

Corvus Corporate Presentation

April 2024

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

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, ciferadenant and mupadolimab; the potential use of soquelitinib to treat a variety of hematological cancers and autoimmune diseases; the Company’s ability and its partners’ ability, as well as the timing thereof, to develop and advance product candidates into and successfully complete preclinical studies and clinical trials, including the Company’s Phase 1/1b clinical trial of soquelitinib and its Phase 1b/2 clinical trial of ciferadenant; the timing of and the Company’s ability to launch clinical trials, including the potentially registrational Phase 3 clinical trial for soquelitinib; the design of clinical trials, including the timeline for initiation, target number of patients to be enrolled and certain other product development milestones; the availability and timing of clinical data announcements, including initial data from the Phase 1b/2 clinical trial with ciferadenant. 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 Annual Report on Form 10-K for the year ended December 31, 2023, filed with the Securities and Exchange Commission (the “SEC”) on March 19, 2024, 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 and its other 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 other foreign countries; the costs of clinical trials may exceed 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.

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

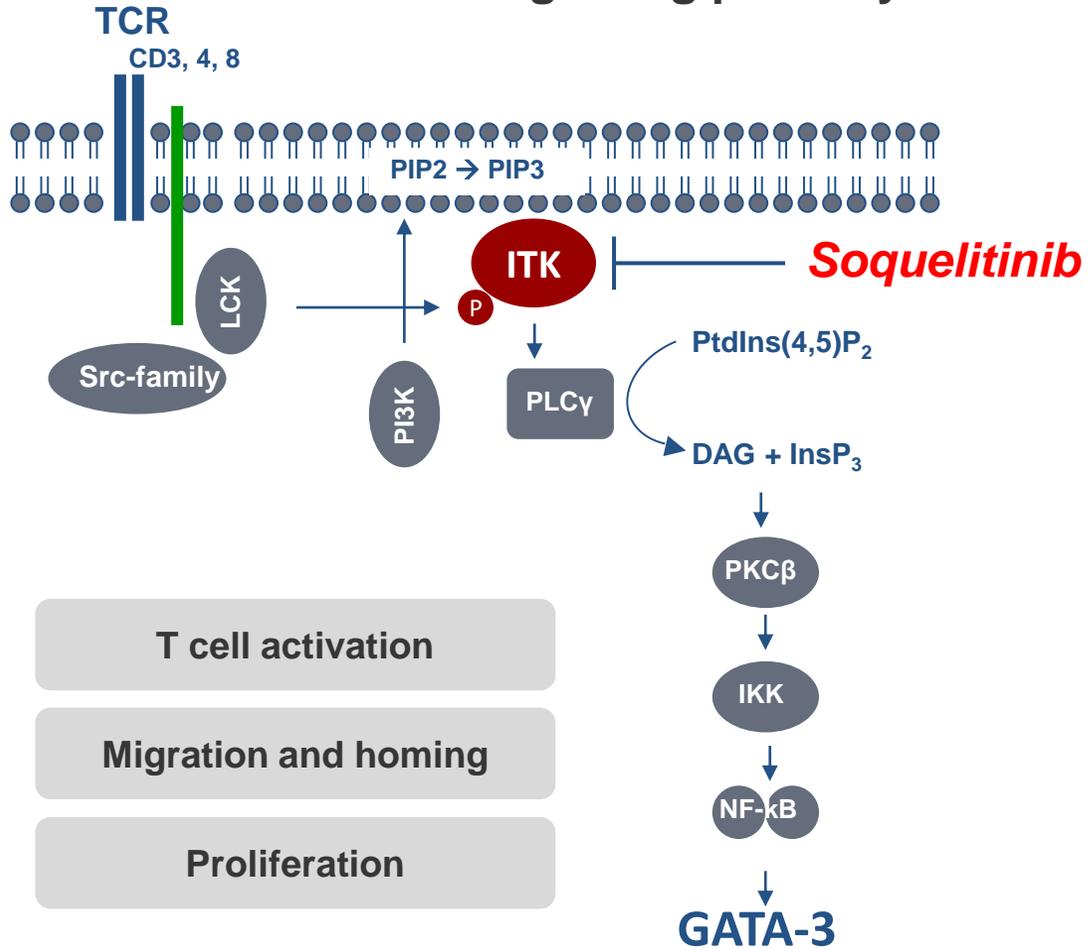


Target	Program	Indication	IND Enabling	Phase 1a	Phase 1b	Phase 2	Phase 3	Next Milestone(s)
PRIORITIZED								
ITK Inhibitors	Soquelitinib (CPI-818)	Peripheral T Cell Lymphoma	Phase 3 Q3 2024 Start					Data early 2026
		Solid Tumors Monotherapy						Study planned
		Atopic Dermatitis						Initial data 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					Initial Data Anticipated 1H 24
Anti-CD73	Mupadolimab	R/R NSCLC and HNSCC	 和剂药业 ANGEL PHARMACEUTICALS					China Ph 1 Data

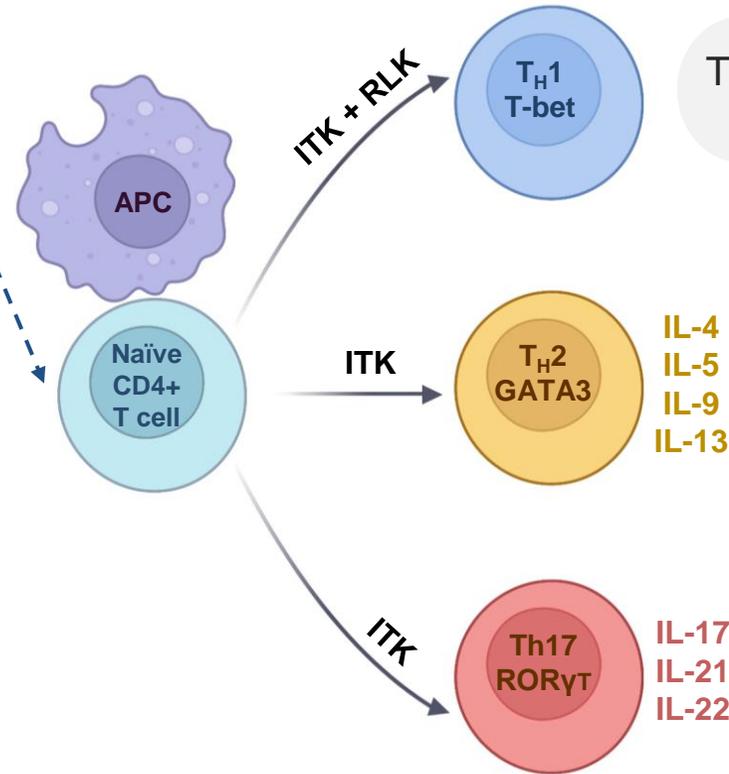
ITK Involved in Many Diseases

Plays critical role in T cell differentiation

Blocks TCR signaling pathway



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



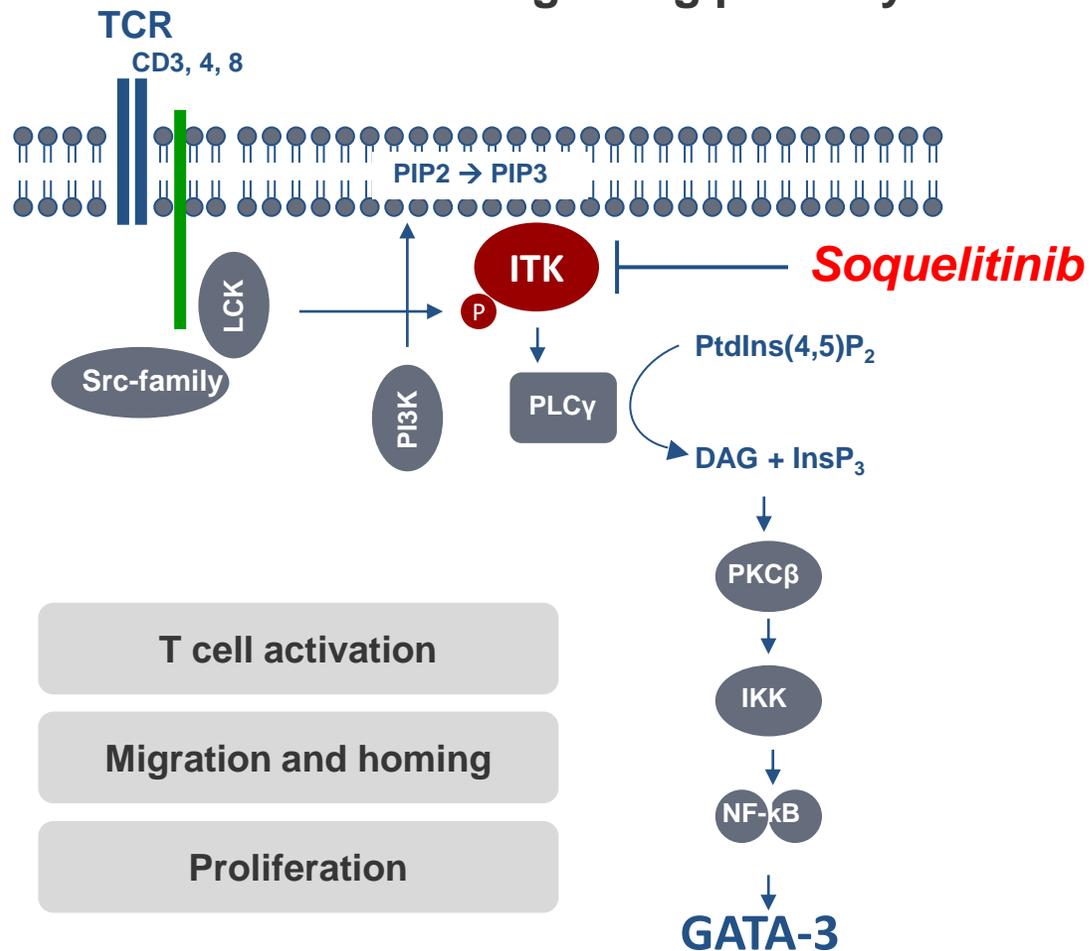
Th1 cells play a role in cancer cell and viral elimination

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

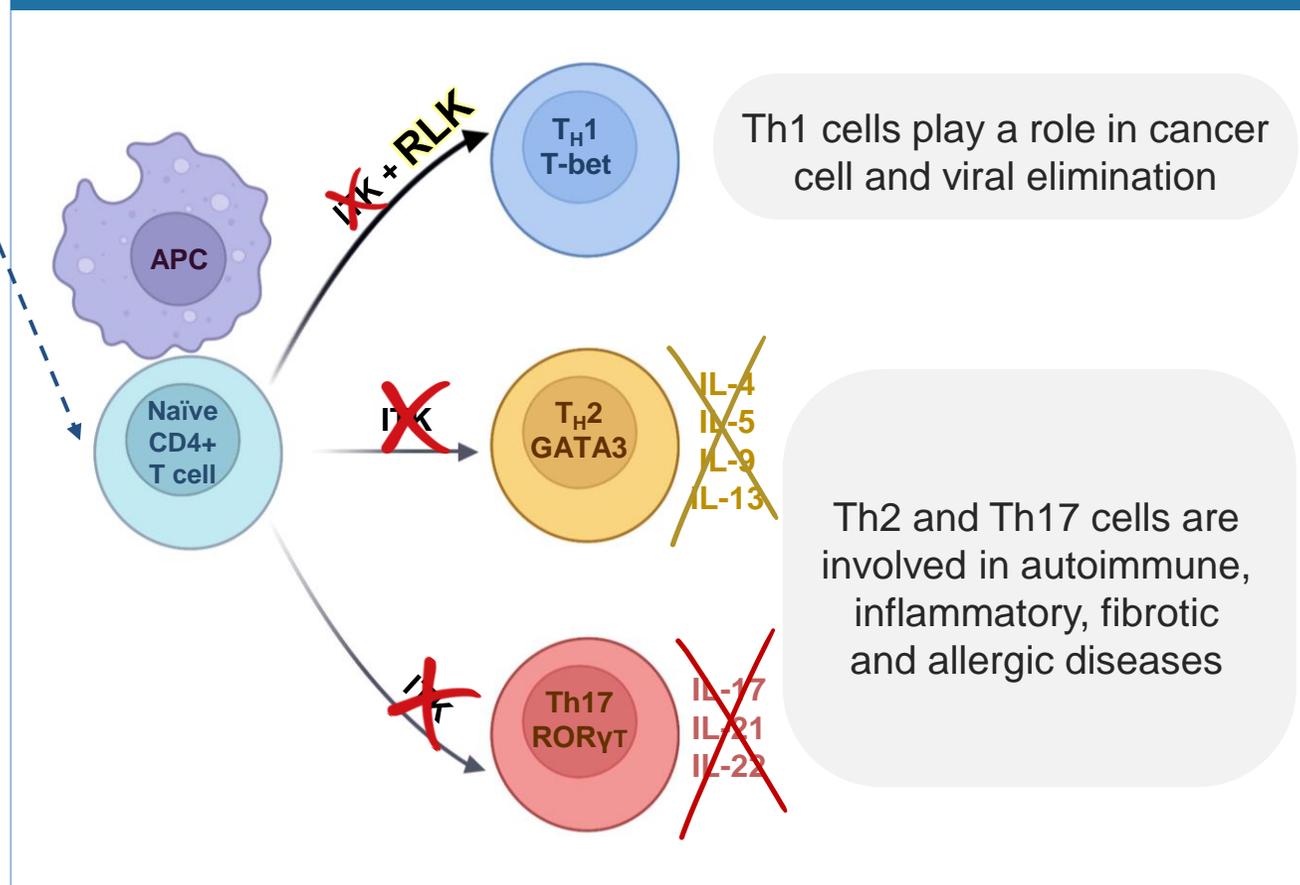
Soquelitinib Blocks Th2 and Th17 and Induces Th1 Skewing

Modulation of T cell differentiation

Blocks TCR signaling pathway



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



Significant Need for New Treatment Options for TCL

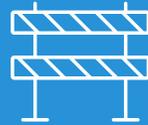
No FDA fully approved drug for relapsed PTCL



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

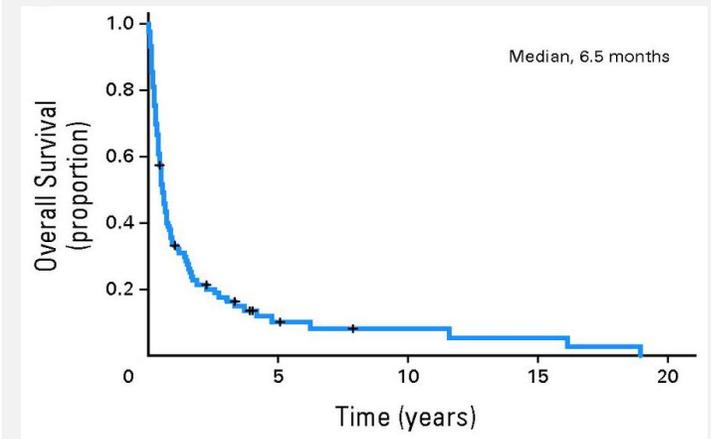
- Common treatments: CHOEP or BV-CHP Chemotherapy, autologous transplant
- Some treatment regimens are toxic and difficult for patients
- Adcetris (brentuximab vedotin) global sales by Takeda and Seagen in 2023 of approximately \$1.6 billion

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

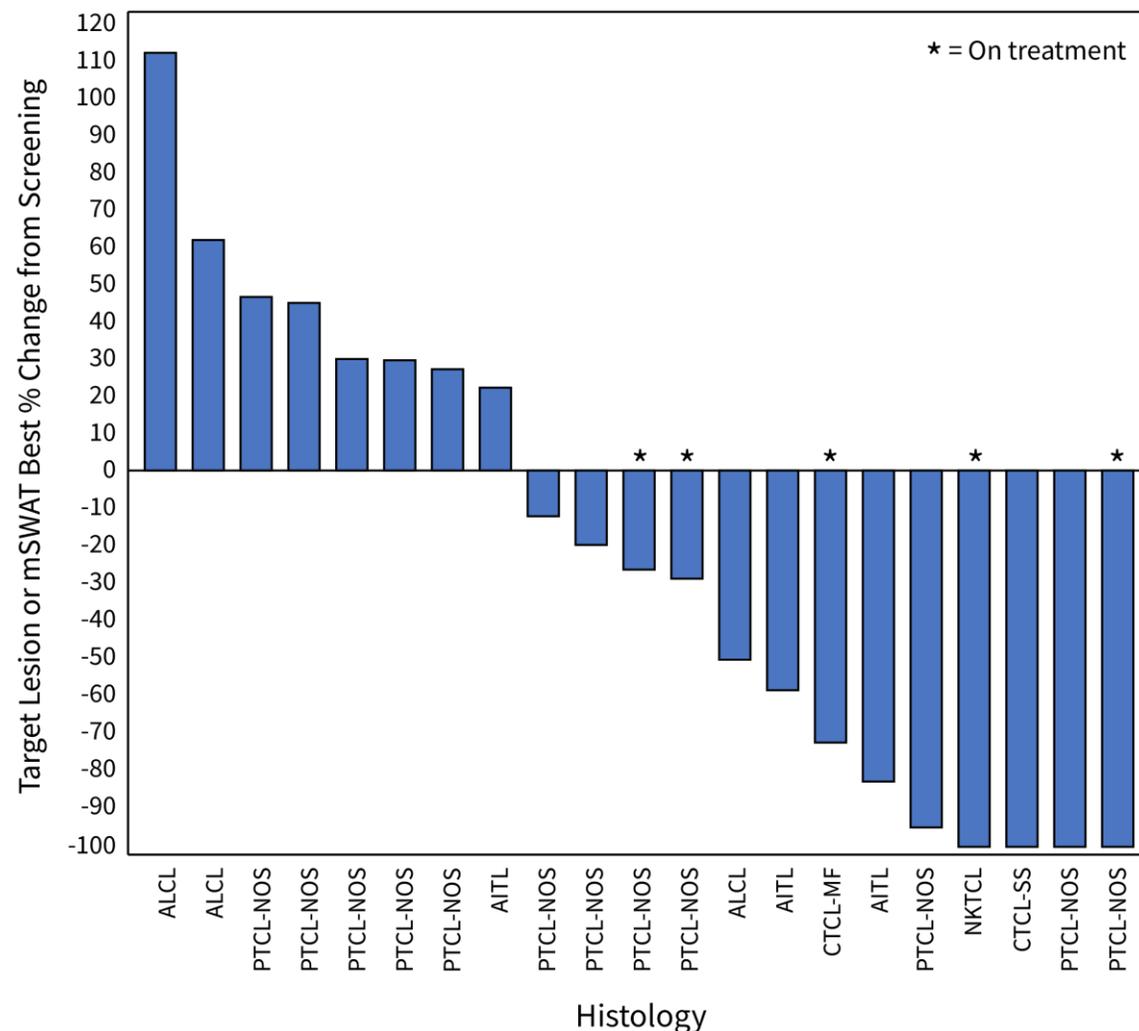
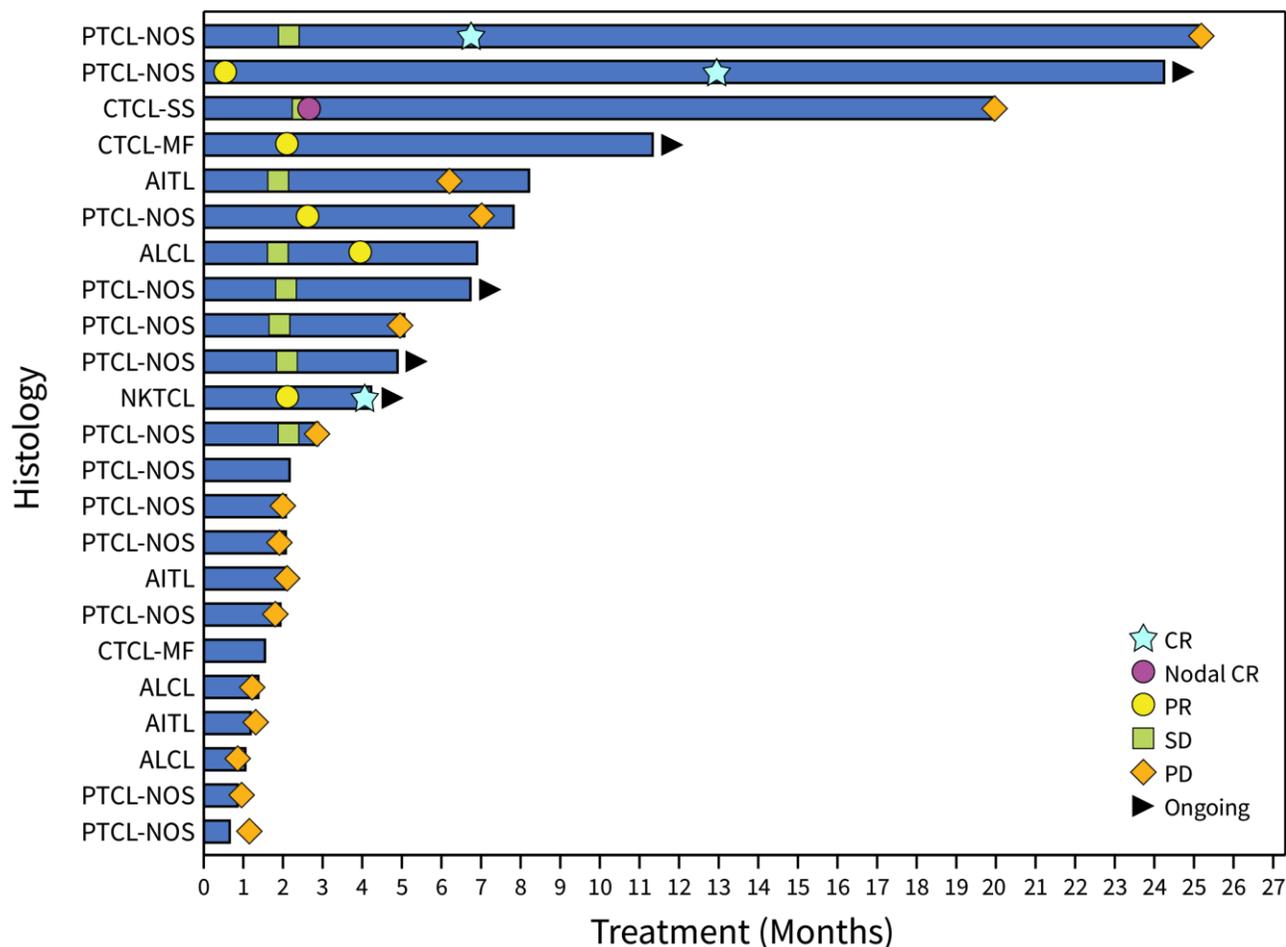
- 6.5-month median overall survival rate after first relapse or progression of PTCL in patients who received chemotherapy at relapse



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



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 Trial¹	PROPEL Pivotal Trial²
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

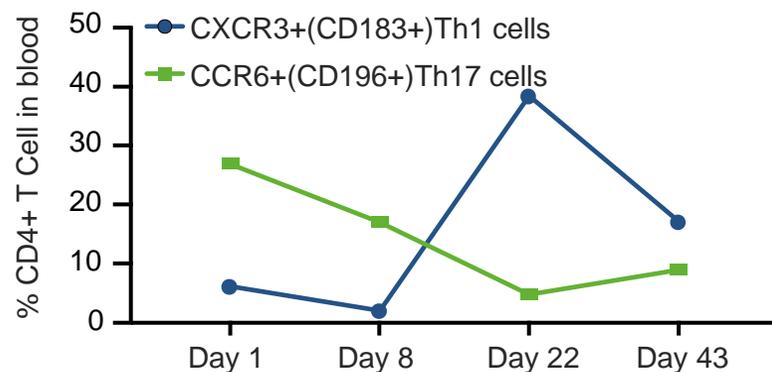
- PTCL-NOS patient failed CHOEP, GDP, HDACi, and anti-PD1
- Large subcutaneous mass on abdomen
- CR 24+ months in all sites of disease (bone marrow, skin, lymph node, and spleen)

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

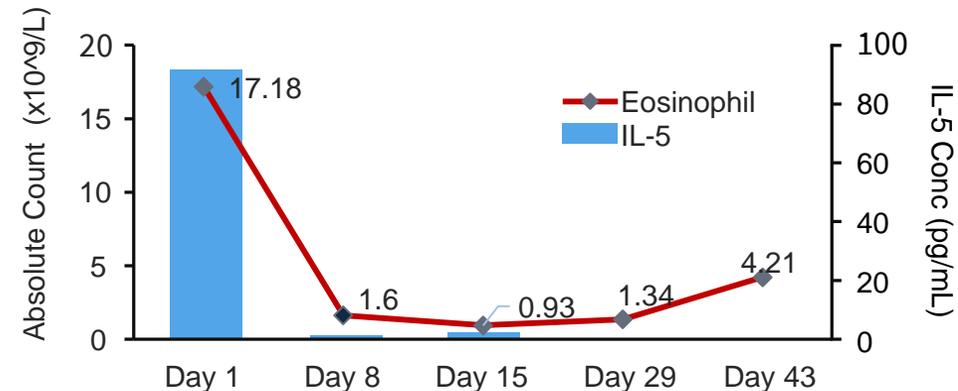
Soquelitinib Induced Th1 Skewing & Th2 Blockade

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

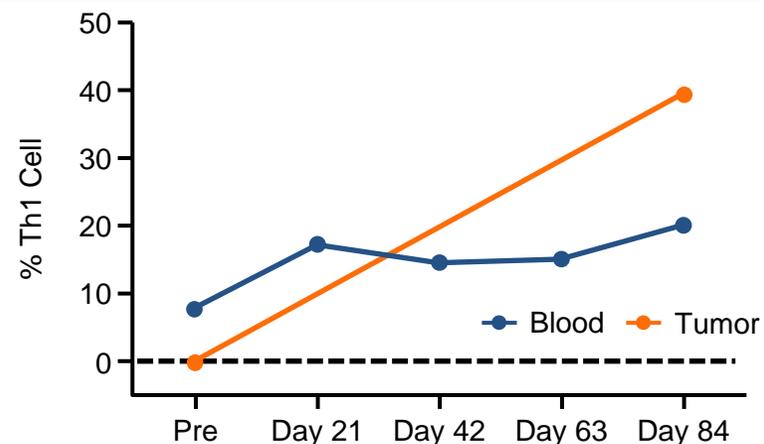
Frequency of Th1 & Th17 CD4 cells in Blood



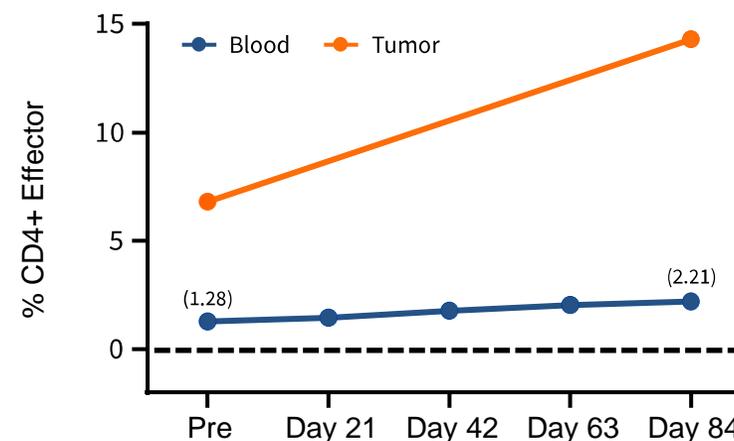
Effects on Eosinophils and Serum IL-5



Th1 Effector Cells in Blood and Tumor During Soquelitinib Treatment



CD4+ Effector Cells in Blood and Tumor During Soquelitinib Treatment



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

Baseline PET



C10 PET



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

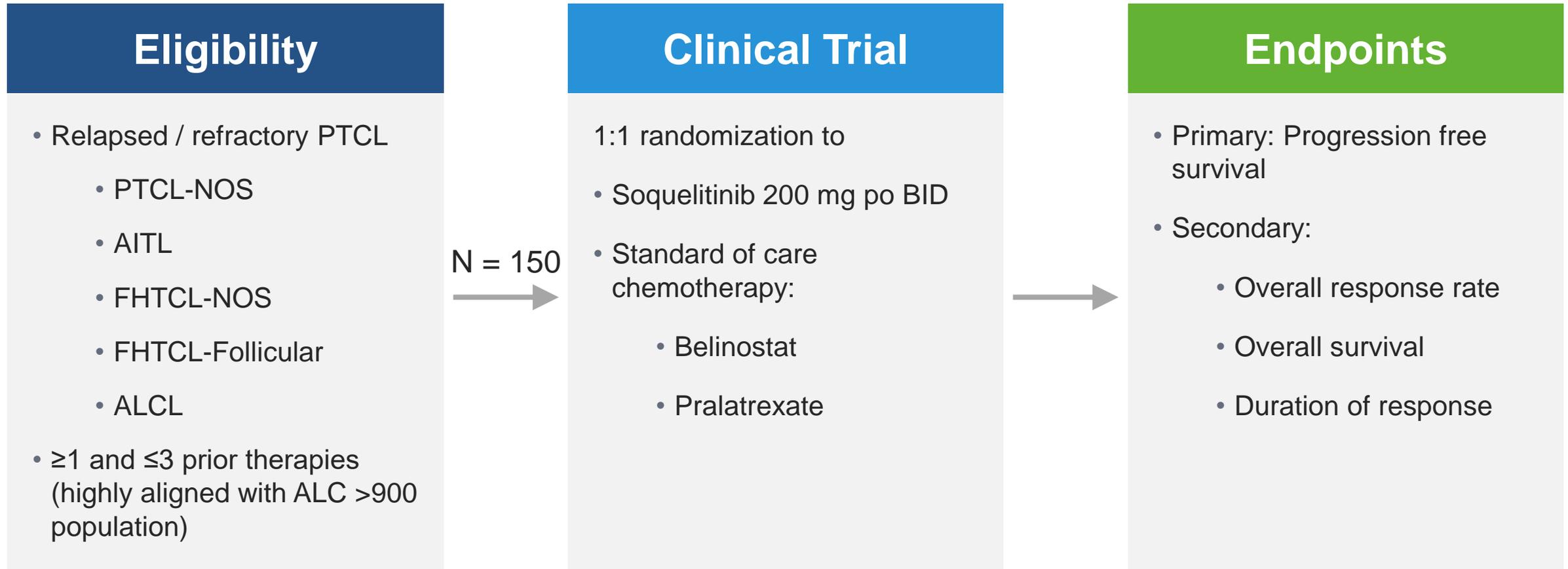


Complete Response in Extranodal NK/T-cell Lymphoma

- 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

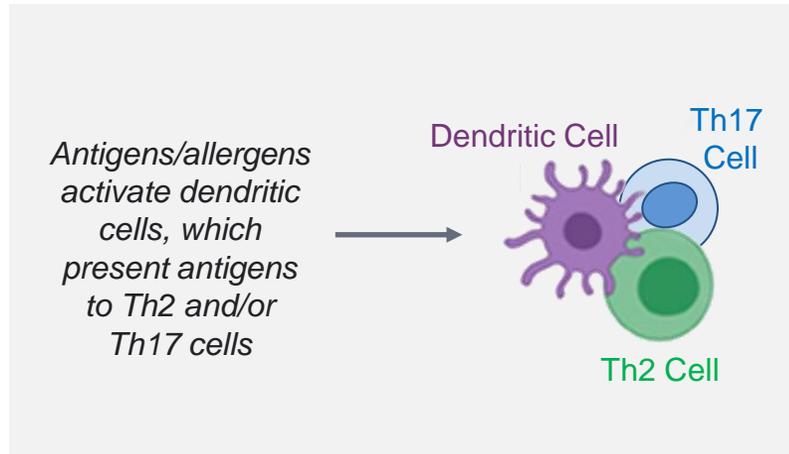
Randomized Phase 3 Trial in PTCL Planned by Q3 2024



Registration study protocol finalized with FDA

ITK Inhibition Blocks Multiple Th2 and Th17 Cytokines

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



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

Asthma*

Atopic dermatitis*

Eosinophilic esophagitis

Prurigo nodularis

COPD w/ eosinophilia

Rhinitis with polyposis

IL-17 Driven Diseases

Psoriasis*

Psoriatic arthritis

Ankylosing spondylitis

IL-5 Driven Diseases

Eosinophilic Granulomatosis Polyangiitis

Hypereosinophilic syndrome

Based on Animal Studies

Systemic sclerosis

Pulmonary fibrosis

Autoimmune lymphoproliferation syndrome (ALPS)

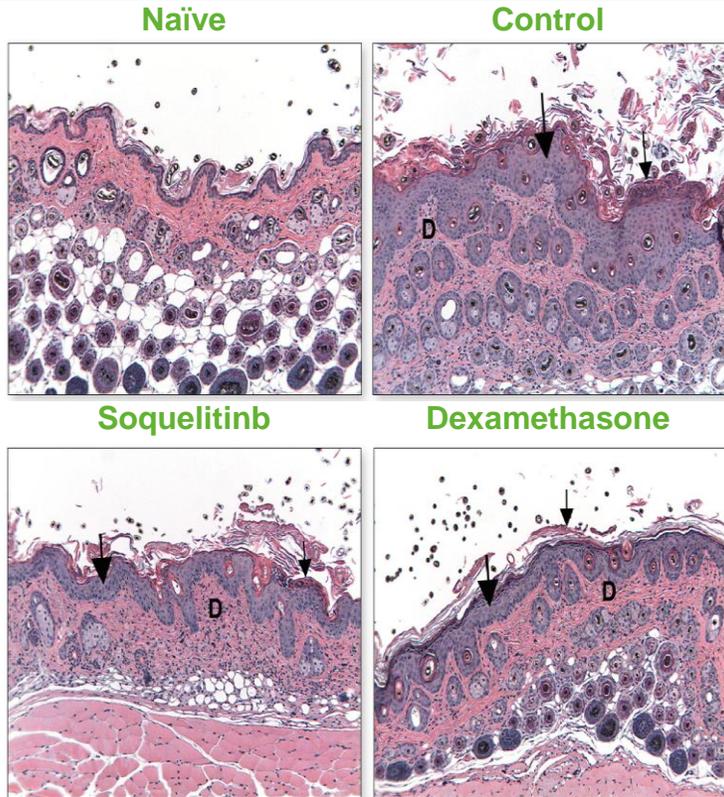
Graft vs Host Disease

*also supported by animal studies

Soquelitinib is Active in Imiquimod Psoriasis Model

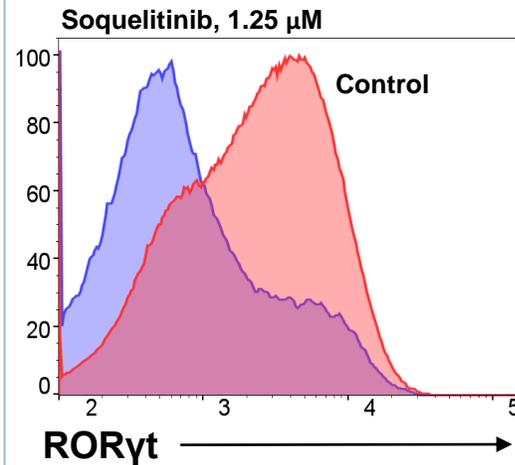
Improved histology, and reduction of Th17, IL-17

In Vivo Treatment Reduced Disease Severity

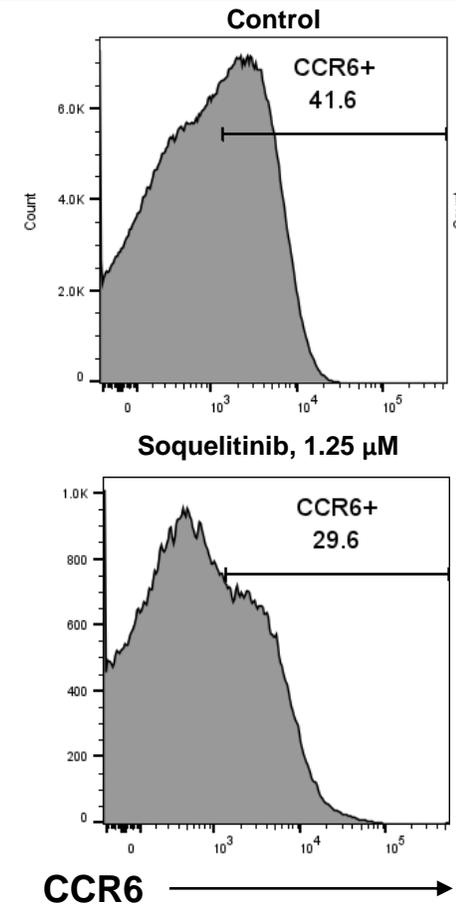


Epidermal inflammation hyperkeratosis (small arrow), epidermal hyperplasia (large arrow) and dermal inflammation are shown

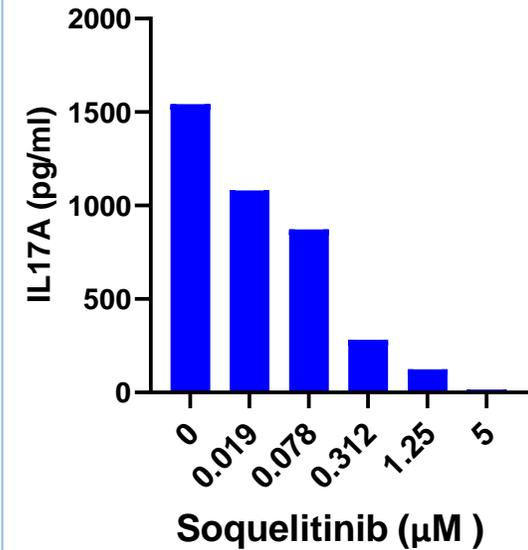
Reduced Differentiation of ROR γ t, Th17 Cells



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



Inhibits Production of IL-17



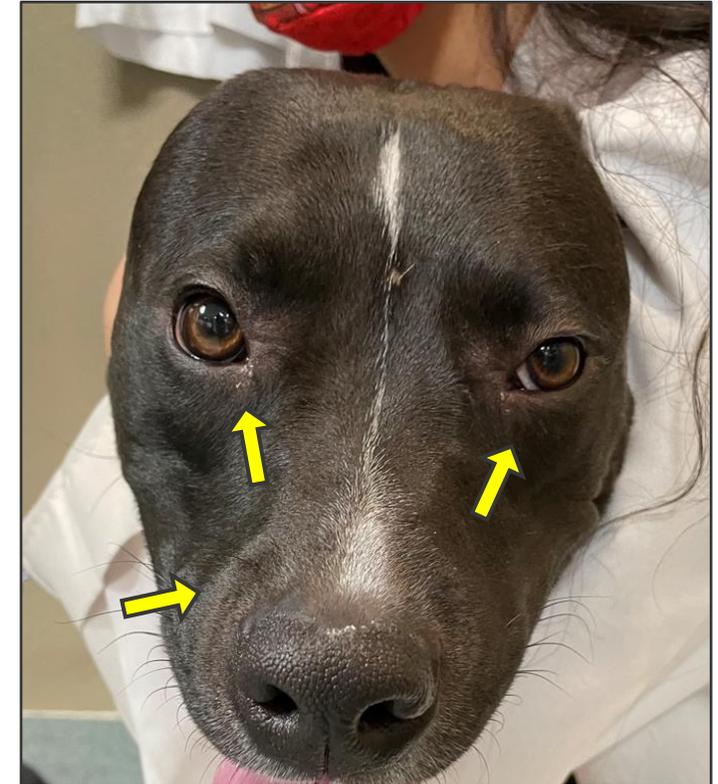
Soquelitinib Improved Spontaneous Canine Atopic Dermatitis



Day 0



Day 14

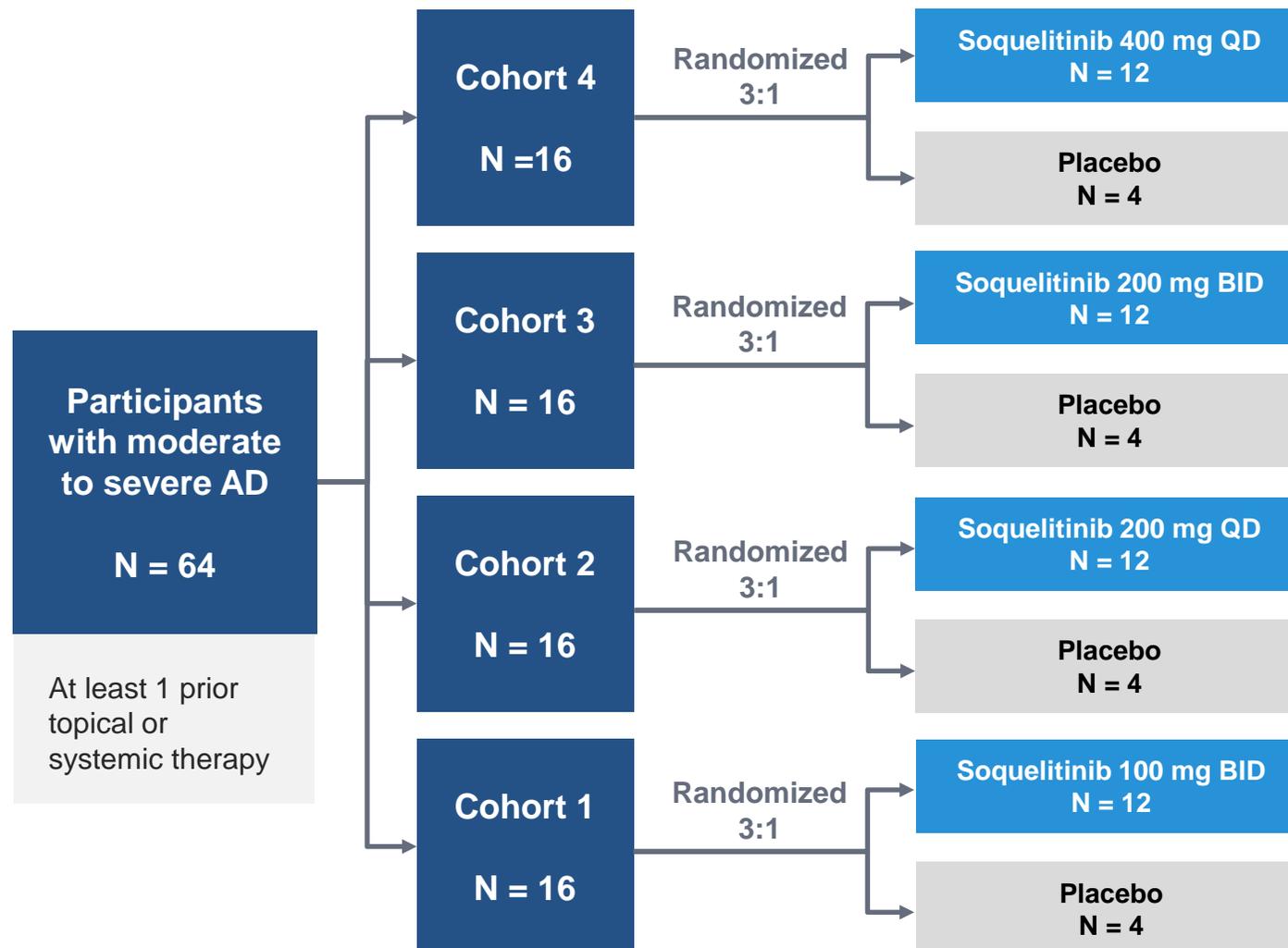


Day 28

- 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