COMPASS THERAPEUTICS

Bringing Transformative Oncology Therapies to Patients

Corporate Presentation I November 2026



Nasdaq: CMPX

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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 **BLA submission** based on this positive study

$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

$163M cash and marketable securities at Q3 2026 with runway into 2028

Multiple clinical and regulatory milestones in 2026, 2027 and beyond

Advancing focused commercial efforts to support tovecimig in BTC and other future launches

Diversified & Robust Pipeline with Multiple Value Inflection Points

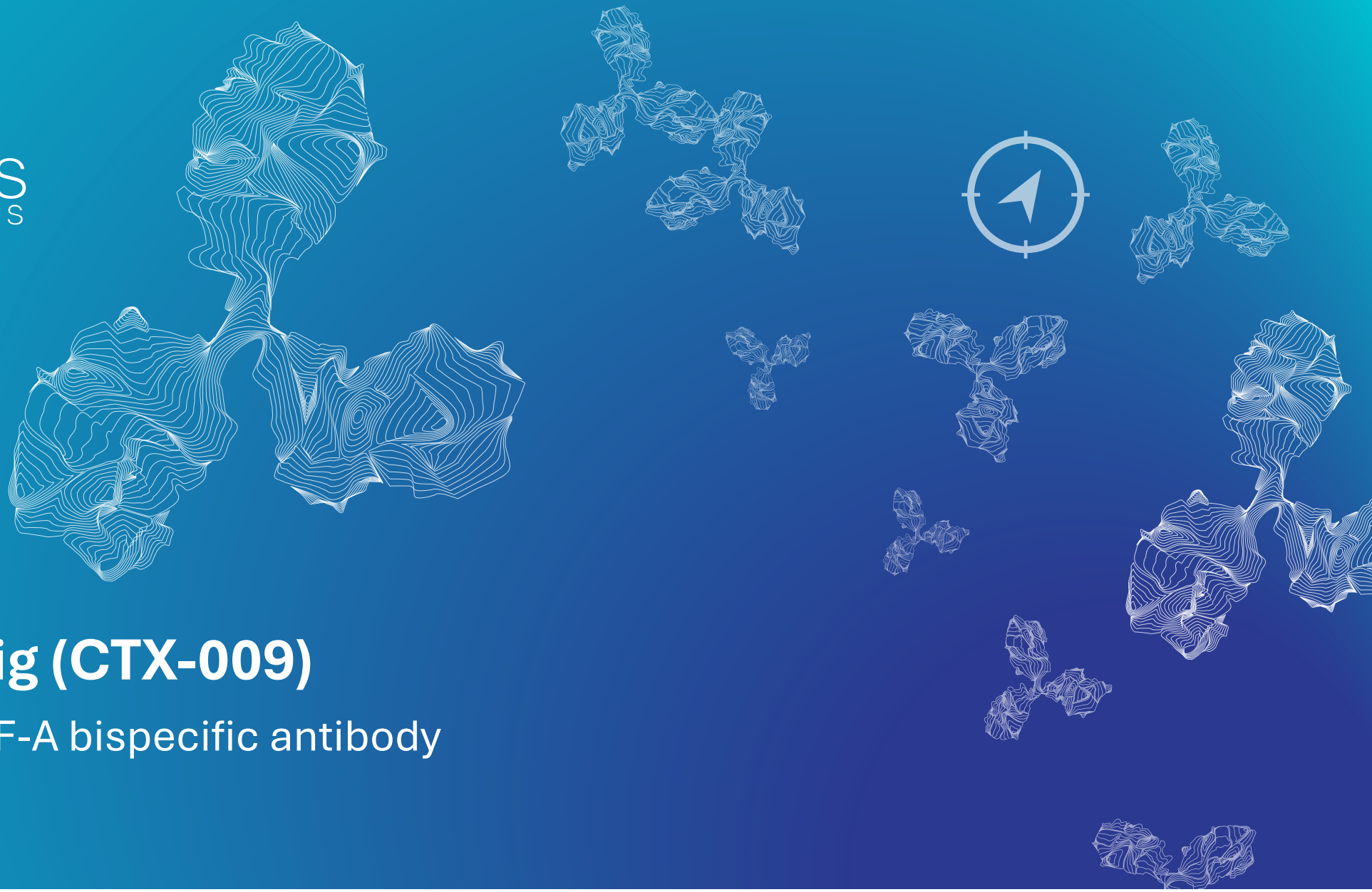
Program	Target	Preclinical	Phase 1	Phase 2	Phase 3	Next Steps
Tovecimig	DLL4 x VEGF-A	Biliary Tract Cancer (2L)				Planning BLA submission
		Solid Tumors (+/- paclitaxel)				Planning Phase 2 based on BTC efficacy data (potential: gastric, ovarian, CRC)
CTX-471	CD137 (4-1BB)	Basket study – NCAM (CD56)+				Q3 26: Initiate Phase 2
CTX-8371	PD-1 x PD-L1	Solid Tumors				Q4 26: Phase 1 study update (NSCLC, TNBC, HL)
CTX-10726	PD-1 x VEGF-A	Solid Tumors				Q4 26: Phase 1 study update (HCC, Renal, Gastric, Endometrial)
Novel Cell Engagers	Multiple					Ongoing

Multiple Investigator Sponsored Trials (ISTs)

1st line BTC: Tovecimig + gem / cis / durvalumab NCT06548412
1st line BTC: Tovecimig + CTX-8371 + nab-paclitaxel + gemcitabine
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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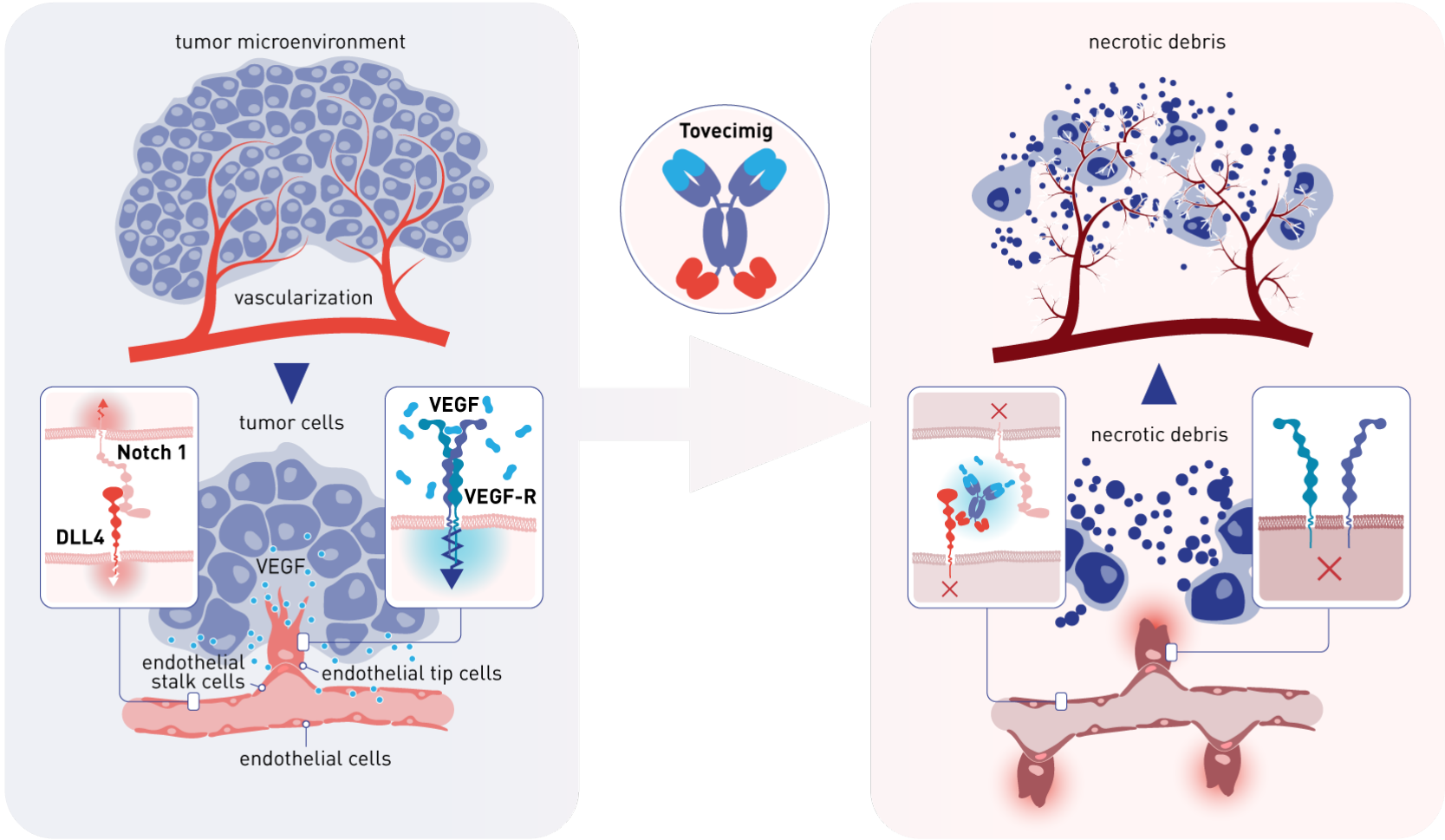


Tovecimig (CTX-009)

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.

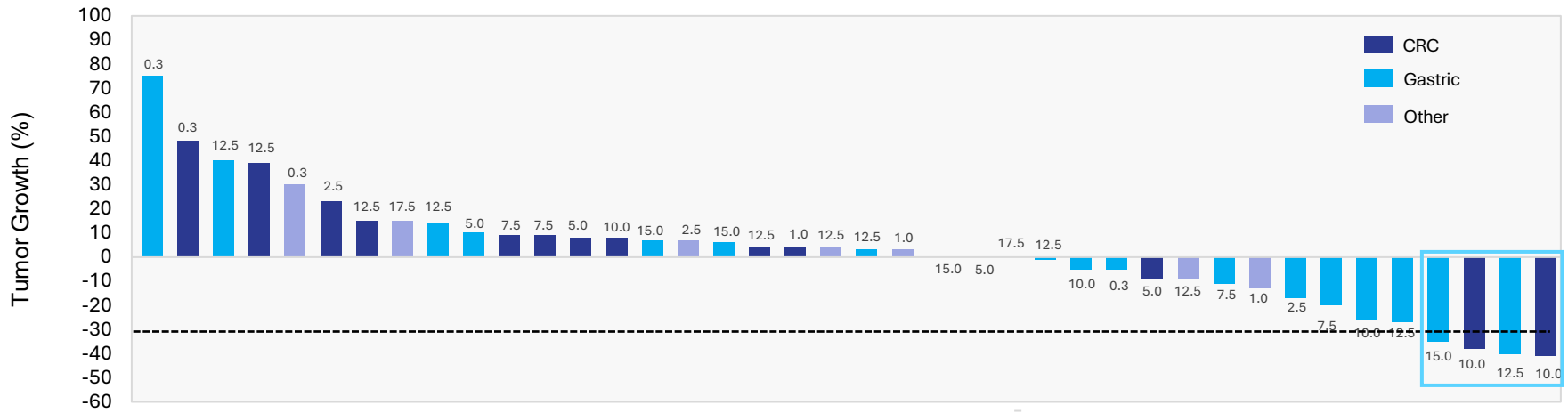


1. PMID: 17457300; 2. PMID: 21923938; 3. PMID: 27049350

Strong Monotherapy Activity in Multiple Refractory Tumor Types

Phase 1a – Dose Escalation[1]

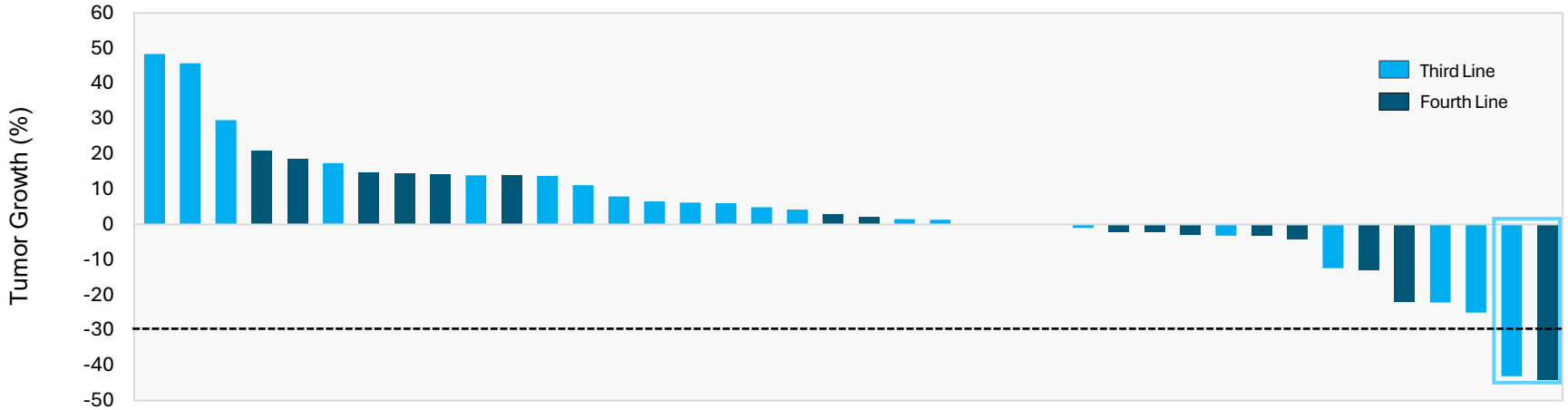
n=40 evaluable
dosed at 0.3-17.5 mg/kg



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

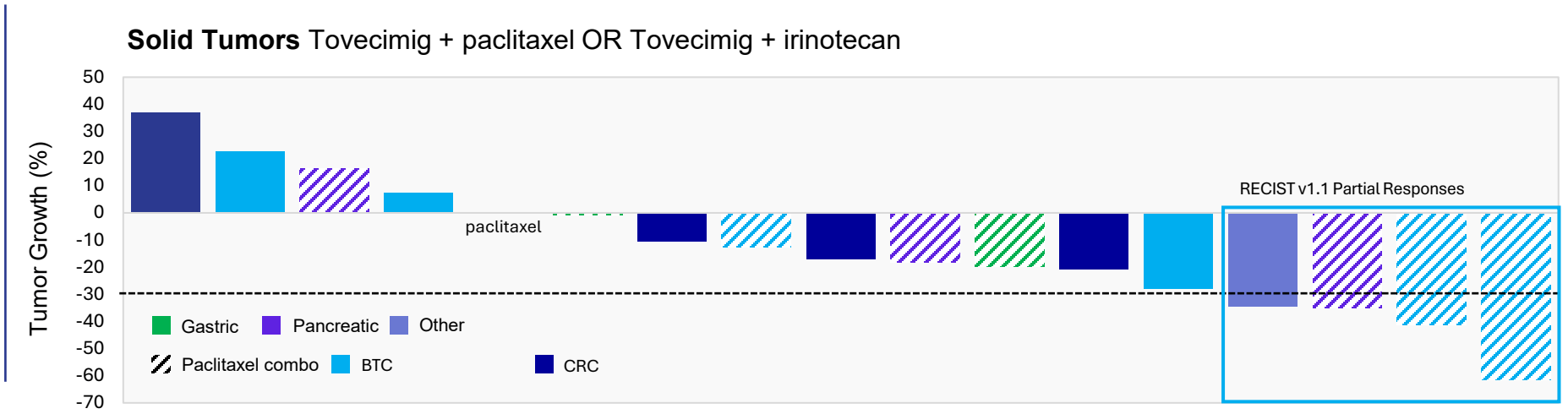


1. AACR-NIH-EORTC 2021 Meeting; 2. ASCO GI 2026

Strong Combination Activity in Multiple Refractory Tumor Types

Phase 1b – Combination[1]

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

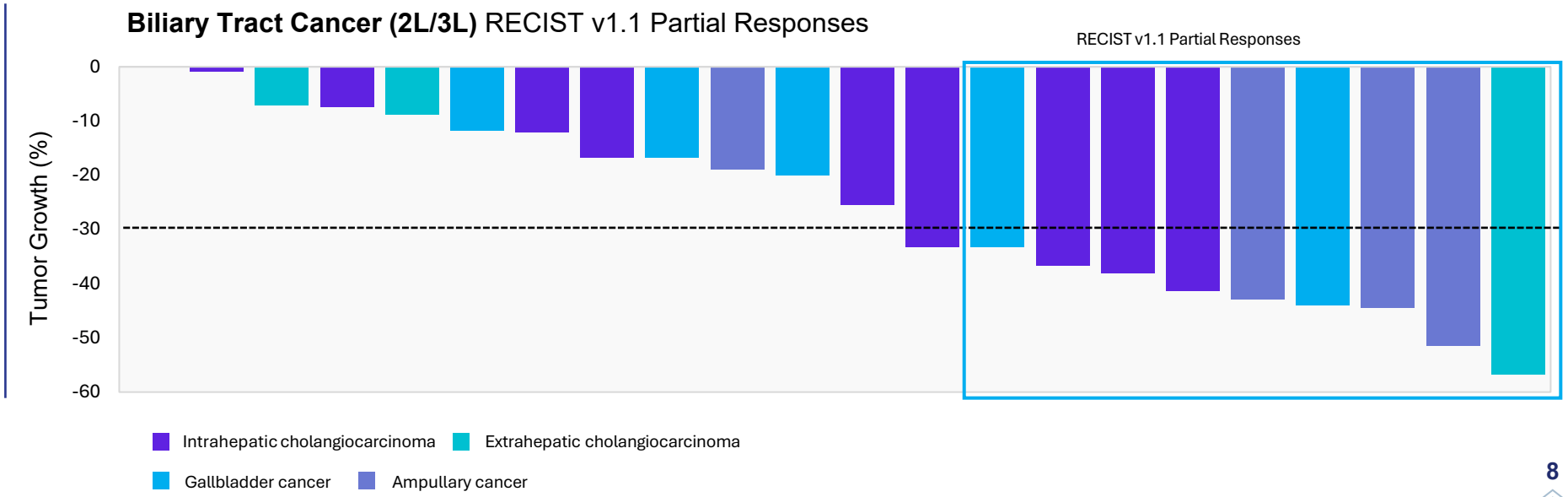


Strong activity in combination with **paclitaxel,** particularly in patients with **BTC**, led to a Phase 2/3 study

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

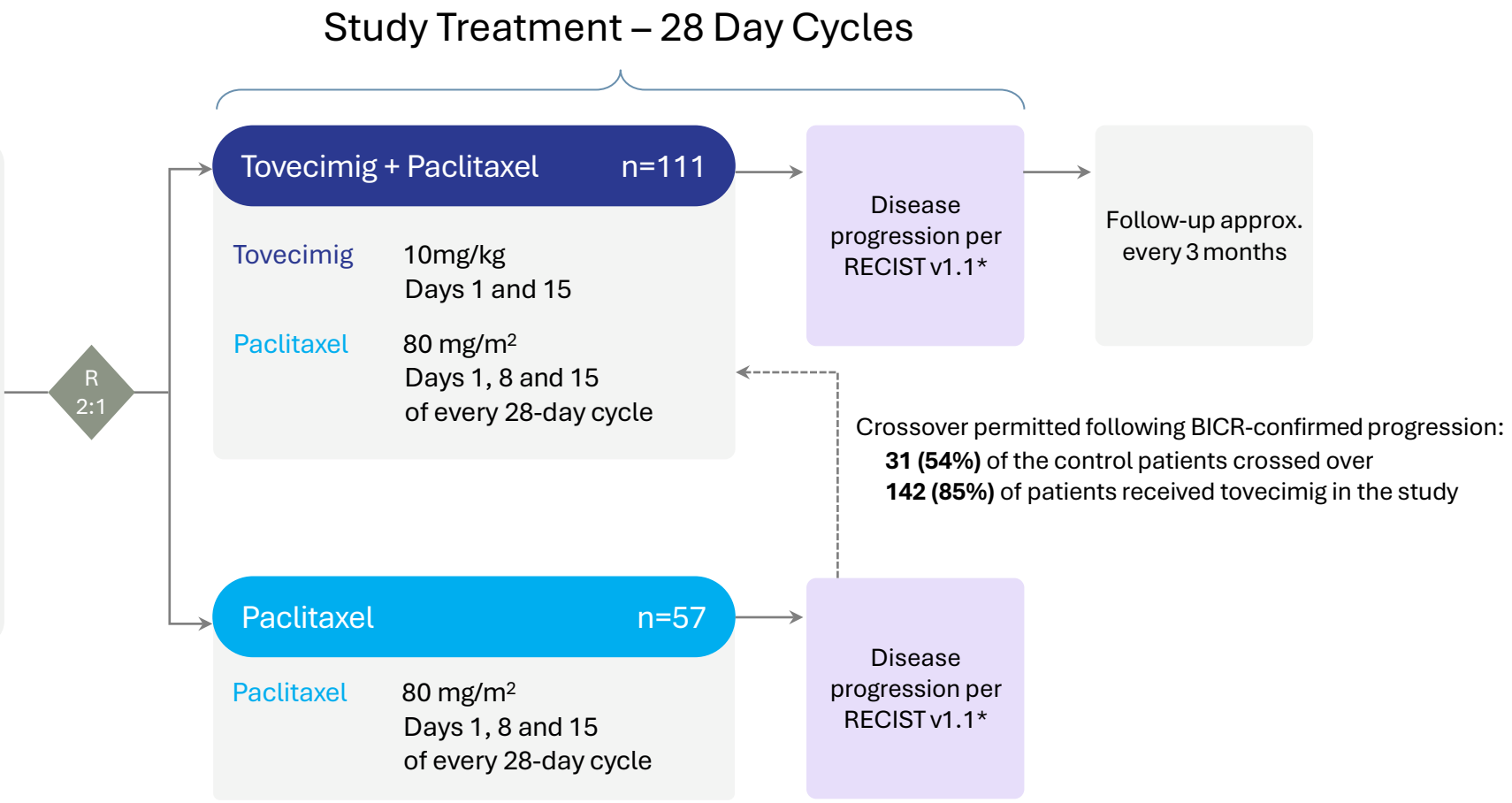
168 patients across 34 sites in the U.S.

Inclusion Criteria

- Progression after a prior gemcitabine and platinum containing chemotherapy regimen
- Unresectable advanced, metastatic, or recurrent biliary tract cancers
- ECOG Performance Status 0-1

Exclusion Criteria

- Patients who are eligible to be treated with a molecularly targeted therapy



*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

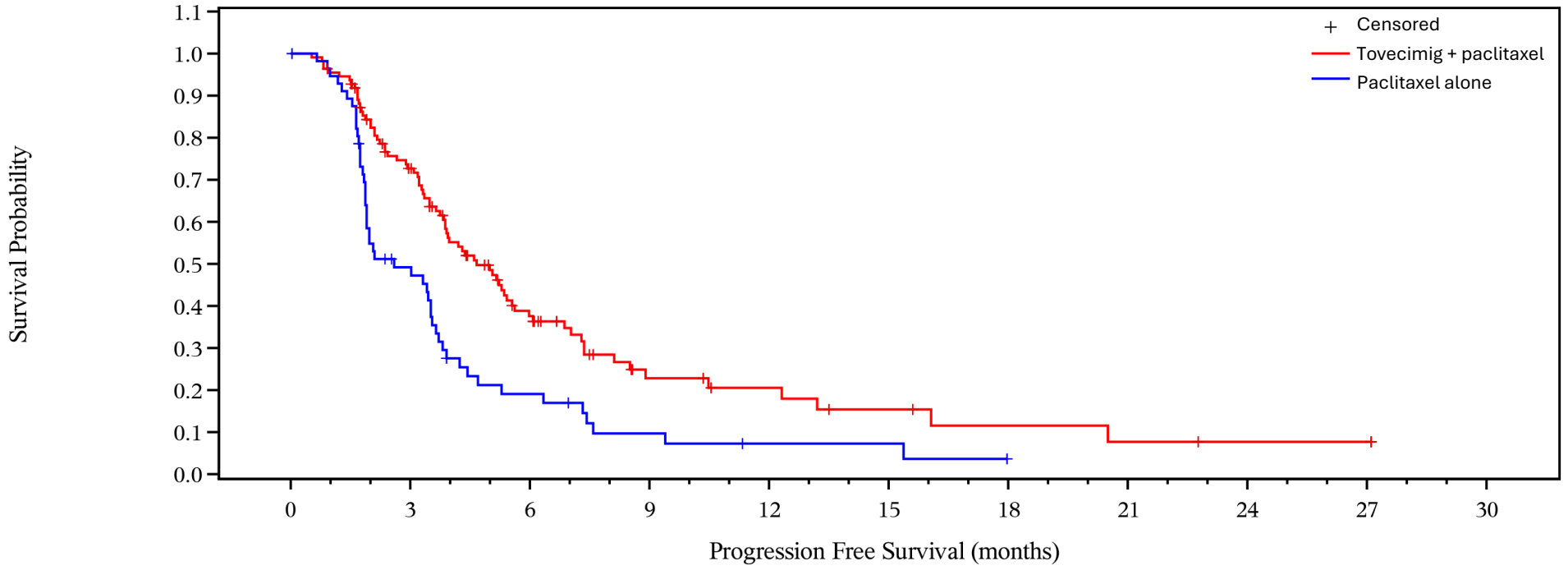
		Tovecimig + Paclitaxel	Paclitaxel
	Intent-to-Treat Population	n=111	n=57
	Overall Response Rate (CR+PR)	20 (18.0%)	3 (5.3%)
	Two-Sided p-value	p=0.0228	
Best Overall Response RECIST v1.1 by blinded independent central review (BICR)	**Complete Response (CR)**	1 (0.9%)	0 (0.0%)
	Partial Response (PR)	19 (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	

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*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 June 2026.

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:

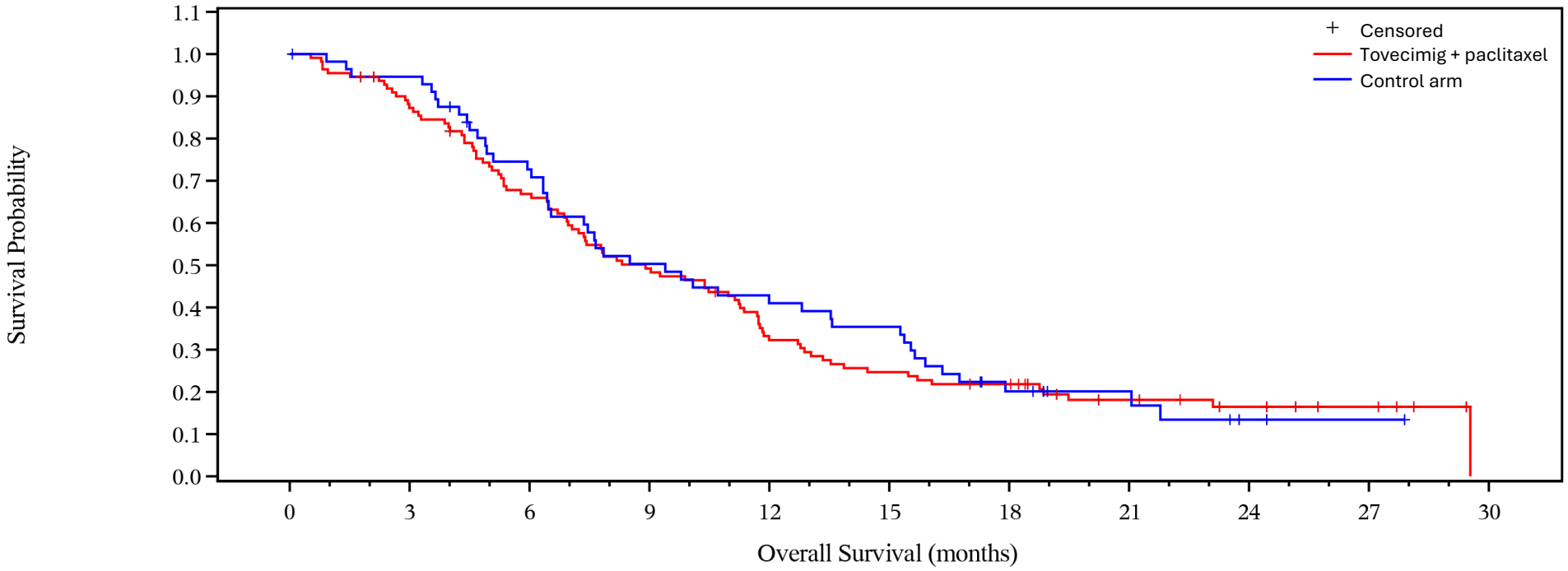
Tovecimig + paclitaxel	111	73	30	11	8	5	3	2	1	1
Paclitaxel alone	57	25	9	4	2	2				

Data cutoff from COMPANION-002 as of June 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)



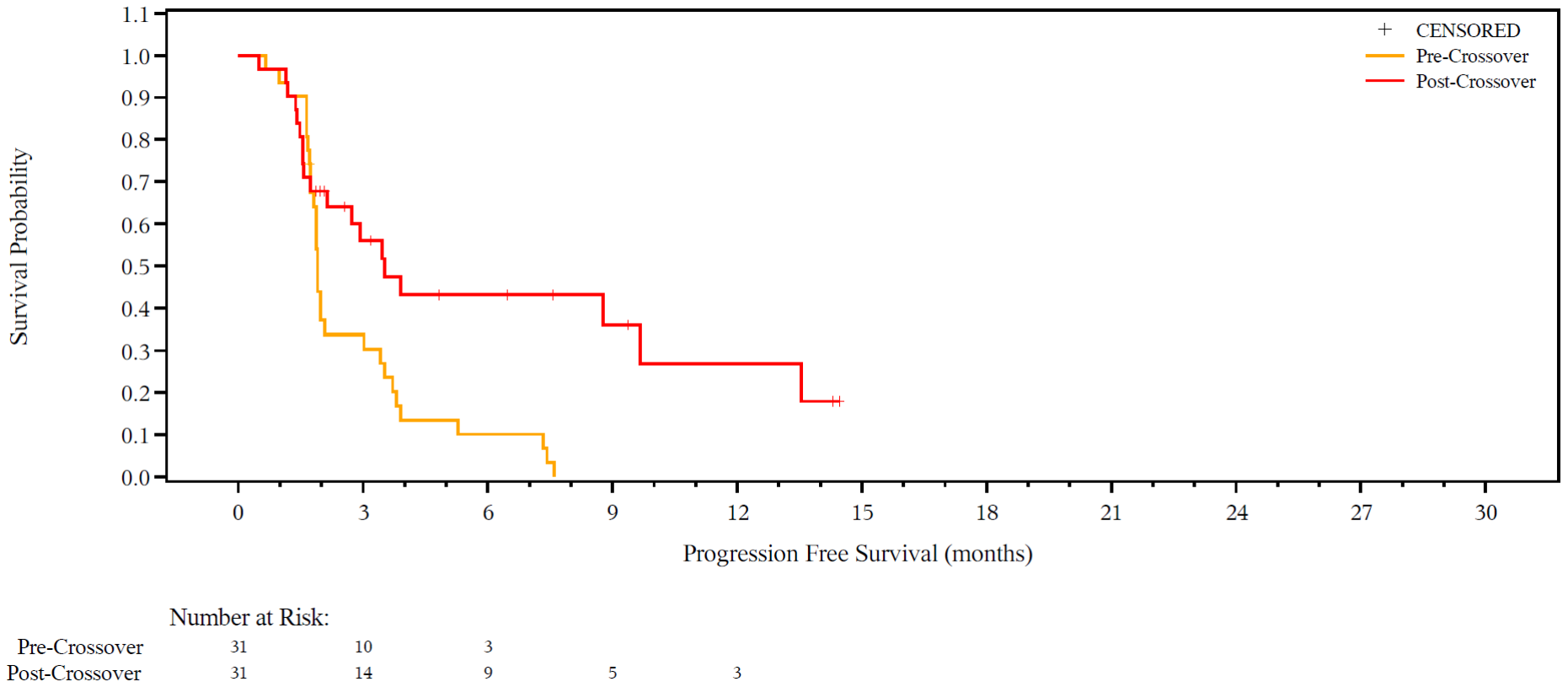
Number at Risk:

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	

Data cutoff from COMPANION-002 as of June 2026.

COMPANION-002: Tovecimig Improved PFS2 Post-Crossover

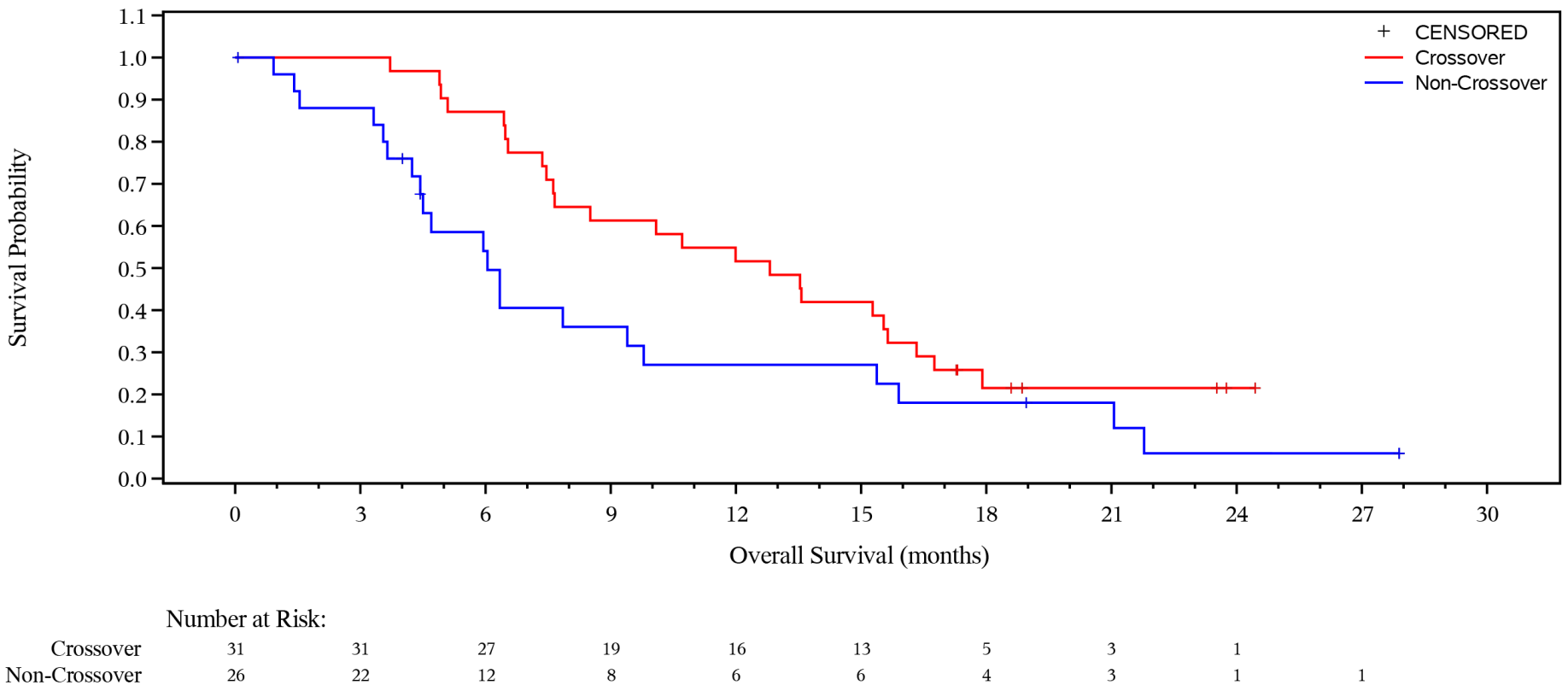
Prespecified secondary analysis (n=31): HR=0.40, p=0.0035, 3.5 vs. 1.9 months median PFS



Data cutoff from COMPANION-002 as of June 2026.

COMPANION-002: Tovecimig Significantly Improved OS in Crossover Patients

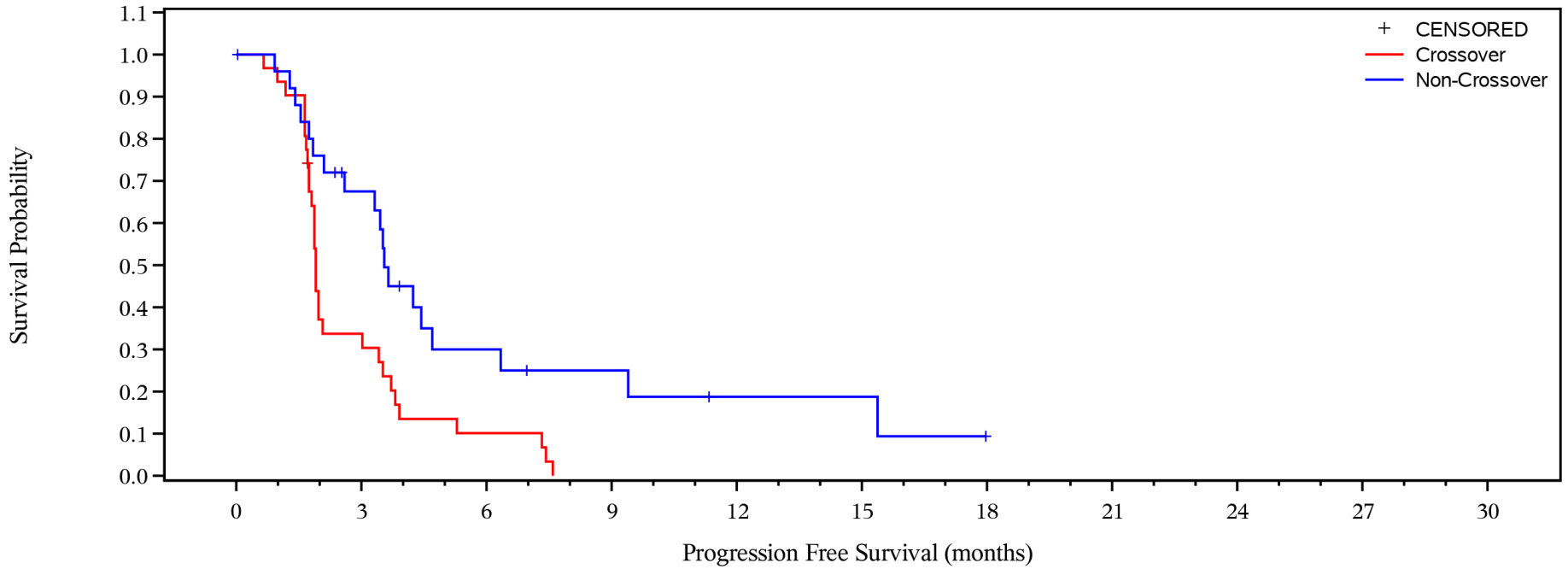
Post hoc subset analysis (n=31 vs. n=26): HR=0.54, p=0.04, 12.8 vs. 6.1 months median OS



Data cutoff from COMPANION-002 as of June 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



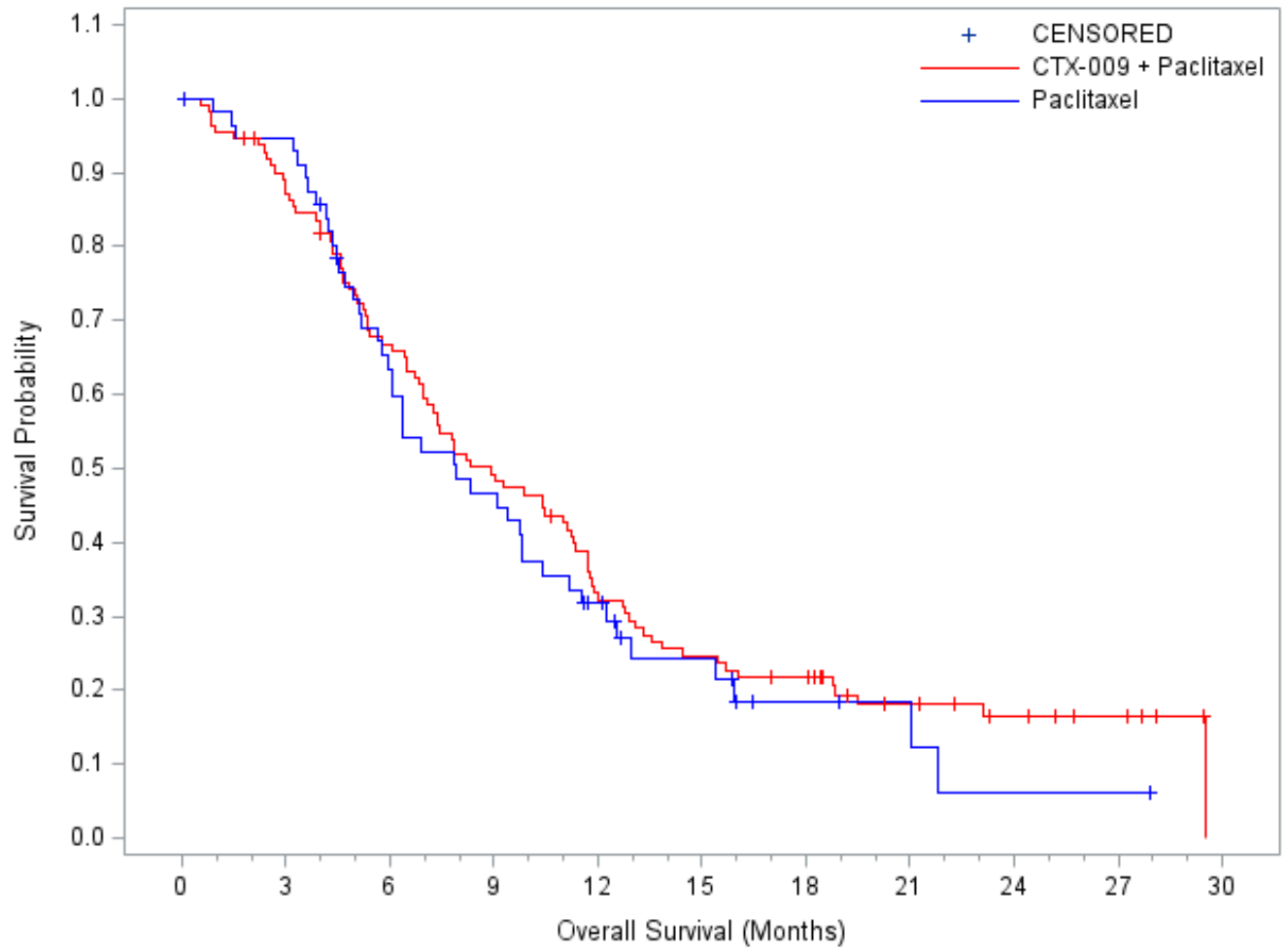
Number at Risk:

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

Data cutoff from COMPANION-002 as of June 2026.

COMPANION-002: Two-Stage Estimation Method OS Analysis

Post-hoc analysis of OS to correct for crossover: HR = 0.85 (95% CI, 0.59–1.26, P=0.53)



Data cutoff from COMPANION-002 as of June 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 June 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:
Planning BLA submission

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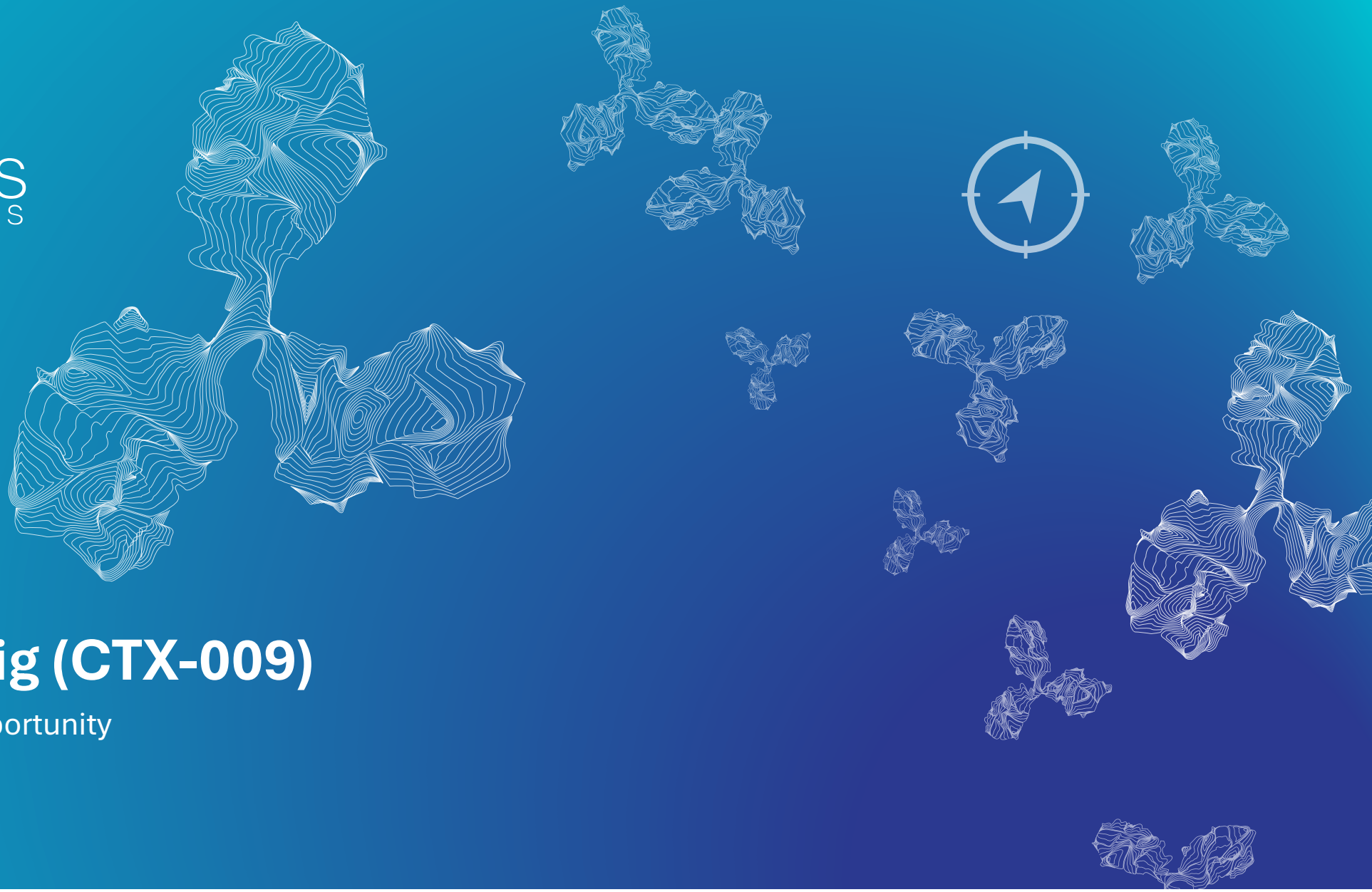
Tovecimig: Potential to Become Standard of Care in 2L BTC

Analysis	Program	N	ORR	Months: 0 2 4 6 8 10 12 14
Tovecimig COMPANION-002 Study in 2L*				
ITT	Tovecimig + Paclitaxel	111 Combo	18% (p=0.0228)	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 → 3.5 m → 5.4 m (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 → 6.2 m

Median Progression Free Survival
Median PFS2 (post-crossover progression)
Median Overall Survival

PMID: 34303267
*Historical data presented. Tovecimig is investigational and no head-to-head studies have been conducted.

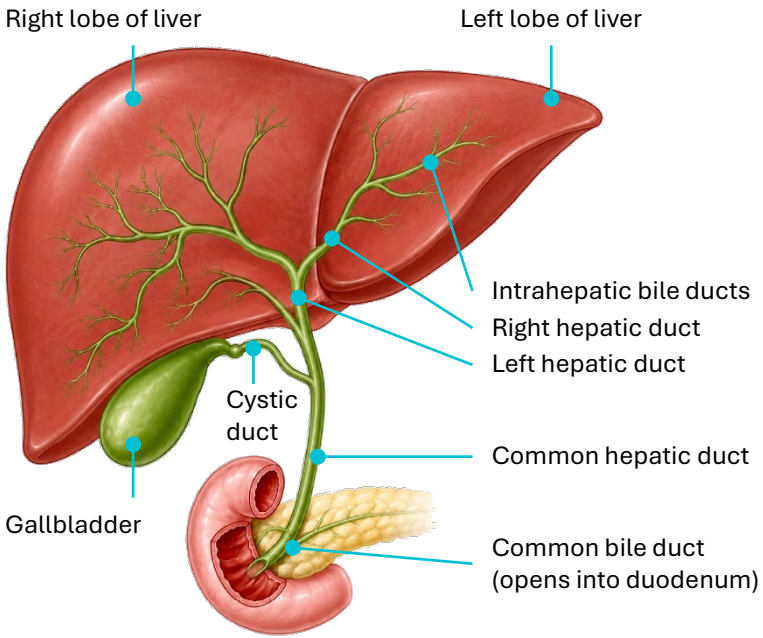
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Tovecimig (CTX-009)

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

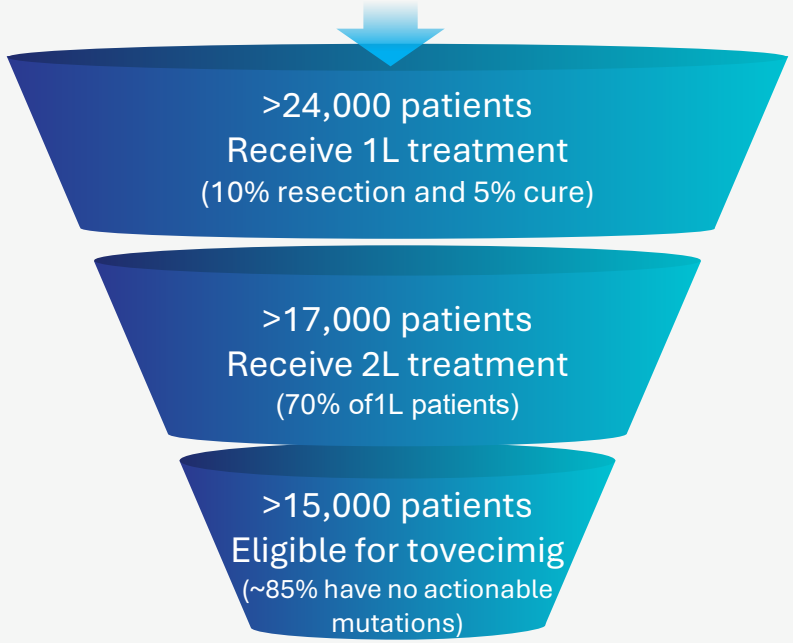
~250 High Volume BTC Accounts

~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

>26,500[1,2] patients diagnosed with BTC
(growing to ~34K by 2037)

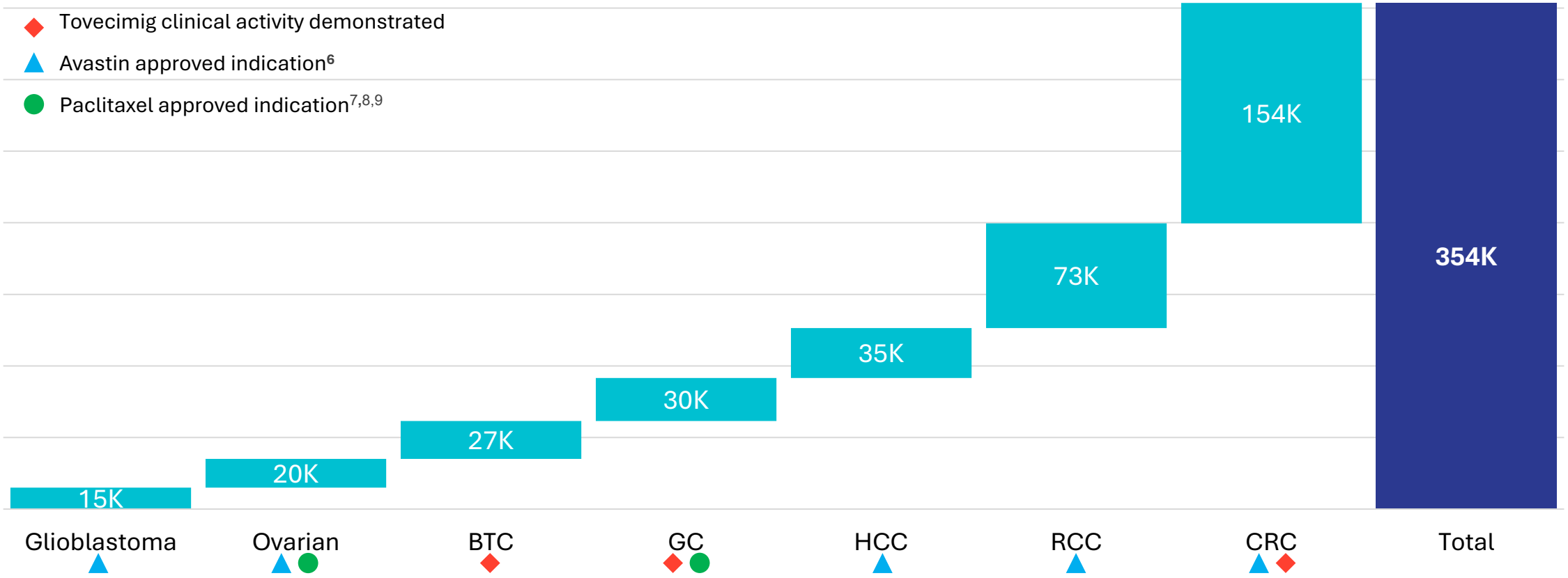


* As identified by the Cholangiocarcinoma Foundation (CCF)

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

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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

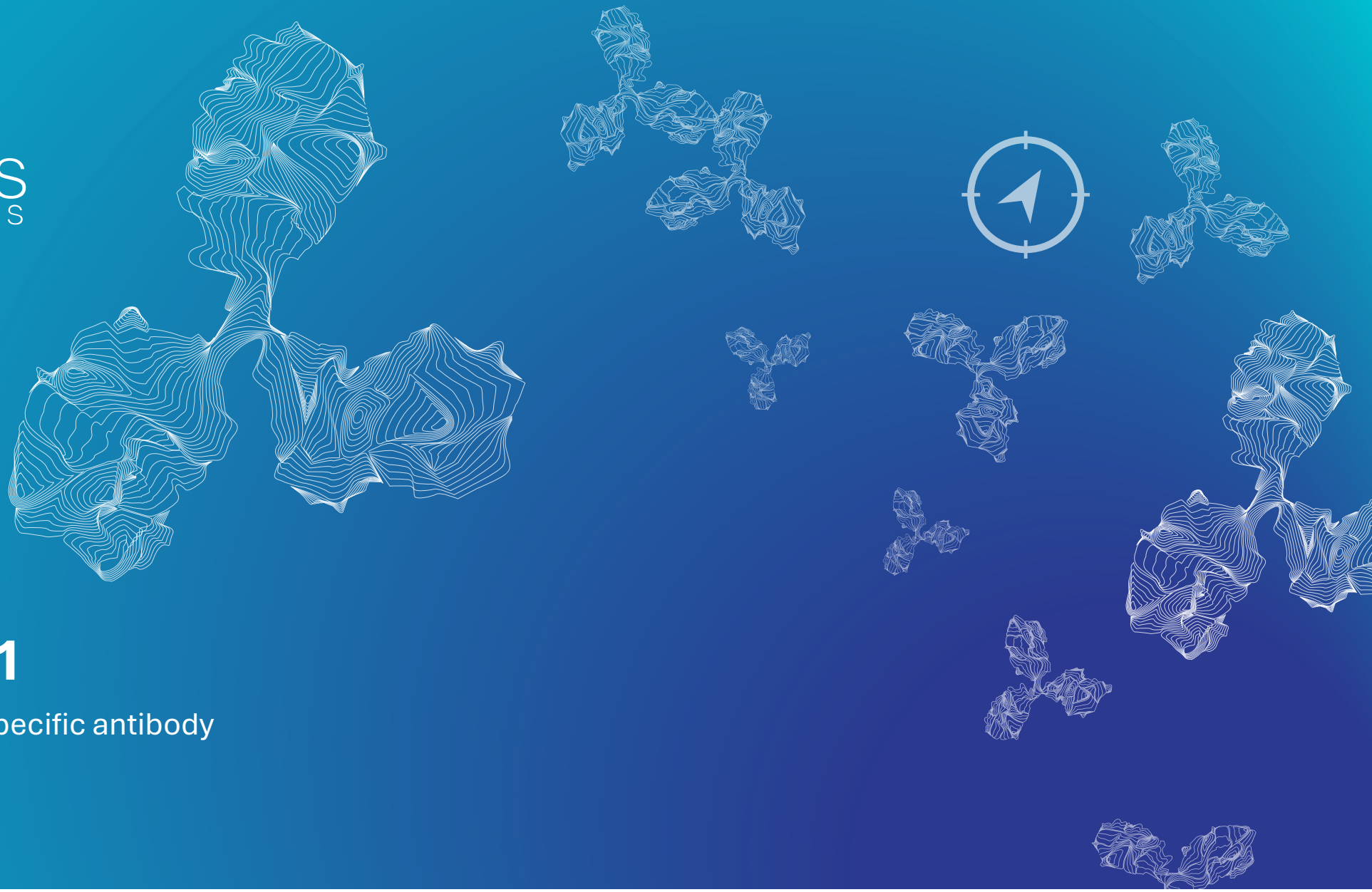
Near-Term Regulatory Milestones Expected

Planning BLA submission

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

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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]

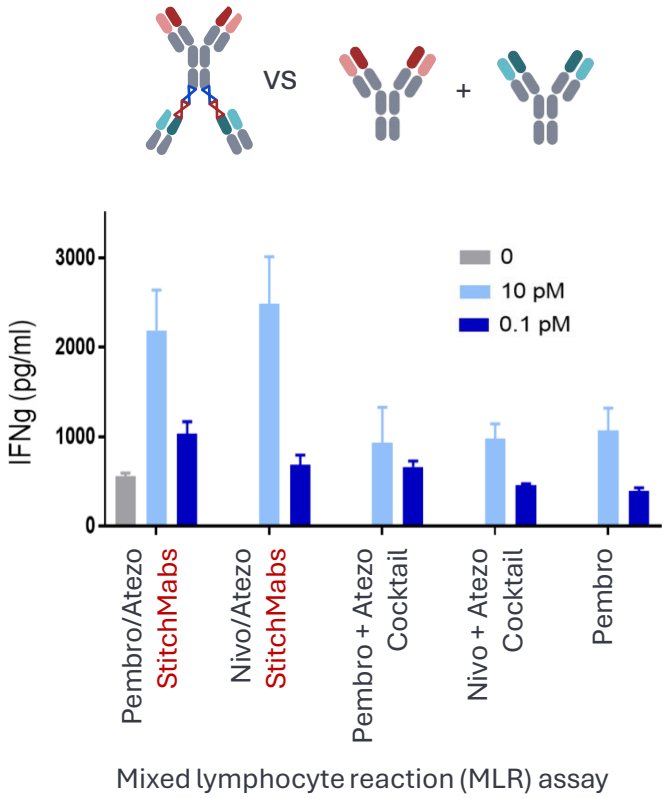
$40B+ estimated WW CPI refractory market potential[5]

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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

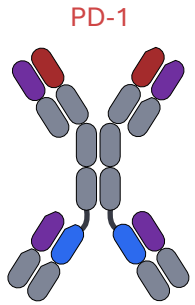
CTX-8371: Identified Using StitchMabs™ Platform

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



Mixed lymphocyte reaction (MLR) assay

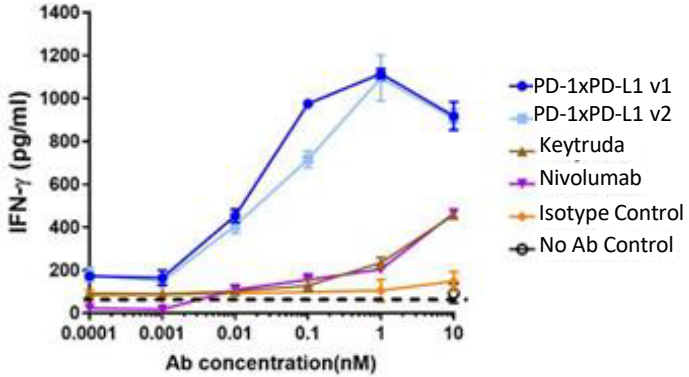
Proprietary Structural Design



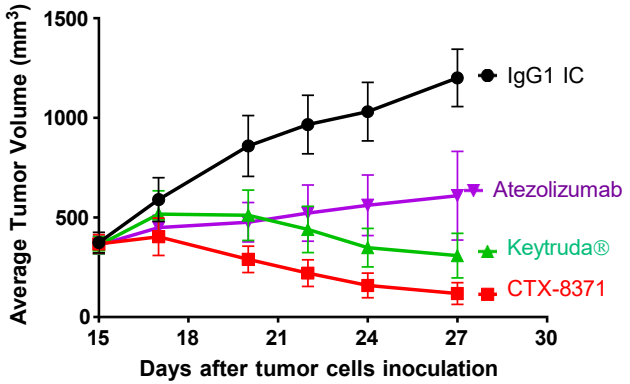
CTX-8371

Superior Activity

T-cell activation assay

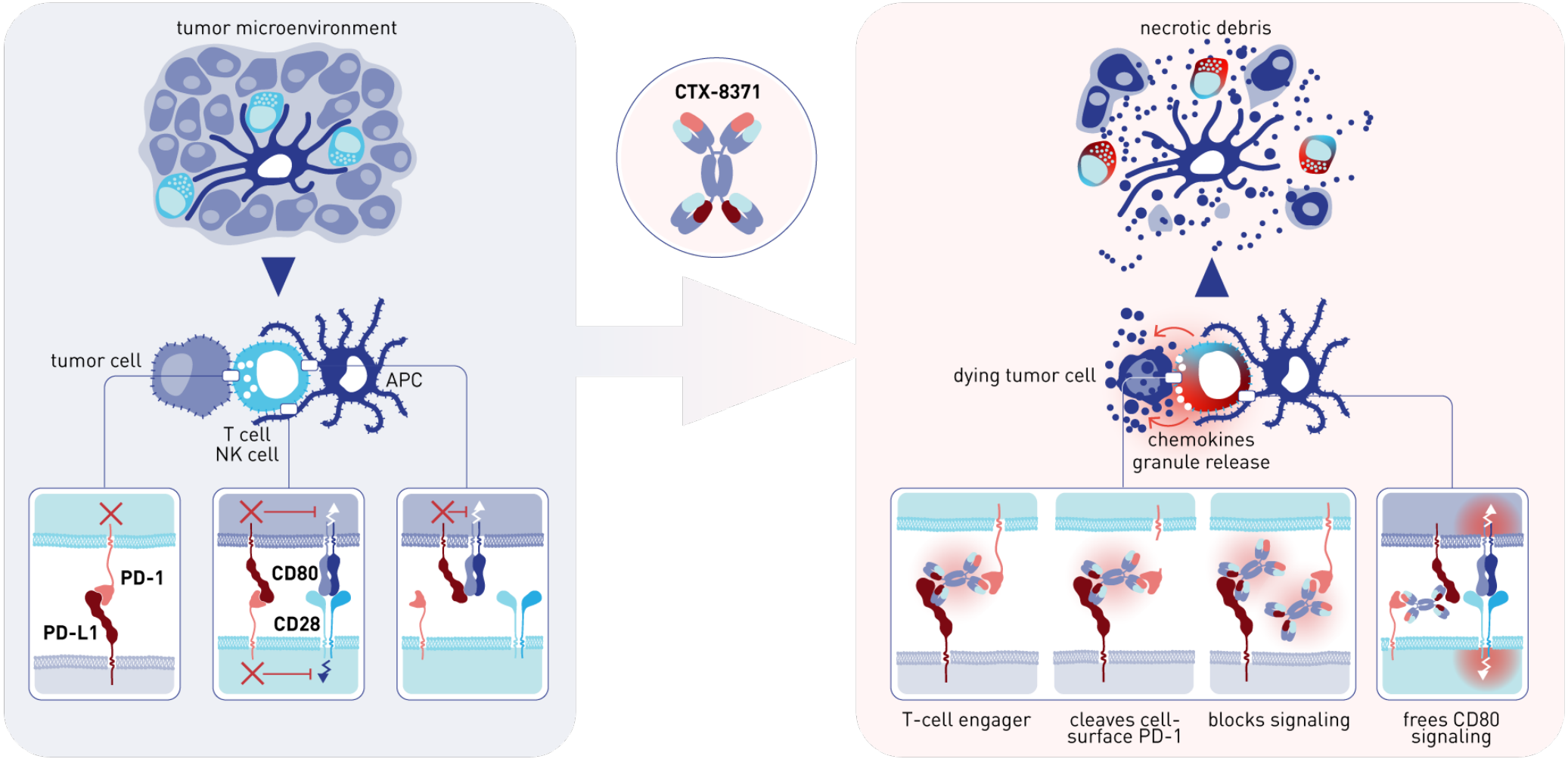


MC38-hPD-L1 model implanted in hPD-1/hPD-L1 transgenic mice



PMID: 38379869

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



PMID: 38379869

CTX-8371: Ongoing Phase 1 Study

Inclusion Criteria

Post-PD-1 or PD-L1 patients with NSCLC, TNBC, HL, HNSCC, or melanoma

Part A: Dose Escalation

- 10.0 mg/kg n=3-6
- 3.0mg/kg n=3-6
- 1.0mg/kg n=3-6
- 0.3mg/kg n=3-6
- 0.1mg/kg n=3-6

SMC Recommends Expansion

Part B: Dose Expansion

Dose Determination

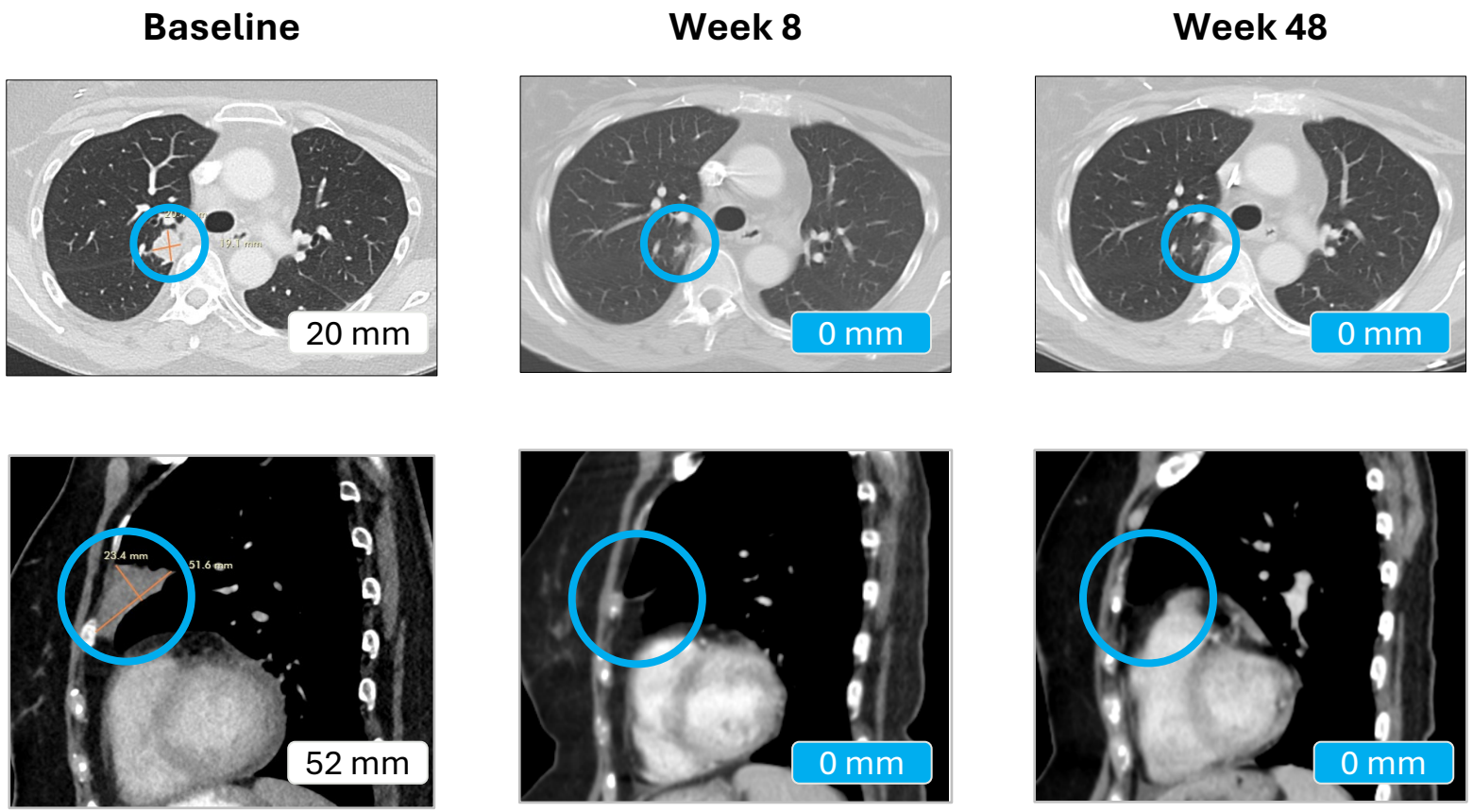
Group 1 (3.0 mg/kg):
A1: NSCLC, n=14
B1: TNBC, n=14
C1: HL n= 6

Group 2 (10.0 mg/kg):
A2: NSCLC, n=14
B2: TNBC, n=14
C2: HL n= 6

Patients followed to determine safety, tolerability, and efficacy

Phase 1 dose escalation data presented at 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
(4th line)

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

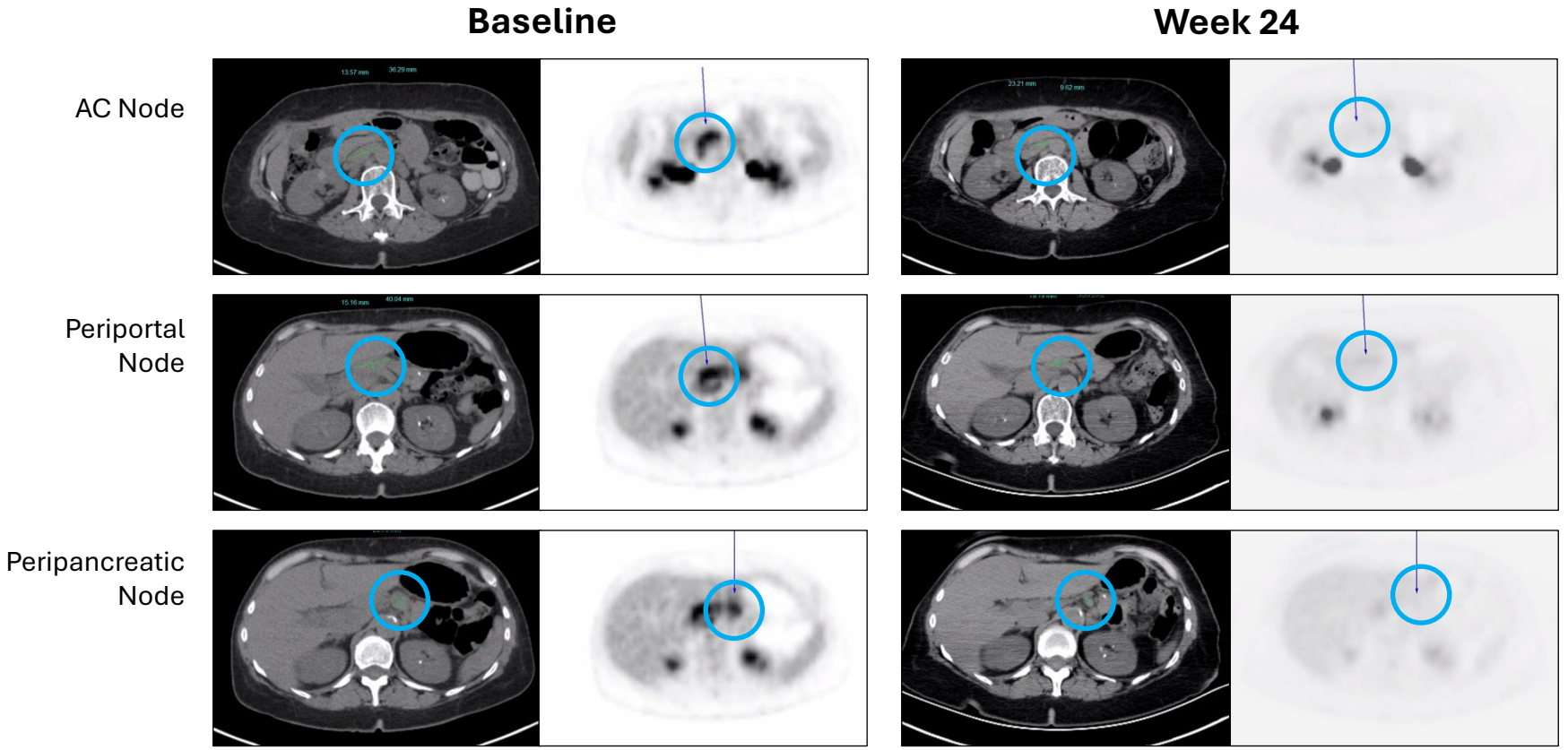
Previously treated with:

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

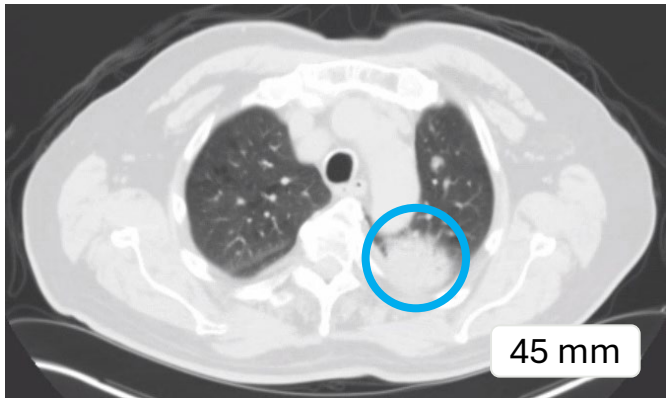


Previously treated with:

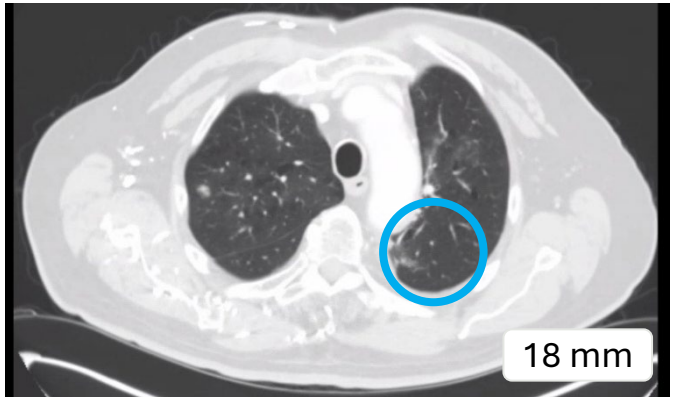
ABVD (1L)
BEAM/stem cell transplant (2L)
nivolumab/brentuximab (3L)

CTX-8371 in NSCLC: Complete Resolution of Target Lesions

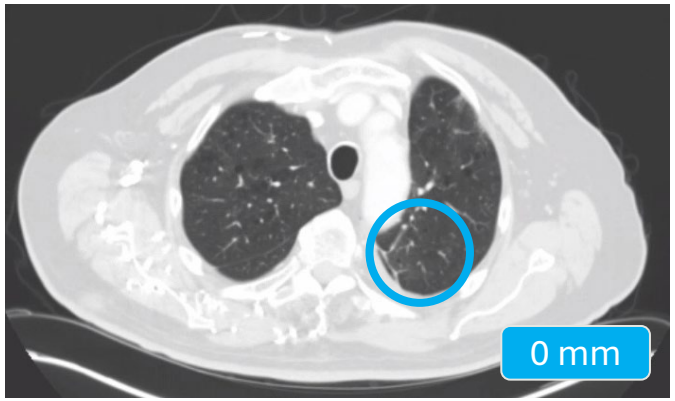
Baseline



Week 8



Week 16



Non-Small Cell Lung Cancer

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

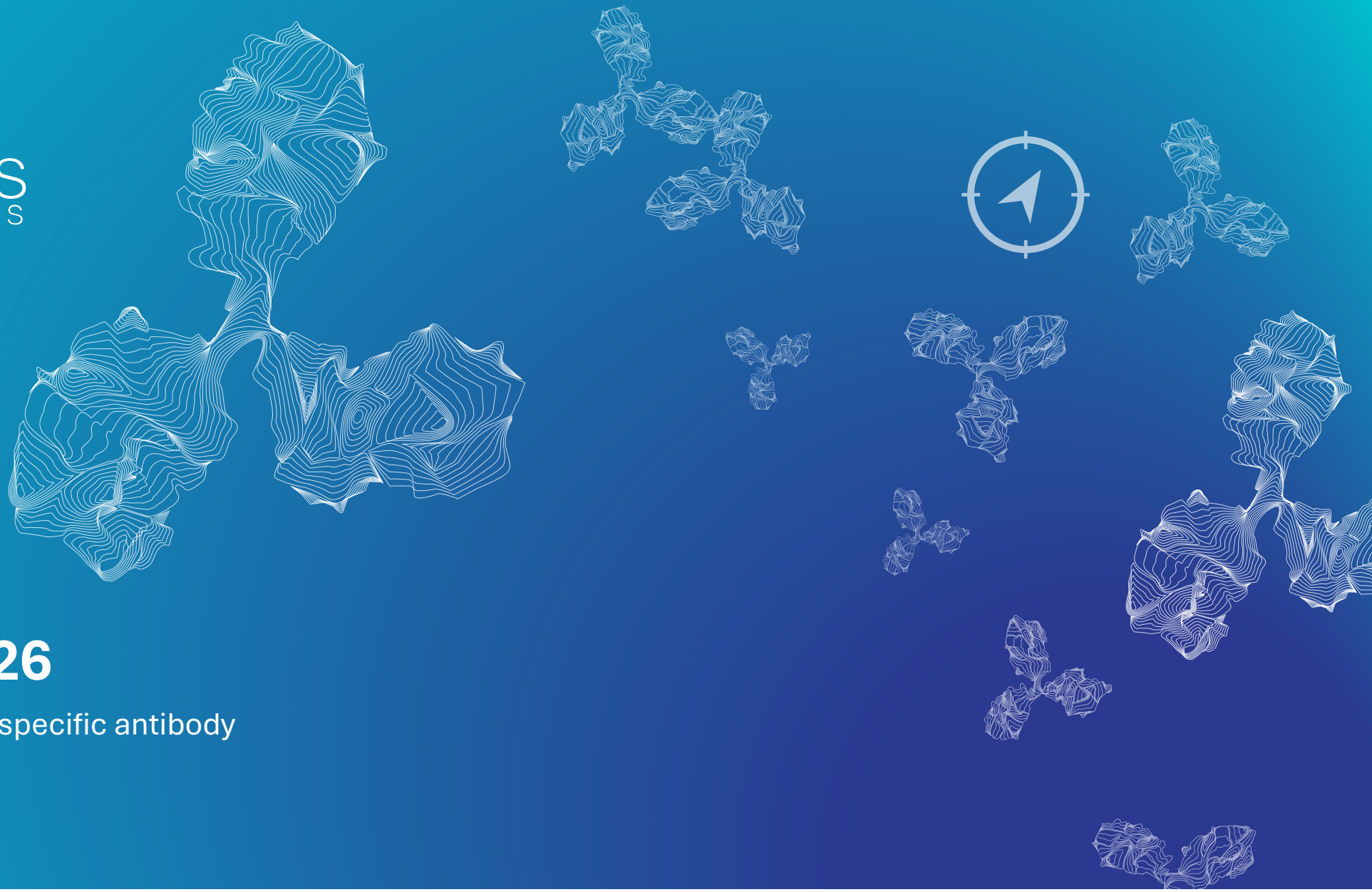
4th line with **59 mm** total target lesion burden @ baseline

Previously treated with:

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

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CTX-10726

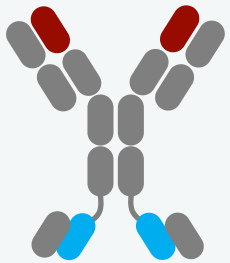
PD-1 x VEGF-A bispecific antibody

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

CTX-10726

Anti-VEGF: Clinically proven mechanism (bevacizumab)

Anti-VEGF-A

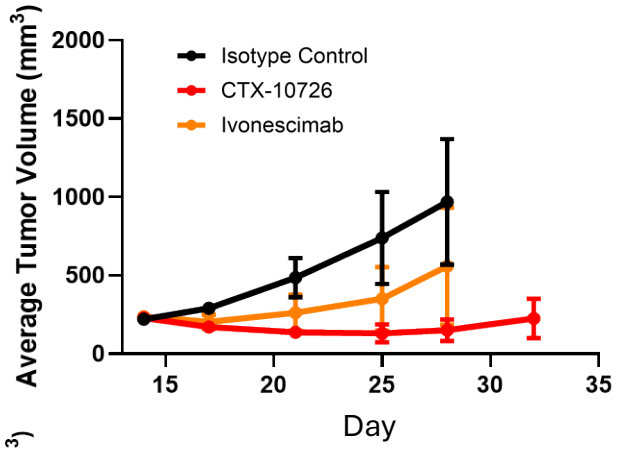


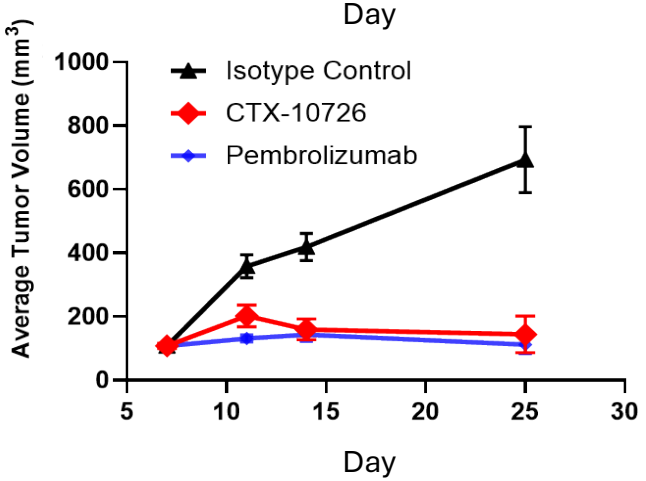
Anti-PD-1

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

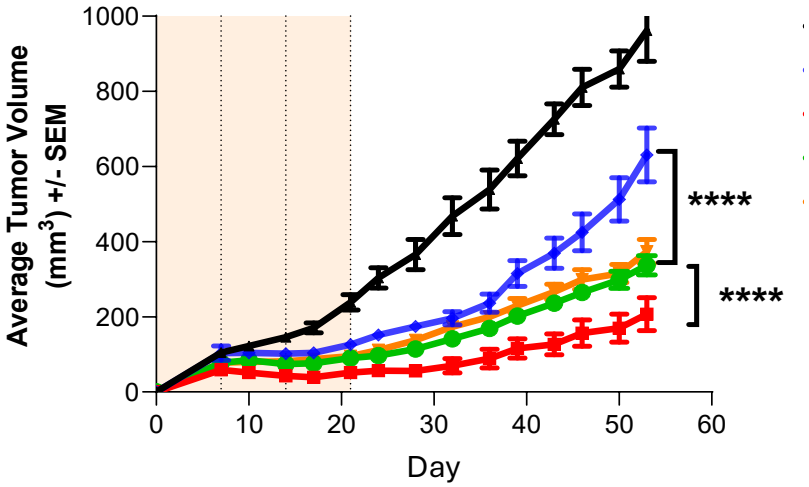
Treatment window dosing

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



**** P < 0.0001 two-way ANOVA

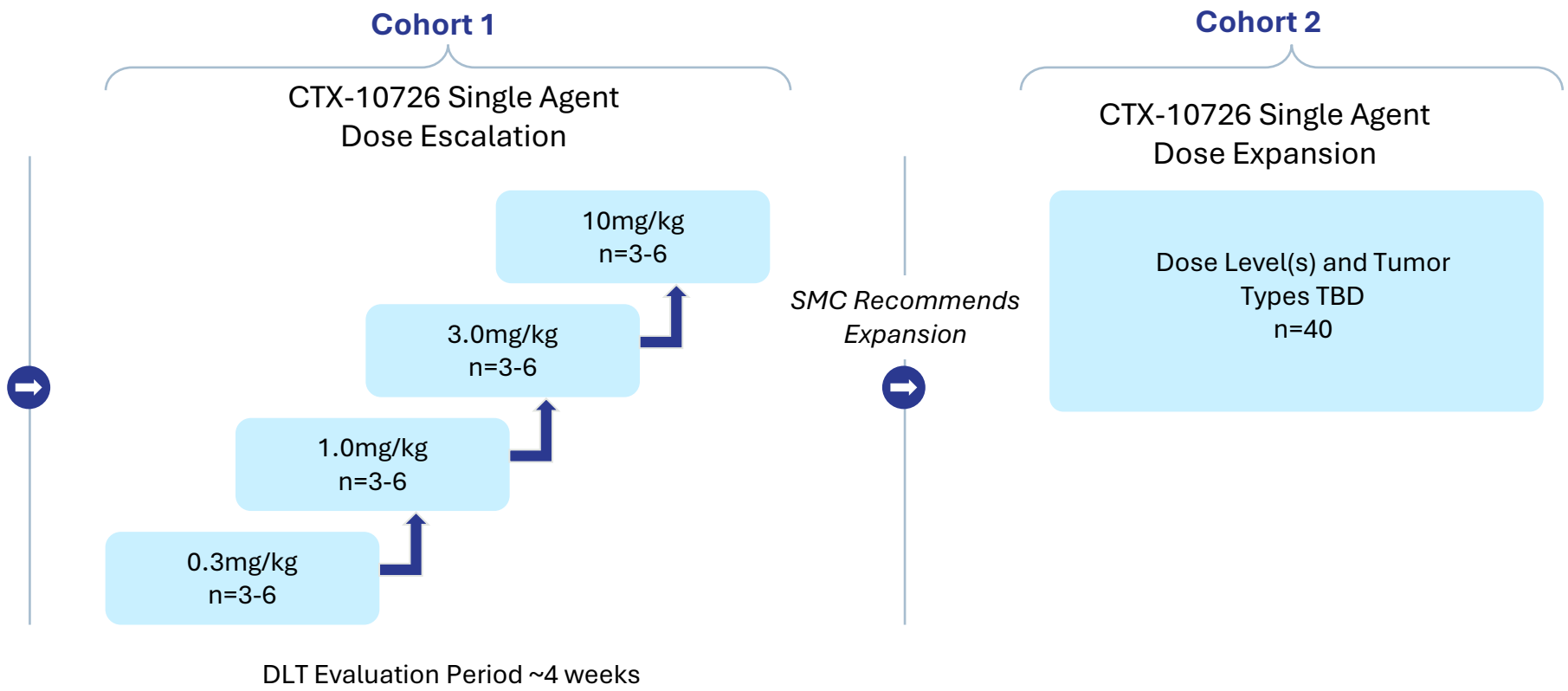
PBS
PBMCs hIgG1 (10 mpk)
PBMCs CTX-10726 (14 mpk)
PBMCs Ivonescimab(14 mpk)
PBMCs anti-VEGFA (10 mpk)

1. SITC Annual Meeting 2025

Phase 1 of CTX-10726 Study Design

Inclusion Criteria

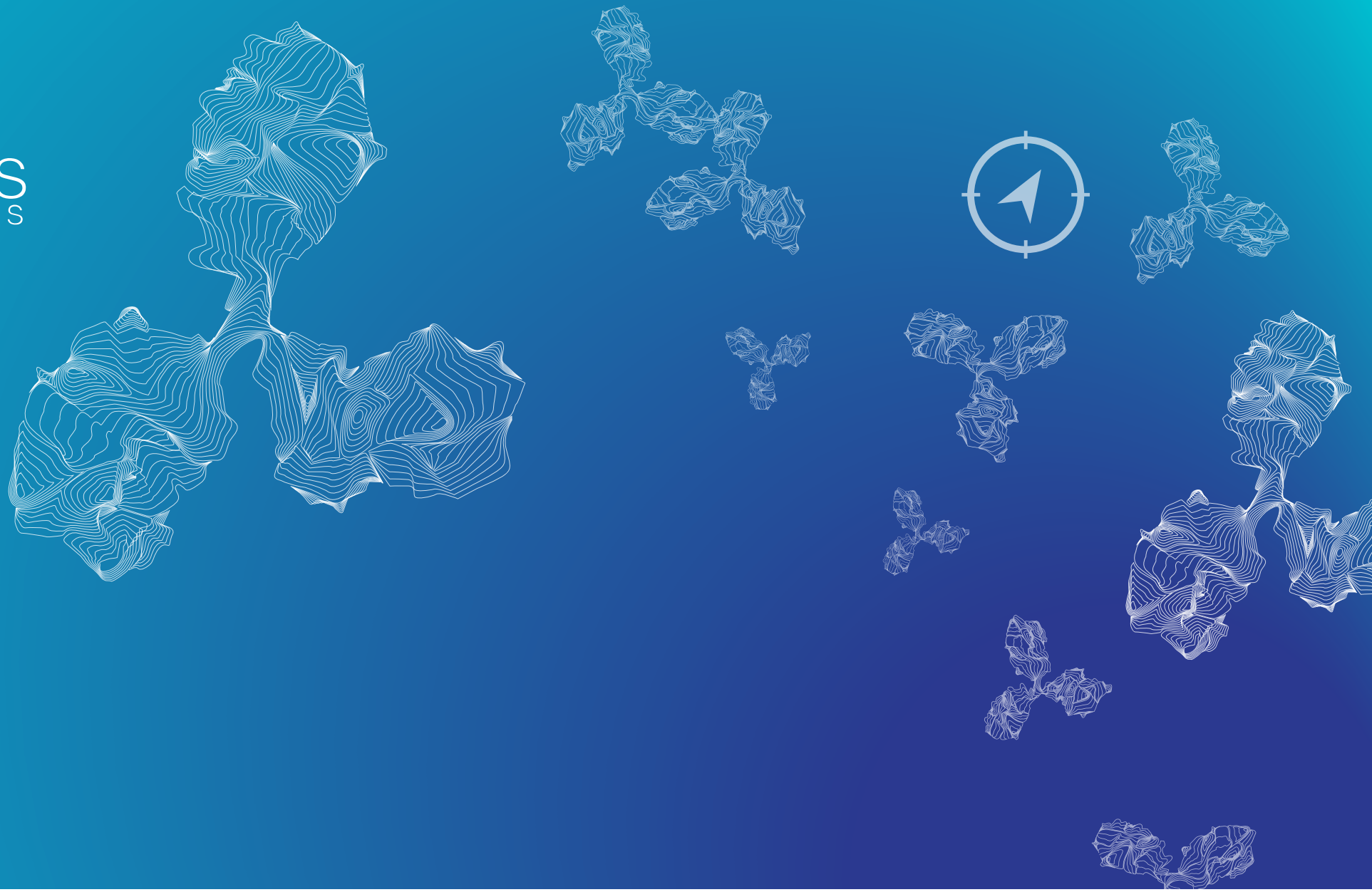
Post-PD-1 or PD-L1 patients with RCC, HCC, gastric cancer or endometrial cancer



DLT Evaluation Period ~4 weeks

Study initiated in Q1 2026 with topline data expected in Q4 2026

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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:

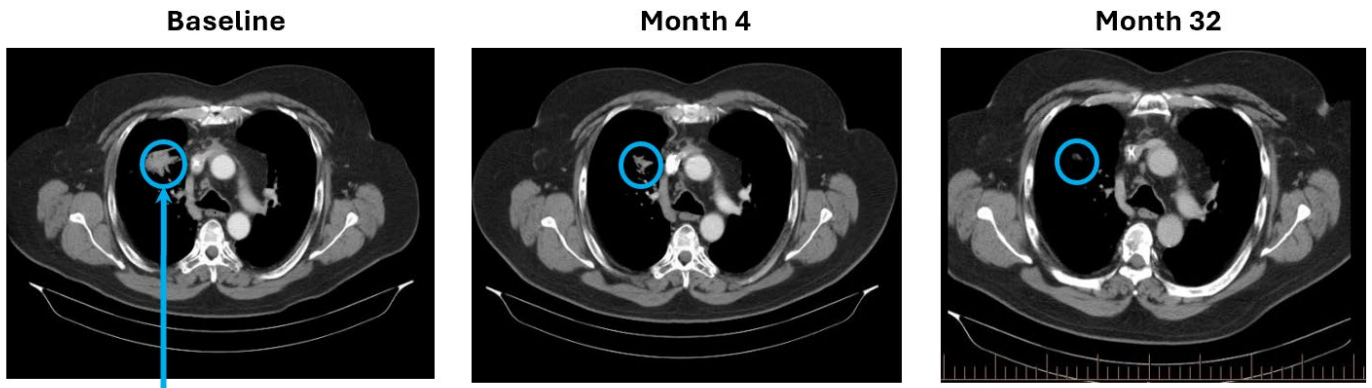
1 CR — Small cell lung cancer (1 of 3)

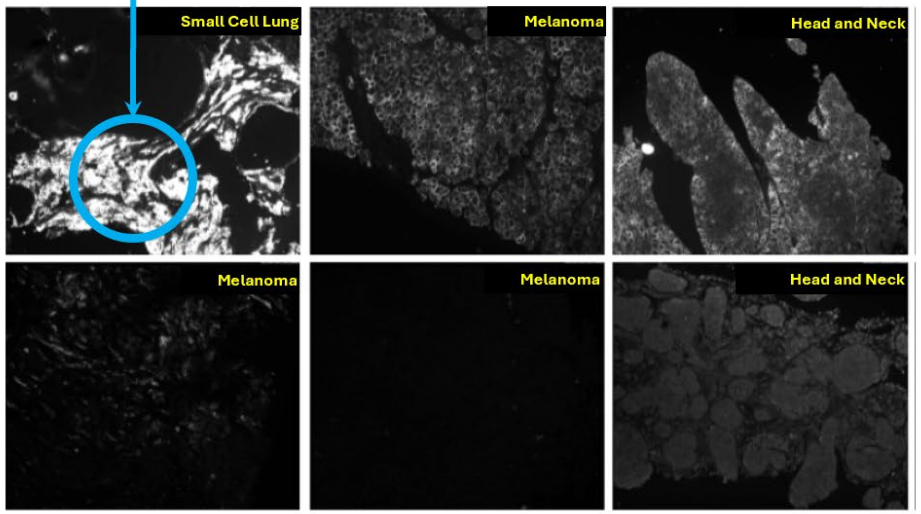
4 PRs — Melanoma (3 of 11) & Mesothelioma (1 of 4)

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





Patients with Clinical Benefit (CR / PR / SD)

Patients with Progressive Disease

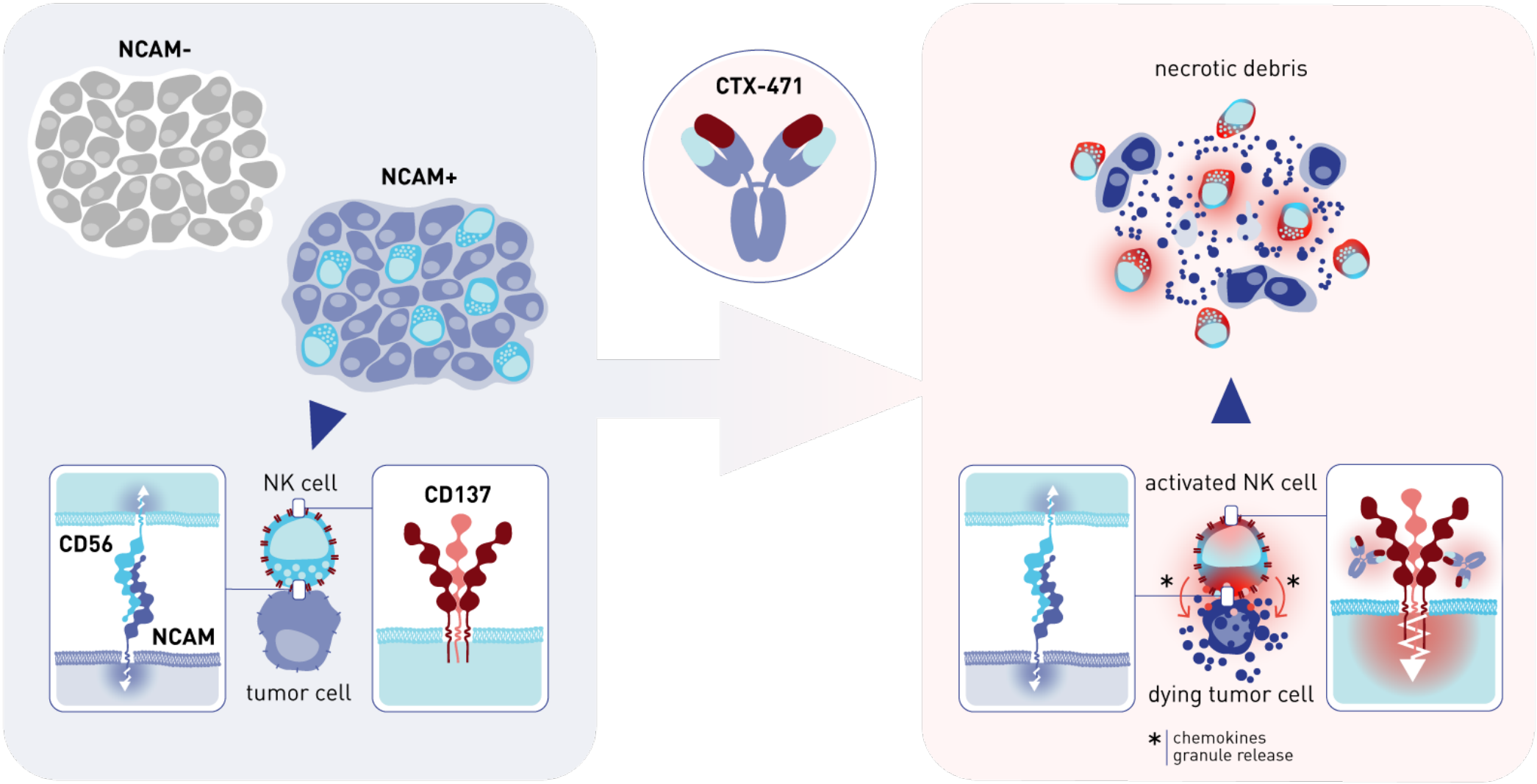
CTX-471 treated patient with advanced SCLC had a **PET negative <u>complete response</u>** after ~3 years on therapy

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

NCAM Biomarker

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

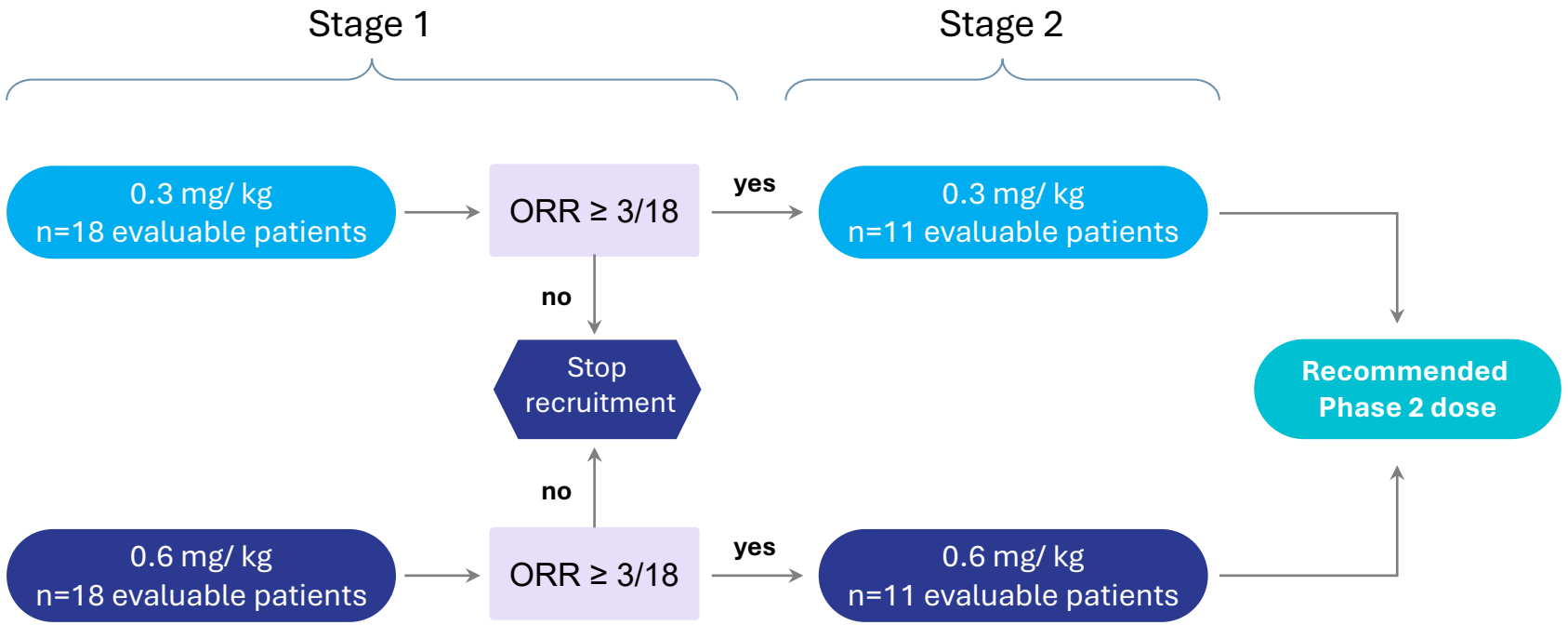
CTX-471: Novel Mechanism of Action for NCAM (CD56)+ Tumors



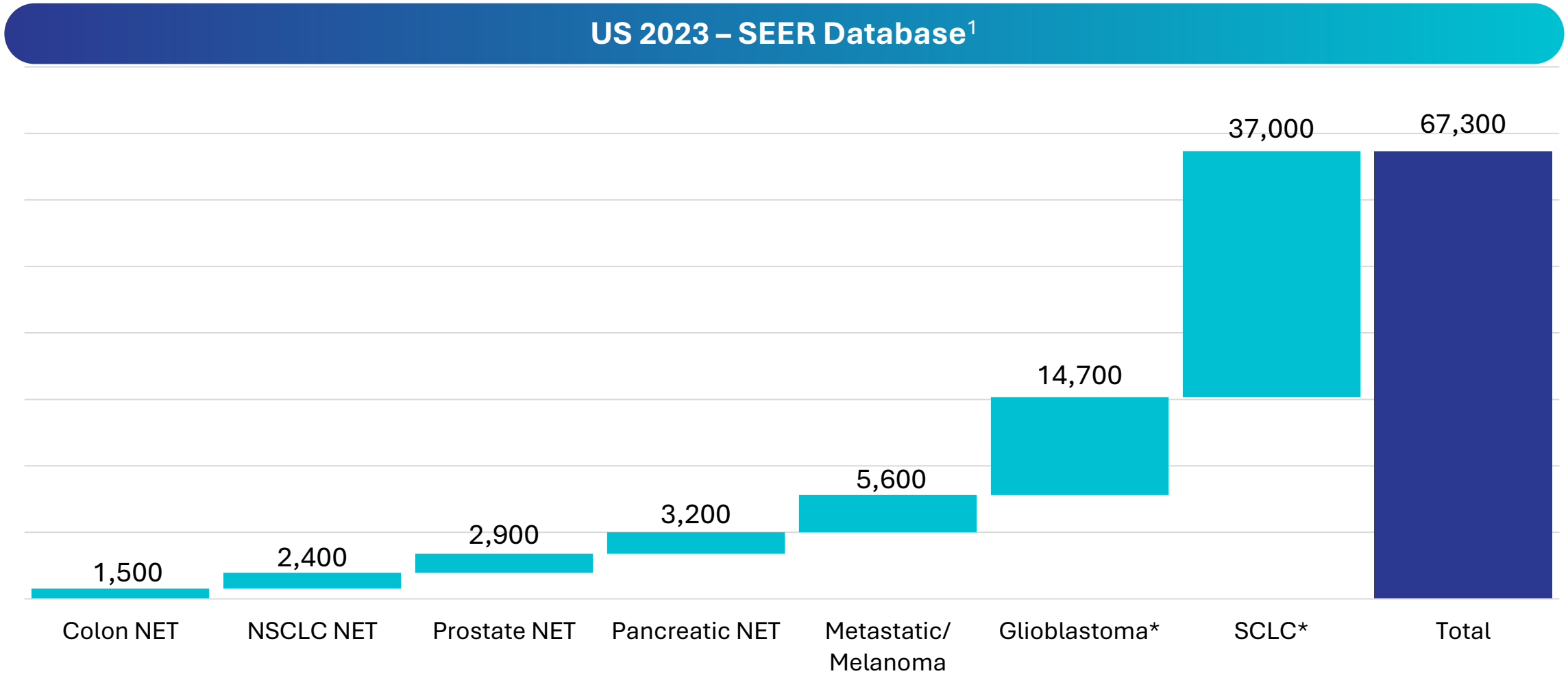
Phase 2 Study Design of CTX-471 in Patients with NCAM+ Tumors

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

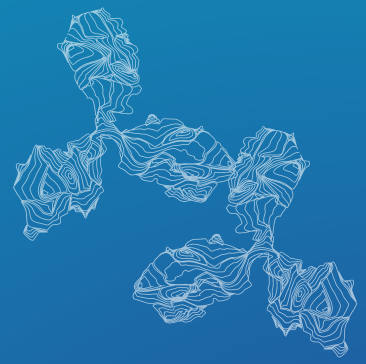


* ~100% NCAM+

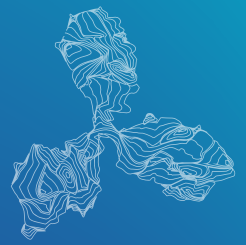
1. Seer database

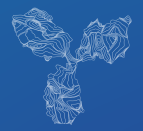
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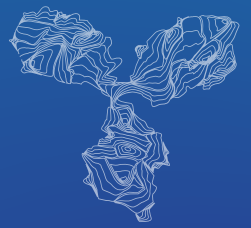




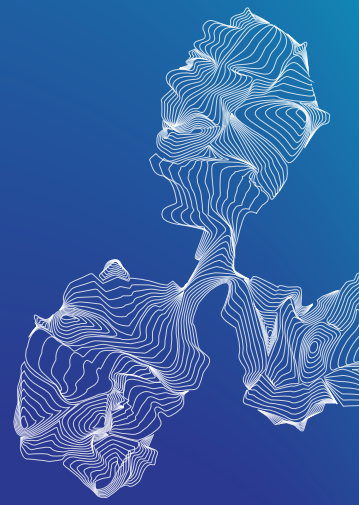
















Milestones

Key Anticipated Milestones

	2025	1H 2026	2H 2026	
Tovecimig BTC (DLL4 x VEGF-A)	Ph 2/3 Data (2L) ORR ✓ Initiated Ph 2 IST (1L) ✓	**April 2026** Ph 2/3 Data (2L) PFS / OS ✓	**Q3 2026** FDA Meeting ✓	**2H 2026** Planning BLA submission
Tovecimig (DLL4 x VEGF-A)				Planning for next studies
CTX-471 (CD137)			**Q3 2026** Initiate Ph 2 (NCAM)	
CTX-8371 (PD-1 x PD-L1)	3 Deep Responses NSCLC, TNBC, HL (post-checkpoint inhibitor) ✓	**Q2 2026 (ASCO)** Ph 1 Dose Esc. ✓		**Q4 26** Ph 1 Exp. Cohort Data Update
CTX-10726 (PD-1 x VEGF-A)	Preclinical differentiation ✓	**Q1** Initiated Ph 1 ✓		**Q4 2026** Ph 1 Data Update

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

OrbiMed Healthcare Fund Management

SERVIER

AstraZeneca

Genentech
A member of the Roche Group

Pfizer

MERCK

Biogen

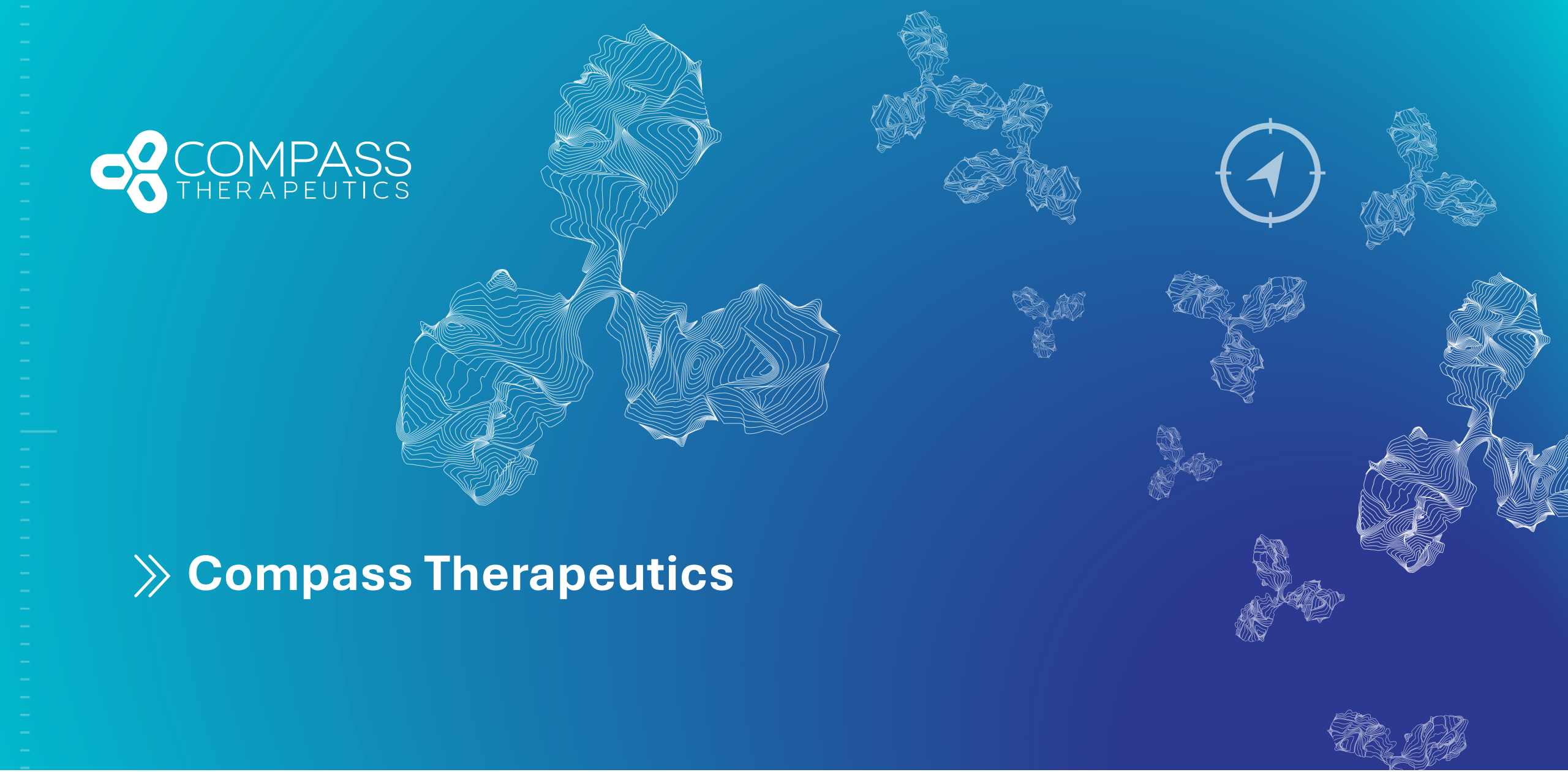
Dana-Farber Cancer Institute

MedImmune

TKT

agios

sanofi



Compass Therapeutics

Website: compasstherapeutics.com
Nasdaq: CMPX