R&D update call – ASCO 2024

Focus on early oncology

Danny Bar-Zohar
Global Head of Research & Development

Victoria Zazulina
Global Head of Development Unit Oncology

Paul Lyne
Global Head of Research Unit Oncology

June 03, 2024

Disclaimer

Publication of Merck KGaA, Darmstadt, Germany. In the United States and Canada the group of companies affiliated with Merck KGaA, Darmstadt, Germany operates under individual business names (EMD Serono, Millipore Sigma, EMD Performance Materials). To reflect such fact and to avoid any misconceptions of the reader of the publication certain logos, terms and business descriptions of the publication have been substituted or additional descriptions have been added. This version of the publication, therefore, slightly deviates from the otherwise identical version of the publication provided outside the United States and Canada.

Cautionary Note Regarding Forward-Looking Statements and financial indicators

This communication may include "forward-looking statements." Statements that include words such as "anticipate," "expect," "should," "would," "intend," "plan," "project," "seek," "believe," "will," and other words of similar meaning in connection with future events or future operating or financial performance are often used to identify forward-looking statements. All statements in this communication, other than those relating to historical information or current conditions, are forward-looking statements. We intend these forward-looking statements to be covered by the safe harbor provisions for forward-looking statements in the Private Securities Litigation Reform Act of 1995. These forward-looking statements are subject to a number of risks and uncertainties, many of which are beyond control of Merck KGaA, Darmstadt, Germany, which could cause actual results to differ materially from such statements.

Risks and uncertainties include, but are not limited to: the risks of more restrictive regulatory requirements regarding drug pricing, reimbursement and approval; the risk of stricter regulations for the manufacture, testing and marketing of products; the risk of destabilization of political systems and the establishment of trade barriers; the risk of a changing marketing environment for multiple sclerosis products in the European Union; the risk of greater competitive pressure due to biosimilars; the risks of research and development; the risks of discontinuing development projects and regulatory approval of developed medicines; the risk of a temporary ban on products/production facilities or of non-registration of products due to non-compliance with quality standards; the risk of an import ban on products to the United States due to an FDA warning letter; the risks of dependency on suppliers; risks due to product-related crime and espionage; risks in relation to the use of financial instruments; liquidity risks; counterparty risks; market risks; risks of impairment on balance sheet items; risks from pension obligations; risks from product-related and patent law disputes; risks from antitrust law proceedings; risks in human resources; reputational issues related to ESG matters or our inability to reach our ESG aspirations; risks from e-crime and cyber attacks; risks due to failure of business-critical information technology applications or to failure of data center capacity; environmental and safety risks; unanticipated contract or regulatory issues; a potential downgrade in the rating of the indebtedness of Merck KGaA, Darmstadt, Germany; downward pressure on the common stock price of Merck KGaA, Darmstadt, Germany and its impact on goodwill impairment evaluations as well as the impact of future regulatory or legislative actions.

The foregoing review of important factors should not be construed as exhaustive and should be read in conjunction with the other cautionary statements that are included elsewhere, including the Report on Risks and Opportunities Section of the most recent annual report and quarterly report of Merck KGaA, Darmstadt, Germany. Any forward-looking statements made in this communication are qualified in their entirety by these cautionary statements, and there can be no assurance that the actual results or developments anticipated by us will be realized or, even if substantially realized, that they will have the expected consequences to, or effects on, us or our business or operations. Except to the extent required by applicable law, we undertake no obligation to update publicly or revise any forward-looking statement, whether as a result of new information, future developments or otherwise.

This presentation contains certain financial indicators such as EBITDA pre adjustments, net financial debt and earnings per share pre adjustments, which are not defined by International Financial Reporting Standards (IFRS). These financial indicators should not be taken into account in order to assess the performance of Merck KGaA, Darmstadt, Germany in isolation or used as an alternative to the financial indicators presented in the consolidated financial statements and determined in accordance with IFRS. The figures presented in this statement have been rounded. This may lead to individual values not adding up to the totals presented.

Today's Call Participants
R&D Oncology Leadership

Danny Bar-Zohar
Global Head of Research
& Development

Victoria Zazulina
Global Head of
Development Unit Oncology

Paul Lyne
Global Head of
Research Unit Oncology

Today's Call
Agenda

1. R&D – 'where are we today?'
2. DNA damage response
3. Antibody-drug conjugates
4. Pre-clinical space highlights
5. Conclusions & Q&A Session

1

R&D – 'where are we today?'

R&D – 'Where are we today?'
Clearly defined strategic principles

Focused leadership

- **Building on existing strengths & capabilities** in biology, technology and therapeutic areas
- Expanding to adjacent therapeutic areas

External innovation

- **External innovation driving over 50%** of launches
- Active in all phases of development

Agility and resource discipline

- Maintaining focus on execution and **resource discipline**
- R&D expenditure in low twenties as percentage of sales

Our focused leadership in oncology innovation

Focus areas of internal innovation

Underlying biology	Technologies	Therapeutic areas
▪ DDR ▪ Apoptosis ▪ T-cell modulation	▪ ADCs ▪ Protein degradation ▪ Bi-specifics	▪ SCCHN ▪ Colorectal cancer ▪ Urothelial cancer

External innovation guided by focus areas

Key deals in the last 12 months

ADC target discovery (Caris Life Sciences)	Accelerate discovery and development of FiC ADCs
M9466 (Hengrui)	Selective PARP1 inhibitor advancing DDR portfolio
Ompenaclid (Inspirna)	SLC6A8i for RAS-mutated advanced/metastatic CRC
Pimicotinib (Abbisko)	Adjacent area: CSF1R antagonist for tenosynovial giant cell tumor

Acronyms: **DDR** = DNA damage repair, **ADC** = antibody-drug conjugate, **SCCHN** = squamous cell carcinoma of the head and neck, **FiC** = first in class, **CRC** = colorectal cancer, **CSF1R** = colony stimulating factor 1 receptor

Two phase III assets with 2024 milestones

Xevinapant

IAP inhibitor with first-in-class potential

Aiming for curative setting in head and neck cancer, one of the most common cancer types worldwide

- Phase II data: OS at 5 years: addition of xevinapant to SoC chemoradiotherapy reduced the risk of death by more than half (HR 0.47).

Most advanced PhIII study: TrilynX, double-blind study in unresected cisplatin-eligible patients.

- Primary endpoint: EFS, event driven.
- Recruitment completed in 2023

Next milestone: interim analysis (ongoing)

Pimicotinib[1]

Novel, highly selective and potent inhibitor of CSF-1R

Target indication: TGCT, a rare tumor of the joints that causes swelling, pain, stiffness; seriously affecting quality of life.

- Phase I data: ORR at w/k 25 by RECIST v1.1: 68.8% in 32 TGCT patients receiving 50mg QD, no apparent liver toxicity observed.

Ongoing PhIII study: MANEUVER, double-blind study in TGCT run by our partner Abbisko.

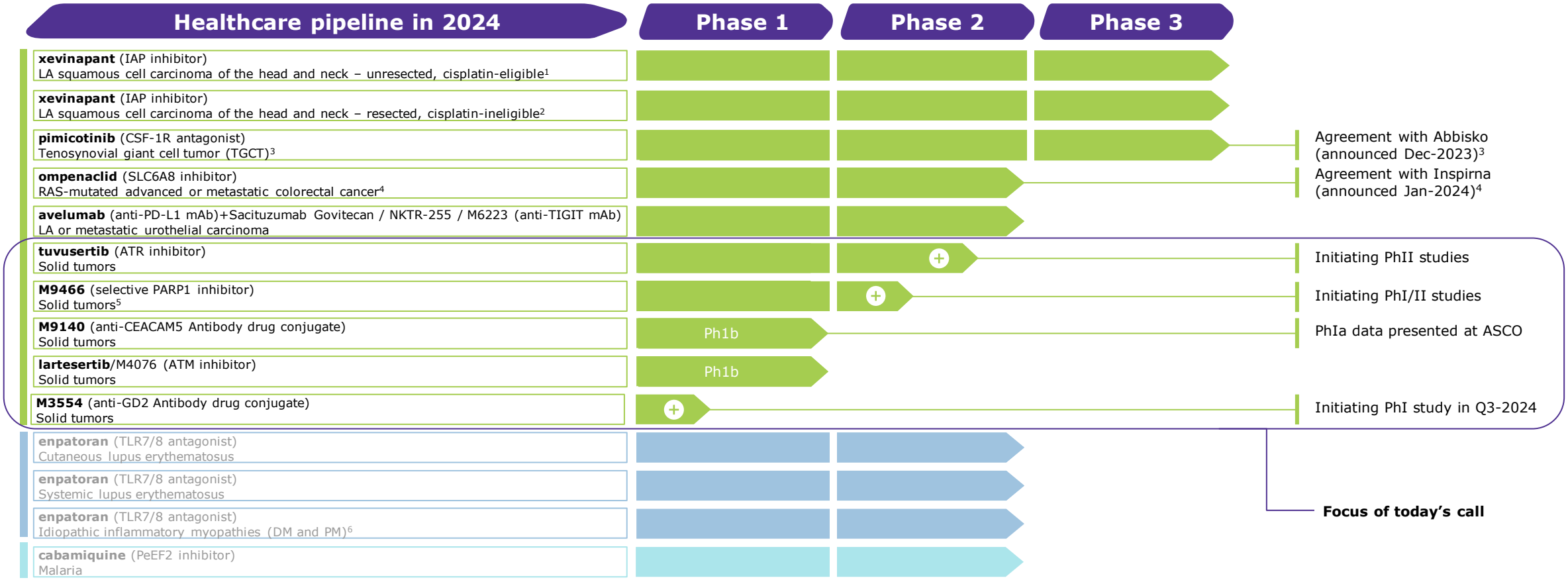
- Primary endpoint: ORR at week 25
- Recruitment completed in April 2024

Next milestone: study readout

[1] Company entered a license agreement with Abbisko Therapeutics Co. Ltd, Shanghai, China, for pimicotinib (ABSK021), which grants a license to commercialize pimicotinib in mainland China, Hong Kong, Macau and Taiwan, with an option for rest of world.

Acronyms: **IAP** = inhibitor of apoptosis proteins, **SOC** = standard of care, **EFS** = event-free survival, **CSF-1R** = colony stimulating factor -1 receptor , **TGCT** = tenosynovial giant cell tumor, **OS** = overall survival, **ORR** = objective response rate **RECIST** = response evaluation criteria in solid tumors, **HR** = hazard ratio

Dynamic oncology pipeline bolstered by external innovation



LA: Locally advanced; Ph1a: phase 1a, dose finding; Ph1b: phase 1b, dose escalation/expansion and signal seeking

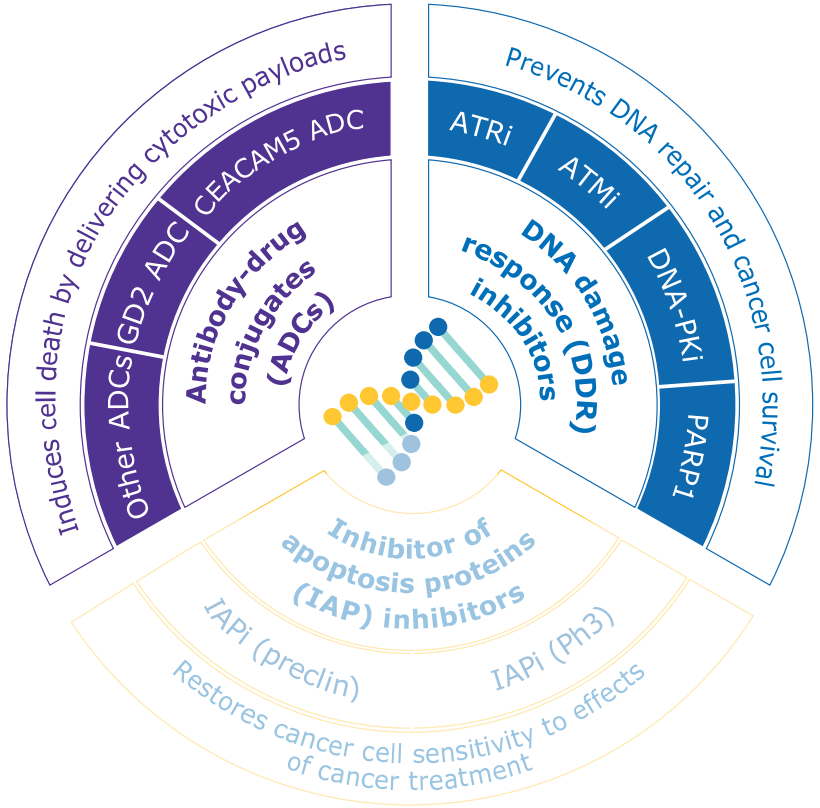
[1] In combination with cisplatin and radiotherapy in unresected LA SCCHN patients eligible for cisplatin. [2] In combination with radiotherapy in resected LA SCCHN patients ineligible for cisplatin. [3] Company entered a license agreement with Abbisko Therapeutics Co. Ltd, Shanghai, China, for pimicotinib (ABSK021), which grants a license to commercialize pimicotinib in mainland China, Hong Kong, Macau and Taiwan, with an option for rest of world. [4] Company entered into a licensing agreement with Inspirna, Inc. (New York, NY) for ompenaclid (RGX-202), which grants an exclusive license to ompenaclid outside of the United States and an option to co-develop and co-promote ompenaclid in the US. [5] Company entered a collaboration with Jiangsu Hengrui Pharmaceuticals Co. Ltd., China, including an exclusive license worldwide (ex-China) to develop, manufacture and commercialize M9466/HRS-1167. [6] Dermatomyositis and Polymyositis. [10] Projection incudes studies in planning and preparation, with the intended start in H2 2024.

Early oncology priorities - striking the cancer at its core

Focus of today's call:

ADCs

Our competitive, in-house payload-linker technology enables us to bring safer and more efficacious therapeutics to patients with various cancers.



DNA damage response (DDR)

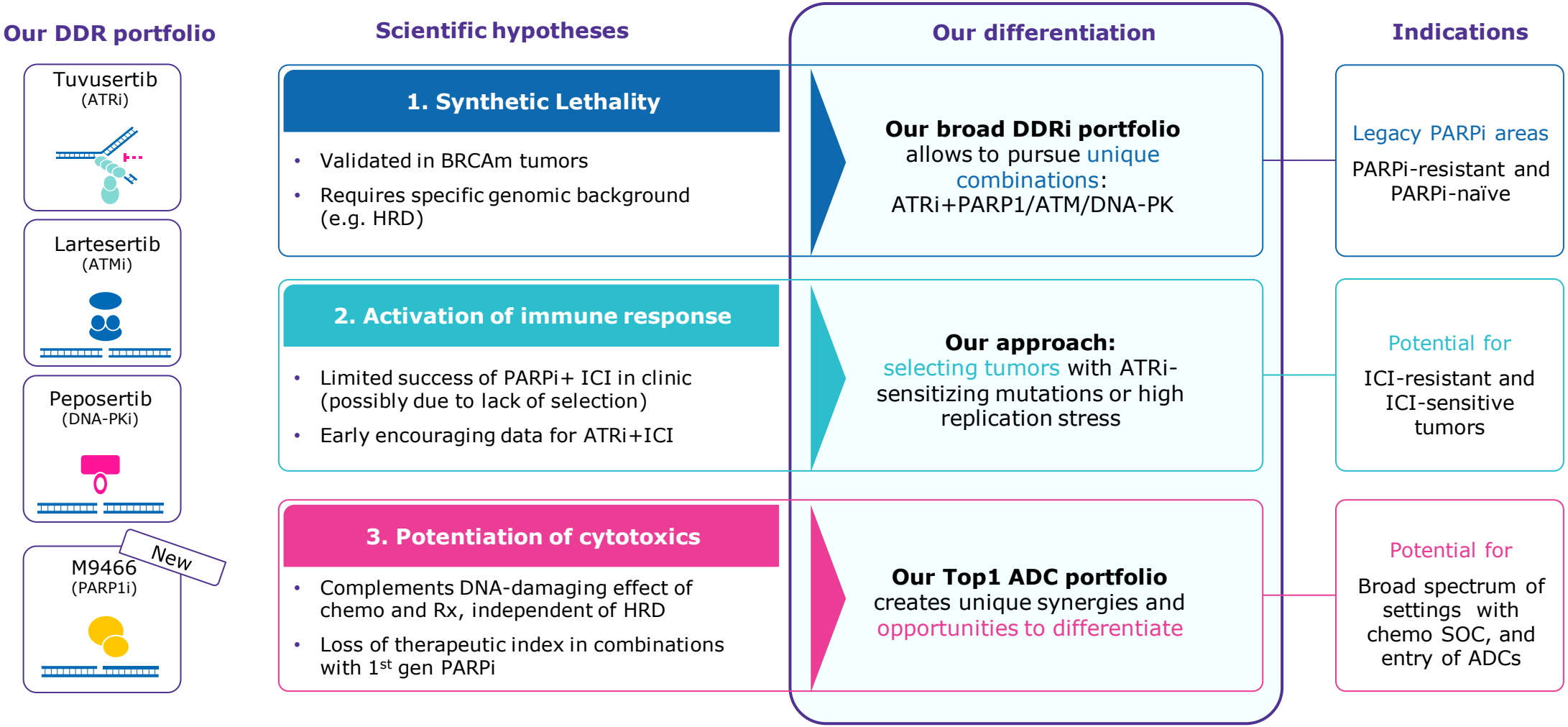
Focusing on combinations, our programs enable us to unlock the full potential of DDRi for patients with certain common cancer types.

Acronyms: **ADC** = antibody-drug conjugate, **GD2** = disialoganglioside, **CEACAM5** = carcinoembryonic antigen-related cell adhesion molecule 5, **ATRi** = ataxia telangiectasia and Rad3-related protein inhibitor, **ATMi** = ataxia-telangiectasia-mutated protein, inhibitor, **DNA – Pki** = DNA-dependent protein kinase inhibitor, **PARP1** = poly [ADP-ribose] polymerase 1

2

DNA damage response

DNA damage response
Realizing full potential of DNA damage response inhibition



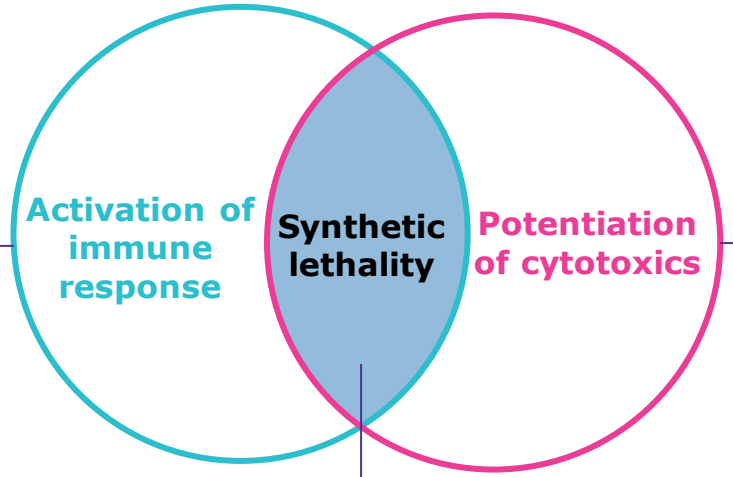
Acronyms: **ATRi** = ataxia telangiectasia and Rad3-related protein inhibitor, **ATMi** = ataxia-telangiectasia-mutated protein, inhibitor, **DNA/PKi**= DNA-dependent protein kinase inhibitor, **ICI** = immune checkpoint inhibitor, **DDRi** = DNA damage response inhibitor, **PARP1i** = poly [ADP-ribose] polymerase 1, inhibitor, **HRD** = homologous recombination deficiency, **ADC** = antibody-drug conjugate, **SOC** = standard of care

DNA damage response
Key pillars of DDR strategy: tuvusertib and M9466

Tuvusertib
ATRi

Differentiate through **selection** of tumors with replication stress and ATRi sensitivity

- **NSCLC** + cemiplimab
- **UC** + avelumab



M9466
PARP1

Differentiate through optimized **therapeutic window** unencumbered by legacy schedules, and **indications**

- + FOLFIRI → **CRC**
- + Platinum → **e.g. SCLC**

- **Ovarian**
- **tuvusertib + lartesertib (ATM)**
- **tuvusertib + niraparib (PARP)**
- **tuvusertib + M9466 (PARP1)**
- **Prostate**

Acronyms: **NSCLC** = non-small cell lung cancer, **UC** = urothelial carcinoma, **CRC** = colorectal cancer, **SCLC** = small cell lung cancer, **FOLFIRI** = fluorouracil-folinic acid-irinotecan

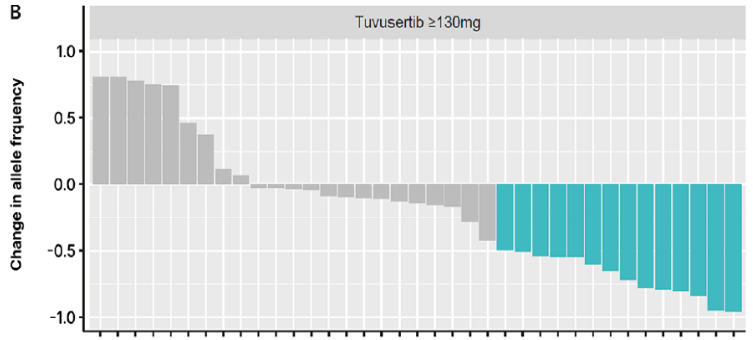
DNA damage response
Tuvusertib monotherapy profile enables combination potential

Achieves strong target coverage

Tuvusertib dosing regimen	C_{av} fold for pCHK1 IC_{90}	% of time typical patient above pCHK1 IC_{90}
130 mg QD	19 x IC_{90}	100 %
180 mg QD	36 x IC_{90}	100 %
180 mg 2w on/1w off		71 %

Demonstrates molecular responses

Molecular response in Ph1 pts (>50% VAF reduction in ctDNA), n=37	38%



Tuvusertib
ATRi

Compares favorably on safety

	Tuvusertib 180 mg QD 2w on/1w off (N=63)*	Camonsertib# 160 mg QD, 3d on/4d off (N=34)
Grade ≥ 3 haematological adverse events (%)		
Anaemia (%)	16.4	26.5
Neutropenia (%)	3.2	14.7
Thrombocytopenia (%)	0	5.9
Leading to treatment discontinuation (%)	3.6**	not reported
Leading to dose reduction (%)	10.7	17.6
Transfusion	25	32.4

*Dose escalation (n=7) + preliminary data from dose expansion (n=56)
** Based on first 28 participants; discontinuation unrelated to M1774

E. Fontana et al. ESMO TAT Mar 2022, oral presentation #202

Acronyms: **IC90** = 90% inhibitory concentration, **ctDNA** = circulating tumor DNA, C_{av} = average plasma concentration, **VAF** = variant allele frequency

DNA damage response

Selected combination schedule for tuvusertib delivers clinical efficacy in PARP-pretreated indications

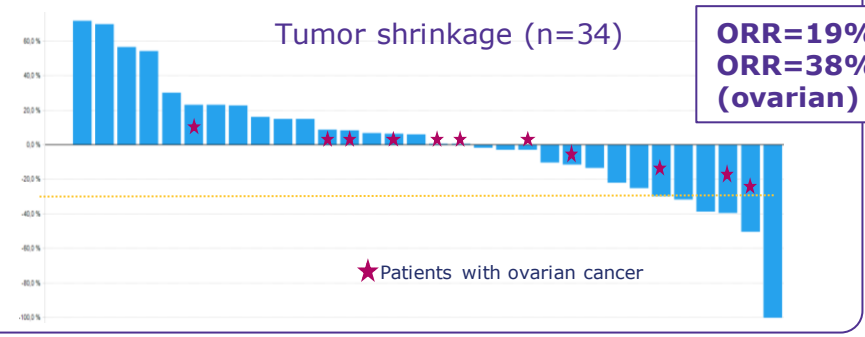
Combination vs monotherapy doses

Recommended combination doses of ATR with PARP inhibitors vs respective monotherapy doses

Combinations	Mono ATRi dose	Dose intensity in combination*	
		For ATRi	For PARPi
Ceralasertib + olaparib	160mg BID 2w on/2w off	25%	100%
Camonsertib+ PARPi (olaparib, talazoparib, niraparib)	160mg QD 3d on/4d off	25%-33%	13%-44%
Tuvusertib+ niraparib	180 mg QD 2w on/1w off	75%	25%

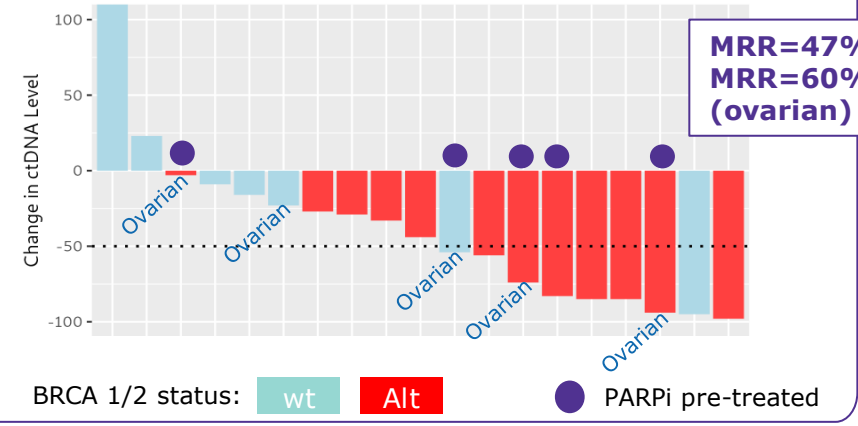
* Safety profile is managed mainly through reduced daily doses (for PARPi) AND increased off-treatment interval (for ATRi)

Tuvusertib+niraparib Ph1 dose escalation trial*



ORR=19% (8/43)
ORR=38% (5/13) (ovarian)

N=34 with post baseline assessment



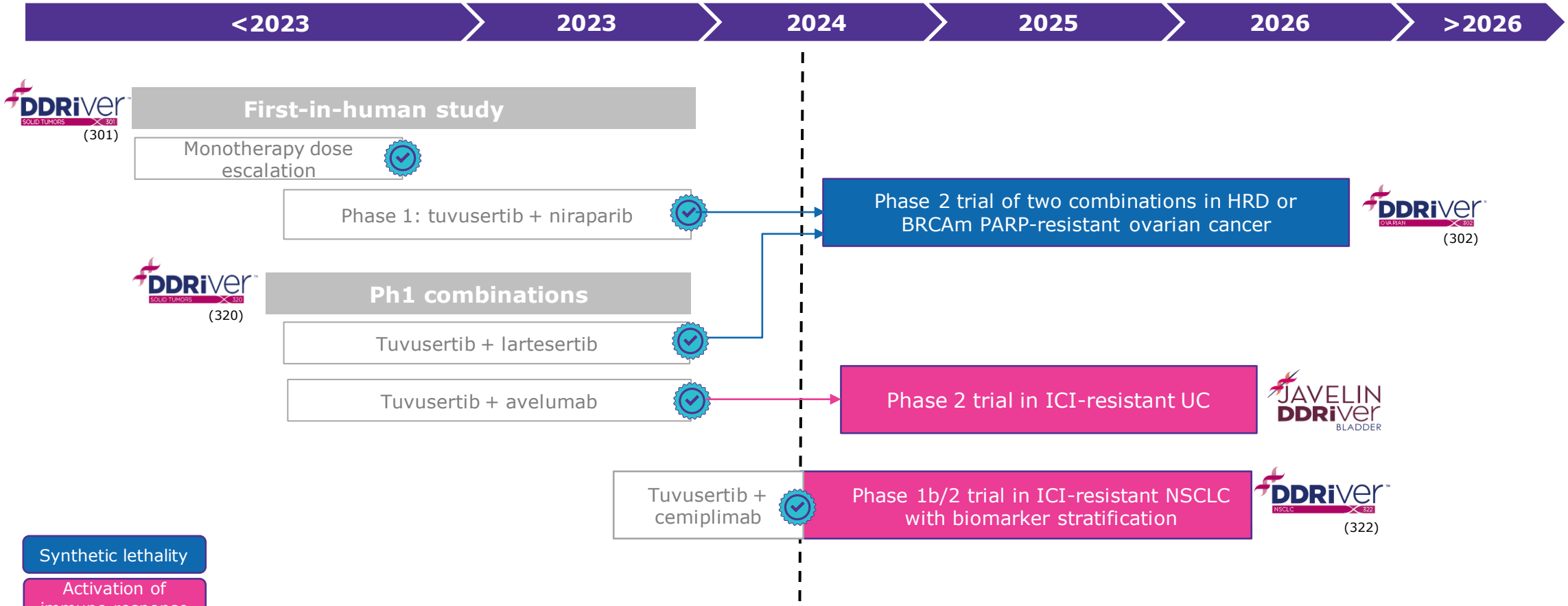
MRR=47% (9/19)
MRR=60% (3/5) (ovarian)

*ASCO 2024, Abstract 3018; T. Yap , rapid oral abstracts -Development Therapeutics session, 6/3/2024

Acronyms: **ORR** = overall response rate; **MRR=** molecular response rate

DNA damage response

Targeted Phase 2 program of tuvusertib with key inflection efficacy readouts by 2026



Acronyms: **ICI** = immune checkpoint inhibitor, **UC** = urothelial carcinoma, **NSCLC** = non-small cell lung cancer

DNA damage response
M9466: next-gen PARP1i key to realizing combination potential

M9466: 2nd gen PARP inhibitor with trapping activity

- PARylation inhibition and PARP trapping are key for PARPi mechanism of action
- Preclinically, PARPi efficacy is tied to PARP1 inhibition, while PARP2 inhibition may be more associated with off-target effects

Enzyme inhibition of PARP1/2*

IC50 (nM)	M9466	Olaparib
PARP1	2.03	1.9
PARP2	94.3	1.1
Ratio PARP2/PARP1	46.5	0.6

DNA Trapping activity of PARP1/2*

IC50 (nM)	M9466	Olaparib
PARP1	2.49	30.98
PARP2	>10,000	11.7
Ratio PARP2/PARP1	>4,000	0.4

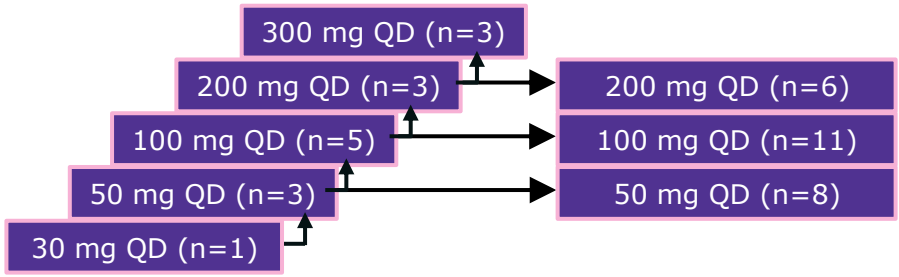
* Jiangsu Hengrui data on file

M9466
PARP1i

Hengrui: Ph1 study of M9466/ HRS-1167

Dose escalation:
pts with solid tumors

Dose expansion: pts with *BRCA1/2*, *PALB2*, or *RAD51C/D* mutations



NCT05473624

Company, next steps: enabling combinations

	Combination partner	Indication	Proof of concept
1	+ tuvusertib	CRPC, Ovarian	2027
2	+TOP1	CRC	2027
3	+ platinum	tbd, e.g. SCLC	2027

Acronyms: **IC50** = 50% inhibitory concentration, **CRPC** = castrate-resistant prostate cancer, **CRC** = colorectal cancer, **SCLC** = small cell lung cancer, **TOP1** = topoisomerase I

'M9466 is also known as HRD-1167 in developement by Jiangsu Hengrui Pharmaceuticals Co. Ltd., China

DNA damage response

M9466: Further development plans supported by compelling safety profile and early efficacy in PARP-sensitive tumors

Safety profile supports combinability

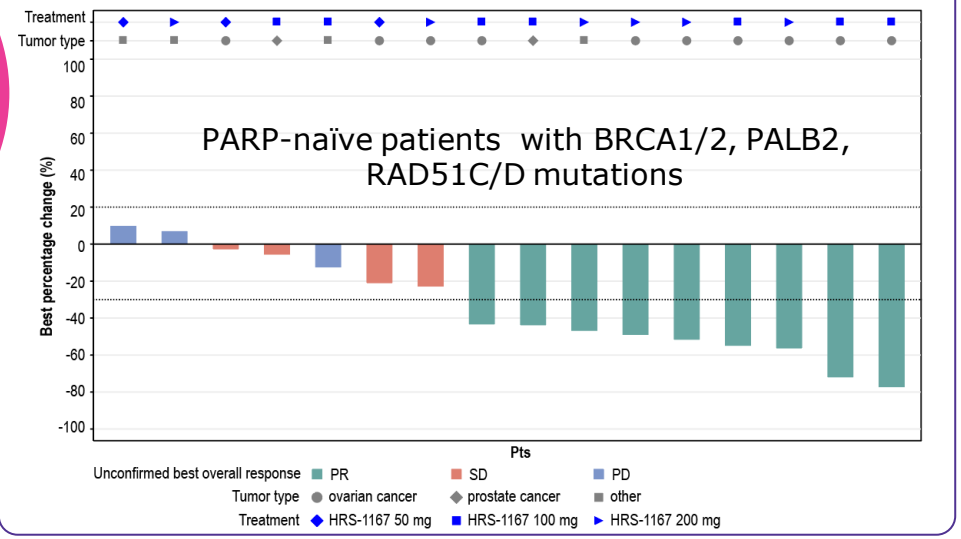
N=40	All grade	Grade 3/4
Any, n (%)	39 (97.5)	12 (30.0)
Anemia	29 (72.5)	6 (15.0)
White blood cell count decreased	28 (70.0)	5 (12.5)
Neutrophil count decreased	22 (55.0)	5 (12.5)
Platelet count decreased	19 (47.5)	0
Nausea	18 (45.0)	0
Hypertriglyceridemia	11 (27.5)	0
Asthenia	8 (20.0)	0

- Heavily pretreated population with mixed tumor types
- No dose-limiting toxicities seen across dose levels
- No MTD reached

M9466
PARP1i

Early Efficacy provides PoC in PARP indications

Objective response : HRR mutations		Objective response: HRR mutations and PARP-naïve	
All (N=24)	Ovarian (N=16)	All (N=18)	Ovarian (N=10)
10 (41.7)	**8 (50.0)**	**9 (50.0)**	**7 (70.0)**



2024 ASCO, Abstract 3154, Lingying Wu et al

Acronyms: **MTD** = maximum tolerated dose, **PoC** = proof-of-concept, **HRR** = homologous recombination repair, **PR** = partial response, **PD** = progressive disease, **SD** = stable disease

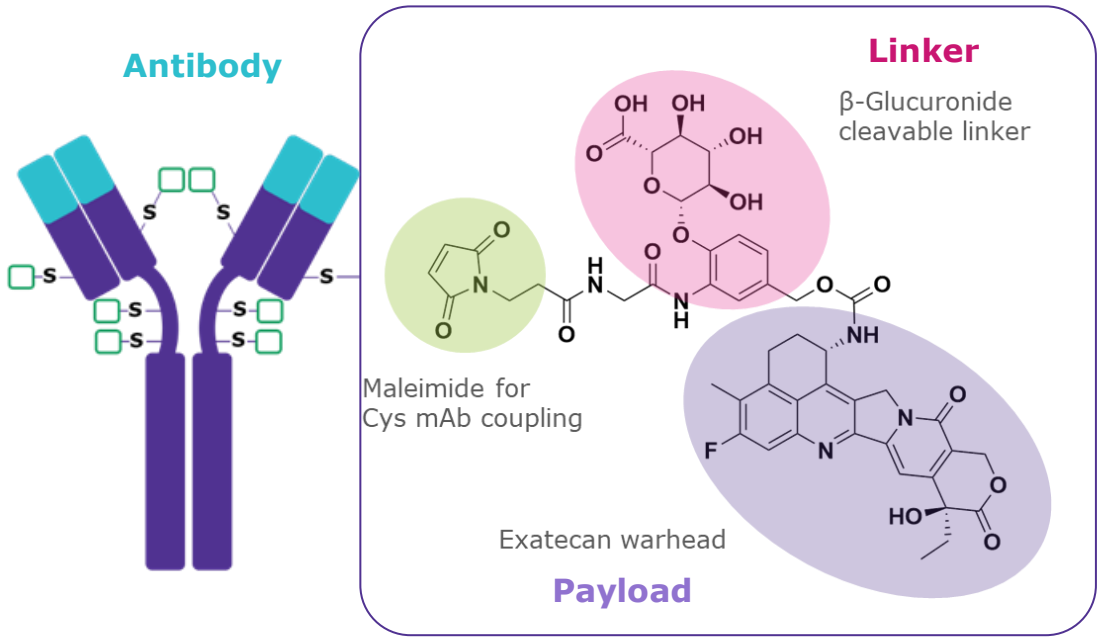
'M9466 is also known as HRD-1167 in developement by Jiangsu Hengrui Pharmaceuticals Co. Ltd., China

3

Antibody-drug conjugates

Antibody-drug conjugates
Leveraging our proprietary technology for BiC exatecan-based ADCs

M9140 structure



Key features

Antibody	• Innovative Ab formats and Fc modification technologies
Payload	• Highly potent TOP1 inhibitor exatecan • High bystander activity
Linker	• Stable ß-Glucuronide linker • Specifically cleaved in tumors • Full DAR flexibility, adaptable for payload potency and target characteristics

- Allows the design of ADCs with optimal pharmacokinetics and -dynamics, such as **M9140.**
- Platform for other exatecan-based ADCs like **M3554** and followers

Acronyms: **TOP1i** = topoisomerase 1 inhibitor, **DAR** = drug-antibody ratio

Antibody-drug conjugates
M9140: Developing First-in-Class ADC in CEACAM5-positive tumors

M9140

- Highly specific for CEACAM5
- TOP1i payload (exatecan)
- DAR: 8

Tumor type	CEACAM5 expression
Colorectal	> 90%
Pancreatic	>80%
Gastric	~ 80%
NSCLC nsq	35%

Development program

2022-2025

First-in-human and expansion studies in CRC

Dose escalation (completed)

unselected population

3.2

2.8

2.4

1.2

0.6

MTD

R

Dose optimization (ongoing)

2.8 mg

2.4 mg

CRC combinations (planned)

Combos with standard-of-care agents in CRC & alternative scheduling options

(beva, fluoropyrimidines, etc.)

Q1 2025

Basket trial in CEACAM5-expressing tumors

M9140 monotherapy

e.g. Gastric

e.g. Pancreatic

e.g. NSCLC

tbd

combinations

combinations

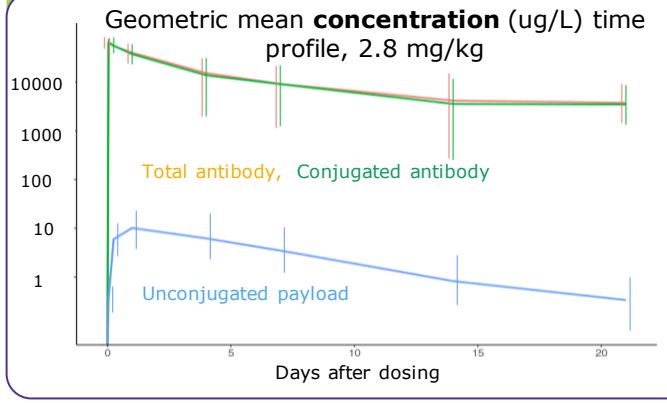
combinations

Acronyms: **CEACAM5** = carcinoembryonic antigen-related cell adhesion molecule 5, **CRC =** colorectal cancer, **NSCLC** = non-small cell lung cancer, **MTD =** maximum tolerated dose

Antibody-drug conjugates

Early clinical data for M9140 shows activity and predictable safety profile*

M9140 shows systemic stability



Systemic exposure at recommended dose pharmacologically relevant for anti-tumor activity

Minimal accumulation of exatecan

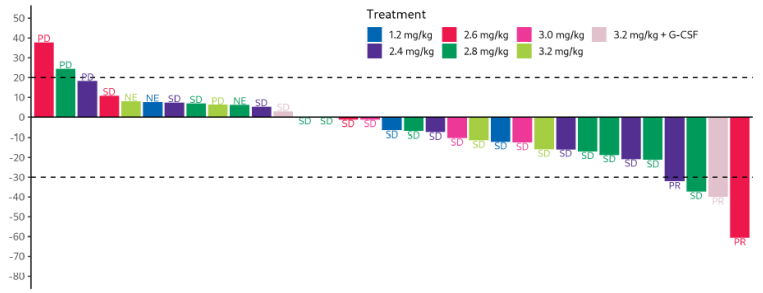
Most patients benefitted at predicted active doses

Tumor shrinkage in 37pts treated at 1.2 mg/kg-3.2 mg/kg

Best response:

- 3 confirmed PRs
- 23 with clinical benefit (SD+PR)

(100% with prior Irinotecan)



M9140
(CEACAM5)

Predictable and manageable safety profile

First clinical evidence validating safety of exatecan payload:

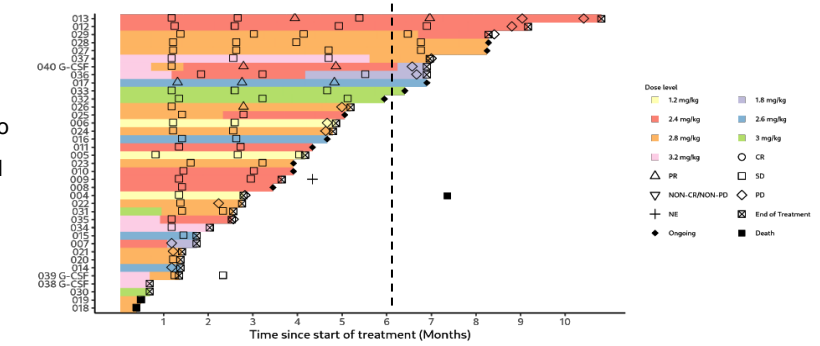
- Adverse events consistent with exatecan: myelosuppression as only DLTs
- GI toxicity appears less frequent/severe vs other TOP1i
- No cases of ILD, ocular effects or other unexpected AEs, including Asian patients and at the highest doses tested

Clinical benefit appears durable

Treatment duration at 1.2 mg/kg-3.2 mg/kg

mPFS 6.6 mo

8 pts treated >6 month



*ASCO 2024, Abstract 3000; oral presentation by S. Kopetz in the Development Therapeutics session, 6/1/2024

Acronyms: **DLT** = dose limiting toxicity, **ILD** = interstitial lung disease, **PR** = partial response, **SD** = stable disease, **mPFS** = median progression-free survival

Antibody-drug conjugates

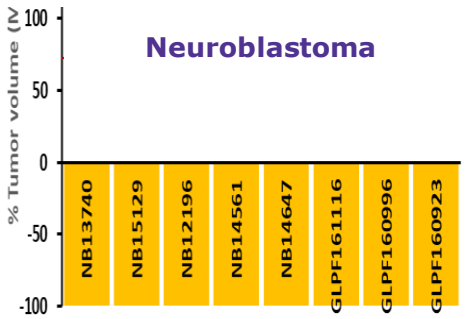
M3554: aiming at First-in-Class ADC, overcoming limitations of anti-GD2 antibodies

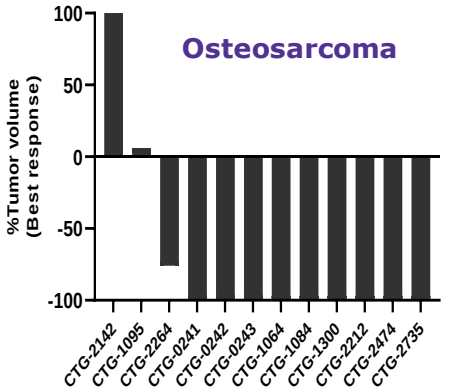
M3554

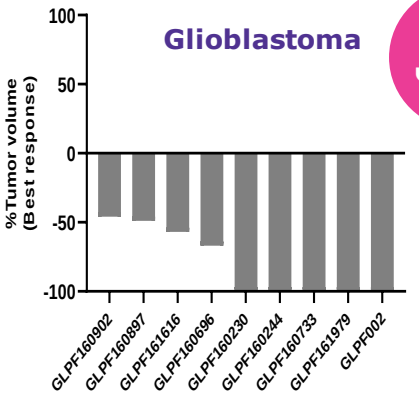
- Anti-GD2 antibody with modified Fc-region to abrogate ADCC and CDC putatively responsible for side effects
- TOP1i payload (exatecan)
- DAR: 8

Tumor type	GD2 expression
Sort tissue sarcoma	90%
Neuroblastoma	>85%
Glioblastoma	80%
Osteosarcoma	>80%

Strong activity in panel of PDx models from tumors with high GD2 prevalence







pre-clinical

- Stronger antitumor response vs dinutuximab +
- Active in neuroblastoma models resistant to GD2-mAb

First-in-human trial initiation in H2 2024

Patients with solid tumors with high GD2 prevalence[1]

[1]*Chang et al (1992), Ziebart et al (2012), Zhang (1997) Wikstrand et al (1992), Long (2016), Heiner et al, (1987), Dobrenkov et al (2016)*

Acronyms: GD2= disialoganglioside , **FC- region** = fragment crystallizable region, **ADCC** = antibody-dependent cell-mediated cytotoxicity, **CDC** = complement-dependent cytotoxicity, **PDx** = patient-derived xenografts

4

pre-clinical space highlights

Pre-clinical space

Diversified research activities to sustain organic delivery

Intensive oncology research in

- Antibody-drug conjugates
- DNA damage inhibitors
- Next generation immuno-oncology
- Oncology signaling

Execution priorities

- Drive innovation for FiC and BiC ADCs
- Leverage strengths in small molecules and antibody design
- Aim at BiC in oncogenic signaling and DDRs
- Focus on targeted IO for patient selection

Expected research/discovery output:
~3 molecules entering the clinic yearly
(mid-term average)

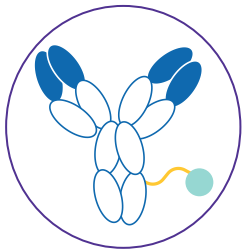
Acronyms: **FiC** = first in class, **BiC** = best in class, **ADC** = antibody-drug conjugate , **IO** = immuno-oncology, **DDR** = DNA damage response

Pre-clinical space

Enhancing our position as a major ADC player

ADC priorities

- Maximize exatecan platform
- Embark into immune agonist ADCs
- Deliver next-gen cytotoxins and targeted payloads (including protein degraders)
- Expand to novel antigens (recent collaboration with Caris)



Organic ADC portfolio growth in the next 3 years

M3554 (GD2)

M9140 (CEACAM5)

SRH -A1904 (CLDN 18.2)*

Step 1:
ADCs with exatecan warhead

- **M7152** (NaPi2b)
- **M0251** (EGFRxMUC1)
- **M7437****
- **M0121****

Step 2:
ADCs with next-gen payloads

- **ADC with STING**
- **ADC with cytotoxin 2**
- **ADC with degrader**

Acronyms: **ADC** = antibody-drug conjugate, **GD2** = disialoganglioside, **CEACAM5** = carcinoembryonic antigen-related cell adhesion molecule 5, **NaPi2b** = sodium-dependent phosphate transport protein 2B, **EGFR** = epidermal growth factor receptor, **MUC1** = mucin 1, **STING** = stimulator of interferon genes, **CLDN** = claudin 18.2

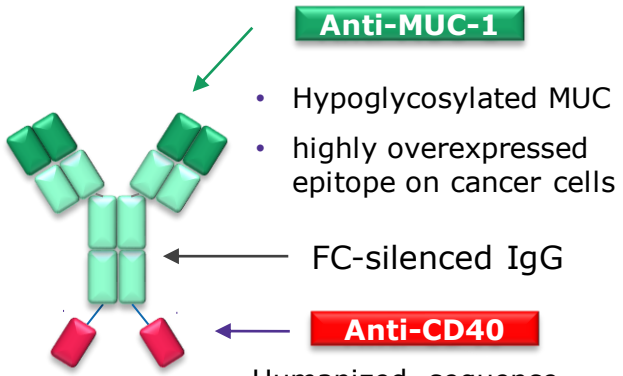
*Company entered a collaboration with Jiangsu Hengrui Pharmaceuticals Co. Ltd., China, including an option to an exclusive license worldwide (ex-China) to develop, manufacture and commercialize Hengrui's Claudin-18.2 antibody-drug conjugate (ADC) SHR-A1904. **Programs from an undisclosed collaboration.

Pre-clinical space

Next-generation IO drugs: M0324, leveraging conditional agonism

M0324 (Anti-MUC-1 x CD40)

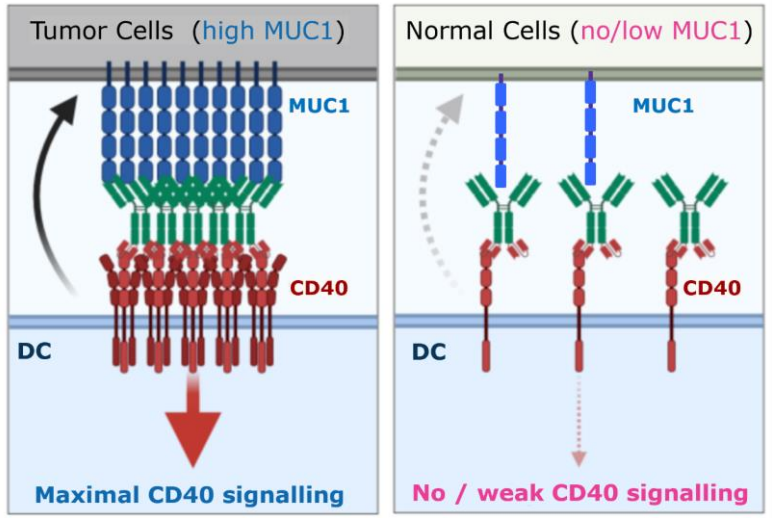
M0324 facilitates conditional CD40-mediated activation of dendritic cells (DCs) by tumor MUC-1 and leads to robust T cell dependent anti-tumor responses.



Conditional Agonism

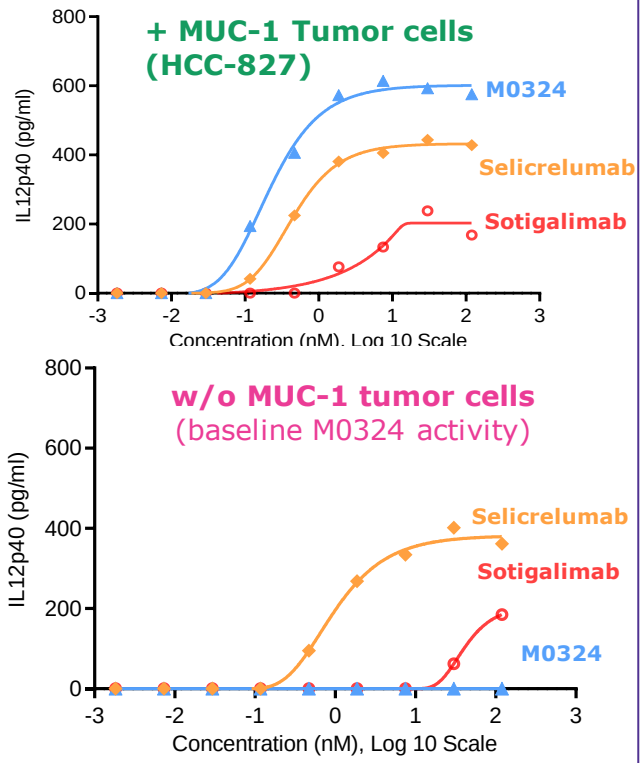
Clustering in tumor cells

No clustering in normal cells



Abbreviations: DC: dendritic cell; TME: tumor-microenvironment; TAA: tumor-associated antigens.
Reference: modified from Salomon et al. 2022

Exquisite tumor selectivity



Acronyms: **IO** = immuno–oncology, **CD40** = cluster of differentiation 40, **MUC1** = mucin 1, **FC – silenced** = fragment crystallizable – silenced, **VHH** = heavy chain variable domain, **CD40L** = cluster of differentiation 40 L

5

key takeaways & Q&A session

R&D Update call 2024
Key take-away points

1 Clearly defined R&D strategic principles

- Focused leadership in well-defined areas with possible adjacencies
- External innovation a driving force for pipeline progress
- Ongoing resource discipline and focus on execution; with R&D expenditure in low-twenties as % of sales

2 Driving forward key DDR assets

- Two-pillar strategy of tuvusertib and M9466
- Tuvusertib: strong monotherapy data, start of combination studies to deliver efficacy readouts by end of 2026
- M9466: development plans supported by compelling safety profile and early efficacy in PARP-sensitive tumors

3 Enhancing our position as a major ADC player

- M9140 proceeding to dose expansion, aiming at FiC
- M3554 enters the clinic in Q4; aiming at FiC anti-GD2 ADC
- Strong pre-clinical pipeline of ADCs maximizing exatecan and expanding to next-gen payloads

Acronyms: **FiC** = first in class, **ADC** = antibody-drug conjugates , **DDR** = DNA damage response

CONSTANTIN FEST

Head of Investor Relations
+49 6151 72-5271
constantin.fest@emdgroup.com

NADJA GROSSCHMIDT

Assistant Investor Relations
+49 6151 72-3321
nadja.grosschmidt@emdgroup.com

SUSAN KUEHN

Assistant Investor Relations
+49 6151 72-3321
susan.kuehn@emdgroup.com

PETER DICKSON

Institutional Investors
/ Analysts
+49 6151 72-20753
peter.dickson@emdgroup.com

ADRIAN GORSKI

Institutional Investors
/ Analysts
+49 6151 72-22076
adrian.gorski@emdgroup.com

FLORIAN SCHRAEDER

Institutional Investors
/ Analysts
+49 6151 72-42005
florian.schraeder@emdgroup.com

EVA STERZEL

ESG / Institutional &
Retail Investors / AGM
+49 6151 72-5355
eva.sterzel@emdgroup.com

DANIEL WENDORFF

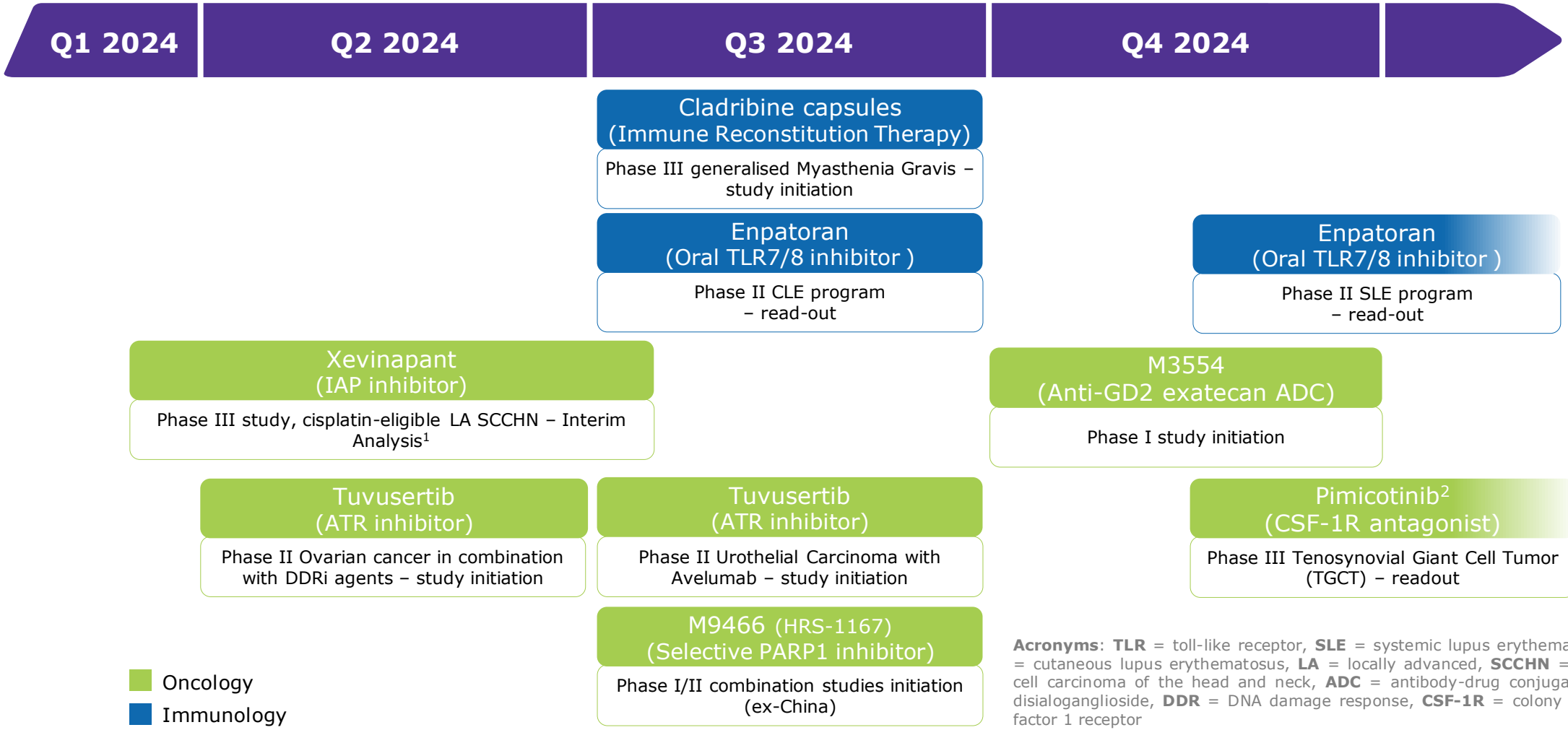
Institutional Investors
/ Analysts
+49 6151 72-24164
daniel.wendorff@emdgroup.com

DATE	EVENT
June 3, 2024	**Early Oncology R&D Update Call**
August 1, 2024	Q2 2024 Earnings release
October 17, 2024	Capital Markets Day
November 14, 2024	Q3 2024 Earnings release

E-MAIL: investor.relations@emdgroup.com
WEB: www.emdgroup.com/investors
FAX: +49 6151 72-913321

appendix

R&D Update call 2024
Healthcare catalysts



Acronyms: **TLR** = toll-like receptor, **SLE** = systemic lupus erythematosus, **CLE** = cutaneous lupus erythematosus, **LA** = locally advanced, **SCCHN** = squamous cell carcinoma of the head and neck, **ADC** = antibody-drug conjugate, **GD2** = disialoganglioside, **DDR** = DNA damage response, **CSF-1R** = colony stimulating factor 1 receptor

[1]event-driven, note: required number of events expected in Q2, followed by database lock and IDMC interactions, [2]Study sponsor: Abbisko Therapeutics Co, Ltd. Company entered a license agreement with Abbisko Therapeutics Co. Ltd, Shanghai, China, for pimicotinib (ABSK021), which grants a license to commercialize pimicotinib in mainland China, Hong Kong, Macau and Taiwan, with an option for rest of world.

Acronyms

ADC = antibody-drug conjugate
AE = adverse event
ATM = ataxia-telangiectasia-mutated protein
ATMi = ataxia-telangiectasia-mutated protein, inhibitor
ATR = ataxia telangiectasia and Rad3-related protein
ATRi = ataxia telangiectasia and Rad3-related protein, inhibitor
BID = twice a day
BRCAm = BRCA-mutated
CEA = carcinoembryonic antigen
DAR = drug-antibody ratio
DNA–Pki = DNA-dependent protein kinase
DLT = dose limiting toxicity
FiH = first in human
GI = gastrointestinal
HRD = homologous recombination deficiency
MOA = mode of action
PALB2 = partner and localizer of BRCA2
PAR = protein poly ADP-ribosylation
PARP = poly [ADP-ribose] polymerase
PARPi = poly [ADP-ribose] polymerase inhibitor
PARP1 = poly [ADP-ribose] polymerase 1
PARP1i = poly [ADP-ribose] polymerase 1, inhibitor
Ph = phase
PoC = proof of concept
QD = once a day
TOP1 = topoisomerase I
TOP1i = topoisomerase I inhibitor