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 06, 2024

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

Not Applicable
(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 7.01 Regulation FD Disclosure.

Corbus Pharmaceuticals Holdings, Inc. updated its presentation used by management to describe its business. A copy of the presentation is furnished as Exhibit 99.l and incorporated herein by reference.

The information in this Current Report on Form 8-K under Item 7.01, including the information contained in Exhibit 99.1, is being furnished to the Securities and Exchange Commission, and shall not be deemed to be "filed" for the purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing under the Securities Act or the Exchange Act, except as shall be expressly set forth by a specific reference in such filing.

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 thereunto duly authorized.

Corbus Pharmaceuticals Holdings, Inc.

Date: August 6, 2024

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

Exhibit 99.1

Corporate Presentation

August 6, 2024

Connecting Innovation to Purpose

NASDAQ: CRBP

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 trial results, product development, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities, including timing or completion of trials and presentation of data 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 identified 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 financial performance and involve known and unknown risks, uncertainties, and other factors, 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 filings 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.

CORBUS PHARMACEUTICALS

Investment Summary

CRB-701	Nectin-4 targeting ADC for treatment of solid tumors
CRB-913	Oral CB1R inverse agonist to treat obesity
CRB-601	TGFβ blocker Anti-αvβ8 integrin mAb for treatment of solid tumors

$147M Cash, cash equivalents and investments as of June 30, 2024. Approximately 11.5M Common Shares Outstanding (12.5M Fully-Diluted Shares)

A Diversified Pipeline with Differentiated Clinical Risk Profiles

Therapy	Disease Indication	Sponsor	Pre-Clinical	Phase 1	Phase 2	Phase 3	Milestones
Next-Generation Nectin-4 targeting ADC							
CRB-701 Next-generation Nectin-4 targeting ADC	Nectin-4 positive solid tumors	CSPC (China)					Cohort 6 Expanding
		Corbus (US + Europe)					First Patient Dosed
Anti-Integrin mAb							
CRB-601 Anti-αvβ8 mAb (TGFβ-targeting)	αvβ8 enriched solid tumors	Corbus					FPI Expected in Q4-2024
Highly peripherally-restricted CB1R inverse agonist							
CRB-913 CB1R inverse agonist	Obesity and related conditions	Corbus					FPI Expected in Q1-2025

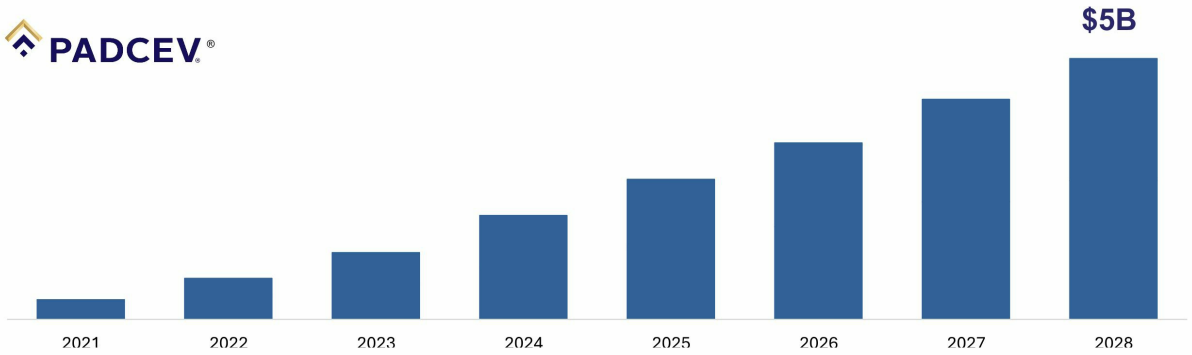
CORBUS PHARMACEUTICALS

CRB-701

Next Generation
Nectin-4 Targeting ADC

PADCEV® Projected to Reach Up to ~$5B in Global Sales by 2028

PADCEV® Global Projected Revenues in UC/Bladder[2]



Groundbreaking EV-302 Trial Significantly Extends Overall Survival and Progression-Free Survival in Patients Treated with PADCEV® (enfortumab vedotin-ejfv) and KEYTRUDA® (pembrolizumab) in First-Line Advanced Bladder Cancer

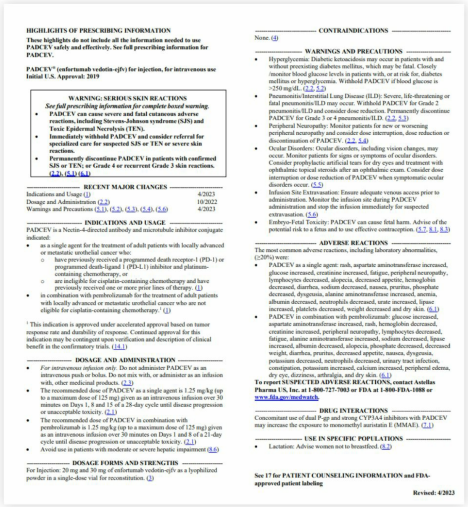
22nd October 2023[1]

Sources: 1. SGEN press release, October 2023, 2. Evaluate Pharma

CORBUS PHARMACEUTICALS

Does Tolerability for Padcev® Impact Clinical Adoption?

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 3 skin reactions.** (2.2), (5.1), (6.1)

RECENT MAJOR CHANGES

Indications and Usage (1)	4/2023
Dosage and Administration (2.2)	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 ineligible 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] (1)

[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 preexisting 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. (2.2, 5.2)
- Pneumonitis/Interstitial Lung Disease (ILD): Severe, life-threatening or fatal pneumonitis/ILD may occur. Withhold PADCEV for Grade 2 pneumonitis/ILD and consider dose reduction. Permanently discontinue PADCEV for Grade 3 or 4 pneumonitis/ILD. (2.2, 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: Ocular disorders, 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, lymphocytes decreased, alopecia, decreased appetite, hemoglobin 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, albumin decreased, alopecia, phosphate decreased, decreased weight, 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®

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.

CORBUS PHARMACEUTICALS

PADCEV® is Associated with Skin Toxicities and Peripheral Neuropathy

A Black Box Warning[1]

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)]*.**

Adverse Events (% of Patients)

	PADCEV® monotherapy[1]		PADCEV® + Keytruda®[1]	
	All Grades	≥ Gr 3	All Grades	≥ Gr 3
Skin Reactions	58%	14%	70%	17%
Peripheral Neuropathy	53%	5%	67%	7%

- Greater than 25% of PADCEV® discontinuations are linked to peripheral neuropathy[2]
- PADCEV® + Keytruda® patients who experienced neuropathy:
  - 13% complete resolution
  - 87% patients had residual neuropathy (45% had Grade ≥2)[1]

Source(s): 1. PADCEV® Prescribing Information Dec 2023. 2.Rosenberg et al. 2020

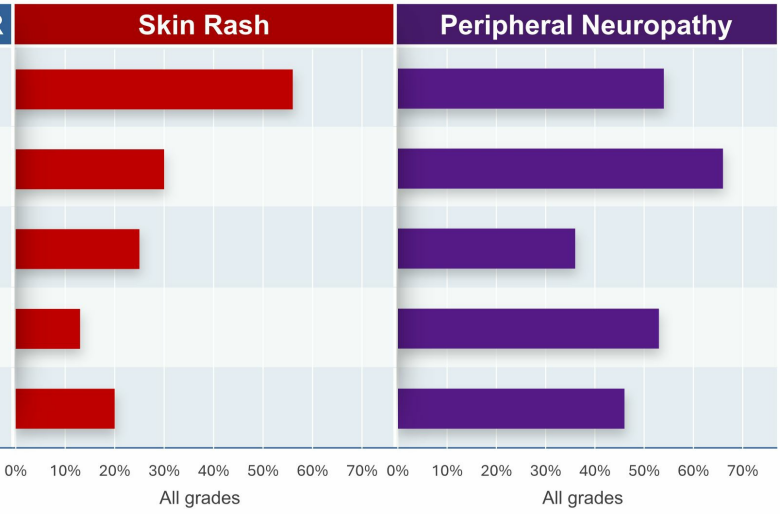
CORBUS PHARMACEUTICALS

Is the 2nd Generation Seagen® Linker the Cause?

Similar dose limiting toxicities seen across divergent ADCs that share same constellation of 'linker + payload'

Val-Cit linker + vedotin (MMAE) payload

ADC drug	TAA	Average DAR
Padcev® Enfortumab vedotin	Nectin-4	3.8
Adcetris® Brentuximab vedotin	CD30	4
Tivdak® Tisotumab vedotin	TF	4
Polivy® Polatuzumab vedotin	CD79B	3.5
Aidixi® Disitamab vedotin	HER2	4

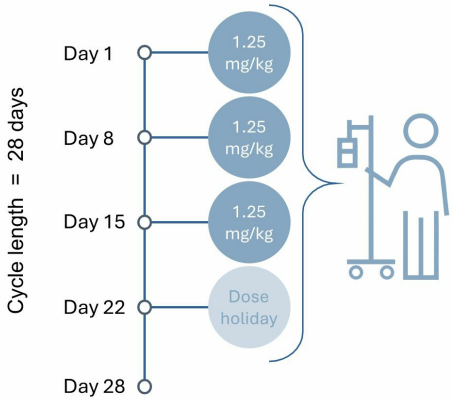


Padcev® Val-Cit linker + payload = mc-VC-PABC = Maleimidocaproyl-L-valine-L-citrulline-p-aminobenzyl alcohol p-nitrophenyl carbonate

Source(s): 1. Fu et al., Science. 2023 doi: 10.1016/j.isci.2023.107778. Padcev® Prescribing information, Adcetris® Prescribing Information, Tivdak® Pescribing Information, Polivy® Prescribing Information. Shi et al., 2022 https://doi.org/10.1080/10717544.2022.2069883 Aidix® www.adcreview.com/drugmap/disitamab-vedotin

PADCEV® Requires Frequent Dosing and Real-world Usage Differs from Label

Monotherapy PADCEV®



6 months of therapy =
~ 54 hours of total clinic time / patient

Real-world use, dose intensity, and adherence to Padcev®

Metric	Results (N=416)
EV use	
Number of cycles (median, IQR)	5 (2,8)
EV dose intensity	
Treatments per patient month (mean [SD])	2.6 [0.6]
Dosing frequency; treatments per cycle (mean [SD])	2.4 [0.5]
Dose (mean, mg/kg [SD])	1.1 [0.2]
Change in average dose (mg) from baseline (%)	-9.6 [20.2] %
EV treatment adherence	
Received on average > 2 treatments per cycle (%)	58.8 [34.4] %

Source(s): 1. PADCEV® Prescribing Information as of Dec 2019, 2. Redacted from Tsingas et al., ASCO 2023

CORBUS PHARMACEUTICALS

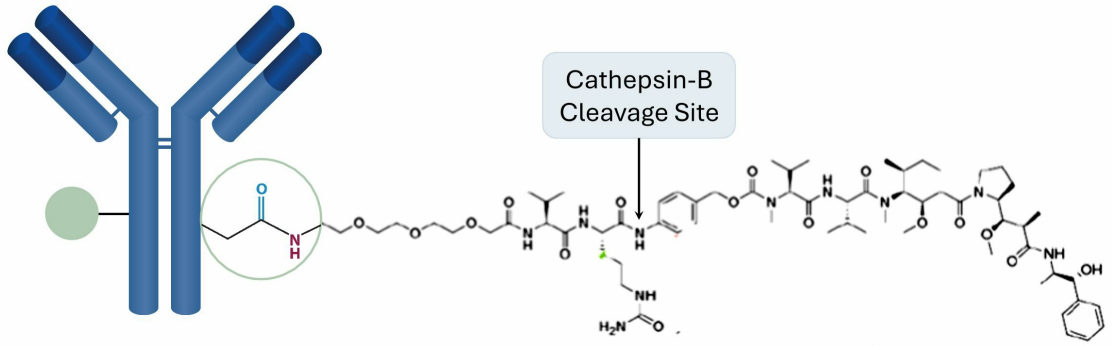
Designing a Nectin-4 ADC Intended to Address PADCEV® Unmet Needs

Toxicity	Nectin-4 targeting ADC for treatment of solid tumors
Compliance	Extend ADC half-life →Reduce dosing frequency
Efficacy	Lower DAR + longer half-life →Dose higher than PADCEV®

CORBUS PHARMACEUTICALS

CRB-701: Next Generation Site-specific Nectin-4 Targeting ADC

Novel Nectin-4 Antibody
ADCC + CDC functionality



Glutamine Focused
Side chain
conjugation

Payload:MMAE
Microtubule disruption

MMAE = Monomethyl auristatin E **ADCC** = antibody-dependent cellular cytotoxicity. **CDC** = complement dependent cytotoxicity
Source(s): Modified image from Corbus data on file; Corbus data on file

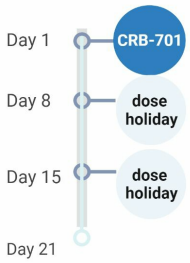
CRB-701: One Dose Every 21 Days Offers Advantages Over More Frequent Dosing

Clinical Cycle Comparison

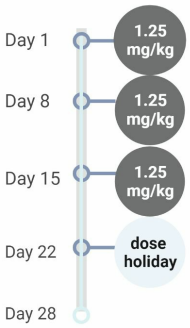
Patient / Physician Convenience

Combination Flexibility

CRB-701



PADCEV®



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

ASCO 2024 Update: Phase 1 Dose Escalation Study (China)

KEY ELIGIBILITY

Age ≥ 18 years
Advanced urothelial carcinoma or Nectin-4 positive
Advanced solid tumors ECOG 0-1 Adequate organ function
No uncontrolled diabetes
No active CNS metastasis

ESCALATION DESIGN

Bayesian Optimal Interval (BOIN) design with accelerated titration at DL-1 IV Q3W over a 21-day cycle

0.2 mg/Kg
0.6 mg/Kg
1.2 mg/Kg
1.8 mg/Kg
2.7 mg/Kg (expanding)
3.6 mg/Kg (expanding)
4.5 mg/Kg (escalating)

KEY ENDPOINTS

Safety/tolerability
Pharmacokinetics
Anti-tumor activity

NEXT STEPS

Continue escalation
PK expansion at 3.6 mg/kg
MTD or RP2D
Specific expansion

ASCO 2024 Update: Demographics & Key Characteristics

Characteristic	Value
Median age (range)	55 (35, 76)
Sex (M/F)	29.7%, 70.3%
ECOG PS 0,1, missing	8.1%, 89.2%, 2.7%
Weight in Kg mean (range)	59.01 (36.0, 84.9)
Prior therapies median (range)	4.0 (0,10)
Creatinine clearance <60µ mol/L	29.7%
Visceral metastasis (Y/N/missing)	73%, 8.1%, 18.9%
HbA1c <6.5%	97.3%
Primary tumor type	n=37
Urothelial	13
Cervical	15
TNBC/Breast	5
CRC	1
Esophageal	2
Not assigned	1
Corneal and conjunctival disease	16 out of 30 reviewed

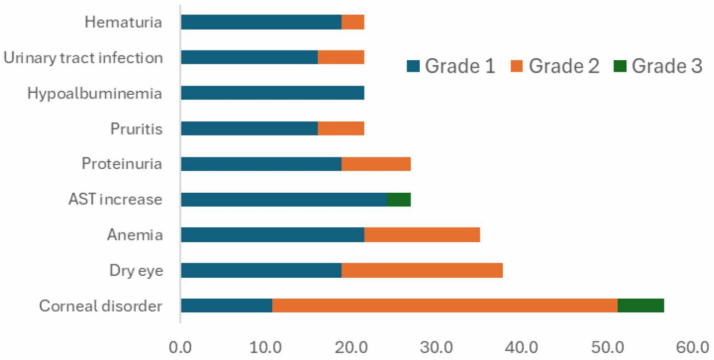
An additional 19 patients have been enrolled since January 2024

25 patients evaluable for efficacy assessment at time of ASCO data cut

2024 ASCO ANNUAL MEETING

CORBUS PHARMACEUTICALS

ASCO 2024 Update: Safety and Dose Modifications



Summary of TEAEs ≥20% as of April 2024 cut-off date-37 patients evaluated

Dose Modifications	n
Discontinuations	0
Reductions	0
Interruptions	1

- CRB-701 continues to be well tolerated with mainly grade 1 or 2 AEs
- Still no DLTs or Grade 4 or 5 AEs observed to date including in the 4.5 mg/Kg cohort
- No additional grade 3 treatment related SAEs since ASCO-GU data (January 2024)

2024 ASCO ANNUAL MEETING

CORBUS PHARMACEUTICALS

ASCO 2024 Update: TEAEs of Special Interest (<20% incidence)

AE of special interest	Grade	Dose (n out of 37)	Notes
Skin rash	3	2.7 mg/Kg (n=1)	Resolved after 8 days (no dose change)
Skin rash	2	3.6mg/kg (n=1)	Resolved after 5 weeks (no dose change)
Skin rash	1	3.6 mg/kg (n=1)	Resolved after 19 days (no dose change)
Peripheral neuropathy	1	3.6 mg/Kg (n=1)	Associated with underlying hypokalemia Resolved after 10 days with K^+ therapy No dose reduction or discontinuation
Cornea	3	2.7 mg/Kg (n=1) 3.6 mg/Kg (n=1)	Ocular prophylaxis recently introduced starting at 4.5 mg/Kg 53% of sampled patients at baseline had corneal or conjunctival pathology and were recruited on trial (acceptable per Chinese protocol)

ASCO 2024 Update: Pharmacokinetics

21 Day PK	Comparison	%ADC		%Free MMAE	
		C_{max}	AUC_{0-21d}	C_{max}	AUC_{0-21d}
Enfortumab vedotin (EV) 1.25 mg/Kg Q1Wx3	**EV Benchmark**	**100%**	**100%**	**100%**	**100%**
CRB-701					
1.2 mg/Kg Q3W	Matched ADC dose	78%	103%	33%	29%
2.7 mg/Kg Q3W	Matched for MMAE dose (DAR)	190%	217%	67%	72%
3.6 mg/Kg Q3W	2.9-fold EV ADC dose	245%	324%	69%	79%
4.5 mg/Kg Q3W	3.6-fold EV ADC dose	287%	428%	62%	64%

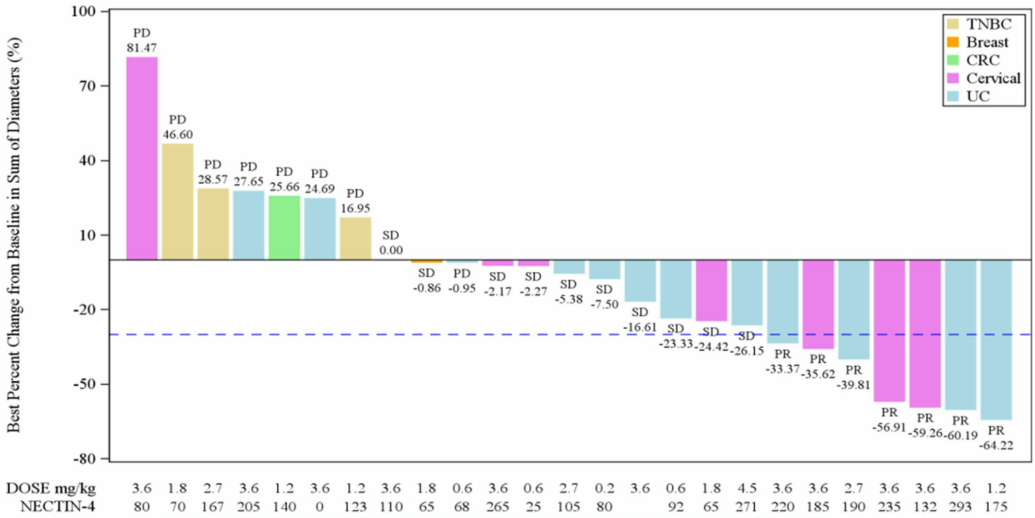
- Continuing to indicate differentiation from PADCEV
- Delivering higher amounts of ADC at the higher doses explored
- Consistently less free MMAE levels across all doses tested to date

Favorable Emerging Safety Profile vs. Nectin-4 ADC Competitors

Limitation	Padcev®	BT8009	9MW-2821	CRB-701
Upper dose limit	1.25 mg/Kg[1]	5 mg/m[3]	1.25 mg/Kg[4]	No DLTs up to 4.5mg/Kg[5]
Schedule	D1, D8, D15 /28 days	Q1W	D1, D8, D15 /28 days	Q3W
≥ Grade 3 AE rate	58% (n=179 of 310)[2]	49% (n=55/113)[3]	70%[6]	16% (n=6/37)[5]
Peripheral neuropathy	49% (n=76/155)[1]	22% (n=25/113)[3]	22.5% (n=54/240)[4]	3% (n=1/37)[5]
Skin reactions	45% (n=70/155)[1]	10% (n=11/113)[3]	30% (n=72/240)[4]	8% (n=3/37)[5]
Neutropenia (Gr 3)	6.8% (21/379)[2]	5% (n=6/113)[3]	27.9% (n=67/240)[4]	0%[5]
Dose reduction	30.3% (n=94/310)[2]	21% (n=7/34)[3]	Not released	0%[5]
Dose interruptions	46.8% (n=145/310)[2]	44% (n=15/34)[3]	Not released	2% (n=1/37)[5]

1 Rosenberg, et al., JCO, 2020 Apr 1; 38(10): 1041–1049, 2. NDA/BLA Multidisciplinary Review and Evaluation BLA 761137 PADCEV™ (enfortumab vedotin-ievx), 3. BicycleTx R&D day Dec. 2023, 4. Mabwell Announces 9MW2821 Clinical Data and Latest Progress to be presented at 2024 ASCO Annual Meeting . 5 Clinical Update ASCO 2024 Jian Zhang et al Abst 3151. 6. Efficacy and safety of 9MW2821, an antibody-drug conjugate targeting Nectin-4, monotherapy in patients with recurrent or metastatic cervical cancer: A multicenter, open-label, phase I/II study. Yang et al SGO plenary Mar 2024.

ASCO 2024 Update: Phase 1 Dose Escalation Disease Responses

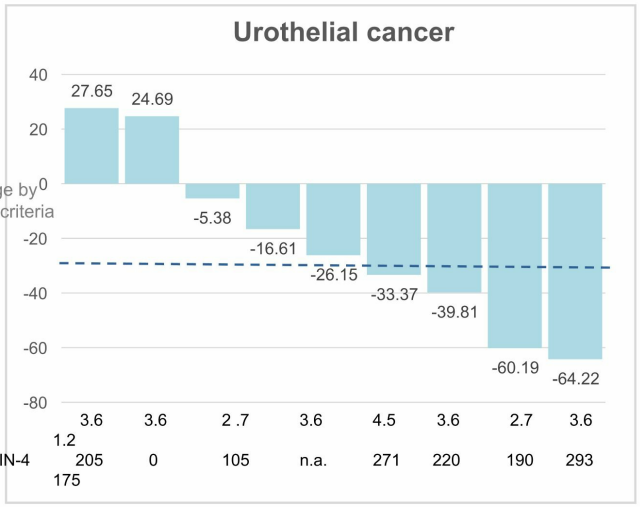


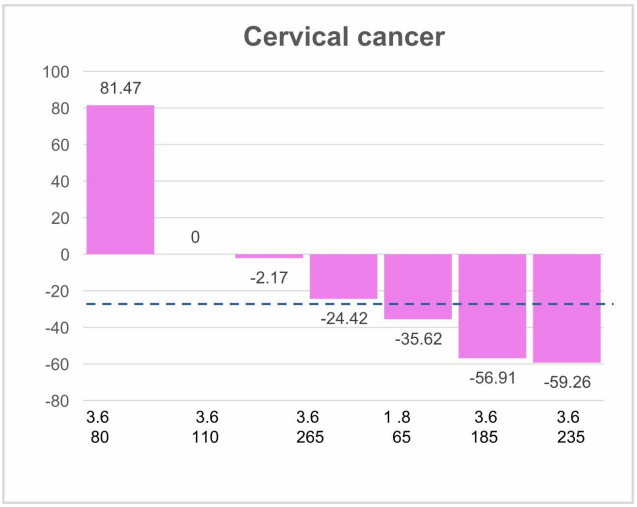
- Two of seven PRs are ongoing and unconfirmed.
- All of the previous (January ASCO GU data) PRs were confirmed.

2024 ASCO ANNUAL MEETING

CORBUS PHARMACEUTICALS

ASCO 2024 Update: Disease Response-mUC & Cervical ≥ 1.2 mg/Kg





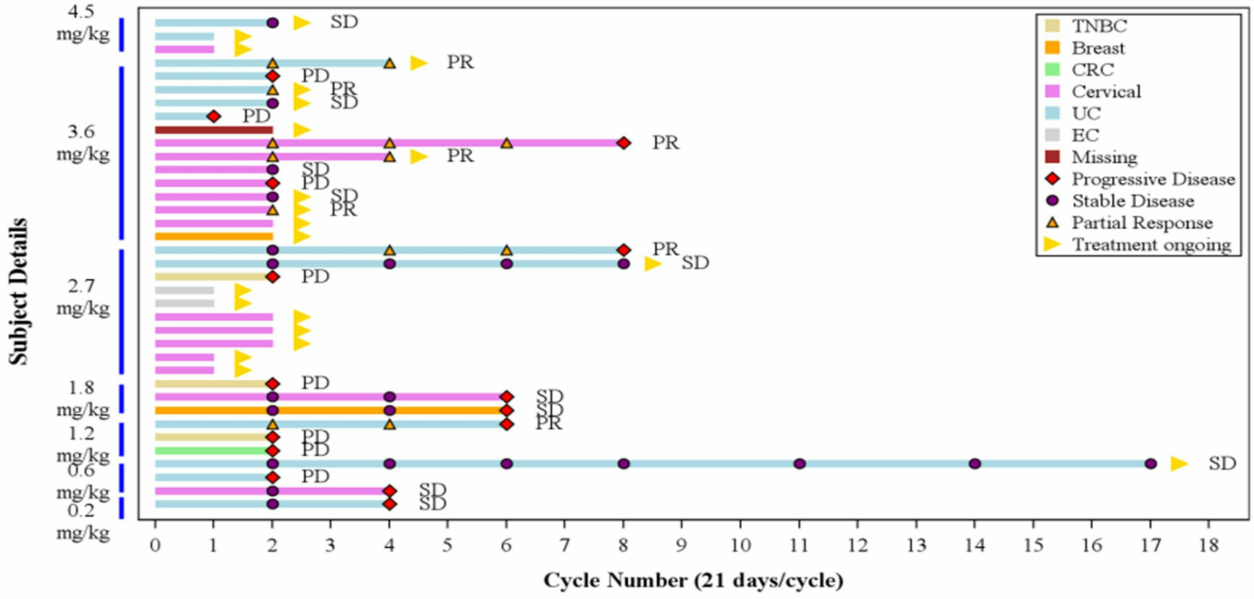
ORR: 44% (4 of 9 at 3.6mg/Kg)

DCR: 78%

ORR: 43% (3 of 7 at 2.6mg and 3.6mg/Kg)

DCR: 86%

ASCO 2024 Update: Swimmer Plots



2024 ASCO ANNUAL MEETING

CORBUS PHARMACEUTICALS

ASCO 2024 Update: Phase 1 Summary Data

Objective Response Rate in mUC at doses ≥ 1.2 mg/KG	44%: 4 out of 9 patients with PR's (1 unconfirmed, DCR-78%)
Objective Response Rate in Cervical at doses≥ 1.2mg/KG	43%: 3 out of 9 patients with PR's (1 unconfirmed, DCR-86%)
Dose for first observed SD	0.2 mg/Kg
Dose for first observed PR	1.2 mg/Kg
Longest observed response duration to date	24 weeks for longest Partial Response =8 cycles 51 weeks for longest Stable Disease =17 cycles
Participants still on CRB-701	21/37 (57%)
First two expansion doses chosen	2.7 and 3.6 mg/Kg (cohorts 5 and 6)

2024 ASCO ANNUAL MEETING

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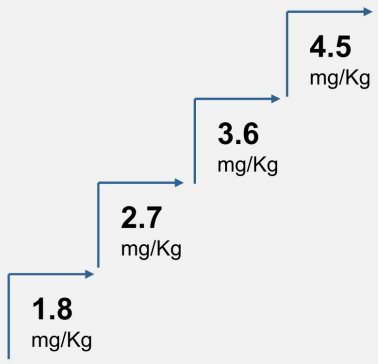
CRB-701: A Differentiated Clinical Development Approach to Competitors

Proprietary insights are driving indication selection for CRB-701

Non-UC Nectin-4 solid tumors	mUC
Emerging clinical data from current dose escalation is informative	New reality of Padcev® + Keytruda® 1L therapy
Focus on unexplored Nectin-4 solid tumors starting with **cervical cancer**	Under-served niche mUC populations remain and are attractive targets

CRB-701-01 Study Design (Corbus)

Dose escalation **(Dosing underway)**	Project Optimus **(dose optimization)**	Dose expansion at RP2D
	Randomized to 2 doses of CRB-701 monotherapy Randomized to 2 doses of CRB-701 +CPI	Bladder cancer niche population(s) Non-UC tumors: A B C Basket of nectin-4 positive tumors

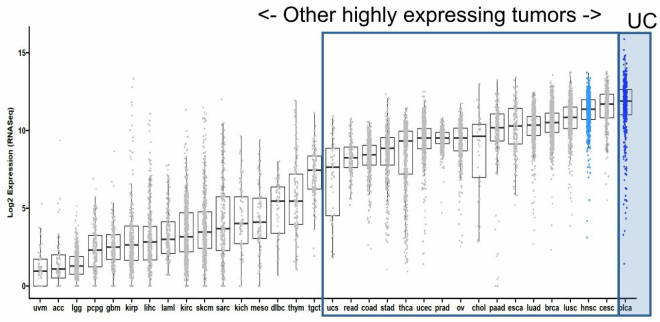
Validation of Nectin-4 as a Tumor Associated Antigen beyond mUC

PADCEV enfortumab vedotin-ejfv — H&NSCC (1)

Mabwell 迈威生物 — Cervical (2)

2023 ASCO ANNUAL MEETING — June 2023

SGO — March 2024



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

Parameter	Patients (N=46)	Patients (N=37)
Confirmed ORR	11 (23.9%)	15 (40.5%)
CR	1 (2.2%)	1 (2.7%)
PR	10 (21.7%)	14 (37.9%)
DCR	26 (55%)	33 (89.2%)
PFS	3.94 months	Too early
Neutropenia (Grade 3+4)	4.3%	40%
Skin Rash	All grades: 45.7%	Grade 3+4: 17.5%
All grade 3+4 AEs	Not disclosed	70%

PADCEV® monotherapy 2019 FDA review (3)	Patients (N=310) 1.25mg/Kg
Skin rash (grade 3+4)	10%
Any Grade 3-4 TEAE	58%

References: 1. https://ascopubs.org/doi/abs/10.1200/JCO.2023.41.16_suppl.6017 2. Efficacy and safety of 9MW2821, an antibody-drug conjugate targeting Nectin-4, monotherapy in patients with recurrent or metastatic cervical cancer: A multicenter, open-label, phase I/II study. SGO 2024 –source www.mabwell.com 3. NDA/BLA Multi-disciplinary review and Evaluation – BLA 761137

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Expected Milestones

Q1-2024	ASCO-2024	Expected Q4-2024	Expected Q1-2025
First patient dosed in U.S. dose escalation study	Clinical data update on China dose escalation study	Complete U.S. dose escalation study	Present U.S. dose escalation data

Competitive Landscape in Cervical Cancer

	Tivdak innovaTV-301(2) N=502 Median prior Tx=2	Tivdak initial approval(1) N=101 Median prior Tx=1	Mabwell (3) N=53 Cervical N=240 safety	CRB-701 N=37
ORR	17.8% (TV) vs 5.2% (Chemo) (TV: CR 2.4%, PR 15.4%)	23.8% CR 7% PR17%	35.8% (cORR30.2%)	Around 40-45%
Ocular adverse events	50.4% (34% Asian population)	54.5% (Asian 2% White 95%)	Not reported	67% (100% Asian population).
Discontinuations	5.6% Ocular and neuropathy	13% Ocular and neuropathy	2.9%	0% ASCO 2024
Dose reductions	n.a.	23% overall of which 17% were Ocular (9% 'conjunctival'+ 8% 'corneal') + 6% were neuropathy and/or 'other'	7.9% (54.2% interruption rate)	0% (5.4% ocular grade 3 events would have had dose reductions under western protocol)
All AEs (grade ≥3)	TRAE 87.6% (29.2%)	(Any ≥grade 3 =60%)	Est. 70% (SAE-related 25%)	83.8% TEAE (16.2%)

1. Coleman RL et al Lancet Oncol. 2021 May;22(5):609-619. doi: 2Vergote, I. B., et al. "LBA9 innovaTV 301/ENGOT-cx12/GOG-3057: A global, randomized, open-label, phase III study of tisotumab vedotin vs investigator's choice of chemotherapy in 2L or 3L recurrent or metastatic cervical cancer." *Annals of Oncology* 34 (2023): S1276-S1277.

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Cervical Cancer: Commercial Opportunity for CRB-701

- **14,000** new cervical cases in U.S. annually with **4,000** deaths[1]
- Incidence in U.S. is still growing despite effective HPV vaccination due to:
  - Low HPV screening rates in Asian and Hispanic women, lower vaccination in rural areas and lack of access to insurance in certain patient groups[2]
  - **39%** of women ages 13-15 remain unvaccinated for HPV (2022 NIH data[3])
  - Incidence rate for women ages 30-44 increased by **1.7%** from 2017-2019[1]
- Cervical cancer market in U.S. projected to grow to **$1.8 billion** by 2028[4]
  - Approvals of Keytruda® +chemo with or without Avastin® as first line therapy and Tivdak ® as 2nd line driving growth
- Market opportunity for CRB-701
  - Potential for CRB-701 as a first line therapy in combination with PD-1
  - Favorable safety and efficacy profile emerging versus Tivdak ®-potential to compete as 2nd line monotherapy

1. https://www.cancer.org/cancer/types/cervical-cancer/about/key-statistics.html
2. Study reveals why cervical cancer screening rates are declining, which populations are most affected - UTHealth Houston School of Public Health
3. HPV Vaccination | Cancer Trends Progress Report
4. GlobalData Report-Cervical Cancer Global Drug and Market Analysis to 2030

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CRB-701: Summary

- Emerging clinical safety appears differentiated to PADCEV
- Clinical activity seen in mUC and cervical cancer patients
- 3rd generation ADC with improved linker stability, reduces MMAE in circulation

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CRB-913

Oral cannabinoid Type-1 inverse agonist for superior incretin therapy in obesity

The obesity landscape is evolving to address these issues

Muscle loss Degree of weight loss » **Quality of weight loss**

Tolerability Single MOA » **Multiple orthogonal MOAs**

Accessibility Injectables » **Oral small molecules**

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CB1 Inverse Agonism

The return of a clinically-validated obesity drug class

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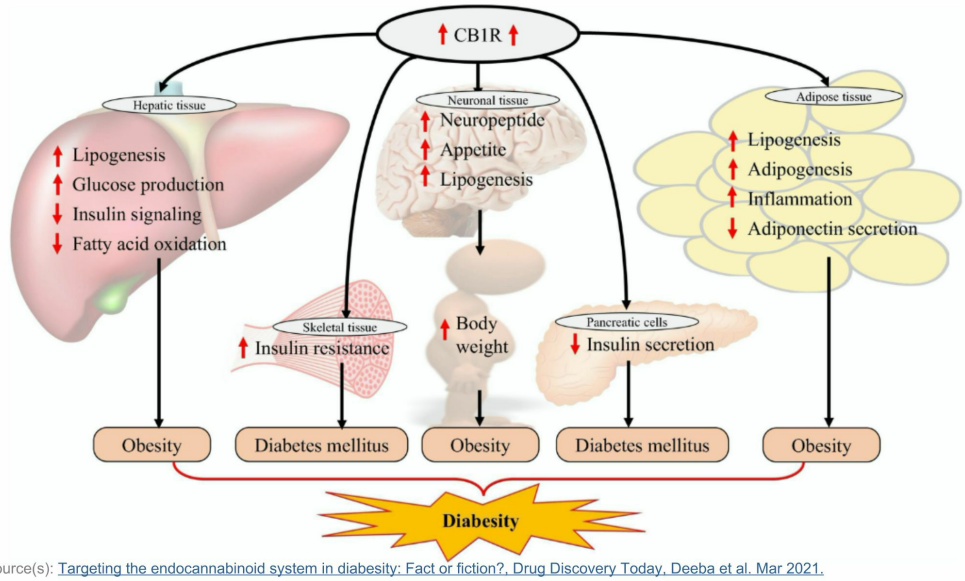
CB1 is a Well Understood Receptor in Metabolism

>9K papers in PubMed on CB1 and metabolism



Source(s): Targeting the endocannabinoid system in diabesity: Fact or fiction?, Drug Discovery Today, Deeba et al. Mar 2021.

The CB1 MOA is Clinically Validated in Obesity: Data From 1st Gen Drugs

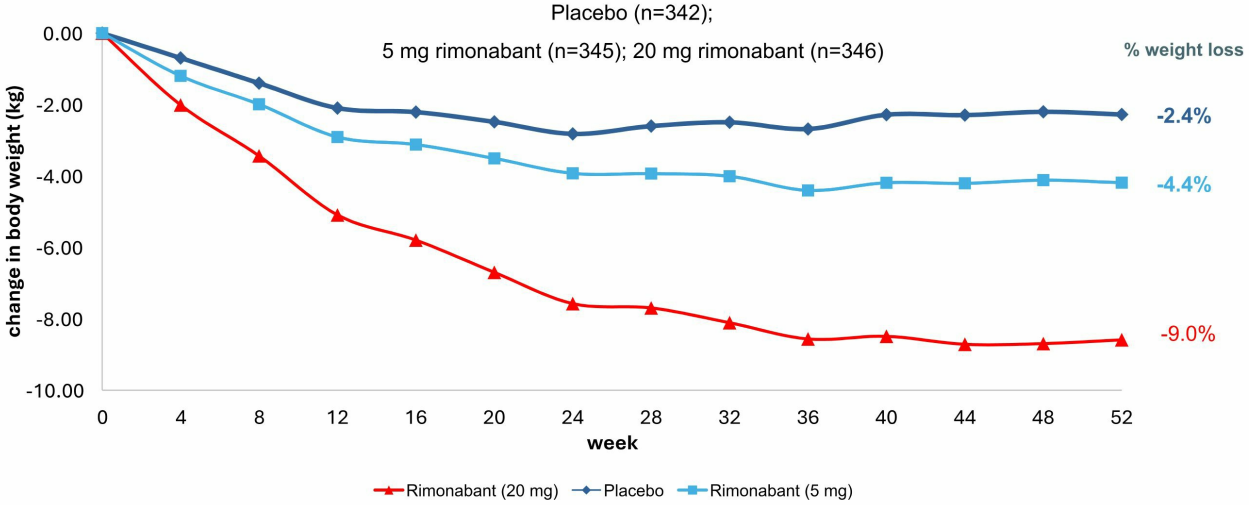
SANOFI

Rimonabant[1]

RIO-Lipids Phase 3 study

Placebo (n=342);

5 mg rimonabant (n=345); 20 mg rimonabant (n=346)



Source(s): 1. Effects of rimonabant on metabolic risk factors in overweight patients with dyslipidemia, Després et al, NEJM, Nov 2005.

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Rimonabant Weight Loss was Not Associated With Reduction of Lean Mass in Obese Patients

Phase 3 RIO study DEXA-scanned subgroup (n=146)

	Total body mass	Total fat mass	Fat mass/body mass	Lean mass
Rimonabant vs. placebo	↓	↓	↓	Unchanged

Body composition was measured with body DEXA in a subset of patients in RIO Lipids. Decreases in the rimonabant 20 mg group relative to placebo were observed in the total body mass ($p<0.001$), the total body fat mass ($p=0.001$) and the fat mass/total body mass ratio ($p=0.007$). There was no statistically significant difference between the 20 mg and the placebo groups in lean mass loss between groups.

Rimonabant NDA (page 21)

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Muscle-cb1 KO Leads to Increase In Muscle Mass in Obese Mice (Gonzalez-Mariscal et al. 2019)

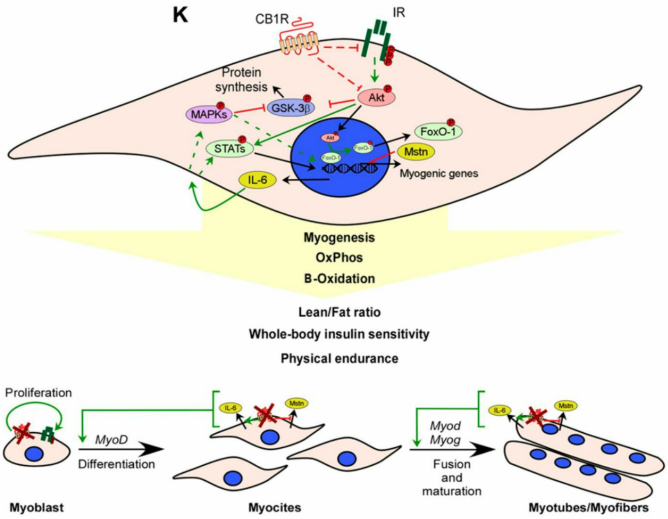
Muscle cannabinoid 1 receptor regulates Il-6 and myostatin expression, governing physical performance and whole-body metabolism

Isabel González-Mariscal,*[,1] Rodrigo A. Montoro,* Jennifer F. O'Connell,* Yoo Kim,* Marta Gonzalez-Freire,[†] Qing-Rong Liu,* Irene Alfaras,[†] Olga D. Carlson,* Elin Lehrmann,[‡] Yongqing Zhang,[‡] Kevin G. Becker,[‡] Stéphan Hardivillé,[§] Paritosh Ghosh,* and Josephine M. Egan*[,2]
*Laboratory of Clinical Investigation, [†]Translational Gerontology Branch, and [‡]Laboratory of Genetics and Genomics, National Institute on Aging, National Institutes of Health, Bethesda, Maryland, USA; and [§]Unité de Recherche 8576–Unité de Glycobiologie Structurale et Fonctionelle (UGSF), Centre National de la Recherche (CNRS), Université Lille, Lille, France

Key finding:

Muscle-CB1 KO mice…

- Increase in muscle mass and strength
- Increase in biomarkers of muscle growth
- Increase in mitochondrial metabolism
- Increase in energy expenditure
- Increase in calorie consumption w/o weight gain
- Increase in fat metabolism
- Enhanced insulin sensitivity in muscle tissue
- Reduction in body fat content
- Reduction in sleep



Next Generation CB1 Inverse Agonists are Peripherally Restricted

First generation (2000-2007)

Designed to target the brain with high BBB penetration →FDA rejection due to safety concerns (2007)

SANOFI	Rimonabant
Pfizer	Otenabant
Bristol Myers Squibb	Ibipinabant
MERCK	Taranabant

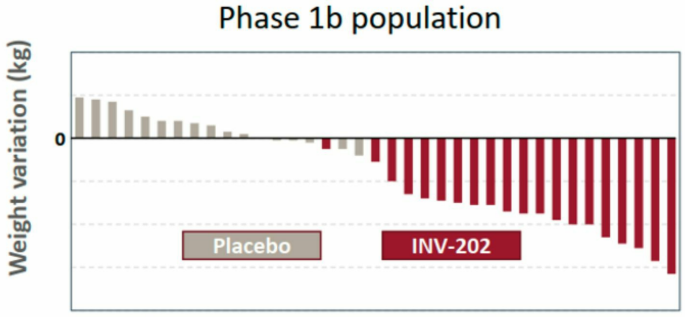
Next generation (2020 onwards)

Designed to be peripherally restricted with minimal BBB penetration →avoid safety issues

novo nordisk	INV-202
CORBUS PHARMACEUTICALS	CRB-913

Source(s): Cinar et al 2020

Novo Nordisk Acquisition of Inversago Marks Return of CB1 as an MOA in Obesity



1. Single-dose INV-202 (25mg QD)
2. N = 37
3. Adults with metabolic syndrome
4. Weight loss in 28 days: -3.50 kg (INV-202) vs +0.55Kg (placebo)
5. INV-202 (Inversago) a.k.a Monlunabant (Novo) a.k.a MRI-1891(NIH)

novo nordisk®

Novo acquires Inversago for up to $1 billion, spotlighting troubled weight loss approach

Aug. 10, 2023

STAT+

Source(s): Inversago corporate presentation and Despres *et al.* 2023

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Monlabant (INV-202) Data Predicted for H2 2024

“Novo has modeled the weight loss achieved in Phase I and expects to see 16-19% weight loss with single agent monlunabant at a mature time point (Phase II obesity results anticipated in H2).”

Source: TD Cowen Research Report by Michael Nedelcovych May 8, 2024

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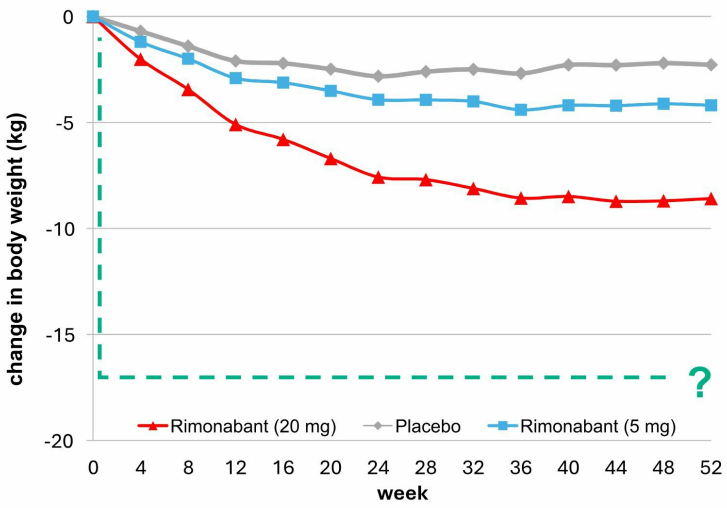
How Could Such a Degree of Weight Loss Be Achieved From a CB1 Inverse Agonist?

SANOFI Rimonabant[1]



Projected efficacy?

Rimonabant	Monlunabant (projected)
Placebo	Placebo
5 mg	
	10 mg
20 mg	20 mg
	50 mg

Monlunabant Phase 2 Study

ClinicalTrials.gov ID: NCT05891834

Standard obesity endpoints + DEXA scan

Standard inclusion and exclusion criteria

16 weeks once-daily tablet
50 mg/day = 2.5 pills of rimonabant

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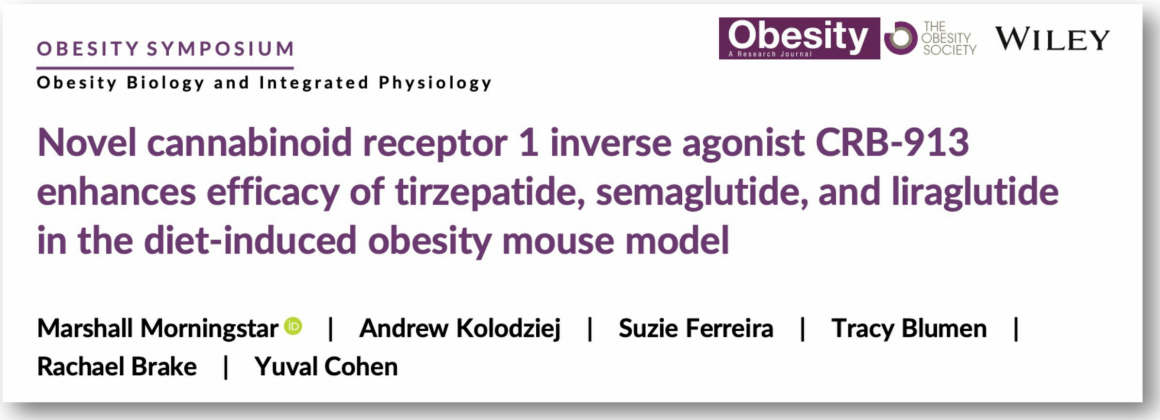
CRB-913: Oral CB1 Inverse Agonist for Combination Therapy with Incretins



OBESITY SYMPOSIUM

Obesity Biology and Integrated Physiology

Obesity A Research Journal | THE OBESITY SOCIETY | WILEY

Novel cannabinoid receptor 1 inverse agonist CRB-913 enhances efficacy of tirzepatide, semaglutide, and liraglutide in the diet-induced obesity mouse model

Marshall Morningstar | Andrew Kolodziej | Suzie Ferreira | Tracy Blumen | Rachael Brake | Yuval Cohen

Nov. 2023

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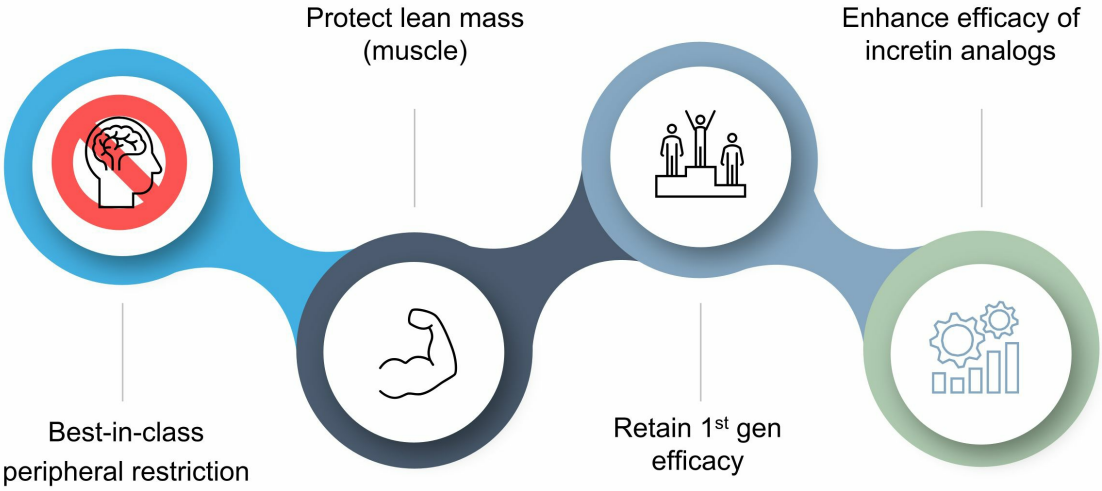
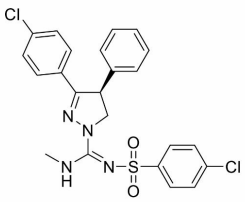
CRB-913: Designed to be a Best-in-class Next Generation CB1 Inverse Agonist

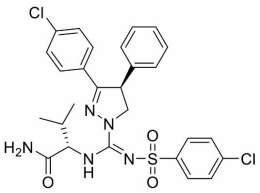
Design Goals



CRB-913 is the Outcome of a Multi-year Medicinal Chemistry Campaign



Ibipinabant (2004-2008)



JD-5037 (2012-2018) / CRB-4001 (2018-2021)

CRB-913

Completed Phase IIb (Solvay/BMS)	CRB-4001 (JD5037) licensed from Jenrin in 2018	New IP published – patent coverage through 2043
Small, lipid soluble molecule	Extensive pre-IND studies carried out	PK profile optimized for TPP
High BBB penetration	PK didn't support TPP	Favorable multi-species bioavailability (>50%)
Oral	Oral	Lower mfg. cost vs. incretins
Same backbone as Inversago compounds (MRI/INV family)		Oral

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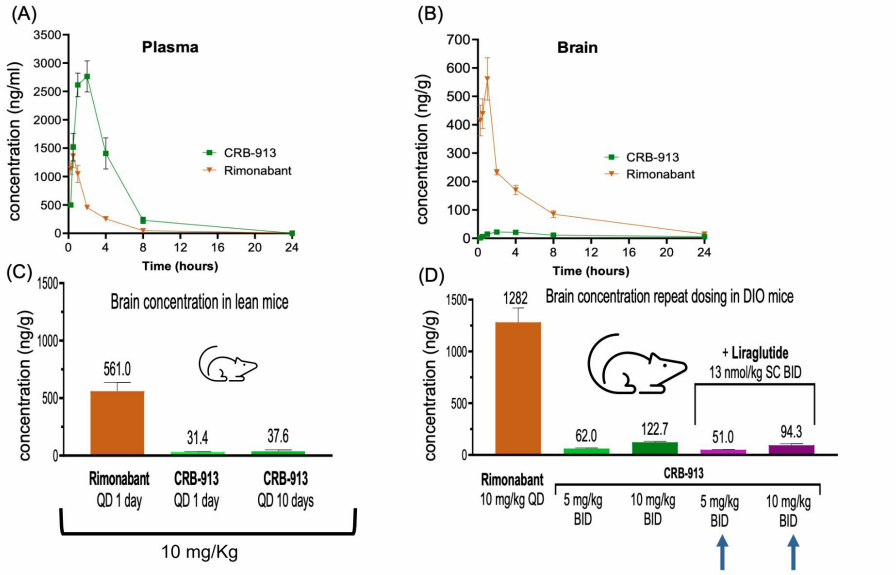
CRB-913: Marked ↓ Brain and ↑ Peripheral Exposure Vs. Rimonabant in Both Lean and Obese Mice



Co-administration with incretin analog does not affect brain penetration for CRB-913

Source(s): Morningstar et al. 2023

CRB-913: Higher Degree of Peripheral Restriction than Monlunabant or Rimonabant

Brain concentration (ng/g)			
single acute dose	CRB-913 (lean mice)	Monlunabant (lean mice)	Rimonabant (lean mice)
10 mg/Kg	26*	319**	561*

1:12

1:21

Source(s): *Morningstar et al 2023 and **Liu et al, 2021

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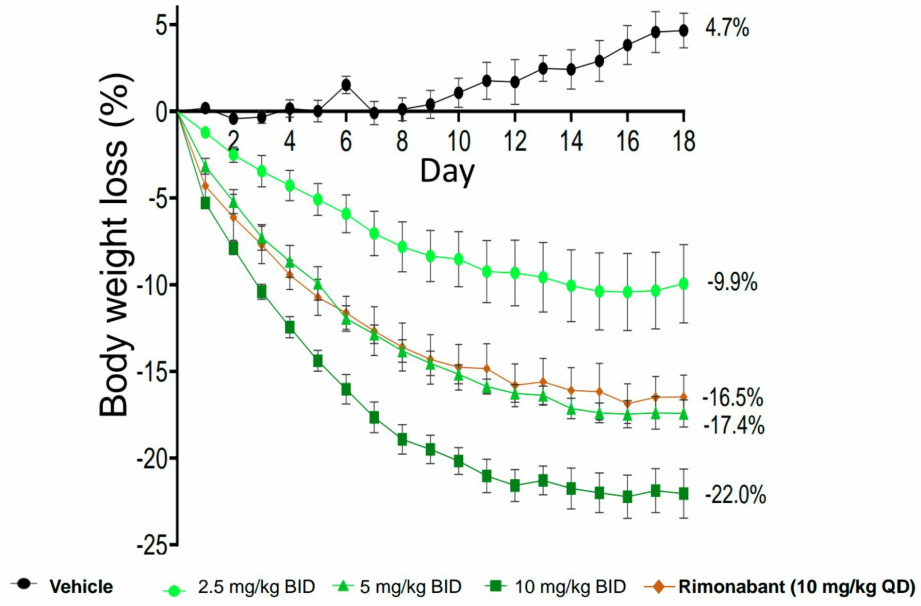
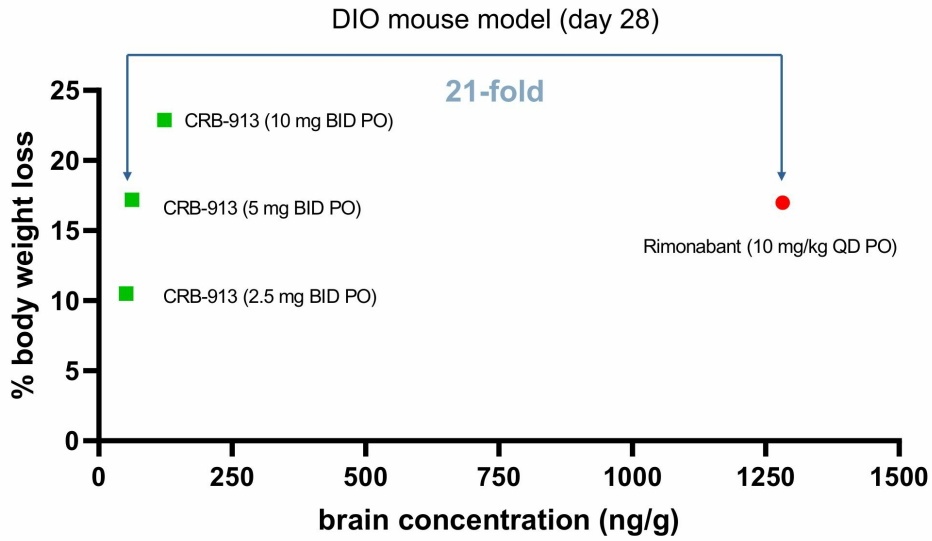
CRB-913: Similar Weight Loss vs. Rimonabant at Same Daily Doses in DIO Mice



Source(s): Morningstar et al 2023

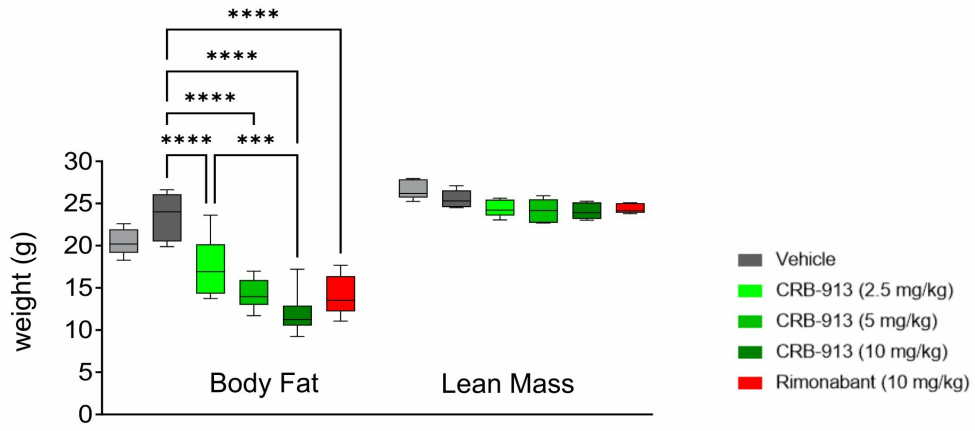
CRB-913: Similar Weight Loss Despite Markedly Lower Brain Concentrations vs. Rimonabant



- DIO mouse model with C57BL6/N mice (n=10) fed a continuous high fat diet for 22 weeks prior and during 28 days of treatment
- Brain collected 1 h post final dose (C_{max})

Source(s): Company data on file

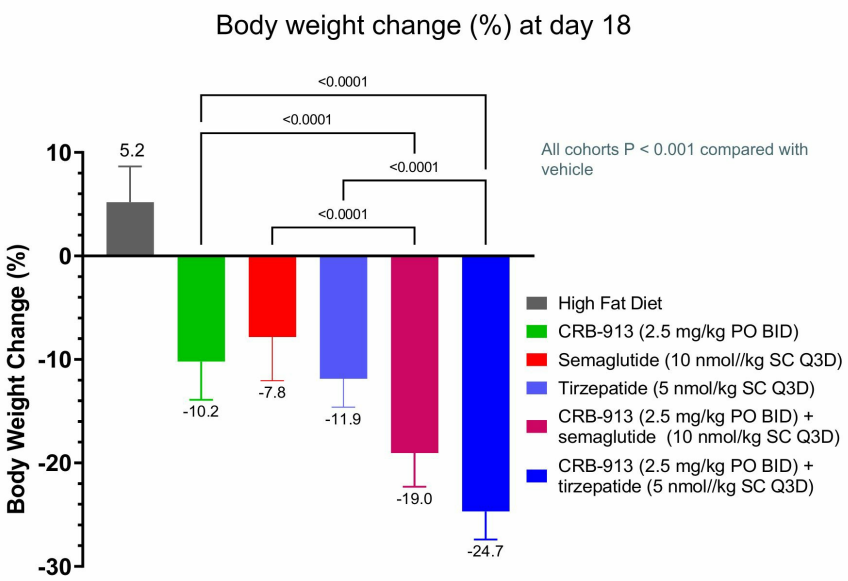
CRB-913 Demonstrates Significant Reduction in Body Fat Content but Not Lean Mass



- DIO mouse model with C57BL6/J mice (n=10) fed a continuous high fat diet for 22 weeks prior
- Body fat by MRI determined on Day 20

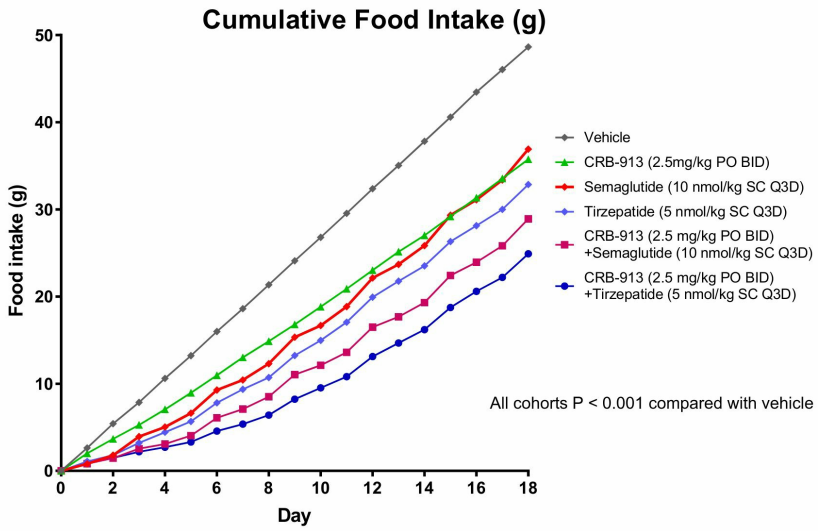
Source(s): Morningstar et al. 2023

CRB-913: Enhanced Combo Effect with Semaglutide Or Tirzepatide



Source(s): Company data on file. DIO mouse model with C57BL6/J mice (n=10) fed a continuous high fat diet for 22 weeks prior and during 18 days of treatment (Similar effect also seen when CRB-913 was combined with liraglutide)

CRB-913 Reduces Food Consumption Alone or in Combination with Semaglutide or Tirzepatide



Food Consumption

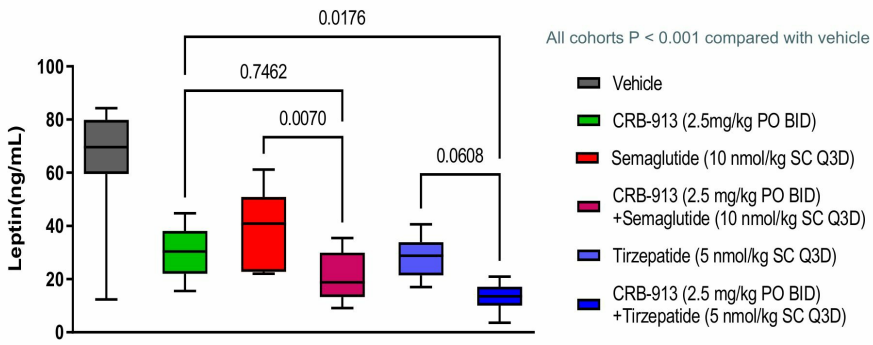
CRB-913, semaglutide and tirzepatide each results in food intake reductions

Significant further reductions in food consumption when CRB-913 is combined with semaglutide or tirzepatide (p=0.001)

DIO mouse model with C57BL6/J mice (n=10) fed a continuous high fat diet for 22 weeks prior

Source(s): Company data on file.

CRB-913 Reverses Leptinemia Alone and in Combination with Semaglutide or Tirzepatide



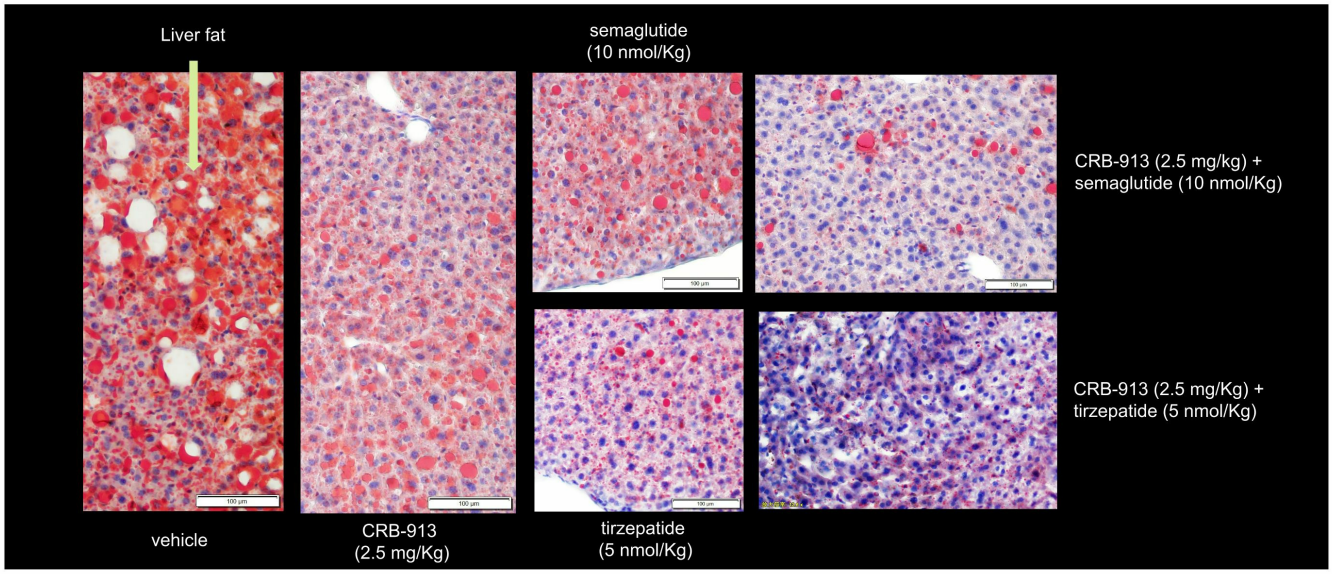
- DIO mouse model with C57BL6/J mice (n=10) fed a continuous high fat diet for 22 weeks prior
- Leptin measured at Day 28 of treatment

The Role of Leptin

- The hormone leptin regulates food intake
- Normally, leptin signals satiety (feeling “full”)
- In obesity, resistance to leptin develops and hunger persists despite high leptin levels (“leptinemia”)
- A reduction in leptin levels is believed to be important for weight loss[1]

Source(s): [1] Leptin and the maintenance of elevated body weight, Pan and Myers, Nature Reviews, Jan 2018. Company

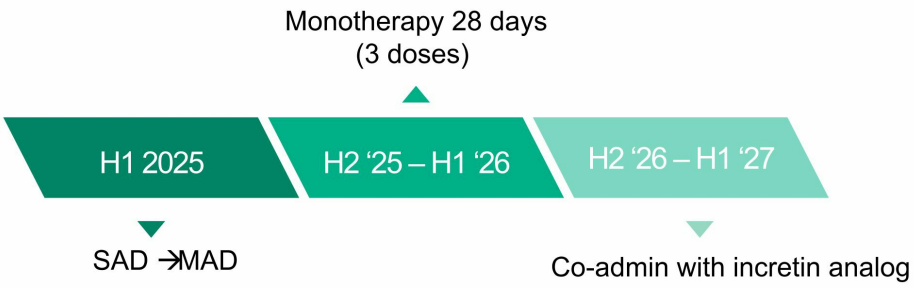
CRB-913 Reduces Liver Fat Alone and in Combination with Semaglutide or Tirzepatide



*liver oil red stain

Source(s): Company data on file.

CRB-913: Clinical Development Pathway



CRB-913: Potential Clinical Usage

1. Incretin analog therapy for insensitive/intolerant/high-risk patients

2. Combination with oral incretin agonists →potentially enhances efficacy OR improve tolerability

3. “Induction/maintenance” model: goal to potentially maintain weight loss post incretin analog therapy

However…
Implications of a 2nd gen CB1 inverse agonists that could deliver 16%-19% weight loss:

- Potential efficacy in line with semaglutide or even tirzepatide
- Monotherapy
- Once-a-day pill
- No need for titration

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Expected Milestones

Produce drug for toxicology and clinical studies	Q2-2024 ✓
Complete toxicology and IND enabling studies	Q4-2024
FPI SAD/MAD	Q1-2025

CORBUS PHARMACEUTICALS

Leadership
Upcoming Catalysts
Financials

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.

Dominic Smethurst, PhD

Chief Medical Officer, MA MRCP

Dr. Smethurst, MA MRCP, joined Corbus as our Chief Medical Officer in February 2024. He most recently served as CMO of Bicycle Therapeutics.

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 financial 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. Previous 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-profile product launches in rare diseases; Former 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 Officer 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).

Expected Corporate Milestones

CRB-701

Complete U.S. dose escalation study: Q4-2024

Present U.S. dose escalation data: Q1-2025

CRB-913

First patient dosed: Q1-2025

CRB-601

First patient dosed: Q4-2024

Investment Summary

CRB-701	Nectin-4 targeting ADC for treatment of solid tumors
CRB-913	Oral CB1R inverse agonist to treat obesity
CRB-601	TGFβ blocker Anti-αvβ8 integrin mAb for treatment of solid tumors

$147M Cash, cash equivalents and investments as of June 30, 2024. Approximately 11.5M Common Shares Outstanding (12.5M Fully-Diluted Shares)

CORBUS PHARMACEUTICALS


CORBUS
PHARMACEUTICALS
Corporate Presentation
August 6, 2024
Connecting Innovation to Purpose
NASDAQ: CRBP

CORBUS PHARMACEUTICALS

Appendix

CRB-601

Potential “best-in-class” αvβ8 mAb

CRB-601 has the Potential to Enhance Checkpoint Inhibition

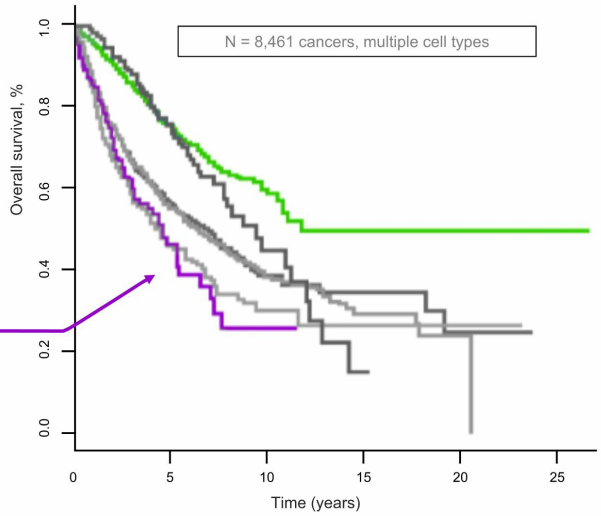
- Novel mechanism to target TGFβ in the tumor microenvironment
- Focus on adopting a precision-targeted approach
- Large opportunity potential if POC is validated

TGFβ predicts poor clinical outcomes in a subset of cancer patients

Immunogenomic subtypes in cancer

- C1 WOUND HEALING
- C2 INF-γ DOMINANT
- C3 INFLAMMATORY
- C4 LYMPHOCYTE DEPLETED
- C5 IMMUNOLOGICALLY QUIET
- C6 TGFβ DOMINANT

TGFβ predominance gene signature



Gene expression, immune cell quantification & network mapping

- 33 different cancer types / 8,000+ tumors

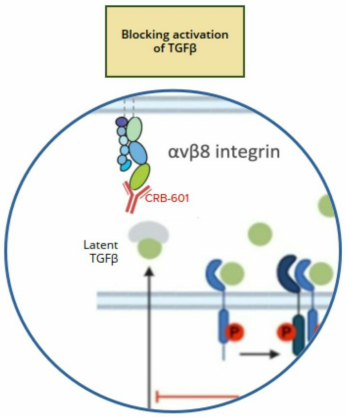
Source(s): Thorsson, et al. The Immune Landscape of Cancer, Immunity. 2018; 48:817

CORBUS PHARMACEUTICALS

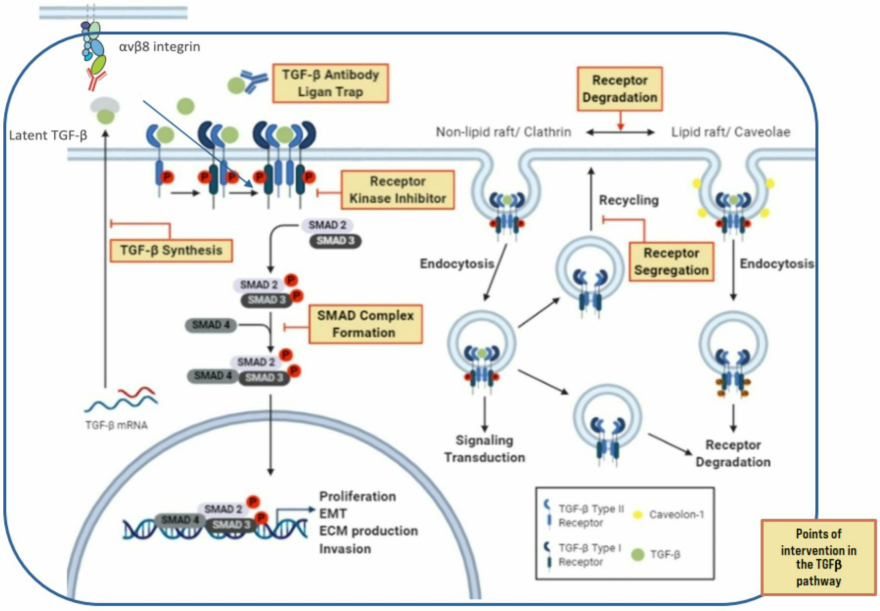
Targeting the Integrin αVβ8 Represents a Novel Approach to Regulating TGFβ

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.

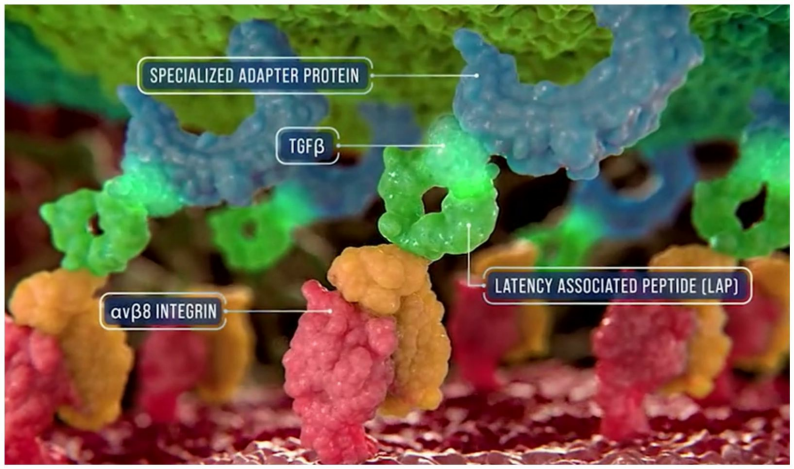
CORBUS PHARMACEUTICALS

CRB-601 is Targeting Latent -TGFβ by Blocking the Integrin avb8

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



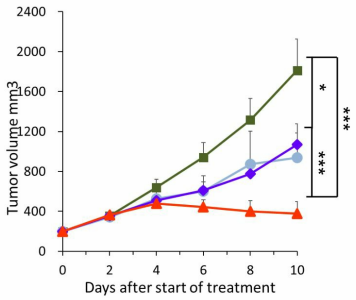
mAbs targeting TGFβ activation in the clinic

	CRB-601	PF-06940434	SRK-181	ABBV-151	RG6440
MOA	αvβ8	αvβ8	L-TGFβ	GARP (TGFβ1)	L-TGFβ
Clinical Stage	IND Cleared FPI Q4-2024	Phase 1/2	Phase 1	Phase 2	Phase 1
Indications	Solid Tumors	Solid Tumors	Solid Tumors	HCC	Solid Tumors
Type	Monoclonal Antibody	Monoclonal Antibody	Monoclonal Antibody	Monoclonal Antibody	Monoclonal Antibody
ROA	IV	IV	IV	IV	IV

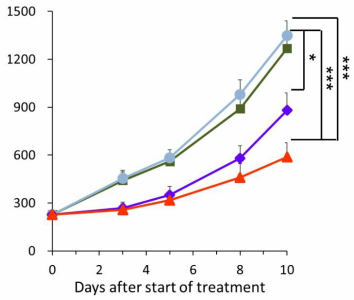
Source(s): Company websites. Clinicaltrials.gov. Internal analysis.

CRB-601 Enhances Anti-PD-1 Therapy in Checkpoint Inhibition Sensitive and Resistant Murine Tumor Models

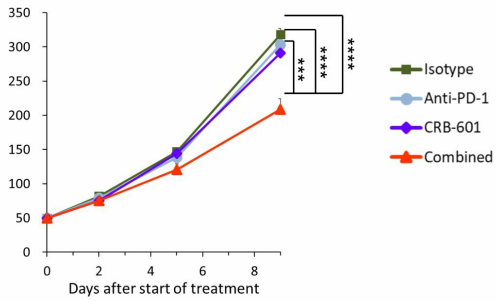
MC38 (Inflamed Tumor)



EMT6 (Excluded Tumor)



4T1 (Desert Tumor)



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

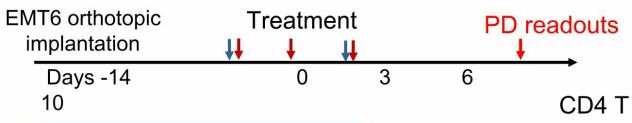
Animals randomized at 50-80 mm^3

Comparisons across arms

*p<0.05, ***p<0.001, ****p<0.0001

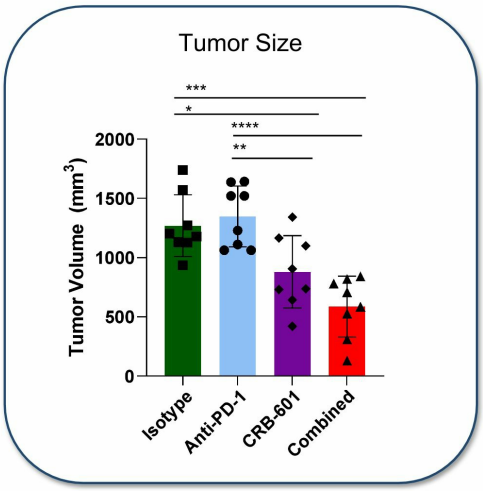
Source(s): Corbus data on file

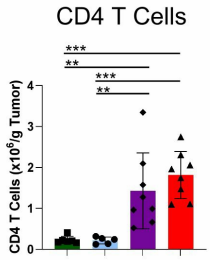
Blockade of αvβ8 in Combination with anti-PD-1 Increased TIL Populations in Immune Excluded EMT6 Tumors

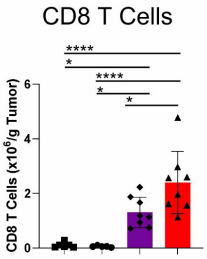


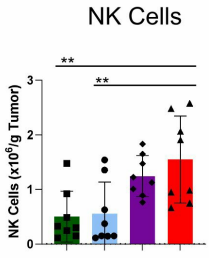
↓CRB-601, 30 mg/Kg, IP
↓Anti-PD-1, 10 mg/Kg, IP

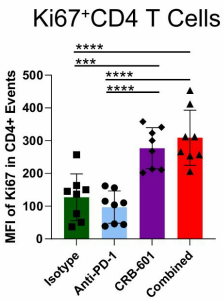
Tumor volume = 200 mm^3 (when treatment initiated)

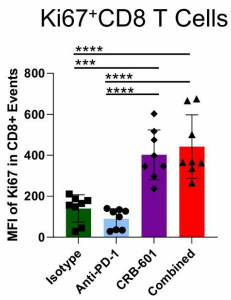


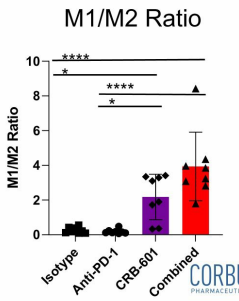








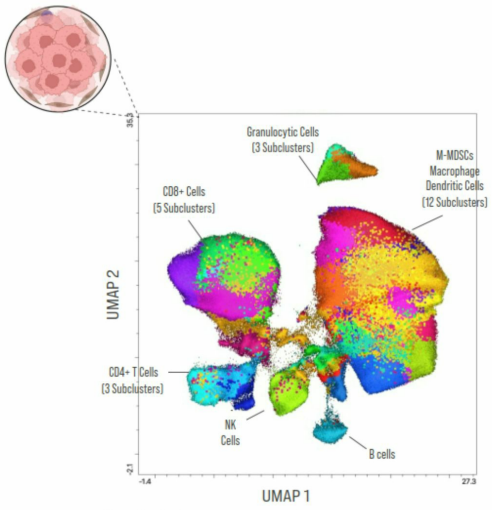




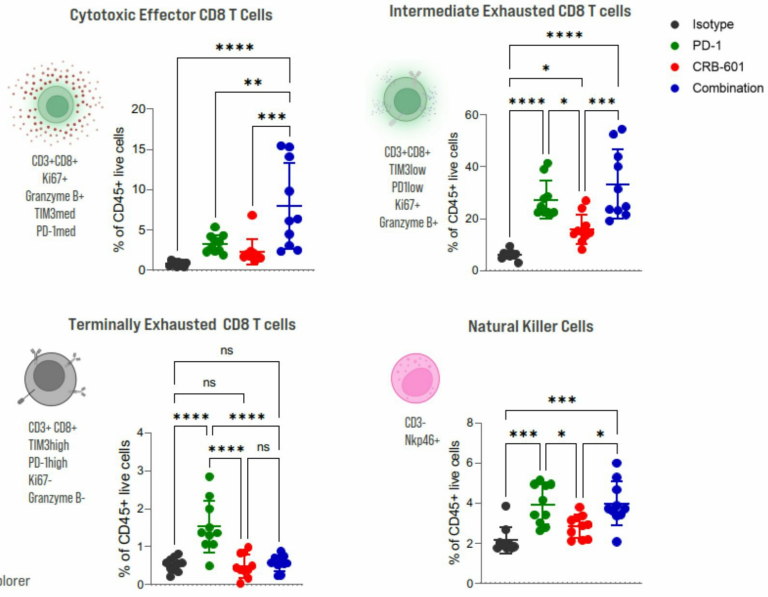
*p<0.05; **p<0.01; ***p<0.001; ****p<0.0001

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.

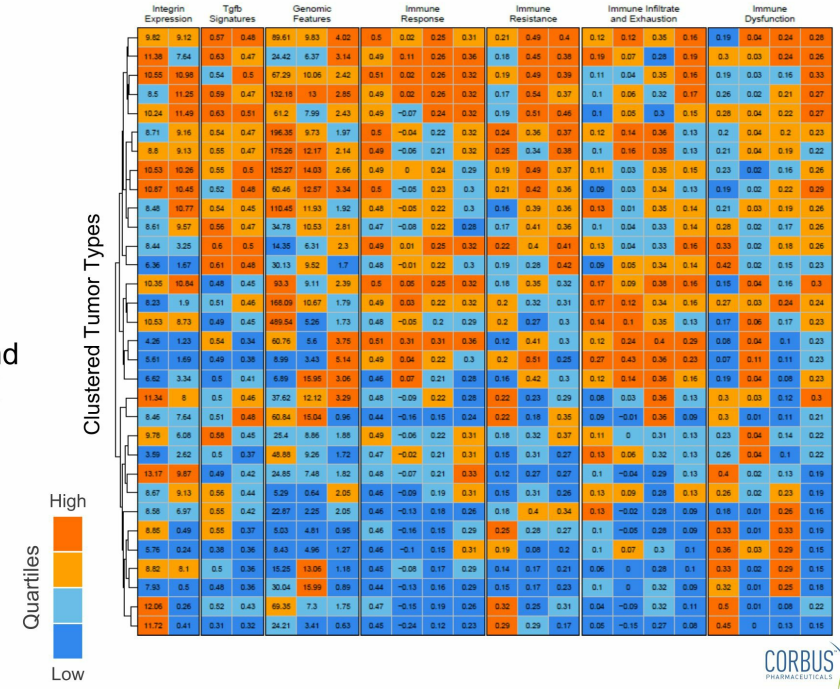


Source(s): Corbus data on file

Applying a Proprietary Algorithm To Define The Clinical Focus for CRB-601

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

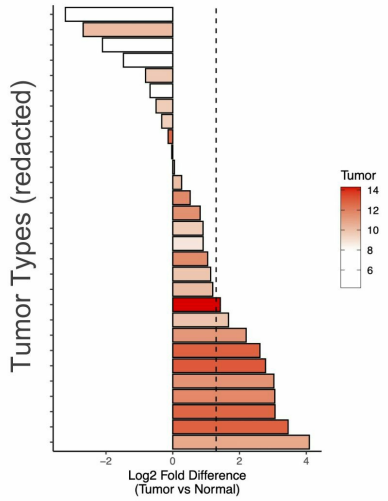
The combination of immune features and gene expression profiles have identified 9 indications for clinical priority

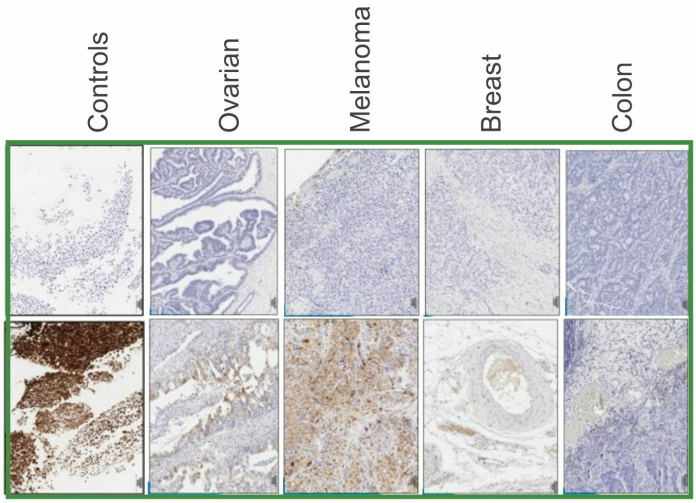


Source(s): Corbus proprietary analysis

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

Expected Milestones

IND cleared	January 2024 ✓
First patient dosed	Q4-2024
Dose escalation and confirmation	1st Half of 2025