

A female scientist with blonde hair, wearing safety glasses and blue gloves, is holding a petri dish up to the light in a laboratory. She is wearing a white lab coat with a logo that says "COMPASS" and "Pharmaceuticals". The background shows laboratory equipment, including pipettes and shelves with boxes.

**Developing next generation antibodies into
transformative cancer therapies that
improve patients' lives**

COMPANION-002 Data
Disclosure Presentation
Nasdaq: CMPX
April 1, 2025

DISCLAIMER

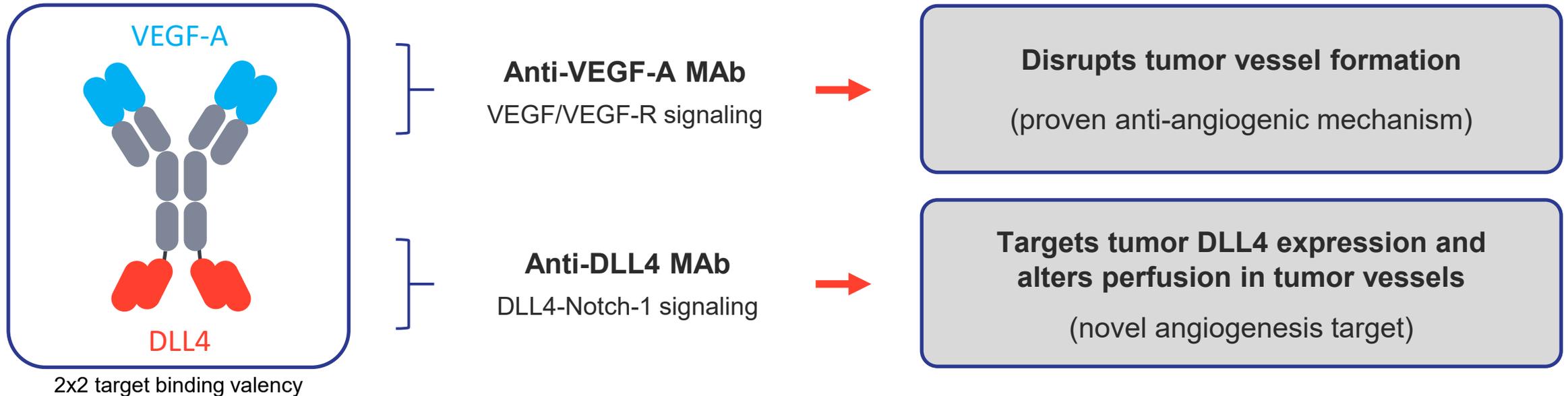
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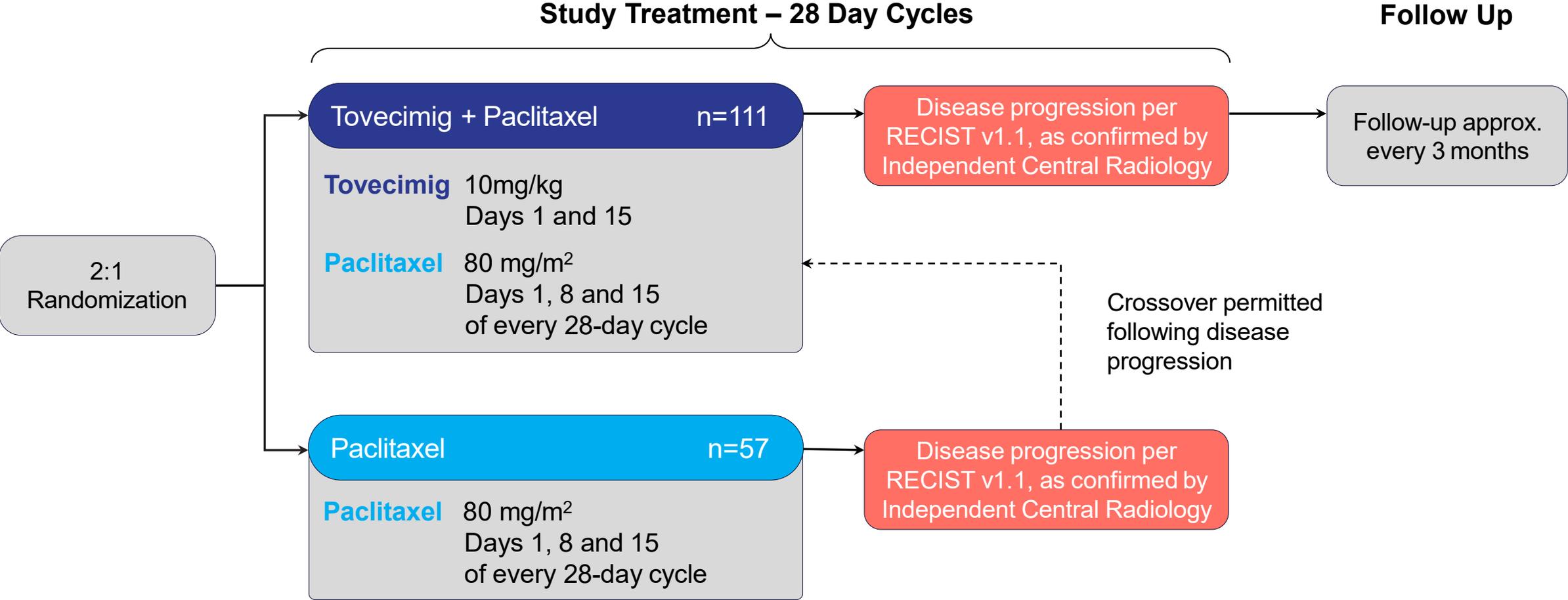
Tovecimig: Bispecific with Compelling MOA (DLL4 x VEGF-A)



- Dual blockade: **VEGF-A** – validated target for blockbuster oncology therapeutics (e.g.: Avastin®)
DLL4 (Notch-1 ligand) – mediates resistance to anti-VEGF therapies
- Bispecific anchors in tumor microenvironment (DLL4) to disrupt angiogenesis
- Only DLL4 X VEGF bispecific to demonstrate monotherapy activity in patients with CRC and GC¹

COMPANION-002: Phase 2/3 U.S. BTC Study

Registrational-intent study in patients who have received one prior line of therapy



Primary Endpoint: **ORR**
Key Secondary Endpoints: **PFS, OS, DoR**

Tovecimig: Ongoing Phase 2/3 Summary - Primary Endpoint

COMPANION-002 Study (BTC)		Tovecimig + Paclitaxel	Paclitaxel
Intent-to-Treat Population		n=111	n=57
Overall Response Rate (CR+PR)		19 (17.1%)	3 (5.3%)
Two-Sided p-value		p=0.031	
Best Overall Response (RECIST v1.1 by blinded independent radiology review)	Complete Response (CR)	1 (0.9%)	0 (0.0%)
	Partial Response (PR)	18 (16.2%)	3 (5.3%)
	Stable Disease (SD)	49 (44.1%)	19 (33.3%)
	Non-CR / Non-PD*	9 (8.1%)	2 (3.5%)
	Progressive Disease (PD)	18 (16.2%)	24 (42.1%)
	Not Evaluable (NE)**	16 (14.4%)	9 (15.8%)

*Non-CR / Non-PD: patients enrolled based on local radiology scan results, but displayed no clearly definable target lesions as determined by independent central radiology.

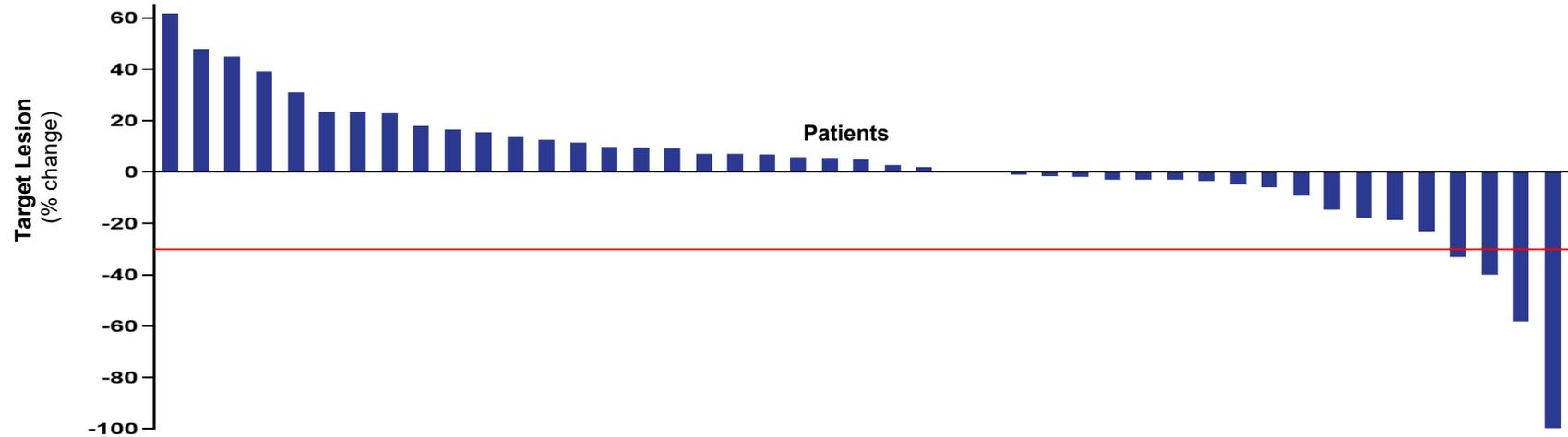
** Not Evaluable: patients who did not receive a Week-8 scan; these patients are not evaluable for response only, but will be evaluable for PFS/OS analyses.

Safety Data: The safety profile of tovecimig in this study to date has been consistent with prior studies.

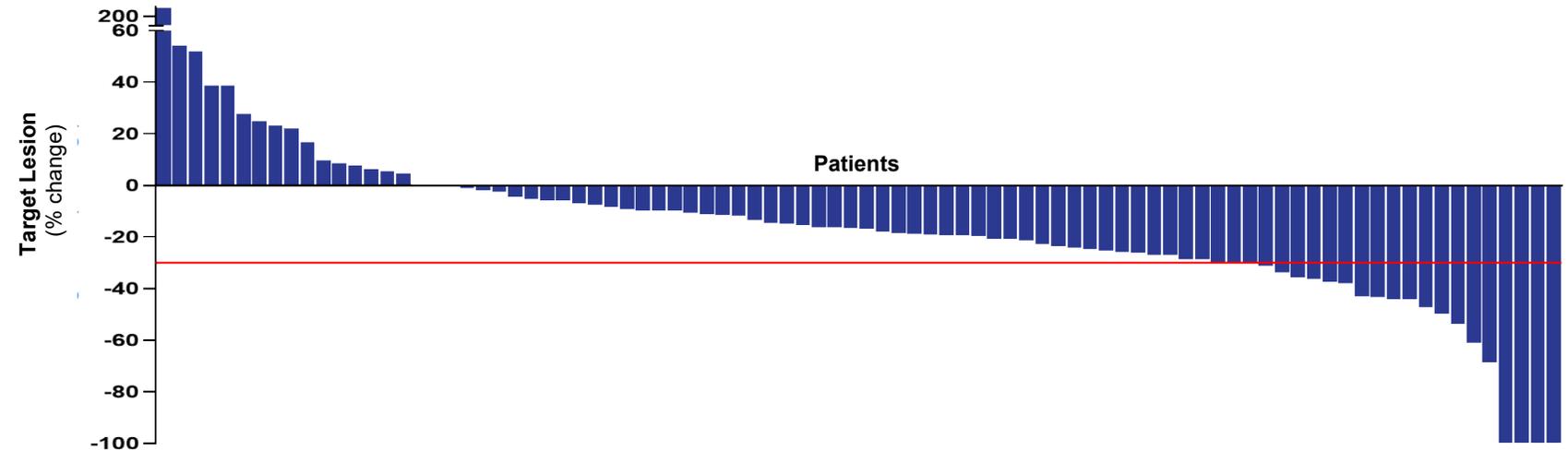
Safety Monitoring: An independent Data Safety Monitoring Committee reviewed safety data at four separate (pre-specified) meetings and recommended continuation of the study with no modification after each meeting.

Tovecimig: Top-line Ph 2/3 Activity in Patients with BTC (2L)

Paclitaxel
Monotherapy



Tovecimig
+
Paclitaxel

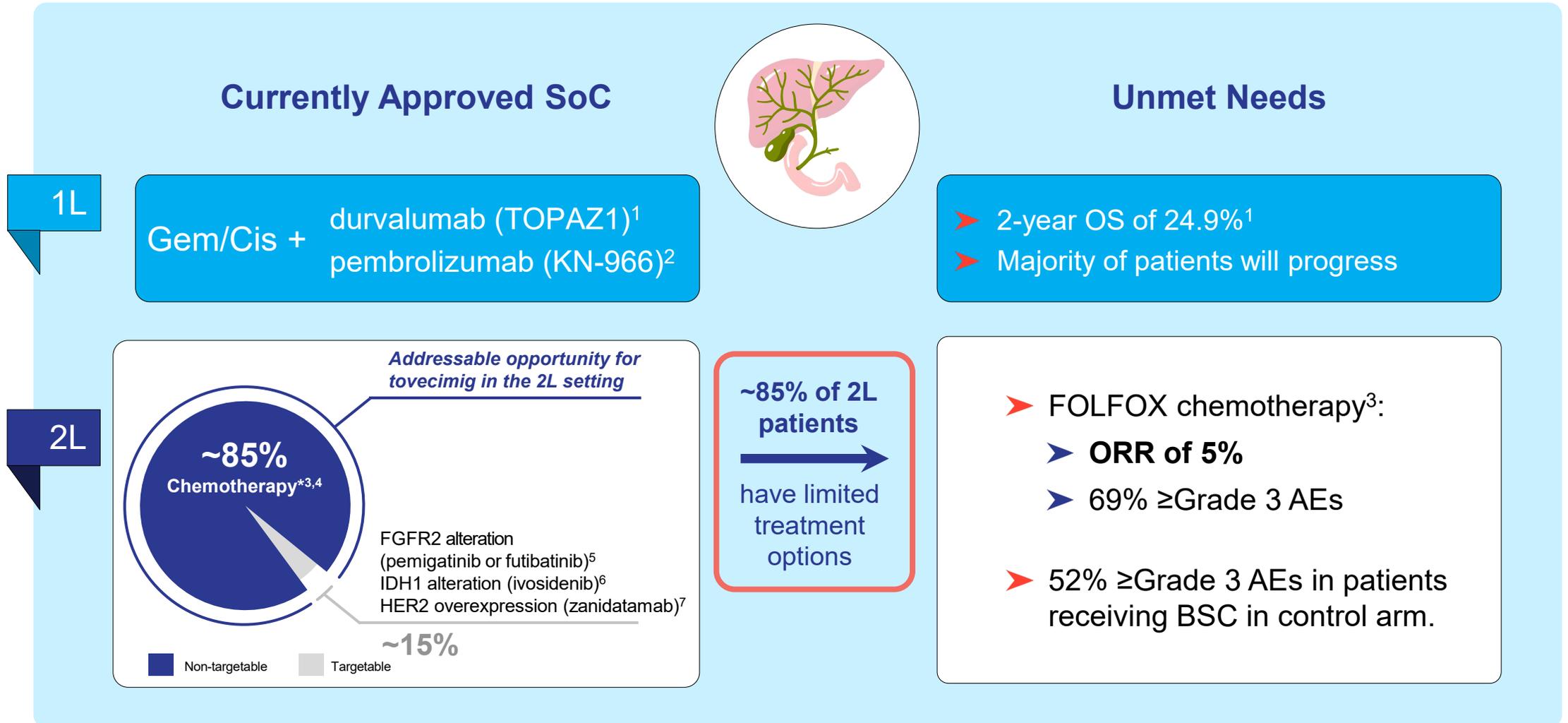


Tovecimig: Potential to Become Standard of Care in 2L BTC

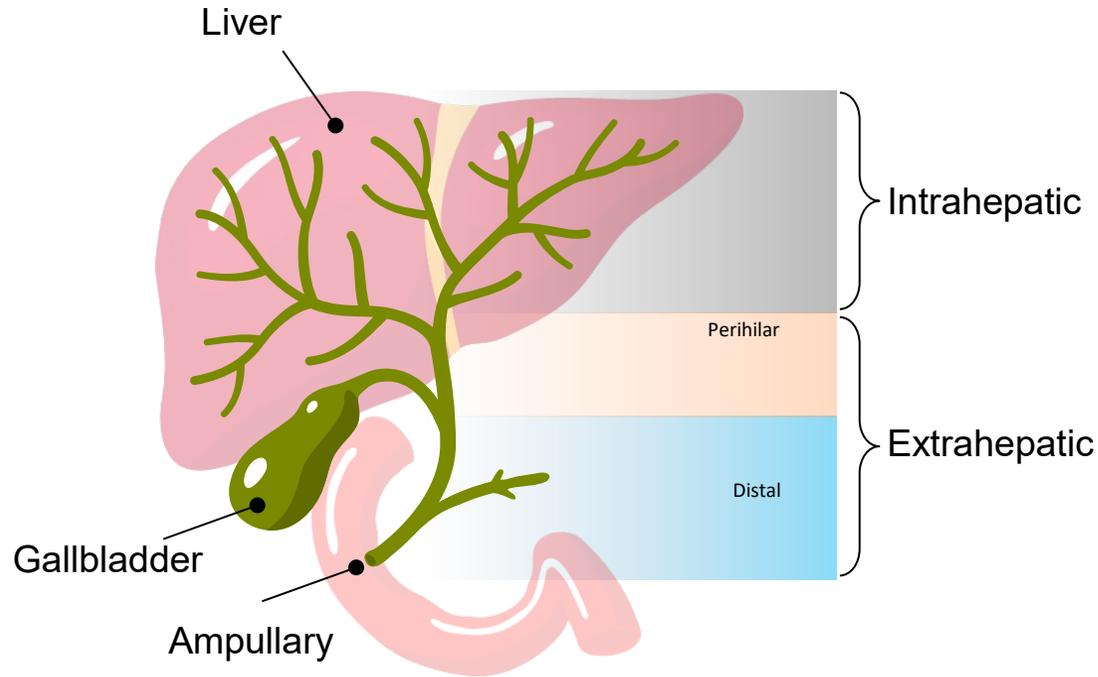
Line	Program	N	ORR	Survival Metrics	
				Median Progression Free Survival	Median Overall Survival
Months					
0 2 4 6 8 10 12 14					
First Line					
1L	Gem/Cis + Durv ¹	341	26.7%	7.2 m	12.8 m
1L	Gem/Cis + Pembro ²	533	28.7%	6.5 m	12.7 m
Second Line					
2L	ABC-06 ³	81 BSC	0%	5.3 m	
		81 FOLFOX	5%	4.0 m	6.2 m
Tovecimig* in 2L					
2L	Tovecimig + Paclitaxel ⁴	111	17.1% (p=0.031)	PFS, OS and DoR Data Expected Q4 2025	

*Historical data presented. Tovecimig is investigational, and no head-to-head studies have been conducted.

Significant Unmet Needs in Current Treatments for BTC



Incidence of BTC is Significant and Not Fully Appreciated



Cancer site	Epidemiology-based Approach (SEER)	Claims-based Approach (ICD)
Liver & intrahepatic bile duct	15% ² of 42,240 ¹	---
Gallbladder & other biliary	12,610 ¹	---
Other & unspecified primary sites	11% ³ of 37,370 ¹	---
Incidence	~23,000¹	~22,800⁴

Projected ~100,000 incidence of liver and intrahepatic bile duct cancer by 2040 (making it third most common cause of cancer-related deaths)⁵

Key Anticipated Milestones

