Corvus Soquelitinib Atopic Dermatitis Phase 1 Data at the Society for Investigative Dermatology (SID) Annual Meeting

May 14, 2026

The Power to Control Immunity

CORVUS PHARMACEUTICALS

Forward-Looking Statements / Safe Harbor

This presentation contains forward-looking statements, including statements related to soquelitinib's potential to provide prolonged drug-free remissions and shorter treatment regimens; the potential safety and efficacy of the Company's product candidates; the potential use of soquelitinib to treat a range of autoimmune and inflammatory diseases and to change the underlying biology of these diseases; the Company's leadership position; and clinical strategy and the design of clinical trials, including the Company's collaborations and the timeline for initiation, target or expected number of patients to be enrolled, dose levels, number of sites and other product development milestones. All statements other than statements of historical fact contained in this press release are forward-looking statements. These statements often include words such as "believe," "expect," "anticipate," "intend," "plan," "estimate," "seek," "will," "may" or similar expressions. Forward-looking statements are subject to a number of risks and uncertainties, many of which involve factors or circumstances that are beyond the Company's control. The Company's actual results could differ materially from those stated or implied in forward-looking statements due to a number of factors, including but not limited to, risks detailed in the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2026, filed with the Securities and Exchange Commission on May 7, 2026, as well as other documents that may be filed by the Company from time to time with the Securities and Exchange Commission. In particular, the following factors, among others, could cause results to differ materially from those expressed or implied by such forward-looking statements: the Company's ability to demonstrate sufficient evidence of efficacy and safety in its clinical trials of its product candidates; the accuracy of the Company's estimates relating to its ability to initiate and/or complete preclinical studies and clinical trials and release data from such studies and clinical trials; the results of preclinical studies and interim data from clinical trials not being predictive of future results; the Company's ability to enroll sufficient numbers of patients in its clinical trials; the unpredictability of the regulatory process; regulatory developments in the United States and foreign countries; the costs of clinical trials may exceed expectations; the Company's ability to accurately estimate the cash on hand providing funding into the second quarter of 2028 and the Company's ability to raise additional capital. Although the Company believes that the expectations reflected in the forward-looking statements are reasonable, it cannot guarantee that the events and circumstances reflected in the forward-looking statements will be achieved or occur, and the timing of events and circumstances and actual results could differ materially from those projected in the forward-looking statements. Accordingly, you should not place undue reliance on these forward-looking statements. All such statements speak only as of the date made, and the Company undertakes no obligation to update or revise publicly any forward-looking statements, whether as a result of new information, future events or otherwise.

Today's Speakers

Richard A. Miller, MD
President and CEO, Co-Founder
Corvus Pharmaceuticals

Albert S. Chiou, MD, MBA
Clinical Professor, Dermatology and
Director of Clinical Research in the
Department of Dermatology
Stanford University Medical Center

Kavita Sarin, MD, PhD
Professor of Dermatology
Director Stanford Skin Cancer Program
Stanford Cancer Institute
Stanford University Medical Center

Today's Agenda: Soquelitinib Phase 1 Clinical Data

Time	Topic	Presenter
12:30 – 12:35 pm	• Event and company introduction	Dr. Richard Miller
12:35 – 12:50 pm	• Atopic dermatitis systemic therapy landscape • SID clinical data presentation	Dr. Albert Chiou
12:50 – 1:00 pm	• SID immunologic and biomarker data	Dr. Kavita Sarin
1:00 – 1:10 pm	• Key takeaways • Broader ITK pipeline update	Dr. Richard Miller
1:10 – 1:30 pm	• Q&A	All presenters

SID Presentations Highlight Immunologic and Clinical Features of Soquelitinib

Oral Presentation

Title: Immunologic and clinical activity of soquelitinib, a selective ITK inhibitor, in atopic dermatitis

Abstract #: 0483

Date / Time: May 14, 2026, 8:45-8:55 AM

Presenter: Kavita Sarin, MD, PhD

Late-Breaking Oral Presentation

Title: Soquelitinib, an ITK inhibitor, Produces Prolonged Drug-Free Remissions in Atopic Dermatitis

Abstract #: LB1154

Date / Time: May 16, 2026,10:40-10:50 AM

Presenter: Albert Chiou, MD

First-in-Class Immune Modulators with Broad Opportunity in Immune Disease

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Novel MOA	Highly selective ITK inhibition; blocks multiple cytokines and rebalances immune response
Oral Administration	Oral dosing in markets dominated by injectables
Clinical Stage	Safety/efficacy seen in placebo-controlled Phase 1 AD; enrolling Phase 2 AD with registration Phase 3 PTCL ongoing
Pipeline in a Product	Broad expansion potential across immune diseases (dermatology, pulmonology, GI and rheumatology)
Strong IP	Composition of matter protection through 2042
Proven Management	Experienced leadership team (rituximab and ibrutinib)

Soquelitinib Blocks Th2 and Th17

Modulation of T cell differentiation

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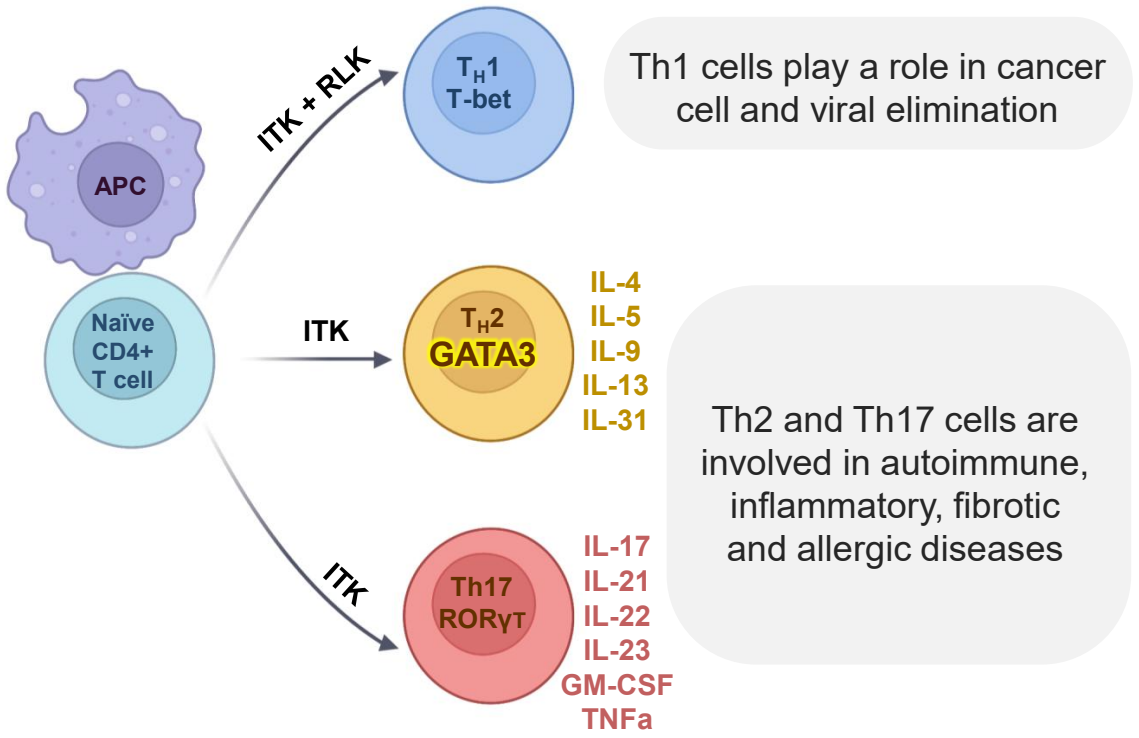
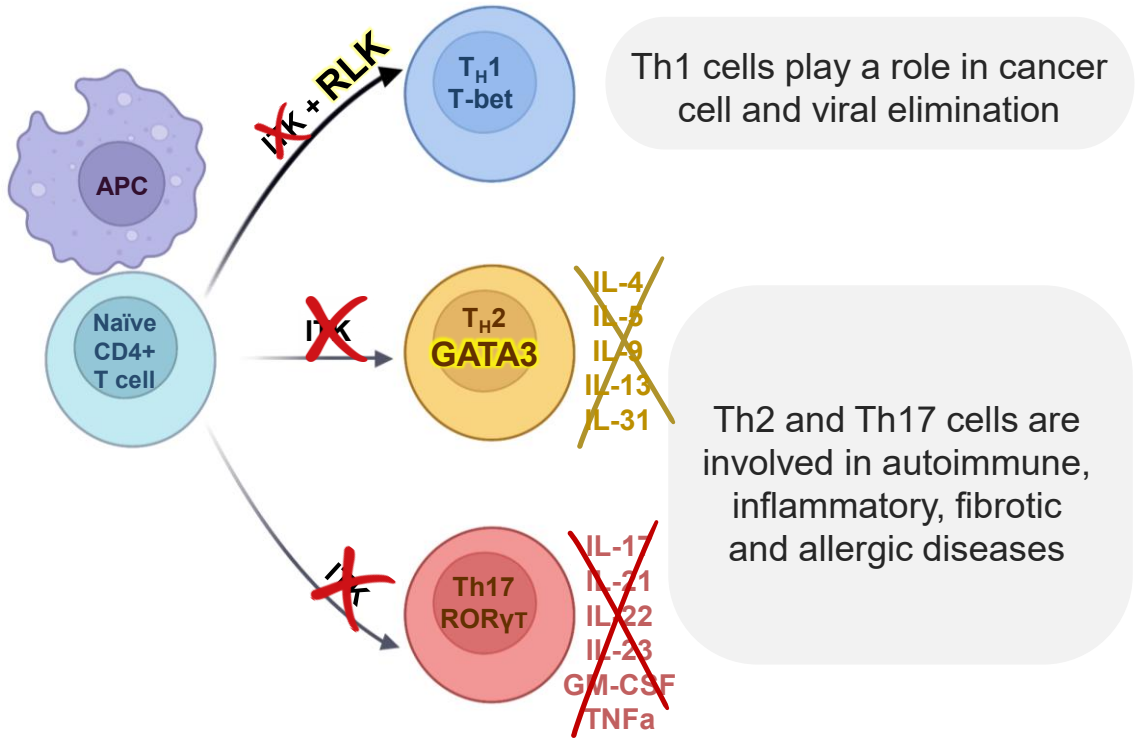
ITK involved in T cell differentiation



Th1 cells play a role in cancer cell and viral elimination

Th2 and Th17 cells are involved in autoimmune, inflammatory, fibrotic and allergic diseases

ITK blockade leads to reduction in Th2, Th17 and cytokines



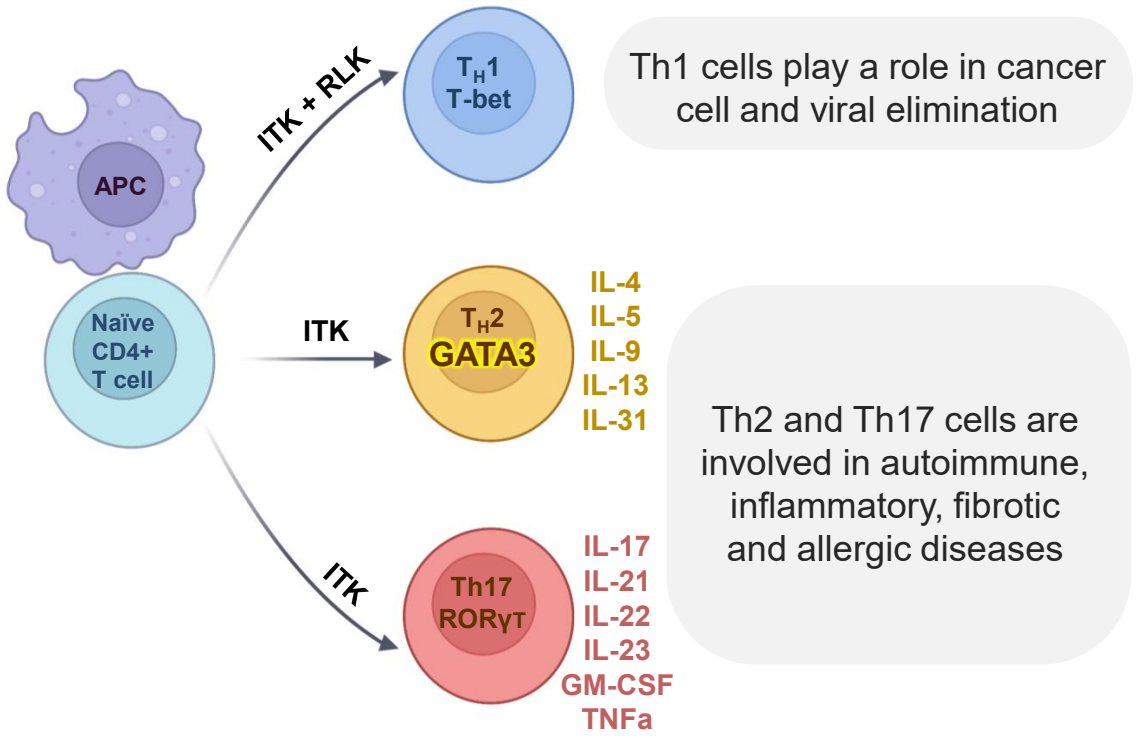
Th1 cells play a role in cancer cell and viral elimination

Th2 and Th17 cells are involved in autoimmune, inflammatory, fibrotic and allergic diseases

ITK Regulates Switch from Th17 to Tregs

Rebalancing immunity leads to durable responses

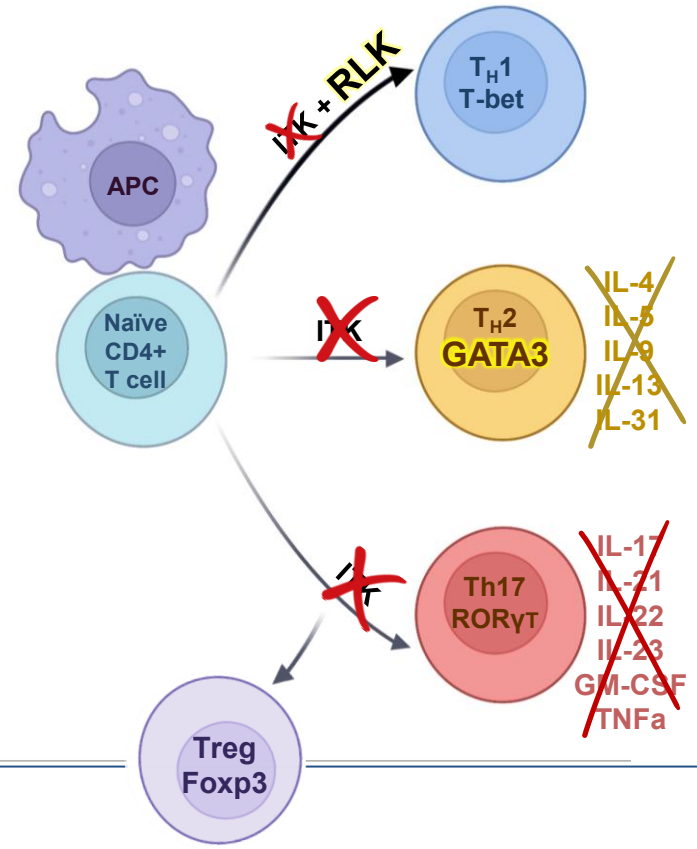
ITK involved in T cell differentiation



Th1 cells play a role in cancer cell and viral elimination

Th2 and Th17 cells are involved in autoimmune, inflammatory, fibrotic and allergic diseases

ITK blockade leads to switch to Treg



Blocking ITK results in increase in Tregs and decrease in Th17

Sci Signal 17:1, 2024 (DOI: 10.1126/scisignal.adh2381)
PLOS ONE 14 (4): 1, 2019 (https://doi.org/10.1371/journal.pone.0215963)

Soquelitinib Effects Multiple Inflammatory Pathways

Comparison to other agents

	Th2				Th17			ILC2	Treg
	IL-4	IL-5	IL-13	IL-31	IL-17	IL-21	IL-22		
SOQUELITINIB	✓	✓	✓	✓	✓	✓	✓	✓	↑
DUPIXENT®	✓		✓					✓	
EBGLYSS™			✓						
NEMLUVIO®				✓					
RINVOQ®	✓		✓	✓		✓			

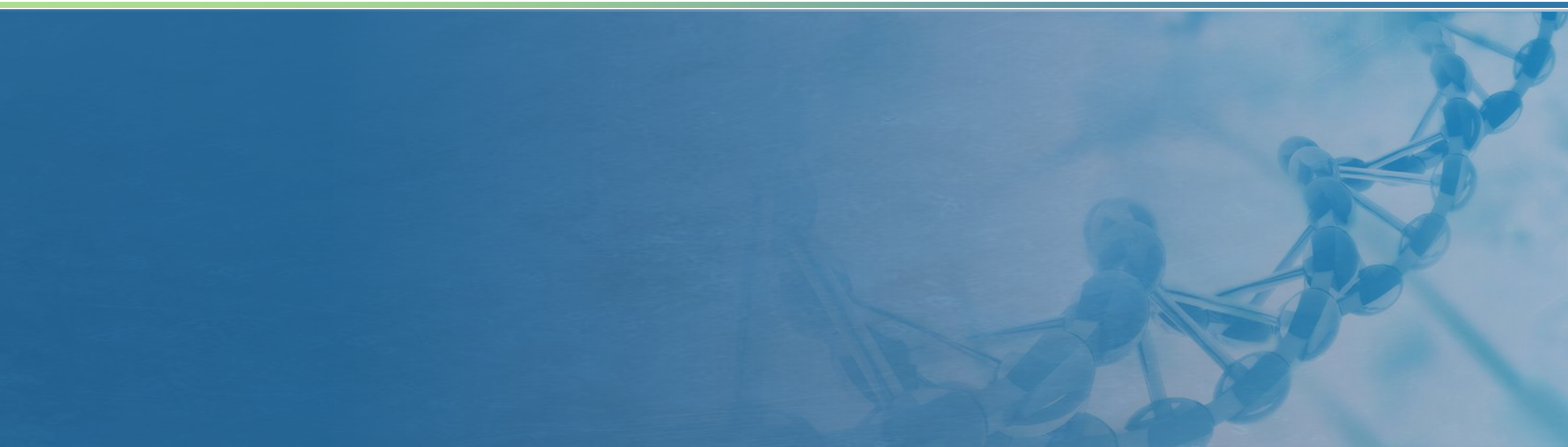
SOQUELITINIB

Inhibits cells responsible for production and control of many inflammatory cytokines

Restores immune balance by enhancing T regs

Albert S. Chiou, MD

SID clinical data presentation



Atopic Dermatitis Therapy Landscape

Biologic therapies are effective, but…

…responses can vary across individuals

…require injections

…can have side effects

Oral therapies (JAK inhibitors) are effective, but…

…carry a black box warning

…require regular blood monitoring

There is a need for new treatment options that can provide…

…novel MOA to address relapsed/refractory patients

…safe oral therapy

…shorter and simpler treatment regiments

…no requirement for lab monitoring

…lasting remissions

Society for Investigative Dermatology 2026, ID # LB1154

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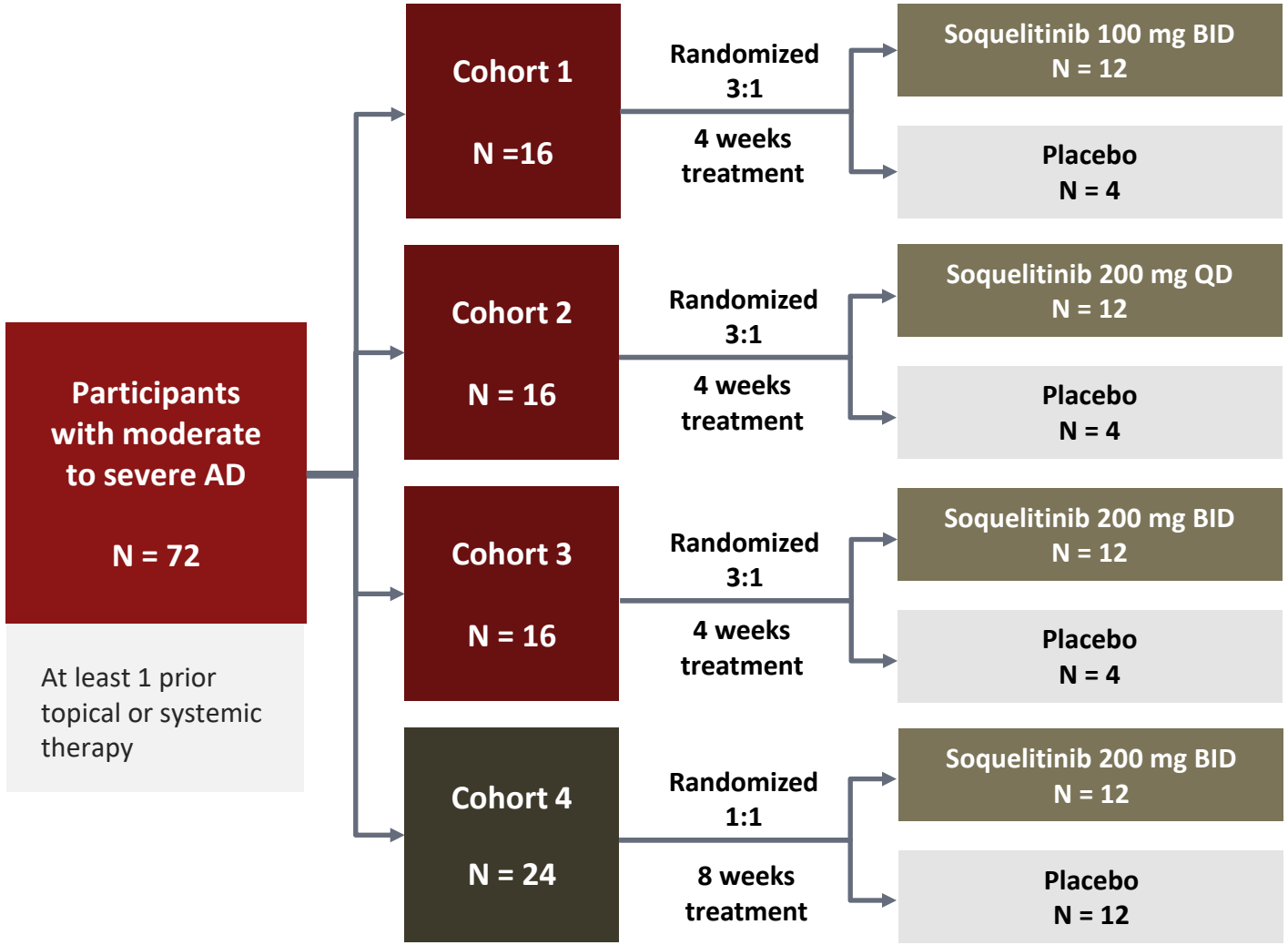
Soquelitinib, an ITK inhibitor, Produces Prolonged Drug-Free Remissions in Atopic Dermatitis

Albert S. Chiou, MD
Clinical Professor, Dermatology and Director of Clinical Research in the Department of Dermatology
Stanford University Medical Center

Albert Chiou[1], Michael Cameron[2], Jennifer L. Parish[3], Jorge Garcia-Zuazaga[4], Stephen Schleicher[5], Lih-Yun Hsu[6], Drew Hotson[6], Sinem Bagci[6], Suresh Mahabhashyam[6], Richard Miller[6]

[1]Stanford University, Palo Alto, CA, United States; [2]Equity Medical LLC, New York, NY, United States; [3]Paddington Testing Co Inc, Philadelphia, PA, United States; [4]Apex Clinical Research Center, Mayfield Heights, OH, United States; [5]Best Skin Research LLC, Camp Hill, PA, United States; [6]Corvus Pharmaceuticals Inc, So. San Francisco, CA, United States

Atopic Dermatitis Placebo Control Phase 1 Design



Study Design

- Endpoints:
  - Primary: safety
  - Secondary: % change in EASI, EASI75, EASI90, IGA 0 or 1
- Design
  - Blinded with placebo
  - No concomitant topical steroids
  - 28 day treatment for cohorts 1-3 (3:1 randomization)
  - 56 day treatment for cohort 4 (1:1 randomization)
  - Off treatment follow up
- Prior systemic therapy allowed
- 14 sites all U.S.

Patient Baseline Characteristics

	4-week			8-week	
	Cohorts 1 and 2	Cohort 3	Cohorts 1–3	Cohort 4	
	Soquelitinib 100 mg BID or 200 mg QD (n=24)	Soquelitinib 200 mg BID (n=12)	Placebo (n=12)	Soquelitinib 200 mg BID (n=12)	Placebo (n=12)
Age, mean (range), yrs	44.4 (21–66)	46.4 (25–71)	38.8 (20–62)	40.5 (18–69)	42.3 (21–67)
Gender, male n (%)	14 (58.3)	4 (33.3)	7 (58.3)	6 (50)	7 (58.3)
Race/ethnicity, n (%)					
Asian	2 (8.3)	0 (0)	1 (8.3)	3 (25)	2 (16.7)
Black or African American	13 (54.2)	5 (41.7)	5 (41.7)	5 (41.7)	5 (41.7)
White	4 (16.7)	4 (33.3)	2 (16.7)	3 (25)	2 (16.7)
Hispanic or Latino	5 (20.8)	2 (16.7)	4 (33.3)	1 (8.3)	3 (25)
Not Reported	0 (0)	1 (8.3)	0 (0)	0 (0)	0 (0)
Baseline EASI, mean (range)	19.9 (14.7–46.6)	27.2 (18.0–41.5)	21.2 (14.4–46.6)	25.7 (16.6–64.7)	21.9 (16.4–32.9)
Baseline IGA 4, n (%)	2 (8.3)	1 (8.3)	2 (16.7)	2 (16.7)	1 (8.3)
Prior AD therapies, n (%)					
Topical corticosteroids	24 (100)	12 (100)	12 (100)	12 (100)	12 (100)
Systemic therapies	6 (25)	4 (33.3)	3 (25)	5 (41.7)	7 (58.3)
Dupilumab	2 (8.3)	2 (16.7)	2 (16.7)	2 (16.7)	3 (25)
JAK inhibitor	0 (0)	1 (8.3)	0 (0)	1 (8.3)	2 (16.7)
Other	4 (16.7)	4 (33.3)	2 (16.7)	5 (41.7)	6 (50)

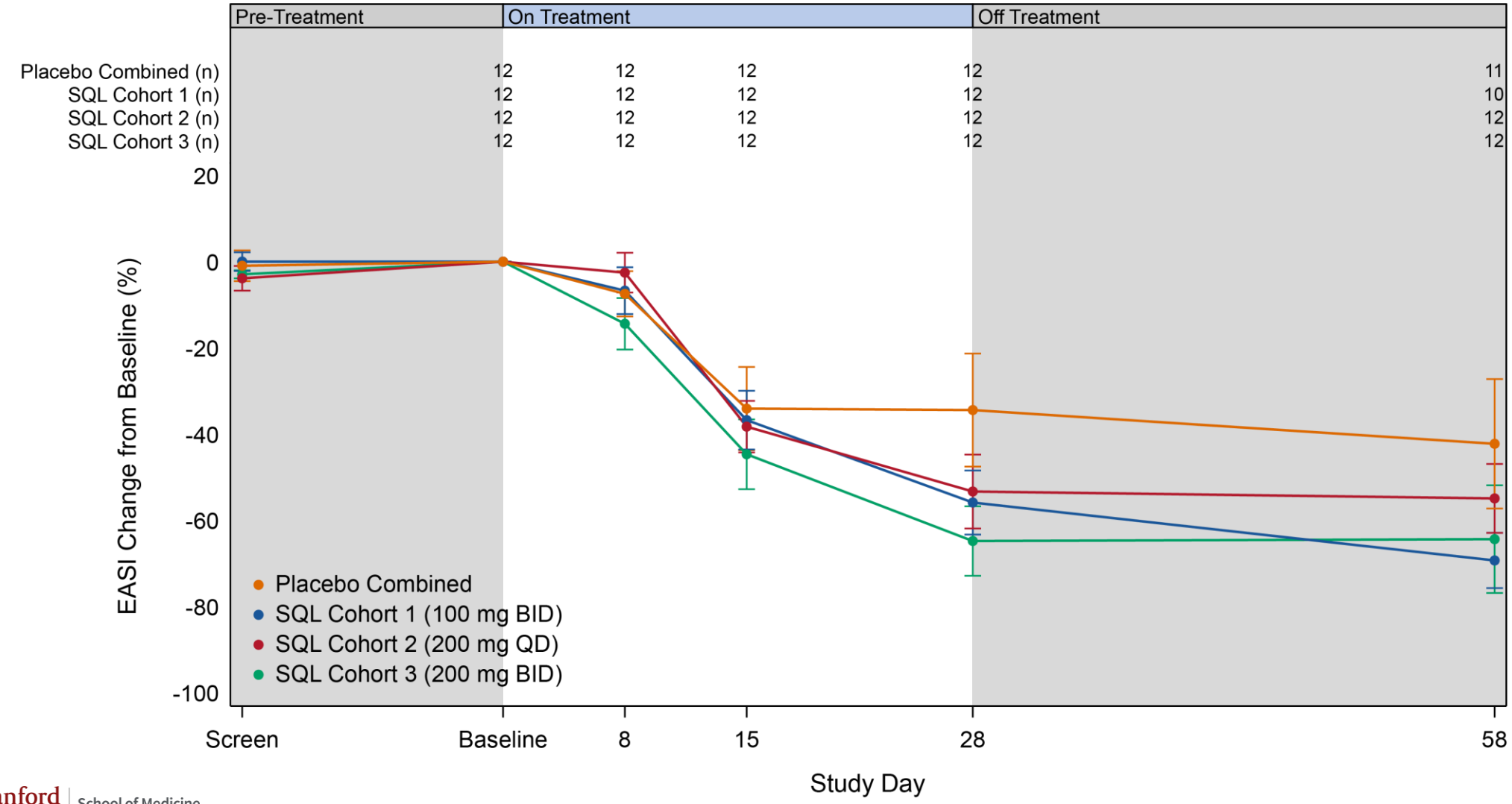
Efficacy Results at 4 Weeks

Cohorts 1–3

	Soquelitinib		Placebo
	Cohorts 1 and 2 (N=24)	Cohort 3 (N=12)	Combined (N=12)
EASI 75 (%pts)	29	50	0
IGA 0 or 1 (%pts)	21	25	0
EASI 50 (%pts)	75	83	58
EASI 90 (%pts)	4	8	0
Change EASI Mean % Reduction	54.6	64.8	34.4

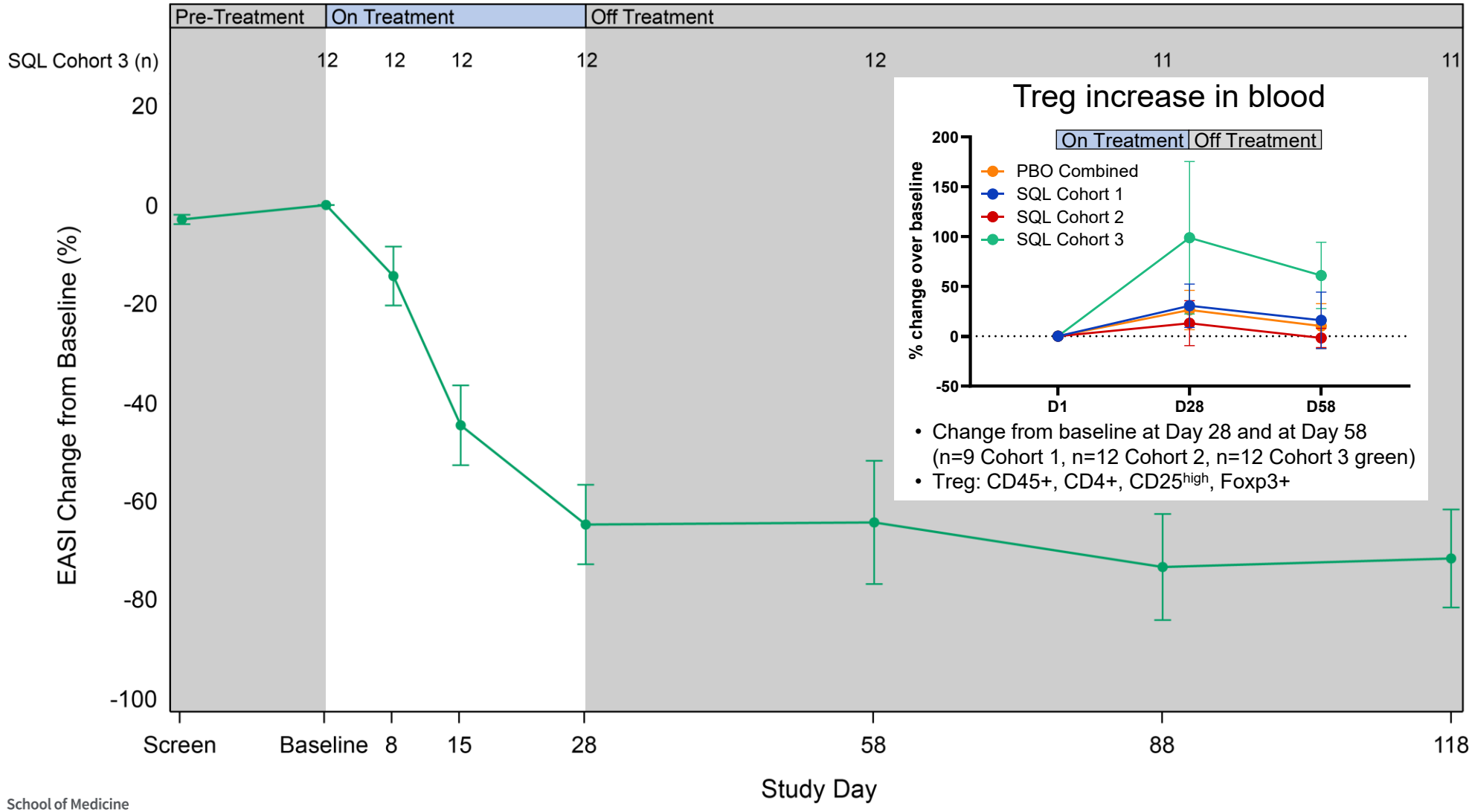
Mean Percent Reduction in EASI

Cohorts 1, 2, and 3



Immune Rebalance

Durable remission with increase in Tregs in Cohort 3



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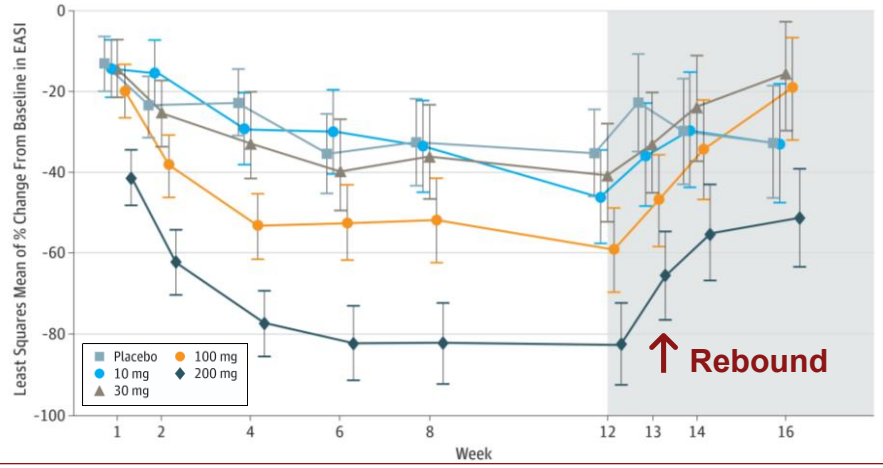
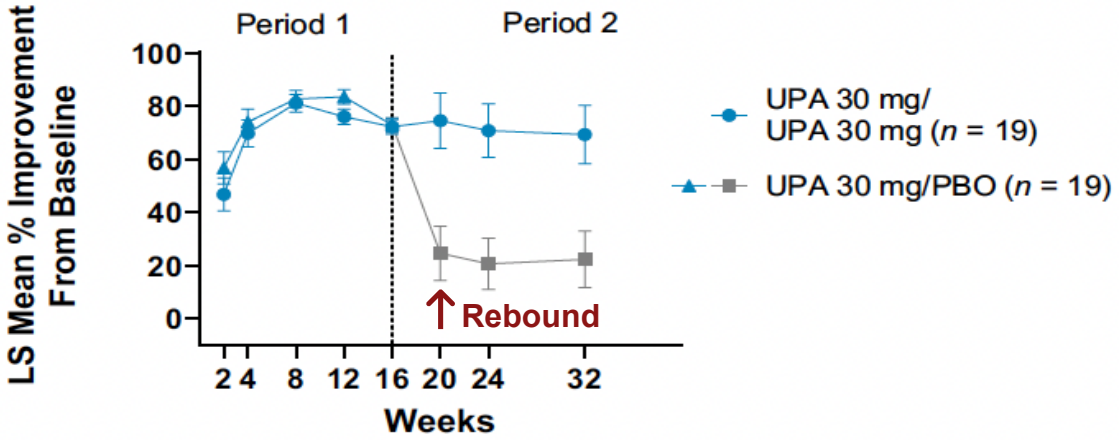
Rebound Following JAKi, Dupilumab and STAT6i

Worsening within 4 weeks of stopping therapy

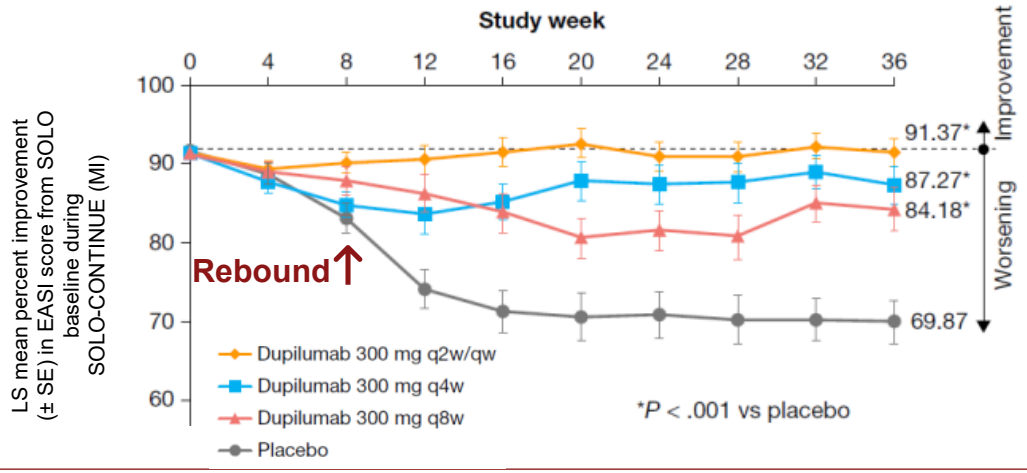
Abrocitinib (JAK1 inhibitor)[1]



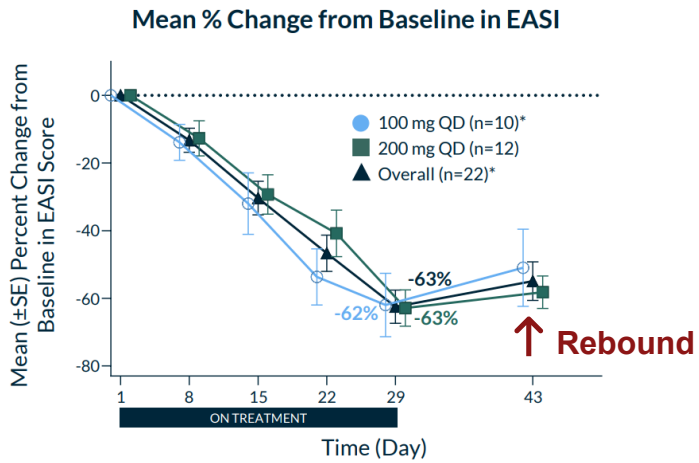
Upadacitinib (JAK1 inhibitor)[2]



Dupilumab (IL-4 / IL-13)[3]



STAT6 inhibitor[4]



1 - JAMA Derm 155:1371, 2019; 2 - J Eur Acad Dermatol Venereol. 2023;37:2558–2568; 3 - JAMA Dermatol. 2020;156(2):131-143; 4 - AAD 2026 presentation

Efficacy Results at 8 Weeks

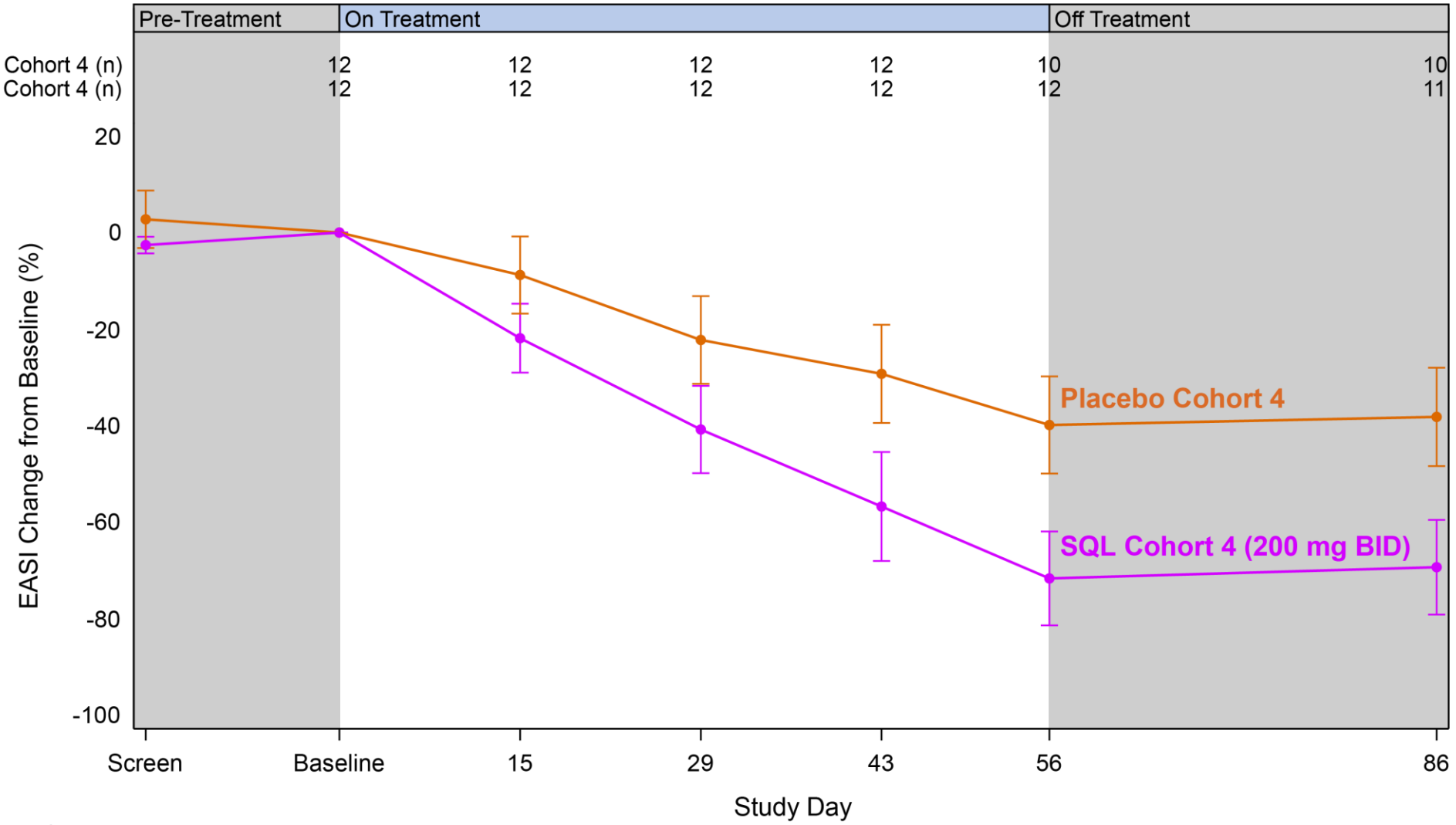
Cohort 4 achieved 75% EASI 75

	Cohort 4 (200 mg BID)	
	8-week	
	Soquelitinib (N=12)	Placebo (N=12)
EASI 75 (%pts)	75	20*
IGA 0 or 1 (%pts)	33	0
EASI 50 (%pts)	92	30*
EASI 90 (%pts)	25	0
Change EASI Mean % Reduction	72	40*
Flare *(requiring rescue meds)* (%pts)	0	17

**2 placebo patients missed the Day 56 visit and are not included. They did return for later visits and did not achieve EASI 75 at any time point. If included in the placebo analysis the 8-week EASI 75 is 17%.*

Mean Percent Reduction in EASI Cohort 4

Increased efficacy with longer duration of treatment (8 weeks)



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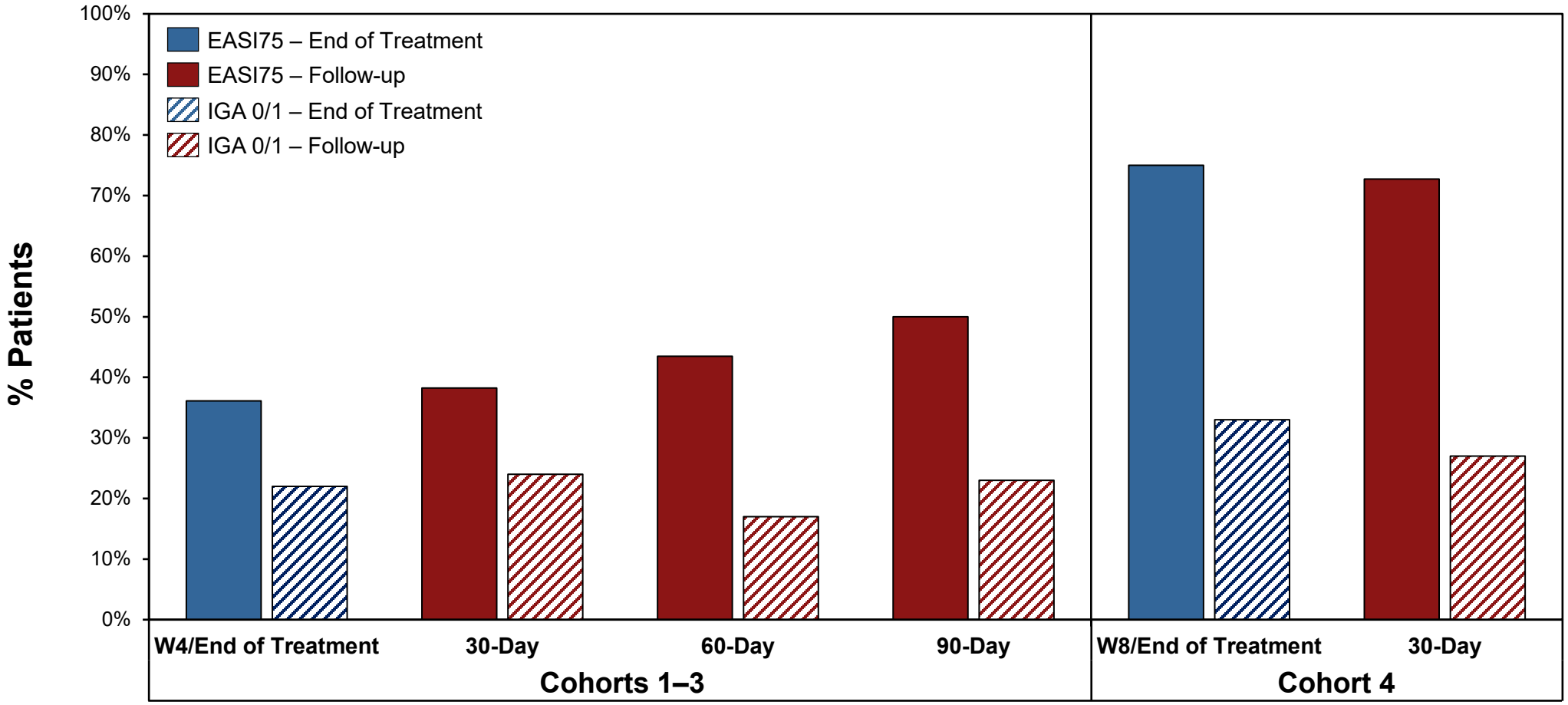
Percentage Patients Achieving EASI75 and IGA 0/1

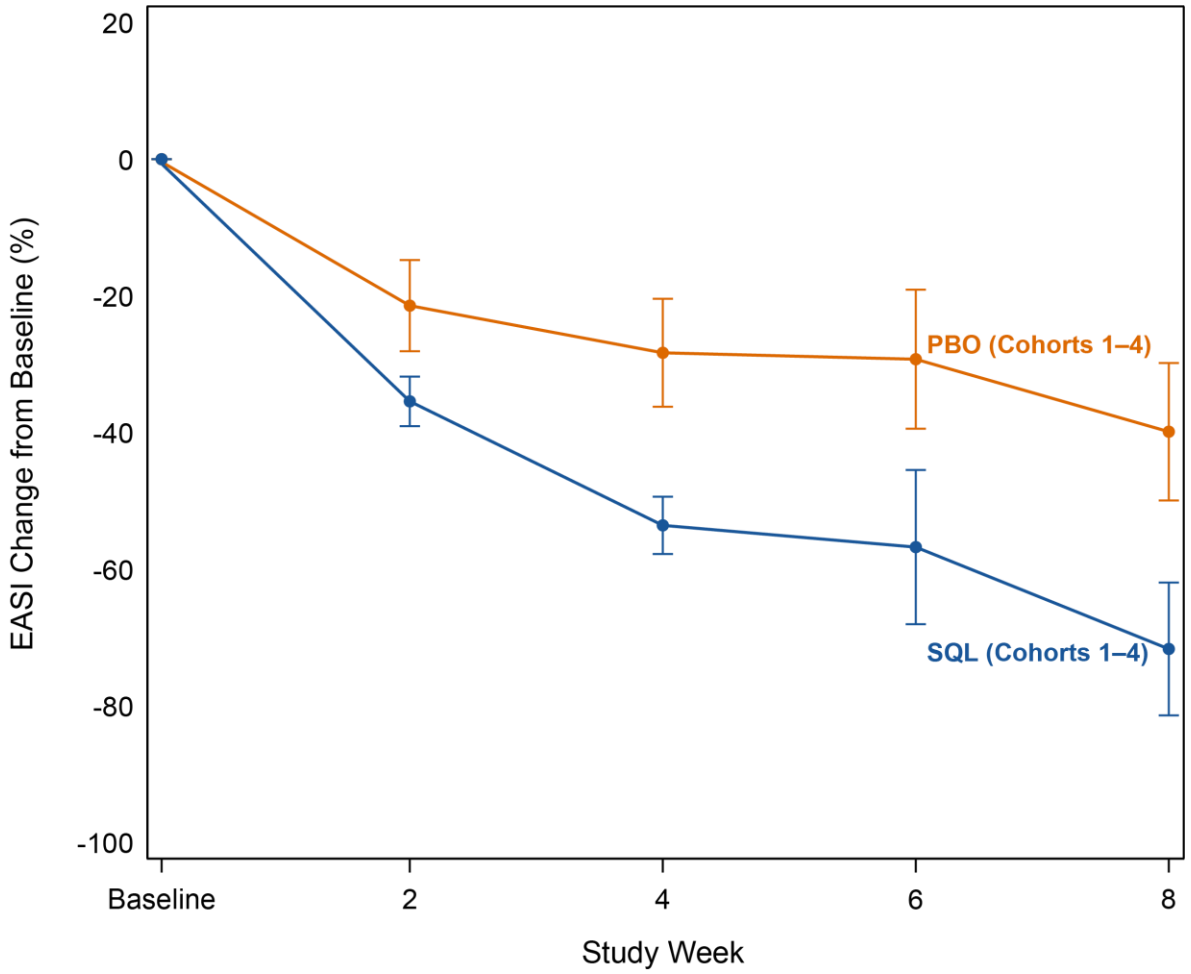
Responses maintained in drug-free follow up



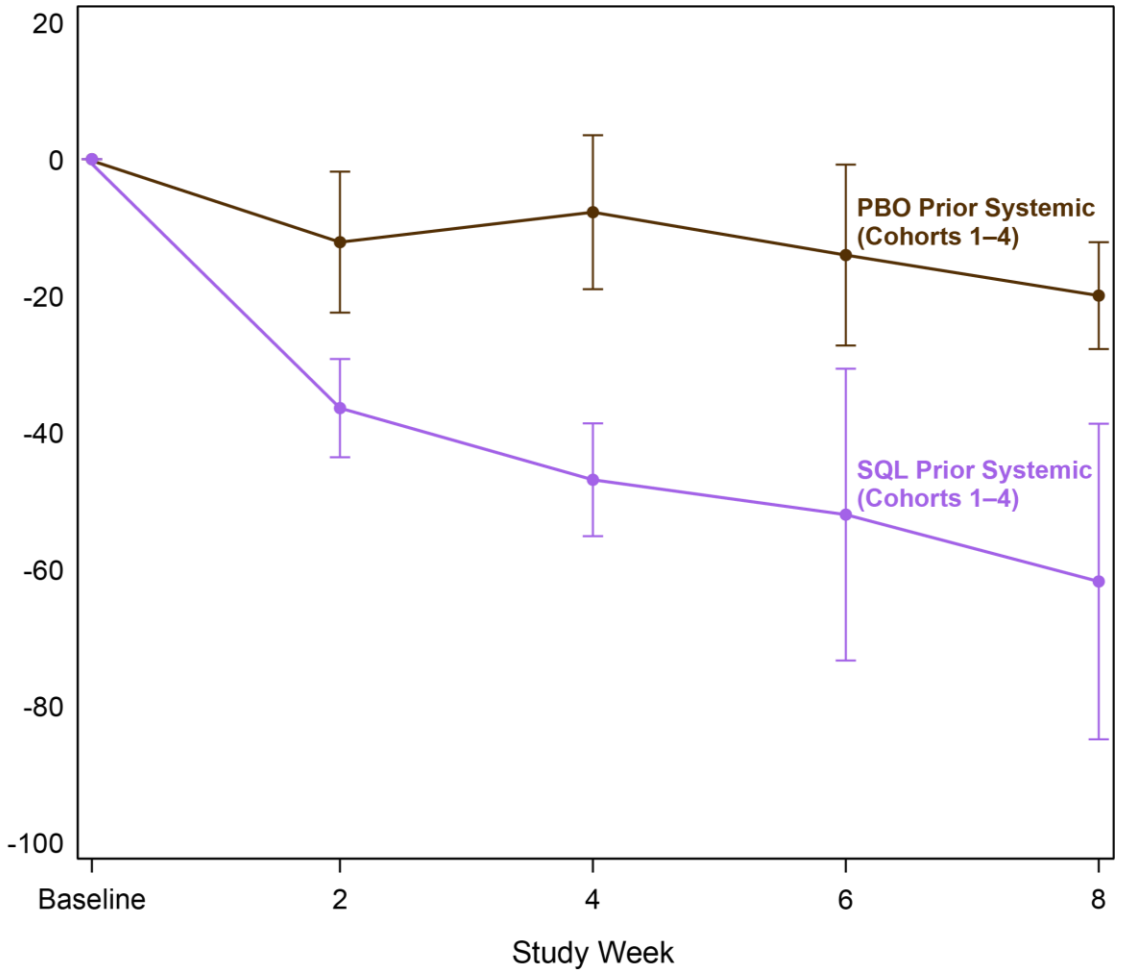
Efficacy in Patients with Prior Systemic Therapy (Cohorts 1–4)

Comparable efficacy in patients with prior systemic therapy

All Patients (Cohorts 1–4)



Prior Systemic Therapy (Cohorts 1–4)



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Response in Systemic Treatment Resistant Patients

Cohorts 3 & 4

Study Treatment	Age/Gender	Prior Treatment Resistant	Baseline EASI	% EASI change
Soquelitinib	60/F	Dupilumab	24.6	–91%
Soquelitinib	18/M	Dupilumab, anti-OX40L	23.8	–96%
Soquelitinib	52/M	Dupilumab, methotrexate, upadacitinib	41.5	–27%
Soquelitinib	34/M	Dupilumab, anti-OX40, abrocitinib	23.9	29%
Placebo	37/M	Dupilumab, upadacitinib	17.2	Flare (Rescue Meds)
Placebo	26/F	Dupilumab, upadacitinib	32.9	Flare (Rescue Meds)

Safety Summary

	4-week		8-week	
	Cohorts 1–3		Cohort 4	
	Soquelitinib (n=36)	Placebo (n=12)	Soquelitinib (n=12)	Placebo (n=12)
Subjects with AEs*	15 (41.7%)	4 (33.3%)	5 (41.7%)	6 (50%)
Severe (Grade ≥3) AEs	0	0	0	0
Serious AEs	0	0	0	0
AEs leading to study drug discontinuation	0	0	0	0

**All Grade 1-2 AEs not requiring dose modifications. No clinically significant lab abnormalities. No AEs of conjunctivitis.*

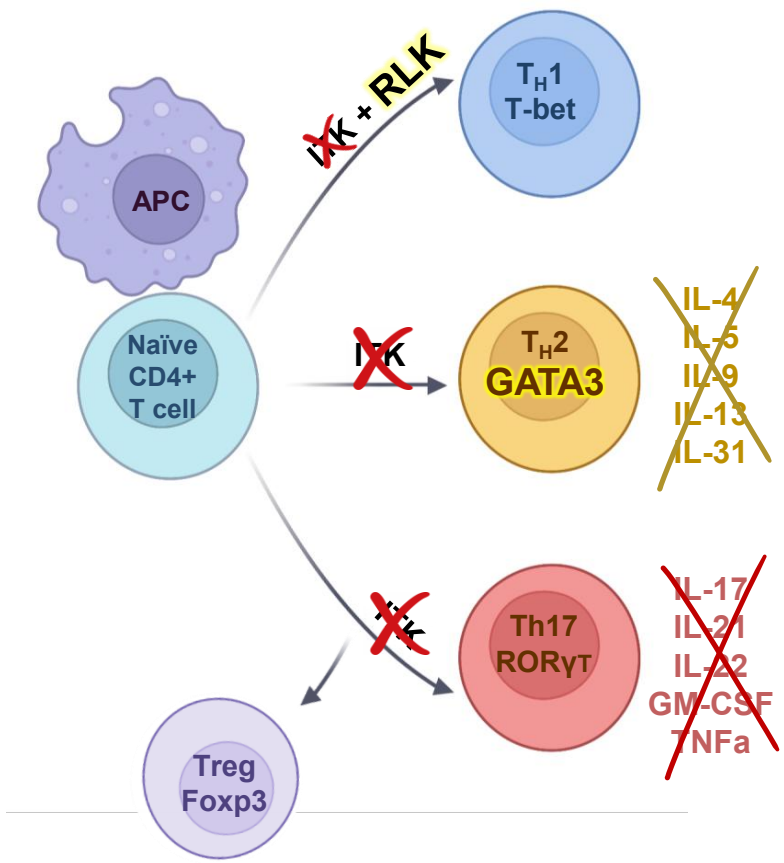
Safety Summary

All reported AEs

	Cohorts 1–3		Cohort 4	
	SQL (n=36), n (%)	PBO (n=12), n (%)	SQL (n=12), n (%)	PBO (n=12), n (%)
Subjects with any TEAE	**15 (41.7)**	**4 (33.3)**	**5 (41.7)**	**6 (50)**
Headache	4 (11.1)	1 (8.3)	4 (33.3)	0 (0)
Abdominal pain upper	1 (2.8)	0 (0)	0 (0)	1 (8.3)
Nausea	1 (2.8)	1 (8.3)	0 (0)	0 (0)
Upper respiratory tract infection	1 (2.8)	1 (8.3)	0 (0)	0 (0)
Worsening of AD	0 (0)	0 (0)	0 (0)	2 (16.7)
Anemia	1 (2.8)	0 (0)	0 (0)	0 (0)
Eosinophilia	1 (2.8)	0 (0)	0 (0)	0 (0)
Diarrhea	0 (0)	0 (0)	1 (8.3)	0 (0)
Food poisoning	0 (0)	0 (0)	1 (8.3)	0 (0)
COVID-19	1 (2.8)	0 (0)	0 (0)	0 (0)
Cellulitis	0 (0)	1 (8.3)	0 (0)	0 (0)
Nasopharyngitis	1 (2.8)	0 (0)	0 (0)	0 (0)
Skin bacterial infection	0 (0)	0 (0)	0 (0)	1 (8.3)
Staphylococcal infection	0 (0)	0 (0)	1 (8.3)	0 (0)
Increased appetite	0 (0)	0 (0)	0 (0)	1 (8.3)
Arthralgia	0 (0)	0 (0)	0 (0)	1 (8.3)
Muscle spasms	0 (0)	0 (0)	0 (0)	1 (8.3)
Basal cell carcinoma	0 (0)	0 (0)	0 (0)	1 (8.3)
Neck pain	1 (2.8)	0 (0)	0 (0)	0 (0)
Somnolence	1 (2.8)	0 (0)	0 (0)	0 (0)
Insomnia	0 (0)	1 (8.3)	0 (0)	0 (0)
Menstruation irregular	1 (2.8)	0 (0)	0 (0)	0 (0)
Lower respiratory tract congestion	1 (2.8)	0 (0)	0 (0)	0 (0)
Skin neoplasm excision	0 (0)	0 (0)	0 (0)	1 (8.3)

Conclusions

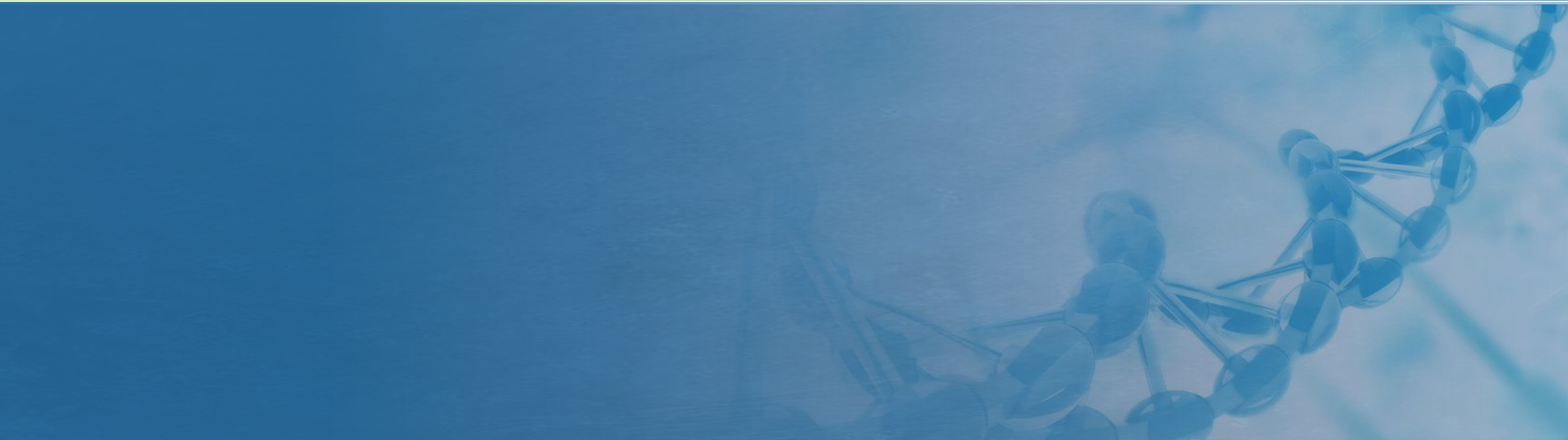
Immunologic effects of soquelitinib



- Soquelitinib is a first-in-class selective oral ITK inhibitor that suppresses Th2 and Th17 inflammatory responses and increases Tregs
- Clean safety profile with no infection signal and no lab abnormalities
- Early and deep response with short dosing period
- Durable treatment effects with no evidence of rebound flare with cessation
- Activity seen in prior systemic therapy resistant patients
- Treatment of autoimmune/inflammatory diseases based on rebalancing of immunity could reduce need for chronic therapy

Kavita Sarin, MD, PhD

SID immunologic and biomarker data



Society for Investigative Dermatology 2026, ID # 0483

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Immunologic and Clinical Activity of Soquelitinib, a Selective ITK Inhibitor, in Atopic Dermatitis

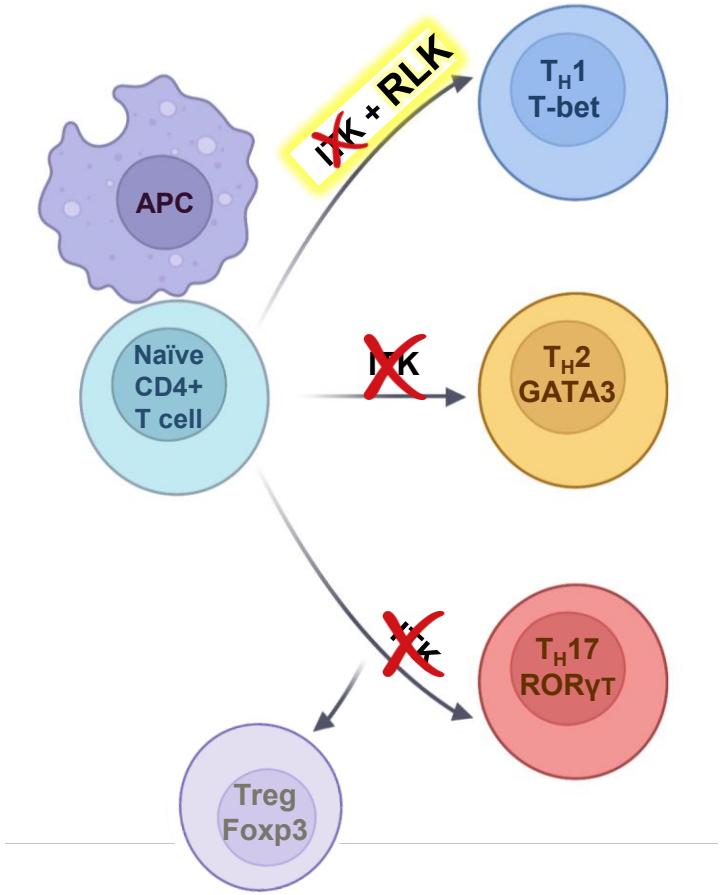
Kavita Sarin, MD, PhD
Professor of Dermatology
Stanford University Medical Center

Kavita Sarin[1], Albert Chiou[1], Michael Cameron[2], Jennifer L. Parish[3], Dan Li[4], Lih-Yun Hsu[4], Drew Hotson[4], Sinem Bagci[4], Suresh Mahabhashyam[4], Richard Miller[4]

[1]Stanford University, Palo Alto, CA, United States; [2]Equity Medical LLC, New York, NY, United States; [3]Paddington Testing Co Inc, Philadelphia, PA, United States; [4]Corvus Pharmaceuticals Inc, So. San Francisco, CA, United States

Chiou et al, Abstract ID # LB1154
Soquelitinib, an ITK inhibitor, Produces Prolonged Drug-Free Remissions in Atopic Dermatitis

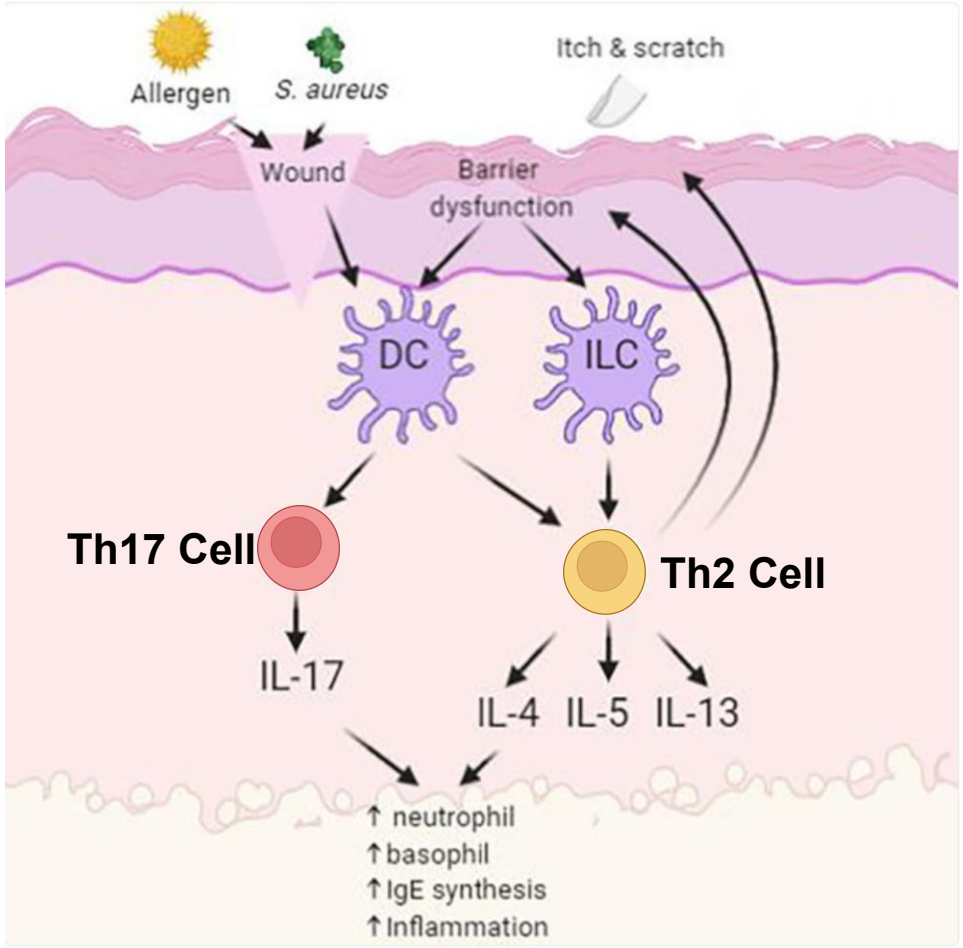
ITK is an Immune Regulator



- Interleukin-2-inducible T cell kinase (ITK) is expressed in T, NK and ILC-2 cells
- ITK is involved in TCR signaling and cell differentiation: inhibition leads to
  - Decreased Th2 and Th17
  - Th1 skewing (via RLK sparing)
  - Th17→ Treg switch
- Soquelitinib is an oral selective ITK inhibitor

Sci Signal 17:1, 2024 (DOI: 10.1126/scisignal.adh2381)
PLOS ONE 14 (4): 1, 2019 (DOI: 10.1371/journal.pone.0215963)

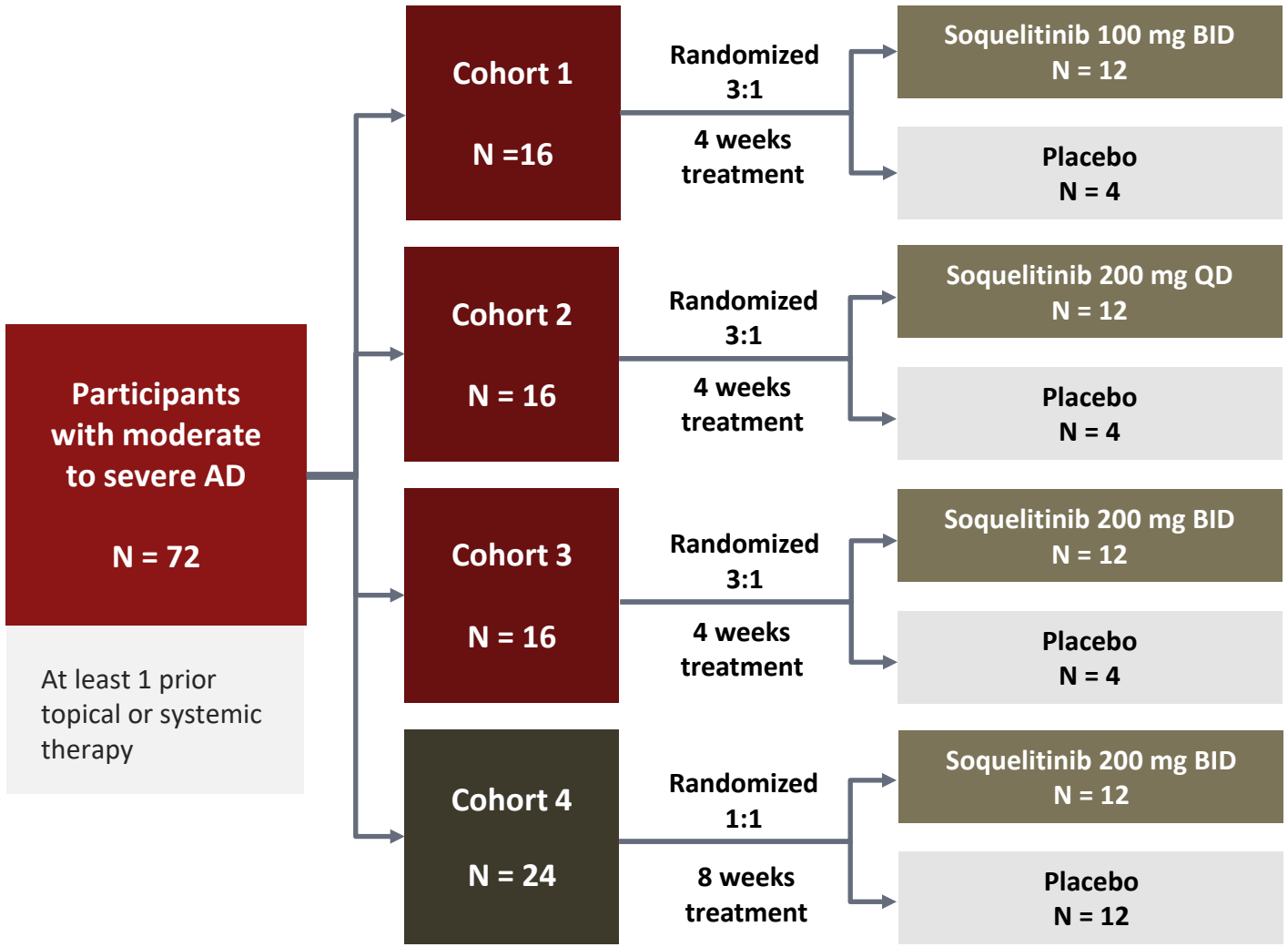
Why This Matters in Atopic Dermatitis



Front Pharm. 2020 Jul 31;11:1086. (DOI: 10.3389/fphar.2020.01086)

- AD is primarily Th2-driven disease
- Current therapies suppress inflammation
- ITK inhibition can lead to upstream immune reprogramming

Atopic Dermatitis Placebo Control Phase 1 Design



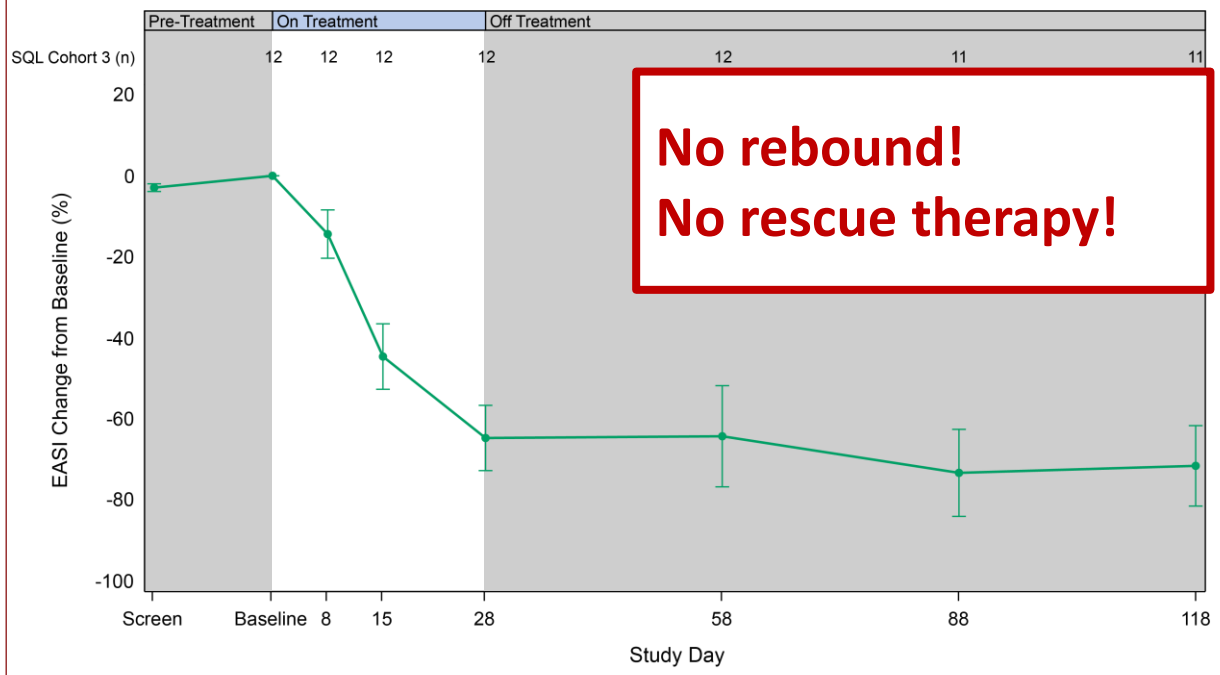
Clinical Trial Design

- N = 72, moderate–severe atopic dermatitis
- Randomized, placebo-controlled
- 4–8 weeks treatment
- All cohorts had 30–90 days of **off-treatment follow-up**

Chiou et al, Abstract ID # LB1154
Soquelitinib, an ITK inhibitor, Produces Prolonged Drug-Free Remissions in Atopic Dermatitis

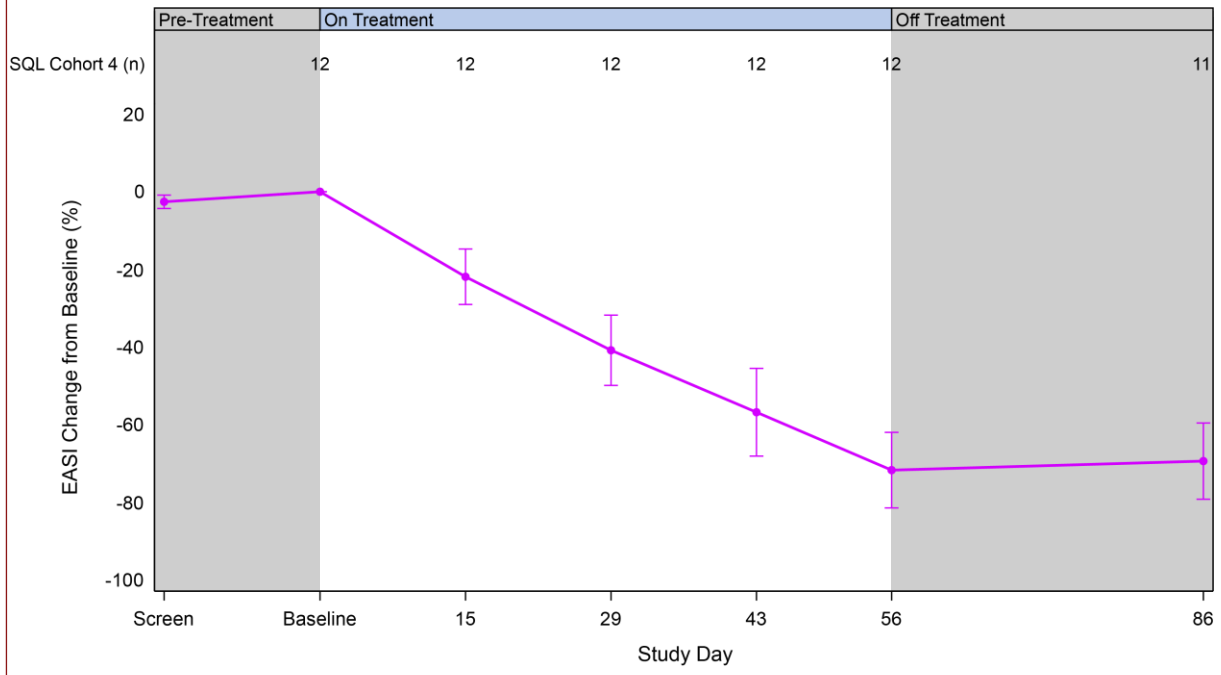
Durable Responses After Drug Withdrawal

4-week Treatment Regimen



No rebound observed ≥90 days of follow-up
No patients received rescue meds

8-week Treatment Regimen



No rebound observed ≥30 days of follow-up
No patients received rescue meds

Improvement persists ≥30–90 days off therapy

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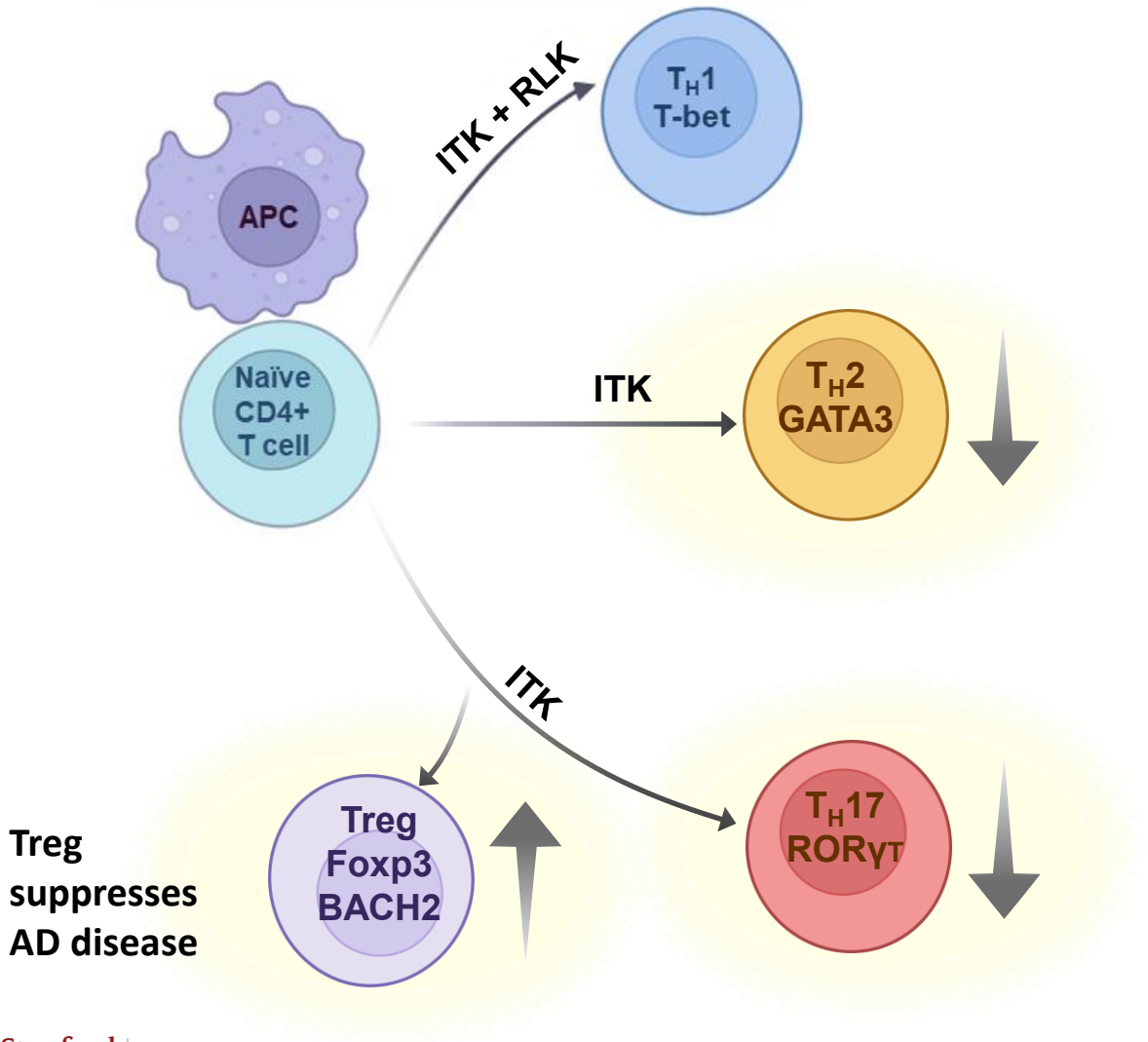
Mechanism-Driven Biomarker Strategy



Biomarker Assessments

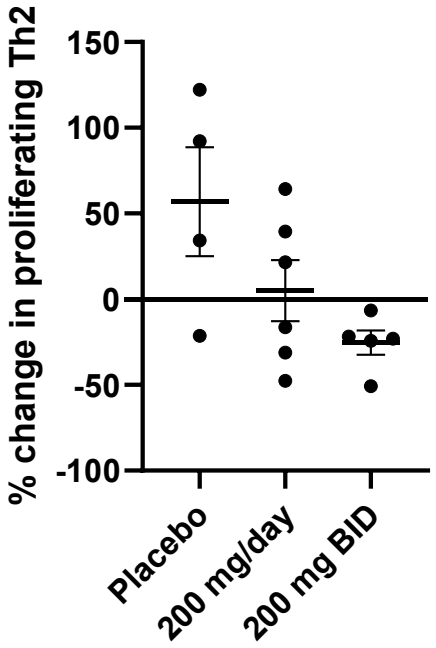
Based on MOA, we evaluated effects on **Th1, Th2, Th17, and Tregs**:

- Serum cytokines (MSD)
- Blood flow cytometry (Foxp3)
- PBMC single cell RNAseq

Effects on Th2 Related Immunology

Th2 drives AD disease

Dose-dependent Reduction in Proliferating Th2*

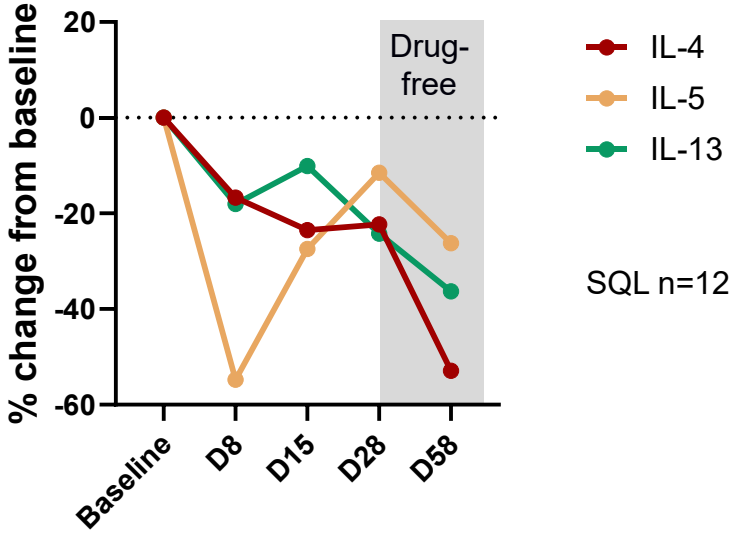


Ki-67-high Th2 cells (GATA3, STAT6, c-MAF, CCR4, PTGDR2)

Significant reduction in IL-4, IL-5, IL-13 and TARC

Cohort 3

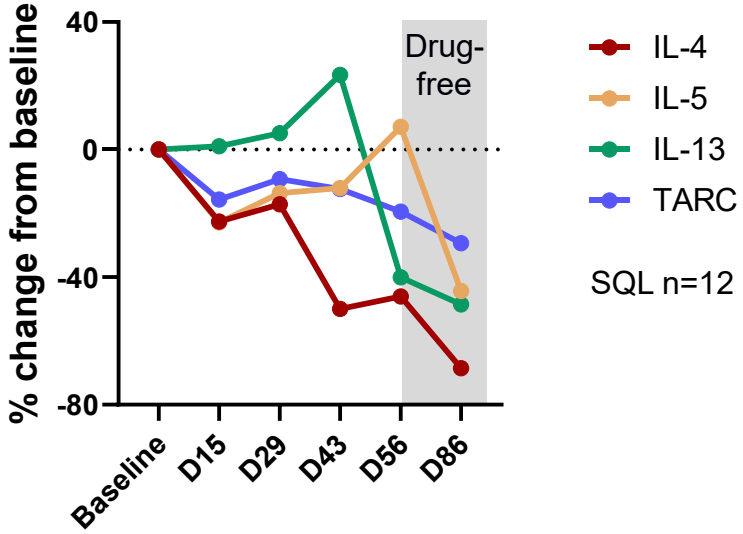
200 mg BID for 28 days



p=0.006 in IL-4 at D58 vs. Baseline
p=0.05 in IL-5 at D58 vs. Baseline

Cohort 4

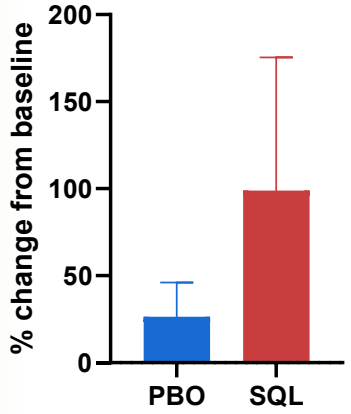
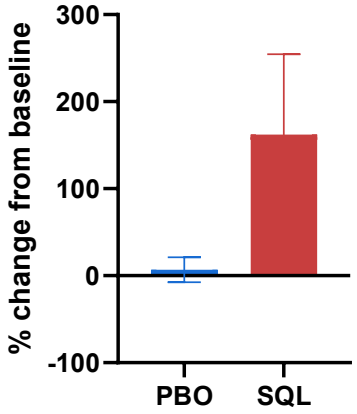
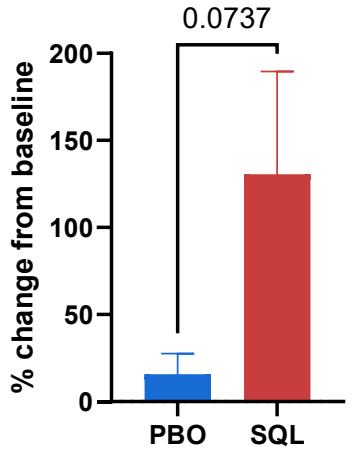
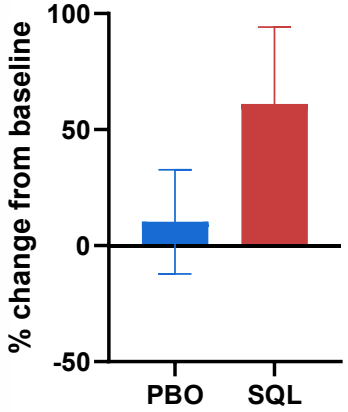
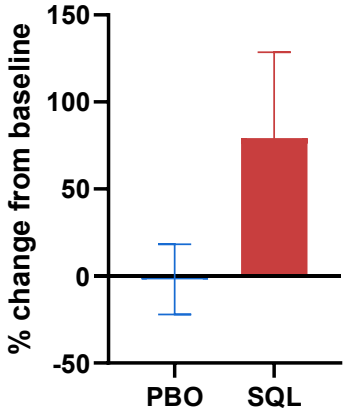
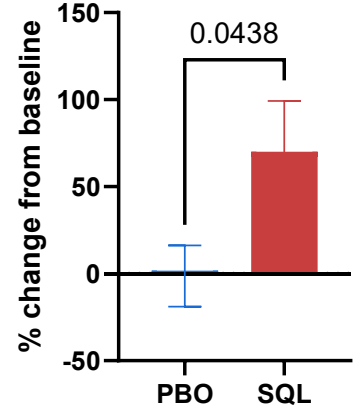
200 mg BID for 56 days



p=0.02 in IL-4 at D56 vs. Baseline
p=0.007 in IL-13 at D56 vs. Baseline
p=0.04 in TARC at D56 vs. Baseline

Soquelitinib Treatment Leads to Increase in Persistent Tregs

Tregs ($CD4^+$, $CD25^{hi}$, $Foxp3^+$) persist beyond treatment

	Cohort 3 – 200 mg BID	Cohort 4 – 200 mg BID	Cohort 3+4* – 200 mg BID
28 Days on Drug			
30-day Drug-free Period			

*Placebo (PBO) n=23, soquelitinib (SQL) n=24

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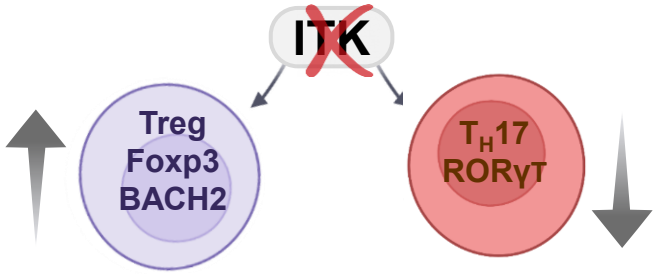
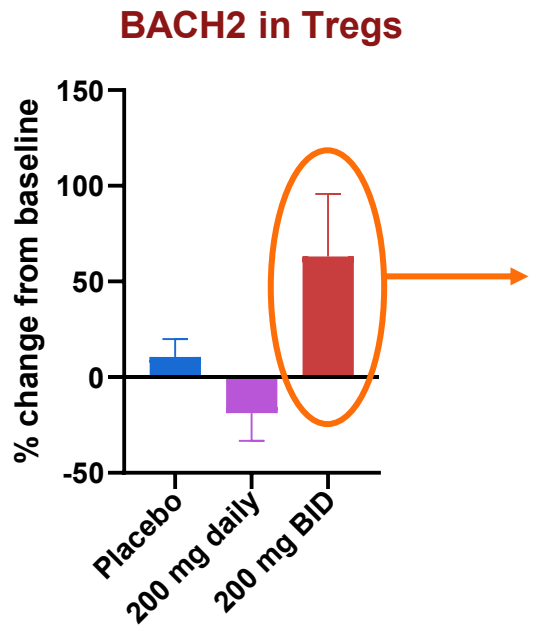
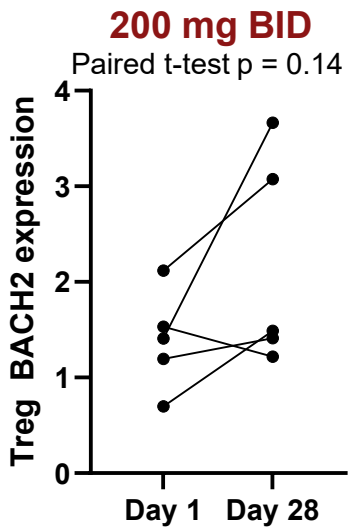
Inhibiting ITK Regulates Switch to Treg from Th17

Increased BACH2 and reduced RORγT expression

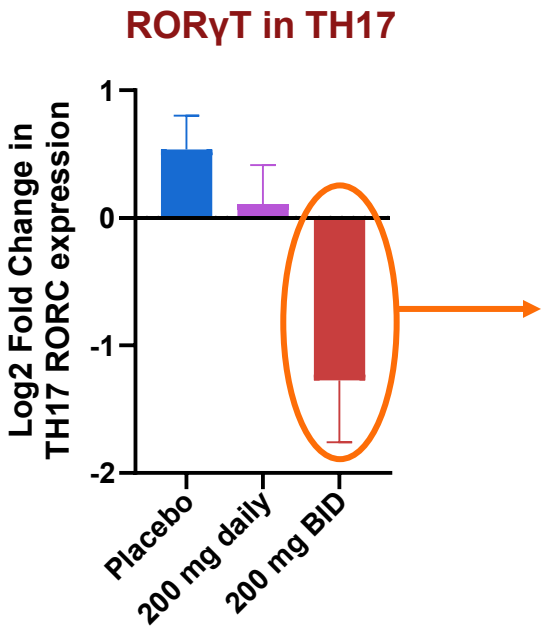


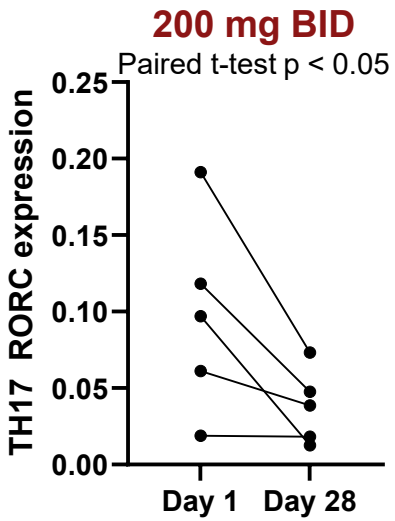
Treg BACH2 increases at 200 mg BID dose



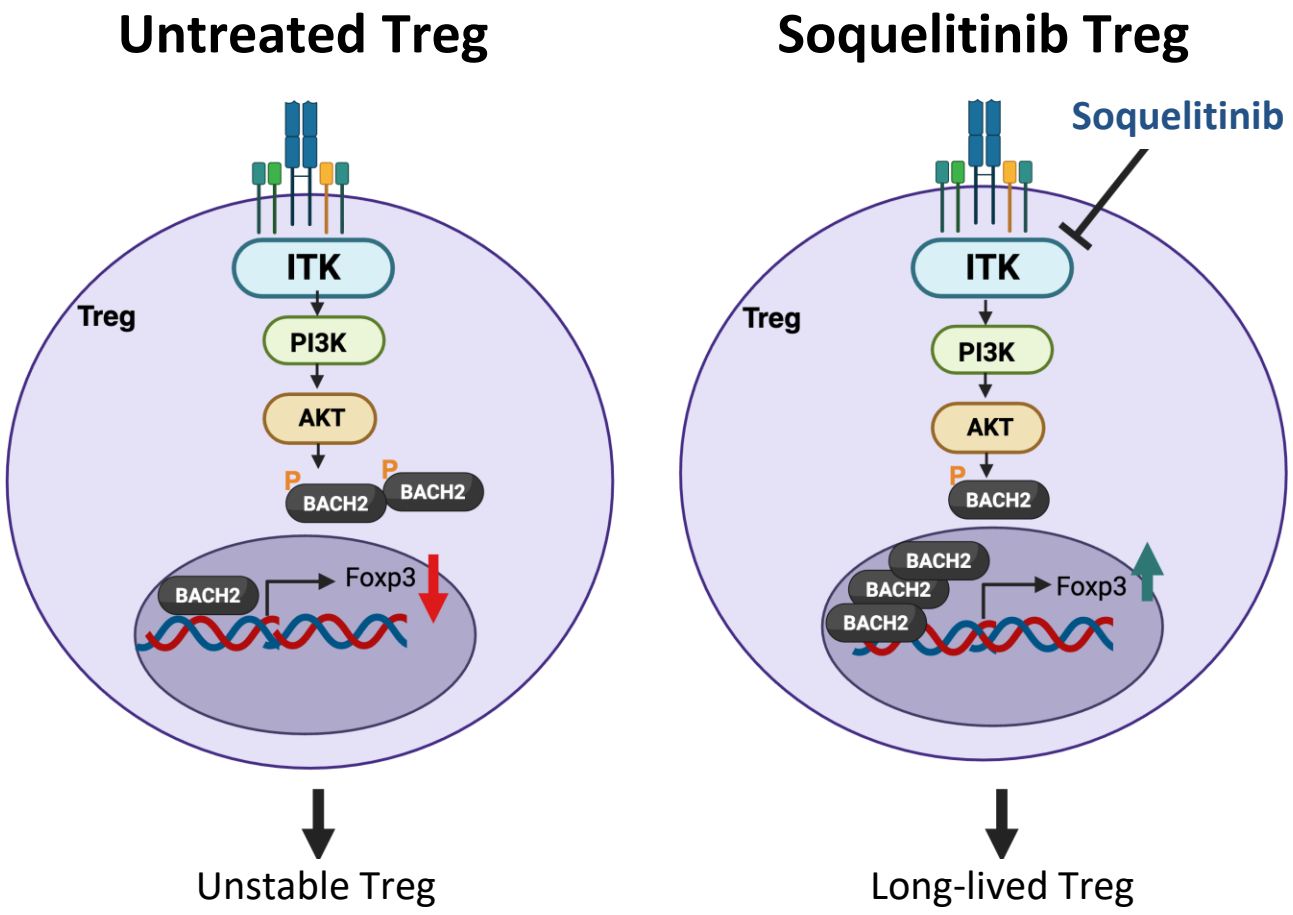


RORγT decreases at 200 mg BID dose





Potential Mechanism of Treg Stabilization

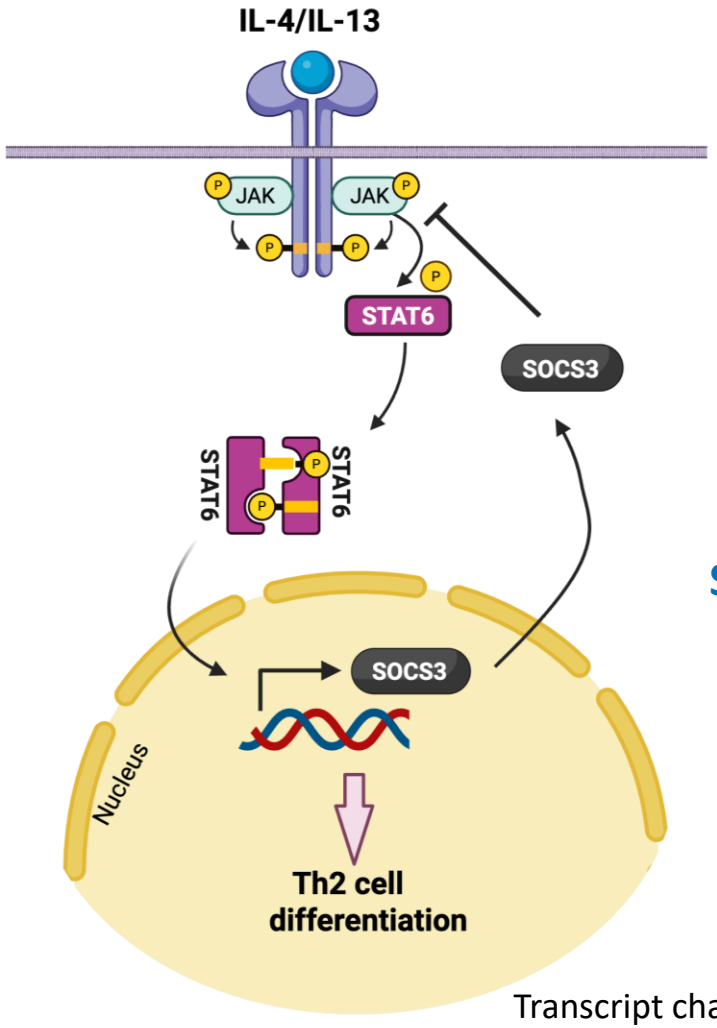


- Increased BACH2 expression promotes Treg survival
- ITK signaling prevents nuclear localization of BACH2
- ITK inhibition promotes BACH2 nuclear localization and activation of Foxp3 gene

Cells 13(11):891, 2024. DOI: 10.3390/cells13110891
Nat Commun 11(1):252, 2020. DOI: 10.1038/s41467-019-14112-2

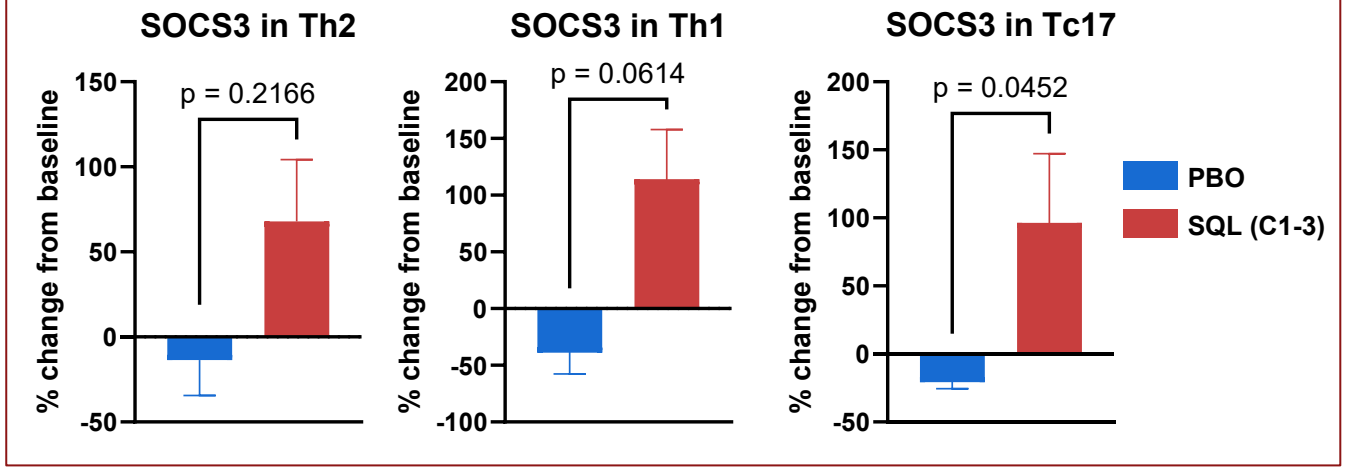
Soquelitinib Upregulates SOCS3 and Reduces JAK1 in T helper Cells

Modulation of the JAK-STAT Pathway

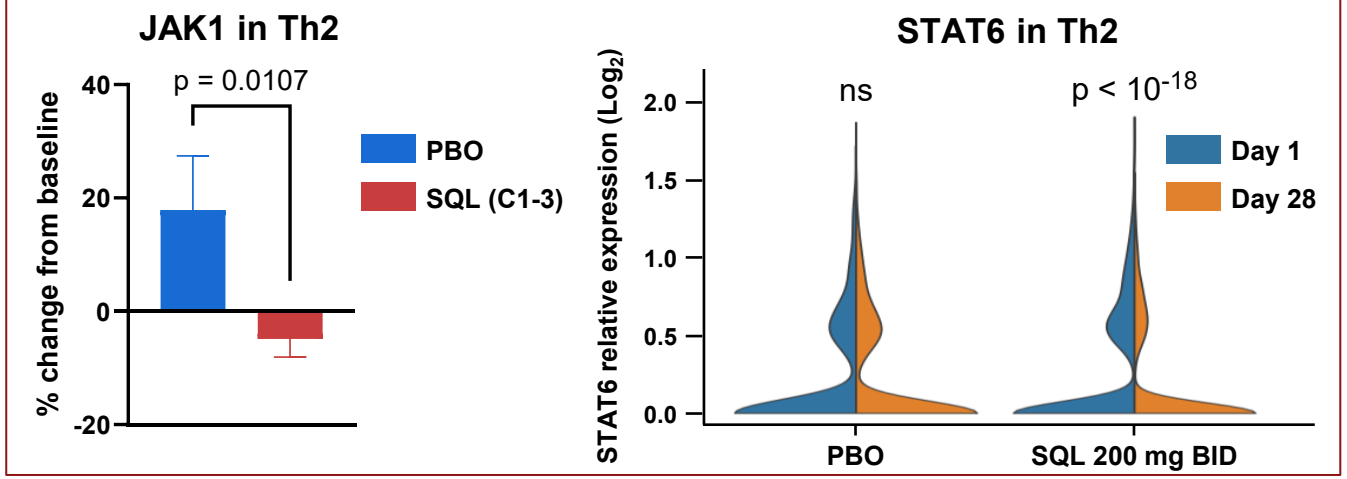


SQL ↑ SOCS3 ↓ JAK1 ↓ STAT6

SOCS3 increases in circulating T cells



JAK1 and STAT6 decreases in circulating Th2 cells



Transcript change from baseline at Day 28 (n=11 SQL, n=4 placebo); STAT6 (n=5 SQL, n=4 placebo)

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Conclusions

Soquelitinib: Immune Reprogramming for Durable Control of Atopic Dermatitis

Targeted Mechanism

Soquelitinib is a **selective**, covalent **ITK inhibitor**

Blocks Th2/Th17

Immune Reprogramming

Treg rebalancing:

- Th2/Th17 reduced inflammatory signaling
- Increased Tregs

Shifts from inflammatory Th2/Th17 responses toward regulatory Treg responses

Pathway Modulation

Soquelitinib modulates the JAK-STAT pathway in T cells

↑ SOCS3 and ↓ JAK1 reduce STAT signaling and inflammatory cytokine production

Clinical Impact

Durable Remissions
Continued improvement after treatment discontinuation

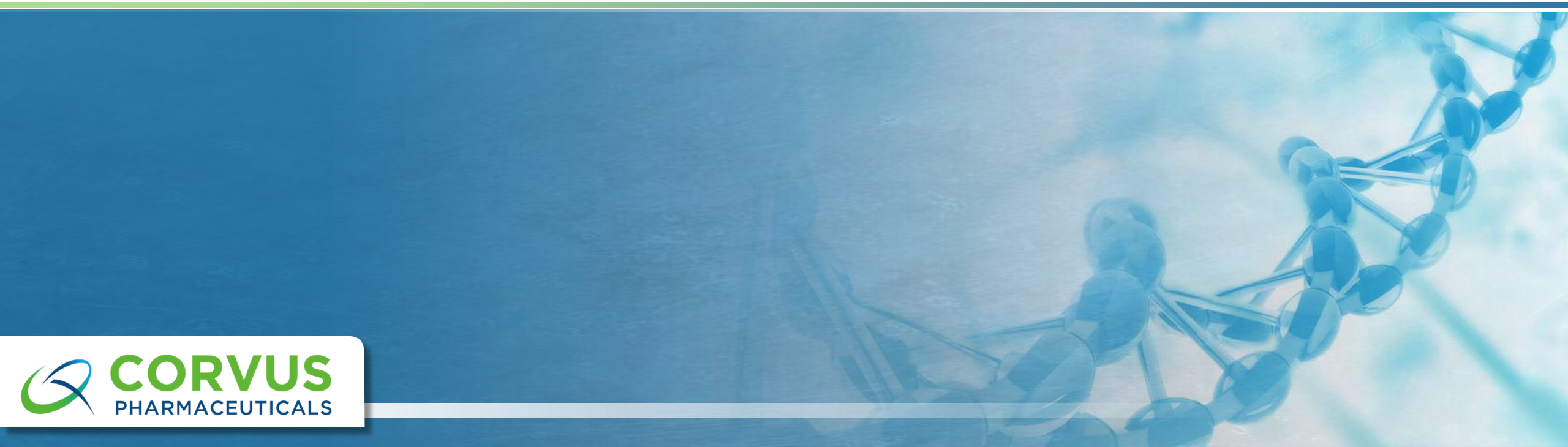
Favorable Safety Profile
Well tolerated in Phase 1

Potential for Broad Utility
In AD and other immune-mediated diseases

A new paradigm: Target upstream. Reprogram immunity. Achieve ***durable*** control.

Richard A. Miller, MD

Key takeaways from SID data and broader ITK pipeline update



CORVUS PHARMACEUTICALS

Why Are We Excited About Soquelitinib?

We may be modifying underlying biology by resetting immunity

CORVUS PHARMACEUTICALS

First-in-class novel mechanism of action	Emerging profile with potential unique advantages	May represent new approach for immune diseases and cancers
Blocks multiple Th2 and Th17 inflammatory cytokines	Activity with short treatment periods	Enrolling Phase 3 PTCL and Phase 2 AD trials
Rebalances Treg:Th17 resulting in specific disease suppression	Remissions appear durable	Planning Phase 2 asthma and HS trials
Increases SOCS3 (negative regulator of JAK/STAT signaling)	Activity in patients resistant to other therapies	NIAID Phase 2 ALPS trial
	May eliminate need for chronic long-term therapies	

Randomized Double Blind Phase 2 Trial

Enrolling patients

CORVUS PHARMACEUTICALS

12 Weeks Treatment with Extended 90 Day Follow-up

Eligibility

- Moderate to Severe AD
- ≥ 18 years of age
- Chronic AD for ≥ 1 year
- EASI score ≥ 16, IGA 3 or 4, ≥ 10% BSA, PP-NRS ≥ 4
- ≥ 1 prior treatment (topical or systemic)

Study Design

- N=200
- 1:1:1:1 randomization:
  - **SQL 200 mg QD**
  - **SQL 200 mg BID**
  - **SQL 400 mg QD**
  - **Placebo**
- Global study

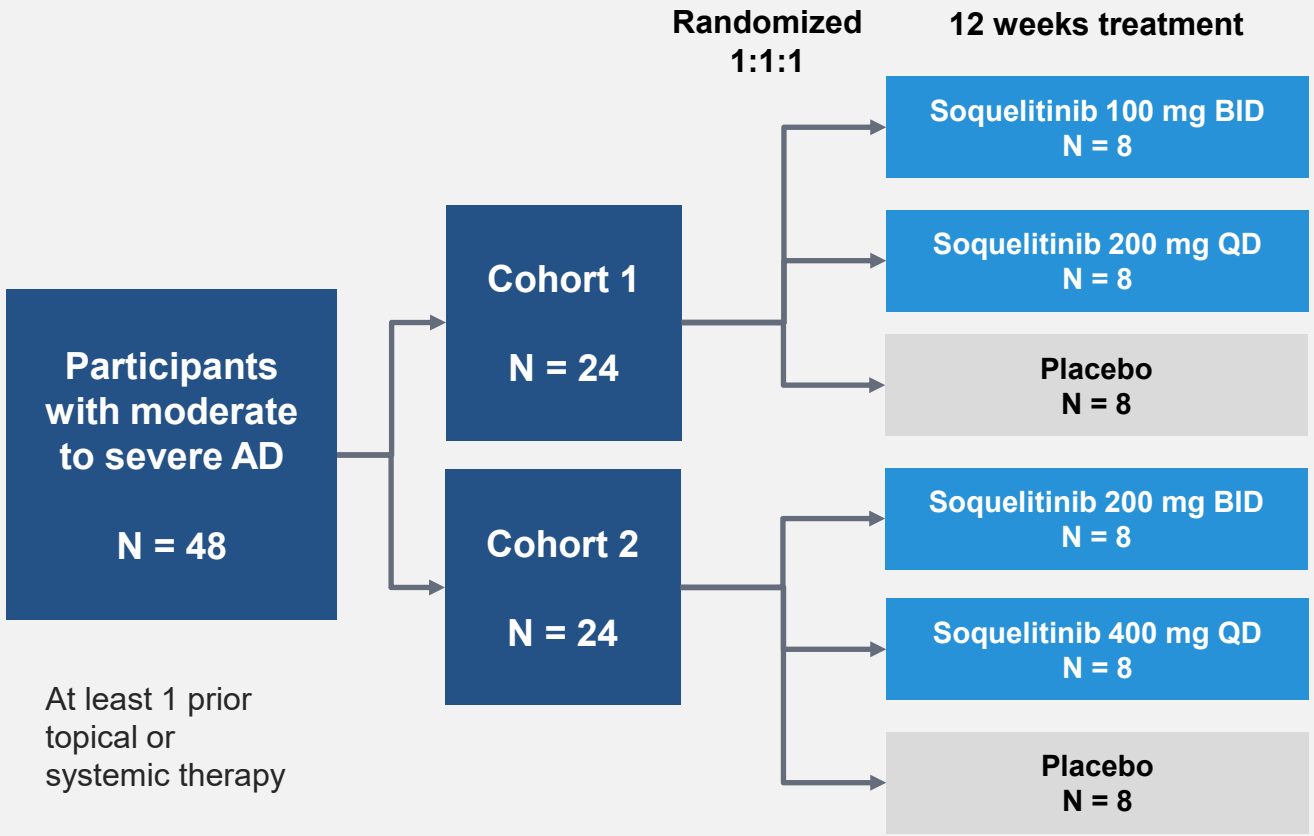
Endpoints

- **Primary:** % change in EASI from Baseline to W12
- **Secondary:**
  - EASI 75 at W12
  - IGA 0 or 1 at W12
  - ≥ 4 point decrease in PP-NRS at W12
  - Safety

Angel Pharma Ph1b/2 Clinical Trial of Soquelitinib in AD

Enrolling at major centers in China

Phase 1b



At least 1 prior topical or systemic therapy

Phase 2

60-90 patients

1:1:1 randomization to dose levels informed by Phase 1b

90-day follow up

Dose TBD
N = 20-30

Dose TBD
N = 20-30

Placebo
N = 20-30

Results Show Soquelitinib Could Become a Leading Oral Therapy for Atopic Dermatitis

CORVUS PHARMACEUTICALS

Positive Clinical Results

EASI 75: 75% of patients

EASI 90: 25% of patients

IGA 0/1: 33% of patients

Consistent safety

Deeper, Durable Responses No Rebound

Disease remission for up to 3-months post-treatment without rebound

Active in Challenging Patients

Safety and efficacy in patients who received **prior systemic therapies**, including those who were **treatment resistant**

Biomarkers Support ITK Novel MOA

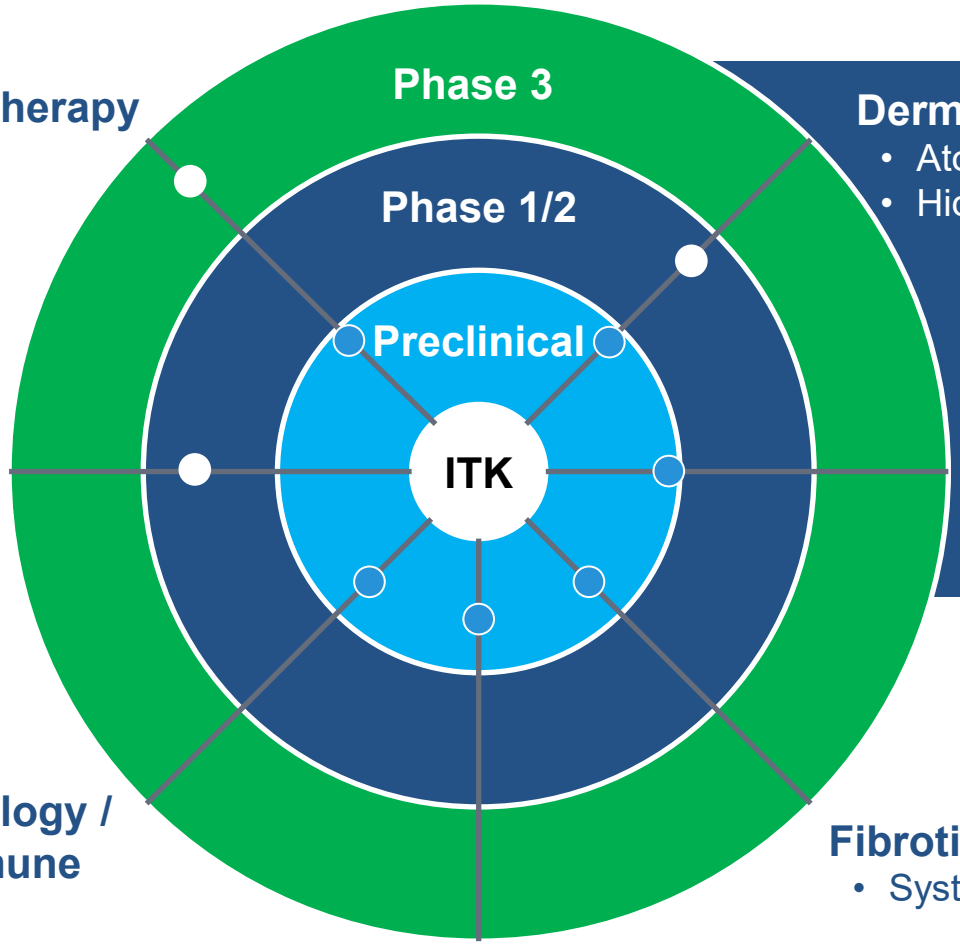
Immune rebalancing: biomarker data shows soquelitinib modulates Treg cells and cytokine signaling

Advancing ITK's Broad Therapeutic Potential

ITK is a crucial target---key is specificity

Oncology Immunotherapy
- PTCL
- Solid tumors

Immune Disorders
- ALPS*



Rheumatology / Autoimmune

Gastroenterology
- IBD

Fibrotic
- Systemic sclerosis

Dermatology
- Atopic dermatitis
- Hidradenitis suppurativa

Pulmonology/ Inflammation
- Asthma

Phase 1 AD trial demonstrated positive safety and efficacy results + support novel MOA including immune system rebalancing

Phase 2 AD trial initiated

Planning Phase 2 HS and asthma trials

*NIAID sponsored POC Study

Multiple Soquelitinib Value-Driving Milestones

Cash runway into 2Q28

Atopic dermatitis Cohort 4 data	**January 2026**
Atopic dermatitis Phase 2 trial initiation	**Q1 2026**
Atopic dermatitis Phase 1 data presentations (oral)	**SID 2026**
Hidradenitis suppurativa Phase 2 trial initiation	**2026**
Asthma Phase 2 trial initiation	**2026**
Angel Pharma atopic dermatitis Phase 1b initial data	**Late 2026**
ALPS Phase 2 initial data	**Year end 2026**
PTCL Phase 3 interim analysis	**Year end 2026**

Q&A

Webcast participants can submit a written question via the platform.