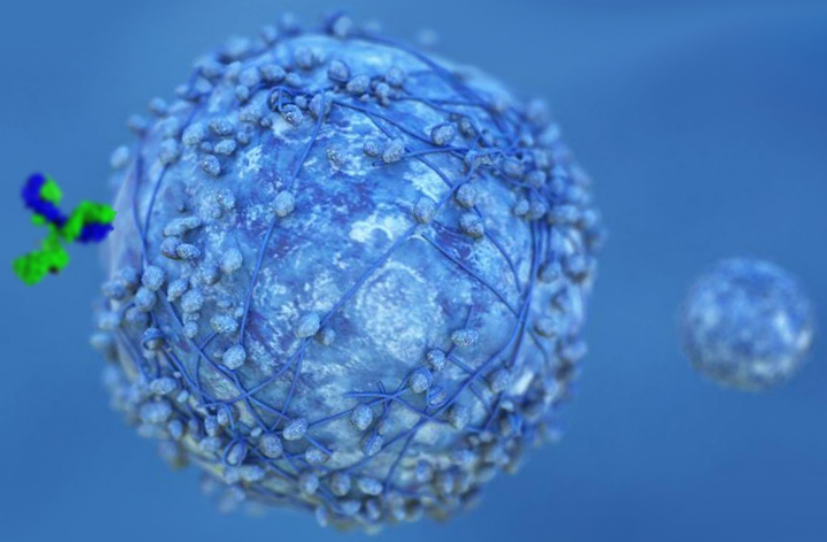


# STRO-002-GM1 Phase 1 Clinical Update

**AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics: Discovery, Biology, and Clinical Application**

**Boston, MA**

Arturo Molina, MD, MS
Chief Medical Officer

Oct 29th 2019

SUTRO BIOPHARMA

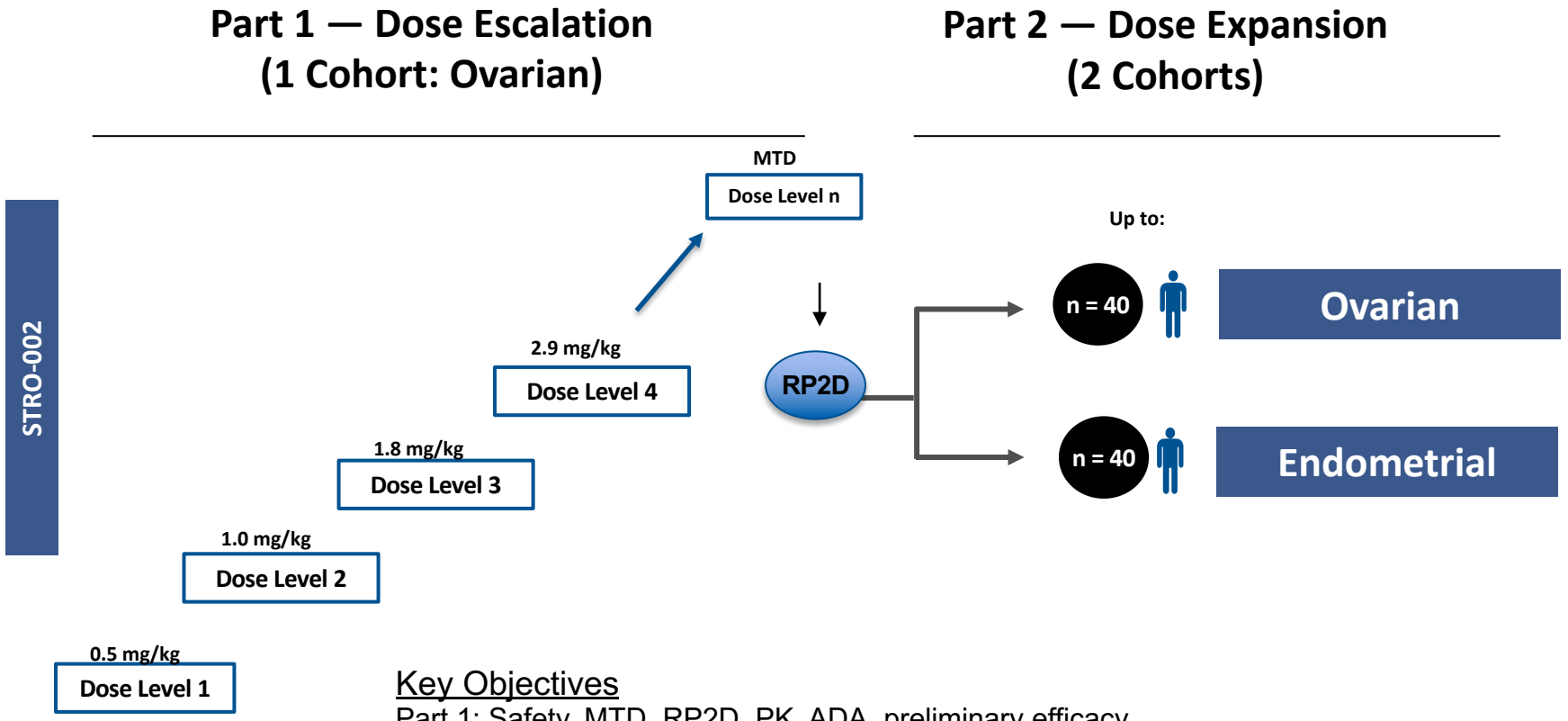
# STRO-002-GM1 Phase 1 Clinical Trial Design

- **First patient dosed March 2019**

- **Key Objectives**
  - Part 1: Safety, MTD, RP2D, PK, ADA, preliminary efficacy
  - Part 2: Response rates, duration of response, PFS (RECIST 1.1), safety, PK

- **Key Inclusion and Exclusion Criteria**
  - Inclusion : Relapsed or relapsed/refractory disease
  - Exclusion: Prior FolRα targeting ADC, low grade ovarian carcinoma, clinically significant pre-existing ocular disorders

# STRO-002-GM1 Phase 1 Clinical Trial Design




Key Objectives

Part 1: Safety, MTD, RP2D, PK, ADA, preliminary efficacy

Part 2: Response rates, duration of response, PFS, safety, PK

STRO-002 is given by IV infusion on Day 1 of 21-day cycles

# STRO-002-GM1 Study Overview

## Current Status - Oct 15, 2019 (1)

- **STRO-002 has been well tolerated; most AEs are grade 1 and no DLTs have been observed**
  - 80% of AEs reported are grade 1; 15% grade 2 and 5% grade 3
  - No grade 4 or 5 events have been reported
  - No prophylactic corticosteroid eye drops are being utilized
  - No infusion reactions have been observed

- **Enrollment is ongoing at 6.0 mg/kg dose level; MTD has not been reached**
  - 13 patients have been treated
  - Dose levels 0.5, 1.0, 1.8, 2.9 and 4.3 mg/kg have been cleared

# STRO-002-GM1 Study Overview

## Current Status - Oct 15, 2019 (2)

- **Preliminary PK profile reveals an estimated $t_{1/2}$ for total antibody of 22-76 hours**
  - Exposure increased with dose in an apparent linear manner.

- **Preliminary evidence of clinical benefit and anti-tumor activity has been observed in this heavily pre-treated patient population:**
  - One confirmed PR by RECIST 1.1 (Cycle 5) with a confirmed CA-125 response
  - Two ongoing patients have confirmed stable disease per RECIST 1.1, one up to Cycle 5, one up to Cycle 10
  - Three ongoing patients at 4.3 mg/kg have stable disease per RECIST 1.1 at Cycle 3 (unconfirmed)

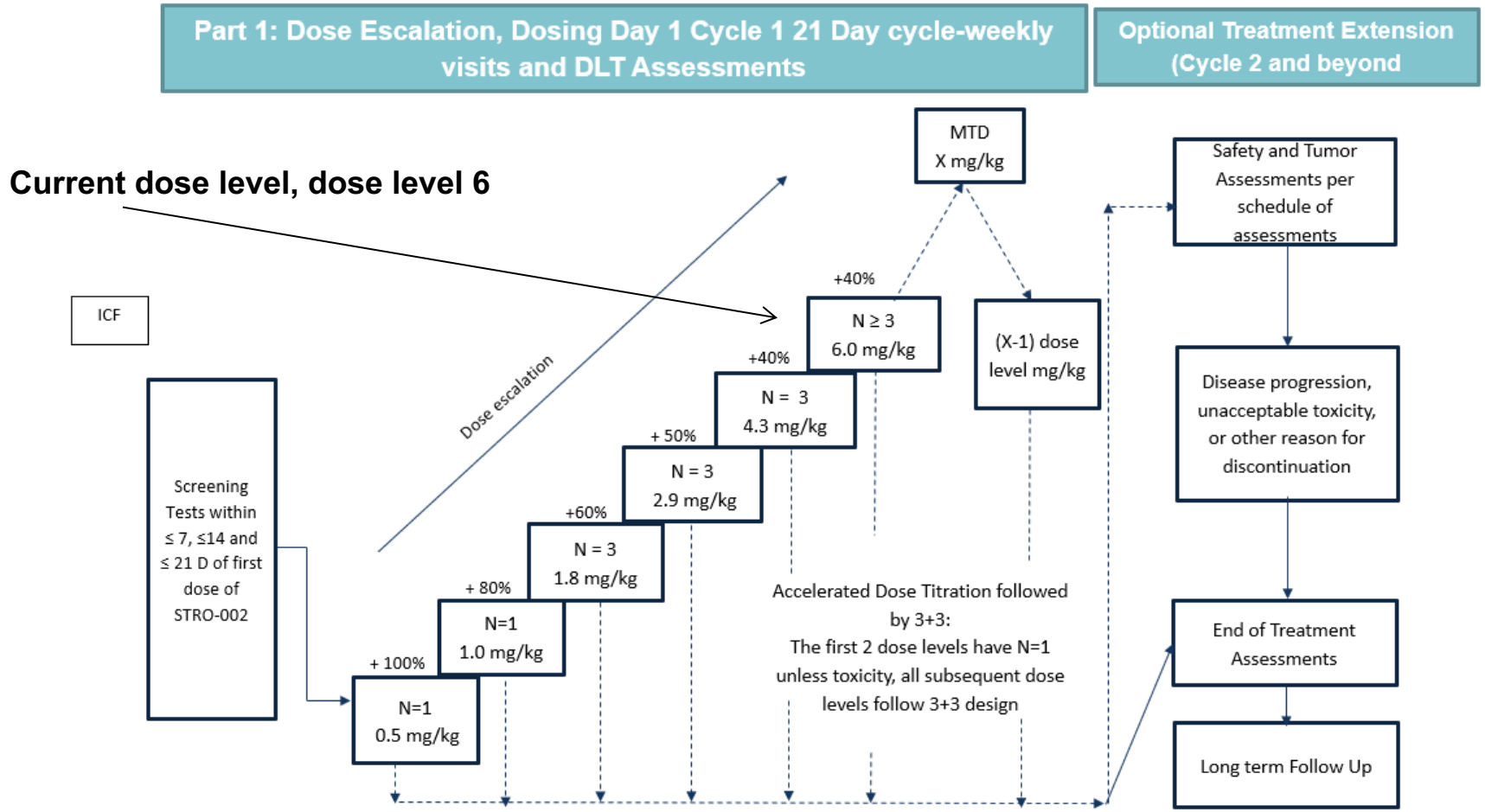
- **STRO-002 demonstrates potent anti-tumor activity in PDX models of endometrial cancer supporting further clinical development in this indication**

# List of STRO-002 Active Study Sites

**STRO-002-GM1 study:**

- Medical College of Wisconsin, Dr. Denise Uyar
- Rocky Mountain Cancer Center, Dr. Sami Diab
- University of Chicago, Dr. John Moroney
- Thomas Jefferson University, Dr. Russell Schilder
- Levine Cancer Institute, Dr. Wendel Naumann
- Miami Cancer Institute, Dr. John Paul Diaz
- Comprehensive Cancer Centers of Nevada, Dr. Fadi Braiteh
- Tennessee Oncology, Sarah Cannon, Dr. Erika Hamilton

# Dose Escalation Schema, STRO-002-GM1




*ICF- informed consent form; D- day; DLT- dose limiting toxicity; N= number of patients treated*

# STRO-002-GM1 Baseline Characteristics

| Characteristic | Total N=13 |
|---|---|
| **Age, median (range), years** | 61 (52-69) |
| **Median time from diagnosis in years (range)** | 6.5 years (1.3 - 17.1) |
| **ECOG performance status, median (range)** | 0 (0-1) |
| 0, N (%) | 7 (54) |
| 1, N (%) | 6 (46) |
| **Race/Ethnicity, N (%)** | |
| Black or African American | 2 (15) |
| White | 11 (85) |
| **Disease Subtype, N (%)** | |
| Ovarian | 10 (77) |
| Fallopian tube | 2 (15) |
| Peritoneal | 1 (8) |
| **Median lines of prior therapy (range)** | 6 (2-8) |
| Prior PARP inhibitor | 5 (38) |
| Prior Bevacizumab | 10 (77) |
| Prior checkpoint inhibitor | 3 (23) |

# STRO-002-GM1: TEAEs in > 15%of Patients

| Treatment Emergent Adverse Events (TEAE) | |
|---|---|
| TEAE >15% | Number of Subjects N=13 (%) |
| Nausea | 6 (46) |
| Fatigue | 5 (39) |
| Headache | 4 (31) |
| Insomnia | 4 (31) |
| Vomiting | 4 (31) |
| Abdominal pain | 3 (23) |
| Dizziness | 3 (23) |

The emerging STRO-002 safety profile includes mostly mild adverse events- 95% of all AEs reported are grade 1 or 2

Data as of Oct 15, 2019
TEAE- treatment emergent adverse events

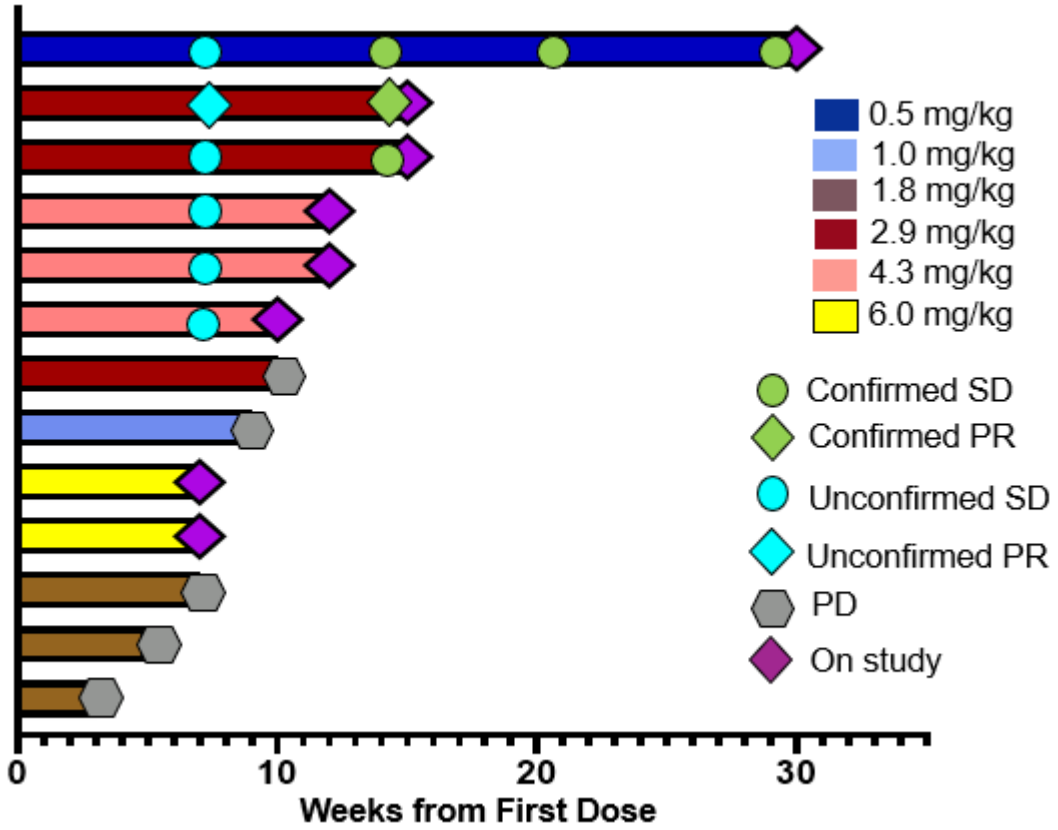
# Grade 3 Treatment Emergent Adverse Events

| Grade 3 TEAE | |
|---|---|
| Adverse Event (Grade) | Number of Subjects N=13 (%) |
| Small intestine obstruction | 2 (15) |
| Neutropenia | 2 (15) |
| Dehydration | 1 (8) |
| Hypokalemia | 1 (8) |
| Hyponatremia | 1 (8) |
| Hematuria | 1 (8) |

- Neutropenia events (dose level 4.3 mg/kg and 6.0 mg/kg) were noted to be likely or highly likely related to STRO-002 treatment.
- All other grade 3 events we listed as ‘not related’ or ‘doubtful’ regarding relationship to study drug and occurred in patients at time of disease progression.
- As of October 15, 2019, no grade 4 or grade 5 events have been reported.

# STRO-002 Treatment Duration

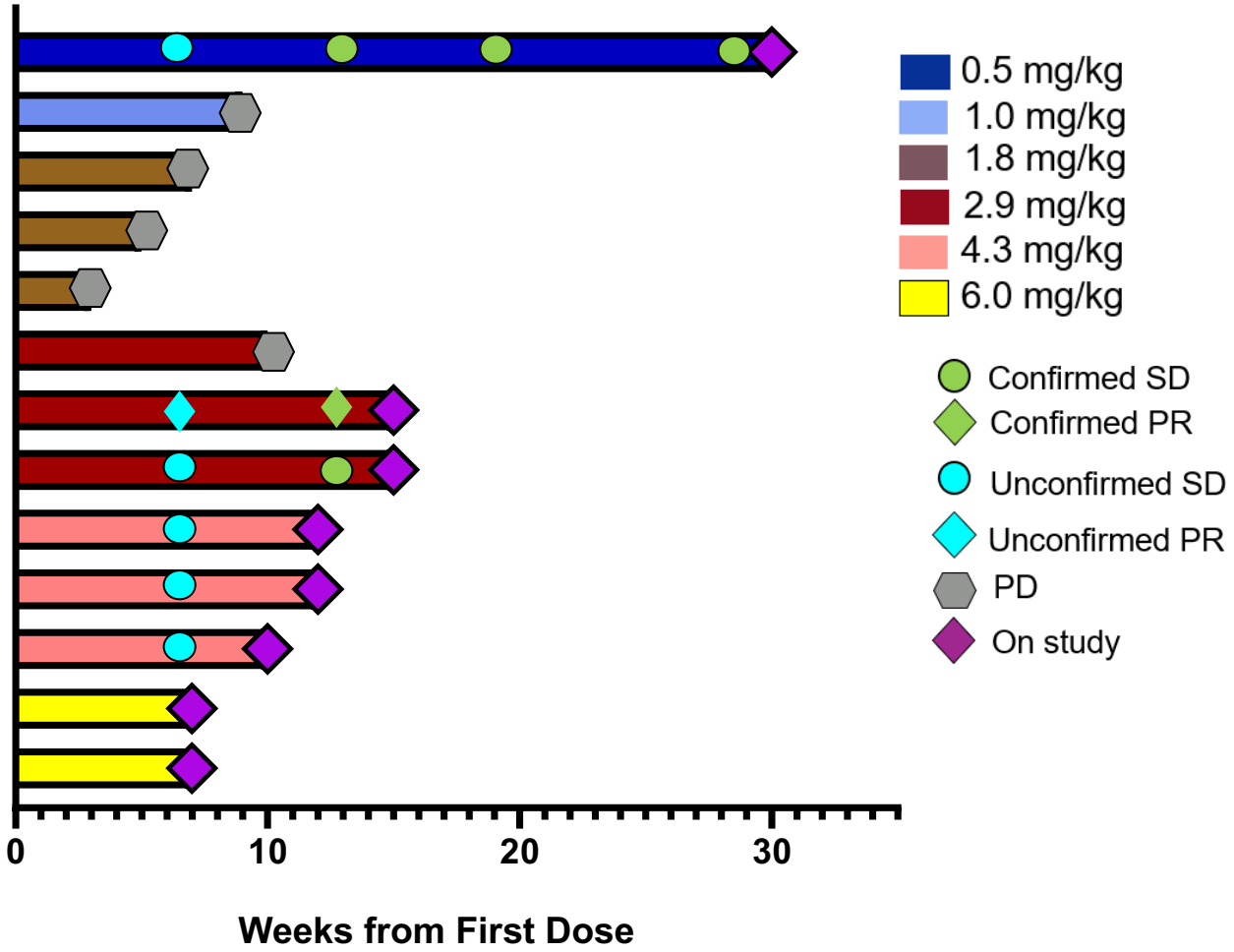
## 8 patients remain on STRO-002 as of Oct 15, 2019



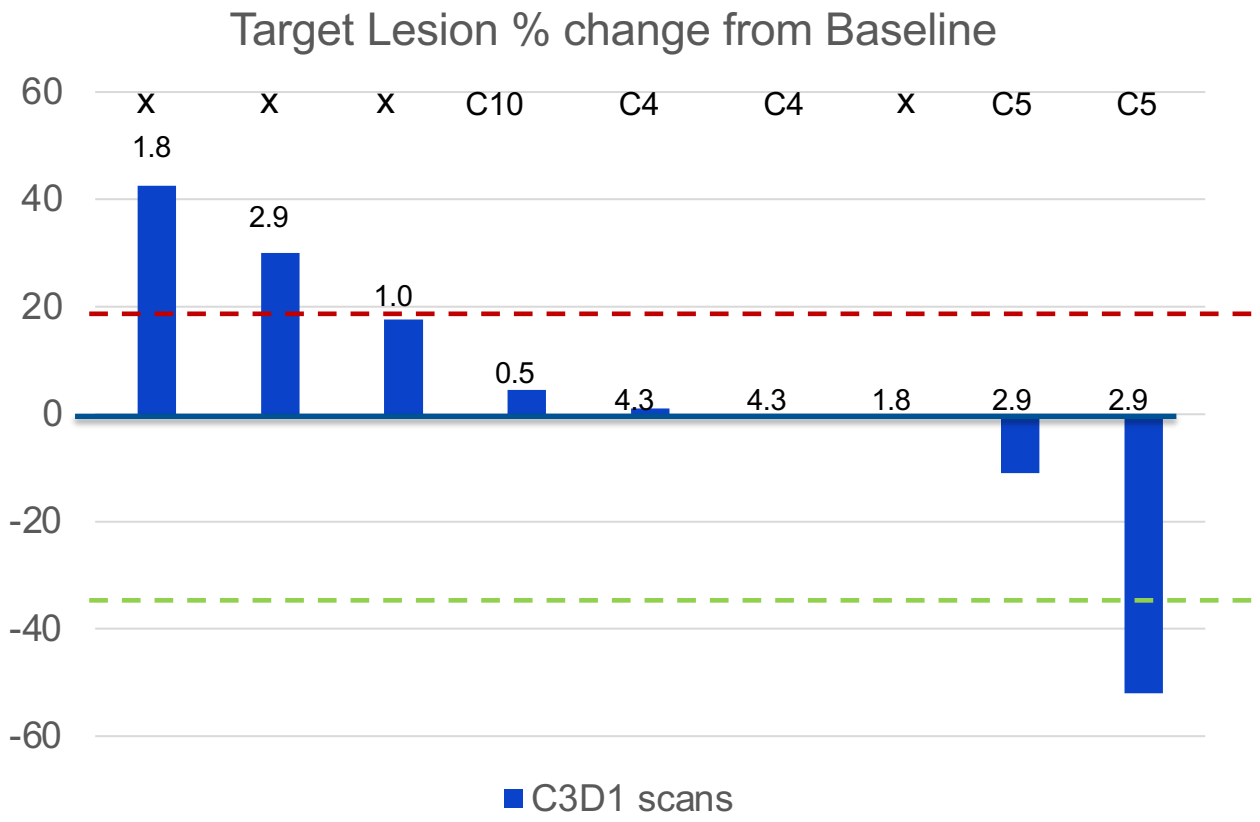

- Duration of study was calculated from first dose of STRO-002 until disease progression.
- All discontinuations were due to disease progression.
- Partial response (PR) and stable disease (SD) are measured by investigator using RECIST 1.1 criteria.
- Progressive disease (PD) was either by RECIST 1.1 criteria or clinical progression

# STRO-002 Treatment Duration

## Arranged by Dose level



# Unconfirmed Target Lesion Response, Cycle 3 Day 1 (C3D1) by RECIST 1.1

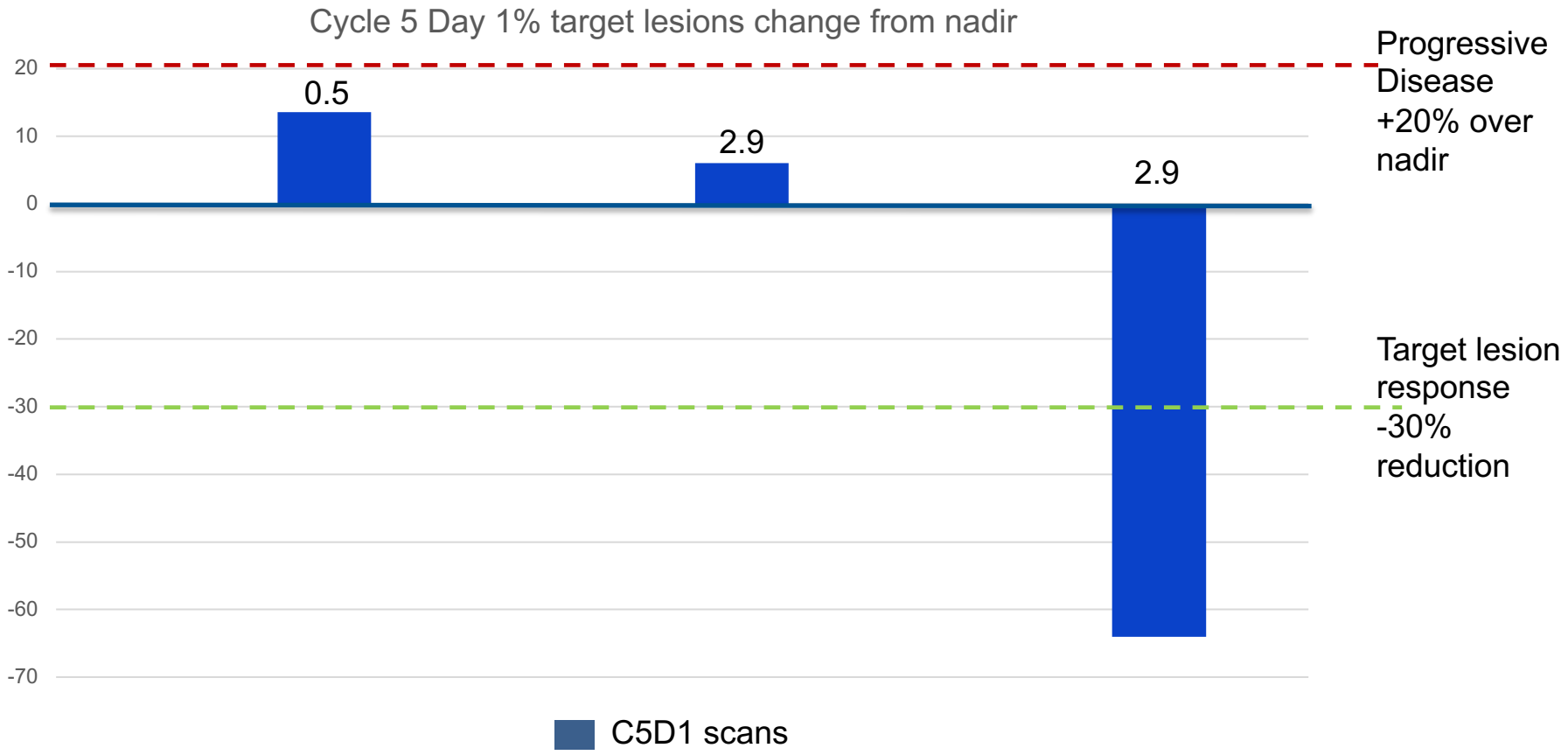



Progressive Disease +20% over Baseline

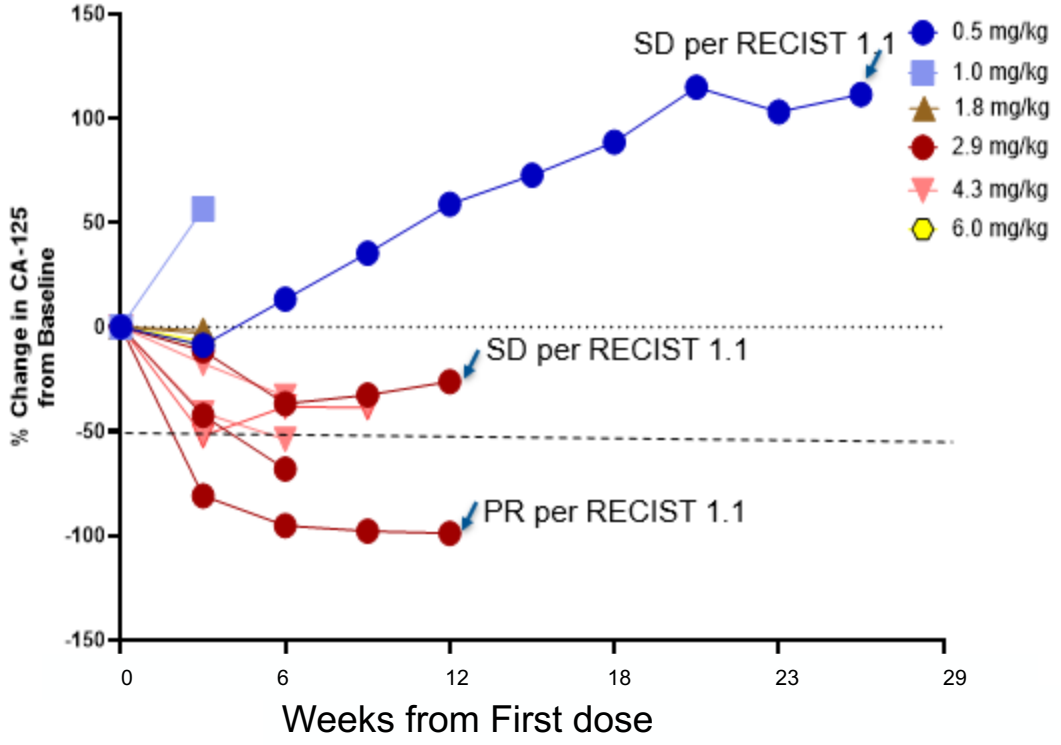
Target lesion response -30% reduction

X Pt discontinued treatment

# Confirmed Target Lesion Response, Cycle 5 Day 1 (C5D1) by RECIST 1.1

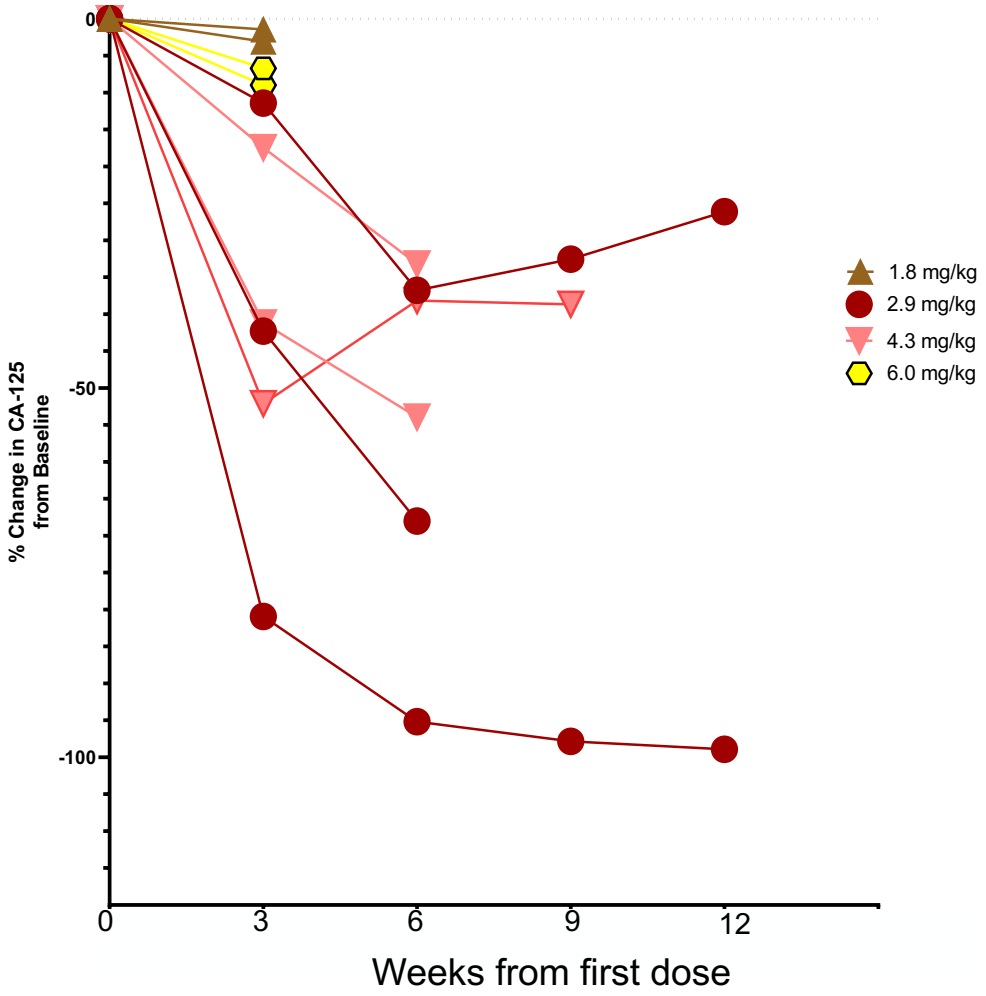


# Percent Change in CA-125 from Baseline (N=13)




Percent change from baseline of CA-125 levels. One patient with confirmed CA-125 response also has a confirmed PR per RECIST 1.1.

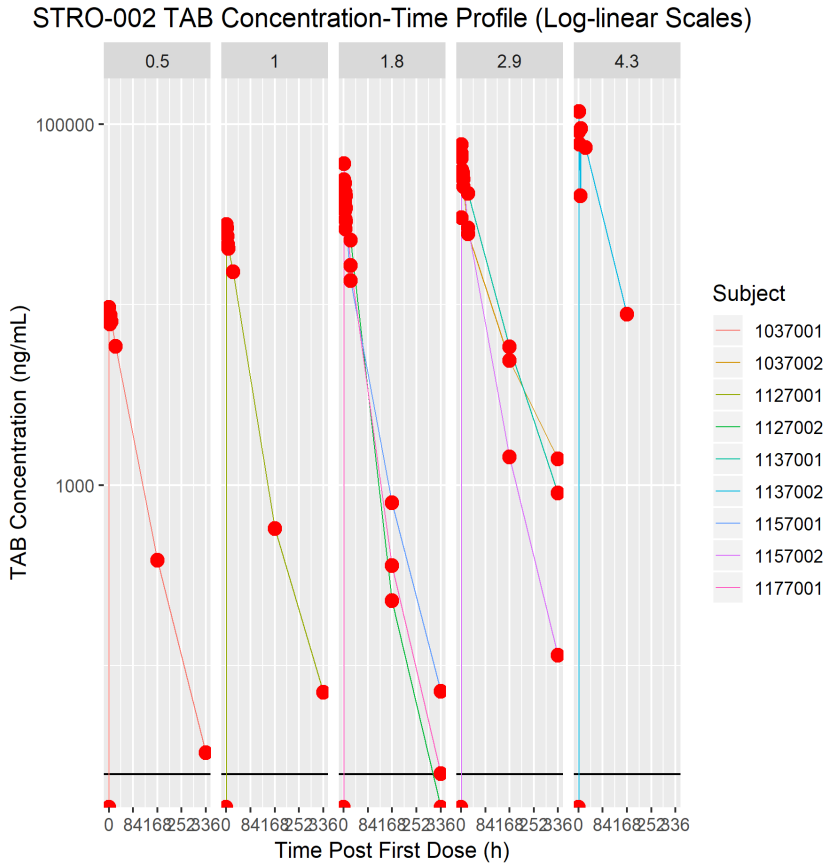
# Percent Change in CA-125 from Baseline ≥ 1.8 mg/kg (N=11)




Percent change from baseline of CA-125 levels. One patient with confirmed CA-125 response also has a confirmed PR per RECIST 1.1.

# Preliminary Pharmacokinetic Summary

## Total Antibody (TAB), C1D1




LLOQ = 25ng/mL

Dose Range: 0.5-4.3 mg/kg

Cmax range: 9.7-118 µg/mL

$AUC_{0\text{-tlast}}$ range: 661-7928 h·µg/mL

Half-life range: 22-76h

| Dose mg/kg | ID | Cmax ng/mL | tmax h | clast ng/mL | tlast h | AUC0-tlast h·ng/mL |
|---|---|---|---|---|---|---|
| 0.5 | 1037001 | 9680 | 1.083 | 32.8 | 336 | 661101 |
| 1.0 | 1127001 | 27900 | 1.083 | 70.8 | 336 | 1653731 |
| 1.8 | 1127002 | 49200 | 1.083 | 228.0 | 168 | 2499424 |
| 1.8 | 1157001 | 38200 | 1.083 | 71.8 | 336 | 1704969 |
| 1.8 | 1177001 | 60700 | 2.000 | 25.1 | 336 | 1937031 |
| 2.9 | 1037002 | 69000 | 1.083 | 1400.0 | 336 | 3647336 |
| 2.9 | 1137001 | 64700 | 2.000 | 901.0 | 336 | 5108849 |
| 2.9 | 1157002 | 77100 | 1.083 | 114.0 | 336 | 3190167 |
| 4.3 | 1137002 | 118000 | 1.083 | 8870.0 | 168 | 7928009 |

Log-linear plot of total antibody serum concentrations vs time by dose (mg/kg) group and ID with a table of pharmacokinetic parameters after the first intravenous dose of STRO-002. Preliminary PK profile reveals an estimated half-life for total antibody of 22-76 hours while exposure increased with dose in an apparent linear manner.

# STRO-002-GM1 Study Overview

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# STRO-002-GM1 Study Overview

## Current Status Oct 15, 2019 (2)

- **Preliminary PK profile reveals an estimated half-life for total antibody of 22-76 hours**
  - Exposure increased with dose in an apparent linear manner
- **Preliminary evidence of anti-tumor activity has been observed in this heavily pre-treated patient population:**
  - One confirmed PR by RECIST 1.1 (Cycle 5) with a confirmed CA-125 response
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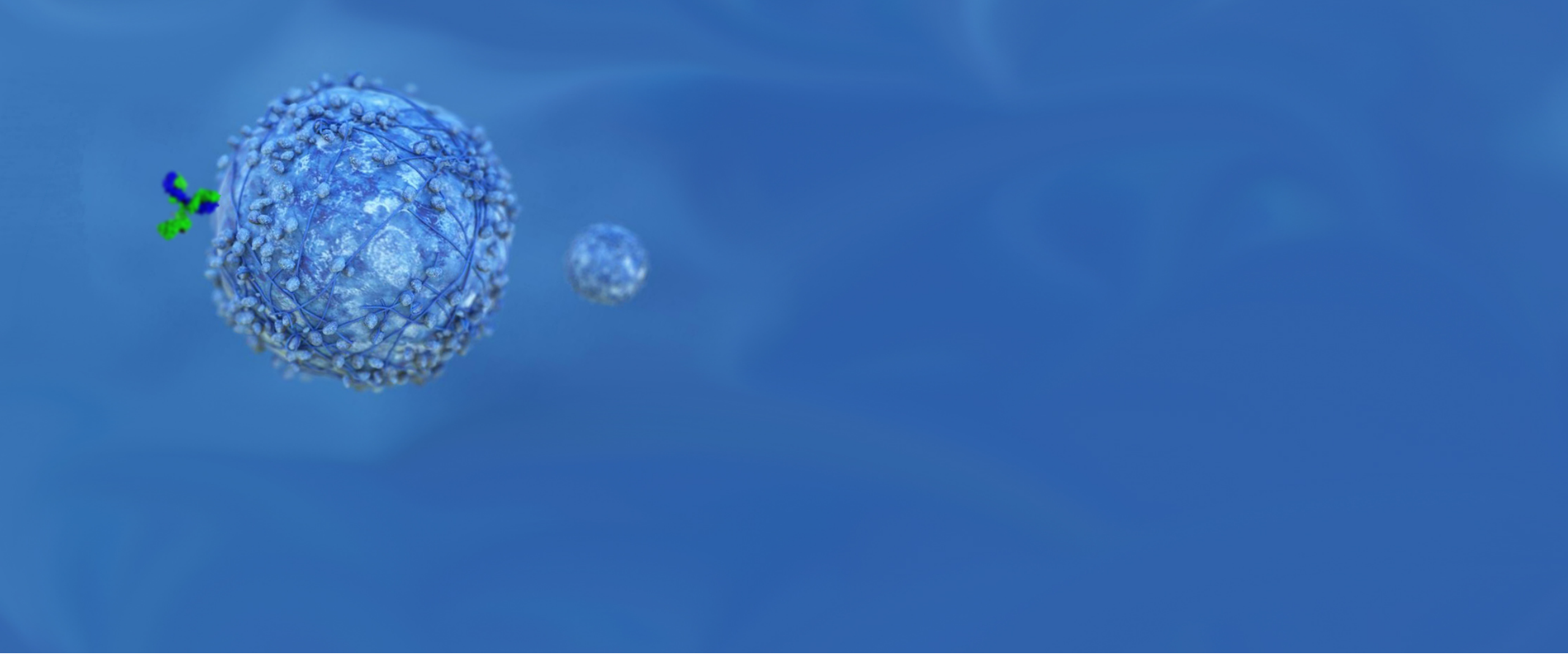


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