Corvus Corporate Presentation

March 2024

Focus on ITK Inhibitors with Broad Opportunities in Cancer & Immune Diseases

CORVUS PHARMACEUTICALS

Forward-Looking Statements / Safe Harbor

This presentation and the accompanying oral presentation contain “forward-looking” statements, including statements related to the potential safety and efficacy of soquelitinib, ciforadenant and mupadolimab; the Company’s ability and Angel Pharmaceutical’s ability to develop and advance product candidates into and successfully complete preclinical studies and clinical trials, the timing of the availability and announcement of clinical data and certain other product development milestones, including the timing of results in the Phase 1/1b clinical trial of soquelitinib and in the Phase 1b/2 clinical trial of ciforadenant. 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 September 30, 2023, filed with the Securities and Exchange Commission (the “SEC”) on November 7, 2023, as well as other documents that may be filed by the Company from time to time with the SEC. 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 soquelitinib, ciforadenant or mupadolimab; the accuracy of the Company’s estimates relating to its ability to initiate and/or complete preclinical studies and clinical trials; delays in the clinical trial process; our ability to enroll subjects in our planned clinical trials; the results of preclinical studies not being predictive of future results; the unpredictability of the regulatory process; regulatory developments in the United States and other foreign countries; the costs of clinical trials exceeding expectations; 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. This presentation concerns products that are under clinical investigation and which have not yet been approved for marketing by the U.S. Food and Drug Administration. Such products are 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.

Corvus ITK Inhibitor Platform Opportunity

Potential to Address Diverse & Large Markets

First in class oral drug to begin **registration Phase 3 study in lymphoma**

ITK target validated in lymphoma studies support **broad utility in immune diseases**

Phase 1 randomized, placebo control study in **atopic dermatitis with data expected by year-end**

Novel MOA for immunotherapy of cancer with **solid tumor studies planned**

Strong Foundation

Strong IP with issued composition **patents to Nov 2037**; others pending

2nd and 3rd generation compounds with disease selective characteristics

Experienced management with **proven track record: rituximab, ibrutinib and others**

Advancing Cancer and Immune Disease Clinical Programs

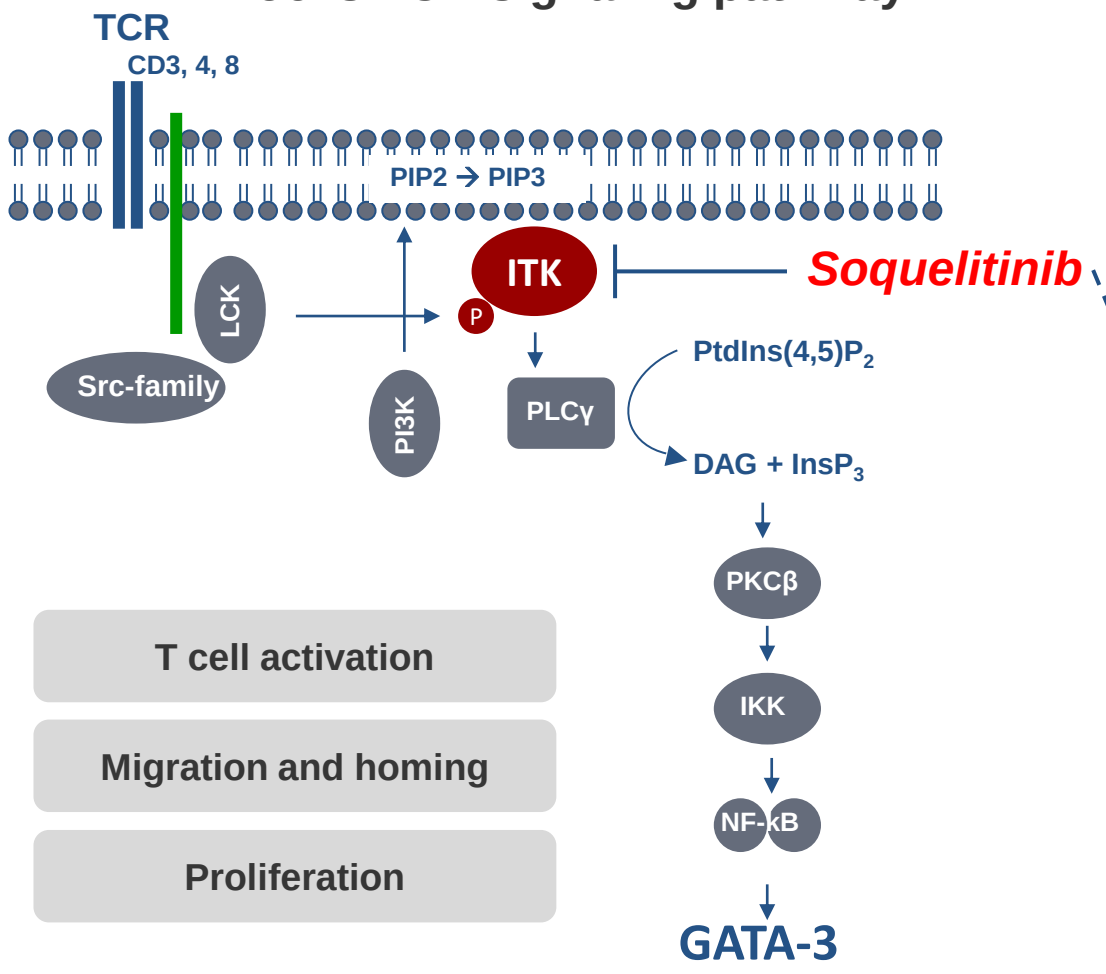
CORVUS PHARMACEUTICALS

Target	Program	Indication	IND Enabling	Phase 1a	Phase 1b	Phase 2	Phase 3	Next Milestone(s)
PRIORITIZED								
ITK Inhibitors	Soquelitinib (CPI-818)	Peripheral T Cell Lymphoma				Phase 3 Q3 2024 Start		Data early 2026
		Solid Tumors Monotherapy						Study planned
		Atopic Dermatitis						Initial data late ’24; Final data early ‘25
	Undisclosed ITKi #1	Immune Disease						
	Undisclosed ITKi #2	Immune Disease						
CURRENTLY PARTNER / COLLABORATOR FUNDED & LED								
A2A Inhibitor	Ciforadenant	First Line RCC				KCRC Kidney Cancer RESEARCH CONSORTIUM		Initial Data Anticipated 1H 24
Anti-CD73	Mupadolimab	R/R NSCLC and HNSCC				和记药业 ANGEL PHARMACEUTICALS		China Ph 1 Data

ITK Involved in Many Diseases

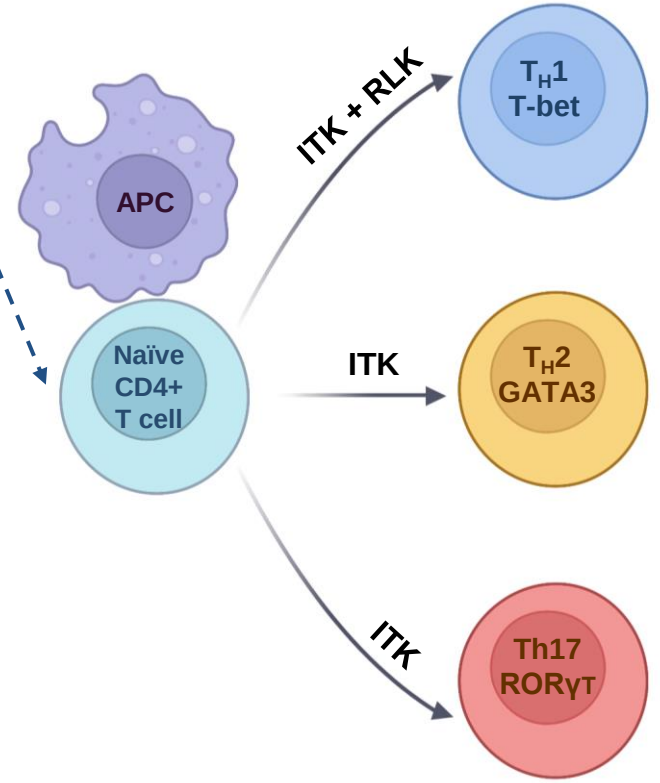
Plays critical role in T cell differentiation

Blocks TCR signaling pathway



- T cell activation
- Migration and homing
- Proliferation

ITK blockade leads to increase in Th1 and reduction in Th2, Th17 "Th1 skewing"



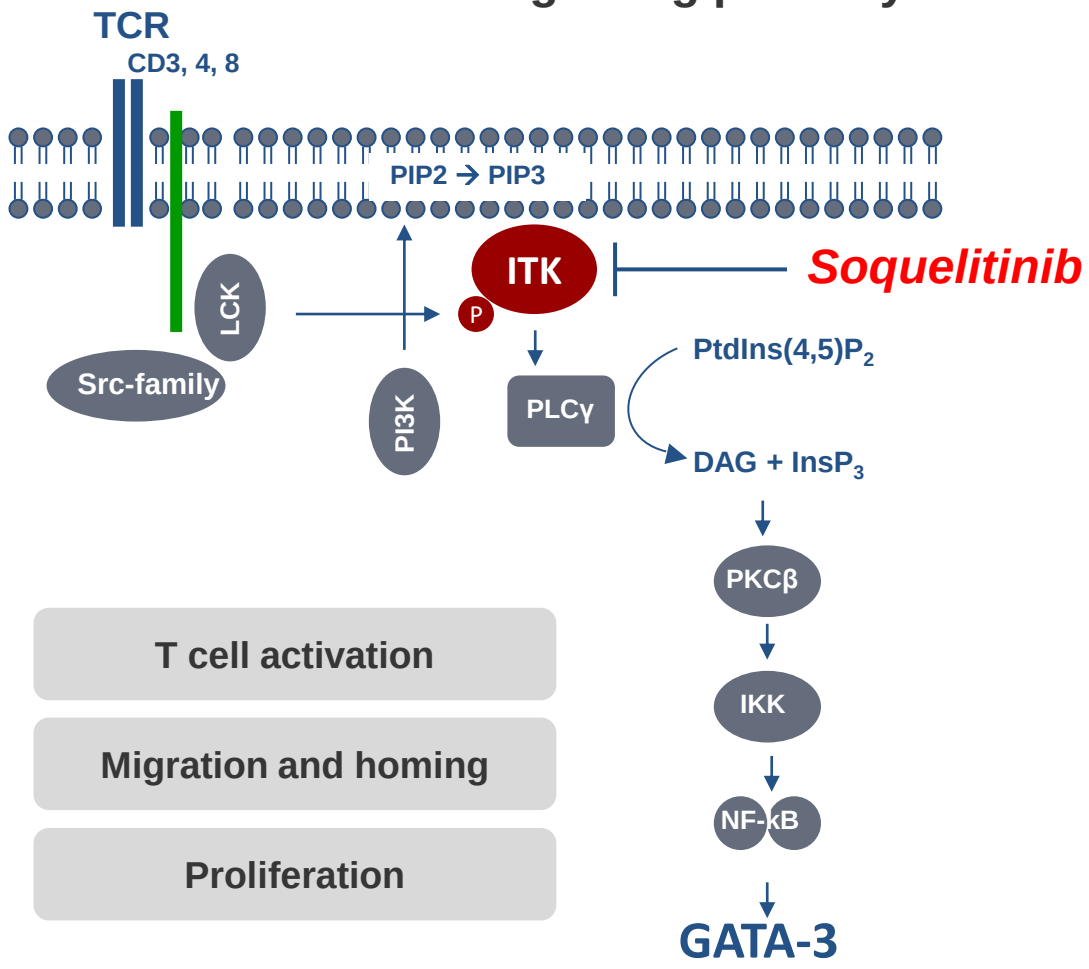
Th1 cells play a role in cancer cell and viral elimination

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

Soquelitinib Blocks Th2 and Th17 and Induces Th1 Skewing

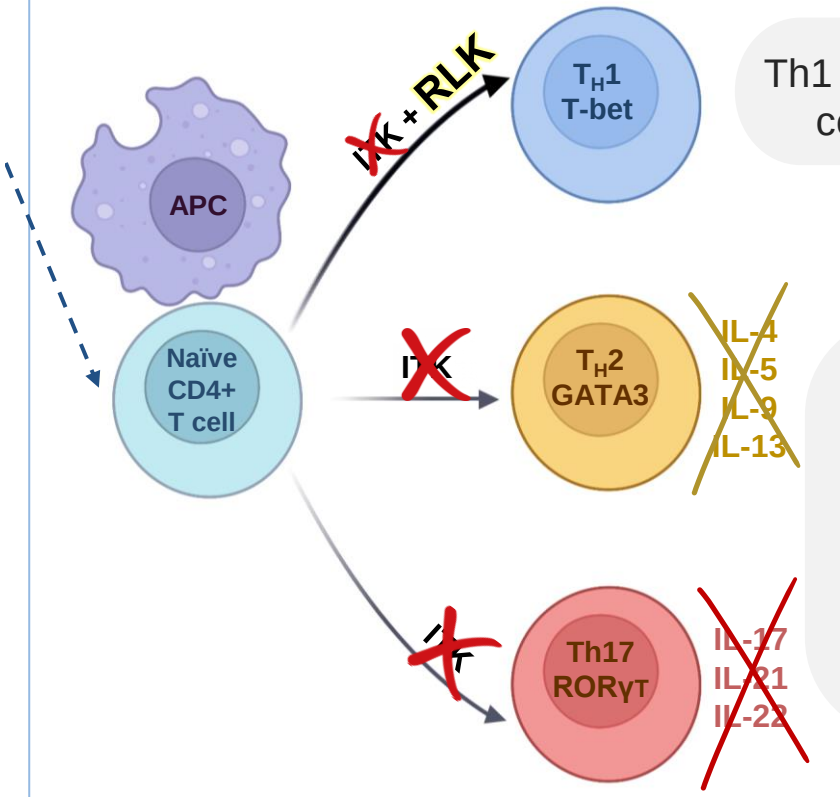
Modulation of T cell differentiation

Blocks TCR signaling pathway



- T cell activation
- Migration and homing
- Proliferation

ITK blockade leads to increase in Th1 and reduction in Th2, Th17 "Th1 skewing"



Th1 cells play a role in cancer cell and viral elimination

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

Soquelitinib: Platform Opportunity Could Parallel Rituximab & Ibrutinib

CORVUS PHARMACEUTICALS

	Developed by members of Corvus Team	Impacts key elements of immune system	Initial clinical value demonstrated in lymphoma	Platform opportunity across oncology and inflammatory / immune diseases
Rituximab (CD20) 	✓	✓	✓	✓
Ibrutinib (BTK) 				
Soquelitinib (ITK)				

Significant Need for New Treatment Options for TCL

No FDA fully approved drug for relapsed PTCL

Inferior outcomes vs. B-cell lymphoma

- 5-year overall survival rate for PTCL-NOS patients with high risk factors is 11%
- 4-year overall survival rate for DLBCL patients with similar high risk factors is 55%

Sehn et al, Blood 2007; Vose et al, JCO 2008

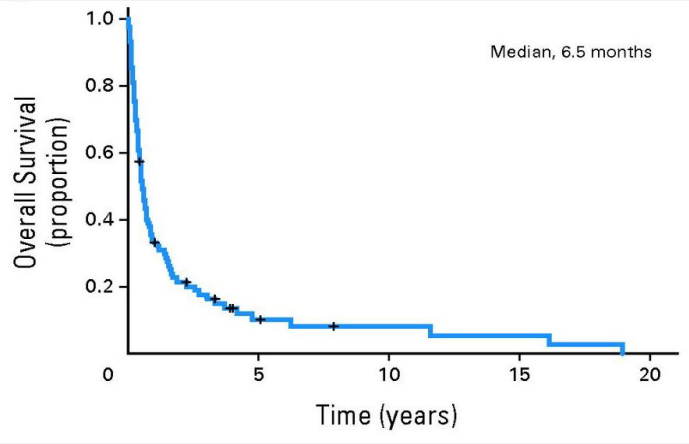
Challenges with common treatment options

- Common treatments: CHOEP or BV-CHP Chemotherapy, autologous transplant
- Some treatment regimens are toxic and difficult for patients
- Adcetris (brentuximab vedotin) global sales by Takeda and Seagen in 2023 of approximately $1.6 billion

Schmitz et al, Blood 2010; Horwitz et al, The Lancet 2019; D'amore et al, JCO 2012; company press releases

Poor prognosis for relapsed/refractory patients

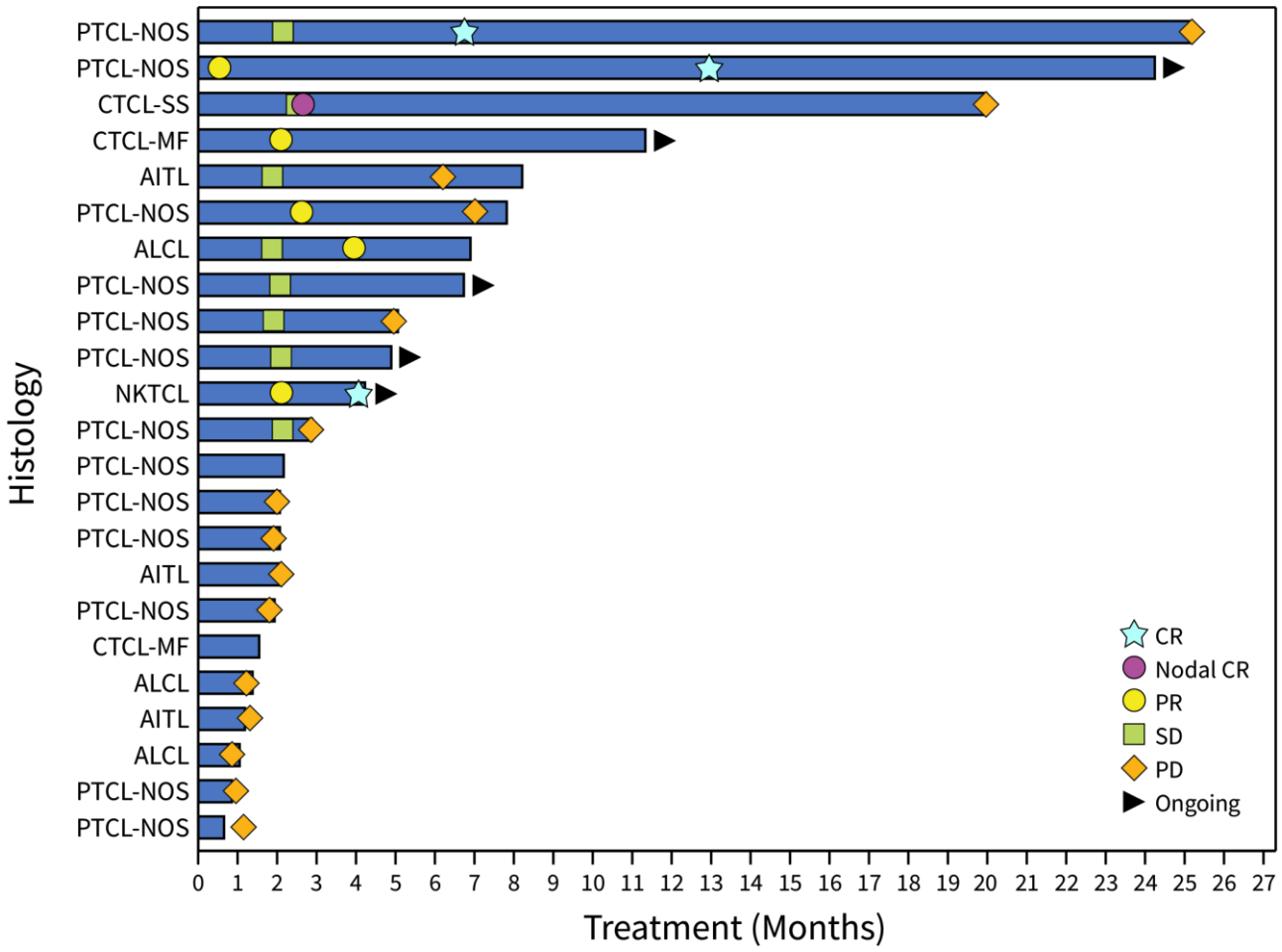
- 6.5-month median overall survival rate after first relapse or progression of PTCL in patients who received chemotherapy at relapse

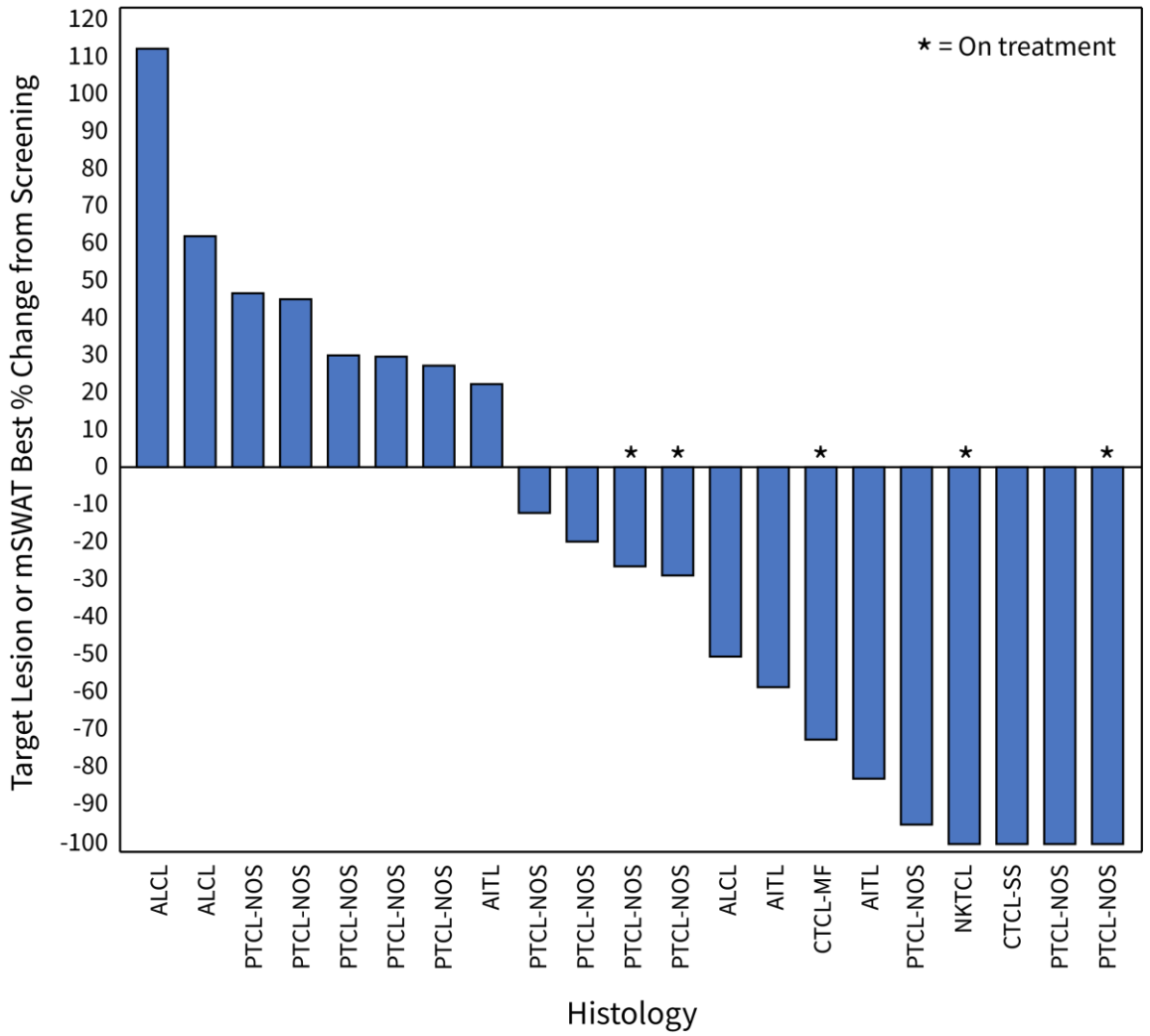


Mak et al, JCO 2012

Anti-tumor Activity Confirmed in Phase 1b

Dosing and patient eligibility identified in Phase 1





Data cut-off Jan 22, 2024

Soquelitinib Comparison to Standard Therapies

PFS is the primary endpoint for the phase 3 trial

CORVUS PHARMACEUTICALS

Not head to head comparison. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across trials

	Soquelitinib	Belinostat	Pralatrexate
	Phase 3 Eligible Patients from Phase 1 Trial (≤ 3 therapies)	**BELIEF Pivotal Trial** [1]	**PROPEL Pivotal Trial** [2]
Number of Patients	21	120	109
Age (median)	60 years [3]	64 years	57.7 years
Prior Therapies (median)	2 [3]	2	3
Response to most recent prior therapy	38.1%	40% [4]	36.7%
ORR	33.3% (19% CR)	25.8 % (10.8% CR)	29% (10% CR)
DCR	57.1%	40.8%	48%
Median PFS (months)	6.2	1.6	3.5
Median OS (months)	28.1	7.9	14.5

[1] O'Connor O. et. al. J. Clin Onc 33:2492, 2015
[2] O'Connor O. et. al. J. Clin Onc 29:1182, 2011; 111 patients enrolled with efficacy reported in 109 patients. Age and prior therapies based on 111 patients.
[3] Based on 23 enrolled patients
[4] Not all patients reported in this study had data available
Interim data as of Jan 22, 2024

Soquelitinib Safety Compared to Standard Agents

Common (>5%) grade 3-4 AEs (all causality)

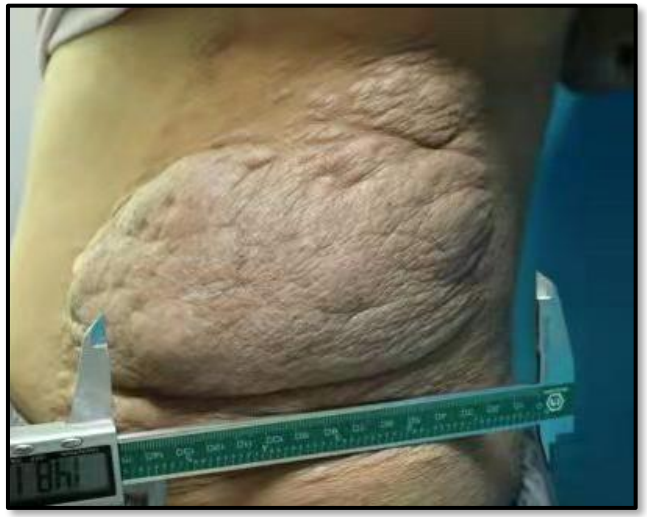
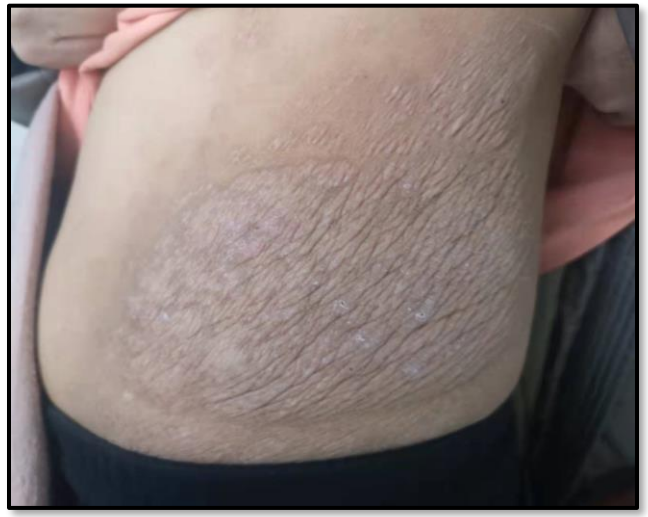
Not head to head comparison. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across trials

	Soquelitinib	Belinostat	Pralatrexate
	100 – 600 mg BID	**BELIEF Pivotal Trial[1]**	**PROPEL Pivotal Trial[2]**
Number of Patients	73	129	111
Adverse Events	No AEs >5%	Anemia (10.9%)	Thrombocytopenia (33%)
	No hematologic, renal or hepatic. Pruritis seen in 4 patients (5.5%) with lymphoma involving skin that was progressing.	Thrombocytopenia (7%)	Mucositis (22%)
		Neutropenia (6.2%)	Neutropenia (22%)
		Dyspnea (6.2%)	Anemia (18%)
		Pneumonia (5.4%)	Leukopenia (8%)
		Fatigue (5.4%)	Fatigue (7%)
			Dyspnea (7%)
			Abnormal LFTs (5%)

[1] O'Connor O. et. al. J. Clin Onc 33:2492, 2015
[2] O'Connor O. et. al. J. Clin Onc 29:1182, 2011

Anti-tumor Activity In Refractory T Cell Lymphoma

Regression of large tumor masses observed with monotherapy

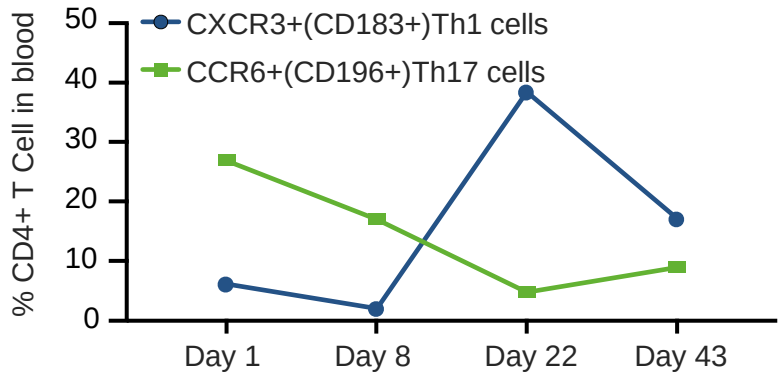
Screening	Day 15	Patient Info
		• PTCL-NOS patient failed CHOEP, GDP, HDACi, and anti-PD1 • Large subcutaneous mass on abdomen • CR 24+ months in all sites of disease (bone marrow, skin, lymph node, and spleen)

Interim data as of January 22, 2024 from Phase 1/1b clinical trial in refractory T cell lymphoma at optimum dose of 200 mg twice per day

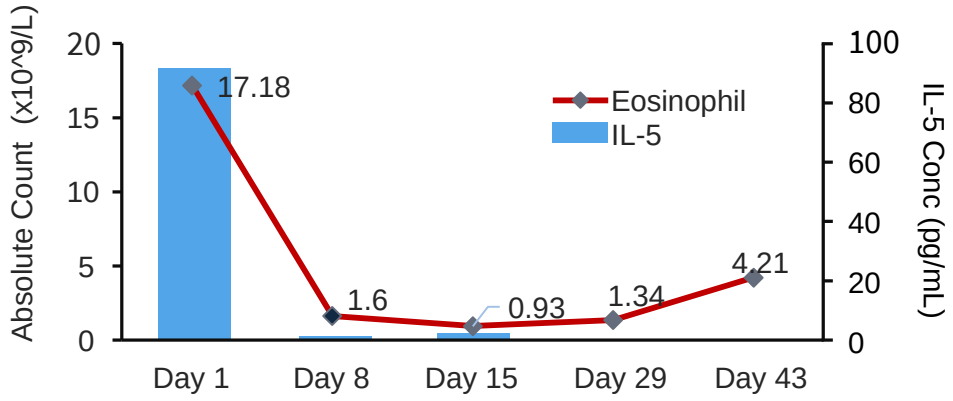
Soquelitinib Induced Th1 Skewing & Th2 Blockade

Results in patient with tissue sampling support role in therapy of cancer and immune diseases

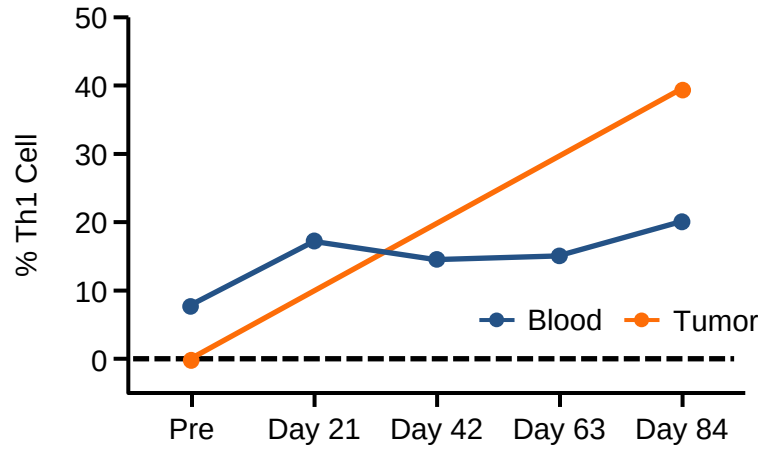
Frequency of Th1 & Th17 CD4 cells in Blood



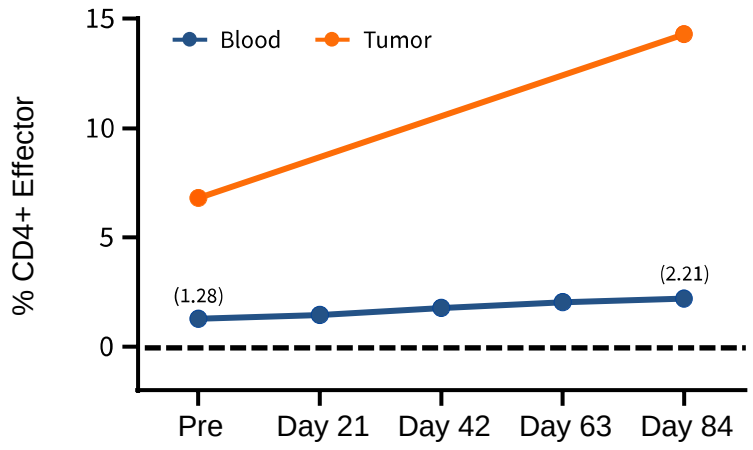
Effects on Eosinophils and Serum IL-5



Th1 Effector Cells in Blood and Tumor During Soquelitinib Treatment



CD4+ Effector Cells in Blood and Tumor During Soquelitinib Treatment



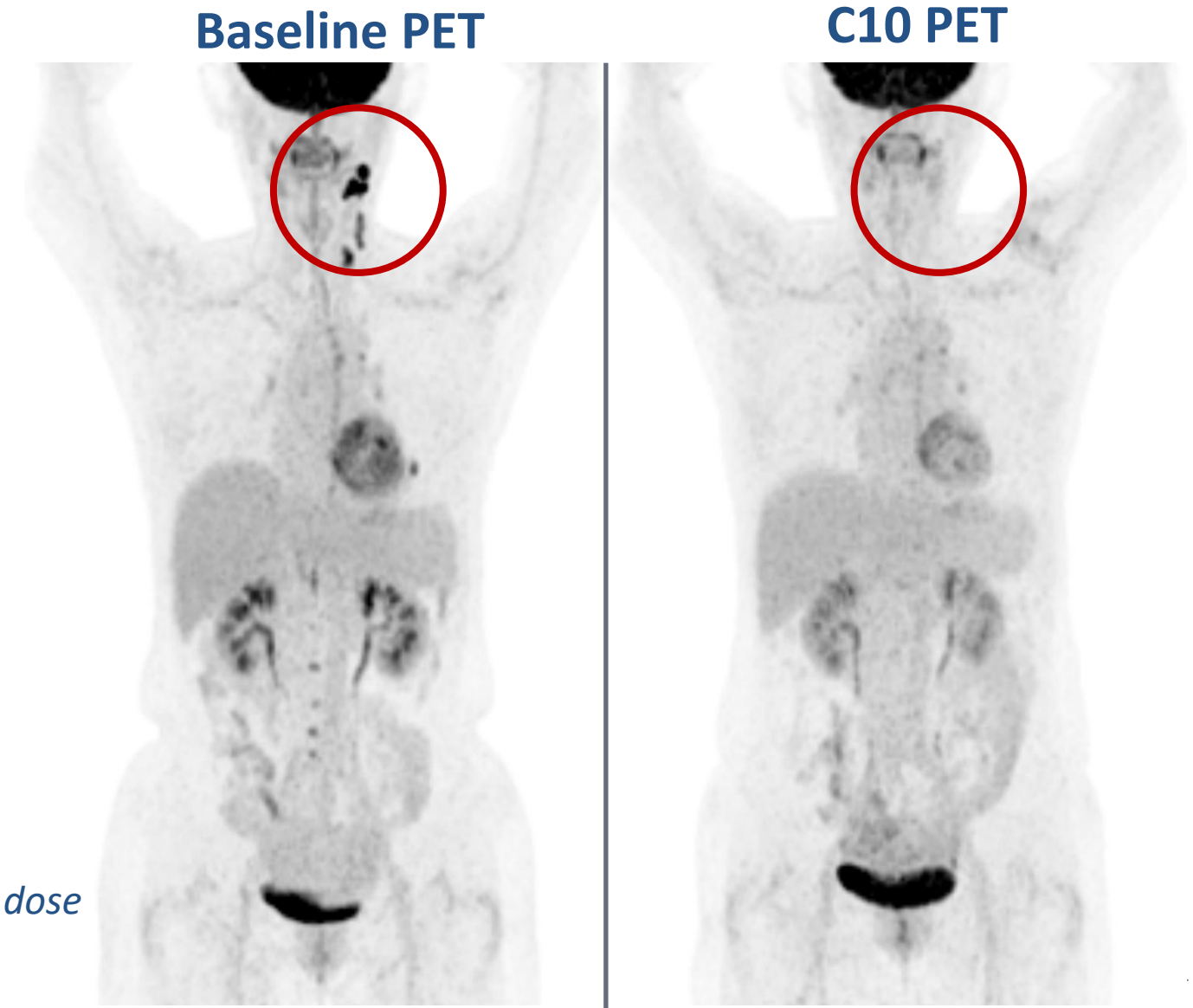
Interim data as of December 22, 2022 from Phase 1/1b clinical trial in refractory T cell lymphoma at optimum dose of 200 mg twice per day

PTCL Patient with Complete Response

Durable response lasting 25 months

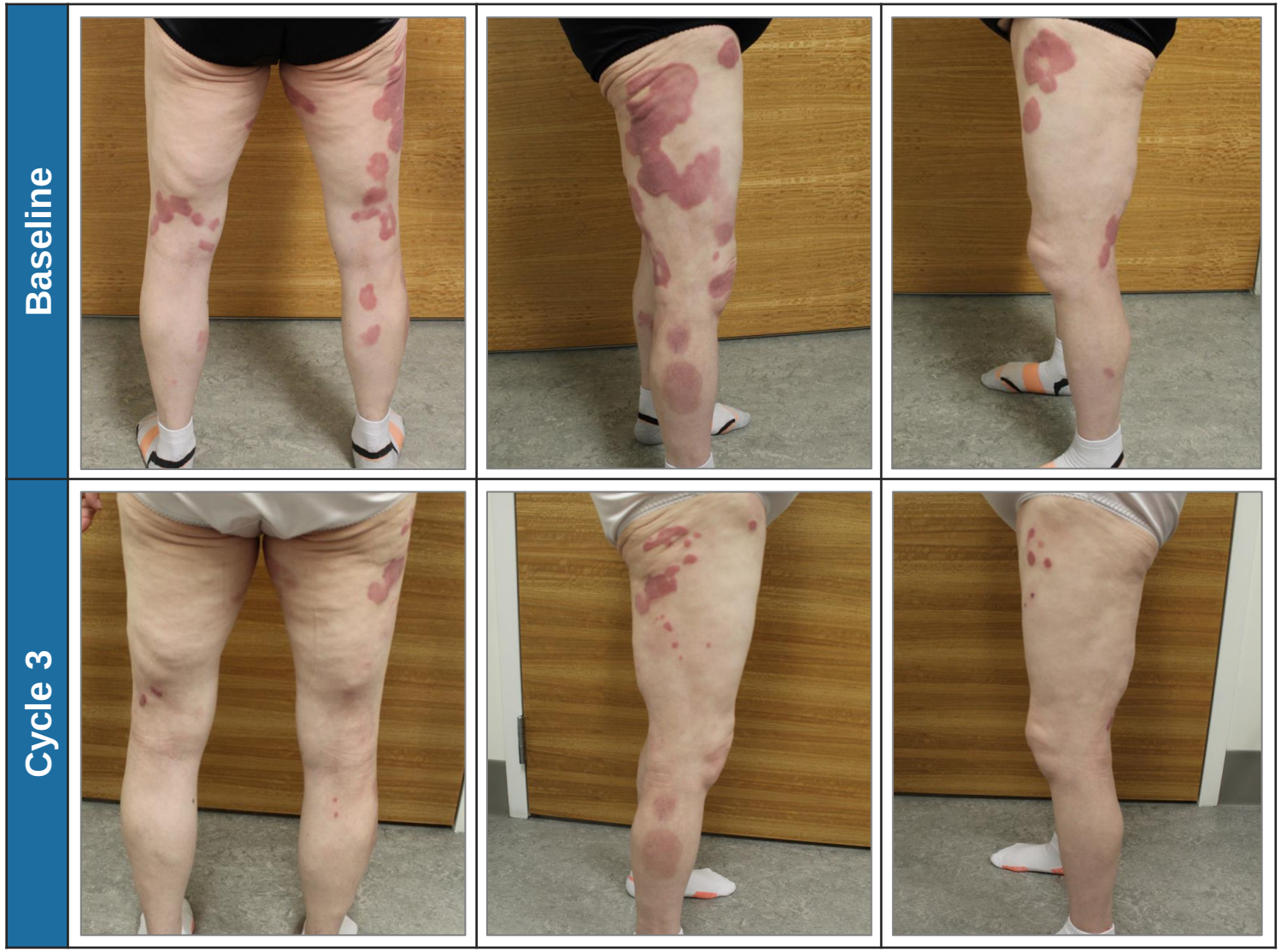
- 57 y/o female with PTCL-NOS
  - Multiple nodes in neck, mediastinum abdomen, pelvis, groin
- CHOP with PR for 5 months
- ASCT for progressive disease
  - Relapse 1 year
- Started on soquelitinib with disease involving multiple nodal sites
  - CR lasting 25 months

Interim data as of Dec 2022 from Phase 1/1b clinical trial in refractory T cell lymphoma at optimum dose of 200 mg twice per day



Anti-tumor Activity In Refractory Cutaneous T Cell Lymphoma

- 63 y.o. female with CTCL
- Extensive plaque and nodular skin disease, large cell transformation
- Previous treatments
  - Bexarotene, PR
  - Total body skin irradiation, PR
  - Methotrexate, PD
- Soquelitinib started Feb 2023
- Improvement in skin lesions after 1 cycle (21 days)
- PR at first disease assessment (9 weeks)



Interim data as of June 2023 from Phase 1/1b clinical trial in refractory T cell lymphoma at optimum dose of 200 mg twice per day

Complete Response in Extranodal NK/T-cell Lymphoma

- 54 y.o. male with ENKTCL (EBER+)
  - Nasal cavity, nasopharyngeal wall and cervical LNs involvement
  - 2 prior therapies
- Diagnosed in 2017
    - Chemoradiation (cisplatin); CR
    - VIDL (ifosfamide, etoposide, dexamethasone, L-asparaginase); CR
- Progressive disease in July 2023; with 4 cm lesion in nasal cavity
- Soquelitinib 200 mg BID started Sep 2023
- PR at first disease assessment (9 weeks); with ~ 80% reduction in target lesion
- CR at 18 weeks

Interim data as of January 22, 2024 from Phase 1/1b clinical trial in refractory T cell lymphoma at optimum dose of 200 mg twice per day

Randomized Phase 3 Trial in PTCL Planned by Q3 2024

Eligibility

- Relapsed / refractory PTCL
  - PTCL-NOS
  - AITL
  - FHTCL-NOS
  - FHTCL-Follicular
  - ALCL
- ≥1 and ≤3 prior therapies (highly aligned with ALC >900 population)

N = 150

Clinical Trial

1:1 randomization to

- Soquelitinib 200 mg po BID
- Standard of care chemotherapy:
  - Belinostat
  - Pralatrexate

Endpoints

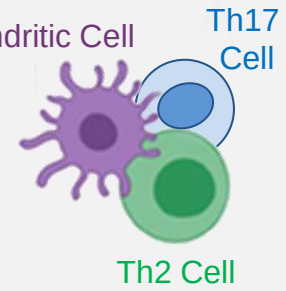
- Primary: Progression free survival
- Secondary:
  - Overall response rate
  - Overall survival
  - Duration of response

Registration study protocol finalized with FDA

ITK Inhibition Blocks Multiple Th2 and Th17 Cytokines

MOA acts upstream vs. approved mAbs targeting 1-2 cytokines

Antigens/allergens activate dendritic cells, which present antigens to Th2 and/or Th17 cells



Produces variety of interleukins implicated in inflammatory and immune diseases

Many Approved and Investigational Agents Blocking Downstream Targets

Cytokine	Agents	Therapeutic Focus
IL-5	Nucala (mepolizumab) Cinqair (reslizumab) Fasenra (benralizumab)	Respiratory
IL-13	Adbry (tralokinumab) Lebrikizumab Anrukinzumab	Dermatology Respiratory Inflammation
IL-13/IL-4	Dupixent (dupilumab) Pitrakinra	Dermatology Respiratory
IL-17	Cosentyx (secukinumab) Taltz (ixekizumab) Siliq (brodalumab) Bimzelx (bimekizumab)	Inflammation
IL-23*	Tremfya (guselkumab) Ilumya (tildrakizumab) Skyrizi (Risankizumab)	Inflammation
IL-23*/IL-12	Stelara (ustekinumab)	Inflammation

Regulating Th2 and Th17 via ITK inhibition is a novel MOA

Potential benefit targeting upstream mechanism

Potential to influence multiple downstream cytokine pathways

*ITK inhibition interferes with IL-23 activity by blocking Th17

Soquelitinib Opportunities in Immune Diseases

Th2 Driven Diseases	IL-17 Driven Diseases	IL-5 Driven Diseases	Based on Animal Studies
Asthma*	Psoriasis*	Eosinophilic Granulomatosis Polyangiitis	Systemic sclerosis
Atopic dermatitis*	Psoriatic arthritis	Hypereosinophilic syndrome	Pulmonary fibrosis
Eosinophilic esophagitis	Ankylosing spondylitis		Autoimmune lymphoproliferation syndrome (ALPS)
Prurigo nodularis			Graft vs Host Disease
COPD w/ eosinophilia			
Rhinitis with polyposis			

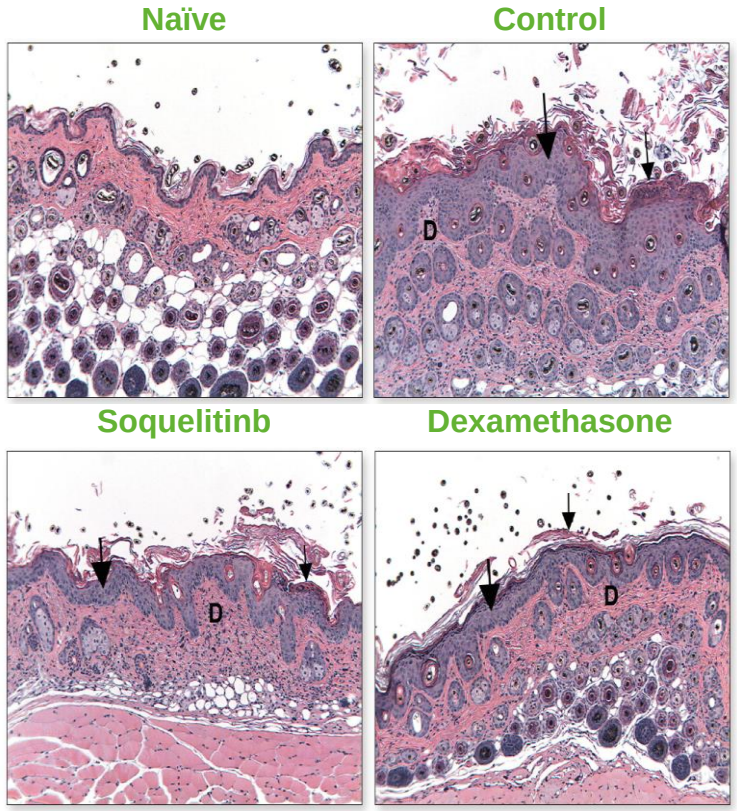
*also supported by animal studies

Soquelitinib is Active in Imiquimod Psoriasis Model

Improved histology, and reduction of Th17, IL-17

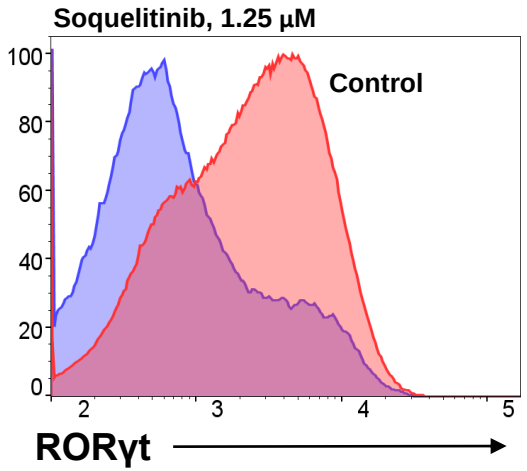
CORVUS PHARMACEUTICALS

In Vivo Treatment Reduced Disease Severity

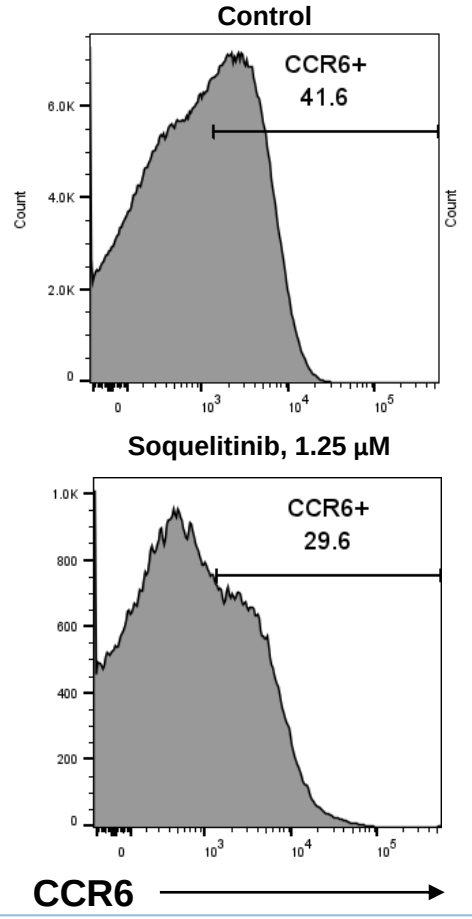


Epidermal inflammation hyperkeratosis (small arrow), epidermal hyperplasia (large arrow) and dermal inflammation are shown

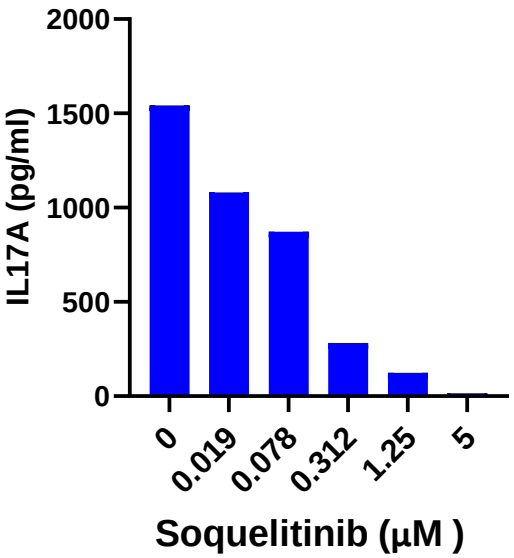
Reduced Differentiation of RORγt, Th17 Cells



Reduced CCR6 Expression *(Responsible for Th17 migration to inflammatory sites)*

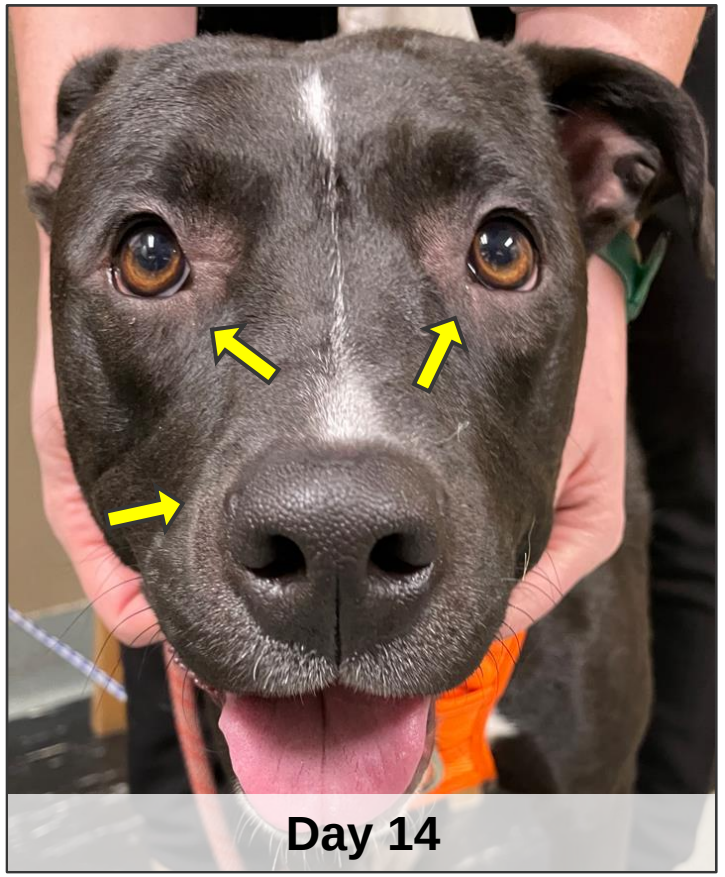


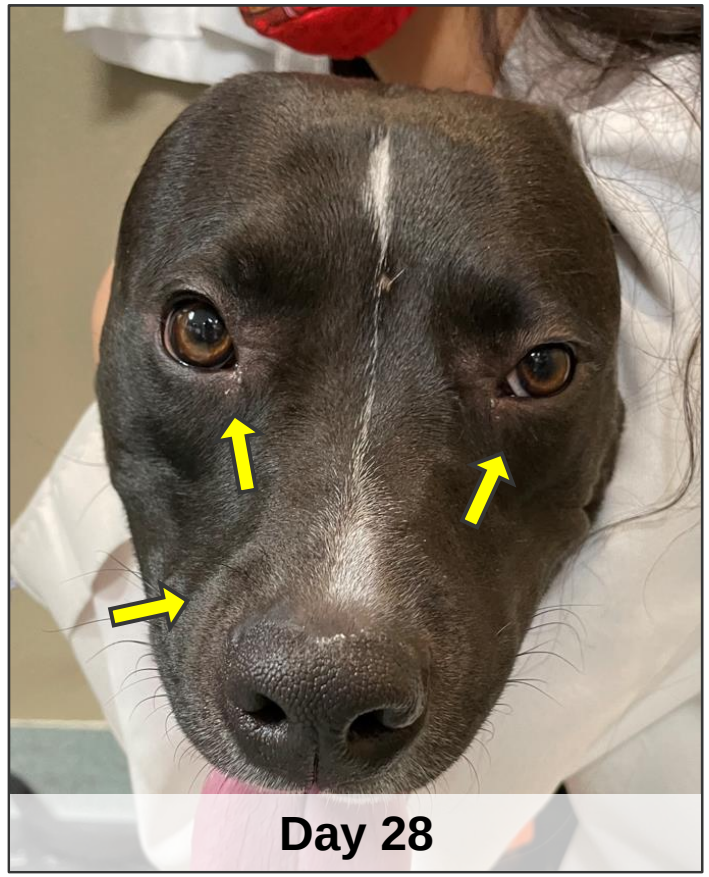
Inhibits Production of IL-17



Hsu BioRxiv Publication
FinalPostSQLBioRxivImmuneDis2023.10.27.564296v1.full.pdf

Soquelitinib Improved Spontaneous Canine Atopic Dermatitis

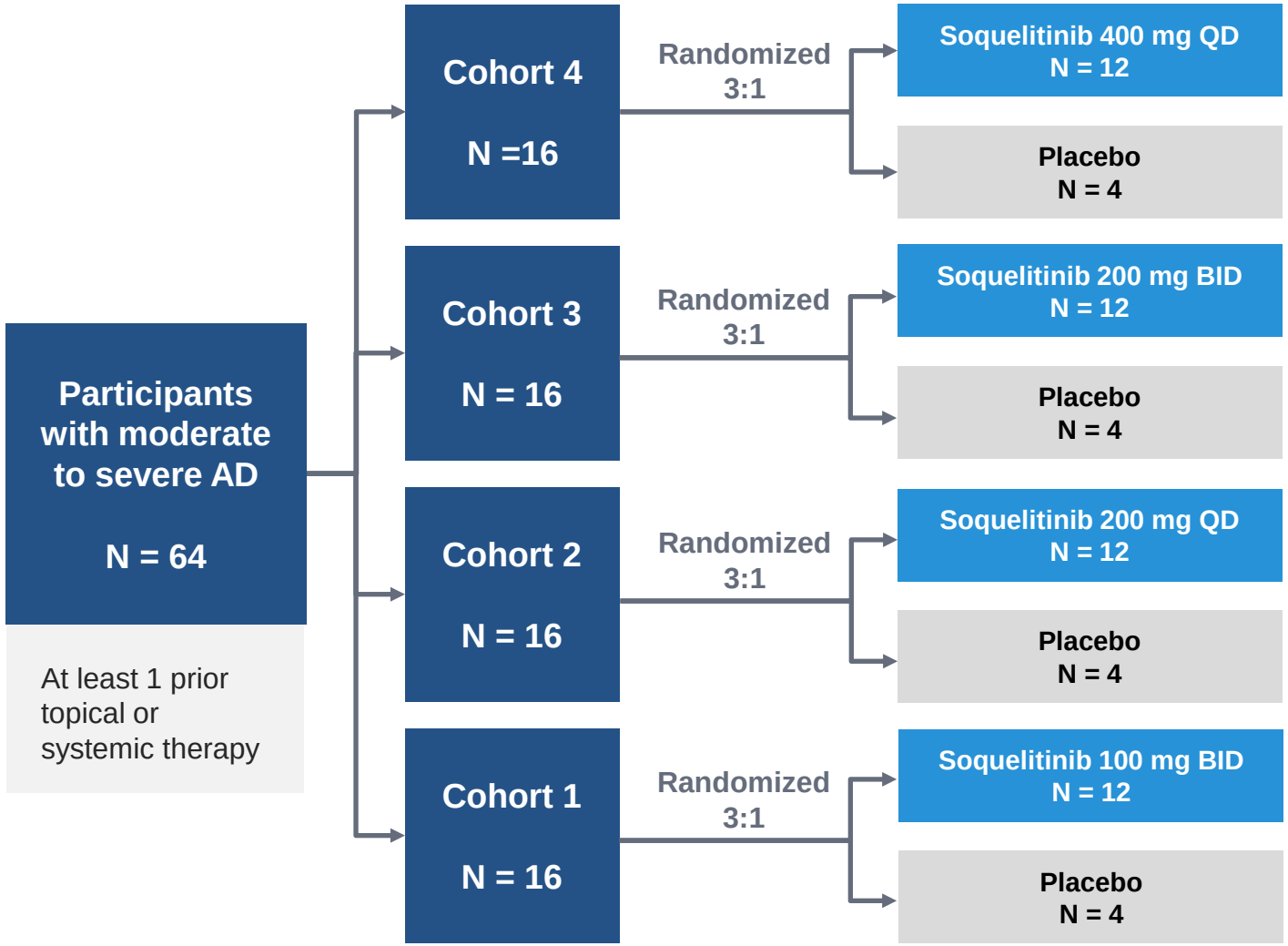




- 1.5 y.o. mixed breed male, 25 kg
- Naturally occurring atopic dermatitis treated with oral CPI-818
- Decrease in erythema, pruritus and inflammation around eyes and snout

Randomized Soquelitinib Atopic Dermatitis (AD) Clinical Trial

Placebo controlled, data expected by year end 2024



Key Details

Rationale: ITK inhibition will block Th2

Design: Randomized, placebo-controlled, blinded study in moderate to severe AD

- 4 dose cohorts vs placebo treat for 28 days
- **Primary endpoint:** Safety and tolerability
- **Secondary endpoints:** Efficacy – based on EASI, IGA and SD-NRS
    - PROs – Patient reported improvement in disease symptoms
    - Biomarker – TARC, T-cell related cytokines

DRC & Corvus will be unblinded – DRC and Corvus will monitor clinical data

Platform Potential Across Heme/Solid Tumors & Immune Disease

Attractive Platform

Highly selective, oral ITK inhibitor

Novel MOA

First In Class

Strong IP

2nd and 3rd next-gen compounds

Modulate T Cell Function

In vivo evidence of Th1 skewing and Th2/Th17 blockade

Potential to enhance anti-tumor immunity to treat **lymphomas and solid tumors**

Active in several **immune disease** models

Durable Anti-Tumor Activity

Objective responses- **CRs** and PRs (monotherapy)

FDA alignment on Ph 3 **registration trial**

Potential **first fully approved agent for relapse PTCL**

Next Steps

Start PTCL Ph 3 expected by Q3 '24

Phase 1/1b **atopic derm** POC trial
data expected late '24