

August 2026



NextCure

Corporate Presentation

NASDAQ: NXTC



Forward-Looking Statements

To the extent that statements contained in this presentation are not descriptions of historical facts, they may be deemed to be forward-looking statements under the Private Securities Litigation Reform Act of 1995. These statements are based on current expectations, forecasts, assumptions and other information available to NextCure as of the date hereof. Forward-looking statements include statements regarding NextCure's expectations, beliefs, intentions or strategies regarding the future and can be identified by forward-looking words such as "may," "will," "potential," "expects," "believes," "intends," "hope," "towards," "forward," "later" and similar expressions. Examples of forward-looking statements in this presentation include, among others, statements about our licensing agreement with Simcere Zaiming, statements about the development plans for our products, statements about the progress and evaluation and expected timing of results of NextCure's ongoing or planned clinical trials, expectations regarding the potential benefits, activity, effectiveness and safety of our research stage, preclinical stage, and clinical stage therapeutic candidates, NextCure's financial guidance, expected upcoming milestones, and NextCure's plans, objectives and intentions with respect to the discovery and development of therapeutic products. Forward-looking statements involve substantial risks and uncertainties that could cause actual results to differ materially from those projected in any forward-looking statement. Such risks and uncertainties include, among others: positive results in preclinical studies may not be predictive of the results of clinical trials; NextCure's limited operating history and no products approved for commercial sale; NextCure's history of significant losses; NextCure's need to obtain additional financing; risks related to clinical development, marketing approval and commercialization; the unproven approach to the discovery and development of product candidates based on NextCure's discovery platform; and dependence on key personnel. More detailed information on these and additional factors that could affect NextCure's actual results are described in NextCure's filings with the Securities and Exchange Commission (the "SEC"), including in Item 1A of NextCure's most recent Form 10-K, subsequent Forms 10-Q and elsewhere in the Company's filings with the SEC. You should not place undue reliance on any forward-looking statements. Forward-looking statements speak only as of the date of this press release, and NextCure assumes no obligation to update any forward-looking statements, except as required by law, even if expectations change.

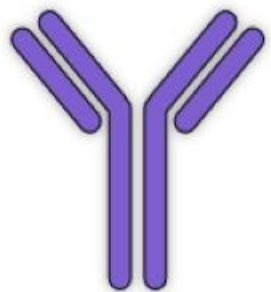
ADC Pipeline Progress

PROGRAMS	TARGET	PAYLOAD	PRECLINICAL	PHASE 1	PHASE 2
SIM0505 	CDH6	TOPO	Ovarian Cancer		
			Uterine Serous Carcinoma (USC)		
LNCB74 Exclusive license to 	B7-H4	MMAE	Breast, Ovarian, Endometrial , ACC-1		

SIM0505 is a Differentiated CDH6 TOPOi ADC

VALIDATED TARGET WITH PROPRIETARY TOPOi PAYLOAD

CDH6 mAb



Unique Binding Epitope
with Increased Affinity

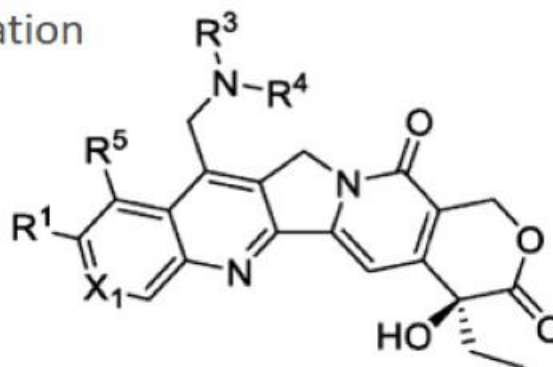
Linker

GGFG Linker

Gly-Gly-Phe-Gly Provides
Tumor-Specific Cleavage

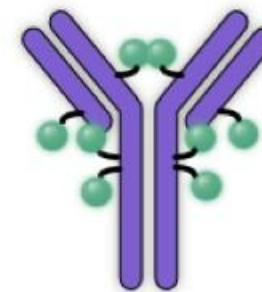
Payload CPT116 (TOPO)

Cysteine conjugation



High Systemic Clearance
for Reduced Toxicity

DAR 8.0

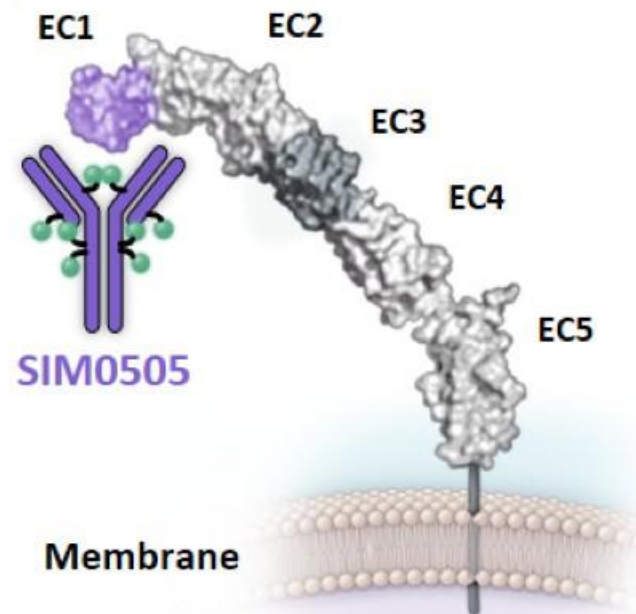


Potent Cytotoxicity with
Anticipated Safety
Improvement

SIM0505 Structural and Functional Differentiation by Design

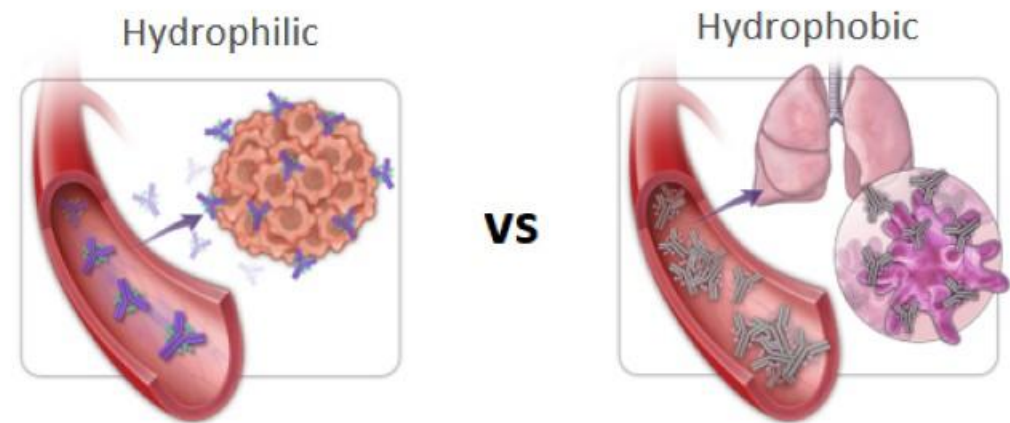
SIM0505

- Unique distal EC1 epitope on CDH6
- Ovarian, uterine, RCC, NSCLC
- High affinity & internalization
- PK proportionality



CPT116 (PAYLOAD)

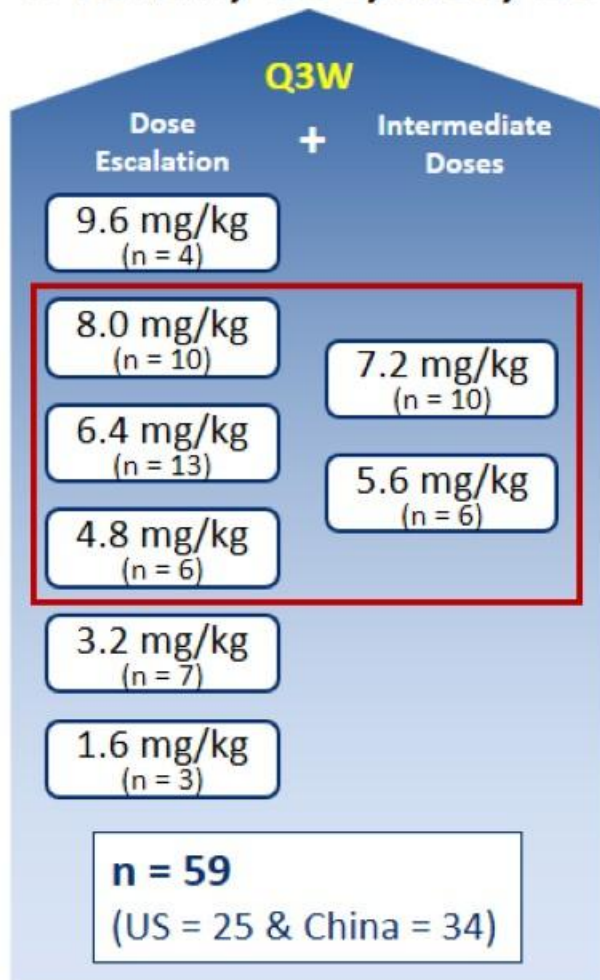
- Designed for better tolerability & safety
- Hydrophilic & high systemic clearance
- Good permeability & bystander effect
- Less aggregation than hydrophobic



SIM0505 Development Plan

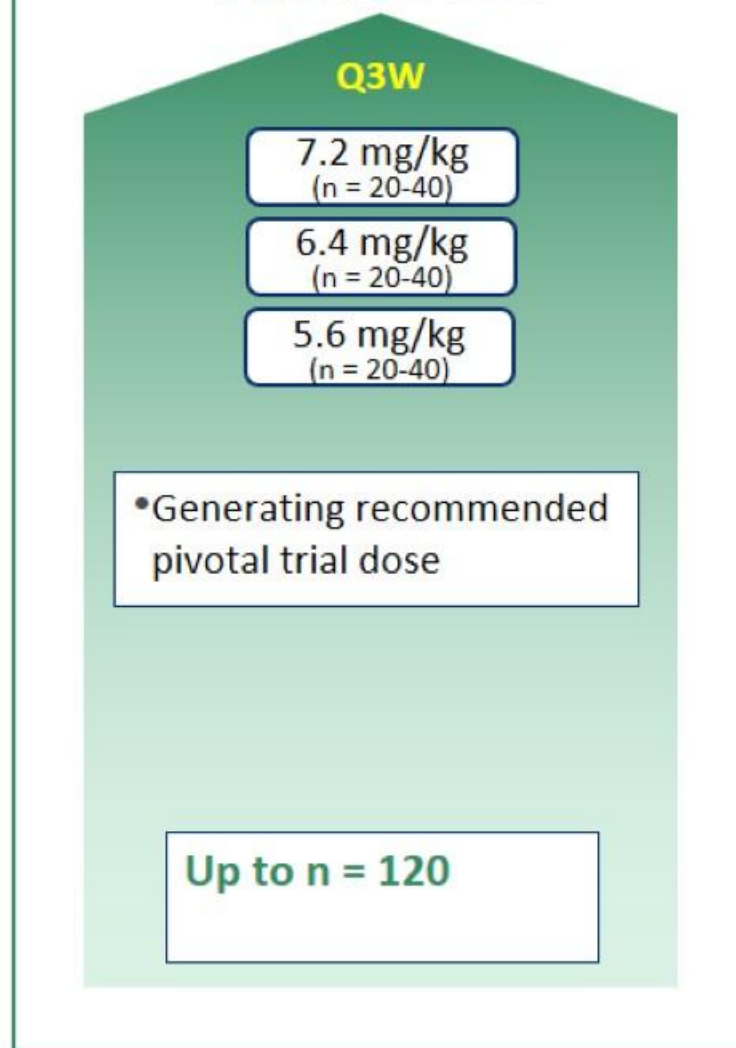
COMPLETED
DOSE ESCALATION
2Q 2026

Ovarian, USC, RCC, EC



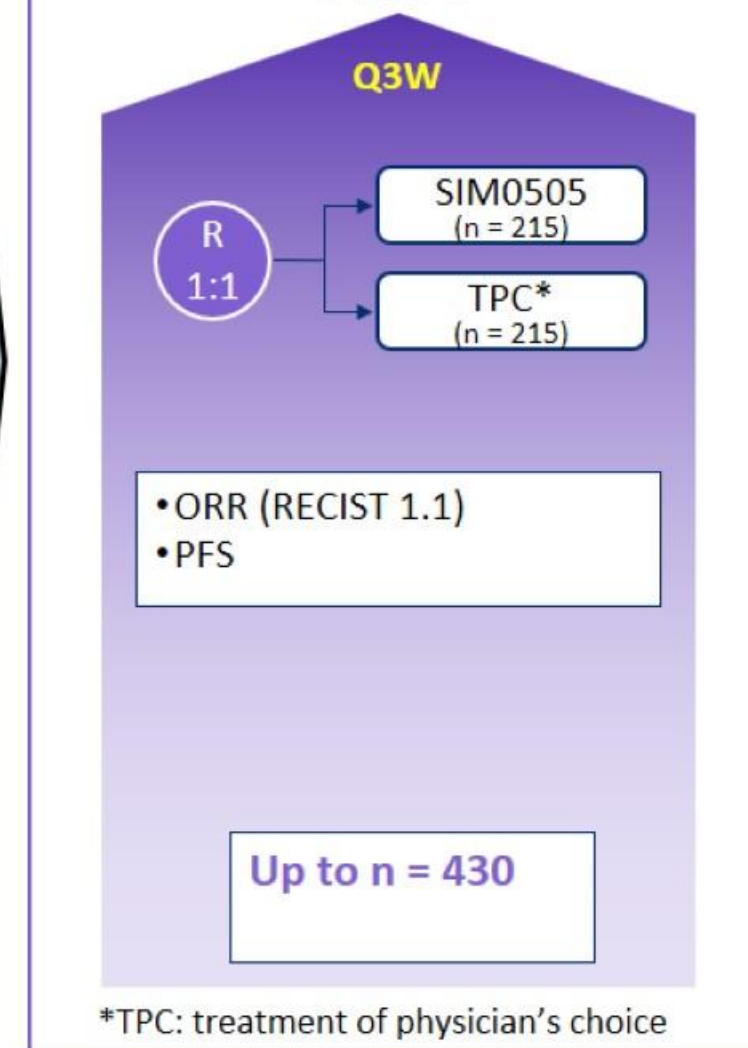
INITIATED
DOSE OPTIMIZATION
2Q 2026

PROC & USC



PLANNING
PIVOTAL TRIAL

PROC



Baseline Characteristic	US Patients (n = 25)	China Patients (n = 34)	All Patients (n = 59)
Age, years			
Median (range)	63 (49-78)	56 (42-72)	58 (42-78)
Sex, n (%)			
Male	0 (0.0)	2 (5.9)	2 (3.4)
Female	25 (100)	32 (94.1)	57 (96.6)
Tumor Type, n (%)			
Ovarian	19 (76.0)	27 (79.4)	46 (78.0)
USC/other endometrial	6 (24.0)	4 (11.8)	10 (16.9)
RCC	0 (0.0)	3 (8.8)	3 (5.1)
ECOG performance status, n (%)			
0	8 (32.0)	8 (23.5)	16 (27.1)
1	17 (68.0)	26 (76.5)	43 (72.9)
Prior systemic anti-cancer regimens			
Median (range)	3 (1-9)	5 (1-12)	5 (1-12)

Patient Population

- Poor performance status
— ~73% ECOG 1
- Heavily pretreated
- ~75% of ovarian / USC patients had FIGO Stage IV metastatic tumor burden

FIGO: International Federation of Gynecology and Obstetrics

SIM0505 Has Shown a Well Manageable Safety Profile

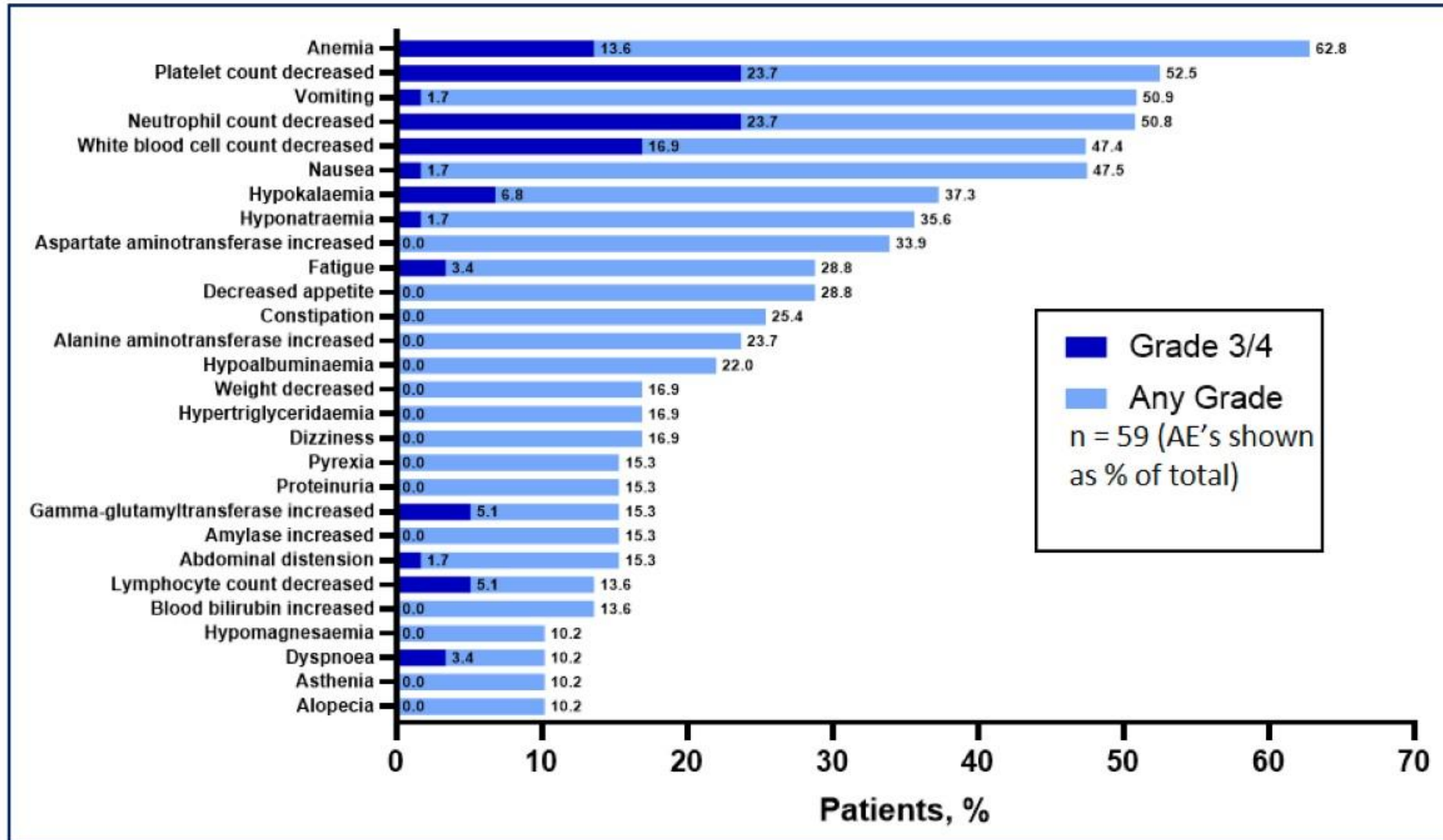
Overview of Adverse Events	1.6 – 9.6 mg/kg (n = 59) n (%)
Treatment-emergent adverse events (TEAEs) (%)	59 (100)
Grade ≥ 3	32 (54.2)
Grade 5 ^a	2 (3.4)
TEAEs related to study drug (TRAEs) (%)	57 (96.6)
Grade ≥ 3	28 (47.5)
Grade 5	0
Any Serious adverse events (SAEs) (%)	16 (27.1)
Treatment related SAE, n (%)	10 (16.9)
TRAE Dose modifications, n (%)	
Dose interruption	14 (23.7)
Dose reduced	11 (18.6)
Dose discontinued	3 (5.1)
Interstitial Lung Disease (ILD) / Pneumonitis ^b	2 (3.3)
Grade ≥ 3	0 (0)

a. 1 Gr5 at 7.2 mg/kg related to disease progression, 1 Gr5 at 8.0 mg/kg complicated UTI (not related)

b. 1 Gr1 ILD at 5.6mg/kg and 1 Gr2 ILD at 6.4mg/kg

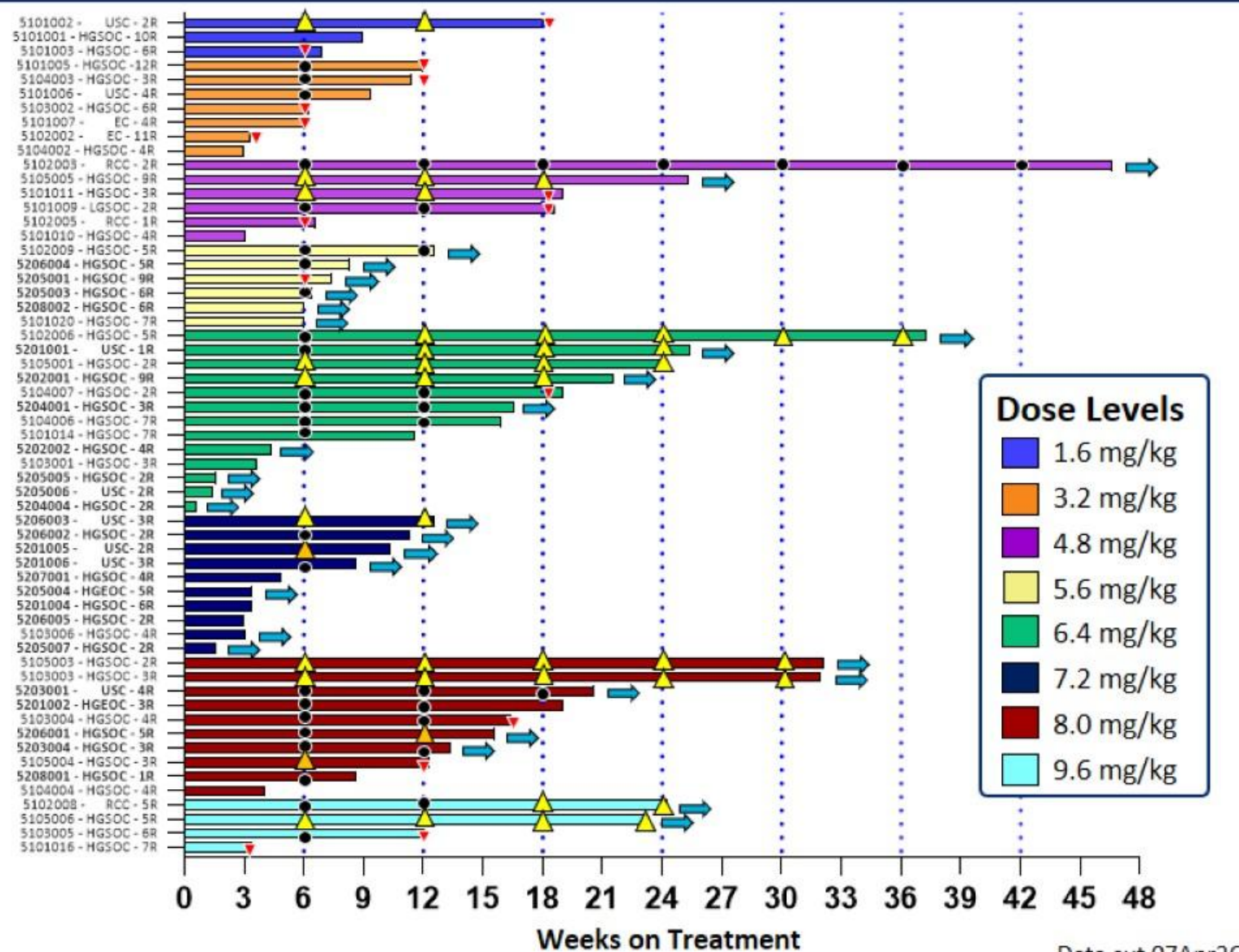
Data cut 07Apr26

Most Common TEAEs ($\geq 10\%$)



- MTD not reached
- No primary prophylaxis *required* for neutropenia & thrombocytopenia
- Grades 1 & 2 TEAEs were predominantly hematological, nausea & vomiting
- Grades 3 & 4 TEAEs were hematological and manageable

Swimmer Plot All Patients at All Doses



- 6 dose cohorts + 2 intermediate dose cohorts

PATIENTS ENROLLED	Total
TOTAL	59
Ovarian Cancer	46
Uterine Serous Carcinoma (USC)	8
Renal Cell Carcinoma (RCC)	3
Other Endometrial Cancer	2

- Prior systemic anti-cancer regimens: Median 5 (1-12)

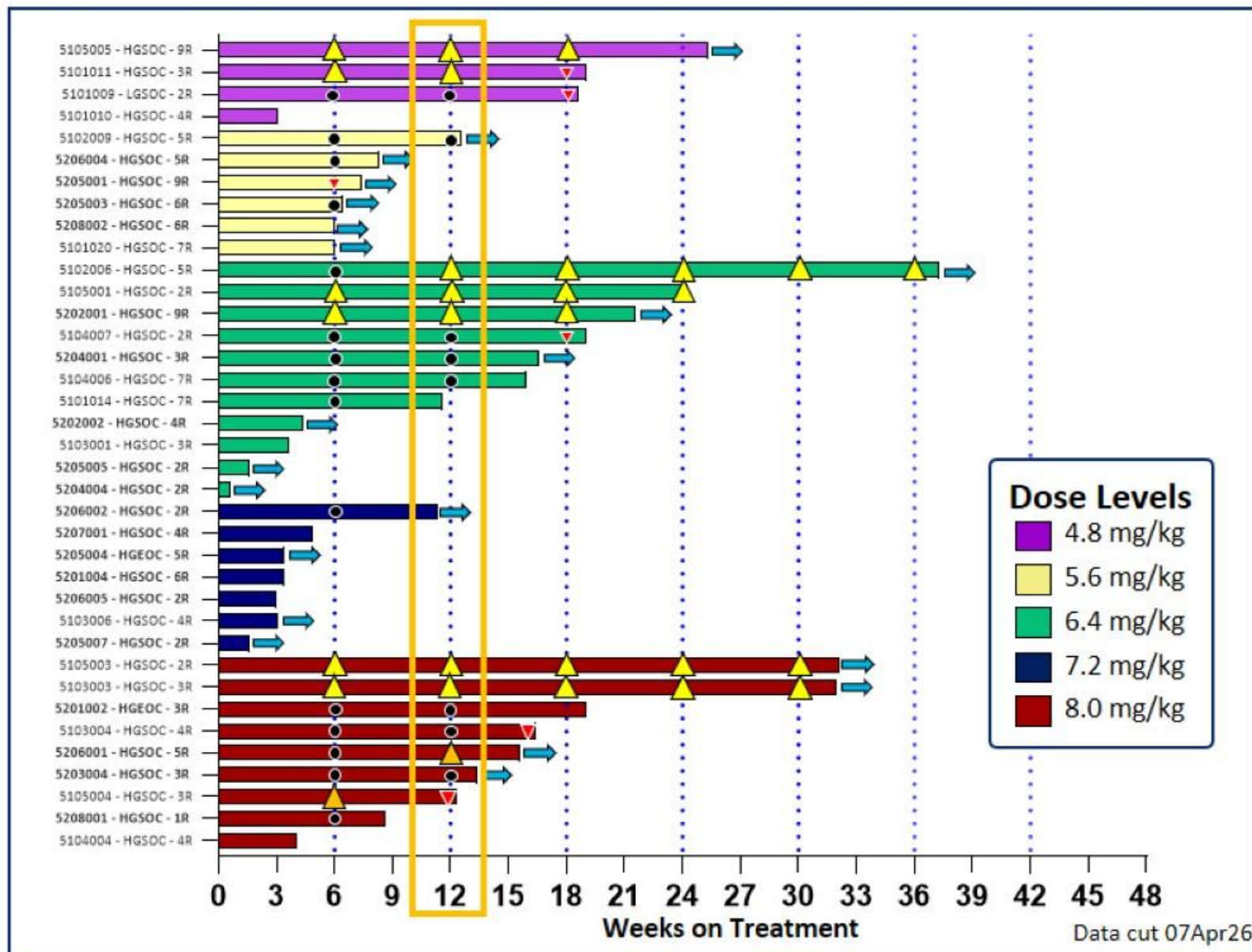
Bold – US patients

➡ On treatment

▲ cPR
 ▲ uPR
 ● SD
 ▼ RECIST PD

EC: endometrial cancer; HGSOC: high-grade serous ovarian cancer; HGEOC: high-grade endometroid cancer;
 LGSOC: low-grade serous ovarian cancer; RCC: renal cell carcinoma; USC: uterine serous carcinoma
 cPR: confirmed partial response; uPR: unconfirmed partial response

Ovarian Cancer at Therapeutics Doses (4.8 – 8.0 mg/kg)



- n = 37 ovarian cancer patients
- Patients with at least ≥12 weeks follow-up

Evaluable	PR	ORR
n = 17	9	52.9%

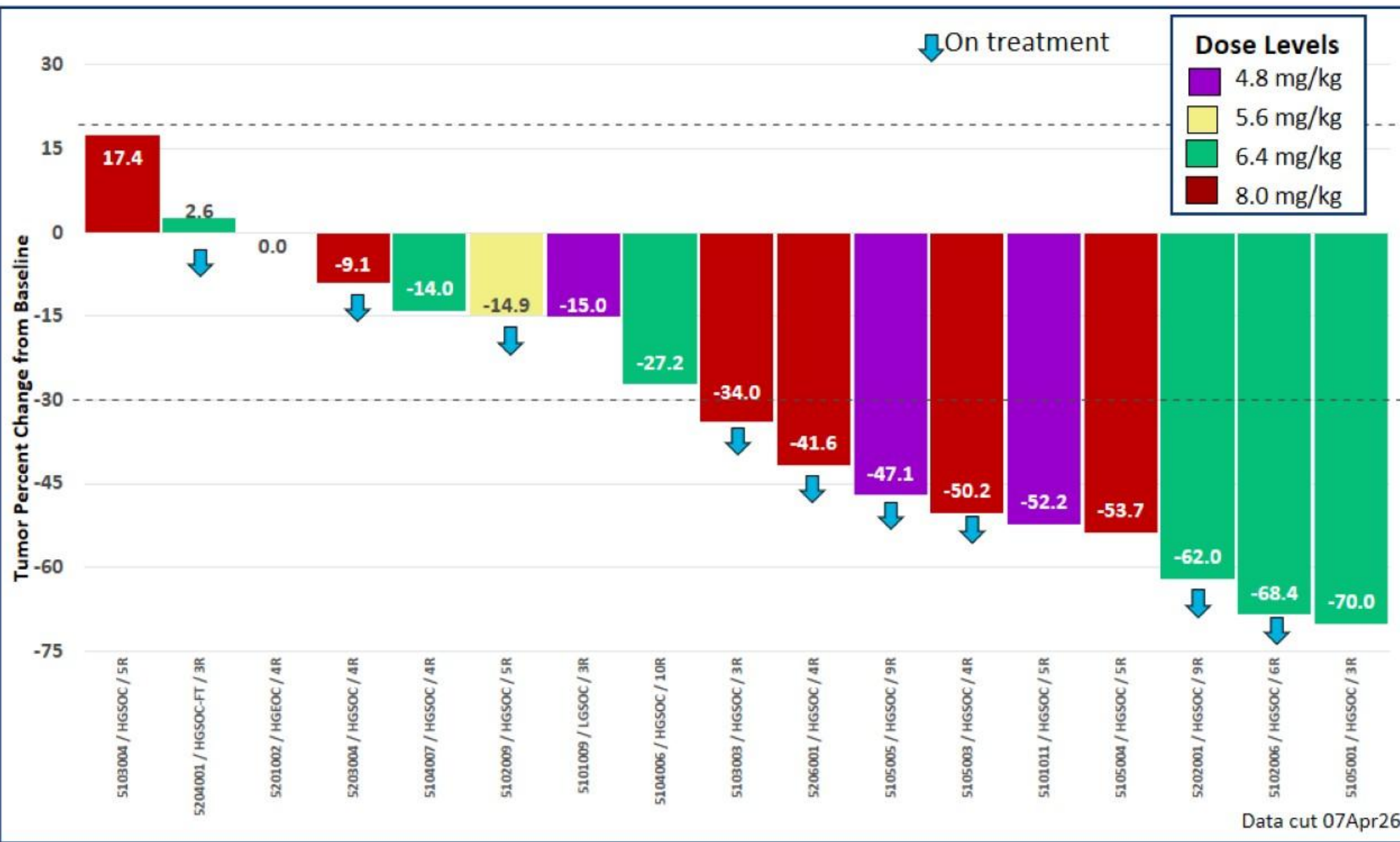
- Other: 1 PR 9.6 mg/kg



HGSOC: high-grade serous ovarian cancer; HGEOC: high-grade endometroid cancer; LGSOC: low-grade serous ovarian cancer

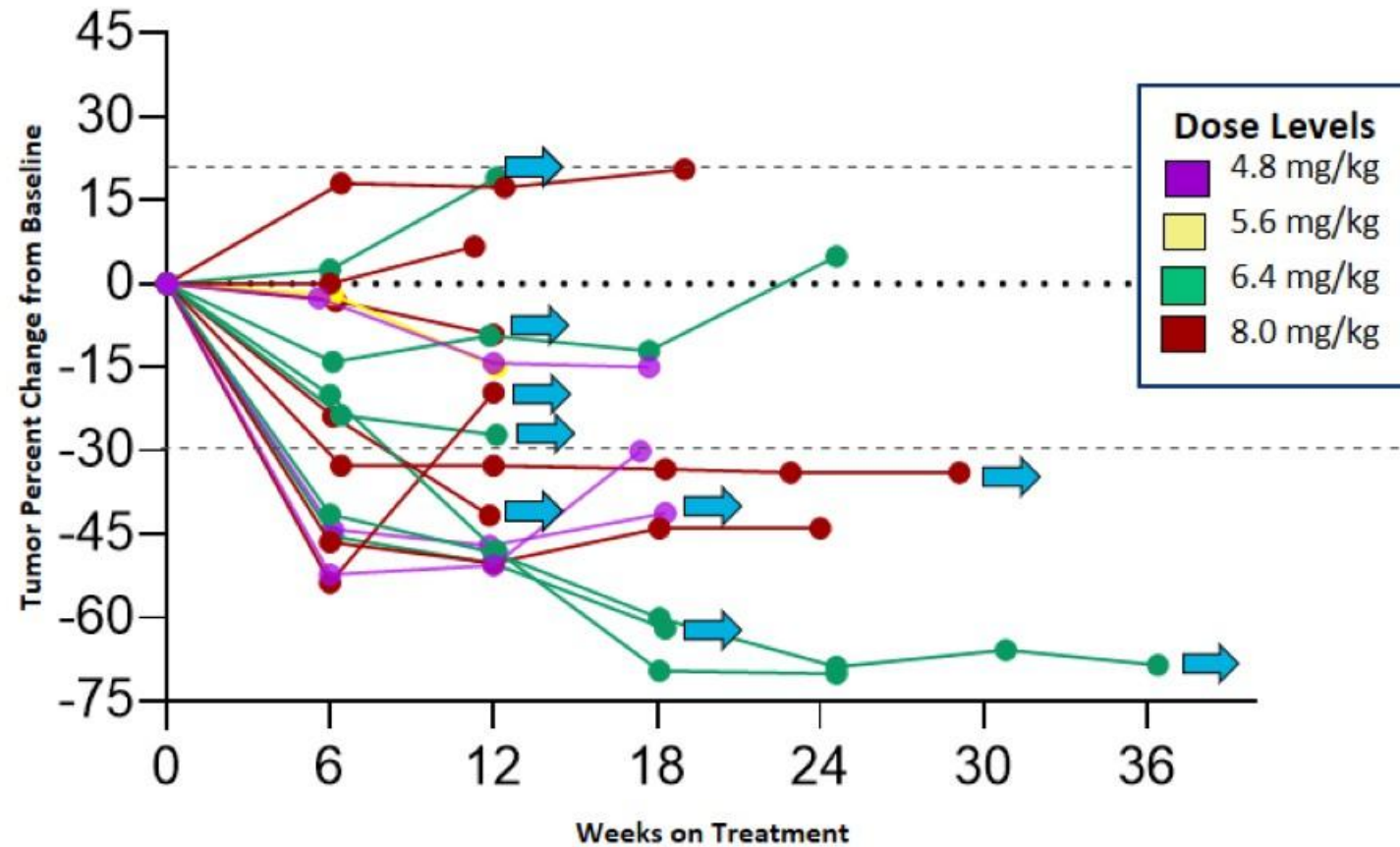
cPR: confirmed partial response; uPR: unconfirmed partial response

Ovarian Cancer (4.8 – 8.0 mg/kg)



- Defined therapeutic range
- Greatest tumor shrinkage at 6.4 & 8.0 mg/kg
- Up to 70% tumor shrinkage

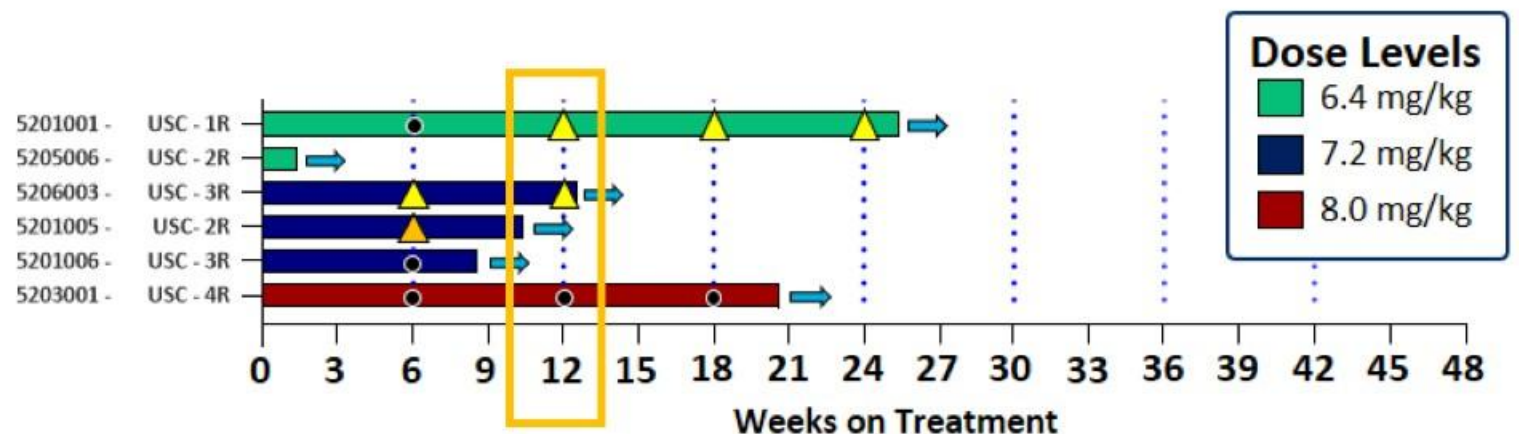
Ovarian Cancer (4.8 – 8.0 mg/kg)



Data cut 07Apr26

- Most patients (15/17) had tumor shrinkage
- Increasing tumor shrinkage with continued treatment
- The greatest tumor shrinkage and durability occurred at 6.4mg/kg

Uterine Serous Carcinoma (4.8 – 8.0 mg/kg)



- Rare and highly aggressive form of endometrial cancer
- Accounts for ~10% of uterine cancer, but causes ~40% of uterine cancer deaths
- Rapid progression and poor clinical outcomes
- Treated with platinum-based chemotherapy

Data cut 07Apr26

cPR: confirmed partial response; uPR: unconfirmed partial response

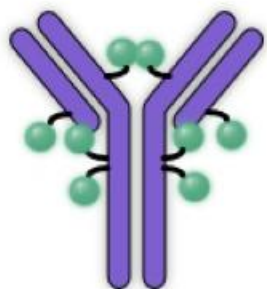
- n = 6 USC patients enrolled
- Patients with at least ≥12 weeks follow-up

Evaluable	PR	ORR
n = 3	2	66.7%

- Other:
 - 1 PR 1.6 mg/kg
 - 1 PR 7.2 mg/kg (has not reached 12 weeks)
- cPR
 uPR
 SD
 RECIST PD
 On treatment

Opportunity to Develop Differentiated CDH6 ADC Therapeutic

SIM0505



CDH6 ADC



POTENTIAL FOR IMPROVED SAFETY & EFFICACY

Programs Available for Partnering

PROGRAMS	TARGET	CELLS	DISCOVERY	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3
NC410 Combo	LAIR-2	Extracellular Matrix	Ovarian				
			Colorectal (CRC)				
NC525	LAIR-1	Leukemia	Acute Myeloid Leukemia				
NC605	S15	Osteoclasts	Osteogenesis Imperfecta				
NC181	APOE4	Microglia & Neurons	Alzheimer's Disease				