May 5th, 2025

1st Quarter 2025 Financial Results & Corporate Update

This Slide Presentation Includes Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, but not limited to, statements concerning: BioNTech's expected revenues and net profit/(loss) related to sales of BioNTech's COVID-19 vaccine, referred to as COMIRNATY where approved for use under full or conditional marketing authorization, in territories controlled by BioNTech's collaboration partners, particularly for those figures that are derived from preliminary estimates provided by BioNTech's partners; the rate and degree of market acceptance of BioNTech's COVID-19 vaccine and, if approved, BioNTech's investigational medicines; expectations regarding anticipated changes in COVID-19 vaccine demand, including changes to the ordering environment and expected regulatory recommendations to adapt vaccines to address new variants or sublineages; the initiation, timing, progress, results, and cost of BioNTech's research and development programs, including BioNTech's current and future preclinical studies and clinical trials, including statements regarding the expected timing of initiation, enrollment, and completion of studies or trials and related preparatory work and the availability of results, and the timing and outcome of applications for regulatory approvals and marketing authorizations; BioNTech's expectations regarding potential future commercialization in oncology, including goals regarding timing and indications; the targeted timing and number of additional potentially registrational trials, and the registrational potential of any trial BioNTech may initiate; discussions with regulatory agencies; BioNTech's expectations with respect to intellectual property; the impact of BioNTech's collaboration and licensing agreements; the development, nature and feasibility of sustainable vaccine production and supply solutions; the deployment of AI across BioNTech's preclinical and clinical operations; BioNTech's expectations with respect to tariff policy; BioNTech's estimates of revenues, research and development expenses, selling, general and administrative expenses, and capital expenditures for operating activities; BioNTech's expectations regarding upcoming payments relating to litigation settlements; BioNTech's expectations for upcoming scientific and investor presentations; and BioNTech's expectations of net profit / (loss). In some cases, forward-looking statements can be identified by terminology such as "will," "may," "should," "expects," "intends," "plans," "aims," "anticipates," "believes," "estimates," "predicts," "potential," "continue," or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words.

The forward-looking statements in this presentation are based on BioNTech's current expectations and beliefs of future events and are neither promises nor guarantees. You should not place undue reliance on these forward-looking statements because they involve known and unknown risks, uncertainties, and other factors, many of which are beyond BioNTech's control, and which could cause actual results to differ materially and adversely from those expressed or implied by these forward-looking statements. These risks and uncertainties include, but are not limited to: the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for clinical trials, projected data release timelines, regulatory submission dates, regulatory approval dates and/or launch dates, as well as risks associated with preclinical and clinical data, including the data discussed in this release, and including the possibility of unfavorable new preclinical, clinical or safety data and further analyses of existing preclinical, clinical or safety data; the nature of the clinical data, which is subject to ongoing peer review, regulatory review and market interpretation; BioNTech's pricing and coverage negotiations regarding its COVID-19 vaccine with governmental authorities, private health insurers and other third-party payors; the future commercial demand and medical need for initial or booster doses of a COVID-19 vaccine; the impact of tariffs and escalations in trade policy; competition from other COVID-19 vaccines or related to BioNTech's other product candidates, including those with different mechanisms of action and different manufacturing and distribution constraints, on the basis of, among other things, efficacy, cost, convenience of storage and distribution, breadth of approved use, side-effect profile and durability of immune response; the timing of and BioNTech's ability to obtain and maintain regulatory approval for its product candidates; the ability of BioNTech's COVID-19 vaccines to prevent COVID-19 caused by emerging virus variants; BioNTech's and its counterparties' ability to manage and source necessary energy resources; BioNTech's ability to identify research opportunities and discover and develop investigational medicines; the ability and willingness of BioNTech's third-party collaborators to continue research and development activities relating to BioNTech's development candidates and investigational medicines; the impact of COVID-19 on BioNTech's development programs, supply chain, collaborators and financial performance; unforeseen safety issues and potential claims that are alleged to arise from the use of products and product candidates developed or manufactured by BioNTech; BioNTech's and its collaborators' ability to commercialize and market BioNTech's COVID-19 vaccine and, if approved, its product candidates; BioNTech's ability to manage its development and related expenses; regulatory and political developments in the United States and other countries; BioNTech's ability to effectively scale its production capabilities and manufacture its products and product candidates; risks relating to the global financial system and markets; and other factors not known to BioNTech at this time. You should review the risks and uncertainties described under the heading "Risk Factors" in BioNTech's Report on Form 6-K for the period ended March 31, 2025, and in subsequent filings made by BioNTech with the SEC, which are available on the SEC's website at www.sec.gov. These forward-looking statements speak only as of the date hereof. Except as required by law, BioNTech disclaims any intention or responsibility for updating or revising any forward-looking statements contained in this presentation in the event of new information, future developments or otherwise.

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An abbreviation directory of defined terms can be found at the end of the presentation.

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2 Oncology Pipeline Update
Özlem Türeci, Co-founder & Chief Medical Officer

3 Financial Update
Jens Holstein, Chief Financial Officer

4 Strategic Outlook
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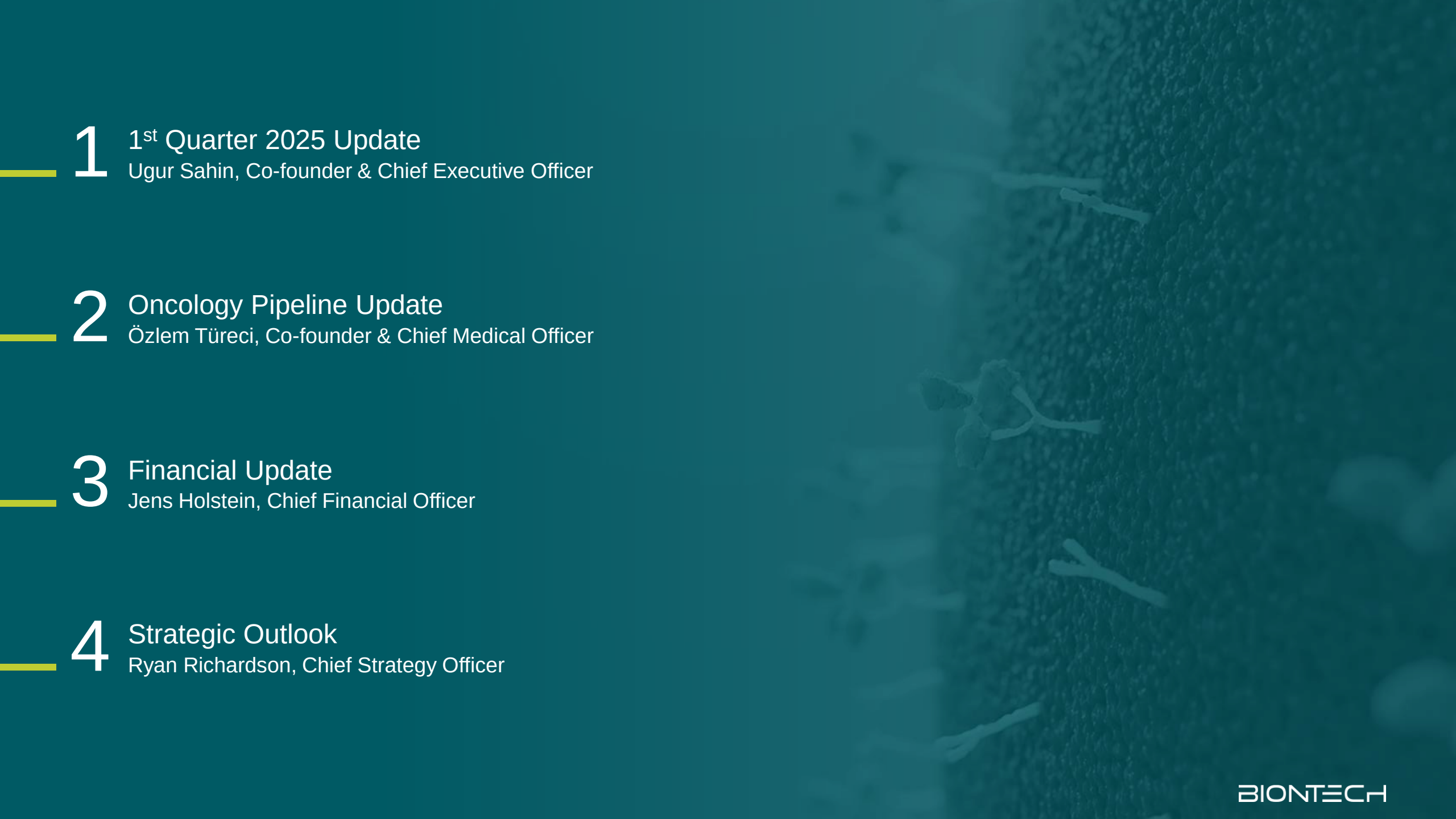

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1 1st Quarter 2025 Updates

Ugur Sahin, Co-founder & Chief Executive Officer

BIONTECH


Building a
Global Immunotherapy Powerhouse
Translating Science into Survival
BIONTECH

Progress in Q1 2025 Towards Our Strategic Goals

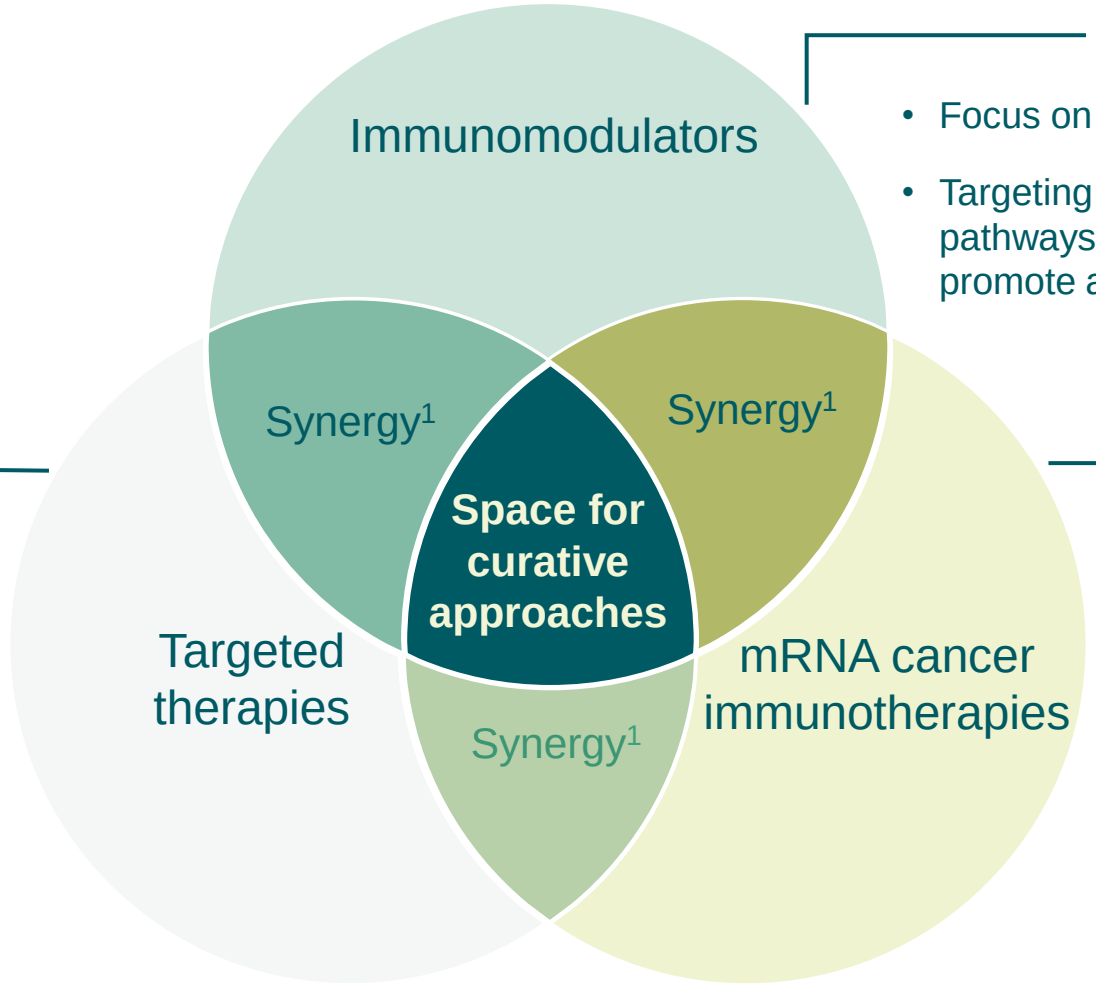
Execution in Oncology	
BNT327	Presented **Phase 2 data[1] for BNT327 in 1L SCLC** Reported **first BNT327+ADC combo data[1]** with TROP2- targeting ADC, BNT325/DB-1305[2]
mRNA Cancer Immunotherapies	Reported **Phase 1 data[1] for BNT116[3] in NSCLC** Published **two manuscripts** for autogene cevumeran[4] in Nature and Nature Medicine
BNT323/DB-1303[2]	Preparing for regulator discussions with **planned BLA submission** by end of 2025, pending regulatory feedback
COVID-19 Leadership	
COMIRNATY	Maintained **>50%** global COVID-19 vaccine[5] market share
Corporate Update	
Corporate Development	Completed acquisition of Biotheus, **securing global control of BNT327** Appointed **Ramón Zapata** to Management Board as Chief Financial Officer effective July 1, 2025
Financials	Strong balance sheet : **~€ 15.9 bn** total cash and cash equivalents plus security investments[6]

1. Phase 1 data for BNT116 (AACR); BNT327 data included: Phase 2 data in ES-SCLC and SCLC (ELCC) and Phase 1/2 data (AACR); 2. Partnered with DualityBio; 3. In collaboration with Regeneron; 4. Partnered with Genentech, a member of the Roche Group; 5. Partnered with Pfizer; 6. Cash and cash equivalents plus security investments as of March 31, 2025, reached €15,854.4 million, comprising €10,184.9 million cash and cash equivalents, €3,542.0 million current security investments and €2,127.5 million non-current security investments, respectively. A settlement payment of $400 million related to a contractual dispute with the University of Pennsylvania is expected to be reflected in the Company's second quarter 2025 financial results. In connection with this and another settlement with the NIH, BioNTech expects to be reimbursed approximately $535 million by its collaboration partner during 2025 and 2026. Reimbursement payments have begun to be received in the first quarter of 2025.

We are Uniquely Positioned to Combine Approaches to Transform Cancer Care

Immunomodulators

- Focus on the critical IO pathways
- Targeting different complementary pathways in cancer immunity cycle may promote a durable anti-tumor effect



Targeted therapies

- Precise and potent modalities for fast onset tumor reduction
- ADC as potential “augmenters” of immunomodulators and mRNA cancer immunotherapies
- Focus on HER2, HER3, TROP2, B7H3 ADCs as combination partners

mRNA cancer immunotherapies

- Eliminate polyclonal residual disease with multi-antigen and individualized approaches
- Polyspecific activity by targeting multiple antigens at once
- Establish long-lasting immunological memory to prevent relapses

1. Synergistic potential.

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Our Priorities are Novel mRNA Cancer Immunotherapy and Next-Generation IO-Backbone

Novel mRNA cancer immunotherapy

FixVac & iNeST[1]

Next-generation of personalized cancer therapy targeting tumor associated antigens and cancer mutations

Our next-generation IO-backbone

PD-L1/VEGF-A antibody BNT327

Potential to become the next-generation IO-backbone

Clinical stage candidates for combination therapy

- IO molecules
- mRNA immunotherapies
- ADCs
- Cell and gene therapies

Resected cancers (adjuvant) → Neoadjuvant, 1L advanced/metastatic → Late stage, refractory cancers

1. Partnered with Genentech, a member of the Roche Group.

2 Oncology Pipeline Update

Özlem Türeci, Co-founder & Chief Medical Officer

Advancing Towards Commercial Stage in Oncology

BNT327

BNT327 data continue to support potential as a next-generation IO-backbone for combination approaches

mRNA Cancer Immunotherapies

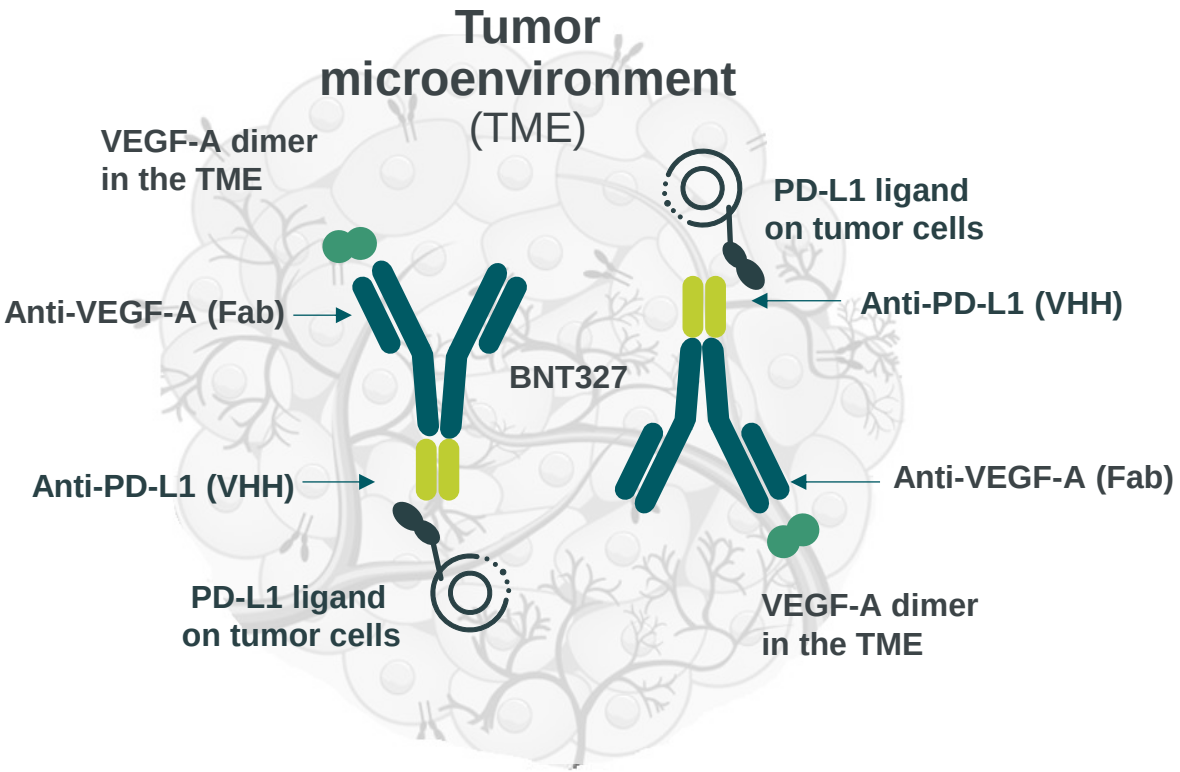
Updates for off-the-shelf and individualized mRNA cancer immunotherapies expected in 2H 2025

BNT323/DB-1303[1]

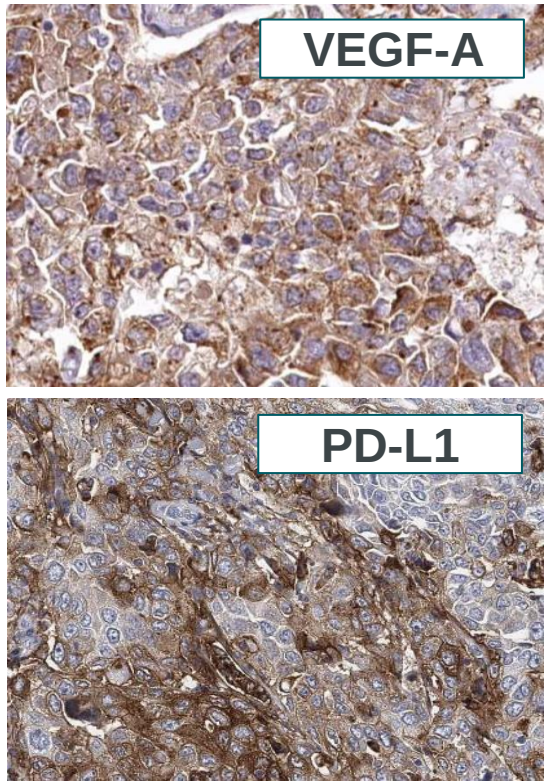
Advance BNT323/DB-1303[1] towards BLA submission

1. Partnered with DualityBio.

BNT327: Synergistic Targeting of PD-L1 and VEGF



NSCLC IHC[1]



Bispecific MOA

Local neutralization of angiogenic and immunosuppressive VEGF-A effects

Targeting the TME and blockade of PD-1/PD-L1 signaling

1. IHC data: Human Protein Atlas.

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Accelerating BNT327 Global Clinical Development

Explore potential of BNT327 in three waves of focused development

1 Establish

Ongoing

- Phase 2 in TNBC
- Phase 2 in SCLC
- Phase 3 in SCLC (ROSETTA Lung-01)
- Phase 2/3 in NSCLC (ROSETTA Lung-02)

Planned

- Phase 3 in TNBC (ROSETTA Breast-01) for 2025

2 Combine

Ongoing

- Phase 1/2 with BNT325/DB-1305[1] (TROP2) in solid tumors

Planned

- Phase 1/2 with BNT323/DB-1303[1] (HER2)
- Phase 1/2 with BNT324/DB-1311[1] (B7H3)
- Phase 1/2 with BNT326/YL202[2] (HER3)
- Additional combinations in 2025+

3 Broaden

Portfolio of 20+ clinical oncology assets in-house

- Combine with IO bispecifics
- Combine with cell therapies
- Combine with novel ADCs

BNT327 + novel assets: Broaden to further indications

BNT327 + ADC: Explore expansion to novel combinations with ADCs in high unmet need indications

BNT327 + chemo: Establish in combination with CTx in potential fast-to-market indications

Partnered with: 1. DualityBio; 2. MediLink.

BNT327 Combined With Chemotherapy Indicated Encouraging Efficacy in 1L **TNBC** Irrespective of PD-L1 Status in Phase 1/2 Study

Unmet medical need remains high for patients with TNBC

Patients with Stage IV TNBC[1] have a 5-year survival rate of 10%

Phase 1/2 Study (NCT05918133): Interim overall survival
Jiong Wu et al. presented at SABCS 2024

ITT population (n=42)

Confirmed ORR (95% CI)	**73.8 %** (58.0, 86.1)
Median PFS (95% CI)	**13.5 months** (9.4, 19.3)
12-month OS rate (95% CI)	**80.8 %** (65.3, 89.9)
18-month OS rate (95% CI)	**69.7 %** (52.7, 81.6)

A manageable **safety profile** was observed, with no new safety signals beyond those typically described for nab-paclitaxel and anti- PD-1/PD-L1 and anti-VEGF monotherapies.

Benchmark[2] comparator data by PD-L1 expression level (Keynote-355)
Cortes, J, et al., New England Journal of Medicine, 2022

	1L TNBC (CPS <10)[4,5]	1L TNBC (CPS ≥ 10)
Benchmark regimen	Chemo	Pembro + Chemo
ORR	35 %	53 %
Median PFS	5.7 months	9.7 months
Median OS	15.2 months	23.0 months

The above data are not based on a head-to-head study comparing BioNTech's investigational products with other products/candidates - no conclusions can be drawn.

We believe BNT327 has the potential to become a first-line treatment option for patients with TNBC[3], including those currently not addressed by existing IO therapies

1. Incidence from SEER (US); Zentrum für Krebsregisterdaten (DE); Globocan (ES); Sante Publique (FR); AIOM (IT); Cancer Research UK . 2 Benchmark study: KEYNOTE-355 as reported in Cortes, J, et al. New England Journal of Medicine,. 2022. 3. The above information is not based on head-to-head trials between BioNTech's investigational candidates and other products or product candidates. Furthermore, definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data, as they may be confounded by various factors, and should be interpreted with caution. 4. Obtained from subgroup analysis. 5. mPFS for CPS < 10 subgroup from Cortes, J. et al. Lancet, 2020.

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BNT327 Combined With Chemotherapy Indicated Encouraging Efficacy in 1L **ES-SCLC** in Phase 2 Study

Unmet medical need remains high for patients with ES-SCLC

Patients with ES-SCLC[1] have a 5-year survival rate of 3%

Phase 2 Study (NCT05844150): Emerging efficacy profile
Ying Cheng et al. presented at ELCC 2025

ITT population (n=48)

Confirmed ORR (95% CI)	**85.4 %** (72.2, 93.9)
Median PFS (95% CI)	**6.9 months** (4.34, 8.21)
Median OS (95% CI) OS events, n (%)	**16.8 months** (14.3, --) 17 (35.4)
12-month OS rate (95% CI)	**72.7 %** (57.6, 83.1)

A manageable **safety profile** was observed, with no new safety signals beyond those typically described for chemotherapy agents and anti-PD-(L)1 and anti-VEGF monotherapies.

Benchmark[2] comparator data (IMpower133)
L. Horn et al., New England Journal of Medicine, 2018

	1L ES-SCLC
Benchmark regimen	Atezo + Chemo
ORR	60%
Median PFS	5.2 months
Median OS	12.3 months

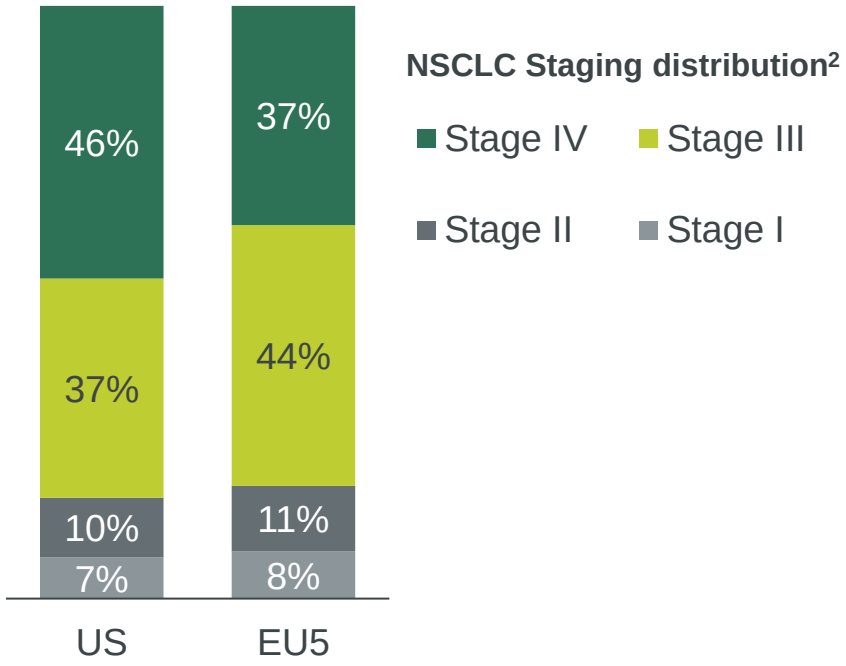
The above data are not based on a head-to-head study comparing BioNTech's investigational products with other products/candidates - no conclusions can be drawn.

We believe BNT327 has the potential to become a new first-line treatment option for patients with ES-SCLC[3]

1. Incidence from: SEER data for diagnosed SCLC incidence in US; Cancer Research UK; Zentrum für Krebsregisterdaten; Sante Publique; AIOM; EPDATA. 2. Benchmark study: IMpower133 as reported in L. Horn et al., New England Journal of Medicine, 2018 3. The above information is not based on head-to-head trials between BioNTech's investigational candidates and other products or product candidates. Furthermore, definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data, as they may be confounded by various factors, and should be interpreted with caution.

Non-Small Cell Lung Cancer is One of the Highest Incidence Cancers Globally[1]

2030 U.S., EU4, U.K.
NSCLC projected incidence[1] **~415k**



Treatment outcomes vary based on histology and PD-L1 levels in 1L NSCLC patients without actionable genomic alterations

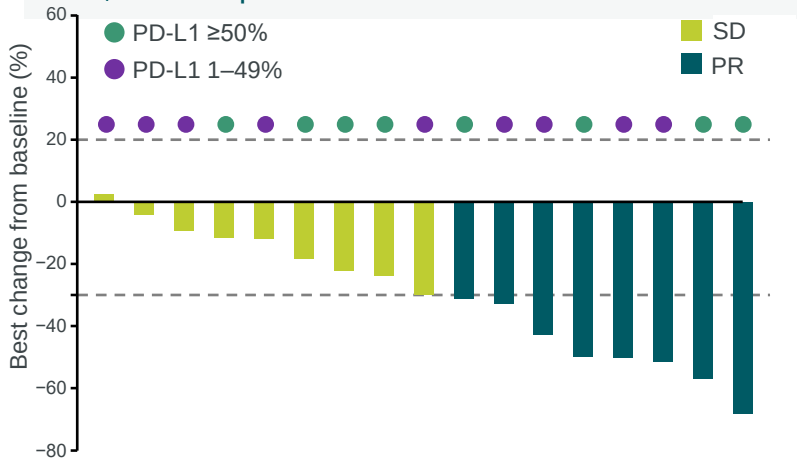
	Non-squamous (~ 70%)[3]	Squamous (~ 30%)[3]
PD-L1 ≥ 50% (~ 25 - 30%)[4,5]	**5-year OS:** 30% (KN-189)[6]	**5-year OS:** 23% (KN-407)[7]
PD-L1 1 - 49% (~ 30 - 40%)[4,5]	**5-year OS:** 20% (KN-189)[6]	**5-year OS:** 21% (KN-407)[7]
PD-L1 < 1% (~ 30 - 40%)[4,5]	**5-year OS:** 10% (KN-189)[6]	**5-year OS:** 11% (KN-407)[7]

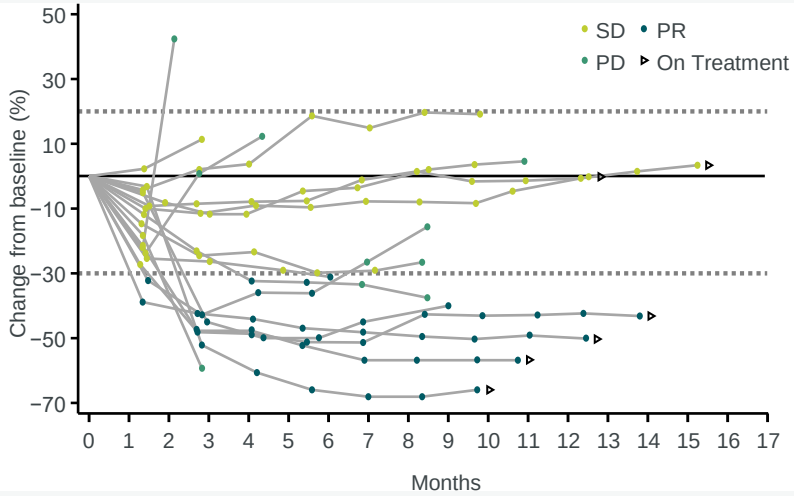
1. Globocan – Cancer Tomorrow; 2. CancerMPact® 2024 Treatment Architecture EU5 and US; Note that 5-year survival reported includes all comer NSCLC population ie including with actionable genetic alterations; 3. Ganti AK, et al., Update of Incidence, Prevalence, Survival, and Initial Treatment in Patients With Non-Small Cell Lung Cancer in the US. JAMA Oncology, 2021 Dec; 4. Mansour MSI et al., PD-L1 Expression in Non-Small Cell Lung Cancer Specimens: Association with Clinicopathological Factors and Molecular Alterations, International Journal of Molecular Sciences, 2022 Apr 19;23(9):4517; 5. Saez de Gordoa, K. et al. PD-L1 Expression in Non-Small Cell Lung Cancer: Data from a Referral Center in Spain. Diagnostics 2021, 11, 1452; 6. Garassino MC, et al. Pembrolizumab Plus Pemetrexed and Platinum in Nonsquamous Non-Small-Cell Lung Cancer: 5-Year Outcomes From the Phase 3 KEYNOTE-189 Study. Journal of Clinical Oncology, 2023 Apr 10;41(11):1992-1998; 7. Silvia Novello et al., Pembrolizumab Plus Chemotherapy in Squamous Non–Small-Cell Lung Cancer: 5-Year Update of the Phase III KEYNOTE-407 Study, Journal of Clinical Oncology, 41, 1999-2006(2023).

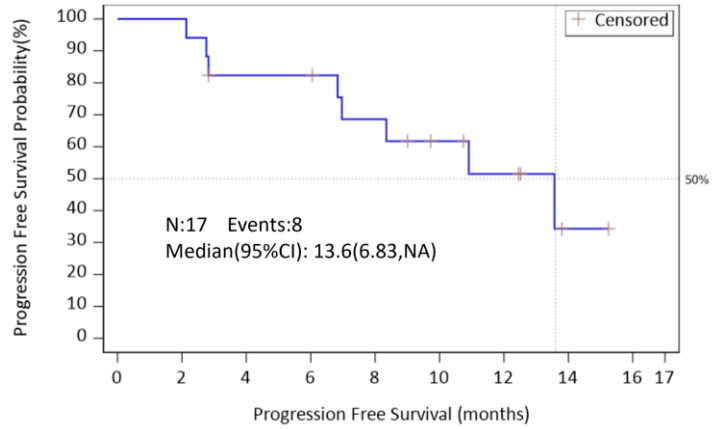
BNT327 Indicates Single Agent Activity in 1L NSCLC in Phase 1b/2a Study

Phase 1b/2a (NCT05918445); Cohort 1: 1L NSCLC (EGFR & ALK WT)

Wu, C. et al. presented at ASCO 2024







Data cut off date: 2024-03-15

BNT327 indicated manageable safety in this patient population. Safety events were consistent with those described for anti-PD-L1 and anti-VEGF monotherapy.

Benchmark[1] comparator data

Indication	Benchmark[2] regimen	ORR	mPFS	mOS
1L NSCLC (PD-L1 ≥ 50%)	**Pembrolizumab monotherapy**	45%	7.7 months	26.3 months

The above data are not based on a head-to-head study comparing BioNTech's investigational products with other products/candidates - no conclusions can be drawn.

1L NSCLC mono tx (cohort 1, n=17): ORR 47%, DCR 100%, mPFS 13.6 months

Comparable ORR in PD-L1 1–49% (n=9) and PD-L1 ≥50% (n=8)

1. Benchmark study: KEYNOTE-024 as reported in Reck, M. et al. New England Journal of Medicine, 2016; 2. The above information is not based on head-to-head trials between BioNTech's investigational candidates and other products or product candidates. Furthermore, definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data, as they may be confounded by various factors, and should be interpreted with caution

ROSETTA Lung-02 – Our First Global Registrational Trial in NSCLC

ROSETTA LUNG-02

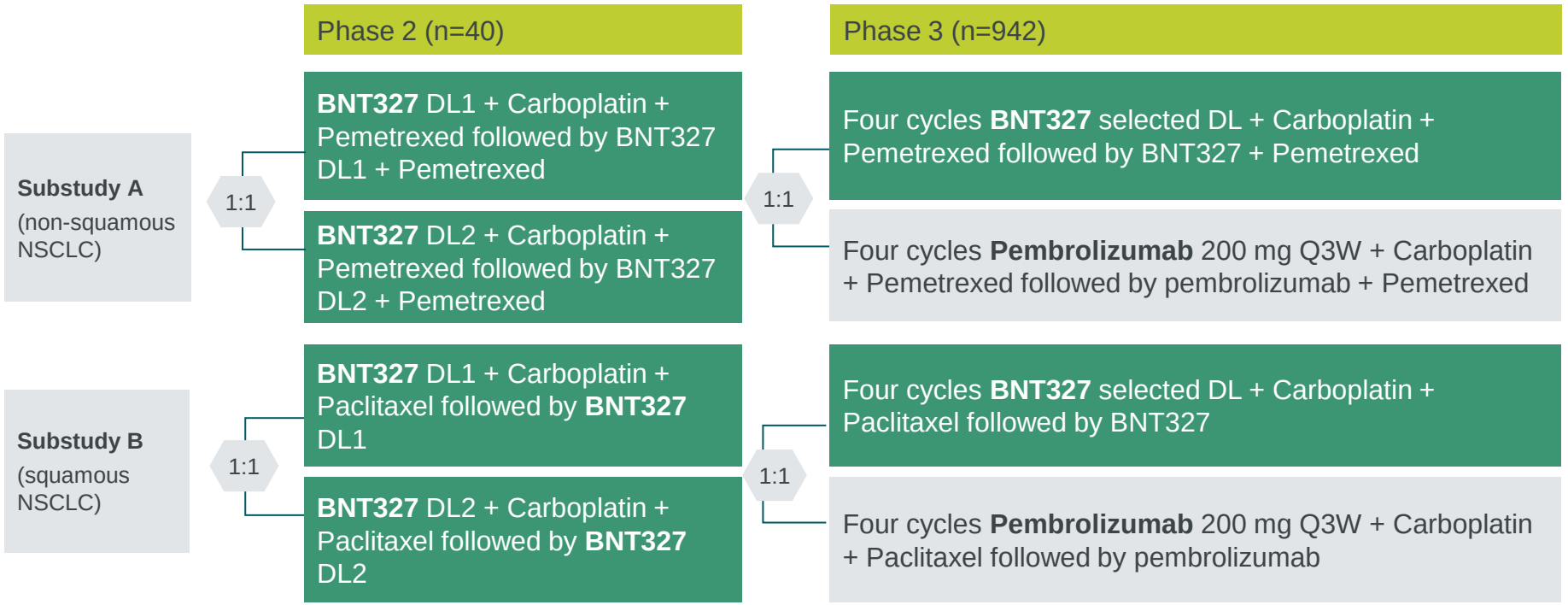
A Phase 2/3, multisite, randomized global trial of BNT327 in combination with chemotherapy in first-line non-small cell lung cancer (NCT06712316)

Key eligibility criteria

- Treatment naïve Stage IIIB/IIIC or IV NSCLC
- RECIST 1.1 measurable disease
- ECOG PS 0 or 1
- PD-L1 all-comers

Stratification factors Phase 3

- PD-L1 (negative, 1-49%, ≥50%)
- Brain metastasis (Y/N)
- Region (East Asia vs RoW)



Key endpoints (Phase 3)

Primary: PFS, OS

Secondary: ORR, DOR, Safety

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BioNTech at ASCO 2025

2025 ASCO ANNUAL MEETING

Across portfolio

Data for making informed decisions about the direction of further development

Related Program	Indication	Content
BNT327	1L NSCLC	Phase 2/3 TiP (ROSETTA Lung-02)
BNT327	1L SCLC	Phase 3 TiP (ROSETTA Lung-01)
BNT327	1L Mesothelioma	Phase 2 data
BNT316[1]	2L+ Melanoma	Phase 2 data
BNT316[1]	2L+ CRPC	Phase 1 data
BNT324/DB-1311[2]	2L+ CRPC	Phase 2 data
BNT142	CLDN6+ Solid Tumors	Phase 1/2 data

1. Partnered with 1. OncoC4; 2. DualityBio.

3 Financial Update

Jens Holstein, Chief Financial Officer

Q1 2025 Financial Results

(in millions €, except per share data)[1]	Three months ended March 31 2025	2024
Total Revenues	**183**	**188**
Cost of sales	(84)	(59)
Research and development expenses	(526)	(508)
Sales and marketing expenses	(14)	(16)
General and administrative expenses	(107)	(117)
Other operating result	14	5
Operating loss	**(534)**	**(507)**
Finance result	89	175
Income taxes	29	17
Net loss	**(416)**	**(315)**
Loss per share		
Basic and diluted loss per share	(1.73)	(1.31)

Balance Sheet as of March 31, 2025	
Cash and cash equivalents plus security investments[2]	€15.9 bn

1. Numbers have been rounded; numbers presented may not add up precisely to the totals and may have been adjusted in the table. Presentation of the consolidated statements of profit or loss has been condensed. More information can be found in BioNTech's Report on Form 6-K for the three months ended March 31, 2025, filed today with the United States Securities and Exchange Commission and available at https://www.sec.gov/; 2. Cash and cash equivalents plus security investments as of March 31, 2025, reached €15,854.4 million, comprising €10,184.9 million cash and cash equivalents, €3,542.0 million current security investments and €2,127.5 million non-current security investments, respectively. A settlement payment of $400 million related to a contractual dispute with the University of Pennsylvania is expected to be reflected in the Company's second quarter 2025 financial results. In connection with this and another settlement with the NIH, BioNTech expects to be reimbursed approximately $535 million by its collaboration partner during 2025 and 2026. Reimbursement payments have begun to be received in the first quarter of 2025.

2025 Financial Year Guidance Confirmed[1]

		FY 2025 Guidance
Planned FY 2025 revenues	Total revenues	**€1,700 – €2,200 m**
Planned FY 2025 expenses and capex[4]	R&D expenses	**€2,600 – €2,800 m**
	SG&A expenses	**€650 – €750 m**
	Capital expenditure for operating activities	**€250 – €350 m**
Guidance considerations	• Our revenue guidance assumes relatively stable vaccination rates, pricing and market share as compared to 2024. We also anticipate a revenue phasing similar to 2024 with the last 3-4 months driving the full year revenue figure. However, potential changes to the law or governmental policy, including tariffs and public health policy, and evolving public sentiment worldwide, could further negatively impact our anticipated revenues and expenses. • Inventory write-downs and other charges are estimated to be ~15% of BioNTech's share of gross profit from COVID-19 vaccines sales in Pfizer's territory • Anticipated revenues related to service businesses include InstaDeep, JPT Peptide and IMFS as well as revenues from the German pandemic preparedness agreement	

1. Financial guidance excludes external risks that are not yet known and/or quantifiable, including, but not limited to the effects of ongoing and/or future legal disputes and related activities, certain potential one-time effects and charges related to portfolio prioritization. It includes effects identified from licensing arrangements, collaborations or potential M&A transactions to the extent disclosed and may be subject to update. The Company does not expect to report a positive net income figure for the 2025 financial year.

4 Strategic Outlook

Ryan Richardson, Chief Strategy Officer

Strategic Priority Areas in 2025

mRNA Cancer Immunotherapy

» Expect first randomized data in the adjuvant setting (CRC)

» Continue to execute 7 ongoing Phase 2 trials and first novel combination trials

BNT327

» Advance 3 global registration-enabling trials in potential fast-to-market indications

» Generate first BNT327+ ADC combination datasets

Commercial Readiness in Oncology

» Advance BNT323/DB-1303[1] towards BLA submission

» Continue to build targeted AI-enabled commercialization team in key markets

COVID-19 Vaccine[2]

» Maintain global COVID-19 vaccine market leadership

» Advance next-gen and combination vaccine programs

Partnered with: 1. DualityBio; 2. Pfizer.

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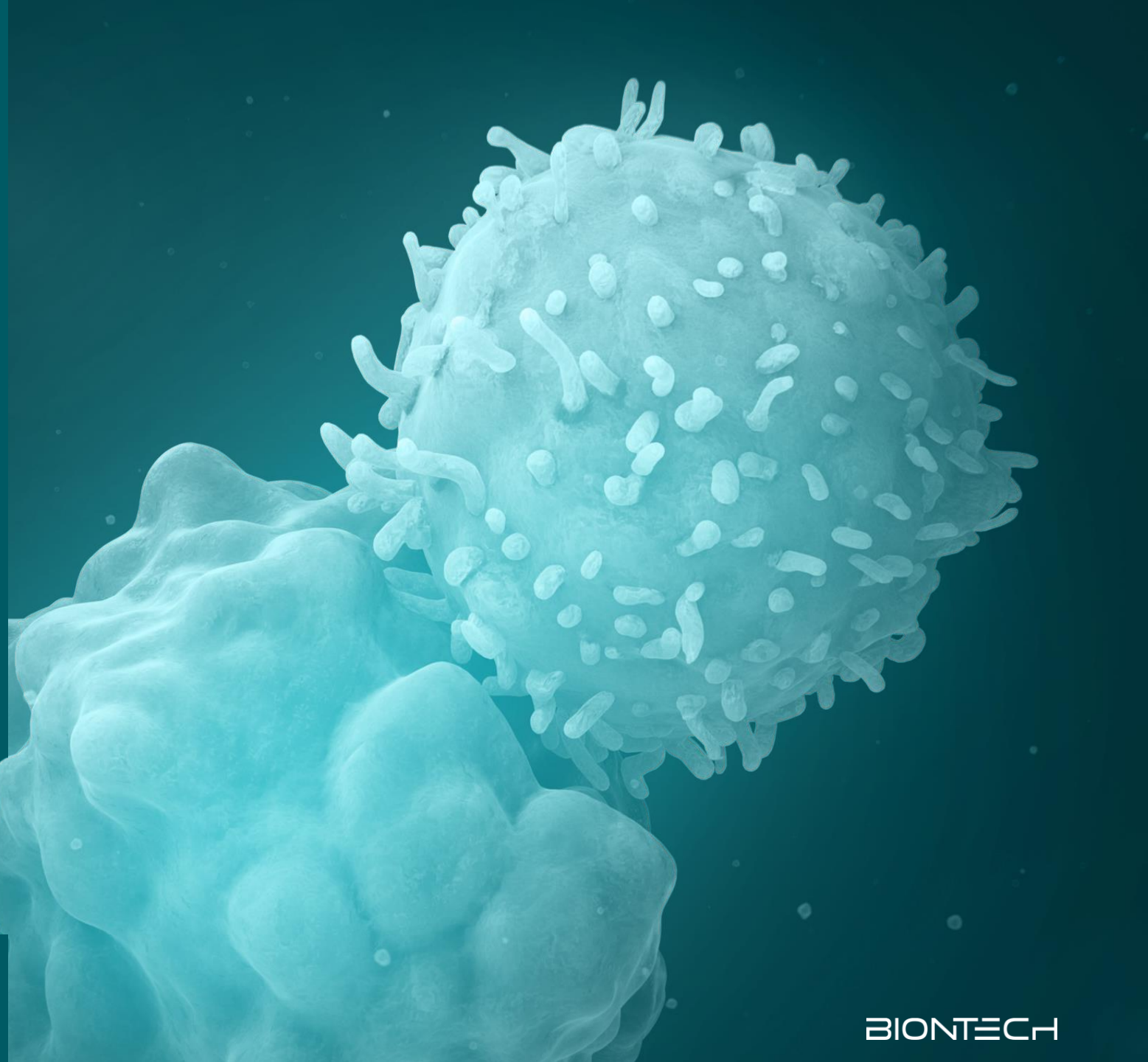
Save the date

Annual General Meeting

May 16, 2025

Innovation Series R&D Day

November 11, 2025



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Thank you

Appendix

Selected Pipeline Milestones in 2025 and Beyond

	Program	Indication	2025+ Milestone
Next-generation immunomodulator	BNT327	1L SCLC	China Phase 2 data
		1L/2L SCLC	Global Phase 2 dose optimization data
		1L/2L TNBC	Global Phase 2 dose optimization data
	BNT327 + BNT325/DB-1305[1]	Solid tumors	Global Phase 1 data
mRNA cancer immunotherapy	Autogene cevumeran (BNT122 / RO7198457)[2]	ctDNA+ adj. CRC	Phase 2 data
	BNT111[3]	2L+ melanoma	Phase 2 data
	BNT116[3]	PD-L1 > 1% NSCLC	Phase 1 data
Targeted therapy	BNT323[1]	2L+ HER2 EC	Phase 2 data
			Regulatory submission

Partnered with: 1. DualityBio; 2. Genentech, a member of the Roche Group; 3. In collaboration with Regeneron.

BioNTech's Oncology Pipeline – Phase 2 and Phase 3 Clinical Trials

Phase 2

- **Autogene cevumeran (BNT122/RO7198457)**[1]
  Adj. ctDNA+ stage II or III CRC
- **Autogene cevumeran (BNT122/RO7198457)**[1]
  Adj. PDAC, + atezolizumab + mFOLFIRINOX
- **Autogene cevumeran (BNT122/RO7198457)**[1]
  Adj. MIUC, + nivolumab
- **BNT111**[6]
  aPD-(L)1-R/R melanoma, + cemiplimab
- **BNT113**
  1L rel./met. HPV16+ PD-L-1+ HNC, + pembrolizumab
- **BNT116**[6]
  1L adv. PD-L1 ≥ 50% NSCLC, + cemiplimab
- **BNT323/DB-1303**[5] **(trastuzumab pamirtecan) (HER2), m**ultiple solid tumors
- **BNT211** (CLDN6) — PLANNED
  CLDN6+ testicular cancer
- **BNT316/ONC-392 (gotistobart)**[4]
  (CTLA-4), PROC, + pembrolizumab
- **BNT327** (PD-L1 x VEGF-A) — NEW
  2L NSCLC, + CTx
- **BNT327** (PD-L1 x VEGF-A)
  1L/2L+ (ES-)SCLC, + CTx
- **BNT327** (PD-L1 x VEGF-A)
  1L/2L met. TNBC, + CTx
- **BNT327** (PD-L1 x VEGF-A)
  2L ES-SCLC, + CTx[7]
- **BNT327** (PD-L1 x VEGF-A)
  1L ES-SCLC + CTx[7]
- **BNT327** (PD-L1 x VEGF-A)
  EGFR TKI experienced, EGFRm NSCLC, + CTx[7]
- **BNT327** (PD-L1 x VEGF-A)
  1L MPM, + CTx[7]
- **BNT327** (PD-L1 x VEGF-A)
  1L HCC + CTx[7]
- **BNT327** (PD-L1 x VEGF-A)
  2L NEN, + CTx[7]

Phase 3

- **BNT327** (PD-L1 x VEGF-A)
  1L SCLC, + CTx
- **BNT327** (PD-L1 x VEGF-A)
  1L NSCLC, + CTx
- **BNT327** (PD-L1 x VEGF-A) — PLANNED
  1L TNBC, + CTx
- **BNT327** (PD-L1 x VEGF-A)
  2L SCLC, + CTx[7]
- **BNT327** (PD-L1 x VEGF-A)
  1L TNBC, + CTx[7]
- **BNT316/ONC-392 (gotistobart)**[4] (CTLA-4)
  aPD-1/PD-L1 experienced squamous NSCLC
- **BNT323/DB-1303**[5] **(trastuzumab pamirtecan)**
  (HER2) HR+/HER2-low met. breast cancer
- **BNT323/DB-1303**[5] **(trastuzumab pamirtecan)** — PLANNED
  (HER2) HER2+ endometrial cancer

mRNA immunotherapy | Next generation IO | Targeted therapy

Partnered with: 1. Genentech, member of Roche Group; 2. Genmab; 3. MediLink Therapeutics; 4. OncoC4; 5. DualityBio. 6. In collaboration with Regeneron; 7. Trial ongoing in China only.

BIONTECH

BioNTech's Oncology Pipeline – Phase 1 and Phase 1/2 Clinical Trials

Phase 1

- **Autogene cevumeran (BNT122/RO7198457)**[1]
  Multiple solid tumors
- **BNT116**
  Adv. NSCLC
- **BNT152 + BNT153** (IL-7, IL-2)
  Multiple solid tumors
- **BNT315/GEN1055**[2] (OX40)
  Multiple solid tumors
- **BNT322/GEN1056**[2]
  Multiple solid tumors
- **BNT317**[3]
  Multiple solid tumors
- **BNT326/YL202**[4] (HER3)
  Multiple solid tumors
- **BNT211** (CLDN6)
  Multiple solid tumors

Phase 1/2

- **BNT142** (CD3xCLDN6)
  Multiple CLDN6-pos. adv. solid tumors
- **BNT312/GEN1042**[2] (CD40x4-1BB)
  Multiple solid tumors
- **BNT314/GEN1059**[2] **(**EpCAMx4-1BB)
  Multiple solid tumors
- **BNT316/ONC-392 (gotistobart)**[5] (CTLA-4)
  mCRPC, + radiotherapy
- **BNT316/ONC-392 (gotistobart)**[5] (CTLA-4)
  Multiple solid tumors
- **BNT324/DB-1311**[6] (B7-H3)
  Multiple solid tumors
- **BNT325/DB-1305**[6] (TROP-2)
  Multiple solid tumors
- **BNT327** (PD-L1 x VEGF-A)
  1L TNBC[7]
- **BNT327** (PD-L1 x VEGF-A)
  Multiple solid tumors[7]
- **BNT327 / BNT3213 combination**
  1L HCC[7]
- **BNT327 / BNT325**[6] **combination**
  Multiple solid tumors
- **BNT327 / BNT323**[6] **(trastuzumab pamirtecan) combination** PLANNED
  Adv. or metastatic breast cancer
- **BNT327 / BNT324**[6] **combination** PLANNED
  Multiple solid tumors
- **BNT327 / BNT326**[4] **combination** PLANNED
  Multiple solid tumors

mRNA immunotherapy | Next generation IO | Targeted therapy

Partnered with: 1. Genentech, member of Roche Group; 2. Genmab; 3. In collaboration with Regeneron; 4. MediLink Therapeutics; 5. OncoC4; 6. DualityBio. 7. Trial ongoing in China only.

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Abbreviation Directory

n L	*nth* line	EU4(5)	Includes Germany, France, Italy, Spain (UK)	OX40	CD134
AACR	American Association for Cancer Research	Fab	Fragment antigen binding	PD	Progressive disease
ADC	Antibody-drug conjugate	FixVac	Fixed Antigen Vaccine	PDAC	Pancreatic ductal adenocarcinoma
adj.	Adjuvant	FY	Fiscal year	PD-(L)1	Programmed cell death protein (ligand) 1
AI	Artificial intelligence	HCC	Hepatocellular carcinoma	PFS	Progression-free survival
AIOM	Associazione Italiana di Oncologia Medica	HER2 (or 3)	Human epidermal growth factor receptor 2 (or 3)	PR	Partial response
ALK	Anaplastic large-cell lymphoma kinase	HNC	Head and neck cancer	PROC	Platinum-resistant ovarian cancer
ASCO	American Society of Clinical Oncology	HPV	Human papilloma virus	QxW	Every x week(s)
BLA	Biologics License Applications	HR	Hormone receptor	R&D	Research and development
CAPEX	Capital expenditures	IHC	Immunohistochemistry	RECIST	Response Evaluation Criteria in Solid Tumors
CD-x	Cluster of differentiation	IMFS	BioNTech Innovative Manufacturing Services	RoW	Rest of world
CI	Confidence interval	iNeST	Individualized NeoAntigen-Specific Therapy	R/R	Relapsed/refractory
CLDN6	Claudin 6	IO	Immuno-oncology	SABCS	San Antonio Breast Cancer Symposium
CPS	Combined positive score	ITT	Intention to treat	(ES)SCLC	(Extensive stage) small cell lung cancer
CRC	Colorectal cancer	JAMA	Journal of the American Medical Association	SD	Stable disease
CRPC	Castration resistant prostate cancer	m	Median	SEC	U.S. Securities and Exchange Commission
ctDNA	Circulating tumor DNA	M&A	Merger and acquisitions	SEER	Surveillance, epidemiology, and end results
CTLA	Cytotoxic T-lymphocyte-associated protein	MIUC	Muscle-invasive urothelial carcinoma	SG&A	Selling, general and administrative expenses
CTx	Chemotherapy	MOA	Mechanism of Action	TKI	Tyrosine kinase inhibitor
DCR	Disease control rate	MPM	Malignant pleural mesothelioma	TME	Tumor microenvironment
DL	Dose level	mRNA	Messenger ribonucleic acid	TNBC	Triple-negative breast cancer
DOR	Duration of response	NCT	National clinical trial	TROP2	Trophoblast cell-surface antigen 2
EC	Endometrial cancer	NEN	Neuroendocrine neoplasm	UK	United Kingdom
ECOG	Eastern Cooperative Oncology Group	NIH	National Institutes of Health	U.S.	United States
EGFR	Epidermal growth factor receptor	NSCLC	Non-small cell lung cancer	VEGF-A	Vascular endothelial growth factor A
ELCC	European Lung Cancer Congress	ORR	Objective response rate	VHH	Heavy chain variable
EpCAM	Epithelial cell adhesion molecule	OS	Overall survival	WT	Wild type