



Corporate Presentation

August 2026



Forward-Looking Statements

Certain statements contained in this presentation regarding matters that are not historical facts, are forward-looking statements within the meaning of Section 21E of the Securities and Exchange Act of 1934, as amended, and the Private Securities Litigation Act of 1995, known as the PSLRA. These include statements regarding management's intention, plans, beliefs, expectations or forecasts for the future, and, therefore, you are cautioned not to place undue reliance on them. Forward-looking statements may include, without limitation, express or implied statements regarding: the Company's cash runway extending into the second half of 2028; the anticipated timing of the Company's development of its portfolio of ADC assets, including the expected timing regarding IND filings, commencement of clinical trials and data from such clinical trials; the expected clinical strategy and trial design for the Company's ADC assets; expectations regarding the beneficial characteristics, design features, safety, efficacy, therapeutic effects and the size of the potential targeted markets with respect to the Company's ADC assets; potential opportunities arising under or related to the Hangzhou DAC option agreement and the Biocytogen collaboration, and the sufficiency of the Company's existing capital resources and the expected timeframe to fund the Company's future operating expenses and capital expenditure requirements. Actual results could differ materially from those anticipated in such forward-looking statements as a result of these risks and uncertainties, which include, without limitation, uncertainties associated with preclinical and clinical development of the ADC portfolio, including potential delays in the commencement, enrollment and completion of clinical trials; failure to demonstrate the efficacy of the ADC portfolio in preclinical and clinical studies; the risk that unforeseen adverse reactions or side effects may occur in the course of testing of the ADC assets; and risks related to the Company's estimates regarding future expenses, capital requirements and need for additional financing. Whitehawk uses words such as "anticipates," "believes," "plans," "expects," "projects," "intends," "may," "will," "should," "could," "estimates," "predicts," "potential," "continue," "opportunity," "positioned," and similar expressions to identify these forward-looking statements that are intended to be covered by the safe-harbor provisions of the PSLRA.

Additional risks and uncertainties that could cause actual outcomes and results to differ materially from those contemplated by the forward-looking statements are included in the Company's Annual Report on Form 10-K for the fiscal year ended December 31, 2025, including under the caption "Item 1A. Risk Factors," and in Whitehawk's subsequent Quarterly Reports on Form 10-Q, and elsewhere in Whitehawk's reports and other documents that Whitehawk has filed, or will file, with the SEC from time to time and available at www.sec.gov.

All forward-looking statements are current only as of the date hereof and, except as required by applicable law, Whitehawk undertakes no obligation to revise or update any forward-looking statement, or to make any other forward-looking statements, whether as a result of new information, future events or otherwise. All forward-looking statements are qualified in their entirety by this cautionary statement. This cautionary statement is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

Why Whitehawk

Differentiated Approach, Pipeline Momentum & Execution Focus

Differentiated Science



- Whitehawk ADC platform built on CPT113 linker payload + CBCR bioconjugation process
- Validated but not inundated targets: PTK7, MUC16, SEZ6

Multiple Shots on Goal in 2027



- HWK-007, HWK-016 in Ph1 + HWK-206 on track to initiate in Q3 – all in high-potential indications
- Initial data from Ph1 studies of HWK-007 & HWK-016 on track for 1H 2027

Growing Pipeline



- Option agreement with Hangzhou DAC for up to 5 new ADCs with CPT113, includes dual-payload
- Global collaboration with Biocytogen for development of up to 5 bispecific antibodies
- Three additional ADC INDs planned in 12-24 months

Execution Focused

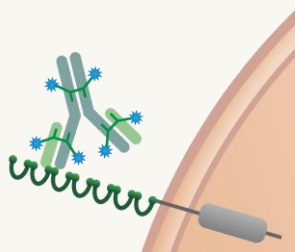


- Cumulative cash as of June 30, 2026, was \$190.0 million
- Expected cash runway into 2H'28, a year after anticipated key clinical data

ADC Portfolio Overview

Three Near-Term ADC Programs Targeting High-Potential Indications

HWK-007



Target Antigen: PTK7

- Present in ~70% of solid tumors with high proportion of mod/high expression
- Third-most highly expressed tumor marker
- HWK-007 is designed to optimize performance vs precedent PTK7s

Target Validation: Cofe-P (Pfizer)

Current Phase: Phase 1

Phase 1a data expected 1H'27

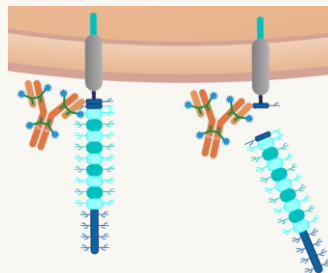
Ph1 Indications

NSCLC, Ovarian, Endometrial

Expansion Opportunities

Breast, GI, Prostate, Head & Neck, Others

HWK-016



Target Antigen: MUC16

- “Super expressed” in gynecological cancers
- Shed MUC16 (CA125) is cleared systemically and does not reach the tumor
- HWK-016 is designed to directly target the membrane-bound, non-shed portion of MUC16

Target Validation: DMUC programs (Genentech)

Current Phase: Phase 1

Phase 1a data expected 1H'27

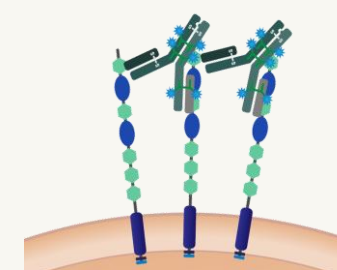
Ph1 Indications

Ovarian, Endometrial

Expansion Opportunities

MUC16+ Mesothelioma, NSCLC, Pancreatic

HWK-206



Target Antigen: SEZ6

- SEZ6 is the highest expressed SCLC antigen
- HWK-206 utilizes a dual epitope binding (biparatopic) to increase binding avidity and enable clustering

Target Validation: ABBV-706 (AbbVie)

Current Phase: IND enabling

Phase 1 initiation expected in Q3 2026

Ph1 Indications

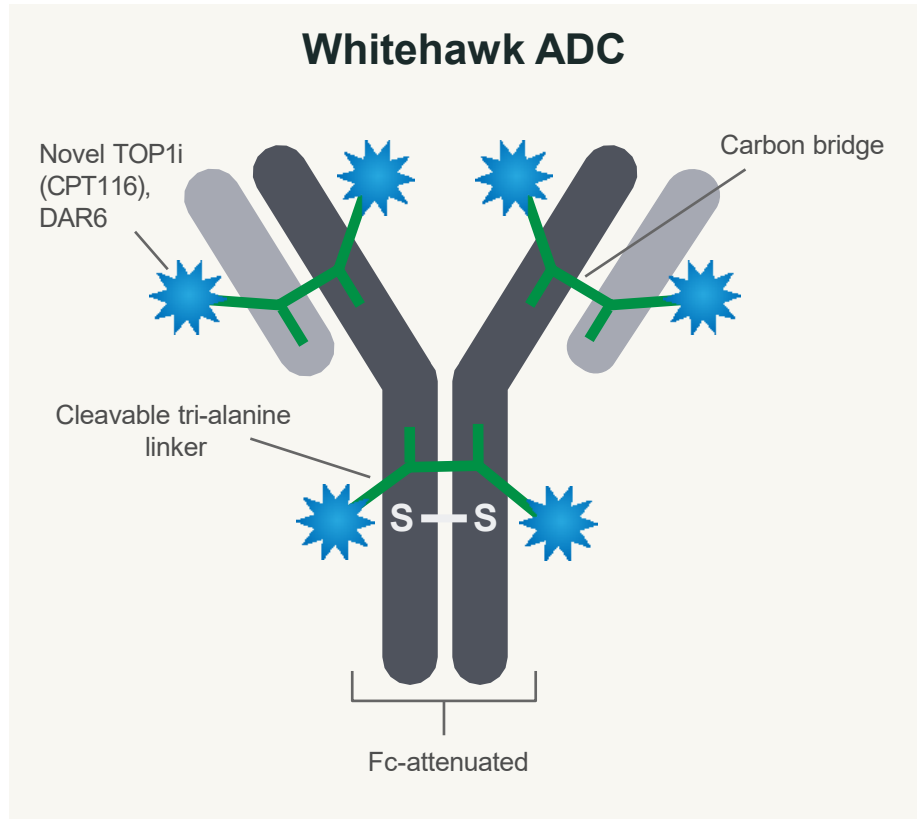
SCLC, Neuroendocrine

Expansion Opportunities

CNS tumors, Head & Neck

Whitehawk ADC Platform

Optimized Next-Generation ADC Platform Designed for Differentiation



1 Targeting

- High affinity antibody selection
- Attenuated Fc region

2 Bioconjugation

- Carbon bridge cysteine re-pairing
- Optimized DAR6 configuration
- Stability-enhancing hydrolysis

3 Linker-Payload

- PEG masking
- Intracellular triple peptide cleavage site
- Proprietary TOP1 inhibitor payload

SMART DELIVERY, STABLE CONSTRUCTION & SELECTIVE RELEASE FOR MAXIMAL TUMOR KILLING WITH MINIMAL TOXICITY

Validating Clinical Data for CPT113 from Partner

Hangzhou DAC Program Shows Promising Efficacy & Tolerability

DXC006: Hangzhou DAC's CD56-directed ADC Utilizes Same Linker-Payload as Whitehawk

Response rate summary by tumor types

	SCLC (n=59)			Neuroendocrine tumor	Lung adenocarcinoma	Lung squamous cell carcinoma
	ALL	2nd Line	>2nd Line			
N=91	59	20	39	19	11	2
Median prior treatment line(range)	2(1-6)	1(1-1)	2(2-6)	2(1-6)	2(1-3)	5(5-5)
BOR,N(%)						
PR	35	15	20	4	5	0
SD	18	5	13	8	3	0
PD	6	0	6	7	3	2
ORR,%	59.3%	75%	51.3%	21.1%	45.5%	0
(95% CI)	(45.8-71.7)	(50.6-90.4)	(35.0-67.3)	(6.97-46.1)	(18.1-75.4)	0
DCR	89.8%	100%	84.6%	63.2%	72.7%	0
(95% CI)	(78.5-95.8)	(79.95-100)	(68.8-93.6)	(38.6-82.8)	(39.3-92.7)	0

34 patients received first-line treatment, 39 received second-line treatment, and 12 received third-line treatment, and 6 received fourth-line or above treatment.

*SCLC: Small Cell Lung Cancer

Data cutoff: April 1, 2026

➤ Promising efficacy signal in SCLC and NSCLC

Safety of DXC006-001 Study

Overall Safety Summary	4.8mg/kg Q2W (n=54)	6.0mg/kg Q3W (n=27)	TOTAL (n=100)	TRAE in ≥10% patients, n (%)	DXC006-001 (n=100)	
					All Grade	≥G3
Treatment Related AE (TRAE)	53 (98.1%)	27 (100%)	96 (96%)	Hematological Toxicities		
Treatment discontinuation	3 (5.6%)	0	3 (3%)	Anaemia	53 (53%)	18 (18%)
Dose reduction	12 (22.2%)	2 (7.4%)	14 (14%)	Thrombocytopenia	26 (26%)	8 (8%)
Associated with death	0	0	0	Leukemia	25 (25%)	1 (1%)
Grade 1-2 TRAE	53 (98.1%)	27 (100%)	96 (96%)	Neutropenia	19 (19%)	0
Grade ≥3 TRAE	20 (37.0%)	4 (14.8%)	27 (27%)	Gastrointestinal Toxicity and others		
Treatment Related-SAE	14 (25.9%)	0	16 (16%)	Decreased appetite	58 (58%)	1 (1%)
No treatment related ILD was observed.				Nausea	50 (50%)	0
CD56-targeted toxicities were relatively low.				Constipation	32 (32%)	0
				Vomiting	20 (20%)	2 (2%)
				Abdominal distension	10 (10%)	1 (1%)
				Asthenia	34 (34%)	1 (1%)
				Aspartate aminotransferase increased	22 (22%)	0
				Alanine aminotransferase increased	18 (18%)	0
				Peripheral Neuropathy	36 (36%)	3 (3%)

Data cutoff: April 1, 2026

➤ Promising tolerability with limited heme toxicity

Source: ASCO 2026 Abstract 3000, "DXC006, a first-in-class CD56-targeting antibody-drug conjugate, in advanced solid tumors: A first-in-human, phase I dose escalation clinical trial."

Collaborations Support Future Pipeline Growth

Ambition to Deliver New ADC INDs in Next 12-24 Months

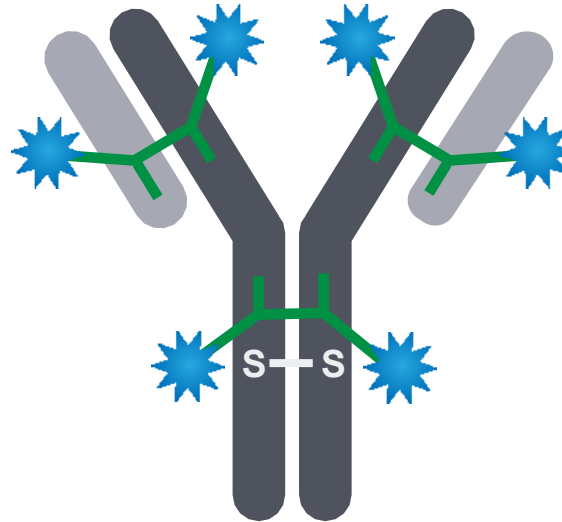
Linker-Payload (CPT113)



Access to Hangzhou DAC's CPT113 linker-payload for use in up to 5 new Carbon Bridge Cysteine Re-pairing (CBCR) ADCs

Whitehawk selects targets, sources or generates mAbs and retains global rights and full program control

Utilizes Whitehawk proprietary CBCR bioconjugation, and covers both mono- and dual-payload variations



Bispecific Antibodies



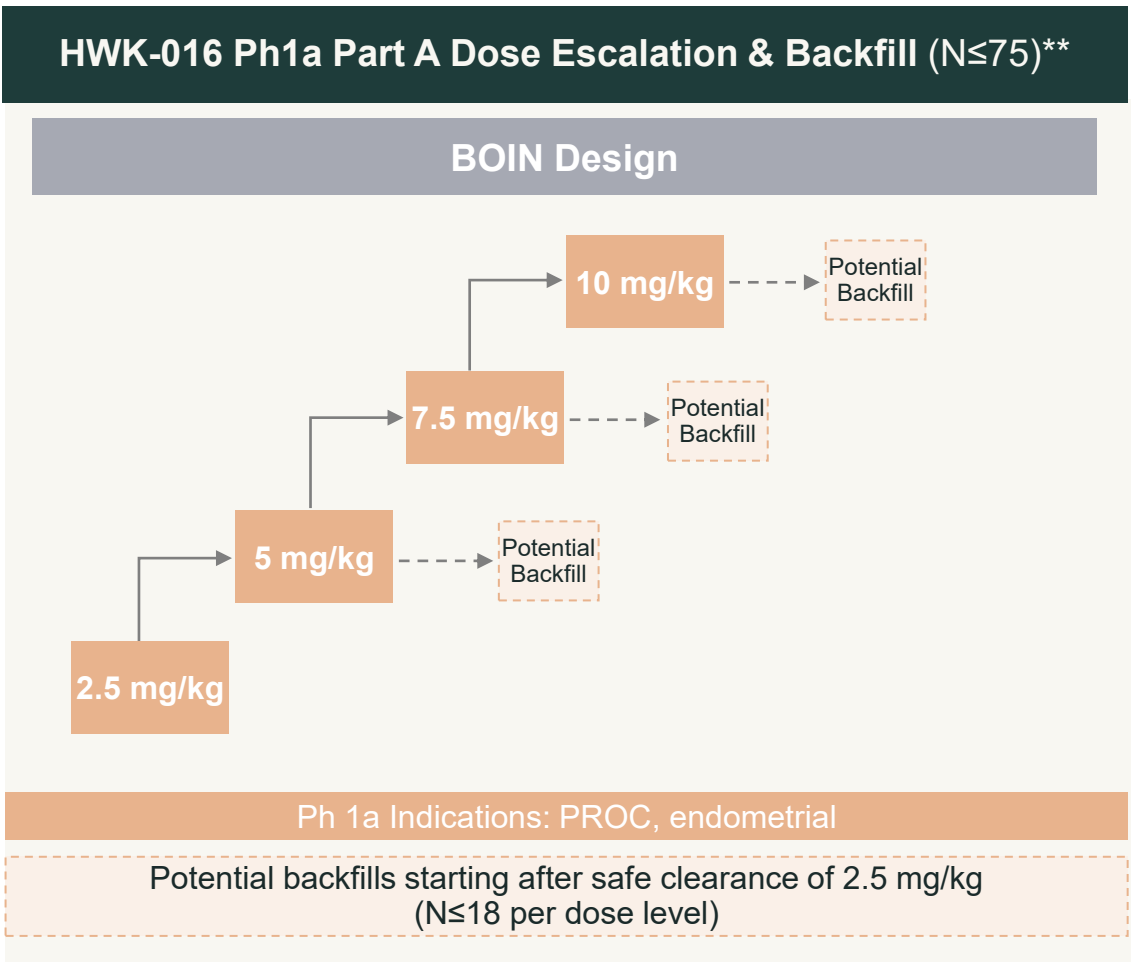
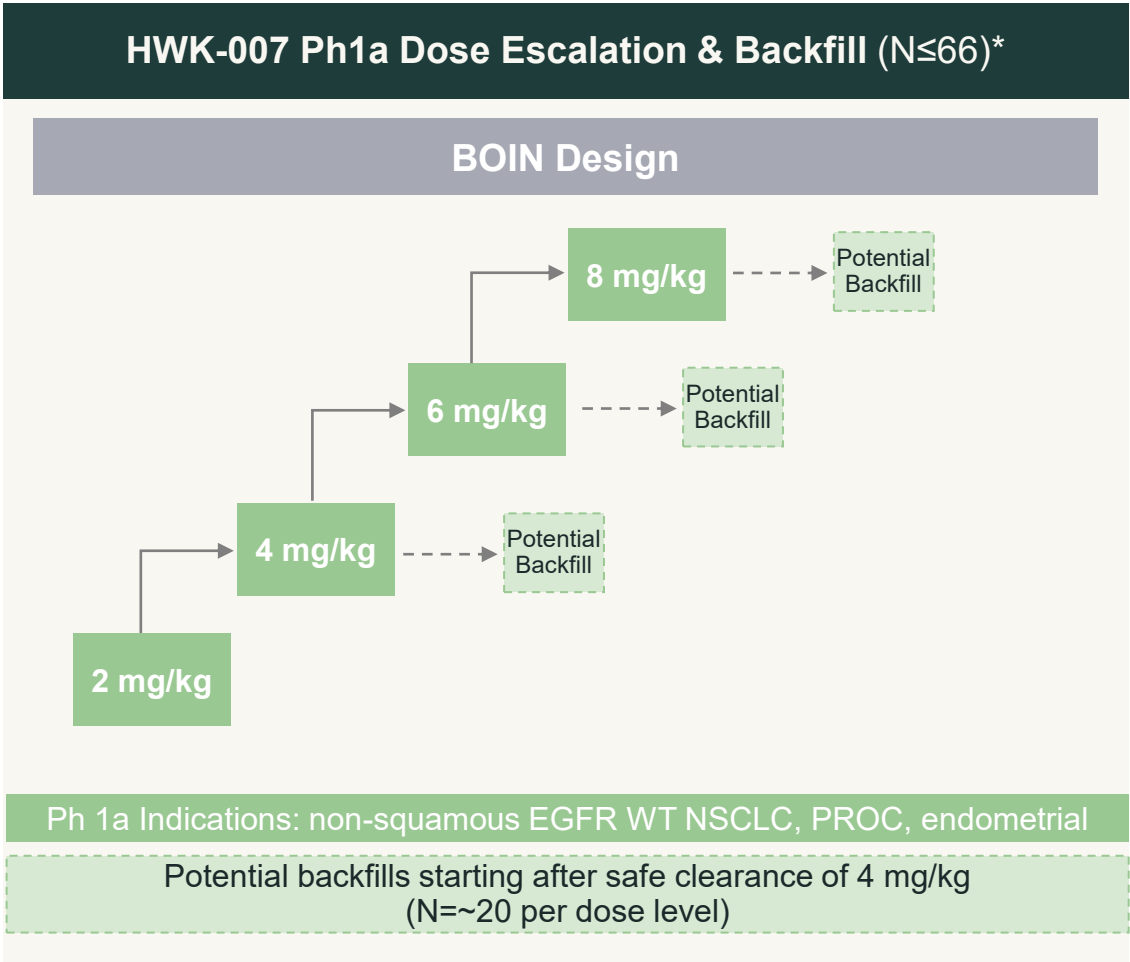
Global collaboration with Biocytogen for access to up to 5 bispecific antibodies using its proprietary RenLite® platform

Whitehawk will evaluate these in combination with its ADC linker-payload platform technologies

Whitehawk has the option to advance any resulting BsADC candidates with global rights and full program control

Whitehawk Programs Advancing in the Clinic

Phase 1 Trials Started Above Anticipated Minimally Effective Dose



*Participants may be enrolled at intermediate dose levels, higher dose levels, and/or previously tested dose levels. Higher doses added in 2 mg/kg increments.
**Additional participants may be enrolled at intermediate dose levels, higher dose levels, alternative dosing schedules, and/or previously tested dose levels.
BOIN, Bayesian Optimal Interval design; EGFR WT, wild type; NSCLC, non-small cell lung cancer; PROC, platinum resistant ovarian cancer

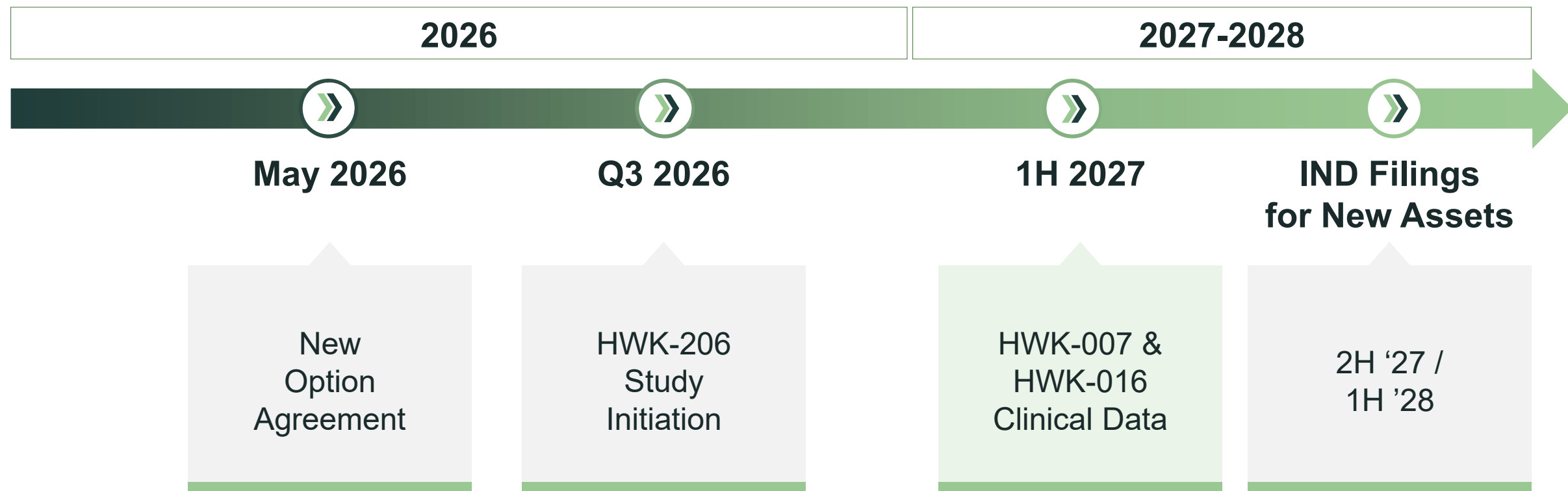
Near-Term Pipeline Milestones

Multiple Clinical Shots on Goal; Pipeline Expansion Entering Clinic in 12-24 Months

Asset	Target	Payload	Stage			Indications	Anticipated Upcoming Milestones
			Candidate selection	IND-enabling	Phase I		
HWK-007	PTK7	Top1i				• NSCLC • Ovarian • Endometrial	Data 1H 2027
HWK-016	MUC16	Top1i				• Ovarian • Endometrial	Data 1H 2027
HWK-206	SEZ6	Top1i				• SCLC • Neuroendocrine	Phase 1 in Q3'26 Data 2H 2027
HWK-XXX	Undisclosed	Top1i				• Undisclosed	
HWK-XXX	Undisclosed	Top1i + Undisclosed				• Undisclosed	IND filings 2H '27 / 1H '28
HWK-XXX	Undisclosed	Top1i + Undisclosed				• Undisclosed	

Expected Near-Term Milestones

Advancing Our Focused Pipeline Toward Multiple Inflection Points



Assets

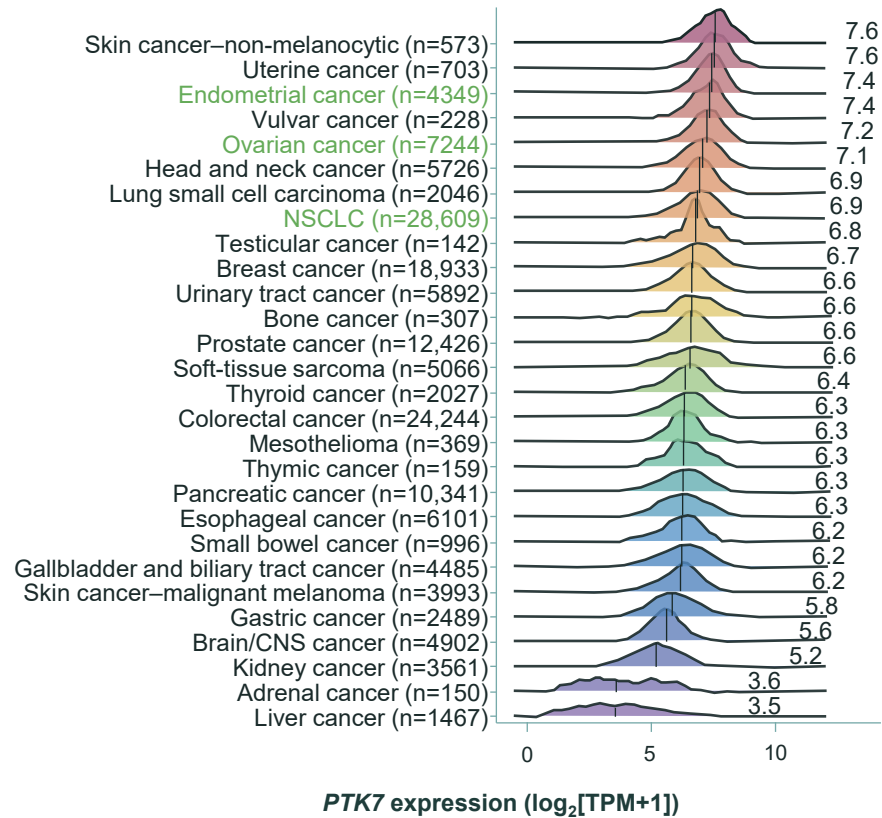


HWK-007

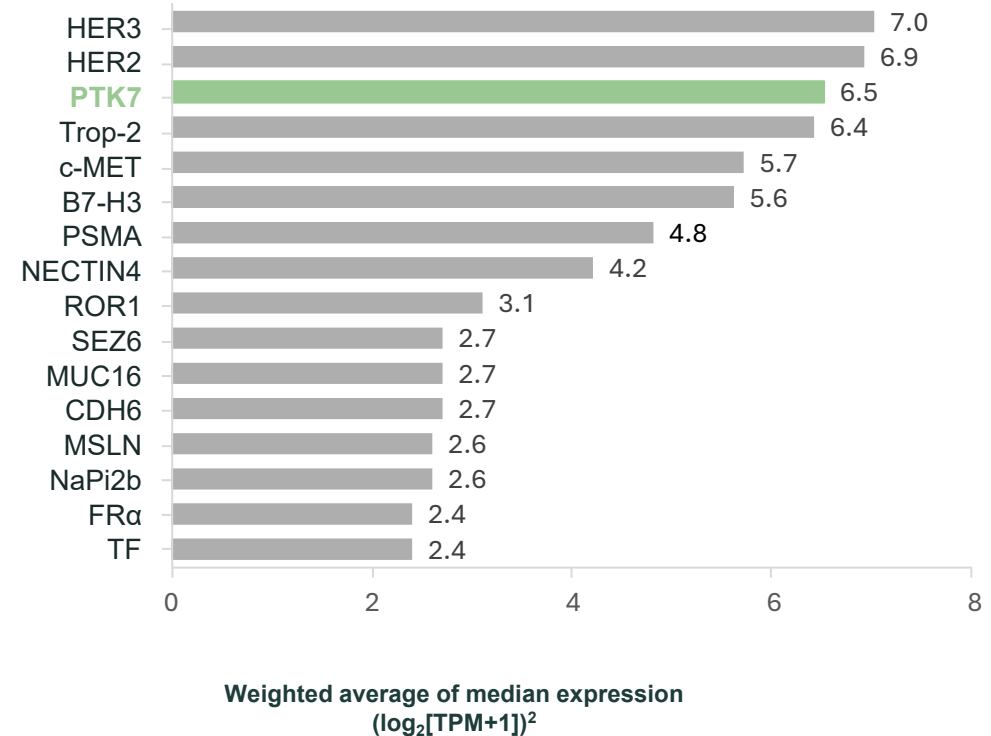


PTK7 is A Broadly Expressed, Clinically Relevant Tumor Target

Present in ~70% of solid tumors with high proportion of mod/high expression



Third most highly expressed tumor marker¹

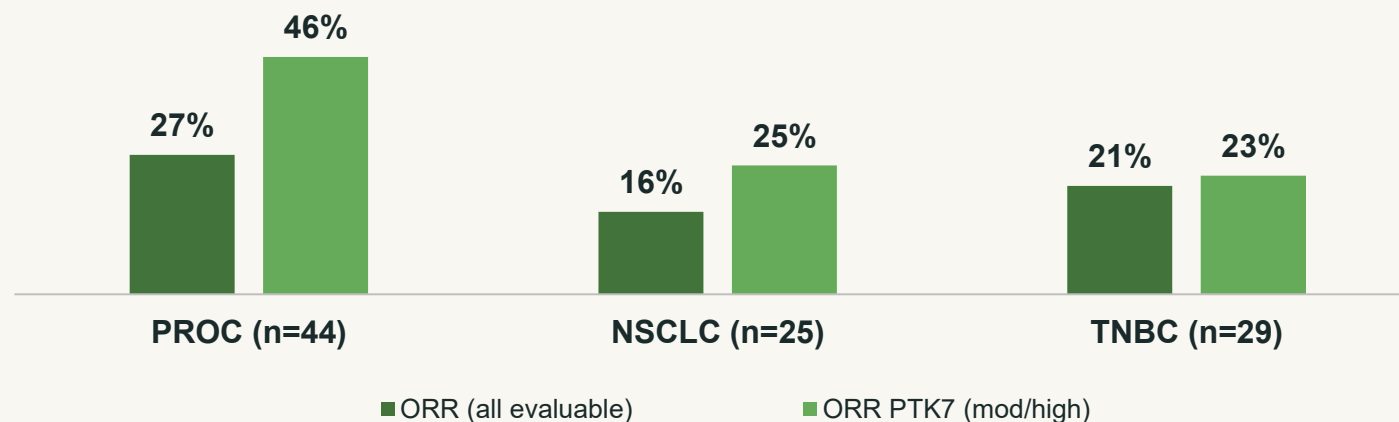


PTK7 Tumor Target Clinically Validated by Pfizer 1st Generation ADC

ORR Range in Q3W Cohorts:

- 16-27% in all patients
- 23-46% in PTK7 moderate-high subgroup

Cofe-P ORR from FIH Q3W Cohorts¹



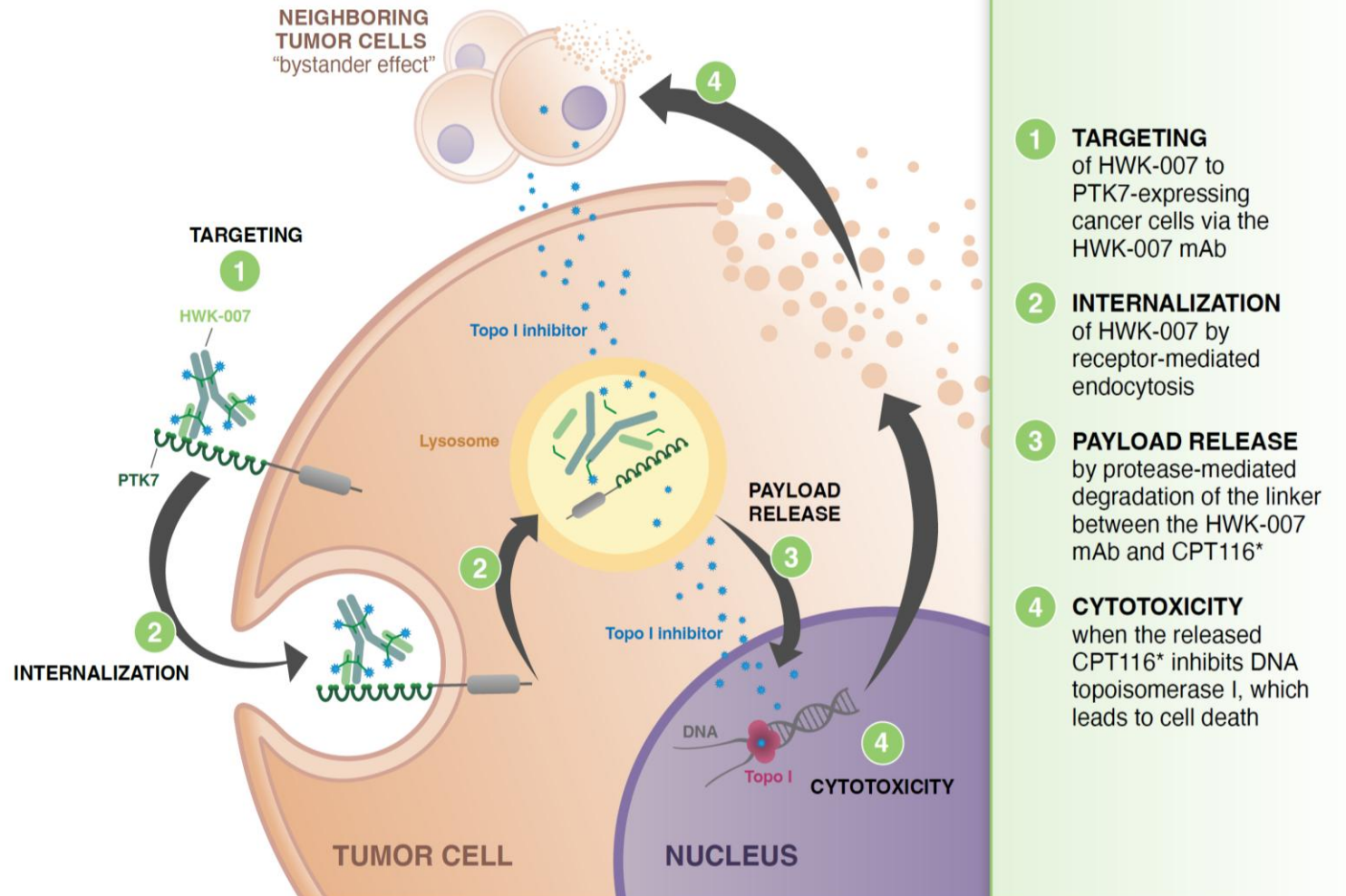
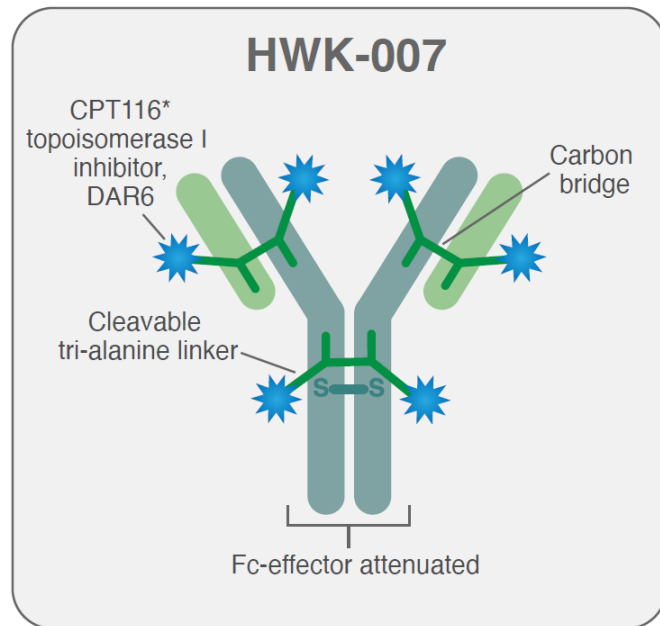
Toxicities in Q3W dosing cohorts were consistent with MMAE class effects

Dose-limiting toxicities included G3 headache and G3 fatigue

Most common G $\geq$ 3 TRAE was neutropenia (25%) in Q3W cohorts (N=112)

Common TRAEs in Q3W cohorts included nausea, alopecia, fatigue, headache, neutropenia and vomiting

HWK-007 Structure and Mechanism of Action



HWK-007 Designed to Optimize Performance vs Other PTK7 ADCs

Program (Platform, Company)	SKB518 (OptiDC, Kelun)	DAY301 (T1000, DayOne)	LY4175408 (PSARLink, Lilly)	KIVU-107 (Synaffix, Kivu)	HWK-007 (CBCR, Whitehawk)	Potential HWK-007 advantage
Fc Region (modification)	Wildtype	Wildtype	Attenuated (LALA)	Silenced (aglycosylation)	Attenuated (LALA)	» Lower ILD Risk
Payload	tirumotecan	exatecan	exatecan	exatecan	CPT116	» Lower Heme Toxicity Risk
HNSTD	50 mg/kg ¹	30 mg/kg	50 mg/kg	60 mg/kg	60 mg/kg	» Higher Clinical Dose Threshold
Stability	TBD	~0.1%	~0.1%	~0.01%	≤0.01%	» Improved Therapeutic Index

¹ Not reported for SKB518; based on other ADCs using OptiDC platform

Ideaya IDE034 not include due to lack of published nonclinical data

Note: these are cross-study comparisons; no head-to-head studies have been conducted

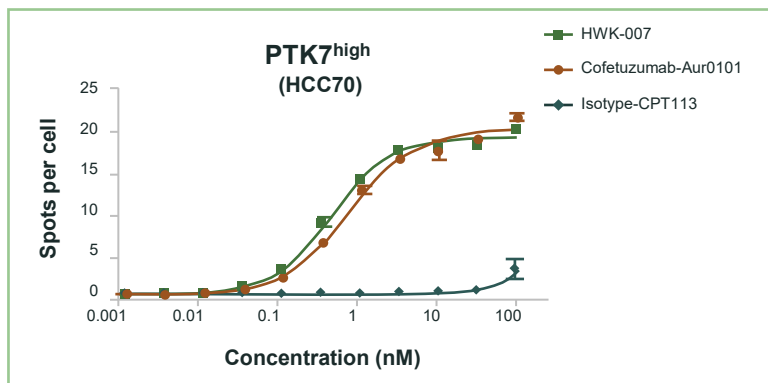
HWK-007 Demonstrates Efficient PTK7 Engagement and a Favorable Translational Profile



Potent PTK7 Binding and Internalization

- High affinity PTK7 binding with slow off-rate and human cross-reactivity
- Robust internalization across cancer cell lines and spanning PTK7 expression
- Supports durable target engagement and efficient intracellular payload delivery

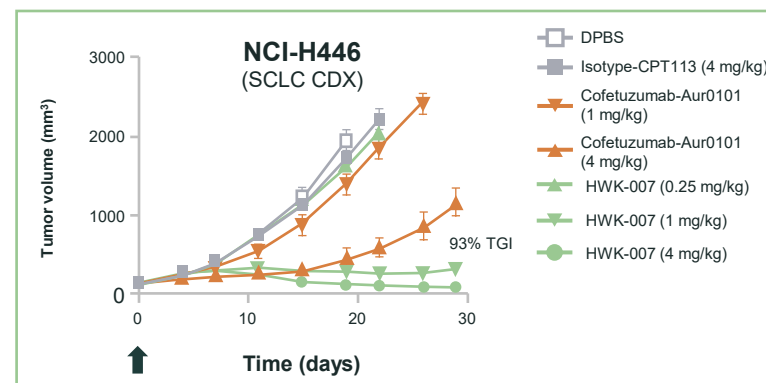
HWK-007 Internalization



Potent Anti-Tumor Activity

- Deep responses observed at doses as low as 1 mg/kg
- Induces DNA damage consistent with TOP1 inhibition
- Robust in-vivo tumor regression across SCLC and ovarian CDX models

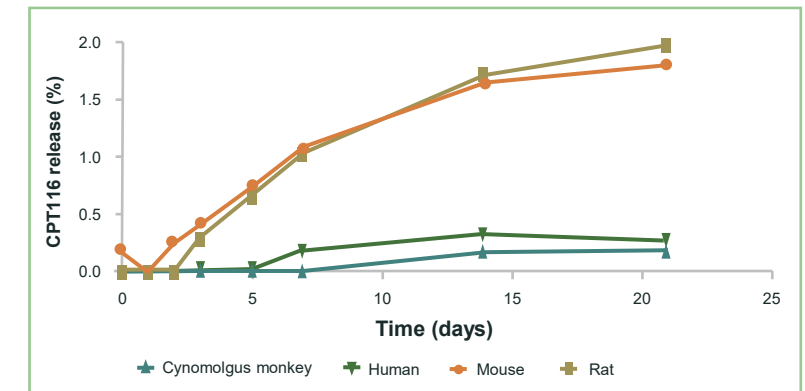
HWK-007 Antitumor Activity



Exceptional Stability & Favorable PK

- Very high *in vitro* plasma stability in human and cyno plasma (<0.5% free payload released over 21 days) and low % free payload released (<0.01% AUC) *in vivo* in NHP
- Favorable PK with ~9-11 day half-life in cynos
- Strong nonclinical safety with HNSTD 60 mg/kg (max tested)

HWK-007 In Vitro Plasma Stability

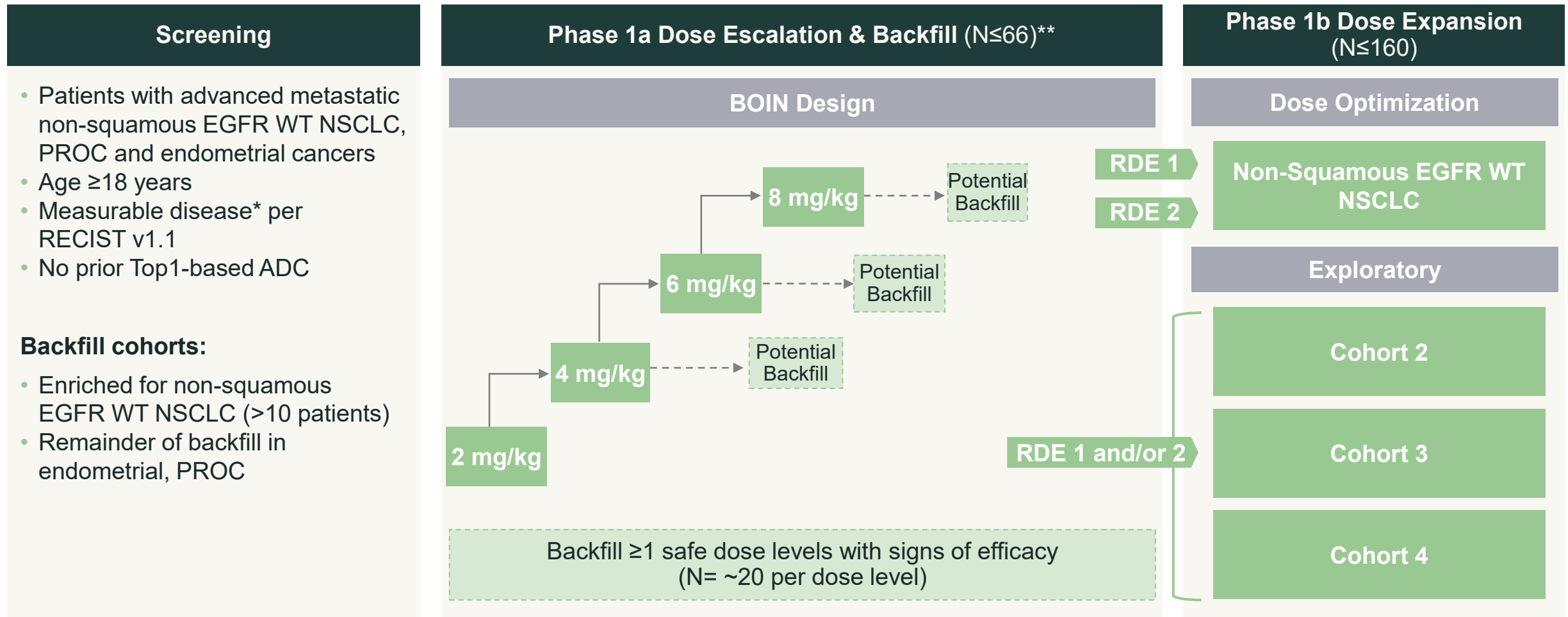


Clinical Status of Current PTK7 ADCs, No Clinical Data Reported to Date



	SKB518	DAY301	LY4175408	KIVU-107	HWK-007	IDE-034
Platform	OptiDC TMT	T1000	PSARLink	Synaffix	CBCR (CPT113)	RenLite
Status	Ph 1 Ph 2 (NSCLC) China Only	Ph 1	Ph 1	Ph 1	Ph 1	Ph 1
Regions	China	US, Canada	US, China, France, Japan, South Korea, Spain	US, Australia	US	US
Phase 1 start	Jul '24	Dec '24	Jul '25	Nov '25	Dec '25	Feb '26
P1 Indications	• Solid Tumors	• Ovarian • Endometrial • Cervical • TNBC • NSCLC • SCLC • HNSCC • GEJ • Esophageal	• NSCLC • SCLC • Endometrial • TNBC	• Solid Tumors	• NSCLC • Ovarian • Endometrial	• ESCC • PROC • HNSCC • CRC • CRPC • NSCLC • Endometrial • TNBC

HWK-007-101 FIH Phase 1 Open-label Dose Escalation and Dose Expansion Study of HWK-007 Monotherapy



*In the dose escalation cohorts only: participants with PROC and no measurable disease may be enrolled provided they have non-target lesions and serum CA-125 ≥2 x ULN per GCIG criteria.

**Participants may be enrolled at intermediate dose levels, higher dose levels, and/or previously tested dose levels. Higher doses added in 2 mg/kg increments.

BOIN, Bayesian Optimal Interval design; PROC, platinum resistant ovarian cancer; NSCLC, non-small cell lung cancer; NSQ, non-squamous, RDE, recommended dose for expansion; EGFR WT, epidermal growth factor receptor wild-type; GCIG, Gynecological Cancer Intergroup.

HWK-016

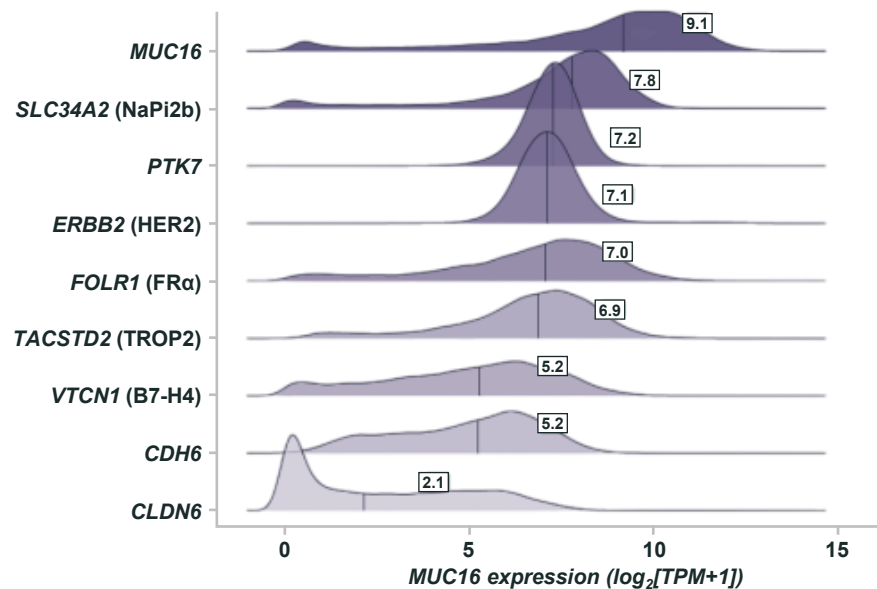


MUC16 is “Super Expressed,” Stable and Clinically Relevant Tumor Target for Gynecological Cancers



MUC16 is the highest-expressing ADC target in ovarian cancer

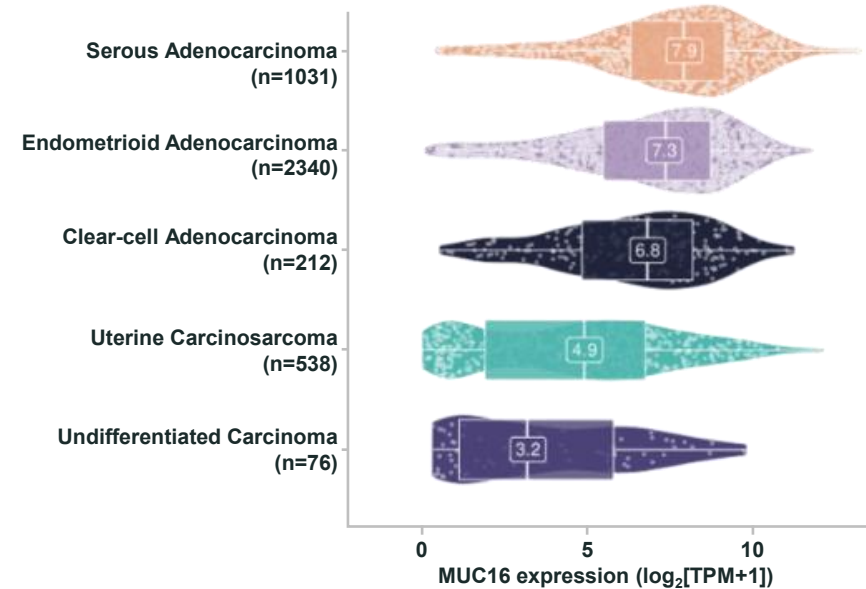
MUC16 mRNA Expression Relative to Other Therapeutic Targets



In HGSOC (70% of cases), MUC16 expression is stable across disease stages, metastatic status and platinum sensitivity

MUC16 is highly expressed in the most aggressive and most common endometrial cancer subtypes

MUC16 mRNA Expression Across Endometrial Cancer Histologic Subtypes



In serous adenocarcinoma (accounting for 40% of deaths), expression is stable across disease stages and metastatic status, with the highest expression among ADC targets

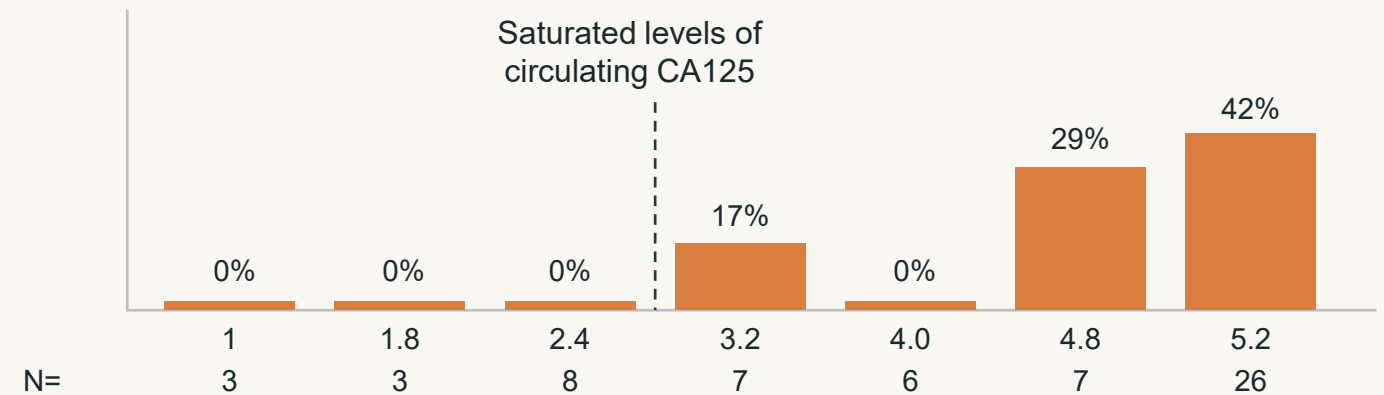
MUC16 Clinical Precedent from Discontinued Genentech 1st Gen ADC

42% ORR at RP2D

Binding to circulating CA125 may have hindered DMUC4064A effectiveness

DMUC4064A showed toxicities consistent with MMAE class effects

DMUC4064A ORR by dose cohort



- Ocular toxicities arose in 40% of patients, with G3 events in 9% of patients
- G $\geq$ 3 TRAEs occurred in 25% of patients
- Common AEs included fatigue, nausea, abdominal pain, constipation, blurred vision, diarrhea, anemia and peripheral neuropathy

HWK-016 Structure and Mechanism of Action

FIGURE 1a

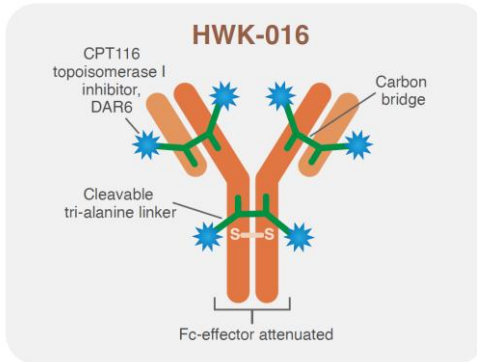
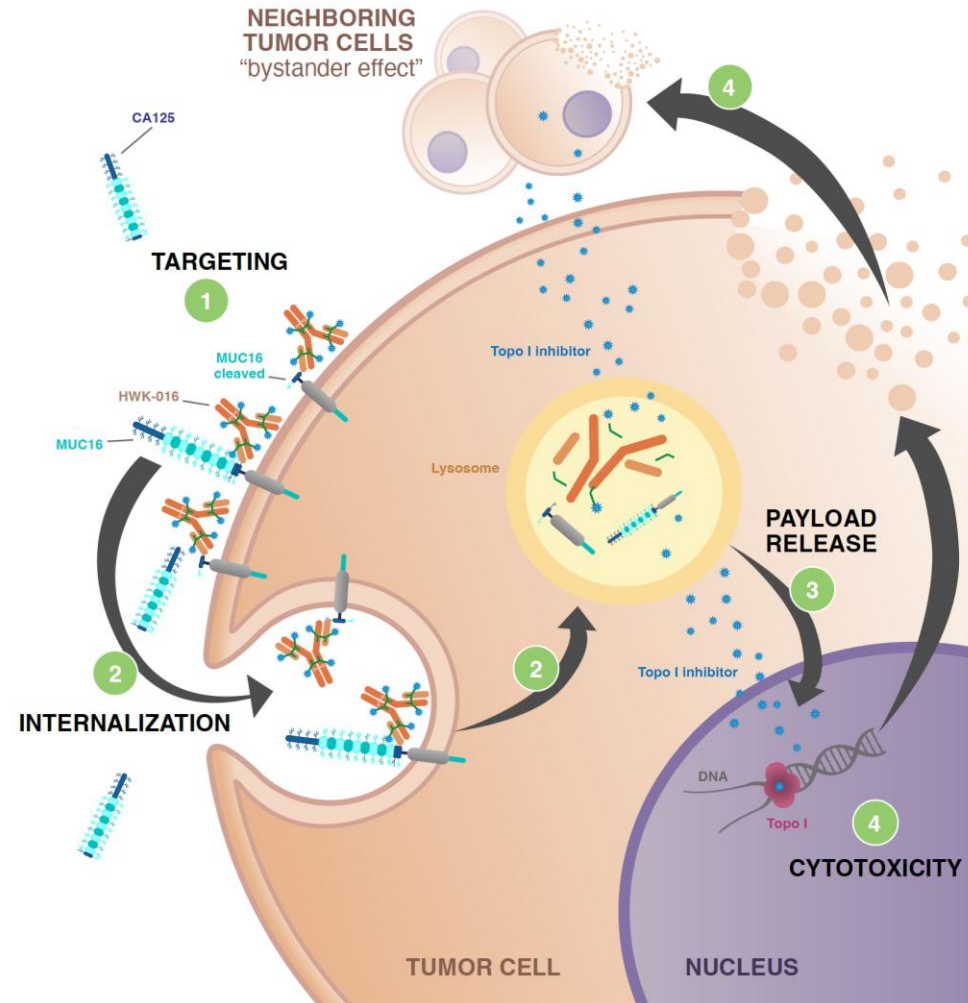
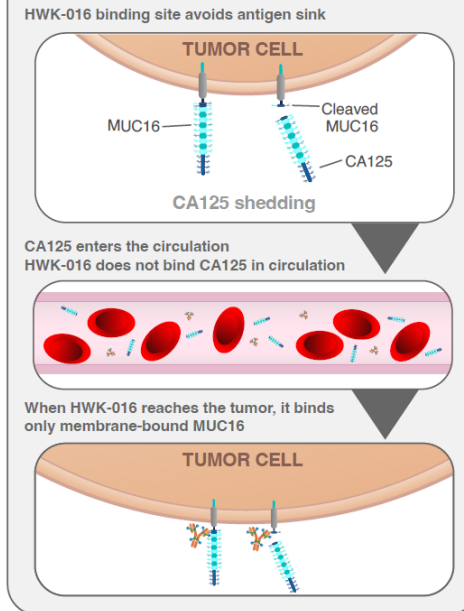


FIGURE 1b



- 1 TARGETING**
of HWK-016 to MUC16-expressing cancer cells via the HWK-016 mAb; binding to the non-shed portion ensures that HWK-016 is delivered to the tumor instead of circulating CA125
- 2 INTERNALIZATION**
of HWK-016 by receptor-mediated endocytosis
- 3 PAYLOAD RELEASE**
by protease-mediated degradation of the linker between the HWK-016 mAb and CPT116
- 4 CYTOTOXICITY**
when the released CPT116 inhibits DNA topoisomerase I, which leads to cell death

HWK-016 Targets Membrane-Bound MUC16 to Mitigate Shedding Effects and Drives Robust Tumor Regression

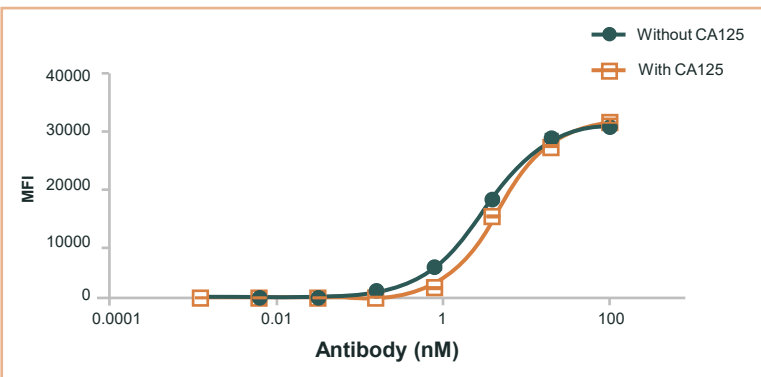


Membrane-bound MUC16 Targeting Enables Durable Tumor Engagement

- High-affinity binding to MUC16 expression cancer cell lines
- Cell surface binding and internalization minimally impacted by extremely high CA125 levels ($\geq 300\times$ ULN)
- $\sim 2\text{-}3\times$ EC₅₀ shift for HWK-016 vs $\sim 10\text{-}22\times$ for DMUC mAb

HWK-016 Binding

HWK-016 mAb Binding MUC16 ECD Engineered SK-OV-3

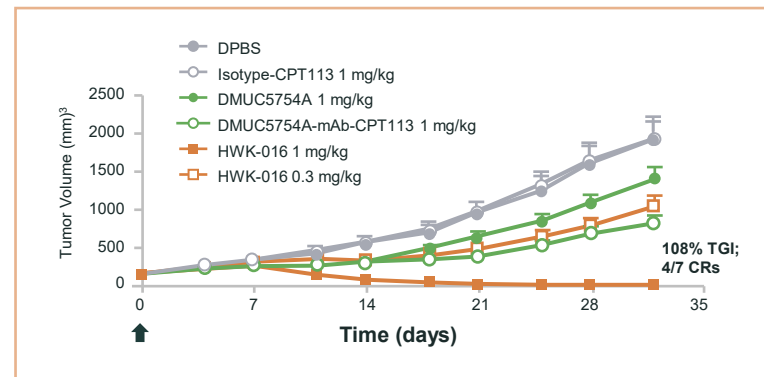


Binding Advantage Translates Into Potent Anti-Tumor Activity

- HWK-016-mediated cell killing minimally impacted by CA125, preserving potency
- Induces DNA damage consistent with TOP1 inhibition
- Deep responses observed at doses as low as 1 mg/kg
- Robust in vivo tumor regression across ovarian CDX and PDX models

HWK-016 Antitumor Activity

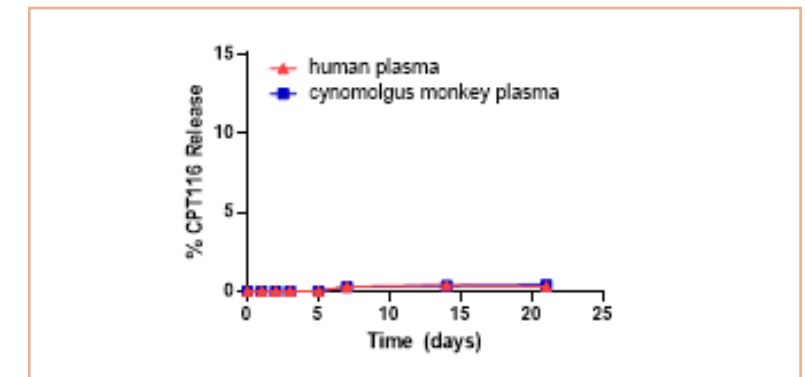
OVCAR-3 (CDX)



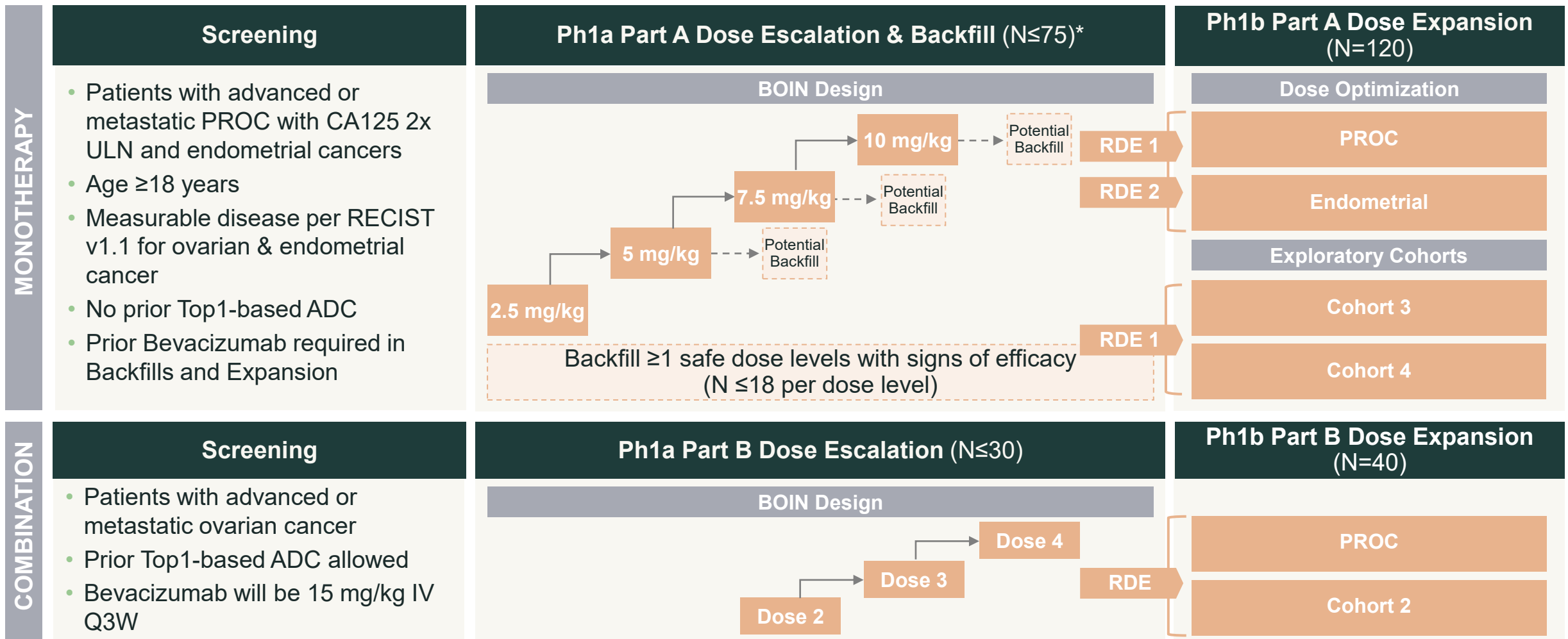
Exceptional Stability & Favorable PK

- Very high *in vitro* plasma stability in human and cyno plasma ($<0.5\%$ free payload released over 21 days) and low % free payload released ($<0.01\%$ AUC) *in vivo* in NHP
- Favorable PK with $\sim 10\text{-}13$ day half-life in cynos
- Strong nonclinical safety with HNSTD 60 mg/kg (max tested)

HWK-016 *In Vitro* Plasma Stability



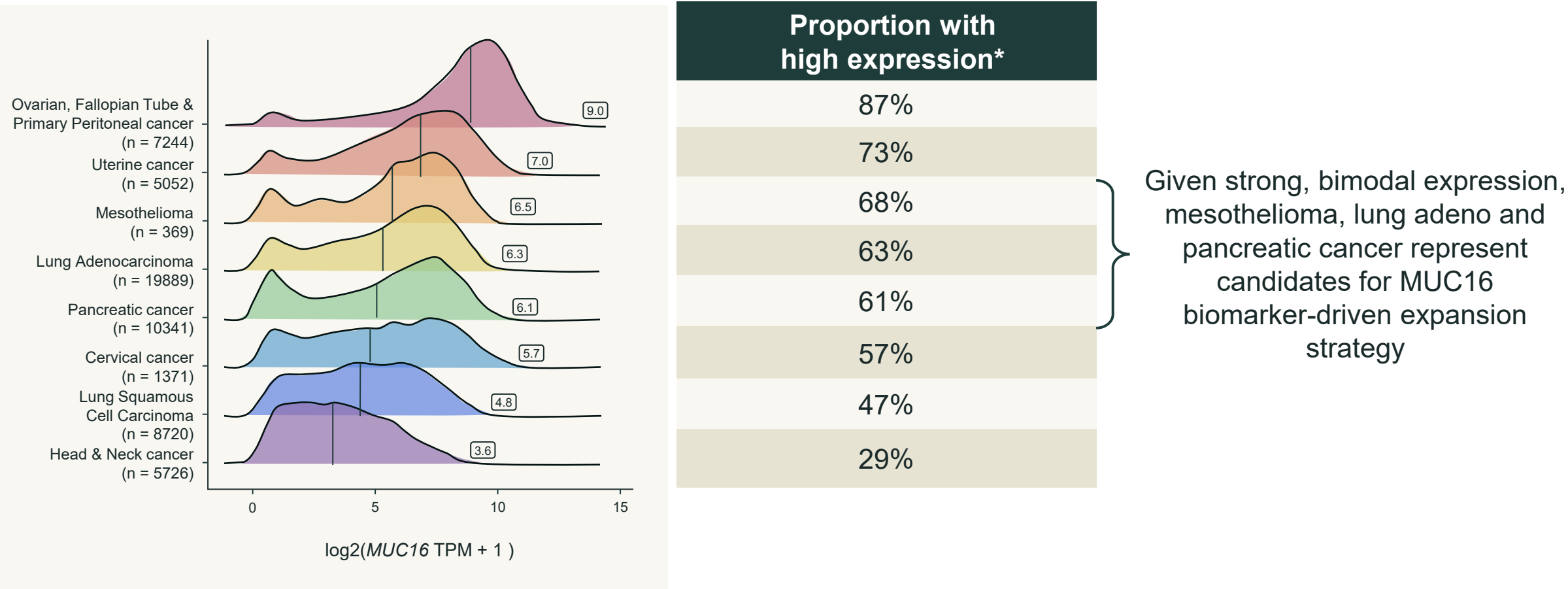
HWK-016-101 FIH Phase 1 Open-label Dose Escalation and Dose Expansion Study of Monotherapy and Combination with Bevacizumab



*Additional participants may be enrolled at intermediate dose levels, higher dose levels, alternative dosing schedules, and/or previously tested dose levels.

BOIN, Bayesian Optimal Interval; GCIG, Gynecologic Cancer Intergroup; PROC, platinum-resistant ovarian cancer; RDE, recommended dose for expansion; RECIST, Response Evaluation Criteria in Solid Tumors.

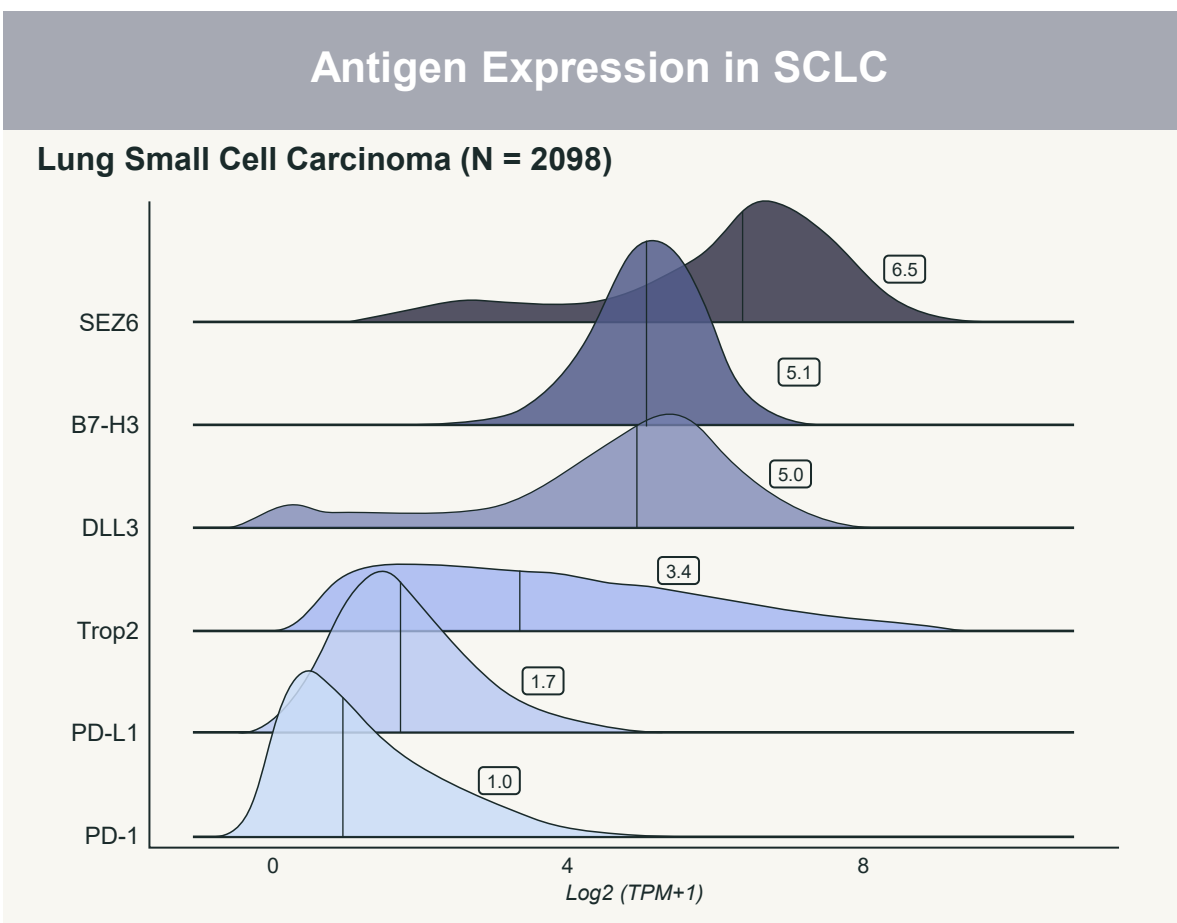
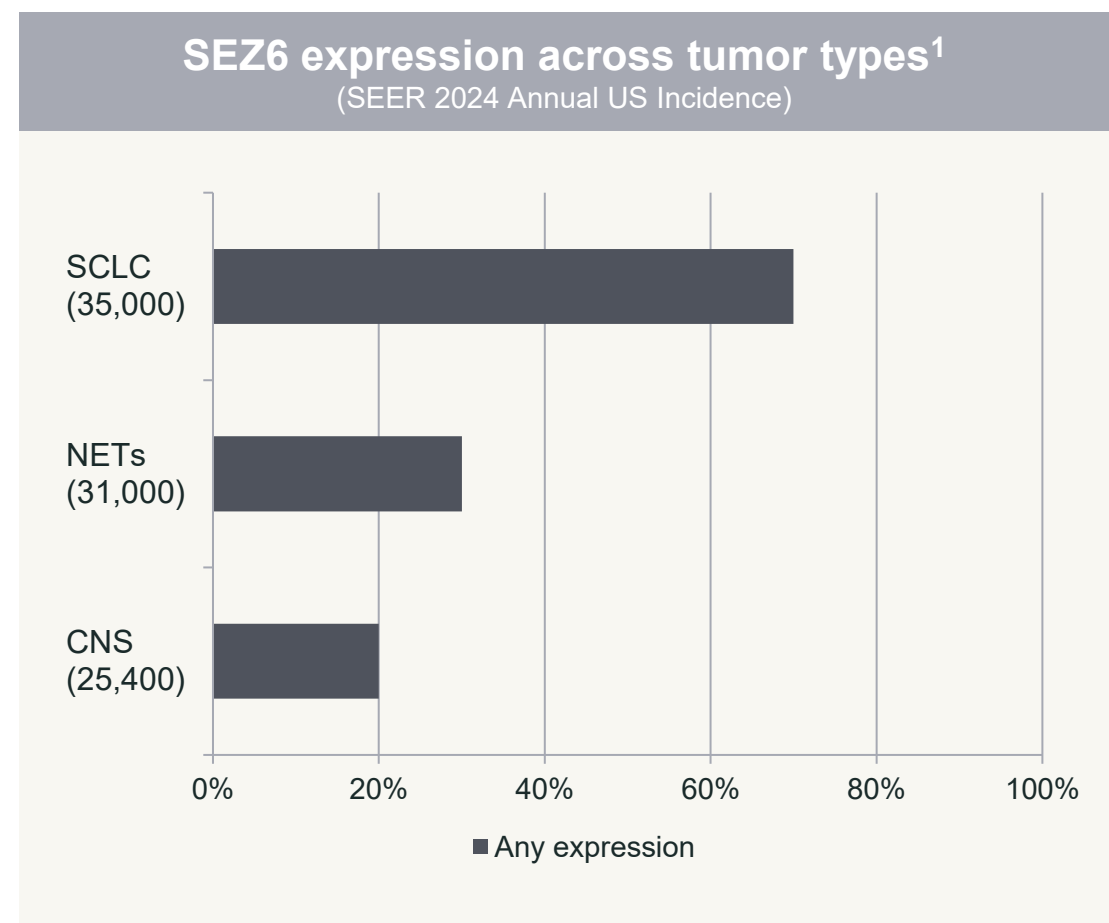
Beyond Gynecological Cancers, MUC16 Biomarker-Selected Indications Could Drive Further Expansion



HWK-206



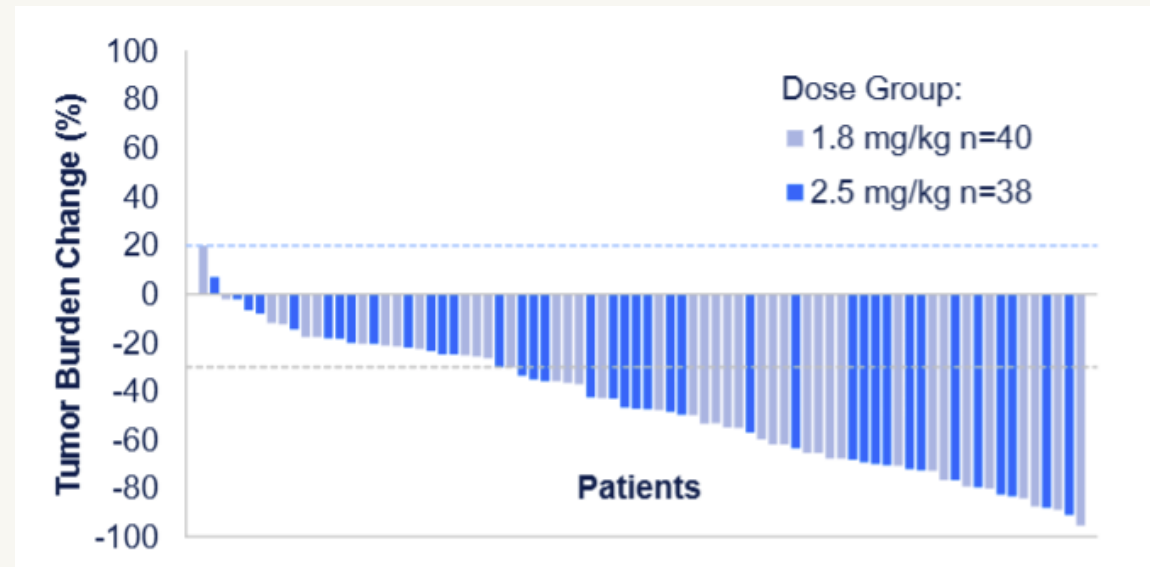
SEZ6 is the Highest Expressed SCLC Antigen; Overexpressed in Other Neuroendocrine Neoplasms and CNS Tumors



AbbVie Next Wave ADC ABBV-706 SCLC Efficacy in Ongoing Ph1

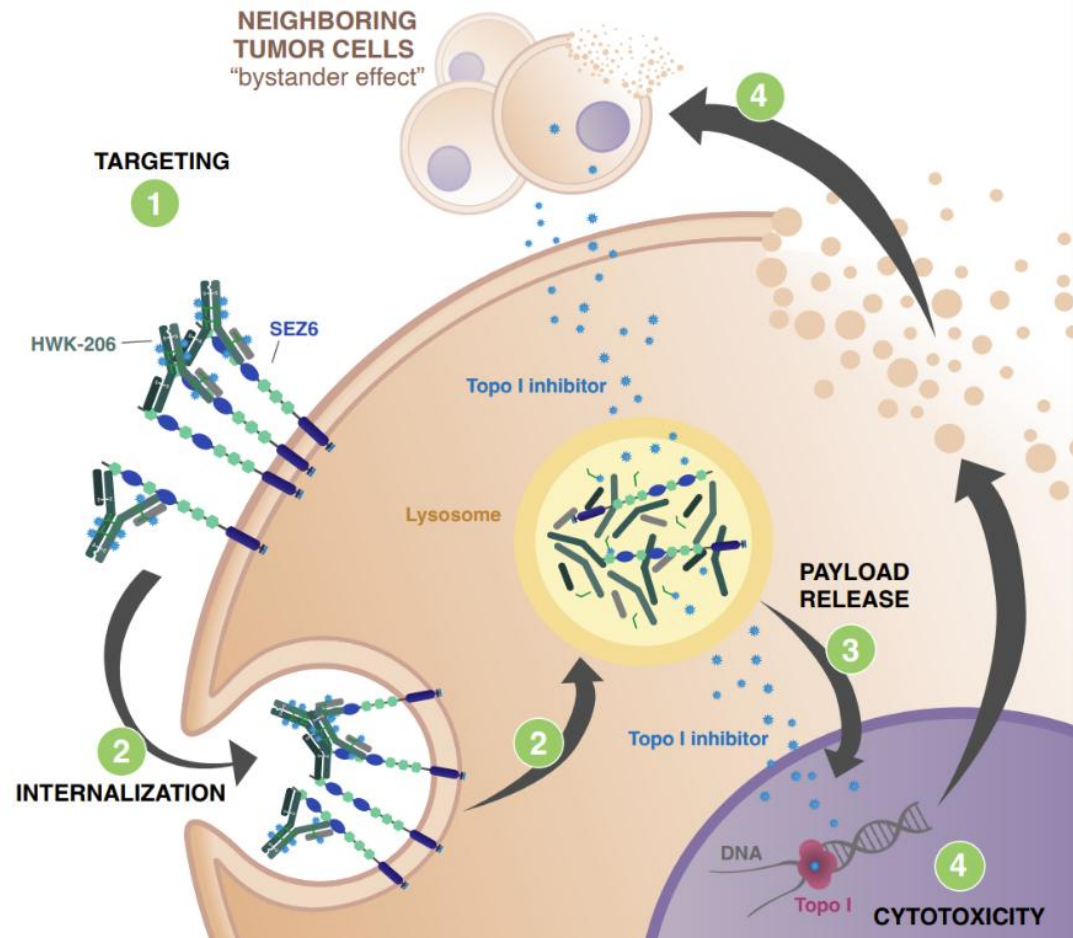
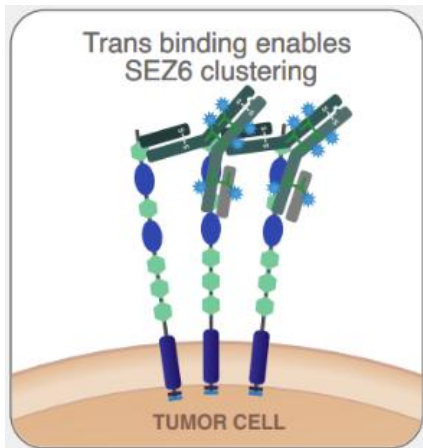
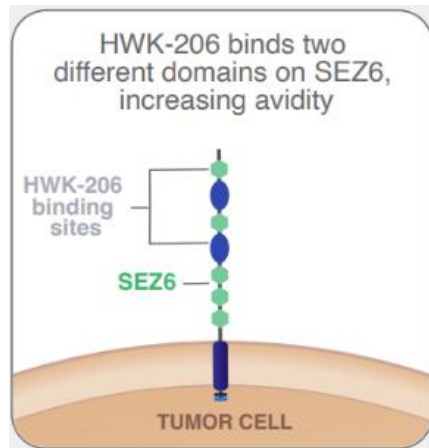
AbbVie reported “promising efficacy and manageable safety” of ABBV-706 monotherapy in patients with relapsed/refractory SCLC

59% ORR in SCLC (23/39) at 2.5 mg/kg



Despite Improvements Seen With Next Wave SCLC ADCs, a Biparatopic Approach May Provide Path to Greater Gains

HWK-206: A biparatopic ADC



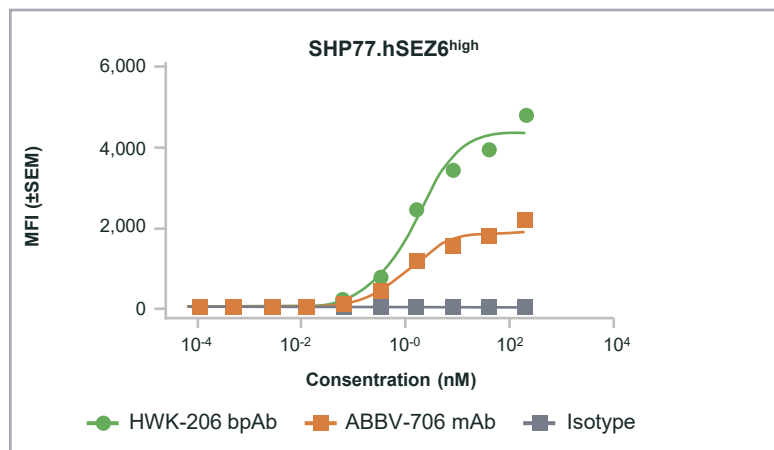
- 1 TARGETING**
HWK-206 is a biparatopic ADC that binds two distinct domains on SEZ6; this drives increased avidity and clustering of SEZ6
- 2 INTERNALIZATION**
of HWK-206 is rapid and pronounced
- 3 PAYLOAD RELEASE**
by protease-mediated degradation of the linker between the HWK-206 BpAb and CPT116
- 4 CYTOTOXICITY**
when the released CPT116 inhibits DNA topoisomerase I, which leads to cell death

HWK-206 is SEZ6-Targeted TOP1 ADC with Superior Target Engagement, Potent Antitumor Activity and Platform-Consistent Stability

Potent SEZ6 Binding and Internalization Across Expression Levels

- Demonstrates greater affinity and maximal binding than ABBV-706 mAb
- Biparatopic antibody binds SEZ6-expressing SCLC cells with nanomolar EC₅₀
- Higher maximal binding and internalization than either parent mAb
- Superior binding across SEZ6 expression

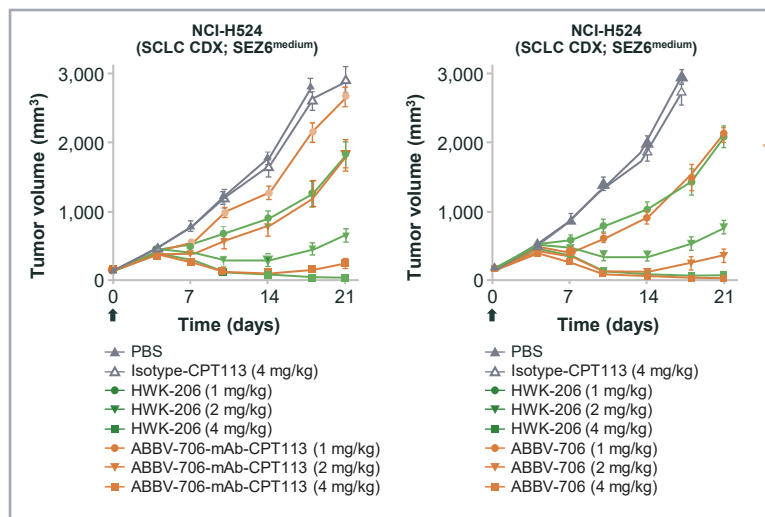
HWK-206 Binding vs ABBV-706 mAb



Potent Anti-Tumor Activity with Comparable Efficacy vs ABBV-706

- Demonstrates antitumor activity greater than ABBV-706 mAb conjugated to CPT113
- Demonstrates comparable efficacy to ABBV-706
- Greater inhibition of cell viability vs ABBV-706 across SEZ6-low, -medium and -high cell lines
- Induces DNA damage consistent with TOP1i
- Tumor regressions at doses as low as 2 mg/kg

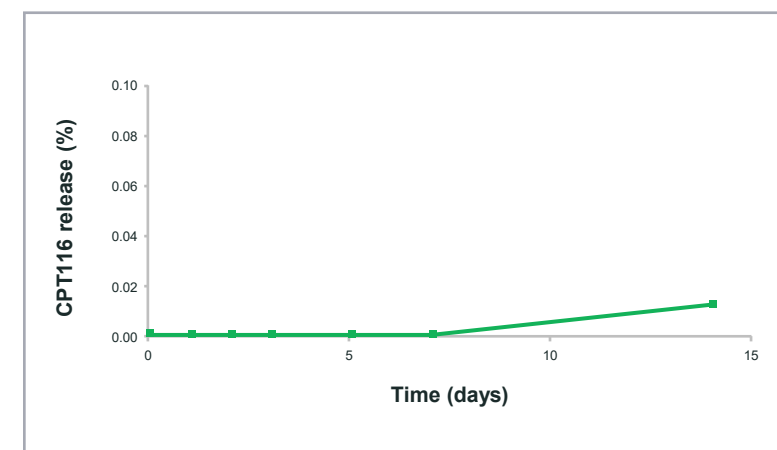
HWK-206 Antitumor Activity vs ABBV-706



Exceptional Stability & Favorable PK

- Very high *in vitro* plasma stability in human plasma (<0.02% free payload released over 14 days) and low % free payload released (~0.01% AUC) *in vivo* in NHP
- Favorable PK with ~7-9 day half-life in cynos
- Strong nonclinical safety with HNSTD 60 mg/kg (max tested)

HWK-206 *In Vitro* Plasma Stability



Questions



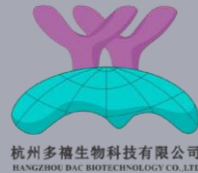
Appendix



Whitehawk Improvements to CPT113

Proprietary CBCR Process Increases DAR and Improves Key Nonclinical Measures vs DXC006

**CPT113 + v1.0
Bioconjugation**
(Hangzhou DAC, JNJ)



DXC006

DAR 4

2-5 mg/kg potency

20 mg/kg HNSTD

2-4 days half-life



**Carbon Bridge
Cysteine Re-pairing
(CBCR) Process**

Unique manufacturing
IP & know-how lead to
improvements in:



Stability



Potency



Tolerability



**Whitehawk's
ADC Platform**

whitehawk
THERAPEUTICS

HWK-007, HWK-016, HWK-206

DAR 6

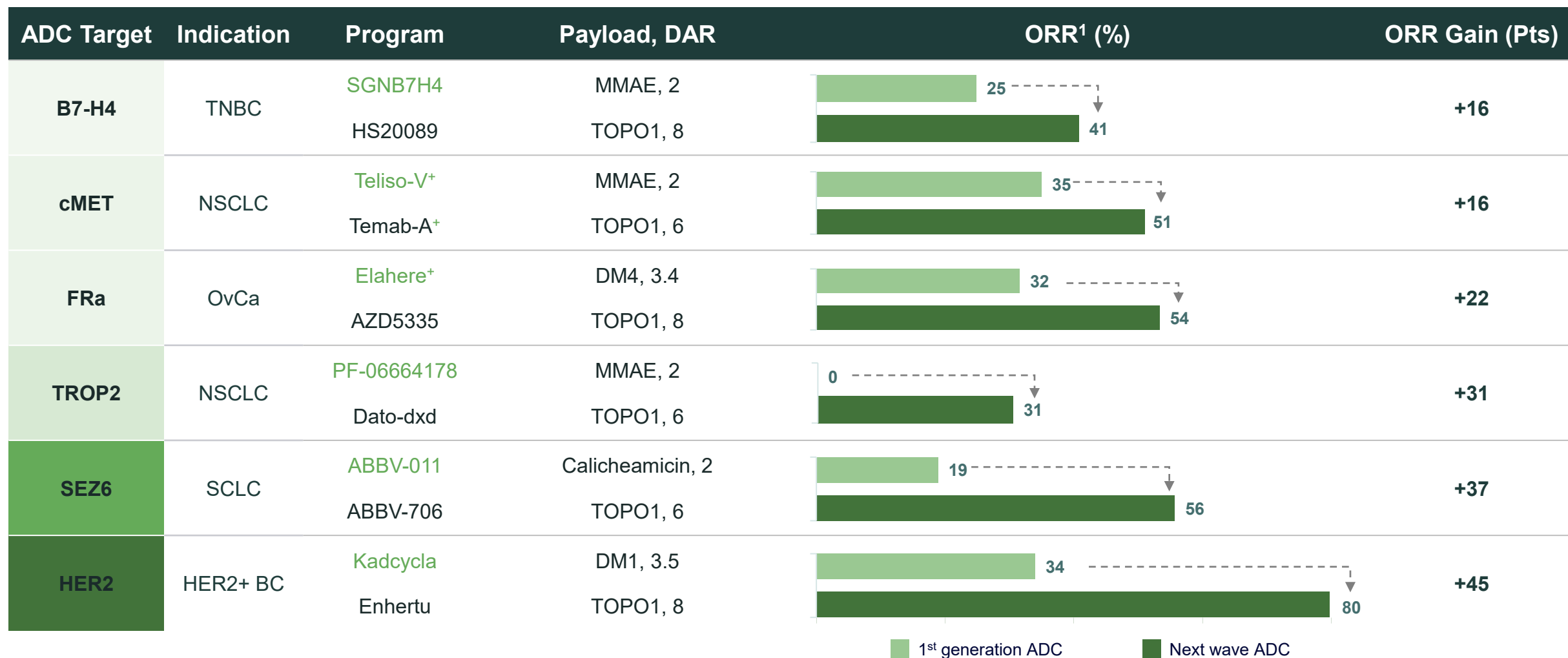
1-2 mg/kg potency

60 mg/kg HNSTD

9-13 days half-life

Comprehensive non-clinical data for all 3 Whitehawk ADCs presented at AACR 2026*

Switching from Tubulin Inhibitor to Top1i-based ADCs on Same Target Delivers 15-45pt ORR Improvement in Phase 1 Studies



Whitehawk Improvements to CPT113

Whitehawk's CBCR ADCs Demonstrate Potential Class-Leading Payload Stability

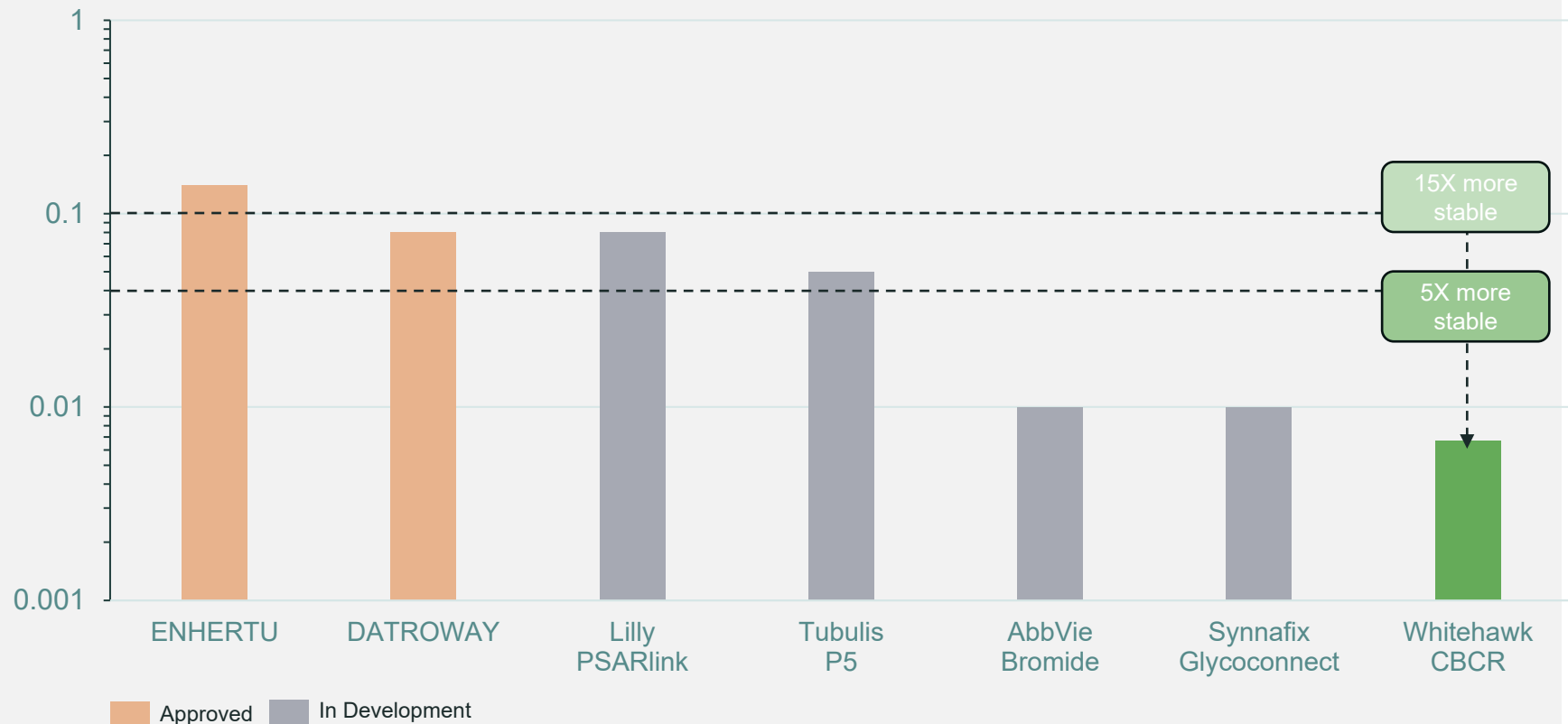
Approved Top1i ADCs (Dxd platform) show ~0.1% free payload in circulation

Improvements in stability are the goal of emerging next gen Top1i platforms

Whitehawk CBCR generates some of most stable ADCs with very low free payload release

Free Payload vs ADC in Circulation¹

% Molar ratio of free payload / ADC (AUC)



¹ Based on highest species reported in publications on file: ENHERTU human, others cynomolgous monkey. Calculated based on molar concentration of free payload and ADC in representative PK studies. These are cross study comparisons. No head-to-head comparison studies have been conducted.