# Developing next generation antibodies into transformative cancer therapies that improve patients' lives

Corporate Presentation
Nasdaq: CMPX
June 2026

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# Compass Corporate Highlights

**Tovecimig (DLL4xVEGF-A) in COMPANION-002**

**Primary**: Statistically significant ORR improvement for tovecimig combo of 17.1% vs. 5.3% for paclitaxel alone (p=0.031) in 2L pts with BTC

**Key Secondary**: Statistically significant PFS improvement; OS confounded by crossover
**PFS**: tovecimig combo 4.7 vs. paclitaxel 2.6 months; HR: 0.44 (p<0.0001)
**OS**: tovecimig combo 8.9 vs. paclitaxel 9.4 months; HR: 1.05 (Intent-to-Treat)

**Multi-$B Market Potential**

$1B+ opportunity in BTC in the US (supported by 3rd-party market research)
~85% of 2L pts with BTC currently have no approved therapeutic alternative

**Deep Expertise in Antibodies**

Four novel clinical candidates

**Well Capitalized**

Cash runway into 2028 with $195M at Q1 2026

* ORR = overall response rate; BTC = biliary tract cancer; 2L = 2nd line therapy; PFS = progression free survival; OS = overall survival; IND = Investigational New Drug Application

# Diversified / Robust Pipeline with Multiple Value Inflection Points

| Program | Target | Discovery | Pre-Clinical | Phase 1 | Phase 2 | Phase 3 | Anticipated Milestones |
|---|---|---|---|---|---|---|---|
| **Tovecimig** (CTX-009) | **DLL4 x VEGF-A** | Biliary Tract Cancer (2L) | | | | | **Meet with FDA**<br>**Submit Biologics License Application** |
| | | Colorectal Cancer (monotherapy 3L/4L) | | | | | Completed (monotherapy activity) |
| | | Phase 2 Study – DLL4+ tumors | | | | | Mid-2026 Phase 2 Study in DLL4+ tumors: CRC, Gastric, Ovarian, Renal, HCC |
| **CTX-471** | **CD137** | Basket Study – NCAM (CD56)+ | | | | | Mid-2026: Trial initiation |
| | | Basket Study – Post-checkpoint | | | | | Completed |
| **CTX-8371** | **PD-1 x PD-L1** | Solid Tumors (cohort expansion in NSCLC, TNBC, HL) | | | | | **Q2 2026: Phase 1 data at ASCO**<br>Expansion cohorts initiated |
| **CTX-10726** | **PD-1 x VEGF-A** | Solid tumors | | | | | **Q1 2026: Phase 1 initiated** |
| **Bispecifics / Trispecifics** | **Multiple** | | | | | | Ongoing |

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* Not shown: Investigator Sponsored Trial of tovecimig in **1st line** biliary tract cancer

# Leadership Team Experienced in Drug Discovery and Development

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

**Barry Shin, JD, MBA**
Chief Financial Officer

**Arjun Prasad, MBA, MPH**
Chief Commercial Officer

**Cynthia Sirard, MD**
Chief Medical Officer

**Bing Gong, PhD**
Chief Scientific Officer

**Jon Anderman, JD**
SVP, General Counsel &
Corporate Secretary

**Ian Chia, PhD**
VP, Business Development

**Karin Herrera**
SVP, Clinical
Operations

**James Kranz, PhD**
VP, CMC

**Neil Lerner, CPA, MIM**
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**Kris Sachsenmeier, PhD**
VP, Translational Science

GSK Kadmon OrbiMed Healthcare Fund Management PACIRA BIOSCIENCES, INC. Takeda Genentech Pfizer Johnson & Johnson PSYCHEMEDICS Superior Science. Superior Results. Intarcia Therapeutics, Inc.

Shire Dana-Farber Cancer Institute TKT MedImmune agios Biogen SERVIER MERCK Holland & Knight AstraZeneca

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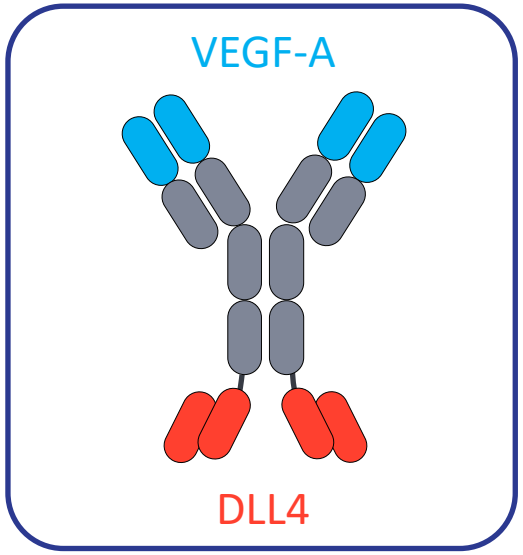
# Tovecimig (CTX-009)

DLL4 X VEGF-A bispecific antibody

# Tovecimig: Bispecific with Compelling MOA (DLL4 x VEGF-A)




2x2 target binding valency

**Anti-VEGF-A MAb**
VEGF/VEGF-R signaling

**Anti-DLL4 MAb**
DLL4-Notch-1 signaling

**Disrupts tumor vessel formation**
(proven anti-angiogenic mechanism)

**Targets tumor DLL4 expression and alters perfusion in tumor vessels**
(novel angiogenesis target)

- Dual blockade: **VEGF-A** – validated target for blockbuster oncology therapeutics (e.g.: Avastin®)
  **DLL4** (Notch-1 ligand) – mediates resistance to anti-VEGF therapies
- Bispecific anchors in tumor microenvironment (DLL4) to disrupt angiogenesis
- Only DLL4 X VEGF bispecific to demonstrate monotherapy activity in patients with CRC and GC[1]

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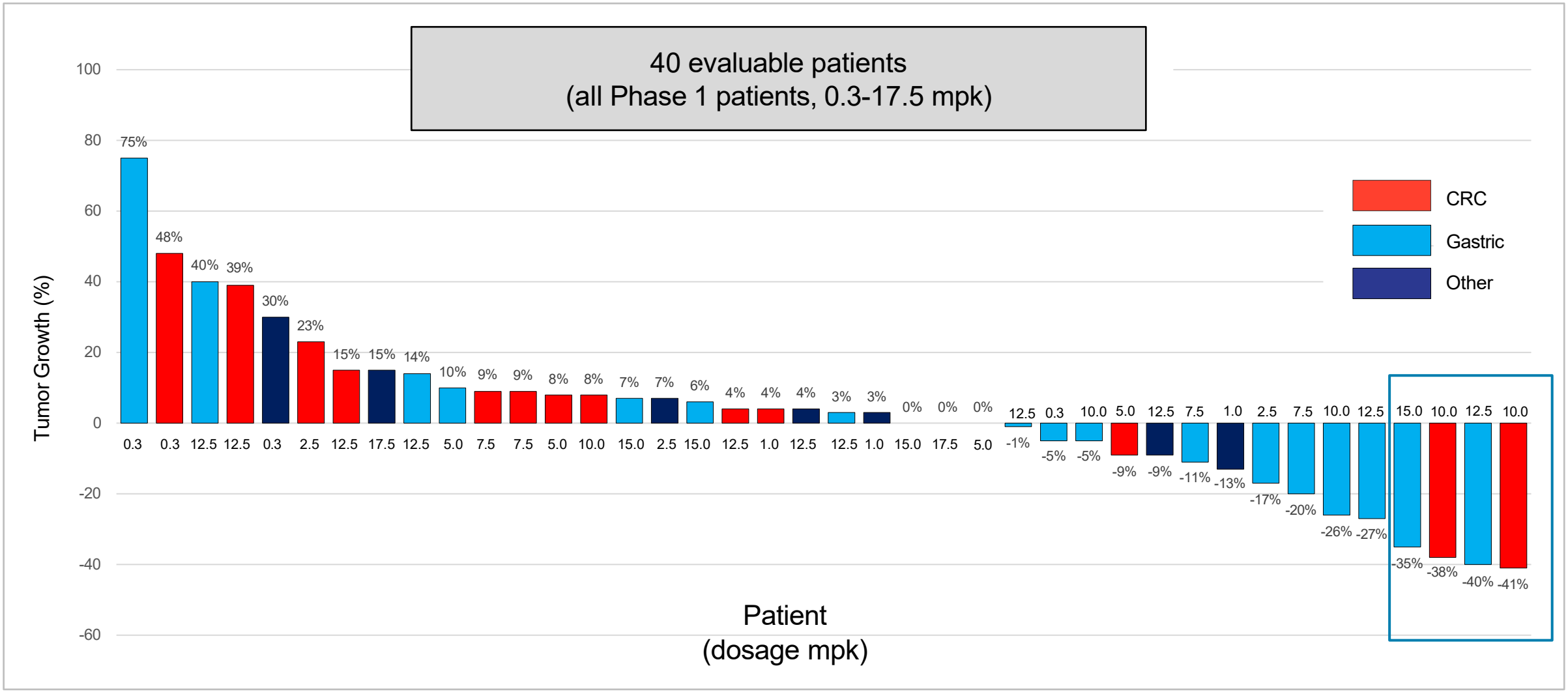
1. Lee, J et. al. 2021, October 7-10. Plenary Presentation AACR-NCI-EORTC Virtual International Conference on Molecular Targets and Cancer Therapeutics.

# Tovecimig: Monotherapy Activity in Ph 1a

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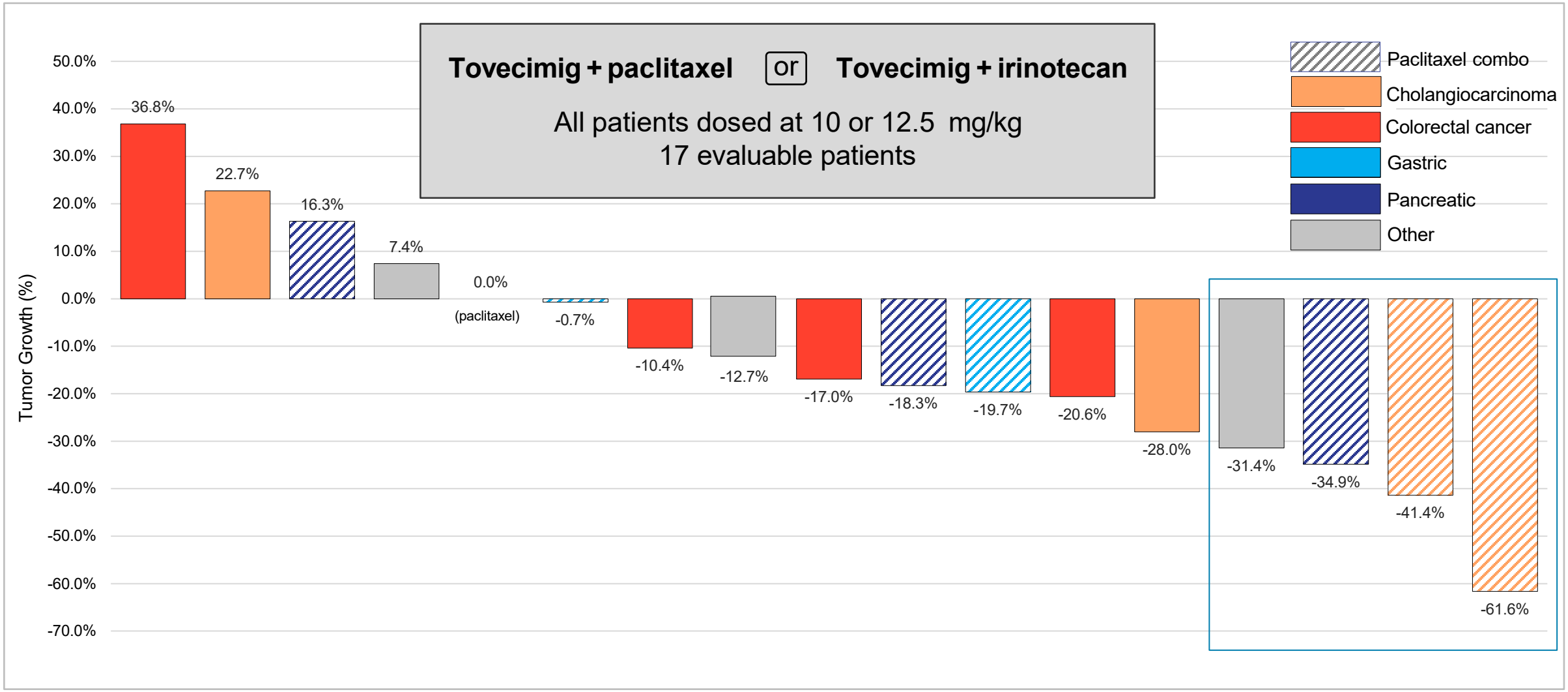
Lee, J et. al. 2021, October 7-10. Plenary Presentation AACR-NCI-EORTC Virtual International Conference on Molecular Targets and Cancer Therapeutics.

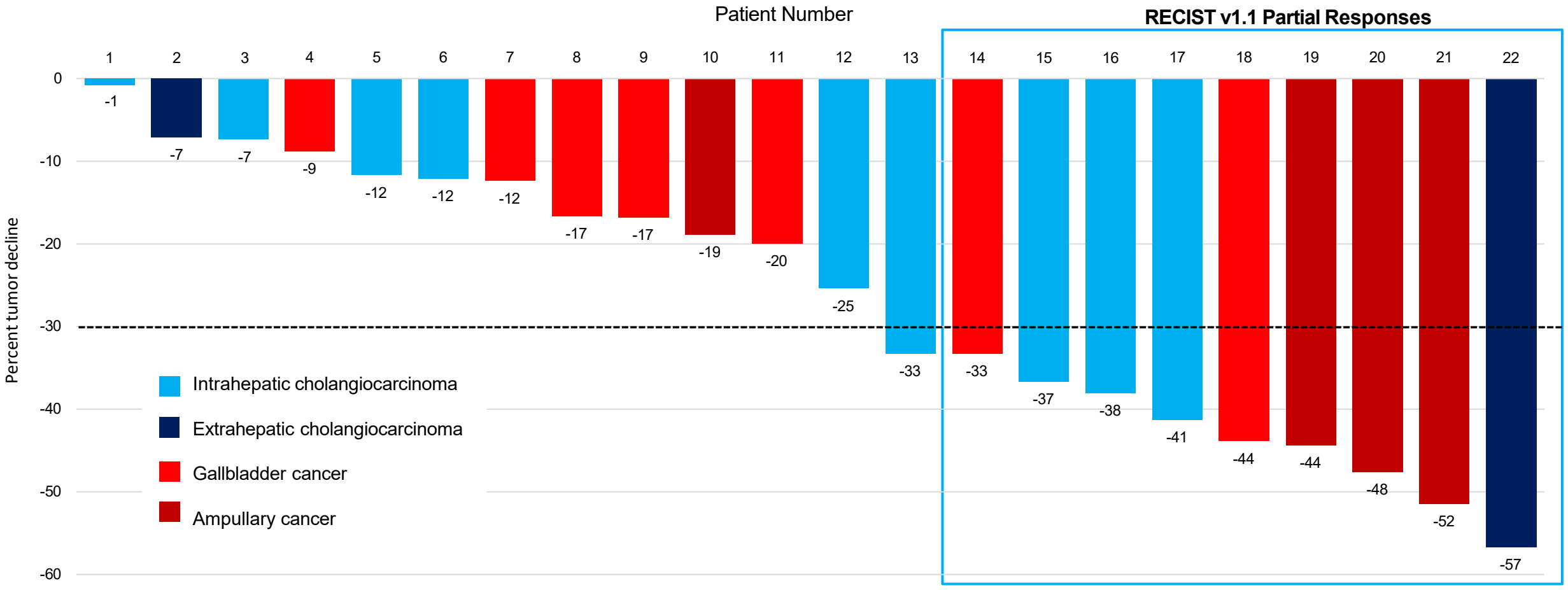
# Tovecimig: Combination Activity in Ph 1b Data




Company data on file from tovecimig Phase 1b study,

# Tovecimig: Phase 2 BTC Data

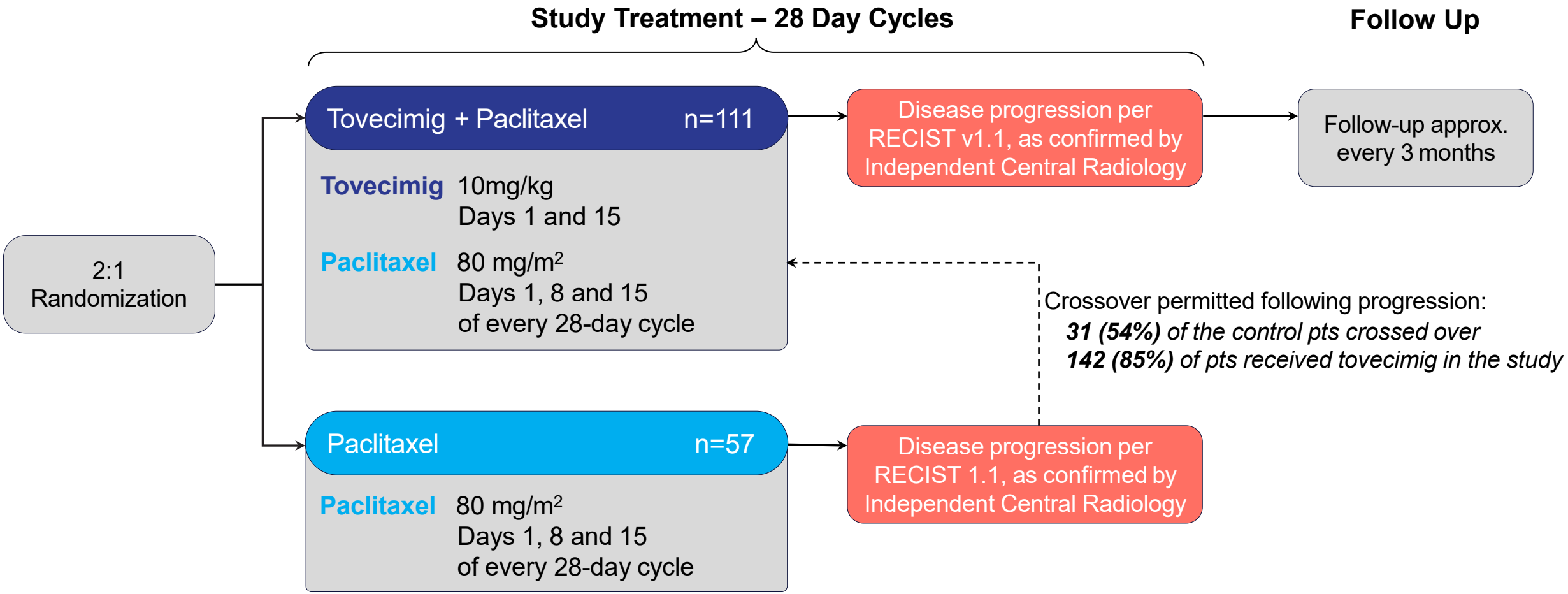
Investigator-assessed responses in single-arm study (paclitaxel combo)




Oh, D. et. al., ASCO GI 2023, Abstract #540.

# COMPANION-002: Phase 2/3 U.S. BTC Study

Registrational-intent study in patients who have received one prior line of therapy




Primary Endpoint: **ORR**
Key Secondary Endpoints: **PFS, OS, DoR**

# COMPANION-002: Baseline Demographics

Baseline characteristics were well balanced

| | | 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

| COMPANION-002 Study (BTC) | | Tovecimig + Paclitaxel | Paclitaxel |
|---|---|---|---|
| Intent-to-Treat Population | | n=111 | n=57 |
| Overall Response Rate (CR+PR) | | **19 (17.1%)** | 3 (5.3%) |
| Two-Sided p-value | | **p=0.031** | |
| **Best Overall Response** RECIST v1.1 by blinded independent central review (BICR) | Complete Response (CR) | **1 (0.9%)** | 0 (0.0%) |
| | Partial Response (PR) | **18 (16.2%)** | 3 (5.3%) |
| | Stable Disease (SD) | 49 (44.1%) | 18 (31.6%) |
| | Non-CR / Non-PD* | 9 (8.1%) | 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) | | 68 (61.3%) | 21 (36.8%) |
| Two-Sided p-value | | p=0.0027 | |

*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.

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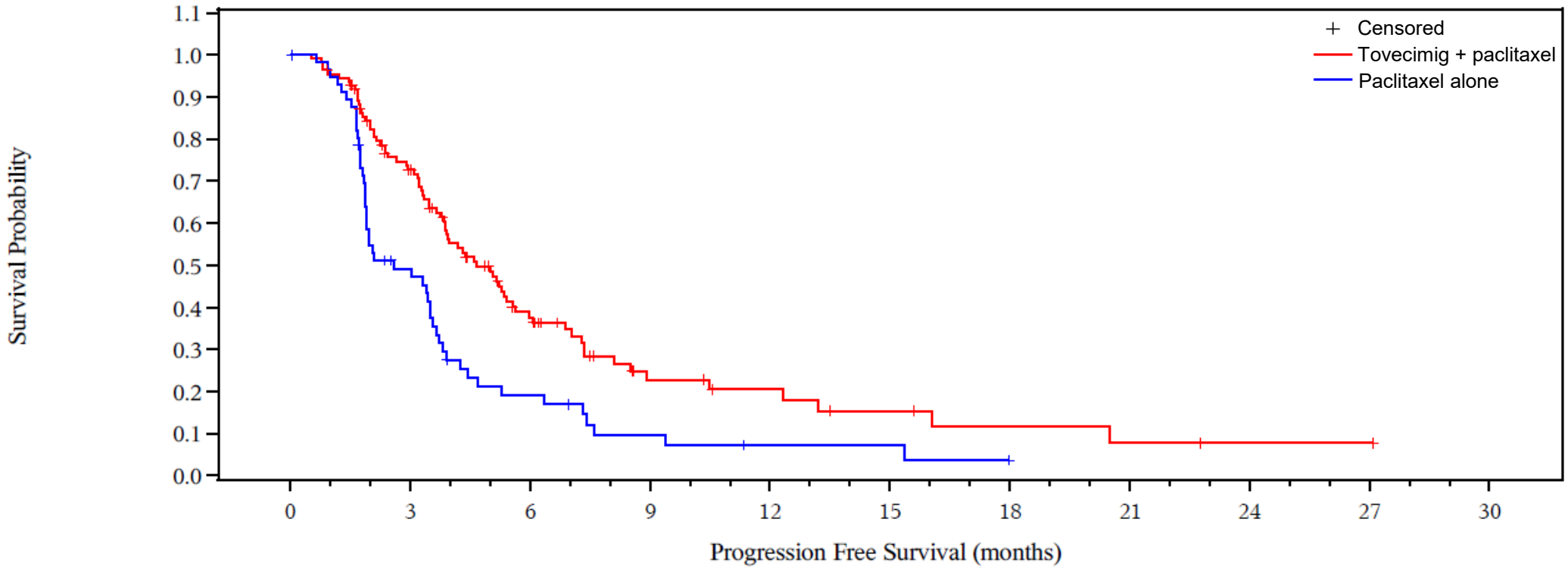
Data cutoff from COMPANION-002 as of April 2025.

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

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



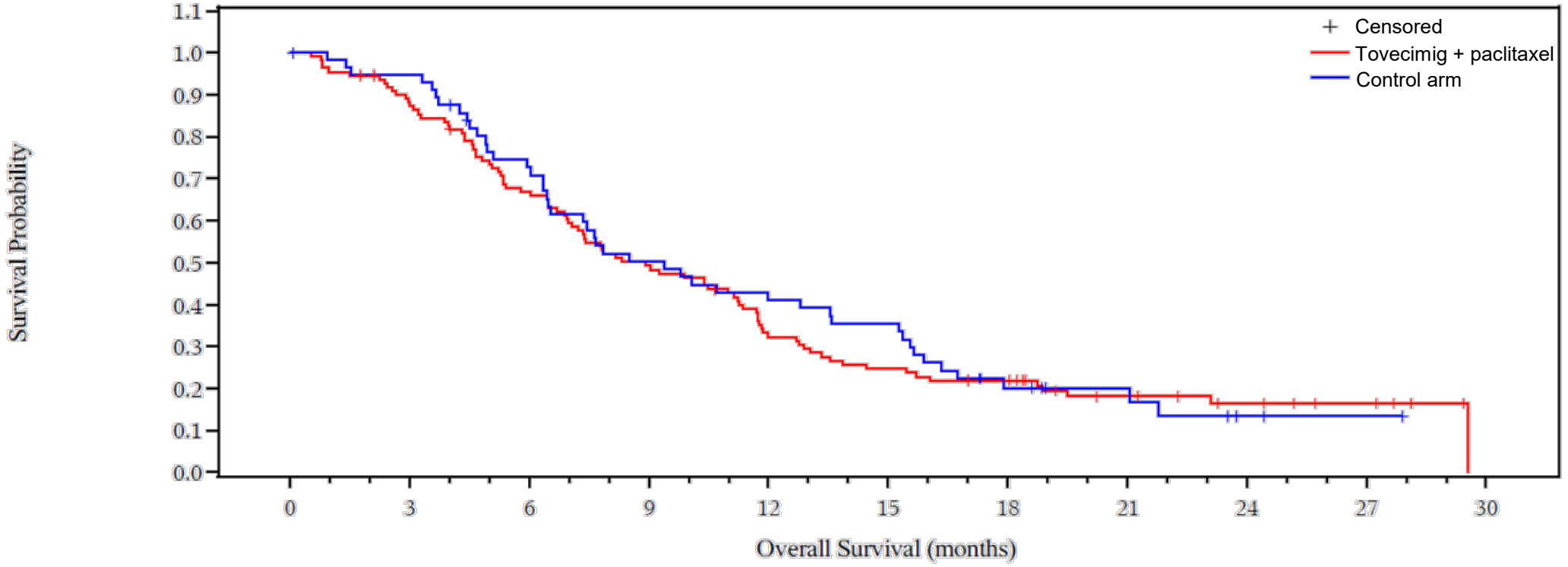

| Number at Risk: | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Tovecimig + paclitaxel | 111 | 73 | 30 | 11 | 8 | 5 | 3 | 2 | 1 | 1 |
| Paclitaxel alone | 57 | 25 | 9 | 4 | 2 | 2 | | | | |

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 and 26 patients (46%) who received paclitaxel alone

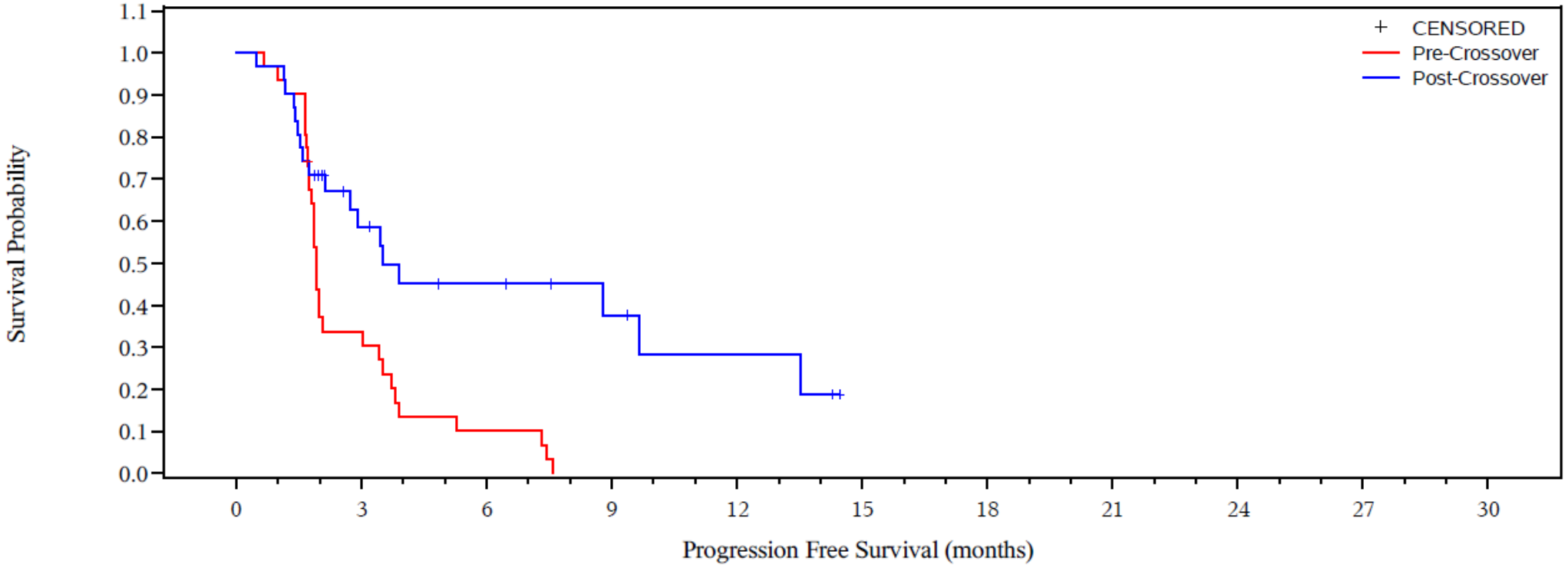



| Number at Risk: | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Tovecimig + paclitaxel | 111 | 95 | 72 | 53 | 34 | 26 | 22 | 13 | 9 | 5 | 2 |
| Paclitaxel alone | 57 | 53 | 39 | 27 | 22 | 19 | 9 | 6 | 2 | 1 | |

Data cutoff from COMPANION-002 as of April 2026.

# PFS2: Tovecimig Significantly Improved PFS Post-Crossover

Prespecified secondary analysis (n=31): HR=0.36, p=0.0016, 3.5 vs. 1.9 months median PFS



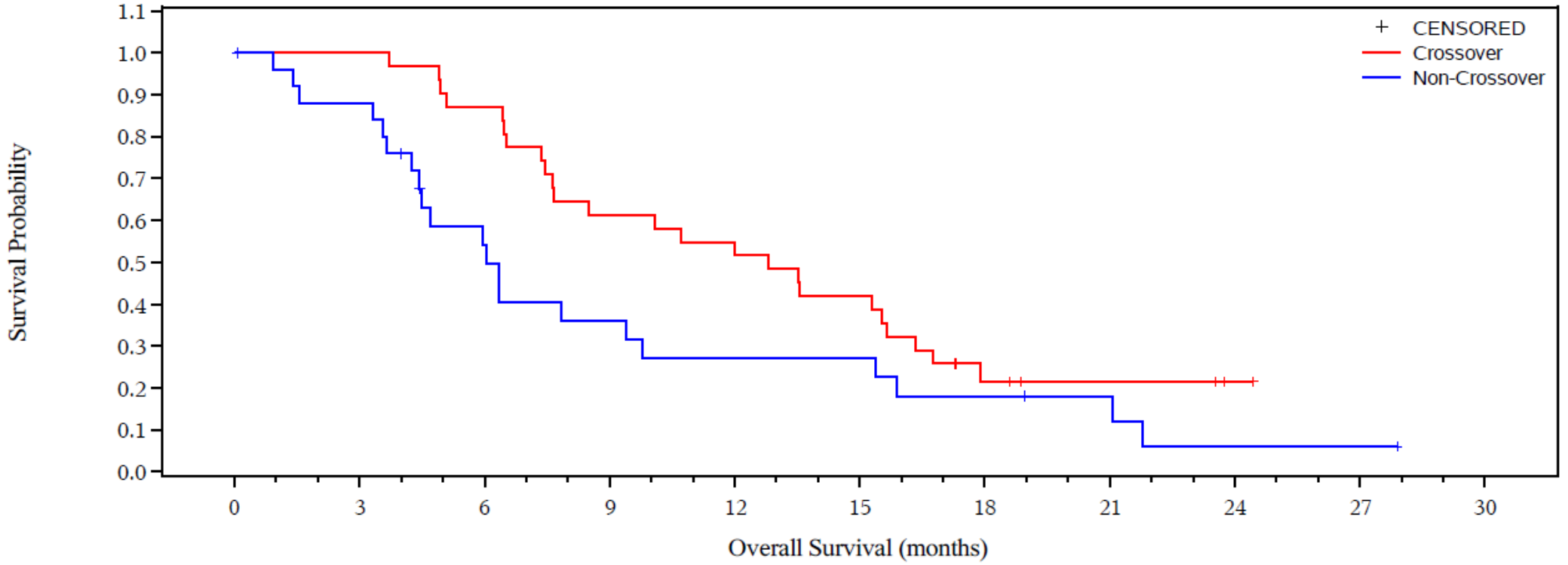

Number at Risk:

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

Data cutoff from COMPANION-002 as of April 2026.

# 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



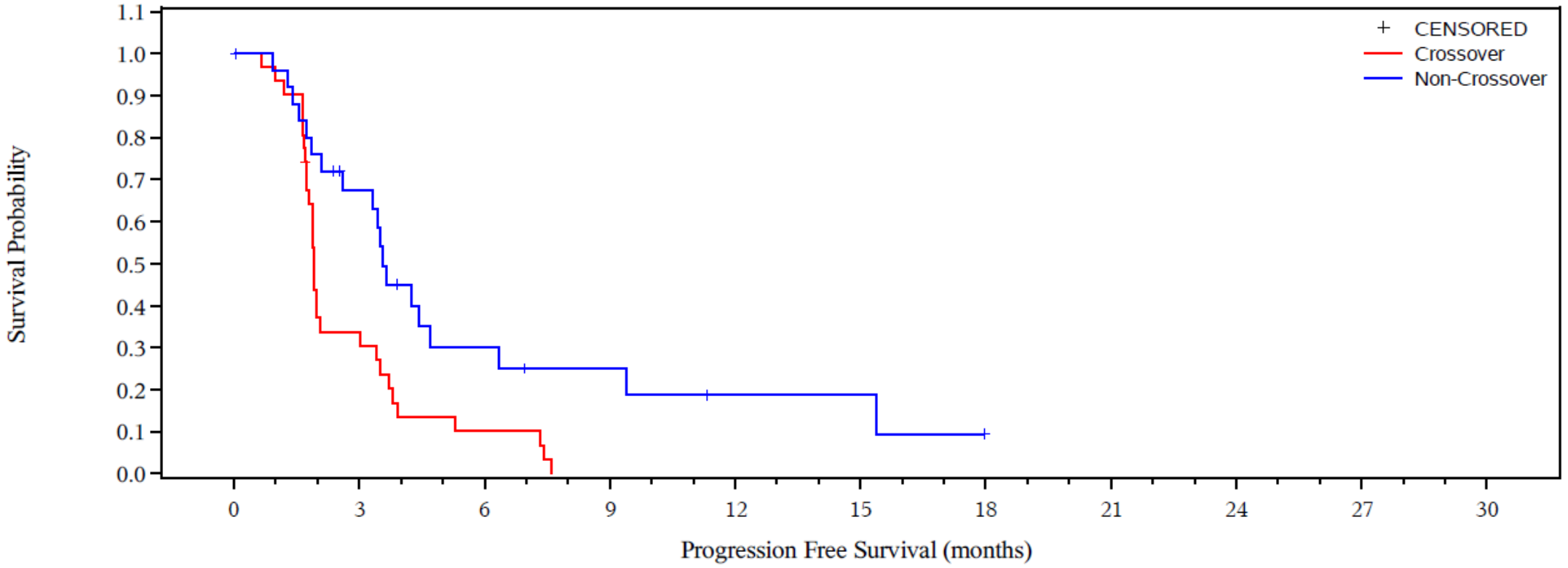

Number at Risk:

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

Data cutoff from COMPANION-002 as of April 2026.

# Crossover Patients Progressed Faster on Paclitaxel Monotherapy

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.

# 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**: 17.1% vs 5.3% BICR-assessed ORR (p=0.031) |
| **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)<br>• 54% crossover rate; 85% of all patients received tovecimig with a median OS of 9.9 months |
| **Crossover Arm PFS1 / PFS2** | Prespecified Secondary | • **Significant improvement**: 3.5 vs 1.9 months median PFS (HR=0.36, p=0.0016) (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

| Analysis | Program | N | ORR | Median Progression Free Survival / Median PFS2 (post-crossover progression) / Median Overall Survival — Months (0 2 4 6 8 10 12 14) |
|---|---|---|---|---|
| **Tovecimig COMPANION-002 Study in 2L*** | | | | |
| **ITT** | **Tovecimig + Paclitaxel** | 111 Combo | **17.1% (p=0.031)** | 4.7 m → 8.9 m |
| | | 57 Control | 5.3% | 2.6 m → 9.4 m; OS analysis includes crossover patients |
| **Subset** | **Patients Initially Randomized to Paclitaxel** | 31 Crossover | | 1.9 m → 3.5m → 5.4m (total) → 12.8 m |
| | | 26 Paclitaxel | | 3.6 m → 6.1 m |
| **Other Second Line*** | | | | |
| **2L** | **Choi-2021[1]** | 59 FOLFIRI | 4.0% | 2.1 m → 5.7 m |
| | | 59 FOLFOX | 5.9% | 2.8 m → 6.3 m |

*Historical data presented. Tovecimig is investigational, and no head-to-head studies have been conducted.

1. PMID: 34303267

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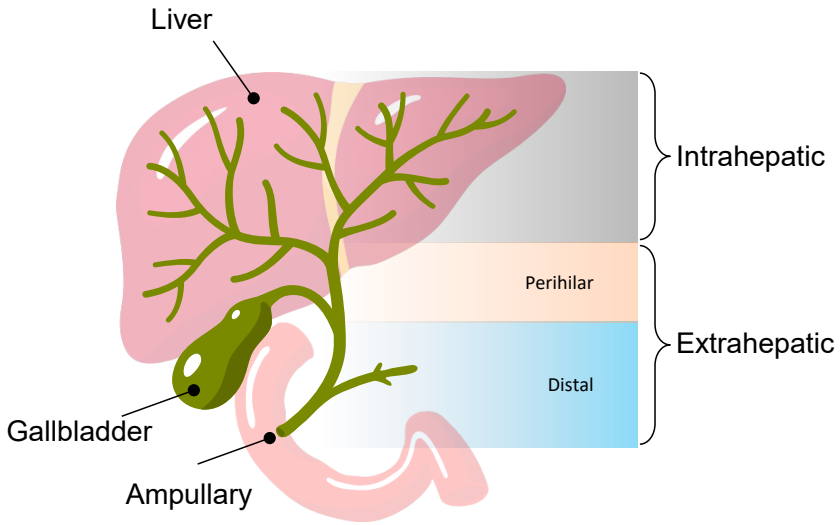
# Incidence of BTC is Significant and Not Fully Appreciated



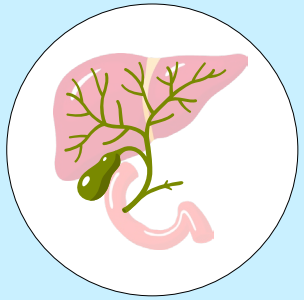

| Cancer site | Epidemiology-based (2026 SEER) | Claims-based (ICD: 2021-2022) | 3rd Party Mkt. Research |
|---|---|---|---|
| Liver & intrahepatic bile duct | 15%[2] of 42,340[1] | --- | --- |
| Gallbladder & other biliary | 12,640[1] | --- | --- |
| Other & unspecific primary | 11%[3] of 67,800[1] | --- | --- |
| **Total Incidence** | **~26,500[1]** | **~22,800[4]** | **~25,000[5]** |

US BTC incidence projected to grow to ~34,000 patients by 2037[6]

1. PMID: 41528114; 2. Lowe, R, et al. Epidemiology, risk factors, anatomy, and pathology of cholangiocarcinoma. UpToDate, Inc. (2022);
3. PMID: 35484217; 4. Komodo Health x Cholangiocarcinoma Foundation. (2023); 5. CMPX-commissioned market research (2025) 6. PMID: 33825840

# Significant Unmet Needs in Current Treatments for BTC

## Currently Approved SoC



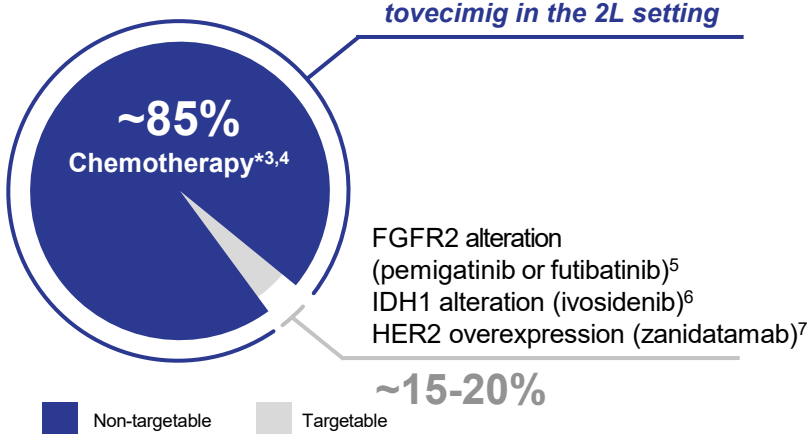
## Unmet Needs

**1L**

Gem/Cis + durvalumab (TOPAZ1)[1] pembrolizumab (KN-966)[2]

- 2-year OS of 24.9%[1]
- Majority of patients will progress

**2L**




**~80-85% of 2L patients** have limited treatment options

- FOLFOX chemotherapy[3]:
  - **ORR of 5%**
  - 69% ≥Grade 3 AEs
- 52% ≥Grade 3 AEs in patients receiving BSC in control arm.

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1. PMID: 38319896; 2. PMID: 37075781; 3. PMID: 33798493; 4. NCCN (2024). Biliary Tract Cancers (version 4.2024); 5. PMID: 37017301; 6. PMID: 33182517; 7. PMID: 38266541

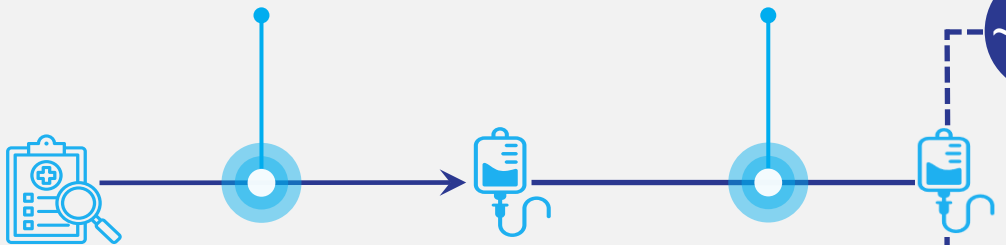
# 2L BTC U.S. Market Potential is >$1 Billion

## **Annual** BTC incidence in the U.S. (~23K+ in 2023)[1]

**Clinical progression**

**~90% receive 1L treatment** (~10% undergo resection but only ~5% are cured after surgery)[2]

**~70%** of 1L patients **receive 2L treatment**[3]



~15% → Approved 2L targeted therapies[4,5] (contraindications include: ocular toxicity, hyperphosphatemia)

~85% → Chemotherapy/ **Opportunity for tovecimig**

| **Patient Numbers*** | **~26.5K** | **~24K** | **>15K** |
|---|---|---|---|

*Patient numbers are estimates based on Company analysis of references.

1. CMPX-commissioned market research (2025); 2. PMID: 27829275; 3. Based on Compass Therapeutics' analysis and PMID: 38319896; 4. PEMAZYRE prescribing information; 5. LYTGOBI prescribing information

# Tovecimig: Potential Solid Tumor Opportunities

Indications with approved angiogenic inhibitors and/or tumors that are DLL4 enriched

| Indications | BTC | CRC | Gastric/ GEJ | Glio-blastoma | HCC | Ovarian | RCC |
|---|---|---|---|---|---|---|---|
| Incidence | ~26.5k[1] | ~154k[1] | ~30k[2] | ~15k[3] | ~35k[2] | ~20k[1] | ~73k[4] |
| CTX-009 Clin. Active[5] | ✓ | ✓ | ✓ | TBD | TBD | TBD | TBD |
| Avastin Approved[6] | | ♦ | | ♦ | ♦ | ♦ | ♦ |
| DLL4+ Enriched[7] | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

**Potential for expansion into numerous solid tumor indications**

BTC: Biliary tract cancer; CRC: Colorectal cancer; GEJ: Gastroesophageal junction; HCC: Hepatocellular carcinoma; RCC: Renal cell carcinoma

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1. Seer database; 2. Cancer.org; 3. National Brain Tumor Society; 4. PMID: 32644401; 5. Lee, J et. al. 2021, October 7-10. Plenary Presentation AACR-NCI-EORTC Virtual International Conference on Molecular Targets and Cancer Therapeutics; 6. Avastin prescribing information; 7. PMID: 36223541

# Tovecimig: Strong Near-Term Momentum

**BTC (2L) Data**
Ph 2/3

- Achieved primary endpoint in Ph 2/3 study
- Significant PFS improvement; OS analyses confounded by crossover

**BTC (1L) Study**
IST Enrolling

- MD Anderson Cancer Center investigator sponsored trial in 1L patients
- Tovecimig added to front line gem / cis / durvalumab

**Further Expansion Opportunities**

- Broad potential expansion into multiple solid tumor indications

**Tovecimig granted Fast Track Designation in BTC in April 2024 and Orphan Drug Designation in April 2026**

# CTX-471

CD137 agonist

# CTX-471: Potential Best-in-Class CD137 (4-1BB) Agonist

## CTX-471: Next Generation CD137 Agonist

Fully human, IgG4, optimized affinity for agonistic antibody

Unique epitope: non-ligand blocking

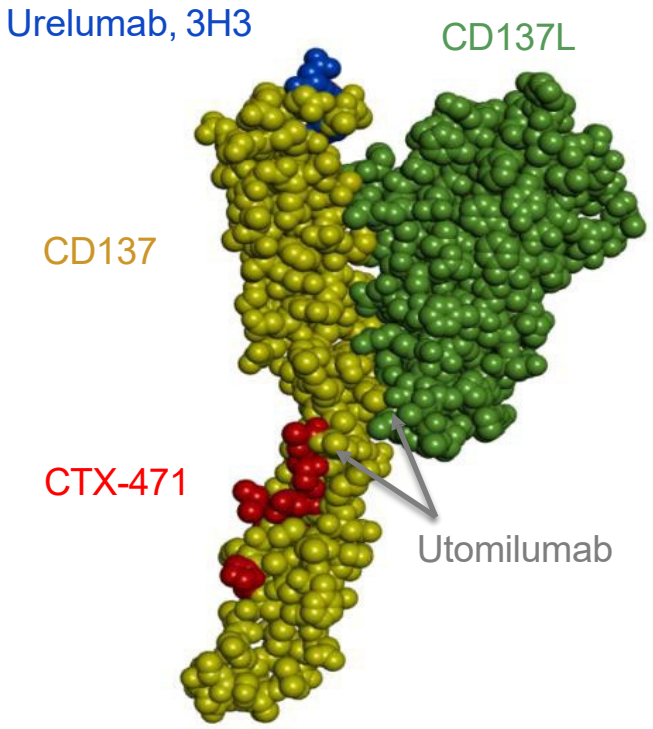
## CTX-471: Signals of Activity in Phase 1

Monotherapy Phase 1a ascending dose study completed

- MTD defined by immune thrombocytopenia

Monotherapy Phase 1b Post-PD-1 Cohort Expansions completed

- 60 patients with 17 different tumor types enrolled
- 4 PRs observed: melanoma (3 of 11) and mesothelioma (1 of 4)
- 1 CR: small cell lung cancer (1 of 3)
- Potential biomarker of response identified in biopsies: NCAM (CD56)+ tumors were more likely to respond to CTX-471



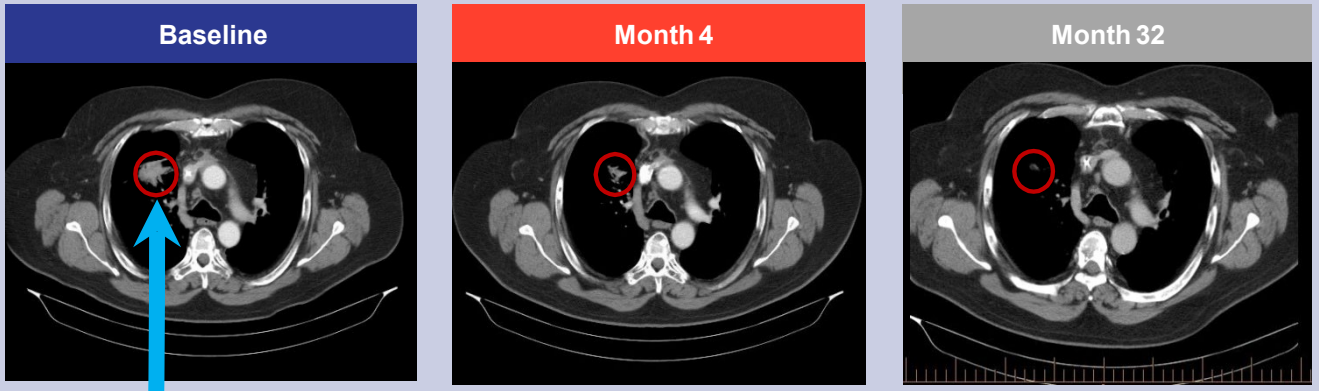

*JCI Insight*. 2020;5(5):e133647

**Advancing to Ph 2 NCAM (CD56)+ Basket Study**

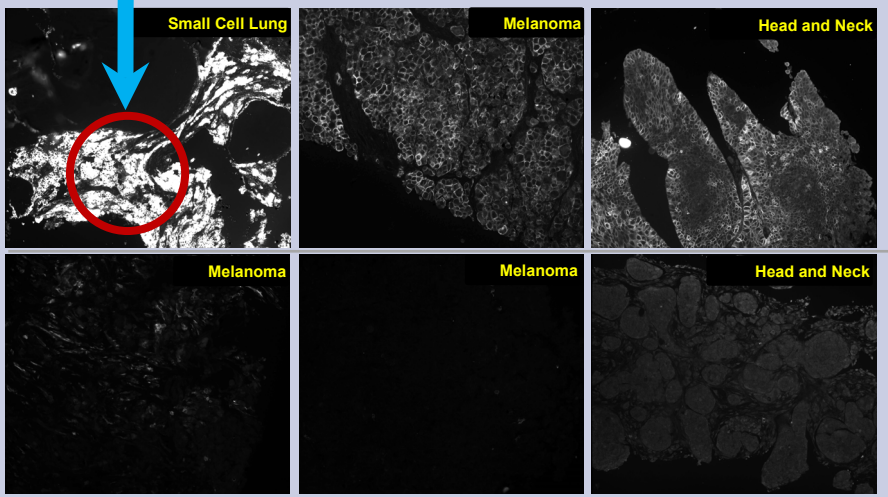
Mid-2026 expected initiation

PMID: 36725933, ASCO 2024, Abstract #2535, SITC 2024 Abstract #679

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




- CTX-471 treated patient with advanced SCLC had a PET negative **complete response** 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

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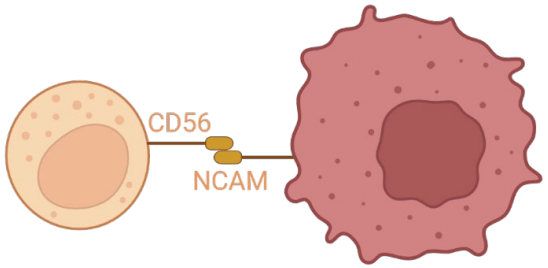
# NCAM (CD56) High in Patients with CTX-471 Disease Control

NCAM may render tumors sensitive to CTX-471 treatment: proposed mechanism of action

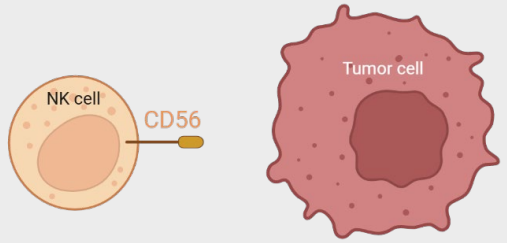
1

**NCAM (CD56) "Positive" Tumor**



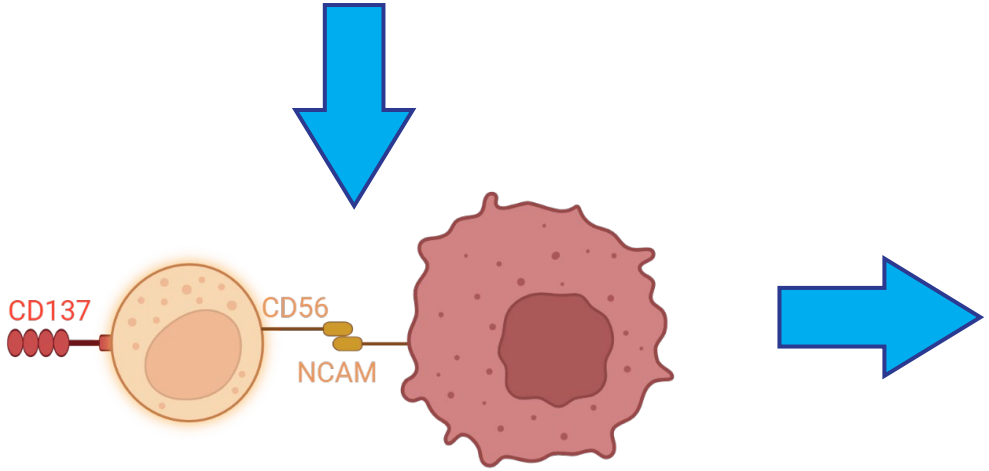

Binding of tumor cell to NK cell via NCAM (CD56)

**NCAM (CD56) "Negative" Tumor**



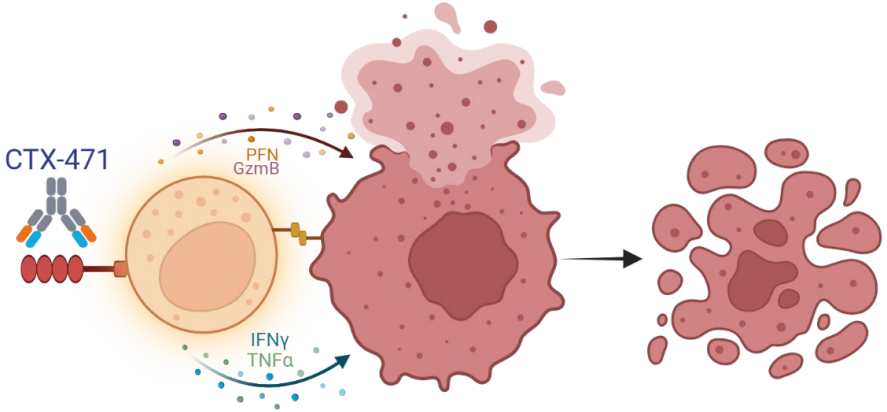

No NCAM (CD56) binding to NK cell

2




Infiltration and upregulation of CD137 leading to an activated NK cell

3




CD137 agonism via binding of CTX-471 leading to tumor cell killing

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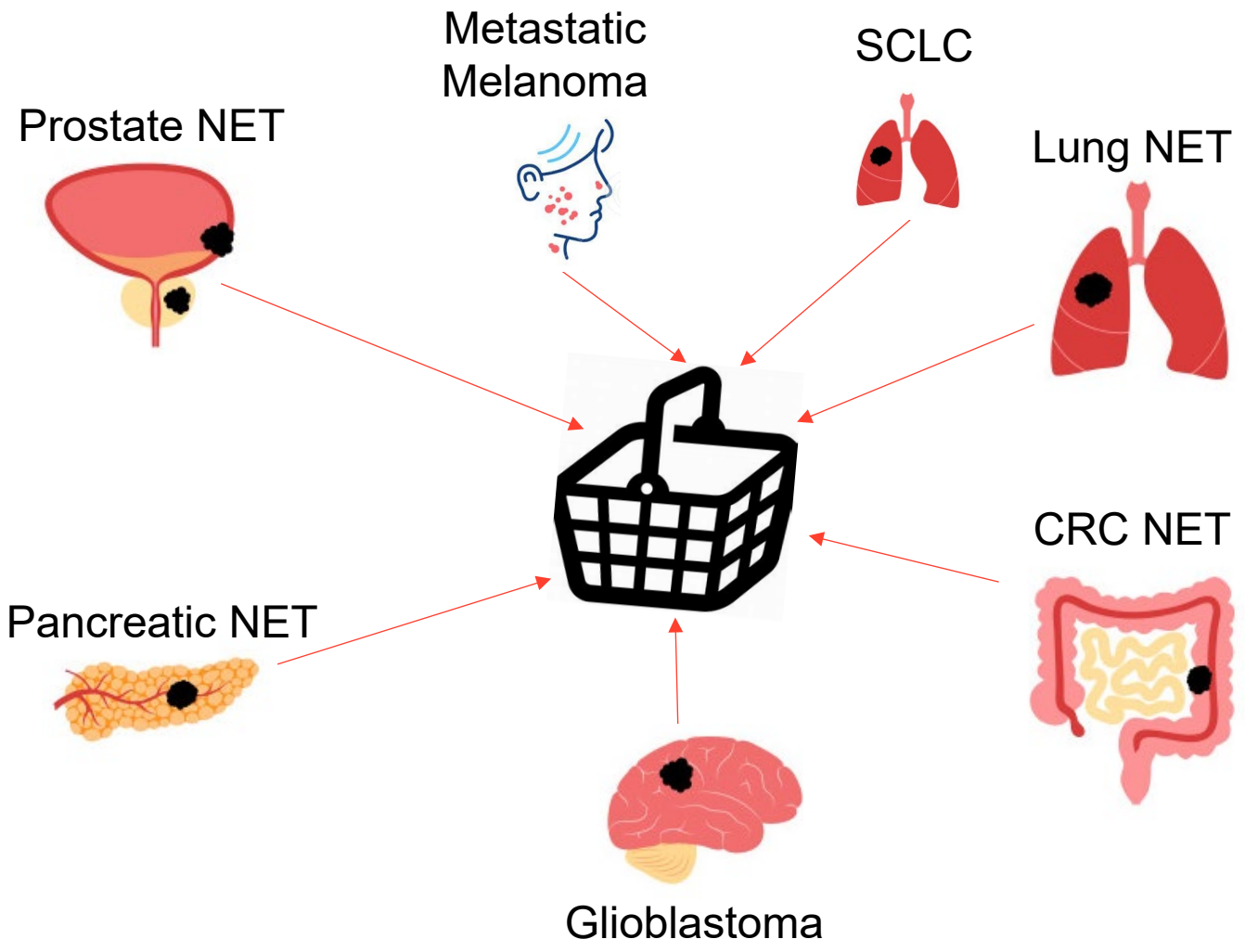
Created with BioRender.com

# CTX-471: Proposed NCAM (CD56) Basket Trial




| US 2023 – SEER Database | |
|---|---|
| **Indication** | **NCAM Pts** |
| SCLC* | 37,000 |
| Glioblastoma* | 14,707 |
| Metastatic/Melanoma | 5,610 |
| Pancreatic NET | 3,203 |
| Prostate NET | 2,883 |
| NSCLC NET | 2,383 |
| Colon NET | 1,530 |
| **TOTAL** | **67,316** |

* ~100% NCAM+

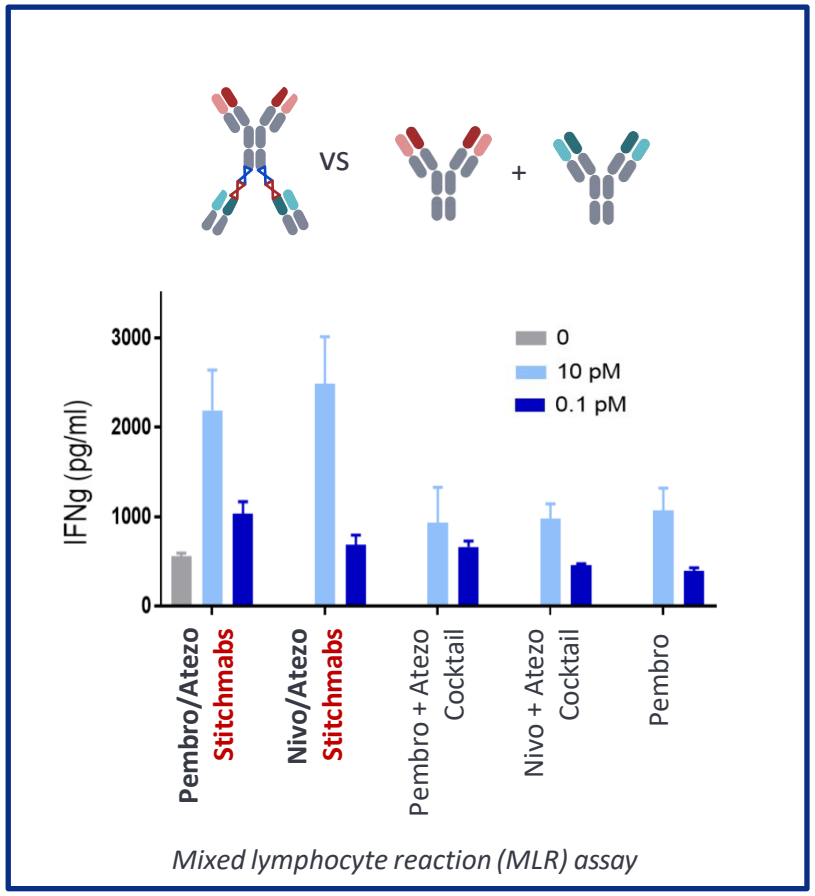
NET = Neuroendocrine Tumor

# CTX-8371

PD-1 x PD-L1 bispecific antibody

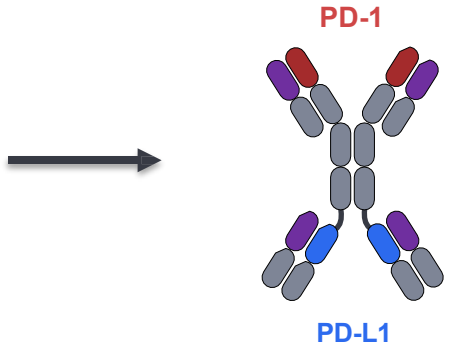
# StitchMabs™ Platform was Utilized to Identify CTX-8371

**Engineered Synergistic Activity**
of PD-1 / PD-L1 in Stitchmabs format



*Mixed lymphocyte reaction (MLR) assay*

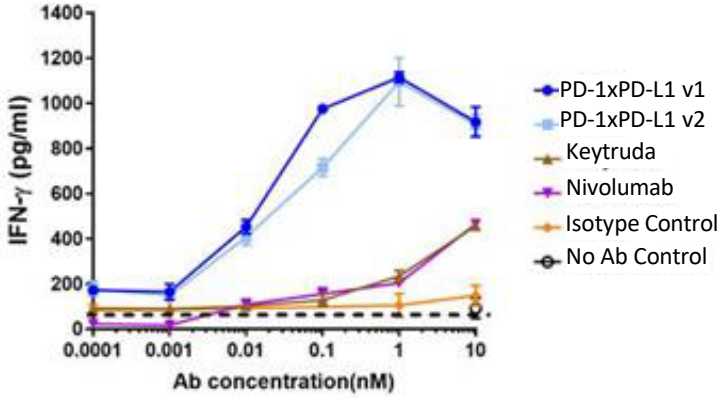
**Proprietary Structural Design**



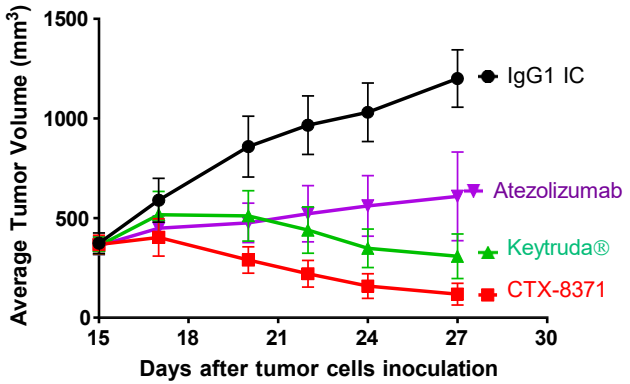

**CTX-8371**

**Superior Activity**

T-cell activation assay




MC38-hPD-L1 model implanted in hPD-1/hPD-L1 transgenic mice

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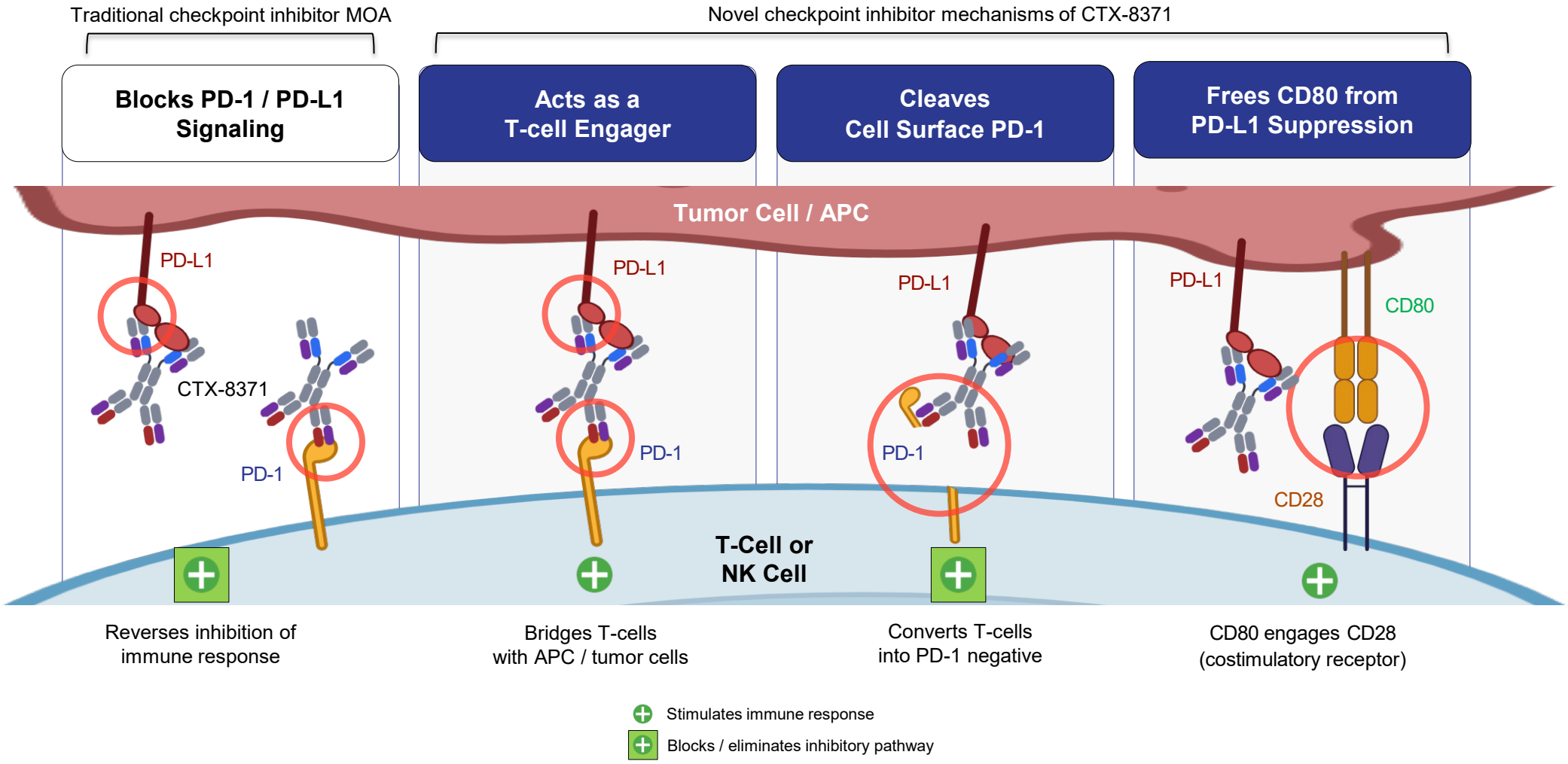
# CTX-8371: Differentiated MoA Leads to Enhanced T-Cell Activation

Potentially first-in-class – converting PD-1 positive T-cells into PD-1 negative T-cells




PMID: 38379869

# CTX-8371: Development Status

## Phase 1 Study Design

Multiple ascending dose, “3+3” dose-escalation study

5 doses (mg/kg):

0.1 → 0.3 → 1.0 → 3.0 → 10.0

Post PD-1 or PD-L1 patient population:
Melanoma, NSCLC, HNSCC, HL, TNBC

## Trial Highlights

Three responses in the first 15 patients

Confirmed Partial Responses in patients with NSCLC, TNBC, and HL

No DLTs, suggesting a differentiated safety profile

Enrolling cohort expansion in NSCLC & TNBC with HL cohort to begin in Q2 2026

Potential for proprietary combination regimens with tovecimig and CTX-471

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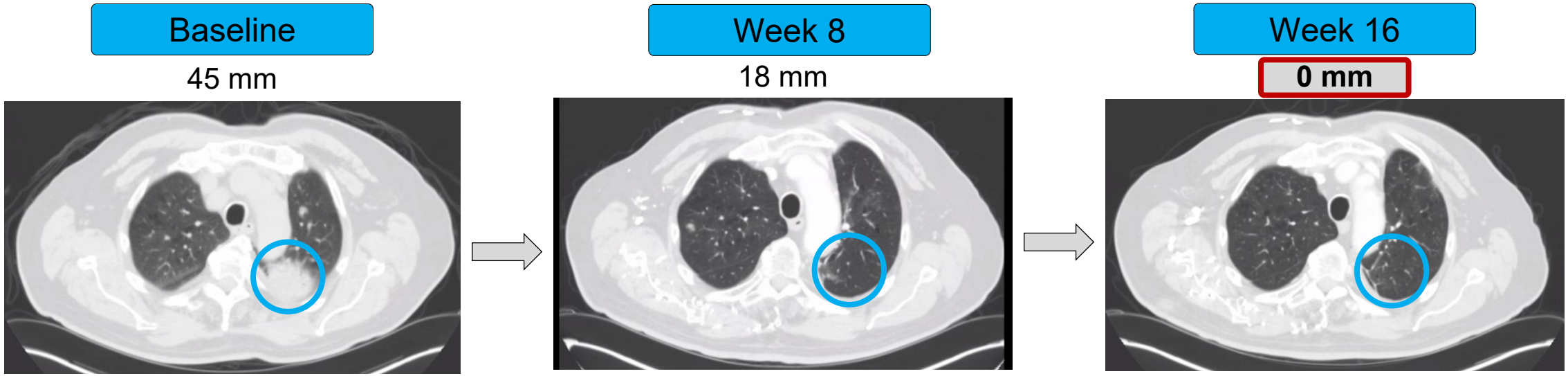
NSCLC = non-small cell lung cancer; HNSCC = head and neck squamous cell carcinoma;
HL = Hodgkin lymphoma; TNBC = triple negative breast cancer

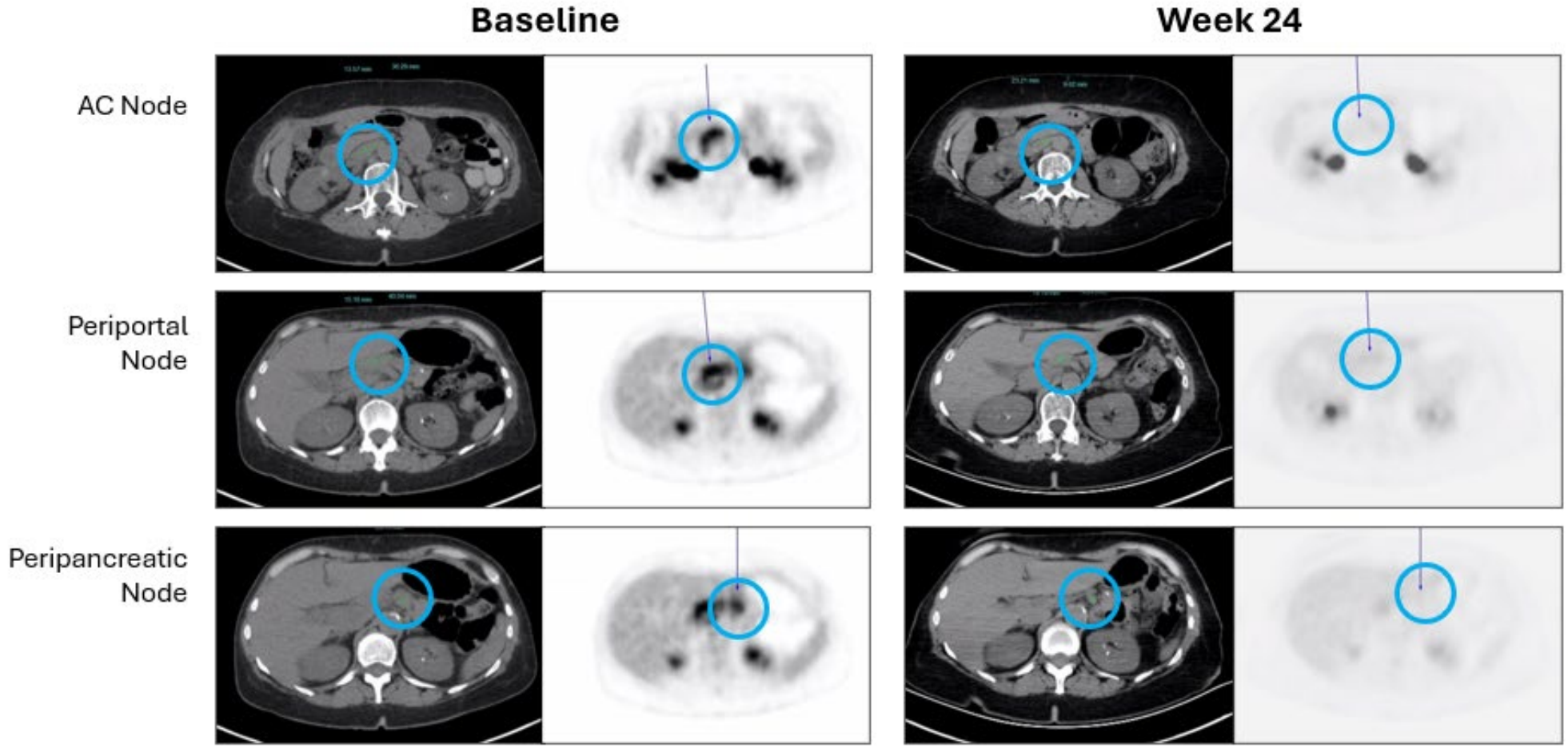
# CTX-8371: Patient with NSCLC Target Lesion #1 Imaging




**Non-Small Cell Lung Cancer**

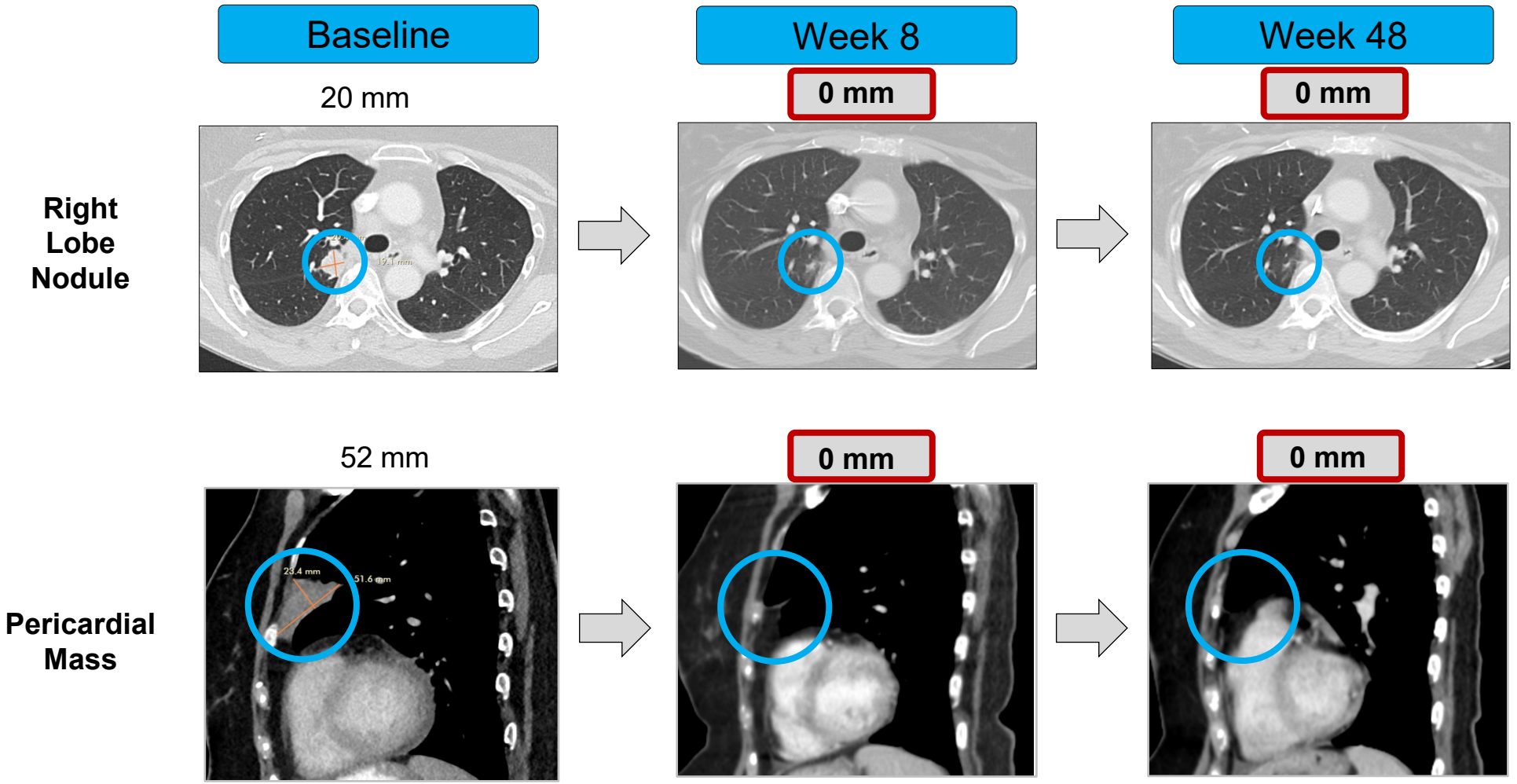
- **Complete resolution** of target tumor lesions in one patient after initial pseudo-progression
  4th line with 59 mm total target lesion burden @ baseline

# CTX-8371 in HL: Metabolic Partial Response




Previously treated with ABVD (1L), BEAM/Stem cell transplant (2L), and nivolumab/brentuximab (3L)

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




**Triple-Negative Breast Cancer**

**>90% reduction**
in target tumor lesions
in one patient
(4th line)

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

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# CTX-10726

PD-1 x VEGF-A bispecific antibody

# CTX-10726: PD-1 x VEGF-A Bispecific

## CTX-10726: Drug Discovery and Engineering

Fully human, glycosylated IgG1 with silenced Fc-γ receptor binding

- *Anti-VEGF* Clinically proven mechanism (bevacizumab)
- *Anti-PD-1* Proprietary anti-PD-1 scFv with highly stable structure
  - High affinity, cooperative target binding
  - More potent PD-1 blockade observed preclinically (vs prior published data for other drugs in class*)
  - Leverages clinical experience from CTX-8371 program

## CTX-10726: Development Pathway

IND clearance by FDA in early 2026

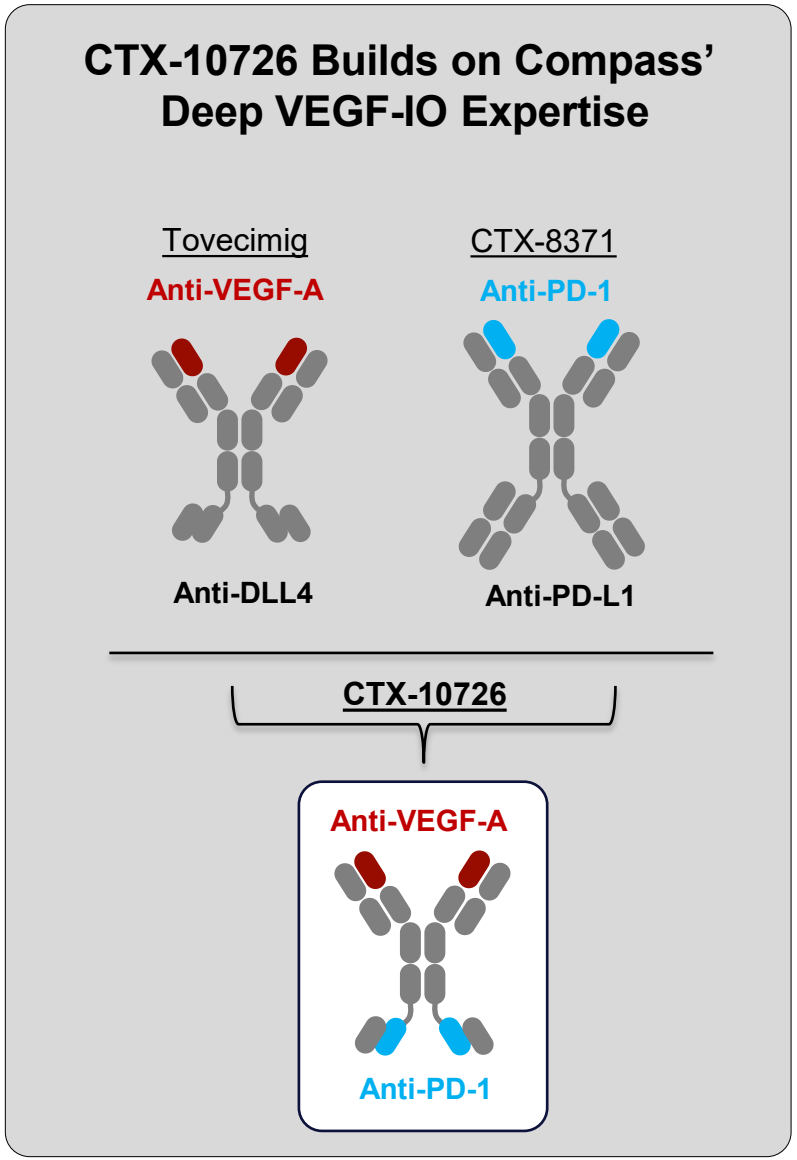
Phase 1 initiated in Q1 with potential clinical data in late 2026

MOA validated by ivonescimab & other PD-1 x VEGF programs

Advanced CMC process with commercial-level yields

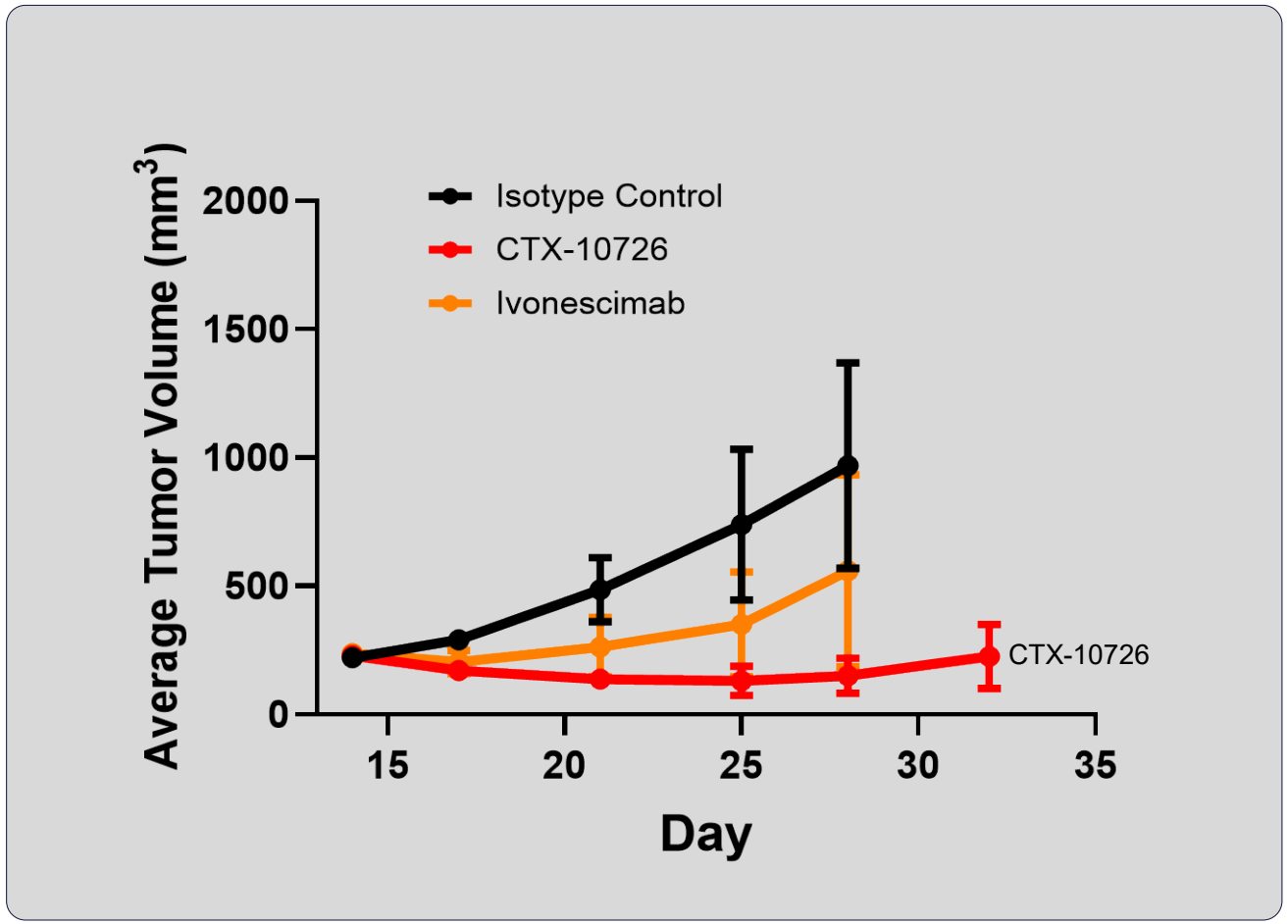
Novel composition of matter IP

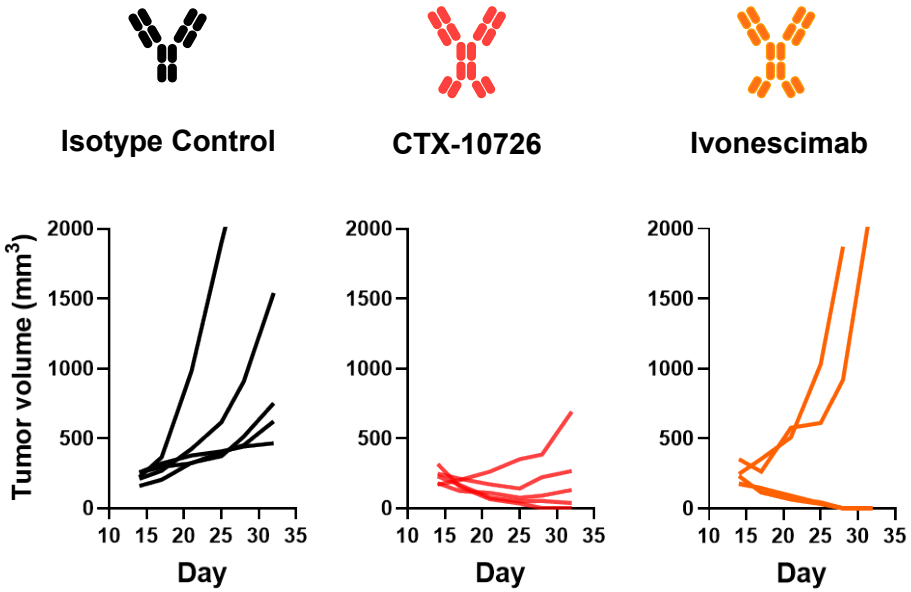
*Comparison based on reported PD-1 blockade data (IC50, nM) for ivonescimab



# CTX-10726: Superior Anti-PD-1 Activity Compared to Ivonescimab

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



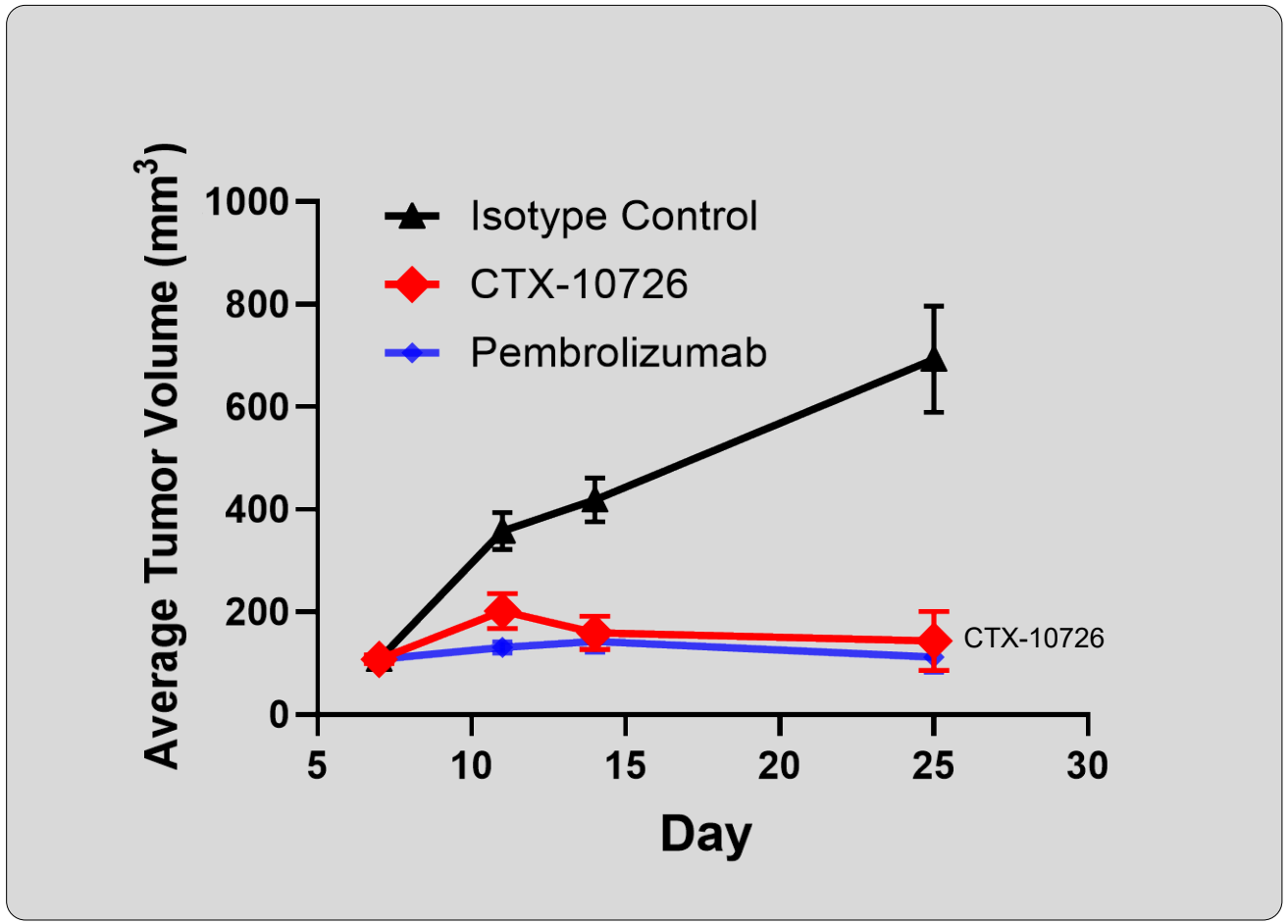



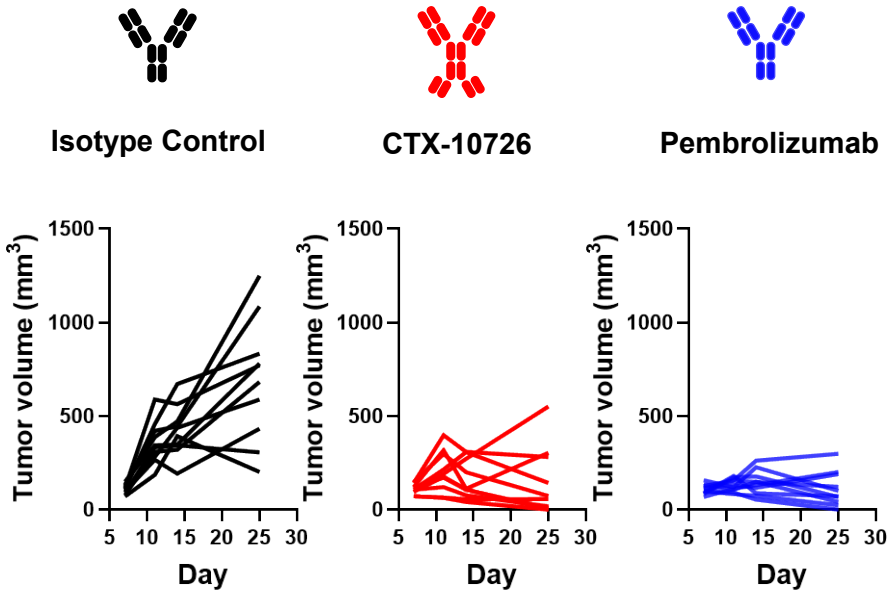

- Data compares anti-PD-1 arms of ivonescimab and CTX-10726
- No human VEGF-A in this experiment

Company data on file.

# CTX-10726: Anti-PD-1 Activity Comparable to Pembrolizumab

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



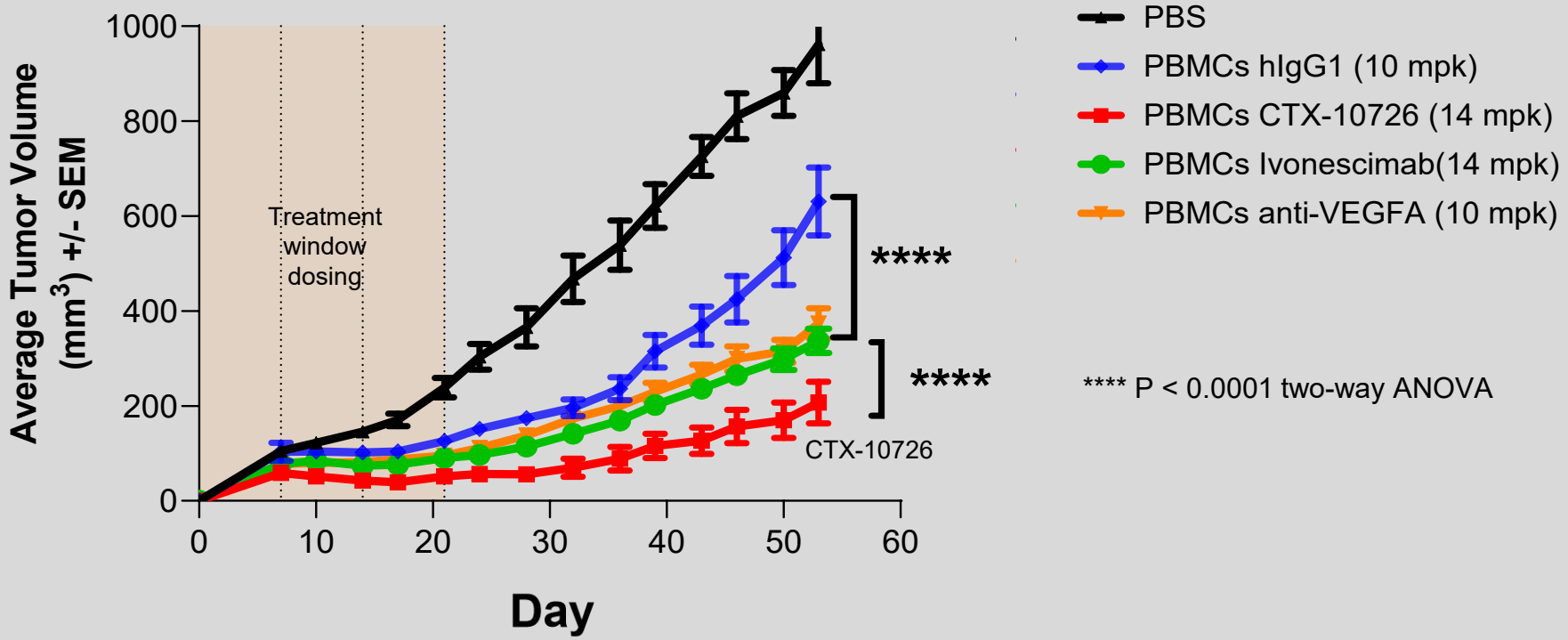




- Data compares anti-PD-1 arms of pembrolizumab and CTX-10726
- No human VEGF-A in this experiment

Company data on file.

# CTX-10726: Superior Anti-Tumor Effect in Preclinical Studies

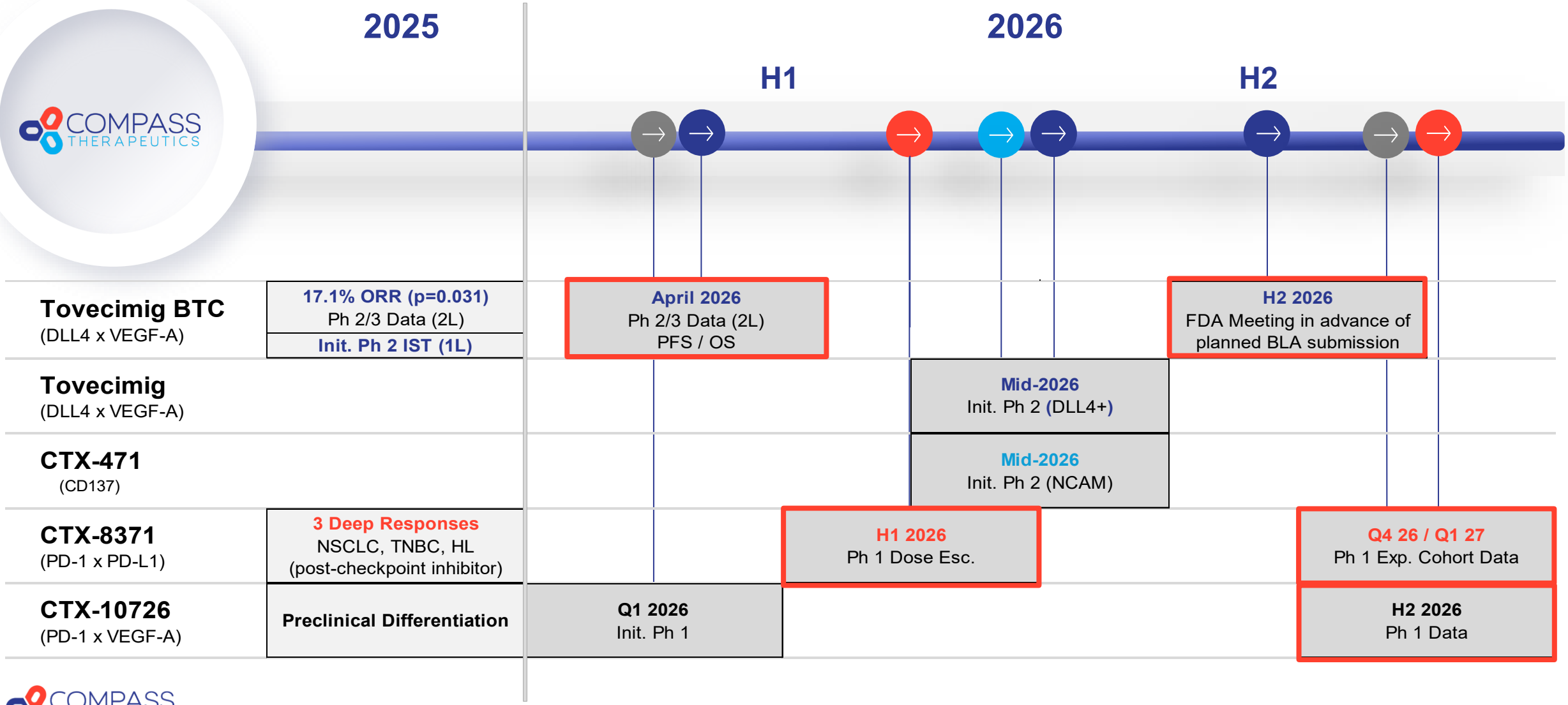
**Human NSCLC (HCC827) Xenografts**
Treated with human PBMCs and indicated antibodies
Testing both PD-1 and VEGF-A targeting






Albu, D. et al., (2025). SITC Annual Meeting, Abstract #1151

# Key Anticipated Milestones



# Compass Therapeutics

**Website: compasstherapeutics.com**
**Nasdaq: CMPX**