

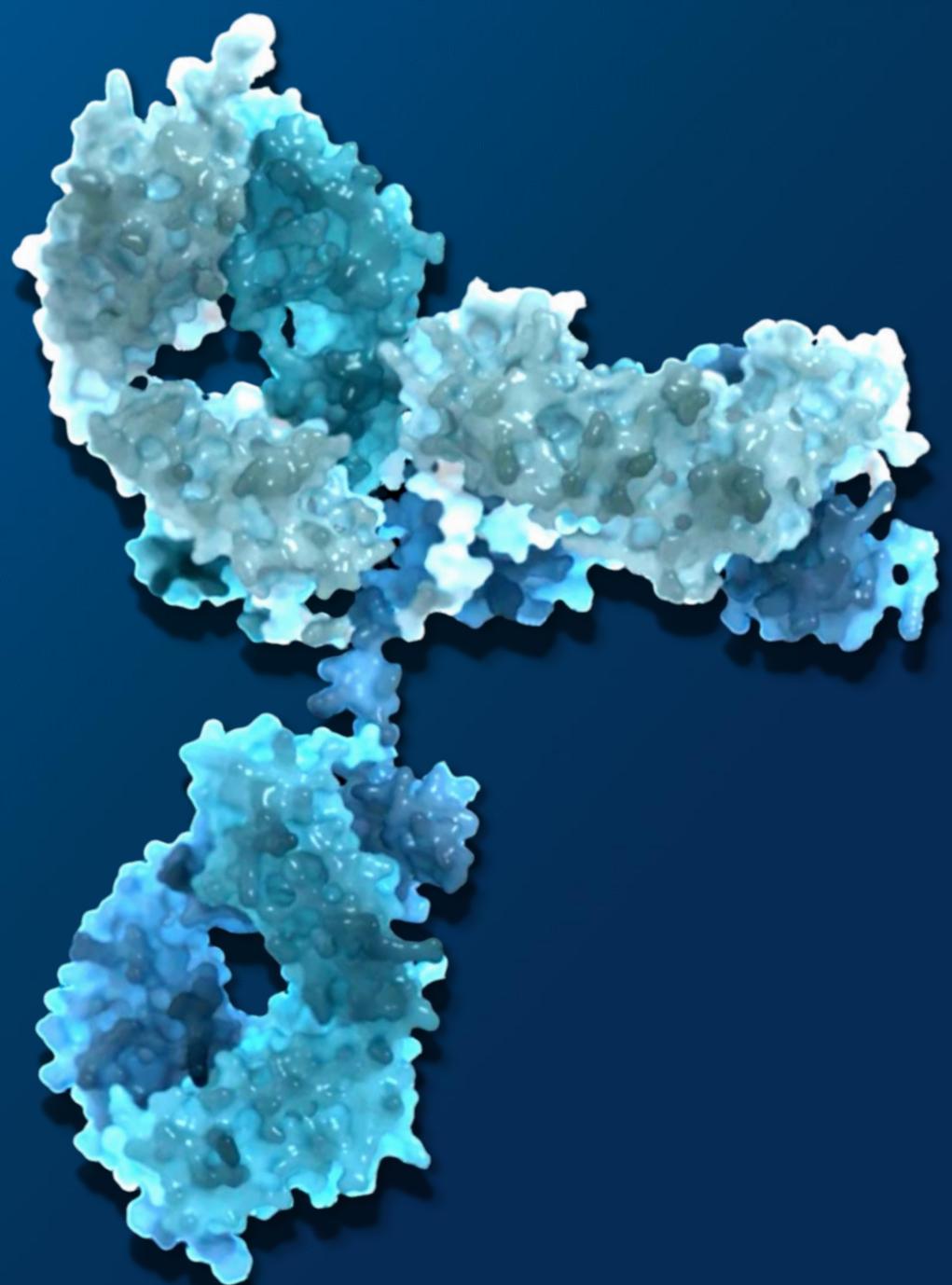


# Enhancing ADCs Both Within and Outside the Tumor with Sutro's Platform Technologies Leads to a Higher Therapeutic Index

Hans-Peter Gerber, Ph.D.

CSO

PEGS, May 16, 2025



# ADC Development Up to 2020: Focus on Optimizing ADC Potency

## ADC Technology Focus Areas

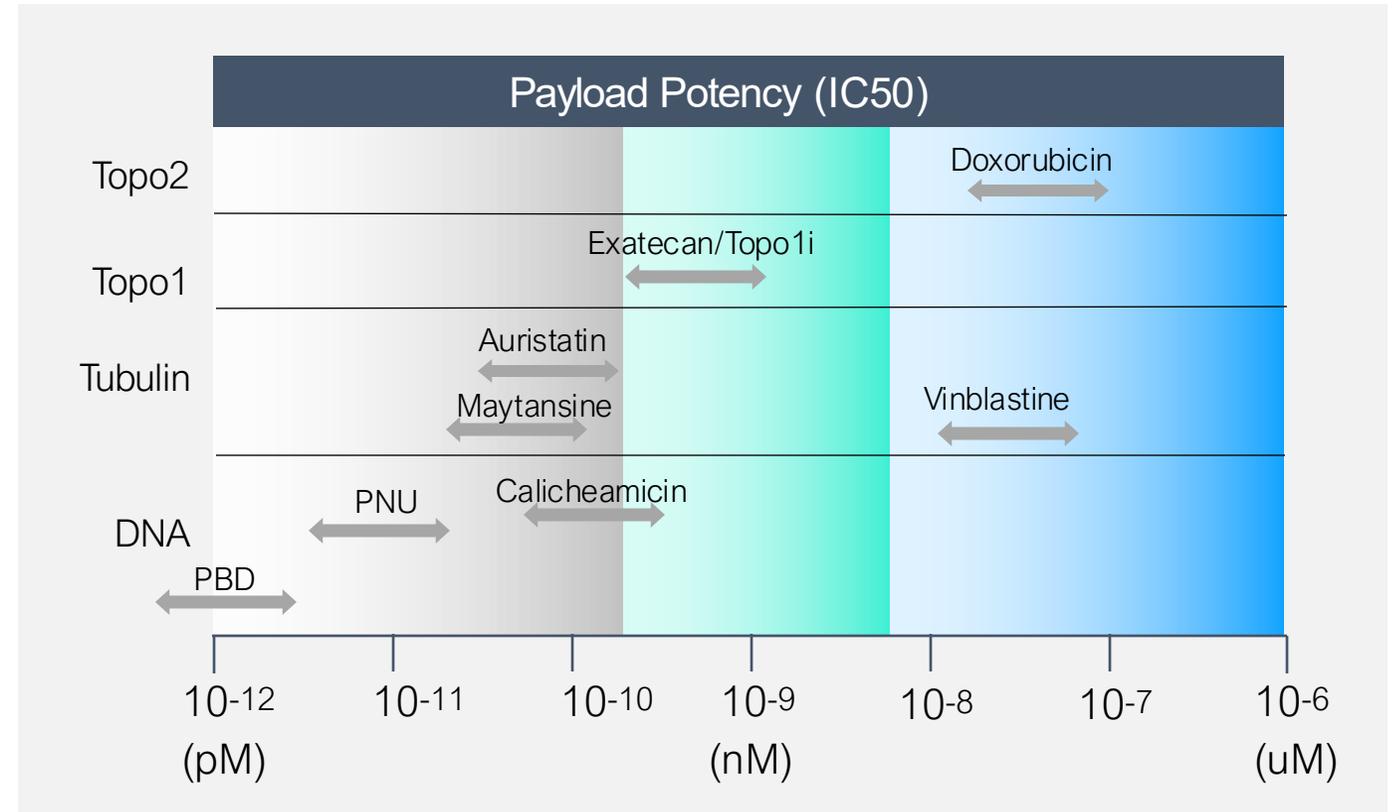
### ➤ Higher potency payloads

- PBDs, PNUs, etc.

### ➤ Novel conjugation chemistry

### ➤ Improved ADC activity

- *In vitro* potency
- *In vivo* xenograft

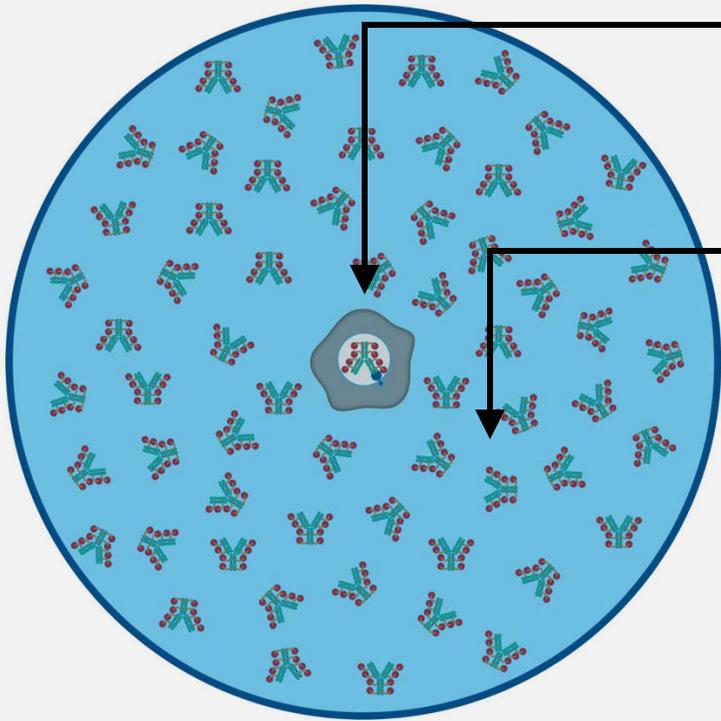


*However...*

*Clinical ADC breakthrough in 2019 with lower potency Camptothecin/Exatecan/Topo1i ADCs*

PBD – pyrrolbenzodiazepines; PNU – a highly potent secondary metabolite of nemorubicin belonging to the anthracycline class of natural products; Topo1i – topoisomerase 1 inhibition

# Lower Potency Topo1 Payload Enables Higher Dosing and Exposure, Which Drives ADC Efficacy



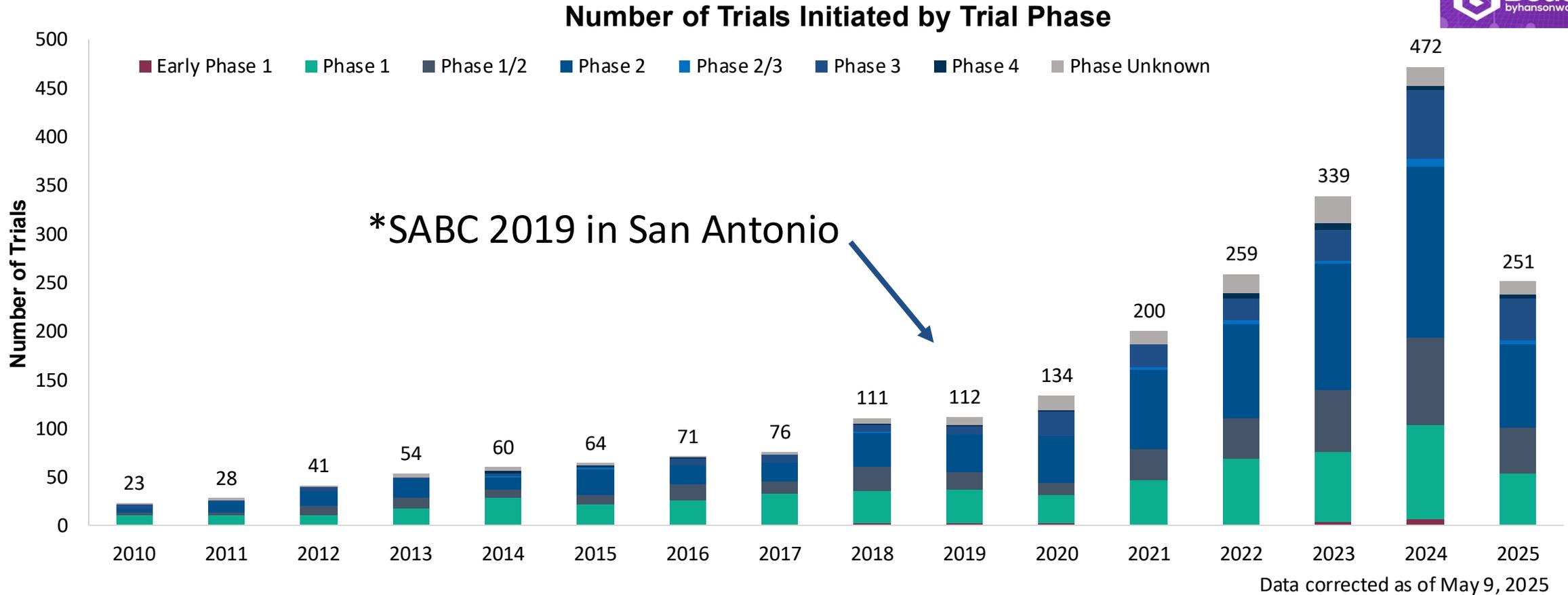
**Only 1% of ADCs reach tumors**, targeting the tumor effectively when it gets there

**99% reside outside tumors**, limiting ADC exposure as premature payload release causes platform toxicity

**Topo1i ADCs outside the tumor are less toxic to healthy cells:**

Reduced "Platform" Toxicity ➤ Higher Dose ➤ Higher Exposure ➤ Drives Efficacy

# Clinical Trial Inflection Point: Exatecan ADCs Triggered the ADC Turnaround



\*First report of clinical response rates of a Her2-Exatecan/Topo1 DAR 8 ADC in Her2+ mBC

# Top 1/Exatecan ADCs All Look Promising Preclinically... How Can we Identify the “Winners” Early ?

## Top 10 Adjectives Describing ADC Efficacy

Adjective	Freq	Payloads
Effective	90	MMAE, DM1, PBDs, Exatecan
Potent	85	MMAE, MMAF, PBDs, SN-38
Promising	73	MMAE, DM1, SN-38, Tubulysins
Robust	68	DM1, PBDs, Exatecan, Tubulysins
Durable	60	Exatecan, SN-38, DM4
Significant	58	MMAE, PBDs, Amanitin
Superior	52	PBDs, Exatecan, Tubulysins
Sustained	49	Exatecan, SN-38
Efficient	46	MMAF, DM1, SN-38
Encouraging	44	DM4, Tubulysins, Amanitin

## Top 10 Adjectives Describing ADC Safety

Adjective	Freq	Payloads
Tolerable	85	MMAE, MMAF, DM1, PBDs
Manageable	78	MMAE, MMAF, DM1, Exatecan
Acceptable	62	DM1, DM4, SN-38
Favorable	58	SN-38, Exatecan, MMAF
Predictable	53	DM1, DM4, MMAF
Reversible	49	DM1, DM4, SN-38, Exatecan
Dose-limiting	44	PBDs, Amanitin, Tubulysins
Severe	30	PBDs, Amanitin
Serious	27	PBDs, Amanitin
Challenging	25	Amanitin, PBDs

Only about 10% of all BioTx entering clinical development may ultimately get approved....

# Key Preclinical Data to Identify “Winner” ADCs

- **PK**

- Long half-life, low clearance

- **Safety**

- High exposure & HNSTD (highest non severely toxic dose)

- **Activity**

- In models predictive for clinical responses
- At clinically relevant dose levels
- In models reflecting emerging resistance to ADCs

# STRO-004 (TF-Topo1-DAR8): Well-Tolerated at 50 mg/kg (Non-GLP in NHP)

## Objective:

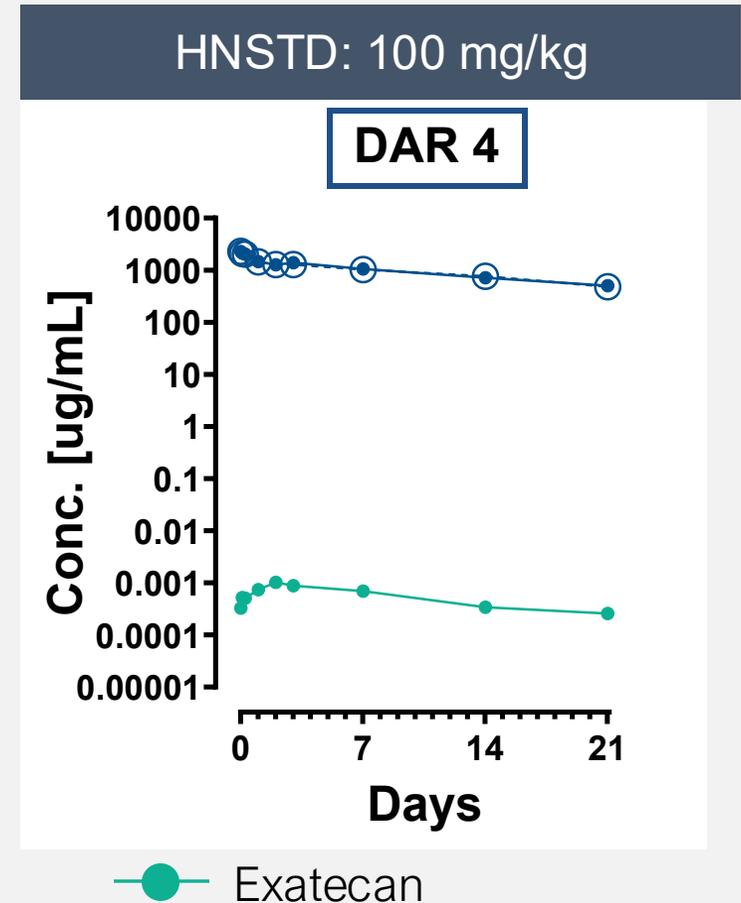
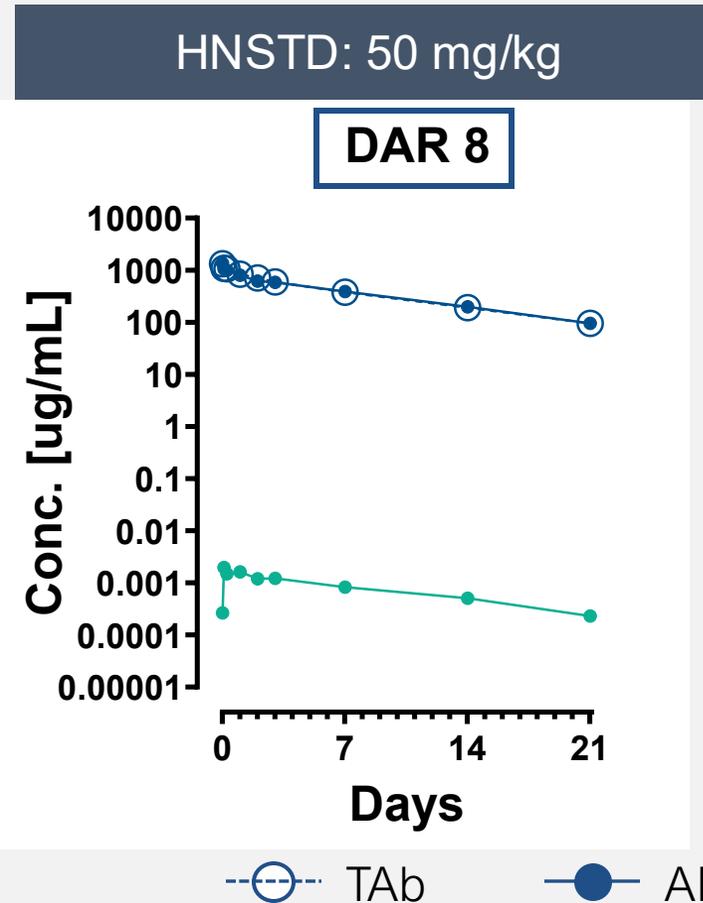
Compare nonclinical safety of DAR8 and DAR4 TF exatecan-ADC

## Study:

Dosed twice, three weeks apart, payload-matched doses

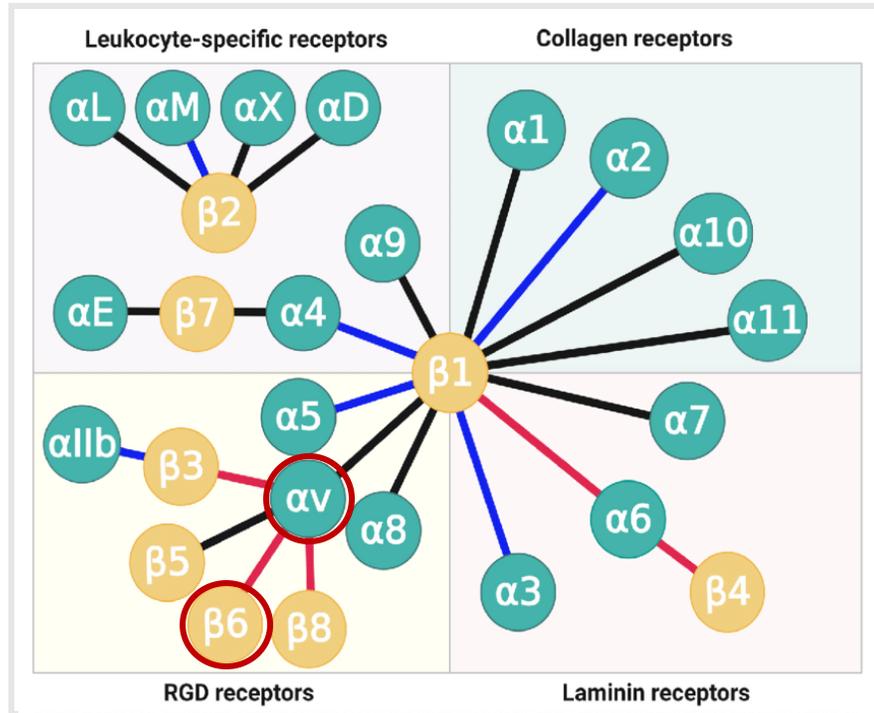
## Findings:

- DAR8 and DAR4 ADCs were well-tolerated up to 50 and 100 mg/kg, respectively
- DAR8 50 mg/kg  $t_{1/2}$  of 6.9 days
- No evidence of eye toxicity
- Mild skin toxicity observed in both DAR8 and DAR4



# Integrin $\beta 6$ is an Attractive ADC Target with Complex Biology

## Integrin Family



Steiger, et al (2021) EJNMMI Research

## ITGB6 Biology

- Integrin  $\beta 6$  (ITGB6) is overexpressed in numerous solid tumors and has been shown to be a negative prognostic indicator in many cancers
- ITGB6 targeted therapies are seeing strong clinical activity in NSCLC
- It functions in tissue remodeling and repair, processes that can be exploited by tumors to promote invasiveness and survival
- ITGB6 is a heterodimer ( $\alpha v/\beta 6$ ) that belongs to an integrin family of adhesion proteins; cross-specificity in targeting can introduce significant safety risks

# STRO-006 Targeting ITGB6 is Well-Tolerated in NHPs up to 25 mg/kg: Long Half-Life and Low Levels of Unconjugated Exatecan

## Objective:

Evaluate toxicity profile of STRO-006 in a dose-range finding study in NHPs to inform IND-enabling GLP study

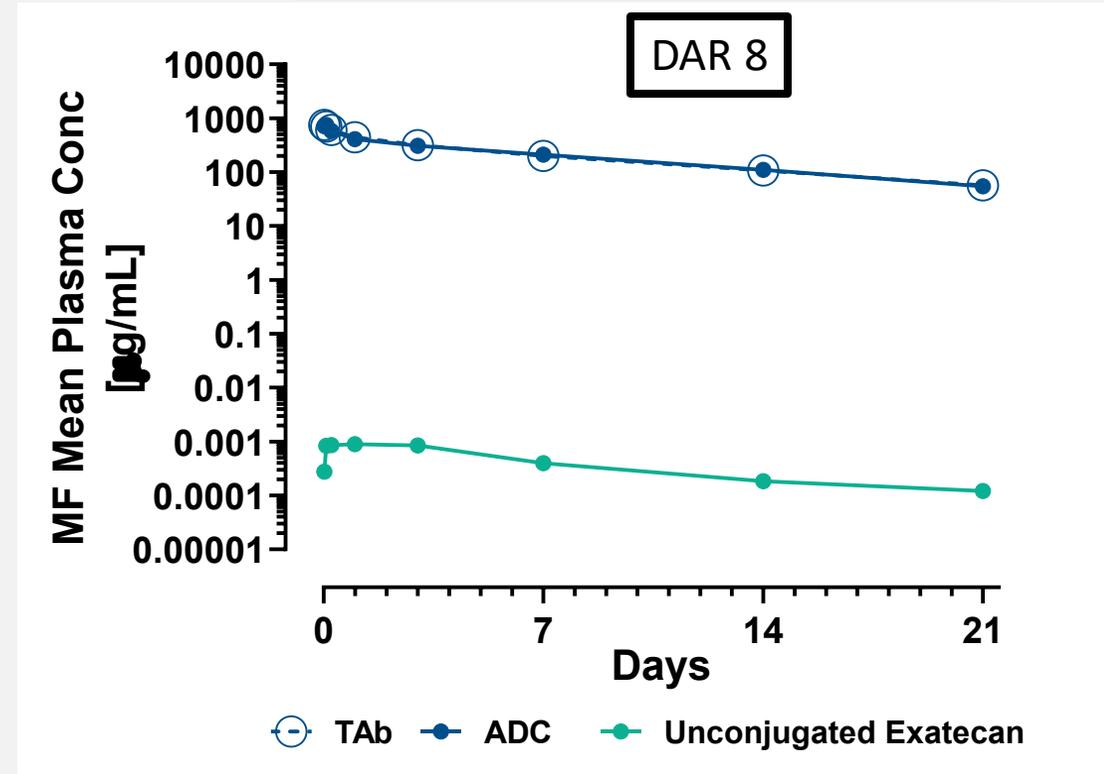
## Study:

Six-week duration study (1M/1F), two IV doses of 10, 25, or 50 mg/kg administered once every 3-weeks → necropsy D43

## Findings:

- STRO-006 was well-tolerated up to 25 mg/kg with no body weight loss
- No signs of neutropenia or lymphopenia
- Stable ADC, long  $t_{1/2}$  of 7-8 days, no ADA
- Ratio conjugated/unconjugated exposure (AUC) of Exatecan = 10120

HNSTD: 25 mg/kg



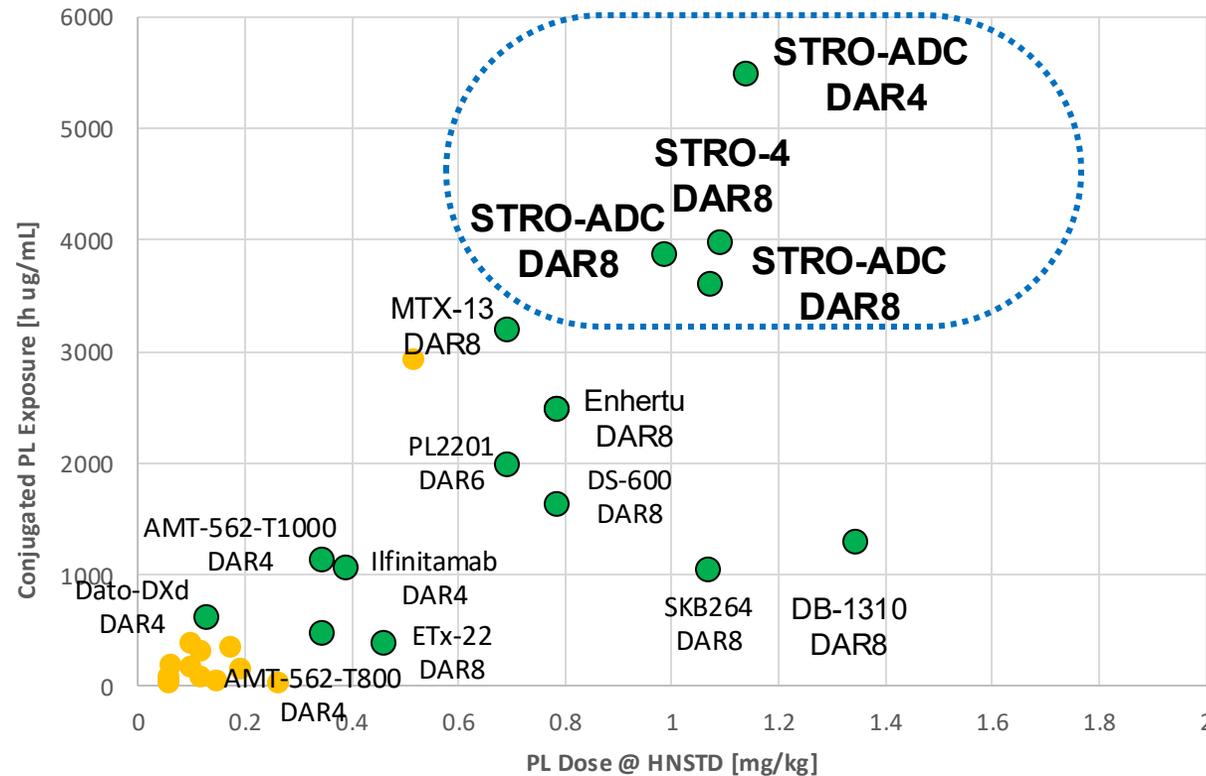
Analyte	CL (mL/d/kg)	V <sub>ss</sub> (mL/kg)	t <sub>1/2</sub> (d)
TA <b>b</b>	5.66	55.4	7.7
ADC	5.77	55.0	7.2

NHP – Non-human primate; TF – Tissue factor; TAb – Total antibody; HNSTD – Highest non-severely toxic dose

# High ADC Exposure in NHP Correlates with Better Safety: Sutro's Cell-Free Manufacturing Approach Enables Industry-Leading ADC Exposure



## Comparison of Exposure Levels in NHPs at Highest Non-Severely Toxic Dose (HNSTD) Levels in DAR Equivalents



### Why does it matter?

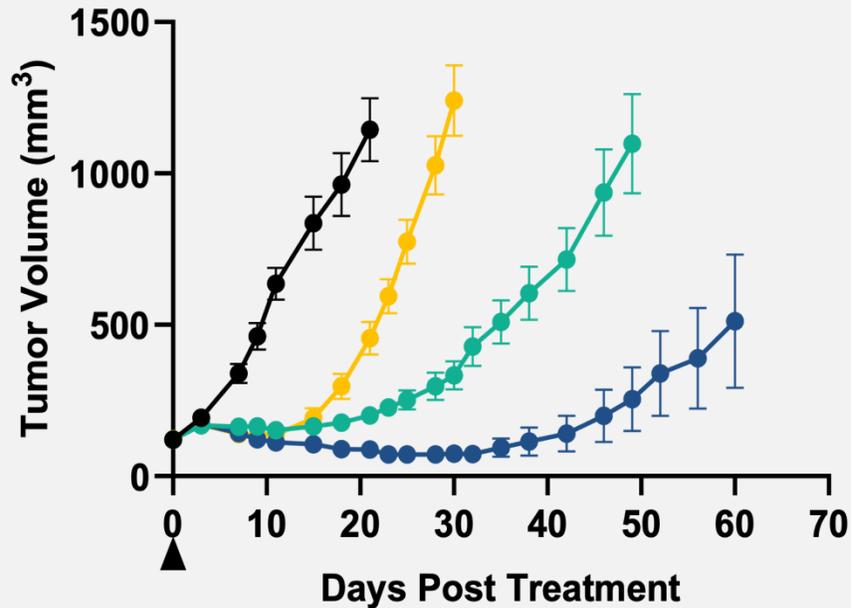
- For ADCs, exposure drives efficacy
- Based on PK data, our exatecan ADCs are positioned to be differentiated on safety and efficacy versus on-market ADCs

● Exatecan/Topo1i ADCs ● Tubulin inhibitor ADCs

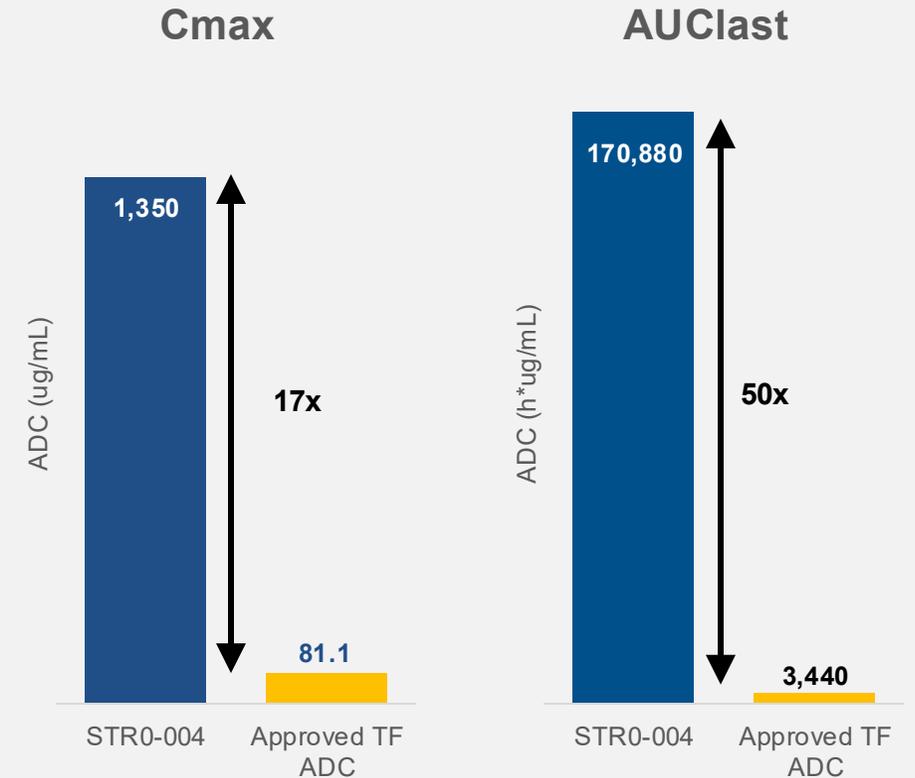
# STRO-004 is Safe, but is it Active?

## Superior Anti-Tumor Activity Compared to First Generation TF ADCs

### STRO-004 (DAR8 TF ADC) Improves Anti-Tumor Activity at a Lower Dose



### Increased Tolerability Leads to Enhanced Drug Exposure

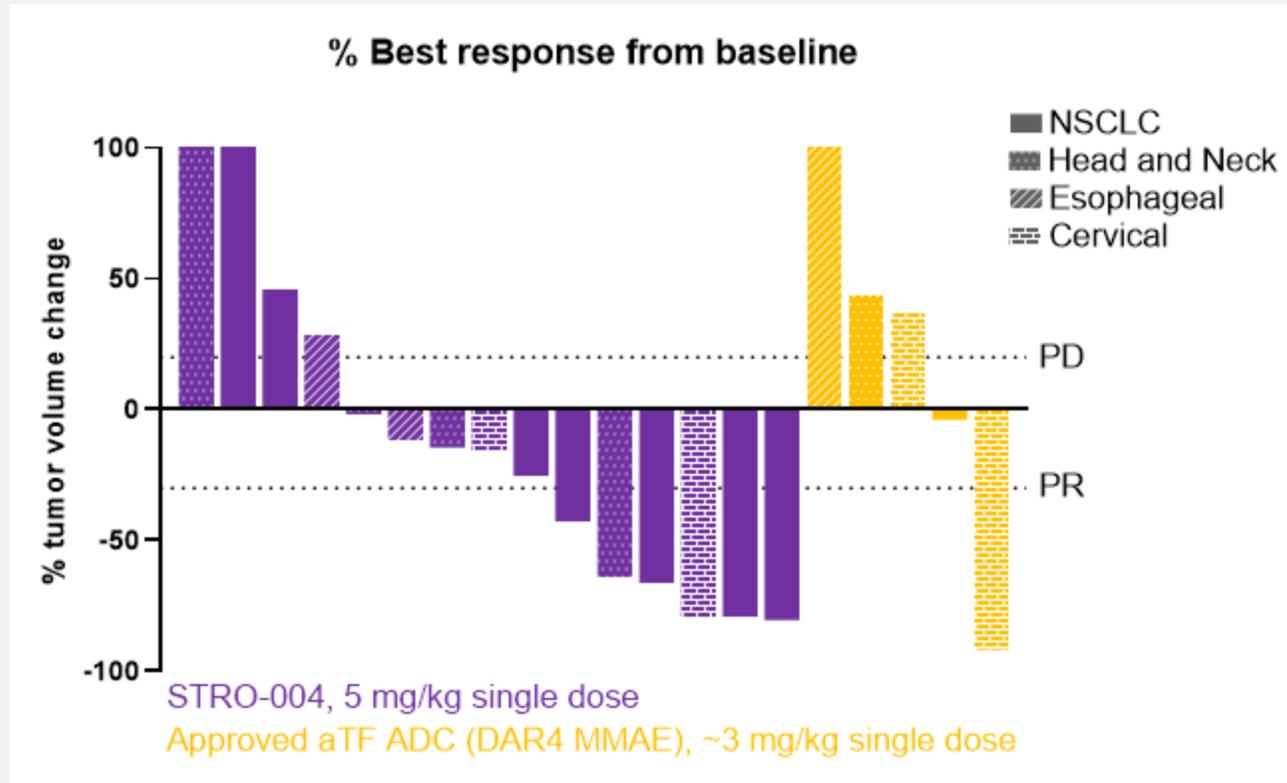


\*Breij & Parren, Can Res, 2014 # Sutro. 2024 interim data

C<sub>max</sub> – maximum concentration; AUC<sub>last</sub> - drug exposure over the specified time period; h – hour

# Superior Anti-Tumor Activity of STRO-004 in PDX (Patient Derived Xenograft ) Models at Clinically Relevant Dose Levels Compared to Tisotumab-Vedotin

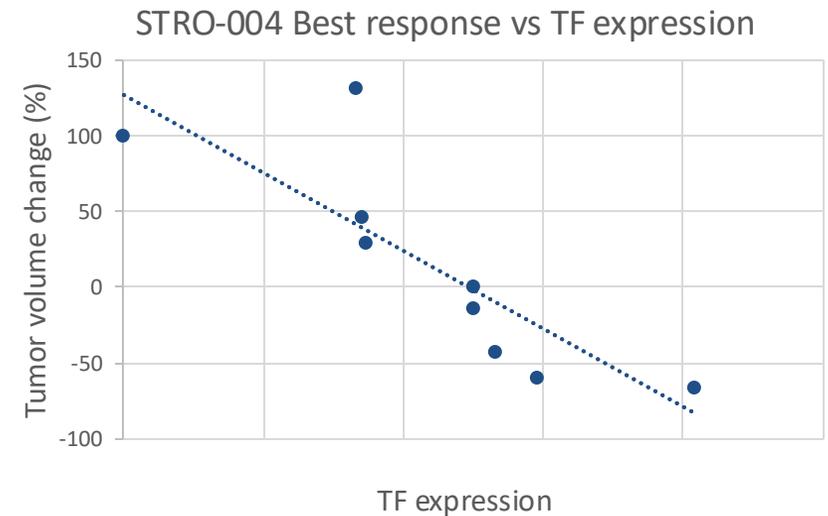
> 50% of Tumors Respond to STRO-004 at Low Dose



## Clinically Relevant ADC Dose

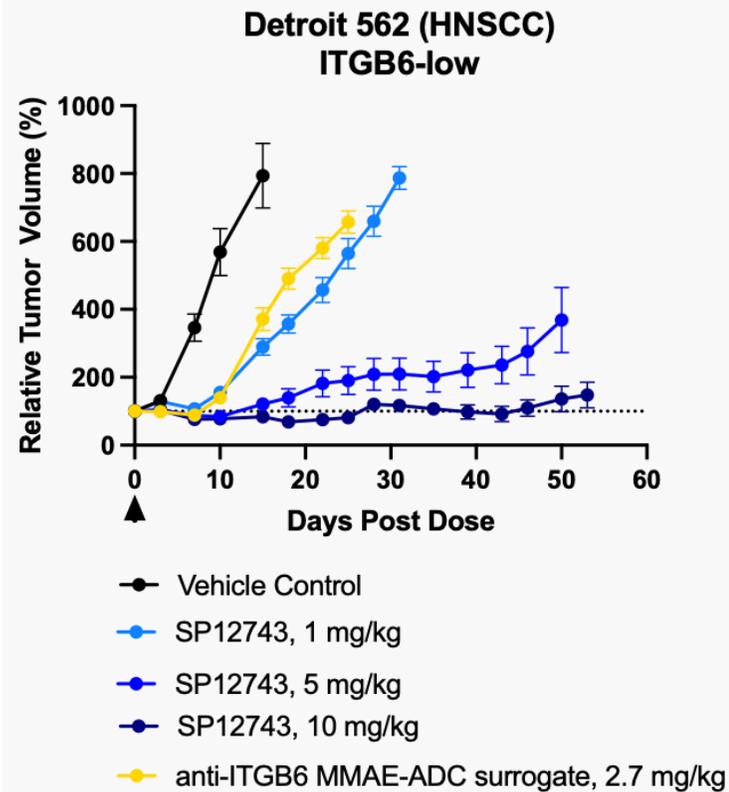
“ADCs administered at a similar weight-based [milligrams per kilogram (mg/kg)] dosing in mice that is tolerated in the clinic”

- Rubahamya & Thurber, Sci.Adv.2024

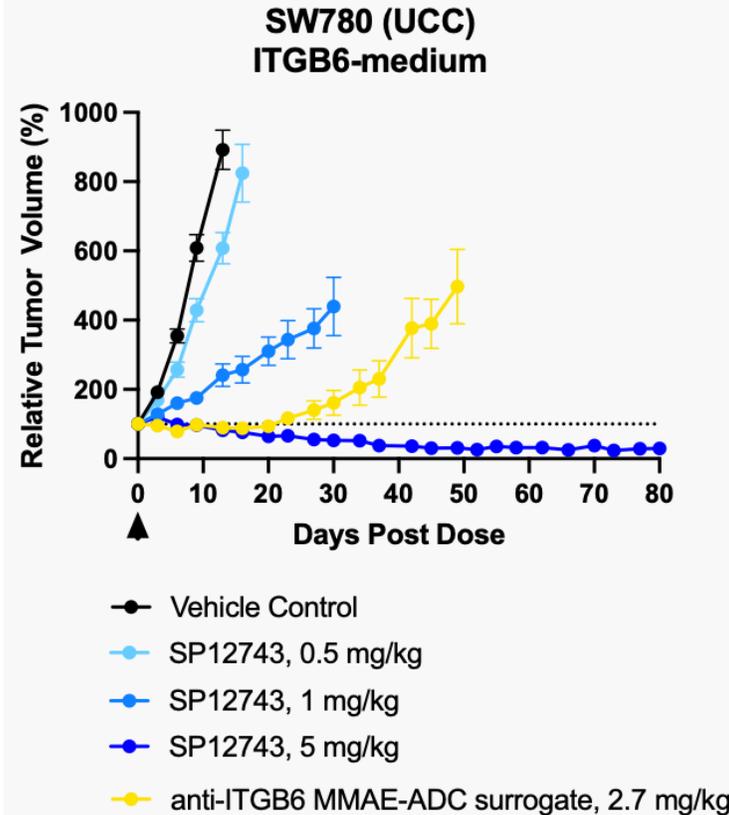


# Superior Anti-Tumor Activity of STRO-006 Compared to First Generation Integrin Beta 6 (ITGB6) ADCs at Clinically Relevant Dose Levels

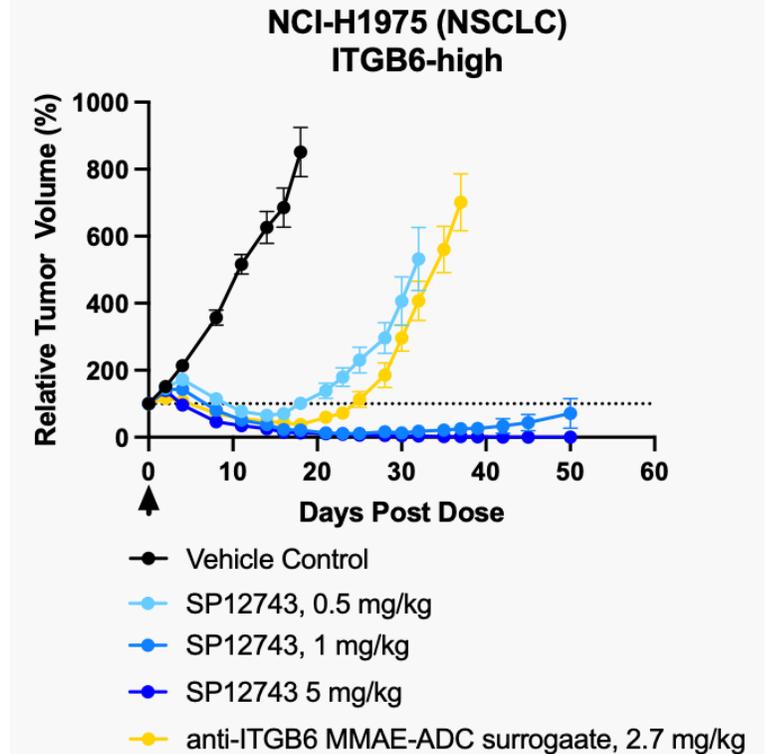
## Head and Neck (ITGB6+)



## Bladder (ITGB6++)

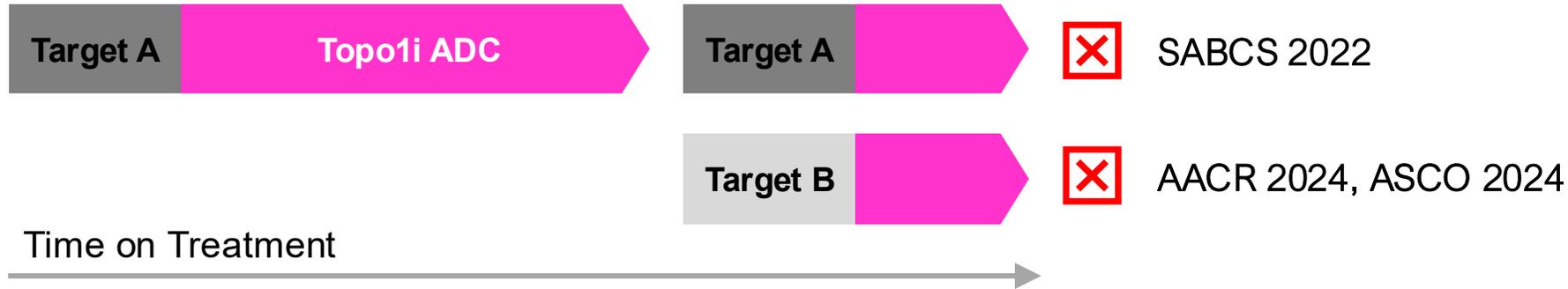


## Lung (ITGB6+++)

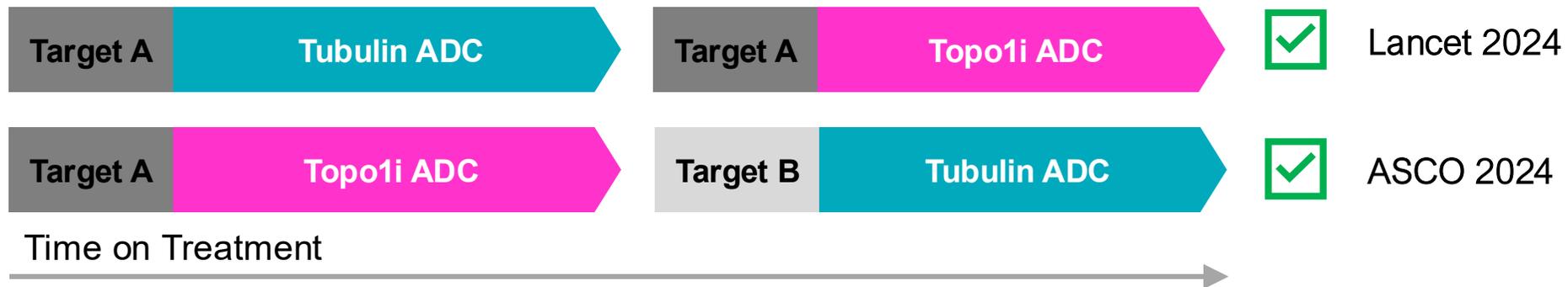


# Efficacy In Models Reflective of Emerging Resistance Towards ADCs

## Payload Resistance to Topo1i Limits ADC Efficacy, Irrespective of the Target Antigen

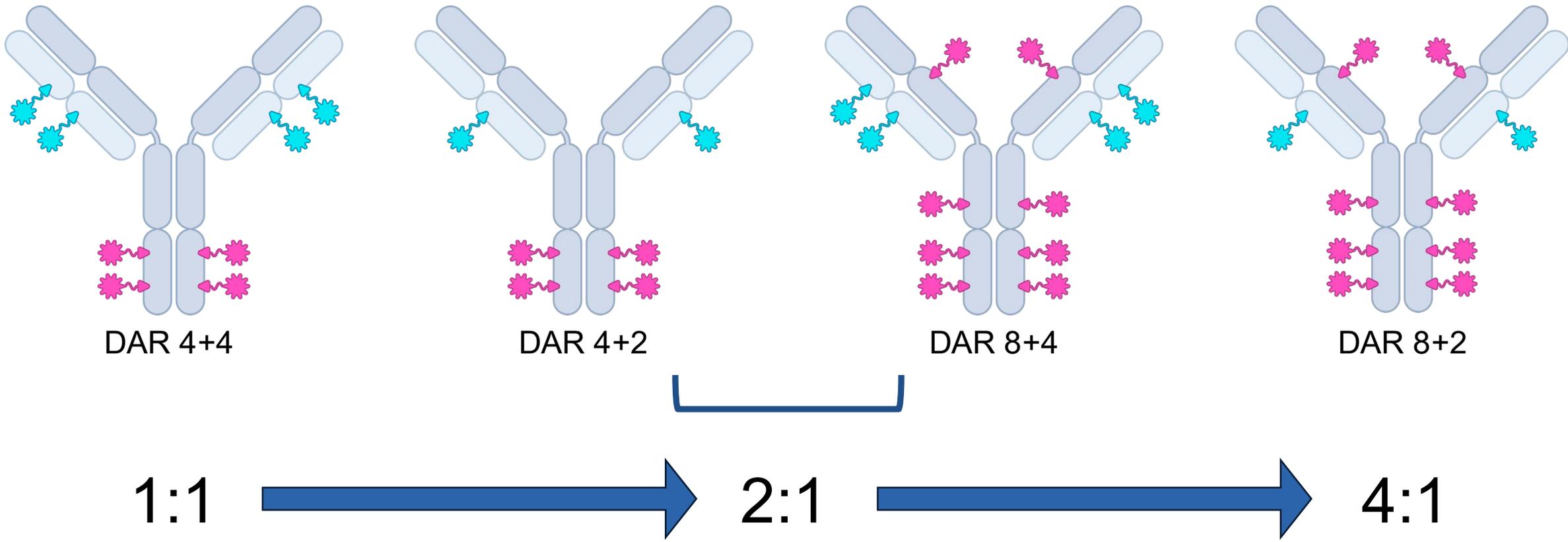


## Switching Payload Class Maintains ADC Efficacy, Irrespective of the Target Antigen

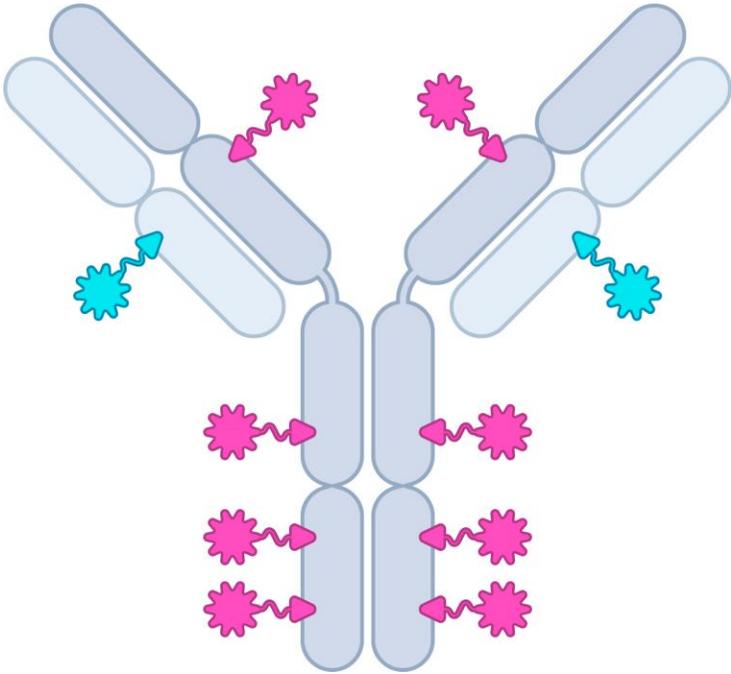


SABCS – San Antonio Breast Cancer Symposium; ASCO – American Society of Clinical Oncology

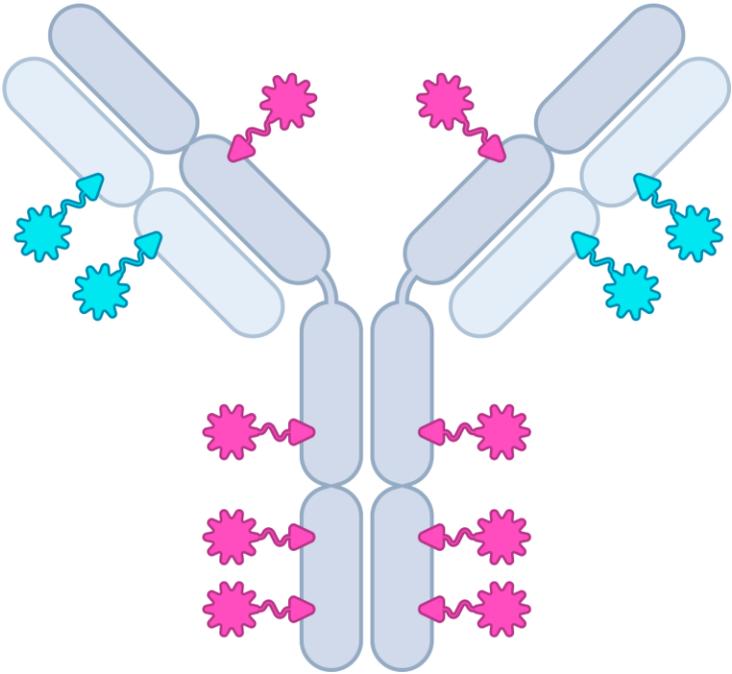
# Cell-Free Platform Enables Site-Specific Tuning of Linker-Payload Ratios



# Topo1 + MTI Dual-Payload Proof-of-Concept Targeting HER2

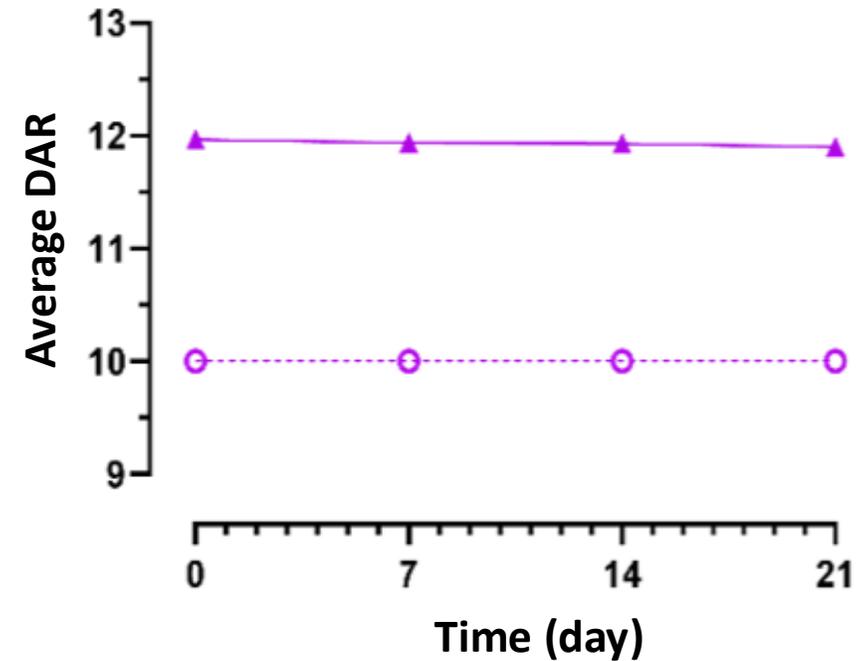
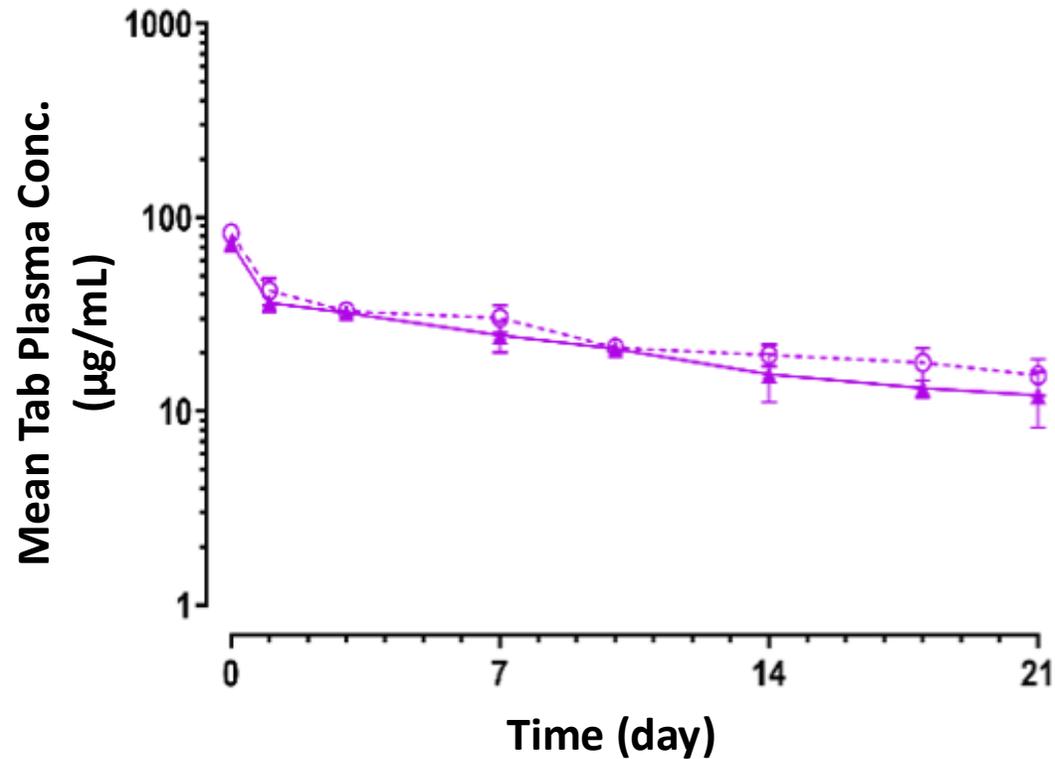


**8+2**



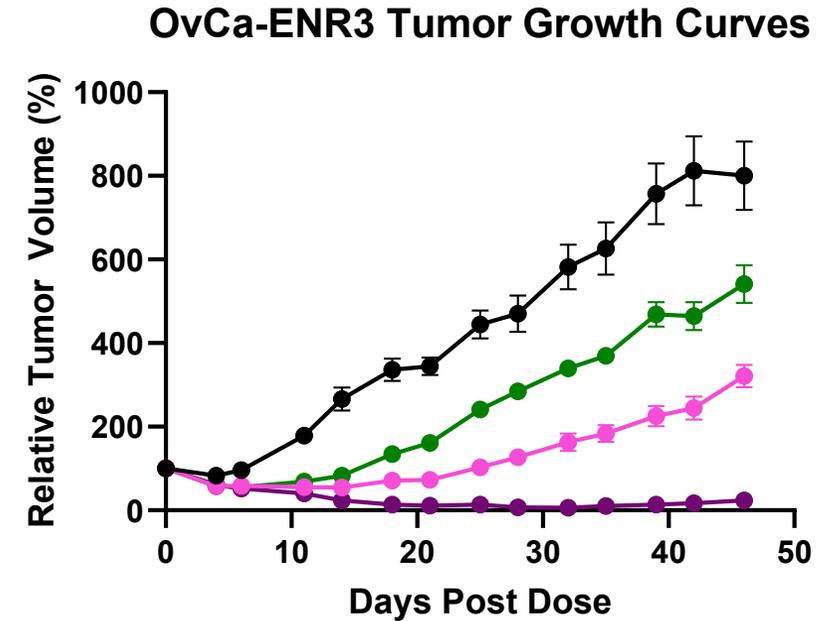
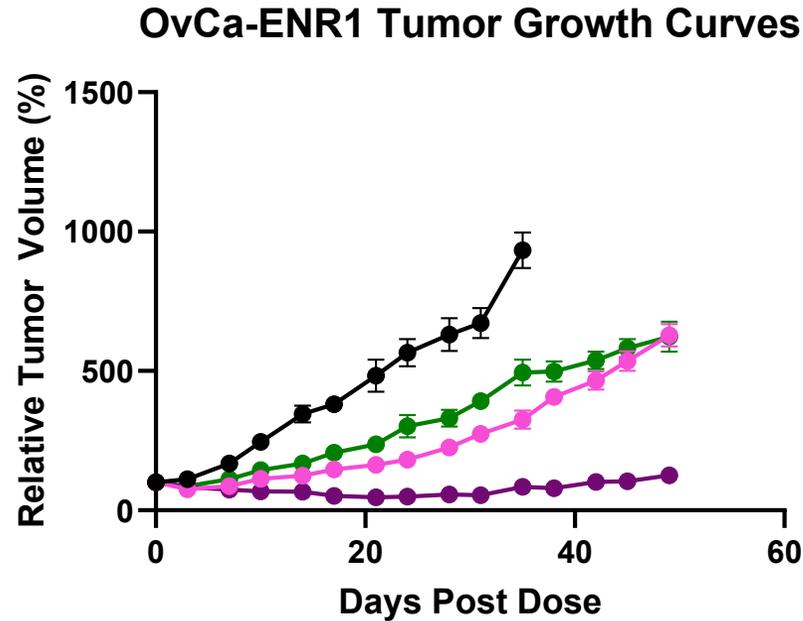
**8+4**

# Dual-Payload ADCs have Desirable *In Vivo* PK and Stability



	DAR		$Cl_{obs}$ (mL·d <sup>-1</sup> /kg)	$V_{ss}$ (mL/kg)	$t_{1/2}$ (days)
	Topo1i	MMAE			
○	8	2	3.3	75.8	16.3
▲	8	4	4.2	81.4	14

# Dual-Payload ADCs have Improved *In Vivo* Efficacy in Ovarian Cancer Model with Reduced Enhertu Sensitivity



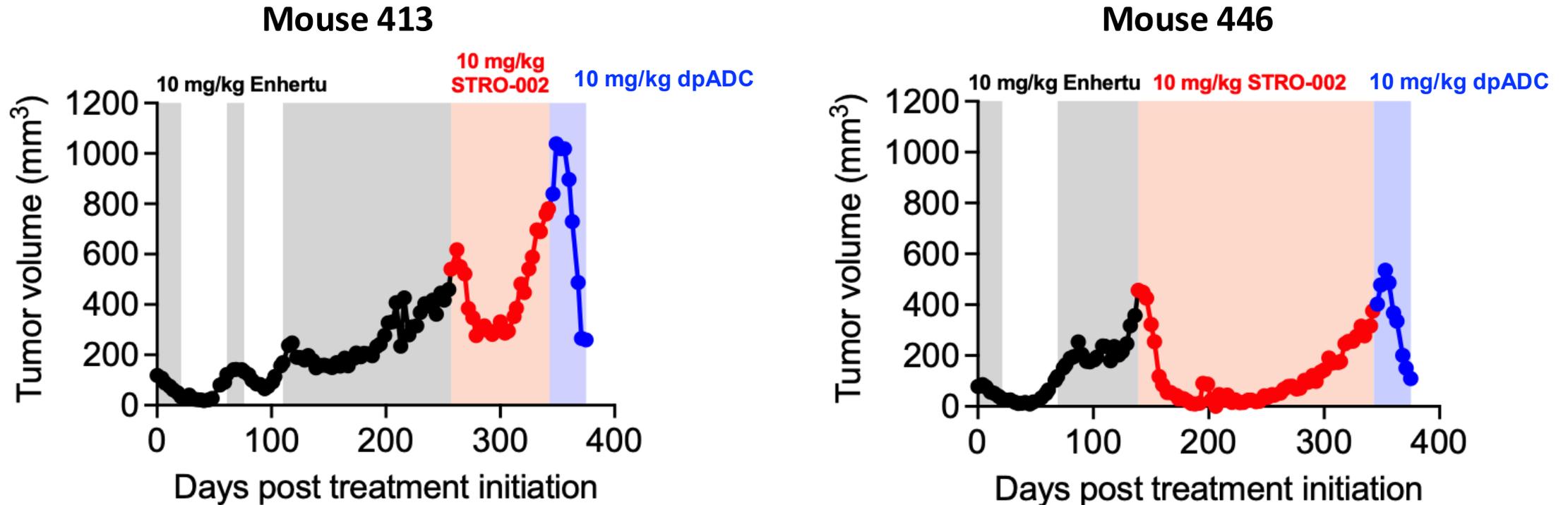
Vehicle control

Trastuzumab DAR8 Topo1i ADC (10 mg/kg)

Trastuzumab DAR8 Topo1i + DAR4 MTI (MMAE) dpADC (10 mg/kg)

Enhertu (10 mg/kg)

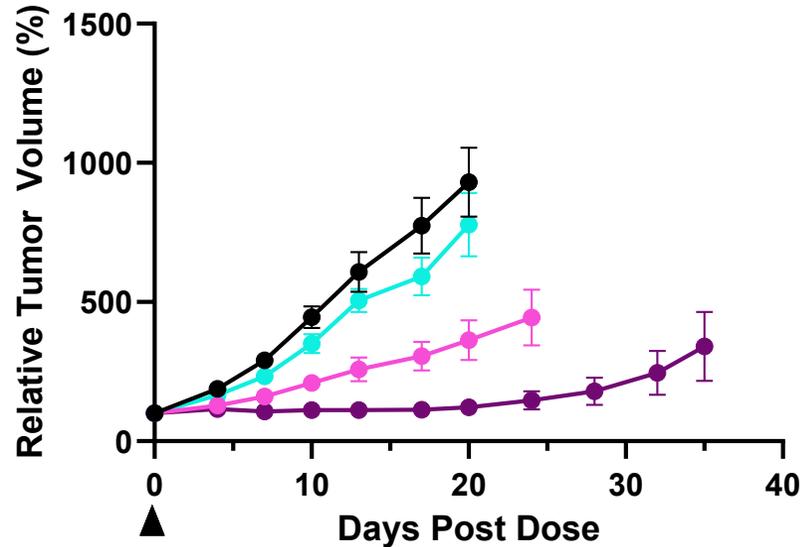
# Dual-Payload ADC Induces Tumor Regression After Sequential ADC Resistance



Mice with Enhertu-resistant tumors were switched onto STRO-002 treatment and subsequently onto dual-payload ADC after exhibiting STRO-002 resistance

# Dual-Payload ADCs have Improved *In Vivo* Efficacy in a CRC Xenograft Model

CRC Xenograft Tumor Growth Curve



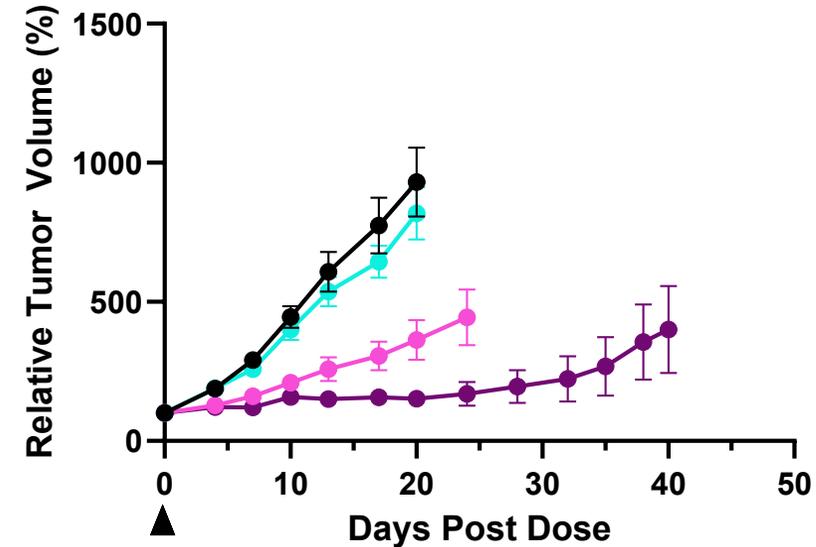
Vehicle control

Trastuzumab DAR4 MTI (MMAE) ADC (5 mg/kg)

Trastuzumab DAR8 Topo1i ADC (5 mg/kg)

Trastuzumab DAR8 Topo1i + DAR4 MTI (MMAE) dpADC (5 mg/kg)

CRC Xenograft Tumor Growth Curve



Vehicle control

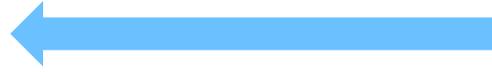
Trastuzumab DAR4 MTI (Hemi) ADC (5 mg/kg)

Trastuzumab DAR8 Topo1i ADC (5 mg/kg)

Trastuzumab DAR8 Topo1i + DAR4 MTI (Hemi) dpADC (5 mg/kg)

# Indications Poised to Benefit from Topo1i + anti-Tubulin Dual Payload ADCs

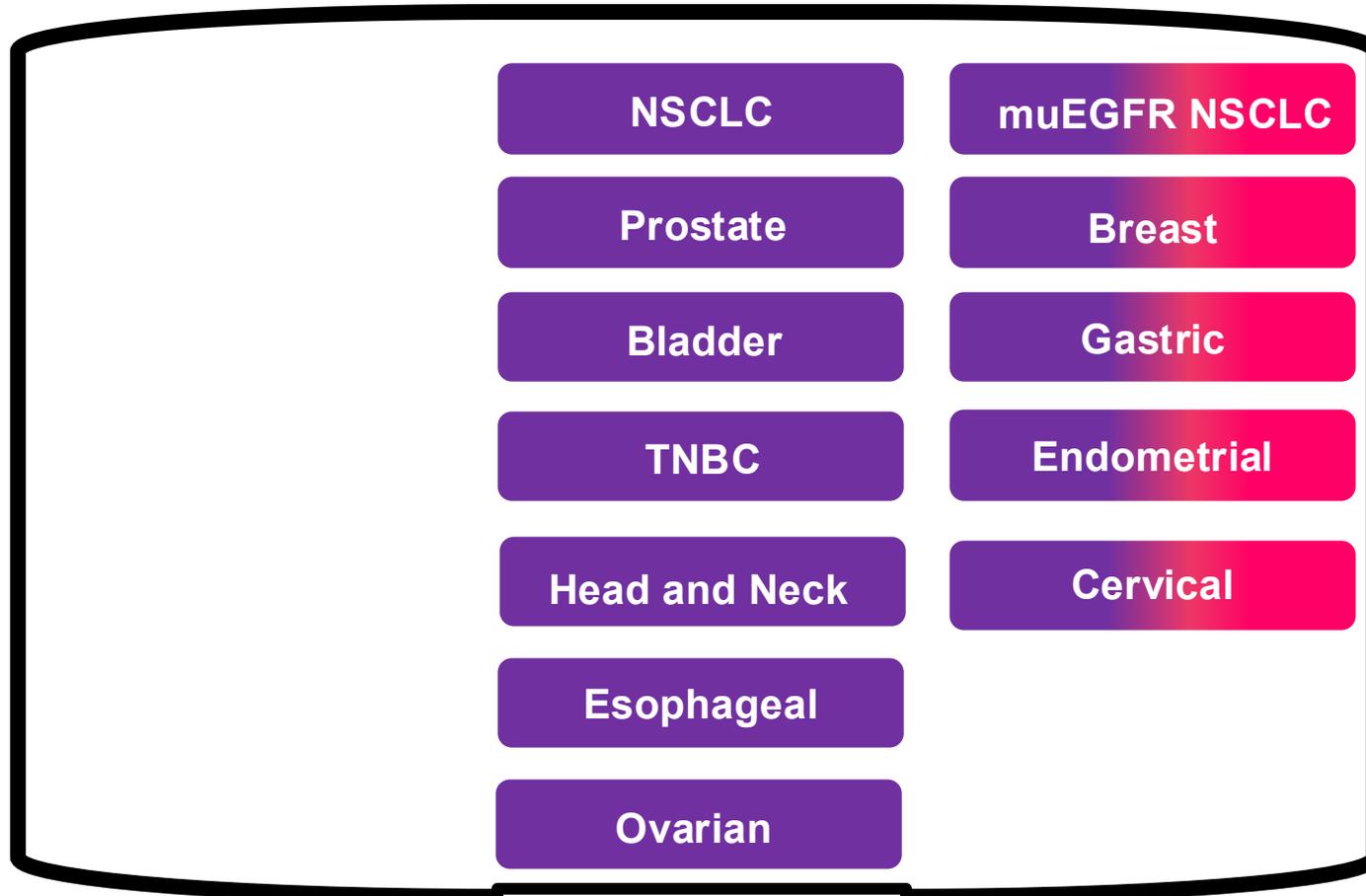
Sensitive to anti-Tubulin



Similar Sensitivity



Sensitive to Topo1 Inhibition



Potential Benefit from Dual Payload

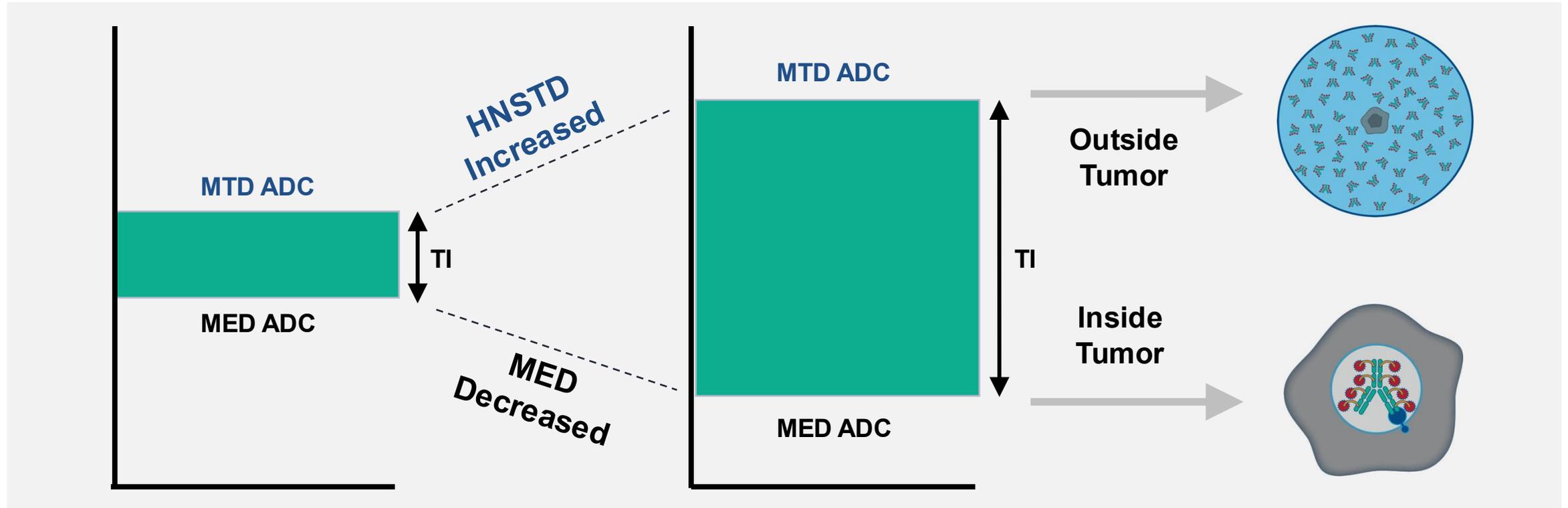
# Dual Payload ADCs: Innovative Method for Delivering Targeted Combination Therapy

	ADC + Chemo	ADC + ADC	Dual Payload ADC	Potential benefits of a dual payload ADCs for targeted combination therapy
<b>Safety</b> (Compared to small molecule combinations)	<p>Greater SAEs reported for ADC + chemo vs ADC<sup>1,2</sup></p>			<b>Improved tolerability</b> Through reduced systemic payload exposure
<b>Efficacy</b> (Control over delivery of drugs to same cell)		<p>Binding competition impacts efficiency of delivery (for same target)<sup>3</sup></p>		<b>Greater control over delivery</b> Both payloads delivered to the same cell at the same time
<b>Regulatory Simplicity</b>				<b>Reduced clinical complexity</b> Single agent regulatory data package, standard monotherapy dose escalation design
<b>Combination Study Simplicity</b>			<p>Combo with modalities such as ICI<sup>4</sup> that have shown improved outcomes with ADCs<sup>4</sup></p>	<b>Reduced cost</b> Potential for combination benefit in one product

Sources: 1. PMID: [27052654](#); 2. PMID: [23020162](#); 3. PMID: [34112795](#); 4. PMID: [36041086](#); ICI – Immune checkpoint inhibitor; TGI – Tumor growth inhibition; SAE – Severe adverse event

# Sutro's Platform Enables Therapeutic Index (TI) Improvements of ADCs

## Maximum Tolerated Dose (MTD) vs. Minimum Effective Dose (MED)



Adapted from Gerber et al, mAbs, 2023  
HNSTD – highest non-severely toxic dose

# Sutro is Recognized as Emerging Leader in Dual Payload ADCs: Dual Payload ADC Companies with Preclinical Data Released <sup>(1)</sup>

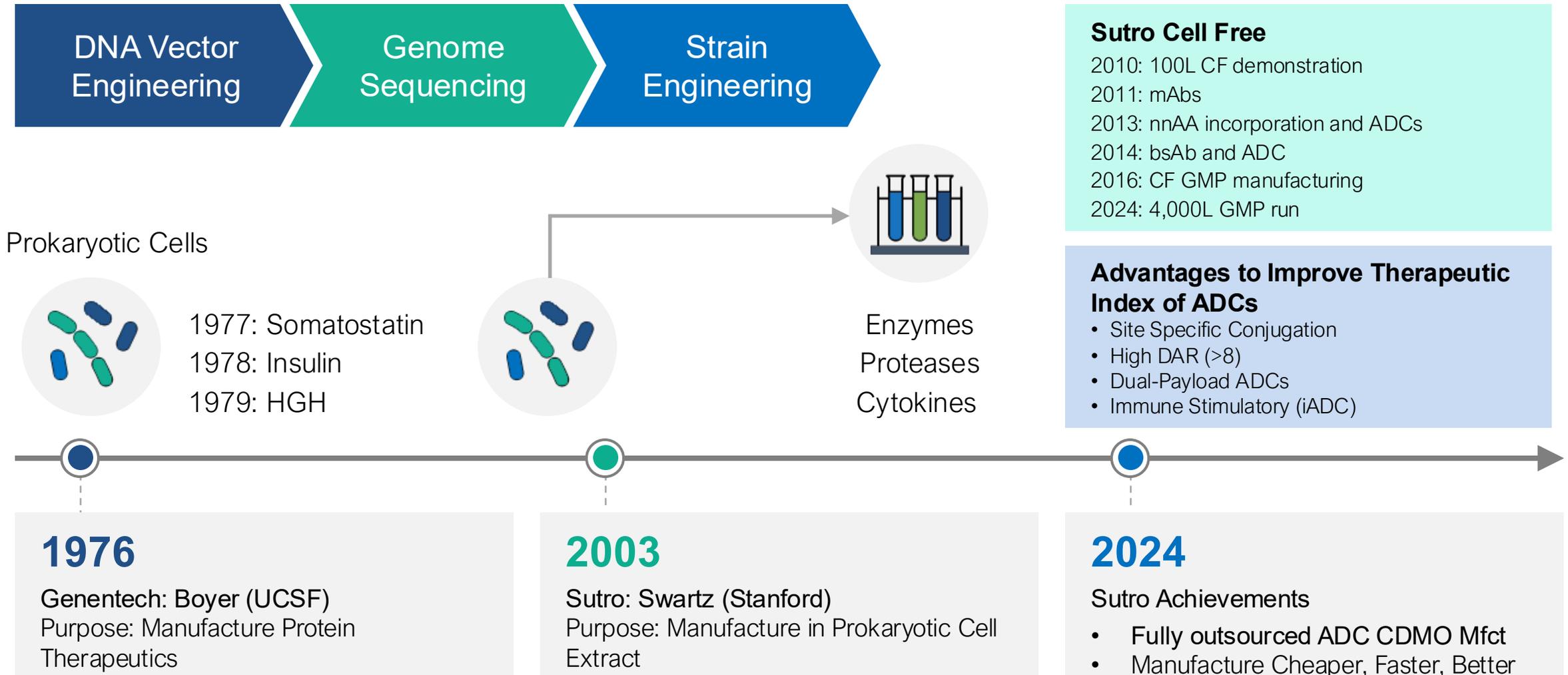
Company	Targets	Payloads	DAR	Single Payload Clinical	Target IND
	Her2/ND	Topo 1 x MTIs	8:2  8:4 	MTI: Ph3	2027
	Her2/TF/ND	Topo 1 x PARPi	8:2  8:8 	Topo1: 2025 IND	TBD
	ND	Topo 1 x IO	ND	IO: IND ND	iADC Astellas
	Trop2	Topo 1 x TKI	ND	Topo1: Ph3	-
	Her3	Topo 1 x IO	ND	IO, TKI: No	-
	Her2	Topo 1 x ATR	1:1 ratio 	No	-
	NaPi2b	Topo 1 x Topo 1	ND	No	-
	Her2	DXd x MTI	4:4 	No for MMAF	-
	Her2	DXd x TLR7	ND	No	-
	B7H3	MTI x TLR7	3-4: 7-14  	No	-

## Lack of Preclinical Reports from Pharma on Dual Payload ADCs

Source, Hanson Wade: Nov 2024 ADC; Digest: Dual Payload ADCs; ND = Nondisclosed; MTI = Microtubule inhibitor; TKI = Tyrosine Kinase inhibitor; ATR = Ataxia Telangiectasia and Rad3-related; TLR7 = Toll-like receptor 7

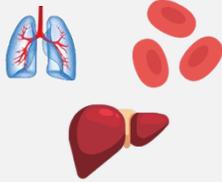
1. These data are derived from different clinical trials at different points in time, with differences in trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

# Sutro's ADC Platform is Fundamentally Different: Manufacturing of Proteins in Cell-Free Extracts



nnAA – non-natural amino acids; CF – cell-free; bsAb – bispecific antibody; GMP – good manufacturing practice

# Key Sutro Technologies to Reduce Platform Toxicities Outside the Tumor

	ADC	mAB	mAb	Linker	Conjugation Chemistry	Payload
<b>MOA inducing Tox</b>	Untargeted Pinocytosis	Impaired FcRn recycling	FcγR uptake	Cleavage outside tumor	De-conjugation	Catabolism "Detox"
<b>Toxicity Types</b>						
<b>Sutro Technology Improvements</b>	Linker design & mAB eng.	Site specific conjugation	Lack of FcγR engagement	Linker design & chemistry, site selection	Click chemistry	Payload & chemical engineering

PK – pharmacokinetics

# Differentiated Pipeline of ADCs, Each Designed for Improved Therapeutic Index and to Address Significant Unmet Need



## STRO-004 (TF)

Opportunity for pan-tumor application with validated target

- Designed for broad therapeutic benefit
- Chance to be best-in-class, and potentially first-in-class Topo1i DAR8
- **HNSTD non GLP safety in NHP: 50 mg/kg, CRs @ 1mg/kg**



## STRO-006 (ITGB6)

Sutro successfully identified specific and selective antibody where others have struggled

- All-comers potential across multiple tumor types with high unmet need
- Chance to be best-in-class
- **HNSTD non GLP safety in NHP: 25 mg/kg, CRs @ 1 mg/kg**



## Dual Payload Programs

Potential to overcome resistance by combining payloads

- Multiple dual payload approaches enabled by our novel proprietary platform
- Potential for deeper and more durable responses
- **Opportunity to pursue validated targets with a differentiated product profile**

TF – Tissue factor; HNSTD – Highest non-severely toxic dose; CR – Complete response

# Differentiation by Design: STRO-004 and STRO-006 in NSCLC

## Improved Therapeutic Index

### Better Safety

**ILD is a key adverse event to avoid in lung cancer patients:**  
Reduced ILD risk due to lack of FcγR engagement

### Better Efficacy

**Site-specific β-Glu linker avoids bone marrow toxicity that many other ADCs experience:**  
Higher dosing leads to higher exposure which will drive tumor responses

### Better Targets

**Trop-2 has real on-target toxic liabilities, limiting Trop-2 targeting ADCs:**  
TF and ITGβ6 may offer better tumor selectivity. PDX studies to identify the best NSCLC subsets are ongoing

# Pipeline of Next-Generation ADCs: Three New INDs Expected Over 3 Years

PROGRAM	MODALITY/TARGET	INDICATION	DISCOVERY	PRECLINICAL	PHASE 1/1B	PHASE 2	PHASE 3/ REGISTRATIONAL	WORLDWIDE OR GEOGRAPHIC PARTNER
<b>SUTRO-LED PROGRAMS</b>								
STRO-004	Tissue Factor ADC	Solid Tumors						
STRO-006	Integrin $\alpha\beta 6$	Solid Tumors						
STRO-00X	Dual Payload ADC	Solid Tumors						
STRO-00Y	Dual Payload ADC	Solid Tumors						
<b>PARTNER PROGRAMS</b>								
VAX-24	24-Valent Conjugate Vaccine	Invasive Pneumococcal Disease						VAXCYTE <i>protect humankind</i>
VAX-31	31-Valent Conjugate Vaccine	Invasive Pneumococcal Disease						
STRO-003	ROR1 ADC	Solid Tumors & Hematological Cancers						IPSEN
Undisclosed Programs	Immunostimulatory ADCs (iADCs)	Cancers						astellas

# Questions

