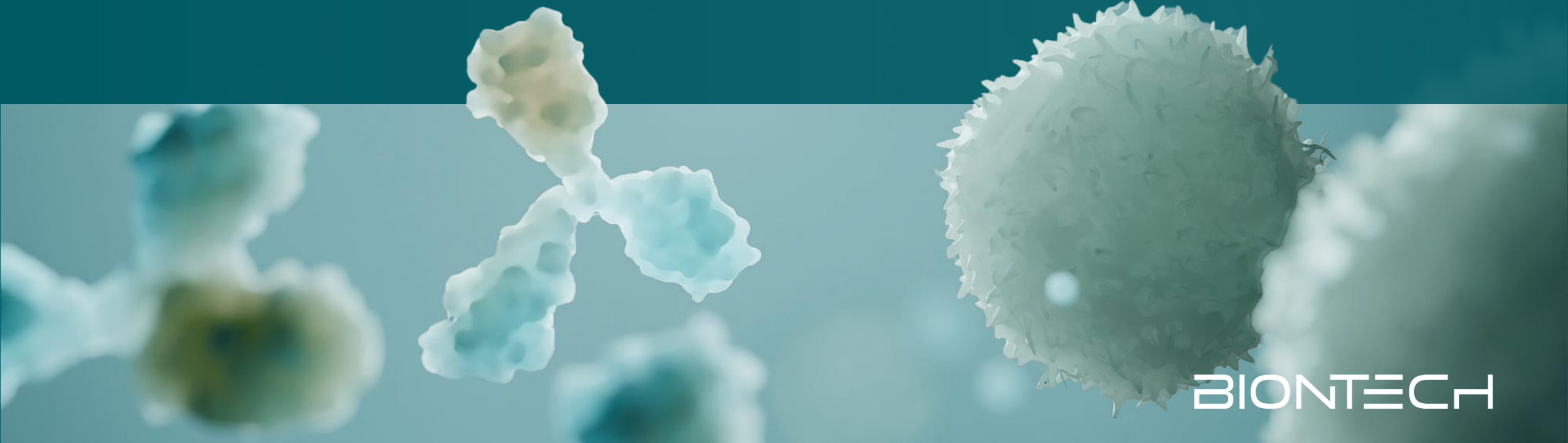
First Quarter 2026 Financial Results & Corporate Update

May 5, 2026



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; 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; BioNTech's expectations regarding the impact of changes to its manufacturing operations; discussions with regulatory agencies; BioNTech's expectations with respect to intellectual property; the impact of BioNTech's collaboration and licensing agreements, including BioNTech's partnership with BMS; BioNTech's expectations with respect to developments in law, public policy, and international trade; BioNTech's estimates of revenues, research and development expenses, selling, general and administrative expenses, and capital expenditures for operating activities; 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.

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

1 Progress Highlights

Prof. Uğur Şahin, M.D., Co-Founder & Chief Executive Officer

2 Oncology Execution

Prof. Özlem Türeci, M.D., Co-Founder & Chief Medical Officer

3 Financial Performance

Ramón Zapata, Chief Financial Officer

BIONTECH

1 Progress Highlights

Prof. Uğur Şahin, M.D.,
Co-Founder & Chief Executive Officer

Oncology Focus in 2026

1 Late-Stage Acceleration

Key late-stage data readouts expected for first wave of oncology assets

2 Combination Therapy Momentum

Novel-novel pumitamig[1] combination data readouts expected

3 Modalities to Disease Areas

Transition to a focused disease area specific approach

1. Partnered with Bristol Myers Squibb

Building a Multi-Product Company by 2030

Targeting 17+ Late-Stage/Pivotal Trial Readouts Through 2030+ Informing Multiple Launch Opportunities

Tumor Type		Incidence[1]	Assets	Late-Stage/Pivotal Trials	Expected Data Readouts[2]
Lung	**1L NSCLC**	**400K**	Pumitamig[3]	ROSETTA Lung-02	
	Stage III unresectable NSCLC	**65K**	Pumitamig[3]	ROSETTA Lung-201	
	1L NSCLC – PD-L1 ≥ 50%	**60K**	Pumitamig[3]	ROSETTA Lung-202	
	2L+ sqNSCLC[1]	**55K**	Gotistobart[4]	PRESERVE-003	
	1L ES-SCLC	**80k**	Pumitamig[3]	ROSETTA Lung-01	
Breast	**1L TNBC –** all comers	**20k**	Pumitamig[3]	Phase 3 in China	
	1L TNBC – CPS < 10	**15k**	Pumitamig[3]	ROSETTA Breast-01	
	2L+ HR+ BC[1] – HER2-low	**55k**	Trastuzumab pamirtecan[5]	DYNASTY Breast-02	
Genitourinary	**1L RCC**	**40k**	Pumitamig[3]	ROSETTA RCC-208[7]	
	1L CRPC	**110k**	BNT324/DB-1311[5]	BNT324-03	
Gastrointestinal	**1L MSS-CRC**	**230k**	Pumitamig[3]	ROSETTA CRC-203	
	1L Gastric – HER2-neg, PD-L1+	**40k**	Pumitamig[3]	ROSETTA Gastric-204	
	1L HCC	**25k**	Pumitamig[3]	ROSETTA HCC-206[7]	
	Adj. CRC - ctDNA+	**70k**	Autogene cevumeran[6]	BNT122-01	
	Adj. PDAC	**30k**	Autogene cevumeran[6]	IMCODE003	
Gynecologic	**2L+ Endometrial[1] –** HER2-expressing	**10k**	Trastuzumab pamirtecan[5]	Single-arm Phase 2	
			Trastuzumab pamirtecan[5]	Fern-EC-01	
Additional Tumors	**1L HNSCC –** PD-L1 CPS ≥ 1, HPV16+	**50k**	BNT113	AHEAD-MERIT	

2026 2027 2028 2029 2030+

1. Estimated 1L or adjuvant incidence (incidence + newly recurrent patients), or 2L+ drug-treated in 2030 in the G7 markets derived from Oracle CancerMPact as of Feb 2026; Incidence information is for informational purposes only and is not intended to indicate the potential market size or reach of BioNTech's and its collaborators' product candidates, if approved. 2. Expected data readouts may be from interim or final analyses and are event-driven, and in some cases may not translate into commercial launches; Partnered with 3. Bristol Myers Squibb; 4. OncoC4; 5. DualityBio; 6. Genentech, a member of the Roche group; 7. These are Phase 1/2 trials. The anticipated pivotal trials evaluating pumitamig in these tumor types are expected to readout after 2030.

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2 Oncology Execution

Prof. Özlem Türeci, M.D.,
Co-Founder & Chief Medical Officer

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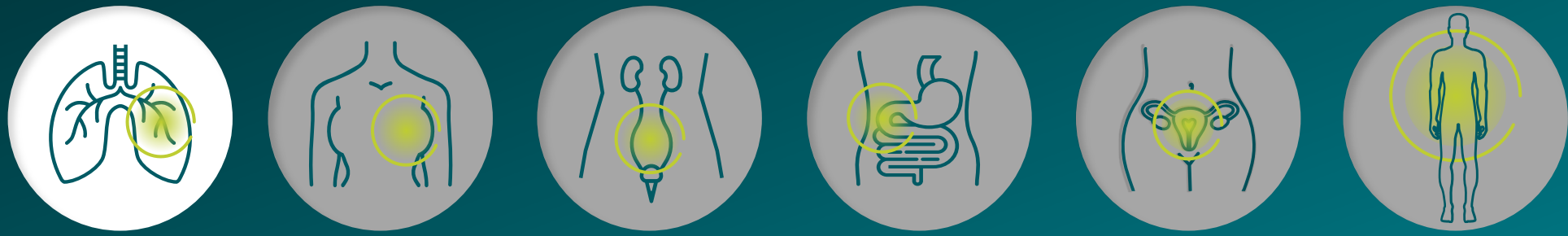
BioNTech Key Tumor Focus Areas to Address Significant Unmet Medical Needs

Pumitamig[1]



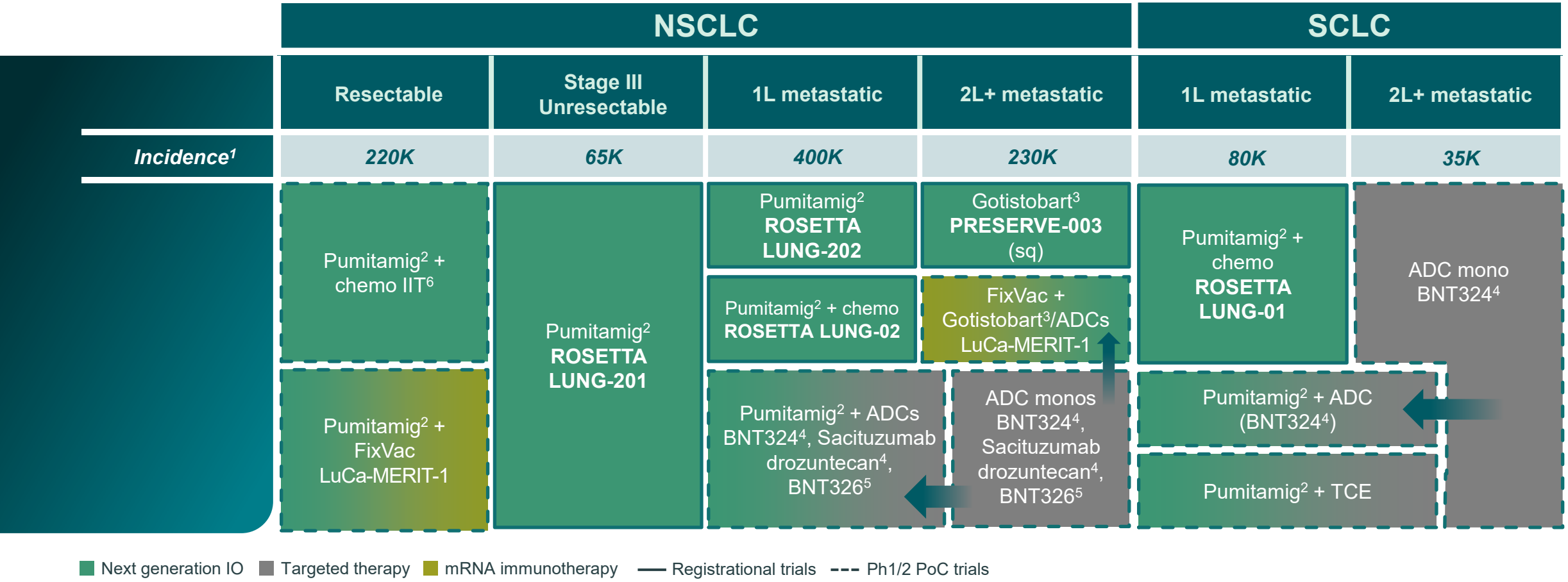
Lung | Breast | Genitourinary | Gastrointestinal | Gynecologic | Additional Tumors

ADC
IO
mRNA

Leveraging novel combinations to maximize pipeline potential and elevate solid tumor treatment outcomes

1. Partnered with Bristol Myers Squibb

Broadening BioNTech's Coverage of Lung Cancer to Maximize Pipeline Potential



Next generation IO | Targeted therapy | mRNA immunotherapy | Registrational trials | Ph1/2 PoC trials

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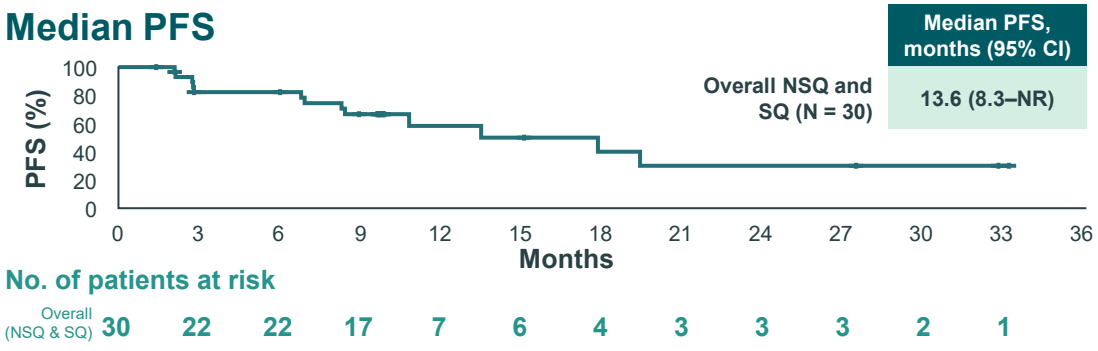
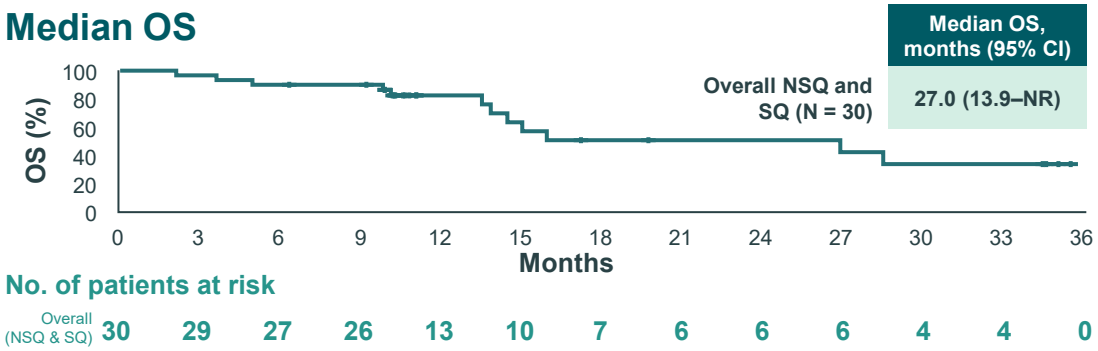
Pumitamig Data Show Preliminary Antitumor Activity Irrespective of PD-L1 Expression in NSCLC

Phase 1/2 Trial in China Monotherapy Data at ELCC 2026 in Squamous and Non-squamous NSCLC across PD-L1 Expression

Median PFS



Median OS



Patient Population	Overall (n=30)	NSQ NSCLC PD-L1 1%–49% (n=9)	NSQ NSCLC PD-L1 ≥50% (n=8)	SQ NSCLC PD-L1 1%–49% (n=6)	SQ NSCLC PD-L1 ≥50% (n=7)
cORR, % (95% CI)	**46.7** (28.3–65.7)	**44.4** (13.7–78.8)	**37.5** (8.5–75.5)	**33.3** (4.3–77.7)	**71.4** (29.0–96.3)
DCR, % (95% CI)	**96.7** (82.8–99.9)	**100** (66.4–100)	**100** (63.1–100)	**83.3** (35.9–99.6)	**100** (59.0–100)

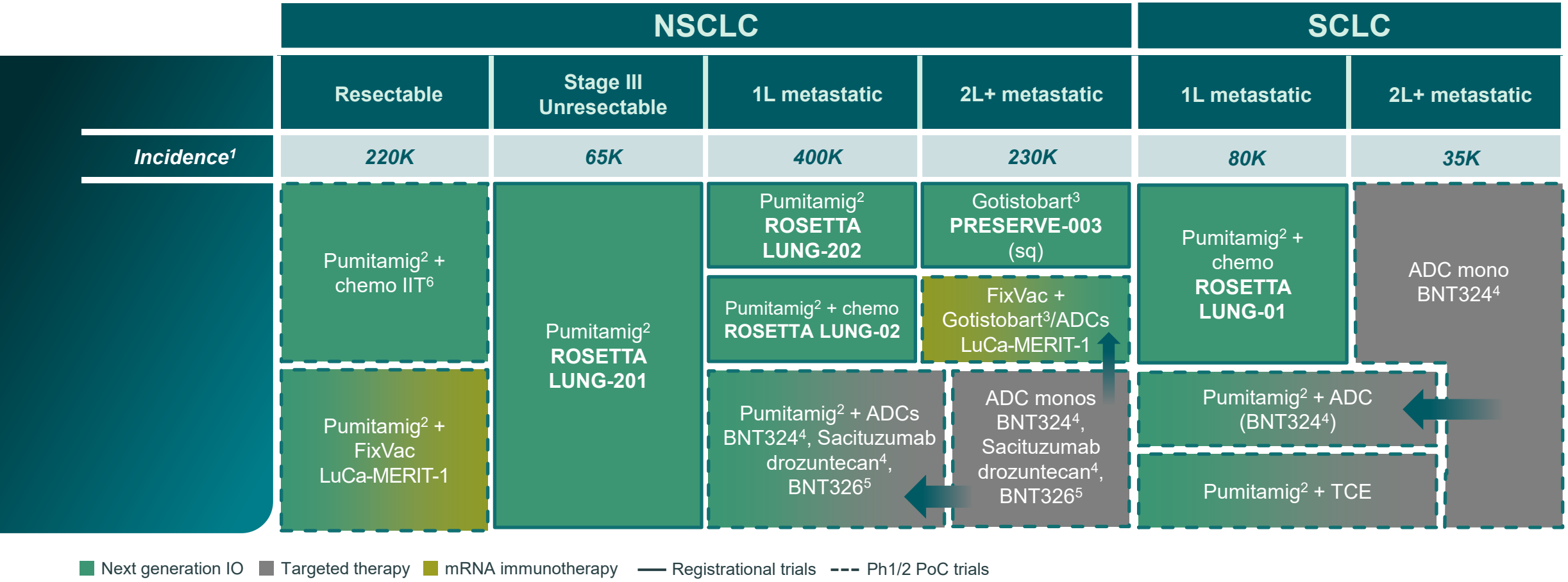
Key Findings

- Encouraging antitumor activity in patients with previously untreated advanced NSCLC PD-L1 ≥1%, including those with squamous cell carcinoma
- Manageable safety & tolerability, with a low rate of treatment discontinuation
- Pumitamig monotherapy and in combination with chemotherapy for NSCLC is being further investigated in ongoing global studies

Zhang, et al. ELCC 2026 69P

Global Phase 2 pumitamig + chemotherapy data in 1L NSCLC expected at ASCO

Broadening BioNTech's Coverage of Lung Cancer to Maximize Pipeline Potential



Next generation IO | Targeted therapy | mRNA immunotherapy | Registrational trials | Ph1/2 PoC trials

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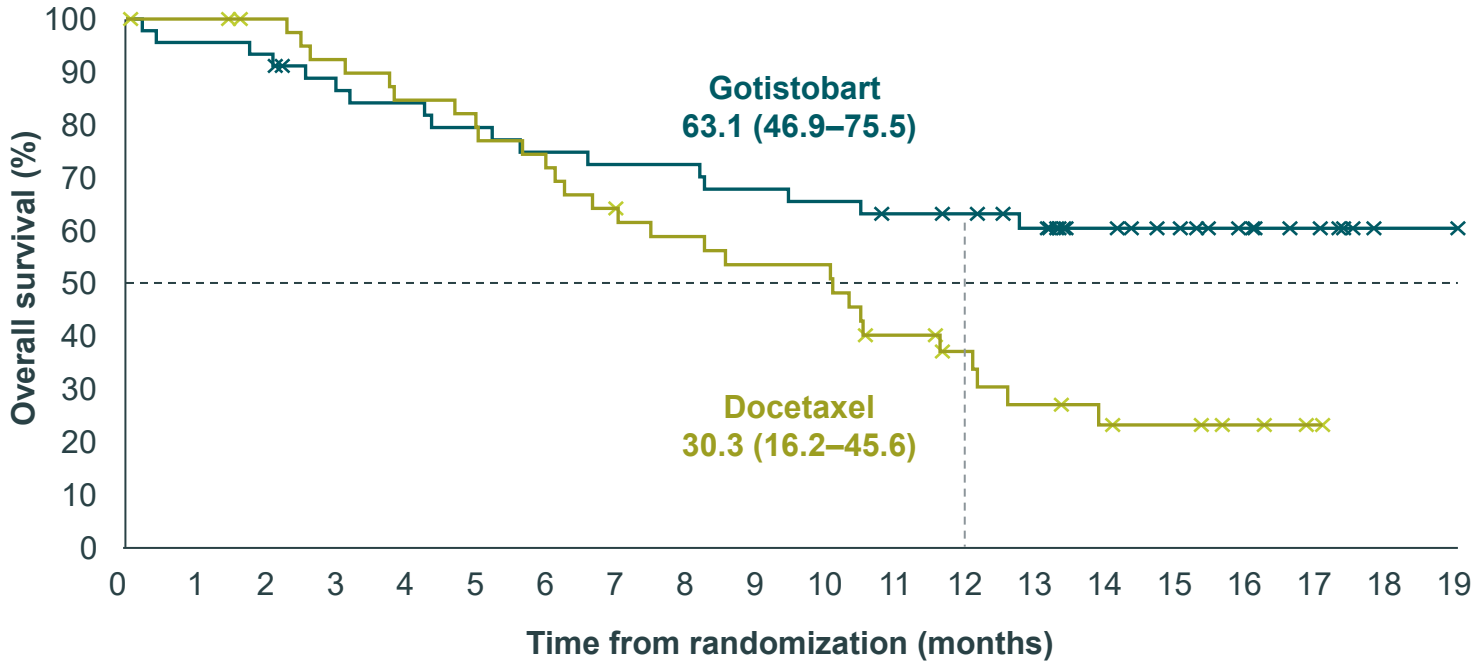
Gotistobart Phase 3 Data Show Survival Benefit in CPI-Treated Squamous NSCLC

PRESERVE-003 trial stage 1 data at ELCC 2026: gotistobart[1] reduces risk of death by 54% compared with docetaxel

Overall Survival



	Gotistobart (n=45)	Docetaxel (n=42)
Median OS, months (95% CI)	**NE (9.33–NE)**	**9.95 (6.18–11.93)**
ORR, n (%)	**9 (20.0)**	**2 (4.8)**
Median PFS, months (95% CI)	**2.4 (2.1, 4.5)**	**2.6 (2.1, 3.9)**
12-month PFS rate, %	**25.2**	**0**
Median duration of follow-up, months (Q1, Q3)[3]	14.5 (13.0, 16.4)	15.2 (11.5, 16.0)
HR (95% CI): 0.46 (0.25–0.84) Nominal *p*=0.0102[2]		

Overall safety profile aligns with previously established safety profile

Kai He, et al. ELCC 2026 FPN 3O

Interim data from pivotal stage of Phase 3 trial expected in 2026

1. Partnered with OncoC4; 2. Not from formal hypothesis; 3.Calculated based on reversed Kaplan–Meier method with OS event as 0 (censored) and the last follow-up date or withdrawal date as event.

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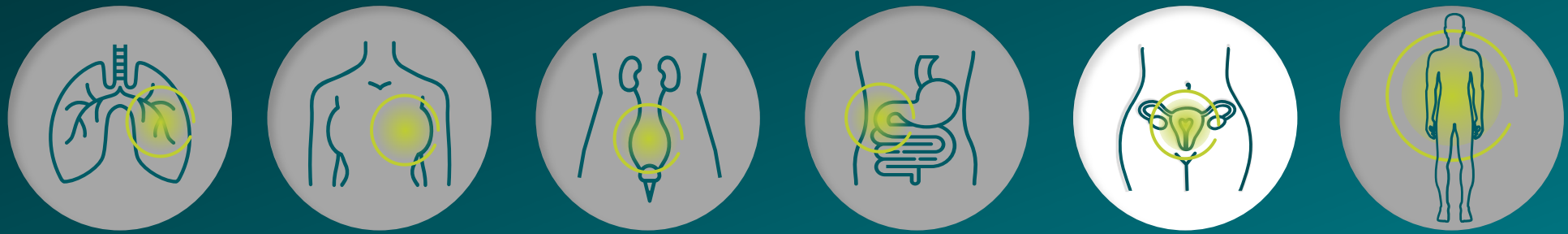
BioNTech Key Tumor Focus Areas to Address Significant Unmet Medical Needs

Pumitamig[1]



Lung | Breast | Genitourinary | Gastrointestinal | **Gynecologic** | Additional Tumors

ADC
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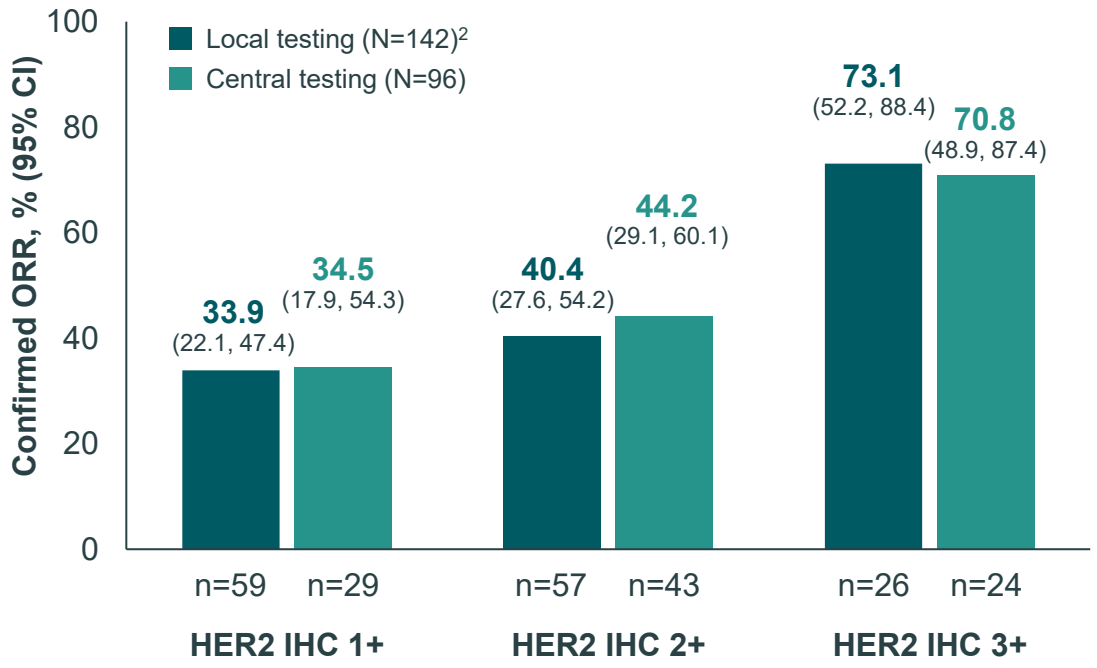
Leveraging novel combinations to maximize pipeline potential and elevate solid tumor treatment outcomes

1. Partnered with Bristol Myers Squibb

Trastuzumab Pamirtecan: Encouraging Data in HER2-expressing EC

Data in Phase 1/2, Open-label, Dose-escalation and Expansion Study in HER2-expressing EC

Confirmed Objective Response Rate by HER2 IHC Score[1]



Efficacy Measures

	HER2-expressing (Central Testing)	
	Prior ICI (n=73)	All Patients (n=96)
Confirmed ORR,[3] % (95% CI)	49.3 (37.4, 61.3)	47.9 (37.6, 58.4)
Median DoR,[3] months (95% CI)	9.9 (7.0, NE)	11.1 (9.0, 18.3)
DCR,[3,4] % (95% CI)	79.5 (68.4, 88.0)	83.3 (74.4, 90.2)
Median PFS,[5] months (95% CI)	(n=74) 6.8 (5.4, 11.0)	(n=97) 8.1 (5.5, 11.8)

Key Findings

- 49.3% confirmed ORR by IRC in patients with prior ICI treatment and central testing for HER2-expression
- Responses were observed across all HER2 expression levels (IHC 1+, 2+ or 3+)
- Efficacy was consistent regardless of HER2 status by central or local testing
- Manageable safety profile

Pothuri, et al. SGO 2026

Phase 3 confirmatory study ongoing

1. By IRC in the modified FAS, which includes patients who received ≥1 dose of trastuzumab pamirtecan and had at least one measurable lesion as assessed by IRC at baseline according to RECIST v1.1; 2. IHC score was not available for one patient; patient tested positive by ISH; 3. By independent review committee in the modified FAS, which includes patients who received ≥1 dose of trastuzumab pamirtecan and had at least one measurable lesion as assessed by IRC at baseline according to RECIST v1.1; 4. Defined as complete response + partial response + stable disease for 5 weeks or longer; 5. Includes patients who received ≥1 dose of trastuzumab pamirtecan.

Development Focus of mRNA Cancer Immunotherapy iNeST and FixVac Portfolios

Autogene cevumeran[1]

Adjuvant

CRC Phase 2	PDAC Phase 2
Monotherapy	+ Atezolizumab + mFOLFIRINOX
• Recruitment ongoing • Data presented from epi sub-study at **ASCO 2024** and from biomarker sub-study at **ESMO-GI 2024**	• Recruitment ongoing • Data from Phase 1 trial published: Rojas et al., **Nature 2023**; Sethna et al., **Nature 2025,** 6-year data update presented at **AACR 2026**
Phase 2 final analysis expected in 2027	**Primary Completion Date in 2031**

BNT113

1L

HPV16+ PD-L1 CPS ≥1 HNSCC Phase 2/3
+ Pembrolizumab
• Recruitment ongoing • Trial updated to Phase 2/3
Phase 3 interim analysis expected in 2026

BNT116

Multiple settings

NSCLC Phase 1 & 2
Mono & combo with IO & ADCs
• Recruitment completed in Phase 2 in 1L NSCLC[2] • Data presented at **SITC 2023, AACR 2024, SITC 2024** and **AACR 2026** • Data in frail patients presented at **AACR 2025** • Data in patients after CRT presented at **WCLC 2025**

Individualized Immunotherapy – iNeST[1]

Off-the-shelf Immunotherapy – FixVac

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

Catalyst-Rich Year Ahead with Multiple Expected 2026 Milestones

	Program	Trial Readout Phase	Indication
Late-Stage Trial Readouts	**Trastuzumab pamirtecan[3]**	Single arm Phase 2	2L+ HER2-expressing endometrial cancer
		Phase 3[5] interim analysis	Chemo naïve HR+ HER2-low breast cancer
	Gotistobart[2]	Phase 3[5] interim analysis	2L+ sqNSCLC
		Phase 2	2L+ mCRPC
	BNT113	Phase 3[5] interim analysis	1L HPV16+ PD-L1+ HNSCC
	Pumitamig[1]	Phase 3[5] in China interim analysis	1L TNBC
Early-Stage Pumitamig & ADC Trial Readouts	**Pumitamig[1]**	Phase 2	1L NSCLC
		Phase 2	1L ES-SCLC
		Phase 2 in China	1L HCC
		Phase 2 in China	1L MSS-CRC
	Pumitamig[1] + Trastuzumab pamirtecan[3]	Phase 1/2	Breast cancer
	Pumitamig[1] + BNT324/DB-1311[3]	Phase 2	Advanced solid tumors
		Phase 1/2	NSCLC/SCLC
	Pumitamig[1] + Sacituzumab drozuntecan[3]	Phase 2	TNBC
	Pumitamig[1] + BNT326/YL202[4]	Phase 1/2	NSCLC
	BNT324/DB-1311[3]	Phase 1/2	2L+ mCRPC
Phase 3 Trial Initiations	**Pumitamig[1]**	Phase 3[5]	1L MSS-CRC
			1L HER2- PD-L1+ gastric cancer
			1L NSCLC – PD-L1 ≥ 50%
			Stage III unresectable NSCLC
	BNT324/DB-1311[3]	Phase 3	1L mCRPC
BLA Submission	**Trastuzumab pamirtecan[3]**	-	2L+ HER2-expressing endometrial cancer
			Achieved

BioNTech and BMS are focused on maximizing and optimizing pumitamig's potential across tumor types. In response to the evolving treatment landscape, we are adapting previously announced development plans for pumitamig in HNSCC and no longer anticipate a Phase 3 HNSCC trial initiation in 2026.
Some data readouts may be event-driven and subject to change based on actual event accrual rates. Partnered with: 1. Bristol Myers Squibb; 2. OncoC4; 3. DualityBio; 4. MediLink; 5. Pivotal trial.

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3 Financial Performance

Ramón Zapata,
Chief Financial Officer

First Quarter 2026 Financial Results

In € millions except per share data[1]	Q1 2026 IFRS Results	Q1 2026 Adjusted Results[2]	Q1 2025 IFRS Results	Q1 2025 Adjusted Results[2]
Revenues	118	118	183	183
Cost of sales	(71)	(71)	(84)	(84)
Research and development expenses	(557)	(527)	(526)	(526)
Sales, marketing, general and administrative expenses	(151)	(151)	(121)	(121)
Other operating result	(16)	(9)	13	(2)
Operating loss	**(677)**	**(640)**	**(534)**	**(549)**
Net loss	**(532)**	**(495)**	**(416)**	**(431)**
Diluted loss per share	(2.10)	(1.95)	(1.73)	(1.79)

Balance Sheet as of March 31, 2026 – Cash and cash equivalents plus security investments[3] **€16.8 bn**

1. All numbers have been rounded and may not add up to the totals. Presentation of the consolidated statements of profit or loss has been condensed. 2. In addition to BioNTech's results determined in accordance with International Financial Reporting Standards ("IFRS"), or IFRS Accounting Standards, or IFRS results, BioNTech reports certain adjusted, non-IFRS measures used internally as a supplemental measure of our business performance (each referred to with the prefix "Adjusted" or, as a whole, "Adjusted Results"). The calculation of these measures and the adjusted results as a whole is based on the concepts of the applicable IFRS Accounting Standards,but includes certain adjustments. Reconciliation of the adjusted results to BioNTech's measures based on IFRS Accounting Standards and more information can be found in the appendix and in BioNTech's Report on Form 6-K for the period ended March 31, 2026, filed on May 5, 2026, which is available at www.sec.gov. While non-IFRS measures may offer additional insights, BioNTech's non-IFRS measures are not, and should not be viewed as a substitute for their most directly comparable IFRS Accounting Standards measures, and should always be considered alongside our financial statements prepared in accordance with IFRS Accounting Standards. 3. Cash and cash equivalents plus security investments as of March 31, 2026, reached €16,763.3 million, comprising €9,939.4 million in cash and cash equivalents, €4,696.9 million in current security investments disclosed as financial assets and €2,127.0 million in non-current security investments disclosed as financial assets.

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Reaffirming Full Year 2026 Financial Guidance[1]

In € millions	FY 2026 non-IFRS Guidance
Total Revenues	2,000 – 2,300
Adjusted R&D Expenses	2,200 – 2,500
Adjusted SG&A Expenses	700 – 800

Revenue Guidance Considerations

- Competitive market dynamics in the United States
- Begin managing transition away from multi-year contracts in Europe, and specifically in Germany where BioNTech recognizes direct sales for its COVID-19 vaccine
- Stable revenues from the collaboration with BMS, from a pandemic preparedness contract with the German government, and from the BioNTech Group service businesses
- No operationally-driven one-time revenue effect, such as from Pfizer opt-out from further development of shingles program

1. Excludes risks that are not yet known and/or quantifiable and related activities. Includes effects identified from licensing arrangements, collaborations and Merger & Acquisitions ("M&A") transactions to the extent disclosed. The guidance is based on non-IFRS measures and excludes certain effects compared to measures based on IFRS Accounting Standards. More information can be found in BioNTech's Report on Form 6-K for the period ended March 31, 2026, filed on May 5, 2026, which is available at www.sec.gov.

Focused Capital Allocation Strategy for Sustainable Value Creation

Focusing R&D Investments

Concentrate investments on advancing BioNTech's growing oncology pipeline toward commercialization, including pumitamig and ADC candidates

Planning Share Repurchase Program

Plan to initiate share repurchase program of up to $1.0 billion over the next twelve months

Manufacturing Footprint Consolidation

Enhance operational efficiency with expected cost savings to ramp up over time, reaching approximately €500 million in recurring annual savings upon full implementation of the measures in 2029[1]

1. Expected savings relative to BioNTech's 2025 cost base and CureVac's 2026 budget; do not reflect partially offsetting costs for CDMO use or transfer to other sites; and exclude exit costs, which will be recorded as incurred.

BioNTech Oncology Vision: Translating Science into Survival

Today

Advanced Strategy, Matured Pipeline and De-risked Development

Progress key programs into pivotal stage, leverage partnership with BMS, fortified balance sheet to fund our pipeline

2026-2029

Drive Oncology Execution at Scale and Speed

Advance combination therapy studies, accelerate pivotal trial execution, build indication-specific oncology portfolios and execute oncology launches

2030

Diversified Multi-Product Company

Build a diversified, multi-product global immunotherapy powerhouse addressing high unmet medical need of cancer patients worldwide

Thank you

Appendix

Reconciliation of IFRS to Adjusted Results – Q1 2026 & 2025 Financial Results

In € millions except per share data[1]	Q1 2026 IFRS Results	Q1 2026 Non-IFRS Adjustments	Q1 2026 Adjusted Results[2]	Q1 2025 IFRS Results	Q1 2025 Non-IFRS Adjustments	Q1 2025 Adjusted Results[2]
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Research and development expenses	(557)	30	(527)	(526)	-	(526)
Sales, marketing, general and administrative expenses	(151)	-	(151)	(121)	-	(121)
Other operating result	(16)	7	(9)	13	(15)	(2)
Operating loss	**(677)**	**37**	**(640)**	**(534)**	**(15)**	**(549)**
Net loss[3]	**(532)**	**37**	**(495)**	**(416)**	**(15)**	**(431)**
Basic and diluted loss per share	(2.10)		(1.95)	(1.73)		(1.79)

1. All Numbers have been rounded and may not add up to the totals. Presentation of the consolidated statements of profit or loss has been condensed. 2. In addition to BioNTech's results determined in accordance with International Financial Reporting Standards ("IFRS"), or IFRS Accounting Standards, or IFRS results, BioNTech reports certain adjusted, non-IFRS measures used internally as a supplemental measure of our business performance (each referred to with the prefix "Adjusted" or, as a whole, "Adjusted Results"). The calculation of these measures and the adjusted results as a whole is based on the concepts of the applicable IFRS Accounting Standards, but includes certain adjustments. Reconciliation of the adjusted results to BioNTech's measures based on IFRS Accounting Standards and more information can be found in the appendix and in BioNTech's Report on Form 6-K for the period ended March 31, 2026, filed on May 5, 2026, which is available at www.sec.gov. While non-IFRS measures may offer additional insights, BioNTech's non-IFRS measures are not, and should not be viewed as a substitute for their most directly comparable IFRS Accounting Standards measures, and should always be considered alongside our financial statements prepared in accordance with IFRS Accounting Standards. 3. Tax effects are not considered as part of BioNTech's non-IFRS adjustments.

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BioNTech's Oncology Pipeline

Phase 1	Phase 1/2			Phase 2			Phase 2/3	Phase 3	
BNT116 Adv. NSCLC	**BNT3214** Multiple solid tumors	**Pumitamig**[1] 1L adv./met. TNBC[8]	**Trastuzumab pamirtecan**[3] Multiple solid tumors	**Autogene cevumeran**[2] Adj. CRC	**Pumitamig**[1] 2L ES-SCLC[8]	**Pumitamig**[1] **or Sacituzumab drozuntecan + BNT324/DB-1311**[3] Multiple solid tumors[9]	**BNT113** 1L HPV16+ HNSCC	**BNT324/ DB-1311**[3] Met. CRPC PLANNED	**Trastuzumab pamirtecan**[3] Met. BC
BNT211 Multiple solid tumors	**BNT324/ DB-1311**[3] Multiple solid tumors	**Pumitamig**[1] **+ BNT314/GEN1059**[6] Met. CRC[9]		**Autogene cevumeran**[2] Adj. PDAC	**Pumitamig**[1] 2L+ EGFRm NSCLC[8]		**Pumitamig**[1] 1L met. CRC	**Gotistobart**[4] Met. NSCLC	**Trastuzumab pamirtecan**[3] 2L EC
BNT314/GEN1059[6] Multiple solid tumors	**Sacituzumab drozuntecan**[3] Multiple solid tumors	**Pumitamig**[1] **+ BNT3212** Multiple solid tumors		**BNT116**[7] 1L adv. NSCLC	**Pumitamig**[1] 2L Glioblastoma[8]		**Pumitamig**[1] 1L met. Gastric	**Pumitamig**[1] 1L ES-SCLC	
BNT317 Multiple solid tumors	**BNT329** Multiple solid tumors	**Pumitamig**[1] **+ BNT3213** 1L HCC[8,9]		**BNT326/YL202**[5] Multiple solid tumors[8]	**Pumitamig**[1] 1L HCC[8]		**Pumitamig**[1] 1L NSCLC	**Pumitamig**[1] 1L adv. NSCLC	
BNT326/YL202[5] Multiple solid tumors	**Gotistobart**[4] Met. CRPC	**Pumitamig**[1] **+ BNT324/DB-1311**[3] Adv./met. NSCLC and SCLC[9]		**BNT326/YL202**[5] Adv./met. BC[8]	**Pumitamig**[1] 1L MPM[8]			**Pumitamig**[1] Unresectable Stage III NSCLC	
	Gotistobart[4] Multiple solid tumors	**Pumitamig**[1] **+ Sacituzumab drozuntecan**[3] Multiple solid tumors[9]		**Gotistobart**[4] PROC	**Pumitamig**[1] 2L NEN[8]			**Pumitamig**[1] 2L SCLC[8]	
	Pumitamig[1] Multiple solid tumors[8]	**Pumitamig**[1] **+ BNT326/YL202**[5] Multiple solid tumors		**Pumitamig**[1] 1L met. CRC[8]	**Pumitamig**[1] 2L adv./met. NSCLC			**Pumitamig**[1] 1L adv./met. TNBC	
	Pumitamig[1] 1L adv. HCC	**Pumitamig**[1] **+ BNT326/YL202**[5] Adv. NSCLC		**Pumitamig**[1] 1L ES-SCLC[8]	**Pumitamig**[1] 1L met. PDAC[8]			**Pumitamig**[1] 1L adv./met.TNBC[8]	
	Pumitamig[1] Adv. RCC	**Pumitamig**[1] **+ Trastuzumab pamirtecan**[3] Adv./met. BC[9]		**Pumitamig**[1] 1L/2L+ ES-SCLC	**Pumitamig**[1] 1L/2L adv./met. TNBC				

Next generation immunomodulator | Targeted therapy
mRNA immunotherapy | Novel-novel combination

Partnered with: 1. Bristol Myers Squibb; 2. Genentech, a member of the Roche Group; 3. DualityBio; 4. OncoC4; 5. MediLink; 6. Genmab; 7. In collaboration with Regeneron; 8.Trial ongoing in China only; 9.Trial is currently being conducted by or on behalf of BioNTech. Bristol Myers Squibb holds co-exclusive rights to pumitamig.

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BioNTech's Infectious Diseases Pipeline

Phase 1	Phase 1/2	Phase 2	Commercial
BNT163[1] HSV	**BNT162 + BNT161**[2] COVID-19 – Influenza combination	**BNT166**[5] Mpox	**BNT162**[2,3] COVID-19
BNT351 HIV	**BNT164**[4] Tuberculosis		
	BNT165 Malaria		

Antibody mRNA

Partnered with: 1. University of Pennsylvania; 2. Pfizer; 3. Fosun Pharma; 4. Funded by the Gates Foundation; 5. Funded by the Coalition for Epidemic Preparedness Innovations (CEPI).

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Abbreviation Directory

n L	*nth* line	ESMO	European Society for Medical Oncology	mRNA	Messenger ribonucleic acid
AACR	American Association for Cancer Research	FAS	APO-1 or CD95	MSS	Microsatellite stability
ADC	Antibody-drug conjugate	FixVac	Fixed Antigen Vaccine	NE	Not evaluable for response
adj.	Adjuvant	FY	Fiscal year	NEN	Neuroendocrine neoplasm
adv.	Advanced	G7 markets	Canada, France, Germany, Italy, Japan, GB, USA	NR	Not reached
ASCO	American Society of Clinical Oncology	GB	Great Britain	(sq) NSCLC	(squamous) Non-small cell lung cancer
BC	Breast cancer	GI	Gastrointestinal	(c)ORR	(confirmed) Objective response rate
BLA	Biologics License Applications	HCC	Hepatocellular carcinoma	OS	Overall survival
BMS	Bristol Myers Squibb	HER2 (or 3)	Human epidermal growth factor receptor 2 (or 3)	PD-(L)1	Programmed cell death protein (ligand) 1
CEPI	Coalition for Epidemic Preparedness Innovations	HIV	Human immunodeficiency virus	PDAC	Pancreatic ductal adenocarcinoma
		HNSCC	Head and neck squamous cell carcinoma	PFS	Progression-free survival
CDMO	Contract Development and Manufacturing Organization	HPV 16	Human papilloma virus 16	PoC	Proof of concept
		HR	Hormone receptor	PROC	Platinum-resistant ovarian cancer
CI	Confidence interval	HSV	Herpes simplex virus	R&D	Research and development
CPI	Checkpoint inhibitor	ICI	Immune checkpoint inhibitor	RCC	Renal cell carcinoma
CPS	Combined positive score	IFRS	International financial reporting standards	RECIST	Response Evaluation Criteria in Solid Tumors
CRC	Colorectal cancer	IHC	Immunohistochemistry	(ES)SCLC	(Extensive stage) small cell lung cancer
(m)CRPC	(met.) Castration resistant prostate cancer	IIT	Investigator initiated trial	SEC	Securities and Exchange Commission
CRT	Chemoradiation therapy	iNeST	Individualized NeoAntigen-Specific Therapy	SG&A	Selling, general and administrative expenses
ctDNA	Circulating tumor DNA	IO	Immuno-oncology	SITC	Society of Immunotherapy of Cancer
DCR	Disease control rate	IRC	Independent Review Committee	(n)sq	(non-)squamous
(m)DoR	(median) Duration of response	ISH	In-situ hybridyzation	TCE	T cell engager
EC	Endometrial cancer	M&A	Merger and acquisitions	TM	Trademark
EGFR(m)	(mutated) Epidermal growth factor receptor	met.	Metastatic	TNBC	Triple-negative breast cancer
ELCC	European Lung Cancer Congress	MPM	Malignant pleural mesothelioma	WCLC	World Conference of Lung Cancer
epi	Epidemiology	Mpox	Monkey pox		