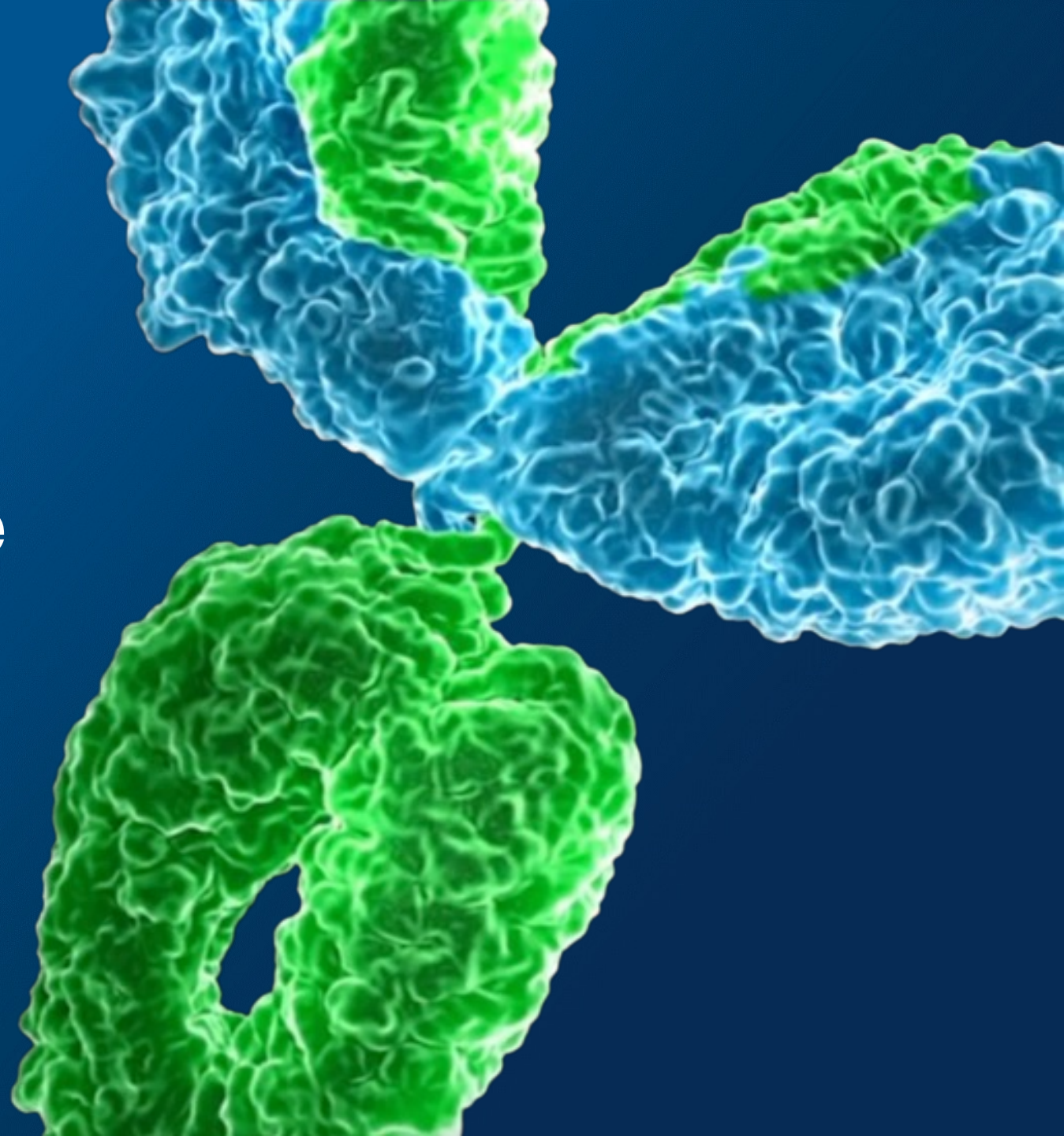
SUTRO BIOPHARMA

JMP Securities Life Sciences Conference

June 2022

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 activities, timing, design and success of our ongoing and planned clinical trials and related data, 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, potential future milestone and royalty payments, competitive position, industry environment and potential market opportunities for the Company’s product candidates.

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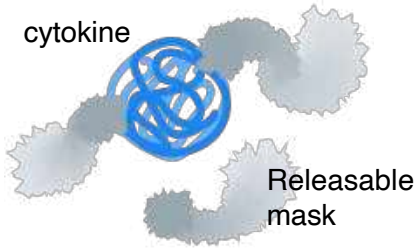
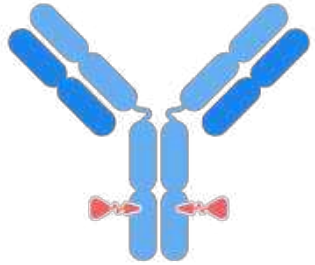
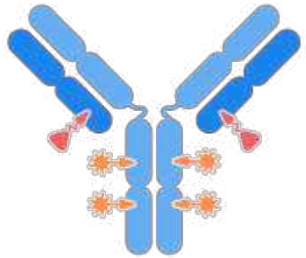
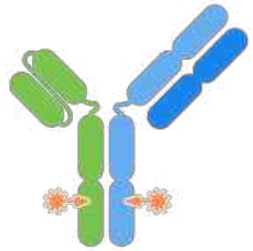
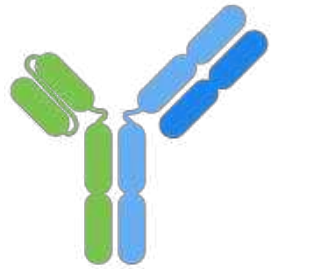
Drug Discovery Platform Enables the Potential for Best-in-Class Molecules

Precise novel design to enhance potential efficacy and safety across multiple modalities and targets

	Cytokine Derivative	Conjugated Antibody			Bispecific Antibody
Modality	Prodrug Cytokine Derivative	ADC or ISAC	iADC	Bispecific ADC	Immune Cell Engager
Target	Tumor Selective Mask	Tumor Antigen	Tumor Antigen	Dual Tumor Antigens	Tumor or Stromal Antigen; Immune Cell Engager
Structure					
Drug Properties	Prodrug cytokine targeting functional cytokine to tumor	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	Optimized format and affinity Improved specificity for optimized therapeutic window

Robust Pipeline through Wholly-Owned and Partnered Programs

Five product candidates advancing in the clinic and late-stage discovery programs

Modality	Program	Target	Indication	Discovery	Preclinical	Phase 1/1b	Phase 2/3	Partner
Antibody-Drug Conjugate	STRO-002	FolRα ADC	Ovarian Cancer	Fast Track Designation				天士力生物 TASLY BIOPHARMA (Greater China)
			Ovarian Cancer (bevacizumab combo)					
			Endometrial Cancer					
			NSCLC/Non-Gyn Cancers					
	STRO-001	CD74 ADC	Lymphomas					BioNova Pharma 博纳医药 (Greater China)
			Multiple Myeloma	Orphan Drug Designation				
	CC-99712	BCMA ADC	Multiple Myeloma	Orphan Drug Designation				Bristol Myers Squibb
			Multiple Myeloma (GSI combo)					
	Discovery	ROR1, Tissue Factor	Solid Tumors					
Bispecific ADC	M1231	MUC1-EGFR ADC	NSCLC & Esophageal Cancer					EMD Serono (1)
T-Cell Engager	Preclinical	5T4-CD3 TCE	Solid Tumors					
Cytokine Derivative	MK-1484	*Undisclosed*	Solid Tumors					MERCK
	Discovery	IFNα, IL-12, IL-18	Solid Tumors					
Vaccine	VAX-24	24-valent pneumococcal conjugate vaccine	Invasive Pneumococcal Disease					Vaxcyte

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

Achievements and Milestones

Clinical data readouts and partnerships provide multiple expected 2022 value drivers for Sutro

STRO-002, FolRα ADC

- [x] Greater China deal with Tasly (Dec. 2021)
- [x] Ovarian cancer dose-expansion interim data (Jan. 2022)
- [ ] Dose-expansion data with durability (2H 2022)
- [x] EOP1/2 meeting (Mid-2022)
- [ ] Initiate registration-directed trial in Platinum-Resistant Ovarian Cancer (Early 2023)
- [x] First patient dosed in endometrial cancer cohort (Nov. 2021)
- [x] First patient dosed in bevacizumab combination trial (March 2022)
- [ ] Support Tasly for initiation of clinical development activities in Greater China (2022)
- [ ] Initiate clinical trial for NSCLC and other non-gynecologic solid tumors (2H 2022)

STRO-001, CD74 ADC

- [x] Greater China deal with BioNova (Oct. 2021)
- [ ] Support BioNova for initiation of clinical development activities in Greater China (2022)
- [ ] Determine RP2D through dose escalation (2022)

Cell-Free Manufacturing for Partnered Programs

- Provide manufacturing materials & support for CC-99712, BCMA ADC in clinical development (BMS)
- Manufacture initial product for clinical development of cytokine derivative (Merck)
- Manufacture M1231 product, MUC1-EGFR ADC in clinical development (EMD Serono)
- Supply cell-free extract & reagents to Vaxcyte for VAX-24, with first participants dosed in a Phase 2 clinical study
- Support tech transfers and enable BMS and EMD Serono to manufacture from Sutro's cell-free extract

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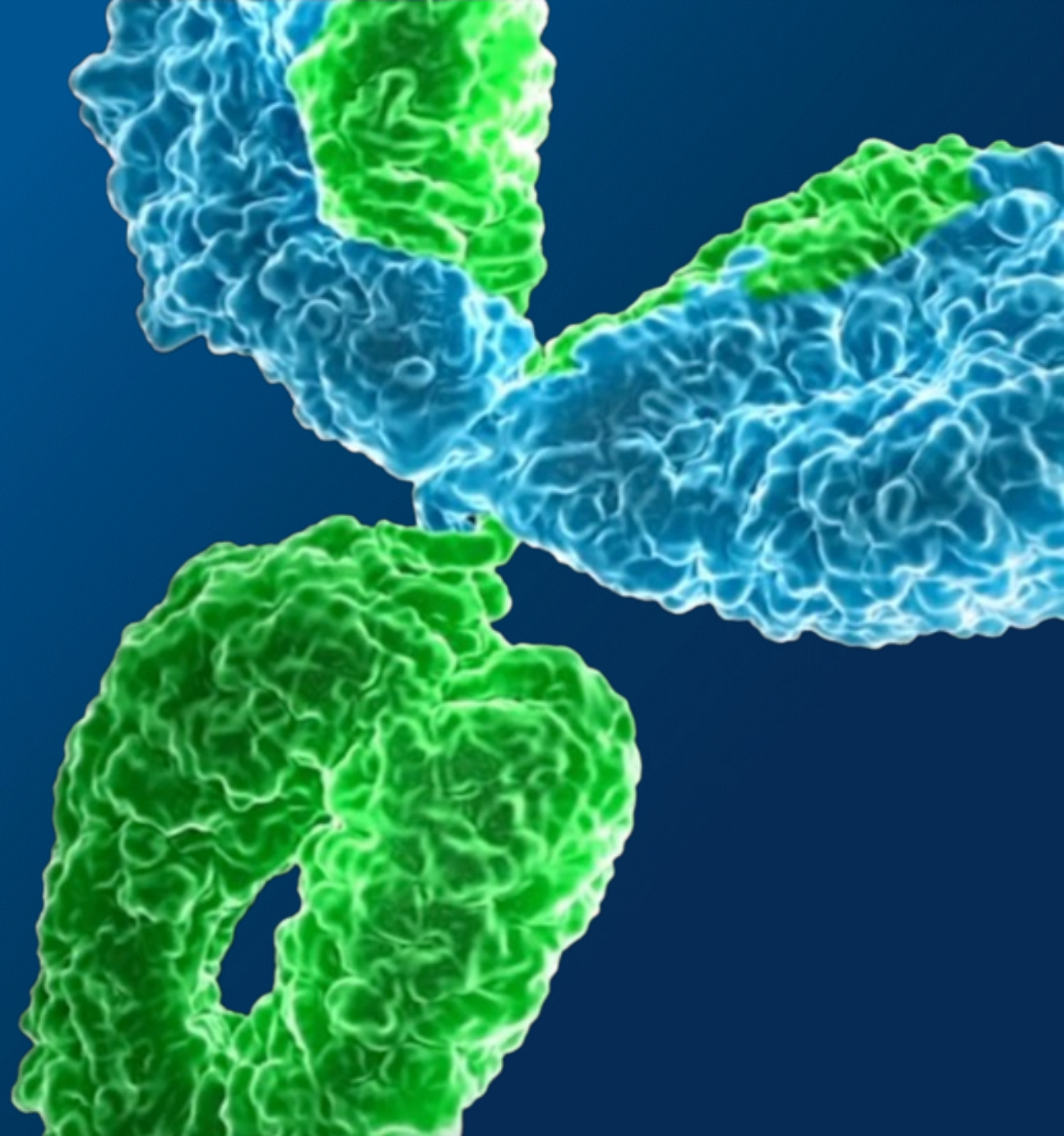
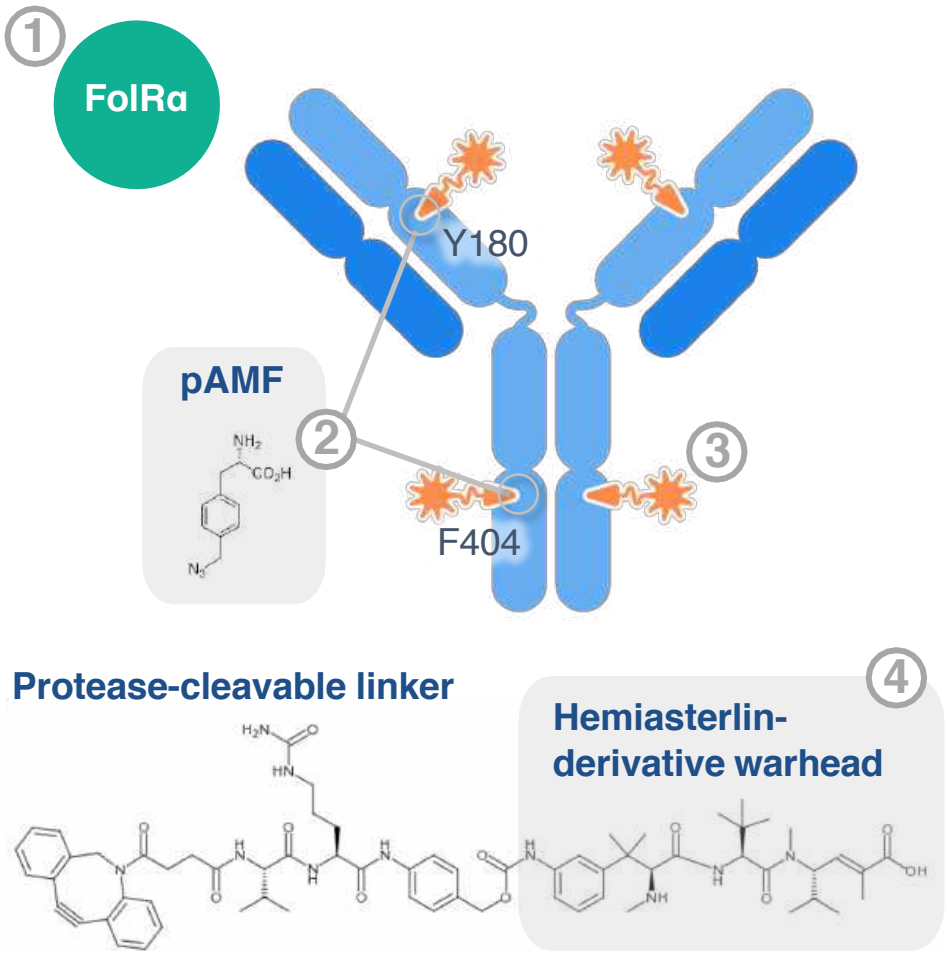
STRO 002

FolRα-Targeting ADC

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



Highly optimized ADC designed to drive efficient tumor responses across a broad range of target antigen levels



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 (pAMF), 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 induces **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

Phase 1 Study in Patients with Advanced Ovarian Cancer

STRO 002

Two-part design to explore safety, anti-tumor activity, dosing, and FolRα enrichment strategy

	Part 1: Dose-Escalation Cohort	Part 2: Dose-Expansion Cohort
Protocol	Inclusive of all FolRα expression levels; tissue samples voluntary and samples received from <50% of patients Inclusive of all prior lines of therapy 9 dose escalation levels (0.5-6.4 mg/kg) – maximum tolerated dose not reached Prophylactic corticosteroid eyedrops not required	Inclusive of all FolRα expression levels; tissue required upon enrollment for analysis Platinum resistant (1-3 prior regimens) or platinum sensitive with two prior platinum regimens (progressing after 2-3 prior regimens) Patients randomized 1:1 at 5.2 mg/kg and 4.3 mg/kg starting dose levels Prophylactic corticosteroid eyedrops not required
Baseline Characteristics	• Heavily pre-treated ovarian cancer patients **with 6 median lines of prior therapies** • 100% with prior platinum regimens, **46% with ≥ 3 prior platinum-containing regimens** • Other prior therapies: substantial **bevacizumab (82%), PARP inhibitors (59%),** and checkpoint inhibitors (21%) use	• **~50% 1-2 lines of therapy, ~50% 3 lines of therapy across all patients, as well as both dose cohorts** • **Majority (~81%) were platinum resistant**; platinum sensitive (~19%) • Other prior therapies: substantial **bevacizumab (63%)** and **PARP inhibitor (65%)** use
Status	FPI: March 2019 39 patients enrolled, **closed to enrollment Aug. 2020** Near-final data presented at ASCO in June 2021	FPI: Jan 2021 44 patients enrolled, **closed to enrollment Nov. 2021** **Interim** efficacy data on 33 evaluable patients and safety data on 43 patients presented in **Jan. 2022**

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Patient Characteristics in Dose Expansion Cohort

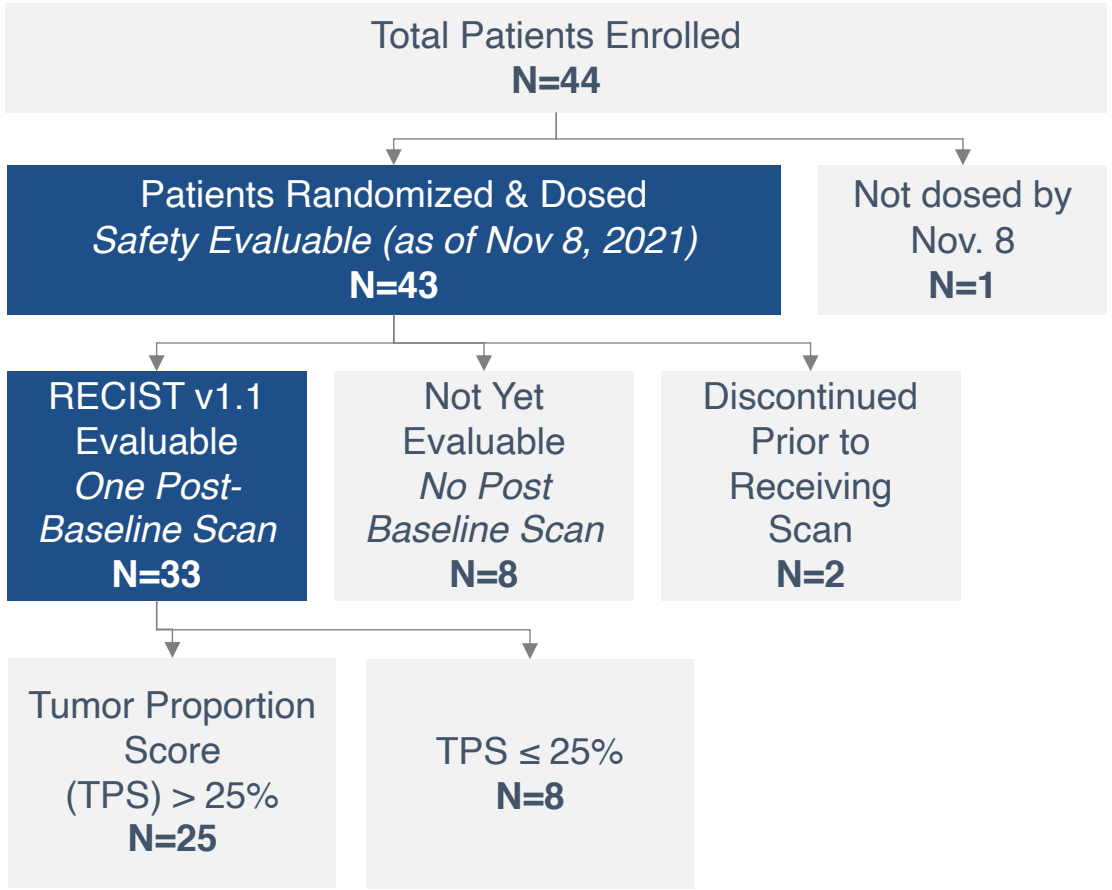
Interim data for dose expansion are as of November 8, 2021

STRO 002
Dose Expansion

Patient Baseline Characteristics

Ovarian Cancer Patients	Randomized Dose Levels 4.3 mg/kg N=23	5.2 mg/kg N=20	Total N=43
Median age, years (range)	63 (39–91)	56 (40–72)	60 (39–91)
Median time since diagnosis, years (range)	1.8 (0.9–4.4)	2.9 (0.7–5.1)	2.8 (0.7–5.1)
Number of prior lines of therapy			
Median	3.0	2.0	2.0
Mean (St. Dev.)	2.5 (0.95)	2.5 (1.05)	2.5 (0.98)
Previous Therapies, n (%)			
bevacizumab	13 (57%)	14 (70%)	27 (63%)
PARP Inhibitor	15 (65%)	13 (65%)	28 (65%)

Patient Status as of November 8, 2021



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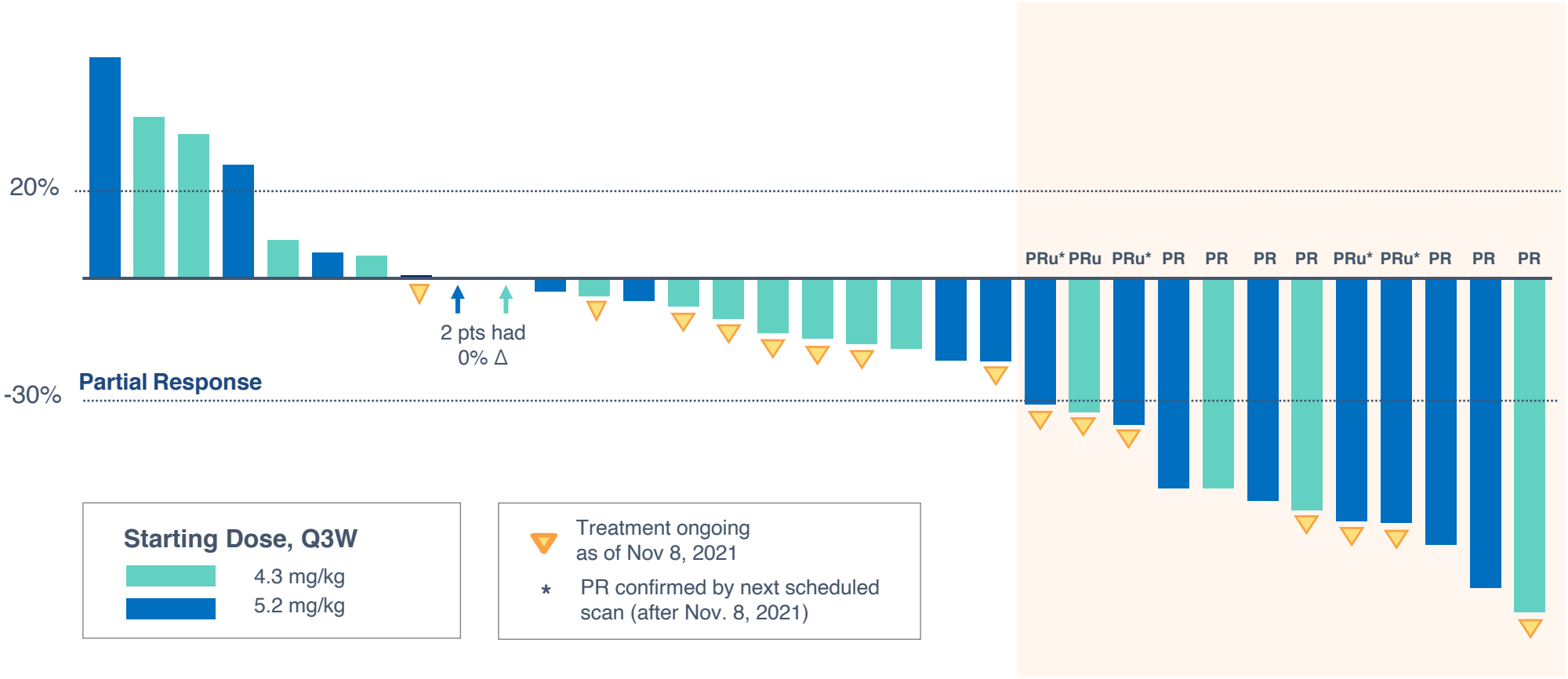
Dose Response Demonstrated

Interim data suggest that 5.2 mg/kg starting dose leads to higher response rates

STRO 002
Dose Expansion

Maximum Change in Tumor Target Lesions (N=33)



Note: Data as of Nov. 8, 2021. 5 PRu were of interest and followed up subsequent to the data cutoff date. 4 PR confirmed at their next scheduled scan and 1 was SD.

Objective Response by RECIST v1.1

33% ORR rate in all 33 evaluable patients, unenriched for FolRα expression

STRO 002
Dose Expansion

Best Overall Response (BOR)	Starting Dose 4.3 mg/kg	5.2 mg/kg	All Comers
Evaluable patients	N=16	N=17	N=33
PR	**3**	**4**	**7**
PR confirmed by next scheduled scan post Nov. 8, 2021	**0**	**4**	**4**
Total PR	**3**	**8**	**11**
ORR (%)	***18.8%***	***47.1%***	***33.3%***
SD	10	4	14
PD	3	5	8

- **47.1% ORR** in patients starting at the 5.2 mg/kg dose level
- **33.3% ORR** in all patients
- Interim data suggest that 5.2 mg/kg **starting dose leads to higher response rates**
- All 4 patients with PRu treated at 5.2 mg/kg were subsequently confirmed at the next scheduled scan

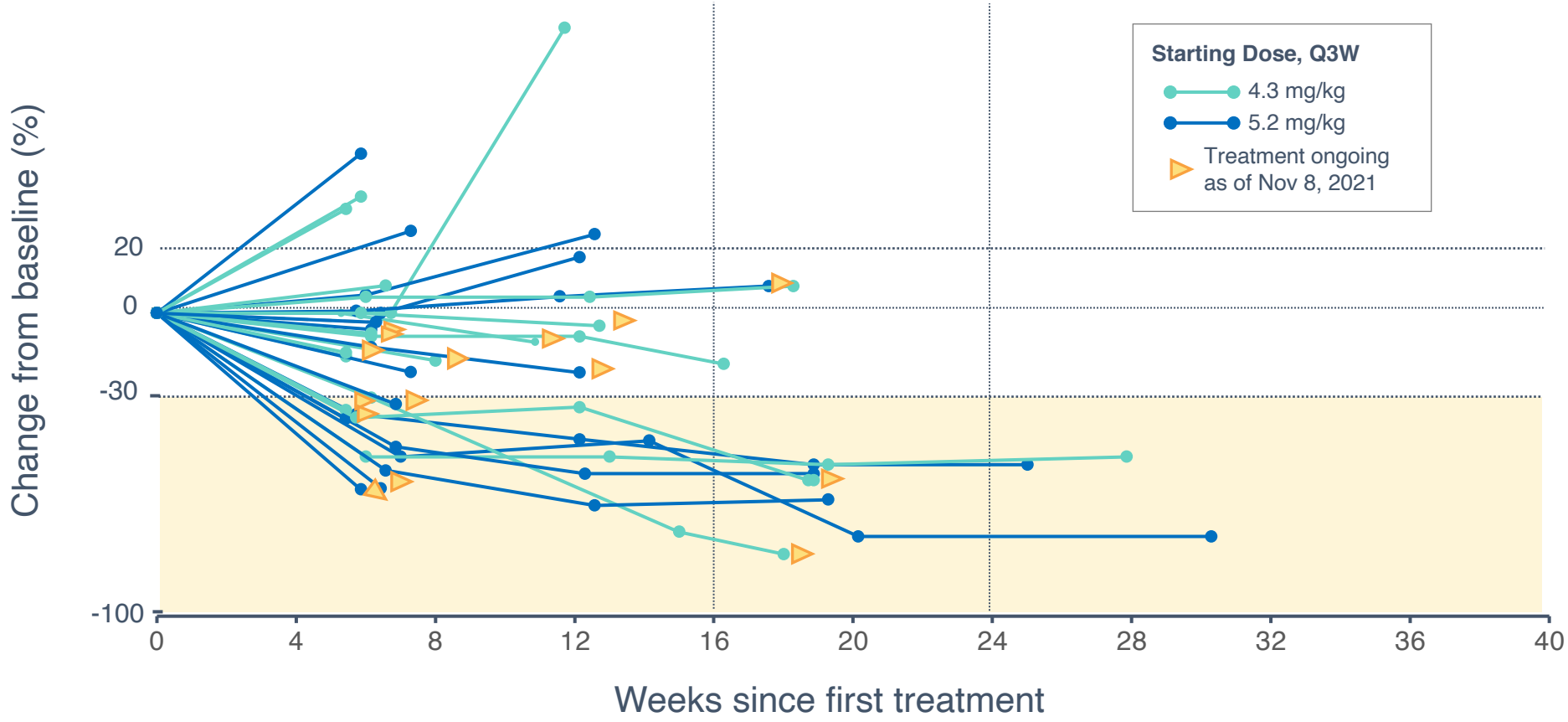
Note: Data as of Nov. 8, 2021. 5 PRu were of interest and followed up subsequent to the data cutoff date. 4 PR confirmed at their next scheduled scan and 1 was SD.

Robust Anti-tumor Activity and Disease Control Demonstrated

Responders experienced rapid tumor reduction or a steady deepening of response

STRO 002
Dose Expansion

Change in Sum of Diameters for Target Lesions Over Time (N=33)



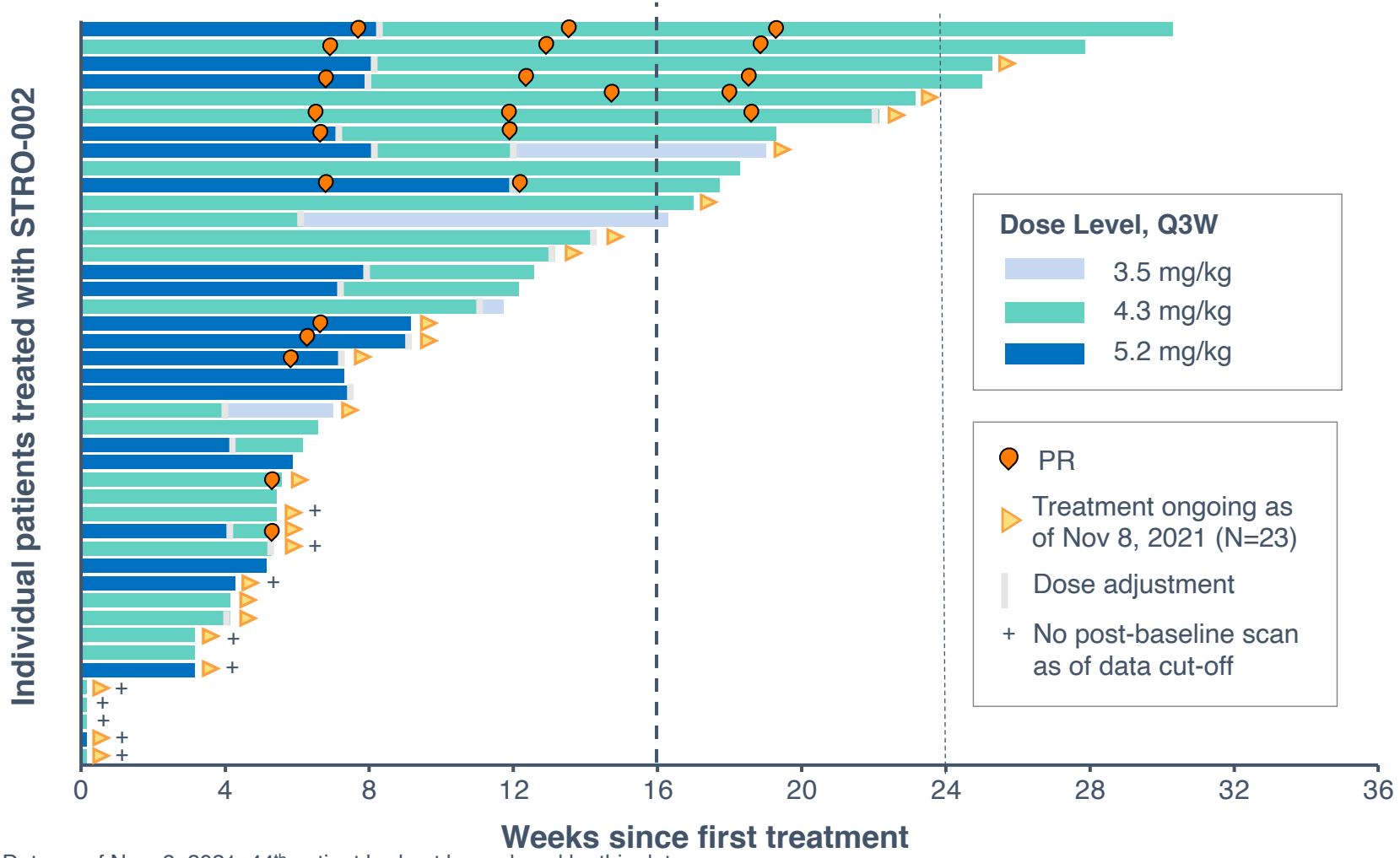
Note: Data as of Nov. 8, 2021.

Encouraging Response Rates and Preliminary Data on Durability

Interim data suggest initiating with 5.2 mg/kg followed by a dose adjustment

STRO 002
Dose Expansion

Treatment Duration on Patients with at Least One Dose (N=43)



Initial data show **partial responses confirmed & maintained** following dose adjustment

Median Duration of Response has not been reached and **23 of 43 patients remained** on study at Nov. 8, 2021

Data to inform **RP2D with final decision pending more data maturity**

Note: Data as of Nov. 8, 2021. 44th patient had not been dosed by this date.

Platinum-Resistant Ovarian Cancer Patient Treated at 4.3 mg/kg Dose Level

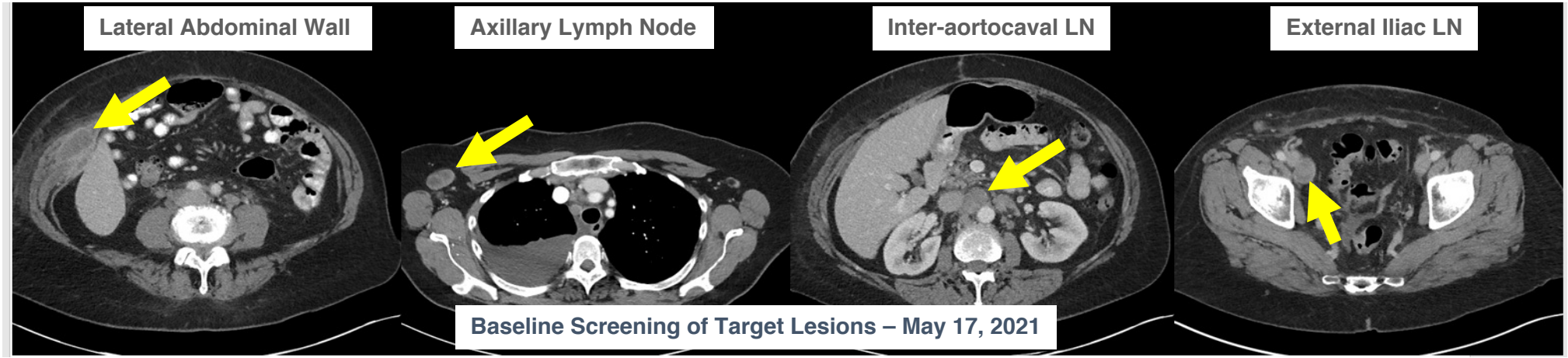
Ongoing Partial Response with 72% reduction in tumor burden

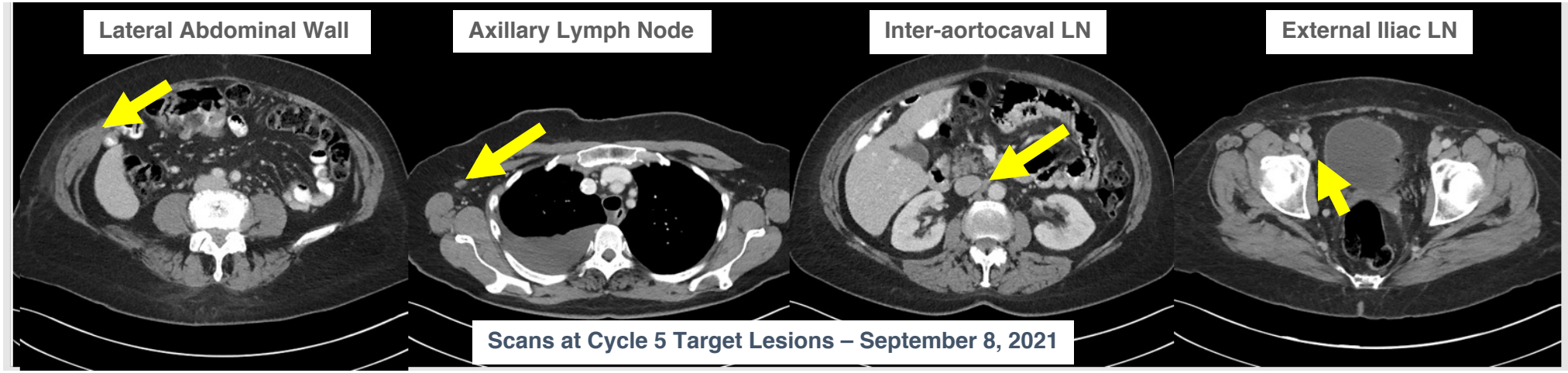
STRO 002
Dose Expansion

Initial diagnosis: **Stage IV ovarian cancer**, Jan 2020

3 Prior Regimens:
Resistant to 1st
Neoadjuvant / adjuvant
Carbo / Taxol / Taxotere

Refractory to 2nd and 3rd with progressive disease
- Liposomal doxorubicin
- Gemcitabine





TPS Identified as Scoring Algorithm Appropriate for STRO-002

Exploratory analysis suggests TPS > 25% correlated with higher response

ORR by TPS Expression Levels (Total Samples N=33)

TPS	Overall	TPS ≤ 25%	TPS > 25%	TPS > 50%	TPS > 75%
ORR	33.3%	12.5%	40.0%	42.1%	43.8%
Number of patient samples	N=33	N=8	N=25	N=19	N=16
PR(1)	11	1	10	8	7
Potential Market Size (%)	*100%*	*~ 30%*	*~ 70%*		

Patients at the **5.2 mg/kg starting dose** and **TPS > 25%** demonstrated **53.8% ORR (n=13)**

Tumor Proportion Score (TPS)

- Percent of tumor cells showing **staining of any intensity**
- Does not require analysis of intensity levels and **easy to score**
- **Commonly used** in clinical practice
- **Established reproducibility** across different biomarkers (e.g., PD-L1)

(1) PR classification includes the 4 of 5 patients who were confirmed by their next scheduled scan after Nov. 8, 2021.
Note: Data as of Nov. 8, 2021.

Emerging Safety Profile is Manageable – 85.5% of TEAEs were Grade 1-2

No new safety signals were observed, including the absence of keratopathy

STRO 002
Dose Expansion

Most Common G3+ TEAEs (≥2 Subjects) by Dose

	4.3 mg/Kg (N=23)			5.2 mg/Kg (N=20)			Total (N=43)		
	Grade 3 n (%)	Grade 4 n (%)	Grade 5 n (%)	Grade 3 n (%)	Grade 4 n (%)	Grade 5 n (%)	Grade 3 n (%)	Grade 4 n (%)	Grade 5 n (%)
Subjects reporting at least 1 event	**13 (57)**	4 (17)	0	**8 (40)**	8 (40)	1 (5)	**21 (48)**	12 (28)	1 (2)
Neutropenia (1)	10 (44)	4 (17)	0	6 (30)	8 (40)	1 (5)	16 (37)	12 (28)	1 (2)
Febrile Neutropenia	1 (2)	0	0	0	0	1 (5)	1 (2)	0	1 (2)
White blood cell count decreased	4 (17)	1 (4)	0	1 (5)	2 (10)	0	5 (12)	3 (7)	0
Anemia	1 (4)	0	0	3 (15)	0	0	4 (9)	0	0
Arthralgia	4 (17)	0	0	0	0	0	4 (9)	0	0
Diarrhea	2 (9)	0	0	0	1 (5)	0	2 (5)	1 (2)	0
Platelet count decreased	2 (9)	0	0	1 (5)	0	0	3 (7)	0	0
Thrombocytopenia	0	0	0	2 (10)	0	0	2 (8)	0	0
Vomiting	0	0	0	2 (10)	0	0	2 (8)	0	0
Fatigue	2 (9)	0	0	0	0	0	2 (8)	0	0
Activated partial thromboplastin time prolonged	2 (9)	0	0	0	0	0	2 (8)	0	0
Hyponatremia	2 (9)	0	0	0	0	0	2 (8)	0	0
Neuralgia	2 (9)	0	0	0	0	0	2 (8)	0	0
Acute kidney injury	0	0	0	2 (10)	0	0	2 (8)	0	0

Asymptomatic neutropenia was the leading TEAE, resulting in treatment delay or dose reduction

- Neutropenia resolved with **1 week delay ± G-CSF**, in the majority of cases
- **Febrile neutropenia is rare**
  - One Grade 5 event at the 5.2 mg/kg dose cohort
  - One Grade 3 event at the 4.3 mg/kg dose cohort
- **Protocol was updated** to require dose reduction for Grade 4 neutropenia
- **Dose reductions ameliorated neutropenia**

(1) Neutropenia included the following preferred terms: neutropenia, febrile neutropenia, and neutrophil count decreased.
Note: Data as of Nov. 8, 2021.

Dose Expansion Interim Data Provide Initial Insights on Go-Forward Strategy

Emerging data inform potential starting dose and enrichment strategy

STRO 002
Dose Expansion

Overall Efficacy

Total of **11 confirmed PR** (1) out of **33 RECIST v1.1 evaluable** patients

33% ORR, across **all FolRα expression levels and both dose levels**

Dose Response

47% ORR (8/17) in unenriched patients starting at the 5.2 mg/kg dose level

Initial data suggest **responses at 5.2 mg/kg are maintained**, even when subsequent dose reductions are implemented

Biomarker

Interim data suggest **TPS > 25%** are correlated with higher response rate, with **40% ORR** (10/25) observed in both dose levels

Based on our patient observations, we believe STRO-002 may be an appropriate therapy for **~70% of these patients**

Patients at the 5.2 mg/kg starting dose and TPS > 25% demonstrated **53.8% ORR (7/13)**

Safety Profile

No new safety signals were observed, including the absence of keratopathy

85.5% of TEAEs were Grade 1-2

Neutropenia was the leading TEAE, resulting in treatment delay or dose reduction

Protocol was updated to require dose reduction for Grade 4 neutropenia

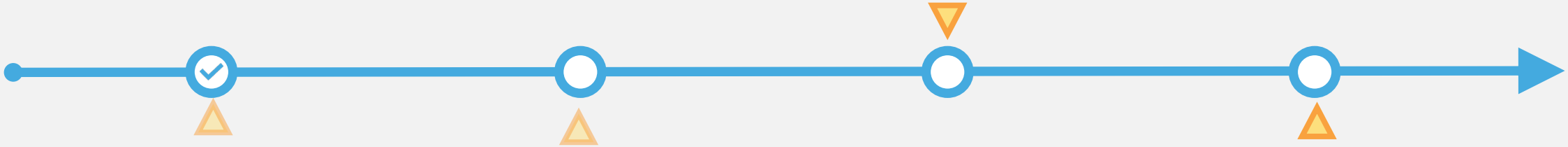
(1) PR classification includes the 4 of 5 patients who were confirmed by their next scheduled scan after Nov. 8, 2021 and percentages on slide include such subsequently confirmed PRs as appropriate.
Note: Data as of Nov. 8, 2021.

Progressing & Expanding the STRO-002 Franchise

STRO 002

Additional clinical studies in ovarian & endometrial, and nonclinical work on other tumor types

Ovarian Cancer



Dose-escalation cohort
39 patients, enrollment completed August 2020

Dose-expansion cohort
44 patients enrolled in US and Spain sites, **enrollment completed November 2021**

Combo study with bevacizumab
Trial is open and enrolling patients
FPI March 2022

Registration-directed trial
- **Accelerated approval pathway** in PROC could be available for STRO-002
- Dialogue continuing with FDA on study design; to be finalized around **YE 2022**

Other Solid Tumors

Endometrial cancer cohort
Initial enrollment planned for ~15 patients
FPI December 2021
Cohort is open and enrolling patients

NSCLC and Other Tumors
Potential for a basket study design with other FolRα expressing cancers
Nonclinical work ongoing

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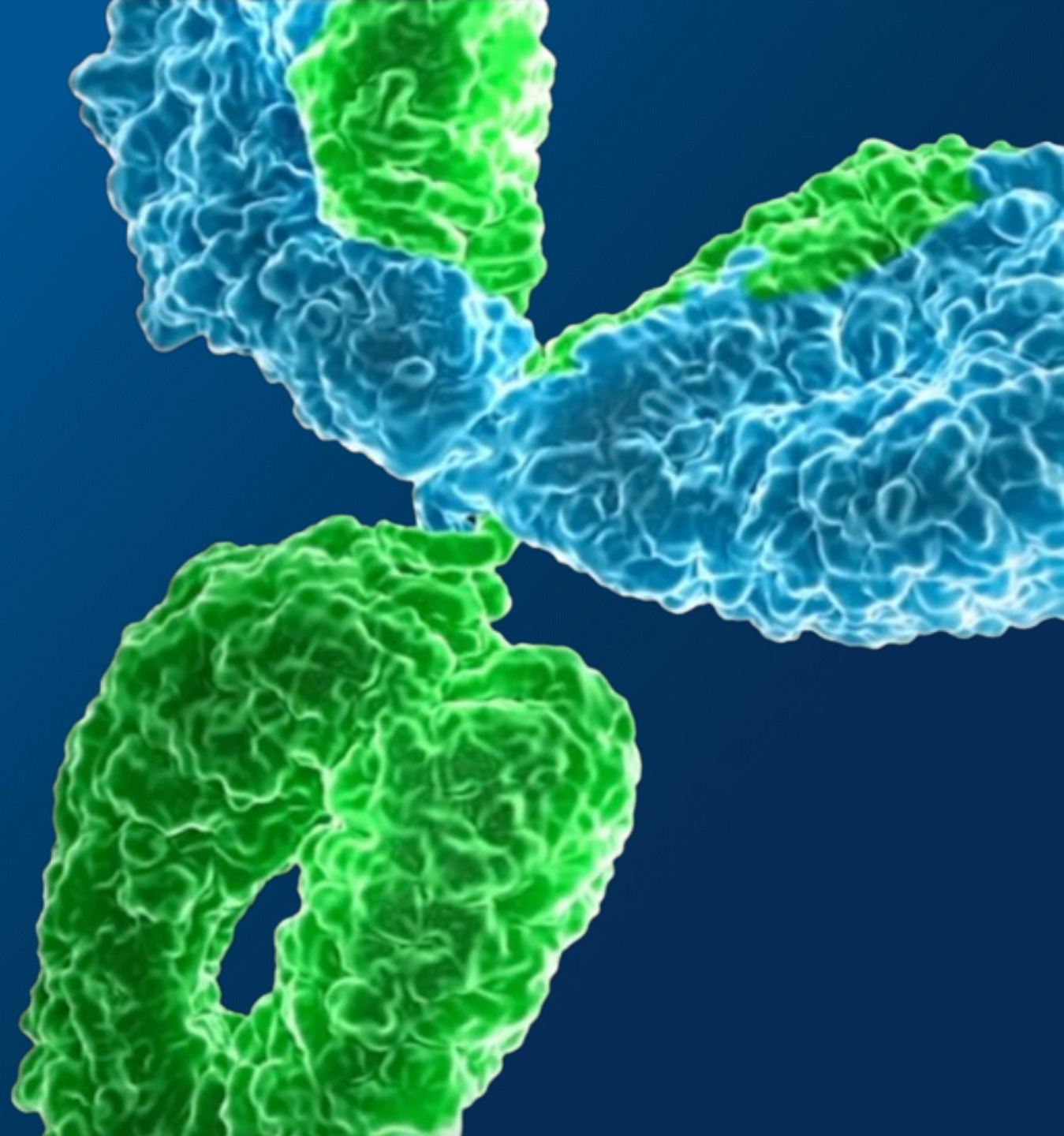
STRO 001

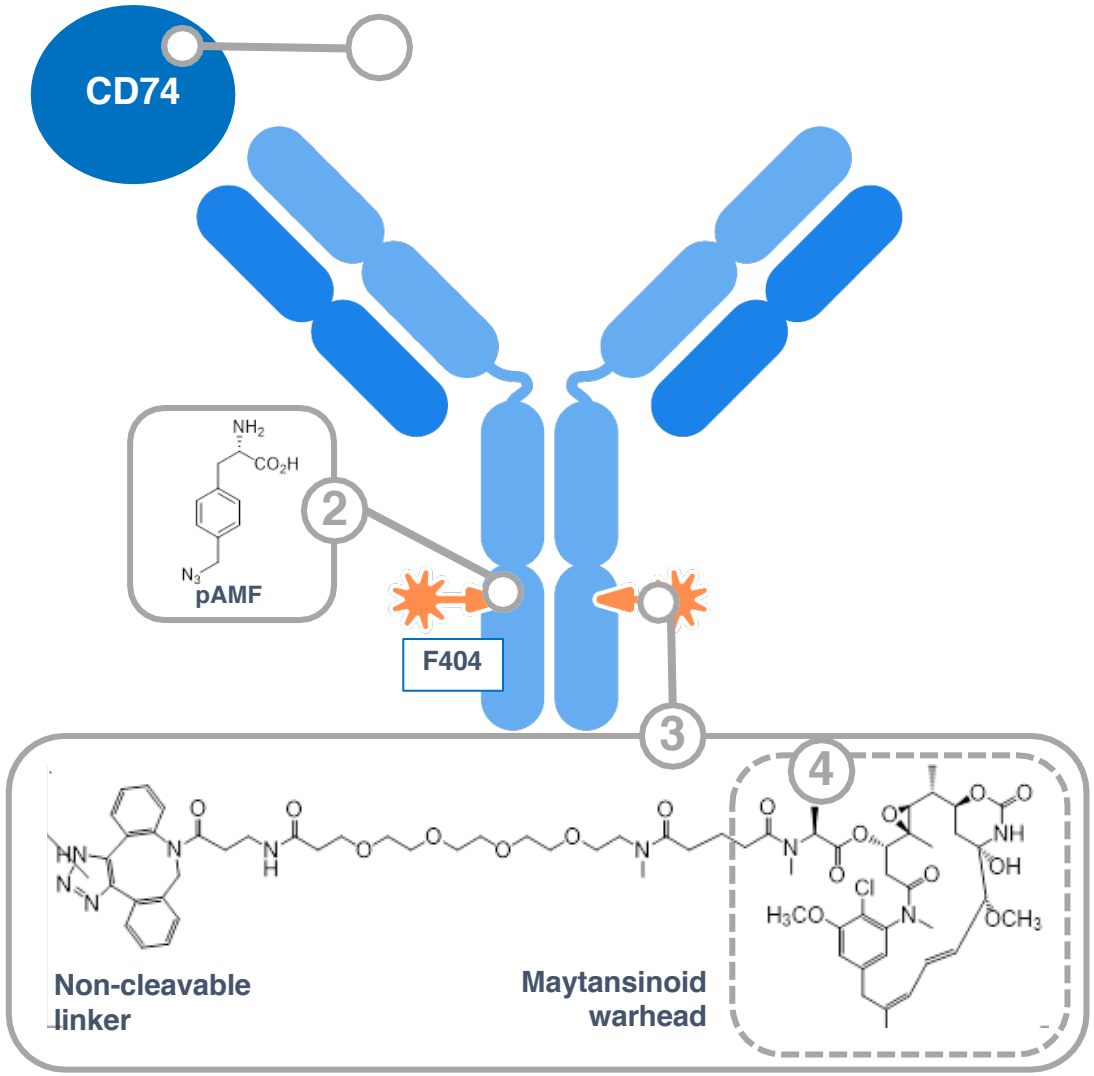
CD74-Targeting ADC

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



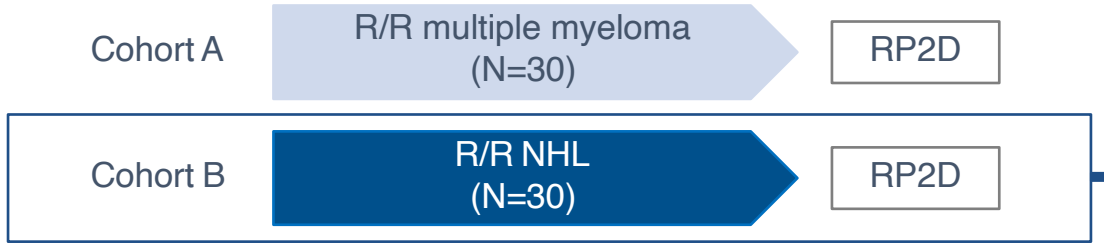
STRO-001 is a homogeneous **antibody drug conjugate (ADC)** with a **drug-antibody ratio (DAR) of 2**, targeting **CD74**:

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**

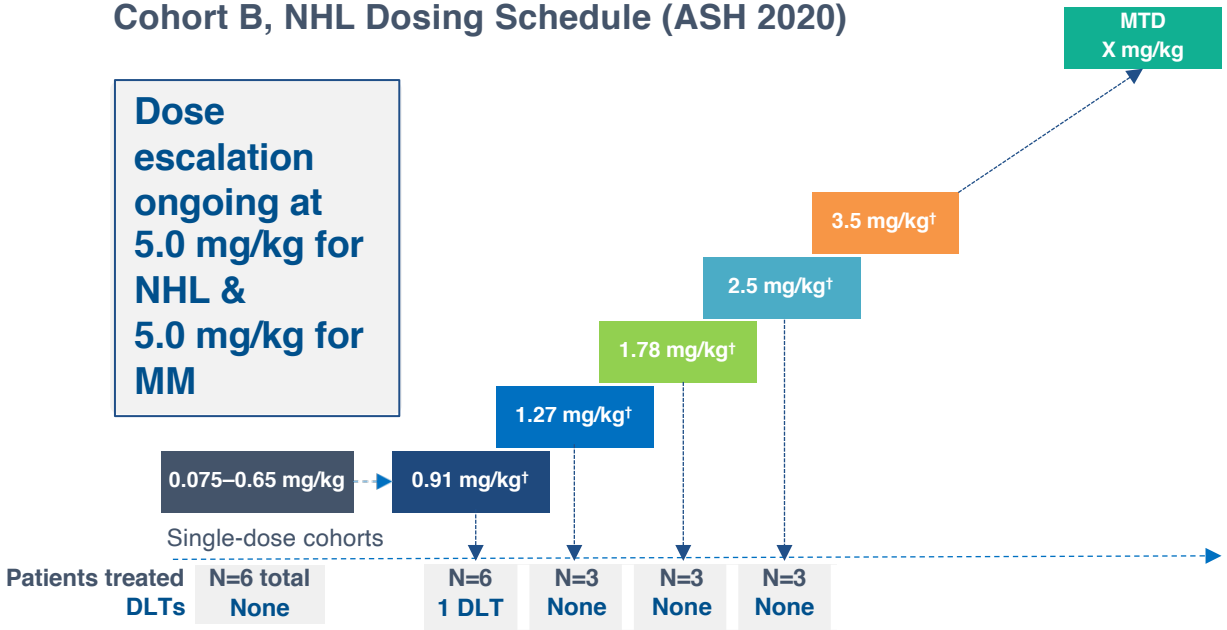
STRO-001-BCM1 Study Design and Updates

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

STRO-001-BCM1 Dose Escalation Study



Cohort B, NHL Dosing Schedule (ASH 2020)



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 data reported at ASH 2020.
As of October 2021, the last reported doses levels were of 5.0 mg/kg in the multiple myeloma (MM) cohort and 5.0 mg/kg in the non-Hodgkin's lymphoma (NHL) cohort.

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)**

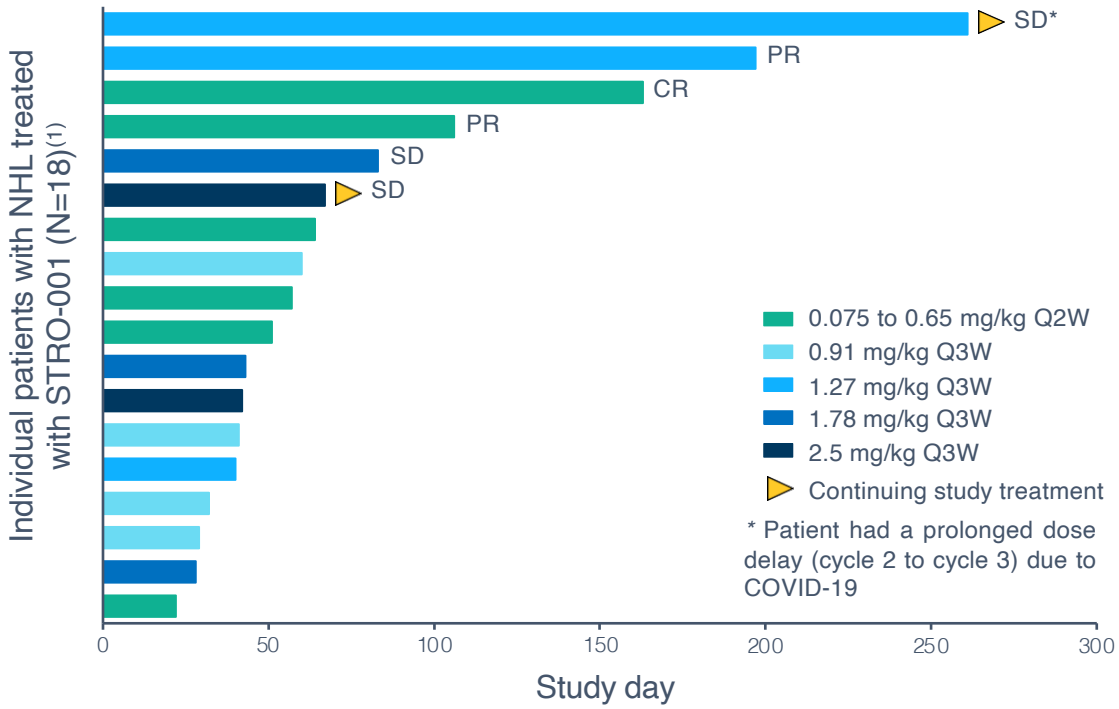
TEAEs by Grade, Occurring in ≥15%	Patients With ≥1 Event, n (%)			
	Grade 1	Grade 2	Grade 3	Grade 4
Nausea	5 (23.8)	4 (19.0)	0	0
Fatigue	4 (19.0)	3 (14.3)	0	0
Chills	7 (33.3)	0	0	0
Anemia	3 (14.3)	2 (9.5)	1 (4.8)	0
Headache	2 (9.5)	4 (19.0)	0	0
Dyspnea	1 (4.8)	3 (14.3)	1 (4.8)	0
Abdominal pain	4 (19.0)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

Responses to STRO-001

Dose Level, mg/kg	Demographics and Diagnosis	Prior Therapies	Best Responses	Doses Received	Duration of Treatment
0.075	82-year-old man with Stage III DLBCL, non-GC type diagnosed in 2015	• R-CHOP-R, • Rituximab/lenalidomide • Bendamustine/rituximab • Obinituzumab + gemcitabine + oxaliplatin	CR after 2 cycles (4 doses)	12	24 Weeks (PD after 12 doses)
0.65	64-year old man diagnosed with double-hit Stage IV DLBCL in August 2017	• R-CHOP x 1 and EPOCH X 6 (2017) • RICE with IT prophylaxis (2017/2018) • Rituximab and XRT (2018) • Rituximab, gemcitabine + oxaliplatin with radiotherapy (2018) • Axicabtagene ciloleucel (CAR-T) (May 2018) • Rituximab and lenalidomide (Nov 2018)	PR at cycle 3	8	15 weeks (PD after 8 doses)
1.27	68-year old woman stage IV extranodal DLBCL, non-GC diagnosed in Feb 2018	• R-CHOP • RICE x 2 • DHAP x 2 • CAR-T (May 2019) • Lenalidomide (Nov 2019)	PR at cycle 3	10	27 weeks ongoing (PD at cycle 10)
1.27	51-year old woman, stage III marginal zone lymphoma diagnosed in May 2017	• Obinutuzumab	SD	6	39 weeks ongoing
1.78	36-year old man with stage IIIA follicular lymphoma diagnosed in June 2014	• Flt3L-vaccine immunotherapy • Rituximab • Vaccine immunotherapy • polyCLC (TLR-3 agonist) – immunotherapy • Pembrolizumab	SD	4	12 weeks (PD after Cycle 4)
2.50	74-year old man with IV follicular lymphoma	• Reituximab/fludarabine/Cytoxan • Ifosfamide/carboplatin, etoposide • Auto SCT	SD	3	9 weeks on active treatment

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

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

Financial Overview

Well capitalized through cash and other financial sources

$192.1M
in cash, cash equivalents & marketable securities as of March 31, 2022

Projected cash runway into
2H 2023(1),
based on current business plans and assumptions

~1.6M shares
of **Vaxcyte**
(Nasdaq: PCVX) not included in the above reported cash

Funding received from our collaborators of
~$456M
through March 31, 2022

(1) Based on projections as of March 31, 2022.

Experienced Leadership Team

William Newell, JD
Chief Executive Officer and Member of the Board of Directors

Trevor Hallam, PhD
President of Research and Chief Scientific Officer

Arturo Molina, MD, MS, FACP
Chief Medical Officer

Ed Albini, MBA
Chief Financial Officer

Jane Chung, RPh
Chief Commercial Officer

Shabbir Anik, PhD
Chief Technical Operations Officer

Linda Fitzpatrick
Chief People and Communications Officer

Nicki Vasquez, PhD
Chief Portfolio Strategy and Alliance Officer