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): March 9, 2026

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 2.02 Results of Operations and Financial Condition.

Corbus Pharmaceuticals Holdings, Inc. (the "Company") issued a press release on March 9, 2026, disclosing financial information and operating metrics for its fiscal year ended December 31, 2025 and discussing its business outlook. A copy of the Company's press release is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Item 7.01 Regulation FD Disclosure.

See "Item 2.02 Results of Operations and Financial Condition" above.

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 Items 2.02 and 7.01, including the information contained in Exhibit 99.1 and 99.2, 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 Securities Exchange Act of 1934 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 or the Securities Exchange Act of 1934, 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	Press Release issued by Corbus Pharmaceuticals Holdings, Inc. dated March 9, 2026.
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: March 9, 2026

By: */s/ Yuval Cohen*

Name: Yuval Cohen
Title: Chief Executive Officer

Exhibit 99.1

Corbus Pharmaceuticals Reports Q4 and 2025 Financial Results and Provides a Corporate Update

- Presented data at ESMO 2025 demonstrating promising efficacy with CRB-701 in head and neck squamous cell carcinoma (HNSCC) and cervical cancer
- CRB-701 data for both indications is expected in mid-2026 with focus on durability and patient stratification
- Reported 14-day CRB-913 SAD/MAD data demonstrating potent and rapid weight loss of 2.9% with favorable GI safety
- On schedule to complete 12-week CRB-913 obesity study (n=240) in summer 2026
- Completed $75 million public offering in Q4 2025 extending cash runway into 2028

Norwood, MA, March 9, 2026 (GLOBE NEWSWIRE) -- Corbus Pharmaceuticals Holdings, Inc. (NASDAQ: CRBP) ("Corbus" or the "Company"), a clinical stage company focused on promising new therapies in oncology and obesity, today provided a corporate update and reported financial results for the fourth quarter and year ended December 31, 2025.

"Our encouraging data readouts for CRB-701 and CRB-913 in the fourth quarter of 2025 set the stage for a potentially transformative 2026. This summer we anticipate key data readouts for both programs that we expect will elucidate their differentiated efficacy and safety profiles, as well as potential clinical utility and commercial opportunities," said Yuval Cohen, Ph.D., Chief Executive Officer of Corbus. "The clinical responses we are generating in HNSCC and cervical cancer patients with CRB-701, a highly stable Nectin-4 ADC, highlight its potential in treating these challenging tumor types. In parallel, the rapid weight loss and favorable GI tolerability we've seen with CRB-913 suggest it could provide a novel long-term weight management solution for people struggling with chronic obesity."

Key Corporate and Program Updates

CRB-701 is a next-generation, highly stable Nectin-4 targeting ADC being developed to treat HNSCC and cervical cancer. The U.S. Food and Drug Administration (FDA) has granted Fast Track designations to CRB-701 for the treatment of both cancer types. CRB-701 is licensed from CSPC Megalith Biopharmaceutical Co. Ltd. China.

- **Encouraging CRB-701 Phase 1/2 data in Q4 2025.** Corbus presented dose optimization data at the 2025 European Society for Medical Oncology Congress (ESMO 2025). Highlights included:
  - Unconfirmed Objective Response Rate with CRB-701 at the 3.6 mg/kg dose: HNSCC - 47.6%, Cervical cancer - 37.5%, and Bladder - 55.6%.
  - Favorable safety and tolerability with no grade 4 or 5 treatment-related adverse events.
  - Markedly low levels of peripheral neuropathy and skin toxicity.

- Link **here** (link: https://ir.corbuspharma.com/news-events/press-releases/detail/452/corbus-pharmaceuticals-presents-crb-701-robust-clinical-responses-in-hnscc-and-cervical-cancers-at-esmo25) for CRB-701 ESMO data press release and **here** (link: https://lifescievents.com/event/vak208zhgo/) for archived KOL event discussing the findings.

- **Anticipated catalysts for CRB-701 in 2026:**
  - Provide update in Q1 2026 from discussions with FDA regarding registrational study protocols for HNSCC and cervical cancer.
  - Report monotherapy data in mid-2026 with a key focus being durability data and patient stratification.
  - Generate CRB-701 + Keytruda combination data in first line ("1L") HNSCC patients in Q4 2026.

CRB-913 is a highly peripherally restricted oral CB1 inverse agonist for the treatment of obesity.

- **Encouraging CRB-913 data in Q4 2025.** Corbus completed a single ascending dose (SAD) and multiple ascending dose (MAD) Phase 1a study in December 2025. SAD portion: n=64 across 8 cohorts; MAD portion: n=48 across 4 cohorts. Highest SAD dose tested was 600 mg/day and highest MAD dose tested was 150 mg/day. Highlights include:
  - Weight loss of 2.9% (placebo adjusted) at 14-days in dedicated 150 mg/day obesity cohort (n=12). Weight loss started early and deepened with time. Safe and well-tolerated across all cohorts and all doses studied.
  - Very favorable GI profile with no reports of vomiting, constipation or nausea.
  - Daily neuropsychiatric assessments using CSSRS, PHQ-9, and GAD-7 were negative.
  - Link **here** (link: https://ir.corbuspharma.com/news-events/press-releases/detail/458/corbus-pharmaceuticals-reports-results-from-phase-1a-study-of-oral-cb1-inverse-agonist-crb-913-for-the-treatment-for-obesity-demonstrating-favorable-safety-profile-and-emerging-evidence-of-weight-loss) for Phase 1a study data press release and **here** (link: https://ir.corbuspharma.com/news-events/events/detail/20251211-corbus-pharma-virtual-webinar-on-crb-913-for-the-treatment-of-obesity) for archived KOL event discussing the findings.

- **Anticipated catalyst for CRB-913 in 2026:**
  - CANYON-1 Phase 1b dose-ranging 12-week study (n=240) expected to be completed in summer 2026.

CRB-601 is an anti-αvβ8 integrin monoclonal antibody (mAB) designed to block the activation of latent TGFβ in the tumor micro-environment to treat solid tumors.

- **Phase 1 dose escalation trial of CRB-601 completed in Q4 2025.**
  - Preliminary monotherapy data were presented in November 2025 at the Society for Immunotherapy of Cancer (SITC) 2025.

- Corbus has deprioritized this program and does not plan to enroll additional patients.

Financial Results for the Quarter and Year Ended December 31, 2025

The Company reported a net loss of approximately $20.6 million, or a net loss per basic and diluted share of $1.25, for the three months ended December 31, 2025, compared to a net loss of $9.5 million, or a net loss per basic and diluted share of $0.78, for the three months ended December 31, 2024.

Operating expenses increased by $9.4 million to approximately $22.0 million for the three months ended December 31, 2025, compared to approximately $12.6 million for the three months ended December 31, 2024. The increase was primarily attributable to an increase in clinical development expenses.

The Company had $163.3 million of cash, cash equivalents, and investment on hand at December 31, 2025, which is expected to fund operations into 2028 based on planned expenditures. In the fourth quarter of 2025, the Company completed a public offering that raised a total of $75 million in gross proceeds.

About Corbus

Corbus Pharmaceuticals Holdings, Inc. is a clinical stage company focused on promising new therapies in oncology and obesity 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 and CRB-913, a highly peripherally restricted CB1 receptor inverse agonist for the treatment of obesity. Corbus is headquartered in Norwood, Massachusetts. For more information on Corbus, visit corbuspharma.com. 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 trial results, product development, clinical and regulatory timelines, including timing for completion of trials and presentation of data, 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.

All product names, logos, brands and company names are trademarks or registered trademarks of their respective owners. Their use does not imply affiliation or endorsement by these companies.

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Founder & Principal
Melone Communications, LLC
liz@melonecomm.com

---tables to follow---

Corbus Pharmaceuticals Holdings, Inc.
Consolidated Statements of Operations and Comprehensive Loss
(in thousands, except share and per share amounts)

	Unaudited For the Three Months Ended December 31,		For the Year Ended December 31,	
	2025	2024	2025	2024
Operating expenses:				
Research and development	$ 18,406	$ 8,787	$ 70,095	$ 32,222
General and administrative	3,560	3,818	15,215	16,499
Total operating expenses	21,966	12,605	85,310	48,721
Operating loss	(21,966)	(12,605)	(85,310)	(48,721)
Other income (expense), net:				
Interest and investment income, net	1,410	1,782	5,530	6,311
Interest expense	—	—	—	(1,872)
Other income, net	1	1,293	1,243	4,073
Total other income, net	1,411	3,075	6,773	8,512
Net loss	$ (20,555)	$ (9,530)	$ (78,537)	$ (40,209)
Net loss per share, basic and diluted	$ (1.25)	$ (0.78)	$ (5.90)	$ (3.68)
Weighted average number of common shares outstanding, basic and diluted	16,482,734	12,179,482	13,317,116	10,915,413
Comprehensive loss:				
Net loss	$ (20,555)	$ (9,530)	$ (78,537)	$ (40,209)
Other comprehensive income (loss):				
Change in unrealized (loss) gain on marketable debt securities	(50)	(172)	(88)	36
Total other comprehensive (loss) income	(50)	(172)	(88)	36
Total comprehensive loss	$ (20,605)	$ (9,702)	$ (78,625)	$ (40,173)

Corbus Pharmaceuticals Holdings, Inc.
Consolidated Balance Sheets
(in thousands, except share and per share amounts)

	December 31, 2025	December 31, 2024
ASSETS		
Current assets:		
Cash and cash equivalents	$ 28,492	$ 17,198
Investments	134,777	131,864
Restricted cash	670	285
Prepaid expenses and other current assets	3,015	3,629
Total current assets	166,954	152,976
Restricted cash	—	385
Property and equipment, net	159	385
Operating lease right-of-use assets	1,082	2,133
Total assets	$ 168,195	$ 155,879
LIABILITIES AND STOCKHOLDERS' EQUITY		
Current liabilities:		
Accounts payable	$ 2,215	$ 4,786
Accrued expenses	16,844	5,426
Operating lease liabilities, current	1,633	1,606
Total current liabilities	20,692	11,818
Operating lease liabilities, noncurrent	—	1,633
Total liabilities	20,692	13,451
Stockholders' equity:		
Preferred stock, $0.0001 par value; 10,000,000 shares authorized, no shares issued and outstanding at December 31, 2025 and December 31, 2024	—	—
Common stock, $0.0001 par value; 300,000,000 shares authorized, 17,611,511 and 12,179,482 shares issued and outstanding at December 31, 2025 and December 31, 2024, respectively	2	1
Additional paid-in capital	702,984	619,285
Accumulated deficit	(555,430)	(476,893)
Accumulated other comprehensive (loss) gain	(53)	35
Total stockholders' equity	147,503	142,428
Total liabilities and stockholders' equity	$ 168,195	$ 155,879

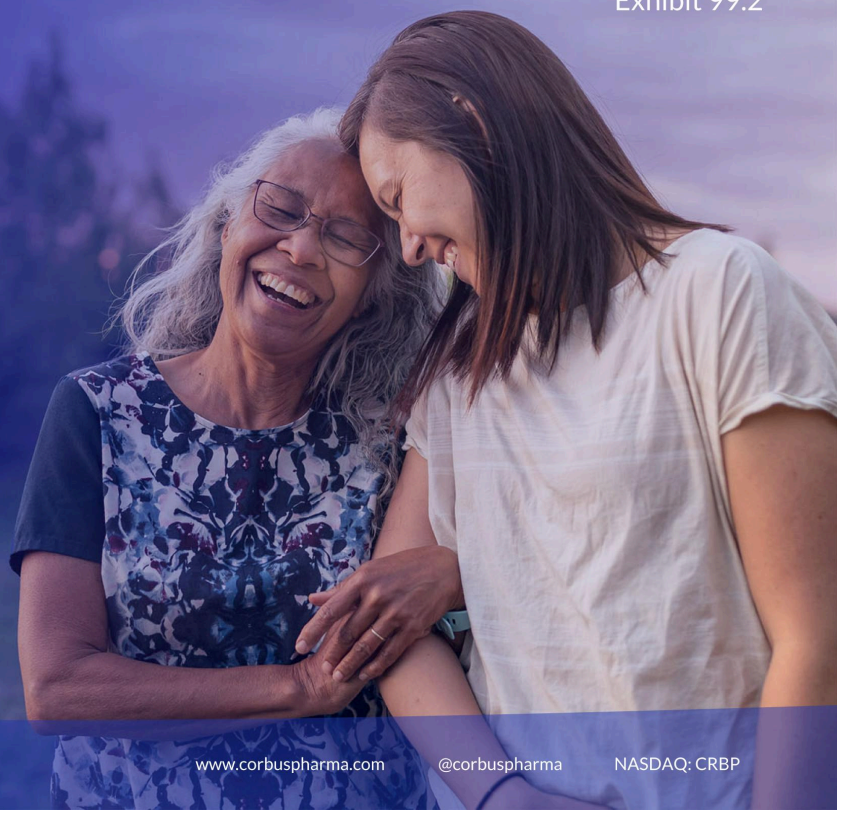
Exhibit 99.2

CORBUS PHARMACEUTICALS

Connecting Innovation to Purpose

Corporate Presentation

March 9, 2026



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.

Our Focus and Purpose

We are advancing novel **oncology and obesity drugs** with **markedly differentiated profiles** to unlock the potential of **well-validated targets** and address **critical unmet needs.**

CORBUS PHARMACEUTICALS

Key clinical readouts expected in 2026

CRB-701 — Longer-term data in HNSCC & cervical in mid-2026

CRB-913 — 12-week dose-range finding data in patients with obesity (n=240) in summer 2026

$163M — Cash, cash equivalents and investments as of December 31, 2025, and approximately 17.6M common shares issued and outstanding (~20.5M fully diluted shares)

CORBUS PHARMACEUTICALS

A diversified pipeline with differentiated clinical profiles and market opportunities

Therapy	Disease Indication	Sponsor	Pre-Clinical	Phase 1	Phase 2	Phase 3	Milestones
Next-Generation Nectin-4 targeting ADC							
CRB-701	Nectin-4 positive solid tumors	CSPC (China)					Phase 3 in cervical cancer
		Corbus (US + Europe) FDA Fast Track Designation granted HNSCC and Cervical					Dose optimization in HNSCC, cervical & mUC
Highly Peripherally-Restricted CB1 receptor inverse agonist							
CRB-913	Obesity and related conditions	Corbus					12-week dose-range study in obesity (n=240) in summer 2026

CORBUS PHARMACEUTICALS

CRB-701

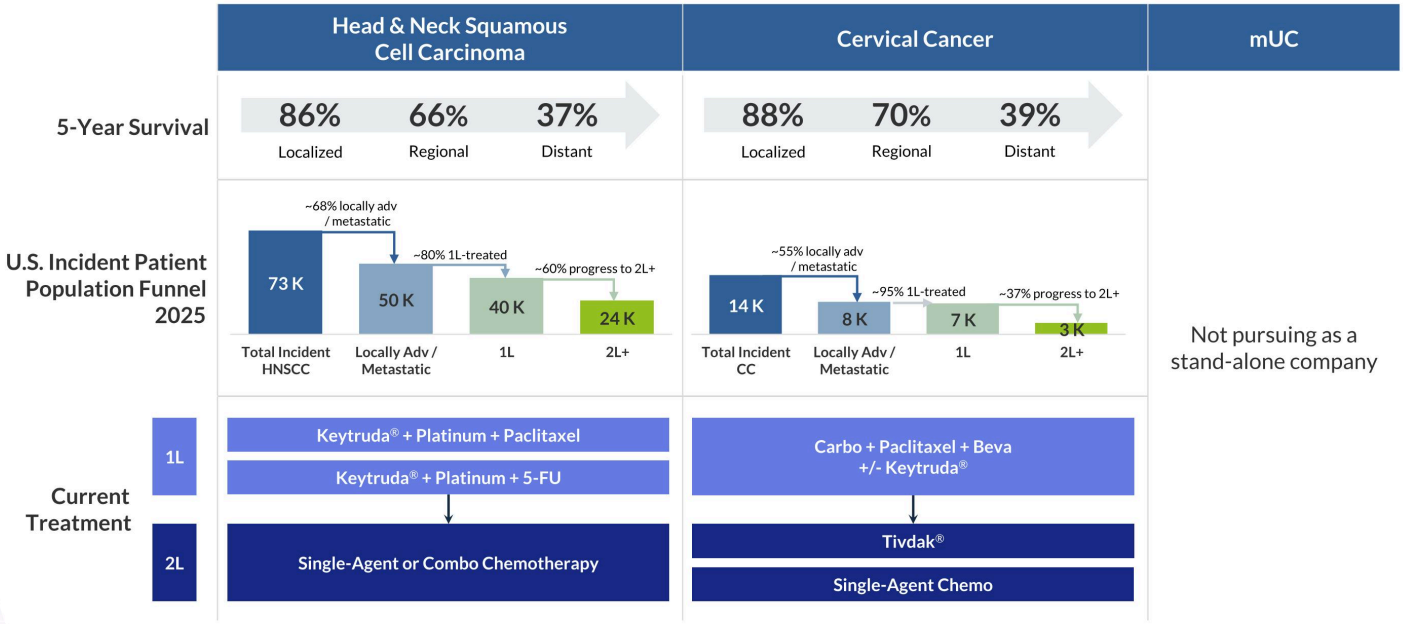
Next-Generation Nectin-4 Targeting ADC

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

Safety	Markedly reduced 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

Emerging indications of interest: HNSCC + cervical cancer

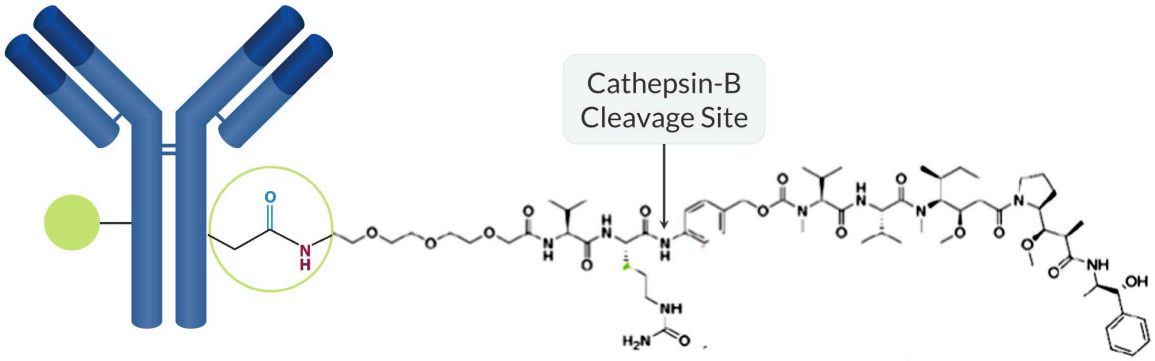


Source: SEER Bladder Cancer; Census.gov; Weir et al., 2021; American Cancer Society; Chu et al., 2022; Hoffman-Censits et al., 2022. SEER Cervical Cancer; Census.gov; Weir et al., 2021; American Cancer Society; Mizuho Analyst Report; Corbus Corporate Deck. SEER Oral Cavity & Pharynx Cancer; SEER Laryngeal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

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

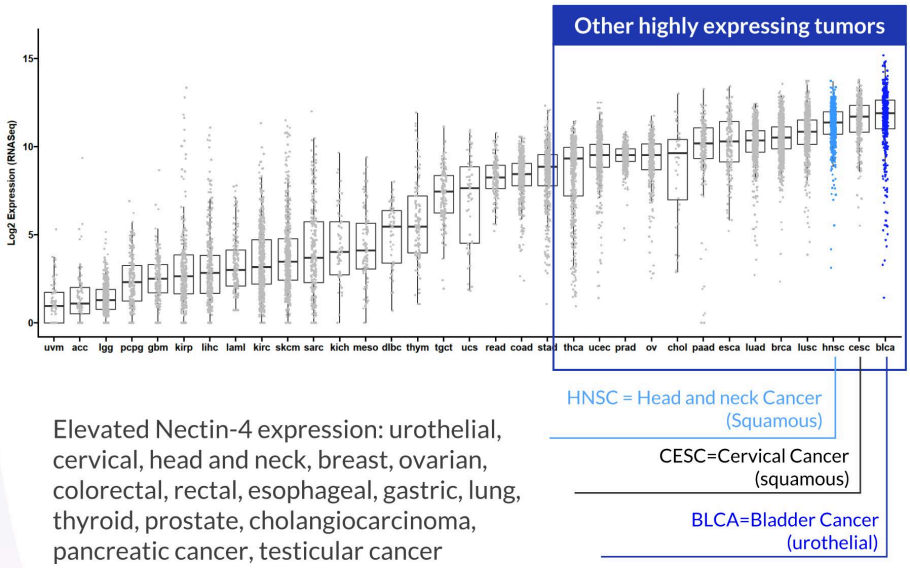


Glutamine Focused
Side chain conjugation

Payload: MMAE
Microtubule disruption

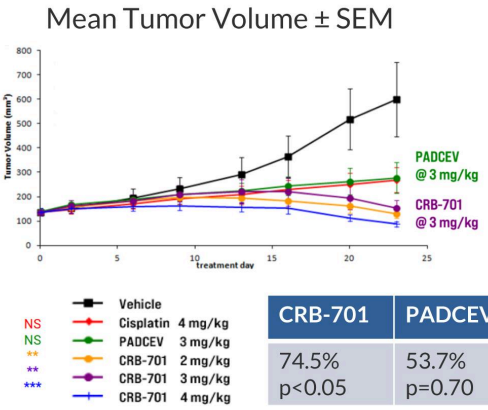
MMAE = Monomethyl auristatin E. **ADCC** = antibody-dependent cellular cytotoxicity. **CDC** = complement dependent cytotoxicity
Source(s): Modified image from Corbus data on file; Corbus data on file

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]



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

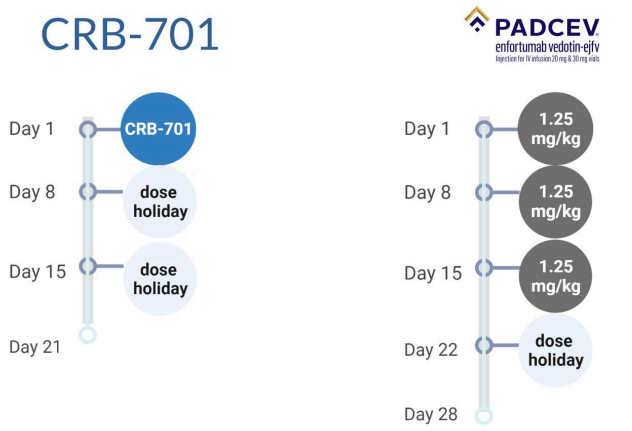
CORBUS PHARMACEUTICALS

CRB-701: Best-in-class dosing regimen

Clinical Cycle Comparison

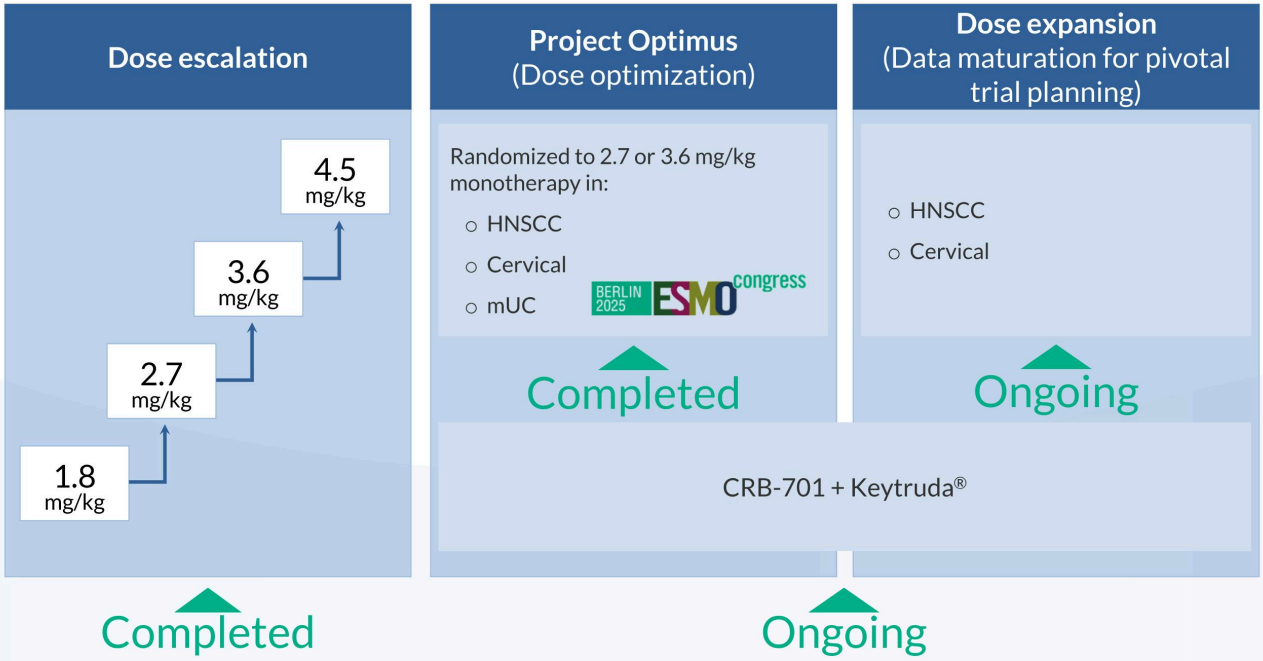
Patient / Physician Convenience

Combination Flexibility



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

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



ESMO 2025: Key characteristics & tumor types

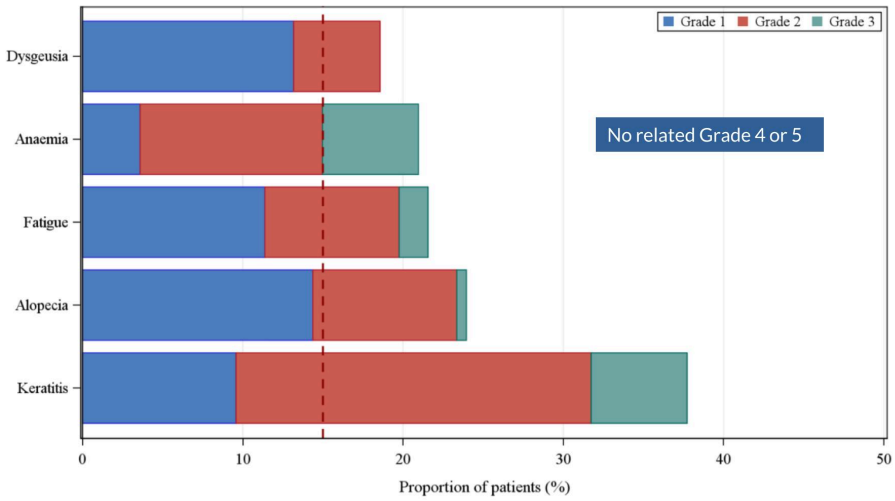
Baseline characteristic (as of 9/1/25 data cut)	
Median age (range)	60 (32-90)
Sex (M/F)	50.3% / 49.7%
ECOG PS 0, 1, 2	43.1% , 55.1% , 1.8%
Weight in kg mean (range)	72 (32.1-132.8)
Prior therapies median (range)	3 (1-9)
Safety Population	n=167
Safety Population dosed with monotherapy CRB-701	n=163
Efficacy 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

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% (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

CORBUS PHARMACEUTICALS

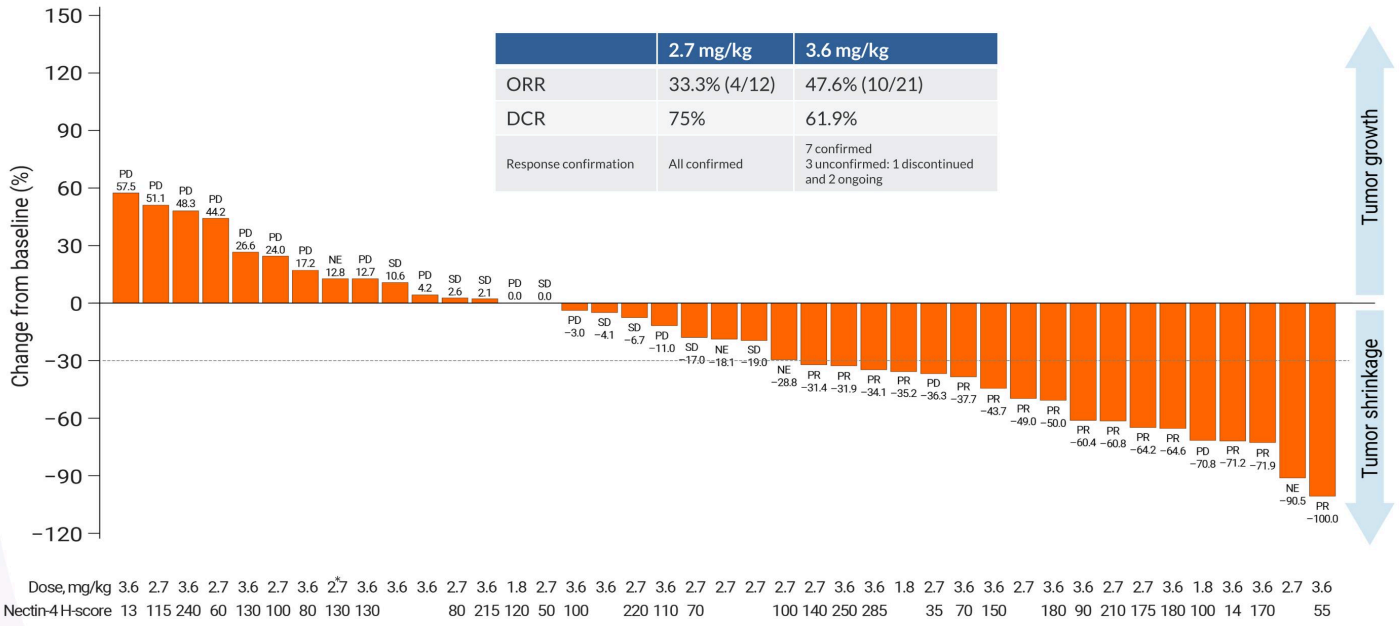
ESMO 2025: HNSCC baseline characteristics vs. peers

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

CORBUS PHARMACEUTICALS

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

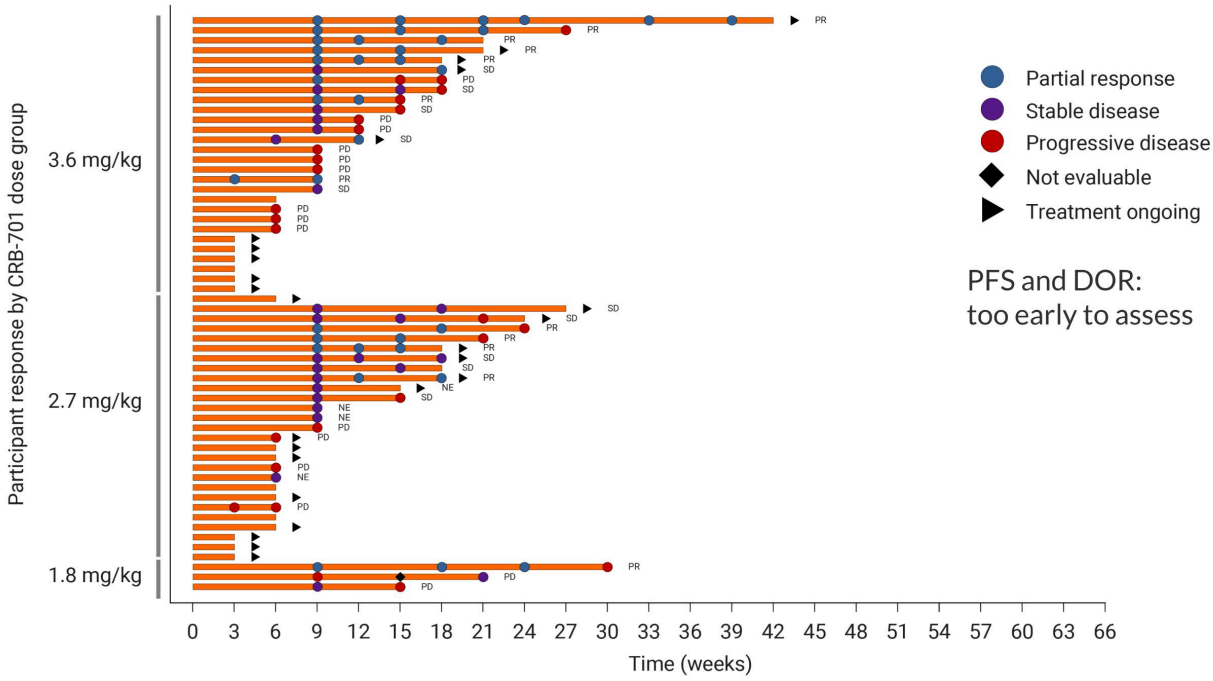
Dose, mg/kg	3.6	2.7	3.6	2.7	3.6	2.7	3.6	2.7*	3.6	3.6	3.6	2.7	3.6	1.8	2.7	3.6	3.6	2.7	3.6	2.7	2.7	2.7	2.7	2.7	3.6	3.6	1.8	2.7	3.6	3.6	2.7	3.6	3.6	2.7	2.7	3.6	1.8	3.6	3.6	2.7	3.6
Nectin-4 H-score	13	115	240	60	130	100	80	130	130			80	215	120	50	100		220	110	70				100	140	250	285		35	70	150		180	90	210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

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

8 patients on Waterfall plot 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)



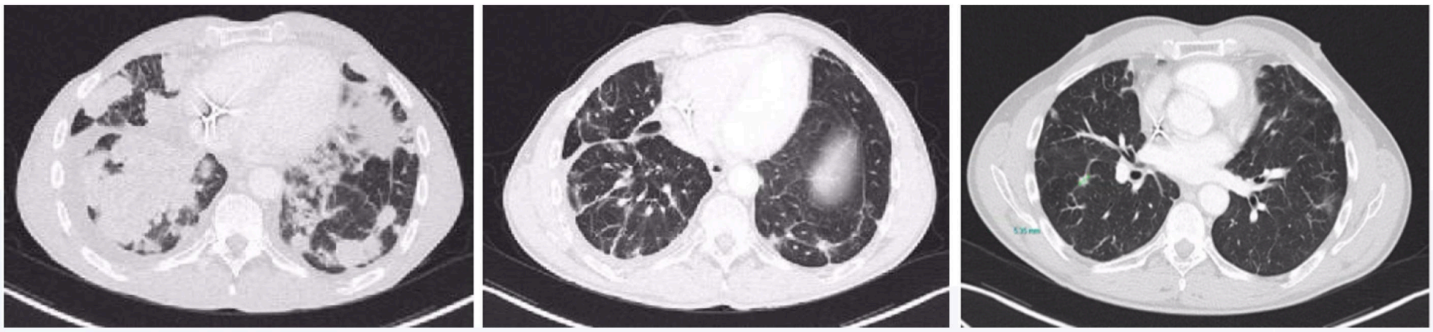
PFS and DOR:
too early to assess

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

Case Study #1: Clinical improvement in participant with resistant disease **(HPV+)**

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

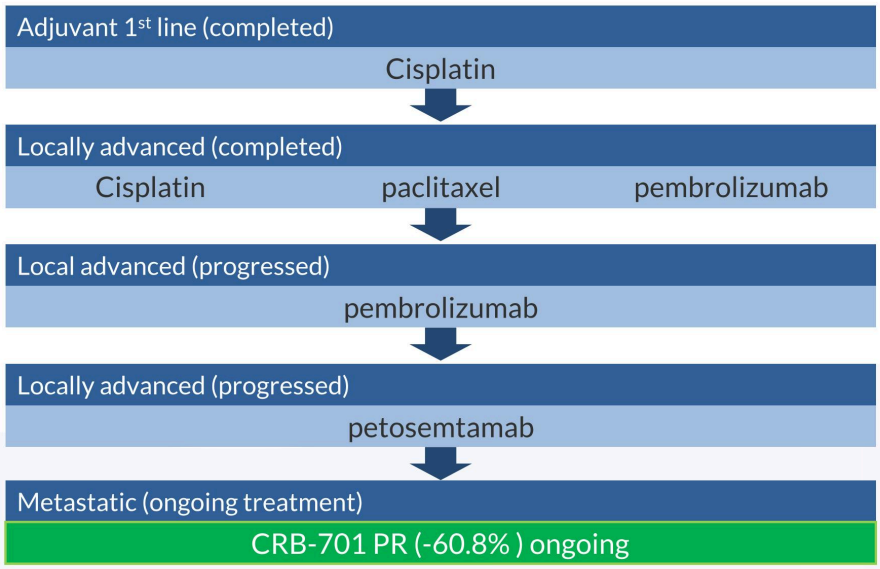
As of 22 Sep 2025 – Participant is ongoing with a PR and tumor reduction of -73% with negative NavDx ctDNA. Remaining disease is PET negative/cold – being considered as a clinical (not formal) CR.

Source(s): Corbus Data on file

Case Study #2: Response seen in patient pre-treated with petosemtamab (**HPV+**)

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

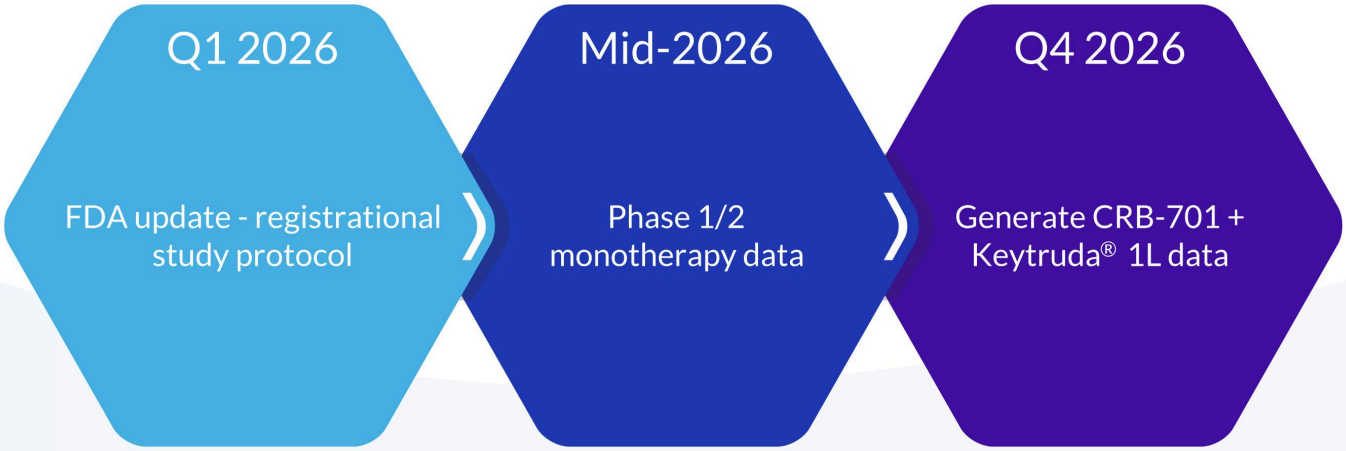
CORBUS PHARMACEUTICALS

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%
HPV+	13%	Unknown	Mid-2026
HPV-	42%	Unknown	Mid-2026

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

CRB-701 HNSCC: Next steps planned



CORBUS PHARMACEUTICALS

Cervical cancer

Acute unmet need in 2L in poorly addressed market

Cervical Cancer: Commercial Opportunity for CRB-701

14,000[1]	• Annual new cases in U.S. • 4,000 annual deaths
Numbers rising[2]	• Immigration of unvaccinated adult women • Socio-economics and vaccine hesitancy
39%[3]	• Girls ages 13-15 remain unvaccinated for HPV (2022 NIH data)
$1.8bn[4]	• U.S. market for cervical cancer treatment

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

CORBUS PHARMACEUTICALS

Few options for 2L cervical cancer

1L

Carbo + Paclitaxel +/- Beva
+/- Pembrolizumab

2L

Tisotumab vedotin

Single-Agent Chemo

- 2021 — Accelerated approval
- 2024 — Full approval


The NEW ENGLAND JOURNAL of MEDICINE

CURRENT ISSUE SPECIALTIES TOPICS

ORIGINAL ARTICLE

Tisotumab Vedotin as Second- or Third-Line Therapy for Recurrent Cervical Cancer

CORBUS PHARMACEUTICALS

Tivdak® is associated with challenging tolerability profile

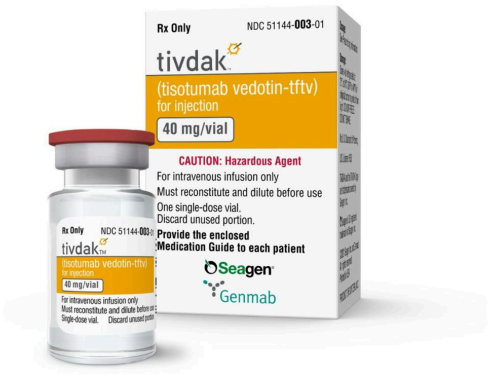
Adverse event	Rate*
Ocular (Black Box)	55% (all grades)
Peripheral neuropathy	39% (all grades)
Bleeding	51% (all grades)
Rash	17% (all grades)

* Per FDA Prescription Label

CORBUS PHARMACEUTICALS

Tivdak® demonstrates a commercial potential that could be markedly improved

USA numbers	Value
R/M patients receiving 2L treatment	38%*
Tivdak® usage among 2L	1 in 5*
Annual price (WAC)	$466,208**
Annualized sales (global)	$328mm***



*Leath et al. 2023, **MERCI Feb 2025 *** Tivdak sales 9 months for ended September 30, 2025= $246mm-(Pfizer$115mm+ Genmab-$131mm)

CORBUS PHARMACEUTICALS

Potential use of CRB-701 in cervical cancer

- Post-1L therapy represents unmet need with few available therapeutic options
- Side effect profile + poor efficacy are limitations on Tivdak® commercial success
- FDA has granted CRB-701 Fast Track status in cervical cancer

2L+

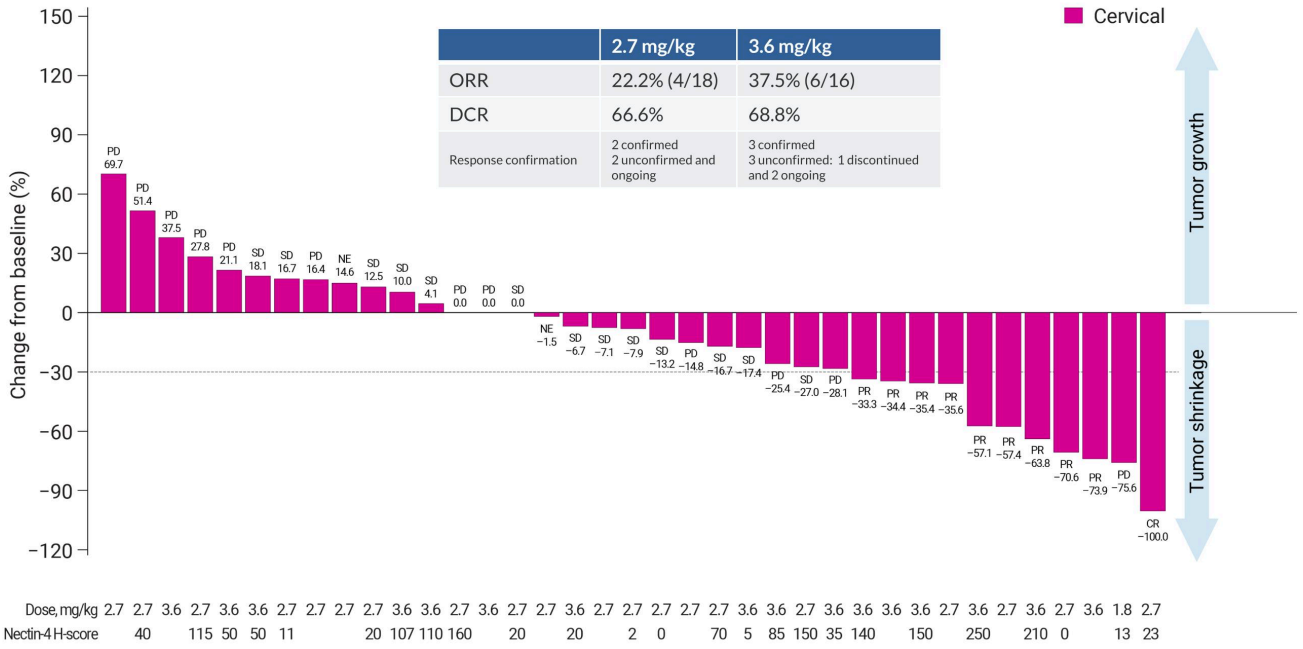
Tivdak®

Modest efficacy (ORR 17.8%) and poor tolerability

Source: * Per FDA Prescription Label

CORBUS PHARMACEUTICALS

CRB-701 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

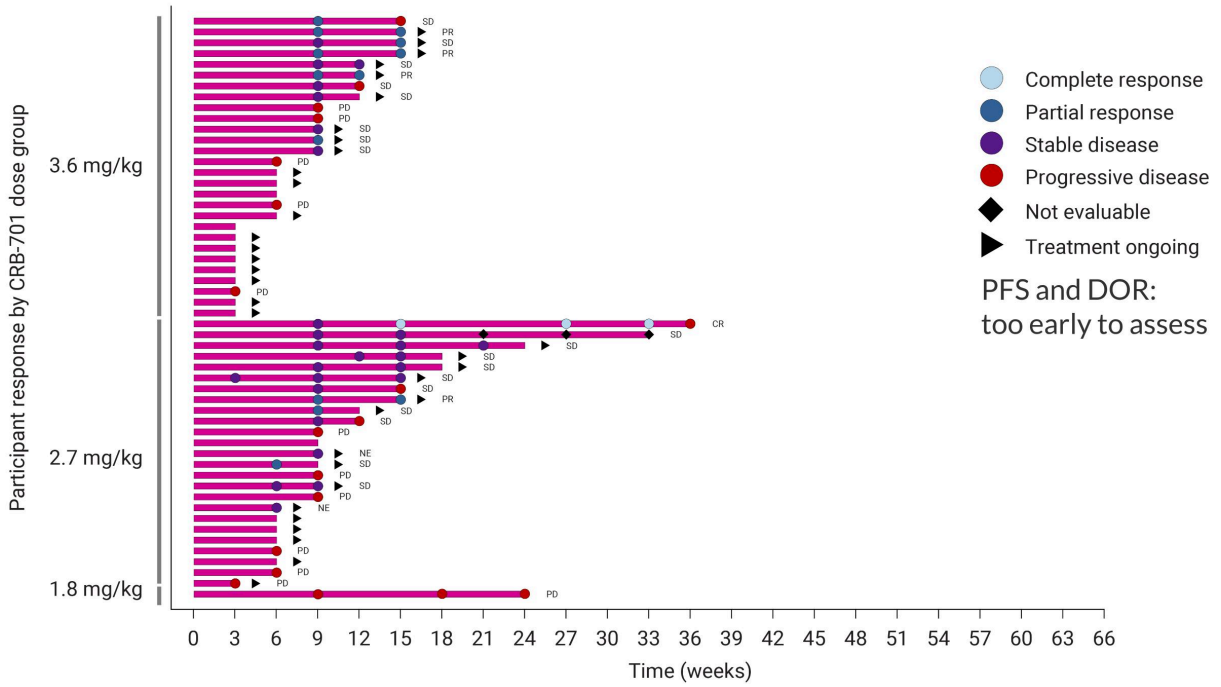
Dose, mg/kg	2.7	2.7	3.6	2.7	3.6	3.6	2.7	2.7	2.7	2.7	3.6	3.6	2.7	3.6	2.7	2.7	3.6	2.7	2.7	2.7	2.7	3.6	3.6	2.7	3.6	3.6	3.6	3.6	2.7	3.6	2.7	3.6	2.7	3.6	1.8	2.7
Nectin-4 H-score		40		115	50	50	11			20	107	110	160		20		20		2	0		70	5	85	150	35	140		150		250		210	0		13	23

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

CRB-701 ESMO 2025: Swimmer plots (n=54)



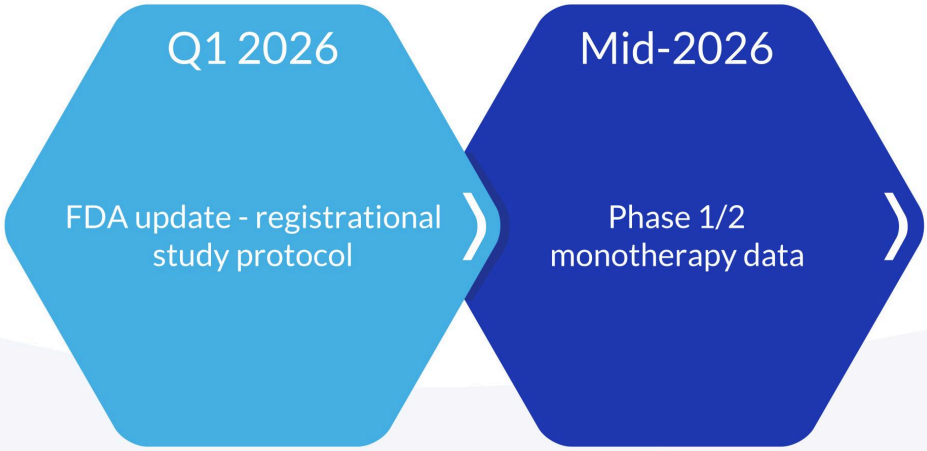
Source(s): ESMO 01 Sep 2025 Data cut, based on confirmed overall response

CRB-701 potential to displace current standard of care in 2L

	CRB-701	Tivdak® N=253*	IC Chemo 2L+ N=249*
Mechanism	Nectin-4 ADC with MMAE payload (DAR 2)	Tissue factor ADC with MMAE payload (DAR 4)	Anti-metabolite, cytoskeleton disruption, topoi inhibition etc.
Target population	2L	2L	2L
Dosing regimen	3.6 mg/kg Q3W	2 mg/kg Q3W	various
Efficacy (ORR)	37.5%	17.8%	5.2%
PFS	Q2 2026 update	4.2 months	2.9 months
OS	TBD	11.5 months	9.5 months
TEAEs Grade 3 & greater	35.5% (n=76)	29.2%	45.2%

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

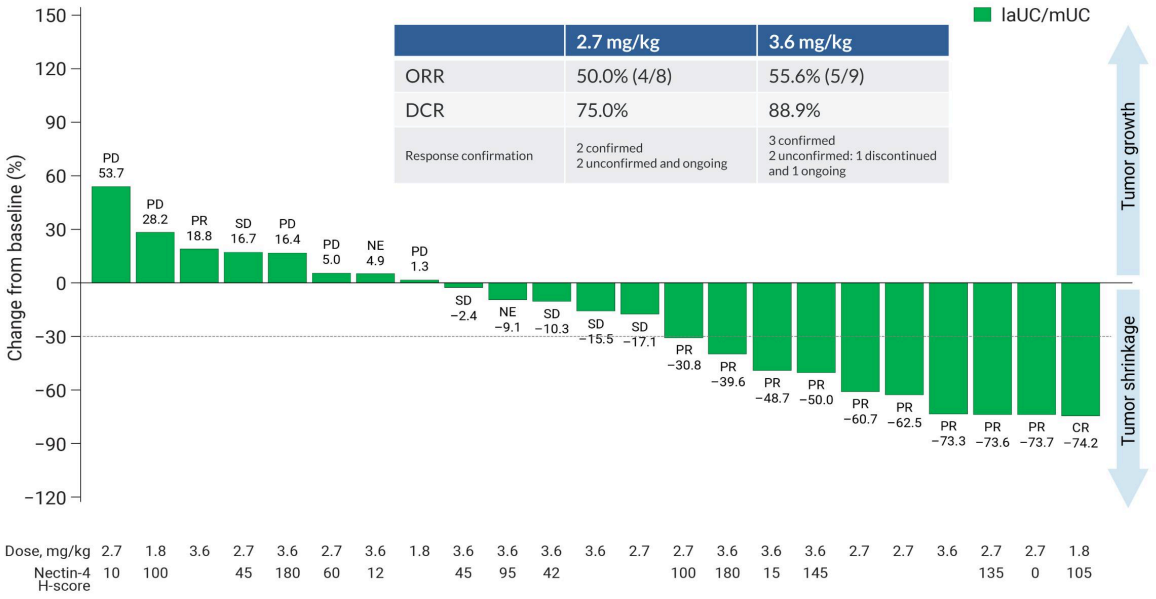
CRB-701 cervical cancer: Next steps planned




mUC
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



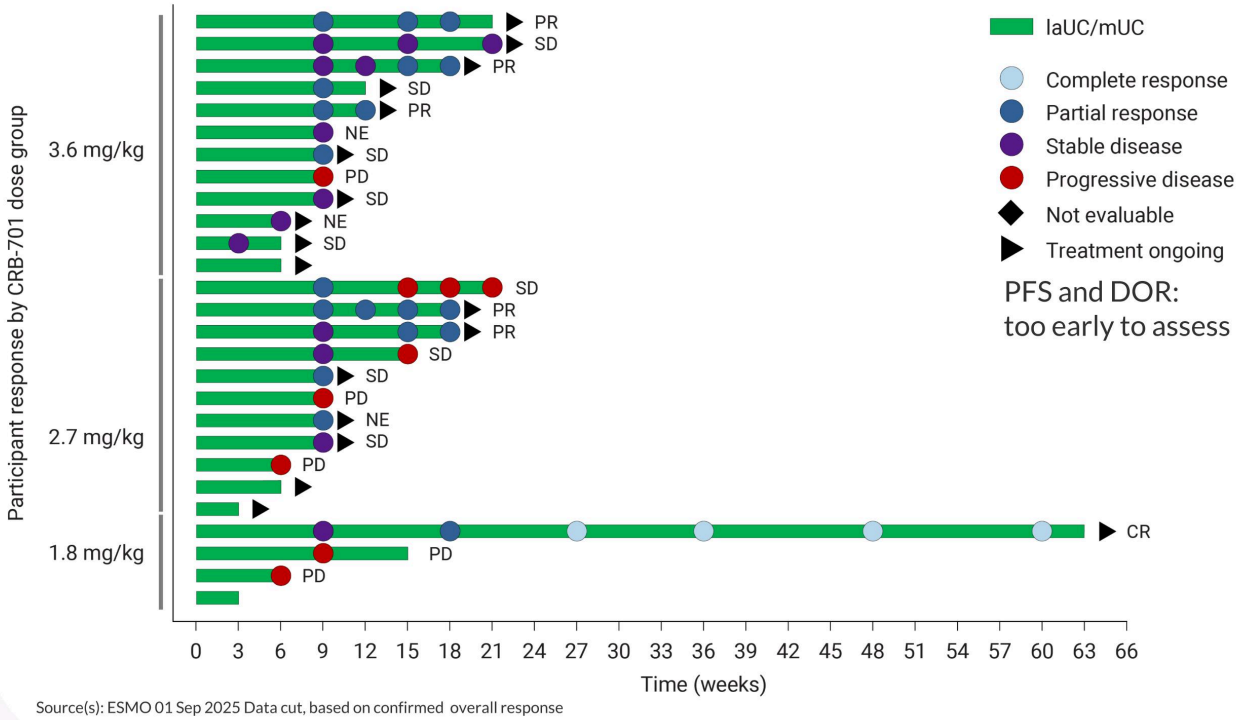
Dose, mg/kg	2.7	1.8	3.6	2.7	3.6	2.7	3.6	1.8	3.6	3.6	3.6	3.6	2.7	2.7	3.6	3.6	3.6	2.7	2.7	3.6	2.7	2.7	1.8
Nectin-4 H-score	10	100		45	180	60	12		45	95	42			100	180	15	145				135	0	105

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 on Waterfall plot 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 cycle
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
***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

CRB-913

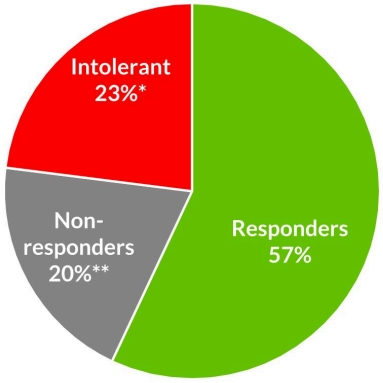
Daily oral small molecule targeting chronic obesity management

Data from Phase 1a SAD/MAD study

CORBUS PHARMACEUTICALS

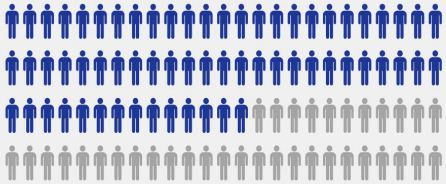
What are the emerging unmet needs in the obesity landscape?

% Patients on incretin Tx (Real world data)



64%

GLP-1 discontinuation @ 1 year for obesity patients*



Source: *Cartwright *et al* 2025, **AP Nov 2024

CRB-913's opportunity to reshape the obesity treatment paradigm

Alternatives to GLP-1 for resistant/intolerant/partial-responders

Lifelong weight maintenance using daily pill *post* weight loss

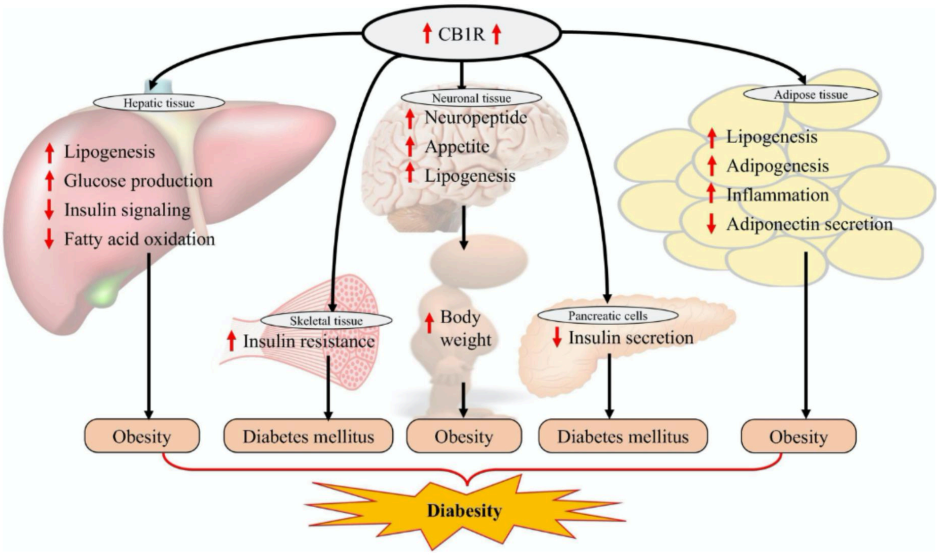
Avoiding sarcopenia

CB1 inverse agonism is a new non-incretin MOA that leads to weight loss

MOA	Company	Function	Monotherapy weight loss?
CB1 inverse agonism	Corbus, Novo	Appetite suppression, weight loss & muscle sparring	Yes
Pan-agonist bitter taste receptor	Ardvark	Appetite suppression	No
INHBE siRNA	Wave, Arrowhead	Fat reduction + muscle buildup	No

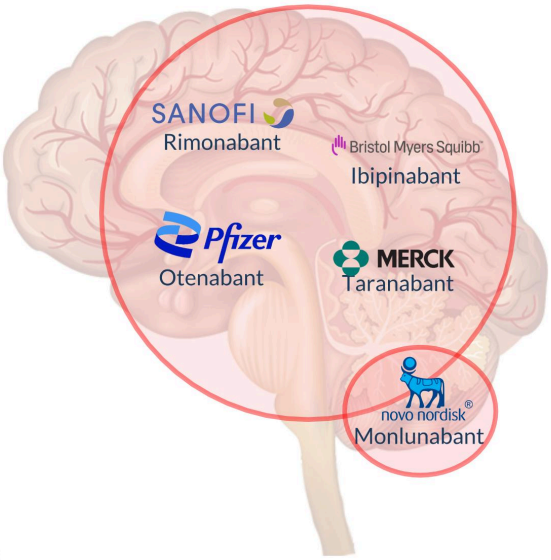
CB1 is a well-understood receptor in metabolism

>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.

CRB-913 is a highly peripherally restricted inverse agonist



CORBUS PHARMACEUTICALS
CRB-913

1/50th

Brain:plasma ratio
CRB-913 vs. Rimonabant*

1/15th

Brain level
CRB-913 vs. Monlunabant*

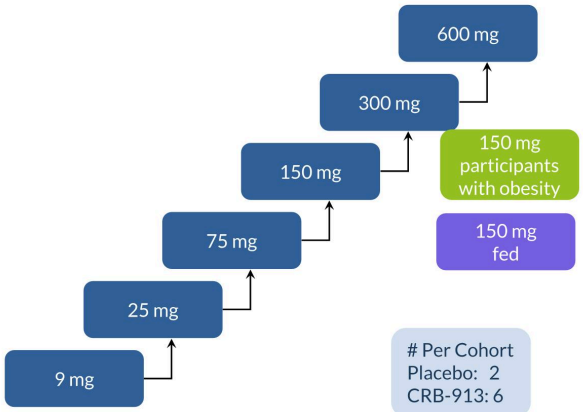
30%⇧

Increase in peripheral levels in humans vs. Monlunabant**

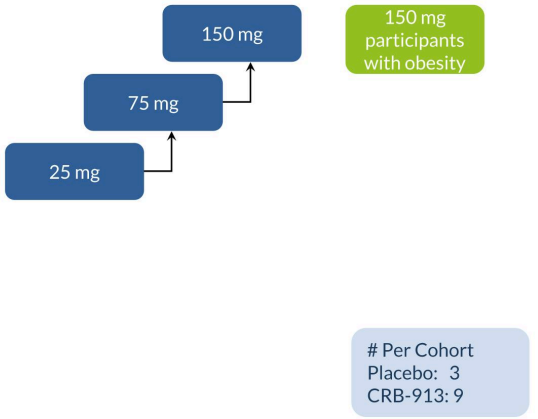
Sources: *Corbus murine data **Corbus PK modeling

CRB-913 SAD/MAD study (Phase 1 unit in USA, total n=112)

Single Ascending Dose (SAD) (n=64)

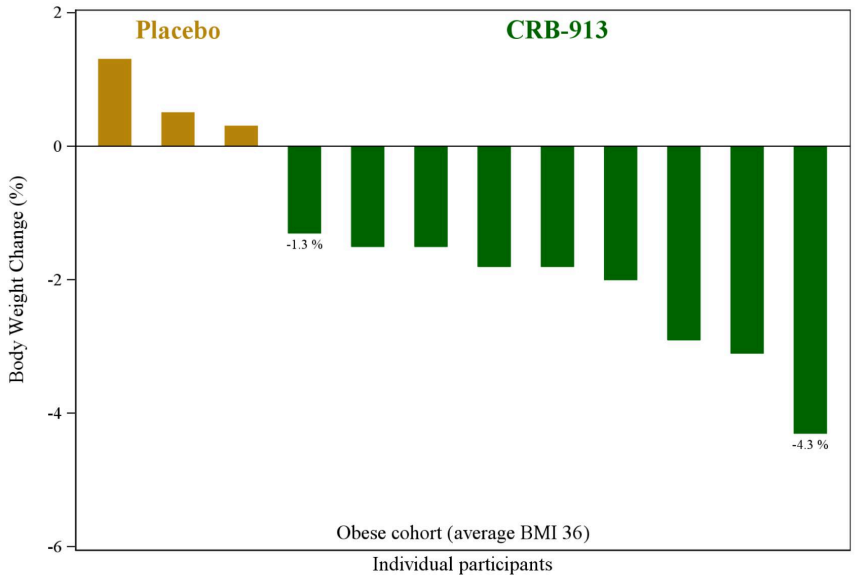


7-Day Multiple Ascending Dose (MAD) (n=48)



Context:
Rimonabant efficacious dose: 20 mg QD
Monlunabant efficacious dose: 10 mg QD

Emerging weight loss with CRB-913 in participants with obesity (150 mg MAD cohort)



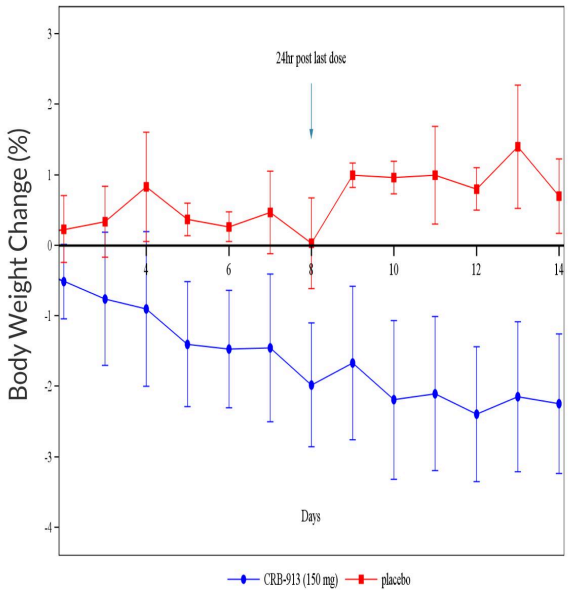
Participants reported reductions in food-related thoughts and cravings

2.9% average placebo-adjusted weight loss @ day 14

Note: Baseline is defined as the last available measurement taken prior to the first dose of study drug. Percent change in body weight is defined as body weight at Day 14 minus body weight at baseline divided by body weight at baseline multiplied by 100.

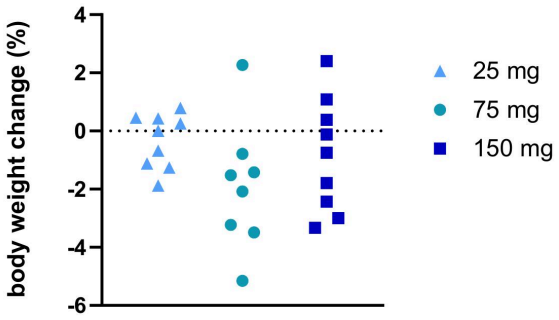
Weight loss with CRB-913 starts early and deepens

Obese cohort (average BMI 36) daily mean weight



48 Note: Baseline is defined as the last available measurement taken prior to the first dose of study drug. Percent change in body weight is defined as body weight at the given day minus body weight at baseline divided by body weight at baseline multiplied by 100.

Signals of weight loss in all-comer participants in MAD cohorts at lower doses



Important:
Weight loss for 75 mg QD similar to 150 mg QD

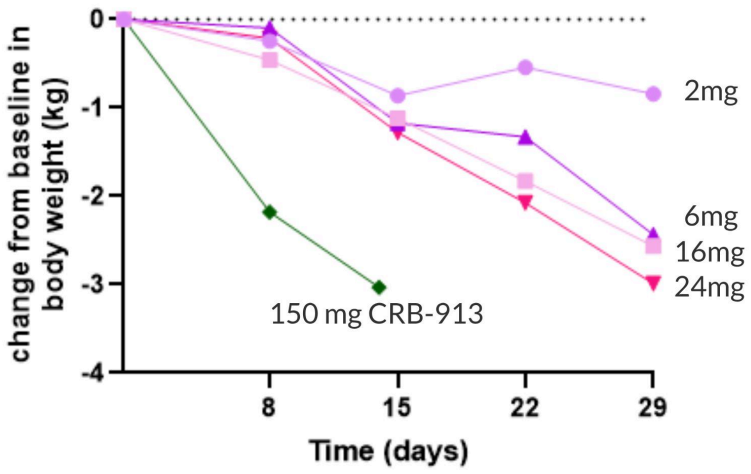
Placebo-adjusted weight loss	▲ 0%	● 2.0%	■ 1.5%
BMI range	23.5 to 31.4	22.3 to 31.8	24.4 to 31.3

Average BMI of 28 → lower potential for weight loss

Note: Baseline is defined as the last available measurement taken prior to the first dose of study drug. Percent change in body weight is defined as body weight at Day 14 minus body weight at baseline divided by body weight at baseline multiplied by 100.

Emerging data CRB-913 vs. orfoglipron MAD: deeper and faster weight loss?

Placebo-adjusted weight loss cross-trial comparison for MAD studies



Source: All comparator data points are approximated and based on extracted figures reported from Pratt *et al* 2023 and Corbus data. Data is derived from cross-trial comparison.

CRB-913 vs. orfoglipron MAD data: differentiated emerging safety

Adverse event	CRB-913*	Orfoglipron**
GI tolerability		
Nausea	None	12%-22%
Constipation	None	11%-23%
Vomiting	None	0%-18%
Neuropsych		
CSSRS	Negative	Negative
PHQ-9	Negative	Negative
GAD-7	Negative	Negative

* CRB-913 SAD/MAD data **Pratt *et al* 2023, Data is derived from cross-trial comparison.

Contextualizing weight loss in 2 weeks across oral MAD obesity clinical data sets

Drug	Company	placebo adjusted WL (%)	Type
CRB-913 (150 mg)	CORBUS PHARMACEUTICALS	-2.9%	small molecule
Orforglipron (2 mg)	Lilly	-1.4%	small molecule
Aleniglipron (5 mg)	STRUCTURE THERAPEUTICS	-1.3%	small molecule
Elecoglipron (50 mg)	AstraZeneca	0%	small molecule
Semaglutide (40 mg)	novo nordisk®	-0.7%	oral peptide
VK2735 (30 mg)	VIKING THERAPEUTICS	-1.8%	oral peptide

Source: All comparator data points are approximated and based on extracted figures reported from Pratt *et al* 2023, ACCESS Phase 2b, Haggag et al 2024,, Davies et all 2017, Viking and Corbus data. Data is derived from cross-trial comparisons.

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Potential clinical usage and supportive clinical or pre-clinical data (1 of 3)

1 **CRB-913 monotherapy therapy for incretin insensitive / intolerant / high-risk patients**

Insensitive patients: only hope is non-incretin MOA

Intolerant patients : CRB-913 has markedly mild GI tox

High risk patients (sarcopenia): CB1 inverse agonism not associated with sarcopenia

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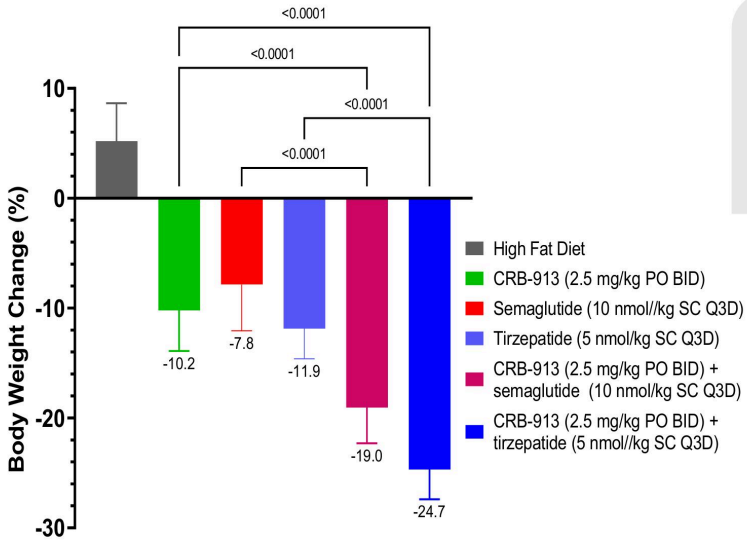
Potential clinical usage and supportive clinical or pre-clinical data (2 of 3)

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



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

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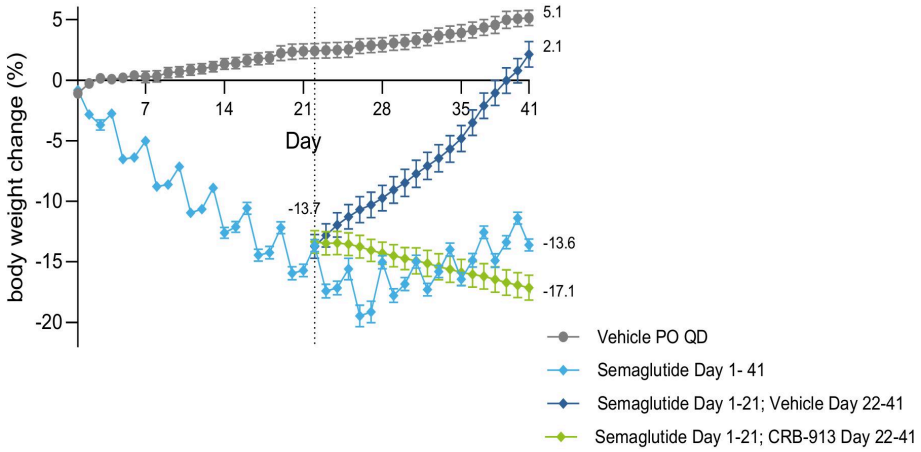
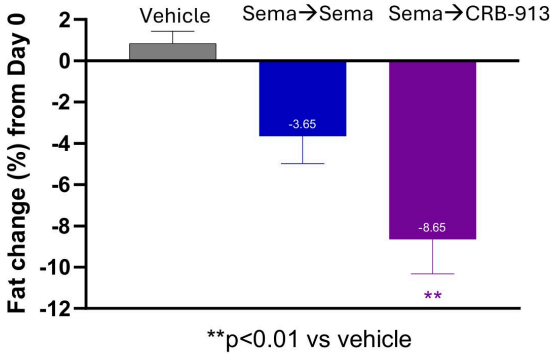
Potential clinical usage and supportive clinical or pre-clinical data (3 of 3)

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



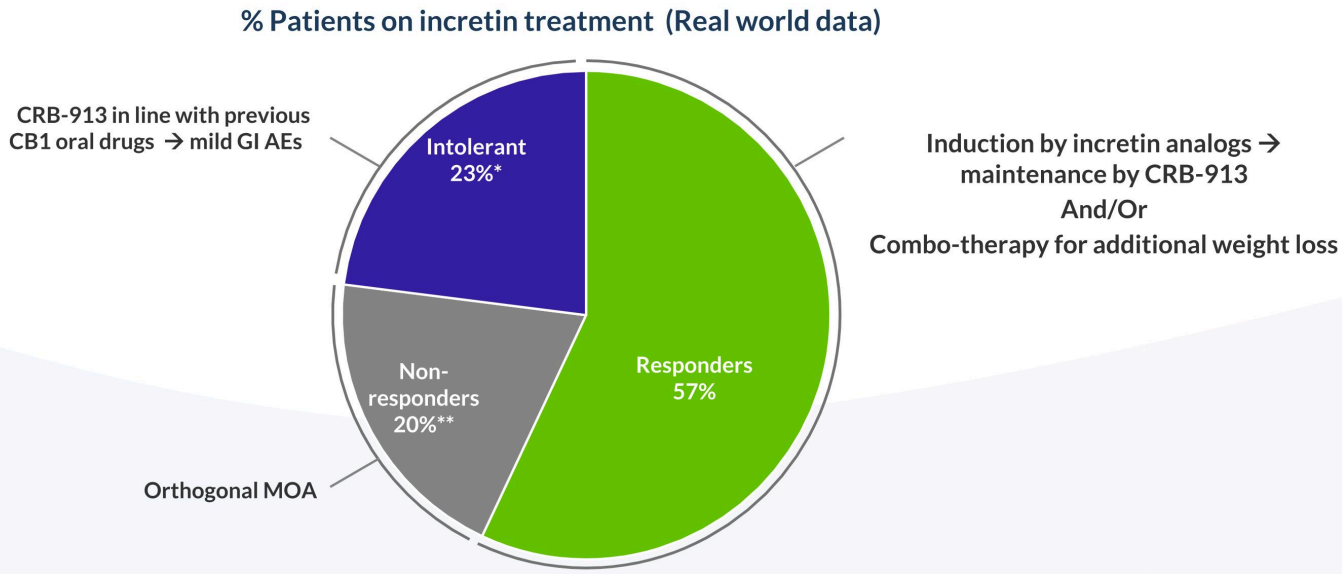
Weight loss from CRB-913 driven by further fat loss following semaglutide in DIO mouse model



At day 41 (end of study period)			
	Sema → Sema	Sema → CRB-913	Difference
Weight loss (%)	-13.6	-17.1	↑25%
Fat change from baseline	-3.65%	-8.65%	↑x2.3

Source: Morningstar et al-Obesity Week 2024

What could the addressable market opportunity look like for CRB-913?

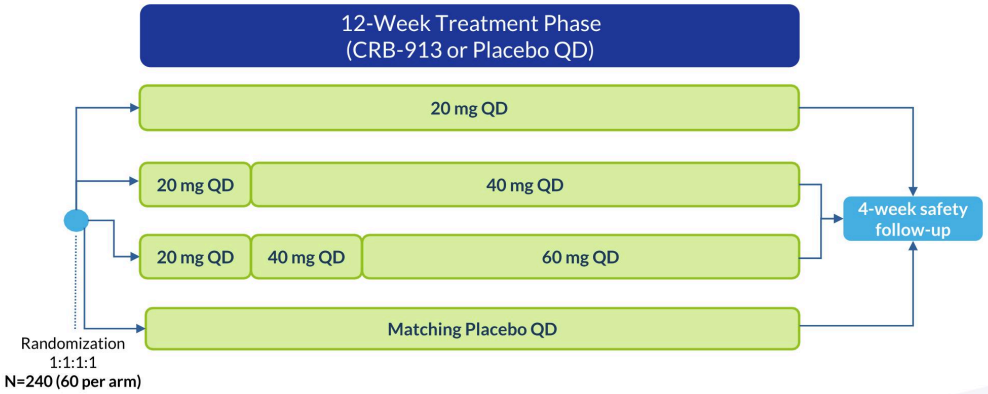


Source: *Cartwright *et al* 2025, **AP Nov 2024

Initiated: Phase 1b study

CANYON-1

Completion summer 2026



	CRB-913 phase 1b (CANYON-1)	Monlunabant phase 2a
Subjects with obesity	240	240
Location	USA	Canada
Cohorts (all QD)	Placebo, 20, 40 and 60 mg	Placebo, 10, 20 and 50 mg
Titration	Yes	No
Exclude PHQ-9 > 4 at baseline	Yes	No

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What did we learn from the CRB-913 SAD/MAD data?

High peripheral restriction → favorable safety + tolerability

CRB-913 elicits weight loss that starts early and deepens

Weight loss is *not* driven by GI AEs

Weight loss *is* associated with restriction to the periphery

CORBUS PHARMACEUTICALS


CORBUS
PHARMACEUTICALS
Leadership
Upcoming Catalysts

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; CEO of Vasque Bio and 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)

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.

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.

Upcoming anticipated corporate milestones

CRB-701	FDA update - registrational study protocol	Q1 2026
	Phase 1/2 monotherapy data	Mid-2026
	Generate CRB-701 +Keytruda® 1L data	Q4 2026
CRB-913	Complete Ph1 SAD/MAD	Q4 2025 ✓
	Start Ph1B study	Q4 2025 ✓
	Complete Phase 1B dose ranging study	Summer 2026

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