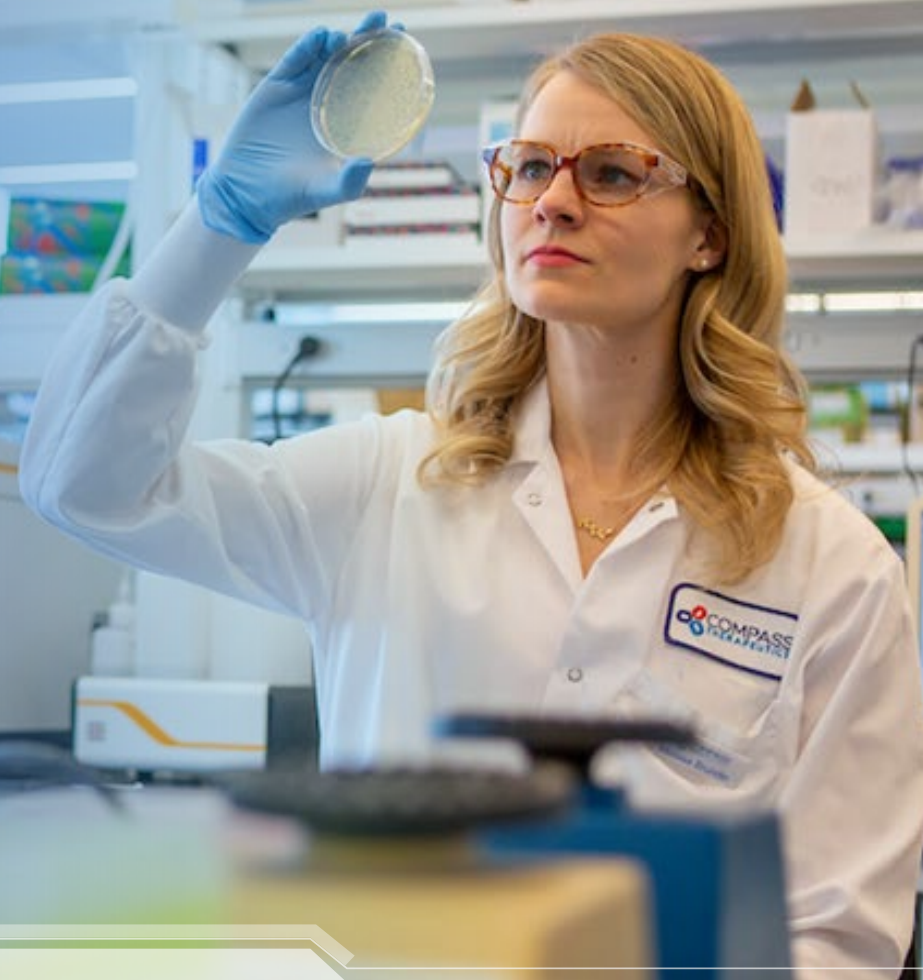




Bringing Transformative Oncology Therapies to Patients



Corporate Presentation | July 2026



Nasdaq: CMPX

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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.



A Leader in Next-Generation Oncology Therapies

Tovecimig: Lead Near-Commercial Asset

Bispecific antibody targeting DLL4 x VEGF-A

Next-generation angiogenesis inhibitor

Phase 2/3 study in patients with BTC met **primary / key secondary endpoints**

Planning to **file BLA based on data** with potential approval in 2H 2027

\$3B+ addressable US market in 2L BTC with potential expansion into: gastric, ovarian, CRC, renal, HCC

Innovative Oncology Pipeline

Novel and diverse pipeline including potential first- and best-in-class drugs:

CTX-8371: PD-1 x PD-L1

CTX-10726: PD-1 x VEGF-A

CTX-471: CD137 (4-1BB)

Compelling clinical activity in the **post-checkpoint inhibitor setting** – a critical unmet need

Robust antibody discovery platform generating **differentiated cell engagers** and other novel therapeutic candidates

Solid Foundation For Growth

\$195M cash and marketable securities at Q1 2026 with runway into 2028

Multiple clinical and regulatory milestones in 2026, 2027 and beyond

Building focused commercial organization to support tovecimig in BTC and other future launches



Diversified & Robust Pipeline with Multiple Value Inflection Points

Program	Target	Preclinical	Phase 1	Phase 2	Phase 3	Milestones
Tovecimig	DLL4 x VEGF-A	Biliary Tract Cancer (2L)				Q3 26: Meet with FDA Q4 26: Submit BLA
		Solid Tumors (+/- paclitaxel)				Planning Phase 2 based on BTC efficacy data (potential: gastric, ovarian, CRC, renal, HCC)
CTX-471	CD137 (4-1BB)	Basket study – NCAM (CD56)+				Mid-26: Initiate Phase 2
CTX-8371	PD-1 x PD-L1	Solid Tumors				H2 26: Phase 1 cohort expansion data (NSCLC / TNBC / HL)
CTX-10726	PD-1 x VEGF-A	Solid Tumors				H2 26: Phase 1 data
Novel Cell Engagers	Multiple					Ongoing

Multiple Investigator Sponsored Trials (ISTs)

1st line BTC: Tovecimig + gem / cis / durvalumab [NCT06548412](https://clinicaltrials.gov/ct2/show/study/NCT06548412)

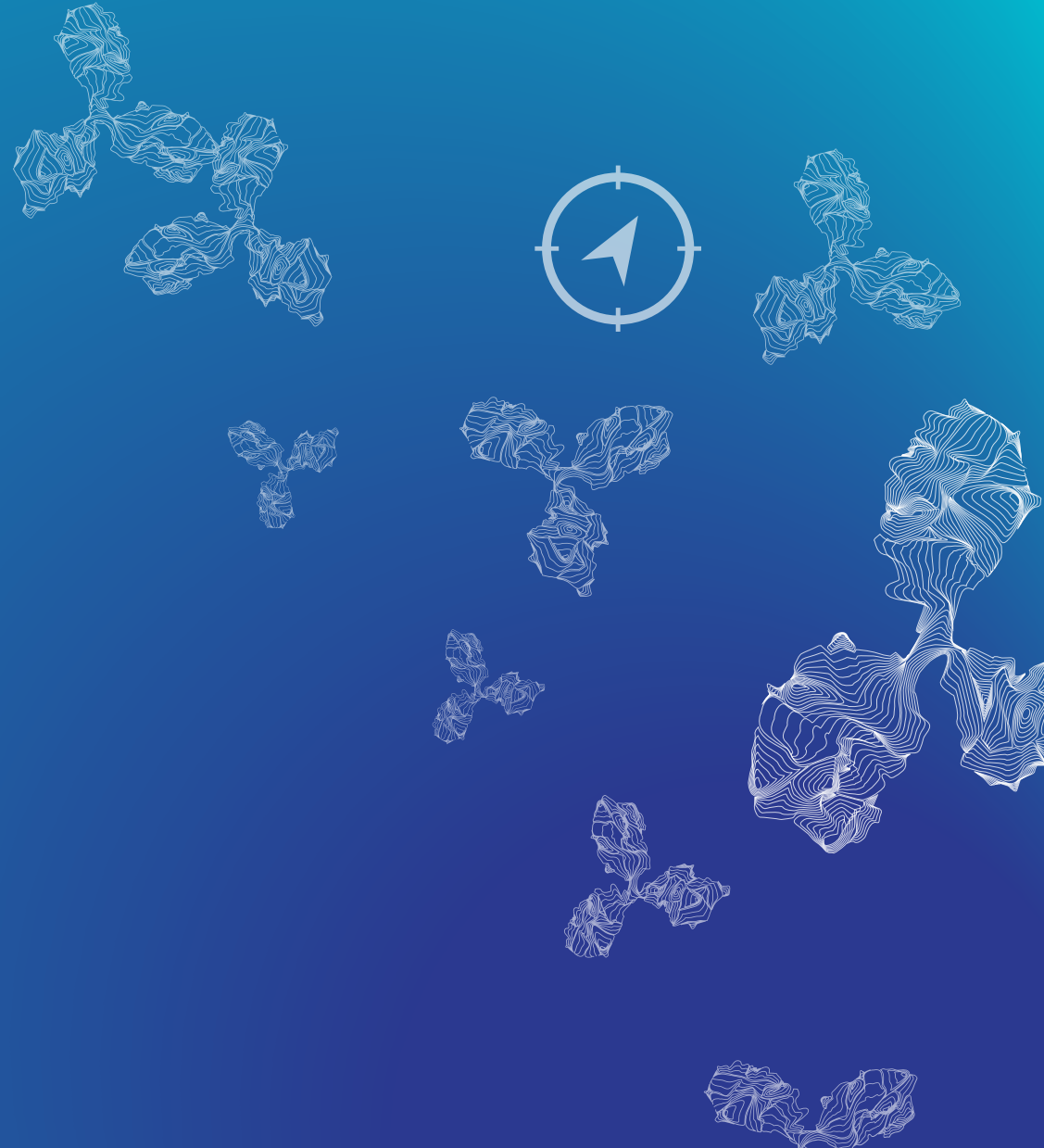
1st line BTC: Tovecimig + CTX-8371 + paclitaxel

2nd line gastric cancer: Tovecimig + CTX-8371 + paclitaxel

2nd line GBM: Tovecimig + CTX-471 [NCT07392957](https://clinicaltrials.gov/ct2/show/study/NCT07392957)

2nd line CRC Tovecimig + FOLFIRI [NCT07662031](https://clinicaltrials.gov/ct2/show/study/NCT07662031)



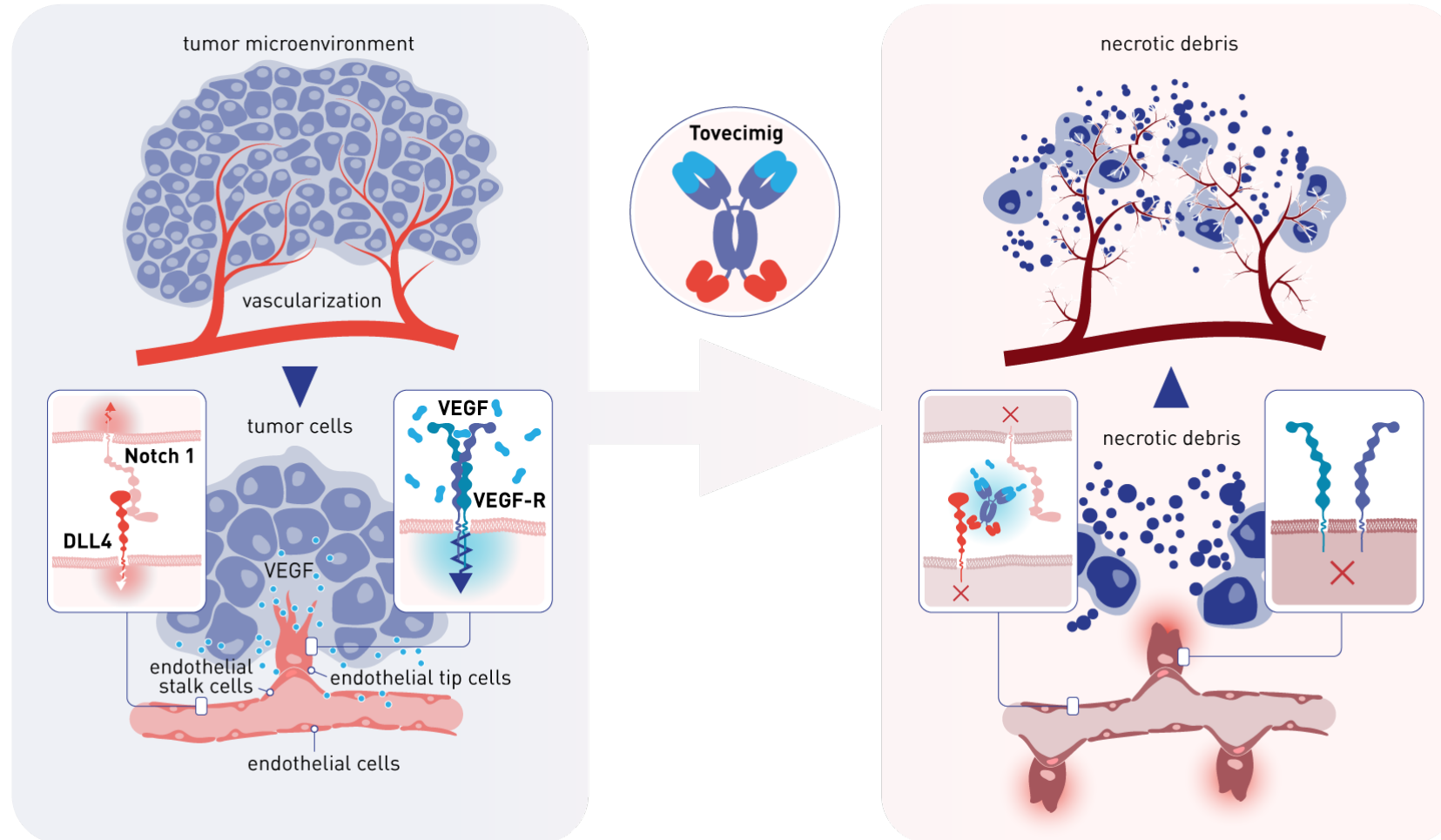


» Tovecimig (CTX-009)

DLL4 X VEGF-A bispecific antibody

Tovecimig: Dual Targeting of DLL4 and VEGF to Maximize Anti-Angiogenesis

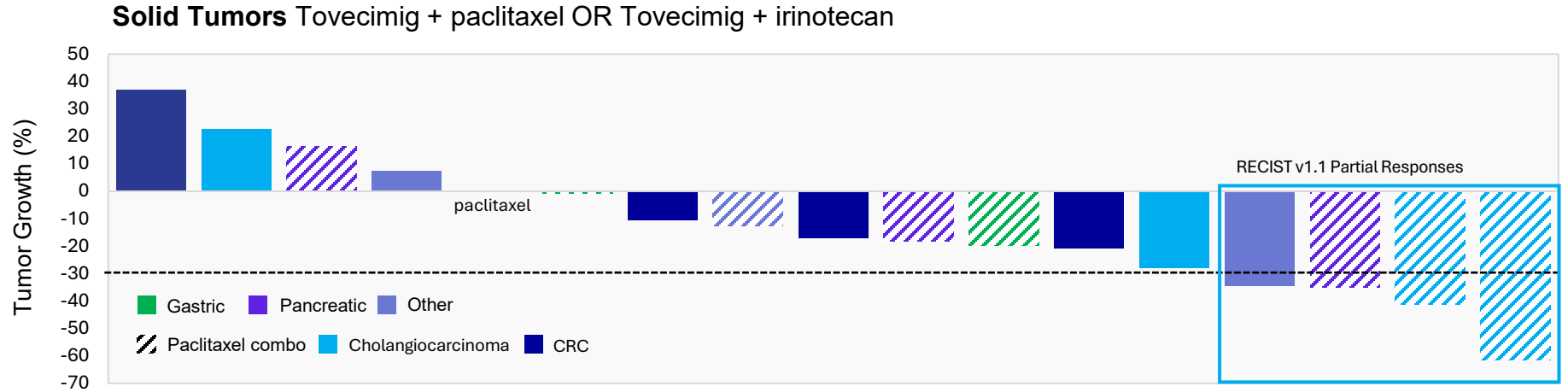
Anti-VEGF-A disrupts tumor vessel formation (a validated anti-angiogenic mechanism) while anti-DLL4 targets DLL4-Notch 1 signaling and alters perfusion in tumor vessels that are resistant to anti-VEGF therapies.



Strong Combination Activity in Multiple Refractory Tumor Types

Phase 1b – Combination¹

n=17 evaluable
dosed at 10 or 12.5 mg/kg

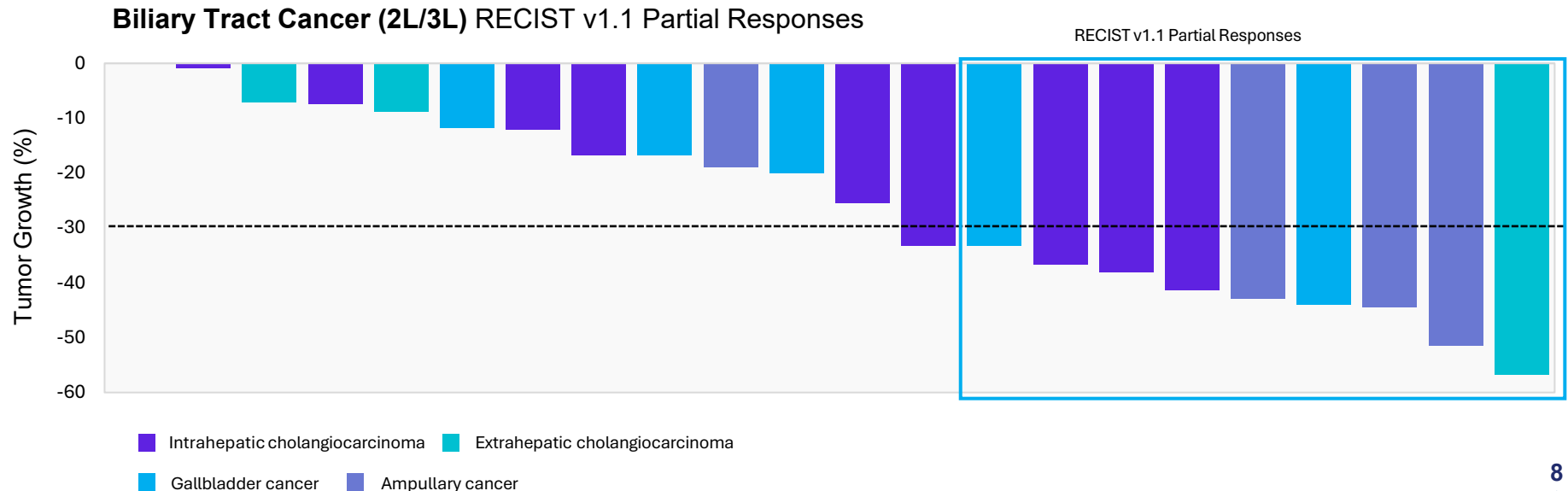


Strong activity in combination with **paclitaxel**, particularly in patients with **BTC**, led to a Phase 2/3 study

Phase 2 – Advanced BTC²

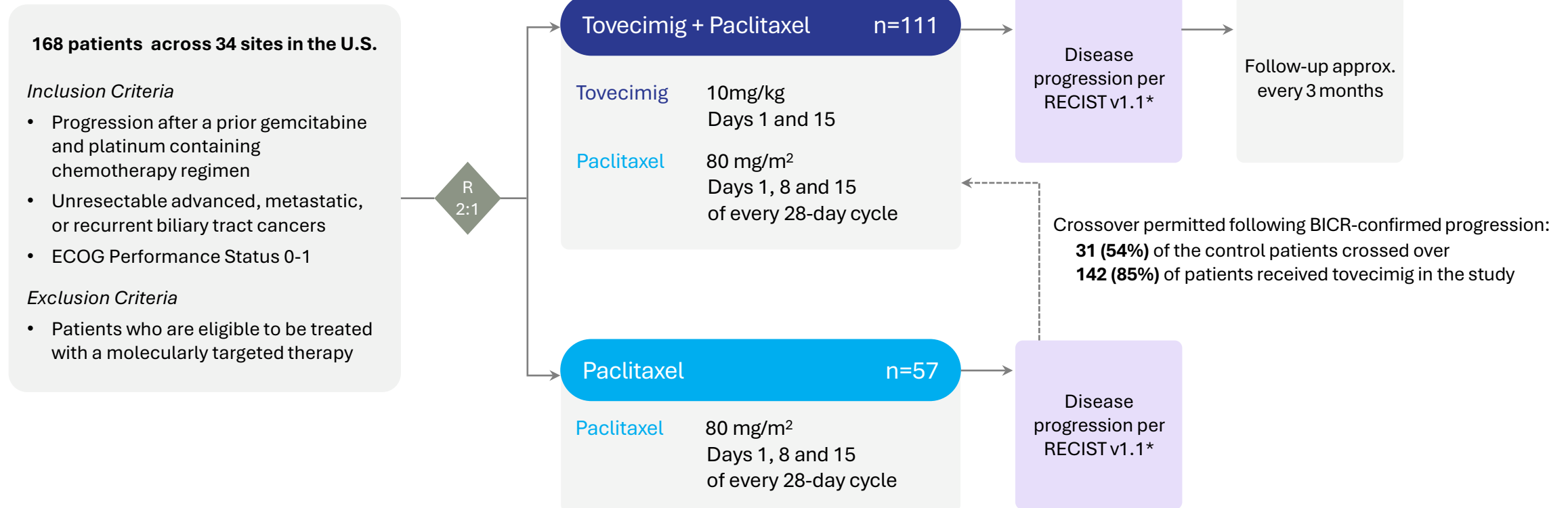
n=22 evaluable
dosed at 10 mg/kg

Investigator-assessed responses in single-arm study, 2 patients not evaluable



Pivotal Phase 2/3 COMPANION-002 Trial in BTC Study Design

Study Treatment – 28 Day Cycles



*As confirmed by Blinded Independent Central Radiology (BICR) Review
 ECOG = Eastern Cooperative Oncology Group.

Primary Endpoint: Overall response rate (ORR)

Key Secondary Endpoints: Progression-free survival (PFS) and overall survival (OS)



COMPANION-002: Well-Balanced Baseline Demographics

		Tovecimig + Paclitaxel (n=111)	Paclitaxel (n=57)
Age	Median (years)	65.0	63.0
Sex	Male	53 (47.7)	24 (42.1)
	Female	58 (52.3)	33 (57.9)
Race	Asian	17 (15.3)	10 (17.5)
	White	84 (75.7)	40 (70.2)
	African American	4 (3.6)	6 (10.5)
	Unknown/Other	6 (5.4)	1 (1.8)
Primary Location	Intrahepatic	62 (55.9)	30 (52.6)
	Other (extrahepatic, gallbladder, ampullary)	49 (44.1)	27 (47.4)
ECOG	0	53 (47.7)	27 (47.4)
	1	58 (52.3)	30 (52.6)
Disease Status	Locally advanced	12 (10.8)	5 (8.8)
	Metastatic	99 (89.2)	52 (91.2)

COMPANION-002: Significant Improvement in Primary Endpoint of ORR

		Tovecimig + Paclitaxel	Paclitaxel
Intent-to-Treat Population		n=111	n=57
Overall Response Rate (CR+PR)		20 (18.0%)	3 (5.3%)
Two-Sided p-value		p=0.0228	
Best Overall Response RECIST v1.1 by blinded independent central review (BICR)	Complete Response (CR)	1 (0.9%)	0 (0.0%)
	Partial Response (PR)	19 (17.1%)	3 (5.3%)
	Stable Disease (SD)	49 (44.1%)	18 (31.6%)
	Non-CR / Non-PD*	8 (7.2%)	2 (3.5%)
	Progressive Disease (PD)	18 (16.2%)	25 (43.9%)
	Not Evaluable (NE)**	16 (14.4%)	9 (15.8%)
Disease Control Rate (CR + PR + SD)		69 (62.2%)	21 (36.8%)
Two-Sided p-value		p=0.0018	

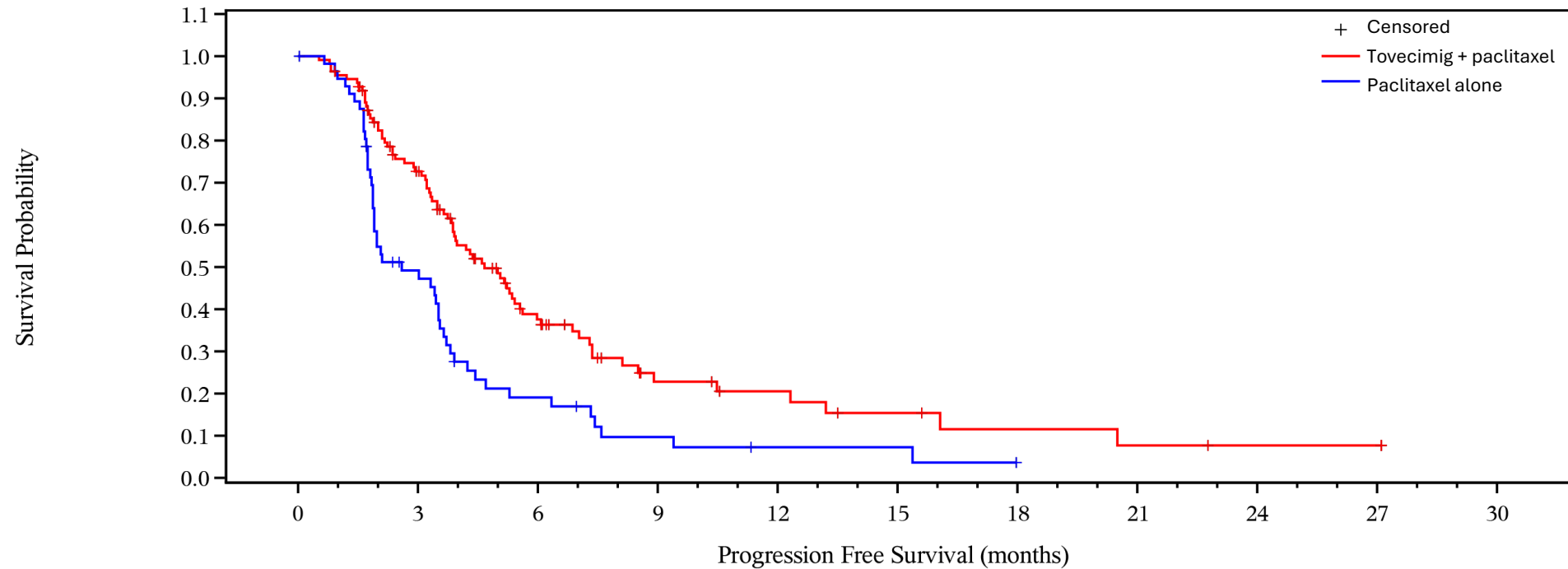
*Non-CR / Non-PD: patients enrolled based on local radiology scan results, but displayed no clearly definable target lesions as determined by independent central radiology.

** 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.

Data cutoff from COMPANION-002 as of April 2026.

COMPANION-002: Tovecimig Significantly Improved PFS (BICR-Assessed)

ITT Analysis: HR=0.44, p<0.0001, 4.7 vs. 2.6 months median PFS



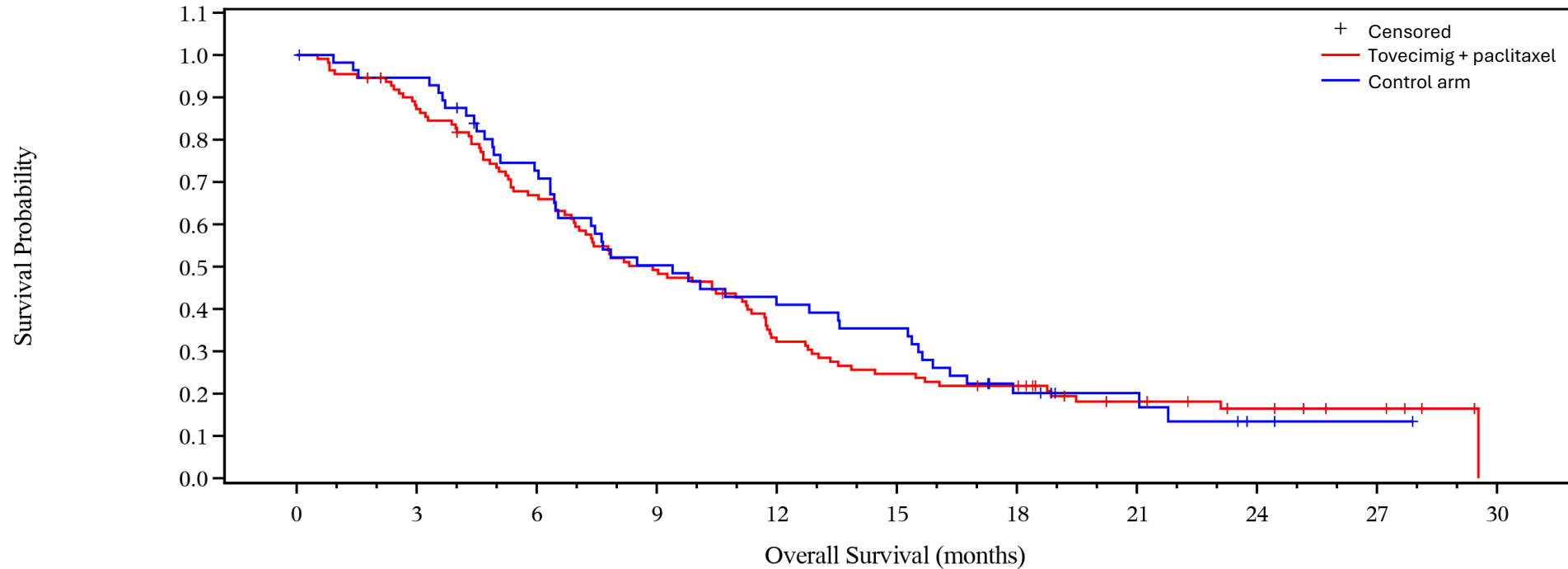
Number at Risk:

	0	3	6	9	12	15	18	21	24	27
Tovecimig + paclitaxel	111	73	30	11	8	5	3	2	1	1
Paclitaxel alone	57	25	9	4	2	2				

COMPANION-002: OS Analysis Confounded by Crossover

ITT analysis: HR=1.05, p=0.78, 8.9 vs. 9.4 months median OS

Control arm includes: 31 patients (54%) who crossed over and received tovecimig plus paclitaxel (with a median OS of 12.8 months)
 26 patients (46%) who received paclitaxel alone (with a median of 6.1 months)

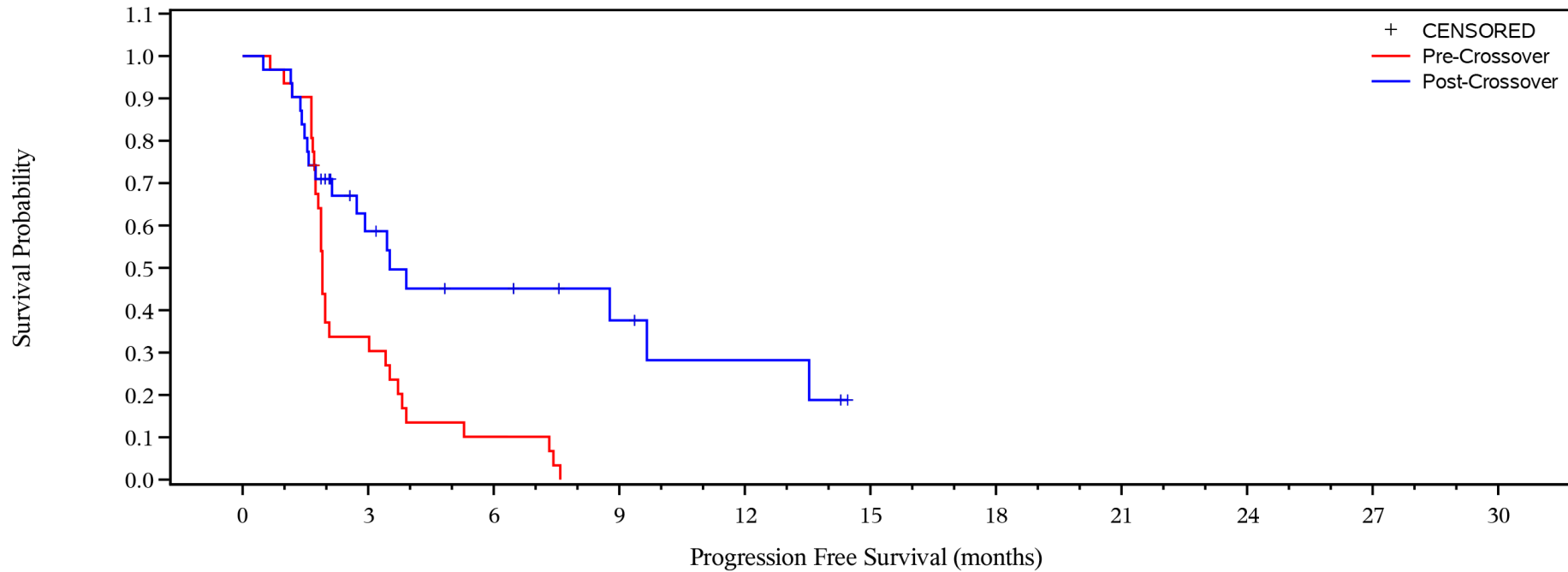


Number at Risk:

	0	3	6	9	12	15	18	21	24	27	30
Tovecimig + paclitaxel	111	95	72	53	34	26	22	13	9	5	2
Paclitaxel alone	57	53	39	27	22	19	9	6	2	1	

COMPANION-002: Tovecimig Improved PFS2 Post-Crossover

Prespecified secondary analysis (n=31): HR=0.36, p=0.065, 3.5 vs. 1.9 months median PFS

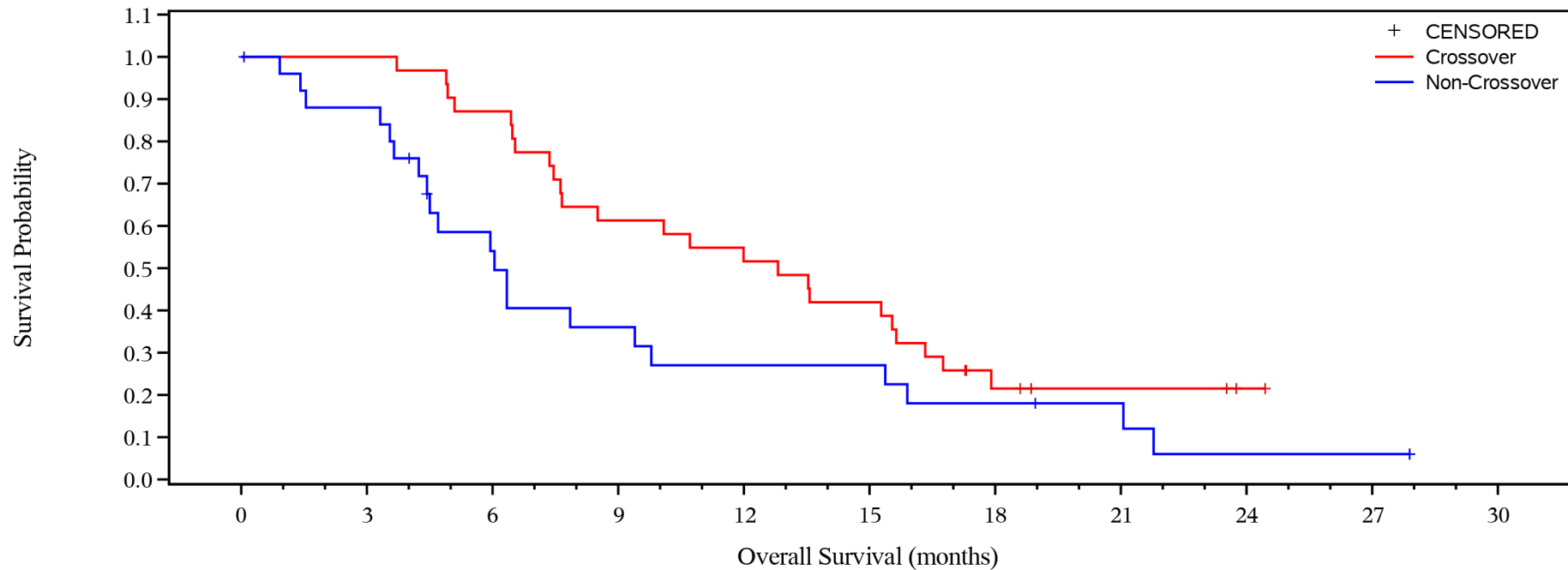


Number at Risk:

Pre-Crossover	31	10	3		
Post-Crossover	31	14	9	5	3

COMPANION-002: Tovecimig Significantly Improved OS in Crossover Patients

Post hoc subset analysis (n=31 vs. n=26): HR=0.54, p=0.04, 12.8 vs. 6.1 months median OS

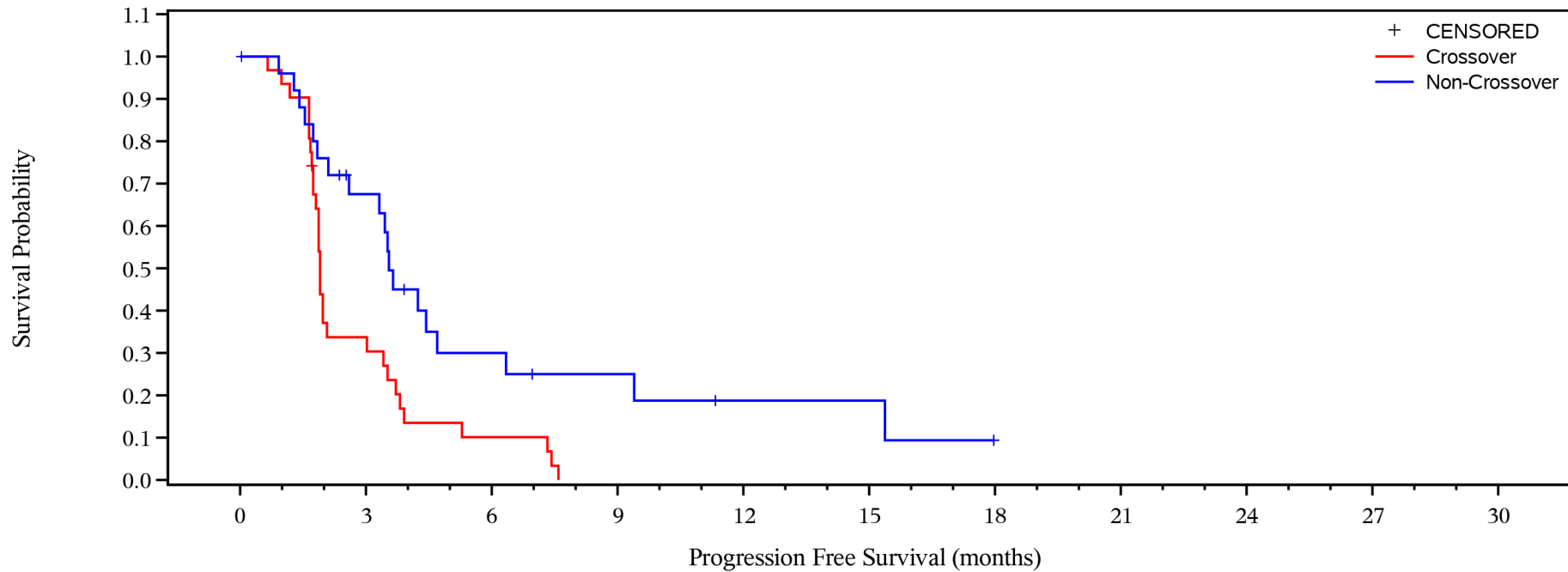


Number at Risk:

	0	3	6	9	12	15	18	21	24	27
Crossover	31	31	27	19	16	13	5	3	1	
Non-Crossover	26	22	12	8	6	6	4	3	1	1

COMPANION-002: Crossover Patients Progressed Faster on Paclitaxel Monotherapy than Patients Who Did Not Crossover

Post hoc subset analysis (n=31 vs. n=26): 1.9 vs. 3.6 months median PFS, p=0.007



Number at Risk:

Crossover	31	10	3				
Non-Crossover	26	15	6	4	2	2	

COMPANION-002 Safety: Treatment Emergent Adverse Events ≥ 20% (Combination Arm)

Safety profile generally consistent with previously reported data

n (%)	Tovecimig + Paclitaxel n=108				Paclitaxel n=53			
	Overall	Related	≥ Grade 3	Related ≥ Grade 3	Overall	Related	≥ Grade 3	Related ≥ Grade 3
Fatigue	72 (67)	66 (61)	16 (15)	12 (11)	24 (45)	23 (43)	3 (6)	2 (4)
Hypertension	75 (69)	65 (60)	56 (52)	48 (44)	10 (19)	2 (4)	3 (6)	1 (2)
Neutropenia	59 (55)	58 (54)	40 (37)	39 (36)	20 (38)	20 (38)	14 (26)	14 (26)
Diarrhea	51 (47)	38 (35)	6 (6)	6 (6)	15 (28)	11 (21)	1 (2)	1 (2)
Anemia	48 (44)	42 (39)	23 (21)	20 (19)	17 (32)	11 (21)	5 (9)	3 (6)
Alopecia	32 (30)	31 (29)	-	-	28 (53)	25 (47)	-	-
Nausea	43 (40)	36 (33)	2 (2)	-	17 (32)	13 (25)	-	-
Decreased appetite	44 (41)	32 (30)	2 (2)	1 (1)	11 (21)	7 (13)	-	-
Vomiting	36 (33)	30 (28)	1 (1)	1 (1)	13 (25)	12 (23)	1 (2)	1 (2)
Abdominal pain	35 (32)	6 (6)	9 (8)	2 (2)	13 (25)	2 (4)	4 (8)	-
Dyspnea	32 (30)	8 (7)	5 (5)	-	13 (25)	2 (4)	-	-
Peripheral edema	35 (32)	20 (19)	-	-	7 (13)	3 (6)	-	-
Peripheral Neuropathy	29 (27)	28 (26)	2 (2)	2 (2)	13 (25)	11 (21)	1 (2)	1 (2)
Proteinuria	37 (34)	30 (28)	3 (3)	2 (2)	5 (9)	-	-	-
Thrombocytopenia	33 (31)	30 (28)	7 (7)	7 (7)	6 (11)	3 (6)	-	-
Constipation	30 (28)	17 (16)	-	-	8 (15)	3 (6)	-	-
Epistaxis	32 (30)	23 (21)	-	-	4 (8)	2 (4)	-	-
Headache	25 (23)	10 (9)	-	-	7 (13)	4 (8)	-	-
Arthralgia	25 (23)	18 (17)	-	-	6 (11)	3 (6)	-	-

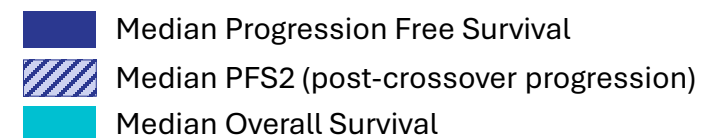
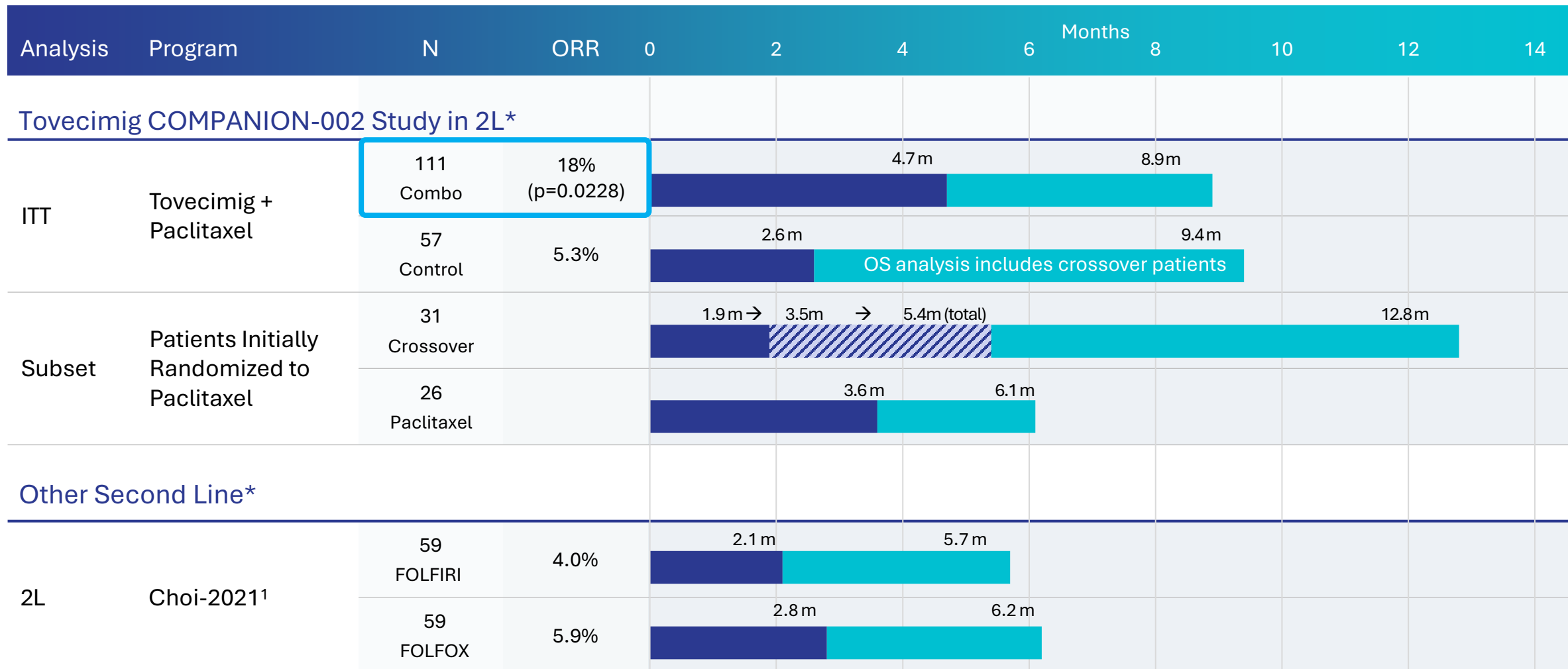
COMPANION-002: Study Summary and Next Steps

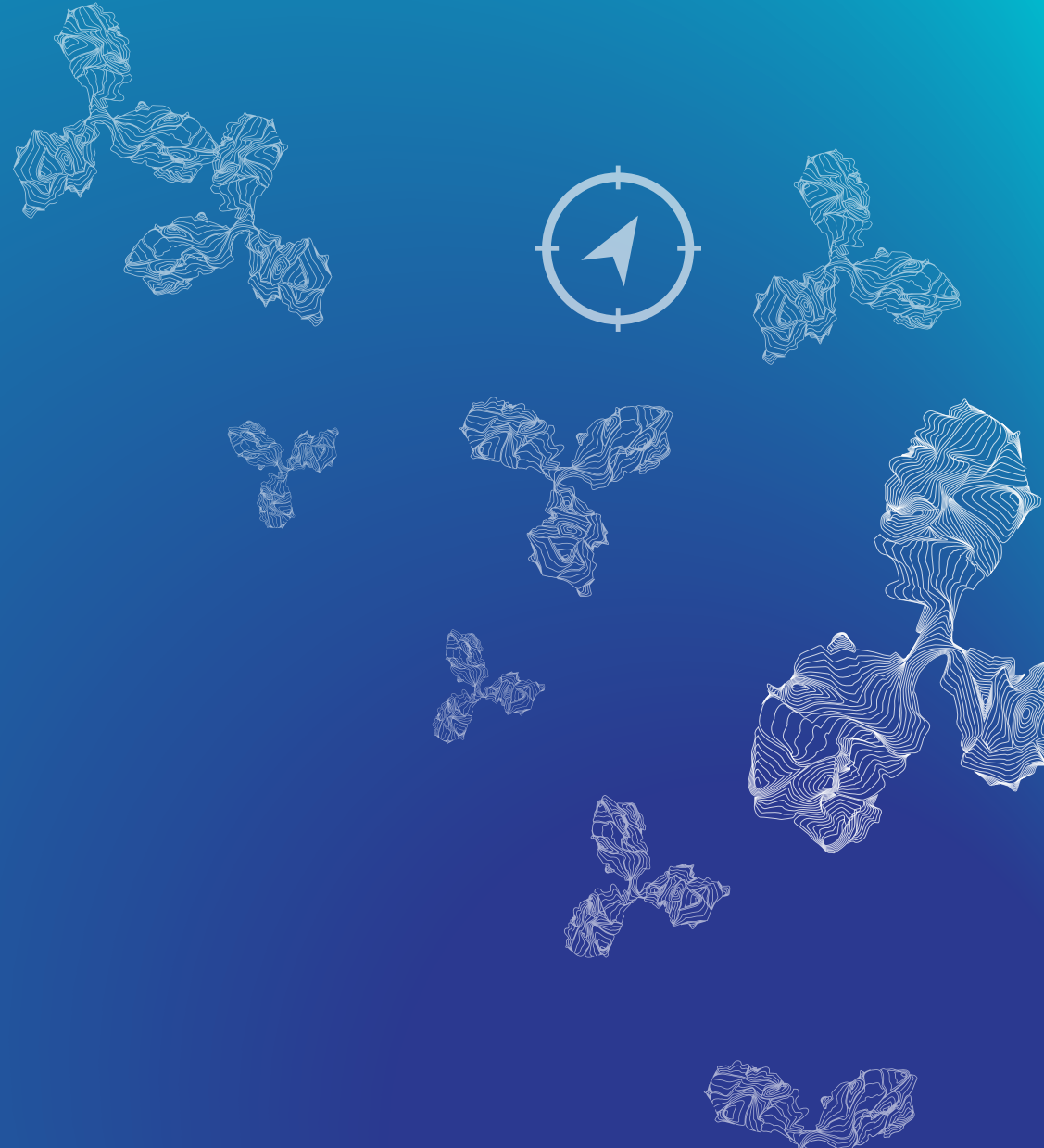
Endpoint / Analysis		Results
ORR	Primary	Significant improvement: 18.0% vs 5.3% BICR-assessed ORR (p=0.0228)
PFS	Key Secondary	Significant improvement: 4.7 vs 2.6 months median PFS (HR=0.44, p<0.0001)
OS	Key Secondary	OS confounded by crossover: 8.9 vs 9.4 months median OS (HR=1.05, p=0.78) The high crossover rate (54% of control patients, leading to 85% of all patients receiving tovecimig) combined with extended median OS of crossover patients uniquely benefitted the control arm
Crossover Arm PFS1 / PFS2	Prespecified Secondary	Improved post-crossover: 3.5 vs 1.9 months median PFS (HR=0.36, p=0.065) (post-crossover PFS2 with tovecimig vs initial PFS1 on paclitaxel alone)
Crossover Arm OS	Post Hoc Subset	Significant improvement: 12.8 vs 6.1 months median OS (HR=0.54, p=0.04) (post-crossover patients vs patients who did not cross over)
Safety / Tolerability	Aes	Generally consistent with prior studies; no new safety signals

Longer OS despite faster initial progression on paclitaxel for these patients

Next Steps:
Meet with FDA to discuss these data in advance of a BLA submission

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

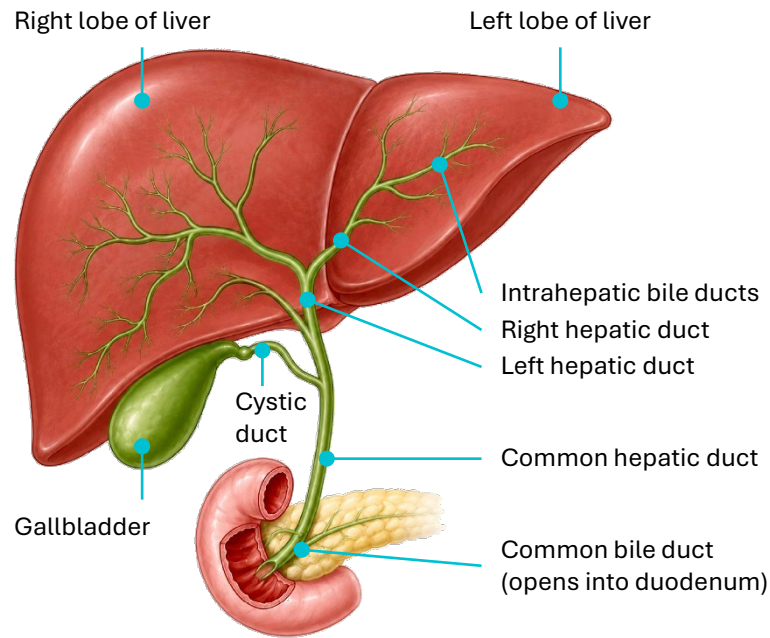




» Tovecimig (CTX-009)

Commercial Opportunity

Significant Unmet Need in Biliary Tract Cancer Treatment Remains Despite Recent Advances



- **High unmet need exists for effective options for patients with BTC**
- Many patients present at late stage, leading to poor prognosis of ~10-15% 5-year survival¹
- 1L SoC (Gem/Cis + anti-PD-1) offers only 24.9% 2-year survival benefit with **majority of patients progressing**²
- **2L treatment options are ineffective**
 - FOLFOX in this setting has a 5% ORR and a median OS of 6.1 months³
 - Biomarker-targeted therapies (e.g. FGFR, IDH1, HER2) offer limited benefit and only applicable to 15-20% of patients^{4,5,6}

BTC is a group of **aggressive malignancies** originating in the bile ducts (cholangiocarcinoma) or gallbladder

Treatment Landscape Allows for a Targeted Launch in a Potential Total Addressable Market (TAM) of Over \$3 Billion

Concentrated treatment landscape of BTC

~250 High Volume BTC Accounts

~125 BTC Accounts with 50+ Patients

86 HCOs with Medical/Hematology
Oncology Clinical/ Scientific
Expertise in BTC*

Over 15K patients/yr potentially eligible for tovecimig

>26,500^{1,2} patients
diagnosed with BTC
(growing to ~34K by 2037)

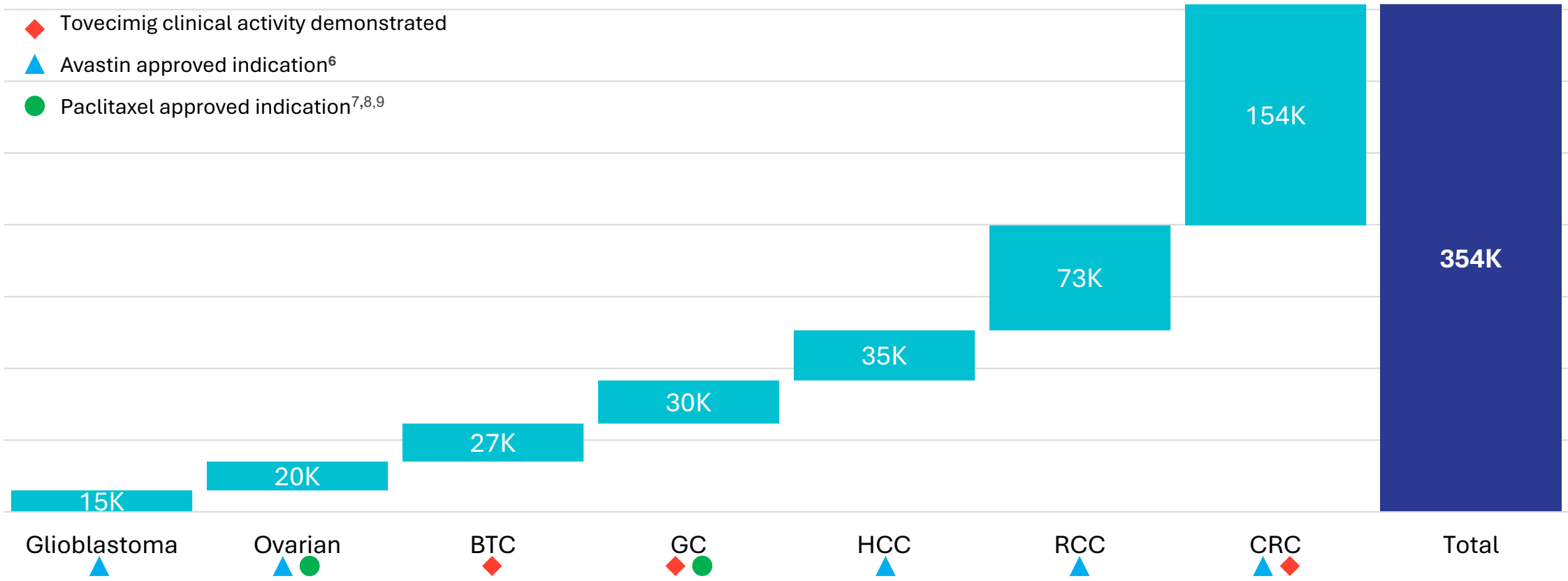
>24,000 patients
Receive 1L treatment
(10% resection and 5% cure)

>17,000 patients
Receive 2L treatment
(70% of 1L patients)

>15,000 patients
Eligible for tovecimig
(~85% have no actionable
mutations)

Significant Expansion Opportunity for Tovecimig Beyond 2L BTC

Annual U.S. Incidence of DLL4-Enriched Solid Tumors¹⁻⁵



1. Seer database (BTC, CRC, Ovarian); 2. Cancer.org (Gastric, HCC); 3. PMID: 41092086 (GBM); 4. PMID: 32644401 (RCC); 5. PMID: 3622354; 6. Avastin prescribing information; 7. PMID: 25103711; 8. https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020262s049lbl.pdf; 9. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/125477s048lbl.pdf

BTC=Biliary tract cancer; GC=Gastric cancer; HC=Hepatocellular carcinoma; RCC=Renal cell carcinoma; CRC=Colorectal cancer

Tovecimig – Advancing to Approval in BTC and Beyond

Strong Clinical Data in a Difficult Indication

Robust evidence of activity in patients with BTC

Generally well tolerated, with no new safety signal
No approved therapeutics for most patients in 2L setting

Near-Term Regulatory Milestones Expected

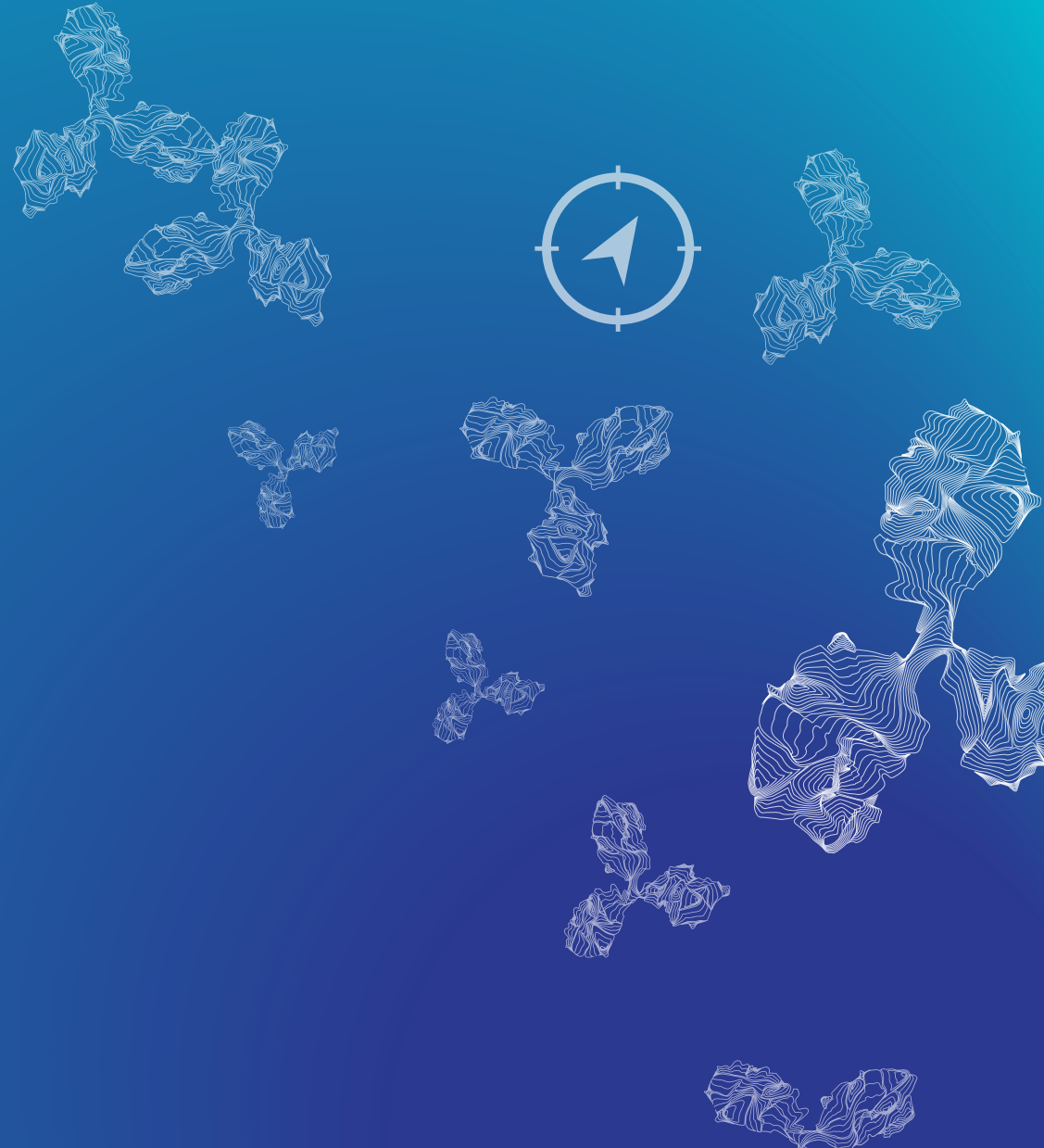
FDA meeting in Q3 2026

BLA filing initiating in late 2026
2027 potential approval and launch

Multi-\$B Market / Expansion Opportunities

Highly focused US BTC market; targeted launch prep underway

Substantial ex-US opportunities with higher incidence
Other DLL4+ indications: gastric, ovarian, CRC, renal, HCC



» **CTX-8371**

PD-1 x PD-L1 bispecific antibody

PD-1 and PD-L1 are Validated Targets That Have Transformed Oncology, Yet Unmet Needs Remain



CPIs transformed oncology

~57% of advanced cancer patients are eligible for checkpoint therapy¹

Checkpoint inhibitors (CPIs) are approved in 20+ tumor types and 80+ lines / indications^{2,3}



Post-CPI patients have poor prognoses and limited alternatives

~80% of CPI-treated patients do not respond or have tumors later progress¹

Increased 1L use of CPIs led to a **large and growing number of patients who progress after CPI** with no clear standard of care

\$30B+

CPI U.S. sales⁴

\$60B+

CPI WW sales⁴

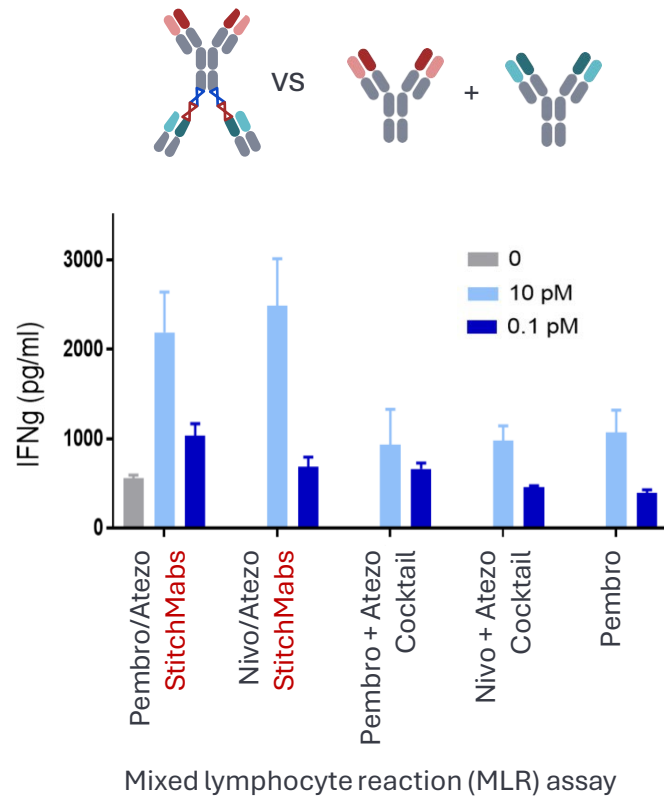
\$40B+

estimated WW CPI refractory market potential⁵

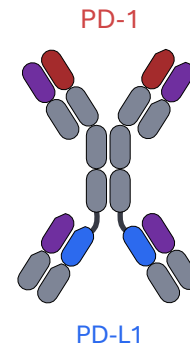


CTX-8371: Identified Using StitchMabs™ Platform

Engineered Synergistic Activity of PD-1 / PD-L1 in StitchMabs format

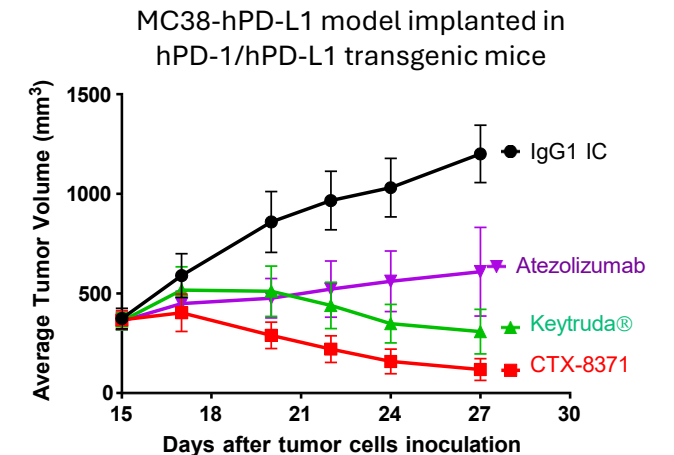
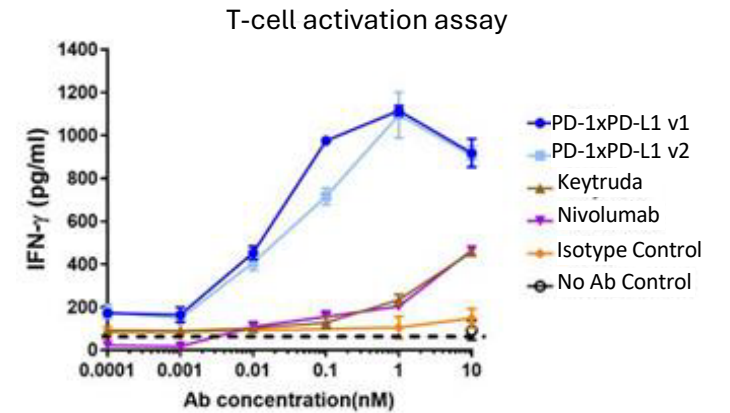


Proprietary Structural Design

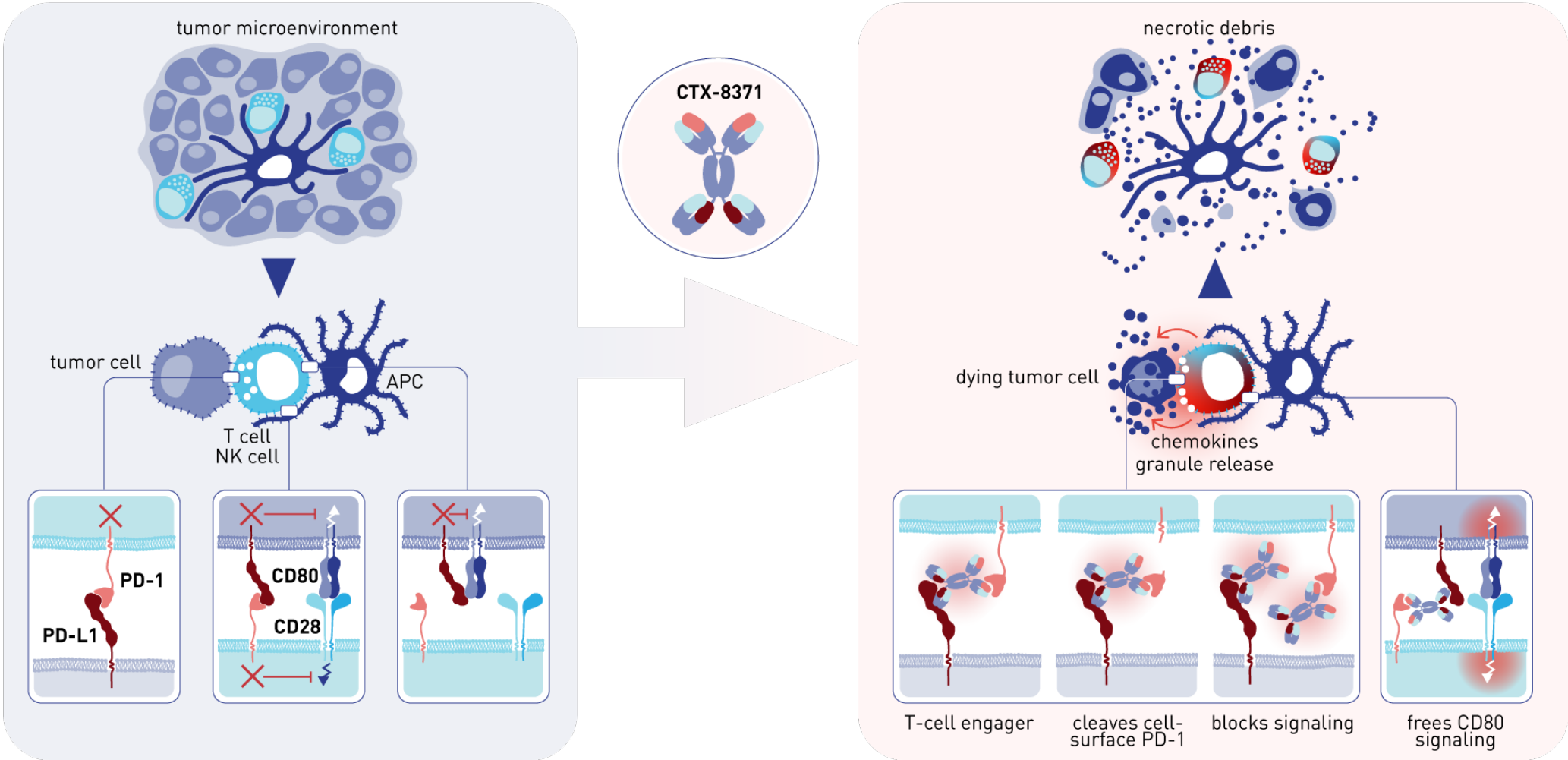


CTX-8371

Superior Activity



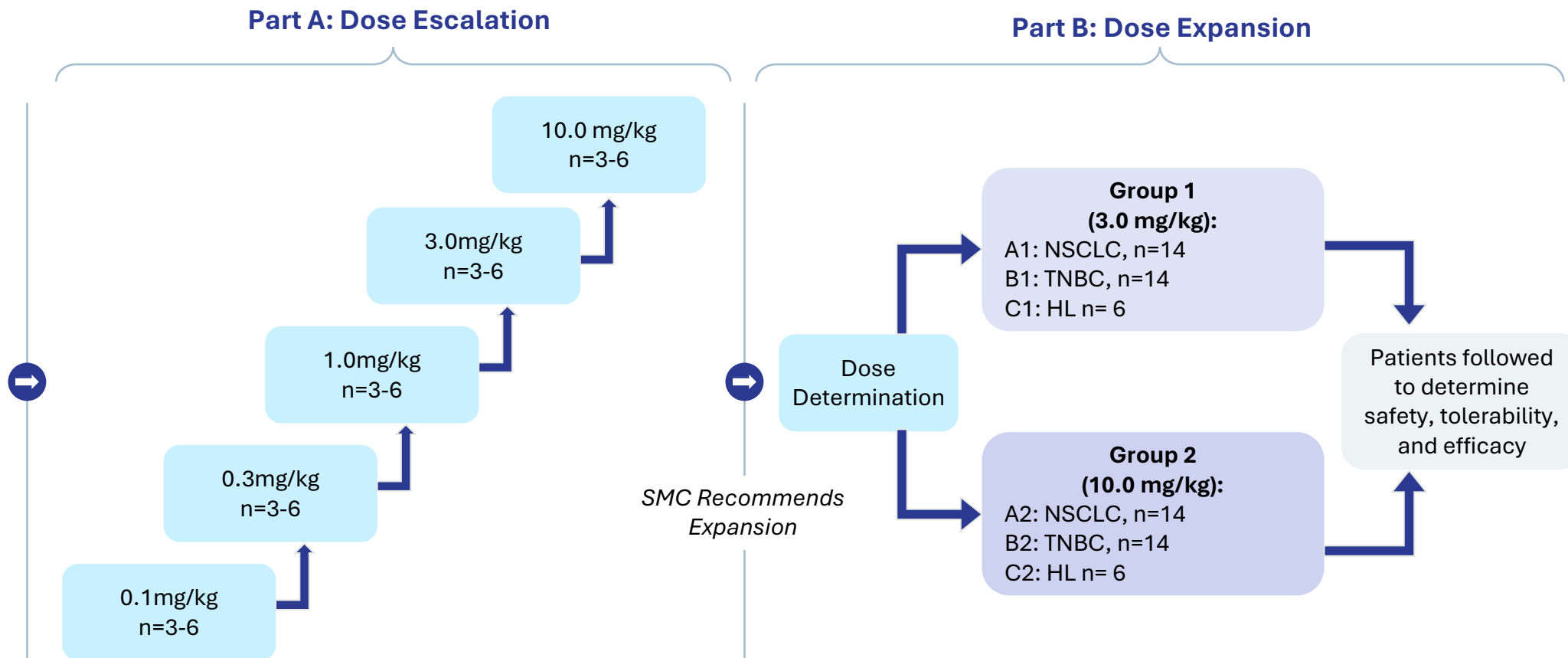
Novel Mechanism of Action Leads to Amplified Anti-Tumor T Cell Activity



CTX-8371: Ongoing Phase 1 Study

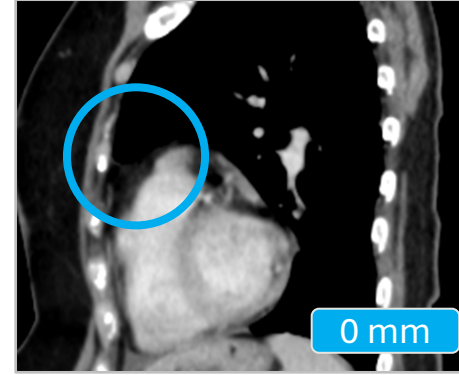
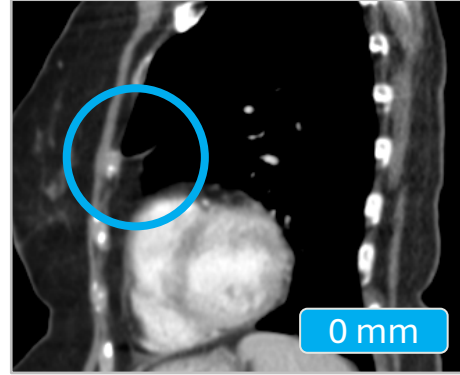
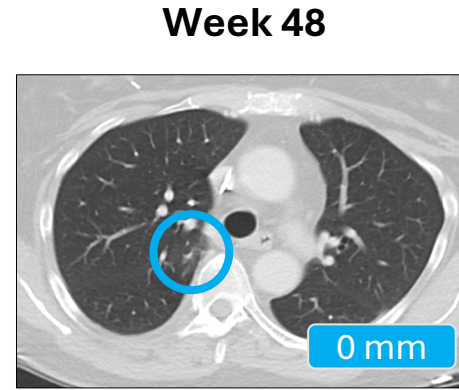
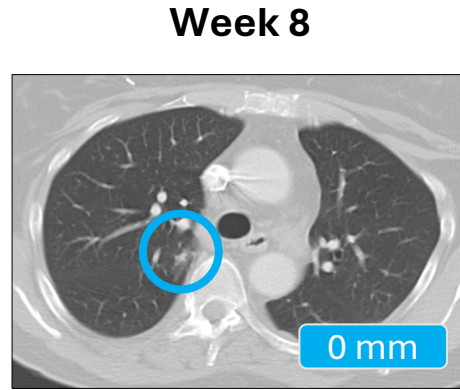
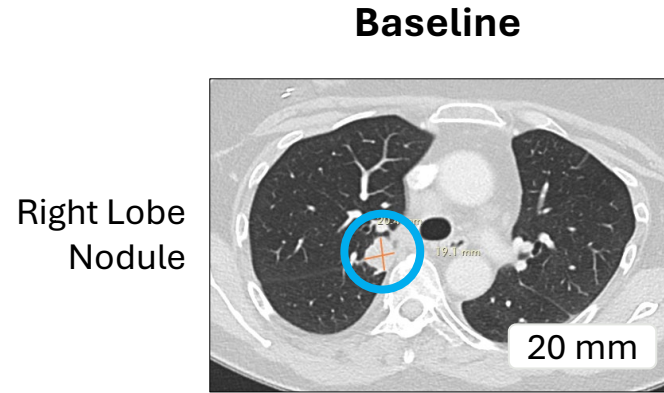
Inclusion Criteria

Post-PD-1 or PD-L1 patients with NSCLC, TNBC, HL, HNSCC, or melanoma



Phase 1 dose escalation data at ASCO 2026

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



**Triple-Negative
Breast Cancer**

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

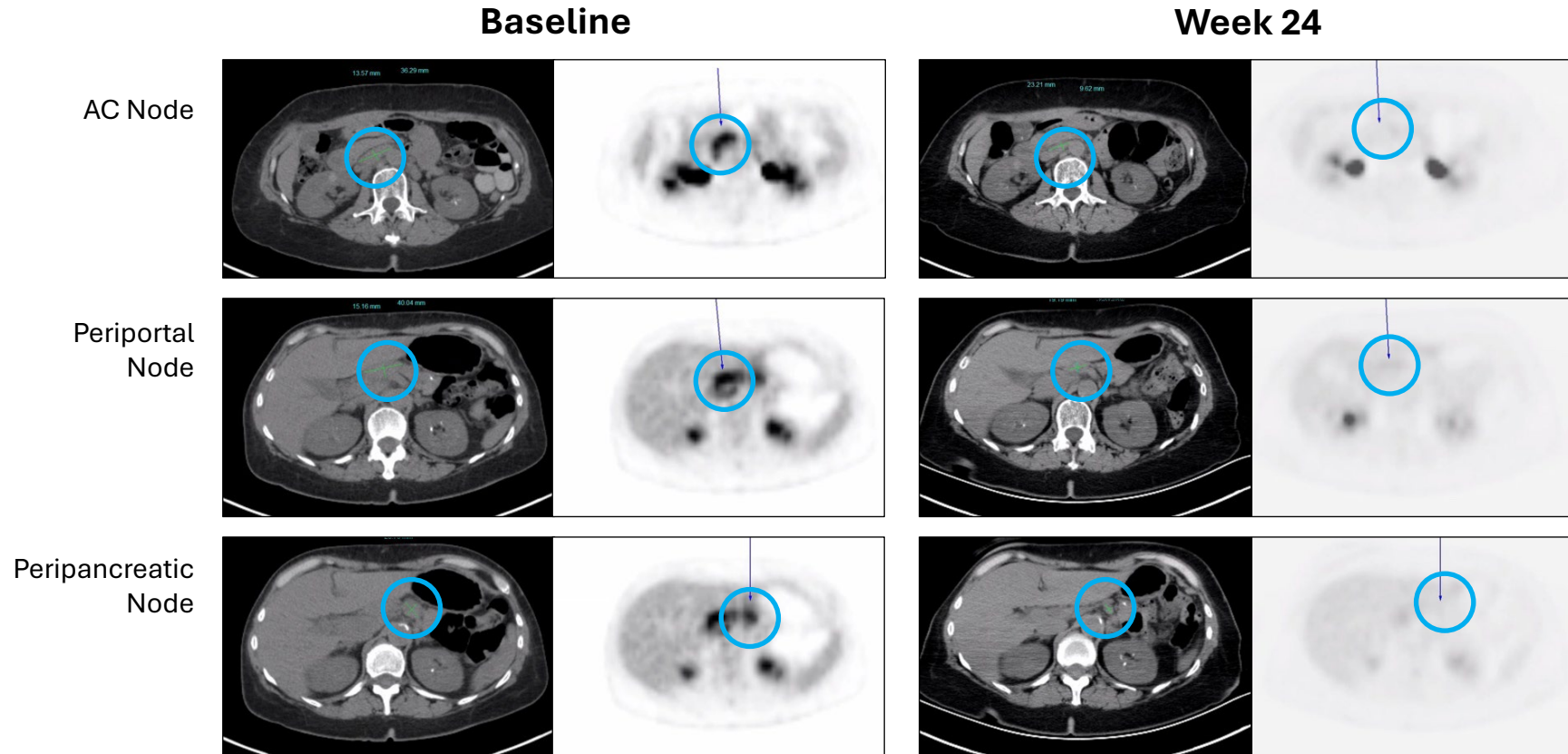
87 mm
total target lesions
at baseline
(3 target lesions)

Previously treated with:

Keytruda (adjuvant)
Trodely (sacituzumab govitecan) (1L)
capecitabine (2L)
gemcitabine (3L)

CTX-8371 in HL: Metabolic Partial Response

Reduction of Deauville Score from 5 at Baseline to 3 at Week 24

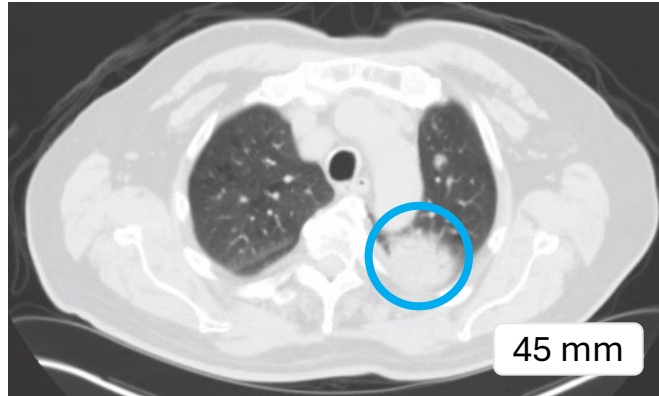


Previously treated with:

ABVD (1L)
BEAM/stem cell transplant (2L)
nivolumab/brentuximab (3L)

CTX-8371 in NSCLC: Complete Resolution of Target Lesions

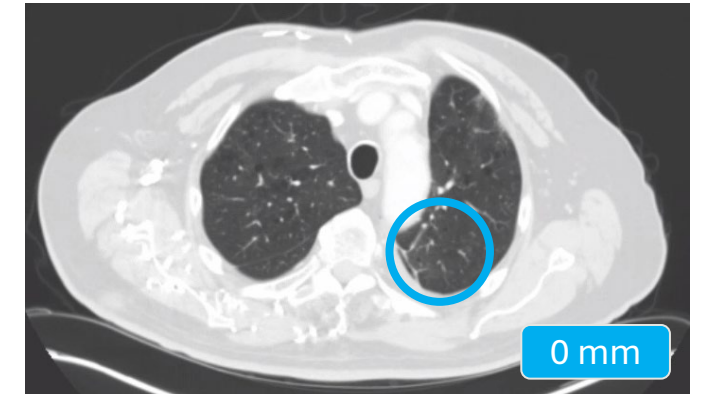
Baseline



Week 8



Week 16



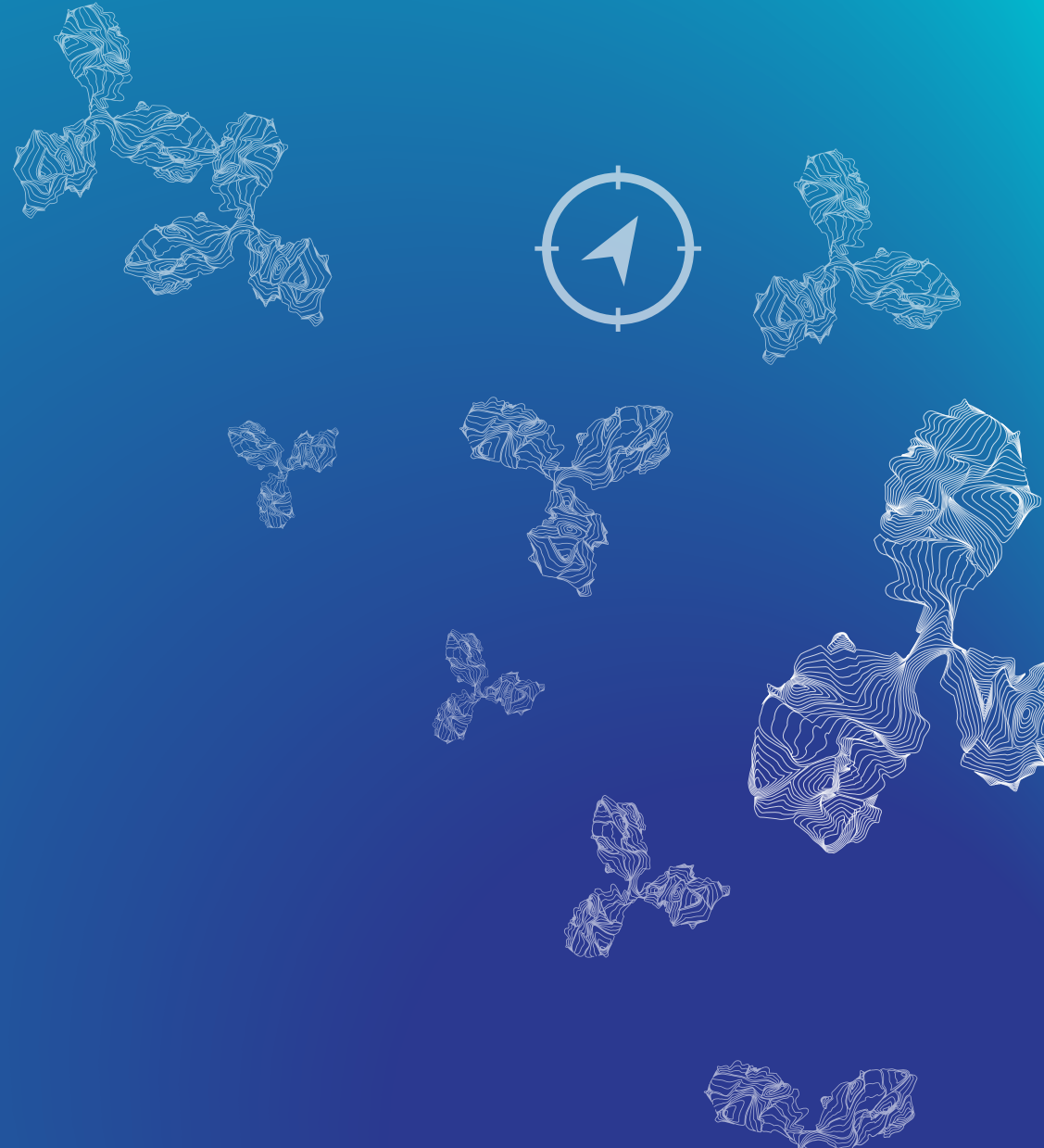
Non-Small Cell Lung Cancer

Complete resolution of target tumor lesions
in one patient after initial pseudo-progression

4th line with **59 mm** total target lesion burden @ baseline

Previously treated with:

paclitaxel/carboplatin (1L)
durvalumab (2L)
ipilimumab/nivolumab (3L)



» **CTX-10726**

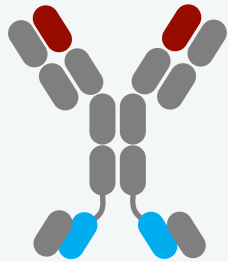
PD-1 x VEGF-A bispecific antibody

CTX-10726: Potential Best-in-Class PD-1 x VEGF-A Bispecific

CTX-10726

Anti-VEGF: Clinically proven mechanism (bevacizumab)

Anti-VEGF-A

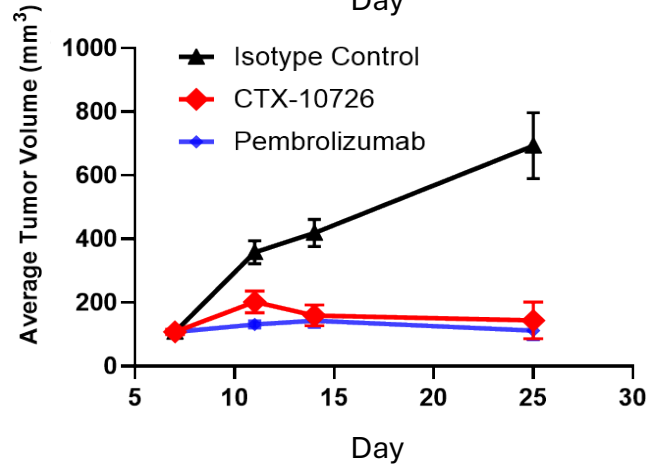
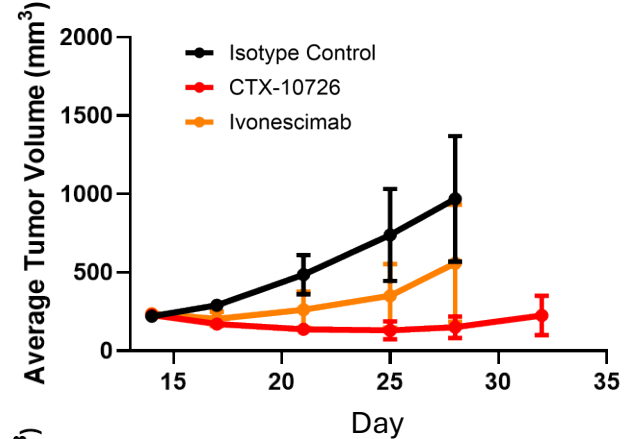


Anti-PD-1

Anti-PD-1: Proprietary anti-PD-1 scFv with highly stable structure, high affinity, cooperative target binding

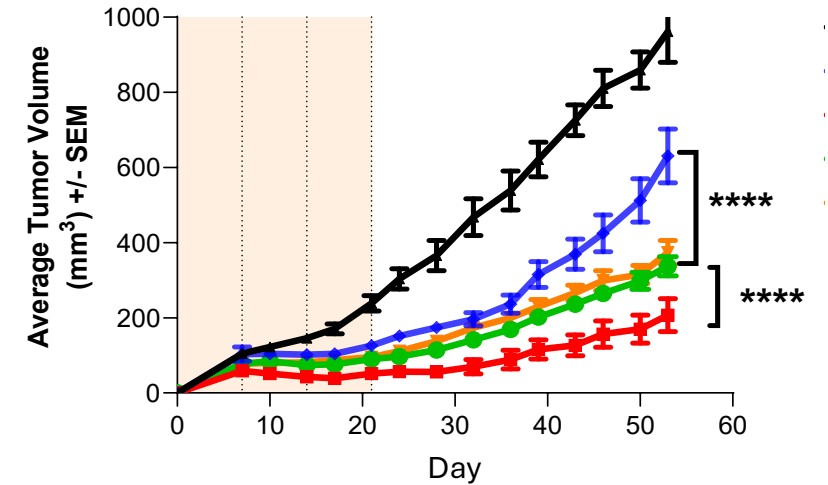
Treatment window dosing

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



Human NSCLC (HCC827) Xenografts¹

Treated with human PBMCs and indicated antibodies
Testing both PD-1 and VEGF-A targeting



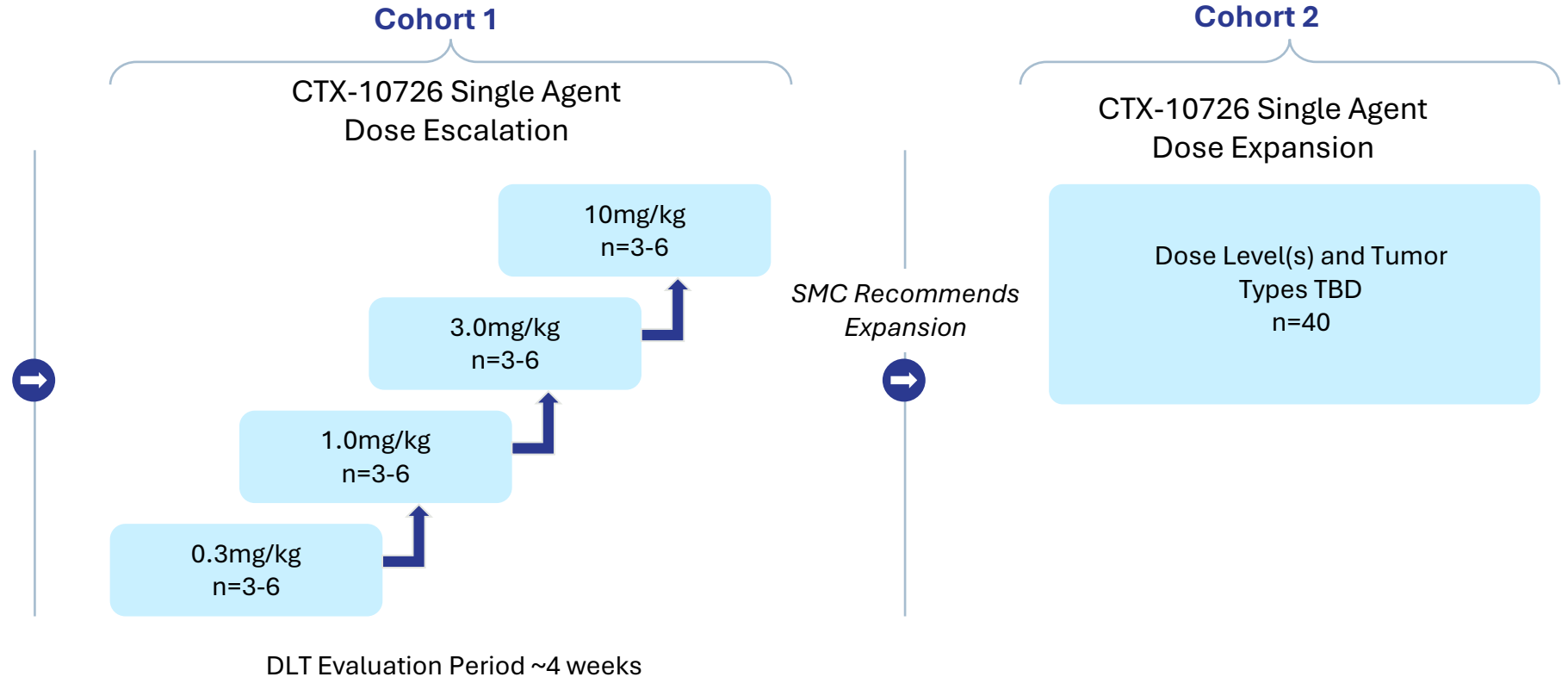
**** P < 0.0001 two-way ANOVA

- PBS
- PBMCs hlgG1 (10 mpk)
- PBMCs CTX-10726 (14 mpk)
- PBMCs Iponescimab (14 mpk)
- PBMCs anti-VEGFA (10 mpk)

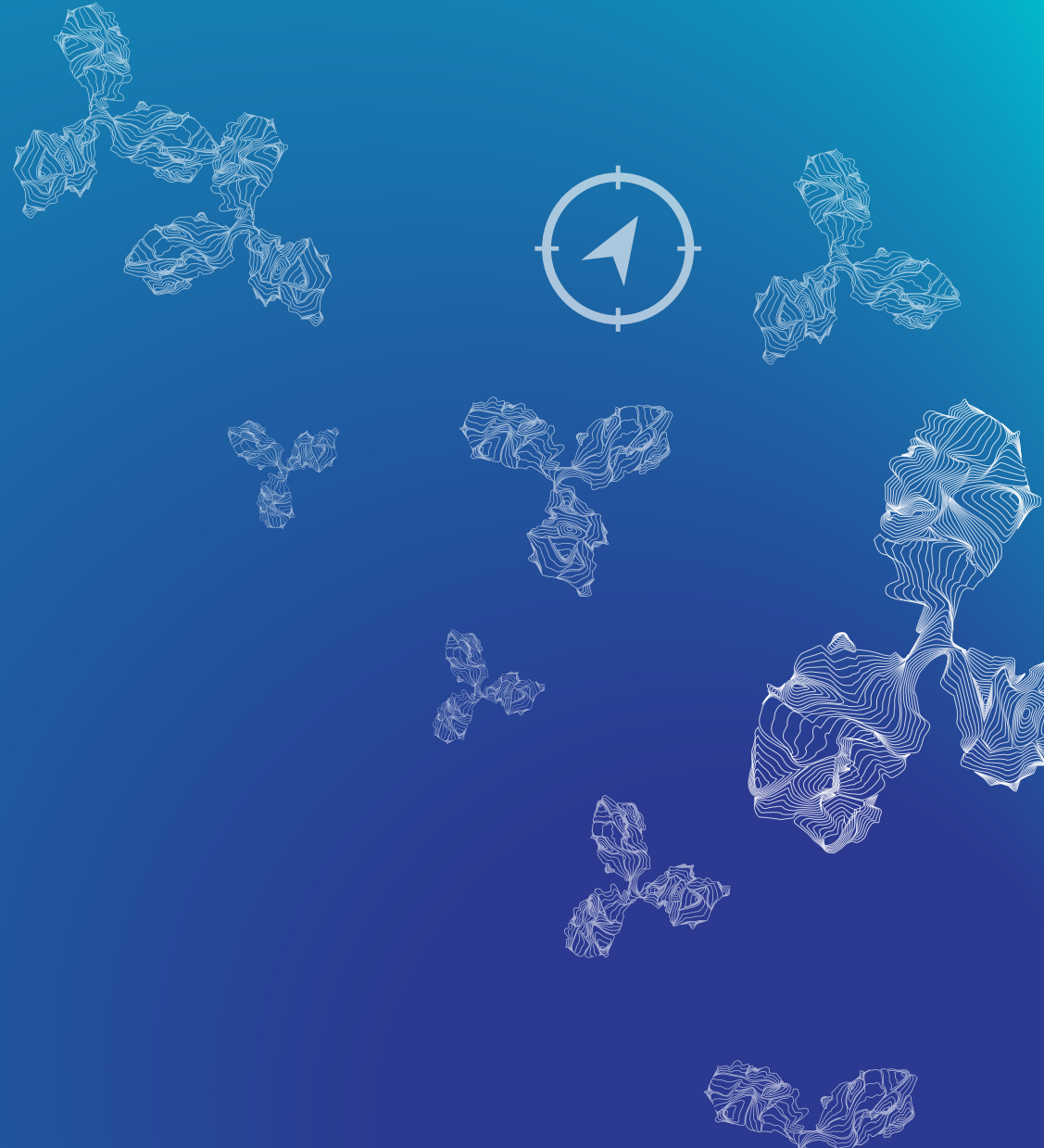
Phase 1 of CTX-10726 Study Design

Inclusion Criteria

Post-PD-1 or PD-L1 patients with RCC, HCC, gastric cancer or endometrial cancer



Study initiated in Q1 2026 with topline data expected in H2 2026



» **CTX-471**

CD137 agonist

Response to CTX-471 was Associated with High NCAM Expression in the Phase 1 Study

CTX-471 is a potential best-in-class CD137 (4-1BB) agonist targeting a unique epitope with an optimized affinity

Compelling anti-tumor activity and tolerability demonstrated in Phase 1 study

Neural Cell Adhesion Molecule (NCAM) identified as a potential predictive biomarker

Monotherapy Phase 1b post-PD-1 in 60 patients with 17 different tumor types:

1 CR

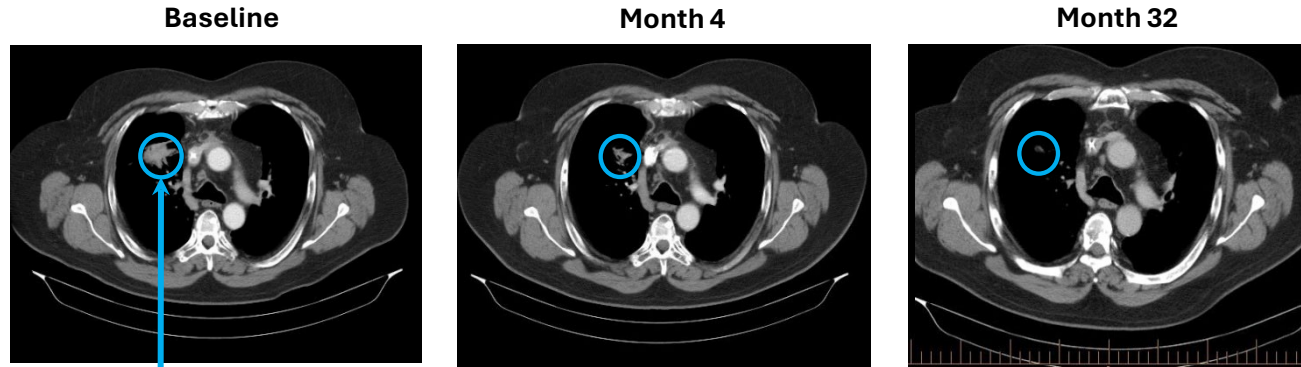
Small cell lung cancer (1 of 3)

4 PRs

Melanoma (3 of 11) & Mesothelioma (1 of 4)

Patients with **clinical benefit from CTX-471** had high expression of **NCAM (CD56)**, highlighting its **potential as patient-selection biomarker**

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



Small Cell Lung

Melanoma

Head and Neck

Melanoma

Melanoma

Head and Neck

Patients with Clinical Benefit (CR / PR / SD)

Patients with Progressive Disease

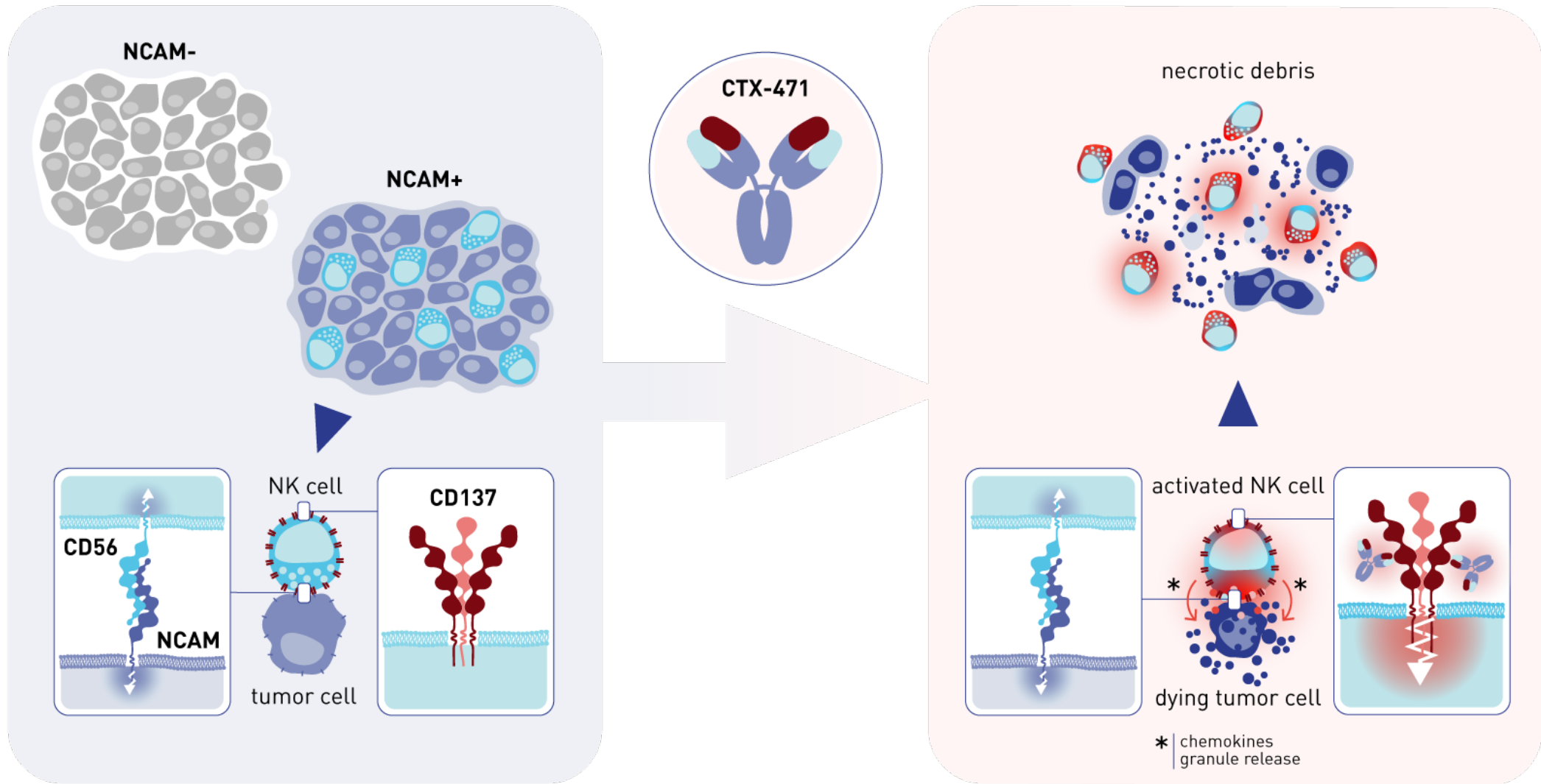
CTX-471 treated patient with advanced SCLC had a **PET negative complete response** after ~3 years on therapy

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

NCAM Biomarker

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

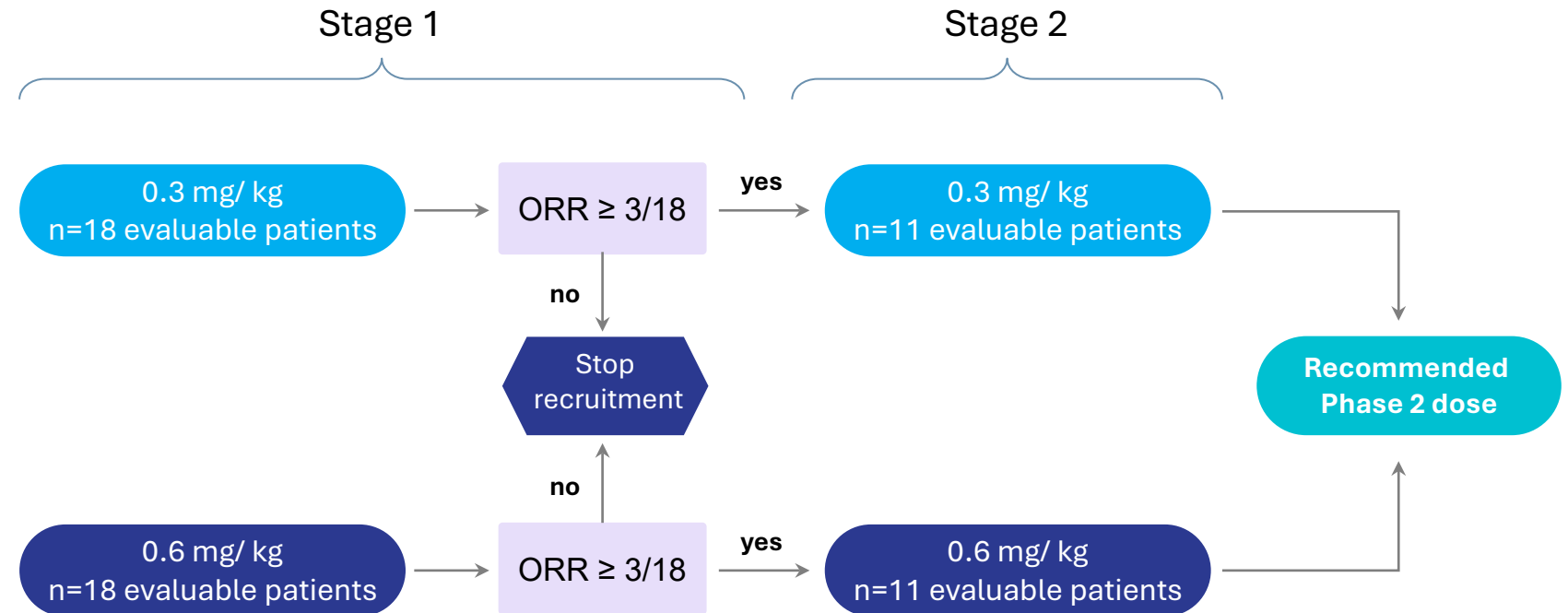
CTX-471: Novel Mechanism of Action for NCAM (CD56)+ Tumors



Phase 2 Study Design of CTX-471 in Patients with NCAM+ Tumors

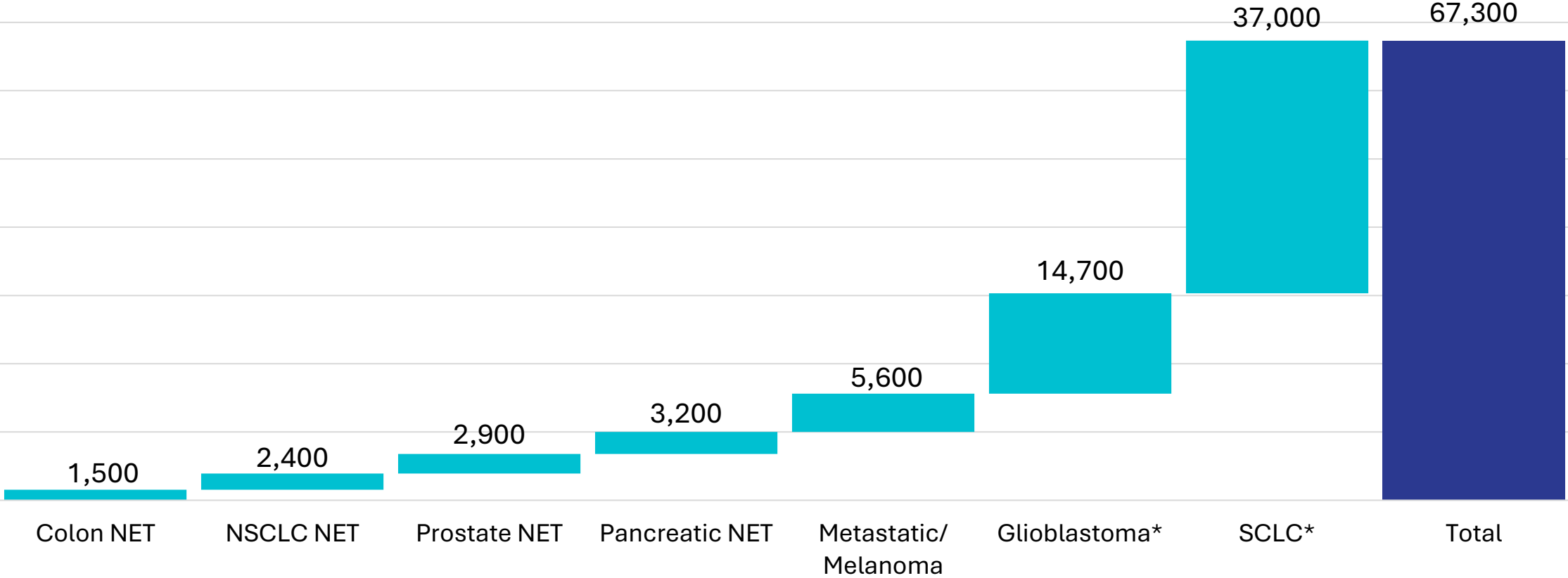
Eligibility Criteria:

- Patients with locally advanced or metastatic Grade 3 neuroendocrine tumors (NET) or neuroendocrine carcinomas (NEC)
- Tumor must be centrally confirmed as NCAM positive by immunohistochemical staining
- Must have previously received at least one prior line of chemotherapy and exhausted all other standard-of-care treatment options

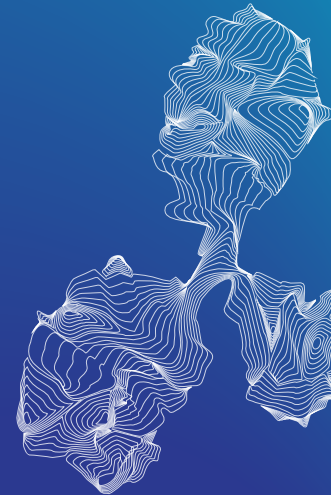
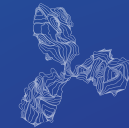
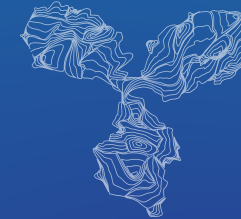
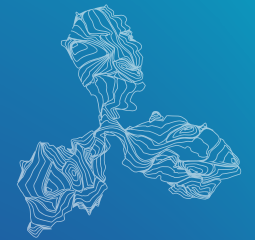
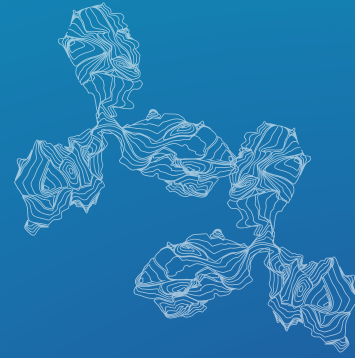


NCAM Positive Tumors Represent a Significant Opportunity for CTX-471

US 2023 – SEER Database¹



* ~100% NCAM+
1. Seer database



» Milestones

Key Anticipated Milestones

	2025	1H 2026	2H 2026
Tovecimig BTC (DLL4 x VEGF-A)	<ul style="list-style-type: none"> Ph 2/3 Data (2L) ORR ✓ Initiated Ph 2 IST (1L) ✓ 	<ul style="list-style-type: none"> April 2026 Ph 2/3 Data (2L) PFS / OS ✓ 	<ul style="list-style-type: none"> Q3 2026 FDA Meeting Q4 2026 BLA filing
Tovecimig (DLL4 x VEGF-A)			<ul style="list-style-type: none"> H2 2026 Initiate Ph 2
CTX-471 (CD137)			<ul style="list-style-type: none"> Mid-2026 Initiate Ph 2 (NCAM)
CTX-8371 (PD-1 x PD-L1)	<ul style="list-style-type: none"> 3 Deep Responses NSCLC, TNBC, HL (post-checkpoint inhibitor) ✓ 		<ul style="list-style-type: none"> Q2 2026 (ASCO) Ph 1 Dose Esc. ✓ Q4 26 / Q1 27 Ph 1 Exp. Cohort Data
CTX-10726 (PD-1 x VEGF-A)	<ul style="list-style-type: none"> Preclinical differentiation ✓ 	<ul style="list-style-type: none"> Q1 Initiated Ph 1 ✓ 	<ul style="list-style-type: none"> Q4 2026 Ph 1 data

Leadership Team Experienced in Drug Discovery, Development, and Commercialization



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



Barry Shin, JD, MBA
Chief Financial Officer



Cynthia Sirard, MD
Chief Medical Officer



Arjun Prasad, MBA, MPH
Chief Commercial Officer



Bing Gong, PhD
Chief Scientific Officer



Jon Anderman, JD
General Counsel &
Corporate Secretary



Neil Lerner, CPA, MIM
Chief Accounting Officer

OrbiMed
Healthcare Fund Management

SERVIER

AstraZeneca

Genentech
A member of the Roche Group

Pfizer

MERCK

Biogen

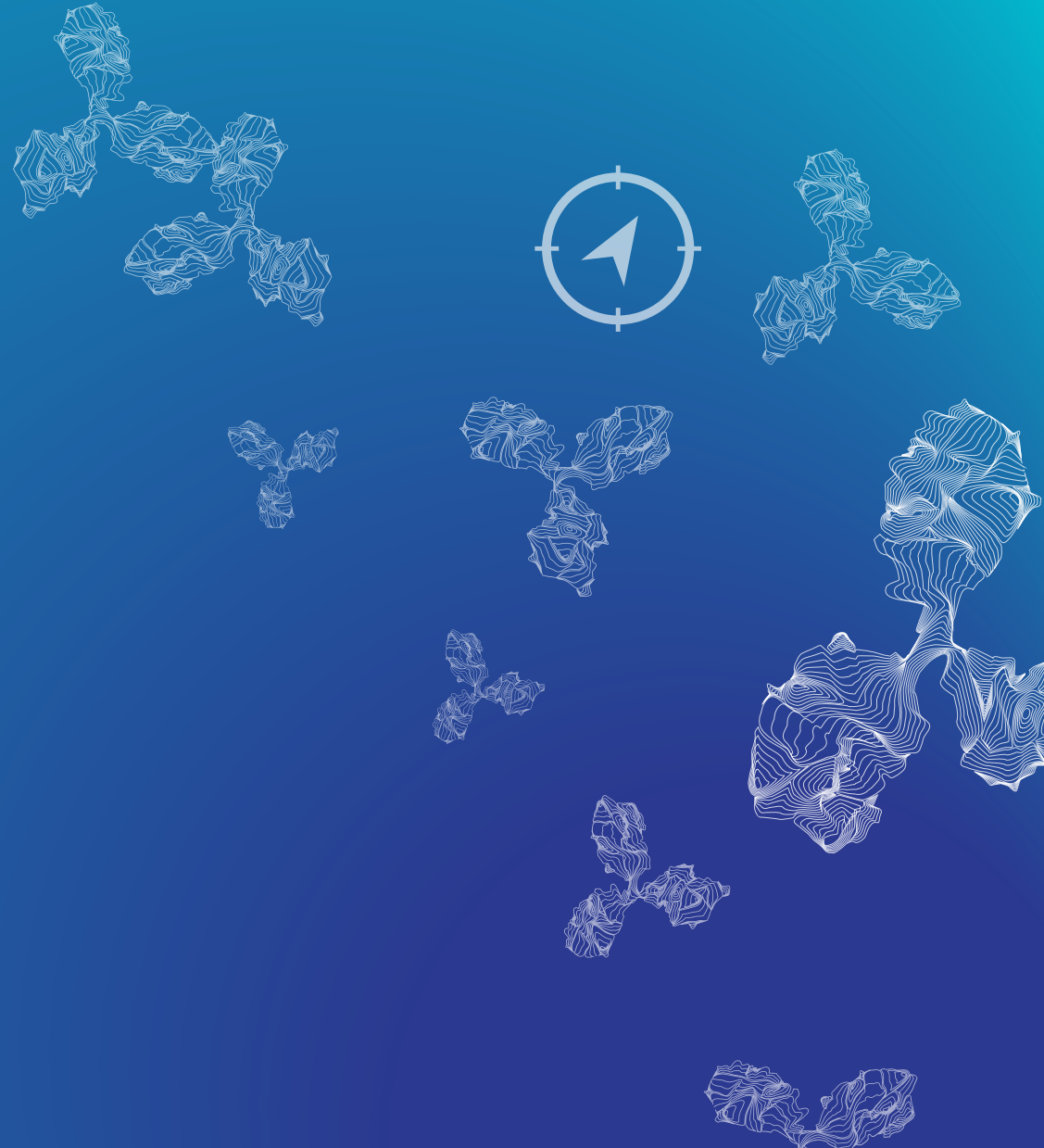
Dana-Farber
Cancer Institute

MedImmune

TKT

agios

sanofi



» Compass Therapeutics

Website: [compasstherapeutics.com](https://www.compasstherapeutics.com)

Nasdaq: CMPX