CTIM-76: A Novel CLDN6 x CD3 TCE

Phase 1 Interim Results

June 15, 2026

Forward Looking Statement

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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

Introduction

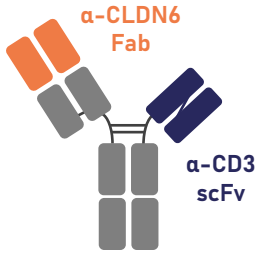
Martin Lehr

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

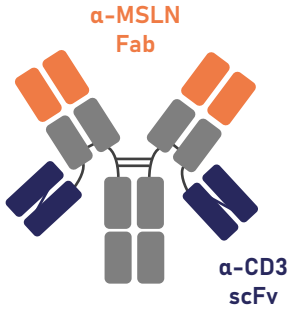


Product differentiation: highly selective for CLDN6 over CLDN3/4/9

Safety: potent CD3 induction without broad cytokine activation

Potential Indications: ovarian, endometrial, lung

CT-95: MSLN x CD3

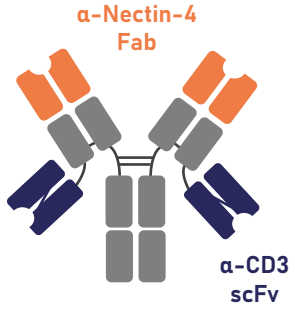


Product differentiation: avidity optimized to avoid mesothelin (MSLN) fragments

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

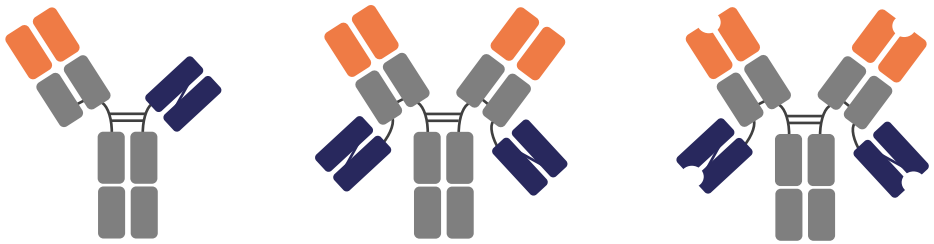
Addressable market is the estimated patient population derived from tumor antigen positive population multiplied by Relapsed/Refractory (R/R) incident population.

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**

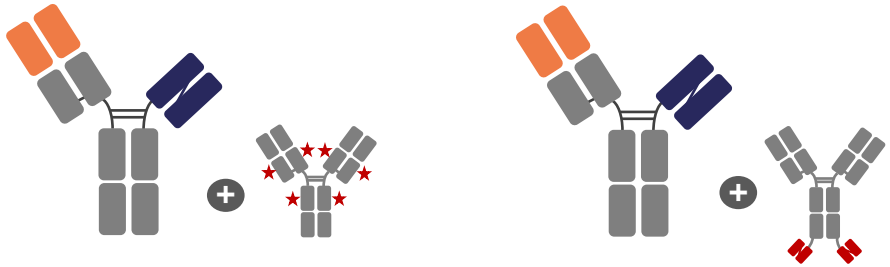


Bispecific TCE Engineered for:

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

CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. RECIST-evaluable PROC population (n=9 patients at target doses) is defined as having measurable disease documented at baseline according to RECIST v1.1 criteria and at least one follow-up tumor assessment after a full cycle of treatment. Disease Control Rate: Patients achieving confirmed stable disease, partial response, or complete response. Data as of May 29, 2026

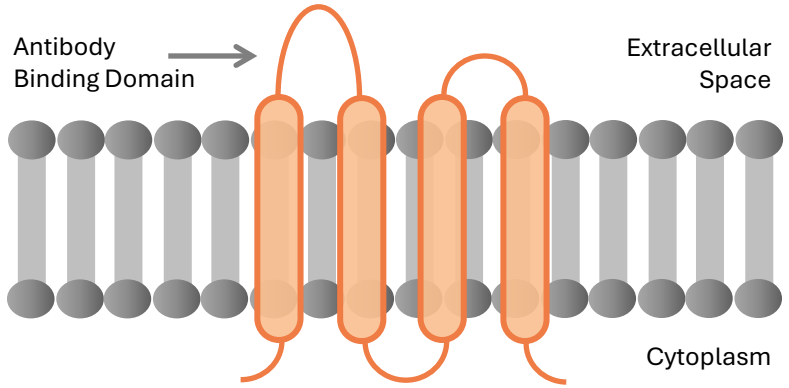
Claudin 6 (CLDN6) Target Overview

Martin Lehr
CEO, Context Therapeutics

CLDN6 is an Attractive Target for Immunotherapy

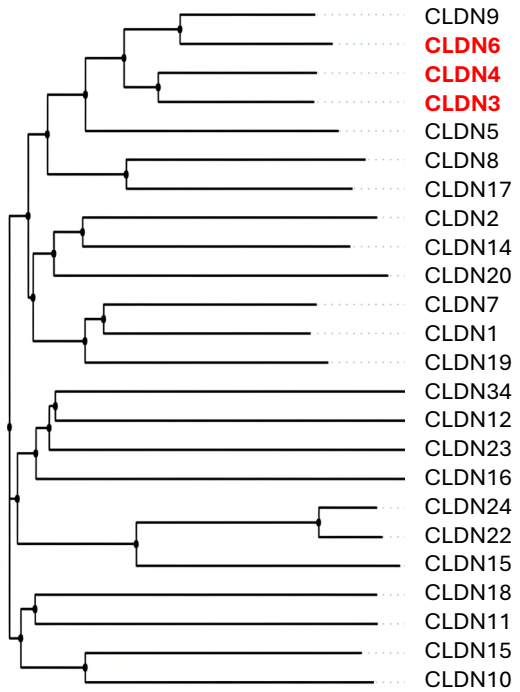
CLDN6 is an Ideal TCE Target

- 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



CLDN6 Protein

Avoiding CLDN3 and CLDN4 is a Critical Safety Determinant



Claudin Gene Family

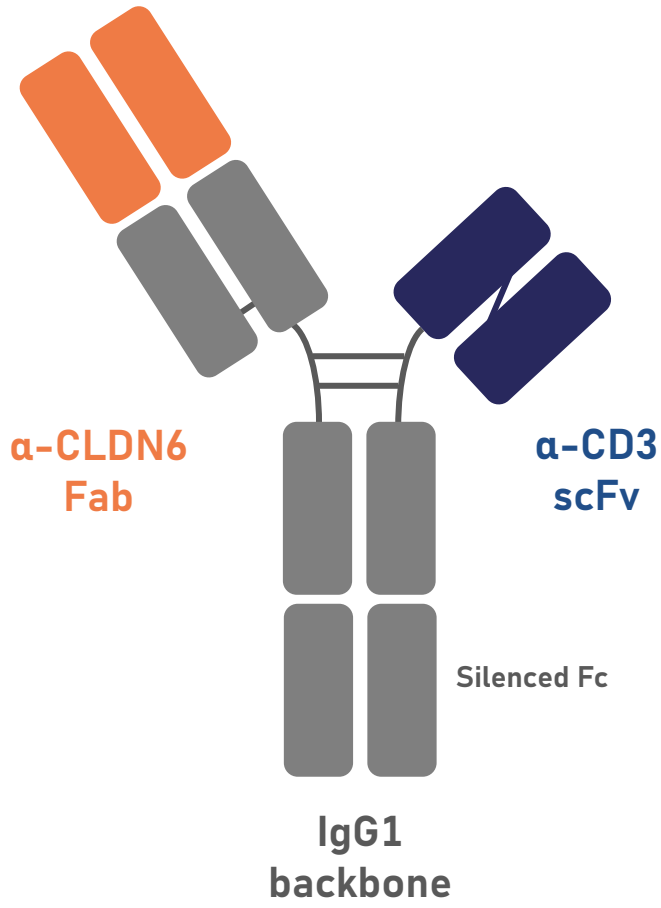
CLDN6 **selectivity is required** to avoid off-target liabilities

The CLDN6 antibody binding region is **highly conserved** with CLDN3 and CLDN4 – differing by only 3 amino acids[1]

CLDN3 and CLDN4 are enriched in the liver and antibody binding may result in **liver enzyme elevations**[2,3]

1 Srenci, Cancer Res, 2022; **2** Tanaka, J Hepatol, 2018; **3** Cordat, Physiology, 2019; Li, FEBS Open Bio, 2020

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

CTIM-76 Phase 1 Interim Results

Karen Chagin, MD

Chief Medical Officer, Context Therapeutics

CTIM-76 Phase 1a Dose Escalation Trial

Target population

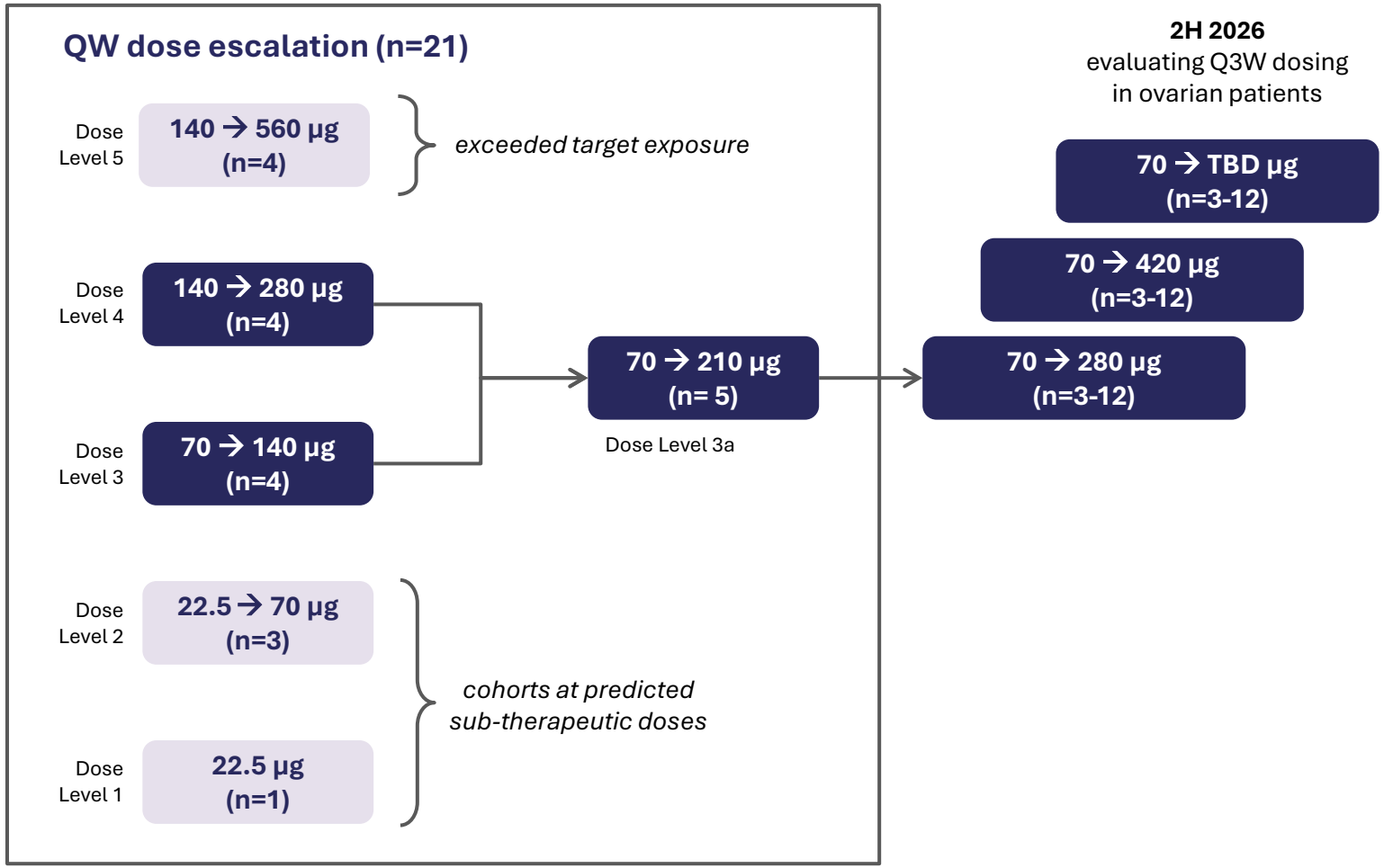
- Ovarian, endometrial and testicular cancer relapsed to standard of care (all comers)
- CLDN6+ positive via IHC (≥10% 1+ staining)

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

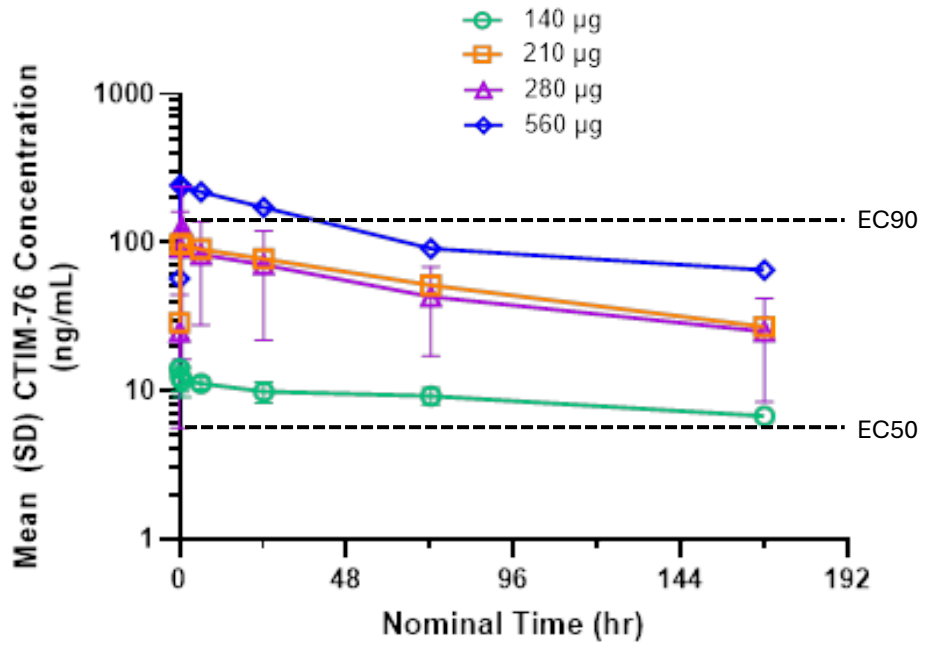
CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Data as of May 29, 2026

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)

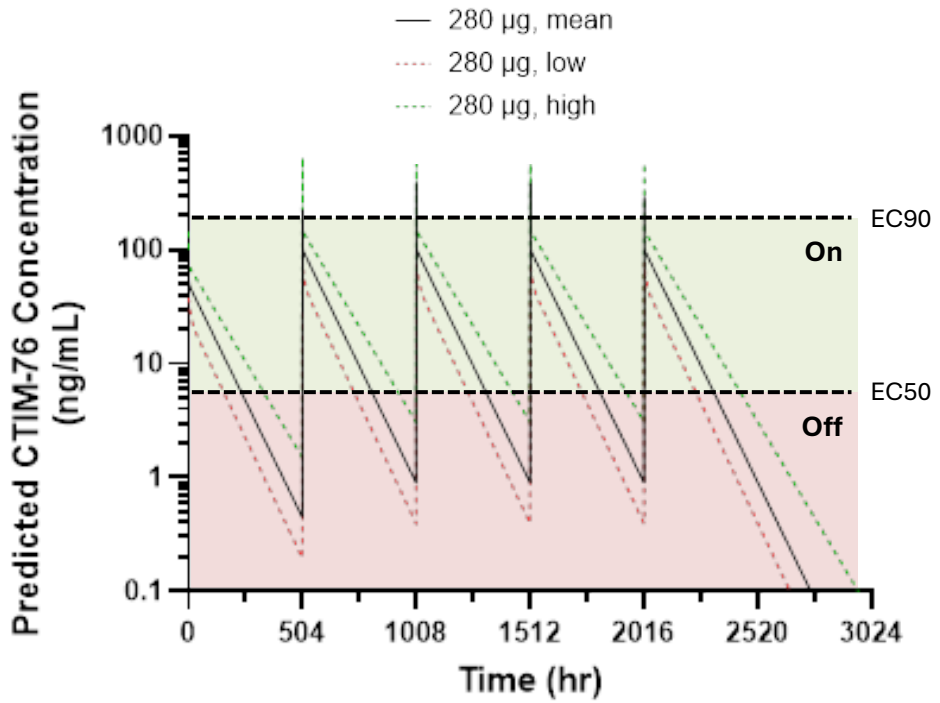
560µg resulted in target saturation and was associated with rapid T cell exhaustion



Every Three Week (Q3W) PK Simulation

Reducing TCE dose frequency has been shown to reduce T cell exhaustion, resulting in improved treatment response and durability[1]

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



CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Data as of May 29, 2026. 1 Pasritamig: Autio ESMO 2025 . Q3W = every three weeks.

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)

CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Data as of May 29, 2026. ADC = antibody drug conjugate; DNA Repair = PARP, WEE1, or Chk1/2 inhibitor; VEGF = bevacizumab or PD-1xVEGF. Because the trial permits use of archival biopsy specimens, some samples may reflect earlier stages of disease and prior treatment history rather than contemporaneous tumor biology at study entry.

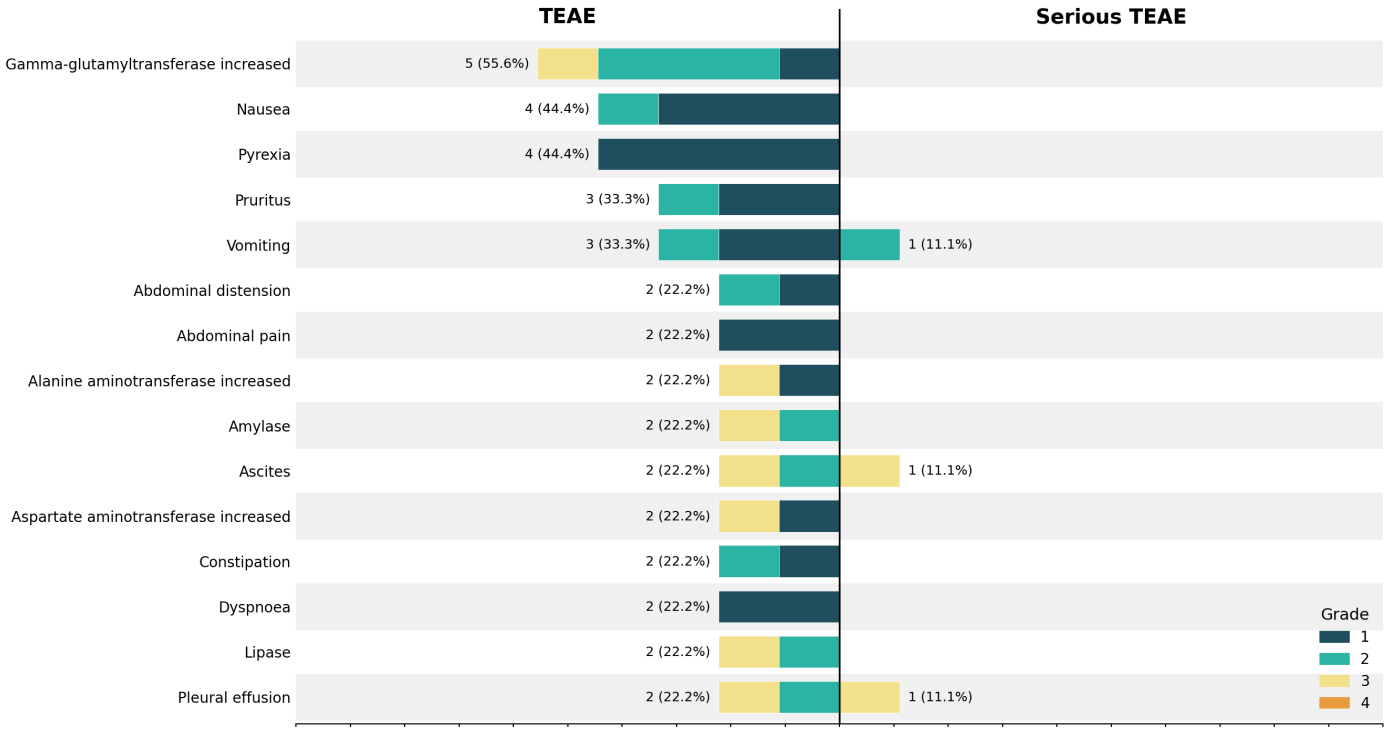
Safety Analysis at Target Doses of 140 to 280 µg

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)

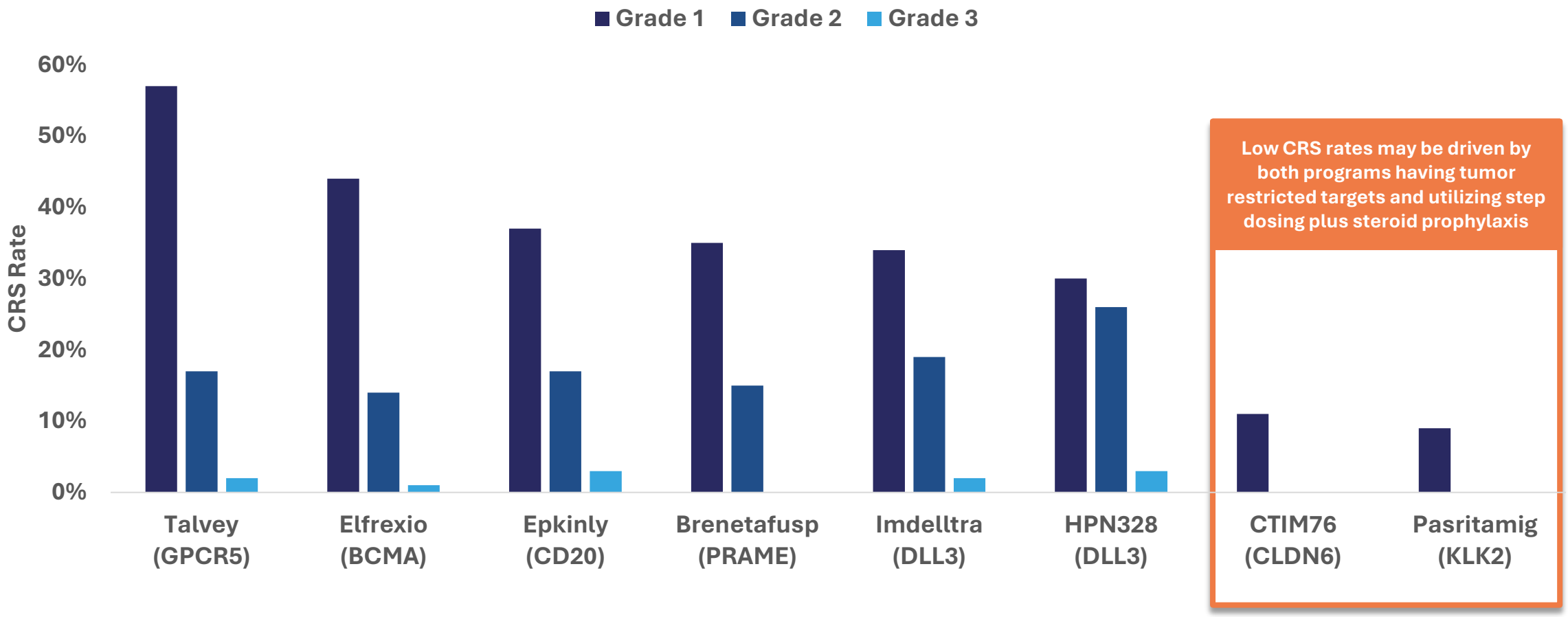
Ovarian: overall TEAE and Serious TEAE for by Maximum Severity Grade (N=9)



CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Data as of May 29, 2026. All comers = ovarian, testicular, and endometrial patients at target dose levels. TEAE ≥15% in patients.

CRS in PROC Patients at Target Dose Levels

Benchmarking CRS profiles across approved and experimental TCE



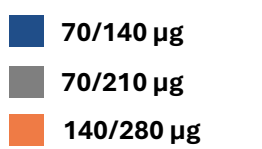
CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Data as of May 29, 2026. CTIM-76 CRS derived from 16% Grade 1 CRS in all comers patients (n=13). Cross-trial data interpretation should be considered with caution as it is limited by differences in study population, sample size, inclusion and exclusion criteria and many other factors. Imdelltra; Epkinly; Elrexfio; Talvey: Prescribing label. HPN329: Beltran ASCO 2024. Brenetafusp: Freidman ESMO 2024. Pasritamig: Autio ESMO 2025, Stein ASCO 2025

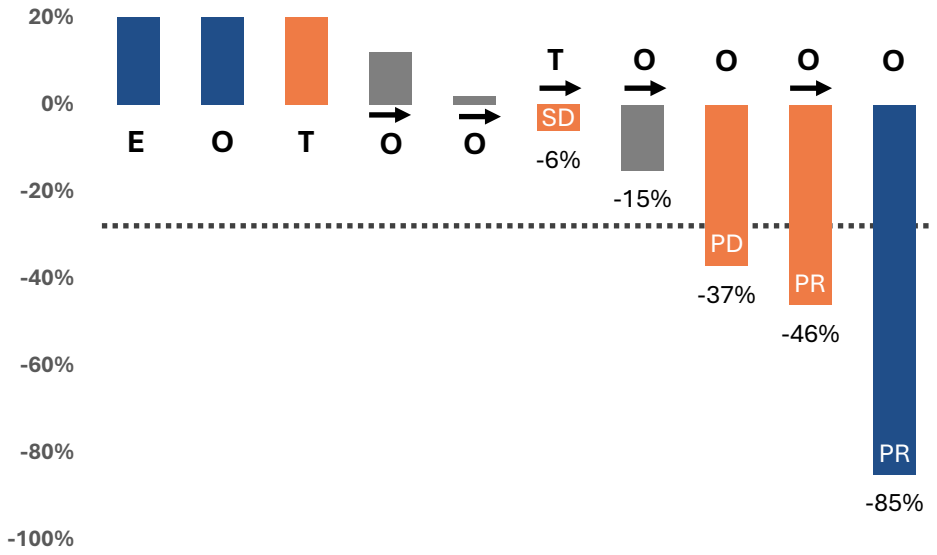
CTIM-76 Interim Phase 1a Data at Target Doses

Tumor reduction combined with manageable CRS profile supports continued clinical development

Efficacy

Best Overall % Change in Tumor Size From Baseline*



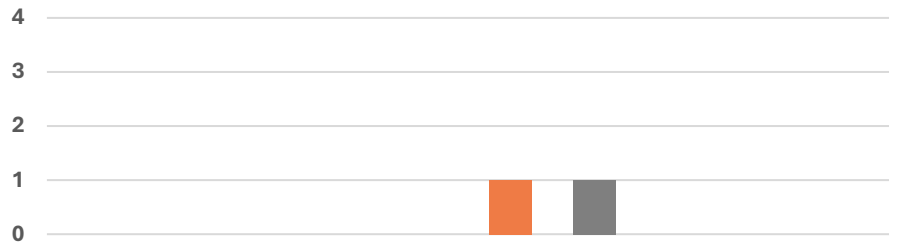


- Dose proportional anti-tumor activity
- Tumor shrinkage across multiple lesions and patients, providing evidence of effective T cell engagement

→ On treatment
E Endometrial cancer
O Platinum-resistant ovarian cancer
T Testicular cancer

Safety

CRS Grade

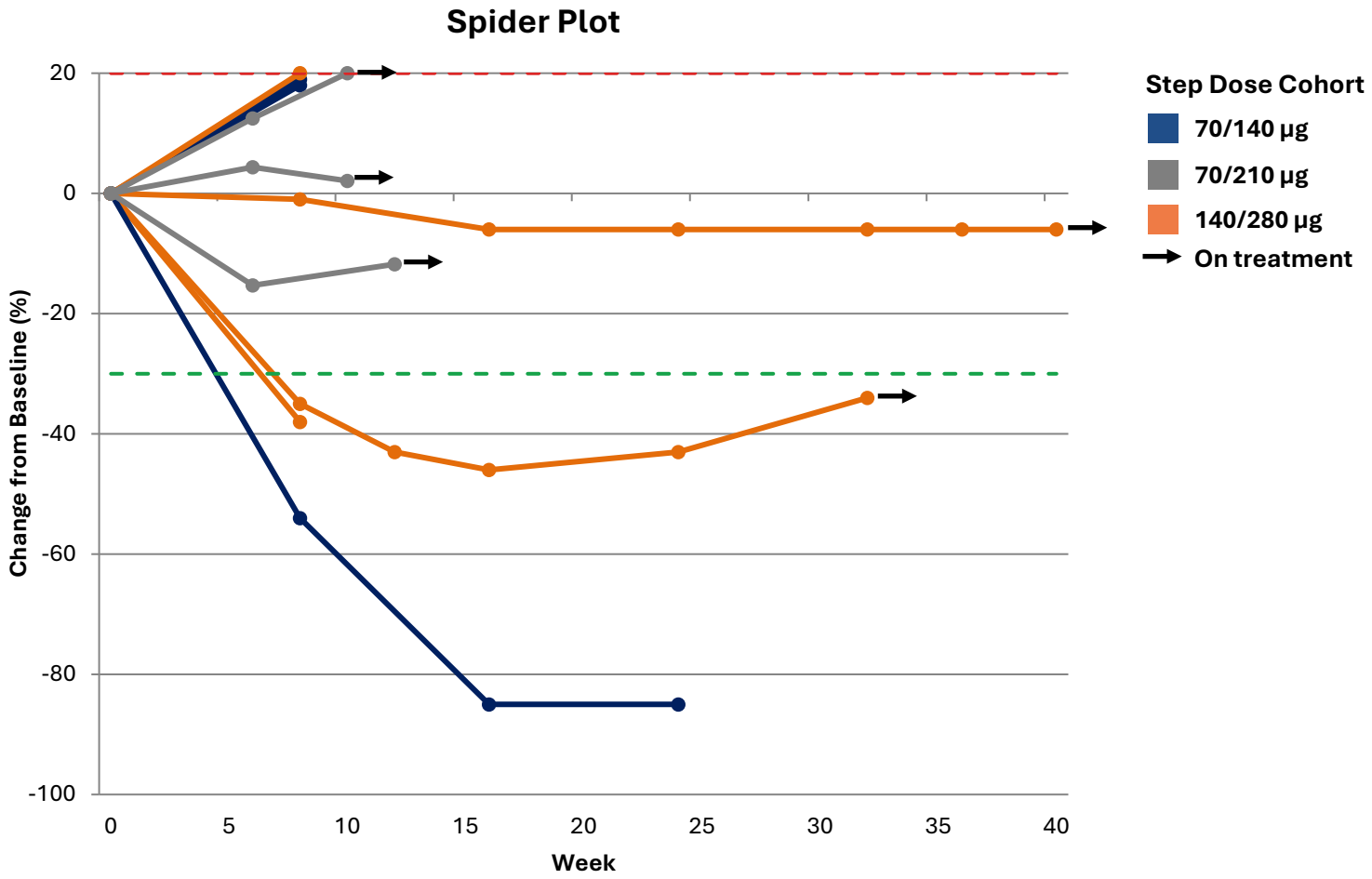


- Limited CRS to date

CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. RECIST-evaluable population (n =10 patients at target doses) is defined as having measurable disease documented at baseline according to RECIST v1.1 criteria and at least one follow-up tumor assessment after a full cycle of treatment. *Best tumor reduction at any time point in evaluable patients. Data as of May 29, 2026.

CTIM-76 Anti-tumor Activity at Target Dose Levels

Emerging durability signal, despite weekly dosing during escalation phase

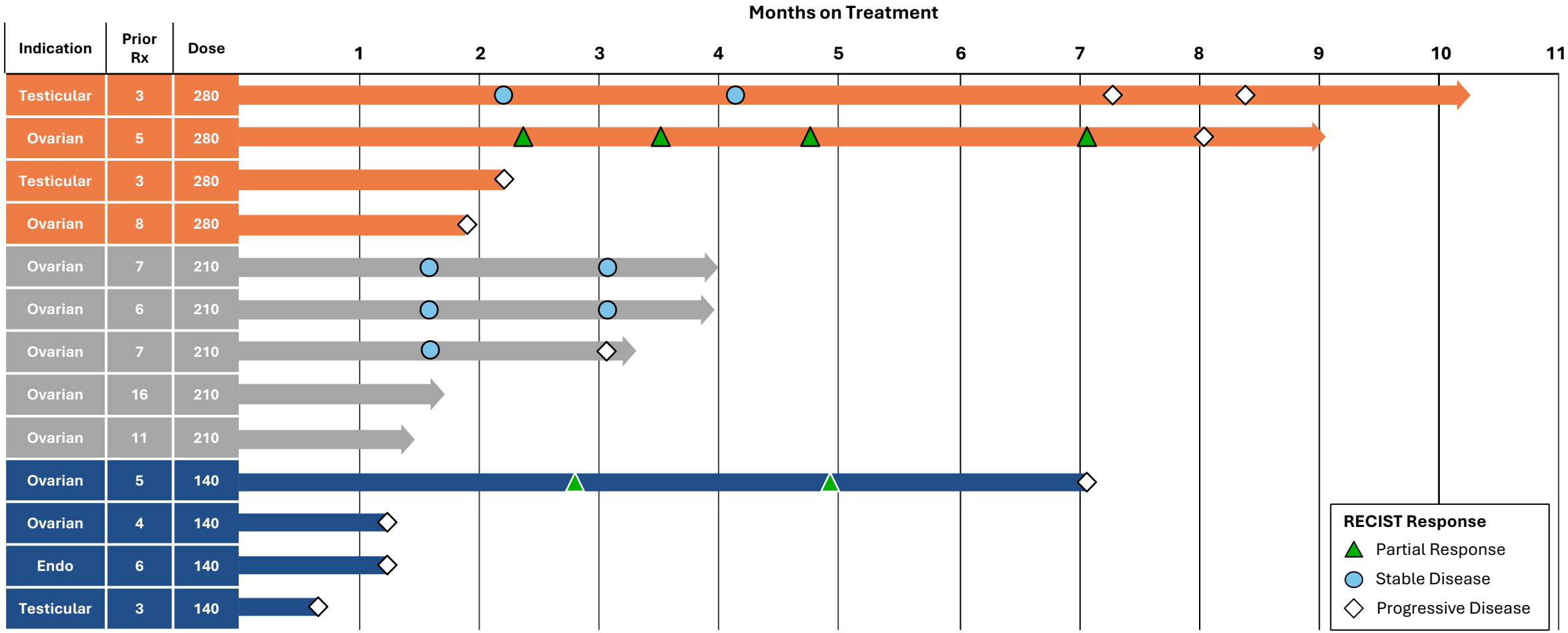


	All Comers	Ovarian
Patient enrolled, n	13	9
RECIST evaluable, n	10	7
Not RECIST evaluable, n	1	0
Pending 1st Scan	2	2
Overall Response Rate (ORR), n (%)	2 (20)	2 (29)
Stable Disease (SD), n (%)	3 (30)	2 (29)
Disease Control Rate (DCR), n (%)	5 (50)	4 (57)

CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. RECIST-evaluable population (n =10 patients at target doses) is defined as having measurable disease documented at baseline according to RECIST v1.1 criteria and at least one follow-up tumor assessment after a full cycle of treatment. Disease Control Rate: Patients achieving confirmed stable disease, partial response, or complete response. Data as of May 29, 2026.

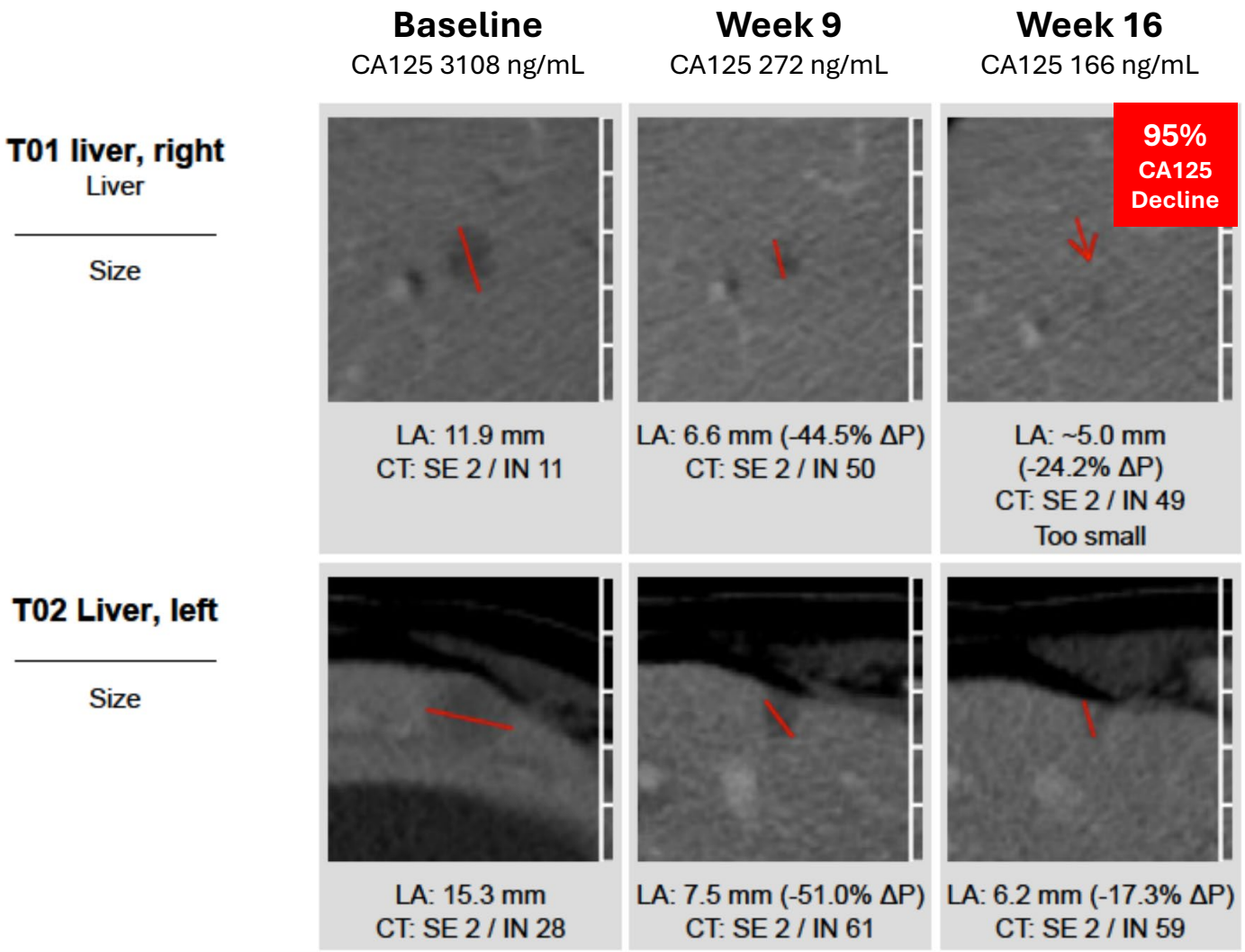
CTIM-76 Anti-tumor Activity at Target Dose Levels

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



CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Swimmer plot includes all comers at target dose levels (n=13). Data as of May 29, 2026.

Significant RECIST Response in Ovarian Patient with Liver Lesions



Patient Case Study Detail

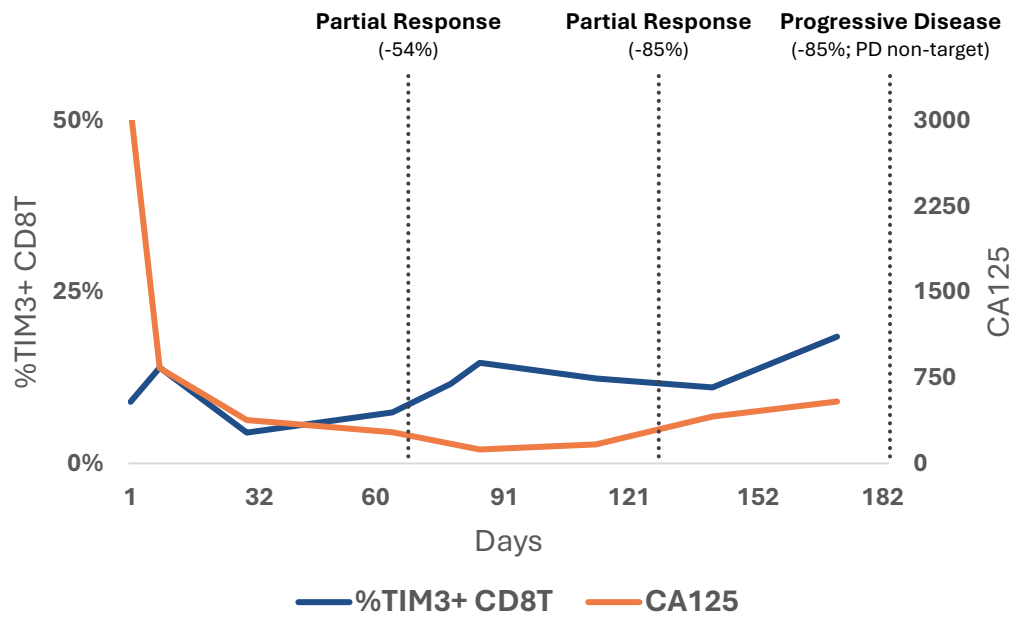
- PROC patient administered 140µg
- 53-year-old female
- High disease burden; liver and peritoneum
- 5 prior lines of treatment and treatments included mirvetuximab, pembrolizumab, olaparib, VLS-1488
- Rapid progression on two prior therapies
- Confirmed PR, 85% decrease in tumor diameter
- Disappearance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

Context Internal Data. CTIM-76-101. Study Patient Biopsy.

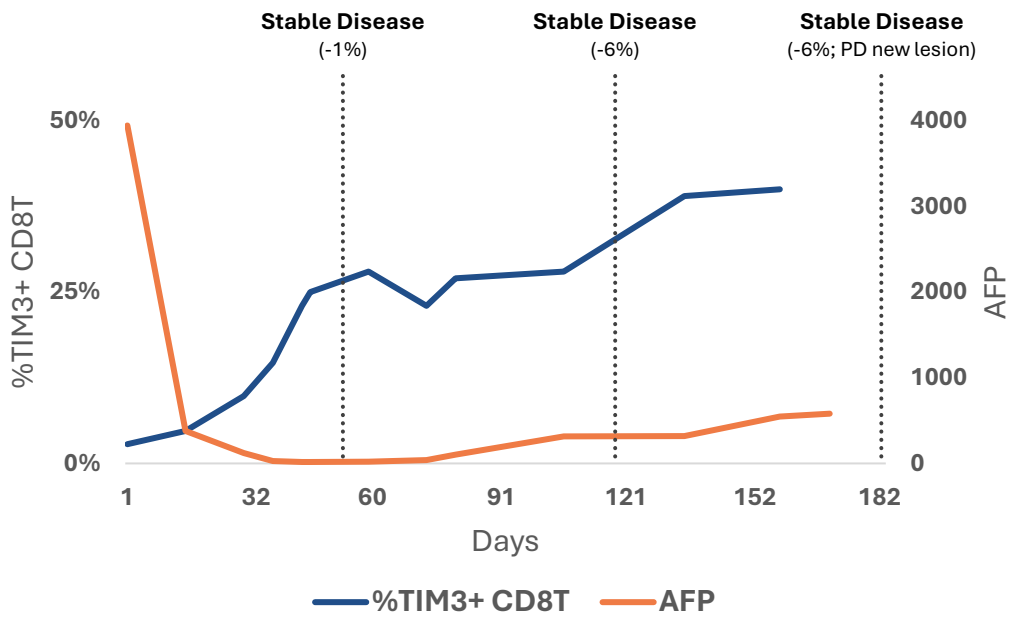
T Cell Exhaustion is a Critical Determinant of Tumor Response Durability

Q3W dosing may delay T cell exhaustion, improve treatment durability, and be more convenient for patients[1]

Ovarian Patient @ 70/140 µg



Testicular Patient @ 140/280 µg



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

Context Internal Data. CTIM-76-101. Study Patient correlative data. 1 Autio, Pasritamig in mCRPC, ESMO2025

Rationale for CTIM-76 in PROC

Karen Chagin, MD

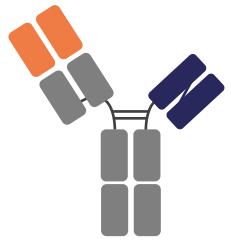
Chief Medical Officer, Context Therapeutics

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

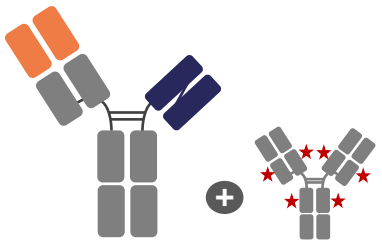
- **~75%** of PROC patients are CLDN6+
- **No approved treatment option** specifically for this biomarker selected PROC population
- **~42,000** CLDN6+ PROC patients globally (US, EU7, JP)
- CLDN6 has **significant target overlap** with promising ADC targets, including FRα, CDH6, NaPi2b – opening the 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

Broad Use Case as Monotherapy or Combination

CTIM-76



CTIM-76 + ADC



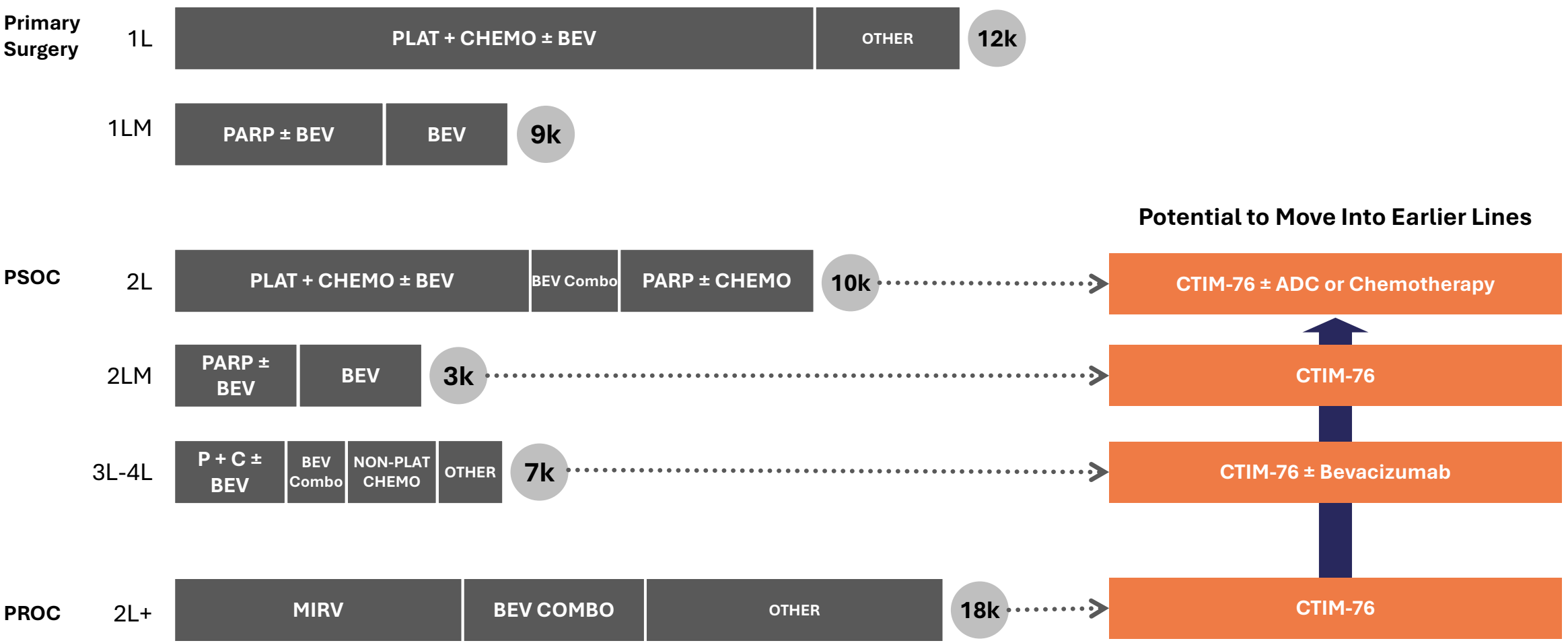
Potential Opportunities for:

- Monotherapy development post-ADC
- Combination development with ADC, VEGF, or chemotherapy

Patient population based on multiplying NIH SEER 2026 ovarian cancer estimates in United States and prevalence estimates for EU7 and Japan by ~80% of all PROC (based on internal data)

Patient Population (US Only)

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



Patient population based on SEER 2026 ovarian cancer estimates. Numbers represent Company estimates of U.S. patients with conditions covered by the Company's targeted indications and are dependent upon regulatory approvals. PSOC = platinum sensitive ovarian cancer; PROC = platinum resistant ovarian cancer

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

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

Current
PROC Treatment Algorithm

	FRa (-)	FRa (++)
1L	**Paclitaxel** Microtubule Inhibitor	**Mirvextuximab** FRα ADC
2L	**Doxorubicin** Topo2 Inhibitor	**Paclitaxel** Microtubule Inhibitor
3L	**Gem or Etop** *(Off Label)*	**Doxorubicin** Topo2 Inhibitor
4L		**Gem or Etop** *(Off Label)*

Future / Conceptual
PROC Treatment Algorithm

Representative Topo-based ADC

- **Rina-S** FRα
- **Ralu-Dxd** CDH6
- **AZD5335** FRα
- **Sac-TMT** TROP2
- **Enhertu** HER2
- **TUB-040** NaPi2b

CTIM-76 combo in earlier lines

	FRa (-)	FRa (++)
1L	**Topo1 ADC**	
2L	**Paclitaxel** Microtubule Inhibitor	**Mirvextuximab** FRα ADC
3L	**Doxorubicin** Topo2 Inhibitor	**Paclitaxel** Microtubule Inhibitor
4L	**Gem or Etop** *(Off Label)*	**Doxorubicin** Topo2 Inhibitor
5L		**Gem or Etop** *(Off Label)*

CTIM-76 monotherapy in later lines

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

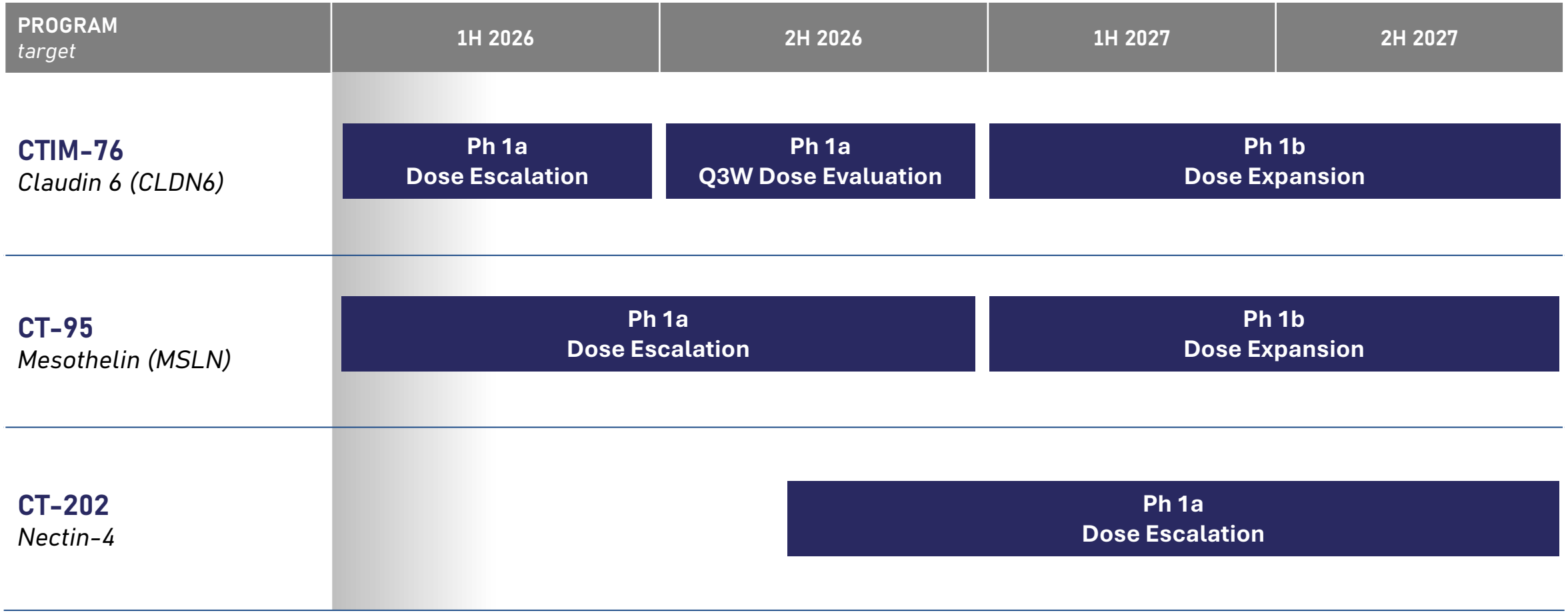
	CTIM-76	Multiple	Nab-Paclitaxel	Azenosertib	Brenetafusp
Target	CLDN6	CDH6, FRα, NaPi2b	Microtubule	Wee1 (CCNE1 amplified)	PRAME
Format	TCE	ADC	Chemotherapy	Small Molecule	TCE
Prior ADC (%)	**89**	3-20	3	15	11
Prior Lines, median	**7**	3-5	2	3	4
ORR (%)	**29**	46-55	30	33	6
Trial	NCT06515713	REJOICE Ovarian-01,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

Data are not from head-to-head studies. Cross-trial data interpretation should be considered with caution as it is limited by differences in study population, sample size, inclusion and exclusion criteria and many other factors. CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Data as of May 29, 2026.

Concluding Remarks

Anticipated Key Milestones in 2026-2027

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



Reflects current expectations, subject to change

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

Company estimates regarding pricing assumptions based on approved ADCs and TCEs, Abbvie Q4 2025 Earnings disclosing $690 million of Net Sales for Elahare in PROC, and estimated duration of treatment based on PROC (~35% of patients eligible), PSOC, and ovarian maintenance standard of care. Reflects current expectations, subject to change.

context therapeutics

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