



STRO-006:

Opportunity for Best-In-Class TOP1 ADC
Targeting Integrin $\beta 6$ in Solid Tumors

SUTRO
BIOPHARMA

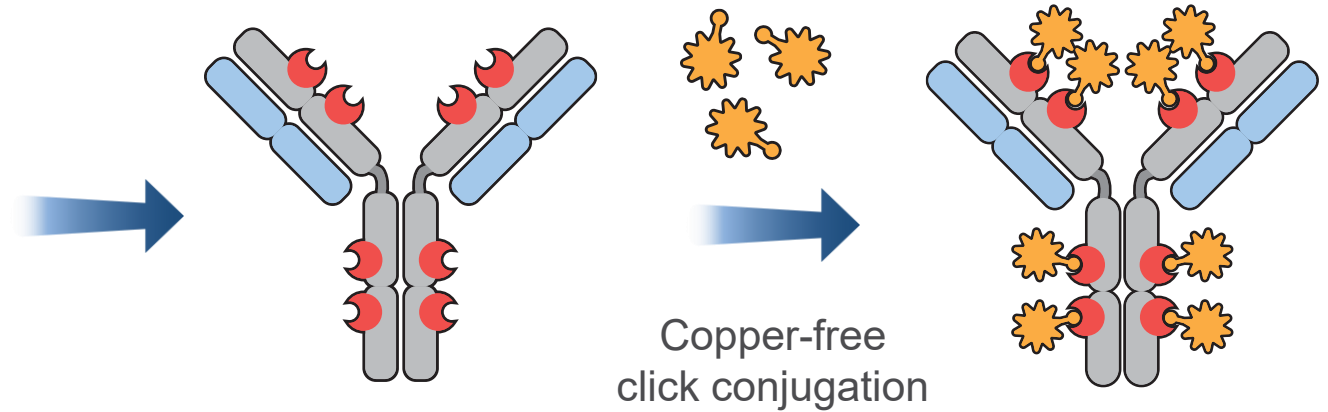
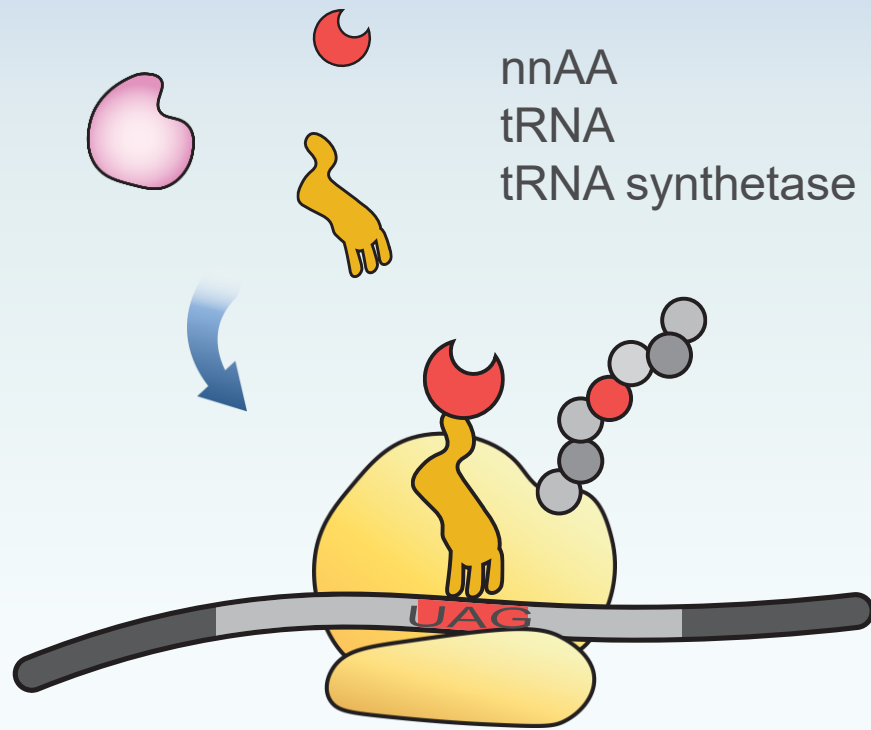
Alice Yam

World ADC, San Diego 2026



Sutro's Site-Specific Technology is Enabled by Non-Natural Amino Acid Incorporation

Non-natural amino acid (nnAA) incorporation

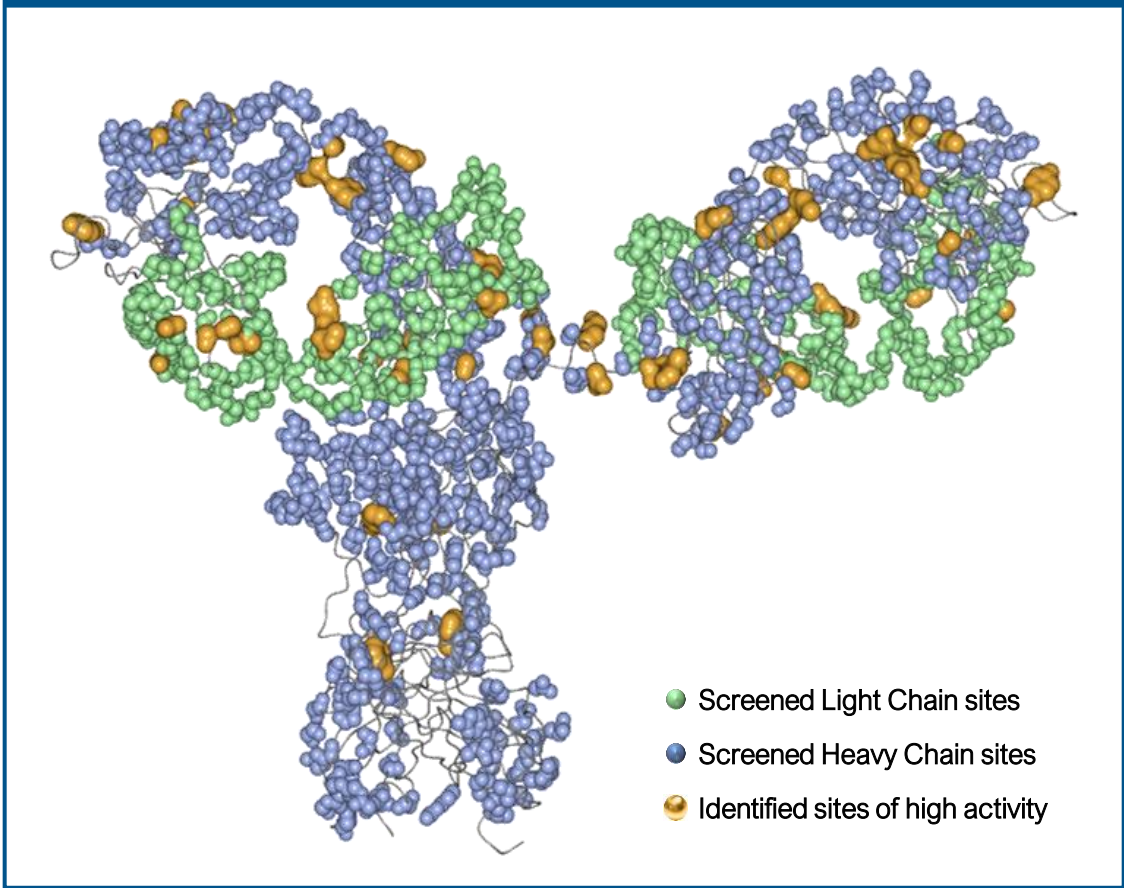


Optimized ADCs have potential for:

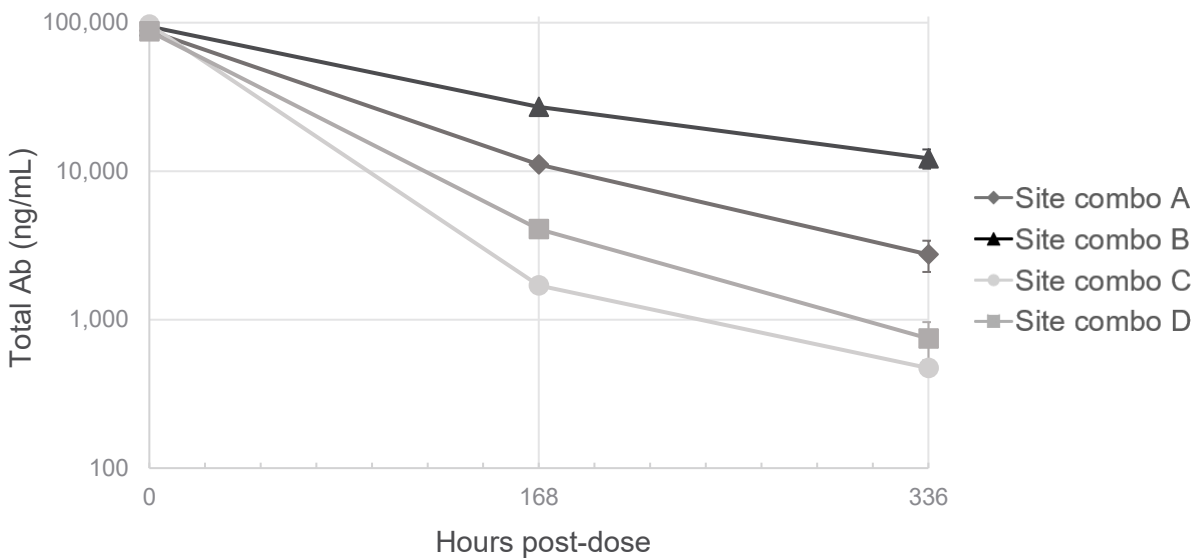
- Higher stability
- Better PK
- More safety

Sutro Cell-Free Manufacturing Platform Enables Site-Selective ADCs with Superior Exposure and Design Flexibility

Surface Sites Screened on an IgG



DAR16 ADCs



Choosing the right combination of sites can result in optimized pharmacokinetics



Better PK



Less ADC Clearance



Less Systemic Toxicity

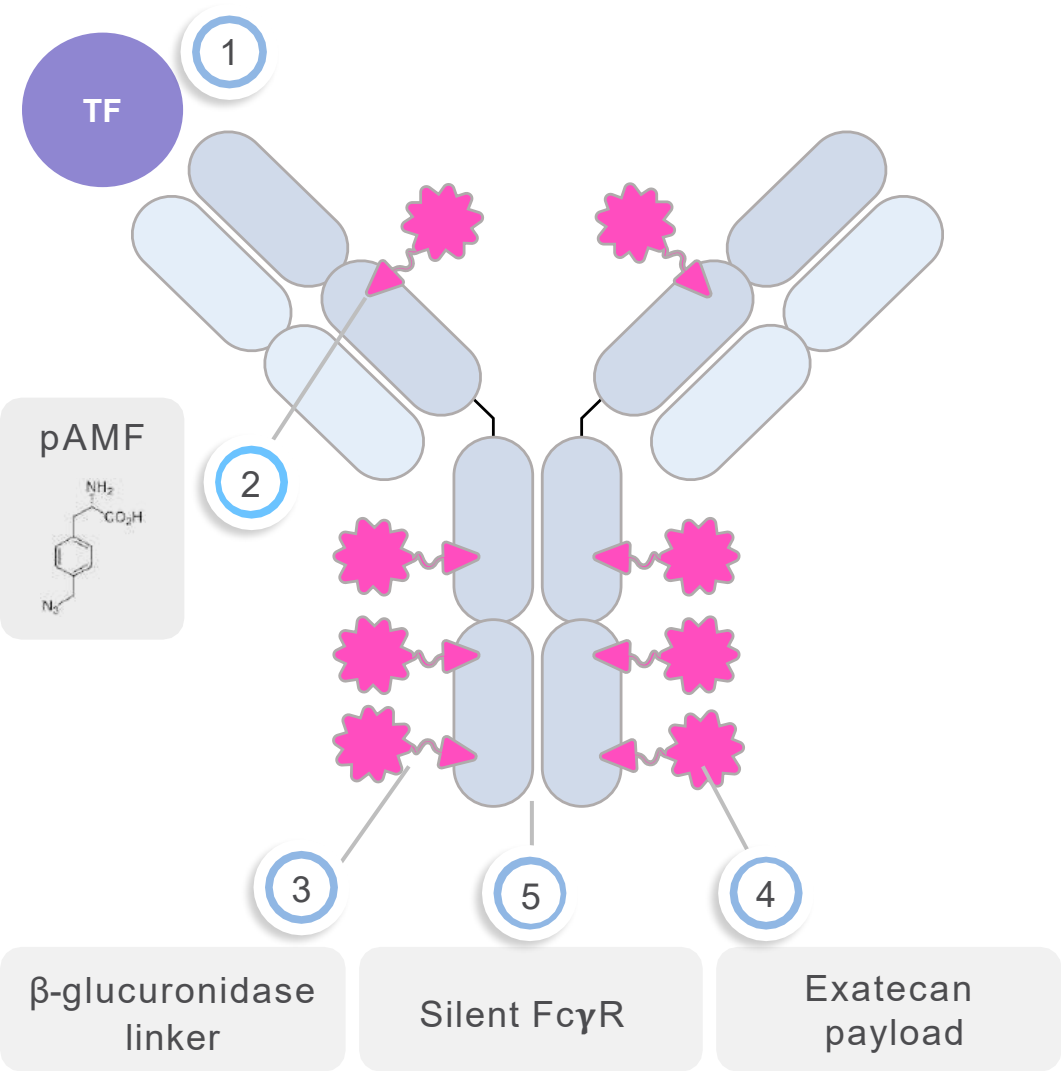
Pipeline of Next-Generation Single- and Dual-Payload ADCs

On track to deliver three programs into the clinic in two years

	PROGRAM	MODALITY/TARGET	INDICATION	DISCOVERY	PRECLINICAL	PHASE 1/1B	PHASE 2	PHASE 3/ REGISTRATIONAL	PARTNER
ONCOLOGY PROGRAMS	STRO-004	Tissue Factor ADC	Solid Tumors						
	STRO-006	Integrin $\alpha\beta 6$ ADC	Solid Tumors						
	STRO-227	DUAL PAYLOAD ADCS	PTK7						
	STRO-00Y		Undisclosed						
	ASP2998		TROP2*						
	2nd iADC		Undisclosed*						
NON-ONC	VAX-31	31-Valent Conjugate Vaccine	Invasive Pneumococcal Disease						
	VAX-24	24-Valent Conjugate Vaccine	Invasive Pneumococcal Disease						

*Dual Payload Immunostimulatory ADC (iADC)

STRO-004 Anatomy: Next-Generation TF-Targeting Exatecan/Topo1 ADC Engineered for Enhanced Therapeutic Index



STRO-004 is a homogeneous antibody drug conjugate (ADC) with a drug-antibody ratio (DAR) of 8, targeting TF



1

Enhanced mAb with high affinity, internalization; reduced bleeding risk

2

Optimally positioned non-natural amino acids, p-azidomethyl-L-phenylalanine (pAMF), combined with ultrastable click chemistry results in lowest levels of unconjugated payloads

3

β-glucuronidase cleavable linkers with tumor selective cleavage, strong stability while in circulation, and added hydrophilic element led to best-in-class PK

4

Exatecan payload causing DNA disruption and potent tumor cell killing, with high bystander activity, and immunogenic cell death (ICD)

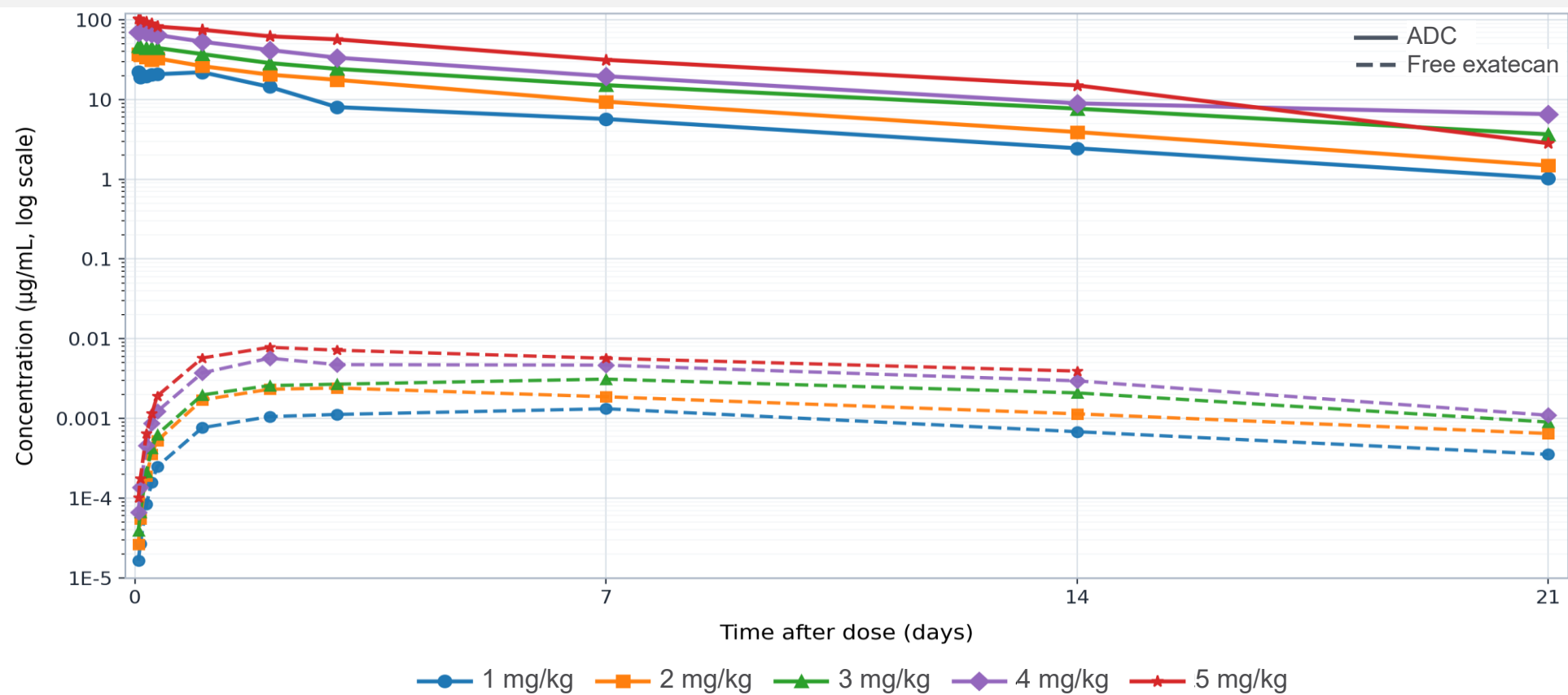
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Lack of FcγR interactions limits uptake by alveolar macrophages, reducing risk of interstitial lung disease (ILD)

STRO-004 Dose-proportional PK: Cell-free Technology Enables Wider TI with Less Platform Toxicity

Long half-life of nearly 7 days, maintains 98% DAR8 configuration

Highly Stable ADC: High Drug Exposure and Low Levels of Free Payload (below 10 ng/mL) Across Doses



Cycle 1 geometric mean concentration by dose level; same dose color/symbol is used for both analytes; ADC uses solid lines and free exatecan uses dashed lines. PK – Pharmacokinetics; TI – Therapeutic Index
*Garrison & Rowinsky, Clin Can Res, 2003 (Exatecan); Gao & Morales-Barrera, ASCO presentation, 2026

STRO-004 Favorable Tolerability Profile: Mostly Low-grade AEs with Limited On-target and Platform Tox

All-grade TRAEs ≥10% of Subjects and All Gr 3+ Events; Low Discontinuation Rate Due to AEs of 6%

Dose Level (n)	1 mg/kg (2)		2 mg/kg (10)		3 mg/kg (13)		4 mg/kg (16)		5 mg/kg (8)		Overall (49)	
Median Prior LoT (Range 1-7)	3.0		3.0		3.0		2.5		4.0		3.0	
	All Gr	Gr 3+	All Gr	Gr 3+	All Gr	Gr 3+	All Gr	Gr 3+	All Gr	Gr 3+	All Gr	Gr 3+
Any subject with a TRAE: n (%)	1 (50)	0 (0)	5 (50)	0 (0)	10 (77)	3 (23)	13 (81)	5 (31)	7 (88)	4 (50)	36 (73)	12 (24)
Nausea	1 (50)		2 (20)		3 (23)		5 (31)		5 (63)	1 (13)	16 (33)	1 (2)
Fatigue			2 (20)		7 (54)		3 (19)		2 (25)		14 (29)	
Anemia					2 (15)	2 (15)	5 (31)	3 (19)	2 (25)	2 (25)	9 (18)	7 (14)
Vomiting			1 (10)		2 (15)		2 (13)		2 (25)		7 (14)	
Diarrhea			1 (10)				4 (25)		1 (13)		6 (12)	
Epistaxis			1 (10)		1 (8)		3 (19)		1 (13)		6 (12)	
Decreased appetite					2 (15)		3 (19)				5 (10)	
Stomatitis							2 (13)		3 (38)	1 (13)	5 (10)	1 (2)
ALT increased					1 (8)		2 (13)	1 (6)	1 (13)		4 (8)	1 (2)
AST increased					1 (8)		2 (13)	1 (6)	1 (13)		4 (8)	1 (2)
Mucosal inflammation					1 (8)		2 (13)		1 (13)	1 (13)	4 (8)	1 (2)
Conjunctivitis					2* (15)	1 (8)			2 (25)		4* (8)	1 (2)
Neutrophil count decreased							1 (6)	1 (6)	2 (25)	2 (25)	3 (6)	3 (6)
Platelet count decreased							1 (6)		2 (25)	1 (13)	3 (6)	1 (2)
Blood bilirubin increased							1 (6)	1 (6)			1 (2)	1 (2)
Embolism							1 (6)	1 (6)			1 (2)	1 (2)
Febrile neutropenia									1 (13)	1 (13)	1 (2)	1 (2)
Hypokalaemia									1 (13)	1 (13)	1 (2)	1 (2)
Lymphocyte count decreased							1 (6)	1 (6)			1 (2)	1 (2)
WBC count decreased									1 (13)	1 (13)	1 (2)	1 (2)

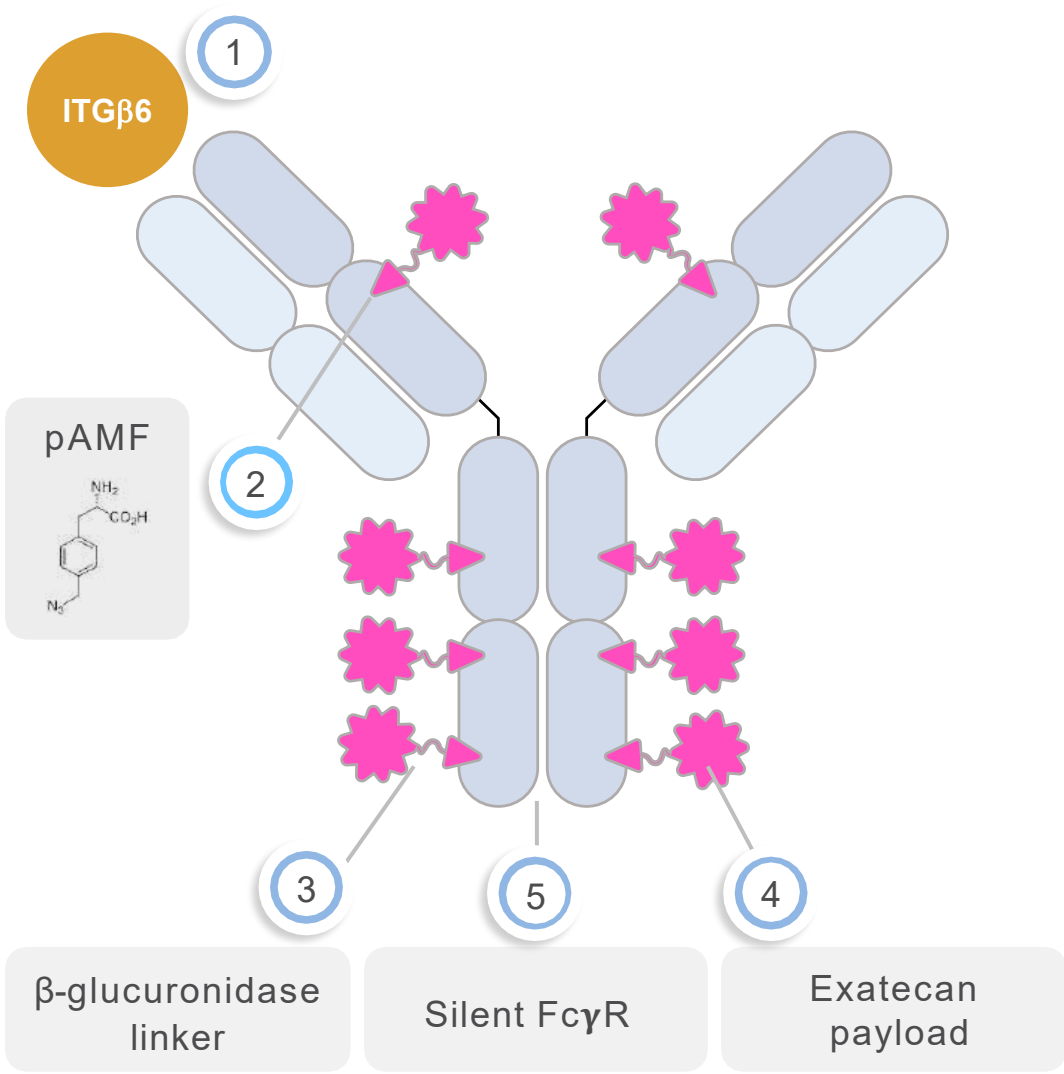
Data cutoff date: July 24, 2026; All grade 3+ events were grade 3, except for one grade 4 neutrophil count decrease in the 5 mg/kg cohort

* Count increased by 1 manually to capture single event of Gr 3 keratoconjunctivitis

Gr – Grade; TRAE – Treatment related adverse events; LOT – Lines of therapy; ALT – Alanine aminotransferase; AST – Aspartate aminotransferase; AE – Adverse event; TF – Tissue Factor; DLT – Dose limiting toxicity; CRC – colorectal cancer; EGC – esophageal/gastric cancer

- ▶ All-grade TRAEs >15% were nausea (33%), fatigue (29%), anemia (18%)
- ▶ Other TRAEs of note that occurred in >5% of patients included:
 - ▶ Hematologic events: neutrophil count decreased (6%), platelet count decreased (6%)
 - ▶ On-target TF-related events: epistaxis (12%), stomatitis (10%), mucosal inflammation (8%), conjunctivitis (8%), dry eye (7%); these events were predominantly grade 1-2
 - ▶ Grade 3+ events: anemia (14%)
- ▶ DLTs occurred only in CRC/EGC subjects (4-7 Prior LoT) and only at 5 mg/kg, driven by target-related toxicity; no discontinuations
 - ▶ Gr 2/3 stomatitis +/- neutropenia, Gr 2 conjunctivitis

STRO-006 Anatomy: Designed to Deliver Superior Safety and Efficacy



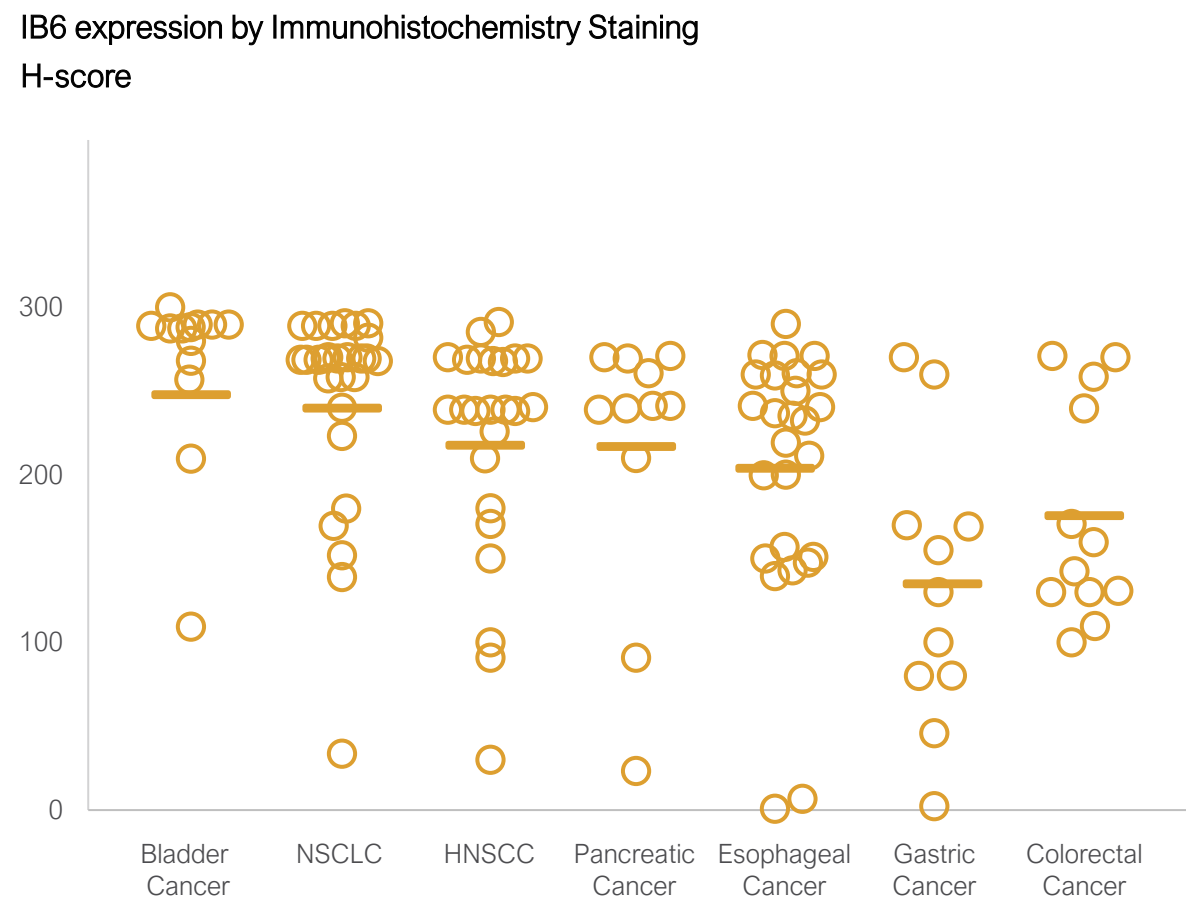
STRO-006 is a homogeneous antibody drug conjugate (ADC) with a drug-antibody ratio (DAR) of 8, targeting ITGβ6



- 1 Enhanced mAb with potent binding and internalization; no cross-specificity to other integrin family members; maintains TGFb signaling leaving tissue repair functions intact
- 2 Optimally positioned non-natural amino acids, p-azidomethyl-L-phenylalanine (pAMF), combined with ultrastable click chemistry results in lowest levels of unconjugated payloads
- 3 β-glucuronidase cleavable linkers with tumor selective cleavage, strong stability while in circulation, and added hydrophilic element led to best-in-class PK
- 4 Exatecan payload causing DNA disruption and potent tumor cell killing, with high bystander activity, and immunogenic cell death (ICD)
- 5 Lack of FcγR interactions limits uptake by alveolar macrophages, reducing risk of interstitial lung disease (ILD)

ITGβ6 Expression Provides Opportunity For Development in Multiple Solid Tumor Types with High Unmet Need

ITGβ6 Expression in Cancers



ITGβ6 Positivity in Cancers

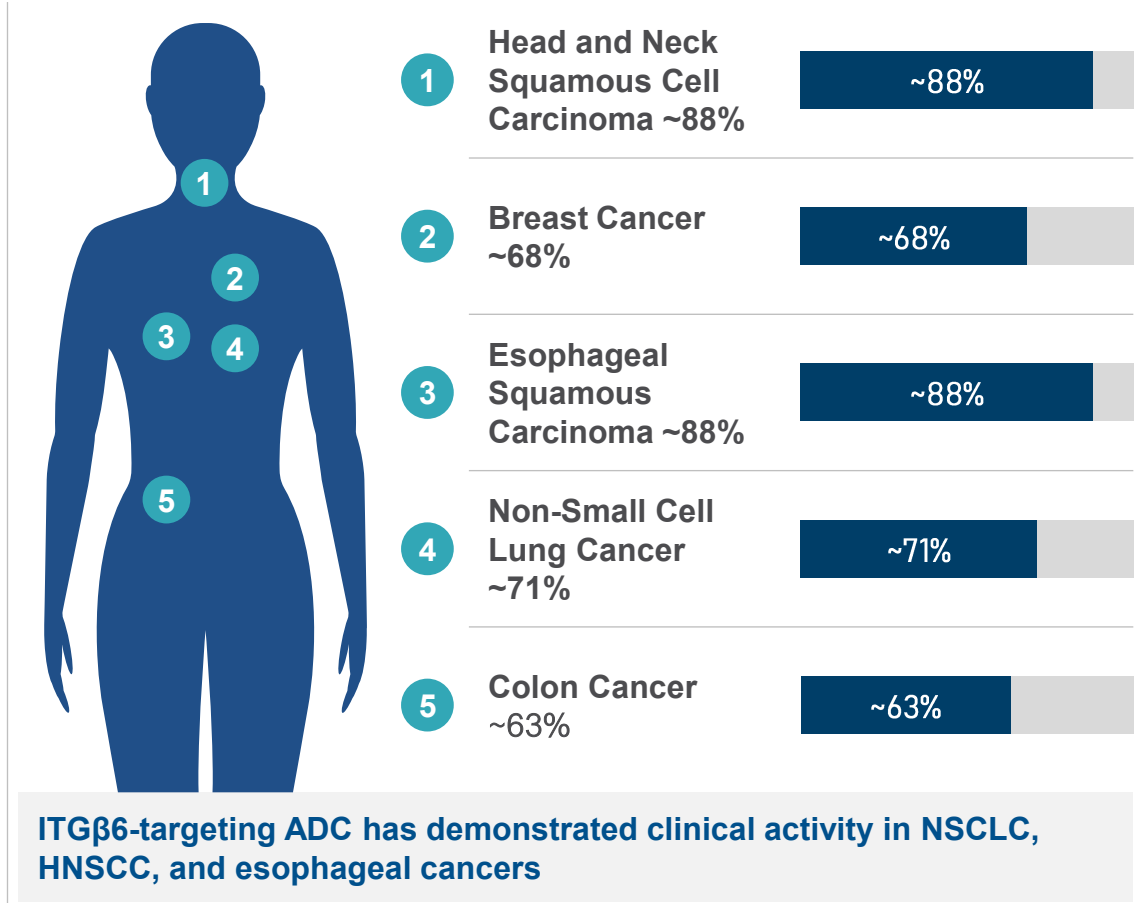
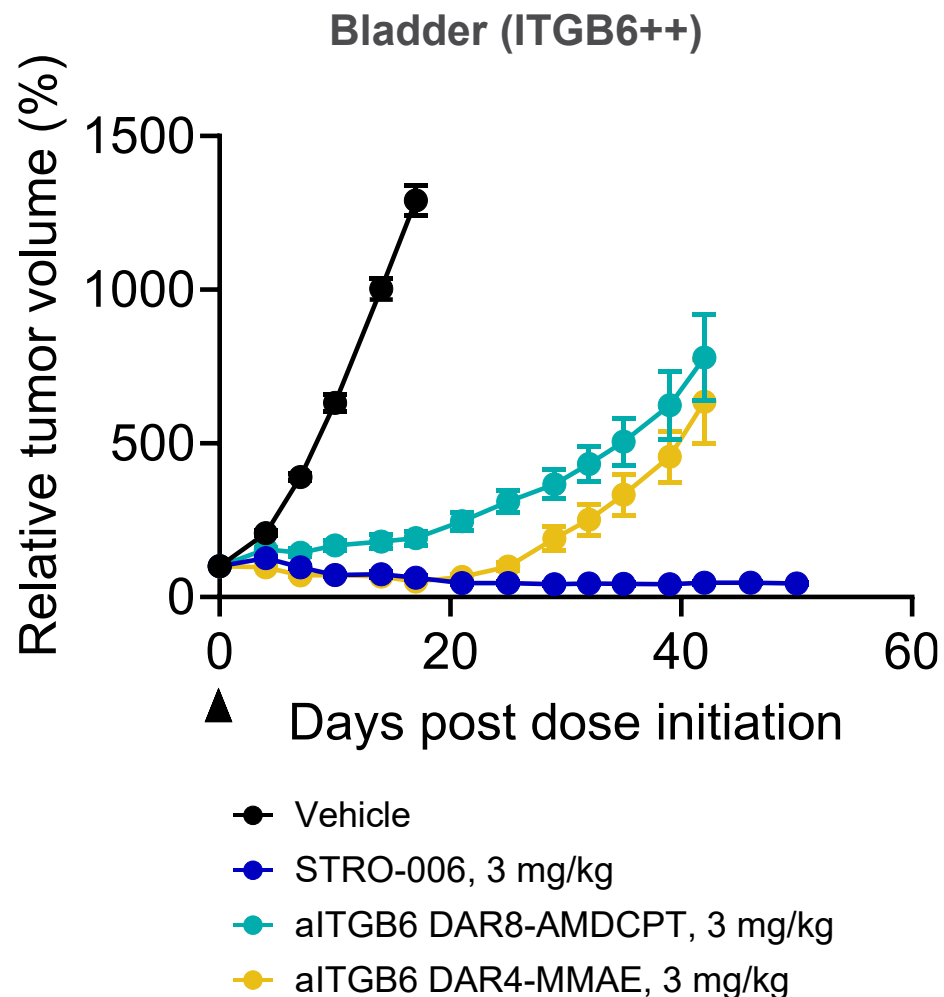


Figure adapted from Mazahreh R., et al. 2025 AACR Annual Meeting Abstract Number 1577

STRO-006 Has Superior Activity to Competitor ADCs in Preclinical Models Expressing ITGβ6



Potent and superior STRO-006 activity

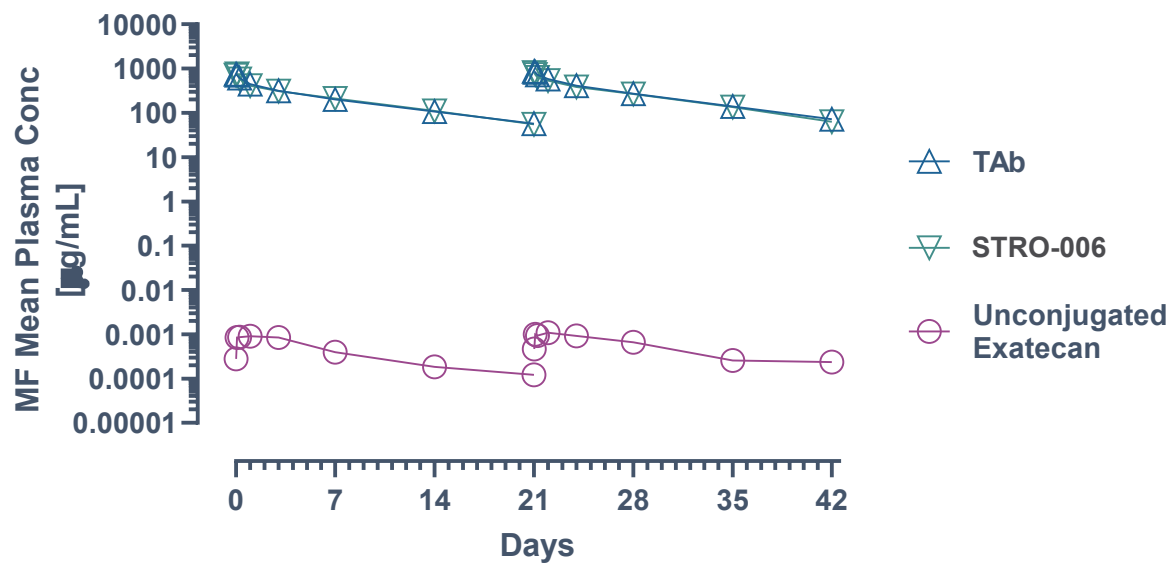
- Strong binding and internalizing antibody
- Stable ADC construction → more payload delivered to the tumor
- Optimal ADC PK → less clearance and more drug exposure

* <20% intact ADC reported for AMDCPT platform in preclinical PK

STRO-006 Displays Superior PK and Safety with Potential for Widened Therapeutic Index

STRO-006 MTD in NHPs is more than 4x higher and the MED is 5-10x lower in comparison with competition: widening its therapeutic Index

	Pfizer/Seagen SGN-B6A (MMAE)	Sutro STRO-006 (Topo1i)
MED	3 mg/kg, QW x3	0.5-1 mg/kg, single
MTD	6 mg/kg	25 mg/kg
Cyno T _{1/2}	~ 3.5 days ³	~ 7.5 days



- STRO-006 was well-tolerated up to **25 mg/kg** with no body weight loss
- **No signs of neutropenia, lymphopenia or ILD**
- Stable ADC, long t_{1/2} of 7-8 days, no ADA, very low free exatecan

Study design: NHPs were administered 10, 25, or 50 mg/kg once every 3-weeks in a 6-week study (1M/1F per group)
MMAE – Monomethyl Auristatin E (tubulin inhibitor); MTD – Maximum tolerated dose; MED – Minimum effective dose; NHP – Non-human primate; PK – Pharmacokinetic; TAb – Total antibody; Topo1 – Topoisomerase I inhibitor

STRO-006 PDX Mouse Clinical Trial (MCT)

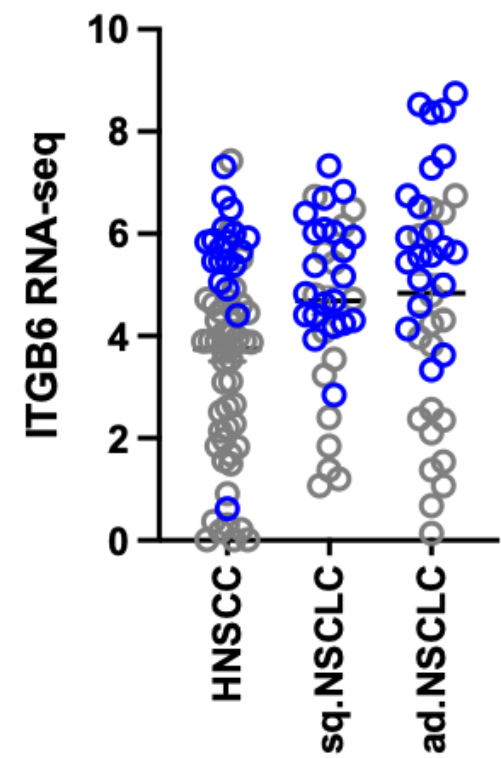
Study Goals	Study Design									
- Evaluate anti-tumor activity across clinically relevant (intent-to-treat) solid tumor indications - Compare activity against relevant benchmark ADCs - Understand relationship of ITGB6 expression and other biomarkers with anti-tumor activity	<table><tr><th>HNSCC</th><th>NSCLC-Ad</th><th>NSCLC-Sq</th></tr><tr><td colspan="3">STRO-006 vs.</td></tr><tr><td>ITGB6-MMAE</td><td>ITGB6-MMAE Trop2-DXd</td><td>ITGB6-MMAE Trop2-DXd</td></tr></table> 20 PDX models / indication (ITGB6-enriched) - N=1 model per treatment - Single 5 mg/kg dose (clinically relevant for Topo1 ADCs)¹	HNSCC	NSCLC-Ad	NSCLC-Sq	STRO-006 vs.			ITGB6-MMAE	ITGB6-MMAE Trop2-DXd	ITGB6-MMAE Trop2-DXd
HNSCC	NSCLC-Ad	NSCLC-Sq								
STRO-006 vs.										
ITGB6-MMAE	ITGB6-MMAE Trop2-DXd	ITGB6-MMAE Trop2-DXd								

Ad – Adenocarcinoma; Sq – Squamous; HNSCC – Head & Neck Squamous Cell Carcinoma; NSCLC – Non-Small Cell Lung Cancer; PDX – Patient Derived Xenograft

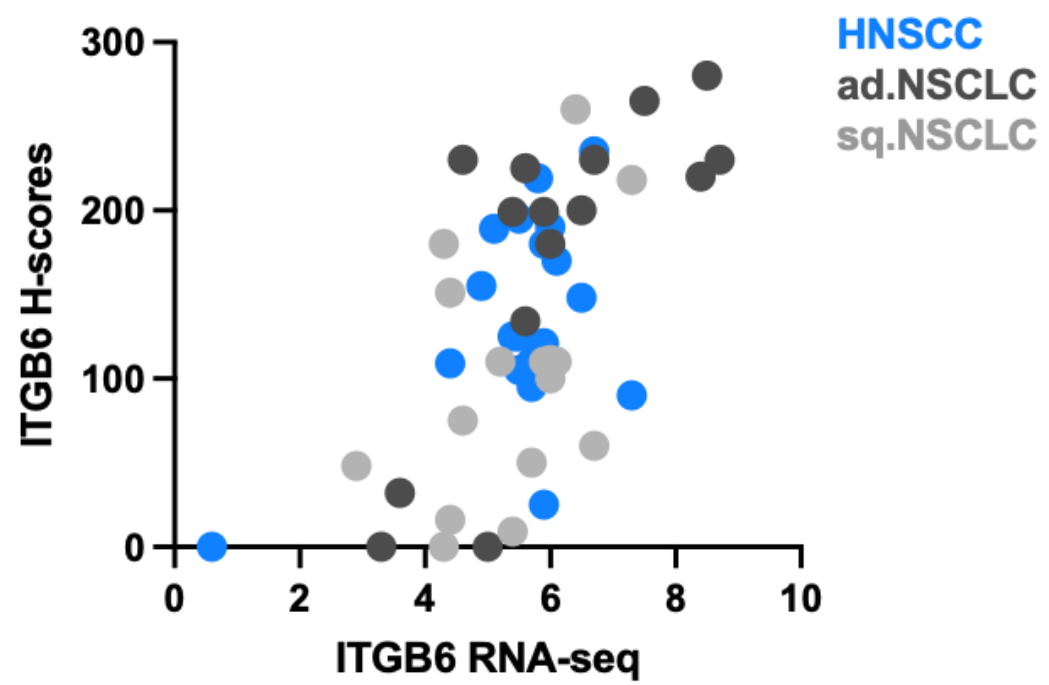
¹Rubahamya, et al Sci Adv 2024

Selected Models Were Enriched for ITGB6 Expression

PDX model selection

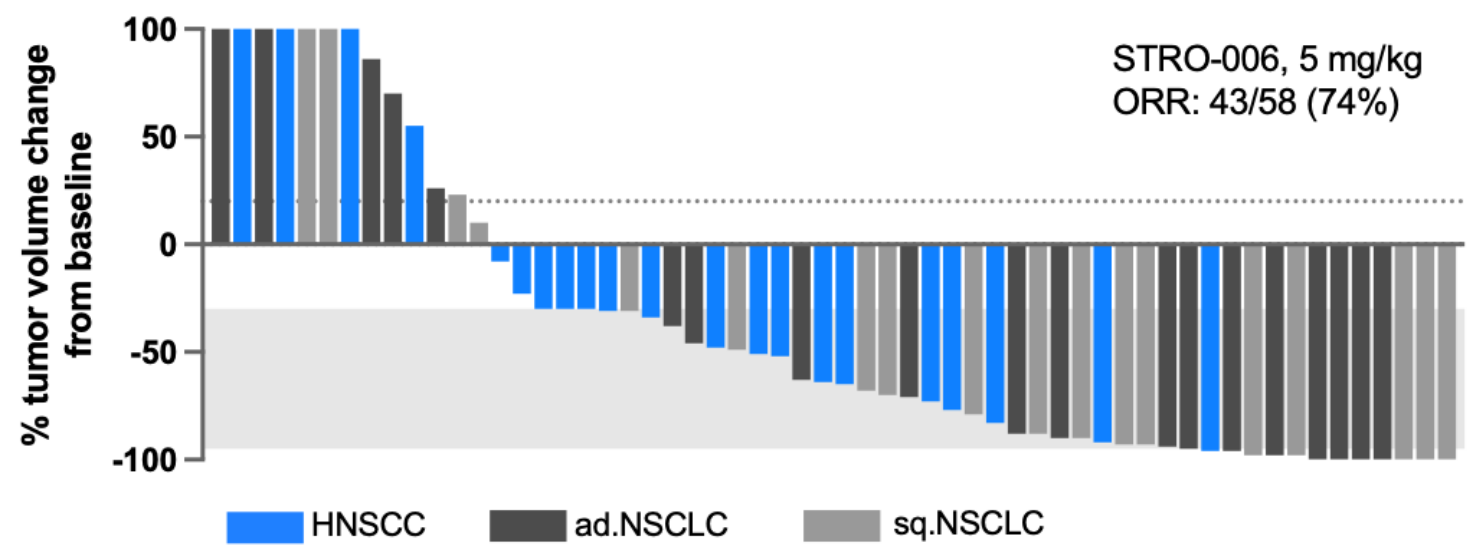


ITGB6 RNA vs Protein



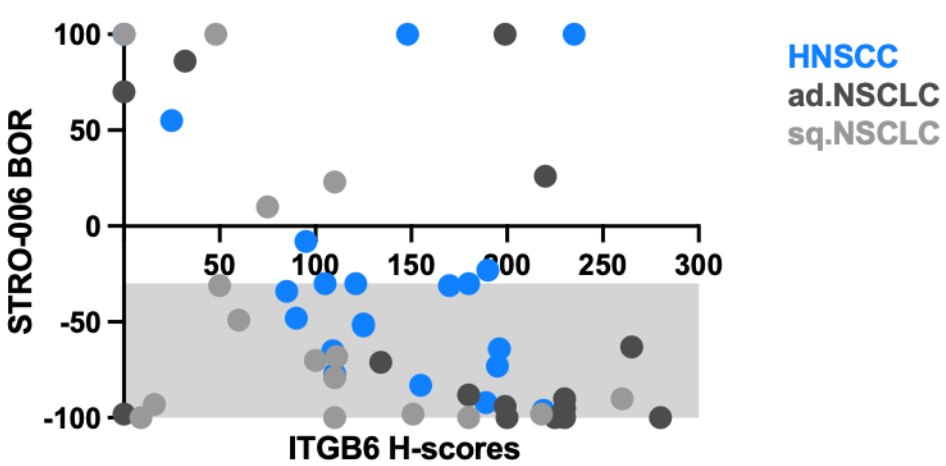
STRO-006 Elicits Strong Responses in PDX Models of NSCLC & HNSCC

STRO-006 in Solid Tumor PDX

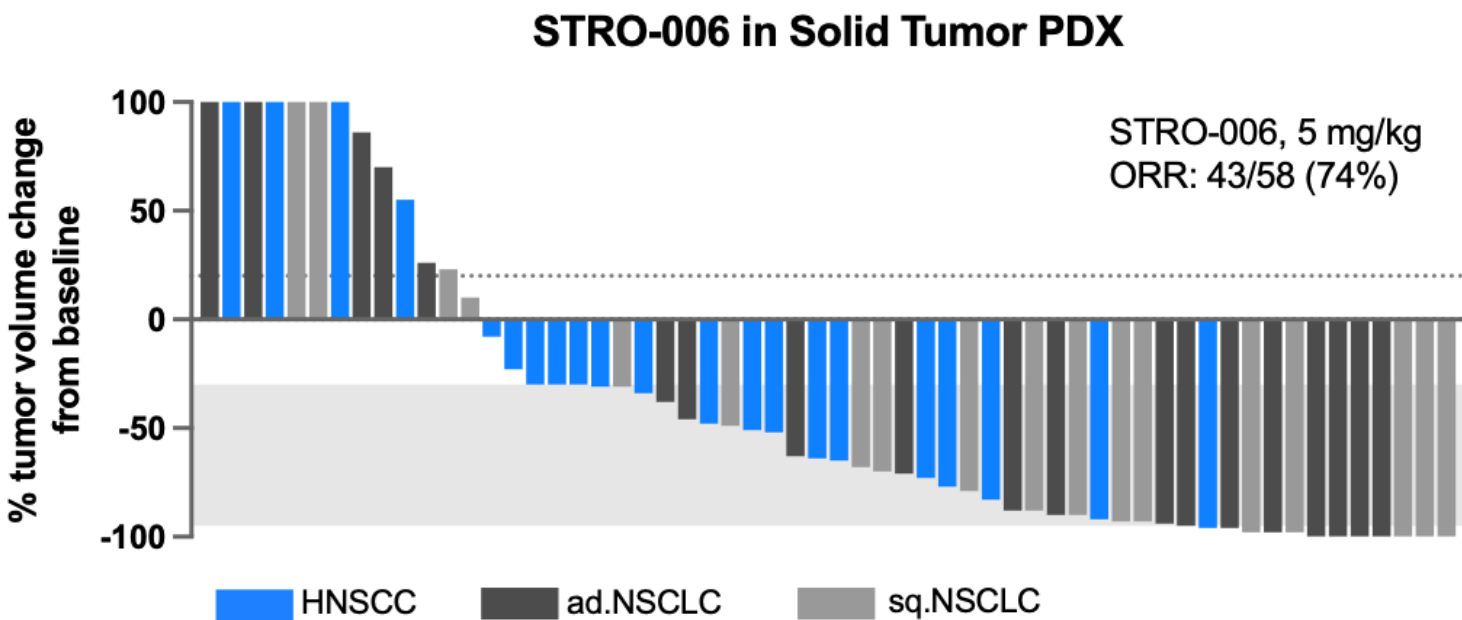


	HNSCC	ad.NSCLC	sq.NSCLC
ORR	15/21	14/19	14/18

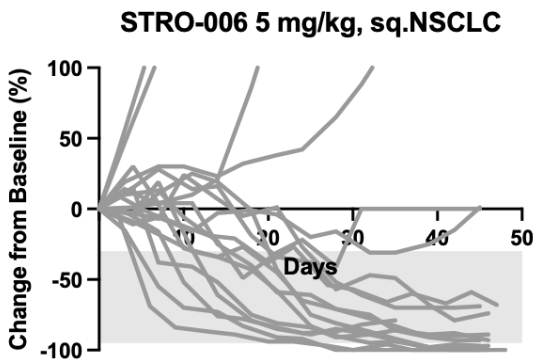
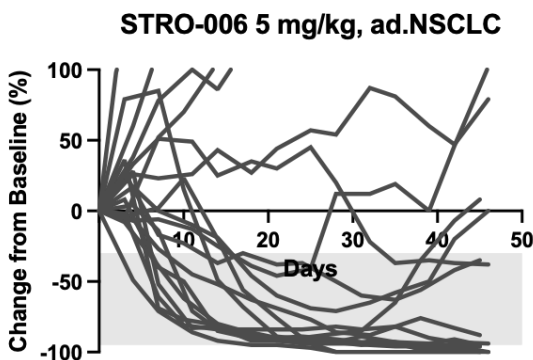
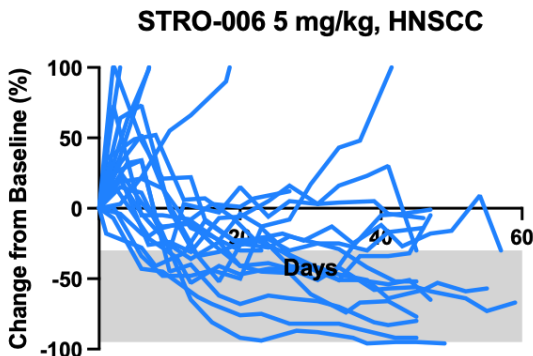
STRO-006 in Solid Tumor PDX



STRO-006 Responses are Durable Across PDX Models of HNSCC and NSCLC Following a Single Dose Administration



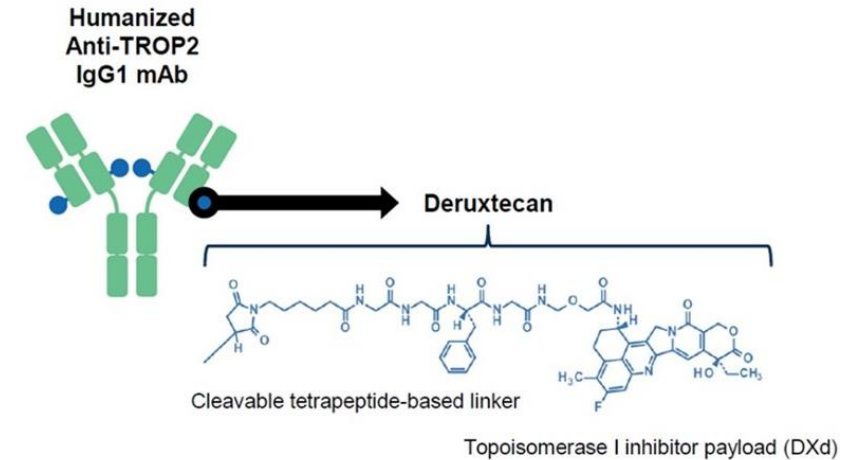
	HNSCC	ad.NSCLC	sq.NSCLC
ORR	15/21	14/19	14/18



Clinical Benchmarks Provide Translational Framework for Preclinical Studies

• Datroway

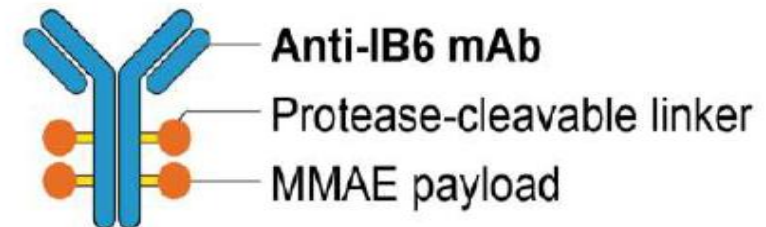
- anti-Trop2 DAR4-deruxtecan
- Approved in HER2- breast cancer (2025)
- Accelerated approval in mNSCLC, muEGFR (2025)
- In development across solid tumors, including breast, lung, urothelial cancers



• SGN-B6

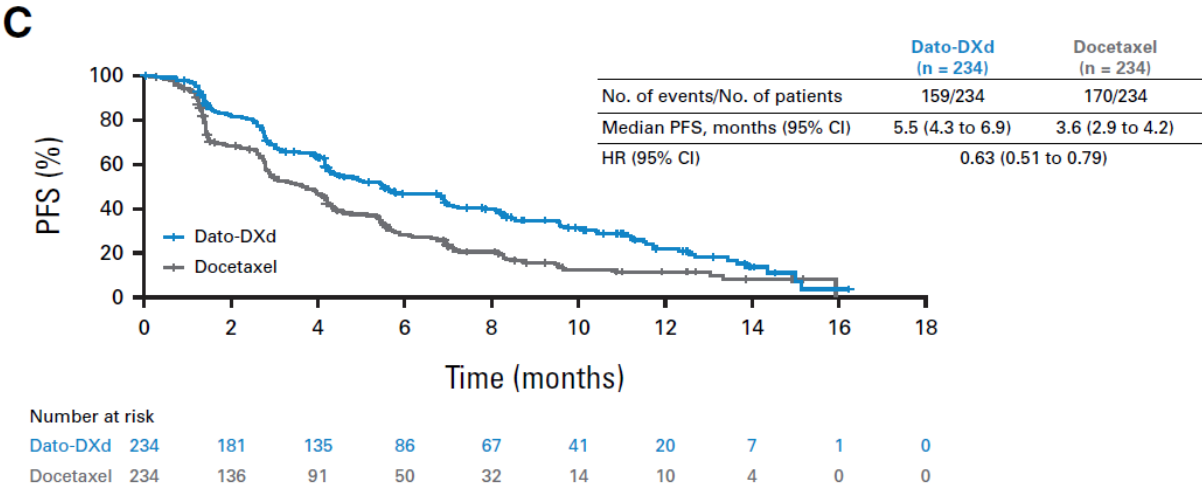
- Anti-ITGB6 DAR4-MMAE
- Promising Ph1 data: 23% ORR in HNSCC, 31% ORR in nsq-NSCLC (taxane-naïve)
- Ph3: OS endpoint not met (vs docetaxel)

SGN-B6A

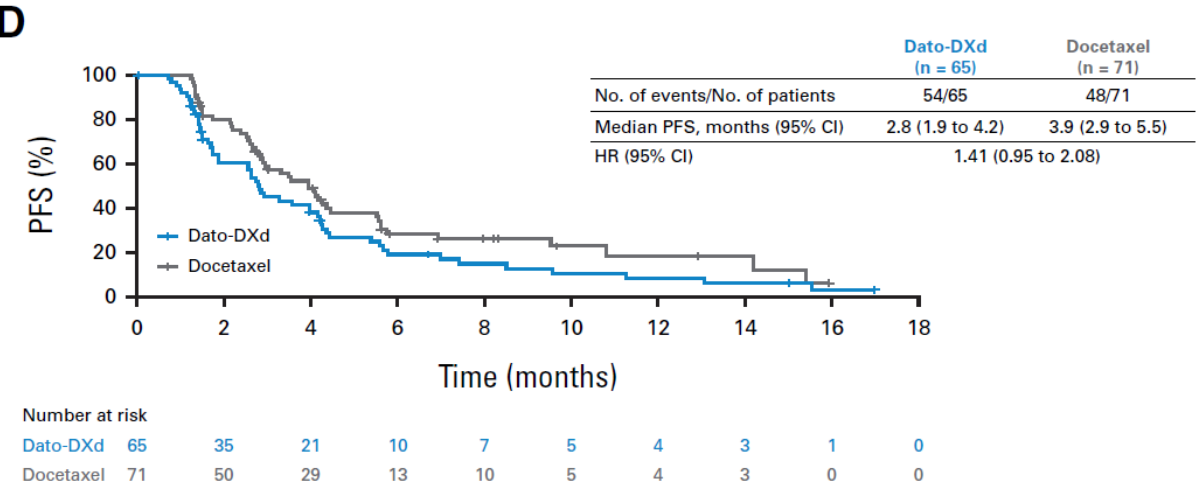


Datroway (DAR4-DXd) Demonstrated PFS Benefit in Nonsquamous NSCLC Compared to Docetaxel (TROPION-Lung01)

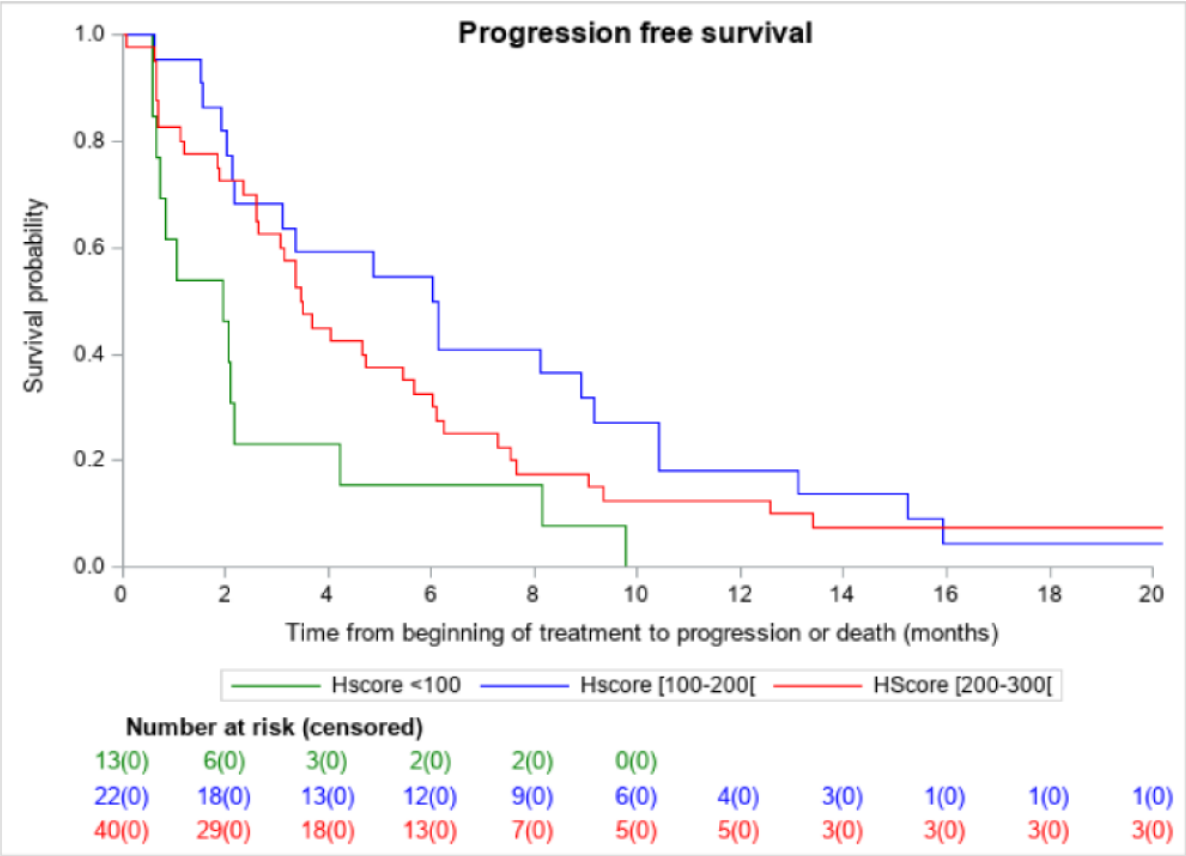
Nonsquamous



Squamous



Datroway PFS Benefit Was Not Enriched in High TROP2-expressing Tumors (ICARUS-LUNG01)



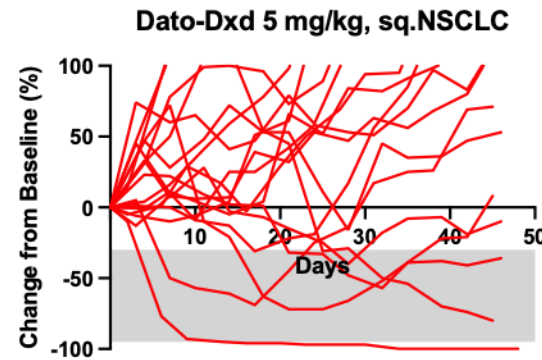
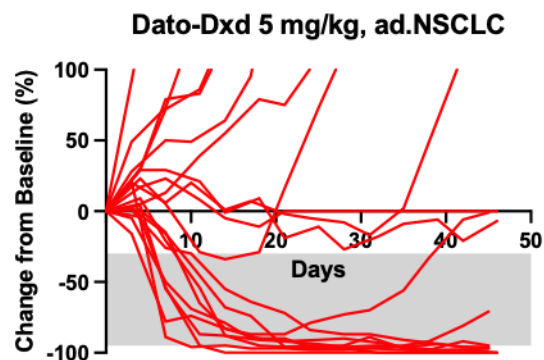
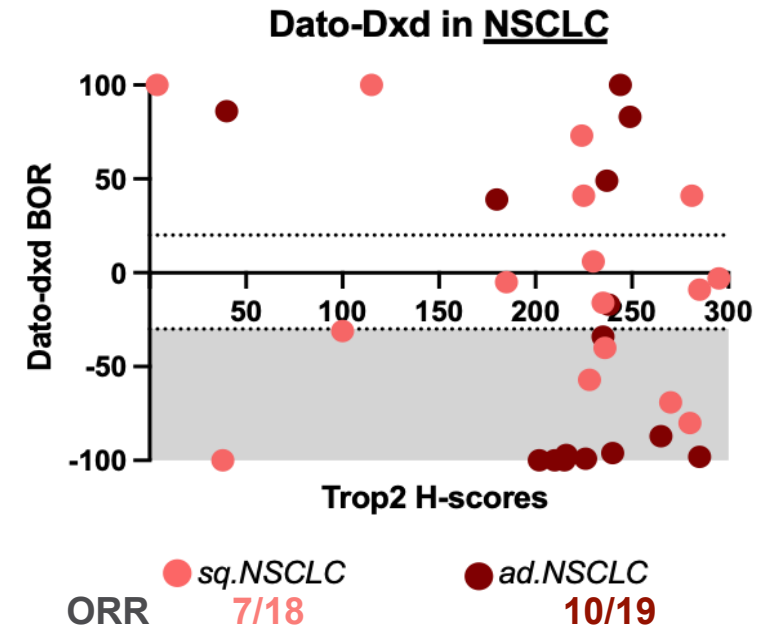
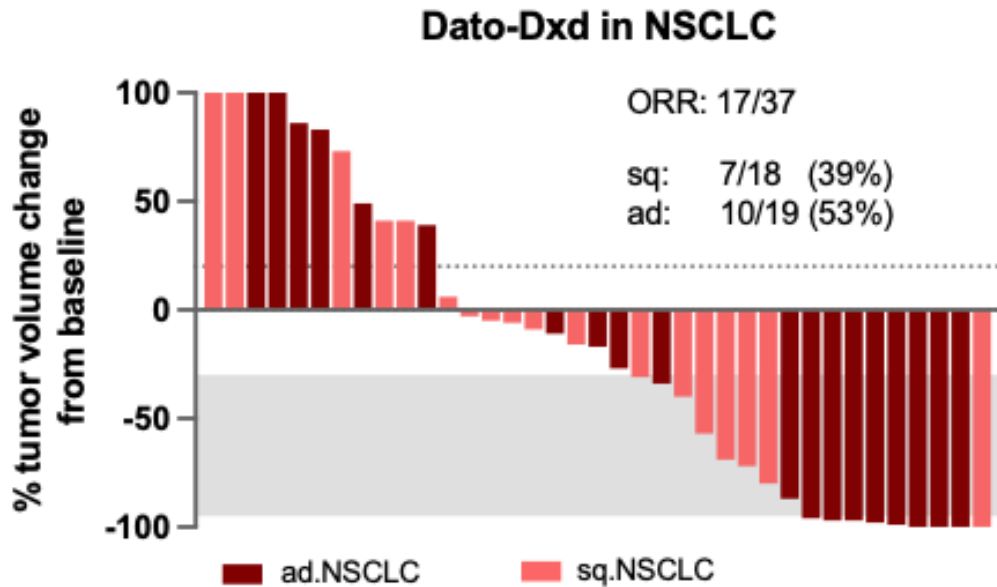
TROP2 (H-score)*	<100 (N = 13)	100-200 (N = 22)	≥200 (N = 40)
Median PFS, months [95% CI]	2.0 [0.7 ; 2.2]	6.1 [2.1 ; 9.2]	3.5 [2.6 ; 5.5]
HR** [95% CI]	ref	0.37 [0.18-0.75]	0.50 [0.26-0.94]

TROP2 (EPR20043) FLA IHC; H-Score: autocalculation of tumor cells staining intensity in the membrane compartment= (1[MEMBRANE 1+]) + (2*[MEMBRANE 2+]) + (3*[MEMBRANE 3+])

**p value = 0.02

- Poor correlation between Datroway PFS and TROP2-high
- QCS-NMR biomarker: improved correlation with uniform, cytoplasmic staining → surrogate for greater TROP2 internalization?

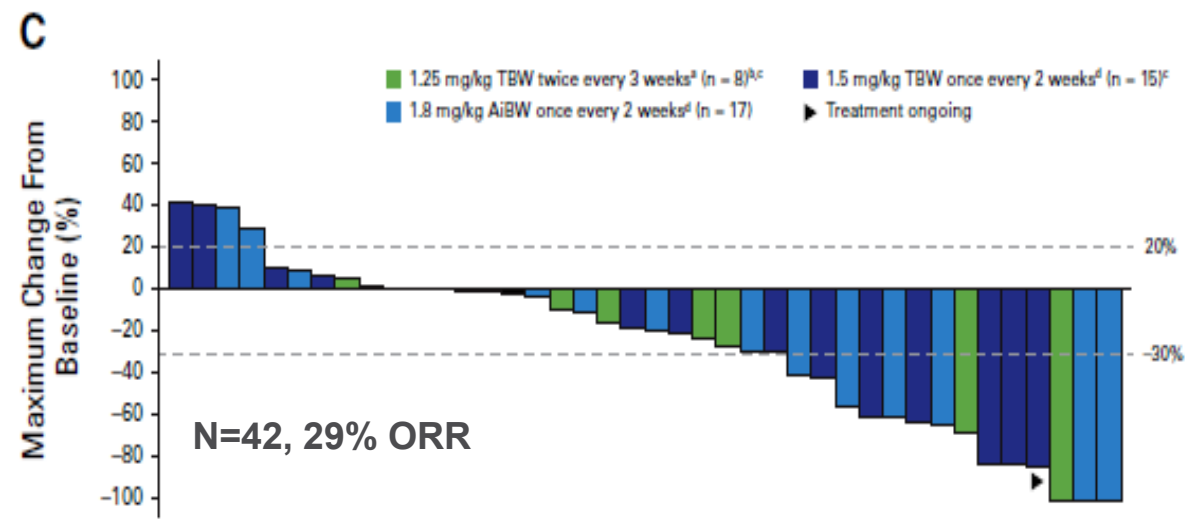
Dato-DXd Activity in Preclinical PDX Models Demonstrate Similar Trends with What Was Observed in the Clinic



- Enriched responses in adenocarcinoma histology
- Deeper responses in adeno vs squamous
- High TROP2 expression across most models
- No clear correlation between TROP2 expression and response

SGN-B6 (DAR4-MMAE) Activity in MCT Trends with Ph1 Activity, Despite Differences in Patient Population vs PDX Models

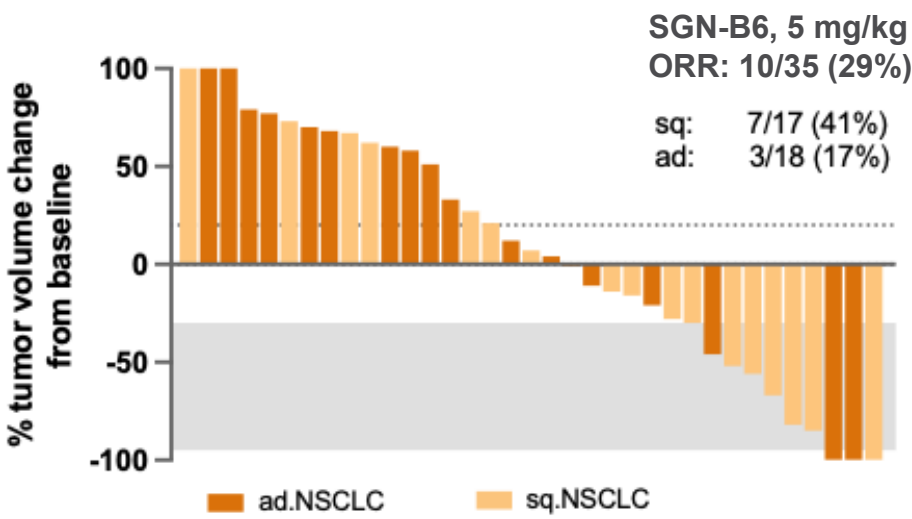
SGN-B6 FIH study in NSCLC
Non-squamous, taxane-naïve



Patient characteristics:

- Non-squamous, taxane-naïve
- Median prior LoT ~ 3
- Most received Pt and PD-1/PD-L1 inhibitor

SGN-B6 surrogate in NSCLC PDX



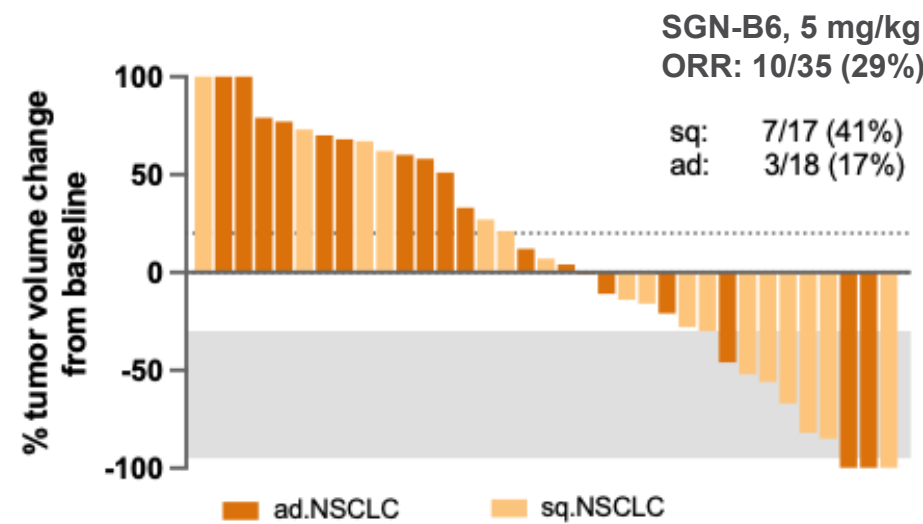
PDX characteristics:

- Treatment history – not available
- Likely treatment-naïve

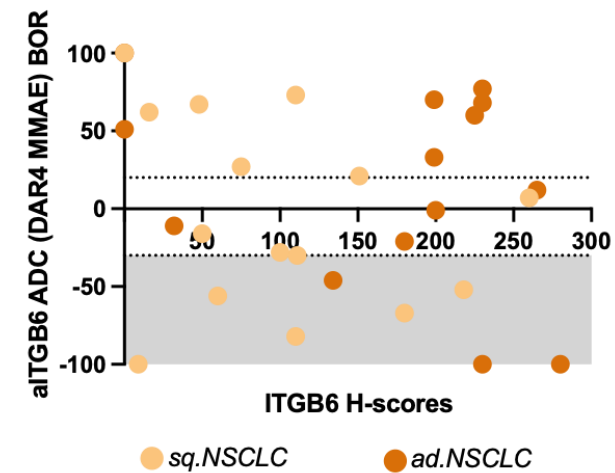
SGN-B6A Preclinical Activity Was Not Correlated with ITGB6 Expression, Similar to Clinical Observations

SGN-B6A surrogate in NSCLC PDX

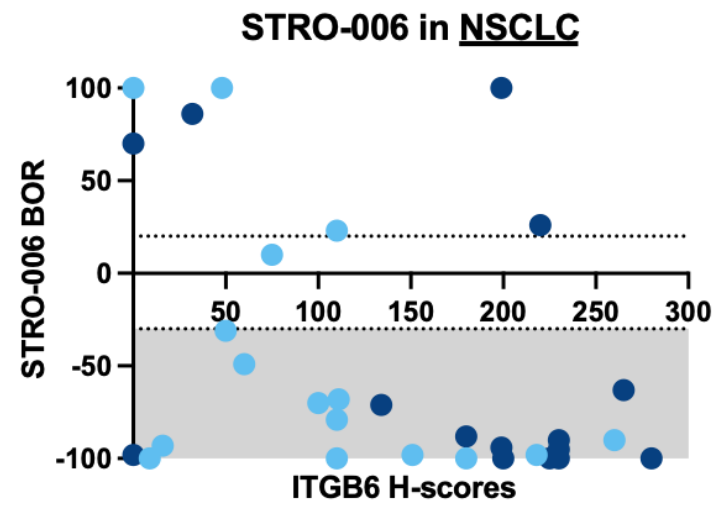
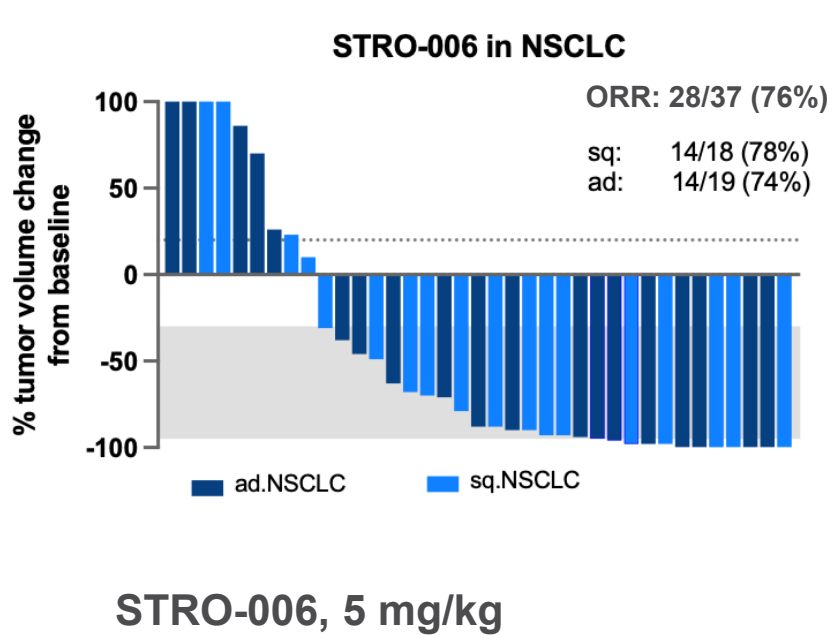
Best Overall Response (BOR)



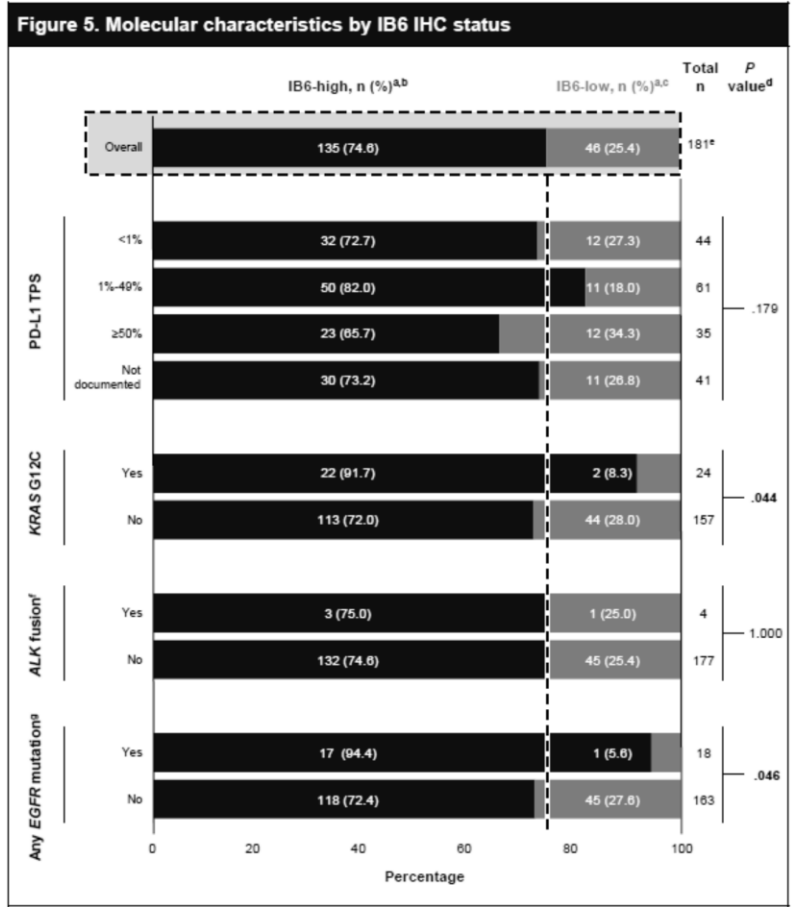
BOR vs ITGB6 expression



STRO-006 Activity is Enriched in Mid-High ITGB6-Expressing PDX Models

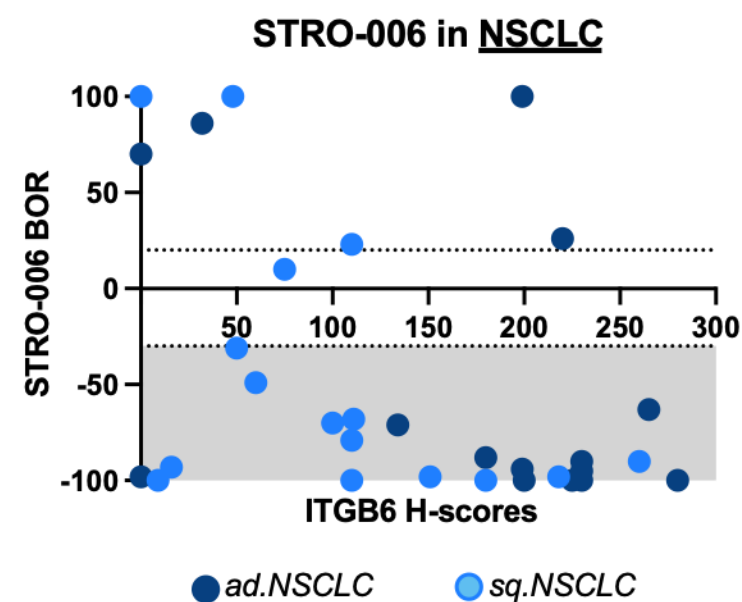


ITGB6 expression is high across different molecular subpopulations in NSCLC

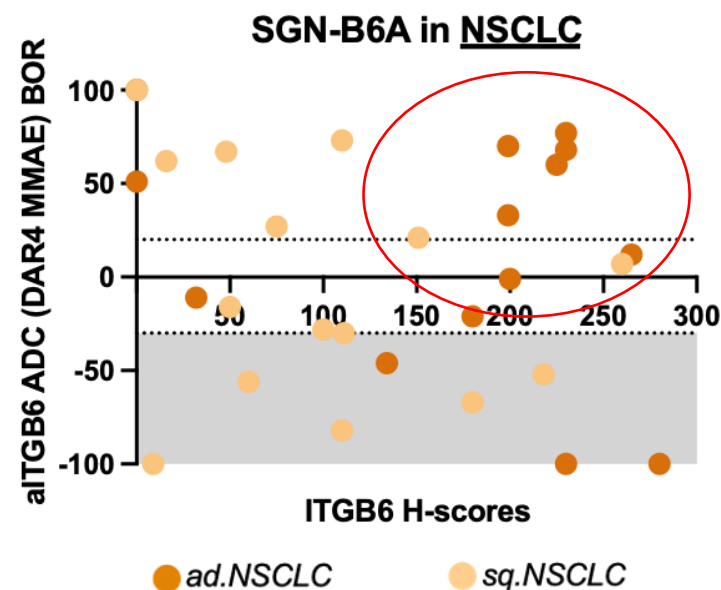


Borgia, et al. (2025) ESMO

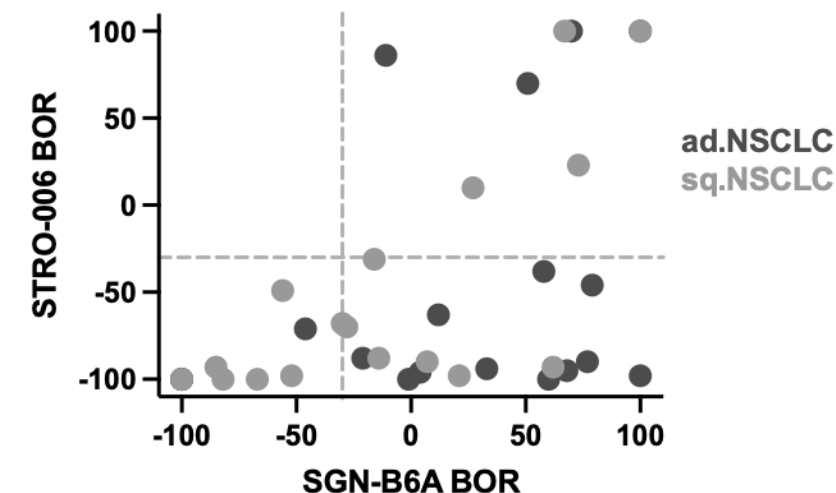
Are There Potential Differences in Payload Susceptibility in This PDX Population? Topo1i vs MTi



STRO-006, 5 mg/kg



SGN-B6, 5 mg/kg



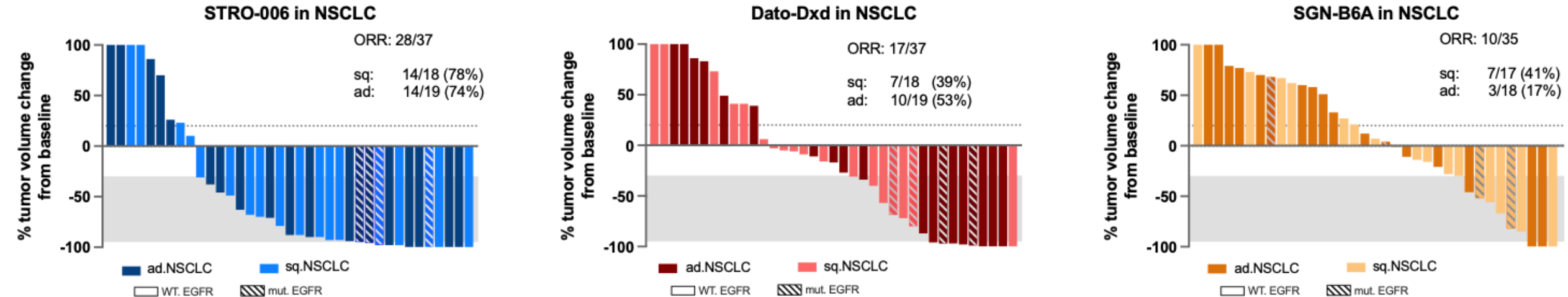
SGN-B6A: R
STRO-006: NR
0/35

STRO-006: NR
SGN-B6A: NR
7/35

STRO-006: R
SGN-B6A: R
8/35

STRO-006: R
SGN-B6A: NR
17/35

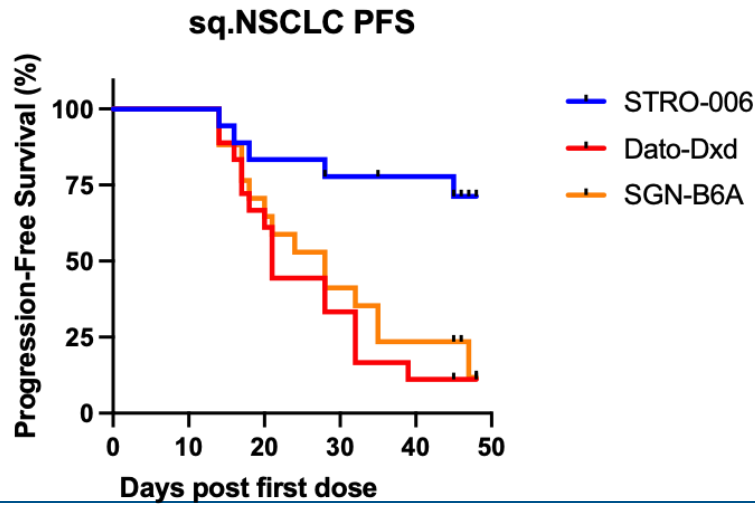
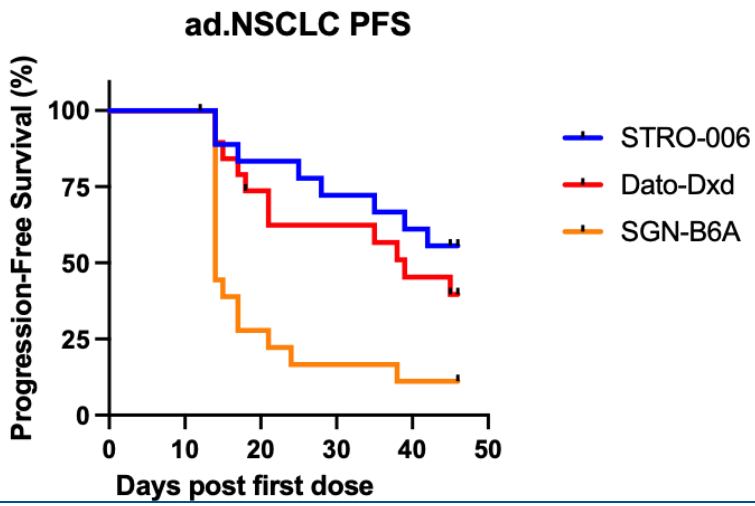
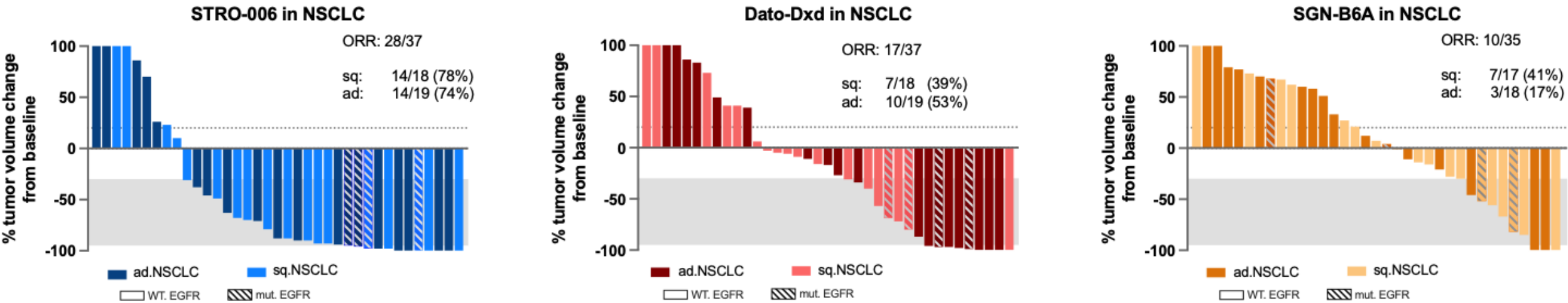
STRO-006 Demonstrates Promising Response Rate in NSCLC Compared to Clinical Benchmarks



(5 mg/kg, single IV dose)

- STRO-006 demonstrated ~75% ORR in MCT
 - composed of nonsquamous and squamous PDX models
 - Similar to Datroway, mutant EGFR models (n=4) were enriched in the STRO-006 responding group
 - Activity enriched with ITGB6 expression, H-score>~50
- Dato-DXd ~46% ORR, enriched in nsq NSCLC and muEGFR, no TROP2-based enrichment
- SGN-B6 ~ 29% ORR, impact of treatment history could not be assessed, no ITGB6-based enrichment

STRO-006 Treatment Results in Improved PFS in Both Nonsquamous and Squamous PDX Models of NSCLC

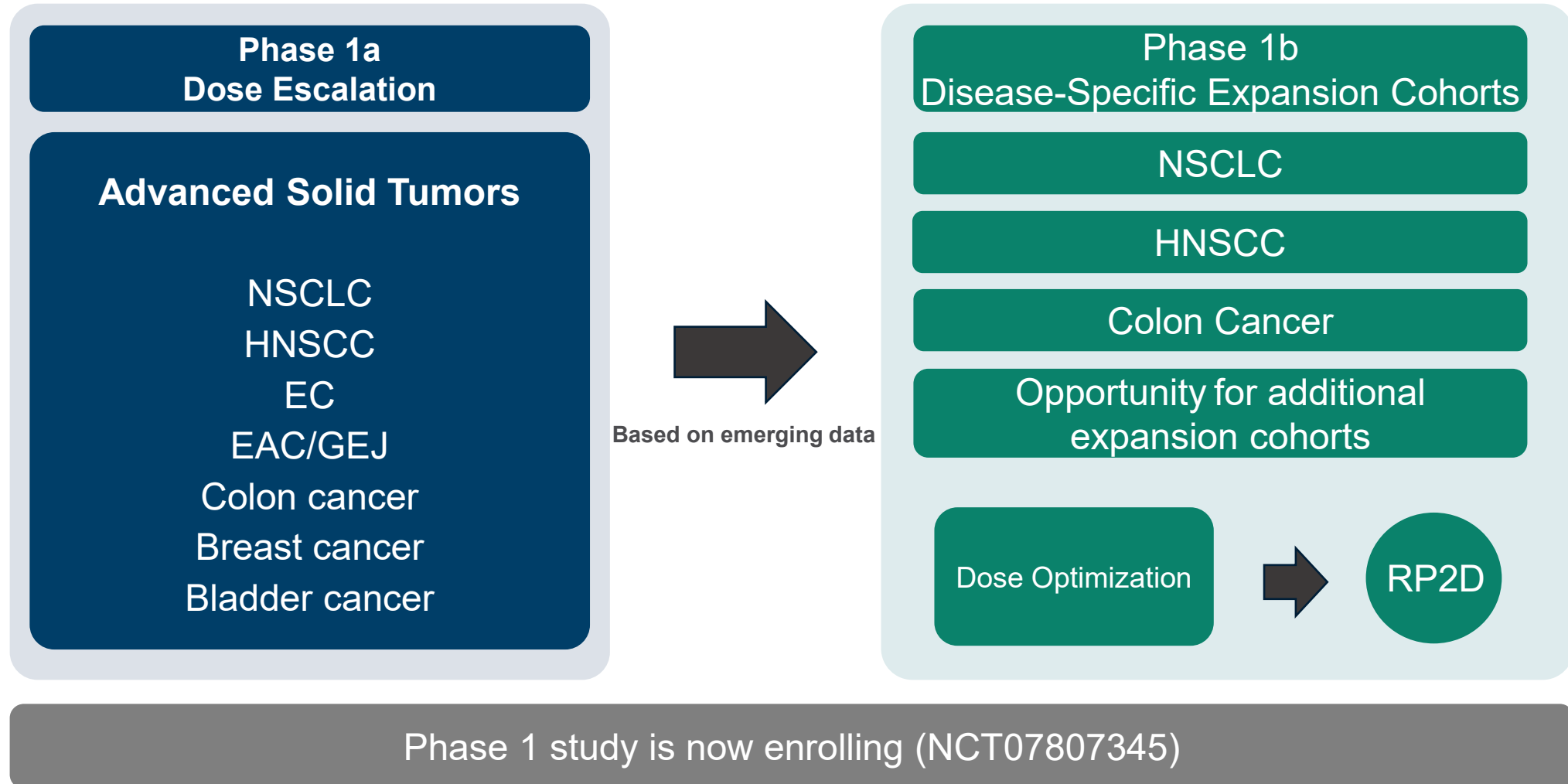


(5 mg/kg, single IV dose)

STRO-006 is a Next-Generation Integrin $\beta 6$ -Targeting TOP1i-ADC with Best-in-Class Potential

- **STRO-006 is an ITG $\beta 6$ -Targeted DAR8-TOP1i ADC**, designed for stability, tumor-selectivity, and potency
- ITG $\beta 6$ is broadly expressed across solid tumors, with **clinically precedented** targeting in NSCLC, HNSCC, and esophageal cancers.
- In a mouse clinical trial study evaluating PDX models of NSCLC and HNSCC, we observed:
 - **Broad response rate in both nonsquamous and squamous NSCLC PDX**
 - Potential for enriched activity with ITGB6-expression and muEGFR status
 - Clinical benchmarks (Datroway and SGN-B6 surrogate) demonstrated similar trends in this PDX population relative to clinical activity

Clinical Development Strategy: Broad Development Opportunity Starting with Basket Trial Followed by Expansion Cohorts in Select Indications



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