

A background image of four diverse women laughing and walking outdoors, each carrying a rolled-up yoga mat. The image is overlaid with a semi-transparent dark blue filter.

TARGET A BETTER NOW

immun•gen

April 2023

Nasdaq: IMGN

FORWARD-LOOKING STATEMENTS

This presentation includes forward-looking statements regarding ImmunoGen's current expectations related to: the commercialization of ELAHERE® (mirvetuximab soravtansine-gnyx); the design and potential success of mirvetuximab soravtansine, pivekimab sunirine, IMGC936, and IMGN151 preclinical and 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, including the MIRASOL trial that is expected to support full regulatory approval of ELAHERE; the potential of ELAHERE to become the standard of care and the combination agent of choice in ovarian cancer; the market opportunities for the Company's development 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 results of the ongoing 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; 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 (SEC) on March 1, 2023, and other reports filed with the SEC and available at www.sec.gov and on our website at www.ImmunoGen.com.

ABOUT IMMUNOGEN

TARGET A BETTER NOW

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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 into 2025

STRATEGIC PRIORITIES

DEVELOPING AND COMMERCIALIZING ADCs TO IMPROVE OUTCOMES FOR CANCER PATIENTS

LAUNCH ELAHERE®

Establish first-in-class
ADC as the standard of
care for FR α -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 α -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 α POSITIVE PATIENTS

- Continue to drive and expand commercial uptake in platinum-resistant setting
- Report top-line data from the Phase 3 confirmatory study (MIRASOL); submit sBLA in US to support full approval and MAA to support initial EU approval
- Support label expansion into platinum-sensitive disease

PIVEKIMAB TO ADDRESS UNMET NEED IN BPDCN and AML

- Progress pivotal CADENZA study in frontline BPDCN
- Continue enrollment in frontline AML expansion cohorts optimizing the duration of venetoclax therapy
- Initiate combination cohort with magrolimab in R/R AML in collaboration with Gilead

ADVANCE EARLIER- STAGE PIPELINE

- IMGC936: First-in-class ADAM9-Targeting ADC; Phase 1 dose escalation complete; expand NSCLC cohort
- IMG151: Pursue dose escalation for next generation FR α 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 α) 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.

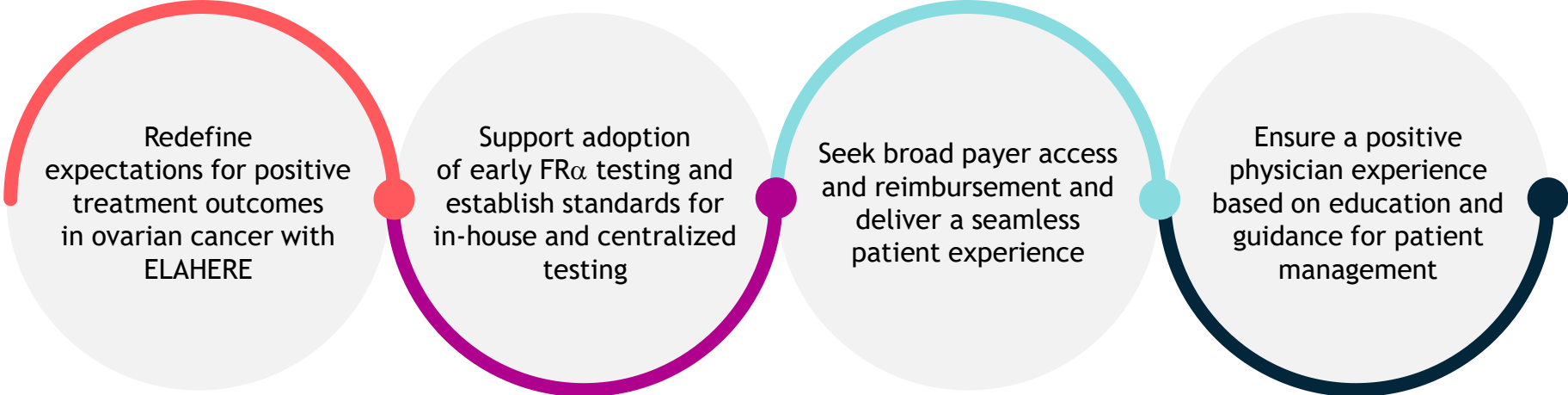
First and only ADC approved in ovarian cancer

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

ELAHERE LAUNCH IMPERATIVES



Redefine expectations for positive treatment outcomes in ovarian cancer with ELAHERE

Support adoption of early FR α 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 α POSITIVE PATIENTS

ELAHERE COMMERCIAL UPDATE

STRONG PROGRESS IN THE FIRST FULL QUARTER SINCE LAUNCH

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 Q1 2023:

- \$29.5M in ELAHERE net sales
- ~70% of orders and vials from non-academic setting, with ~30% of orders and vials from academic accounts
- ~80% of ordering from accounts with no prior clinical trial experience with ELAHERE

Support adoption of early FR α testing and establish standards for in-house and centralized testing

- ~5,400 FOLR1 tests performed YTD through April 2, 2023; significant % ordered for newly diagnosed ovarian cancer patients
- FR α positivity rates of 35%-40%, consistent with clinical trial experience
- Institutional labs actively being certified to run CDx in-house

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 ~55% of Medicare and ~70% of commercial lives through March 31, 2023
- Inclusion of ELAHERE monotherapy and in combination with bevacizumab in NCCN guidelines and compendium
- Negligible PAP utilization

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

Actively engaging with customers:

- Commercial field team has engaged ~85% of ~400 Tier through March 31, 2023

Continued disease state and clinical trial education:

- Medical Affairs team engaged ~85% of core medical experts through March 31, 2023

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

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

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 α -high patients with PROC
 - Enrollment completed mid-2022
 - Expect 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 α -high patients with PSOC
 - Enrollment completed Q1 2023
 - ORR data by year-end 2023; potential for label expansion

MIRVETUXIMAB IN DEVELOPMENT FOR COMBINATION REGIMENS

GLORIOSA MIRVETUXIMAB + BEVACIZUMAB

- Randomized Phase 3 trial for mirvetuximab + bevacizumab maintenance in FR α -high PSOC
- Open for enrollment

TRIAL 420 MIRVETUXIMAB + CARBOPLATIN

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

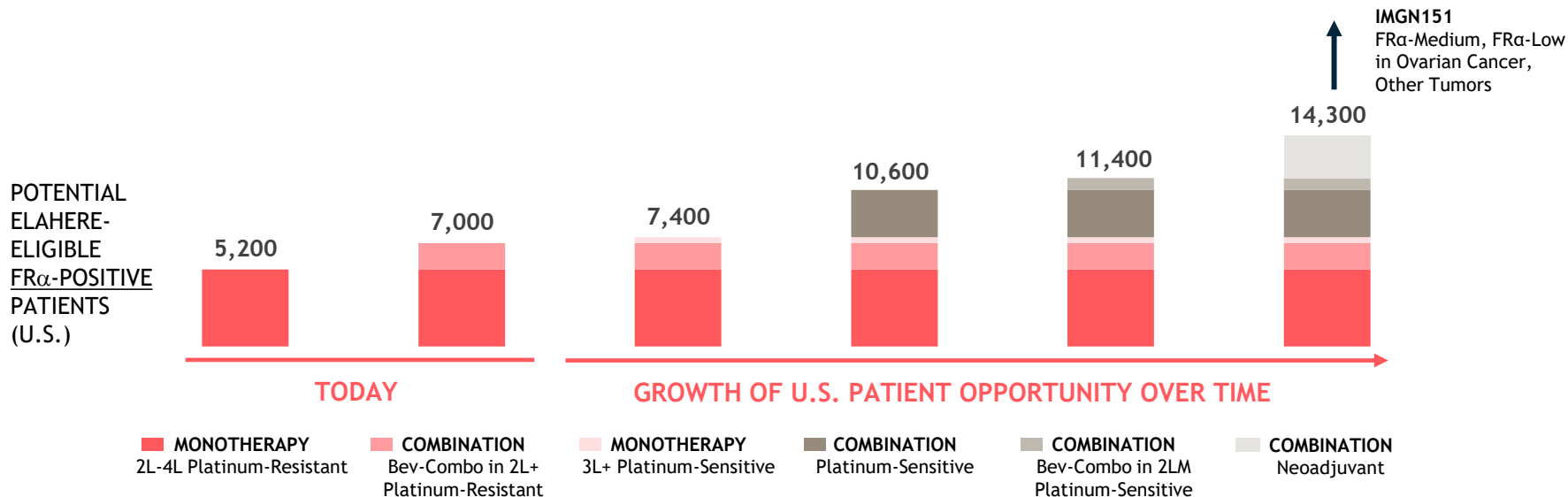
CURRENT LABEL AND DEVELOPMENT PROGRAM TARGETS

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 ALONE¹

THERE ARE ~34,000 DRUG TREATABLE PATIENTS WITH RECURRENT OVARIAN CANCER IN THE UNITED STATES, WITH ~12K PLATINUM-SENSITIVE AND ~22K PLATINUM-RESISTANT²



¹NIH SEER Data: Estimated New Cases, 2022.

²There are 19,500 drug-treatable 2L-4L platinum-resistant ovarian cancer patients in the U.S. each year (DRG).

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.

BEV: bevacizumab; FR α : folate receptor alpha; FR α -positive defined as $\geq 75\%$ tumor cells staining with 2+ intensity (high expression) for all except MIRV+CARBO where FR α -medium ($>50\%$ 2+ staining) are included. MIRV + BEV Combo in 2L+ PROC FR α -low and FR α -medium ($>25\%$ 2+ staining) could increase market opportunity by ~2,200 patients. MIRV monotherapy in 5L+ PROC could increase market opportunity by ~700 patients.

ELAHERE GLOBAL COMMERCIALIZATION STRATEGY

INDEPENDENTLY EXPAND TO EU

Subject to EMA and NHS Approval

EU4 and
UK

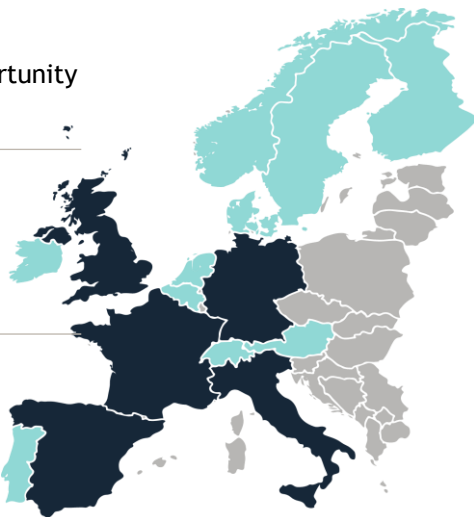
Majority of the
European opportunity

Other
EU16

Clustered
approach
levers reach

Rest of
Europe

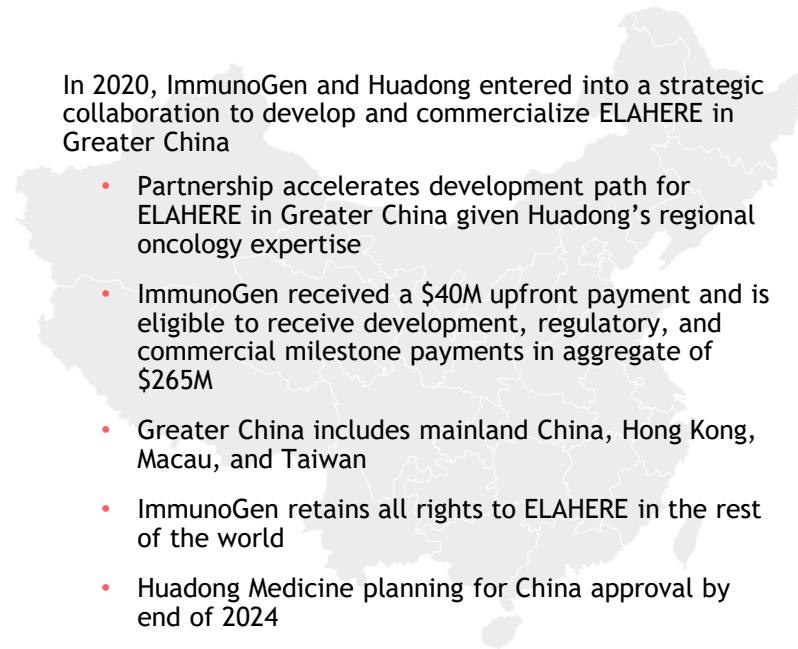
Covered by
distributors
specialised in
CEE** markets



PARTNERED WITH HUADONG MEDICINE IN GREATER CHINA

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

- Partnership accelerates development path for ELAHERE in Greater China given Huadong's regional oncology expertise
- ImmunoGen received a \$40M upfront payment and is eligible to receive development, regulatory, and commercial milestone payments in aggregate of \$265M
- Greater China includes mainland China, Hong Kong, Macau, and Taiwan
- ImmunoGen retains all rights to ELAHERE in the rest of the world
- Huadong Medicine planning for China approval by end of 2024

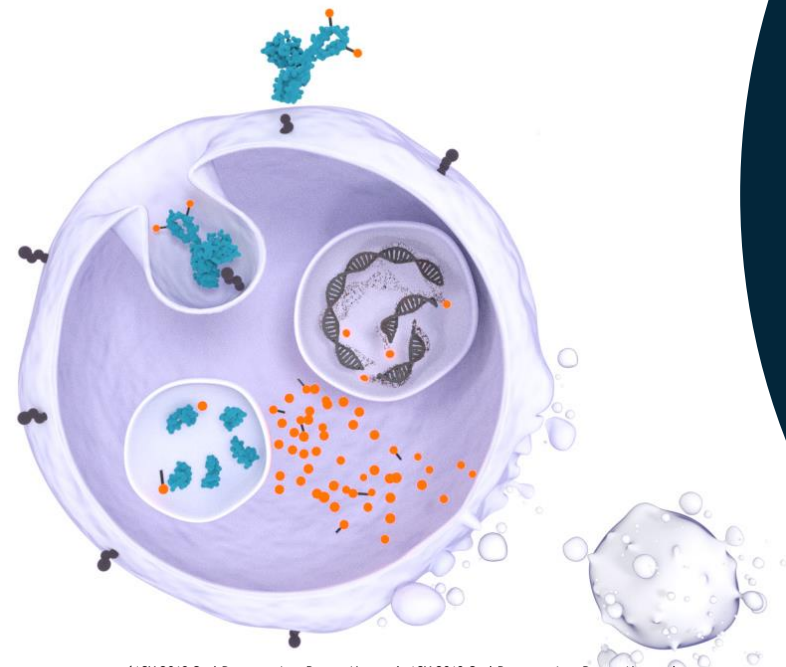


**Central and Eastern Europe
Source: L.E.K. research, interviews and analysis

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^{1,2} and AML¹
- Favorable safety and tolerability observed at multiple dose levels^{1,2}
- Administered in the outpatient setting via short (less than 30 minutes) infusion
- Wholly-owned asset

DEVELOPMENT STRATEGY

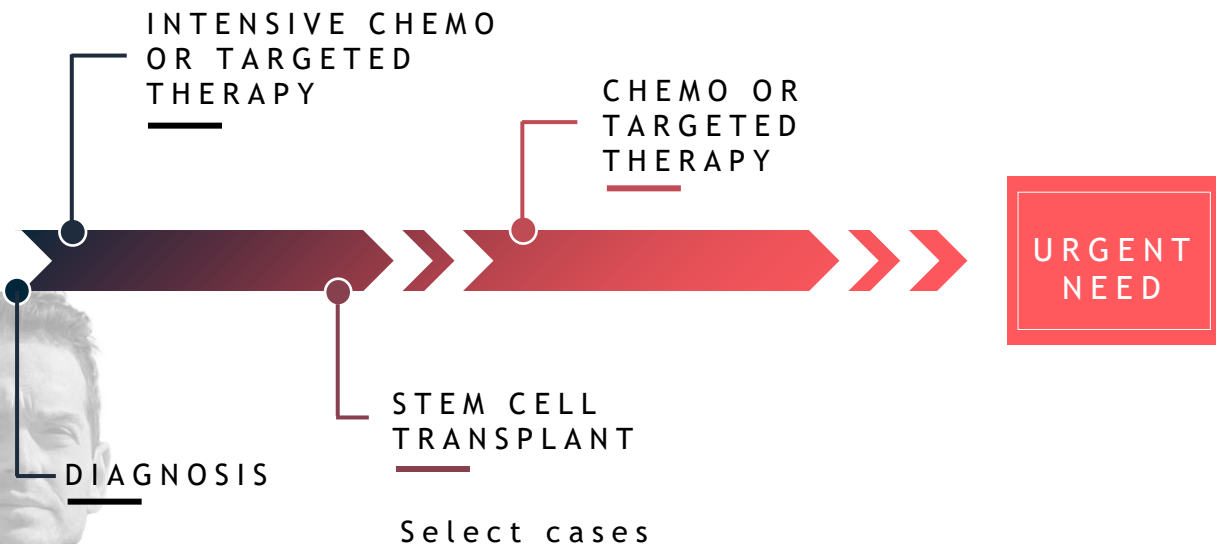
- Granted Breakthrough Therapy Designation and aligned with FDA on a pathway to full approval in BPDCN
- Potential label expansion:
 - In frontline AML with venetoclax + azacitidine
 - In R/R AML with magrolimab
- Seek proof of concept in additional CD123-positive hematologic malignancies

¹ASH 2018 Oral Presentation; Daver, N., et al. ASH 2019 Oral Presentation; Daver, N., et al.

²ASH 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.¹
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 FRONTLINE BPDCN

EVALUATING POTENTIAL BENEFIT IN DE NOVO AND PCHM PATIENTS

- Initiated pivotal frontline development in both de novo and PCHM patients
- Initial data* observed encouraging activity in both populations

11/13 or
~85% of
patients
achieved
a form of
complete
response

In 3 patients enrolled prior to the opening of the pivotal cohort:

- 2 de novo BPDCN and 1 with PCHM
- 3 of 3 achieved CRc

In the first 10 patients in the pivotal cohort:

- 4 de novo BPDCN and 6 with PCHM
 - 2 of 4 de novo patients achieved CR/CRc
 - 4 of 6 PCHM patients achieved CR/CRc/CRh
 - Fifth PCHM patient achieved CRi, and a sixth was able to bridge to transplant

Following Discussion with FDA:

- Pivotal efficacy analysis will be in de novo patients
 - Enroll up to 20 de novo patients
 - Primary endpoint is CR/CRc; key secondary endpoint is duration of CR/CRc
- Expect top-line data in de novo patients in 2024
- Will continue to enroll patients with PCHM to further explore the potential benefit in this population, particularly the potential impact of achieving CRh

CADENZA 

Efficacy Endpoints

- 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])

ANC and PLT units = /mm³

AML IS AN AGGRESSIVE HEMATOLOGIC MALIGNANCY

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

DIAGNOSIS

Decision about fitness for chemotherapy must be made quickly

FIT PATIENTS²

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

Median survival: 2-4 years

UNFIT PATIENTS²

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^{2, 3}

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 MONTHS⁴

PIVEKIMAB IN AML

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

ASH 2022 DATA¹

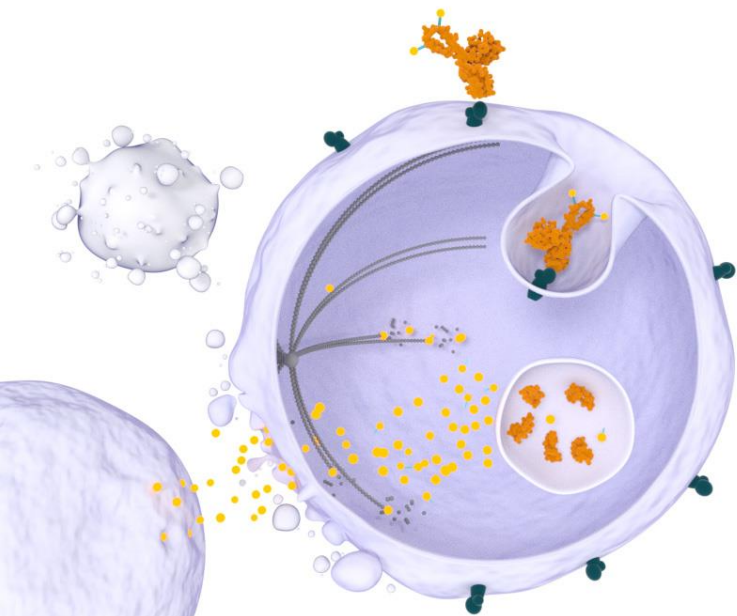
- Responses in R/R AML were seen across all cohorts/doses and schedules (n=91)
 - ORR was 45% with a CCR rate of 25%, 32% of CCR achieved MRD-negativity, 24% of responders bridged to transplant, and median duration of CCR was 7.7 months
 - Compelling CCR rates in multiple patient subsets: VEN-naïve 38%, 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 profile in AML patients; no tumor lysis syndrome, veno-occlusive disease, capillary leak, or cytokine release was reported

2023 OBJECTIVES

- Continue enrollment in two frontline AML expansion cohorts optimizing the duration of venetoclax therapy
- In partnership with Gilead, initiate new cohort to evaluate pivekimab + magrolimab in R/R AML

IMGC936

FIRST-IN-CLASS ADAM9-TARGETING ADC



KEY ATTRIBUTES

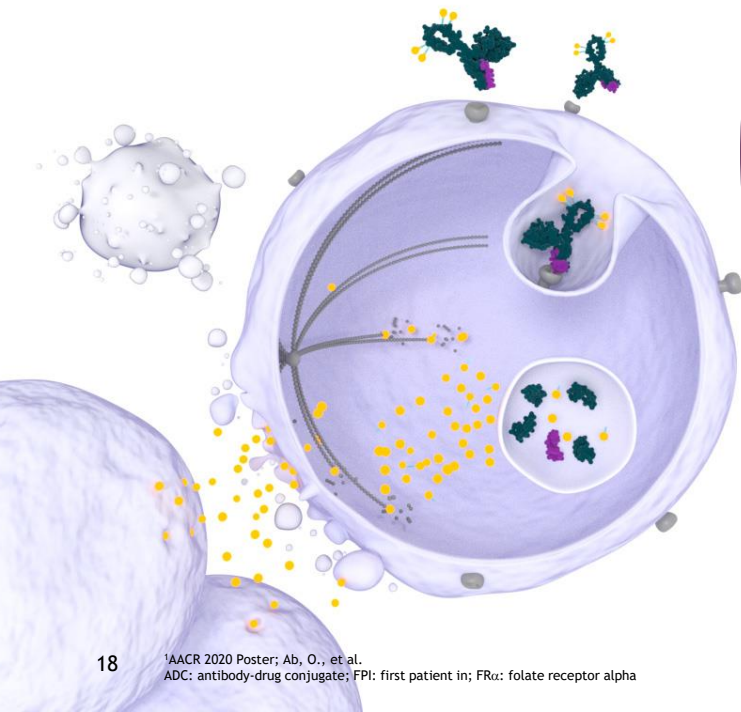
- ADAM9 is overexpressed in multiple solid tumors (e.g., non-small cell lung, gastric, pancreatic, triple-negative breast, and colorectal)¹ with low levels of expression in normal tissue
- IMGC936 comprised of a high-affinity humanized antibody with YTE mutation conjugated to DM21, a highly potent next-generation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

DEVELOPMENT STRATEGY

- Presented preclinical data at AACR 2021 demonstrating compelling anti-tumor activity² in patient-derived xenograft models
- Phase 1 dose escalation complete; expand NSCLC cohort
- 50/50 co-development with MacroGenics

IMGN151

FOLLOW-ON CANDIDATE FOR FR α -TARGETING FRANCHISE



KEY ATTRIBUTES

- Next-generation anti-FR α ADC designed to target tumors with a broad range of FR α -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 FR α conjugated to DM21, 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 α expression
- FPI in Phase 1 trial achieved January 2023; dose escalate to determine recommended Phase 2 dose

PIPELINE EXPANSION AND OUT-LICENSING STRATEGY

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

COLLABORATIONS



Global co-development and co-commercialization of IMGC936



Development and commercialization of ELAHERE in Greater China



Collaboration to research novel, first-in-class ADCs



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

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 financing 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 carrying a rolled-up yoga mat. The image is overlaid with a semi-transparent dark blue filter. The text 'TARGET A BETTER NOW' is centered in white, with a thin red horizontal line underneath it.

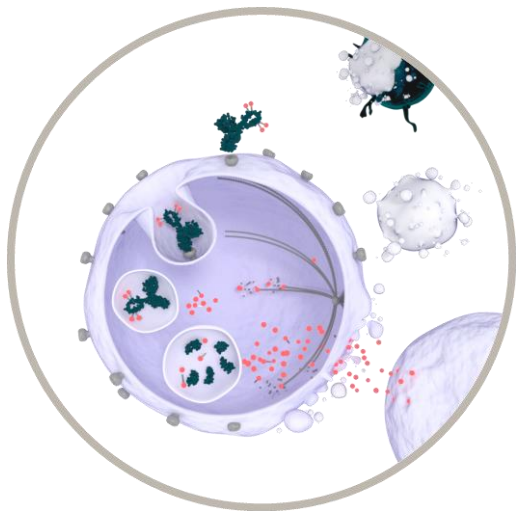
TARGET A BETTER NOW

immun•gen

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

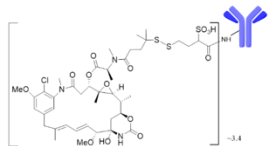
LINKERS

- 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

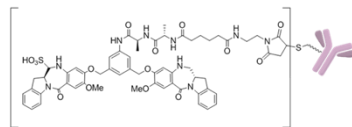
ANTIBODY: Humanized monoclonal antibody which selectively binds to FRα

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

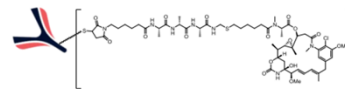
PAYLOAD: New indolinobenzodiazepine class of DNA-targeting payload which causes single stranded DNA damage

LINKER: Peptide linker stable in circulation

Payload linked via site-specific CysMab technology

DAR: 2

ANTICIPATED PATENT TERM: COM 2036[#]



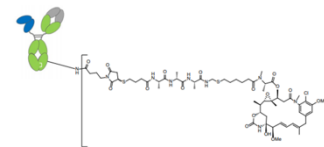
IMGC936
ADAM9-targeting ADC

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, membrane permeable with increased bystander activity. Linker stable in circulation. Payload linked via site-specific CysMab technology.

DAR: 2

ANTICIPATED PATENT TERM: COM 2039[#]



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

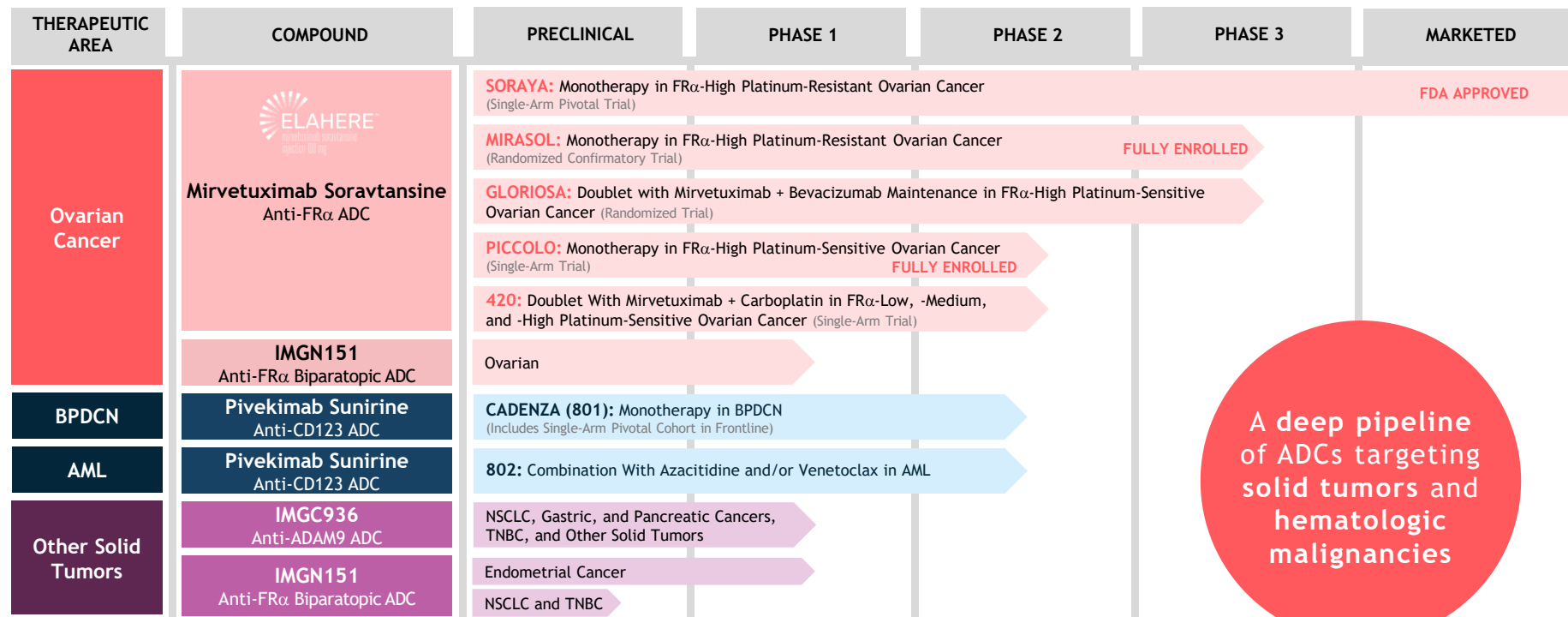
ANTICIPATED PATENT TERM: COM 2040[#]

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.

[#] 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; FRα: folate receptor alpha; CD123: Interleukin-3 receptor alpha chain; ADAM9: a disintegrin and metalloprotease

A COMMITMENT TO TARGETED MEDICINES



● Ovarian Cancer ● Hematologic Malignancies ● Other Solid Tumors

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

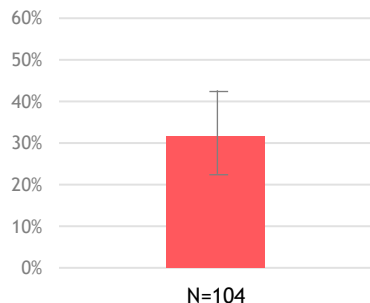
SORAYA: POSITIVE RESULTS

KEY EFFICACY ENDPOINTS

ORR% BY INVESTIGATOR¹

31.7%

(22.9, 41.6)*



33 responders

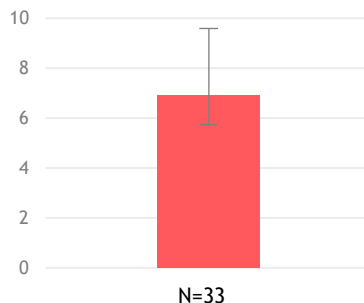
- 5; 4.8% complete responses
- 28; 26.9% partial responses

Stable Disease 48; 46.2%²

DOR BY INVESTIGATOR¹

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 ≥20% ¹	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.

MIRASOL

PHASE 3 RANDOMIZED TRIAL FOR MIRVETUXIMAB IN FR α -HIGH PATIENTS WITH PLATINUM- RESISTANT OVARIAN CANCER

Confirmatory trial with potential to support full approval
in the US and a marketing application in the EU

- Enrollment completed mid-2022
- Expect top-line data in early May 2023

1:1 RANDOMIZATION

Mirvetuximab

STRATIFICATION FACTORS

IC Chemotherapy (Paclitaxel, PLD, Topotecan)
Prior Therapies (1 vs 2 vs 3)

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

GLORIOSA

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

Aligned with FDA on the trial design; 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



SINGLE-ARM TRIAL FOR MIRVETUXIMAB IN FR α -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
- Report on primary endpoint before the end of 2023

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 α -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+

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 DATA¹

64% ORR

FR α -HIGH RECURRENT
OVARIAN CANCER
n= 11

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



- Single-arm Phase 2 trial for mirvetuximab in FR α -high patients with platinum-sensitive ovarian cancer
- Enrollment completed Q1 2023
- Potential for label expansion

MIRVETUXIMAB IN COMBINATION

MIRVETUXIMAB + BEVACIZUMAB²

52% ORR

FR α -HIGH RECURRENT
OVARIAN CANCER
n= 62

- Compelling activity in FR α -high recurrent ovarian cancer, regardless of prior bevacizumab
- 11.8 month mDOR, 10.1 month mPFS



- Randomized Phase 3 trial for mirvetuximab + bevacizumab maintenance in FR α -high platinum-sensitive ovarian cancer
- Aligned with FDA on trial design
- Open for enrollment

MIRVETUXIMAB + CARBOPLATIN^{3, 4}

89% ORR

ACROSS ALL LEVELS OF
FR α EXPRESSION
n= 9

- Highly active in recurrent platinum-sensitive ovarian cancer across all levels of FR α expression, at RP2D MIRV 6 mg/kg AIBW + carboplatin AUC 5
 - 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

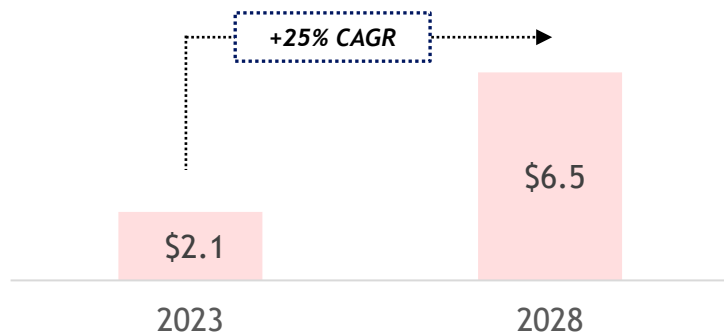


- Single-arm Phase 2 trial for mirvetuximab + carboplatin followed by mirvetuximab continuation in FR α -low, medium, and high patients with platinum-sensitive ovarian cancer
- Open for enrollment

SIGNIFICANT GROWTH EXPECTED FOR OVARIAN CANCER MARKET

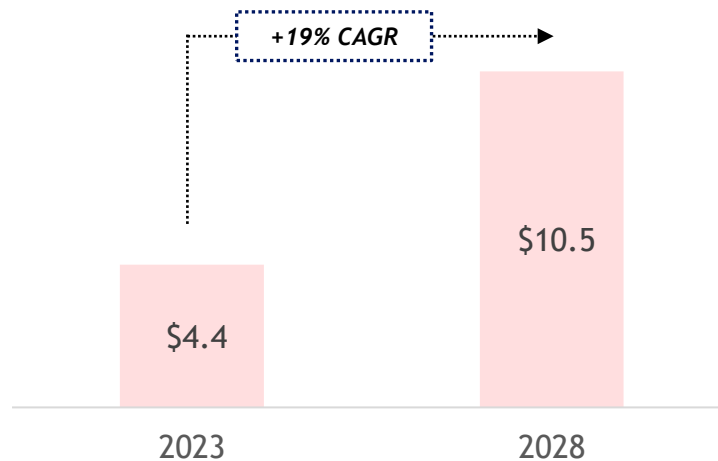
U.S. Ovarian Cancer Market Sales

(\$ USD Billions)



Global Ovarian Cancer Market Sales

(\$ USD Billions)



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