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): May 26, 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 7.01 Regulation FD Disclosure.

On May 26, 2026, Corbus Pharmaceuticals Holdings, Inc. (the "Company") issued a press release announcing updated clinical data from its Phase 1/2 study of CRB-701 (SYS6002), a next-generation Nectin-4 targeted antibody drug conjugate (ADC) demonstrating robust activity in oropharyngeal squamous cell carcinoma (OPSCC) and cervical cancer. The data will be presented at the 2026 American Society for Clinical Oncology (ASCO) Annual Meeting being held May 29 – June 2, 2026, in Chicago. 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 May 26, 2026, the Company announced updated data from its Phase 1/2 clinical study of CRB-701 (SYS6002), a next-generation Nectin-4 targeted ADC. The new data demonstrate robust activity in the second line (2L) setting of two solid tumor types that express high levels of Nectin-4 and are primarily driven by human papilloma virus (HPV): oropharyngeal squamous cell carcinoma (OPSCC) and cervical cancer. These findings will be presented at the upcoming 2026 American Society for Clinical Oncology (ASCO) Annual Meeting being held May 29 – June 2, 2026, in Chicago.

The ongoing multi-center Phase 1/2 study is being conducted in the U.S. and Europe. The data reported today derives from an April 1, 2026 data cut of the Phase 1/2 study with a total safety population of 317 patients encompassing all tumor types and all doses. A total of 75 patients with HNSCC were enrolled at the 2.7 mg/kg and 3.6 mg/kg doses, of whom 71 were efficacy evaluable while 4 did not have post-baseline scans. A total of 72 patients with cervical cancer were enrolled at the 2.7 mg/kg and 3.6 mg/kg doses, of whom 70 were efficacy evaluable while 2 did not have post-baseline scans.

Safety (n=317)

CRB-701 continued to be safe and well tolerated, consistent with findings reported at the ESMO 2025 data cut. The most common treatment-related adverse events (TRAEs) occurring in more than 20% of participants were keratitis (49.2%), alopecia (25.6%), fatigue (22.4%), and dysgeusia (19.9%). Grade 3 adverse events (AEs) were reported in 19.2% of patients, and Grade 4 AEs were reported in 0.9% of patients. There were no Grade 5 events reported. The incidence of peripheral neuropathy remained low at 7.3%, with all events limited to Grade 1 or 2 severity. Skin-related AEs, excluding alopecia, were at 24%. There was only one Grade 3 event (0.3%) reported. There were no skin Grade 4 or 5 events, and no reported cases of Stevens-Johnson Syndrome (SJS) or toxic epidermal necrolysis (TEN). Overall, treatment discontinuations related to CRB-701 remained low at 2.8%. Ocular toxicities, a well-established side effect in multiple approved ADCs, continued to be manageable through prophylactic eye care interventions and dose reductions/interruptions. Ocular AEs were reported in 66.2% of participants, with the vast majority being transient in nature. Grade 3 events were reported in 12.6% of participants and only one Grade 4 event (0.3%) was reported involving exacerbation of pre-existing punctate keratitis and microcysts that resolved to baseline within six weeks. Discontinuations due to ocular AEs remained markedly low at 1.9%.

Efficacy in Patients with HNSCC Dosed with CRB-701 at 2.7 mg/kg or 3.6 mg/kg (total n=71)

OPSCC (n=41)		
Dose	2.7 mg/kg (n=20)	3.6 mg/kg (n=21)
cORR*	20.0% (4/20)	42.9% (9/21)
DCR**	90.0% (18/20)	85.7% (18/21)
DoR (months)	4.8	6.3
PFS (months)	4.2	5.6
Non-Oropharyngeal HNSCC (n=30)		
Dose	2.7 mg/kg (n=14)	3.6 mg/kg (n=16)
cORR*	7.1% (1/14)	0.0% (0/16)
DCR**	57.1% (8/14)	62.5% (10/16)
DoR (months)	4.4	NA
PFS (months)	2.3	2.7
HNSCC Biomarkers		
• HPV status was determined for 97.3% of the HNSCC participants in the 2.7 mg/kg and 3.6 mg/kg cohorts. • In line with published epidemiology, 57.3% of enrolled HNSCC patients were HPV+, with 85.4% of oropharyngeal patients being HPV+. • 8 of the 9 patients who achieved PR in the OPSCC cohort were HPV+. In contrast, no confirmed PRs were observed in non-OPSCC HNSCC at the corresponding dose. • In-line with published literature, higher Nectin-4 levels were associated with HPV+ HNSCC. • In-depth biomarker analysis will be presented at a future conference.		

*Confirmed objective response rate (cORR) calculated using patients' confirmed best overall response (BOR) per RECISTv1.1**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).

Efficacy in Patients with Cervical Cancer Dosed with CRB-701 at 2.7 mg/kg and 3.6 mg/kg

Cervical Cancer (n=70)		
Dose	2.7 mg/kg (n=38)	3.6 mg/kg (n=32)
cORR*	18.4% (7/38) including 1 CR	34.4% (11/32) including 2 CRs
DCR**	55.3% (21/38)	75.0% (24/32)
DoR (months)	6.8	8.0
PFS (months)	2.8	4.3

Corbus is on track to initiate a registrational study of CRB-701 in 2L OPSCC ("TEMPO-1") in the summer of 2026. Broad alignment was reached with the U.S. Food and Drug Administration (FDA) on the trial design for a randomized controlled study (n=250), which will explore the efficacy and safety of CRB-701 compared to investigator's choice of monotherapy with overall response rate (ORR) as the primary endpoint for potential accelerated approval and potential full approval based on overall survival (OS) benefit. Similarly, broad alignment was reached with the FDA regarding the trial design for a randomized controlled study of CRB-701 in 2L cervical cancer.

Item 9.01 Financial Statements and Exhibits.
(d) Exhibits:

Exhibit No.	Description
99.1	Press Release dated May 26, 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 hereunto duly authorized.

Corbus Pharmaceuticals Holdings, Inc.

Date: May 26, 2026

By: */s/ Yuval Cohen*

Name: Yuval Cohen
Title: Chief Executive Officer

Exhibit 99.1

Corbus Pharmaceuticals Reports Updated CRB-701 Phase 1/2 Clinical Data Demonstrating Robust Activity in 2L Oropharyngeal and Cervical Cancers

- Data affirms Corbus strategy of targeting tumor types with elevated Nectin-4 expression and clear unmet medical needs while providing an attractive commercial path forward
  - Confirmed ORR of 42.9% observed in 2L oropharyngeal squamous cell carcinoma (OPSCC) at 3.6 mg/kg with median DOR of 6.3 months and PFS of 5.6 months (ongoing)
  - Confirmed ORR of 34.4% observed in 2L cervical cancer at 3.6 mg/kg with median DOR of 8.0 months and PFS of 4.3 months (ongoing)
  - CRB-701 was generally safe and well tolerated with discontinuation rates below 3%
- About 50% of 2L head and neck cancer cases in the U.S. are HPV-driven OPSCC and receive minimal to no benefit from EGFR-targeted therapies
- Registrational study of CRB-701 in 2L OPSCC ("TEMPO-1") on track to initiate in summer 2026
- Company to host a conference call and live webcast today, Tuesday, May 26 at 8:00 a.m. EDT, to review the data and a KOL event on Monday, June 1 at ASCO to discuss CRB-701 development in OPSCC

Norwood, MA, May 26, 2026 (GLOBE NEWSWIRE) Corbus Pharmaceuticals Holdings, Inc. (NASDAQ: CRBP) ("Corbus" or the "Company") today reported updated data from its Phase 1/2 clinical study (NCT06265727)[i] of CRB-701 (SYS6002), a next-generation Nectin-4 targeted antibody drug conjugate (ADC). The new data demonstrate robust activity in the second line (2L) setting of two solid tumor types that express high levels of Nectin-4 and are primarily driven by human papilloma virus (HPV): oropharyngeal squamous cell carcinoma (OPSCC) and cervical cancer. These findings will be presented at the upcoming 2026 American Society for Clinical Oncology (ASCO) Annual Meeting being held May 29 – June 2, 2026, in Chicago.

The ongoing multi-center Phase 1/2 study is being conducted in the U.S. and Europe. The data reported today derives from an April 1, 2026 data cut of the Phase 1/2 study with a total safety population of 317 patients encompassing all tumor types and all doses. A total of 75 patients with HNSCC were enrolled at the 2.7 mg/kg and 3.6 mg/kg doses, of whom 71 were efficacy evaluable while 4 did not have post-baseline scans. A total of 72 patients with cervical cancer were enrolled at the 2.7 mg/kg and 3.6 mg/kg doses, of whom 70 were efficacy evaluable while 2 did not have post-baseline scans.

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HNSCC Biomarkers		

- HPV status was determined for 97.3% of the HNSCC participants in the 2.7 mg/kg and 3.6 mg/kg cohorts.
- In line with published epidemiology, 57.3% of enrolled HNSCC patients were HPV+, with 85.4% of oropharyngeal patients being HPV+.
- 8 of the 9 patients who achieved PR in the OPSCC cohort were HPV+. In contrast, no confirmed PRs were observed in non-OPSCC HNSCC at the corresponding dose.
- In-line with published literature, higher Nectin-4 levels were associated with HPV+ HNSCC.
- In-depth biomarker analysis will be presented at a future conference.

*Confirmed objective response rate (cORR) calculated using patients' confirmed best overall response (BOR) per RECISTv1.1**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).

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"These data provide important clarity on the clinical and commercial path for CRB-701 in 2L oropharyngeal and 2L cervical cancers, indications that are associated with HPV infection and high expression of Nectin-4, and for which approved and other investigational drugs have shown limited efficacy," said Yuval Cohen, Ph.D., Chief Executive Officer of Corbus. "In addition, these findings further validate our clinical development strategy aimed at targeting solid tumors outside of metastatic urothelial cancer. We look forward to advancing these programs into registrational trials starting with TEMPO-1, our upcoming OPSCC study initiating this summer."

"OPSCC, which now represents a growing majority of HNSCC cases treated in the U.S., continues to rise in incidence. Largely driven by HPV, OPSCC primarily affects men in their 50s and 60s with little or no history of smoking or heavy alcohol use. Approximately 40-50% of HNSCC patients that reach 2L have OPSCC with persistent, recurrent, or metastatic disease that remains incurable with current treatment options, representing a growing unmet need," said Glenn J. Hanna, M.D., Director of the Center for Cancer Therapeutic Innovation at Dana-Farber Cancer Institute. "A targeted therapy for this patient population—particularly one directed against the validated target Nectin-4—could represent a significant advance in care. I look forward to seeing how CRB-701 performs in a late-stage clinical study involving this underserved patient population."

Corbus is on track to initiate a registrational study of CRB-701 in 2L OPSCC ("TEMPO-1") in the summer of 2026. Broad alignment was reached with the U.S. Food and Drug Administration (FDA) on the trial design for a randomized controlled study (n=250), which will explore the efficacy and safety of CRB-701 compared to investigator's choice of monotherapy with overall response rate (ORR) as the primary endpoint for potential accelerated approval and potential full approval based on overall survival (OS) benefit. Similarly, broad alignment was reached with the FDA regarding the trial design for a randomized controlled study of CRB-701 in 2L cervical cancer.

CRB-701 2026 ASCO Data Presentation Details

The oral presentation titled, "A phase 1/2 study of the next-generation Nectin-4-targeting antibody drug conjugate CRB-701 (SYS6002) in patients with recurrent or metastatic cervical cancer," will be presented by Professor Yohann Loriot, Gustave Roussy (Paris) on Friday, May 29 at 4:57 p.m. CDT (Abstract #5508).

The poster presentation titled, "A phase 1/2 study of the next-generation Nectin-4-targeting antibody drug conjugate CRB-701 (SYS6002) in patients with recurrent or metastatic head and neck squamous cell carcinoma," will be presented by Charlene Mantia, M.D., Dana-Farber Cancer Institute (Boston) on Saturday, May 30 at 4:30 p.m. CDT (Abstract #6062/Poster #519).

Pre-2026 ASCO Conference Call and Webcast Registration Details

Corbus will host a live conference call and webcast today, **Tuesday, May 26, 2026, at 8:00 a.m. EDT** to review the data. To register for the webcast: click here[ii].

Investors Dial	1-877-704-4453
Int'l Investors Dial	1-201-389-0920
Conference ID	13760531
CallMe™:	click here[iii]

2026 ASCO HNSCC KOL Event

Corbus will host an in-person and virtual KOL event during ASCO 2026 to discuss CRB-701 development in OPSCC. The event will be held at Marriott Marquis Chicago starting at **6:30 a.m. CDT on Monday, June 1, 2026**.

Date:	Monday, June 1, 2026
Time:	6:30 a.m. CDT
Location:	Marriott Marquis Chicago
Participants:	Corbus Management Team, joined by leading HNSCC Experts: Ari Rosenberg, M.D., University of Chicago Glenn Hanna, M.D., Dana-Farber Cancer Institute Cesar Augusto Perez Batista, M.D., Sarah Cannon Research Institute

A live question-and-answer session will follow the formal presentation. To register for the KOL event, click here[iv]. A replay of the event will also be available on the Corbus 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 and highly expressed in other tumor types such as cervical and HNSCC. The FDA has granted two Fast Track designations to CRB-701 in HNSCC and cervical cancer.

About Corbus

Corbus Pharmaceuticals Holdings, Inc. is a clinical-stage company focused on developing 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 for the treatment of Nectin-4-expressing tumors, and CRB-913, an orally delivered 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. 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 of 1995, 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, anticipated timing for initiation of clinical trials, anticipated regulatory interactions and outcomes, including alignment with FDA on trial design, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities, sufficiency of cash runway 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 including those described in our Annual Report on Form 10-K for the year ended December 31, 2025. 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, except as required by law.

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

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Links to websites:
[i] https://clinicaltrials.gov/study/NCT06265727?term=CRB-701&viewType=Card&rank=1
[ii] https://viavid.webcasts.com/starthere.jsp?ei=1762900&tp_key=67cfa9c1bb
[iii] https://callme.viavid.com/viavid/?
$Y2FsbG1lPXRydWUmcGFzc2NvZGU9MTM3NjA1MzEmaD10cnVlJmluZm89Y29tcGFueS1lbWFpbCZyPXRydWUmQj02
[iv] https://lifescievents.com/event/rk0t83lp/

Exhibit 99.2

CORBUS PHARMACEUTICALS

Connecting Innovation to Purpose

Corporate Presentation

May 26, 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 of 1995, 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, sufficiency of cash runway 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.

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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 or CRB-913 with any other product. The observations described herein are subject to change as additional data become available, and future clinical trials of CRB-701 or CRB-913 may not reproduce, validate, or otherwise confirm these observations.

Two differentiated assets targeting attractive commercial 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, Phase 2 in mUC
		Corbus (US + Europe) *FDA Fast Track Designation granted HNSCC and Cervical*					ASCO26 data HNSCC and cervical cancer
HIGHLY PERIPHERALLY-RESTRICTED CB1 INVERSE AGONIST							
CRB-913	Obesity and related conditions	**Corbus**					Data for 16-week dose-range study in obesity (n=240) expected in summer 2026

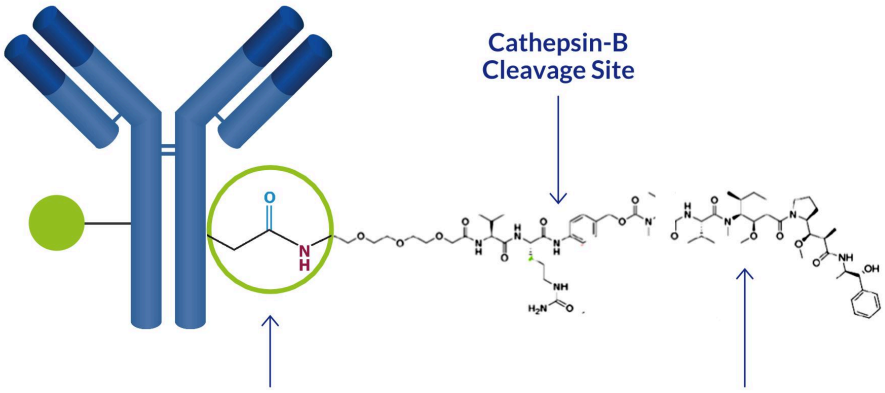
$138M Cash, cash equivalents & investments as of March 31, 2026: approximately 17.7M common shares issued and outstanding (~21.4M fully diluted shares)

CORBUS PHARMACEUTICALS


CORBUS
PHARMACEUTICALS
CRB-701
Next-Generation Nectin-4 ADC targeting oropharyngeal (OPSCC) and cervical cancers

CRB-701: Reimagining the next-generation Nectin-4 ADC

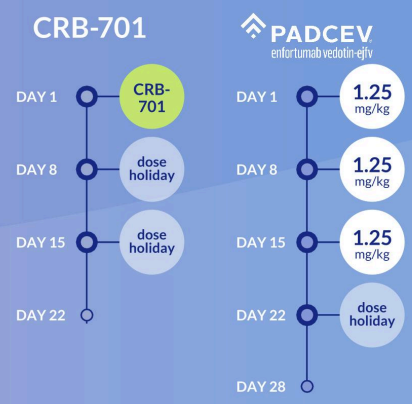
Novel Nectin-4 Antibody
ADCC + CDC functionality



Precise & stable DAR of 2

2x internalization vs. PADCEV®

Reduced free MMAE



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

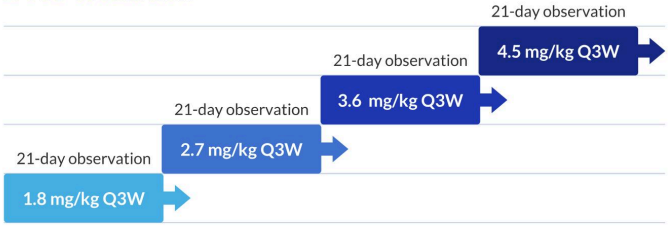
CORBUS PHARMACEUTICALS

PHASE 1 DESIGN

CRB-701-01 Study design (US and Europe)

BERLIN 2025 ESMO congress

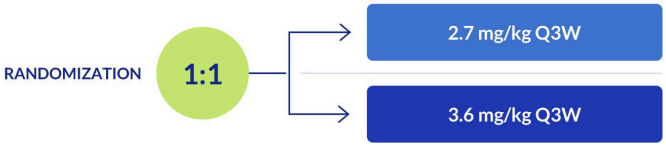
Dose escalation



Dose escalation/ de-escalation decisions were made based on the occurrence of DLTs

2026 ASCO ANNUAL MEETING

Dose Optimization (Project Optimus): HNSCC & cervical



Dose levels in part B were defined by the pharmacologically active dose range identified in part A

CRB-701 + pembrolizumab data expected in Q1 2027

cORR, confirmed objective response rate; DLT, dose-limiting toxicity; DoR, duration of response; MMAE, monomethyl auristatin E; PFS, progression-free survival; Q3W, every 3 weeks

CORBUS PHARMACEUTICALS

ASCO 2026: Key characteristics & tumor types

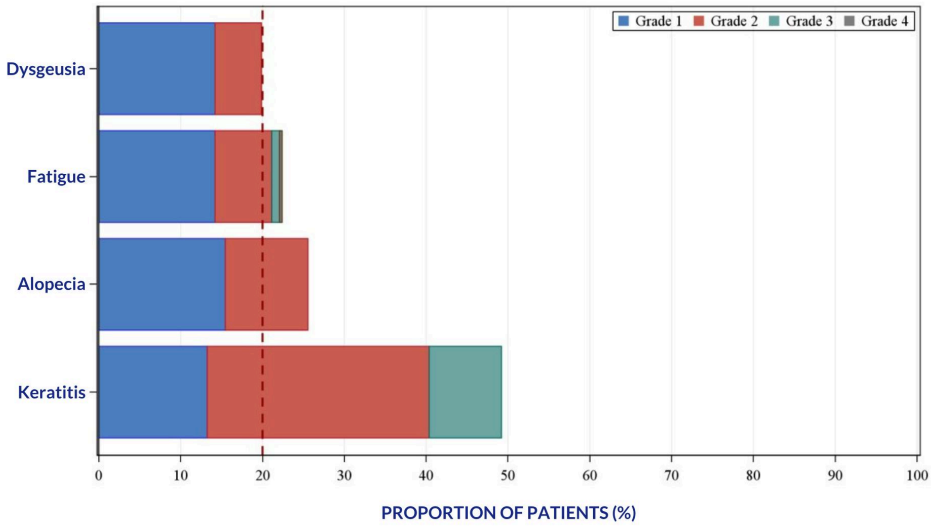
Enrolled Tumor Types	Safety Population	Efficacy Evaluable Population	Non-evaluable*
Study Population treated with monotherapy CRB-701 (All tumors, all doses, parts A+B of study)	317	NA	NA
HNSCC (2.7 mg/kg and 3.6 mg/kg)	75	71	4
Cervical (2.7 mg/kg and 3.6 mg/kg)	72	70	2

Patients enrolled but did not reach first scan

Baseline Characteristic	HNSCC	Cervical
Median age (range)	62 (24–78)	54 (32–78)
Sex (M/F)	89.3% / 10.7%	NA/100%
ECOG PS** 0, 1, 2	47%, 52%, 1%	44%, 56%, 0%
Weight in kg mean (range)	75.2 (41.3–132.8)	64.3 (39.0–99.0)
Prior therapies median (range)	3 (1–9)	3 (1–7)

Source(s): ASCO April 1, 2026 data cut
**ECOG = Eastern Cooperative Oncology Group Performance Status; HNSCC = Head and Neck Squamous Cell Carcinoma

ASCO 2026: Study safety population TRAEs ≥20% (n=317)



TRAE	n=317 (%)
Grade 3	19.2%
Grade 4	0.9%
Grade 5	None
PERIPHERAL NEUROPATHY *(broad terms*)*	
Grade 1 and 2	7.3%
Grade >3	None
SKIN (most common, excluding alopecia)	
Pruritus	14.2%
Dry skin	13.2%
Rash	5.7%
Grade 3 - rash	0.3%
Grade ≥4	None
OCULAR	
Overall	66.2%
Grade 3	12.6%
Grade 4	0.3%**
DISCONTINUATIONS	
Due to AE	2.8%
Due to ocular AE	1.9%

Source(s): ASCO April 1, 2026 data cut
*Standardized MedDRA Category Search; ** Grade 4 resolved to Grade 1 following dose interruption; TRAEs = Treatment-Related Adverse Events

ASCO 2026: Safety Summary (TRAEs, N=317)

Potentially best-in-class for peripheral neuropathy	• 7.3% (all grade 1 or 2)*
Low rates of skin adverse events	• Only 1 in 4 patients experienced skin AEs (excluding alopecia) • Just a single Grade 3 event (1/317**) and no Grade ≥4 • No cases of Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN)
Eye toxicities manageable with prophylaxis and dose modification	• Patients with dose reductions (15.5%) • Patients with dose interruptions (37.2%) • Few discontinuations due to eye toxicities (1.9%)

Source(s): ASCO April 1, 2026 data cut; *Standardized MedDRA Category Search; **general rash; TRAEs = Treatment-Related Adverse Events;

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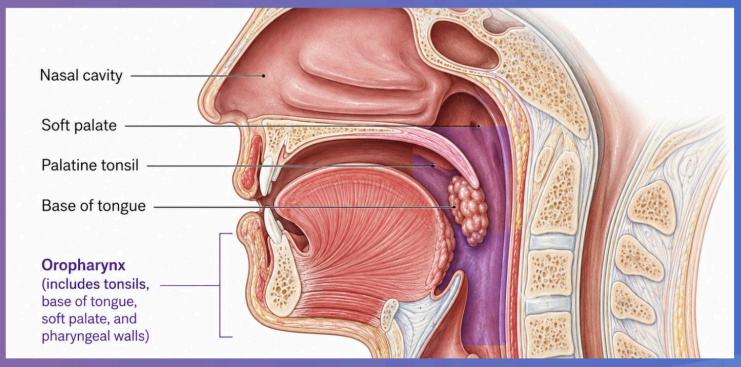
CRB-701 in 2L+
Oropharyngeal Head and
Neck Cancer (OPSCC)

DEFINITION

What is Oropharyngeal Squamous Cell Carcinoma (OPSCC)?



Source(s): Image Corbus licensed ChatGPT account

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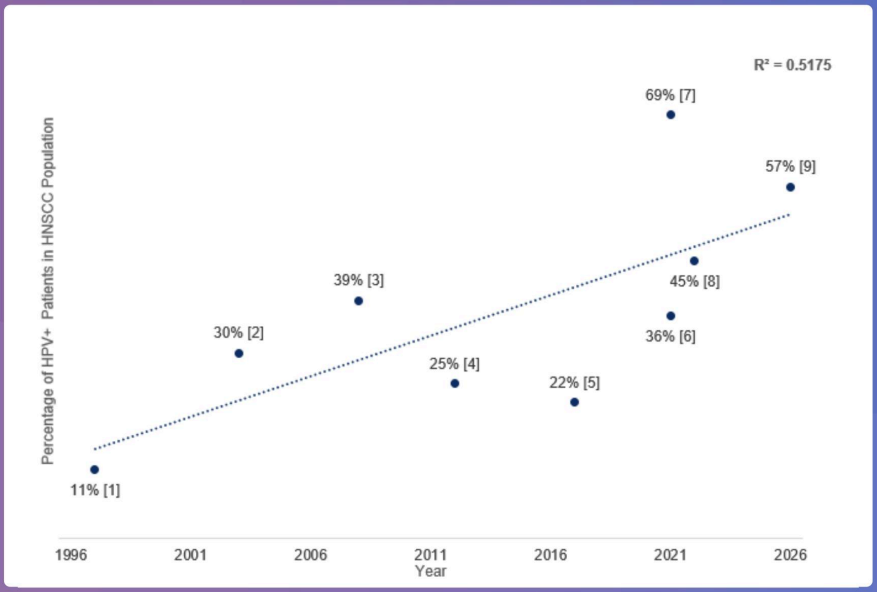
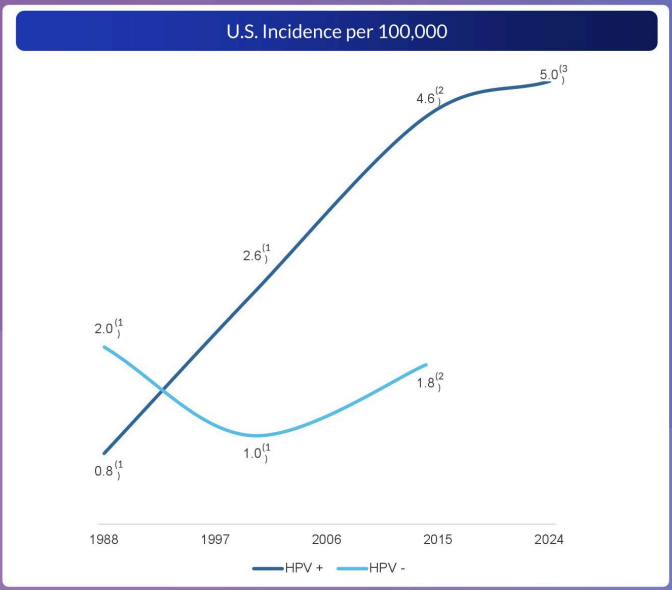
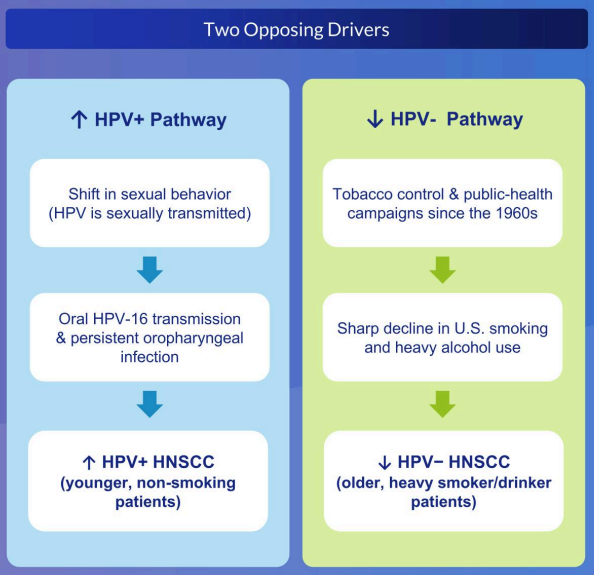
OPSCC is on the rise in the U.S. as prevalence of HPV+ in HNSCC is increasing: 11% → 57% over last 30 years



Source(s): Data generated by Greenhill: (1) Portugal et al., 1997; (2) Dahlstrom et al., 2003; (3) Chaturvedi et al., 2008; (4) Cole et al., 2012; (5) Bauml et al., 2017; (6) Wu et al., 2021; (7) Sacco et al., 2021 (8) Chung et al., 2022; and (9) Corbus ASCO April 1, 2026 data cut

OPSCC growing in HNSCC: HPV+ incidence is growing while HPV- is decreasing





Source(s): Data generated by Greenhill; (1) Chaturvedi, A. K. et al., 2011; (2) The ASCO Post, 2019, August 21; (3) Chen, A. M., 2024

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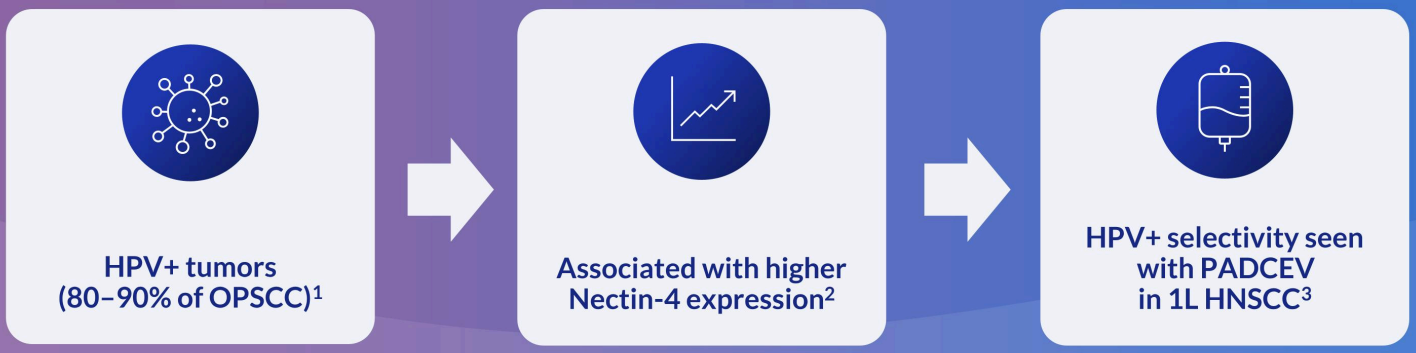
Hypothesis: CRB-701 in OPSCC vs. other HNSCC?



Source(s): 1. Ozdogan et al 2025 2. Sander et al. 2022, 3. Swiecicki et al 2026.

ASCO 2026: Key characteristics in HNSCC and subsets

Enrolled Tumor Types	HNSCC All-comers (n=75)	OPSCC Subset (n=41)	Other HNSCC anatomical subsets (n=34)
Median age (range)	62 (24–78)	62.0 (36–77)	62 (24–78)
Sex (M/F)	89.3% / 10.7%	90.2% / 9.8%	88.2% / 11.8%
ECOG PS 0, 1, 2	47%, 52%, 1%	58.5%, 41.5%, 0%	32.4%, 64.7%, 2.9%
Weight in kg mean (range)	75.2 (41.3, 132.8)	79.0 (51.8, 132.8)	70.5 (41.3, 105.2)
Prior therapies median (range)	3 (1–9)	3 (1–9)	2 (1–7)
HPV Status (Positive, Negative, Missing)	57.3%, 40%, 2.7%	85.4%, 14.6%. 0%	23.5%, 70.6%, 5.9%
Disease status (Locally Advanced or Metastatic)	16%, 84%	4.9%, 95.1%	29.4%, 70.6%

Source(s): ASCO April 1, 2026 data cut
ECOG = Eastern Cooperative Oncology Group Performance Status; HNSCC = Head and Neck Squamous Cell Carcinoma; OPSCC = Oropharyngeal Squamous Cell Carcinoma

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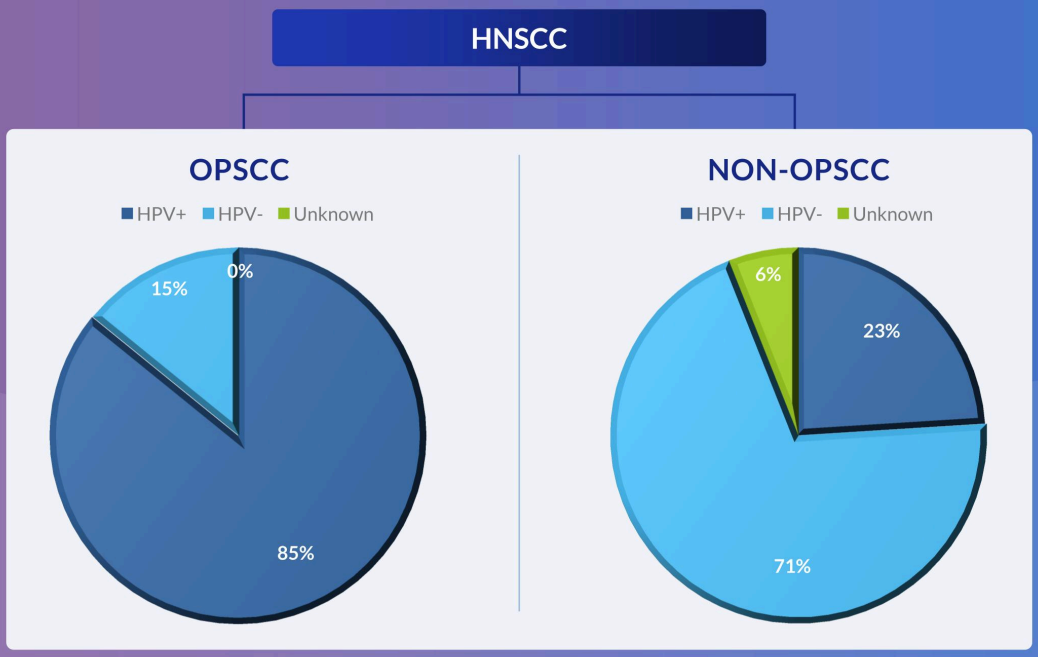
BASELINE

ASCO 2026: OPSCC associated with HPV positivity in our study (as expected)



Source(s): ASCO April 1, 2026 data cut

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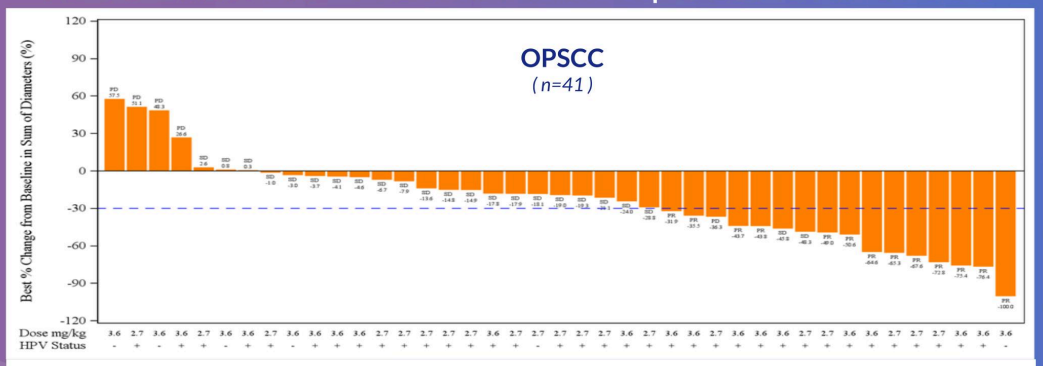
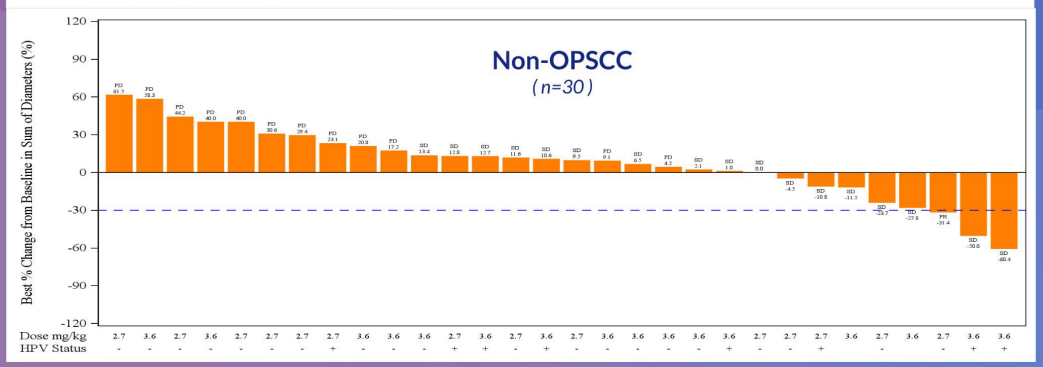
ASCO 2026: CRB-701 confirmed responses favor OPSCC



	2.7 mg/kg	3.6 mg/kg
cORR	20.0% (4/20)	42.9% (9/21)
DCR	90.0% (18/20)	85.7% (18/21)



	2.7 mg/kg	3.6 mg/kg
cORR	7.1% (1/14)	0.0% (0/16)
DCR	57.1% (8/14)	62.5% (10/16)

Source(s): ASCO April 1, 2026 data cut; Patients are summarized on the treatment and dose level assigned at enrollment/randomization. Best Overall Response is displayed at the end of each bar. HNSCC = Head & Neck Squamous Cell Carcinoma; OPSCC = Oropharyngeal anatomical subset of HNSCC; cORR = confirmed Objective Response Rate; DCR = Disease Control Rate

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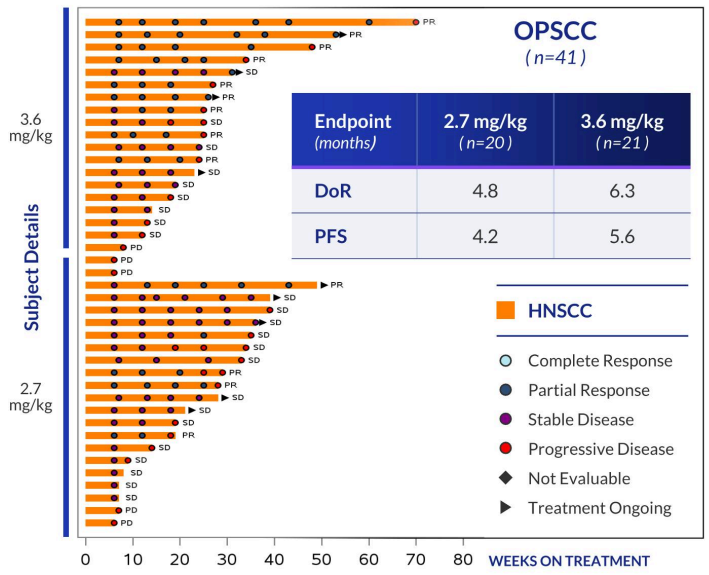
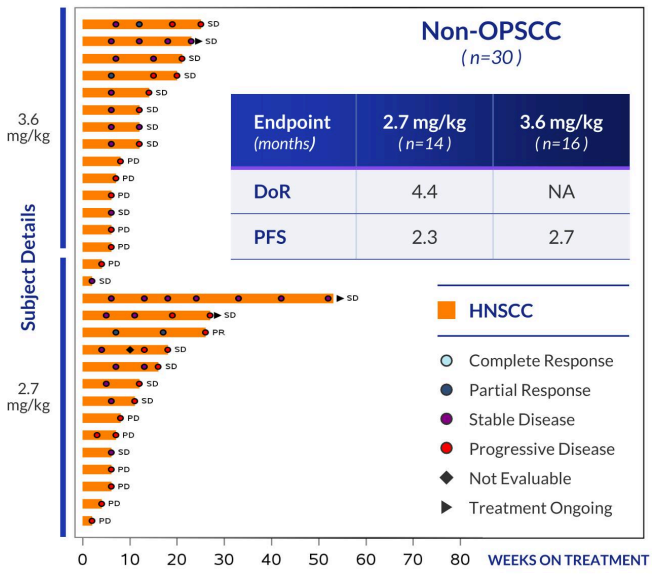
ASCO 2026: CRB-701 had longer durability in OPSCC





Source(s): ASCO April 1,2026 data cut; HNSCC = Head & Neck Squamous Cell Carcinoma; OPSCC = Oropharyngeal Squamous Cell Carcinoma; DoR = Duration of Response; PFS = Progression-Free Survival

ASCO 2026: Efficacy summary at 3.6 mg/kg Q3W

3.6 mg/kg Q3W	OPSCC (n=21)	Non-OPSCC (n=16)
cORR	42.9%	0%
DCR	85.7%	62.5%
DoR (months)	6.3	NA
PFS (months)	5.6	2.7
% responders HPV+	89% (8 out of 9)	NA

OPSCC is **indication of choice** → Supports 3.6 mg/kg dose for registrational studies

Source(s): ASCO April 2026 data cut; OPSCC = Oropharyngeal Squamous Cell Carcinoma; cORR = confirmed Objective Response Rate; DCR = Disease Control Rate
DoR = Duration of Response; PFS = Progression-Free Survival

CORBUS PHARMACEUTICALS

Contextualizing monotherapy CRB-701 and petosemtamab in 2L HPV+/OPSCC

RP2D OPSCC population →	Petosemtamab* (n=15)***	CRB-701** (n=21)
Dosing regimen	1500mg Q2W	3.6mg/kg Q3W
Efficacy (cORR)	13% (2/15) in OPSCC HPV+ only	50% (8/16) in OPSCC HPV+ only **43% (9/21) in OPSCC all types**
Median DoR (months)	6.2 in HNSCC	**6.3 in OPSCC (ongoing)**
PFS (months)	4.9 in HNSCC	**5.6 in OPSCC (ongoing)**
TRAEs Grade 3 & greater	59% in HNSCC	**14.3% in OPSCC**

Source(s): * ESMO ASIA data Dec 2024. **ASCO April 1, 2026 data cut; *** Petosemtamab's DOR PFS and TRAE was based total HNSCC study population(n=75)
OPSCC = Oropharyngeal Squamous Cell Carcinoma; HNSCC = Head and Neck Squamous Cell Carcinoma; cORR = confirmed Objective Response Rate; DoR = Duration of Response; PFS = Progression-Free Survival

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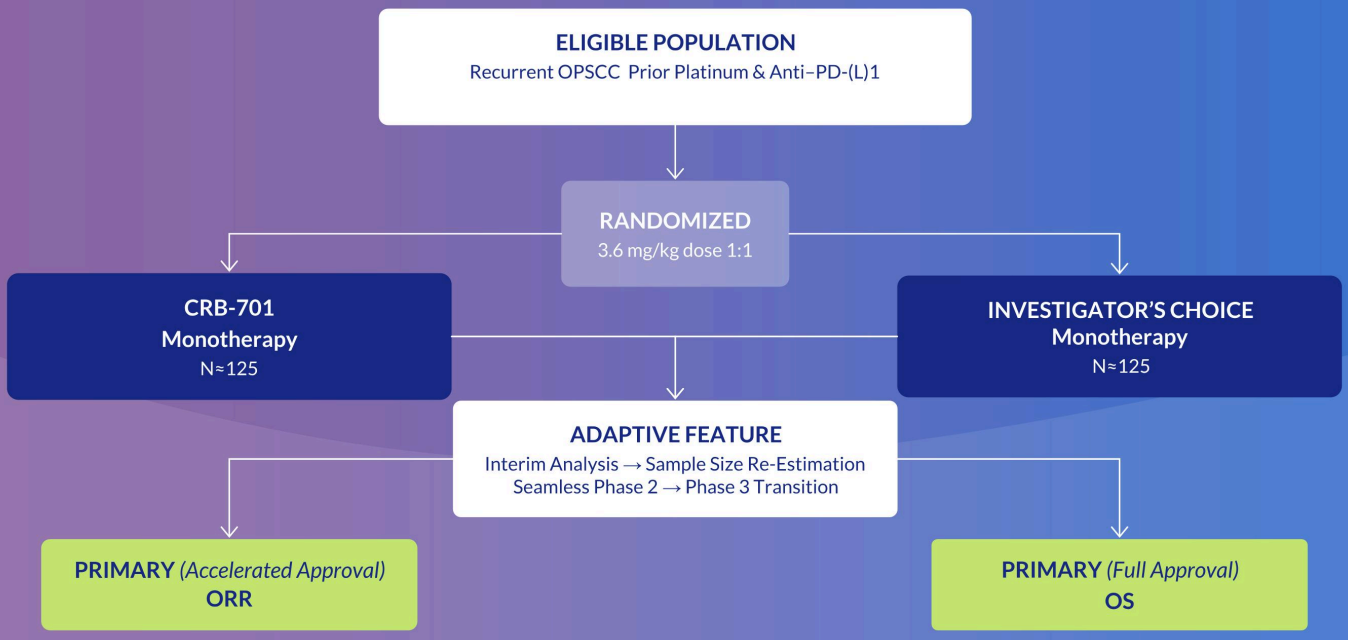
STUDY DESIGN

TEMPO-1: Expect to launch registrational study in 2L OPSCC summer 2026

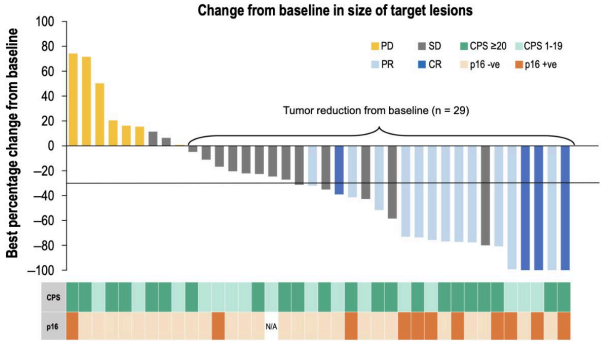


CORBUS PHARMACEUTICALS

1L OPSCC potential: the precedent of Padcev® + Keytruda® in 1L

Investigator-assessed cORR

- Confirmed responses were achieved in 16 patients



	R/M HNSCC (n = 41)
Best confirmed overall response, n (%)[a]	
Confirmed complete response	4 (9.8)
Confirmed partial response	12 (29.3)
Stable disease	15 (36.6)
Progressive disease	7 (17.1)
Not evaluable	3 (7.3)
Confirmed objective response rate, n (%)[b] [95% CI][c]	**16 (39.0) [24.2-55.5]**
PD-L1 CPS 1-19 (n = 16)	7 (43.8) [19.8-70.1]
PD-L1 CPS ≥20 (n = 25)	9 (36.0) [18.0-57.5]
HPV positive – yes (n = 11)	9 (81.8) [48.2-97.7]
HPV positive – no (n = 30)[d]	7 (23.3) [9.9-42.3]
Disease control rate, n (%)[e] [95% CI][c]	31 (75.6) [59.7-87.6]

CI, confidence interval; cORR, confirmed objective response rate; CPS, combined positive score; CR, complete response; HNSCC, head and neck squamous cell carcinoma; N/A, not available; PD, progressive disease; PD-L1, programmed death-ligand 1; PR, partial response; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; R/M, recurrent or metastatic; SD, stable disease. [a]Definition of best overall response followed RECIST v1.1. Complete and partial responses must have been confirmed by 2 scans, a minimum of 4 weeks apart. The minimum duration for stable disease was 49 days after the date of the first dose of EV or pembrolizumab. [b]Confirmed objective response rate was defined as the proportion of patients whose best overall response was a confirmed complete response or a partial response as per RECIST v1.1. [c]Calculated using the Clopper-Pearson method. [d]Patients without oropharynx cancer were considered HPV negative; 1 patient had an unknown HPV status. [e]Disease control rate was defined as the proportion of patients who have a best overall response of confirmed complete response, partial response, or stable disease (≥7 weeks).

Paul L. Swiecicki

Padcev® + Keytruda	cORR
All	39% (16/41)
HPV+	82% (9/11)
HPV-	23% (7/30)

HPV+	cORR
Peto + Keytruda[2]	50% (4/8)
Ficerafusp Alfa + Keytruda[3]	27% (3/11)

Source(s): 1. Swiecicki et al 2026 2. Van Herpen ASCO 2025 3.Hanna et al 2026; cORR = confirmed Objective Response Rate

Strategy and anticipated next steps

- Broad alignment reached with FDA on a 2L registrational study with 250 OPSCC patients
- Seek accelerated approval based on ORR and final marketing approval based on OS
- Begin registrational study summer 2026 with interim ORR read out expected in fall of 2028
- Report 1L CRB-701 + Keytruda® data early 2027

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)
$1.8B[4]	• U.S. market for cervical cancer treatment

Source(s): 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

2L Single-Agent Chemo

2021 ACCELERATED APPROVAL

2024 FULL APPROVAL

Source(s): Vergote et al 2024

CORBUS PHARMACEUTICALS

Tivdak® demonstrates a commercial potential that could be further improved

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

Adverse event profile****	
Ocular (Black Box)	55% (all grades)
Peripheral neuropathy	39% (all grades)
Bleeding	51% (all grades)
Rash	25% (all grades)

Efficacy****	
ORR	17.8%
PFS	4.2 months
OS	11.5 months

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

CORBUS PHARMACEUTICALS

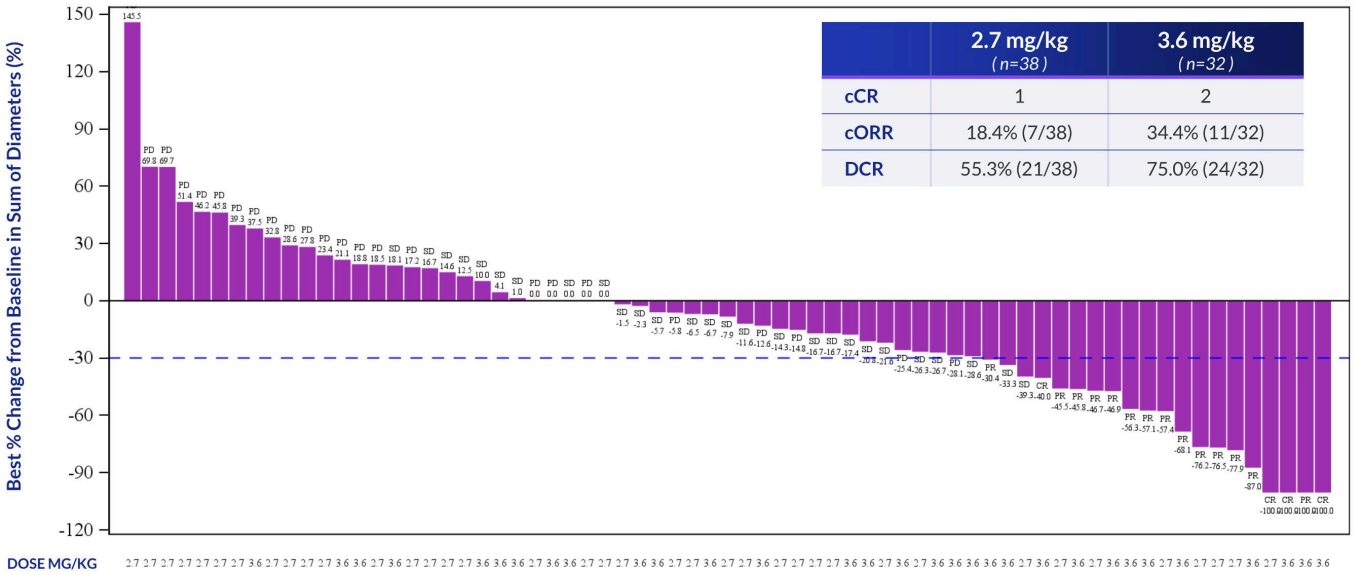
ASCO 2026: Key characteristics & tumor types

Enrolled Tumor Types	Safety Population	Efficacy Evaluable Population
Cervical	72	70

Baseline Characteristic	Cervical
Median age (range)	54 (32, 78)
Sex (M/F)	NA/100%
ECOG PS 0, 1, 2	44.4%, 55.6%, 0%
Weight in kg mean (range)	64.3 (39.0–99.0)
Prior therapies median (range)	3 (1–7)

Source(s): ASCO April 1, 2026 data cut
ECOG = Eastern Cooperative Oncology Group Performance Status

CRB-701 ASCO 2026 : Waterfall plot (N=70)

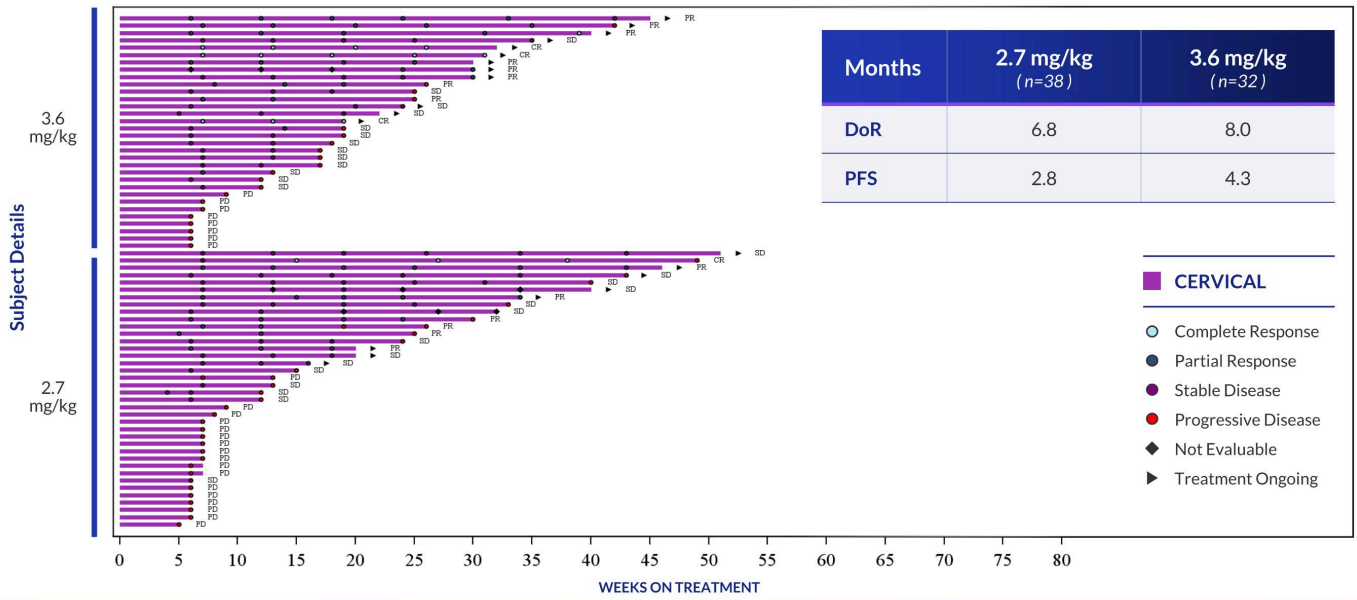


	2.7 mg/kg (n=38)	3.6 mg/kg (n=32)
cCR	1	2
cORR	18.4% (7/38)	34.4% (11/32)
DCR	55.3% (21/38)	75.0% (24/32)

Source(s): ASCO April 2026 data cut; Patients are summarized on the treatment and dose level assigned at enrollment/randomization. Best Overall Response is displayed at the end of each bar. cCR = confirmed Complete response; cORR = confirmed Objective Response Rate; DCR = Disease Control Rate

CORBUS PHARMACEUTICALS

CRB-701 ASCO 2026: Swimmer plots (N=70)



Months	2.7 mg/kg (n=38)	3.6 mg/kg (n=32)
DoR	6.8	8.0
PFS	2.8	4.3

Source(s): ASCO April 1, 2026 data cut; DoR = Duration of Response; PFS = Progression-Free Survival

CORBUS PHARMACEUTICALS

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

	CRB-701* (n=32)	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)**	34.4%	17.8%	5.2%
DoR months**	8.0	5.3	5.7
PFS months	4.3	4.2	2.9
OS months	TBD	11.5	9.5

Source(s): * ASCO April 1, 2026 data cut; ** Vergot et al 2024
ORR = Objective Response Rate; DoR = Duration of Response; PFS = Progression-Free Survival; OS = Overall survival

CORBUS PHARMACEUTICALS

Strategy and anticipated next steps

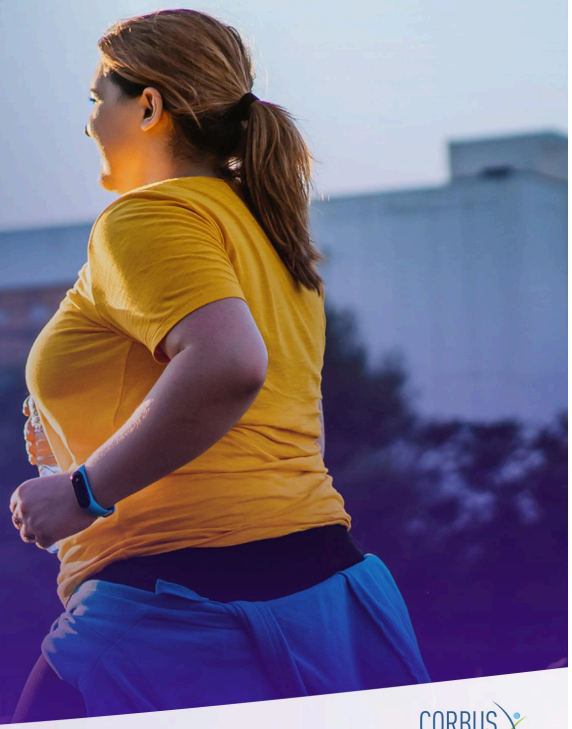
- Broad alignment reached with FDA on a registrational study in 2L cervical cancer
- Seek accelerated approval based on ORR and full marketing approval based on OS
- Control arm: Physicians' choice standard of care (Tivdak® or chemo)
- Oral presentation at ASCO 2026

CORBUS PHARMACEUTICALS

CRB-913

Daily oral small molecule targeting chronic obesity management

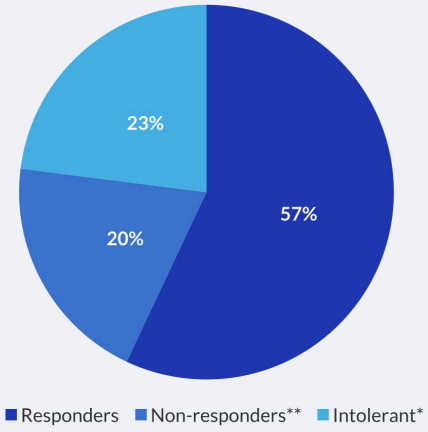
Data from Phase 1a SAD/MAD study



CORBUS PHARMACEUTICALS

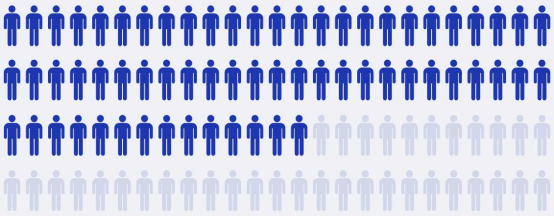
What are the emerging unmet needs in the obesity landscape?

% Patients on incretin Tx
(Real world data)



64%

GLP-1 discontinuation @ 1 year for obesity patients*



Source(s): *Cartwright et al 2025, **AP Nov 2024

CORBUS PHARMACEUTICALS

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

CORBUS PHARMACEUTICALS

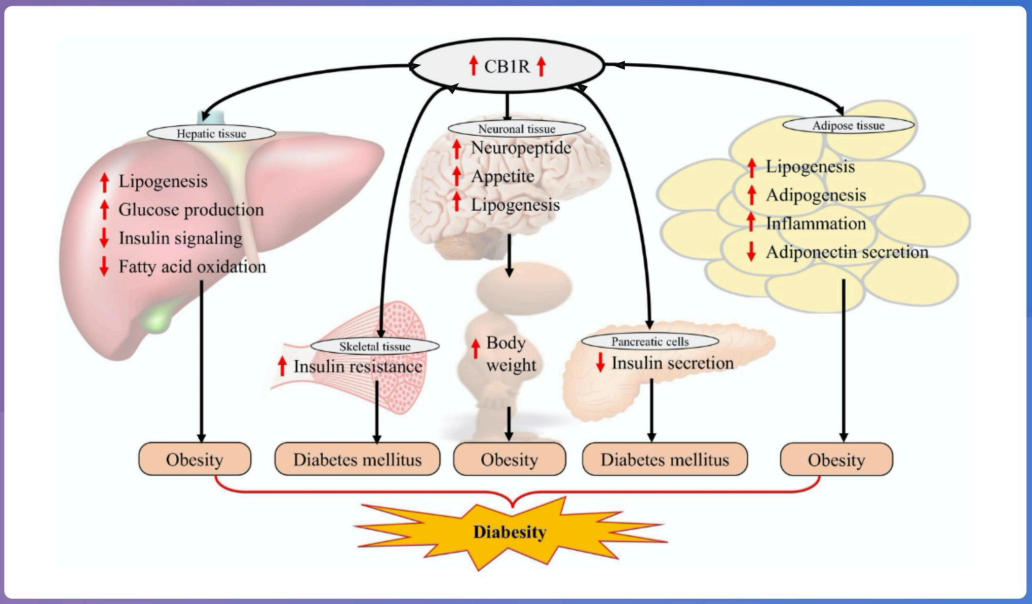
CB1 inverse agonism is a new non-incretin MOA that leads to weight loss

MOA	Company	Function	Monotherapy weight loss?
CB1 inverse agonism	Corbus, Novo	Appetite suppression, weight loss & muscle sparing	✓
Pan-agonist bitter taste receptor	Aardvark	Appetite suppression	✗
INHBE siRNA	Wave, Arrowhead	Fat reduction + muscle buildup	✗

Source(s): Competitor data obtained from respective company websites

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.

CORBUS PHARMACEUTICALS

CRB-913 is designed to be a highly peripherally restricted inverse agonist

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**

Source(s): *Corbus murine data; **Corbus PK modeling

CORBUS PHARMACEUTICALS

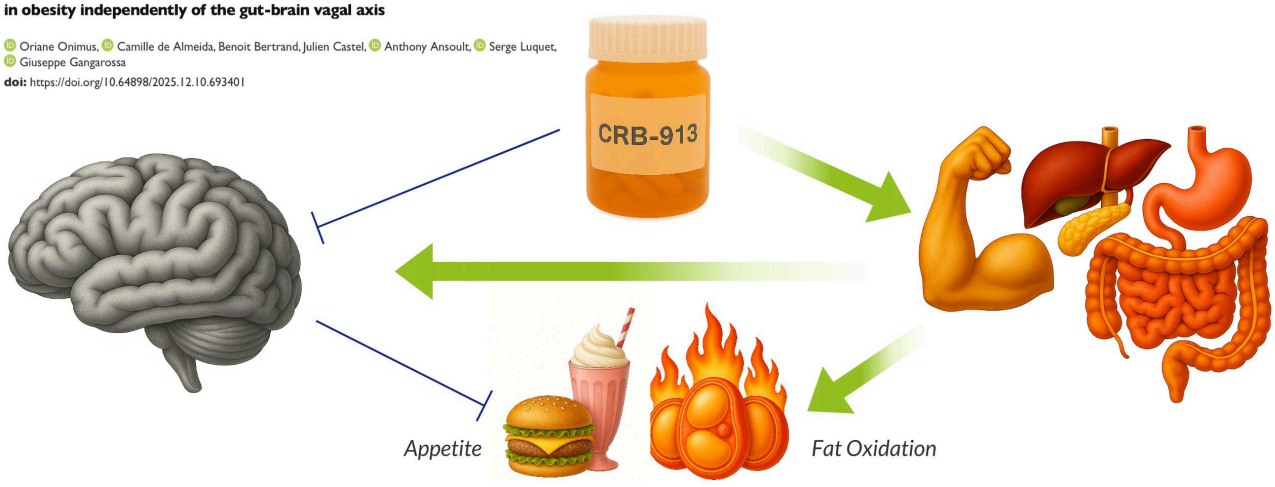
How does peripheral CB1 inverse agonism affect appetite?

Recent paper sheds light on potential MOA:

Peripheral CB1R inhibition modulates food intake and metabolic efficiency in obesity independently of the gut-brain vagal axis

Oriane Onimus, Camille de Almeida, Benoit Bertrand, Julien Castel, Anthony Ansoult, Serge Luquet, Giuseppe Gangarossa

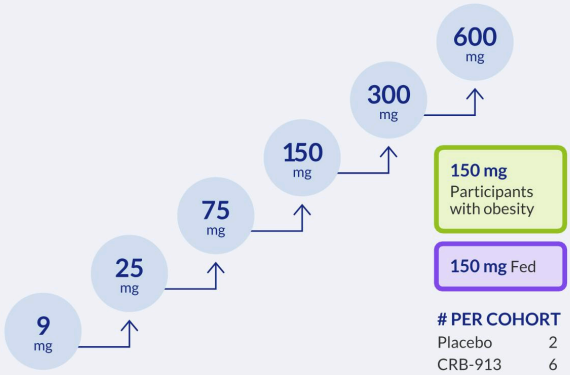
doi: https://doi.org/10.64898/2025.12.10.693401



CORBUS PHARMACEUTICALS

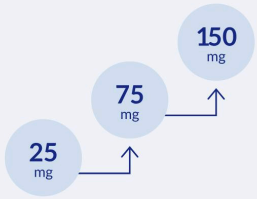
CRB-913 SAD/MAD study (Phase 1 unit in US, total n=112)

Single Ascending Dose (SAD) *(n=64)*



# PER COHORT	
Placebo	2
CRB-913	6

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



# PER COHORT	
Placebo	3
CRB-913	9

CONTEXT

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

Source(s): Corbus SAD/MAD data

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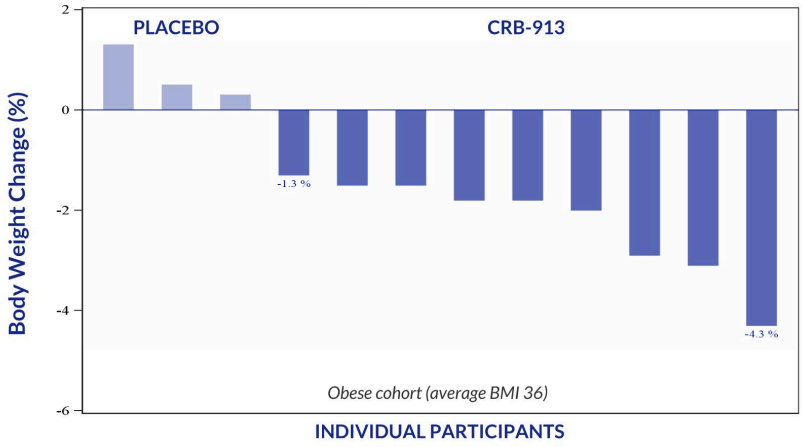
Emerging weight loss observed with CRB-913 in participants with obesity (150 mg MAD cohort)

150 mg/day OD for 7 days of dosing + additional 7 days observation
=
14 DAYS IN-CLINIC



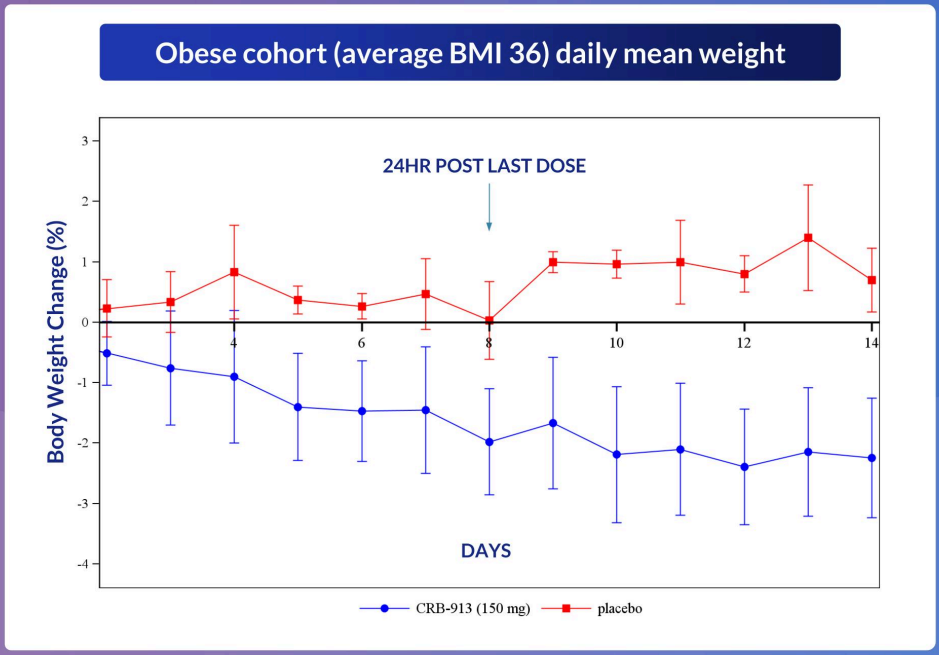
Participants reported **reductions in food-related thoughts and cravings**

2.9% average placebo-adjusted weight loss @ day 14

Source(s): December 2025 MAD Data
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.

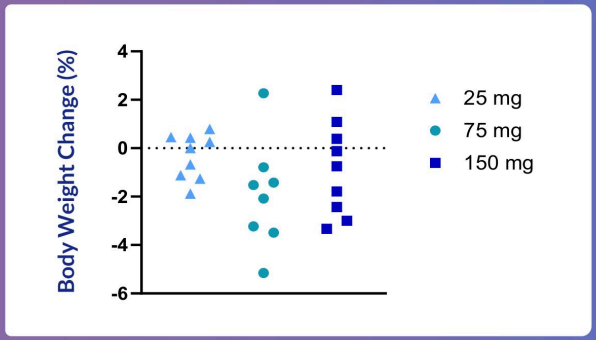
CORBUS PHARMACEUTICALS

Weight loss observed with CRB-913 starts early and deepens



Source(s): December 2025 MAD Data
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

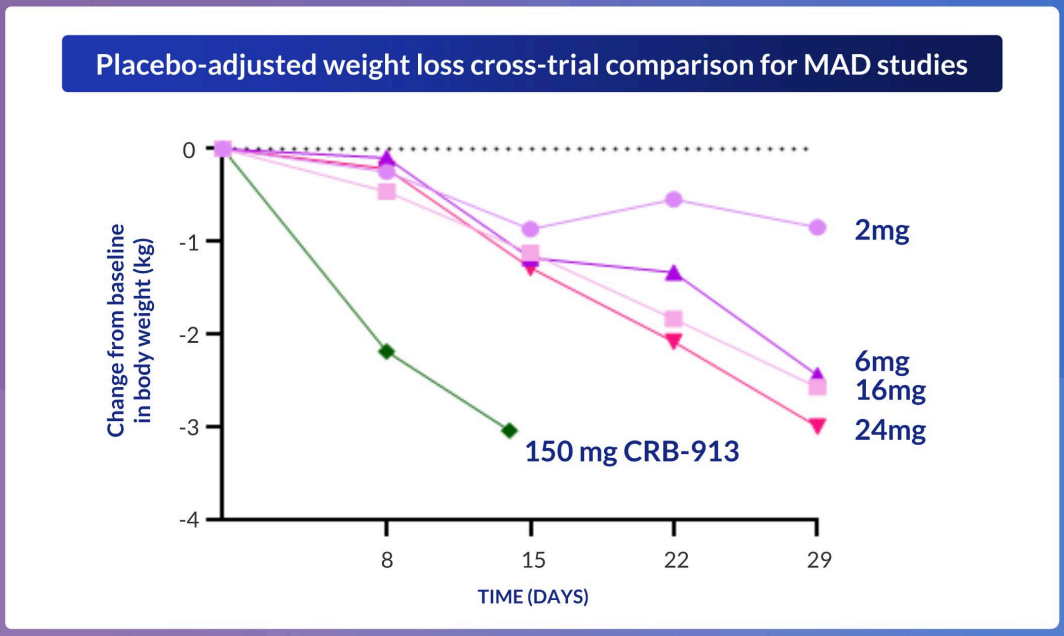
Placebo-adjusted weight loss	▲ 0%	● 2.0%	■ 1.5%
BMI range	23.5 to 31.4	22.3 to 31.8	24.4 to 31.3

Average BMI of 28 → lower potential for weight loss

Source(s): December 2025 MAD Data
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.

CORBUS PHARMACEUTICALS

Emerging data CRB-913 vs. orforglipron MAD: Deeper and faster weight loss?



Source(s): All comparator data points are approximated and based on extracted figures reported from Pratt *et al* 2023 and Corbus December 2025 MAD Data. These limited observations are derived from separate clinical settings, and do not represent head-to-head comparisons with our competitors.

CRB-913 vs. Orforglipron MAD data: Differentiated emerging safety

Adverse Event	CRB-913*	Orforglipron**
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

Source(s): *Corbus December 2025 MAD Data; **Pratt et al 2023; These limited observations are derived from separate clinical settings, and do not represent head-to-head comparisons with our competitors.

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(s): All comparator data points are approximated and based on extracted figures reported from Pratt et al 2023, Viking press release-March 2024 Haggag et al 2024, Davies et all 2017, Corbus data. These limited observations are derived from separate clinical settings, and do not represent head-to-head comparisons with our competitors.

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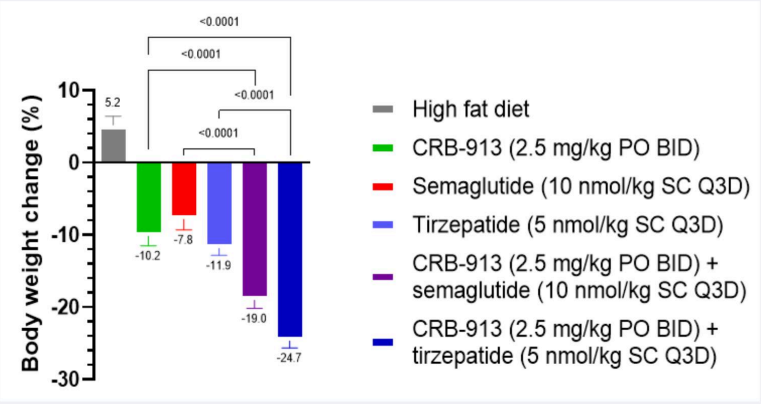
Potential clinical usage and supportive clinical or pre-clinical data (2 of 3)

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



Obesity THE OBESITY SOCIETY WILEY

OBESITY SYMPOSIUM

Obesity Biology and Integrated Physiology

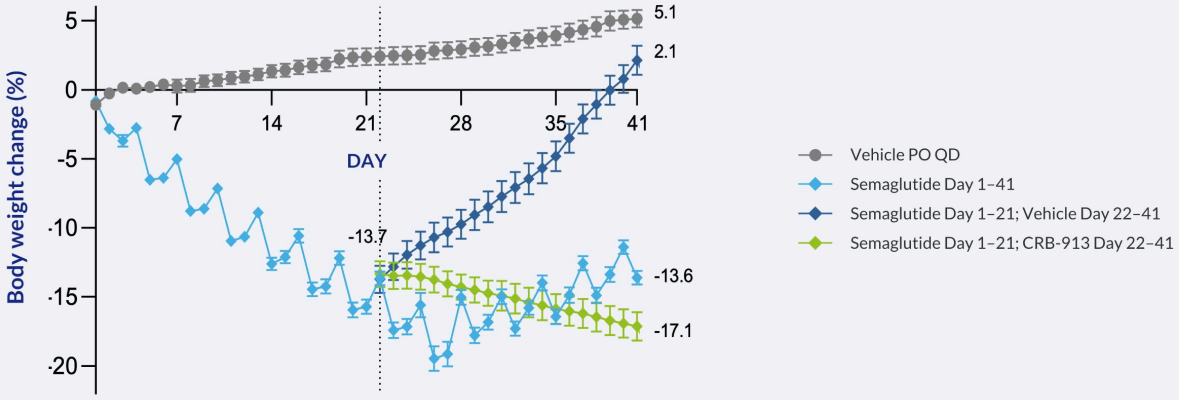
Novel cannabinoid receptor 1 inverse agonist CRB-913 enhances efficacy of tirzepatide, semaglutide, and liraglutide in the diet-induced obesity mouse model

Source(s): Morningstar et al 2023

CORBUS PHARMACEUTICALS

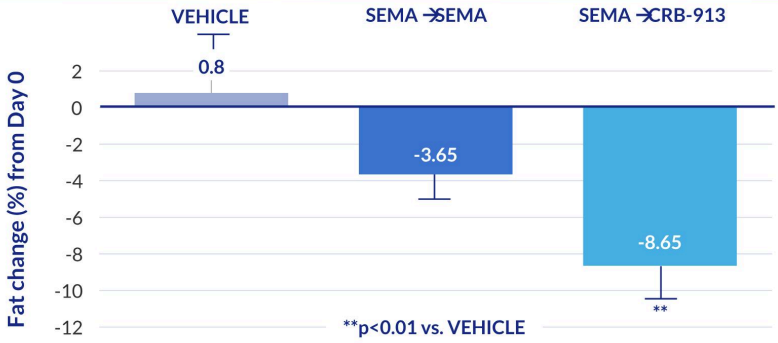
Potential clinical usage and supportive clinical or pre-clinical data (3 of 3)

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



Source(s): Morningstar et al 2024

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

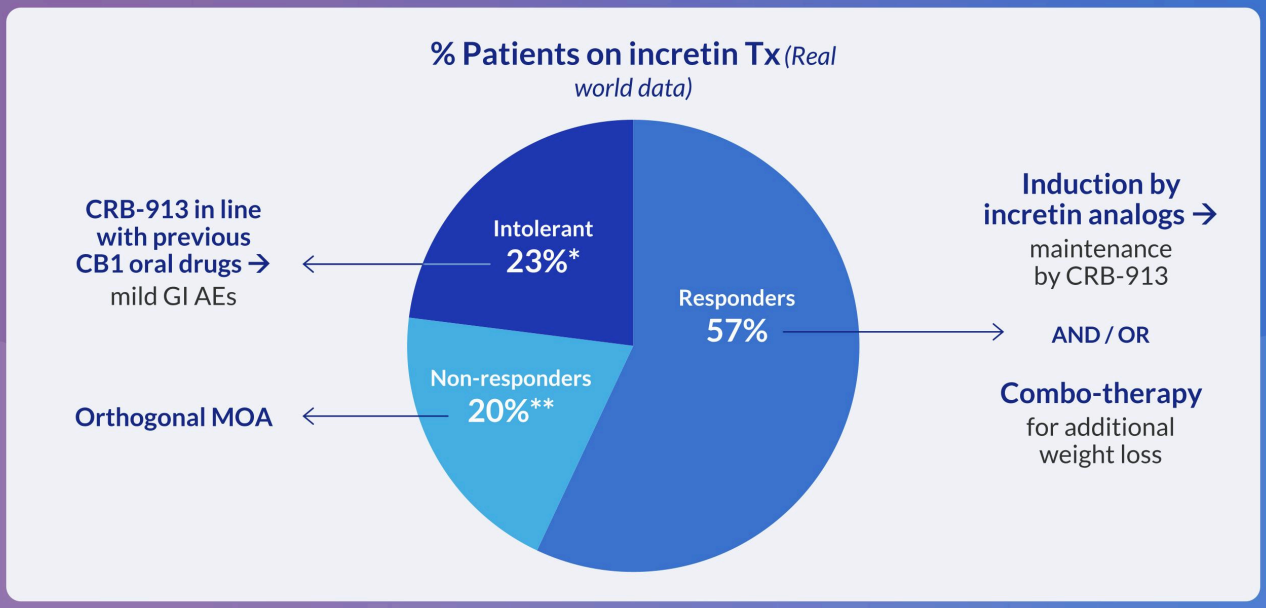


At day 41 *(end of study period)*

	SEMA → SEMA	SEMA → CRB-913	DIFFERENCE
Weight loss (%)	-13.6	-17.1	↑ 25%
Fat change from baseline	-3.65%	-8.65%	↑ x2.3

Source(s): Morningstar et al 2024

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



Source(s): *Cartwright *et al* 2025; **AP Nov 2024

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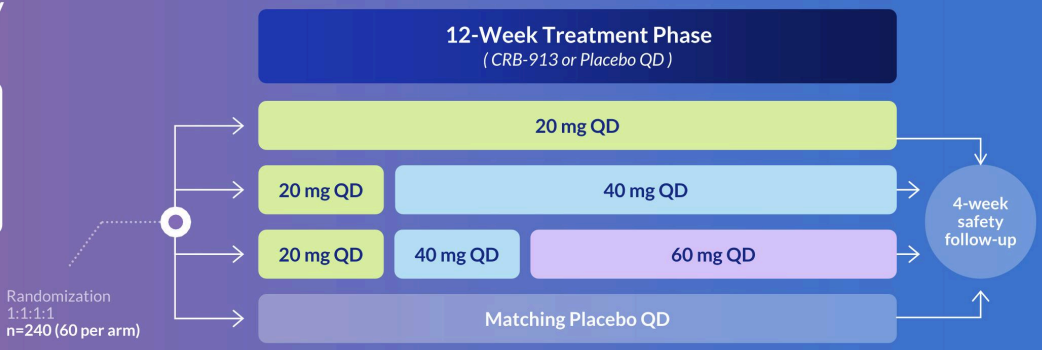
Initiated: Phase 1b study

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 <u>is not</u> driven by GI AEs

Weight loss <u>is</u> 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.

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.

Nishant Saxena, MBA
Chief Business Officer

Mr. Saxena joined Corbus in May 2026. Most recently he was CFO at Jeune Aesthetics, Inc. and previously was a healthcare investment banker at Evercore.

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.

CORBUS PHARMACEUTICALS

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.

Brent Pfieffenberger, PharmD, MBA

Director

President and CEO of Century Therapeutics (NASDAQ: IPSC). Former SVP Head of U.S Oncology at BMS

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Upcoming anticipated corporate milestones

CRB-701	FDA update - registrational study protocol	✓ **April 2026**
	Phase 1/2 monotherapy data	✓ **Mid-2026**
	CRB-701 + Keytruda® 1L OPSCC data	**Early 2027**
CRB-913	Complete Phase 1 SAD/MAD	✓ **Q4 2025**
	Start Phase 1b study	✓ **Q4 2025**
	Complete Phase 1b dose ranging study	**Summer 2026**

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