

# Immuneering

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Keeping Cancer  
Patients Alive and  
Helping Them Thrive

November 2025



# 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 initiation and completion of a pivotal trial of atebimetinib in combination with mGnP, including trial design, and the timing and substance of FDA feedback on the pivotal trial; 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 better medicines for cancer patients; the Company's cash needs and availability, including related to the Company's projected cash runway, current operating plans; and the plans and objectives of Company management for future operations, including with respect to the planning and execution of additional 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; 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 Quarterly Report on Form 10-Q for the period ended September 30, 2025 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's 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 patients dosed at the 320 mg once-daily dose level of atebimetinib in combination with modified gemcitabine/nab-paclitaxel ("mGnP" = 1,000 mg/m<sup>2</sup> (Gem) + 125 mg/m<sup>2</sup> (nab-Pac) days 1 & 15, every 4 weeks) in the Company's ongoing Phase 1/2a clinical trial, as of August 26, 2025. This represents the same cohort of patients from the Company's June 2025 data release, the primary Phase 2 population enrolled as part of the Simon two-stage design from the ongoing Phase 1/2a trial. All data remains subject to follow-up and database updates.

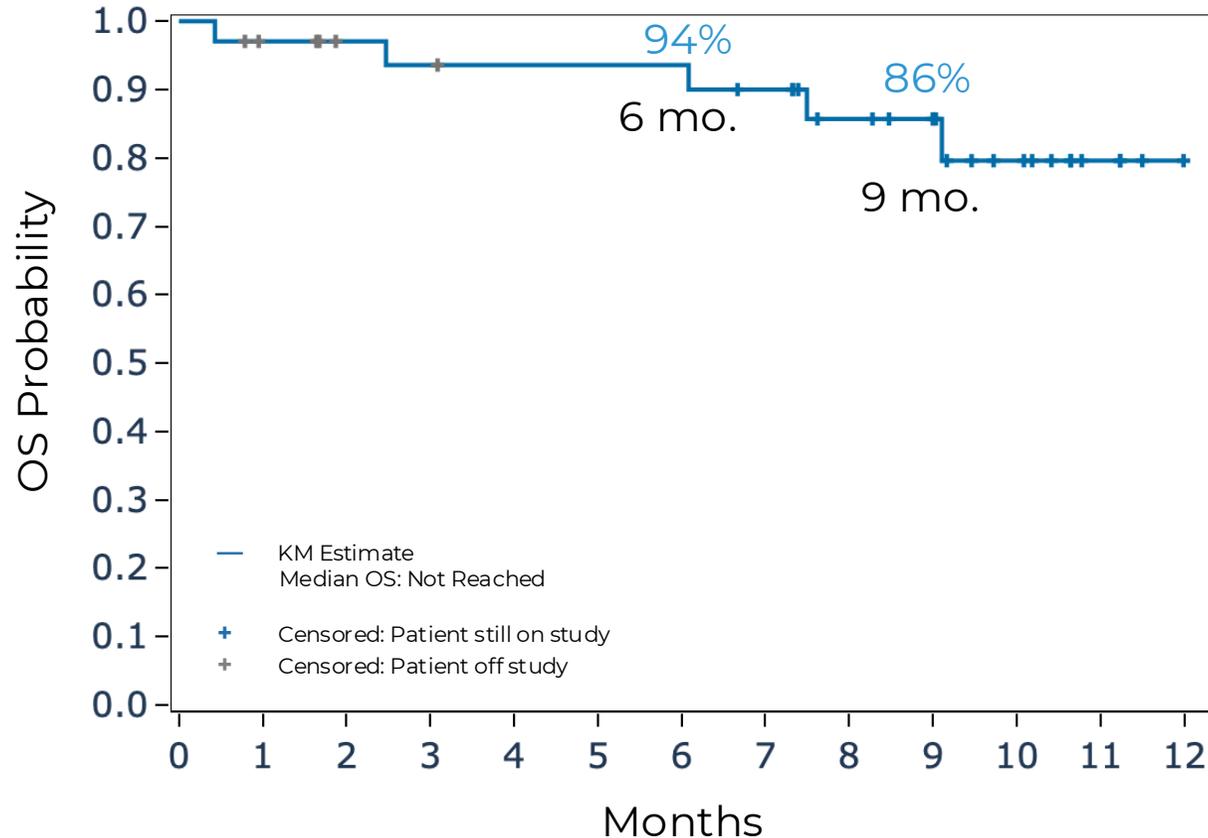
# Immuneering

## *Improving the Durability and Tolerability of Cancer Treatment with Innovative Deep Cyclic Inhibitors*

- ❖ **Extraordinary overall survival and favorable tolerability** in ongoing Phase 2a study of atebimetinib + mGnP in first-line pancreatic cancer patients, potential for best-in-class profile
- ❖ **Phase 3 in first-line pancreatic cancer** expected to begin dosing patients in mid-2026; additional Phase 2 combinations in 2026; preclinical pipeline of Deep Cyclic Inhibitors
- ❖ **Recent financing and strategic investment** provide runway into 2029 with multiple catalysts along the way; outstanding value creation opportunities for patients and shareholders

# Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer

Atebimetinib (320 mg QD) + mGnP OS, N=34

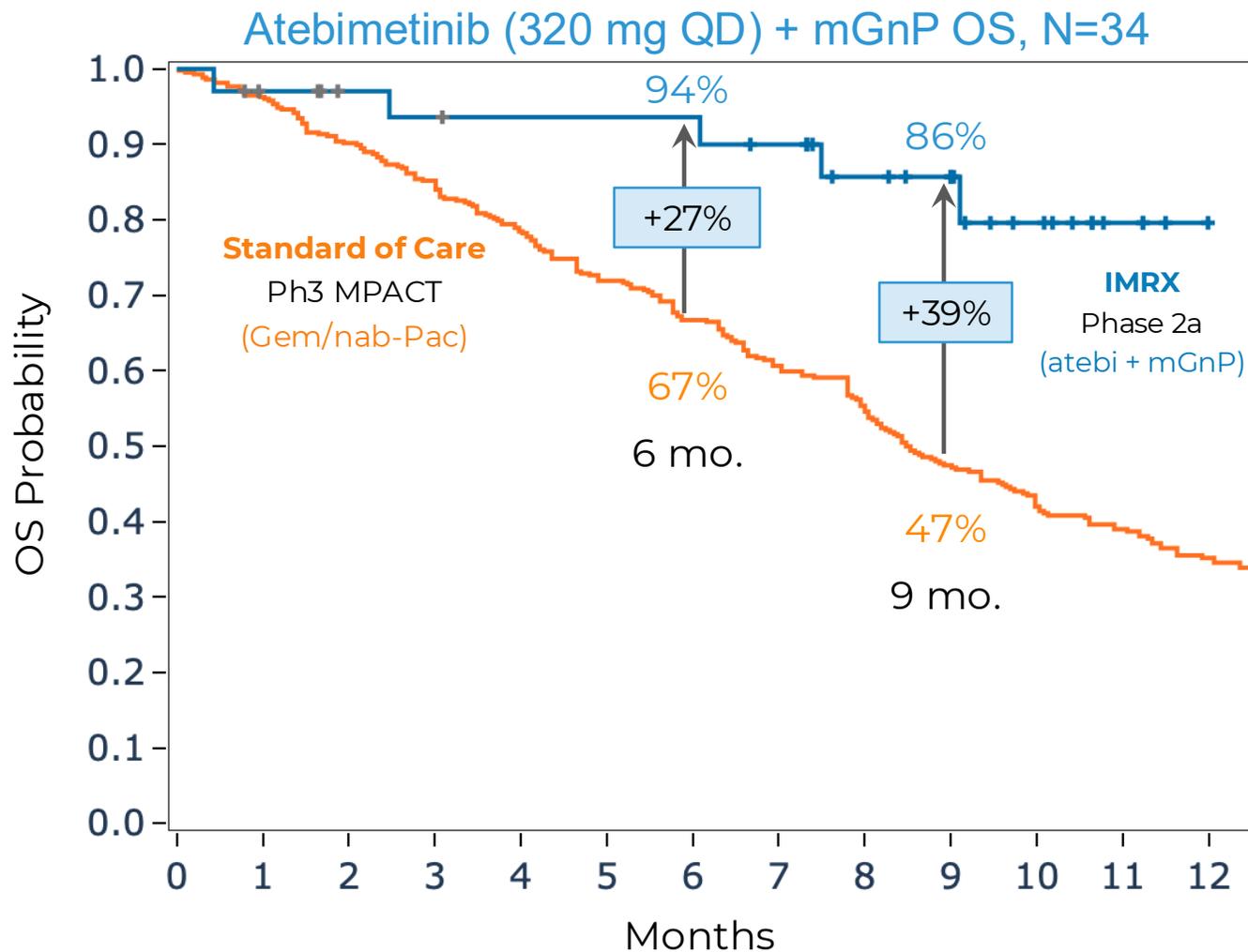


	<b>Atebimetinib + mGnP</b> (320 mg atebi; N=34)
<b>9-month OS</b>	<b>86%</b> [66, 94]

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025. Data subject to follow-up and database updates. OS probability at max time is 80%.

# Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer



## 9-month OS

<b>atebimetinib + mGnP</b>	<b>86%</b> [66, 94]
<b>Standard of Care GnP</b>	~47%

## 6-month OS

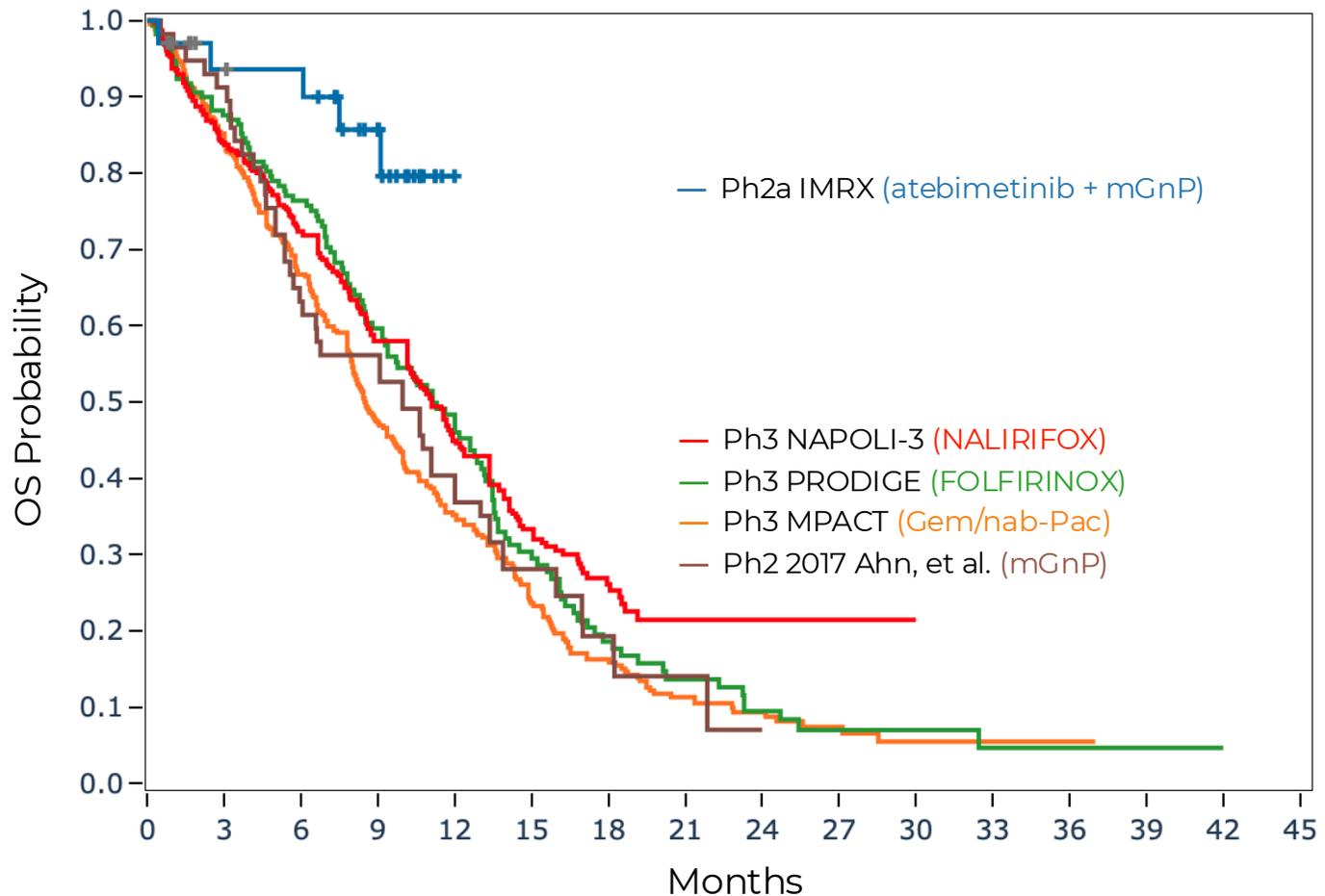
<b>atebimetinib + mGnP</b>	<b>94%</b> [77, 98]
<b>Standard of Care GnP</b>	67%

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan-Meier method; OS and PFS outcomes are reported at this same cutoff date.

FOR ILLUSTRATIVE PURPOSES ONLY: 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

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<b>9-month OS</b>	<b>86%</b> [66, 94]

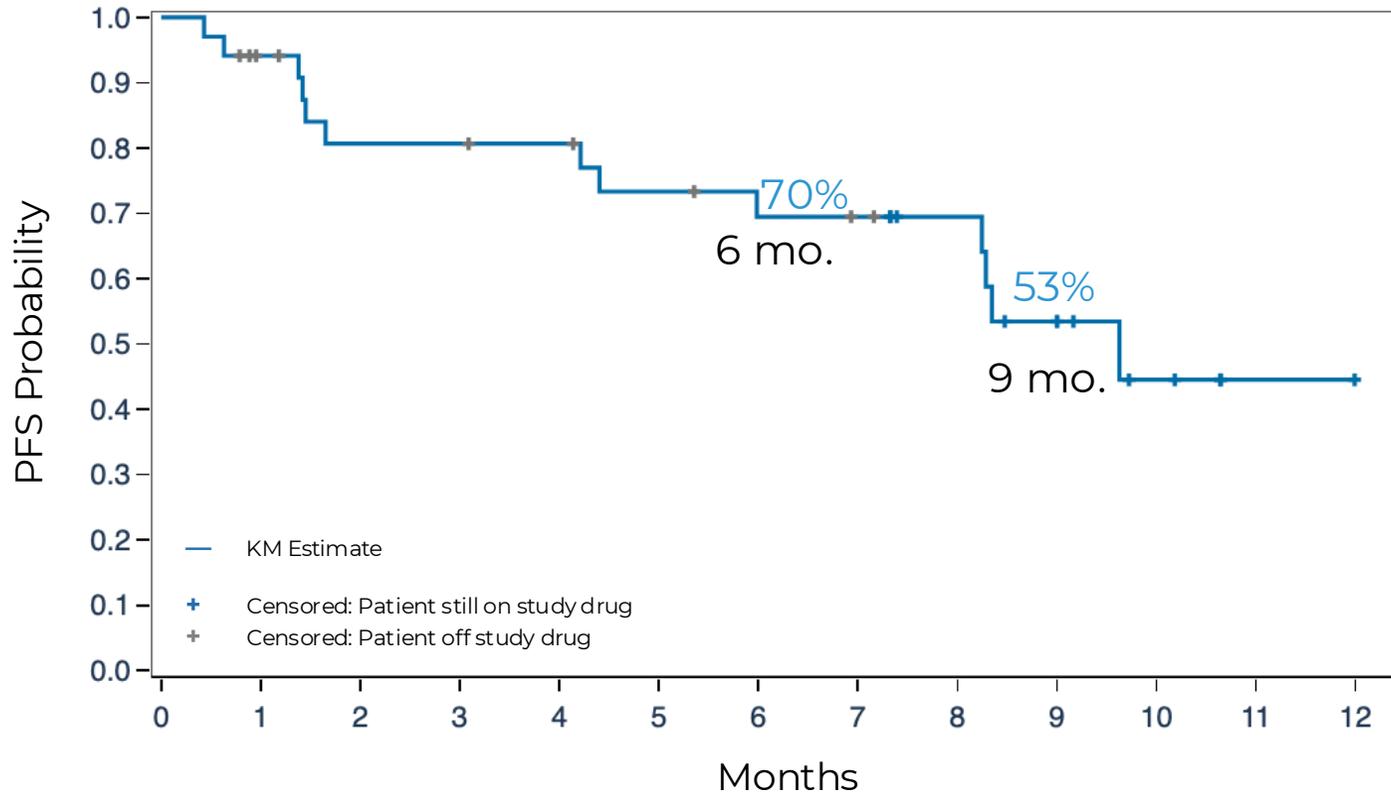
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Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

Benchmark Studies [9 mo OS, extrapolated from reconstructed plots]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [~47%], (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171 [~60%], (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383 [~58%], (4.) Ph2 - 2017 Ahn, et al. (PMID: 28203300) N=57 [~56%]

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

Atebimetinib (320 mg QD) + mGnP PFS, N=34



	Atebimetinib + mGnP (320 mg atebi-; N=34)
<b>9-month PFS</b>	<b>53%</b> [31, 71]

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

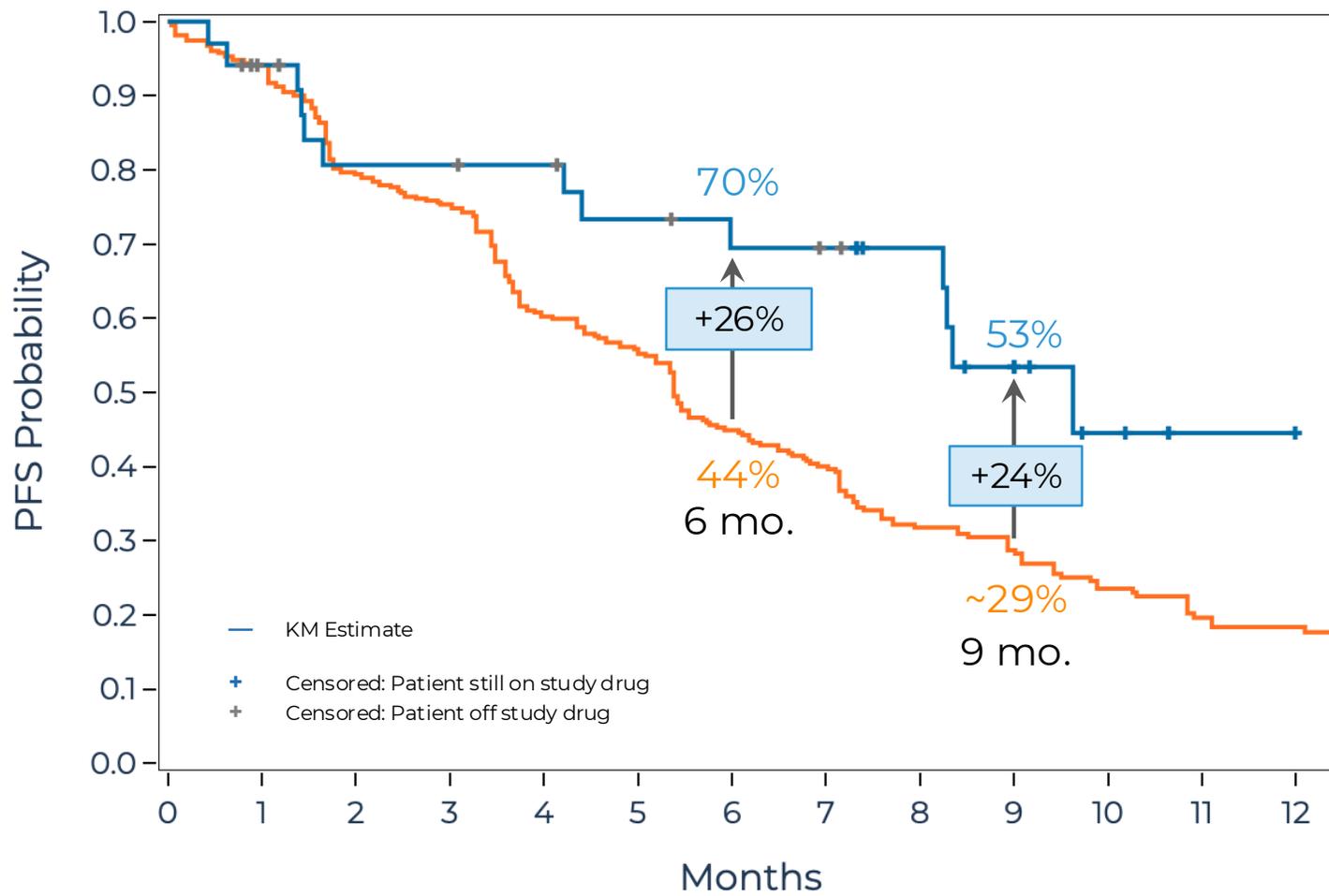
Median PFS (mPFS)  
Benchmarks

	Reported mPFS	Target 1L Population
<b>Atebi + mGnP</b>	<b>9.6 months</b>	<b>Broad</b>
GnP	5.5 months	Broad
FOLFIRINOX	6.4 months	High-fitness
NALIRIFOX	7.4 months	High-fitness

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025. Data subject to follow-up and database updates.

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

Atebimetinib (320 mg QD) + mGnP PFS, N=34



## 9-month PFS

atebimetinib + mGnP	<b>53%</b> [31, 71]
Standard of Care GnP	~29%

## 6-month PFS

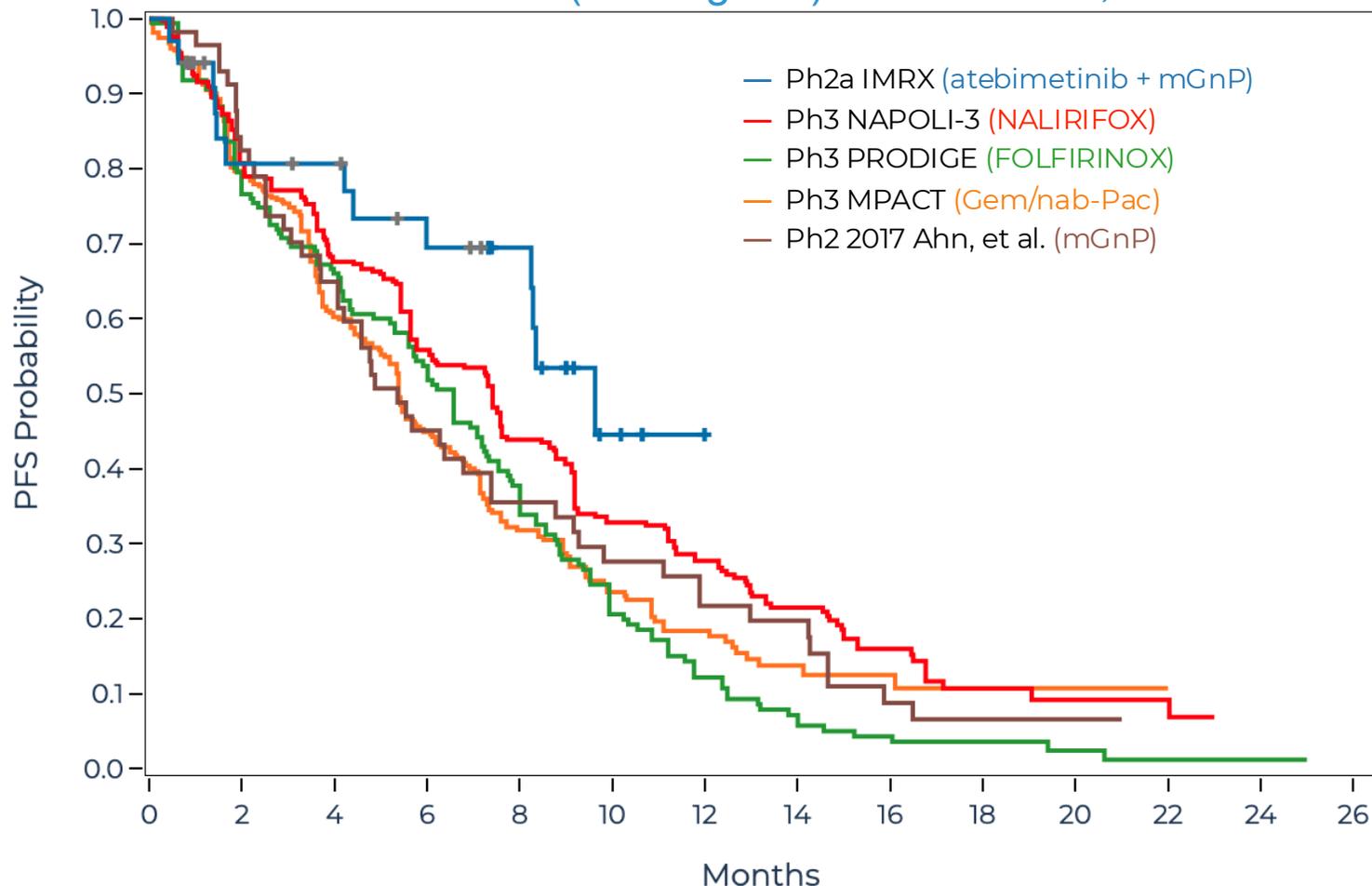
atebimetinib + mGnP	<b>70%</b> [49, 83]
Standard of Care GnP	44%

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan-Meier method; OS and PFS outcomes are reported at this same cutoff date.

Benchmark Study [9 mo PFS, extrapolated from reconstructed plots per 2024 JAMA Nichetti, et al. 7(1):e2350756]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [~29%]

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

Atebimetinib (320 mg QD) + mGnP PFS, N=34



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As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan-Meier method; OS and PFS outcomes are reported at this same EDC cutoff date.

Median PFS (mPFS)  
Benchmarks

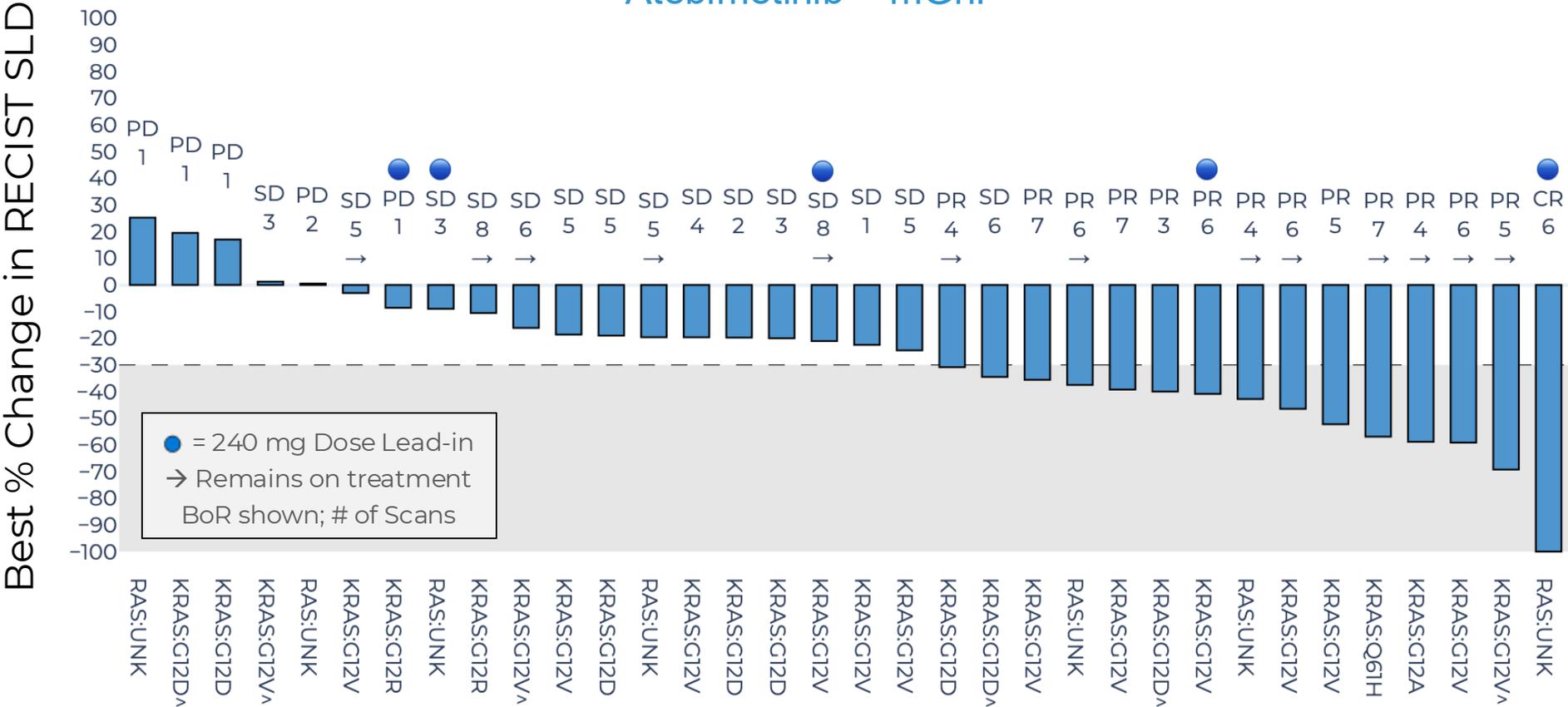
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Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

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# Overall Response Rate (ORR) and Disease Control Rate (DCR) Support Extraordinary Overall Survival in First-Line Pancreatic Cancer

Atebimetinib + mGnP



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

	Atebimetinib + mGnP Ph 2a 1L PDAC <sup>1</sup>
ORR	39% (14/36)
DCR	81% (29/36)

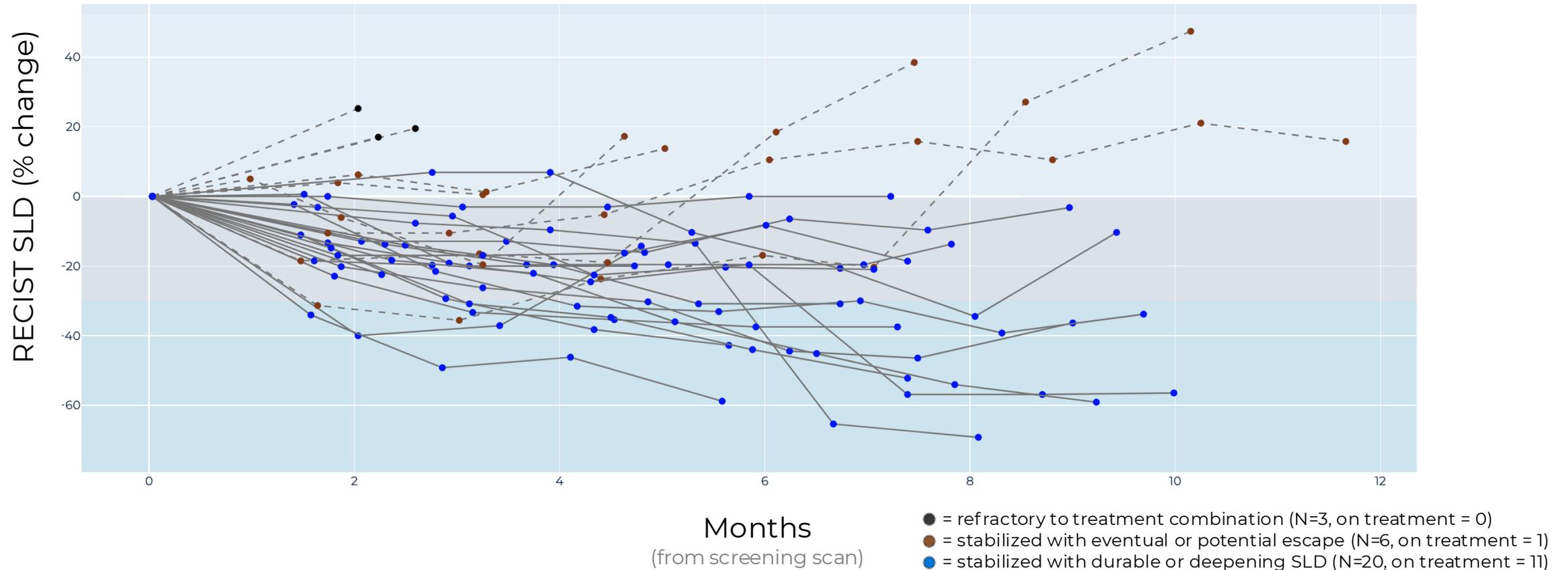
Prior Phase 3 Benchmark Overall Response (ORR) & Disease Control (DCR) Rates

	MPACT Pivotal Study in 1L PDAC <sup>2</sup>
ORR	23% (99/431)
DCR	48% (206/431)

<sup>1</sup> N=36 of response evaluable patients. Atebimetinib dosed at 320 mg (n=31) and 240 mg (n=5). Scans occur approx. every 6 weeks. Two patients progressed without complete radiographic scans and are not presented in graph but are counted in ORR/DCR analyses. Four patients that withdrew or discontinued early (≤28 days) for non atebimetinib reasons deemed non-evaluable (NE). Data based on interim data collection, as of August 26, 2025, of response evaluable patients from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. <sup>2</sup> MPACT Study 2013 NEJM (PMID: 24131140) N=431 GnP. Glossary: "Δ" denotation on x-axis = ctDNA-defined RAS mutation; RAS:UNK = RAS mutation status is unknown; CR = complete response; PR = partial response; SD = stable disease.; PD = progressive disease; BoR = best overall response

# Deepening Tumor Responses Over Time Observed

Atebimetinib (320 mg QD) + mGnP



In the above graph, N=29, consisting of response evaluable patients who also had  $\geq 1$  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 interim data collection, as of August 26, 2025, of response evaluable patients from an ongoing Phase 1/2a trial of atebimetinib. One patient's target lesion measurement was corrected by the clinical site between the 6-month and 9-month median follow-up data cuts, resulting in a change in percent SLD reduction from approximately -60% to -40%. This correction did not affect the calculated ORR, DCR, PFS, or OS for the study population.

# Favorable Tolerability Profile in First-Line Pancreatic Cancer

## Safety Data for Pivotal Trials and for Atebimetinib + mGnP in 1L PDAC

PIVOTAL STUDY	Gem/nab-Pac ( <sup>1</sup> MPACT; N=431)	FOLFIRINOX ( <sup>2</sup> PRODIGE/ACCORD 11; N=171)	NALIRIFOX ( <sup>3</sup> NAPOLI 3; N=383)	Atebimetinib + mGnP (320 mg atebi-; N=34)
Adverse Event (AE)	Grade ≥ 3 Incidence (%)	Grade ≥ 3 Incidence (%)	Grade ≥ 3 Incidence (%)	Grade ≥ 3 Incidence (%)
Neutropenia	38%	45.7%	14.1%	18% <sup>a</sup>
Fatigue	17%	23.6%	6.2%	6%
Diarrhea	6%	12.7%	20.3%	0%
Sensory Neuropathy	17%	9%	3.2%	0%
Leukopenia	31%	NR	NR	0%
Vomiting	NR	14.5%	7%	3%
Febrile Neutropenia	3%	5.4%	NR	3%
Thrombocytopenia	13%	9.1%	NR	0%
Anemia	13%	7.8%	10.5%	24% <sup>a</sup>
Hypokalemia	NR	NR	15.1%	3%
Nausea	NR	NR	11.9%	3%

- 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, (4.) FFX pivotal study follow up (PMID: 27765912), and NR = not reported or not clearly reported
- Not all pivotal trials reported on all AE's or used fully consistent terminology

- (a) = only AE groups in this atebi + mGnP arm (N=34) that reached ≥ 10% Gr3 event level. For Anemia, all Grade 3, not SAE's, older patient population vs. historical benchmarks
- Neutropenia: Neutropenia, Neutrophil Count Decreased
- Sensory Neuropathy: Peripheral Sensory Neuropathy, Neuropathy Peripheral
- No Gr 5 events; Patients received combination of 320mg atebi + mGnP (N=34)

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mGnP = 1,000 mg/m<sup>2</sup> (Gem) + 125 mg/m<sup>2</sup> (nab-Pac) days 1 & 15, every 4 weeks

# Atebimetinib + mGnP Evaluated in Older Patient Population

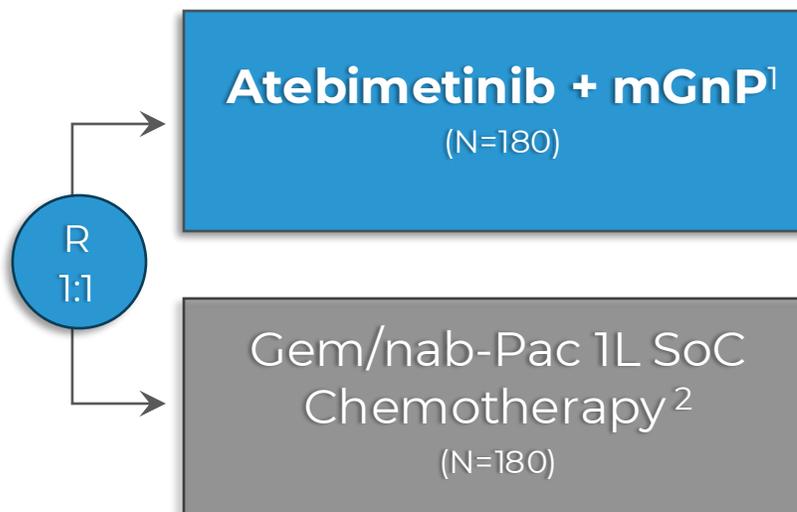
Characteristic	IMRX Ph2a (320 mg) Atebimetinib + mGnP	MPACT Gem/nab-Pac	PRODIGE/ACCORD 11 FOLFIRINOX	NAPOLI 3 NALIRIFOX
Trial Phase	Phase 2a	Phase 3	Phase 2/3	Phase 3
Patient Population	Metastatic PDAC (94%)	Metastatic PDAC	Metastatic PDAC	Metastatic PDAC
N (treatment arm)	34	431	171	383
Median Age (years)	<b>69</b>	62	61	64
Age ≥ 65 (%)	<b>68%</b>	41%	28%	50%
ECOG PS 0 or 1 (%)	100%	92%	99%	100%
Male (%)	65%	57%	62%	53%
Liver, Lung and/or Peritoneal (%)	88%	85%	88%	80%
CA 19-9 Elevated (≥ 37 U/mL)	<b>90%</b> (N = 27/30)	84%*	85%	84%

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; FOR ILLUSTRATIVE PURPOSES ONLY: 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. [\* = CA 19-9 > 35 U/mL] 47% of patients had liver metastases, 35% had peritoneal metastases, and 35% had lung metastases. In the 16 patients with liver metastases, median PFS was 9.6 months (same as in the ITT = 34 patients) and median OS was not reached. Two patients were locally advanced surgically unresectable, one of whom progressed quickly.

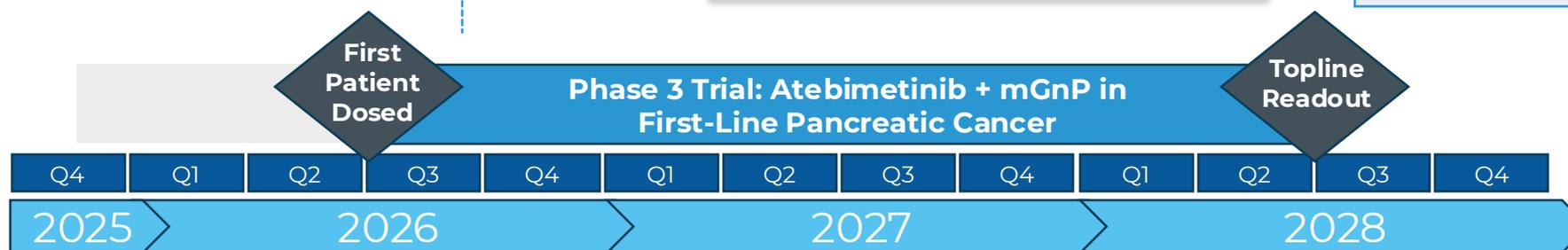
# Global Randomized Pivotal Trial Plan: Designed to Demonstrate Best-in-Class Profile in 1L PDAC

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

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



Primary Endpoint
OS
Secondary Endpoints
PFS
ORR
DCR
QoL



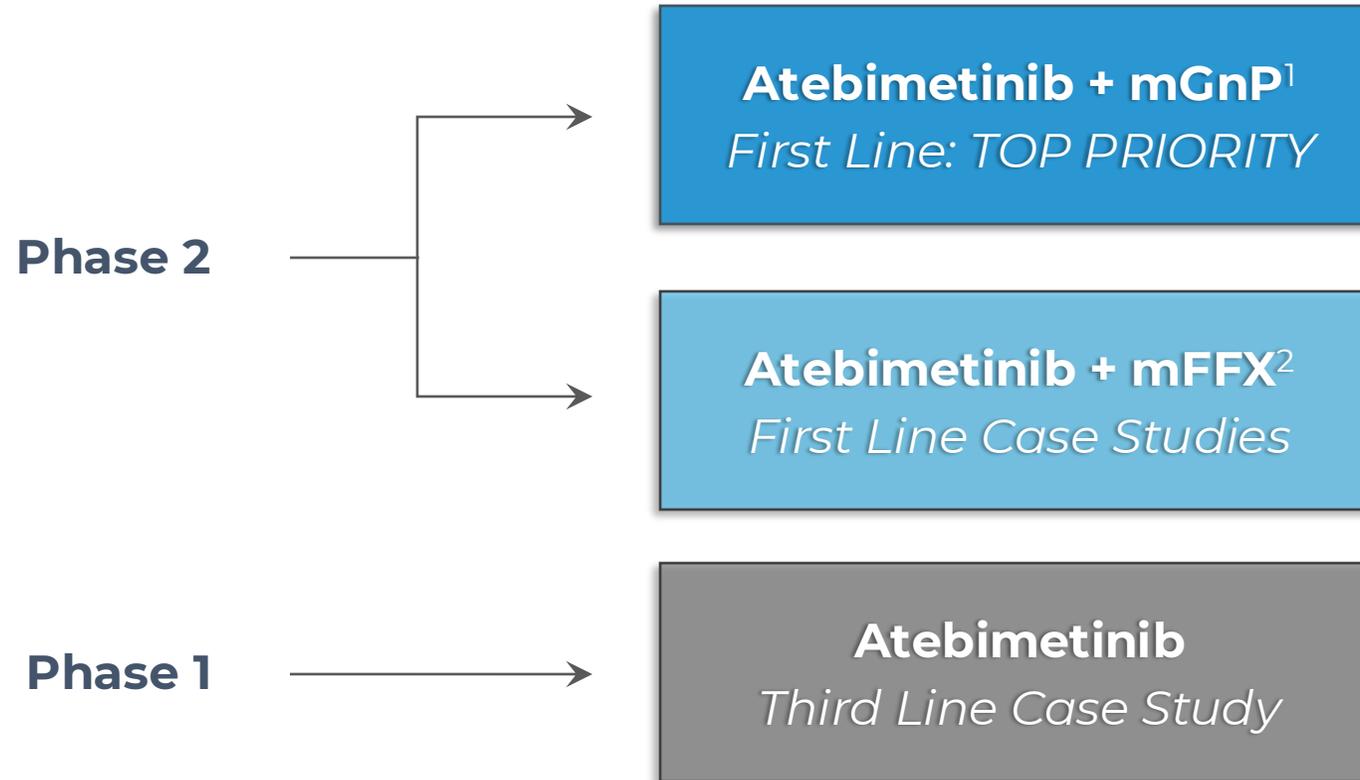
Trial design and development path subject to change, including based on results of Phase 1/2a trial and regulatory authority feedback

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) Atebimetinib 320 mg PO QD + mGnP = 1,000 mg/m<sup>2</sup> (Gem) + 125 mg/m<sup>2</sup> (nab-Pac) days 1 & 15, every 4 weeks

(2) SOC chemotherapy = full schedule Gemcitabine + nab-Paclitaxel (3 wk on/1 wk off)

# Atebimetinib Delivers Striking Outcomes in Case Studies from Additional Settings



- Mechanistic rationale supports synergy across standard 1L PDAC chemotherapy backbones
- Ongoing atebi + mFFX Phase 2 arm in 1L PDAC designed to evaluate distinct treatment setting
- Early emerging signals highlight potential for broad therapeutic reach in 1L PDAC

(1) Atebimetinib 320 mg PO QD + mGnP = 1,000 mg/m<sup>2</sup> (Gem) + 125 mg/m<sup>2</sup> (nab-Pac) days 1 & 15, every 4 weeks

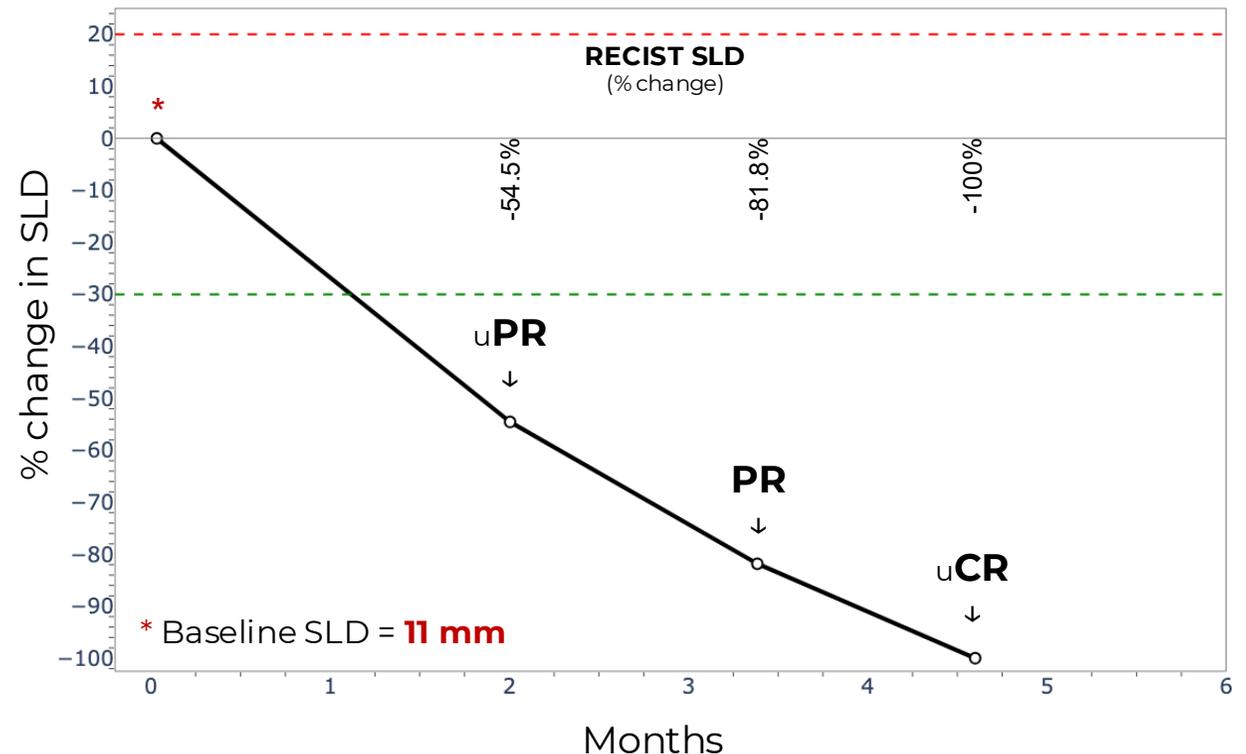
(2) Atebimetinib 320 mg PO QD + mFFX = 85 mg/m<sup>2</sup> (Oxaliplatin) + 400 mg/m<sup>2</sup> (leucovorin) + 150 mg/m<sup>2</sup> (irinotecan) + 2,400 mg/m<sup>2</sup> (5-FU) infusion

# Atebimetinib + mFFX Case Study: Observed Durability and Tolerability with Complete Resolution of Tumor Lesion

## Ongoing Phase 2 Case Study (1L Metastatic PDAC)

- 1<sup>st</sup> Line (1L): Atebi + mFFX (**BOR = uCR**)
  - 71-year-old female
  - 5 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight stable
  - KRAS<sup>G12D</sup> mutated tumor
  - ctDNA not detected (baseline or C2D1)
  - Complete resolution of liver lesion

## Atebimetinib + mFFX (1L PDAC; Phase 2)

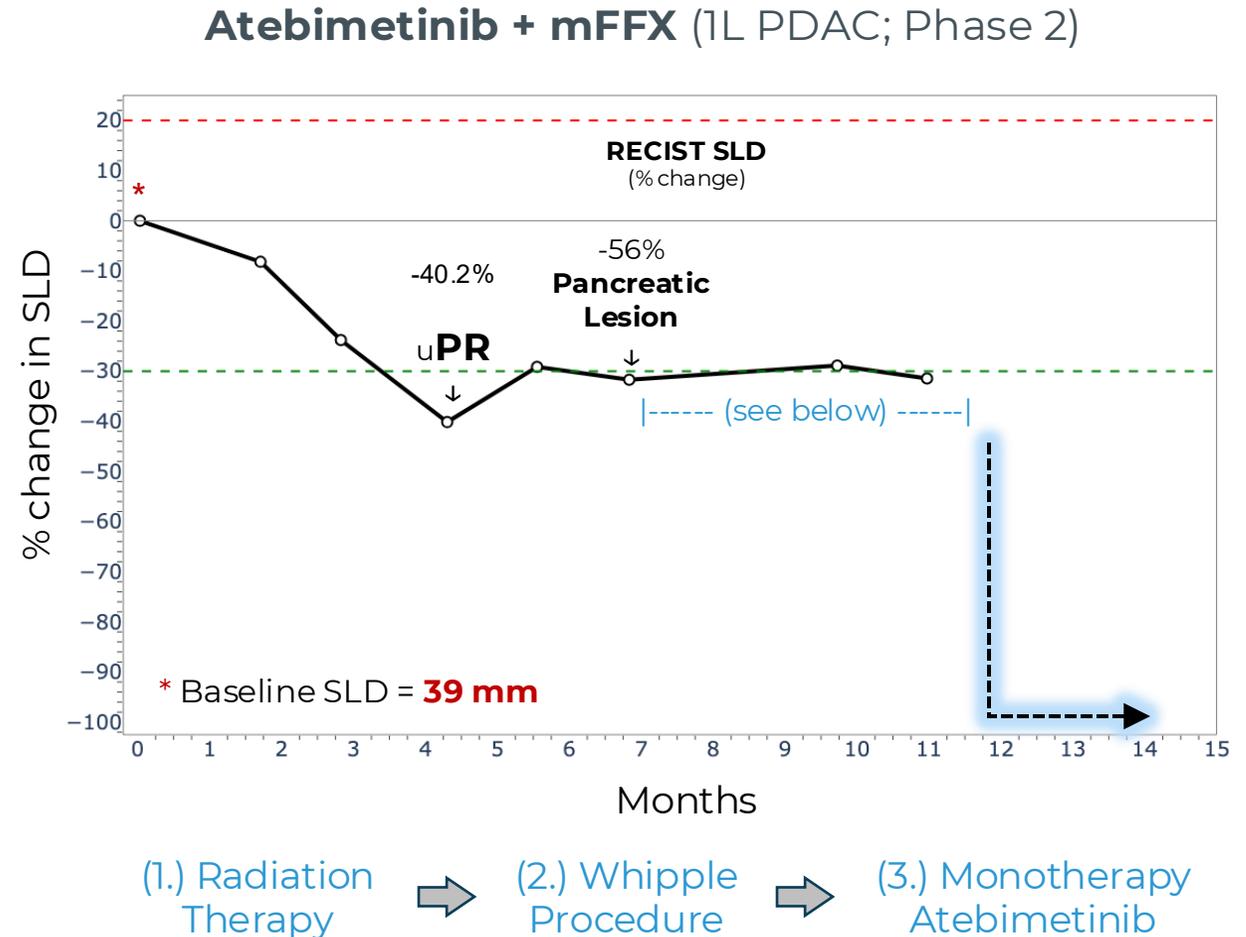


Data based on interim data collection from a Phase 2a arm as of November 3, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. uCR = Unconfirmed Complete Response; PR = confirmed Partial Response

# Curative-Intent Whipple After Deep Pancreatic Tumor Response to Atebimetinib + mFFX in 1L PDAC

## Ongoing Phase 2 Case Study (1L Biopsy-Confirmed Metastatic PDAC)

- 1<sup>st</sup> Line (1L): Atebi + mFFX (**BOR = uPR → Whipple**)
  - 61-year-old female
  - >14 mo. since atebimetinib treatment began
    - Initial treatment for ~7 months
    - On Atebi monotherapy as of data cutoff
  - KRAS<sup>G12D</sup> mutated tumor
  - Improved QoL (PRO Instrument)
  - Weight stable
  - Tumor markers remain normal
  - No evidence of KRAS<sup>G12D</sup> in blood NGS
  - No radiological evidence of new disease
  - Off IV chemotherapy



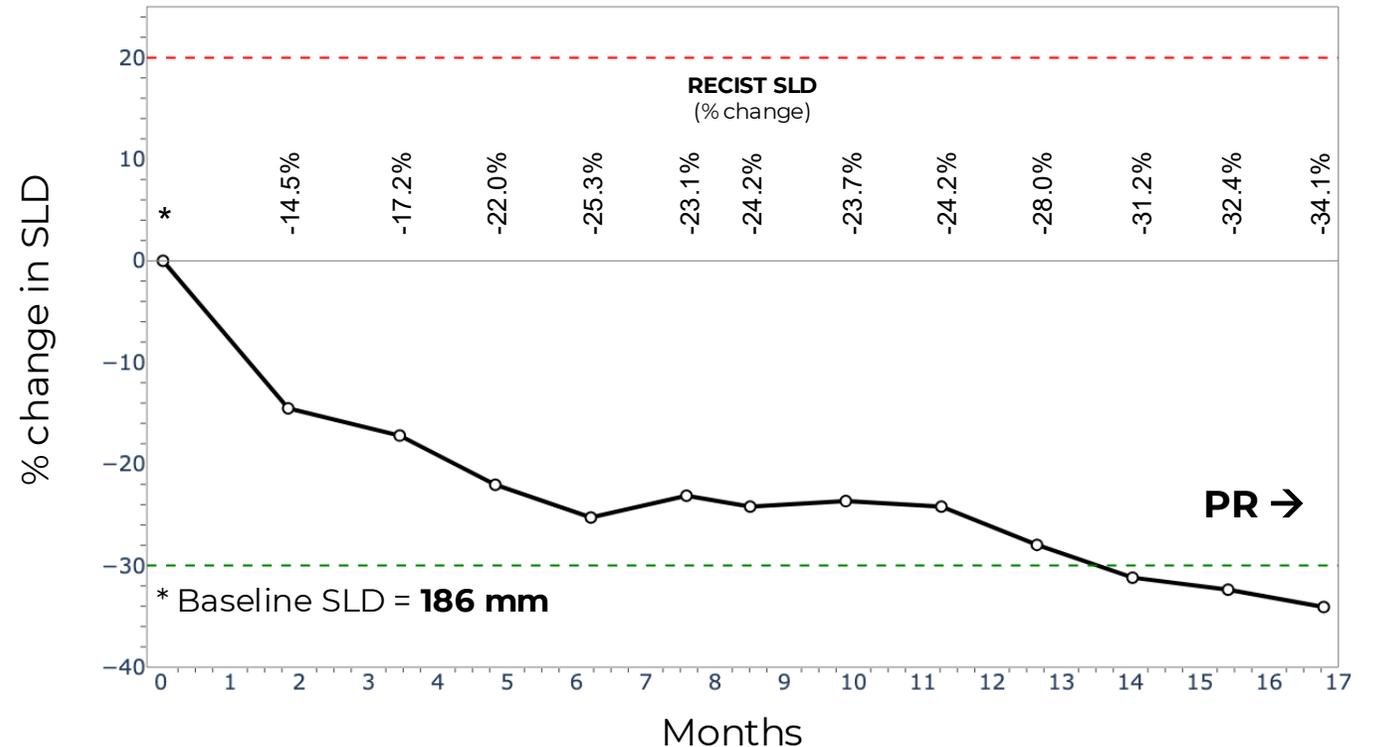
Data based on interim data collection from a Phase 2a arm as of November 3, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. uPR = Unconfirmed Partial Response. The patient has been censored from efficacy evaluation in the clinical trial after 7 months, given the modified treatment approach.

# Atebimetinib Monotherapy Case Study Showed Durability and Tolerability with Complete Resolution of Bone Lesion

## Ongoing Phase 1 Case Study (3L Metastatic PDAC)

- 1<sup>st</sup> Line (1L): FOLFIRINOX (**BOR = PD**)
- 2<sup>nd</sup> Line (2L): Gem/Cis/nab-Pac (**BOR = PD**)
- 3<sup>rd</sup> Line (3L): atebimetinib (**BOR = PR**)
  - 70-year-old male; 240 mg QD p.o.
  - >18 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight gain (+16%)
  - Reduction in KRAS<sup>G12D</sup> ctDNA
  - 96% reduction in peak CA 19-9 levels
  - Complete resolution of bone lesion

## Atebimetinib Monotherapy (3L PDAC; Phase 1)



Data based on interim data collection from Phase 1 dose expansion as of August 26, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates.



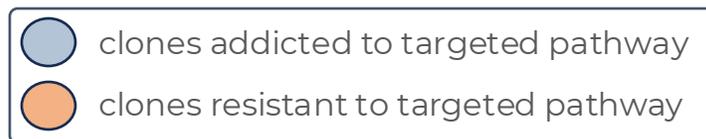
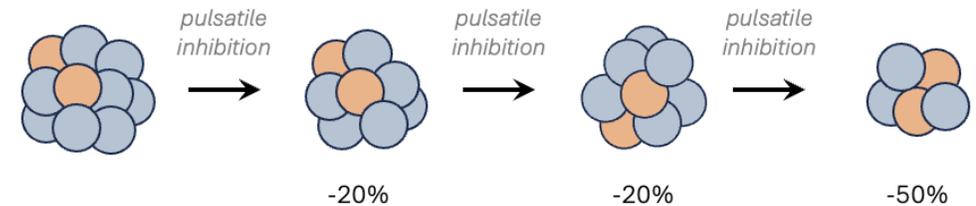
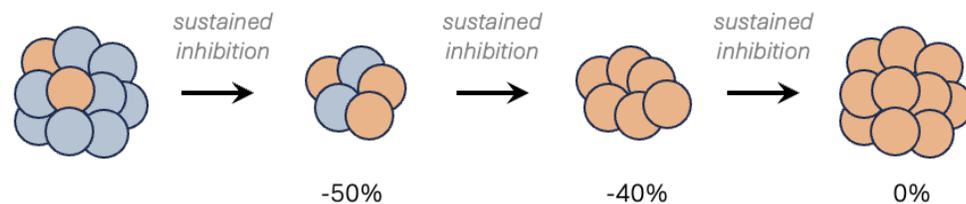
Changing the paradigm for targeted therapy, to improve durability and tolerability.

How does atebimetinib work?

# 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**

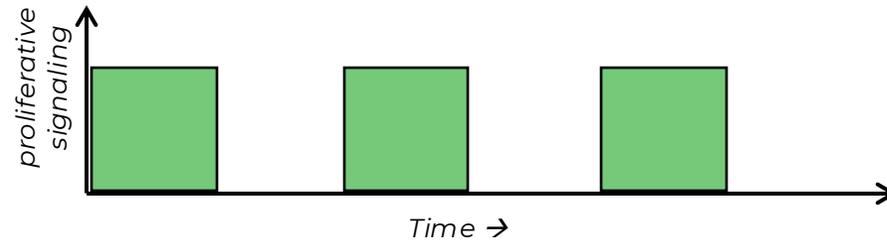
Our drug candidates are designed for **deep cyclic inhibition**, pulsing faster than cancer can adapt; tumors shrink **slowly but durably**



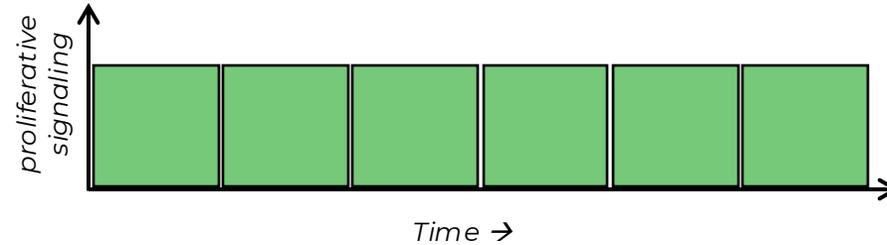
1. Gatenby, et al. 2009 *Can Res – Adaptive Therapy* – 1;69(11):4894
2. Zhang et al. (Gatenby) *eLife* 2022;11:e76284.
3. Seyed (Maley), et al. 2024 *Can Res – Resistance Management* – 84(22):3715

# Atebimetinib goal: achieve tolerability by outpacing cancer

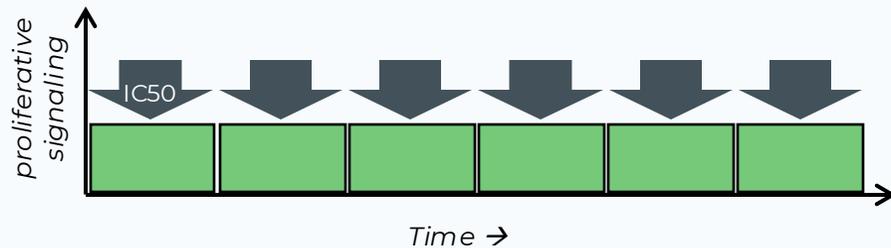
**Healthy Cells:**  
Transient Signaling



**Cancer Cells:**  
Sustained Signaling

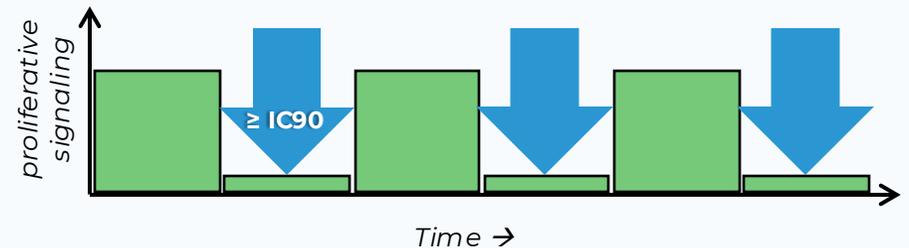


## Sustained Inhibition



*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*

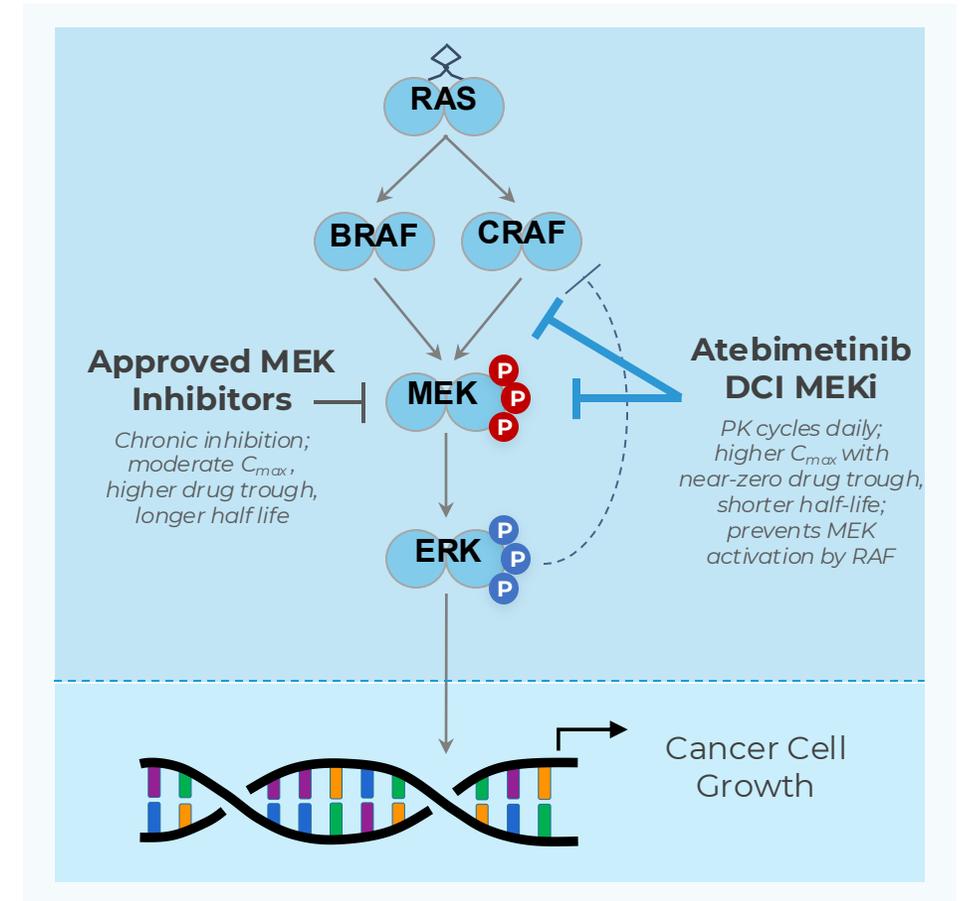
# Atebimetinib targets MEK in the MAPK pathway, designed to outpace cancer with durability and tolerability

“the **MAPK pathway** is altered or inappropriately activated in a majority of cancers”



Our initial focus for atebimetinib is **pancreatic cancer**.

**~97% driven** by the MAPK pathway  
51,180 deaths in US estimated for 2025



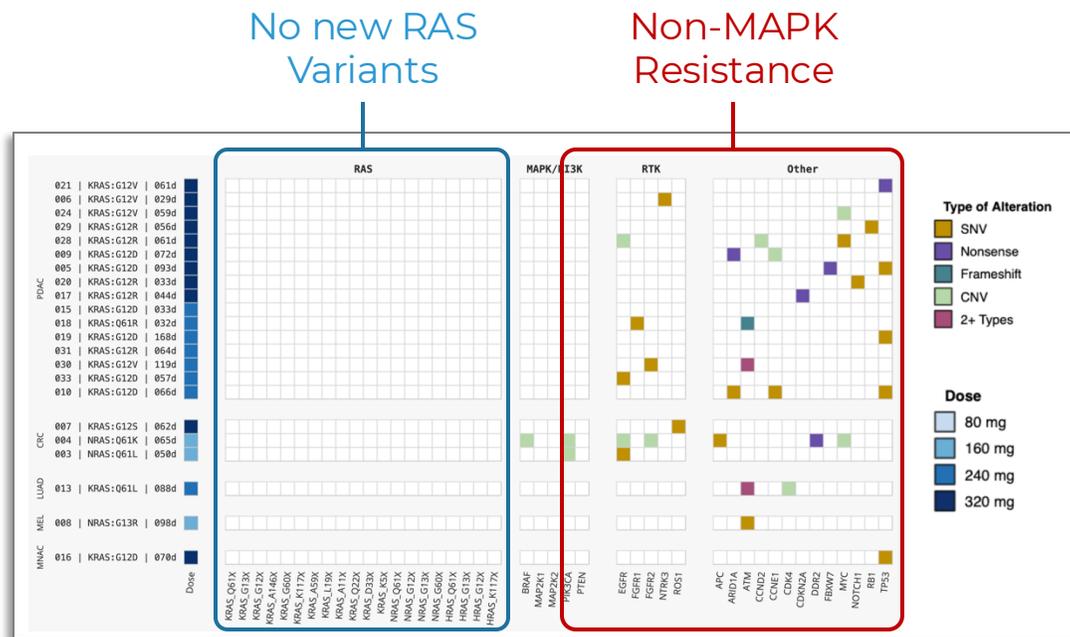
Quote Source: Yaeger and Corcoran, Cancer Discovery, 2019  
Estimate for 2025 deaths <https://seer.cancer.gov/statfacts/html/pancreas.html>

# Phase 1: Atebimetinib monotherapy showed activity, durability, and tolerability

## Phase 2a: Evaluating atebimetinib + mGnP in first line pancreatic cancer

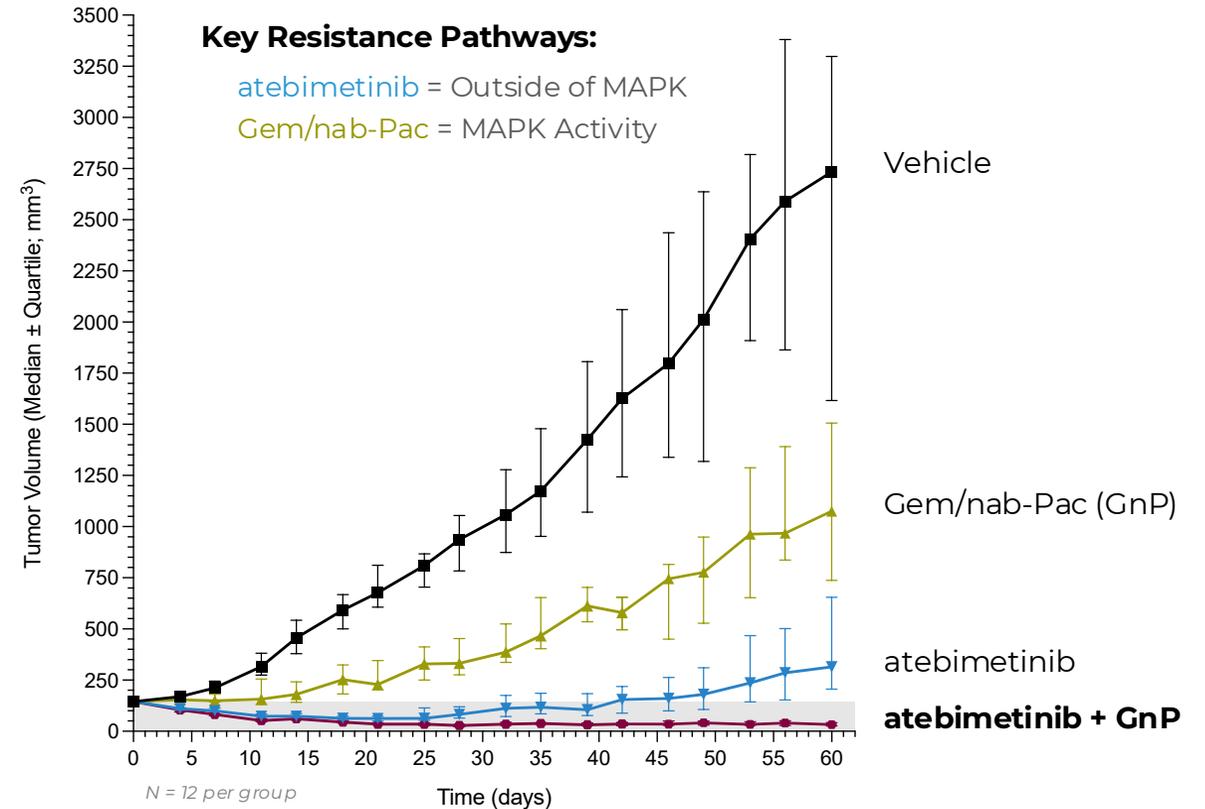
### Molecular rationale for the combination

#### 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.

# Targeting the MAPK Pathway: *Broad Relevance in Most Cancers, Expansive Opportunity*



**Immuneering Announces Clinical Supply Agreement with Regeneron Pharmaceuticals to Evaluate IMM-1-104 in Combination with Libtayo<sup>®</sup> (cemiplimab)**

February 06, 2025 07:00 ET | Source: [Immuneering Corporation](#)

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**Immuneering Announces Clinical Supply Agreement with Lilly to Evaluate Atebimetinib in Combination with Olomorasib**

August 25, 2025 08:00 ET | Source: [Immuneering Corporation](#)

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Pancreatic Cancer  
**Lung Cancer**  
Colorectal Cancer  
Melanoma  
*...and many more*

# Emergent Atebimetinib Monotherapy and Combinations

## Monotherapy

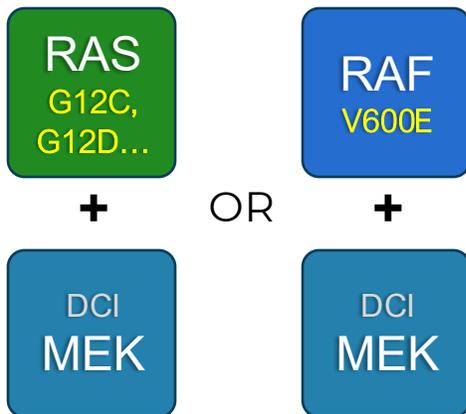
Pulsatile  
MAPK Pathway  
Inhibition



**Ideal: In patients  
with broad MAPK  
pathway  
addiction**

## Vertical Combinations

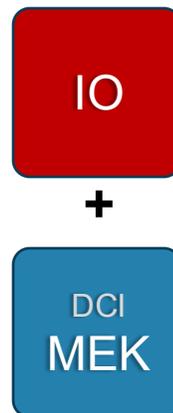
Selective  
Vertical Drug  
Combinations



**Goal: Greater  
Depth & Durability  
of Response**

## Immune Modifying Combinations

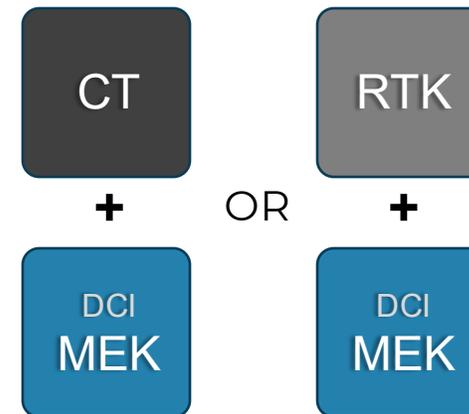
Dual-targeting of  
Tumor & Immune  
System



**Goal: Break MAPK  
Addiction; Enhance  
Antitumor Immunity**

## Orthogonal MoA Combinations

Non-overlapping  
Mechanism of Action  
Combinations

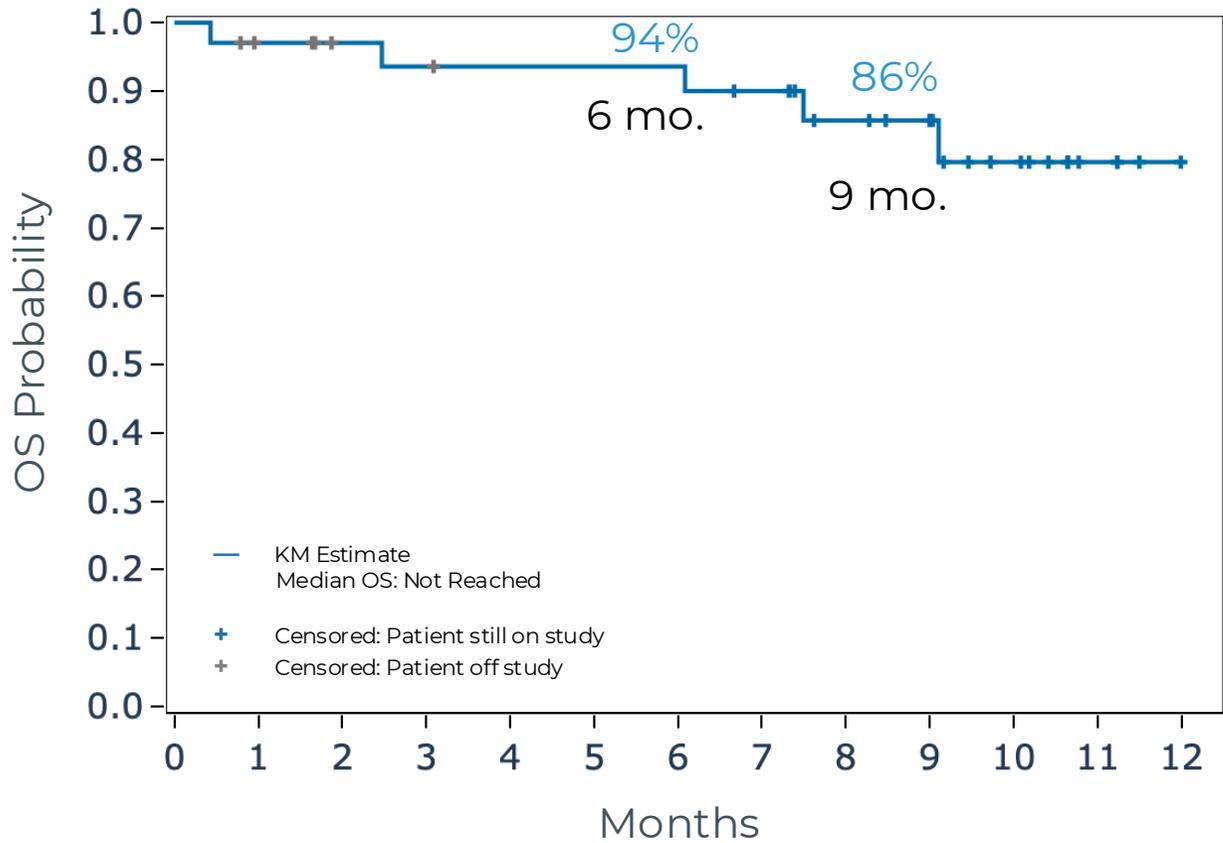


**Goal: Expand &  
Improve Overall  
Antitumor Response**

Activity along with DCI MEKi safety & tolerability expand combination opportunities

# Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer With Clear Expected Milestones Ahead

Atebimetinib (320 mg QD) + mGnP OS, N=34



Expected Timing	Expected Milestones
<b>Q4 2025</b>	<ul style="list-style-type: none"> <li>Feedback from regulatory agencies; continue preparations to begin dosing patients</li> </ul>
<b>2026</b>	<ul style="list-style-type: none"> <li>1H: Report updated survival data from first-line pancreatic cancer patients treated with atebimetinib + mGnP</li> <li>Mid: Dosing of first patient in Phase 3</li> <li>2H: Phase 2 Trial: Atebimetinib + Libtayo in NSCLC</li> </ul>
<b>Mid-2028</b>	Topline Readout of Phase 3

# Immuneering

## *Improving the Durability and Tolerability of Cancer Treatment with Innovative Deep Cyclic Inhibitors*

- ❖ **Extraordinary overall survival and favorable tolerability** in ongoing Phase 2a study of atebimetinib + mGnP in first-line pancreatic cancer patients, potential for best-in-class profile
- ❖ **Phase 3 in first-line pancreatic cancer** expected to begin dosing patients in mid-2026; additional Phase 2 combinations in 2026; preclinical pipeline of Deep Cyclic Inhibitors
- ❖ **Recent financing and strategic investment** provide runway into 2029 with multiple catalysts along the way; outstanding value creation opportunities for patients and shareholders

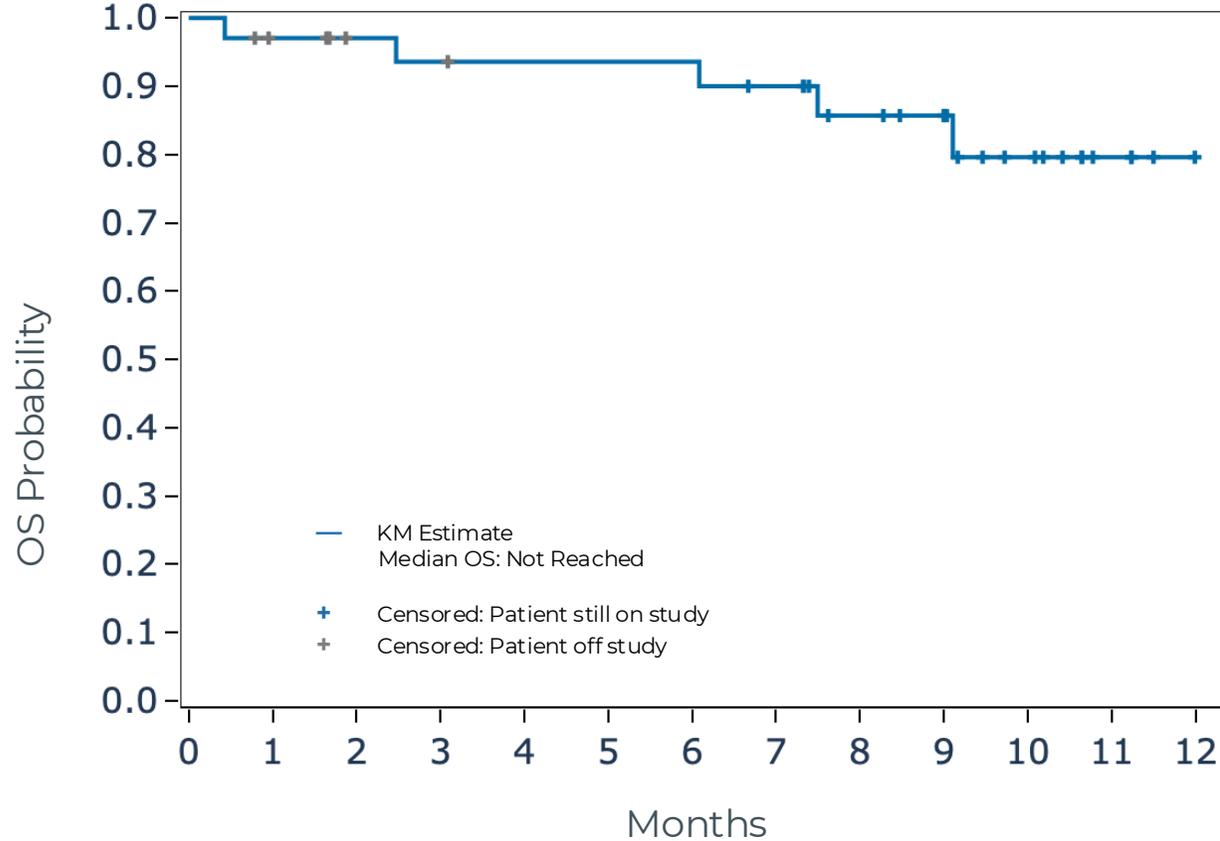
# Appendix



 Immuneering

# Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer

Atebimetinib (320 mg QD) + mGnP OS, N=34



	<b>Atebimetinib + mGnP</b> (320 mg atebi-; N=34)
<b>9-month OS</b>	<b>86%</b> [66, 94]

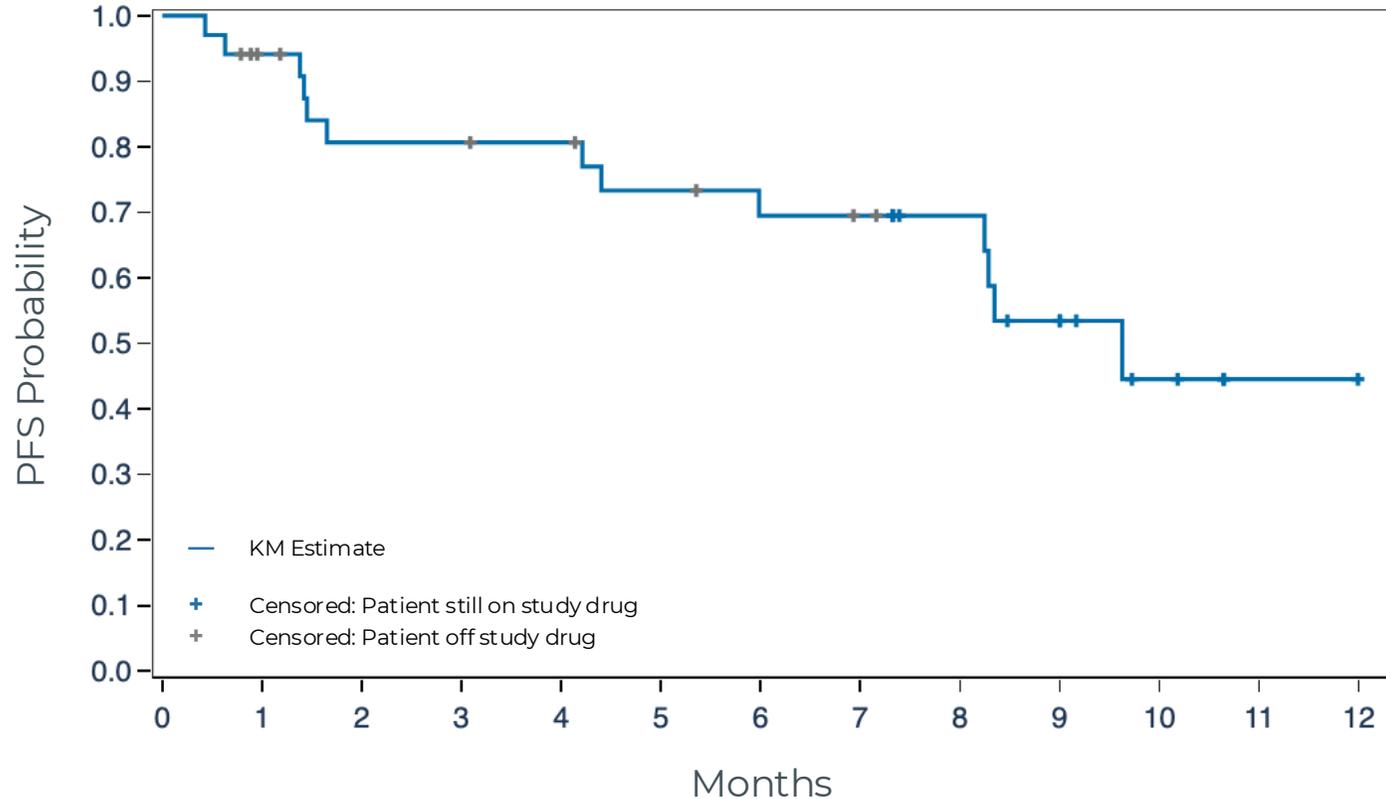
As of the August 26 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan-Meier method; OS and PFS outcomes are reported at this same cutoff date.

At risk	34	31	28	27	26	26	26	24	19	17	10	4	0
Events	0	1	1	2	2	2	2	3	4	4	5	5	5
Censored	0	2	5	5	6	6	6	7	11	13	19	25	29

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025,. This represents the same cohort of patients from the June 2025 data release, the primary Phase 2 population enrolled as part of the Simon two-stage design from the ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. OS probability at max time is 80%.

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

Atebimetinib (320 mg QD) + mGnP PFS, N=34



	<b>Atebimetinib + mGnP</b> (320 mg atebi-; N=34)
<b>9-month PFS</b>	<b>53%</b> [31, 71]

As of the August 26 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan-Meier method; OS and PFS outcomes are reported at this same cutoff date.

Median PFS (mPFS) = **9.6 months**

At risk	34	29	24	24	23	20	18	17	13	9	4	1	0
Events	0	2	6	6	6	8	9	9	9	12	13	13	13
Censored	0	3	4	4	5	6	7	8	12	13	17	20	21

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025. This represents the same cohort of patients from the June 2025 data release, the primary Phase 2 population enrolled as part of the Simon two-stage design from the ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates.