Engineering Longer Survival with Fewer Tradeoffs

June 2026

immuneering

NASDAQ: IMRX

FORWARD-LOOKING STATEMENTS AND OTHER DISCLAIMERS

This presentation contains forward-looking statements, including within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this presentation that do not relate to matters of historical fact should be considered forward-looking statements including, without limitation, statements regarding: Immuneering Corporation's (the "Company") plans to develop, manufacture and commercialize its product candidates; the treatment potential of its product candidates, including atebimetinib (also referred to as "atebi" and formerly known as IMM-1-104); the design, enrollment criteria and conduct of the Phase 1/2a clinical trial for atebimetinib; the ability of interim clinical data to support further development of atebimetinib and be confirmed as the trial progresses, including the safety, tolerability, pharmacokinetics, pharmacodynamics and potential efficacy of atebimetinib, alone or in combination with other therapeutic agents including modified gemcitabine/nab-paclitaxel ("mGnP"); the potential advantages and effectiveness of the Company's clinical and preclinical candidates; the timing of additional trial updates; the timing of the dosing and completion of a pivotal trial of atebimetinib in combination with mGnP and other earlier trials; the filing with, and approval by, regulatory authorities of the Company's product candidates; the sufficiency of funds to operate the business of the Company; statements regarding the Company's ability to advance its pipeline and further diversify its portfolio and make progress towards its longstanding goal of creating medicines for cancer patients; the Company's cash needs and availability, including related to the Company's projected cash runway and current operating plans; and the plans and objectives of Company management for future operations, including with respect to the planning and execution of combination or potential pivotal clinical trials.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, without limitation: the Company's limited operating history; the Company's history of operating losses; the Company's ability to raise the substantial additional capital that will be required to finance its operations; the difficulty of obtaining regulatory approval for any of the Company's current or future product candidates; the Company's ability to submit an Investigational New Drug application ("IND"), or IND amendments or comparable documents in foreign jurisdictions in order to commence and continue clinical trials on the timelines expected; the Company's limited experience in designing and conducting clinical trials; the timing of the initiation, progress and potential results of the Company's ongoing and planned preclinical studies and clinical trials and research programs, including the Company's Phase 1/2a clinical trial and Phase 3 trial; the Company's ability to successfully complete its Phase 1/2a clinical trial for atebimetinib, or any planned or future clinical trials, including pivotal trials, and for those trials to produce positive results; the risk of substantial delays in completing, if at all, the development and commercialization of the Company's current or future product candidates; risks related to adverse events, toxicities or other undesirable side effects caused by the Company's current or future product candidates; the risk of delays or difficulties in the enrollment and/or maintenance of patients in clinical trials; the Company's substantial reliance on the successful development of its current and future product candidates, as well as its platform and proprietary technologies; risks related to competition in the Company's industry; the market opportunity for the Company's product candidates, if approved; risks related to manufacturing; risks related to the Company's reliance on third parties; risks related to the Company's intellectual property; and risks related to ongoing and / or future pandemics.

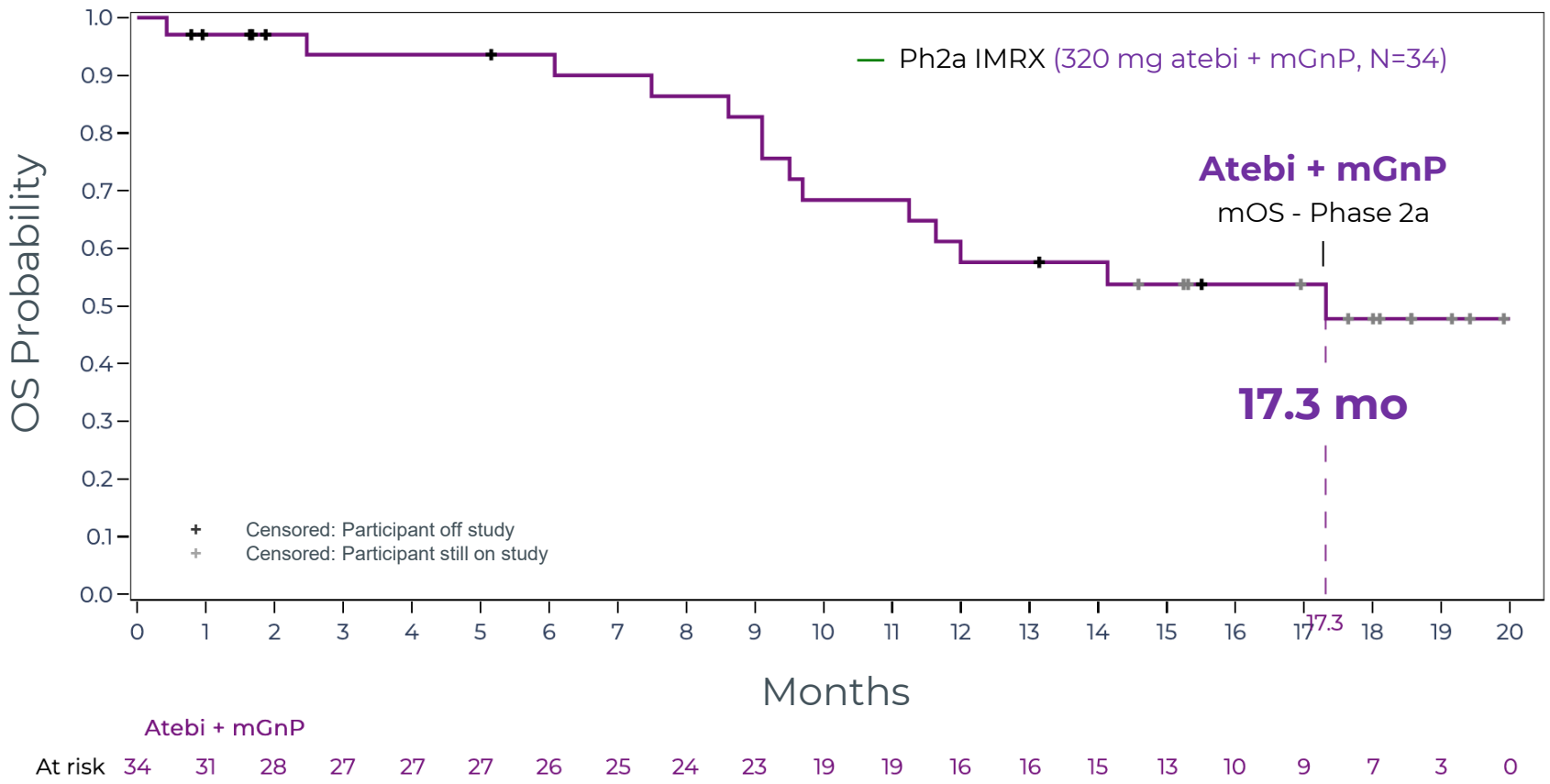
These and other important factors discussed under the caption "Risk Factors" in the Company's Annual Report on Form 10-K for the period ended December 31, 2025 and Quarterly Report on Form 10-Q for the period ended March 31, 2026 filed with the SEC, and its other reports filed with the SEC, could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent Company management's estimates as of the date of this presentation. While the Company may elect to update such forward-looking statements at some point in the future, other than as required by law it disclaims any obligation to do so, even if subsequent events cause its views to change. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

This presentation may also contain estimates and other statistical data made by independent parties and by the Company, including without limitation relating to market size and other data about the Company's industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of the Company's future performance and the future performance of the markets in which the Company operate are necessarily subject to a high degree of uncertainty and risk. Neither the Company nor its affiliates, advisors or representatives makes any representation as to the accuracy or completeness of that data or undertake to update such data after the date of this presentation.

Unless otherwise specified, all clinical data in the following slides is based on an interim data collection from the intent-to-treat population of 34 (initial cohort) and/or 55 (expanded cohort) patients dosed at the 320 mg once-daily dose level of atebimetinib in combination with modified gemcitabine/nab-paclitaxel ("mGnP" = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks) in the Company's ongoing Phase 1/2a clinical trial, as of April 24, 2026. The median follow-up for overall survival (OS) was estimated by the reverse Kaplan–Meier method. All data remains subject to follow-up and database updates.

Compelling Survival and Tolerability in First Line Pancreatic Cancer

Phase 2a | Atebimetinib (320 mg QD) + mGnP OS, **N=34**



Median OS	
months	
Atebimetinib + mGnP (N=34)	**17.3** [11.6, NR]

Only 2 categories of TRAE grade ≥3 in ≥10% of participants, both chemotherapy related

MAPKeeper 301

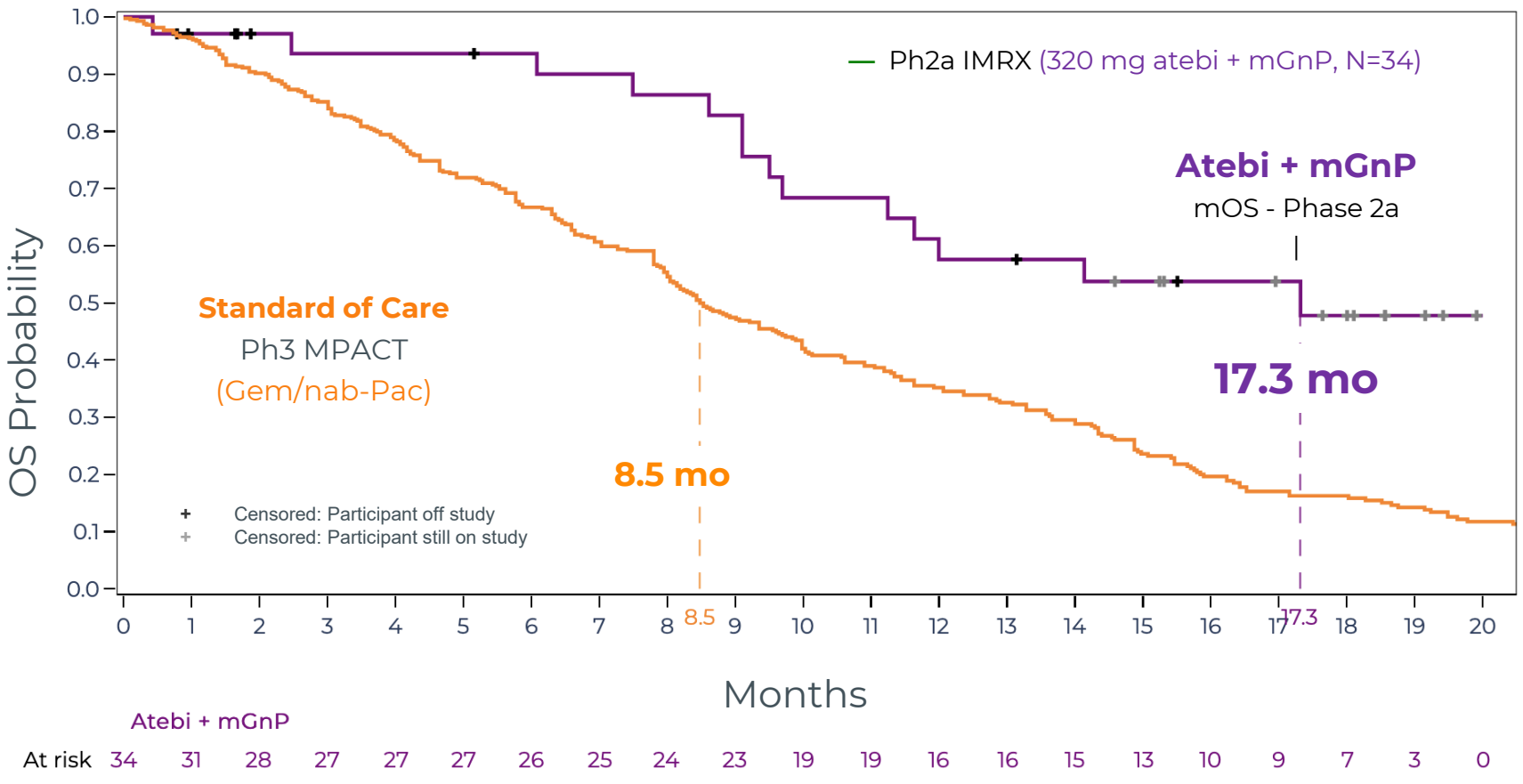
Phase 3 Now Recruiting, NCT07562152

As of the April 24, 2026 data cutoff, the median follow-up was 17.0 months [95 CI: 14.6-18.6] (N=34) as estimated by the reverse Kaplan–Meier method.

immuneering

Consistent Separation from Standard of Care Benchmark

Phase 2a | Atebimetinib (320 mg QD) + mGnP OS, **N=34**



Median OS
(months)

Atebimetinib + mGnP (N=34)	**17.3** [11.6, NR]
GnP (MPACT)	**8.5**

Only 2 categories of TRAE grade ≥3 in ≥10% of participants, both chemotherapy related

MAPKeeper 301

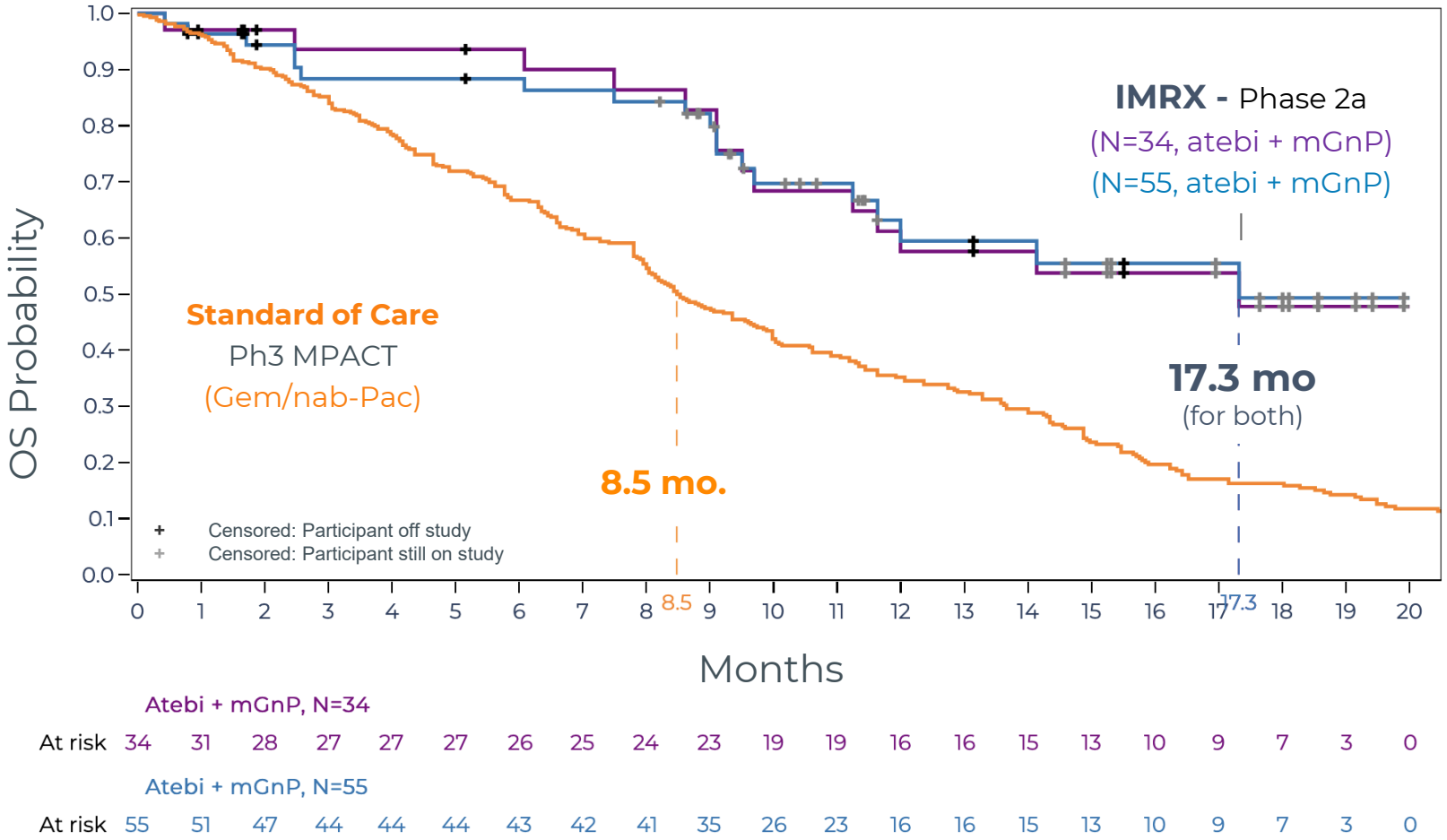
Phase 3 Now Recruiting, NCT07562152

Censored participants off study due to withdrawal of consent or lost to follow up. No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. Reconstructed Kaplan-Meier (KM) Plot of Pivotal Ph3 Study MPACT 2013 NEJM (PMID: 24131140) per 2024 JAMA Nichetti, et al. 7(1):e2350756

immuneering

Consistent Overall Survival as the Cohort is Expanded from N=34 to N=55; Overlapping Survival Curves, Median Unchanged at 17.3 Months

Atebimetinib (320 mg QD) + mGnP OS, **N=55** compared to **N=34**



Median OS
(months)

Atebimetinib + mGnP (N=55)	**17.3** [11.2, NR]
Atebimetinib + mGnP (N=34)	**17.3** [11.6, NR]
GnP (MPACT)	**8.5**

Only 2 categories of TRAE grade ≥3 in ≥10% of participants, both chemotherapy related

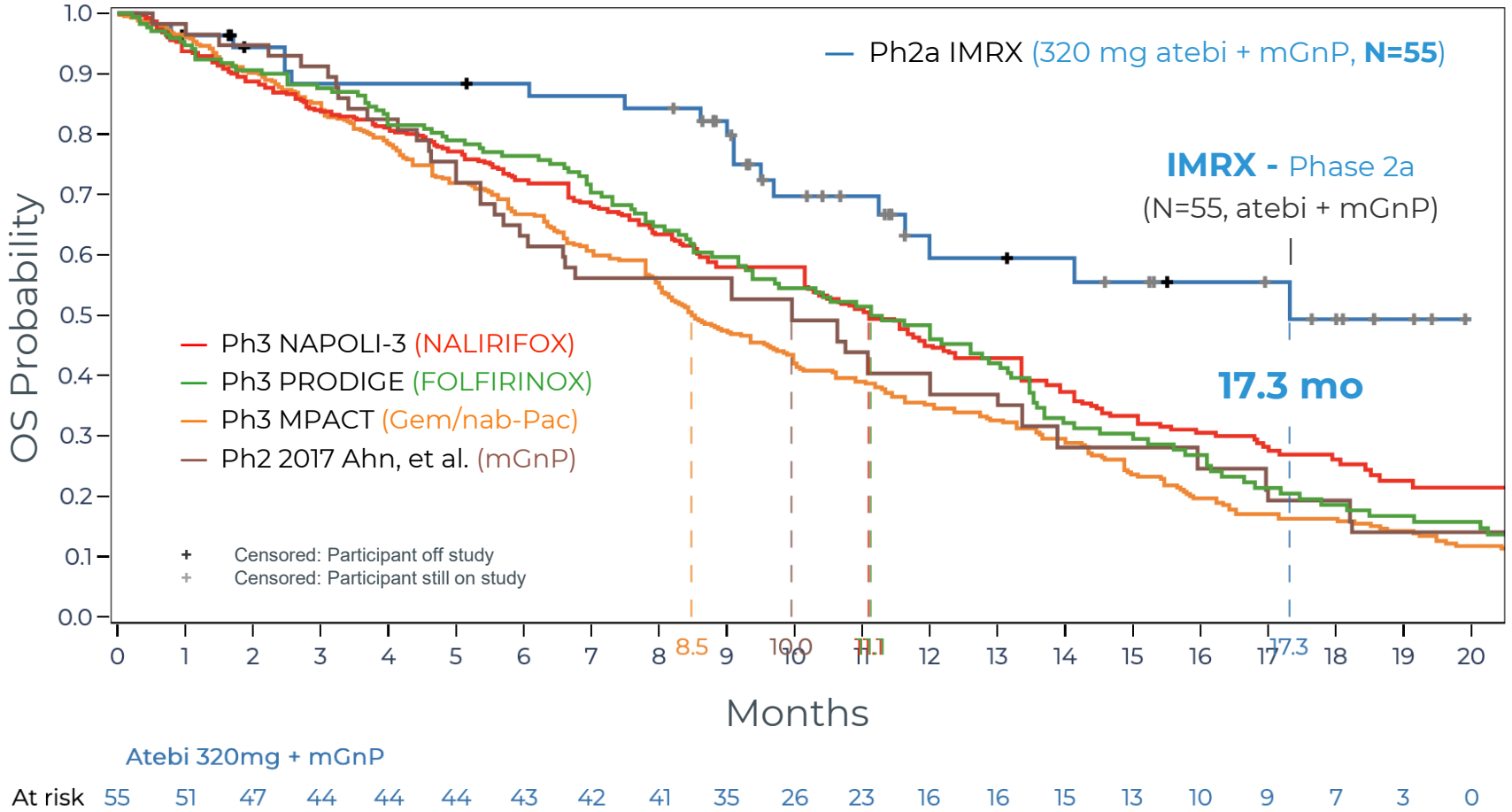
MAPKeeper 301

Phase 3 Now Recruiting, NCT07562152

As of the April 24, 2026 data cutoff, the median follow-up for overall survival (OS) was 11.6 months (N=55) and 17.0 months (N=34) as estimated by the reverse Kaplan–Meier method. No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. Reconstructed Kaplan-Meier (KM) Plot of Pivotal Ph3 Study MPACT 2013 NEJM (PMID: 24131140) per 2024 JAMA Nichetti, et al. 7(1):e2350756

immuneering

Consistent Separation from Additional Standard of Care Options in First Line Pancreatic Cancer



Median OS
(months)

Atebimetinib + mGnP (N=55)	**17.3**
GnP (MPACT)	**8.5**
FOLFIRINOX (PRODIGE)	**11.1**
NALIRIFOX (NAPOLI-3)	**11.1**

*Pivotal Studies: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431, (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171, (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383.

Data based on data cutoff of April 24, 2026. Median follow up of 11.6 months determined via reverse Kaplan-Meier method; No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

immuneering

Atebimetinib (320 mg) + mGnP Safety: Treatment Related Adverse Events

Safety Highlights

- **84% of participants weight stable or gained weight at 3 months***
- Grade ≥3 Anemia and Neutropenia occurred in ≥10% of participants, both chemotherapy related

Data based on data cutoff date of April 24, 2026. *Weight observations from participants with weight data at ~3 mo and C1D1; weight stable defined as within 5%.

1 of 55 participants discontinued atebimetinib (not due to toxicity) while continuing chemotherapy. Only MEKi class effect ≥ grade 3: rash (5%), resolved with treatment; ocular, cardiac, and diarrhea events were, when observed, grade 1-2 and did not result in discontinuation

TRAE
(related to any drug)

	Any Grade	Grade ≥3
Fatigue	29 (53%)	1 (2%)
Nausea	25 (45%)	0
Anaemia	23 (42%)	9 (16%)
Rash	20 (36%)	3 (5%)
Diarrhea	20 (36%)	0
Vomiting	16 (29%)	1 (2%)
Alopecia	15 (27%)	0
Dysgeusia	15 (27%)	0
Oedema peripheral	15 (27%)	1 (2%)
Neutropenia	14 (25%)	10 (18%)
Neuropathy peripheral	12 (22%)	0

Adverse event preferred terms related to any component of treatment, occurring in ≥ 20% of participants

Rash = rash, dermatitis acneiform, rash maculo-papular

immuneering

Consistent Separation from Standard of Care Gem/nab-Pac Benchmarks on Additional Endpoints

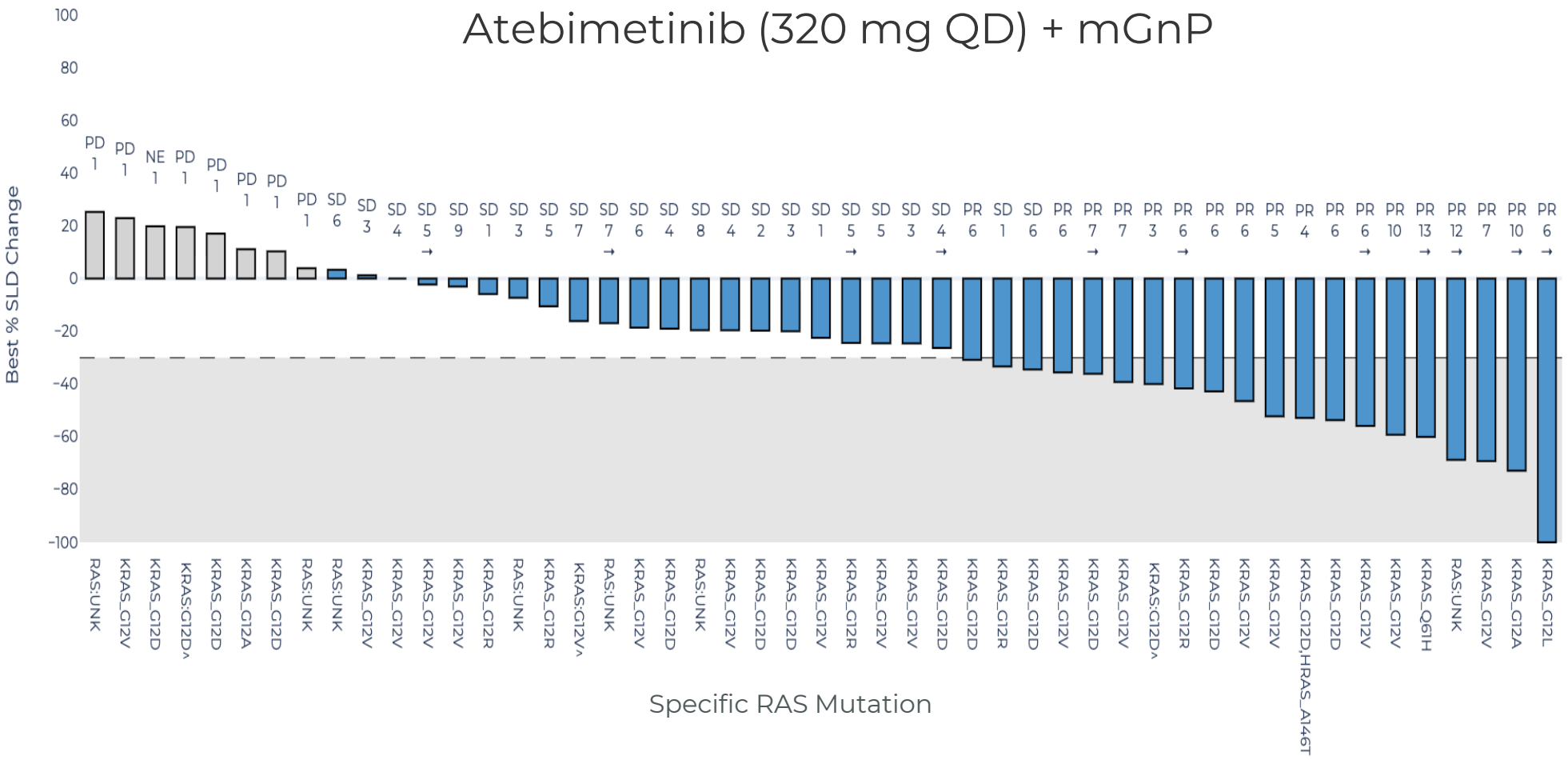
	Atebimetinib + mGnP (N = 55)	**GnP** (MPACT)
Median OS (months)	**17.3** [11.2, NR]	8.5
Median PFS (months)	**8.3** [5.9, 9.6]	5.5
ORR*	**36%**	23%
DCR*	**82%**	48%

Primary Endpoint for Phase 3 trial is Overall Survival (OS). Secondary endpoints include progression-free survival (PFS), disease control rate (DCR), overall response rate (ORR) and Quality of Life (QoL).

*N=50 of response evaluable patients. Atebimetinib dosed at 320 mg. Scans occur approx. every 6 weeks. Patients that progressed without complete radiographic scans are not presented in graph but are counted in ORR/DCR analyses. Patients with baseline and at least one on-treatment assessment were considered evaluable.

immuneering

Overall Response Rate (ORR) and Disease Control Rate (DCR)



Overall Response (ORR) & Disease Control (DCR) Rates

	Atebimetinib + mGnP Ph 2a 1L PDAC
ORR	**36%** (18/50)
DCR	**82%** (41/50)

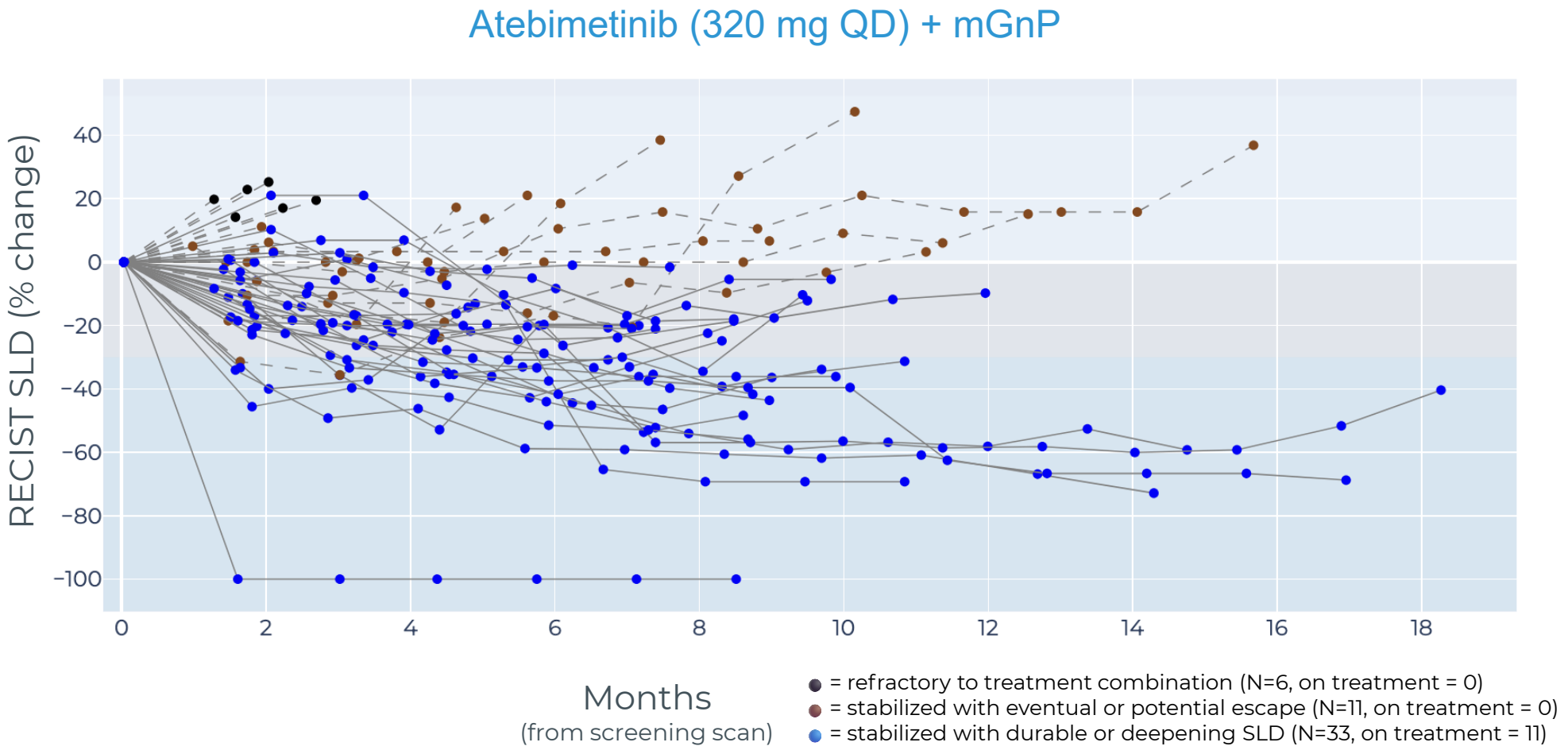
Prior Phase 3 Benchmark Overall Response (ORR) & Disease Control (DCR) Rates

	MPACT Pivotal Study in 1L PDAC
ORR	**23%** (99/431)
DCR	**48%** (206/431)

N=50 of response evaluable participants. Atebimetinib dosed at 320 mg. Scans occur approximately every 6 weeks. One participant progressed without complete radiographic scans and is not presented in graph but counted in ORR/DCR analyses. Participants deemed evaluable had screening assessment and at least one post-baseline assessment. Arrow denotes on treatment as of data cutoff date. Best overall response (BoR) shown. Data based on data cutoff of April 24, 2026.
Glossary: "^" denotation on x-axis = ctDNA-defined RAS mutation; RAS:UNK = RAS mutation status is unknown; PR = partial response; SD = stable disease; PD = progressive disease; NE = non-evaluable per RECIST v1.1

immuneering

Deepening Durable Tumor Responses Over Time Observed



In the above graph, N=50, consisting of response evaluable patients who also had ≥ 1 matched RECIST-evaluable post-baseline scan. Color coded categorization based on Company's initial assessment. SLD = RECIST sum of longest diameter for target lesions. Data based on data cutoff of April 24, 2026, of response evaluable patients from an ongoing Phase 1/2a trial of atebimetinib.

immuneering

Phase 2a Demographics and Baseline Participant Characteristics

Characteristic	**Chung et al, ASCO 2026** atebimetinib + mGnP Phase 2a, N=55[b]	**Von Hoff et al, NEJM 2013** Gem/nab-Pac (GnP) Phase 3, N = 431[e]
Median age (years)	68	62
Age, ≥ 65 : < 65 years, %	62% : 38%	41% : 59%
Disease status, metastatic : locally advanced, %	96% : 4%	100% : 0%
Sex, female : male, %	45% : 55%	43% : 57%
ECOG status, 0:1, %	56% : 44%	58% : 42%
CA 19-9 elevated (≥ 37 U/mL)	89%[d]	84%[f]
Presence of lung metastasis[a,c], %	27%	35%
Presence of peritoneal metastasis[a] %	36%	4%
Presence of liver metastasis[a], %	51%	85%
De novo metastatic disease, %	51%	NR
Received RAS inhibitor in 2nd line	1	N/A
RAS/KRAS mutational status	KRAS mutant: 48 (87%)	RAS unknown: 7 (13%)
Received 2nd line treatment[b], %	60%	40%

Data based on data cutoff of April 24, 2026, (a) Metastasis location sub-analyses derived from RECIST lesion pages and represent lower bounds. (b) Of the 55 participants at data cutoff, 11 were still on treatment and 44 were off-treatment. Of those 44, 21 went on to subsequent cancer therapy, 14 did not, and 9 were unknown. Of the 21 who went on to subsequent therapies, 20 went on to chemotherapy and/or radiation, and 1 to a RAS inhibitor. (c) 4 trial participants (7%) with lung as only metastatic site. (d) 40 out of 45 patients with CA 19-9 data. (e) 2013 NEJM: PMID 24131140 & 2016 BJC: PMID 27351217. (f) CA 19-9 > 35 U/mL. Note: Removal of 2 locally advanced, 4 lung only, or 1 RAS inhibitor 2L patient(s), respectively, from the Kaplan-Meier sub-analysis did not alter the mOS of the remaining patients. All of these subsets resulted in mOS of 17.3 months. OS does not differ significantly for ECOG 0 vs. 1, or for liver vs. peritoneal metastasis. NR = not reported; N/A = not applicable.

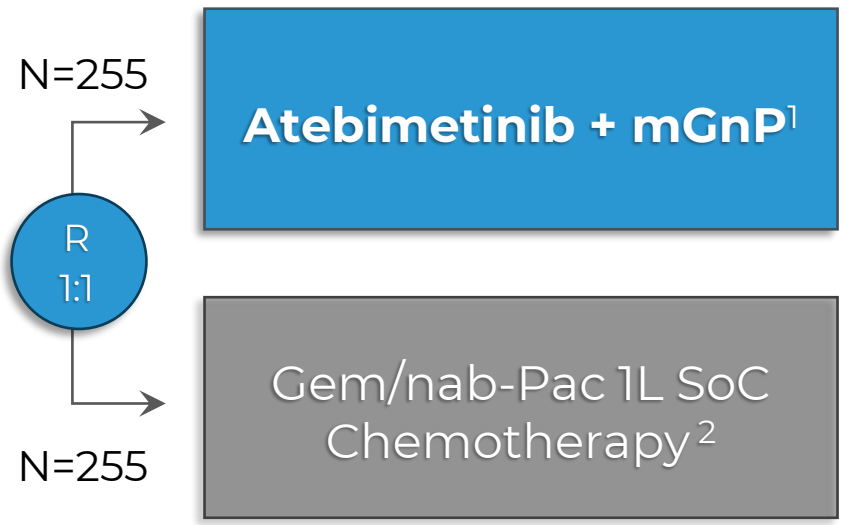
MAPKeeper 301: Global Randomized Phase 3 Pivotal Trial Underway

NCT07562152 | recruiting

Participant Population: First-line (1L) metastatic Pancreatic Ductal Adenocarcinoma (PDAC)

MAPKeeper 301

- First line (1L) PDAC
- Metastatic setting
- ECOG PS 0-1



Primary Endpoints
OS
Secondary Endpoints
PFS
DCR
ORR
QoL

(R) = Randomization Stratification Factors: (1.) Geography (US vs. ROW), (2.) Liver Metastasis (present vs. absent), (3.) ECOG PS: 0 vs. 1, (4.) Denovo vs Recurrent Metastatic

SOC chemotherapy options: full schedule Gemcitabine + nab-Paclitaxel. SOC = standard of care; R = randomize; PFS = progression-free survival; OS = overall survival; ORR = overall response rate; DCR = disease control rate; QoL = Quality of Life

(1) mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks
(2) SOC chemotherapy = full schedule Gemcitabine + nab-Paclitaxel (3 wk on/ 1 wk off)

immuneering

Upcoming Milestones

Multiple anticipated catalysts across distinct programs, funding expected into 2029

2026

Mid-2026

First patient dosed

Pancreatic Cancer Phase 3 MAPKeeper 301

2H 2026

First patient dosed

Phase 2: Atebimetinib + anti-PD-1 (cemiplimab) in non-small cell lung cancer

4Q 2026

Additional preclinical data

Atebimetinib + anti-PD-1 in lung cancer

2027

Mid-2027

Begin IND-enabling studies

Next DCI drug program

Late 2027

Preliminary Ph 2 clinical data

Atebimetinib + anti-PD-1 (cemiplimab) in non-small cell lung cancer

2028

Mid-2028

Topline readout

Phase 3 MAPKeeper 301

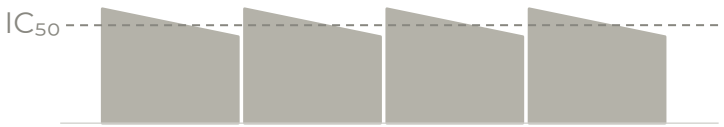
Cash runway **Into 2029**

MAPKeeper 301 (Phase 3) | Atebimetinib + anti-PD-1 (NSCLC) | Next DCI program

immuneering

Immuneering's Deep Cyclic Inhibitor Technology: Engineering for Longer Survival with Fewer Tradeoffs

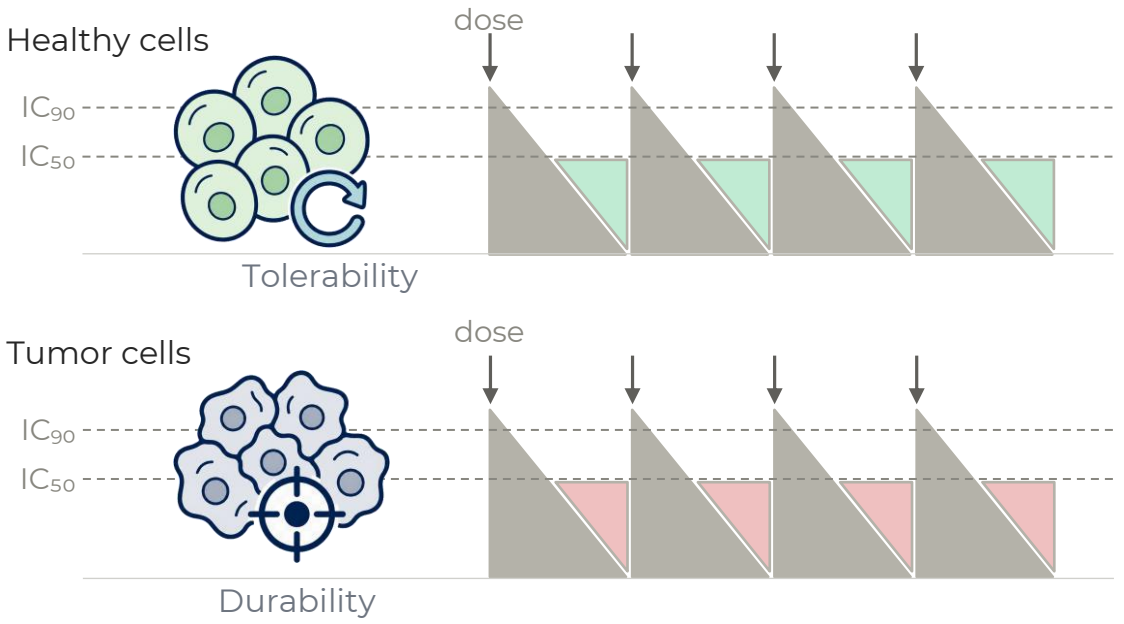
Conventional Wisdom: Chronic Inhibitors



All cell signaling suppressed
= toxicity, resistance

Immuneering's Deep Cyclic Inhibitor Technology

Pulsatile ≥IC_{90} Inhibition with Once-Daily Oral Dosing



High Free-Fraction CMax, Fast Off Rate, Short Half Life (~2 hours)

1. Tolerability

Provides Recovery Window for Healthy Cells

2. Durability

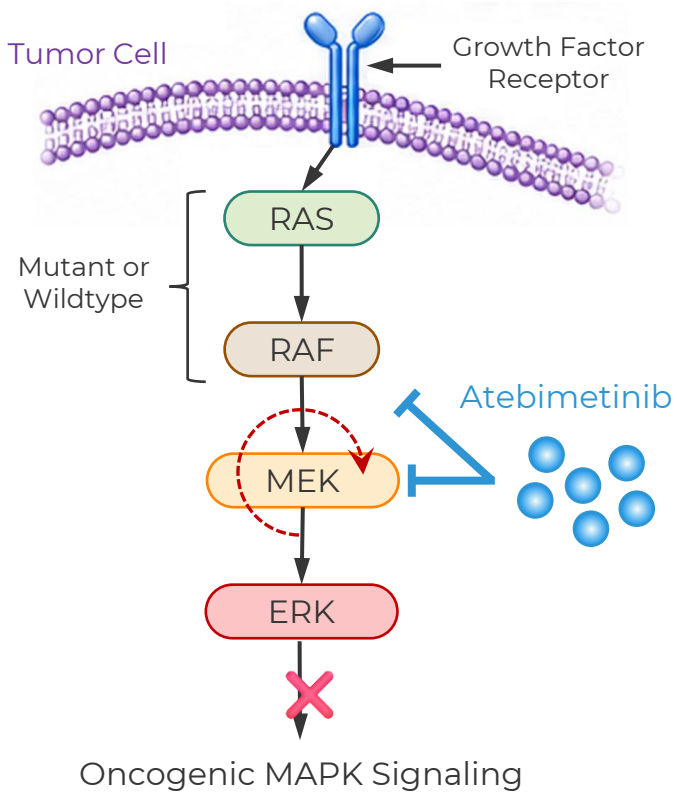
Limits Adaptive and Acquired Resistance

immuneering

Atebimetinib: Achieving the Full Potential of Targeting MEK

Immuneering's First Target: MEK

Pulsatile ≥IC_{90} Inhibition with Once-Daily Oral Dosing



Conventional MEK Inhibitors	Limitations		Strengths	
	Ineffective in RAS-mutant cancers	Poorly tolerated	Improves survival in RAF-mutant cancers	Counters Cachexia to preserve body mass

Block RAF-mediated MEK phosphorylation

Immuneering's Deep Cyclic Inhibitor Technology

Pulsatile ≥IC_{90} Inhibition with Once-Daily Oral Dosing

Atebimetinib

U.S. Composition of Matter Patent No. 12,351,566, Lead Inventor B. Hall:

Goals: Durability, Tolerability

immuneering

Engineering for Longer Survival with Fewer Tradeoffs

Atebimetinib, the first deep cyclic MEK inhibitor | Phase 3 now recruiting in 1L pancreatic cancer (NCT07562152)

01

Technology

Deep Cyclic Inhibitors

Pulsatile pathway suppression designed to overcome the tolerability and resistance limits of chronic inhibitors

02

Target

MEK: Achieving Its Full Potential

MEK sits downstream of both RAS and RAF, where signals converge, regardless of upstream mutation

03

Data

Compelling Survival and Tolerability

17.3-mo median OS in 1L PDAC Phase 2a (vs. 8.5 mo MPACT; Von Hoff NEJM 2013); 84% stable or gained weight; only 2 Gr3+ TRAE categories >10%

04

Execution

A Multi-Front Strategy

Phase 3 Now Recruiting in 1L PDAC; Phase 2 NSCLC combo w/ anti-PD-1, planned first patient dosed 2H2026; preclinical pipeline

Cash Runway

$199M (as of 3/31/26) | into 2029

Patent Exclusivity

Expected Until Late 2045

Recent Data Update

ASCO oral | June 1, 2026

immuneering

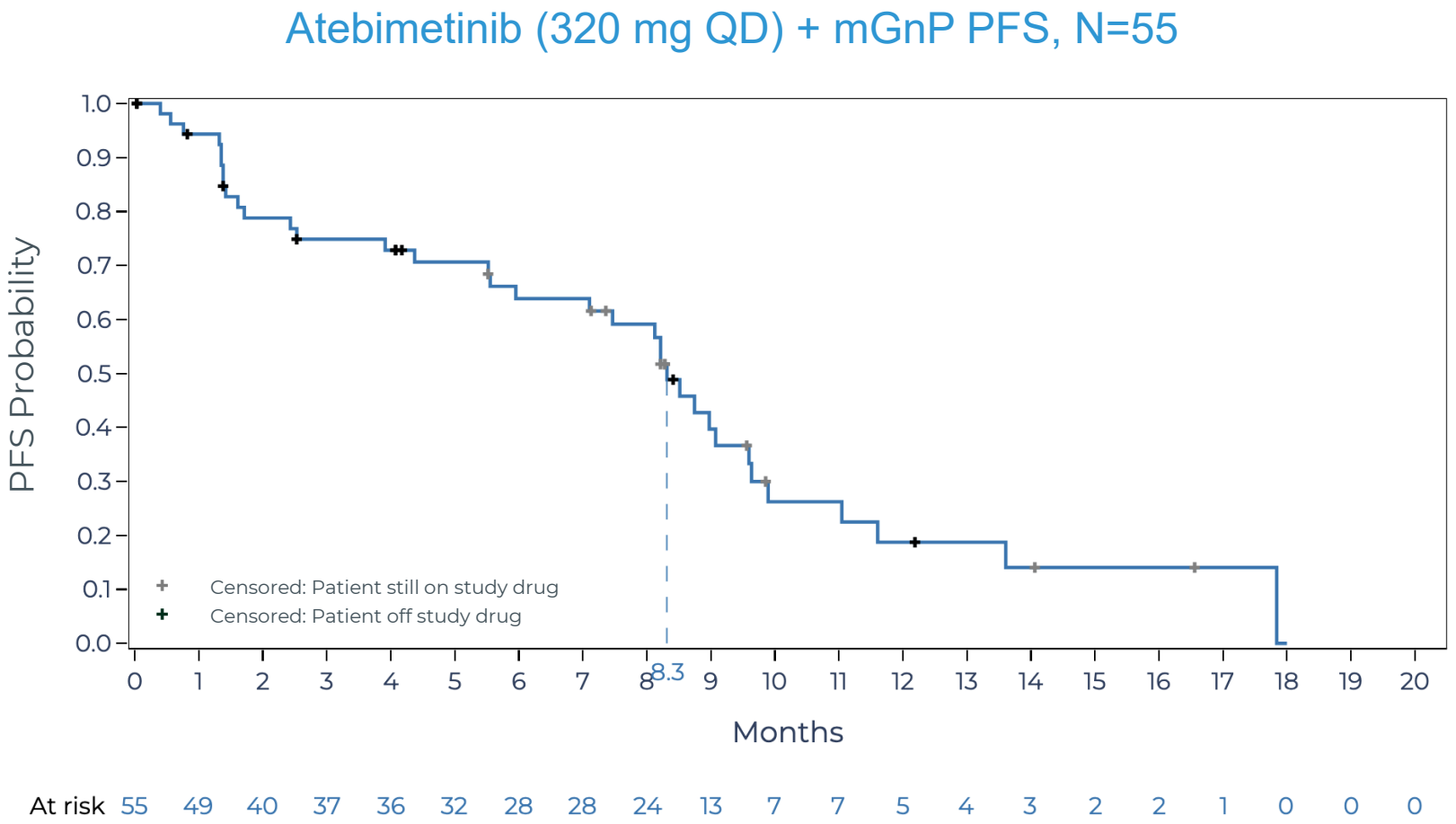
Appendix

immuneering

Additional Slides | Clinical

immuneering

Progression-Free Survival (PFS) Supports Improved Overall Survival in First-Line Pancreatic Cancer



	Atebimetinib + mGnP (320 mg atebi-; N=55)
median PFS	**8.3** months [5.9, 9.6]

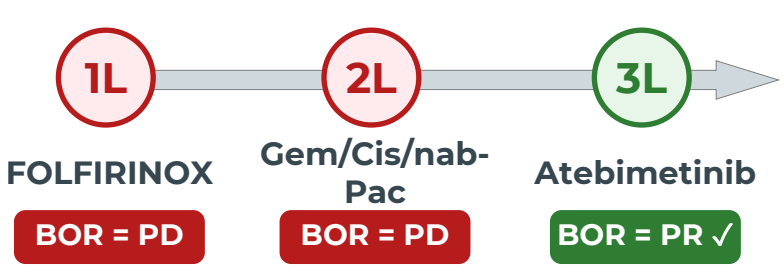
	Reported mPFS	Target 1L Population
Gem/nab-Pac	**5.5** months	Broad
FOLFIRINOX	**6.4** months	High-fitness
NALIRIFOX	**7.4** months	High-fitness

Benchmarks from respective pivotal studies*. As of the April 24, 2026 data cutoff, the median follow-up time for overall survival (OS) was 11.6 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

*Pivotal Studies: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431, (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171, (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383.

immuneering

27+ Months Progression Free Survival in Third Line Pancreatic Cancer Patient Treated With Atebimetinib Monotherapy in Phase 1



Baseline SLD = 18.6 cm

KEY CLINICAL OUTCOMES

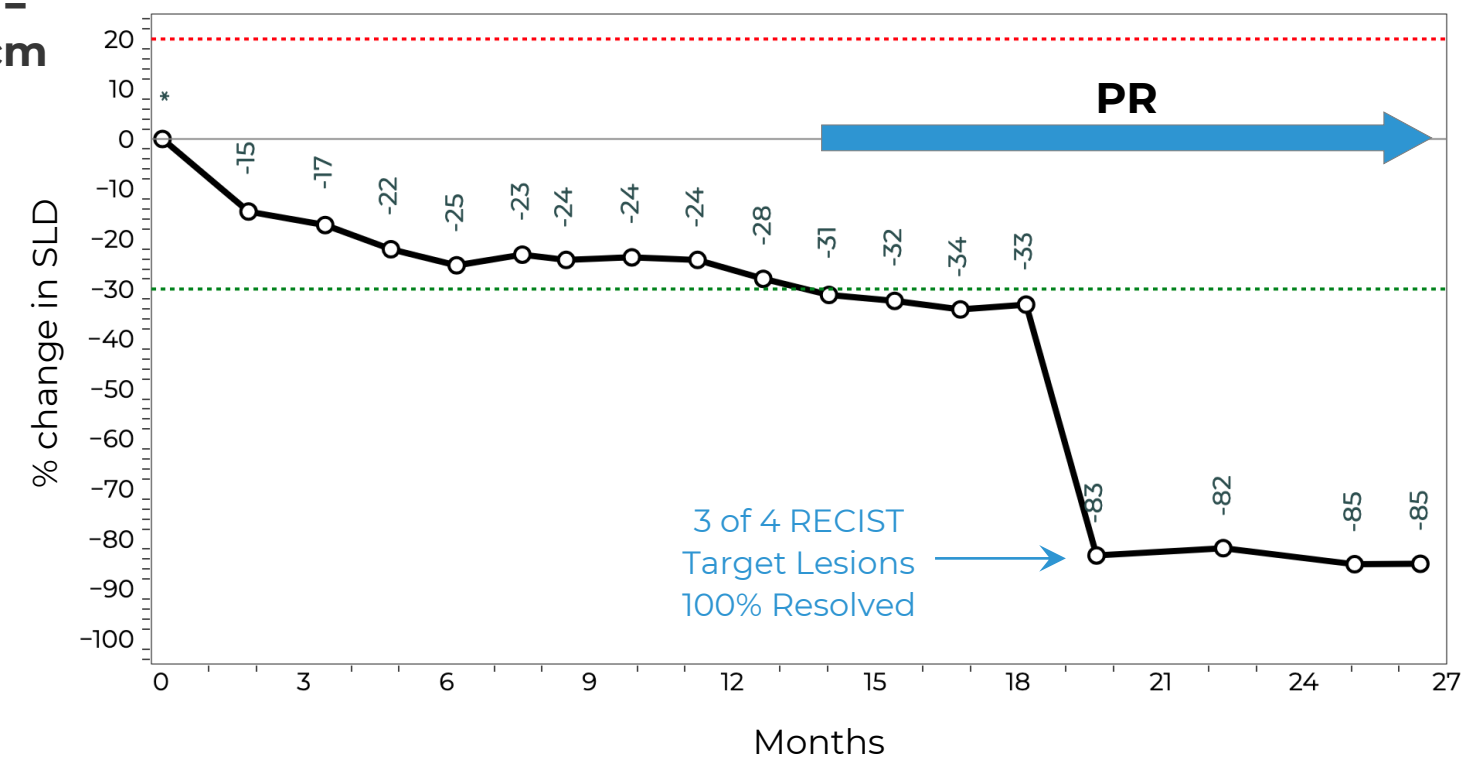
27 months
on treatment at data cutoff

−85%
Ongoing tumor burden reduction

3
of 4 target lesions fully resolved (1 bone + 2 liver)

+14% Weight
+ 23 lb / QoL Improved on PRO instrument

No Grade 3+ Adverse Events



70 year old male patient with KRAS G12D mutant tumor treated at 240 mg QD p.o. In addition to the 3 target lesions, one non-target lesion in the pancreas has fully resolved. Data subject to follow-up and database updates.

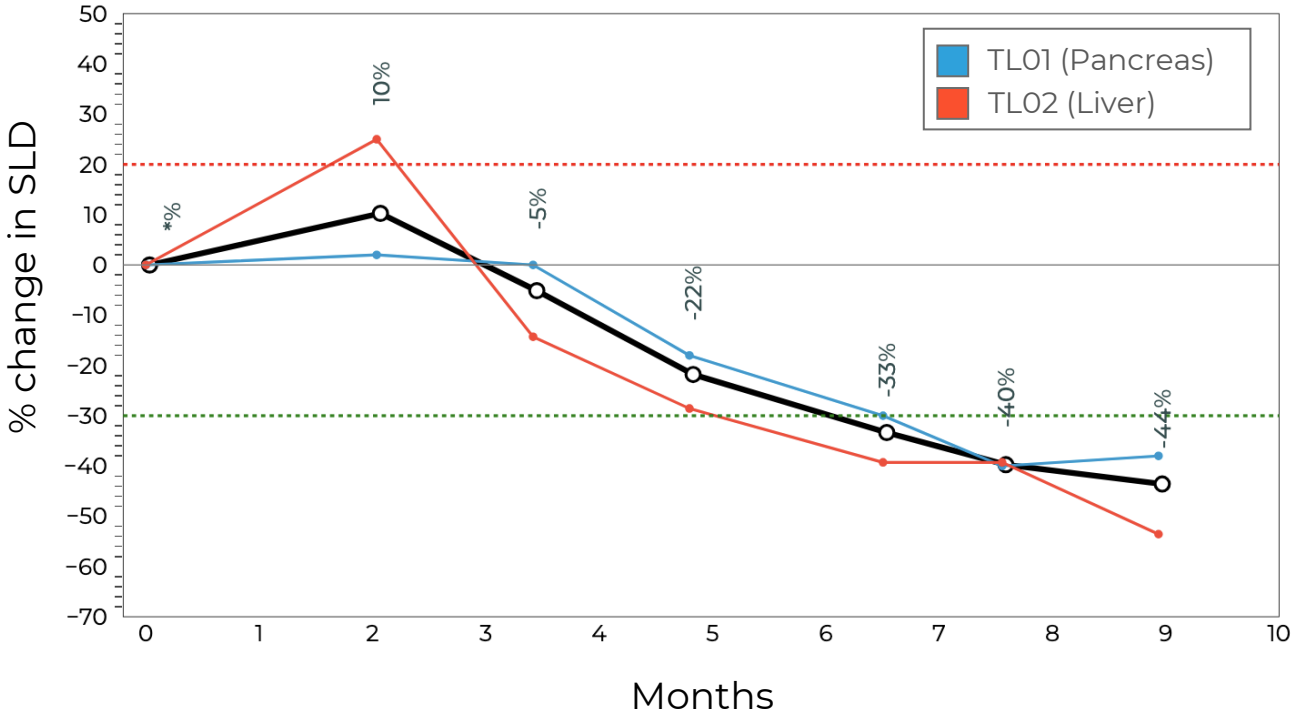
immuneering

Atebimetinib + mGnP Case Study: Treatment Beyond Progression

Ongoing Phase 2 Case Study
(1L Metastatic PDAC)

- 1st Line (1L): Atebi + mGnP (**BOR = PD**)
  - 70-year-old male
  - 9 mo. on atebimetinib
    - Progressed on first staging scan for new lesions
  - Treatment beyond progression; new lesions under control/absent in subsequent scans
  - $KRAS^{G12D}$ mutated tumor
  - CA19-9 reduced from 20,000 to 499 U/mL (-98%)
  - Reduced ctDNA burden for KRAS G12D (-95%)
  - KRAS mutant allele CNV was not detected by C2D15

320 mg QD Atebimetinib + mGnP

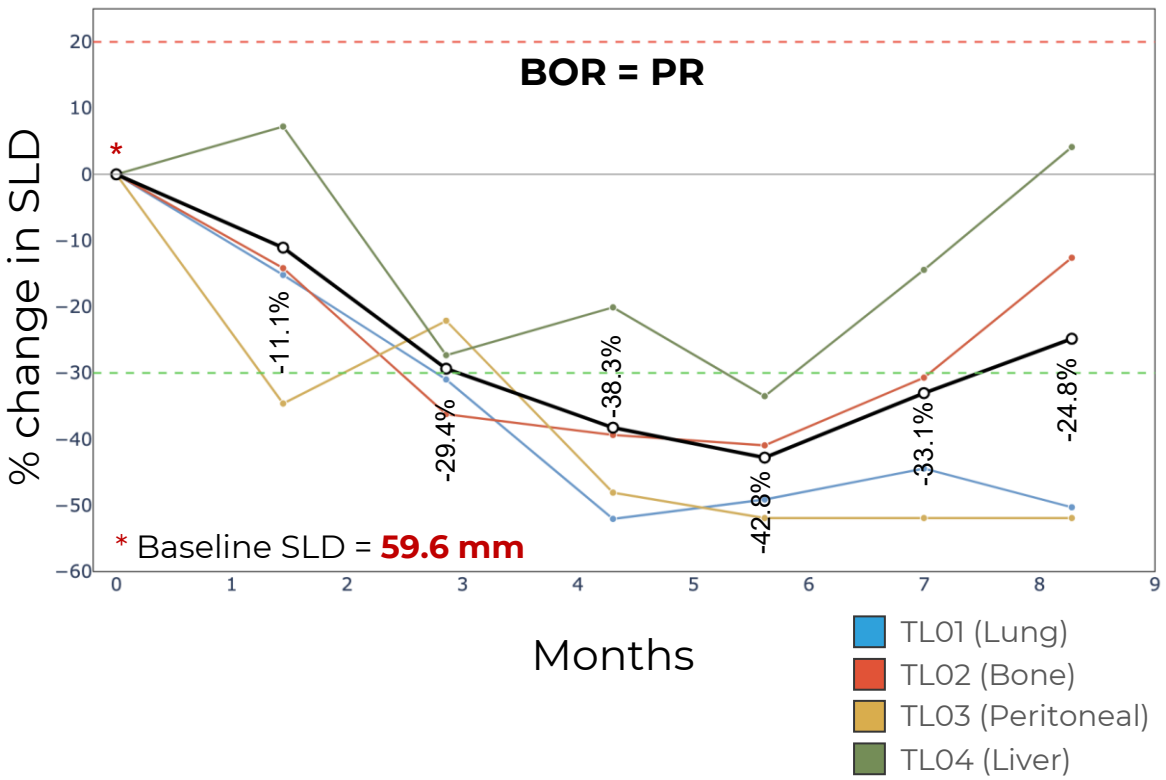


Data based on interim data collection from a Phase 2a arm as of April 24, 2026, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. 9 of 55 patients (16%) received treatment beyond progression. All were first documented as progressive disease per RECIST. None, however, received radiation therapy.

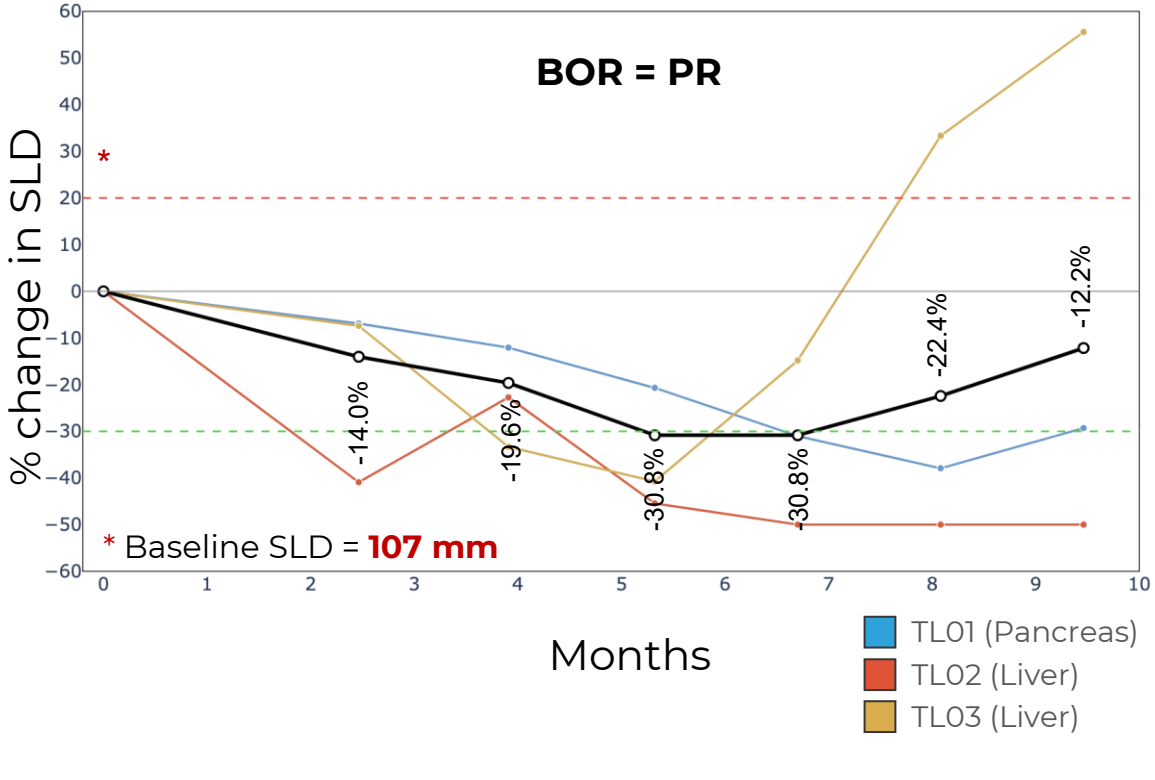
immuneering

Atebimetinib + mGnP Case Studies: Initial Durable Response with Lesion-Selective RECIST Progressive Disease at 8-9 months

320 mg QD Atebi + mGnP



320 mg QD Atebi + mGnP



- These patients highlight the challenge of lesion-to-lesion heterogeneity
- In Phase 3, our protocol will allow a “real world” approach: treatment beyond progression at investigator's discretion, while utilizing local therapy for progressive lesion(s)

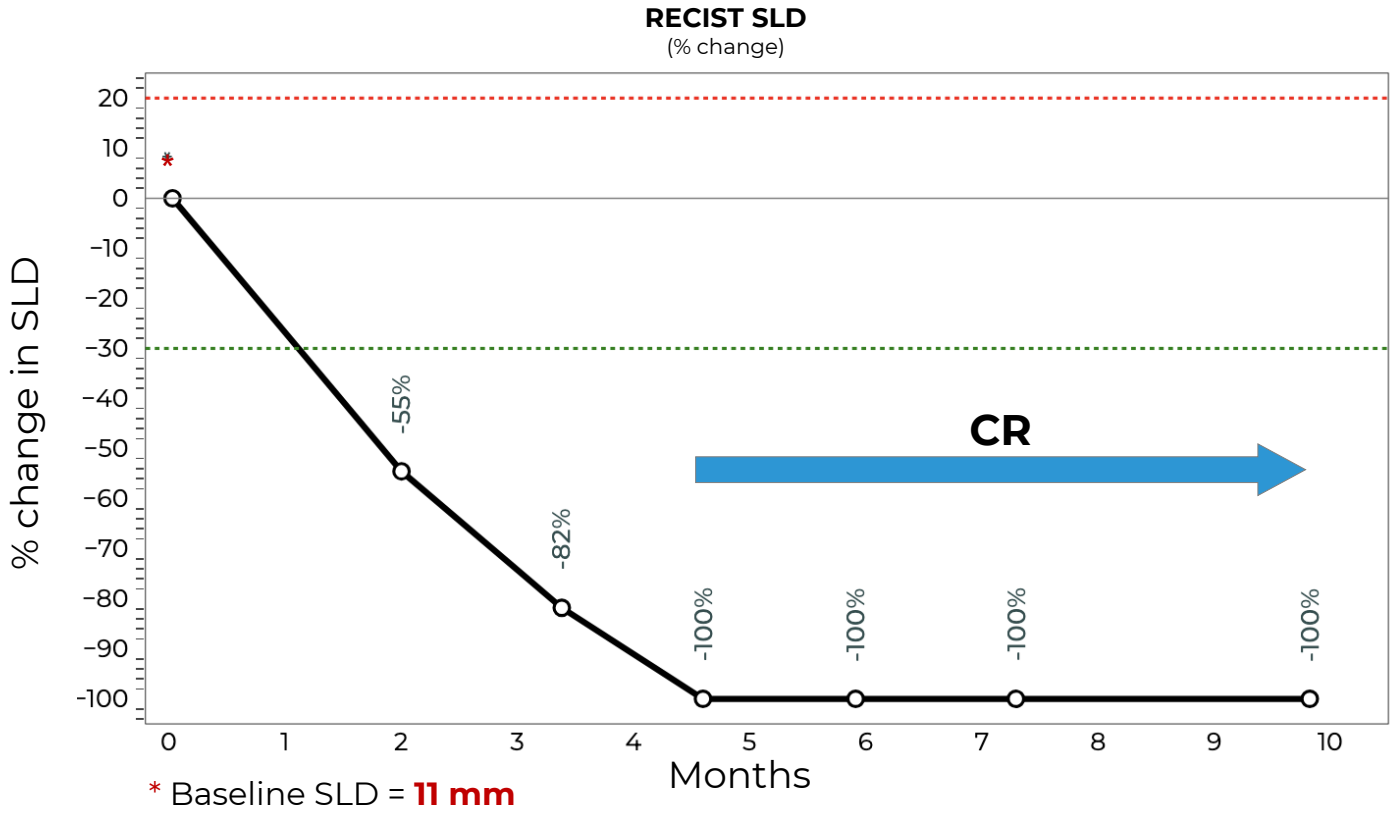
immuneering

Atebimetinib + mFFX Case Study: Observed Durability and Tolerability with Complete Resolution of Liver Metastasis

Ongoing Phase 2 Case Study
(1L Metastatic PDAC)

- 1st Line (1L): Atebi + mFFX (**BOR = CR**)
  - 71-year-old female
  - >9 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight stable
  - $KRAS^{G12D}$ mutated tumor
  - ctDNA not detected (baseline or C2D15)
  - Complete resolution of liver lesion

Atebimetinib + mFFX (1L PDAC; Phase 2)



* Baseline SLD = **11 mm**

Data based on interim data collection from a Phase 2a arm as of April 24, 2026, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. CR = Complete Response

Favorable Safety Results Observed for Monotherapy Atebimetinib in 2L PDAC

Patients on atebimetinib monotherapy have described feeling almost like their pre-diagnosis selves – a truly significant outcome for individuals battling such a debilitating cancer. – Atebi Investigator

Safety: Phase 2a Monotherapy in 2L PDAC at 320 mg QD (n = 24)

Maximum Severity of TRAEs: TRAE's observed in ≥10.0% of patients, n(%)	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**	**Any Grade**
1. Rash*	6 (25%)	1 (4%)	0	0	7 (29%)
2. Diarrhea	4 (17%)	2 (8%)	0	0	6 (25%)
3. Fatigue	4 (17%)	1 (4%)	0	0	5 (21%)
4. Aspartate aminotransferase increased	4 (17%)	0	0	0	4 (17%)
5. Vision blurred	3 (13%)	1 (4%)	0	0	4 (17%)
6. Alanine aminotransferase increased	3 (13%)	0	0	0	3 (13%)
7. Hypokalemia	2 (8%)	1 (4%)	0	0	3 (13%)
8. Nausea	3 (13%)	0	0	0	3 (13%)
9. Vomiting	3 (13%)	0	0	0	3 (13%)

- *TRAE = Treatment Related Adverse Event*
- *Patient population includes one 1L PDAC patient; all patients (n=24) in above table were dosed at 320 mg QD p.o.*
- **Preferred Terms within the Rash term include: Dermatitis acneiform; Rash; Rash maculo-papular; Rash pustular*

Data based on interim data collection, as of April 24, 2026, from an ongoing Phase 1/2a trial of IMM-1-104. Data subject to follow-up and database updates.

immuneering

Additional Slides | Atebimetinib MoA

immuneering

Atebimetinib goal: achieve durability by outpacing cancer

Most therapies are designed for **sustained inhibition**, driving cancer to adapt and develop resistance; tumors shrink **quickly but temporarily**

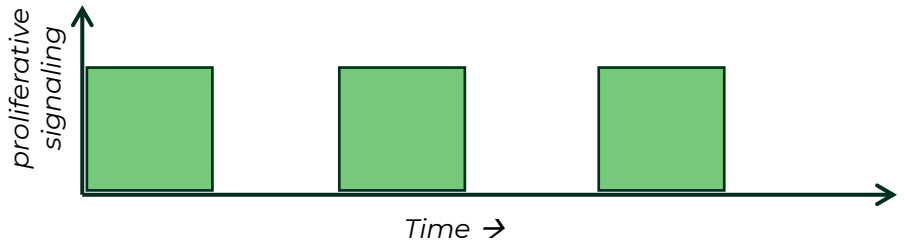
Our drug candidates are designed for **deep cyclic inhibition**, pulsing faster than cancer can adapt; tumors shrink **slowly but durably**

1. *Gatenby, et al. 2009 Can Res – Adaptive Therapy – 1;69(11):4894*
2. *Zhang et al. (Gatenby) eLife 2022;11:e76284.*
3. *Seyedi (Maley), et al. 2024 Can Res – Resistance Management – 84(22):3715*

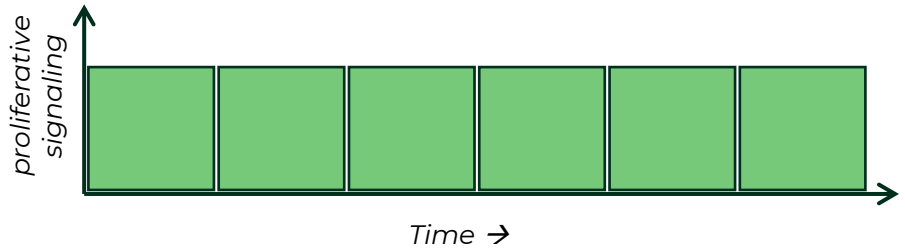
immuneering

Atebimetinib goal: achieve tolerability by outpacing cancer

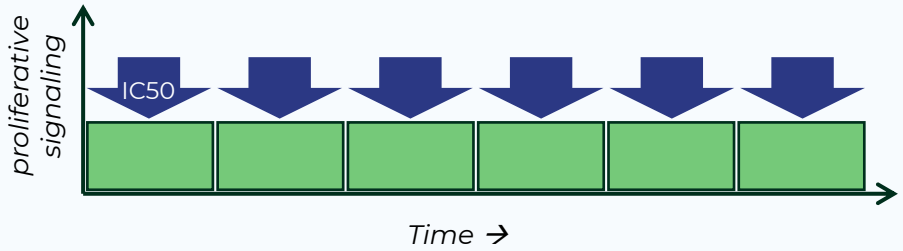
Healthy Cells:
Transient Signaling



Cancer Cells:
Sustained Signaling

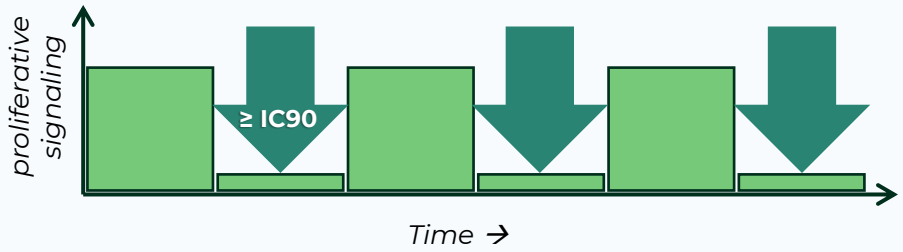


Sustained Inhibition



Results in suppressed transient signaling in healthy cells: many adverse events

Deep Cyclic Inhibition (DCI)



Aims to restore full transient signaling to healthy cells: fewer adverse events

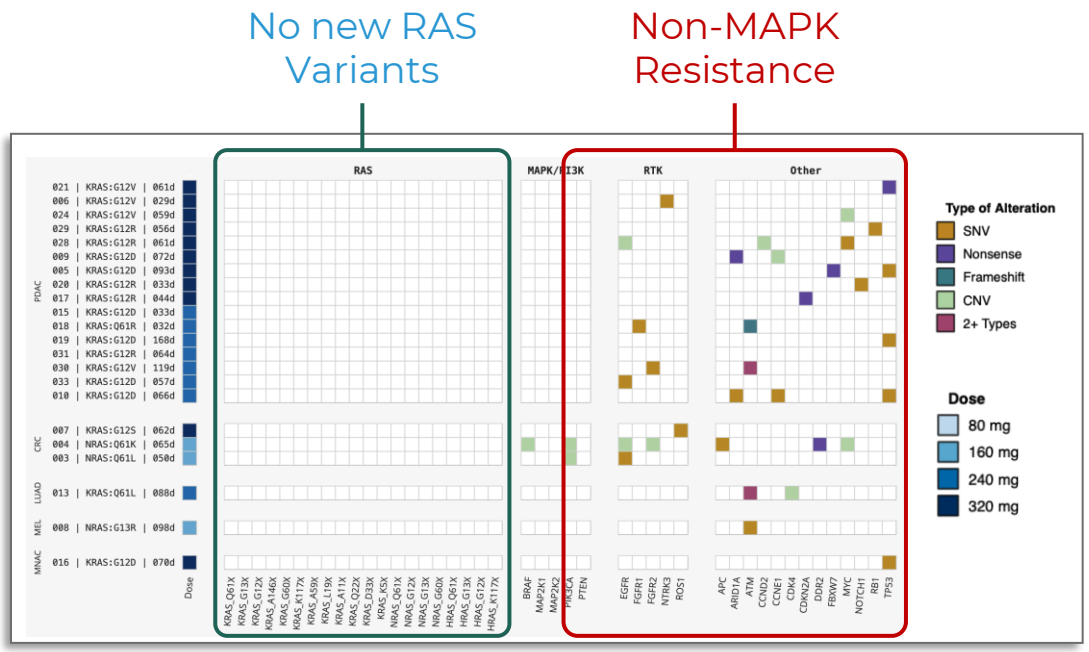
Transient vs Sustained from Hanahan and Weinberg, Cell, 2011

immuneering

Atebimetinib monotherapy established initial activity, durability, and tolerability

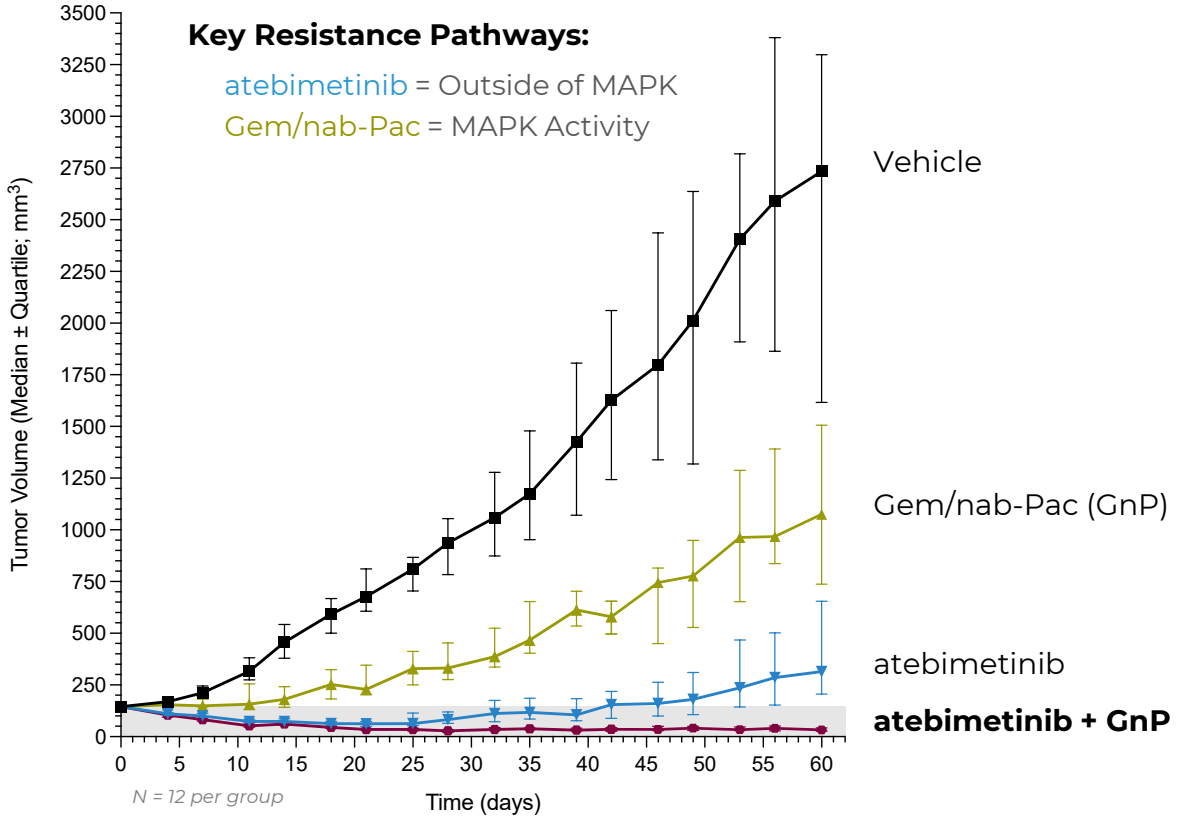
Molecular rationale for combination

Phase 1: ctDNA Monotherapy atebimetinib



Newly arising variants detected by Guardant Health circulating tumor DNA (ctDNA) test on ~day 28 or end of treatment (EoT). Data received by February 20, 2024

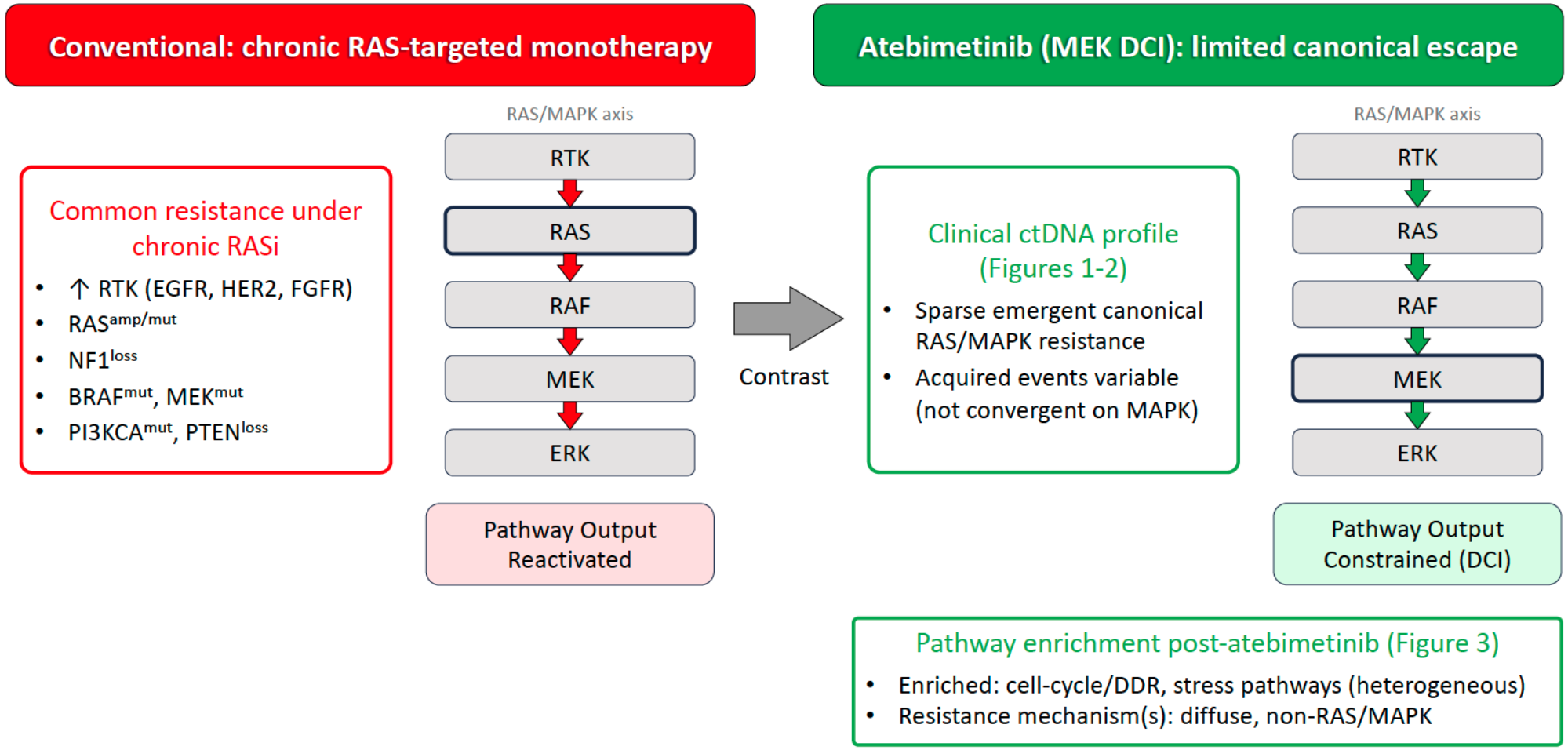
MIA PaCa-2: Human PDAC Xenograft



2024 AACR King, et al.

immuneering

Atebimetinib Treatment Broadly Constrains Adaptation Mechanisms



Implication: Deep Cyclic Inhibition (DCI) of MEK preserves opportunity for optimized combinations

Link : J. Kim, et al 2026 AACR (San Diego, CA) #1873

immuneering