Conditionally **A**ctive **B**iologics: Transforming Cancer Therapy

Corporate Presentation

May 2024

bioatla

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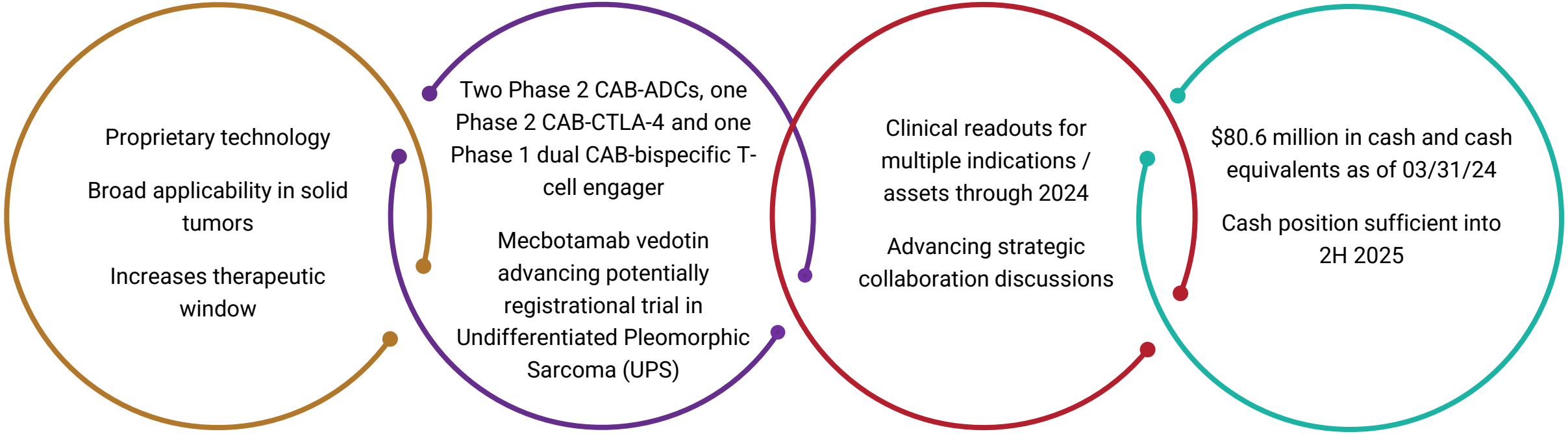
Bioatla© Is A Clinical Stage Company Focused On Transforming Cancer Therapy

with **C**onditionally **A**ctive **B**iologics (CABs)



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GlaxoSmithKline
Scientific Advisor

Selective And Targeted CAB Technology Widens Therapeutic Window

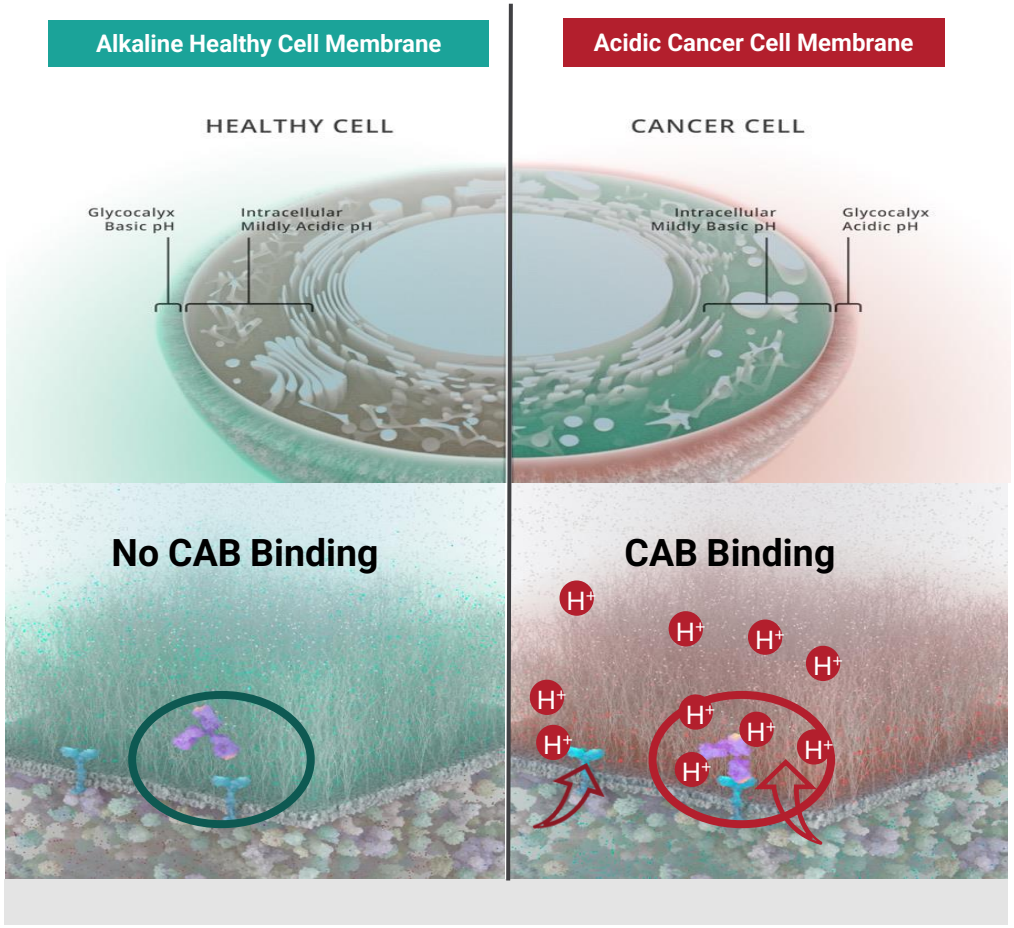
Thus has the potential to enhance clinical outcomes in multiple tumor types

BioAtla discovered that acidic pH at the cancer cell surface unveils binding sites that are shielded at normal pH of healthy cells

BioAtla invented CAB technology, creating antibodies that bind ***only*** to these unveiled sites on cancer cells

CAB binding region is not masked or caged and thus different from prodrugs that require irreversible enzymatic cleavage to become activated

CAB antibodies have the potential for increased efficacy with improved safety relative to traditional antibodies



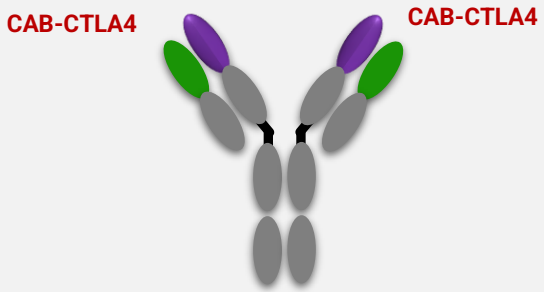
Chang, H.W., Frey, G., Liu, H., Xing, C., Steinman, L, Boyle, B.J., & Short, J.M. (2021) PNAS 118(9): 1-10, Suppl. 1-19.

Broad Applicability Of BioAtla's CAB Platform Across Several Antibody Types

I/O Antibodies

Target: CTLA-4

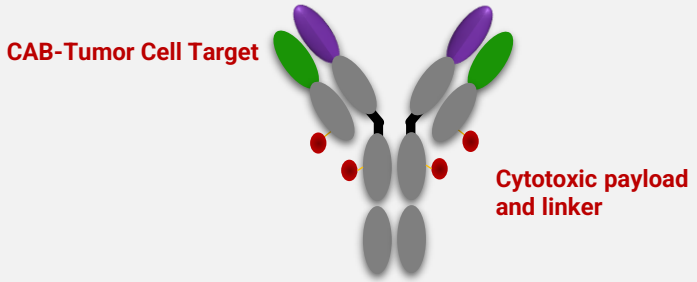
CTLA-4 blockade activates effector T cells, thereby enhancing anti-tumor immunity



ADCs

Targets: ROR2, AXL

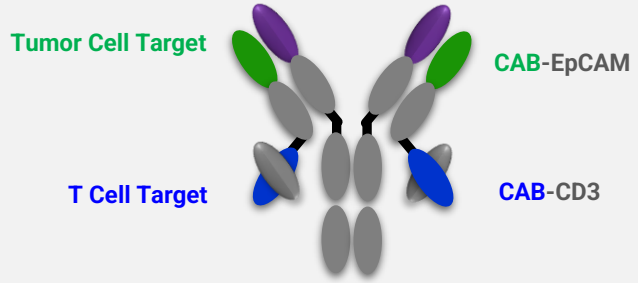
Widely expressed in a variety of tumor types, ROR2 and AXL overexpression correlates with poor prognosis, metastasis, and drug resistance to PD-1 and EGFR therapies



Bispecific TCE

Target: EpCAM & CD3

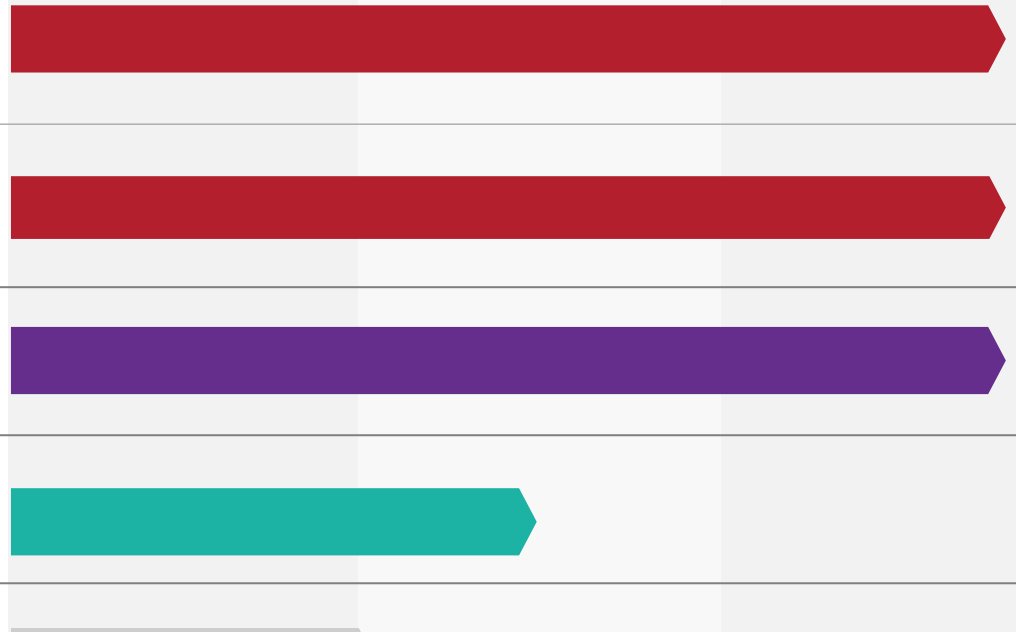
Bispecific antibodies bridge cancer cells and cytotoxic T lymphocytes, activating T cells and promoting cancer cell lysis



ADC – antibody drug conjugate; IO – immuno-oncology; TCE – T-cell engager

Focused Pipeline with Broad Applicability of Differentiated CAB Assets Designed to Deliver Near-term value

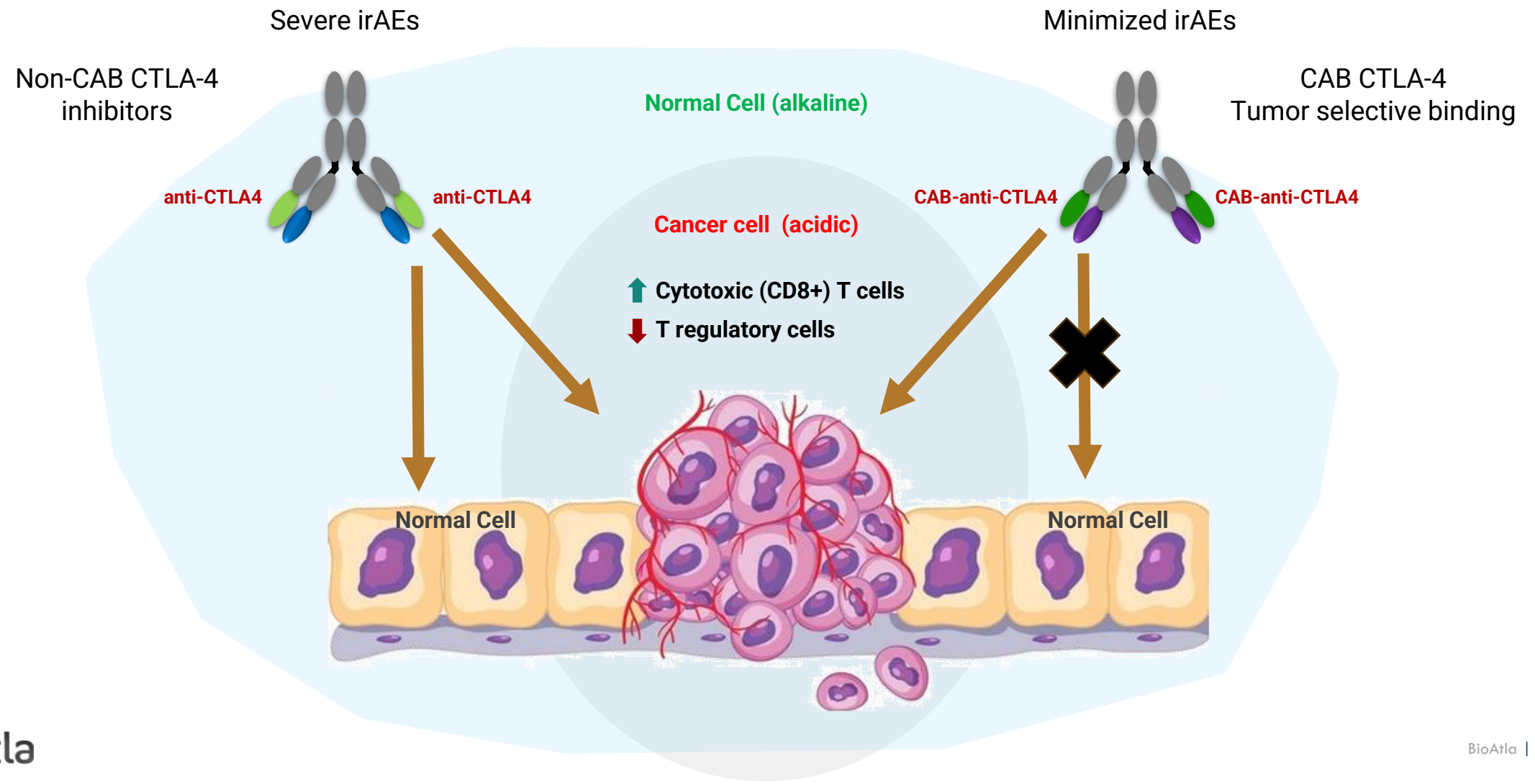
	CAB Program	Target	Indications	IND Enabling Pre-Clinical	Phase 1 Clinical	Phase 2 Clinical
CAB-ADCs	*Mecbotamab Vedotin*	AXL	UPS NSCLC			
	Ozuriftamab Vedotin	ROR2	Melanoma SCCHN			
CAB-I/O	*Evalstotug*	CTLA-4	Melanoma NSCLC Carcinomas			
CAB-Bispecific TCE	BA3182	EpCAM x CD3	Adenocarcinomas			
Next Gen CAB-ADC	BA3361	Nectin-4	Multiple tumor types			



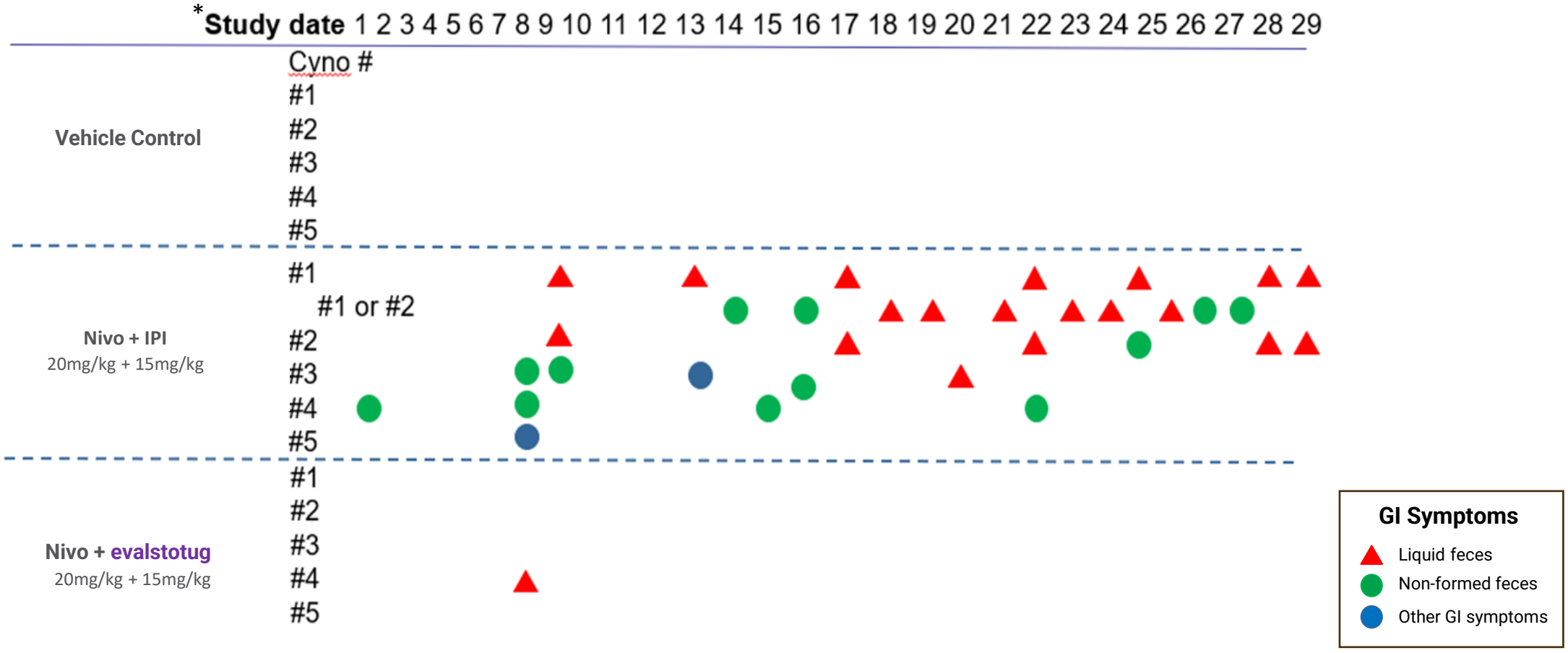
IND, investigational new drug; UPS, Undifferentiated Pleomorphic Sarcoma; NSCLC, Non-small Cell Lung Cancer; SCCHN, Squamous Cell Carcinoma of the Head and Neck

Evalstotug (CAB-CTLA-4): Basket Trial

CAB-CTLA4 Selectively Active in Tumor Microenvironment, Thereby Reducing Immune Related Adverse Events (irAEs)



Evalstotug Effectively Reduces Clinically Relevant GI Toxicity in Nonhuman Primates



Evalstotug significantly reduces GI toxicity relative to ipilimumab analog in combination with nivo

Nivo: 20mg/kg QW (~14.6mg/kg human dose); Ipi or BA3071: 15mg/kg QW (~11mg/kg human dose)
Once weekly for four weeks exposure to Nivo + Ipi or BA3071
*Chang et al., PNAS 118 (9): 1-10, 2021

Phase 1 Evalstotug Dose Escalation (Q3W)

Key Objectives:

Define safety profile and determine Phase 2 dose and MTD

Evaluate antitumor activity and immunogenicity

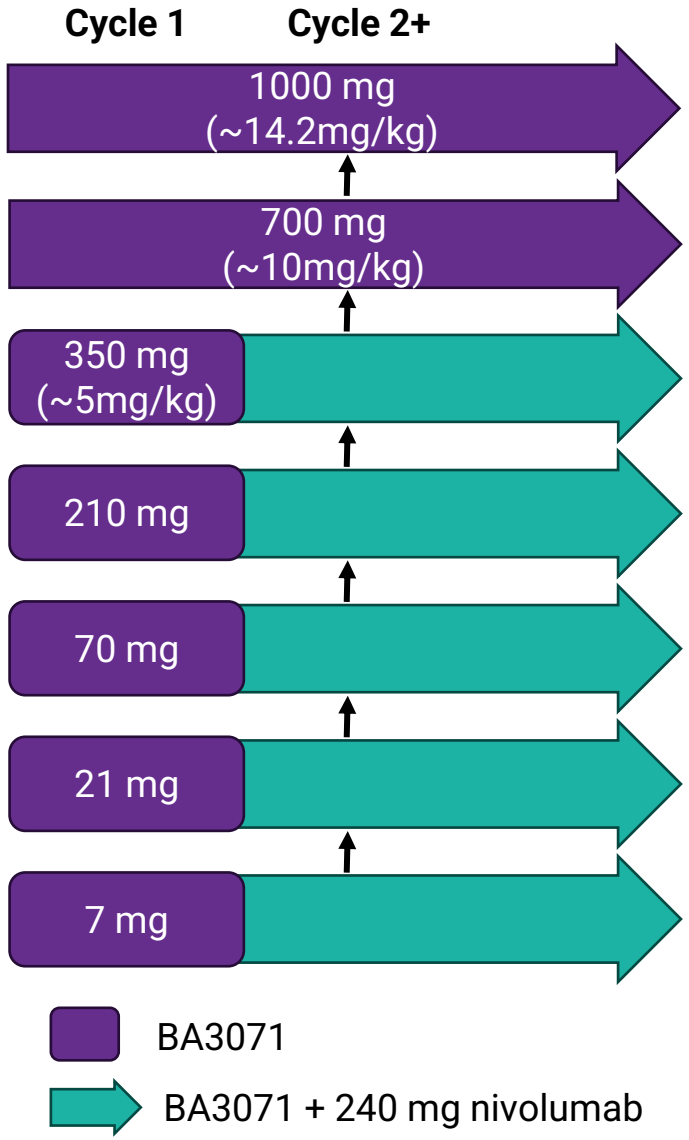
Determine PK parameters

Key Eligibility Criteria:

CTLA-4 naïve

Treatment refractory:

- melanoma
- non-small cell lung cancer (NSCLC)
- renal cell carcinoma
- urothelial cancer
- gastric cancer
- hepatocellular carcinoma (HCC)
- cervical cancer
- small cell lung cancer (SCLC)



Phase 1 Evalstotug: Demographics - Baseline Patient Characteristics

Median of at least 3 prior lines of treatment

	Total (N=18)
Age, y, mean (range)	**65.5 (43 - 79)**
ECOG Status, n (%)	
0	**10 (55.6)**
1	**8 (44.4)**
# of prior systemic therapies, n (%)	
1	**5 (27.8)**
2	**2 (11.1)**
3	**4 (22.2)**
≥4	**7 (38.9)**

Data Cut Date: 15Nov23

Phase 1 Evalstotug: Demographics – Tumor Types

All patients experienced failure of prior PD1 treatment

Tumor Type	Total (N=18)	Prior Number of Tx	Prior Treatment
Cervical	**1 (5.6)**	3	pt, anti-VEGF, anti-PD1
Gastric	**4 (22.2)**	4 – 6	anti-PD1 and pt chemotherapies
Melanoma	**5 (27.8)**	1 – 2	anti-PD1
Uveal	3 (16.7)		
Cutaneous	2 (11.1)		
Renal cell	**4 (22.2)**	1 – 6	prior anti-PD1 and TKI
Urothelial	**1 (5.6)**	4	pt chemotherapies, anti-PD1 and ADC
NSCLC	**2 (11.1)**	3 – 7	pt chemotherapies, taxanes, anti-PD1, TKI, anti-VEGF
SCLC	**1 (5.6)**	3	pt chemotherapies, anti-PD1

Pt – Platinum;
Data Cut Date: 15Nov23

Evalstotug Grade 3+ Adverse Events of Special Interest

Evalstotug Q3W + nivolumab 240 mg Q3W	7 mg (N=1)	21 mg (N=1)	70 mg (N=3)	210 mg (N=3)	350 mg (N=7)*	700 mg (N=3)	Total (N=18)
Number of subjects with at least one Grade 3+ AESI	0	0	2	0	1	2	**5 (27.8)**
GI Toxicity	0	0	1	0	1	0	**2 (11.1)**
Abdominal pain	0	0	1	0	0	0	**1 (5.6)**
Diarrhea	0	0	0	0	**1**	0	**1 (5.6)**
Liver Toxicity	0	0	2	0	0	0	**2 (11.1)**
AST increased	0	0	1	0	0	0	**1 (5.6)**
ALP increased	0	0	2	0	0	0	**2 (11.1)**
Pulmonary Toxicity	0	0	0	0	0	1	**1 (5.6)**
Pneumonia	0	0	0	0	0	1	**1 (5.6)**
Endocrine Toxicity	0	0	0	0	0	1	**1 (5.6)**
Diabetic ketoacidosis	0	0	0	0	0	**1**	**1 (5.6)**

^Patient with diarrhea also experienced Grade 3 gastritis
* 1 Pt at 350 mg dose for Phase 2 included
Red text denotes immune related AEs
Data Cut Date: 15Nov23
AST - Aspartate aminotransferase; ALP - Alkaline phosphatase

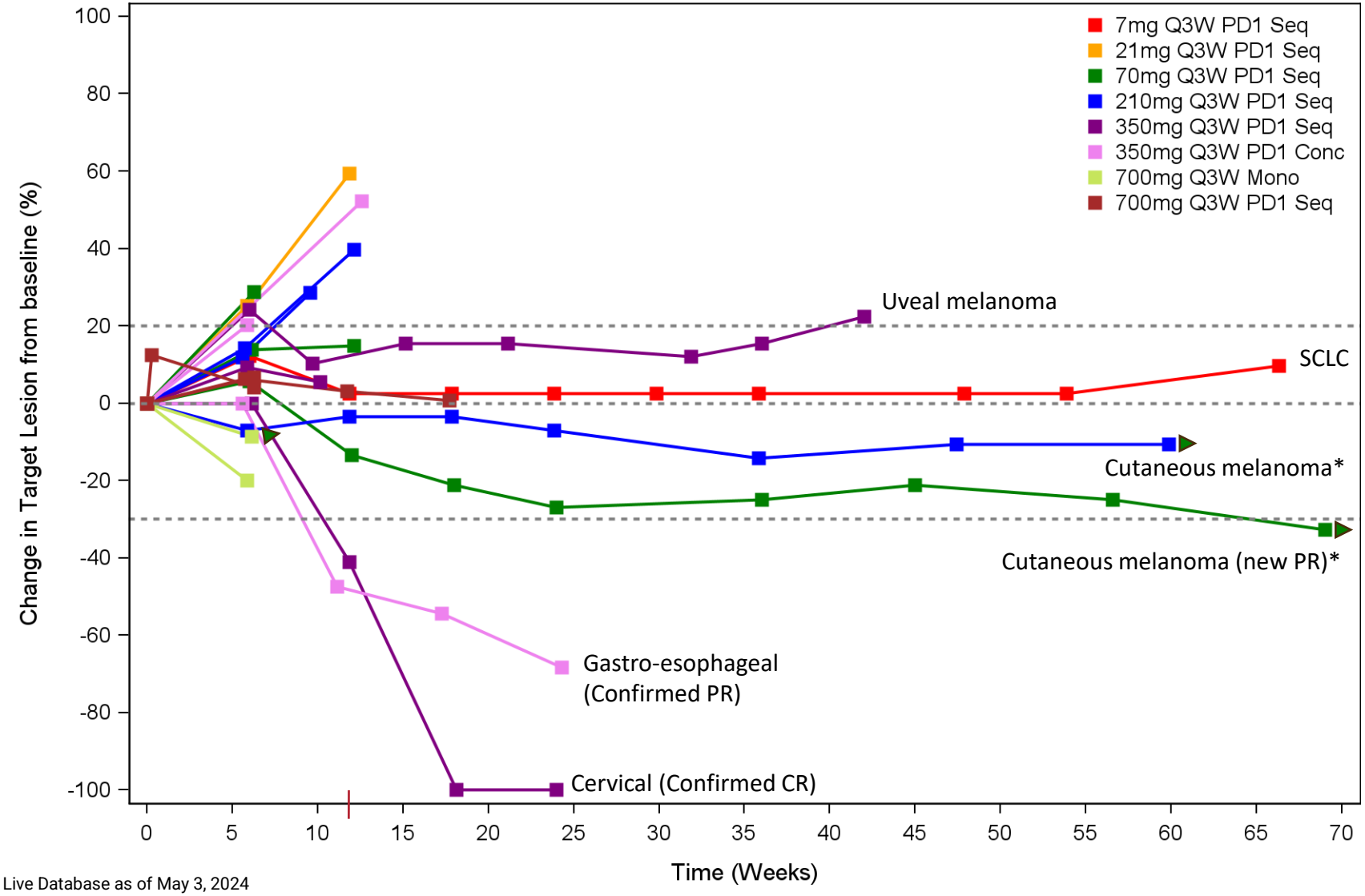
Evalstotug Grade 3+ Adverse Events of Special Interest

Evalstotug Q3W + nivolumab 240 mg Q3W	7 mg (N=1)	21 mg (N=1)	70 mg (N=3)	210 mg (N=3)	350 mg (N=7)*	700 mg (N=3)	Total (N=18)
Number of subjects with at least one Grade 3+ AESI	0	0	2	0	1	2	**5 (27.8)**
GI Toxicity	0	0	1	0	1	0	**2 (11.1)**
Abdominal pain	0	0	1	0	0	0	**1 (5.6)**
Diarrhea	0	0	0	0	1	0	**1 (5.6)**
Liver Toxicity						0	**2 (11.1)**
AST increased						0	**1 (5.6)**
ALP increased	0	0	2	0	0	0	**2 (11.1)**
Pulmonary Toxicity	0	0	0	0	0	1	**1 (5.6)**
Pneumonia	0	0	0	0	0	1	**1 (5.6)**
Endocrine Toxicity	0	0	0	0	0	1	**1 (5.6)**
Diabetic ketoacidosis	0	0	0	0	0	1	**1 (5.6)**

Only 2 patients with immune related AEs observed among 18 treated patients

^Patient with diarrhea also experienced Grade 3 gastritis
* 1 Pt at 350 mg dose for Phase 2 included
Red text denotes immune related AEs
Data Cut Date: 15Nov23
AST - Aspartate aminotransferase; ALP - Alkaline phosphatase

Phase 1 Evalstotug: Responses (n=3) and Stable Disease (n=9) Among 20 Evaluable Patients Across All Dose Groups

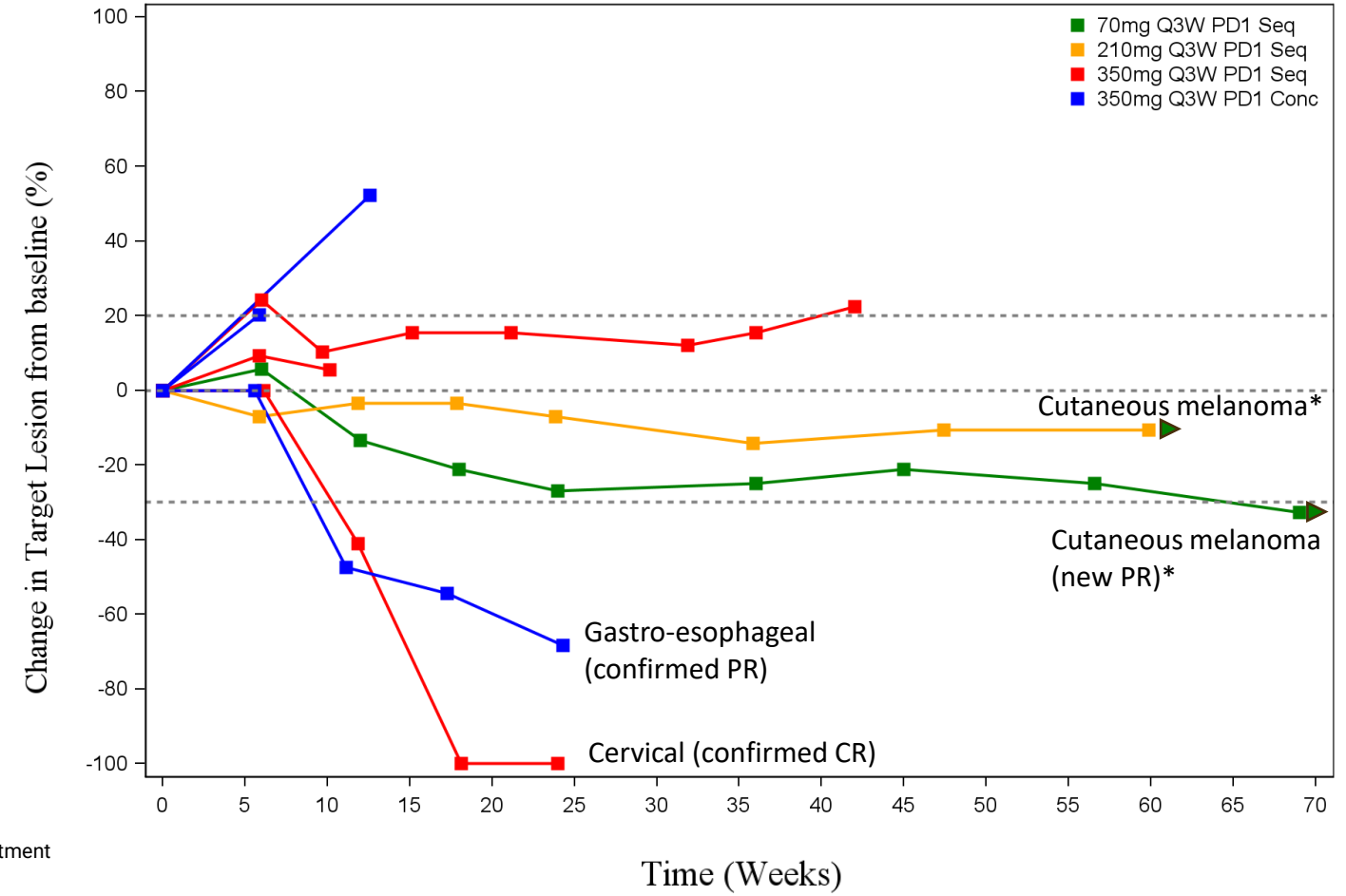


Data Cut Date: Live Database as of May 3, 2024
* Dose escalated to 350 mg
700mg mono (−20% on first scan) is currently being adjudicated by the site

Phase 1 Evalstotug: Meaningful Anti-Tumor Activity at 350 mg in Combination With PD1-inhibitor

New Partial Response in patient dose escalated from 70 mg to 350 mg

Overall Response to date	N=8
Complete Response	1
Partial Response	2
Stable Disease	2
Progressive Disease	3

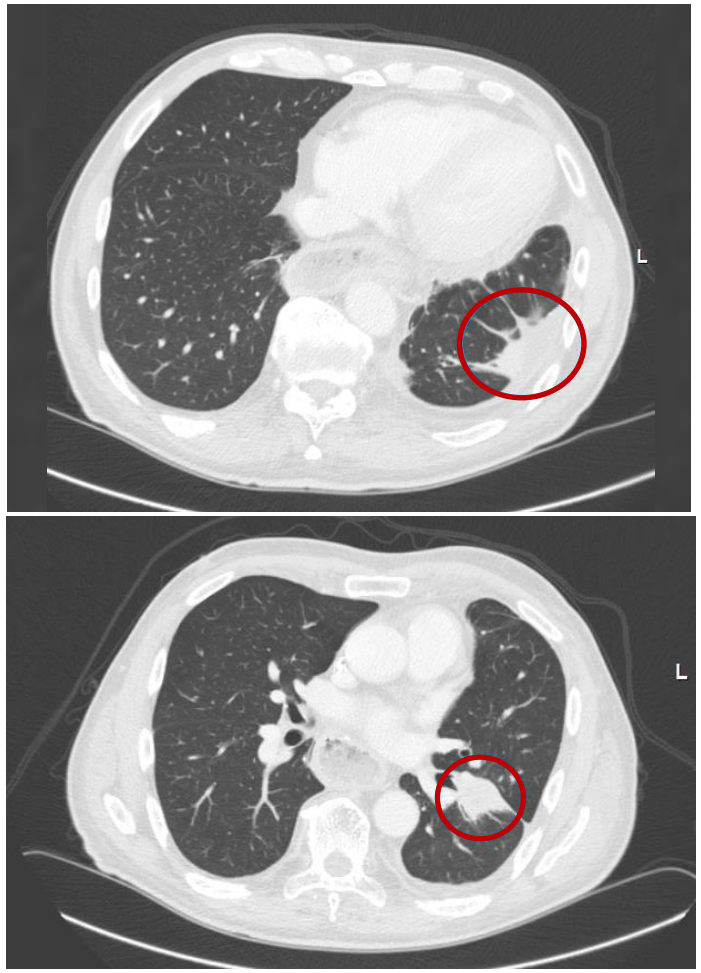


Data Cut Date: Live Database as of May 3, 2024
* 2 patients in Phase 1 dose escalated
- From 70 mg to 210mg (prior to 6th scan) /350mg (prior to 8th scan); PR on 8th scan still on treatment
- From 210 mg to 350mg (prior to 7th scan) / SD on 7th scan still on treatment

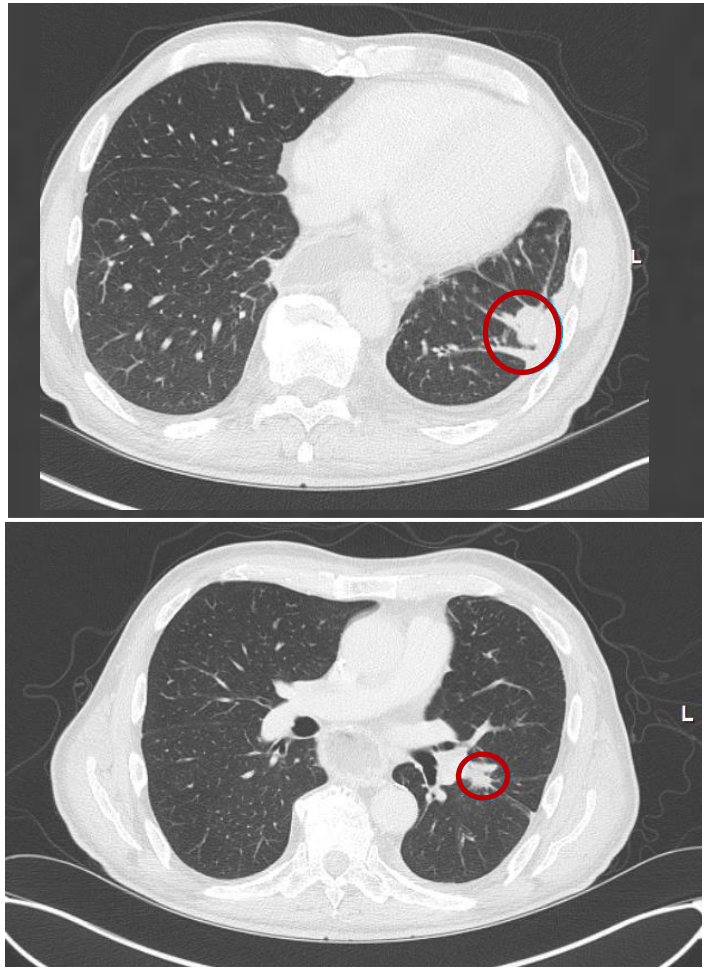
Confirmed Partial Response – Evalstotug in Gastro-esophageal Cancer

63-year-old male, stage IV gastro-esophageal cancer HER2 negative, post-FOLFOX, taxane, TKI, anti-PD1 and anti-VEGF

Baseline - July 31,2023



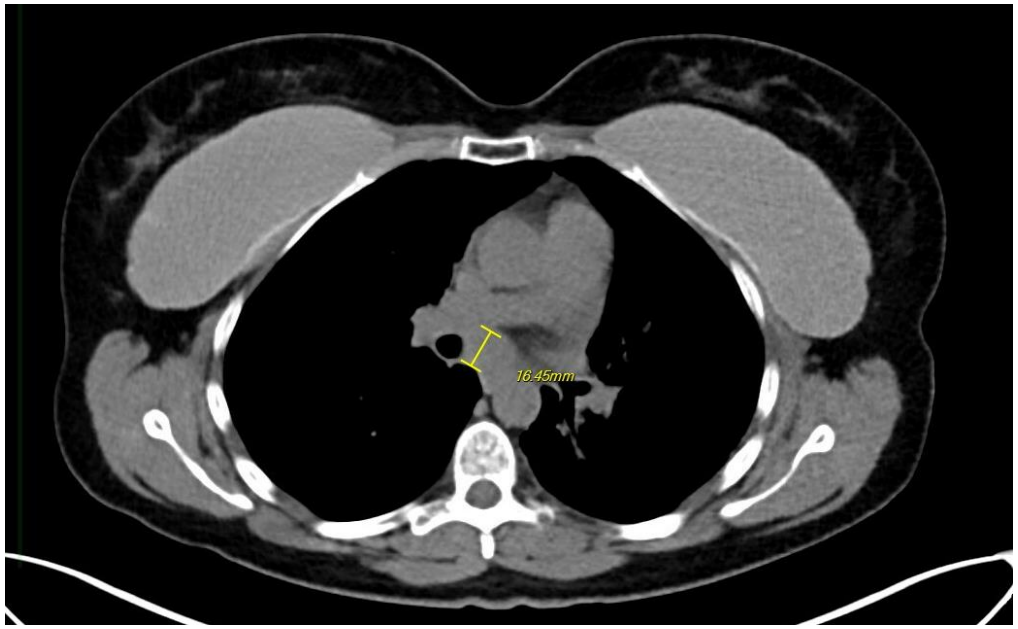
On Treatment - October 23, 2023



Confirmed Complete Response – Evalstotug in Cervical Cancer

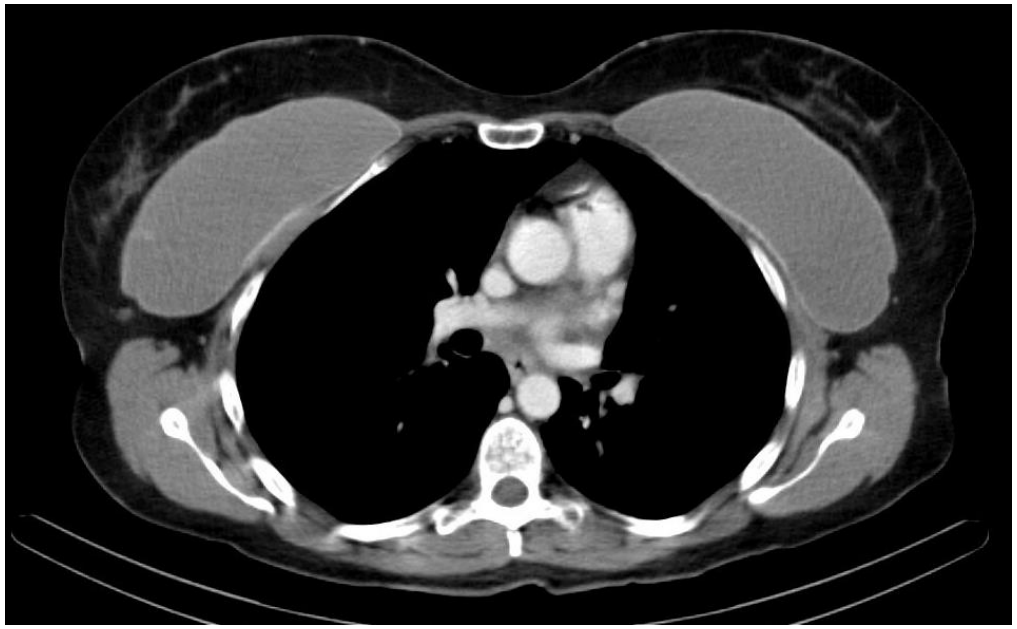
43-year-old female, stage IV cervical cancer HPV+16 positive, post-platinum, taxane, anti-PD1 and anti-VEGF

Baseline – March 23, 2023



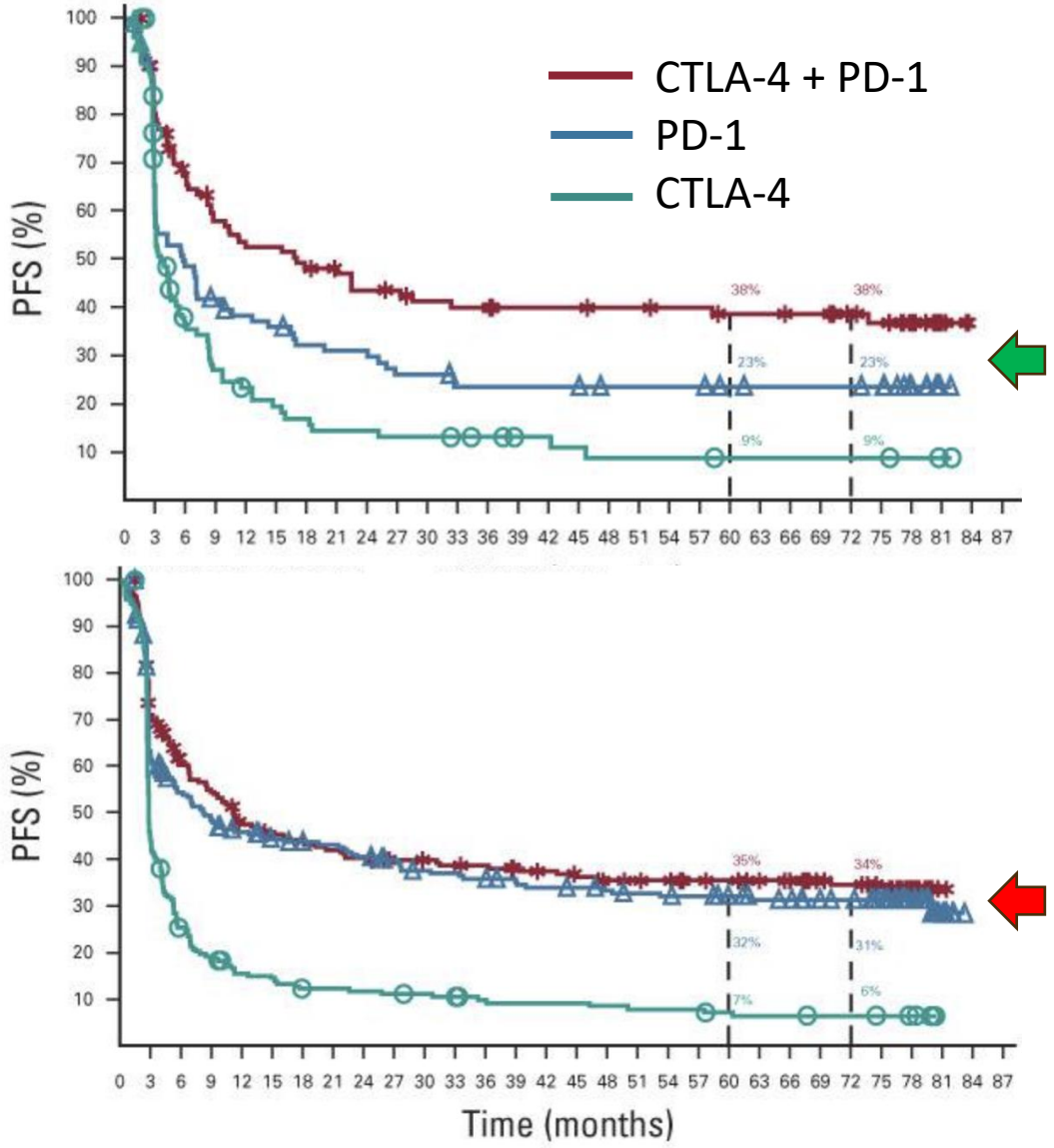
"Multiple enlarged mediastinal, paraesophageal, and right hilar lymph nodes…"

On Treatment – August 9, 2023



"No enlarged mediastinal, hilar or axillary lymph nodes are present. There is persistent resolution of previously noted enlarged mediastinal and paraesophageal lymph nodes."

Frontline metastatic **BRAF mutated** melanoma patients experience PFS benefit from combined CTLA-4 and PD-1 inhibition (Checkmate 067)



BRAF mutated (~50% of melanoma)

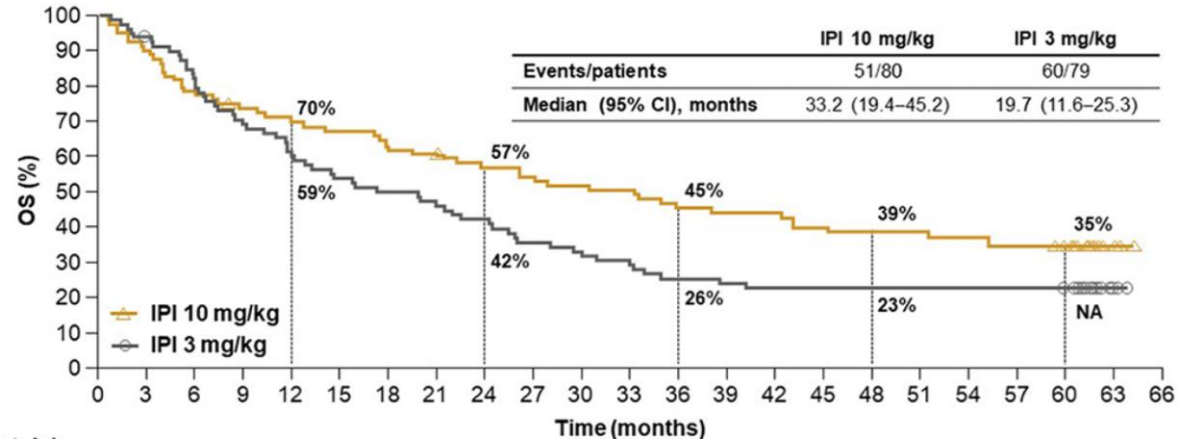
- Combo delivers marked early benefit
- PFS curves separate at 3 months
- **Combining PD-1 with BA3071 at 1-gram Q3W dosing may further drive efficacy and improve safety**

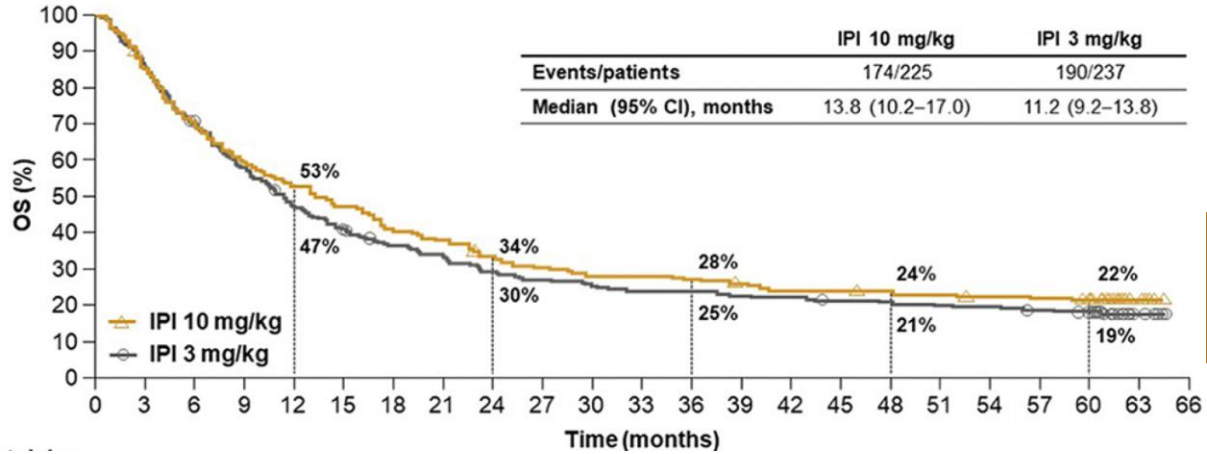
BRAF wildtype

- Combo associated with minimal added benefit over nivolumab monotherapy
- Increased risk of immune mediated AEs may be less justified

J Clin Oncol 40:127-137

Higher CTLA-4 inhibition (as monotherapy) drives improved survival for metastatic **BRAF mutated** melanoma





BRAF mutated (~40-50% of melanoma)

- IPI at 10 mg/kg far more efficacious than IPI at 3 mg/kg

Ipilimumab 10 mg/kg versus ipilimumab 3 mg/kg in patients with unresectable or metastatic melanoma: a randomised, double-blind, multicentre, phase 3 trial.

BRAF wildtype

- IPI less justified as OS gains are modest

Ascierto PA, et al. J Immunother Cancer 2020;8:e000391. doi:10.1136/jitc-2019-000391

Focused Strategic Path to Registration

Evalstotug: 2L+ P2 mono

Melanoma
(BRAF Mutated)

1L P2 doublet → CAB-CTLA4 + pembro **vs.** pembro or other IO agents

1L Registrational ★ **Accelerated BLA Submission*** ★ **Full BLA Submission***

FDA Mtg. — Mtg.

Partnership — Partner (Global) (Maintain % N.Am.); Explore other indications (NSCLC, CRC, Bladder, etc.)

5/1

2024 | 2025 | 2026 | 2027

Ozuriftamab Vedotin (CAB-ROR2-ADC): Squamous Cell Carcinoma Head and Neck (SCCHN), Melanoma

Potential Market Opportunity in Squamous Cell Carcinoma Head and Neck

>400K	people **living with** head and neck cancer (U.S.)[1]
~66K	**newly diagnosed** cases / year (U.S.)[1]
~50%	with locally advanced disease **develop recurrent or refractory** disease[2]
2L+	**limited** effective options post 1L[3]

Available Treatment

1L: Pembro + platinum
36% ORR[4]

2L+: Cetuximab
13% ORR[5]

[1]Clarivate, Disease Landscape and Forecast: SCCHN (2022). www.cancer.net; [2]Argiris A, et al.(2017) Evidence-Based Treatment Options in Recurrent and/or Metastatic Squamous Cell Carcinoma of the Head and Neck. *Front. Oncol.* 7:72; [3]Future Oncology, Jan. 2019. Vol. 15, No. 8; [4]Ketruda USPI accessed 2024; [5]Erbitux USPI accessed 2024.

SCCHN, squamous cell carcinoma of the head and neck; 1L, first line; 2L, second line; 2L+, second line or greater; ICIs – Immune checkpoint inhibitors.

Phase 2 Ozuriftamab Vedotin in SCHHN: Demographics

Median: 3 prior lines of treatment

Patients with PD-1 treatment refractory SCCHN were treated with BA3021 1.8 mg/kg 2Q3W or Q2W

	Q2W (N=12)	2Q3W (N=19)*	Total (N=31)*
Age, y, mean (range)	**62.4 (47-84)**	**65.2 (54-79)**	**64.1 (47-84)**
ECOG Status, n (%)			
0	**5 (42%)**	**7 (37%)**	**12 (39%)**
1	**7 (58%)**	**12 (63%)**	**19 (61%)**
# of prior systemic therapies, n (%)			
1	1 (8%)	6 (32%)	7 (23%)
2	4 (33%)	3 (16%)	7 (23%)
3	4 (33%)	5 (26%)	9 (29%)
≥4	3 (25%)	4 (21%)	7 (23%)

* Two patients not included, one patient from Phase 1 and one patient not yet enrolled at the time of the data cut

Data Cut Date: 13Mar24

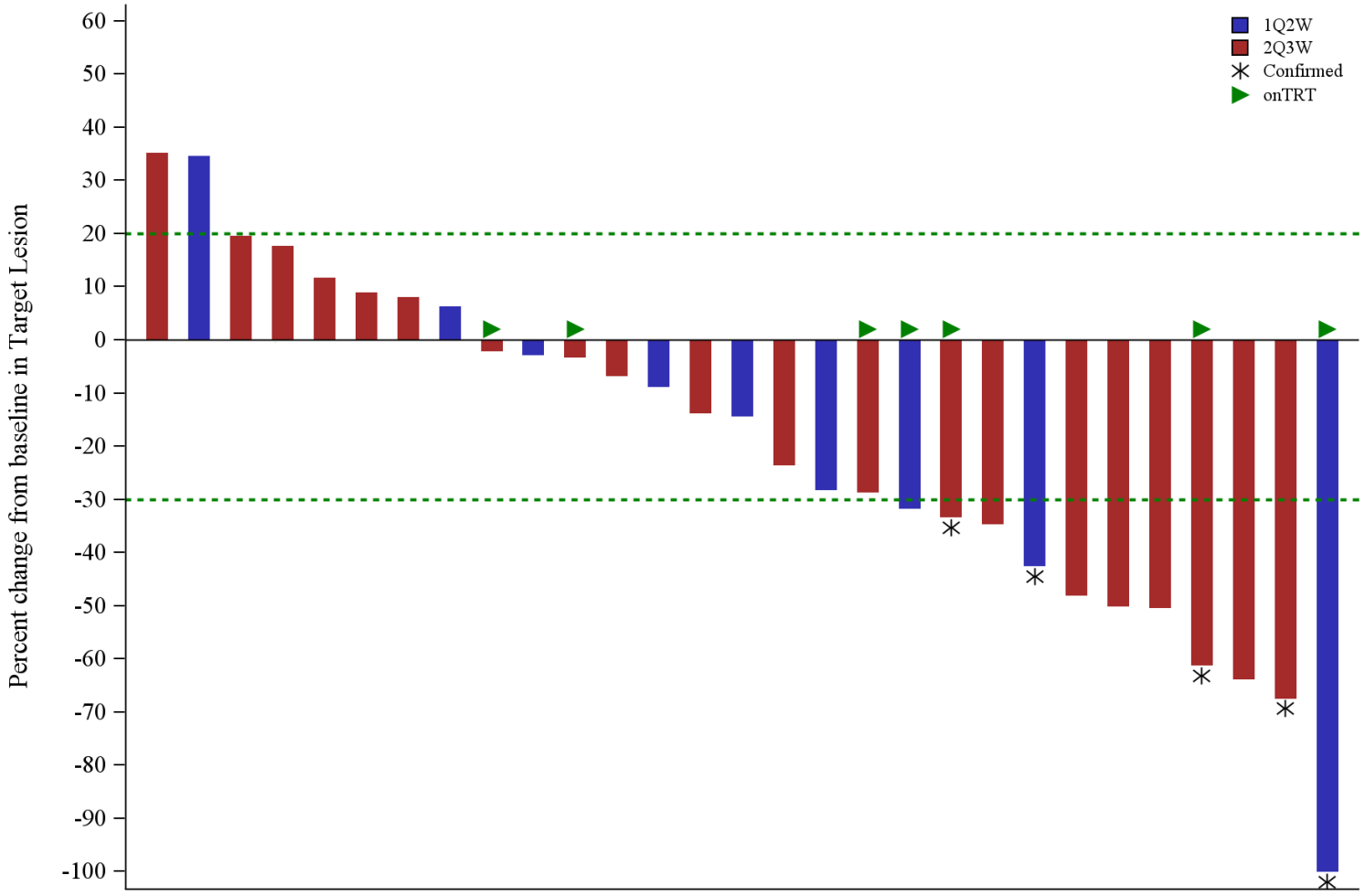
Phase 1 & Phase 2 Ozuriftamab Vedotin in SCCHN - 1.8 mg/kg Q2W and 2Q3W

n=29 of 33*

Efficacy (based on Best Response) among 29 evaluable patients:

- Response (CR+PR): 11 (including 1 CR)
- Disease control (CR+PR+SD): 25 (DCR: 86%)

Duration of treatment 2 to 11+ months ongoing



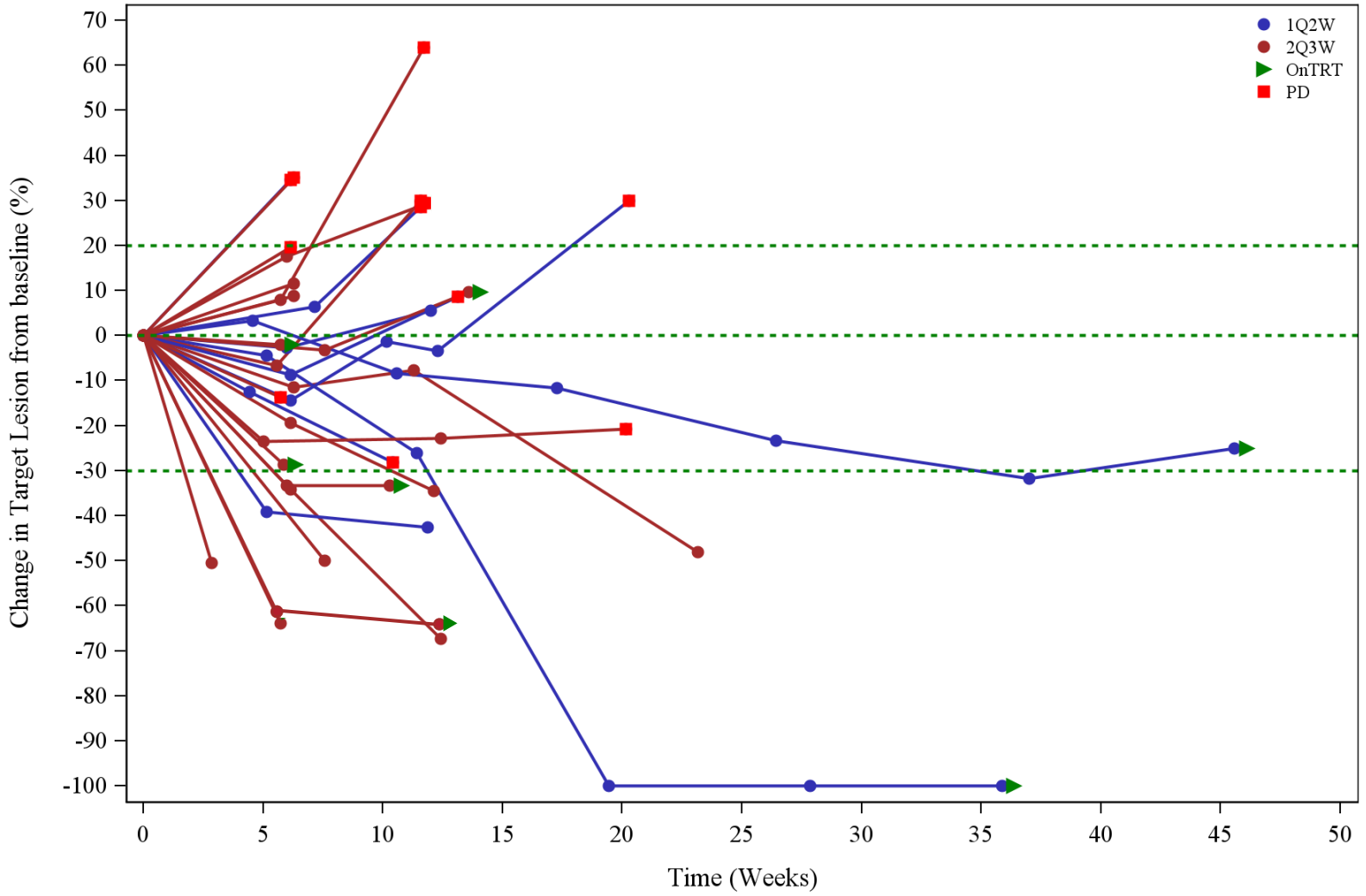
*Prior to first scan:

- 2 patients had clinical progression
- 2 patients withdrew consent

Data Cut Date: Live Database as of May 3, 2024

Phase 1 & Phase 2 Ozuriftamab Vedotin in SCCHN - 1.8 mg/kg Q2W and 2Q3W

n=29 of 33*



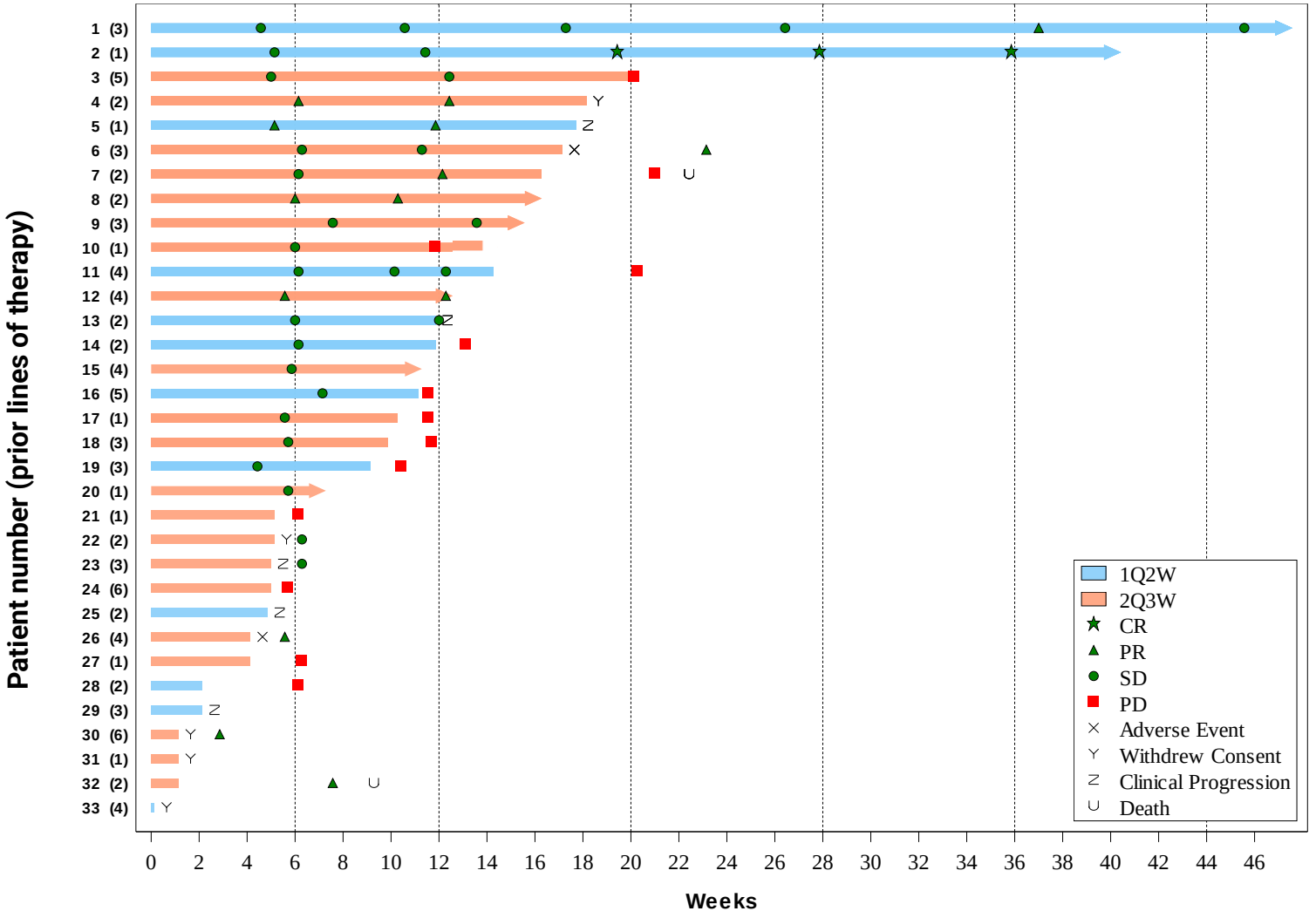
*Prior to first scan:
- 2 patients had clinical progression
- 2 patients withdrew consent

^ Confirmed PR post live data cut

Data Cut Date: Live Database as of May 3, 2024

Phase 1 & Phase 2 Ozuriftamab Vedotin in SCCHN - 1.8 mg/kg Q2W and 2Q3W

n=33

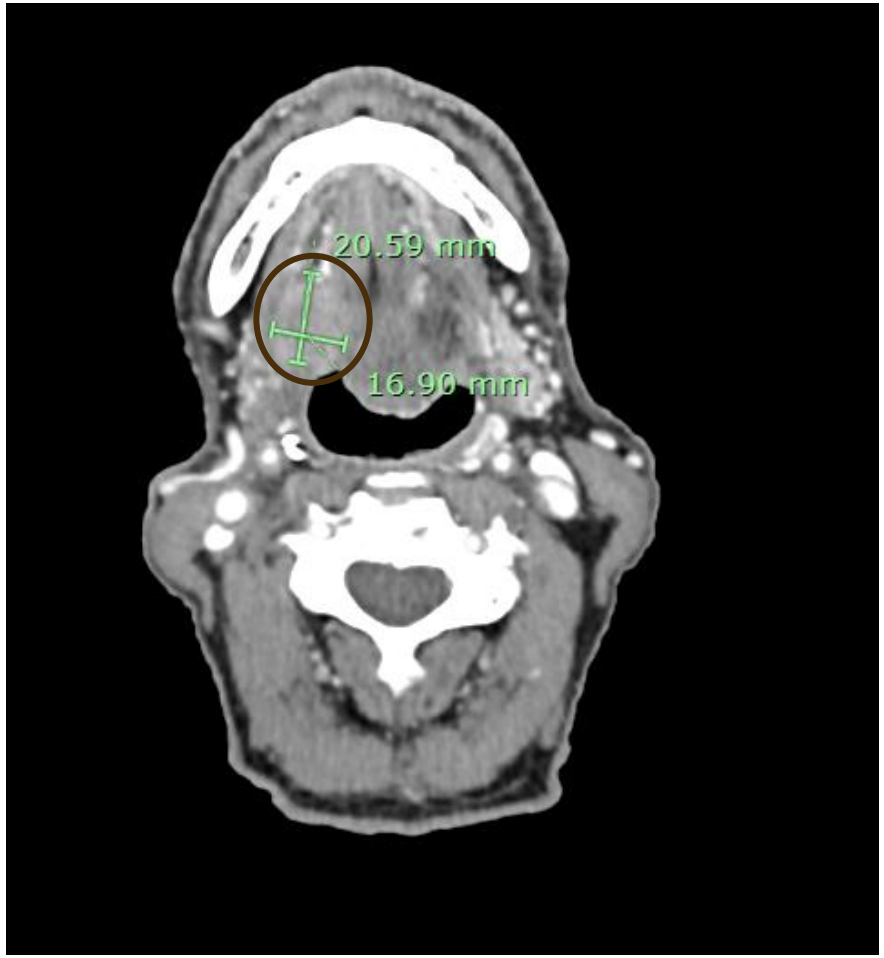


Data Cut Date: Live Database as of May 3, 2024

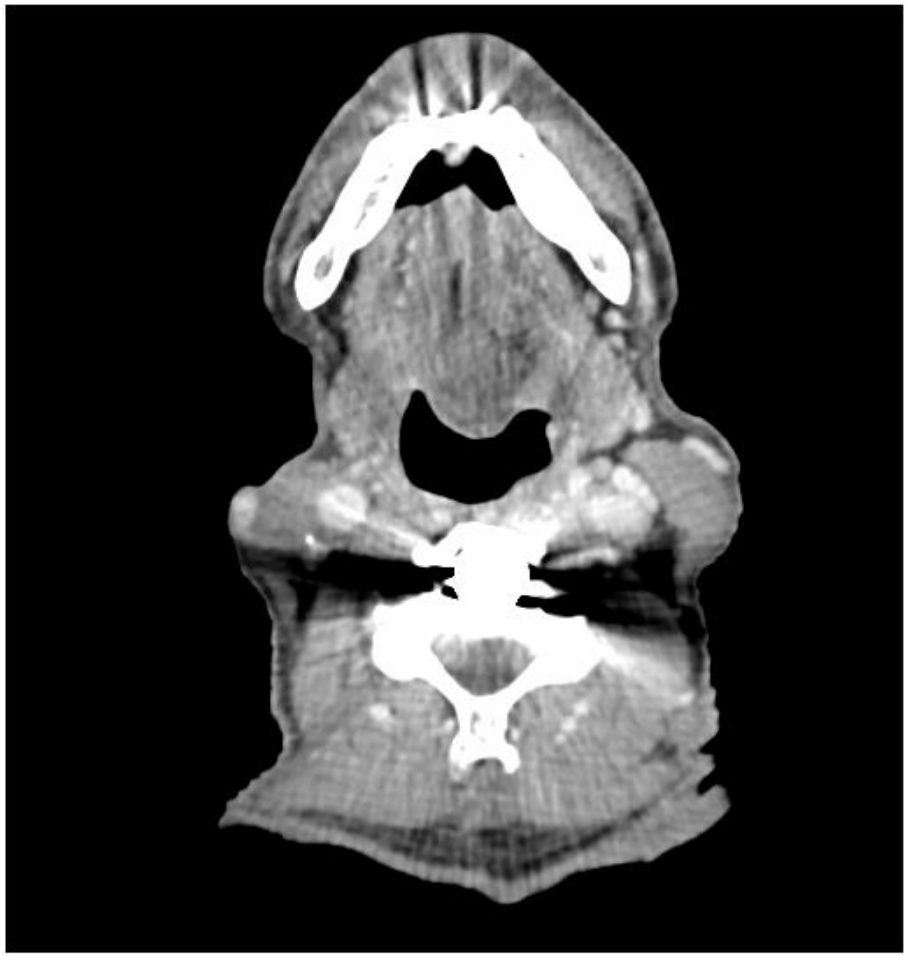
Complete Response – Ozuriftamab Vedotin in SCCHN (1.8mg/kg Q2W)

528-002-007 : 76-year-old male, stage IV – post- surgery and RT; prior tx: pembrolizumab; clinical trial bispecific anti-PD1/CD47

Baseline - July 14, 2023



On Treatment – December 8, 2023



Phase 2 Ozuriftamab Vedotin Safety Data

Generally well-tolerated

	SCCHN		
	1.8 mg/kg Q2W (N=12)	1.8 mg/kg 2Q3W (N=19)[4]	Total (N=31)[3]
Any Adverse Events (AEs)	11 (92%)	19 (100%)	30 (97%)
Related AEs with CTCAE[1] Grade 3 or 4[2]	1 (8%)	6 (32%)	7 (23%)
Any related serious AEs[2]	1 (8%)	3 (16%)	4 (13%)
Possibly Related AEs leading to death[2]	0	0	0
Related AEs leading to treatment discontinuation[2]	0	1 (5%)	1 (3%)

[1]CTCAE: Common Terminology Criteria for Adverse Events. The NCI Common Terminology Criteria for Adverse Events is a descriptive terminology which is utilized for Adverse Event (AE) reporting. A grading (severity) scale is provided for each AE term.

[2]As assessed by the investigator. Missing responses are counted as related. All Grade 3 except one related grade 4 AE of hyponatremia.

[3] Two patients not included, one patient from Phase 1 and one patient not yet enrolled at the time of the data cut

Phase 2 Ozuriftamab Vedotin Safety Data

Most frequent treatment-emergent Adverse Events of Special Interest

	1.8 mg/kg Q2W (N=12)		1.8 mg/kg 2Q3W (N=19)^		Total (N=31)^	
Preferred Term	**All Grades n (%)**	**Grade 3-4 n (%)**	**All Grades n (%)**	**Grade 3-4 n (%)**	**All Grades n (%)**	**Grade 3-4 n (%)**
Number of subjects with at least one TEAE	11 (92)	8 (67)	19 (100)	11 (58)	30 (97)	19 (61)
Fatigue	6 (50)	0 (0)	11 (58)	1 (5)	17 (55)	1 (3)
Nausea	4 (33)	1 (8)	5 (26)	0 (0)	9 (29)	1 (3)
Anemia	6 (50)	2 (17)	2 (11)	1 (5)	8 (26)	3 (10)
Decreased appetite	2 (17)	0 (0)	6 (32)	1 (5)	8 (26)	1 (3)
Diarrhea	1 (8)	0 (0)	7 (37)	2 (11)	8 (26)	2 (7)
Constipation	3 (25)	0 (0)	4 (21)	0 (0)	7 (23)	0 (0)
Hyponatremia	2 (17)	0 (0)	4 (21)	3 (16)	6 (19)	3 (10)
Neutropenia*	1 (8)	0 (0)	4 (21)	2 (11)	5 (16)	2 (7)
Neuropathy¥	3 (25)	0 (0)	2 (11)	1 (5)	5 (16)	1 (3)

^Two patients not included, one patient from Phase 1 and one patient not yet enrolled at the time of the data cut

* Derived from neutropenia, and neutrophil count decreased

¥ Derived from neuropathy peripheral, peripheral motor neuropathy, and peripheral sensory neuropathy

Data Cut Date: 13Mar24

Potential Market Opportunity in Metastatic Melanoma

~1.3MM	people in the U.S. **living with** melanoma[1]
~100K	**newly diagnosed** invasive cases / year (U.S.)[1]
~50%	**do not respond** to PD-1 therapy in 1L setting[2]
30-40%	initial responders **progress**[2]

Available Treatment

1L: ICIs 33% - 50% ORR[3]; (BRAF / MEK inhibitors for BRAF+)

2L+: ICIs 9% - 28% ORR (mono – combo, respectively)[4]

[1]Clarivate, Disease Landscape and Forecast: Malignant Melanoma (2022). www.cancer.net; www.cancer.org; [2]Oncology (Williston Park). 33(4):141-8. [3]Keytruda USPI accessed June 2022; Opdivo USPI accessed June 2022. [4]VanderWalde A, Moon J, Bellasea S, et al. Ipilimumab plus nivolumab versus ipilimumab alone in patients with metastatic or unresectable melanoma that did not respond to anti-PD-1 therapy. Presented at: 2022 AACR Annual Meeting; April 8-13, 2022; New Orleans, LA. Abstract CT013.

1L, first line; 2L+, second line or greater; ICIs – Immune checkpoint inhibitors.

Phase 1 & Phase 2 Ozuriftamab Vedotin in Melanoma

Disease control (CR+PR+SD): 18 (DCR: 67%)

- As of May 3, 2024, 29 patients with PD-1 treatment refractory (median: 2 prior lines of treatment) melanoma were treated with BA3021 1.8 mg/kg Q2W (n=28) or 3.0 mg/kg Q3W (n=1).
- Efficacy (based on BOR) among 27 evaluable patients:
  - Response (CR+PR)[c]: 5 (including 1 CR)
- 1/4 patients remain on treatment (duration of treatment 2 months to 2+ years)
- More intense dose (2Q3W) not evaluated

BA3021 Dose	Treated	On Tx	Evaluable[a]	All PRs/CRs[c]	Confirmed PRs/CRs	Stable Disease	Progressive Disease
BA3021	29	8	27[b]	5 (19%)	2	13	9

[a] Evaluable patients defined as patients with patients with at least one tumor scan after receiving BA3021

[b] n=26 at 1.8 mg/kg Q2W and n=1 at 3.0 mg/kg Q3W; Prior to first scan one patient deceased and one patient withdrew consent

[c] Includes all patients that had unconfirmed and confirmed responses; includes 1 patient pending query on response assessment

Data Cut Date: Live Database as of May 3, 2024

Phase 2 Ozuriftamab Vedotin Safety Data

Generally well-tolerated

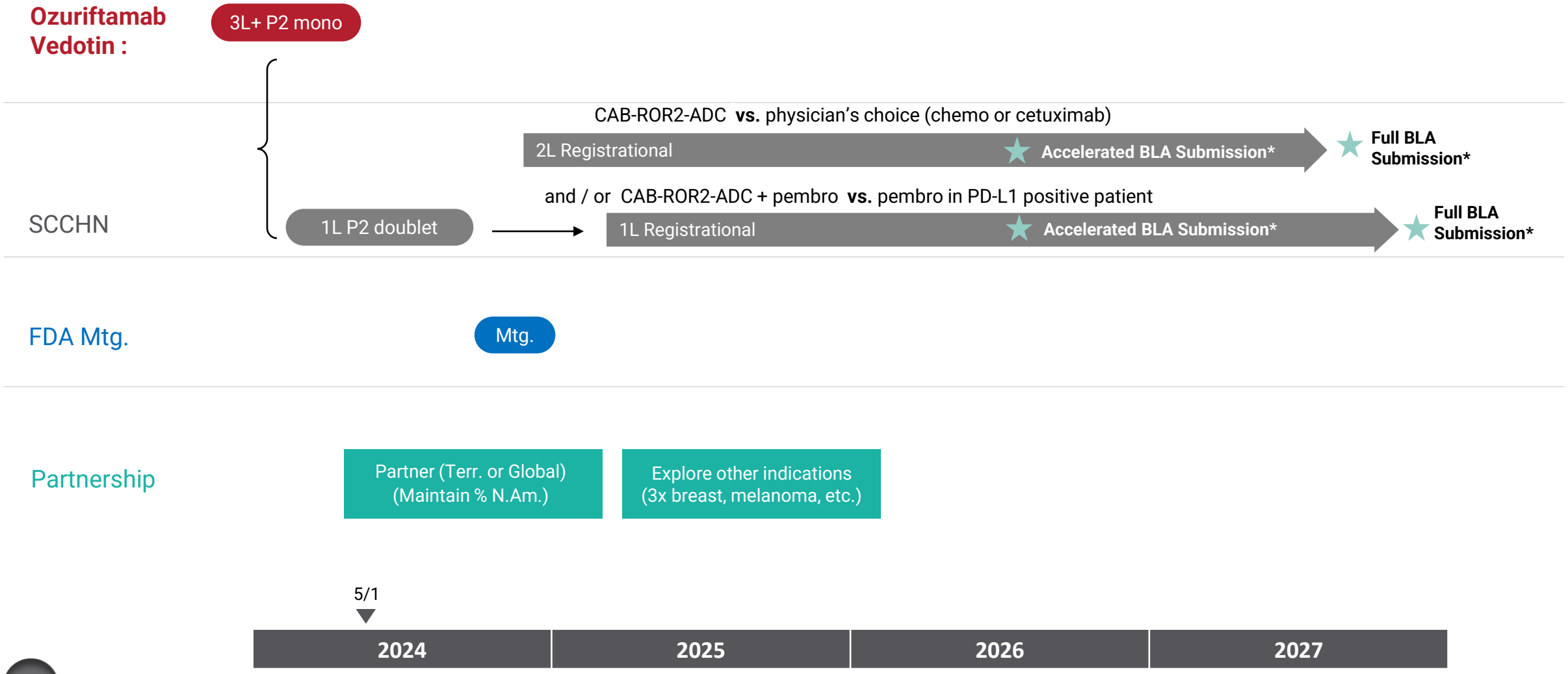
	SCCHN		Melanoma
	1.8 mg/kg Q2W (N=12)	1.8 mg/kg 2Q3W (N=19)	1.8 mg/kg Q2W (N = 28)
Any Adverse Events (AEs)	11 (92%)	19 (100%)	26 (92%)
Related AEs with CTCAE[1] Grade 3 or 4[2]	1 (8%)	6 (32%)	1 (4%)
Any related serious AEs[2]	1 (8%)	3 (16%)	1 (4%)
Possibly Related AEs leading to death[2]	0	0	0
Related AEs leading to treatment discontinuation[2]	0	1 (5%)	1 (4%)

[1]CTCAE: Common Terminology Criteria for Adverse Events. The NCI Common Terminology Criteria for Adverse Events is a descriptive terminology which is utilized for Adverse Event (AE) reporting. A grading (severity) scale is provided for each AE term.

[2]As assessed by the investigator. Missing responses are counted as related.

[3]Percentage will be added with additional patients.

Strategic Paths to Registration



*Interim analysis based on ORR may potentially support accelerated approval and OS (for HNSCC)/PFS (for melanoma) results from the same study could potentially verify its clinical benefit to support regular approval. Timelines subject to change based on FDA feedback.

Mecbotamab Vedotin (CAB-AXL-ADC): Sarcoma and NSCLC

Potential Market Opportunity In Undifferentiated Pleomorphic Sarcoma (UPS)

~15%	2nd most common Soft Tissue Sarcoma (STS) subtype[1,2]
0	Targeted therapies specifically approved to treat UPS
~55%	patients developing recurrent or metastatic disease[3,4]
1 year	Median time to metastatic/local recurrence[4,5,6]

Available Treatment:

1L: Approved treatments for sarcoma ORR ~15%[7]

[1]Brennan MF, Antonescu CR, Moraco N, Singer S. Lessons learned from the study of 10,000 patients with soft tissue sarcoma. Ann Surg. 2014;260(3):416–21; [2] Penel N, Coindre J-M, Giraud A, Terrier P, Ranchere-Vince D, Collin F, et al. Presentation and outcome of frequent and rare sarcoma histologic subtypes: a study of 10,262 patients with localized visceral/soft tissue sarcoma managed in reference centers. Cancer. 2018;124(6):1179–87; [3]Vodanovich DA, Spelman T, May D, Slavin J, Choong PFM. Predicting the prognosis of undifferentiated pleomorphic soft tissue sarcoma: a 20-year experience of 266 cases. ANZ J Surg. 2019;89(9):1045-1050; [4]Roland CL, May CD, Watson KL, et al. Analysis of Clinical and Molecular Factors Impacting Oncologic Outcomes in Undifferentiated Pleomorphic Sarcoma. Ann Surg Oncol. 2016;23(7):2220-2228; [5]Delisca GO, Mesko NW, Alamanda VK, et al. MFH and high-grade undifferentiated pleomorphic sarcoma-what's in a name?. J Surg Oncol. 2015;111(2):173-177; [6]Winchester D, Lehman J, Tello T, et al. Undifferentiated pleomorphic sarcoma: Factors predictive of adverse outcomes. J Am Acad Dermatol. 2018;79(5):853-859; [7]Product USPIs

ORR, objective response rate (best objective response as confirmed complete response or partial response)

Mecbotamab Vedotin: Undifferentiated Pleomorphic Sarcoma (UPS)

Clinical development update

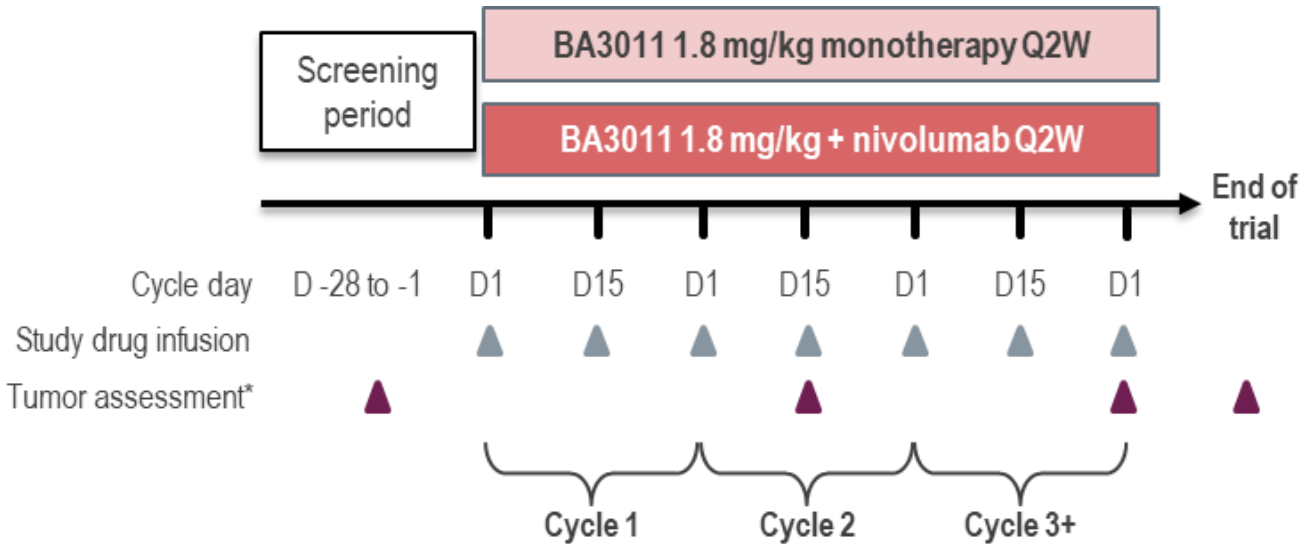
- UPS Phase 2 potentially registrational study
  - Employs 1.8 mg/kg with more intensive Day 1 and 8 dosing of a 3-week cycle
  - Initial 20 patients at 2Q3W (AXL target agnostic)
- Achieved enrollment of 20 patients in April 2024
- Anticipate all 20 patients to have multiple scans followed by FDA meeting for guidance on the remaining portion of the registration trial in 2H 2024

Mecbotamab Vedotin in Bone and Soft Tissue Sarcoma

Phase 2 part 1 open-label study design - ~80% had ≥2 prior lines of therapy

Sarcoma Subtypes

- Leiomyosarcoma
- Synovial
- Liposarcoma
- STS Other
- Osteosarcoma
- Ewing sarcoma
- Bone Other: (Chondro/Chordo)



Endpoints

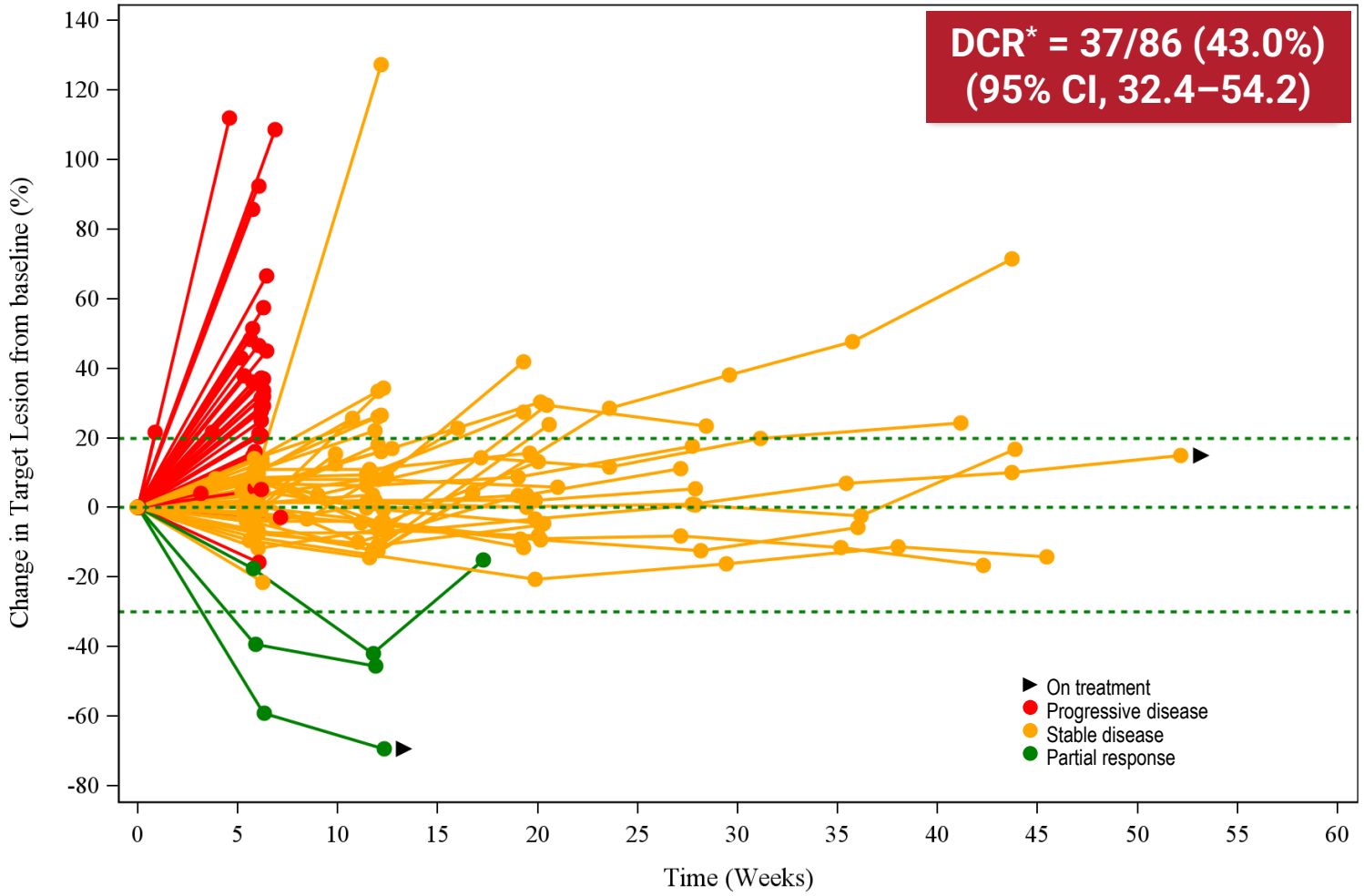
- DCR (objective response or stable disease for ≥12 weeks)
- Number of responders (complete or partial)
- PFS rate at week 12
- TEAEs

*Tumor assessment by CT or MRI every 6 weeks from C1D1 until 12 weeks, then every 8 weeks up to 1 year, then every 12 weeks thereafter.
Abbreviations: STS, soft tissue sarcoma; D, day; DCR, disease control rate; PFS, progression-free survival; Q2W, every 2 weeks; TEAE, treatment-emergent adverse event.

Pollack SM, Conley AP, Tap W, et al. Results from a Phase 2 part 1 trial of mecbotamab vedotin (BA3011), a CAB-AXL-ADC, in patients with advanced refractory sarcoma. Abstract presented at: ESMO Sarcoma and Rare Cancers Congress; March 14-16, 2024; Lugano, Switzerland.

Phase 2 part 1 Sarcoma Study of Mecbotamab Vedotin1.8 mg/kg Q2W

Monotherapy antitumor activity observed encouraging clinical benefit across sarcoma subtypes



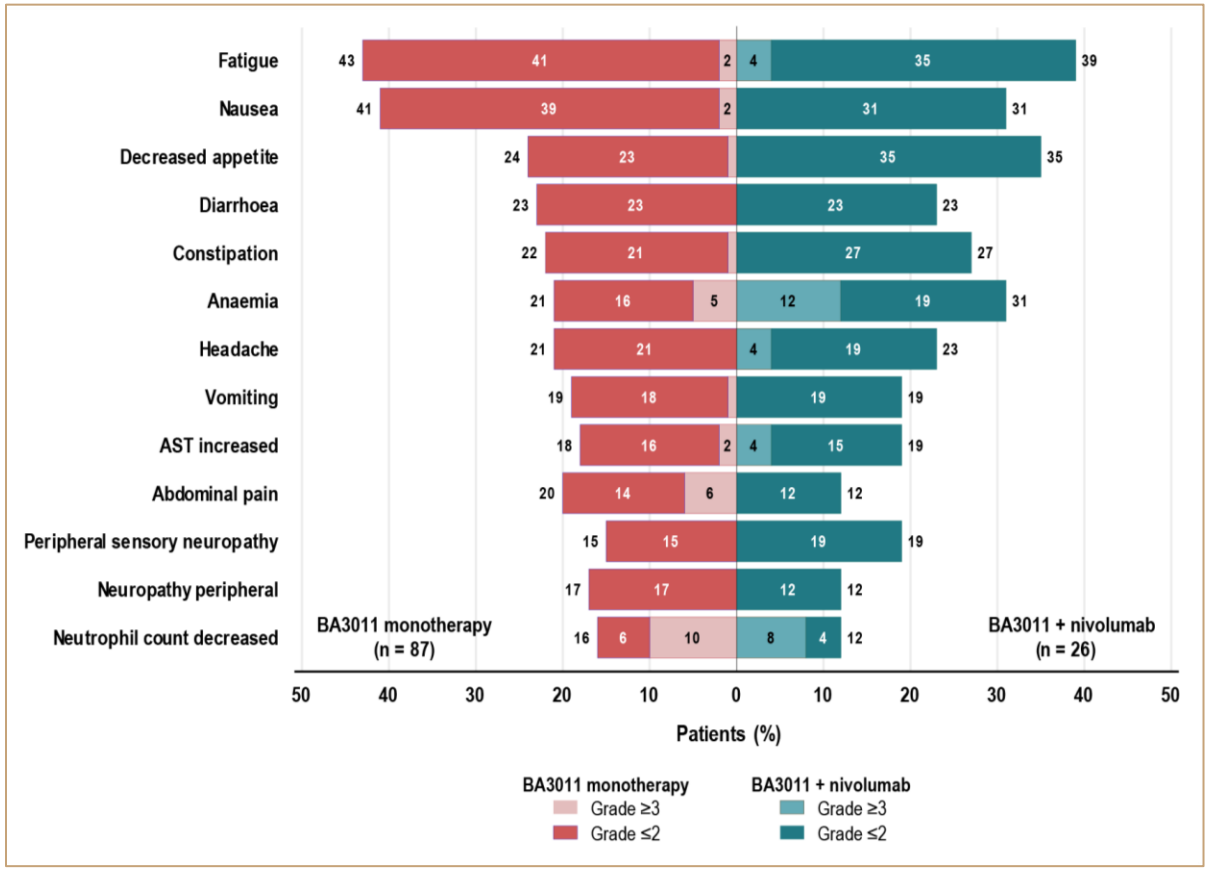
Data cutoff date: November 27, 2023.
*Disease control rate (DCR) defined as objective response or stable disease for ≥12 weeks (RECIST 1.1); 1 patient lost to follow-up was not efficacy-evaluable.

Pollack SM, Conley AP, Tap W, et al. Results from a Phase 2 part 1 trial of mecbotamab vedotin (BA3011), a CAB-AXL-ADC, in patients with advanced refractory sarcoma. Abstract presented at: ESMO Sarcoma and Rare Cancers Congress; March 14-16, 2024; Lugano, Switzerland.

Phase 2 part 1 Sarcoma Study of Mecbotamab Vedotin 1.8 mg/kg Q2W

Generally well tolerated; most events low-grade and reversible

Most frequent TEAEs (≥15% of patients)



Summary of TEAEs

Characteristic, n (%)	BA3011 monotherapy (n=87)	BA3011 + nivolumab (n=26)
Any TEAE	85 (97.7)	24 (92.3)
Related TEAEs with CTCAE grade 3 or 4*	26 (29.9)	11 (42.3)
Related serious TEAEs*	4 (4.6)	6 (23.1)
Related TEAEs leading to death*	0	0
Related TEAEs leading to treatment discontinuation*	7 (8.0)	1 (3.8)

*As assessed by the investigator. Missing responses were counted as related.

Related TEAEs of Special Interest

Characteristic, n (%)	BA3011 monotherapy (n=87)		BA3011 + nivolumab (n=26)	
	All grades	Grades 3–4	All grades	Grades 3–4
Peripheral neuropathy	27 (31.0)	0	7 (26.9)	0
Neutropenia	18 (20.7)	14 (16.1)	5 (19.2)	4 (15.4)
Abnormal liver function tests	14 (16.1)	3 (3.4)	3 (11.5)	1 (3.8)
Hyperglycemia	3 (3.4)	1 (1.1)	1 (3.8)	0

Data cutoff date: November 27, 2023.
Abbreviations: AST, aspartate aminotransferase; CTCAE, Common Terminology Criteria for Adverse Events; TEAE, treatment-emergent adverse event.

Pollack SM, Conley AP, Tap W, et al. Results from a Phase 2 part 1 trial of mecbotamab vedotin (BA3011), a CAB-AXL-ADC, in patients with advanced refractory sarcoma. Abstract presented at: ESMO Sarcoma and Rare Cancers Congress; March 14-16, 2024; Lugano, Switzerland.

Mecbotamab Vedotin Sarcoma Summary

Encouraging disease control rate with excellent tolerability profile

- Monotherapy dosing of 1.8 mg/kg Q2W obtained 43% disease control rate among patients with treatment-refractory bone and soft-tissue sarcomas (N=86)*
- Manageable toxicity with few high-grade related adverse events reported
  - No high-grade peripheral neuropathy observed to date
  - Very few related adverse events led to treatment discontinuation

Phase 2 trial: NCT03425279
*Excludes the UPS potentially registrational trial at 1.8 mg/kg 2Q3W.

Potential Market Opportunity In Metastatic NSCLC

>540K	people in the U.S. living with lung cancer[1]
~200K	newly diagnosed patients / year (U.S.) – **majority** advanced / metastatic[2]
~75 - 80%	non-squamous represents **majority** of NSCLC patients[3]
2L+	despite advances in 1L care, **majority** of patients **progress**[4]

Available Treatment:

1L: Chemo + ICI 50% ORR[5]

2L+: SOC 14% - 23% ORR[6];
median PFS 4.5 months[6]

[1]https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/resource-library/lung-cancer-fact-sheet [2]https://www.cancer.net/cancer-types/lung-cancer-non-small-cell/statistics, [3]https://thoracickey.com/carcinomas-of-the-lung-classification-and-genetics/#F1-72, [4]Wang F, Wang S and Zhou Q (2020) The Resistance Mechanisms of Lung Cancer Immunotherapy. *Front. Oncol.* 10:568059. doi: 10.3389/fonc.2020.568059, [5]*Transl Lung Cancer Res* 2021;10(7):3093-3105. [6]Cyramza package insert (accessed March 2023)

1L, first line; 2L+, second line or greater; NSCLC, non-small cell lung cancer; ORR, objective response rate (best objective response as confirmed complete response or partial response), SOC, standard of care (docetaxel alone, docetaxel + ramucirumab)

Phase 2 Mecbotamab Vedotin in Non-Small Cell Lung Cancer

Multicenter, Phase 2, open-label trial evaluating the efficacy and safety of mecbotamab vedotin alone and in combination with nivolumab

Patient disposition:

- Confirmed locally advanced or metastatic NSCLC
- Age ≥ 18 years
- ECOG performance status of 0 or 1
- Treatment failure of a PD-1/L1 inhibitor or approved therapy for EGFR or ALK genomic tumor aberrations
- AXL+ tumor staining (TmPS ≥ 1%)

Mecbotamab vedotin
1.8 mg/kg Q2W

Mecbotamab vedotin + nivolumab
1.8 mg/kg Q2W

Primary endpoint:

- ORR via RECIST v1.1
- Incidence and severity of AEs*

Secondary endpoints:

- DOR
- PFS
- BOR, DCR, TTR, OS

*Coded by MedDRA and graded according to NCI CTCAE v5

Abbreviations: ORR: overall response rate; AEs: adverse events; DOR: duration of response; PFS: progression-free survival; BOR: best overall response; DCR: disease control rate; TTR: time to response; OS: overall survival

Rotow J, Dy GK, Camidge DR. Poster presented at: International Association for the Study of Lung Cancer 2023 North America Conference on Lung Cancer; December 1-3, 2023; Chicago, IL.

Phase 2 Mecbotamab Vedotin NSQ NSCLC: Baseline Demographics / Characteristics

Study enrolled a heavily pretreated, median 3 prior lines of therapy

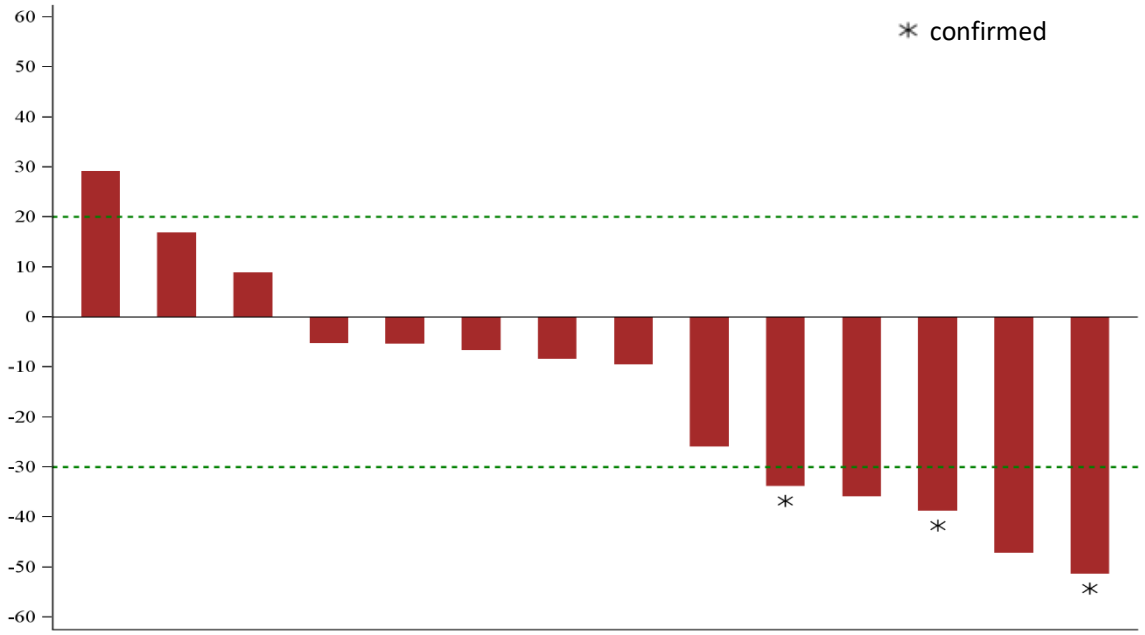
	BA3011 monotherapy (N=23)	BA3011 + nivolumab (N=17)	Total (N=40)
Age, y, mean (SD)	68.3 (8.0)	68.9 (8.2)	68.6 (8.0)
Number of prior systemic therapies, n (%)			
1	4 (17.4)	2 (11.8)	6 (15.0)
2	6 (26.1)	3 (17.6)	9 (22.5)
3	9 (39.1)	2 (11.8)	11 (27.5)
≥4	4 (17.4)	10 (58.8)	14 (35.0)
Received prior anti-PD-1/L1 treatment, n (%)			
Yes	21 (91.3)	15 (88.2)	36 (90.0)
No	2 (8.7)	2 (11.8)	4 (10.0)
EGFR mutation status, n (%)			
Wild-type	16 (69.6)	13 (76.5)	27 (67.5)
Mutant	4 (17.4)	2 (11.8)	6 (15.0)
Unknown or missing	3 (13.0)	2 (11.8)	7 (17.5)

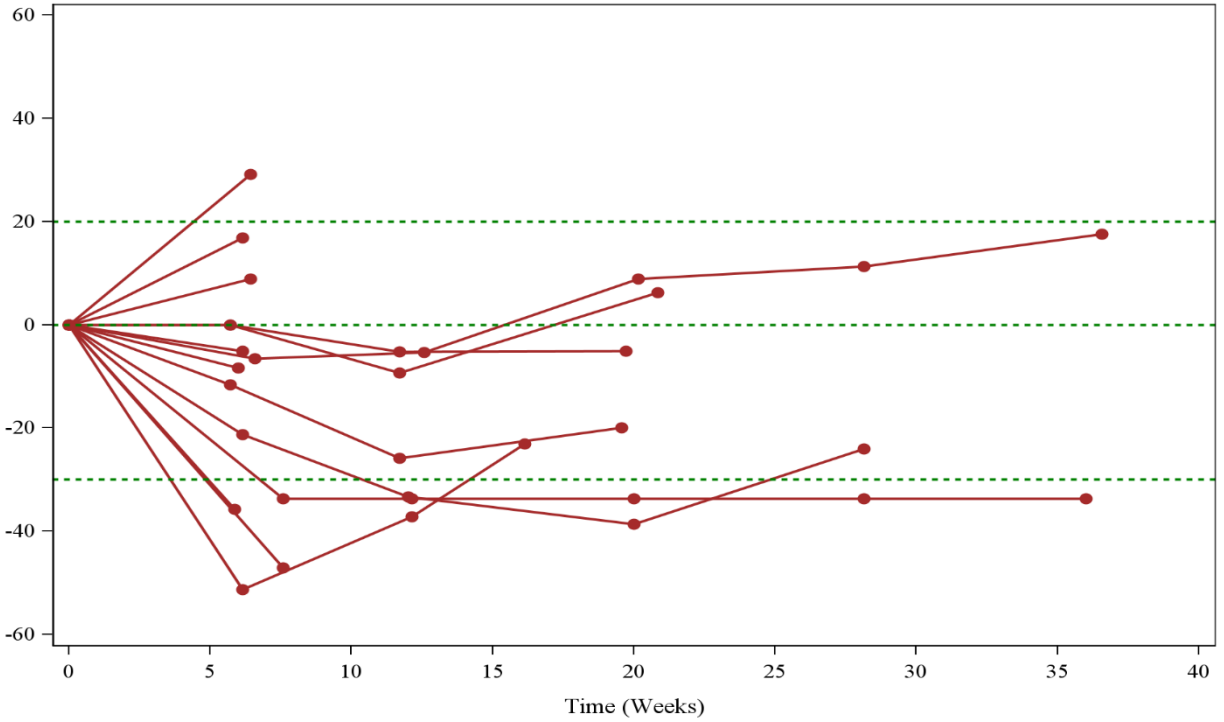
Rotow J, Dy GK, Camidge DR. Poster presented at: International Association for the Study of Lung Cancer 2023 North America Conference on Lung Cancer; December 1-3, 2023; Chicago, IL.

Data Cut Date: 30Jun23

Phase 2 Mecbotamab Vedotin Nonsquamous NSCLC Interim Analysis

BA3011 Monotherapy 1.8 mg/kg Q2W in PD-1 Failure EGFR Wildtype (n = 15)





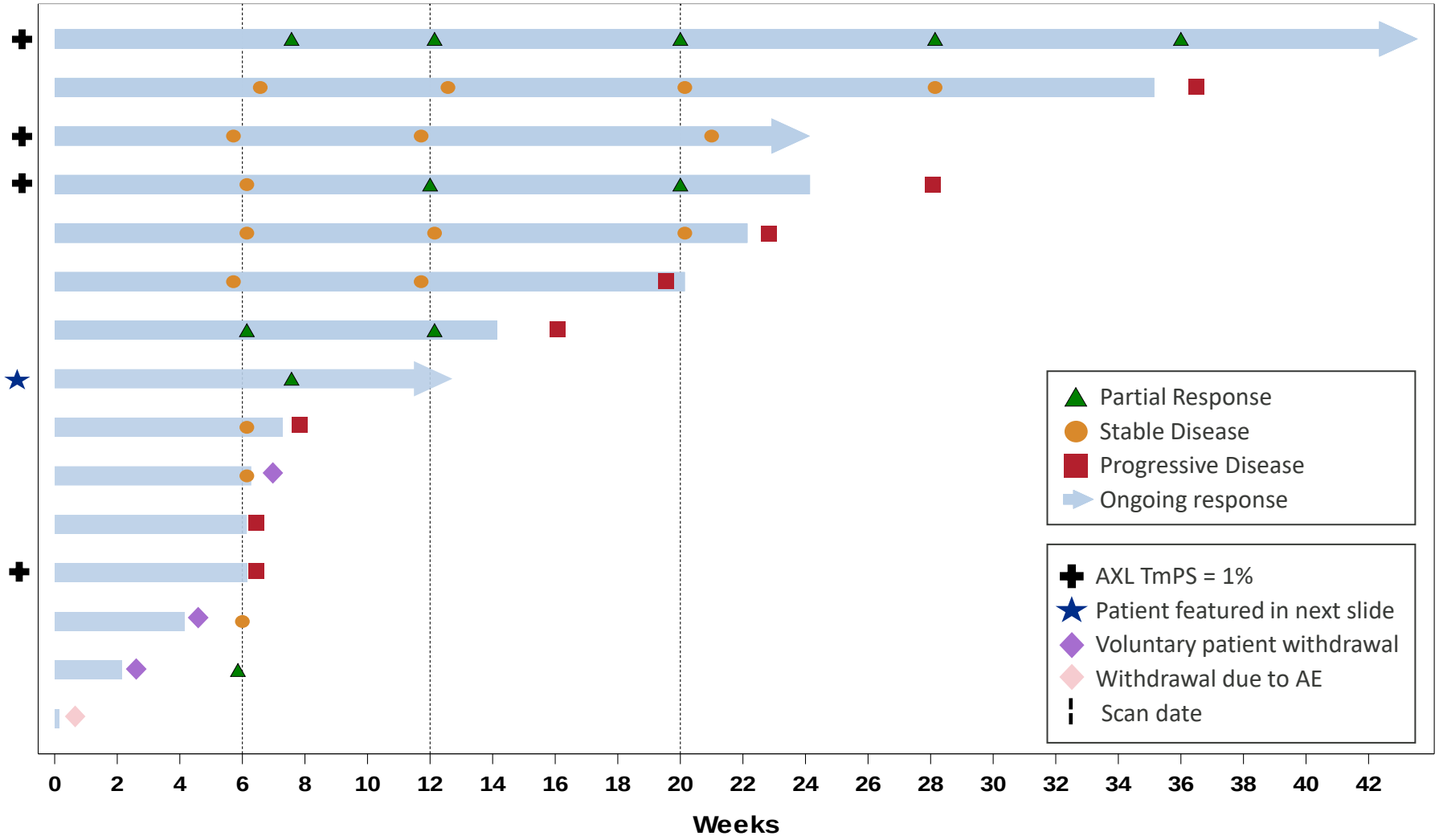
- ORR: 33% (5/15)
- Median Duration of Response was estimated to be 4.8 months with a range of 2.3-12.1+ months

Rotow J, Dy GK, Camidge DR. Poster presented at: International Association for the Study of Lung Cancer 2023 North America Conference on Lung Cancer; December 1-3, 2023; Chicago, IL.

Data Cut Date: 30Jun23

Phase 2 Mecbotamab Vedotin NSCLC Interim Analysis

Monotherapy 1.8 mg/kg Q2W



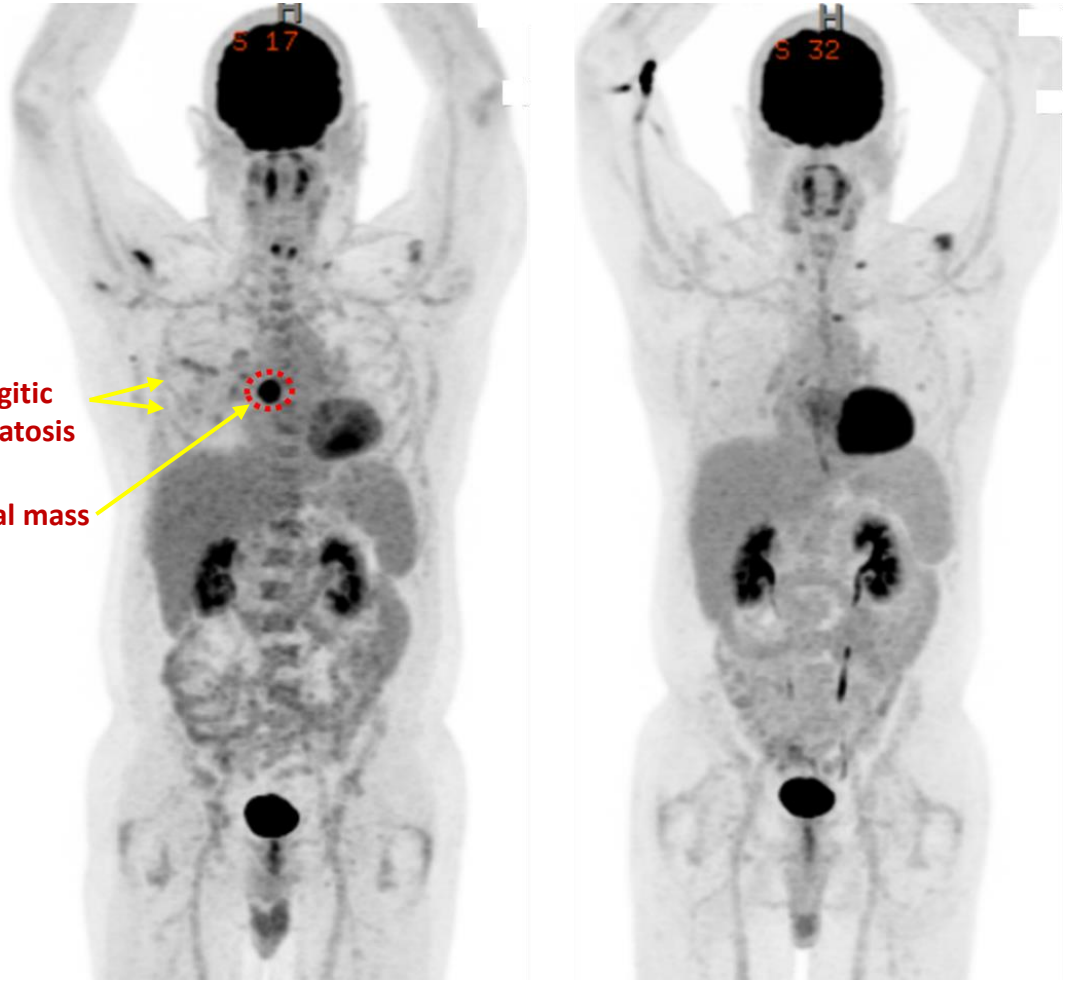
Rotow J, Dy GK, Camidge DR. Poster presented at: International Association for the Study of Lung Cancer 2023 North America Conference on Lung Cancer; December 1-3, 2023; Chicago, IL.

Data Cut Date: 30Jun23

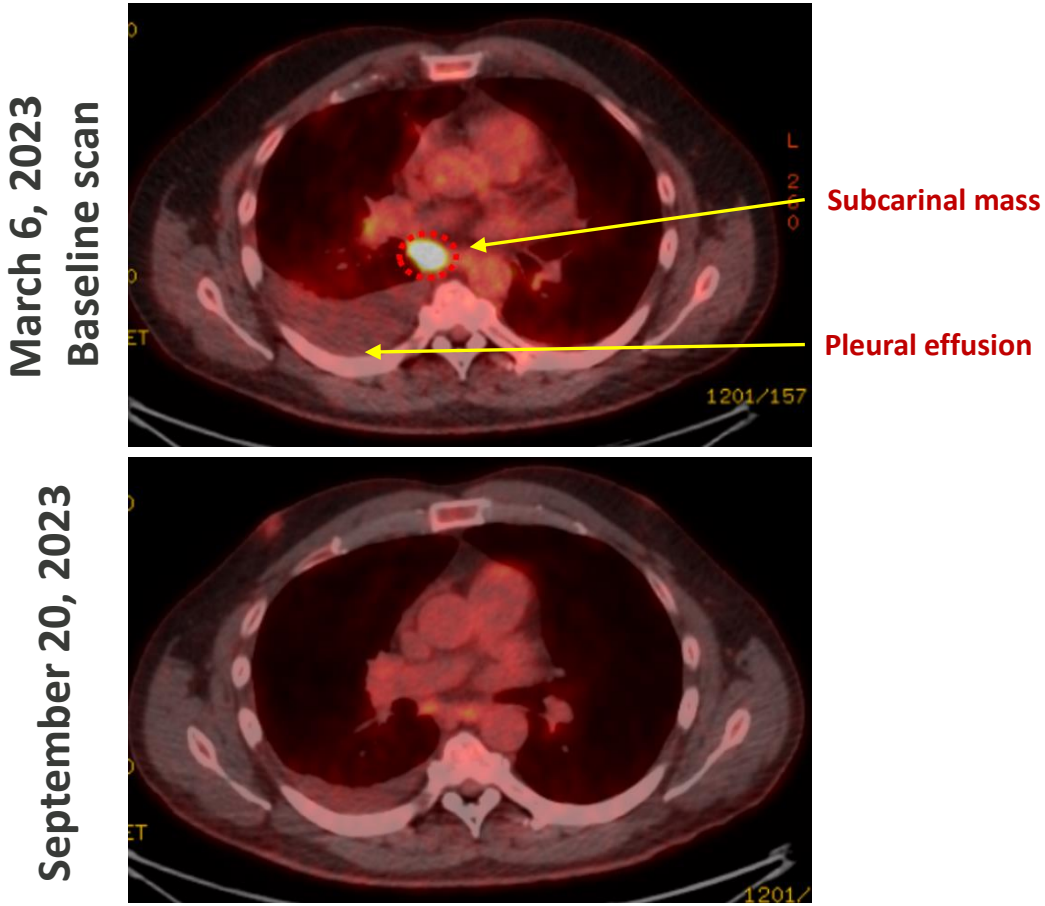
Radiographic Response to Mecbotamab Vedotin Monotherapy

53 yo male with adenocarcinoma of the lung,
PDL1 <1%, *TP53* mutation, 3 prior lines of tx
(carbo/pem/pembro, docetaxel, durva/treme/selumetinib)

March 6, 2023 – Baseline scan **September 20, 2023**



Red circle on left indicates subcarinal mass, resolved on right.



Red circle on top indicates subcarinal mass, resolved below.
Note also improvement in malignant pleural effusion.

Rotow J, Dy GK, Camidge DR. Poster presented at: International Association for the Study of Lung Cancer 2023 North America Conference on Lung Cancer; December 1-3, 2023; Chicago, IL.

Phase 2 Mecbotamab Vedotin: Summary of Treatment Emergent Adverse Events (Non-Squamous NSCLC)

	Mecbotamab vedotin monotherapy (n=23)	Mecbotamab vedotin + nivolumab (n=17)	Total (N=40)
TEAEs with CTCAE grade 3 or 4	15 (65.2)	8 (47.1)	23 (57.5)
Related grade 3 or 4 AEs	8 (34.8)	3 (17.6)	11 (27.5)
Any serious TEAEs	9 (39.1)	5 (29.4)	14 (35.0)
Related SAEs	3 (13.0)	1 (5.9)	4 (10.0)
TEAEs leading to treatment d/c	1 (4.3)	1 (5.9)	2 (5.0)
Related AEs leading to treatment d/c	1 (4.3)	1 (5.9)	2 (5.0)
TEAEs leading to death	0	1 (5.9)	1 (2.5)
Related AEs leading to death	0	0	0

Rotow J, Dy GK, Camidge DR. Poster presented at: International Association for the Study of Lung Cancer 2023 North America Conference on Lung Cancer; December 1-3, 2023; Chicago, IL.

Data Cut Date: 30Jun23

Phase 2 Mecbotamab Vedotin: Treatment Emergent Adverse Events (Non-Squamous NSCLC)

Any grade (≥15% of patients) OR grade ≥3* (≥3% of patients) in the study population

Preferred term	TEAEs of any grade, n (%)	TEAEs of grade 3, n (%)
Fatigue	14 (35.0)	1 (2.5)
Diarrhea	10 (25.0)	1 (2.5)
Constipation	9 (22.5)	0
Decreased appetite	9 (22.5)	1 (2.5)
Anemia	8 (20.0)	2 (5.0)
Nausea	8 (20.0)	0
Peripheral neuropathy	7 (17.5)	1 (2.5)
Increased AST	7 (17.5)	3 (7.5)
Dyspnea	6 (15.0)	2 (5.0)
Neutropenia	6 (15.0)	2 (5.0)
Increased ALT	5 (12.5)	3 (7.5)

*No grade 4+ TEAEs among most frequent

Rotow J, Dy GK, Camidge DR. Poster presented at: International Association for the Study of Lung Cancer 2023 North America Conference on Lung Cancer; December 1-3, 2023; Chicago, IL.

Data Cut Date: 30Jun23

Mecbotamab Vedotin NSCLC Randomized Registrational Study Design

Two Potentially Registrational Paths Enabled via the FDA Type C Meeting

2nd Line +

- **Open-label**; control: docetaxel
- Patients with NSCLC who have been previously treated with at least **one** prior line of therapy for metastatic disease
- Dual primary endpoints: Progression Free Survival and Overall Survival

3rd Line +

- **Blinded**; control: chemo monotherapy
- Patients with NSCLC who have been previously treated with at least **two** prior lines of therapy for metastatic disease
- Primary endpoint: Overall Survival

Mecbotamab Vedotin NSCLC Development

Promising antitumor activity in treatment-refractory NSCLC

- Monotherapy 1.8 mg/kg Q2W shows encouraging efficacy signals in an AXL+ heavily pretreated 3L+ population
  - Five partial responses observed among 15 EGFR wild-type patients who all received prior PD-1/L1 treatment
  - Monotherapy median Duration of Response estimated to be 4.8 months with a range of 2.3-12.1+ months
- Toxicity was manageable and few high-grade related TEAEs were observed
- Monotherapy 1.8 mg/kg 2Q3W AXL agnostic cohort fully enrolled
  - Includes both squamous/non-squamous and both EGFR wt/EGFR mutated
  - On track to evaluate initial clinical benefit in 2Q 2024
- Poised to initiate prospective, randomized, potentially registrational trial, pending target agnostic expansion data

BA3182 (CAB-EpCAM x CAB-CD3 Bispecific T-Cell Engager): Adenocarcinoma

CAB-EpCAM x CAB-CD3 Bispecific T-Cell Engager (BA3182)

Significant opportunity for safe and effective EpCAM x CD3 bispecific

- EpCAM is an attractive, but challenging therapeutic target because it's expressed in most solid tumors, as well as in normal epithelial tissues
- Historically, EpCAM-specific T-cell engagers (TCEs) were unsuccessful due to serious on-target, off-tumor drug-related toxicities
- BA3182 exhibits efficient tumor shrinkage with encouraging safety profile *in vitro* and *in vivo*[1]
- In non-GLP and GLP tox studies in NHP, dual selection results in high selectivity with 100-fold therapeutic index (TI) increase[1]
- Phase 1 dose escalation ongoing with anticipated data readout in 2H 2024

[1]Gerhard Frey, Ana Paula G. Cugnetti, Haizhen Liu, Charles Xing, Christina Wheeler, Hwai Wen Chang, William J. Boyle & Jay M. Short (2024) A novel conditional active biologic anti-EpCAM x anti-CD3 bispecific antibody with synergistic tumor selectivity for cancer immunotherapy, mAbs, 16:1, 2322562, DOI: 10.1080/19420862.2024.2322562

Key Milestones And Catalysts Throughout 2024

2024	
1H	2H

• Evalstotug:
  ○ Dose escalation:
  ✓ Cleared 10mg/kg
  ○ Evaluate safety and efficacy at 14.2mg/kg dose level
  ○ Initial readout Phase 2 in treatment-refractory solid tumors (~20 pts)
  ○ Demonstrate supportive data as mono- and combo- therapy
• Mecbotamab Vedotin:
  ○ Evaluate clinical benefit in target-agnostic NSCLC patients (~30 pts)
  ✓ Update UPS status
✓ Ozuriftamab Vedotin: Readout final data sets in melanoma (n = ~25 pts) and SCCHN (n = ~30 pts)
✓ BA3361: IND clearance
	• Evalstotug:
	  ○ Readout additional Phase 2 data in treatment-refractory solid tumors
	  ○ Define pivotal path in treatment-refractory indications
	• Initiate potentially registrational study with either evalstotug and/or one of our CAB-ADCs
	• Establish strategic collaboration for evalstotug and/or one CAB-ADC
	• BA3182: Phase 1 data readout; initiate Phase 2 as data support

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