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): January 13, 2020

Gritstone Oncology, Inc.
(Exact name of registrant as specified in its charter)

Delaware	001-38663	47-4859534
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification Number)

5858 Horton Street, Suite 210
Emeryville, California 94608
(Address of principal executive offices, including Zip Code)

Registrant's telephone number, including area code: (510) 871-6100

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, par value $0.0001	**GRTS**	**The Nasdaq Global Select 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 8.01 Other Events.

Spokespersons of Gritstone Oncology, Inc. plan to present the information in the presentation slides attached hereto as Exhibit 99.1 at various investor and analyst meetings scheduled during the week of January 13, 2020.

A copy of the presentation is filed as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

Item 9.01 Financial Statements and Exhibits.

Exhibit No.	Description
99.1	Company Presentation – JP Morgan Healthcare Conference January 2020.

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.

GRITSTONE ONCOLOGY, INC.

Date: January 13, 2020

By: /s/ Jean-Marc Bellemin
Jean-Marc Bellemin
Executive Vice President, Chief Financial Officer

Exhibit 99.1

Gritstone

38th Annual J.P. Morgan Healthcare Conference

JANUARY 16, 2020

Safe Harbor and Forward-Looking Statements

This presentation contains forward-looking statements including, but not limited to, statements related to our preclinical and clinical product candidates, GRANITE, SLATE, and our bispecific antibody program. All statements other than statements of historical facts contained in this presentation, including statements regarding the timing of immunogenicity and clinical data for GRANITE and SLATE, identification of development candidate for our bispecific antibody program, our future results of operations and financial position, business strategy, prospective products, availability of funding, clinical trial results, product approvals and regulatory pathways, timing and likelihood of success, plans and objectives of management for future operations, future results of current and anticipated products, and our ability to create value are forward-looking statements. Because forward-looking statements are inherently subject to risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements.

Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. For a further description of the risks and uncertainties that could cause actual results to differ from those expressed in these forward-looking statements, as well as risks relating to the business of the company in general, see Gritstone's periodic filings with the Securities and Exchange Commission (the "SEC"), including its Quarterly Report filed on November 12, 2019 and any current and periodic reports filed thereafter.

Executive Summary

Phase I Clinical Programs with Neoantigen-based Therapies

Personalized GRANITE
Unprecedented neoantigen-specific CD8+ T cell generation in cancer patients

Off-the-Shelf SLATE
Initial focus on tumors with high frequency of KRAS mutation

Engine for Pipeline & Partnering with Gritstone EDGE™

BiSpecific Antibodies
Tumor-specific binding through identification of HLA-peptide targets and high-quality antibodies

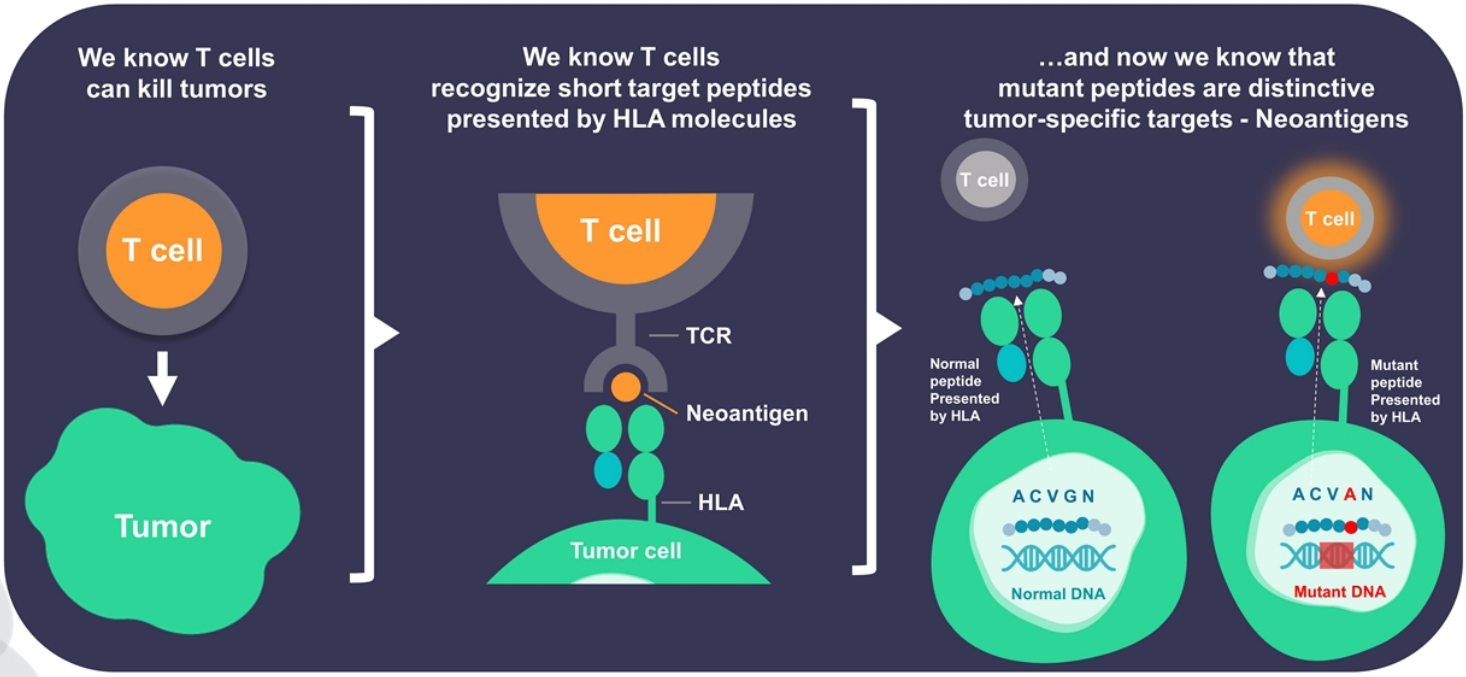
Cell Therapy
Collaboration with bluebird bio for tumor-specific targets and natural T cell receptors for cellular-based therapies

Operational Strength

Manufacturing and Testing Facility
~43,000 sq. ft. fully integrated GMP biomanufacturing facility with QC testing

~$151.5MM in cash at end of 3Q19

Tumor Neoantigens are Specific to Tumors and Readily Recognized by Normal T Cells



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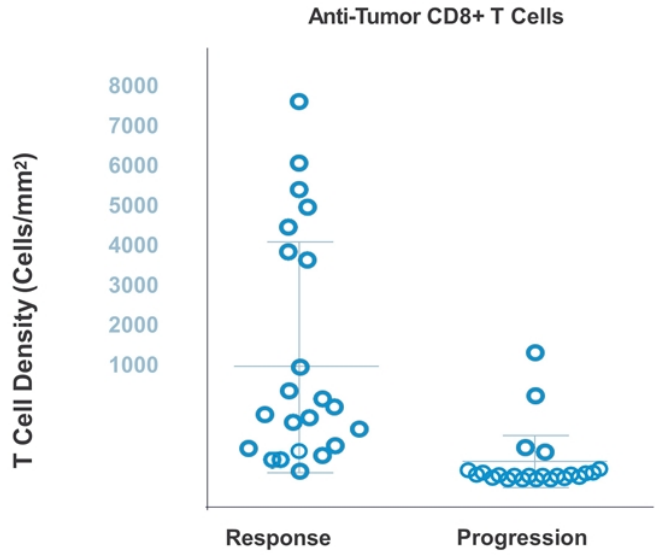
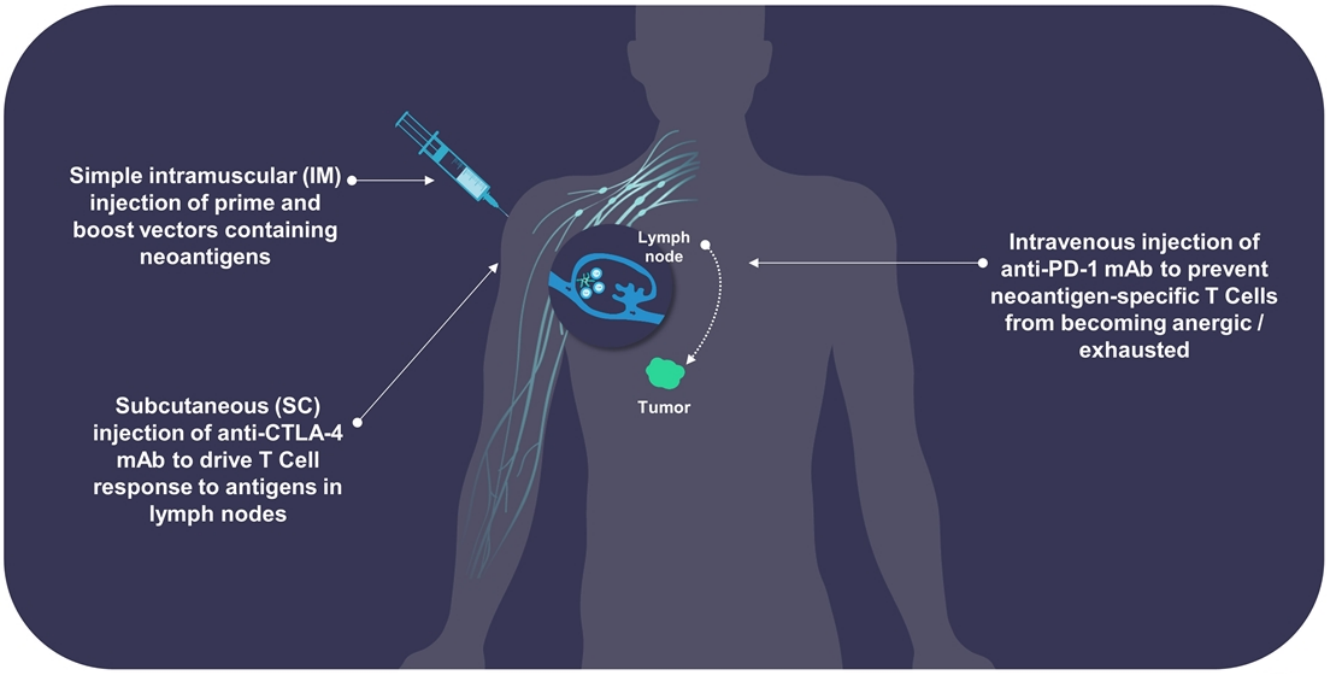
Unfortunately, Many Solid Tumor Patients Lack Neoantigen-Specific T Cells and Will Not Respond to Checkpoint Inhibitor (CPI) Alone

Response in Melanoma Patients Treated with Anti-PD-1 Antibody (Pembrolizumab) is Associated with Anti-Tumor CD8+ T Cell Infiltration of the Tumor at Baseline



Adapted from Tumeh, Ribas et al., Nature, 2014

Proposed Solution: Use Neoantigen-Based Immunotherapy to Drive Abundant, Active, Neoantigen-Specific T Cells into Tumors



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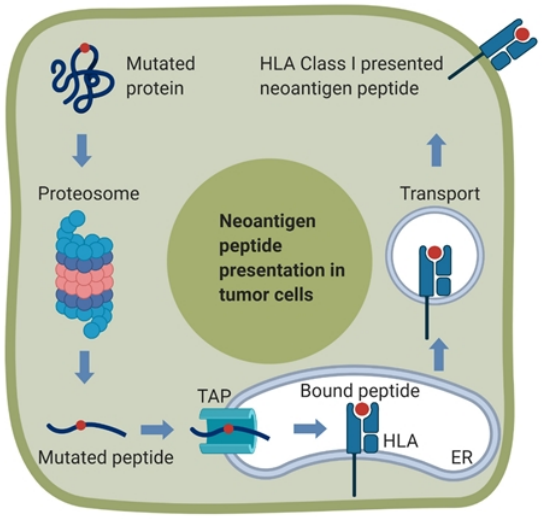
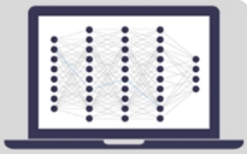
Gritstone's EDGE™ Leads The Field in Neoantigen Identification



EDGE is a neural network model of HLA peptide presentation



nature biotechnology

Deep learning using tumor HLA peptide mass spectrometry datasets improves neoantigen identification

Bulik-Sullivan, et. al. December 2018

(12) **United States Patent**
Yelensky et al.

(10) **Patent No.: US 10,055,540 B2**
(45) **Date of Patent: Aug. 21, 2018**

(54) **NEOANTIGEN IDENTIFICATION, MANUFACTURE, AND USE**

(71) Applicant: **Gritstone Oncology, Inc.**, Emeryville, CA (US)

(72) Inventors: **Roman Yelensky**, Newton, MA (US); **Adnan Derti**, Dedham, MA (US); **Brendan Bulik-Sullivan**, Cambridge, MA (US); **Jennifer Busby**, Burlington, MA (US)

(73) Assignee: **Gritstone Oncology, Inc.**, Emeryville, CA (US)

8,287,883 B2 10/2012 Dubensky, Jr. et al.
8,583,380 B2 11/2013 Stephan et al.
8,680,239 B2 3/2014 Mueller et al.
8,741,556 B2 6/2014 Mann et al.
8,768,629 B2 7/2014 Von Hoff et al.
8,796,414 B2 8/2014 Johnston
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8,840,881 B2 9/2014 Jooss et al.
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9,017,660 B2 4/2015 Shahabi et al.
9,063,149 B2 6/2015 Mann et al.
9,084,747 B2 7/2015 Shahabi et al.
9,115,402 B2 8/2015 Hacohen et al.
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9,175,088 B2 11/2015 Sahin et al.
9,194,004 B2 11/2015 Sahin et al.
9,198,960 B2 12/2015 Dubensky, Jr. et al.

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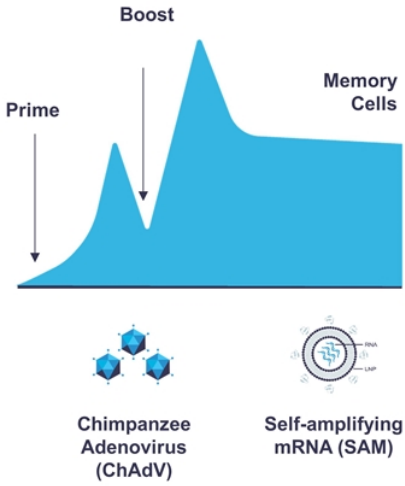
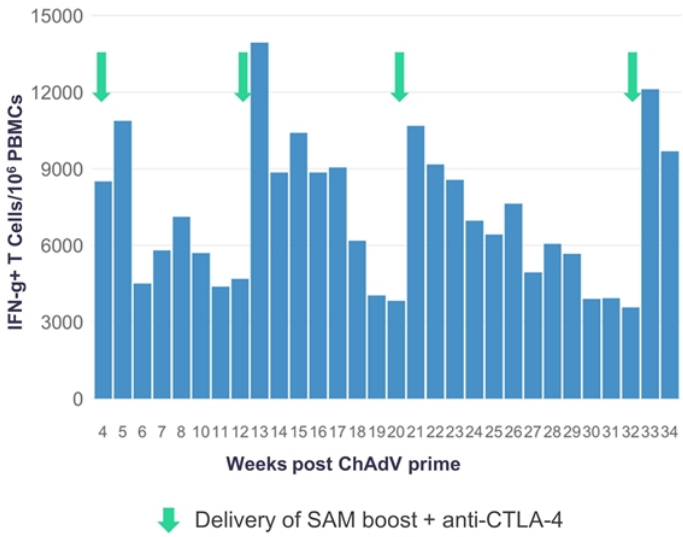
Gritstone Has Developed a Unique, Potent Platform for Delivering Antigens to the Immune System to Drive a Strong T Cell Response

Heterologous Prime/Boost



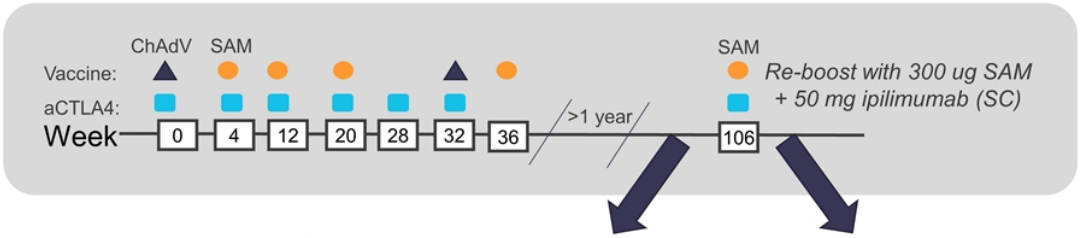
Non-Human Primate Experiment: 6 SIV antigens
ChAdV + SAM + anti-CTLA-4



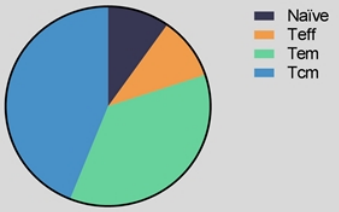
Up to 8% of peripheral CD8+ T cells are antigen-specific

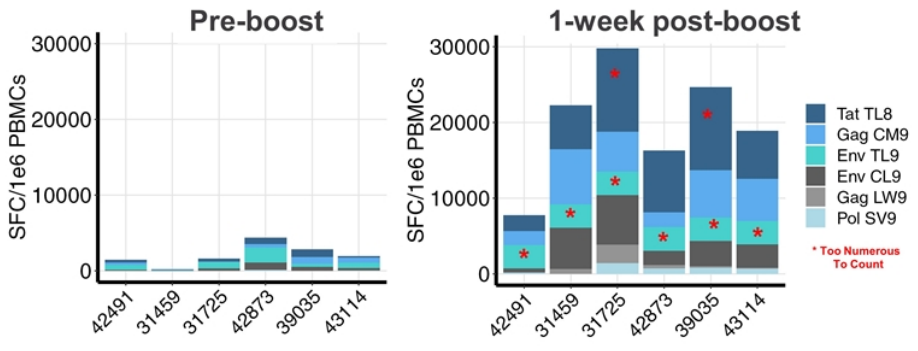
PBMC: peripheral blood mononuclear cell
CD8+ specific T cell responses (overnight stimulation with short peptides of 8-12 amino acids)

Durable T Cell Memory Population Elicited: Very Strong Boost of NHP Immune Response Observed 2 Years After Initial Prime



Antigen-Specific Memory T-cell Populations Pre-Boost





5 – 18% (mean - 12%) of CD8 T Cells are antigen-specific post boost

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GRANITE

Many Solid Tumor Patients Will Have Their Own Unique Neoantigens Enabling Personalized Immunotherapy

Personalized GRANITE

1. Routine Biopsy

Routine clinical biopsy as input material

2. Sequencing

Tumor DNA
Tumor RNA
Normal DNA

3. Neoantigen Prediction

Gritstone EDGE™ AI model for tumor antigen prediction trained on human tumor data

4. Personalized Immunotherapy

Patient-specific predicted neoantigens inserted into viral and RNA vectors

5. Simple Injection

Immunotherapy administered in conjunction with checkpoint inhibitors

Oncologist	Gritstone	Oncologist

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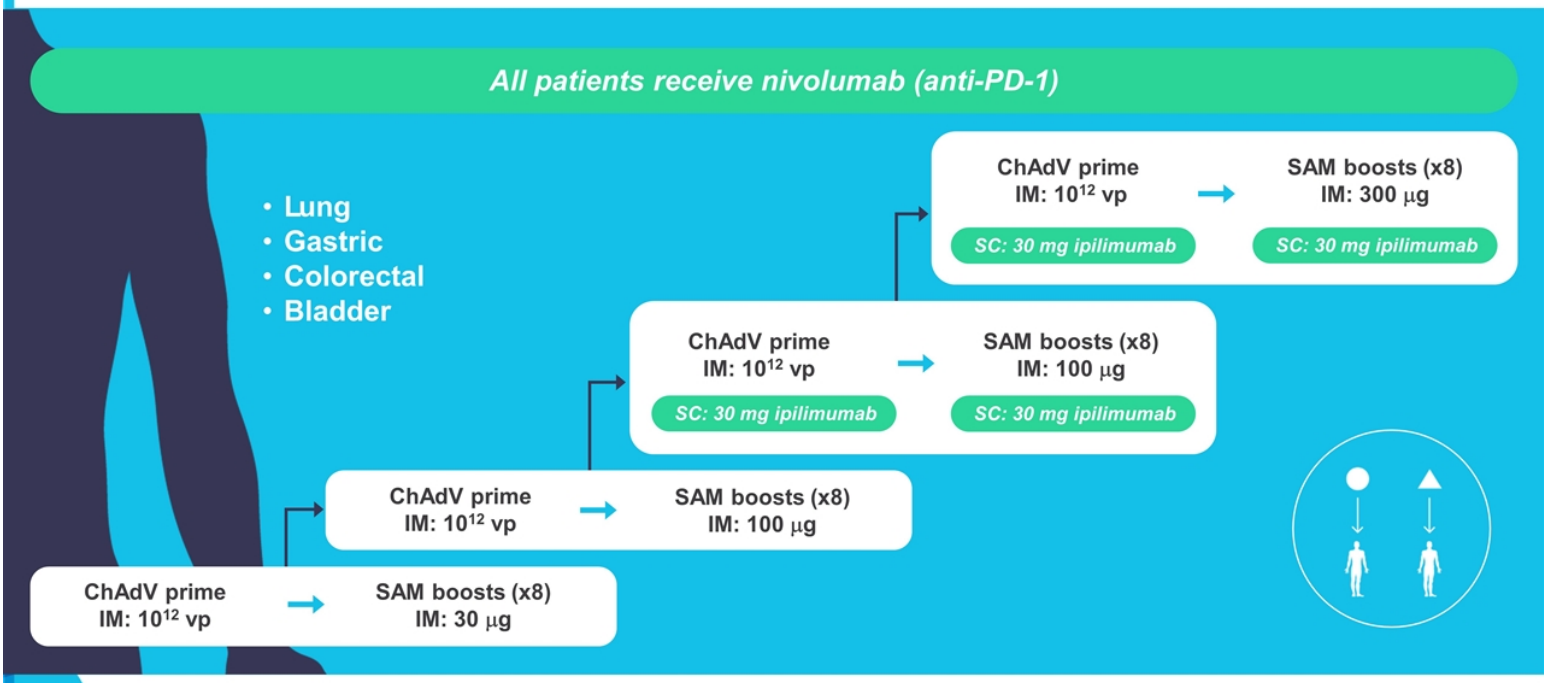
GRANITE Phase 1: Dosing, Safety and Immunogenicity

Rapid assessment of early clinical activity across advanced tumor types in combination with checkpoint inhibitors



Note: IM = intramuscular; SC = subcutaneous; vp = viral particles

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GRANITE Prime/Boost Immunotherapy in Combination with Nivolumab is Well Tolerated with AEs Indicative of an Inflammatory Response

Demographics	n = 6
Age (mean, range)	66 (50-76)
Gender (Female/Male)	2/4
# of doses	
ChAdV	6
SAM	20
Nivolumab (IV)	24
Ipilimumab (SC)	1
Tumor Types	
NSCLC	1
Microsatellite stable (MSS)-CRC	2
Gastroesophageal adenocarcinoma (GEA)	3
Prior anti-PD-(L)1 therapy	1

Safety	n = 6	
	Grade 1/2	Grade 3/4
Treatment-related adverse events		
Fever	7	0
Skin rash	2	0
Diarrhea	2	0
Fatigue	2	0
CK Elevation	0	1[a]
Injection-site reactions	1	0
SAEs		
Fever	2[b]	0
Heart Failure	0	1[c]

No DLTs to date

[a] Self-limiting, asymptomatic increase in creatine kinase
[b] Both SAEs of fever occurring in the same patient
[c] Not treatment-related

Data cut-off 06 Jan 2020

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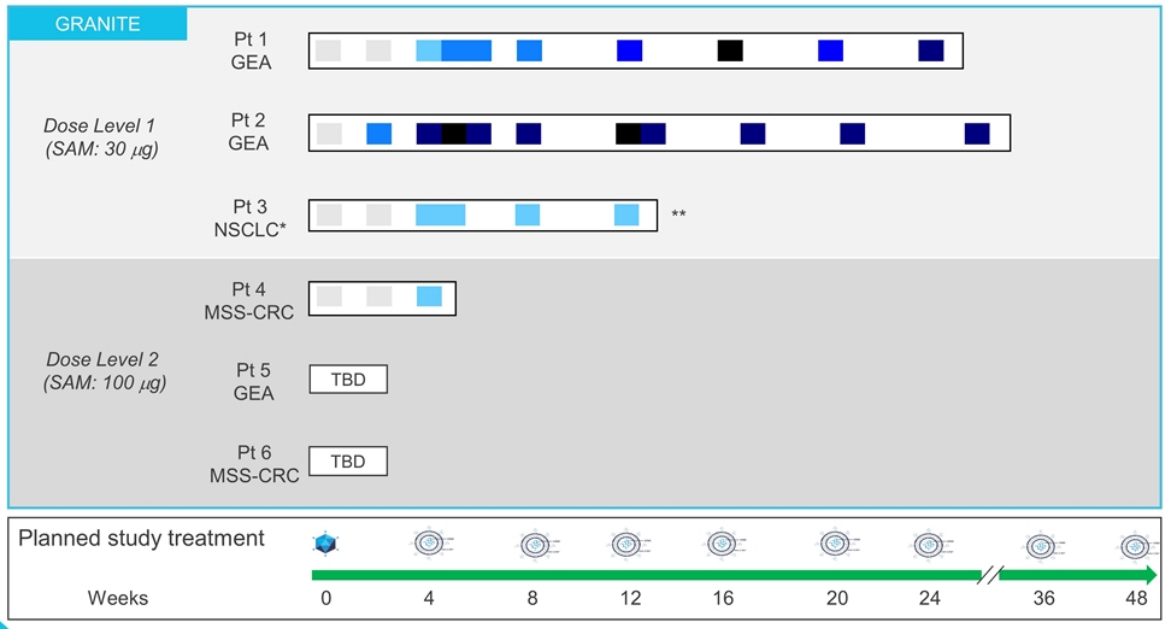
Priming with ChAdV Induces Rapid CD8+ T Cell Response and SAM Boosts Further Increase CD8+ T Cell Levels

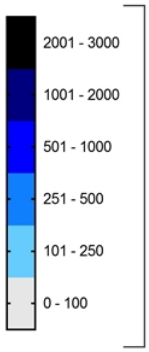


ChAdV 1x10^{12} vp

SAM 30 μg / 100 μg

Nivolumab 480 mg Q4W IV

***Ex vivo* (overnight) ELISpot for CD8+ T Cell responses**



**Patient progressed on prior anti-PD-(L)1 antibody*
***Patient had high pre-existing cross-reactive immunity to ChAdV Hexon*
vp, viral particles

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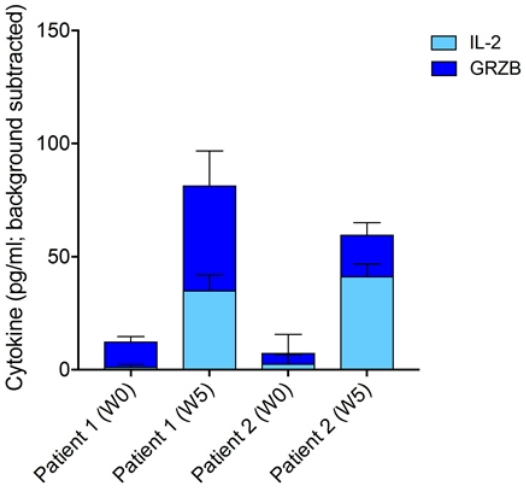
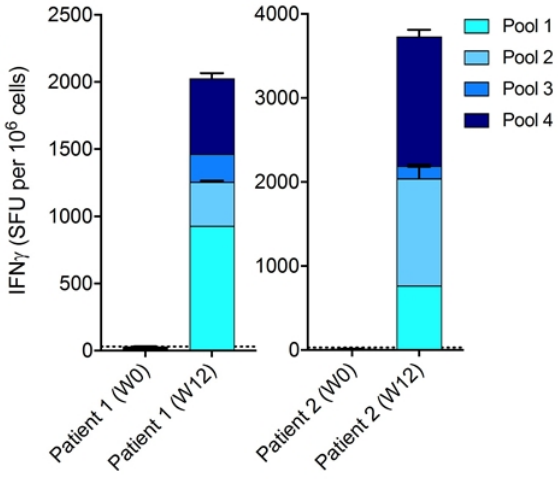
Induced CD8+ T Cells Have Cytotoxic Potential and Recognize Multiple Neoantigens

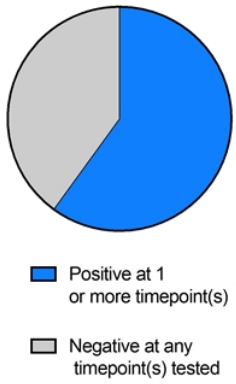
T Cells stimulated in ex vivo ELISpot produce IL-2 and Granzyme B



Ex vivo ELISpot responses to 4 different peptide pools show polyclonal responses



Patient 2: 12 of 20 neoantigens elicit CD8+ T Cell responses*



*Full deconvolution possible due to voluntary leukapheresis from patient 2

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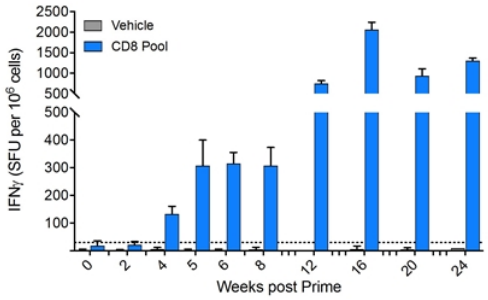
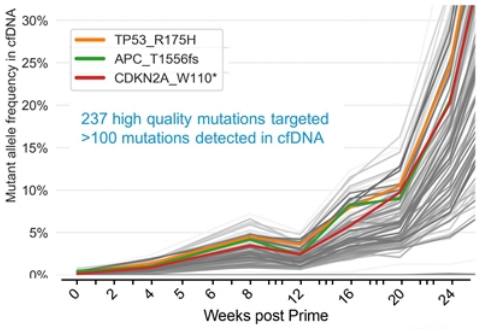
GRANITE Patient 1, Dose Level 1: Stable Disease for 6 Months

76-year old male with metastatic gastroesophageal junctional adenocarcinoma

Prior Therapy
- Partial response to 1st Line FOLFOX
- Received concomitant 5-FU with first two doses of study treatment

GRANITE Response
- Best overall response: stable disease
- Progressive disease at week 24
- Grade 2 skin rash requiring holding nivolumab for boosts 5 and 6 and introducing IV steroids after boost 5





5-FU = 5-fluorouracil; SFU = spot-forming unit; cfDNA = cell-free DNA

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GRANITE Patient 2, Dose Level 1: Disease Control for 8 Months So Far

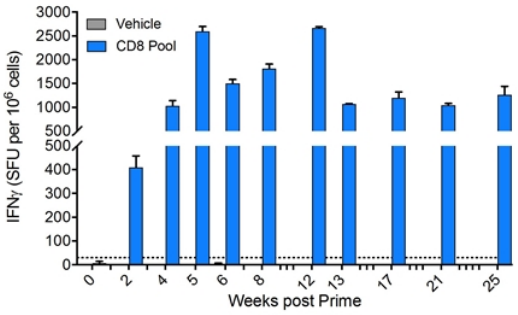
60-year old male with metastatic gastroesophageal junctional adenocarcinoma

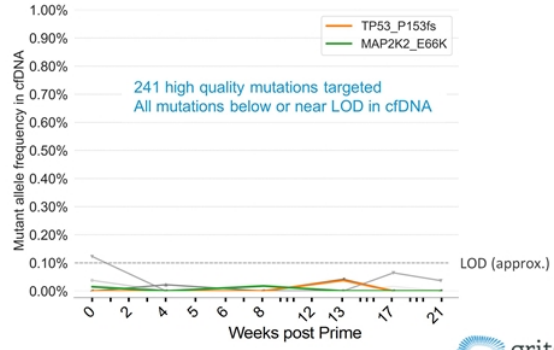
Prior Therapy

- Partial response to 1st Line FOLFOX followed by complete surgical resection of previously inoperable tumor followed by 3 months of FOLFOX
- No radiologic evidence of disease at study entry

GRANITE Response

- Best overall response: no evidence of disease
- Asymptomatic grade 3/4 CK elevation and thrombocytopenia (from pre-existing condition) resulted in 9-week delay between boosts 1 and 2





SFU = spot-forming unit; cfDNA = cell-free DNA; CK, creatinine kinase

GRANITE Patient 3, Dose Level 1: Unconfirmed PD; Treated Beyond Progression with Apparent Lesion Cavitation

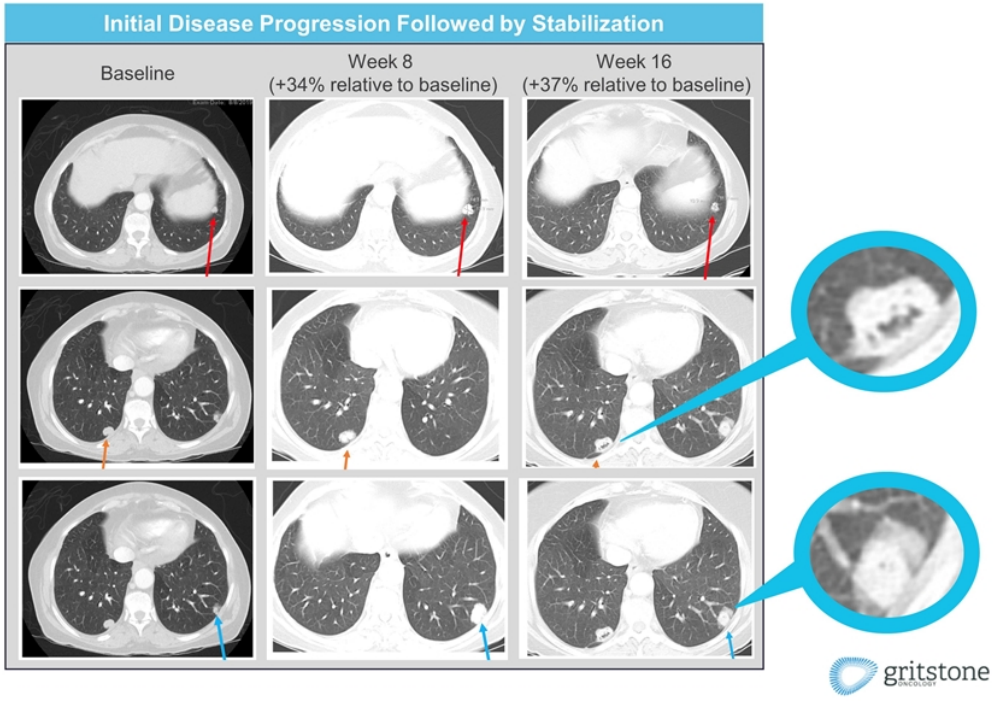
72-year old female diagnosed with Stage IIIB NSCLC and progression following chemoradiation and durvalumab

Prior Therapy

- Received subsequent carboplatin/gemcitabine, commenced study treatment upon progression

GRANITE Response

- Progressive disease at week 8, but clinically stable and was treated beyond progression with only further increase of 3% at week 16
- Grade 2 fever related to ChAdV and nivolumab



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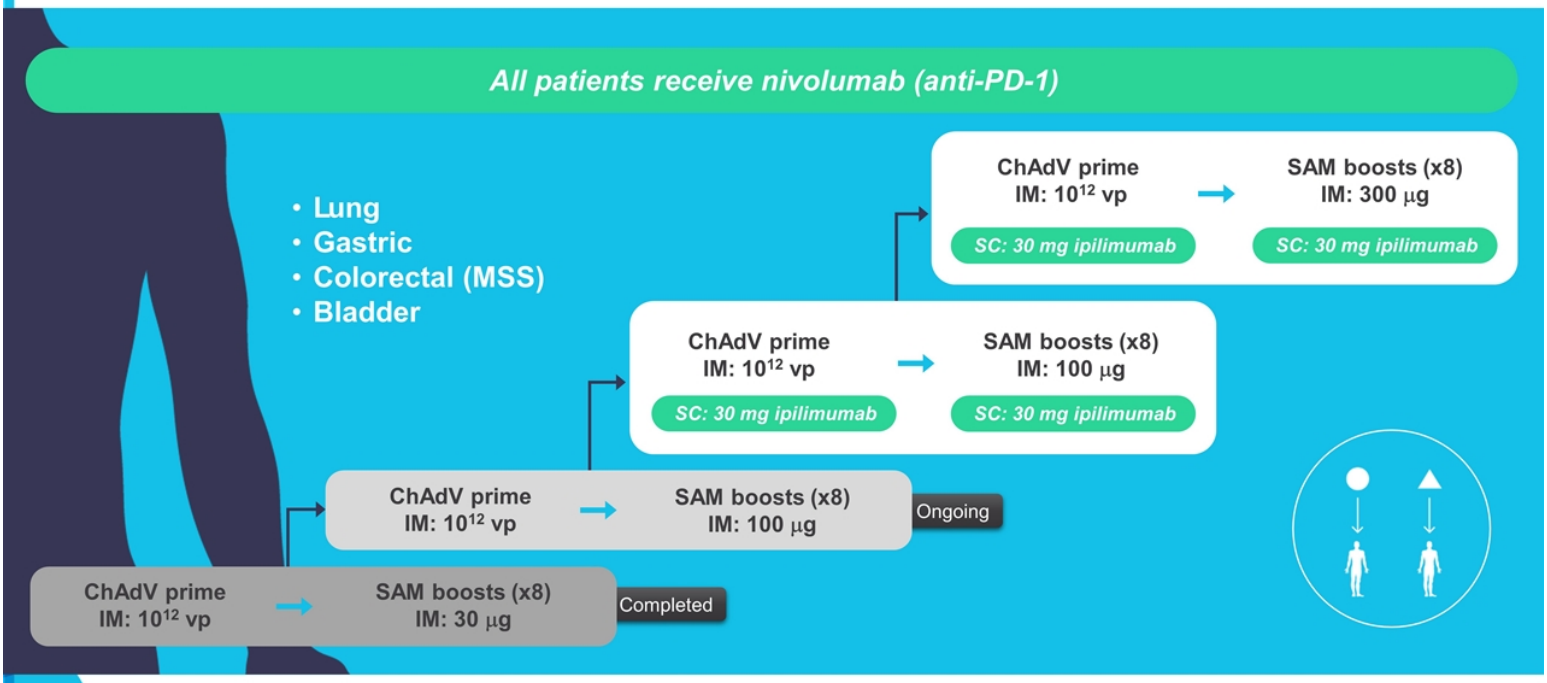
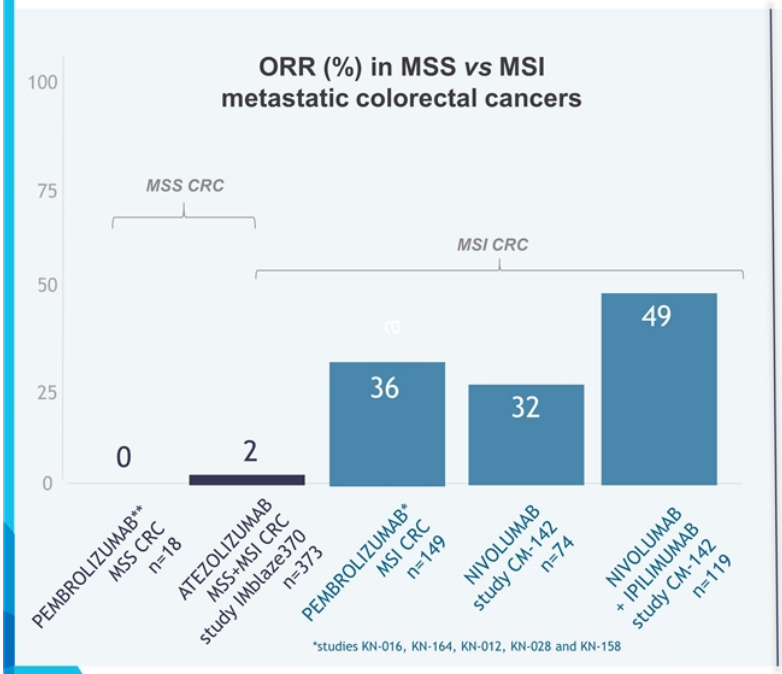
Dose Escalation Continues in GRANITE

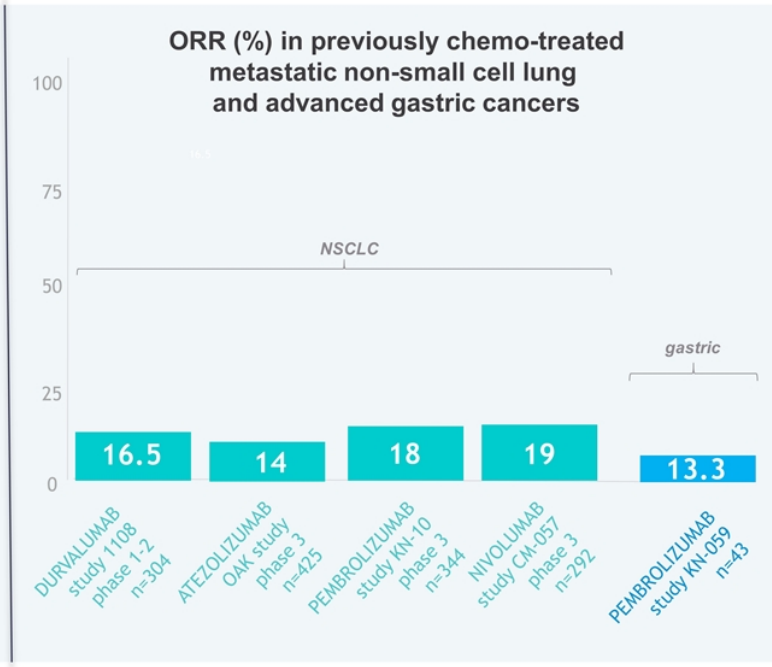
All sites actively screening, vaccine manufacturing underway



Note: IM = intramuscular; SC = subcutaneous; vp = viral particles

The Efficacy of a Neoantigen Immunotherapy in Combination with Immune Checkpoint Inhibitors can be Inferred in the Right Context





*Adapted from Manufacturers' label information on https://labels.fda.gov/getProprietaryName.cfm (retrieved June 2019) and **Le DT, et al. NEJM 2015; 372:2509-20*

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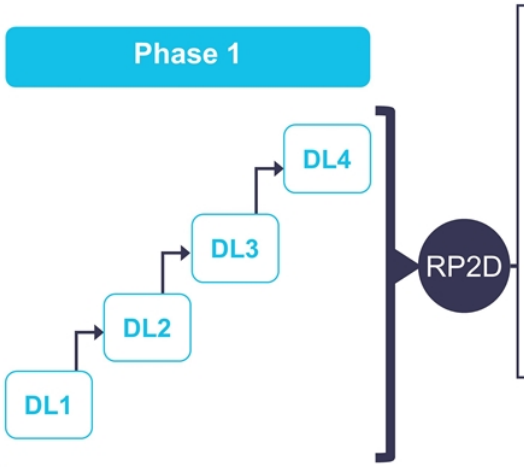
In Advanced Tumor Types, GRANITE Phase 2 is Expected to Begin 2H20

Focus is on adjuvant trial(s) plus tumor types with potential for accelerated approval path



Single-Arm Phase 2 Cohorts in Patients with Advanced Tumors

- 3L MSS-CRC
- 2L Gastro-esophageal adenocarcinoma (GEA)

Interim analysis and further expansion to support accelerated approval

Tumor Type	Target ORR
MSS-CRC 3L	15%
GEA	30%

Randomized Phase 2 Adjuvant Study in High-Risk Localized Tumors

- **Tumor types: NSCLC and gastro-esophageal adenocarcinoma**
- **Treatment setting: Displacing or following adjuvant chemotherapy**
- **Design: Randomize 1:1**
- **Primary objective: Recurrence free survival**
- **Effect size: HR = 0.5**

DL = dose level

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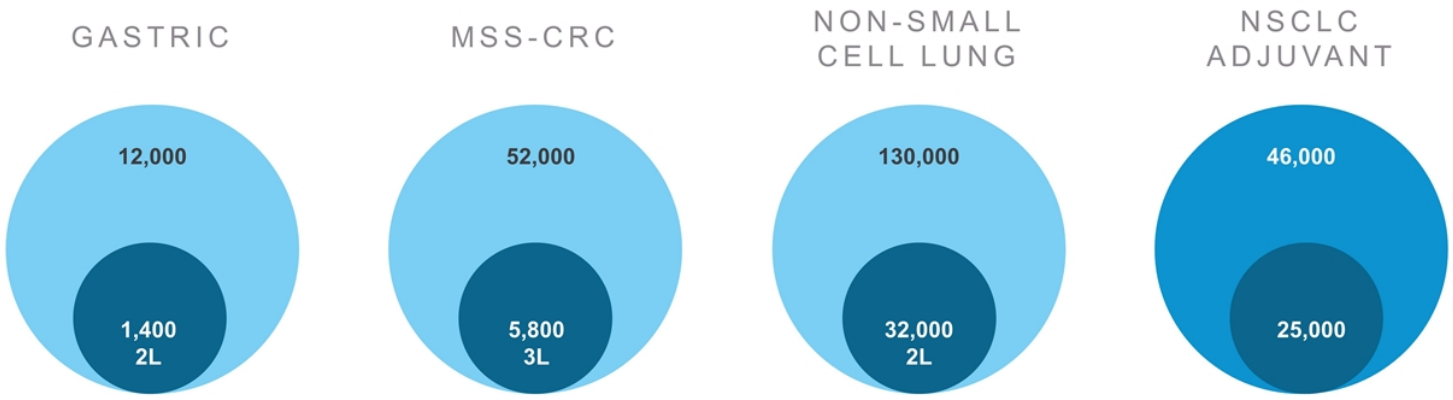
Compelling U.S. Market Opportunity for GRANITE



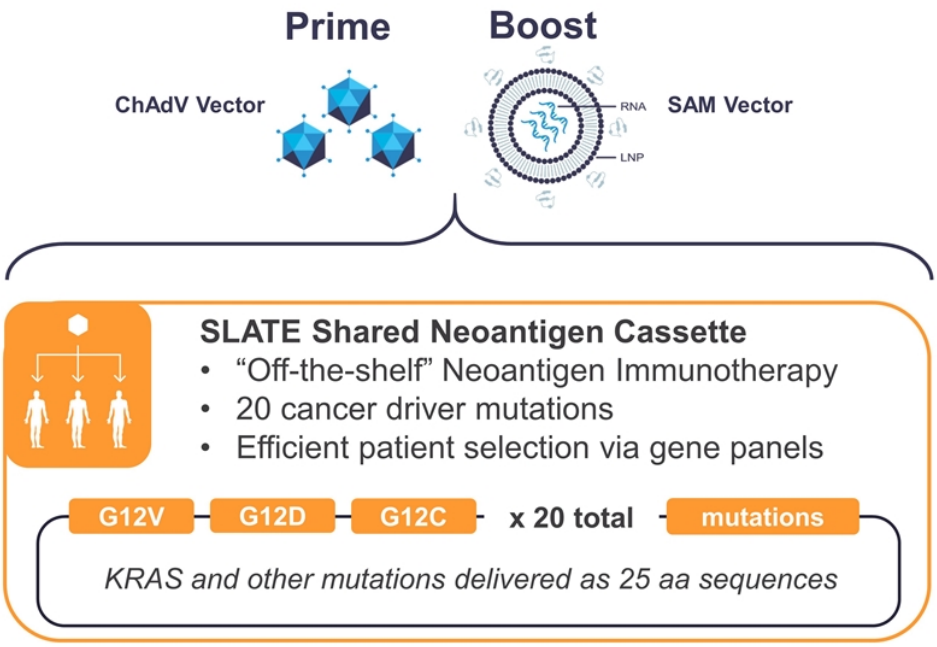
- Annual Mortality
- Annual Incidence Regional Disease
- Neoantigen Therapy Eligible / Year

	2028
Total Potential Patient Population Per Year *(All indications)*	> 64,000
Total U.S. Market Opportunity Per Year *in bn$* (*)	> $10Bn

*SEER & NCBI data and internal estimates


SLATE

SLATE Delivers Shared Neoantigens Using Gritstone's Prime/Boost Platform



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SLATE Product Concept

One Product – Many Selected Patients

Common Driver Mutation

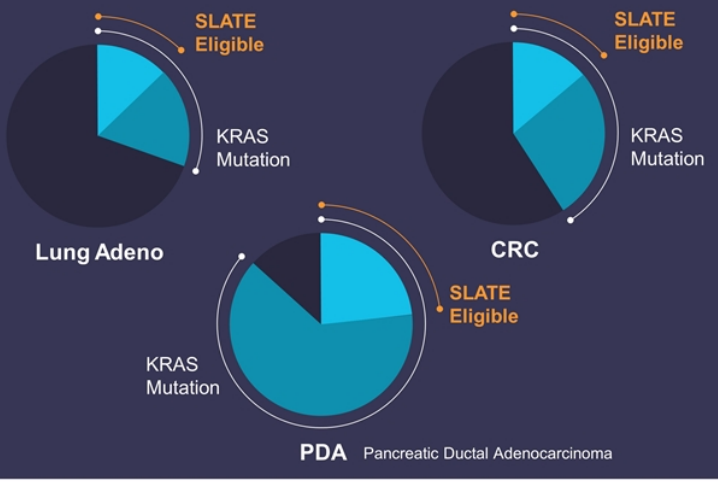
- KRAS
  - G12 D
  - G12 A
  - G12 C
  - G12 V
- β-CATENIN
- TP53
- Other genes

×

Class I HLA Molecule

- HLA - A
  - A* 01:01
  - A* 02:01
  - A* 11:01
- HLA - B
  - B* 08:01
  - B* 35:01
- HLA - C
  - C* 01:02
  - C* 08:02

SLATE Patient Selection for KRAS mutations



Exemplary matches only shown

Projected approximate total coverage

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SLATE Phase 1: Dosing, Safety and Immunogenicity

Rapid assessment of early clinical activity with potential for quick to registration path in Phase 2 expansion cohorts

All patients receive nivolumab (anti-PD-1)

High Frequency KRAS Mutation:

- Lung
- Pancreatic
- Colorectal (MSS)
- Mutation Positive Tumors

ChAdV prime IM: 10^{12} vp → **SAM boosts (x8)** IM: 30 μg

ChAdV prime IM: 10^{12} vp → **SAM boosts (x8)** IM: 30 μg
SC: 30 mg ipilimumab → *SC: 30 mg ipilimumab*

ChAdV prime IM: 10^{12} vp → **SAM boosts (x8)** IM: 100 μg
SC: 30 mg ipilimumab → *SC: 30 mg ipilimumab*

ChAdV prime IM: 10^{12} vp → **SAM boosts (x8)** IM: 300 μg
SC: 30 mg ipilimumab → *SC: 30 mg ipilimumab*

Note: IM refers to intramuscular, SC refers to subcutaneous and vp refers to viral particles

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SLATE Prime/Boost Immunotherapy in Combination with Nivolumab and Ipilimumab Well Tolerated To Date

Demographics	n = 3
Age (mean, range)	71 (64-83)
Gender (Female/Male)	1/2
# of doses	
ChAdV	3
SAM	6
Nivolumab (IV)	9
Ipilimumab (SC)	3
Tumor and Mutation Types	
NSCLC • KRAS G12C	3
Prior anti-PD-(L)1 therapy	3

Safety	n = 3	
	Grade 1/2	Grade 3/4
Treatment-related adverse events		
Myalgia	1	0
Pruritus	1	0
SAEs		
Cervical Fracture	0	1[a]

No DLTs to date

[a] Not treatment-related

Data cut-off 06 Jan 2020

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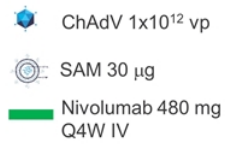
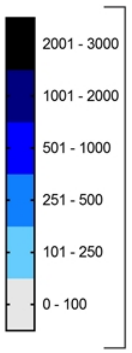
SLATE: Single Neoantigen Capable of Driving Strong CD8+ T Cell Response



Ex vivo (overnight) ELISpot for CD8⁺ T cell responses



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SLATE Patient 2, Dose Level 1: ChAdV Prime Induces Strong *ex vivo* CD8+ T Cell Responses Boosted by 30µg Dose of SAM

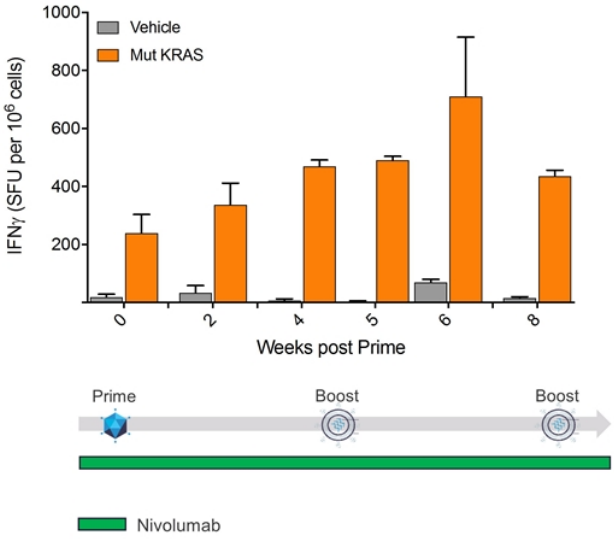
84-year old female with stage IV NSCLC; *KRAS* G12C

Prior Therapy

- Pembrolizumab (best response = PD)
- Anti-TIGIT (best response = SD)
- Carboplatin/pemetrexed/SBRT (best response = PR)
- Disease progression following chemotherapy

SLATE Response

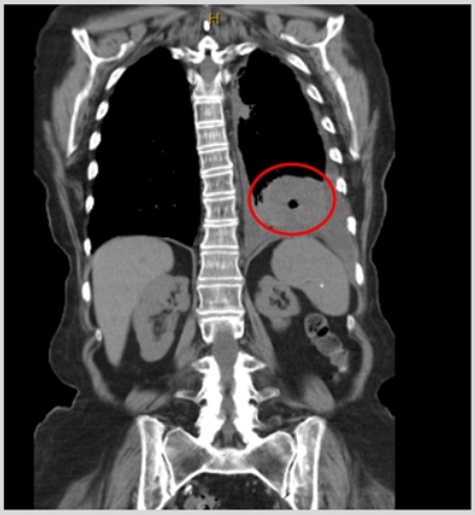
- 20% tumor reduction at week 8
- Grade 2 pruritis



**Additional data not shown for Pt 1 due to lack of T cell response and progression at first scan (day 56)*
NSCLC, non-small cell lung carcinoma; SFU, spot-forming unit

SLATE Patient 2, Dose Level 1: ~20% Sustained Tumor Shrinkage

Baseline	Week 8	Week 16
95 mm*	76 mm* (-20% relative to baseline)	77 mm* (-19% relative to baseline)



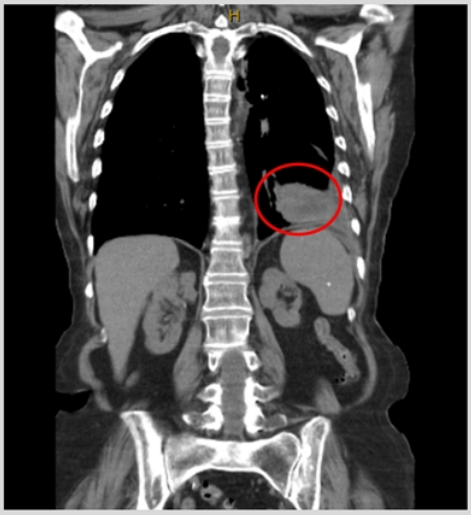


image pending

*Sum of longest diameters of two target lesions

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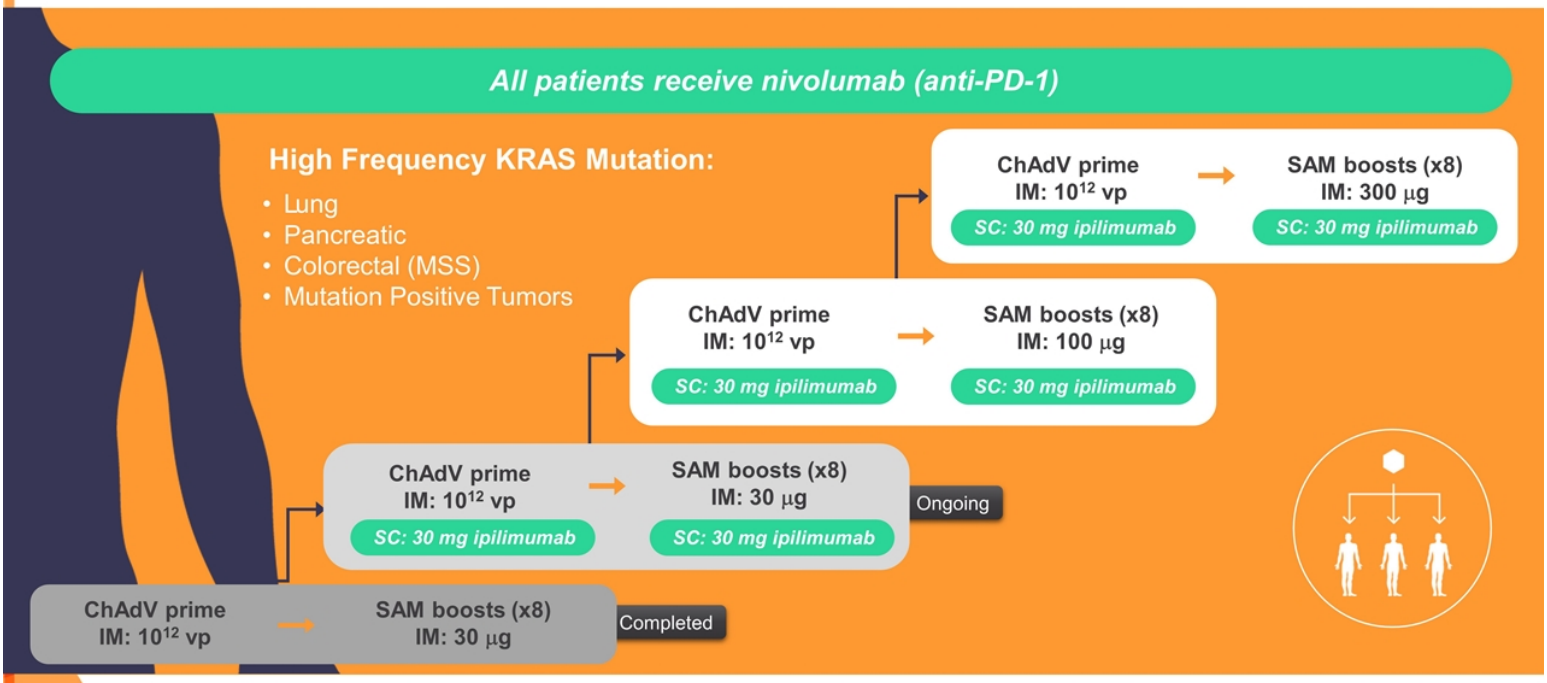
Dose Escalation Continues in SLATE

All sites actively screening; additional sites pending activation



Note: IM refers to intramuscular, SC refers to subcutaneous and vp refers to viral particles

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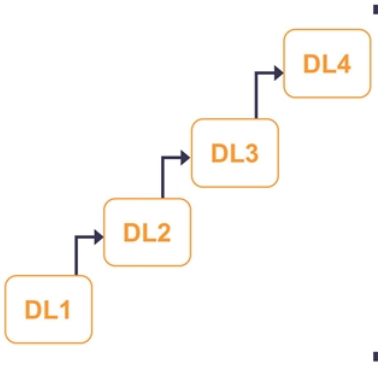
In Advanced Tumor Types, SLATE Phase 2 is Expected to Begin 2H20

Focus is on adjuvant trial(s) plus tumor types with potential for accelerated approval path

Phase 1



Single-Arm Phase 2 Cohorts in Patients with Advanced Tumors

- MSS-CRC 3L
- NSCLC post-IO/chemo
  - Refractory
  - Acquired resistance
- PDA 1L maintenance

Interim Analysis and further expansion to support accelerated approval

Tumor Type	Clinical Activity
MSS-CRC 3L	ORR > 15%
NSCLC post-IO	ORR > 20%
PDA 1L Metastatic	ORR > 20% or PFS > 9mo

Randomized Phase 2 Adjuvant Study in High-Risk Localized Tumors

- **Tumor types: NSCLC, PDA, MSS-CRC**
- **Treatment setting: neoadjuvant and displacing or following adjuvant chemotherapy**
- **Design: randomize 1:1**
- **Primary objective: recurrence free survival (RFS)**
- **Effect size: Hazard Ratio (HR) = 0.5**

DL = dose level

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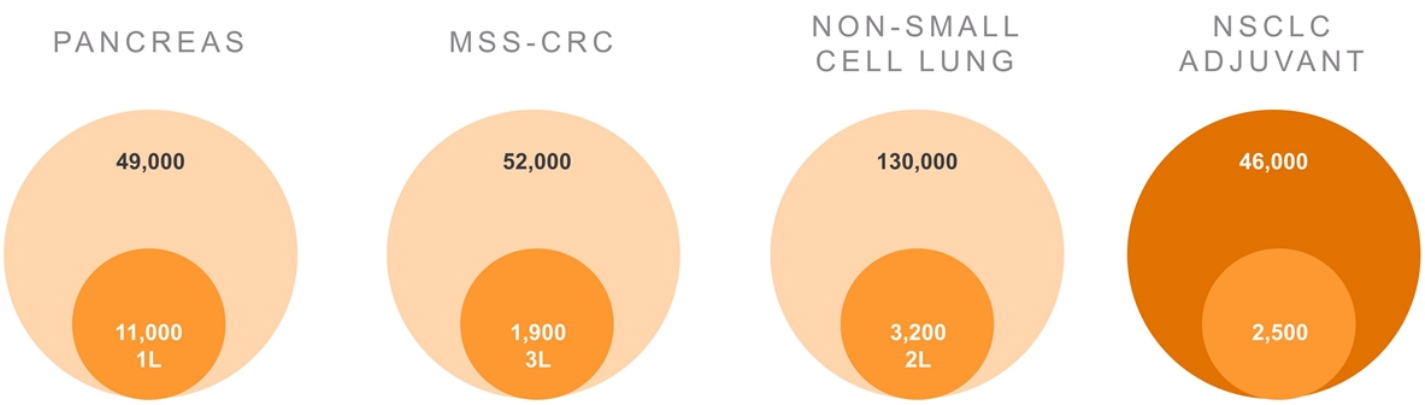
Compelling U.S. Market Opportunity for SLATE



- Annual Mortality
- Annual Incidence Regional Disease
- Neoantigen Therapy Eligible / Year

	2028
Total Potential Patient Population Per Year *(All indications)*	> 19,000
Total U.S. Market Opportunity Per Year *in bn$* (*)	> $3.5Bn

*SEER & NCBI data and internal estimates

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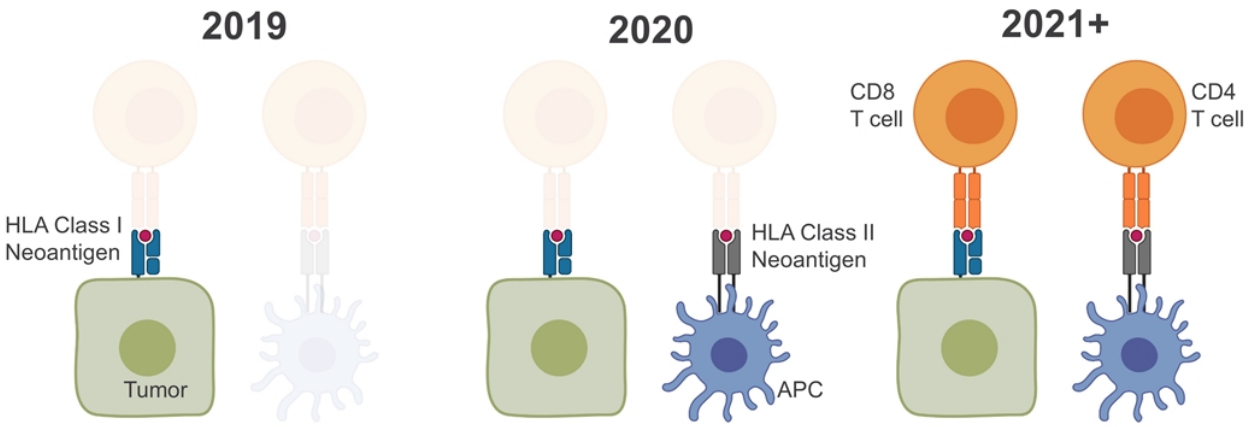
EDGE Development Continues and is Identifying Novel Neoantigens



EDGE I

- HLA Class I presented peptides
- Published in Nature Biotechnology
- Issued U.S. Patent

EDGE II

- HLA Class I and Class II presented peptides
- Application in SLATE and GRANITE programs

Next Gen EDGE

- Incorporate modeling of immunogenicity / T cell recognition
- Novel antigen class identification

SLATE Development Opportunities and New Patient Populations

2019

SLATE Version 1

- KRAS driven
- Class I only
- 1 neoantigen per patient

2020

SLATE Version 2

- KRAS driven
- Class I + Class II
- >1 neoantigen for subset of patients

2021+

Next Gen SLATEs

- MSI tumors
- HCC (Liver)
- MDS/AML
- Novel neoantigens

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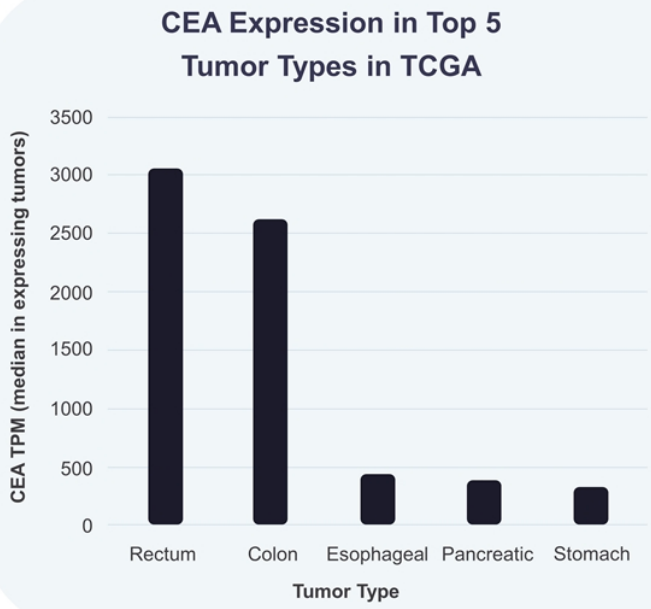
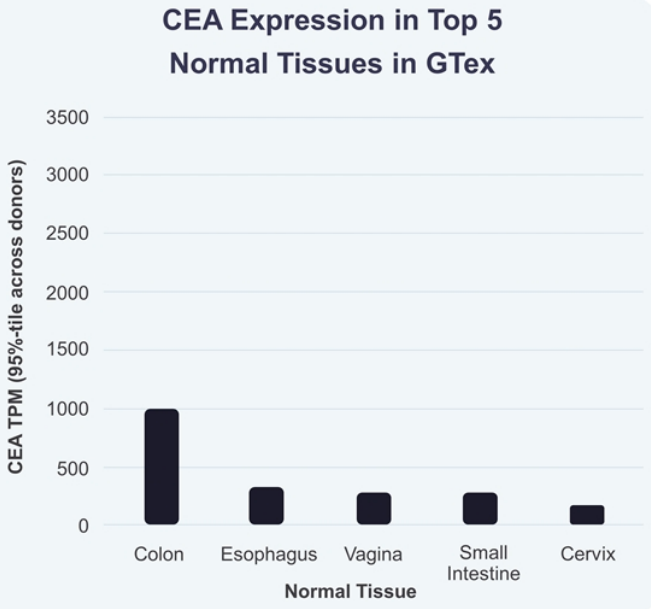
TUMOR-SPECIFIC BISPECIFIC ANTIBODIES (BiSAb)

First Generation of Solid Tumor BiSAb Targets May Have a Limited Therapeutic Window Due To High Expression in Normal Tissues





TPM= Transcripts per million

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Bispecific Antibody Therapy for Solid Tumors May be Enhanced with Superior Tumor-Specific Target Selection

Identify High Quality Tumor-Specific HLA-Peptide Targets

- Validate on primary human tumors
- Determine surface density

Predict Potential Off-Target Binding of Ab

Overall target health-check:

- How many similar peptides exist?
- How similar are they?
- Where are they expressed?

Employ target and off-target analyses in optimized discovery

Prioritize targets with ideal characteristics: uniqueness, validation, density, prevalence

Utilize off-target information throughout discovery and optimization to drive high specificity

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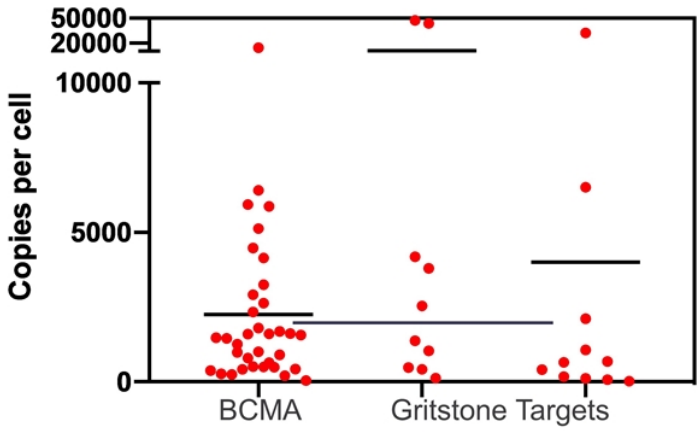
Select HLA-Peptide Complexes are as Densely Expressed on Cancer Cells as Validated B Cell Targets, Offering Novel Solid Tumor Targets

Target Surface Density on Primary Human Cancer Specimens

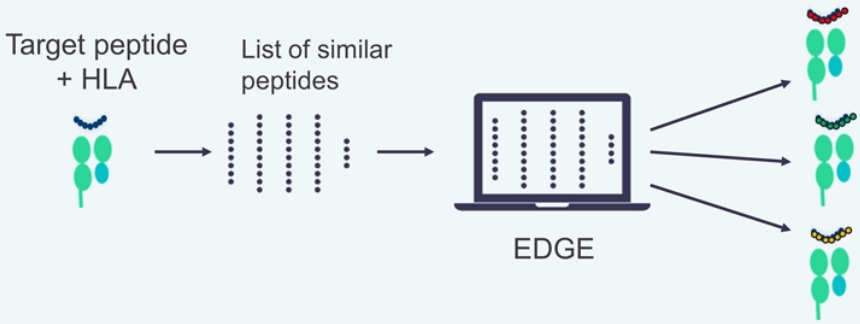


BCMA data from Seckinger et al., 2017, Cancer Cell 31, 396–410 (ABC assay)
Gritstone targets determined by mass spectrometry

Superior Off-Target Liability Prediction Using EDGE

An engineered T cell with a TCR targeting a MAGEA3 peptide resulted in deaths in a clinical study due to cross-reacting with a peptide from an unrelated protein, called titin, expressed in heart muscle

We use EDGE to identify the off-target liabilities that are most likely to be presented:



Closest peptides in terms of sequence that are likely to be presented in same HLA as target

While developing a bispecific to a MAGEA3/6 peptide, our methods identified titin as a potential liability. We were able to demonstrate lack of binding & cytotoxicity of the titin target by our bispecific.

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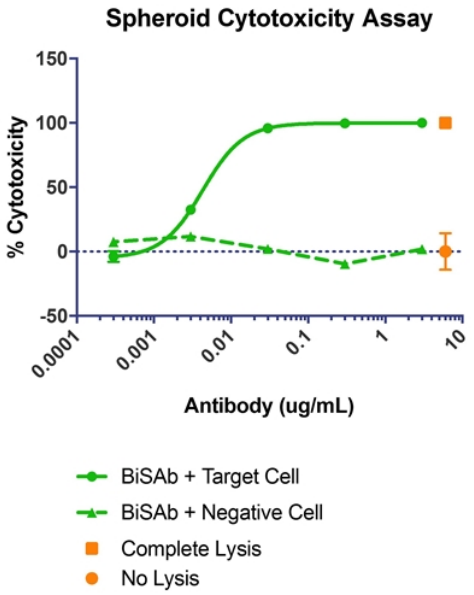
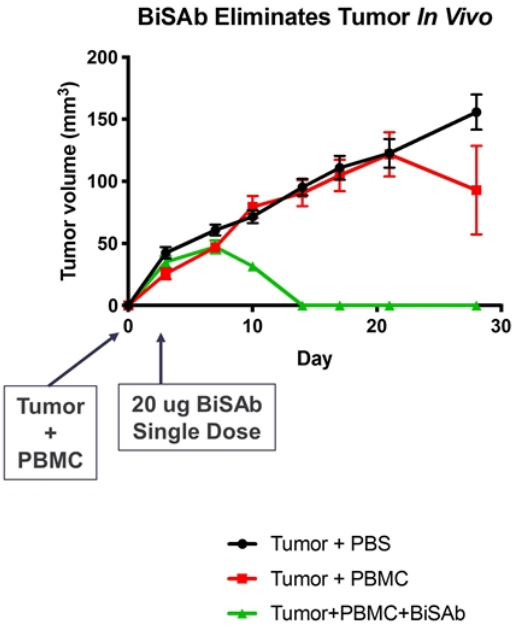
Gritstone BiSAb Against HLA-peptide Complexes Can Drive Potent and Efficient Killing *In Vitro* and *In Vivo*





BUSINESS OPERATIONS

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Strong U.S. and Global Foundational IP Position

Broad and Deep Intellectual Property Covering:

edge™
EPITOPE DISCOVERY IN CANCER GENOMES

- Issued U.S. Patent
- Class I and Class II prediction
- Patient Selection

GRANITE SLATE

- Vectors including ChAdV and SAM
- Personalized and Shared NeoAg Targets
- Manufacturing
- Exclusive Delivery Technology License

BISPECIFIC ANTIBODIES

- Optimized Bispecific Antibody Platforms
- Cancer-Testis Antigen Targets and Binders
- Shared NeoAg Targets and Binders

CELL THERAPY

- Cancer-Testis Antigen Targets
- Shared NeoAg Targets
- TCRs Binding Targets

130+ Applications Pending Worldwide | **1** Issued U.S. Patent | **2036-2040** Patent Exclusivity

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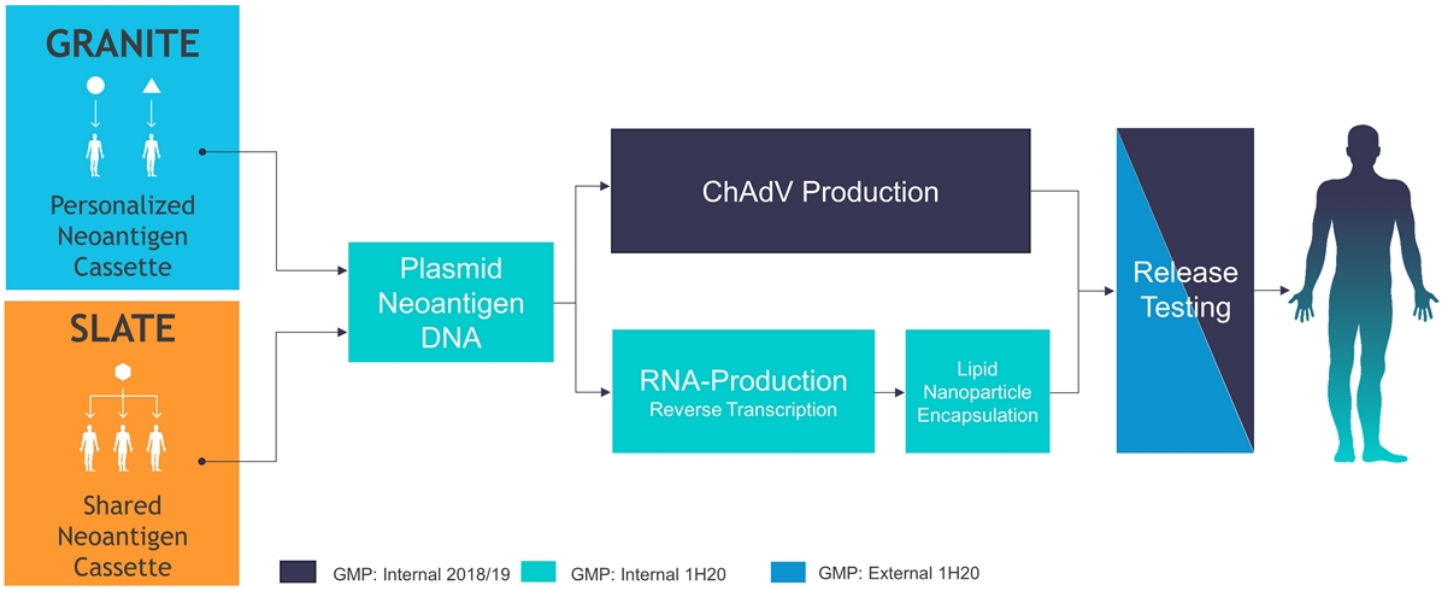
Manufacturing is Critical – Continued In-Sourcing and Development



Key Financial Highlights

3 Months Ended September 30, 2019

Cash, Cash Equivalents and Marketable Securities	$151.5MM
Research and Development Expenses	$24.9MM
General and Administrative Expenses	$4.6MM

12 Months Ended December 31, 2018

Cash, Cash Equivalents and Marketable Securities	$153.1MM
Operating Expenses	$66.8MM

Multiple Value-Generating Milestones in Next 12 Months

Anticipated Milestones

	1H-2020	2H-2020	1H-2021
GRANITE Phase 1 Clinical Data	⬭		
SLATE Phase 1 Clinical Data	⬭		
GRANITE Phase 2 Initiation (advanced disease)		○	
SLATE Phase 2 Initiation (advanced disease)		○	
BiSAb Dev. Candidate Nomination ($KRAS^{mut}$ / CTA*)		○	
SLATE Phase 2 Adjuvant Initiation (early disease)			○
GRANITE Phase 2 Adjuvant Initiation (early disease)			○

*Cancer testis antigen

Thank you!

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