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): August 5, 2026

Context Therapeutics Inc.

(Exact name of registrant as specified in its charter)

Delaware	001-40654	86-3738787
(State or other jurisdiction of incorporation)	(Commission File Number)	(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))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each 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 August 5, 2026, Context Therapeutics Inc. (the "Company") updated its corporate presentation for use in meetings with investors, analysts and others. A copy of the corporate presentation is filed as Exhibit 99.1 to this Current Report on Form 8-K and incorporated herein by reference.

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 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Context Therapeutics Inc. Corporate Presentation — August 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: August 5, 2026

Context Therapeutics Inc.

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


context
therapeutics
Advancing T Cell Engagers for Solid Tumors
Corporate Presentation
August 2026
context

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.

Pipeline Overview

PROGRAM	TARGET	LEAD INDICATION(S)	PRECLINICAL	PHASE 1	PHASE 2	ANTICIPATED MILESTONES
CTIM-76	Claudin 6	Platinum resistant ovarian cancer	*Fast Track Designation*			**Q1 2027:** Initiate Phase 1b **Q2 2027:** Phase 1a initial Q3W dosing data
CT-202	Nectin-4	Urothelial, colorectal, TNBC				**Q3 2026:** Phase 1a FPI **2H 2027:** Phase 1a initial data

Our Strategy

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

CTIM-76: Claudin 6 x CD3

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-202: Nectin-4 x CD3

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

Fast Track Designation for the treatment of platinum-resistant ovarian cancer (PROC) in patients who have exhausted all standard-of-care therapies

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-202

Bispecific TCE Engineered for:

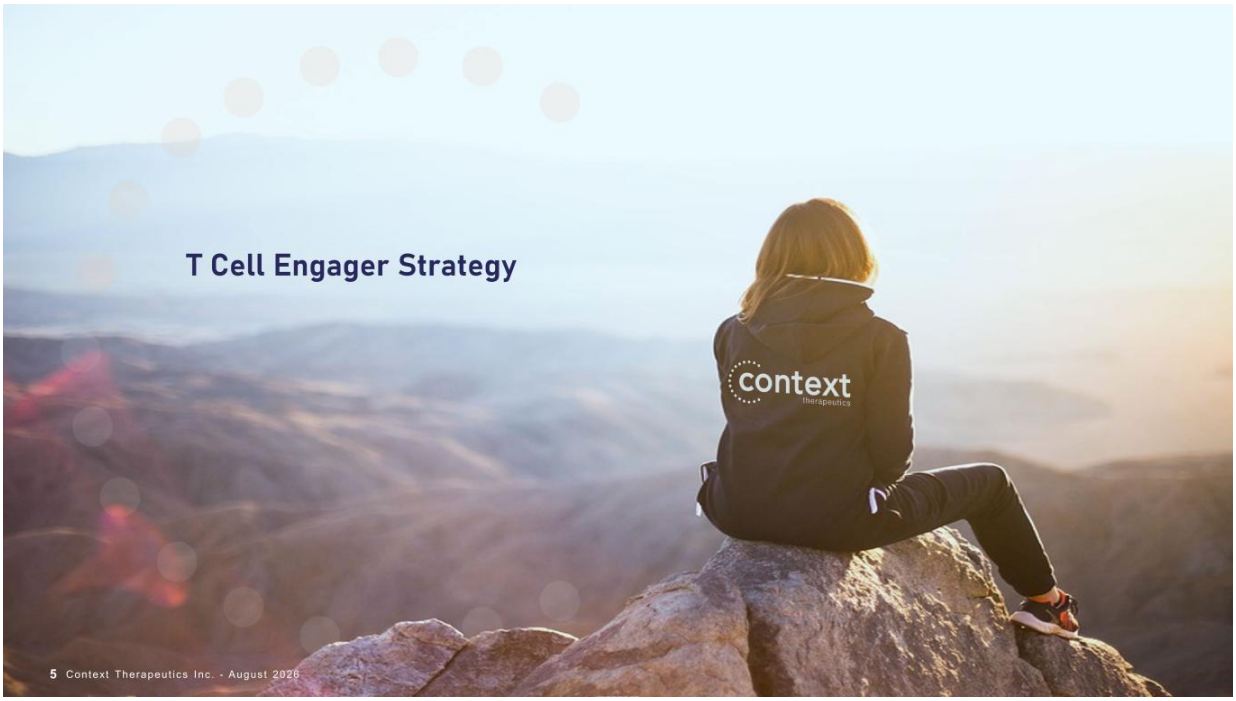
- Best-in-class efficacy
- Reduced risk of CRS
- Target selectivity
- Pharmacokinetics

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


T Cell Engager Strategy
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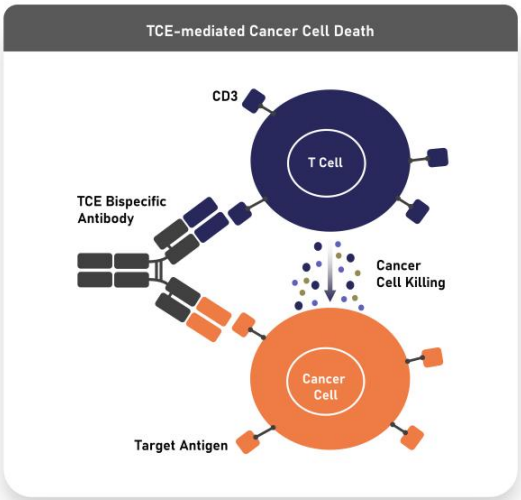
T Cell Engaging (TCE) Bispecific Antibodies

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 cytolysis of tumor cells.



10 FDA Approvals for TCE for Solid and Liquid Tumors

Recently approved TCE have had strong initial commercial launches

Product	Target	2025 Revenue[1]
Blincyto	CD19 x CD3	**$1,559 million**
Tecvayli	BCMA x CD3	**$670 million**
Imdelltra	DLL3 x CD3	**$627 million**
Talvey	GPRC5D x CD3	**$463 million**
Epkinly	CD20 x CD3	**$468 million**
Kimmtrak	Gp100 x CD3	**$400 million**
Columvi	CD20 x CD3	**$375 million**
Lunsumio	CD20 x CD3	**$168 million**

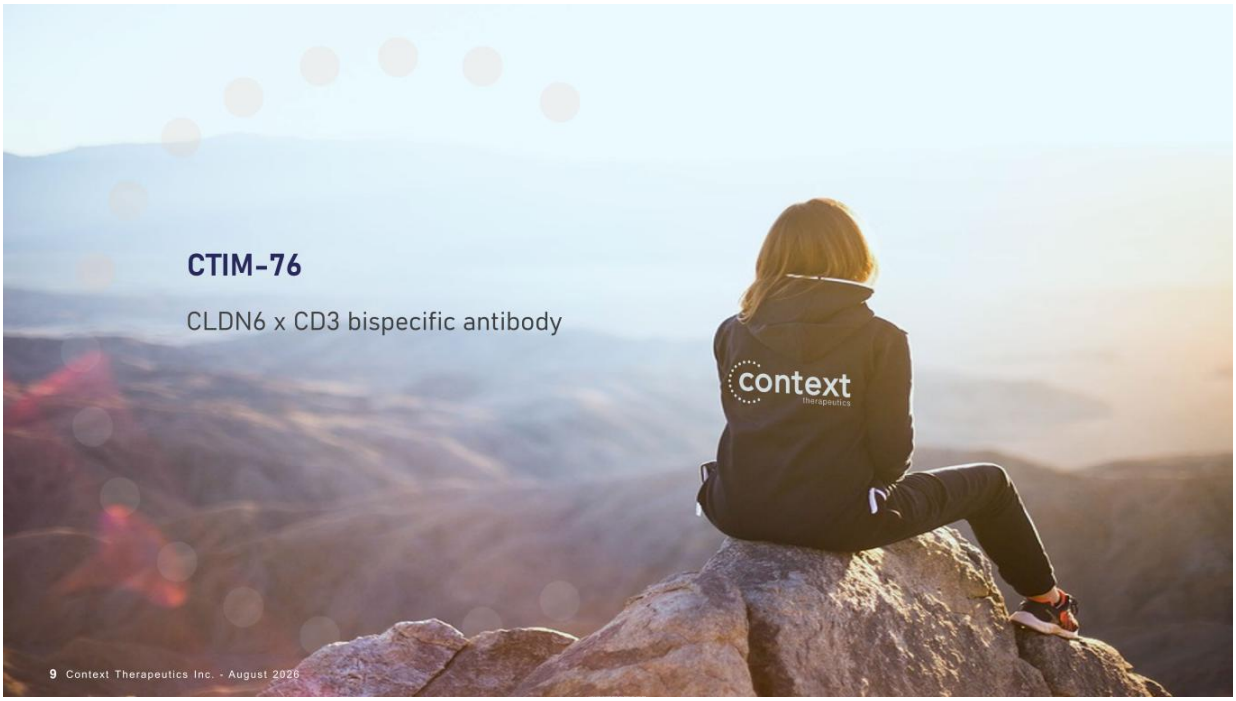
1 Information from 2025 earnings filings and other public disclosures. Information provided is for illustrative purposes only and is not indicative of future performance.

TCE Success in Solid Tumors

Select programs highlighting efficacy in cold tumors with a low rate of cytokine release syndrome (CRS)

Asset	Tarlatamab (AMG757)	IBI389	VIR-5500	Pasritamig (JNJ-78278343)	Xaluritamig (AMG509)	Ubamatamab (REGN4018)
Company	AMGEN	Innovent	VIR	Johnson & Johnson	AMGEN	REGENERON
Target x Effector	DLL3 x CD3	CLDN18.2 x CD3	PSMA x CD3	KLK2 x CD3	STEAP1 x CD3	MUC16 x CD3
Cancer Indication	Small Cell Lung	Pancreatic	Prostate	Prostate	Prostate	Ovarian
Patients (n)	100	27	11	33	21	13
Efficacy	**ORR: 40%** **PFS: 4.9 mos.**	**ORR: 38%**	**PSA50: 82%** **ORR: 45%**	**PSA50: 42%** **ORR: 8%** **PFS: 7.9 mos.**	**PSA50: 50%** **ORR: 20%** **PFS: 7.8 mos.**	**ORR: 31%** (MUC16 high)
Grade ≥ 3 CRS	**1%**	**0%**	**2%**	**0%**	**2%**	**0%**
Reference	Ahn 2023	ASCO 2024	ASCO GU 2026	ASCO 2025	ESMO 2024	ESMO 2022

Information provided in the table above as of July 1, 2026. Information provided is for illustrative purposes only and is not a head-to-head comparison. Differences exist between study or trial designs and subject characteristics, and caution should be exercised when comparing data across studies.


CTIM-76
CLDN6 x CD3 bispecific antibody
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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

Initial indications of interest based on:
- CLDN6 prevalence
- Patient population size
- CLDN6 target validation

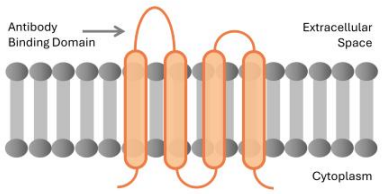
Selected Cancer indications	Incidence (US Only)	R/R Incidence	CLDN6 Positive	CLDN6 Med/High	Patient Population Based on R/R Incidence
Ovarian	21,010	19,500	75%[1]	35%[1]	**14,625**
Endometrial	68,270	17,000	50%[1]	22%[1]	**8,500**
Testicular	9,810	750	100%[3]	>95%[3]	**750**
Non-Small Cell Lung	199,586	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

1 Context internal Phase 1 data; **2** Context internal biopsy prevalence screen data; **3** Mackensen, Nature Medicine, 2023. Incidences based on public estimates; Relapsed/refractory (R/R) or last-line patient population approximated by annual mortality; CLDN6 target prevalence is based on IHC or RNAseq from published reports. Patient population derived from midpoint of CLDN6 positive population multiplied by R/R incident population.

CLDN6 is an Attractive Target for Immunotherapy

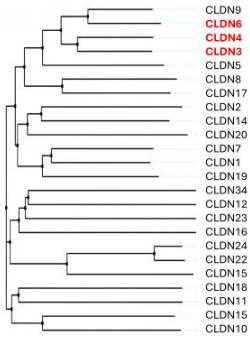
CLDN6 is an Ideal TCE Target

- 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

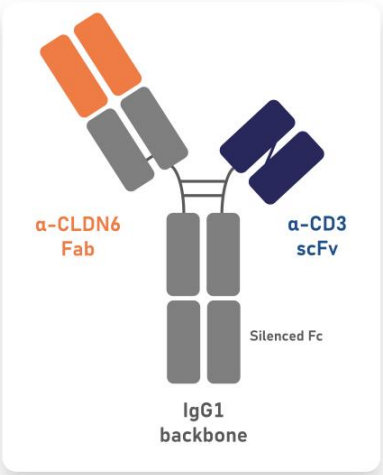
CLDN6 **selectivity is required** to avoid off-target liabilities

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 Screnci, 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

Positive Phase 1a Clinical Data Observed with CTIM-76 Weekly Dosing

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

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 B7H4, CDH6, FRα, and 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)

Phase 1 Study Design

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

Screening

Key Inclusion Criteria

- CLDN6+ positive via IHC (≥10% 1+ staining)
- Age ≥18 years
- Measurable disease per RECIST v1.1
- ECOG 0 or 1

Trial objectives

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

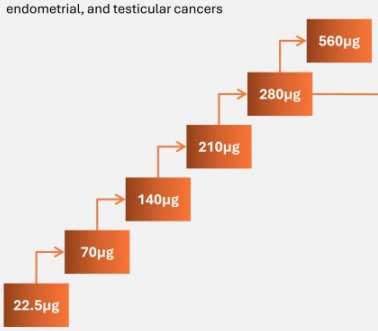
CRS Mitigation

- Step / prime dose
- Steroid prophylaxis on C1D1 and C1D8

Phase 1a Dose Escalation (QW Dosing)

3+3 Design (Completed)

Patients with platinum resistant ovarian cancer (PROC), endometrial, and testicular cancers



Phase 1a Dose Escalation (Q3W Dosing)

3+3 Design & Backfill (Ongoing)

Patients with PROC

Phase 1b Dose Expansion

Dose Optimization

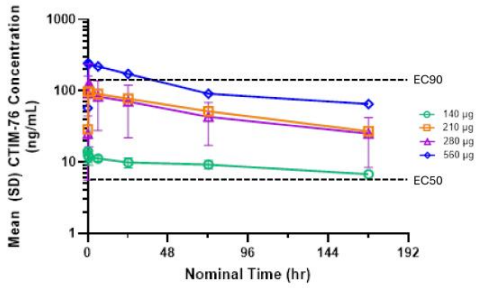
CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. RDE: recommended dose for expansion

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)

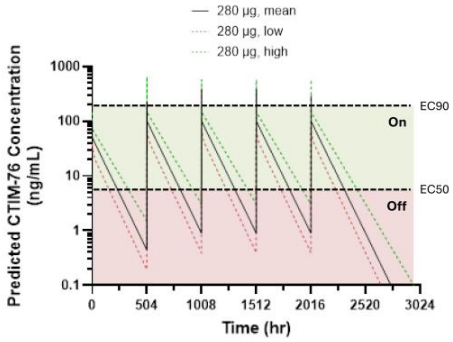
560µg resulted in target saturation and was associated with rapid T cell exhaustion



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 QW 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 (53-72)
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.

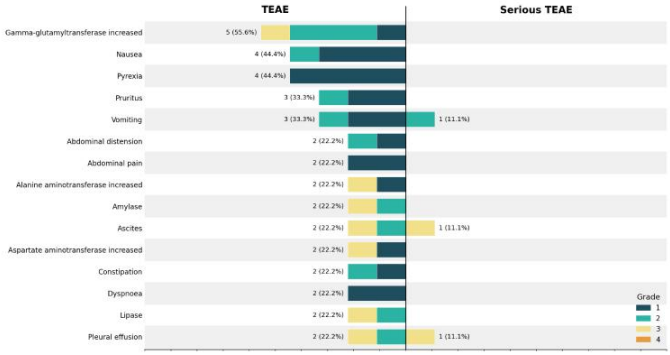
Safety Analysis at QW Target Doses of 140 to 280 µg

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)

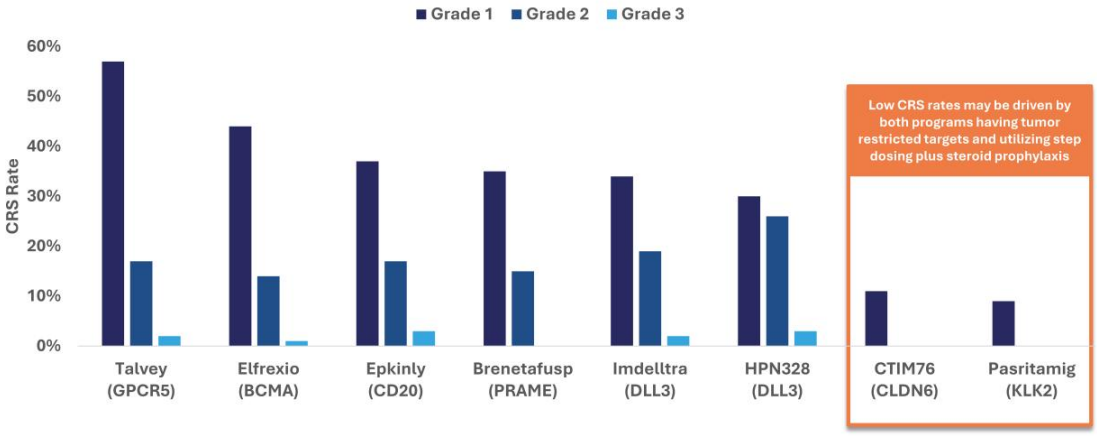
Ovarian: overall TEAE and Serious TEAE for by Maximum Severity Grade (N=9)



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



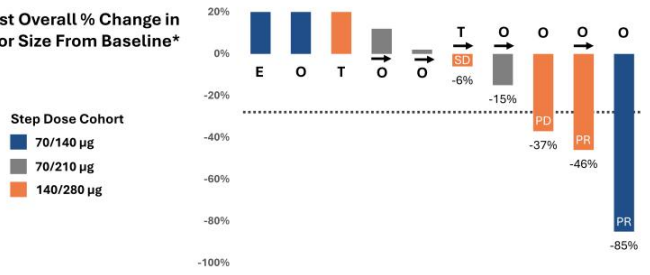
CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. Data as of May 29, 2026. CTIM-76 CRS derived from 16% Grade 1 CRS in all comers patients (n=13). Cross-trial data interpretation should be considered with caution as it is limited by differences in study population, sample size, inclusion and exclusion 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 QW Target Doses

Tumor reduction combined with manageable CRS profile supports continued clinical development

Efficacy

Best Overall % Change in Tumor Size From Baseline*

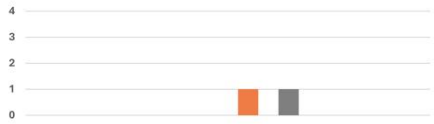


- Dose proportional anti-tumor activity
- Tumor shrinkage across multiple lesions and patients, providing evidence of effective T cell engagement

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

Safety

CRS Grade

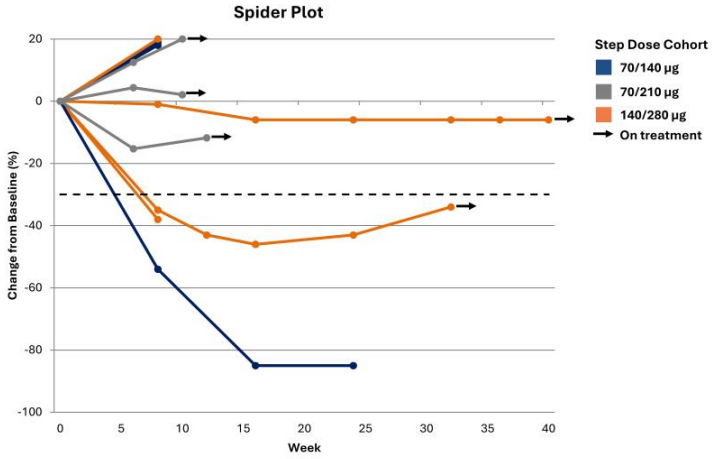


- Limited CRS to date

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 QW 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)

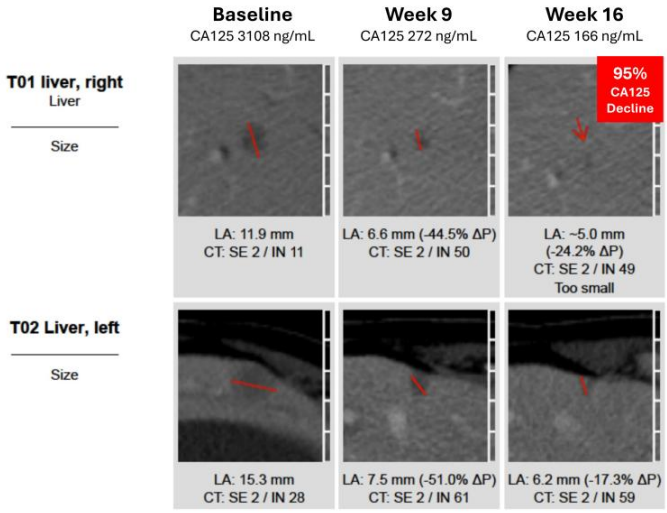
CTIM-76-101 ClinicalTrials.gov Identifier: NCT06515713. RECIST-evaluable population (n =10 patients at target doses) is defined as having measurable disease documented at baseline according to RECIST v1.1 criteria and at least one follow-up tumor assessment after a full cycle of treatment. Disease Control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

CTIM-76 Antitumor Activity at QW 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 QW
- 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

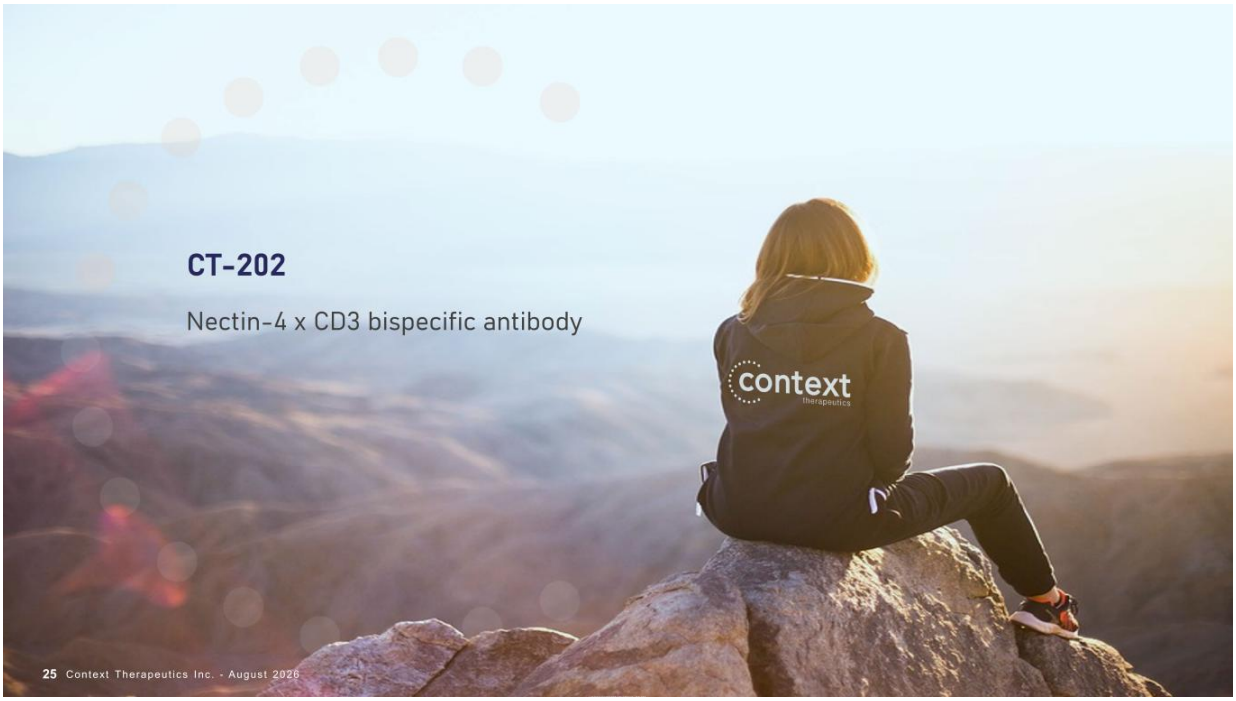
Context Internal Data. CTIM-76-101. Study Patient Biopsy.

Competitive Profile for CTIM-76 in PROC

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

	CTIM-76	Multiple	Azenosertib	Brenetafusp
Target	CLDN6	CDH6, FRα, NaPi2b	Wee1 (CCNE1 amplified)	PRAME
Format	TCE	ADC	Small Molecule	TCE
Prior ADC (%)	**89**	3-20	15	11
Prior Lines, median	**7**	3-5	3	4
ORR (%)	**29**	46-55	33	6
Trial	NCT06515713	REJOICE Ovarian-01, Rainfol-01, NAPISTAR	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.


CT-202
Nectin-4 x CD3 bispecific antibody
context
therapeutics
25 Context Therapeutics Inc. - August 2026

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

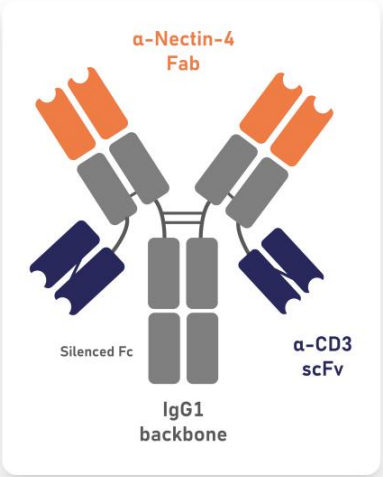
Initial indications of interest based on:

- 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** Kobecki, Int J Mol Sci, 2023; **2** Nikanjan, Can Let, 2025; **3** Challita, 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

Differentiated profile

- Well tolerated at high dose in nonhuman primates
- Pharmacokinetics may support Q2W or Q3W dosing

Ease of manufacturing

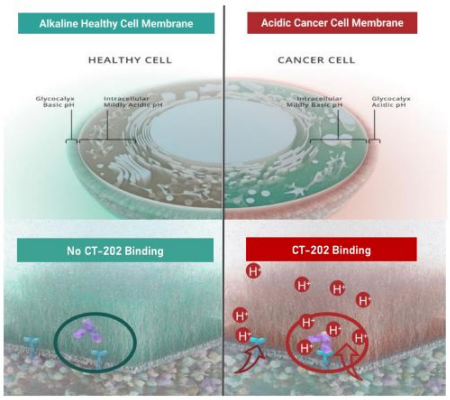
- IgG1 backbone is highly stable and enables high yield

AACR 2026, "Targeting solid tumors with pH-dependent dual-specific TCEs: First-in Human development of CT-202"

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

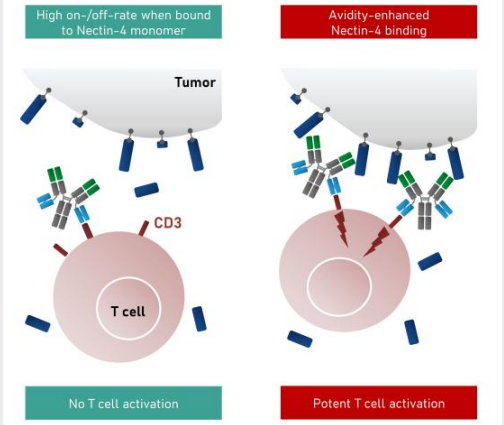
Logic Gating Through pH Dependency

30x gain of activity in acidic tumor microenvironment versus healthy cells[1]



+

Increased Target Selectivity Through Avidity



1 Chang, PNAS, 2021

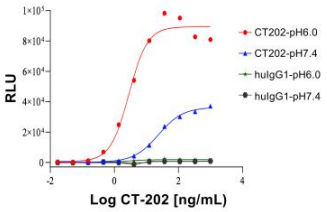
CT-202 is Designed to Optimize Tumor Selectivity and Minimize Off-tumor Toxicity

Minimize Activity in Normal Tissues at pH7.4

T cell activation at low pH(6.0) and normal pH(7.4) with OVCAR3 ovarian cancer cell targets

CT-202 preferentially activated T cells at low pH, which should maximize potency in the TME and minimize on-target/off-tumor liabilities of a Nectin-4 directed therapeutic in normal tissues

T cell Activation Assay

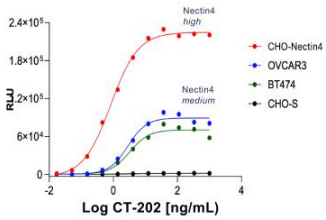


Potency is Correlated With Target Density

T cell activation by cells with varying levels of Nectin-4

CT-202 mediated robust T cell activation in the presence of the Nectin-4+ cells but not in the presence of the CHO-S cells lacking Nectin-4. Activation was proportional to the level on Nectin-4 on the surface of the target cells.

T cell Activation Assay at Low pH(6.0)

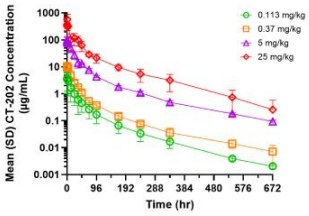


Impressive Tolerability and PK in NHP

MTD was not identified and PK supports initial biweekly (Q2W) dosing

No notable test-article related in-life effects at any dosage. HNSTD is the highest administered dosage of 25.0 mg/kg/dose

Single dose PK following IV administration in NHP



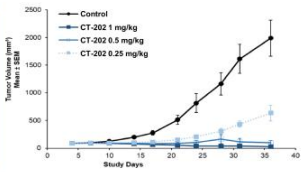
AACR 2026, "Targeting solid tumors with pH-dependent dual-specific TCEs: First-in Human development of CT-202"

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

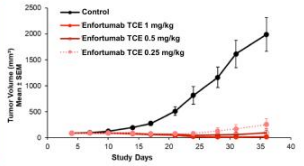
Complete Tumor Regressions

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

pH conditional — CT-202



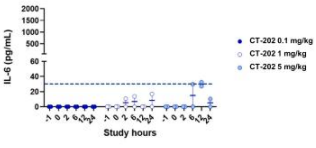
Not pH conditional — Enfortumab TCE



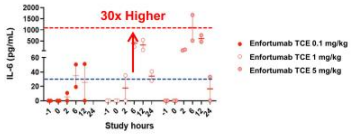
Reduced off-tumor T cell activation

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

CT-202



Enfortumab TCE



Padcev = enfortumab vedotin

Phase 1 Study Design

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

Screening

Key Inclusion Criteria

- Patients with advanced metastatic urothelial, colorectal, and triple negative breast cancers
- Age ≥18 years
- Measurable disease per RECIST v1.1
- ECOG 0 or 1

Biomarker Stratification

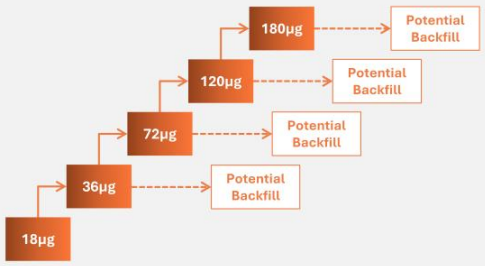
- Not required for urothelial
- Nectin-4 positive for TNBC and CRC (≥10% of cells 1+ IHC)

CRS Mitigation

- Step / prime dose
- Steroid prophylaxis on C1D1 and C1D8

Phase 1a Dose Escalation (Q2W Dosing)

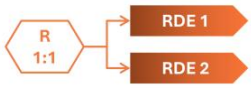
Bayesian Optimal Interval (BOIN) Design & Backfill



Backfill ≥1 safe dose levels with signs of efficacy

Phase 1b Dose Expansion

Dose Optimization



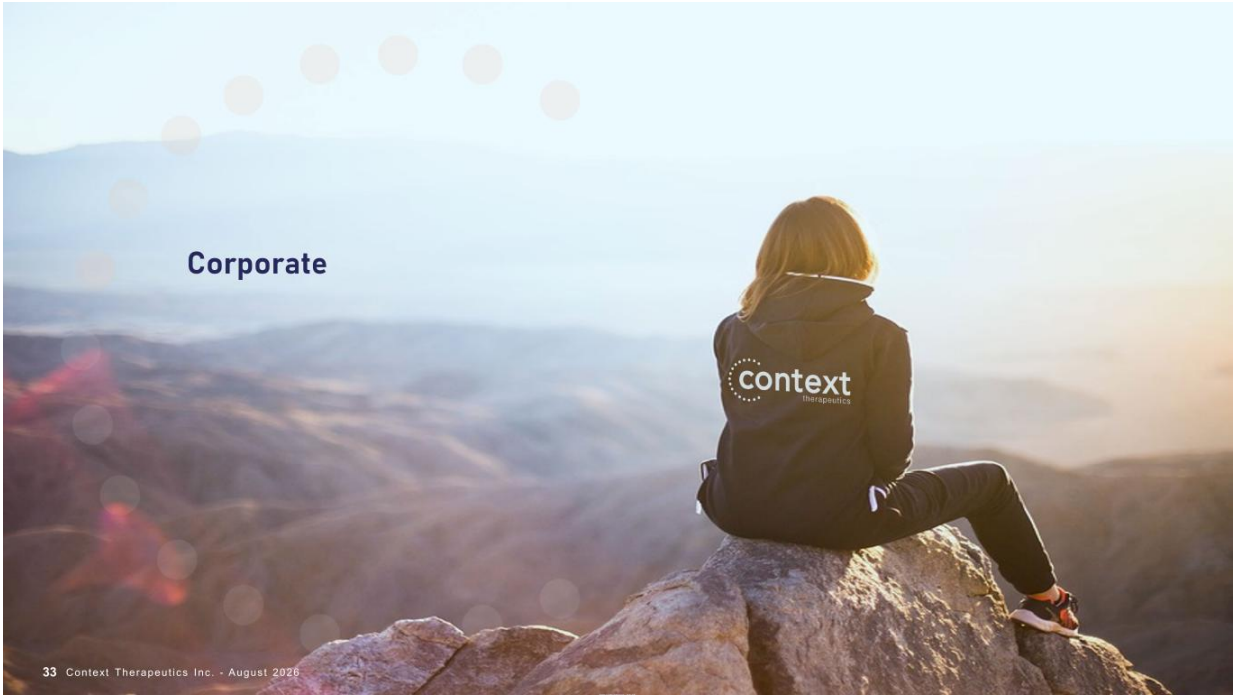
CT202-101 ClinicalTrials.gov Identifier: NCT07545122

CT-202 Competitive Landscape

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

Company	Context Therapeutics	Bicycle Therapeutics	Rondo Therapeutics	Marengo Therapeutics	Henlius
Asset	CT-202	BT7480[1,2]	RNDO-564[3]	TriSTAR0701[4]	HLX-309
Format	2 + 2 (pH dependent)	1 + 2 (Bicycle)	1 + 1 (Fixed light chain)	1 + 1 (+wt IL2)	n.d.
Conditionally active	✓	✗	✗	✗	n.d.
Avidity enhanced	✓	✗	✗	✗	n.d.
Immune Effector	**CD3**	4-1BB	CD28	CD3	4-1BB
Program Status	Phase 1 (FPI expected Q3 2026)	Phase 1 (completed)	Phase 1 (FPI Dec 2025)	Preclinical	Preclinical

1 Bicycle Therapeutics Corp Presentation 2024; **2** Hurov, J Immunother Cancer, 2021; **3** PEGS Boston 2024 ; **4** SITC 2025. Information provided in the table above is for illustrative purposes only and is not a head-to-head comparison. Differences exist between study or trial designs and subject characteristics, and caution should be exercised when comparing data across studies.


Corporate
context
therapeutics

Experienced Leadership Team

Martin Lehr
CEO and Director

Praesidia Biologics · Cure Duchenne · Osage University Partners

Karen Chagin, MD
Chief Medical Officer

Adaptimmune · TMUNITY · GSK

Jennifer Minai
Chief Financial Officer

Millendo Therapeutics · parexel · EY

Alex Levit, Esq
Chief Legal Officer

optinose · teva · ReedSmith

Jennifer Dashnau, PhD
SVP Technical Operations

Century Therapeutics · MERCK

Chris Beck, MBA
SVP Operations

Galera Therapeutics · Shire · MERCK

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

Investment Highlights (Nasdaq: CNTX)

Large Unmet Need

Solid Tumors
+
ADC Resistance

High-Value Targets

Claudin 6
+
Nectin-4

Anticipated Milestones

CTIM-76
Ph 1a initial Q3W dosing data Q2 2027

CT-202
Ph 1a initial data 2H 2027

Strong Team

Deep oncology experience
+
Focus on clinical execution

Cash Runway

Expected cash runway into Q4 2027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Advancing T Cell Engagers for Solid Tumors
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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
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
TNBC	Triple-negative breast cancer
YE	Year End