

A photograph of four diverse women laughing and holding yoga mats outdoors. The image is overlaid with a semi-transparent blue filter. The women are dressed in athletic wear, and the background shows trees and foliage.

TARGET A BETTER NOW

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immun•gen

November 2023

Nasdaq: IMGN

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## FORWARD-LOOKING STATEMENTS

This presentation includes forward-looking statements regarding ImmunoGen's current expectations related to the commercialization of ELAHERE® (mirvetuximab soravtansine-gynx); the design and potential success of mirvetuximab soravtansine, pivekimab sunirine, IMG936, and IMG151 clinical trials and regulatory pathways, including the timing of initiating and receiving data from, as well as the likelihood of success of, the trials for these product candidates; the potential full approval of ELAHERE in the US, the outcome of the submissions of a Marketing Authorization Application for ELAHERE in Europe, and the regulatory approval of ELAHERE in China; the potential of ELAHERE to become the standard of care and the combination agent of choice in ovarian cancer; the potential clinical benefits of pivekimab in BPDCN and AML and the potential for regulatory approval of pivekimab; the market opportunities for the Company's development programs; the Company's business and product development strategies, including the Company's expected cash position; and potential future collaborations. Various factors could cause ImmunoGen's actual results to differ materially from those discussed or implied in the forward-looking statements, and you are cautioned not to place undue reliance on these forward-looking statements, which are current only as of the date of this presentation. We undertake no obligation to update or revise any of these forward-looking statements. Factors that could cause future results to differ materially from such expectations include, but are not limited to: that top-line data may change as more patient data become available and are subject to audit and verification procedures; the difficulties inherent in the development of novel biopharmaceuticals; the results of the MIRASOL trial may fail to support full approval of ELAHERE and, if so, additional studies may be required; the risks and uncertainties inherent in the Company's development programs, including its preclinical and clinical studies and regulatory processes, their timing, expense, and results as well as the possibility that studies of the Company's development programs fail to confirm the hypotheses suggested by exploratory analyses or fail to satisfy the requirements for approval by one or more regulatory agencies; the Company's ability to financially support its development programs; additional market research and sources that may cause the Company's expectations of future market opportunities for its development programs to change; the risk that we may not be able to obtain adequate reimbursement for any approved products, including the potential for delays or additional difficulties for ELAHERE in light of the FDA granting accelerated approval; the successful execution of our collaborations and our partners' development and commercialization processes. A review of these and other risks can be found in the "risk factors" set forth in the Company's Annual Report on Form 10-K filed with the Securities and Exchange Commission (SEC) on March 1, 2023, the Company's Quarterly Report on Form 10-Q filed with the SEC on April 28, 2023, July 31, 2023, and November 2, 2023, and other reports filed with the SEC and available at [www.sec.gov](http://www.sec.gov) and on our website at [www.ImmunoGen.com](http://www.ImmunoGen.com).

# ABOUT IMMUNOGEN

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TARGET A BETTER NOW

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**immunogen**

A FULLY-INTEGRATED  
ONCOLOGY COMPANY

A Leader in the Research and Development of  
ADCs with 40+ Years of Expertise

First Independent Commercial Launch in 2022  
with Significant Near-Term Expansion Potential

Clinical Pipeline of Novel ADCs for Solid Tumors  
and Hematologic Malignancies

Experienced Leadership Team and  
Expected Cash Runway to Fund Operations for  
More than 2 years\*

ADC: antibody-drug conjugate

ImmunoGen technology has produced three approved products: KADCYLA® (Roche/Genentech), SARCLISA® (Sanofi) and ELAHERE® (ImmunoGen)'

As of September 30, 2023, the Company had \$605.5 million in cash and cash equivalents.

\*As of November 2, 2023, the Company expects that its existing cash and cash equivalents, together with anticipated future product and collaboration revenues, will fund operations for more than two years.

# STRATEGIC PRIORITIES

DEVELOPING AND COMMERCIALIZING ADCs TO IMPROVE OUTCOMES FOR CANCER PATIENTS

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## LAUNCH ELAHERE

Establish first-in-class ADC as the standard of care for FR $\alpha$ -positive platinum-resistant ovarian cancer

## EXPAND ELAHERE LABEL

Pursue opportunities to move into platinum-sensitive disease

## ADVANCE PORTFOLIO

of earlier stage ADCs: Pivekimab in BPDCN and AML; IMGC936 in ADAM-9 positive solid tumors; IMGN151 in FR $\alpha$ -positive solid tumors

## FURTHER EXPAND

capabilities through drug discovery and development partnerships

# VALUE CREATION OPPORTUNITIES IN 2023

## ESTABLISH ELAHERE AS THE STANDARD OF CARE IN FR $\alpha$ POSITIVE OVARIAN CANCER

- Continue to drive and expand commercial uptake in the platinum-resistant setting
- Reported positive data from the Phase 3 MIRASOL confirmatory trial and presented results in a late-breaking oral session at ASCO; sBLA submitted to support full US approval, MAA accepted to support initial EU approval, and NDA accepted to support China approval
- Presented subset analyses on prior PARPi exposure and prior lines of therapy from the Phase 3 MIRASOL trial at ESGO
- Move into platinum-sensitive disease; PICCOLO met primary endpoint based on an interim assessment for efficacy - ORR of at least 48% is expected when full data are reported in mid-2024

## DEVELOP PIVEKIMAB TO ADDRESS UNMET NEED IN BPDCN AND AML

- Presented interim analysis from the Phase 2 CADENZA trial at the EHA; completed enrollment in pivotal frontline *de novo* BPDCN cohort in the CADENZA trial
- Completed enrollment in the initial frontline AML expansion cohorts with the goal of optimizing the duration of venetoclax therapy; report data from these cohorts at ASH in December

## ADVANCE EARLIER-STAGE PIPELINE

- IMGC936: Potential first-in-class ADAM9-targeting ADC; Phase 1 dose escalation complete; provide update on NSCLC cohort following a prespecified interim analysis
- IMGN151: Continue dose escalation for next generation FR $\alpha$  targeting ADC to build upon ELAHERE franchise

# ELAHERE

ACCELERATED APPROVAL GRANTED BY US FDA ON NOVEMBER 14, 2022



ELAHERE is indicated for the treatment of adult patients with folate receptor-alpha (FR $\alpha$ ) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens.

*This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.*

First and only ADC approved in ovarian cancer

First new therapeutic option approved specifically for platinum-resistant ovarian cancer since 2014

First product independently developed and commercialized by ImmunoGen; marked transition to a fully-integrated oncology company

Broader mirvetuximab development program to support potential label expansion into platinum-sensitive disease

### POSITIVE TOP-LINE DATA

**Mirvetuximab  
Statistically Significantly  
Improved OS, PFS,  
and ORR**

**First Therapy to  
Demonstrate an Overall  
Survival Benefit vs.  
Chemotherapy in a Ph3  
trial in PROC**

- **Mirvetuximab demonstrated statistically significant and clinically meaningful efficacy vs IC chemotherapy**
  - OS improvement with a 33% reduction in the risk of death
    - HR 0.67; P=0.0046; mOS 16.46 months vs 12.75 months IC chemotherapy
  - PFS improvement with a 35% reduction in risk of tumor progression or death
    - HR 0.65, p<0.0001; mPFS 5.62 months vs 3.98 months IC chemotherapy
  - 42.3% ORR nearly three-fold higher than 15.9% IC chemotherapy
    - 12 CRs (5.3%) with no CRs in the IC chemotherapy arm
- **Consistent safety profile of mirvetuximab comprised predominantly of low-grade ocular and gastrointestinal events. No new safety signals were identified. Compared with IC chemotherapy, mirvetuximab was associated with lower rates of:**
  - Grade 3 or greater TEAEs (42% vs 54%)
  - Serious TEAEs (24% vs 33%)
  - TEAEs leading to discontinuation of study drug (9% vs 16%)
- **MAA accepted by EMA and sBLA submitted to FDA in Q4 2023**

# ELAHERE DEVELOPMENT STRATEGY FOR GEOGRAPHIC AND LABEL EXPANSION

**Goal: Move into Platinum-Sensitive Disease and Become the Combination Agent of Choice in Ovarian Cancer**

## PHASE 3 RANDOMIZED CONFIRMATORY STUDY

- MIRASOL
- Phase 3 randomized trial for mirvetuximab in FR $\alpha$ -high patients with PROC
  - Enrollment completed mid-2022
  - Reported positive top-line data in early May 2023
  - Designed to support full approval in the US and EU

## MIRVETUXIMAB IN DEVELOPMENT FOR PSOC MONOTHERAPY

- PICCOLO
- Single-arm Phase 2 trial for mirvetuximab in FR $\alpha$ -high patients with PSOC
  - Enrollment completed Q1 2023
  - Reported primary endpoint was met based on an interim assessment of efficacy; ORR of at least 48% is expected when full data are reported in mid-2024

## MIRVETUXIMAB IN DEVELOPMENT FOR COMBINATION REGIMENS

- GLORIOSA MIRVETUXIMAB + BEVACIZUMAB
- Randomized Phase 3 trial for mirvetuximab + bevacizumab maintenance in FR $\alpha$ -high PSOC
  - Open for enrollment

- TRIAL 420 MIRVETUXIMAB + CARBOPLATIN
- Single-arm Phase 2 trial for mirvetuximab + carboplatin followed by mirvetuximab continuation in FR $\alpha$ -low, medium, and high patients with PSOC
  - Open for enrollment
  - Designed to inform a potential path to registration in recurrent PSOC

# ELAHERE LAUNCH IMPERATIVES

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Redefine expectations for positive treatment outcomes in ovarian cancer with ELAHERE

Support adoption of early FR $\alpha$  testing and establish standards for in-house and centralized testing

Seek broad payer access and reimbursement and deliver a seamless patient experience

Ensure a positive physician experience based on education and guidance for patient management

*GOAL: ESTABLISH ELAHERE AS THE STANDARD OF CARE IN FR $\alpha$  POSITIVE PATIENTS*

# ELAHERE COMMERCIAL UPDATE

## CONTINUED MOMENTUM IN Q3 2023

### Redefine expectations for positive treatment outcomes in ovarian cancer with ELAHERE

- Accelerated approval granted by FDA November 14, 2022
- First commercial patient dosed with ELAHERE December 1, 2022

#### In Q3 2023:

- \$105.2M in ELAHERE net sales
- ~70% of orders and ~65% of vials from non-academic setting, with ~30% of orders and ~35% of vials from academic accounts
- Significant percentage of accounts with repeat orders complemented by consistent new account generation

### Support adoption of early FR $\alpha$ testing and establish standards for in-house and centralized testing

- Market research indicates that over 80% of physicians are familiar with FR $\alpha$  testing.
- ~16,000\* FOLR1 tests performed LTD through September 30, 2023; significant % ordered for newly diagnosed ovarian cancer patients
- Additional institutional labs being certified to run CDx in-house
- FR $\alpha$  positivity rates of 35%-40%, consistent with clinical trial experience

### Seek broad payer access and reimbursement and deliver a seamless patient experience

- National and regional payers have included ELAHERE on coverage policies aligned to our indication
- Coverage policies in place for ~95% of both Medicare and Commercial lives through September 30, 2023
- Inclusion of ELAHERE monotherapy and in combination with bevacizumab in NCCN guidelines and compendium
- Negligible PAP utilization
- J-code available as of July 1

### Ensure a positive physician experience based on education and guidance for patient management

- Actively engaging with customers:
- Commercial field team has engaged ~95% of ~600 Tier 1 HCPs through September 30, 2023

#### Continued disease state and clinical trial education:

- Medical Affairs team continued robust engagement with Gynecologic Oncologists, Medical Oncologists, and other Healthcare Professional

Full suite of support materials available to patients, HCPs, oncologists, and eye care professionals

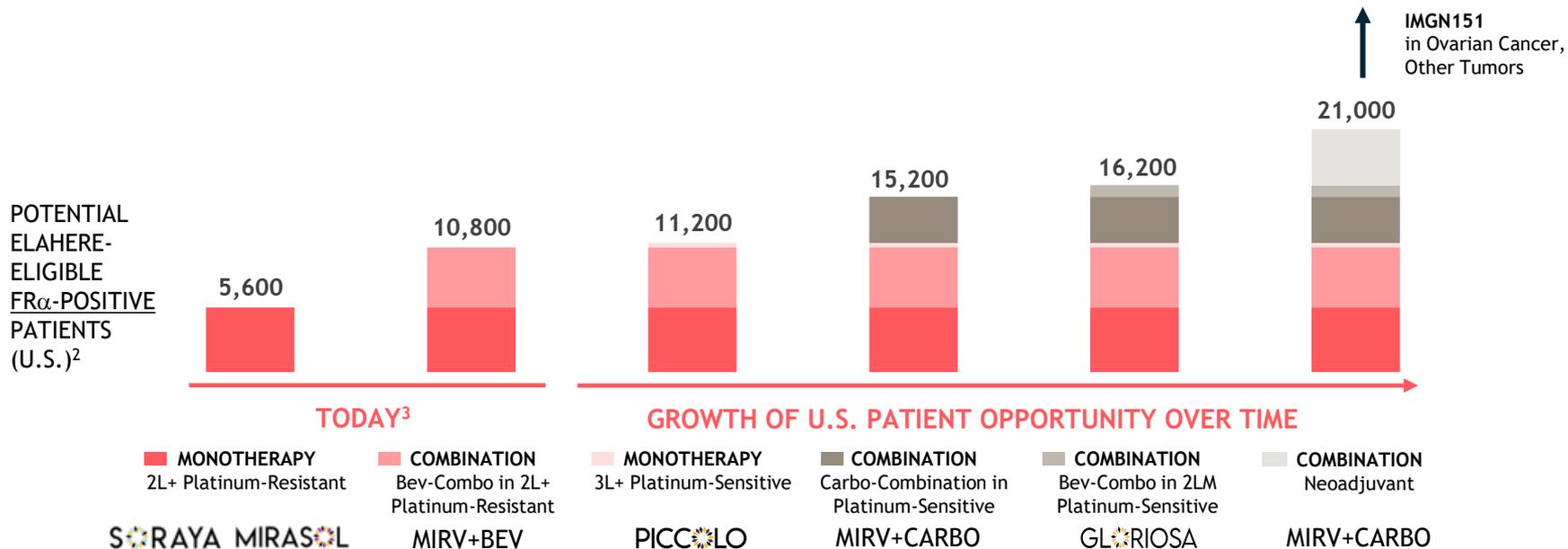
*CUSTOMER ENGAGEMENT MODEL SUCCESSFULLY ADDRESSING NEEDS OF THE MULTI-DISCIPLINARY TREATMENT TEAM*

# CURRENT GUIDELINES AND DEVELOPMENT PROGRAM TARGET HIGH PROPORTION OF OVARIAN CANCER PATIENTS

## OVARIAN CANCER IS THE LEADING CAUSE OF DEATH FROM GYNECOLOGICAL CANCERS

EACH YEAR, ~20,000 PATIENTS ARE DIAGNOSED, AND ~13,000 WILL DIE FROM OVARIAN CANCER IN THE UNITED STATES ALONE<sup>1</sup>

THERE ARE ~34,000 DRUG TREATABLE PATIENTS WITH RECURRENT OVARIAN CANCER IN THE UNITED STATES, WITH ~12K PLATINUM-SENSITIVE AND ~22K PLATINUM-RESISTANT



<sup>1</sup>NIH SEER Data: Estimated New Cases, 2022.

<sup>2</sup>Numbers represent Company estimates of U.S. patients with conditions covered by the Company's targeted indications and are dependent upon regulatory approvals; Source: IQVIA, DRG, Kantar Health.

<sup>3</sup>Numbers represent labeled indication and National Comprehensive Cancer Network (NCCN) guidelines and compendium; Combination and monotherapy use are included within NCCN guidelines and compendium.

Bev: bevacizumab; Carbo: carboplatin; FR $\alpha$ : folate receptor alpha; PROC: platinum-resistant ovarian cancer; PSOC: platinum-sensitive ovarian cancer

11 FR $\alpha$ -positive defined as  $\geq$  75% tumor cells staining with 2+ intensity (high expression) for all, in addition to FR $\alpha$ -low and FR $\alpha$ -medium (>25% 2+ staining) for MIRV+Bev combo in 2L+ PROC and FR $\alpha$ -medium (>50% 2+ staining) for MIRV+CARBO.

# ELAHERE GLOBAL COMMERCIALIZATION STRATEGY

## INDEPENDENTLY EXPAND TO EU AND UK

*Subject to EMA and MHRA Approval*

EU4  
and  
UK

Majority of European opportunity

Other  
EU11

Clustered approach levers reach

Rest  
of  
Europe

Covered by distributors specialised in CEE\*\* markets

## PARTNERED WITH HUADONG MEDICINE IN GREATER CHINA

*Subject to NMPA Approval*

In 2020, ImmunoGen and Huadong entered into a strategic collaboration to develop and commercialize ELAHERE in Greater China

- ImmunoGen received a \$40M upfront payment and is eligible to receive development, regulatory, and commercial milestone payments in aggregate of up to \$265M in addition to tiered royalties in the low double-digits to high teens
- Greater China includes mainland China, Hong Kong, Macau, and Taiwan
- NDA accepted in Q4 2023; Huadong Medicine planning for China approval by end of 2024

## PARTNERED WITH TAKEDA IN JAPAN

*Subject to PMDA Approval*

In 2023, ImmunoGen and Takeda entered into a strategic collaboration to develop and commercialize ELAHERE in Japan

- ImmunoGen received a \$23.2M upfront payment and is eligible to receive regulatory and commercial milestone payments in aggregate of up to ~\$135M in addition to tiered royalties in the low double-digits to mid-twenties

\*\*Central and Eastern Europe

Source: L.E.K. research, interviews and analysis

EMA: European Medicines Agency; MHRA: Medicines and Healthcare products Regulatory Agency; NDA: New Drug Application; NMPA: National Medical Products Administration; PMDA: Pharmaceuticals and Medical Devices Agency

<sup>1</sup> ¥3.4 billion (0.0068 exchange rate as of September 5, 2023); <sup>2</sup> ¥19.9 billion (0.0068 exchange rate as of August 25, 2023 - date agreement was executed)

# PIVEKIMAB SUNIRINE

(IMGN632)

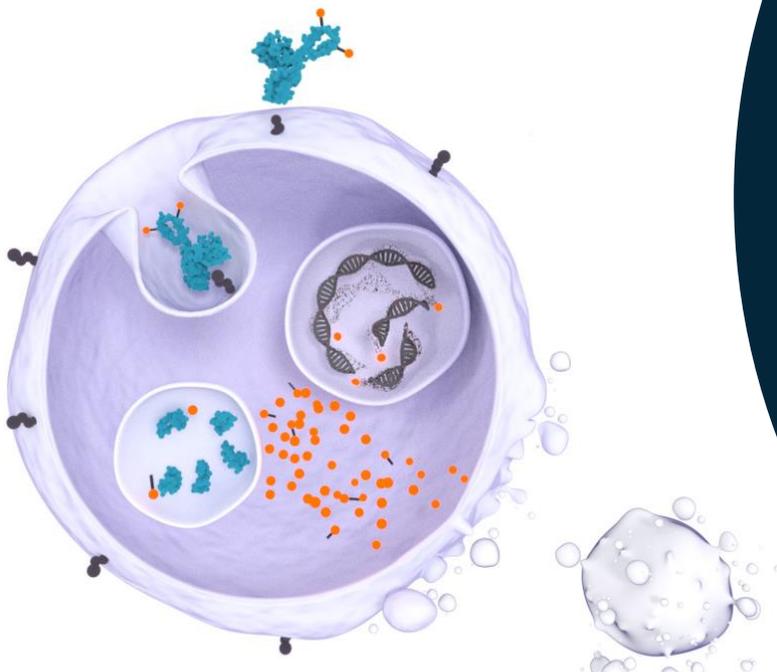
DESIGNED TO TARGET MULTIPLE  
CD123+ HEMATOLOGIC MALIGNANCIES

## KEY ATTRIBUTES

- CD123-targeted ADC with novel DNA-acting IGN payload designed for high potency against leukemic blasts
- Demonstrated monotherapy activity with complete responses in BPDCN<sup>1,2</sup> and AML<sup>1</sup>
- Favorable safety and tolerability observed at multiple dose levels<sup>1,2</sup>
- Administered in the outpatient setting via short (less than 30 minutes) infusion
- Wholly-owned asset

## DEVELOPMENT STRATEGY

- Granted Breakthrough Therapy Designation for treatment of relapsed/refractory BPDCN
- Potential label expansion:
  - In frontline AML with venetoclax + azacitidine
  - In R/R AML with magrolimab
- Seek proof of concept in additional CD123-positive hematologic malignancies



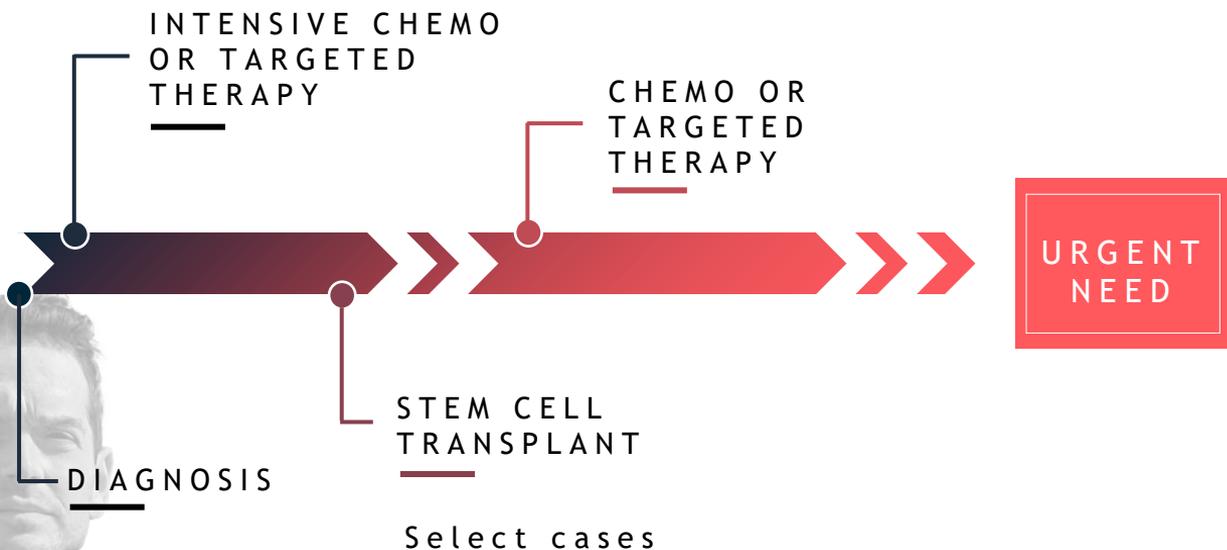
<sup>1</sup>ASH 2018 Oral Presentation; Daver, N., et al. ASH 2019 Oral Presentation; Daver, N., et al.

<sup>2</sup>ASH 2020 Oral Presentation; Pemmaraju, N., et al.

# BPDCN IS A RARE AND AGGRESSIVE HEMATOLOGIC MALIGNANCY

-500 TO ~1,000 NEW CASES DIAGNOSED ANNUALLY IN THE U.S.<sup>1</sup>

60% TO 70% BECOME R/R



**OUTCOMES  
REMAIN POOR,  
PARTICULARLY FOR  
NON-TRANSPLANT  
CANDIDATES**

CURRENTLY  
APPROVED THERAPY  
REQUIRES INPATIENT  
HOSPITALIZATION  
AND IS ASSOCIATED  
WITH SIGNIFICANT  
TOXICITIES

# PIVEKIMAB IN BPDCN

## EVALUATING POTENTIAL BENEFIT IN PHASE 2 CADENZA TRIAL

### EHA 2023 DATA<sup>1</sup>

In frontline de novo and PCHM patients (n=30):

- 80% ORR; 73% composite CR
- 30% bridged to stem cell transplant

In the relapsed/refractory patients (n=49):

- 33% ORR; 20% composite CR
- In patients who had prior tagraxofusp, 33% ORR; 19% composite CR

<sup>1</sup>EHA 2023 Oral Presentation Abstract S139; Pemmaraju, N., et al.

CR = complete response (no BPDCN and full count recovery [ANC>1000 and PLT >100K])

CRc = clinical complete response (minimal BPDCN remaining and full count recovery [ANC>1000 and PLT >100K])

CRh = complete response with partial hematologic recovery (minimal BPDCN remaining and partial count recovery [ANC>500 and PLT >50K])

CRi = complete response with incomplete hematologic recovery (minimal BPDCN remaining and partial count recovery [ANC>1000 or PLT >100K])

Composite CR=CR+CRc+CRh+CRi

ORR= CR+CRc+CRh+CRi+PR

ANC and PLT units = /mm<sup>3</sup>

Data cutoff June 11, 2023

BPDCN: blastic plasmacytoid dendritic cell neoplasm; PCHM: prior or concomitant hematologic malignancy

Initiated pivotal frontline development in both de novo and PCHM patients

In 2022, following discussion with FDA, pivotal efficacy analysis to be in frontline de novo patients

### CADENZA IN FRONTLINE SETTING

- Enroll up to 20 de novo patients
- Primary endpoint is CR/CRc; key secondary endpoint is duration of CR/CRc

### 2023 PROGRESS AND OBJECTIVES

- Completed enrollment of frontline de novo cohort in Q2'23
- Expect top-line data in de novo patients in 2024
- Continuing to enroll patients with PCHM to further explore the potential benefit in this population, particularly the potential impact of achieving CRh

# AML IS AN AGGRESSIVE HEMATOLOGIC MALIGNANCY

~20,000 PEOPLE DIAGNOSED WITH AML AND ~11,000 DIE ANNUALLY IN THE U.S.<sup>1</sup>

## DIAGNOSIS

Decision about fitness for chemotherapy must be made quickly

## FIT PATIENTS<sup>2</sup>

Approximately half of patients are “fit” enough to undergo intensive chemotherapy and transplant with curative intent

**Median survival: 2-4 years**

## UNFIT PATIENTS<sup>2</sup>

Approximately half of patients are “unfit” to undergo intensive chemotherapy and are appropriate for lower intensity therapy (e.g., VEN+AZA)

**Median survival: 1-2 years**

## RELAPSE<sup>2, 3</sup>

Up to 80% of patients are refractory to initial treatment or relapse within 2 years, with few treatment options available including various chemotherapy regimens and, for few patients, transplant

**Median survival: 9 months - 2 years**

URGENT  
NEED

## UNMET NEED IN AML REMAINS HIGH

WHILE VEN+AZA HAS LED TO IMPROVED OUTCOMES IN UNFIT PATIENTS, SURVIVAL AFTER VEN+AZA FAILURE IS POOR AT ~2 TO 3 MONTHS<sup>4</sup>

# PIVEKIMAB IN AML

## EVALUATING TRIPLET WITH VENETOCLAX AND AZACITIDINE IN PHASE 1B/2

### ASH 2022 DATA<sup>1</sup>

- Responses in R/R AML were seen across all cohorts/doses and schedules (n=91)
  - ORR was 45% with a CCR rate of 25%, 32% of CCR achieved MRD-negativity, 24% of responders bridged to transplant, and median duration of CCR was 7.7 months
  - Compelling CCR rates in multiple patient subsets: VEN-naïve 38%, first relapse 44%, IDH2 mutant 50%, and FLT3 mutant 64%
- Initial responses in frontline AML patients (n=10) were encouraging; full CR rate of 50%, MRD-negativity in 75% (3/4 assessed)
- Pivekimab triplet displayed a manageable safety data in AML patients; no tumor lysis syndrome, veno-occlusive disease, capillary leak, or cytokine release was reported

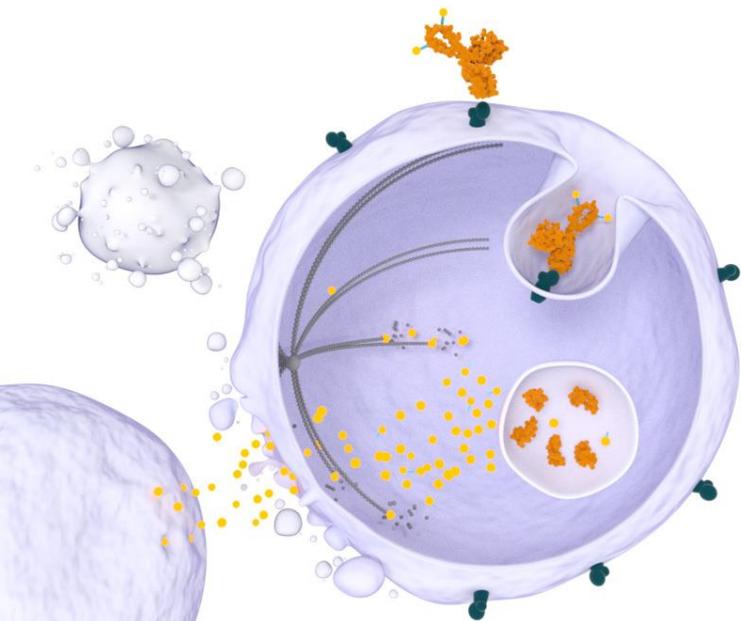
## PROGRESS AND OBJECTIVES

- Continued enrollment in frontline AML expansion cohorts with the goal of optimizing the duration of venetoclax therapy; report data at ASH
- In partnership with Gilead to evaluate pivekimab + magrolimab in R/R AML

<sup>1</sup>ASH 2022 Oral Presentation Abstract #62; Daver, N., et al.  
AML: acute myeloid leukemia; ASH: American Society of Hematology; CCR: composite complete remission rate includes CR + CRh + CRp + CRi; COMBO: combination; FLT3: Fms Related Receptor Tyrosine Kinase 3; ORR: objective response rate; R/R: relapsed/refractory; VEN: Venclexta® (venetoclax)

# IMGC936

## POTENTIAL FIRST-IN-CLASS ADAM9-TARGETING ADC



### KEY ATTRIBUTES

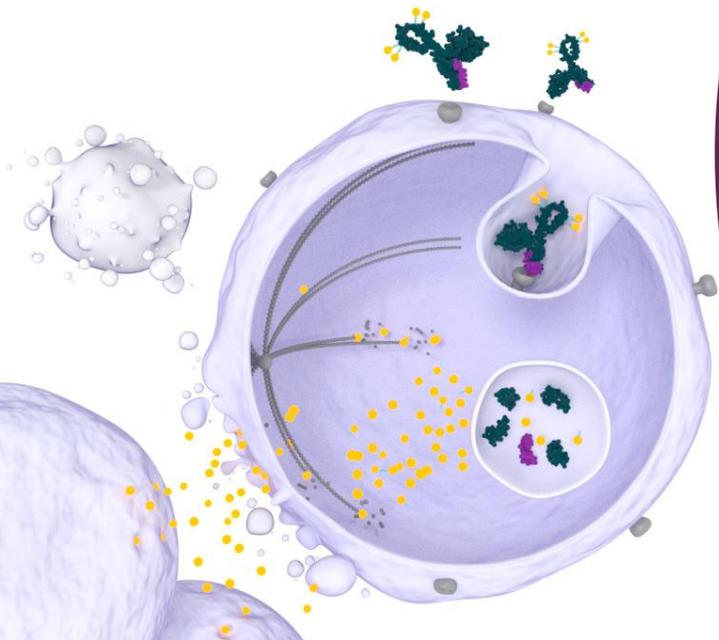
- ADAM9 is overexpressed in multiple solid tumors (e.g., non-small cell lung, gastric, pancreatic, triple-negative breast, and colorectal)<sup>1</sup> with low levels of expression in normal tissue
- IMGC936 comprised of a high-affinity humanized antibody with YTE mutation conjugated to DM21, designed as a highly potent next-generation maytansinoid payload, with cleavable peptide linker, stable in circulation

### DEVELOPMENT STRATEGY

- Presented preclinical data at AACR 2021 demonstrating compelling anti-tumor activity<sup>2</sup> in patient-derived xenograft models
- Phase 1 dose escalation complete; progressed cohort in NSCLC
- 50/50 co-development with MacroGenics

# IMGN151

## FOLLOW-ON CANDIDATE FOR FR $\alpha$ -TARGETING FRANCHISE



## KEY ATTRIBUTES

- Next-generation anti-FR $\alpha$  ADC designed to target tumors with a broad range of FR $\alpha$ -expression (e.g., ovarian, endometrial, triple-negative breast, and non-small cell lung cancer)<sup>1</sup>
- Engineered to include multiple design innovations, including an asymmetric, bivalent, biparatopic antibody targeting two independent epitopes of FR $\alpha$  conjugated to DM21, designed as a highly potent next-generation maytansinoid payload with a cleavable peptide linker, stable in circulation
- Designed to enhance payload delivery, cell killing, and bystander activity
- Wholly-owned asset

## DEVELOPMENT STRATEGY

- Maximize the potential clinical benefit of IMGN151 in patients with solid tumors with a broader range of FR $\alpha$  expression
- FPI in Phase 1 trial achieved Q1 2023; dose escalate to determine recommended Phase 2 dose

# PIPELINE EXPANSION AND PARTNERING STRATEGY

LEVERAGE IP PORTFOLIO AND EXPERTISE TO CREATE VALUE INDEPENDENTLY AND VIA PARTNERSHIPS

## PARTNERS



HUADONG  
MEDICINE

Development and commercialization of ELAHERE in Greater China

Takeda

Development and commercialization of ELAHERE in Japan



MACROGENICS

Global co-development and co-commercialization of IMGC936



GILEAD

Collaboration to evaluate pivekimab in combination with magrolimab in R/R AML



OXFORD  
BioTherapeutics

Collaboration to research novel, first-in-class ADCs



ImmunoBiochem  
CORPORATION

In-license of novel target antibodies and option to additional programs

## IP, KNOW-HOW, AND RESEARCH CAPABILITIES

- Pursuing internal programs
- Rich portfolio of ADC IP provides opportunities for partnerships and pipeline expansion
- Portfolio comprised of latest generation of maytansinoid, IGN, and novel camptothecin toxins, associated linkers, and antibodies
- Partnered with a broad network of vendors that can provide ADC components in an efficient manner

## ONGOING...

- Current licenses to multiple parties for cancer and non-cancer applications, including Eli Lilly and Vertex
- Continuing source of non-dilutive capital for ImmunoGen

## TRACK RECORD OF SUCCESS

Key legacy licenses enabled KADCYLA® (Roche/Genentech) and SARCLISA® (Sanofi)

ELAHERE, first product independently developed and commercialized by ImmunoGen

A photograph of four diverse women laughing and walking outdoors, each holding a rolled-up yoga mat. The image is overlaid with a semi-transparent blue filter. The text 'TARGET A BETTER NOW' is centered in white, bold, uppercase letters, with a thin red horizontal line underneath it.

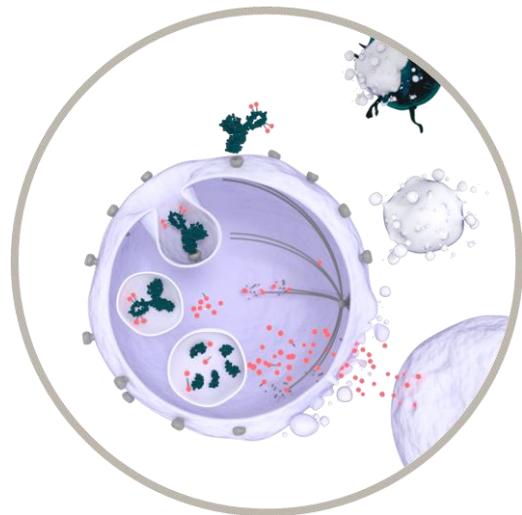
TARGET A BETTER NOW

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APPENDIX

# A LEADER IN ADC INNOVATION

40+ YEARS OF KNOW-HOW AND RICH PORTFOLIO OF PLATFORM IP



**Our technology has produced three approved products:  
KADCYLA® (Roche/Genentech),  
SARCLISA® (Sanofi), and  
ELAHERE® (ImmunoGen)**

## PAYLOADS

- Multiple mechanisms of action:
  - Tubulin-acting (DM1, DM4, DM21)
  - DNA-acting IGNs
  - Topoisomerase I inhibiting Camptothecins
- Bystander activity for heterogeneously expressed targets

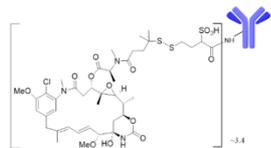
## LINKERS

- Cleavable
- Non-cleavable
- Multiple methods of conjugation, including site-specific technology

## TARGETING VEHICLE

- Antibodies optimized to maximize payload delivery

# IMMUNOGEN ADCs AT-A-GLANCE



## MIRVETUXIMAB SORAVTANSINE Folate receptor alpha-targeting ADC

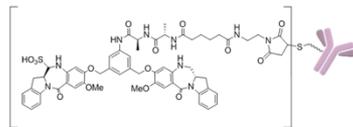
**ANTIBODY:** Humanized monoclonal antibody which selectively binds to FR $\alpha$

**PAYLOAD:** DM4 maytansinoid payload; potent tubulin-targeting agent

**LINKER:** Cleavable sulfo-SPDB linker

**AVERAGE DAR:** 3.4

**ANTICIPATED PATENT TERM:** COM 2031 with anticipated patent term extension to 2036



## PIVEKIMAB SUNIRINE (IMGN632) CD123-targeting ADC

**ANTIBODY:** Novel epitope, high affinity anti-CD123 antibody

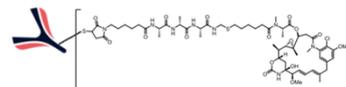
**PAYLOAD:** New indolinobenzodiazepine class of DNA-targeting payload which causes single stranded DNA damage

**LINKER:** Peptide linker stable in circulation

Payload linked via site-specific CYSMAB technology

**DAR:** 2

**ANTICIPATED PATENT TERM:** COM 2036<sup>#</sup>



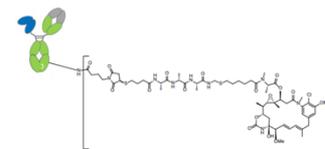
## IMGC936 ADAM9-targeting ADC

**ANTIBODY:** Humanized anti-ADAM9 antibody engineered to include the YTE mutation for enhanced exposure through improved recycling (improved PK, half-life)

**LINKER / PAYLOAD:** Tri-peptide cleavable linker and next generation DM21 maytansinoid payload; active metabolites more hydrophobic, membrane permeable with increased bystander activity. Linker stable in circulation. Payload linked via site-specific CYSMAB technology.

**DAR:** 2

**ANTICIPATED PATENT TERM:** COM 2039<sup>#</sup>



## IMGN151 Folate receptor alpha-targeting ADC

**ANTIBODY:** Asymmetric, bivalent, biparatopic antibody targeting two independent epitopes of FR $\alpha$  (greater binding and internalization)

**LINKER / PAYLOAD:** Tri-peptide cleavable linker and next generation DM21 maytansinoid payload; active metabolites are more hydrophobic and thus membrane permeable with increased bystander activity. Linker stable in circulation.

**AVERAGE DAR:** 3.7

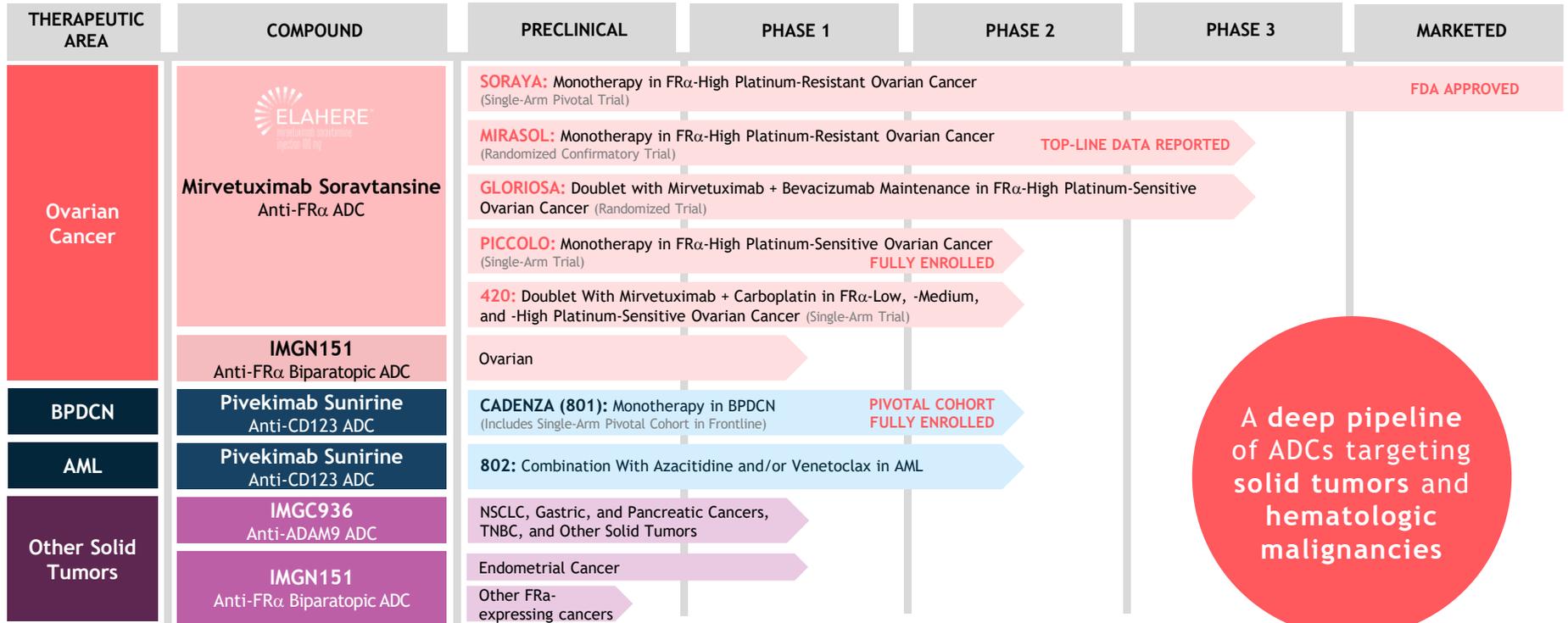
**ANTICIPATED PATENT TERM:** COM 2040<sup>#</sup>

NOTE: Additional portfolio of intellectual property protection for each ADC ongoing. Each ADC in ImmunoGen's pipeline is covered by a broad, international patent estate with a range of patent term expiries. The composition of matter (CoM) patent term is representative of one such patent term expiry.

<sup>#</sup> Patent term extensions and adjustments not reflected in calculated patent term.

Mirv structure: Neoplasia (2016) 18, 775-784. IMGN632 structure: ASH 2016 poster; Adams, S., et al. IMGC936 structure: AACR 2019 Poster; Hicks S., et al. IMGN151 Structure: AACR 2020 Poster; Ab, O., et al. ADC: antibody-drug conjugate; DAR: Drug-to-Antibody Ratio; FR $\alpha$ : folate receptor alpha; CD123: Interleukin-3 receptor alpha chain; ADAM9: a disintegrin and metalloprotease

# A COMMITMENT TO TARGETED MEDICINES



A deep pipeline of ADCs targeting solid tumors and hematologic malignancies

● Ovarian Cancer ● Hematologic Malignancies ● Other Solid Tumors

ADAM9: ADAM metallopeptidase domain 9; ADC: antibody-drug conjugate; AML: acute myeloid leukemia; BPDCN: blastic plasmacytoid dendritic cell neoplasm; FR $\alpha$ : folate receptor alpha; NSCLC: non-small cell lung cancer; TNBC: triple-negative breast cancer.

ELAHERE is indicated for the treatment of adult patients with folate receptor-alpha (FR $\alpha$ ) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial



## RANDOMIZED CONFIRMATORY TRIAL FOR MIRVETUXIMAB IN FR $\alpha$ -POSITIVE PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER

### INCLUSION CRITERIA

453

PATIENTS

- Platinum-resistant disease (PFI < 6 months)
- FR $\alpha$ -high only
- Prior bevacizumab allowed
- Prior PARPi allowed
- 1 to 3 prior lines of therapy

### PRIOR TREATMENT

14%

1 prior line  
of therapy

40%

2 prior lines  
of therapy

46%

3 prior lines  
of therapy

62%

Received prior  
bevacizumab

55%

Received prior  
PARPi

### SAFETY AND TOLERABILITY

Compared with IC chemotherapy, mirvetuximab was associated with lower rates of:

- Grade 3 or greater TEAEs (42% vs 54%)
- Serious TEAEs (24% vs 33%)
- TEAEs leading to discontinuation of study drug (9% vs 16%)

### MET PRIMARY ENDPOINT PFS HR 0.65 (p<0.0001)

(by Investigator)

Represents a 35% reduction in the risk of tumor progression or death

mPFS 5.62 months vs 3.98 months IC chemotherapy

### MET KEY SECONDARY ENDPOINTS

OS HR 0.67 (p=0.0046)

Represents a 33% reduction in the risk  
of death

204 OS events with a median follow-up  
time of 13.1 months

mOS 16.46 vs 12.75 months in the IC  
chemotherapy arm

ORR 42.3%

(by Investigator)

compared to 15.9% in the IC  
chemotherapy arm

12 CRs (5.3%) with no CRs in the IC  
chemotherapy arm

\*Reported as of the data cutoff on March 6, 2023.

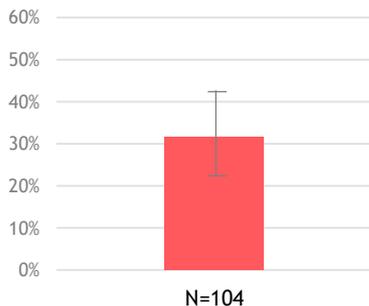
FR $\alpha$ : folate receptor alpha; PFI: platinum-free interval; PARPi: poly ADP-ribose polymerase inhibitor; BRCA: BRCA1/2 gene; TEAEs: treatment-emergent adverse events; OS: overall survival; mOS: median overall survival; PFS: progression-free survival; mPFS: median progression-free survival; ORR: objective response rate; HR: hazard ratio; IC: investigator's choice; CRs: complete responses; sBLA: supplemental Biologics License Application; FDA: US Food and Drug Administration; MAA: Marketing Authorization Application; EMA: European Medicines Agency

# SORAYA: POSITIVE RESULTS

## KEY EFFICACY ENDPOINTS

### ORR% BY INVESTIGATOR<sup>1</sup>

**31.7%**  
(22.9, 41.6)\*



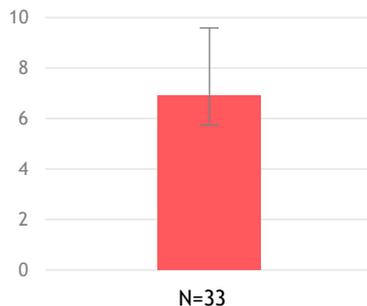
#### 33 responders

- 5; 4.8% complete responses
- 28; 26.9% partial responses

**Stable Disease 48; 46.2%<sup>2</sup>**

### DOR BY INVESTIGATOR<sup>1</sup>

**6.9 months**  
95% CI: (5.6, 9.7)



The major efficacy outcome measures were investigator-assessed overall response rate (ORR) and duration of response (DOR) evaluated according to Response Evaluation Criteria in Solid Tumors (RECIST), version 1.1

Adverse Reactions $\geq 20\%$ <sup>1</sup>	All Grades N=106; %	Grade 3-4 N=106; %
Vision Impairment	50	7
Keratopathy	37	9
Dry Eye	27	2
Fatigue	49	3
Nausea	40	0
Abdominal Pain	36	7
Diarrhea	31	3
Constipation	30	1
Peripheral Neuropathy	33	2

Visual Impairment includes vision blurred, vitreous floaters, visual acuity reduced, diplopia, presbyopia, accommodation disorder, visual impairment, and refraction disorder; Keratopathy includes corneal disorder, corneal epithelial microcysts, corneal epithelial defect, keratitis, keratopathy, corneal deposits, and punctate keratitis; Dry eye includes dry eye and lacrimation increased; Fatigue includes fatigue and asthenia; Abdominal pain includes abdominal pain, abdominal pain upper, abdominal pain lower, abdominal discomfort; Peripheral neuropathy includes neuropathy peripheral, peripheral sensory neuropathy, peripheral motor neuropathy, paresthesia, hypoesthesia, polyneuropathy, and neurotoxicity.

See full prescribing information, including Boxed Warning.

# PICC<sup>LO</sup>

## SINGLE-ARM TRIAL FOR MIRVETUXIMAB IN FR $\alpha$ -HIGH PATIENTS WITH PLATINUM-SENSITIVE OVARIAN CANCER

Evaluating the potential of a non-platinum option in later-lines of platinum-sensitive disease

- Trial initiated Q4 2021
- Enrollment completed Q1 2023
- Reported primary endpoint was met based on an interim assessment of efficacy; ORR of at least 48% is expected when full data are reported in mid-2024

### PRIMARY ENDPOINT

ORR by Investigator

### SECONDARY ENDPOINT

DOR by Investigator

### ENROLLMENT AND KEY ELIGIBILITY

~75 patients

Platinum-sensitive ovarian cancer

2 or more prior systemic treatments

At least 2 prior platinum-containing regimens

Prior PARPi required if BRCA+

Appropriate for single-agent therapy

# 420 STUDY

SINGLE-ARM PHASE 2 TRIAL OF  
MIRVETUXIMAB + CARBOPLATIN  
FOLLOWED BY MIRVETUXIMAB  
CONTINUATION IN FR $\alpha$ -LOW,  
MEDIUM, AND HIGH PATIENTS  
WITH PLATINUM-SENSITIVE  
OVARIAN CANCER

Designed to inform a potential path to registration in  
recurrent platinum-sensitive ovarian cancer

- Trial initiated Q3 2022
- Open for enrollment

## PRIMARY ENDPOINT

ORR by Investigator

## SECONDARY ENDPOINTS

DOR, PFS

## ENROLLMENT AND KEY ELIGIBILITY

~110 patients

Platinum-sensitive ovarian cancer

1 prior platinum treatment

Prior PARPi required if BRCA+

# GLORIOSA

RANDOMIZED PHASE 3 TRIAL  
FOR MIRVETUXIMAB +  
BEVACIZUMAB MAINTENANCE  
IN FR $\alpha$ -HIGH PLATINUM-  
SENSITIVE OVARIAN CANCER

Goal is to address the unmet need for efficacious maintenance therapy in recurrent disease

- Trial initiated Q3 2022
- Open for enrollment

**PRIMARY ENDPOINT**  
PFS

**SECONDARY ENDPOINTS**  
OS, DOR

## **ENROLLMENT AND KEY ELIGIBILITY**

438 patients

Platinum-sensitive ovarian cancer

1 prior platinum treatment

Prior PARPi required if BRCA+

CR, PR, or SD after treatment with platinum-based doublet + bevacizumab required

# ELAHERE LABEL EXPANSION OPPORTUNITIES

## GOAL TO MOVE INTO PLATINUM-SENSITIVE DISEASE AND BECOME THE COMBINATION AGENT OF CHOICE IN OVARIAN CANCER

### MIRVETUXIMAB PSOC MONOTHERAPY

#### PHASE 1 EFFICACY DATA<sup>1</sup>

**64% ORR**

FR $\alpha$ -HIGH RECURRENT  
OVARIAN CANCER  
n= 11

- Potential for a clinically meaningful benefit in FR $\alpha$ -high recurrent platinum-sensitive ovarian cancer
- 64% ORR (7/11); 2 CRs and 5 PRs

**PICCOLO**

- Single-arm Phase 2 trial for mirvetuximab in FR $\alpha$ -high patients with platinum-sensitive ovarian cancer
- Reported primary endpoint was met based on an interim assessment of efficacy; ORR of at least 48% is expected when full data are reported in mid-2024

### MIRVETUXIMAB IN COMBINATION

#### PHASE 1B/2 MIRVETUXIMAB + BEVACIZUMAB<sup>2</sup>

**52% ORR**

FR $\alpha$ -HIGH RECURRENT  
OVARIAN CANCER  
n= 62

- Compelling activity observed in FR $\alpha$ -high recurrent ovarian cancer, regardless of prior bevacizumab
- 11.8 month mDOR, 10.1 month mPFS

**GLORIOSA**

- Randomized Phase 3 trial for mirvetuximab + bevacizumab maintenance in FR $\alpha$ -high platinum-sensitive ovarian cancer
- Open for enrollment

#### PHASE 1B/2 MIRVETUXIMAB + CARBOPLATIN<sup>3,4</sup>

**89% ORR**

ACROSS ALL LEVELS OF  
FR $\alpha$  EXPRESSION  
n= 9

- High levels of activity observed in recurrent platinum-sensitive ovarian cancer across all levels of FR $\alpha$  expression, at RP2D MIRV 6 mg/kg AIBW + carboplatin AUC<sup>5</sup>
  - 12.1 month mDOR, 16.5 month mPFS
- Supporting ongoing ISTs in recurrent platinum-sensitive ovarian cancer: ~70 patient neo-adjuvant study initiated in H1 2021; and a randomized Phase 2 ~140 patient study

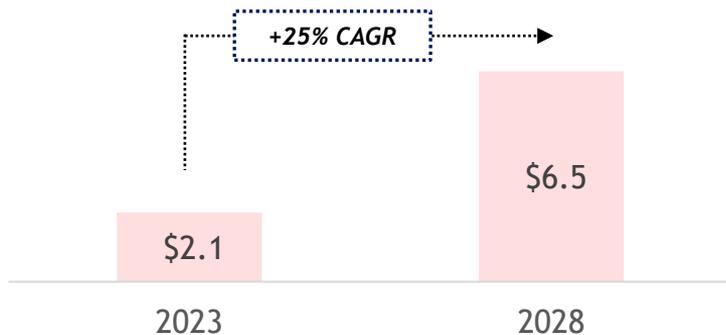
**TRIAL 420**

- Single-arm Phase 2 trial for mirvetuximab + carboplatin followed by mirvetuximab continuation in FR $\alpha$ -low, medium, and high patients with platinum-sensitive ovarian cancer
- Open for enrollment

# SIGNIFICANT GROWTH EXPECTED FOR OVARIAN CANCER MARKET

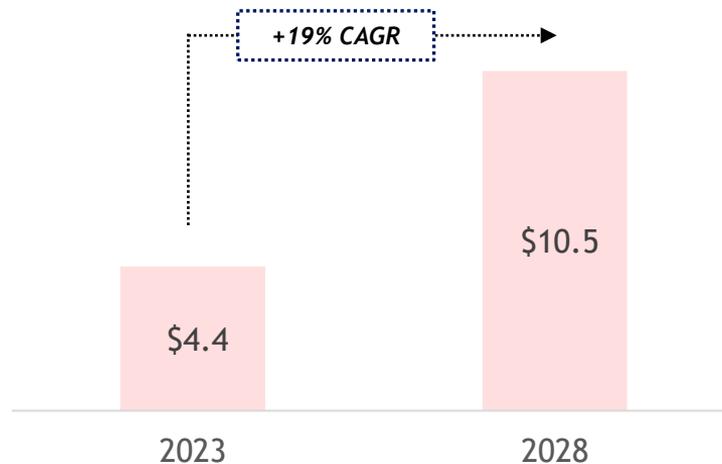
## U.S. Ovarian Cancer Market Sales

(\$ USD Billions)



## Global Ovarian Cancer Market Sales

(\$ USD Billions)



Approval and launch of targeted therapies anticipated to drive majority of growth