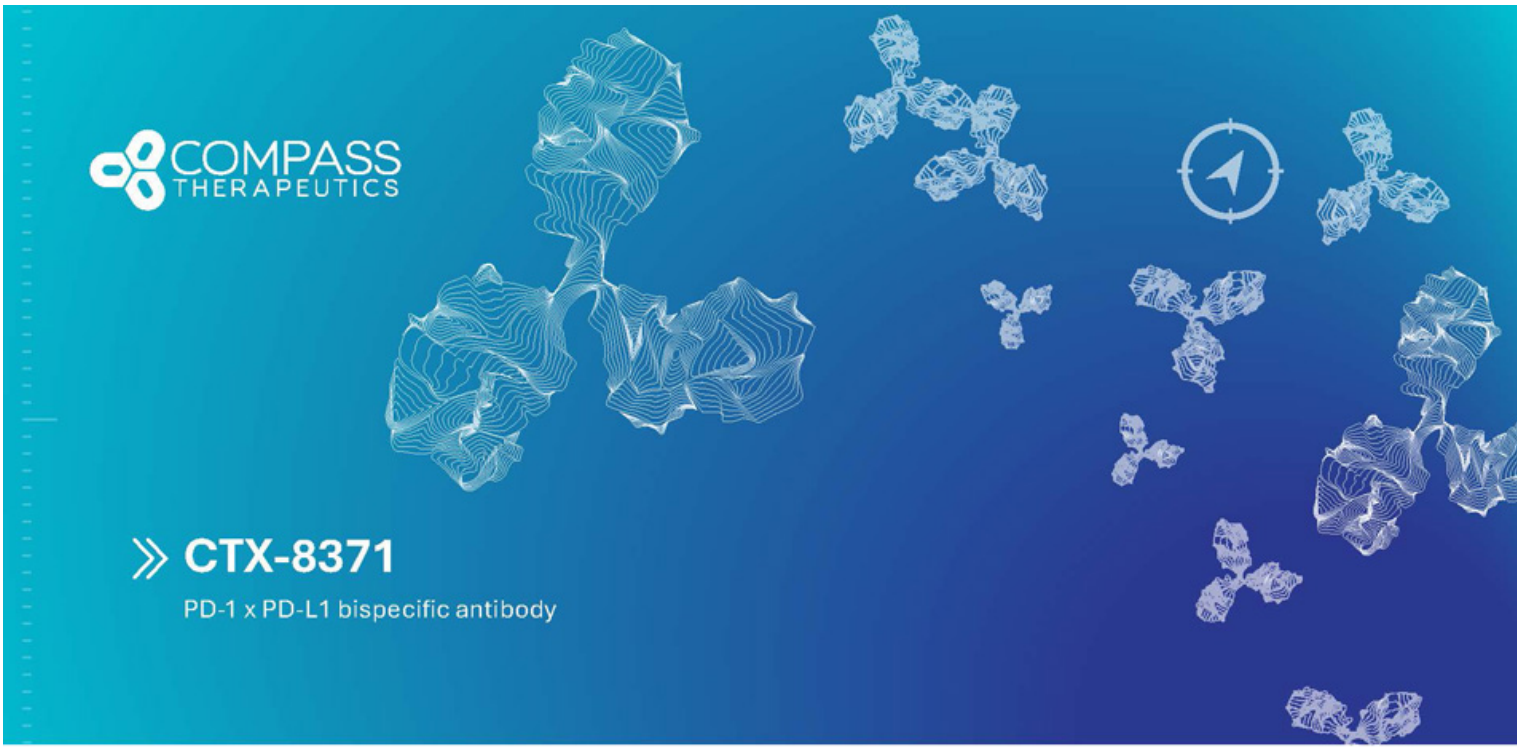
Robust evidence of activity in patients with BTC
Generally well tolerated, with no new safety signal
No approved therapeutics for most patients in 2L setting

Near-Term Regulatory Milestones Expected

FDA meeting in Q3 2026
BLA filing initiating in late 2026
2027 potential approval and launch

Multi-$B Market / Expansion Opportunities

Highly focused US BTC market; targeted launch prep underway
Substantial ex-US opportunities with higher incidence
Other DLL4+ indications: gastric, ovarian, CRC, renal, HCC


COMPASS
THERAPEUTICS
CTX-8371
PD-1 x PD-L1 bispecific antibody

PD-1 and PD-L1 are Validated Targets That Have Transformed Oncology, Yet Unmet Needs Remain

CPIs transformed oncology

~57% of advanced cancer patients are eligible for checkpoint therapy[1]

Checkpoint inhibitors (CPIs) are approved in 20+ tumor types and 80+ lines / indications[2,3]

Post-CPI patients have poor prognoses and limited alternatives

~80% of CPI-treated patients do not respond or have tumors later progress[1]

Increased 1L use of CPIs led to a **large and growing number of patients who progress after CPI** with no clear standard of care

$30B+ CPI U.S. sales[4]

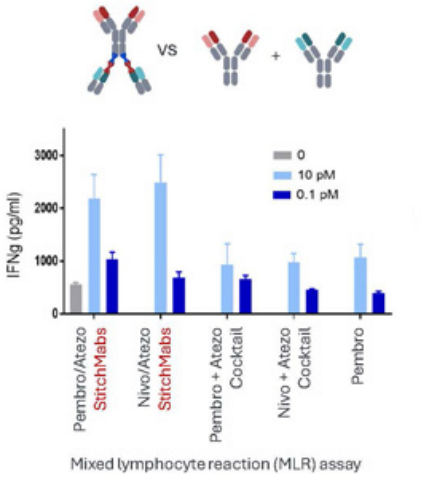
$60B+ CPI WW sales[4]

$40B+ estimated WW CPI refractory market potential[5]

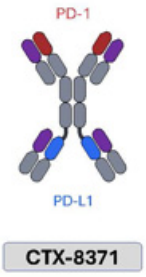
1. PMID: 39887747; 2. PMID: 36636451; 3. https://www.healio.com/news/hematology-oncology/20250327/only-1-in-5-people-treated-with-immune-checkpoint-inhibitors-respond-to-therapy; 4. https://www.gminsights.com/industry-analysis/immune-checkpoint-inhibitors-market; 5. https://www.futuremarketinsights.com/reports/checkpoint-inhibitor-refractory-cancer-market

CTX-8371: Identified Using StitchMabs™ Platform

Engineered Synergistic Activity of PD-1 / PD-L1 in StitchMabs format

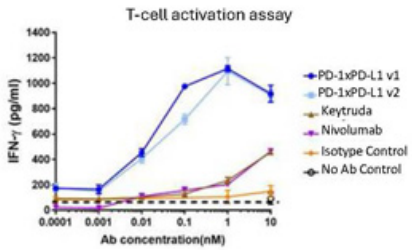


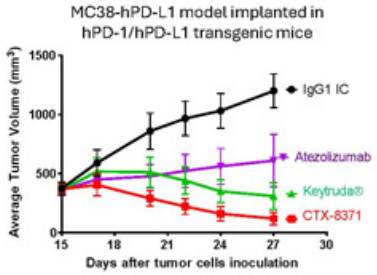
Proprietary Structural Design



CTX-8371

Superior Activity

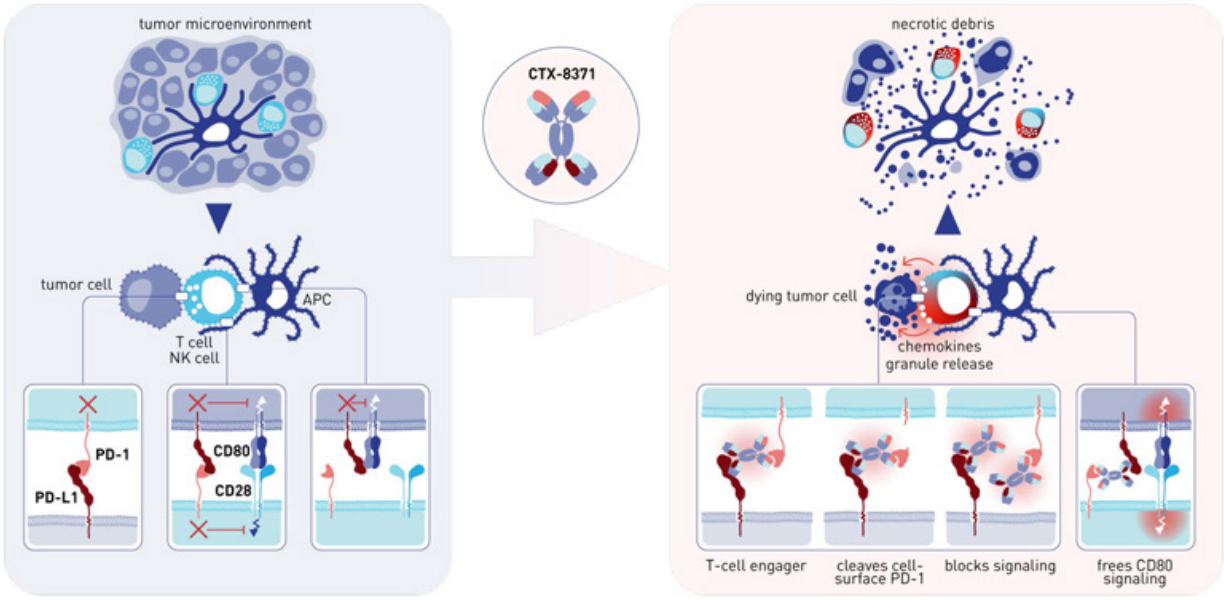




COMPASS THERAPEUTICS

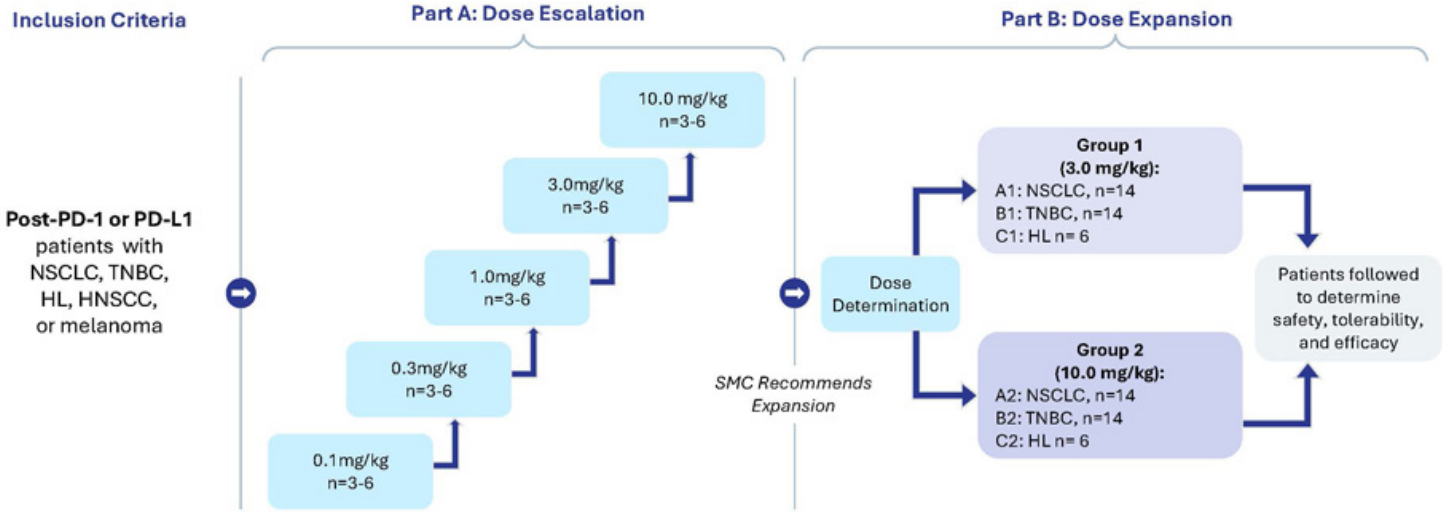
PMID: 38379869

Novel Mechanism of Action Leads to Amplified Anti-Tumor T Cell Activity



COMPASS THERAPEUTICS PMID: 38379869

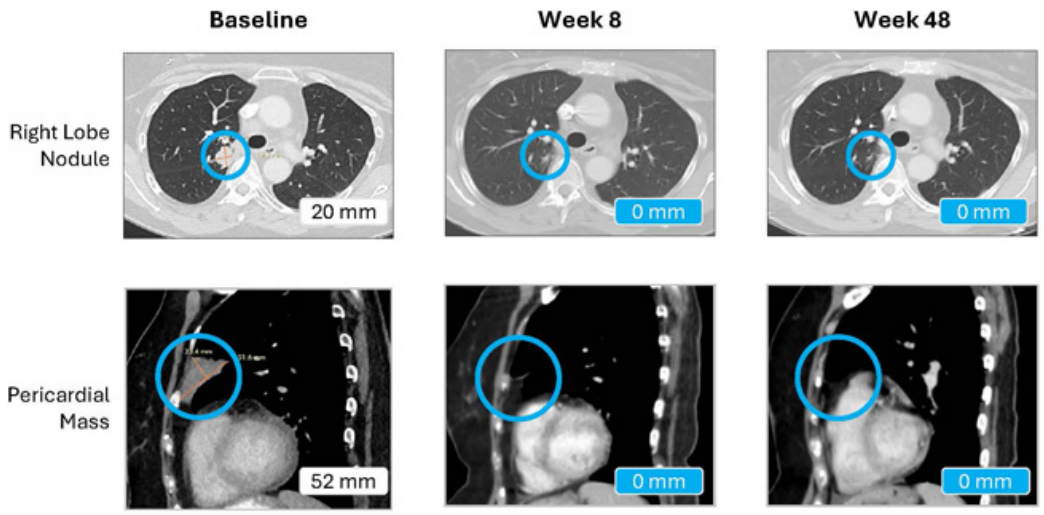
CTX-8371: Ongoing Phase 1 Study



Phase 1 dose escalation data at ASCO 2026

COMPASS THERAPEUTICS 1. ASCO 2026

CTX-8371 in TNBC: Confirmed, Deep and Durable Partial Response



Triple-Negative Breast Cancer

>90% reduction in target tumor lesions in one patient (4^{th} line)

87 mm total target lesions at baseline (3 target lesions)

Previously treated with:

Keytruda (adjuvant)
Trodelvy (sacituzumab govitecan) (1L)
capecitabine (2L
gemcitabine (3L)

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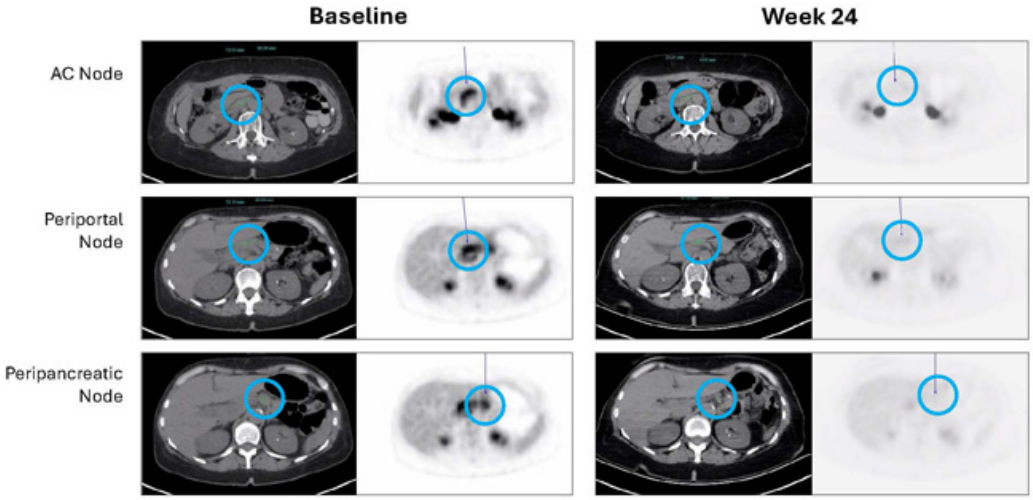
CTX-8371 in HL: Metabolic Partial Response

Reduction of Deauville Score from 5 at Baseline to 3 at Week 24



Previously treated with:

ABVD (1L)
BEAM/stem cell transplant (2L)
nivolumab/brentuximab (3L)

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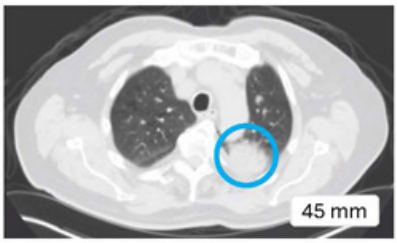
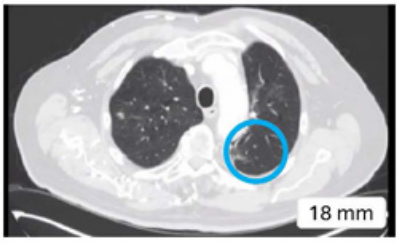
CTX-8371 in NSCLC: Complete Resolution of Target Lesions

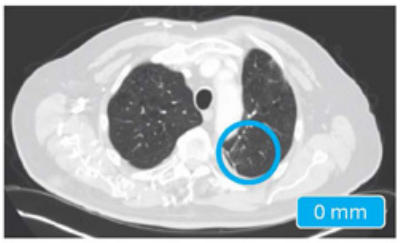
Baseline



Week 8



Week 16



Non-Small Cell Lung Cancer

Complete resolution of target tumor lesions
in one patient after initial pseudo-progression

4th line with **59 mm** total target lesion burden @ baseline

Previously treated with:

paclitaxel/carboplatin (1L)
durvalumab (2L)
ipilimumab/nivolumab (3L)

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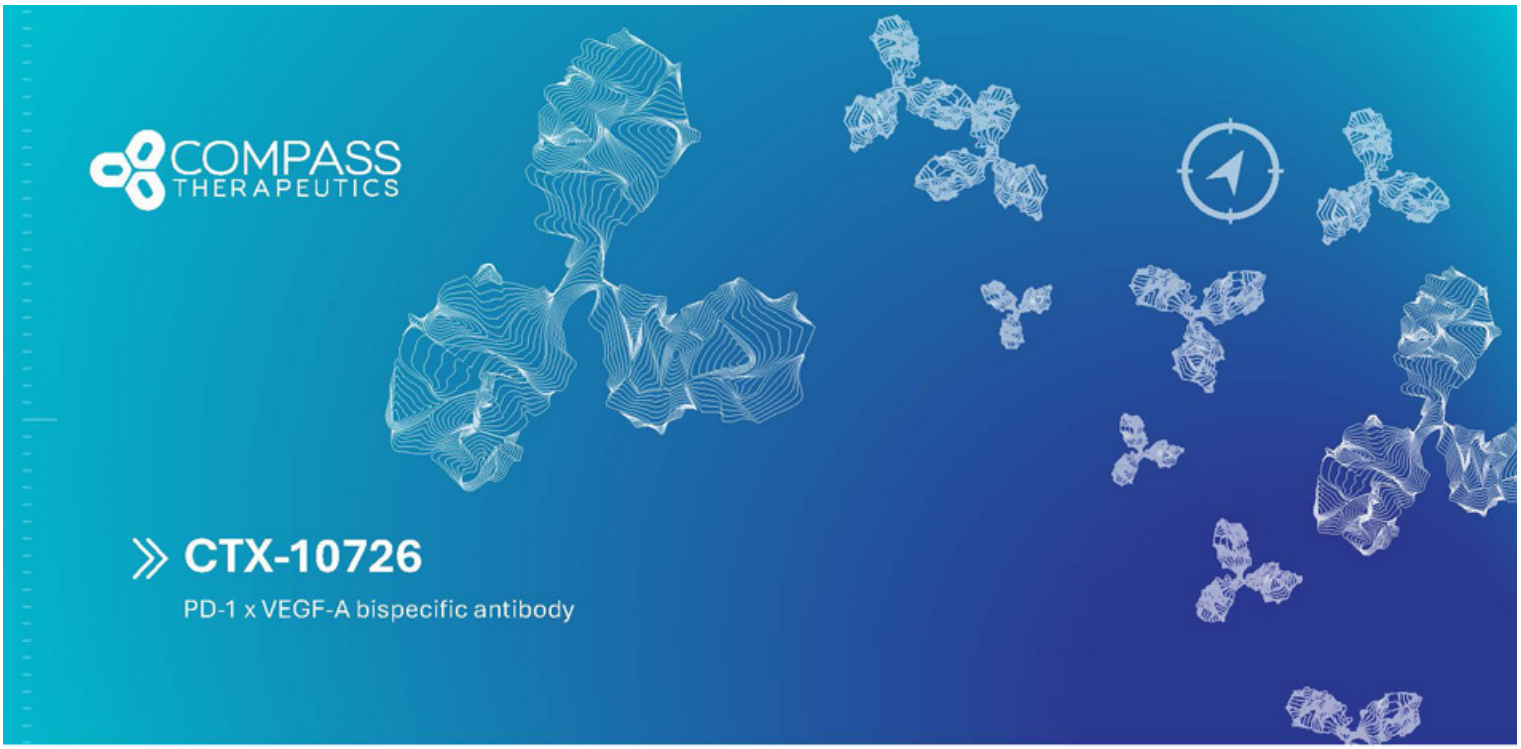
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THERAPEUTICS
CTX-10726
PD-1 x VEGF-A bispecific antibody

CTX-10726: Potential Best-in-Class PD-1 x VEGF-A Bispecific

CTX-10726

Anti-VEGF: Clinically proven mechanism (bevacizumab)

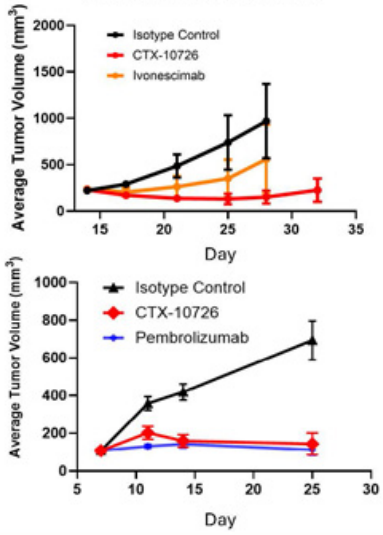
Anti-VEGF-A

Anti-PD-1

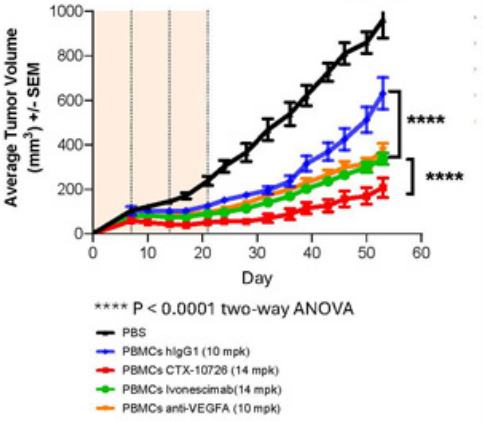
Anti-PD-1: Proprietary anti-PD-1 scFv with highly stable structure, high affinity, cooperative target binding

Treatment window dosing

Transgenic Mouse Model (MC38)
(express human PD-1/PD-L1)

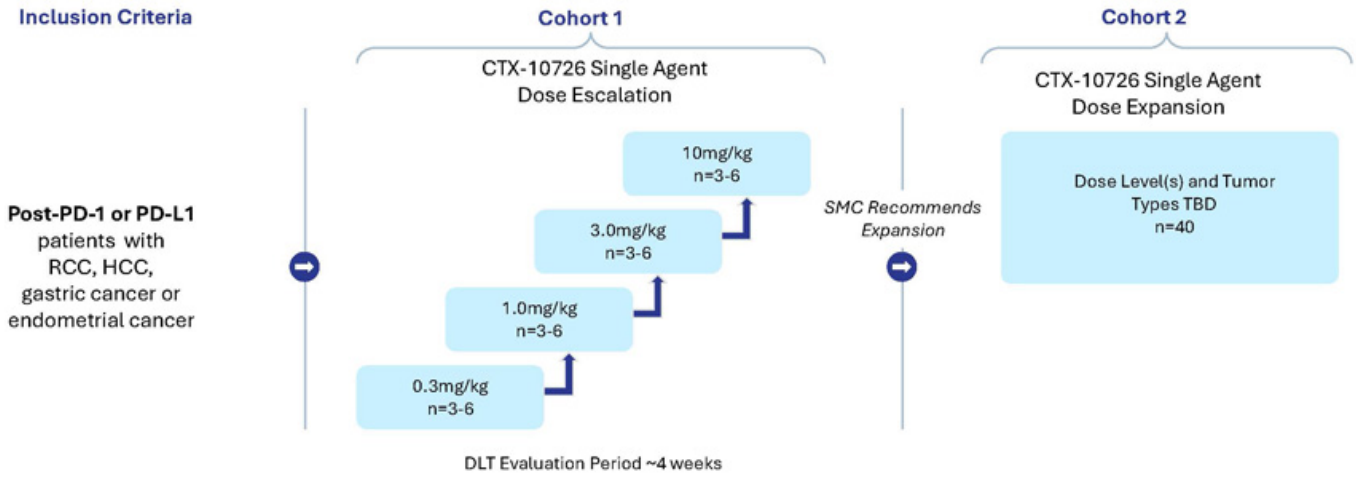


Human NSCLC (HCC827) Xenografts[1]
Treated with human PBMCs and indicated antibodies
Testing both PD-1 and VEGF-A targeting

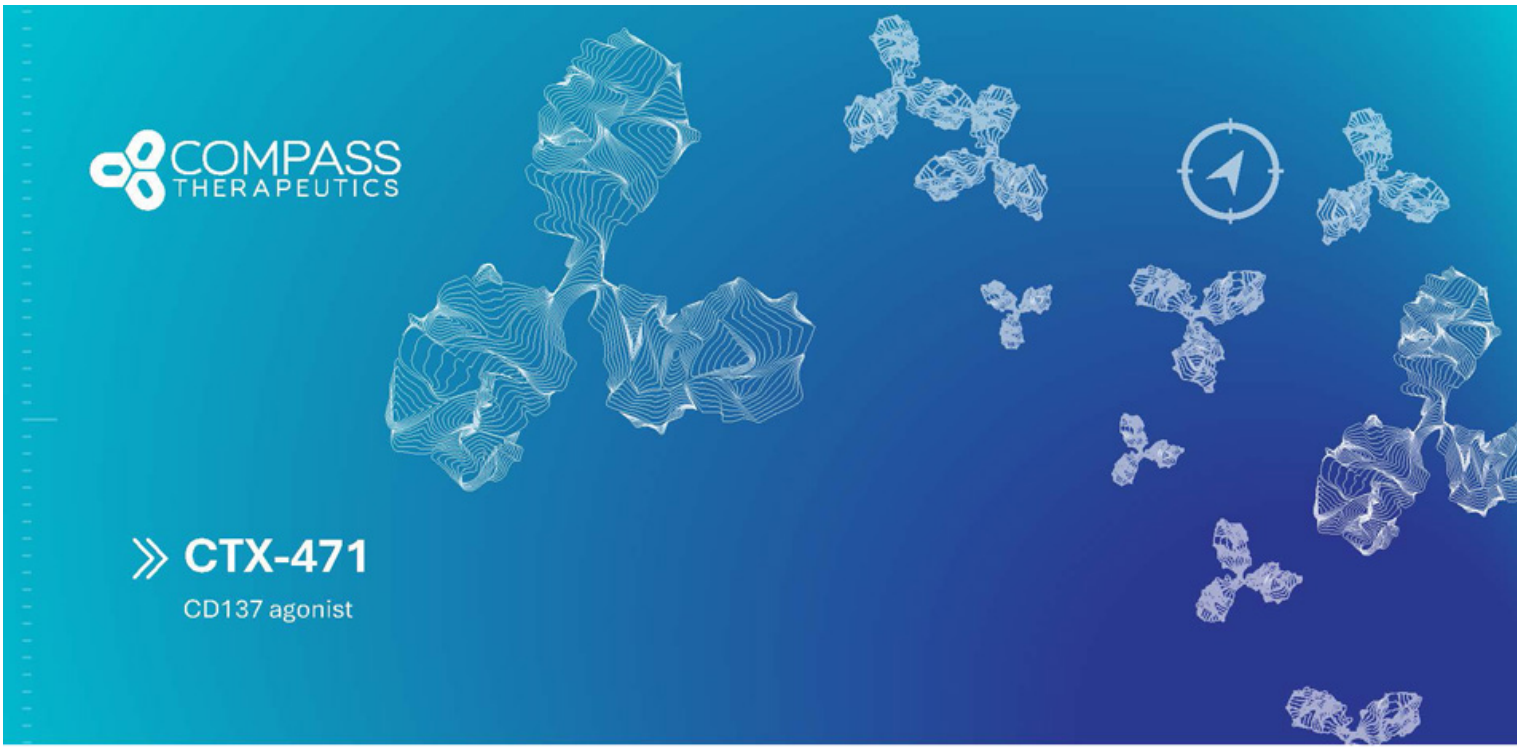


1. SITC Annual Meeting 2025

Phase 1 of CTX-10726 Study Design



Study initiated in Q1 2026 with topline data expected in H2 2026


COMPASS
THERAPEUTICS
CTX-471
CD137 agonist

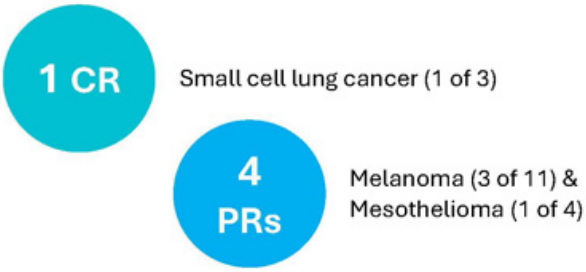
Response to CTX-471 was Associated with High NCAM Expression in the Phase 1 Study

CTX-471 is a potential best-in-class CD137 (4-IBB) agonist targeting a unique epitope with an optimized affinity

Compelling anti-tumor activity and tolerability demonstrated in Phase 1 study

Neural Cell Adhesion Molecule (NCAM) identified as a potential predictive biomarker

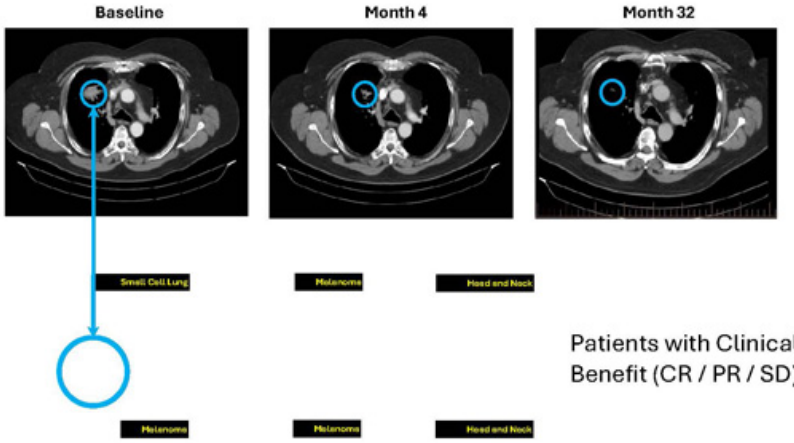
Monotherapy Phase 1b post-PD-1 in 60 patients with 17 different tumor types:



Patients with **clinical benefit from CTX-471 had high expression of NCAM** (CD56), highlighting its **potential as patient-selection biomarker**

1. PMID: 32161196; 2. ASCO 2024 Abstract #2535; 3. SITC 2024 Abstract #679

CTX-471: Complete Response in a Patient with Small Cell Lung Cancer



CTX-471 treated patient with advanced SCLC had a **PET negative <u>complete response</u>** after ~3 years on therapy

Previously treated with: carboplatin/etoposide plus atezolizumab (1L), and nivolumab (2L)

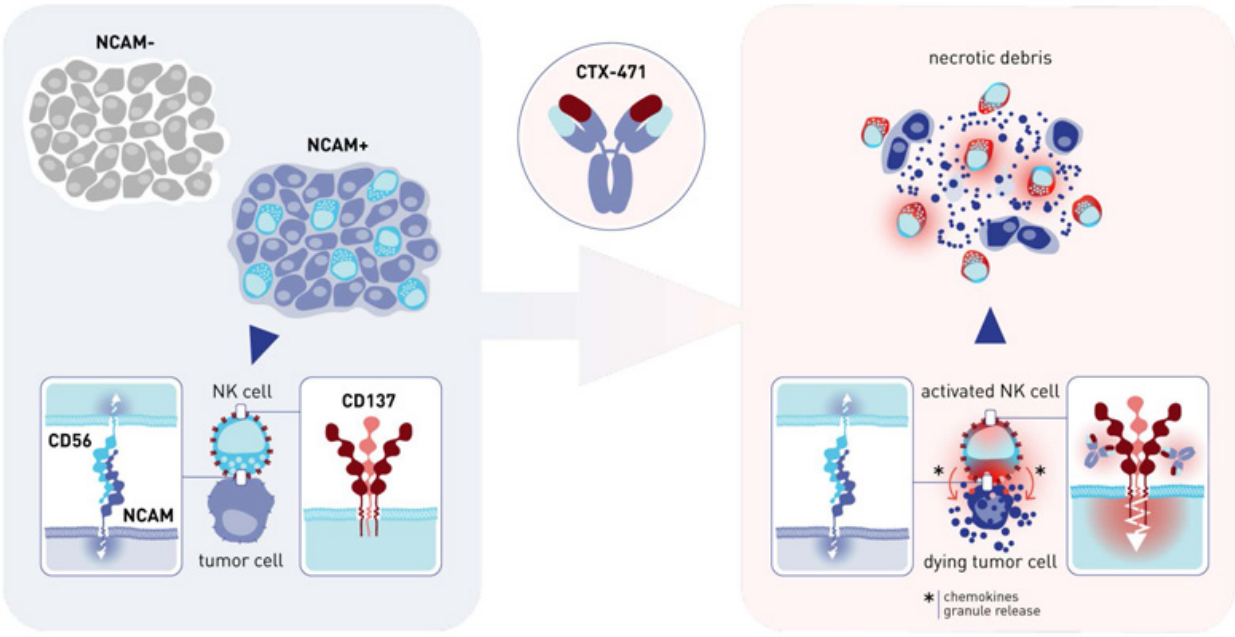
Patients with Clinical Benefit (CR / PR / SD)

Patients with Progressive Disease

NCAM Biomarker

NCAM (CD56) was identified as a potential biomarker of activity in Phase 1 studies of CTX-471

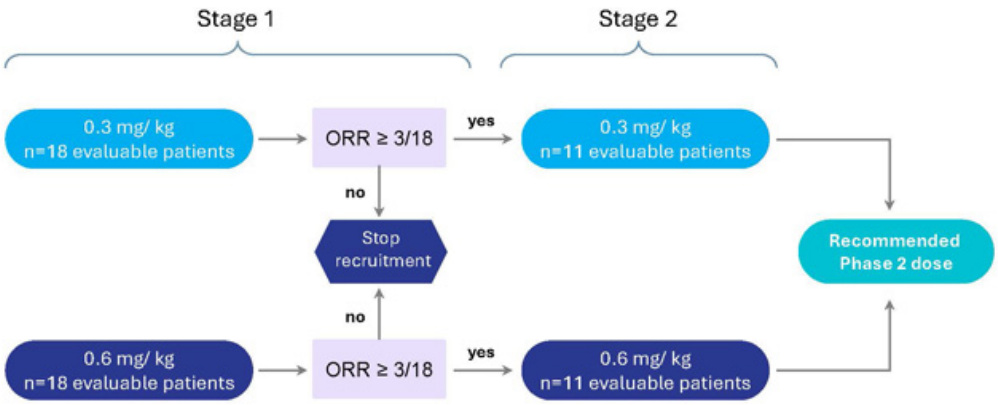
CTX-471: Novel Mechanism of Action for NCAM (CD56)+ Tumors



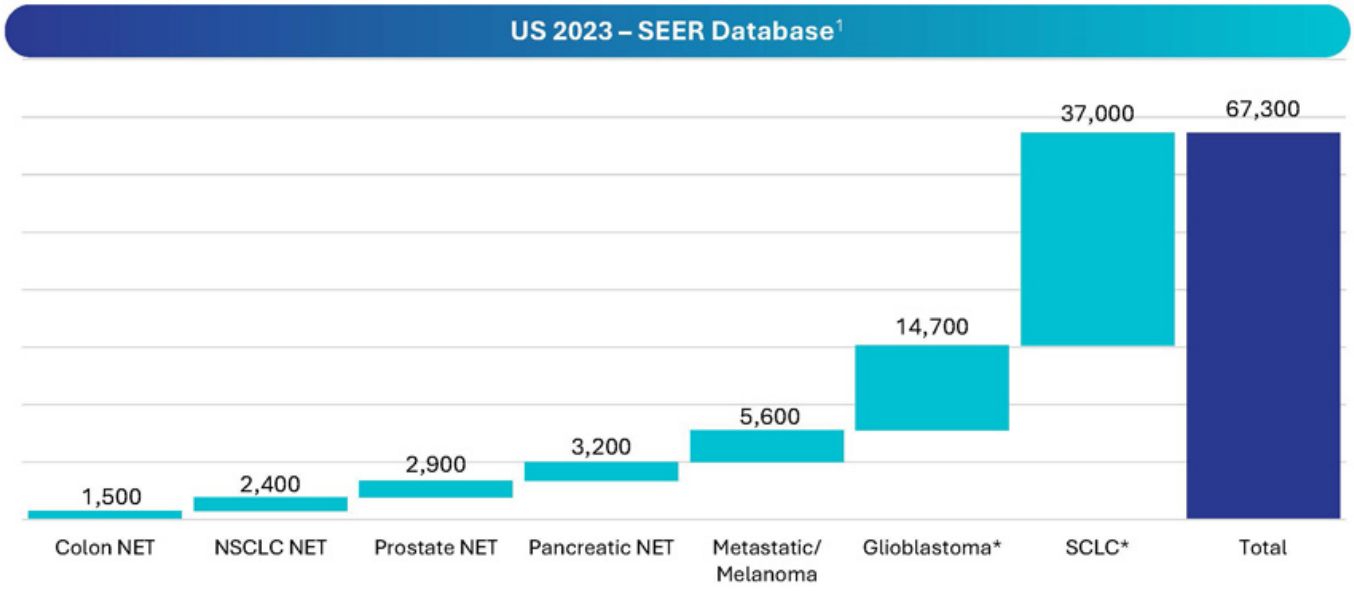
Phase 2 Study Design of CTX-471 in Patients with NCAM+ Tumors

Eligibility Criteria:

- Patients with locally advanced or metastatic Grade 3 neuroendocrine tumors (NET) or neuroendocrine carcinomas (NEC)
- Tumor must be centrally confirmed as NCAM positive by immunohistochemical staining
- Must have previously received at least one prior line of chemotherapy and exhausted all other standard-of-care treatment options

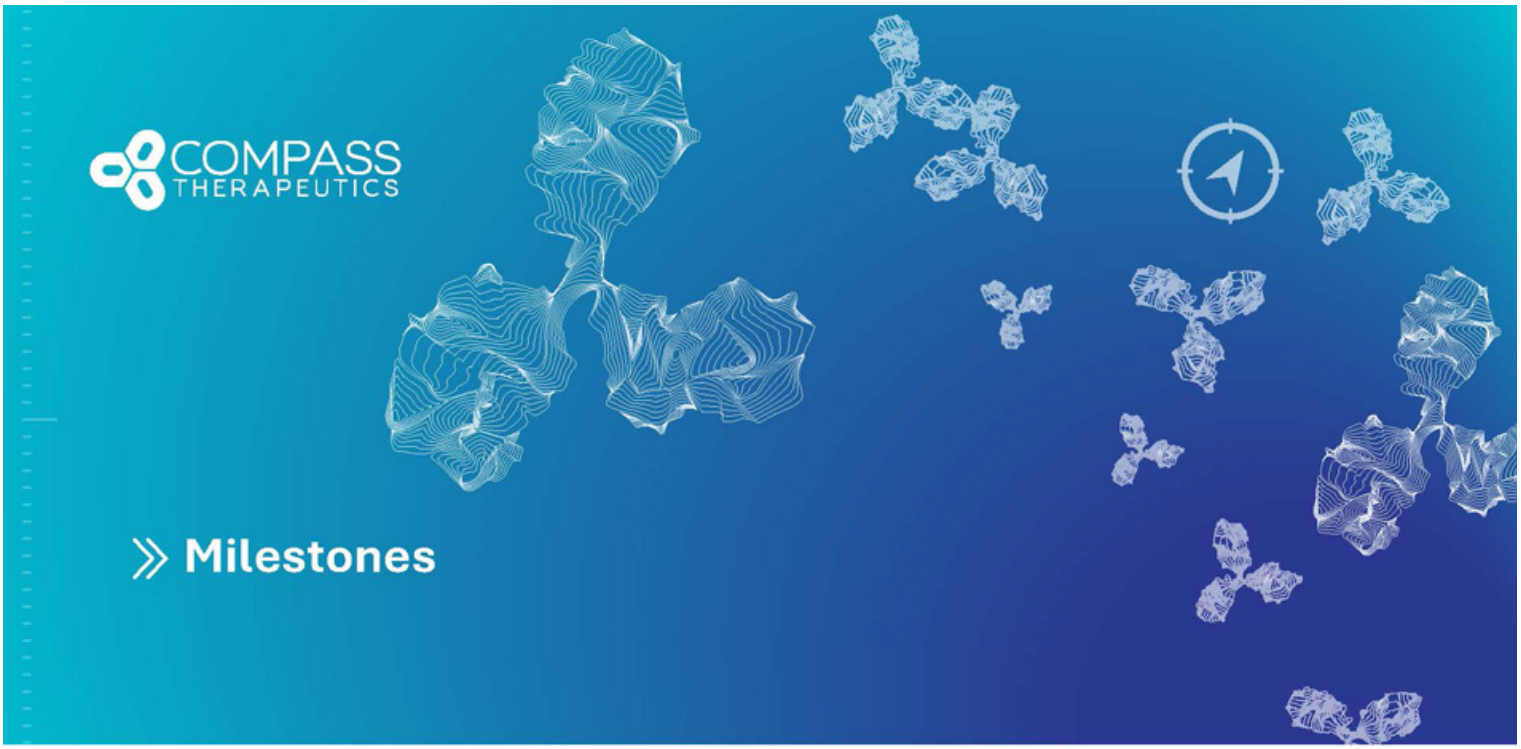


NCAM Positive Tumors Represent a Significant Opportunity for CTX-471

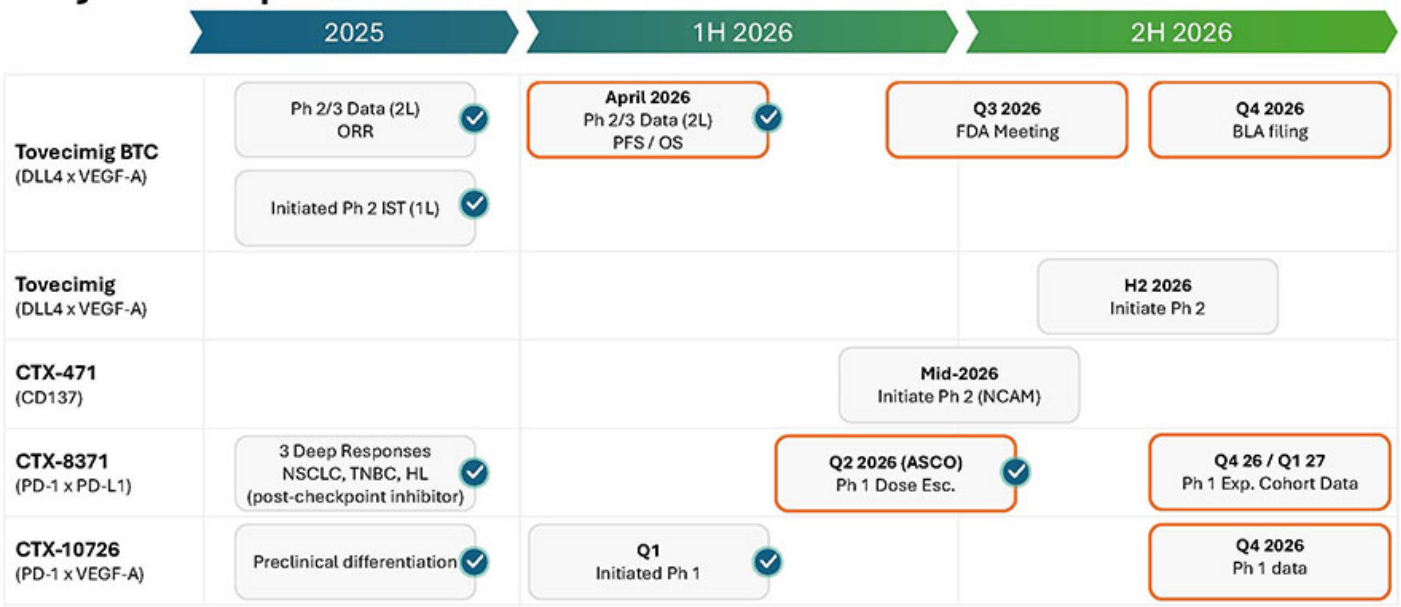


* ~100% NCAM+

1. Seer database


COMPASS
THERAPEUTICS
Milestones

Key Anticipated Milestones



Leadership Team Experienced in Drug Discovery, Development, and Commercialization

Thomas J. Schuetz, MD, PhD
President, CEO, &
Vice Chairman of the Board

Barry Shin, JD, MBA
Chief Financial Officer

Cynthia Sirard, MD
Chief Medical Officer

Arjun Prasad, MBA, MPH
Chief Commercial Officer

Bing Gong, PhD
Chief Scientific Officer

Jon Anderman, JD
General Counsel &
Corporate Secretary

Neil Lerner, CPA, MIM
Chief Accounting Officer

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MERCK
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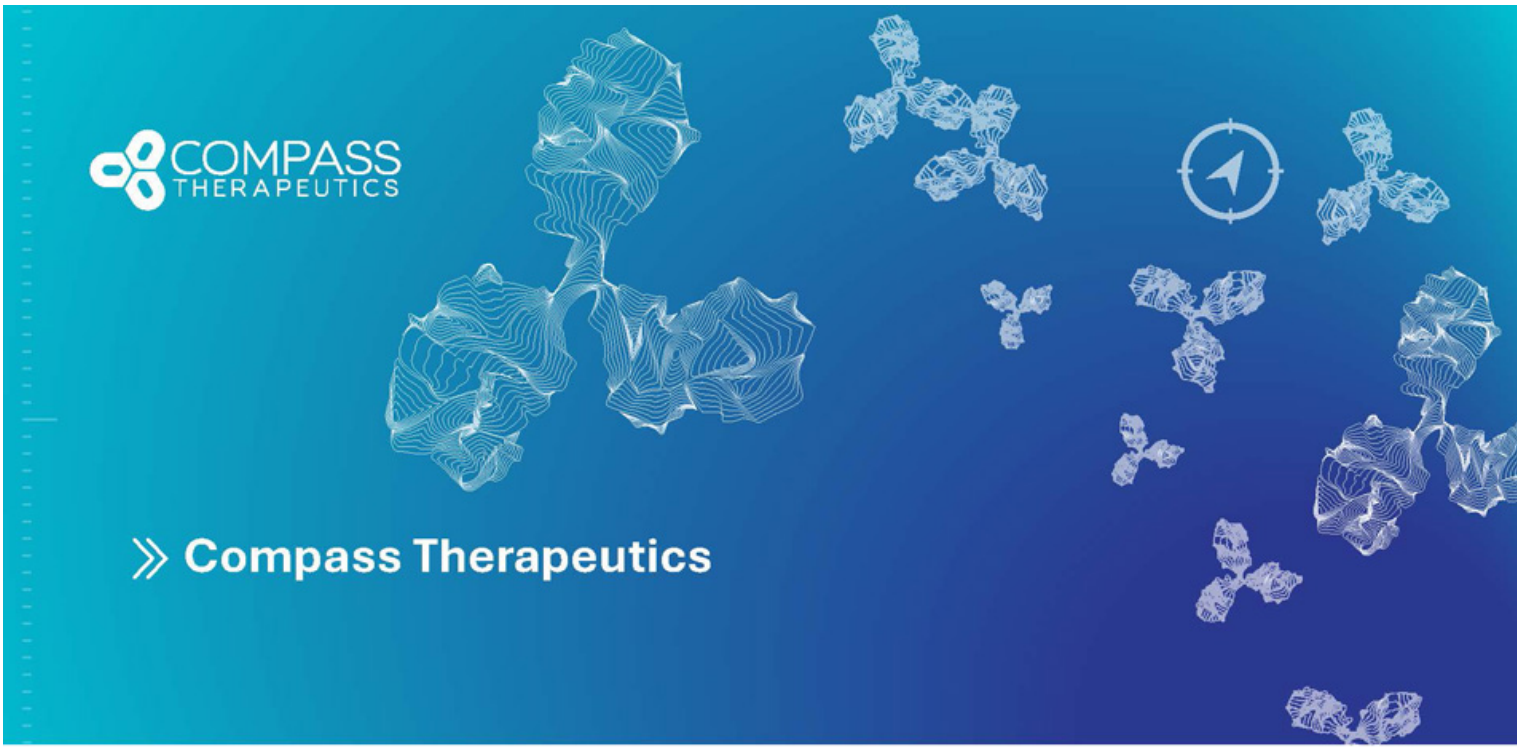
Cancer Institute
MedImmune
TKT
agios
sanofi



Website: compasstherapeutics.com
Nasdaq: CMPX