



Company Overview

May 2021

Sutro Biopharma
NASDAQ: STRO

Forward Looking Statements

This presentation and the accompanying oral presentation contain “forward-looking” statements that are based on our management’s beliefs and assumptions and on information currently available to management. Forward-looking statements include all statements other than statements of historical fact contained in this presentation, including information concerning our future financial performance, business plans and objectives, current and future clinical and preclinical activities, timing and success of our ongoing and planned clinical trials and related data, the timing of announcements, updates and results of our clinical trials and related data, timing and success of our planned development activities, our ability to obtain and maintain regulatory approval, the potential therapeutic benefits and economic value of our product candidates, potential growth opportunities, financing plans, competitive position, industry environment and potential market opportunities.

Forward-looking statements are subject to known and unknown risks, uncertainties, assumptions and other factors, including risks and uncertainties related to our cash forecasts, our and our collaborators’ ability to advance our product candidates, the receipt and timing of potential regulatory submissions, designations, approvals and commercialization of product candidates, the timing and results of preclinical and clinical trials, and the expected impact of the COVID-19 pandemic on our operations. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. These factors, together with those that may be described in greater detail under the heading “Risk Factors” contained in our most recent Annual Report on Form 10-K, Quarterly Report on Form 10-Q and other reports the company files from time to time with the Securities and Exchange Commission, may cause our actual results, performance or achievements to differ materially and adversely from those anticipated or implied by our forward-looking statements.

You should not rely upon forward-looking statements as predictions of future events. Although our management believes that the expectations reflected in our forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances described in the forward-looking statements will be achieved or occur. Moreover, neither we nor our management assume responsibility for the accuracy and completeness of the forward-looking statements. We undertake no obligation to publicly update any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations, except as required by law.

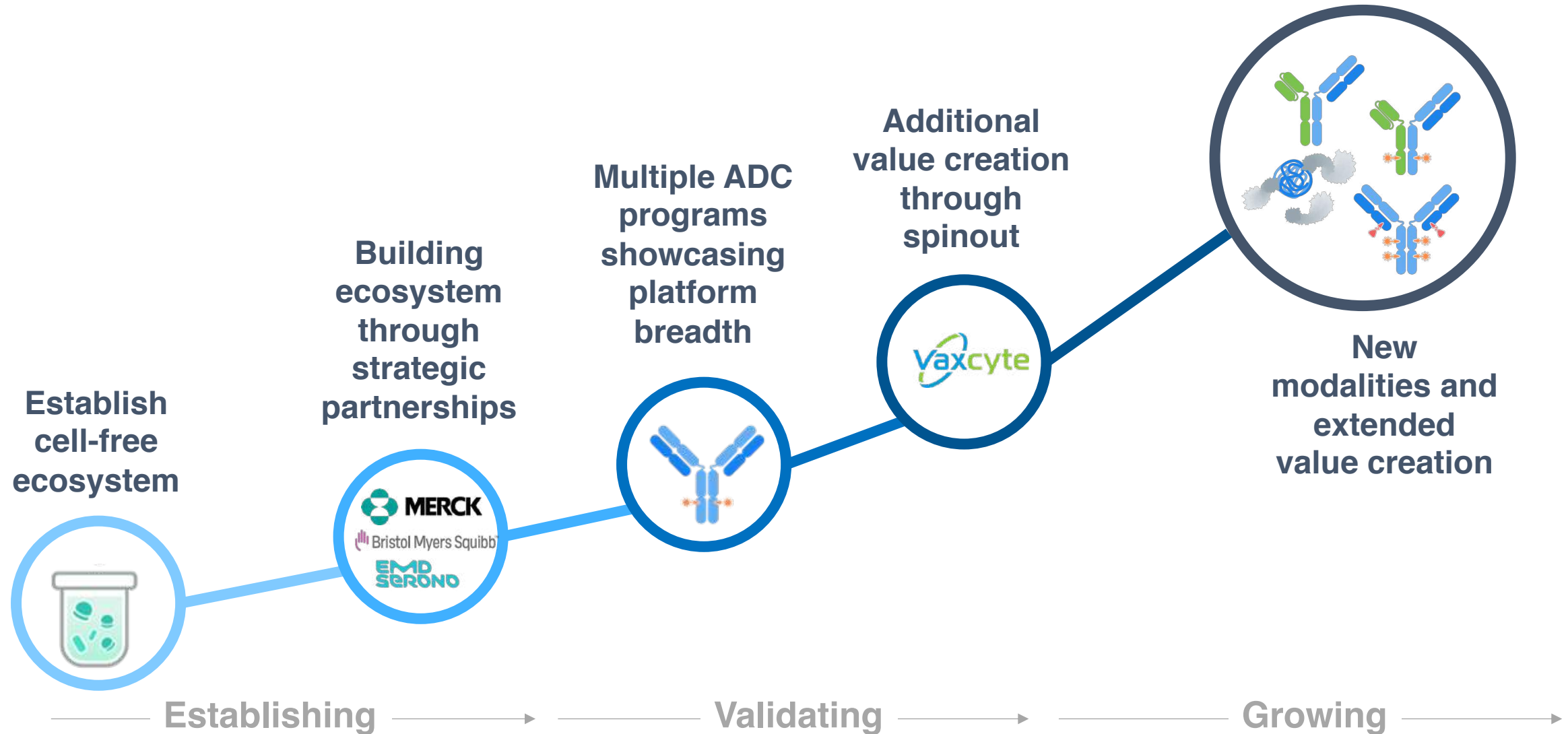
This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. 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.

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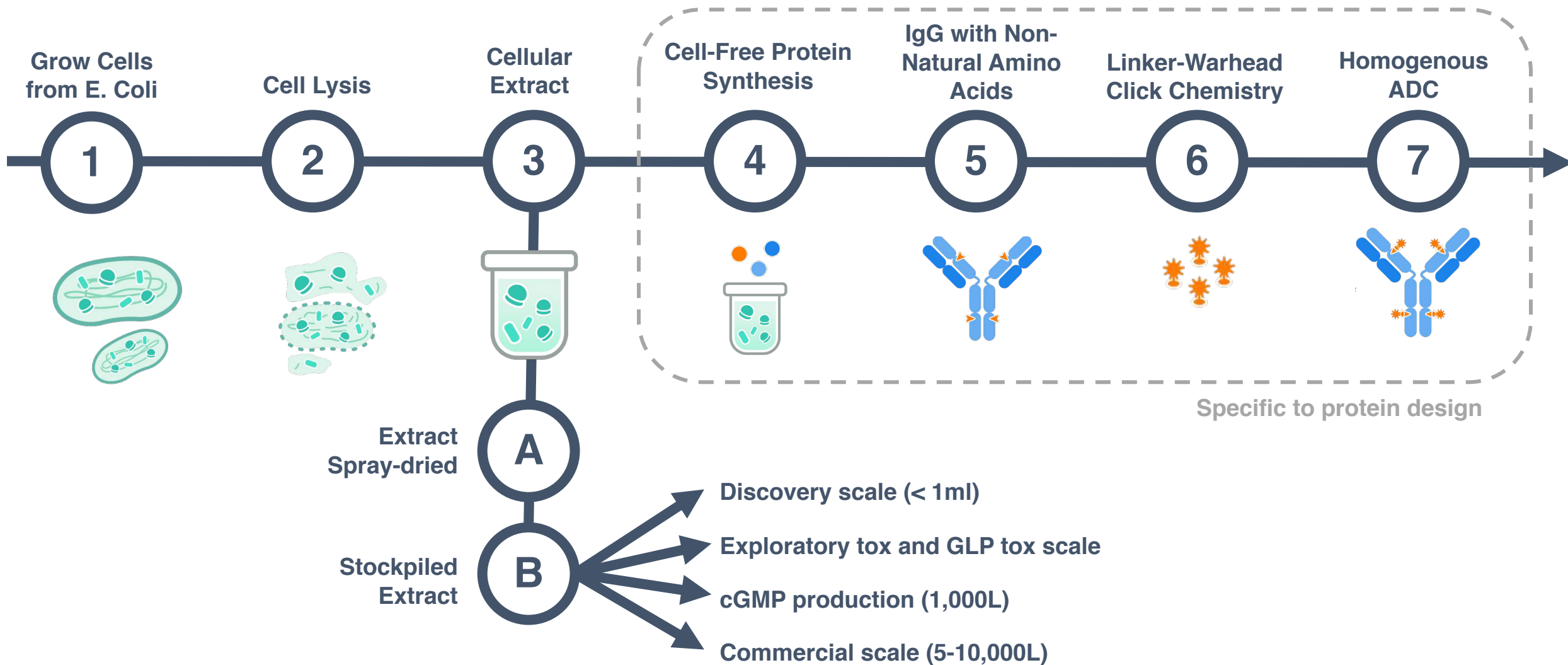
Pioneer and Leader in Cell-Free Technology

Expanding cell-free beyond ADCs



Industry Leading Cell-Free Protein Synthesis Platform

GMP production yields consistent and scalable end-products



Advantages of Precision Protein Therapeutics

Homogenous, precisely designed complex biologics with optimized performance

Challenges in Traditional Cell-Based Complex Biologics Discovery and Manufacturing

Months to discover lead drug candidates using **transient stable cell lines** evaluating a handful of candidates



Conjugations incomplete and unstable creating poorly optimized products, especially with increasing complexity in conjugations



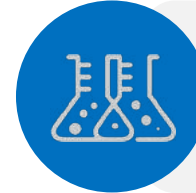
Heterogeneous mixtures have less favorable therapeutic window due to varying performance of each species



Cell-based production requires **different process with scale, causing complexity and unreliability** with CMC and manufacturing



Advantages of Sutro's Cell-Free Synthesis Platform for Best-in-Class Biologics



Create in parallel, in weeks, hundreds of protein variants to **empirically select the best** lead candidate based on ***in vivo* performance**



Click chemistry and non-natural amino acids **completely conjugate at precise positions**, without loss of efficiency even with increasing complexity



Precisely designed proteins in a **homogeneous product widens therapeutic window** due to the selection of the best single species
















Cell-free production is scalable – the same process in **lead discovery** as at **commercial scale**



Cell-Free Platform is a Proven IND Engine

Four product candidates in the clinic and other late-stage discovery programs in various modalities

| Program | Discovery | Preclinical | Phase 1/1b | Phase 2/3 | Commercial Rights |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|-----------|---------------------------------------------------------------------------------------------------------|
| STRO-002 <i>FolRa-Targeting ADC</i> |  Ovarian and Endometrial Cancer | | | |  Worldwide Rights |
| STRO-001 <i>CD74-Targeting ADC</i> |  Lymphomas: DLBCL, Mantle Cell, Follicular Multiple Myeloma (Orphan Drug Designation) | | | | |
| Multiple Oncology Programs including iADCs |  Oncology | | | | |
| CC-99712 <i>BCMA-Targeting ADC</i> |  Multiple Myeloma (Orphan Drug Designation) | | | |  |
| M1231 <i>MUC1-EGFR Bispecific ADC</i> |  NSCLC & Esophageal Cancer | | | |  ⁽¹⁾ |
| Cytokine Derivatives |  Oncology & Autoimmune | | | |  |
| |  Oncology | | | | |
| VAX-24 24-Valent Pneumococcal Conjugate Vaccine |  Invasive Pneumococcal Disease | | | |  ⁽²⁾ |

(1) EMD Serono is the biopharmaceutical business of Merck KGaA, Darmstadt Germany in the US

(2) Sutro owns 4% royalties on net sales of VAX-24





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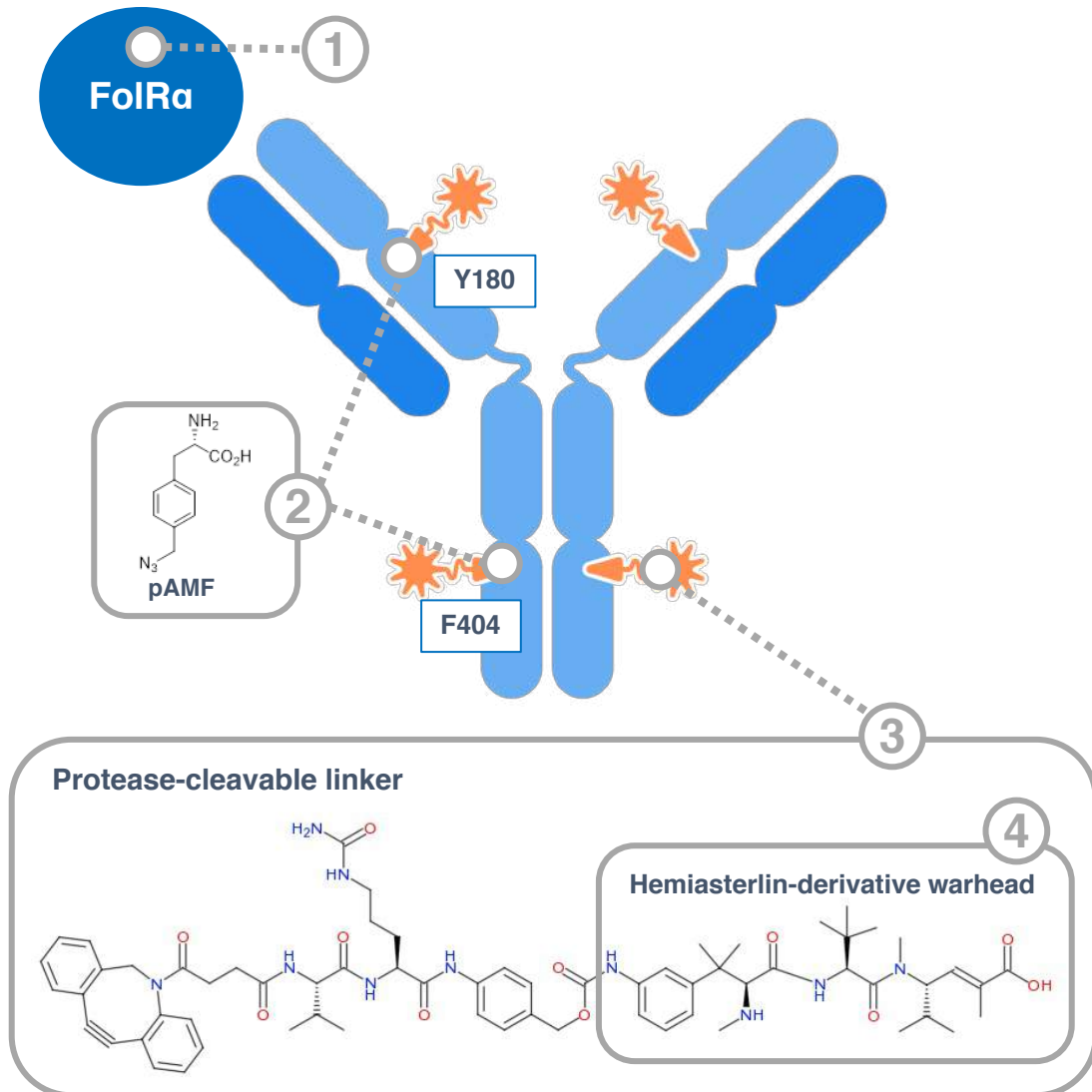
STRO
002

FolR α -Targeting ADC

Potential Best-in-Class ADC for
Ovarian and Endometrial Cancers

Potential Best-in-Class ADC for Ovarian and Endometrial Cancers

FolR α targeting ADC with potentially dual mechanism of action



STRO-002 is a homogeneous **antibody drug conjugate (ADC)** with a **drug-antibody ratio (DAR)** of 4, targeting folate-receptor alpha (**FolR α**):

- FolR α** is overexpressed in certain cancers including **ovarian cancer** and **endometrial cancer**
- Precisely positioned **non-natural amino acids**, p-azidomethyl-L-phenylalanine, at positions Y180 and F404 on the heavy chain
- Stable protease-cleavable linkers**, with rapid clearance of toxic catabolite after release and cell killing
- Warhead is hemiasterlin-derivative⁽¹⁾ with potentially **dual mechanism** against the tumor – **tubulin-inhibitor cytotoxin, less sensitive to P-gp transport** and provides **immunogenic response upon cell death**⁽²⁾

(1) Sutro-proprietary tubulin-targeting 3-aminophenol hemiasterlin warhead, SC209

(2) Based on STRO-002 pre-clinical models showing immune stimulation at site of tumor upon cell death

STRO-002 GM1 Phase 1 Two-Part Design

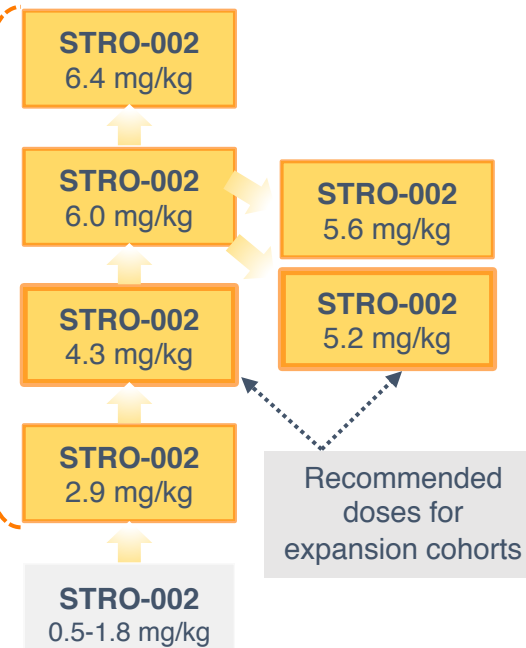
Dose-escalation has been completed and data was presented December 2020

Part 1: Dose-Escalation Cohort in Ovarian

All-Comers
Ovarian Cancer
N=39

34 patients treated at
clinically active dose
(≥ 2.9 mg/kg Q3W)

Of which, **31 patients**
were evaluable for
RECIST



Study Update:

- Enrollment completed August 2020
- Company provided updated data on December 3, 2020, as of October 30, 2020 cutoff

Baseline Characteristic

All Patients
N=39

| | |
|-------------------------------------------|---------------------------------------|
| Median age | 61 years (range: 48–79) |
| ▶ Median time since diagnosis | 3.9 years (range: 0.6–17.0) |
| ▶ Median number of prior lines of therapy | 6 lines (range: 2–11) |
| Previous therapies, n | |
| ▶ Platinum | 39 (100%) |
| ▶ ≥ 3 prior platinum regimens | 18 (46%) |
| Taxanes | 38 (97%) |
| Bevacizumab | 32 (82%) |
| ▶ PARP inhibitors | 23 (59%) |
| ▶ Checkpoint inhibitors | 8 (21%) |
| Experimental therapy | 14 (36%) |

Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

STRO-002 Was Generally Well Tolerated

86% of TEAEs remain Grade 1-2 and no observed ocular toxicity signal

Dose Levels in Dose-Escalation

| Dose Levels (Q3W) | All Patients (N=39) |
|-------------------------------------|---------------------|
| 0.5 mg/kg, 1.0 mg/kg, and 1.8 mg/kg | 5 (13%) |
| 2.9 mg/kg | 3 (8%) |
| 4.3 mg/kg | 5 (13%) |
| 5.2 mg/kg | 12 (31%) |
| 5.6 mg/kg | 3 (8%) |
| 6.0 mg/kg ⁽¹⁾ | 10 (26%) |
| 6.4 mg/kg ⁽¹⁾ | 1 (3%) |

Common TEAEs > 25% By Grade ⁽²⁾

| All Safety Evaluable Patients | Grade 1 N (%) | Grade 2 N (%) | Grade 3 N (%) | Grade 4 N (%) | Overall (N=39) N (%) |
|-------------------------------|---------------|---------------|---------------|---------------|----------------------|
| Fatigue | 8 (21) | 17 (44) | 4 (10) | 0 | 29 (74) |
| Nausea | 15 (39) | 10 (26) | 0 | 0 | 25 (64) |
| Constipation | 12 (31) | 12 (31) | 0 | 0 | 24 (62) |
| Neutropenia | 0 | 1 (3) | 9 (23) | 13 (33) | 23 (59) |
| Arthralgia | 8 (21) | 7 (18) | 6 (15) | 0 | 21 (54) |
| Decreased appetite | 10 (26) | 10 (26) | 0 | 0 | 20 (51) |
| Neuropathy | 3 (8) | 12 (31) | 3 (8) | 0 | 18 (46) |
| Abdominal pain | 7 (18) | 5 (13) | 3 (8) | 0 | 15 (39) |
| AST increased | 10 (26) | 2 (5) | 1 (3) | 0 | 13 (33) |
| Dizziness | 10 (26) | 3 (8) | 0 | 0 | 13 (33) |
| Vomiting | 8 (21) | 5 (13) | 0 | 0 | 13 (33) |
| Diarrhea | 8 (21) | 3 (8) | 1 (3) | 0 | 12 (31) |
| Headache | 7 (18) | 3 (8) | 0 | 0 | 10 (26) |
| Insomnia | 6 (15) | 4 (10) | 0 | 0 | 10 (26) |
| Pyrexia | 8 (21) | 2 (5) | 0 | 0 | 10 (26) |

(1) MTD was not reached; DLTs occurred in 2 patients: Grade 2 neuropathy/Grade 3 arthralgia at 6.0 mg/kg and Grade 3 bone pain at 6.4 mg/kg

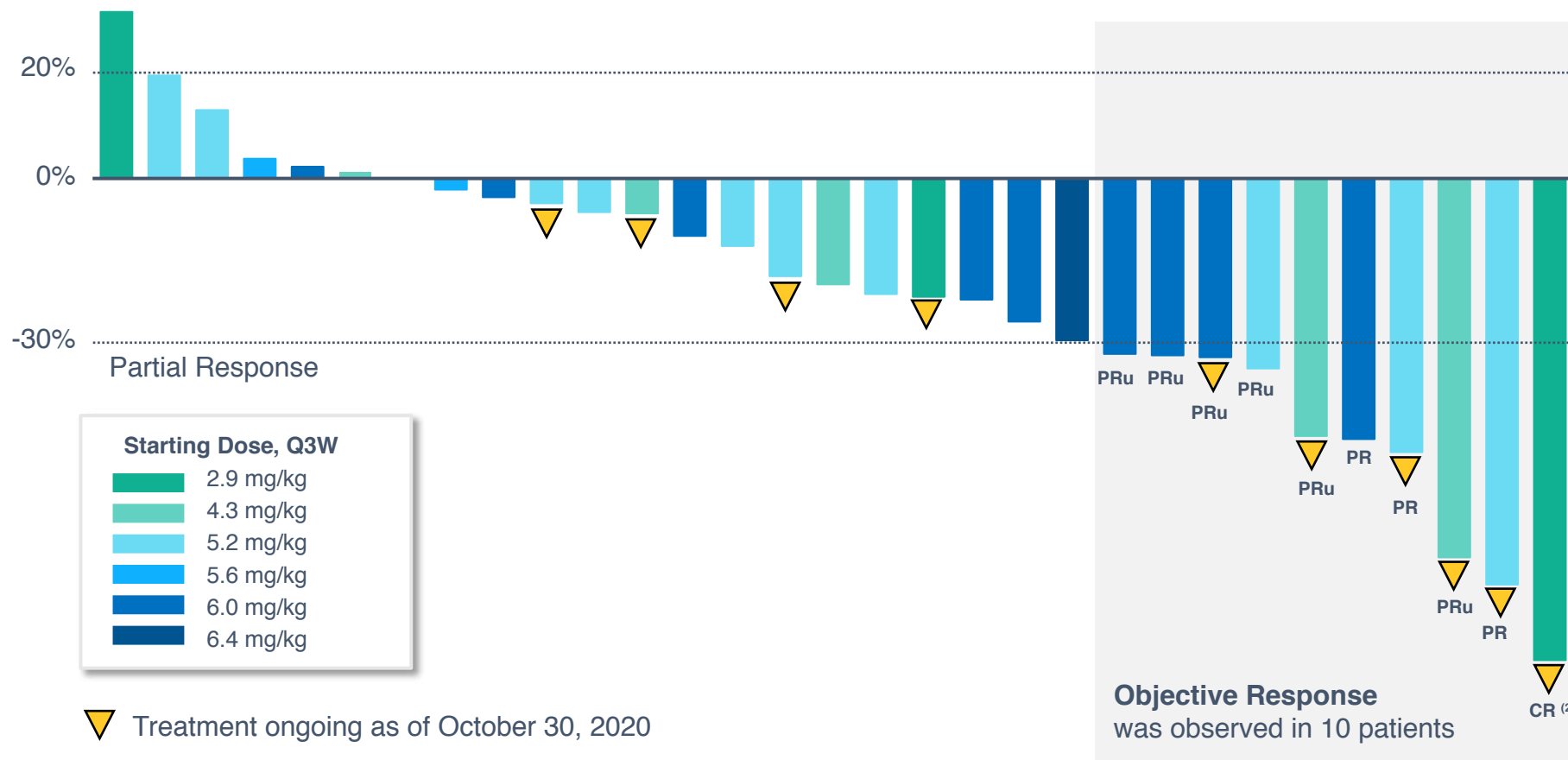
(2) Not included in table are two Grade 5 events, both previously reported and unrelated to study drug by investigator assessment: death not otherwise specified and acute GI bleed

Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

Tumor Reduction Observed in Majority of Patients

10 patients met criteria for response

Maximum Change ⁽¹⁾ in Tumor Target Lesions



| Objective Response per RECIST 1.1 | RECIST-Evaluable Population (N=31) |
|-----------------------------------|------------------------------------|
|-----------------------------------|------------------------------------|

| | |
|-------------------|-----------|
| Responders | 10 |
|-------------------|-----------|

| | |
|--------------------------|----------|
| CR ⁽²⁾ | 1 |
|--------------------------|----------|

| | |
|-----------|----------|
| PR | 9 |
|-----------|----------|

| | |
|------------------|----------|
| <i>Confirmed</i> | <i>3</i> |
|------------------|----------|

| | |
|--------------------|----------|
| <i>Unconfirmed</i> | <i>6</i> |
|--------------------|----------|

| | |
|-----------|-----------|
| SD | 18 |
|-----------|-----------|

| | |
|-----------|----------|
| PD | 3 |
|-----------|----------|

(1) Maximum % change from baseline in sum of longest diameter in evaluable patients treated with STRO-002 at ≥ 2.9 mg/kg Q3W, N=31

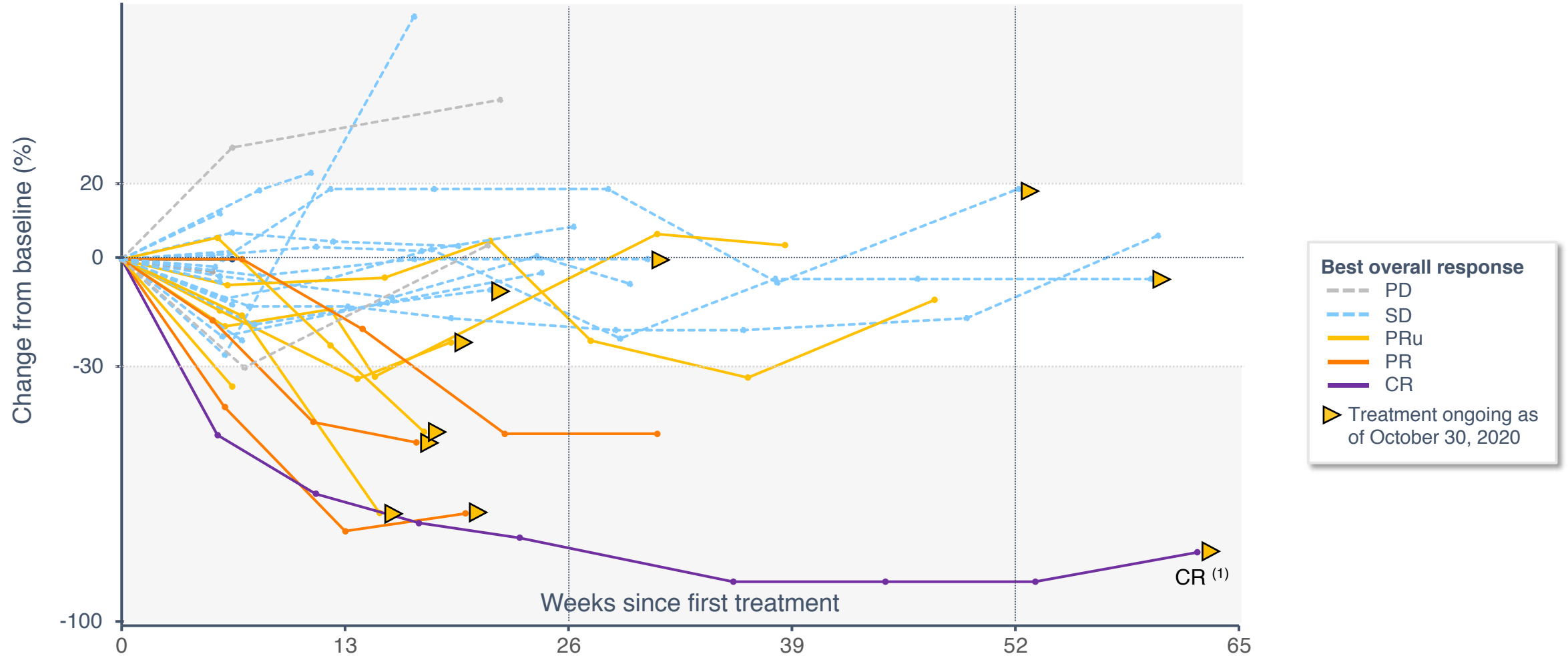
(2) CR in patient treated at 2.9 mg/kg with resolution of peritoneal disease

Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

Tumor Regression and Control Over Time

Deepening of responses over time and others with disease control remaining on study

Change in Sum of Diameters for Target Lesions Over Time (N=31)



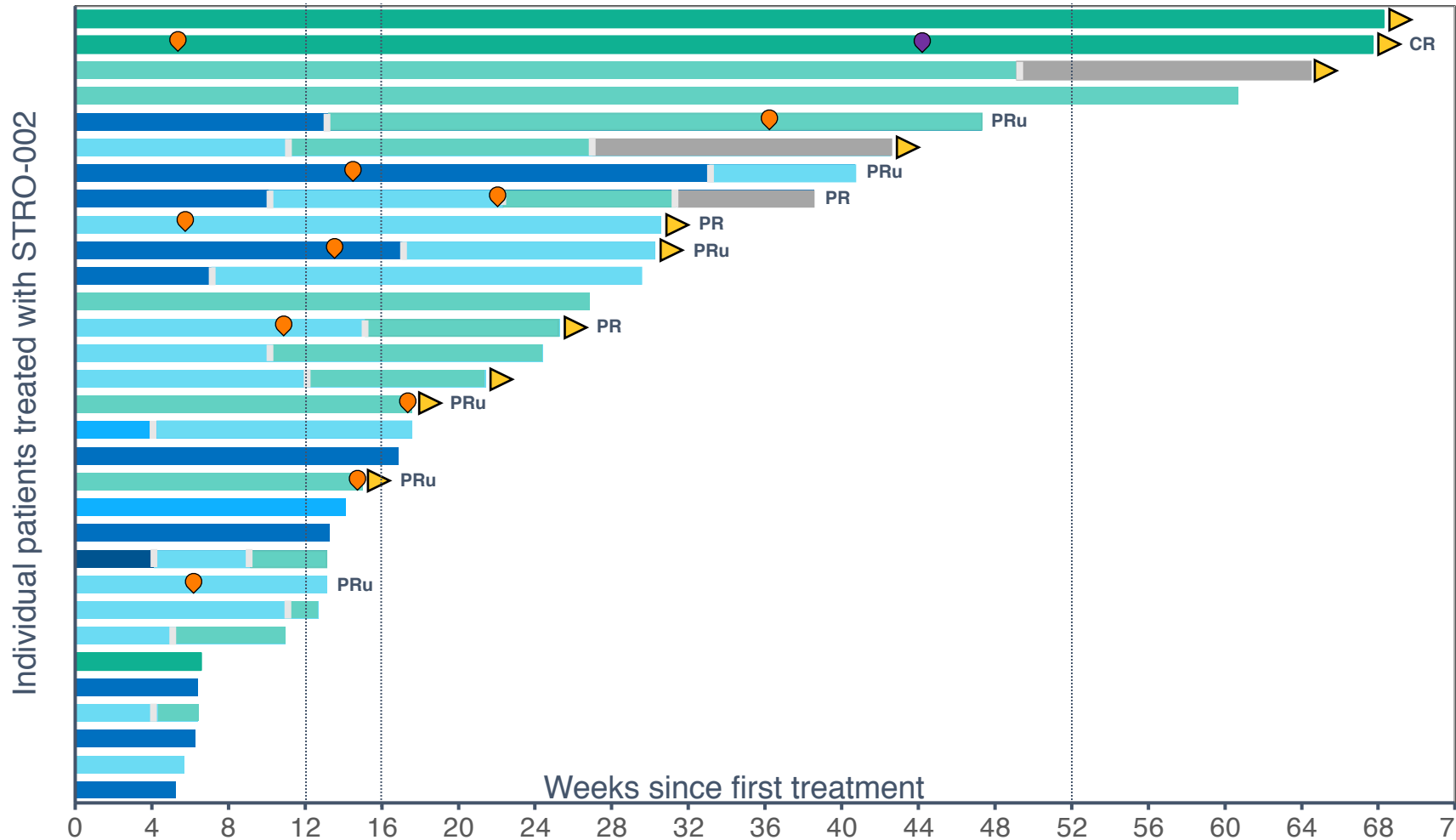
(1) CR in patient treated at 2.9 mg/kg with resolution of peritoneal disease

Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

Clinical Benefit Seen in Heavily Pre-Treated Patient Population

Disease control rate of 74% at 12 weeks in RECIST-evaluable population

Treatment Duration ⁽¹⁾ and Response, Based on Evaluable Patients (N=31)



Dose Level

- 2.9 mg/kg
- 3.5 mg/kg
- 4.3 mg/kg
- 5.2 mg/kg
- 5.6 mg/kg
- 6.0 mg/kg
- 6.4 mg/kg

Response

- PR (Orange circle)
- CR (Purple circle)
- Treatment ongoing as of Oct 30, 2020 (Yellow triangle)
- Dose adjustment (Grey bar)

| Disease Control Rate | RECIST-Evaluable Population |
|----------------------|-----------------------------|
| ≥ 52 weeks | 4 (13%) |
| ≥ 16 weeks | 18 (58%) |
| ≥ 12 weeks | 23 (74%) |

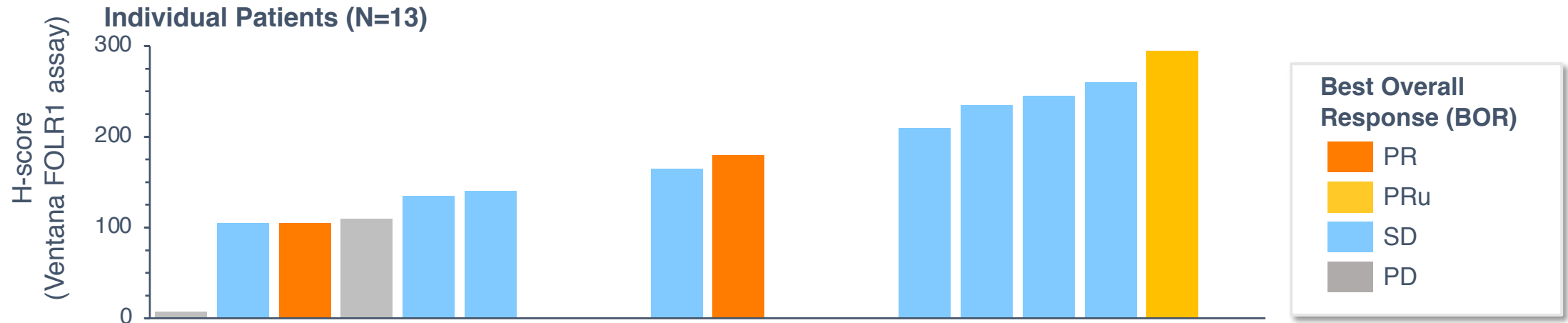
Most patients on treatment **beyond 12 weeks** were treated at the **2.9-5.2 mg/kg dose levels**

(1) Duration calculated as date of PD or time from first dose to last dose given (including 4 patients deriving clinical benefit post progression per investigator assessment)

Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

FoIRa Expression by Immunohistochemistry ⁽¹⁾

In emerging data, responses and anti-tumor activity observed across various FoIRa expression levels



| FOLR1 PS2+ Score: | Weak/Absent Expression | Moderate Expression | High Expression |
|--------------------------|-------------------------------|----------------------------|------------------------|
| PR | 1 | 1 | 0 |
| PRu | 0 | 0 | 1 |
| SD | 3 | 1 | 4 |
| PD | 2 | 0 | 0 |

(1) Assessed by Ventana FOLR1 expression assay based on available archival tissue from dose-escalation patients

Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

Path Forward for STRO-002 Clinical Development

Next steps for moving towards registration-directed study

Determine optimal efficacious dose that is well-tolerated and maintains **dose intensity**

Study will begin with **All Comers** and ongoing expression analysis will **inform subsequent enrichment strategy**

Characterize efficacy and safety profile in **less heavily pre-treated population** to inform **registration-directed study**

Part 2: Dose-Expansion Cohorts (Ovarian & Endometrial)

All-Comers Ovarian Cancer

- Tissue required prior to enrollment
- Front line platinum-refractory excluded
- 1-3 prior regimens for platinum-resistant
- 2-3 prior regimens for platinum-sensitive
- Baseline peripheral neuropathy grade ≥ 2 excluded

N \approx 20

STRO-002
4.3 mg/kg

N \approx 20

STRO-002
5.2 mg/kg

FoIRa-Selected Endometrial Cancer

- Relapsed/refractory disease
- No standard of care treatment

N \approx 15-40

STRO-002
4.3-5.2 mg/kg

Key Endpoints:

Objective Response Rate, Safety, PK Profile, Duration of Response, Progression Free Survival, Overall Survival, CA-125 Responses

First patient for ovarian cohort dosed
January 2021

Plan to target **\approx 35 sites in US & Europe**

Anticipated preliminary data in ovarian cancer
2H 2021

Anticipated **EOP1/2** FDA meeting in 2H 2021



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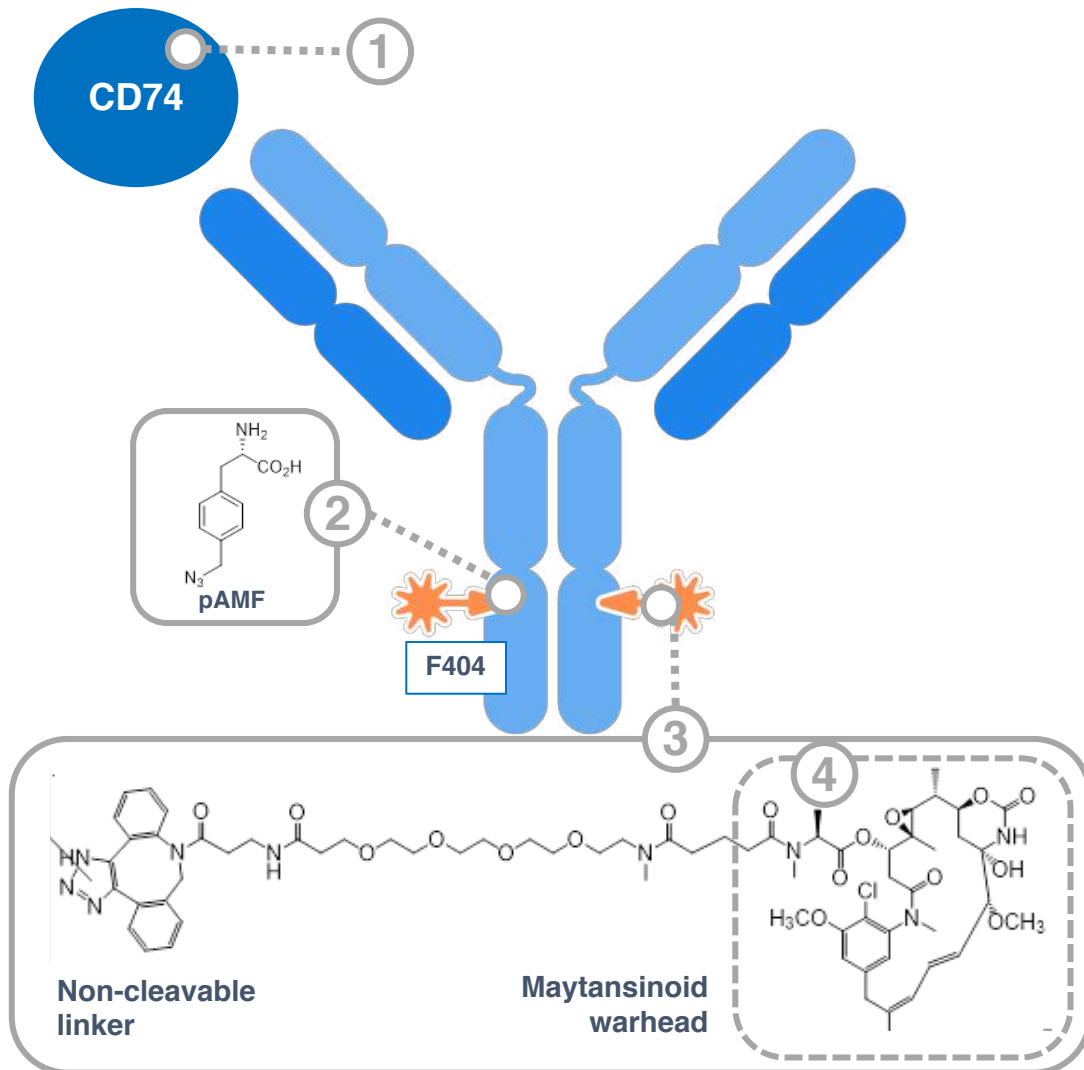
STRO
001

CD74-Targeting ADC

Potential First and Best-in-Class
ADC for B-Cell Malignancies

Potential First-in-Class Molecule for Patients with NHL and MM

Stable CD74 targeting ADC for hematological cancers designed to minimize bystander effects



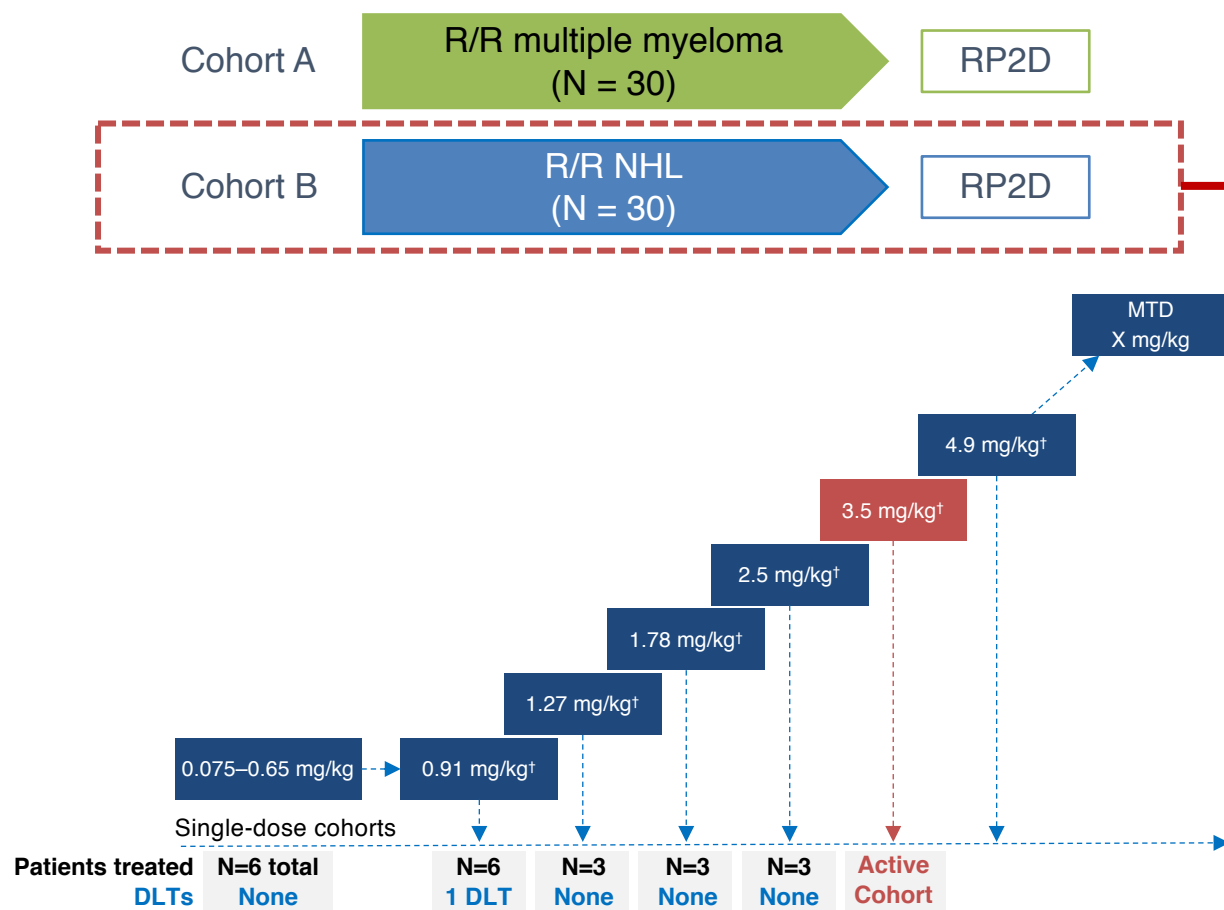
STRO-001 is a homogeneous **antibody drug conjugate (ADC)** with a **drug-antibody ratio (DAR)** of **2**, targeting **CD74**:

- 1** **CD74** is expressed in many **hematological cancers** and **rapidly internalized**
- 2** Conjugation through precisely positioned **non-natural amino acids**, p-azidomethyl-L-phenylalanine, at positions F404 on the heavy chain
- 3** Comprises two non-cleavable linker-warheads that are **stable in circulation**
- 4** The active catabolite, **Maytansinoid** derivative, efficiently kills tumor cells following internalization of the ADC and was designed to **minimize bystander effects**

STRO-001-BCM1 Study Design and Updates

Ongoing Phase 1 dose-escalation study with NHL update at ASH 2020

STRO-001-BCM1 Dose-Escalation Study



NHL Cohort Update at ASH 2020

A total of **21 patients** have been treated with STRO-001 and **18 patients** were evaluable for response as of October 30, 2020

Dose range 0.05-2.5 mg/kg and **MTD has not been reached**

1 DLT of grade 3 pulmonary embolism was observed ⁽¹⁾

Following previously announced **protocol amendment** requiring pre-screening for patients at risk for thromboses, **no additional thromboembolic events** have been observed

Dosing frequency was modified from Q2W (28-day cycle) to **Q3W** (21-day cycle) for doses \geq 0.91 mg/kg

(1) DLT disclosed in 2019, patient with bulky lymphadenopathy and concurrent DVT receiving 0.91 mg/kg Q3W

Note: Data as of October 30, 2020 from ASH 2020

ASH 2020 Update in NHL Cohort

Heavily pre-treated patient population with 5 median lines of prior therapies

| Baseline Characteristic | (N=21) |
|--------------------------------------------------|-----------------|
| Age, median (range), years | 64.5 (21–82) |
| Time from diagnosis, median (range), years | 6.0 (1.0–29.8) |
| NHL subtype, n (%) | 21 (100) |
| DLBCL | 7 (33) |
| Follicular lymphoma | 7 (33) |
| MCL | 2 (10) |
| Marginal zone lymphoma | 2 (10) |
| Burkitt's Lymphoma | 1 (5) |
| Composite DLBCL/FL | 1 (5) |
| Composite DLBCL/CLL | 1 (5) |
| Number of prior therapies, median (range) | 5 (1-12) |
| Prior therapies, n (%) | |
| Autologous stem cell transplant | 2 (10) |
| Unrelated allogeneic stem cell transplant | 1 (5) |
| CAR-T therapy | 3 (14) |

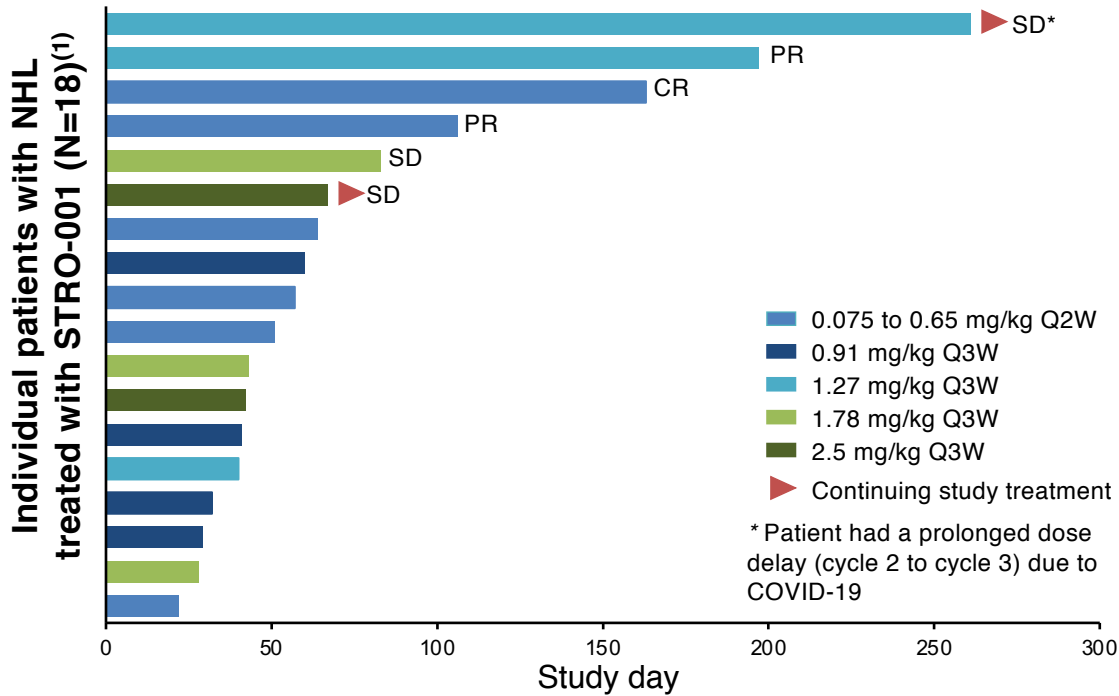
| TEAEs by Grade, Occurring in ≥ 15% | Patients With ≥1 Event, n (%) | | | |
|---------------------------------------|-------------------------------|----------|---------|---------|
| | Grade 1 | Grade 2 | Grade 3 | Grade 4 |
| Nausea | 5 (23.8) | 4 (19.0) | 0 | 0 |
| Fatigue | 4 (19.0) | 3 (14.3) | 0 | 0 |
| Chills | 7 (33.3) | 0 | 0 | 0 |
| Anemia | 3 (14.3) | 2 (9.5) | 1 (4.8) | 0 |
| Headache | 2 (9.5) | 4 (19.0) | 0 | 0 |
| Dyspnea | 1 (4.8) | 3 (14.3) | 1 (4.8) | 0 |
| Abdominal pain | 4 (19.0) | 1 (4.8) | 0 | 0 |
| Infusion related reaction | 1 (4.8) | 3 (14.3) | 0 | 0 |
| Vomiting | 2 (9.5) | 2 (9.5) | 0 | 0 |
| Decreased appetite | 3 (14.3) | 1 (4.8) | 0 | 0 |
| Pyrexia | 3 (14.3) | 1 (4.8) | 0 | 0 |

Note: Data as of October 30, 2020 from ASH 2020

Encouraging Interim Treatment Duration and Responses

Partial responses in two DLBCL patients who had progressed on CAR-T

Treatment Duration



| Best Response | Patients, n | STRO-001 Dose | NHL subtype |
|---------------|-------------|-----------------------|------------------------------|
| CR | 1 | 0.075 mg/kg | DLBCL |
| PR | 2 | 0.65, 1.27 mg/kg | DLBCL |
| SD | 3 | 1.27, 1.78, 2.5 mg/kg | Marginal Zone and Follicular |
| PD | 12 | Multiple | |

(1) 18 patients are evaluable for response as of October 30, 2020

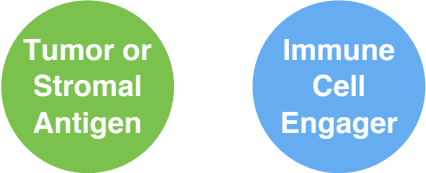


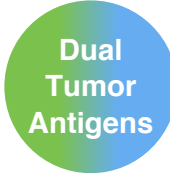

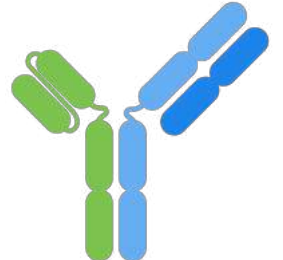
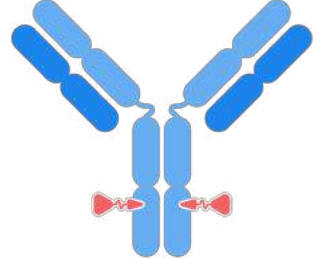
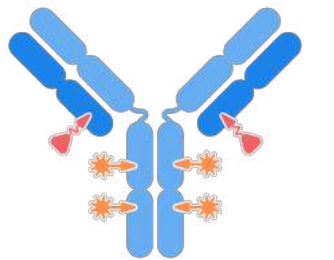
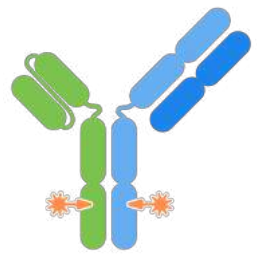
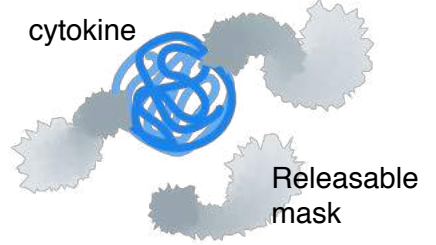
Note: Data as of October 30, 2020 from ASH 2020

Responses to STRO-001

| Best Response | Doses received, level | Demographics and Diagnosis | Prior Therapies |
|-------------------|-----------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CR after 2 cycles | 12 doses, 0.075 mg/kg | 82yo man, Stage III DLBCL, non-GC type (2015) | <ul style="list-style-type: none"> - R-CHOP-R - Rituximab/lenalidomide - Bendamustine/rituximab - Obinituzumab, gemcitabine + oxaliplatin |
| PR at cycle 3 | 8 doses, 0.65 mg/kg | 64yo man, Double-hit Stage IV DLBCL (August 2017) | <ul style="list-style-type: none"> - R-CHOP x 1 and EPOCH X 6 - RICE with IT prophylaxis - Rituximab & XRT - Rituximab, gemcitabine + oxaliplatin with radiotherapy - CAR-T (May 2018) - Rituximab & lenalidomide (Nov 2018) |
| PR at cycle 3 | 10 doses, 1.27 mg/kg | 68yo woman, Stage IV extranodal DLBCL, non-GC (Feb 2018) | <ul style="list-style-type: none"> - R-CHOP - RICE x 2 - DHAP x 2 - CAR-T (May 2019) - Lenalidomide (Nov 2019) |
| SD | 6 doses, 1.27 mg/kg | 51yo woman, Stage III marginal zone lymphoma (May 2017) | <ul style="list-style-type: none"> - Obinituzumab |
| SD | 4 doses, 1.78 mg/kg | 36yo man, Stage IIIA follicular lymphoma (June 2014) | <ul style="list-style-type: none"> - Flt3L-vaccine immunotherapy - Rituximab - Pneumococcal conjugate vaccine - polyCLC (TLR-3 agonist) - Pembrolizumab |
| SD | 3 doses, 2.50 mg/kg | 74yo man, Stage IV follicular lymphoma | <ul style="list-style-type: none"> - Reituximab/fludarabine/Cytosan - Ifosfamide/carboplatin, etoposide - Auto SCT |

Deep Arsenal of Tools in the R&D Pipeline Available to Attack Cancer ⁽¹⁾

Novel and precise design to drive adaptive and protective immune responses

| | Bispecific Antibody | Conjugated Antibody | | | Cytokine Derivative |
|-----------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Modality | <i>Immune Cell Engager</i> | <i>ADC or ISAC</i> | <i>iADC</i> | <i>Bispecific ADC</i> | <i>Prodrug Cytokine Derivative</i> |
| Target |  |  |  |  |  |
| Structure |  |  |  |  |  |
| Drug Properties | Optimized format and affinity Improved specificity for optimized therapeutic window | ISAC: Immune-stimulating ADC: targeting novel payloads | Site-specific dual drug conjugate with complementary modalities (TME modulator +/- immune modulator) | Enhanced tumor targeting of cytotoxic payloads | Prodrug cytokine targeting functional cytokine to tumor |

(1) Molecules are designed and enabled using Sutro's XpressCF+™ platform



Financial Overview

Well-capitalized through cash and other financial sources

\$326.5M

in cash, cash equivalents &
marketable securities
as of year-end 2020

Projected cash runway into

2H 2023,

not including potential monetization of
Vaxcyte shares or future BD

~1.6M shares

of **Vaxcyte**

(Nasdaq: PCVX) not included in the
reported cash or runway projections

Funding received from our
collaborators of

~\$398M

through year-end 2020



Driving Value Through Advancing Programs

Multiple opportunities to impact value into 2021 and beyond

| Program | Indication | Milestone | Anticipated Timing |
|----------------------------------------------------|---------------------------------|--------------------------------------------------|--------------------|
| STRO-002 FolR α ADC | Ovarian Cancer | Updated dose-escalation data | ASCO 2021 |
| | | Initial dose-expansion data | 2H 2021 |
| | | Initiate combination study | 2H 2021 |
| | | EOP1/2 FDA meeting | 2H 2021 |
| | Endometrial Cancer | Endometrial cohort to be initiated | 2H 2021 |
| STRO-001 CD74 ADC | Lymphomas & Multiple Myeloma | Initiate dose-expansion | 2H 2021 |
| STRO-003 | Cancer | Present pre-clinical data and IND projections | 2021 |
| Partnered Programs | | | |
| CC-99712 BCMA ADC | Multiple Myeloma | Granted Orphan Drug Designation | Feb 2021 |
| M1231 MUC1-EGFR ADC | NSCLC & Esophageal Cancer | Enrolling patients | 2021 |
| Merck Collaboration | Cancer & Autoimmune Diseases | IND-enabling tox initiated | Apr 2021 |
| VAX-24 Pneumococcal Conjugate Vaccine | Invasive Pneumococcal Disease | Additional updates by partner | 2021+ |



Experienced Leadership Team



William Newell, JD

Chief Executive Officer and
Member of the Board of
Directors



Trevor Hallam, PhD

Chief Scientific Officer



**Arturo Molina,
MD, MS, FACP**

Chief Medical Officer



Ed Albini

Chief Financial Officer



Shabbir Anik, PhD

Chief Technical Operations Officer



Linda Fitzpatrick

Chief People and
Communications Officer



Nicki Vasquez, PhD

Sr. VP Alliance Management /
Portfolio Strategy & Operations

