

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 15, 2026

Context Therapeutics Inc.

(Exact name of registrant as specified in its charter)

Delaware
(State of other jurisdiction of incorporation)

001-40654
(Commission File Number)

86-3738787
(I.R.S. Employer Identification No.)

2001 Market Street, Suite 3915, Unit #15
Philadelphia, Pennsylvania 19103
(Address of principal executive offices including zip code)

(267) 225-7416
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Title of each class	Trading Symbol	Name of exchange on which registered
Common Stock \$0.001 par value per share	CNTX	The Nasdaq Stock Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01. Regulation FD Disclosure.

On June 15, 2026, Context Therapeutics Inc. (the "Company") posted an updated corporate presentation on its website at www.contexttherapeutics.com. A copy of the presentation is filed as Exhibit 99.1 to this Current Report on Form 8-K and incorporated herein by reference into this Item 7.01.

The information in this Item 7.01, and Exhibit 99.1 attached hereto, are being furnished and shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, regardless of any general incorporation language in such filing.

Item 8.01. Other Events.

On June 15, 2026, the Company issued a press release announcing positive interim efficacy and safety results from its ongoing Phase 1 clinical trial for CTIM-76, the Company's investigational Claudin 6 x CD3 T cell engaging bispecific antibody. A copy of the press release is filed as Exhibit 99.2 to this Current Report on Form 8-K and incorporated herein by reference into this Item 8.01.

On June 15, 2026, the Company also hosted a conference call to discuss the interim CTIM-76 Phase 1 clinical trial data. A copy of the presentation used during the conference call is filed as Exhibit 99.3 to this Current Report on Form 8-K and incorporated herein by reference into this Item 8.01.

Item 9.01. Exhibits.

(d) Exhibits

Exhibit No. **Description**

99.1	Context Therapeutics Inc. Corporate Presentation — June 2026
99.2	Press Release issued by Context Therapeutics Inc., dated June 15, 2026
99.3	Context Therapeutics Inc. Phase 1 Interim Results Presentation, dated June 15, 2026
104	Cover Page Interactive Data File (embedded within the inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated: June 15, 2026

Context Therapeutics Inc.

By: /s/ Martin A. Lehr
Name: Martin A. Lehr
Title: Chief Executive Officer



Advancing T Cell Engagers for Solid Tumors

Corporate Presentation

June 2026



Forward Looking Statement

This presentation contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact, including statements regarding the Company’s strategy, future operations, prospects, and plans and objectives of management, are forward-looking statements. These statements may be identified by words such as “may,” “will,” “expect,” “believe,” “could,” “estimate,” “potential,” “anticipate,” “look forward,” “plan,” “intend,” and similar expressions.

Forward-looking statements in this presentation include, without limitation, statements regarding (i) the Company’s business strategy, cash flows, cash runway and funding status, (ii) potential growth opportunities, (iii) clinical development activities, (iv) the timing and results of preclinical research, clinical trials and potential regulatory approval and commercialization of product candidates, (v) estimates of potential market size and opportunity, and (vi) other non-historical statements.

These forward-looking statements involve substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied, and the Company cannot assure that its plans, intentions, expectations, or strategies will be achieved. These risks and uncertainties include, without limitation: (i) uncertainties regarding the Company’s expectations, projections, and estimates of future costs and expenses, capital requirements, the availability of additional financing and the Company’s capital requirements; (ii) the timing, progress, and results of the Company’s discovery, preclinical and clinical development activities; (iii) clinical trial site activation and enrollment; (iv) unexpected safety or efficacy data observed during preclinical studies or clinical trials; (v) the risk that results from nonclinical or clinical studies may not be predictive of future results, and that interim data are subject to further analysis; (vi) uncertainties related to the regulatory approval process; (vii) the Company’s reliance on third parties; (viii) macroeconomic conditions; and (ix) whether the Company has sufficient funding to meet future operating expenses and capital expenditure requirements. Additional factors that may cause actual results to differ materially from those expressed or implied in the forward-looking statements in this presentation are described under the heading “Risk Factors” in the Company’s Annual Report on Form 10-K for the year ended December 31, 2025, as filed with the U.S. Securities and Exchange Commission (the “SEC”), and in the Company’s other filings with the SEC, including future reports.

Except as required by law, the Company undertakes no obligation to update or revise any forward-looking statements, which speak only as of the date of this presentation, whether as a result of new information, future events or otherwise.

Important Notice and Disclaimers

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company’s own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations. References in this presentation to research reports or to articles and publications should not be construed as depicting the complete findings of the entire referenced report or article.

This presentation discusses product candidates that are under preclinical and clinical study, and which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these product candidates for the use for which such product candidates are being studied. While the Company believes its internal research is reliable, such research has not been verified by any independent source. All the scientific, preclinical and clinical data presented within this presentation are – by definition prior to completion of the clinical trial and a clinical study report – preliminary in nature and subject to further quality checks including customary source data verification.

The trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of such products.

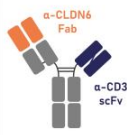
Building a Leading T cell Engager (TCE) Pipeline

Strategy 	Developing potentially best-in-class TCE for solid tumors <ul style="list-style-type: none"> • Tumor antigens that are clinically validated by antibody drug conjugates (ADC) or chimeric antigen receptor T cell therapy (CAR-T) • Limited or weak competition addressing large market opportunities • High affinity CD3 to maximize solid tumor response
Pipeline 	CTIM-76: Claudin 6 (CLDN6) x CD3 bispecific antibody <ul style="list-style-type: none"> • CLDN6 is overexpressed in ovarian, endometrial, lung, testicular, and other solid tumors • CTIM-76 was designed to bind selectively to CLDN6 over similar claudin family members, including CLDN3/4/9 CT-95: Mesothelin (MSLN) x CD3 bispecific antibody <ul style="list-style-type: none"> • MSLN is overexpressed in pancreatic, lung, colorectal, and other solid tumors • CT-95 was designed to bind selectively to membrane-bound MSLN to enhance drug exposure and activity CT-202: Nectin-4 x CD3 bispecific antibody <ul style="list-style-type: none"> • Nectin-4 is overexpressed in bladder, lung, breast, colorectal, and other solid tumors • CT-202 was designed to be conditionally active within the tumor microenvironment
Capitalization 	Strong financial position with high quality investor base <ul style="list-style-type: none"> • Expected cash runway into mid-2027

Pipeline Overview

PROGRAM	TARGET	ADDRESSABLE MARKET (U.S. ONLY)	PRECLINICAL	PHASE 1	PHASE 2	ANTICIPATED MILESTONES
CTIM-76	Claudin 6 (CLDN6)	> 50,000 patients				Q4 2026: QW updated data Q2 2027: Q3W dosing data
CT-95	Mesothelin (MSLN)	> 100,000 patients				Sept 2026: Preliminary Ph 1a data
CT-202	Nectin-4	> 125,000 patients				Q3 2026: Ph 1 FPI

CTIM-76: CLDN6 x CD3




Product differentiation: highly selective for CLDN6 over CLDN3/4/9

Safety: potent CD3 induction without broad cytokine activation

Potential Indications: ovarian, endometrial, lung

CT-95: MSLN x CD3




Product differentiation: avidity optimized to avoid mesothelin (MSLN) fragments

Safety: sterically hindered CD3 to avoid T cell crosslinking

Potential Indications: lung, pancreatic, ovarian, colorectal

CT-202: Nectin-4 x CD3



Product differentiation: conditionally activate in the tumor microenvironment

Safety: sterically hindered CD3 to avoid T cell crosslinking

Potential Indications: bladder, colorectal, breast, lung

Context is Positioned to Develop the Next Generation of Transformative T Cell Engagers

Potential to expand into early treatment lines through synergistic drug combinations

Optimized Novel Monotherapies

CTIM-76 CT-95 CT-202

Bispecific TCE Engineered for:

- Best-in-class efficacy
- Target selectivity
- Reduced risk of CRS
- Pharmacokinetics

Synergistic Combination Approaches

TCE + ADC TCE + PD-1xVEGF

Potential Opportunities for:

- Complementary mechanisms to enhance activity
- Improved safety due to non-overlapping toxicities
- Synergistic immunologic effects



T Cell Engager Strategy

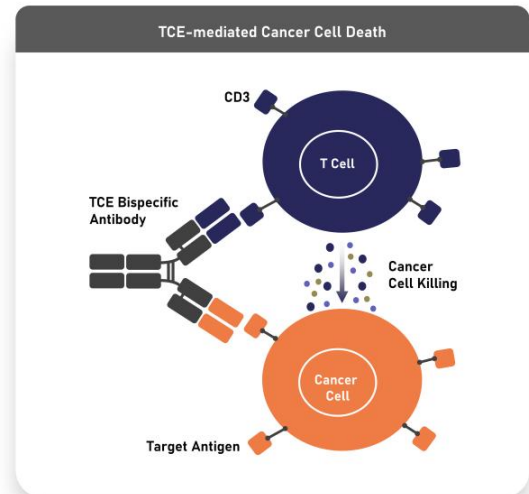
T Cell Engaging (TCE) Bispecific Antibodies

Mechanism of Action

T-cell engagers (TCEs) are bispecific antibodies designed to redirect cytotoxic T lymphocytes toward malignant cells.

These molecules simultaneously bind to a tumor-associated antigen on the cancer cell and to CD3, a component of the T-cell receptor complex.

This dual engagement facilitates T-cell activation, immune synapse formation, and targeted cytotoxicity of tumor cells.









10 FDA Approvals for TCE for Solid and Liquid Tumors

Recently approved TCE have had strong initial commercial launches



TCE Success in Solid Tumors

									
Asset	Tarlatamab (AMG757)	HPN328	QLS31905	IBI389	VIR-5500	JANX007	JNJ-78278343	Xaloritamig (AMG509)	Ubatamab (REGN4018)
Target x Effector	DLL3 x CD3	DLL3 x CD3	CLDN18.2 x CD3	CLDN18.2 x CD3	PSMA x CD3	PSMA x CD3	KLK2 x CD3	STEAP1 x CD3	MUC16 x CD3
Cancer Indication	Small Cell Lung	Small Cell Lung	Pancreatic	Pancreatic	Prostate	Prostate	Prostate	Prostate	Ovarian
Patients (n)	100	73	12	27	11	8	33	21	13
Efficacy	ORR: 40% PFS: 4.9 mos.	ORR: 55% DoR: 10.8 mos.	ORR: 25% PFS: 3.9 mos.	ORR: 38%	PSA50: 100% ORR: 36% PFS: ~6 mos.	PSA50: 100% ORR: 13% PFS: 7.9 mos.	PSA50: 42% ORR: 8% PFS: 7.9 mos.	PSA50: 50% ORR: 20% PFS: 7.8 mos.	ORR: 31%
Grade \geq 3 CRS	1%	1%	3%	0%	2%	8%	0%	2%	0%
Reference	Ahn 2023	ESMO 2025	ASCO 2025	ASCO 2024	ASCO GU 2026	Dec: 2025 data cutoff	ASCO 2025	ESMO 2024	ESMO 2022

TCE efficacy in cold tumors with a low rate of cytokine release syndrome (CRS)



CTIM-76

CLDN6 x CD3 bispecific antibody

CLDN6 Therapies Have the Potential to Reach a Large Patient Population

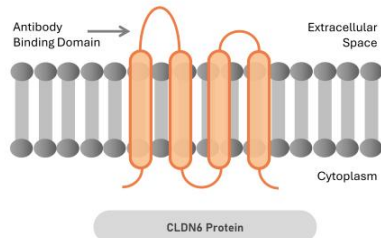
>50,000 patients per year in the United States in Relapse/Refractory (R/R) Setting

	Selected Cancer indications	Incidence (US Only)	R/R Incidence	CLDN6 Positive	CLDN6 Med/High	Patient Population Based on R/R Incidence
Initial indications of interest based on: • CLDN6 prevalence • Patient population size • CLDN6 target validation	Ovarian	21,010	19,500	75% ¹	35% ¹	14,625
	Endometrial	68,270	17,000	50% ¹	22% ¹	8,500
	Testicular	9,810	750	100% ³	>95% ³	750
	Non-Small Cell Lung	199,586	122,500	26% ²	6% ²	31,850
	Colon	158,850	36,600	43% ³	0% ³	15,738
	Breast	321,910	66,000	40% ³	0% ³	26,400

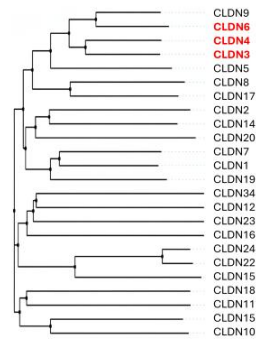
CLDN6 is an Attractive Target for Immunotherapy

CLDN6 is an Ideal TCE Target

- CLDN6 is an oncofetal protein. Normally present at higher levels during embryonic development
- Turned off or have low levels of expression in adult tissues
- Expression increases with cancer disease stage
- Tetraspan protein; does not readily internalize



Avoiding CLDN3 and CLDN4 is a Critical Safety Determinant



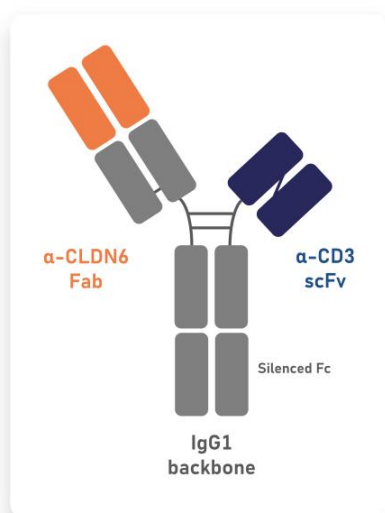
CLDN6 **selectivity is required** to avoid off-target liabilities

The CLDN6 antibody binding region is **highly conserved** with CLDN3 and CLDN4 – differing by only 3 amino acids¹

CLDN3 and CLDN4 are enriched in the liver and antibody binding may result in **liver enzyme elevations**^{2,3}

Claudin Gene Family

CTIM-76: Claudin 6 x CD3 T cell Engaging (TCE) Bispecific Antibody



Optimized structure for CLDN6 selectivity, potency, and manufacturability

- Highly selective CLDN6 binding fragment antibody-binding (Fab) arm
- Immunostimulatory CD3 binding single-chain fragment variable (scFv) domain is functionally monovalent to avoid aberrant T cell activation
- Silenced Fc domain to avoid off target immune cell activation

Potentially wide therapeutic window

- T cell dependent cellular cytotoxicity with no or minimal activation of circulating cytokines
- Humanized CLDN6 and CD3 binding domains

Ease of manufacturing

- IgG1 backbone is highly stable and enables high yield

Positive Phase 1a Clinical Data Observed for CTIM-76

CTIM-76 has been granted FDA Fast Track Designation



Pan-PROC Target

~75% of platinum resistant ovarian cancer (PROC) patients are CLDN6+

Potential for Rapid Clinical Enrollment



Clinical Activity in Late Line PROC

7 (5-16) prior lines of therapy

29% confirmed ORR
57% confirmed DCR
66% of patients on therapy

Potential to Address ADC Resistance in PROC



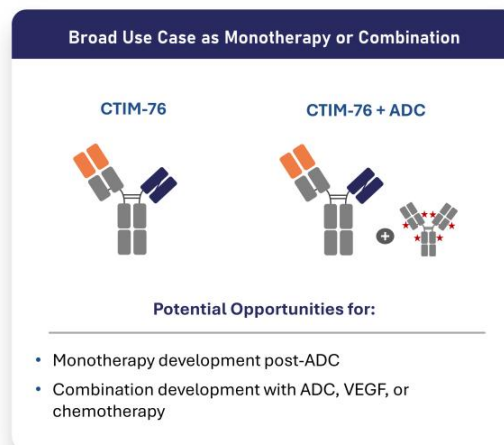
Low Rate of CRS in PROC

11% Grade 1 CRS at target dose levels

Potential for Outpatient Dosing

Significant Market Opportunity in High Unmet Need CLDN6+ Post-ADC PROC

- **~75%** of PROC patients are CLDN6+
- **No approved treatment option** specifically for this biomarker selected PROC population
- **~42,000** CLDN6+ PROC patients globally (US, EU7, JP)
- CLDN6 has **significant target overlap** with promising ADC targets, including FR α , CDH6, NaPi2b – opening the door to potential combination opportunities
- **Additional opportunities** in earlier lines of ovarian cancer and other tumor types with CLDN6 overexpression, including non-small cell lung (NSCLC) and endometrial cancer



CTIM-76 Phase 1a Dose Escalation Trial

Target population

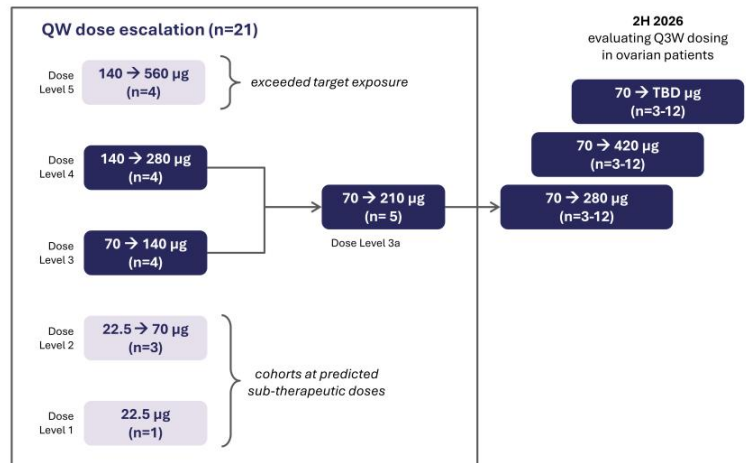
- Ovarian, endometrial and testicular cancer relapsed to standard of care (all comers)
- CLDN6+ positive via IHC ($\geq 10\%$ 1+ staining)

Trial objectives

- Assess safety and tolerability
- Pharmacokinetic and pharmacodynamic data
- Evaluate preliminary anti-tumor activity

Dosing and Administration

- Step dosing
- Pretreat patients with 16 mg dexamethasone 1 hour prior to C1D1 and C1D8 doses



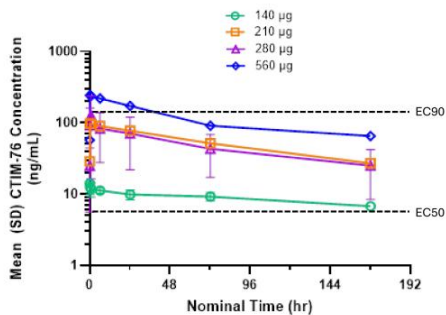
Path to the identification of optimal prime dose, full dose, and dosing schedule

CTIM-76 Exhibits Compelling Pharmacokinetic (PK) Properties

Weekly Dosing (QW)

210 and 280µg doses displayed optimal PK properties, including Cmax below target saturation (EC90) and Cmin above activity threshold (EC50)

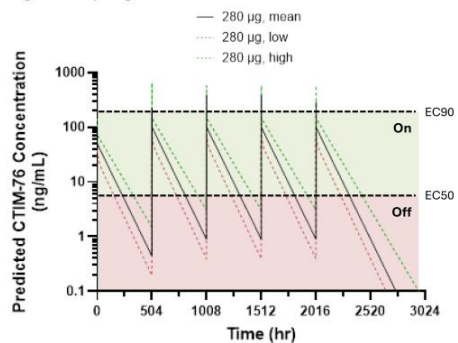
560µg resulted in target saturation and was associated with rapid T cell exhaustion



Every Three Week (Q3W) PK Simulation

Reducing TCE dose frequency has been shown to reduce T cell exhaustion, resulting in improved treatment response and durability¹

Q3W dosing of CTIM-76 may optimize T cell activation and recovery through on/off cycling



Patient Demographics at Target Doses of 140 to 280 µg

CTIM-76 evaluated in heavily pre-treated patients with high tumor burden

Baseline Characteristics	All Comers
N	13
Age, n (range)	61 (29-72)
ECOG, n (range)	1 (0-1)
Ovarian, n (%)	9 (69)
Testicular, n (%)	3 (23)
Endometrial, n (%)	1 (8)
Prior therapies, median (range)	6 (3-16)
1, n (%)	0 (0)
2	0 (0)
3	3 (23)
4	1 (7)
≥5	9 (69)

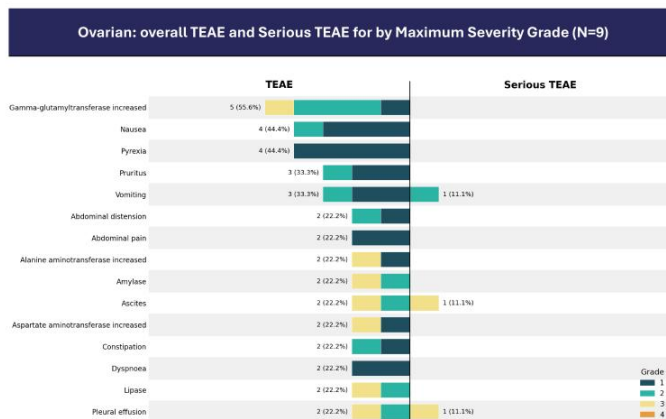
Baseline Characteristics	Ovarian
N	9
Age, n (range)	63 (53-74)
ECOG, n (range)	0 (0-1)
Sum of longest dimension (mm)	71 (39-114)
Liver metastases, n (%)	4 (44)
H-Score, median (range)	145 (25-300)
Prior therapies, median (range)	7 (5-16)
Checkpoint Inhibitor, n (%)	5 (55)
ADC	8 (89)
DNA Repair	7 (78)
VEGF	9 (100)

Safety Analysis at Target Doses of 140 to 280 µg

Observed to be well-tolerated with a favorable safety profile

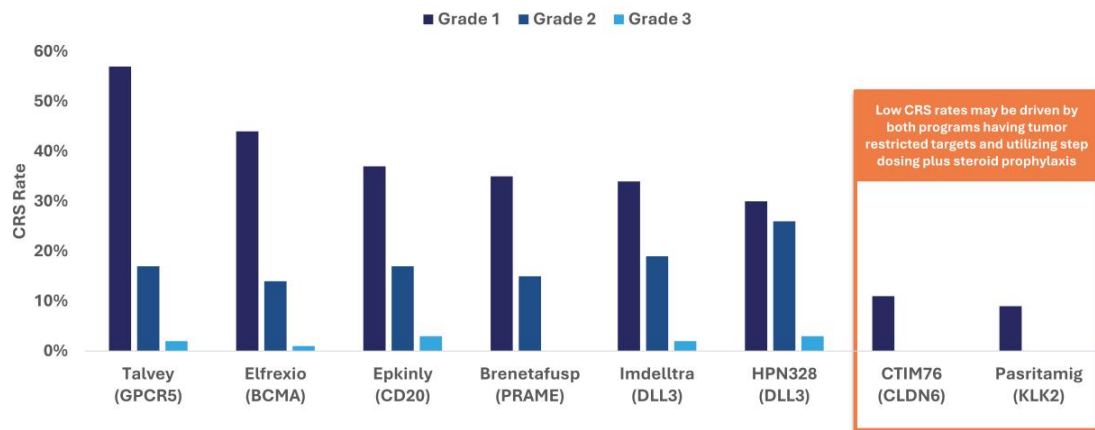
- Adverse events (AE) generally occurred during the first or second dose
- Most events were low grade, of short duration, and were reversible with standard management
- Low rate of cytokine release syndrome (CRS)

Treatment Emergent Adverse Events (TEAE)	All Comers	Ovarian
N (%)	13	9
Any	13 (100)	9 (100)
Related	13 (100)	9 (100)
Serious	5 (39)	3 (33)
Related Serious	2 (15)	1 (11)
Grade 1 CRS	2 (15)	1 (11)
Grade ≥2 CRS	0 (0)	0 (0)
Dose Reduction	0 (0)	0 (0)
Discontinuation	0 (0)	0 (0)



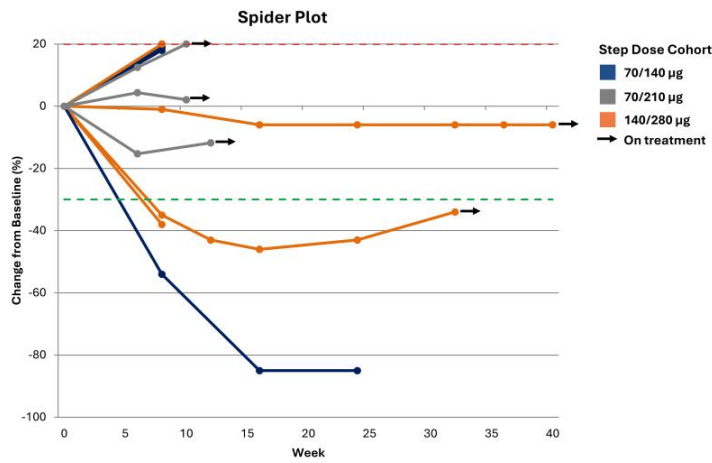
CRS in PROC Patients at Target Dose Levels

Benchmarking CRS profiles across approved and experimental TCE



CTIM-76 Anti-tumor Activity at Target Dose Levels

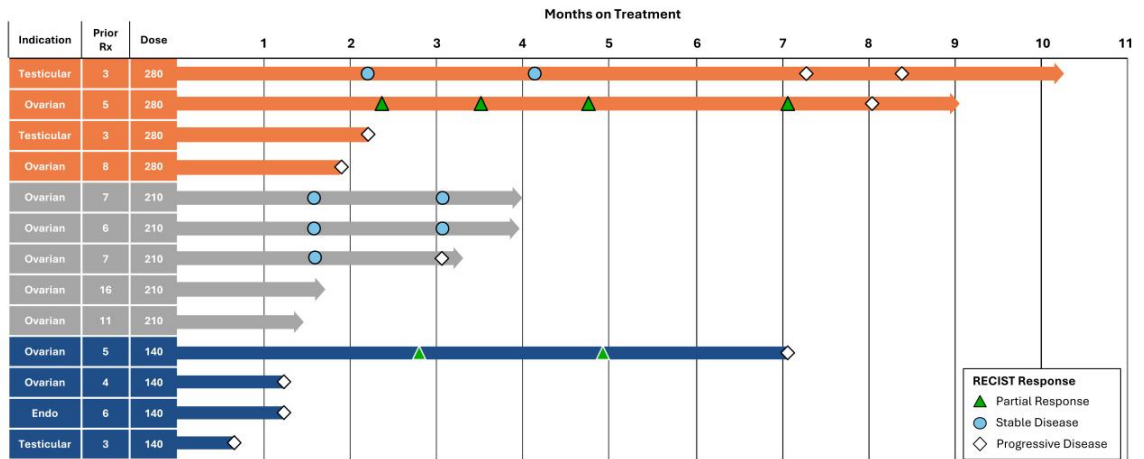
Emerging durability signal, despite weekly dosing during escalation phase



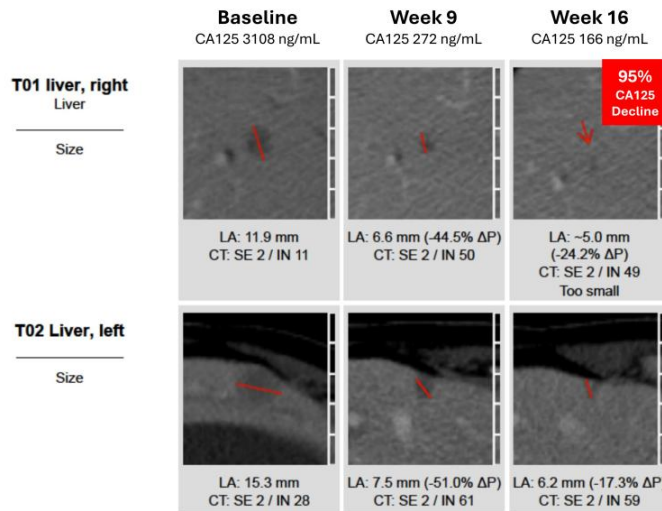
	All Comers	Ovarian
Patient enrolled, n	13	9
RECIST evaluable, n	10	7
Not RECIST evaluable, n	1	0
Pending 1 st Scan	2	2
Overall Response Rate (ORR), n (%)	2 (20)	2 (29)
Stable Disease (SD), n (%)	3 (30)	2 (29)
Disease Control Rate (DCR), n (%)	5 (50)	4 (57)

CTIM-76 Anti-tumor Activity at Target Dose Levels

Emerging durability signal with the potential to further improve with less frequent CTIM-76 dosing



Significant RECIST Response in Ovarian Patient with Liver Lesions

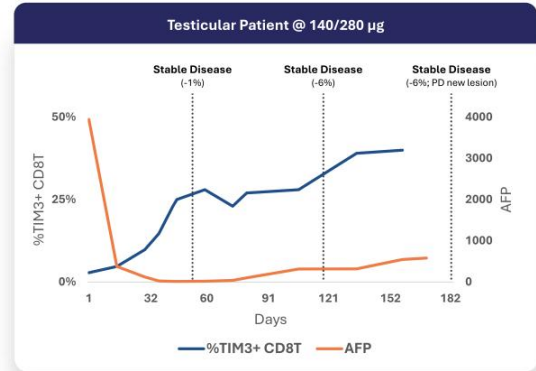
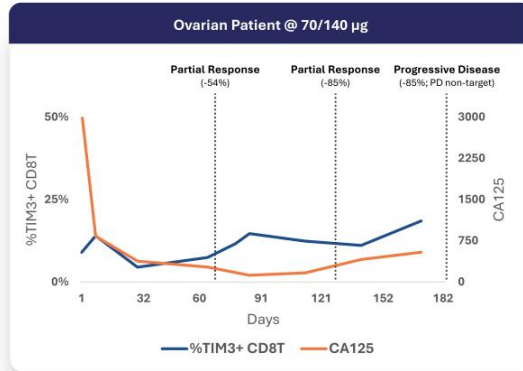


Patient Case Study Detail

- PROC patient administered 140µg
- 53-year-old female
- High disease burden; liver and peritoneum
- 5 prior lines of treatment and treatments included mirvetuximab, pembrolizumab, olaparib, VLS-1488
- Rapid progression on two prior therapies
- Confirmed PR, 85% decrease in tumor diameter
- Disappearance of peritoneal target lesion
- On treatment for 162 days; progression due to new lesions

T Cell Exhaustion is a Critical Determinant of Tumor Response Durability

Q3W dosing may delay T cell exhaustion, improve treatment durability, and be more convenient for patients¹

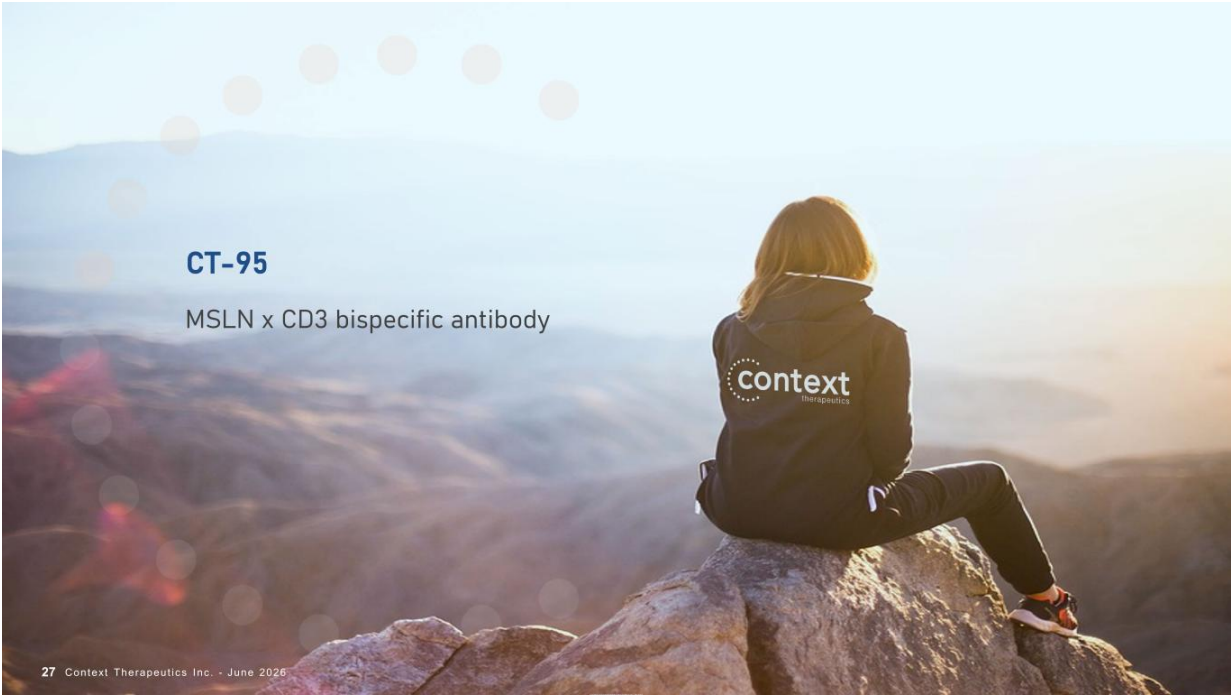


- Response profiles for two patients with similar tumor burden and H-scores were compared
- Markers of T cell exhaustion (%TIM3+ CD8T) were dose proportional

Competitive Profile for CTIM-76 in PROC

Encouraging tumor response and safety profile in heavily pretreated / ADC-experienced patient population

	CTIM-76	Multiple	Nab-Paclitaxel	Azenosertib	Brenetafusp
Target	CLDN6	CDH6, FRa, NaPI2b	Microtubule	Wee1 (CCNE1 amplified)	PRAME
Format	TCE	ADC	Chemotherapy	Small Molecule	TCE
Prior ADC (%)	89	3-20	3	15	11
Prior Lines, median	7	3-5	2	3	4
ORR (%)	29	46-55	30	33	6
Trial	NCT06515713	REJOICE Ovarian-01, Rainfol-01, NAPISTAR	ROSELLA	DENALI Part 1b	ESMO 2024



CT-95

MSLN x CD3 bispecific antibody

MSLN Therapies Have the Potential to Reach a Large Patient Population

>100,000 patients per year in the United States in Relapse/Refractory (R/R) Setting

Initial indications of interest based on:

- MSLN prevalence
- Patient population size
- MSLN target validation

Selected Cancer indications	Incidence (US Only)	R/R Incidence	MSLN Positive	MSLN Med/High	Patient Population Based on R/R Incidence
Non-Small Cell Lung	199,586	122,500	55%	36%	67,375
Pancreatic	67,530	47,850	80%	61%	38,280
Colon	158,850	36,600	41%	17%	15,006
Ovarian	19,900	19,500	90%	80%	17,550
Mesothelioma	3,000	2,500	70%	60%	1,750
Esophageal	22,530	16,290	41%	26%	6,679
Endometrial	68,270	17,000	45%	23%	7,650
Gastric	31,510	11,200	49%	23%	5,488

MSLN Target Biology

Shed mesothelin (sMSLN) in tumor microenvironment requires a creative solution to overcome

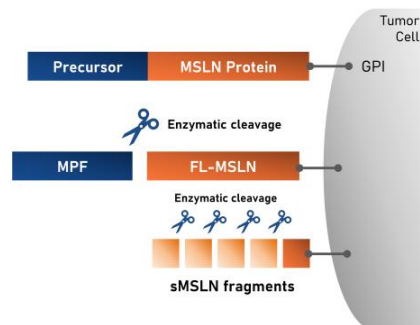
Overcoming Fragmented MSLN in the Tumor Microenvironment

MSLN is bound to tumor cells via a GPI-anchor

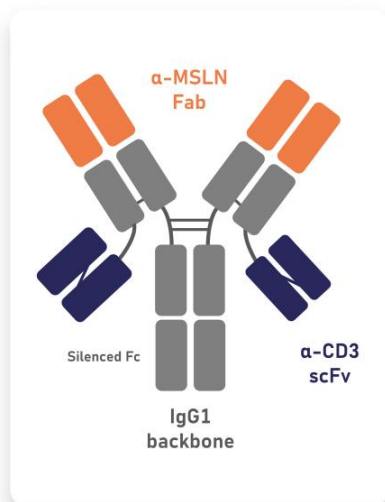
Like many GPI-anchored proteins, MSLN can be cut into smaller fragments^{1,2}

The MSLN gene encodes a precursor that is cleaved into two products: a soluble N-terminal protein called megakaryocyte potentiating factor (MPF), and a membrane-bound fragment called full length mesothelin (FL-MSLN)

sMSLN serves as a competitive sink, preventing antibodies from binding to the tumor, which can lead to suboptimal drug exposure and efficacy



CT-95: MSLN x CD3 T cell Engaging (TCE) Bispecific Antibody



Novel design to overcome mesothelin (MSLN) sink

- Binds to membrane-proximal MSLN epitope
- Affinity tuned MSLN binding
- Cooperative binding results in high affinity binding of CT-95 to tumor

Potentially wide therapeutic window

- No crosslinking by shed MSLN, mitigating off-tumor T cell activation
- Cooperative binding of MSLN on tumor surface crosslinks CD3, activating T cells

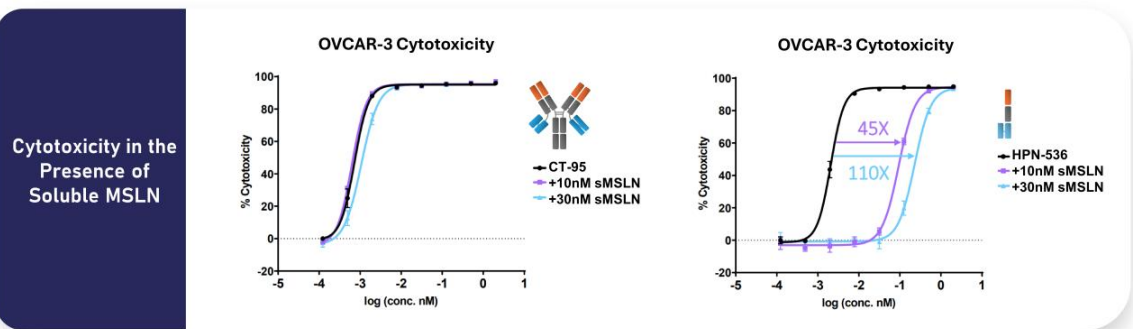
Ease of manufacturing

- IgG1 backbone is highly stable and enables high yield

Anticipate Preliminary Phase 1a Data in September 2026

CT-95 Intended to Overcome MSLN Sink

HPN-536 (Harpoon Therapeutics) binds to soluble MSLN (sMSLN) in a dose proportional manner, limiting therapeutic exposure



CT-95 Phase 1a/b Study

An open-label, multi-center, dose escalation / expansion, safety, and PK study (NCT06756035)

Biomarker stratification

- Ovarian, pancreatic, and mesothelioma do not require prospective screening
- All other indications require prospective MSLN screening via IHC ($\geq 10\%$ 1+ staining)

Trial objectives

- Assess safety and tolerability at increasing dose levels
- Pharmacokinetic and pharmacodynamic data
- Evaluate preliminary anti-tumor activity

Dosing and Administration

- Weekly IV infusion
- Single step dose
- Pretreat patients with 10 mg dexamethasone 1 hour prior to C1D1 and C1D8 doses

Phase 1a Dose Escalation

Cohort 1	0.1 $\mu\text{g}/\text{kg}$	MABEL Dose	<input checked="" type="checkbox"/>	→	Completed	(n=1)
Cohort 2	0.3 $\mu\text{g}/\text{kg}$		<input checked="" type="checkbox"/>	→	Completed	(n=4)
Cohort 3	0.18 → 0.6 $\mu\text{g}/\text{kg}$	Active Dose Level	<input checked="" type="checkbox"/>	→	Completed	(n=3)
Cohort 4	0.27 → 0.9 $\mu\text{g}/\text{kg}$			→	Enrolling	(n=6)
Cohort 5	0.36 → 1.2 $\mu\text{g}/\text{kg}$					

CT-95 Competitive Landscape

CT-95 is avidity enhanced, affinity tuned, and binds to membrane-bound MSLN

	CT-95	AMG-305	HPN-536	JNJ-79032421	ZW171
Company	Context	Amgen ⁴	Harpoon ¹	JNJ	Zymeworks ^{2,3}
Format	2 + 2	1 + 1 + 2 CDH3 + MSLN dBITE	TriTAC	1+1	2 + 1
Avoids sMSLN	✓	X	X	✓	X
Affinity Tuned	✓	X	X	X	X
High Affinity CD3	✓	X	✓	X	X
Program Status	Phase 1 FPI Apr 2025	Phase 1 FPI Oct. 2023	Phase 1 Discontinued	Phase 1 Discontinued	Phase 1 Discontinued



CT-202

Nectin-4 x CD3 bispecific antibody

Nectin-4 Therapies Have the Potential to Reach a Large Patient Population

>125,000 patients per year in the United States in Relapse/Refractory (R/R) Setting

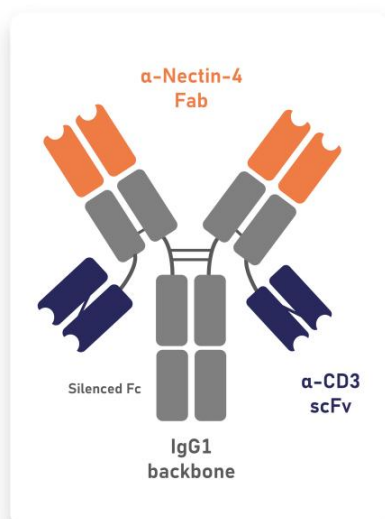
Initial indications of interest based on:

- Nectin-4 prevalence
- Patient population size
- Target validation via antibody-drug conjugates (ADCs)

Selected Cancer indications	Incidence (US Only)	R/R Incidence	Nectin-4 Positive	Nectin-4 Med/High	Patient Population Based on R/R Incidence
Colon	158,850	36,600	87% ¹	78% ²	31,842
Bladder (urothelial)	84,530	18,765	83% ³	60% ³	15,575
Breast (TNBC)	56,334	11,550	78% ³	58% ⁵	9,009
Non-Small Cell Lung	199,586	122,500	64% ³	58% ⁶	78,400
Pancreatic	67,530	47,850	71% ³	37% ³	33,974
Head and Neck	72,680	12,000	59% ³	18% ³	7,080
Esophageal	22,530	16,290	55% ³	24% ³	8,960
Gastric	31,510	11,200	94% ⁷	60% ⁴	10,528

Incidences based on public estimates; Relapsed/refractory (R/R) or Last-line patient population approximated by annual mortality; Patient population derived from Nectin-4 positive population multiplied by R/R incident population. ¹ Kubecki, Int J Mol Sci, 2023; ² Nikanjan, Can Let, 2025; ³ Chailita, Can Res, 2016; ⁴ Zhang, Oncol Lett, 2018; ⁵ Zeindler, Front Med, 2019; ⁶ Takano, Mol Bio, 2009; ⁷ Muro, ESMO Open, 2025

CT-202: Nectin-4 x CD3 T cell Engaging (TCE) Bispecific Antibody



Novel design incorporating logic gating to spare Nectin-4 in normal tissue

- Because of its expression in healthy epidermal keratinocytes, sweat glands, and hair follicles, Nectin-4 targeted treatments are associated with dermatological side effects
- CT-202 uses pH dependent binding to both Nectin-4 and CD3 to minimize binding to healthy tissues and maximize binding and T cell activation within the tumor microenvironment

Avidity optimized to mitigate CRS risk

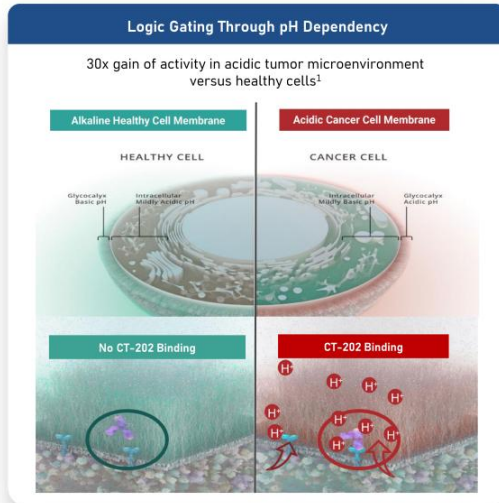
- Bivalent Nectin-4 binding to reduce T cell crosslinking in the absence of target
- Steric hindrance of CD3 binding by Fc domain prevents T cell crosslinking by single CT-202 molecules

Ease of manufacturing

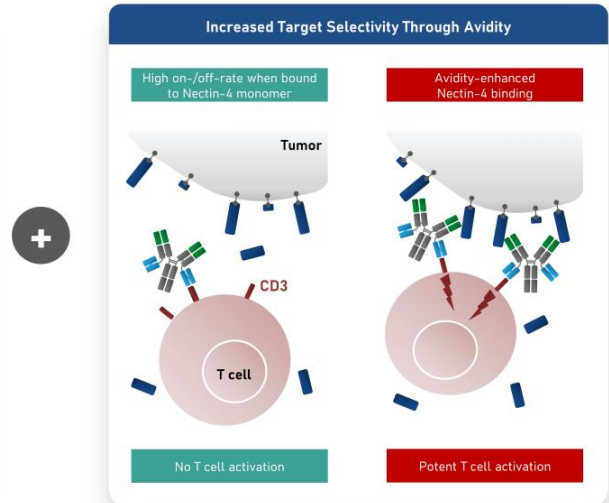
- IgG1 backbone is highly stable and enables high yield

Anticipate Phase 1 First Patient Dosed in Q3 2026

Two-Pronged Approach to Overcoming Nectin-4 Expression in Skin



37 Context Therapeutics Inc. - June 2026

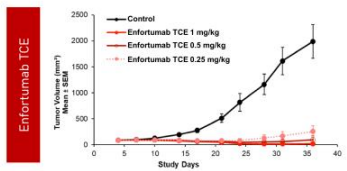
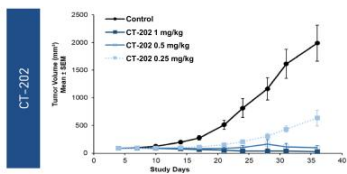


1 Chang, PNAS, 2021

CT-202 is Highly Active and Well Tolerated Across In Vivo Models

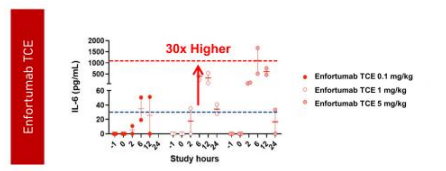
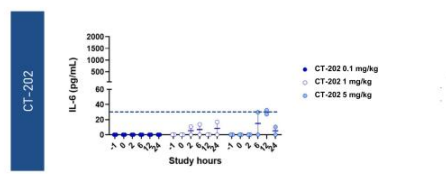
Complete Tumor Regressions

CT-202 demonstrated similar efficacy in BT474 breast cancer xenograft compared to enfortumab TCE control antibodies in mice



Reduced Cytokine Release

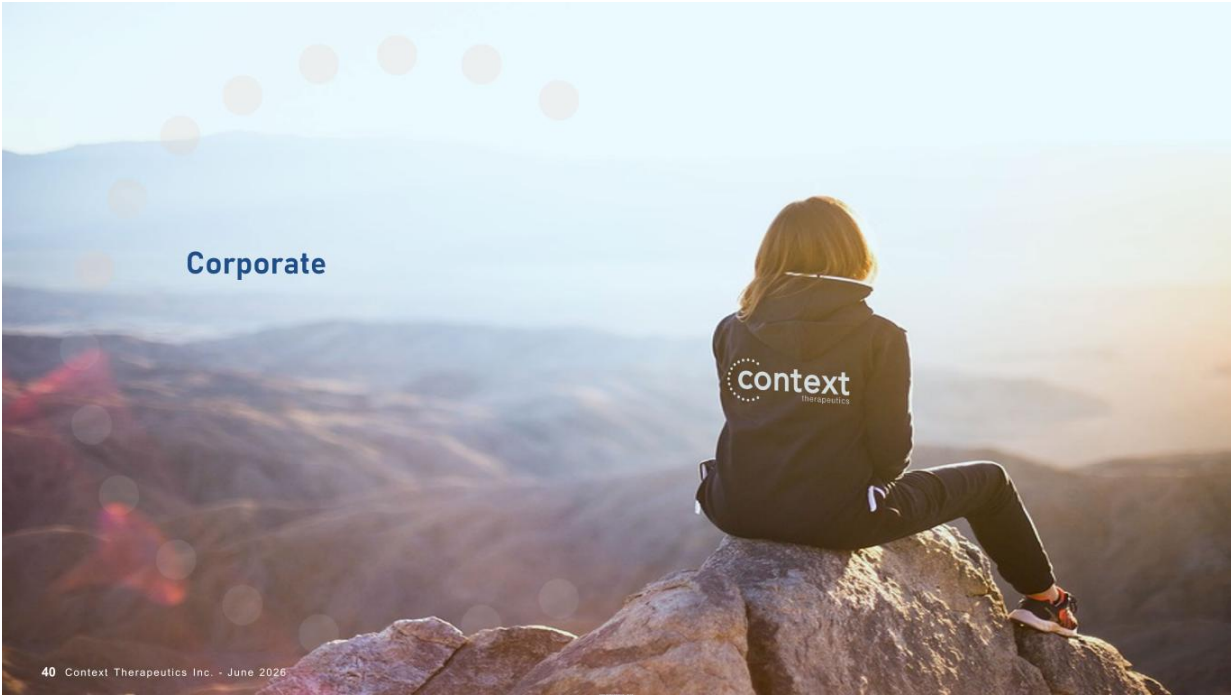
CT-202 treatment resulted in significantly lower IL-6 induction compared to enfortumab TCE benchmark antibodies in NHP



CT-202 Competitive Landscape

Competitor TCE programs lack conditional activation, avidity enhancement, and high potency immune activator

Company	Context Therapeutics	Bicycle Therapeutics	Rondo Therapeutics
Asset	CT-202	BT7480 ^{1,2}	RNDO-564 ³
Format	2 + 2 (pH dependent)	1 + 2 (Bicycle)	1 + 1 (Fixed light chain)
Conditionally active	✓	X	X
Avidity enhanced	✓	X	X
High Affinity CD3	✓	X	X
Program Status	Preclinical (Ph 1 FPI expected Q3 2026)	Phase 1 (completed)	Preclinical (Ph 1 late 2025)



Corporate

Anticipated Key Milestones in 2026-2027

- Multiple data inflection points over the next 12 months
- Current cash runway into mid-2027

PROGRAM <i>target</i>	1H 2026	2H 2026	1H 2027	2H 2027
CTIM-76 <i>Claudin 6 (CLDN6)</i>	Ph 1a Dose Escalation	Ph 1a Q3W Dose Evaluation	Ph 1b Dose Expansion	
CT-95 <i>Mesothelin (MSLN)</i>	Ph 1a Dose Escalation		Ph 1b Dose Expansion	
CT-202 <i>Nectin-4</i>	Ph 1a Dose Escalation			

Experienced Leadership Team



Martin Lehr
CEO and Director



Karen Chagin, MD
Chief Medical Officer



Jennifer Minai
Chief Financial Officer



Alex Levit, Esq
Chief Legal Officer



Jennifer Dashnau, PhD
SVP Technical Operations



Chris Beck, MBA
SVP Operations



Focus on Execution

Experienced management team

Clinical team has developed T cell therapies

Our management team is supported by a Board with deep oncology experience



Advancing T Cell Engagers for Solid Tumors

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Glossary

ADC	Antibody drug conjugate	MTD	Maximum tolerated dose
AE	Adverse event	N.D.	Not disclosed
CAR-T	Chimeric antigen receptor T cell therapy	ORR	Overall response rate
CD3	Cluster of differentiation 3	PFS	Progression free survival
CLDN	Claudin	PK	Pharmacokinetic
CRS	Cytokine release syndrome	PR	Partial Response
DLT	Dose limiting toxicity	PROC	Platinum resistant ovarian cancer
Fab	Fragment antigen-binding region	QW	Every week
FIH	First-in-human	Q3W	Every three weeks
FPI	First Patient In (dosed)	scFv	Single chain variable fragment
FRα	Folate receptor alpha	SD	Stable Disease
GPI	Glycosylphosphatidylinositol	TCE	T cell engager
IHC	Immunohistochemistry	YE	Year End
IND	Investigational new drug		
IV	Intravenous		
MABEL	Minimum anticipated biologic effect level		
MoA	Mechanism of action		
MSLN	Mesothelin		



Context Therapeutics Announces Positive Interim Efficacy and Safety Results from Ongoing Phase 1 Clinical Trial for CTIM-76

29% confirmed overall response rate per RECIST v1.1 in patients with platinum-resistant ovarian cancer ("PROC") who progressed on a median of 7 prior lines of therapy

Cytokine Release Syndrome ("CRS") in PROC limited to Grade 1 in 11% of patients

Pharmacokinetic ("PK") profile supports exploration of Q3W dosing in 2H 2026

CTIM-76 has been granted FDA Fast Track Designation in PROC

Company to host conference call on Monday, June 15 at 8:00 a.m. ET

PHILADELPHIA, PA— June 15, 2026—Context Therapeutics Inc. ("Context" or the "Company") (Nasdaq: CNTX), a clinical-stage biopharmaceutical company advancing T cell engaging ("TCE") bispecific antibodies for solid tumors, today announced positive interim Phase 1 clinical data for its CLDN6 x CD3 T cell engaging bispecific antibody, CTIM-76, in advanced, late-line platinum-resistant ovarian cancer ("PROC"). The data are as of a May 29, 2026 data cutoff from the ongoing CTIM-76 Phase 1 study.

"We are encouraged by the continued development of CTIM-76 as a potentially best-in-class CLDN6 T cell engager that may offer a much-needed new therapeutic approach for patients with platinum-resistant ovarian cancer," said Martin Lehr, Chief Executive Officer of Context. "In our first clinical presentation of dose-escalation data, weekly administration of CTIM-76 produced compelling anti-tumor activity and a well-tolerated safety profile in heavily pretreated patients, many of whom had extensive prior exposure to antibody-drug conjugates. Building on this encouraging data, we have advanced into the next phase of development, where we will evaluate CTIM-76 administered every three weeks ("Q3W"). These results are expected to inform subsequent Phase 1b dose expansion in 2027."

CTIM-76 Phase 1a Interim Data Summary:

- 21 patients with PROC (n=14), testicular (n=4), and endometrial (n=3) cancer were treated with CTIM-76 at doses ranging from 22.5µg to 560µg every week ("QW").
- At the active doses of 140µg to 280µg, 13 patients were treated in total, 10 of whom were efficacy evaluable, having had at least one post-baseline tumor assessment as of the data cutoff.
- 560µg exceeded target exposures with QW dosing and was not pursued further.

PROC Patient Characteristics:

- Patients (n=9) received a median of 7 prior lines of therapy (range 5-16).
- Prior patient treatments included ADC (89%), checkpoint inhibitor (55%), VEGF (100%), or DNA repair agent (78%).
- 44% of patients had liver metastases.

Efficacy Results:

- As of the data cutoff, 7 PROC patients were efficacy-evaluable at doses of 140µg to 280µg.
- Overall response rate (ORR): 29% of PROC patients (2/7) achieved confirmed partial RECIST v. 1.1 responses.
- Disease control rate (DCR)¹: 57% (4/7)
- In early cohort patients who achieved confirmed stable disease or partial response, treatment durability was sustained for at least 6 months (n=3).

Safety Results:

- At active dose levels, CTIM-76 produced a favorable safety profile that is consistent with the expected mechanism of action for a T cell engager and supports continued clinical development.
- Adverse events generally occurred during the first or second dose and were predominantly low grade, with the majority of events reported as Grade 1 or Grade 2 and reversible with standard management.
- CRS events were infrequent and limited to Grade 1 (11%, n=1/9) at active dose levels in PROC patients, which may be supportive of outpatient dosing in future trials.

Pharmacokinetic Results:

- Approximately dose-dependent increases in CTIM-76 exposure with increasing dose level.
- Preliminary PK supports exploration of Q3W dosing schedule.

Investor Webcast and Conference Call Information

The Company will host a conference call to discuss these data at 8:00 a.m. ET today, June 15, 2026. Participants may access the live webcast of the conference call from the "News & Events" page of the Company's website at www.contexttherapeutics.com. Participants may register for the conference call here and are advised to do so at least 10 minutes prior to joining the call. The webcast will be available for replay for at least 90 days on the Company's website.

About CTIM-76

CTIM-76 is a CLDN6 x CD3 T cell engaging bispecific antibody. CLDN6 is enriched in a wide range of solid tumors, including ovarian, endometrial, lung, gastric, and testicular. Preclinical research suggests the potential for convenient dosing with low immunogenicity risk and scalable manufacturing to address the significant number of patients who are potentially eligible for CTIM-76 therapy. More information about the CTIM-76 clinical trial (NCT06515613) can be found on <https://clinicaltrials.gov/>.

About Context Therapeutics®

Context Therapeutics Inc. (Nasdaq: CNTX) is a clinical-stage biopharmaceutical company advancing T cell engaging ("TCE") bispecific antibodies for solid tumors. Context's goal is to

build an innovative portfolio of TCE bispecific therapeutics, including CTIM-76, a Claudin 6 x CD3 TCE, CT-95, a Mesothelin x CD3 TCE, and CT-202, a Nectin-4 x CD3 TCE. Context is headquartered in Philadelphia. For more information, please visit www.contexttherapeutics.com or follow the Company on X (formerly Twitter) and LinkedIn.

Forward-looking Statements

This press release contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact, including statements regarding the Company's strategy, future operations, prospects, and plans and objectives of management, are forward-looking statements. These statements may be identified by words such as "may," "will," "expect," "believe," "could," "estimate," "potential," "anticipate," "look forward," "plan," "intend," and similar expressions.

Forward-looking statements in this press release include, without limitation, statements regarding (i) expectations of CTIM-76 Q3W dosing in the second half of 2026 and that CTIM-76 Q3W data will be available to inform subsequent dose expansion, (ii) expectations of CTIM-76 Phase 1b clinical trial development to occur in 2027; (iii) expectations that CTIM-76 may potentially be a best-in-class CLDN6 T cell engager; (iv) expectations that CTIM-76 could be a new therapeutic approach for patients with platinum-resistant ovarian cancer; and (v) other non-historical statements.

These forward-looking statements involve substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied, and the Company cannot assure that its plans, intentions, expectations, or strategies will be achieved. These risks and uncertainties include, without limitation: (i) uncertainties regarding the Company's expectations, projections, and estimates of future costs and expenses, capital requirements, the availability of additional financing and the Company's capital requirements; (ii) the timing, progress, and results of the Company's discovery, preclinical and clinical development activities; (iii) clinical trial site activation and enrollment; (iv) unexpected safety or efficacy data observed during preclinical studies or clinical trials; (v) the risk that results from nonclinical or clinical studies may not be predictive of future results, and that interim data are subject to further analysis; (vi) uncertainties related to the regulatory approval process; (vii) the Company's reliance on third parties; (viii) macroeconomic conditions; and (ix) whether the Company has sufficient funding to meet future operating expenses and capital expenditure requirements. Additional factors that may cause actual results to differ materially from those expressed or implied in the forward-looking statements in this press release are described under the heading "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2025, as filed with the U.S. Securities and Exchange Commission (the "SEC"), and in the Company's other filings with the SEC, including future reports.

Except as required by law, the Company undertakes no obligation to update or revise any forward-looking statements, which speak only as of the date of this press release, whether as a result of new information, future events or otherwise.

Investor Relations Contact:

Jennifer Minai-Azary
Chief Financial Officer

Context Therapeutics
IR@contexttherapeutics.com

¹ Disease Control Rate: Patients achieving a confirmed response of stable disease, partial response, or complete response.



CTIM-76: A Novel CLDN6 x CD3 TCE

Phase 1 Interim Results

June 15, 2026



Forward Looking Statement

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Forward-looking statements in this presentation include, without limitation, statements regarding (i) the Company's business strategy, cash flows, cash runway and funding status, (ii) potential growth opportunities, (iii) clinical development activities, (iv) the timing and results of preclinical research, clinical trials and potential regulatory approval and commercialization of product candidates, (v) estimates of potential market size and opportunity, and (vi) other non-historical statements.

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2 CTIM-76 Phase 1 Interim Results

Important Notice and Disclaimers

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations. References in this presentation to research reports or to articles and publications should not be construed as depicting the complete findings of the entire referenced report or article.

This presentation discusses product candidates that are under preclinical and clinical study, and which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these product candidates for the use for which such product candidates are being studied. While the Company believes its internal research is reliable, such research has not been verified by any independent source. All the scientific, preclinical and clinical data presented within this presentation are – by definition prior to completion of the clinical trial and a clinical study report – preliminary in nature and subject to further quality checks including customary source data verification.

The trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of such products.

On Today's Call



Pipeline Overview

Martin Lehr
Chief Executive Officer



CTIM-76 Development

Karen Chagin, MD
Chief Medical Officer



**Corporate and
Financials**

Jennifer Minai
Chief Financial Officer

A person with long hair, seen from behind, is sitting on a large rock. They are wearing a dark hoodie with the 'context Therapeutics' logo on the back. The background shows a vast, hazy valley with rolling hills under a clear sky. There are several semi-transparent circles of varying sizes in the upper left quadrant of the image.

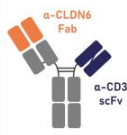
Introduction

Martin Lehr
CEO, Context Therapeutics

Pipeline Overview

PROGRAM	TARGET	ADDRESSABLE MARKET (U.S. ONLY)	PRECLINICAL	PHASE 1	PHASE 2	ANTICIPATED MILESTONES
CTIM-76	Claudin 6 (CLDN6)	> 50,000 patients				Q4 2026: QW updated data Q2 2027: Q3W dosing data
CT-95	Mesothelin (MSLN)	> 100,000 patients				Sept 2026: Preliminary Ph 1a data
CT-202	Nectin-4	> 125,000 patients				Q3 2026: Ph 1 FPI

CTIM-76: CLDN6 x CD3




Product differentiation: highly selective for CLDN6 over CLDN3/4/9

Safety: potent CD3 induction without broad cytokine activation

Potential Indications: ovarian, endometrial, lung

CT-95: MSLN x CD3




Product differentiation: avidity optimized to avoid mesothelin (MSLN) fragments

Safety: sterically hindered CD3 to avoid T cell crosslinking

Potential Indications: lung, pancreatic, ovarian, colorectal

CT-202: Nectin-4 x CD3



Product differentiation: conditionally activate in the tumor microenvironment

Safety: sterically hindered CD3 to avoid T cell crosslinking

Potential Indications: bladder, colorectal, breast, lung

5 CTIM-76 Phase 1 Interim Results


Addressable market is the estimated patient population derived from tumor antigen positive population multiplied by Relapsed/Refractory (R/R) incident population.

Context is Positioned to Develop the Next Generation of Transformative T Cell Engagers

Potential to expand into early treatment lines through synergistic drug combinations

Optimized Novel Monotherapies

CTIM-76 CT-95 CT-202

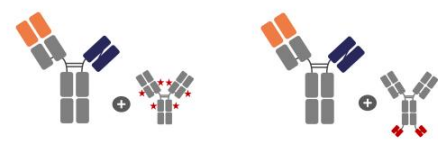


Bispecific TCE Engineered for:

- Best-in-class efficacy
- Target selectivity
- Reduced risk of CRS
- Pharmacokinetics

Synergistic Combination Approaches

TCE + ADC TCE + PD-1xVEGF



Potential Opportunities for:

- Complementary mechanisms to enhance activity
- Improved safety due to non-overlapping toxicities
- Synergistic immunologic effects

Today's Update: Encouraging Phase 1a Clinical Data Observed for CTIM-76

CTIM-76 has been granted FDA Fast Track Designation



Pan-PROC Target

~75% of platinum resistant ovarian cancer (PROC) patients are CLDN6+

Potential for Rapid Clinical Enrollment



Clinical Activity in Late Line PROC

7 (5-16) prior lines of therapy

29% confirmed ORR
57% confirmed DCR
66% of patients on therapy

Potential to Address ADC Resistance in PROC



Low Rate of CRS in PROC

11% Grade 1 CRS at target dose levels

Potential for Outpatient Dosing



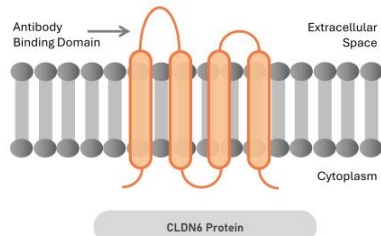
Claudin 6 (CLDN6) Target Overview

Martin Lehr
CEO, Context Therapeutics

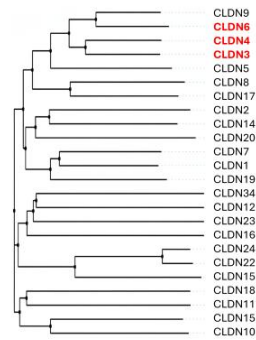
CLDN6 is an Attractive Target for Immunotherapy

CLDN6 is an Ideal TCE Target

- CLDN6 is an oncofetal protein. Normally present at higher levels during embryonic development
- Turned off or have low levels of expression in adult tissues
- Expression increases with cancer disease stage
- Tetraspan protein; does not readily internalize



Avoiding CLDN3 and CLDN4 is a Critical Safety Determinant

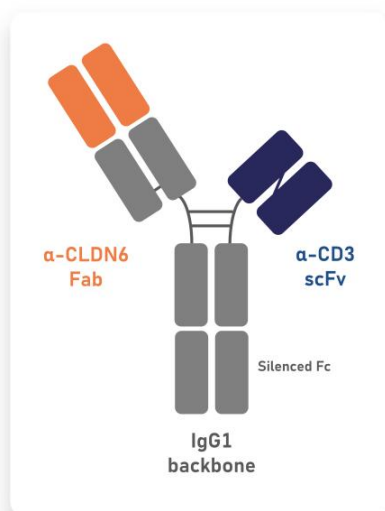


CLDN6 **selectivity is required** to avoid off-target liabilities

The CLDN6 antibody binding region is **highly conserved** with CLDN3 and CLDN4 – differing by only 3 amino acids¹

CLDN3 and CLDN4 are enriched in the liver and antibody binding may result in **liver enzyme elevations**^{2,3}

CTIM-76: Claudin 6 x CD3 T cell Engaging (TCE) Bispecific Antibody



Optimized structure for CLDN6 selectivity, potency, and manufacturability

- Highly selective CLDN6 binding fragment antibody-binding (Fab) arm
- Immunostimulatory CD3 binding single-chain fragment variable (scFv) domain is functionally monovalent to avoid aberrant T cell activation
- Silenced Fc domain to avoid off target immune cell activation

Potentially wide therapeutic window

- T cell dependent cellular cytotoxicity with no or minimal activation of circulating cytokines
- Humanized CLDN6 and CD3 binding domains

Ease of manufacturing

- IgG1 backbone is highly stable and enables high yield

A person with long hair, seen from behind, is sitting on a large rock. They are wearing a dark hoodie with the 'context Therapeutics' logo on the back. The background shows a vast, hazy valley with rolling hills under a clear sky. There are several semi-transparent circles of varying sizes in the upper left quadrant of the image.

CTIM-76 Phase 1 Interim Results

Karen Chagin, MD

Chief Medical Officer, Context Therapeutics

CTIM-76 Phase 1a Dose Escalation Trial

Target population

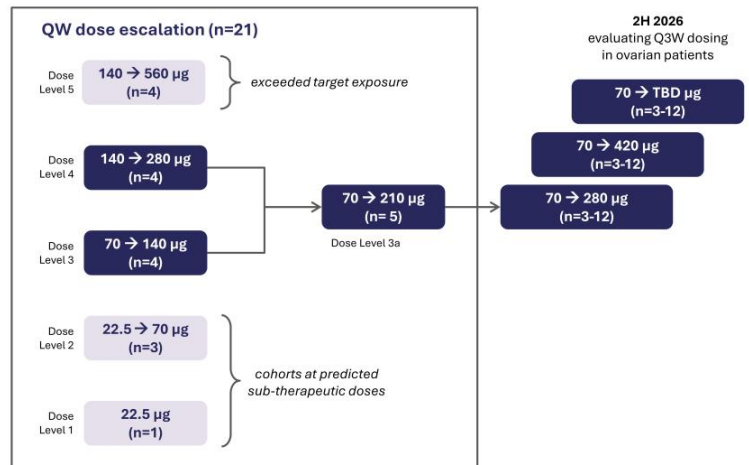
- Ovarian, endometrial and testicular cancer relapsed to standard of care (all comers)
- CLDN6+ positive via IHC ($\geq 10\%$ 1+ staining)

Trial objectives

- Assess safety and tolerability
- Pharmacokinetic and pharmacodynamic data
- Evaluate preliminary anti-tumor activity

Dosing and Administration

- Step dosing
- Pretreat patients with 16 mg dexamethasone 1 hour prior to C1D1 and C1D8 doses

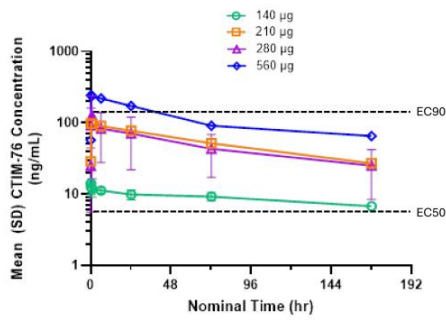


Path to the identification of optimal prime dose, full dose, and dosing schedule

CTIM-76 Exhibits Compelling Pharmacokinetic (PK) Properties

Weekly Dosing (QW)

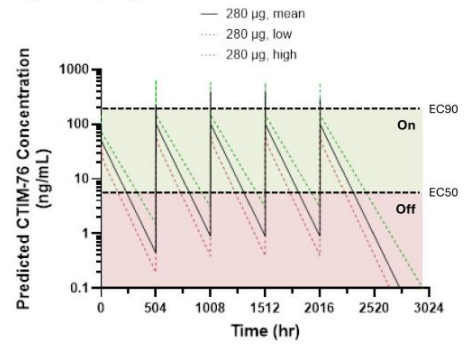
210 and 280µg doses displayed optimal PK properties, including Cmax below target saturation (EC90) and Cmin above activity threshold (EC50). 560µg resulted in target saturation and was associated with rapid T cell exhaustion.



Every Three Week (Q3W) PK Simulation

Reducing TCE dose frequency has been shown to reduce T cell exhaustion, resulting in improved treatment response and durability¹

Q3W dosing of CTIM-76 may optimize T cell activation and recovery through on/off cycling



Patient Demographics at Target Doses of 140 to 280 µg

CTIM-76 evaluated in heavily pre-treated patients with high tumor burden

Baseline Characteristics	All Comers
N	13
Age, n (range)	61 (29-72)
ECOG, n (range)	1 (0-1)
Ovarian, n (%)	9 (69)
Testicular, n (%)	3 (23)
Endometrial, n (%)	1 (8)
Prior therapies, median (range)	6 (3-16)
1, n (%)	0 (0)
2	0 (0)
3	3 (23)
4	1 (7)
≥5	9 (69)

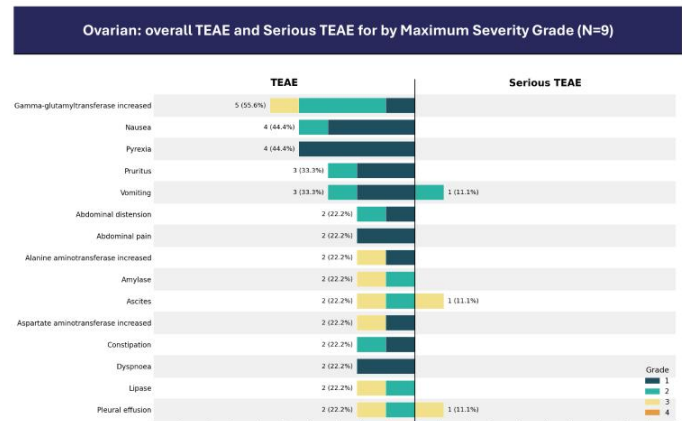
Baseline Characteristics	Ovarian
N	9
Age, n (range)	63 (53-74)
ECOG, n (range)	0 (0-1)
Sum of longest dimension (mm)	71 (39-114)
Liver metastases, n (%)	4 (44)
H-Score, median (range)	145 (25-300)
Prior therapies, median (range)	7 (5-16)
Checkpoint Inhibitor, n (%)	5 (55)
ADC	8 (89)
DNA Repair	7 (78)
VEGF	9 (100)

Safety Analysis at Target Doses of 140 to 280 µg

Observed to be well-tolerated with a favorable safety profile

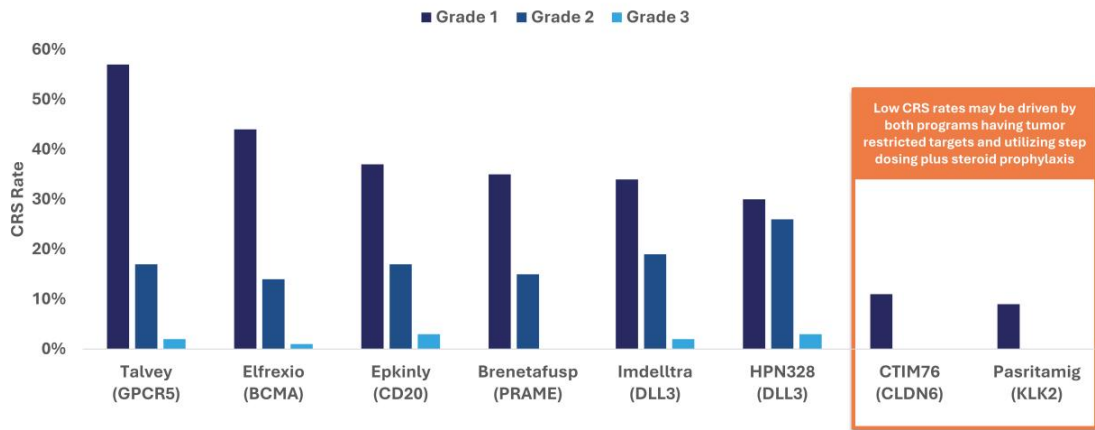
- Adverse events (AE) generally occurred during the first or second dose
- Most events were low grade, of short duration, and were reversible with standard management
- Low rate of cytokine release syndrome (CRS)

Treatment Emergent Adverse Events (TEAE)	All Comers	Ovarian
N (%)	13	9
Any	13 (100)	9 (100)
Related	13 (100)	9 (100)
Serious	5 (39)	3 (33)
Related Serious	2 (15)	1 (11)
Grade 1 CRS	2 (15)	1 (11)
Grade ≥2 CRS	0 (0)	(0)
Dose Reduction	0 (0)	0 (0)
Discontinuation	0 (0)	0 (0)



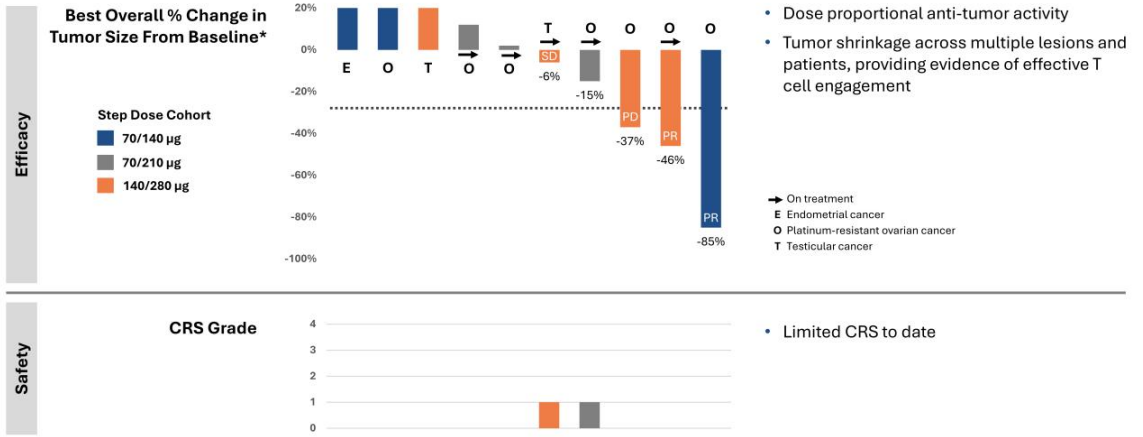
CRS in PROC Patients at Target Dose Levels

Benchmarking CRS profiles across approved and experimental TCE



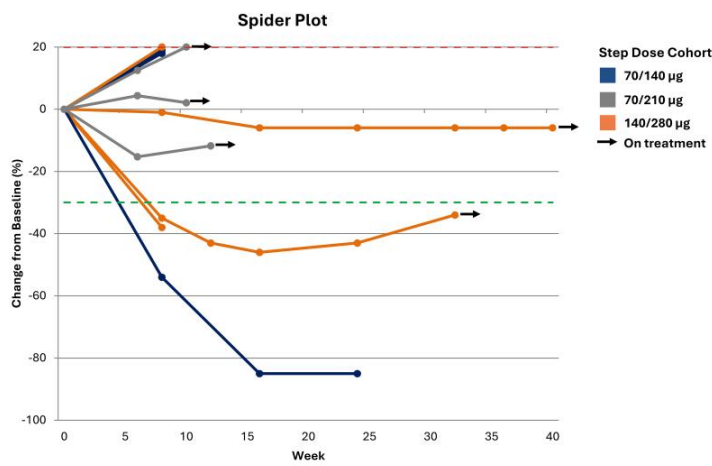
CTIM-76 Interim Phase 1a Data at Target Doses

Tumor reduction combined with manageable CRS profile supports continued clinical development



CTIM-76 Anti-tumor Activity at Target Dose Levels

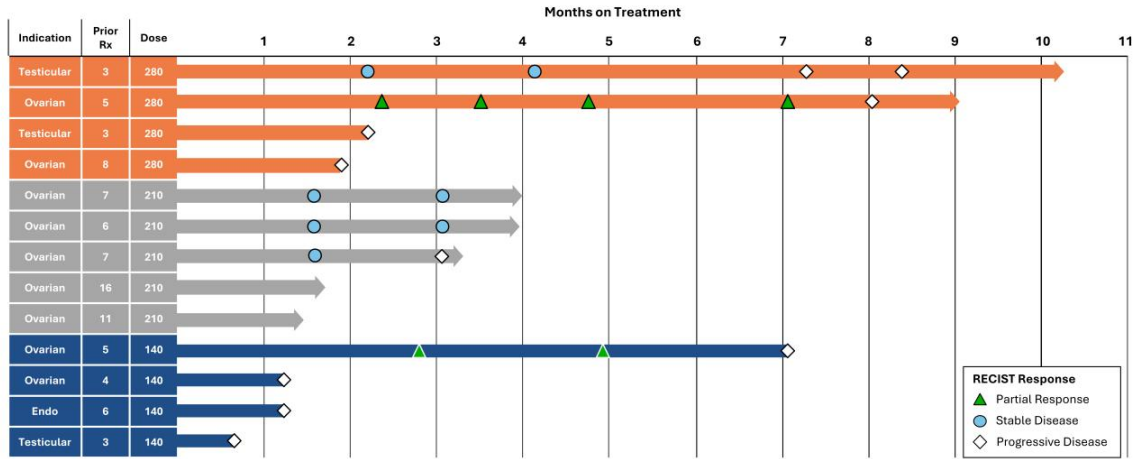
Emerging durability signal, despite weekly dosing during escalation phase



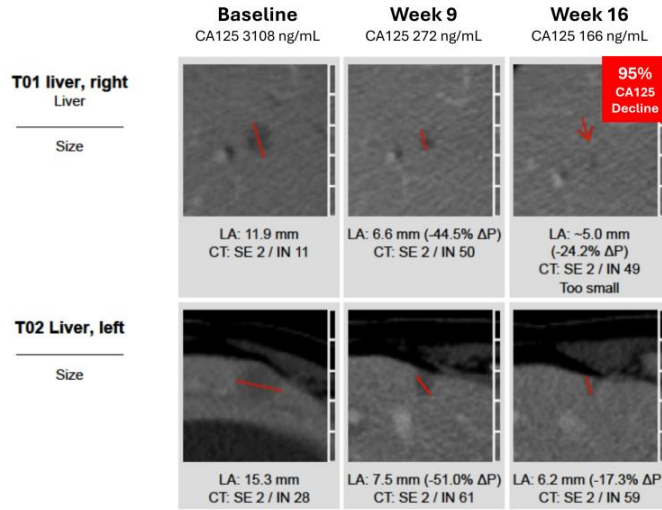
	All Comers	Ovarian
Patient enrolled, n	13	9
RECIST evaluable, n	10	7
Not RECIST evaluable, n	1	0
Pending 1 st Scan	2	2
Overall Response Rate (ORR), n (%)	2 (20)	2 (29)
Stable Disease (SD), n (%)	3 (30)	2 (29)
Disease Control Rate (DCR), n (%)	5 (50)	4 (57)

CTIM-76 Anti-tumor Activity at Target Dose Levels

Emerging durability signal with the potential to further improve with less frequent CTIM-76 dosing



Significant RECIST Response in Ovarian Patient with Liver Lesions

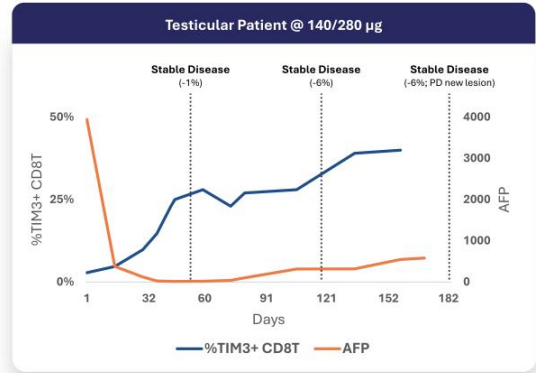
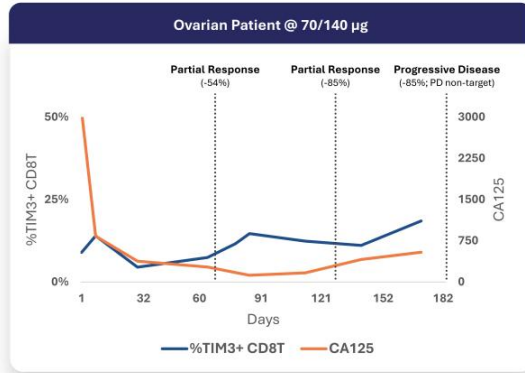


Patient Case Study Detail

- PROC patient administered 140µg
- 53-year-old female
- High disease burden; liver and peritoneum
- 5 prior lines of treatment and treatments included mirvetuximab, pembrolizumab, olaparib, VLS-1488
- Rapid progression on two prior therapies
- Confirmed PR, 85% decrease in tumor diameter
- Disappearance of peritoneal target lesion
- On treatment for 162 days; progression due to new lesions

T Cell Exhaustion is a Critical Determinant of Tumor Response Durability

Q3W dosing may delay T cell exhaustion, improve treatment durability, and be more convenient for patients¹



- Response profiles for two patients with similar tumor burden and H-scores were compared
- Markers of T cell exhaustion (%TIM3+ CD8T) were dose proportional



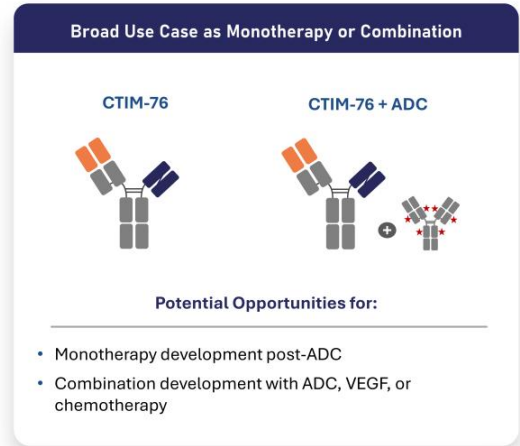
Rationale for CTIM-76 in PROC

Karen Chagin, MD

Chief Medical Officer, Context Therapeutics

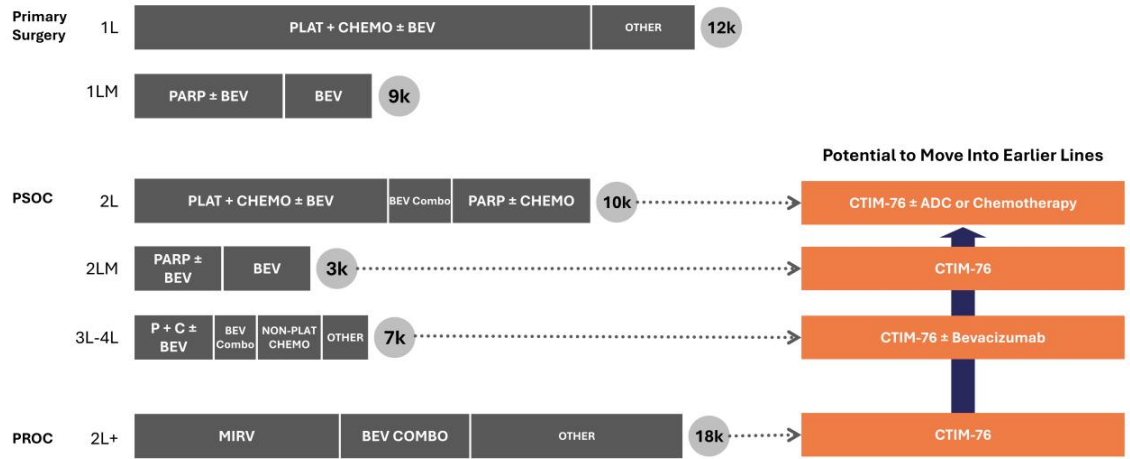
Significant Market Opportunity in High Unmet Need CLDN6+ Post-ADC PROC

- ~75% of PROC patients are CLDN6+
- **No approved treatment option** specifically for this biomarker selected PROC population
- ~42,000 CLDN6+ PROC patients globally (US, EU7, JP)
- CLDN6 has **significant target overlap** with promising ADC targets, including FR α , CDH6, NaPi2b – opening the door to potential combination opportunities
- **Additional opportunities** in earlier lines of ovarian cancer and other tumor types with CLDN6 overexpression, including non-small cell lung (NSCLC) and endometrial cancer



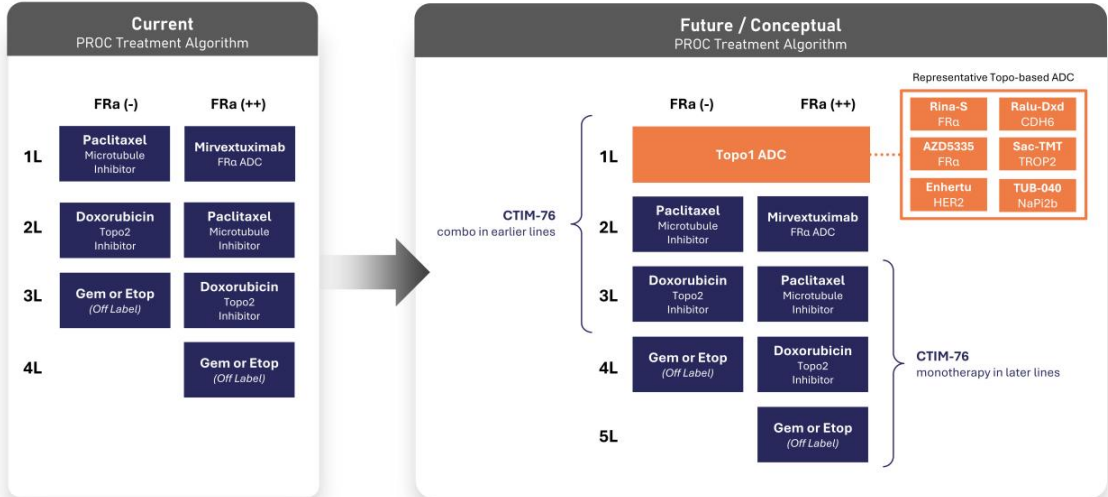
Patient Population (US Only)

21,010 new cases and 12,450 deaths per year



Initial Product Development in Platinum-resistant Ovarian Cancer (PROC)

CTIM-76 therapeutic window supports broad monotherapy and combination therapy development program in PROC



25 CTIM-76 Phase 1 Interim Results

Current treatment options is based upon NCCN guidelines and Company internal estimates. Future / Conceptual PROC treatment algorithm is based on Company internal estimates and is for illustrative purposes only.

Competitive Profile for CTIM-76 in PROC

Encouraging tumor response and safety profile in heavily pretreated / ADC-experienced patient population

	CTIM-76	Multiple	Nab-Paclitaxel	Azenosertib	Brenetafusp
Target	CLDN6	CDH6, FRa, NaPi2b	Microtubule	Wee1 (CCNE1 amplified)	PRAME
Format	TCE	ADC	Chemotherapy	Small Molecule	TCE
Prior ADC (%)	89	3-20	3	15	11
Prior Lines, median	7	3-5	2	3	4
ORR (%)	29	46-55	30	33	6
Trial	NCT06515713	REJOICE Ovarian-01, Rainfol-01, NAPISTAR	ROSELLA	DENALI Part 1b	ESMO 2024



Concluding Remarks

Anticipated Key Milestones in 2026-2027

- Multiple data inflection points over the next 12 months
- Current cash runway into mid-2027

PROGRAM <i>target</i>	1H 2026	2H 2026	1H 2027	2H 2027
CTIM-76 <i>Claudin 6 (CLDN6)</i>	Ph 1a Dose Escalation	Ph 1a Q3W Dose Evaluation	Ph 1b Dose Expansion	
CT-95 <i>Mesothelin (MSLN)</i>	Ph 1a Dose Escalation		Ph 1b Dose Expansion	
CT-202 <i>Nectin-4</i>	Ph 1a Dose Escalation			

CTIM-76 Phase 1a Interim Data Summary and Next Steps



Clinical activity demonstrated for CLDN6 x CD3 TCE



Potential best-in-class CLDN6 TCE could present a multi-billion dollar opportunity



Evaluating Q3W dosing to potentially enhance patient convenience and combinability



Promising safety data supports exploration of earlier lines of ovarian cancer therapy, including platinum sensitive and maintenance settings



Advancing T Cell Engagers
for Solid Tumors

Glossary

ADC	Antibody drug conjugate
AE	Adverse event
CAR-T	Chimeric antigen receptor T cell therapy
CD3	Cluster of differentiation 3
CLDN	Claudin
CRS	Cytokine release syndrome
DLT	Dose limiting toxicity
Fab	Fragment antigen-binding region
FIH	First-in-human
FPI	First Patient In (dosed)
FRα	Folate receptor alpha
GPI	Glycosylphosphatidylinositol
IHC	Immunohistochemistry
IND	Investigational new drug
IV	Intravenous
MABEL	Minimum anticipated biologic effect level
MoA	Mechanism of action
MSLN	Mesothelin

MTD	Maximum tolerated dose
N.D.	Not disclosed
ORR	Overall response rate
PFS	Progression free survival
PK	Pharmacokinetic
PR	Partial Response
PROC	Platinum resistant ovarian cancer
QW	Every week
Q3W	Every three weeks
scFv	Single chain variable fragment
SD	Stable Disease
TCE	T cell engager
YE	Year End

