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): November 16, 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 November 16, 2026, Corbus Pharmaceuticals Holdings, Inc. (the “Company”) issued a press release announcing that additional data from its CANYON-1 Phase 1b clinical trial of CRB-913 for the treatment of obesity were presented in a poster at ObesityWeek® 2026 (The International Meeting Advancing Obesity Science and Patient Care), held November 14–17, 2026 in Washington, D.C. 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 (the "Securities Act"), or the Exchange Act, except as shall be expressly set forth by a specific reference in such filing.

Item 8.01 Other Events.

On November 16, 2026, the Company announced that additional data from the CANYON-1 Phase 1b clinical trial of CRB-913 for the treatment of obesity were presented in a poster at ObesityWeek® 2026. The data demonstrated statistically significant and clinically meaningful weight loss at all three doses of CRB-913, with the highest dose of 60 mg achieving a mean weight loss of 5% at 12 weeks. CRB-913 had a favorable safety and tolerability profile. The treatment discontinuation rate due to AEs across all study cohorts was low at 8.3%, which is line with published GLP-1 data. Treatment-emergent psychiatric AEs were infrequent and mostly mild, and all resolved. No serious or severe treatment-emergent psychiatric AEs were reported. These data support CRB-913’s potential to establish a new class of oral, non-incretin obesity medicines.

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 ratio of 1:1:1:1). A dose titration regimen was used, with all participants receiving CRB-913 starting at 20 mg/day and those assigned to the higher-dose cohorts 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.

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. Weight loss response rates were significantly higher across all three CRB-913 cohorts compared to the placebo cohort.

		CRB-913		
Cohort	**Placebo** (n = 66)	**20 mg** (n = 65)	**40 mg** (n = 61)	**60 mg** (n = 62)
LS mean weight loss from baseline at week 12, %[1]	0.0%	2.8%	3.3%	5.0%
LS mean weight loss at week 12, % (placebo-adjusted)[1]	NA	2.8%	3.3%	5.0%
p-value vs. placebo	NA	<0.0001	<0.0001	<0.0001
Change in waist circumference from baseline, cm	-0.84	-3.03	-3.04	-3.94
p-value	0.21	<0.0001	<0.0001	<0.0001
BMI percent change from baseline	-0.06	-2.81	-3.34	-4.99
p-value	0.89	<0.0001	<0.0001	<0.0001

[1] Efficacy estimand. The LS means and p-values were derived using a mixed model for repeated measures (MMRM), with percent change from baseline as the dependent variable; sex, treatment group, visit, and the treatment group-by-visit interaction as categorical fixed effects; and baseline weight as a covariate. An unstructured covariance matrix was used.

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. Participants treated with CRB-913 also experienced dose-dependent reductions in waist circumference and body mass index during the study.

Safety

CRB-913 was safe and well tolerated. The treatment discontinuation rate due to AEs across all study cohorts was low at 8.3%, which is in line with published GLP-1 data.

		CRB-913			
Safety measure	**Placebo** (n = 66)	**20 mg** (n = 65)	**40 mg** (n = 61)	**60 mg** (n = 62)	**Total** (N = 254)
Any TEAE, n (%)	28 (42.4)	39 (60.0)	45 (73.8)	45 (72.6)	157 (61.8)
Severe TEAE	0 (0.0)	3 (4.6)	2 (3.3)	1 (1.6)	6 (2.4)
Severe psychiatric TEAE	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Severe gastrointestinal TEAE	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Serious TEAE	0 (0.0)	2 (3.1)	1 (1.6)	1 (1.6)	4 (1.6)
Any TRAE, n (%)	14 (21.2)	27 (41.5)	34 (55.7)	33 (53.2)	108 (42.5)
Severe TRAE	0 (0.0)	0 (0.0)	1 (1.6)	0 (0.0)	1 (0.4)
Serious TRAE	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Treatment discontinuation for any reason, n (%)	12 (18.2)	10 (15.4)	16 (26.2)	16 (25.8)	54 (21.3)
Treatment discontinuation due to an AE, n (%)	3 (4.5)	2 (3.1)	8 (13.1)	8 (12.9)	21 (8.3)

Psychiatric Adverse Events

Treatment-emergent psychiatric AEs were infrequent and mostly mild, and all resolved. No serious or severe psychiatric AEs were reported.

		CRB-913		
Adverse event, n (%)	**Placebo** (n = 66)	**20 mg** (n = 65)	**40 mg** (n = 61)	**60 mg** (n = 62)
Suicidality	0	0	0	0
Depressive symptoms	0	0	0	1 (1.6%) (moderate)
Anxiety	3 (4.5%)	2 (3.1%)	5 (8.2%)	3 (4.8%)

Fifty percent of the psychiatric AEs occurred within the first 28 days, a pattern similar to that seen with GLP-1 analogs. No cases of suicidal ideation or serious or severe depression were observed. Psychiatric AEs did not appear to be dose-related; rates of depression and anxiety were in line with those reported in published GLP-1 studies. Only one of the 188 participants receiving CRB-913 reported transient, moderate depressive symptoms, a rate that is in line with published GLP-1 data. A total of 15 participants (8%) on CRB-913 reported mild irritability that was transient, resolved spontaneously, and did not affect their daily function. All 15 participants experienced weight loss, and 12 participants had concomitant unrelated AEs.

Gastrointestinal Adverse Events

Treatment-emergent gastrointestinal AEs were all mild or moderate, with no serious or severe events.

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

Vomiting, nausea, and constipation occurred at lower rates and were less severe than those reported in published studies of oral GLP-1s. Treatment discontinuations due to gastrointestinal AEs occurred in only three participants (two on CRB-913 and one on placebo).

Next Steps

Corbus plans to engage with the FDA to discuss the data and the development plans for CRB-913. The Company is also evaluating the potential for CRB-913 in combination with GLP-1 therapies.

Forward-Looking Statements

This Current Report on Form 8-K contains forward-looking statements within the meaning of Section 27A of the Securities Act and Section 21E of the Exchange Act, including statements concerning the potential benefits and further development of CRB-913, future clinical studies and regulatory discussions, including with the FDA, and potential combination therapies. These statements reflect the Company's current expectations and assumptions and are subject to risks and uncertainties that could cause actual outcomes to differ materially, including the possibility that early clinical findings will not be reproduced in larger or longer studies; additional safety findings or changes following further analysis; delays in clinical or regulatory activities; and the availability and terms of financing or partnering arrangements. Additional risks are described under the heading "Risk Factors" in the Company's most recent Annual Report on Form 10-K and subsequent Quarterly Reports on Form 10-Q filed with the SEC. Forward-looking statements speak only as of the date of this Current Report, and the Company undertakes no obligation to update them except as required by law.

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

Exhibit No.	Description
99.1	Press Release issued by Corbus Pharmaceuticals Holdings, Inc. dated November 16, 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: November 16, 2026

By: */s/ Yuval Cohen*

Name: Yuval Cohen
Title: Chief Executive Officer

Exhibit 99.1

Corbus Pharmaceuticals presents Phase 1b CANYON-1 clinical trial data for CRB-913 at ObesityWeek® 2026

- CRB-913 demonstrated statistically significant and clinically meaningful mean weight loss of 5% at 60 mg after 12 weeks with no plateauing observed
- Corresponding significant reductions were also seen in waist circumference and body mass index (BMI)
- Treatment-emergent psychiatric adverse events (AEs) were infrequent, mostly mild, and in line with published GLP-1 data
- No serious or severe psychiatric AEs were reported, including no cases of severe or serious suicidality or depression
- Vomiting, nausea, and constipation occurred at lower rates and were milder than those reported in published studies of oral GLP-1s

NORWOOD, MA, November 16, 2026 (GLOBE NEWSWIRE) -- Corbus Pharmaceuticals Holdings, Inc. (NASDAQ: CRBP) ("Corbus" or the "Company"), a clinical-stage company focused on developing new therapies in oncology and obesity, announced today that additional data from the CANYON-1 Phase 1b obesity study were presented in a poster at ObesityWeek® 2026 (link: https://www.corbuspharma.com/sites/default/files/2026-11/Bays_ObesityWeek_SUBMITTED_30Oct26_DIGITAL_ONLY.pdf).

The data demonstrated statistically significant and clinically meaningful weight loss at all three doses of CRB-913, with the highest dose of 60 mg achieving a mean weight loss of 5% at 12 weeks. CRB-913 had a favorable safety and tolerability profile. The treatment discontinuation rate due to AEs across all study cohorts was low at 8.3%, which is line with published GLP-1 data. Treatment-emergent psychiatric AEs were infrequent and mostly mild, and all resolved. No serious or severe treatment-emergent psychiatric AEs were reported. These data support CRB-913's potential to establish a new class of oral, non-incretin obesity medicines.

"We're pleased to share the CANYON-1 trial data at ObesityWeek®. While the rise of incretin-based therapies has been remarkable, a significant number of people either do not adequately respond to or cannot tolerate these therapies, with more than 60% discontinuing treatment within the first year on these medicines," said Yuval Cohen, Ph.D., Chief Executive Officer of Corbus. "In the CANYON-1 trial, CRB-913 was safe and well tolerated while demonstrating clinically meaningful weight loss as an oral therapy via a distinct, non-incretin mechanism. We're encouraged that CRB-913 has emerging potential as a novel therapeutic option for people living with obesity and look forward to future development."

Study Design

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Next Steps

Corbus plans to engage with the FDA to discuss the data and the development plans for CRB-913. The Company is also evaluating the potential for CRB-913 in combination with GLP-1 therapies.

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 SUTA-E (sutantatug envedotin), 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 release includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements concern the potential benefits and

development of CRB-913, future clinical studies and regulatory discussions, potential combination therapies, development timing and funding. They reflect current expectations and assumptions and are subject to risks and uncertainties that could cause actual outcomes to differ materially. These include the possibility that early clinical findings will not be reproduced in larger or longer studies; additional safety findings or changes following further analysis; delays in clinical or regulatory activities; and the availability and terms of financing or partnering arrangements. Further risks are described under the heading “Risk Factors” in Corbus most recent Annual Report on Form-10-K and subsequent Quarterly Reports on Form10-Q filed with the Securities and Exchange Commission. Forward-looking statements apply only as of the date of this release. Corbus does not undertake to update them except as required by law.

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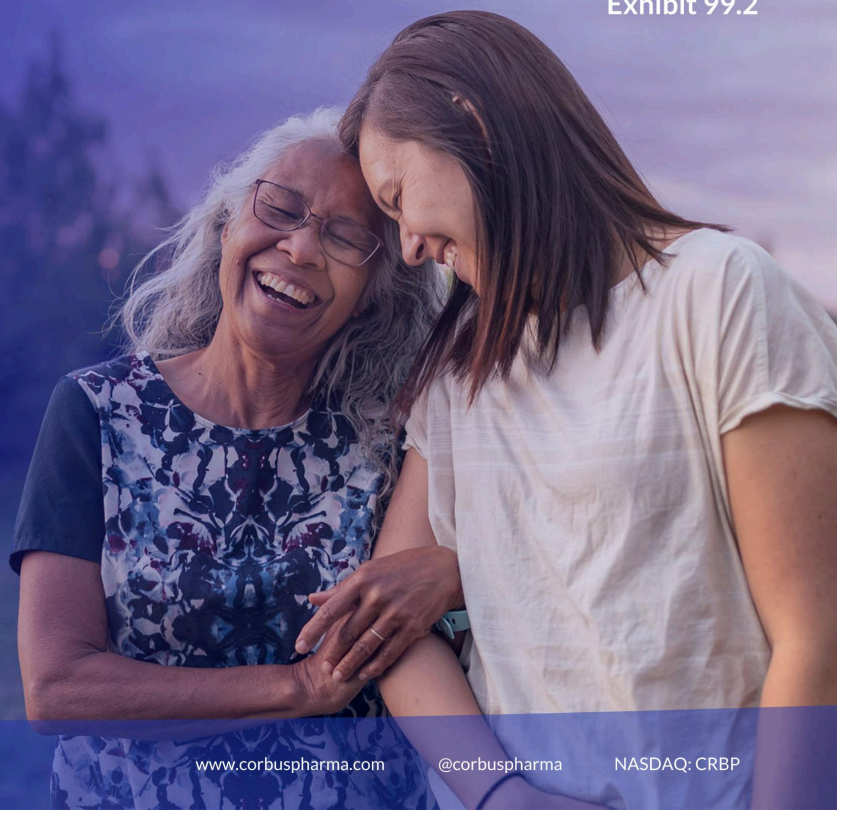
Exhibit 99.2

CORBUS PHARMACEUTICALS

Connecting Innovation to Purpose

Corporate Presentation

November 16, 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 sutantatug envedotin 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 sutantatug envedotin 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

SUTA–E
(Sutantatug Envedotin, 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
- SUTA–E + pembrolizumab data in 1L OPSCC in Q1 2027
- 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
- > 1 billion people worldwide living with obesity

$115M Cash, cash equivalents & investments as of September 30, 2026: approximately 20.6M common shares issued and outstanding (~24.5M fully diluted shares)

CORBUS PHARMACEUTICALS

Focused and diversified pipeline

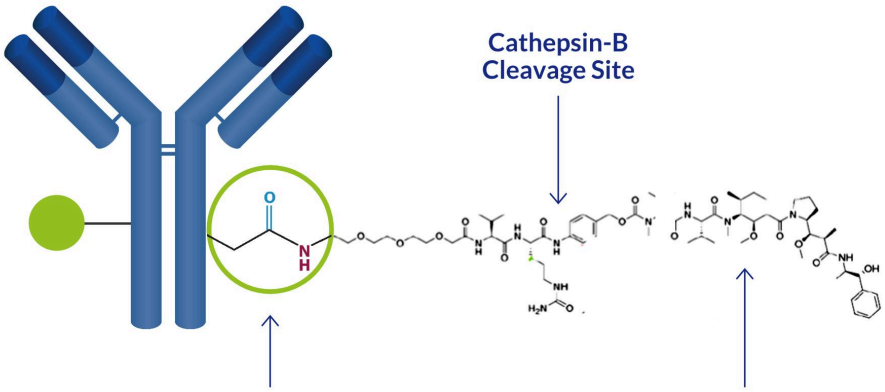
Therapy	Mechanism of Action	Indication (rights)	Pre-Clinical	Phase 1	Phase 2	Phase 3	Milestones
SUTA–E (Sutantatug envedotin, CRB-701)	Nectin-4 ADC positive solid tumors	**2L OPSCC** (US + Europe) *FDA Fast Track Designation granted HNSCC and Cervical*					First patient dosed in TEMPO-1 in Sept. 2026
		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)					Evaluating Phase 2 monotherapy and combination studies

CORBUS PHARMACEUTICALS


CORBUS
PHARMACEUTICALS
SUTA-E
Next-Generation Nectin-4 ADC targeting
oropharyngeal (OPSCC) and cervical cancer

SUTA–E: Reimagining the next-generation Nectin-4 ADC

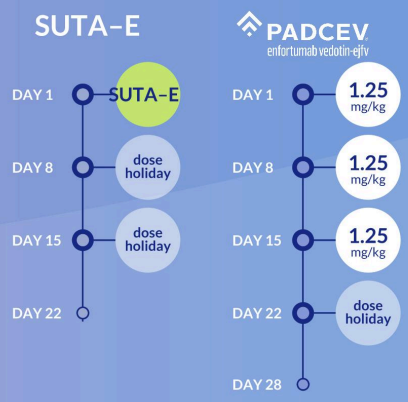
Novel Nectin-4 Antibody
ADCC + CDC functionality



Precise & stable DAR of 2

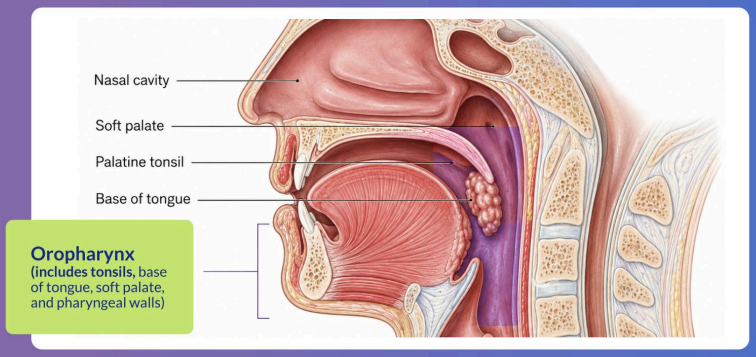
2x internalization vs. PADCEV®

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

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

Summary of OPSCC U.S. Epidemiology and Treatment Eligibility



Total Prevalence: ~114,000*



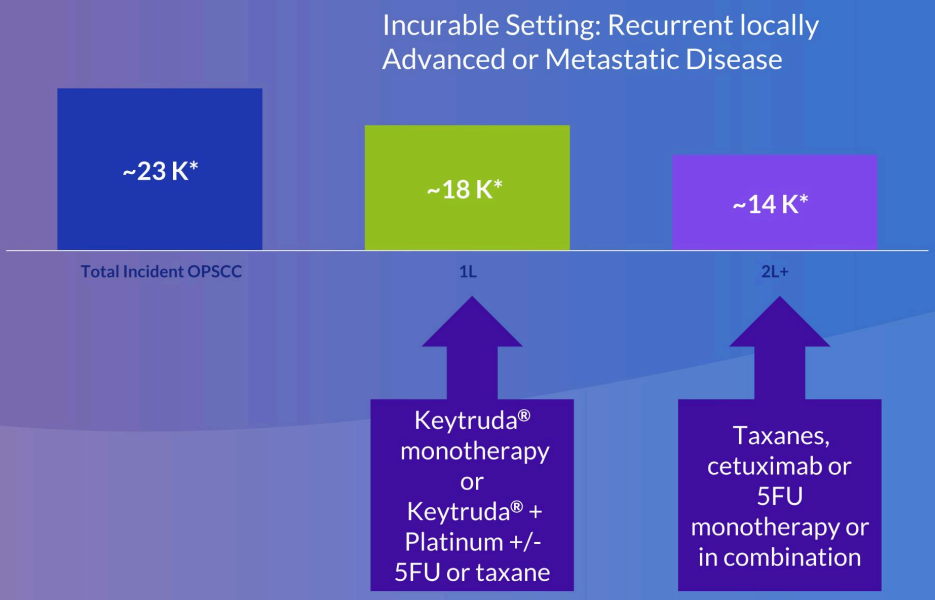
Total Annual Incidence: ~23,000*



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

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SUTA–E Safety and treatment management

Pooled monotherapy safety population, all tumors and doses (n=317)

Grade 3 TRAEs	Grade 4 TRAEs	Grade 5 TRAEs	Discontinuations due to AEs
19.2%	0.9%	None	2.8%

Peripheral neuropathy

7.3%

(all Grade 1 or 2)*

Rash

5.7%

Patients with rash AEs**
Grade 3 rash: 0.3% (1/317)
No SJS or TEN reported

Ocular events and treatment management

Event Rates		Treatment Modifications	
All grades	66.2%	Dose interruptions	37.2%
Grade 3	12.6%	Dose reductions	15.5%
Grade 4	0.3%	Ocular discontinuations	1.9%

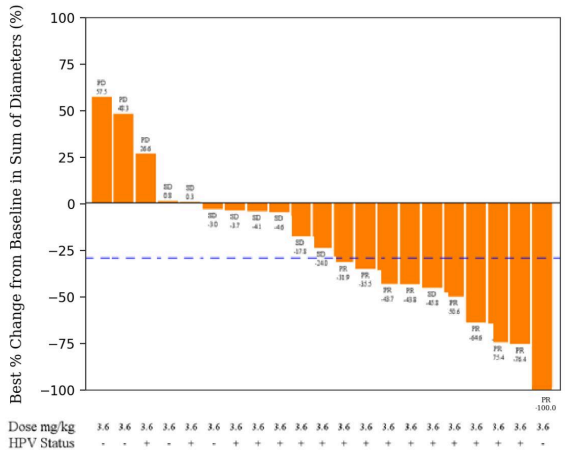
Grade 4 event resolved to Grade 1 following dose interruption

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

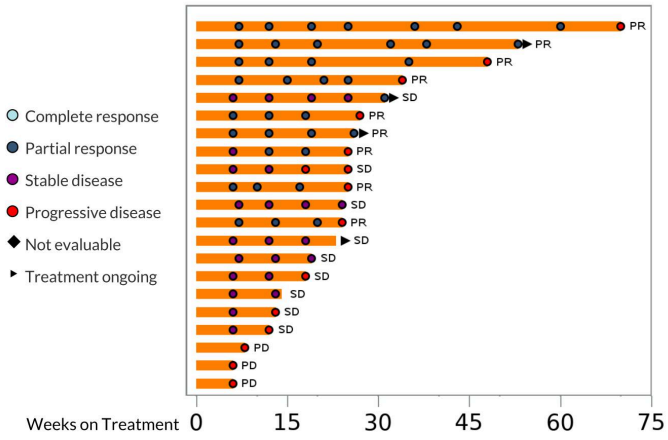
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ASCO 2026: SUTA–E at 3.6 mg/kg demonstrates robust emerging efficacy

Waterfall (n=21)



Swimmer plot (n=21)



cORR	DCR
42.9% (9/21)	85.7% (18/21)

DoR (months)	PFS (months)
6.3	5.6

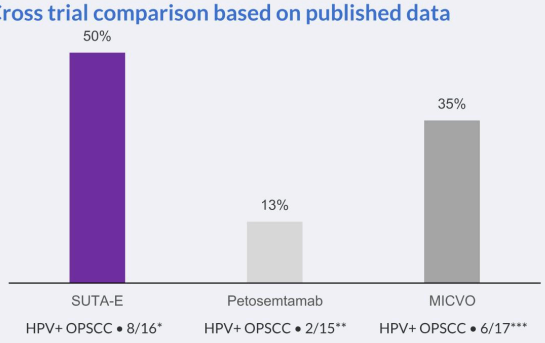
Source(s): ASCO April 1, 2026 data cut. OPSCC at 3.6 mg/kg (n=21). Best Overall Response is displayed at the end of each bar. OPSCC = Oropharyngeal Squamous Cell Carcinoma; cORR = confirmed Objective Response Rate; DCR = Disease Control Rate; DoR = Duration of Response; PFS = Progression-Free Survival.

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Contextualizing monotherapy of SUTA–E vs peers in 2L+ OPSCC

Efficacy – Confirmed ORR in HPV+ OPSCC

Cross trial comparison based on published data

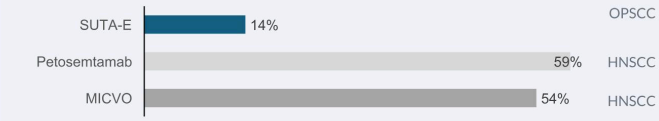


SUTA–E all OPSCC: 43% cORR (9/21) | HPV+: 50% (8/16)

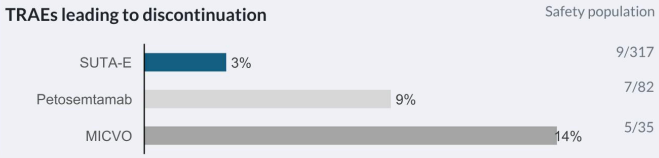
Safety / Tolerability

Lower severe TRAEs and treatment discontinuations

Grade ≥3 TRAEs



TRAEs leading to discontinuation



Durability

SUTA–E – 3.6 mg/kg Q3W (ASCO26)
DoR 6.3 mo (ongoing) | PFS 5.6 mo (ongoing)
OPSCC

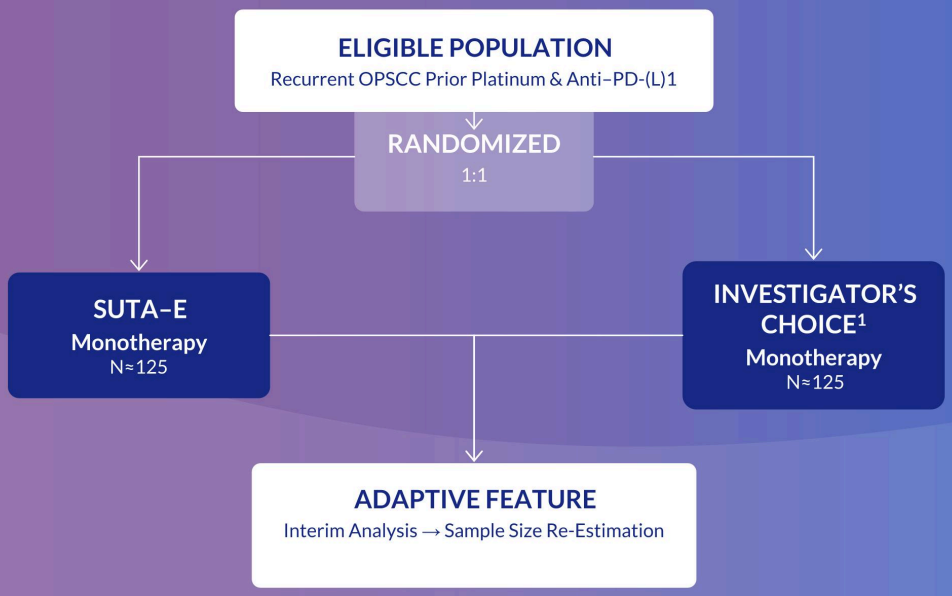
Petosemtamab – 1500mg Q2W
DoR 6.2 mo | PFS 4.9 mo
HNSCC

MICVO – 5.4 mg/kg Q3W
DoR ND | PFS 6.2 mo
HPV+ OPSCC

Source(s): *ASCO April 1, 2026 data cut , ** ESMO ASIA data Dec 2024 with DOR PFS and TRAE based total HNSCC study population (n=75), *** Pyxis press release Sept 9th 2026
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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TEMPO-1 Registrational Study



Dual Primary Endpoints

ORR
Potential Accelerated Approval

OS
Potential Full Approval

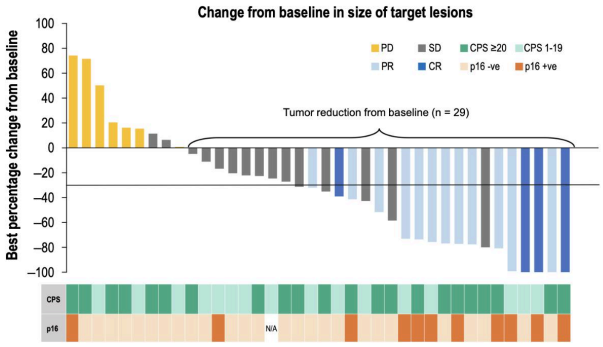
1. Investigator's choice of capecitabine, cetuximab or docetaxel

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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

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Padcev®+ Keytruda®	cORR[1]
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)
Amivantimab + Keytruda + chemo[4]	29% (2/7)

Source(s): 1. Swiecicki et al 2026 2. Van Herpen ASCO 2025 3.Hanna et al 2026; cORR = confirmed Objective Response Rate, 4. ESMO 2026 (link)

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

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National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2026
Head and Neck Cancers

NCCN Guidelines Index
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Discussion

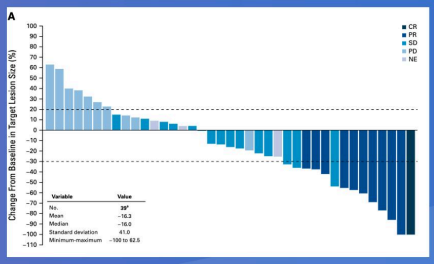
PRINCIPLES OF SYSTEMIC THERAPY FOR NON-NASOPHARYNGEAL CANCERS
(Oral Cavity [including mucosal lip], Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, and Occult Primary)[a]

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

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%**

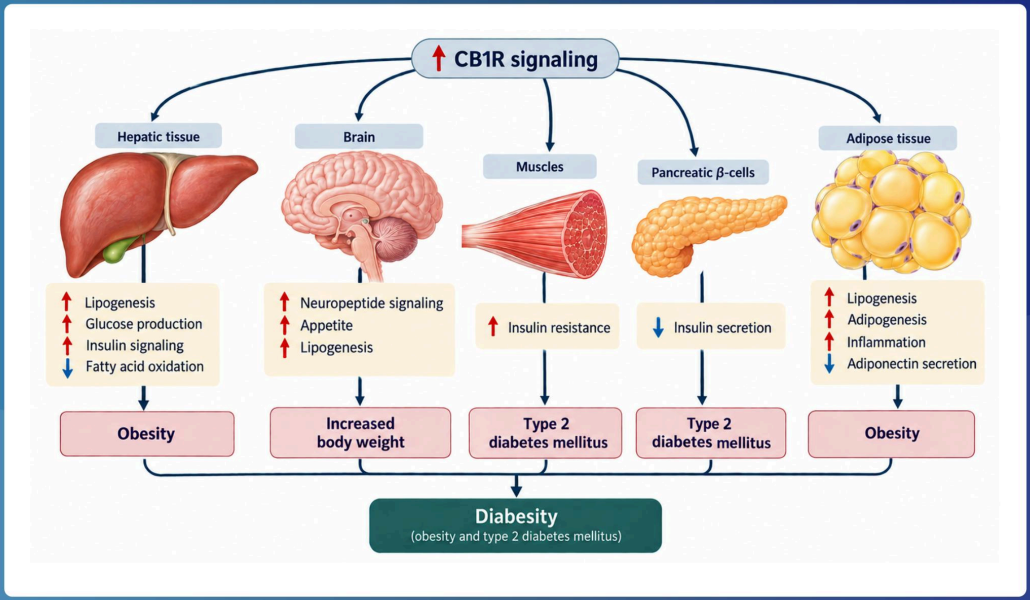
* National Guidelines Version 2.2026 Head and Neck Cancer –Page 119 ** Swiecicki et al 2024


CORBUS
PHARMACEUTICALS
CRB-913
Daily oral small molecule
targeting obesity

CB1 targets pathways involved in food intake and metabolic regulation

Peripheral CB1 inhibition may:

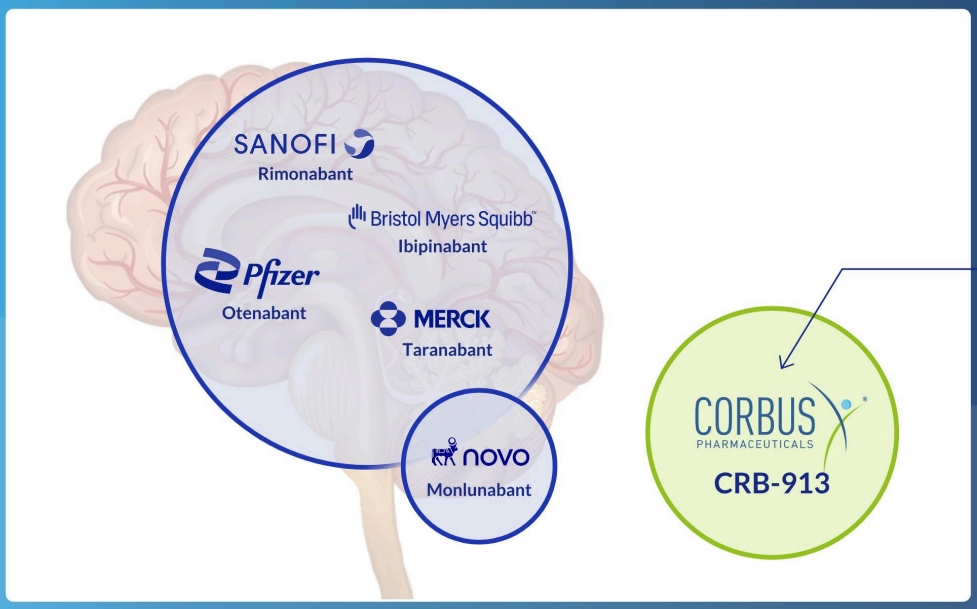
- Reduce food intake
- Improve metabolic signaling
- Promote weight loss
- Limit CNS exposure and associated psychiatric risk



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

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CRB-913 is designed to deliver that profile: high peripheral exposure with substantially lower brain exposure than 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

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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:

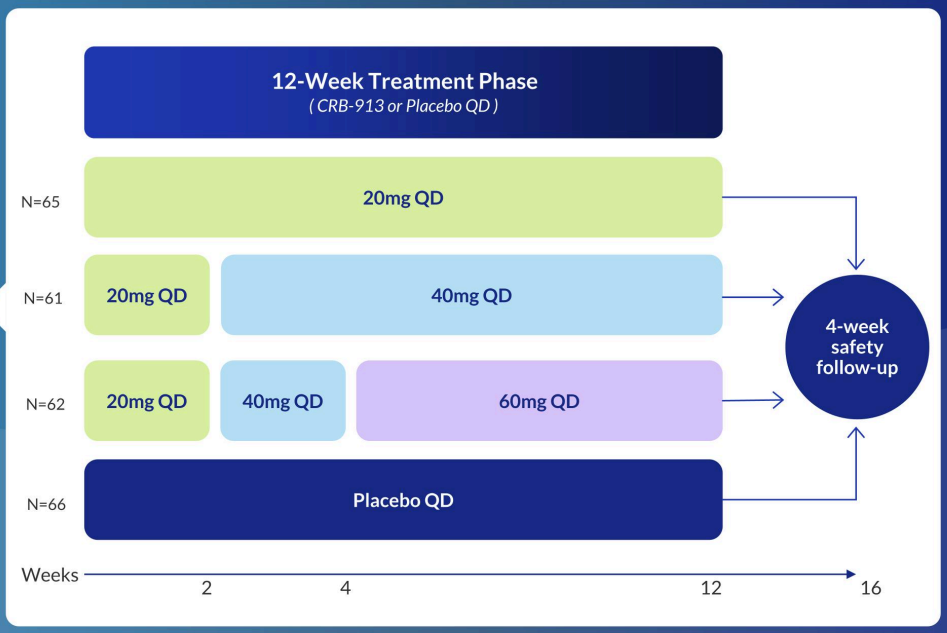
Placebo adjusted weight loss from baseline and related outcomes

Psychiatric safety assessments:

GAD-7: Anxiety symptoms

PHQ-9: Depressive symptoms

C-SSRS: Suicidal ideation



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CANYON-1

Baseline characteristics

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

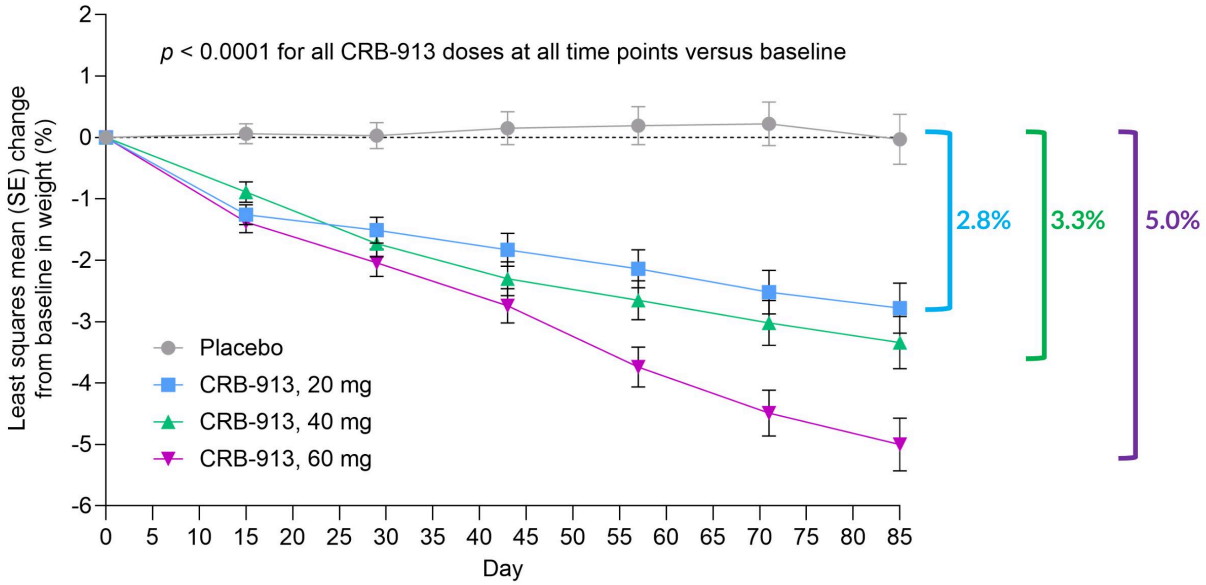
Source: Corbus Pharmaceuticals (data on file)

CORBUS PHARMACEUTICALS

CANYON-1

Weight loss

Dose-dependent weight loss at 12 weeks with no plateauing



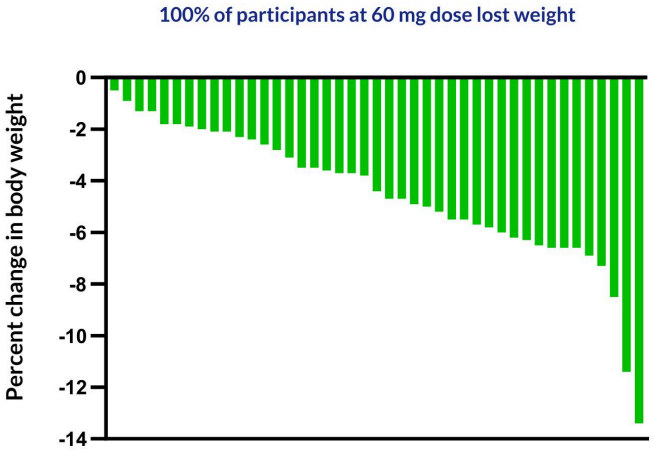
Efficacy estimand. The LS means, and p-values are the Mixed Model for Repeated Measures (MMRM) with percent change from baseline as the dependent variable; sex, treatment group, visit and treatment group-by-visit interaction as categorical fixed effects, and the baseline weight as a covariate. An unstructured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

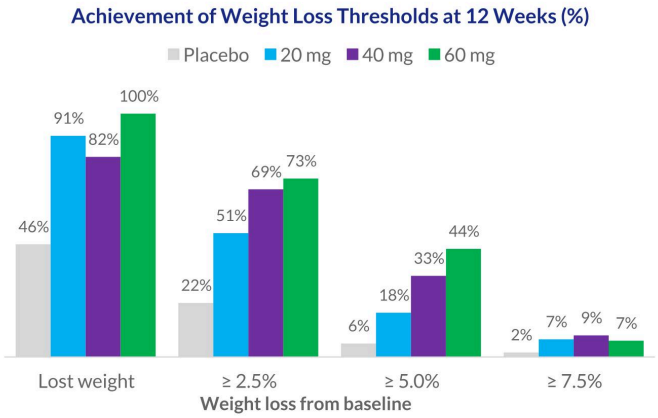
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CANYON-1

Weight Loss-Responder Analysis

Top titration dose of CRB-913 achieved a 100% response rate





Note: efficacy per protool (n=43)

Note: Efficacy per full analysis set. 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)

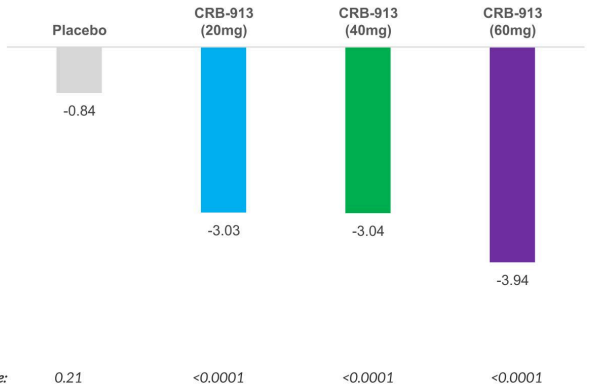
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CANYON-1

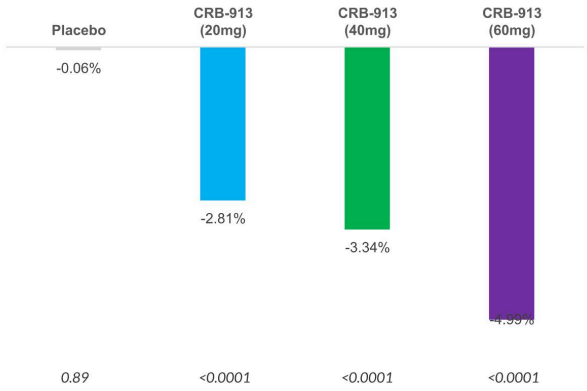
Waist Circumference and BMI

Significant Dose Dependent Reductions -Waist Circumference & BMI

Mean Δ in Waist Circumference (cm.)



Mean % Δ in BMI (% from baseline)



	Placebo	CRB-913 (20mg)	CRB-913 (40mg)	CRB-913 (60mg)	Placebo	CRB-913 (20mg)	CRB-913 (40mg)	CRB-913 (60mg)
P-value:	*0.21*	*<0.0001*	*<0.0001*	*<0.0001*	*0.89*	*<0.0001*	*<0.0001*	*<0.0001*

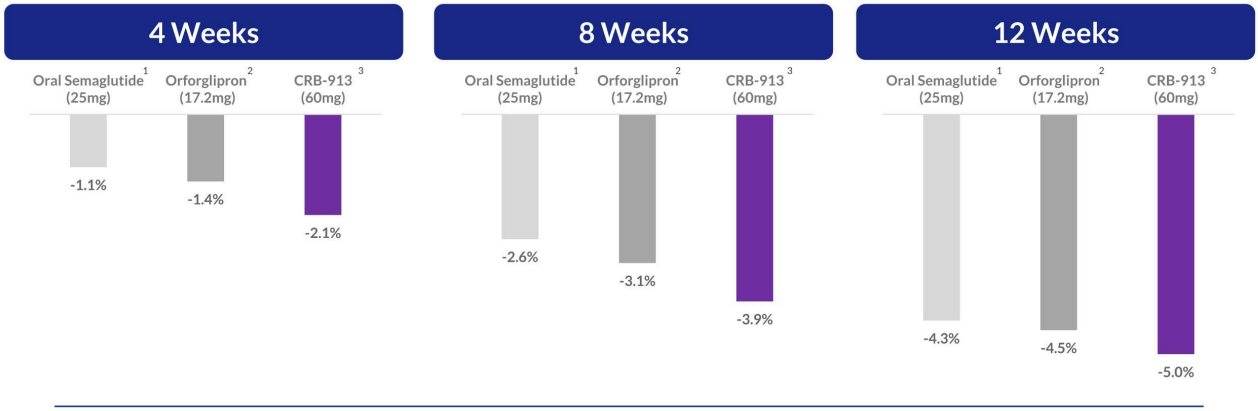
Sources:
1. Corbus Pharmaceuticals (data on file)

CORBUS PHARMACEUTICALS

CANYON-1

Weight loss vs oral GLP-1s

Comparable weight loss to oral GLP-1s published data 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 (assignment by cohort)

	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 (SAEs)	**0**	**0**	**0**	0
Treatment Discontinuations due to AEs	**2 (3.1%)**	**8 (13.1%)**	**8 (12.9%)**	3 (4.5%)
Treatment Discontinuations for any reason	**10 (15.4%)**	**16 (26.2%)**	**16 (25.8%)**	12 (18.2%)

Source: CANYON-1 data

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CANYON-1

Psych AE in context of GLP-1

Suicidality, depression and anxiety were in line with published GLP-1 studies

	CRB-913 *(All doses)*	Liraglutide[1]	Semaglutide[2]	Tirzepatide[3]
Suicidality	0%	1%	0.3%	0.6%
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%

For CRB-913:

- Treatment-emergent psychiatric AEs were mild or moderate with no serious or severe AEs
- Placebo cohort experienced psych AEs
- 50% of psych AEs occurred in first 28 days (similarly to GLP-1s[1])
- All psych AE cases resolved with the majority continuing treatment

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:

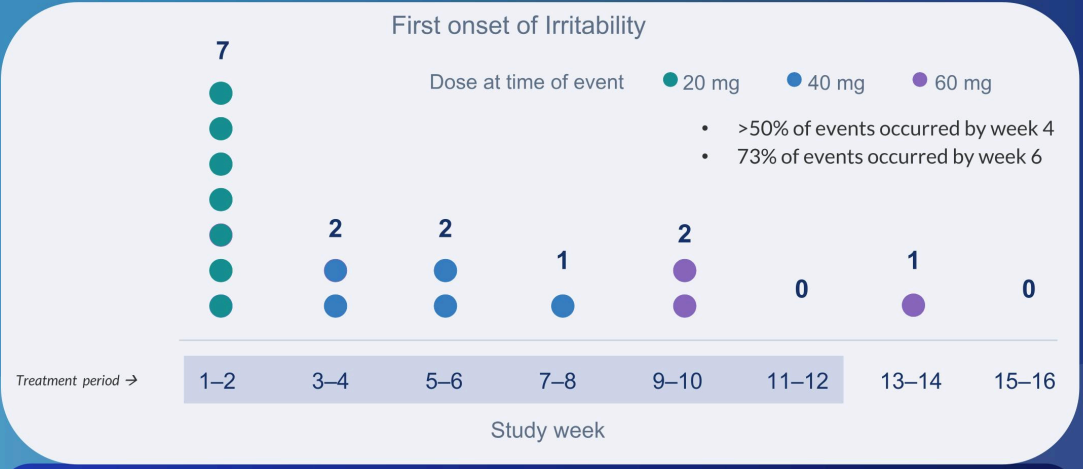
1. O'Neil *et al.* "Neuropsychiatric safety with liraglutide 3.0 mg for weight management: Results from randomized controlled phase 2 and 3a trials. Diabetes Obes Metab. 2017 (link)
2. Wadden *et al*, et al. "Psychiatric Safety of Semaglutide for Weight Management in People Without Known Major Psychopathology: 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)

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CANYON-1

Irritability

Irritability was mild + concentrated in first 2 weeks



- All cases were mild and resolved → participants reported no impact on daily function
- 1 out of 15 involved concomitant non-psych AEs (e.g., GI, migraines, ear infection)
- 15 out of 15 cases coincided with weight loss
- >50% of incident events occurred by week 4 (73% by week 6)
- **None caused discontinuations**

Source: CANYON-1 data

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CANYON-1

Safety and tolerability: GI AESIs

Treatment-emergent GI AEs of special interest were mild or moderate with no serious or severe AEs (by cohort assignments)

	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%)

- No severe or serious GI TEAEs
- Treatment discontinuations due to GI AE: 2 on CRB-913 and 1 on placebo
- 70% of diarrhea events occurred in first 2 weeks while on 20mg dose

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 (by assigned cohort)

	CRB-913[1] *(60mg cohort)*	Oral semaglutide[2] *(25mg)*	Orforglipron[3] *(36mg capsule - Cohort 1)*	Orforglipron[3] *(36mg capsule - Cohort 2)*	Orforglipron[4] *(FDA Label)*
Vomiting	**1.6%**	31%	28%	14%	24%
Nausea	**22.6%**	47%	41%	48%	35%
Constipation	**4.8%**	20%	28%	24%	24%
Diarrhea	**22.6%**	18%	3%	14%	25%

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

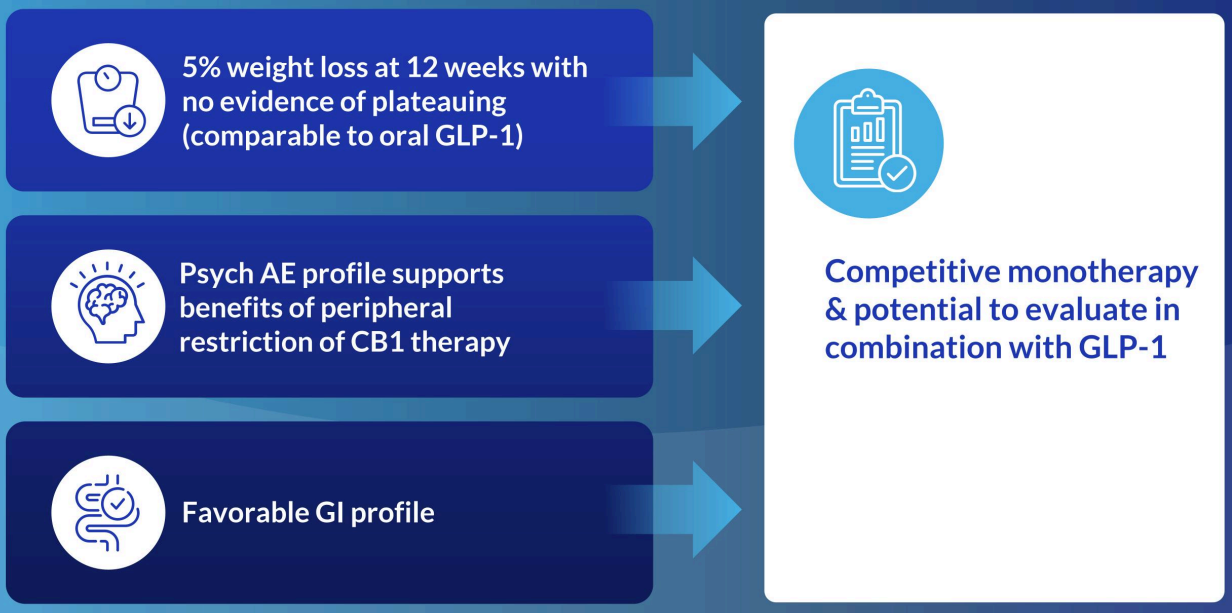
Note: These limited observations are cross trial comparison derived from separate clinical settings and do not represent head-to-head comparisons. For orforglipron, early clinical development evaluated a 36mg capsule formulation; subsequent bridging established pharmacokinetic bioequivalence to the 17.2mg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

CORBUS PHARMACEUTICALS

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



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 next steps

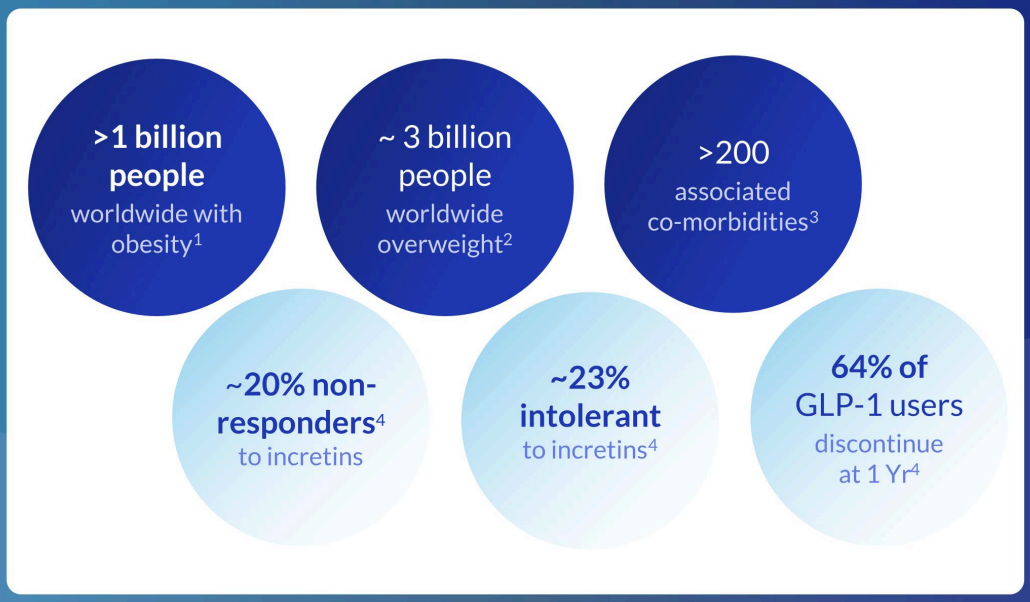
obesityweek® NOV 14-17, 2026 WASHINGTON, DC | THE OBESITY SOCIETY

- Presented CANYON-1 dataset at ObesityWeek® as a late breaker
- Engage with FDA regarding clinical development plan
- 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
Appendix

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.



Leo Nicacio, 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

Supplemental Information: OPSCC

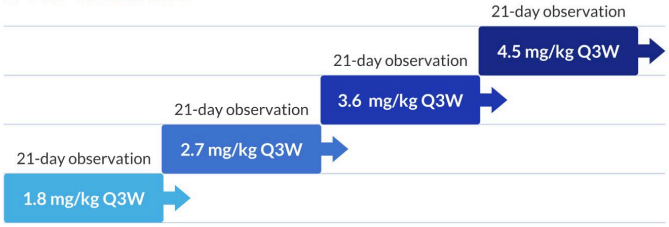


SUTA–E Phase 1 Study design (U.S. and Europe)

BERLIN 2025 ESMO congress

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

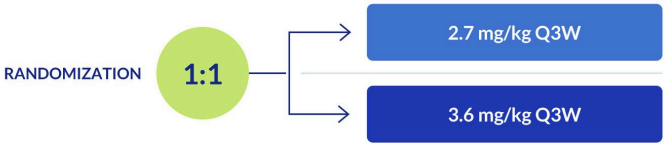
Dose escalation



2026 ASCO ANNUAL MEETING

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

Dose Optimization (Project Optimus): HNSCC & cervical



SUTA–E + pembrolizumab 1L 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 SUTA–E (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

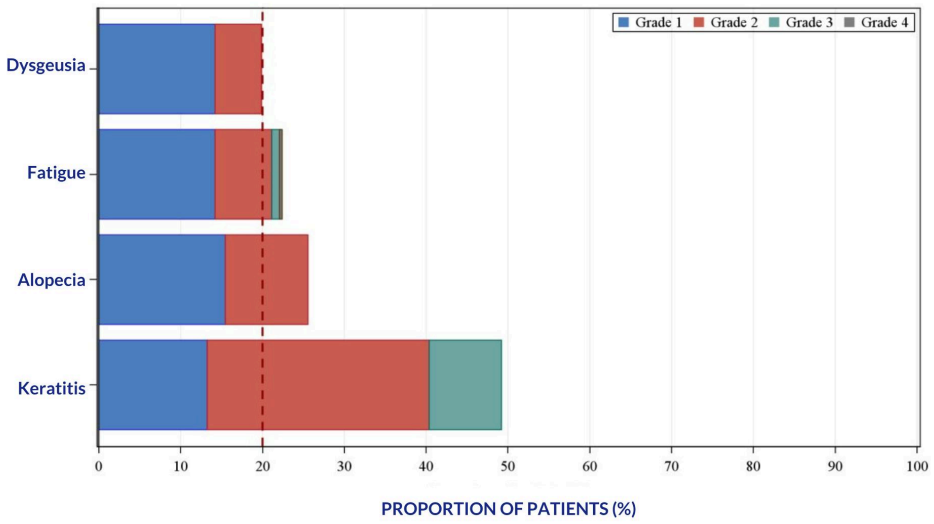
Patients enrolled but did not reach first scan

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

CORBUS PHARMACEUTICALS

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

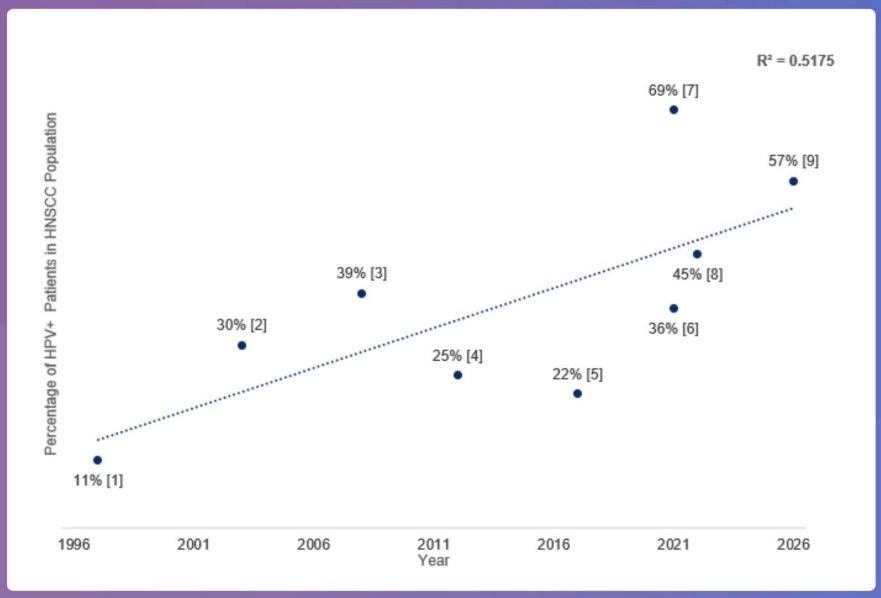


TRAE	n=317 (%)
Grade 3	19.2%
Grade 4	0.9%
Grade 5	None
PERIPHERAL NEUROPATHY *(broad terms*)*	
Grade 1 and 2	7.3%
Grade >3	None
SKIN (most common, excluding alopecia)	
Pruritus	14.2%
Dry skin	13.2%
Rash	5.7%
Grade 3 - rash	0.3%
Grade ≥4	None
OCULAR	
Overall	66.2%
Grade 3	12.6%
Grade 4	0.3%**
DISCONTINUATIONS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

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

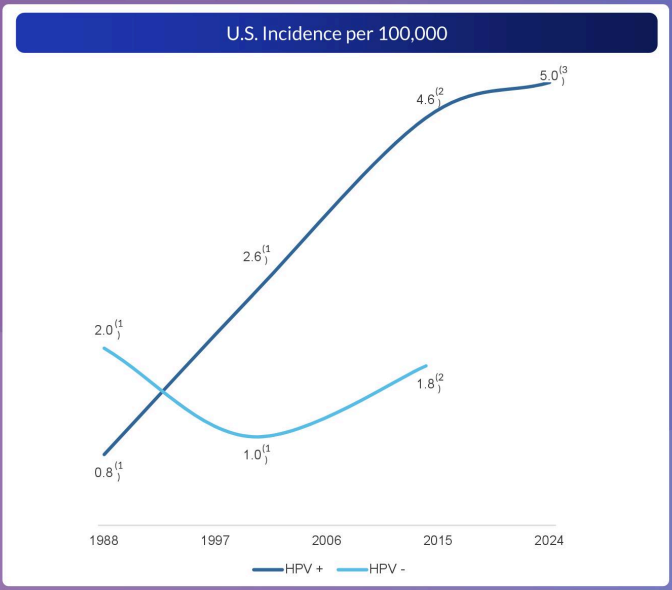


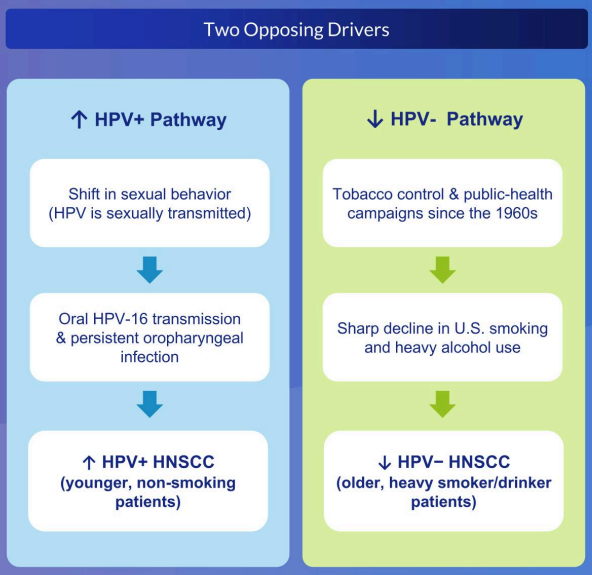


Source(s): Data generated by Greenhill: (1) Portugal et al., 1997; (2) Dahlstrom et al., 2003; (3) Chaturvedi et al., 2008; (4) Cole et al., 2012; (5) Bauml et al., 2017; (6) Wu et al., 2021; (7) Sacco et al., 2021 (8) Chung et al., 2022; and (9) Corbus ASCO April 1, 2026 data cut

CORBUS PHARMACEUTICALS

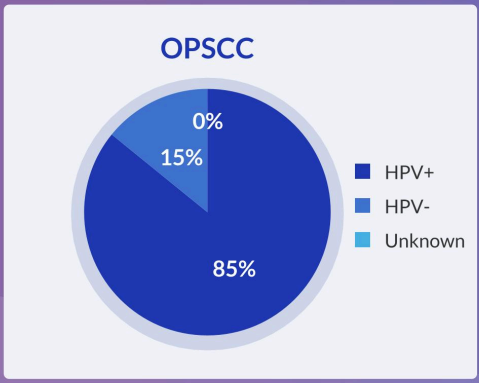
OPSCC growing in HNSCC: HPV+ incidence is growing while HPV- is decreasing





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

ASCO 2026: OPSCC associated with HPV positivity & Nectin-4 levels



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

Baseline characteristics	OPSCC (n=41)
Median age (range)	62.0 (36–77)
Sex (M/F)	90.2% / 9.8%
ECOG PS 0, 1, 2	58.5%, 41.5%, 0%
Weight in kg mean (range)	79.0 (51.8, 132.8)
Prior therapies median (range)	3 (1–9)
HPV Status (Positive, Negative, Missing)	85.4%, 14.6%, 0%
Disease status (Locally Advanced or Metastatic)	4.9%, 95.1%

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

CORBUS PHARMACEUTICALS

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

CORBUS PHARMACEUTICALS

Supplemental Information: Cervical Cancer

Acute unmet need in 2L in poorly addressed market



Cervical cancer opportunity and treatment setting

U.S. disease and burden
All stages and treatment settings

~14,000[1]
Annual new cases

~4,000[2]
Annual deaths

39%[3]
Vaccination rate
Girls aged 13-15 remain unvaccinated

$1.8 billion[4]
U.S. market for cervical cancer treatment

Recurrent / metastatic disease
Selected U.S. systemic treatment options

1L
Carboplatin
+ paclitaxel
+/- bevacizumab
+ / - pembrolizumab (for PD-L1 CPS ≥1, if eligible)

2L+
Tisotumab vedotin (Tivdak®)
or
Single agent chemo

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-UT Texas 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

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

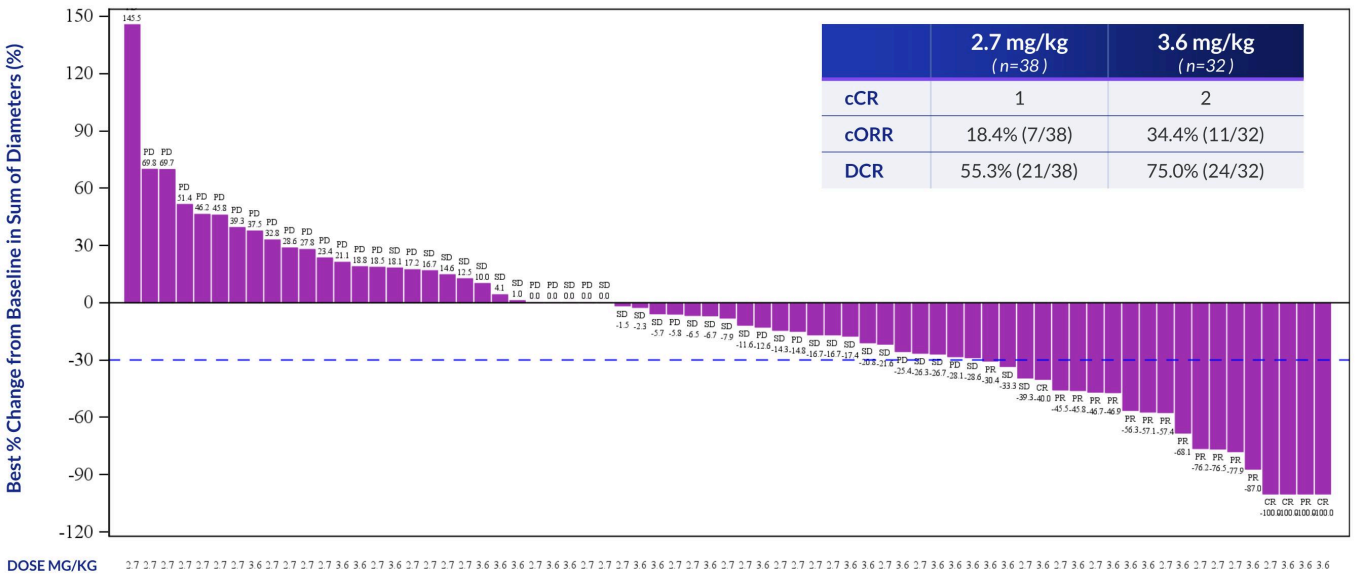
Enrolled Tumor Types	Safety Population	Efficacy Evaluable Population
Cervical	72	70

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

SUTA–E ASCO 2026: Waterfall plot (N=70)

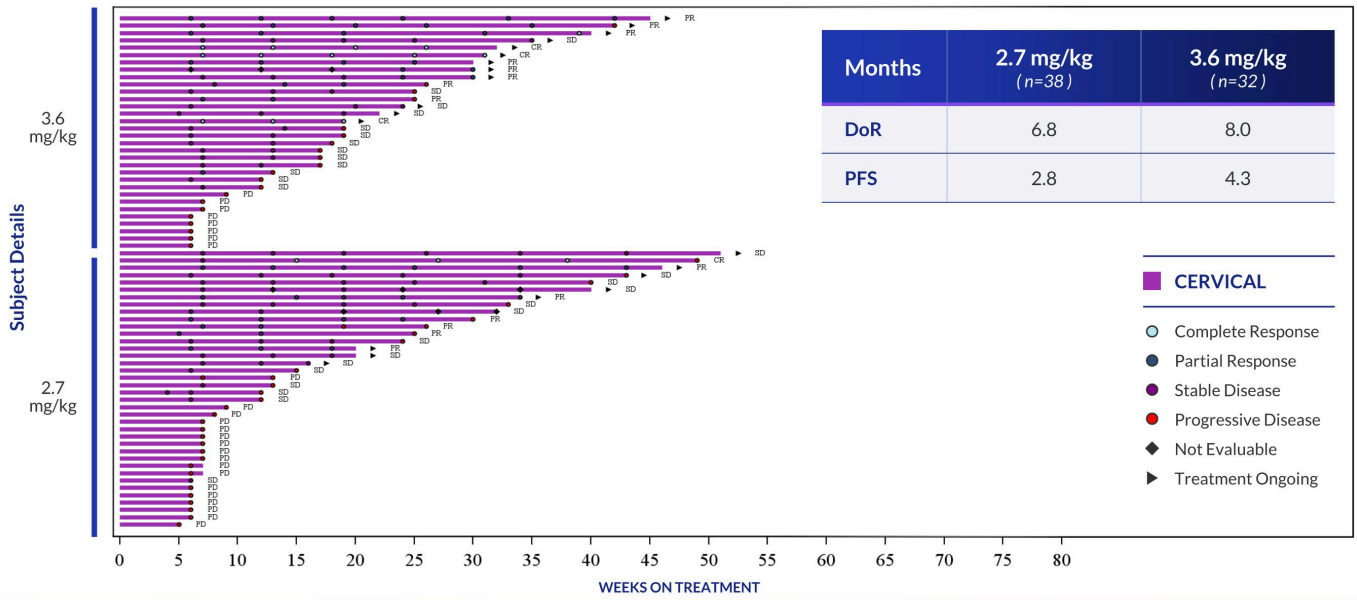


	2.7 mg/kg (n=38)	3.6 mg/kg (n=32)
cCR	1	2
cORR	18.4% (7/38)	34.4% (11/32)
DCR	55.3% (21/38)	75.0% (24/32)

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

SUTA–E 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

SUTA–E potential to differentiate from current standard of care in 2L

	SUTA–E* (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

Supplemental Information: CRB-913



CANYON-1

AE dropout rate

Discontinuations due to AEs vs. oral GLP-1 class

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

CANYON-1

Safety and tolerability: Psych

Suicidality, depression and anxiety were mostly mild, all transient, and don't appear dose-related

	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%)

- Treatment-emergent psychiatric AEs were mild or moderate with no serious or severe AEs
- Placebo cohort experienced psych AEs
- 50% of psych AEs occurred in first 28 days (similarly to GLP-1s[1])
- All psych AE cases resolved with the majority continuing treatment

Sources: CANYON-1 data, Ref 1: Lu W, *et al.* "Neuropsychiatric adverse events associated with Glucagon-like peptide-1 receptor agonists: a pharmacovigilance analysis of the FDA Adverse Event Reporting System database". European Psychiatry 2005 (Link)

CORBUS PHARMACEUTICALS

CANYON-1

Irritability

Irritability occurred early, was always mild + transient → did not lead to any discontinuations

	Irritability AE:			
	Placebo	20mg CRB-913	40mg CRB-913	60mg CRB-913
By assigned cohort	0	4 (6.2%)	5 (8.2%)	6 (9.7%)
By dose at time of AE	0	7	5	3

- All cases were mild and resolved → participants reported no impact on daily function
- 12 out of 15 involved concomitant non-psych AEs (e.g., GI, migraines, ear infection, etc.)
- 15 out of 15 cases coincided with weight loss
- >50% of incident events occurred by week 4 (75% by week 6)
- **None caused discontinuations**

Source: CANYON-1 data

CORBUS PHARMACEUTICALS

CANYON-1

Psych AEs vs monlunabant

CRB-913 demonstrates favorable psych safety to monlunabant in a cross-trial comparison (assignment by cohorts)

	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:

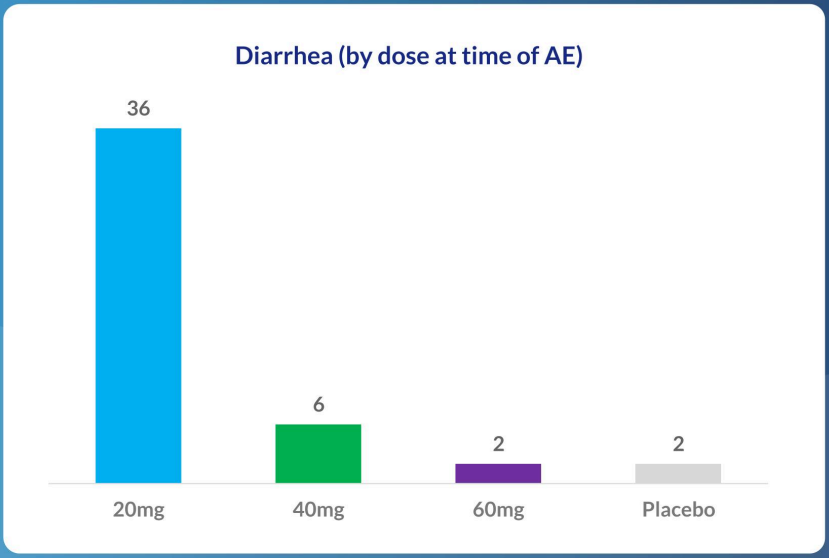
1. Knop, F.K. et al. Efficacy and safety of monlunabant in adults with obesity and metabolic syndrome: a double-blind, randomised, placebo-controlled, phase 2a trial. The Lancet 2025 ( )

CORBUS PHARMACEUTICALS

CANYON-1

Diarrhea

Diarrhea occurs early, never serious or severe



- 70% of events occurred in first 2 weeks while on 20mg dose
- 85% cases mild; 15% moderate
- No cases of severe diarrhea

Source: CANYON-1 data. Numbers of particpants with events by dose at time event initiation. Participants with events that spanned multiple dose levels are counted in the first dose that triggered the event and not subsequent dose levels.

CORBUS PHARMACEUTICALS