COMBINING TO CURE®

Arcus is at the forefront of designing precision combinations in the pursuit of cures for patients living with cancer.

3Q23 EARNINGS | CORPORATE PRESENTATION

November 2023

ARCUS BIOSCIENCES

Forward-looking Statements/Safe Harbor

This presentation contains forward-looking statements about Arcus Biosciences, Inc. ("we," "Arcus" or the "Company") made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. All statements regarding events or results to occur in the future contained in this presentation are forward-looking statements, including statements about: our strategy, advantages, and expectations, including regarding our productivity and competitiveness; expectation that our cash and investments are sufficient to fund operations into 2026; potential of our investigational products and portfolio; anticipated benefits of our collaborations with Gilead, Taiho and AstraZeneca; achievement and expected timing of clinical and developmental milestones, including clinical trial initiations and availability and presentation of clinical data; expected timing for our investigational products to be commercially available; possible first to market advantage for any of our investigational products; anticipated marketing or packaging strategies for any of our investigational products. These forward-looking statements are subject to a number of risks, uncertainties and assumptions that may cause actual results to differ materially from those contained in any forward-looking statements we may make, including, but not limited to: risks associated with preliminary or interim clinical data or preclinical data not being guarantees that future data will be similar; the unexpected emergence of adverse events or other undesirable side effects; difficulties or delays in initiating, conducting or completing our clinical trials due to difficulties or delays in the regulatory process, enrolling subjects or manufacturing or supplying product for such clinical trials, all of which may be exacerbated by unfavorable global economic, political and trade conditions; risks associated with our collaboration arrangement with Gilead including our dependence on Gilead for the successful development and commercialization of our investigational products; changes in the competitive landscape; our limited operating history and our ability to manage our growth; risks regarding our license and collaboration agreements and our ability to obtain and maintain intellectual property protection for our product candidates; and the inherent uncertainty associated with pharmaceutical product development and clinical trials.

We operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially and adversely from those anticipated or implied in the forward-looking statements. Further information on these and other factors that could affect the forward-looking statements made herein are described in our most recent Annual Report on Form 10-K and Quarterly Report on Form 10-Q filed with the U.S. Securities and Exchange Commission.

You should not rely upon forward-looking statements as predictions of future events. Except as required by law, neither we nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements. We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations.

All of Arcus's molecules are investigational and Arcus (and Gilead for all of the molecules in each optioned program) has not received approval from any regulatory authority for any use globally, nor established the safety and efficacy of these investigational molecules.

ARCUS BIOSCIENCES

Arcus Has Created a Late-stage Portfolio of Differentiated Assets, Fueled by a Highly Productive R&D Engine

~$950M

in cash, cash equivalents & marketable securities

FUNDING INTO 2026

GLOBAL, LATE-STAGE COMPANY

Diverse portfolio of clinical-stage molecules targeting IO and cell-intrinsic pathways

4 PHASE 3 STUDIES IN LUNG (3) & UPPER GI (1)

ARC-10 · STAR-121 · PACIFIC-8 · STAR-221

2023 MILESTONES

Dom (TIGIT)

- ✓ ARC-7 ASCO oral presentation, all 150 pts
- ✓ EDGE-Gastric initial ORR data 4Q23

AB521 (HIF-2α)

- ▪ ARC-20 initial dose escalation data in early 2024
- ▪ Initiate Phase 2 kidney cancer study in 4Q23

Quemli (CD73)

- ✓ ARC-8 mature OS

Etruma (A2R)

- ▪ ARC-9 data 1H24

AB598 (CD39)

- ✓ Initiate Phase 1 2Q23

AB801 (Axl)

- ✓ Initiate Phase 1 4Q23

TOP TIER PARTNERS

GILEAD

AstraZeneca

TAIHO PHARMA

PRODUCTIVE RESEARCH ORGANIZATION

1-2 new development candidates a year

2 new FIH in 2023:

- ✓ AB598 oncology
- ✓ AB801 oncology

✓ = IND Cleared by FDA

FIH: first in human: GI: gastrointestinal; IO: immuno-oncology

ARCUS BIOSCIENCES

Arcus Has a Broad Portfolio of Investigational Molecules with Best-in-Class Potential, Enabling Differentiated Combination Therapies

DIFFERENTIATED SMALL MOLECULES

quemliclustat (AB680): First-in-class small-molecule CD73 inhibitor; generated early evidence of clinical activity in pancreatic cancer; enrolling new cohorts in lung cancer

AB521: Highly potent and selective HIF-2α inhibitor; a Phase 1/1b study in cancer patients is ongoing

etrumadenant (AB928): First-in-class dual $A_{2a}R$ / $A_{2b}R$ antagonist; generated early evidence of clinical activity in colorectal cancer

DIFFERENTIATED ANTI-TIGIT + ANTI-PD-1 BACKBONE

domvanalimab (AB154): Potential best in class anti-TIGIT monoclonal antibody (mAb; **Fc silent**) – multiple ongoing Phase 2 and 3 studies enrolling

zimberelimab (AB122): Anti-PD-1 mAb; approved in China for classical Hodgkin Lymphoma (cHL) and cervical cancer*

NEXT-GENERATION PROGRAMS

Oncology: AB598, anti-CD39 mAb

Oncology: AB801, small molecule Axl inhibitor

Non-Oncology: Small molecule KIT inhibitor (inflammation)

WORLD-CLASS DRUG DISCOVERY

*Gloria Biosciences secured China approvals; it holds commercial rights to zim in China and conducts its activities independently from Arcus

ARCUS BIOSCIENCES

Four Phase 3 Studies Initiated in Lung and Upper GI Cancers

	PHASE 1/1b	PHASE 2	PHASE 3
DOMVANALIMAB (DOM) (Fc-silent anti-TIGIT)		**1L / 2L Upper GI Malignancies (EDGE-Gastric)** **dom +/- zim +/- quemli** +/- FOLFOX	**1L NSCLC, PD-L1 ≥50% (ARC-10)** **dom** + **zim** vs. pembro
		1L / 2L NSCLC (Velocity-Lung) ★ **dom** +/- **zim** +/- sacituzumab govitecan	**Stage III, unresectable, PD-L1≥1% NSCLC (PACIFIC-8)** ★ **dom** + durvalumab vs. durvalumab
		1L / 2L NSCLC, All Comers (EDGE-Lung) **dom** +/- **zim** +/- **quemli** +/- chemo	**1L NSCLC, PD-L1 All Comers (STAR-121)** ★ **dom** + **zim** + chemo vs. pembro + chemo vs. **zim** + chemo
		1L NSCLC, PD-L1 ≥50% (ARC-7) **dom** + **zim** +/- **etruma** vs **zim**	**1L Upper GI Malignancies (STAR-221)** **dom** + **zim** + chemo vs. nivo + chemo
QUEMLICLUSTAT (QUEMLI) (CD73)	**1L, 2L Pancreatic Cancer (ARC-8)** **quemli** + **zim** + gem/nab-pac vs. **quemli** + gem/nab-pac		
ETRUMADENANT (ETRUMA) (A2a/A2b)		**2L / 3L+ mCRC (ARC-9)** **etruma** + **zim** + FOLFOX/bev vs. FOLFOX/bev **etruma** + **zim** + FOLFOX/bev vs. regorafenib	
AB521 (HIF-2a)	**2L+, inc. ccRCC (ARC-20)** **AB521** monotherapy		
AB598 (CD39)	**1L (ARC-25)** **AB598** +/- **zim** + chemo		
AB801 (AXL)	**2L+ (ARC-27)** **AB801** +/- chemo + **zim**		

★ PACIFIC-8 is being operationalized by AstraZeneca. STAR-121 and Velocity-Lung are being operationalized by Gilead Sciences.

bev: bevacizumab, dom: domvanalimab, etruma: etrumadenant, gem/nab-pac: gemcitabine/nab-paclitaxel, inc: including; nivo: nivolumab, pembro: pembrolizumab, quemli: quemliclustat, zim: zimberelimab
CRC: colorectal cancer, ccRCC: clear cell renal cell carcinoma, GI: gastrointestinal cancers (gastric, gastroesophageal junction, and esophageal adenocarcinoma), NSCLC: non-small cell lung cancer, PDAC: pancreatic ductal adenocarcinoma

NSCLC | Advanced Malignancies | PDAC | CRC | Upper GI

Our Partnerships Greatly Expand & Accelerate Opportunities Inherent in Arcus's Portfolio

10-YEAR "ALL-IN" COLLABORATION

- **Nearly $1.4b in non-dilutive payments and equity investments from Gilead**
  - Includes $725mm in option payments in 1Q22
  - Gilead holds ~19% equity stake in Arcus
- Opted in to 5 of Arcus's clinical-stage molecules
- Gilead equally shares co-development costs for the global joint development program
- Gilead has option rights to molecules from current and future programs
- Arcus retains U.S. co-commercial rights

COLLABORATION FOR JAPAN AND OTHER TERRITORIES IN ASIA (EX-CHINA)

- Facilitates global development & commercialization of Arcus molecules
- **Up to $275mm in development, regulatory and commercial milestones per program**
  - First clinical development milestone achieved in 3Q 2023
- Tiered royalties from high-single digit to mid-teens on net sales
- Option rights exercised for majority of Arcus's clinical portfolio — dom, zim, etruma and AB308

CLINICAL COLLABORATION FOR DOMVANALIMAB PLUS DURVALUMAB

- **Companies collaborating on PACIFIC-8, a Phase 3 registrational trial sponsored by AstraZeneca**
- Further validates Arcus's position at forefront of anti-TIGIT field
- Leverages AstraZeneca's leadership in the curative-intent Stage 3 NSCLC setting
- Retained economics on respective molecules
- Financial terms enable efficient utilization of capital

~$950M IN CASH, CASH EQUIVALENTS AND MARKETABLE SECURITIES AS OF 9/30/2023 AND FUNDING EXPECTED INTO 2026

Multiple Readouts Expected in 2023

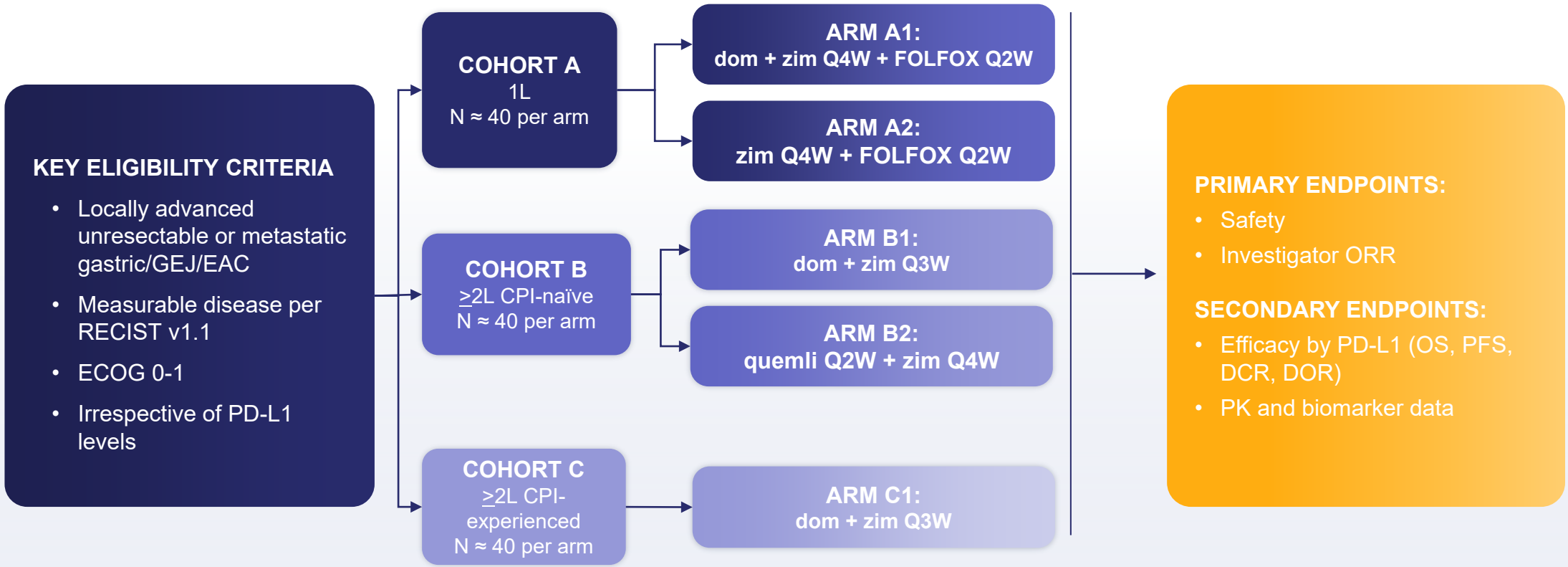
	COMBINATION / ARMS	SETTING	ANTICIPATED MILESTONE
ARC-7	**dom** + **zim** *vs.* **zim** *vs.* **etruma** + **dom** + **zim**	Randomized Phase 2 in 1L mNSCLC (PD-L1 ≥ 50%)	✓ Data presented at ASCO reinforce ongoing Phase 3 development program
ARC-8	**quemli** + gem/nab-pac +/- **zim**	Phase 1/1b in 1L mPDAC	✓ Analysis of mature OS was encouraging relative to historical benchmarks for chemo alone • These data will be presented in early 2024
ARC-9	**etruma** + **zim** + FOLFOX *vs.* SOC	Randomized Phase 2 in 2L/3L+ mCRC	• Data expected in 1H24
ARC-20	**AB521** (HIF-2α)	Phase 1/1b in cancer patients	• Initial dose escalation data in early 2024
EDGE-Gastric	**dom** + **zim** + FOLFOX	Phase 2 in 1L/2L upper GI cancers	✓ ORR and 6-month PFS data presented during ASCO Monthly Plenary Series 4Q23

dom: domvanalimab; etruma: etrumadenant; gem/nab-pac: gemcitabine/nab-paclitaxel; quemli: quemliclustat; SOC: standard of care; zim: zimberelimab; CRPC: castrate-resistant prostate cancer; m: metastatic; NSCLC: non-small cell lung cancer; PDAC: pancreatic ductal adenocarcinoma; PFS: progression-free survival; ORR: objective response rate; OS: overall survival; GI: gastrointestinal

Summary of EDGE-Gastric Arm-A1 Results and Domvanalimab Clinical Program in Upper GI Cancers

Data presented at the November 2023 ASCO Plenary Series, based on data cut off of September 4, 2023.

Phase 2 Trial to Evaluate Dom + Zim + Chemo (cohort A1) in Advanced Upper Gastrointestinal Tract Malignancies



CPI, checkpoint inhibitor; DCR, disease control rate; DOM, domvanalimab; DOR, duration of response; EAC, esophageal adenocarcinoma; ECOG, Eastern Cooperative Oncology Group; FOLFOX, oxaliplatin 85 mg/m^2 IV, leucovorin 400 mg/m^2 IV, fluorouracil 400 mg/m^2 IV bolus + 2400 mg/m^2 continuous 46-48-hour IV infusion; GEJ, gastroesophageal junction; IV, intravenous; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PK, pharmacokinetics; QUEMLI, quemliclustat; Q2W, every two weeks; Q3W, every three weeks; Q4W, every four weeks; ZIM, zimberelimab.

Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

Arm A1 - First-Line Metastatic Gastric/GEJ/EAC Cohort

At the 4 September 2023 data cutoff, the minimum follow up was 6 months.

DCR, disease control rate; DOM, domvanalimab; DOR, duration of response; EAC, esophageal adenocarcinoma; FOLFOX, oxaliplatin 85 mg/m^2 IV, leucovorin 400 mg/m^2 IV, fluorouracil 400 mg/m^2 IV bolus + 2400 mg/m^2 continuous 46-48-hour IV infusion; GEJ, gastroesophageal junction; ORR, objective response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PK, pharmacokinetics; Q2W, every two weeks; Q4W, every four weeks; Q6W, every six weeks; Q12W, every twelve weeks; ZIM, zimberelimab

Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

Baseline Characteristics Are Consistent With Expectations for this Patient Population

Characteristic	Arm A1 N=41, n (%)
Mean age, years (range)	61 (30 to 82)
Male	24 (59)
Region	
United States/France	22 (54)
Korea	19 (46)
ECOG status: 1	24 (59)
Primary location of stomach	26 (63)
Liver metastases	13 (32)
Peritoneal metastases	14 (34)
PD-L1 TAP score category (Central Lab)*	
TAP Score <5%	24 (59)
TAP Score ≥5%	15 (37)
TAP Score Unknown†	2 (5)
MSI status	
MSI High	1 (2)
MSS/MSI Low	24 (59)
Unknown/Missing	16 (39)

*Ventana SP263 assay used for all TAP scores
†1 patient sample not evaluable and no additional tissue available; 1 patient did not have tissue available
ECOG, Eastern Cooperative Oncology Group; MSI, microsatellite instability status; MSS, microsatellite stable; TAP, tumor area positivity

- As of the 4 September 2023 data cutoff, all 41 patients received study treatment* and are included in the analysis of efficacy ("efficacy evaluable") and safety
- 17 patients (41%) have discontinued all study treatment
  - Disease progression (n=12, 29%)
  - Start of new anticancer therapy (n=2, 5%)
  - Withdrawal by subject (n=2, 5%)
  - Other (n=1, 2%)
- 7 patients (17%) discontinued from the study†

Efficacy-evaluable: all treated patients with at least 2 post-baseline disease assessments or who discontinued treatment prior to achieving 2 disease assessments
*One patient did not receive leucovorin due to institutional standard practice
†Reasons for study discontinuation were: death (n=2); patient withdrawal (n=4); other protocol-defined disease progression, physician's decision (n=1)

Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

Objective Response Rate per RECIST v1.1

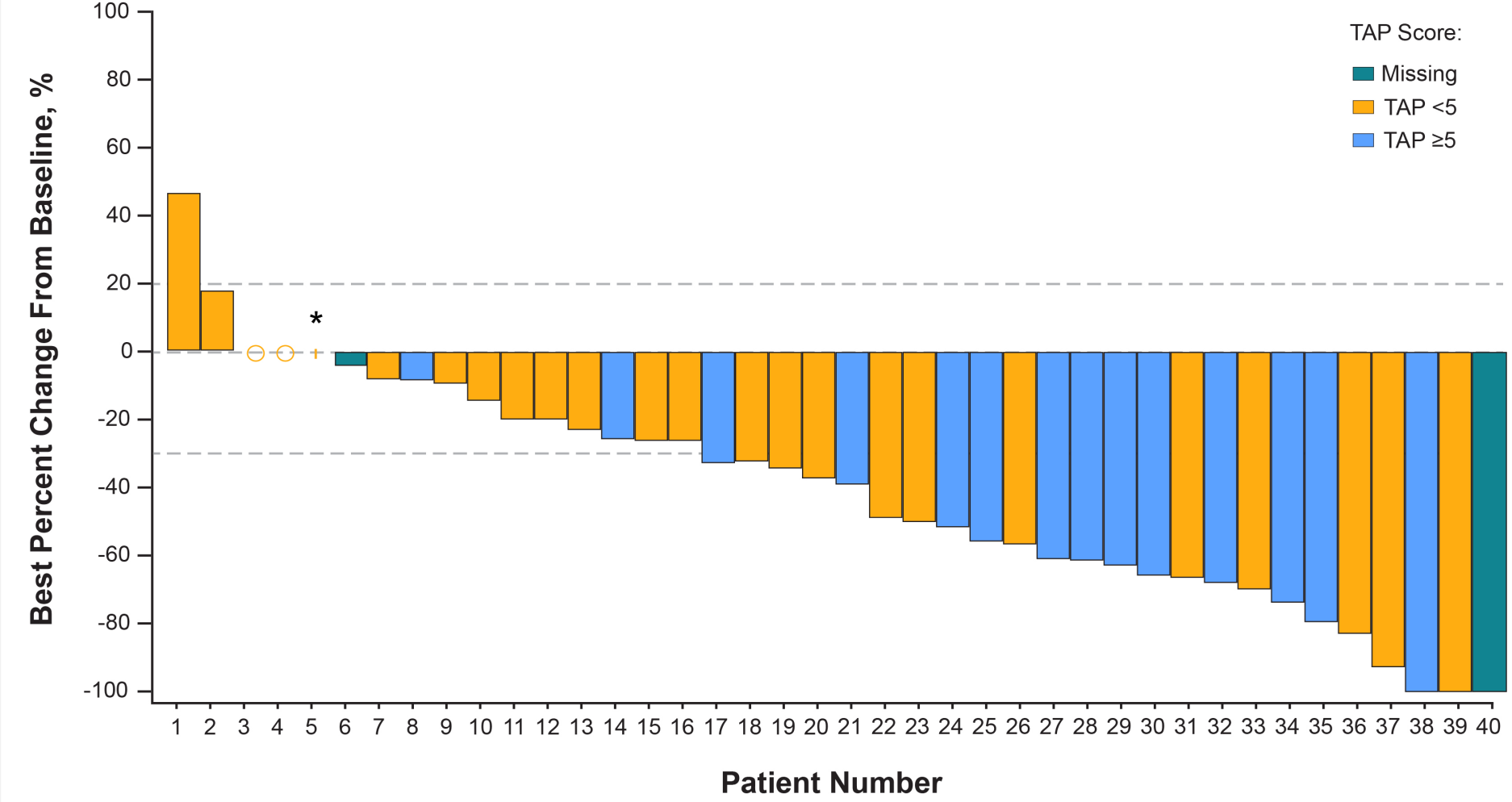
- As of the 4 September 2023 data cutoff, 24 patients (59%) continued on study treatment

	PD-L1 High* (TAP ≥5%) N=15 n (%)	PD-L1 Low* (TAP <5%) N=24 n (%)	Efficacy-Evaluable N=41 n (%)
ORR, % [95% CI]	**80 [52, 96]**	**46 [26, 67]**	**59 [42, 74]**
Confirmed ORR, % [95% CI]	73 [45, 92]	46 [26, 67]	56 [40, 72]
Confirmed Complete Response	1 (7)	0	2 (5)
Confirmed Partial Response	10 (67)	11 (46)	21 (51)
Unconfirmed Partial Response†	1 (7)	0	1 (2)
Stable Disease	3 (20)	10 (42)	14 (34)
Progressive Disease	0	2 (8)	2 (5)
No Post-Baseline Scan	0	1 (4)	1 (2)

CI, confidence interval; ORR, objective response rate; TAP, tumor area positivity.
*Tumor samples from 39 patients were available for central PD-L1 testing.
† One partial response was not confirmed and the patient has discontinued study treatment as of the data cutoff.

Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

Almost All Patients Experience Some Benefit



*MSI-high

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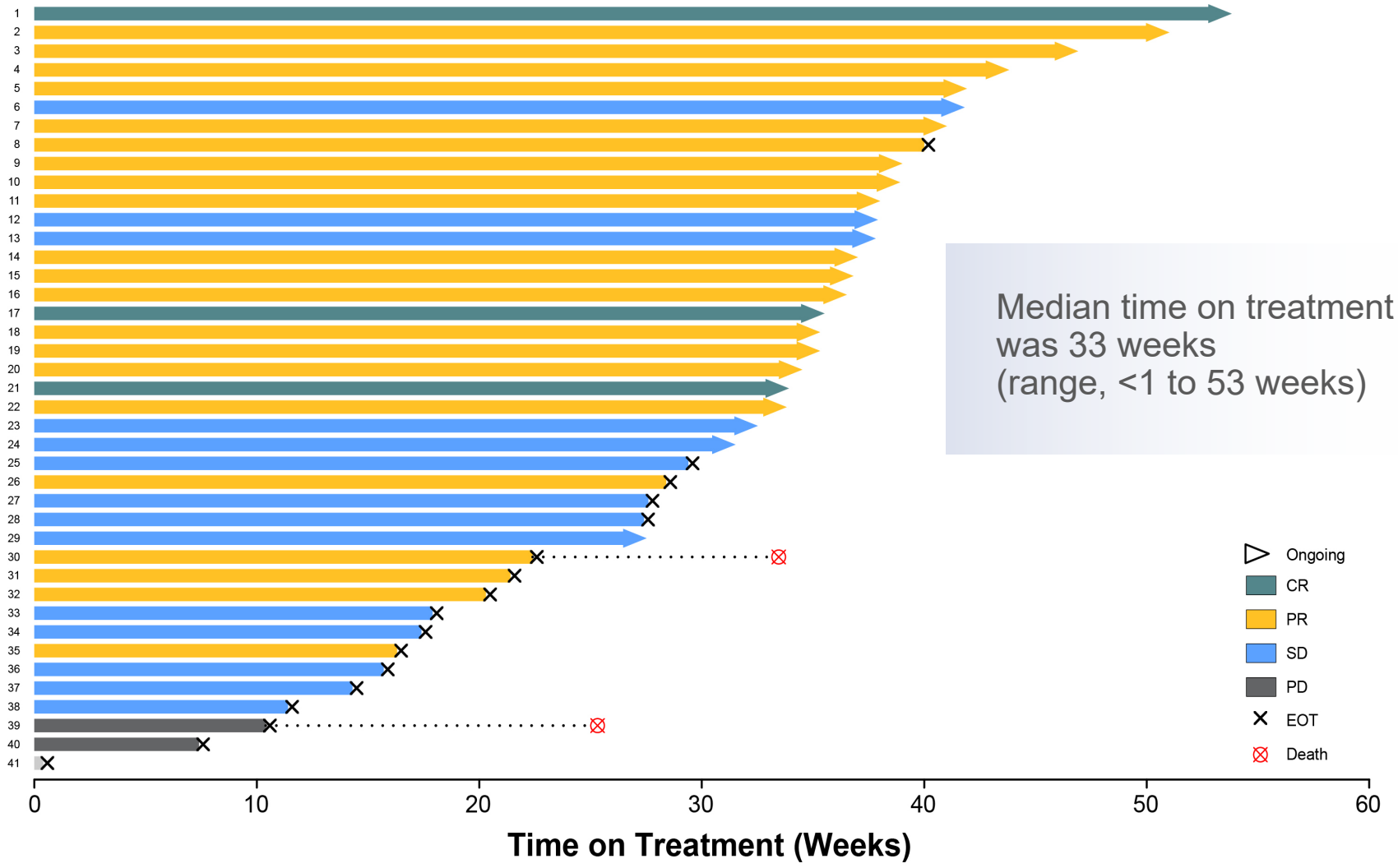
Median Time on Treatment Exceeds 7 Months



Median time on treatment was 33 weeks (range, <1 to 53 weeks)

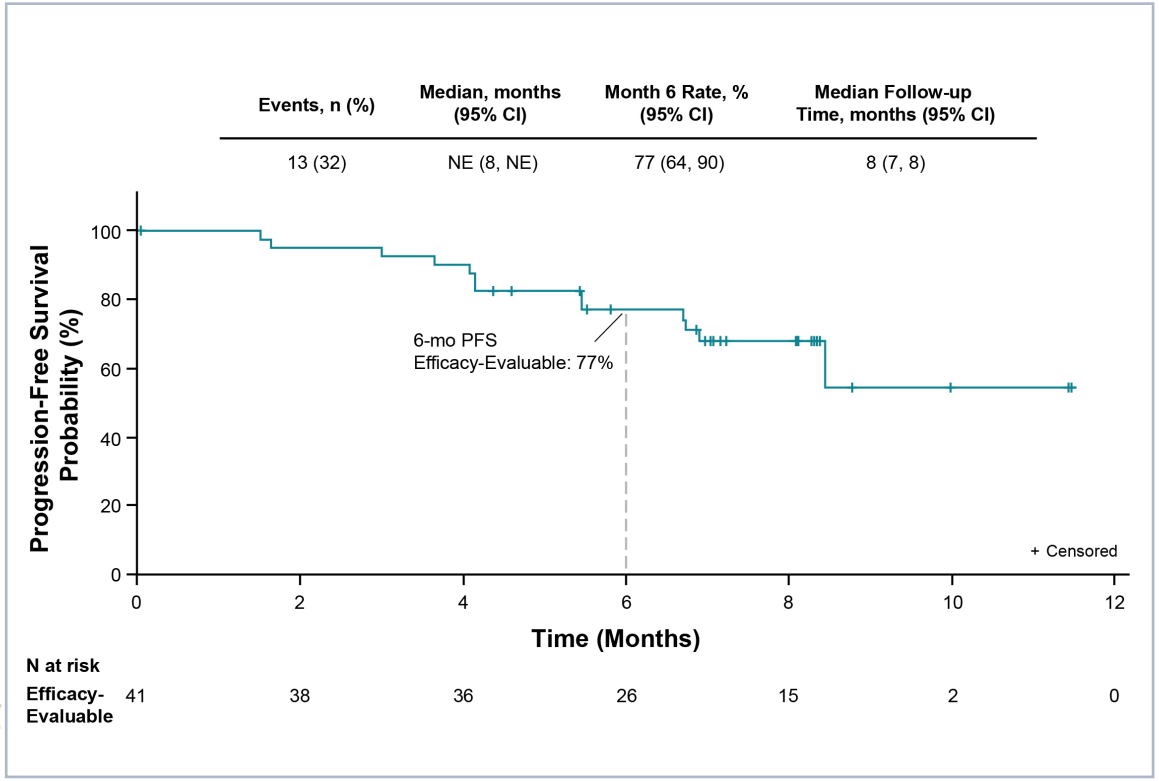
Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

ORR by PD-L1 Expression by TAP and CPS are Similar

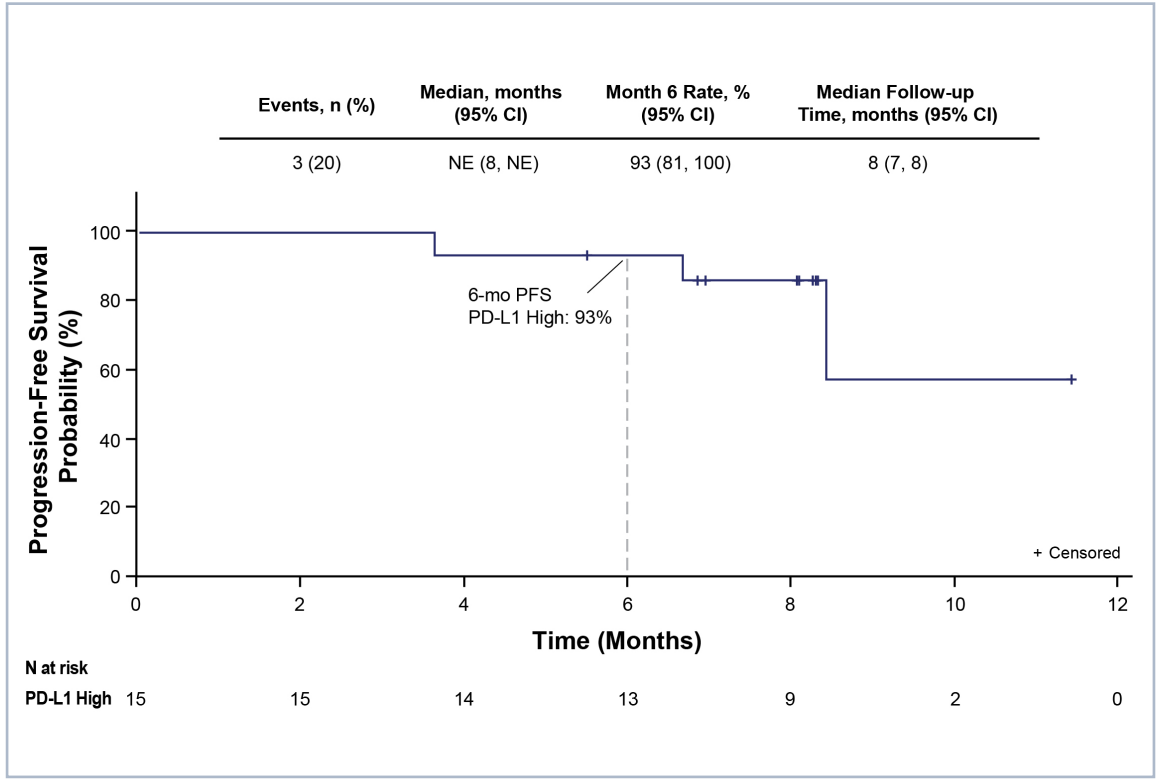
	PD-L1 High (TAP ≥ 5) N=15 n (%)	PD-L1 Low (TAP < 5) N=24 n (%)	PD-L1 High (CPS ≥ 5) N=19 n (%)	PD-L1 Low (CPS < 5) N=18 n (%)
ORR, % [95% CI]	**80 [52, 96]**	**46 [26, 67]**	**79 [57, 91]**	**44 [25, 66]**
Confirmed ORR, % [95% CI]	73 [45, 92]	46 [26, 67]	74 [51, 88]	44 [25, 66]
Confirmed Complete Response	1 (7)	0	0	1 (6)
Confirmed Partial Response	10 (67)	11 (46)	14 (74)	7 (39)
Unconfirmed Partial Response	1 (7)	0	1 (5)	0
Stable Disease	3 (20)	10 (42)	3 (16)	9 (50)
Progressive Disease	0	2 (8)	1 (5)	0
No Post-Baseline Scan	0	1 (4)	0	1 (6)

Kaplan-Meier Estimate of Progression-Free Survival Per RECIST v1.1

Efficacy-Evaluable (N=41)



PD-L1 High (TAP ≥5%, N=15)

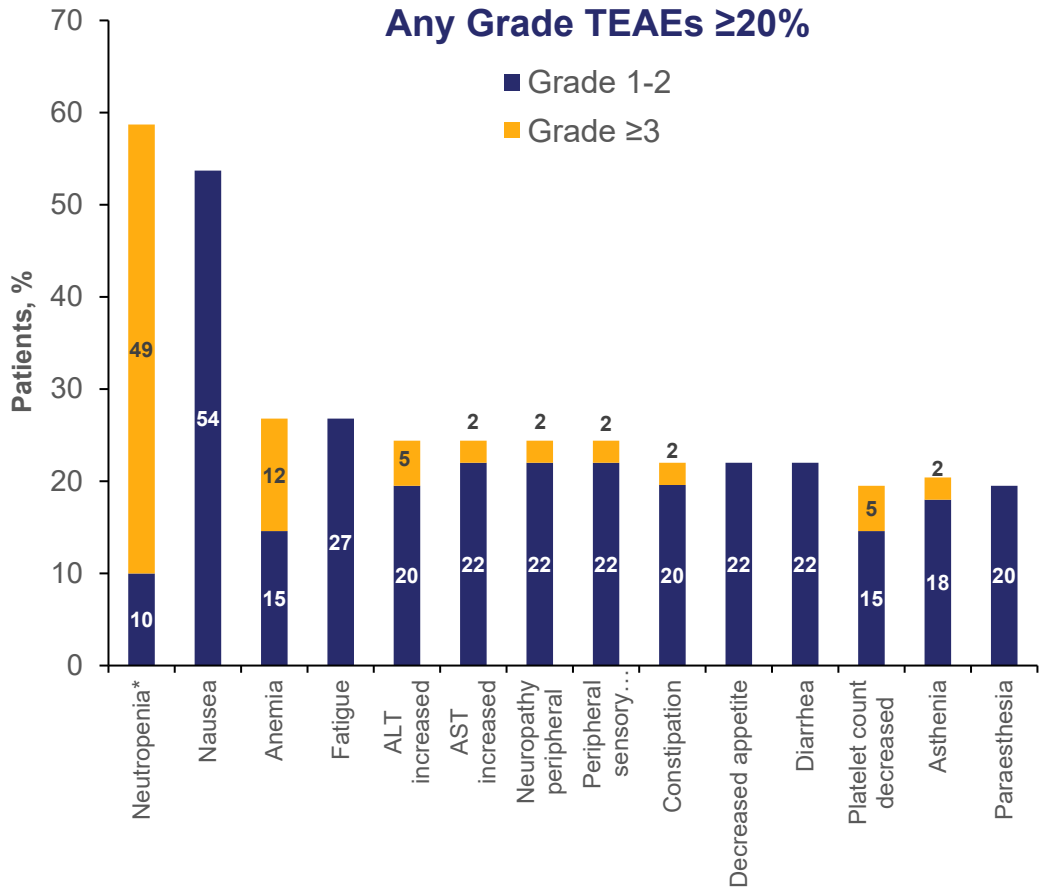


Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

Safety Profile

TEAE	Arm A1 N=41, n (%)
Any TEAE	41 (100)
TEAEs related to any study drug	40 (98)
Grade ≥3 TEAEs	28 (68)
Grade ≥3 TEAEs related to any study drug	23 (56)
Serious TEAEs	10 (24)
Serious TEAEs related to any study drug	2 (5)
TEAEs leading to permanent withdrawal from any study drug	20 (49)
TEAEs leading to dose modification/interruption of any study drug	33 (81)
TEAEs resulting in death	0

*'Neutrophil count decreased', 'Neutropenia', and 'Febrile neutropenia' were coded to separate Preferred Terms and combined post-hoc.
ALT, Alanine aminotransferase; AST, Aspartate aminotransferase; TEAE, treatment-emergent adverse event.



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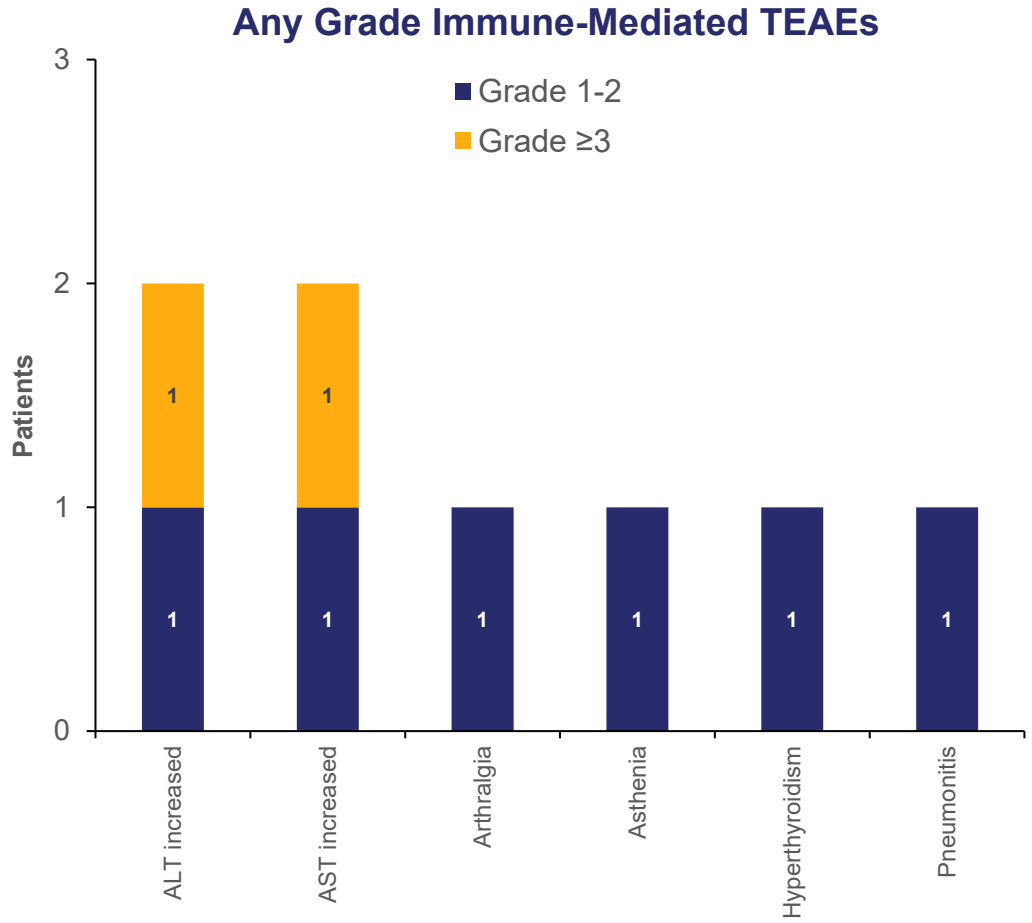
Infusion-Related Reactions and Immune-Mediated AEs

Safety evaluable population	Arm A1 N=41, n (%)
All infusion-related reactions	8 (20)
Infusion-related reactions related to FOLFOX	7 (17)
All immune-mediated AEs	5 (12)
ALT increased	2 (5)
AST increased	2 (5)
Arthralgia	1 (2)
Asthenia	1 (2)
Hyperthyroidism	1 (2)
Pneumonitis	1 (2)
Grade ≥3 immune-mediated AEs	1 (2)
Serious immune-mediated AEs	0

AEs, adverse events; ALT, Alanine aminotransferase; AST, Aspartate aminotransferase; FOLFOX, oxaliplatin 85 mg/m^2 IV, leucovorin 400 mg/m^2 IV, fluorouracil 400 mg/m^2 IV bolus + 2400 mg/m^2 continuous 46-48-hour IV infusion.



Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

Conclusions

Addition of DOM (anti-TIGIT) and ZIM (anti-PD-1) to FOLFOX shows encouraging ORR and 6-month PFS in 1L advanced gastroesophageal adenocarcinoma, irrespective of PD-L1 expression

- Efficacy-evaluable: ORR 59%, 6-month PFS rate 77%
- PD-L1-high (TAP ≥5%): ORR: 80%, 6-month PFS rate 93%

Incidence of adverse events was similar to prior experience with anti-PD-1 plus FOLFOX and there were no new safety concerns identified

The randomized phase 3 STAR-221 trial (NCT05568095) comparing DOM + ZIM + chemotherapy versus nivolumab + chemotherapy is underway in 1L patients with locally advanced unresectable or metastatic gastric, GEJ, or esophageal adenocarcinoma

Janjigian et al. ASCO Plenary Series, Nov. 7, 2023; data cut off of Sept. 4, 2023

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Phase 3 Evaluating Dom + Zim + Chemo vs Nivo + Chemo in 1L Gastric, GEJ and Esophageal Adenocarcinoma

KEY ELIGIBILITY CRITERIA:

- 1L locally advanced unresectable or metastatic w/o prior systemic treatment
- Measurable disease (RECIST 1.1)
- PD-L1 all comers
- Known HER-2 positive tumors excluded

N=970

R 1:1

domvanalimab + zimberelimab + PI choice of chemo*

nivolumab + PI choice of chemo*

No crossover or change of chemotherapy allowed

DUAL PRIMARY ENDPOINTS:

- OS ITT
- OS in TAP ≥5%

KEY SECONDARY ENDPOINTS:

- PFS ITT
- PFS in TAP ≥5%

Stratification Factors:

- PD-L1 expression (TAP ≥5% or TAP <5%)
- ECOG PS (0 or 1)
- Region (US/Canada/EU5 vs. Asia vs. rest of world)

New **Initiated in 3Q22**

*PI choice of chemo: FOLFOX or CAPOX.
TAP: tumor area positivity (revised nomenclature for vCPS [visually-estimated composite positive score])
dom: domvanalimab: GEJ: gastroesophageal junction; nivolumab; nivo; ITT: intent to treat; OS: overall survival; PFS: progression free survival; PI: principal investigator; zimberelimab: zim
NCT #: NCT05568095

Summary of ARC-7 Results and Domvanalimab Clinical Program in Non-Small Cell Lung Cancer

Data presented at the 2023 ASCO Annual Meeting, based on data cut off of Feb. 7, 2023.

ARC-7 Evaluates Combinations of Domvanalimab, an Fc-Silent anti-TIGIT

DOMVANALIMAB

Most clinically advanced Fc-silent anti-TIGIT antibody in development

ZIMBERELIMAB

Anti-PD-1 antibody; approved in China (by Gloria*)

ETRUMADENANT

$A_{2a}R$ / $A_{2b}R$ antagonist

Dom may have important differences over Fc-enabled anti-TIGIT competitors

- ✓ **Peripheral T_{reg} numbers do not decrease** with dom + zim, but they do with Fc-enabled anti-TIGIT antibodies[1]
- ✓ **No increase in irAEs** reported with dom + zim in ARC-7, in contrast to results from Fc-enabled anti-TIGIT antibodies which show higher incidences of rash, pruritis and infusion site reactions[2]

* Gloria obtained approval for zim in China and conducts its activities independently from Arcus.

[1]Gauthier, K. et al; Immunology 2022 (#2719): Anti-TIGIT Antibodies Promote Immune Activation Relevant to Targeting Stem-like and Tumor-specific T Cells in Combination With Anti-PD-1

[2]Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023

dom: domvanalimab; etruma: etrumadenant; NSCLC: non-small cell lung cancer; zim: zimberelimab

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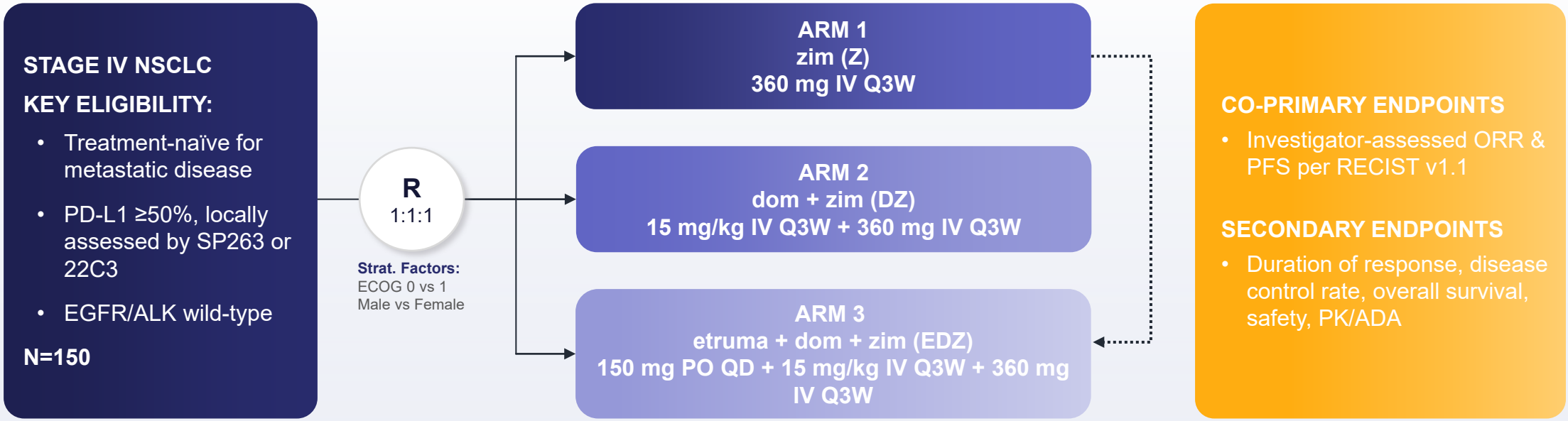
Randomized, Open-label, Ph2 Study in First-Line, Metastatic, PD-L1-High NSCLC



Participants randomized to Arm 1 had the option to crossover to separate, 2L EDZ cohort upon radiographically confirmed disease progression (PD)

- As of the clinical cut-off date (Feb. 7, 2023), a total of 150 patients were randomized, with a median follow-up of 18.5 months

ADA: anti-drug antibody, dom: domvanalimab, etruma: etrumadenant, ORR: overall response rate, PFS: progression-free survival, PK: pharmacokinetics; R: randomized; zim: zimberelimab; QxW: every x weeks
Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023

Baseline Characteristics Relatively Balanced with Age and Histology Slightly Favoring Zim Monotherapy Arm

ITT, % (n)		Arm 1 (Z) (n=50)	Arm 2 (DZ) (n=50)	Arm 3 (EDZ) (n=50)
Median Age, years (range)		66 (43, 84)	69 (45, 92)	69 (49, 83)
≥ 65 years		56% (28)	68% (34)	70% (35)
Sex: Male		68% (34)	66% (33)	68% (34)
Race	Asian	50% (25)	44% (22)	54% (27)
	White	40% (20)	50% (25)	42% (21)
Never Smokers		14% (7)	10% (5)	10% (5)
ECOG Status: 1		74% (37)	72% (36)	70% (35)
Squamous cell carcinoma		18% (9)	30% (15)	32% (16)
Brain mets at baseline		14% (7)	16% (8)	16% (8)
Liver mets at baseline		18% (9)	22% (11)	8% (4)
Local PD-L1 scoring, median %TPS (range)		80% (50, 100)	70% (50, 100)	78% (50, 100)
PD-L1: ≥ 75%		60% (30)	48% (24)	58% (29)

Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023
DZ: domvanalimab + zimberelimab; ECOG: Eastern Cooperative Oncology Group;
EDZ: etrumadenant + domvanalimab + zimberelimab; zim: zimberelimab

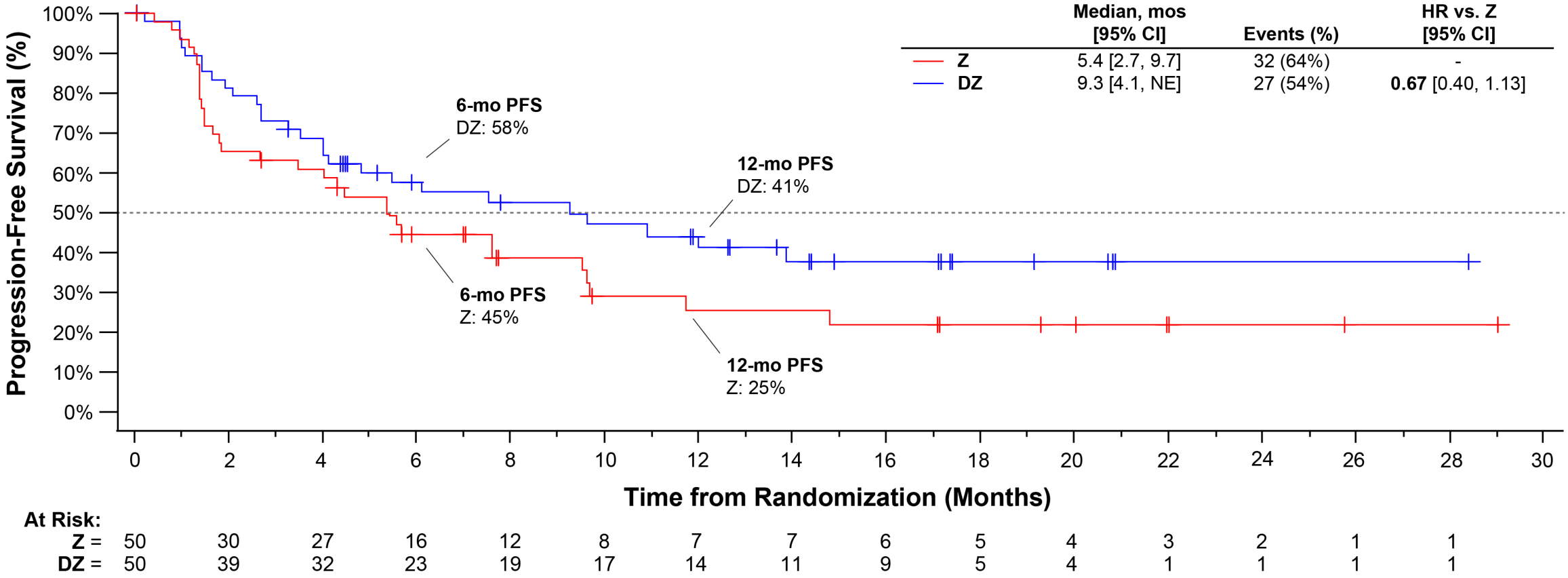
Dom-containing Arms Improved ORRs vs Zim Monotherapy

- Across all arms, one patient in the DZ arm had a pending partial response that was confirmed after data cut-off date
- Subjects ongoing treatment with stable disease have potential to contribute to objective response rate with further data maturity

ITT, % (n)	Z (n=50)	DZ (n=50)	EDZ (n=50)
ORR, confirmed + pending [95% CI]	**30% (15)** [18, 45]	**40% (20)** [26, 55]	**44% (22)** [30, 59]
Complete Response	2% (1)	2% (1)	0% (0)
Partial Response – confirmed	28% (14)	36% (18)	44% (22)
Partial Response – pending	0% (0)	2% (1)	0% (0)
Stable Disease	32% (16)	36% (18)	32% (16)
Progressive Disease	**24% (12)**	**8% (4)**	**14% (7)**
Not evaluable	14% (7)	16% (8)	10% (5)

Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023
CI: Confidence Interval; DZ: domvanalimab + zimberelimab; EDZ: etrumadenant + domvanalimab + zimberelimab; ORR: Objective Response Rate; PR: Partial Response; SD: Stable Disease; Z: zimberelimab

PFS: Addition of Dom to Zim Resulted in a 33% Reduction in Risk of Progression or Death, Compared to Zim Monotherapy



	Median, mos [95% CI]	Events (%)	HR vs. Z [95% CI]
Z	5.4 [2.7, 9.7]	32 (64%)	-
DZ	9.3 [4.1, NE]	27 (54%)	**0.67** [0.40, 1.13]

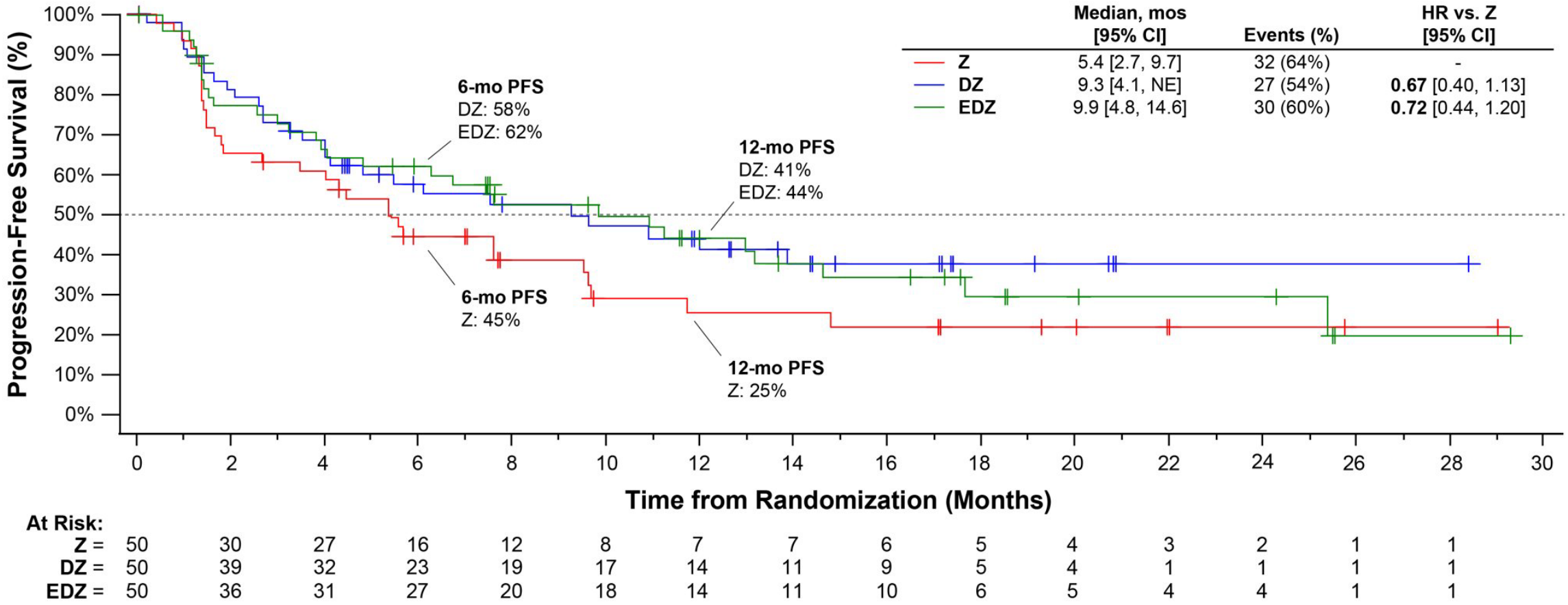
At Risk:

Z =	50	30	27	16	12	8	7	7	6	5	4	3	2	1	1
DZ =	50	39	32	23	19	17	14	11	9	5	4	1	1	1	1

Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023

Mos: months; HR: hazard ratio; CI: confidence interval; DZ: domvanalimab + zimberelimab; Z: zimberelimab;

Both Dom-containing Arms Demonstrated Clinically Meaningful Improvements in PFS vs Zim Monotherapy



	Median, mos [95% CI]	Events (%)	HR vs. Z [95% CI]
Z	5.4 [2.7, 9.7]	32 (64%)	-
DZ	9.3 [4.1, NE]	27 (54%)	**0.67** [0.40, 1.13]
EDZ	9.9 [4.8, 14.6]	30 (60%)	**0.72** [0.44, 1.20]

At Risk:

Z =	50	30	27	16	12	8	7	7	6	5	4	3	2	1	1
DZ =	50	39	32	23	19	17	14	11	9	5	4	1	1	1	1
EDZ =	50	36	31	27	20	18	14	11	10	6	5	4	4	1	1

Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023
Mos: months; HR: hazard ratio; CI: confidence interval; DZ: domvanalimab + zimberelimab; EDZ: etrumadenant + domvanalimab + zimberelimab; Zim: zimberelimab

Overall Safety Profile

ITT, % (n)	ARM 1 (Z) (n=50)	ARM 2 (DZ) (n=50)	ARM 3 (EDZ) (n=50)
Any TEAEs	100% (50)	98% (49)	98% (49)
Grade ≥3 TEAE	64% (32)	46% (23)	60% (30)
Grade 5, Related to Study Treatment*	2% (1)	2% (1)	4% (2)
Serious TEAE	56% (28)	34% (17)	52% (26)
TEAEs leading to study drug discontinuation	28% (14)	18% (9)	18% (9)
Immune-related TEAE	48% (24)	50% (25)	66% (33)
Infusion-related Reactions	4% (2)	4% (2)	12% (6)
Median Treatment Duration, weeks (range)	16.9 (0, 103)	26.2 (0, 130)	36.1 (2, 130)

- Most common TEAEs (≥15% overall): nausea, fatigue, constipation, dyspnea, pneumonia, decreased appetite and diarrhea
- Grade ≥3 events occurring in ≥5% of patients: pneumonia (12%) and anemia (7%)
- *Related Grade 5 TEAEs: interstitial lung disease (Arm 1), myocarditis (Arm 2), pneumonitis (Arm 3), and congestive heart failure (Arm 3)

Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023
DZ: domvanalimab + zimberelimab; EDZ: etrumadenant + domvanalimab + zimberelimab; TEAEs: treatment emergent adverse events; Zim: zimberelimab

Immune-Related TEAEs (≥10% Overall)

ITT, % (n)	ARM 1 (Z) (n=50)	ARM 2 (DZ) (n=50)	ARM 3 (EDZ) (n=50)
Any Immune-related TEAE*	48% (24)	50% (25)	66% (33)
Pneumonitis	14% (7)	6% (3)	10% (5)
Grade ≥3	6% (3)	0% (0)	4% (2)
Pruritus	18% (9)	14% (7)	12% (6)
Rash	12% (6)	10% (5)	20% (10)

- Majority of pneumonitis events reported were Grade 1 – 2. No increase in pneumonitis in dom-containing arms compared to zim alone
- Rash was reported with greater frequency in Arm 3 and were all Grade 1 – 2. Majority of subjects received treatment with topical corticosteroids and reported resolution of symptoms. No cases of rash led to study treatment discontinuation

Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023
DZ: domvanalimab + zimberelimab; EDZ: etrumadenant + domvanalimab + zimberelimab; TEAEs: treatment emergent adverse events; Zim: zimberelimab

ARC-7 Key Highlights from ASCO 2023

EFFICACY:

- PFS curves separated early and remained separated for both DZ and EDZ relative to Z alone, with median follow-up of 18 months
- PFS hazard ratios of 0.67 and 0.72 for DZ and EDZ arms, respectively
- Up to 14% improvement in confirmed ORR for DZ and EDZ
- Significantly lower rate of primary progressive disease in the dom-containing arms

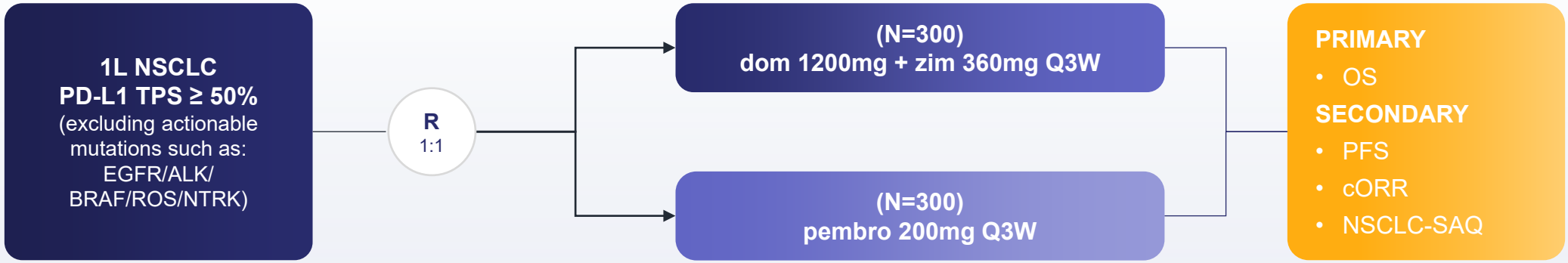
SAFETY:

- Similar rates of immune-related adverse events observed in DZ and Z arms – including rates of infusion-related reactions, rash and pruritis
- Potentially differentiated safety profile for dom relative to Fc-enabled anti-TIGIT antibodies in development

Johnson et al. Abstract 397600, ASCO 2023; data cut-off of Feb. 7, 2023
dom: domvanalimab; DZ: domvanalimab + zimberelimab; EDZ: etrumadenant + domvanalimab + zimberelimab; ORR: overall response rate; PFS: progression-free survival; zim: zimberelimab;

Phase 3 Evaluating Dom + Zim vs. Pembro, 1L NSCLC (PD-L1 ≥ 50%)

- Uses standard of care, pembrolizumab, in the comparator arm

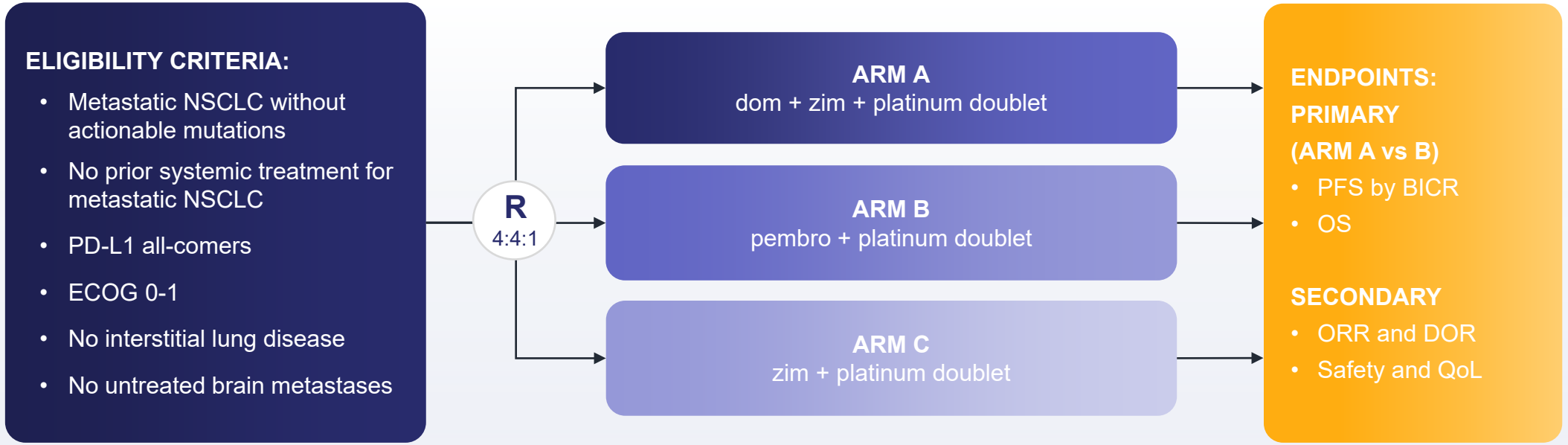


Strat Factors:
- ECOG PS 0 vs 1
- Geography (Asia vs non-Asia)
- Histology (Sq vs Non-sq)

cORR: confirmed overall response rate; dom: domvanalimab; NSCLC: non-small cell lung cancer; OS: overall survival pembro: pembrolizumab; PFS: progression free survival; zim: zimberelimab
NCT#: NCT04736173

Phase 3 Evaluating Dom + Zim + Chemo vs. Pembro + Chemo in 1L NSCLC (All PD-L1 Subgroups)

- Uses standard of care, pembrolizumab, in the comparator arm



dom: domvanalimab; pembro: pembrolizumab; zim: zimberelimab

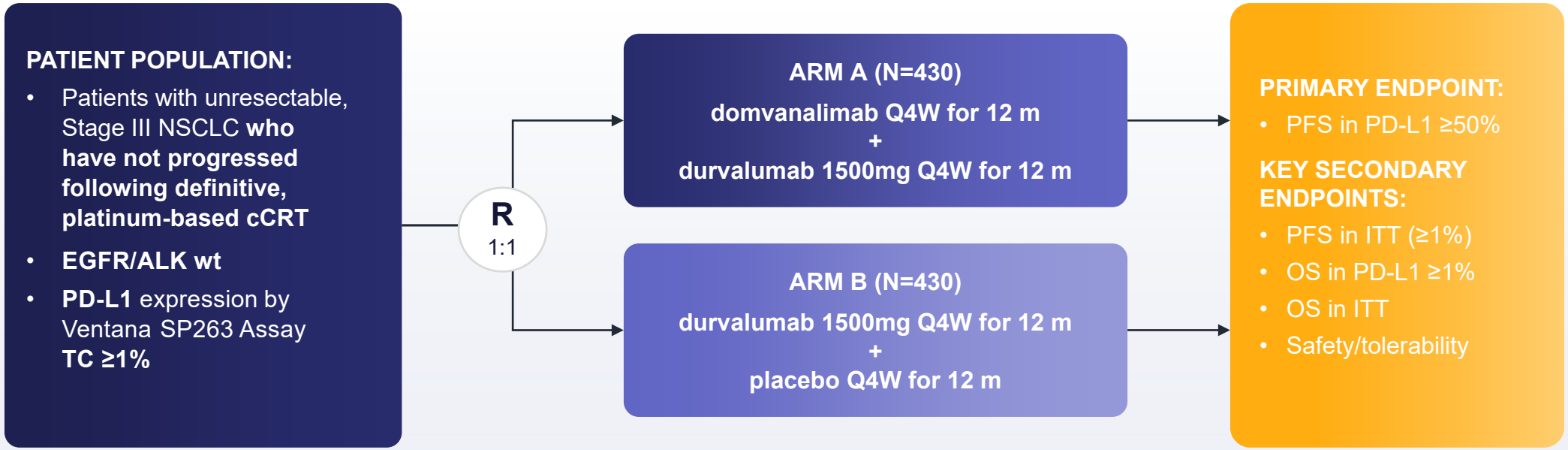
ORR: objective response rate; DOR: duration of response; OS: overall survival; PFS: progression-free survival; ECOG: Eastern Clinical Oncology Group; QoL: quality of life; BICR: blinded independent central review

Gilead Sciences is operationalizing STAR-121

NCT #: NCT05502237

Phase 3 Evaluating Dom + Durva vs Placebo + Durva in Unresectable, Stage III NSCLC

- Combines domvanalimab (dom) with durvalumab (durva) standard-of-care in Stage III NSCLC
- Potential to be first anti-TIGIT combination in this curative intent setting



Strat Factors:
- Disease stage prior to cCRT (IIIA vs. IIIB/IIIC)
- PD-L1 status (TC ≥ 50% vs. TC 1-49%), as assessed by a central reference laboratory using the VENTANA PD-L1 (SP263) IHC assay
- Histology (Sq vs Non-sq)

dom: domvanalimab; durva: durvalumab; ITT: intent to treat; OS: overall survival; PFS: progression free survival
NCT #: NCT05211895

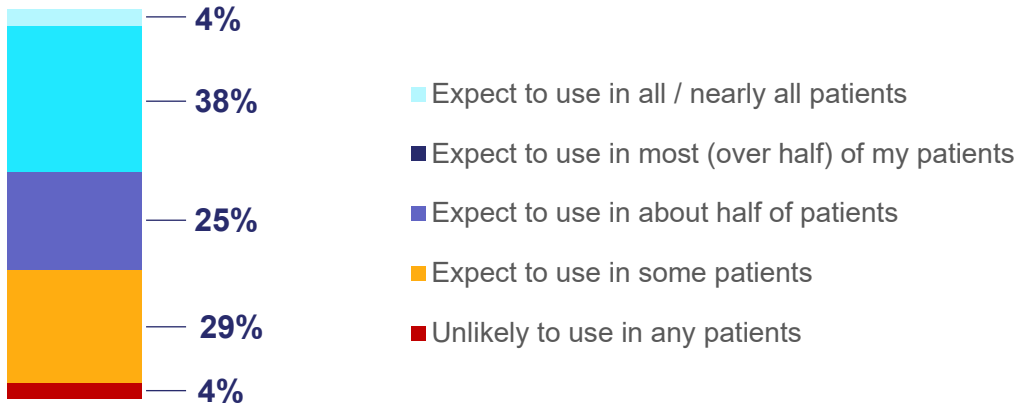
Domvanalimab Market Opportunity

Oncologist Sentiment on anti-TIGIT Antibodies

- Third-party survey* of 30 academic oncologists
  - 80% (n=24) were aware of leaked Roche data for SKYSCRAPER-01
- **~80%** believe it is **likely** that the tiragolumab + atezolizumab regimen will receive **FDA approval** in 1L PD-L1 50+ **NSCLC** (score of 5, 6 or 7 on likelihood scale of 1-7)
- Following review of **overall survival hazard ratio data** for the tiragolumab + atezolizumab regimen, expected utilization among aware oncologists is **high**
- **83% expect TIGIT** to play a **moderate to significant role** in the **1L PD-L1 ≥50% NSCLC setting**

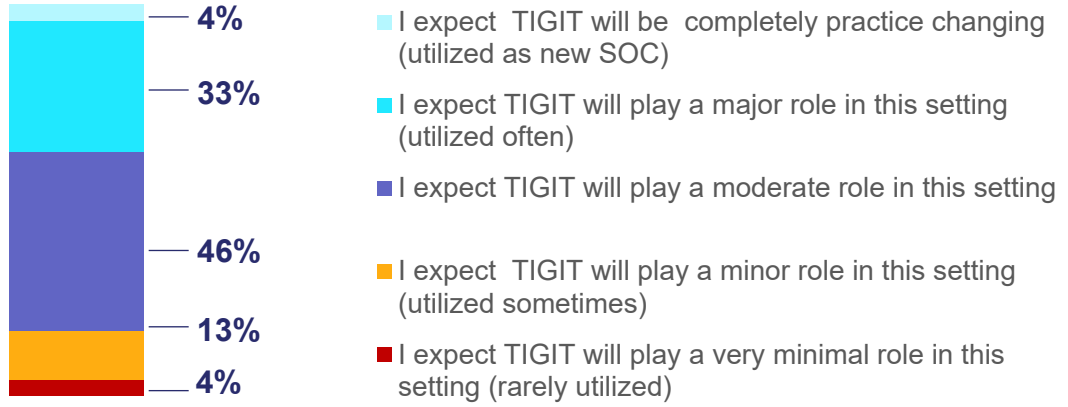
IMPACT OF SKY-01 OS HR ON EXPECTED UTILIZATION

(Among Total Respondents, % Selecting, N=24)



EXPECTED FUTURE ROLE OF TIGIT IN 1L PD-L1 50+ NSCLC

(Among Total Respondents, % Selecting, N=24)



*Arcus-sponsored survey conducted by InCrowd

Phase 3 Program for Dom is Targeting Large Market Opportunities

Arcus is operationalizing only two of the four registrational studies for dom, preserving its financial and clinical resources

STUDY	LEAD SPONSOR	SETTING	US PATIENT POPULATION[1]
ARC-10	ARCUS BIOSCIENCES	1L NSCLC, PD-L1≥50%	33k patients
STAR-121	GILEAD	1L NSCLC, PD-L1 All comers	119k patients
PACIFIC-8	AstraZeneca	Stage 3 NSCLC	21k patients
STAR-221	ARCUS BIOSCIENCES	1L Gastric/GEJ/Esoph, Adenos	25k patients

Multi-billion revenue opportunities for Arcus / Gilead

$10B+ addressable market[1]

[1]Based on expected drug treatable US patient population. Excludes patients with actionable mutations. Source: Decision Resources Group.
Adenos: adenocarcinoma; dom: domvanalimab; GEJ: gastroesophageal junction;
GE: gastroesophageal; NSCLC: non-small cell lung cancer

Potential Advantages Support Best-in-Class Potential for Dom[1]

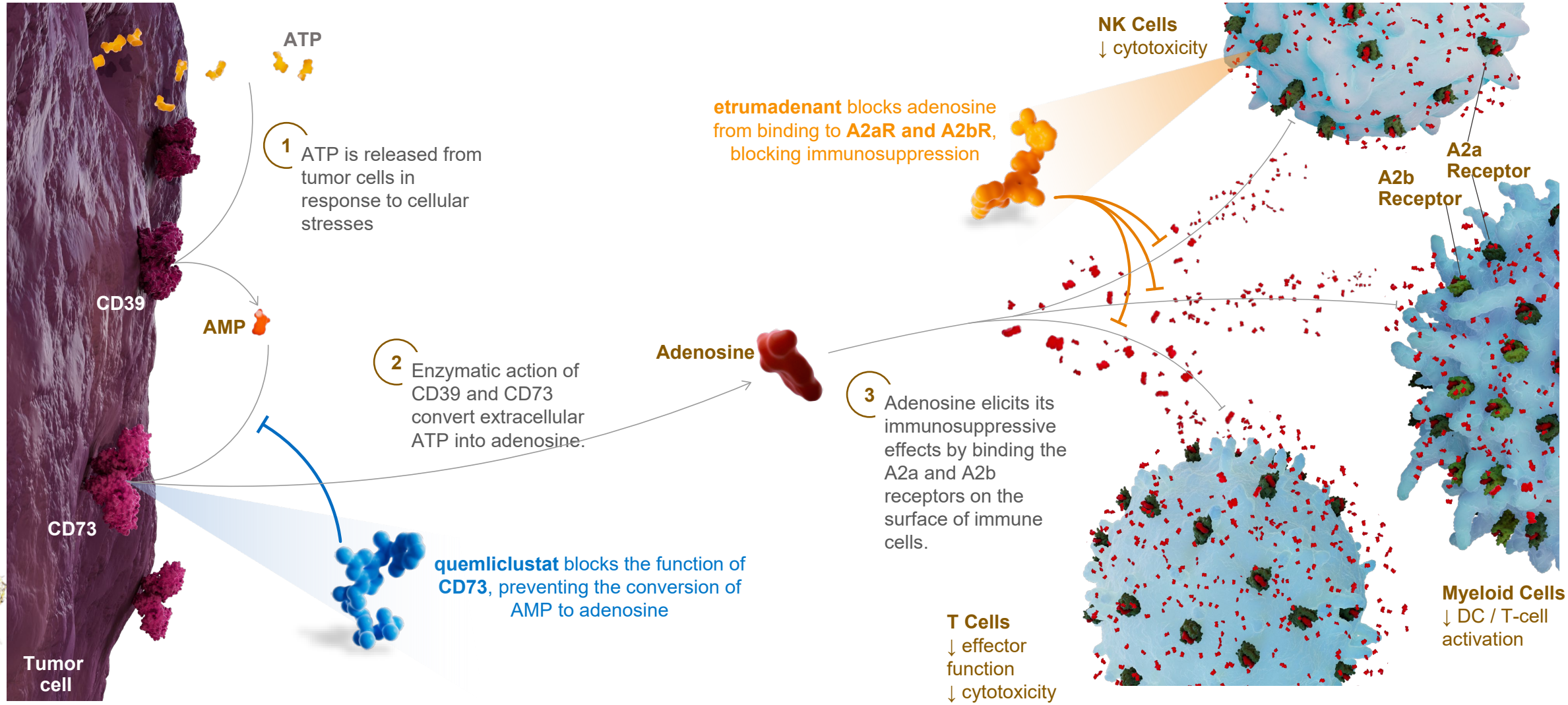
- Fc-silent antibody, **potentially resulting in safety/combinability benefits and low incidence of immune related AEs**
- To be packaged initially as individual agents, providing clinicians with **full control over administration**
  - Potentially enables dom to be **used in combination with other agents and regimens**
- **Optimally designed, broad Phase 3 program, all versus current SOC,** and operationalized by multiple companies
  - ARC-10: pembro comparator; enrolling only PD-L1≥50% patients
  - STAR-121: includes both pembro + chemo (active comparator) and zim + chemo arms
  - PACIFIC-8: durva (current SOC) is the PD-x in both the experimental and comparator arm; only enrolling PD-L1>1%
  - STAR-221: first phase 3 study to be initiated for a TIGIT antibody in the 1L gastric/GEJ/esophageal adenocarcinoma setting; nivo (current SOC) is comparator

AEs: adverse events; dom: domvanalimab; durva: durvalumab; GEJ: gastroesophageal junction
nivo: nivolumab; pembro: pembrolizumab; SOC: standard of care

[1]Includes indications relevant to current Arcus/Gilead development program

CD73-Adenosine Axis Programs

The CD73-Adenosine Axis Plays a Well-Established and Critical Role in Suppression of the Immune Response



Arcus and Gilead have not received regulatory approval from any regulatory authority for etrumadenant and quemliclustat and their uses are investigational only.

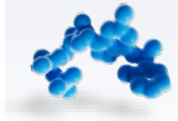
High CD73 Expression is a Negative Prognostic Factor

TUMOR TYPE	CD73^{HI} PROGNOSTIC FOR	REFERENCE	SAMPLE TYPE, #	CD73 METHOD	COMMENT
PDAC	Negative outcome	**Sciarra, A** et al. CD73 expression in normal and pathological human hepatobiliopancreatic tissues. Cancer Immuno, immunother (**2019**) slide #3	PDAC (n=42), PDAC metastasis (n=12)	D7F9A, IHC	• CD73 data from additional surgical samples in hepatobiliopancreatic samples
	Negative for OS and DSS	**Tahkola, K**., et al. Prognostic impact of CD73 expression and its relationship to PD-L1 in patients with radically treated pancreatic cancer. Virchows Arch (**2021**) slide #4	TMA of radically treated stage 1-IV PDAC, N=110	D7F9A, IHC	• Cut off selected by ROC vs 3 yr mortality
	Negative for OS and RFS	**Zhao, J** et al. Overexpression of CD73 in PDAC is associated with immunosuppressive TME and poor survival. Pancreatology (**2021**) slide #5	MDA cohort, n=138 with upfront surgery	D7F9A, IHC	• Cut off at TPS ≥ 75% • CD73 expression correlates with low TILs and shorter OS
CRC	Negative for TTR and DSS	**Messaoudi, N** et al. Prognostic value of CD73 expression in resected colorectal cancer liver metastasis. Oncoimmunology (**2020**) slide #6, 7	TMA of n=215 who underwent resection	Ab91084, multiplex IF	• Cut off set at upper tertile tCD73 (tumoral + stromal expression)
NSCLC	Negative for OS and PFS	**Inoue,** Y et. al. Prognostic impact of CD73 and A2aAR expression in NSCLC. Oncotarget (**2017**) 8:8738-8751 slide #8, 9	TMA of resected NSCLC; n=642	D7F9A, IHC *SA654*	• ~10% of subjects were CD73 high
	CD73 is predictive for ICI response	**Ishii**, H et al. Predictive value of CD73 expression for the efficacy of ICI in NSCLC. Thoracic Cancer (2020) 11:950	Pre-treatment biopsy; n=91	D7F9A, IHC	• Not prognostic but predictive for the immune checkpoint inhibitor
RCC	Negative for OS and DFS	**Tripathi A** et al. Prognostic significance and immune correlates of CD73 expression in RCC. J Immunother Cancer (**2020**) slide #11	TMA of nephrectomy samples with RCC(n=138)	D7F9A, IHC	• Cut-off at median by combined score (% positive cells x intensity) • *Includes TCGA RNAseq data mining*

DSS: Disease-specific survival, RFS: Recurrence free survival, TTR: Time to recurrence

Quemliclustat (Quemli): A Unique, Highly Potent and Selective Small Molecule CD73 Inhibitor with Several Key Advantages

MOLECULAR PROFILE



HIGHLY POTENT

- Target coverage achieved at doses as low as 25 mg every two weeks
- Extremely long (~4 days) half-life, enabling q2wk dosing by IV infusion
- Potential for oral delivery established in healthy volunteers

POTENTIAL ADVANTAGES OVER CD73 ANTIBODIES[1]

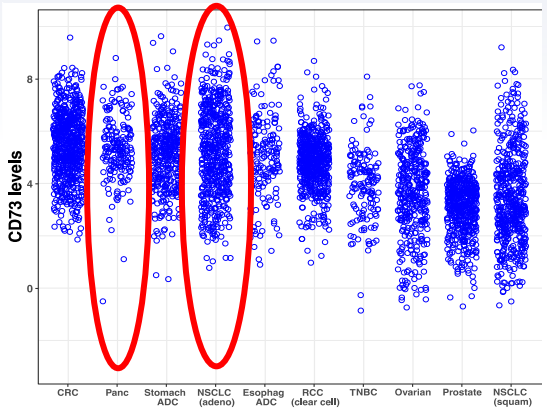
- Highly potent and selective inhibition of both tumor cell-bound and soluble CD73
- Greater inhibition of enzymatic production of adenosine
- Orders of magnitude more potent
- Greater permeability of tumor tissue

CO-DEVELOPMENT AND COMMERCIALIZATION STRATEGY

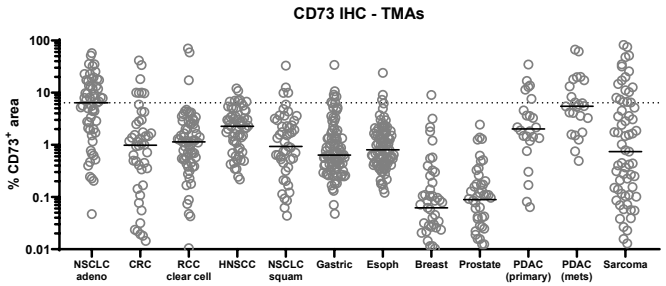
ARCUS BIOSCIENCES GILEAD

BIOLOGICAL RATIONALE

PANCREATIC AND LUNG CANCER EXHIBIT VERY HIGH EXPRESSION LEVELS OF CD73



mRNA Levels from analysis of The Cancer Genome Atlas (TCGA)



Tumor micro-arrays stained at Arcus Biosciences

CLINICAL VALIDATION

VALIDATED TARGET

- POC established in Phase 1/1b ARC-8 study; evaluating quemli-based combinations as first-line treatment of PDAC
  - Analysis of mature OS was encouraging relative to historical benchmarks for chemo alone
  - Data will be presented in early 2024
- Quemli-based combinations being evaluated in first-line NSCLC as part of our ongoing Phase 2 study EDGE-Lung
  - COAST data support potential of CD73 inhibition in Stage 3 NSCLC[2]

LIMITED ADDITIVE TOXICITY

- High selectivity limits potential for "off-target" effects
- AE profile of quemli + gem/nab-pac appears similar to that of gem/nab-pac alone

UNMET NEED IN PDAC

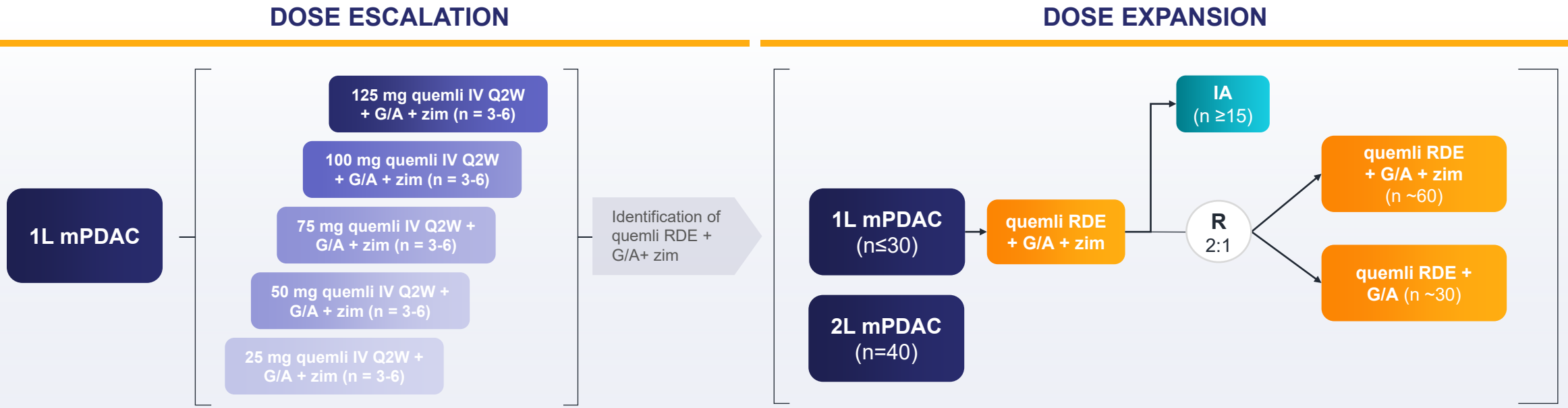
- Devastating disease with a 5-year survival rate of just 9%
- Abraxane®, in combination with Gemzar (NP/Gem), was the last treatment approved (in 2013) with an ORR of 23% and OS ranging from 8.5-11.5 months3-7
- Very few new therapies in development

NSCLC: non-small cell lung cancer; PDAC: PDAC: pancreatic ductal adenocarcinoma, POC: proof of concept
quemliclustat is an investigational molecule and its safety and efficacy have not been established.

1) Arcus Biosciences data on file
2) Martinez-Marti, A et al; ESMO 2021 (LBA42): COAST: An open-label, randomised, phase II platform study of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC
3-7) Von Hoff DD, et al. N Eng J Med. 2013; 369(18):1691-1703. Van Cutsem JCO 2021; Tempero Ann Oncol 2021; Wainberg Eur J Cancer 2021; Coveler ASCO 2023; Abstr 4136).

ARCUS BIOSCIENCES

A Phase 1/1b, Open-Label, Dose-Escalation and Dose-Expansion Study



Safety monitoring throughout treatment period; radiographic disease evaluation every 8 weeks. Study treatment continued to disease progression, unacceptable toxicity, consent withdrawal, or investigator decision.

KEY ELIGIBILITY CRITERIA

- Histologically- or cytologically-confirmed mPDAC
- ≥1 measurable lesion per RECIST v1.1
- ECOG PS 0-1
- No prior treatment for M1 disease
- Prior (neo)adjuvant treatment for PDAC (chemotherapy G/A and/or radiotherapy) allowed if completed ≥6 months prior to enrollment

STUDY OBJECTIVES

- **Primary:** Safety and tolerability
- **Secondary:** PK and clinical activity

1L, first-line; IV, intravenously; G/A, gemcitabine/nab-paclitaxel; PDAC: pancreatic ductal adenocarcinoma; Q2W, every 2 weeks; R, randomization; RDE, recommended dose for expansion; quemliclustat: quemli; zimberelimab: zim

NCT #: NCT04104672

Etruma Represents a Potentially Best-in-Class Adenosine Receptor Antagonist

- First A_2R antagonist to enter clinical development that:
  - Was specifically designed for the oncology setting
  - Inhibits both $A_{2a}R$ and $A_{2b}R$ receptors
- Multiple advantages over other $A_{2a}R$ antagonists in clinical development:
  - Minimal shift in potency due to decreased non-specific protein binding
  - Excellent penetration of tumor tissue
  - Excellent drug properties (PK, etc.)
- Differentiated, highly efficient clinical development plan ongoing:
  - First clinical program to evaluate an A_2R antagonist with chemo

High potency against both the A2aR and A2bR receptors allows for potentially broader activity

COMPOUND	$A_{2a}R$ BLOOD (IC50, nM)c	$A_{2a}R$ (KB, nM)d	$A_{2b}R$ (KB, nM)d
ETRUMA *(Arcus)*	**80**	**1.3**	**2.0**
CPI-444 [a,b] *(Corvus)*	~10,000	5.4	493
AZD 4635 [a,b] *(AstraZeneca)*	2,600	5	46
NIR178 [a,b] *(Novartis)*	~10,000	58	189
Preladenant [a,b] *(Merck)*	785	3.3	3,121

Etruma has ideal pharmacological properties for an oncology drug

ATTRIBUTE	ETRUMA VALUE
Retains potency in physiologically relevant conditions	IC_{50} = 87 nM
High tumor penetration	Tumor : Plasma ratio: >60%
Low CNS permeability (in mouse model)	~ 1% of the concentration found in blood
Full engagement of target across dosing time period in humans	≥90% target inhibition at trough

[a] Arcus data generated with compound samples synthesized or purchased by Arcus.

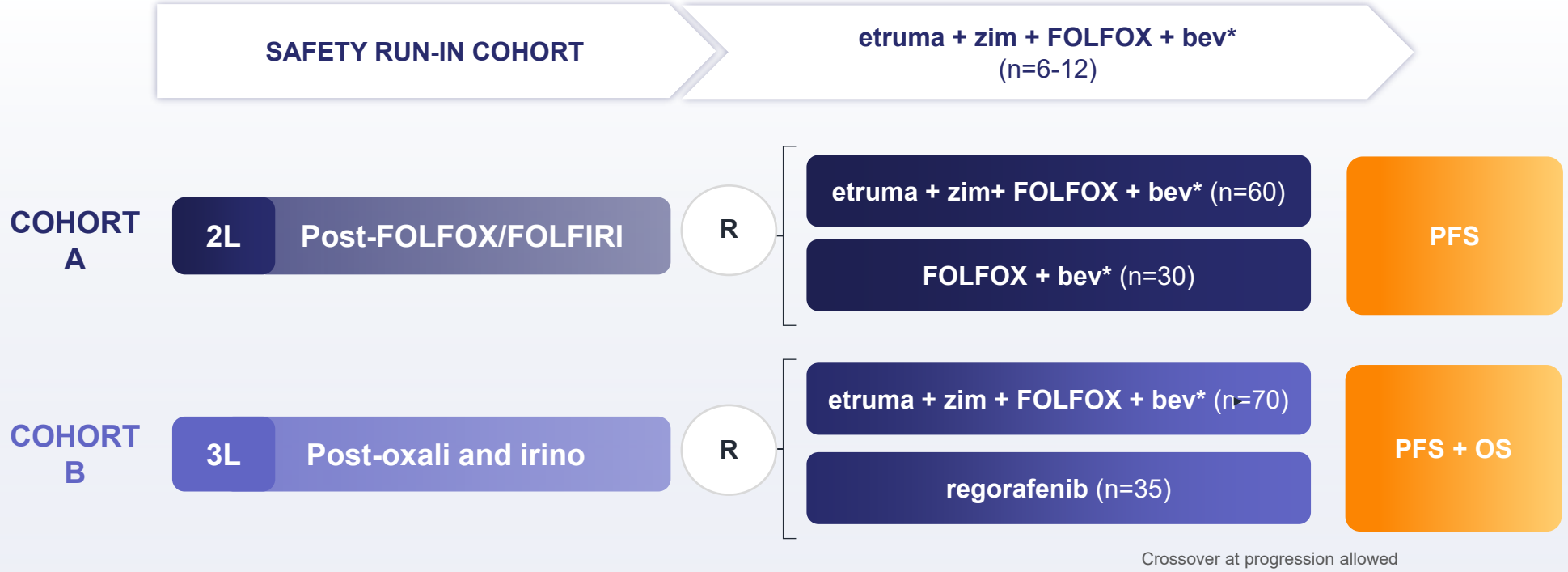
[b] CPI-444: Structure from AACR, April 2017 (#CT119), synthesized by Arcus; AZD4635: Structure from AACR, April 2017 (#2641), synthesized by Arcus; NIR178: Structure from WHO Drug Information, Vol. 32, No. 4, 2018; https://www.who.int/medicines/publications/druginformation/innlists/PL120.pdf?ua=1), synthesized by Arcus. Preladenant: Purchased from Ark Pharma (AK-43905).

[c] Measured in human blood CD8+ T cells; CREB is a transcription factor that becomes phosphorylated when A2aR is activated; thus, the level of pCREB inhibition is a measure of the ability of an A2aR antagonist to inhibit A2aR.

[d] K_B is a measure of a compound's thermodynamic ability to bind/block its target receptor; lower K_B values reflect greater potency for a given receptor.

Randomized Phase 2 Study to Evaluate Etruma Combinations in 3L+ mCRC

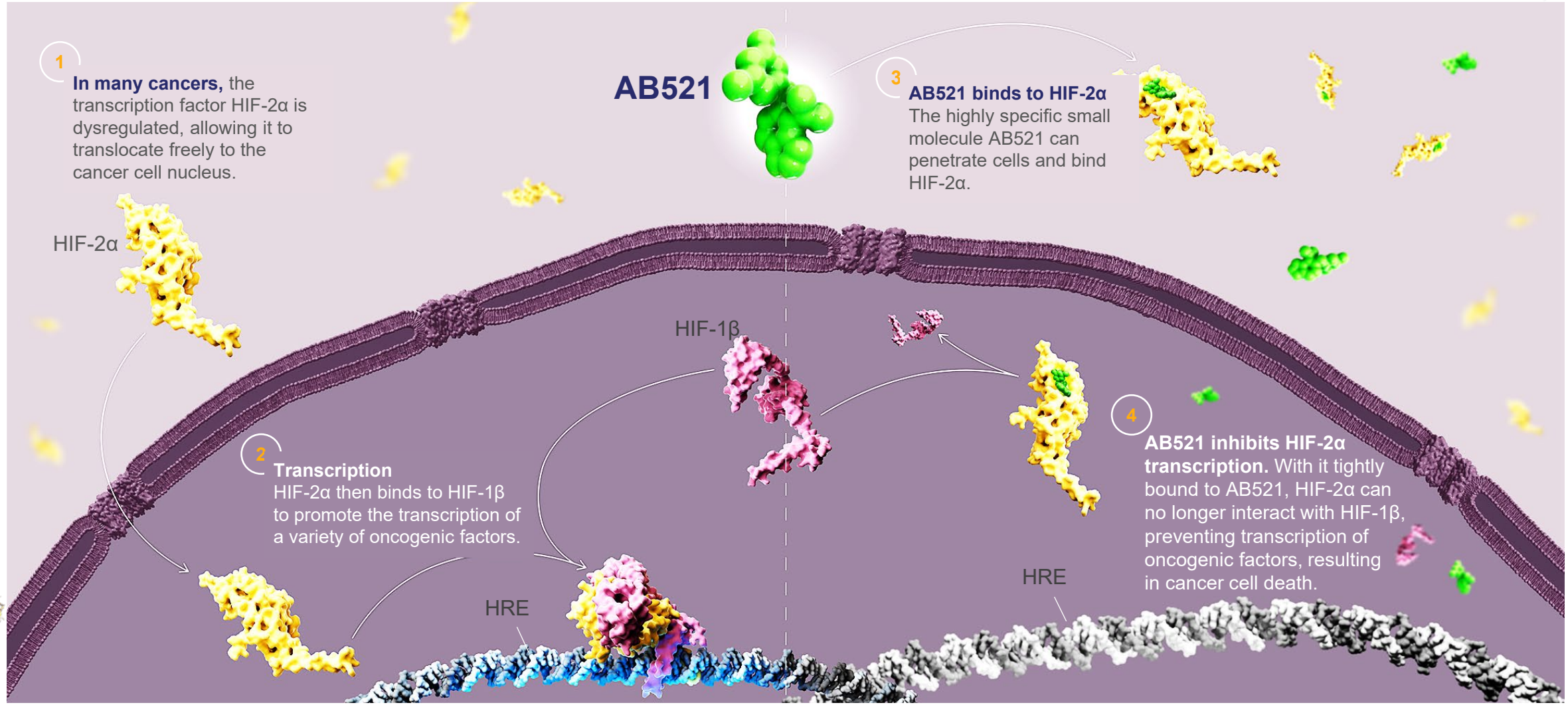
- Randomized Phase 2 study evaluating etruma + zim + chemo combinations vs. SOC in 2L/3L mCRC
- Data expected in 1H24



*bev will be included for all patients in whom it is not contraindicated
bev: bevacizumab; etruma: etrumadenant; irino: irinotecan; oxali: oxaliplatin; zim: zimberelimab
NCT #: NCT04660812

HIF-2α Program

AB521 in the Cancer Cell Nucleus



AB521 is an investigational molecule and its safety and efficacy have not been established.
HRE: Hypoxia Response Element.

2-Prong Value Proposition for an Arcus HIF-2α Inhibitor

Opportunity to reach greater intra-tumoral HIF-2α inhibition compared to 120-mg dose of belzutifan

- Potentially without increased toxicity, which appears to be driven by peripheral on-target effects that saturate at lower doses
- Requires a compound with greater potency and/or a better PK/PD profile

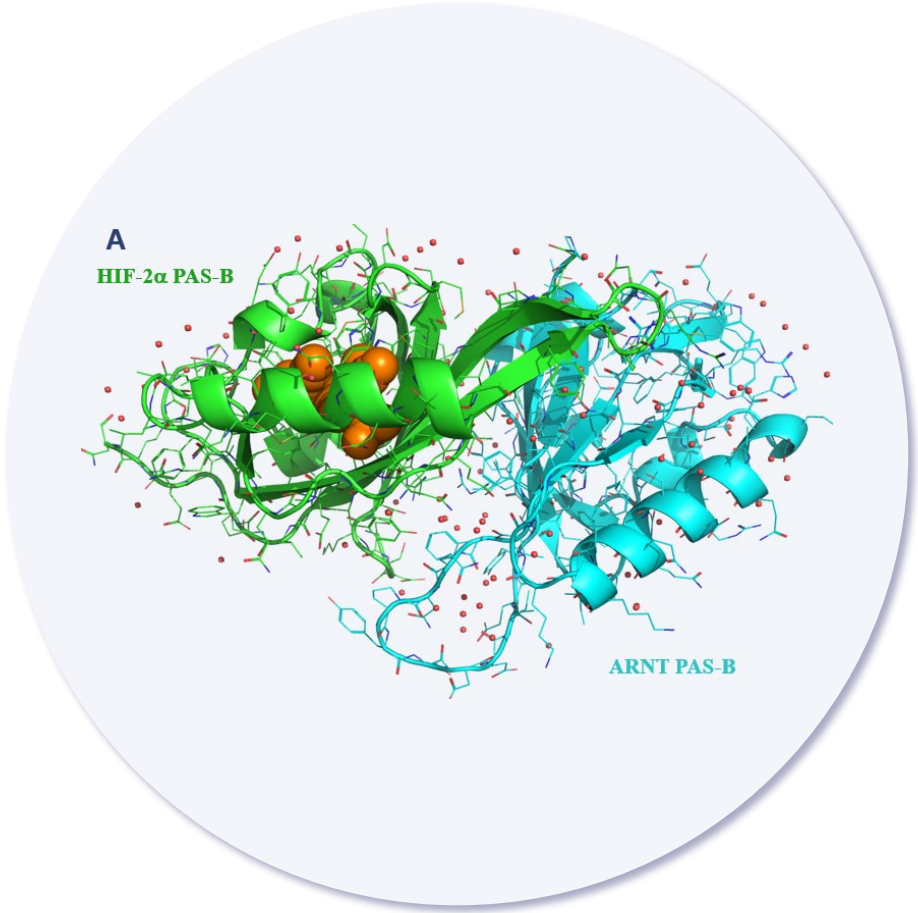
Evaluation of unique combinations and/or unique tumor types

- Possible combinations with quemli/dom, potentially in combination with SOC and an anti-VEGF TKI agent

etrumadenant: etruma; quemliclustat: quemli

Extensive Preclinical Characterization Confirms Greater Potency of AB521 Relative to that of Belzutifan (MK-6482)

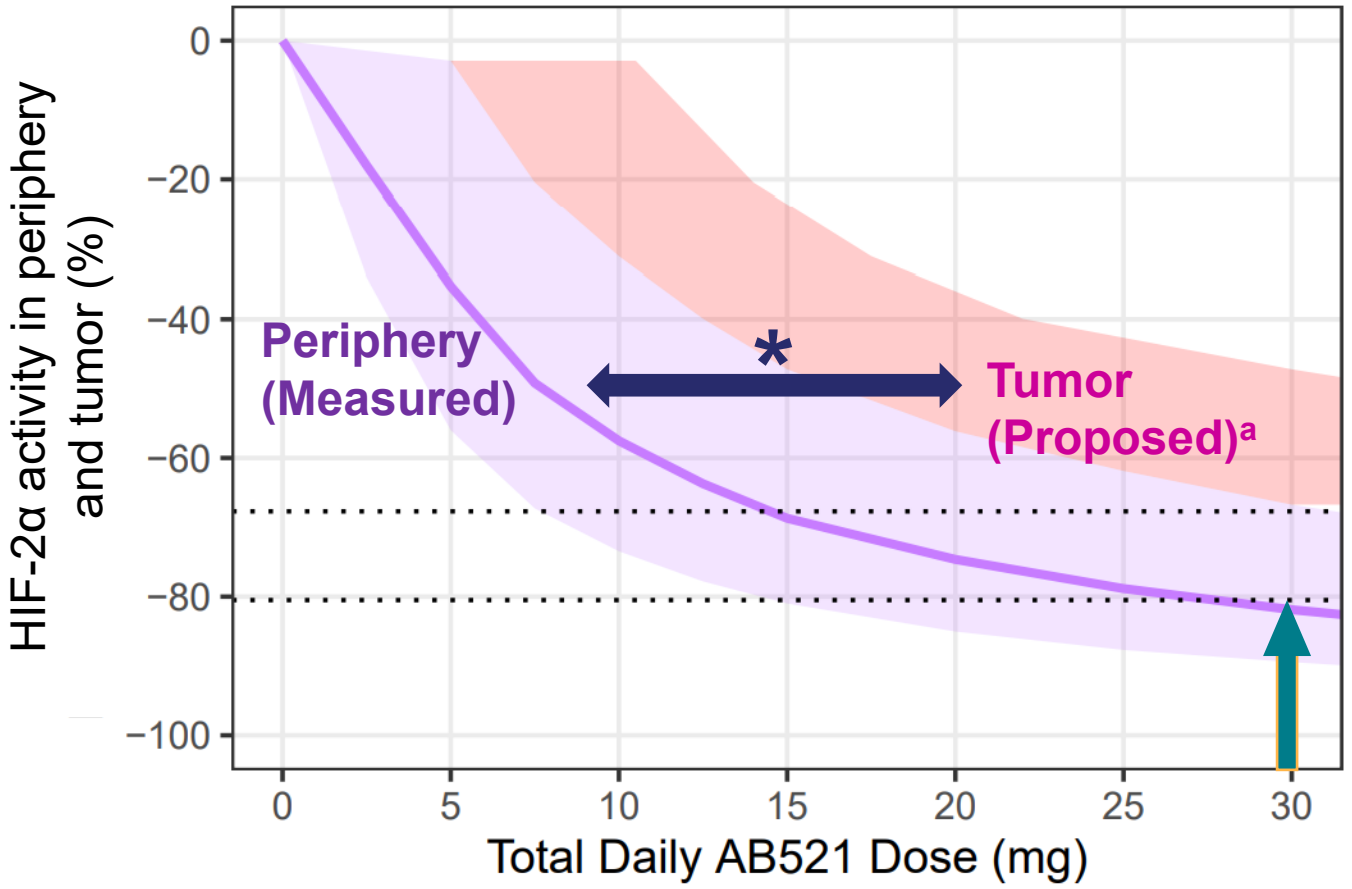
	ASSAY	AB521	MK-6482[a]
CELLULAR	HIF-2α 786-O Luc Reporter IC_{50} (nM)	**8.2 ± 2.5 (n=24)**	**16.9 ± 10.1 (n=8)**
CELLULAR	Control 786-O Luc Reporter IC_{50} (nM)	**> 10,000 (n=6)**	**> 10,000 (n=7)**
CELLULAR	HIF-2α 786-O Luc Reporter IC_{50} (nM) [in 100% Serum]	**46.5 ± 14.2 (n=24)**	**61.8 ± 6.6 (n=4)**
CELLULAR	786-O VEGF AlphaLISA IC_{50} (nM)	**28.9 ± 3.6 (n=11)**	**47.7 ± 30.8 (n=4)**
BIOCHEMICAL	HIF-2α $TSAT_m\Delta$ (°C)	**14.7 ± 0.6 (n=14)**	**12.1 ± 0.3 (n=4)**
BIOCHEMICAL	HIF-2α MST K_D (nM)	**2.4 ± 0.8 (n=3)**	**15.4 ± 2.7 (n=3)**
BIOCHEMICAL	HIF-2α ITC K_D (nM)	**53.6 ± 17.9 (n=3)**	**53.8 ± 19.3 (n=3)**
BIOCHEMICAL	HIF-2α SPA IC_{50} (nM)	**16.6 ± 5.0 (n=8)**	**22.3 ± 5.6 (n=5)**



[a] MK-6482 was synthesized according to Xu *et al.* 2019 J Med Chem; DOI: 10.1021/acs.jmedchem.9b00719

PK/PD Data Illustrate the Potential of AB521 as a Best-in-Class HIF-2α Inhibitor

Dose-Response (EPO) Relationship after 8 Days of Dosing



*Higher doses of the drug may be required in order to achieve comparable levels of HIF-2α inhibition in tumor as in the periphery

Peripheral EPO % change with 120mg QD belzutifan

[a]Intra-tumoral HIF-2α inhibition has not been measured in patients; this diagram is meant to represent the concept that higher levels of drug may be required to achieve comparable levels of target engagement in the periphery vs tumors

AB521 Monotherapy Dose Escalation/Expansion in ccRCC is Ongoing

ARC-20

PH 1 DOSE ESCALATION

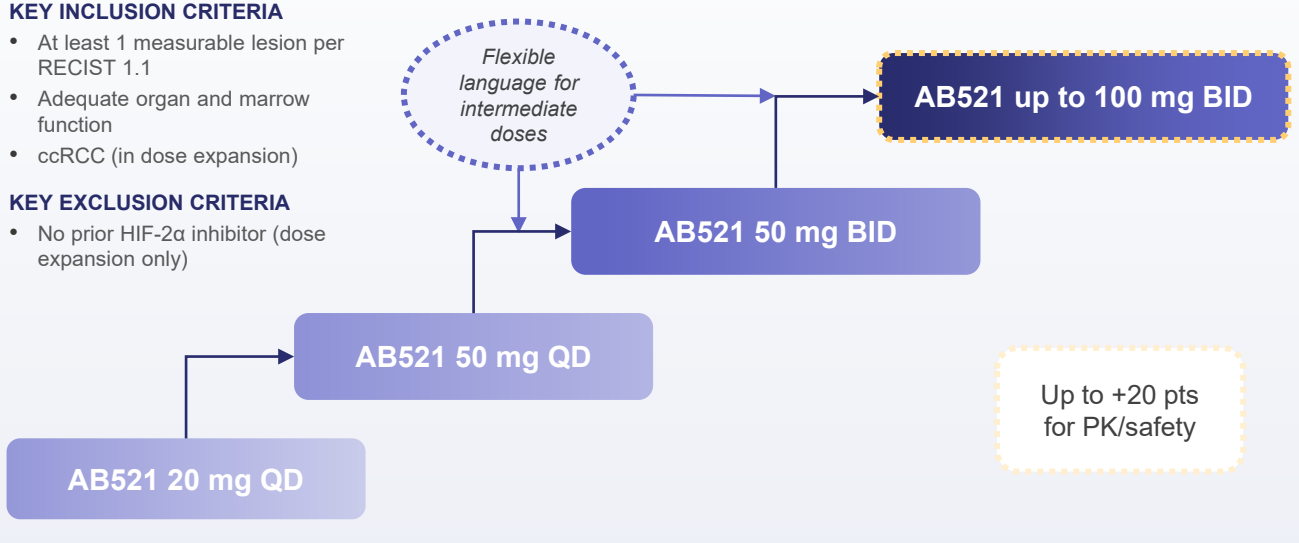
3+3 design with 21-day DLT window **Solid-tumor patients w/o SOC**

KEY INCLUSION CRITERIA

- At least 1 measurable lesion per RECIST 1.1
- Adequate organ and marrow function
- ccRCC (in dose expansion)

KEY EXCLUSION CRITERIA

- No prior HIF-2α inhibitor (dose expansion only)



STARTED 2Q23
Ph1 Dose Expansion
(n=30 x 2-3 doses)
2L+ ccRCC

PLANNED INITIATION 4Q23
Ph 1b/2 AB521 + TKI combo study in 2L ccRCC

CURRENT STATUS:

- Dose escalation enrolled 12 patients; ~half of which had RCC and were treated at the 50mg QD or 50mg BID doses. Data to be presented early 2024
- Dose expansion evaluating 100mg daily dose is near completion (30 patients)

ccRCC: clear cell renal cell carcinoma; SOC: standard of care

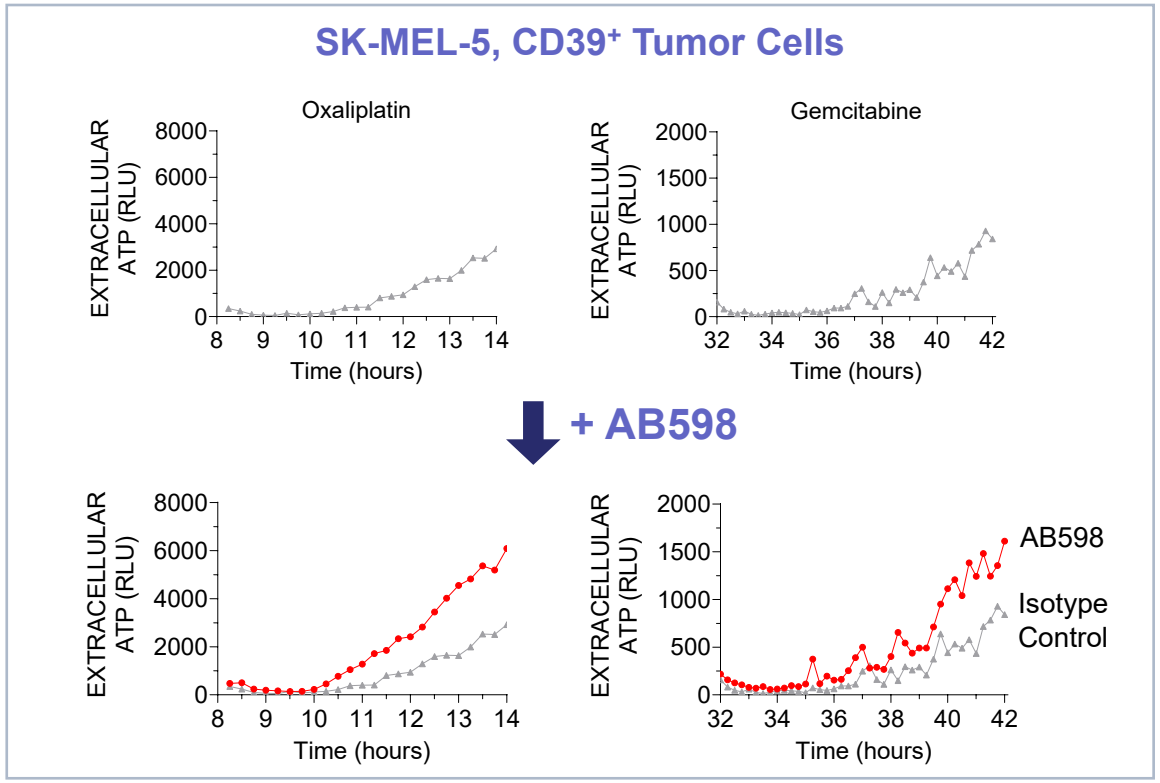
ARCUS BIOSCIENCES

Early Programs

AB598 is a Potent anti-CD39 Antibody with the Ability to Increase ATP Levels in Tumors

BINDING TO RECOMBINANT CD39 BY SPR

k_{on} ($M^{-1}s^{-1}$)	3.0(±0.3) x 10^{5}
k_{off} (s^{-1})	7.2(±0.4) x 10^{-5}
K_D (M)	2.4(±0.3) x 10^{-10}



- AB598 binds with a fast on-rate to CD39 and dissociates with a slow off-rate, resulting in a long residence time and high (sub-nanomolar) affinity to CD39
- AB598 efficiently increases the ATP levels associated with treatment of cancer cells with pro-immunogenic chemotherapies

Data on file

AB598 Phase 1/1b Study Design

DOSE ESCALATION

NSCLC, Gastric/GEJ, Esophageal, HNSCC, Bladder, RCC, TNBC, Ovarian, Cervical

- AB598 Dose 4
- AB598 Dose 3
- AB598 Dose 2
- AB598 Dose 1

→ **AB598 RDE**

DOSE EXPANSION

- **1L NSCLC**
  Zim + Carbo/Pem + AB598
- **1L Gastric/GEJ**
  Zim + FOLFOX+ AB598

PRIMARY OUTCOMES

- Number of participants with adverse events (AEs) and serious adverse events (SAEs)
- Dose escalation cohorts: number of participants with dose-limiting toxicities (DLTs)

SECONDARY OUTCOMES

- Evaluation of AB598 PK in humans
- Antidrug antibodies (ADAs) to AB598
- Objective response rate (ORR)
- Dose expansion cohorts: duration of response (DOR)

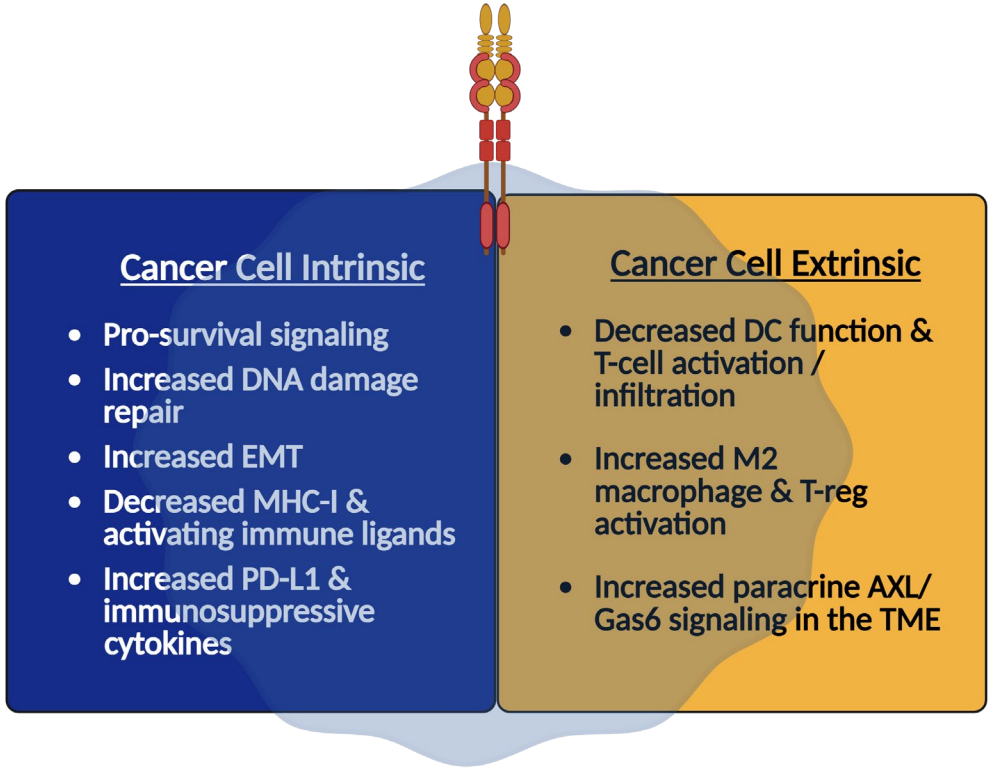
Carbo: carboplatin; GEJ: gastroesophageal junction; HNSCC: head and neck squamous cell carcinoma; NSCLC: non-small cell lung cancer; pem: pemetrexed; RCC: renal cell carcinoma; RDE: recommended dose for expansion; TNBC: triple-negative breast cancer; zim: zimberelimab

NCT05891171

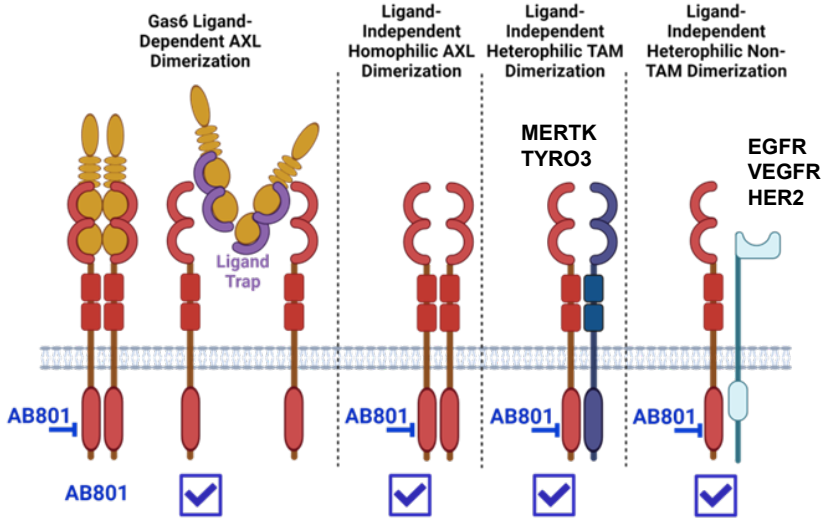
AXL Signaling is a Common Mechanism of Resistance to Chemotherapy and Immunotherapy in Tumors

THERAPEUTIC HYPOTHESIS:

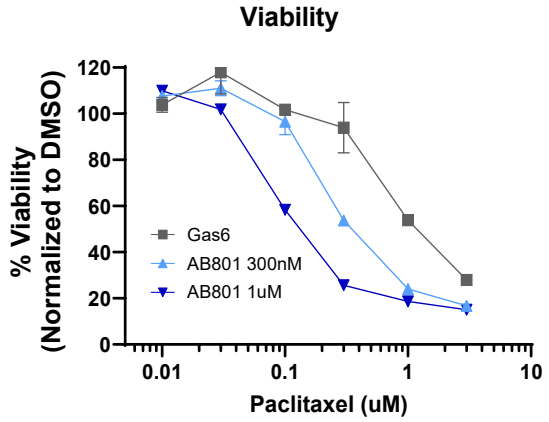
AXL inhibition will overcome multiple mechanisms of drug-resistance



AXL signals via Ligand-dependent and Ligand-independent mechanisms



AB801 sensitizes cancer cells to chemotherapy



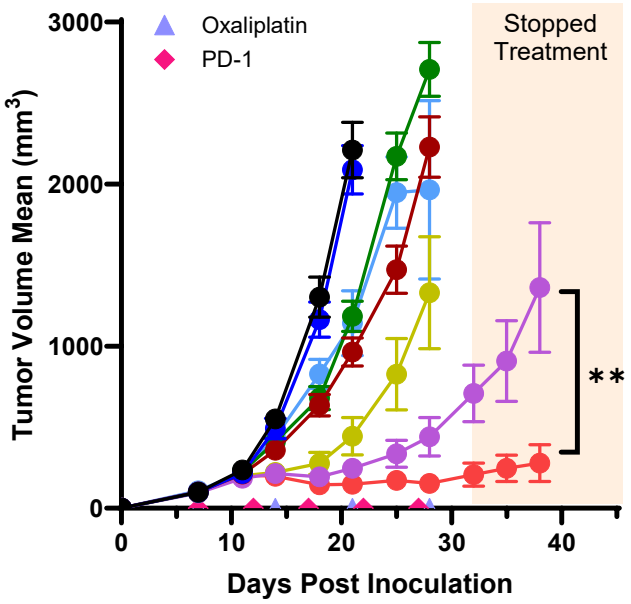
ARCUS BIOSCIENCES

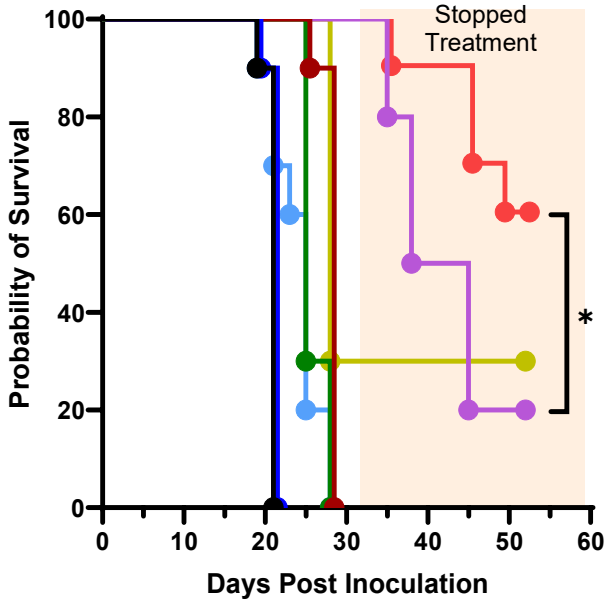
AB801 is a Potent, Selective, and Efficacious AXL Inhibitor

AB801 IS A HIGHLY POTENT and selective AXL inhibitor

	Assay	AB801
Biochemical	AXL K_i	**0.024 nM**
	Fold selectivity over hMERTK/ hTYRO3 (enzyme K_i over AXL K_i)	**860x / 1400x**
	Kinome Selectivity against 403 kinases at 100x IC_{50} for AXL	**Only one kinase with less that 200x fold selectivity**
Cellular	pAXL ELISA IC_{50} (serum-free media)	**17 nM**
	pAXL ELISA IC_{50} (100% serum)	**68 nM**

Combination of AB801 with Oxaliplatin & α-PD-1 INCREASES ANTI-TUMOR EFFICACY AND SURVIVAL IN PRECLINICAL MODELS*





Vehicle
AB801
OXA
PD-1
OXA + PD-1
AB801 + PD-1
AB801 + OXA
AB801 + OXA + PD-1

*Syngeneic mouse MC38 tumor model; data on file at Arcus.

ARCUS BIOSCIENCES

AB801 is Believed to be the Most Potent & Selective AXL Inhibitor in Clinical Development

THERAPEUTIC HYPOTHESIS:
Inhibiting AXL will overcome resistance against chemotherapy and immunotherapy in human tumors

- We believe AB801 will potently and selectively inhibit AXL signaling in tumors, resulting in enhanced responses to chemotherapy and immunotherapy
  - Other “AXL inhibitors” may not be potent enough or lack selectivity (leading to toxicity) that may limit their use at doses suitable for efficient AXL inhibition
- Phase 1 study in Healthy Volunteers ongoing to evaluate:
  - Safety and tolerability
  - Pharmacokinetic profile
- ARC-27: Phase 1 study in subjects with advanced solid tumors expected to dose first patient in 1Q 2024
  - Safety, tolerability, and pharmacokinetic profile in patients with solid tumors
  - Expansion cohorts planned in chemo and IO-experienced NSCLC patients

IO: immuno-oncology, NSCLC: non-small cell lung cancer

ARCUS BIOSCIENCES

AB801 Phase 1 Dose Finding Study in Patients with Advanced Solid Tumors

ARC-27

DOSE ESCALATION STAGE

Bayesian Optimal Interval Design
n=3-12 per cohort

- AB801 Dose 6
- AB801 Dose 5
- AB801 Dose 4
- AB801 Dose 3
- AB801 Dose 2
- AB801 Dose 1

Recommended dose for expansion

EXPANSION STAGE

Cohort 1 (STK11m NSCLC)
AB801 + zim + docetaxel
n=20
Prior α-PD-(L)-1 and chemo

Cohort 2 (NSCLC)
AB801 + docetaxel
n=30
Prior α-PD-(L)-1 and chemo

PRIMARY OBJECTIVE

- Safety and tolerability

SECONDARY OBJECTIVE

- Pharmacokinetic profile
- Antitumor activity

EXPLORATORY OBJECTIVE

- Biomarkers and pharmacodynamic profile
- Progression-free and overall survival

NSCLC: non-small cell lung cancer; zim: zimberelimab

ARCUS BIOSCIENCES

APPENDIX

Gilead is Co-Developing Four Optioned Programs with Arcus

GILEAD

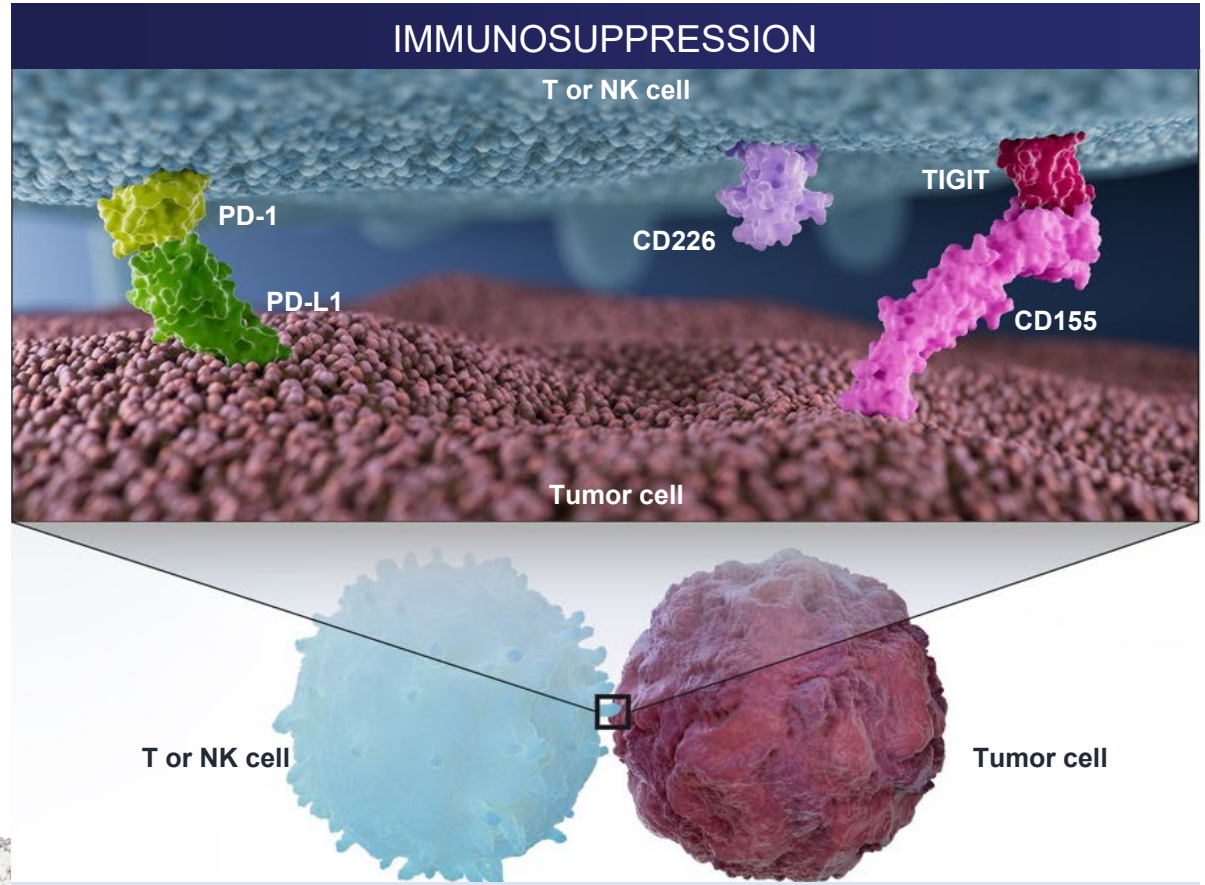
- Currently has rights to five of our clinical-stage candidates through its exercised options:
  - domvanalimab and AB308: anti-TIGIT antibodies
  - etrumadenant: A2a/A2b receptor antagonist
  - quemliclustat: small-molecule CD73 inhibitor
  - zimberelimab: anti-PD-1 antibody
- Arcus and Gilead share expenses for all these programs
- Co-commercialize and equally share profits in the U.S. on approved products
- Gilead holds exclusive rights outside the U.S., subject to any rights of Arcus's existing collaboration partners, with tiered royalties payable to Arcus that range from mid-teens to low-twenties
- 10 year partnership including expanded research collaboration to focus on jointly-selected, novel targets in oncology and immunology

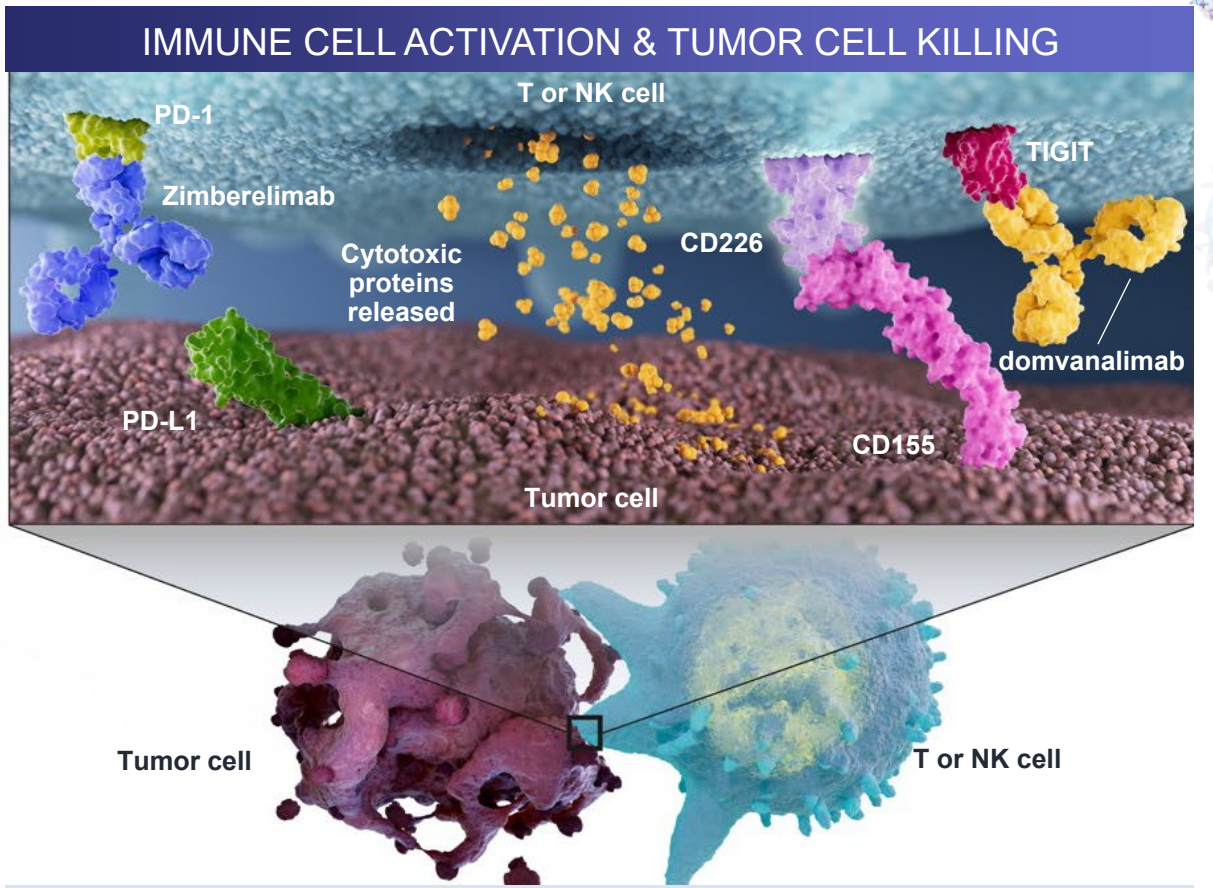
WHAT THIS MEANS FOR ARCUS AND THE COLLABORATION

- ✓ Accelerates and expands our collaboration activities
- ✓ Leverages Gilead's operational expertise with global reach
- ✓ Enables earlier alignment on clinical studies and priorities to move fast
- ✓ Accelerates the exploration of new cross-portfolio combinations, with first-in-class potential

ARCUS BIOSCIENCES

Domvanalimab (dom): Most Advanced Fc-Silent TIGIT Antibody in Clinical Development



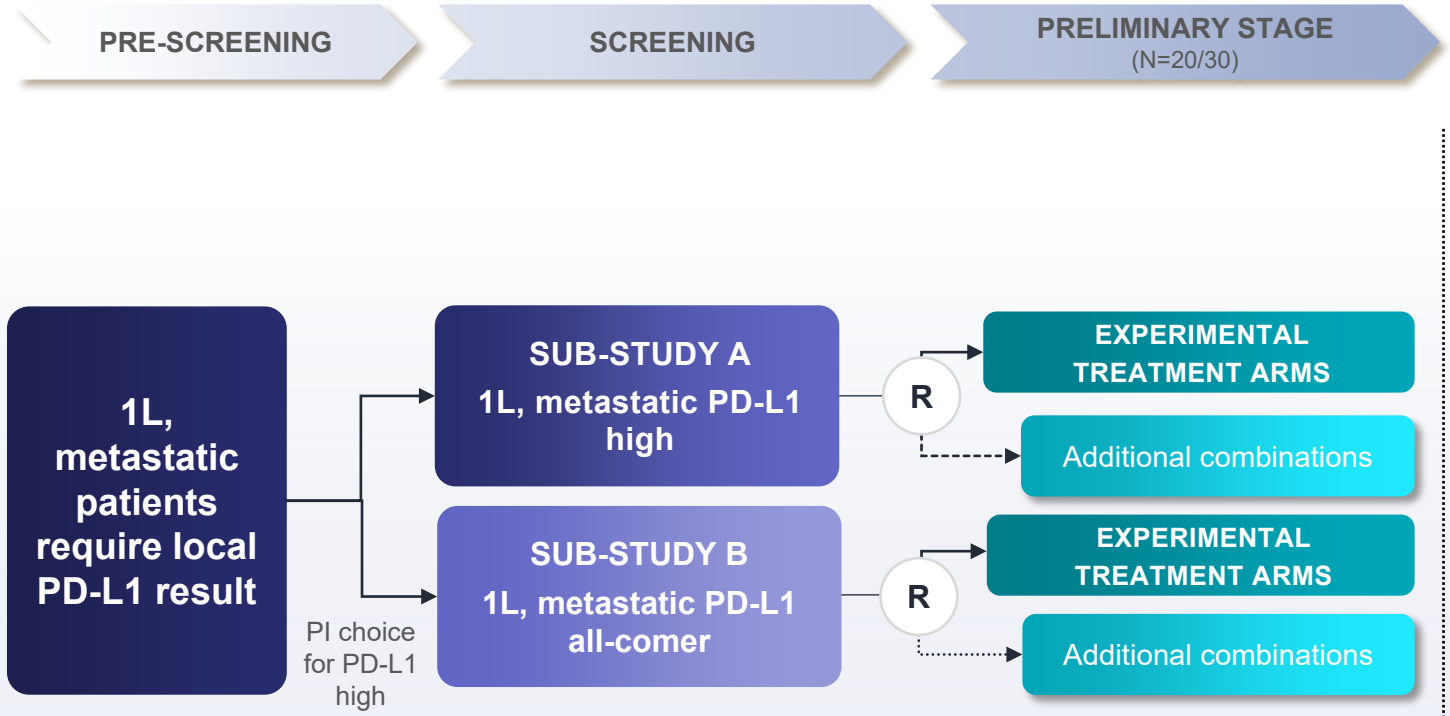


TIGIT is another checkpoint receptor expressed on immune cells that binds CD155 on tumor cells, leading to further evasion of anti-tumor immunity

Dom is an investigational molecule designed to block TIGIT, enable CD155:CD226 interaction and immune cell activation

Combined inhibition of TIGIT and PD1 may have a synergistic effect, unleashing immune activity against certain tumor cells

Platform Design to Rapidly Evaluate Novel Combinations for NSCLC, Including Quemli and Dom-based Regimens



Treatment arm(s) may be expanded to **N=40 total between both preliminary + expansion**

PRIMARY ENDPOINTS

- ORR
- Safety and tolerability

SECONDARY ENDPOINTS

- PFS
- DOR
- OS
- PK

EXPLORATORY ENDPOINTS

- Biomarkers, PD

1L, first line; AC, all comer; DOR: duration of response; IO, immuno-oncology; ORR: objective response rate; OS: overall survival; PFS: progression-free survival; PD, pharmacodynamics; PD-L1,ORR programmed death-ligand 1; PK, pharmacokinetics; PI, principal investigator; R, randomized.

NCT #: NCT05676931

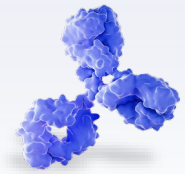
Domvanalimab: Compelling Advantages as the First Fc-Silent TIGIT Program that Support Best-in-Class Potential[1]

	Roche	ARCUS BIOSCIENCES / GILEAD	BeiGene	MERCK
Potential First-to-Market Opportunity (in U.S.)[1]	• 1L NSCLC, PD-L1 high • Stage 3 NSCLC • LA ESCC	• 1L NSCLC, all-comers • 1L EAC/GEJ/Gastric		• 1L NSCLC, all-comers • ES-SCLC
Potential Advantages	• First-mover advantage	• Fc-silent designed to yield safety/combinability benefits • Only TIGIT in Stage 3 NSCLC combining with durva, the dominant PDx SOC • Flexibility in pricing Dom+Zim combinations	• Strong presence in China • China data generation with Ph1b/2 studies	• Pembro is an entrenched SOC in 1L NSCLC (not SOC in Stage III)
Potential Liabilities	• Evidence of ADA's w/ Atezo • High incidence of IRRs; incidence of certain irAEs (rash, pruritus) • Limited Atezo use in NSCLC	• Zim is not yet approved	• Certain studies are China-centric • Tisle approvals will be limited in US & EU	• Co-form is unattractive to clinicians & payers • Large 1L Lung Ph3 study with 1200 patients extends timeline to first approval
Ph3 Studies (initiated/ongoing)	• 1L NSCLC (PD-L1 ≥50%) • 1L NSCLC, non-squamous • Stage 3 NSCLC • LA ESCC • 1L ESCC (China only)	• 1L NSCLC (PD-L1 ≥50%) • 1L NSCLC (all comer) • Stage 3 NSCLC • 1L EAC/GEJ/Gastric	• 1L NSCLC (PD-L1 ≥50%) • 1L NSCLC (all comer)	• 1L NSCLC (PD-L1 ≥1%) • 1L NSCLC (all comer) • Stage 3 NSCLC • ES-SCLC

[1]Includes indications relevant to current Arcus/Gilead development program

Zimberelimab (zim) Preclinical and Clinical Activity is Consistent with Approved Anti-PD-1 Class

BROAD CLINICAL EXPERIENCE



- **Approved** in China for R/R classical Hodgkin Lymphoma (cHL) and cervical cancer[1]
- Studied in over **1000** patients[1,2,3,8]
- Currently being studied in over **20** indications globally[3]
- Licensed for development and commercialization by[8]:

ARCUS BIOSCIENCES · GILEAD · TAIHO PHARMA · gloria BIOSCIENCES

CLINICAL OUTCOMES

Zim clinical data indicates single-agent activity shown across multiple tumor types, including NSCLC, gastric, and esophageal[1,2]

- Pooled incidence of ADAs was low (<10%) across 9 Ph1/2 studies (n=747)[3]
- No impact of neutralizing antibodies on efficacy or safety for patients in ARC-7 to date

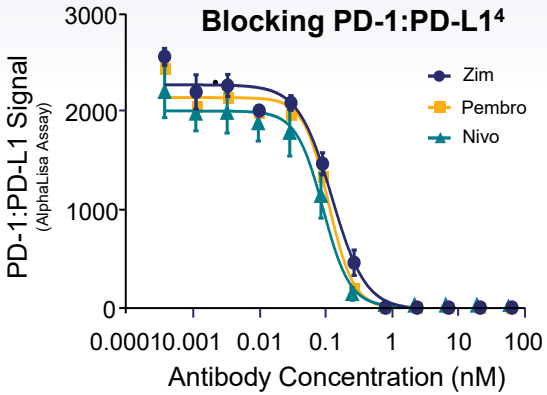
Zimberelimab Efficacy in cHL and Cervical cancer

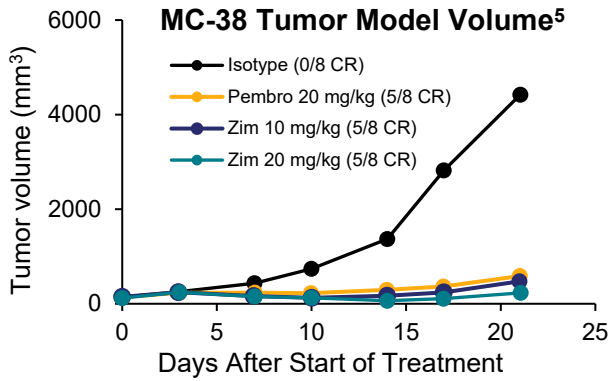
Zimberelimab alone has demonstrated activity consistent with that of marketed anti-PD-1 antibodies in these disease settings.

R/R Classical Hodgkin Lymphoma	zim[2]
12-mo PFS	78%
12-mo OS	99%
ORR	91%
PD-L1+ Cervical Cancer	**zim[6]**
ORR	28%
mPFS	3.7 mo
mOS	16.8 mo

PRECLINICAL CHARACTERIZATION

Zim preclinical activity shows consistency with pembrolizumab and nivolumab binding potency and tumor model activity[3]

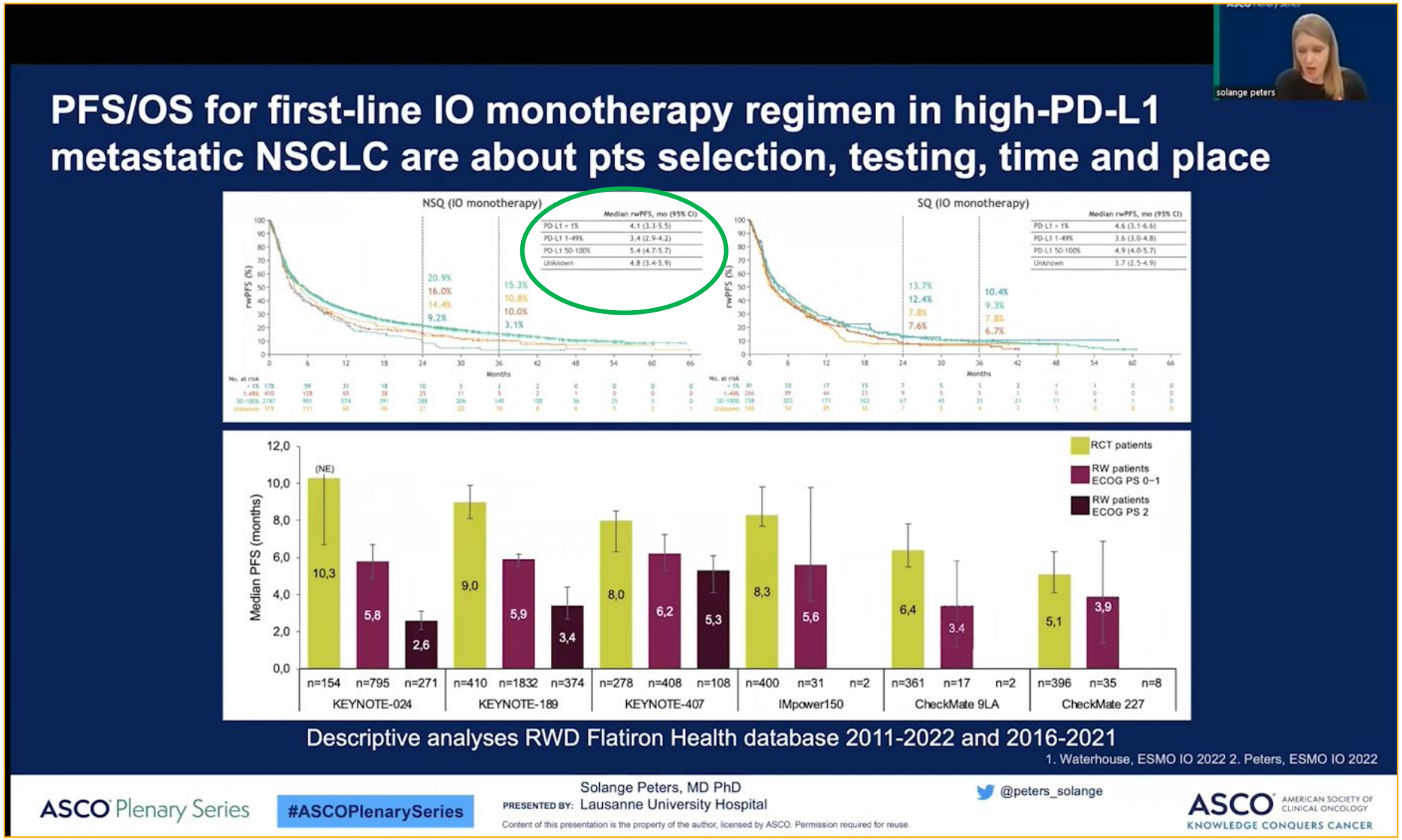




1. Johnson et al. ASCO Plenary Series, Dec. 2022; Gloria Biosciences obtained approval and conducts its activities independent of Arcus. 2. Lin et al Eur J Cancer 2021. 3. Data on file. 4. AlphaLISA. 5. Lou (2023) Front Oncol DOI:10.3389/fonc.2021.736955. 6. Wu et al ESMO IO 2022; Wu SITC 2022 #673. 8. Arcus and Gloria are independent licensees of WuXi Biologics; Gilead and Taiho are licensees of Arcus.

ARCUS BIOSCIENCES

RWD Presented at ESMO IO 2022 for PD- Antibodies in PD-L1 High NSCLC



“Progressive Disease” as BoR for zim (25%) is Consistent with Earlier PD-1 Datasets

Rethinking the unmet need in NSCLC: de novo & aquired resistance

Primary resistance in NSCLC: some patients fail to respond to PD-1/PD-L1 and/or CTLA-4 blockade[3,4,6]

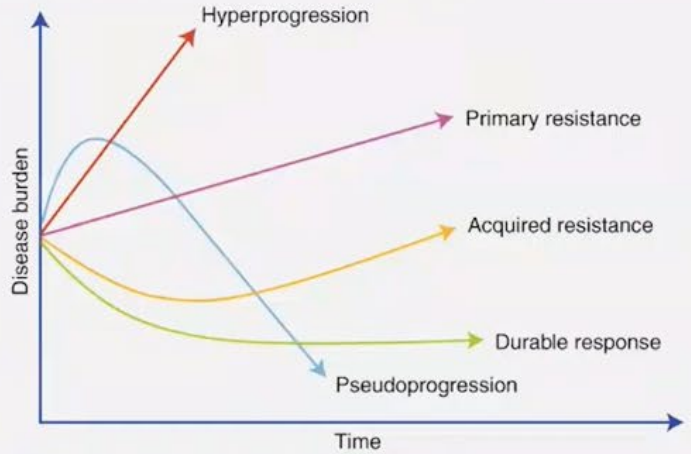
Frequency of primary resistance (PD as best response) in selected studies of immune checkpoint inhibitors with or without chemotherapy in NSCLC (Walsh 2020[6])

	STUDY	TREATMENT	PD AS BEST RESPONSE (%)
First line setting			
Monotherapy	KN024	Pembrolizumab	22
	KN042	Pembrolizumab (TPS ≥1%)	21
	CM026	Nivolumab	27
Chemotherapy + ICI	KN189	Pembrolizumab + chemo	8.8
	KN407	Pembrolizumab + chemo	6.9
	IMpower130	Atezolizumab + chemo	11
	IMpower131	Atezolizumab + chemo	NR
	IMpower150	Atezolizumab + bevacizumab + chemo	18
ICI + ICI	CM227	Ipilimumab + Nivolumab (TMB high)	15.8
	MYSTIC	Durvalumab + Tremelimumab	NR
Pre-treated setting			
Monotherapy	CM017	Nivolumab	41
	CM057	Nivolumab	44
	KN010	Pembrolizumab (TPS ≥1%)	20–25
	OAK	Atezolizumab	44

Acquired resistance: many patients who achieve stable disease or a response with ICI therapy **eventually progress**[5,6]

Acquired resistance: many patients who achieve stable disease or a response with ICI therapy **eventually progress**[5,6]

Patterns of disease response to immune checkpoint inhibitors (Baxter 2021[7])



1. Barrueto L, et al. *Transl Oncol.* 2020;13(3):100738 2. Nowicki TS, et al. *Cancer J.* 2018;24(1):47-53 3. Fares CM, et al. *Am Soc Clin Oncol Educ Book.* 2019;39:147-164 4. Chiang EY, Mellman I. *J Immunother Cancer.* 2022;10(4):e004711 5. Marin-Acevedo JA, et al. *J Hematol Oncol.* 2018;11(1):39 6. Walsh RJ, Soo RA. *Ther Adv Med Oncol.* 2020;12:1758835920937902. 7. Baxter MA, et al. *Br J Cancer* 2021;125:1068–1079 8. Peters ESMO IO 2022

Zim Has Been Approved in China since 2021

Ligand's Partner Gloria Biosciences Receives Approval in China for Zimberelimab for the Treatment of Recurrent or Refractory Classical Hodgkin's Lymphoma

First regulatory approval of an OmniAb-derived antibody

August 30, 2021 04:01 PM Eastern Daylight Time

EMERYVILLE, Calif.--(BUSINESS WIRE)--**Ligand Pharmaceuticals Incorporated (NASDAQ: LGND)** today announced that its partner Gloria Biosciences (GloriaBio) has received approval from China's National Medical Products Administration (NMPA) for zimberelimab (GLS-010), an OmniAb-derived anti-PD-1 monoclonal antibody for the treatment of recurrent or refractory classical Hodgkin's lymphoma (cHL). GloriaBio has development and commercialization rights in China with respect to zimberelimab through a sublicense agreement with Ligand's licensee Wuxi Biologics Ireland Limited.

"We are delighted to see GloriaBio's progress with zimberelimab including receipt of NMPA approval. When we acquired the OmniAb technology in 2016, there were no OmniAb-derived antibodies in the clinic. GloriaBio's

Zimberelimab is a fully human monoclonal antibody that belongs to a class of immuno-oncology agents known as immune checkpoint inhibitors. It is designed to bind to PD-1, a cell surface receptor that plays an important role in the downregulation of the immune system by preventing the activation of T cells. Other anti-PD-1 antibodies have been approved by the U.S. FDA in multiple cancer types. In addition to cHL, GloriaBio is investigating zimberelimab in advanced solid tumors and in March 2021 was granted Breakthrough Therapy Designation for

Gloria Biosciences conducts its activities independently from Arcus

Zimberelimab* Approved for R/R cHL in China since 2021 (Gloria Biosciences Data)

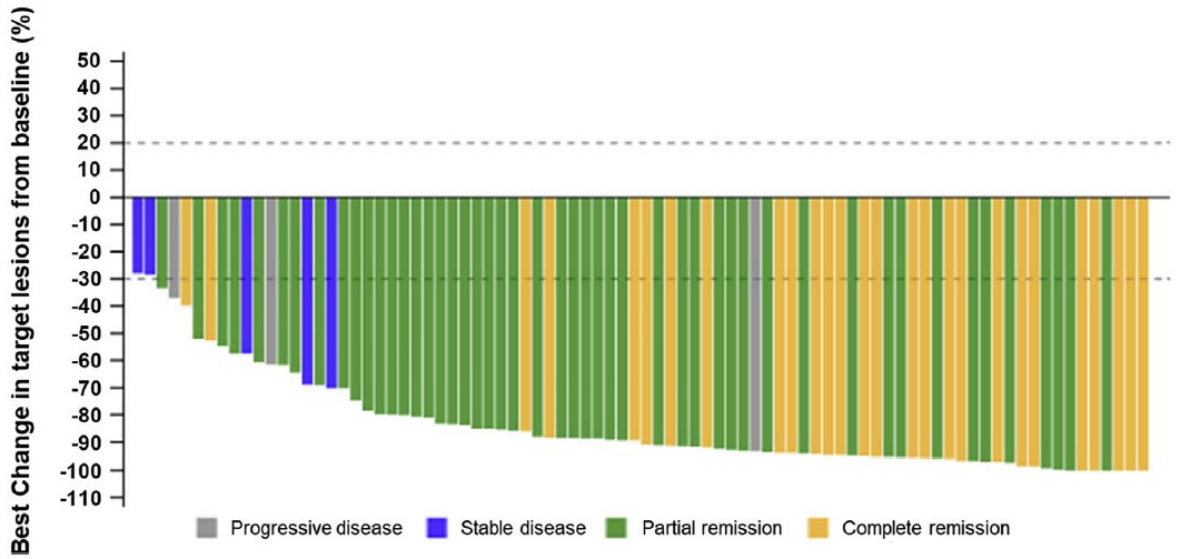


Fig. 1. Waterfall plot of the evaluation of the best overall response by the independent review committee (n = 85).

BASELINE CHARACTERISTICS

	Patients with r/r-cHL (n = 85)
Age (years), median (min, max)	31 (18, 59)
Sex, n (%)	
Male	49 (57.6)
Female	36 (42.4)
Current tumor stage, n (%)	
II	12 (14.1)
III	19 (22.4)
IV	48 (56.5)
Other	6 (7.1)
ECOG, n (%)	
0	54 (63.5)
1	31 (36.5)
Previous therapies, n (%)	
Chemotherapy	85 (100)
Autologous stem cell transplantation	12 (14.1)
Brentuximab vedotin	2 (2.4)
Targeted drug[a]	10 (11.8)
Lines of prior therapy, n (%)	
2	48 (56.5)
3	25 (29.4)
4-6	12 (14.1)

BEST OVERALL RESPONSE: 90.6%[1]

	Assessed by IRC (n = 85)	Assessed by the investigator (n = 85)
Complete response, n (%)	28 (32.9)	31 (36.5)
Partial response, n (%)	49 (57.6)	46 (54.1)
Stable disease, n (%)	5 (5.9)	5 (5.9)
Progressive disease, n (%)	3 (3.5)	3 (3.5)
Objective response rate, n (%)	77 (90.6)	77 (90.6)
95% CI	(82.3–95.9)	(82.3–95.9)

- Pembro, in similar setting, generated ORRs of **65%** (KN-013), **72%** (KN-087) and **65.6%** (KN-204)
- Nivo generated ORR of **69%** (CM-205)

*Also known as GLS-010 in China (Gloria Biosciences); Gloria Biosciences conducts its activities independently from Arcus

[1]Best Overall Response is the sum of all complete responses and partial responses

Lin et al., Efficacy and safety of GLS-010 (zimberelimab) in patients with relapsed or refractory classical Hodgkin lymphoma: A multicenter, single-arm, phase II study. (2021) doi: 10.1016/j.ejca.2021.07.021.

Zimberelimab in 2L Cervical Cancer (Gloria Biosciences Data; ESMO IO 2022)

Results

- In stage 2, 105 patients were enrolled and received zimberelimab (GLS-010), and 90 patients were in FAS, because there were 15 patients who did not received platinum -based standard therapy defined by CDE, NMPA;
- As of 29 April, 2022, after a median follow-up of 16.9 months, 83 patients had discontinued, and 22 were still on treatment.
- CR and PR were achieved by 5 and 20 patients, corresponding to an ORR of 27.8%.
- The median PFS was 3.7 months, and the median OS was 16.8 months.

Table 1. Baseline characteristics of patients

Parameter	Patients (n=45)	Parameter	Patients (n=45)
Age, years, median (range)	51 (31-75)	Histology, n (%)	
ECOG PS		Adenomatous carcinoma	9 (10.0)
0	34 (37.8)	Squamous carcinoma	79 (87.8)
1	56 (62.2)	Adenosquamous carcinoma	2 (2.2)
Previous treatment		Disease stage (FIGO 2009), n (%)	
Surgery	64 (71.1)	IB	17 (18.9)
Radiotherapy	86 (95.6)	IIA	19 (21.1)
Chemotherapy	90 (100.0)	IIB	21 (23.3)
Lines of previous chemotherapy		IIIA	2 (2.2)
1	52 (57.8)	IIIB	10 (11.1)
2	29 (32.2)	IIIC	11 (12.2)
≥3	9 (10.0)	IV	7 (7.8)

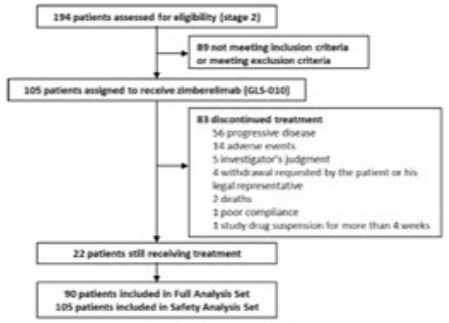


Fig. 1. Patient disposition

Table 2. Efficacy of zimberelimab (GLS-010) in the treatment of recurrent or metastatic cervical cancer

Efficacy	IRC-assessed (n=90)
Best overall response, n (%)	
Complete response	5 (5.6)
Partial response	20 (22.2)
Stable disease	24 (26.7)
ORR, n (%)	25 (27.8
95% CI (%)	18.85-37.22
DCR, n (%)	49 (54.4)
95% CI (%)	43.60-64.98
Median PFS (95%CI), months	3.7 (1.94-5.55)
Median OS (95%CI), months	16.8 (11.50--)
Median TTR (95%CI), months	1.9 (1.84-3.65)
Median DoR, months	NR
12-month DoR rate (95%CI), %	78 (55-90)

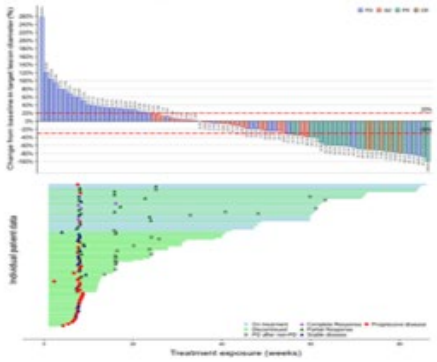


Fig. 2. Waterfall plot and swimmer plot (N=90)

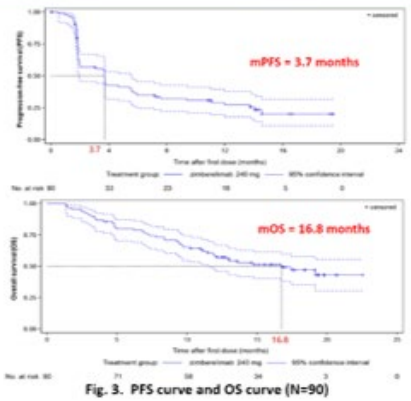


Fig. 3. PFS curve and OS curve (N=90)

Safety and tolerability

- As of 29 April, 2022, TRAEs of any grade were observed in 82 (n=105) patients , mostly Grade 1 or 2;
- Hypothyroidism and anemia were the most common TRAEs.
- Grade ≥ 3 TRAEs were experienced by 26 patients with anemia being the most frequently reported.

Table 3. Summary of adverse events

	AEs, n (%) (N=105)
TEAE	102 (97.1)
Grade ≥3 TEAE	44 (41.9)
TRAE	82 (78.1)
Grade ≥3 TRAE	26 (24.8)
irAE	48 (45.7)
Grade ≥3 irAE	11 (10.5)
SAE	30 (28.6)
TRSAE	16 (15.2)

Table 4. Common TRAEs in ≥ 10% of patients at any grade

	Any grade, n (%) (N=105)	Grade ≥3, n (%) (N=105)
Hypothyroidism	28 (26.7)	-
Anemia	20 (19.0)	8 (7.6)
Hyperthyroidism	13 (12.4)	-
Aspartate aminotransferase elevation	11 (10.5)	-
Alanine aminotransferase elevation	11 (10.5)	-
White blood cell count decreased	11 (10.5)	1 (0.7)

Conclusion

- In this pivotal registration phase II study, zimberelimab (GLS-010) exhibited encouraging therapeutic activity and manageable safety profile in PD-L1-positive recurrent or metastatic cervical cancer patients.
- The ORR was **27.8%** and DCR was **54.4%.** Responses were durable, with a median DoR that had not been reached and a 12-month DoR rate of 78%. The median OS was **16.8 months**.
- The safety profile was consistent with that previously observed for zimberelimab (GLS-010) in patients with advanced cancer.[3,4] 78.1% patients had any grade of TRAEs , mostly grade 1-2.
- This trial is still ongoing, and we are looking forward to further results.

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Wu. X has no conflict of interests to disclose.

Sponsored by Guangdong Gloria Biosciences Co. Ltd.

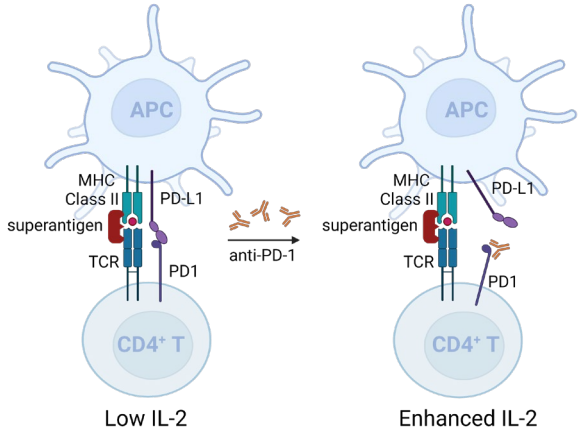
- Keynote-158 in this same setting (n=82, PD-L1>1%) **generated an ORR of 12.2%**

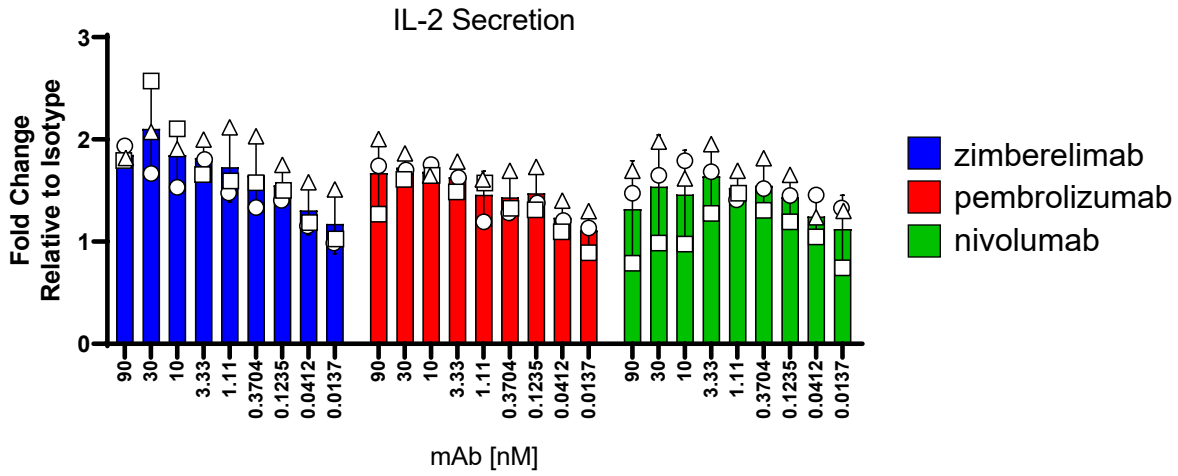
Gloria Biosciences conducts its activities independently from Arcus.
Source: Efficacy and Safety of Pembrolizumab in Previously Treated Advanced Cervical Cancer: Results From the Phase II KEYNOTE-158 Study

Zimberelimab Shows Equivalency to Pembro and Nivo in Preclinical Functional Assays

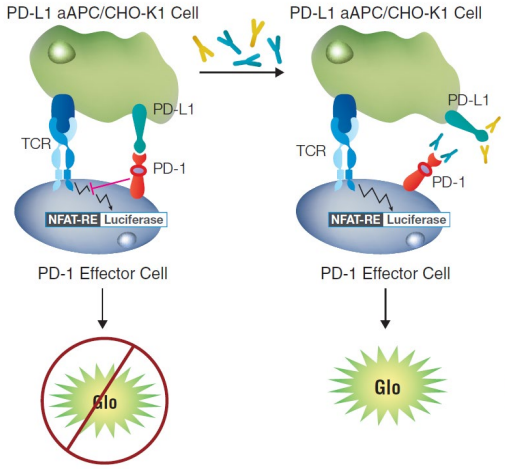
- Arcus in-house data are consistent with preclinical publication on zimberelimab from Gloria Biosciences[1]

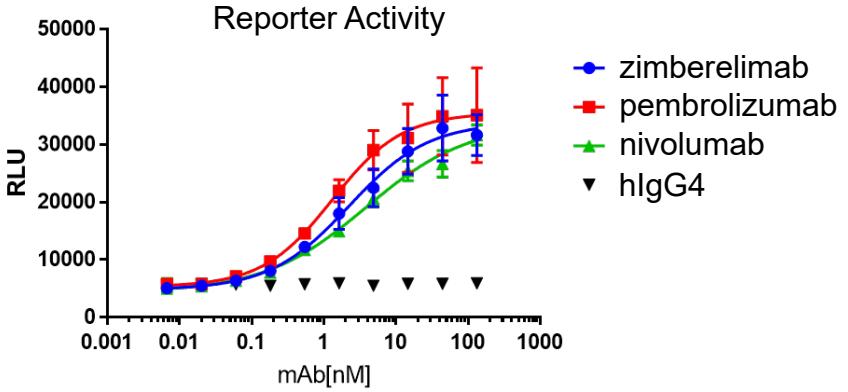
Human PBMC Superantigen Stimulation





Jurkat Reporter Assay (Promega)





[1]Lou (2023) Front Oncol DOI:10.3389/fonc.2021.736955

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