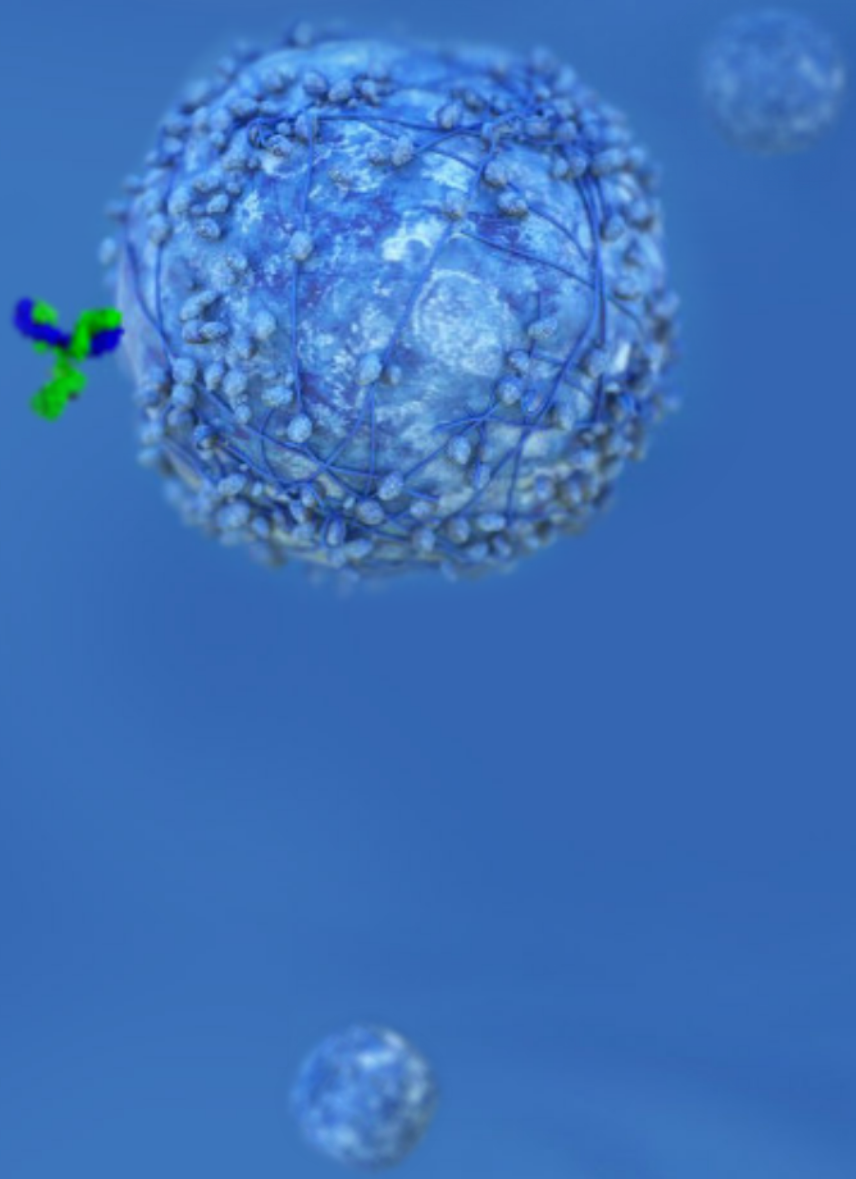

SUTRO BIOPHARMA

# 20th Annual Needham Virtual Healthcare Conference

April 15, 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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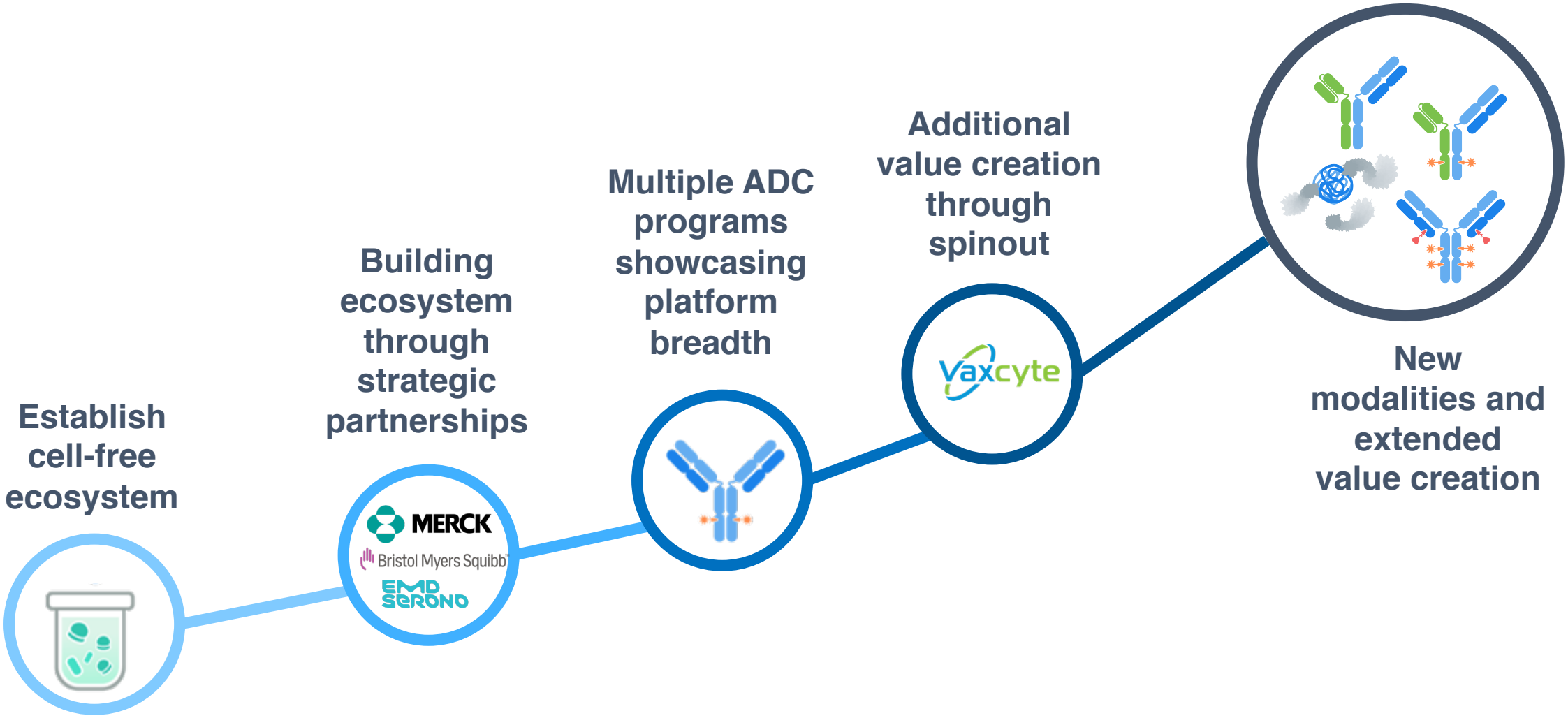
# Pioneer and Leader in Cell-Free Technology

## Expanding cell-free beyond ADCs





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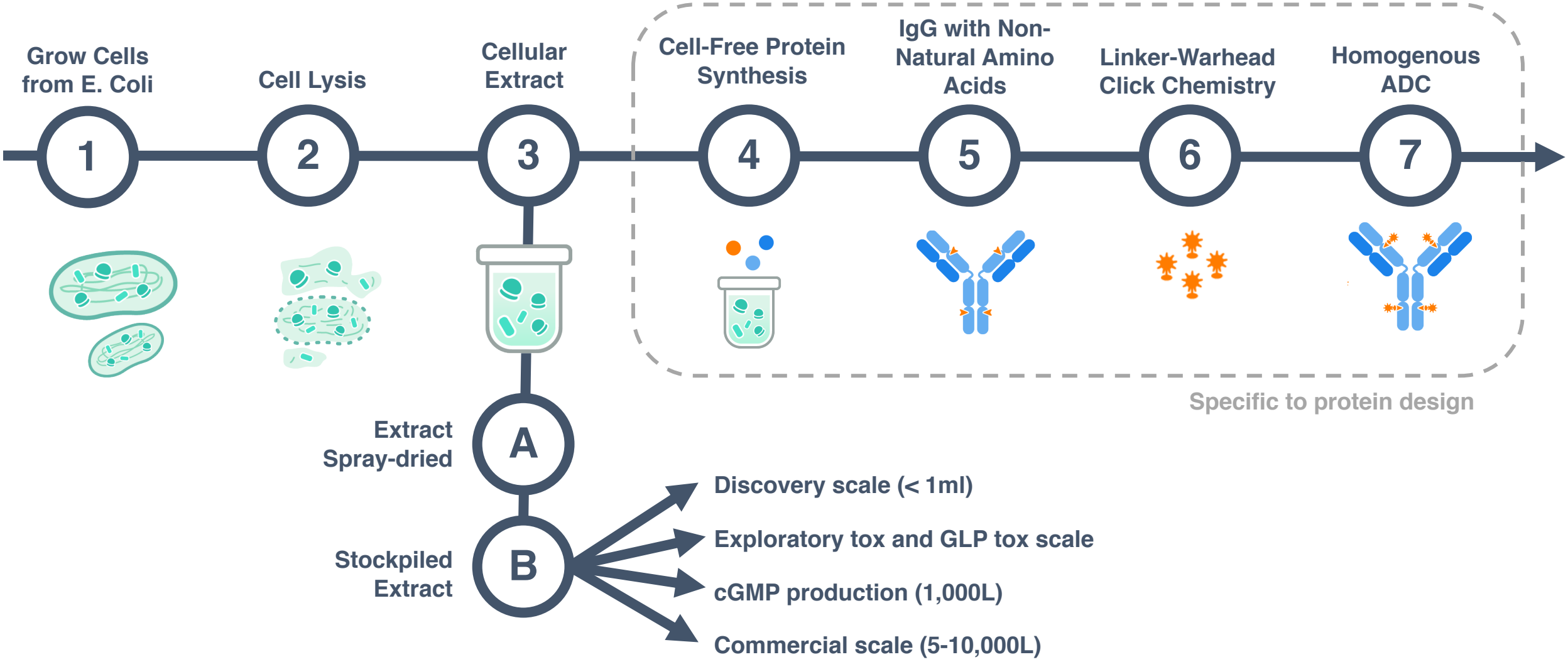
# Industry Leading Cell-Free Protein Synthesis Platform

## GMP production yields consistent and scalable end-products





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# 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**





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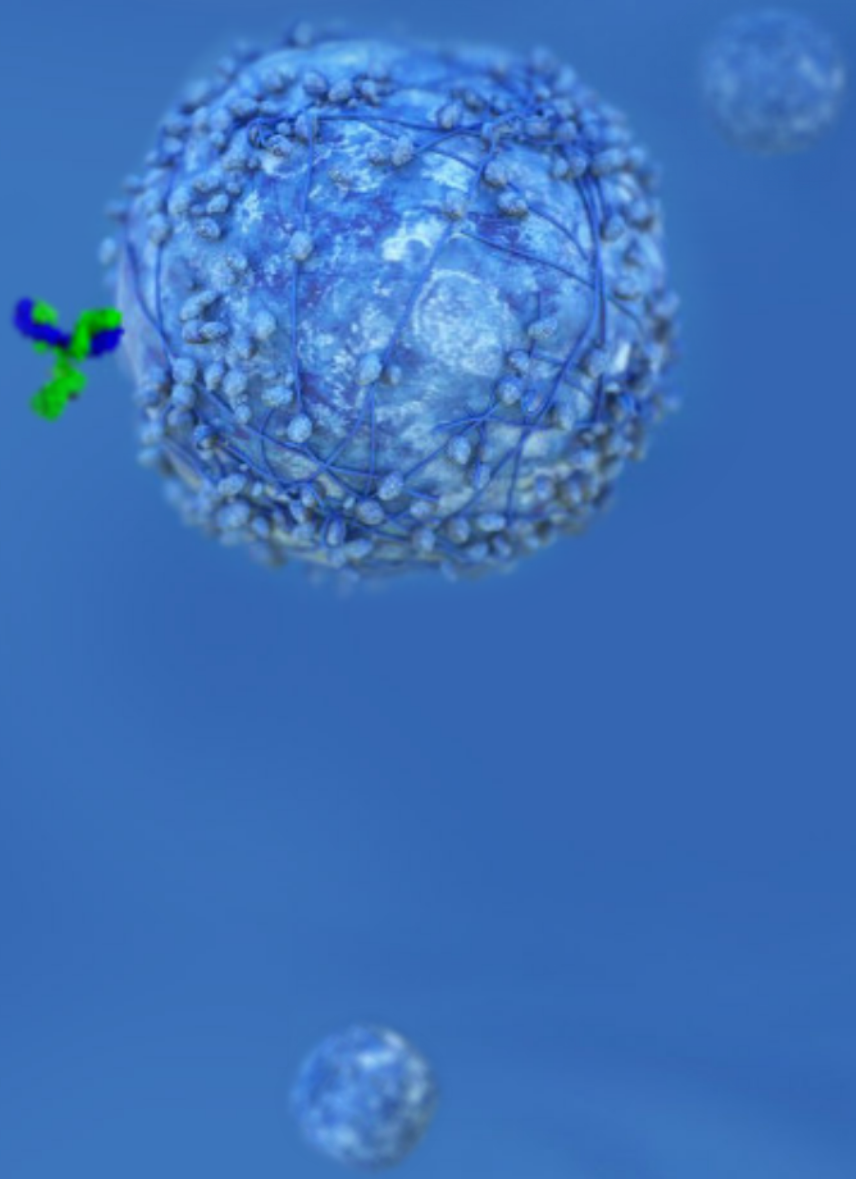
# Cell-Free Platform is a Proven IND Engine

## 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**<br>*FolRα-Targeting ADC* | **Ovarian and Endometrial Cancer** | | | | SUTRO BIOPHARMA<br>Worldwide Rights |
| **STRO-001**<br>*CD74-Targeting ADC* | **Lymphomas: DLBCL, Mantle Cell, Follicular**<br>**Multiple Myeloma** (Orphan Drug Designation) | | | | |
| **Multiple Oncology Programs including iADCs** | **Oncology** | | | | |
| **CC-99712**<br>*BCMA-Targeting ADC* | **Multiple Myeloma** (Orphan Drug Designation) | | | | Bristol Myers Squibb™ |
| **M1231**<br>*MUC1-EGFR Bispecific ADC* | **NSCLC & Esophageal Cancer** | | | | EMD SERONO (1) |
| **Cytokine Derivatives** | **Oncology & Autoimmune** | | | | MERCK |
| | **Oncology** | | | | |
| **VAX-24**<br>24-Valent Pneumococcal Conjugate Vaccine | **Invasive Pneumococcal Disease** | | | | Vaxcyte (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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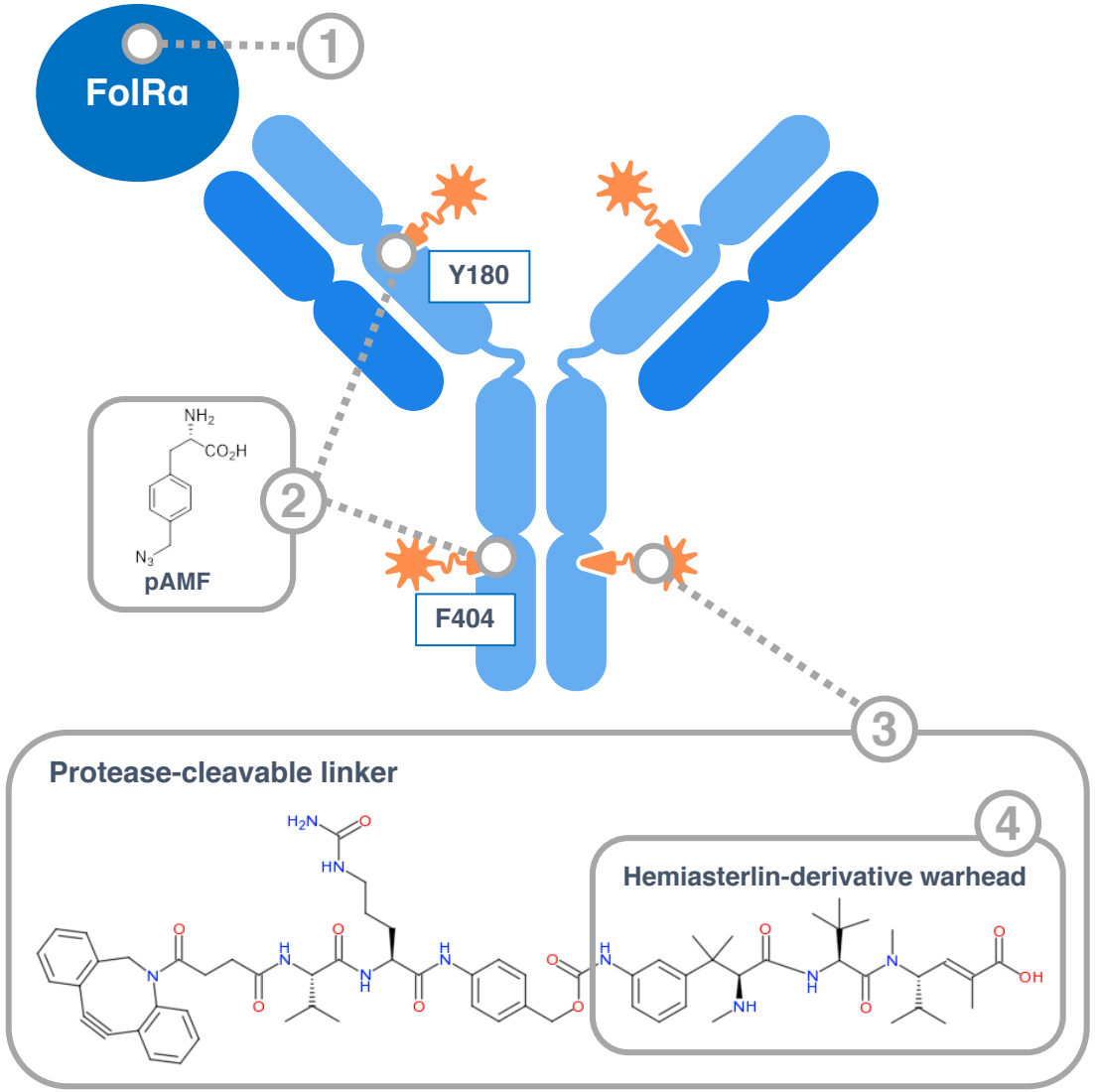
STRO 002

# FolRα-Targeting ADC

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

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

## FolRα 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 (**FolRα**):

1. **FolRα** is overexpressed in certain cancers including **ovarian cancer** and **endometrial cancer**
2. Precisely positioned **non-natural amino acids**, p-azidomethyl-L-phenylalanine, at positions Y180 and F404 on the heavy chain
3. **Stable protease-cleavable linkers**, with rapid clearance of toxic catabolite after release and cell killing
4. 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

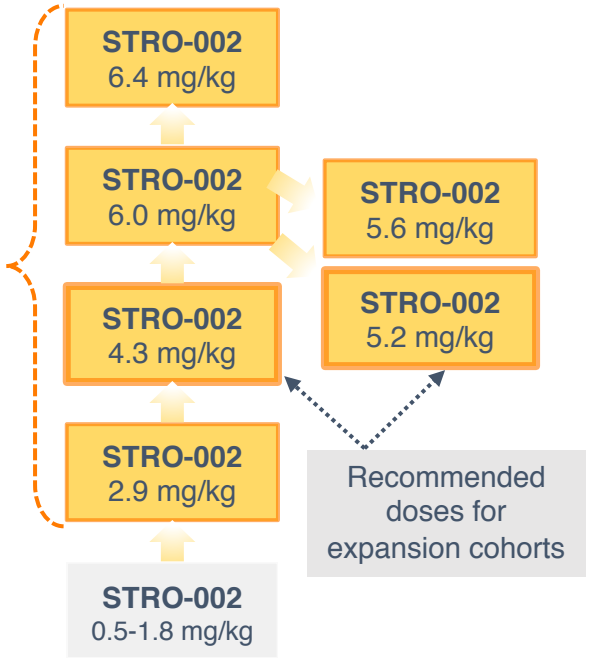
## Dose-escalation has been completed and data was presented December 2020

**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)

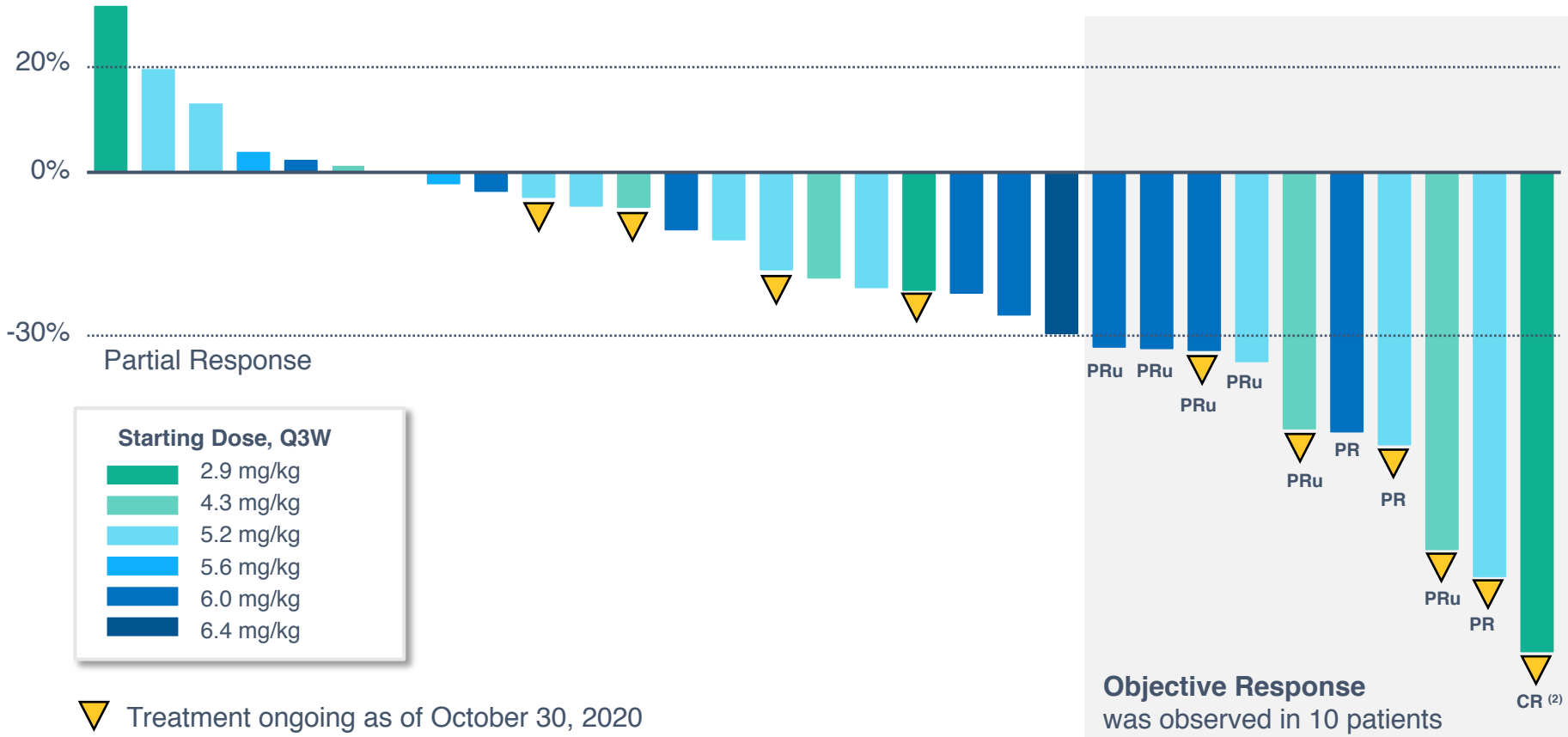
| All Safety Evaluable Patients | Grade 1 N (%) | Grade 2 N (%) | Grade 3 N (%) | Grade 4 N (%) | Overall (N=39) N (%) |
|---|---|---|---|---|---|
| Fatigue | 8 (21) | 17 (44) | 4 (10) | 0 | 29 (74) |
| Nausea | 15 (39) | 10 (26) | 0 | 0 | 25 (64) |
| Constipation | 12 (31) | 12 (31) | 0 | 0 | 24 (62) |
| 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



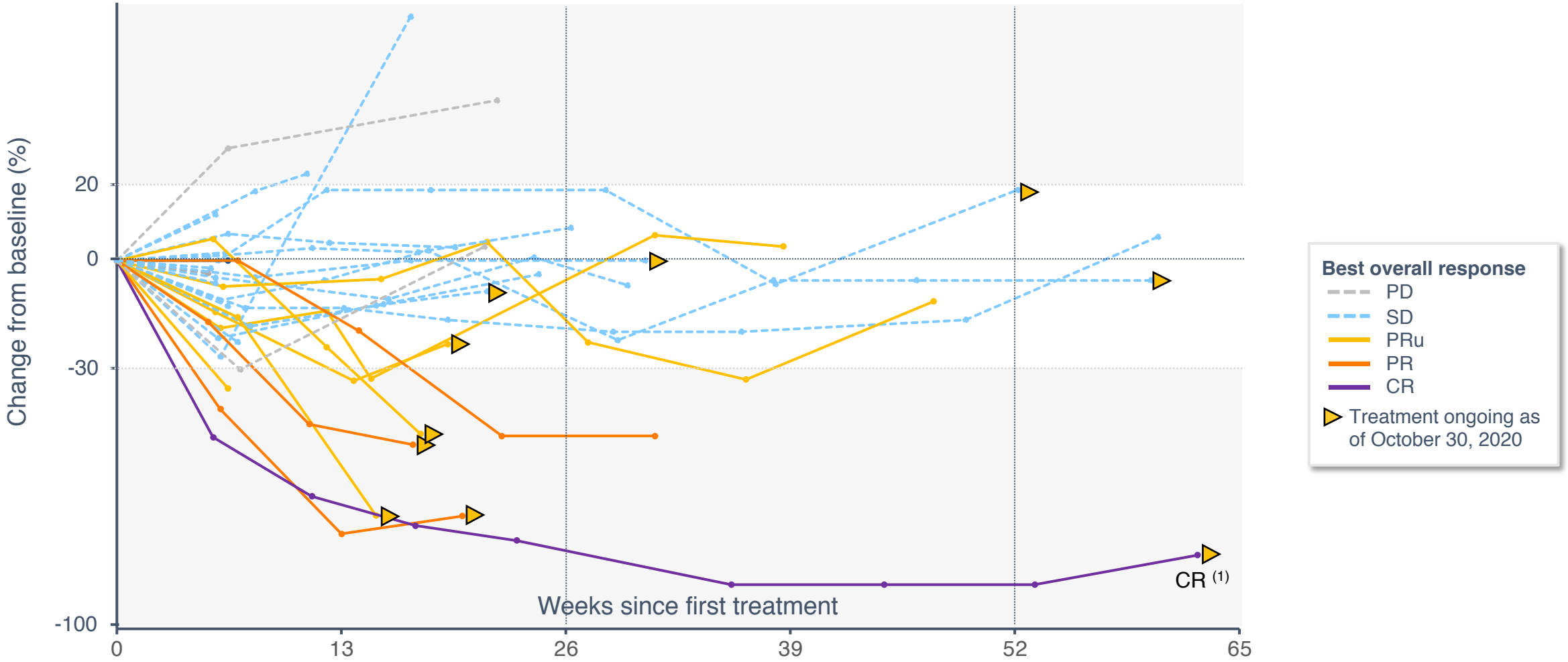

| Objective Response per RECIST 1.1 | RECIST-Evaluable Population (N=31) |
|---|---|
| **Responders** | **10** |
| **CR** (2) | **1** |
| **PR** | **9** |
| *Confirmed* | *3* |
| *Unconfirmed* | *6* |
| **SD** | **18** |
| **PD** | **3** |

(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

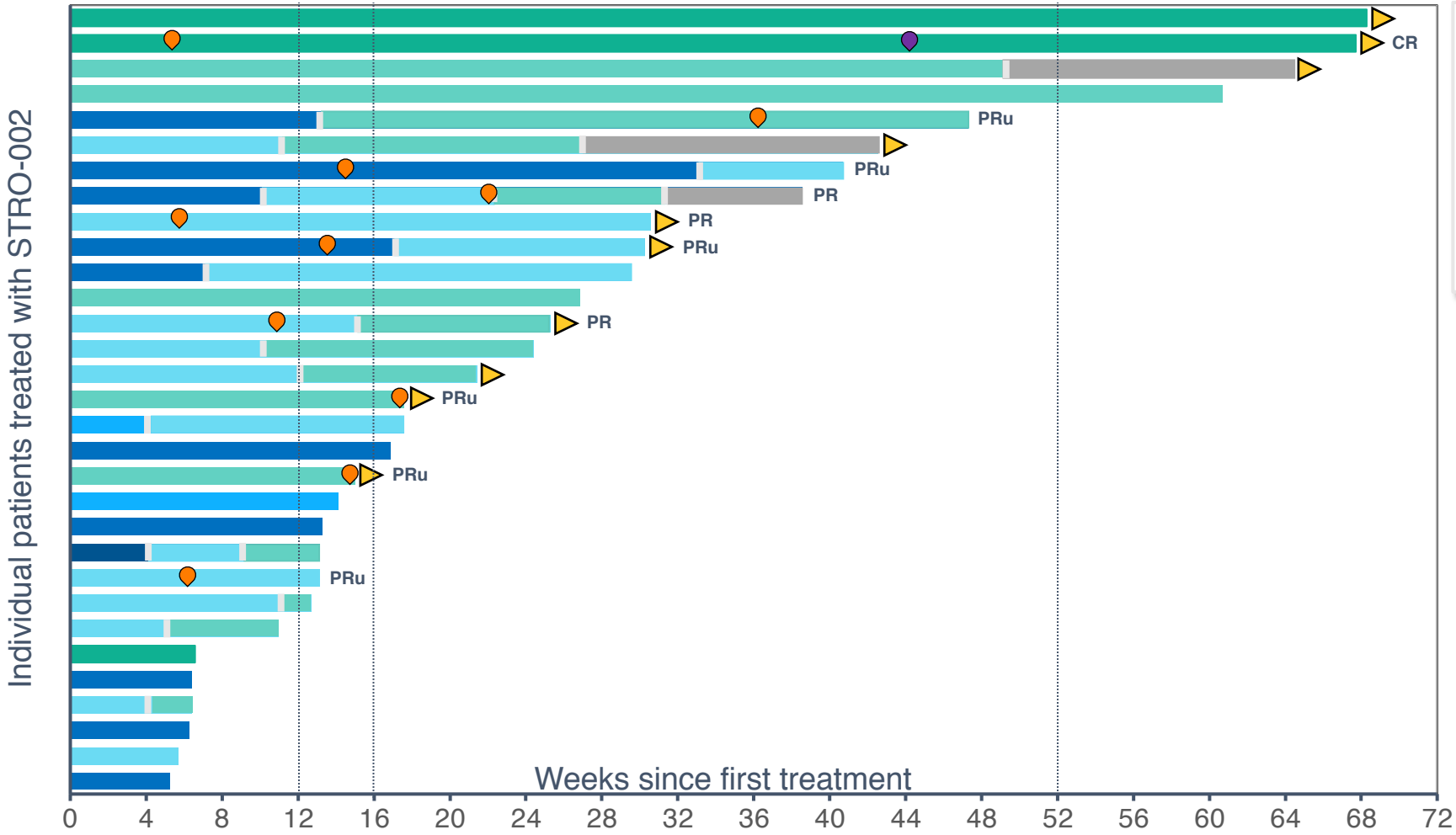
Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

# Clinical Benefit Seen in Heavily Pre-Treated Patient Population

STRO 002

## 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

- PR
- CR
- Treatment ongoing as of Oct 30, 2020
- Dose adjustment

| 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



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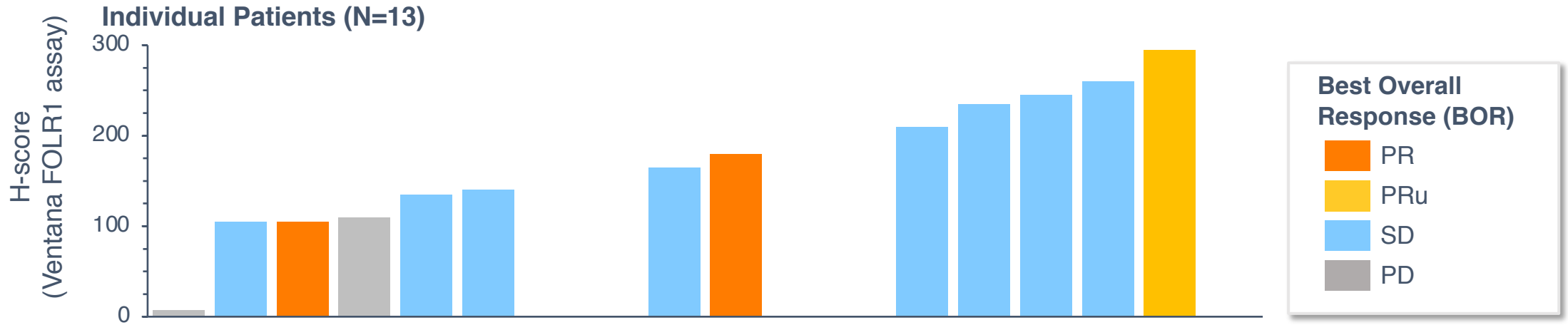
# FolRα Expression by Immunohistochemistry (1)

## In emerging data, responses and anti-tumor activity observed across various FolRα 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≈20 — **STRO-002** 4.3 mg/kg

N≈20 — **STRO-002** 5.2 mg/kg

**FolRα-Selected Endometrial Cancer**

- Relapsed/refractory disease
- No standard of care treatment

N≈15-40 — **STRO-002** 4.3-5.2 mg/kg

**Key Endpoints:**

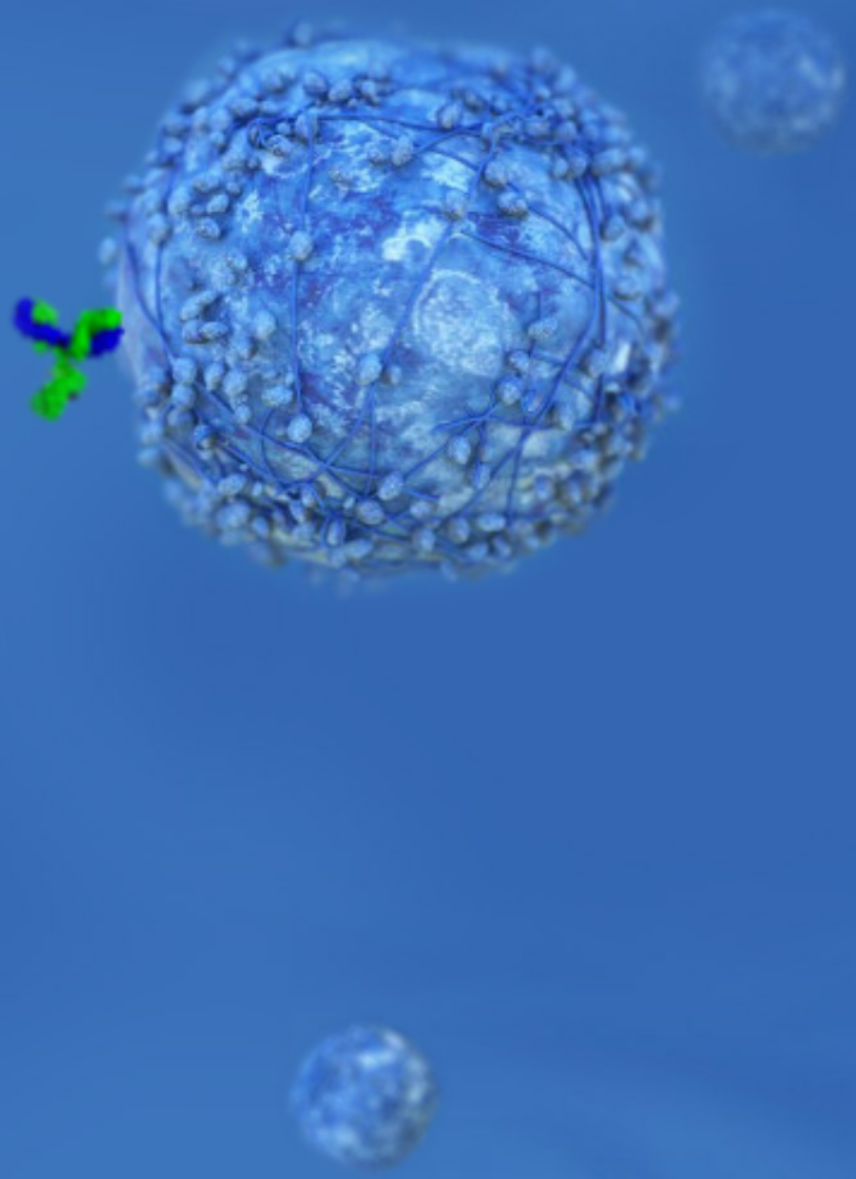
Objective Response Rate, Safety, PK Profile, Duration of Response, Progression Free Survival, Overall Survival, CA-125 Responses

First patient for ovarian cohort dosed **January 2021**

Plan to target **≈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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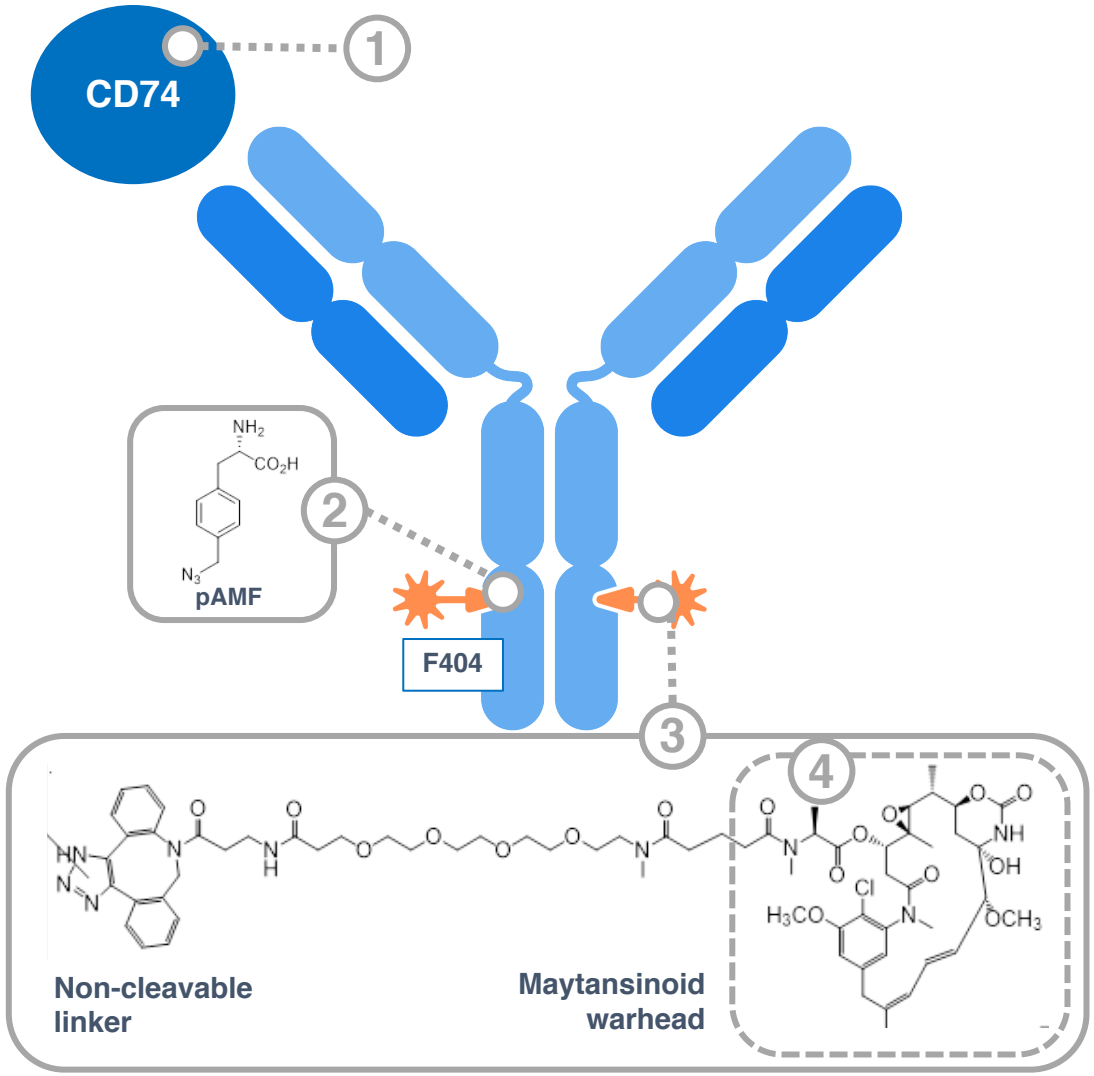
STRO 001

# 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



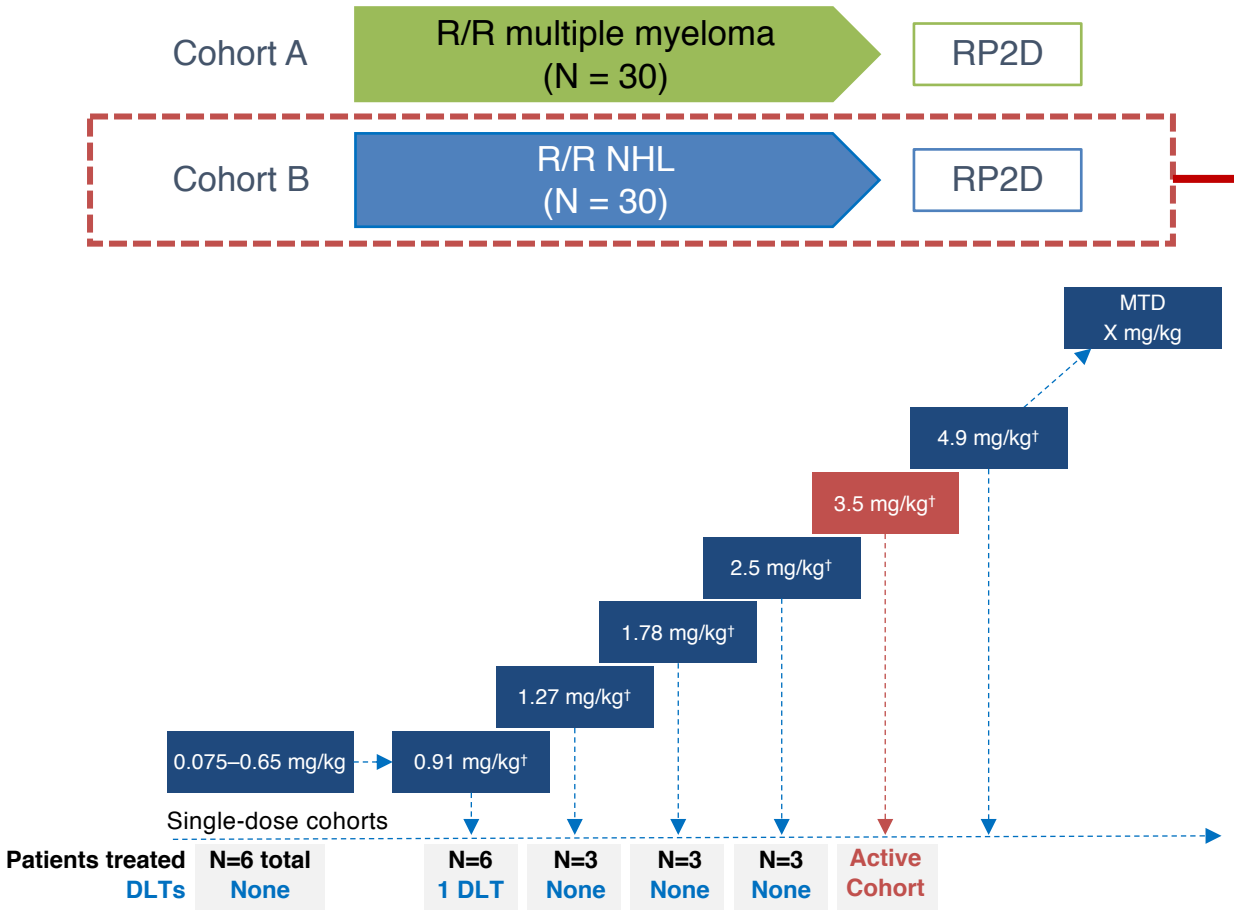

**STRO-001** is a homogeneous **antibody drug conjugate (ADC)** with a **drug-antibody ratio (DAR) of 2**, targeting **CD74**:

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 ≥ 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)** |

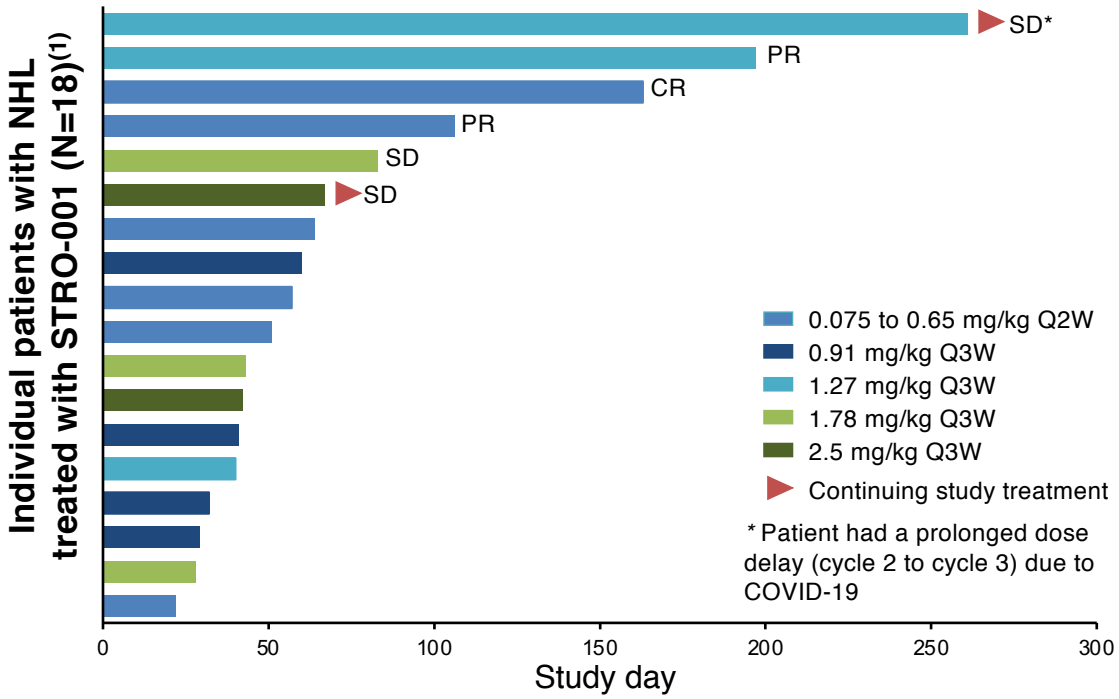
| TEAEs by Grade, Occurring in ≥ 15% | Patients With ≥1 Event, n (%) | | | |
|---|---|---|---|---|
| | Grade 1 | Grade 2 | Grade 3 | Grade 4 |
| Nausea | 5 (23.8) | 4 (19.0) | 0 | 0 |
| Fatigue | 4 (19.0) | 3 (14.3) | 0 | 0 |
| Chills | 7 (33.3) | 0 | 0 | 0 |
| Anemia | 3 (14.3) | 2 (9.5) | 1 (4.8) | 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

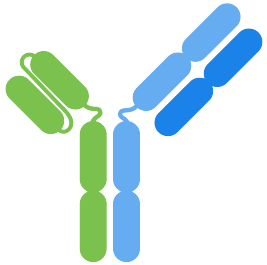
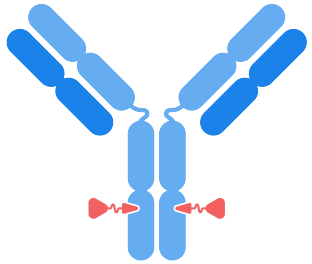
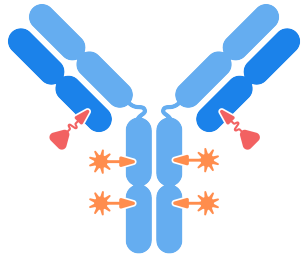
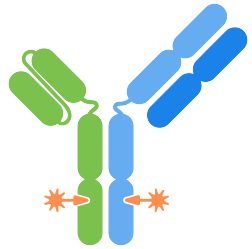
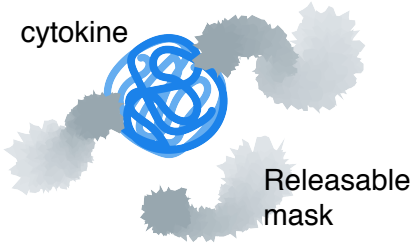
Note: Data as of October 30, 2020 from ASH 2020

### 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) | - R-CHOP-R<br>- Rituximab/lenalidomide<br>- Bendamustine/rituximab<br>- Obinituzumab, gemcitabine + oxaliplatin |
| PR at cycle 3 | 8 doses, 0.65 mg/kg | 64yo man, Double-hit Stage IV DLBCL (August 2017) | - R-CHOP x 1 and EPOCH X 6<br>- RICE with IT prophylaxis<br>- Rituximab & XRT<br>- Rituximab, gemcitabine + oxaliplatin with radiotherapy<br>- CAR-T (May 2018)<br>- Rituximab & lenalidomide (Nov 2018) |
| PR at cycle 3 | 10 doses, 1.27 mg/kg | 68yo woman, Stage IV extranodal DLBCL, non-GC (Feb 2018) | - R-CHOP<br>- RICE x 2<br>- DHAP x 2<br>- CAR-T (May 2019)<br>- Lenalidomide (Nov 2019) |
| SD | 6 doses, 1.27 mg/kg | 51yo woman, Stage III marginal zone lymphoma (May 2017) | - Obinituzumab |
| SD | 4 doses, 1.78 mg/kg | 36yo man, Stage IIIA follicular lymphoma (June 2014) | - Flt3L-vaccine immunotherapy<br>- Rituximab<br>- Pneumococcal conjugate vaccine<br>- polyCLC (TLR-3 agonist)<br>- Pembrolizumab |
| SD | 3 doses, 2.50 mg/kg | 74yo man, Stage IV follicular lymphoma | - Reituximab/fludarabine/Cytoxan<br>- Ifosfamide/carboplatin, etoposide<br>- 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** | *Immune Cell Engager* | *ADC or ISAC* | *iADC* | *Bispecific ADC* | *Prodrug Cytokine Derivative* |
| **Target** | Tumor or Stromal Antigen; Immune Cell Engager | Tumor Antigen | Tumor Antigen | Dual Tumor Antigens | Tumor Selective Mask |
| **Structure** |  |  |  |  |   |
| **Drug Properties** | Optimized format and affinity<br>Improved specificity for optimized therapeutic window | ISAC: Immune-stimulating<br>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





SUTRO BIOPHARMA

# 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** FolRα ADC | Ovarian Cancer | Updated dose-escalation data | 1H 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 | Additional updates by partner | 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

AstraZeneca · Biogen · élan · Genentech · GILEAD · gsk GlaxoSmithKline · Johnson & Johnson INNOVATION · ONYX PHARMACEUTICALS An Amgen subsidiary · PALATIN TECHNOLOGIES, INC · Roche

AEROVANCE · AXYS · Cougar Biotechnology · KPMG · Neurex · Patheon · RHÔNE-POULENC · SYNTEX

ALTHEA · City of Hope · Itero BIOPHARMACEUTICALS · Lynx · novacea We Cancer · QLT Inc. · STEMCELLS