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

Corporate Presentation

August 2024

bioatla

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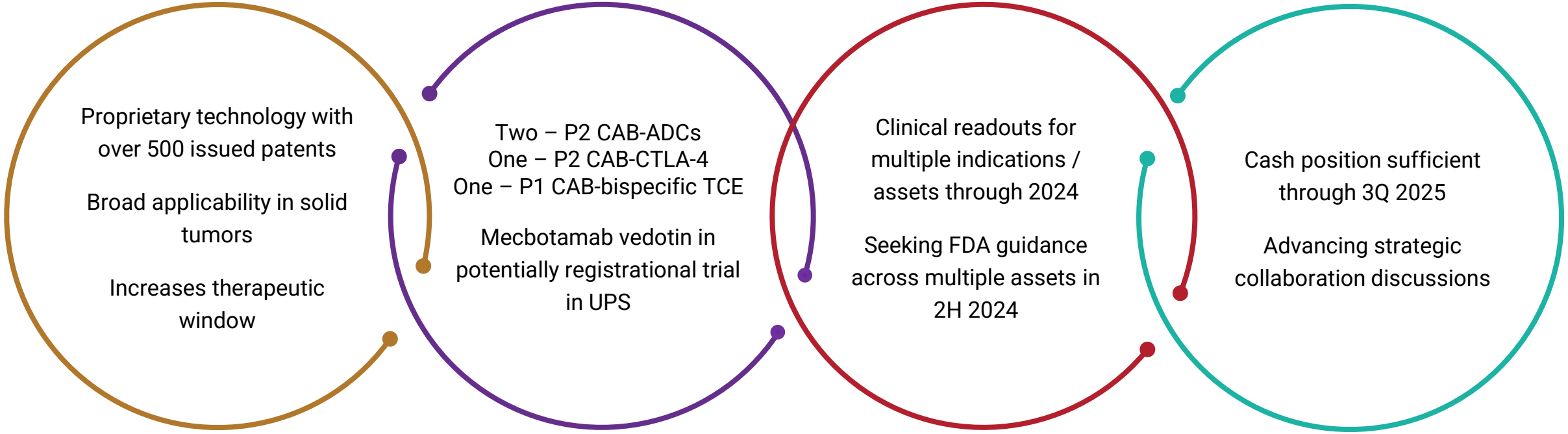
BioAtla© Is A Clinical Stage Company Focused On Transforming Cancer Therapy

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



UPS – Undifferentiated Pleomorphic Sarcoma; TCE – T-cell engager

Leadership Team

Jay Short, Ph.D.

Chairman, CEO and Cofounder

Richard Waldron, M.B.A.

Chief Financial Officer

Eric Sievers, M.D.

Chief Medical Officer

Sheri Lydick

Chief Commercial Officer

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Sr. VP, Clinical Development

William Boyle, Ph.D.

Sr. Research Fellow

Monica Sullivan

Sr. VP, Intellectual Property & Contracts

Susie Melody

Sr. VP, Human Resources

Board of Directors and Scientific Advisors

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Cancer Immunotherapy Program, UCSF
Scientific Advisor

Selective And Targeted CAB Technology Widens Therapeutic Window

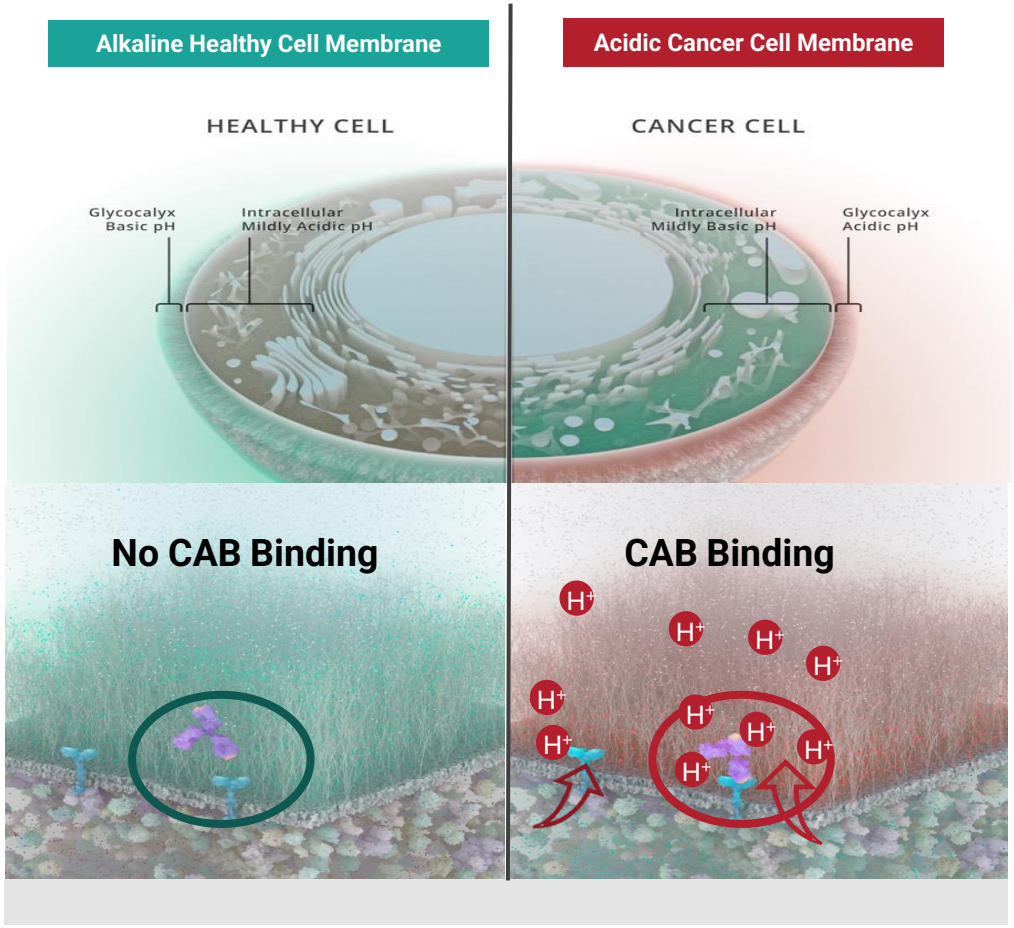
Thus has the potential to enhance clinical outcomes in multiple tumor types

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



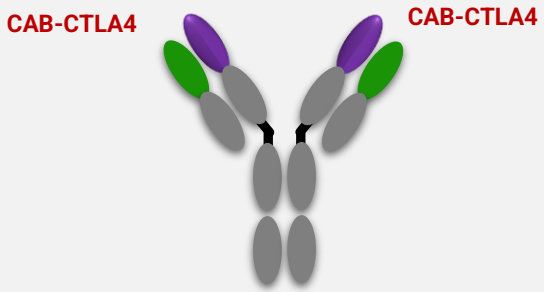
Chang, H.W., Frey, G., Liu, H., Xing, C., Steinman, L, Boyle, B.J., & Short, J.M. (2021) PNAS 118(9): 1-10, Suppl. 1-19.

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

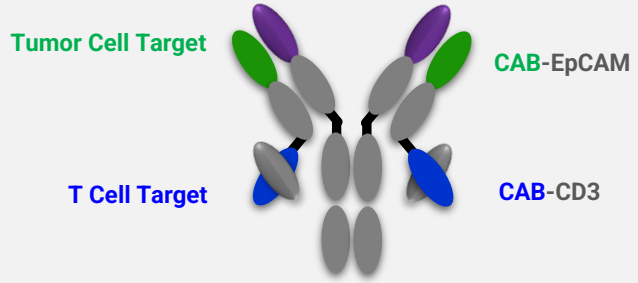
Targets: ROR2, AXL

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	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

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

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.

Significant Unmet Needs in SCCHN – Especially at 2L

Clinicians are looking for an efficacious and durable treatment in the 2L, despite Erbitux and taxanes being pushed to 2L with the approval of immunotherapy in the 1L

- **Improved efficacy is critical**
  - Specifically overall survival and progression-free survival
- **Patients lack options for treatments after 1L**
  - Patients are limited to Erbitux, taxanes, or even less efficacious treatments such as methotrexate or gemcitabine
- **Tolerability in the 2L remains an issue**
  - Erbitux and taxanes come with undesirable side effects that may reduce treatment durability

"[There are] not many options. Many patients refuse chemo because of prior experience with side effects. [There are] not really many approved targeted therapies."

-Community Medical Oncologist

"[We] continue to need new therapeutic options that can control cancer, which carries a favorable safety profile. We don't have anything great in the 2L or later."

-Academic Medical Oncologist

Stratis Group research & analysis. 2023.

Ozuriftamab Vedotin in SCCHN

Indication	Monotherapy Dosing Regimen (1.8 mg/kg)	Patient (N)	Status
SCCHN	Q2W	12	Fully enrolled; data read out
	2Q3W	21**	Fully enrolled; data read out

No ROR2 ADC or small molecules in the clinic to date, suggesting CAB-ROR2-ADC is a first-in-class therapy across multiple tumor types

*Early data previously disclosed – SCCHN (2 patients evaluable); Melanoma (8 patients evaluable). Data readouts from ongoing Phase 2 studies for both indications anticipated in May 2024.

**Includes 1 patient from Phase 1 who received 1.8 mg/kg 2Q3W
SCCHN: Squamous Cell Carcinoma Head and Neck; TmPS: Tumor Membrane Percent Score

Phase 2 Ozuriftamab Vedotin in SCCHN: Demographics

Median: 3 prior lines of treatment

Patients with PD-1 treatment refractory SCCHN were treated with ozuriftamab vedotin 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%)

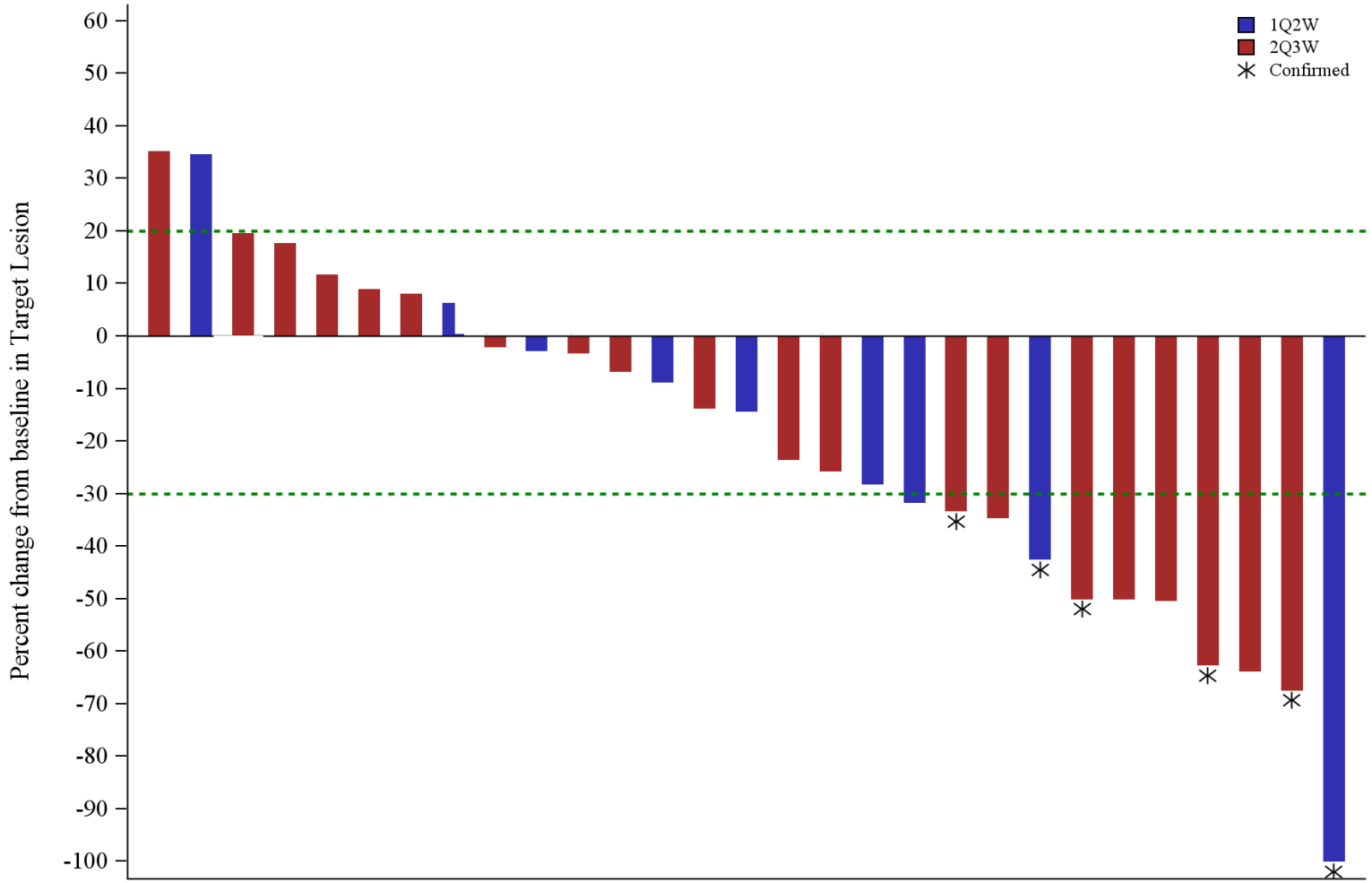
* Two patients not included, one patient from Phase 1 and one patient not yet enrolled at the time of the data cut

Data Cut Date: 13Mar24

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

n=29 of 33*; median 3 prior lines of treatment

- 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

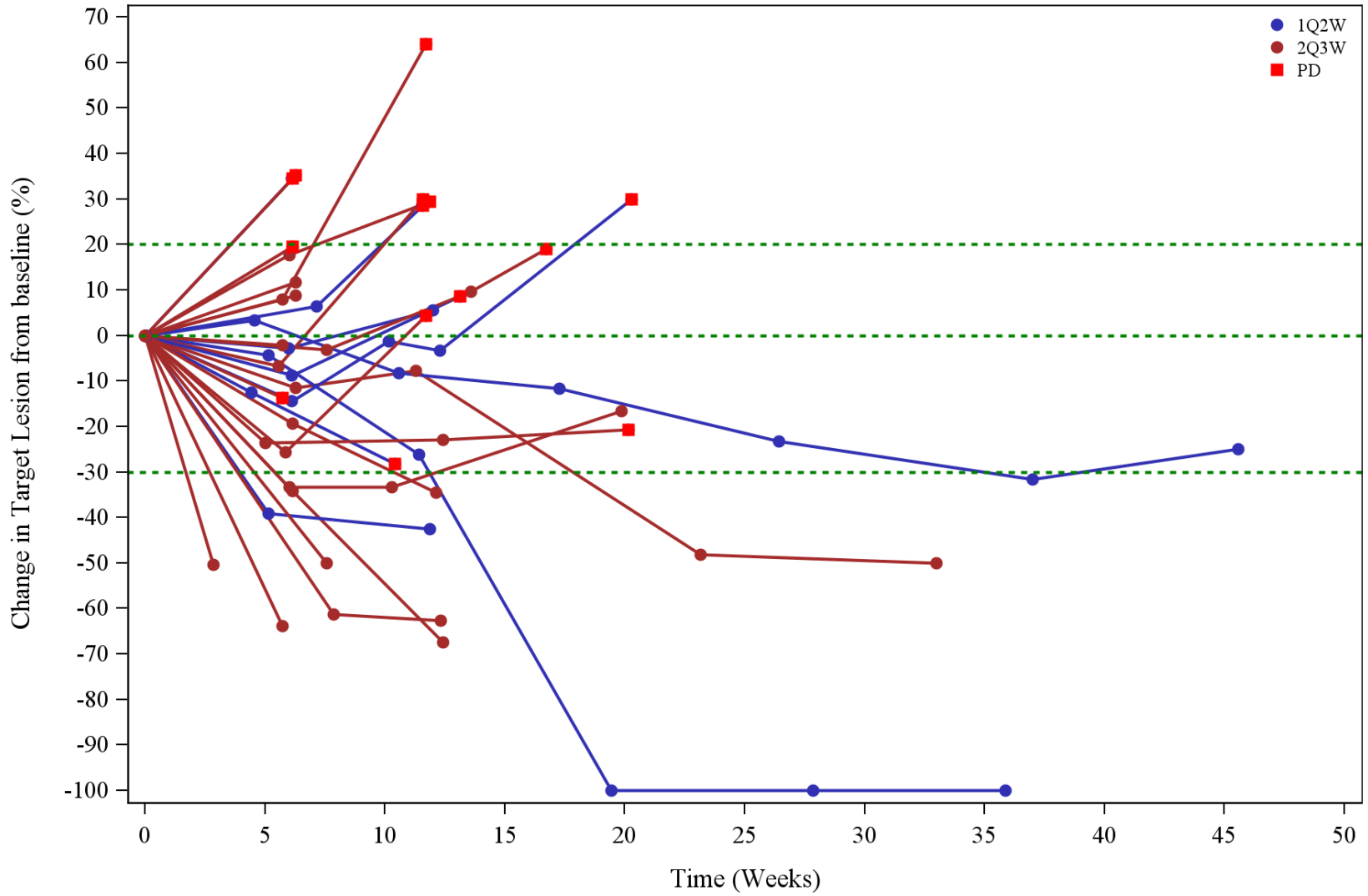


*Prior to first scan:
- 2 patients had clinical progression
- 2 patients withdrew consent

Data Cut Date: Live Database as of June 7, 2024

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

n=29 of 33*



Data Cut Date: Live Database as of June 7, 2024

*Prior to first scan:

- 2 patients had clinical progression
- 2 patients withdrew consent

Phase 1 & Phase 2 Ozuriftamab Vedotin – SCCHN

Disease control (CR+PR+SD): 25 (DCR: 86%) / Median line of prior tx = 3

Dosing Regimen	Treated	Evaluable[a]	All PRs/CRs[d]	Confirmed PRs/CRs	Stable Disease	Progressive Disease
2Q3W[b]	21	20	8 (40%)	4 (20%)	9	3
Q2W[c]	12	9	3 (1 CR) (33%)	2 (22%)	5	1
Total	33	29	11 (38%)	6 (21%)	14	4

[a] Evaluable patients defined as patients with at least one tumor scan after receiving ROR2-ADC

[b] 1 patient withdrew consent, 4 PRs prematurely discontinued and will not confirm

[c] Prior to first scan 2 patients deceased unrelated to study drug (clinical progression)

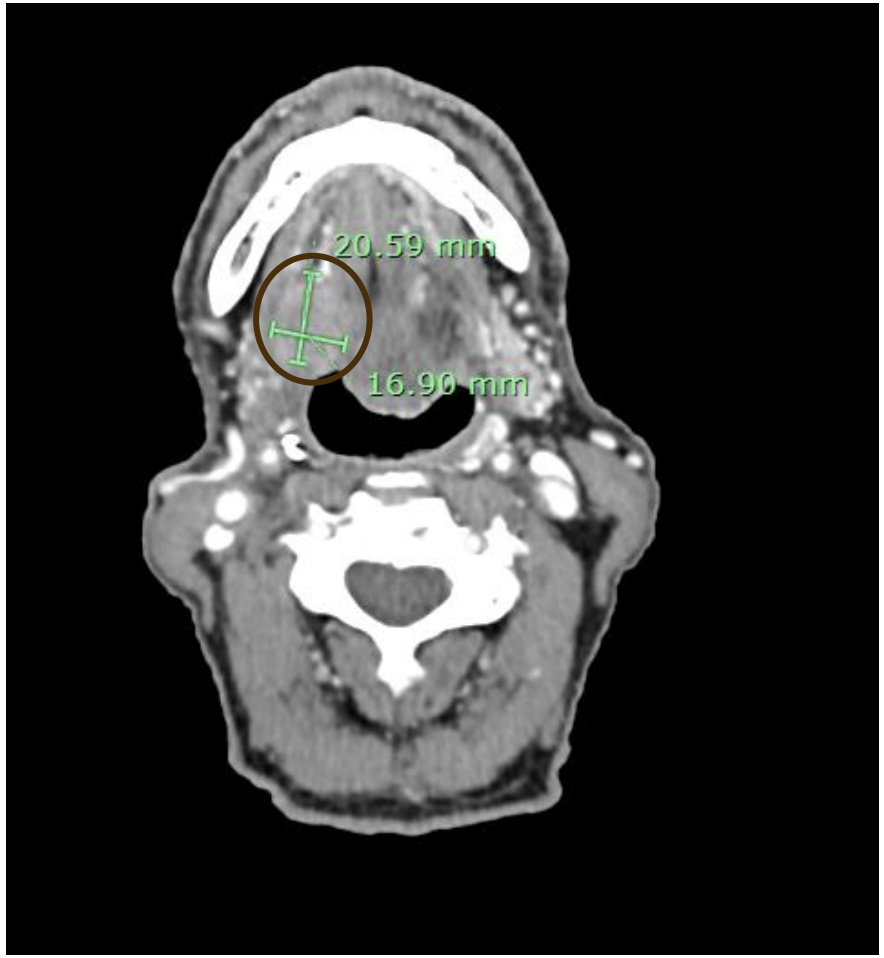
[d] Includes all patients that had unconfirmed and confirmed responses

Data Cut Date: Live Database as of June 7, 2024

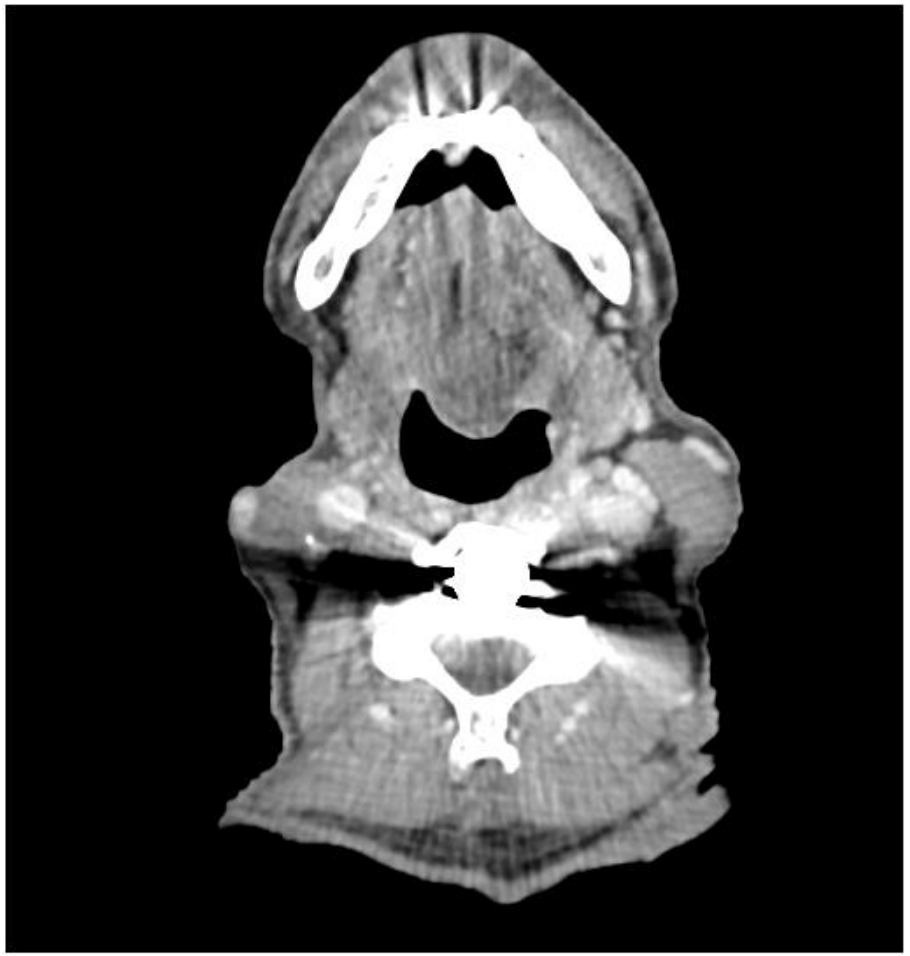
Complete Response – Ozuriftamab Vedotin in SCCHN (1.8mg/kg Q2W)

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)	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

Data Cut Date: 13Mar24

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)

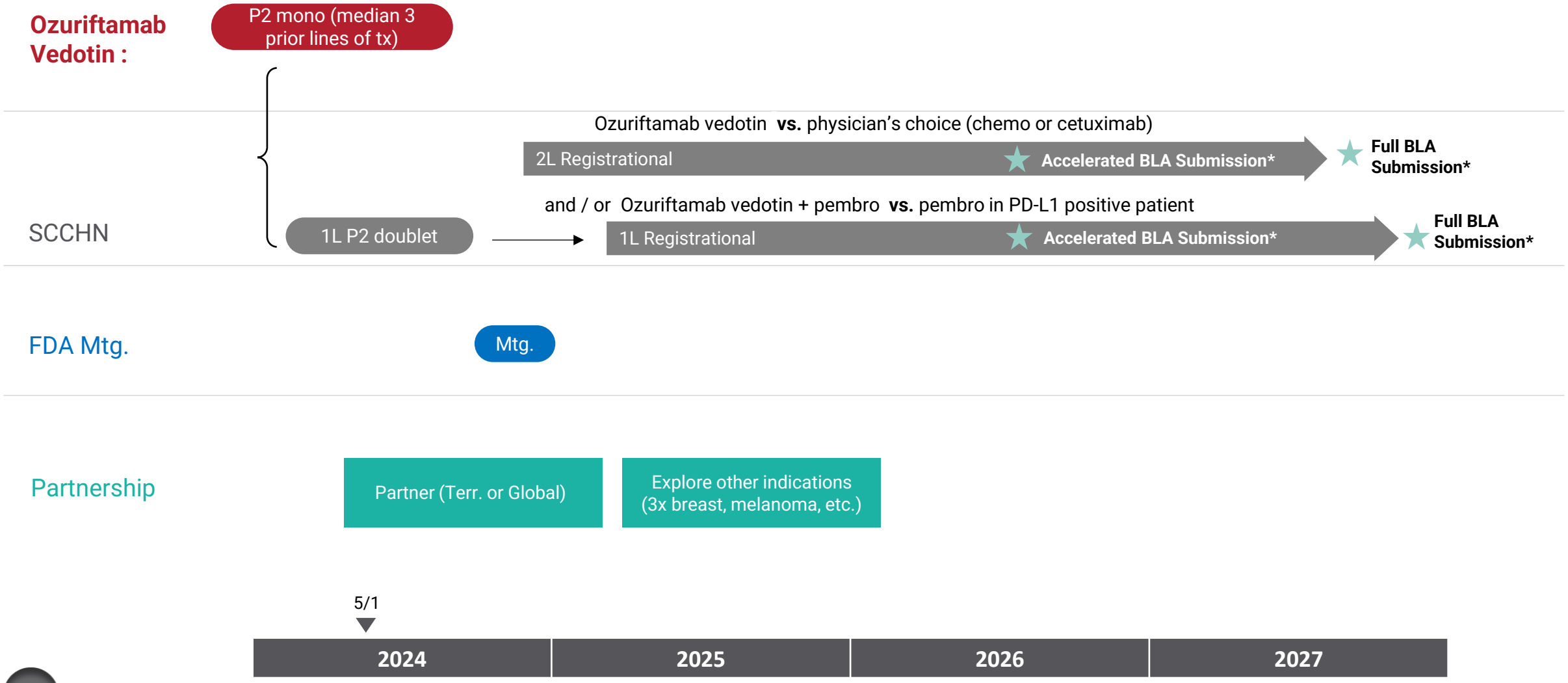
^Two patients not included, one patient from Phase 1 and one patient not yet enrolled at the time of the data cut

* Derived from neutropenia, and neutrophil count decreased

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

Data Cut Date: 13Mar24

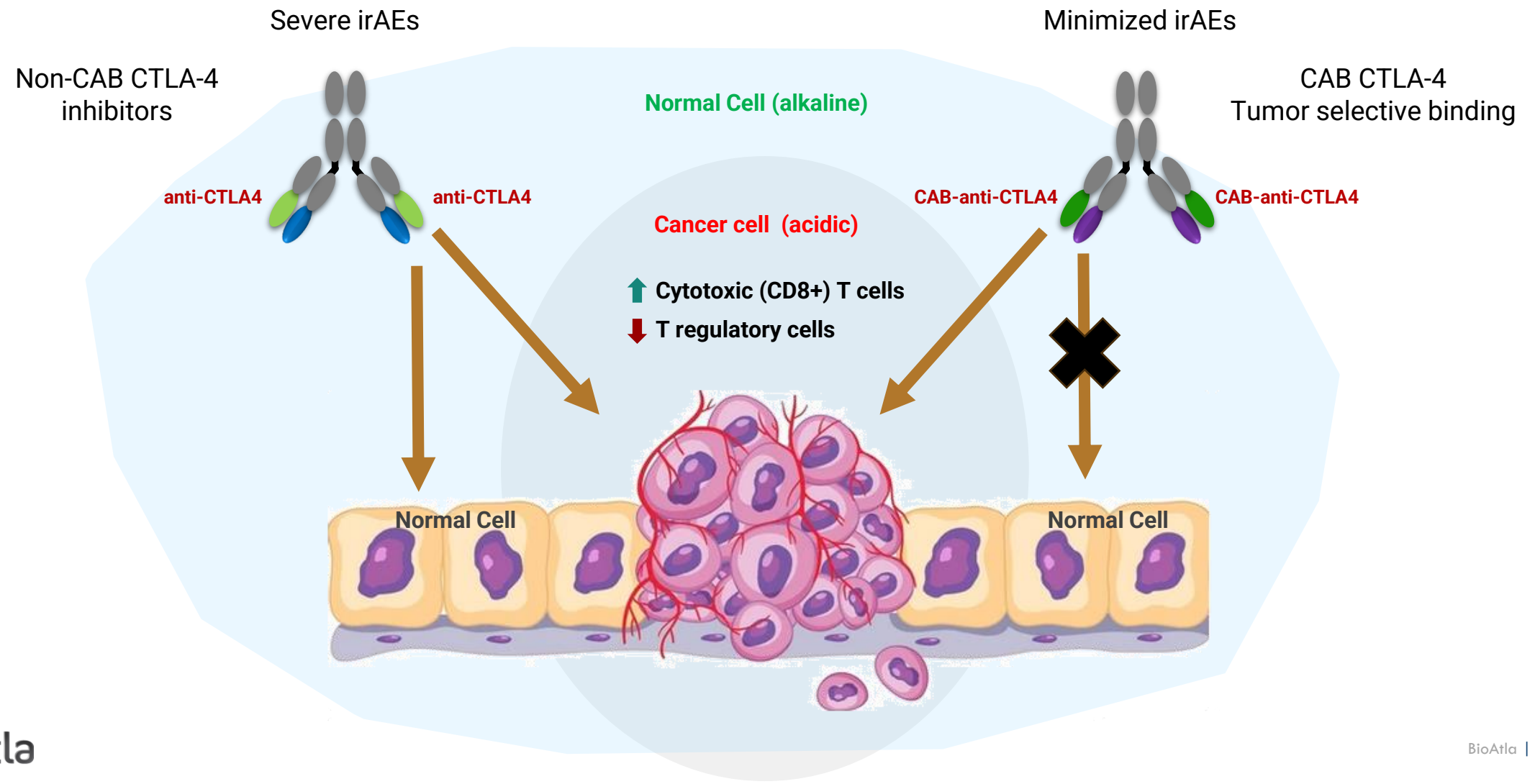
Ozuriftamab Vedotin Strategic Paths to Registration



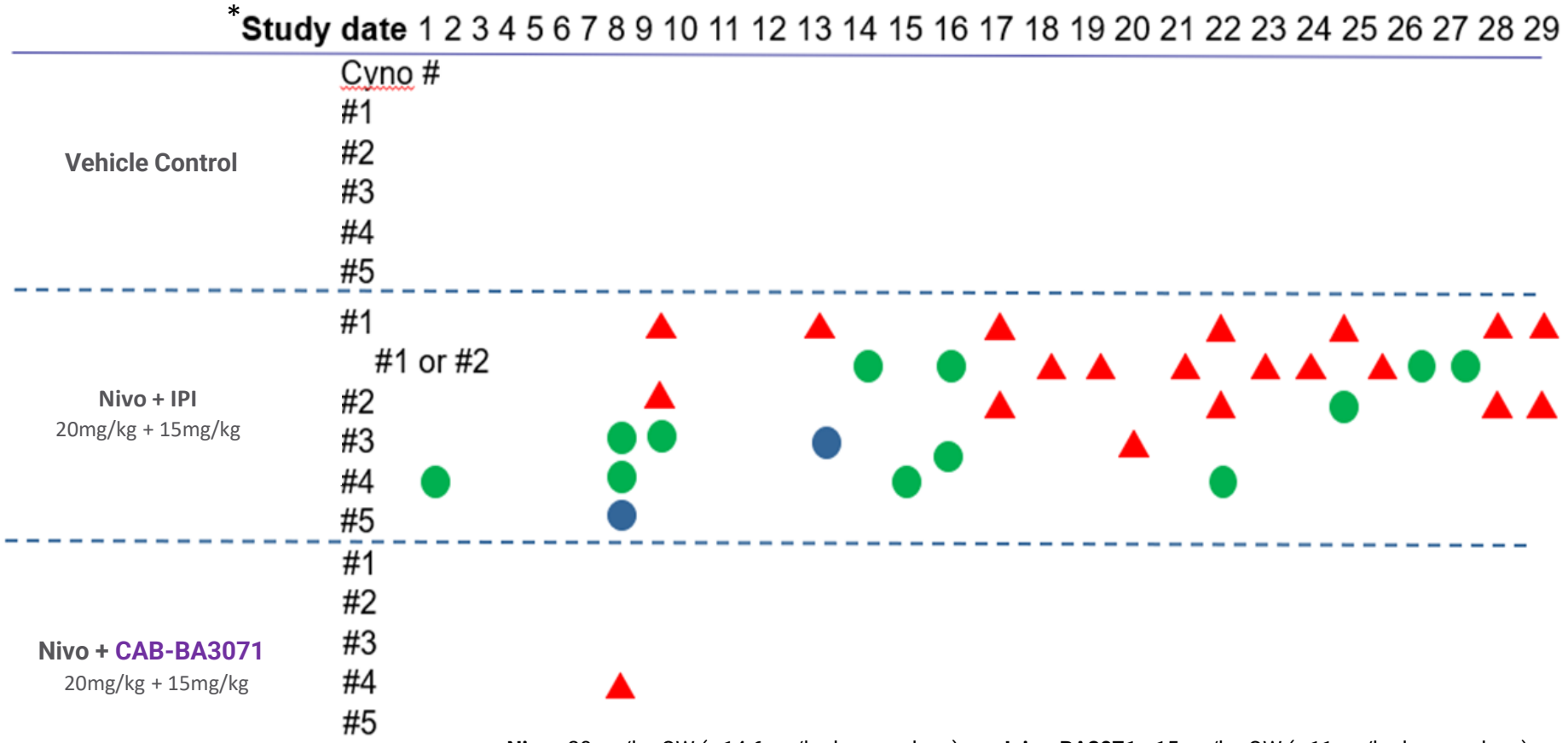
*Interim analysis based on ORR may potentially support accelerated approval and OS results from the same study could potentially verify its clinical benefit to support regular approval. Timelines subject to change based on FDA feedback.

Evalstotug (CAB-CTLA-4): Basket Trial

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



CAB-CTLA-4 (BA3071) Effectively Reduces Clinically Relevant GI Toxicity in NHP



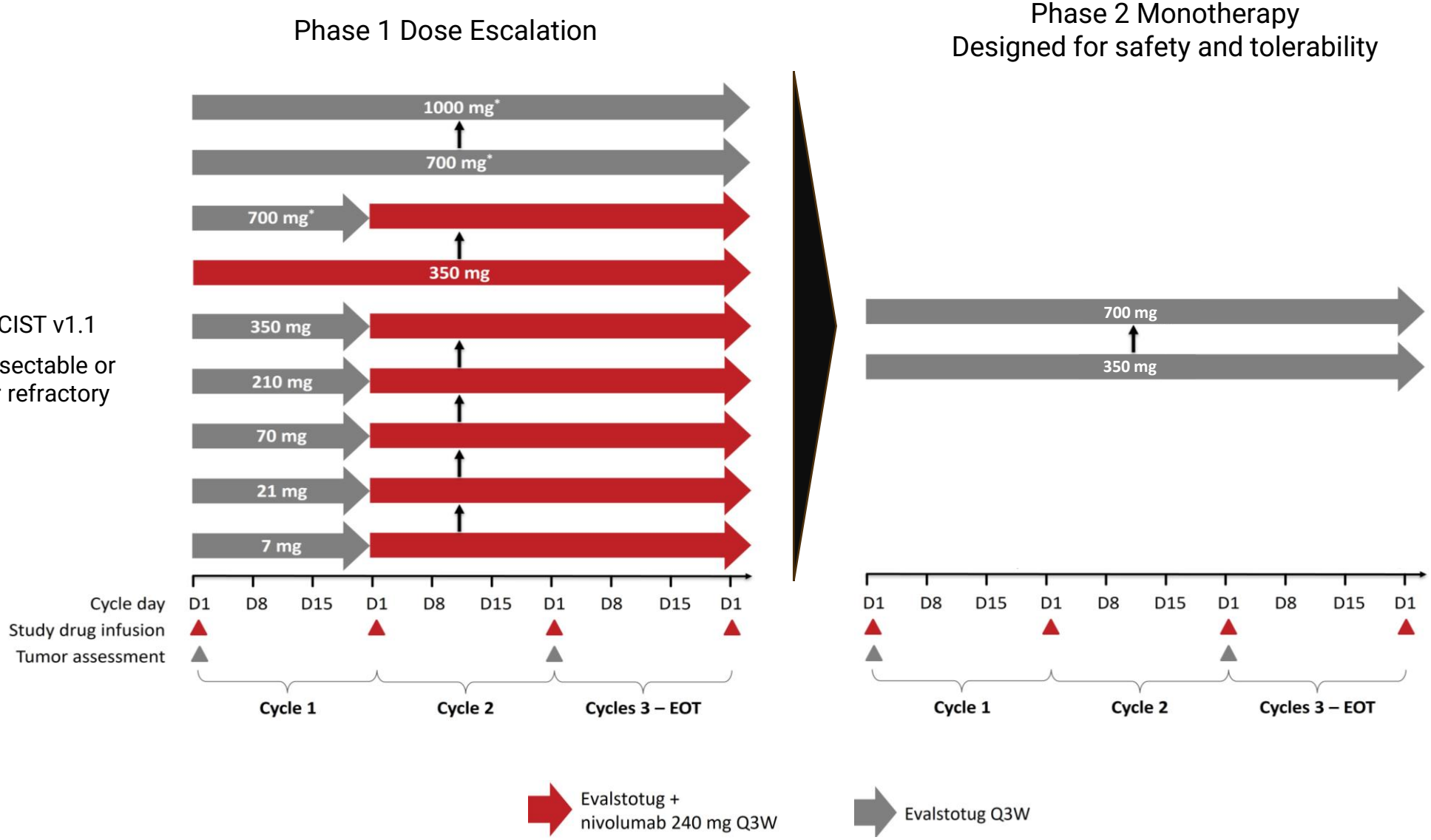
Nivo: 20mg/kg QW (~14.6mg/kg human dose) + **Ipi or BA3071:** 15mg/kg QW (~11mg/kg human dose)
Once weekly for four weeks exposure to Nivo + Ipi or BA3071
NHP – Nonhuman primates
*Chang et al., PNAS 118 (9): 1-10, 2021

BA3071 significantly reduces GI toxicity relative to ipilimumab analog in combination with nivo

Multicenter, Open-Label, Evalstotug Ph1 Dose Escalation and Ph2 Monotherapy

Key Eligibility Criteria:

- Age ≥ 18 years
- ECOG 0 or 1
- Anti-CTLA-4 naive
- Measurable disease per RECIST v1.1
- Ph1: Locally advanced unresectable or metastatic, relapsed and/or refractory solid tumors
- Ph2: Treatment refractory melanoma/carcinoma



Evalstotug Phase 1: Demographics – Tumor Types

Median of 3 prior lines; all patients experienced failure of prior PD-1 treatment

	Total (N=21)
Age, y, mean (SD)	62 (12)
Sex, n (%)	
Female	8 (38)
Male	13 (62)
White race, n (%)	19 (90)
ECOG, n (%)	
0	13 (62)
1	8 (38)
Prior Anti-PD-1 Therapy, n (%)	21 (100)

	Total (N=21)	Prior # of treatments
Tumor type, n (%)		
Melanoma	6 (29)	1–4
Gastric	4 (19)	2–6
Renal cell	4 (19)	1–6
Cervical	3 (14)	1–3
NSCLC	2 (10)	3–7
Urothelial	1 (5)	4
SCLC	1 (5)	3

Data Cut Date: 29Mar24

Evalstotug Phase 1: Grade 3+ Adverse Events of Special Interest

Cleared all dose levels up to and including 1 gram (14.2 mg/kg)

Most related AEs were low grade; no related grade 4 or 5 events

<u>All Grade 3 related events (N=4 pts):</u>

- CRS-like events:
  - New onset atrial fibrillation (only AE to meet DLT criteria)
  - Readily reversible hypertension
- Immune Mediated:
  - Endocrine: Hyperglycemia/DKA
  - GI Lipase increase and Gastritis/Diarrhea

Only 2/21 pts discontinued due to an adverse event (atrial fibrillation and gastritis)

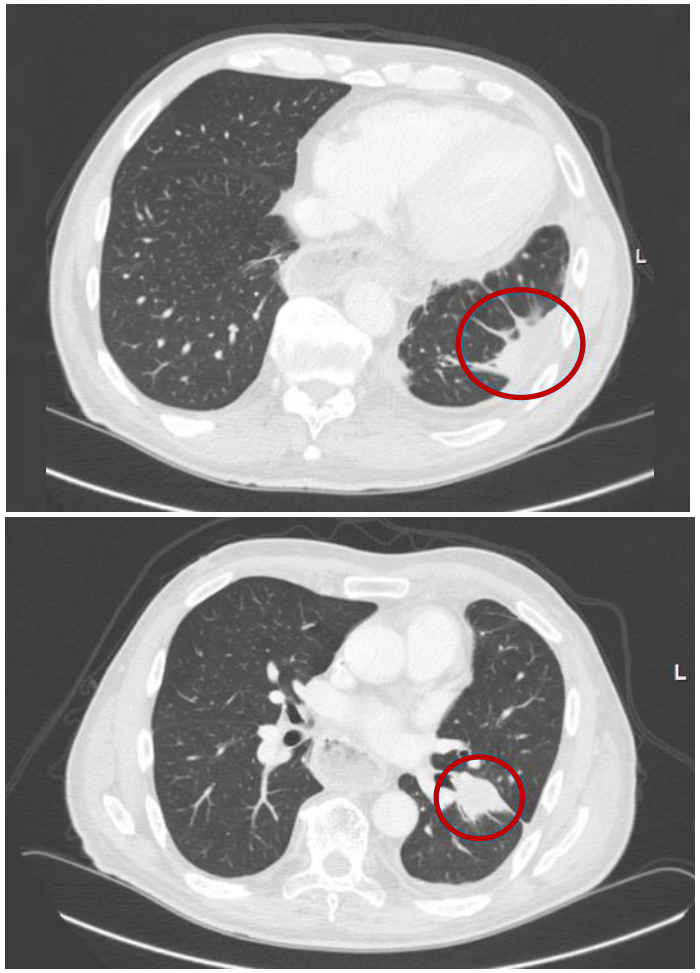
NUMBER OF PATIENTS WITH ANY, n (%)	All AE		Related	
	All grades	Grade 3-4	All grades	Grade 3-4
All (n=21)	20 (95)	10 (48)	17 (81)	4 (19)
Fatigue	9 (43)	2 (10)	3 (14)	0
Chills	8 (38)	0	8 (38)	0
Vomiting	7 (33)	0	3 (14)	0
Diarrhea	5 (24)	1 (5)	2 (10)	1 (5)
Pyrexia	5 (24)	0	5 (24)	0
Arthralgia	5 (24)	0	3 (14)	0
Nausea	5 (24)	0	3 (14)	0
Abdominal pain	4 (19)	1 (5)	1 (5)	0
Pruritus	4 (19)	0	4 (19)	0
Headache	4 (19)	0	1 (5)	0
Back pain	4 (19)	0	0	0

Data Cut Date: 29Mar24

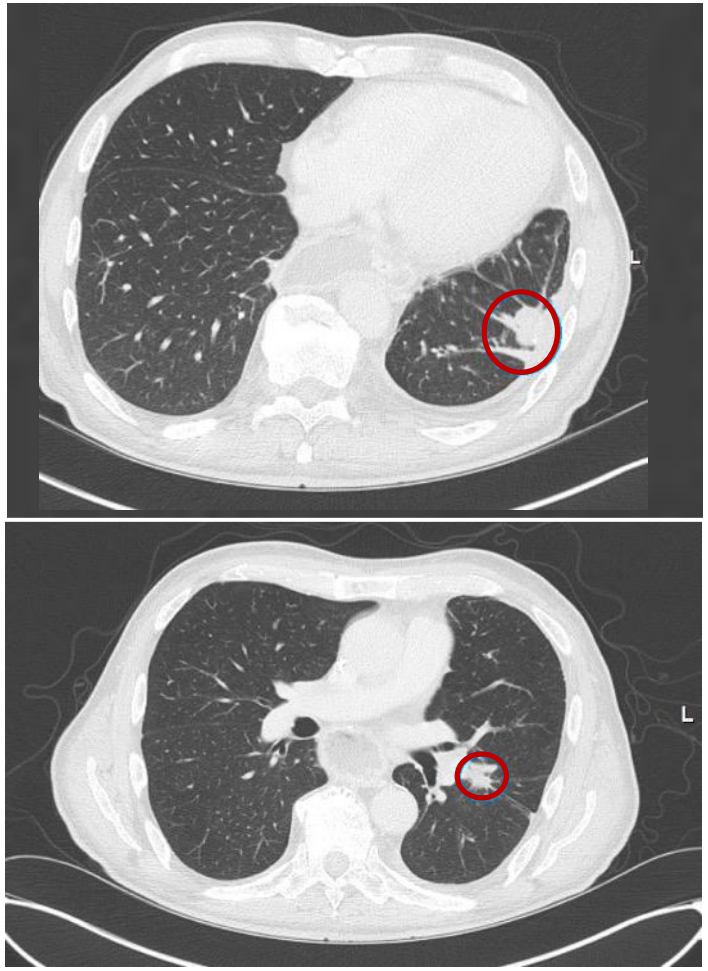
Confirmed Partial Response – Gastro-esophageal Cancer

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

Baseline - July 31,2023



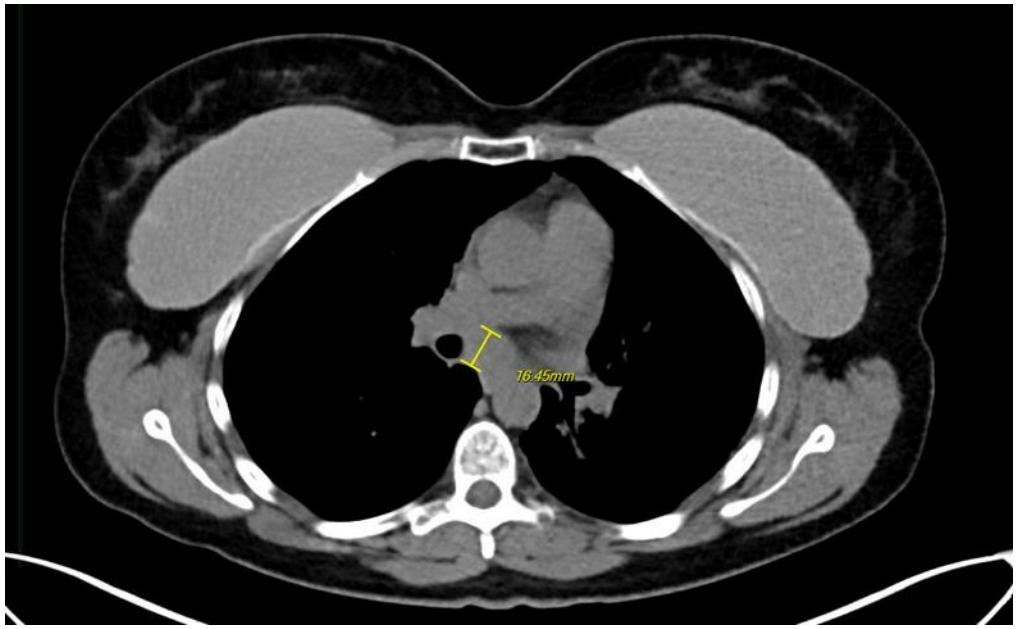
On Treatment - October 23, 2023



Confirmed Complete Response – Cervical Cancer

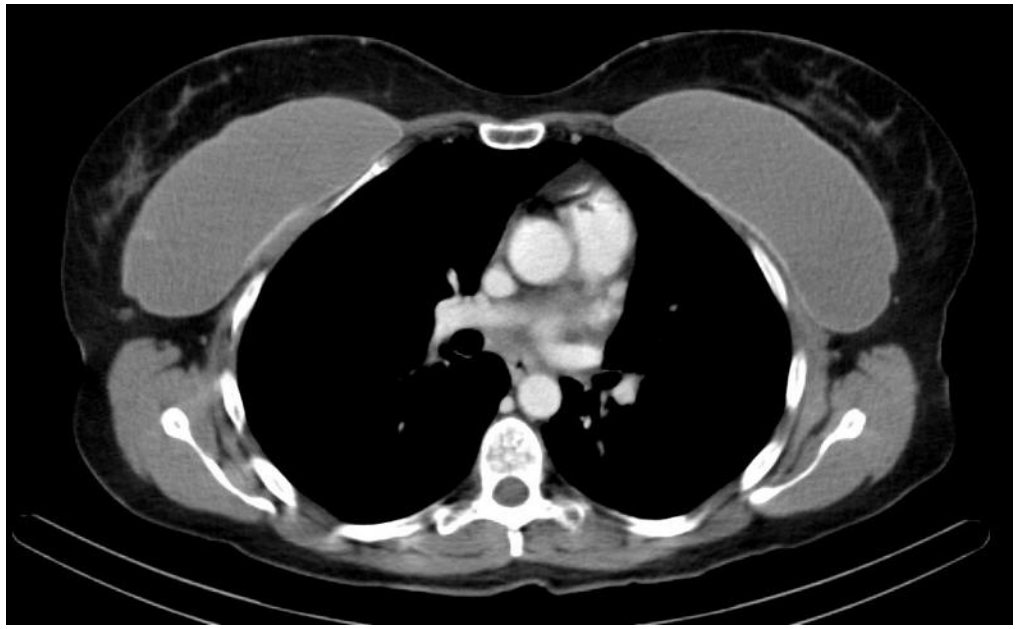
43-year-old female, stage IV cervical cancer HPV+16 positive, post-platinum, taxane, anti-PD1 and anti-VEGF

Baseline – March 23, 2023



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

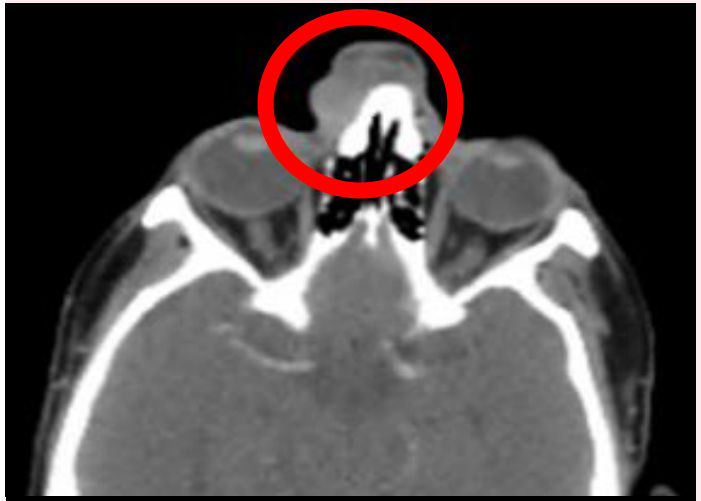
On Treatment – August 9, 2023



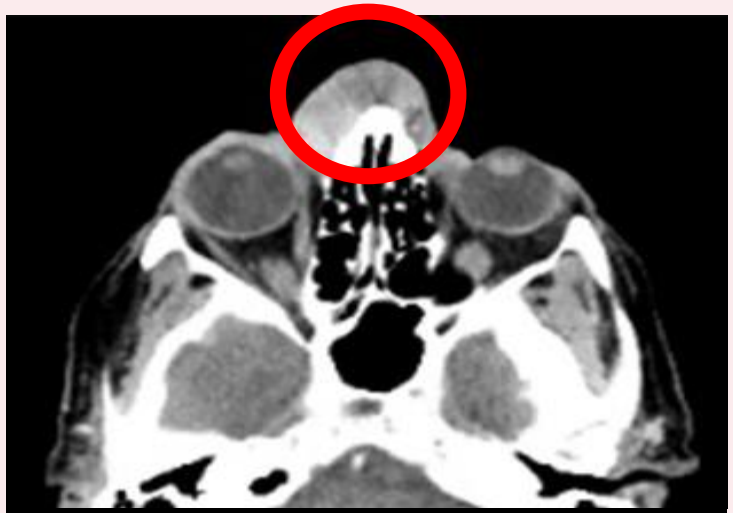
"No enlarged mediastinal, hilar or axillary lymph nodes are present. There is persistent resolution of previously noted enlarged mediastinal and paraesophageal lymph nodes."

Confirmed Response - Melanoma

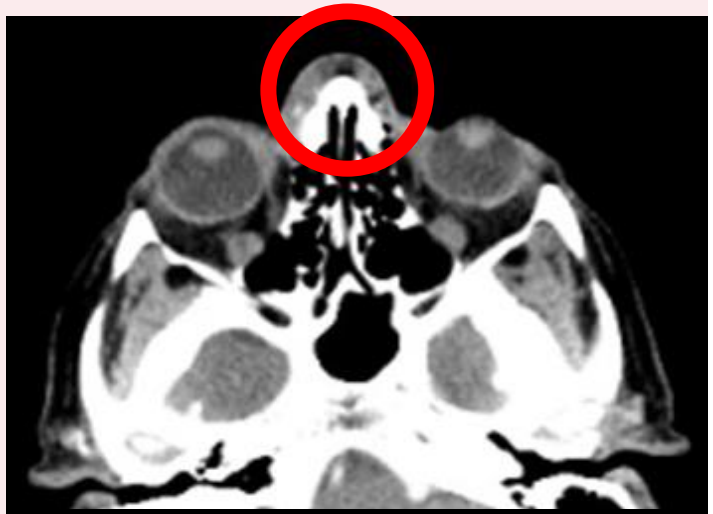
75-year-old female, stage IV cutaneous melanoma, BRAF positive, post-anti-PD-1



Baseline
First dosed at 70 mg evalstotug



Tumor assessment – SD
Therapy well-tolerated. Became symptomatic with nasal obstruction, and biopsy showed persistence of disease. Dose escalated to 210 mg with resultant SD and symptom improvement



Tumor assessment – PR
Therapy well-tolerated for >1 year. Further dose escalated to 350 mg with resultant PR

Clinical improvement and achievement of PR was temporally associated with increased evalstotug dosing, emphasizing the importance of higher CTLA-4 dosing to drive improved outcomes

Evalstotug Phase 2: Monotherapy Demographics – Tumor Types

14 different tumor indications enrolled to characterize safety; median 3 prior lines of tx

	350mg Q3W (N=17)	700mg Q3W (N=2)
Age, y, mean (SD)	59 (10)	54 (31)
Sex, n (%)		
Female	9 (53)	0
Male	8 (47)	2 (100)
White race, n (%)	16 (94)	0
ECOG, n (%)		
0	10 (59)	1 (50)
1	7 (41)	1 (50)
Prior Anti-PD-1 Therapy, n (%)	11 (65)	1 (50)

Tumor type, n (%)	Total (N=19)	Prior # of Tx
adenocarcinoma adrenal gland	1 (5%)	2
cervical cancer	1 (5%)	3
cholangiocarcinoma	1 (5%)	4
colorectal carcinoma	1 (5%)	4
papillary urothelial carcinoma	1 (5%)	5
melanoma	5 (26%)	2 - 6
metastatic acral lentiginous melanoma	1 (5%)	2
metastatic squamous cell carcinoma	1 (5%)	2
NSCLC	2 (11%)	1 - 2
papillary thyroid	1 (5%)	2
pleomorphic adenoma of sphenoid sinus	1 (5%)	0
rectal adenocarcinoma	1 (5%)	3
SCLC	1 (5%)	2
sertoli cell tumor	1 (5%)	2

Data Cut Date: 29Mar24

Evalstotug Phase 2: Monotherapy Related TEAE

No grade 3-4 Colitis; No grade 4-5 related AE

Preferred Term	350 mg Q3W Mono (N=17)		700 mg Q3W Mono (N=2)		Total (N=19)	
	All Grades	Grades 3	All Grades	Grades 3	All Grades	Grades 3
Chills	6 (35)	0	1 (50)	0	7 (37)	0
Pyrexia	5 (29)	0	1 (50)	0	6 (32)	0
Infusion related reaction	4 (24)	0	1 (50)	0	5 (26)	0
Cytokine release syndrome	3 (18)	1 (6)	1 (50)	0	4 (21)	1 (5)
Nausea	3 (18)	0	0	0	3 (16)	0
Headache	2 (12)	0	0	0	2 (11)	0
Pruritus	2 (12)	0	0	0	2 (11)	0
Vomiting	1 (6)	0	0	0	1 (5)	0
Fatigue	1 (6)	0	0	0	1 (5)	0
Confusional state	1 (6)	0	0	0	1 (5)	0
Hypotension	0	0	1 (50)	0	1 (5)	0

As of July 16, 2024 following additional G3 imAE occurred
700 mg – 1 imAE: Lipase increase

Data Cut Date: 29Mar24

Evalstotug Phase 2: Monotherapy Overview – Study ongoing

No grade 4 related TEAEs and MTD not reached

Evalstotug Q3W	350 mg Q3W (N=17)	700 mg Q3W (N=2)
CTCAE grade 3 or 4	**4 (24)**	**0**
Related (only grade 3 observed)	**1 (6)**	**0**
Serious AEs	**4 (24)**	**0**
Related	**1 (6)**	**0**
AEs leading to treatment d/c	**0**	**0**
Related	**0**	**0**
AEs leading to death	**0**	**0**
Related AEs leading to death	**0**	**0**

- Most related AEs were low grade; no related grade 4 or 5 events
- 10 Stable Disease seen across 14 different cancer types.

Data Cut Date: 29Mar24

Phase 2 Multicenter, Open-Label, Evalstotug in combination with PD-1

Evaluate the efficacy and safety of evalstotug in combination

Patient disposition:
- Age ≥ 18 years
- ECOG performance status of 0 or 1

evalstotug + pembrolizumab
1L Stage III or Stage IV melanoma

evalstotug + pembrolizumab + chemo
1L Stage IV NSCLC

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

Evalstotug Focused Strategic Path to Registration

Evalstotug: 3L+ P2 mono

Melanoma

1L P2 doublet → 1L Registrational

CAB-CTLA4 + PD-1 antibody **vs.** PD-1 antibody or other IO agents

★ **Accelerated BLA Submission***

★ **Full BLA Submission***

FDA Mtg. — Mtg.

Partnership

Partner (Global)
(Maintain % N.Am.)

Explore other indications
(NSCLC, CRC, Bladder, etc.)

*Interim analysis based on ORR may potentially support accelerated approval and PFS 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
- 21 patients with an opportunity to have had multiple scans; anticipate updating on the remaining portion of the potentially registrational trial in 2H 2024

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 or 2Q3W

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 in PD-1 Refractory NSCLC: Demographics
(includes squamous, nonsquamous, mEGFR, wtEGFR)

Evaluate anti-tumor activity based on AXL expression, dose, and genotype; median 3 prior lines of tx

	1.8 mg/kg 2Q3W monotherapy (N=33)
Age, y, mean (range)	**67 (46-82)**
ECOG Status, n (%)	
0	7 (21%)
1	**26 (79%)**
# of prior systemic therapies, n (%)	
1	3 (9%)
2	8 (24%)
3	9 (27%)
≥4	13 (39%)

Data Cut Date: 14Jun2024 Live database

AXL Expression is Associated with Clinical Benefit

PD-1 refractory NSCLC (including squamous, nonsquamous, mEGFR, wtEGFR); median 3 prior lines of tx

mecbotamab vedotin 1.8 mg/kg 2Q3W monotherapy

Median 3 prior lines of tx	AXL+ (N=15)	AXL- (N=13)	Total (N=28)
Responder	3	0	3
SD	6	7	13
PD	6	6	12

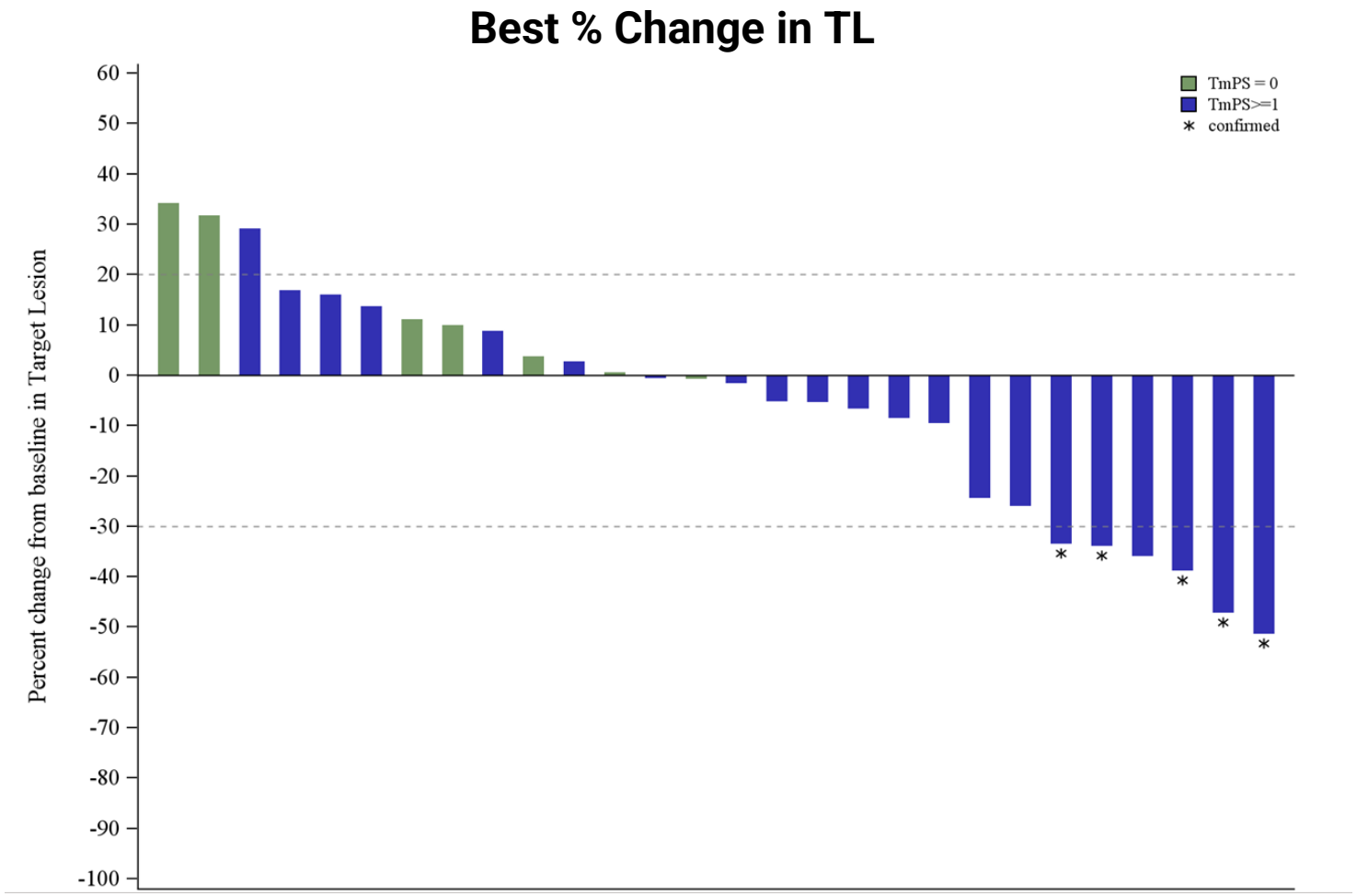
* Evaluable patients defined as patients with at least one tumor scan after receiving AXL-ADC

5 patients not evaluable

Data Cut Date: 14Jun2024 Live database

Phase 2 Mecbotamab Vedotin Q2W and 2Q3W Regimens: NSCLC, NSQ, wtEGFR

AXL expression ≥ 1% biomarker correlated with clinical benefit

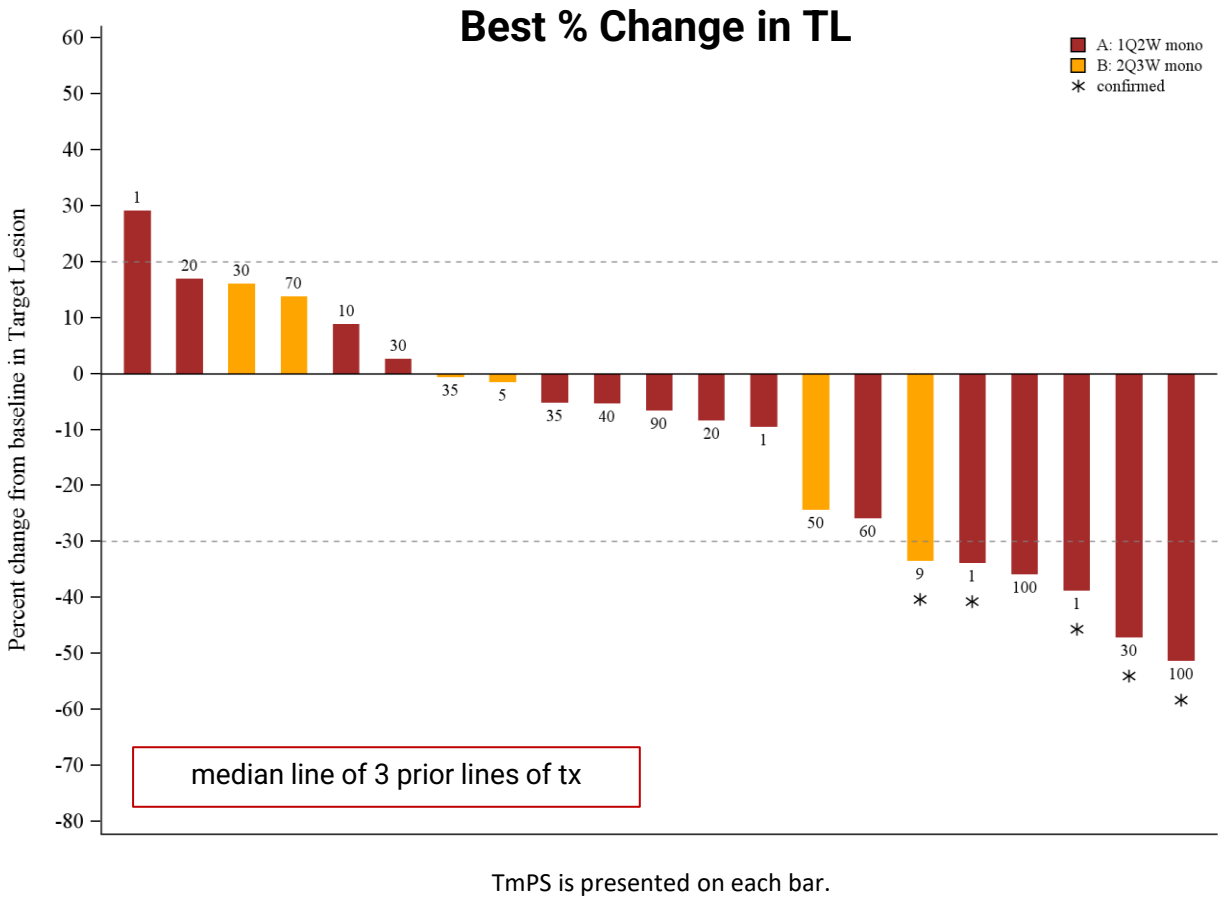


* Three patients not evaluable (2 withdrew consent and 1 DC due to AE)

Data Cut Date: 14Jun2024 Live database

Anti-Tumor Activity in Both Q2W and 2Q3W Mecbotomab Vedotin Dosing Regimens

Non-squamous, wtEGFR, AXL+; median of 3 prior lines of tx



TmPS is presented on each bar.

	Total (N=21)
ORR All*	6 (29%)
ORR confirmed*	5 (24%)
DCR	81%
DOR	5.9 months

* Three patients not evaluable (2 withdrew consent and 1 DC due to AE)

No new safety signals identified with high dose intensity regimen

Data Cut Date: 14Jun2024 Live database

Evaluate Genotype (KRAS) Status Across All Mecbotamab Vedotin Treated NSCLC Patients

Emerging opportunity in patients with mutated KRAS (mKRAS) variants

mutant KRAS; all NSCLC (SQ+NSQ); median of 3 prior lines of tx for both mKRAS and wtKRAS

	Q2W (N=25)	2Q3W (N=33)	Q2W + Nivo (N=19)	Total (N=77)
Age, y, mean (range)	**67 (53-80)**	**67 (46-82)**	**68 (50 - 81)**	**67 (46-82)**
KRAS Status				
wtKRAS	8 (32)	17 (52)	10 (52)	**35 (45)**
mKRAS	9 (36)	4 (12)	8 (42)	**21 (27)**
Pending*	8 (32)	12 (36)	1 (5)	**21 (27)**

*additional work ongoing to characterize all patients' KRAS status

mKRAS constitutes 30% of all NSCLC patients

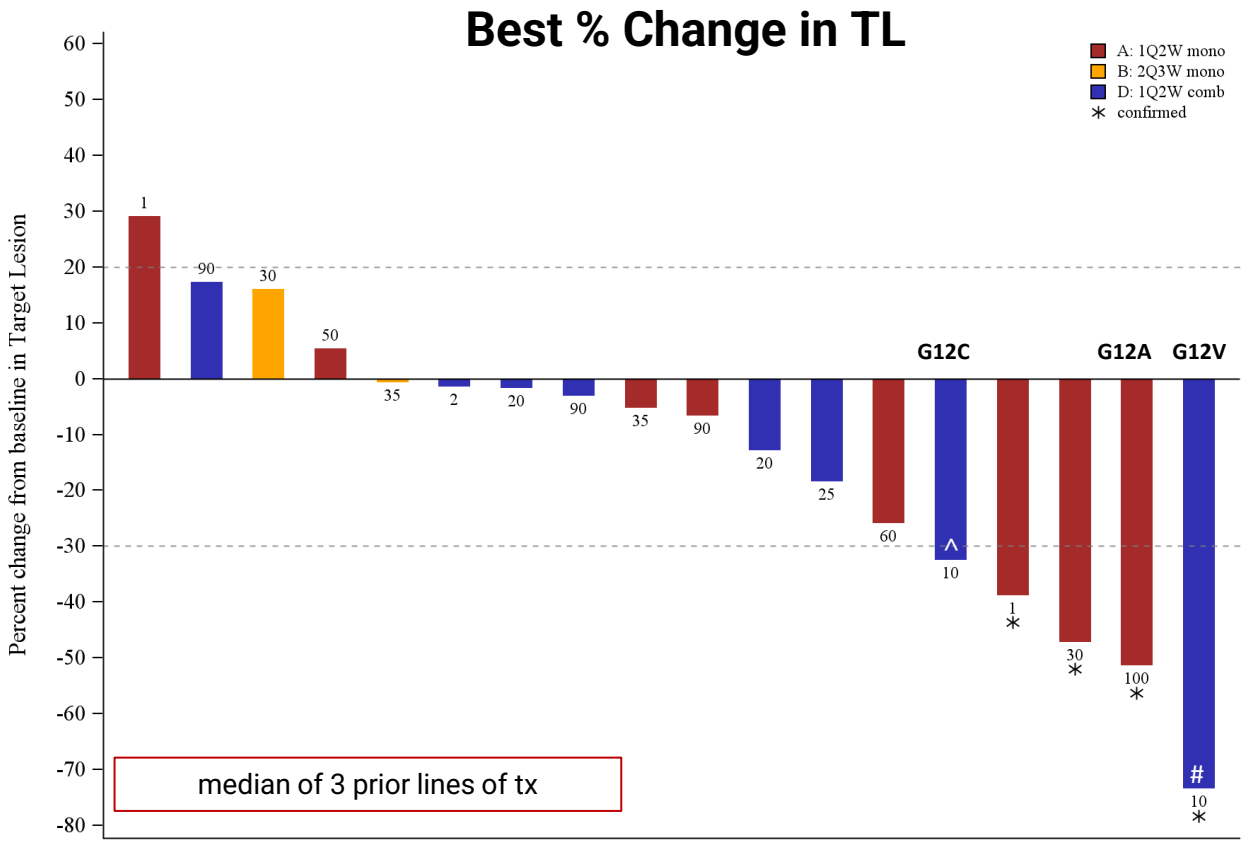
mKRAS is associated with increased AXL expression

Morimoto et al. *Cancer Lett*. 2024;587:216692

Data Cut Date: 14Jun2024 Live database

Confirmed Responses Across KRAS Mutation Variants (G12A, G12C, G12V) - ongoing

Mecbotamab vedotin 1.8 mg/kg Q2W, 2Q3W, and Q2W+nivo



TMPS scores represented above the bar
^ Patient was previously treated with Sotorasib
# Complete Response as defined by disappearance of all pathologic lymph nodes

Median of 3 prior lines of tx	mKRAS N=18
ORR all	5 (28%)
ORR confirmed	4 (22%)
DCR	78%
DOR	4.8 months
PFS	4.5 months
OS	12.6 months

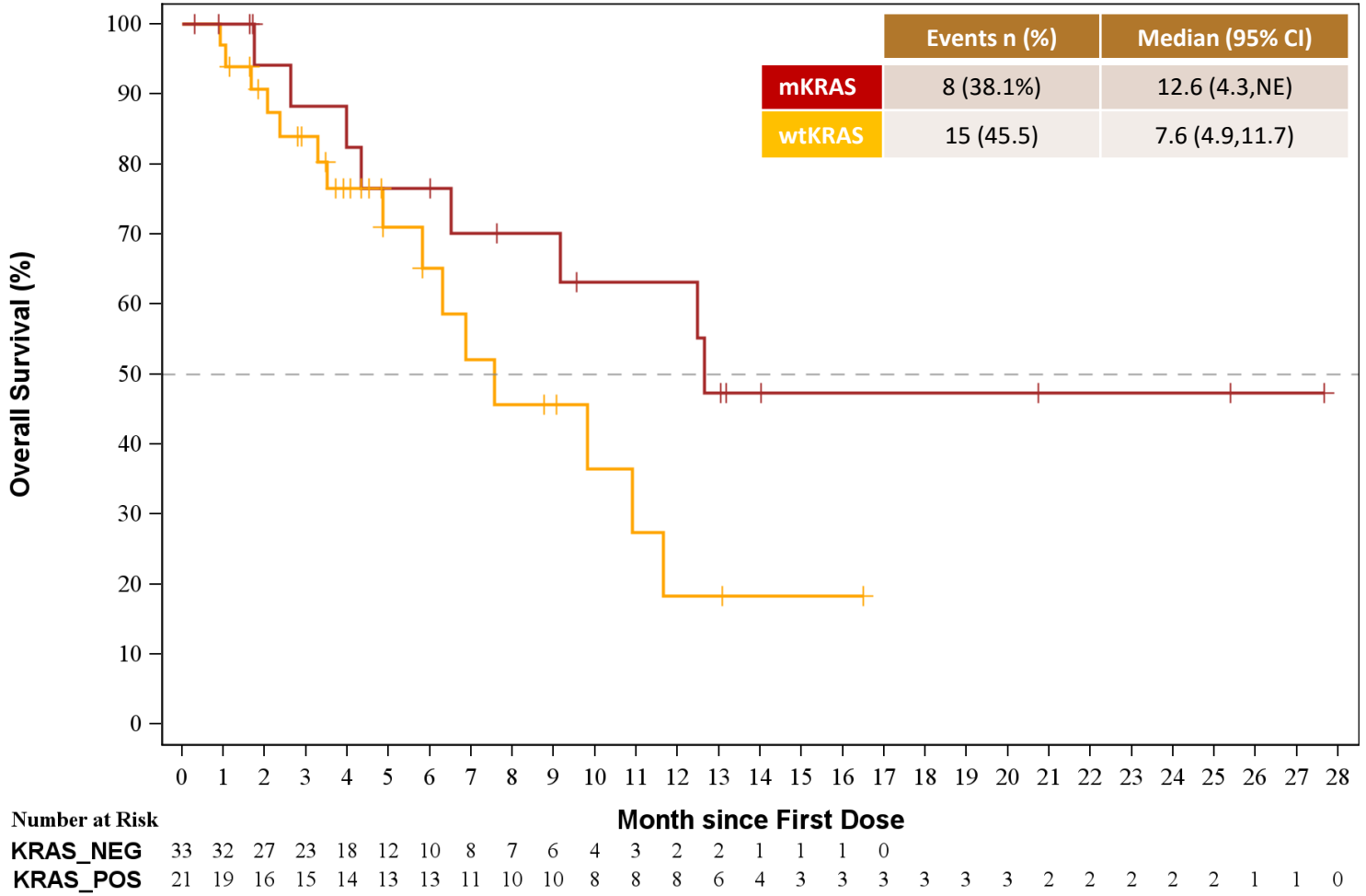
Three patients not evaluable (2 withdrew consent and 1 DC due to AE)

additional work ongoing to characterize all patients KRAS status

Data Cut Date: Live Database as of July 11, 2024

Overall Survival - mKRAS vs wtKRAS; median of 3 prior lines of tx - ongoing

Mecbotamab vedotin 1.8 mg/kg Q2W, 2Q3W, and Q2W+nivo



additional work ongoing to characterize all patients KRAS status

Data Cut Date: Live Database as of July 11, 2024

Mecbotamab Vedotin: Overall Safety Summary of NSCLC patients

Generally well-tolerated

	Q2W (N=25)	2Q3W (N=33)	Q2W + Nivo (N=19)	Total (N=77)
Any Adverse Events (AEs)	25 (100.0)	31 (93.9)	19 (100.0)	**75 (97%)**
Related AEs with CTCAE[1] Grade 3 or 4[2]	9 (36.0)	8 (24.2)	4 (21.1)	**21 (27%)**
Any Related Serious AEs[2]	3 (12.0)	2 (6.1)	1 (5.3)	**6 (8%)**
Possibly Related AEs leading to death[2]	0	0	0	**0**
Related AEs leading to treatment discontinuation[2]	1 (4.0)	2 (6.1)	1 (5.3)	**4 (5%)**

[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.

Data Cut Date: 18Jan24

Mecbotamab Vedotin: Phase 2 Safety Data of NSCLC patients

Most frequent treatment-emergent Adverse Events by Treatment Group; >15%

	BA3011 Q2W (N=25)		BA3011 2Q3W (N=33)		BA3011 + Nivo (N=19)		TOTAL (N=77)	
Preferred Term	**All Grades**	**Grade 3-4**	**All Grades**	**Grade 3-4**	**All Grades**	**Grade 3-4**	**All Grades**	**Grade 3-4**
Number of Subjects with at Least One TEAE	23 (92.0)	9 (36.0)	24 (72.7)	8 (24.2)	18 (94.7)	4 (21.1)	**65 (84%)**	**21 (27%)**
Fatigue	9 (36.0)	0	5 (15.2)	0	8 (42.1)	0	**22 (29%)**	**0 (0%)**
Diarrhoea	7 (28.0)	1 (4.0)	7 (21.2)	1 (3.0)	6 (31.6)	0	**20 (26%)**	**2 (3%)**
Nausea	5 (20.0)	0	4 (12.1)	0	7 (36.8)	0	**16 (21%)**	**0 (0%)**
Peripheral Neuropathy	7 (28.0)	1 (4.0)	5 (15.2)	0	4 (21.1)	0	**16 (21%)**	**1 (1%)**
Decreased Appetite	5 (20.0)	1 (4.0)	5 (15.2)	0	4 (21.1)	0	**14 (18%)**	**1 (1%)**
Neutropenia	7 (28.0)	2 (8.0)	5 (15.2)	5 (15.2)	1 (5.3)	0	**13 (17%)**	**7 (9%)**
Aspartate Aminotransferase Increased	4 (16.0)	2 (8.0)	4 (12.1)	0	4 (21.1)	1 (5.3)	**12 (16%)**	**3 (4%)**
Alanine Aminotransferase Increased	4 (16.0)	2 (8.0)	4 (12.1)	0	2 (10.5)	1 (5.3)	**10 (13%)**	**3 (4%)**

Data Cut Date: 18Jan24

Mecbotamab Vedotin NSCLC Summary

Median of 3 prior lines of tx

- Encouraging anti-tumor activity in heavily pre-treated patient population with manageable safety
  - AXL expression correlates with improved clinical benefit
  - Anti-tumor activity associated with both Q2W and 2Q3W
- Promising anti-tumor activity among patients whose tumors express KRAS mutations
  - mKRAS represents 30% of all NSCLC patients and is associated with increased AXL expression
  - Trend for improved overall survival among treated patients with tumors expressing mutated KRAS variants (12.6 months) compared to KRAS wildtype (7.6 months)
  - Anti-tumor activity across multiple KRAS mutation variants including G12A, G12C, and G12V
    - Partial response observed in a patient who had experienced prior failure of sotorasib
    - One patient treated with mecbotamab vedotin + anti-PD-1 antibody remains in complete response for >2 years
- mKRAS analysis ongoing – anticipate updating path forward later this year

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

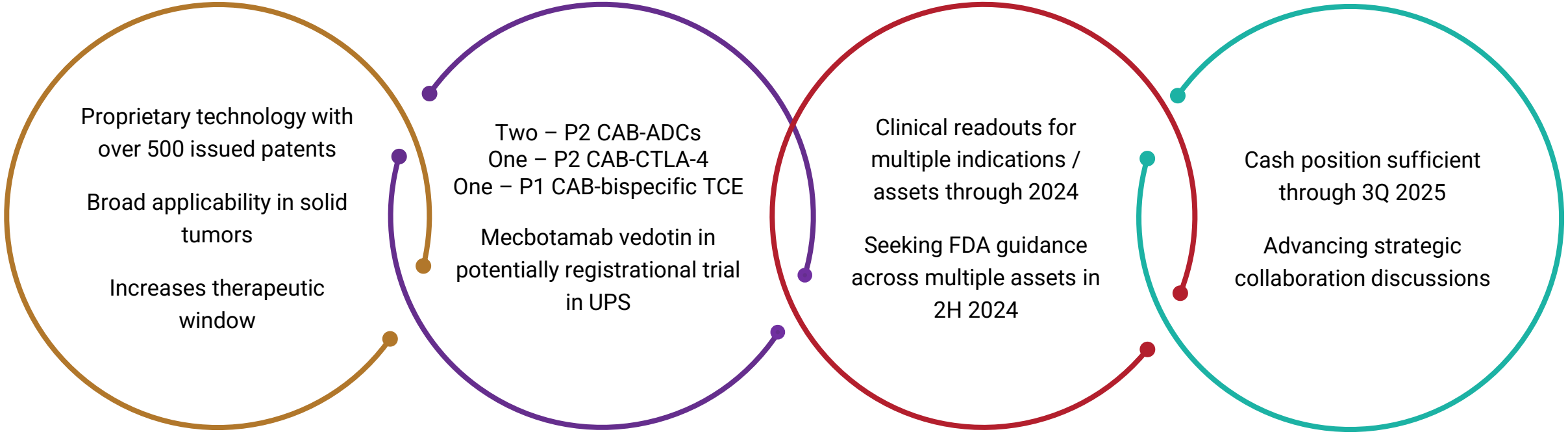
[1]Gerhard Frey, Ana Paula G. Cugnetti, Haizhen Liu, Charles Xing, Christina Wheeler, Hwai Wen Chang, William J. Boyle & Jay M. Short (2024) A novel conditional active biologic anti-EpCAM x anti-CD3 bispecific antibody with synergistic tumor selectivity for cancer immunotherapy, mAbs, 16:1, 2322562,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

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

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



UPS – Undifferentiated Pleomorphic Sarcoma; TCE – T-cell engager