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): September 14, 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 September 14, 2026, Corbus Pharmaceuticals Holdings, Inc. (the "Company") issued a press release announcing positive topline data from its CANYON-1 Phase 1b clinical trial of CRB-913 for the treatment of obesity, and that the data was selected for a late-breaking presentation at ObesityWeek® 2026. 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 September 14, 2026, the Company announced positive topline data from the CANYON-1 Phase 1b clinical trial of CRB-913 for the treatment of obesity. The CANYON-1 Phase 1b clinical trial was a 16-week double-blind, placebo-controlled, dose-ranging study that enrolled 254 obese, non-diabetic adult participants at 15 investigational sites in the United States (NCT07310901). The trial included three CRB-913 cohorts of 20 mg, 40 mg, and 60 mg dosed orally once-daily as well as a placebo cohort (randomization of 1:1:1:1). A dose titration regimen was used with all participants receiving CRB-913 commencing at 20 mg/day and then titrating up every two weeks to either 40 mg/day or 60 mg/day depending on their assigned cohort. Participants were dosed for 12 weeks and followed for an additional 4 weeks.

The data demonstrated statistically significant and clinically meaningful weight loss at all three doses with the 60 mg dose achieving a mean weight loss of 5% at 12 weeks. CRB-913 was associated with a favorable safety profile and fewer gastrointestinal (GI) adverse events based on cross-trial comparison with published data of currently marketed oral GLP-1 drugs. These data support CRB-913's potential to establish a new class of oral, non-incretin obesity medicines.

Topline Efficacy
CRB-913 demonstrated rapid, statistically significant and clinically meaningful weight loss at all dose levels, with no evidence of plateauing at any of the doses.

Cohort	Placebo (n=66)	CRB-913		
		20 mg (n=65)	40 mg (n=61)	60 mg (n=62)
LS Mean % change in weight loss from baseline at week 12[1]	0.0%	2.8%	3.3%	5.0%
LS Mean % change in weight loss at week 12[1] (placebo adjusted)	NA	2.8%	3.3%	5.0%
p-value vs. placebo	NA	<0.0001	<0.0001	<0.0001

[1] Efficacy estimand. The LS means, and p-values are the Mixed Model for Repeated Measures (MMRM) with percent change from baseline as the dependent variable; sex, treatment group, visit and treatment group-by-visit interaction as categorical fixed effects, and the baseline weight as a covariate. An unstructured covariate matrix is used.

Weight loss response rates were significantly higher across all three CRB-913 cohorts compared to the placebo cohort. All participants who completed the study and received CRB-913 at the 60 mg dose lost weight, with 44.4% losing at least 5.0% from baseline. Similarly, 6.7% of the participants in that cohort lost more than 7.5% of their weight from baseline. The highest recorded weight loss for this cohort was 13.4% from baseline.

Topline Safety and Tolerability[2]
CRB-913 was generally safe and well tolerated. Treatment discontinuations due to AEs with CRB-913 (3.1%-13.1%) were in line with those recorded with approved oral GLP-1s (6.9%-20.7%) and markedly less than the 13%-42% study discontinuation rate reported with monlunabant.

Psychiatric AEs of Special Interest:
Treatment emergent psychiatric AEs were infrequent, mild to moderate, and transient. There were no serious or severe psychiatric AEs reported in the study. There were no cases of suicidality and only one case of transient depressive symptom (moderate) out of a total of 188 participants dosed with CRB-913. Psychiatric AEs were noted across all cohorts, including placebo, and generally showed no dose-related patterns. The most common psychiatric AE was irritability, and all cases were mild.

Psychiatric AEs were broadly in line with those reported for clinical studies for liraglutide, semaglutide and tirzepatide. The psychiatric AEs were lower than those seen with monlunabant, a recently studied but subsequently discontinued CB1 inverse agonist with significantly higher brain penetration than CRB-913.

Psychiatric Treatment Emergent Adverse Events

	Placebo (n=66)	CRB-913 20 mg (n=65)	CRB-913 40 mg (n=61)	CRB-913 60 mg (n=62)	Published data for liraglutide[3], semaglutide[4] and tirzepatide[5]	Monlunabant[6] Phase 2 (n=180)
Depression	0%	0%	0%	1.6%	2%-4.6%	3%-8%
Anxiety	4.5%	3.1%	8.2%	4.8%	1.9%-7.2%	10%-27%
Irritability	0%	6.2%	8.2%	9.7%	Not reported	10%-17%
Insomnia	3.0%	1.5%	4.9%	0%	2.9%-3.9%	7%-17%

[2] These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. Published safety data reflect adverse events reported over study durations longer than the 12-week CANYON-1 treatment period: 56-week study (liraglutide, Diabetes Obes Metab. 2017), 68-week study (semaglutide, JAMA Intern Med. 2024), and 72-week study (tirzepatide, Obesity 2026).

[3] O'Neil *et al.* "Neuropsychiatric safety with liraglutide 3.0 mg for weight management: Results from randomized controlled phase 2 and 3a trials. Diabetes Obes Metab. 2017.

[4] Wadden, *et al.* Psychiatric Safety of Semaglutide for Weight Management in People Without Known Major Psychopathology: Post Hoc Analysis of the STEP 1, 2, 3, and 5 Trials. JAMA Intern Med. 2024.

[5] Wadden *et al,* "Psychiatric Safety of Tirzepatide in People With Obesity and No Known Major Psychopathology: A Post Hoc Analysis of SURMOUNT," Obesity 2026.

[6] Knop, F.K. et al. Efficacy and safety of monlunabant in adults with obesity and metabolic syndrome: a double-blind, randomised, placebo-controlled, phase 2a trial. The Lancet 2025.

Gastrointestinal AEs of Special Interest:
GI AEs were mild or moderate across all CRB-913 doses, with no serious or severe cases reported and were generally not dose-dependent. The emerging GI profile appears more tolerable than the oral GLP-1 class with markedly less vomiting, constipation, and nausea.

Gastrointestinal Treatment Emergent Adverse Events

	CRB-913 (20 mg) (n=65)	CRB-913 (40 mg) (n=61)	CRB-913 (60 mg) (n=62)	Oral semaglutide (25 mg)[7]	Orforglipron (36 mg capsule)[8]
Vomiting	4.6%	8.2%	1.6%	31%	14% – 28%
Nausea	15.4%	26.2%	22.6%	47%	41% – 48%
Constipation	4.6%	1.6%	4.8%	20%	24% – 28%
Diarrhea	21.5%	26.2%	22.6%	18%	3% –14%

Note: These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. Published safety data reflect adverse events reported over study durations longer than the 12-week CANYON-1 treatment period: 68-week study (oral semaglutide 25 mg, N Engl J Med 2025) and 36-week study (orforglipron, N Engl J Med 2023).

[7] Wharton, S. *et al.* Oral Semaglutide at a Dose of 25 mg in Adults with Overweight or Obesity; N Engl J Med 2025.

[8] Wharton S, *et al.* Daily oral GLP-1 receptor agonist orforglipron for adults with obesity. N Engl J Med. 2023. Note: Early clinical development evaluated a 36mg capsule formulation; subsequent bridging established pharmacokinetic bioequivalence to the 17.2mg tablet commercial formulation.

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

Exhibit No.	Description
99.1	Press Release issued by Corbus Pharmaceuticals Holdings, Inc. dated September 14, 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: September 14, 2026

By: */s/ Yuval Cohen*

Name: Yuval Cohen
Title: Chief Executive Officer

Exhibit 99.1

Corbus Pharmaceuticals Announces Positive Topline Data from CANYON-1 Study of Daily Oral CRB-913 for the Treatment of Obesity

- *CRB-913 demonstrated statistically significant and clinically meaningful mean weight loss of 5% at 60 mg after 12 weeks with no plateau observed*
- *CRB-913 was generally well tolerated with psychiatric adverse events broadly in line with GLP-1 drugs and a favorable emerging GI tolerability profile*
- *Data support CRB-913's potential to establish a new class of oral non-incretin obesity medicines*
- *Data selected for late-breaking presentation at ObesityWeek® 2026*
- *Company will hold an investor call at 8:00am EDT today*

Norwood, MA, September 14, 2026 (GLOBE NEWSWIRE) -- Corbus Pharmaceuticals Holdings, Inc. (NASDAQ: CRBP), a clinical-stage company focused on new therapies in oncology and obesity, today announced positive topline data from the Company's CANYON-1 Phase 1b clinical trial of CRB-913 for the treatment of obesity. The data demonstrated statistically significant and clinically meaningful weight loss at all three doses with the 60 mg dose achieving a mean weight loss of 5% at 12 weeks. CRB-913 was associated with a favorable safety profile and fewer gastrointestinal (GI) adverse events based on cross-trial comparison with published data of currently marketed oral GLP-1 drugs. These data support CRB-913's potential to establish a new class of oral, non-incretin obesity medicines.

"From a clinical practice perspective, a substantial number of patients with obesity either cannot tolerate GLP-1 receptor agonists or do not achieve an adequate therapeutic response," said Harold Bays, M.D., Medical Director, Louisville Metabolic and Atherosclerosis Research Center/Monroe Biomedical Research, Clinical Associate Professor at the University of Louisville School of Medicine, and an investigator on the CANYON-1 trial. "In addition, more than 60% discontinue treatment within the first year. What I find particularly encouraging about the CANYON-1 study results is that weight reduction had not yet plateaued by the end of the 12-week treatment period, and that CRB-913 appears to have avoided the depressive effects associated with earlier central nervous system-acting cannabinoid receptor agonists. These findings support the potential emergence of the first agent in a new class of obesity medications, offering a novel mechanism of action to help treat the global epidemic of obesity."

Yuval Cohen, Ph.D., CEO of Corbus Pharmaceuticals, added, "We set out to test a key hypothesis: by successfully designing a peripherally restricted CB1 inverse agonist, can we deliver a safe and tolerable therapeutic alternative with competitive weight loss to oral GLP-1s? The CANYON-1 data provide an important confirmatory milestone of this hypothesis. We are excited about these results and look forward to the Phase 2 study of CRB-913."

Study Design
The CANYON-1 Phase 1b clinical trial was a 16-week double-blind, placebo-controlled, dose-ranging study that enrolled 254 obese, non-diabetic adult participants at 15 investigational sites in the United States (NCT07310901). The trial included three CRB-913 cohorts of 20 mg, 40 mg, and 60 mg dosed orally once-daily as well as a placebo cohort (randomization of 1:1:1:1). A dose titration regimen was used with all participants receiving CRB-913 commencing at 20 mg/day and then titrating up every two weeks to either 40 mg/day or 60 mg/day depending on their assigned cohort. Participants were dosed for 12 weeks and followed for an additional 4 weeks.

Topline Efficacy
CRB-913 demonstrated rapid, statistically significant and clinically meaningful weight loss at all dose levels, with no evidence of plateauing at any of the doses.

Cohort	Placebo (n=66)	CRB-913		
		20 mg (n=65)	40 mg (n=61)	60 mg (n=62)
LS Mean % change in weight loss from baseline at week 12[1]	0.0%	2.8%	3.3%	5.0%
LS Mean % change in weight loss at week 12[1] (placebo adjusted)	NA	2.8%	3.3%	5.0%
p-value vs. placebo	NA	<0.0001	<0.0001	<0.0001

Efficacy estimand. The LS means, and p-values are the Mixed Model for Repeated Measures (MMRM) with percent change from baseline as the dependent variable; sex, treatment group, visit and treatment group-by-visit interaction as categorical fixed effects, and the baseline weight as a covariate. An unstructured covariate matrix is used.

Weight loss response rates were significantly higher across all three CRB-913 cohorts compared to the placebo cohort. All participants who completed the study and received CRB-913 at the 60 mg dose lost weight, with 44.4% losing at least 5.0% from baseline. Similarly, 6.7% of the participants in that cohort lost more than 7.5% of their weight from baseline. The highest recorded weight loss for this cohort was 13.4% from baseline.

Topline Safety and Tolerability[2]
CRB-913 was generally safe and well tolerated. Treatment discontinuations due to AEs with CRB-913 (3.1%-13.1%) were in line with those recorded with approved oral GLP-1s (6.9%-20.7%) and markedly less than the 13%-42% study discontinuation rate reported with monlunabant.

Psychiatric AEs of Special Interest:
Treatment emergent psychiatric AEs were infrequent, mild to moderate, and transient. There were no serious or severe psychiatric AEs reported in the study. There were no cases of suicidality and

only one case of transient depressive symptom (moderate) out of a total of 188 participants dosed with CRB-913. Psychiatric AEs were noted across all cohorts, including placebo, and generally showed no dose-related patterns. The most common psychiatric AE was irritability, and all cases were mild.

Psychiatric AEs were broadly in line with those reported for clinical studies for liraglutide, semaglutide and tirzepatide. The psychiatric AEs were lower than those seen with monlunabant, a recently studied but subsequently discontinued CB1 inverse agonist with significantly higher brain penetration than CRB-913.

Psychiatric Treatment Emergent Adverse Events

	Placebo (n=66)	CRB-913 20 mg (n=65)	CRB-913 40 mg (n=61)	CRB-913 60 mg (n=62)	Published data for liraglutide[3], semaglutide[4] and tirzepatide[5]	Monlunabant[6] Phase 2 (n=180)
Depression	0%	0%	0%	1.6%	2%-4.6%	3%-8%
Anxiety	4.5%	3.1%	8.2%	4.8%	1.9%-7.2%	10%-27%
Irritability	0%	6.2%	8.2%	9.7%	Not reported	10%-17%
Insomnia	3.0%	1.5%	4.9%	0%	2.9%-3.9%	7%-17%

[2] These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. Published safety data reflect adverse events reported over study durations longer than the 12-week CANYON-1 treatment period: 56-week study (liraglutide, Diabetes Obes Metab. 2017), 68-week study (semaglutide, JAMA Intern Med. 2024), and 72-week study (tirzepatide, Obesity 2026).

[3] O'Neil *et al.* "Neuropsychiatric safety with liraglutide 3.0 mg for weight management: Results from randomized controlled phase 2 and 3a trials. Diabetes Obes Metab. 2017.

[4] Wadden *et al.* Psychiatric Safety of Semaglutide for Weight Management in People Without Known Major Psychopathology: Post Hoc Analysis of the STEP 1, 2, 3, and 5 Trials. JAMA Intern Med. 2024.

[5] Wadden *et al,* "Psychiatric Safety of Tirzepatide in People With Obesity and No Known Major Psychopathology: A Post Hoc Analysis of SURMOUNT," Obesity 2026.

[6] Knop, F.K. et al. Efficacy and safety of monlunabant in adults with obesity and metabolic syndrome: a double-blind, randomised, placebo-controlled, phase 2a trial. The Lancet 2025.

Gastrointestinal AEs of Special Interest:
GI AEs were mild or moderate across all CRB-913 doses, with no serious or severe cases reported and were generally not dose-dependent. The emerging GI profile appears more tolerable than the oral GLP-1 class with markedly less vomiting, constipation, and nausea.

Gastrointestinal Treatment Emergent Adverse Events

	CRB-913 (20 mg) (n=65)	CRB-913 (40 mg) (n=61)	CRB-913 (60 mg) (n=62)	Oral semaglutide (25 mg)[7]	Orforglipron (36 mg capsule)[8]
Vomiting	4.6%	8.2%	1.6%	31%	14% – 28%
Nausea	15.4%	26.2%	22.6%	47%	41% – 48%

Constipation	4.6%	1.6%	4.8%	20%	24% – 28%
Diarrhea	21.5%	26.2%	22.6%	18%	3% –14%

Note: These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. Published safety data reflect adverse events reported over study durations longer than the 12-week CANYON-1 treatment period: 68-week study (oral semaglutide 25 mg, N Engl J Med 2025) and 36-week study (orforglipron, N Engl J Med 2023).

[7] Wharton, S. *et al.* Oral Semaglutide at a Dose of 25 mg in Adults with Overweight or Obesity; N Engl J Med 2025.

[8] Wharton S, *et al.* Daily oral GLP-1 receptor agonist orforglipron for adults with obesity. N Engl J Med. 2023. Note: Early clinical development evaluated a 36mg capsule formulation; subsequent bridging established pharmacokinetic bioequivalence to the 17.2mg tablet commercial formulation.

Next Steps

The data from the CANYON-1 Phase 1b trial will be detailed in a late-breaking presentation at ObesityWeek® 2026, to be held November 14 – 17, 2026. The Company plans to engage with the FDA on the clinical development plan and expects to initiate a Phase 2 monotherapy study in the first half of 2027. In addition, the Company is evaluating the potential to combine CRB-913 with GLP-1 therapy.

About Corbus

Corbus Pharmaceuticals Holdings, Inc. is a clinical-stage company focusing on 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, potential accelerated approval, 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.

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, and other filings we make 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, except as required by law.

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.

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

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

MEDIA CONTACT:
Liz Melone
Founder & Principal
Melone Communications, LLC
liz@melonecomm.com

Exhibit 99.2

CORBUS PHARMACEUTICALS

Connecting Innovation to Purpose

Corporate Presentation

September 14, 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.

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 presentation. 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.

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.

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.

Differentiated portfolio in Oncology and Obesity

Pipeline of promising clinical assets targeting large commercial opportunities with significant unmet needs

Oncology

CRB-701

Nectin 4 ADC – OPSCC (lead), cervical cancer

- Promising Phase 1/2 2L data: 43% ORR at 3.6 mg/kg in OPSCC
- Registrational 2L OPSCC study (TEMPO-1) underway
- CRB-701 + pembrolizumab data in 1L OPSCC in Q1 2027
- Potential BLA filing in 2L OPSCC in mid 2028
- Large TAM: ~14k 2L OPSCC eligible patients

Obesity

CRB-913

Peripherally restricted CB1 inverse agonist for obesity

- Competitive 5% placebo adjusted weight loss in Phase 1b at 12 weeks
- Favorable emerging safety and tolerability profile
- Phase 2 monotherapy study expected to start 1H 2027
- > 1 billion people worldwide living with obesity

CORBUS PHARMACEUTICALS

Focused and diversified pipeline

Therapy	Mechanism of Action	Indication (rights)	Pre-Clinical	Phase 1	Phase 2	Phase 3	Milestones
CRB-701	Nectin-4 ADC positive solid tumors	**2L OPSCC** (US + Europe) *FDA Fast Track Designation granted HNSCC and Cervical*					First patient expected to be dosed in TEMPO-1 in Sept. 2026
		1L OPSCC (US + Europe)					Topline ORR data expected in Q1 2027
		Cervical (US + Europe) *FDA Fast Track Designation granted HNSCC and Cervical*					Broad alignment with the FDA on registrational study
CRB-913	Highly peripherally-restricted CB1 inverse agonist	**Obesity** (Global)					Phase 2 monotherapy study expected to commence 1H 2027

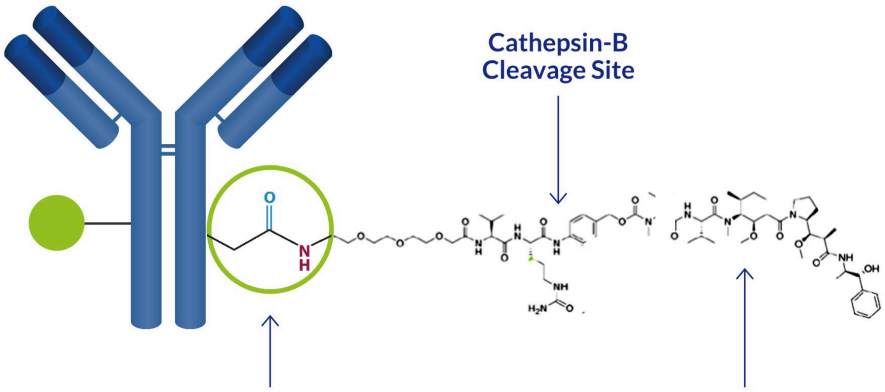
$118M Cash, cash equivalents & investments as of June 30, 2026: approximately 18.7M common shares issued and outstanding (~22.4M fully diluted shares)

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

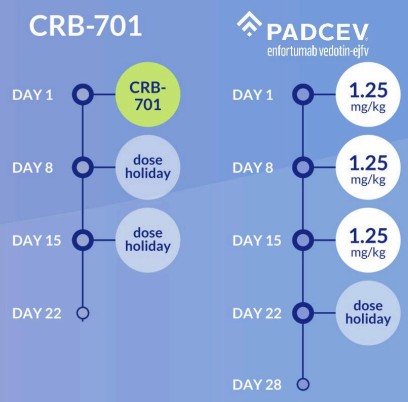
Novel Nectin-4 Antibody
ADCC + CDC functionality



Precise & stable DAR of 2

2x internalization vs. PADCEV®

Reduced free MMAE



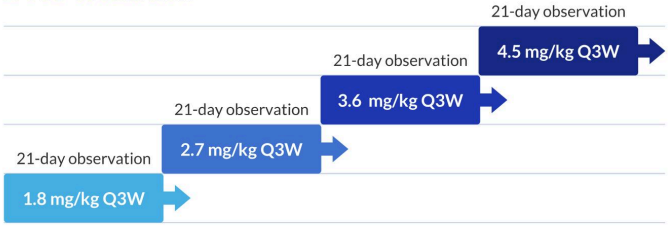
Source(s): Modified image from Corbus data on file; Corbus data on file; PADCEV® FDA label
MMAE = Monomethyl auristatin E; ADCC = antibody-dependent cellular cytotoxicity; CDC = complement dependent cytotoxicity

PHASE 1 DESIGN

CRB-701-01 Study design (U.S. and Europe)

BERLIN 2025 ESMO congress

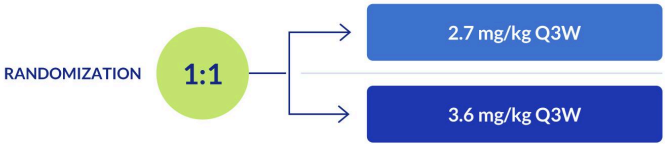
Dose escalation



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

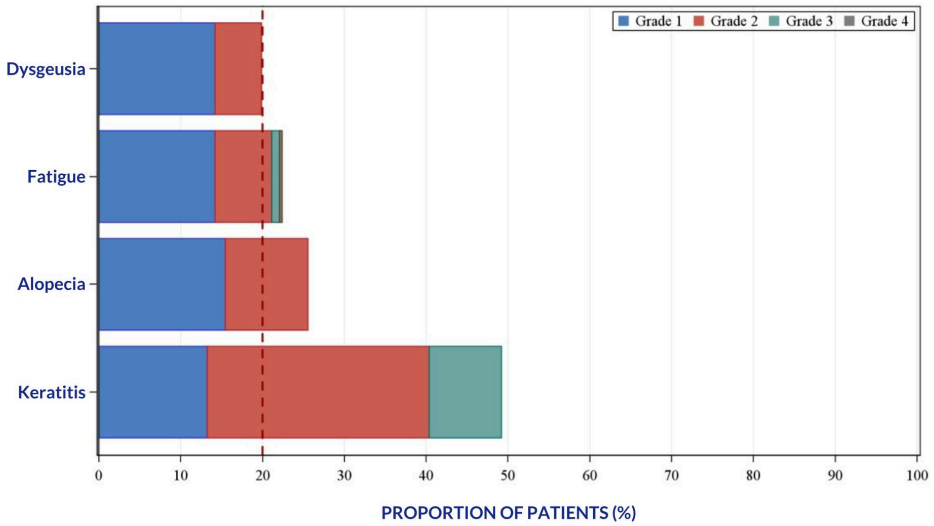
Enrolled Tumor Types	Safety Population	Efficacy Evaluable Population	Non-evaluable*
Study Population treated with monotherapy CRB-701 (All tumors, all doses, parts A+B of study)	317	NA	NA
HNSCC (2.7 mg/kg and 3.6 mg/kg)	75	71	4
Cervical (2.7 mg/kg and 3.6 mg/kg)	72	70	2

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%)

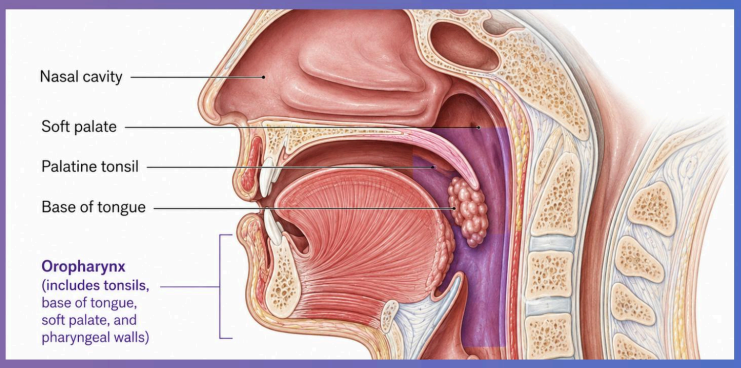
Source(s): ASCO April 1, 2026 data cut; *Standardized MedDRA Category Search; **general rash; TRAEs = Treatment-Related Adverse Events;

CORBUS PHARMACEUTICALS


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

DEFINITION

What is Oropharyngeal Squamous Cell Carcinoma (OPSCC)?



HPV+ tumors (80–90% of OPSCC)[1]

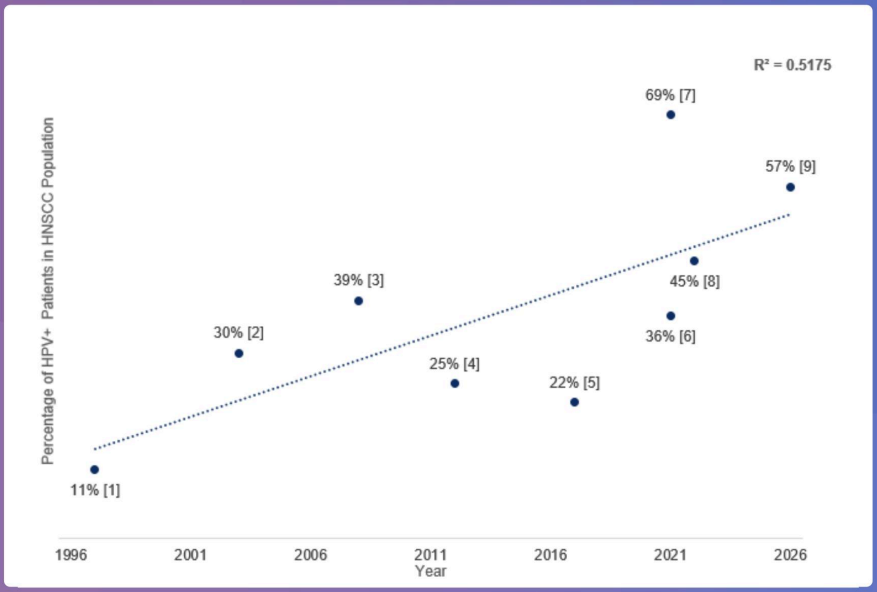
Associated with higher Nectin-4 expression[2]

HPV+ selectivity seen with PADCEV® in 1L HNSCC[3]

Source(s): Image Corbus licensed ChatGPT account; 1. Ozdogan et al 2025; 2. Sander et al, 2022; 3. Swiecicki et al 2026.

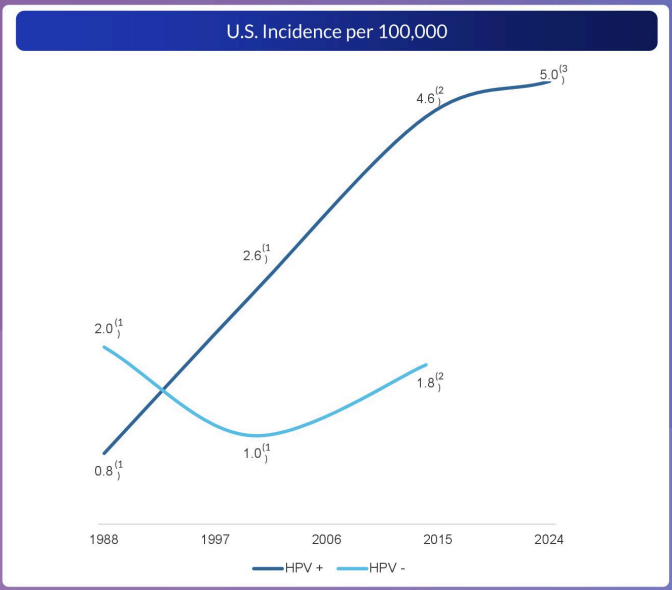
CORBUS PHARMACEUTICALS

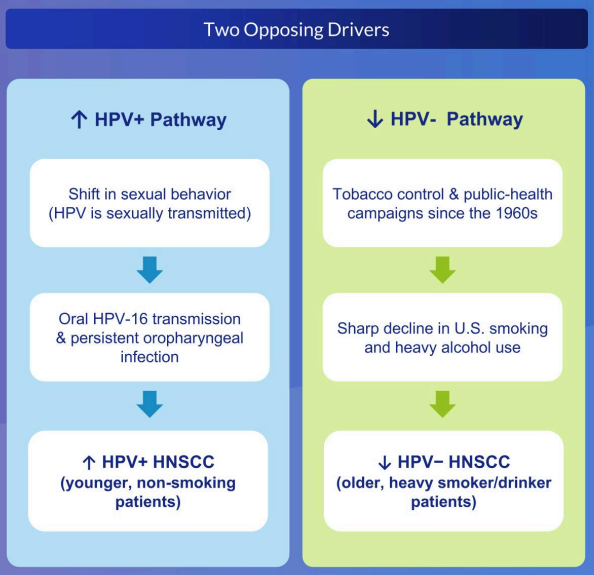
OPSCC is on the rise in the U.S. as prevalence of HPV+ in HNSCC is increasing: 11% → 57% over last 30 years



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

CORBUS PHARMACEUTICALS

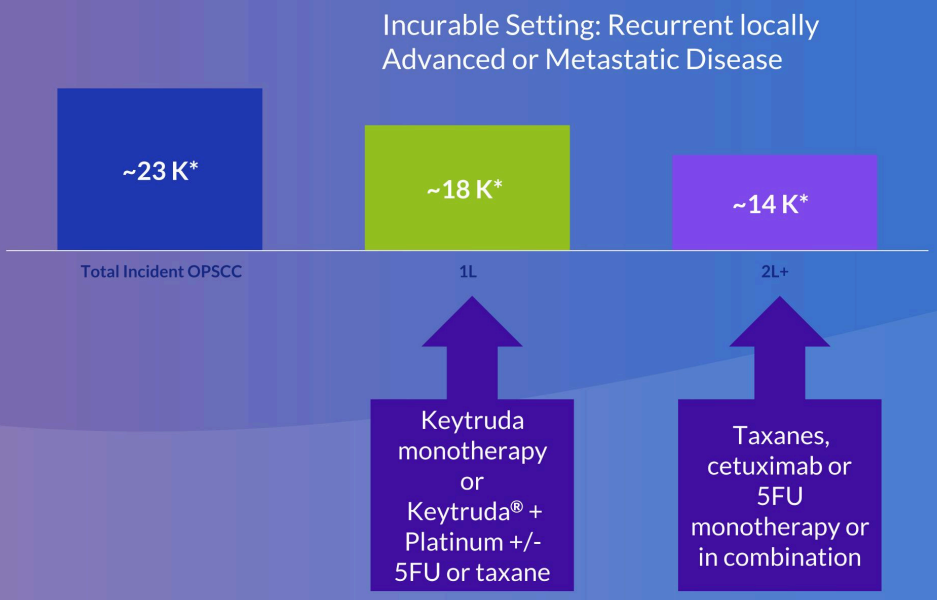
Summary of OPSCC U.S. Epidemiology and Treatment Eligibility

Total Prevalence: ~114,000*

Total Annual Incidence: ~23,000*

Annual Growth: ~2% through 2040*

Annual U.S. Deaths: ~7,000**



Source(s): *LifeSci Consulting Qualitative Market Research ; **American Cancer Society Statistics 2026 for Oral Cavity and Oropharyngeal Cancer: 13,150 deaths and the Company estimates 7,000 attributable to OPSCC

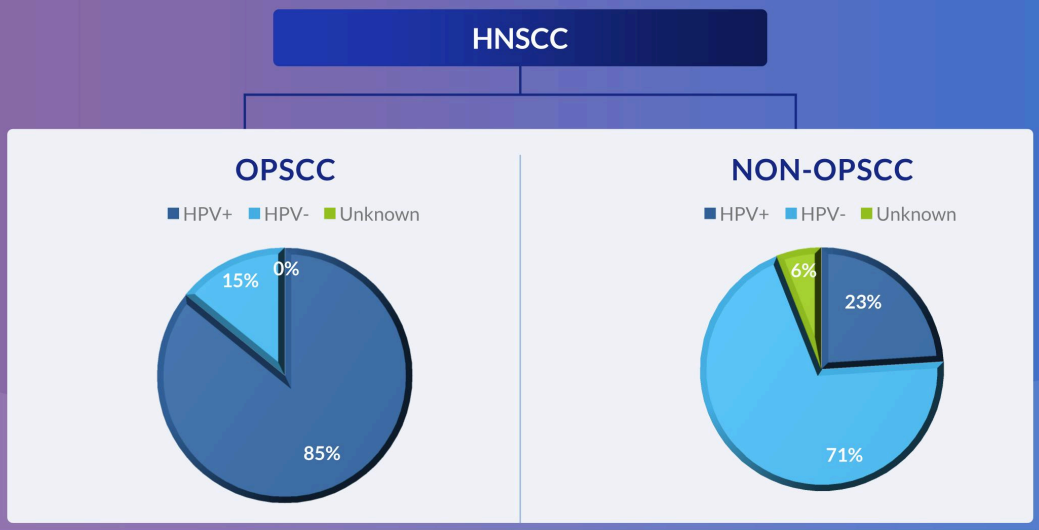
ASCO 2026: Key characteristics in HNSCC and subsets

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

BASELINE

ASCO 2026: OPSCC associated with HPV positivity in our study (as expected) and higher nectin-4 levels

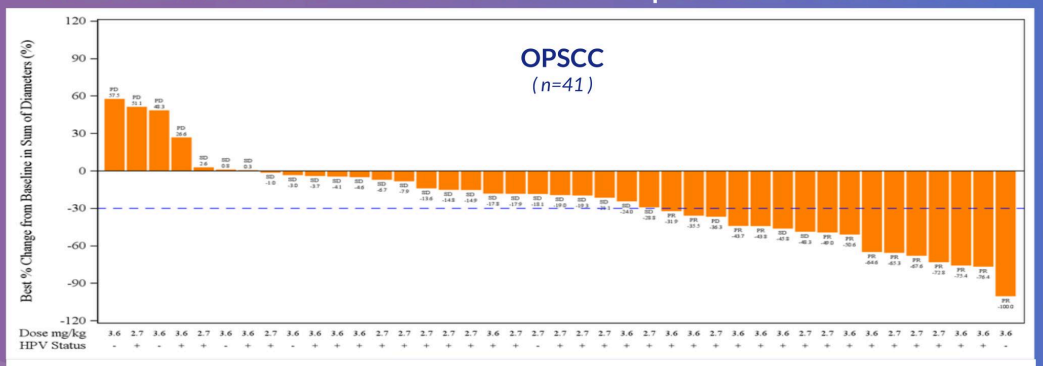


Nectin-4 H score>150	1 in 3	1 in 10
Nectin-4 H score>175	1 in 4	1 in 12
Nectin-4 H score>200	1 in 6	1 in 30

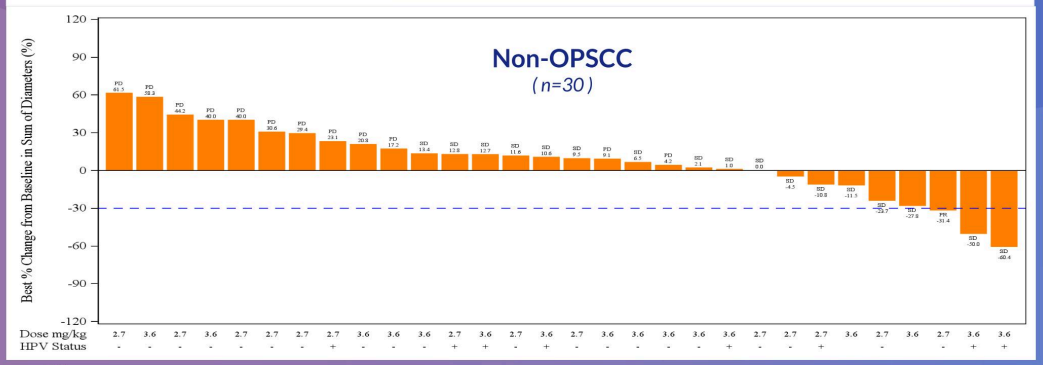
Source(s): ASCO April 1, 2026 data cut.

CORBUS PHARMACEUTICALS

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)

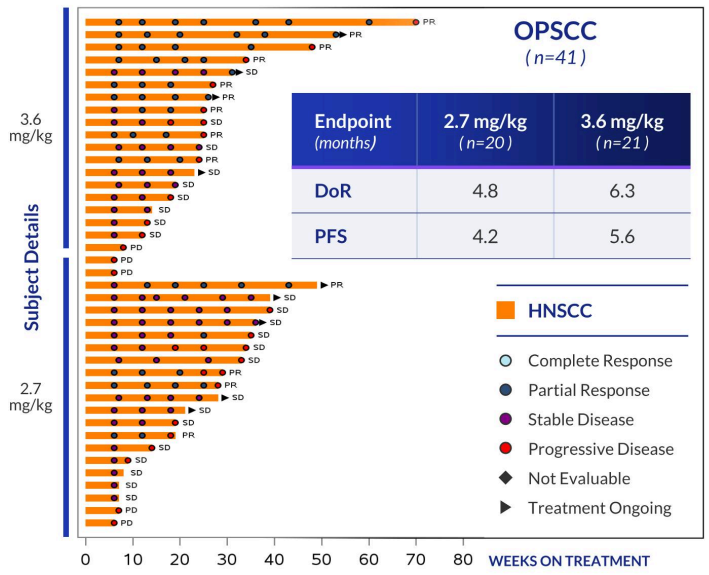


	2.7 mg/kg	3.6 mg/kg
cORR	7.1% (1/14)	0.0% (0/16)
DCR	57.1% (8/14)	62.5% (10/16)

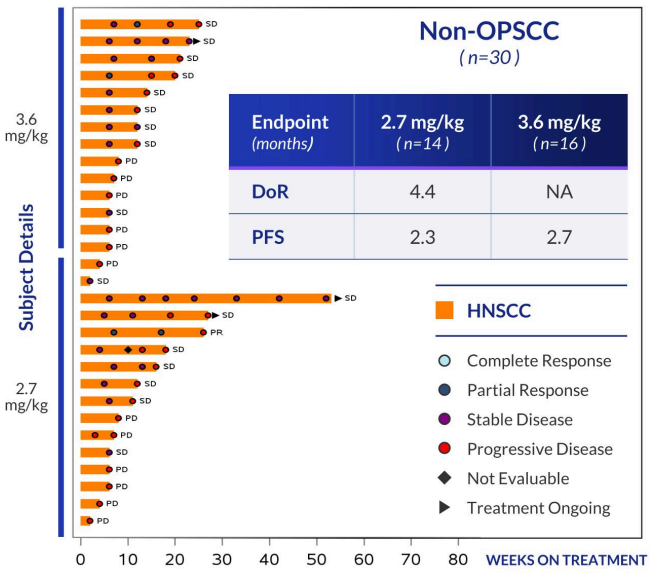
Source(s): ASCO April 1, 2026 data cut; Patients are summarized on the treatment and dose level assigned at enrollment/randomization. Best Overall Response is displayed at the end of each bar. HNSCC = Head & Neck Squamous Cell Carcinoma; OPSCC = Oropharyngeal anatomical subset of HNSCC; cORR = confirmed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

CORBUS PHARMACEUTICALS

ASCO 2026: CRB-701 had longer durability in OPSCC



Endpoint (months)	2.7 mg/kg (n=20)	3.6 mg/kg (n=21)
DoR	4.8	6.3
PFS	4.2	5.6



Endpoint (months)	2.7 mg/kg (n=14)	3.6 mg/kg (n=16)
DoR	4.4	NA
PFS	2.3	2.7

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

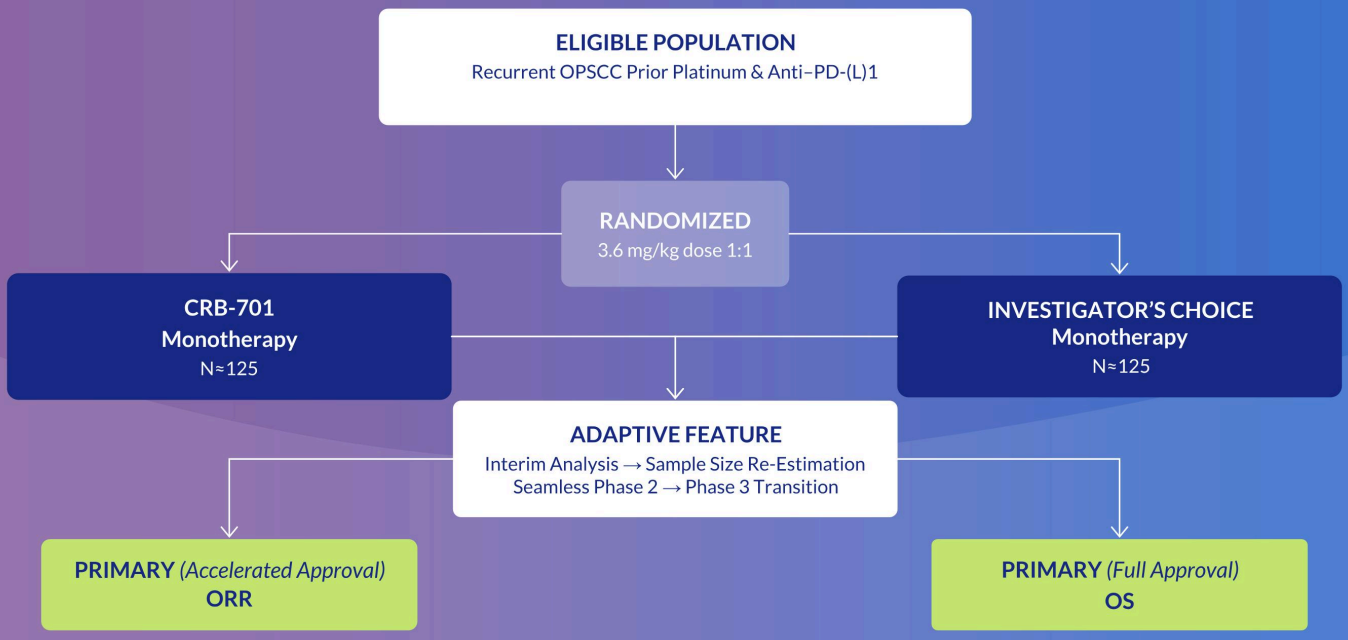
CORBUS PHARMACEUTICALS

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

RP2D OPSCC population →	Petosemtamab* (n=15)***	CRB-701** (n=21)
Dosing regimen	1500 mg Q2W	3.6 mg/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

TEMPO-1 Registrational Study

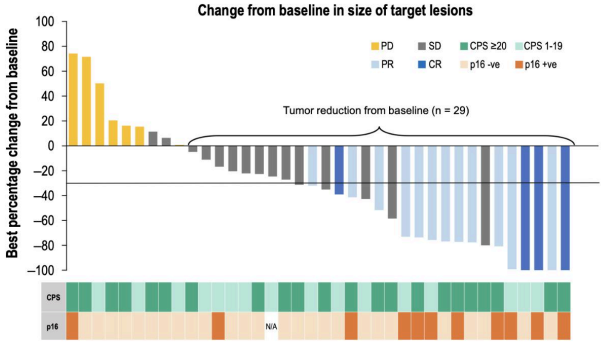


CORBUS PHARMACEUTICALS

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

Content of this presentation is copyright and responsibility of the author. Permission is required for re-use.

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

Notes:
- **TRAEs ≥ Grade 3: 41%**
- **Peripheral neuropathy: 32%**

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

Padcev® added to the 2026 NCCN treatment guidelines* for HNSCC

PLEASE NOTE that use of this NCCN Content is governed by the End-User License Agreement, and you MAY NOT distribute this Content or use it with any artificial intelligence model or tool.
Printed by SEAN MORAN on 6/16/2026 9:56:53 AM. Copyright © 2026 National Comprehensive Cancer Network, Inc. All Rights Reserved.

National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2026
Head and Neck Cancers

NCCN Guidelines Index
Table of Contents
Discussion

PRINCIPLES OF SYSTEMIC THERAPY FOR NON-NASOPHARYNGEAL CANCERS
(Oral Cavity [including mucosal lip], Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, and Occult Primary)[a]

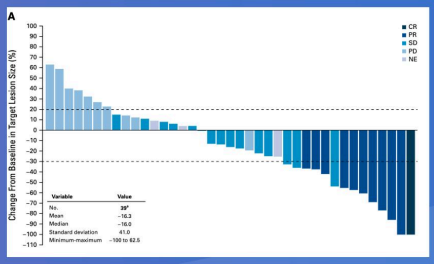
Recurrent, Unresectable, or Metastatic Disease (with no surgery or RT option)

Preferred	Other Recommended (First- and Subsequent-Line)	Useful in Certain Circumstances (First- and Subsequent-Line)
First-Line[d] • Carboplatin/Infusional Fluorouracil + Pembrolizumab (category 1)[42] • Cisplatin/Infusional Fluorouracil + Pembrolizumab (category 1)[42] • Pembrolizumab (for tumors that express PD-L1 with CPS ≥1)[42] (category 1) **Subsequent-Line (if not previously used)** • Nivolumab[43] (if disease progression on or after platinum therapy) (category 1) • Pembrolizumab[44-46] (if disease progression on or after platinum therapy) (category 1)	**Combination Regimens** • Carboplatin/Infusional Fluorouracil + Cetuximab[47] (category 1) • Cisplatin/Infusional Fluorouracil + Cetuximab[47] (category 1) • Cisplatin + Cetuximab[48] • Cisplatin or Carboplatin/Docetaxel[49] or Paclitaxel[50] • Cisplatin/Infusional Fluorouracil[50,51] • Cisplatin or Carboplatin/Docetaxel + Cetuximab[52] • Cisplatin or Carboplatin/Paclitaxel + Cetuximab[53] • Carboplatin/Docetaxel + Pembrolizumab[42,49] • Carboplatin/Paclitaxel + Pembrolizumab[42,50,54] • Cisplatin/Docetaxel + Pembrolizumab[42,49] • Cisplatin/Paclitaxel + Pembrolizumab[42,50,54] **Single Agents** • Capecitabine[55] • Carboplatin[56] • Cetuximab[57,58] • Cisplatin[48,59] • Docetaxel[60,61] • Infusional Fluorouracil[59] • Methotrexate[51,62] • Paclitaxel[63] • Afatinib[64] (subsequent-line only, if disease progression on or after platinum therapy) (category 2B)	• Squamous cell carcinoma ▸ Cetuximab + Nivolumab[65] ▸ Cetuximab + Pembrolizumab[66] • Paclitaxel + Cetuximab[67] • Pembrolizumab (for MSI-H, dMMR, or TMB-H [≥10 mut/Mb] tumors)[68] • Cisplatin/Pemetrexed (for PS 0–1) (category 2B)[69] • Docetaxel + Cetuximab (category 2B)[52] • Gemcitabine/Paclitaxel (category 2B)[70] • Ipilimumab + Nivolumab (PD-L1 positive [CPS ≥20] and first-line only) (category 2B)[71] • Enfortumab vedotin-ejfv (if disease progression on or after platinum therapy and a PD-1/PD-L1 inhibitor) (category 2B)[72] • Erdafitinib for *FGFR* mutations or gene fusion positive tumors and disease progression with at least one line of prior systemic therapy and no availability of an alternative systemic therapy (category 2B)[73] • Fam-trastuzumab deruxtecan-nxki (for HER2+ (IHC 3+) solid tumors; subsequent line only with no satisfactory alternative treatment options) (category 2B)[74] • For select ethmoid/maxillary sinus cancers (ie, small cell, SNEC, high-grade olfactory esthesioneuroblastoma, SNUC with neuroendocrine features): ▸ Cisplatin/Etoposide or Carboplatin/Etoposide[19] ▸ Cyclophosphamide/Doxorubicin/Vincristine (category 2B)[30]

Phase II Trial of Enfortumab Vedotin in Patients With Previously Treated Advanced Head and Neck Cancer

Paul L. Swiecicki, MD[1]; Emrullah Yilmaz, MD, PhD[2]; Ari Joseph Rosenberg, MD[3]; Takao Fujisawa, MD[4]; Justine Yang Bruce, MD[5]; Changting Meng, MD[6]; Michele Wozniak, PhD[7]; Yongyun Zhao, PhD[7]; Michael Mihm, PhD[7]; Jason Kaplan, MD[8]; Seema Gorla, MD[8]; and Jessica L. Geiger, MD[9]

Swiecicki *et al* 2024**



Padcev® 2L+	cORR
All-comers	24% (11/46)

Notes:
- **Demographics: 65% U.S. & 35% Japan**
- **No breakdown by p16**
- **TRAEs ≥ Grade 3: 35%**
- **Peripheral neuropathy: 24%**

* National Guidelines Version 2.2026 Head and Neck Cancer –Page 119 ** Swiecicki et al 2024

NEXT STEPS

Anticipated milestones – OPSCC

- First patient in TEMPO-1 registrational 2L study — Sept. 2026
- Report CRB-701 + pembrolizumab data in 1L — Q1 2027
- Report registrational interim 2L ORR data — Q1 2028
- Potential BLA filing in 2L – mid 2028

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


The NEW ENGLAND JOURNAL of MEDICINE

CURRENT ISSUE SPECIALTIES TOPICS

ORIGINAL ARTICLE

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

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

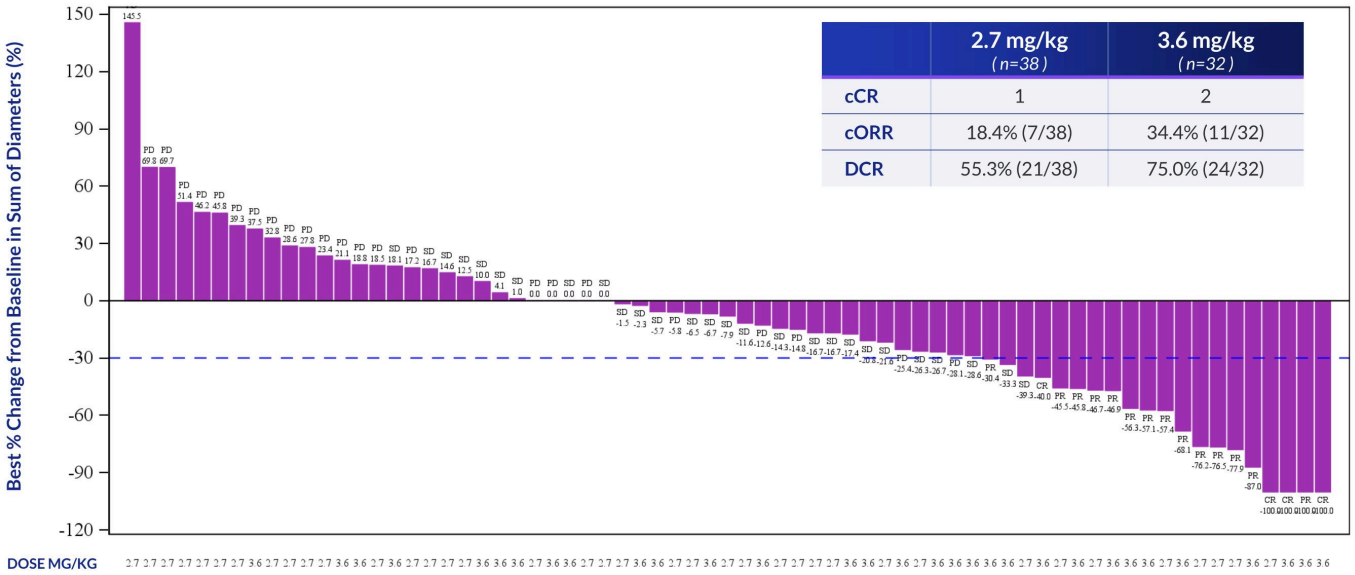
Enrolled Tumor Types	Safety Population	Efficacy Evaluable Population
Cervical	72	70

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

CORBUS PHARMACEUTICALS

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

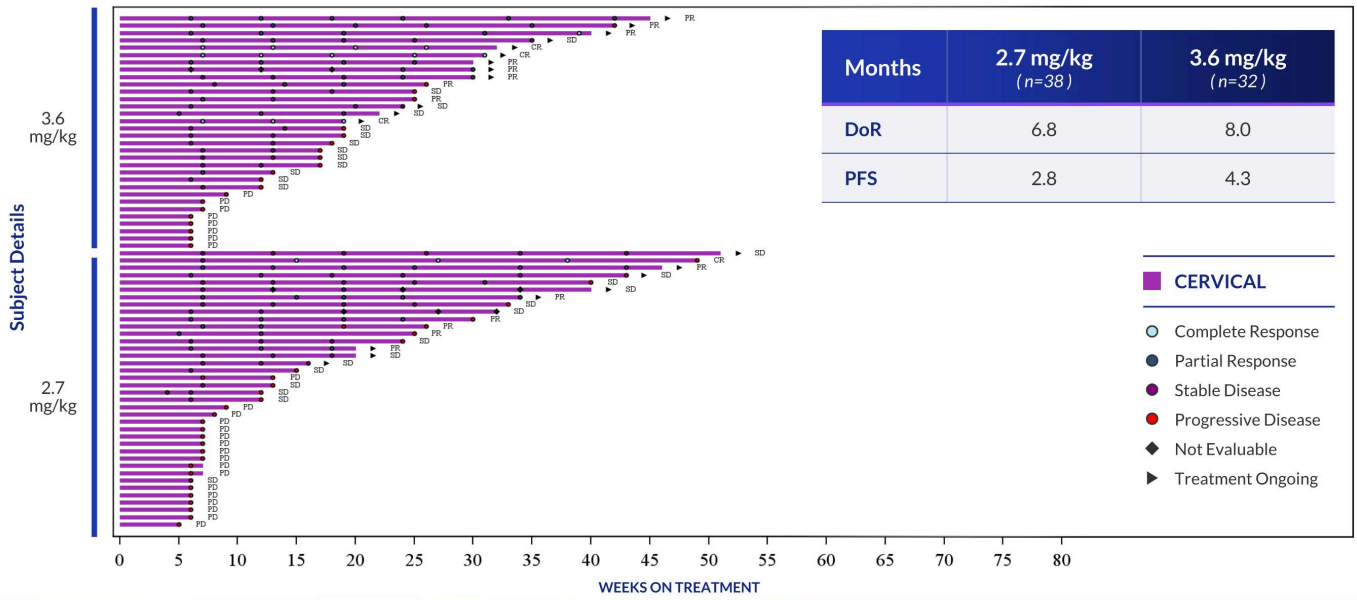


	2.7 mg/kg (n=38)	3.6 mg/kg (n=32)
cCR	1	2
cORR	18.4% (7/38)	34.4% (11/32)
DCR	55.3% (21/38)	75.0% (24/32)

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

CRB-913

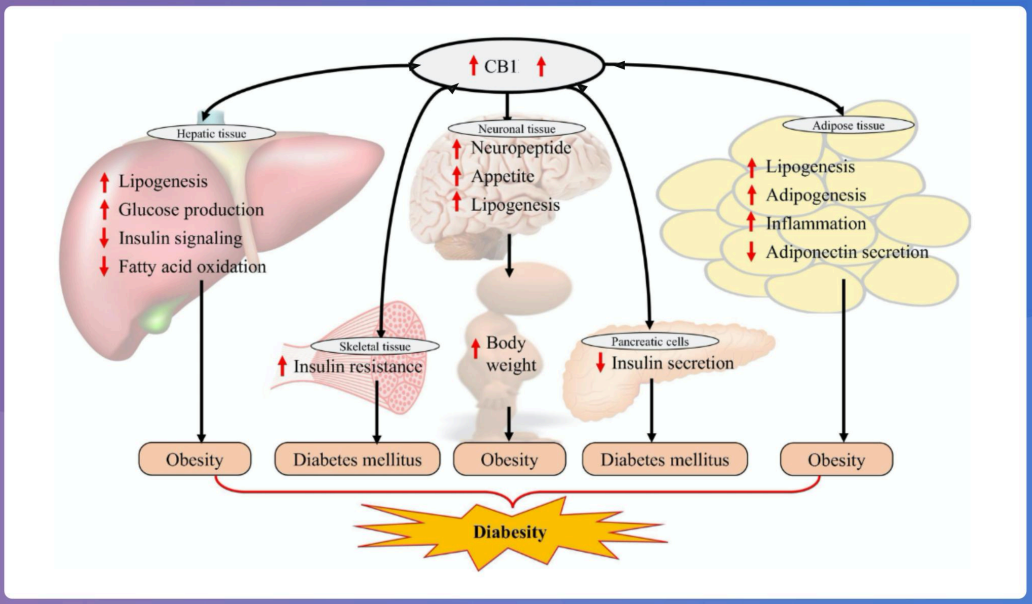
Daily oral small molecule targeting chronic obesity management

"Can we design a safe and tolerable CB1 inverse agonist with competitive weight loss to incretin therapies?"

CORBUS PHARMACEUTICALS

Cannabinoid Type-1 (CB1) is a well characterized receptor (GPCR) in metabolism

10K
PAPERS
in PubMed on CB1 and metabolism



Note: G protein-coupled receptors ("GPCR") are the largest and most common family of cell-surface receptors.

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

CORBUS PHARMACEUTICALS

CRB-913 higher peripheral exposure and lower brain exposure vs. prior CB1s

~1/50th
Brain:plasma ratio
CRB-913 vs. Rimonabant[1]

~1/15th
Brain level
CRB-913 vs. Monlunabant[1]

~30%↑
Increase in peripheral levels
in humans vs. Monlunabant[2]

Sources:
1. Corbus murine data
2. Corbus PK modeling based on Phase 1a data

CORBUS PHARMACEUTICALS

CANYON-1 Phase 1b obesity results for oral small-molecule CB1 inverse agonist

Enrolled 254 patients across 15 US clinical sites
- Trial representative of U.S. obesity population
- BMI average of 37 kg/m^2 and 71% of participants female

5% placebo adjusted average weight loss at 12 weeks (60mg)
- Effect started early and deepened without plateauing
- All participants completing treatment with 60 mg dose lost weight

Emerging favorable safety and tolerability profile
- Favorable GI tolerability profile vs. published data on GLP-1s
- Psychiatric AEs in line with published data on GLP-1s

Data support CRB-913's potential

to deliver a novel non-incretin oral therapy for obesity

CORBUS PHARMACEUTICALS

CANYON-1

Study design

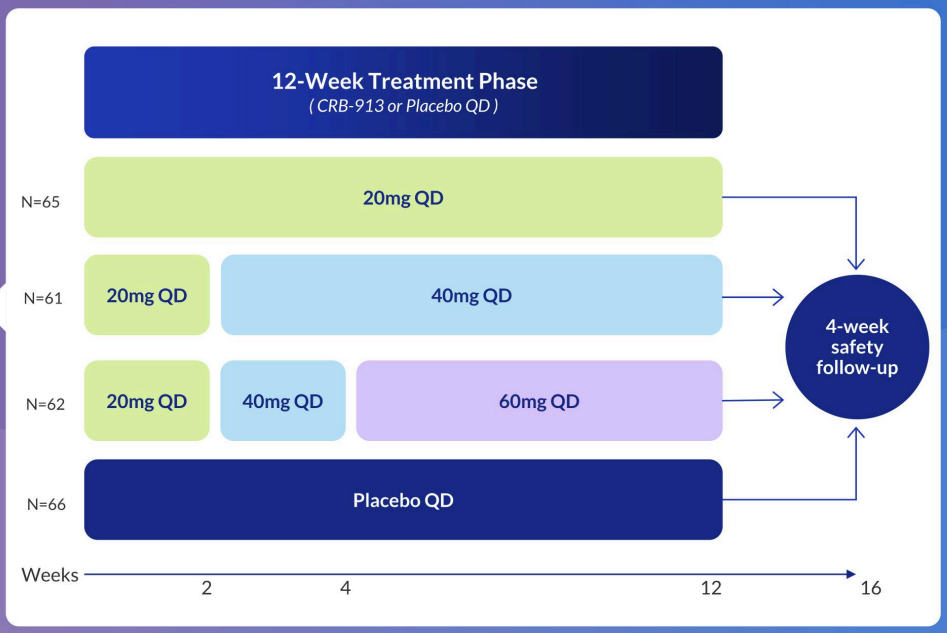
A 12-week Phase 1b randomized double-blinded placebo-controlled study in adults with obesity

Randomization 1:1:1:1
n=254

All 15 sites located in US

Primary endpoint:
Safety and tolerability

Secondary endpoints:
Placebo adjusted weight loss from baseline and related outcomes



CORBUS PHARMACEUTICALS

CANYON-1

Baseline characteristics

Baseline demographics

	CRB-913 20mg (n=65)	CRB-913 40mg (n=61)	CRB-913 60mg (n=62)	Placebo (n=66)	Overall (n=254)
Female (%)	69.2	72.1	72.6	69.7	70.9
Caucasian (%)	67.7	65.6	75.8	54.5	65.7
Black or African American (%)	30.8	31.1	17.7	36.4	29.1
Other (%)	1.5	3.2	6.4	9.0	5.2
Average age (years)	48.8	49.1	49.5	44.3	47.9
Average Weight (Kg)	104.0	106.9	105.7	104.2	105.2
Average BMI kg/m^2	37.6	38.0	37.2	37.1	37.5

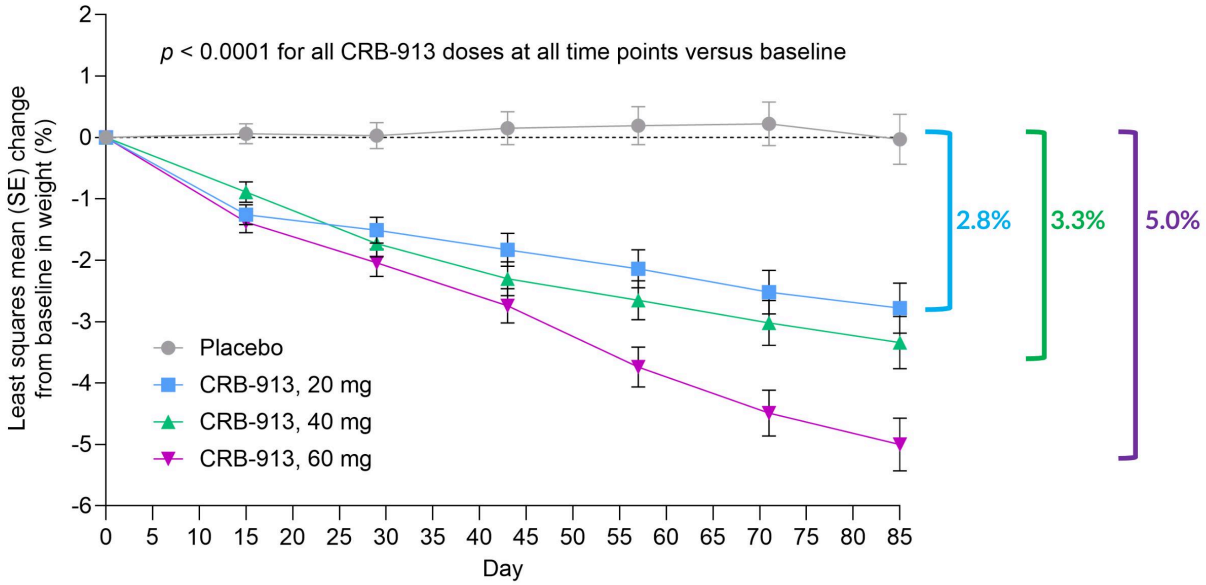
Source: Corbus Pharmaceuticals (data on file)

CORBUS PHARMACEUTICALS

CANYON-1

Weight loss

Dose-dependent weight loss at 12 weeks with no plateauing



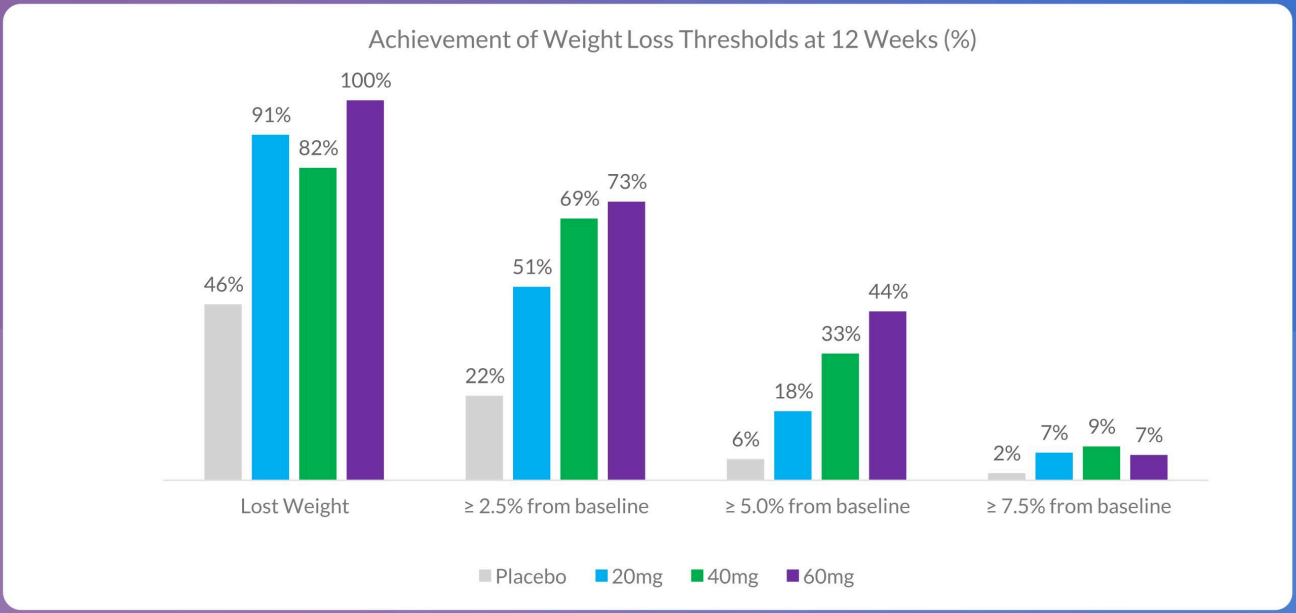
Efficacy estimand. The LS means, and p-values are the Mixed Model for Repeated Measures (MMRM) with percent change from baseline as the dependent variable; sex, treatment group, visit and treatment group-by-visit interaction as categorical fixed effects, and the baseline weight as a covariate. An unstructured covariate matrix is used. Only participants with non-missing baseline and the respective visit are included.

CORBUS PHARMACEUTICALS

CANYON-1

Response rate

Majority of participants lost weight on CRB-913 compared to placebo



Note: Efficacy estimand. Analysis represents weight loss from baseline measured at day 85 for those participants who completed the study. Responder thresholds are cumulative; a participant who achieves a higher percentage of body-weight loss is also included in each lower-threshold category

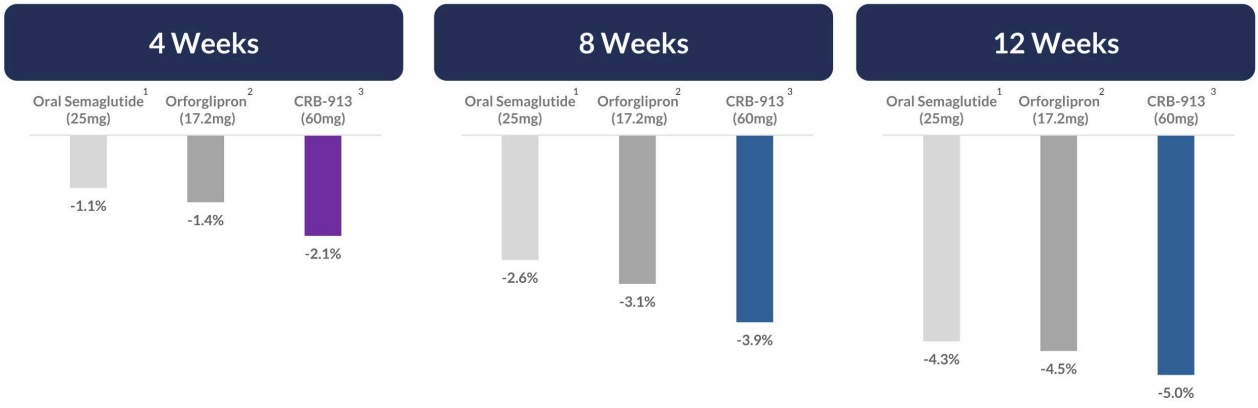
Source: Corbus Pharmaceuticals (data on file)

CORBUS PHARMACEUTICALS

CANYON-1

Weight loss vs oral GLP-1s

Comparable weight loss to oral GLP-1s at 12 weeks



CRB-913 placebo adjusted weight loss at 60mg dose, competitor weight loss data is a cross-trial comparison based on published studies

Note: Efficacy estimand. These limited observations are derived from separate clinical settings, and do not represent head-to-head comparisons. For orforglipron, early clinical development evaluated a 36 mg capsule formulation; subsequent bridging established pharmacokinetic bioequivalence to the 17.2 mg tablet commercial formulation. Competitor weight loss data at 12 weeks reflects published data from a 68-week study (oral semaglutide 25 mg, N Engl J Med 2025) and 36-week study (orforglipron, N Engl J Med 2023).

Sources:

1. Wharton, S. *et al.* Oral Semaglutide at a Dose of 25 mg in Adults with Overweight or Obesity; N Engl J Med 2025 (Link)
2. Foundayo prescribing info (Link)
3. Corbus Pharmaceuticals (data on file)

CORBUS PHARMACEUTICALS

CANYON-1

Safety and tolerability

Favorable safety profile with low discontinuations and no serious TRAEs

	CRB-913 20mg (n=65)	CRB-913 40mg (n=61)	CRB-913 60mg (n=62)	Placebo (n=66)
All Treatment-Emergent AEs (TEAEs)	39 (60.0%)	45 (73.8%)	45 (72.6%)	28 (42.4%)
Severe TEAEs	3 (4.6%)	2 (3.3%)	1 (1.6%)	0
Severe Psych TEAEs	0	0	0	0
Severe GI TEAEs	0	0	0	0
Serious TEAEs	2 (3.1%)	1 (1.6%)	1 (1.6%)	0
All Treatment-Related AEs (TRAEs)	27 (41.5%)	34 (55.7%)	33 (53.2%)	14 (21.2%)
Severe TRAEs	0	1 (1.6%) (headache)	0	0
Serious TRAEs	0	0	0	0
Treatment Discontinuations due to AEs	2 (3.1%)	8 (13.1%)	8 (12.9%)	3 (4.5%)
Treatment Discontinuations due to psych AEs (all mild or moderate)	1 (1.5%)	3 (4.9%)	6 (9.7%)	1 (1.6%)
Treatment Discontinuations due to GI AEs (all mild or moderate)	0	1 (1.6%)	1 (1.6%)	0
Treatment Discontinuations for any reason	10 (15.4%)	16 (26.2%)	16 (25.8%)	12 (18.2%)

Source: CANYON-1 data

CORBUS PHARMACEUTICALS

CANYON-1

Safety and tolerability: Psych

Treatment-emergent psychiatric AEs of special interest

	CRB-913 20mg (n=65)	CRB-913 40mg (n=61)	CRB-913 60mg (n=62)	Placebo (n=66)
Suicidality	0	0	0	0
Depressive symptoms	0	0	1 (1.6%) (moderate)	0
Anxiety	2 (3.1%)	5 (8.2%)	3 (4.8%)	3 (4.5%)
Insomnia	1 (1.5%)	3 (4.9%)	0	2 (3.0%)
Irritability	4 (6.2%)	5 (8.2%)	6 (9.7%)	0

- Treatment-emergent psychiatric AEs were mild or moderate with no serious or severe AEs
- Placebo cohort also experienced psych AEs
- Irritability was most common psych AE and all cases were mild
- All cases resolved with the majority continuing treatment

Source: CANYON-1 data

CORBUS PHARMACEUTICALS

CANYON-1

Psych AE in context of GLP-1

CRB-913 psychiatric TEAE profile vs published GLP-1 studies

	CRB-913 *(All doses)*	Liraglutide[1]	Semaglutide[2]	Tirzepatide[3]
Depressive symptoms	0%–1.6%	3.0%	2.8%–4.6%	2.0%
Anxiety	3.1%–8.2%	2.7%	3.3%–7.2%	1.9%
Irritability	6.2%–9.7%	Not reported	Not reported	Not reported
Insomnia	0%–4.9%	3.6%	3.4%–3.9%	2.9%

Note: These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. Published safety data reflect adverse events reported over study durations longer than the 12-week CANYON-1 treatment period: 56-week study (liraglutide, Diabetes Obes Metab. 2017), 68-week study (semaglutide, JAMA Intern Med. 2024), and 72-week study (tirzepatide, Obesity 2026).

Sources:
1. O'Neil *et al.* "Neuropsychiatric safety with liraglutide 3.0 mg for weight management: Results from randomized controlled phase 2 and 3a trials. Diabetes Obes Metab. 2017 (link)
2. Wadden *et al*, et al. Psychiatric Safety of Semaglutide for Weight Management in People Without Known Major Psychopathology: Post Hoc Analysis of the STEP 1, 2, 3, and 5 Trials. JAMA Intern Med. 2024 (link)
3. Wadden *et al*, "Psychiatric Safety of Tirzepatide in People With Obesity and No Known Major Psychopathology: A Post Hoc Analysis of SURMOUNT ," Obesity 2026 (link)

CORBUS PHARMACEUTICALS

CANYON-1

Psych AEs vs monlunabant

CRB-913 demonstrates favorable psych safety to monlunabant in a cross-trial comparison

	CRB-913 (20/40/60mg) n = 188	Monlunabant[1] (10/20/50mg) n = 180
Depression	0%–1.6%	3%–8%
Anxiety	3.1%–8.2%	10%–27%
Irritability	6.2%–9.7%	10%–17%
Insomnia	0%–4.9%	7%–17%
AE study discontinuation	1.5%–9.8%	13%–42%
Severe psych AE	None	2%–7%
Unresolved psych AEs	None	5%–17%

Note: These limited observations are derived from separate clinical settings, and do not represent head-to-head comparisons with monlunabant which has been discontinued by Novo. Published safety data reflect adverse events reported over longer time periods than the 12-week CANYON-1 treatment period

Source:

1. Knop, F.K. et al. Efficacy and safety of monlunabant in adults with obesity and metabolic syndrome: a double-blind, randomised, placebo-controlled, phase 2a trial. The Lancet 2025 (Link)

CORBUS PHARMACEUTICALS

CANYON-1

Safety and tolerability: GI

Treatment-emergent GI AEs of special interest

	CRB-913 20mg (n=65)	CRB-913 40mg (n=61)	CRB-913 60mg (n=62)	Placebo (n=66)
Vomiting	3 (4.6%)	5 (8.2%)	1 (1.6%)	0
Nausea	10 (15.4%)	16 (26.2%)	14 (22.6%)	3 (4.5%)
Constipation	3 (4.6%)	1 (1.6%)	3 (4.8%)	2 (3.0%)
Diarrhea	14 (21.5%)	16 (26.2%)	14 (22.6%)	2 (3.0%)

Treatment-emergent GI AEs were mild or moderate with no serious or severe AEs

Source: CANYON-1 data

CORBUS PHARMACEUTICALS

CANYON-1

GI AE in context of oral GLP-1

Potentially improved GI tolerability vs. commercial oral GLP-1s

	CRB-913[1] *(60mg)*	Oral semaglutide[2] *(25mg)*	Orforglipron[3] *(36mg capsule - Cohort 1)*	Orforglipron[3] *(36mg capsule - Cohort 2)*
Vomiting	**1.6%**	31%	28%	14%
Nausea	**22.6%**	47%	41%	48%
Constipation	**4.8%**	20%	28%	24%
Diarrhea	**22.6%**	18%	3%	14%

GI AEs were mild or moderate with no serious or severe AEs

Note: These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. For orforglipron, early clinical development evaluated a 36mg capsule formulation; subsequent bridging established pharmacokinetic bioequivalence to the 17.2mg tablet commercial formulation. Published safety data reflect adverse events reported over longer time periods than the 12-week CANYON-1 treatment period

Sources:

1. Corbus Pharmaceuticals (data on file) . Data represents treatment emergent GI AEs
2. Wharton, S. *et al.* Oral Semaglutide at a Dose of 25 mg in Adults with Overweight or Obesity: N Engl J Med 2025 (Link)
3. Wharton S, *et al.* Daily oral GLP-1 receptor agonist orforglipron for adults with obesity. N Engl J Med. 2023 (Link)

CORBUS PHARMACEUTICALS

CANYON-1

AE dropout rate

Discontinuations due to AEs in line vs. oral GLP-1 class

	CRB-913[1] *(60mg)*	Oral semaglutide[2] *(25mg)*	Orforglipron[3] *(36mg capsule – Cohort 1)*	Orforglipron[3] *(36mg capsule – Cohort 2)*
# of patients assigned drug	**62**	205	29	29
Duration of study	**12 weeks**	64 weeks	36 weeks	36 weeks
Treatment Discontinuations	**25.8%** **(placebo 18.2%)**	18.1% (placebo 25.5%)	17.2% (placebo 16.0%)	20.7% (placebo 16.0%)
AE Treatment discontinuation	**12.9%**	6.9%	10.3%	20.7%
Titration Schedule	**2 titrations (every 2 weeks)**	3 titrations (every 4 weeks)	6 titrations (every week)	4 titrations (every 3 weeks)

Note: These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. For orforglipron, early clinical development evaluated a 36mg capsule formulation; subsequent bridging established pharmacokinetic bioequivalence to the 17.2mg tablet commercial formulation

Sources:
1. Corbus Pharmaceuticals (data on file). Represent treatment emergent GI AE's
2. Wharton, S. *et al.* Oral Semaglutide at a Dose of 25 mg in Adults with Overweight or Obesity; N Engl J Med 2025 (Link)
3. Wharton S, *et al.* Daily oral GLP-1 receptor agonist orforglipron for adults with obesity. N Engl J Med. 2023 (Link)

CORBUS PHARMACEUTICALS

Data supports CRB 913 potential as new class of oral non-incretin obesity medicines

1. 5% weight loss at 12 weeks with no evidence of plateauing (comparable to oral GLP-1)
2. Psych AE profile supports benefits of peripheral restriction of CB1 therapy
3. Favorable GI profile

Competitive monotherapy & potential to evaluate in combination with GLP-1

Note: These limited observations are derived from separate clinical settings, and do not represent head-to-head comparisons

CORBUS PHARMACEUTICALS

CANYON-1

Anticipated next steps

CRB-913 moving forward → Phase 2

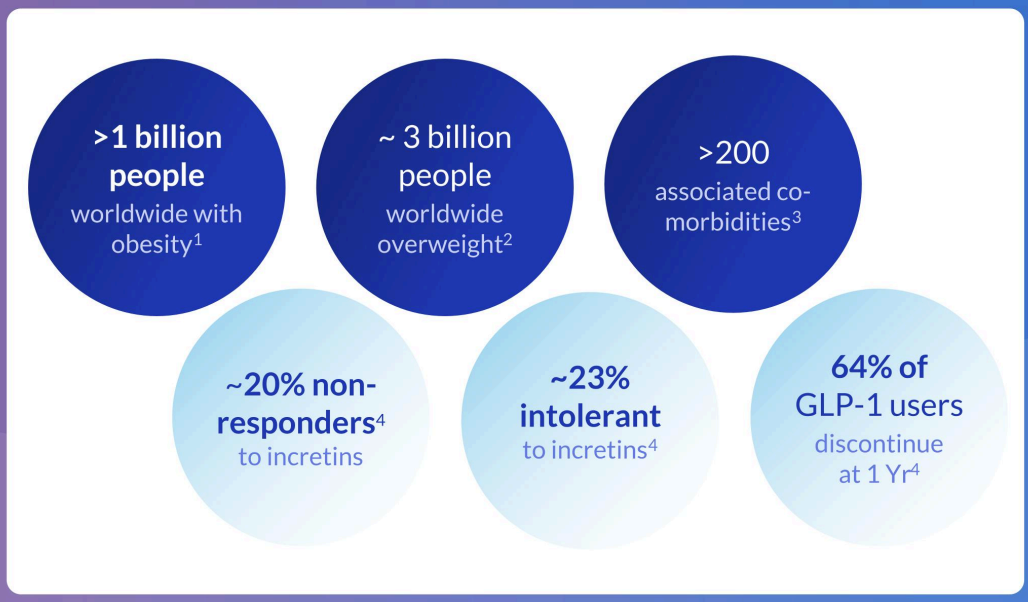
obesityweek® NOV 14-17, 2026 WASHINGTON, DC | THE OBESITY SOCIETY

- Present Phase 1b dataset at ObesityWeek as a late breaker
- Engage with FDA regarding clinical development plan
- Initiate Phase 2 monotherapy study in 1H 2027
- Evaluate potential combination therapies

CORBUS PHARMACEUTICALS

Addressable market opportunity for CRB-913 is significant

- **Target Markets**
  - **Monotherapy**
  - **Combination therapy**
  - **Lifelong maintenance**



Sources:
1. NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults. The Lancet 2024 (Link)
2. World Health Organization. Obesity and overweight. WHO Fact Sheet 2025 (Link)
3. American Medical Association, (Link)
4. Cartwright *et al* 2025; **AP Nov 2024

CORBUS PHARMACEUTICALS


CORBUS
PHARMACEUTICALS
Leadership
Upcoming Catalysts

Senior 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.

Leonardo Vianna Niccio, MD
Chief Medical Officer

Dr Nicacio joined Corbus in August 2026. Most recently he was the CMO at Protara and previously was VP of Clinical Development at Seagen.

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 Pfeiffenberger, PharmD, MBA

Director

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

CORBUS PHARMACEUTICALS

Anticipated corporate milestones

CRB-701	Commence registrational study in 2L OPSCC	**September 2026**
	CRB-701 + pembrolizumab in 1L OPSCC data	**Q1 2027**
	Interim ORR readout in 2L OPSCC	**Q1 2028**
	Potential BLA filing for 2L OPSCC	**Mid 2028**
CRB-913	Additional Phase 1b data at *ObesityWeek® 2026*	**November 2026**
	Initiate Phase 2 monotherapy study	**1H 2027**

CORBUS PHARMACEUTICALS

CORBUS PHARMACEUTICALS