**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): September 16, 2024

## MACROGENICS, INC.

*(Exact Name of Registrant as Specified in Charter)*

| **Delaware** | **001-36112** | **06-1591613** |
|---|---|---|
| *(State or Other Jurisdiction of Incorporation)* | *(Commission File Number)* | *(IRS Employer Identification No.)* |

| **9704 Medical Center Drive**<br>**Rockville, Maryland**<br>(Address of Principal Executive Offices) | **20850**<br>(Zip Code) |
|---|---|

Registrant's telephone number, including area code: **(301) 251-5172**

**Not applicable**
*(Former Name or Former Address, if Changed Since Last Report)*

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 $0.01 per share | MGNX | Nasdaq Global Select Market |

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 (see General Instruction A.2. below):

☐ 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 (§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.**

On September 15, 2024, MacroGenics, Inc. (the "Company") issued a press release announcing updated efficacy and safety data related to its Phase 2 TAMARACK clinical trial of vobramitamab duocarmazine in metastatic castration-resistant prostate cancer (the "Press Release"). The Company included the updated efficacy and safety data in a poster presentation at the European Society for Medical Oncology ("ESMO") Congress, taking place in Barcelona, Spain from September 13-17, 2024.

As announced in the Press Release, the Company also hosted an investor conference call on September 16, 2024 in which the Company presented a review of the TAMARACK Phase 2 data and also provided a general corporate update (the "Post-ESMO Conference Call Presentation").

The full text of the Press Release is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein. In addition, a copy of the Post-ESMO Conference Call Presentation is attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated by reference herein.

**Item 9.01 Financial Statements and Exhibits**

**(d) Exhibits.**

| Exhibit Number | Description of Exhibit |
|---|---|
| 99.1 | Press Release, dated September 15, 2024. |
| 99.2 | Post-ESMO Conference Call Presentation. |
| 104 | Cover Page Interactive Data File (formatted as Inline XBRL). |

**SIGNATURE**

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

Date: September 16, 2024

MACROGENICS, INC.

By: /s/ Jeffrey Peters
Jeffrey Peters
Senior Vice President and General Counsel

## MacroGenics Announces Updated Efficacy & Safety Data from TAMARACK Phase 2 Study of Vobra Duo in mCRPC Patients at ESMO Congress 2024

- *Encouraging antitumor activity demonstrated with vobra duo as measured by 6-month landmark rPFS rate and ORR*
- *Patients remained on vobra duo through a median of 6 doses (ranging up to 12), representing an extension of treatment duration as compared to Phase 1 mCRPC dose expansion cohort*
- *Company expects to have mature median rPFS no later than early 2025*
- *MacroGenics to host an investor call to review key data presented at ESMO and provide a general corporate update on Monday, September 16, 2024, at 8:00 a.m. ET*

**ROCKVILLE, MD., September 15, 2024 (GLOBE NEWSWIRE)** — MacroGenics, Inc. (NASDAQ: MGNX), a biopharmaceutical company focused on discovering, developing, manufacturing and commercializing innovative antibody-based therapeutics for the treatment of cancer, today presented updated efficacy and safety results from the TAMARACK Phase 2 study of vobramitamab duocarmazine (vobra duo), an antibody-drug conjugate (ADC) that targets B7-H3, for patients with metastatic castration-resistant prostate cancer (mCRPC). The data were featured in a poster presentation at the European Society for Medical Oncology (ESMO) Congress, taking place in Barcelona, Spain from September 13-17, 2024.

“A key reason for conducting the TAMARACK study was to test the hypothesis that we could improve upon the duration of vobra duo treatment observed in the Phase 1 study by reducing the starting dose from 3.0 mg/kg to either 2.0 or 2.7 mg/kg and increasing the dosing interval from every three weeks to every four weeks. In doing so, our aim was to improve safety and tolerability, extend the treatment duration and achieve improved rPFS as compared to the result in our Phase 1 mCRPC dose expansion cohort,” said Scott Koenig, M.D., Ph.D., President and CEO of MacroGenics. “We believe that these latest results from TAMARACK continue to demonstrate that vobra duo is an active drug in prostate cancer. Ultimately, our path forward for the molecule will depend on the final safety and efficacy data, including mature median rPFS, which we expect to have in hand no later than early 2025. We expect to make decisions about potential future development in the context of a competitive treatment landscape

assessment, resource allocation across our clinical portfolio and potential partnering opportunities for vobra duo."

**TAMARACK Study Demographics**

The abstract submitted to ESMO was based on a data cut-off as of April 12, 2024; updated data based on a cut-off date of July 9, 2024, are included below and are reported in the Company's poster presentation at ESMO.

The TAMARACK trial enrolled a total of 181 participants, with 176 participants receiving at least one dose of vobra duo at either 2.0 mg/kg q4W (n=90) or 2.7 mg/kg q4W (n=86). As of the data cut-off date, 23 and 16 participants remained on treatment in the 2.0 mg/kg and 2.7 mg/kg cohorts, respectively. While mCRPC study participants are no longer being dosed in the study, participants continue to be monitored for adverse events, disease progression, and survival.

Baseline Characteristics:

- Enrolled study participants had a median age of 70 years (range, 35-89).
- 88 Study participants (48.6%) had an ECOG performance status of 1 or 2.
- 30 Study participants (16.6%) had visceral disease at baseline, with liver or lung disease in 25 participants (13.8%).
- 81 Study participants (44.8%) had measurable disease at baseline, and 97 (53.6%) had received prior taxane.
- Both treatment arms were well-balanced across most baseline characteristics, including prior use of taxanes, androgen receptor axis-targeted (ARAT) treatment, poly-ADP ribose polymerase (PARP) treatment, and baseline PSA.

**TAMARACK Efficacy Results as of July 9, 2024 Cut-off Date**

Overall, the Company believes that the results to date from the TAMARACK study indicate antitumor activity associated with vobra duo in mCRPC as demonstrated by the protocol-specified primary endpoint of landmark 6-month radiographic progression-free survival (rPFS) rate, as well as other measures of tumor response.

- In the intent-to-treat (ITT) population, 6-month rPFS rate was 69% for the 2.0 mg/kg arm (95% CI, 57-79) and 70% for the 2.7 mg/kg arm (95% CI, 58-79).
- Landmark 6-month rPFS rates were consistent across taxane-naïve study participants (ranging from 66-82%) and taxane pre-treated study participants (ranging from 60-73%), regardless of treatment arm.

- Although immature, with only 65 PFS events (35.9%) as of the data cut-off, median rPFS was approximately 8.5 months for the 2.0 mg/kg cohort (95% CI, 7.2-11.2) and 7.5 months for the 2.7 mg/kg cohort (95% CI, 7.2-10.6). Because these results were immature as of the cutoff date, they are likely to change as additional events accrue.

Tumor response rates

- Out of 45 RECIST-response evaluable patients in the 2.0 mg/kg arm, the confirmed objective response rate (ORR) was 20.0% (n=9) and the unconfirmed ORR was 26.7% (n=12).
- Out of 32 RECIST-response evaluable patients in the 2.7 mg/kg arm, the confirmed ORR was 40.6% (n=13) and the unconfirmed ORR was 46.9% (n=15).
- Confirmed ORR was comparable between taxane-naïve study participants (26.7%, n=12/45) and taxane pre-treated study participants (17.5%, n=11/63), regardless of treatment arm.
- Tumor responses did not appear to correlate with baseline B7-H3 expression based on archival tissue samples of mixed age.

**TAMARACK Safety Results as of July 9, 2024 Cut-off Date**

Overall summary of adverse events (AEs)

- In the 2.0 mg/kg cohort, 65.6% of study participants (n=59) experienced a Grade ≥3 treatment-emergent AE (TEAE); this cohort had a discontinuation rate of 25.6% (n=23) and a dose reduction rate of 50.0% (n=45) due to TEAEs.
- In the 2.7 mg/kg cohort, 62.8% of study participants (n=54) experienced a Grade ≥3 TEAE; this cohort had a discontinuation rate of 38.4% (n=33) and a dose reduction rate of 54.7% (n=47) due to TEAEs.
- The most common (occurring in ≥20% of study participants) all-grade TEAEs were: asthenia, edema peripheral, decreased appetite, nausea, pleural effusion, diarrhea, fatigue, constipation, anemia, palmar-plantar erythrodysesthesia (PPE, or hand-foot syndrome), neutropenia, and stomatitis. The majority of TEAEs with a ≥10% incidence rate in either treatment arm was limited to Grade 1/2 events.
- Rates of pleural effusion, pericardial effusion, and PPE for both the 2.0 mg/kg cohort (28.8%, 13.3%, 18.9%, respectively) and the 2.7 mg/kg cohort (44.2%, 17.5%, 28%, respectively) decreased compared to the Phase 1 mCRPC dose expansion cohort (48.8%, 17.1%, 46.3%, respectively), despite an increased median number of doses of vobra duo administered on TAMARACK.

- Eight fatal treatment-related AEs as assessed by the treating physician: five in the 2.0 mg/kg cohort and three in the 2.7mg/kg cohort. These include three events of pneumonitis, and one event each of cardiac failure, stress cardiomyopathy, ventricular fibrillation, pleural effusion, and gastrointestinal hemorrhage.
- Rates of treatment-related AEs (including all grades and Grade ≥3) and treatment-related severe AEs were similar between taxane-naïve and taxane pre-treated study participants.

Tolerability findings

- In the 2.0 mg/kg cohort, 25.6% of study participants (n=23) remained on study drug as of July 9, 2024. Study participants received a median number of 6 doses (range, 1-11), with a median dose intensity (calculated as a percentage of the total planned dose that was administered) of 92.6% (range, 64.2-106.1%).
- In the 2.7 mg/kg cohort, 18.6% of study participants (n=16) remained on study drug as of the data cut-off date. Study participants received a median number of 6 doses (range, 1-12), with a median dose intensity of 81.7% (range, 40.5-104.3%).
- Taxane-naïve study participants experienced higher rates of dose reductions due to TEAEs (62.7%) and dose interruptions due to TEAEs (70.7%) compared to taxane pre-treated study participants (44.6% and 43.6%, respectively).

**ESMO Poster Presentation**

**Title: TAMARACK: Randomized Phase 2 trial of the B7-H3 targeting antibody drug conjugate (ADC) vobramitamab duocarmazine (vobra duo) in metastatic castration-resistant prostate cancer (mCRPC)**

Presenter / Lead Author: Johann de Bono, M.D., M.Sc., Ph.D., FRCP, FMedSci, Division of Clinical Studies, Royal Marsden Hospital Institute of Cancer Research, Sutton, UK

Presentation ID: 1654P

Session Date: Sunday, September 15, 2024

Poster Display Time: 9:00 a.m. – 5:00 p.m. CEST

The poster presentation is available for download under "Events & Presentations" in the Investor Relations section of MacroGenics' website at http://ir.macrogenics.com/events.cfm.

**Conference Call**

The Company will host a conference call to discuss the TAMARACK poster data and provide a general corporate update on Monday, September 16, 2024, at 8:00am ET. The call will be led by

Scott Koenig, M.D., Ph.D., President and Chief Executive Officer; Stephen Eck, M.D., Ph.D., Senior Vice President - Chief Medical Officer; and Jim Karrels, Senior Vice President - Chief Financial Officer.

To participate via telephone, please register in advance at this link. Upon registration, all telephone participants will receive a confirmation email detailing how to join the conference call, including the dial-in number along with a unique passcode and registrant ID that can be used to access the call. The listen-only webcast of the conference call can be accessed under "Events & Presentations" in the Investor Relations section of the Company's website at http://ir.macrogenics.com/events.cfm. A recorded replay of the webcast will be available shortly after the conclusion of the call and archived on the Company's website for 30 days following the call.

**About Vobra Duo and the TAMARACK Study**

Vobra duo is an antibody-drug conjugate (ADC) that targets B7-H3, an antigen with broad expression across multiple solid tumors and a member of the B7 family of molecules involved in immune regulation. The TAMARACK Phase 2 study of vobra duo is being conducted in participants with mCRPC who were previously treated with one prior androgen receptor axis-targeted therapy (ARAT). Participants may have received up to one prior taxane-containing regimen, but no other chemotherapy agents. The TAMARACK study is designed to evaluate vobra duo at two different doses: 2.0 mg/kg or 2.7 mg/kg every four weeks (q4W).

**About MacroGenics, Inc.**

MacroGenics (the Company) is a biopharmaceutical company focused on discovering, developing, manufacturing and commercializing innovative monoclonal antibody-based therapeutics for the treatment of cancer. The Company generates its pipeline of product candidates primarily from its proprietary suite of next-generation antibody-based technology platforms, which have applicability across broad therapeutic domains. The combination of MacroGenics' technology platforms and protein engineering expertise has allowed the Company to generate promising product candidates and enter into several strategic collaborations with global pharmaceutical and biotechnology companies. For more information, please see the Company's website at www.macrogenics.com. MacroGenics and the MacroGenics logo are trademarks or registered trademarks of MacroGenics, Inc.

**Cautionary Note on Forward-Looking Statements**

Any statements in this press release about future expectations, plans and prospects for MacroGenics (“Company”), including statements about the Company’s strategy, future operations, clinical development of and regulatory plans for the Company’s therapeutic candidates, expected timing of the release of final safety and efficacy data, including mature median rPFS and other statements containing the words “subject to”, "believe", “anticipate”,

“plan”, “expect”, “intend”, “estimate”, “potential,” “project”, “may”, “will”, “should”, “would”, “could”, “can”, the negatives thereof, variations thereon and similar expressions, or by discussions of strategy constitute forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: risks that TZIELD, vobramitamab duocarmazine, lorigerlimab, ZYNYZ, MARGENZA or any other product candidate’s revenue, expenses and costs may not be as expected, risks relating to TZIELD, vobramitamab duocarmazine, lorigerlimab, ZYNYZ, MARGENZA or any other product candidate’s market acceptance, competition, reimbursement and regulatory actions; future data updates, especially timing and results of mature median radiographic progression-free survival, other efficacy and safety data with respect to vobramitamab duocarmazine; our ability to provide manufacturing services to our customers; the uncertainties inherent in the initiation and enrollment of future clinical trials; the availability of financing to fund the internal development of our product candidates; expectations of expanding ongoing clinical trials; availability and timing of data from ongoing clinical trials; expectations for the timing and steps required in the regulatory review process; expectations for regulatory approvals; expectations of future milestone payments; the impact of competitive products; our ability to enter into agreements with strategic partners and other matters that could affect the availability or commercial potential of the Company's product candidates; business, economic or political disruptions due to catastrophes or other events, including natural disasters, terrorist attacks, civil unrest and actual or threatened armed conflict, or public health crises; costs of litigation and the failure to successfully defend lawsuits and other claims against us; and other risks described in the Company's filings with the Securities and Exchange Commission. In addition, the forward-looking statements included in this press release represent the Company's views only as of the date hereof. The Company anticipates that subsequent events and developments will cause the Company's views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so, except as may be required by law. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date hereof.

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CONTACTS:
Jim Karrels, Senior Vice President, CFO
1-301-251-5172
info@macrogenics.com


MACROGENICS®
Developing
Breakthrough Biologics,
Life-changing Medicines®
Post-ESMO Conference Call
September 16, 2024

# Legal Notices

*The information in this slide deck is current as of September 16, 2024, unless otherwise noted, and is qualified in its entirety by reference to MacroGenics' Annual, Quarterly and Current Reports filed with the SEC. MacroGenics undertakes no obligation to update any of the information herein.*

**Cautionary Note on Forward-Looking Statements**

Any statements in this presentation about future expectations, plans and prospects for MacroGenics ("Company"), including statements about the Company's strategy, future operations, clinical development of and regulatory plans for the Company's therapeutic candidates, expected timing of the release of final safety and efficacy data, including mature median rPFS and other statements containing the words "subject to", "believe", "anticipate", "plan", "expect", "intend", "estimate", "potential," "project", "may", "will", "should", "would", "could", "can", the negatives thereof, variations thereon and similar expressions, or by discussions of strategy constitute forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: risks that TZIELD, vobramitamab duocarmazine, lorigerlimab, ZYNYZ, MARGENZA or any other product candidate's revenue, expenses and costs may not be as expected, risks relating to TZIELD, vobramitamab duocarmazine, lorigerlimab, ZYNYZ, MARGENZA or any other product candidate's market acceptance, competition, reimbursement and regulatory actions; future data updates, especially timing and results of mature median radiographic progression-free survival, other efficacy and safety data with respect to vobramitamab duocarmazine; our ability to provide manufacturing services to our customers; the uncertainties inherent in the initiation and enrollment of future clinical trials; the availability of financing to fund the internal development of our product candidates; expectations of expanding ongoing clinical trials; availability and timing of data from ongoing clinical trials; expectations for the timing and steps required in the regulatory review process; expectations for regulatory approvals; expectations of future milestone payments; the impact of competitive products; our ability to enter into agreements with strategic partners and other matters that could affect the availability or commercial potential of the Company's product candidates; business, economic or political disruptions due to catastrophes or other events, including natural disasters, terrorist attacks, civil unrest and actual or threatened armed conflict, or public health crises; costs of litigation and the failure to successfully defend lawsuits and other claims against us; and other risks described in the Company's filings with the Securities and Exchange Commission. In addition, the forward-looking statements included in this press release represent the Company's views only as of the date hereof. The Company anticipates that subsequent events and developments will cause the Company's views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so, except as may be required by law. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date hereof.

**Trademarks**

DART, TRIDENT, MacroGenics, the MacroGenics logo and MARGENZA are trademarks or registered trademarks of MacroGenics, Inc. All third-party trademarks used herein are registered trademarks of their respective owners.

**Investigational Agents**

The safety and efficacy of investigational agents and/or investigational uses of approved products have not been established.

## Conference Call Agenda

**Introduction**
*Scott Koenig, M.D., Ph.D. – President and CEO, MacroGenics*

**Updated TAMARACK Study Results**
*Stephen Eck, M.D. – SVP, Clinical Development and Chief Medical Officer*

**Pipeline Update**
*Scott Koenig, M.D., Ph.D.*

**Q&A**

## Conference Call Agenda

**Introduction**
*Scott Koenig, M.D., Ph.D. – President and CEO, MacroGenics*

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*Stephen Eck, M.D. – SVP, Clinical Development and Chief Medical Officer*

Pipeline Update
*Scott Koenig, M.D., Ph.D.*

Q&A

## Phase 2 TAMARACK Study: Hypothesis & Key Findings

TAMARACK

*As of July 9, 2024 data cutoff*

**Hypothesis**

Vobra duo safety could be improved while maintaining efficacy observed in Phase 1 study by:

- Reducing starting dose
- Increasing dosing interval

**Achieved goal of extending treatment duration and response to therapy while maintaining / improving anti-tumor activity**

- Continued encouraging antitumor activity as measured by ORR and PSA response rate
- Extended duration of therapy observed compared to Phase 1 study as measured by median number of doses received
- Improvement in safety and tolerability

### Key considerations informing potential vobra duo next steps

- ***Evaluation of mature median rPFS*** *(maturity expected no later than early 2025)*
- ***Assessment of competitive landscape***
- ***Resource allocation across clinical portfolio***
- ***Input from external KOLS***
- ***Potential partnering opportunities***

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

## Conference Call Agenda

Introduction
*Scott Koenig, M.D., Ph.D. – President and CEO, MacroGenics*

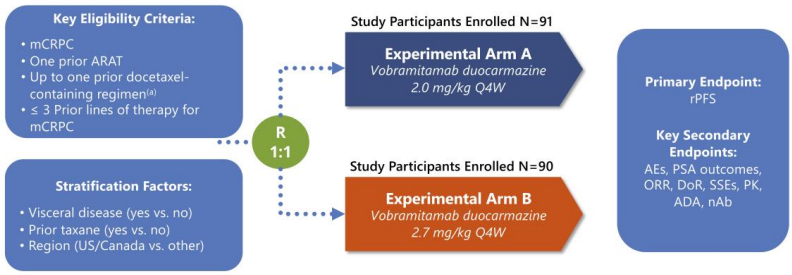
**Updated TAMARACK Study Results**
***Stephen Eck, M.D. – SVP, Clinical Development and Chief Medical Officer***

Pipeline Update
*Scott Koenig, M.D., Ph.D.*

Q&A

## Vobra Duo: mCRPC Phase 2 Study Design Summary

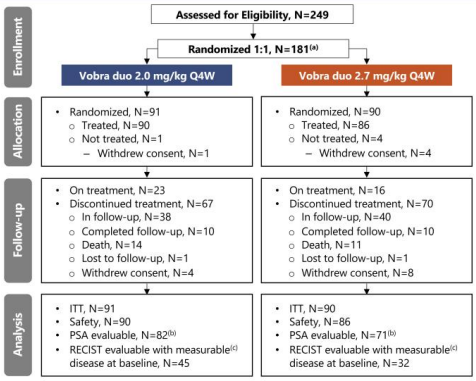
TARMACK




*(a) Participants who received an additional taxane or second ARAT (androgen receptor axis-targeted agent [abiraterone, enzalutamide or apalutamide]) for <60 days as bridging therapy while awaiting lutetium-177 vipivotide tetraxetan are also eligible. Other prior chemotherapy for prostate cancer is not allowed.*

*mCRPC=metastatic castration-resistant prostate cancer; ORR=objective response rate; PSA=prostate-specific antigen; Q4W=every 4 weeks; R=randomize; rPFS=radiographic progression-free survival.*

# Study Participants Flow




*(a) Excludes 3 study participants not dosed with vobra duo who were originally assigned to control arm on an earlier version of protocol. These study participants are excluded from all analyses in this presentation.*
*(b) PSA-evaluable population includes study participants who received at least 1 dose of study treatment, had baseline PSA ≥2 ng/mL, and ≥1 postbaseline PSA measurement.*
*(c) All study participants who received ≥1 dose of vobra duo, with baseline and postbaseline target lesion measurements (by RECIST v1.1).*
*ITT=intent-to-treat.*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

# Demographics and Baseline Characteristics

T-MARACK

*ITT population, N=181[(a)]*

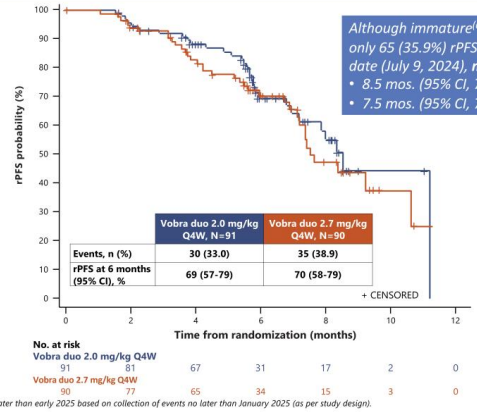
| Parameter | Vobra duo 2.0 mg/kg Q4W N=91 | Vobra duo 2.7 mg/kg Q4W N=90 |
|---|---|---|
| **Median (range) age, years** | 71 (46-89) | 69 (35-86) |
| **ECOG PS, n (%)** | | |
| 0 | 42 (46.2) | 51 (56.7) |
| 1 | 48 (52.7) | 37 (41.1) |
| 2 | 1 (1.1) | 2 (2.2) |
| **Disease status at first diagnosis, n (%)** | | |
| Local resectable | 28 (30.8) | 37 (41.1) |
| Locally advanced unresectable | 12 (13.2) | 9 (10.0) |
| Metastatic | 51 (56.0) | 44 (48.9) |
| **Type of disease progression at study entry, n (%)** | | |
| Radiographic progression of measurable disease | 43 (47.3) | 31 (34.4) |
| Radiographic progression of bone disease (in >2 new bone lesions) | 33 (36.3) | 41 (45.6) |
| PSA progression only | 24 (26.4) | 25 (27.8) |
| PSA progression with any other type of progression | 39 (42.9) | 32 (35.6) |
| **Study participants with visceral disease, n (%)** | 15 (16.5) | 15 (16.7) |
| **Study participants with prior taxane, n (%)** | 48 (52.7) | 49 (54.4) |
| **Study participants with prior PARP, n (%)** | 6 (6.6) | 8 (8.9) |
| **Number of prior ARAT, n (%)** | | |
| 1 | 82 (90.1) | 84 (93.3) |
| >1 | 9 (9.9) | 6 (6.7) |
| **Baseline PSA** | | |
| n | 89 | 85 |
| Mean (standard deviation), ng/mL | 180.5 (542.60) | 182.6 (433.06) |
| Median (range), ng/mL | 26.4 (0.8-3447.0) | 24.7 (0.2-2778.0) |
| PSA ≥2 ng/mL, n (%) | 83 (91.2) | 74 (82.2) |

*(a) All randomized study participants, including the study participants not treated.*
*PARP=poly (ADP-ribose) polymerase.*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

## rPFS per Investigator by PCWG3

*ITT population, N=181*




| | Vobra duo 2.0 mg/kg Q4W, N=91 | Vobra duo 2.7 mg/kg Q4W, N=90 |
|---|---|---|
| Events, n (%) | 30 (33.0) | 35 (38.9) |
| rPFS at 6 months (95% CI), % | 69 (57-79) | 70 (58-79) |

**No. at risk**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Vobra duo 2.0 mg/kg Q4W | 91 | 81 | 67 | 31 | 17 | 2 | 0 |
| Vobra duo 2.7 mg/kg Q4W | 90 | 77 | 65 | 34 | 15 | 3 | 0 |

*Although immature[(a)] and subject to change, with only 65 (35.9%) rPFS events as of data cut-off date (July 9, 2024), **median rPFS** was:*

- *8.5 mos. (95% CI, 7.2-11.2) on 2.0 mg/kg arm*
- *7.5 mos. (95% CI, 7.2-10.6) on 2.7 mg/kg arm*

*(a) Company anticipates having final median rPFS no later than early 2025 based on collection of events no later than January 2025 (as per study design).*
*PCWG3=Prostate Cancer Working Group 3*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

# Tumor and PSA Responses

TMARACK

| | Vobra duo 2.0 mg/kg Q4W | Vobra duo 2.7 mg/kg Q4W |
|---|---|---|
| **RECIST response-evaluable population w/baseline measurable disease[a]** | **N=45** | **N=32** |
| **Best overall response (confirmed), n (%)** | | |
| CR | 0 | 1 (3.1) |
| PR | 9 (20.0) | 12 (37.5) |
| SD | 30 (66.7) | 15 (46.9) |
| PD | 5 (11.1) | 2 (6.3) |
| NE | 1 (2.2) | 2 (6.3) |
| **Confirmed ORR (CR + PR), n (%)** | 9 (20.0) | 13 (40.6) |
| **Confirmed + unconfirmed ORR, n (%)** | 12 (26.7) | 15 (46.9) |
| **Median (range) DOR of confirmed RECIST responders, months [n]** | 4.9 (1.94-6.47) [9] | NE (1.54-9.46) [13] |
| **PSA response-evaluable population[b]** | **N=82** | **N=71** |
| **PSA50 response (confirmed), n (%)** | 37 (45.1) | 28 (39.4) |
| **PSA50 response (confirmed + unconfirmed), n (%)** | 41 (50.0) | 37 (52.1) |
| **Median (range) DOR of confirmed PSA50 responders, months [n]** | NE (0.95-9.23) [37] | NE (0.95-9.49) [28] |

*(a) All study participants who received ≥ 1 dose of vobra duo, with baseline and postbaseline target lesion measurements (by RECIST v1.1).*
*(b) All study participants who received ≥ 1 dose of vobra duo, with a baseline PSA ≥2 ng/mL and ≥ 1 postbaseline PSA measurement.*
*NE=not evaluable; SD=stable disease.*

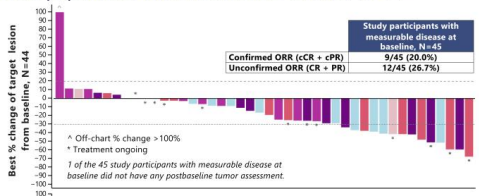
*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

# Best % Change in Target Lesions From Baseline per Investigator

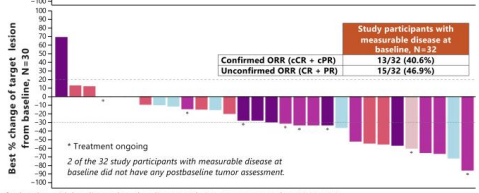
TIMARACK

*RECIST response-evaluable population with measurable disease, N=77[(a)]*

**Vobra Duo 2.0 mg/kg Q4W**




**Vobra Duo 2.7 mg/kg Q4W**




*ORRs across both dosing cohorts indicate robust anti-tumor activity*

*(a) All study participants who received ≥1 dose of vobra duo, with baseline and postbaseline target lesion measurements (by RECIST v1.1).*
*cCR=confirmed complete response; CR=complete response; cPR, confirmed partial response; PR, partial response.*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

## Treatment Exposure and Reason for Treatment Discontinuation

TAMARACK

| | TAMARACK vobra duo 2.0 mg/kg Q4W | TAMARACK vobra duo 2.7 mg/kg Q4W | CP-MGC018-01 vobra duo 3.0 mg/kg Q3W[(b)] |
|---|---|---|---|
| **Treated with any study treatment, n** | 90 | 86 | 41 |
| **Treatment discontinued, n (%)** | 67 (74.4) | 70 (81.4) | 41 (100) |
| Adverse event | 22 (24.4) | 31 (36.0) | 15 (36.6) |
| Death | 2 (2.2) | 2 (2.3) | 0 |
| Physician decision | 5 (5.6) | 2 (2.3) | 0 |
| Progressive disease | 28 (31.1) | 28 (32.6) | 24 (58.5) |
| Subject decision/withdrew consent | 10 (11.1) | 7 (8.1) | 2 (4.9) |
| **Treatment ongoing, n (%)** | 23 (25.6) | 16 (18.6) | 0 |
| **Mean (standard deviation) number of doses** | 6.1 (2.35) | 5.5 (2.39) | 5.0 (2.98) |
| **Median (range) number of doses** | 6 (1-11) | 6 (1-12) | 4.0 (1.0-15.0) |
| **Median (range), duration study treatment, months** | 6.4 (1.0-11.1) | 6.7 (1.0-12.9) | 4.2 (2.1-15.0) |
| **Median (range) dose intensity,[(a)] %** | 92.6 (64.2-106.1) | 81.7 (40.5-104.3) | 66.4 (26.7-102.9) |

*(a) Total dose intensity is calculated as total dose administered / total planned dose × 100. Total planned dose = assigned dose at randomization * baseline weight * ((last dose date – first dose date) / 28 + 1) rounded to nearest whole number.*

*(b) Expansion cohort data from Phase 1 study (NCT03729596) of vobra duo in men with mCRPC who had progressed after 1 prior line of chemotherapy for metastatic disease and no more than 2 prior lines of antihormonal therapy; participants were required to have PSA ≥2 ng/mL and documented progressive disease per PCWG2 criteria; data as of final cut-off date of August 3, 2023.*

*Results indicate improvement in duration of therapy for vobra duo in TAMARACK compared to that of Phase 1 mCRPC expansion cohort (i.e., median of 6 vs. 4 doses, respectively)*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

## Overall Summary of TEAEs on TAMARACK and CP-MGC018-01

TAMARACK

| AEs, n (%) | Vobra duo 2.0 mg/kg Q4W N=90 | Vobra duo 2.7 mg/kg Q4W N=86 | CP-MGC018-01 3.0 mg/kg Q3W[(b)] N=41 |
|---|---|---|---|
| **Any TEAE** | 89 (98.9) | 86 (100) | 41 (100) |
| **Treatment-related AEs[(a)]** | 87 (96.7) | 84 (97.7) | 41 (100) |
| **Any grade ≥3 TEAE** | 59 (65.6) | 54 (62.8) | 33 (80.5) |
| **Grade ≥3 treatment-related AE[(a)]** | 42 (46.7) | 45 (52.3) | 32 (78.0) |
| **Any SAE** | 34 (37.8) | 38 (44.2) | 23 (56.1) |
| **Treatment-related SAEs[a]** | 23 (25.6) | 24 (27.9) | 19 (46.3) |
| **Fatal treatment-related AEs** | 5 (5.6) | 3 (3.5) | 2 (4.9) |
| **TEAEs resulting in vobra duo discontinuation** | 23 (25.6) | 33 (38.4) | 15 (36.6) |
| **TEAEs resulting in vobra duo dose reductions** | 45 (50.0) | 47 (54.7) | 28 (68.3) |
| **TEAEs resulting in vobra duo interruption** | 46 (51.1) | 51 (59.3) | 28 (68.3) |

*Overall improvement in safety and tolerability in TAMARACK compared to that of Phase 1 mCRPC expansion cohort*

*(a) Includes events with causality assessments of "possible," "probable," or "definite," per investigator.*

*(b) Expansion cohort data from Phase 1 study (NCT03729596) of vobra duo in men with mCRPC who had progressed after 1 prior line of chemotherapy for metastatic disease and no more than 2 prior lines of antihormonal therapy; participants were required to have PSA ≥2 ng/mL and documented progressive disease per PCWG2 criteria; data as of final cut-off date of August 3, 2023.*

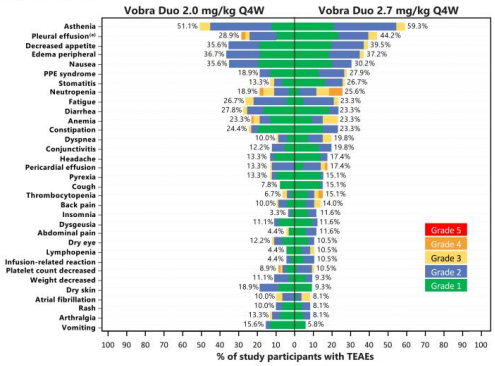
*SAE=serious adverse event.*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

# TEAEs Reported in ≥10% of Study Participants in Either Arm

TMARACK

*(Safety population, N=176)*

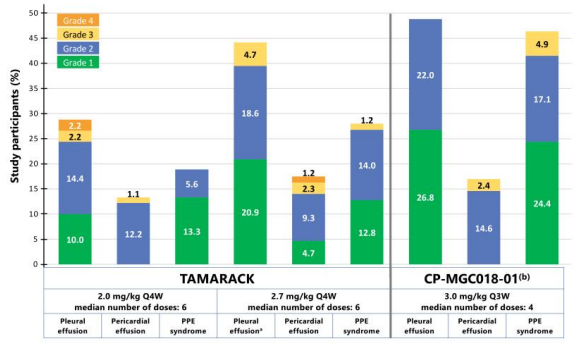



*(a) Includes one treatment-related pleural effusion event reported to be grade 3 but with a fatal outcome; site query to correct the discrepancy is pending.*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

## Select TEAEs by Grade and Dose in TAMARACK and CP-MGC018-01

*TAMARACK safety population, N=176; CP-MGC018-01 safety population, N=41*




*(a) Includes one treatment-related pleural effusion event reported to be grade 3 but with a fatal outcome; site query to correct the discrepancy is pending.*
*(b) Expansion cohort data from Phase 1 study (NCT03729596) of vobra duo in men with mCRPC who had progressed after 1 prior line of chemotherapy for metastatic disease and no more than 2 prior lines of antihormonal therapy; participants were required to have PSA ≥2 ng/mL and documented progressive disease per PCWG2 criteria; data as of final cut-off date of August 3, 2023.*

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

## Summary

*As of July 9, 2024 data cutoff*

- Data demonstrated vobra duo's antitumor activity by ORR and PSA response rate
- Anticipate having final TAMARACK median rPFS no later than early 2025
- Company believes it has better understanding of vobra duo's overall safety and tolerability and is considering ways to further improve molecule's safety as it awaits final median rPFS
- Through dose reduction and increase in dosing interval, events of neutropenia, anemia, thrombocytopenia, pleural effusion and PPE syndrome improved compared to Phase 1 dose expansion in mCRPC; also, on average, TAMARACK study participants stayed on treatment longer than did those in Phase 1
- Company is considering exploring whether adverse events associated with prolonged exposure to vobra duo could be mitigated by strategies such as further increasing dosing intervals or utilizing loading doses

*Presented at ESMO 2024; Data Cut-off: July 9, 2024*

## Conference Call Agenda

Introduction
*Scott Koenig, M.D., Ph.D. – President and CEO, MacroGenics*

Updated TAMARACK Study Results
*Stephen Eck, M.D. – SVP, Clinical Development and Chief Medical Officer*

**Pipeline Update**
***Scott Koenig, M.D., Ph.D.***

Q&A

## Deep and Differentiated Proprietary Pipeline with Retained Commercial Rights

| Program (Target) | Potential Indication(s) | Modality/ Platform | Preclinical | Phase 1 | Phase 2 | Phase 3 | Partner / Sponsor |
|---|---|---|---|---|---|---|---|
| Vobramitamab Duocarmazine (B7-H3) | mCRPC TARACK Study | ADC | | | | | |
| | Multiple Solid Tumors *(+lorigerlimab)* | ADC + DART® | | | | | |
| Lorigerlimab (PD-1 × CTLA-4) | mCRPC *(+docetaxel)* ORIKEET Study | DART | | | | | |
| Enoblituzumab (B7-H3) | Neo-adj. Prostate Cancer HEAT Study[a] | Fc-optimized mAb | | | | | JOHNS HOPKINS MEDICINE |
| Tebotelimab[b] (PD-1 × LAG-3) | Solid Tumors & Heme Malignancies | DART | | | | | |
| MGC026 (B7-H3) | Multiple Solid Tumors | ADC | | | | | |
| MGC028 (ADAM9) | Multiple Solid Tumors | ADC | | | | | |

*The safety and efficacy of investigational agents and/or investigational uses of approved products have not been established. Pipeline reflects current status of each program or most recently completed phase of development.*
*(a) The "Help Elucidate & Attack Longitudinally" (HEAT) study is an investigator-sponsored trial.*
*(b) MacroGenics currently has no active/ongoing tebotelimab studies.*

## Partnered Programs: Potential Future Cash Flow & Platform Validation

| Program (Target) | Potential Indication(s) | Modality/ Platform | Preclinical | Phase 1 | Phase 2 | Phase 3 | Marketed | Partner |
|---|---|---|---|---|---|---|---|---|
| MARGENZA® (HER2) | HER2+ Metastatic Breast Cancer | Fc-optimized mAb | | | | | | EVERSANA[(a)] |
| ZYNYZ® (PD-1) | Merkel Cell Carcinoma | mAb | | | | | | Incyte |
| | Squamous Cell Anal Carcinoma | mAb | | | | | | |
| | Non-Small Cell Lung Cancer | mAb | | | | | | |
| TZIELD® (CD3) | Stage 2 "At Risk" T1D | mAb | | | | | | sanofi |
| | Stage 3 "Early Onset" T1D | mAb | | | | | | |
| MGD024 (CD123 × CD3) | CD123+ Heme Malignancies | DART | | | | | | Exclusive Option GILEAD |
| Bispecific (Undisclosed) | Multiple Solid Tumors | DART/TRIDENT® | | | | | | GILEAD |

***$435M Non-dilutive funding achieved since mid-2022***

*The safety and efficacy of investigational agents and/or investigational uses of approved products have not been established. Pipeline reflects current status of each program or most recently completed phase of development.*
*(a) MacroGenics entered risk-sharing collaboration with Eversana in November 2020, under which MacroGenics books U.S. sales and Eversana leads execution of U.S. commercialization of MARGENZA. For all other currently partnered programs for which a license option has been exercised, the partner would book any future worldwide sales, if approved, and MacroGenics would be entitled to receive milestones and royalties.*

## Unique Capabilities to Develop Next Generation Antibodies for Treating Cancer

| Multiple Phase 2 Programs in Prostate Cancer | Broad Capabilities for Drug Conjugates | Proprietary Platforms for Multispecifics | Proven R&D Track Record | Well Funded to Deliver on Plan |
|---|---|---|---|---|
| Multiple data catalysts<br><br>*Studies:*<br>TAMARACK<br>ORIKEET<br>HEAT[b] | Experience in combining novel targets with differentiated drug-linker technology | Flexible platforms with clinical and/or partner validation | Three approved products generated from our pipeline[a] fuel potential revenue<br>Margenza®<br>Tzield®<br>ZYNYZ® | $140M Cash as of 6/30/24, plus $100M in milestones subsequently received from Incyte, and other anticipated and potential future payments, should provide cash runway into 2026 |

*[a] TZIELD® was sold to Provention Bio (Sanofi) and is marketed by Sanofi; ZYNYZ™ was licensed to, and is marketed by, Incyte.*
*[b] The "Help Elucidate & Attack Longitudinally" (HEAT) neo-adjuvant prostate cancer study is an investigator-sponsored trial.*

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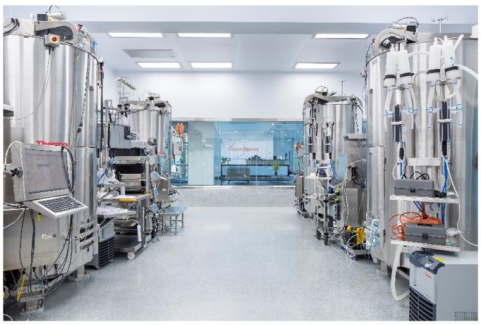
## Thank You!



**Investor Relations Inquiries:**

**Jim Karrels** – SVP, Chief Financial Officer
301-354-2681 | karrelsj@macrogenics.com

**Business Development Inquiries:**

**Eric Risser** – Chief Operating Officer
rissere@macrogenics.com

**Harish Krishnaswamy** – Vice President, BD
krishnaswamyh@macrogenics.com

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