TARGET A BETTER NOW

JUNE 2022

NASDAQ: IMGN
FORWARD-LOOKING STATEMENTS

This presentation includes forward-looking statements regarding ImmunoGen’s current expectations related to: the design and potential success of ImmunoGen’s mirvetuximab soravtansine, pivekimab, IMGC936, and IMGN151 preclinical and clinical studies and regulatory pathways, including the timing of initiating and receiving data from, as well as the likelihood of success of, the studies for these product candidates, including studies that are intended to support regulatory approval of mirvetuximab and pivekimab; the timing and outcome of the Company’s anticipated interactions with regulatory authorities; the potential of mirvetuximab to become a standard of care and transform the Company into a fully integrated oncology company; the potential of mirvetuximab to become a combination agent of choice; the presentation of preclinical and clinical events related to the Company’s product candidates, including mirvetuximab and pivekimab; the potential of pivekimab to become a best-in-class therapeutic option for BPDCN patients and a product marketed by the Company; the market opportunities for the Company’s development programs; the occurrence, timing, and outcome of other potential preclinical, clinical, and regulatory events related to ImmunoGen’s and its collaboration partners’ programs; the Company’s business and product development strategies, including the Company’s expected cash runway; 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 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, including that the FDA may determine that the Company’s BLA for mirvetuximab is not complete and acceptable for filing or does not meet the conditions for accelerated approval; 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; and the risks and uncertainties associated with the scale and duration of the COVID-19 pandemic and resulting impact on ImmunoGen’s industry and business. 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 on February 28, 2022, the Company’s Form 10-Q filed with the Securities and Exchange Commission on May 6, 2022, and other reports filed with the Securities and Exchange Commission and available at www.sec.gov and on our website at immunogen.com.
WHY IMMUNOGEN?

POISED TO BECOME A FULLY-INTEGRATED ONCOLOGY COMPANY WITH FIRST COMMERCIAL LAUNCH EXPECTED THIS YEAR

ACCELERATED PATH FOR MIRVETUXIMAB IN PROC
PIVOTAL SORAYA STUDY MET PRIMARY ENDPOINT
BLA ACCEPTED PDUFA DATE NOVEMBER 28, 2022

MOVING MIRVETUXIMAB INTO BROADER OVARIAN CANCER POPULATIONS
PURSUING STUDIES SUPPORTIVE OF LABEL EXPANSION

POTENTIAL FOR PIVEKIMAB TO BECOME NEXT APPROVED PRODUCT
ANTICIPATE TOP-LINE BPDCN DATA IN H2 2022
ADVANCING AML TRIPLET

INNOVATIVE EARLIER STAGE CANDIDATES AND ADVANCED ADC TECHNOLOGY
EXPECT IMGC936 PH 1 DATA IN 2022
AND IMGN151 FPI IN 2022

EXPERIENCED LEADERSHIP AND STRONG CASH POSITION TO SUPPORT COMMERCIAL AND MEDICAL BUILD
EXPECTED CASH RUNWAY INTO 2024

PROC: platinum-resistant ovarian cancer; BLA: Biologics License Application; BPDCN: blastic plasmacytoid dendritic cell neoplasm; AML: acute myeloid leukemia; ADC: antibody-drug conjugate; PH: phase; FPI: first patient in
STRATEGIC PRIORITIES
BRINGING ANTIBODY-DRUG CONJUGATES TO CANCER PATIENTS

ESTABLISH MIRVETUXIMAB
as the standard of care in FRα-high platinum-resistant ovarian cancer and pursue opportunities to move into platinum-sensitive disease

ADVANCE PORTFOLIO
Pivekimab in BPDCN and AML
IMGC936 in solid tumors
IMGN151 in ovarian and other FRα-positive solid tumors

FURTHER STRENGTHEN
balance sheet and expand capabilities through drug discovery and development and regional commercial partnerships

FRα: folate receptor alpha; BPDCN: blastic plasmacytoid dendritic cell neoplasm
Someone you know has been diagnosed with ovarian cancer...

WHAT’S NEXT FOR HER?
OVARIAN CANCER IS THE LEADING CAUSE OF DEATH FROM GYNECOLOGICAL CANCERS
~14,000 DIE ANNUALLY FROM OVARIAN CANCER IN THE US¹

DIAGNOSIS
~21,000 patients diagnosed annually¹

SURGERY

PLATINUM-SENSITIVE
Disease progression more than 6 months after platinum treatment

PLATINUM-RESISTANT
Disease progression within 6 months after platinum treatment

Urgent Need

MOST PATIENTS DEVELOP PLATINUM-RESISTANT DISEASE:
LIMITED OPTIONS WITH POOR OUTCOMES
Low response rates, shorter durations of response, and considerable toxicities associated with current single agents ²,³

ALIGNED WITH FDA RECOMMENDATIONS

Patients with FRα-high platinum-resistant ovarian cancer require better therapeutic options, particularly those who progress after prior treatment with bevacizumab

~12% ORR BENCHMARK FOR BEST AVAILABLE THERAPIES⁴,⁵

PARPi: poly ADP-ribose polymerase inhibitor; BEV: AVASTIN® (bevacizumab); FDA: US Food and Drug Administration; FRα: folate receptor alpha

¹²³
KEY ATTRIBUTES

- Novel ADC with distinct FRα-binding antibody, cleavable linker, and maytansinoid DM4 payload
- Favorable tolerability profile1, 2, 3
- Demonstrated activity in patients with FRα-positive platinum-resistant and platinum-sensitive ovarian cancer1, 4
- Sizeable safety database; studied in more than 900 patients5

DEVELOPMENT STRATEGY

- Seek initial label as monotherapy in FRα-high platinum-resistant ovarian cancer with 1 to 3 prior lines of therapy
- BLA accepted, filed by FDA; PDUFA action date of November 28, 2022
- Execute commercial strategy for successful launch in 2022
- Move into platinum-sensitive disease and become the combination agent of choice in ovarian cancer
- Lever cooperative groups and ISTs to generate complementary data in ovarian and endometrial cancers

5Mirvetuximab Investigator Brochure as of January 31, 2022.

ADC: antibody-drug conjugate; FRα: folate receptor alpha; BLA: Biologics License Application; FDA: US Food and Drug Administration; ISTs: investigator sponsored trials
POSITIVE RESULTS FROM THE SINGLE-ARM PIVOTAL TRIAL OF MIRVETUXIMAB SORAVTANSINE IN FRα-HIGH PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER 1,2

**INCLUSION CRITERIA**
- High-grade serous epithelial ovarian cancer, primary peritoneal cancer, or fallopian tube cancer
- Platinum-resistant disease (PFI ≤ 6 months)
- Patients ≥ 18 years old
- FRα-high (≤75% PS2+)
- Prior bevacizumab required
- Prior PARPi allowed
- 1-3 prior lines of systemic therapy

**PRIOR TREATMENTS**
- 51% 3 prior lines of therapy
- 100% Received prior bevacizumab
- 48% Received prior PARPi

**106 PATIENTS**

**TREATMENT**
- Mirvetuximab 6 mg/kg, adjusted ideal body weight, administered IV once every 3 weeks

**PRIMARY ENDPOINT**
- ORR by investigator
- Sensitivity analysis by BICR

**SECONDARY ENDPOINTS**
- DOR by investigator
- TEAEs
- PFS
- OS
- CA-125 response

**KEY EFFICACY ENDPOINTS**

**ORR% by INVESTIGATOR**
- Yes: 34 responders
  - 5 complete responses
  - 29 partial responses
- No: 7 patients remaining on treatment as of data cutoff of March 3, 2022

**ORR by INVESTIGATOR**
- Prior PARPi exposure:
  - Yes: 38.0%
    - (24.7, 52.8)*
  - No: 27.5%
    - (15.9, 41.7)*

**DOR by INVESTIGATOR**
- 6.9 months
  - 95% CI: (5.6, 8.1)

**FURTHER INFORMATION**
- FRA: Folate receptor alpha; PFI: platinum-free interval; PARPi: poly ADP-ribose polymerase inhibitor; ORR: confirmed objective response rate; BICR: blinded independent central review; DOR: duration of response
- PFS: progression free survival; TEAEs: treatment emergent adverse events; OS: overall survival; TRAEs: treatment related adverse events
- *95% exact confidence interval is estimated by Clopper-Pearson method (Clopper-Pearson exact CI).
- †Prior PARPi exposure was uncertain for 4 patients in the investigator-assessed population.
## Treatment-Related Adverse Events (≥10%)

<table>
<thead>
<tr>
<th>TRAEs, n (%)</th>
<th>All Grades</th>
<th>Grade 3</th>
<th>Grade 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with any event</td>
<td>91 (86)</td>
<td>29 (27)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>43 (41)</td>
<td>6 (6)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Keratopathy*†</td>
<td>38 (36)</td>
<td>8 (8)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Nausea</td>
<td>31 (29)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Dry eye</td>
<td>24 (23)</td>
<td>2 (2)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>24 (23)</td>
<td>1 (1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>23 (22)</td>
<td>2 (2)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Asthenia</td>
<td>16 (15)</td>
<td>1 (1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Photophobia</td>
<td>15 (14)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Peripheral neuropathy</td>
<td>13 (12)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>13 (12)</td>
<td>1 (1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>12 (11)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>11 (10)</td>
<td>1 (1)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

- Most AEs were low-grade, reversible ocular and GI events
- Serious grade ≥3 TRAEs were reported in 8% of patients
- TRAEs led to dose delay in 32% and dose reduction in 19%
- 7 patients (7%) discontinued treatment due to TRAEs
- 1 death was recorded as possibly related to study drug
  - Respiratory failure
  - Autopsy: No evidence of drug reaction; lung metastases

Mirvetuximab soravtansine is an investigational product candidate and has not been approved by the FDA.

Data cutoff: November 16, 2021.

*The grouped preferred term “Keratopathy” includes the following preferred terms: “corneal cyst,” “corneal disorder,” “corneal epithelial microcysts,” “keratitis,” “keratopathy,” “limbal stem cell deficiency,” “corneal opacity,” “corneal erosion,” “corneal pigmentation,” “corneal deposits,” “keratitis interstitial,” “punctate keratitis,” and “corneal epithelial defect.” One patient experiencing a grade 4 event recorded as keratopathy was based upon the visual acuity evaluation of one eye (20/200). This patient had confirmed grade 2 corneal changes, and both the visual acuity and these corneal changes resolved completely (grade 0) in 15 days by ophthalmic exam.

AE: adverse event; GI: gastrointestinal; TRAEs: treatment-related adverse events.
EXPANDING THE MIRVETUXIMAB LABEL
GOALS: MOVE INTO PLATINUM-SENSITIVE DISEASE AND BECOME THE COMBINATION AGENT OF CHOICE IN OVARIAN CANCER

MIRVETUXIMAB PSOC MONOTHERAPY

PHASE 1 EFFICACY DATA 1

64% ORR
FRα-HIGH RECURRENT OVARIAN CANCER
n= 11

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

MIRVETUXIMAB IN COMBINATION

MIRVETUXIMAB + BEVACIZUMAB 2, 3

64% ORR
FRα-HIGH RECURRENT OVARIAN CANCER
n= 33

- Compelling activity in FRα-high recurrent ovarian cancer, regardless of platinum status
- 59% ORR (10/17), 9.4 month mDOR, 9.7 month mPFS in the platinum-resistant subgroup
- 69% ORR (11/16), 12.7 month mDOR, 13.3 month mPFS in the platinum-sensitive subgroup

MIRVETUXIMAB IN COMBINATION

MIRVETUXIMAB + CARBOPLATIN 4

80% ORR
15 MOS mPFS
FRα-MED and -HIGH
n= 10

- Highly active in recurrent platinum-sensitive ovarian cancer with mDOR of 24 months
- 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

PICCOLO

- Single-arm Phase 2 trial for mirvetuximab in FRα-high patients with platinum-sensitive ovarian cancer
- Now enrolling
- Potential for label expansion in 2024

GLORIOSA

- Randomized Phase 3 trial for mirvetuximab + bevacizumab maintenance in FRα-high platinum-sensitive ovarian cancer
- Aligned with FDA on trial design
- Trial initiation by mid-2022

TRIAL 420

- Single-arm Phase 2 trial for mirvetuximab + carboplatin followed by mirvetuximab continuation in FRα-low, medium, and high patients with platinum-sensitive ovarian cancer
- Initiate trial by mid-2022

---


PSOC: platinum-sensitive ovarian cancer; ORR: objective response rate; FRα: folate receptor alpha; CR: complete response; PR: partial response; mDOR: median duration of response; mPFS: median progression-free survival; IST: investigator sponsored trial; FDA: Food and Drug Administration
Market Segmentation in 2022

Mirvetuximab’s initial indication and label expansion plans aim to benefit patients across the ovarian cancer treatment paradigm.

- 40% of ovarian cancer is FRα-high

<table>
<thead>
<tr>
<th>Segment</th>
<th>Description</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoadj</td>
<td>PLAT + CHEMO</td>
<td>6k</td>
</tr>
<tr>
<td>1L</td>
<td>PLAT + CHEMO +/- BEV</td>
<td>20k</td>
</tr>
<tr>
<td>1LM</td>
<td>PARPi +/- BEV</td>
<td>5k</td>
</tr>
<tr>
<td>PSOC</td>
<td>PLAT + CHEMO</td>
<td>9k</td>
</tr>
<tr>
<td>2L</td>
<td>PARPi +/- BEV</td>
<td>2k</td>
</tr>
<tr>
<td>3L-4L</td>
<td>PLAT + CHEMO +/- BEV</td>
<td>4k</td>
</tr>
<tr>
<td>PROC</td>
<td>SINGLE-AGENT THERAPIES, MISCELLANEOUS COMBOS</td>
<td>18k</td>
</tr>
</tbody>
</table>

SORAYA

- MONOTHERAPY
  - BEV Pre-Treated
  - 2L-4L Platinum-Resistant
  - ~2,100 FRα-HIGH PATIENTS

MIRASOL

- MONOTHERAPY
  - BEV Naive
  - 2L-4L Platinum-Resistant
  - ~2,100 FRα-HIGH PATIENTS

PICCOLO

- MONOTHERAPY
  - 3L+ Platinum-Sensitive
  - >600 FRα-HIGH PATIENTS

GLORIOSA

- BEV COMBINATION
  - 2LM Platinum-Sensitive
  - >900 FRα-HIGH PATIENTS

MIRV+BEV

- COMBINATION
  - Recurrent Ovarian Cancer
  - ~2,500 FRα-HIGH PATIENTS

MIRV+CARBO

- COMBINATION
  - Platinum-Sensitive Neoadjuvant
  - ~4,700 FRα-HIGH PATIENTS

1Non-platinum BEV combos

Numbers represent Company estimates of US patients with conditions covered by the Company’s targeted indications. Similar market size expected in Europe.

Sources: Decision Resources Group, diagnosed drug-treatable patients 2021, Flatiron Ovarian Cancer Cohort, FRα: folate receptor alpha; PLAT: platinum; CHEMO: chemotherapy; BEV: AVASTIN® (bevacizumab); PARPi: poly ADP-ribose polymerase inhibitor; COMBO: combination; MIRV: mirvetuximab; L: line M: maintenance; CARBO: carboplatin

~40% of ovarian cancer is FRα-high

- 4,700 FRα-HIGH PATIENTS

- 2,100 FRα-HIGH PATIENTS

- 2,100 FRα-HIGH PATIENTS

- 600 FRα-HIGH PATIENTS

- 900 FRα-HIGH PATIENTS

- 2,500 FRα-HIGH PATIENTS

- 4,700 FRα-HIGH PATIENTS
MIRVETUXIMAB LAUNCH IMPERATIVES

GOAL: ESTABLISH MIRVETUXIMAB AS THE STANDARD OF CARE IN FRα-HIGH PLATINUM-RESISTANT PATIENTS

- Redefine expectations for positive treatment outcomes with mirvetuximab in platinum-resistant ovarian cancer
- Increase adoption of early FRα testing and establish standards for in-house and centralized testing
- Ensure a positive physician experience based on education and guidance for patient management
- Seek broad payer access and reimbursement and deliver a seamless patient experience

BUILDING OUT BEST-IN-CLASS COMMERCIAL AND MEDICAL AFFAIRS ORGANIZATIONS
**KEY ATTRIBUTES**

- Next-generation anti-FRα ADC designed to address tumors with a broad range of FRα-expression (e.g., ovarian, endometrial, triple-negative breast, and non-small cell lung cancer)\(^1\)

- Engineered to include multiple design innovations, including an asymmetric, bivalent, biparatopic antibody targeting two independent epitopes of FRα conjugated to DM21, a highly potent next-generation maytansinoid payload with a stable peptide linker

- Designed to enhance payload delivery, cell killing, and bystander activity

**DEVELOPMENT STRATEGY**

- Maximize the potential clinical benefit of IMGN151 in patients with lower FRα expression in a range of solid tumors

- Submitted IND; FPI in 2022

- Wholly-owned asset

---

1. ACR 2020 Poster; Ab, O., et al.
FRα: folate receptor alpha; ADC: antibody-drug conjugate; IND: investigational new drug application; FPI: first patient in
Someone you know has been diagnosed with a hematologic malignancy...

WHAT’S NEXT FOR THEM?
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\textsuperscript{1,2} and AML\textsuperscript{1}
- Favorable safety and tolerability observed at multiple dose levels\textsuperscript{1,2}
- Administered in the outpatient setting via short (less than 30 minutes) infusion every three weeks

DEVELOPMENT STRATEGY

- Granted Breakthrough Therapy Designation and aligned with FDA on a pathway to full approval in BPDCN
- Potential label expansion: in combination for relapsed and frontline AML patients unfit for intensive induction chemotherapy
- Seek proof of concept in additional CD123-positive hematologic malignancies
- Wholly-owned asset


\textsuperscript{2}CD123: Interleukin-3 receptor alpha chain; ADC: antibody drug conjugate; DNA: deoxyribonucleic acid; IGN: indolinobenzodiazepinedimer
BPDCN: blastic plasmacytoid dendritic cell neoplasm; AML: acute myeloid leukemia; FDA: US Food and Drug Administration
BPDCN IS A RARE AND AGGRESSIVE HEMATOLOGIC MALIGNANCY
-500 TO ~1,000 NEW CASES DIAGNOSED ANNUALLY IN THE US¹
60% TO 70% BECOME R/R

OUTCOMES REMAIN POOR, PARTICULARLY FOR NON-TRANSPLANT CANDIDATES

CURRENTLY APPROVED THERAPIES REQUIRE INPATIENT HOSPITALIZATION AND ARE ASSOCIATED WITH SIGNIFICANT TOXICITIES

¹MDAnderson.org 2019; Pagano Haematologica 2013; Leukemia Lymphoma Society LLS.org. Internal estimates. Expect similar number of cases annually in Europe.

BPDCN: blastic plasmacytoid dendritic cell neoplasm; R/R: relapsed refractory; CHEMO: chemotherapy
PIVEKIMAB: ALIGNED WITH FDA ON PATH TO FULL APPROVAL IN BPDCN

CADENZA

801 STUDY: SINGLE-ARM PIVOTAL COHORT IN FRONTLINE BPDCN

• Enrolling in the US and EU; up to 20 frontline patients to support label
• Top-line data expected H2 2022
• Potential to become best-in-class therapeutic option and the Company’s second marketed product in rare oncology

COMPELLING PRELIMINARY DATA IN BPDCN

FAVORABLE SAFETY PROFILE

• No capillary leak syndrome
• No drug-related discontinuations
• No drug-related deaths at 30 days
• Limited grade ≥3 TEAEs

EFFICACY DATA

In all R/R BPDCN patients:
• ORR: 29% (8/28, 2 CR, 2 CRc, 1 CRi, 3 PR)
• CCR: 18% (5/28)

In patients with prior tagraxofusp exposure:
• ORR: 31% (4/13, 1 CR, 1CRi, 2 PR)
• CCR: 15% (2/13)

In frontline BPDCN, 3/3 patients with CRc


FDA: US Food and Drug Administration; BPDCN: blastic plasmacytoid dendritic cell neoplasm; TEAE: treatment emergent adverse event; R/R: relapsed/refractory; ORR: objective response rate; CR: complete response
CRc: clinical CR = CR criteria EXCEPT limited residual skin disease “marked clearance of all skin lesions from baseline; residual hyperpigmentation or abnormality with BPDCN identified on biopsy (or no biopsy performed);” CRi: complete remission with incomplete hematologic recovery; PR: partial response; CCR: CR+CRc+CRi
AML IS AN AGGRESSIVE HEMATOLOGIC MALIGNANCY
~20,000 PEOPLE DIAGNOSED WITH AML AND ~11,000 DIE ANNUALLY IN THE US

FIT PATIENTS
Approximately half of patients are “fit” enough to undergo intensive chemotherapy and transplant with curative intent
Median survival: 2-4 years

UNFIT PATIENTS
Approximately half of patients are “unfit” or too elderly to undergo intensive chemotherapy and are appropriate for lower intensity therapy (e.g., VEN+AZA)
Median survival: 1-2 years

RELAPSE
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

UNMET NEED IN AML REMAINS HIGH

WHILE VEN+AZA HAS LED TO IMPROVED FRONTLINE RESPONSES IN UNFIT PATIENTS, SURVIVAL AFTER VEN+AZA FAILURE IS POOR AT ~2 TO 3 MONTHS

AML: acute myeloid leukemia; VEN: VENCLEXTA® (venetoclax); AZA: VIDAZA® (azacitidine); VIDA°A® and VENCLEXTA® are registered trademarks of their respective owners.
PIVEKIMAB IN AML
EVALUATING TRIPLET COMBO WITH AZACITIDINE AND VENETOCLAX

ASH 2021 DATA¹

• Responses were seen across all cohorts/doses and schedules (efficacy evaluable population, n=46)
  - ORR was 48%, with a CCR rate of 30%
  - Higher intensity cohorts (n=29) were associated with higher response rates including an ORR of 59% and a CCR rate of 38%
    o CCRs of 53% and 21% were seen in VEN-naïve and difficult to treat prior VEN failure patients, respectively
  - Significant activity was also observed in the FLT3 mutant subset (n=9), with ORR and CCR rates of 89% and 78%, respectively

• Pivekimab continued to display a manageable safety profile in R/R AML patients; no tumor lysis syndrome, veno-occlusive disease, capillary leak, or cytokine release were reported

NEXT STEPS

• Determined recommended Phase 2 doses for triplet combination
• Initiated expansion cohorts in relapsed and frontline AML
• Data at ASH

¹ASH 2021 Abstract #372; Daver, N., et al.
AML: acute myeloid leukemia; COMBO: combination; ASH: American Society of Hematology; ORR: objective response rate; CCR: composite complete remission rate includes CR + CRh + CRp + Cri
VEN: Venclexta® (venetoclax); FLT3: Fms Related Receptor Tyrosine Kinase 3; R/R: relapsed/refractory
**KEY ATTRIBUTES**

- ADAM9 is overexpressed in multiple solid tumors (e.g., non-small cell lung, gastric, pancreatic, triple-negative breast, and colorectal)\(^1\) with low levels of expression in normal tissue.

- IMGC936 comprised of a high-affinity humanized antibody with YTE mutation conjugated to DM21, a highly potent next-generation maytansinoid payload, with a stable peptide linker.

**DEVELOPMENT STRATEGY**

- Presented preclinical data at AACR 2021 demonstrating compelling anti-tumor activity\(^2\).

- Phase 1 dose-escalation underway; initial data anticipated in 2022.

- 50/50 co-development with MacroGenics.

---

\(^1\)AACR 2019 Poster; Hicks S., et al.  
\(^2\)AACR 2021 Poster; Ab, O., et al.
OUR APPROACH TO PARTNERING

MAXIMIZE THE VALUE OF OUR STRATEGIC PROGRAMS AND NOVEL ADC TECHNOLOGY BY RISK SHARING AND PARTNERING FOR CAPABILITIES

HUADONG MEDICINE Development and commercialization of mirvetuximab in Greater China

MACROGENICS Global co-development and co-commercialization of IMGC936

RICH PORTFOLIO OF PLATFORM IP PROVIDES OPPORTUNITIES FOR PARTNERSHIPS AND PIPELINE EXPANSION

OUT-LICENSING
Key legacy licenses enabled KADCYLA® (Roche/Genentech) and SARCLISA® (Sanofi); current licenses to multiple parties for cancer and non-cancer applications, including Eli Lilly

IP AND KNOW-HOW
Portfolio comprised of latest generation of maytansinoid, IGN, and novel camptothecin toxins, associated linkers, and antibodies

IGN: indolinebenzodiazepine dimer
TARGET A BETTER NOW

POSITIVE TOP-LINE DATA GENERATED FOR LEAD MIRVETUXIMAB PROGRAM
BLA ACCEPTED BY FDA; PDUFA DATE NOVEMBER 28, 2022

PATH TO FULL APPROVAL FOR PIVEKIMAB IN BPDCN
EXPECT TOP-LINE DATA IN H2 2022
ADVANCING TRIPLET COMBINATION IN AML

INNOVATIVE EARLIER STAGE CANDIDATES IN SOLID TUMORS
IMGC936: FIRST-IN-CLASS ADAM9-TARGETING ADC IN THE CLINIC
IMGN151: NEXT-GENERATION FRα-TARGETING ADC BUILDS UPON MIRVETUXIMAB FRANCHISE

ADVANCING TO BECOME A FULLY-INTEGRATED ONCOLOGY COMPANY
PREPARING FOR ANTICIPATED COMMERCIAL LAUNCH IN 2022
EXPERIENCED MANAGEMENT TEAM AND STRONG CASH POSITION WITH EXPECTED RUNWAY INTO 2024
## DEEP PIPELINE OF ADCs TARGETING SOLID TUMORS AND HEMATOLOGIC MALIGNANCIES

<table>
<thead>
<tr>
<th>COMPOUND</th>
<th>PRECLINICAL RESEARCH</th>
<th>PRECLINICAL DEVELOPMENT</th>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mirvetuximab Soravatansine Anti-FRa ADC</strong></td>
<td>SORAYA: Monotherapy in FRα-High Platinum-Resistant Ovarian Cancer (Single-Arm Pivotal Trial)</td>
<td>MIRASOL: Monotherapy in FRα-High Platinum-Resistant Ovarian Cancer (Randomized Confirmatory Trial)</td>
<td>GLORIOSA: Doublet with Mirvetuximab + Bevacizumab Maintenance in FRα-High Platinum-Sensitive Ovarian Cancer (Randomized Trial)</td>
<td>PICCOLO: Monotherapy in FRα-High Platinum-Sensitive Ovarian Cancer (Single-Arm Trial)</td>
<td>420: Doublet with Mirvetuximab + Carboplatin in FRα-Low, Medium, and High Platinum-Sensitive Ovarian Cancer (Single-Arm Trial)</td>
</tr>
<tr>
<td><strong>Pivekimab Surinine Anti-CD123 ADC</strong></td>
<td>CADENZA (801): Monotherapy in BPD CN (Includes Single-Arm Pivotal Cohort in Frontline)</td>
<td>802: Triplet with VIDAZA® and/or VENCLEXTA® in AML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMGC936 Anti-ADAM9 ADC</strong></td>
<td>NSCLC, Gastric, Pancreatic, TNBC, and Other Solid Tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMGN151 Anti-FRa Biparatopic ADC</strong></td>
<td>Ovarian, Endometrial, NSCLC, and TNBC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- ADC: antibody-drug conjugate; FRα: folate receptor alpha; ODD: orphan drug designation; FT: fast track; BTD: breakthrough therapy designation; BPD CN: blastic plasmacytoid dendritic cell neoplasm
- AML: acute myeloid leukemia; ADAM: a disintegrin and metalloproteinase
- NSCLC: non-small cell lung cancer; TNBC: triple-negative breast cancer
- VIDAZA®, and VENCLEXTA® are registered trademarks of their respective owners

**Positive Study - BLA Accepted:** 11.28.2022 PDUFA
Mirvetuximab

Phase 3 Randomized Trial
For Mirvetuximab in FRα-High Patients with Platinum-Resistant Ovarian Cancer

Investigator’s Choice Chemotherapy
Paclitaxel, PLD, or Topotecan

Primary Endpoint
PFS by Investigator
BICR for Sensitivity Analysis

Secondary Endpoints
ORR by Investigator, OS, and PRO

Enrollment and Key Eligibility
430 patients/330 events for PFS by Investigator
Platinum-resistant disease (primary PFI >3 months)
1 to 3 prior lines of therapy
Prior bevacizumab* and prior PARPi allowed
Patients with BRCA mutations allowed

Target Timelines
- Enrolling Globally
- Primary Completion Q4 2022
- Expect Top-Line Data Early 2023

*Eligibility criterion different than SORAYA
FRα: folate receptor alpha; IC: investigator’s choice; PLD: pegylated liposomal doxorubicin; PFS: progression-free survival; BICR: blinded independent central review; ORR: objective response rate
OS: overall survival; PRO: patient-reported outcomes; PFI: platinum-free interval; PARPi: poly ADP-ribose polymerase inhibitor; BRCA: BReast CAncer gene
SINGLE-ARM TRIAL FOR MIRVETUXIMAB IN FRα-HIGH PATIENTS WITH PLATINUM-SENSITIVE OVARIAN CANCER

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

TARGET TIMELINES
ENROLLING GLOBALLY
POTENTIAL APPROVAL 2024

FRα: folate receptor alpha; FPI: first patient in; ORR: objective response rate; DOR: duration of response; PARPi: poly ADP-ribose polymerase inhibitor; BRCA: BReast CAncer gene
RANDOMIZED PHASE 3 TRIAL FOR MIRVETUXIMAB + BEVACIZUMAB MAINTENANCE IN FRα-HIGH PLATINUM-SENSITIVE OVARIAN CANCER

INITIATING BY MID-2022

PRIMARY ENDPOINT
PFS

SECONDARY ENDPOINTS
OS, ORR, 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

FRα: folate receptor alpha; PFS: progression free survival; OS: overall survival; DOR: duration of response; PARPi: poly ADP-ribose polymerase inhibitor; BRCA: BReast CAncer gene; CR: complete response; PR: partial response; SD: stable disease
420 STUDY

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

INITIATING BY MID-2022

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+

FRα: folate receptor alpha; ORR: overall response rate; DOR: duration of response; PFS: progression free survival; PARPi: poly ADP-ribose polymerase inhibitor; BRCA: BReast CAncer gene
801 STUDY: SINGLE-ARM PIVOTAL COHORT FOR PIVEKIMAB IN FRONTLINE BPDCN

ENROLLING IN THE US AND EU
Top-line data expected H2 2022

ALIGNED WITH FDA ON PATH TO FULL APPROVAL IN BPDCN

PRIMARY ENDPOINT
CR plus CRc

KEY SECONDARY ENDPOINT
Duration of CR/CRc

ENROLLMENT AND KEY ELIGIBILITY
Up to 20 frontline patients
Includes patients with prior local therapy
Patients ≥18 years old
CD123+ by flow cytometry or IHC
No minimum serum albumin required

SUPPORTING DATA
3 patients previously enrolled in Study 801 meet the eligibility criteria for the frontline cohort; all 3 of these patients achieved CRc

BPDCN: blastic plasmacytoid dendritic cell neoplasm; FDA: US Food and Drug Administration; CR: complete response; *CRc: clinical CR = CR criteria EXCEPT limited residual skin disease "marked clearance of all skin lesions from baseline; residual hyperpigmentation or abnormality with BPDCN identified on biopsy (or no biopsy performed)"; IHC: immunohistochemistry
**IMMUNOGEN ADCs AT-A-GLANCE**

**MIRVETUXIMAB SORAVTANSINE**
Folate receptor alpha-targeting ADC

**ANTIBODY:** Humanized monoclonal antibody which selectively binds to FRα

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

**LINKER:** Cleavable sulfo-SPDB linker

**AVERAGE DAR:** 3.4

---

**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:** Novel non-cleavable peptide linker

Payload linked via site-specific CYSMAB technology

**DAR:** 2

---

**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 are more hydrophobic and thus membrane permeable with increased bystander activity. Linker stable in circulation. Payload linked via site-specific CYSMAB technology.

**DAR:** 3.7

---

**IMGN151**
Folate receptor alpha-targeting ADC

**ANTIBODY:** Asymmetric, bivalent, biparatopic antibody targeting two independent epitopes of FRα (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