

Fighting cancer with precision and power.

August 2026 Corporate Deck



Forward-looking statements

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements other than historical factual information are forward-looking statements, including without limitation express or implied statements regarding our strategy, business plans and focus; the clinical development of ficerafusp alfa, including the initiation, timing, progress, results and future data releases of our ongoing and planned clinical trials; the advancement of the FORTIFI-HN01 pivotal trial in 1L HPV-negative R/M HNSCC and our expectation for the trial to be substantially enrolled by the end of the year and an interim analysis mid-2027; the timing of future data releases from our ongoing Phase 1/1b expansion cohorts, including an anticipated data release from the expansion cohort evaluating ficerafusp in patients with 3L+ mCRC (RAS/BRAF wild type MSS) in the second half of 2026; the initiation of an alternate dose study in the third quarter of 2026 to evaluate a loading and every-three-week maintenance dosing regimen of ficerafusp alfa and expectations for results in time for potential U.S. accelerated approval; the expected therapeutic potential and clinical benefits of ficerafusp alfa, including potential efficacy, depth, durability and tolerability as compared to the existing standard of care; our ability to scale and prepare for potential commercialization of ficerafusp alfa; the potential for U.S. regulatory approval and U.S. launch of ficerafusp alfa in 2028; the potential market opportunities for ficerafusp alfa in HPV-negative HNSCC and potential expansion opportunities across other solid tumors; and our expected operating expenses and capital expenditure requirements. In some cases, you can identify forward-looking statements because they contain words such as “may,” “might,” “will,” “would,” “shall,” “should,” “expects,” “plans,” “anticipates,” “could,” “intends,” “target,” “projects,” “contemplates,” “believes,” “estimates,” “looks,” “seeks,” “predicts,” “potential,” “ongoing,” or “continue” or the negative of these words or other similar terms or expressions that concern our expectations, strategy, plans or intentions, although not all forward-looking statements are accompanied by such words. Forward-looking statements are based on assumptions and assessments made by our management in light of their experience and perceptions of historical trends, current conditions, expected future developments and other factors they believe to be appropriate, and speak only as of the date of this presentation.

Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or other events to be materially different from any future results, performance or other events expressed or implied by the forward-looking statements. Given these uncertainties, you should not place undue reliance on forward-looking statements. Our actual future results, performance or other events may be materially different from what we expect. Except as required by law, we assume no obligation to update these forward-looking statements, or to update the reasons actual results could differ materially from those anticipated in these forward-looking statements, even if new information becomes available in the future. Factors that could cause actual results to differ from those predicted in our forward-looking statements include, among others, risks and uncertainties related to product development, including delays or challenges that may arise in the development and regulatory approval of our current and future product candidates or programs; uncertainties as to the availability and timing of results and data from preclinical and clinical studies; the timing of and our ability to submit and obtain regulatory clearance for investigational new drug applications, initiate additional clinical trials, and submit new drug applications or biologics license applications; our ability to initiate and complete our current and expected clinical trials; our ability to establish and maintain collaborations, strategic relationships and supply arrangements, or that we will not realize the intended benefits from such relationships or arrangements; whether our cash resources will be sufficient to fund our foreseeable and unforeseeable operating expenses and capital expenditure requirements; our ability to raise additional funding on favorable terms, or at all; the rate and degree of market acceptance and clinical utility of our product candidates; the ability and willingness of our third-party collaborators to continue research and, development and manufacturing activities relating to our product candidates; the accuracy of our data analyses or estimates for the potential and market for our products; our ability, and the ability of our collaborators, to protect our intellectual property and to conduct activities for the development and commercialization of our candidates in view of third party intellectual property positions; our financial performance; our ability to retain and recruit key personnel; developments and projections relating to our competitors or our industry; changes in general economic conditions and global instability, in particular economic conditions in the markets on which we or our suppliers operate; changes in laws and regulations; and those risks and uncertainties identified in our filings with the Securities and Exchange Commission (SEC), including under the heading “Risk Factors” in our most recent Annual Report on Form 10-K and subsequent Quarterly Reports on Form 10-Q, and such other risks and uncertainties that may be described in subsequent filings we may make with the SEC.

You should not rely upon forward-looking statements as predictions of future events or performance, or as a representation or warranty (express or implied) by us or any other person that we will achieve our objectives and plans in any specified time frame, on such specified terms, or at all. Although our management believes that the expectations reflected in our statements are reasonable, we cannot guarantee that the future results, performance or events and circumstances described in the forward-looking statements will be achieved or occur. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein.

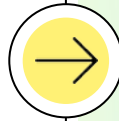
Market data and industry information used throughout this presentation are based on management's knowledge of the industry and the good faith estimates of management. We also relied, to the extent available, upon management's review of independent industry surveys and publications and other publicly available information prepared by a number of third-party sources. All of the market data and industry information used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Although we believe that these sources are reliable as of their respective dates, we cannot guarantee the accuracy or completeness of this information, and we have not independently verified this information. Projections, assumptions and estimates of our future performance and the future performance of the industry in which we operate are necessarily subject to a high degree of uncertainty and risk due to a variety of factors. These and other factors could cause results to differ materially from those expressed in our estimates and beliefs and in the estimates prepared by independent parties.

This presentation discusses potential future product candidates that are investigational only and have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these potential future product candidates for the use for which such potential future product candidates are being studied.

A clinical-stage biotechnology company developing targeted tumor modulators



Developing bifunctional antibodies that combine tumor-targeting mechanisms with therapeutic modulation of the tumor microenvironment



Advancing ficerafusp alfa (FICERA), the **first and only EGFR-directed antibody bound to a TGF- β ligand trap**, with blockbuster potential in 1L R/M HPV-negative HNSCC

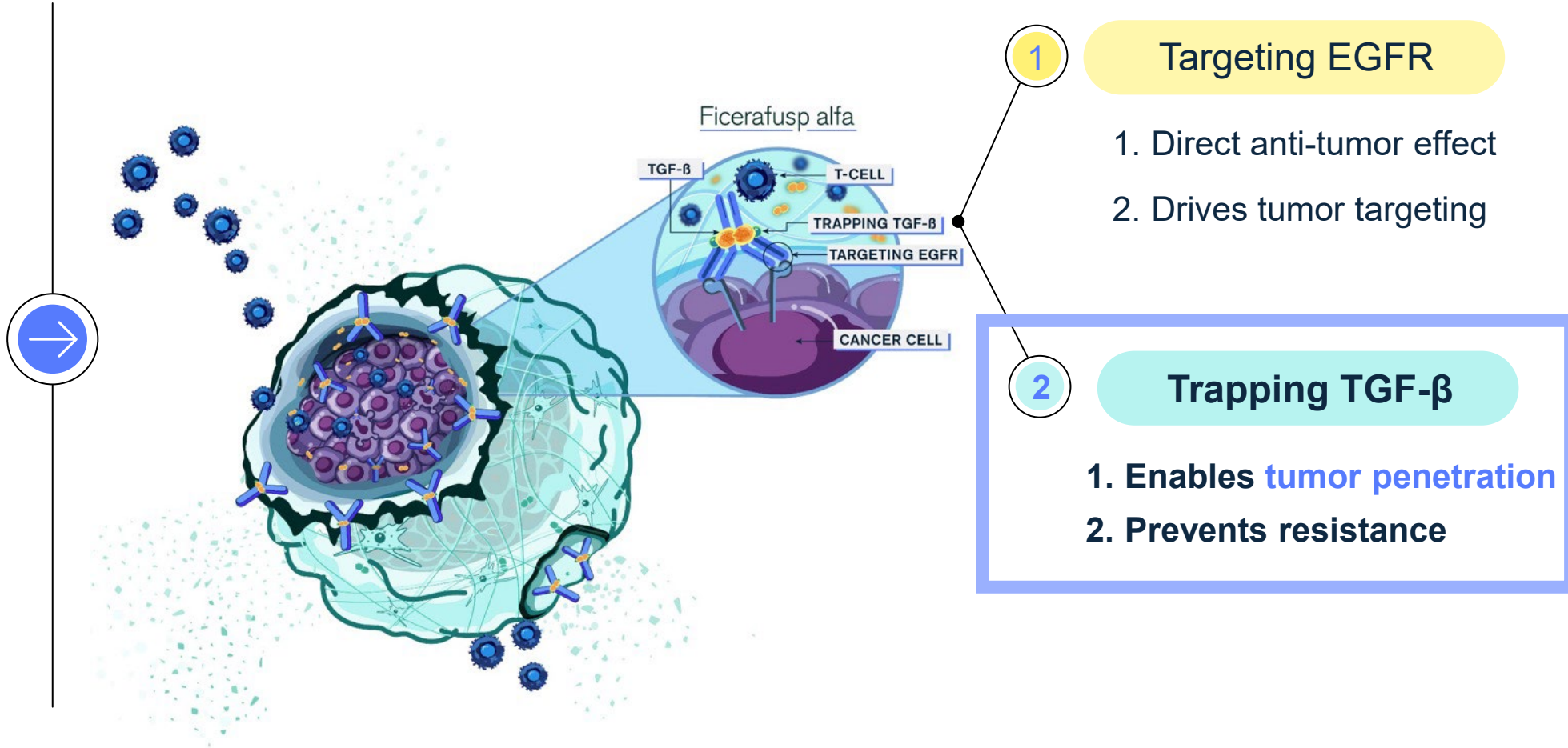
Signal-seeking in additional solid tumors with a known EGFR x TGF- β biological fingerprint to explore FICERA's pipeline-in-a-product potential



FICERA – EGFR-directed antibody combined with a TGF- β ligand trap designed to drive tumor penetration

Inadequate tumor penetration has challenged the treatment of many solid tumors including HPV-negative R/M HNSCC

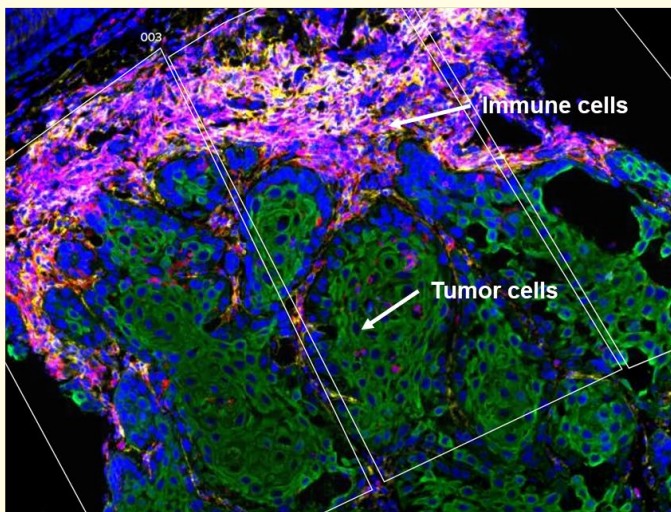
FICERA was specifically designed to enable **tumor penetration** and drive **deep, durable responses** to yield **improved outcomes and survival**



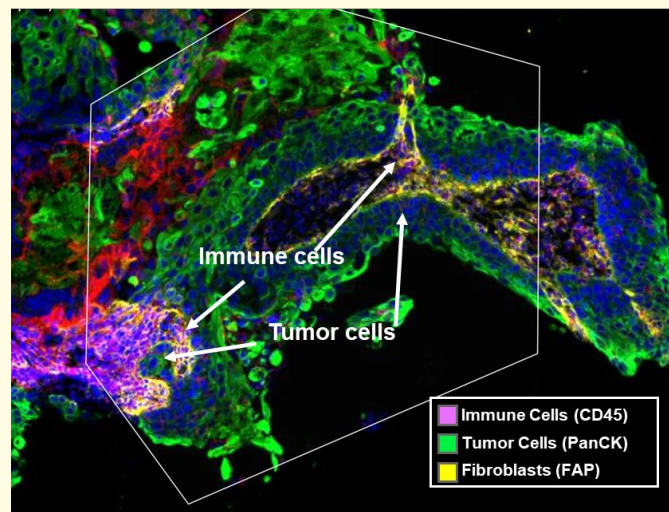
Following the science to establish a clinical foothold in HPV-negative HNSCC

HNSCC is a fibrotic, immunosuppressive solid tumor

Baseline



FICERA + Pembro (3wks)



Remodeling the TME in an HPV-neg patient in our Ph.1/1b study with a -84% PR

HPV-negative is a distinct and compelling clinical subset of HNSCC

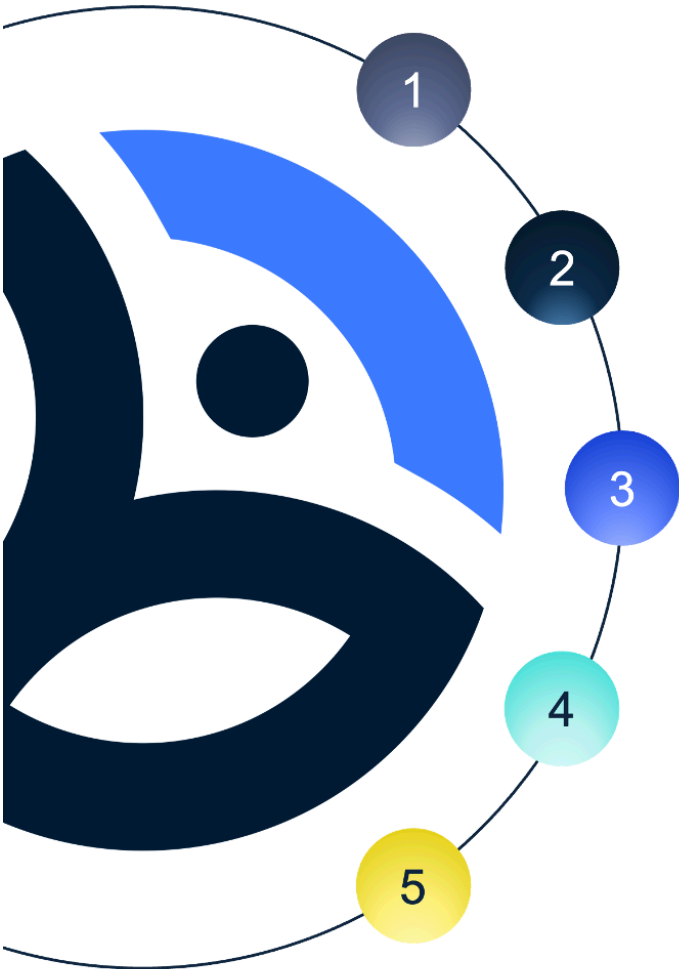
Increased **EGFR** expression

Elevated levels of **TGF- β 1** in serum

High rate of **therapeutic resistance**



Building momentum toward a potential breakthrough in HPV-negative HNSCC



Differentiated overall survival representing a ~2x increase vs. standard of care¹ and generally well-tolerated safety out to three years at pivotal study dose

TGF- β inhibition translates to unprecedented depth of response, driving clinically differentiated long-term outcomes including DOR, PFS, and OS

Expect to be substantially enrolled in FORTIFI-HN01 pivotal trial of FICERA by the end of the year to enable topline results from an interim analysis in mid-2027
Initiated FORTIFI-FLEX alternate dose study and expect to have results by the time of a potential U.S. accelerated approval in 1L R/M HPV-negative HNSCC

Exploring the EGFR x TGF- β biological fingerprint across additional solid tumors, including cSCC, anal canal and mCRC, to explore FICERA's pipeline in a product potential

Strong cash position of \$497.3 million² expected to fund operations into 1H 2029

Executing a Strategic Development Plan for **FICERA** in 1L R/M HPV-Negative HNSCC

Significant unmet need for better treatment options that improve outcomes in HPV-negative HNSCC patients

Current standard of care

	Pembro ¹	Pembro + chemo ¹
ORR	~19%	~36%
Median DOR	~23.4 months	~6.7 months
Median PFS	~3.2 months	~5.0 months
Median OS		
HPV-all	~12.3 months	~13.6 months
HPV-negative	~9 months ^{2,3}	~7 months ^{2,3}

HPV-negative HNSCC...

- Represents the **vast majority (80 – 90%) of HNSCC** in the R/M setting
- Characterized by **high tumor burden** and **symptomatic disease**
- Has **worse prognosis** vs. HPV-positive HNSCC
- Testing for HPV status is **well-established in clinical guidelines** due to prognostic nature of HPV-association



Baseline characteristics were balanced across cohorts and evaluated in patients across the spectrum of disease burden

	750mg QW (N=31)	1500mg QW (N=30)	2000mg Q2W (N=30)
Age, median (min-max)	64 (28-78)	63 (31-84)	63 (32-94)
Sex, n (%)			
Male	20 (65)	19 (63)	20 (67)
Female	11 (35)	11 (37)	10 (33)
Primary disease site, n (%)			
Oral cavity	19 (61)	14 (47)	19 (63)
Oropharynx (HPV-negative)	4 (13)	8 (27)	6 (20)
Hypopharynx	5 (16)	4 (13)	2 (7)
Larynx	3 (10)	4 (13)	3 (10)
CPS, n (%)			
1-19	12 (39)	15 (50)	15 (50)
≥20	19 (61)	15 (50)	15 (50)
LR vs DM disease, (%)			
LR only	16 (52)	9 (30)	19 (63)
DM only	5 (16)	7 (23)	5 (17)
LR + DM	10 (32)	14 (47)	6 (20)
Target lesion diameter (mm) at baseline, median (min-max)	41 (11-131)	49 (10-133)	33 (10-187)
Sum of target lesion diameters at baseline, n (%)			
>50 mm	10 (32)	14 (47)	11 (37)
>70 mm	4 (13)	8 (27)	7 (23)
ECOG PS, n (%)			
0	11 (35)	11 (37)	10 (33)
1	20 (65)	19 (63)	20 (67)

FICERA continued to exhibit a generally well-tolerated safety profile

Most frequently reported (≥20%) TEAEs related to ficerafusp alfa

Preferred term	750mg QW (N=31)		1500mg QW (N=30)		2000mg Q2W (N=30)	
	Any Grade*	Grade 3	Any Grade†	Grade 3	Any Grade*	Grade 3
Any TRAE	31 (100)	11 (35)	28 (93)	15 (50)	29 (97)	16 (53)
Dermatitis acneiform	27 (87)	1 (3)	23 (77)	4 (13)	24 (80)	3 (10)
Pruritus	13 (42)	1 (3)	16 (53)	1 (3)	11 (37)	1 (3)
Anemia	8 (26)	3 (10)	13 (43)	7 (23)	15 (50)	8 (27)
Hypomagnesemia	7 (23)	0	13 (43)	0	6 (20)	0
Fatigue	13 (42)	0 (0)	11 (37)	1 (3)	12 (40)	1 (3)
Dry skin	10 (32)	0	9 (30)	0	9 (30)	0
Hypophosphatemia	10 (32)	0	8 (27)	0	6 (20)	0
Hypokalemia	8 (26)	1 (3)	8 (27)	0	5 (17)	0
Stomatitis	13 (42)	4 (13)	8 (27)	0	11 (37)	3 (10)
Nausea	5 (16)	0	6 (20)	0	9 (30)	1 (3)
Epistaxis	11 (35)	1 (3)	5 (17)	0	12 (40)	0
Skin fissures	10 (32)	0	6 (20)	0	7 (23)	0
Headache	6 (19)	0	4 (13)	1 (3)	10 (33)	0
Infusion related reaction	6 (19)	1 (3)	4 (13)	1 (3)	7 (23)	0
Lipase increased	7 (23)	1 (3)	6 (20)	1 (3)	2 (7)	1 (3)
Amylase increased	8 (26)	1 (3)	4 (13)	0	1 (3)	0
Mouth bleeding	8 (26)	1 (3)	0	0	4 (13)	0

FICERA + pembrolizumab safety profile:

- The combination was generally well-tolerated with no new safety signals
- No treatment-related deaths were reported
- Low discontinuation rates due to TRAEs across dose levels: 750mg (6%), 1500mg (10%), 2000mg (7%)



FICERA Phase 1b clinical experience in 1L R/M HPV-negative HNSCC

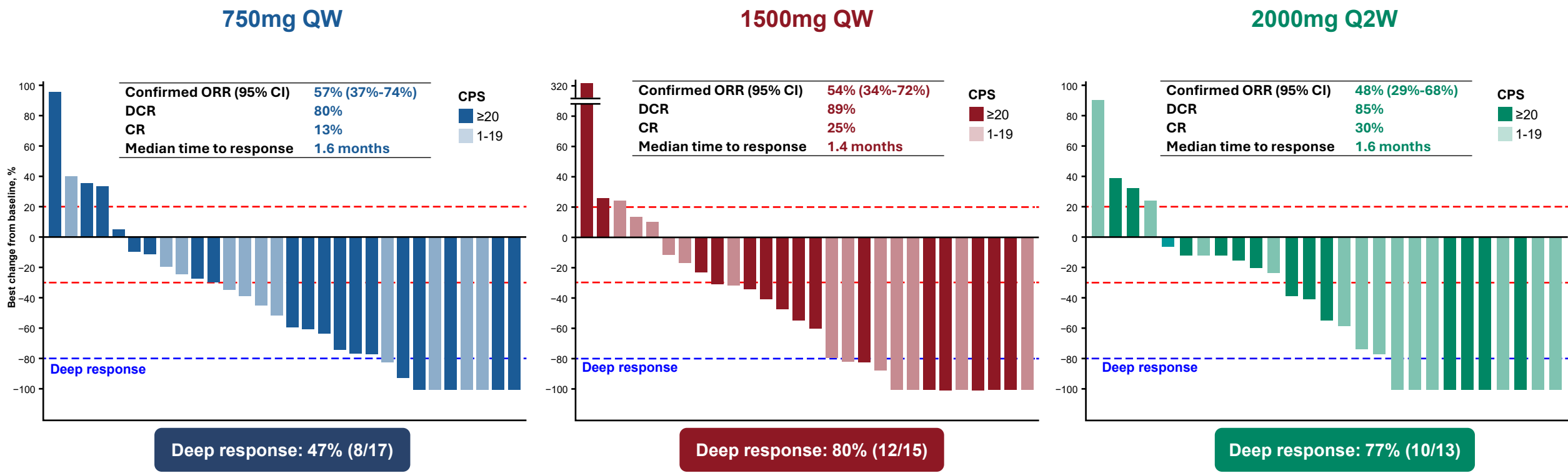
- Consistent safety, efficacy, **depth of response, and rapid time to response** supports further exploration for less frequent dosing schedule
- Data further **increase confidence in the pivotal study**

	Phase 1b data from exploratory higher dose, less frequent regimen	Phase 1b data from dose selected for pivotal study		
	2000mg Q2W*	1500mg QW*	750mg QW*	Pembrolizumab#
Metric	EE set (N=27)	EE set (N=28)	EE set (N=30)	Current standard of care
Confirmed ORR % (N)	48% (13/27)	54% (15/28)	57% (17/30)	~19%
CPS 1-19	57% (8/14)	54% (7/13)	73% (8/11)	15%
CPS ≥ 20	38% (5/13)	53% (8/15)	47% (9/19)	23%
CR Rate % (N)	30% (8/27)	25% (7/28)	13% (4/30)	~5%
Deep Responses^ % (N)	77% (10/13)	80% (12/15)	47% (8/17)	N/A
Median PFS	12.7 months	9.9 months	6.9 months	~3.2 months
Median DoR	NR (>12.8 months)	21.7 months	NR (>16.6 months)	~23.4 months
Median OS	NM (>12.7 months; >23.6 months in patients >2-year follow-up)†	21.3 months	NM (>19.4 months)	~9 months (HPV-negative)
Median Time to Response	1.6 months	1.4 months	1.6 months	2.1 months

*Data snapshot as of March 31, 2026. ^Deep response refers to ≥ 80% tumor shrinkage from baseline. †Data maturation reflects a bimodal enrollment distribution: in the initial 15 efficacy evaluable patients (median follow-up: 27 months) median OS is not mature but has surpassed 23.6 months. The remaining 12 efficacy evaluable patients had a median follow-up of 11.7 months. #Includes both HPV-positive and HPV-negative R/M HNSCC patients (CPS ≥ 1). Based on historical published data. No head-to-head studies have been conducted, and cross-trial comparisons may not be reliable due to differences in molecule composition, trial design, and patient population and characteristics. Data compiled from: Burtness, Barbara, et al. The Lancet 394.10212 (2019): 1915-1928; Vasiliadou, Ifigenia, et al. International Journal of Cancer 155.5 (2024): 883-893; Black, Christopher M., et al. Frontiers in Oncology 13 (2023): 1160144; European Medicines Agency (CHMP); Keytruda Assessment Report, Procedure No. EMEA/H/C/003820/III/0065 (2019). EE = efficacy evaluable; ORR = objective response rate; CR = complete response; NR = not reached; NM = not mature

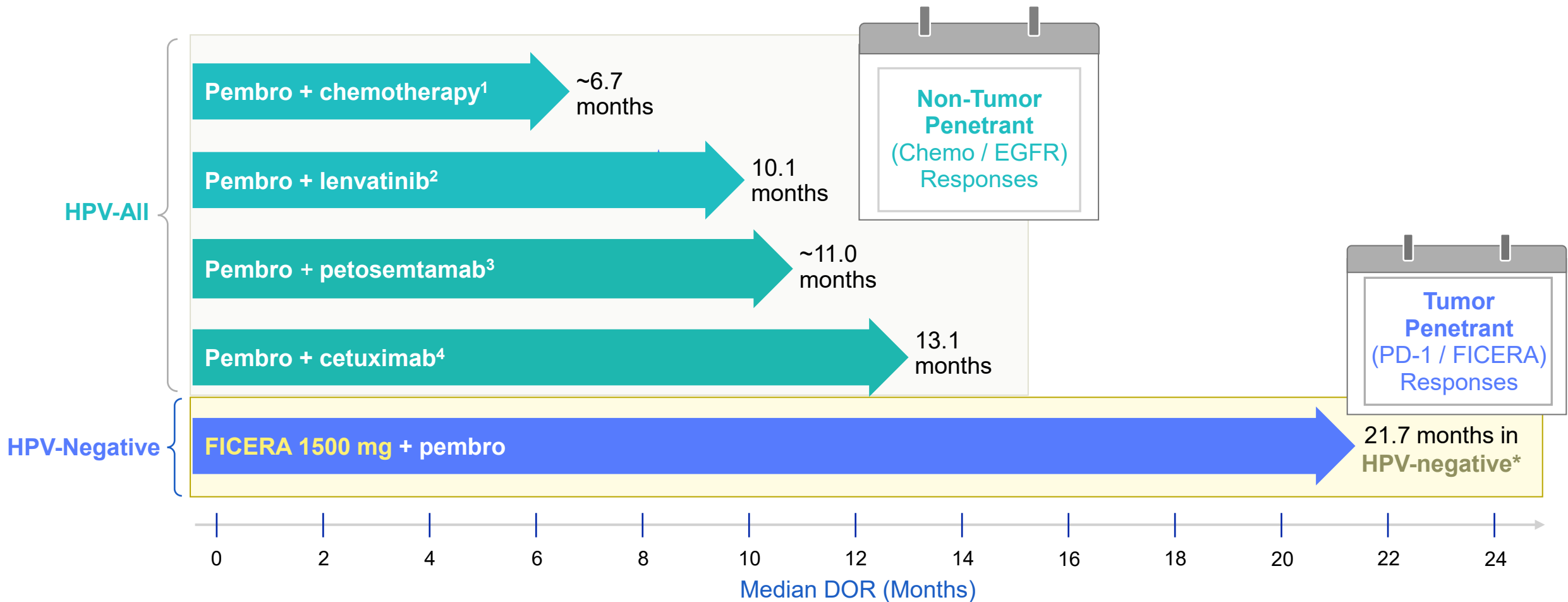


TGF-β inhibition drives rapid, deep responses and dose-dependent CR rates across cohorts

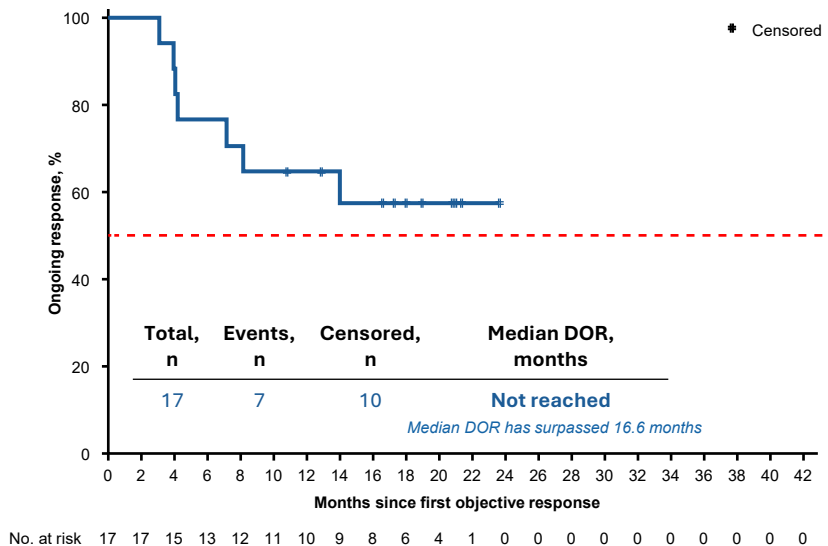


FICERA's tumor penetration was designed to drive durability

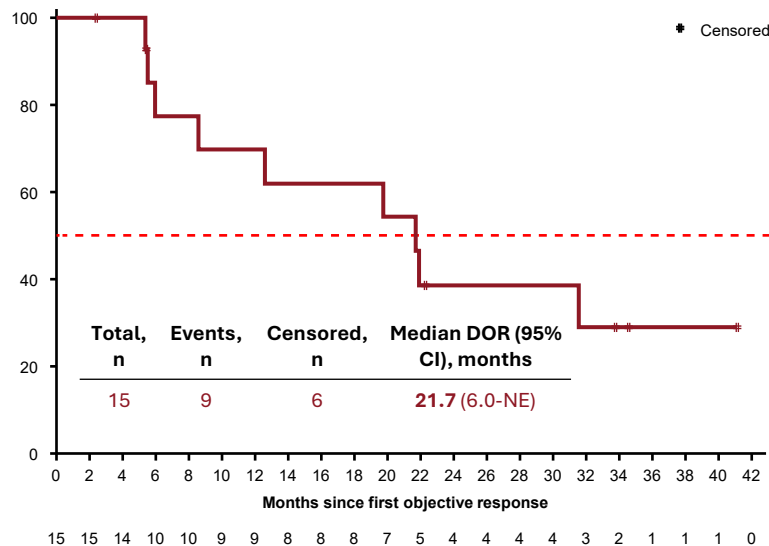
Median Duration of Response: Pembro Combinations in 1L R/M HNSCC



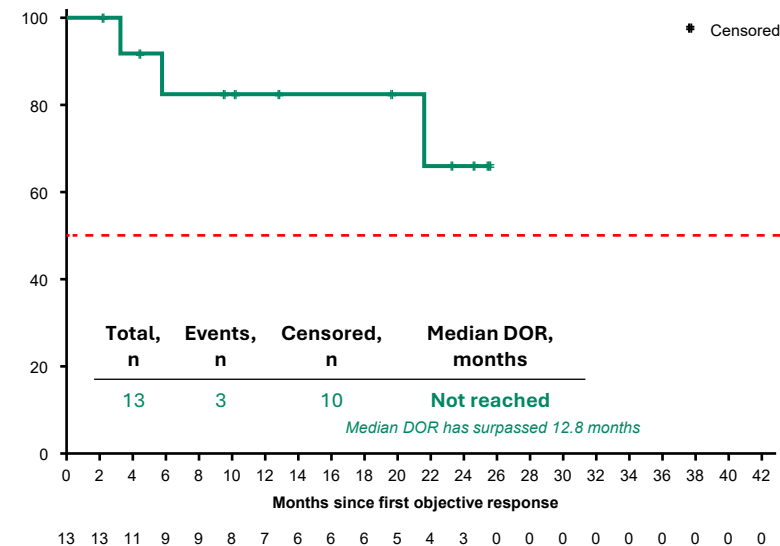
FICERA demonstrated clinically meaningful DOR across dose cohorts



Median DOR: not yet reached; has surpassed 16.6 months

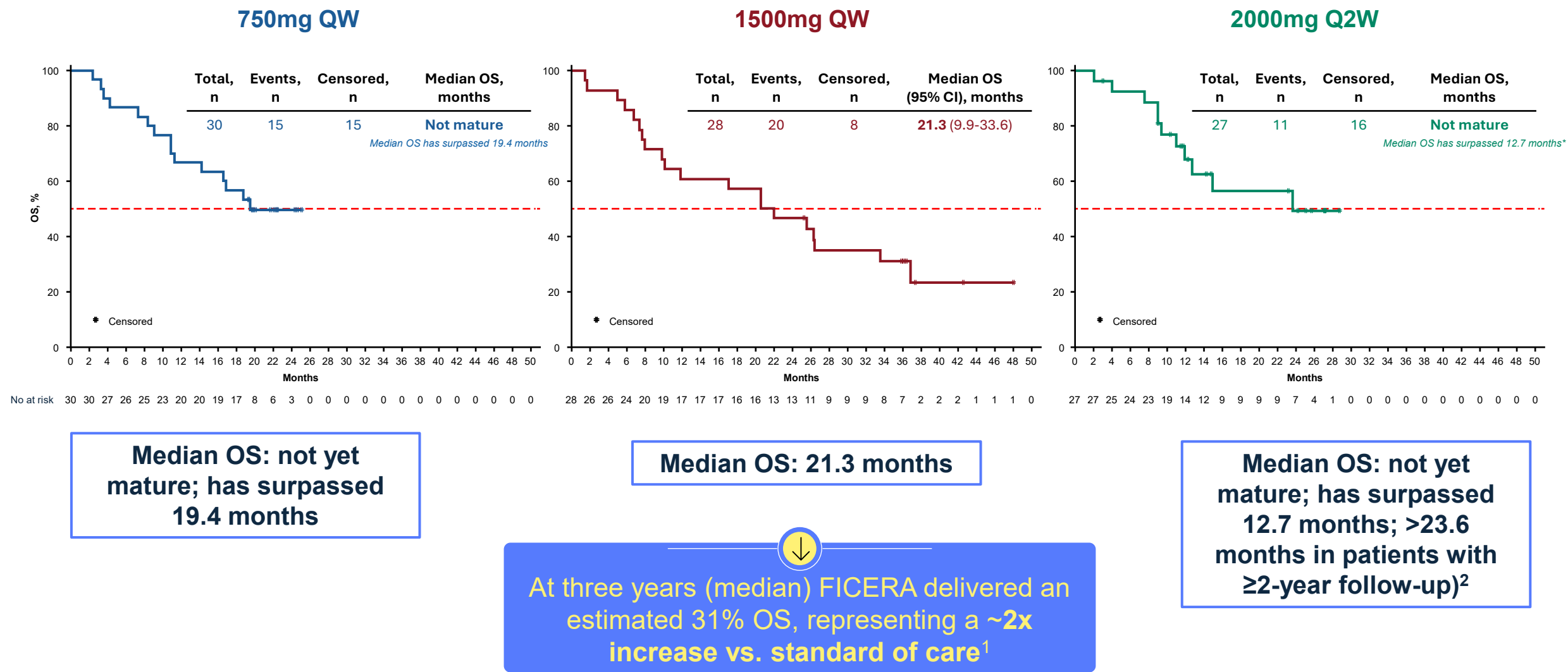


Median DOR: 21.7 months



Median DOR: not yet reached; has surpassed 12.8 months

FICERA demonstrated clinically meaningful OS across dose cohorts



FICERA demonstrated rapid, deep responses across disease burden, supporting a chemo-free therapeutic approach

Confirmed ORR by CPS score, tumor burden and disease site		750mg QW (n=30)	1500mg QW (n=28)	2000mg Q2W (n=27)
CPS, % (n/N)	1-19	73 (8/11)	54 (7/13)	57 (8/14)
	≥20	47 (9/19)	53 (8/15)	38 (5/13)
Tumor burden, % (n/N) (sum of target lesion diameters)	≤50 mm	55 (11/20)	53 (8/15)	53 (9/17)
	>50 mm	60 (6/10)	54 (7/13)	40 (4/10)
	>70 mm	50 (2/4)	43 (3/7)	33 (2/6)
Extent of disease, % (n/N)	LR only	38 (6/16)	62 (5/8)	50 (7/14)
	DM only	100 (5/5)	29 (2/7)	40 (2/5)
	LR + DM	67 (6/9)	62 (8/13)	50 (4/8)

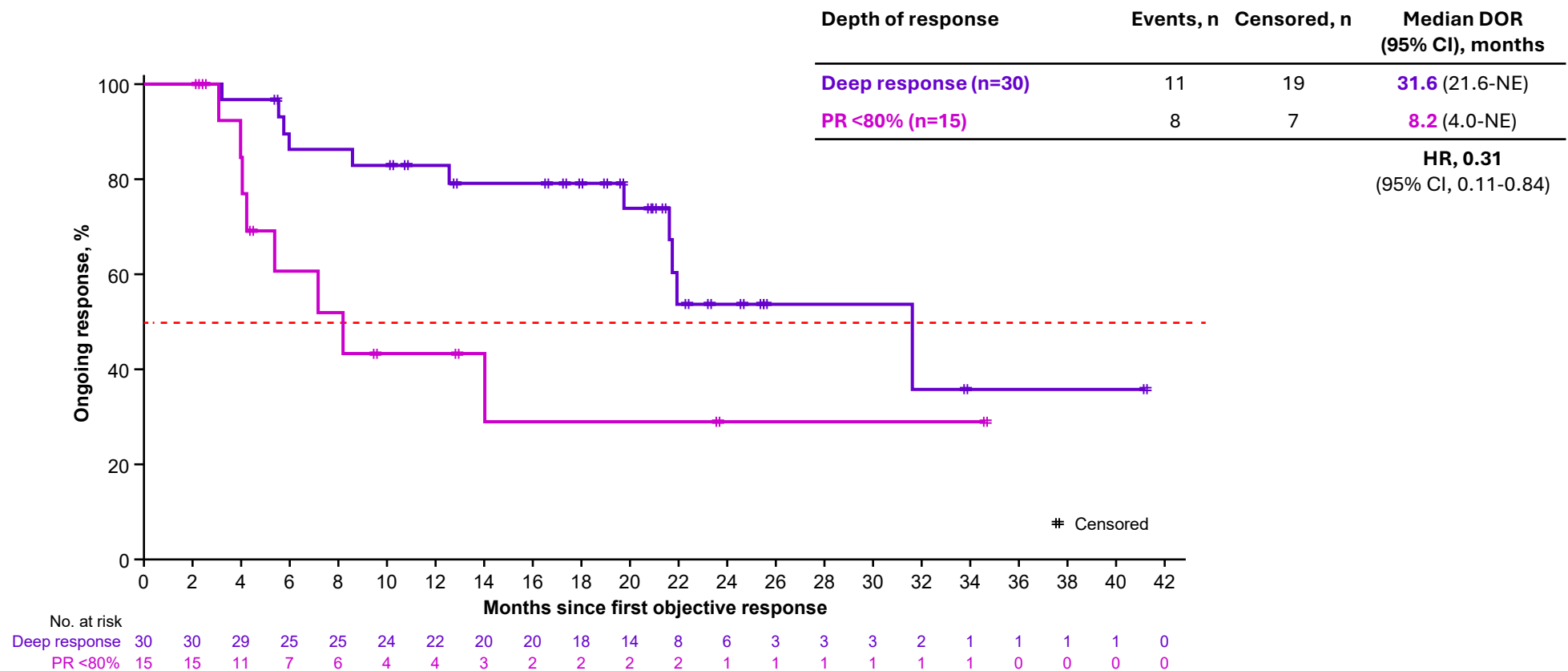


CPS 1-19:

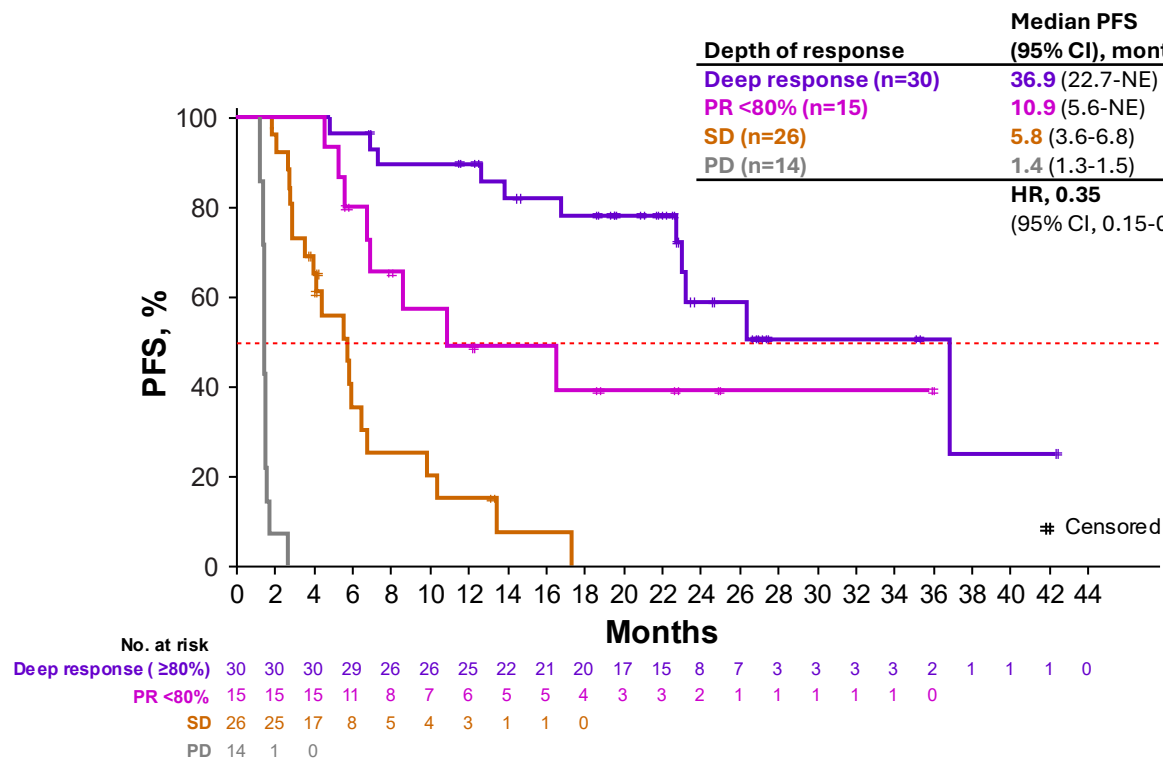
FICERA delivered 54-73% ORR, more than 3x pembrolizumab monotherapy (~15%)¹



DOR: deep responders with ≥ 80% tumor shrinkage maintained DOR for a median 31.6 months across pooled cohort analysis

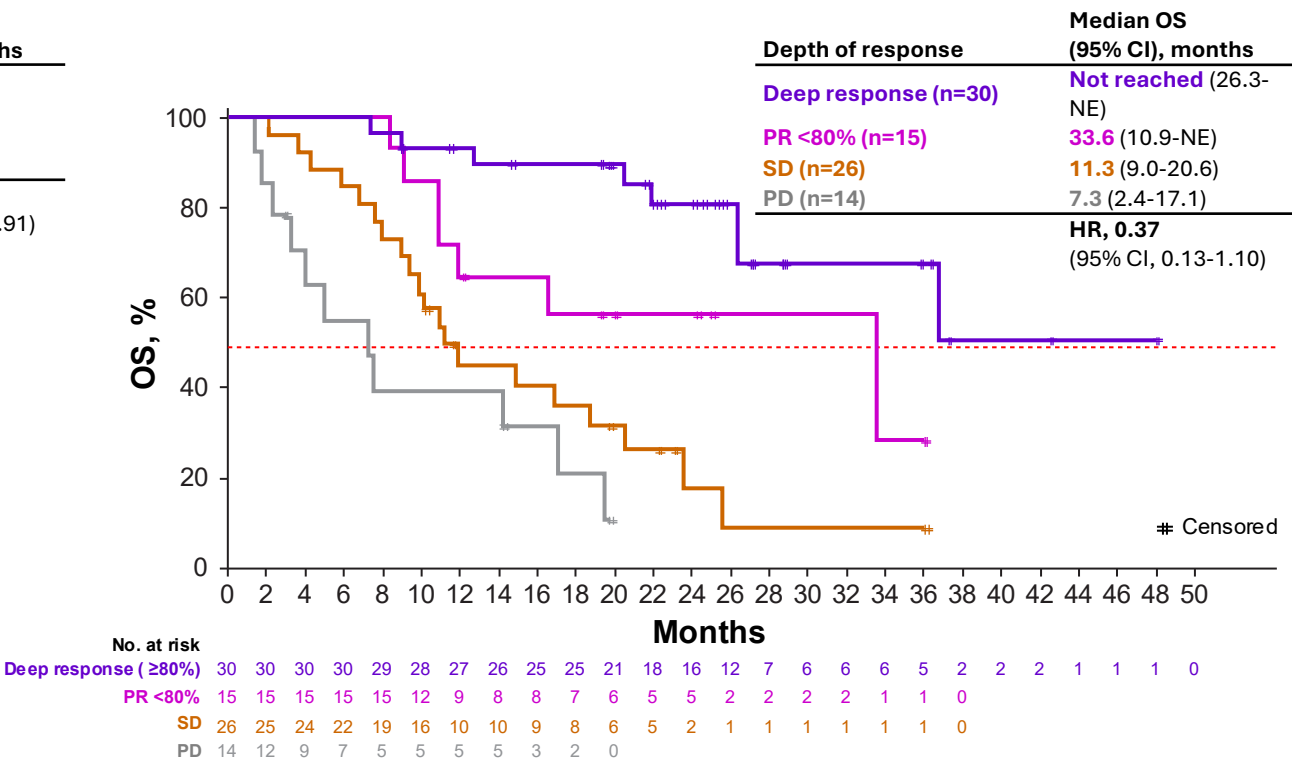


PFS and OS: Deep responders showed durable and clinically meaningful benefit across pooled cohort analysis



PFS

Deep responders: 65% reduction in the risk of disease progression or death compared with PR <80%

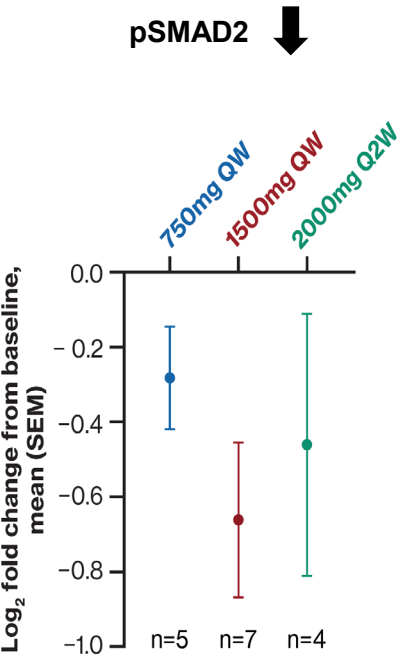


OS

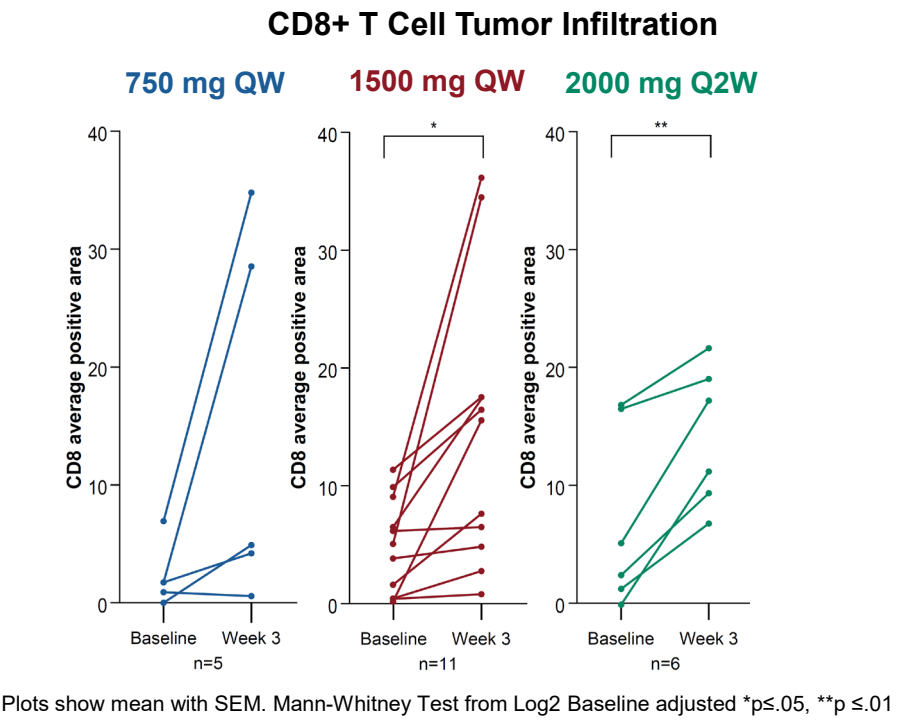
Deep responders: 63% reduction in the risk of death compared with PR <80%

FICERA's TGF-β inhibition and tumor penetration are associated with deeper responses

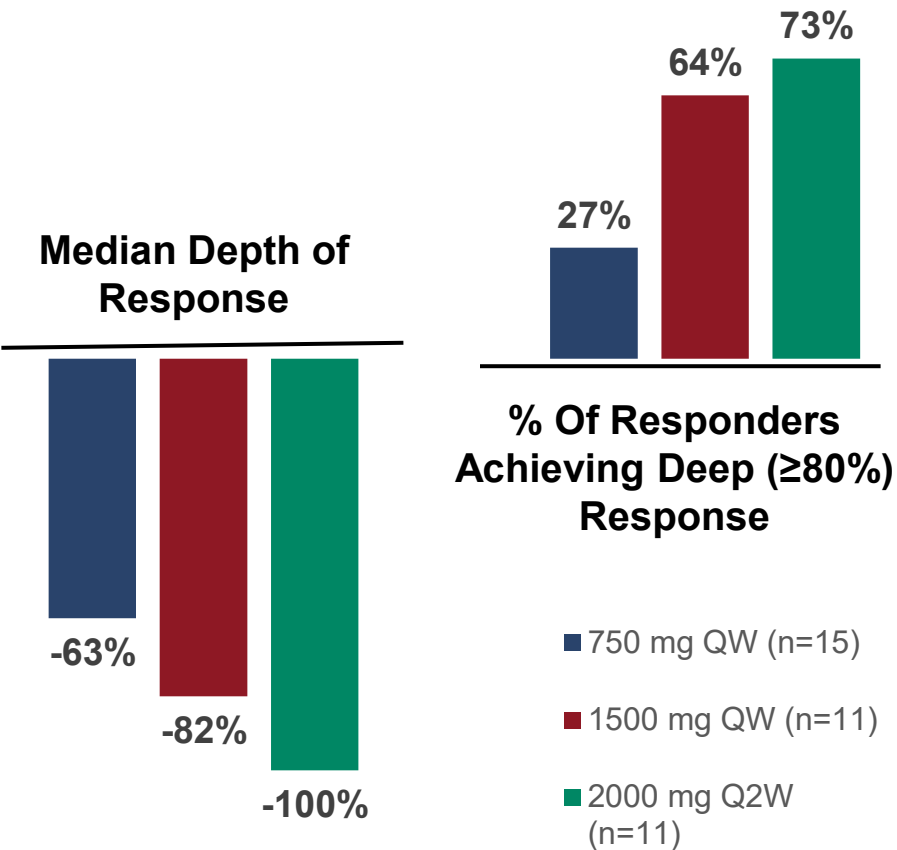
TGF-β Inhibition



Tumor Penetration



Depth of Response At 24-Weeks



Increases in TGF-β inhibition directly in the TME enabled greater tumor penetration to **drive deeper and more durable responses**

FICERA case highlight: rapid lesion shrinkage and deep response in aggressive HNSCC

66-year-old male with recurrent oral cavity cancer

Disease characteristics

- Oral Cavity
- LR only
- CPS 20

Multiple Comorbidities

ECOG 1 Performance Status

Prior Therapy:

- **Oct 2021:** Partial glossectomy + (L) neck dissection
- **Jun–Aug 2023:** (L) neck recurrence → chemoradiation
- **Dec 2023:** (L) neck recurrence → (L) radical neck dissection

Study Therapy:

- **May 2024 – Jan 2025:** FICERA 750 mg QW + pembrolizumab

Tumor assessment

Baseline: One target lesion of 49 mm

6-week scan: 55% shrinkage in target lesion

Survival: Patient is in survival follow up- and alive as of last contact date of December 2025.



Baseline



Two Weeks



Eight Weeks

FICERA's clinical profile aligns with what oncologists say matters most at the point of treatment selection

More impact on
treatment decisions



Overall survival (mOS), Hazard Ratio (HR)

Progression Free Survival (mPFS)

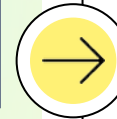
KEY DIFFERENTIATORS

Complete Response (CR) + Duration of Response (DOR)

Depth of response

Overall Response Rate (ORR)

Time to response (TTR)



In addition to OS
and PFS, CR rates,
DOR, and depth of
response are being
recognized as
important
differentiators in
head and neck
cancer

More impact on
treatment decisions

Key principles guiding less frequent dose exploration for **FICERA**

Mechanistic Differentiation

Maintain FICERA's hallmark **TGF- β inhibition** at a less frequent dose while being responsive to the tumor as it shrinks

Meaningful Clinical Data

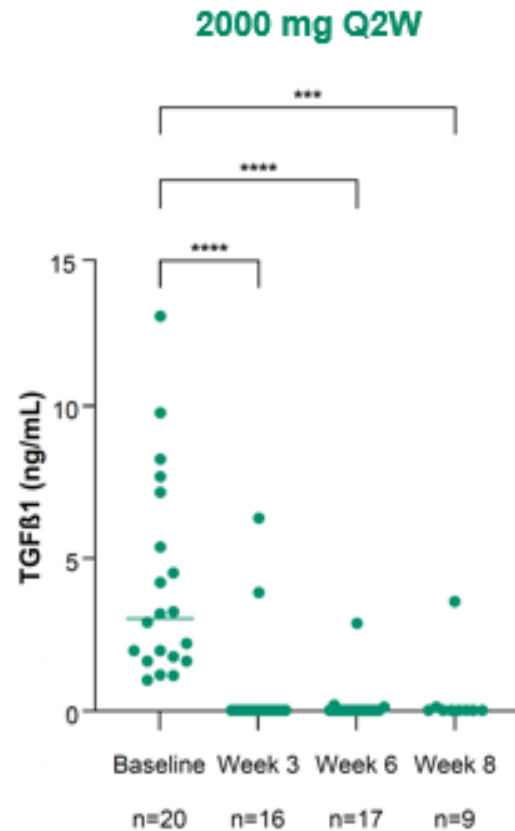
Rapid and deep responses that yield **durability and long-term outcomes** due to TGF- β inhibition

Patient Optionality

Enhance convenience and patient flexibility by **offering less-frequent dosing option** in combination with pembrolizumab

Totality of data support development of a loading and Q3W maintenance regimen for FICERA

TGF- β neutralization (plasma) at 2000mg Q2W FICERA plus pembrolizumab



****p<.0001;***p<.001, ** p<.01, *p<.05

Mechanistic Differentiation

Rapid tumor penetration and shrinkage with TGF- β targeting creates a natural opportunity to extend the dosing interval while preserving potency

Meaningful Clinical Activity

Integrated clinical and PK/PD modeling data support that deep, durable responses can be maintained with loading and maintenance

Advancing an Alternate Dosing Regimen Strategy

Initiated FORTIFI-FLEX alternate dose study to evaluate FICERA + pembrolizumab in 1L R/M HPV-negative HNSCC, and expect to have results from this study by the time of a potential U.S. accelerated approval in 1L R/M HPV-negative HNSCC



Totality of Phase 1b data across all doses of **FICERA** supports mechanism-driven clinical differentiation

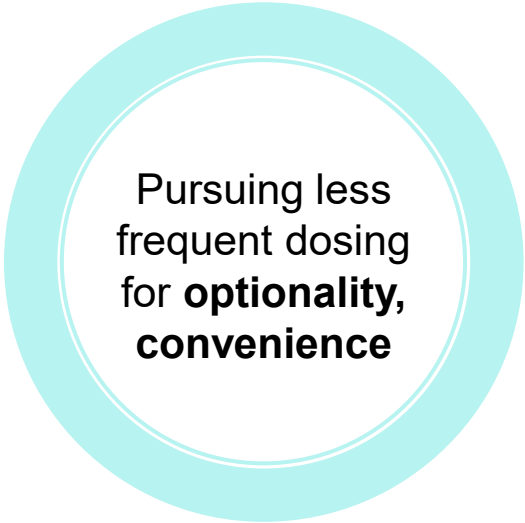


Expanding data set **reinforces established clinical differentiation**

Observed consistent, generally well-tolerated safety profile and rapid, deep responses in Phase 1b cohorts from 1500mg QW (ongoing Phase 3 pivotal study dose) and 2000mg Q2W FICERA (exploratory cohort to inform alternate dose regimen)

Deep responses translate into **durable long-term outcomes across DOR, PFS, and OS**

Sustained TGF- β inhibition, immune activation, tumor penetration, and deep responses observed at 1500mg QW and 2000mg Q2W FICERA, **supporting development of less frequent dosing regimen**

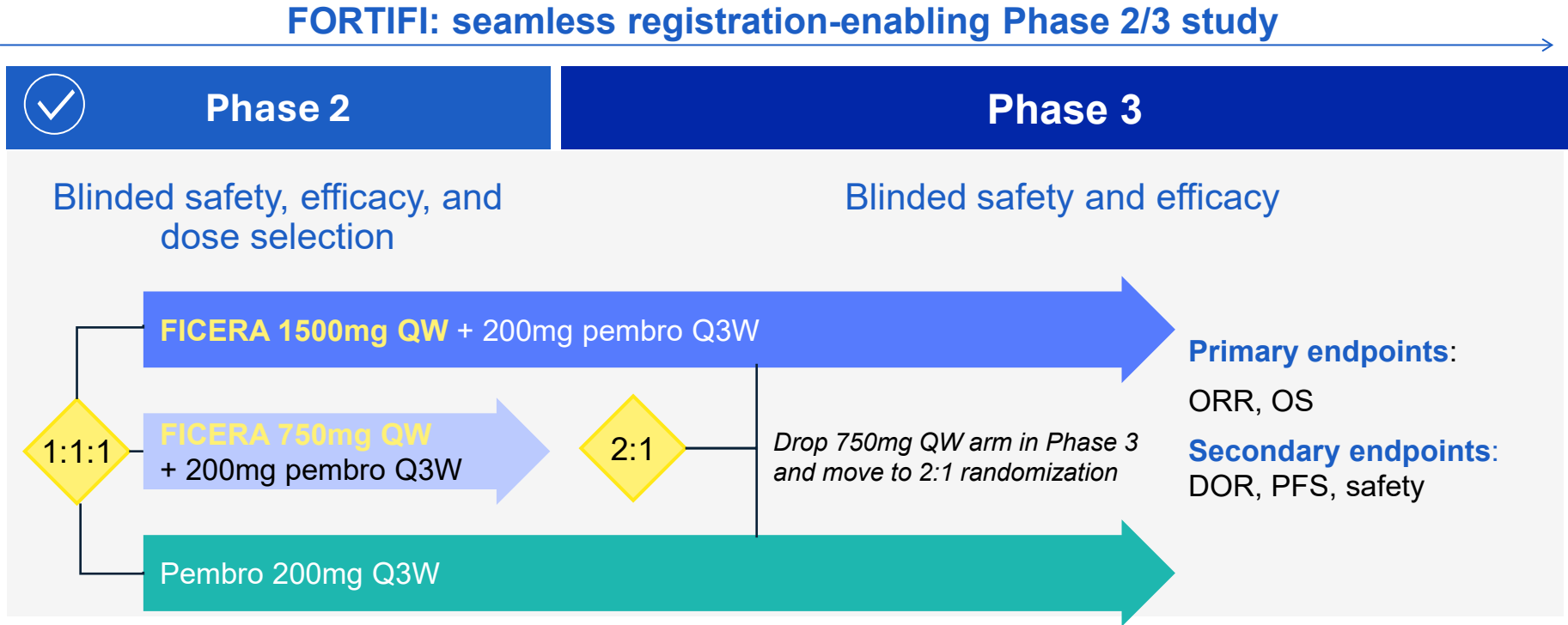


Pursuing less frequent dosing for **optionality, convenience**

Growing body of PK, translational, exposure-response, and clinical data support development of **loading and Q3W maintenance** regimen designed to optimize efficacy, safety, and schedule; pursuing regulatory alignment with aim to generate data in time for potential US launch

FICERA, a potential best- and first-in-class EGFR-directed antibody combined with a TGF- β ligand trap, has demonstrated **improved outcomes in HPV-negative HNSCC**

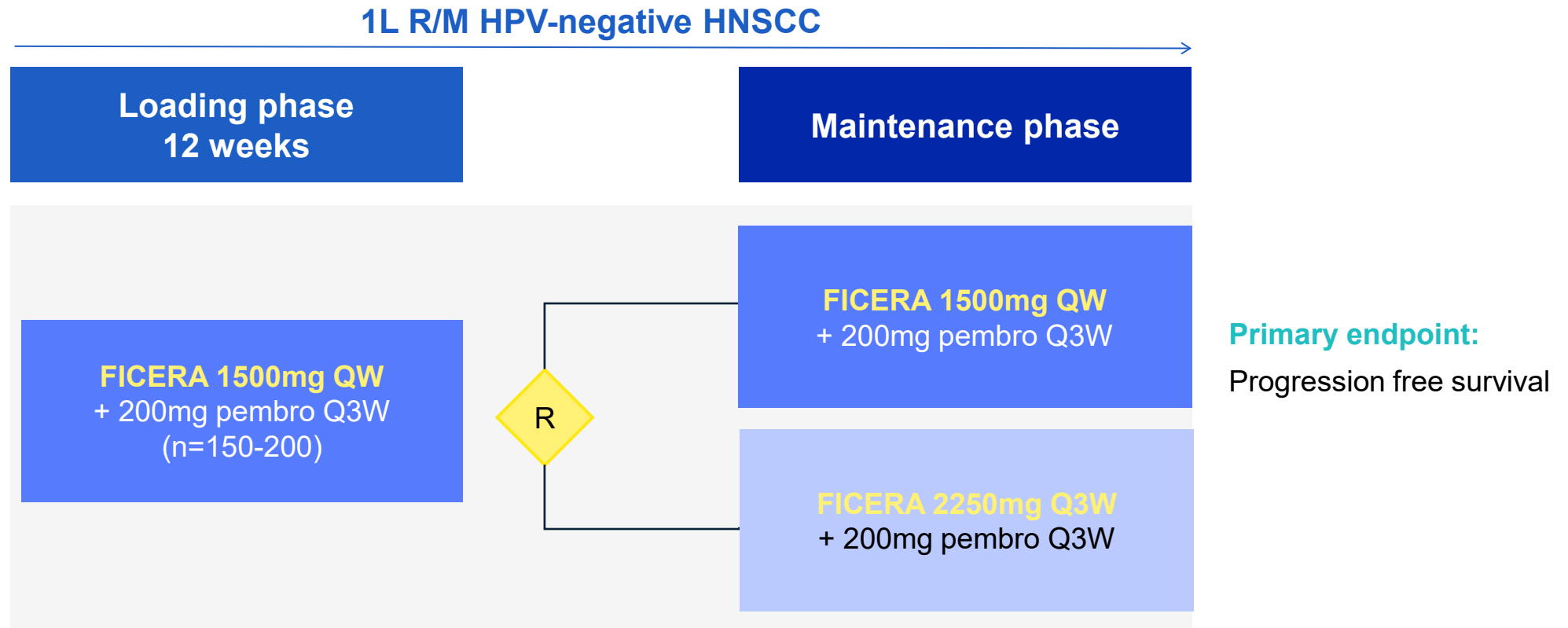
Pivotal FORTIFI-HN01 trial design has enabled accelerated dose selection and efficient Phase 3 initiation



Phase 3 initiated and currently enrolling with 1500mg QW FICERA

- Patients enrolled at 1500mg FICERA QW in the Phase 2 portion continue treatment and contribute to pivotal efficacy analysis

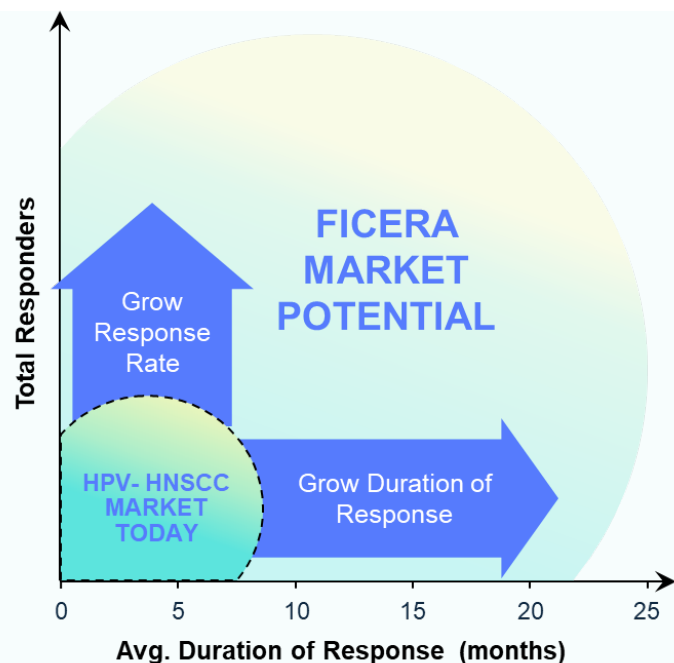
FICERA's alternate dosing regimen study to expand optionality and convenience for patients and providers



Results expected by the time of a potential U.S. accelerated approval in 1L R/M HPV-negative HNSCC

Preparing for Commercial Success

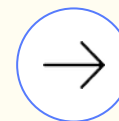
FICERA has the potential to significantly expand the HPV-negative HNSCC market



Large & Growing Patient Population

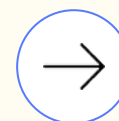
With ~50K HPV-negative HNSCC patients annually incident in the US, EU5, and Japan²

\$5B+
projected global market
for HNSCC by 2030¹



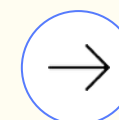
Pioneer Treatment Paradigm Shift

Continue to build market understanding of HPV-negative HNSCC as a distinct clinical disease



Drive Better Patient Outcomes

2-3X responses
2-3X duration of response
2X survival



Expand The Market

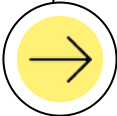
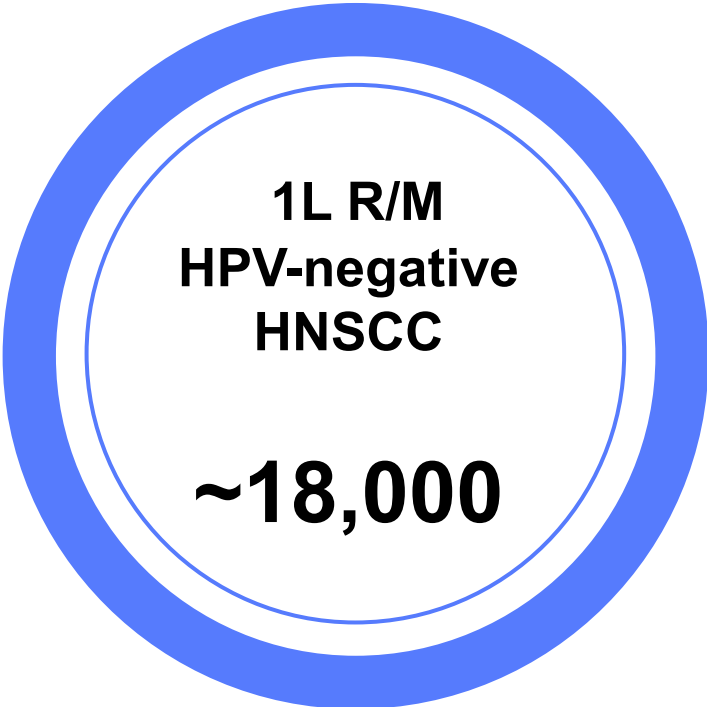
>2X potential growth in patient months
Additional opportunities to further grow the market (e.g., CPS <1, HPV-positive smokers)



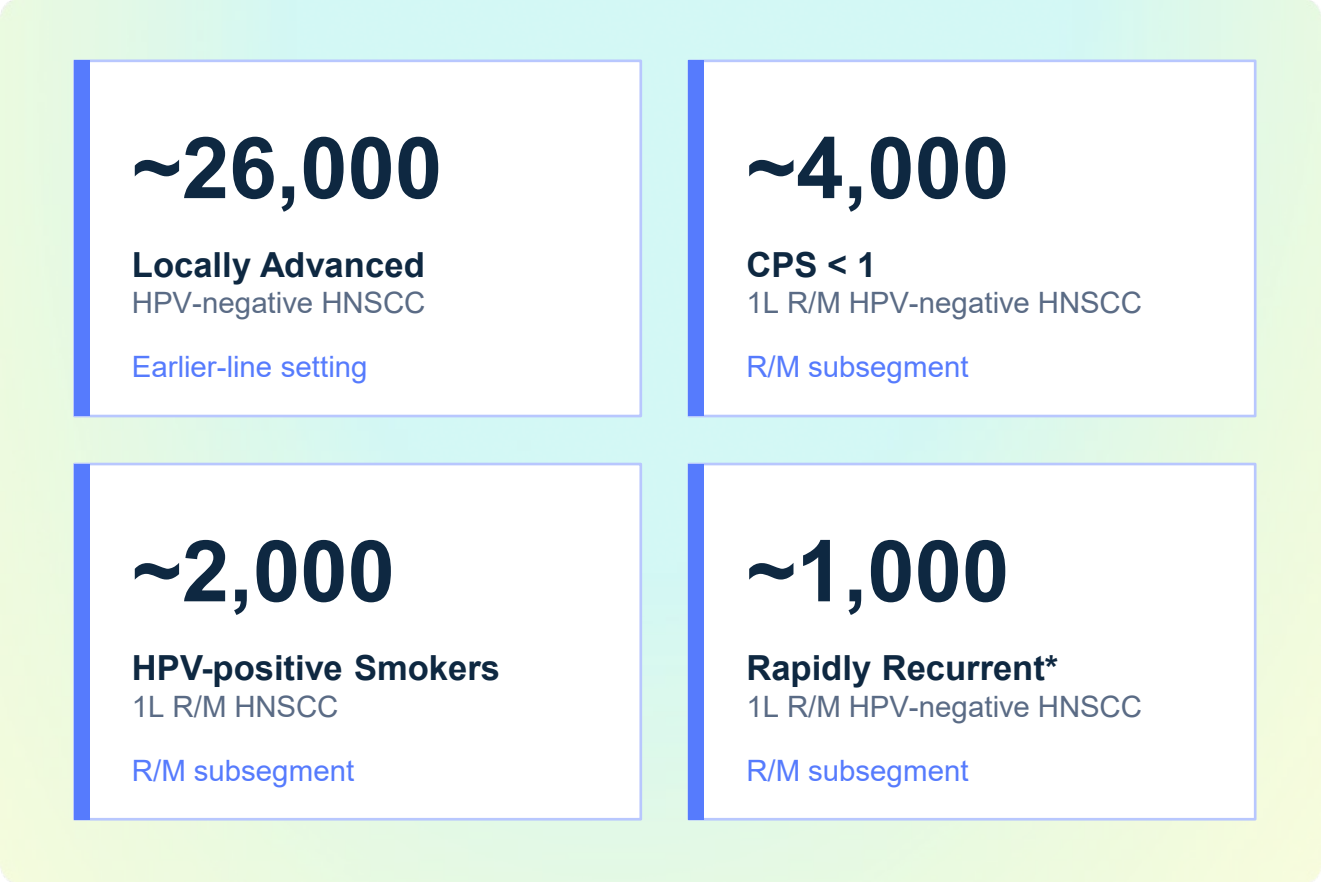
Expanding FICERA's Potential While Maintaining Financial Discipline

Broader opportunity for FICERA in head and neck cancer

Registration-enabling
Phase 3 ongoing

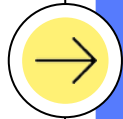
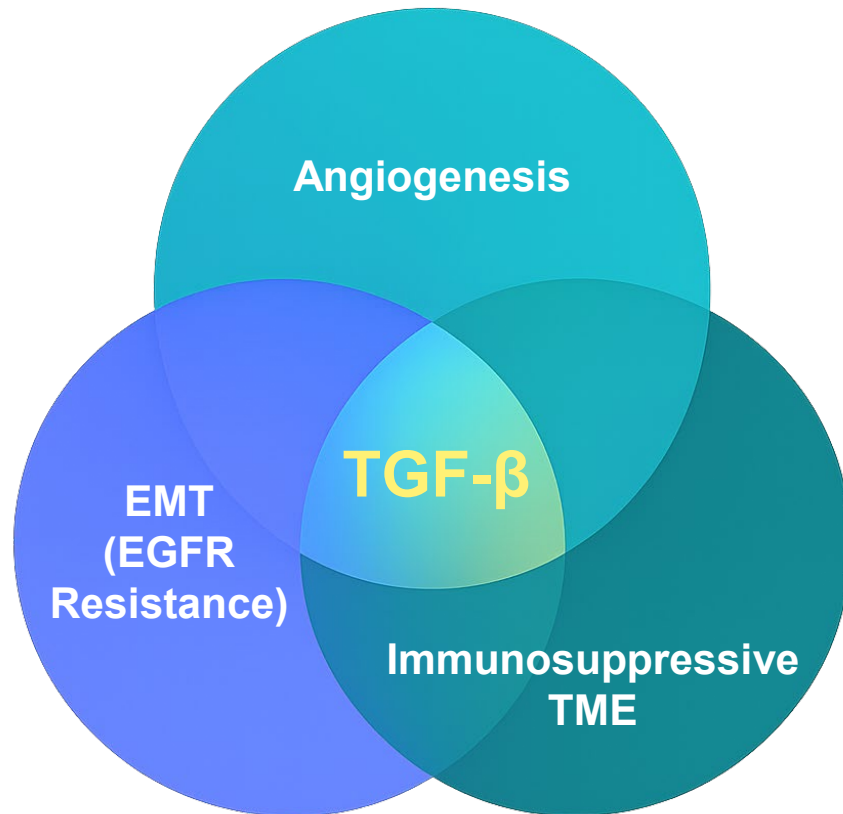


Multiple expansion opportunities representing
~50,000 patients in HNSCC (U.S. incidence)



TGF- β is heavily implicated in CRC metastasis and resistance to treatment

Key Drivers of Metastatic CRC



TGF- β is highly expressed in CRC and drives metastasis via:

- **EMT:** Tumor cells undergo the epithelial-mesenchymal transition (EMT) process and then spread to distant sites
- **Angiogenesis:** TGF- β signaling mediates the formation of new blood vessels, which promotes intravasation of tumor cells
- **Immunosuppression:** TGF- β signaling from immune cells such as CAFs and TAMs contribute to an immunosuppressive TME

FICERA combines two historical mechanisms for treating mCRC, simultaneously targeting both anti-EGFR and anti-angiogenic pathways via TGF- β inhibition



FICERA positioned to address multiple pathways in mCRC

Currently, two main targeted approaches to treating RAS/BRAFwt mCRC (MSS):

Anti-EGFR



Approved Agents:

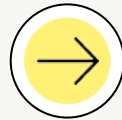
- Cetuximab★
- Panitumumab★



In Development

- Amivantamab (EGFR x MET)
- Petosemtamab (EGFR x LGR5)

★ Standard of care agents

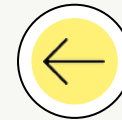


FICERA

Simultaneously targeting both anti-EGFR and anti-angiogenic pathways via TGF- β inhibition

Potential to address both left-sided and right-sided mCRC in 1L

Combat resistance mechanisms to drive durability and PFS



Anti-Angiogenic / Anti-VEGF



Approved Agents:

- Bevacizumab★
- Fruquintinib
- Regorafenib

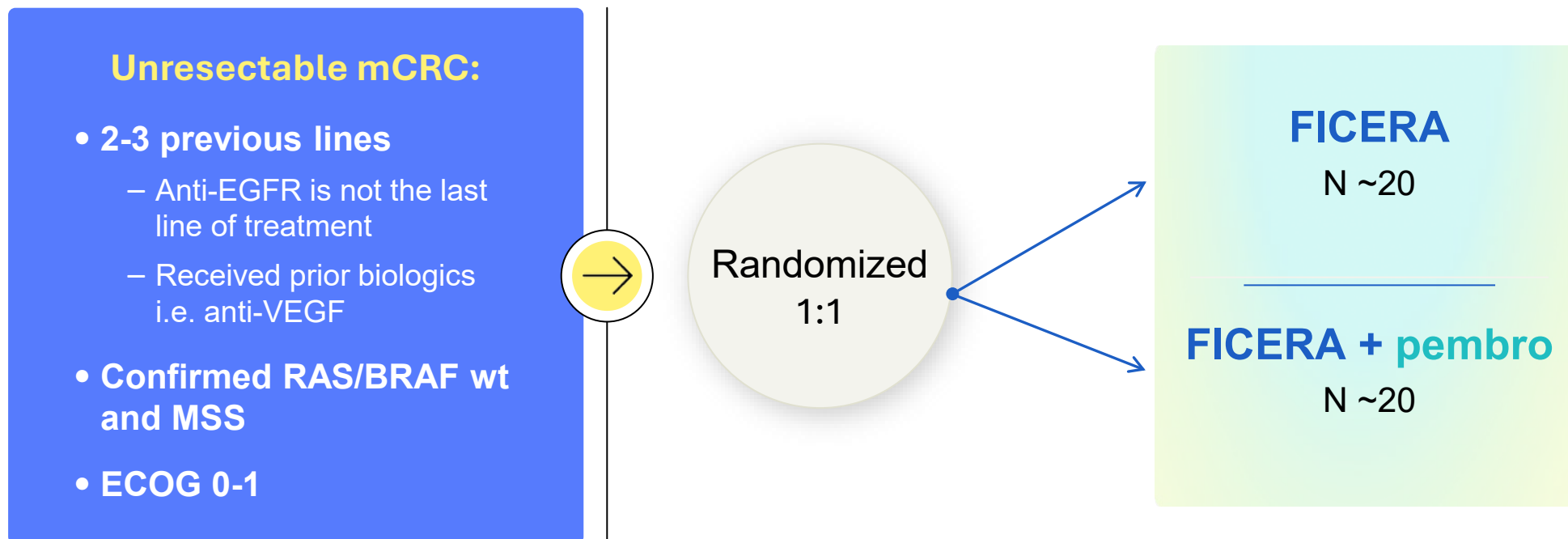


In Development

- Zanzalintinib (multi TKI)
- INCA33890 (PD-1 x TGF- β R2)

Expansion to 3L+ MSS RASwt metastatic colorectal cancer (mCRC)

Initial Ph. 1/2 Proof of Concept Study

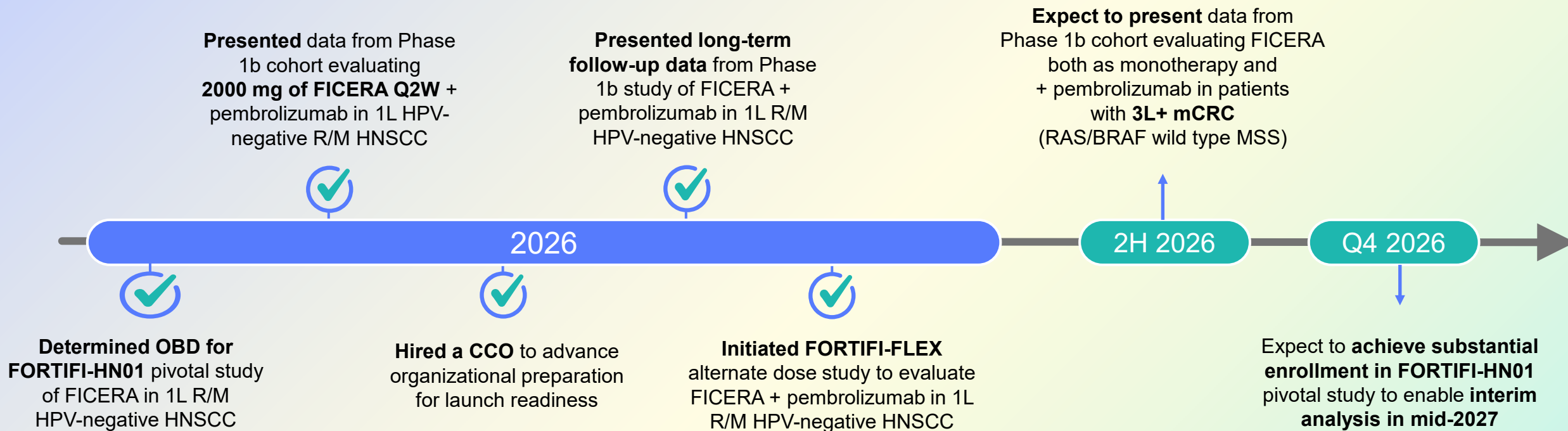


Primary aims: safety, tolerability, and initial efficacy (ORR/DCR)

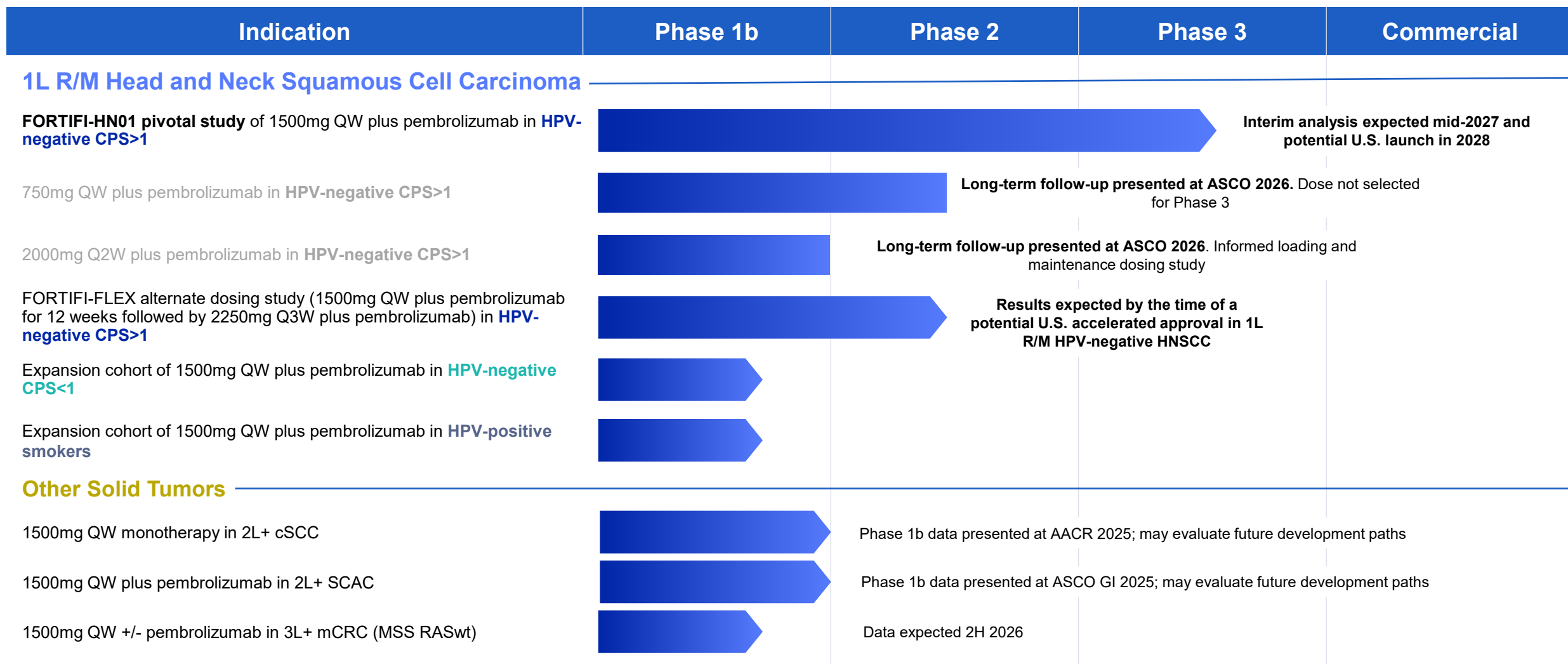
Unmet need: Current approved treatment options in 3L+ mCRC demonstrate 2 - 6% ORR and less than 6-month PFS^{1,2,3}



Anticipated key milestones in 2026 to drive growth and value inflection



Maximizing the franchise value of FICERA



Thank You

