UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 03, 2023

CORBUS PHARMACEUTICALS HOLDINGS, INC.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-37348**	**46-4348039**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**
500 River Ridge Drive Norwood, Massachusetts		**02062**
(Address of Principal Executive Offices)		**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (617) 963-0100

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, par value $0.0001 per share	CRBP	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 8.01 Other Events.

Corbus Pharmaceuticals Holdings, Inc. is using the slides attached hereto as Exhibit 99.1 to this Current Report on Form 8-K in connection with management presentations to describe its business.

Item 9.01 Financial Statements and Exhibits.

(d) The following exhibit is furnished with this report:

Exhibit No.	Description
99.1	Investor Presentation
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Corbus Pharmaceuticals Holdings, Inc.

Date: August 3, 2023

By: */s/ Yuval Cohen*
Name: Yuval Cohen
Title: Chief Executive Officer


CORBUS
PHARMACEUTICALS
Connecting Innovation to Purpose
Corporate Presentation
August 2023
Exhibit 99.1
NASDAQ: CRBP • CorbusPharma.com • @CorbusPharma

Forward-Looking Statements

This presentation contains certain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934 and Private Securities Litigation Reform Act, as amended, including those relating to the Company's restructuring, trial results, product development, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities and other statements that are predictive in nature. These forward-looking statements are based on current expectations, estimates, forecasts and projections about the industry and markets in which we operate and management's current beliefs and assumptions. These statements may be identi ed by the use of forward-looking expressions, including, but not limited to, "expect," "anticipate," "intend," "plan," "believe," "estimate," "potential," "predict," "project," "should," "would" and similar expressions and the negatives of those terms. These statements relate to future events or our nancial performance and involve known and unknown risks, uncertainties, and other factors, including the potential impact of the recent COVID-19 pandemic and the potential impact of sustained social distancing efforts, on our operations, clinical development plans and timelines, which may cause actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Such factors include those set forth in the Company's lings with the Securities and Exchange Commission. Prospective investors are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date of this presentation. The Company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.

Introducing the new Corbus Pharmaceuticals

NASDAQ: CRBP

Norwood, MA (Boston area)

- Precision oncology + differentiated assets
- Established targets → enhance probability of success
- Multiple catalysts in 2023 – 2024

A diversified pipeline with differentiated clinical risk profiles

Next Generation Nectin-4 targeting ADC				
CRB-701 Next generation Nectin-4 targeting ADC	**Nectin-4 positive solid tumors**	**CSPC** (China)	**Dose Escalation** Started Q1 2023 Ends Q4 2023	**Dose Confirmation / Expansion** Start Q1 2024
		Corbus (US + Europe)	**Dose Escalation** Planned start Q1 2024 End Q2 2024	**Dose Confirmation / Expansion** Start Q3 2024

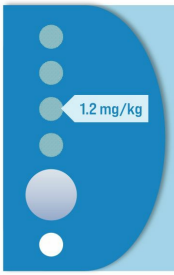
Anti-Integrin mAb		
CRB-601 Anti-αvβ8 mAb (*TGFβ-targeting*)	**αvβ8 enriched solid tumors**	**IND** Q4 2023

CRB-701

Next Gen
Nectin-4 Targeting ADC

CRB-701: Key clinical updates

Clinical Progress



Current China Phase 1 escalation is ahead of schedule (ends Q4 2023)

CRB-701 is currently dosing above PADCEV®'s RP2D of 1.25 mg/kg

Clinical Data

CRB-701: 1.2 mg/kg (Q3W/21 days)

vs.

PADCEV®: 1.25 mg/kg (Q1Wx3/28 days)

→ ADC AUC is comparable

Marked reduction in levels of circulating free MMAE compared to PADCEV®

Source(s): Corbus data on file; PADCEV® Prescribing Information as of Dec 2019

CRB-701: next generation site-specific Nectin-4 targeting ADC

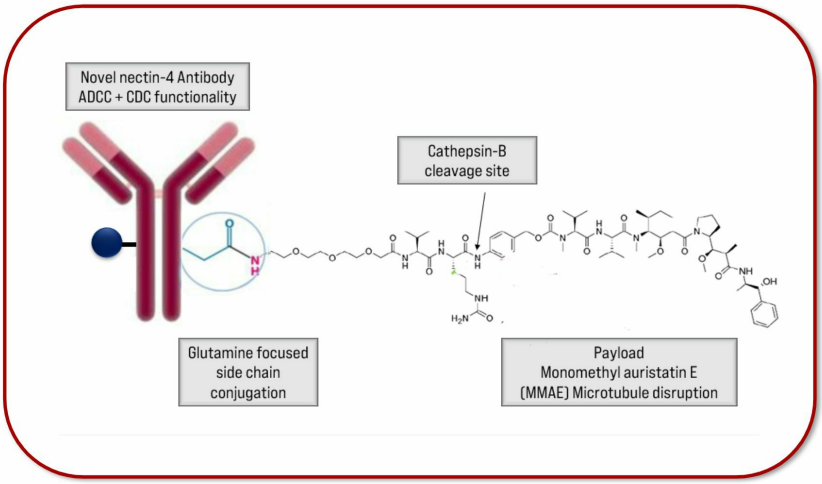
Feature	CRB-701 (SYS6002)*	PADCEV®
mAb	Novel (2x speed of internalization)	Enfortumab
Linker	3rd gen (site-specific + cleavable)	2nd gen (cleavable)
Payload	MMAE (DAR = 2)	MMAE (DAR ~3.8)
Dosing	Q3W / 21 days	Q1W x 3 / 28 days

MMAE = Monomethyl auristatin **DAR** = Drug Antibody Ratio

** US and European commercialization rights in-licensed from CSPC Megalith Biopharmaceutical Co., Lt. (China), a subsidiary of CSPC Pharmaceutical Group*

Source(s): Corbus data on file; PADCEV®: BLA 761137; Tong et al. An Insight into FDA Approved Antibody-Drug Conjugates for Cancer Therapy. Molecules. 2021 Sep 27;26(19):5847. doi: 10.3390/molecules26195847. PMID: 34641391; PMCID: PMC8510272.

CRB-701: Potential to improve tolerability + response duration



Opportunity to improve therapeutic index by:

1. Longer t½ ADC
2. Faster ADC internalization
3. Improved linker stability
4. Optimized DAR
5. Enhanced ADC homogeneity
6. Increased ADC hydrophilicity
7. Reduction of free-MMAE

MMAE = Monomethyl auristatin E **ADCC** = antibody-dependent cellular cytotoxicity
CDC = complement dependent cytotoxicity **DAR** = Drug Antibody Ratio

Source(s): Modified image from Corbus data on file; Corbus data on file

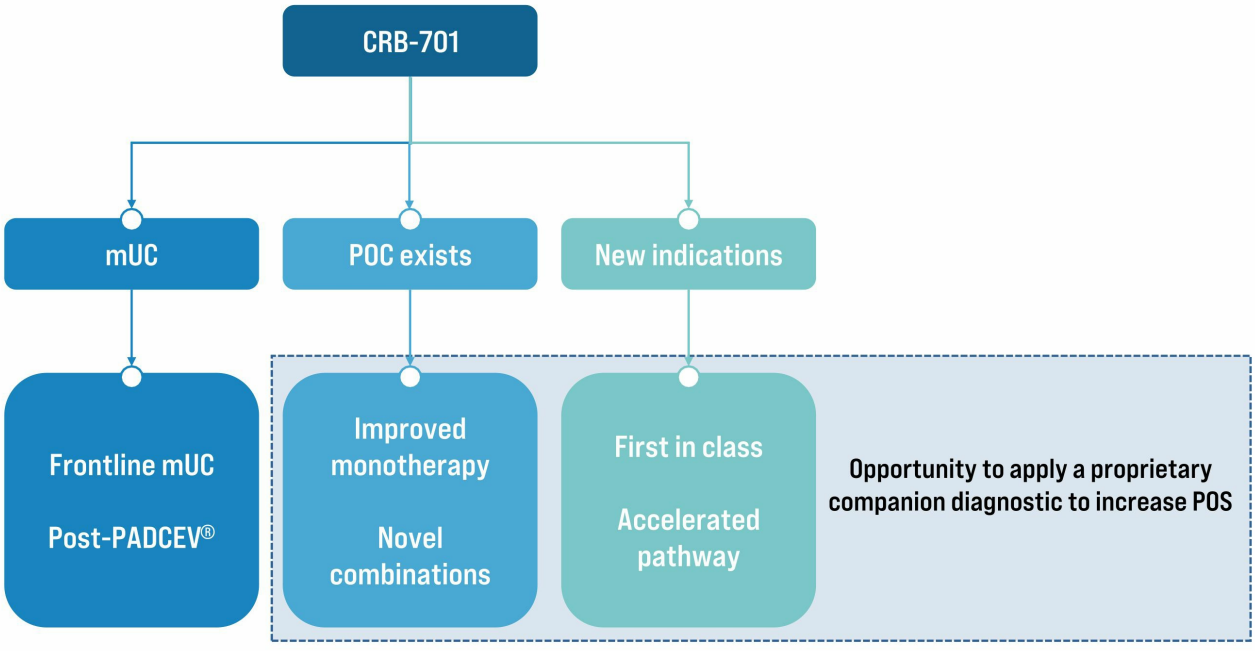
Nectin-4 landscape is emergent and diverse

Nectin- 4 / payload	IND enabling	Phase 1	Phase 2	Phase 3	Approved
ADC + MMAE		CRB-701 (CORBUS PHARMACEUTICALS)			PADCEV® (Seagen / astellas)
Non-ADC (bicycle drug conjugate) + MMAE			BT8009 (Bicycle)		
ADC + Non-MMAE	ADRX-0706 (Adcentrx THERAPEUTICS); ETx-22 (ETX Emergence / Lilly)				

* Eli Lilly purchased Emergence Therapeutics on June 29th 2023 for a estimated total of $470M with an additional $335M in future milestones.

Source(s): Corbus data on file; PADCEV® Prescribing Information as of Dec 2019. Competitor websites.

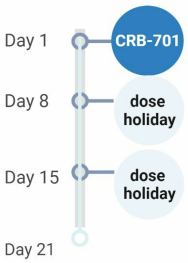
Multiple pathways to regulatory approval are available to CRB-701



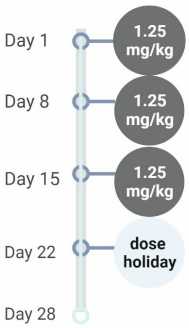
CRB-701: Once in 21 days schedule offers significant advantages

Clinical cycle comparison

CRB-701



PADCEV®



The current dosing schedule suggests
3 doses of PADCEV® compared to 1 dose CRB-701

Patient / physician convenience

Combination flexibility

Source(s): Corbus data on file; PADCEV® Prescribing Information as of Dec 2019

PADCEV® projected to reach up to ~$5B in global sales by 2028

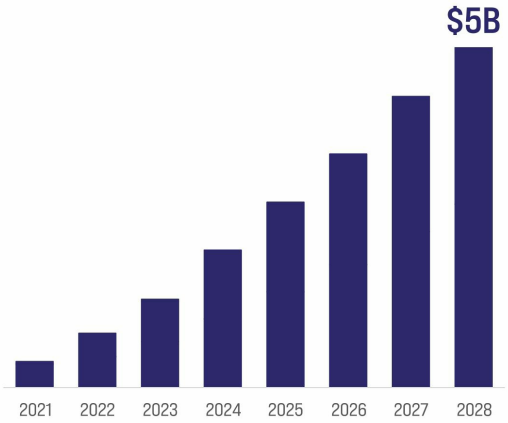
PADCEV®
enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

Late-stage Clinical Development

	Phase 1	Phase 2	Phase 3
1L untreated locally advanced or metastatic urothelial cancer + pembrolizumab			
Perioperative muscle invasive bladder cancer + pembrolizumab, cisplatin ineligible			
Perioperative muscle invasive bladder cancer + pembrolizumab, cisplatin eligible			
Locally advanced or malignant metastatic solid tumors Monotherapy			
Locally advanced or metastatic urothelial cancer* +/- pembrolizumab			

*Enrollment Complete

PADCEV® Global Projected Revenues[1]



[1]Projected revenues for UC/Bladder only

Source(s): www.seagen.com; 1. Evaluate Ltd

PADCEV® safety limitations impact tolerability and dose intensity

PADCEV®
enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

WARNING: SERIOUS SKIN REACTIONS

- **PADCEV can cause severe and fatal cutaneous adverse reactions including Stevens-Johnson syndrome (SJS) and Toxic Epidermal Necrolysis (TEN), which occurred predominantly during the first cycle of treatment, but may occur later.**
- **Closely monitor patients for skin reactions.**
- **Immediately withhold PADCEV and consider referral for specialized care for suspected SJS or TEN or severe skin reactions.**
- **Permanently discontinue PADCEV in patients with confirmed SJS or TEN; or Grade 4 or recurrent Grade 3 skin reactions *[see Dosage and Administration (2.2), Warnings and Precautions (5.1) and Adverse Reactions (6.1)]*.**

A Black Box warning for PADCEV® cautions physicians regarding the skin toxicity risk[1]

Greater than 25% of PADCEV® discontinuations are linked to peripheral neuropathy[3]

PADCEV®
Adverse Events (% of patients)

	PADCEV® monotherapy[1]		PADCEV® + pembrolizumab[2]	
	All Grades	≥ Gr 3	All Grades	≥ Gr 3
Skin Reactions	56%	12%	72%	20%
Peripheral Neuropathy	53%	5%	65%	3.3%*

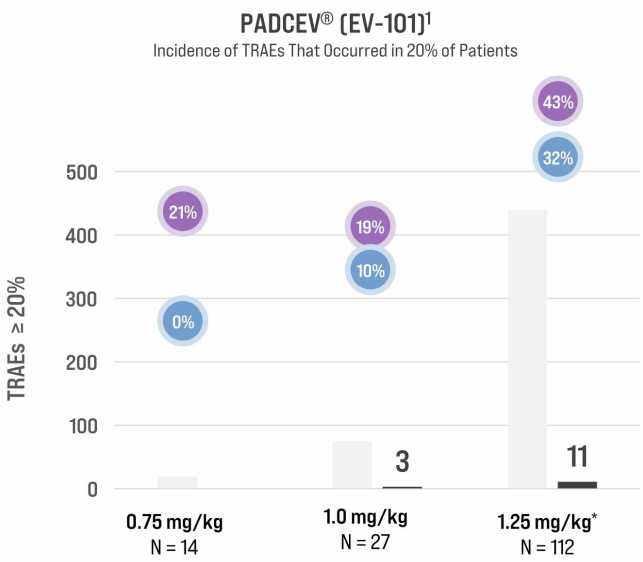
* Grade 3 only

Source(s): 1. PADCEV® Prescribing Information as of Dec 2019. 2. 2022 ESMO, LBA73 - Study EV-103 Cohort K. 3. Rosenberg et al., 2020, JCO April 1 38 (10) .

@RP2D of 1.25 mg/kg PADCEV® → increased frequency of TRAEs*

RP2D defined by exposure-safety analysis[1, 2]

- Objective Response Rate[1]
- Dose Reductions[1]
- All grade TRAEs[1]
- ≥Gr 3 TRAEs[1]



EV-301[3]

TRAEs @ 1.25 mg/kg

(N = 296, monotherapy)

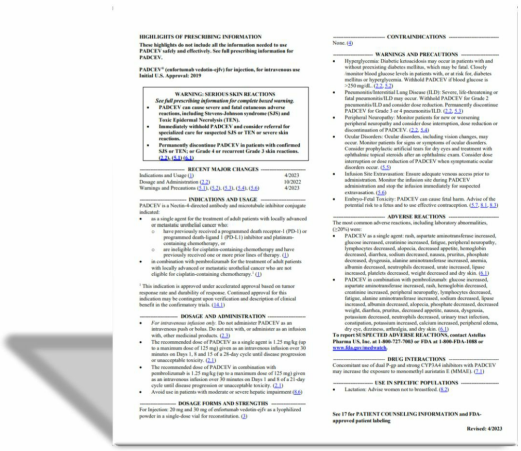
	All Grades
Rash	54%
Peripheral Neuropathy	50%
Fatigue	50%
Alopecia	47%
Decreased appetite	41%
Diarrhea	35%
Pruritus	34%
Nausea	30%

Adverse Reactions (≥30%) in Patients Treated with PADCEV® in EV-301

1. Rosenberg et al. EV-101: A Phase I Study of Single-Agent Enfortumab Vedotin in Patients With Nectin-4-Positive Solid Tumors, Including Metastatic Urothelial Carcinoma. J Clin Oncol. 2020 Apr 1;38(10):1041-1049. doi: 10.1200/JCO.19.02044. Epub 2020 Feb 7. Erratum in: J Clin Oncol. 2022 May 20;40(15):1711. PMID: 32031899; PMCID: PMC7106979.BLA 761137
2. BLA 761137
3. PADCEV® Prescribing Information as of Dec 2019

Current understanding of PADCEV® monotherapy experience in mUC

PADCEV® Prescribing Information



HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use PADCEV safely and effectively. See full prescribing information for PADCEV.

PADCEV™ (enfortumab vedotin-ejfv) for injection, for intravenous use
Initial U.S. Approval: 2019

WARNING: SERIOUS SKIN REACTIONS
See full prescribing information for complete boxed warning.
- **PADCEV can cause severe and fatal cutaneous adverse reactions, including Stevens-Johnson syndrome (SJS) and Toxic Epidermal Necrolysis (TEN).**
- **Immediately withhold PADCEV and consider referral for specialized care for suspected SJS or TEN or severe skin reactions.**
- **Permanently discontinue PADCEV in patients with confirmed SJS or TEN, or Grade 4 or recurrent Grade 2 skin reactions.** (2.3, 5.2, 6.2)

RECENT MAJOR CHANGES

Indications and Usage (1)	4/2023
Dosage and Administration (2.3)	10/2022
Warnings and Precautions (5.1), (5.2), (5.3), (5.4), (5.6)	4/2023

INDICATIONS AND USAGE

PADCEV is a Nectin-4-directed antibody and microtubule inhibitor conjugate indicated:
- as a single agent for the treatment of adult patients with locally advanced or metastatic urothelial cancer who:
  - have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and platinum-containing chemotherapy, or
  - are not eligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy. (1)
- in combination with pembrolizumab for the treatment of adult patients with locally advanced or metastatic urothelial cancer who are not eligible for cisplatin-containing chemotherapy.* (1)

* This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials. (14.1)

DOSAGE AND ADMINISTRATION
- *For intravenous infusion only.* Do not administer PADCEV as an intravenous push or bolus. Do not mix with, or administer as an infusion with, other medicinal products. (2.3)
- The recommended dose of PADCEV as a single agent is 1.25 mg/kg (up to a maximum dose of 125 mg) given as an intravenous infusion over 30 minutes on Days 1, 8 and 15 of a 28-day cycle until disease progression or unacceptable toxicity. (2.1)
- The recommended dose of PADCEV in combination with pembrolizumab is 1.25 mg/kg (up to a maximum dose of 125 mg) given as an intravenous infusion over 30 minutes on Days 1 and 8 of a 21-day cycle until disease progression or unacceptable toxicity. (2.1)
- Avoid use in patients with moderate or severe hepatic impairment (8.6)

DOSAGE FORMS AND STRENGTHS
For Injection: 20 mg and 30 mg of enfortumab vedotin-ejfv as a lyophilized powder in a single-dose vial for reconstitution. (3)

CONTRAINDICATIONS
None. (4)

WARNINGS AND PRECAUTIONS
- Hyperglycemia: Diabetic ketoacidosis may occur in patients with and without pre-existing diabetes mellitus, which may be fatal. Closely monitor blood glucose levels in patients with, or at risk for, diabetes mellitus or hyperglycemia. Withhold PADCEV if blood glucose is >250 mg/dL. (5.1, 5.3)
- Pneumonitis/Interstitial Lung Disease (ILD): Severe, life-threatening or fatal pneumonitis/ILD may occur. Withhold PADCEV for Grade 3 pneumonitis/ILD and consider dose reduction. Permanently discontinue PADCEV for Grade 3 or 4 pneumonitis/ILD. (5.2, 5.3)
- Peripheral Neuropathy: Monitor patients for new or worsening peripheral neuropathy and consider dose interruption, dose reduction or discontinuation of PADCEV. (2.2, 5.4)
- Ocular Disorders: Blurred vision, including vision changes, may occur. Monitor patients for signs or symptoms of ocular disorders. Consider prophylactic artificial tears for dry eyes and treatment with ophthalmic topical steroids after an ophthalmic exam. Consider dose interruption or dose reduction of PADCEV when symptomatic ocular disorders occur. (5.5)
- Infusion Site Extravasation: Ensure adequate venous access prior to administration. Monitor the infusion site during PADCEV administration and stop the infusion immediately for suspected extravasation. (5.6)
- Embryo-Fetal Toxicity: PADCEV can cause fetal harm. Advise of the potential risk to a fetus and to use effective contraception. (5.7, 8.1, 8.3)

ADVERSE REACTIONS

The most common adverse reactions, including laboratory abnormalities, (≥20%) were:
- PADCEV as a single agent: rash, aspartate aminotransferase increased, glucose increased, creatinine increased, fatigue, peripheral neuropathy, lipase increased, decreased appetite, anemia, decreased weight, decreased, diarrhea, sodium decreased, nausea, pruritus, phosphate decreased, dysgeusia, alanine aminotransferase increased, anemia, albumin decreased, neutrophils decreased, urate increased, lipase increased, platelets decreased, weight decreased and dry skin. (6.1)
- PADCEV in combination with pembrolizumab: glucose increased, aspartate aminotransferase increased, rash, hemoglobin decreased, creatinine increased, peripheral neuropathy, lymphocytes decreased, fatigue, alanine aminotransferase increased, sodium decreased, lipase increased, decreased appetite, nausea, platelets decreased, weight decreased, diarrhea, pruritus, decreased appetite, nausea, dysgeusia, potassium decreased, neutrophils decreased, urinary tract infection, constipation, potassium increased, calcium increased, peripheral edema, dry eye, dizziness, arthralgia, and dry skin. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Astellas Pharma US, Inc. at 1-800-727-7003 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Concomitant use of dual P-gp and strong CYP3A4 inhibitors with PADCEV may increase the exposure to monomethyl auristatin E (MMAE). (7.1)

USE IN SPECIFIC POPULATIONS
- Lactation: Advise women not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 4/2023

Revised: 4/2023

PADCEV ®
enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

Duration of Response
~5 months

47%
Rate of Serious Adverse Events (SAEs)

61%	34%	17%
Dose interruptions	Dose reductions	Dose Discontinuations

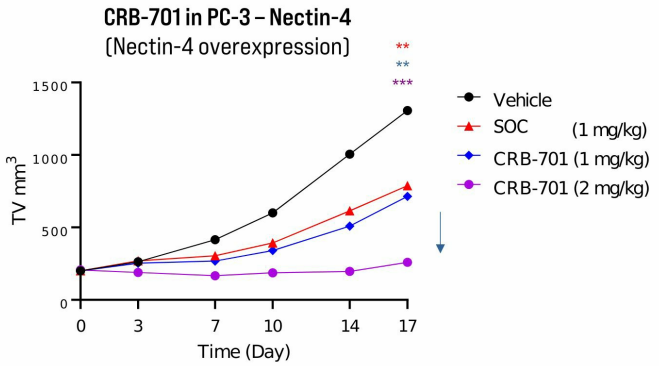
EV-301: The safety of PADCEV was evaluated as a single agent in EV-301 in patients with locally advanced or metastatic urothelial cancer (n=296) who received at least one dose of PADCEV 1.25 mg/kg and who were previously treated with a PD-1 or PD-L1 inhibitor and a platinum-based chemotherapy

Source(s): PADCEV® Prescribing Information as of Apr 2023.

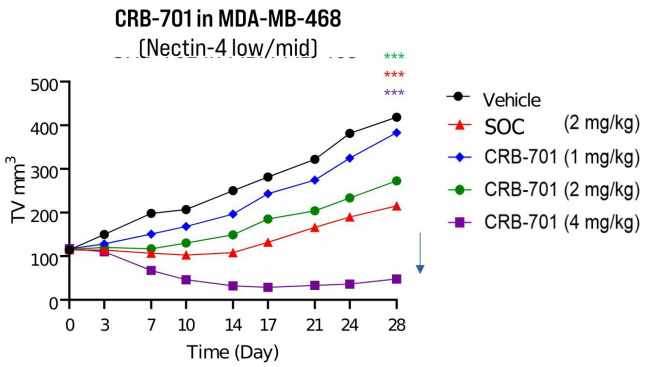
CRB-701: equivalent pre-clinical efficacy in a DAR 2 vs. DAR 4 ADC-MMAE

Comparison of in-vivo pharmacology

Prostate Cancer



Triple Negative Breast Cancer



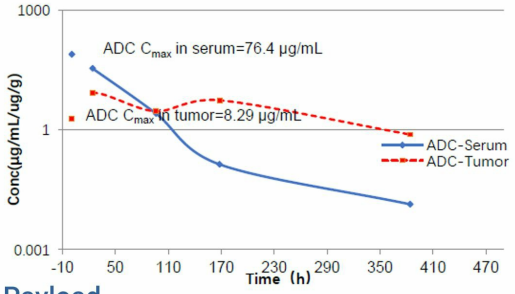
If improved <u>therapeutic index</u> is demonstrated clinically then the potential to see both a higher dose & greater efficacy exists

Source(s): Corbus data on file

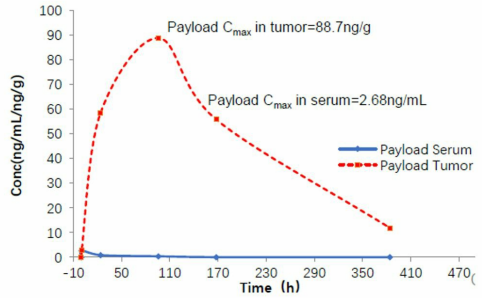
P *** ≤ 0.001; ** ≤ 0.01; * ≤ 0.1

CRB-701: preferentially delivers the payload MMAE to the tumor xenograft

Parent drug



MMAE Payload



Breast cancer xenograft MDA-MB-468 pharmacokinetics

Measurement	Tumor Cmax	Serum Cmax	Tumor/ Serum AUC ratio*
CRB-701 ug/ml	8.3	76.4	0.5X
MMAE payload ng/ml	88.7	2.7	164X

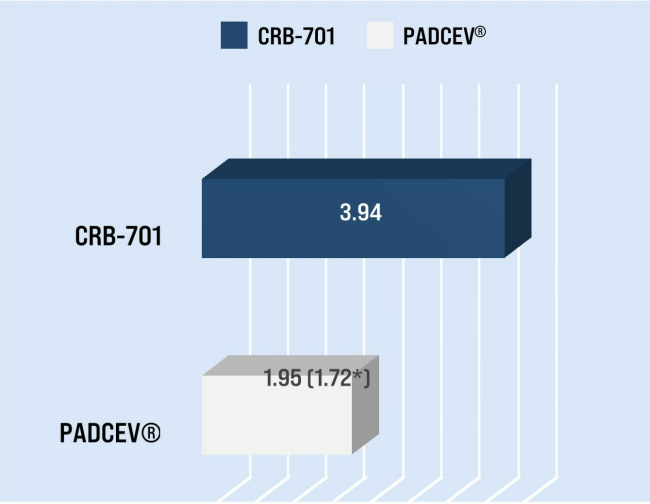
Tumor specific release of the MMAE payload Supports improved efficacy and therapeutic index

Source(s): Corbus data on file, *BLA 761137 PADCEV® Human Serum ADC Cmax 28 ug/ml and Human Serum MMAE Cmax 4.8 ng/ml

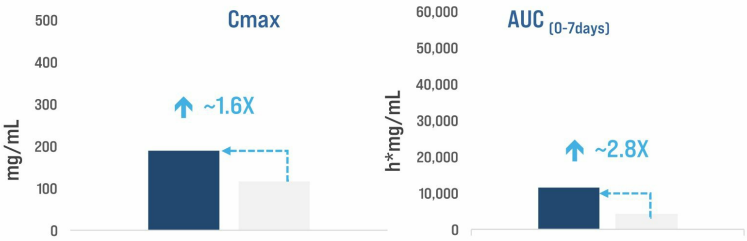
Pre-clinical data: CRB-701 demonstrates a long half-life with high ADC exposure + low free-MMAE compared to PADCEV®

Single dose PK in Non-human Primates

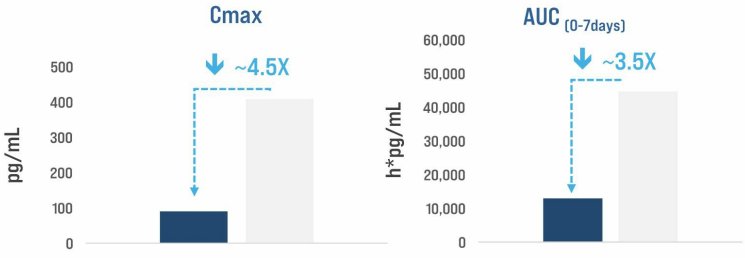
Half Life (t1/2) days*



Total ADC in plasma



Free MMAE in plasma



6 mg/kg dose for each ADC
* t1/2 reported from internal studies and (PADCEV® BLA in brackets)

Sources: Corbus data on file; PADCEV®; BLA 761137

Hypothesis: reducing free-MMAE exposure will be associated with a reduction of dose limiting adverse events for CRB-701

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

European Public Assessment Report (EPAR)

Exposure- safety

The exposure-response analyses established that enfortumab vedotin Cavg was a statistically significant positive predictor for the probability of drug-related TEAEs Grade ≥ 3, TEAEs leading to dose adjustment, rash or severe cutaneous adverse reaction Grade ≥ 3, peripheral neuropathy Grade ≥ 2, and any hyperglycaemia Grade ≥ 3. The increase in enfortumab vedotin Cavg was associated with increase in the probability of these adverse events.

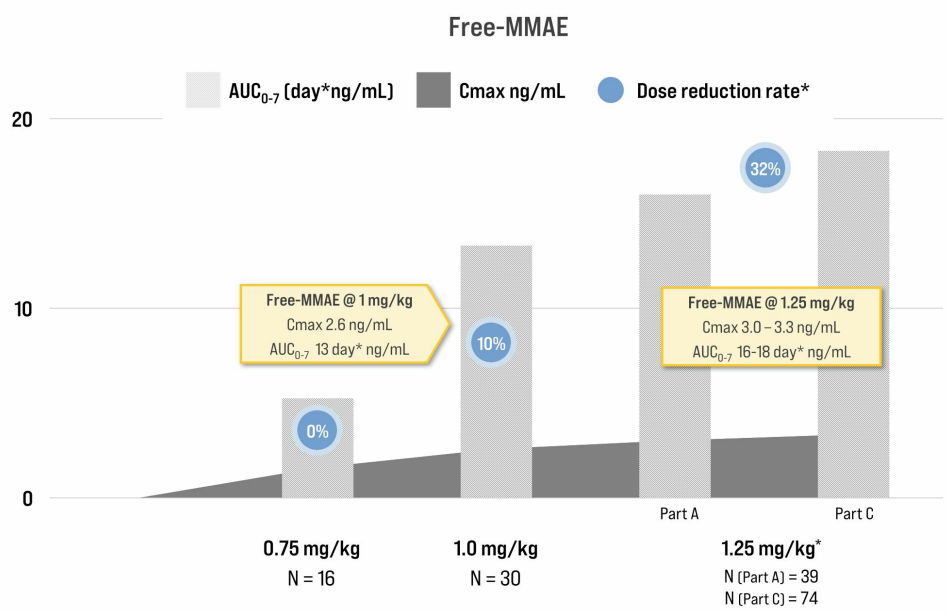
Free MMAE exposure was also identified as a statistically significant predictor for all the adverse events in the exposure-safety modeling except for any hyperglycaemia Grade ≥ 3.

...

Overall, despite these relationships between enfortumab vedotin exposure and reported safety outcomes, treatment with 1.25 mg/kg enfortumab vedotin was generally well tolerated with a manageable safety profile in patients with advanced urothelial cancer.

Source(s): EPAR PADCEV® Feb, 2022.

Hypothesis: free MMAE levels @ 1 mg/kg PADCEV® defines a key safety threshold



20 Source: Rosenberg J. EV-101: A Phase I Study of Single-Agent Enfortumab Vedotin in Patients With Nectin-4-Positive Solid Tumors, Including Metastatic Urothelial Carcinoma. J Clin Oncol. 2020 Apr 1;38(10):1041-1049. doi: 10.1200/JCO.19.02044. Epub 2020 Feb 7. Erratum in: J Clin Oncol. 2022 May 20;40(15):1711. PMID: 32031899; PMCID: PMC7106979.
*Dose reduction rate reported from the exploratory exposure-safety analysis used to define PADCEV® dose using the safety analysis group (see BLA 761137)

PADCEV®
Free MMAE exposures @ 1.0 mg/kg

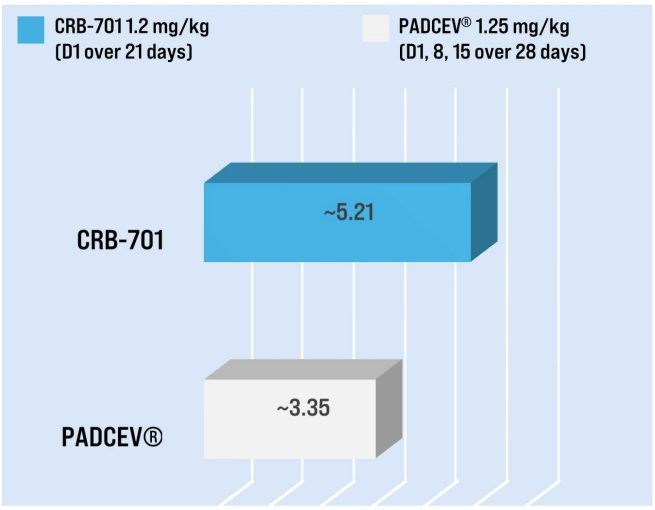
Cmax 2.6 ng/mL
AUC_{0-7} 13 day*ng/mL
AUC_{0-21} 39 day*ng/mL

Exposures below this limit would be expected to minimize dose limiting tolerability effects

Clinical data: At similar drug doses CRB-701 delivers similar ADC levels but with 6-fold lower free-MMAE than PADCEV®

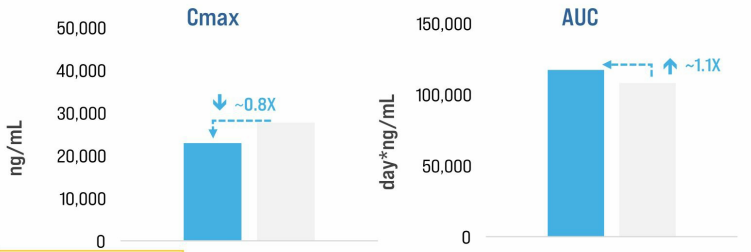
Single dose PK in Humans (cross trial data represented)

Half Life (t1/2) days



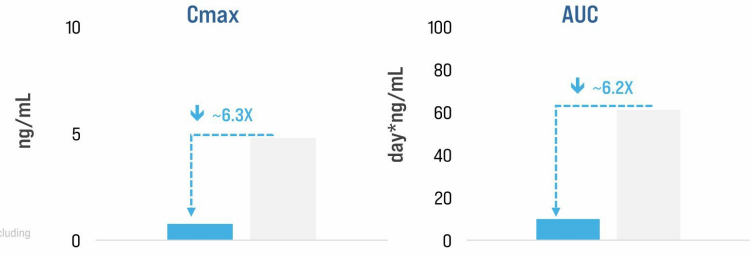
Total ADC in plasma

CRB-701 has the same exposure with less frequent dosing



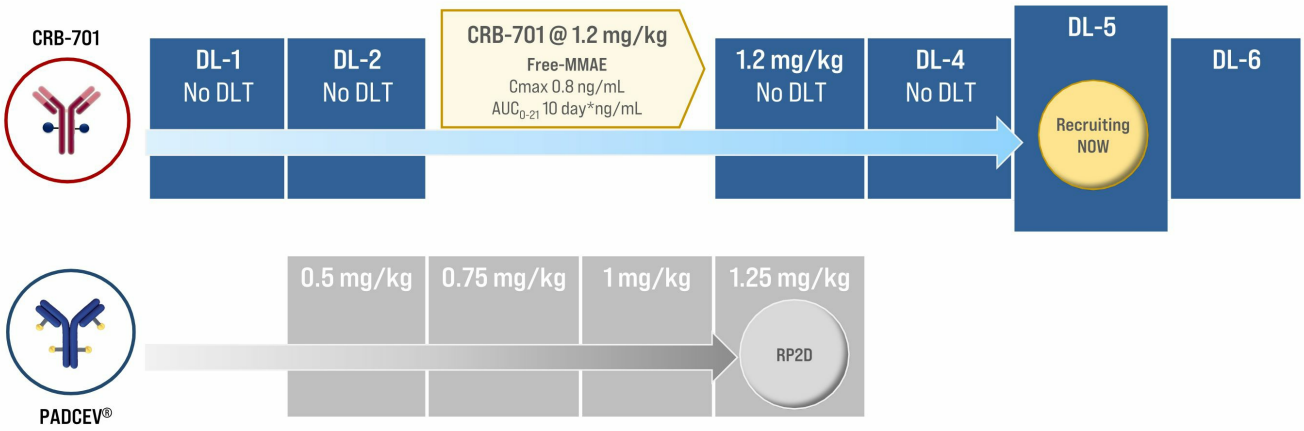
Free MMAE in plasma

CRB-701 has a 6-fold lower concentration of MMAE



1. PADCEV® data from BLA 761137 for 28-day cycle with doses on Days 1,8, and 15. AUC = 0-28 day*ng/mL
2. Rosenberg J. EV-101: A Phase I Study of Single-Agent Enfortumab Vedotin in Patients With Nectin-4-Positive Solid Tumors, Including Metastatic Urothelial Carcinoma. J Clin Oncol. 2020 Apr 1;38(10):1041-1049.
3. CRB-701 data from single dose at 1.2 mg/kg for comparison (0-21 day AUC units converted from hr*pg/mL to day*ng/mL)

CRB-701 Escalation is ongoing —> already at higher doses than PADCEV®



PADCEV® free-MMAE exposures @ 1.0 mg/kg

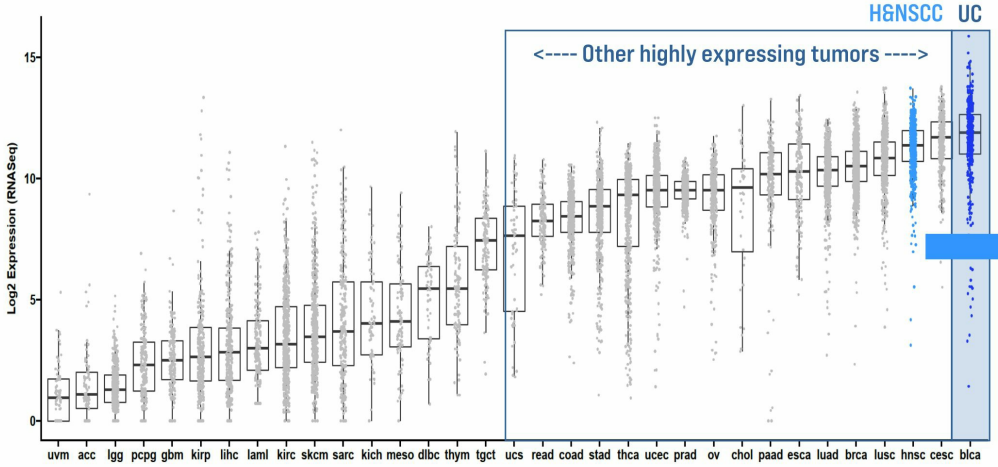
Cmax 2.6 ng/mL

AUC_{0-7} 13 day*ng/mL

AUC_{0-21} 39 day*ng/mL (extrapolated)

Source(s): 1. PADCEV® Prescribing Information as of Dec 2019.

Validation of Nectin-4 as a tumor associated antigen beyond mUC



Elevated Nectin-4 expression: urothelial, breast, ovarian, cervical, colorectal, rectal, esophageal, gastric, lung, thyroid, prostate, cholangiocarcinoma, pancreatic cancer, testicular cancer

PADCEV
enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

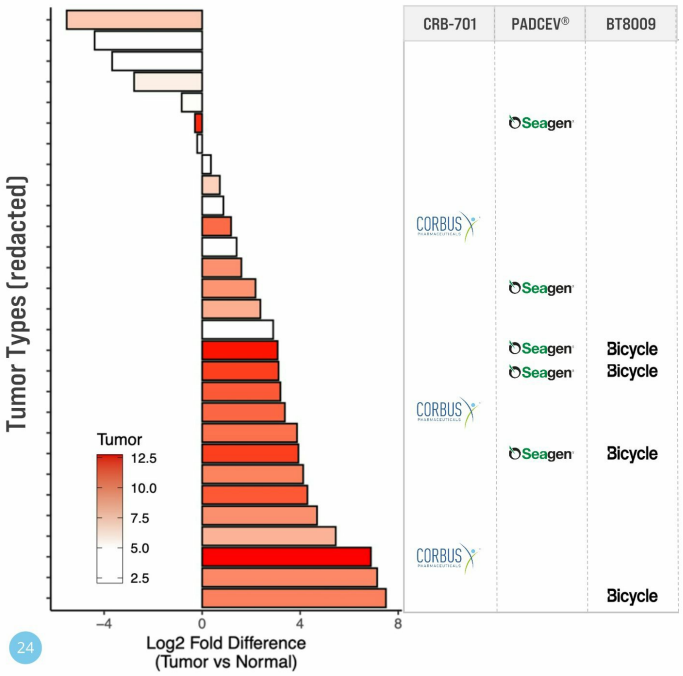
H&NSCC

Parameter	Patients (N=46)
Confirmed ORR	11 (23.9%)
CR	1 (2.2%)
PR	10 (21.7%)
SD	15 (32.6%)
mPFS	3.94 months

2023 ASCO ANNUAL MEETING

Source: Corbus data on file, Swiecicki et al., Abstract 6017., ASCO 2023

Corbus *in silico* analysis points to specific tumors outside current competition



Differentiation of CRB-701's approach

1. Selecting tumors with a strong differential Nectin-4 gene expression
2. Companion diagnostic to identify relevant patient subsets
3. Uncovering insights re Nectin-4 (recycling & density) in nonclinical systems and primary tumors
4. Creating validation in tumor types that support clinical development beyond the competition

Source(s): Corbus proprietary analysis: Log2 fold change of nectin-4 expression as a ratio to normal tissue

Clinical Status: Nonclinical / Clinical Development plan

Updated planning
Aug 2023

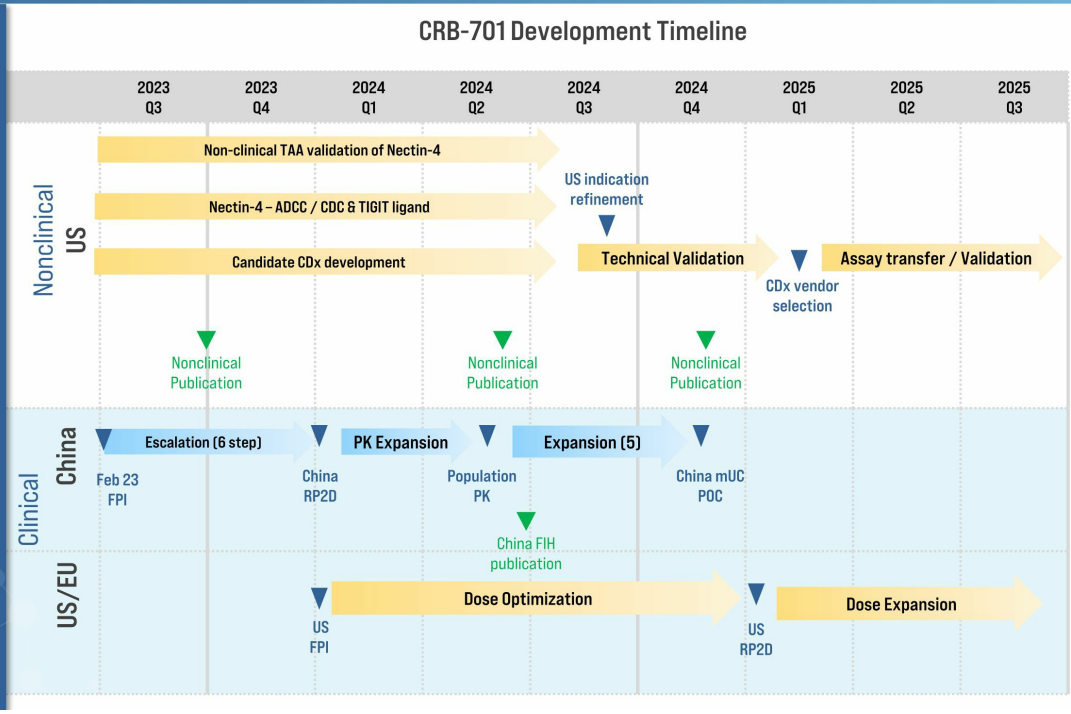
Non-clinical

1. Clinical differentiation
2. Translational validation
3. CDx development

Clinical

1. Exploring doses beyond PADCEV®
2. Dose escalation complete Q4/24
3. CRB-701 bridging Q1/24
4. PK/safety /E modeling

Corbus CSPC



CRB-601

Potential “best-in-class” αvβ8 mAb

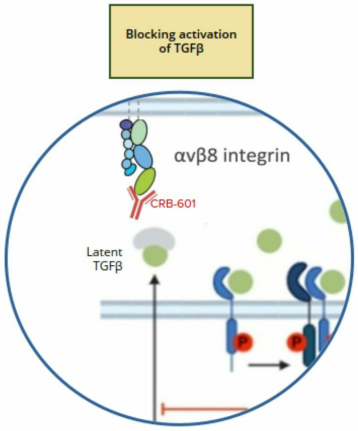
CRB-601 has the potential to enhance checkpoint inhibition

- Novel mechanism to target TGFβ in the tumor microenvironment
- Focus on adopting a precision-targeted approach
- Large opportunity potential if POC is validated

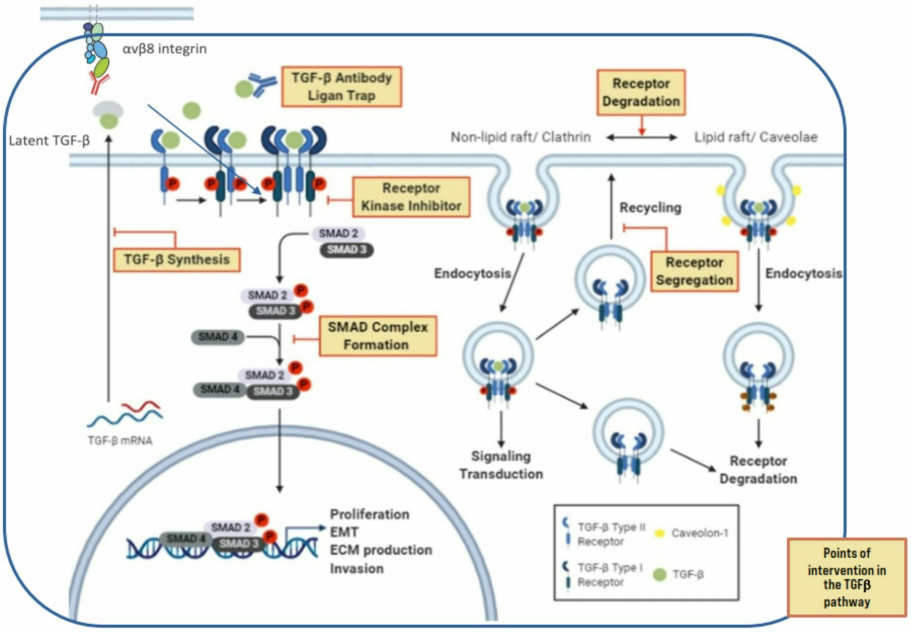
Targeting the integrin αvβ8 represents a novel approach to regulating TGFβ

Novel point of therapeutic intervention

Blocking the αvβ8 activation of TGFβ in the local tumor microenvironment



CRB-601 binds at the interface between latent TGFβ and αvβ8



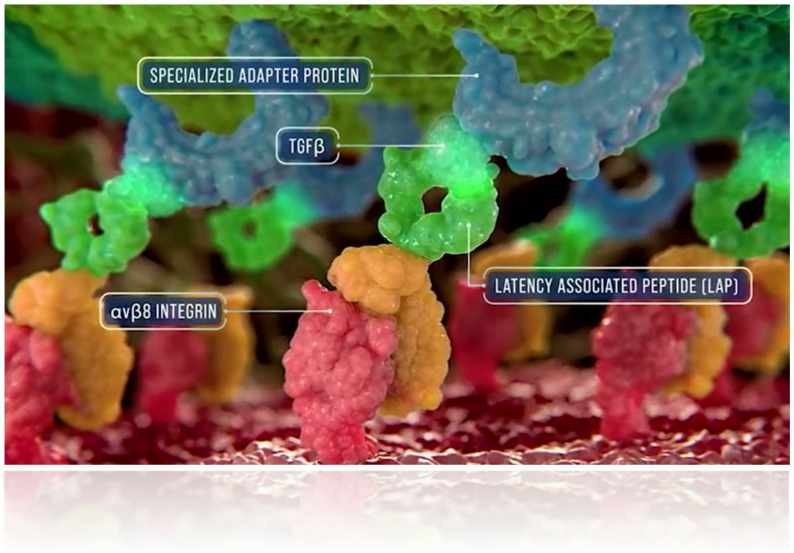
Source(s): Huang et al., 2021. Recent progress in TGFβ inhibitors for cancer therapy.

CRB-601 is targeting latent -TGFβ by blocking the integrin αvβ8

The integrin αvβ8 is expressed in the tumor microenvironment (TME)

Latent-TGFβ is also expressed in the TME

CRB-601 is a blocking antibody preventing the interaction of these two proteins



mAbs targeting TGFβ activation are advancing clinically

	CRB-601	PF-06940434	SRK-181	ABBV-151	RG6440
MOA	αvβ8	αvβ8	L-TGFβ	GARP (TGFβ1)	L-TGFβ
Clinical Stage	IND in Q4 2023	Phase 1/2 *updated July 2023*	Phase 1	Phase 2 *updated July 2023*	Phase 1
Indications	Solid Tumors	Solid Tumors	Solid Tumors	Solid Tumors	Solid Tumors
Type	Monoclonal Antibody	Monoclonal Antibody	Monoclonal Antibody	Monoclonal Antibody	Monoclonal Antibody
ROA	IV	IV	IV	IV	IV

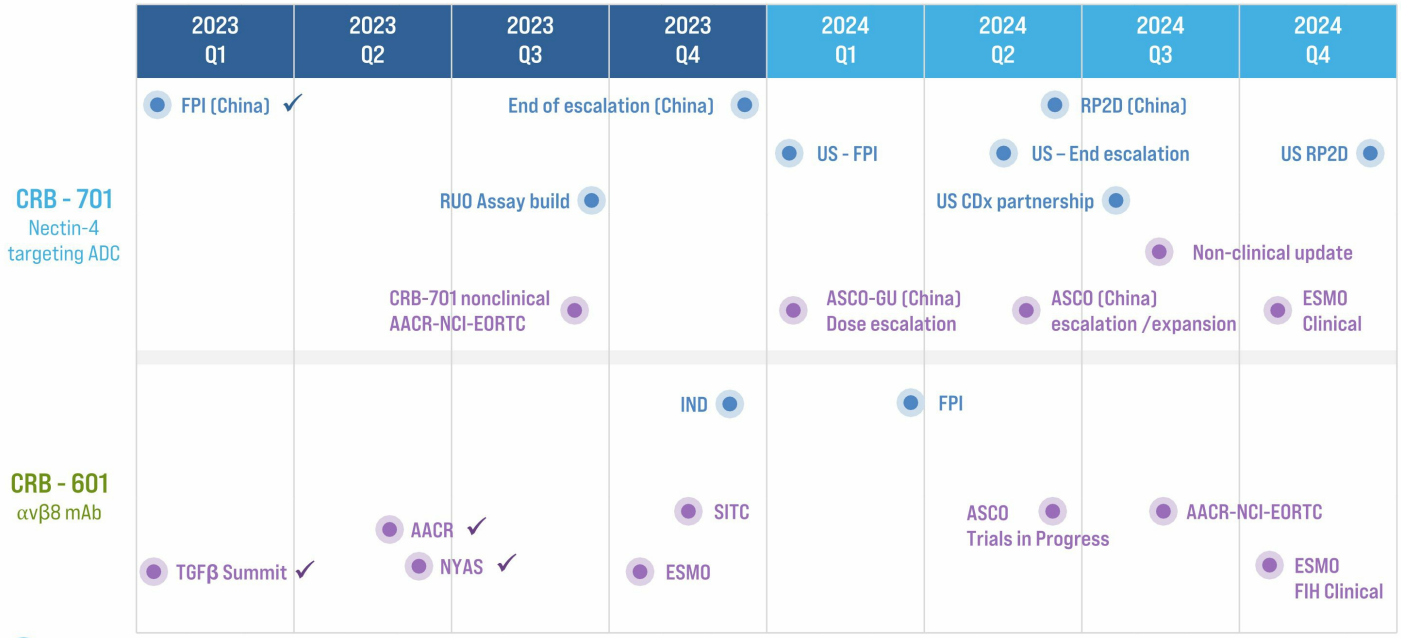
Source(s): Company websites. Clinicaltrials.gov. Internal analysis.

CRB-601 Next Steps

- IND filing scheduled for H2-2023
- FPI expected H1-2024
- Non-clinical validation of a potential patient selection biomarker in 2023
- Dose escalation and confirmation will be the focus through 2024

Upcoming catalysts
Leadership
Financials

2023 - 2024 Catalysts



PK = pharmacokinetics CDx = companion diagnostic RP2D = recommended phase 2 dose FPI = first patient in

Management Team

Yuval Cohen, PhD
Chief Executive Officer, Director

Corbus co-founder and Chief Executive Officer since 2014. Previously the President and co-founder of Celsus Therapeutics from 2005

Sean Moran, CPA, MBA
Chief Financial Officer

Corbus co-founder and Chief Financial Officer since 2014. Prior senior financial management experience in emerging biotech and medical device companies.

Rachael Brake, PhD
Chief Scientific Officer

Expert in developing and executing innovative drug discovery and clinical development oncology programs at several leading pharmaceutical companies

Christina Bertsch
Head of Human Resources

Accomplished senior human resource executive providing strategic HR consulting services to both large and small businesses across a variety of industries

Board of Directors

Amb. Alan Holmer Ret.
Chairman of the Board

More than two decades of public service in Washington, D.C. including Special Envoy to China; Former CEO of PhRMA

Anne Altmeyer, PhD, MBA, MPH
Director

20 years of experience advancing oncology R&D programs and leading impactful corporate development transactions; currently President & CEO of TigaTx

Avery W. (Chip) Catlin
Director

More than 25 years of senior nancial leadership experience in life science companies; Former CFO and Secretary of Celldex Therapeutics

Yuval Cohen, PhD
Chief Executive Officer, Director

Corbus co-founder and Chief Executive Officer since 2014. Previously the President and co-founder of Celsus Therapeutics from 2005

Rachelle Jacques
Director

More than 25-year professional career, experience in U.S. and global biopharmaceutical commercial leadership, including multiple high-pro le product launches in rare diseases; CEO of Akari Therapeutics (NASDAQ: AKTX)

John K. Jenkins, MD
Director

Distinguished 25-year career serving at the U.S. FDA, including 15 years of senior leadership in CDER and OND

Pete Salzmann, MD, MBA
Director

20 years of industry experience and currently serves as Chief Executive Of cer of Immunovant (NASDAQ: IMVT), a biopharmaceutical company focused on developing therapies for patients with autoimmune diseases

Yong (Ben) Ben, MD, MBA
Director

25 years of oncology R&D experience across industry and academia. Held two industry CMO positions, most recently at BeiGene (BGNE).

Investment Summary

Focus on developing precision oncology + differentiated assets

- Clinically developing a next generation Nectin-4 targeting ADC
- Advancing anti-αvβ8 integrin program to IND submission in Q4-2023
- Engaging in business development activities to expand Corbus oncology pipeline

Sufficient capital to fund operations through the second quarter of 2024

CRBP
Ticker

$37 Million

Cash and investments as of June 30, ,2023
4.4 M Common Shares Outstanding (5.2M Fully Diluted Shares) [1]

1. Reflects 1 for 30 reverse stock split effective Feb 14, 2023

CORBUS PHARMACEUTICALS

Appendix

CRB-701 is licenced from CSPC[1]: a top ten biopharmaceutical company in China[2]

HKSE: 1093.HK

Market Cap: $10.8B[3]

2022 Revenue: $4.3B[3]

# of employees: 24,837

石藥集團有限公司 CSPC PHARMACEUTICAL GROUP LIMITED

~300 R&D projects under development, First approval in China for mRNA covid vaccine

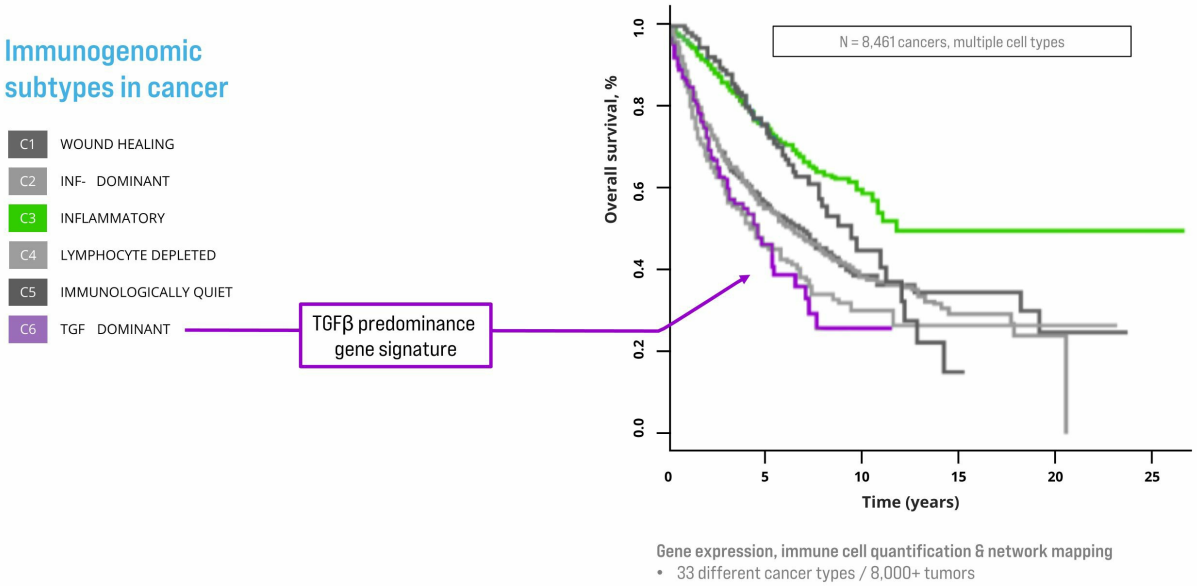
864 drug licenses, 68 API licenses

Recent US deals:
Pfizer (Paxlovid)

Therapeutic out licensing:
Elevation (EO-3021)
Flame (FL-301)

Source(s): 1. US and European commercialization rights in-licensed from CSPC Megalith Biopharmaceutical Co., Lt. (China), a subsidiary of CSPC Pharmaceutical Group 2. GlobalData as of Dec 31, 2022. 3. Yahoo Finance as of July 28, 2023. Company websites. CSPC data on file.

TGFβ predicts poor clinical outcomes in a subset of cancer patients



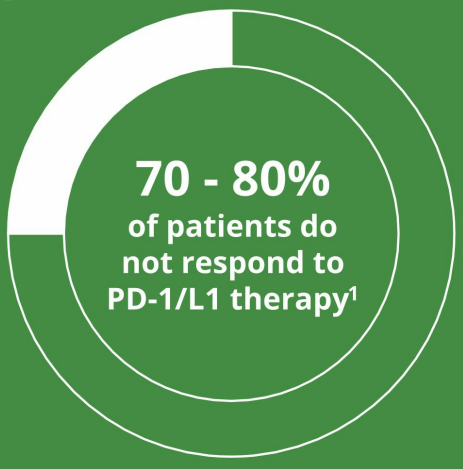
Gene expression, immune cell quantification & network mapping

- 33 different cancer types / 8,000+ tumors

Source(s): Thorsson, et al. The Immune Landscape of Cancer, Immunity. 2018; 48:817

Significant opportunity in improving response to PD-1 /L1's

PD-1/L1 Response Rates



☐ Non-responder ■ Responder

$70B+ in projected PD-1/L1 sales worldwide by 2028[2]

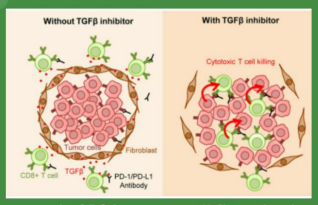
Opportunity to improve response with biomarker-based, precision combos

Source(s):

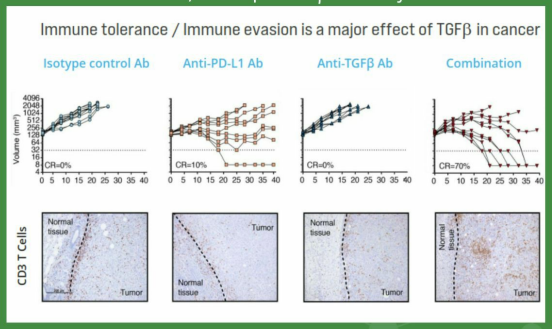
1. Sun, JY., Zhang, D., Wu, S. et al. Resistance to PD-1/PD-L1 blockade cancer immunotherapy: mechanisms, predictive factors, and future perspectives. Biomark Res 8, 35 (2020).
2. Evaluate, January 2023

TGF-β signaling has a negative association with PD-L1 inhibitor responses clinically

Non-clinical



An increase in CD3 immune cell filtration is associated with the anti PD/L1 and pan TGFβ antibody combination

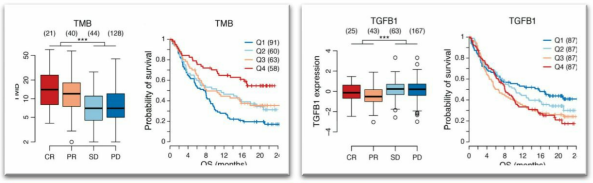


Source(s): Mariathsasan et al., 2018; 554-547. Ganesh & Massague. Immunity 2018: 626-628

Clinical

Anti PD/L1 response in Urothelial cancer

(68 responders / 230 non-responders)



Positive Outcomes

- Pre-existing T-cell immunity
- High TMB

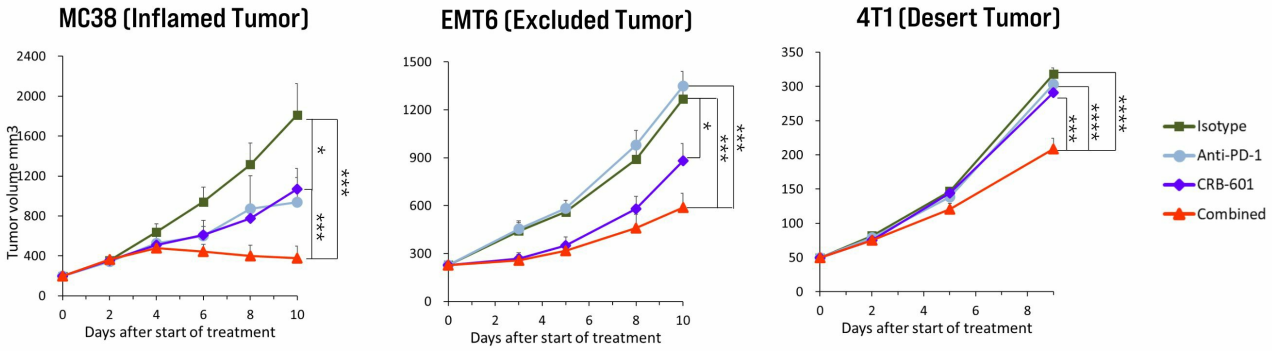
Negative Outcomes

- Increased TGF-β signaling

TGFβ1 gene expression nonresponse p = 0.00011
OS (likelihood ratio test) p = 0.0096

Source(s): Sun, JY., Zhang, D., Wu, S. et al. Resistance to PD-1/PD-L1 blockade cancer immunotherapy: mechanisms, predictive factors, and future perspectives. Biomark Res 8, 35 (2020). Evaluate, January 2023

CRB-601 enhances anti-PD-1 therapy in checkpoint inhibition sensitive and resistant murine tumor models



Checkpoint blockade sensitivity

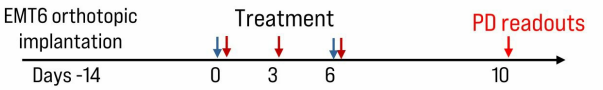
Sensitive → Resistant

% TGI	MC38	EMT6	4T1
Anti-PD-1	54	-8	6
CRB-601	46	37	10
Combo	89	65	41

CRB-601: 10 mg/kg BIW
Anti-PD-1: 10 mg/kg BIW
10 animals / group
Animals randomized at 50-80 mm^3
Comparisons across arms
*p<0.05, ***p<0.001, ****p<0.0001

Source(s): Corbus data on file

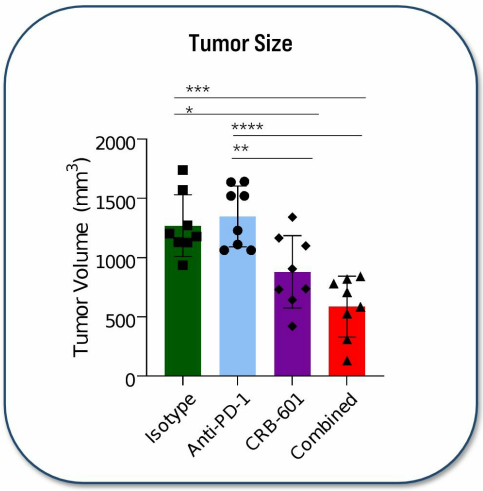
Blockade of αvβ8 in combination with anti-PD-1 increased TIL populations in immune excluded EMT6 tumors

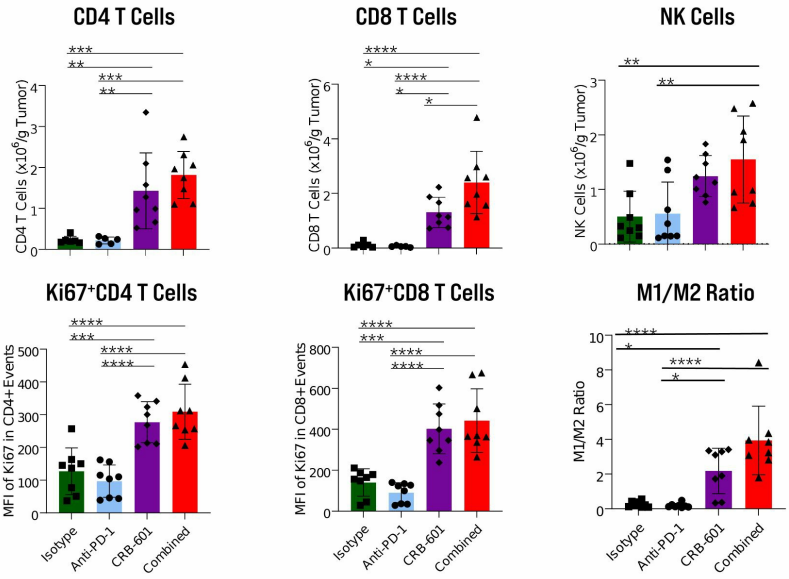


↓ CRB-601, 30 mg/kg, IP

↓ Anti-PD-1, 10 mg/kg, IP

Tumor volume = 200 mm^3 (when treatment initiated)

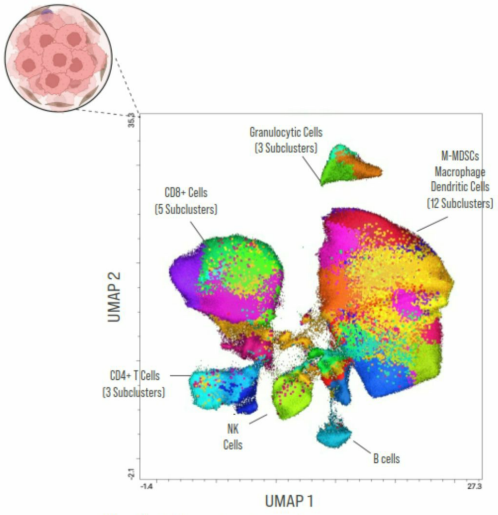


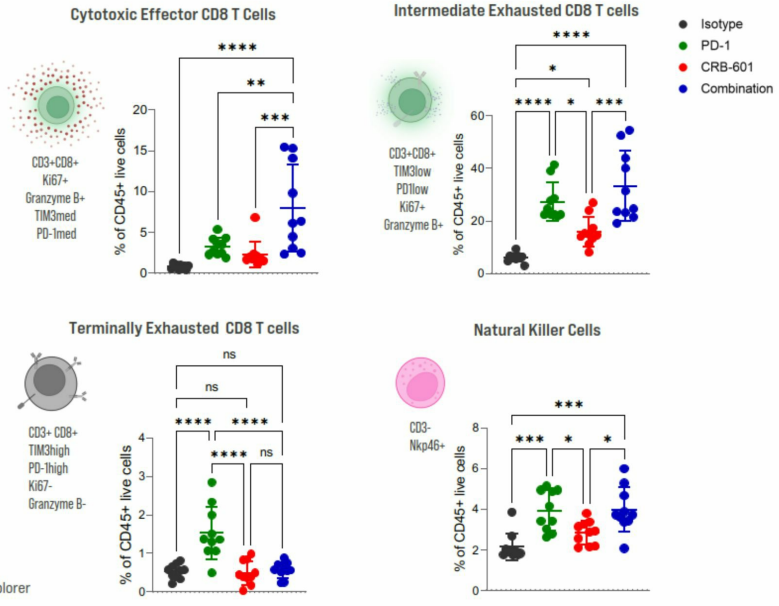


43 *p<0.05; **p<0.01; ***p<0.001; ****p<0.0001

Source(s): Corbus data on file

CRB-601 Reshapes the landscape of effector T and NK cells in MC38 tumors





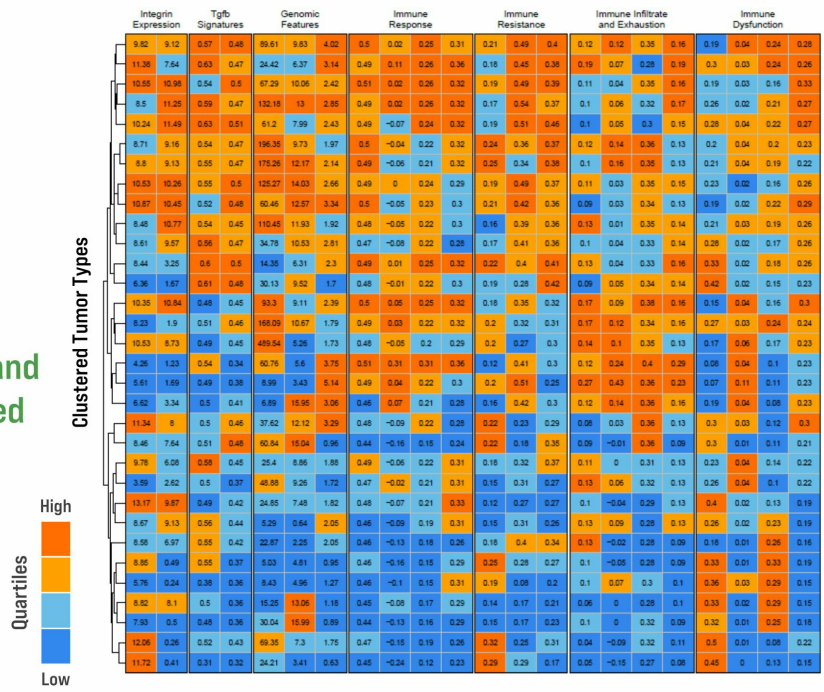
- 22 antibody flow cytometry panel
- 1.25 million live CD45+ cells analyzed
- 31 immune clusters from high dimensional flow analysis
- Sample processing (1) Downsample (2) UMAP (3) X-Sift (4) Euclid (5) Cluster Explorer
- Animals have undergone 10 days of treatment.

Source(s): Corbus data on file

Applying a proprietary algorithm to define the clinical focus for CRB-601

A multi-parametric, immune-focused algorithm has refined indications for CRB-601

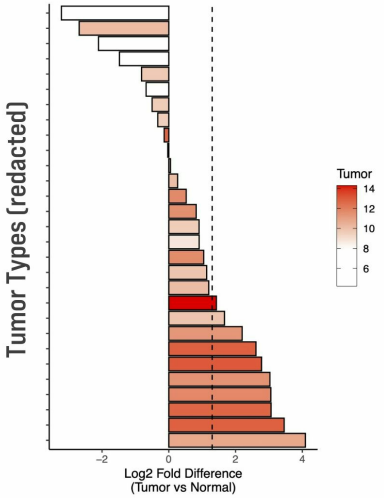
The combination of immune features and gene expression profiles have identified 9 indications for clinical priority

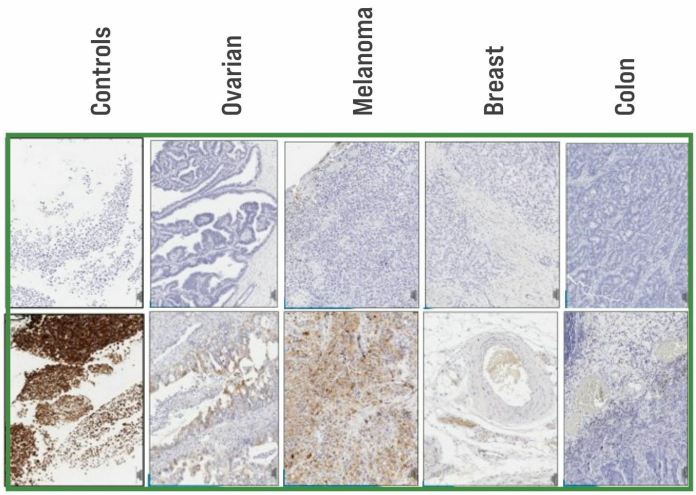


Source(s): Corbus proprietary analysis

Patient selection strategies will enhance the probability of success

Prioritization of indications with differential gene expression vs. normal tissues will emphasize focus on the tumor potential of αvβ8





Development of a NEW patient enrichment biomarker will assist in enriching for responses and addressing the right immune resistant patient population with CRB-601

Source(s): Corbus proprietary analysis: Log2 fold change of nectin-4 expression as a ratio to normal tissue