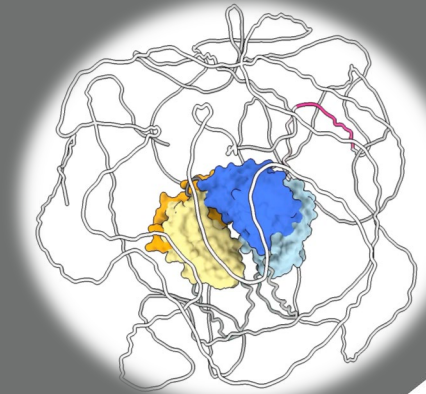


Preliminary Phase 1 Dose Escalation Results of VIR-5500 (AMX-500), a Dual-Masked PRO-XTEN[®] T-cell Engager, in Metastatic Castration Resistant Prostate Cancer (mCRPC)



Johann S. de Bono,¹ María Dolores Fenor de la Maza,² Valentina Boni,³ Joaquin Mateo,⁴ Anthony M. Joshua,⁵ Inaki Eguren-Santamaría,⁶ Fatema Legrand,⁷ Carlos Pantoja,⁷ Seth Arum,⁷ Diane M. Da Silva,⁷ Sung Kim,⁷ Christine Huynh,⁷ Jennifer Sager,⁷ Y. Vivian Wang,⁷ Ben Tran⁸

¹The Institute of Cancer Research and Royal Marsden Hospital, London, United Kingdom; ²Universidad de Navarra Madrid, Madrid, Spain; ³NEXT Oncology Madrid, University Hospital Quirónsalud, Madrid, Spain; ⁴Vall d'Hebron Institute of Oncology (VHIO), Vall d'Hebron University Hospital, Barcelona, Spain; ⁵St. Vincent's Hospital Sydney, New South Wales, Australia; ⁶Clinica Universidad de Navarra, Pamplona, Spain; ⁷Vir Biotechnology, Inc., San Francisco, CA; ⁸Peter MacCallum Cancer Centre, Melbourne, Australia

Presented at the ASCO[®] Genitourinary Cancers Symposium; February 26-28, 2026; San Francisco, CA.

VIR-5500-V101 First in Human Phase 1 Study

VIR-5500
(PSMA)

No Dose Limiting Toxicities; CRS Mainly Grade 1, Despite No Prophylaxis

- 12% (7/58) Grade ≥ 3 TRAEs, Limited CRS 50% (29/58) primarily seen in the first cycle, Mostly Grade 1 (Fever Only),¹ and No DLTs²

Dose-dependent and Meaningful Anti-Tumor Activity

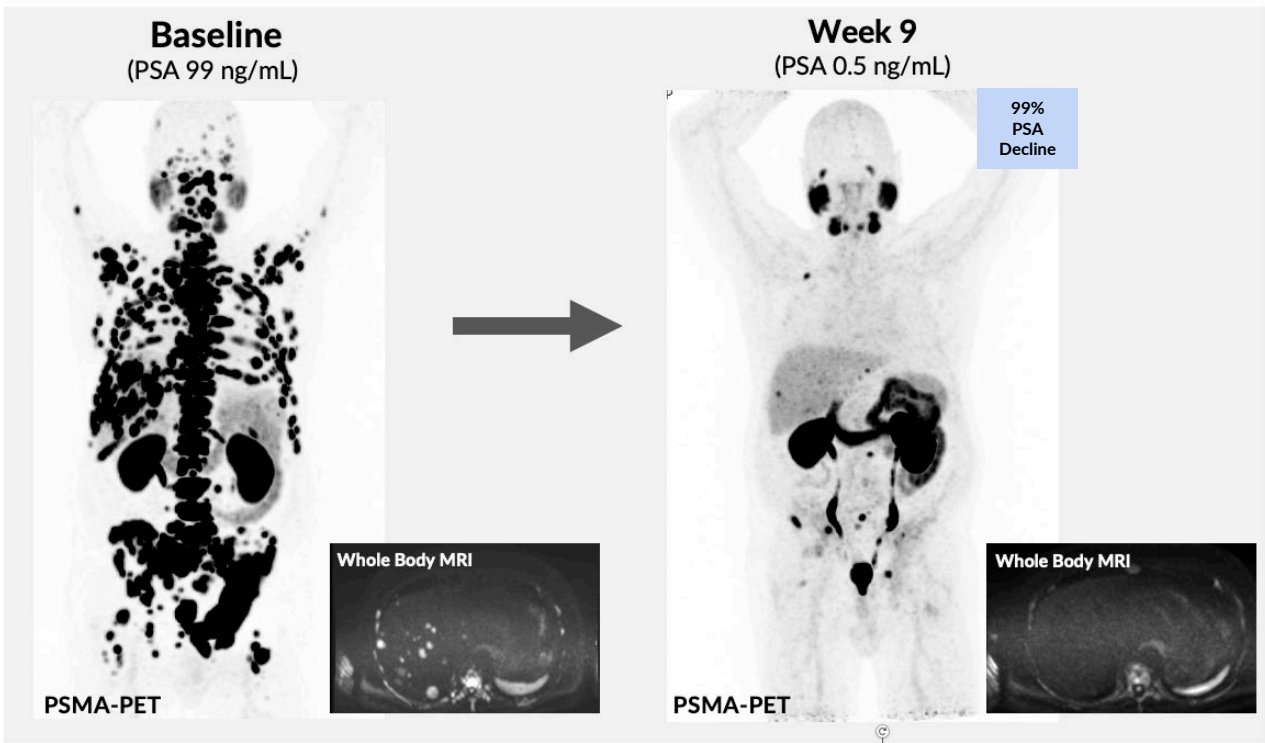
- Dose-response relationship with deeper PSA declines and confirmed PSA responses observed at higher doses

Doses $\geq 3,000$ $\mu\text{g/kg}$ Q3W	
PSA ₅₀	82% (14/17) ³
PSA ₉₀	53% (9/17) ³
PSA ₉₉	29% (5/17) ³
ORR (RECIST v1.1)	45% (5/11), 4 evaluable confirmed up to Week 27

Early Signs of PSA and Radiographic Durability

- Emerging evidence of durable PSA₅₀, PSA₉₀ and RECIST responses

Q3W Cohort 800/1500/3000 $\mu\text{g/kg}$



¹Prophylactic steroids explored in cycle 1 of 1000-2000-4000 $\mu\text{g/kg}$ Q3W cohort (N=3)

²Two blurred vision events were reviewed and incorporated into dose-escalation considerations and ongoing study conduct

³Unconfirmed & Confirmed

RECIST-evaluable population 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

PSA evaluable population is defined as participants who received ≥ 1 cycle of VIR-5500 and must have at least one pre-treatment and at least one post-treatment PSA measurement.

CRS: cytokine release syndrome; DLT: dose limiting toxicities; G3+: Grade ≥ 3 ; ORR: objective response rate; PSA: prostate-specific antigen; Q3W: once every 3 weeks; RECIST: Response Evaluation Criteria in Solid Tumors; TRAE: treatment related adverse event

VIR-5500-V101 ClinicalTrials.gov Identifier: NCT05997615. Data as of: January 9, 2026

VIR-5500-V101 Phase 1 Study, Part 1 Monotherapy QW and Q3W Dose Escalation

All Dose Escalation Cohorts have Cleared DLT (N=58)

VIR-5500
(PSMA)

QW Dose Escalation (N=26)

1000 → 2000 → 3000 µg/kg (N=4)

500 → 1000 → 2000 µg/kg (N=3)

300 → 600 → 1000 µg/kg (N=4)

200 → 300 → 400 µg/kg (N=5)

120 → 180 → 180 µg/kg (N=4)

60 µg/kg (N=3)

30 µg/kg (N=3)

Q3W Dose Escalation (N=32)

1000 → 2000 → 4000 µg/kg
w/ Prophylactic Steroids (N=3)

800 → 2000 → 3500 µg/kg (n=9)

800 → 1500 → 3000 µg/kg (N=5)

1000 → 2000 → 3000 µg/kg (N=5)

500 → 1000 → 2000 µg/kg (N=4)

300 → 600 → 1000 µg/kg (N=6)

Eligibility Criteria:

- Documented progressive metastatic CRPC
- ≥ 1 prior taxane regimen[^]
- ≥ 1 prior ARPI
- 0 to 1 ECOG performance status
- Life expectancy >6 months

[^]Participants who were deemed clinically unsuitable to be treated with a taxane regimen or have refused treatment with a taxane regimen are considered eligible.

No requirement of prophylactic steroids or IL-6 therapy except for exploratory analysis in high dose cohort (n=3)

Late-line mCRPC Population

VIR-5500
(PSMA)

VIR-5500 Baseline Characteristics NCT05997615		VIR-5500 N = 58
Median age, years (range)		68 (49-81)
Prior lines of therapy (Any Setting)		
Number, Median (Min, Max)		4 (2, 7)
Prior Taxane, n (%)		55 (94.8)
Prior ARPI, n (%)		58 (100)
Prior PSMA-radioligand therapy ^a , n (%)		7 (12.1)
Baseline Central PSA, ng/mL		79
Median (min, max)		(4, 3708)
Disease Characteristics		
RECIST-evaluable ^b , n (%)		30 (51.7)
Bone metastases, n (%)		52 (92.9)
Lymph node metastases, n (%)		18 (32.1)
Visceral metastases ^c , n (%)		25 (44.6)
Liver metastases, n (%)		10 (17.9)

Study & Enrollment Details

Heavily pre-treated participants:

- Median 4 prior lines of therapy
- 95% prior taxanes in any setting*
- 12% prior PSMA-radioligand therapy
- 2 with prior STEAP1 TCE

Significant disease burden in all cohorts:

- 93% participants with bone metastases
- 45% visceral metastases
 - 18% liver metastases

*Participants who were deemed clinically unsuitable to be treated with a taxane regimen or have refused treatment with a taxane regimen are considered eligible.

^a 4 of 7 Prior PSMA-radioligand therapy treated patients received VIR-5500 doses under 120 µg/kg.

^b RECIST-evaluable population 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

^c Visceral metastases include site of lesions in lung, adrenal and liver.

Max: maximum; mCRPC: metastatic castration-resistant prostate cancer; Min: minimum; N: number of participants; PSA: prostate-specific antigen; PSMA: prostate-specific membrane antigen; RECIST: Response Evaluation Criteria in Solid Tumors; STEAP1: Six-transmembrane epithelial antigen of the prostate 1; TCE: T Cell Engager

VIR-5500-V101 ClinicalTrials.gov Identifier: NCT05997615. Data as of: January 9, 2026

VIR-5500 Observed to be Well-Tolerated with a Favorable Safety Profile

12% Grade ≥ 3 TRAEs, Limited CRS, Mostly Grade 1 (Fever Only), and No DLTs

VIR-5500
(PSMA)

Limited High-Grade Events & Treatment Discontinuations

TEAEs in any Participant n (%) (N=58)

Any TEAE	58 (100)
Related TEAE	50 (86.2)
Serious Related TEAE	17 (29.3)
Related Grade ≥ 3 TEAE [#]	7 (12.1)
TEAE Leading to Treatment Discontinuation [^]	2 (3.4)

[#] Related Grade ≥ 3 TEAE: AST increased, neutrophil count decreased, WBC count decreased, cytokine release syndrome (in participant at 200-300-400 ug/kg undergoing intraparticipant dose escalation), tumor flare/arthritis, neutropenia, blurred vision, lymphocyte count decreased, bone pain

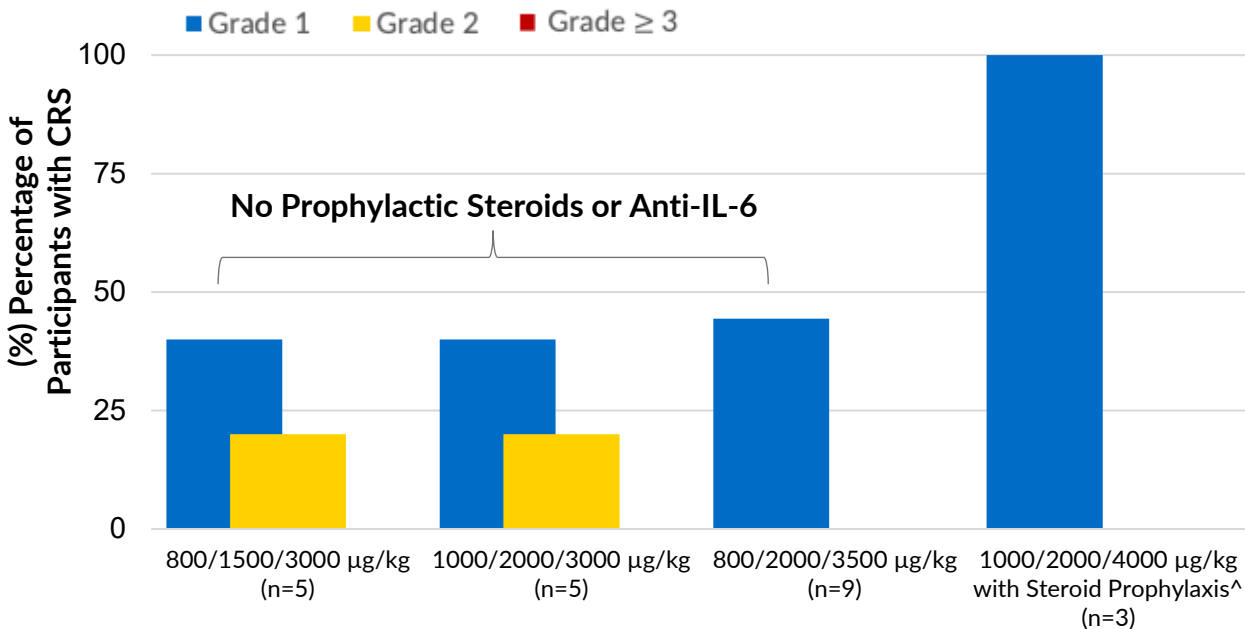
[^] One unrelated spinal cord compression requiring radiation therapy and one Grade 4 treatment-related blurred vision event that improved, with unclear pathophysiology & non-specific MRI findings.

Treatment Related AEs (Most Frequent) in Doses ≥3,000 µg/kg Q3W (N=22)

Preferred Term	Grade 1	Grade 2	Grade ≥ 3
Participant with at least 1 TRAE	9 (41)	9 (41)	3(14) ¹
Cytokine Release Syndrome	11 (50)	2 (9)	0
Back Pain	3 (14)	2 (9)	0
Fatigue	3 (14)	2 (9)	0
Infusion Related Reaction	4 (18)	1 (5)	0
Anemia	1 (5)	3 (14)	0
Asthenia	4 (18)	0	0
Nausea	4 (18)	0	0
Blurred Vision	1 (5)	0	2 (9)

¹G3 Neutropenia (2), G3 Tumor Flare, G3 Bone Pain, G3 Lymphocyte Decrease; G3 Vision Blurred, G4 Vision Blurred

Low Grade CRS in Doses ≥3,000 µg/kg Q3W (N=22)



- ✓ No DLTs*
- ✓ No ICANS
- ✓ Limited transaminase elevation
- ✓ Prophylactic steroids explored in one cohort (N=3)[^]
- ✓ Predominantly low levels of IL-6 detected post VIR-5500 treatment

[^] 4-8 mg of Dexamethasone premedication in cycle 1 evaluated in 1000-2000-4000 ug/kg Q3W cohort.

* Two blurred vision events at 4000 ug/kg dose were reviewed and incorporated into dose-escalation considerations and ongoing study conduct

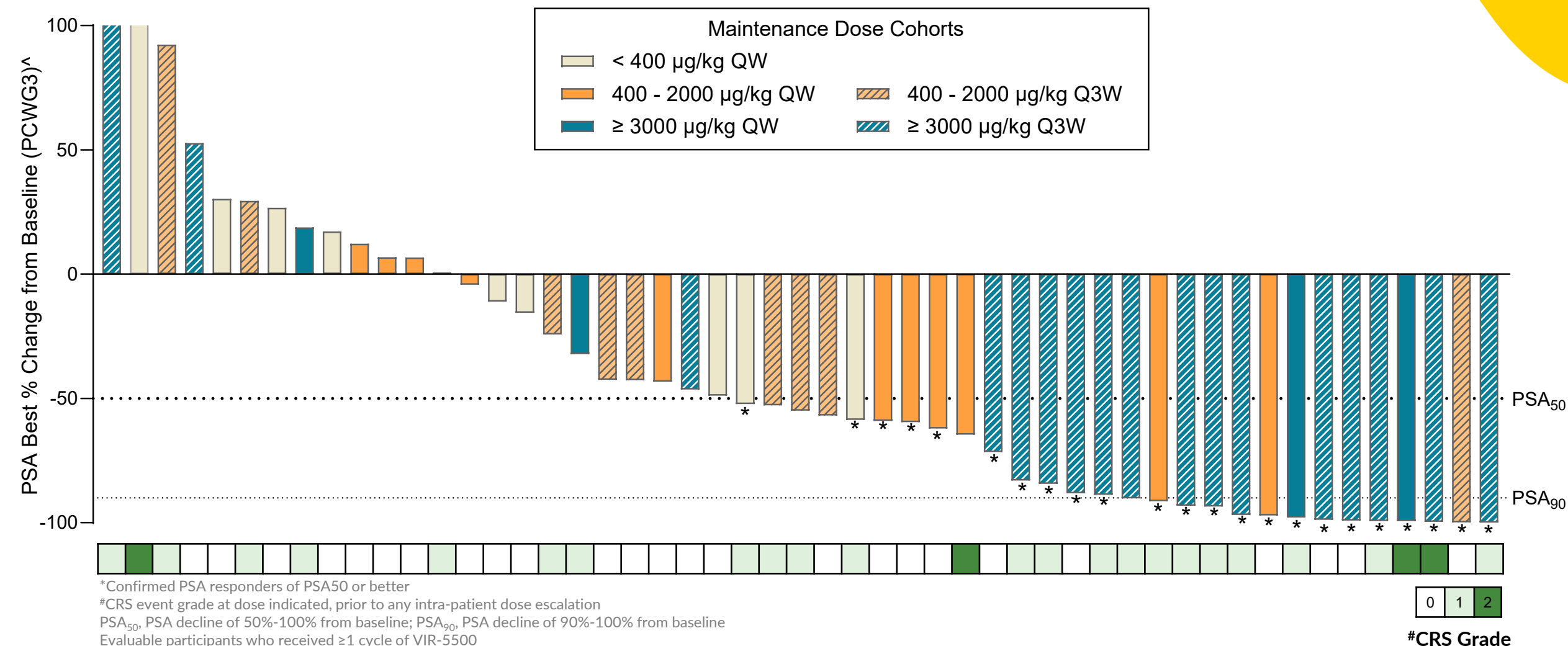
AE: adverse event; C1: cycle one; CRS: cytokine release syndrome; DLT: dose limiting toxicities; ICANS: immune effector cell-associated neurotoxicity syndrome; Q3W: once every 3 weeks; TEAE: treatment emergent adverse event

VIR-5500-V101 ClinicalTrials.gov Identifier: NCT05997615. Data as of: January 9, 2026

Dose Response Relationship with Infrequent Low-Grade CRS

Deeper PSA Declines & Confirmed PSA Responses at Higher Doses

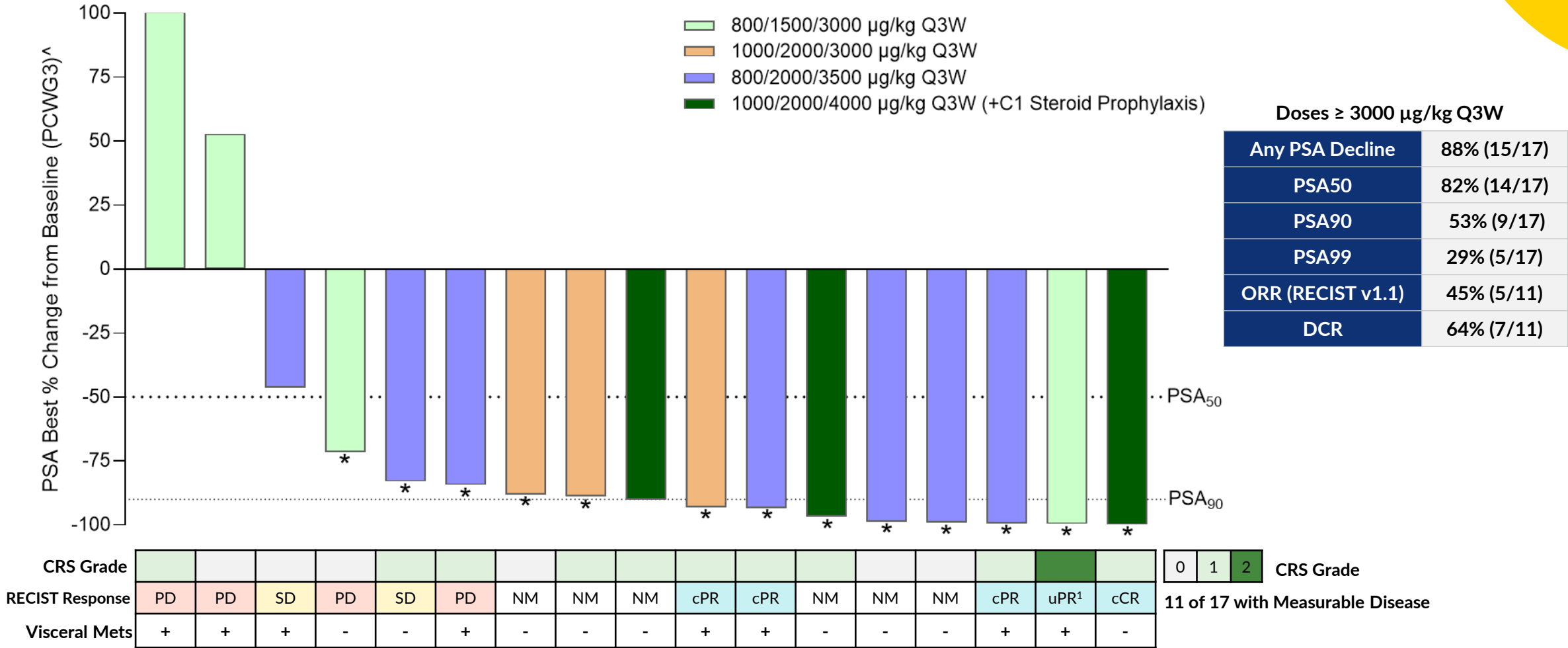
VIR-5500
(PSMA)



Deep PSA Declines Observed as Early as Cycle 1 Day 8, Evidence of Concordant RECIST Responses in Evaluable Patients

PSA-Evaluable Participant Dosed at $\geq 3000 \mu\text{g/kg}$ Q3W

VIR-5500 (PSMA)



* Confirmed PSA responders of PSA50 or better
^PCWG3 measured PSA at $\geq \text{C2D1}$. Y-axis truncated at 100.
Data cutoff: January 9, 2026
1Wk 18 visit pending for RECIST confirmation
PSA₅₀, PSA decline of 50%-100% from baseline; PSA₉₀, PSA decline of 90%-100% from baseline; PSA₉₉, PSA decline of 99%-100% from baseline
Evaluable participants who received ≥ 1 cycle of VIR-5500

Significant RECIST Response in Large Liver Lesions with a PSA₉₀ Response

Q3W cohort 800/2000/3500 µg/kg

VIR-5500
RECIST

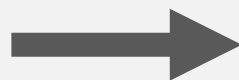
Baseline

PSA 403 ng/mL



Week 9

PSA 44 ng/mL



2 Liver Lesions

SLD Changes:

- 6.3 to 3.1 cm
- 3.2 to 1.2 cm

2 lymph-node lesions SLD changes:

- 2.1 to 2.0 cm
- 2.7 to 1.7 cm

Case Study Detail:

- 75-year-old male
- High-disease burden; liver and lymph-nodes (no bone lesions)
- 6 Prior Lines of Treatment
 - Enzalutamide, Docetaxel, Cabazitaxel, and NX-1607
- **Confirmed PR, 46% SLD decrease**
- Metabolic response of PSMA-avid hepatic lesions
- Continues on study (Cycle 10)

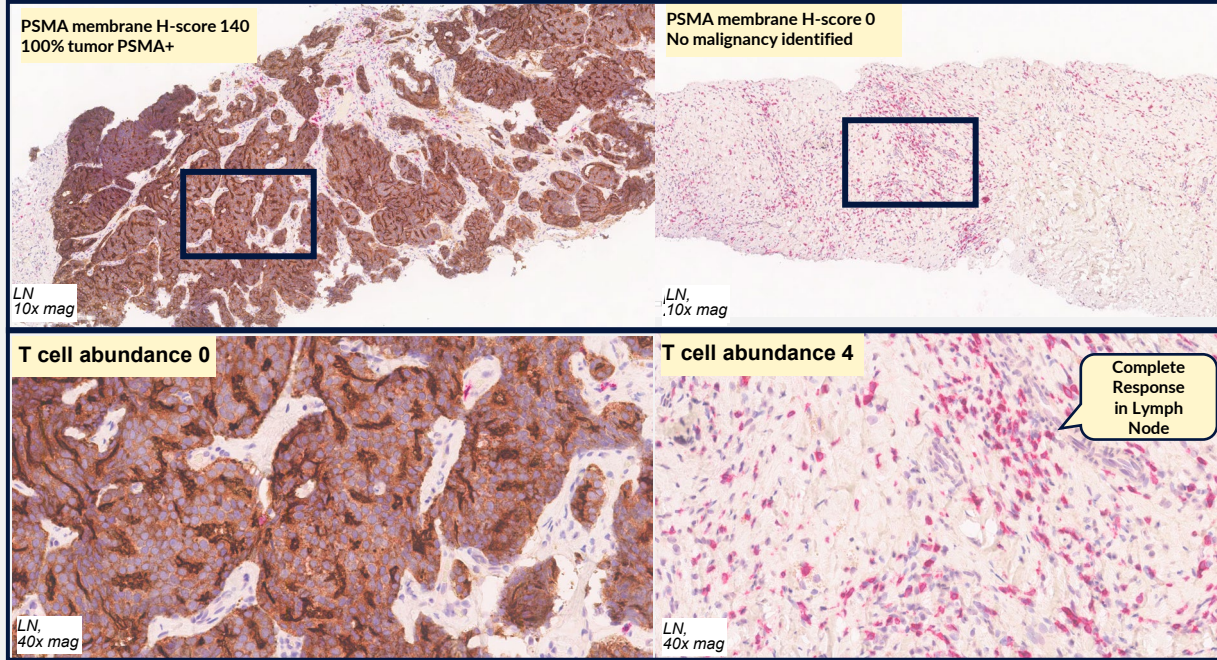
Complete Response in Diffuse Lesions with prior RLT, with a PSA₉₉ Response

VIR-5500
RECIST

PSMA/CD3 Duplex IHC

Baseline

Week 5

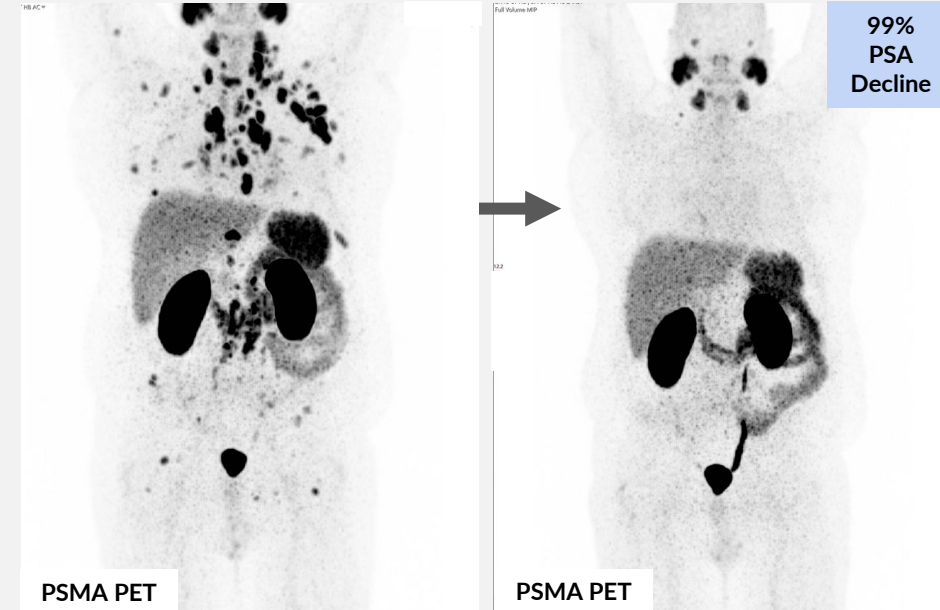


Brown = PSMA+ tumor cells Pink = CD3 T cells

Q3W Cohort 1000/2000/4000 µg/kg with Prophylactic Steroids

Baseline
PSA 100 ng/mL

Week 9
PSA 0.03 ng/mL



Case Study Detail:

- 63-year-old male with lymph-node and bone lesions
- 5 prior lines of Treatment: Enzalutamide, Docetaxel, TAS AR antagonist, and RLT (²²⁵Ac-pelgifatamab)
- CR for target lesions and non-CR/non-PD for non-target bone lesions; PSA₉₉ at Cycle 2 Day 1 (Week 4)
- Excellent quality of life, with significant reduction in pain
- Patient withdrew from the study on Cycle 5, while in remission and deriving significant benefit

Preliminary Evidence of Tolerability and Anti-Tumor Activity with VIR-5500, a PRO-XTEN® PSMA-Targeted, Protease-Activated, Dual Masked T-cell Engager

VIR-5500
(PSMA)

- Phase 1 study of VIR-5500 supports proof-of-concept for PRO-XTEN® masking technology, largely abrogating CRS toxicity that is primarily limited to Grade 1 (fever only)
- **Well-tolerated with No DLTs***
- **Low rate of $\geq$ G3 TRAEs** without prophylactic corticosteroids or anti-IL-6 at doses up to 3500 $\mu\text{g/kg}$ Q3W
- **Rapid and deep PSA declines (53% PSA₉₀)** at higher doses with **VIR-5500 monotherapy**
- 45% ORR; all 4 evaluable responders achieved confirmation at doses $\geq$ 3000 $\mu\text{g/kg}$ Q3W
- Emerging evidence of durable disease regression, most notable in highest dose cohorts, acknowledging limited follow-up

*Thank you to our patients, their families,
study site investigators and staff.*