Cantor Global Healthcare Conference

September 2024

Forward-Looking Statements

This presentation and any accompanying oral presentation have been prepared by ADC Therapeutics SA ("ADC Therapeutics“, “we” or “us”) for informational purposes only and not for any other purpose. Nothing contained in this presentation is, or should be construed as, a recommendation, promise or representation by the presenter or ADC Therapeutics or any officer, director, employee, agent or advisor of ADC Therapeutics. This presentation does not purport to be all-inclusive or to contain all of the information you may desire. Information provided in this presentation and any accompanying oral presentation speak only as of the date hereof.

This presentation contains forward-looking statements within the meaning of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. In some cases you can identify forward-looking statements by terminology such as “may”, “assumes”, “will”, “should”, “would”, “expect”, “intend”, “plan”, “anticipate”, “believe”, “estimate”, “predict”, “potential”, “seem”, “seek”, “future”, “continue”, or “appear” or the negative of these terms or similar expressions, although not all forward-looking statements contain these identifying words. Forward-looking statements are subject to certain risks and uncertainties that can cause actual results to differ materially from those described. Factors that may cause such differences include, but are not limited to: the success of the Company’s updated corporate strategy; the expected cash runway into mid-2026, the Company’s ability to grow ZYNLONTA® revenue in the United States; Swedish Orphan Biovitrum AB (Sobi®) ability to successfully commercialize ZYNLONTA® in the European Economic Area and market acceptance, adequate reimbursement coverage, and future revenue from the same; approval of the BLA for ZYNLONTA® in China and future revenue from the same, our strategic partners’, including Mitsubishi Tanabe Pharma Corporation, ability to obtain regulatory approval for ZYNLONTA® in foreign jurisdictions, and the timing and amount of future revenue and payments to us from such partnerships; the timing and results of the Company’s or its partners’ research and development projects or clinical trials including LOTIS 5 and 7, ADCT 601 and 602 as well as IITs in FL and MZL and early research in certain solid tumors with different targets, linkers and payloads; the timing and outcome of regulatory submissions or NCCN compendia inclusion for the Company’s products or product candidates; actions by the FDA or foreign regulatory authorities; projected revenue and expenses; the Company’s ability to enter into business development or research collaboration transactions; the Company’s indebtedness, including Healthcare Royalty Management and Blue Owl and Oaktree facilities, and the restrictions imposed on the Company’s activities by such indebtedness, the ability to comply with the terms of the various agreements and repay such indebtedness and the significant cash required to service such indebtedness; and the Company’s ability to obtain financial and other resources for its research, development, clinical, and commercial activities. Additional information concerning these and other factors that may cause actual results to differ materially from those anticipated in the forward-looking statements is contained in the “Risk Factors” section of the Company's Annual Report on Form 10-K and in the Company's other periodic and current reports and filings with the U.S. Securities and Exchange Commission. These statements involve known and unknown risks, uncertainties and other factors that may cause actual results, performance, achievements or prospects to be materially different from any future results, performance, achievements or prospects expressed in or implied by such forward-looking statements. The Company cautions investors not to place undue reliance on the forward-looking statements contained in this document.

Forward-looking statements are based on our management’s beliefs and assumptions and on information currently available to our management. No assurance can be given that such future results will be achieved. Such forward-looking statements contained in this presentation speak only as of the date of this presentation. The Company expressly disclaim any obligation or undertaking to update these forward-looking statements contained in this presentation to reflect any change in our expectations or any change in events, conditions, or circumstances on which such statements are based unless required to do so by applicable law. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

Certain information contained in this presentation relates to or is based on studies, publications, surveys, and other data derived from third-party sources and our own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and we make no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involve a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, although we believe our own internal research is reliable, such research has not been verified by any independent source.

A Pioneer and Leader in ADCs

Capability **Commercial-stage pioneer** in the field of ADCs, with specialized **end-to-end capabilities** from discovery to commercialization

Platform Array of payloads, linkers and conjugation chemistry enabling design of **next-gen potent ADCs with enhanced therapeutic index**

Pipeline **Seeking** expansion of **FDA-approved ZYNLONTA®, 2 novel compounds in clinical development, and multiple INDs filed** since 2015

Corporate Delivering on our strategy supported by an **accomplished and multidisciplinary team** and with recent financing now **funded into mid 2026**

**Cash runway assumes receipt of anticipated regulatory milestone payments under the Company's collaboration agreements and use of the amount it is required to maintain under its loan agreement*

Novel ADC Approach Enables Focus Across Hematology and Solid Tumors

Hematology Portfolio

01

ZYNLONTA

- Currently commercialized program in 3L+ DLBCL is self-funded
- Potential expansion into earlier lines of therapy and with new indications
  - LOTIS-5: rituximab combination
  - LOTIS-7: bispecific combinations
  - Indolent lymphomas (FL and MZL)

Solid Tumor Portfolio

02

Clinical

- ADCT-601 AXL optimizing dose for expansion as single agent and/or combination in sarcoma, pancreatic, and NSCLC

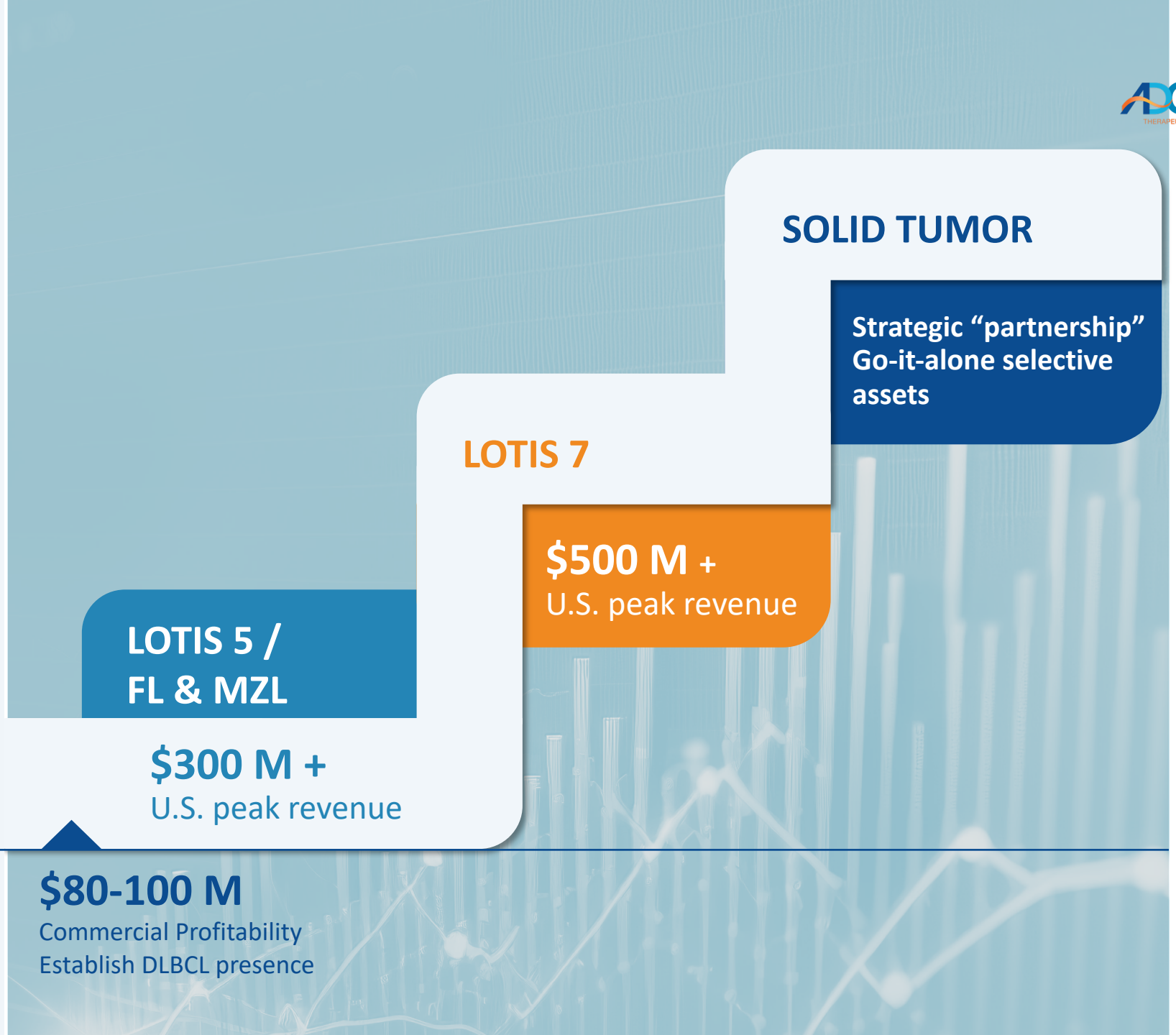
Pre-clinical: Next-generation ADCs

- Differentiated exatecan-based payload with novel hydrophilic linker
  - Targeting Claudin-6, PSMA, NaPi2b, ASCT2
  - Advancing one candidate to IND and seeking research collaborations to advance a broad portfolio

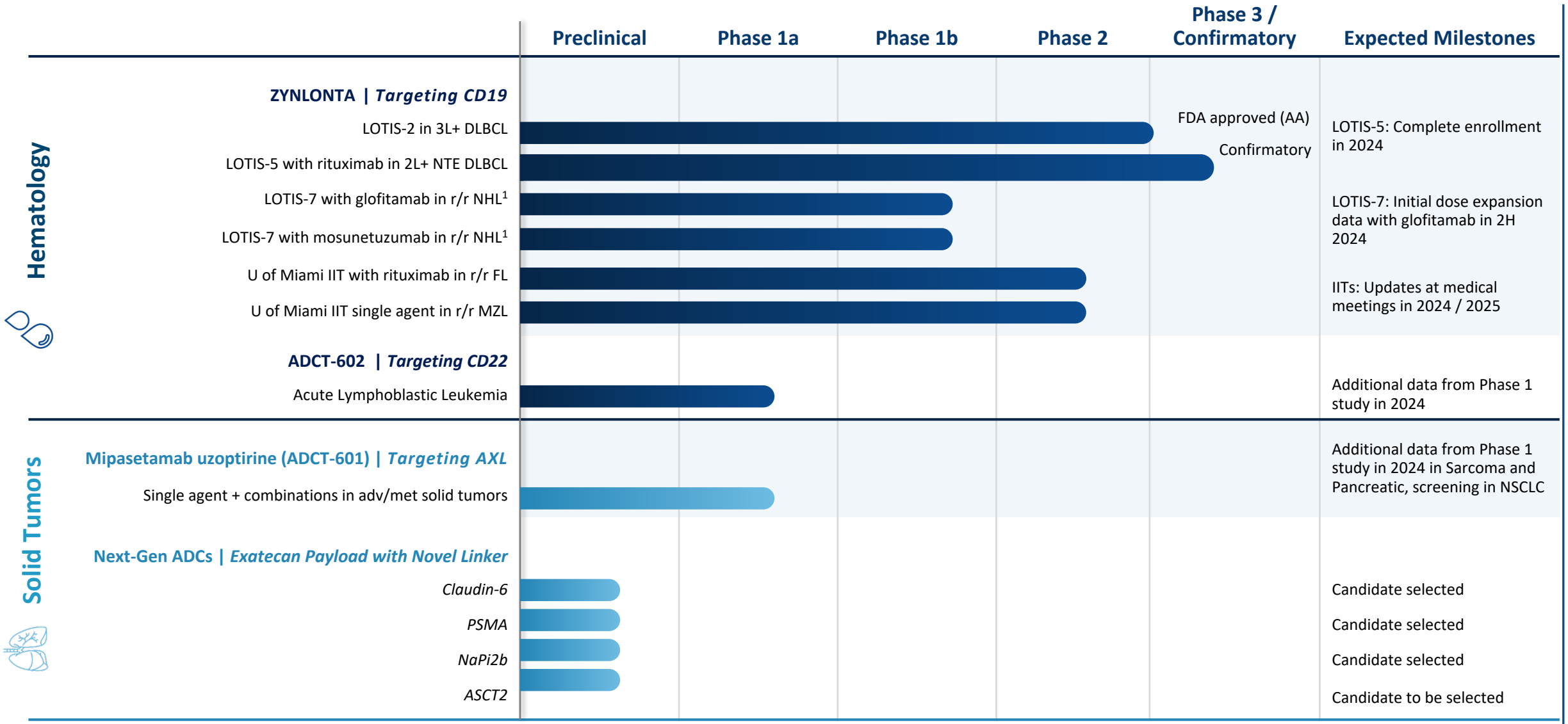
DLBCL: Diffuse Large B-Cell Lymphoma; FL: Follicular Lymphoma; MZL: Marginal Zone Lymphoma; NSCLC: Non-Small Cell Lung Cancer; ALL: Acute Lymphoblastic Leukemia

Building on a Strong Foundation

- Current indication is commercially profitable
- More advanced, derisked expansion indications with LOTIS-5 and indolent lymphomas have the potential to bring company to profitability
- LOTIS-7 has the potential to establish ZYNLONTA as a leading heme asset
- Broad portfolio of solid tumor assets provide significant upside optionality



Focused Pipeline in Hematology and Solid Tumors



Anticipated milestones set forth in this chart are subject to further future adjustment. NTE: Non-Transplant Eligible. 1. DLBCL, FL, MZL 2. Non-selected advanced / metastatic NSCLC completed. Moving forward with AXL expressing NSCLC contingent on in-house IHC assay. AA: Accelerated Approval.

Experienced Leadership

Ameet Mallik
Chief Executive Officer

- 20+ years industry experience in key strategic, commercial and leadership roles including recently at Novartis as EVP heading US Oncology
- Currently serving on the board of directors for ADCT and Atara Biotherapeutics

Jose Carmona
Chief Financial Officer

- 20+ years of financial experience in the biotechnology and pharmaceutical industries
- Previous role as CFO for multiple early stage biotech companies and in key leadership roles with Novartis

Patrick van Berkel, PhD
Chief Scientific Officer

- 20+ years experience in the biotech industry
- 9+ years with Genmab in various roles, including VP of Antibody Technology and VP of CMC R&D

Mohamed Zaki, MD, PhD
Chief Medical Officer

- 20+ years of global biopharmaceutical experience in hematology and oncology drug development
- Previously served as VP and Global Head of Oncology Development at AbbVie

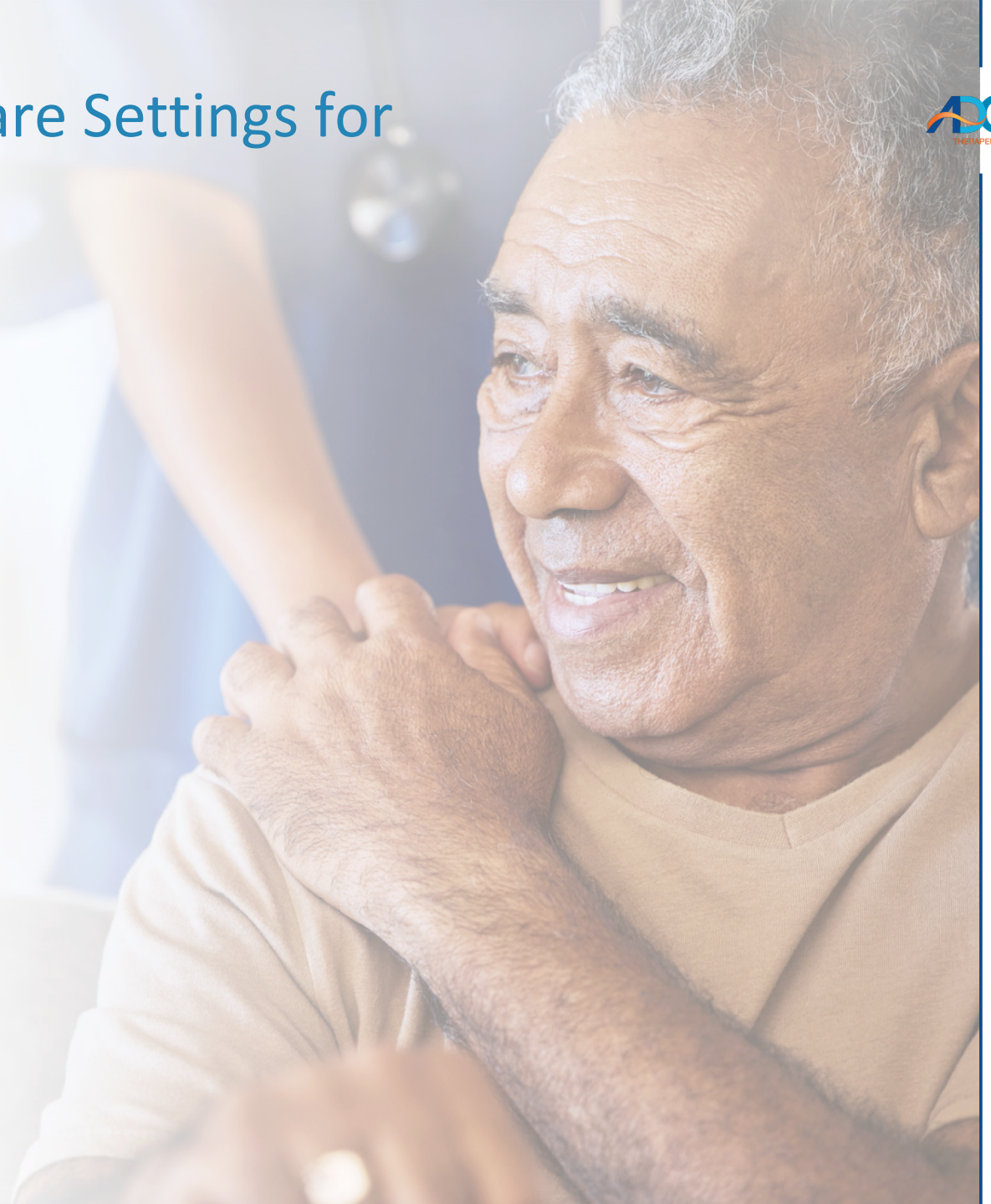
Kristen Harrington-Smith
Chief Commercial Officer

- 20+ years experience in the pharmaceutical industry
- Most recently CCO of Immunogen, and prior to that VP and Head of US Hematology at Novartis

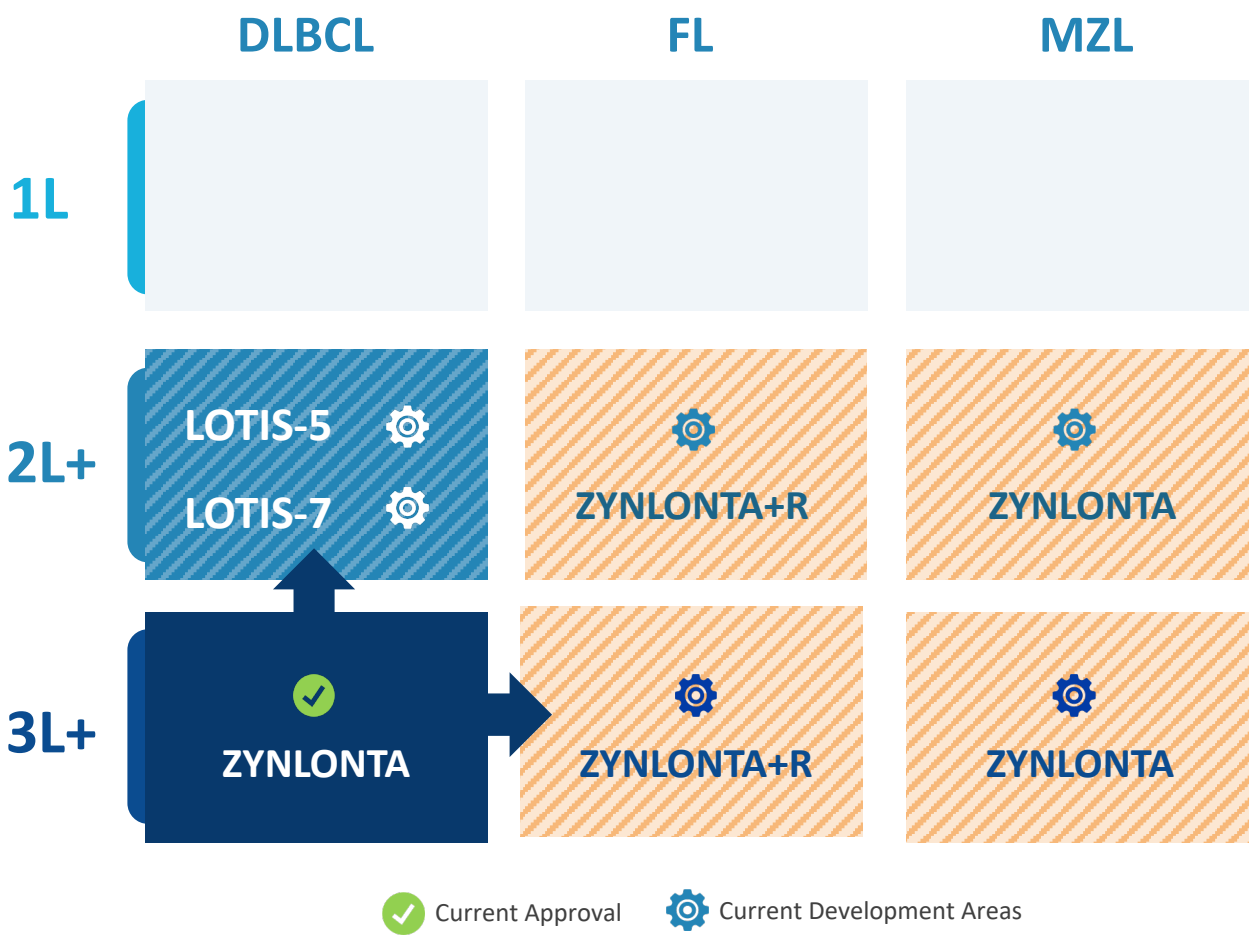
Seasoned team of industry veterans with history of proven expertise in biopharma from pre-clinical research and development to drug approval and commercialization

ZYNLONTA is Ideally Suited Across Care Settings for Patients with r/r DLBCL

- ZYNLONTA is a CD19-directed ADC indicated as monotherapy for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy
- Rapid, deep, and durable efficacy
  - Median time to CR 1.5 months
  - 48.3% ORR and 24.8% CR
  - Median duration of response not yet reached for patients in CR at 2-year follow-up
- Manageable safety profile
  - No CRS or ICANS and no cumulative irreversible toxicities
- Accessibility
  - Simple Q3W dosing with no REMS or inpatient stay requirements



Advancing ZYNLONTA Development into 2L+ B-Cell Lymphomas



POTENTIAL TO MOVE INTO 2L+ DLBCL

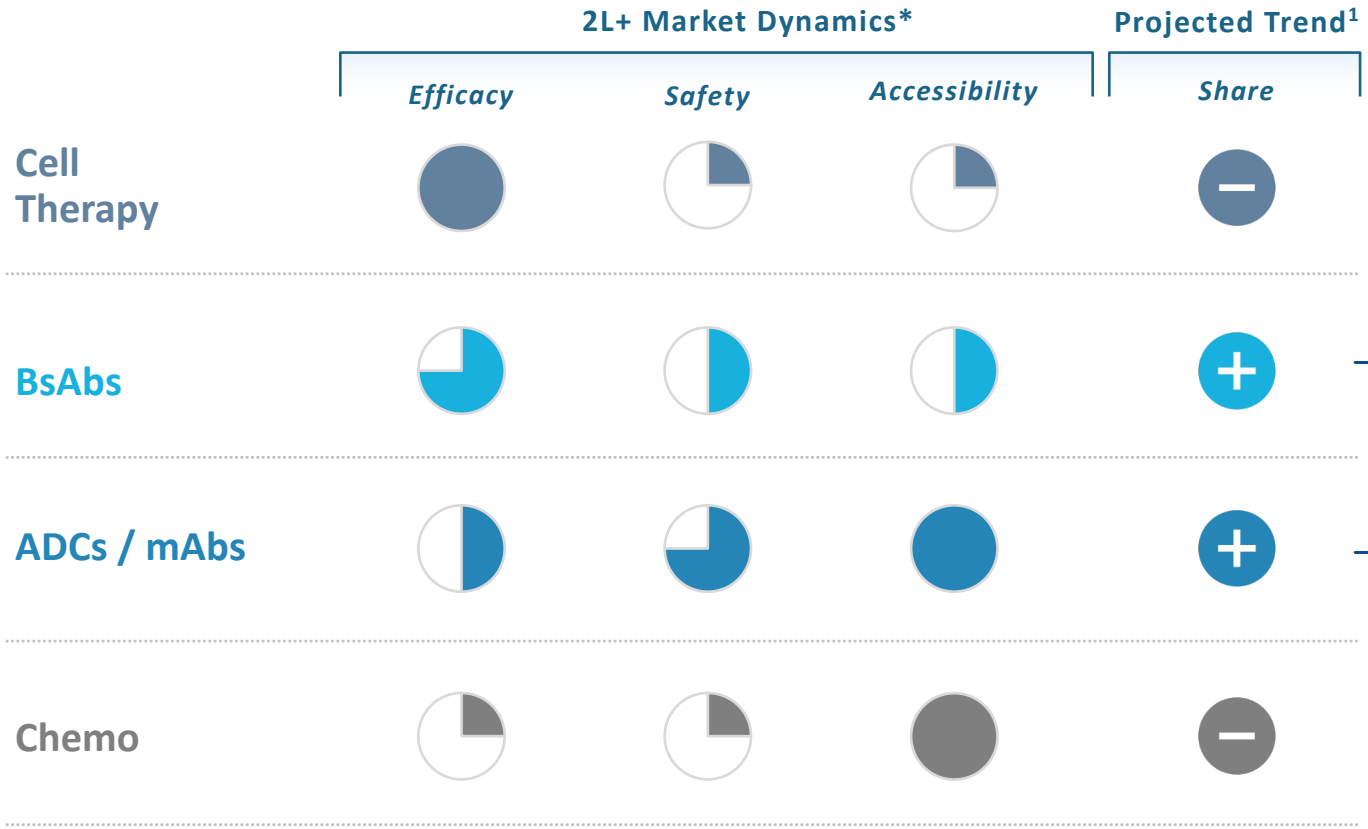
- **LOTIS-5 (ZYNLONTA + rituximab):** 20 patient safety run-in Data showed ORR of 80%, CR of 50% with no new safety signals; accelerating patient enrollment/completion expected in 2024
- **LOTIS-7 (ZYNLONTA + bispecific):** Dose escalation in Phase 1b trial completed with no dose-limiting toxicities and early signs of anti-tumor activity

INITIAL PHASE 2 IIT DATA SUGGESTS POTENTIAL BENEFIT IN INDOLENT LYMPHOMAS

- **ZYNLONTA + rituximab in 2L+ high-risk Follicular lymphoma:**[1]
  96% ORR, 85% CR, N=27
- **ZYNLONTA monotherapy in 2L+ MZL:**[2]
  13 achieved a complete response and 1 achieved a partial response, N = 15

1 As presented by University of Miami at ASH 2023; 2 As presented by University of Miami at Lymphoma Research Foundations's 2024 MZL Scientific Workshop .

Significant Opportunity for ZYNLONTA Combinations in Evolving r/r DLBCL Market



ZYNLONTA LOTIS 7

Potential for highly competitive efficacy with better safety and accessibility

ZYNLONTA LOTIS 5

Potential to raise the bar for efficacy in this class with competitive safety and accessibility

→ **Physician treatment choice driven by efficacy, safety, and accessibility based on individual patient considerations**

→ **Emerging ADC and Bispecific combinations with improved clinical profiles have the potential to reduce chemotherapy and cell therapy use**

**Based on internal review of approved labels for existing modalities; Efficacy refers to rapid, deep, and durable responses. Safety refers to manageable and reversible toxicities. Accessibility refers to availability across treatment settings;*
1. Putnam Research & Analysis of 150 physicians (Q3 2024).

LOTIS-5: Phase 3 Confirmatory Trial of ZYNLONTA in Combination with Rituximab in 2L+ DLBCL

LOTIS-5 Overview

- **Patient Population:** 2L+ DLBCL, ASCT ineligible
- **Rationale:** Preclinical evidence suggests that adding rituximab (anti-CD20 mAb) to ZYNLONTA (anti-CD19 ADC) may result in improved efficacy and prolonged tumor control with no overlapping toxicity
- **Primary endpoint:** PFS
- **Secondary endpoints** include OS; ORR; CRR; DoR; frequency and severity of adverse events
- **Initial data:** 20 patient safety run-in (SOHO 2023), resulting in 80% ORR and 50% CR, with no new safety signals

Status and Next Steps

- Expect full enrollment in 2024 with potential data by end of 2025
- Required number of 262 pre-specified progression free survival events unchanged from original study design; total number of patients enrolled dependent on patient censoring rate
- In July 2024 LOTIS-5 IDMC reviewed unblinded efficacy and safety data as part of the pre-specified interim analysis (futility) and recommended continuation without modifications

Initial data demonstrates that this combination has the potential to provide competitive 2L+ efficacy with a favorable safety profile allowing broad accessibility

IDMC: Independent Data Monitoring Committee, OS: Overall Survival, ORR: Overall Response Rate, CRR: Complete Response Rate, DoR: Duration of Response

LOTIS-7: Phase 1b Trial of ZYNLONTA in Combination with Bispecific Glofitamab

LOTIS-7 Overview

- **Patient Population:** Relapsed or Refractory B-NHL patients and have received
  - Part 1: >2 systemic treatment regimens
  - Part 2: >1 systemic treatment regimens
- **Rationale:** Combining two powerful approved single agents; ZYNLONTA (anti-CD19 ADC) and glofitamab (anti-CD20/CD3 t-cell engaging bispecific antibody) expected to have additive or synergistic efficacy, along with a manageable safety profile given no overlapping non-hematologic toxicities. In addition, ZYNLONTA use prior to glofitamab may debulk the tumors and reduce peripheral B cells, leading to lower CRS rates.
- **Primary endpoints:** Safety and tolerability
- **Secondary endpoints:** Efficacy including ORR, DOR, CRR, PFS, RFS, OS and Pharmacokinetics and Immunogenicity

Status and Next Steps*

- Part 1: Dose escalation in Phase 1b trial completed with no dose-limiting toxicities, no or low-grade CRS and no ICANS across all patients and early signs of anti-tumor activity
- Part 2: Dose expansion initiated with ZYNLONTA in combination with glofitamab at the 120 µg/kg and 150 µg/kg dose levels in 2L+ DLBCL
- We anticipate initial Part 2 expansion efficacy and safety data by the end of 2024 and mature data on the first 40 patients in 1H 2025

Phase 1b dose escalation initial data* suggests that this combination has the potential to be the preferred BsAb combination due to competitive efficacy with better safety and accessibility

*OS: Overall Survival, ORR: Overall Response Rate, CRR: Complete Response Rate, DoR: Duration of Response. *As of April 19, 2024*

LOTIS-7 Part 1 Dose Escalation

CRS Profile

	Arm E* (ZYNLONTA + Glofit) n = 9	Arm F* (ZYNLONTA + Mosun) n = 9
Grade	n (%)	n (%)
1	2 (22%)	4 (44.4%)
2	1 (11%)	1 (11%)
≥3	0 (0%)	0 (0%)
Total	**3 (33.3%)**	**5 (55.6%)**

Data as of April 19, 2024

Initial Safety Findings

- No dose-limiting toxicities, no or low-grade cytokine release syndrome and no immune effector cell-associated neurotoxicity syndrome across all patients
- Majority of CRS events were grade 1 and no CRS > grade 2 was observed
- All CRS grade 2 events responded to Tocilizumab / corticosteroids; no requirement for pressors or ICU management

Initial Efficacy Findings

- After the first investigator assessment, evidence of anti-tumor activity (complete response or partial response) was observed among the majority of patients

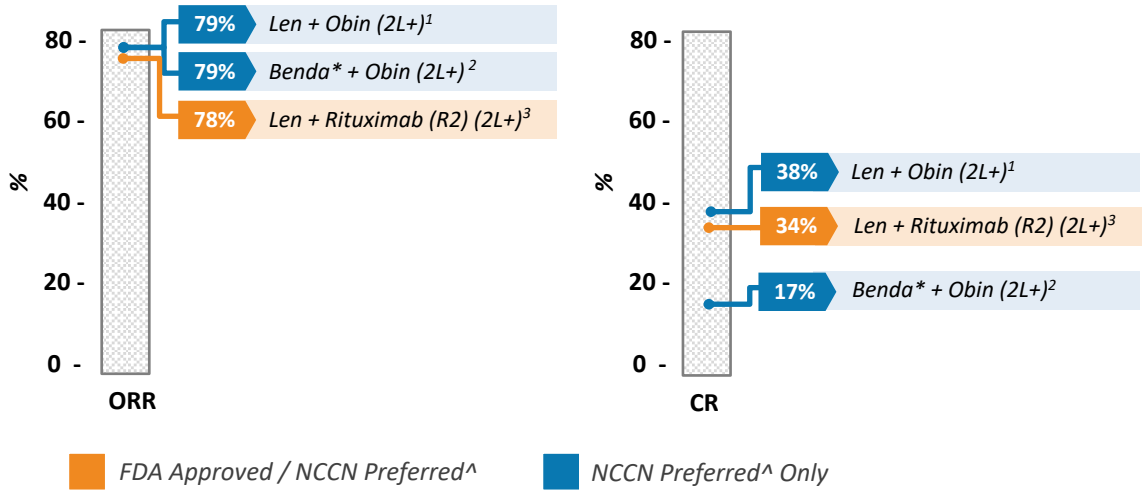
*Arm E: Loncastuximab + Glofitamab - obi is dosed C1D1, lonca dosed C1D2, and glofit dosed C1D8, Arm F: Loncastuximab + Mosunetuzumab - both dosed on C1D1.

ZYNLONTA + Rituximab Ph2 IIT: Strong Initial Signals in High-risk r/r FL Including POD24 with 96% ORR and 85% CR Rates

U of Miami IIT in 2L+ FL Overview

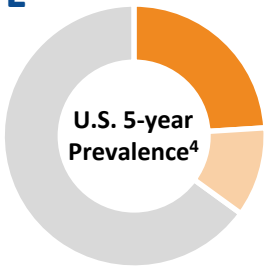
- Highlights of Phase 2 study of ZYNLONTA with rituximab in patients with high-risk relapsed/refractory follicular lymphoma presented at ASH 2023 include:
  - N = 33 patients enrolled, 27 patients evaluable for efficacy and 32 patients evaluable for toxicity (as of the data cutoff date of November 26, 2023)
  - **Best overall response rate of 96% and CR rate of 85%**
  - After a median follow-up of 9.7 months, the median progression-free survival (PFS) was not reached, and the **12-month PFS was 92%**
  - **Majority of adverse events (AEs) were grade 1.** Grade 3 AEs included neutropenia (n=2; 6%), and one case each (3%) of hyperglycemia, increased ALT, fatigue, dyspnea and skin infection. Neutropenia was the only grade 4 AE (n=1; 3%)

FDA Approved/NCCN Preferred Regimens with 2L+ Data



Patient Population – 2L+ FL

- **Estimated 6 K 2L+ FL patients are drug-treated** in the US annually[4], of which **~20% are POD24 patients**, characterized by an **unfavorable prognosis**[5]



~21 K *2L+ FL patients*

Key: *1L* *2L* *3L+*

Next Steps

- University of Miami plans to expand the number of trial participants up to 100 and add other cancer research centers
- Data are expected to be published at a future medical conference
- Path forward will be discussed with regulatory authorities and compendia

*^Data does not include R-/Obin-CHOP or R-/Obin- CVP which are included in 2L+ NCCN preferred guidelines based on 1L systemic therapy data only. *Bendamustine mono-therapy has broad FDA approval in indolent B-cell non-Hodgkin lymphoma after R-containing regimens, however, is not specific to FL. 1. GALEN study (single arm, multicenter ph 2; n = 88); 2. GADOLIN study (randomized ph3 of B + O vs. B; total n = 396, total FL n= 321, B+O FL n = 155; AUGMENT study (randomized ph 3 of R2 vs. R; total n = 358, total FL n = 295, R2 FL n = 147, R mono FL n = 148); 4. Cerner Enviza CancerMPact (2023), distribution by line of therapy is based on the incident, drug-treated population; 5. Casulo et al., J Clin Oncol (2015), Casulo et al., Blood (2022).*

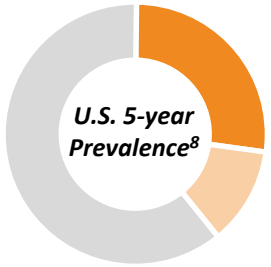
ZYNLONTA Ph2 IIT: Strong Initial Signals in 15 r/r MZL Patients With 13 Achieving a CR and 1 Achieving a PR

U of Miami IIT in 2L+ MZL Overview

- Highlights of Phase 2 study of ZYNLONTA in patients with relapsed/refractory marginal zone lymphoma presented at LRF's 2024 MZL Scientific Workshop include:
  - Initial data as of April 19, 2024 in 15 patients (n total = 50) showed **13 achieved a complete response and 1 achieved a partial response**
  - ZYNLONTA was **generally well-tolerated**, and safety was consistent with the known profile
- **Total addressable 2L+ MZL** patient population has a potential peak market value of approximately **$500 M**[9]; Potential expansion in MZL contributes to the overall ZYNLONTA growth strategy in NHL

Patient Population – 2L+ MZL

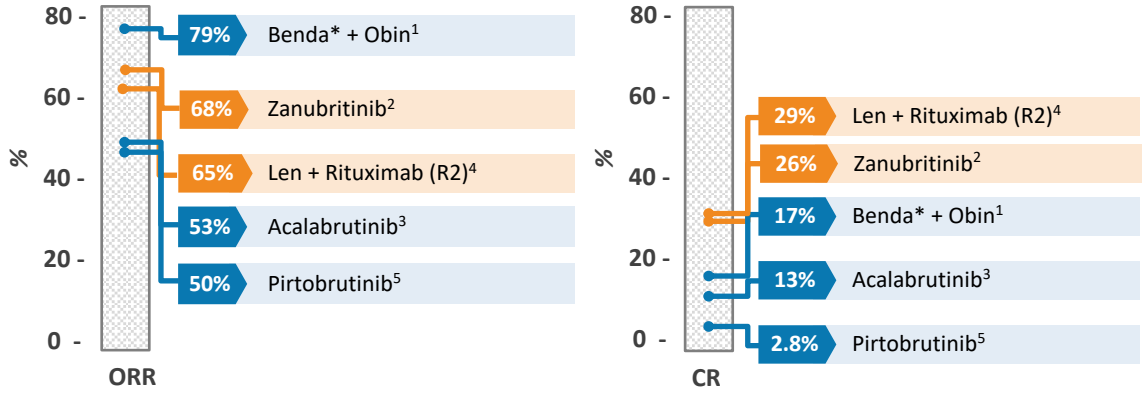
- **Estimated 3 – 4 K 2L+ MZL patients are drug-treated** in the US annually[6-8]; despite patients achieving durable responses, **high unmet medical need** remains with <30% CR for 2L+ NCCN preferred treatments[1-5]



~15 K *2L+ MZL patients*

Key: *1L* *2L* *3L+*

FDA Approved / NCCN Preferred Regimens with 2L+ Data



*FDA Approved / NCCN Preferred^*
N = 63 – 68

NCCN Preferred^ Only
N = 36 – 46

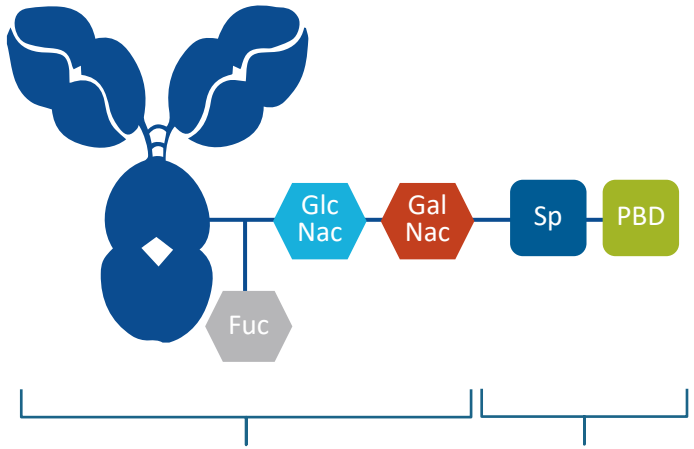
Next Steps

- 2 sites currently enrolling, expanding to 5 sites to accelerate trial enrollment
- ADCT plans to potentially pursue regulatory pathway and compendia in parallel as soon as sufficient data are available

*^ Data does not include R-CHOP, R-CVP, or B-R data which are included in 2L+ NCCN preferred guidelines based on 1L systemic therapy data only; *Bendamustine mono-therapy has broad FDA approval in indolent B-cell non-Hodgkin lymphoma after R-containing regimens, however, is not specific to MZL; bendamustine combinations are not FDA approved for MZL and are guidelines only. Source: 1. GADOLIN study (randomized ph3 of B + O vs. B; total n = 396, total MZL n= 46, B+O MZL n = 27); 2. MAGNOLIA Trial (single arm, multicenter ph 2; n = 68); 3. ACE-LY-003 study (part 2 of multicenter, ph 1/2b; n = 43); 4. AUGMENT study (randomized ph3 of R2 vs. R; total n = 358, total MZL n = 63, R2 MZL n = 31, R mono MZL n = 32); 5. BRUIN study (ph 1/2 of pirtobrutinib in CLL/SLL and NHL, total estimated n = 860, total MZL n = 36). 6. Clarivate DRG (2022); 7. Global Data (2017); 8. Cerner Enviza CancerMPact (2023), distribution by line of therapy is based on the incident, drug-treated population; 9. Assumes total addressable population and average net price for ZYNLONTA in 2030 with a CAGR of ~2% and ~3% respectively, and average cycles expected in MZL.*

ADCT-601: A Novel, Potent Approach to Targeting AXL

ADCT-601 Structure



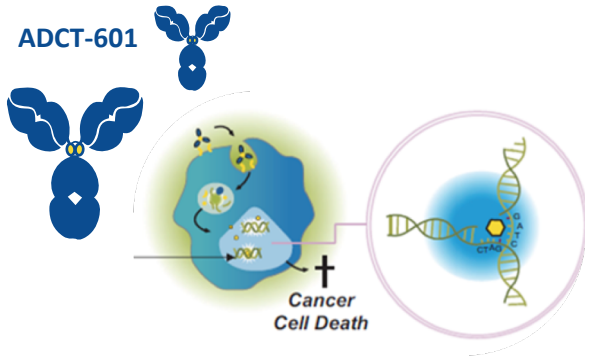
Antibody

Anti-human AXL antibody

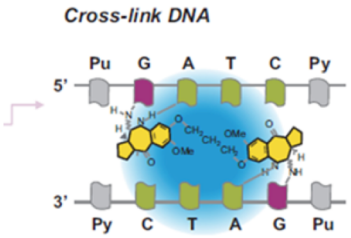
Linker + payload

HydraSpace™ cleavable linker and SG3199 (PBD dimer cytotoxin)

ADCT-601 MOA



Warhead released after internalization, and binds in minor groove of DNA



- PBD dimer creates interstrand cross-links
- No DNA distortion
- Avoids DNA repair mechanism

Target Relevance

- AXL is expressed in multiple tumor types - including NSCLC, pancreatic, and sarcoma
- High expression of AXL is correlated to worse patient overall survival across these cancer types

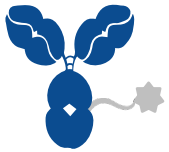
Development Status

- Dose optimization in monotherapy / combination with gemcitabine ongoing in Sarcoma, Pancreatic cancer; screening in NSCLC
- In sarcoma, early signs of anti-tumor activity have been seen in monotherapy and combination with a tolerable safety profile in the dose range tested

Note: 1. GlycoConnect and HydraSpace are technologies licensed from Synaffix; TI: therapeutic index; MTD: maximum tolerated dose; GlcNax: N-acetyl-glucosamine; GalNac: N-acetylgalactosamine; SP: Spacer; PBD: Pyrrolobenzodiazepine.

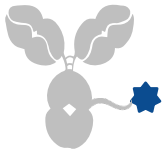
Source: Zammarchi et al., Mol Cancer Ther (2022)

A Growing Toolbox With Novel Payloads, Linkers & Chemistries



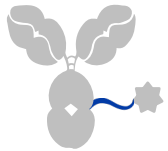
Antibody

- Extensive experience identifying and advancing compelling targets with high unmet need
- Focus on masking binding, conditional binding moieties, bispecifics and biparatropics



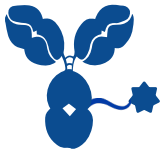
Payload

- Forged next-gen PBDs as novel warheads; first to bring PBD ADC from conception to market
- Advancing **next-gen payloads** to **improve selectivity, potency, therapeutic index**
  - Camptothecin derivatives
  - DNA damaging agents
  - Immunomodulators
  - Dual payloads



Linker

- **Proprietary linkers** that enable **increased plasma stability** and **controlled payload release with tunable DAR[1]**
  - Cleavable linkers
  - Reducible linkers
  - Non-cleavable linkers



Conjugation

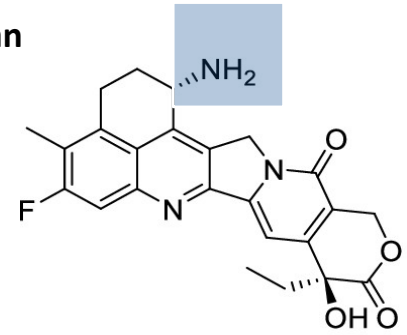
- Technologies enabling **precise site-specific attachment of diverse payloads**
  - Orthogonal conjugation approaches

Note: [1] DAR: Drug antibody ratio

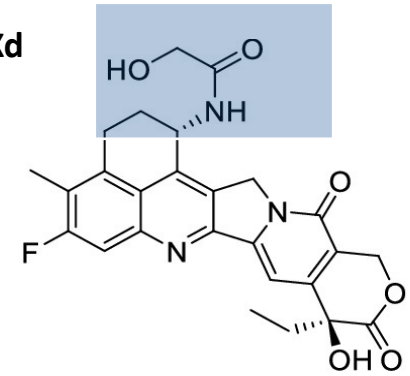
Exatecan Has the Potential to Be Differentiated Over Commercial-Stage Toxins such as DXd

EXATECAN V. DXD

Exatecan



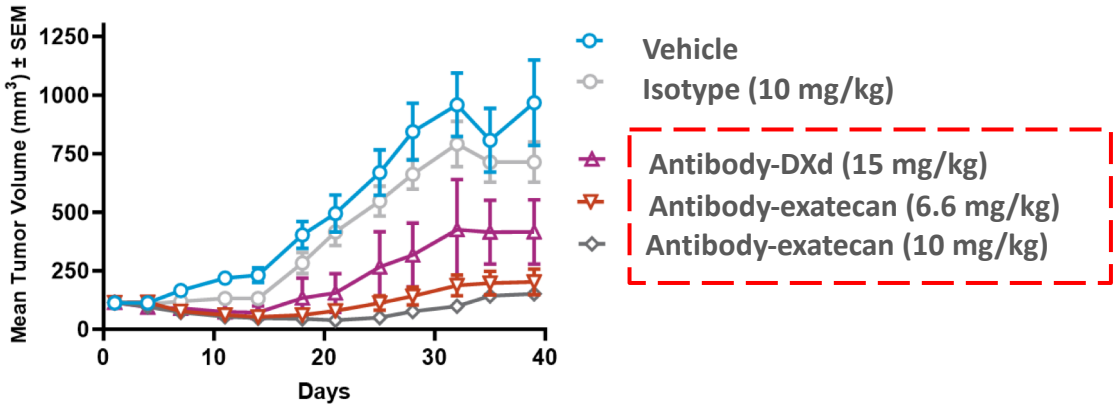
DXd



EXATECAN ADVANTAGE

- Better potency
- No PgP[1] transport, enabling **enhanced intracellular presence**
- **Increased bystander effect**, leading to more cell death and enhancing therapeutic impact over DXd

EXATECAN ADC V. DXD ADC in CDX MODEL[2]



ADC THERAPEUTICS PLATFORM ADVANTAGE

- ADCT has developed a **novel hydrophilic linker** that enables efficient conjugation of exatecan
- Our exatecan-based ADCs **enable traceless release of exatecan** after internalization
- **Superior therapeutic index** driven by strong in vivo efficacy and excellent tolerability in cynomolgus monkey **without any signs of ILD**

Note: 1 PgP: P-glycoprotein; 2 Cell line derived xenograft (CDX) model is a renal leiomyoblastoma model, all arms dosed intravenously qdx1

Source: Weng et al., Cancer Discov (2023)

Developing Differentiated ADCs With a High Therapeutic Index

A novel hydrophilic, highly stable, protease-cleavable linker conjugated to Exatecan

		Claudin-6	PSMA	NaPi2b	ASCT2
Target description		**Adhesion protein**	**Enzymatic glycoprotein**	**Phosphate transporter**	**Amino acid transporter**
Tumor types of interest		NSCLC Ovarian cancer Endometrial cancer	Prostate cancer	NSCLC Ovarian cancer Endometrial cancer	NSCLC Colorectal cancer Heme Malignancies
Payload	**Toxin**	Exatecan	Exatecan	Exatecan	Exatecan
	Linker	Novel, hydrophilic, protease cleavable	Novel, hydrophilic, protease cleavable	Novel, hydrophilic, protease cleavable	Novel, hydrophilic, protease cleavable
Preclinical data		*in vitro* characterization *in vivo* efficacy NHP toxicology – Repeat-dose (Q3Wx2)	*in vitro* characterization *in vivo* efficacy Ongoing	*in vitro* characterization *in vivo* efficacy NHP toxicology – Repeat-dose (Q3Wx2)	*in vitro* characterization *in vivo* efficacy NHP toxicology – Repeat-dose (Q3Wx2)
Stage		IND-enabling	IND-enabling	IND-enabling	Drug-candidate (2024)

Company moving forward with one drug candidate to IND and seeking research collaboration(s) to advance broad portfolio

Note: 1. IND enabling studies have typically averaged approximately 18 months (13 – 24 months) after selection of the candidate; NHP: Non-human primate.

Corporate Business Development Strategy for ADCT Portfolio

	U.S.	EX-U.S.
HEMATOLOGY ZYNLONTA, ADCT-602	DIRECT	PARTNERSHIP (sobi; Mitsubishi Tanabe Pharma; OVERLAND JOINT VENTURE)
SOLID TUMORS ADCT-601, Research Assets	Co-development & Co-promote*	Royalty & Milestones to ADCT

Business Development Opportunities to Unlock Value

Business Development Goals:

1. Maximize Deal Value & Value Split
2. Non-dilutive Financing
3. Accelerate & Expand Asset Development

**Flexible for alternative construct depending on economics*

Delivering On Our Strategy

2024 Milestones Achieved

- Achieved **commercial brand profitability** in 1H 2024
- **LOTIS-7:** Completed dose escalation with all doses cleared
- **r/r FL and r/r MZL IITs:** Encouraging initial data shared
- **ADCT-601 (AXL):** Dose escalation completed
- **Research Platform:** Shared pre-clinical data on exatecan-based platform and four lead candidates at Research Event
- Cash runway into mid 2026*

Upcoming Expected Milestones

- **ZYNLONTA**
  - **LOTIS-7:** Part 2 with glofitamab enrollment complete with initial efficacy/safety update by end of 2024; mature data in 1H 2025
  - **LOTIS-5:** Complete enrollment by end of 2024
  - **r/r FL and r/r MZL IITs:** Updates at medical meetings in 2024 / 2025
- **ADCT-602 (CD22):** Additional data updates from Phase 1 study in 2H 2024
- **ADCT-601 (AXL):** Additional data updates from Phase 1 study in sarcoma, pancreatic cancer in 2H 2024
- **Preclinical:** Advancing a broad portfolio of investigational ADCs for solid tumor indications

Exploring potential partnerships and licensing agreements

**Cash runway assumes receipt of anticipated regulatory milestone payments under the Company's collaboration agreements and use of the amount it is required to maintain under its loan agreement .*

Thank You

Corporate Presentation

September 2024