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): October 18, 2025

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.

On October 18, 2025, Corbus Pharmaceuticals Holdings, Inc. (the "Company") issued a press release announcing data from its Phase 1/2 clinical study of CRB-701 (SYS6002) that was presented at the 2025 European Society for Medical Oncology Congress ("ESMO25") on October 19, 2025. A copy of the press release is furnished as Exhibit 99.1 and is incorporated herein by reference.

The Company also updated its presentation used by management to describe its business. A copy of the presentation is furnished as Exhibit 99.2 and is incorporated herein by reference.

The information in this Current Report on Form 8-K under Item 7.01, including the information contained in Exhibits 99.1 and 99.2, is being furnished to the Securities and Exchange Commission (the "SEC"), and shall not be deemed to be "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (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 of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by a specific reference in such filing.

Item 8.01 Other Events.

On October 18, 2025, the Company announced data from its Phase 1/2 clinical study of CRB-701 that was presented at ESMO25 on October 19, 2025.

Data as of September 1, 2025 was presented from 167 patients, of whom 122[1] were evaluable for efficacy. The tumor types being investigated were head and neck squamous cell carcinoma (HNSCC, n=41), cervical cancer (n=37) and locally advanced/metastatic urothelial (mUC, n=23) tumors. In addition, 21 patients who had other solid-tumor types were enrolled during dose escalation.

The multi-center Phase 1/2 study is being conducted in the U.S and Europe. The study was designed as an "all comers" trial with no enrollment restrictions for biomarkers (Nectin-4, PDL-1 or HPV status) or the number of prior lines of therapy. Patients were heavily pretreated with a median of 3 prior lines of therapy (range: 1–9), and the mean age was 60 years (range: 30–90). Baseline performance status, as assessed by the Eastern Cooperative Oncology Group (ECOG), was ≤2 for all patients, with 43.1% classified as ECOG 0, 55.1% as ECOG 1, and 1.8% as ECOG 2.

---

[1] 122 evaluable patients includes 84 patients with either HNSCC, cervical or mUC tumors dosed at 2.7 mg/kg (n=38) or 3.6 mg/kg (n=46), 7 patients with either HNSCC, cervical or mUC tumors dosed during dose escalation at 1.8 mg/kg, 21 patients who had other solid-tumor types that were enrolled during dose escalation, 8 non-evaluable patients, 1 patient with a -60.7% reduction in the size of mUC tumor not included in ORR and DCR calculations due to missing data and 1 patient with a HNSCC tumor dosed with the combination of CRB-701 (at 2.7 mg/kg) and pembrolizumab.

Efficacy in Response Evaluable Patients (n=84) dosed either at 2.7 mg/kg or 3.6 mg/kg

HNSCC (n=33)		
Dose	**2.7 mg/kg**	**3.6 mg/kg**
ORR*	33.3% (4/12)	47.6% (10/21)
DCR**	75.0%	61.9%
Response confirmation***	All confirmed	7 confirmed 3 unconfirmed: 1 discontinued and 2 ongoing
Cervical (n=34)		
Dose	**2.7 mg/kg**	**3.6 mg/kg**
ORR*	22.2% (4/18)	37.5% (6/16)
DCR**	66.6%	68.8%
Response confirmation***	2 confirmed 2 unconfirmed and ongoing	3 confirmed 3 unconfirmed: 1 discontinued and 2 ongoing
mUC (n=17)		
Dose	**2.7 mg/kg**	**3.6 mg/kg**
ORR*	50.0% (4/8)	55.6% (5/9)
DCR**	75.0%	88.9%
Response confirmation***	2 confirmed 2 unconfirmed and ongoing	3 confirmed 2 unconfirmed: 1 discontinued and 1 ongoing

*Objective response rate (ORR) calculated using patient's unconfirmed best overall response (BOR) per RECISTv1.1, excluding non-evaluable patients (n=9). **Disease control rate (DCR) calculated by summing numbers of response-evaluable patients who achieve a BOR of complete response (CR), partial response (PR) or stable disease (SD). *** Treatment status as of September 1, 2025.

Safety (n=167)

- No dose limiting toxicities (DLTs) were encountered during dose escalation. The 2.7 mg/kg and 3.6 mg/kg doses were selected for dose optimization.
- The most common treatment emergent adverse events (TEAEs) at a frequency of >15% were dysgeusia (18.6%), anemia (21.0%), fatigue (21.6%), alopecia (24.0%) and keratitis (32.3%).
- Grade 3 treatment related adverse events were reported in 30 patients (18.0%). There were no grade 4 or 5 treatment related-adverse events.
- Notably, the rate of peripheral neuropathy was low at 8.4% (all Grade 1 or 2), based on a broad, standardized MedRA category search.
- The discontinuation rate related to CRB-701 was low at 6.0%.
- Overall, CRB-701 demonstrated a favorable safety and tolerability profile.

Biomarkers

Nectin-4 (all tumor types)

- Clinical responses were observed in patients with both high and low Nectin-4 expression as measured retrospectively by immunohistochemistry.

HPV status (HNSCC)

- Responses were observed in patients with both HPV+ and HPV- status.

PD(L)-1 (HNSCC)

- Responses were observed in patients with PD(L)-1 positive and negative status.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press Release dated October 18, 2025
99.2	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: October 20, 2025

By: */s/ Yuval Cohen*

Name: Yuval Cohen
Title: Chief Executive Officer

Exhibit 99.1

Corbus Pharmaceuticals Presents CRB-701 Robust Clinical Responses in HNSCC and Cervical Cancers at ESMO25

- 3.6 mg/kg dose generated ORR of 47.6% in HNSCC, 37.5% in cervical cancer and 55.6% in mUC
- CRB-701 continues to demonstrate a favorable safety and tolerability profile
- Registrational studies planned to start in mid-2026
- Company to host an HNSCC KOL event during ESMO25

Norwood, MA, October 18th, 2025 (GLOBE NEWSWIRE) Corbus Pharmaceuticals Holdings, Inc. (NASDAQ: CRBP) ("Corbus" or the "Company') today announced data from its Phase 1/2 clinical study of CRB-701 (SYS6002) will be presented as a poster at the 2025 European Society for Medical Oncology (ESMO25) Congress being held in Berlin, Germany. The poster titled, "Phase 1/2 study of the next-generation Nectin-4-targeting antibody–drug conjugate CRB-701 (SYS6002) in patients with urothelial and non-urothelial solid tumors" by Perez et al (link: https://d1io3yog0oux5.cloudfront.net/_0ea6f15a2476fe51ee10889d1a2bca38/corbuspharma/files/docs/ESMO_25_Final_Poster.pdf) will be presented tomorrow, October 19, 2025, from 12:00-12:45 CEST (Poster #967P). Data as of September 1, 2025 will be presented from 167 patients, of whom 122[1] were evaluable for efficacy. The tumor types being investigated were head and neck squamous cell carcinoma (HNSCC, n=41), cervical cancer (n=37) and locally advanced/metastatic urothelial (mUC, n=23) tumors. In addition, 21 patients who had other solid-tumor types were enrolled during dose escalation.

The multi-center Phase 1/2 study is being conducted in the U.S and Europe. The study was designed as an "all comers" trial with no enrollment restrictions for biomarkers (Nectin-4, PDL-1 or HPV status) or the number of prior lines of therapy. Patients were heavily pretreated with a median of 3 prior lines of therapy (range: 1–9), and the mean age was 60 years (range: 30–90). Baseline performance status, as assessed by the Eastern Cooperative Oncology Group (ECOG), was ≤2 for all patients, with 43.1% classified as ECOG 0, 55.1% as ECOG 1, and 1.8% as ECOG 2.

---

[1] 122 evaluable patients includes 84 patients with either HNSCC, cervical or mUC tumors dosed at 2.7 mg/kg (n=38) or 3.6 mg/kg (n=46), 7 patients with either HNSCC, cervical or mUC tumors dosed during dose escalation at 1.8 mg/kg, 21 patients who had other solid-tumor types that were enrolled during dose escalation, 8 non-evaluable patients, 1 patient with a -60.7% reduction in the size of mUC tumor not included in ORR and DCR calculations due to missing data and 1 patient with a HNSCC tumor dosed with the combination of CRB-701 (at 2.7 mg/kg) and pembrolizumab.

Efficacy in Response Evaluable Patients (n=84) dosed either at 2.7 mg/kg or 3.6 mg/kg

HNSCC (n=33)		
Dose	**2.7 mg/kg**	**3.6 mg/kg**
ORR*	33.3% (4/12)	47.6% (10/21)
DCR**	75.0%	61.9%
Response confirmation***	All confirmed	7 confirmed 3 unconfirmed: 1 discontinued and 2 ongoing
Cervical (n=34)		
Dose	**2.7 mg/kg**	**3.6 mg/kg**
ORR*	22.2% (4/18)	37.5% (6/16)
DCR**	66.6%	68.8%
Response confirmation***	2 confirmed 2 unconfirmed and ongoing	3 confirmed 3 unconfirmed: 1 discontinued and 2 ongoing
mUC (n=17)		
Dose	**2.7 mg/kg**	**3.6 mg/kg**
ORR*	50.0% (4/8)	55.6% (5/9)
DCR**	75.0%	88.9%
Response confirmation***	2 confirmed 2 unconfirmed and ongoing	3 confirmed 2 unconfirmed: 1 discontinued and 1 ongoing

*Objective response rate (ORR) calculated using patient's unconfirmed best overall response (BOR) per RECISTv1.1, excluding non-evaluable patients (n=9). **Disease control rate (DCR) calculated by summing numbers of response-evaluable patients who achieve a BOR of complete response (CR), partial response (PR) or stable disease (SD). *** Treatment status as of September 1, 2025.

Safety (n=167)

- No dose limiting toxicities (DLTs) were encountered during dose escalation. The 2.7 mg/kg and 3.6 mg/kg doses were selected for dose optimization.
- The most common treatment emergent adverse events (TEAEs) at a frequency of ≥15% were dysgeusia (18.6%), anemia (21.0%), fatigue (21.6%), alopecia (24.0%) and keratitis (32.3%).
- Grade 3 treatment related adverse events were reported in 30 patients (18.0%). There were no grade 4 or 5 treatment related-adverse events.
- Notably, the rate of peripheral neuropathy was low at 8.4% (all Grade 1 or 2), based on a broad, standardized MedRA category search.
- The discontinuation rate related to CRB-701 was low at 6.0%.
- Overall, CRB-701 demonstrated a favorable safety and tolerability profile.

Biomarkers

Nectin-4 (all tumor types)

- Clinical responses were observed in patients with both high and low Nectin-4 expression as measured retrospectively by immunohistochemistry.

HPV status (HNSCC)

- Responses were observed in patients with both HPV+ and HPV- status.

PD(L)-1 (HNSCC)

- Responses were observed in patients with PD(L)-1 positive and negative status.

"I'm immensely gratified and encouraged by the pace of enrollment and response rate seen in the study to date," stated Dominic Smethurst, Chief Medical Officer of Corbus. "It comes at a time when there is a stark unmet need

for the many HNSCC patients not responding to front-line therapy. The emerging CRB-701 safety and efficacy data is showing differentiation from other experimental agents in HNSCC, and we are looking forward to continuing the development of this novel ADC."

"Following progression on immunotherapy and platinum-based chemotherapy, there is a huge unmet need for patients with recurrent/metastatic head and neck cancer," stated Dr. Ari Rosenberg, Principal Investigator on this study and Assistant Professor of Hematology and Oncology at the University of Chicago. "Survival is poor, and there is substantial morbidity along with functional and quality of life impacts of recurrent disease, where standard treatments in this setting are quite limited in terms of their efficacy." Dr. Rosenburg added, "Although data is still early with CRB-701, the lower systemic toxicity burden we are seeing compared with other ADCs or cytotoxics is quite exciting along with this preliminary efficacy signal. I look forward to seeing further data regarding this exciting compound."

"I would like to thank all the patients, study physicians, and the Corbus team for their continued collaboration as we develop CRB-701," said Yuval Cohen, PhD, Chief Executive Officer of Corbus. "We look forward to discussions with regulatory authorities and other potential stakeholders to determine the fastest and most efficient path to market. We aim to provide those updates in Q1 2026."

Next steps

The Company plans to meet with the FDA this year to review the data and expects to initiate registrational studies by mid-2026.

The ongoing CRB-701 Phase 1/2 clinical trial (NCT06265727) (link: https://www.clinicaltrials.gov/study/NCT06265727?term=CRB-701&rank=1) is evaluating the safety, pharmacokinetics, and efficacy of CRB-701 in patients with advanced solid tumors known to be associated with high Nectin-4 expression. The study is enrolling patients primarily with either HNSCC or cervical tumors.

HNSCC KOL Event

Corbus will host an in-person and virtual HNSCC KOL event during ESMO25 to review and discuss the data. The event will be held at the Berlin Marriott Hotel starting tomorrow October 19, 2025 at 10AM CEST. The event will feature insights from leading HNSCC experts: Ari Rosenberg, MD – University of Chicago, Glenn Hanna, MD – Dana-Farber Cancer Institute, and Cesar Augusto Perez Batista, MD – Sarah Cannon Research Institute. A live question-and-answer session will follow the formal presentation. To register for the HNSCC KOL event, click here (link: https://lifescievents.com/event/vak208zhgo/). A replay of the event will also be available on the Company website.

About CRB-701

CRB-701 (SYS6002) is a next-generation antibody drug conjugate (ADC) targeting Nectin-4, that contains a site-specific, cleavable linker and a homogenous drug antibody ratio of 2, using MMAE as the payload. Nectin-4 is a clinically validated, tumor-associated antigen in urothelial cancer. The FDA has granted two Fast Track designations to CRB-701 in HNSCC and cervical cancer.

About Corbus

Corbus Pharmaceuticals Holdings, Inc. is an oncology and obesity company with a diversified portfolio and is committed to helping people defeat serious illness by bringing innovative scientific approaches to well understood biological pathways. Corbus' pipeline includes CRB-701, a next-generation antibody drug conjugate that targets the expression of Nectin-4 on cancer cells to release a cytotoxic payload, CRB-601, an anti-integrin monoclonal antibody which blocks the activation of TGFβ expressed on cancer cells, and CRB-913, a highly peripherally restricted CB1 inverse agonist for the treatment of obesity. Corbus is headquartered in Norwood, Massachusetts. For more information on Corbus visit corbuspharma.com and our Corporate Presentation (link:

https://d1io3yog0oux5.cloudfront.net/_3132315d411d2836a3ef075a804f13a0/corbuspharma/db/269/4915/pdf/Corporate+Presentation++Final+October+19%2C+2025.pdf) here. Connect with us on X, LinkedIn and Facebook.

Forward-Looking Statements

This press release 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 statement 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 press release. The Company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.

INVESTOR CONTACTS:

Sean Moran
Chief Financial Officer
Corbus Pharmaceuticals
smoran@corbuspharma.com

Dan Ferry
Managing Director
LifeSci Advisors, LLC
daniel@lifesciadvisors.com

Exhibit 99.2

CORBUS PHARMACEUTICALS

Connecting Innovation to Purpose

Corporate Presentation

October 19, 2025

www.corbuspharma.com @corbuspharma 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. This presentation includes limited observations derived from separate clinical settings that are not, and should not be interpreted as, direct or indirect head-to-head comparisons of CRB-701, CRB-913 or CRB-601 with any other product. The observations described herein are subject to change as additional data become available, and future clinical trials of CRB-701, CRB-913 or CRB-601 may not reproduce, validate, or otherwise confirm these observations.

Clinical data readouts expected for all three drug candidates in 2nd half of 2025

CRB-701	ESMO 2025: Clinical update in HNSCC, Cervical and Bladder
CRB-913	SAD/MAD data: Q4 2025
CRB-601	Dose escalation: Q4 2025

$117M Cash, cash equivalents and investments as of June 30, 2025.
Approximately 12.3M Common Shares Outstanding (~14.2M 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)					Multiple cohorts expanding
		Corbus (US + Europe) FDA Fast Track Designation granted HNSCC and Cervical					Dose optimization in mUC, HNSCC & cervical
Highly peripherally-restricted CB1R inverse agonist							
CRB-913 CB1 inverse agonist	Obesity and related conditions	Corbus					SAD/MAD dosing completed
Anti-Integrin mAb							
CRB-601 Anti-αvβ8 mAb (TGFβ-targeting)	αvβ8 enriched solid tumors	Corbus					First patient dosed December 2024


CORBUS
PHARMACEUTICALS
CRB-701
Next Generation Nectin-4 Targeting ADC

CRB-701: Re-imagining a Nectin-4 ADC

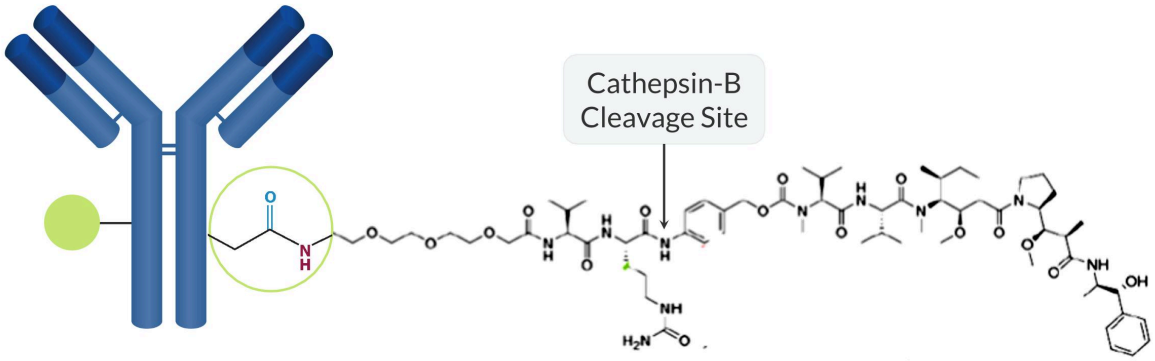
Safety	Markedly reduce PADCEV®-associated toxicities
Convenience	Extend ADC half-life → Reduce dosing frequency
Efficacy	Lower DAR + longer half-life → Dose higher + longer than PADCEV®
Strategy	Focus on non-mUC tumors → Avoid competing with PADCEV®

CORBUS PHARMACEUTICALS

CRB-701: Proprietary components → novel design

Novel Nectin-4 Antibody
ADCC + CDC functionality

An Improved ADC Construct
- Precise & stable DAR of 2 —> Longer half life
- Improved binding affinity & selectivity —> 2x rate of internalization vs. PADCEV®
- Improved linker stability —> Reduced free MMAE

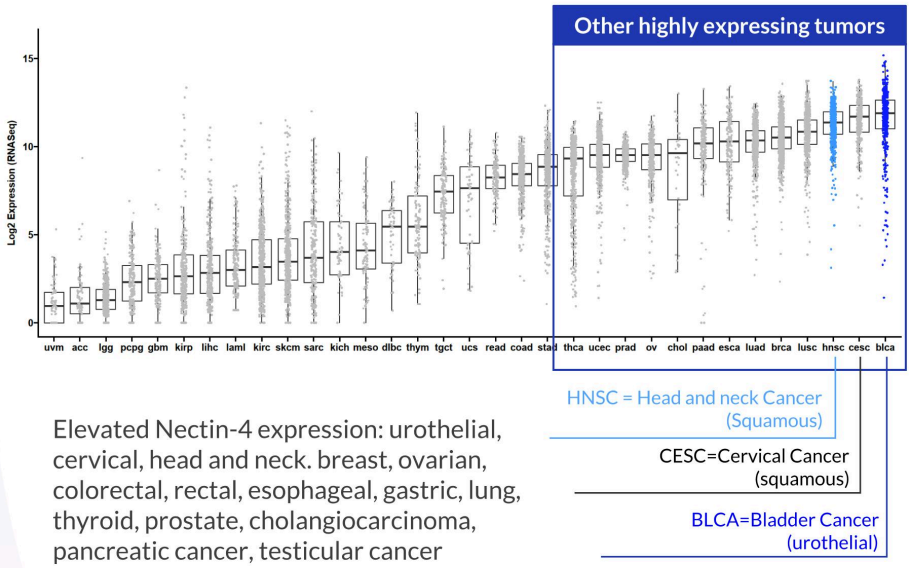


Glutamine Focused
Side chain conjugation

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

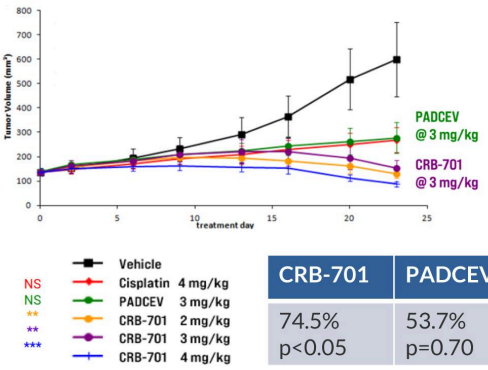
Best responses seen in tumors with highest Nectin-4 expression-mUC, cervical & HNSCC[1]



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

CRB-701 demonstrates better efficacy than EV in patient-derived tumor model expressing low levels of Nectin-4[2]

Mean Tumor Volume ± SEM



CRB-701	PADCEV®
74.5% p<0.05	53.7% p=0.70

Source(s): 1. Corbus data on file; 2. AACR 2023 Poster

Key differentiator: Lower levels of free MMAE for CRB-701 vs. PADCEV®

Company	21-day PK	Comparison	% ADC		% Free MMAE	
			C_{max}	$AUC_{0\text{-}21d}$	C_{max}	$AUC_{0\text{-}21d}$
Pfizer	PADCEV® 1.24 mg/kg Q1W x 3	PADCEV® Benchmark	100%	100%	100%	100%
CORBUS PHARMACEUTICALS	2.7 mg/kg Q3W	Matched for MMAE dose (DAR)	183%	274%	35%	38%
	3.6 mg/kg Q3W	2.9-fold PADCEV® ADC Dose®	228%	361%	59%	62%

Source(s):
PADCEV® reference data from BLA761137 17 December 2019
Corbus data: ESMO 01 Sep 2025 Data cut

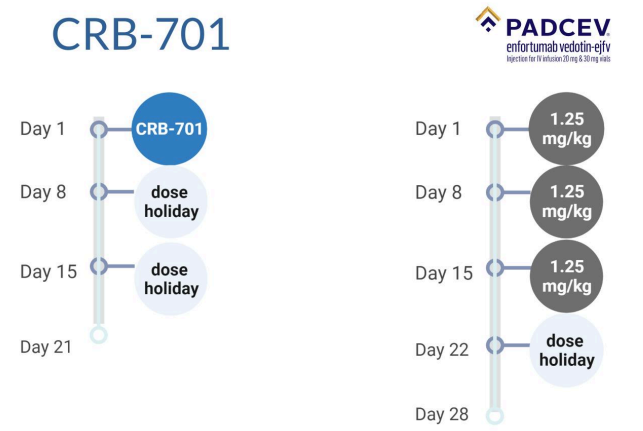
CORBUS PHARMACEUTICALS

CRB-701: Best-in-class dosing regimen

Patient / Physician Convenience

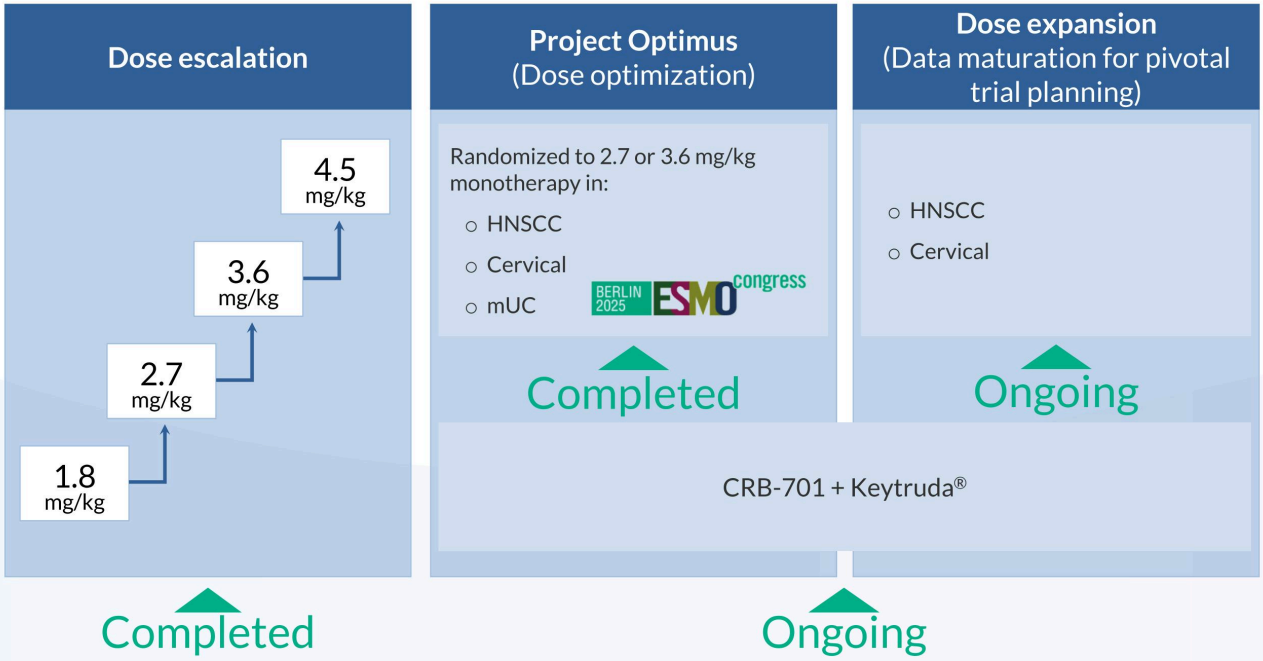
Combination Flexibility

Clinical Cycle Comparison

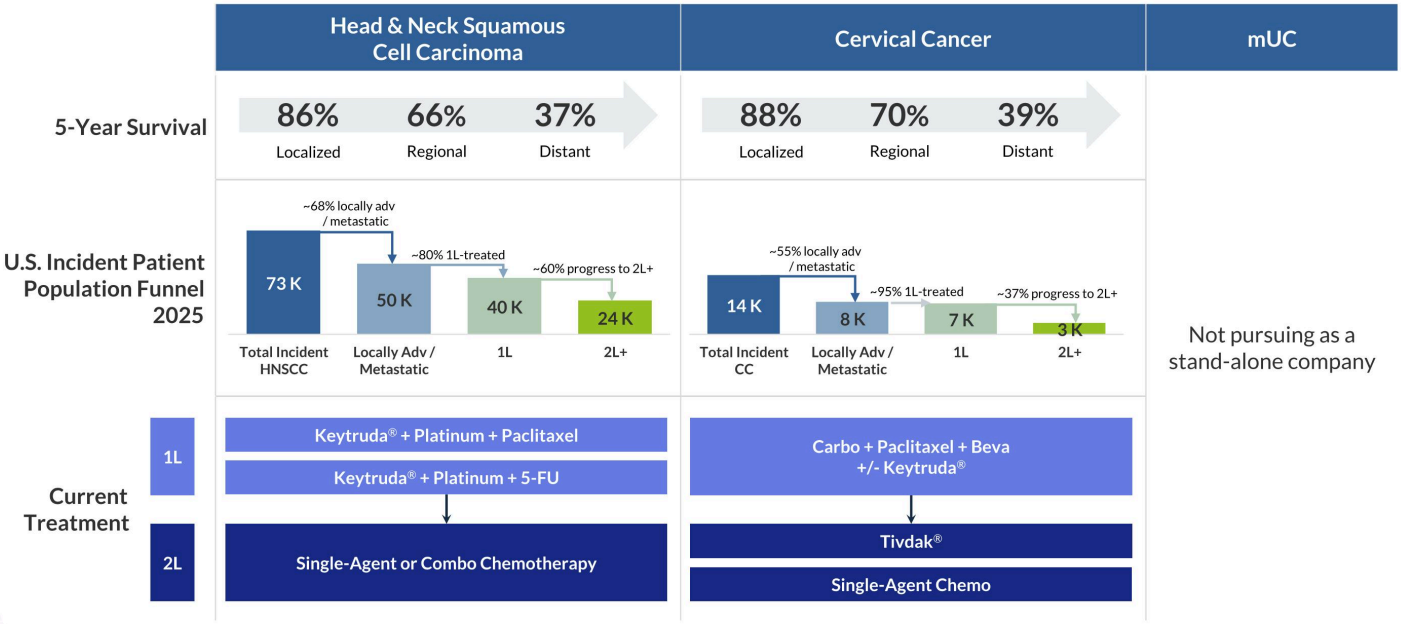


Source(s): Corbus data on file; PADCEV® Prescribing Information as of Dec 2023

CRB-701: Corbus study design (U.S. + Europe)



Emerging indications of interest: HNSCC + cervical cancer



Source: SEER Bladder Cancer; Census.gov; Weir et al., 2021; American Cancer Society; Chu et al., 2022; Hoffman-Censits et al., 2022. SEER Cervical Cancer; Census.gov; Weir et al., 2021; American Cancer Society; Mizuho Analyst Report; Corbus Corporate Deck. SEER Oral Cavity & Pharynx Cancer; SEER Laryngeal Cancer; American Cancer Society; Sanders et al., 2022. LifeSci Consulting Qualitative Market Research

ESMO 2025: Key characteristics & tumor types

Baseline characteristic (as of 9/1/25 data cut)	
Median age (range)	60 (32-90)
Sex (M/F)	50.3% / 49.7%
ECOG PS 0, 1, 2	43.1% , 55.1% , 1.8%
Weight in kg mean (range)	72 (32.1-132.8)
Prior therapies median (range)	3 (1-9)
Safety Population	n=167
Safety Population dosed with monotherapy CRB-701	n=163
Efficacy evaluable population (participants with at least 1 post-baseline scans)	n=122
HNSCC	n=41
Cervical	n=37
La/mUC	n=23
Other tumor types	n=21

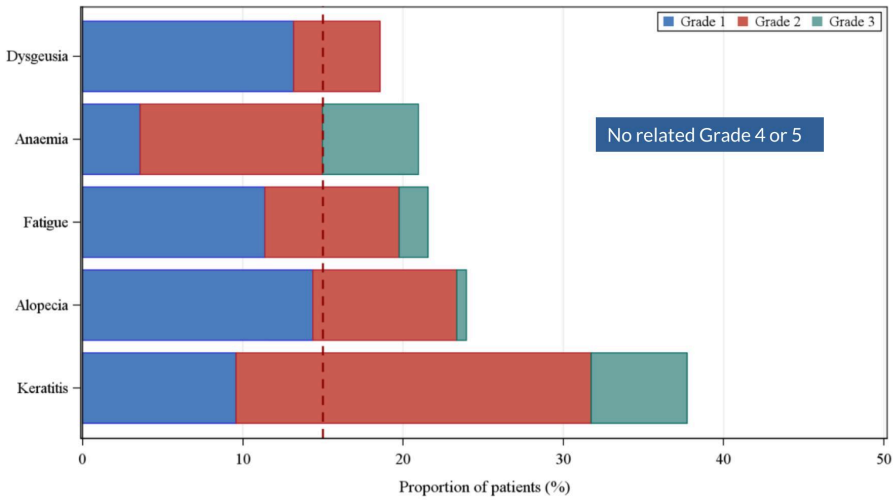
Enrolled tumor types (n=167)	
HNSCC	**60**
Cervical	**54**
Locally advanced/ mUC	**27**
NSCLC	7
TNBC	1
Endometrial	3
Prostate	1
Penile	2
Ovarian	4
Pancreatic	7
Missing	1

Source(s): ESMO 01 Sep 2025 Data cut

ECOG = Eastern Cooperative Oncology Group Performance Status; HNSCC = Head and Neck Squamous Cell Carcinoma; La/mUC = locally advance or metastatic urothelial cancer; NSCLC = Non-small cell lung cancer, TNBC=Triple negative breast canceer

CORBUS PHARMACEUTICALS

ESMO 2025: TEAEs ≥15% (n=167)



Adverse Events of Interest	N=167 (%)
Peripheral neuropathy Broad Terms*	8.4%
Eye	
Overall	56.9%
Grade 3	9%
Grade 4 & 5	0
Skin	
Pruritus	14.4%
Dry skin	10.2%
Rash	9.0%
Rash maculo-papular	4.8%
Dermatitis acneiform	3.6%
Erythema	1.8%
Dermatitis bullous	1.2%
Rash pustular	1.2%
Rash erythematous	0.6%
Rash macular	0.6%
Rash pruritic	0.6%
Skin disorder	0.6%
Skin reaction	0.6%
Skin ulcer	0.6%

*Standardized MedDRA Category Search

Sources: ESMO 01 Sep 2025 Data cut

ESMO 2025: Favorable emerging safety profile vs. Nectin-4-MMAE peers

	PADCEV® [1]	BT8009 [2]	9MW-2821 [3,4]	CRB-701 [5]	
Upper dose limit	1.25 mg/kg	5 mg/m^2	1.25 mg/kg	2.7mg/kg	3.6mg/kg
Schedule	D1, D8, D15 /28 days	Q1W	D1, D8, D15 /28 days	Q3W	
≥ Grade 3 AE rate	62.5% (n=237/379)	53% (n=24/45)	70%	35.7% (n=25/70)	35.5% (n=27/76)
Peripheral neuropathy (broad terms)	48% (n=182/379)	36% (n=16/45)	22.5% (n=54/240)	8.6% (6/70)	6.6% (5/76)
Rash (broad terms*)	50.7% (n=192/379)	18% (n=8/45)	30% (n=72/240)	32.9% (n=23/70)	23.7% (n=18/76)
Neutropenia (Gr 3)	10% (31/310)	4% (n=2/45)	27.9% (n=67/240)	0%	0%
Dose reduction	27.7% (n=105/379)	27% (n=12/45)	Not released	10% (7/70)	19.7% (15/76)
Dose interruptions	55.9% (n=212/379)	53% (n=24/45)	Not released	38.6% (27/70)	51.3% (39/76)
Discontinuations	20.6% (78/379)	4% (n=2/45)	Not released	5.7% (4/70)	7.9% (6/76)

Source(s):
1. NDA/BLA Multidisciplinary Review and Evaluation BLA 761137 PADCEV® (enfortumab vedotin)
2. Torras, O. Reig, et al. "652P BT8009 monotherapy in enfortumab vedotin (EV)-naïve patients with metastatic urothelial carcinoma (mUC): Updated results of Duravelo-1."Annals of Oncology 35 (2024): S515-S516.
3. ASCO 2024, Zhang, et al.
4. SGO plenary March 2024, Yang et al.
5. ESMO 01 Sep 2025 Data cut *Rash (Broad terms): Skin and subcutaneous tissue disorders SOC, excluding alopecia

Safety Summary

Best-in-class for peripheral neuropathy	8.4% (all grade 1 or 2)*
Low rates of skin adverse events	28.7% (broad-terms excluding alopecia) Low numbers of Grade ≥3 events (3/167**)
Eye toxicities have been manageable with prophylaxis and dose modifications	Discontinuations due to eye toxicities have been low (4.2%)

*Standardized MedDRA Category Search; **decubitus ulcer, general rash, Bullous dermatitis

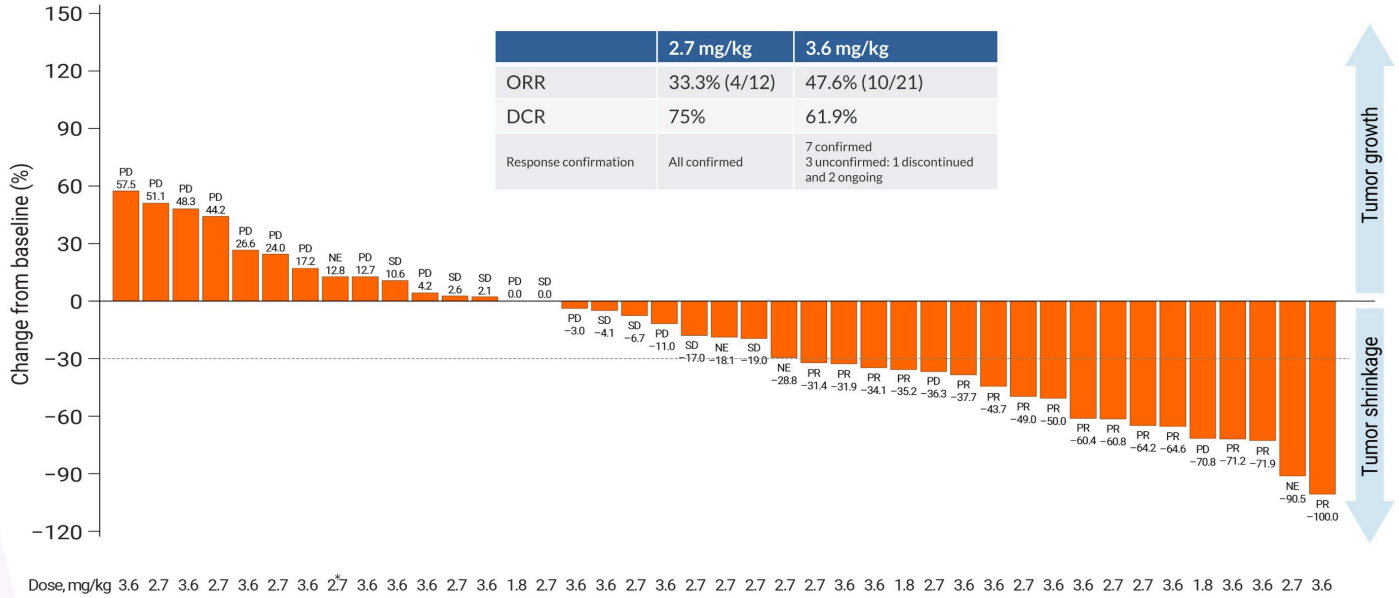
HNSCC baseline characteristics vs. peers

Baseline characteristic	CRB-701*	Petosemtamab**	HNSCC PADCEV®***
Median age (range)	62 (35-76)	60 (31–77)	65 (33-81)
Sex (M/F)	90% / 10%	79% / 21%	87% / 13%
ECOG PS 0,1, 2	48.3%, 50%, 1.7%	30%, 70%, 0%	34.8%, 65.2%, 0%
Prior lines median (range)	3 (1-9)	2 (1-4)	1 line 15.2% 2 lines 17.4% ≥3 lines 67.4%
HPV/P16 Status (Positive/Negative/Missing)	28.3% / 15.0% / 56.7%	46% / 46% / 8%	43.5% / 13% / 43.5%
Disease status at Study Entry (Locally Recurrent/Metastatic)	15% / 85%	Not disclosed	Not disclosed
Nectin-4 H-Score (Range)	13-285	N/A	20-300
PD-L1 Criteria	Agnostic	PD1(L1)-1 Positive	Agnostic

Source(s): * ESMO 01 Sep 2025 Data cut; **ESMO ASIA data Dec 2024; *** Swiecicki *et al*, 2024

ESMO 2025: HNSCC waterfall plot (n=41)

	2.7 mg/kg	3.6 mg/kg
ORR	33.3% (4/12)	47.6% (10/21)
DCR	75%	61.9%
Response confirmation	All confirmed	7 confirmed 3 unconfirmed: 1 discontinued and 2 ongoing



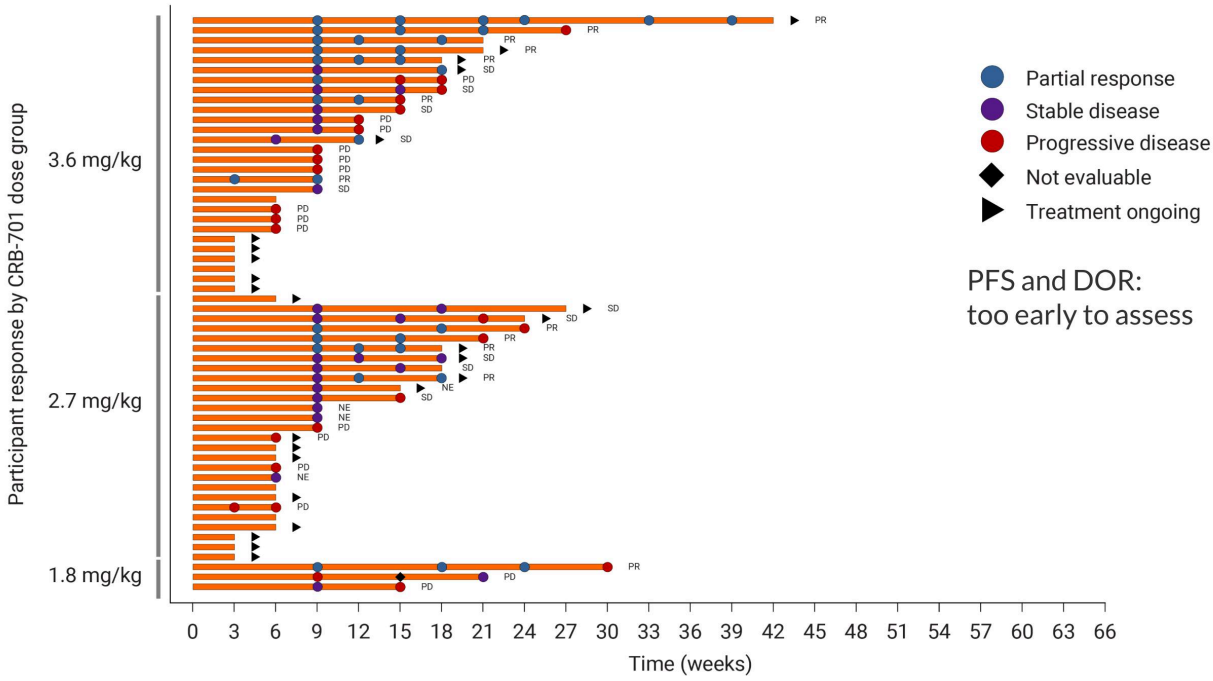
Dose, mg/kg	3.6	2.7	3.6	2.7	3.6	2.7	3.6	2.7*	3.6	3.6	3.6	2.7	3.6	1.8	2.7	3.6	3.6	2.7	3.6	2.7	2.7	2.7	2.7	2.7	3.6	3.6	1.8	2.7	3.6	3.6	2.7	2.7	3.6	1.8	3.6	3.6	2.7	3.6
Nectin-4 H-score	13	115	240	60	130	100	80	130	130			80	215	120	50	100		220	110	70				100	140	250	285		35	70	150		180	90	210	175	180	100	14	170		55

ORR% = (CR+PR) / Response evaluable patients
DCR% = (CR+PR+SD) /Response evaluable patients

8 patients excluded from ORR & DCR calculations
4 non-evaluable patients
1 patient received combination of CRB-701 and pembrolizumab (+24% PD)
3 patients dosed at 1.8mg/kg

Source: ESMO 01 Sep 2025 Data cut,
,Note: NE = Non-Evaluable.

ESMO 2025: HNSCC swimmer plots (n=58)



PFS and DOR:
too early to assess

Source(s): ESMO 01 Sep 2025, *based on confirmed overall response

CRB-701 biomarker populations: Observed efficacy

Nectin-4	Responses seen across wide range of IHC H-score expressions
HPV	Responses seen in HPV positive and negative patients
PD(L)-1	Responses in PD(L)-1 positive and negative patients

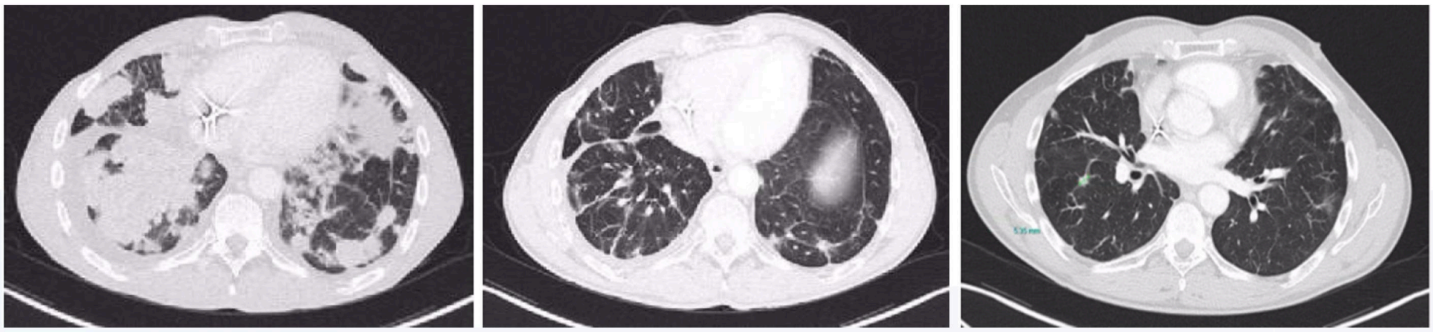
Source(s): Corbus data on file

CORBUS PHARMACEUTICALS

Case Study #1: Clinical improvement in participant with resistant disease

Prior therapies
Carboplatin+docetaxel+5FU 3 weeks (PD) then Cisplatin 4 weeks (PD) then pembrolizumab 6 weeks (PD) then experimental bispecific antibody (PD)

> 61-year-old male patient with HNSCC PD-L1 <1 recently had 1 year tumor assessment images. He was previously suffering with significantly reduced performance status (ECOG 2) and on supplemental oxygen, now riding his bicycle, off oxygen and has gained 15 pounds with an ECOG of 0.
>
> – USA Study Physician



Baseline tumor assessment 9/19/2024	6-week follow-up assessment 11/7/2024	1-year follow up assessment 9/22/2025

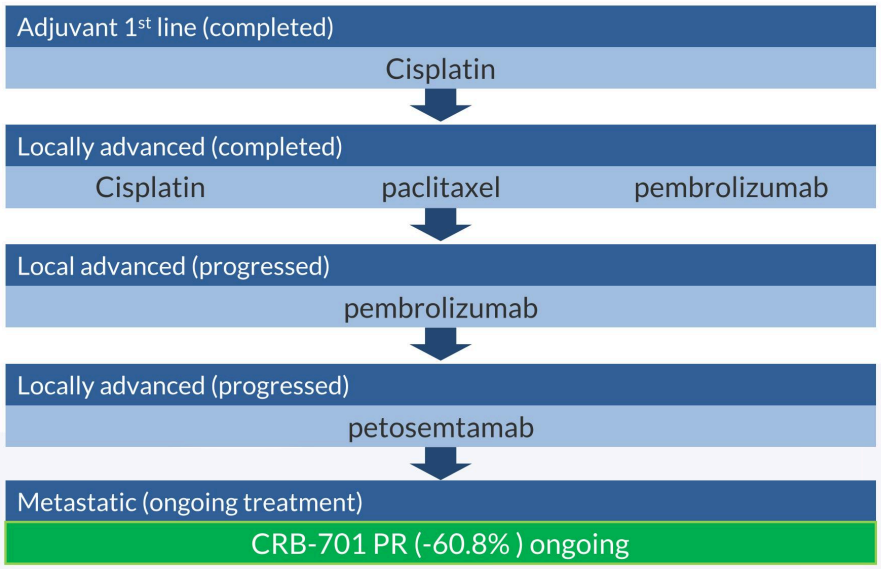
As of 22 Sep 2025 – Participant is ongoing with a PR and tumor reduction of -73% with negative NavDx ctDNA. Remaining disease is PET negative/cold – being considered as a clinical (not formal) CR.

Source(s): Corbus Data on file

Case Study #2: Response seen in patient pre-treated with petosemtamab

Patient had a partial response (after previously showing stable disease while on petosemtamab)

Patient was heavily pre-treated with 4 lines of prior therapy



Source: Corbus data on file

CORBUS PHARMACEUTICALS

CRB-701 compared to petosemtamab or PADCEV® in 2L HNSCC

	Petosemtamab***	HNSCC PADCEV®**	CRB-701*
Dosing regimen	1500mg Q2W	1.25mg/kg on d1/8/15 of 28-day	3.6mg/kg Q3W
Target population	PD(L)-1 +ve only (HPV+/-)	PD(L)-1 agnostic (HPV+/-)	PD(L)-1 agnostic (HPV+/-)
Efficacy (ORR)	36%	23.9%	47.6%
TEAEs Grade 3 & greater	59%	34.8%	35.5%

Source(s): *ESMO 01 Sep 2025 Data cut; ** Swiecicki *et al*, 2024; ***ESMO ASIA data Dec 2024.

Target patient populations for CRB-701 in HNSCC

1L

- Multiple MOAs being evaluated
- CRB-701 combo data with pembrolizumab → expected mid-2026

2L+

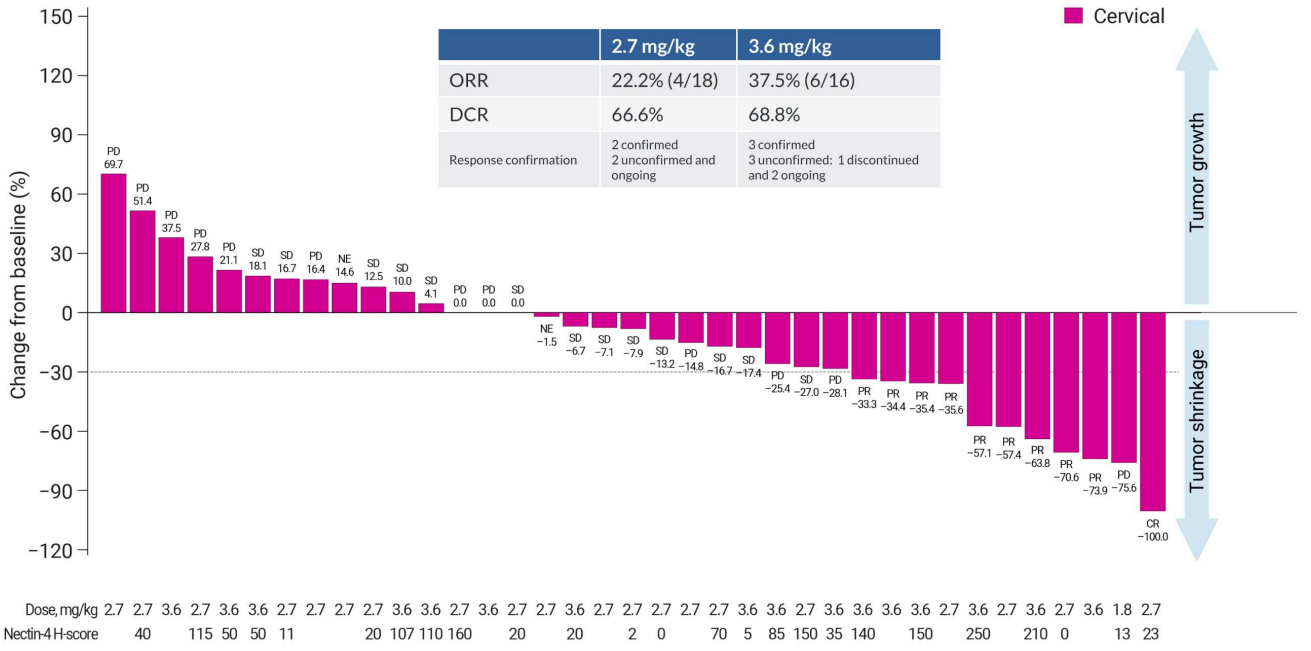
- 24,000* annual cases in USA
- No ADCs approved
- Orthogonal mechanism to EGFR
- Existing late line Tx ORR ~10%
- Petosemtamab ORR 36%

Source(s): LifeSci Consulting Qualitative Market Research

CORBUS PHARMACEUTICALS

CRB-701 HNSCC: Next steps planned

ESMO 2025: Waterfall plot (n=37)



	2.7 mg/kg	3.6 mg/kg
ORR	22.2% (4/18)	37.5% (6/16)
DCR	66.6%	68.8%
Response confirmation	2 confirmed 2 unconfirmed and ongoing	3 confirmed 3 unconfirmed: 1 discontinued and 2 ongoing

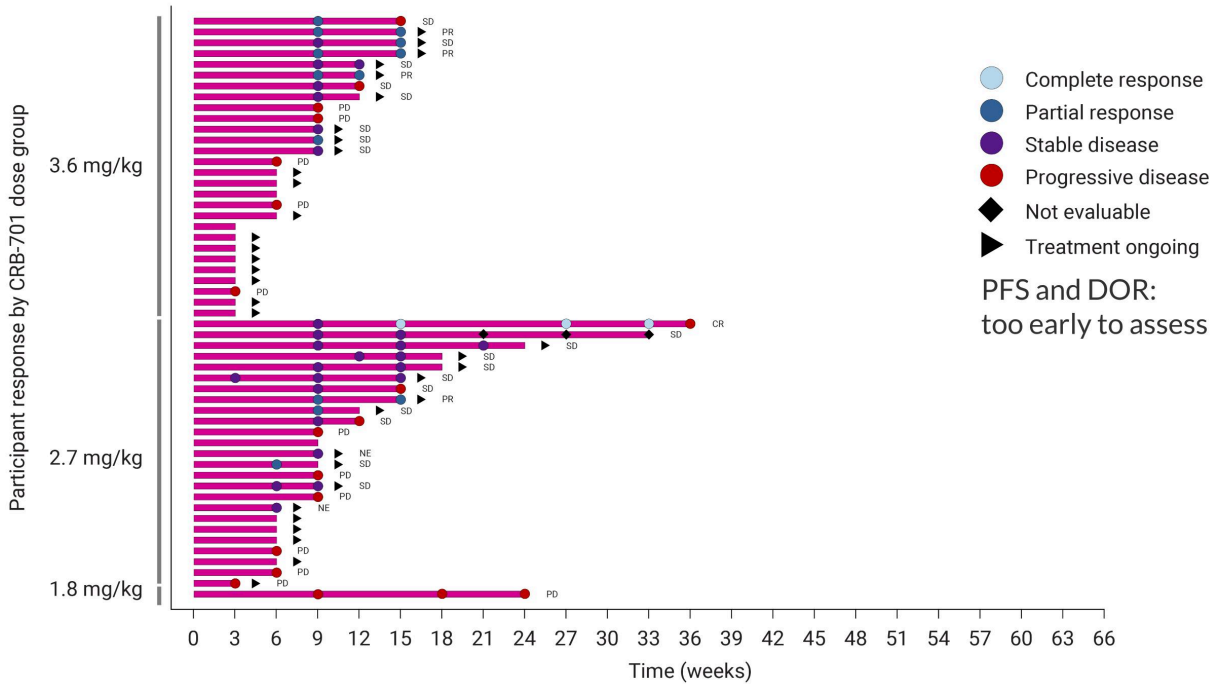
Dose, mg/kg	2.7	2.7	3.6	2.7	3.6	3.6	2.7	2.7	2.7	2.7	3.6	3.6	2.7	3.6	2.7	2.7	3.6	2.7	2.7	2.7	2.7	2.7	3.6	3.6	2.7	3.6	3.6	3.6	3.6	2.7	3.6	2.7	3.6	2.7	3.6	1.8	2.7
Nectin-4 H-score		40		115	50	50	11			20	107	110	160		20		20		2	0		70	5	85	150	35	140		150		250		210	0		13	23

Source: ESMO 01 Sep 2025 Data cut
Note: NE =Non-evaluable

ORR %=(CR+PR)/ Response evaluable patients
DCR % = (CR+PR+SD) /Response evaluable patients

3 patients excluded from ORR and DCR Calculations
2 non-evaluable patients
1 patient dosed at 1.8mg/kg

ESMO 2025: Swimmer plots (n=54)



Source(s): ESMO 01 Sep 2025 Data cut, based on confirmed overall response

ESMO 2025: CRB-701 compared to Tivdak®

	CRB-701	Tivdak®
Mechanism	Nectin-4 ADC with MMAE payload (DAR 2)	Tissue factor ADC with MMAE payload (DAR 4)
Target population	2L	2L
Median Age	54 (32-78)	51 (26-80)
ECOG (0, 1, 2, missing)	51.9%, 48.1%, 0%, 0%	61%, 39%, 0%, 0%
Prior lines of therapy median (range)	3 (1, 8)	1 line: 61% 2 lines: 38% Unknown: 1%
Dosing regimen	3.6 mg/kg Q3W	2 mg/kg Q3W
Efficacy (ORR)	37.5%	17.8%*
TEAEs Grade 3 & greater	35.5% (n=76)	46% (n=405)

Sources: ESMO 01 Sep 2025 Data cut
*Tivdak® Package Insert

Potential use of CRB-701 in cervical cancer

- Post-1L therapy represents unmet need with few effective modalities
- Tivdak® considered "a standard of care" in 2L with current annualized sales of $314 million*
- Side effect profile + poor efficacy are limitations on Tivdak® commercial success
- FDA has granted CRB-701 Fast Track Status in cervical cancer

1L

Keytruda® + chemo

Efficacy (ORR ~68%**)

2L+

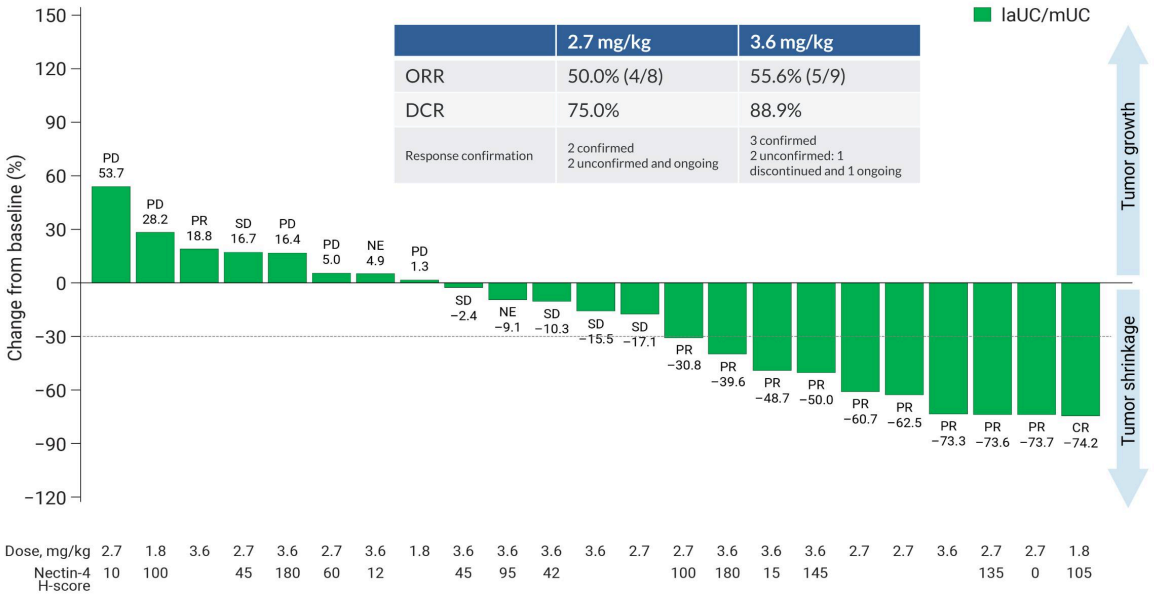
Tivdak®

Modest efficacy (ORR 17.8%) and poor tolerability

Source(s): *Genmab Q2 YTD sales of Tivdak® were $78mm https://ir.genmab.com/static-files/78495c53-291f-4861-8e48-f3230c45b9eb
*Pfizer Q2 YTD sales of Tivdak® were $79 million https://s206.q4cdn.com/795948973/files/doc_financials/2025/q2/Q2-2025-PFE-Earnings-Release-FINAL.pdf
**Keytruda prescription label-Keynote 826 study https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/125514s178lbl.pdf

CORBUS PHARMACEUTICALS

ESMO 2025: Waterfall plot (n=23)



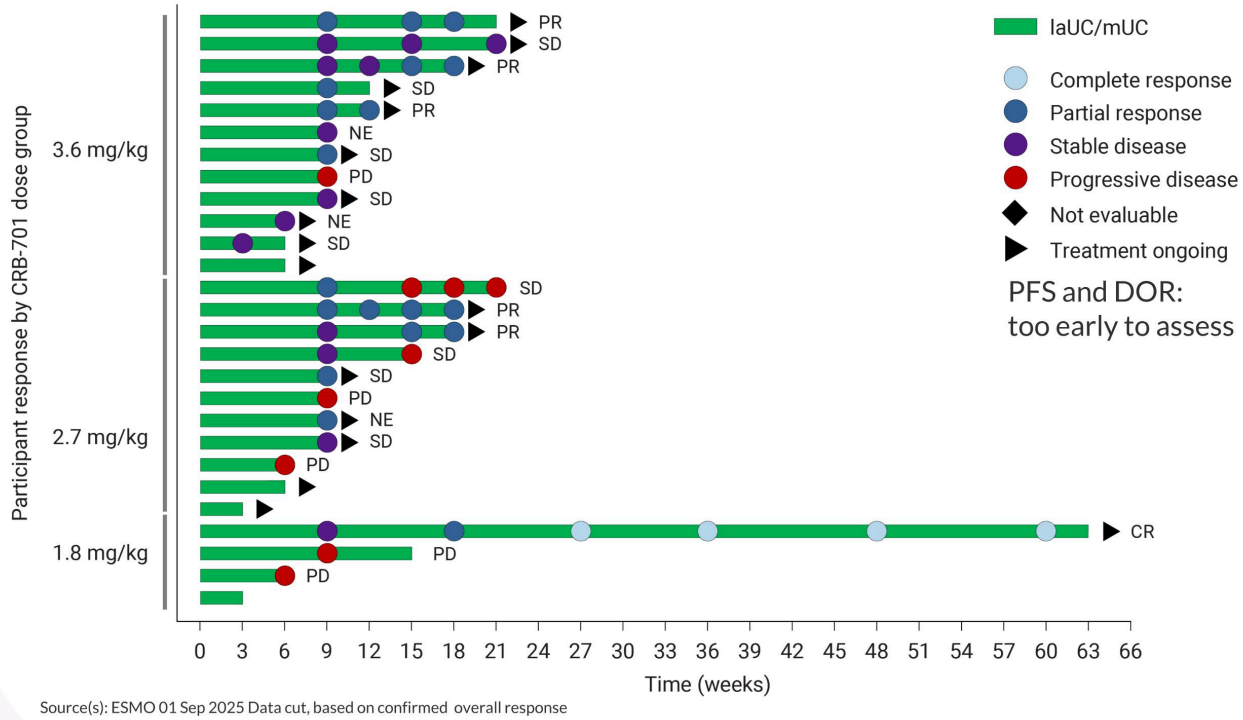
	2.7 mg/kg	3.6 mg/kg
ORR	50.0% (4/8)	55.6% (5/9)
DCR	75.0%	88.9%
Response confirmation	2 confirmed 2 unconfirmed and ongoing	3 confirmed 2 unconfirmed: 1 discontinued and 1 ongoing

Source: ESMO 01 Sep 2025 Data cut
Note: NE = Non-Evaluable

ORR% = (CR+PR) / Response evaluable patients
DCR% = (CR+PR+SD)/ Response evaluable patients

6 patients excluded from the ORR and DCR calculation
1 patient with a tumor reduction of -60.7% (PR) excluded due to missing data
2 non-evaluable patients
3 patients dosed at 1.8mg/kg

ESMO 2025 Swimmer plots (n=27)



Source(s): ESMO 01 Sep 2025 Data cut, based on confirmed overall response

ESMO 2025: CRB-701 compared to PADCEV® monotherapy

	CRB-701*	PADCEV®**
Mechanism	Nectin-4 ADC with MMAE payload (DAR 2)	Nectin-4 ADC with MMAE payload (DAR ~3.8)
Dosing regimen	3.6mg/kg Q3W	1.25mg/kg on d1/8/15 of 28-day
Target population	2nd line	2nd line
Efficacy-ORR	55.6%	44%
Pooled safety database	n=76	n=310 (1.25mg/kg dose)
Grade 3 or greater AE rate	35.5%	58%
Peripheral neuropathy	6.6%	49%
Rash & skin reactions (broad terms)	29.3% (2.4% Grade 3***)	54% (7% Grade 3)
Discontinuation rates	7.9%	19.4%

Sources: *ESMO 01 Sep 2025 Data cut
**PADCEV® data: https://www.accessdata.fda.gov/drugsatfda_docs/nda/2019/761137Orig1s000MultiDisciplineR.pdf
***All grade 3, no Grade 4/5: 1 x rash, 1 x decubitus ulcer, 1 x dermatitis bullous

CORBUS PHARMACEUTICALS

Corbus not currently pursuing mUC as indication as a stand-alone company

- Decision based on current competitive landscape rather than data
- Keytruda® + PADCEV® dominate mUC 1L and PADCEV® dominates mUC 2L

1L

Keytruda® + PADCEV®

Efficacy:
(ORR 67.7%*)

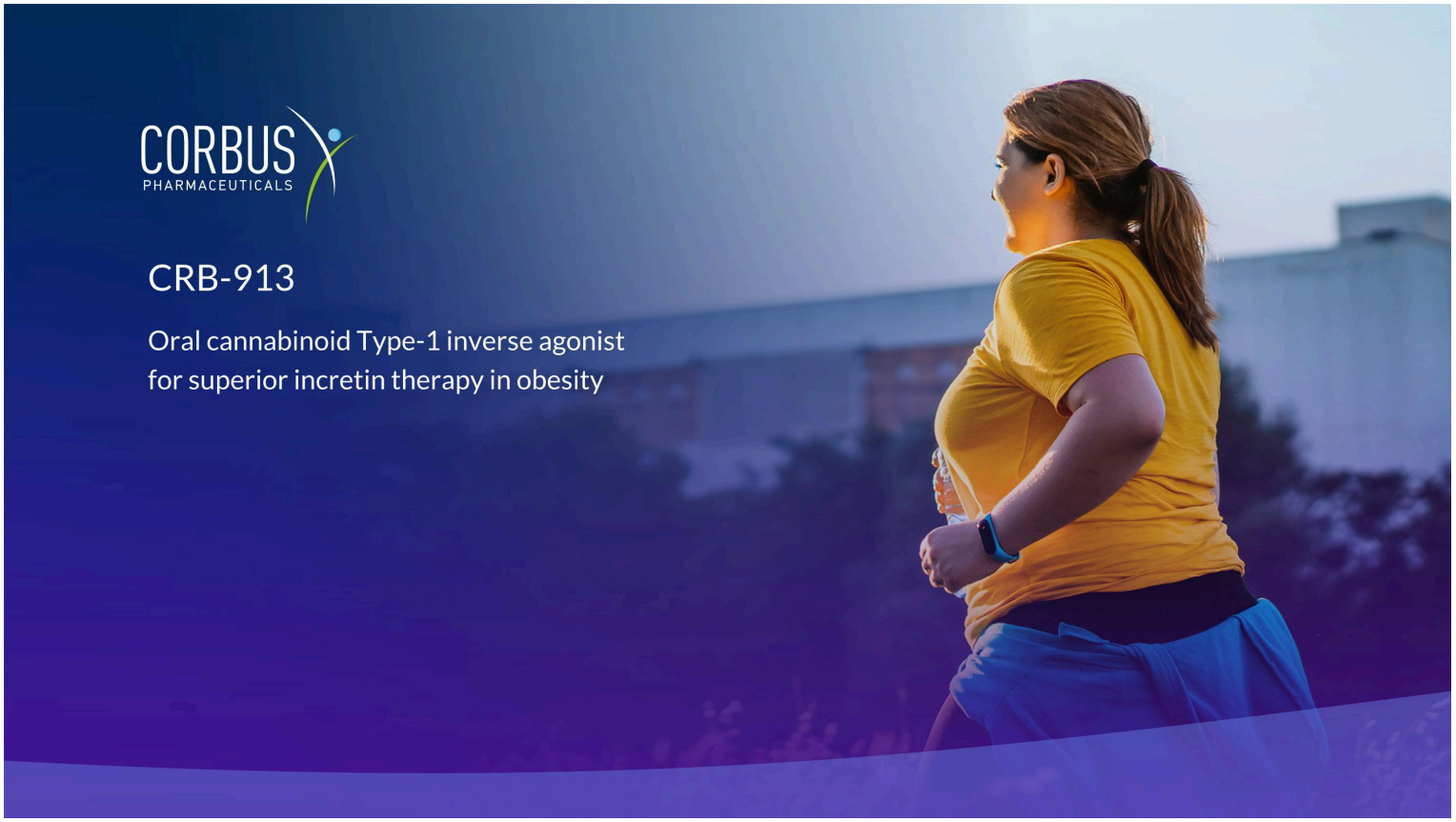
2L+

PADCEV®**

Efficacy
(ORR 44%)

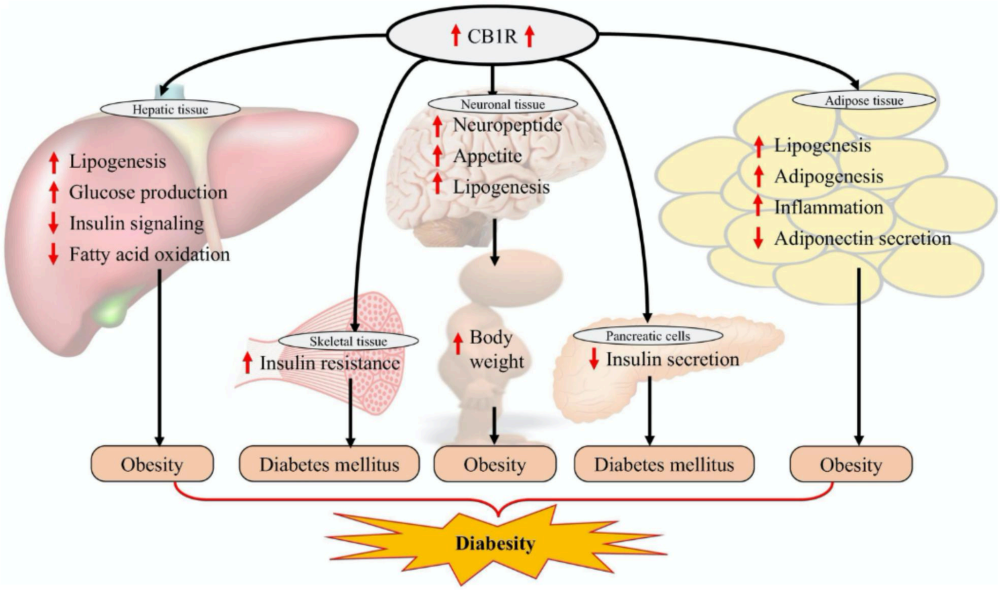
Sources: *Per PADCEV ® prescription label EV-302 trial
**PADCEV® data:
*

CORBUS PHARMACEUTICALS


CORBUS
PHARMACEUTICALS
CRB-913
Oral cannabinoid Type-1 inverse agonist
for superior incretin therapy in obesity

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.

Attributes of CB1 small-molecule inverse agonism

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

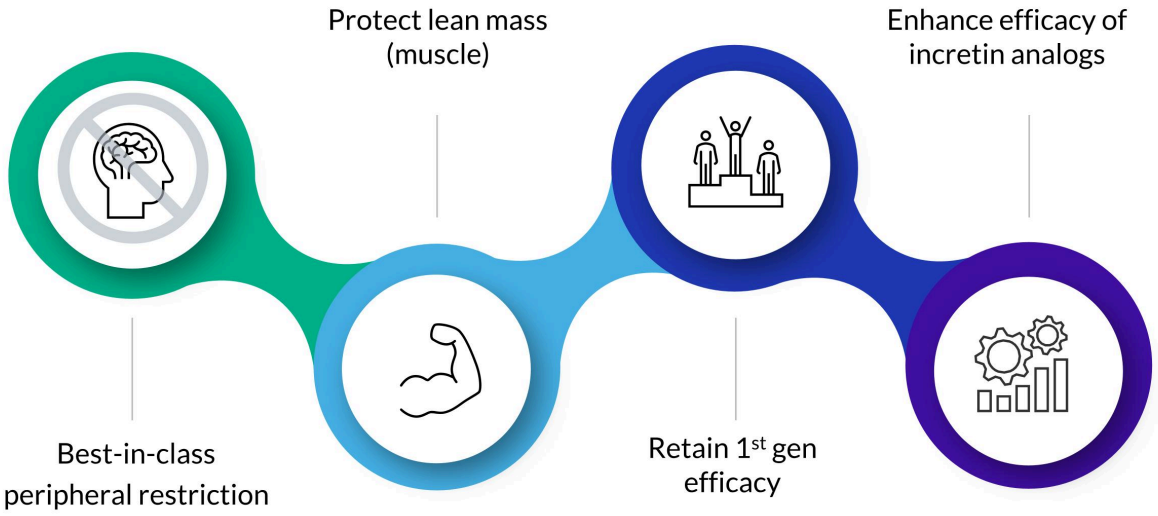
Next-generation (2020 onwards)

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

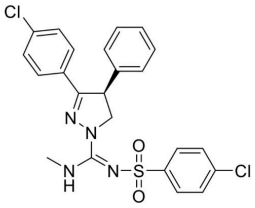
inversago PHARMA → novo nordisk	Monlunabant
CORBUS PHARMACEUTICALS	CRB-913

Source(s): Cinar et al 2020

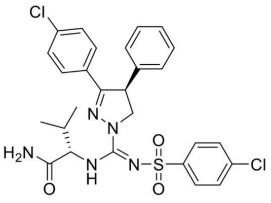
CRB-913 is designed as best-in-class next-generation CB1 inverse agonist



CRB-913 is the outcome of a multi-year medicinal chemistry campaign



Ibipinabant (2004-2008)



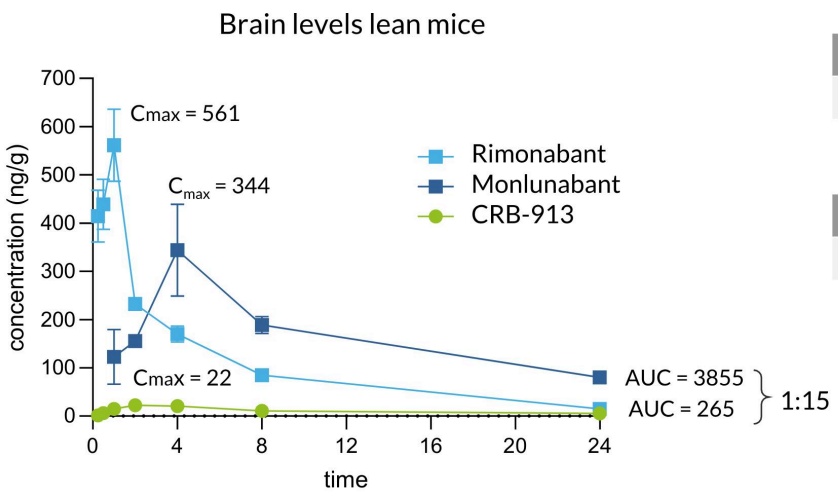
JD-5037 (2012-2018) /
CRB-4001 (2018-2021)

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

CORBUS PHARMACEUTICALS

CRB-913 has higher peripheral restriction than monlunabant or rimonabant



AUC Brain: Plasma ratio

Dose	CRB-913	Monlunabant	Rimonabant
10 mg/kg	1:50	1:5	1:1

C_{max} Brain concentration (ng/g)

Dose	CRB-913	Monlunabant	Rimonabant
10 mg/kg	22	344	561

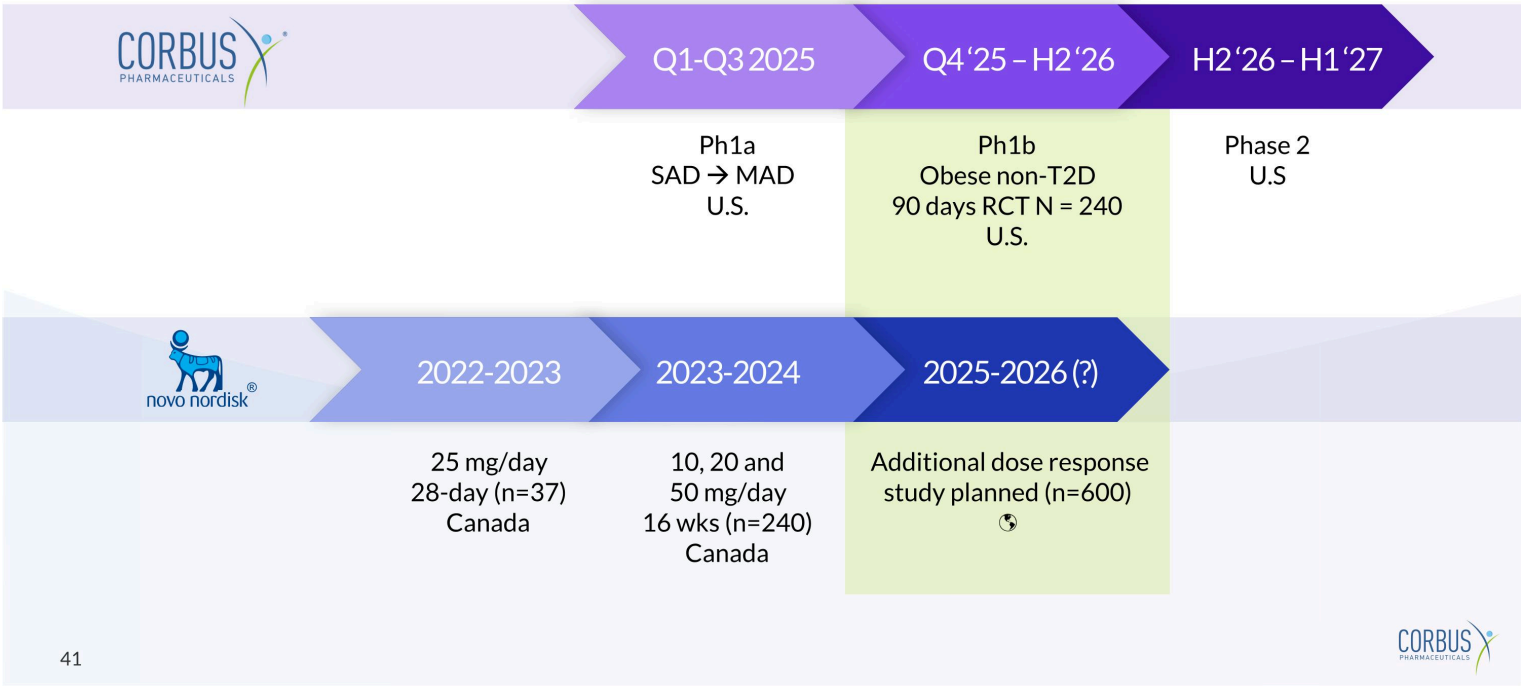
1:15

1:1.6

1:26

Source(s): *Morningstar et al Obesity Week poster 2024

Planned clinical development pathway to determination of dose response curve



CRB-913: Potential clinical usage and supportive pre-clinical data

1

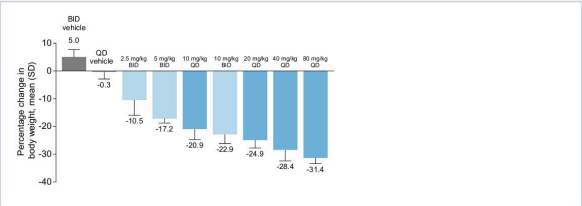
Incretin analog therapy for insensitive/ intolerant / high-risk patients

2

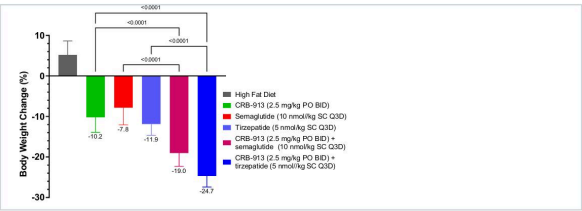
Combination with oral incretin agonists → potentially enhances efficacy OR improve tolerability

3

"Induction/maintenance" model: goal to potentially maintain weight loss post incretin analog therapy



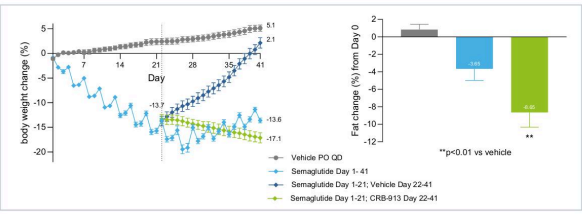
obesityweek | THE OBESITY SOCIETY



OBESITY SYMPOSIUM
Obesity Biology and Integrated Physiology

Obesity | WILEY

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



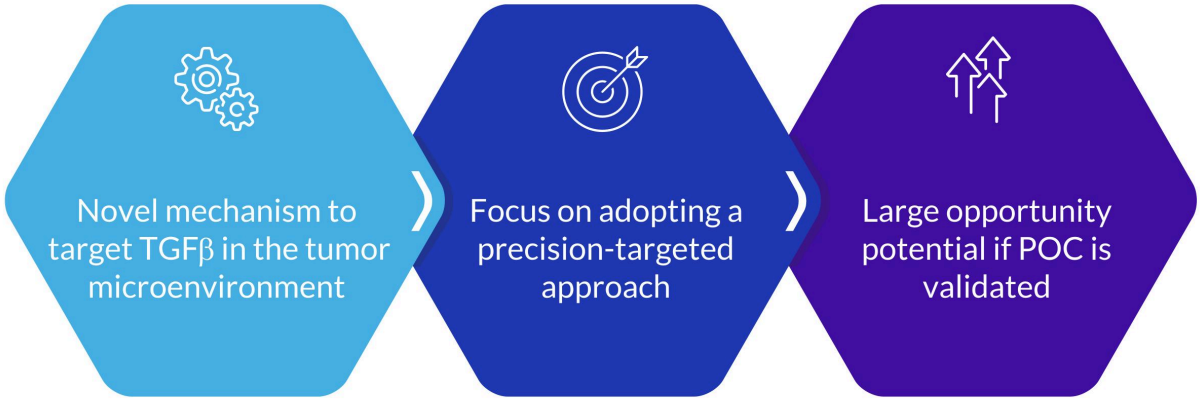
obesityweek | THE OBESITY SOCIETY

CORBUS PHARMACEUTICALS

CRB-601

Potential “best-in-class” αvβ8 mAb

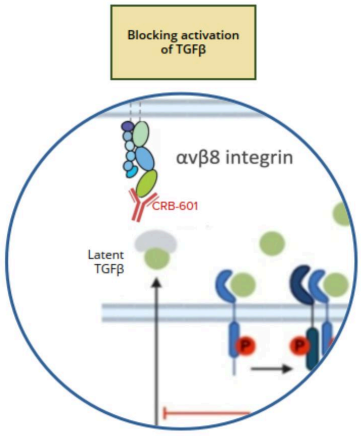
CRB-601 has the potential to enhance checkpoint inhibition



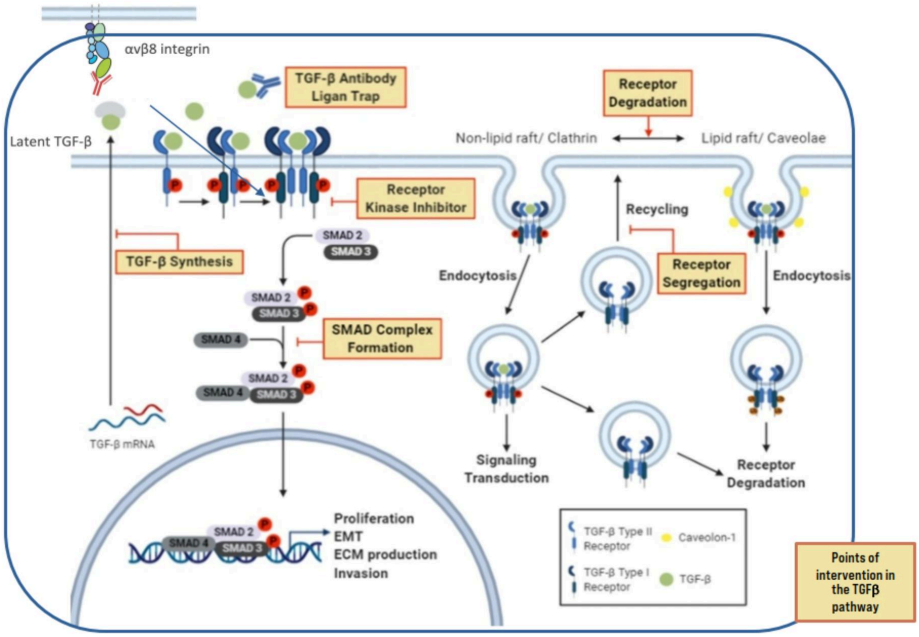
Targeting the integrin αvβ8 represents a novel approach to regulating TGFβ

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.

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	Phase 1	Phase 1/2 –study completed December 2024	Phase 1	Phase 2 HCC (read-out in 2025) Expanded Ph2 trials into muC & NSCLC	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.


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
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.

Ian Hodgson, PhD
Chief Operating Officer

Dr. Hodgson joined Corbus in 2022. Previously he held senior leadership positions in biotech and contract research organizations. Most recently served as V.P., Head of Clinical Services at TMC Pharma.

Christina Bertsch, M.A.
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

Rachelle Jacques Chair of the Board

More than 30-year professional career, experience in U.S. and global biopharmaceutical commercial leadership, including multiple high-profile product launches in rare diseases; Former CEO of Enzyvant Therapeutics (now Sumitomo Pharma) and Akari Therapeutics (NASDAQ: AKTX)

Anne Altmeyer, PhD, MBA, MPH Director

Greater than 25 years of experience advancing oncology R&D programs and leading impactful corporate development transactions; former CEO of TigaTx (acquired by Epsilogen Ltd)

Winston Kung, MBA Director

More than 20 years of senior financial, business development and investment banking experience; currently CFO of ArriVent. (NASDAQ: AVBP)

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.

Amb. Alan Holmer Ret. Director

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

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.

Yong (Ben) Ben, MD, MBA Director

25 years of oncology R&D experience across industry and academia. CMO of BridgeBio Oncology Therapeutics and former CMO of BeiGene.

2025 Upcoming anticipated corporate milestones

CRB-701	Regulatory update	Q1 2026
	Start monotherapy Ph2/3 registrational study	Mid 2026
	CRB-701+ pembrolizumab	Mid 2026
CRB-913	Complete Ph1 SAD/MAD	Q4 2025
	Start Ph1B study	Q4 2025
	Complete Phase 1B	Mid 2026
CRB-601	Ph1 dose escalation	Q4 2025