UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934
Date of Report (Date of earliest event reported): June 5, 2017

CORVUS PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-37719**	**46-4670809**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification Number)**

863 Mitten Road, Suite 102
Burlingame, CA 94010
(Address of principal executive offices, including Zip Code)

Registrant's telephone number, including area code: (650) 900-4520

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))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933(17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2). Emerging growth company [X]
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. [X]

Item 8.01 Other Events.

On June 5, 2017, Corvus Pharmaceuticals, Inc. ("Corvus" or the "Company") issued a press release announcing interim results demonstrating anti-tumor activity of CPI-444 in renal and lung cancer patients resistant or refractory to prior PD-(L)1 treatment. The full text of the press release is filed as Exhibit 99.1 hereto and is incorporated herein by reference.

Item 7.01 Regulation FD Disclosure.

On June 5, 2017, the interim data discussed above was presented in an oral presentation at the American Society of Clinical Oncology (ASCO) 2017 Annual Meeting in Chicago by Lawrence Fong, M.D., study investigator and Professor in Cancer Biology and Leader of the Cancer Immunotherapy Program at the Helen Diller Family Comprehensive Cancer Center at the University of California, San Francisco. A copy of the presentation, including a slide setting forth certain cautionary language intended to qualify the forward-looking statements included in the presentation, is furnished as Exhibit 99.2 to this Current Report and is incorporated herein by reference.

The information in this Item 7.01 of this Current Report on Form 8-K shall not be deemed "filed" for purposes of Section 18 of the Securities Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

Reference is made to the Exhibit Index attached hereto.

SIGNATURES

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

CORVUS PHARMACEUTICALS, INC.

Date: June 5, 2017

By: /s/ Leiv Lea
Leiv Lea
Chief Financial Officer

EXHIBIT INDEX

Exhibit No.	Description
99.1	Press release titled, “Corvus Pharmaceuticals Announces Interim Results Demonstrating Anti-Tumor Activity of CPI-444 in Renal and Lung Cancer Patients Resistant or Refractory to Prior PD-(L)1 Treatment” dated June 5, 2017.
99.2	Presentation by Lawrence Fong, M.D., study investigator and Professor in Cancer Biology and Leader of the Cancer Immunotherapy Program at the Helen Diller Family Comprehensive Cancer Center at the University of California, San Francisco, at the ASCO 2017 Annual Meeting on June 5, 2017.

EXHIBIT 99.1

Corvus Pharmaceuticals Announces Interim Results Demonstrating Anti-Tumor Activity of CPI-444 in Renal and Lung Cancer Patients Resistant or Refractory to Prior PD-(L)1 Treatment

-- Clinical Data from Company's Ongoing Phase 1/1b Study in Expansion Cohorts Presented in Oral Presentation at American Society of Clinical Oncology (ASCO) 2017 Annual Meeting –

-- Criteria Met for Second Expansion of Renal Cell Cancer Cohort Treated with Combination Therapy –

BURLINGAME, Calif., June 05, 2017 (GLOBE NEWSWIRE) -- Corvus Pharmaceuticals, Inc. (NASDAQ:CRVS), a clinical-stage biopharmaceutical company focused on the development and commercialization of novel immuno-oncology therapies, today announced interim safety and efficacy results from the renal cell carcinoma (RCC) and non-small cell lung cancer (NSCLC) expansion cohorts in its ongoing Phase 1/1b study. The data showed that treatment with CPI-444 as a single agent and in combination with atezolizumab (Tecentriq®) resulted in anti-tumor activity in patients resistant or refractory to prior treatment with anti-PD-(L)1 antibodies and patients with PD-L1 negative tumors. CPI-444 is a selective and potent inhibitor of the adenosine A2A receptor. Atezolizumab, developed by Genentech, a member of the Roche Group, is a monoclonal antibody designed to target and bind to a protein called PD-L1 (programmed death ligand-1).

The interim data were presented today in an oral presentation at the American Society of Clinical Oncology (ASCO) 2017 Annual Meeting in Chicago by Lawrence Fong, M.D., Professor in Cancer Biology and Leader of the Cancer Immunotherapy Program at the Helen Diller Family Comprehensive Cancer Center at the University of California, San Francisco.

"These preliminary results from the CPI-444 clinical trial show that targeting this novel immunosuppressive pathway can lead to both anti-tumor immune responses and clinical responses in patients who have progressed on anti-PD-(L)1 therapies," said Dr. Fong. "Lung and renal cell cancer patients who do not respond to treatment with PD-(L)1 therapies typically continue to progress rapidly and have very few options to manage their disease, creating a significant unmet need in cancer therapy. These data suggest that CPI-444, both as a single agent and in combination with atezolizumab, may induce tumor regression or disease control in these difficult-to-treat populations."

"The anti-tumor activity and durability of responses and disease control seen to date are encouraging, especially in patients who are resistant/refractory to prior anti-PD-(L)1 therapy and have PD-L1 negative tumors. No therapies are currently approved that can overcome resistance to anti-PD-(L)1 therapies and few, if any, immunotherapies in development have reported benefit in the PD-1 resistant/refractory setting," said Richard A. Miller, an oncologist and co-founder, president and chief executive officer of Corvus. "In addition to our previously announced cohort expansions, based on data reported here, we have met the pre-defined criteria for the second expansion to the maximum number of 48 patients in the RCC cohort receiving combination therapy. We look forward to continuing to evaluate patients with lung and renal cell cancer enrolled in the multiple expansion cohorts, as we believe that targeting the adenosine pathway could lead to new treatment options for patients in this setting."

Key Patient Demographic Data

Interim safety and efficacy data on 75 patients with RCC (n=30) or NSCLC (n=45) enrolled in the Phase 1/1b study to date were presented. Of these, 73 percent of RCC patients and 82 percent of NSCLC patients were resistant or refractory to prior therapy with anti-PD-(L)1 antibodies. Of the RCC (n=19) and NSCLC (n=28) patients with archived samples available, 95 percent and 54 percent of patients, respectively, had PD-L1 negative tumors.

Key Study Results in RCC Patients

An infographic accompanying this announcement is available at http://www.globenewswire.com/NewsRoom/AttachmentNg/f1df88e4-d3f5-4ed3-8e30-ae3f87467abe

· Best tumor response data for RCC patients are shown in a "waterfall" plot (Figure 1). There were two confirmed partial responses (PR) out of 22 evaluable patients.

- One PR was in a patient treated with single agent CPI-444 who was resistant/refractory to prior anti-PD-(L)1 therapy and was PD-L1 negative.
- One PR was in an anti-PD-(L)1 treatment-naïve patient treated with combination therapy. The PD-L1 status of this patient treated in combination was not available at the time of the presentation.
- The duration of PRs, which are ongoing in these two patients, exceeds eight months and three months.

· 16 patients achieved stable disease, with six of these patients experiencing minor regressions (MR). Four of the patients that achieved an MR were resistant/refractory to prior anti-PD-(L)1 therapy. The remaining patients had progressive disease or progressed before their first CT scan was obtained.

- Six patients have had disease control for more than six months (range: 6-12 months), with five of these six patients continuing on therapy (three single agent, two combination).

· For RCC patients with stable disease, an analysis of tumor growth kinetics demonstrated that several patients with documented tumor growth prior to study enrollment, had stabilization or regression of their tumors while receiving treatment with CPI-444, suggesting that treatment altered the behavior of tumor growth.

Key Study Results in NSCLC Patients

An infographic accompanying this announcement is available at http://www.globenewswire.com/NewsRoom/AttachmentNg/518f7b87-042d-42f7-84d1-29caad3e0006

· Best tumor response data for NSCLC patients are shown in a “waterfall” plot (Figure 2). There were two partial responses (PR) out of 34 evaluable patients.

- One confirmed PR was in a patient treated with combination therapy who was resistant/refractory to prior anti-PD-(L)1 therapy and is PD-L1 negative. The PR is ongoing at six months.
- One unconfirmed PR is in a patient who received the combination, was resistant/refractory to prior anti-PD-(L)1 therapy, is PD-L1 positive, and is ongoing at two months.

· 22 patients achieved stable disease. Four of the stable disease patients, all of whom were were resistant/refractory to prior anti-PD-(L)1 therapy, had MRs. The remaining patients had progressive disease or progressed before their first CT scan was obtained.

· Four patients with NSCLC, three of whom were resistant/refractory to prior anti-PD-(L)1 therapy, experienced disease control exceeding six months (two single agent, two combination). All of the patients continue on therapy.

Safety Data
CPI-444 continues to be well tolerated to date, with observed adverse events similar to previous reports. For single-agent CPI-444 cohorts, the following Grade 1 and 2 adverse events occurred in 5 percent or more of patients: fatigue, nausea, pruritis, constipation, dizziness, hypertension and fever. For combination therapy cohorts, the following Grade 1 and 2 adverse events occurred in 5 percent or more of patients: fatigue, nausea, pruritis, rash and increase in liver enzymes. In the combination cohort, one patient developed reversible Grade 3 immune-related toxicities.

Phase 1/1b Trial Design
The Phase 1/1b trial is designed to select the dose, assess the safety and examine the activity of CPI-444 as a single agent and in combination with Genentech’s atezolizumab, an anti-PD-L1 antibody, in multiple histologies known to be sensitive to immuno-oncology agents. Patients with non-small cell lung cancer, melanoma, renal cell cancer, triple-negative breast cancer (TNBC), MSI-H colorectal cancer, head and neck cancer, bladder cancer and prostate cancer who have failed standard therapies are eligible. The efficacy endpoints of the study are response rate and disease control rate, which is defined as complete response, partial response (reduction of >30 percent tumor volume) or stable disease (change in tumor volume of between 20 percent growth of tumor and 30 percent reduction of tumor volume). Patients with minor tumor regressions are those with changes in tumor volume of 0 to ≤30 percent reduction in tumor volume. Patients are treated until disease progression or evidence of Grade 3 or 4 toxicity.

The dose-selection part of the study included four cohorts of 12 patients each (N=48) – three cohorts treated with single agent CPI-444 (100 mg twice daily for 14 days; 100 mg twice daily for 28 days; 200 mg once daily for 14 days) and one cohort treated with the combination (CPI-444 50 mg or 100 mg twice daily for 14 days combined with atezolizumab). A treatment cycle is 28 days. Based on biomarker analyses showing sustained, complete blockade of the adenosine A2A receptor in peripheral blood lymphocytes, and evidence of immune activation in circulating lymphocytes, an optimum single agent and combination dose of 100 mg twice a day for 28 days was selected for the second part of the study. As defined in the protocol, patients in the dose-selection stage of the trial receiving the dose and schedule selected for evaluation in the second part of the study are included in the disease-specific cohort efficacy analysis.

The second part of the study is evaluating CPI-444 as a single agent in five disease-specific cohorts (NSCLC, melanoma, RCC, TNBC and a category of “other” that includes MSI-H colorectal cancer, bladder cancer and prostate cancer) and CPI-444 in combination with atezolizumab in five additional matched disease-specific cohorts. Each of the 10 cohorts is initially enrolling 14 patients, but may be expanded based on efficacy. To date, RCC and NSCLC, both single agent and combination cohorts, have met the initial criteria for expansion to 26 patients. Recently, the combination cohort of patients with renal cell cancer met the second criteria for expansion to 48 patients.

About Corvus Pharmaceuticals
Corvus Pharmaceuticals is a clinical-stage biopharmaceutical company focused on the development and commercialization of small molecule and antibody agents that target the immune system to treat patients with cancer. These agents block or modify crucial immune checkpoints and reprogram immune T-cells. Corvus’ lead product, CPI-444, is a checkpoint inhibitor that is designed to disable a tumor’s ability to subvert attack by the immune system by inhibiting adenosine in the tumor microenvironment. CPI-444 is a small molecule that is taken orally. CPI-444 is currently being evaluated in a multicenter Phase 1/1b clinical trial in patients with various solid tumors. This successive expansion cohort trial is examining the activity of CPI-444 both as a single agent and in combination with Genentech’s atezolizumab, an anti-PD-L1 antibody. Corvus is conducting the trial with Genentech, a member of the Roche Group, under a clinical trial collaboration the two companies entered into in October 2015. For more information, visit www.corvuspharma.com.

Tecentriq® (atezolizumab) is a registered trademark of Genentech.

Forward-Looking Statements
This press release contains forward-looking statements, including statements related to the potential safety and efficacy of CPI-444, both as a single agent and in combination with anti-PD-1, anti-PD-L1, or other therapies, the Company’s ability to develop and advance product candidates into and successfully complete clinical trials, including the Company’s Phase 1/1b clinical trial of CPI-444, the basis for any future clinical trials with CPI-444, the utility of biomarker data collected and the suitability of the dosing regimen selected for the Company’s Phase 1/1b clinical trial of CPI-444. All statements other than statements of historical fact contained in this press release are forward-looking statements. These statements often include words such as “believe,” “expect,” “anticipate,” “intend,” “plan,” “estimate,” “seek,” “will,” “may” or similar expressions. Forward-looking statements are subject to a number of risks and uncertainties, many of which involve factors or circumstances that are beyond the Company’s control. The Company’s actual results could differ materially from those stated or implied in forward-looking statements due to a number of factors, including but not limited to, risks detailed in the Company’s Quarterly Report on Form 10-Q for the three months ended March 31, 2017, filed with the Securities and Exchange Commission on May 4, 2017, as well as other documents that may be filed by the Company from time to time with the Securities and Exchange Commission. In particular, the following factors, among others, could cause results to differ materially from those expressed or implied by such forward-looking statements: the Company’s ability to demonstrate evidence of efficacy and safety for CPI-444 during its Phase 1/1b clinical trial; the results of early clinical trials may not be predictive of future results; the unpredictability of the regulatory process; and regulatory

developments in the United States and foreign countries. Although the Company believes that the expectations reflected in the forward-looking statements are reasonable, it cannot guarantee that the events and circumstances reflected in the forward-looking statements will be achieved or occur, and the timing of events and circumstances and actual results could differ materially from those projected in the forward-looking statements. Accordingly, you should not place undue reliance on these forward-looking statements. All such statements speak only as of the date made, and the Company undertakes no obligation to update or revise publicly any forward-looking statements, whether as a result of new information, future events or otherwise.

UC Disclaimer
The information stated above was prepared by Corvus Pharmaceuticals, Inc., and reflects solely the opinion of the corporation. Nothing in this statement shall be construed to imply any support or endorsement of Corvus, or any of its products, by The Regents of the University of California, its officers, agents and employees.

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Abstract #: 3004

Safety and clinical activity of adenosine A2a receptor (A2aR) antagonist, CPI-444, in anti-PD1/PDL1 treatment-refractory renal cell (RCC) and non-small cell lung cancer (NSCLC) patients

Presenter: Lawrence Fong, M.D.
Leader, Cancer Immunotherapy Program
Co-Director, Parker Institute of Cancer Immunotherapy @ UCSF
University of California, San Francisco

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
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Forward Looking Statements

This presentation contains forward-looking statements, including statements related to the potential safety and efficacy of CPI-444, both as a single agent and in combination with anti-PD-1 and anti-PD-L1, and the Company's ability to develop and advance product candidates into and successfully complete clinical trials, including the Company's Phase 1/1b clinical trial of CPI-444. All statements other than statements of historical fact contained in this press release are forward-looking statements. These statements often include words such as "believe," "expect," "anticipate," "intend," "plan," "estimate," "seek," "will," "may" or similar expressions. Forward-looking statements are subject to a number of risks and uncertainties, many of which involve factors or circumstances that are beyond the Company's control. The Company's actual results could differ materially from those stated or implied in forward-looking statements due to a number of factors, including but not limited to, risks detailed in the Company's Quarterly Report on Form 10-Q for the three months ended March 31, 2017, filed with the Securities and Exchange Commission on May 4, 2017, as well as other documents that may be filed by the Company from time to time with the Securities and Exchange Commission. In particular, the following factors, among others, could cause results to differ materially from those expressed or implied by such forward-looking statements: the Company's ability to demonstrate evidence of efficacy and safety for CPI-444 during its Phase 1/1b clinical trial; the results of early clinical trials may not be predictive of future results; the unpredictability of the regulatory process; and regulatory developments in the United States and foreign countries. Although the Company believes that the expectations reflected in the forward-looking statements are reasonable, it cannot guarantee that the events and circumstances reflected in the forward-looking statements will be achieved or occur, and the timing of events and circumstances and actual results could differ materially from those projected in the forward-looking statements. Accordingly, you should not place undue reliance on these forward-looking statements. All such statements speak only as of the date made, and the Company undertakes no obligation to update or revise publicly any forward-looking statements, whether as a result of new information, future events or otherwise. Additional information may be available in press releases or other public announcements and public filings made after the date of this presentation.

This presentation concerns products that have not yet been approved for marketing by the U.S. Food and Drug Administration ("FDA"). No representation is made as to their safety or effectiveness for the purposes of which they are being investigated.

Safety and clinical activity of adenosine A2a receptor (A2aR) antagonist, CPI-444 in anti-PD(L)1 treatment-refractory renal cell (RCC) and non-small cell lung cancer (NSCLC) patients

Lawrence Fong, Patrick Forde, John Powderly II, Jonathan Goldman, John Nemunaitis, Jason Luke, Matthew Hellmann, Shivaani Kummar, Robert Doebele, Daruka Mahadevan, Shirish Gadgeel, Brett Hughes, Ben Markman, Matthew Riese, Joshua Brody, Leisha Emens, Ian McCaffery, Richard Miller and Ginna Laport

University of California, San Francisco, San Francisco, CA; Johns Hopkins Kimmel Cancer Center and Bloomberg- Kimmel Institute for Cancer Immunotherapy, Baltimore, MD; Carolina BioOncology Institute, Huntersville, NC; David Geffen School of Medicine at UCLA, Los Angeles, CA; Mary Crowley Cancer Research Centers, Dallas, TX; University of Chicago, Chicago, IL; Memorial Sloan Kettering Cancer Center, New York, NY; Stanford University School of Medicine, Stanford, CA; University of Colorado Anschutz Medical Campus, Aurora, CO; The University of Arizona, Phoenix, AZ; Karmanos Cancer Institute/Wayne State University, Detroit, MI; Royal Brisbane Hospital, Chapel Hill, Australia; Monash Health and Monash University, Melbourne, Australia; Med Coll of Wisconsin, Milwaukee, WI; Icahn School of Medicine at Mount Sinai, New York, NY; The Johns Hopkins University, Baltimore, MD; Corvus Pharmaceuticals, Burlingame, CA

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
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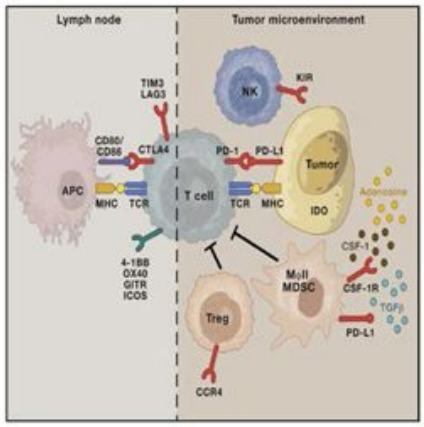
Presented by: Lawrence Fong, M.D. | 06/05/2017

Background

- Anti-PD-(L)1 antibodies are approved for treatment of RCC and NSCLC but a small proportion of patients benefit.
- No approved agents overcome resistance to anti-PD-(L)1 with few reporting benefit in PD-1 resistant/ refractory setting.
- Converting tumors devoid of T cell infiltration ("cold tumors") into T cell inflamed tumors ("hot tumors") could improve response to immunotherapies.
- Adenosine is a mediator of immunosuppression within the tumor microenvironment.
- CPI-444 is an oral small molecule antagonist of the adenosine A2A receptor (A2AR) (Emens, AACR 2017).



(Sharma et al. Cell, 2017)

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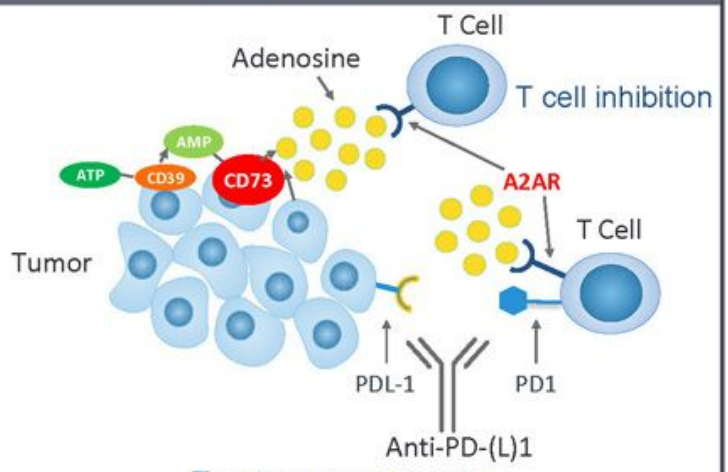
Adenosine Suppresses Immunity and is a Potential Mechanism of Resistance to PD-(L)1 Therapy

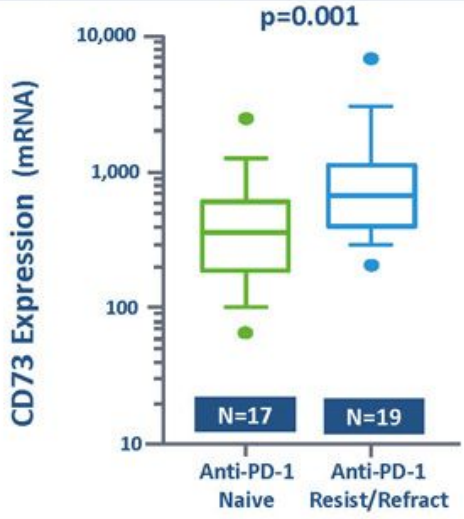
Adenosine in the tumor microenvironment



Tumors can generate adenosine in response to anti-PD-(L)1

(Beavis et al, Can Immunol Res 2015)

CD73 expression in baseline tumor biopsies from the CPI-444 phase 1 trial



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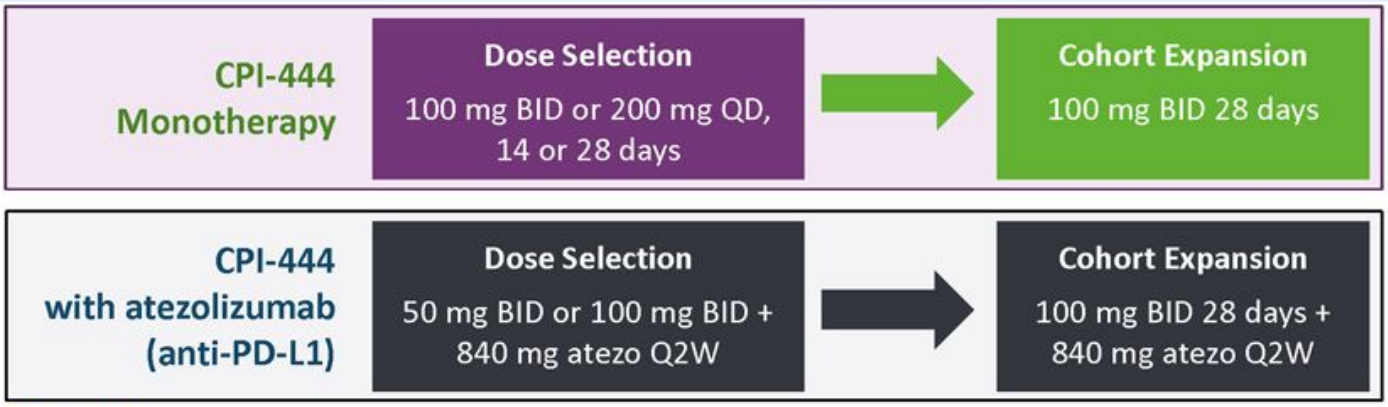
Phase 1/1b Clinical Study with Oral Drug CPI-444

Expansion cohorts: renal cell and non-small cell lung cancer



Eligibility

- Tumor types: RCC, NSCLC, Melanoma, TNBC, Others
- Prior anti PD-(L)1 allowed
  - Resistant: SD or better > 3 months of treatment
  - Refractory: progression within 3 months
- Must have progressive disease on prior therapy
- No selection for PD-L1 expression

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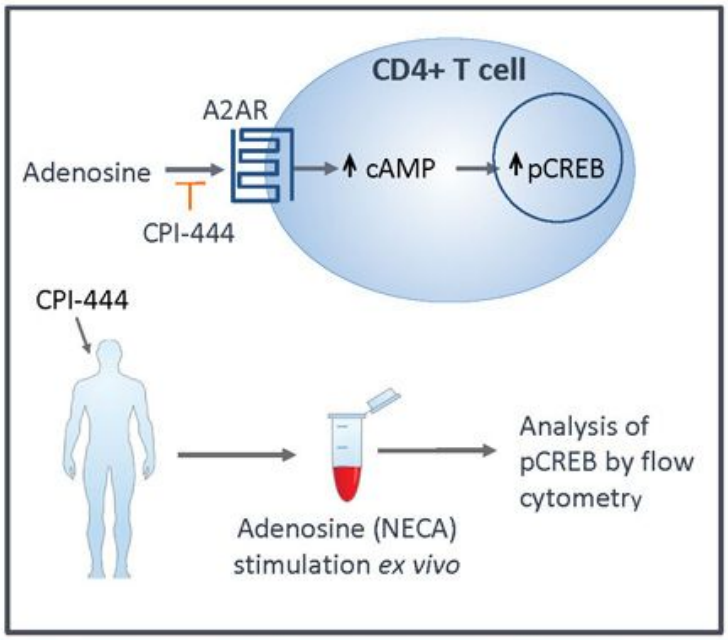
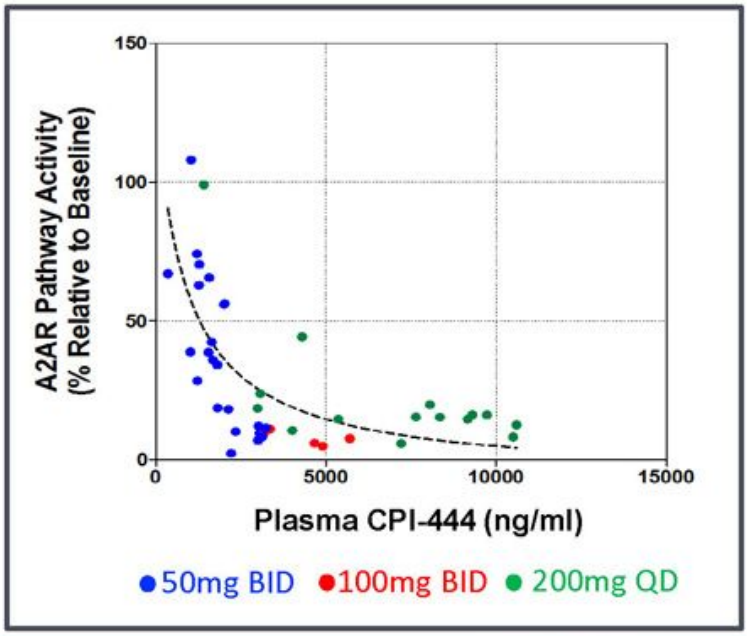
CPI-444 Blocks A2A Receptor Signaling





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Patient Characteristics

	Non-Small Cell Lung Cancer (N=45)	Renal Cell Cancer (N=30)
Prior anti-PD-(L)1 exposure Naïve Resistant/Refractory	 8 (18%) 37 (82%)	 8 (27%) 22 (73%)
PD-L1 Negative*	54%	95%
Median time since IO agent, months (range)	2.8 (0.6 – 24)	1.7 (1 – 71)
Histology	28 (62%) Non squamous 17 (38%) Squamous	28 (93%) Clear cell 2 (7%) Papillary
Median age, years (range)	70 (41-85)	65 (44-76)
No. of patients single agent / No. of patients combination	22/23	14/16
Median number prior therapies	2 (1-5)	3 (1-5)

*Archive samples data available on **19** RCC and **28** NSCLC patients based on FDA-approved test

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Treatment-Related Adverse Events

Adverse Events (Gr1/2) ≥ 5% Frequency (n=75)		
	Single Agent (%)	Combination (%)
Fatigue	11	15
Nausea	6	8
Pruritus	8	5
Constipation	6	---
Dizziness	6	---
Hypertension	6	---
Pyrexia	6	---
Rash	---	5
AST increased	---	5
ALT increased	---	5

Grade ≥ 3 AEs:

- **Single agent: none**
- **Combination CPI-444 + atezolizumab**
  - One patient with Gr 3 immune related hepatitis, pneumonitis, mucositis and dermatitis

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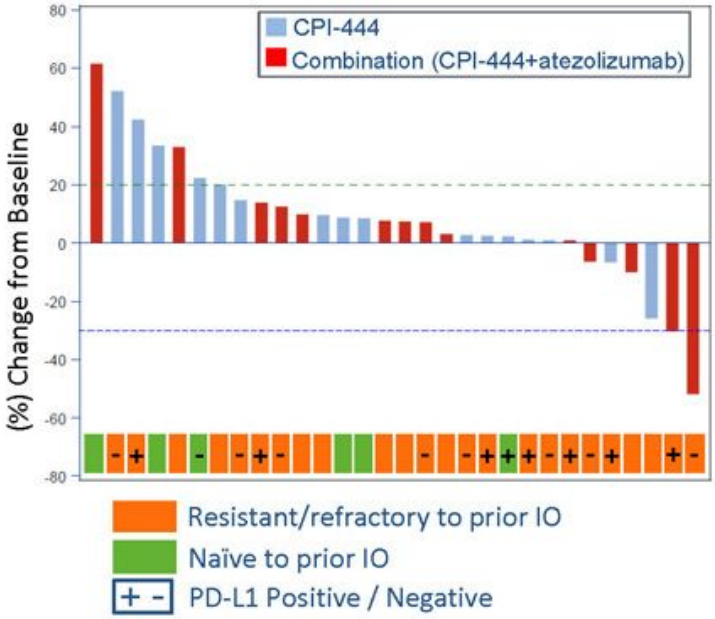
Phase 1/1b Trial with CPI-444: Disease Control in NSCLC

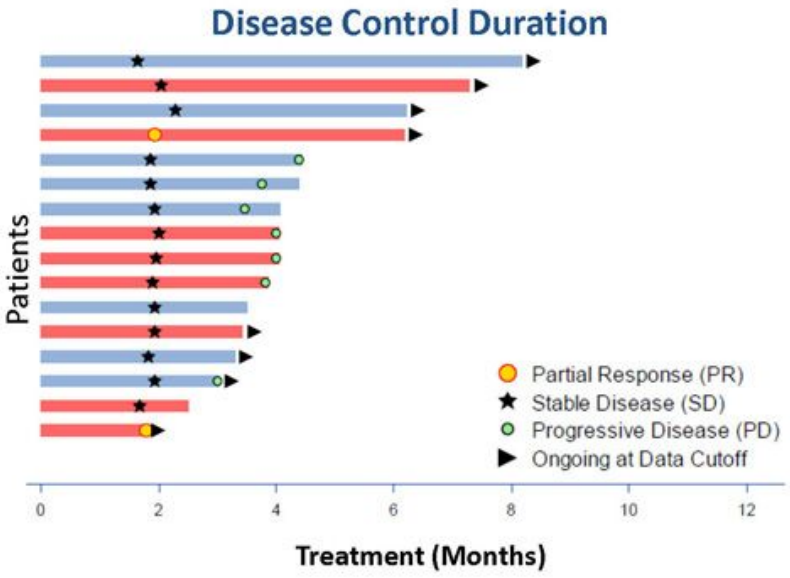
Partial responses can be seen in anti-PD-1 progressors



Resistant/refractory to prior IO

Naïve to prior IO

+ - PD-L1 Positive / Negative



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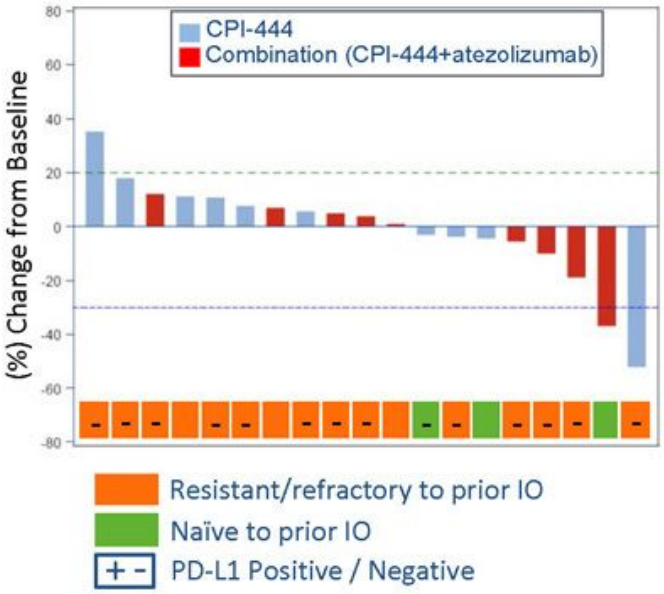
Phase 1/1b Trial with CPI-444: Disease Control in Renal Cell Cancer

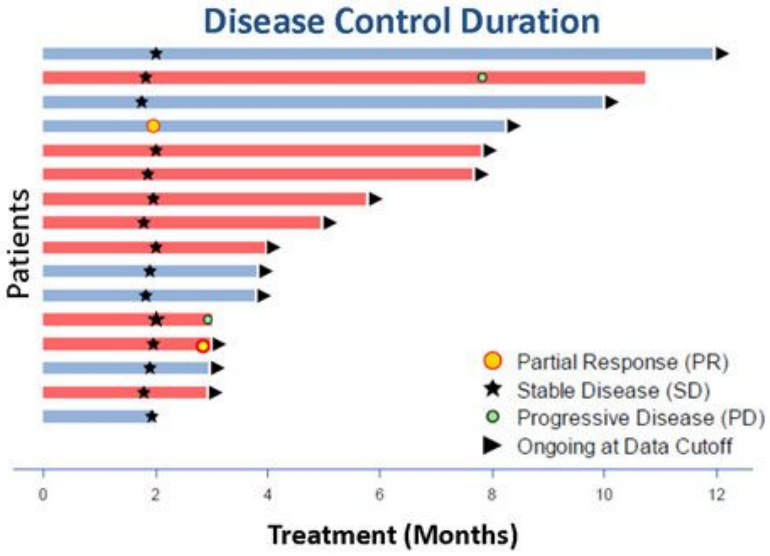
Partial responses can be seen in an anti-PD-1 progressing and naïve patients



Resistant/refractory to prior IO

Naïve to prior IO

+ - PD-L1 Positive / Negative



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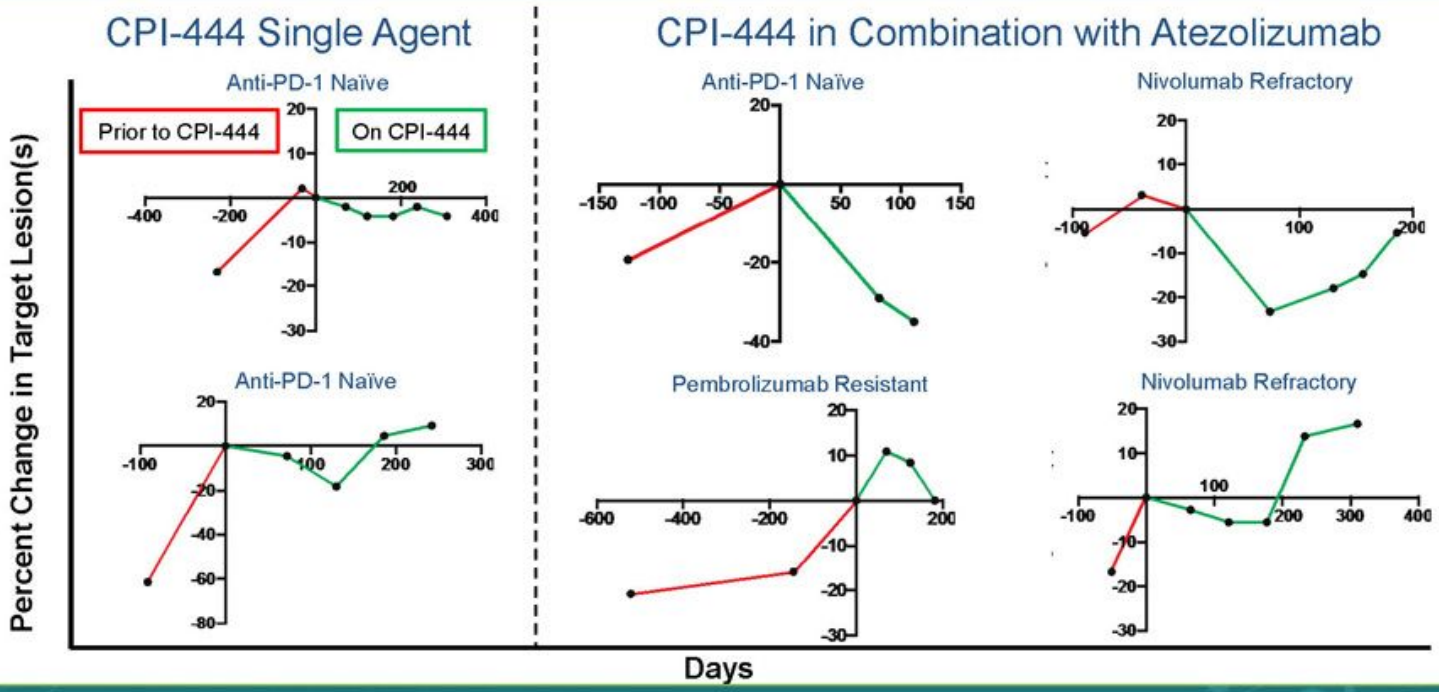
Tumor Growth Kinetics in "*Stable*" RCC Patients



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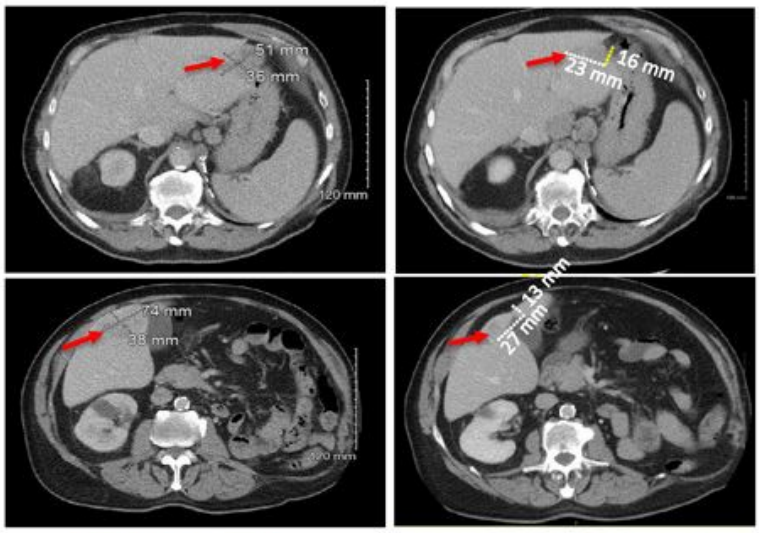
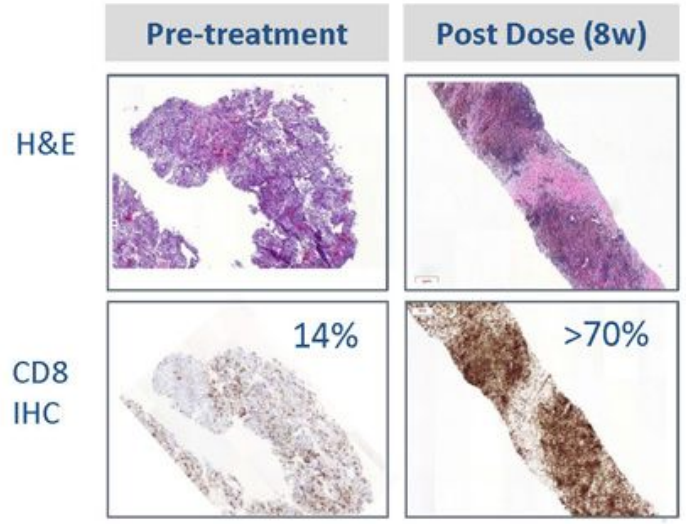
Tumor Regression in Nivolumab Refractory Renal Cancer

Single Agent CPI-444

Five prior regimens including TKIs, mTOR inhibitor, and nivolumab



Pre-treatment | 3 months of treatment



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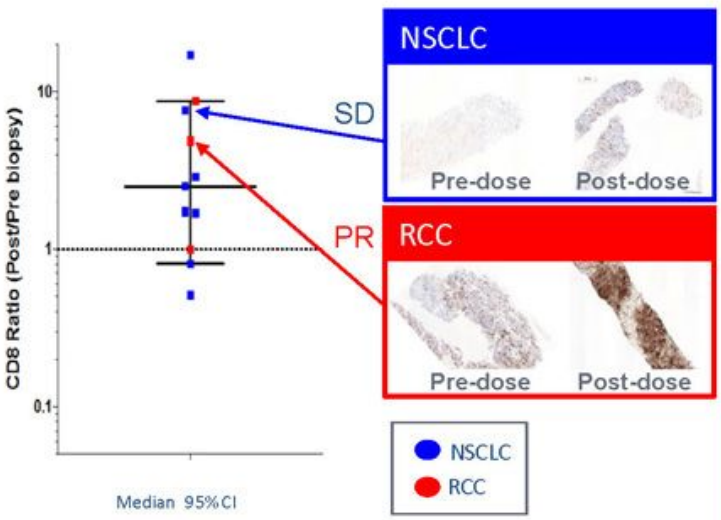
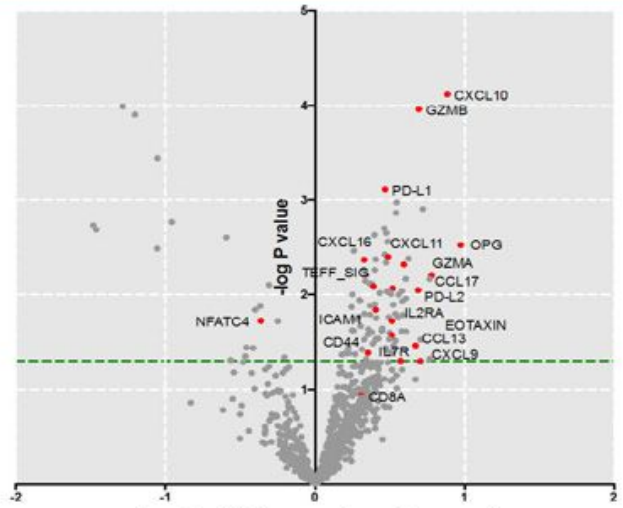
CPI-444 Induces CD8 T Cell Infiltration and Th1 Gene Expression in Tumor Tissues

CD8 T Cell Change (IHC)



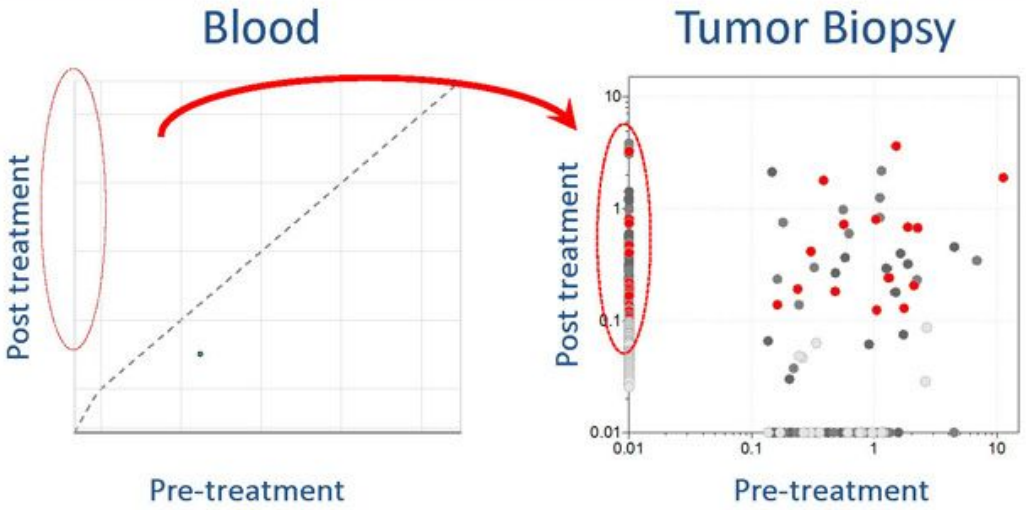
Immune Gene Expression (paired biopsies)



Log Fold Change Gene Expression
Post vs pre biopsies (N=14)

CPI-444 Expands New T Cell Clones in Blood and Tumor

- RCC patient with PR on single-agent CPI-444
- T cell receptor (TCR) sequencing of blood and tumor biopsies pre- and post-treatment
- T cell clonotypes can be matched between blood and tumor



Treatment induces expansion of identical T cell clones in blood and tumor

Phase 1/1b Trial with CPI-444: Summary

- CPI-444 is well-tolerated as a monotherapy and in combination with atezolizumab
- CPI-444 has clinical activity alone and in combination with atezolizumab
- Anti-tumor activity seen in:
  - Patients who have progressed on prior anti-PD-(L)1
  - Patients with PD-L1 negative tumors
- CPI-444 can induce CD 8 T cell infiltration and expression of T cell activation genes within the tumor microenvironment
- CPI-444 induces new T cell clonotypes in the blood, which are capable of migrating to tumors
- Accrual of patients into the expansion cohorts for NSCLC and RCC is ongoing

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