Neoadjuvant BOT+BAL in MSS Colon Cancer
Agenus PIPE Financing Announcement

July 13, 2026

Agenus Speakers

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Forward-Looking Statements

This presentation contains forward-looking statements that are made pursuant to the safe harbor provisions of the federal securities laws. These forward-looking statements include, but are not limited to, express or implied statements relating to the Company's expectations, hopes, beliefs, intentions or strategies regarding the future of its pipeline and business; the Company's strategic prioritization of BOT+BAL for the neoadjuvant treatment of MSS colon cancer; the potential benefits of treatment with the Company's product candidates, including without limitation BOT+BAL and the Company's other balstilimab, botensilimab, zalifrelimab, AGEN1777, AGEN2373 and AGEN1571 programs; the timing of the regulatory submission, design, enrollment, indication selection, dosing, timing of initiation, progress and timing of readouts and results of the Company's ongoing and planned clinical trials, including without limitation the Company's Phase 2 NEST and UNICORN trials and the Company's planned Phase 3 ROBBIN trial; anticipated safety, efficacy, potency, activity, superior response and durability outcomes with respect to the Company's ongoing and planned clinical trials; the Company's plans to discontinue financial support for the ongoing BATTMAN Phase 3 trial; expected regulatory timelines and filings; the Company's commercialization plans and anticipated commercial market opportunities (including partnering and licensing opportunities); the Company's ability to meet manufacturing demands; the closing of the Private Placement; the Company's agreement to register the resale of the securities sold in the Private Placement; the expected amount of proceeds from the Private Placement; and the Company's anticipated cash runway. Statements containing the words "may," "believes," "expects," "anticipates," "hopes," "intends," "plans," "will," "potential," or the negative of these terms and other similar words or expressions, are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. These forward-looking statements are subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied in any forward-looking statement. These risks and uncertainties include, among others, the factors described under the Risk Factors section of Annual Report on Form 10-K for the fiscal year ended December 31, 2025, and our subsequent Quarterly Reports on Form 10-Q filed with the Securities and Exchange Commission and made available on our website at www.agenusbio.com. Agenus cautions investors not to place considerable reliance on the forward-looking statements contained in this presentation. Agenus makes no express or implied representation or warranty as to the completeness of forward-looking statements or, in the case of projections, as to their attainability or the accuracy and completeness of the assumptions from which they are derived. These statements speak only as of the date of this presentation, and Agenus undertakes no obligation to update or revise the statements, other than to the extent required by law. All forward-looking statements are expressly qualified in their entirety by this cautionary statement. Information that may be important to investors will be routinely posted on our website and social media channels.

Welcome

Garo Armen, Ph.D.
Founder, Chairman & CEO

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Fully Funded, FDA-aligned Phase 3 Trial Testing Neoadjuvant BOT+BAL in MSS Colon Cancer, a Multi Billion-Dollar Opportunity in the US

- Financing of $85M upfront and up to $340M in total, focused on BOT+BAL opportunity in high-risk Stage II and Stage III MSS Colon Cancer, >$7 Billion TAM in the US[1]

- Capital will be directed to an FDA-aligned pivotal Phase 3 study (“ROBBIN”) of neoadjuvant BOT+BAL for MSS Colon Cancer (n=850, Randomized 1:1, Primary Endpoint EFS)

- To focus company resources, Agenus is discontinuing support for the ongoing BATTMAN Phase 3 study

- Key upcoming catalysts for ROBBIN Phase 3 Trial (Neoadjuvant BOT+BAL):
  - ROBBIN first patient dosed: anticipated Q1 of 2027
  - Interim pathologic response data: anticipated second half of 2027
  - Interim analysis of EFS: anticipated second half of 2029
  - Final analysis of EFS: anticipated second half of 2030

1. Epidemiology analysis based on data from SEER, CDC, and Clarivate; assumes 38,000 eligible patient population annually * $200K for a course of neoadjuvant treatment.

Full PIPE Funding Expected to Cover 100% of ROBBIN Costs and All Ongoing Agenus OpEx Through EOY 2031; Transaction Structure Aligns with Key Value Inflections across ROBBIN Trial

Funding Tranche	Proceeds ($M)	Share Price / Exercise Price	New Shares Issued (Millions)	Value Inflection Point	Anticipated Timing	Funds Agenus through
Upfront	$85M	$3.69	23.1	ROBBIN Initiation, Regulatory Alignment	Closing (July 15, 2026)	Q3 2027
Series A Warrants	$85M	$4.02	21.1	60th Patient Dosed in ROBBIN	Q2 2027	Q1 2029
Series B Warrants	$170M	$5.03	33.8	ROBBIN Pathologic Response Rate Topline Data (first 50 patients treated with BOT+BAL)	2H 2027	Q4 2031[1]
TOTAL		**$4.36**	**78.0**			

Note: 42,680,014 Shares Outstanding as of July 10th, 2026 (pre-transaction close)

1. Assuming full approval based on projected EFS boundary crossing at the Final Analysis (80% power with 0.65 Hazard Ratio); if EFS boundary is crossed at the Interim Analysis (projected 2H 2029) then we could file for full approval one year prior (1H 2030)

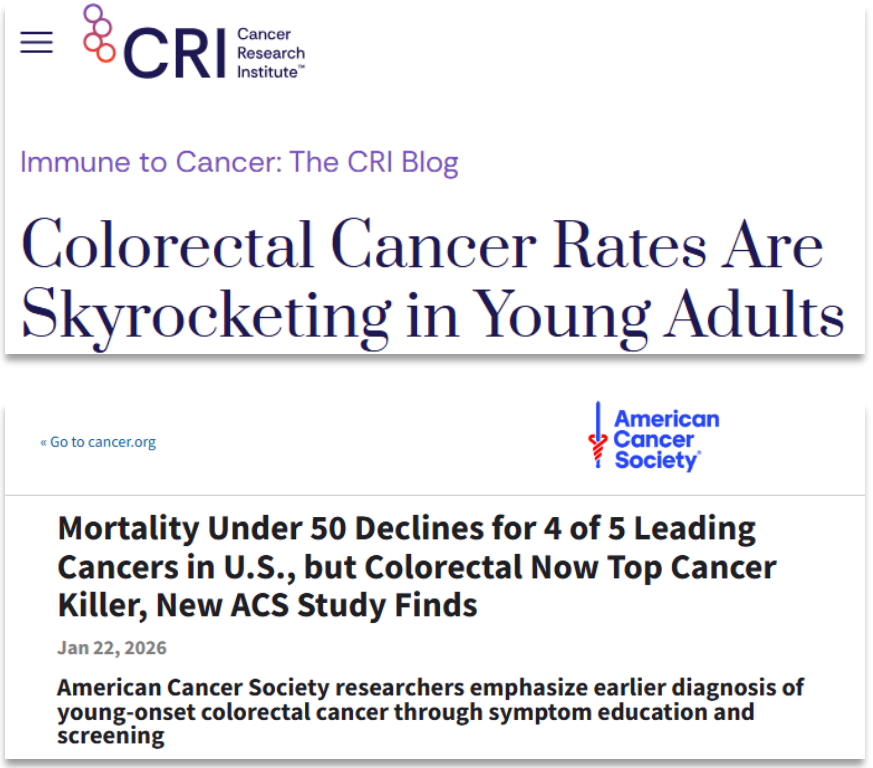
Colorectal Cancer (CRC) Faces Two Urgent Challenges: Rising Burden of Disease and Limited Innovation – Especially in Microsatellite Stable (MSS) Disease

1 Rising CRC Burden

- Colorectal cancer (CRC) is now the leading cause of cancer-related death among Americans under 50[1]
- ~155,000 new cases annually in U.S.[2]
- ~2M new cases annually worldwide[3]

2 Most CRC lacks effective immunotherapy options

- Microsatellite stable (MSS) accounts for ~85% of early-stage CRC cases[5,6]
- No major advances in treatment of MSS colon cancer in >20 years[6]
- MSS CRC remains unaddressed by first-generation ICI[6]



1. Siegel RL, et al. *JAMA.* 2026;335(7):632-634. **2.** Siegel RL, et al. *CA Cancer J Clin.* 2025;75(1):10-45. **3.** Bray F, et al. *CA Cancer J Clin.* 2024;74(3):229-263. **4.** National Cancer Institute. SEER Cancer Stat Facts: Colorectal Cancer. Bethesda, MD: National Cancer Institute. Available at: https://seer.cancer.gov/statfacts/html/colorect.html. **5.** Buchler T. *Front Oncol.* 2022;12:888181. **6.** Guven DC, et al. *Oncologist.* 2024;29(5):e580-e600.

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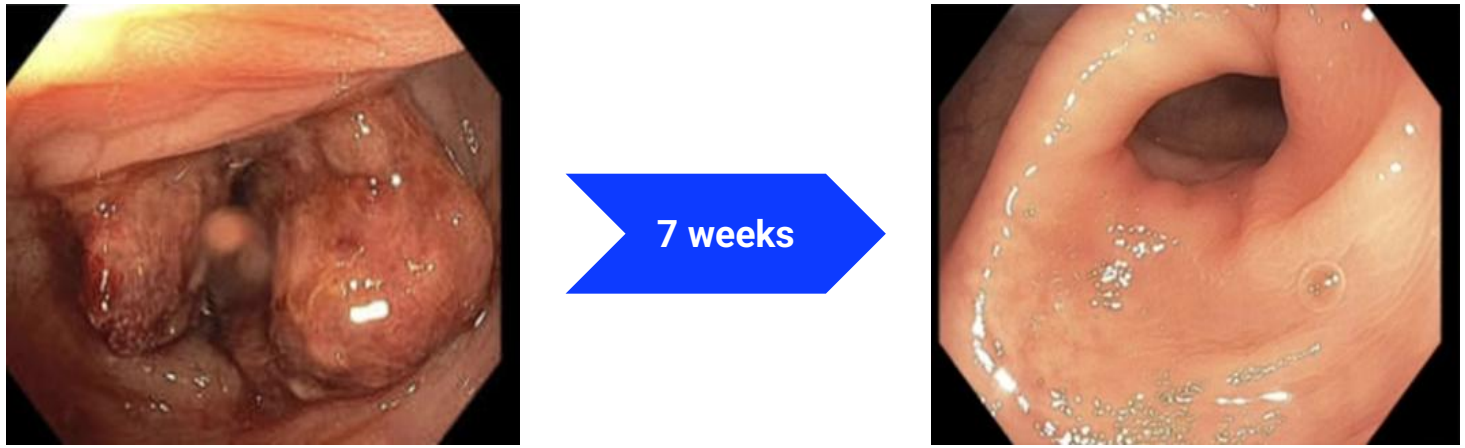
Novel Immunotherapy Approach with BOT+BAL

- Chemotherapy-free option
- Manageable safety profile
- Organ-sparing potential
- Safety and efficacy data from over 1,300 patients in metastatic and locally-advanced settings

Example of 100% tumor regression from Neoadjuvant BOT+BAL in MSS Colon Cancer

After 1 dose of BOT + 2 doses of BAL with no concurrent nor prior therapy;
from NEST[1] Phase 2 trial



Single-patient images; images shared with patient consent.

1. Kasi P, et al. Oral presentation at the ESMO GI Congress. Munich, Germany. 2024. Presentation #743.

Rationale for Strategic Pivot From Metastatic CRC to Neoadjuvant MSS Colon Cancer

FROM

Late-line, refractory metastatic CRC

BOT provides a significant benefit, but in a smaller and more competitive indication.

TO

High-risk Stage II & Stage III MSS colon cancer

No advances in treatment of this patient population in over 20 years since the approval of oxaliplatin.

Why Now

1

Large Market with No Immunotherapy Options

High risk-stage II & Stage III MSS colon cancer has ~38,000 treated patients annually in the US[1]

2

Deeper Patient Benefit & Improved Potential Economics with BOT+BAL

Improving outcomes in the curative-intent population supports strong pharmacoeconomic position for BOT pricing

3

Unprecedented Neoadjuvant Responses with BOT+BAL

52 patients in CRC treated with BOT+BAL show deep pathologic responses, continued ctDNA clearance, and no reported recurrences support high likelihood of success in the ROBBIN trial

4

Regulatory Alignment, Financing to Approval

ROBBIN Phase 3 trial design aligned with FDA feedback; $340M funds company through projected full approval in neoadjuvant MSS colon cancer

1. Epidemiology analysis based on data from SEER, CDC, and Clarivate

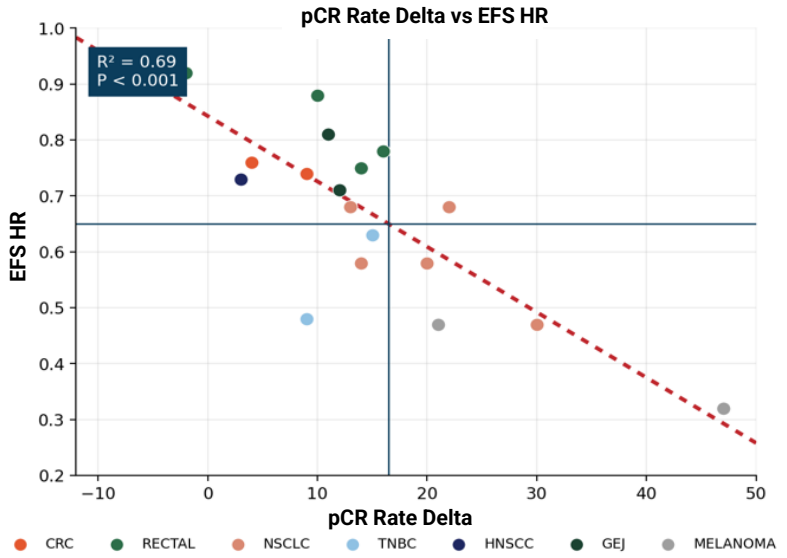
Pathologic Complete Response Rates (pCR) Correlate with EFS: pCR Rates with BOT+BAL in NEST & UNICORN Provide a Strong Signal for Success in ROBBIN

METHODOLOGY:

- 21 neoadjuvant/perioperative trials evaluated using linear regression analysis[1]
- Objective: To examine the relationship between pCR rate delta[2] and EFS hazard ratio (HR) across solid tumors

RESULTS:

- Regression shows that magnitude of pCR rate predicts EFS HR.



pCR Rate Delta	Projected EFS Hazard Ratio
0.0%	0.84
5.0%	0.78
10.0%	0.73
15.0%	**0.67**
20.0%	**0.61**
25.0%	0.55
30.0%	**0.49**
35.0%	0.43
40.0%	0.38
45.0%	0.32
50.0%	0.26

Expected pCR rate in Control arm for ROBBIN = 0% based on FOxTROT, NeoCol, and OPTICAL control arms

A pCR rate of ~17% correlates with a ~0.65 Hazard Ratio (target HR for ROBBIN trial)

If interim readout of pCR rate in ROBBIN reaches the same level as observed in NEST and UNICORN (~30%), this would predict a HR of ~0.50

1. Analysis based on 21 neoadjuvant trials with paired pCR/MPR and EFS or DFS data: Checkmate-816, KEYNOTE-522, Checkmate-77T, KEYNOTE-671, AEGEAN, KEYNOTE-689, MATTERHORN, KEYNOTE-585, NADIM3, GeparNuevo, SWOG S1801, NADINA, FoxTROT, OPTICAL, NeoCol, TORCH, RAPIDO, PRODIGE 23, STELLAR, PROSPECT, and CAO/ARO/AIO-12. **2.** pCR rate delta defined as the difference in pathologic complete response rate between the Experimental and Control arms in each of the 21 analyzed neoadjuvant trials. Note some HRs are estimated based on study results.

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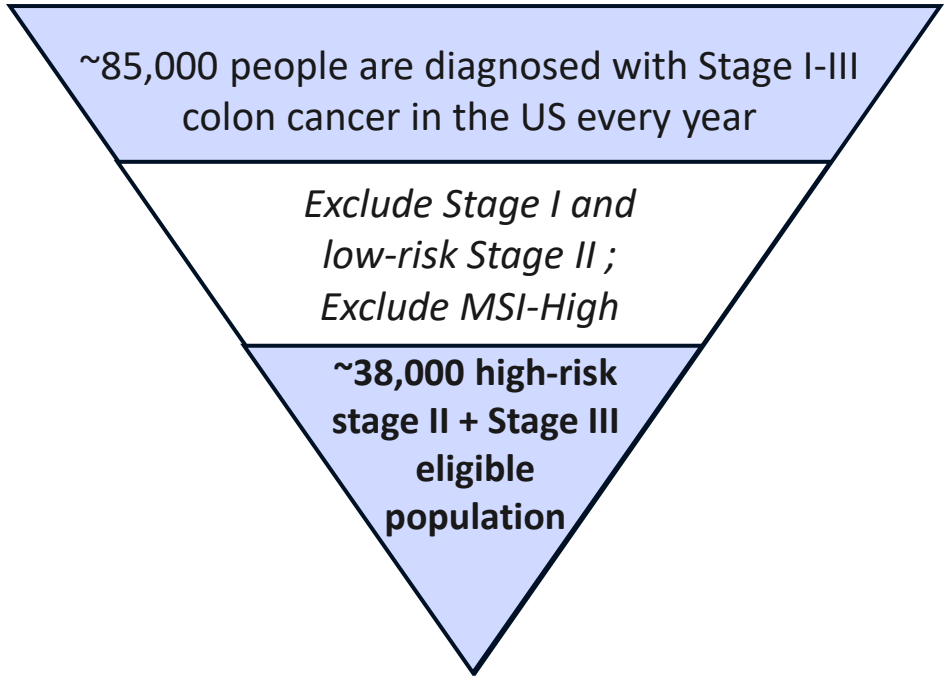
Significant Market Opportunity for BOT+BAL in Locally Advanced MSS Colon Cancer



Total US Addressable Market Opportunity for High-Risk Stage II/III MSS Colon Cancer:

>$7 Billion*

- Stage I colon cancer is excluded from ROBBIN
- 15-20% of Stage I and II Patients are MSI-H, and 8-12% of Stage III patients are MSI-H (excluded from ROBBIN study)

- *Expected Target Product Profile with HR = 0.65:*
- Short neoadjuvant treatment with low adverse event rate
- 3-year EFS improvement from 75% to 82%
- Reduction in oxaliplatin-induced neuropathy

1. Epidemiology analysis based on data from SEER, CDC, and Clarivate; assumes 38,000 eligible patient population annually * $200K for a course of neoadjuvant treatment.

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Prior Neoadjuvant Studies in CRC: FOxTROT & NICHE

Myriam Chalabi, MD
Netherlands Cancer Institute, Amsterdam, NL

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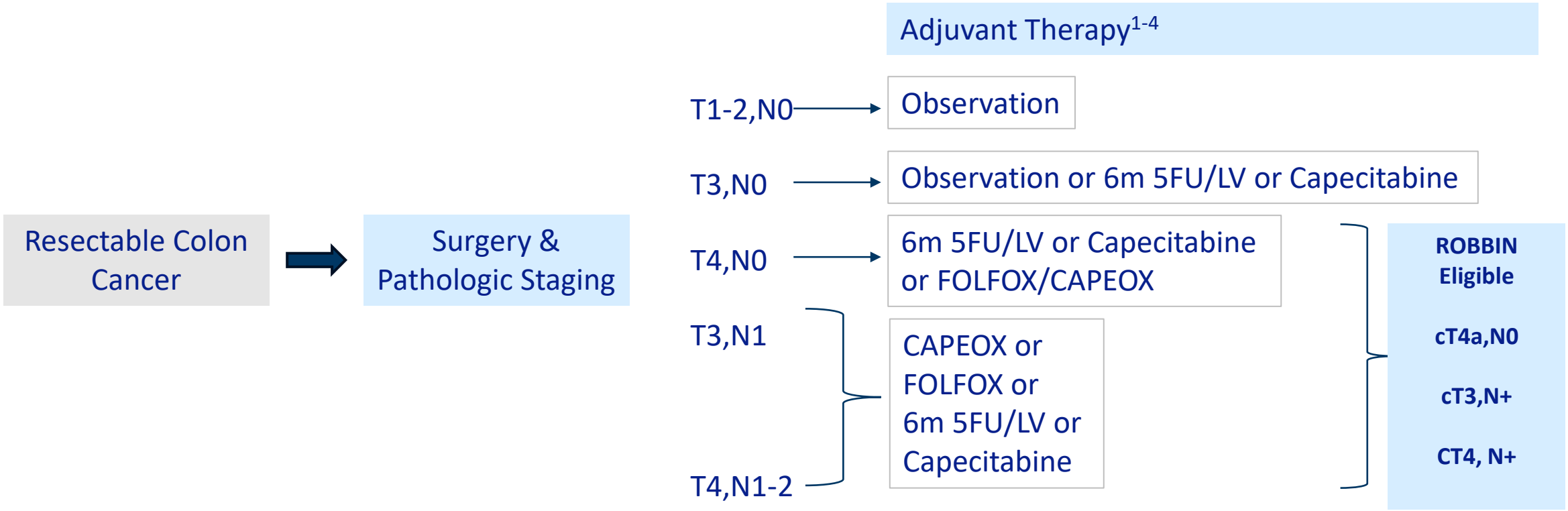
Current Treatment Landscape for Stage I to Stage III MSS Colon Cancer



1. André T, et al. *J Clin Oncol.* 2009;27(19):3109-3116. **2.** Yothers G, et al. *J Clin Oncol.* 2011;29(28):3768-3774. **3.** Schmoll HJ, et al. *J Clin Oncol.* 2015;33(32):3733-3740. **4.** Grothey A, et al. *N Engl J Med.* 2018;378(13):1177-1188.

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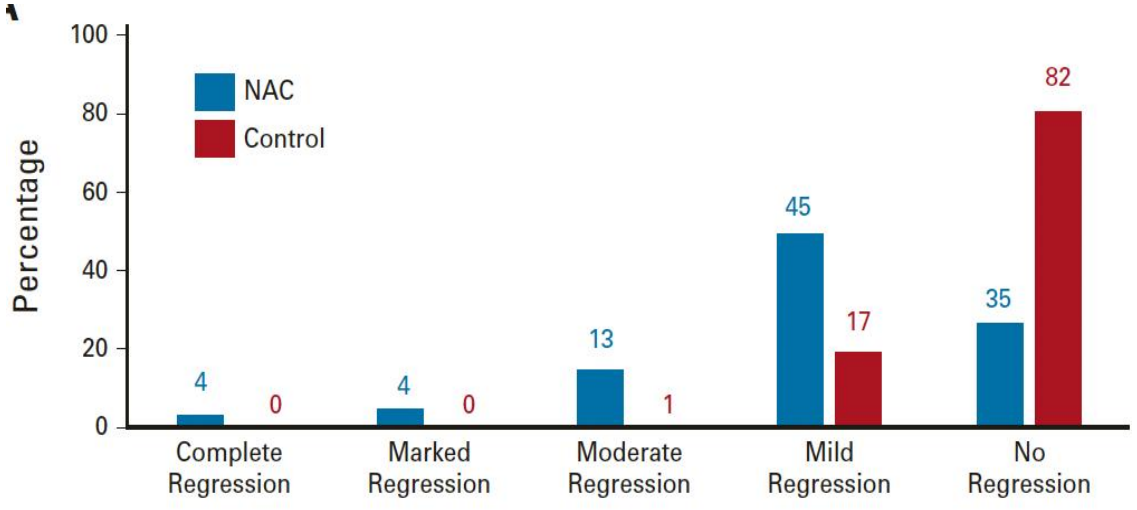
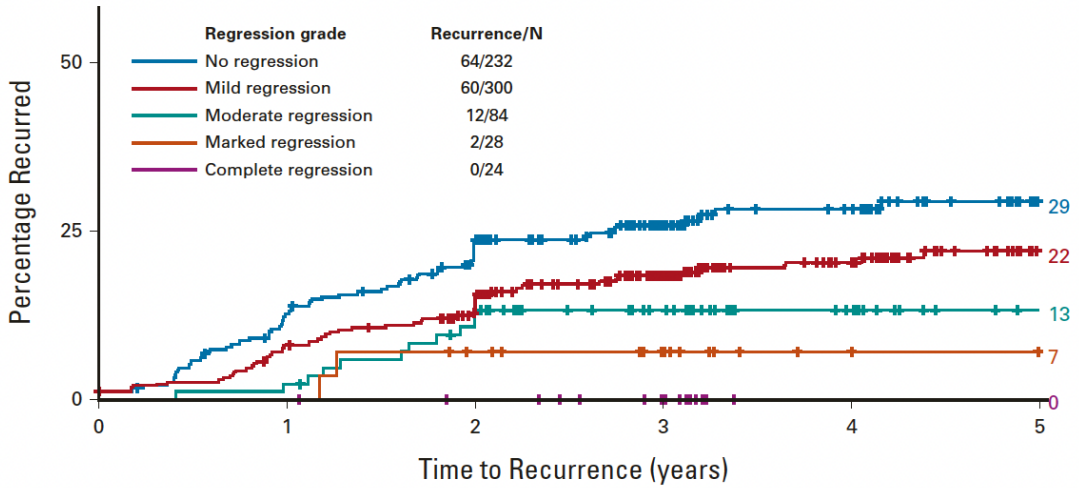
Precedent: FOxTROT Prior Neoadjuvant Chemotherapy Study for Stage II/III Colon Cancer

- FOxTROT (N=1,053) established that the depth of pathologic regression is associated with improved recurrence rates (notably no recurrences in patients with complete tumor regression in colon cancer)[1]
- However, the modest depth of regression achieved with neoadjuvant chemotherapy translated into only modest long-term benefit and was insufficient to change the global standard of care

Pathologic Response Assessment



Recurrence Rate by Pathologic Response



1. Morton D, et al. *J Clin Oncol.* 2023;41(8):1541-1552.

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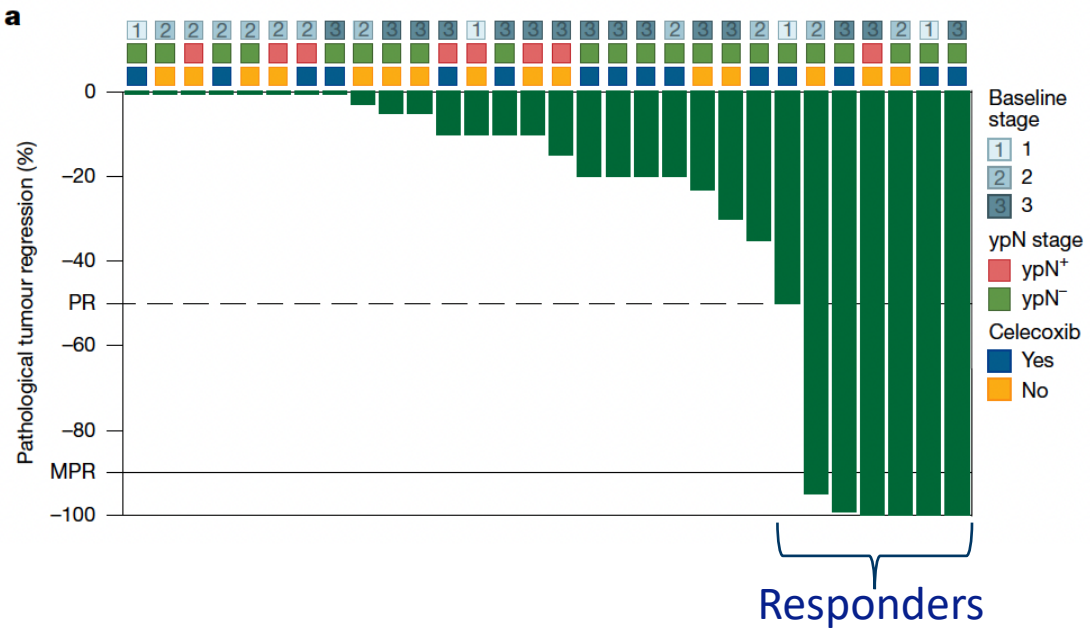
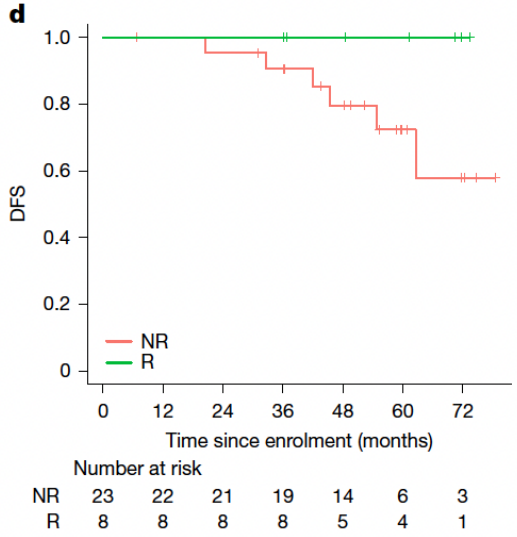
Precedent: NICHE pMMR/MSS Colon Cancer Cohort of Ipilimumab + Nivolumab Neoadjuvant Treatment

- The NICHE study evaluated neoadjuvant ipilimumab + nivolumab ± celecoxib in 31 patients with MSS Colon Cancer
- 30 patients underwent surgery and were assessable for pathologic response[1]
- 10% of patients had a pCR (0% residual tumor), and 23% had a Pathologic Response (≤50% residual tumor)

Pathologic Response Assessment



Recurrence over time for Non-Responders (n=23) vs Responders (n=8)



Event-free survival at 3 years was 93%. No recurrences in patients who had a response (≥50% tumor regression)

1. Tan P. et al. Nature 2025;648:726-735.

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NEST & UNICORN Phase 2 Studies of Neoadjuvant BOT + BAL

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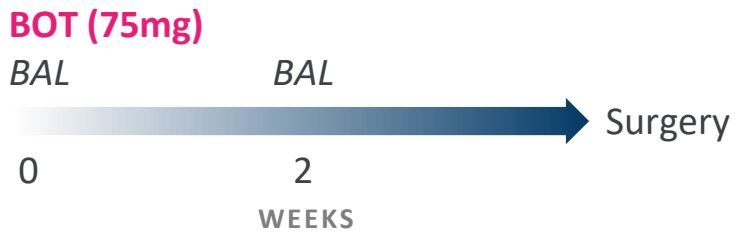
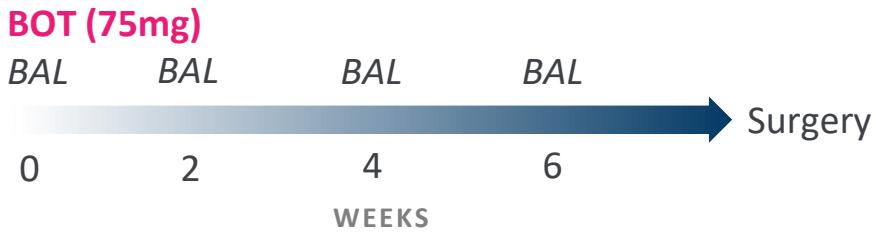
Neoadjuvant CRC: BOT±BAL Evaluated Across Multiple Pre-Surgical Treatment Schedules

NEST (N=24)[1]

NEST 1 (*~4 weeks to surgery*)



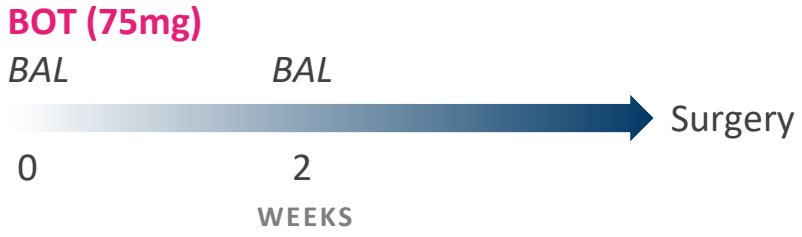
NEST 2 (*~8 weeks to surgery*)



UNICORN (N=56)[2]

~5 weeks to surgery

~5 weeks to surgery



1. Hissong E, et al. Neoadjuvant Botensilimab (BOT) Plus Balstilimab (BAL) in Resectable Mismatch Repair Proficient (pMMR) and Deficient (dMMR) Colorectal Cancer (CRC). Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Abstract #207 . **2.** Ghelardi F, et al. Neoadjuvant botensilimab and balstilimab in colorectal cancer. Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Poster F20

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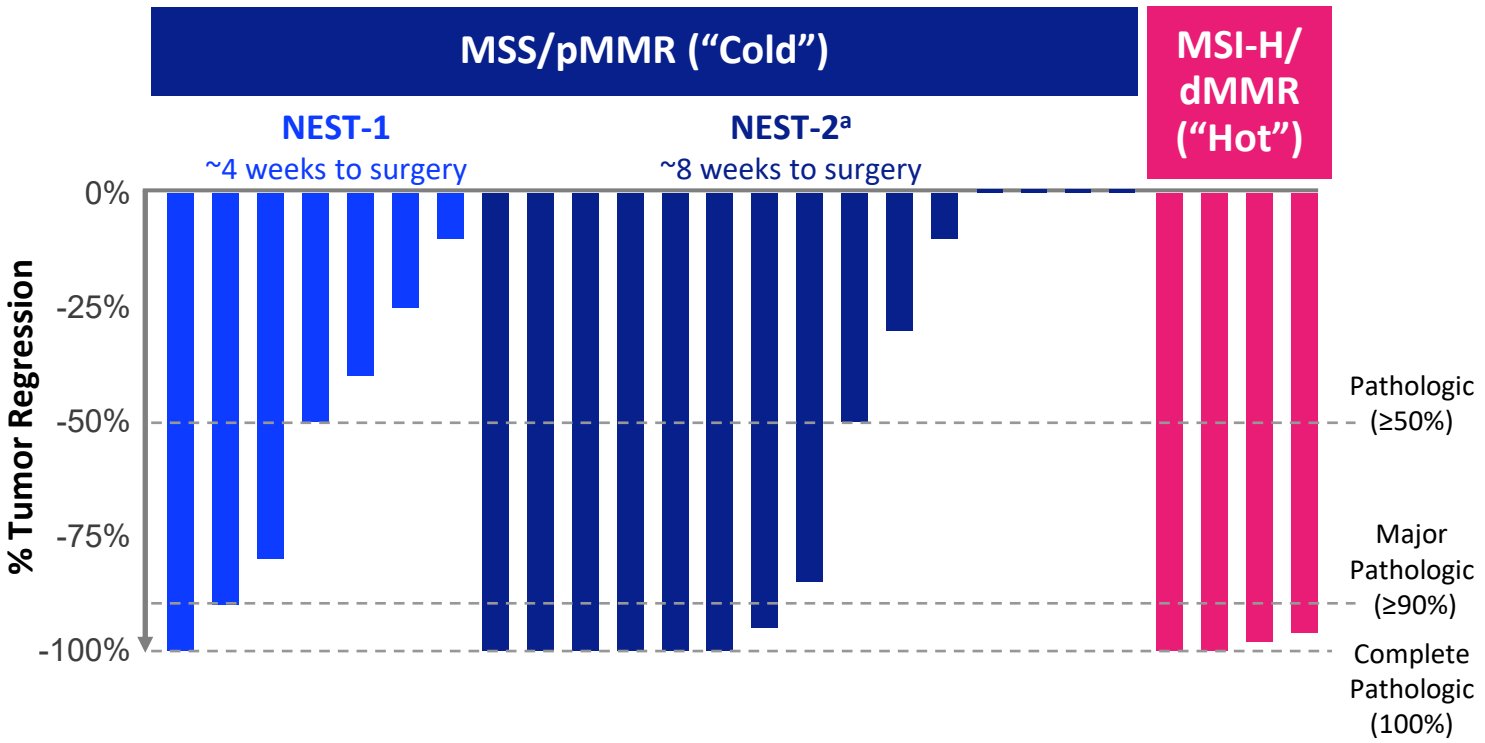
NEST Trial: Marked Tumor Reductions with 1 BOT Dose + 2-4 BAL Doses

Stage II/III (Pre-Surgery and/or Chemo or "Neoadjuvant") Patients Treated with BOT+BAL



No recurrences reported with BOT+BAL
(median follow-up 9–18 months)

Topline Results

(*1 dose BOT + 2-4 doses BAL)*

MSS CRC (n=22 tumors)

59% Pathologic Response
(*Ipi+Nivo: 23%*)[b,2]

41% Major Pathologic Response
(*Ipi+Nivo: 20%*)[b,2]

32% Complete Pathologic Response
(*Ipi+Nivo: 10%*)[b,2]

MSI-H/dMMR CRC (n=4 tumors)

100% Major Pathologic Response
(*Ipi+Nivo: 95%*)[b,3]

ClinicalTrials.gov Identifier: NCT05571293. [a]Two patients in NEST-2 each had synchronous primary tumors (each tumor was analyzed separately for percent tumor regression). [b]Cross-trial comparisons are descriptive; differences in eligibility, assessments, and data cutoffs may confound comparisons. ; 1. Hissong E, et al. Neoadjuvant Botensilimab (BOT) Plus Balstilimab (BAL) in Resectable Mismatch Repair Proficient (pMMR) and Deficient (dMMR) Colorectal Cancer (CRC). Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Abstract #207 . 2. Ghelardi F, et al. Neoadjuvant botensilimab and balstilimab in colorectal cancer. Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Poster F20

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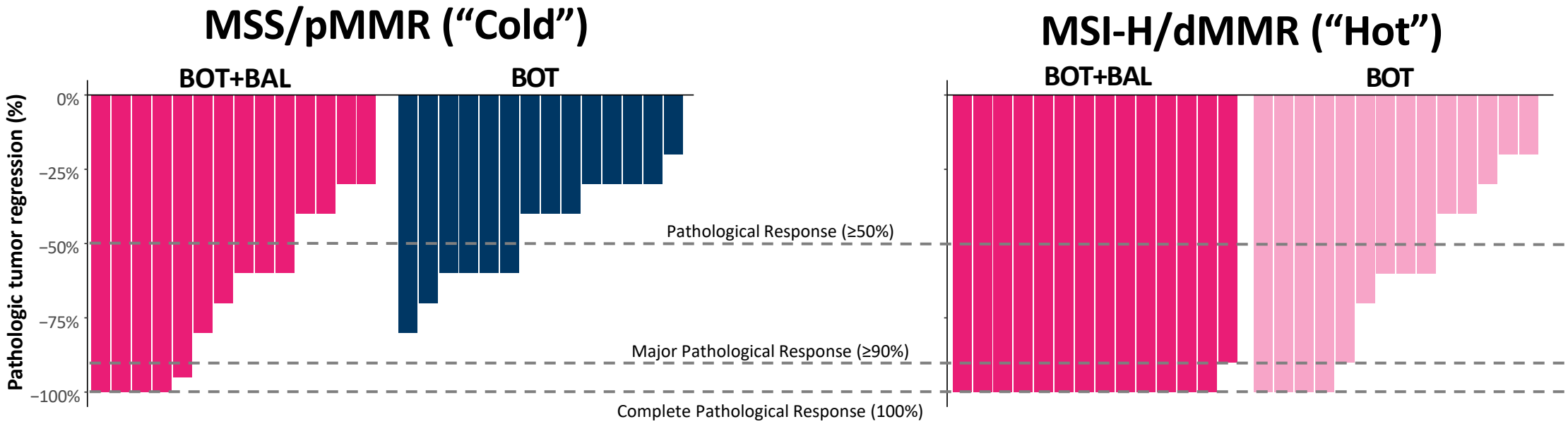
UNICORN Trial: Consistent Demonstration of Benefit with BOT+BAL

56 Patients Treated with BOT Mono (n=28) and BOT+BAL Combo (n=28) ; Further Support for Contribution of Components



Response	BOT+BAL (n=14)	BOT (n=14)
Pathologic	71%	43%
Major Pathologic	36%	0
Complete Pathologic	29%	0

Response	BOT+BAL (n=14)	BOT (n=14)
Pathologic	100%	64%
Major Pathologic	100%	36%
Complete Pathologic	93%	29%

No recurrences reported with BOT+BAL (median follow-up 6-9 months)

Ghelardi F, et al. Neoadjuvant botensilimab and balstilimab in colorectal cancer. Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Poster F20

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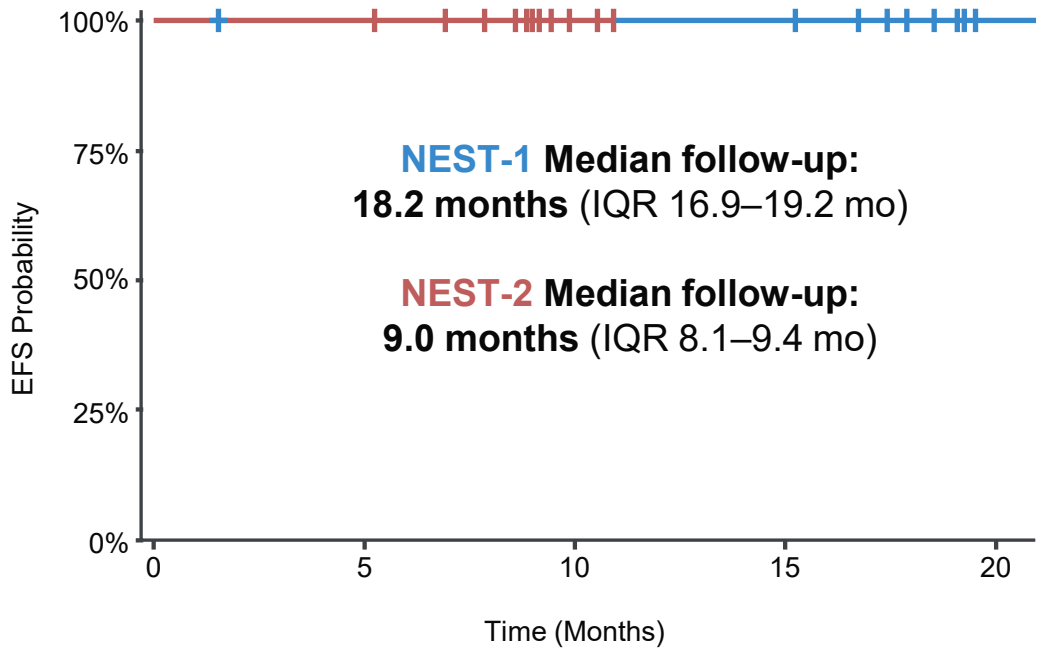
No Disease Recurrence Reported in 38 BOT+BAL Treated Patients Across NEST and UNICORN

NEST[1]

Event-Free Survival

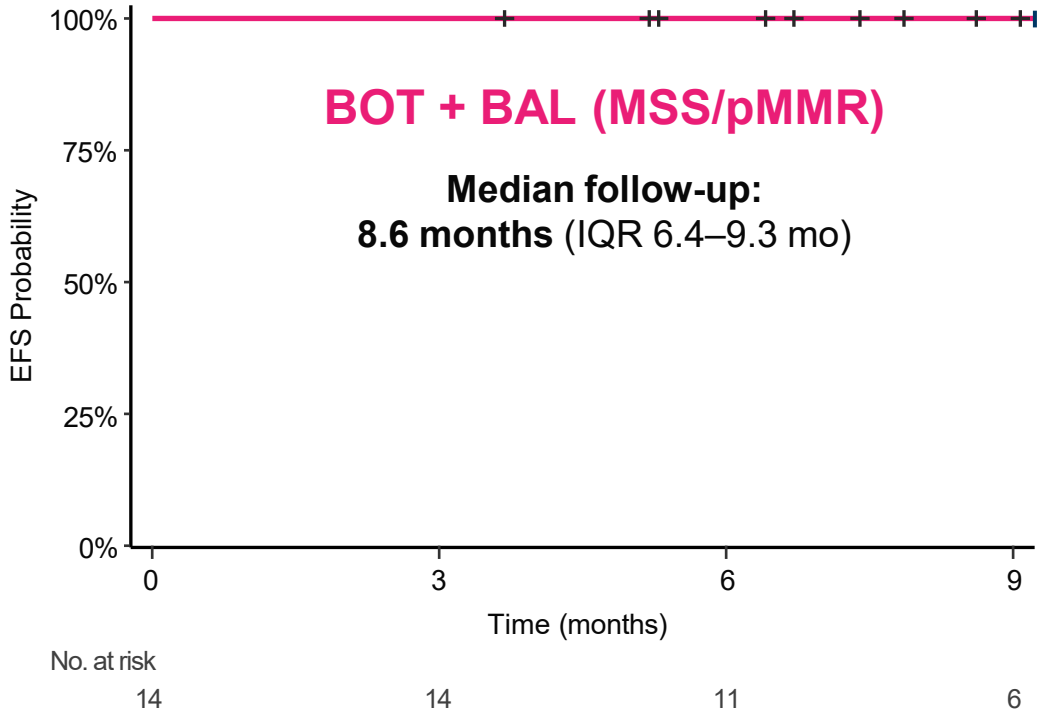
(N=24)



UNICORN[2]

Event-Free Survival

(N=14)



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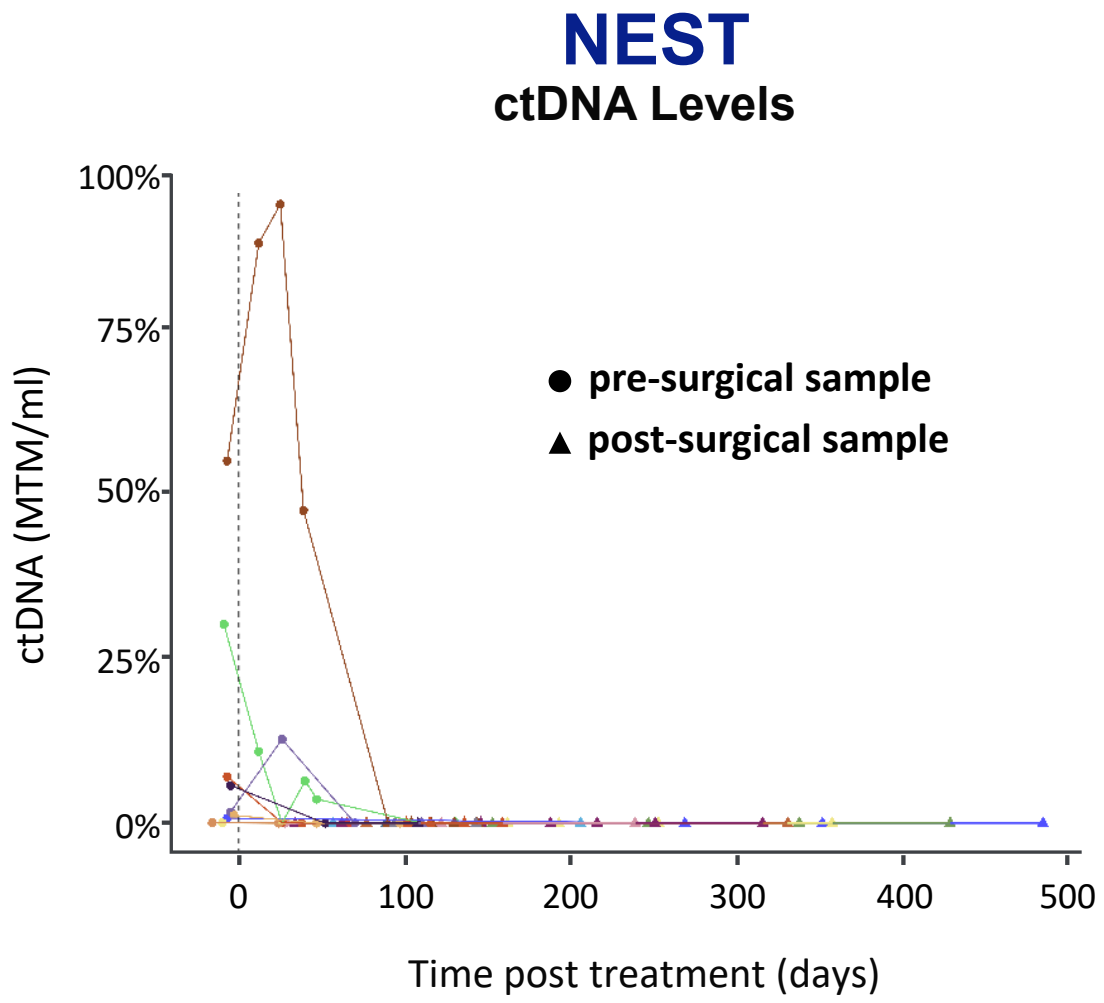
No ctDNA Recurrences Observed in NEST



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NEST and UNICORN Safety Summary: Favorable Toxicity Profile with Low Incidence of High-Grade irAEs and No Significant Surgical Delays

NEST[1]

Treatment-Related Grade 3	BOT+BAL (n=24)
Fatigue	1 (4%)
Colitis/Diarrhea	3 (13%)

No delays in surgery in any patients and no Grade 4 AEs

UNICORN[2]

Immune-mediated AE Grade ≥3	BOT+BAL (N=28)
Hyperthyroidism	1 (2%)

1 surgery delay (10 days)

Among a total of 52 Patients treated with BOT + BAL:

Low rate of grade ≥3 AEs

One short surgical delay due to immune-mediated hyperthyroidism

1. Hissong E, et al. Neoadjuvant Botensilimab (BOT) Plus Balstilimab (BAL) in Resectable Mismatch Repair Proficient (pMMR) and Deficient (dMMR) Colorectal Cancer (CRC). Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Abstract #207 . **2.** Ghelardi F, et al. Neoadjuvant botensilimab and balstilimab in colorectal cancer. Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Poster F20

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ROBBIN*: Phase 3, Randomized Controlled Study of Neoadjuvant BOT+BAL in High-Risk Stage II and Stage III MSS Colon Cancer

Steven O'Day, MD
Chief Medical Officer, Agenus

*A Phase 3 **R**andomized, **O**pen-Label Study of **B**otensilimab Plus **B**alstilimab **I**n the **N**eoadjuvant Setting followed by Standard of Care Versus Standard of Care Alone in Previously Untreated High-Risk Stage II and Stage III Non–MSI-H/dMMR Colon Cancer (**ROBBIN** Study)

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Setting the Stage for the ROBBIN Phase 3 Study: Neoadjuvant BOT+BAL Demonstrates Deep and Durable Responses in Stage II/III MSS CRC

Depth of Pathologic Response in MSS CRC

	BOT+BAL (NEST[1])	BOT+BAL (UNICORN[2])	Neoadj Chemo (FOxTROT[a])	IPI/NIVO (NICHE[b])
Complete PR (100% tumor reduction)	32%	29%	4%	10%
Major PR (≥90% tumor reduction)	41%	36%	8%	23%
Path Response (≥50% tumor reduction)	59%	71%	23%	29%

No Disease Recurrence Reported with BOT+BAL

BOT+BAL[1,2]
(NEST & UNICORN)

0% recurrence
at 9–18-month follow-up

Adjuvant Chemo
(FOxTROT Control[a])

25% recurrence
at 3 years

[a]Neoadjuvant FOLFOX in the FOxTROT trial; Morton D, et al. *J Clin Oncol.* 2023;41(8):1541-1552. [b]Neoadjuvant ipilimumab and nivolumab in the NICHE trial; Tan P. et al. *Nature* 2025;648:726-735. Complete pathological regression (pCR) is defined as 100% tumor regression; major pathologic regression (mPR) as at least 90% tumor regression; and pathologic regression as at least 50% tumor regression. ; **1.** Hissong E, et al. Neoadjuvant Botensilimab (BOT) Plus Balstilimab (BAL) in Resectable Mismatch Repair Proficient (pMMR) and Deficient (dMMR) Colorectal Cancer (CRC). Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Abstract #207 . **2.** Ghelardi F, et al. Neoadjuvant botensilimab and balstilimab in colorectal cancer. Poster presented at the ASCO Gastrointestinal Cancers Symposium. January 23-25, 2025. San Francisco, CA. Poster F20

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ROBBIN Phase 3: Neoadjuvant BOT+BAL in High-Risk Stage II and Stage III MSS Colon Cancer

Trial Size
- N=850

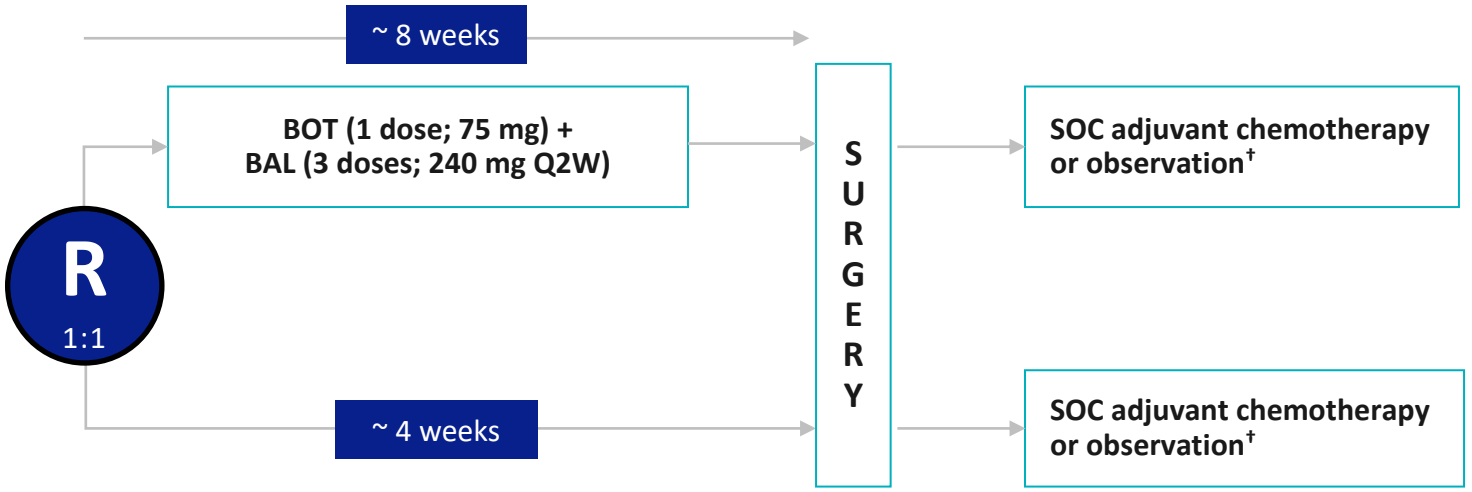
Patient Population
- High Risk Stage II (cT4aN0M0) and Stage III (cT3-T4Na+M0) resectable MSS colon cancer
- ECOG 0 or 1
- Age ≥18 years

Target Endpoints

Primary: Event-free survival (EFS)

Key Secondary: Overall survival, preservation of ctDNA clearance, and QoL

Exploratory Endpoints
- Pathologic Response Rate
- Pathologic response correlation with EFS and OS
- Utilization of adjuvant chemo
- Biomarkers



†Adjuvant chemotherapy or observation in both arms to be decided by investigator per standard of care based on pathologic stage and society guidelines.

Powering Assumptions
- 80% power assuming EFS HR=0.65

Analyses
- Interim analysis for EFS at 75% Information Fraction
- Final analysis for EFS at 100% Information Fraction

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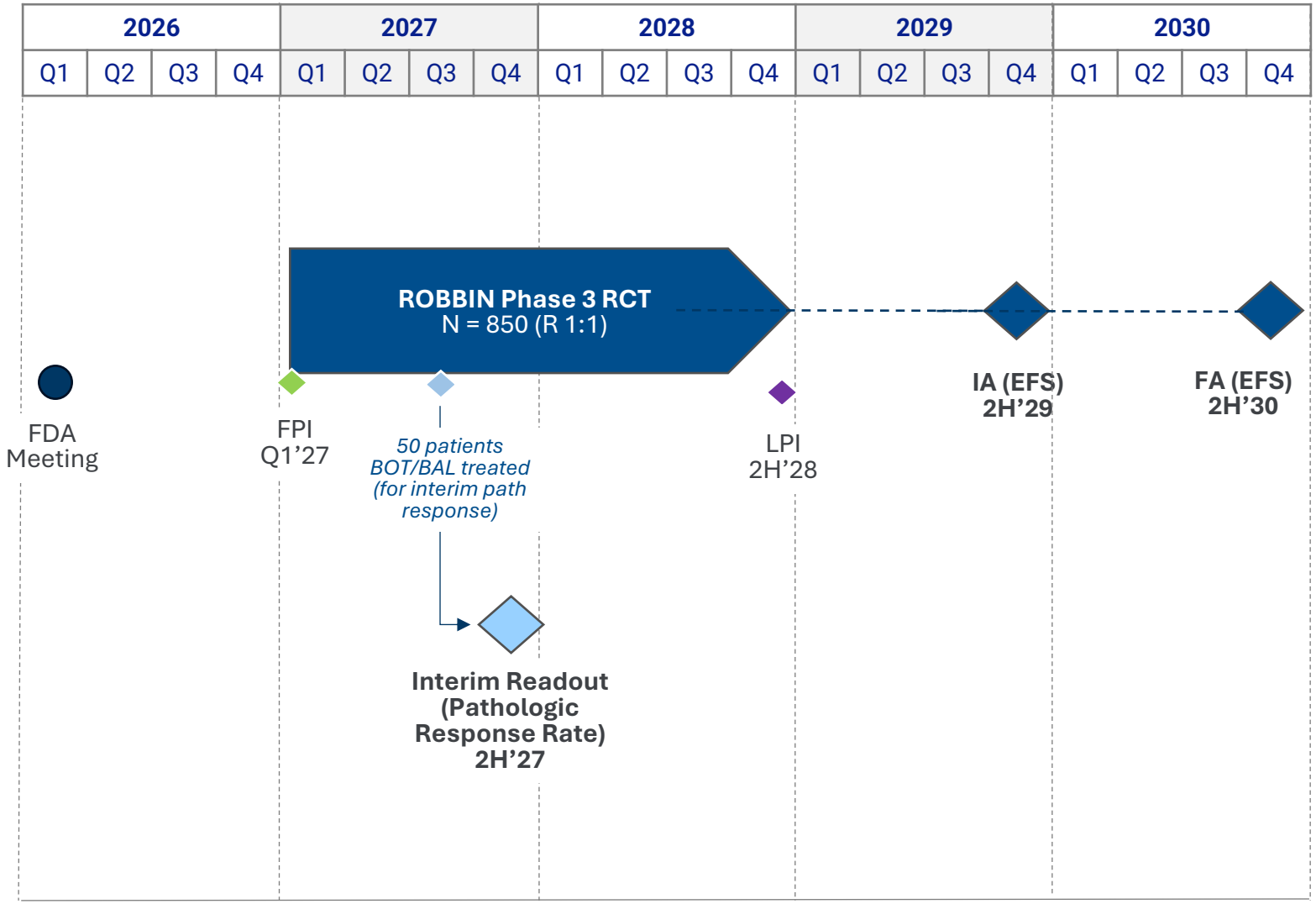
ROBBIN Phase 3 Trial Aligned with FDA Feedback

The following key elements of the Phase 3 study are aligned with FDA feedback:

- The proposed patient population of Stage II (cT4aN0M0) and Stage III (cT3-T4Na+M0) Colon Cancer that is not MSI-H/dMMR
- The proposed experimental arm of neoadjuvant BOT and BAL followed by surgery and guideline-directed adjuvant chemotherapy based on pathologic staging
- The control arm based on the current standard of care of surgery followed by guideline-directed adjuvant chemotherapy based on pathologic staging
- The primary endpoint of EFS and the proposed interim analysis plan

Projected Timeline for ROBBIN Phase 3 Study



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Fully Funded, FDA-aligned Phase 3 Trial Testing Neoadjuvant BOT+BAL in MSS Colon Cancer, a Multi Billion-Dollar Opportunity in the US

- Financing of $85M upfront and up to $340M in total, focused on BOT+BAL opportunity in high-risk Stage II and Stage III MSS Colon Cancer, >$7 Billion TAM in the US

- Capital will be directed to an FDA-aligned pivotal Phase 3 study (“ROBBIN”) of neoadjuvant BOT+BAL for MSS Colon Cancer (n=850, Randomized 1:1, Primary Endpoint EFS)

- To focus company resources, Agenus is discontinuing support for the ongoing BATTMAN Phase 3 study

- Key upcoming catalysts for ROBBIN Phase 3 Trial (Neoadjuvant BOT+BAL):
  - ROBBIN first patient dosed: anticipated Q1 of 2027
  - Interim pathologic response data: anticipated second half of 2027
  - Interim analysis of EFS: anticipated second half of 2029
  - Final analysis of EFS: anticipated second half of 2030

1. Epidemiology analysis based on data from SEER, CDC, and Clarivate; assumes 38,000 eligible patient population annually * $200K for a course of neoadjuvant treatment.

Q&A


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