

Sutro Biopharma

**Analyst and Investor Conference Call
April 27, 2020**

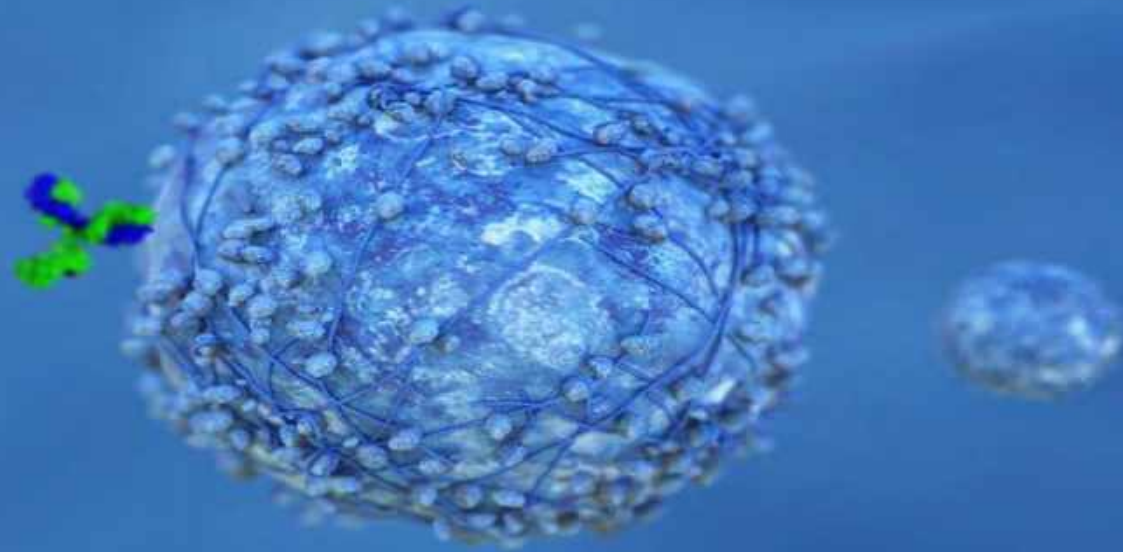
NASDAQ: STRO
Bill Newell, CEO



Forward Looking Statements

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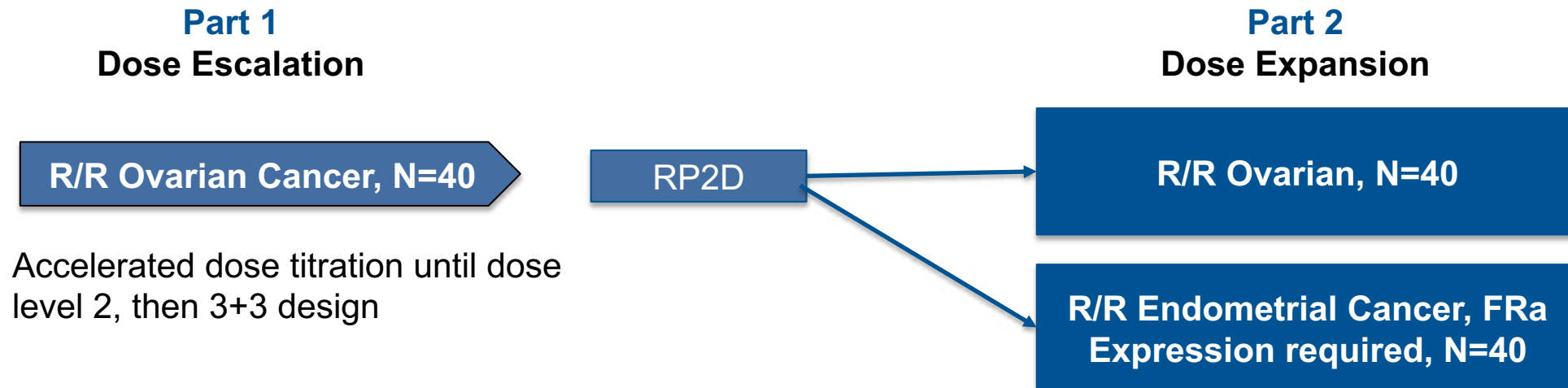
STRO-002-GM1, a First in Human, Phase 1 study of STRO-002, an anti-Folate Receptor-alpha (FR α) Antibody Drug Conjugate, in Patients with Advanced Platinum Resistant/Refractory Epithelial Ovarian Cancer, including Fallopian Tube or Primary Peritoneal Cancers

R. Wendel Naumann, Denise Uyar, John W. Moroney, Fadi S. Braiteh, Russell J. Schilder, John P. Diaz, Erika Hamilton, Sami Diab, Lainie P. Martin, David M. O'Malley, Richard T. Penson, Clifford DiLea, Michael Palumbo, Venita De Almeida, Shannon Matheny, Arturo Molina.

STRO-002-GM1, Phase 1 Study was Initiated in March 2019

Key Inclusion: Advanced platinum-resistant/refractory disease; patients are not selected for FR α expression (all comers)

Key Exclusion: Prior FoIR α targeting ADC, low grade ovarian carcinoma, clinically significant pre-existing ocular disorders



Key Objectives

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

Part 2: Response rates, duration of response, PFS (RECIST 1.1), safety, PK

Patient Demographics and Disease Characteristics

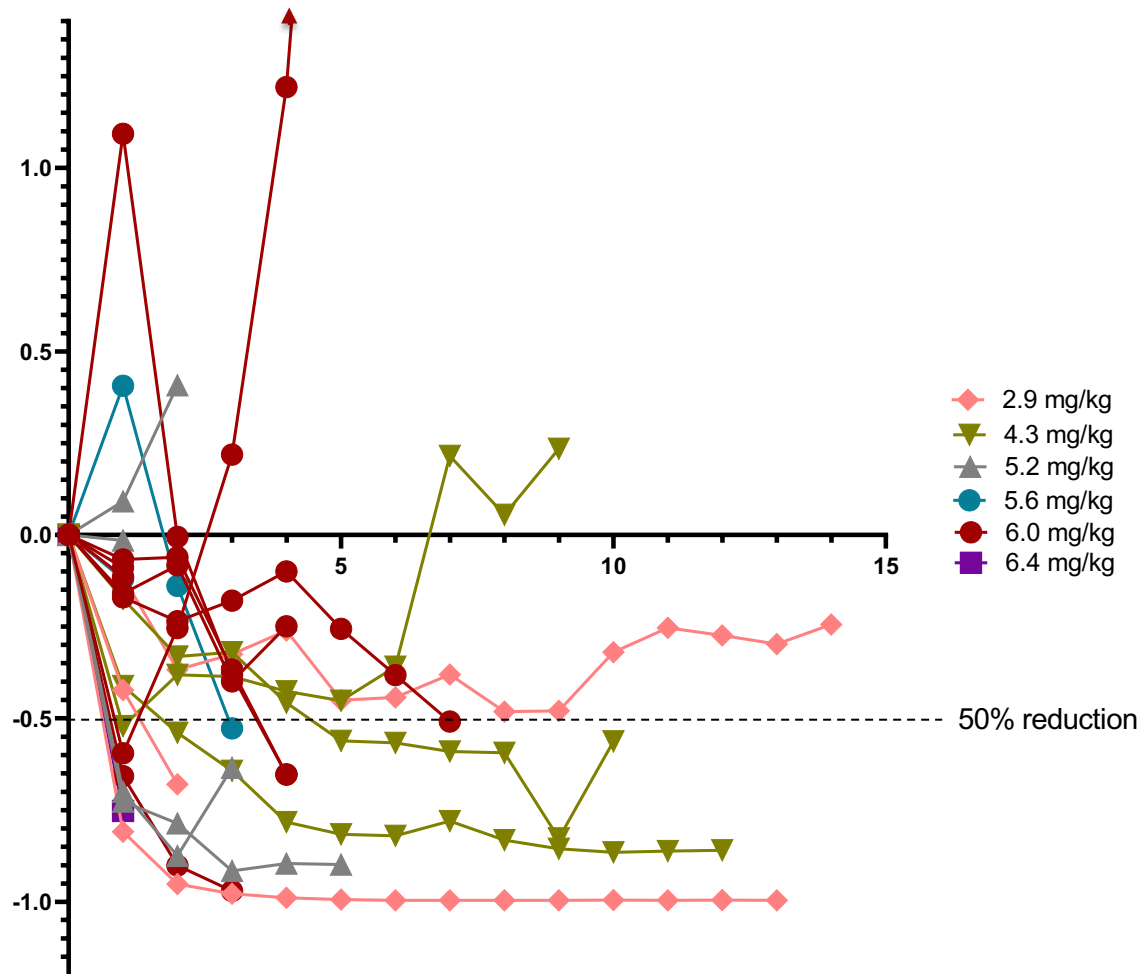
Reported April 27, 2020 (Data as of April 20, 2020)

Characteristic	Total N = 30 (%)
Age, median (range), years	60.5 (47-76)
Tumor type	
EOC	25 (83)
Fallopian tube	3 (10)
Primary peritoneal	2 (7)
ECOG PS	
0	17 (57)
1	13 (43)
Median time from diagnosis (range)	3.9 years (0.6- 17.1)
Median lines of prior therapy (range)	5 (2-10)
Platinum	30 (100)
≥ 3 prior platinum regimens	12 (40)
Taxanes	29 (97)
Bevacizumab	23 (77)
PARP inhibitors	18 (60)
Checkpoint inhibitors	7 (23)
Experimental therapy	11 (37)

Characteristic	Total N = 30 (%)
Dose Level of STRO-002	
0.5 mg/kg, 1.0 mg/kg, 1.8 mg/kg	5 (17)
2.9 mg/kg	3 (10)
4.2 mg/kg	3 (10)
5.2 mg/kg	6 (20)
5.6 mg/kg	3 (10)
6.0 mg/kg	9 (30)
6.4 mg/kg	1 (3)

62% (13/21) of Patients Treated at ≥ 2.9 mg/kg with Post-baseline Assessments Have $\geq 50\%$ Reduction or Normalization of CA-125

Y axis- change from C1D1 CA-125



X axis- post C1D1 assessments

Data as of 20 Apr 2020

CA-125 Responses

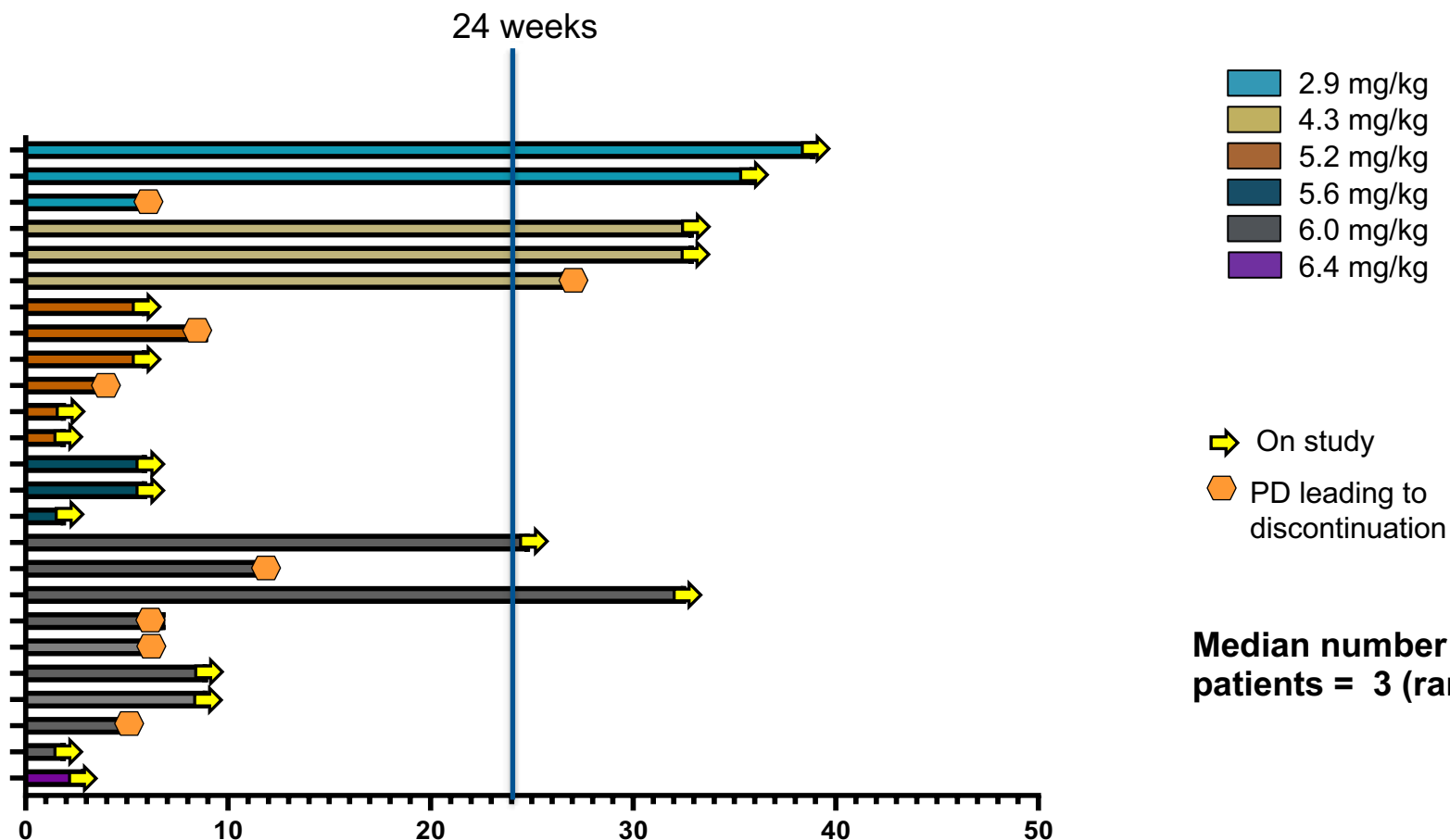
- 6 confirmed CA-125 responses
- 1 sustained CA-125 normalization
- 6 unconfirmed CA-125 responses in ongoing pts
- 4 *additional* patients have not reached first post-C1D1 CA-125 assessment (not included in the 21 total)

35% (7/20) Patients Evaluable for Progression at ≥ 2.9 mg/kg Remained on Study > 24 weeks

7 patients on study
> 24 weeks

11 patients still on
study (including 5
not yet evaluable)
with potential to
reach 24 weeks

17/25 (68%) of
patients treated at
 ≥ 2.9 mg/kg still on
study treatment

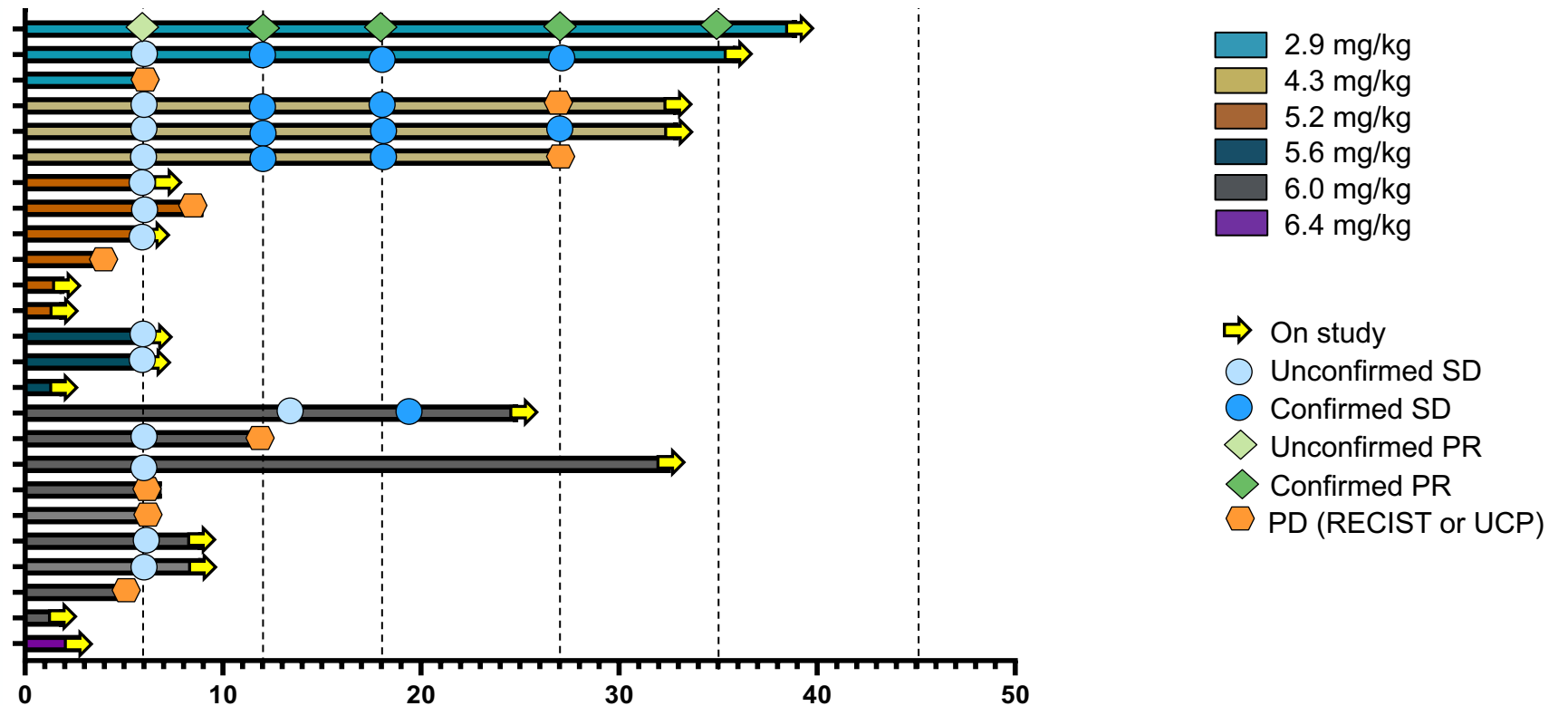


Data as of 20 Apr 2020

Duration calculated as time to PD from 1st dose or according to doses received (2 doses = 3 weeks, 3 doses = 6 weeks, etc.)

75% (15/20*) of Patients Treated at ≥ 2.9 mg/kg Have Initial Post-Baseline Scans Showing Stable Disease or Partial Response

*5 ongoing patients have not reached first post-baseline scan timepoint

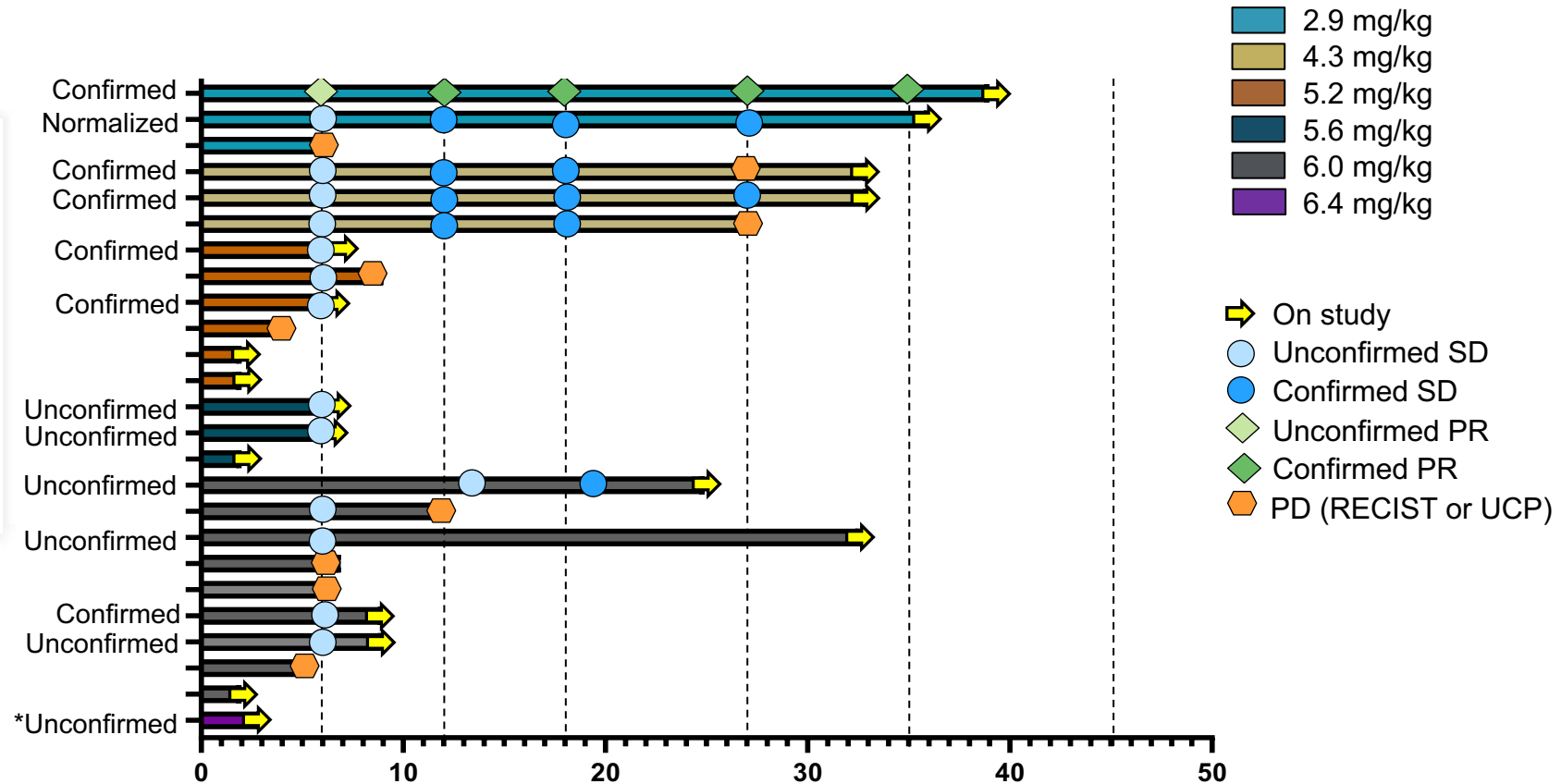


Data as of 20 Apr 2020

All Patients with CA-125 \geq 50% Reduction or Normalization Remain on Study Treatment and 12/12 (100%) Achieved Tumor Control

CA-125 Responses

4 ongoing patients have not reached first post-C1D1 CA-125 assessment



* Patient has not yet reached first RECIST scan timepoint
Data as of 20 Apr 2020

Treatment Emergent AEs in $\geq 20\%$ of Patients (without causality attribution)

- The emerging STRO-002 safety profile includes mostly mild adverse events - 89% of all AEs reported are grade 1 or 2.
- 2 DLTs have been reported: neuropathy (6.0 mg/kg); bone pain (6.4 mg/kg)

Treatment Emergent Adverse Events (TEAE)					
TEAE >20%	Grade 1	Grade 2	Grade 3	Grade 4*	N= 29 (%)
Fatigue	7 (24)	10 (35)	2 (7)		19 (66)
Nausea	13 (45)	4 (14)			17 (59)
Neutropenia/ Neutrophil count decreased			6 (21)	6 (21)	12 (41)
Constipation	6 (21)	6 (21)			12 (41)
Arthralgia	3 (10)	5 (17)	4 (14)		12 (41)
Abdominal pain	5 (17)	2 (7)	3 (10)		10 (35)
Decreased appetite	7 (24)	3 (10)			10 (35)
Vomiting	6 (21)	3 (10)			9 (31)
AST increased	8 (28)	1 (3)			9 (31)
Dizziness	6 (21)	2 (7)			8 (28)
Diarrhea	5 (17)	1 (3)	1 (3)		7 (24)
Peripheral neuropathy	2 (7)	4 (14)	1 (3)		7 (24)
Headache	5 (17)	1 (3)			6 (21)
Myalgia	3 (10)	2 (7)	1 (3)		6 (21)

*No other grade 4 events have been reported
N=29 as one patient has not reported any AEs
Data as of 20 Apr 2020

STRO-002 Emerging Safety Profile, Evidence of Anti-tumor Activity and Clinical Benefit are Encouraging – AACR April 27, 2020

62% (13/21)

Patients at 2.9 mg/kg or higher with post baseline assessments have had a **≥ 50% reduction in CA-125 levels or normalization of CA-125**

75% (15/20)

Patients at 2.9 mg/kg or higher with at least 1 post baseline scan **showing stable disease or a PR**

- 6 of the 15 were confirmed at a subsequent scan
- 7 patients (at 5.2 mg/kg or higher) with initial stable disease are awaiting follow-up assessments

100% (12/12)

All evaluable patients with **CA-125 ≥ 50% reduction or normalization remain on study treatment and achieved tumor control**

The patient population is **heavily pre-treated, platinum resistant/refractory** and has **not been enriched for FR α expression**

- 89% of all AEs reported are grade 1 or 2
- Prophylactic **corticosteroid eye drops** are not required

Summary - Well Tolerated, Encouraging Clinical Benefit

Expansion Cohorts Planned for 2H20

STRO-002 was generally well tolerated and mostly associated with mild events

- 89% of all AEs reported are grade 1 or 2
- Prophylactic **corticosteroid eye drops have not been required**
- MTD has not been reached, additional patients are being enrolled in the **5.2mg/kg – 6.0mg/kg range to better characterize RP2D**

Follow-up is still early and enrollment ongoing

- 5/30 = 17% have not had post-treatment scan for initial RECIST assessment

Next Steps:

- Recommended Phase 2 dose to be confirmed
- Expansion cohorts to be initiated



Thank You to the Patients, their Families and our Participating Study Site Investigators and Staff

Levine Cancer Institute, Carolinas Medical Center, Charlotte, NC

Medical College of Wisconsin, Milwaukee, WI

University of Chicago, Chicago, IL

Comprehensive Cancer Centers of Nevada, Las Vegas, NV

Sidney Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA

Miami Cancer Institute at Baptist Health, Miami, FL

Sarah Cannon Research Institute, Tennessee Oncology PLLC, Nashville, TN

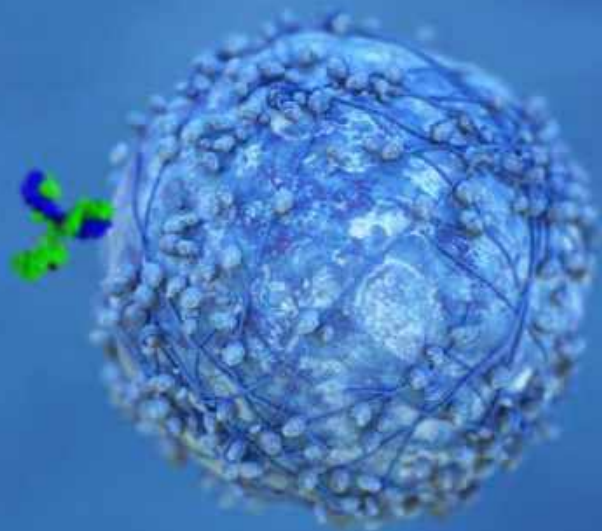
Rocky Mountain Cancer Center, Aurora, CO

University of Pennsylvania, Abramson Cancer Center, Philadelphia, PA

Ohio State University, Wexner Medical Center, Columbus, OH

Massachusetts General Hospital, Boston, MA





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