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Initial Results With IMA402, a PRAME-Targeted T-cell Receptor (TCR)-based Bispecific T-cell Engager (TCER) in Advanced Solid Tumors

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Rapid Oral Presentation
Abstract #8465



Declaration of Interests

Advisory board, consulting, speaker's honoraria:

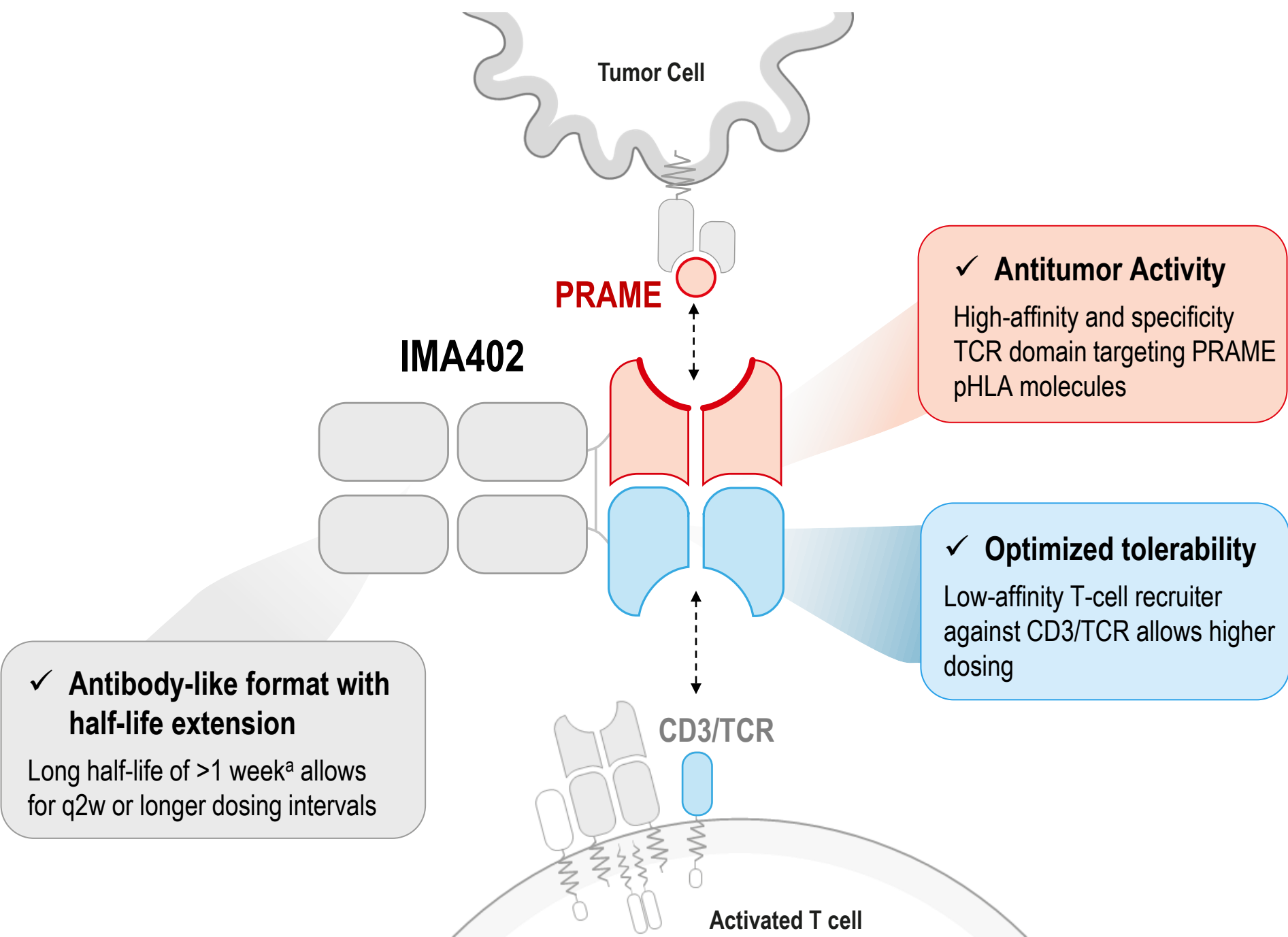
AstraZeneca, BioAlta, BioNTech, BMS, Boehringer Ingelheim, Daiichi Sankyo, EeBeTe, Formycon, ImCheck, Immatics, Immunocore, IOBioTech, Iovance, Ipsen, Merck-Serono, Moderna, MSD, Neracare, Novartis, Philogen, Pierre Fabre, Regeneron, Replimune, SkylineDx

Research funding:

BMS, MSD

IMA402 is an Optimized T-cell Engager (TCER) Designed to Target PRAME

Improved benefit-risk profile with half-life extension¹



PRAME is expressed in more than 50 cancers

PRAME prevalence in selected indications

Indication	% PRAME+ patients ^b
Cutaneous Melanoma	95%
Uterine Carcinoma	95%
Uterine Carcinosarcoma	95%
Synovial Sarcoma	95%
Uveal Melanoma	90%
Mucosal Melanoma	90%
Ovarian Carcinoma Subtypes	85%
Squamous Cell NSCLC	70%
Triple-negative Breast Carcinoma	65%
Small Cell Lung Cancer	45%
Esophageal Carcinoma Subtype	45%
Kidney Carcinoma Subtype	40%
Cholangiocarcinoma	35%
HER2-Enriched Breast Carcinoma	30%
Adenocarcinoma NSCLC	25%
Head & Neck Squamous Cell Carcinoma	25%
Hepatocellular Carcinoma	20%
Bladder Carcinoma	20%

^a Half-life calculated by non compartmental analysis (NCA). ^b Data on file: PRAME target prevalence is based on a proprietary mass spec-guided initial expression threshold applied to RNAseq and/or immunohistochemistry data (approximate values, values between 95%-100% shown as 95%).

NSCLC, non-small cell lung cancer; pHLA, peptide-human leukocyte antigen; PRAME, preferentially expressed antigen in melanoma; q2w, every 2 weeks; TCR, T-cell receptor.

1. Hofmann M, et al. *mAbs*. 2026;18(1):1-24.

IMA402-101 Study Design

Key Objectives

Primary:

- Determine MTD and/or RP2D
- Assess safety and tolerability

Secondary:

- Evaluate initial antitumor activity (RECIST 1.1 and iRECIST)
- Assess pharmacokinetics

Key Eligibility Criteria

- Recurrent and/or refractory **solid tumors expressing PRAME^a**
- No prospective PRAME testing required
- HLA-A*02:01 positive
- ECOG performance status 0-1
- Received or not eligible for all available indicated standard of care treatments

- MABEL-based starting dose
- Dose escalation based on cohorts of 1-6 patients using adaptive design (BLRM model)
- MTD not reached per adaptive BLRM model
- q1w step dosing (3 doses) up to target dose^b
- q2w dosing from week 7 introduced post data cutoff based on favorable pharmacokinetics
- IMA402 RP2D range: 10-45 mg

Phase 1

IMA402 Monotherapy

0.02 mg

0.06 mg

0.12 mg

0.36 mg

0.8 mg

1.6 mg

3 mg

4 mg

5 mg

8 mg

10 mg

12 mg

20 mg

30 mg

45 mg^c

IMA402 + Pembrolizumab

5 mg + pembrolizumab

10 mg + pembrolizumab

20 mg + pembrolizumab

30 mg + pembrolizumab

Efficacy
Population^d
(n=40)

Safety Population (N=126)

EudraCT No. 2022-503133-54-00; NCT05958121. ^a Cutaneous melanoma, melanoma of unknown primary, uveal melanoma, synovial sarcoma, endometrial carcinoma, ovarian carcinoma, squamous non-small cell lung cancer. ^b Step dosing introduced at 0.36 mg, optimized step dosing: 0.03 mg/0.3 mg/10 mg/target dose, low-dose dexamethasone used as preventive measure for initial doses as applied for other bispecific T-cell engagers; ability to increase dose to previously cleared dose levels. ^c Exploratory high dose in n=5. ^d Efficacy population: All patients treated within the RP2D range as of Mar 1, 2026 (who had the opportunity for at least 3 months follow-up or who discontinued early due to disease progression or death), tested positive for PRAME, received ≥4 infusions as defined per protocol (thereof 3 step doses, currently at 0.03 mg/0.3 mg/10 mg, and 1 target dose), and had LDH ≤1.5xULN. BLRM, Bayesian logistic regression model; ECOG, Eastern Cooperative Oncology Group; MABEL, minimum anticipated biological effect level; MTD, maximum tolerated dose; q1w, every week; q2w, every 2 weeks; RP2D, recommended phase 2 dose.

Data cutoff Jun 1, 2026

Demographics: Heavily Pretreated Patient Population

	Safety Population	Efficacy Population
Baseline Characteristics	N=126	n=40
Indication, n		
Melanoma - cutaneous, uveal, unknown primary	78 - 62, 13, 3	27 - 26, 1, 0
Ovarian cancer	31	8
Other - endometrial cancer, sqNSCLC, synovial sarcoma	17 - 7, 6, 4	5 - 2, 2, 1
Age		
Median (range)	60 (21-82)	59 (29-77)
ECOG performance status		
0, n (%)	78 (62)	25 (63)
1, n (%)	48 (38)	15 (38)
LDH at baseline		
>1xULN, n (%)	57 (45)	10 (25)
Baseline tumor burden		
Median target lesion sum of diameter (cm) (range)	7.4 (1.2-39.8)	7.9 (1.5-19.4)
Tumor lesions		
Number of lesions, median (range)	4 (1-15)	4 (2-10)
Liver metastases, n (%)	44 (35)	11 (28)
Brain metastases, n (%)	7 (6)	3 (8)
Treatment Experience		
No. of prior lines of systemic treatment		
Median (range)	3 (0-7)	3 (0-6)
Prior systemic treatments, n (%)		
Chemotherapy	60 (48)	19 (48)
ICI	89 (71)	31 (78)
Targeted therapy	60 (48)	18 (45)

Data cutoff Jun 1, 2026

ECOG, Eastern Cooperative Oncology Group; ICI, immune checkpoint inhibitor; LDH, lactate dehydrogenase; sqNSCLC, squamous non-small cell lung cancer; ULN, upper limit of normal.

Safety Profile Across All Indications and Dose Levels (N=126)

Treatment-related AEs, n (%) ^a	All Grades	≥ Grade 3
Lymphopenia	56 (44)	44 (35)
Cytokine release syndrome	46 (37)	2 (2)
Arthralgia	42 (33)	2 (2)
Fatigue	32 (25)	1 (1)
ALT/AST increased	23 (18)	10 (8)
Pruritus	18 (14)	0
Pyrexia	18 (14)	0
Anaemia	17 (13)	4 (3)
Myalgia	17 (13)	1 (1)
Rash	16 (13)	0
Gamma-glutamyltransferase increased	12 (10)	4 (3)
Nausea	10 (8)	1 (1)
Erythema	10 (8)	0
Lipase increased	9 (7)	4 (3)
Diarrhoea	9 (7)	0
Abdominal pain	9 (7)	1 (1)
Hypertension	4 (3)	3 (2)
Leukopenia	4 (3)	1 (1)
Vomiting	4 (3)	1 (1)
Blood creatinine increased	3 (2)	1 (1)
Tumour pain	3 (2)	1 (1)
Neutropenia	2 (2)	2 (2)
Back pain	2 (2)	1 (1)
Pancreatitis	2 (2)	1 (1)
Stomatitis	2 (2)	1 (1)
Urinary tract disorder	2 (2)	1 (1)
Acute kidney injury	1 (1)	1 (1)
Electrocardiogram abnormal	1 (1)	1 (1)
Herpes zoster	1 (1)	1 (1)
Immune-mediated arthritis	1 (1)	1 (1)
Liver function test increased	1 (1)	1 (1)
Tumour lysis syndrome	1 (1)	1 (1)

Treatment-emergent AEs, n (%)	All Grades	≥ Grade 3
Any	125 (99)	81 (64)
Treatment-related	120 (95)	65 (52)

- **Most frequent** related AEs were:
 - Transient lymphopenia (resolved within a median of 5d)
 - Low-grade CRS
 - One CRS G4 event at 0.08 mg starting dose only; no further CRS G4 events after step dose optimization
 - One CRS G3 event at 0.03 mg starting dose only, completely resolved within 7d
- **No ICANS** observed
- **No IMA402-related G5** events

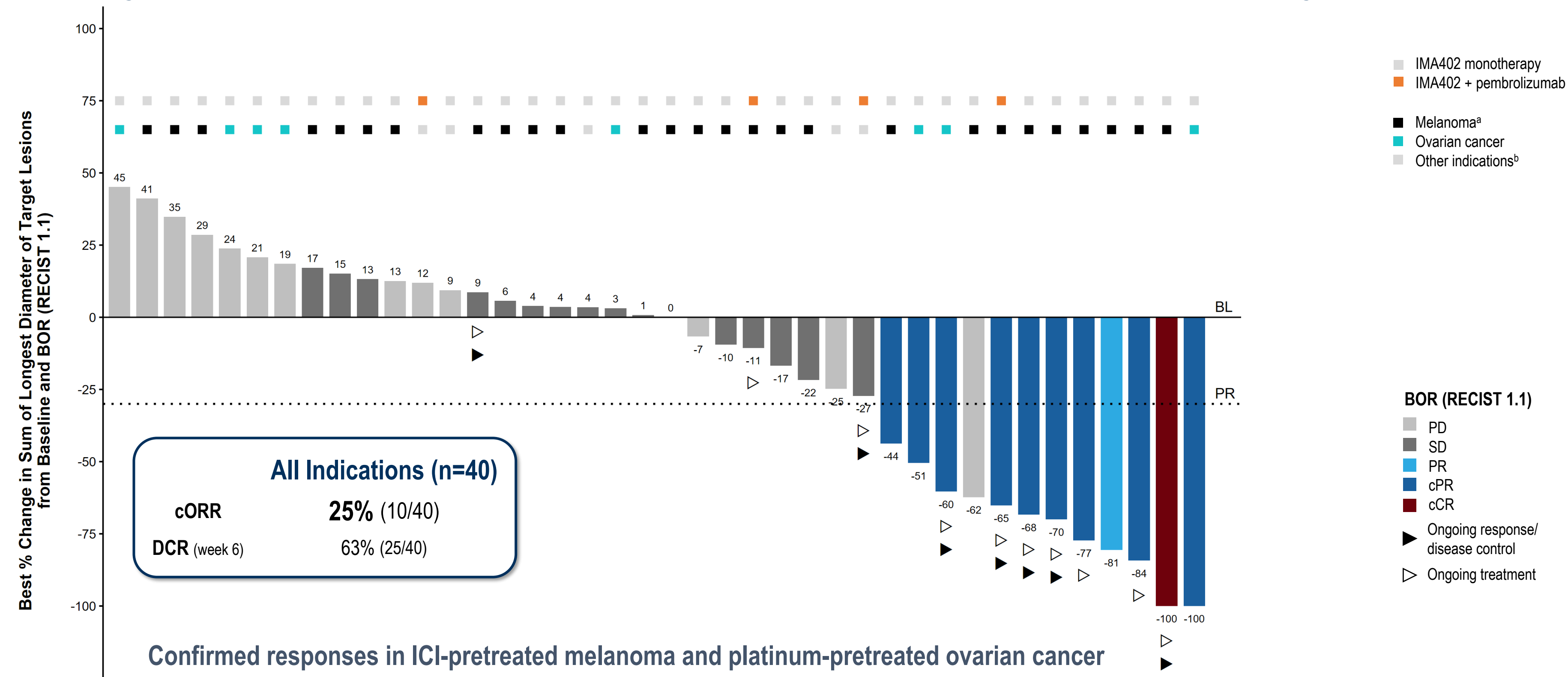
No additive toxicity was observed in patients treated with IMA402 + pembrolizumab (see appendix)

^a TRAEs: All treatment-emergent adverse events at least possibly related to IMA402 with grade 1-2 occurring in at least 9 patients (incidence ≥7.1%), and all events with grade ≥3. One uncoded grade 1 AE ("spotting") is not included. Abdominal pain includes "Abdominal Pain" and "Abdominal Pain Upper"; Adverse events are coded using the MedDRA Version 26.0. Grades are determined according to National Cancer Institute CTCAE, version 5.0, except grades for CRS and ICANS which are determined according to Lee et al., 2019; Neelapu et al., 2019 and tumor lysis syndrome which is determined according to Cairo and Bishop, 2004. Patients are counted only once per adverse event.

Data cutoff Jun 1, 2026

AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; CRS, cytokine release syndrome; ICANS, immune effector-cell associated neurotoxicity syndrome; TEAE, treatment-emergent AE; TRAE, treatment-related AE.

Efficacy of IMA402 ± Pembrolizumab Across All Indications in the Efficacy Population



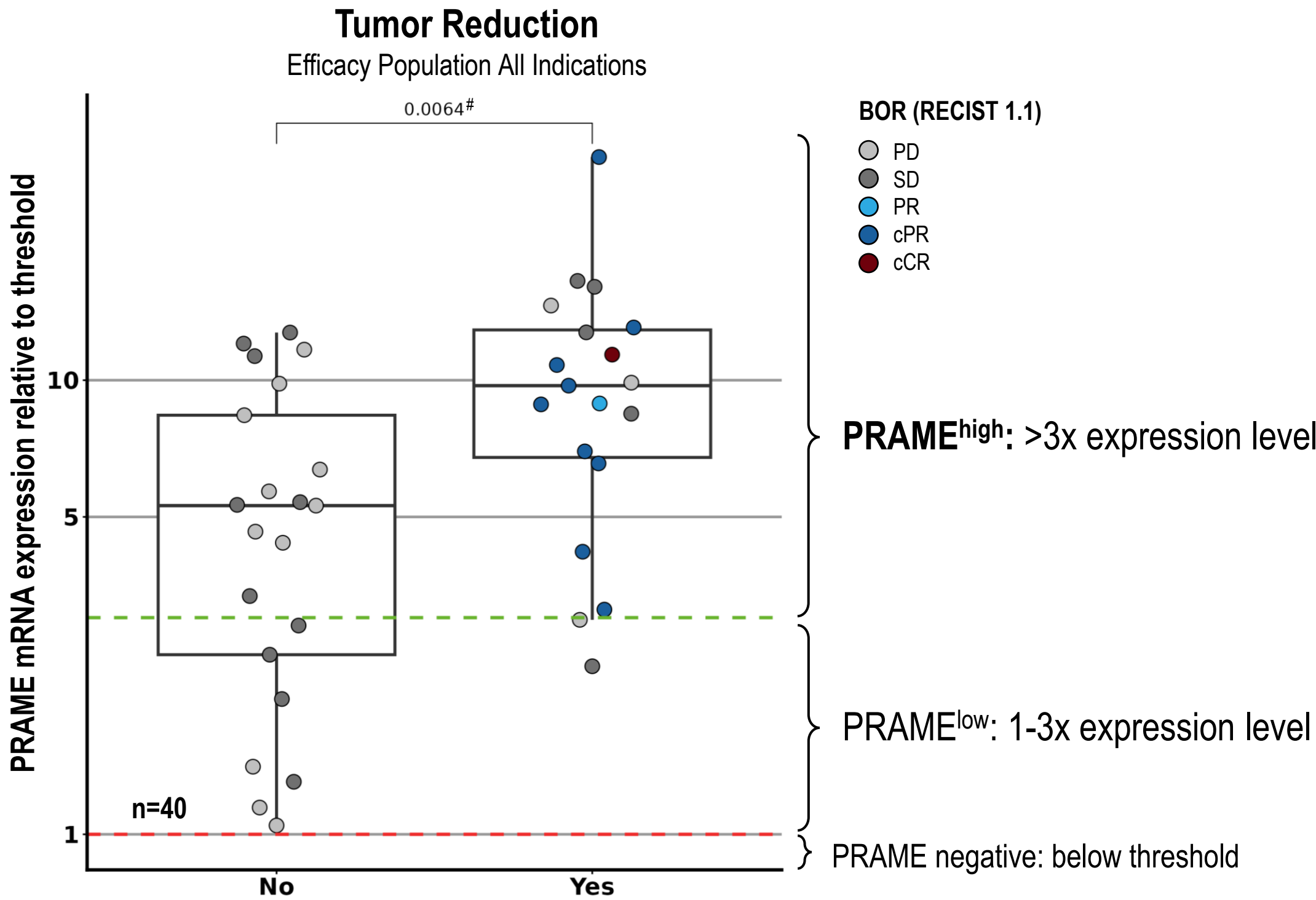
^a Includes cutaneous melanoma and 1 patient with uveal melanoma. ^b Includes endometrial cancer (n=2), sqNSCLC (n=2), and synovial sarcoma (n=1).

BOR, best overall response; BL, baseline; cCR, confirmed complete response; cORR, confirmed objective response rate; DCR, disease control rate; ICI, immune checkpoint inhibitor; PD, progressive disease; (c)PR, (confirmed) partial response; SD, stable disease.

Data cutoff Jun 1, 2026

Exploratory Analysis of PRAME Levels and Disease Outcome in Efficacy Population

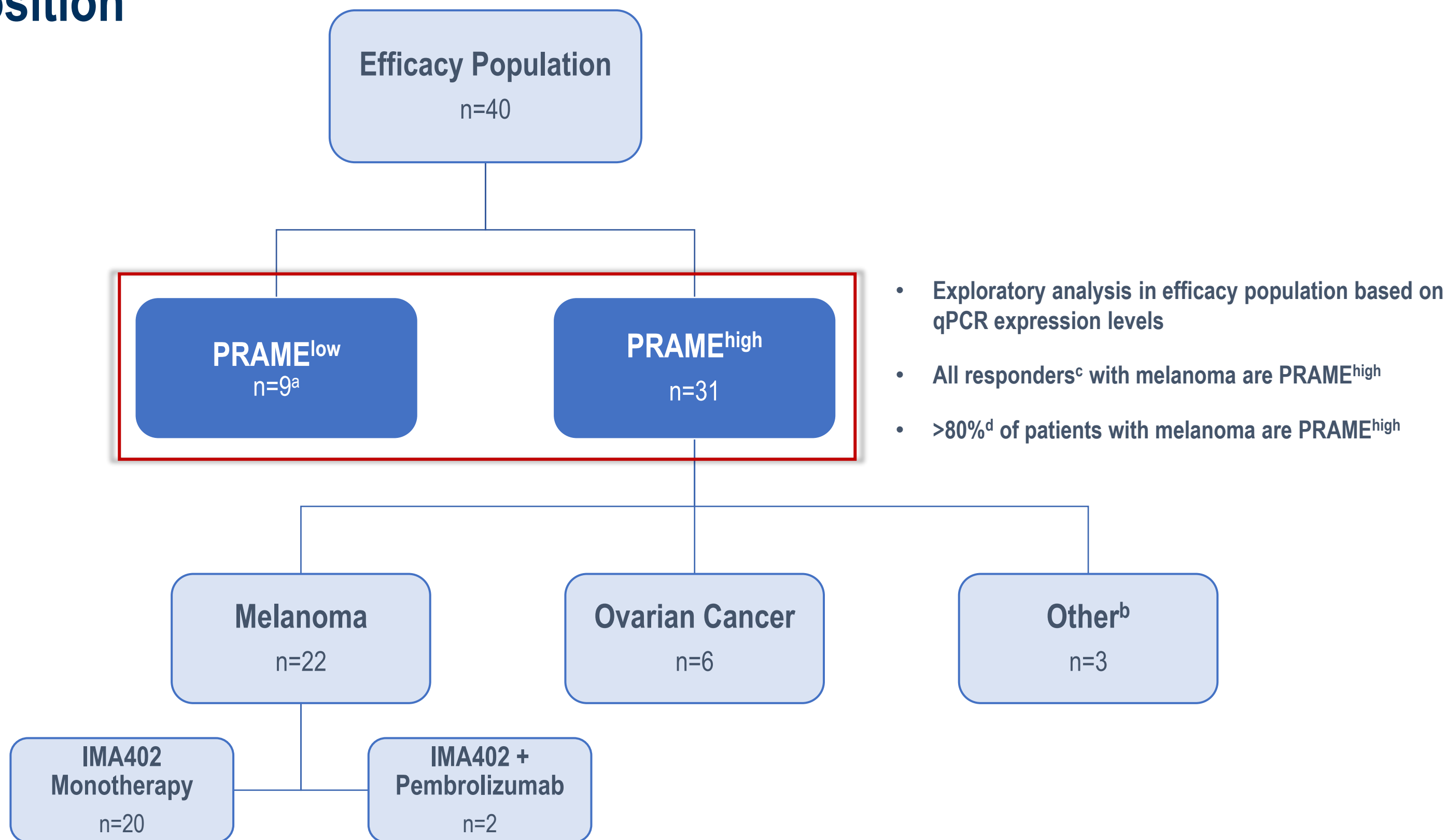
- IMA402 shows association of higher PRAME levels with improved disease outcomes and tumor reduction
- All responders^a with melanoma are PRAME^{high}
- >80%^b of patients with melanoma are PRAME^{high}



^a PRAME^{low} does not preclude response to IMA402, 1 cPR observed in a patient with PRAME^{low} endometrial cancer below RP2D range; ^b Data on file: PRAME target prevalence is based on in-house (n=136) and TCGA RNAseq (n=473) analysis using proprietary mass spec-guided initial expression threshold.
Mann-Whitney U test. BOR, best overall response; cCR, confirmed complete response; PD, progressive disease; (c)PR, (confirmed) partial response; SD, stable disease; TCGA, The Cancer Genome Atlas.

Data cutoff Jun 1, 2026

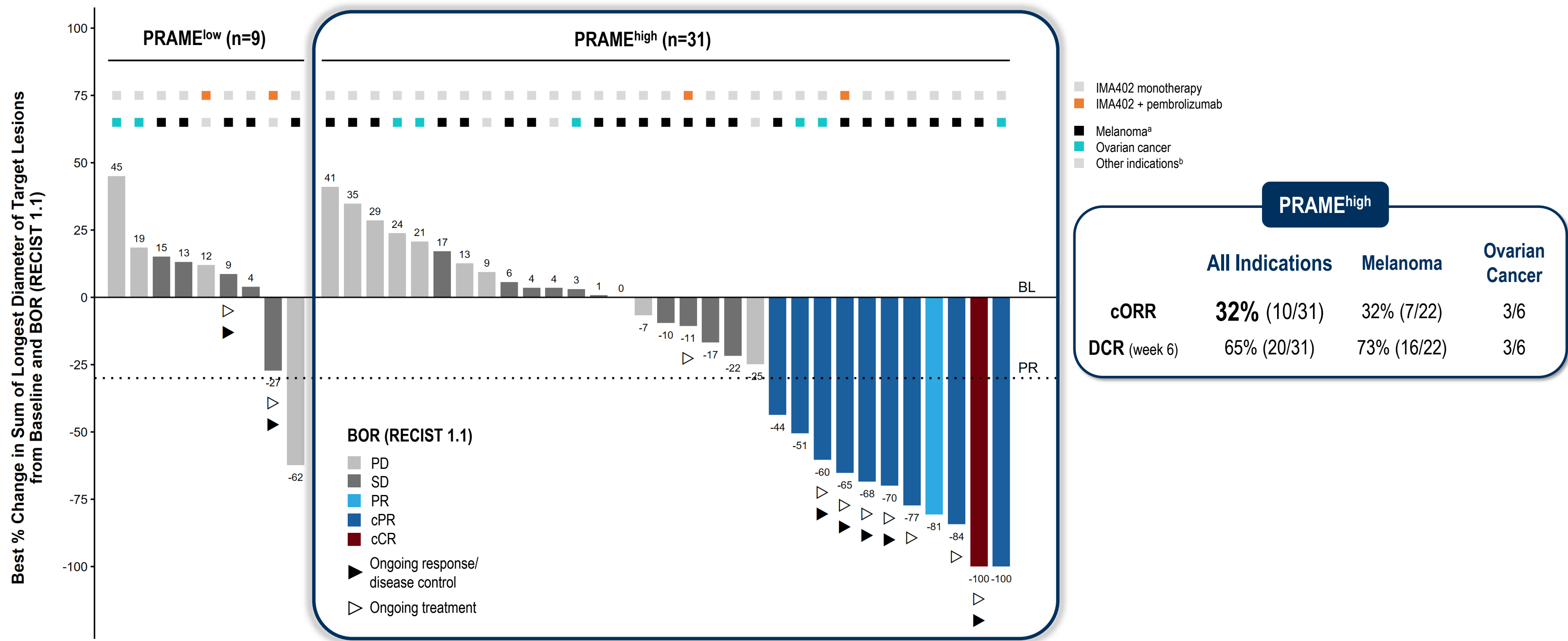
Patient Disposition



^a Includes 2 patients treated with IMA402 + pembrolizumab. ^b Other includes endometrial cancer (n=2) and synovial sarcoma (n=1). ^c PRAME^{low} does not preclude response to IMA402, 1 cPR observed in a patient with PRAME^{low} endometrial cancer below RP2D range. ^d Data on file: PRAME target prevalence is based on in-house (n=136) and TCGA RNAseq (n=473) analysis using proprietary mass spec-guided initial expression threshold. qPCR, quantitative polymerase chain reaction.

Data cutoff Jun 1, 2026

Efficacy of IMA402 ± Pembrolizumab by PRAME Expression

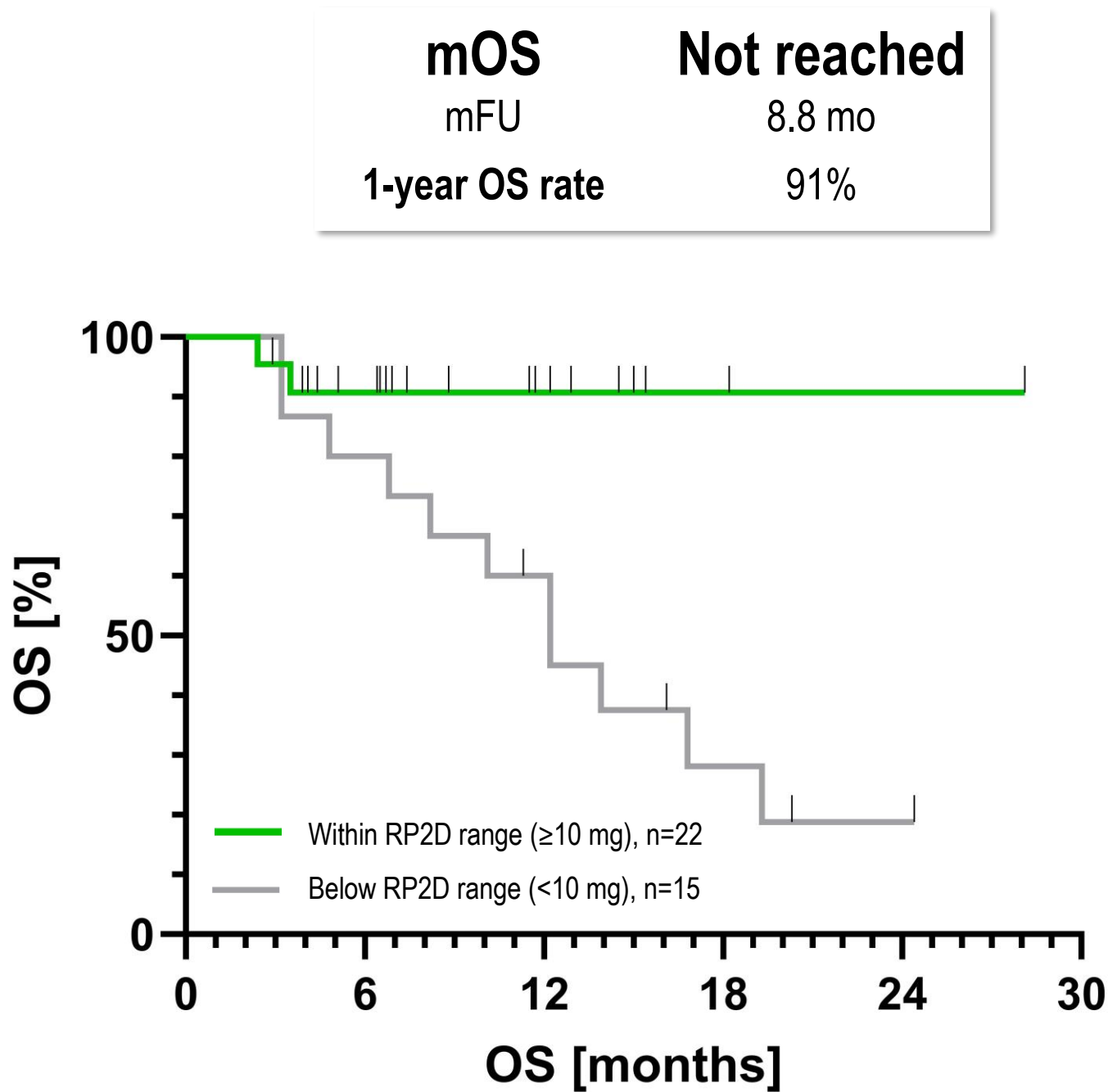
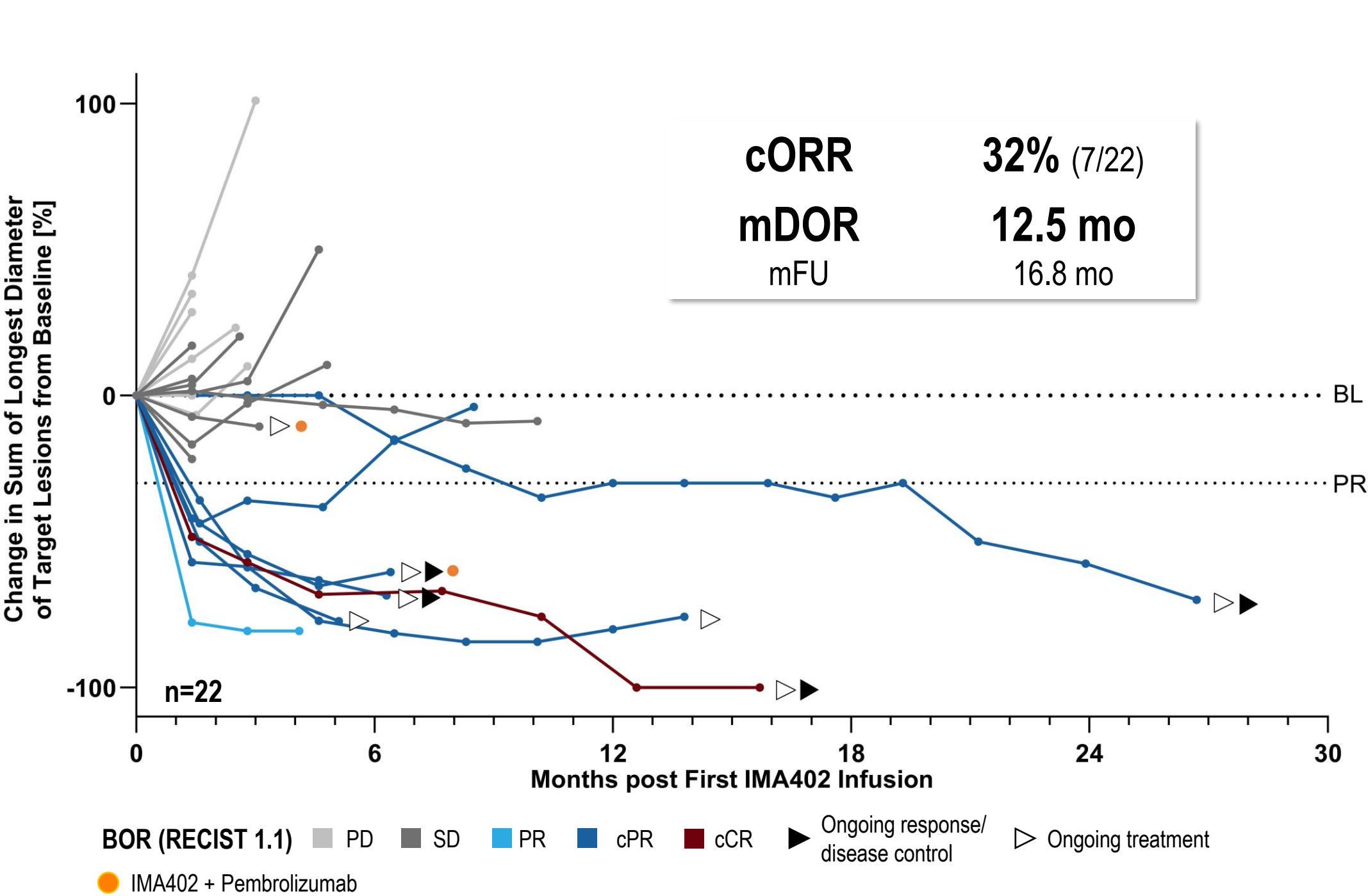


^a Includes cutaneous melanoma and one patient with uveal melanoma. ^b Includes endometrial cancer (n=2), sqNSCLC (n=2), and synovial sarcoma (n=1).
BOR, best overall response; BL, baseline; cCR, confirmed complete response; cORR, confirmed objective response rate; DCR, disease control rate; PD, progressive disease; (c)PR, (confirmed) partial response; RP2D, recommended phase 2 dose; SD, stable disease.

Data cutoff Jun 1, 2026

Durability of Responses in PRAME^{high} Melanoma

All patients with melanoma in the efficacy population received prior ICI



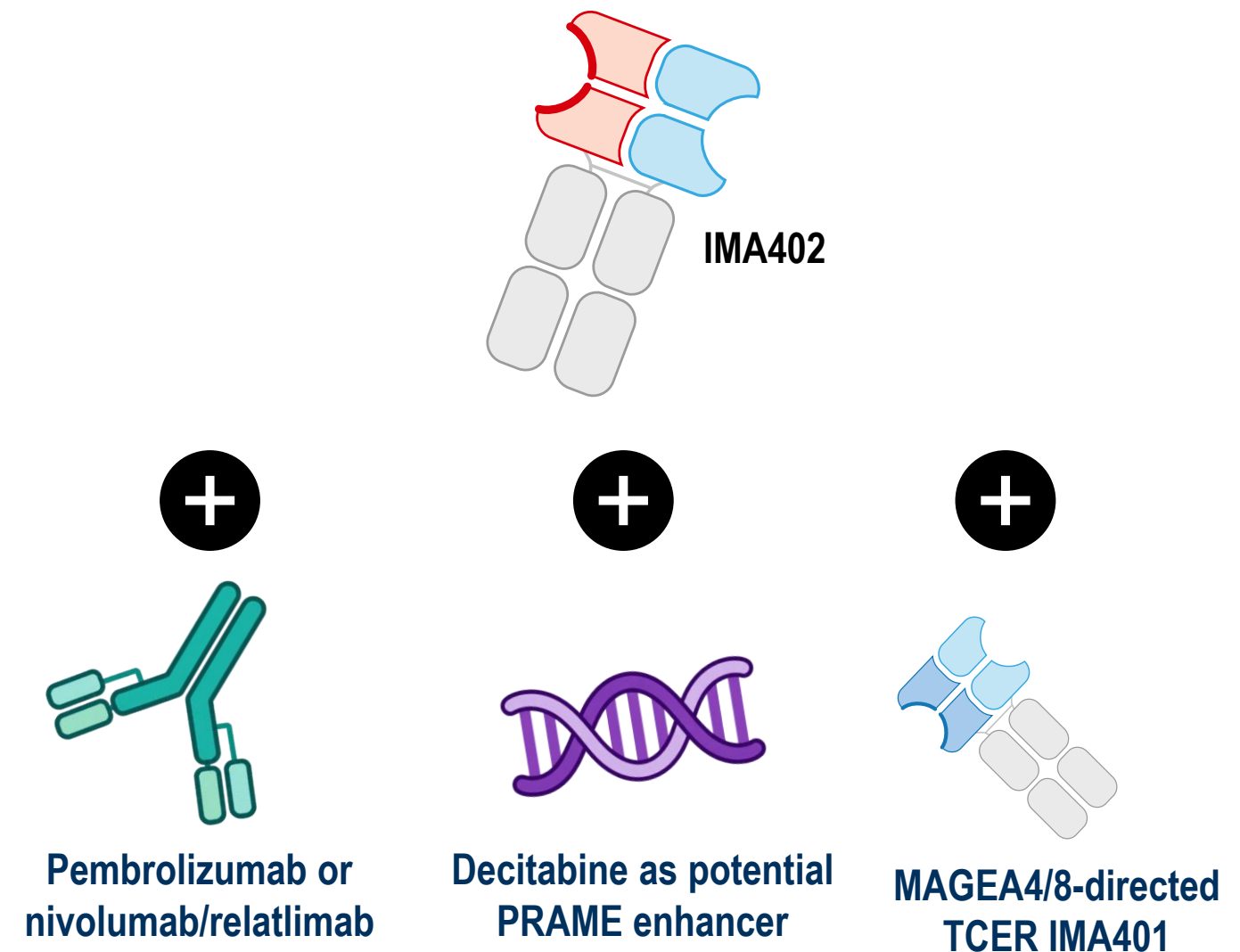
Ongoing patients were censored at the data cutoff for OS; OS rates were calculated using the Kaplan–Meier method. BOR, best overall response; BL, baseline; cCR, confirmed complete response; cORR, confirmed objective response rate; ICI, immune checkpoint inhibitor; mDOR, median duration of response; mFU, median follow up; mOS, median overall survival; PD, progressive disease; (c)PR, (confirmed) partial response; RP2D, recommended phase 2 dose; SD, stable disease.

Data cutoff Jun 1, 2026

Key Takeaways

- **TCR-based therapies** enable immune recognition of **intracellular** tumor antigens presented by cell-surface HLA, expanding the therapeutic landscape **beyond targets** accessible to conventional immunotherapies
- IMA402 is a **novel TCR-based bispecific T-cell engager** (TCER) targeting the cancer-associated antigen **PRAME**, a target expressed in more than **50 cancers**
- IMA402 demonstrates a **favorable tolerability** profile and **encouraging initial antitumor activity** across various indications, including melanoma

In addition to IMA402 monotherapy, three ongoing cohorts of IMA402 with:



HLA, human leukocyte antigen; ICI, immune checkpoint inhibitor; TCR, T cell receptor.

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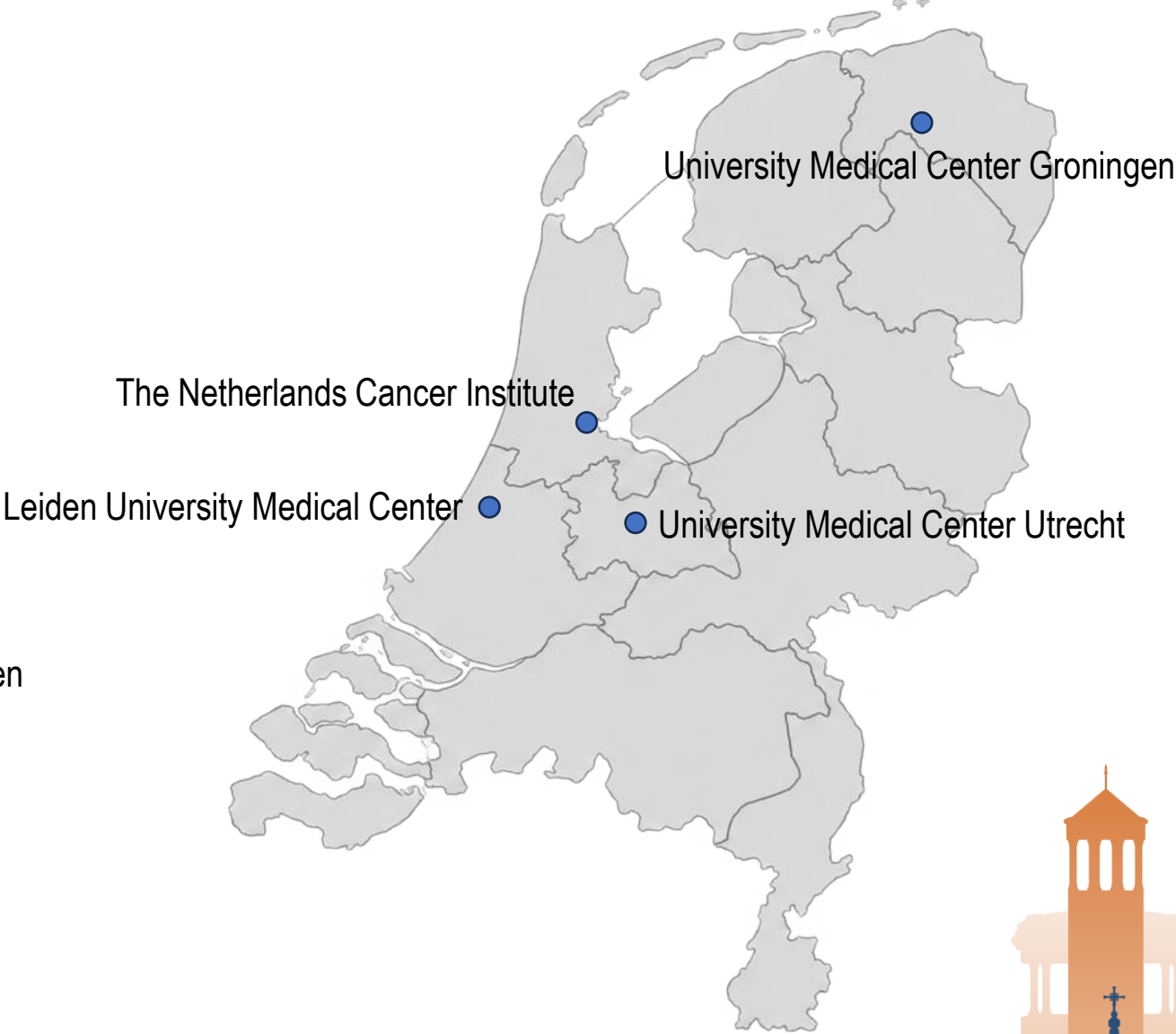
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Data cutoff Jun 1, 2026

Thank You – Trial Participants & Caregivers



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Maps generated with ChatGPT-5.6 Sol, 2026

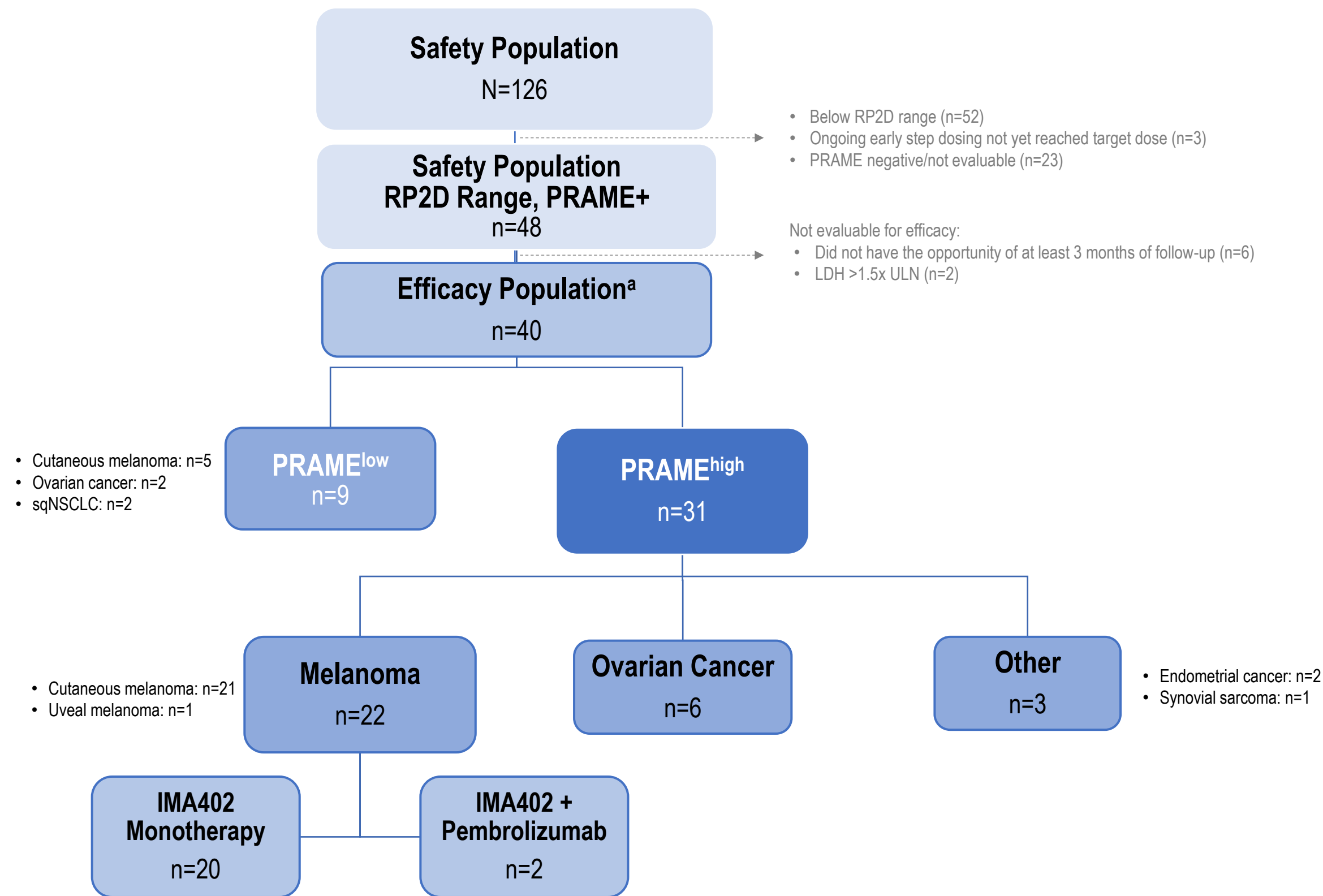


APPENDIX

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Patient Disposition



^a Efficacy population: All patients treated within the RP2D range as of Mar 1, 2026 (who had the opportunity for at least 3 months follow-up or who discontinued early due to disease progression or death), tested positive for PRAME, received ≥4 infusions as defined per protocol (thereof 3 step doses, currently at 0.03 mg/0.3 mg/10 mg, and 1 target dose), and had LDH ≤1.5x ULN.
LDH, lactate dehydrogenase; sqNSCLC, squamous non-small-cell lung cancer; RP2D, recommended phase 2 dose; ULN, upper limit of normal.

Data cutoff Jun 1, 2026

Demographics in PRAME^{high} Melanoma

	Below RP2D Range (n=15)	At RP2D Range (n=22)
Indication, n (%)		
Cutaneous melanoma	11 (73)	21 (95)
Melanoma of unknown primary	1 (7)	0
Uveal melanoma	3 (20)	1 (5)
Age		
Median (range)	62 (38-82)	57.5 (29-76)
ECOG performance status		
0, n (%)	7 (47)	18 (82)
1, n (%)	8 (53)	4 (18)
LDH at baseline		
>1xULN, n (%)	6 (40)	5 (23)
Baseline tumor burden		
Median target lesion sum of diameter (cm) (range)	6.7 (2.5-18.3)	8.0 (1.5-19.4)
Tumor lesions		
Number of lesions, median (range)	6 (1-15)	3.5 (2-10)
Liver metastases, n (%)	6 (40)	7 (32)
Brain metastases, n (%)	1 (7)	3 (14)
Metastatic staging, n (%)^a		
IIIb/IIIc/IVM1a	0	4 (19)
IVM1b/c/d	11 (92)	17 (81)
Treatment Experience		
Prior lines of systemic treatment, median (range)	4 (1-7)	3 (1-6)
Prior lines of ICI, median (range)	2 (0-6)	2 (1-4)
Prior systemic treatments, n (%)		
ICI	14 (93)	22 (100)
Ipilimumab + nivolumab	13 (87)	20 (91)
Relatlimab + nivolumab	1 (7)	1 (5)
TCR-based therapy	4 (27)	1 (5)
PRAME-directed therapy	2 (13)	0

Data cutoff Jun 1, 2026

^a Excludes patients with uveal melanoma due to different staging guidelines. n=1 below RP2D range missing due to missing data entry. ECOG, Eastern Cooperative Oncology Group; ICI, immune checkpoint inhibitor; LDH, lactate dehydrogenase; ULN, upper limit of normal

Safety Profile of IMA402 Monotherapy and IMA402 + Pembrolizumab

No additive toxicity was observed in patients treated with IMA402 + pembrolizumab

IMA402 Monotherapy (n=107)

Treatment-related AEs, n (%) ^a	All Grades	≥ Grade 3
Lymphopenia	46 (43)	36 (34)
Cytokine release syndrome	41 (38)	2 (2)
Arthralgia	35 (33)	2 (2)
Fatigue	29 (27)	0
ALT/AST increased	20 (19)	10 (9)
Pyrexia	17 (16)	0
Myalgia	16 (15)	1 (1)
Pruritus	16 (15)	0
Anemia	14 (13)	4 (4)
Rash	14 (13)	0
Gamma-glutamyltransferase increased	11 (10)	3 (3)
Nausea	10 (9)	1 (1)
Lipase increased	9 (8)	4 (4)
Abdominal pain	9 (8)	1 (1)
Diarrhea	8 (7)	0
Hypertension	4 (4)	3 (3)
Leukopenia	4 (4)	1 (1)
Vomiting	4 (4)	1 (1)
Neutropenia	2 (2)	2 (2)
Back pain	2 (2)	1 (1)
Blood creatinine increased	2 (2)	1 (1)
Pancreatitis	2 (2)	1 (1)
Stomatitis	2 (2)	1 (1)
Tumor pain	2 (2)	1 (1)
Urinary tract disorder	2 (2)	1 (1)
Acute kidney injury	1 (1)	1 (1)
Electrocardiogram abnormal	1 (1)	1 (1)
Herpes zoster	1 (1)	1 (1)
Immune-mediated arthritis	1 (1)	1 (1)
Liver function test increased	1 (1)	1 (1)
Tumour lysis syndrome	1 (1)	1 (1)

IMA402 + Pembrolizumab (n=19)^b

Treatment-related AEs, n (%) ^b	All Grades	≥ Grade 3
Lymphopenia	10 (53)	8 (42)
Arthralgia	7 (37)	0
Cytokine release syndrome	5 (26)	0
Fatigue	3 (16)	1 (5)
ALT/AST increased	3 (16)	0
Anemia	3 (16)	0
Erythema	3 (16)	0
Arthropathy	2 (11)	0
Dry skin	2 (11)	0
Headache	2 (11)	0
Pruritus	2 (11)	0
Rash	2 (11)	0
Gamma-glutamyltransferase increased	1 (5)	1 (5)
Alopecia	1 (5)	0
Atrial fibrillation	1 (5)	0
Blood creatinine increased	1 (5)	0
Blood thyroid stimulating hormone decreased	1 (5)	0
Body temperature increased	1 (5)	0
Decreased appetite	1 (5)	0
Diarrhea	1 (5)	0
Dysgeusia	1 (5)	0
Herpes simplex reactivation	1 (5)	0
Hyponatraemia	1 (5)	0
Myalgia	1 (5)	0
Oedema	1 (5)	0
Oedema peripheral	1 (5)	0
Pyrexia	1 (5)	0
Thrombocytopenia	1 (5)	0
Tumour pain	1 (5)	0
Uveitis	1 (5)	0

^a TRAEs: All treatment-emergent adverse events at least possibly related to IMA402 with grade 1-2 occurring in at least 8 patients for monotherapy (incidence ≥7%), and all events with grade ≥3. One uncoded grade 1 AE ("spotting") is not included. Abdominal pain includes "Abdominal Pain" and "Abdominal Pain Upper"; Adverse events are coded using the MedDRA Version 26.0. Grades are determined according to National Cancer Institute CTCAE, version 5.0, except grades for cytokine release syndrome and Immune cell-associated neurotoxicity syndrome are determined according to Lee et al., 2019; Neelapu et al., 2019 and tumor lysis syndrome which is determined according to Cairo and Bishop, 2004. Patients are counted only once per adverse event. ^b Out of 19 patients treated with IMA402 + pembrolizumab, 3 have ongoing early step dosing and did not yet reach their target dose and 6 did not have the opportunity of at least 3 months of follow-up. Of the remaining 10 patients, 3 were treated with IMA402 below 10 mg, 2 were PRAME negative, and 1 had LDH >1.5x ULN. ALT, alanine aminotransferase; AST, aspartate aminotransferase.

Data cutoff Jun 1, 2026

Safety Profile of the Efficacy Population

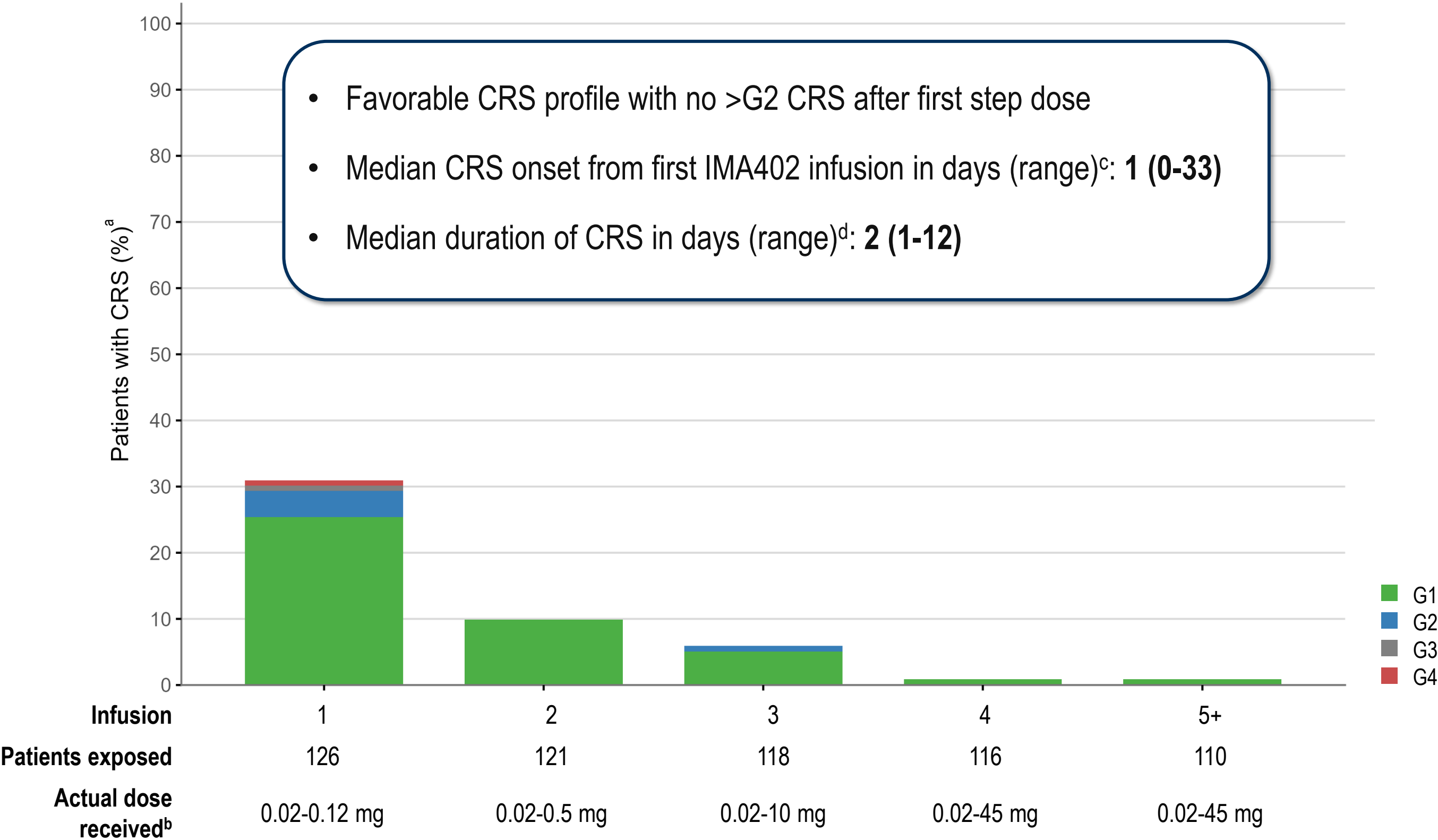
IMA402 Efficacy Population ± Pembrolizumab (n=40)

Treatment-related AEs, n (%) ^a	All Grades	≥ Grade 3
Lymphopenia	19 (48)	16 (40)
Arthralgia	17 (43)	1 (3)
Cytokine release syndrome	15 (38)	0
Fatigue	14 (35)	1 (3)
ALT/AST increased	11 (28)	4 (10)
Myalgia	9 (23)	0
Gamma-glutamyltransferase increased	8 (20)	2 (5)
Anemia	7 (18)	1 (3)
Lipase increased	6 (15)	3 (8)
Amylase increased	6 (15)	0
Pruritus	6 (15)	0
Blood alkaline phosphatase increased	5 (13)	0
Diarrhea	5 (13)	0
Erythema	5 (13)	0
Pyrexia	5 (13)	0
Leukopenia	2 (5)	1 (3)
Back pain	1 (3)	1 (3)
Herpes zoster	1 (3)	1 (3)
Hypertension	1 (3)	1 (3)
Liver function test increased	1 (3)	1 (3)
Pancreatitis	1 (3)	1 (3)

^a TRAEs: All treatment-emergent adverse events at least possibly related to IMA402 with grade 1-2 occurring in at least 4 patients (incidence ≥10%), and all events with grade ≥3. One uncoded grade 1 AE ("spotting") is not included. Adverse events are coded using the MedDRA Version 26.0. Grades are determined according to National Cancer Institute CTCAE, version 5.0, except grades for cytokine release syndrome and Immune cell-associated neurotoxicity syndrome are determined to Lee et al., 2019; Neelapu et al., 2019 and tumor lysis syndrome which is determined according to Cairo and Bishop, 2004. Patients are counted only once per adverse event.. ALT, alanine aminotransferase; AST, aspartate aminotransferase.

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CRS Dynamics

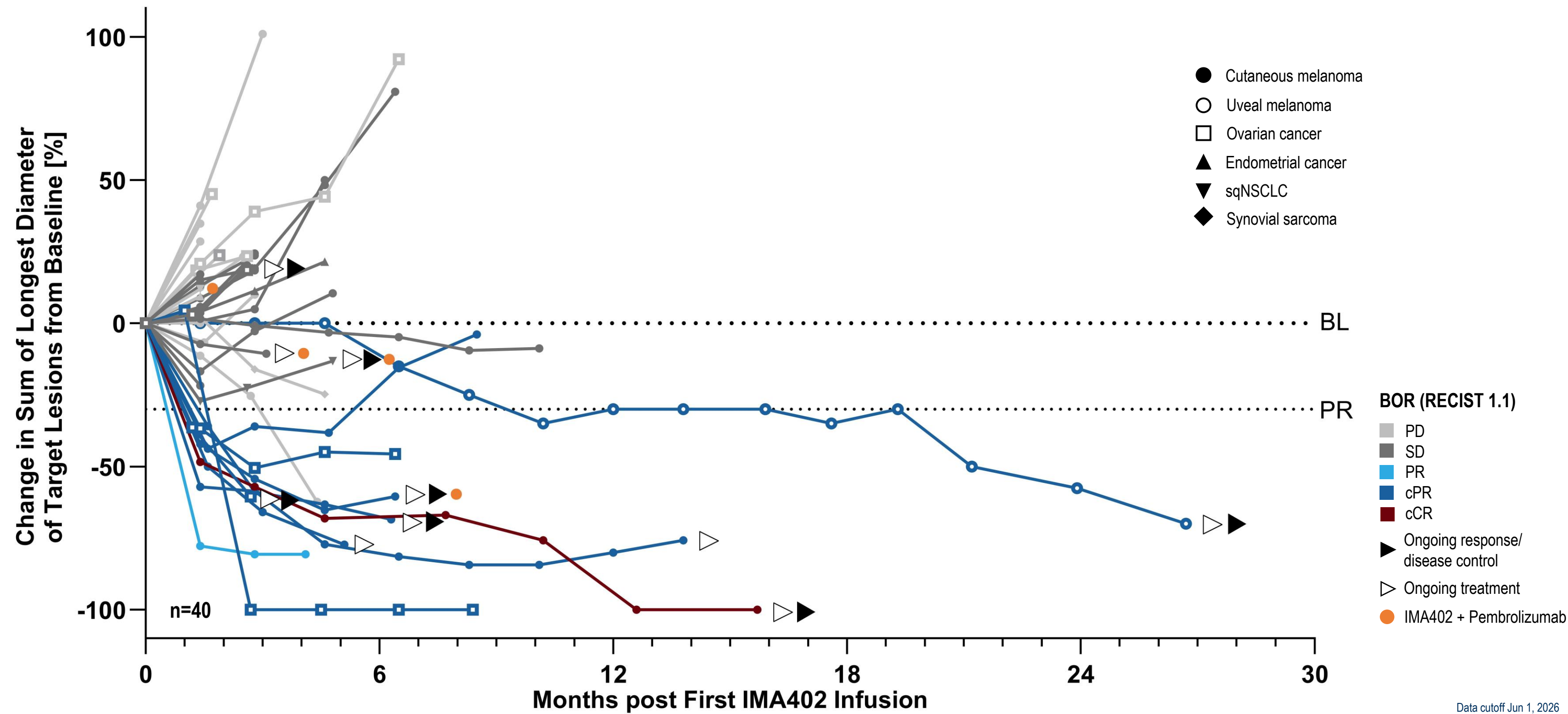


Overall maximum CRS grade and interventions	
IMA402 safety population, n (%)	126
Any grade CRS	46 (37)
Grade 1	38 (30)
Grade 2	6 (5)
Grade 3 ^e	1 (1)
Grade 4 ^e	1 (1)
Received tocilizumab and/or steroids	14 (11)
Tocilizumab only	6 (5)
Steroids only	4 (3)
Tocilizumab and Steroids	4 (3)

^a Plot shows adverse events with onset during the specified infusion. ^b Step dosing was introduced during dose escalation at a dose of 0.36 mg. Optimized step dosing is now at 0.03 mg/0.3 mg/ 10 mg/target dose. ^c Onset per CRS event (n=64), recurrent events analyzed separately. ^d Duration per resolved CRS events at data cutoff (n=63), recurrent events analyzed separately. ^e 1 CRS G3 event at 0.03 mg starting dose only, completely resolved within 7d; 1 CRS G4 event at 0.08 mg starting dose only, no further CRS G4 events after step dose optimization. CRS, cytokine release syndrome.

Data cutoff Jun 1, 2026

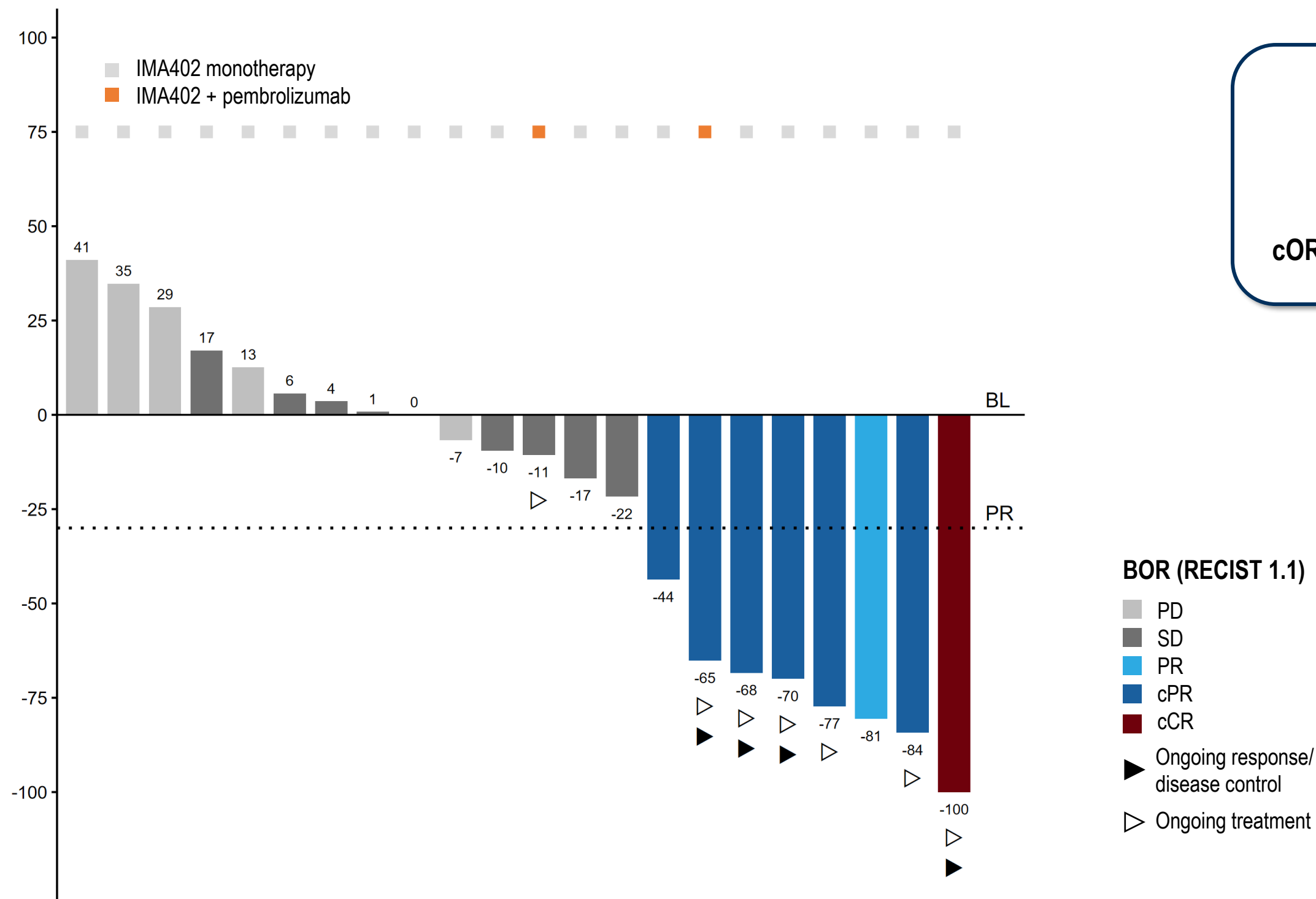
Durability of IMA402 ± Pembrolizumab Across All Indications in Efficacy Population



BOR, best overall response; BL, baseline; cCR, confirmed complete response; PD, progressive disease; (c)PR, (confirmed) partial response; SD, stable disease; sqNSCLC, squamous non-small cell lung cancer.

Responses to IMA402 ± Pembrolizumab in PRAME^{high} Melanoma

All patients with melanoma in the efficacy population received prior ICI (n=22)



Melanoma			
	IMA402 ± Pembrolizumab (n=22)	IMA402 Monotherapy (n=20)	IMA402 + Pembrolizumab (n=2)
cORR	32% (7/22)	30% (6/20)	1/2

BOR, best overall response; BL, baseline; cCR, confirmed complete response; cORR, confirmed objective response rate; ICI, immune checkpoint inhibitor; PD, progressive disease; (c)PR, (confirmed) partial response; RP2D, recommended phase 2 dose; SD, stable disease.

Data cutoff Jun 1, 2026

Promising Initial PFS and OS in PRAME^{high} Melanoma (n=22)

Initial survival data indicate promising overall survival across all treatment outcomes

Median PFS

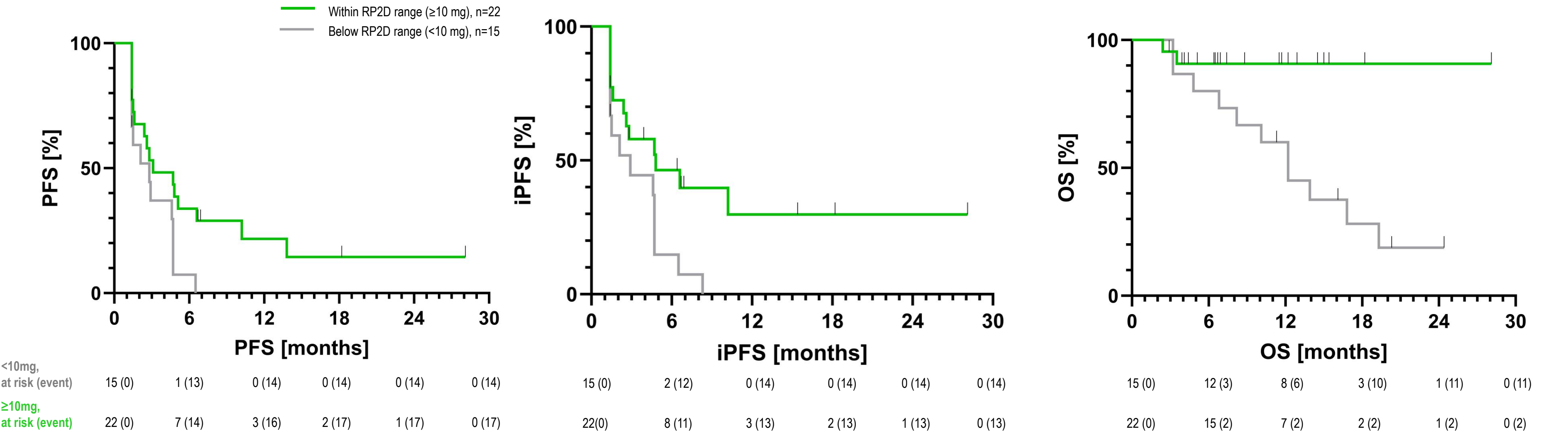
mPFS (mo)	3.1
mFU (mo)	18.2
6mo-PFS rate	34%

Median iPFS^a

miPFS (mo)	4.8
mFU (mo)	6.9
6mo-iPFS rate	46%

Median OS

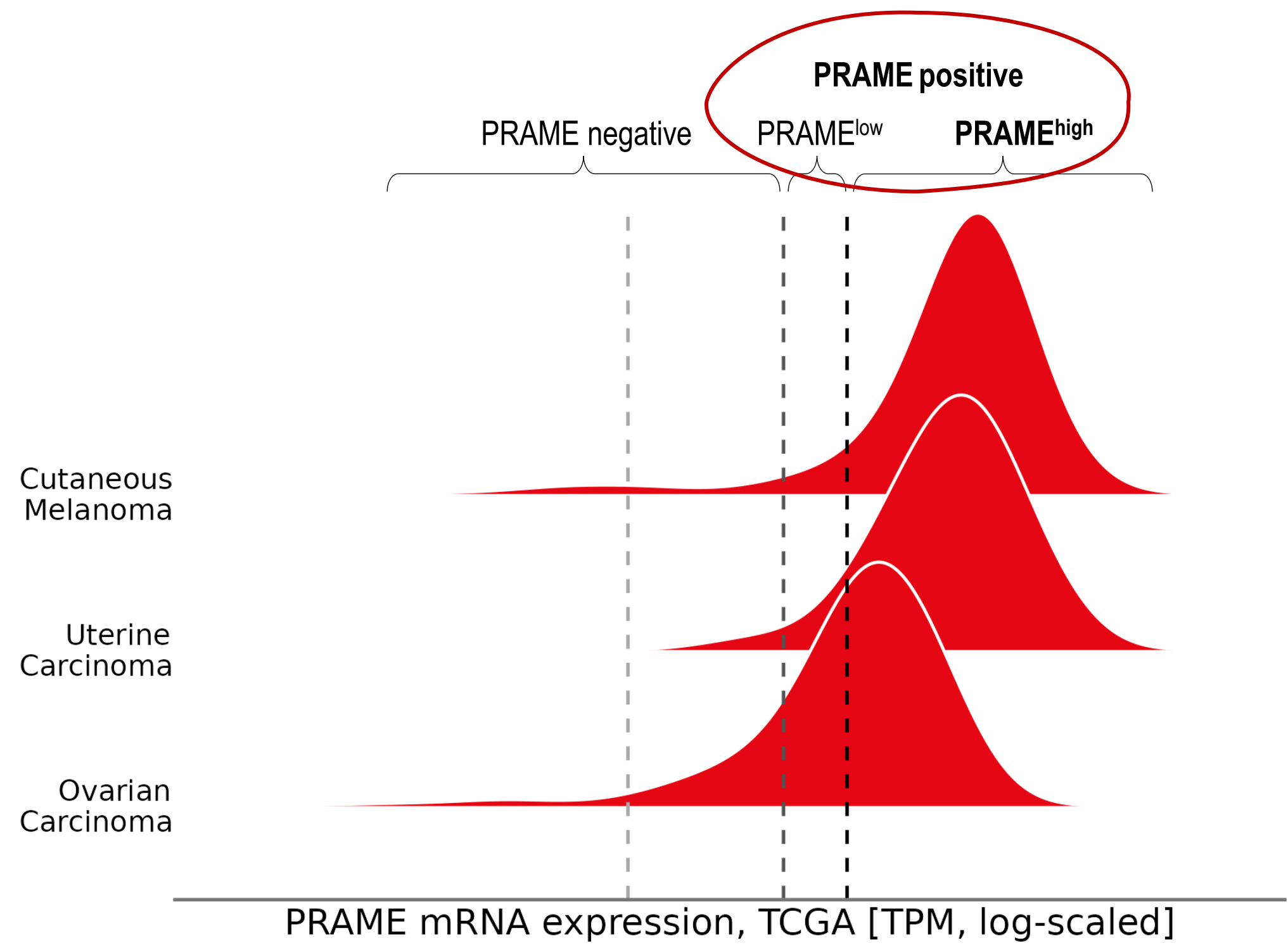
mOS (mo)	Not reached
mFU (mo)	8.8
1y-OS rate	91%



^a iRECIST, developed by the RECIST Working Group, adapts RECIST 1.1 definition for progression for immunotherapies by introducing unconfirmed (iUPD) and confirmed (iCPD) progression to account for atypical response patterns. Patients with iUPD not confirmed at a subsequent scan but turning into SD or response are not considered progressive according to iRECIST. PFS (according to RECIST 1.1) and iPFS (according to iRECIST), are prospectively defined co-secondary endpoints in the IMA402 trial protocol to provide a balanced view of efficacy. Ongoing patients were censored at the data cutoff for PFS, iPFS and OS; PFS, iPFS and OS rates were calculated using the Kaplan–Meier method. mFU, median follow up; mOS, median overall survival; mPFS, median progression-free survival; RP2D, recommended phase 2 dose; SD, stable disease.

Data cutoff Jun 1, 2026

PRAME Prevalences in Selected Indications



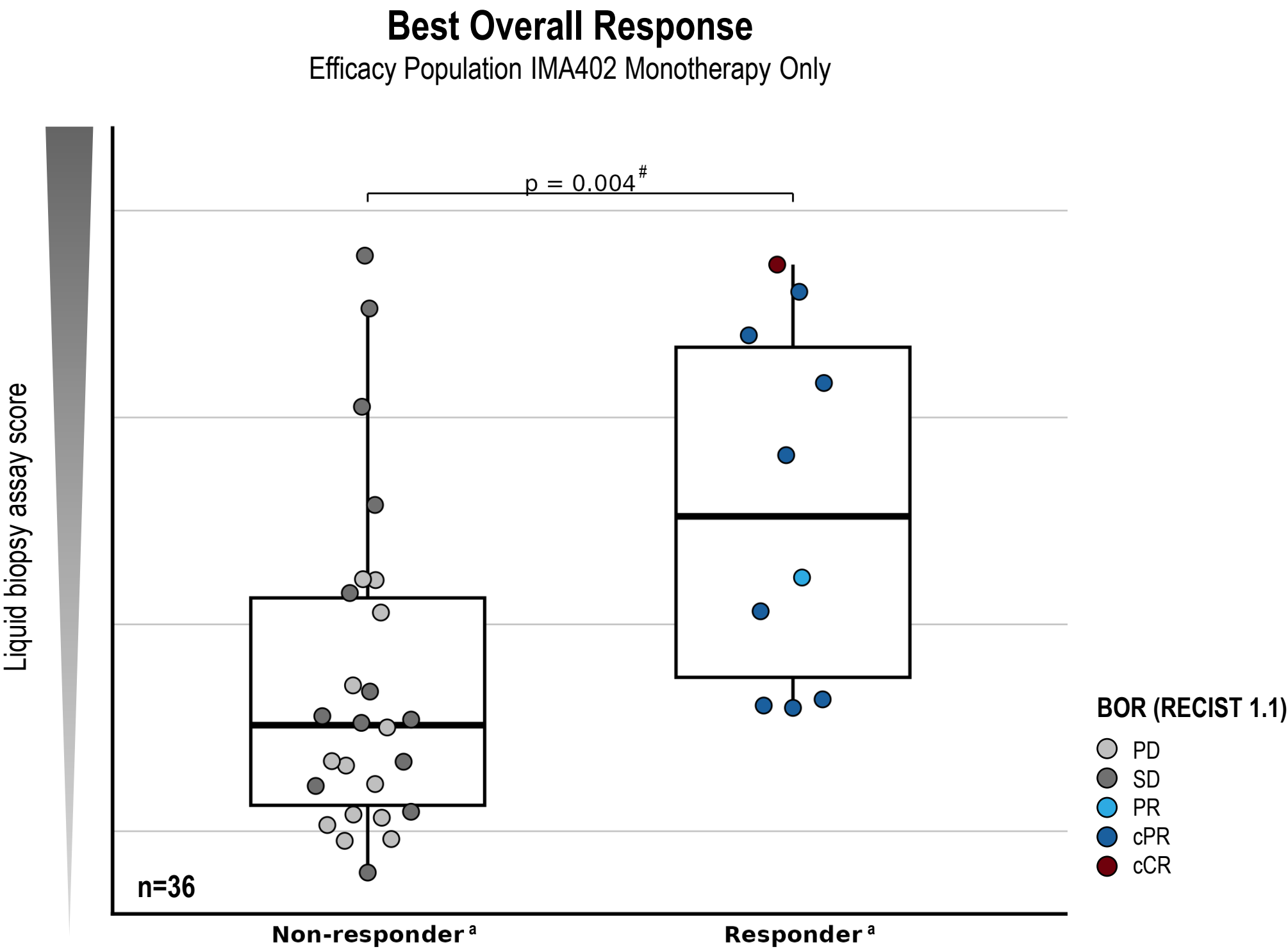
Indication	PRAME positive TCGA ^a	PRAME ^{high} TCGA	PRAME ^{high} based on actual in-house data
Cutaneous melanoma	95%	92%	>80% (n=136)
Uterine carcinoma	97%	95%	60%-95% (n=15)
Ovarian carcinoma	84%	64%	~60% (n=50)

^a Data on file: PRAME target prevalence is based on TCGA RNAseq analysis using proprietary mass spec-guided initial expression threshold.
TCGA, The Cancer Genome Atlas.

Data cutoff Jun 1, 2026

Outlook: Liquid Biopsy for Patient Selection

- Proprietary liquid biopsy assay for patient selection
- Few millilitres of blood sufficient
- Fast, sensitive and reliable detection of PRAME in blood
- Representative PRAME levels across all tumor lesions prior to treatment start



^a Non-responder: PD, SD. Responder: PR, cPR, cCR. [#] Mann-Whitney U test
cCR, confirmed complete response; (c)PR, (confirmed) partial response; PD, progressive disease; SD, stable disease.

Data cutoff Jun 1, 2026

Outlook: Decitabine as Potential PRAME Enhancer for Combination with IMA402

Pharmacologic upregulation of PRAME

Rationale:

Based on literature

- Increased PRAME expression and pHLA presentation
- Induction of type I IFN
 - Leading to HLA upregulation and modulation of tumor microenvironment
- Effects described in different indications

Selected Publications

Gutierrez-Cosío S, et al. *Leuk Res.* 2012;36(7)895-899

Gang AO, et al. *Blood Cancer J.* 2014;4(3):e197

Zhang W, et al. *Oncotarget.* 2016;7(29):45352-45369

Yao Y, et al. *PLoS One.* 2013;8(8):e70522

Topper MJ, et al. *Cell.* 2017;171(6):1284-1300

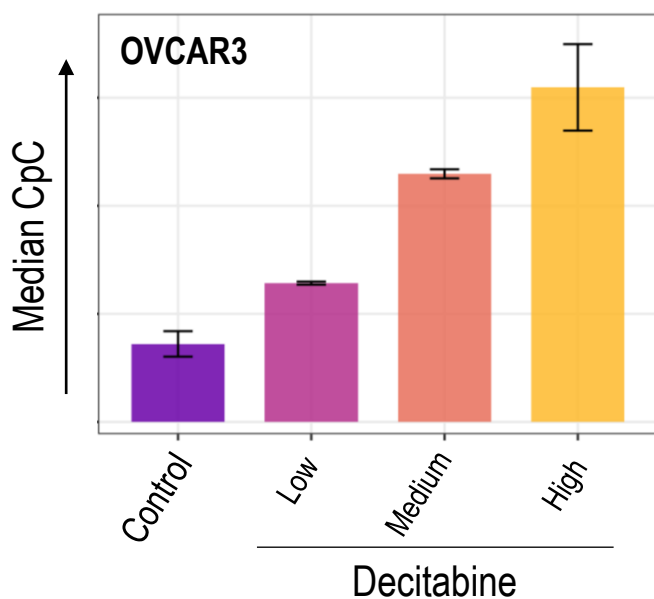
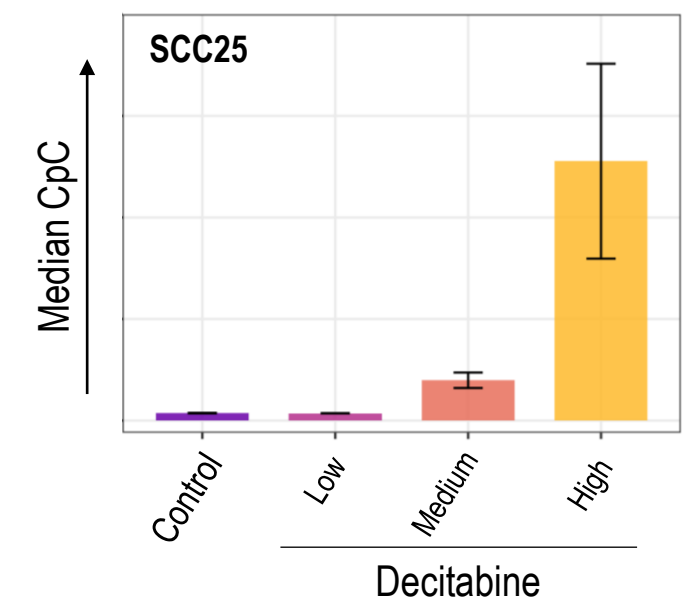
Goyal A, et al. *Nat Commun.* 2023;14(1):6731

Ortmann CA, et al. *Ann Hematol.* 2008;87(19):809-818

Stone ML, et al. *Proc Natl Acad Sci U S A.* 2017;114(51)

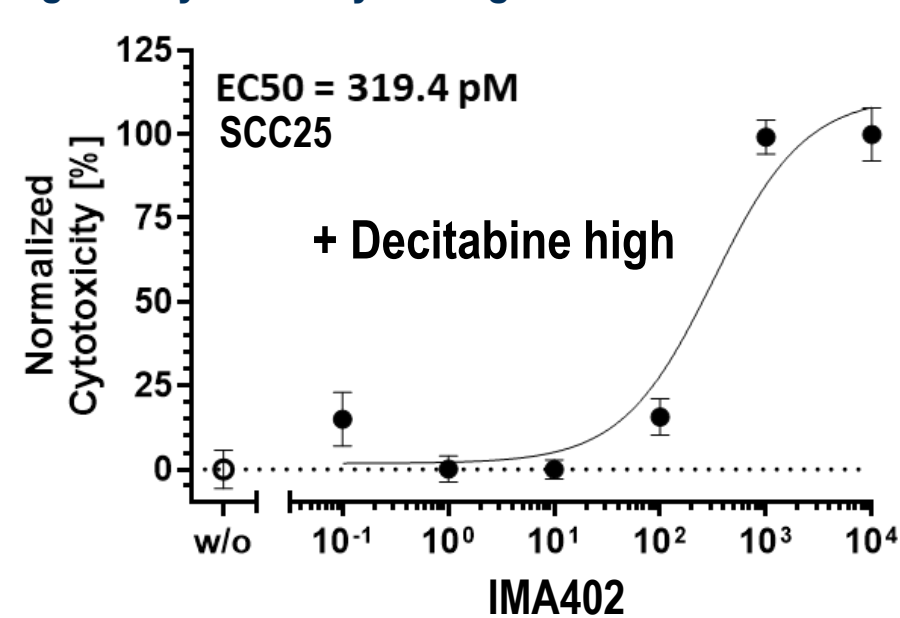
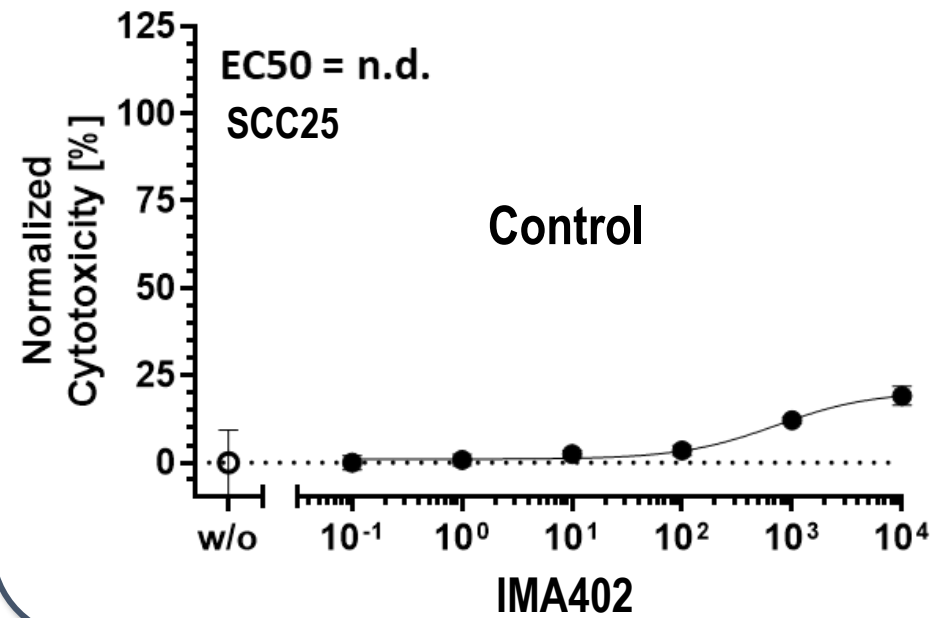
Chiappinelli KB et al. *Cell.* 2015;162(5):974–986

Based on preclinical data^a



Decitabine increases PRAME copy numbers per cell

Decitabine enables PRAME targeted cytotoxicity through IMA402



^a Data on file. SCC25: epithelial-like squamous cell carcinoma cell line. OVCAR3: Ovarian carcinoma cell line. CpC, copy number per tumor cell; EC50=n.d., half maximal effective concentration not determined; IFN, interferon

Data cutoff Jun 1, 2026

Clinical Responses in PRAME^{high} Efficacy Population

Indication	No of prior treatment lines	List of prior treatment lines	Highest dose received [mg]	Baseline tumor burden [cm] ^a	BOR (RECIST 1.1)	BOR [max % change of target lesions]	PFS [months]	Ongoing treatment
Cutaneous melanoma	3	Nivolumab Ipilimumab + nivolumab Lenvatinib + pembrolizumab	20	8.97	cCR	-100	18.2 (ongoing)	Yes
Ovarian carcinoma	3	Bevacizumab + chemotherapy (carboplatin, paclitaxel) Chemotherapy (carboplatin, pegylated liposomal doxorubicin, mitoxantron) Chemotherapy (carboplatin, cisplatin)	21.5	2.2	cPR	-100	8.4	No
Cutaneous melanoma	4	Pembrolizumab Ipilimumab + nivolumab Chemotherapy (dacarbazine) Ipilimumab + nivolumab	30	7.0	cPR	-84.3	13.8	Yes
Cutaneous melanoma	2	Ipilimumab + nivolumab Lenvatinib + pembrolizumab	30	4.4	cPR	-77.3	5.1	Yes
Uveal melanoma	3	Ipilimumab + nivolumab Nivolumab Tebentafusp	30	4.0	cPR	-70	28.1 (ongoing)	Yes
Cutaneous melanoma	3	Nivolumab Nivolumab Ipilimumab + nivolumab	12	9.6	cPR	-68.4	6.7 (ongoing)	Yes
Cutaneous melanoma	5	Nivolumab Ipilimumab + nivolumab Nivolumab ^b Chemotherapy (dacarbazine) Pembrolizumab	10 + pembrolizumab	10.0	cPR	-65.2	6.9 (ongoing)	Yes
Ovarian carcinoma	2	Bevacizumab + niraparib + chemotherapy (carboplatin, paclitaxel) Mirvetuximab soravtansine	45	13.5	cPR	-60.4	3.5 (ongoing)	Yes
Ovarian carcinoma	3	Bevacizumab + olaparib + chemotherapy (carboplatin, paclitaxel) Niraparib + chemotherapy (carboplatin, doxorubicin/caelyx) Chemotherapy (cisplatin, gemcitabine)	30	9.5	cPR	-50.5	4.6	No

^a Median target lesion sum of diameter. ^b Bridging therapy.
BOR, best overall response; cCR, confirmed complete response; PFS, progression-free survival; cPR, confirmed partial response.

Data cutoff Jun 1, 2026

Clinical Responses in PRAME^{high} Efficacy Population

Indication	No of prior treatment lines	List of prior treatment lines	Highest dose received [mg]	Baseline tumor burden [cm] ^a	BOR (RECIST 1.1)	BOR [max % change of target lesions]	PFS [months]	Ongoing treatment
Cutaneous melanoma	3	IFN α Nivolumab Ipilimumab + nivolumab	30	5.4	cPR	-43.7	6.6	No
Cutaneous melanoma	3	Nivolumab Trametinib + dabrafenib Ipilimumab + nivolumab	30	3.1	PR	-80.6	2.8	No
Cutaneous melanoma	6	IFN α Ipilimumab + nivolumab Dabrafenib + trametinib Ipilimumab + nivolumab Chemotherapy (darcabacin) ^b Encorafenib + Binimetinib	30	17.5	SD	-21.7	1.4 (censored)	No
Cutaneous melanoma	3	Nivolumab Ipilimumab + nivolumab Lenvatinib + pembrolizumab	30	7.5	SD	-16.8	4.8	No
Cutaneous melanoma	1	Pembrolizumab + T-VEC + IL2	20 + pembrolizumab	1.5	SD	-10.6	3.1	Yes
Cutaneous melanoma	3	Pembrolizumab Ipilimumab + nivolumab TIL + Cy/Flu lymphodepletion	30	12.6	SD	-9.5	10.2	No
Cutaneous melanoma	4	Relatlimab + nivolumab Binimetinib + encorafenib Ipilimumab + nivolumab Dabrafenib + trametinib	12	6.0	PD	-6.7	1.5	No
Cutaneous melanoma	3	Pembrolizumab Ipilimumab + nivolumab Chemotherapy (darcabacin)	30	12.2	SD	0.8	4.6	No

^a Median target lesion sum of diameter. ^b Bridging therapy.
BOR, best overall response; PFS, progression-free survival; (c)PR, (confirmed) partial response; SD, stable disease; T-VEC, talimogene laherparepvec; TIL, tumor-infiltrating lymphocyte.

Data cutoff Jun 1, 2026

Clinical Responses in PRAME^{high} Efficacy Population

Indication	No of prior treatment lines	List of prior treatment lines	Highest dose received [mg]	Baseline tumor burden [cm] ^a	BOR (RECIST 1.1)	BOR [max % change of target lesions]	PFS [months]	Ongoing treatment
Ovarian carcinoma	2	Olaparib + megace + chemotherapy (carboplatin, paclitaxel) Chemotherapy (doxorubicin, carboplatin, paclitaxel)	30	9.7	SD	3.1	2.6	No
Endometrioid carcinoma	5	Olaratumab + chemotherapy (doxorubicin) Chemotherapy (paclitaxel, carboplatin) Pembrolizumab Trastuzumab – deruxtecan Chemotherapy (paclitaxel)	20	6.8	SD	3.5	4.7	No
Cutaneous melanoma	4	Talimogen-laherparepvec + nivolumab Ipilimumab + nivolumab + chemotherapy (bleomycin) Ipilimumab + nivolumab + daroumun Ipilimumab + nivolumab	45	8.4	SD	3.6	2.6	No
Cutaneous melanoma	4	Pembrolizumab Ipilimumab + nivolumab IL2 Chemotherapy (dacarbazine)	30	8.7	SD	5.7	2.4	No
Cutaneous melanoma	2	Nivolumab Ipilimumab + nivolumab	30	19.4	SD	17.1	1.6	No
Synovial sarcoma	1	Chemotherapy (doxorubicin, isosfamide)	12	13.7	PD	-24.8	1.4	No
Cutaneous melanoma	3	Ipilimumab + nivoulamb Nivolumab IL2 + chemotherapy (cyclophosphamide, fludarabine)	20	2.1	PD	0	1.4	No
Endometrioid carcinoma	3	Chemotherapy (carboplatin, paclitaxel) Chemotherapy (carboplatin, paclitaxel) Lenvatinib + pembrolizumab	20	3.2	PD	9.4	1.4	No
Cutaneous melanoma	4	Nivolumab Trametinib + dabrafenib Nivolumab Ipilimumab + nivolumab	30	9.5	PD	12.6	1.4	No

^a Median target lesion sum of diameter.
BOR, best overall response; PFS, progression-free survival; SD, stable disease; PD, progressive disease.

Data cutoff Jun 1, 2026

Clinical Responses in PRAME^{high} Efficacy Population

Indication	No of prior treatment lines	List of prior treatment lines	Highest dose received [mg]	Baseline tumor burden [cm] ^a	BOR (RECIST 1.1)	BOR [max % change of target lesions]	PFS [months]	Ongoing treatment
Ovarian carcinoma	4	Durvalumab + bevacizumab + olaparib + chemotherapy (carboplatin, paclitaxel) Chemotherapy (carboplatin, gemcitabine) Chemotherapy (carboplatin, pegylated liposomal doxorubicin) Raludotatug + chemotherapy (paclitaxel)	20	7.7	PD	20.8	1.4	No
Ovarian carcinoma	3	Bevacizumab + olaparib + chemotherapy (paclitaxel, carboplatin) Chemotherapy (carboplatin, pegylated liposomal doxorubicin) Mirvetuximab-soravtansine	30	10.5	PD	23.8	0.7	No
Cutaneous melanoma	1	Ipilimumab + nivolumab	30	11.2	PD	28.6	1.4	Yes
Cutaneous melanoma	4	Encorafenib + binimetinib Ipilimumab + nivolumab Ipilimumab + nivolumab Encorafenib + binimetinib	45	6.9	PD	34.8	1.4	No
Cutaneous melanoma	2	Pembrolizumab + IO102-103 Encorafenib + binimetinib	20	2.1	PD	41.1	1.4	No

^a Median target lesion sum of diameter.
BOR, best overall response; PFS, progression-free survival; SD, stable disease; PD, progressive disease.

Data cutoff Jun 1, 2026