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): March 6, 2023

Immuneering Corporation
(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-40675**	**26-1976972**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

245 Main St.
Second Floor
Cambridge, MA 02142
(Address of principal executive offices) (Zip Code)
(617) 500-8080
(Registrant's telephone number, include area code)
N/A
(Former Name or Former Address, if Changed Since Last Report)

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 Instructions 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)) Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Class A common stock, par value $0.001 per share	IMRX	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

On March 6, 2023, Immuneering Corporation (the "Company") announced its financial results for the quarter and full-year ended December 31, 2022 and provided business updates. The full text of the press release issued in connection with the announcement is furnished as Exhibit 99.1 to this Current Report on Form 8-K (the "Current Report").

The information in this Item 2.02 of this Current Report, including Exhibit 99.1, is intended to be furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly provided by specific reference in such a filing.

Item 7.01. Regulation FD Disclosure.

On March 6, 2023, the Company posted an updated corporate slide presentation in the "For Investors" portion of its website at www.immuneering.com. A copy of the slide presentation is furnished as Exhibit 99.2 to this Current Report on Form 8-K.

The information in this Item 7.01 of this Current Report, including Exhibit 99.2, is intended to be furnished and shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as expressly provided by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

The following exhibits relate to Items 2.02 and 7.01, which shall be deemed to be furnished, and not filed:

Exhibit No.	Description
99.1	Press Release issued on March 6, 2023
99.2	Immuneering Corporation Corporate Slide Presentation as of March 6, 2023
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

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.

IMMUNEERING CORPORATION

Date: March 6, 2023

By: /s/ Benjamin J. Zeskind
Name: Benjamin J. Zeskind, Ph.D.
Title: Co-Founder, President, Chief Executive Officer and Director (Principal Executive Officer)

Immuneering

Immuneering Reports Fourth Quarter and Full Year 2022 Financial Results and Provides Business Updates

First patient dosed in Phase 1/2a clinical trial of IMM-1-104 in advanced solid tumors with any RAS mutation

Provides debut guidance for IMM-1-104 program: initial Phase 1 PK and safety data expected in mid-2023, initial Phase 1 PD modeling and additional PK and safety data expected in 2H 2023, recommended phase 2 dose and additional safety data expected in mid-2024

Continued progress in oncology pipeline - on track to file IND for IMM-6-415 in Q4 2023

Cash runway extended into Q4 2024; sharpened focus on oncology pipeline and suspension of discovery-stage neuroscience programs

Conference call and webcast today at 4:30 p.m. ET.

CAMBRIDGE, Mass., March 6, 2023 -- Immuneering Corporation (Nasdaq: IMRX), a clinical-stage oncology company developing medicines for broad populations of cancer patients with an initial aim to develop a universal-RAS therapy, today reported financial results for the fourth quarter and full year ended December 31, 2022, and provided recent business updates.

"2022 was a year of important progress towards our goal of creating impactful new medicines for cancer patients," said Ben Zeskind, Ph.D., MBA, Co-founder, and Chief Executive Officer of Immuneering. "IMM-1-104, the first and only MAPK pathway inhibitor with the potential for universal-RAS activity, entered the clinic as we dosed the first patient in our Phase 1/2a clinical trial in November, enrolling patients with advanced solid tumors harboring RAS mutations. With a unique and counterintuitive mechanism of deep cyclic inhibition, IMM-1-104 was designed to limit toxicity and maximize therapeutic activity by selectively targeting cancer cells based on their increased need for sustained MAPK pathway signaling, while sparing healthy cells which are less dependent on continuous pathway signaling. IMM-1-104 is being evaluated as an oral, once-daily monotherapy. Our goal is to provide newer and better treatment options for patients with tumors driven by *any* mutation in KRAS, NRAS, or HRAS."

Dr. Zeskind continued: "We are very pleased with the progress of our trial, which enables us today to provide debut guidance on when investors can expect to see initial data from our ongoing IMM-1-104 Phase 1/2a clinical trial. Currently, we plan to share (1) initial Phase 1 pharmacokinetic (PK)

and safety data in mid-2023, followed by (2) initial Phase 1 pharmacodynamic (PD) modeling and additional PK and safety data in the second half of 2023 and (3) the announcement of a recommended Phase 2 dose and additional safety data in mid-2024. We also plan to provide additional trial updates on a periodic basis. Because observing a unique PK profile in humans is a fundamental aspect of our counterintuitive deep cyclic inhibition mechanism, we believe these initial readouts could provide particularly impactful early validation for our approach and the potential universal-RAS activity of IMM-1-104. With our clinical trial rapidly advancing and continued progress accelerating IMM-6-415 toward an IND filing later this year, we have also taken the opportunity to sharpen our focus exclusively to oncology, by suspending our neuroscience programs. This change as well as other non-core adjustments extend our projected cash runway by an additional quarter, into Q4 2024."

Corporate Highlights

- **Preclinical data on lead program IMM-1-104 presented at American Association for Cancer Research (AACR) special conference targeting RAS:** In March 2023, Immuneering presented preclinical data in a poster titled, "Pan-RAS IMM-1-104 activity in humanized 3D tumor models is independent of specific amino acid substitution." IMM-1-104 demonstrated response across RAS mutant preclinical models regardless of mutation position or amino acid substitution, suggesting potential relevance to a broad universal-RAS-driven patient population.

- **Cash runway extended into Q4 2024 with sharpened focus on oncology pipeline:** In March 2023, Immuneering announced the company would sharpen its focus exclusively to its oncology pipeline, suspending its discovery-stage neuroscience programs. With this change, and other non-core adjustments, based on cash, cash equivalents and marketable securities and current operating plans, the company now expects its cash runway to extend into the fourth quarter of 2024.

- **First patient dosed in Phase 1/2a Clinical Trial of IMM-1-104 in advanced solid tumors with RAS mutations*:*** In September 2022, Immuneering received FDA clearance of the IND application for IMM-1-104 and in November 2022, commenced dosing in a Phase 1/2a open-label study designed to evaluate the safety, tolerability, pharmacokinetics, and preliminary efficacy of IMM-1-104 as an oral, once-daily monotherapy in patients with advanced RAS mutant solid tumors. To the company's knowledge, this is the first and only clinical trial for which patients with *any* mutation in KRAS, NRAS, or HRAS are eligible to be screened for other enrollment criteria. The Phase 1 portion of the study, which is being conducted at five clinical sites in the United States, includes a dose escalation phase and dose evaluation phase in order to establish an optimized Recommended Phase 2 Dose (RP2D) candidate. Subject to Phase 1 results, the Company currently expects to conduct a

Phase 2a dose expansion phase in order to assess the safety and efficacy of IMM-1-104 at the RP2D in RAS mutated pancreatic, melanoma, lung, and colorectal cancers. The Company is currently in the dose escalation phase of the trial.

- **Preclinical data on its second program IMM-6-415 presented at the 37th Annual Meeting of SITC:** In November 2022, Immuneering presented preclinical data in a presentation titled, "Cyclic disruption of the mitogen-activated protein kinase (MAPK) pathway by the Dual MEK inhibitor, IMM-6-415, enhances PD1 and CTLA4 checkpoint blockade in RAS mutant tumors." IMM-6-415 exhibited preclinical activity as a single-agent in RAF and RAS mutant tumor models, as well as enhanced activity in combination with checkpoint inhibitors (CPIs) in RAS-mutant colorectal cancer (CRC) and non-small cell lung cancer (NSCLC) models driven by diverse MAPK pathway mutations.
- **Chief People Officer appointed:** In October 2022, the company announced the appointment of Leah R. Neufeld to the newly created Chief People Officer position. Ms. Neufeld brings decades of experience in life sciences as well as human resources and will join the senior leadership team in continuing to make the company a great place for the all-star team of Immuneers to work and grow, while also helping to add new talent as the company advances a robust pipeline of novel product candidates.
- **Preclinical data presented at ASCO 2022 Annual Meeting highlighting pan-KRAS/NRAS activity of IMM-1-104**: In May 2022, Immuneering presented two preclinical abstracts. The first abstract, titled "Head-to-head comparison of the dual-MEK inhibitor IMM-1-104 versus sotorasib or adagrasib in KRAS mutant pancreatic tumors," demonstrated a lack of Tumor Growth Inhibition (TGI) by sotorasib and adagrasib in KRAS-G12V mutant Capan-2 PDAC tumors. In contrast, IMM-1-104 observed TGIs of 49-84% across all doses and schedules tested. Consistent with other IMM-1-104 *in vivo* studies, median body weight loss was no more than 3-5% at top doses. The second abstract titled "Translational modeling for patients with RAS mutant tumors: Profiling the dual-MEK inhibitor IMM-1-104 in a humanized 3D assay," found KRAS mutant pancreatic cancer and NRAS mutant melanoma were the most broadly sensitive patient-aligned models in the 3D-tumor growth assay and are expected to be included among the target indications planned for the Phase 2a portion of Immuneering's ongoing Phase 1/2a clinical trial.

Near-Term Milestone Expectations

IMM-1-104

- Initial Phase 1 PK and safety data expected in mid-2023
- Initial Phase 1 PD modeling data and additional PK and safety data expected in the second half of 2023
- Recommended Phase 2 dose and additional safety data expected in mid-2024
- Additional trial updates expected on a periodic basis

IMM-6-415

- IND filing expected in the fourth quarter of 2023

Fourth Quarter and Full Year 2022 Financial Highlights

- **Cash Position**: Cash, cash equivalents and marketable securities as of December 31, 2022 were $105.5 million, compared with $150.2 million as of December 31, 2021.

- **Research and Development (R&D) Expenses**: R&D expenses for the fourth quarter of 2022 were $9.9 million compared with $7.9 million for the fourth quarter of 2021. Full year 2022 R&D expenses were $36.3 million compared to $26.5 million for full year 2021. The increase in R&D expenses from both periods of 2021 was primarily attributable to higher clinical costs related to the company's lead program and increased personnel to support ongoing research and development activities.

- **General and Administrative (G&A) Expenses:** G&A expenses for the fourth quarter of 2022 were $4.1 million compared with $3.1 million for the same period of 2021. Full year 2022 G&A expenses were $15.6 million compared to $8.3 million for full year 2021. The increase in G&A expenses for both periods of 2022 was primarily attributable to an increase in headcount in the company's general and administrative functions to support the business, and costs related to operating as a public company.

- **Net Loss**: Net loss attributable to common stockholders was $13.2 million, or $0.50 per share, for the quarter ended December 31, 2022, compared to $10.8 million, or $0.42 per share, for the quarter ended December 31, 2021. Net loss attributable to common stockholders for full year 2022 was $50.5 million, or $1.91 per share compared to $33.5 million, or $2.46 per share, for full year 2021.

2023 Financial Guidance

- Based on cash, cash equivalents and marketable securities, as of December 31, 2022, and current operating plans, the company expects its cash runway to extend into the fourth quarter of 2024.

Conference Call

Immuneering will host a corresponding conference call and a live webcast at 1:30 p.m. PT / 4:30 p.m. ET on March 6, 2023, to discuss the results and provide a business and pipeline update. To access the call by phone, please use this registration link, and you will be provided with dial in details. To avoid delays, we encourage participants to dial into the conference call fifteen minutes ahead of the scheduled start time. After the live webcast, the event will be archived for 90 days in the Investor Relations section of Immuneering's website at Events & Presentations.

About Immuneering Corporation

Immuneering is a clinical-stage oncology company developing medicines for broad populations of cancer patients with an initial aim to develop a universal-RAS therapy. The company aims to achieve universal activity through deep cyclic inhibition of the MAPK pathway, impacting cancer cells while sparing healthy cells. Immuneering's lead product candidate, IMM-1-104, is in a Phase 1/2a study in patients with advanced solid tumors harboring RAS mutations. The company's development pipeline also includes IMM-6-415, our universal-MAPK inhibitor, as well as several early-stage programs. For more information, please visit www.immuneering.com.

Forward-Looking Statements

This press release includes certain disclosures that contain "forward-looking statements," including, without limitation, statements regarding Immuneering's expectations regarding the sufficiency of Immuneering's cash, cash equivalents and marketable securities, current operating plans and cash runway, the treatment potential of IMM-1-104 and IMM-6-415, including estimates of the patient population that may ultimately benefit from treatment, statements regarding the design, enrollment and conduct of the Phase 1/2a clinical trial for IMM-1-104, the timing of initial Phase 1 PK and safety data, initial PD modeling data and additional PK and safety data, additional trial updates, recommended phase 2 dose and additional safety data, the ability of initial readouts to validate the company's therapeutic approach, the timing of submission of the IND for IMM-6-415, and

Immuneering’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. Forward-looking statements are based on Immuneering’s current expectations and are subject to inherent uncertainties, risks and assumptions that are difficult to predict. Factors that could cause actual results to differ include, but are not limited to, the risks inherent in oncology drug development, including target discovery, target validation, lead compound identification, lead compound optimization, preclinical studies and clinical trials. These and other risks and uncertainties are described more fully in the section titled "Risk Factors" in Immuneering’s most recent Form 10-K filed with the U.S. Securities and Exchange Commission. Forward-looking statements contained in this announcement are made as of this date, and Immuneering undertakes no duty to update such information except as required under applicable law.

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Immuneering

IMMUNEERING CORPORATION

CONSOLIDATED STATEMENTS OF OPERATIONS

(Unaudited)

	Three Months Ended December 31		Twelve Months Ended December 31	
	2022	2021	2022	2021
Revenue	$ 456	$ 189,591	$ 316,952	$ 2,079,961
Cost of revenue	—	206,221	158,122	1,153,073
Gross profit	456	(16,630)	158,830	926,888
Operating expenses				
Research and development	9,871,761	7,950,488	36,267,116	26,540,959
General and administrative	4,106,385	3,148,637	15,606,529	8,271,998
Amortization of intangible asset	7,317	—	30,053	—
Total operating expenses	13,985,463	11,099,125	51,903,698	34,812,957
Loss from operations	(13,985,007)	(11,115,755)	(51,744,868)	(33,886,069)
Other income (expense)				
Interest income	516,167	142,885	1,014,456	169,899
Other income (expense)	223,278	(118,974)	216,844	(127,063)
Loss before income taxes	(13,245,562)	(11,091,844)	(50,513,568)	(33,843,233)
Income tax benefit	—	307,485	—	307,485
Net loss	$ (13,245,562)	$ (10,784,359)	$ (50,513,568)	$ (33,535,748)
Net loss per share attributable to common stockholders, basic and diluted	(0.50)	(0.42)	(1.91)	(2.46)
Weighted-average common shares outstanding, basic and diluted	26,406,933	25,977,246	26,386,864	13,612,677
Other comprehensive loss:				
Unrealized losses from marketable securities	112,353	(44,258)	18,889	(49,009)
Comprehensive Loss	$ (13,133,209)	$ (10,828,617)	$ (50,494,679)	$ (33,584,757)

Immuneering

IMMUNEERING CORPORATION

CONSOLIDATED BALANCE SHEETS

(Unaudited)

	December 31, 2022	December 31, 2021
Assets		
Current assets:		
Cash and cash equivalents	$ 72,636,886	$ 74,888,145
Marketable securities, current	32,887,970	74,311,203
Accounts receivable	12,417	246,040
Prepaids and other current assets	3,209,536	2,888,608
Total current assets	108,746,809	152,333,996
Marketable securities, non-current	—	996,560
Property and equipment, net	1,369,608	807,223
Goodwill	6,690,431	6,701,726
Intangible asset	408,947	439,000
Right-of-use assets, net	4,407,785	5,324,198
Other assets	743,703	102,129
Total assets	**$ 122,367,283**	**$ 166,704,832**
Liabilities, convertible preferred stock and stockholders' equity		
Current liabilities:		
Accounts payable	$ 3,154,557	$ 1,394,340
Accrued expenses	4,500,993	3,965,447
Other liabilities, current	19,796	—
Lease liabilities, current	378,723	274,039
Total current liabilities	8,054,069	5,633,826
Long-term liabilities:		
Lease liabilities, non-current	4,462,959	5,090,897
Total liabilities	12,517,028	10,724,723
Commitments and contingencies (Note 13)		
Stockholders' equity:		
Preferred stock, $0.001 par value; 10,000,000 shares authorized at December 31, 2022 and December 31, 2021; No shares issued or outstanding	—	—
Class A common stock, $0.001 par value, 200,000,000 shares authorized at December 31, 2022 and December 31, 2021; 26,418,732 and 26,320,199 shares issued and outstanding at December 31, 2022 and December 31, 2021, respectively	26,419	26,320
Class B common stock, $0.001 par value, 20,000,000 shares authorized at December 31, 2022 and December 31, 2021; 0 shares issued and outstanding at December 31, 2022 and December 31, 2021	—	—
Additional paid-in capital	219,640,912	215,276,186
Accumulated other comprehensive loss	(30,120)	(49,009)
Accumulated deficit	(109,786,956)	(59,273,388)
Total stockholders' equity	109,850,255	155,980,109
Total liabilities, convertible preferred stock and stockholders' equity	**$ 122,367,283**	**$ 166,704,832**

Building a Universal-RAS Franchise

Immuneering

Nasdaq: IMRX

MARCH 2023

FORWARD-LOOKING STATEMENTS AND OTHER DISCLAIMERS

This presentation contains forward-looking statements 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 timing or outcome (including interim results) of the Company's ongoing or planned clinical trials for IMM-1-104, including our Phase 1/2a clinical trial, any of the Company's other pipeline product candidates and any future product candidates, the clinical utility of the Company's product candidates and treatment potential, the ongoing impact of the COVID-19 pandemic on the Company's business and operations, including manufacturing, research and development, clinical trials and employ the Company's cash needs and availability, projected cash runway and current operating plans, and the plans and objectives of management for future operations.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, without limitation: our ability to successfully complete our Phase 1/2a clinical trial, or any planned clinical trials and for those trials to produce positive results, our estimates of the number of patients who suffer from the diseases we are targeting and benefit from the medicines we are developing, and the number of patients that may enroll in our clinical trials; o ability to file INDs in the future; the commercializing of our product candidates, if approved; the timing of the initiation, progress and potential results of our ongoing and planned preclinical studies and clinical trials and our research programs, including our Phase 1/2a clinical trial; our ability to advance additional product candidates into, and successfully complete, preclinical studies and clinical trials with those additional product candidates; the timing or likelihood of regulatory filings and approvals; our product development and marketing strategy; the negative impacts of the COVID-19 pandemic; our ability and the poten to successfully manufacture and supply our product candidates for clinical trials and for commercial use, if approved; future strategic arrangements and/or collaborations and the potential benefits of such arrangements; our estimates regarding expenses, future revenue, capital requirements and needs for financi and our ability to obtain capital; the sufficiency of our existing cash and cash equivalents to fund our future operating expenses and capital expenditure requirements; our ability to retain the continued service of our key personnel and to identify, hire and retain additional qualified professionals; the implementation of our business model, strategic plans for our business and product candidates; our compliance with laws, the scope of protection we are able establish and maintain for intellectual property rights, product candidates and our pipeline; our ability to contract with third-party suppliers and manufacture and their ability to perform adequately; the pricing, coverage and reimbursement of our product candidates, if approved; and developments relating to our competitors and our industry, including competing product candidates and therapies.

These and other important factors discussed under the caption "Risk factors" in the Company's most recent periodic filing with the Securities and Exchange Commission (SEC) and its other reports filed with the SEC could cause actual results to differ materially from those indicated by the forward-looking statemen made in this presentation. Any such forward-looking statements represent management's estimates as of the date of this presentation. While the Company m elect to update such forward-looking statements at some point in the future, 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.

Immuneering

Investment Summary

"Our approach is different."

- Targeting **large Universal-RAS** patient population (1.5M) versus more limited approaches.
- **Monotherapy** vs combination therapy potential
- **Deep cyclic inhibition** achieved briefly but forcefully, due to combination of:
  - **Manyfold higher C_{MAX}**
  - and **short half life**
- Approach designed to **spare healthy cells** and potential to **limit adaptive resistance**.

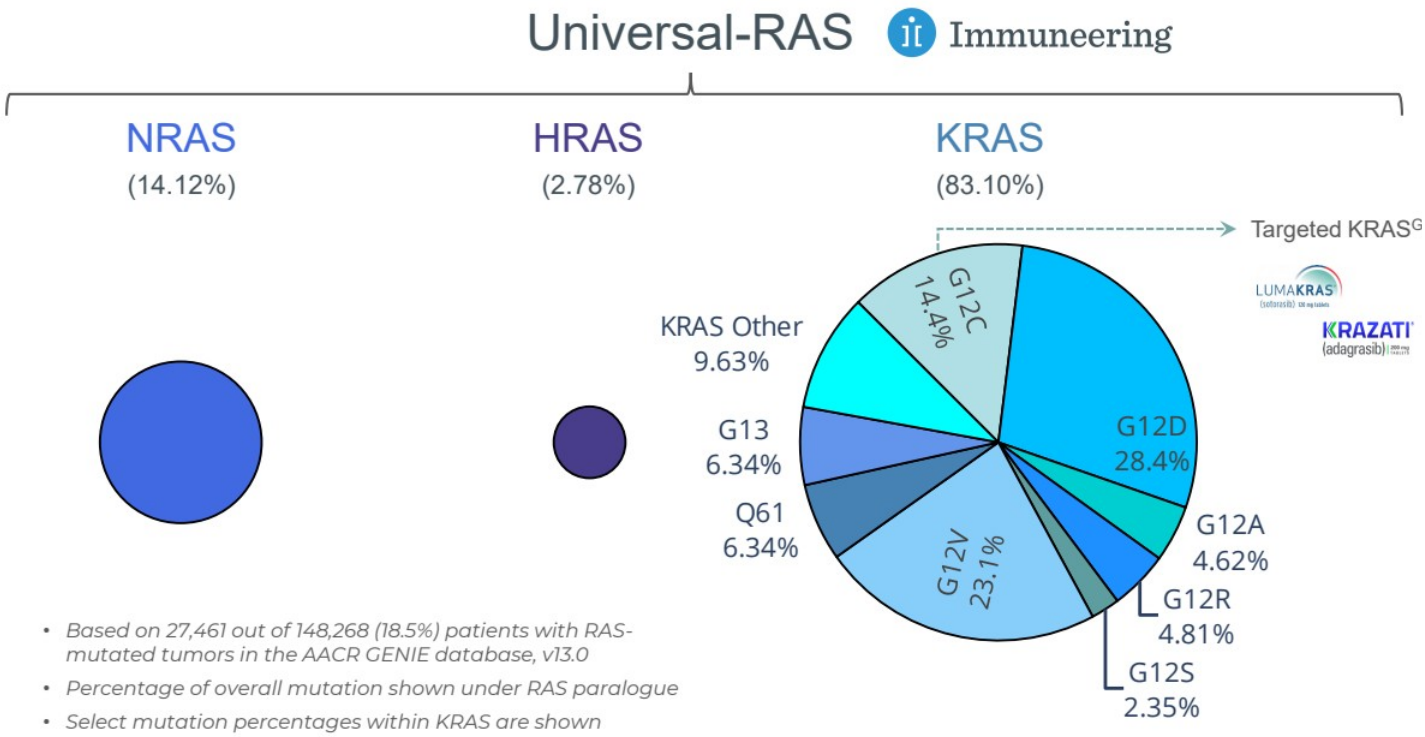
"IMM-1-104 demonstrates Universal-RAS potential."

- **Robust preclinical activity** observed in:
  - Pancreatic Cancer ($KRAS^{G12C\ \&\ G12V}$)
  - NSCLC ($KRAS^{G12S}$)
  - CRC ($KRAS^{G12D}$)
  - Melanoma ($NRAS^{Q61R}$)
  - And others
- Hypothesis for IMM-1-104 from **proprietary model**.
- **Validated using** proprietary **bioinformatics & 3D tumor growth assays**

"2023 is shaping up to be our breakout year."

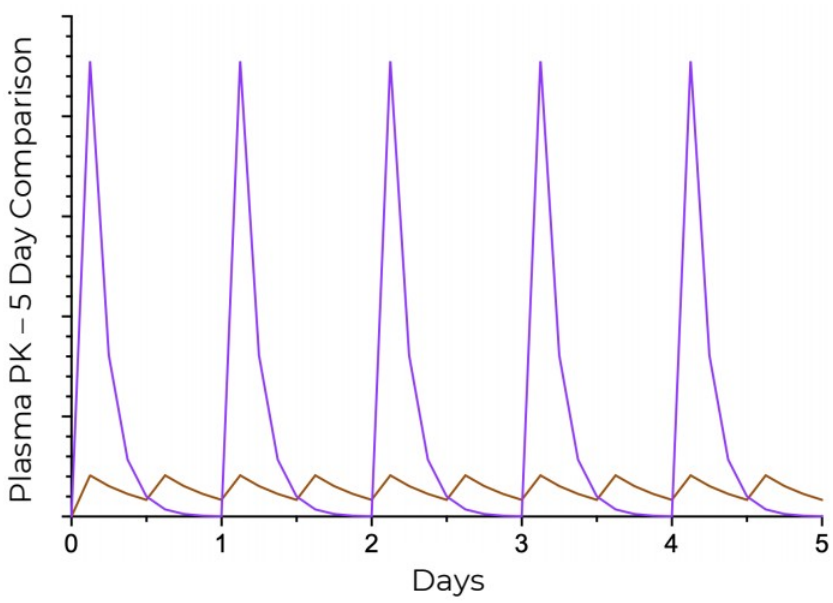
- **First patient dosed** in Phase 1/2a trial of lead asset IMM-1-104 in November 2022.
- **Patient enrollment ongoing**; investigator enthusiasm high.
- Broad inclusion **criteria facilitates** rapid trial enrollment.
- **Upcoming data readouts, beginning mid-2023**
- **Cash runway projected into Q4 2024**

IMM-1-104's Potential …



- *Based on 27,461 out of 148,268 (18.5%) patients with RAS-mutated tumors in the AACR GENIE database, v13.0*
- *Percentage of overall mutation shown under RAS paralogue*
- *Select mutation percentages within KRAS are shown*

Deep, Cyclic Inhibition



Conceptual illustration of deep cyclic inhibition

1. **Dramatic PK C_{MAX} Pulse**

   Many fold higher drug free fraction C_{MAX} than other MEK inhibitors

   GOAL: Break Tumor Addiction

2. **Near-Zero Drug Trough**

   Short plasma half-life

   GOAL: Improve tolerability and limit adaptive resistance:
   every day is a drug holiday

3. **MoA Target Engagement**

   Prevent MAPK-pathway bypass events

   GOAL: Expanded activity into RAS mutant setting

Development Pipeline

Wholly Owned Product Portfolio Differentiated by Indication and Half-life

PROGRAM	INDICATION	DISCOVERY	IND-ENABLING	PHASE 1	PHASE 2	PHASE 3	MILESTONE
IMM-1-104	Universal-RAS	Once Daily (QD)					Phase 1/2a Tria Enrolling; initial PK safety data expecte 2023
IMM-6-415	Universal-MAPK	Twice Daily (BID)					IND filing in Q4 2
Multiple additional programs in discovery phase							

Cash, cash equivalents and marketable securities of $105.5M as of December 31, 2022 expected to fund operations into Q4 2024

IMM-1-104

Immuneering

IMM-1-104

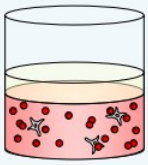
- **Potential for Universal-RAS Activity**
- **Deep Cyclic Inhibition; Once-Daily Oral Dosing**
- **Short plasma half-life to minimize drug trough**
- **Initially being developed as Monotherapy**
- **Designed to Resist CRAF-bypass in RAS mutant tumors**

- Phase 1 recruiting all-comer RAS solid tumors: NCT05585320
- First patient dosed November 2022
- Robust pre-clinical activity observed in 6 different animal models; well-tolerated (median body weight loss of less than 3-6% at top doses)

IMM-1-104 Demonstrates Universal-RAS Potential

132 Tumor Models

75 = RAS Mutant



Humanized 3D-TGA

Kolitz, et al. 2023
AACR: Targeting RAS
Philadelphia, PA

Tissue	Response #	Non-Response #
Pancreatic †	**17**	**2**
Melanoma †	**22**	**0**
Lung †	**19**	**6**
CRC	**20**	**5**
Thyroid	6	1
Soft Tissue	2	1
Breast	2	6
Gastric	4	2
Ovary	3	2
Prostate	1	2
Fibrosarcoma	1	0
Liver	4	2
Neuroblastoma	1	1
Total	**102** (77.3%)	**30** (22.7%)

RAS, RAF mutation	Response #	Non-Response
NRAS G12	2	0
NRAS G13	1	0
NRAS Q61	17	2
KRAS A146	1	0
KRAS G12	36	8
KRAS G13 ^	3	1
KRAS Q61	3	0
HRAS G13 *	1	0
BRAF (Class I or II)	21	4
Total	**85** (85.0%)	**15** (15.0%)

RAS, RAF mutation	Response #	Non-Response
Not Present	17	15
Total	**17** (53.1%)	**15** (46.9%)

^ 1 model also bearing KRAS Q61 /// * 1 model also bearing NRAS Q61

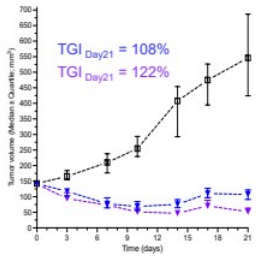
Response to IMM-1-104 based on 3D-TGA and other preclinical modeling. Parallel translational efforts are focused on projecting patient-aligned molecular profiles or 'Targetability'.

Models tested in 3D-TGA were assigned responsive if dose response IC50 < 1uM (sensitive) or IC50 ≥ 1 with >25% reduction at 10uM (intermediate), and non-responsive otherwise (resistant)

† Select 3D-TGA models: (1.) Pancreatic MIA PaCa-2 (sensitive/responsive), (2.) Pancreatic Capan-2 (intermediate/responsive), (3.) Melanoma SK-MEL-2 (sensitive/responsive), (4.) Lung A549 (intermediate/responsive)

IMM-1-104 Demonstrates Universal-RAS Potential

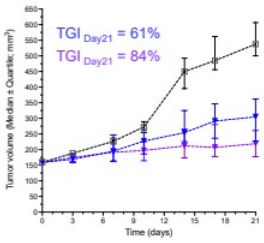
KRAS^{G12C} PANC — MIA PaCa-2



N=12

- **MEDIAN** Vehicle 0 mg/kg BID po
- **MEDIAN** 100 mg/kg IMM-01-00104 BID po
- **MEDIAN** 150 mg/kg IMM-01-00104 BID po

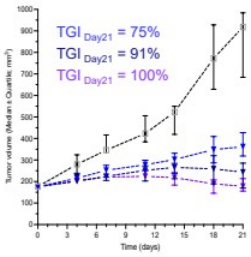
KRAS^{G12V} PANC — Capan-2



N=12

- **MEDIAN** Vehicle 0 mg/kg BID po
- **MEDIAN** 100 mg/kg IMM-01-00104 BID po
- **MEDIAN** 150 mg/kg IMM-01-00104 BID po

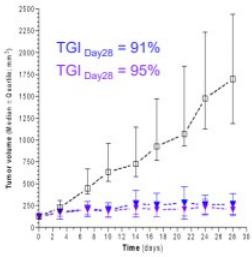
NRAS^{Q61R} MEL — SK-MEL-2



N=12

- **MEDIAN:** 0 mg/kg Vehicle BID po
- **MEDIAN:** 100 mg/kg IMM-1-104 BID po
- **MEDIAN:** 125 mg/kg IMM-1-104 BID po
- **MEDIAN:** 150 mg/kg IMM-1-104 BID po

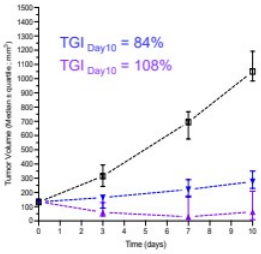
KRAS^{G12S} NSCLC — A-549



N=12

- **MEDIAN** Vehicle 0 mg/kg BID po
- **MEDIAN** 100 mg/kg IMM-01-00104 BID po
- **MEDIAN** 150 mg/kg IMM-01-00104 BID po

KRAS^{G12D} CRC — Colon-26



N=8

- **MEDIAN** Vehicle 0 mg/kg BID po
- **MEDIAN** 100 mg/kg IMM-01-00104 BID po
- **MEDIAN** 150 mg/kg IMM-01-00104 BID po

Well Tolerated: Median Body Weight Loss ≤ 3-6%* of baseline at top doses

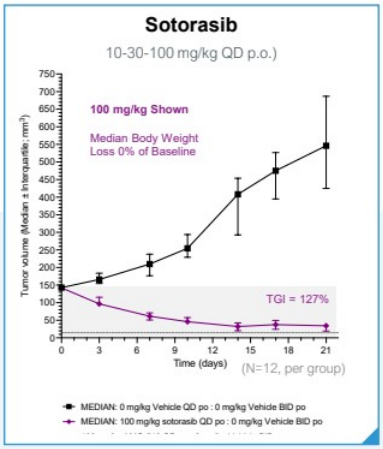
Maximum Effective Dose Range in Mice (plasma $t_{1/2}$ = 1.3 hours) is 100 mg/kg to 150 mg/kg BID po

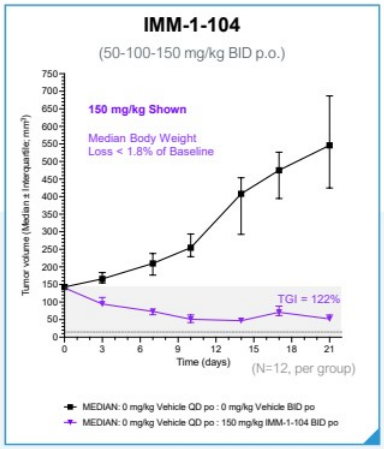
CRC = colorectal cancer; NSCLC = non-small cell lung cancer; MEL = melanoma; PANC = pancreatic cancer

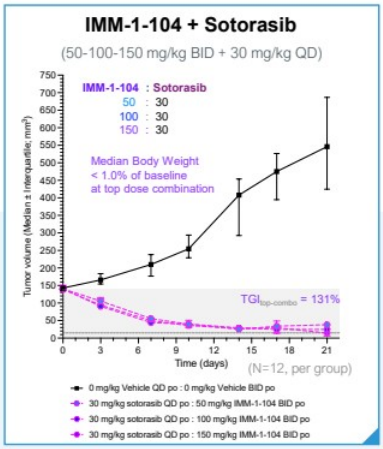
Tumor Growth Inhibition (TGI) % = [1 – (Ti – T0)/(Ci – C0)]x100 ; T = treatment groups ; C = control groups
*Well-tolerated at top doses with no more than 3-6% median body weight loss (BWL)
**Capan-2 PANC model, as reported at ASCO 2022 (0% TGI for sotorasib and adagrasib at top doses)

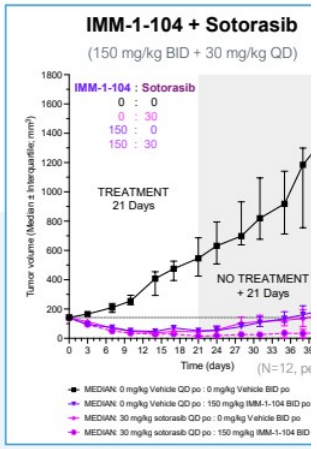
Pancreatic: Head-to-Head Comparison of IMM-1-104 +/- Sotorasib in a KRAS-G12C Pancreatic Tumor Model

IMM-1-104 as compared to sotorasib demonstrated tumor regression, both with insignificant BWL









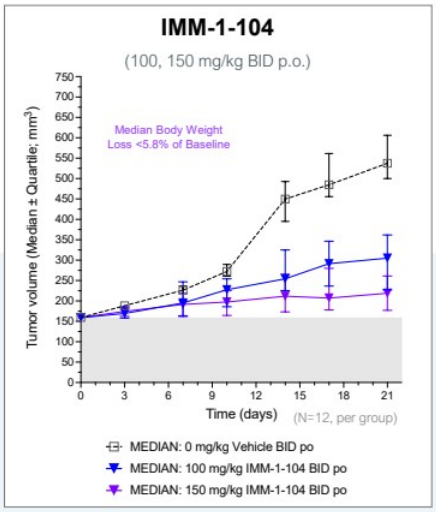
› MIA PaCa-2 ($KRAS^{G12C}$) Pancreatic Xenograft Tumor Model in Athymic Nude Mice

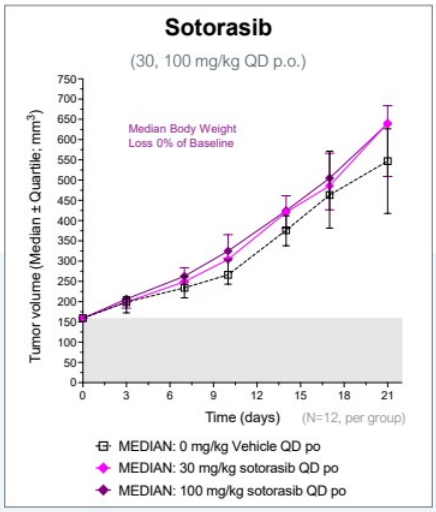
› *Sotorasib was commercially purchased*

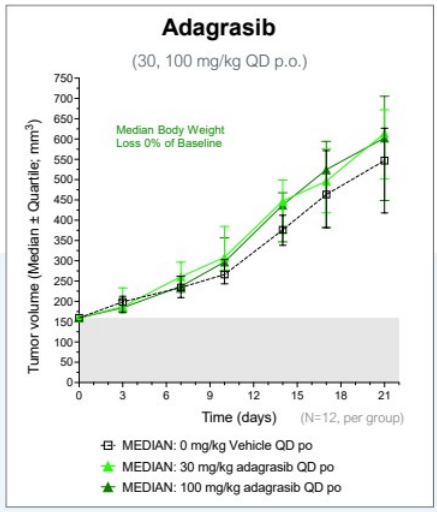
Tumor Growth Inhibition (TGI) % = $[1 - (T_i - T_0)/(C_i - C_0)]x100$
Expanded TGI formula vs. previous 1-[T/C]x100% method

Pancreatic: Head-to-Head Comparison of IMM-1-104 vs. Sotorasib and Adagrasib in a KRAS-G12V Pancreatic Tumor Model

IMM-1-104 demonstrated tumor regression as compared to sotorasib or adagrasib, with insignificant BWL







› Capan-2 ($KRAS^{G12V}$) Pancreatic Xenograft Tumor Model in Athymic Nude Mice

› *Sotorasib and adagrasib were commercially purchased*

Tumor Growth Inhibition (TGI) % = $[1 - (T_i - T_0)/(C_i - C_0)]x100$
Expanded TGI formula vs. previous 1-[T/C]x100% method

Melanoma: Phase 3 NEMO Study: Binimetinib vs. Dacarbazine (NRAS^{mut} Melanor

Summary of phase 3 data from the NEMO study as reported in Lancet (c.2017)

	Progression Free Survival	Overall Survival
Binimetinib	2.8 months	11.0 months
Hazard Ratio	0.62	1.00
Dacarbazine	1.5 months	10.1 months

- Serious Adverse Events (34% binimetinib vs. 22% dacarbazine)
- Overall Response Rate (ORR: 15% binimetinib vs. 7% dacarbazine)

NRAS Status	Binimetinib 2:1	Dacarbazine
	N = 269	N = 133
Q61K	100 (37%)	51 (38%)
Q61L	32 (12%)	17 (13%)
Q61R	137 (51%)	64 (48%)
Wildtype	0	1 (1%)

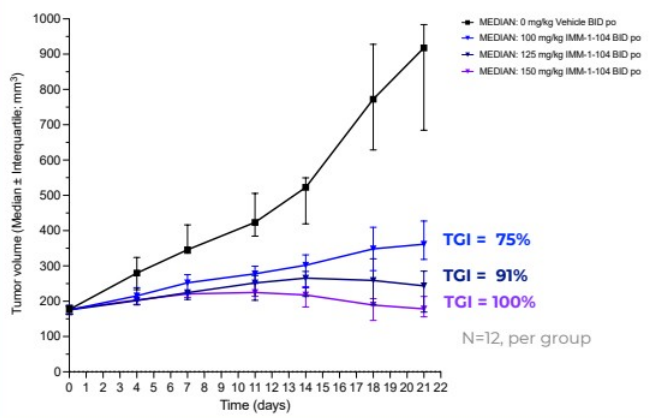
Dummer, et al 2017 Lancet S1470-2045 (17) 30180-8

Melanoma: Head-to-Head NRAS-Q61R Melanoma Xenograft Study:
Binimetinib vs. IMM-1-104 in SK-MEL-2

IMM-1-104 as compared to binimetinib monotherapy demonstrated greater tumor growth inhibition (TGI)

IMM-1-104

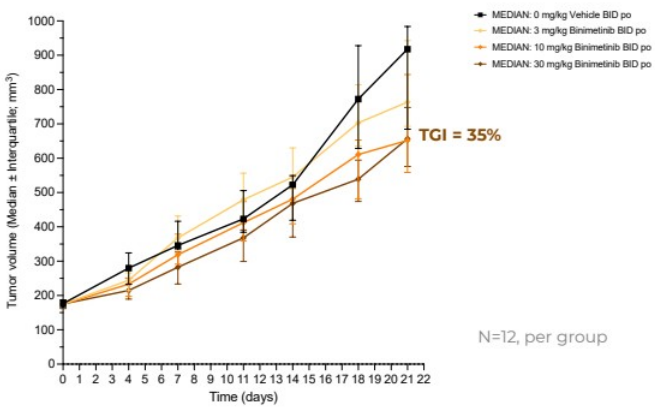
(100-125-150 mg/kg BID p.o.)



N=12, per group

Binimetinib

(3-10-30 mg/kg BID p.o.)



N=12, per group

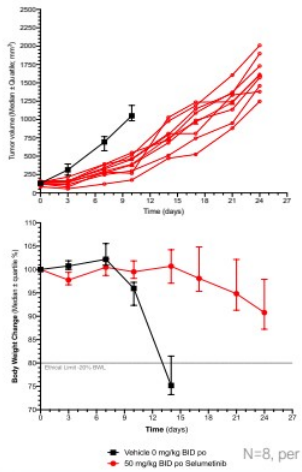
SK-MEL-2 (NRAS-Q61R) Melanoma Xenograft Tumor Model in Athymic Nude Mice

Binimetinib was commercially purchased

CRC: Head-to-Head Comparison of IMM-1-104 Against Selumetinib and Binimetinib in a KRAS-G12D CRC Syngeneic Mouse Tumor Model

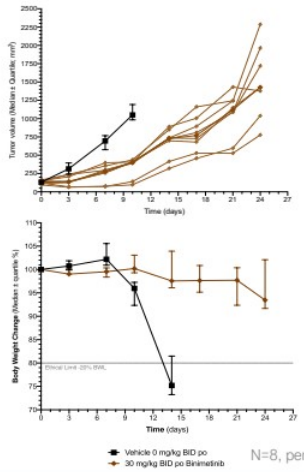
IMM-1-104 demonstrated greater tumor growth inhibition (TGI), lower body weight loss (BWL) and greater durability via reductions in tumor volume

Selumetinib
(FDA approved)



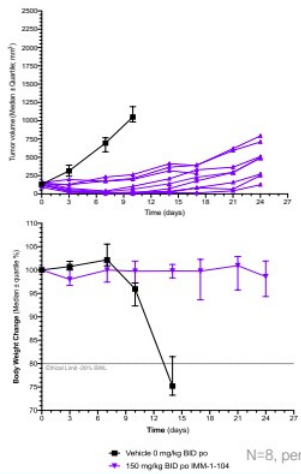
N=8, per group

Binimetinib
(FDA approved)



N=8, per group

IMM-1-104
(Clinical)

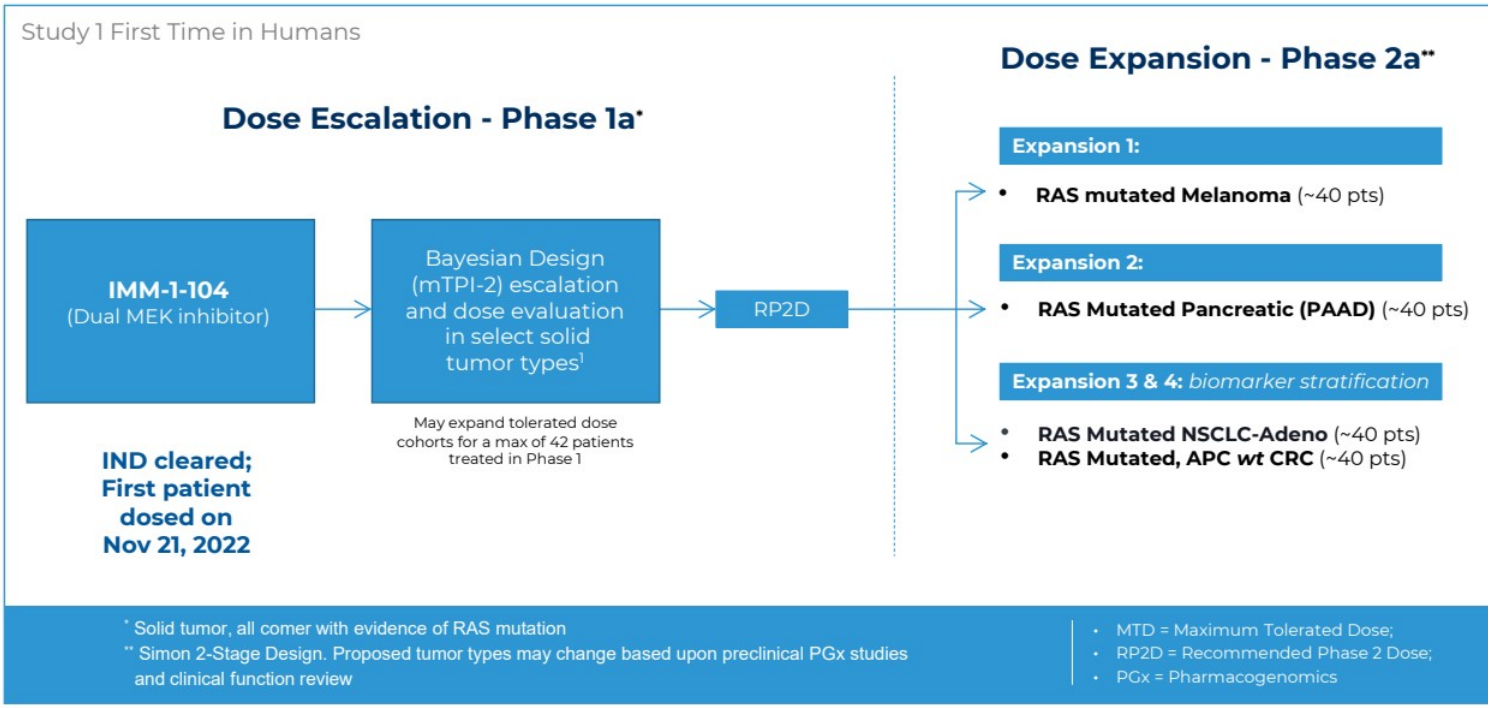


N=8, per group

Colon-26 (KRAS-G12D) Syngeneic Colorectal Tumor Model in Balb/c Mice

Selumetinib and binimetinib were commercially purchased
Tumor Growth Inhibition (TGI) % = [1 – (Ti – T0)/(Ci – C0)]x100%; Expanded TGI formula vs. previous 1-[T/C]x100% method

IMM-1-104: Phase 1/2 Clinical Trial Plan



Phase 1 Sites

A Phase 1/2a Study of IMM-1-104 in Participants With Previously Treated, RAS-Mutant, Advanced or Metastatic Solid Tumors

ClinicalTrials.gov Identifier: NCT05585320

United States, California	City of Hope › Duarte, California, United States, 91010 › Principal Investigator: Vincent Chung, MD	
United States, New York	MD Weill Cornell Medicine › New York, New York, United States, 10021 › Principal Investigator: Anna Pavlick, DO	
United States, Texas	MD Anderson Cancer Center › Houston, Texas, United States, 77030 › Principal Investigator: Shubham Pant, MD	NEXT Oncology › San Antonio, Texas, United States. 78229 › Principal Investigator: David Sommerhalder, MD
United States, Virginia	NEXT Oncology › Fairfax, Virginia, United States, 22031 › Principal Investigator: Alex Spira, MD, PhD	

Upcoming Potential Milestones

Program	Milestone	Expected Timing
IMM-1-104	Initial Phase 1 pharmacokinetic (PK) and safety data	Mid-2023
IMM-1-104	Initial Phase 1 pharmacodynamic (PD) modeling data and additional PK and safety data	2H 2023
IMM-1-104	RP2D and Safety data	Mid-2024
IMM-1-104	Additional trial updates	On a periodic basis
IMM-6-415	IND filing	4Q 2023

IMM-6-415

Immuneering

IMM-6-415: Monotherapy Activity in RAF and RAS Mutant Tumors

NRAS^{Q61R} MEL — SK-MEL-2

BRAF^{V600E} MEL — A-375

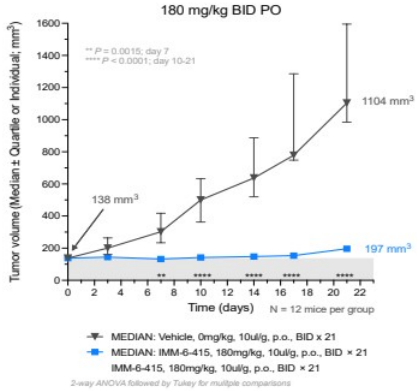
BRAF^{V600E} MEL — SK-MEL-28

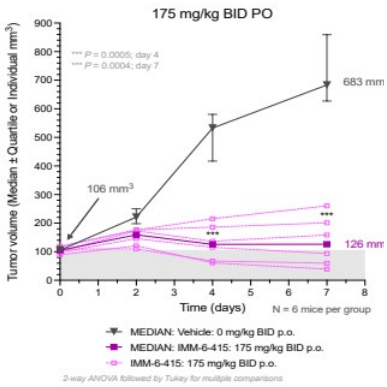
KRAS^{G12S} NSCLC — A-549

KRAS^{G12D} CRC — Colon-26

Model	HRAS	NRAS	BRAF	NF1	3D-TGA
SK-MEL-2		p.Q61R			
MM127		p.G13R	p.G464E		n.t.
MM415		p.Q61L			n.t.
MEL-JUSO	p.G13D	p.Q61L			n.t.
SK-MEL-30		p.Q61K			n.t.
Hs852T		p.G12V			n.t.
MeWo				LoF	n.t.
A375			p.V600E		
SK-MEL-28			p.V600E		

3D-Tumor Growth Assay (3D-TGA) sensitivity (green)





Well Tolerated up to Maximum Monotherapy Effective Dose Range of 150 to 180 mg/kg

SITC 2022 Presentation: Maximum Effective Dose Range in Mice (**plasma $t_{1/2}$ = 0.3 to 0.4 hours**): 150-180 mg/kg BID

CRC = colorectal cancer; NSCLC = non-small cell lung cancer; MEL = melanoma

Accelerated Cadence of IMM-6-415 Enhances Activity of Checkpoint Inhibitors

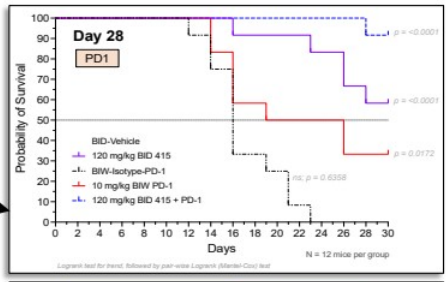
KRAS^{G12D} CRC

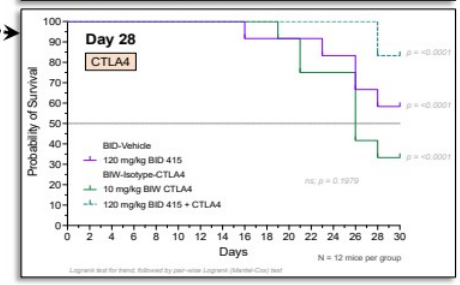
Syngeneic CT-26 Model

Schedule	Dose (mg/kg)	Veh	αPD-1 (BIW)	αCTLA-4 (BIW)	IMM-6-415	IMM-6-415 + PD-1	IMM-6-415 + CTLA-4
BID	120	**0/12**			**7/12**	**11/12**	**10/12**
BID	60	**0/12**			**0/12**	**8/12**	**8/12**
BID	30	**0/12**			**0/12**	**5/12**	**5/12**
QD	120	**0/12**			**0/12**	**7/12**	**7/12**
QD	60	**0/12**			**1/12**	**4/12**	**8/12**
QD	30	**0/12**			**0/12**	**6/12**	**7/12**
BIW	10	**0/12**	**4/12**				
BIW	10	**0/12**		**4/12**			

- Number of BALB/c mice (out of 12) with tumors through Day 28 with volumes lower than 2,000 mm^3

Monotherapy Treated Alive at Day 28
Combination ≥ 3 Advantage





Cyclic disruption of MEK improves overall survival with check point inhibitors (SITC 2022)

Presented at SITC (Nov. 2022): RAS wild type MC38 IO model ≥3 advantage only observed in IMM-6-415 (120 p.o. BID) + anti-PD-1

Corporate

Immuneering

Finance & Intellectual Property

Finance

- Cash, cash equivalents and marketable securities as of December 31, 2022: **$105.5M**
- **Cash runway into Q4 2024** supports:
  - IMM-1-104:
  - Multiple data readouts from Phase 1/2a trial
  - IMM-6-415:
    - Anticipate IND filing in Q4 2023
  - Research in additional oncology programs

Intellectual Property

Patents issued/pending:

- Pending U.S. and ex-U.S. applications relating to IMM-1-104
- Pending U.S. provisional and PCT applications relating to IMM-6-415
- Issued U.S. patent and pending application relating to DCT
- Pending U.S. applications to Fluency

Expected patent expiration:
(excluding patent term adjustments, etc.)

- IMM-1-104 = 2041
- IMM-6-415 = 2043
- DCT = 2039
- Fluency = 2039

Immuneering

Investment Summary

"Our approach is different."

- Targeting **large Universal-RAS** patient population (1.5M) versus more limited approaches.
- **Monotherapy** vs combination therapy potential
- **Deep cyclic inhibition** achieved briefly but forcefully, due to combination of:
  - **Manyfold higher C_{MAX}** and
  - **short half life**
- Approach designed to **spare healthy cells** and potential to **limit adaptive resistance**.

"IMM-1-104 demonstrates Universal-RAS potential."

- **Robust preclinical activity** observed in:
  - Pancreatic Cancer ($KRAS^{G12C}$)
  - NSCLC ($KRAS^{G12S}$)
  - CRC ($KRAS^{G12D}$)
  - Melanoma ($NRAS^{Q61R}$)
  - And others
- Hypothesis for IMM-1-104 from **proprietary model**.
- **Validated using** proprietary **bioinformatics & 3D tumor growth assays**

"2023 is shaping up to be our breakout year."

- **First patient dosed** in Phase 1/2a trial of lead asset IMM-1-104 in November 2022.
- **Patient enrollment ongoing**; investigator enthusiasm high.
- Broad inclusion **criteria facilitates** rapid trial enrollment.
- **Upcoming data readouts, beginning mid-2023**
- **Cash runway projected into Q4 2024**

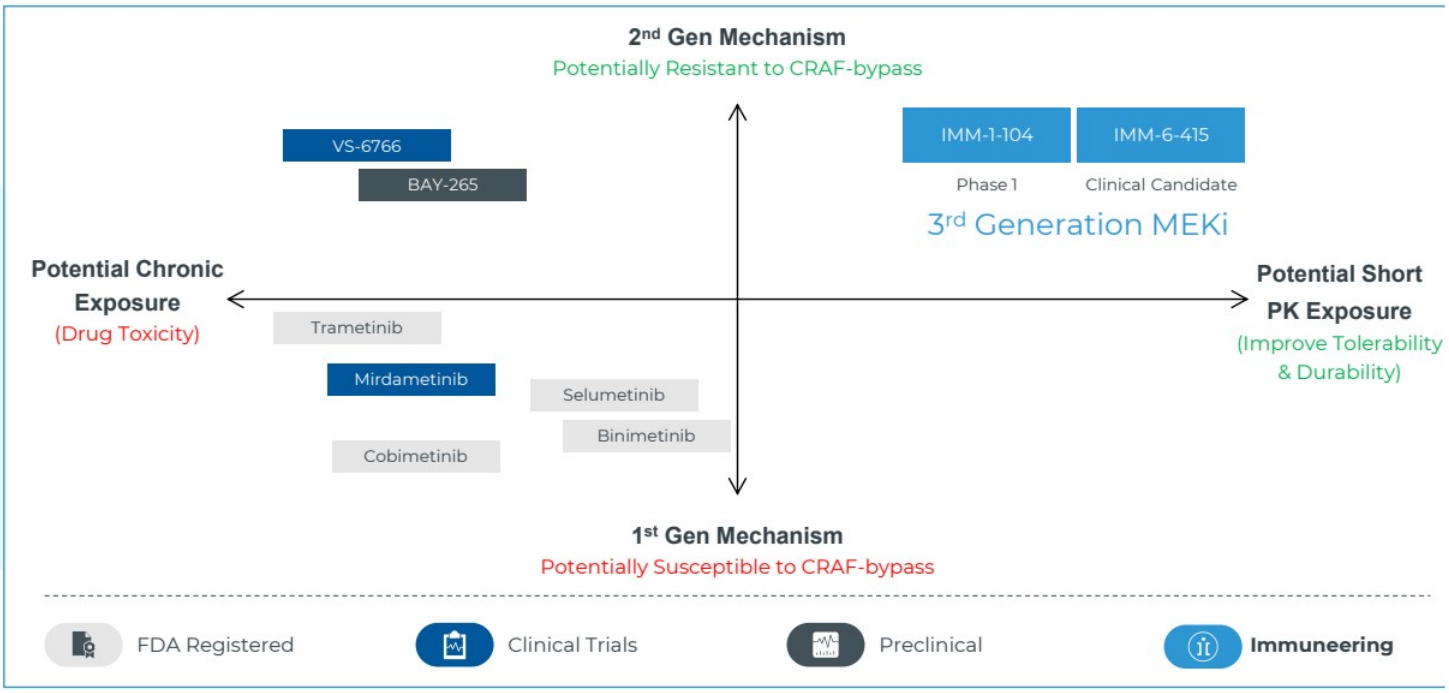
Appendix

Immuneering

Nasdaq: IMRX

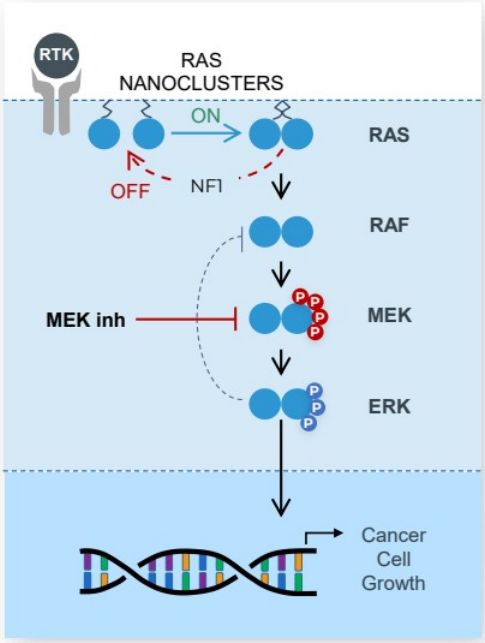
March 2023

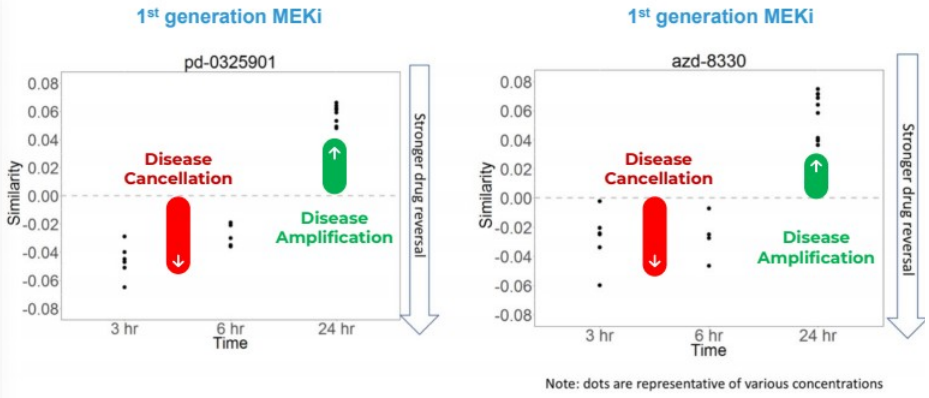
Differentiation Versus Other MEK Inhibitors



Our Platform Converts Gene Expression to Counterintuitive Insigh

Goal: achieve **broader activity** and **better tolerability** in RAS and beyond mutant disease





Note: dots are representative of various concentrations

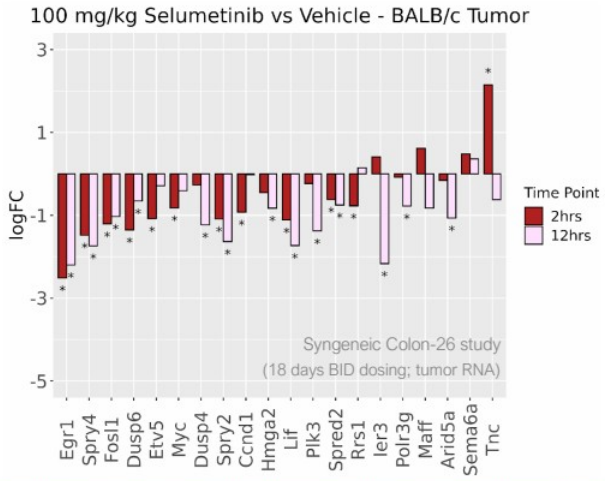
› *IMRX Disease Cancelling Technology - US Patent 11,043,305*

Unlike first generation MEK inhibitors, IMM-1-104 is designed to prevent RAF- and KSR-mediated activation of MEK (i.e., CRAF-bypass) and displays a short plasma half-life to potentially drive deep cyclic inhibition of the pathway.

Data-driven Identification and Optimization of New Medicines to Cancel Cancer Cachexia
Presented by Ben Zeskind at the 12th International Conference of Cachexia, Sarcopenia & Muscle Wasting (SCWD) in Berlin, Dec. 6-8, 2019

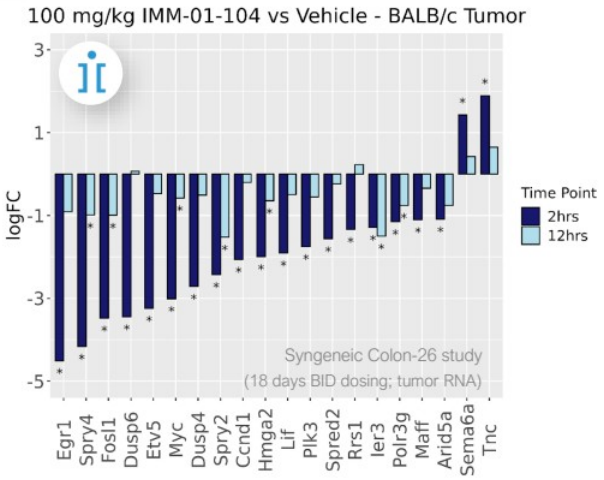
Deep Cyclic Inhibition Confirmed Using Transcriptomics

Traditional Approach



Chronic Suppression → TOXICITY

Signaling Dynamics

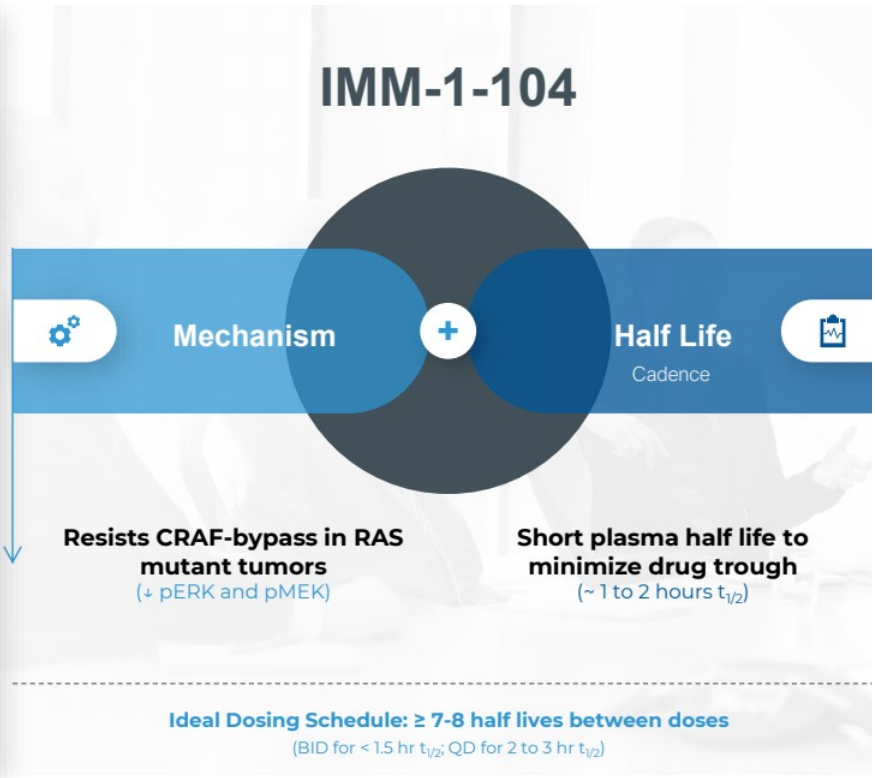


Cyclic Disruption → TOLERABILITY

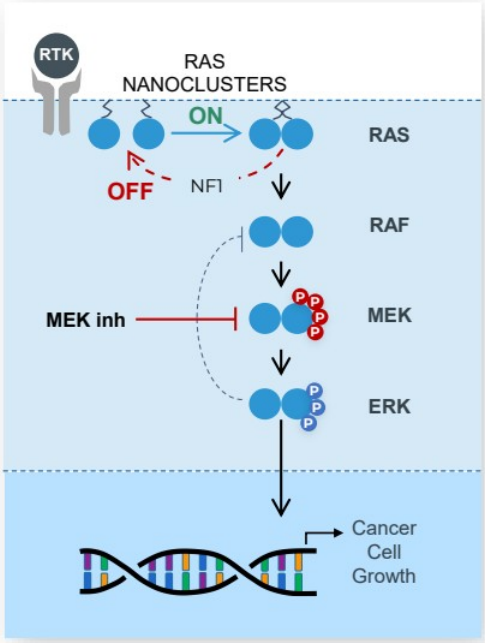
IMM-1-104 is a Dual-MEK Inhibitor

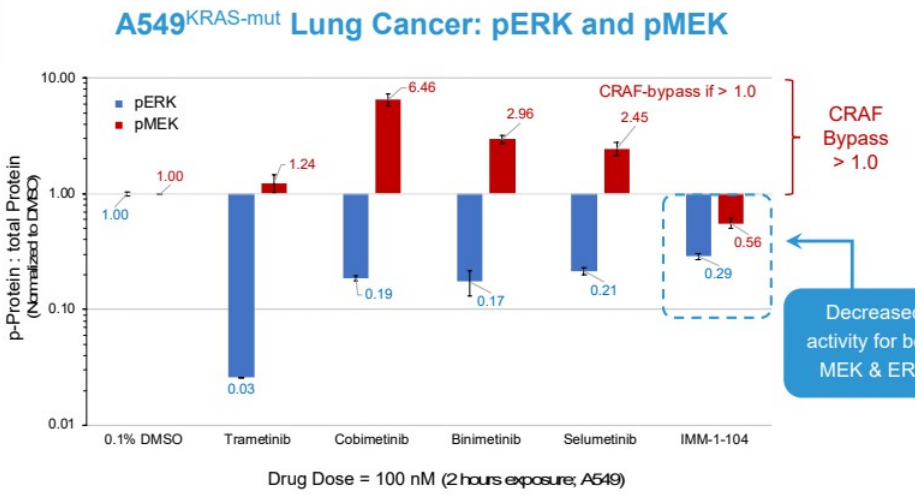
Goal

deep, cyclic inhibition with ability to prevent MEK-reactivation (improve tolerability and activity)



Head-to-Head Comparison of IMM-1-104 Against FDA-Approved MEK Inhibitors: CRAF-Bypass Resistance





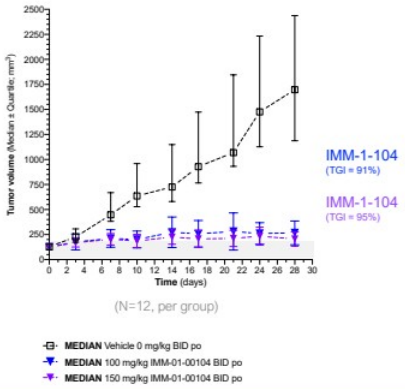
› ***FDA-Approved MEK inhibitors:*** *Trametinib, Cobimetinib, Binimetinib, Selumetinib commercially purchased*

Head-to-Head Comparison of IMM-1-104 Against Binimetinib +/- Encorafenib in KRAS-G12S NSCLC Tumor Model

IMM-1-104 as compared to binimetinib monotherapy demonstrated greater tumor growth inhibition (TGI)

IMM-1-104

(150 mg/kg BID p.o.)

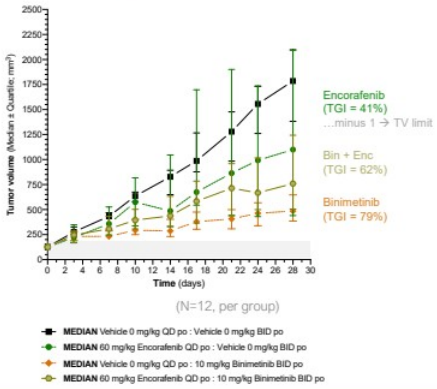


(N=12, per group)

MEDIAN Vehicle 0 mg/kg BID po
MEDIAN 100 mg/kg IMM-01-00104 BID po
MEDIAN 150 mg/kg IMM-01-00104 BID po

Binimetinib + Encorafenib

(10 mg/kg BID + 60 mg/kg QD p.o.)



(N=12, per group)

MEDIAN Vehicle 0 mg/kg QD po : Vehicle 0 mg/kg BID po
MEDIAN 60 mg/kg Encorafenib QD po : Vehicle 0 mg/kg BID po
MEDIAN Vehicle 0 mg/kg QD po : 10 mg/kg Binimetinib BID po
MEDIAN 60 mg/kg Encorafenib QD po : 10 mg/kg Binimetinib BID po

- A549 (KRAS^{G12S}) NSCLC Xenograft Tumor Model in Athymic Nude Mice
- Binimetinib and encorafenib were commercially purchased

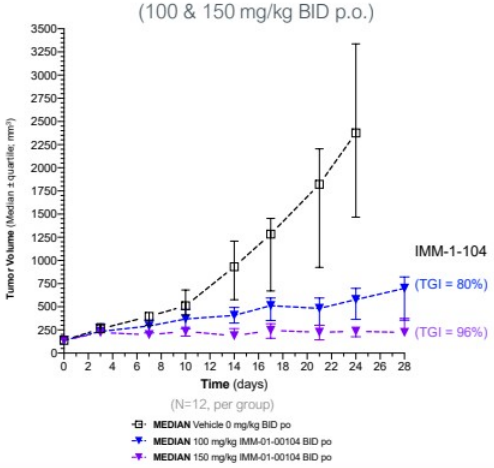
- *Tumor Growth Inhibition (TGI) % = $[1 - (T_i - T_0)/(C_i - C_0)]x100\%$; Expanded TGI formula vs. previous 1-[T/C]x100% method*
- *Human Dose Equivalent (HDE) binimetinib = 1-3 mg/kg BID*

Head-to-Head Comparison of IMM-1-104 versus Binimetinib +/- Encorafenib in BRAF-V600E Melanoma Tumor Model

IMM-1-104 as compared to binimetinib monotherapy demonstrated greater tumor growth inhibition (TGI)

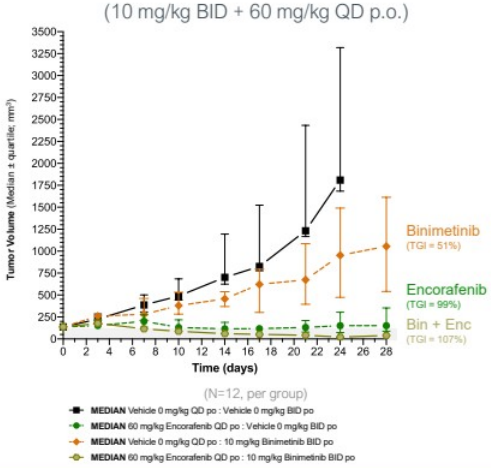
IMM-1-104

(100 & 150 mg/kg BID p.o.)



Binimetinib + Encorafenib

(10 mg/kg BID + 60 mg/kg QD p.o.)



- A375 (BRAF^{V600E}) Melanoma Xenograft Tumor Model in Athymic Nude Mice
- Binimetinib and encorafenib were commercially purchased

- *Tumor Growth Inhibition (TGI) % = [1 – (T_i – T_0)/(C_i – C_0)]x100%*
  Expanded TGI formula vs. previous 1-[T/C]x100% method
  Human Dose Equivalent (HDE) binimetinib 1-3 mg/kg BID

Conclusions (NRAS mutant Melanoma)

In the phase 3 NEMO study published in Lancet (c. 2017), binimetinib failed to substantially improve overall survival vs. dacarbazine (11.0 vs. 10.1 months) in NRAS mutant melanoma patients and led to a ~50% increase in serious adverse events (34% vs. 22%).

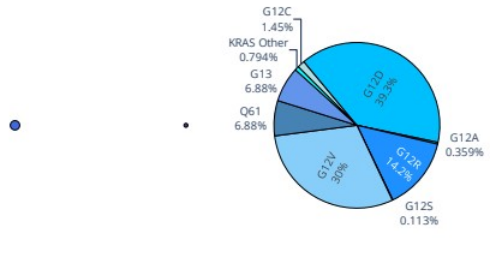
The most common NRAS mutation in the NEMO study was Q61R. We further compared binimetinib vs. IMM-1-104 in vivo using SK-MEL-2 (NRAS-Q61R).

Collectively, our data suggest that binimetinib may not effectively control MAPK pathway reactivation in RAS mutant tumors. In contrast, the deep cyclic inhibition combined with a dual-MEK mechanism of action of IMM-1-104 may offer a unique therapeutic advantage over first generation MEK inhibitors in RAS mutant tumors.

RAS Mutation Profiles Within Select Tumor Indications

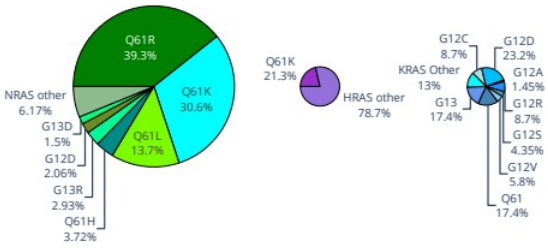
Pancreatic Cancer

NRAS = 0.34% HRAS = 0.06% KRAS = 99.60%



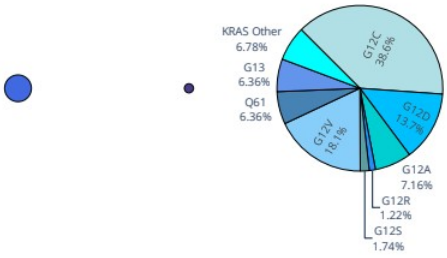
Melanoma

NRAS = 89.14% HRAS = 5.29% KRAS = 5.57%



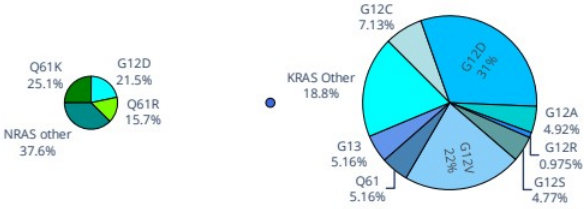
Lung Cancer

NRAS = 2.67% HRAS = 0.31% KRAS = 97.02%



Colorectal Cancer

NRAS = 8.25% HRAS = 0.24% KRAS = 91.51%



- *Based on given tumor type of patients with RAS-mutated tumors in the AACR GENIE database, v13.0*
- *Each RAS paralogue shown as percent overall RAS mutant tumors within each indication*
- *Presented at 2023 AACR: Targeting RAS. Kolitz, et al. (Philadelphia, PA)*

KRAS Mutant Pancreatic (PAAD): Translational Opportunity

Translational Step: Assess sensitivity of a panel of cell lines in the 3D-TGA; determine key mutations present in each

Bioinformatics Step: How many patients does each cell line represent, based on key mutations present in each

of 5,736

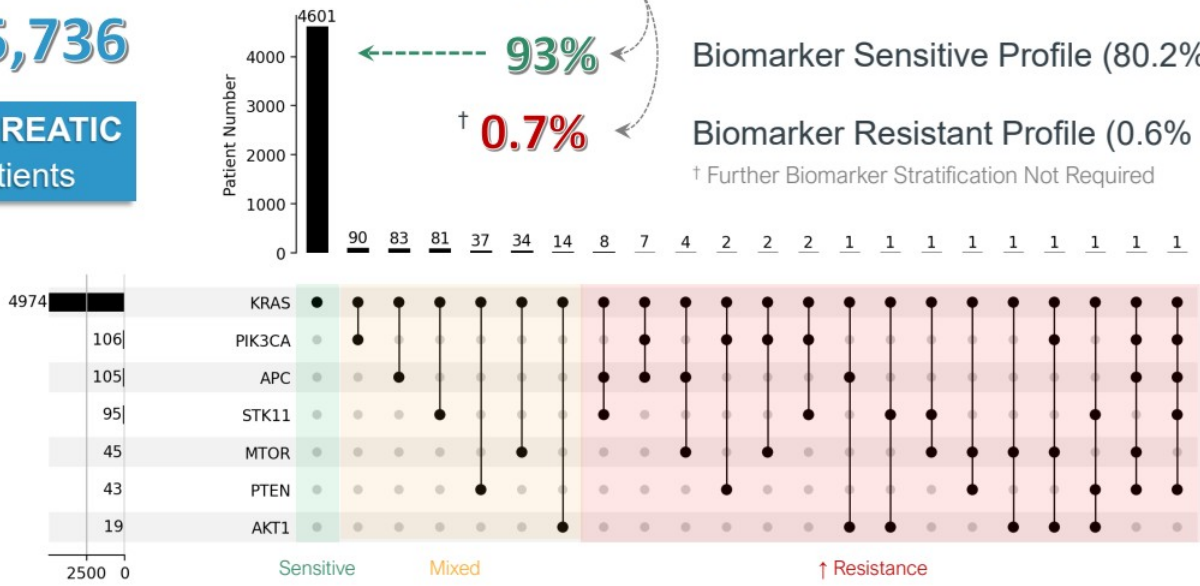
PANCREATIC Patients

87% Have Altered KRAS: Biomarker Positive

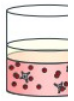
93% Biomarker Sensitive Profile (80.2% overall)

† 0.7% Biomarker Resistant Profile (0.6% overall)

† Further Biomarker Stratification Not Required



Patie
mapping
3D-TC



Immuneering

GENIE cohort v13.0-public

The AACR Project GENIE Consortium. AACR Project GENIE: Powering Precision Medicine Through An International Consortium, Cancer Discov. 2017 Aug;7(8):818-831

NRAS Mutant Melanoma: Translational Opportunity

Translational Step: Assess sensitivity of a panel of cell lines in the 3D-TGA; determine key mutations present in each

Bioinformatics Step: How many patients does each cell line represent, based on key mutations present in each

of 5,194

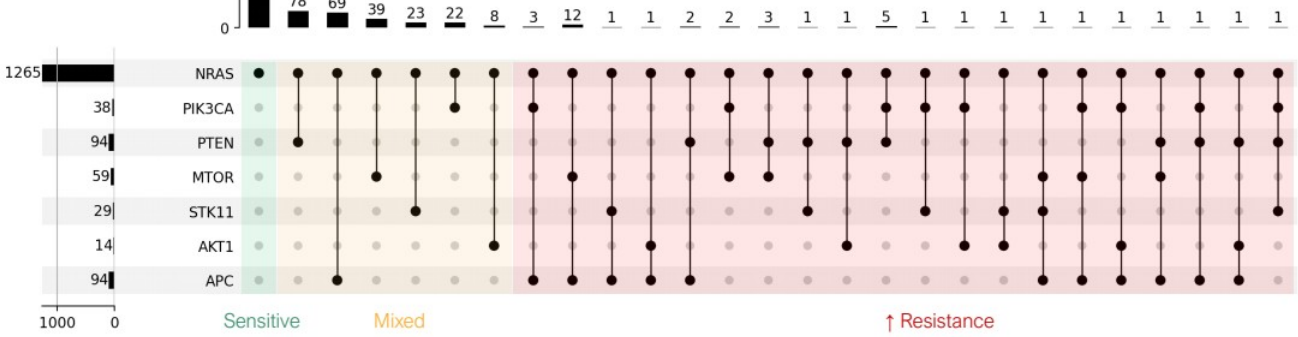
MELANOMA Patients

24% Have Altered NRAS: Biomarker Positive

78% Biomarker Sensitive Profile (19% overall)

† 3% Biomarker Resistant Profile (0.8% overall)

† Further Biomarker Stratification Not Required



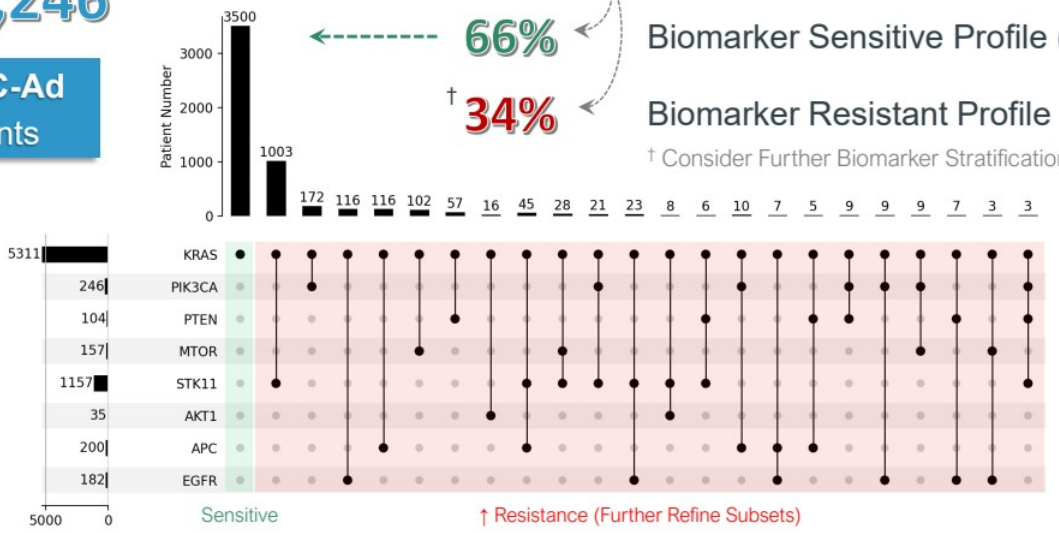
KRAS Mutant NSCLC (Adeno): Translational Opportunity

Translational Step: Assess sensitivity of a panel of cell lines in the 3D-TGA; determine key mutations present in each

Bioinformatics Step: How many patients does each cell line represent, based on key mutations present in each

of 16,246

NSCLC-Ad Patients



33% Have Altered KRAS: Biomarker Positive

66% Biomarker Sensitive Profile (21.5% overall)

† **34%** Biomarker Resistant Profile (Refine Subsets

† Consider Further Biomarker Stratification

Patient mapping with 3D-TGA

GENIE cohort v13.0-public

The AACR Project GENIE Consortium. AACR Project GENIE: Powering Precision Medicine Through An International Consortium, Cancer Discov. 2017 Aug;7(8):818-831

KRAS Mutant CRC: Translational Opportunity

Translational Step: Assess sensitivity of a panel of cell lines in the 3D-TGA; determine key mutations present in each

Bioinformatics Step: How many patients does each cell line represent, based on key mutations present in each

of 14,356

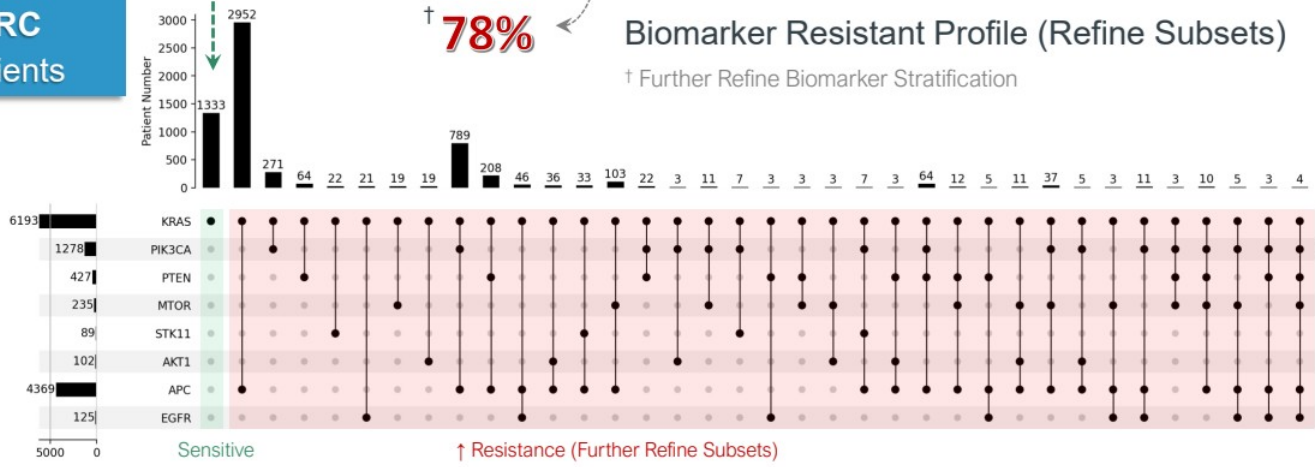
CRC Patients

43% Have Altered KRAS: Biomarker Positive

22% Biomarker Sensitive Profile (9.3% overall)

† 78% Biomarker Resistant Profile (Refine Subsets)

† Further Refine Biomarker Stratification



Phase 1/2a Primary and Secondary Outcomes

Phase 1: Primary Outcomes

Safety
- Adverse Events (AEs)

Dose-limiting Toxicities
- Number of participants with dose limiting toxicities

Recommended Phase 2 Dose
- Selection of dose candidate

Phase 1/2a: Secondary Outcomes

C_{MAX}
- Maximum Observed Plasma Concentration

T_{MAX}
- Time to Reach Maximum Plasma Concentration

AUC
- Area Under Plasma Concentration Time Curve

Phase 2a: Primary Outcome

Overall Response Rate
- CR or PR based on RECIST 1.1

Phase 2a: Secondary Outcomes

Disease Control Rate

Progression Free Survival (PFS)

Duration of Response

Landmark 3-Month Survival

Landmark 6-Month Survival

Overall Survival (OS)