



21st Annual Needham Virtual Healthcare Conference

April 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 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.

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.




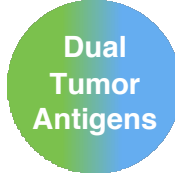


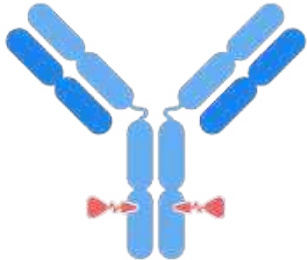
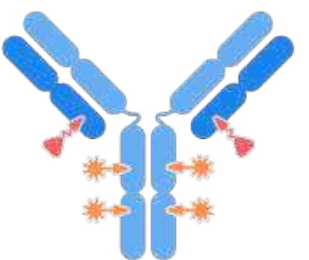
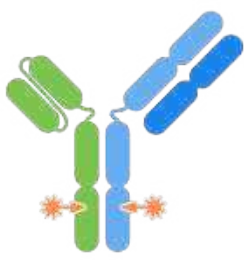
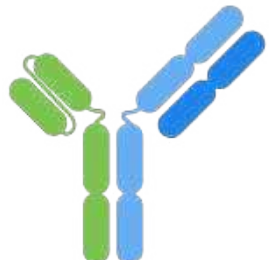
You should not rely upon forward-looking statements as predictions of future events. Although our management believes that the expectations reflected in our forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances 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.









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

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

	Cytokine Derivative	Conjugated Antibody			Bispecific Antibody
Modality	<i>Prodrug Cytokine Derivative</i>	<i>ADC or ISAC</i>	<i>iADC</i>	<i>Bispecific ADC</i>	<i>Immune Cell Engager</i>
Target					
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 毕诺瓦 (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					 (1)
T-Cell Engager	Preclinical	5T4-CD3 TCE	Solid Tumors					
Cytokine Derivative	Not Disclosed	Cytokine target	Cancer	2 Molecules				 (2)
	Discovery	IFNα, IL-12, IL-18	Solid Tumors					
Vaccine	VAX-24	24-valent pneumococcal conjugate vaccine	Invasive Pneumococcal Disease					

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

(2) Cytokine Derivative program with Merck includes two molecules derived from one undisclosed target

Achievements and Milestones

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

STRO-002, FoIRa ADC

- ☒ Greater China deal with Tasly (Dec. 2021)
- ☒ Ovarian cancer dose-expansion interim data (Jan. 2022)
- ☐ Dose-expansion data with durability at a scientific meeting (2H 2022)
- ☐ EOP1/2 meeting (around mid-2022)
- ☐ Initiate pivotal trial in ovarian cancer (YE 2022)
- ☒ First patient dosed in endometrial cancer cohort (Nov. 2021)
- ☒ 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

- ☒ 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 potential 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

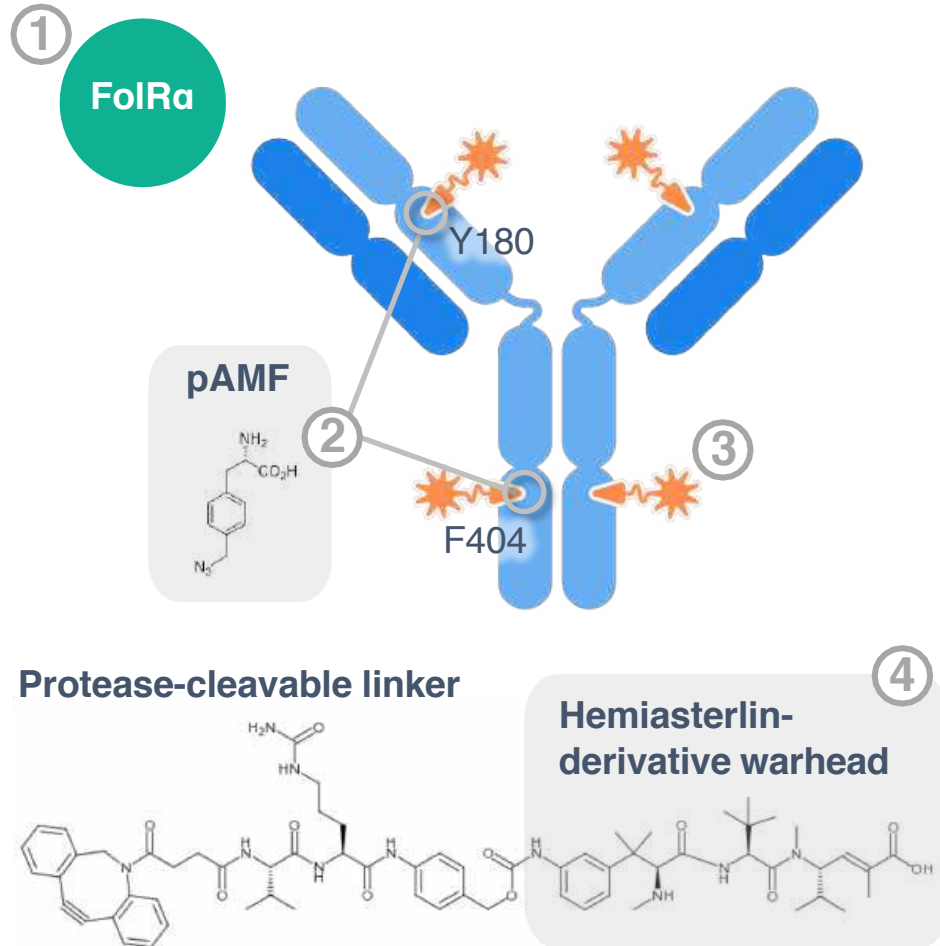


**STRO
002**

FolR α -Targeting ADC

Potential Best-in-Class ADC for
Ovarian Cancer

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-derivative¹ 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

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**

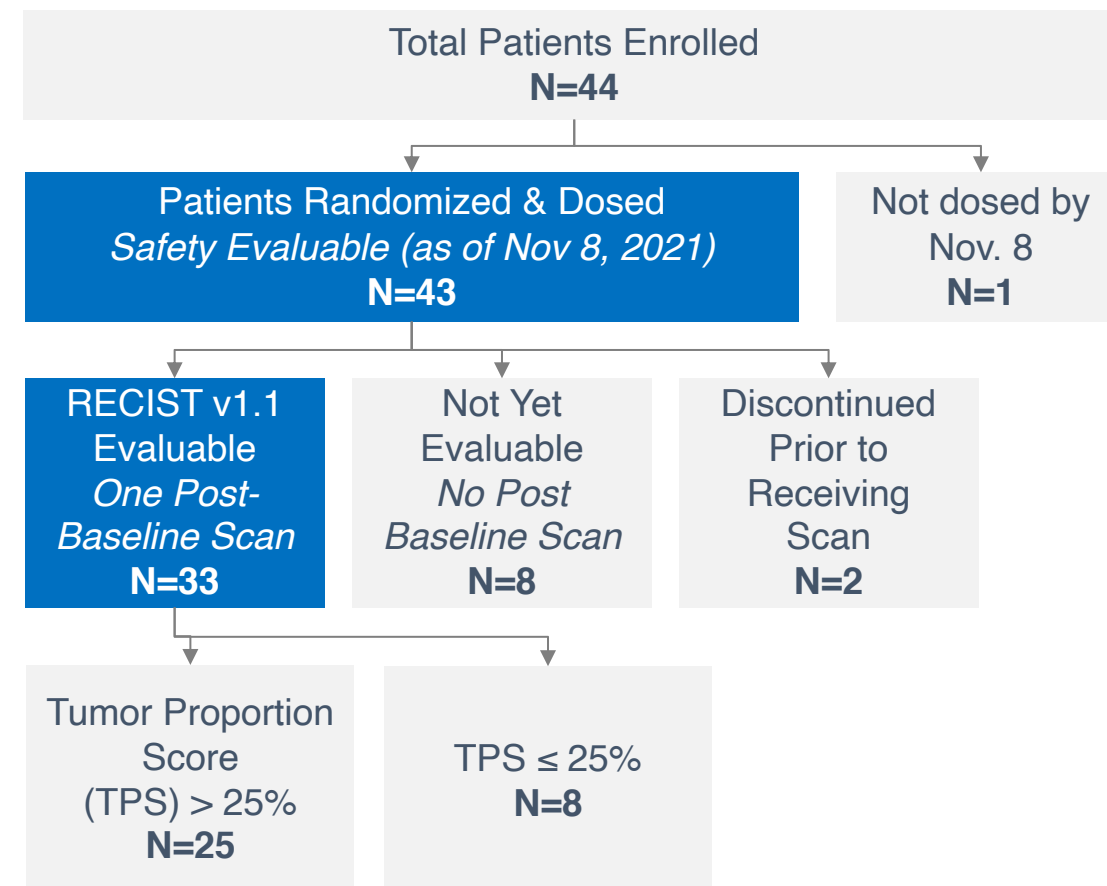
Patient Characteristics in Dose Expansion Cohort

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

Patient Baseline Characteristics

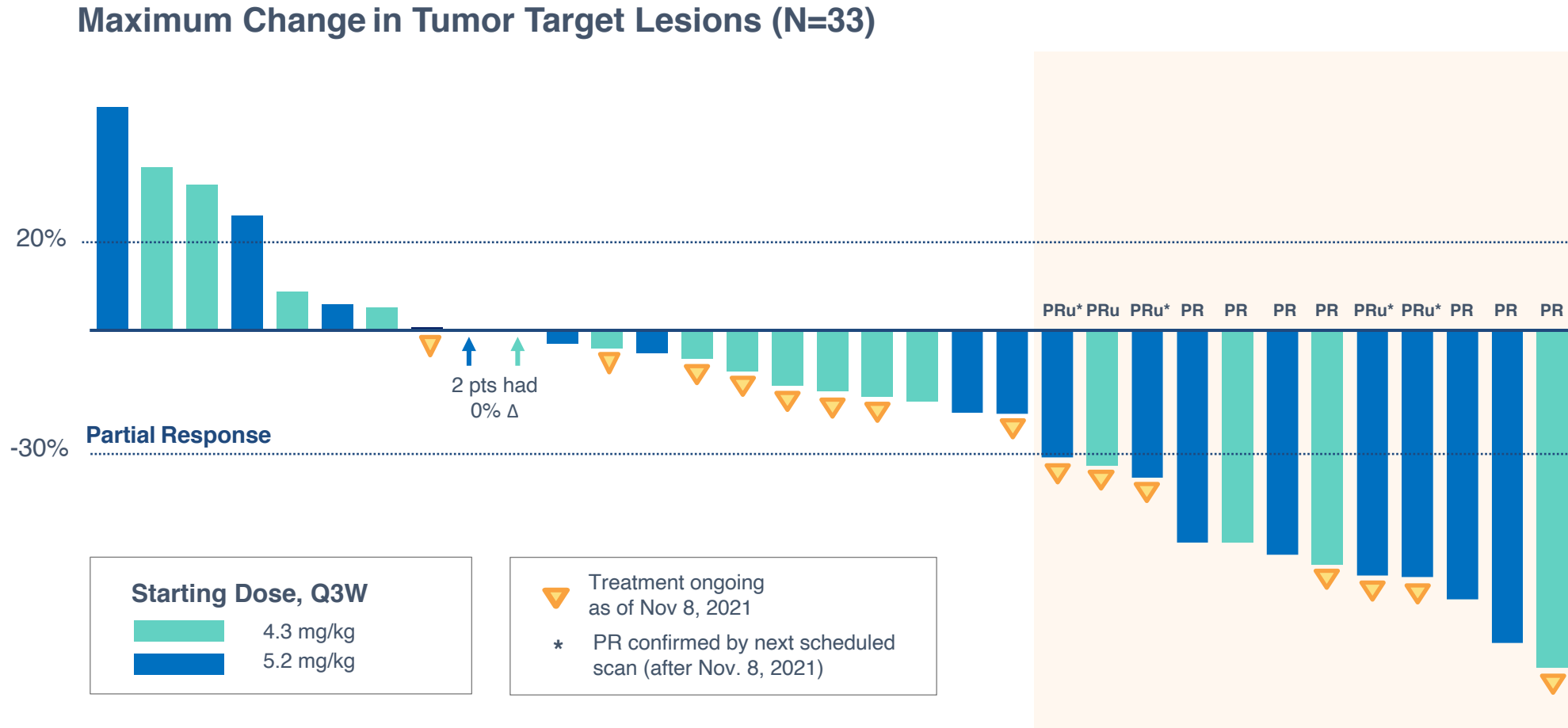
Ovarian Cancer Patients	Randomized Dose Levels		Total N=43
	4.3 mg/kg N=23	5.2 mg/kg N=20	
Median age, years (range)	63 (39–91)	56 (40–72)	60 (39–91)
Median time since diagnosis, years (range)	1.8 (0.9–4.4)	2.9 (0.7–5.1)	2.8 (0.7–5.1)
Number of prior lines of therapy			
Median	3.0	2.0	2.0
Mean (St. Dev.)	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



Dose Response Demonstrated

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



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 FOLRa expression

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.

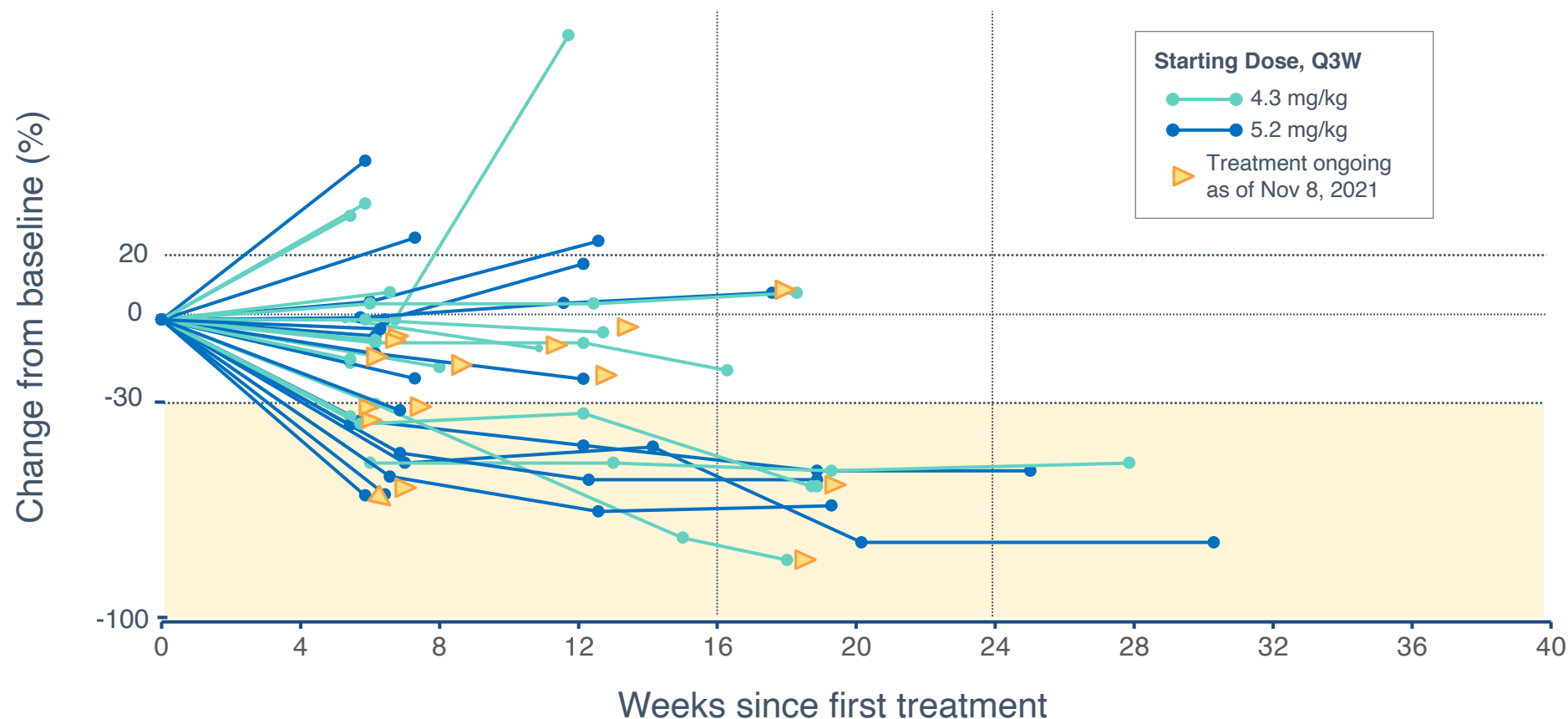
Robust Anti-tumor Activity and Disease Control Demonstrated

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.

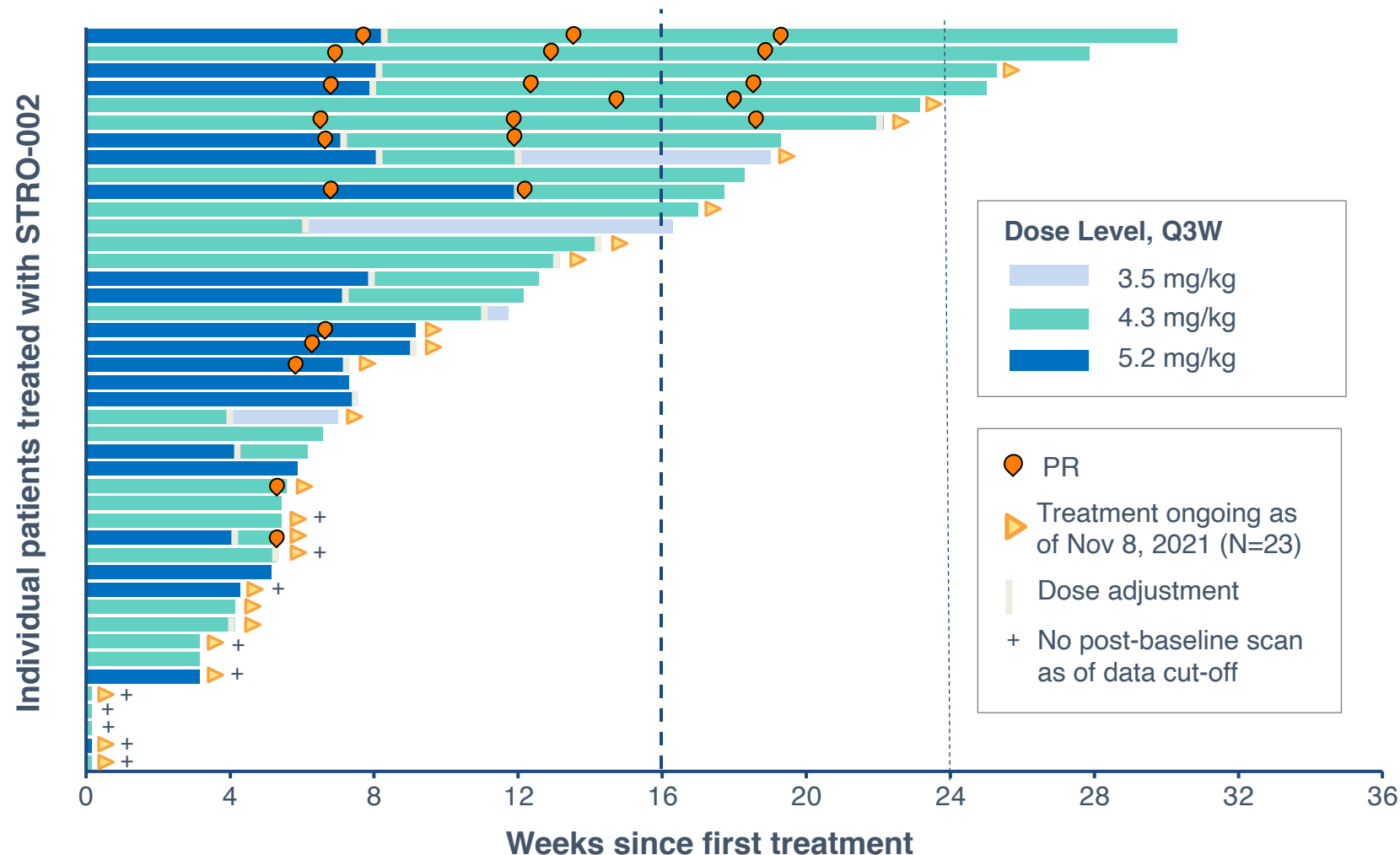
Encouraging Response Rates and Preliminary Data on Durability

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)



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

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**

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:

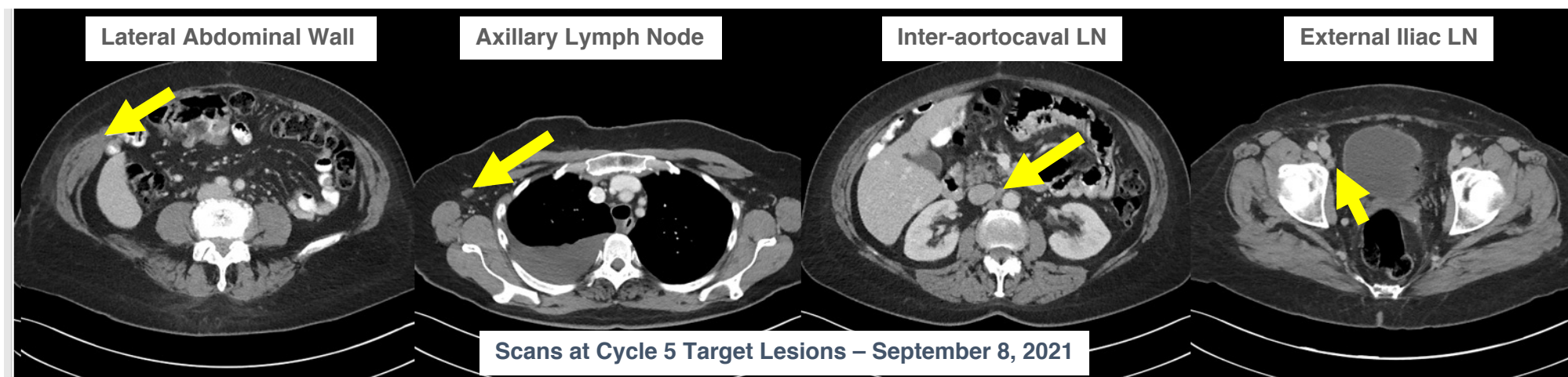
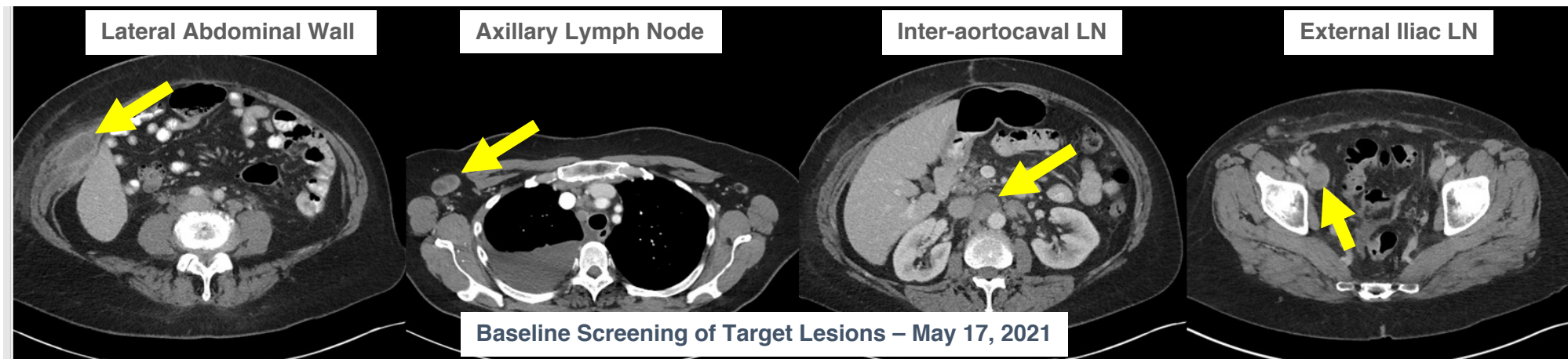
Resistant to 1st

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

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)
<i>Febrile Neutropenia</i>	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**



Safety

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

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

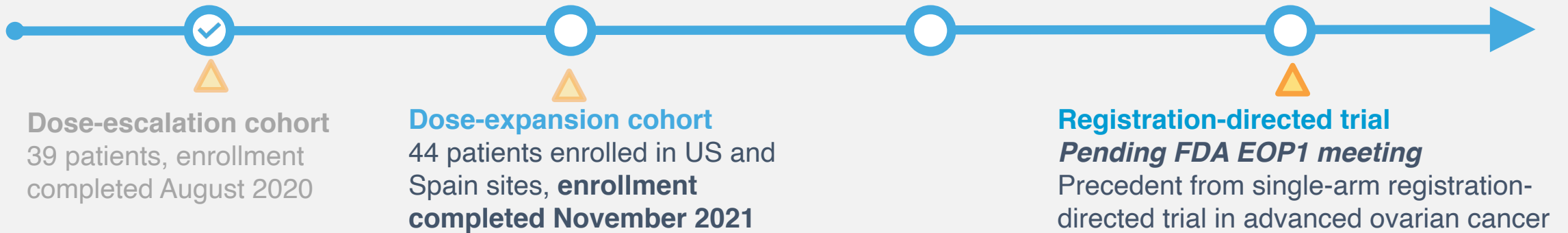
(1) PR classification includes the 4 of 5 patients who were confirmed by their next scheduled scan after Nov. 8, 2021 and percentages on slide include such subsequently confirmed PRs as appropriate.
Note: Data as of Nov. 8, 2021.

Progressing & Expanding the STRO-002 Franchise

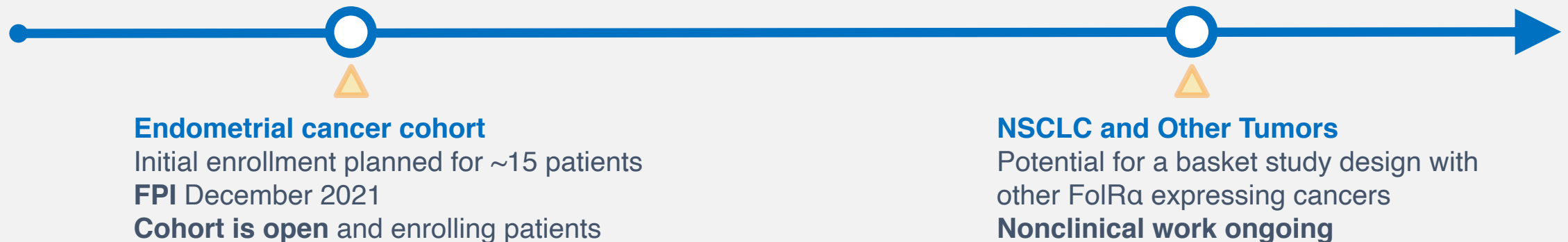
Additional clinical studies in ovarian & endometrial, and nonclinical work on other tumor types

Ovarian Cancer

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



Other Solid Tumors





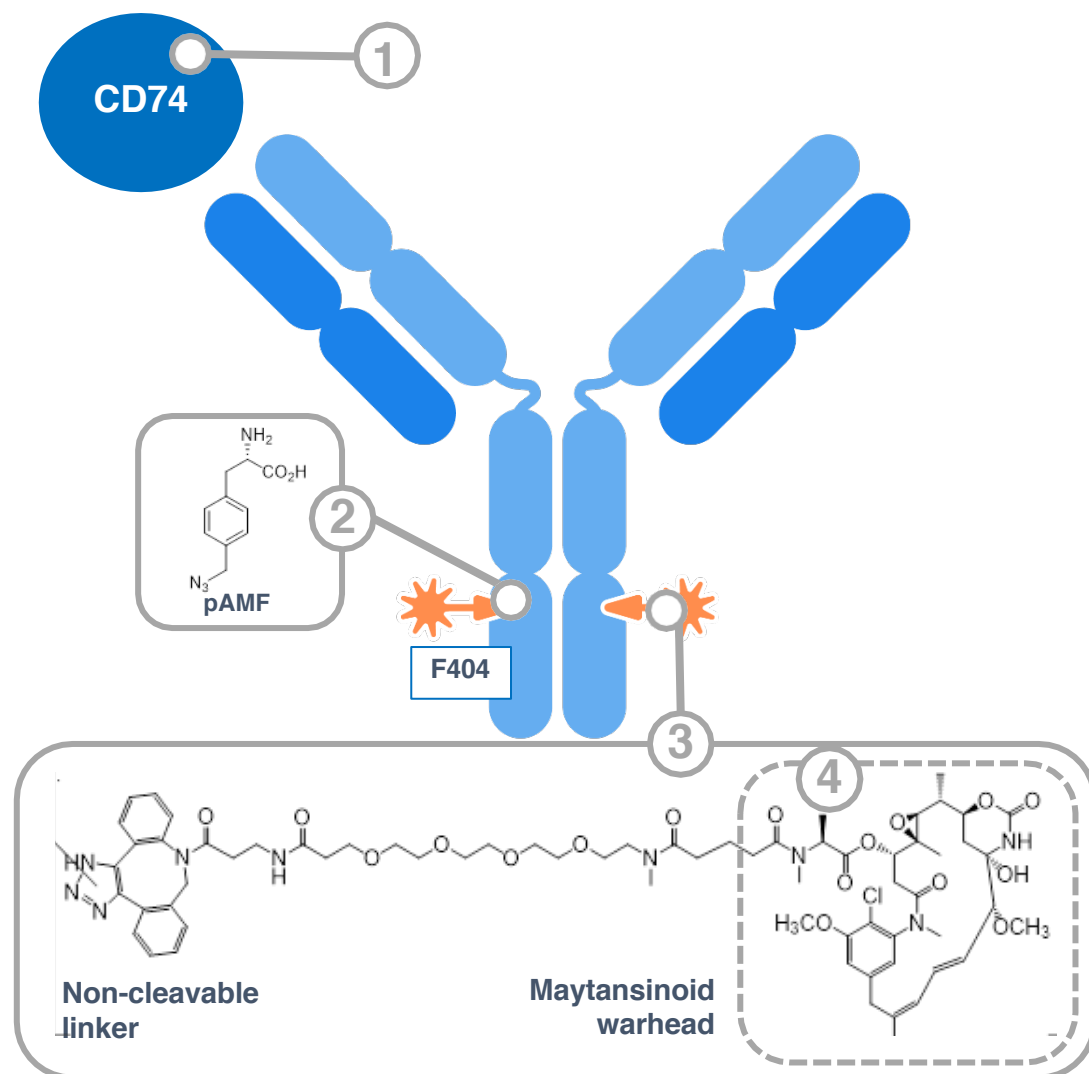
**STRO
001**

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



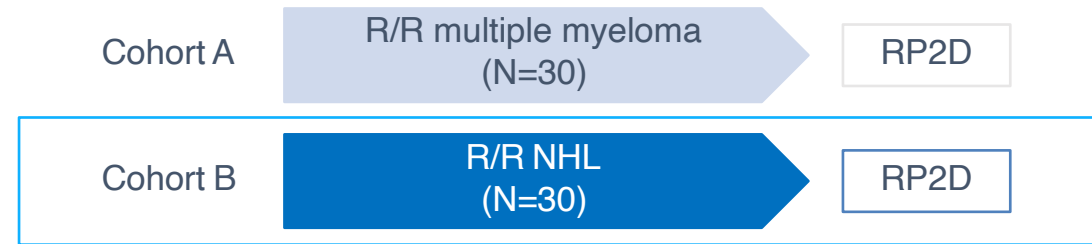
STRO-001 is a homogeneous **antibody drug conjugate (ADC)** with a **drug-antibody ratio (DAR)** of 2, targeting **CD74**:

- CD74** is expressed in many **hematological cancers** and **rapidly internalized**
- Conjugation through precisely positioned **non-natural amino acids**, p-azidomethyl-L-phenylalanine, at positions F404 on the heavy chain
- Comprises two non-cleavable linker-warheads that are **stable in circulation**
- 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

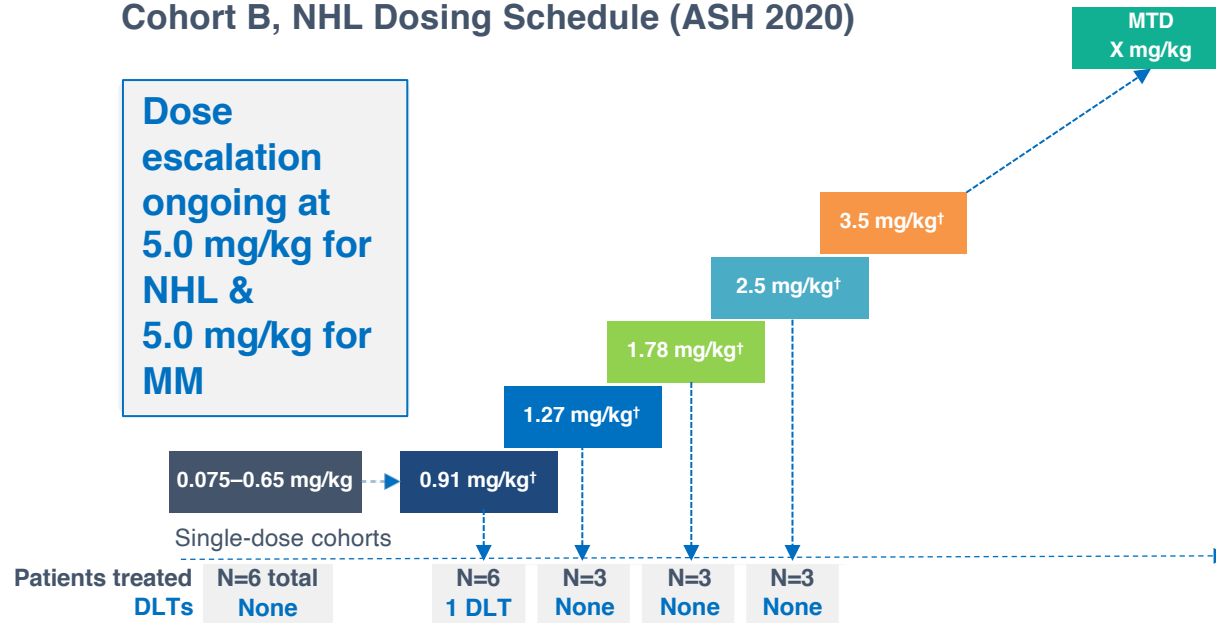
Dose range 0.05-2.5 mg/kg and **MTD has not been reached**

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

Cohort B, NHL Dosing Schedule (ASH 2020)



(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)

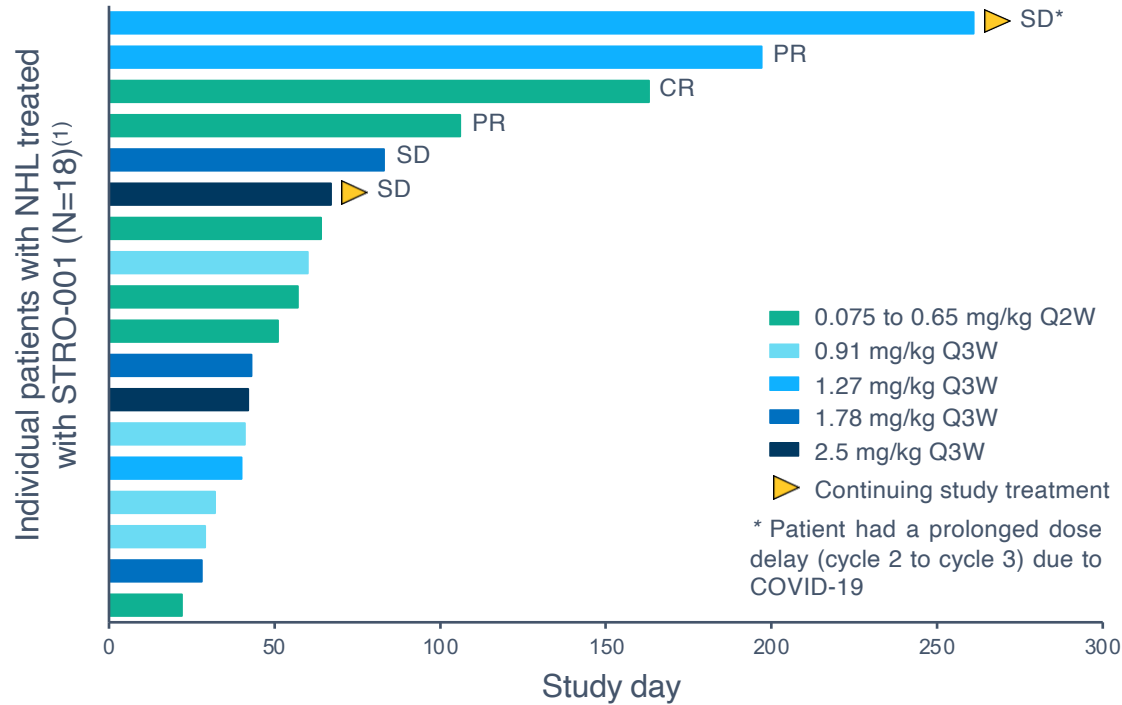
TEAEs by Grade, Occurring in ≥15%	Patients With ≥1 Event, n (%)			
	Grade 1	Grade 2	Grade 3	Grade 4
Nausea	5 (23.8)	4 (19.0)	0	0
Fatigue	4 (19.0)	3 (14.3)	0	0
Chills	7 (33.3)	0	0	0
Anemia	3 (14.3)	2 (9.5)	1 (4.8)	0
Headache	2 (9.5)	4 (19.0)	0	0
Dyspnea	1 (4.8)	3 (14.3)	1 (4.8)	0
Abdominal pain	4 (19.0)	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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Obinituzumab 	SD	6	39 weeks ongoing
1.78	36-year old man with stage IIIA follicular lymphoma diagnosed in June 2014	<ul style="list-style-type: none"> Flt3L-vaccine immunotherapy Rituximab Pneumococcal conjugate 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	<ul style="list-style-type: none"> Reituximab/fludarabine/Cytosan 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

\$229.5M

in cash, cash equivalents &
marketable securities
as of Dec. 31, 2021

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

~\$446M

through Dec. 31, 2021

(1) Based on projections as of Dec. 31, 2021

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

