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

Corporate Presentation
Nasdaq: CMPX
March 2026

DISCLAIMER

This presentation has been prepared by Compass Therapeutics, Inc. ("we," "us," "our," or the "Company"). Statements contained herein are made as of the date of this presentation unless stated otherwise, and this presentation shall not under any circumstances create an implication that the information contained herein is correct as of any time after such date or that information will be updated or revised to reflect information that subsequently becomes available or changes occurring after the date hereof.

This presentation contains forward-looking statements. Statements in this presentation that are not purely historical are forward-looking statements. Such forward-looking statements include, among other things, references to Compass's financial position to continue advancing its product candidates, expectations about cash runway, business and development plans, and statements regarding Compass's product candidates, including their preclinical and clinical development, therapeutic potential and tolerability profile, and clinical trial milestones such as the expected trial design, timing of enrollment, patient dosing and data readouts, regulatory plans with respect to Compass's product candidates and the therapeutic potential thereof. Actual results could differ from those projected in any forward-looking statements due to numerous factors. Such factors include, among others, Compass's ability to raise the additional funding it will need to continue to pursue its business and product development plans, the inherent uncertainties associated with developing product candidates and operating as a development stage company, Compass's ability to identify additional product candidates for development, Compass's ability to develop, initiate and complete clinical trials for, obtain approvals for and commercialize any of its product candidates, competition in the industry in which Compass operates and market conditions. These forward-looking statements are made as of the date of this presentation, and Compass assumes no obligation to update the forward-looking statements, or to update the reasons why actual results could differ from those projected in the forward-looking statements, except as required by law. Investors should consult all of the information set forth herein and should also refer to the risk factor disclosure set forth in the reports and other documents Compass files with the U.S. Securities and Exchange Commission (SEC) available at www.sec.gov, including without limitation Compass's latest Annual Report on Form 10-K, Quarterly Report on Form 10-Q and subsequent filings with the SEC.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

This presentation concerns drugs that are under clinical investigation, and which have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). It is currently limited by Federal law to investigational use, and no representation is made as to its safety or effectiveness for the purposes for which it is being investigated.

Compass Corporate Highlights

Tovecimig: DLL4xVEGF-A ›››

Achieved primary endpoint in Ph 2/3 study in patients with BTC
Key secondary endpoints (PFS / OS) expected in April 2026

Compelling Data in Pts w/ BTC ›››

17.1% ORR (p=0.031) in 2L pts with BTC (compared to 5% with FOLFOX in 2L)

Multi-$B Market Potential ›››

$1B+ opportunity in BTC in the US (supported by 3rd-party market research)
~85% of 2L pts with BTC currently have no approved therapeutic alternative

Deep Expertise in Antibodies ›››

Four novel clinical candidates

Well Capitalized ›››

Cash runway into 2028 with $209M at YE 2025

* ORR = overall response rate; BTC = biliary tract cancer; 2L = 2nd line therapy; PFS = progression free survival;
OS = overall survival; IND = Investigational New Drug Application

COMPASS THERAPEUTICS

Diversified / Robust Pipeline with Multiple Value Inflection Points

Program	Target	Discovery	Pre-Clinical	Phase 1	Phase 2	Phase 3	Anticipated Milestones
Tovecimig (CTX-009)	**DLL4 x VEGF-A**	Biliary Tract Cancer (2L)					**17.1% ORR (met primary endpoint)** **April 2026: PFS / OS data**
		Colorectal Cancer (monotherapy 3L/4L)					Completed (monotherapy activity)
		Phase 2 Study – DLL4+ tumors					Mid-2026 Phse 2 Study in DLL4+ tumors: CRC, Gastric, Ovarian, Renal, HCC
CTX-471	**CD137**	Basket Study – NCAM (CD56)+					Mid-2026: Trial initiation
		Basket Study – Post-checkpoint					Completed
CTX-8371	**PD-1 x PD-L1**	Solid Tumors (cohort expansion in NSCLC & TNBC)					**H1 2026: Phase 1 data** Expansion cohorts initiated
CTX-10726	**PD-1 x VEGF-A**	Solid tumors					**Q1 2026: Phase 1 initiation**
Bispecifics / Trispecifics	**Multiple**						Ongoing

* Not shown: Investigator Sponsored Trial of tovecimig in **1st line** biliary tract cancer

Leadership Team Experienced in Drug Discovery and Development

Thomas J. Schuetz, MD, PhD
President, CEO, &
Vice Chairman of the Board

Barry Shin, JD, MBA
Chief Financial Officer

Arjun Prasad, MBA, MPH
Chief Commercial Officer

Cynthia Sirard, MD
Chief Medical Officer

Bing Gong, PhD
Chief Scientific Officer

Jon Anderman, JD
SVP, General Counsel &
Corporate Secretary

Ian Chia, PhD
VP, Business Development

Karin Herrera
SVP, Clinical
Operations

James Kranz, PhD
VP, CMC

Neil Lerner, CPA, MIM
SVP, CAO

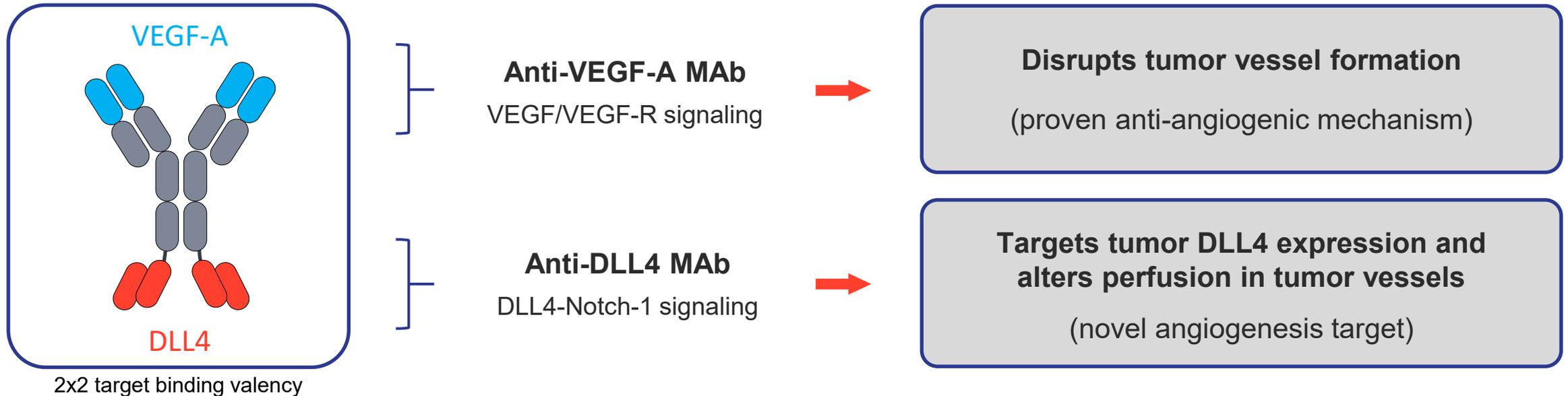**Kris Sachsenmeier, PhD**
VP, Translational Science

Tovecimig (CTX-009)
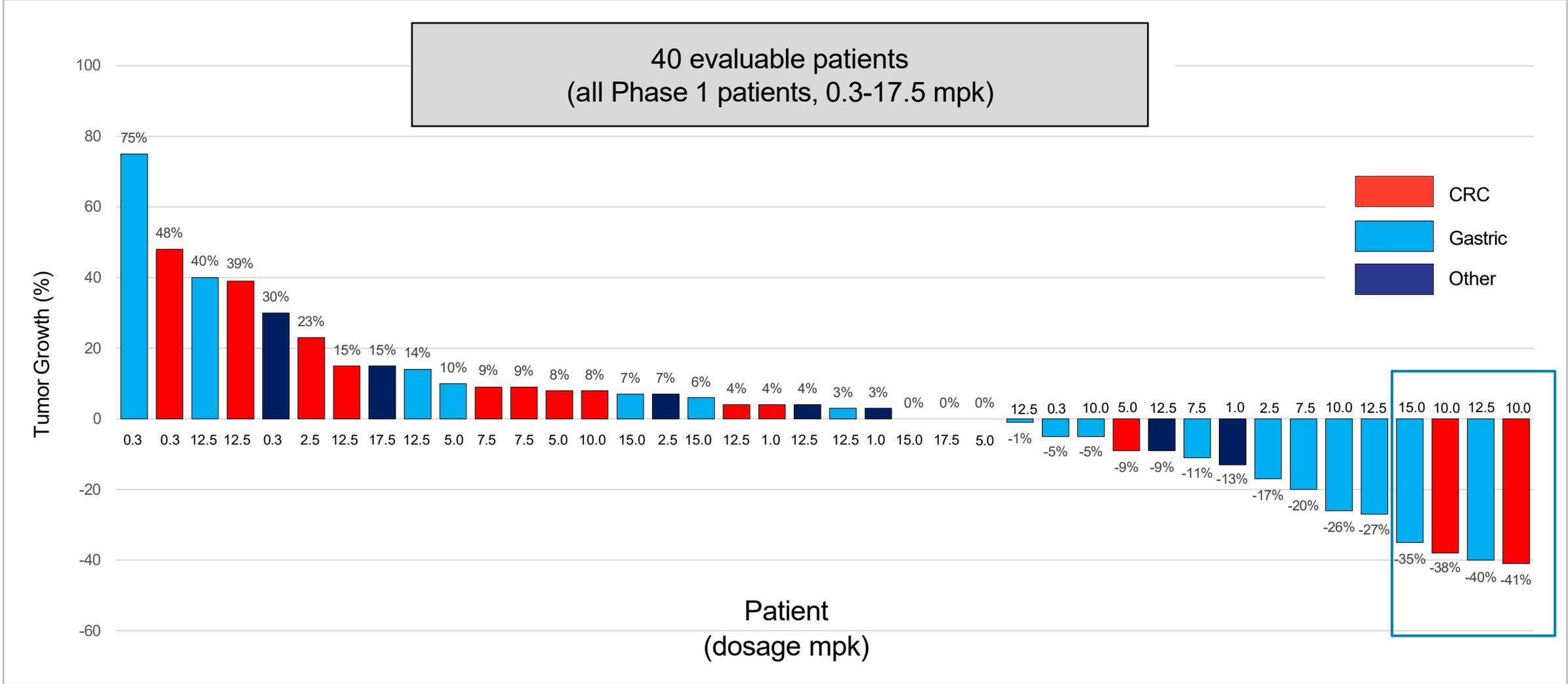
DLL4 X VEGF-A bispecific antibody

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

VEGF-A

DLL4

2x2 target binding valency

Anti-VEGF-A MAb

VEGF/VEGF-R signaling

Disrupts tumor vessel formation

(proven anti-angiogenic mechanism)

Anti-DLL4 MAb

DLL4-Notch-1 signaling

Targets tumor DLL4 expression and alters perfusion in tumor vessels
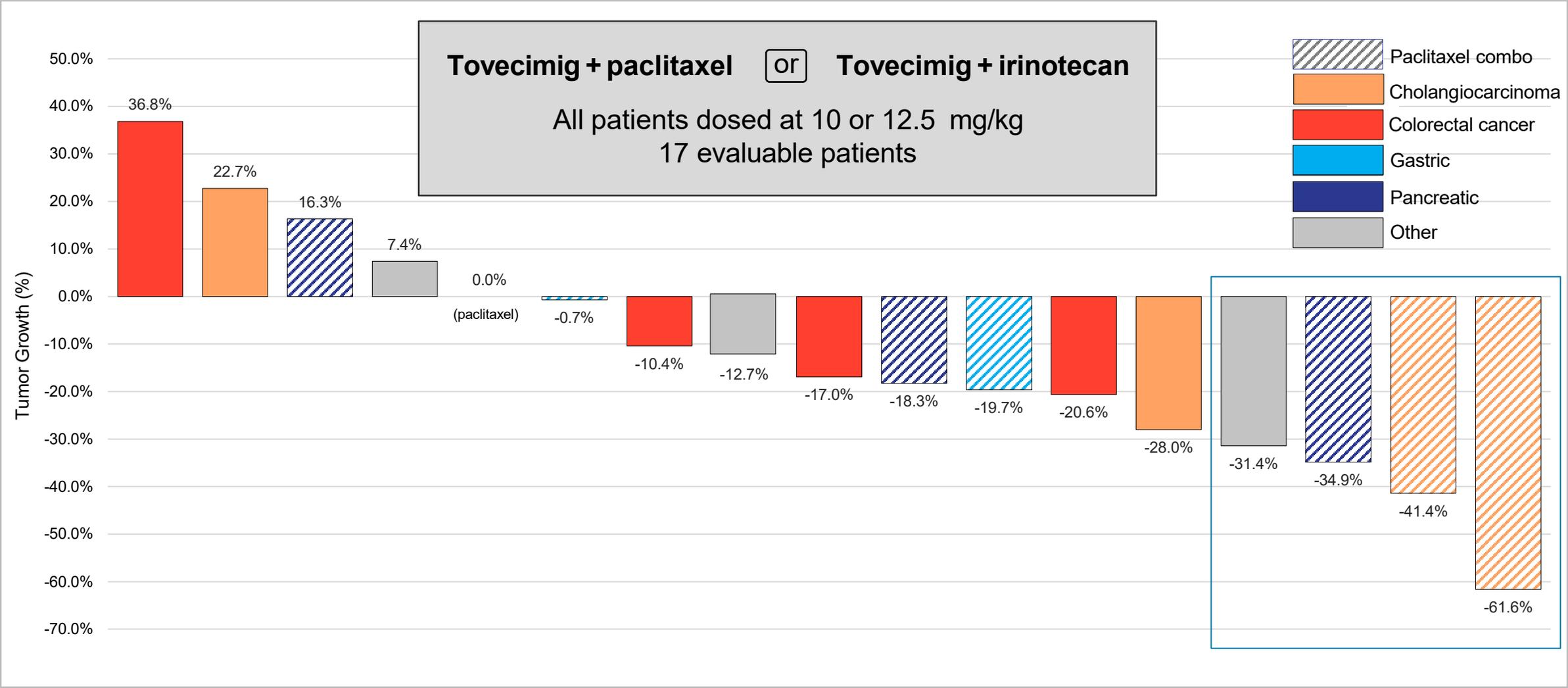
(novel angiogenesis target)

➤ 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 GC[1]

1. Lee, J et. al. 2021, October 7-10. Plenary Presentation AACR-NCI-EORTC Virtual International Conference on Molecular Targets and Cancer Therapeutics.

Tovecimig: Monotherapy Activity in Ph 1a Data

40 evaluable patients
(all Phase 1 patients, 0.3-17.5 mpk)

Legend: CRC, Gastric, Other

Tumor Growth (%)

Patient
(dosage mpk)

Tovecimig: Combination Activity in Ph 1b Data

Tovecimig + paclitaxel or Tovecimig + irinotecan

All patients dosed at 10 or 12.5 mg/kg
17 evaluable patients

Legend:
- Paclitaxel combo
- Cholangiocarcinoma
- Colorectal cancer
- Gastric
- Pancreatic
- Other

Y-axis: Tumor Growth (%)

Bar values (left to right): 36.8%, 22.7%, 16.3%, 7.4%, 0.0% (paclitaxel), -0.7%, -10.4%, -12.7%, -17.0%, -18.3%, -19.7%, -20.6%, -28.0%, -31.4%, -34.9%, -41.4%, -61.6%

Tovecimig: Phase 2 BTC Data

Investigator-assessed responses in single-arm study (paclitaxel combo)
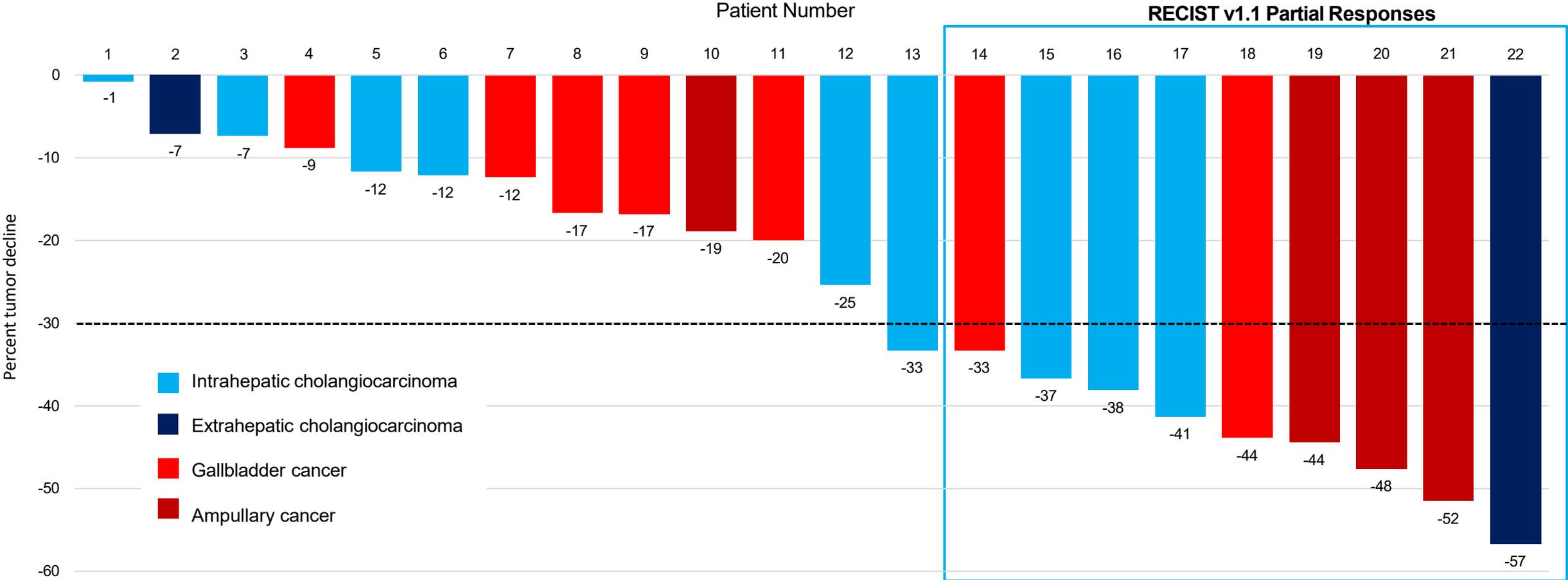
COMPANION-002: Phase 2/3 U.S. BTC Study

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

Study Treatment – 28 Day Cycles

Follow Up

2:1 Randomization

Tovecimig + Paclitaxel n=111

Tovecimig 10mg/kg
Days 1 and 15

Paclitaxel 80 mg/m^2
Days 1, 8 and 15
of every 28-day cycle

Disease progression per RECIST v1.1, as confirmed by Independent Central Radiology

Follow-up approx. every 3 months

Crossover permitted following disease progression

Paclitaxel n=57

Paclitaxel 80 mg/m^2
Days 1, 8 and 15
of every 28-day cycle

Disease progression per RECIST 1.1, as confirmed by Independent Central Radiology

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

COMPASS THERAPEUTICS

11

Tovecimig: Ongoing Phase 2/3 – Secondary Endpoints

Secondary Endpoint Analyses:

80% OS events (134 of 168) reached in Q1 2026

Triggers analysis of Secondary Endpoints of PFS and OS

Reference: ABC-06[1] study of FOLFOX in patients with BTC treated in the second-line setting

➤ ABC-06 Study: **<10%** OS at **18 months** (median OS = 6.2 months)
➤ COMPANION-002:   **>20%** OS at **>18 months** median follow-up (as of Sept 2025)

1. PMID: 33798493

Next Expected Update: Key Secondary Endpoints in April 2026

Progression-Free Survival

Overall Survival (RPSFT[2])

Overall Survival (intent to treat)

Topline Safety

2. RPSFT = "Rank Preserving Structural Failure Time," a statistical method that adjusts for the effect of crossover

COMPASS
THERAPEUTICS

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.

COMPASS THERAPEUTICS

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

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

Line	Program	N	ORR	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%**	PFS 7.2 m / OS 12.8 m
1L	**Gem/Cis + Pembro**[2]	533	**28.7%**	PFS 6.5 m / OS 12.7 m
Second Line				
2L	**ABC-06**[3]	81 BSC	**0%**	OS 5.3 m
		81 FOLFOX	**5%**	PFS 4.0 m / OS 6.2 m
Tovecimig* in 2L				
2L	**Tovecimig + Paclitaxel**[4]	111	**17.1% (p=0.031)**	PFS / OS Data Expected April 2026

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

COMPASS THERAPEUTICS

Incidence of BTC is Significant and Not Fully Appreciated
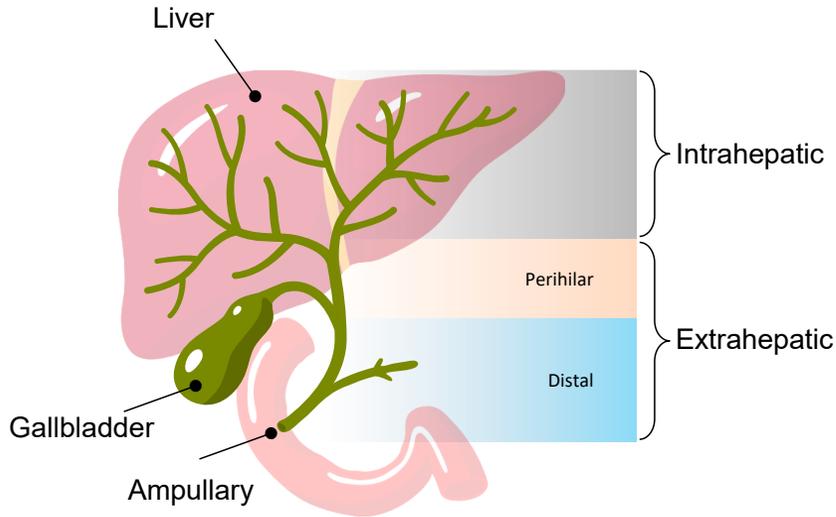
Cancer site	Epidemiology-based (2026 SEER)	Claims-based (ICD: 2021-2022)	3rd Party Mkt. Research
Liver & intrahepatic bile duct	15%[2] of 42,340[1]	---	---
Gallbladder & other biliary	12,640[1]	---	---
Other & unspecific primary	11%[3] of 67,800[1]	---	---
Total Incidence	**~26,500[1]**	**~22,800[4]**	**~25,000[5]**

US BTC incidence projected to grow to ~34,000 patients by 2037[6]

1. PMID: 41528114; 2. Lowe, R, et al. Epidemiology, risk factors, anatomy, and pathology of cholangiocarcinoma. UpToDate, Inc. (2022); 3. PMID: 35484217; 4. Komodo Health x Cholangiocarcinoma Foundation. (2023); 5. CMPX-commissioned market research (2025) 6. PMID: 33825840

Significant Unmet Needs in Current Treatments for BTC

Currently Approved SoC

Gem/Cis + durvalumab (TOPAZ1)[1]
pembrolizumab (KN-966)[2]

Addressable opportunity for tovecimig in the 2L setting

~85%
Chemotherapy*[3,4]

FGFR2 alteration
(pemigatinib or futibatinib)[5]
IDH1 alteration (ivosidenib)[6]
HER2 overexpression (zanidatamab)[7]

~15-20%

■ Non-targetable   □ Targetable

Unmet Needs

➤ 2-year OS of 24.9%[1]
➤ Majority of patients will progress

~80-85% of 2L patients

→ have limited treatment options

➤ FOLFOX chemotherapy[3]:
  ➤ **ORR of 5%**
  ➤ 69% ≥Grade 3 AEs

➤ 52% ≥Grade 3 AEs in patients receiving BSC in control arm.

1. PMID: 38319896; 2. PMID: 37075781; 3. PMID: 33798493; 4. NCCN (2024). Biliary Tract Cancers (version 4.2024); 5. PMID: 37017301; 6. PMID: 33182517; 7. PMID: 38266541

2L BTC U.S. Market Potential is >$1 Billion

Annual BTC incidence in the U.S. (~23K+ in 2023)[1]

Clinical progression

~90% receive 1L treatment (~10% undergo resection but only ~5% are cured after surgery)[2]

~70% of 1L patients **receive 2L treatment**[3]
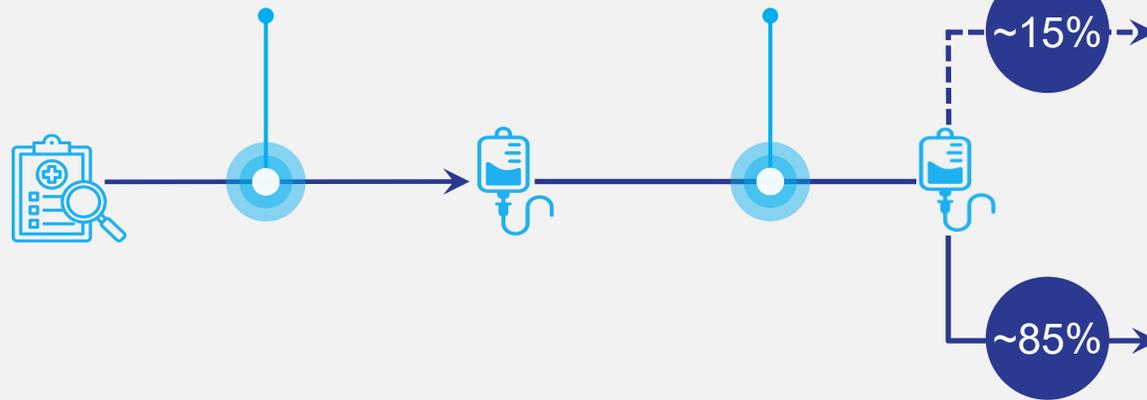
~15% → Approved 2L targeted therapies[4,5] (contraindications include: ocular toxicity, hyperphosphatemia)

~85% → Chemotherapy/ **Opportunity for tovecimig**

Patient Numbers*

~26.5K

~24K

>15K

*Patient numbers are estimates based on Company analysis of references.

1. CMPX-commissioned market research (2025); 2. PMID: 27829275; 3. Based on Compass Therapeutics' analysis and PMID: 38319896; 4. PEMAZYRE prescribing information; 5. LYTGOBI prescribing information

COMPASS THERAPEUTICS

18

Tovecimig: Potential Solid Tumor Opportunities

Indications with approved angiogenic inhibitors and/or tumors that are DLL4 enriched

Indications	BTC	CRC	Gastric/GEJ	Glio-blastoma	HCC	Ovarian	RCC
Incidence	~26.5k[1]	~154k[1]	~30k[2]	~15k[3]	~35k[2]	~20k[1]	~73k[4]
CTX-009 Clin. Active[5]	✓	✓	✓	TBD	TBD	TBD	TBD
Avastin Approved[6]		◆		◆	◆	◆	◆
DLL4+ Enriched[7]	✓	✓	✓	✓	✓	✓	✓

Potential for expansion into numerous solid tumor indications

BTC: Biliary tract cancer; CRC: Colorectal cancer; GEJ: Gastroesophageal junction; HCC: Hepatocellular carcinoma; RCC: Renal cell carcinoma

Tovecimig: Strong Near-Term Momentum

BTC (2L) Data
Ph 2/3
➤ Achieved primary endpoint in Ph 2/3 study
➤ PFS / OS data expected April 2026

BTC (1L) Study
IST
Enrolling
➤ MD Anderson Cancer Center investigator sponsored trial in 1L patients
➤ Tovecimig added to front line gem / cis / durvalumab

Further Expansion Opportunities
➤ Broad potential expansion into multiple solid tumor indications

Tovecimig granted Fast Track Designation in BTC in April 2024

COMPASS THERAPEUTICS

CTX-471

CD137 agonist

CTX-471: Potential Best-in-Class CD137 (4-1BB) Agonist

CTX-471: Next Generation CD137 Agonist

Fully human, IgG4, optimized affinity for agonistic antibody

Unique epitope: non-ligand blocking

CTX-471: Signals of Activity in Phase 1

Monotherapy Phase 1a ascending dose study completed

➤ MTD defined by immune thrombocytopenia

Monotherapy Phase 1b Post-PD-1 Cohort Expansions completed

➤ 60 patients with 17 different tumor types enrolled

➤ 4 PRs observed: melanoma (3 of 11) and mesothelioma (1 of 4)

➤ 1 CR: small cell lung cancer (1 of 3)

➤ Potential biomarker of response identified in biopsies: NCAM (CD56)+ tumors were more likely to respond to CTX-471

Urelumab, 3H3

CD137L

CD137

CTX-471

Utomilumab
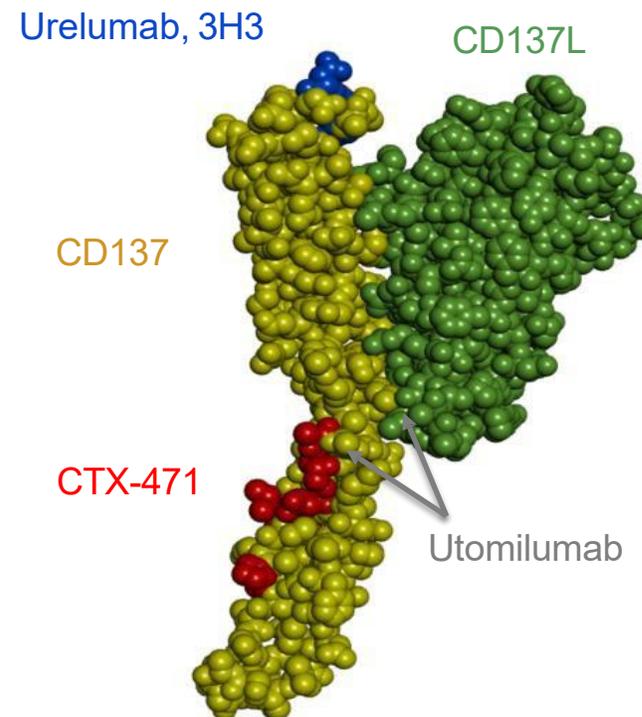
JCI Insight. 2020;5(5):e133647

Advancing to Ph 2 NCAM (CD56)+ Basket Study

Mid-2026 expected initiation

COMPASS THERAPEUTICS

PMID: 36725933, ASCO 2024, Abstract #2535, SITC 2024 Abstract #679

CTX-471: Complete Response in Small Cell Lung Cancer Patient

Baseline | **Month 4** | **Month 32**
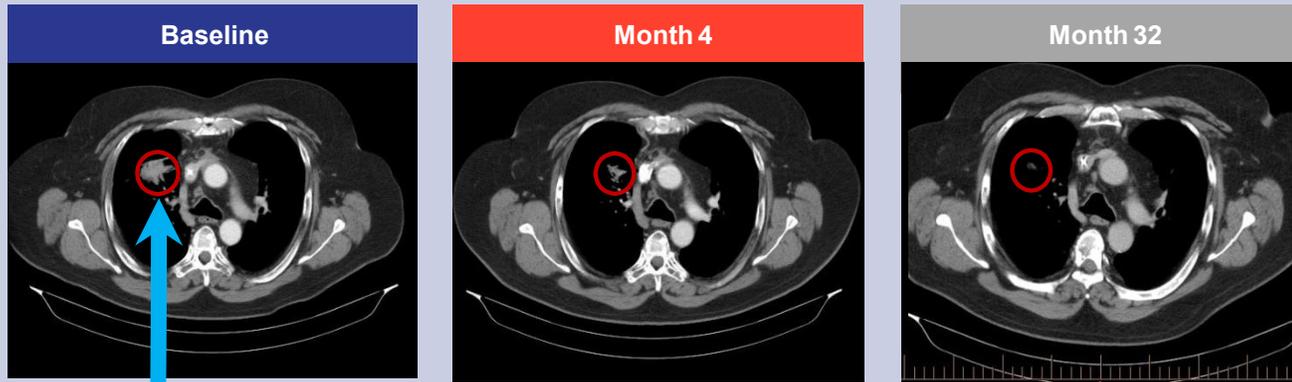
➤ CTX-471 treated patient with advanced SCLC had a PET negative **complete response** after ~3 years on therapy

➤ Previously treated with: carboplatin/etoposide plus atezolizumab (1L), and nivolumab (2L)

Small Cell Lung | Melanoma | Head and Neck
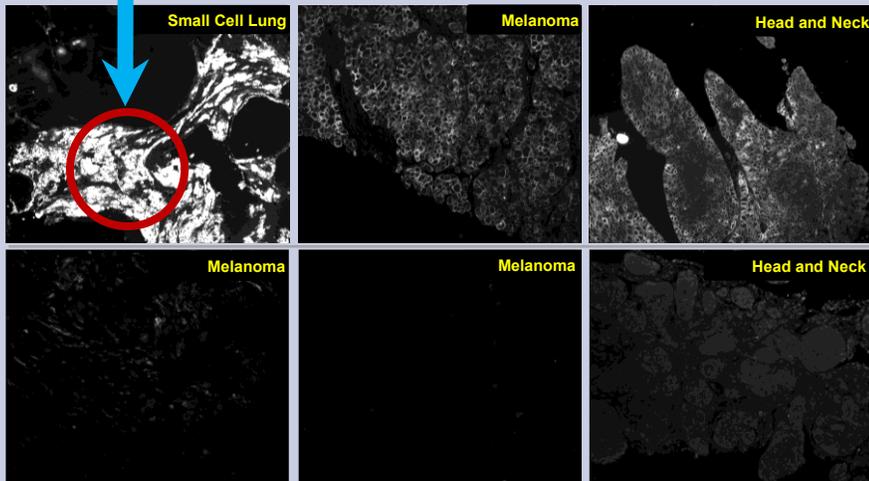
Patients with Clinical Benefit (CR / PR / SD)

Melanoma | Melanoma | Head and Neck

Patients with Progressive Disease

NCAM Biomarker

NCAM (CD56) was identified as a potential biomarker of activity in Phase 1 studies of CTX-471

COMPASS THERAPEUTICS

NCAM (CD56) High in Patients with CTX-471 Disease Control

NCAM may render tumors sensitive to CTX-471 treatment: proposed mechanism of action

1 NCAM (CD56) "Positive" Tumor
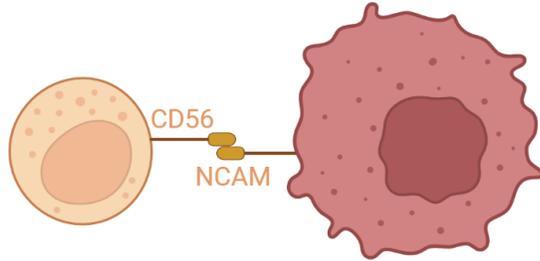
Binding of tumor cell to NK cell via NCAM (CD56)

NCAM (CD56) "Negative" Tumor

No NCAM (CD56) binding to NK cell
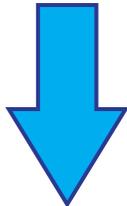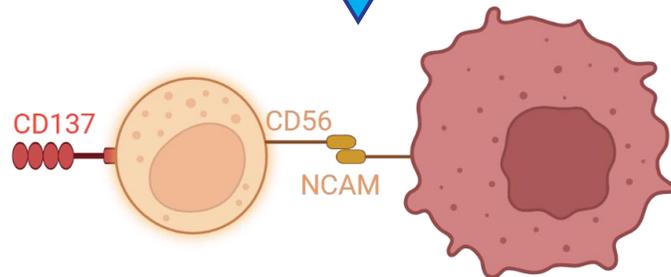
2 Infiltration and upregulation of CD137 leading to an activated NK cell
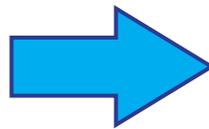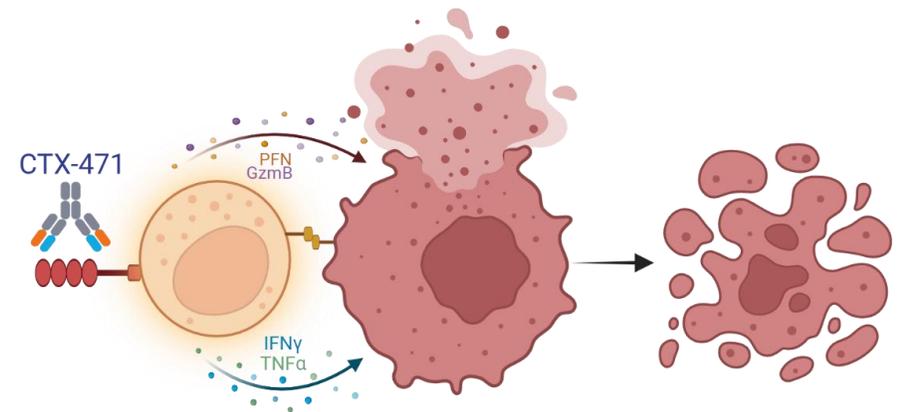
3 CD137 agonism via binding of CTX-471 leading to tumor cell killing

Created with BioRender.com

CTX-471: Proposed NCAM (CD56) Basket Trial

Prostate NET

Metastatic Melanoma

SCLC

Lung NET

Pancreatic NET

CRC NET
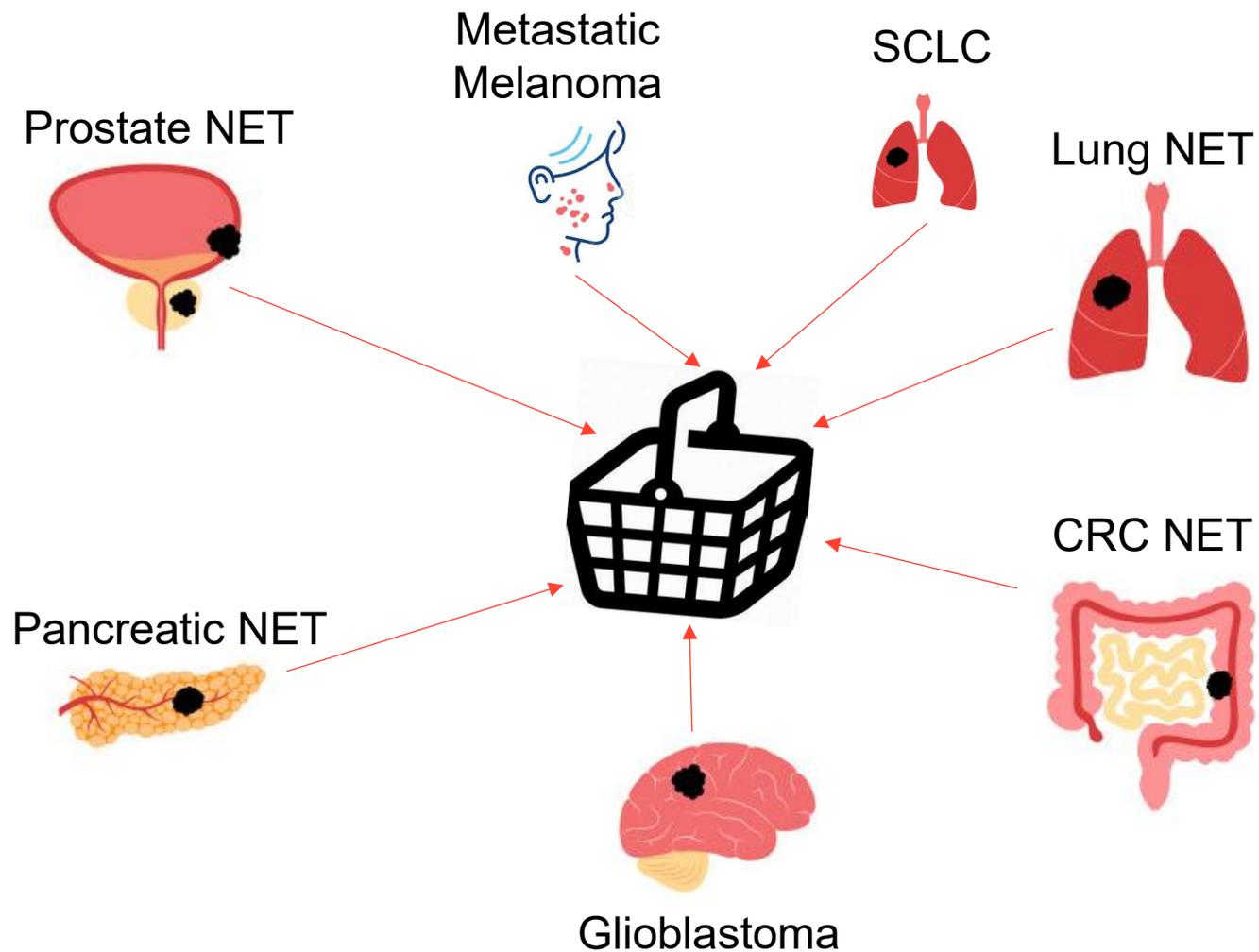
Glioblastoma

US 2023 – SEER Database	
Indication	NCAM Pts
SCLC*	37,000
Glioblastoma*	14,707
Metastatic/Melanoma	5,610
Pancreatic NET	3,203
Prostate NET	2,883
NSCLC NET	2,383
Colon NET	1,530
TOTAL	60,316

* ~100% NCAM+

CTX-8371

PD-1 x PD-L1 bispecific antibody

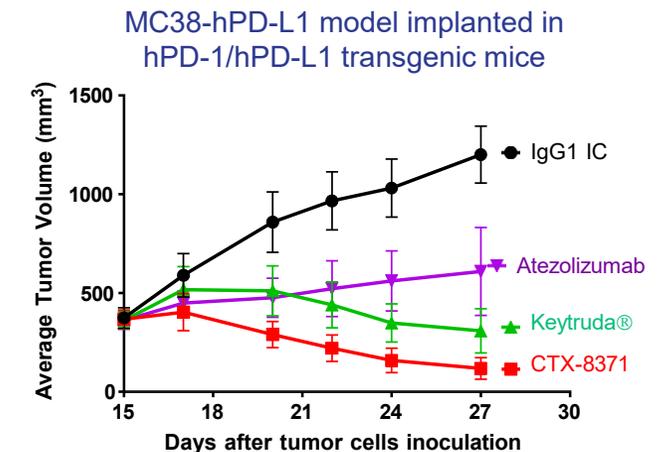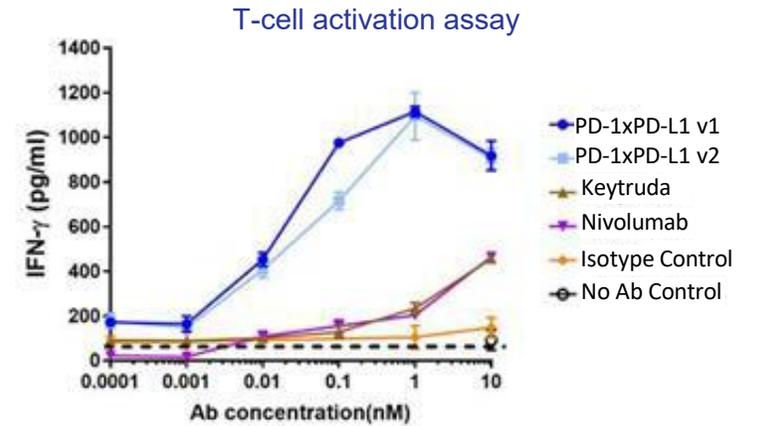# StitchMabs™ Platform was Utilized to Identify CTX-8371

Engineered Synergistic Activity of PD-1 / PD-L1 in Stitchmabs format
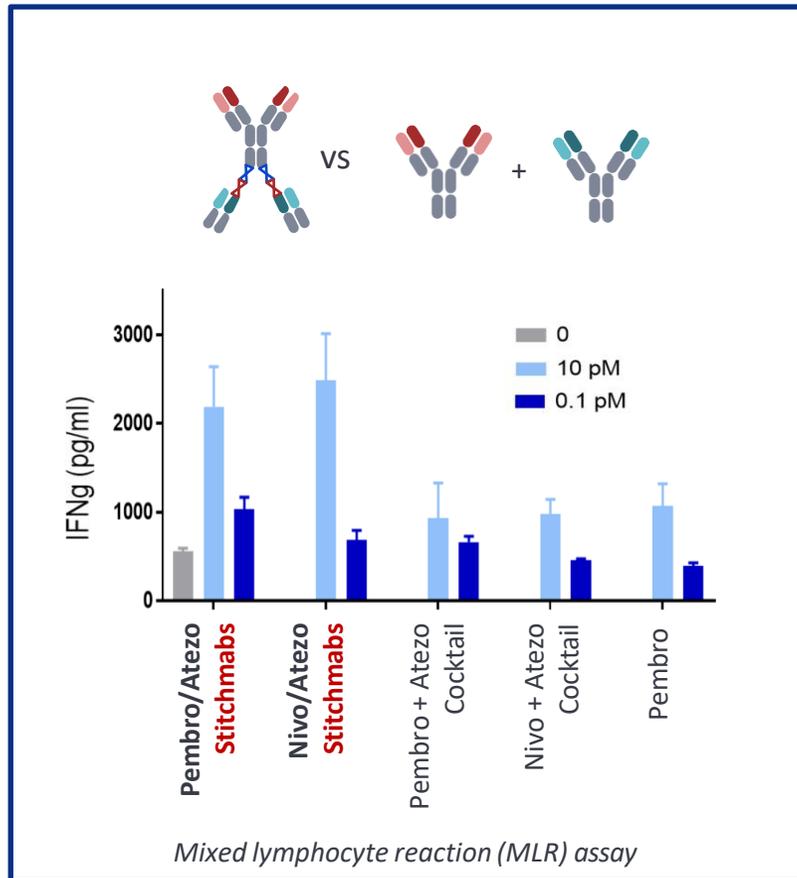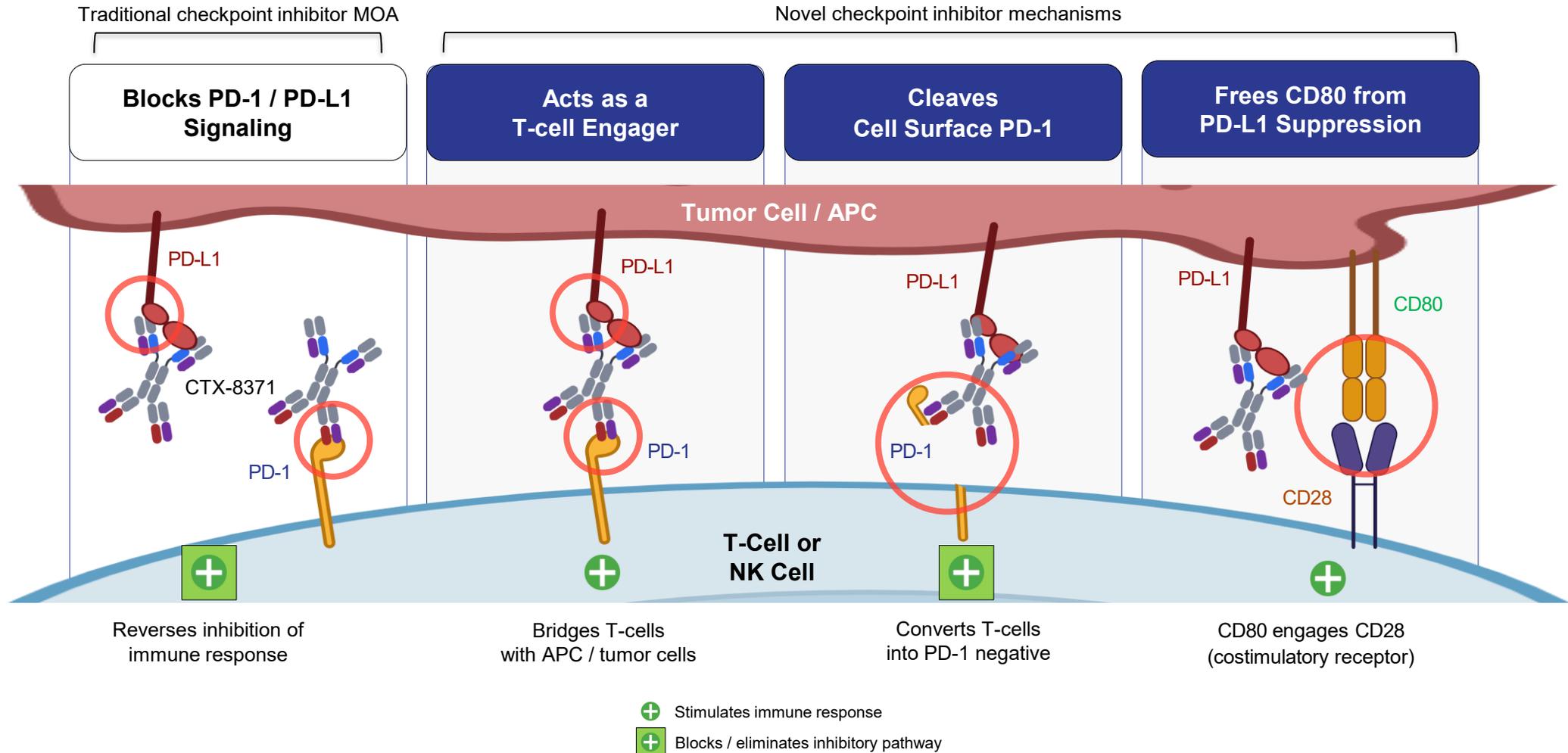
Proprietary Structural Design

Superior Activity

Mixed lymphocyte reaction (MLR) assay

PD-1
PD-L1

CTX-8371

T-cell activation assay

MC38-hPD-L1 model implanted in hPD-1/hPD-L1 transgenic mice
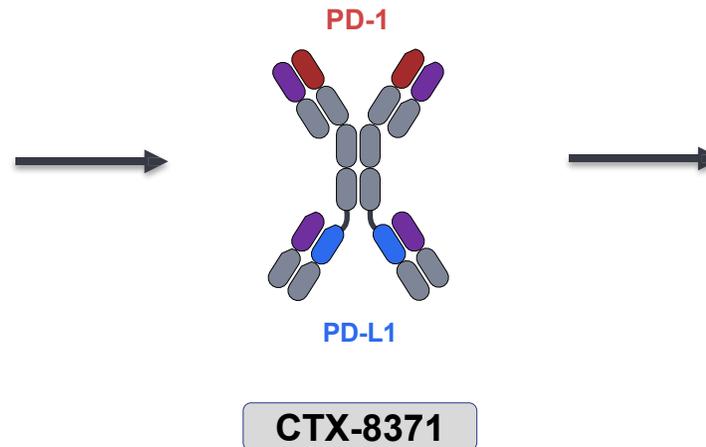
CTX-8371: Differentiated MoA Leads to Enhanced T-Cell Activation

Potentially first-in-class – converting PD-1 positive T-cells into PD-1 negative T-cells

Traditional checkpoint inhibitor MOA

Novel checkpoint inhibitor mechanisms

| Blocks PD-1 / PD-L1 Signaling | Acts as a T-cell Engager | Cleaves Cell Surface PD-1 | Frees CD80 from PD-L1 Suppression |

Tumor Cell / APC

PD-L1 — CTX-8371 — PD-1

PD-L1 — PD-1

PD-L1 — PD-1

PD-L1 — CD80 — CD28

T-Cell or NK Cell

Reverses inhibition of immune response

Bridges T-cells with APC / tumor cells

Converts T-cells into PD-1 negative

CD80 engages CD28 (costimulatory receptor)

➕ Stimulates immune response

➕ Blocks / eliminates inhibitory pathway

COMPASS THERAPEUTICS

CTX-8371: Development Status

Phase 1 Study Design

Multiple ascending dose, "3+3" dose-escalation study

5 doses (mg/kg):

0.1 → 0.3 → 1.0 → 3.0 → 10.0

Post PD-1 or PD-L1 patient population:
Melanoma, NSCLC, HNSCC, HL, TNBC

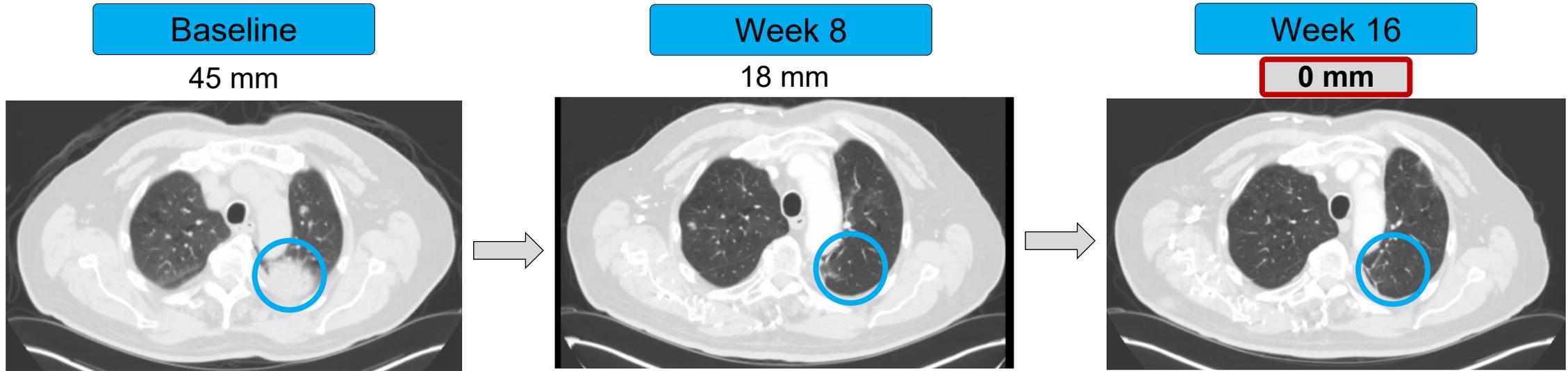## Trial Highlights

Three responses in the first 15 patients

Confirmed Partial Responses in patients
with NSCLC, TNBC, and HL

No DLTs, suggesting a differentiated safety profile

Enrolling cohort expansion in NSCLC & TNBC
with HL cohort to begin in Q2

Potential for proprietary combination regimens with tovecimig and CTX-471
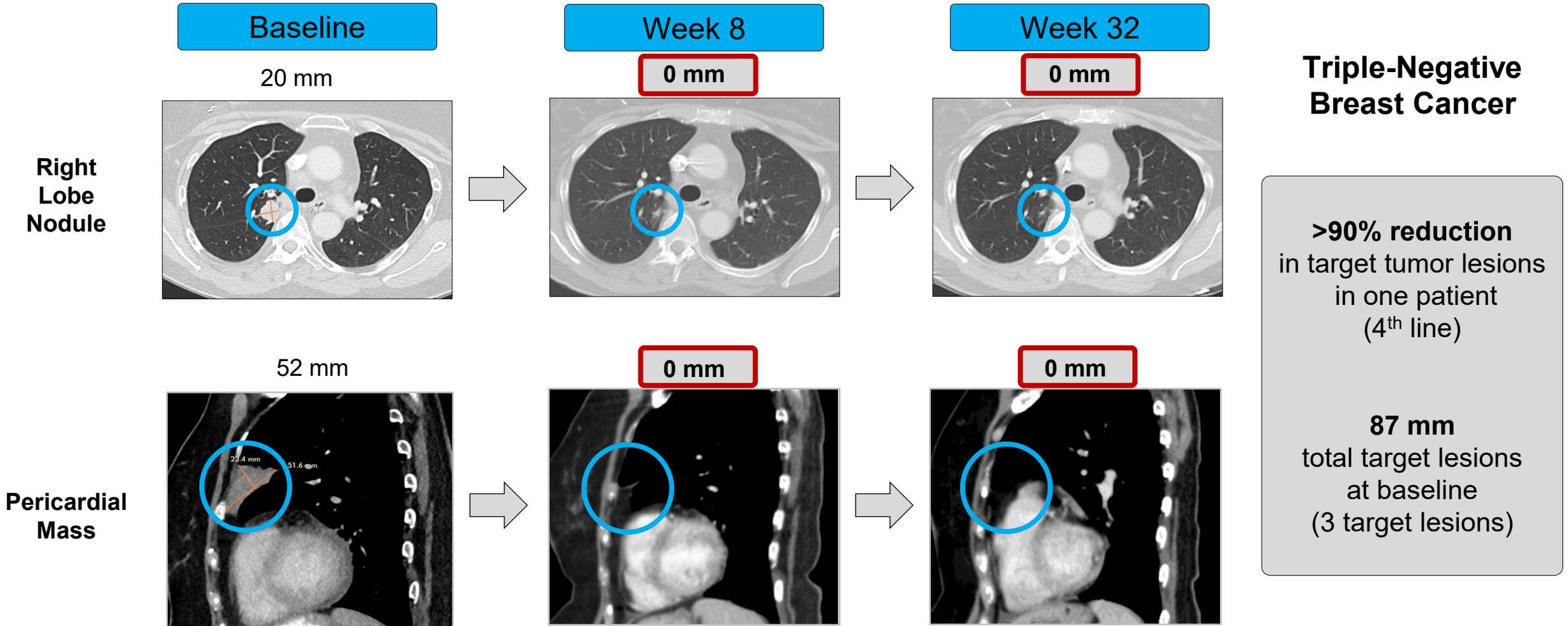
NSCLC = non-small cell lung cancer; HNSCC = head and neck squamous cell carcinoma;
HL = Hodgkin lymphoma; TNBC = triple negative breast cancer

COMPASS
THERAPEUTICS

CTX-8371: Patient with NSCLC Target Lesion #1 Imaging

Baseline	Week 8	Week 16
45 mm	18 mm	**0 mm**

Non-Small Cell Lung Cancer

➤ **Complete resolution** of target tumor lesions in one patient after initial pseudo-progression
4th line with 59 mm total target lesion burden @ baseline

CTX-8371 in TNBC: Confirmed, Deep and Durable Partial Response

Right Lobe Nodule

Baseline — 20 mm

Week 8 — 0 mm

Week 32 — 0 mm

Pericardial Mass

Baseline — 52 mm

Week 8 — 0 mm

Week 32 — 0 mm

Triple-Negative Breast Cancer

>90% reduction in target tumor lesions in one patient (4th line)

87 mm total target lesions at baseline (3 target lesions)

CTX-10726

PD-1 x VEGF-A bispecific antibody

CTX-10726: PD-1 x VEGF-A Bispecific

CTX-10726: Drug Discovery and Engineering

Fully human, glycosylated IgG1 with silenced Fc-γ receptor binding

➤ *Anti-VEGF* Clinically proven mechanism (bevacizumab)

➤ *Anti-PD-1* Proprietary anti-PD-1 scFv with highly stable structure
High affinity, cooperative target binding
More potent PD-1 blockade observed preclinically
(vs prior published data for other drugs in class*)
Leverages clinical experience from CTX-8371 program

CTX-10726: Development Pathway

IND clearance by FDA in early 2026

Phase 1 initiation expected in Q1 with potential clinical data in 2026

MOA validated by ivonescimab & other PD-1 x VEGF programs

Advanced CMC process with commercial-level yields

Novel composition of matter IP

*Comparison based on reported PD-1 blockade data (IC50, nM) for ivonescimab

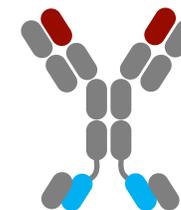**CTX-10726 Builds on Compass' Deep VEGF-IO Expertise**

Tovecimig
Anti-VEGF-A

CTX-8371
Anti-PD-1

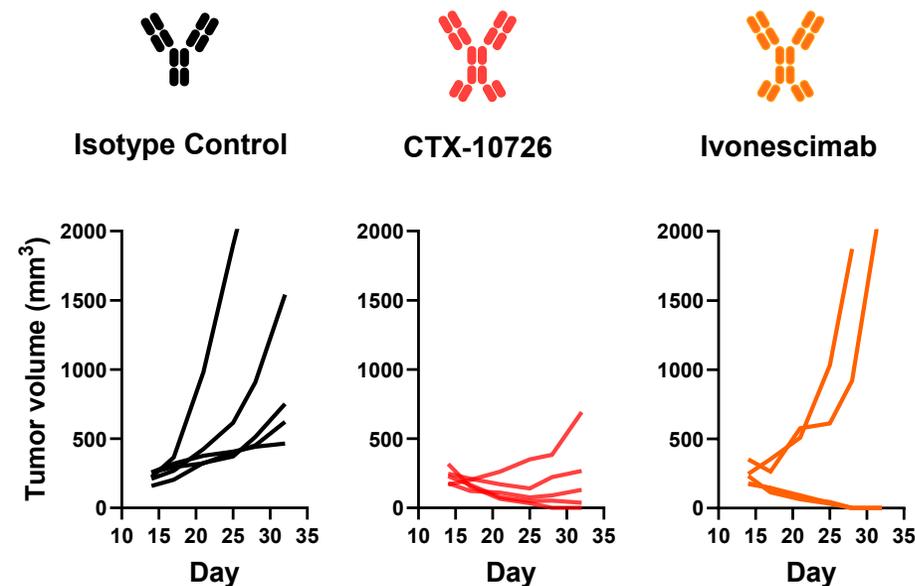**Anti-DLL4**
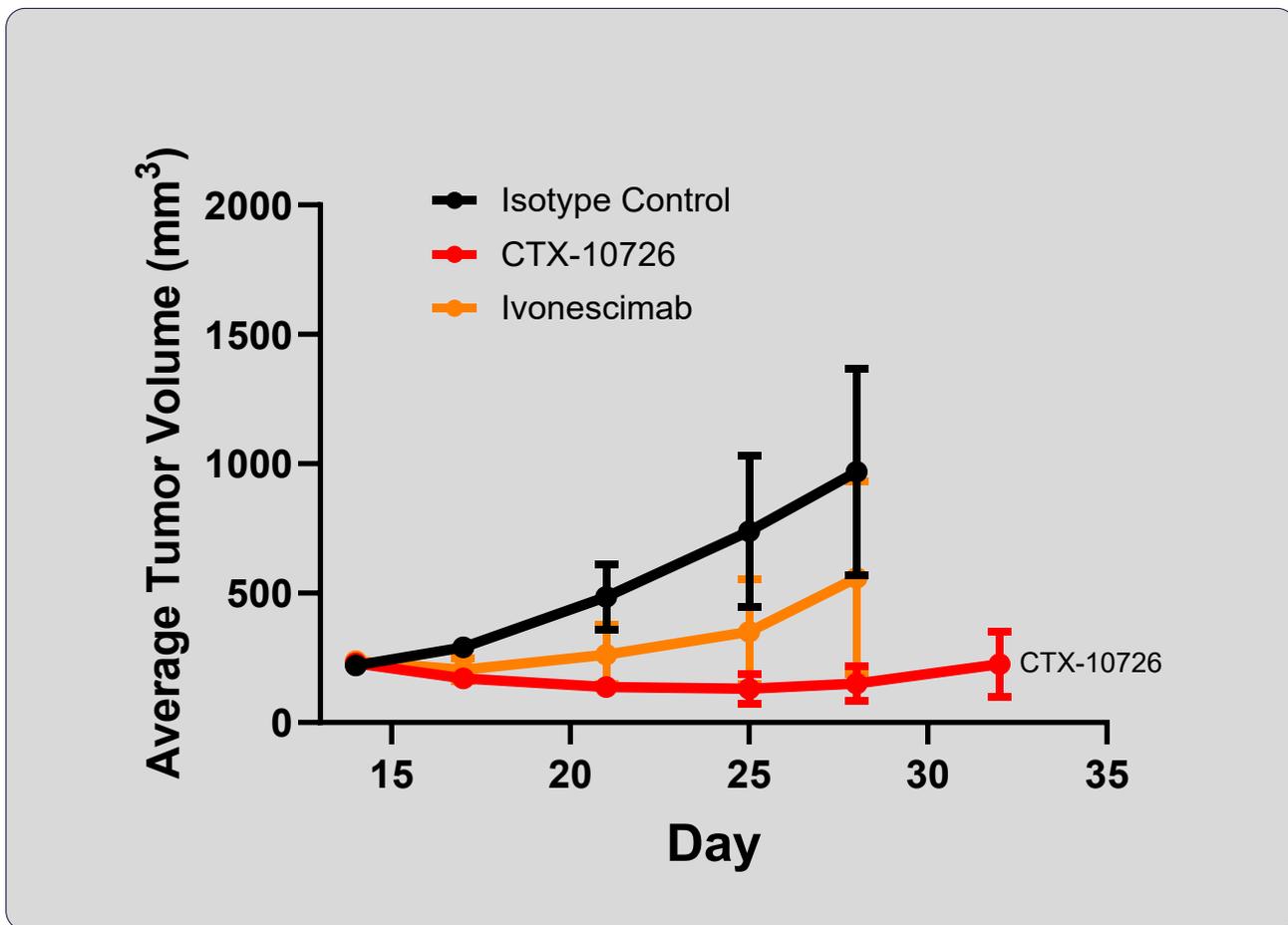
Anti-PD-L1

CTX-10726

Anti-VEGF-A

Anti-PD-1

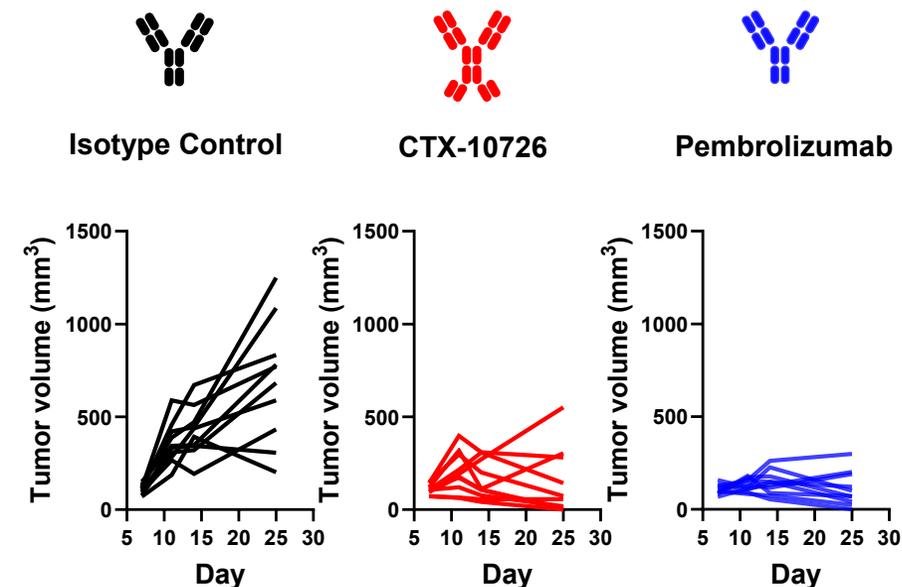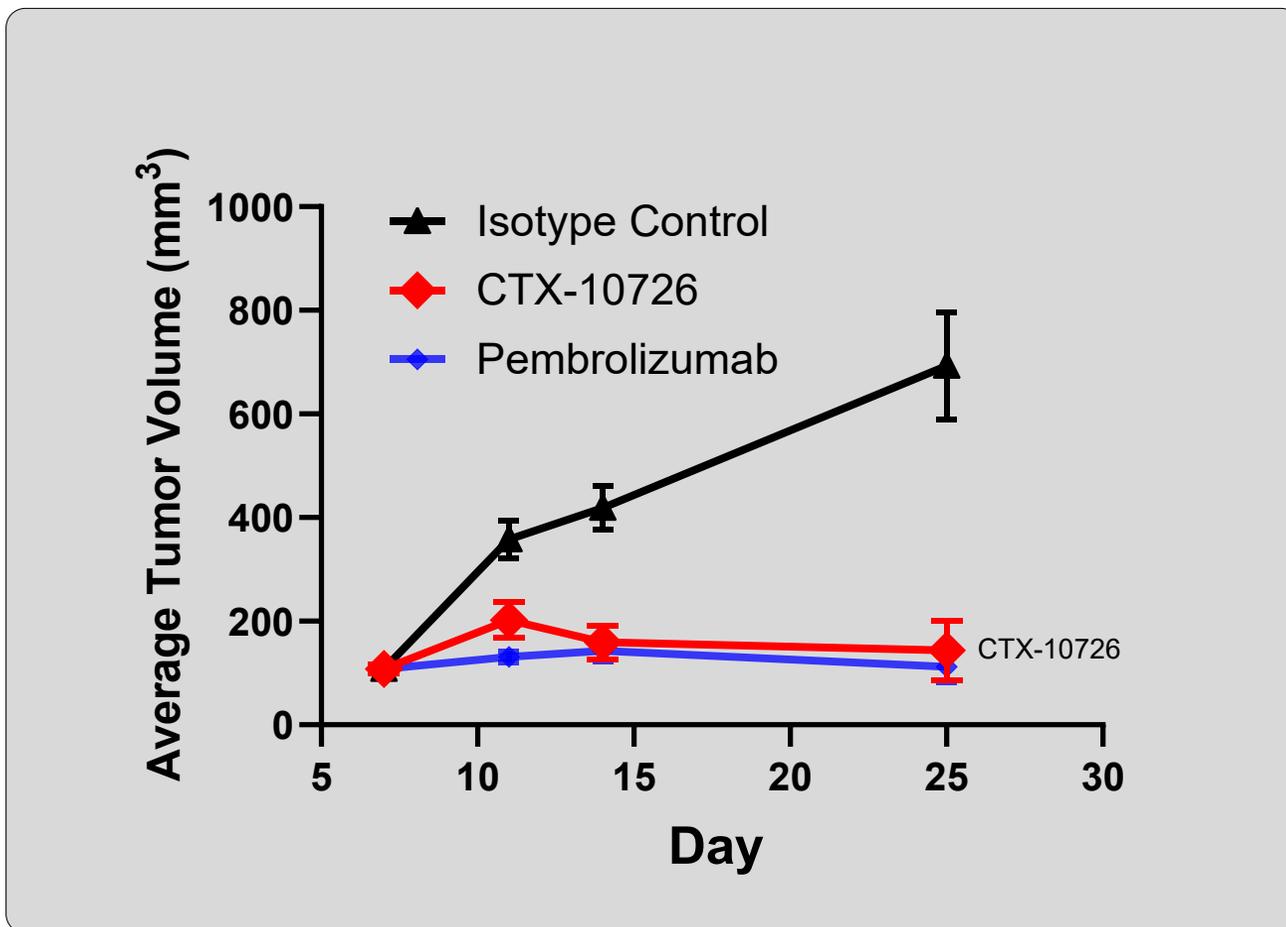# CTX-10726: Superior Anti-PD-1 Activity Compared to Ivonescimab

Transgenic Mouse Model (MC38)
(express human PD-1/PD-L1)

➤ Data compares anti-PD-1 arms of ivonescimab and CTX-10726

➤ No human VEGF-A in this experiment

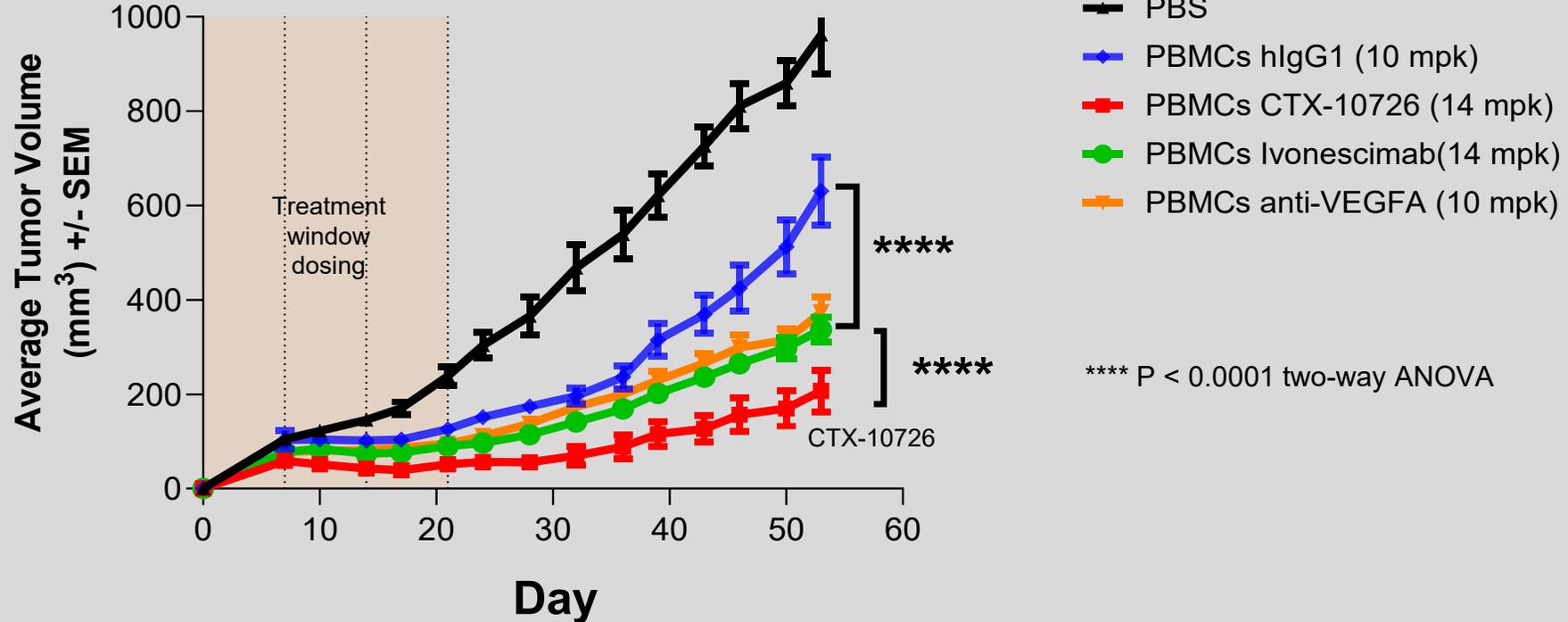# CTX-10726: Anti-PD-1 Activity Comparable to Pembrolizumab

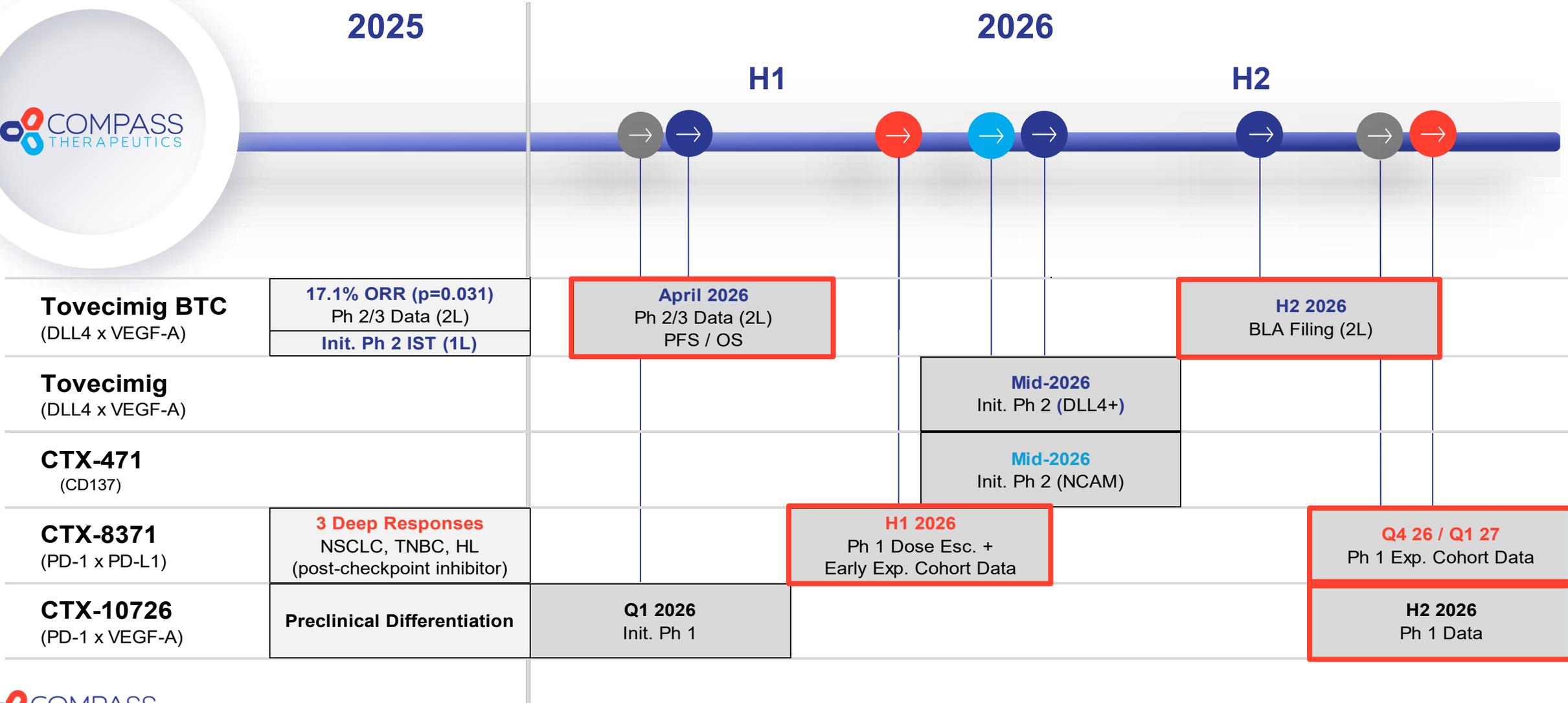**Transgenic Mouse Model (MC38)**
(express human PD-1/PD-L1)

➤ Data compares anti-PD-1 arms of pembrolizumab and CTX-10726

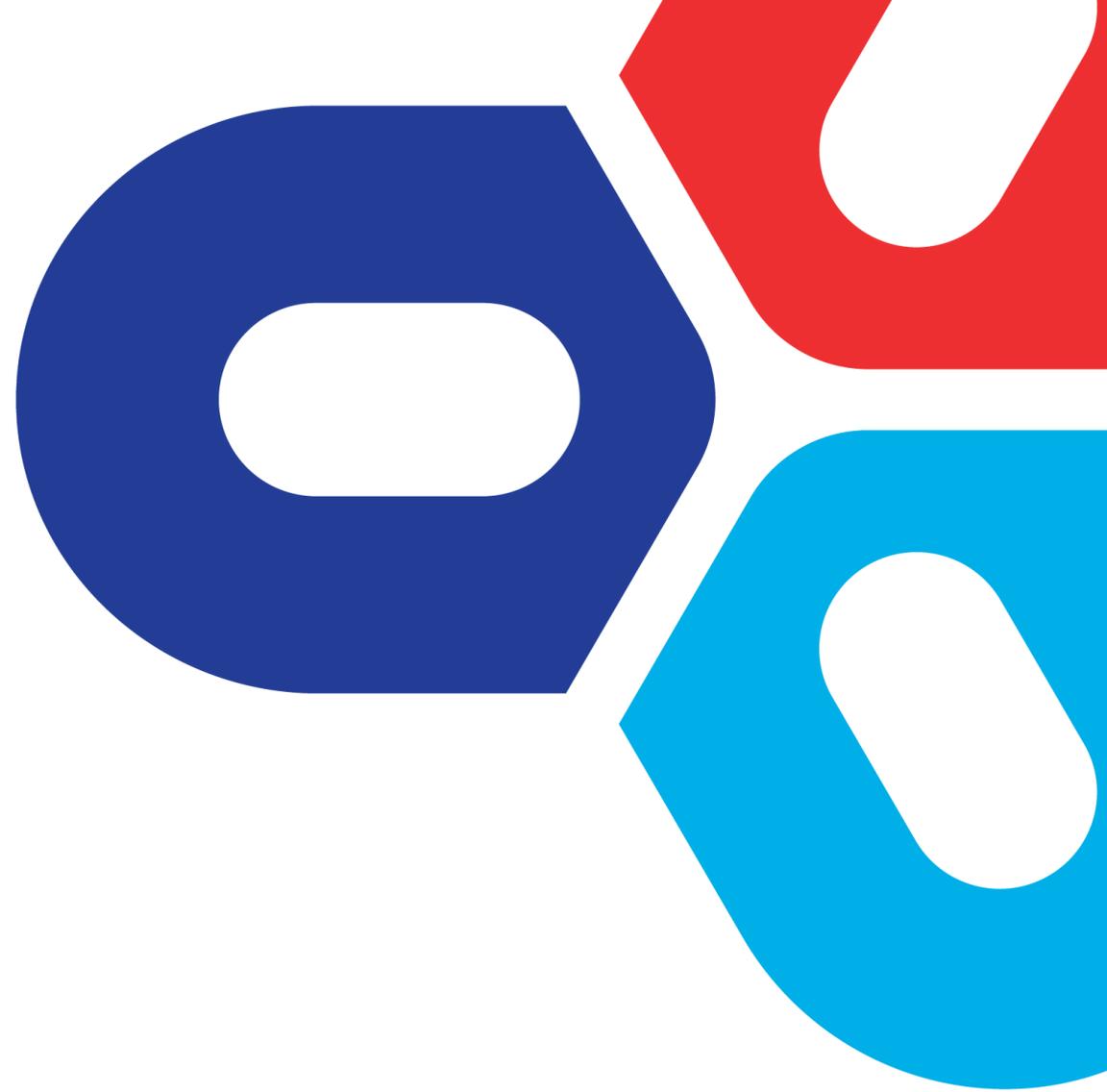➤ No human VEGF-A in this experiment

CTX-10726: Superior Anti-Tumor Effect in Preclinical Studies

Human NSCLC (HCC827) Xenografts
Treated with human PBMCs and indicated antibodies
Testing both PD-1 and VEGF-A targeting

Albu, D. et al., (2025). SITC Annual Meeting, Abstract #1151

Key Anticipated Milestones

2025

2026

H1   **H2**

	2025	H1 2026	H2 2026
Tovecimig BTC (DLL4 x VEGF-A)	**17.1% ORR (p=0.031)** Ph 2/3 Data (2L) **Init. Ph 2 IST (1L)**	**April 2026** Ph 2/3 Data (2L) PFS / OS	**H2 2026** BLA Filing (2L)
Tovecimig (DLL4 x VEGF-A)		**Mid-2026** Init. Ph 2 (DLL4+)	
CTX-471 (CD137)		**Mid-2026** Init. Ph 2 (NCAM)	
CTX-8371 (PD-1 x PD-L1)	**3 Deep Responses** NSCLC, TNBC, HL (post-checkpoint inhibitor)	**H1 2026** Ph 1 Dose Esc. + Early Exp. Cohort Data	**Q4 26 / Q1 27** Ph 1 Exp. Cohort Data
CTX-10726 (PD-1 x VEGF-A)	**Preclinical Differentiation**	**Q1 2026** Init. Ph 1	**H2 2026** Ph 1 Data

Compass Therapeutics

Website: compasstherapeutics.com
Nasdaq: CMPX