Innovation Series 2023

November 7, 2023

9:00 AM – 1:00 PM ET

BIONTECH

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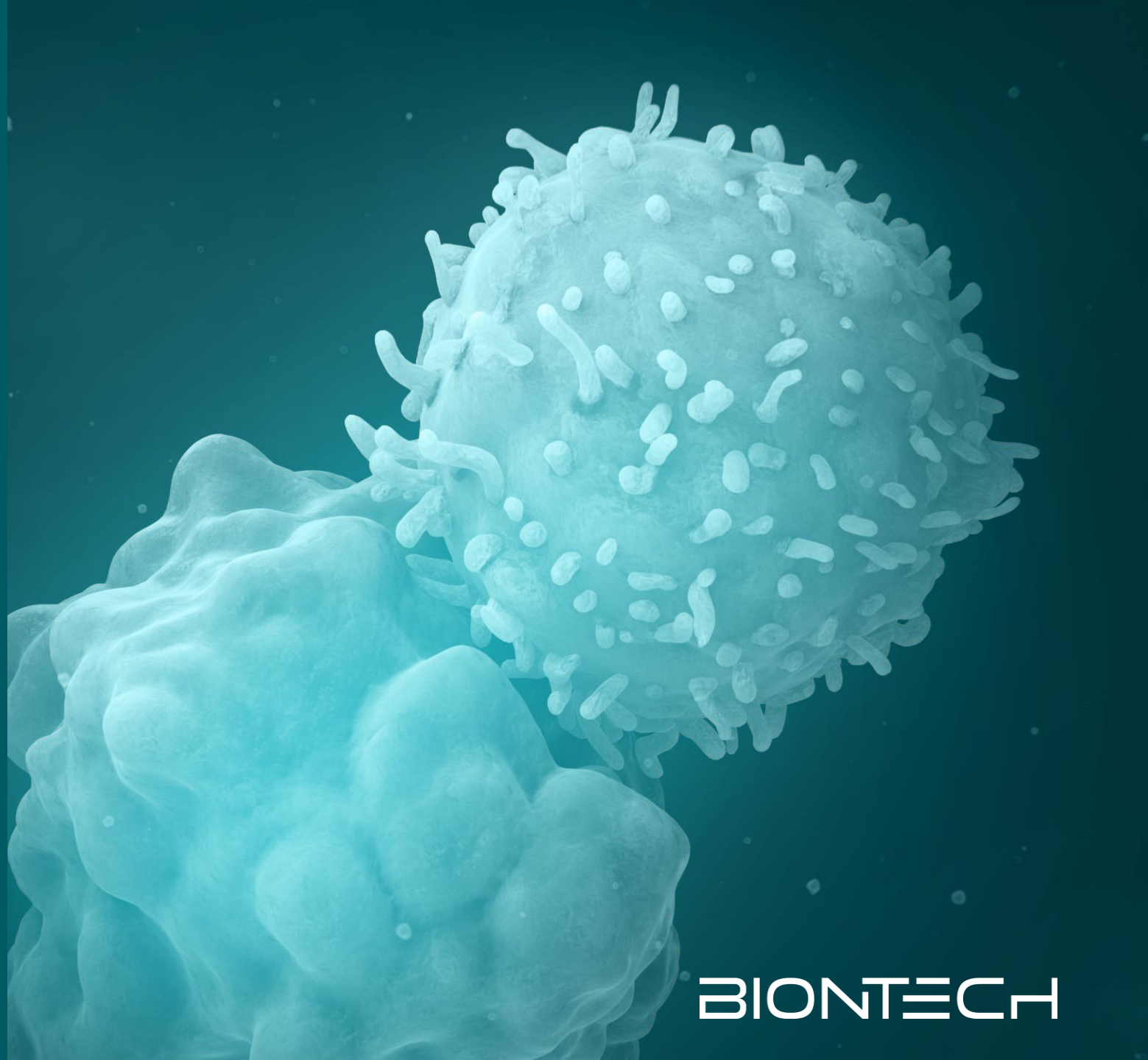
Welcome & Introductory Remarks

Ryan Richardson
Chief Strategy Officer



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 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, seasonality 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 those relating to additional formulations of BioNTech's COVID-19 vaccine, and BioNTech's current and future preclinical studies and clinical trials, including statements regarding the timing of initiation and completion of studies or trials and related preparatory work and the availability of results; our expectations with respect to our intellectual property; the impact of the Company's collaboration and licensing agreements; the development of sustainable vaccine production and supply solutions and the nature and feasibility of these solutions; and BioNTech's estimates of commercial and other revenues, cost of sales, research and development expenses, sales and marketing expenses, general and administrative expenses, capital expenditures, income taxes, net profit, cash, cash equivalents and security investments, shares outstanding and cash outflows and share consideration. 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 neither promises nor guarantees, and 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 from those expressed or implied by these forward-looking statements. These risks and uncertainties include, but are not limited to: BioNTech's pricing and coverage negotiations with governmental authorities, private health insurers and other third-party payors after BioNTech's initial sales to national governments; the future commercial demand and medical need for initial or booster doses of a COVID-19 vaccine; 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 BioNTech's 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 the COVID-19 pandemic on BioNTech's development programs, supply chain, collaborators and financial performance; unforeseen safety issues and claims for potential personal injury or death arising from the use of BioNTech's COVID-19 vaccine and other 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 expansion; regulatory developments in the United States and other countries; BioNTech's ability to effectively scale BioNTech's production capabilities and manufacture BioNTech's products, including BioNTech's target COVID-19 vaccine production levels, and BioNTech's 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 September 30, 2023 and in subsequent filings made by BioNTech with the SEC, which are available on the SEC's website at https://www.sec.gov/. 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. These forward-looking statements are based on BioNTech's current expectations and speak only as of the date hereof.

Innovation Series 2023 Agenda

1	**Welcome and Introductory Remarks**	9:00 AM
2	**The BioNTech Approach to Innovation**	9:05 AM
3	**AI Capabilities and Projects**	9:25 AM
4	**Our Multi-Platform Oncology Strategy**	9:35 AM
5	**Our Growth Strategy**	10:00 AM
		Break (10 mins)
6	**Novel Backbones: Next-Generation ADCs and Immunomodulators**	10:35 AM
7	**Solid Tumor Cell Therapy**	12:00 AM
8	**mRNA Cancer Vaccines**	12:15 PM
9	**Path to Value Creation**	12:30 PM
10	**Closing Remarks and Q&A**	12:40 PM

Innovation Series 2023 – BioNTech Team

Prof. Ugur Sahin, M.D.
Chief Executive Officer, Co-founder

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

Ryan Richardson
Chief Strategy Officer

Karim Beguir
Chief Executive Officer, InstaDeep

Prof. Ilhan Celik, M.D.
Vice President, Clinical Development

Michael Wenger, M.D.
Vice President, Clinical Development

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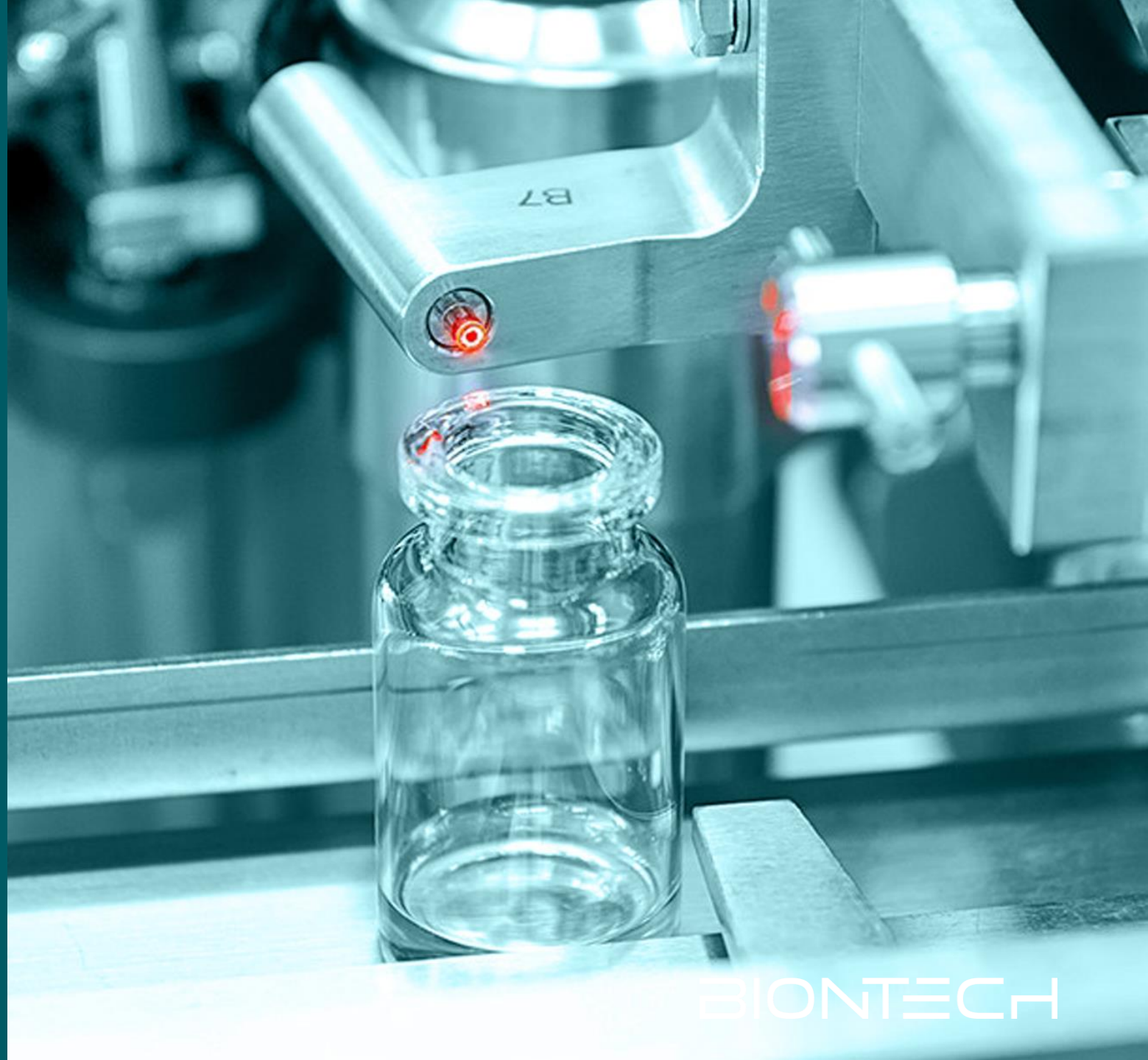
The BioNTech Approach to Innovation

Prof. Ugur Sahin, M.D.
CEO and Co-founder

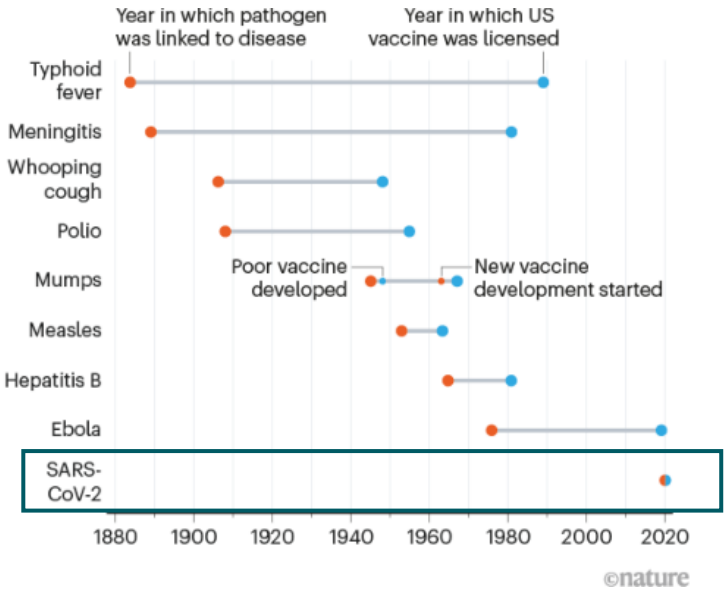


We Made History

The fastest vaccine development in the history of medicine[1]

The strongest launch of any pharmaceutical product[2]

Saved lives and impacted the global economy



>4 billion doses of BNT162b2 shipped

>170 countries and territories[3]

Millions of cases of severe illness or death likely averted

Trillions of dollars of global economic impact[4]

1. Nature 589, 16-18 (2021); 2. Measured by sales recorded for a single product in a single year (>$40 billion combined of direct sales recorded by Pfizer or BioNTech in both 2021 and 2022); 3. Cumulative doses shipped in the years 2021 and 2022. 4. COVID-19 Excess Mortality Collaborators. Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020-21. Lancet. 2022.

A Global Immunotherapy Leader

Leadership in COVID-19 vaccines development

Building and expanding a long-term and successful COVID-19 franchise

>60%[1]

market share

Healthcare and social responsibility

Contributing to democratizing access to novel medicines around the globe

40%[1]

of doses delivered to low- and middle-income countries in 2023

Innovative and diversified pipeline

Developing an innovative pipeline with a focus on oncology and infectious disease

11[2]

ongoing phase 2 and 3 trials

Innovation at scale

Aiming to establish a dedicated multi-product oncology company

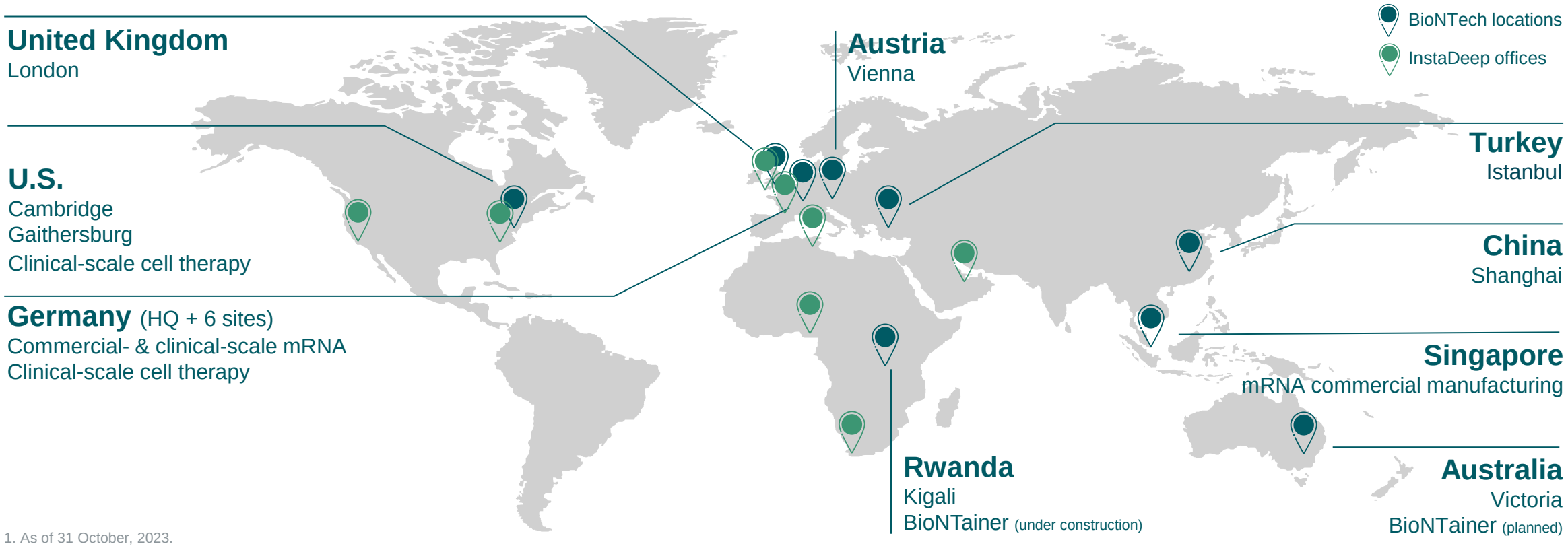
>5,700[1]

employees globally

1. As of October 1, 2023; 2. As of October 24, 2023.

BioNTech Today

Founded in 2008	>5,700[1] professionals globally	>80 different nationalities	36 average age	>50 % are female



1. As of 31 October, 2023.
R&D = research and development; HQ = headquarters

Harnessing the Full Power of the Immune System to Fight Human Diseases

The human immune system plays a central role in >80% of human diseases

Hundreds of billions of cells

Impacts the function of every organ system in the body

Ability to kill targeted cells or pathogens with high precision

Potential for long-term memory

Cell types

T-cell | B-cell | Macrophage | NK cell | Dendritic cell

Function

Cell migration

Removal of diseased cells

Healing

Cell-cell communication

Diseases

Cancer

Infectious diseases

Autoimmune diseases

Cardiovascular disease

Neurodegenerative diseases

Inflammatory diseases

NK cell = natural killer cell

Focused on Five Innovation Pillars

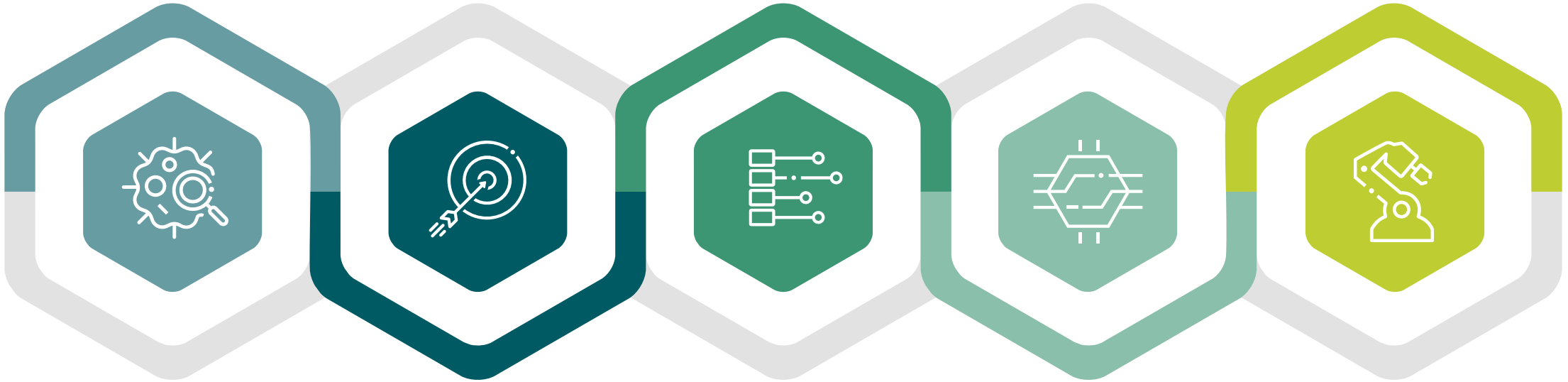
Deep understanding of the immune system

Target discovery and characterization

Multi-platform innovation engine

Digital & AI/ML

Manufacturing and automation

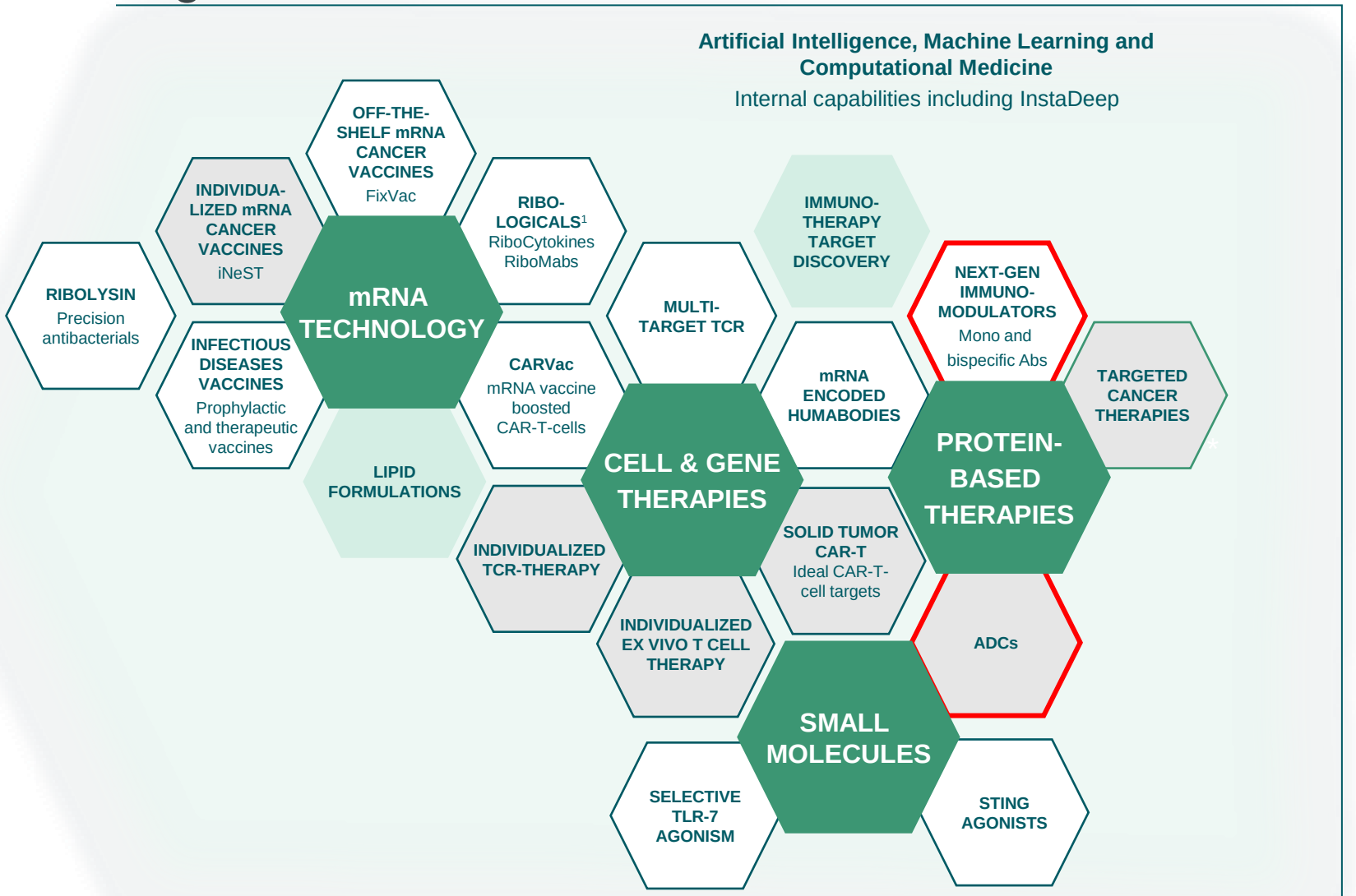


AI = artificial intelligence; ML = machine learning.

Multi-Technology Innovation Engine

Core principles of our technology strategy

- Multi-technology-driven approach rooted in deep fundamental understanding of biology, immunology and medical need
- Build novel platforms with the ability to produce multiple product candidates
- Open up new combination opportunities which leverage synergistic modes of action
- Enable and accelerate individualization of treatment
- Leverage AI-powered drug discovery, design and development



1. mRNA encoded cancer-targeting antibodies and cytokines.
CAR = chimeric antigen receptor; TLR = toll-like receptor; TCR = T cell receptor; Abs = antibodies; STING = stimulator of interferon genes.

mRNA 2023: A Broad Technology Toolbox

mRNA formats

Uridine mRNA

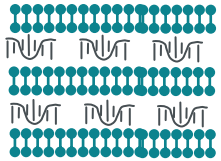
Pseudo-uridine mRNA

Self-amplifying mRNA

Trans-amplifying mRNA

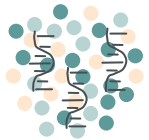
Circular RNA,
chemically synthesized mRNA

Nanoparticles



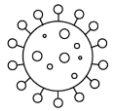
Lipoplex nanoparticles

Lipid nanoparticles



Polymer nanoparticles

Encoded drugs

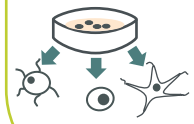


Vaccines
(e.g. cancer, inf. disease, autoimmunity)

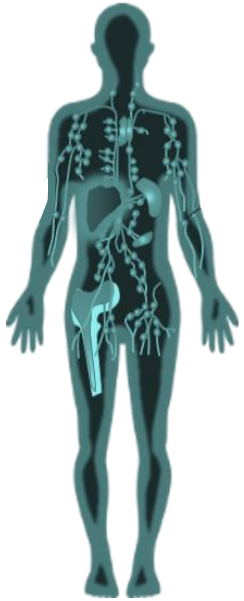
Antibodies
(e.g. receptor blockade)

Signaling molecules
(e.g. cytokine)

Enzymes
(e.g. CRISPR/CAS)



Transcription factors
(e.g. Yamanaka factors)



Local
Tissue-specific
Systemic

Multimodal optimization of mRNA potency and performance over decades (>10,000x)

Holtkamp et al. Blood 2006; Kuhn et al. Gene Therapy 2010; Sahin, Türeci & Kariko Nat Drug Discovery 2014; Vogel et al. Mol Therapy 2018; Beissert et al. Mol Therapy 2020.

BIONTECH

Our Innovation Approach To Manufacturing Challenges

Delivery at Large Scale

BioNTech Manufacturing Facility in Marburg has manufactured 1.6 billion mRNA drug substances

Tailoring & Customization

Digitized manufacturing of individualized mRNA vaccines

Turnaround time 4-6 week

Democratizing access to novel technologies

BioNTainer:

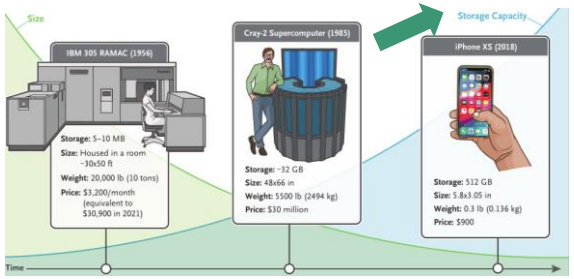
Mobile GMP manufacturing units

GMP = Good Manufacturing Practice

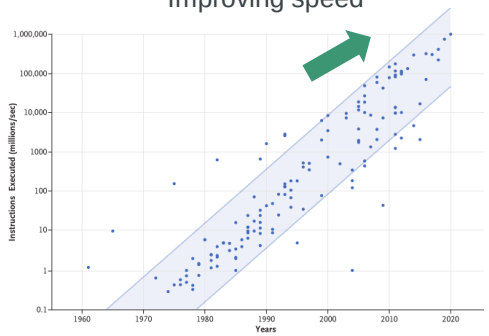
AI's Unprecedented Impact on Science and Medicine

Advances in Computing Power & Algorithms

Increasing storage capacity



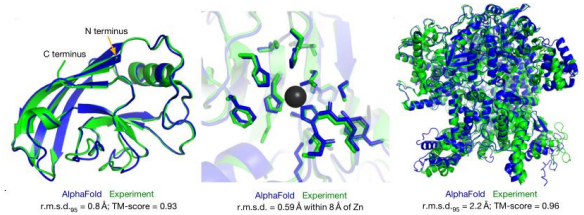
Improving speed



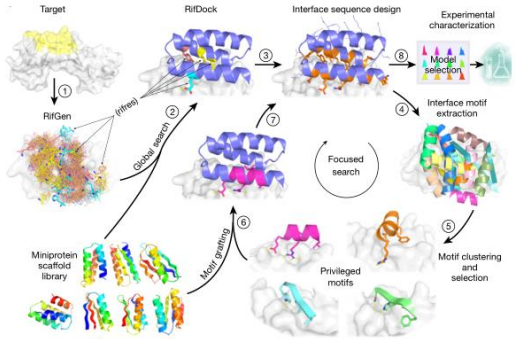
Improvements in the ability to process data over 50 years, allows machine learning to progress, and expected to continuously improve

Leap in LLMs/ Reinforcement Learning

AlphaFold2 – structure prediction

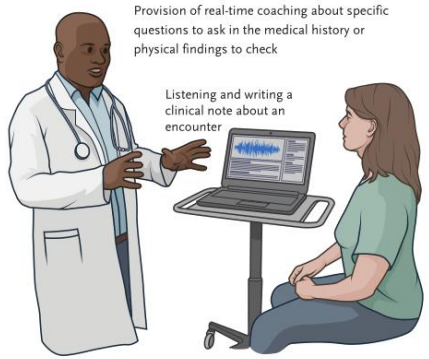


Rosetta - de *novo* protein design



Prediction of protein structure is near experimental accuracy by AlphaFold2. *De novo* protein design solutions introduced

AGI expected to arrive in 2024 – 2029



AGI is expected to impact medical education and clinical inquiry, beyond public health and hospital operations

Bioapplication supported by Data Explosion

Speed up clinical trials through more efficient recruitment and matching of study participants and more comprehensive analyses of the data

Create synthetic control groups by matching historical data to target trial enrollment criteria

Accelerate drug discovery including *de novo* molecular design and optimization and structure-based drug design

The New England journal of medicine vol. 388,13 (2023): 1201-1208. Nature 605, 551–560 (2022). Nature 596, 583–589 (2021). AI, artificial intelligence; ML, machine learning; LLMs, large language models; AGI, artificial general intelligence.

BIONTECH

Our Goals for AI

AI enabled drug and target discovery

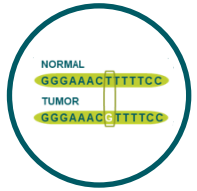
Lead structure

- Optimize **mRNA s**tructure and function

Protein design

- Discovery and de novo design of **TCR**
- Discovery and optimized design of **antibodies**
- Fully scalable, automated engineering of **RiboCytokines** And **RiboMabs**
- **SARS-CoV-2** variant monitoring and immunogen design
- Customized and synthetic **endolysins** for infectious diseases

Personalized medicines

1. Super-fast genome analysis
2. 

Individualized mutanome analysis
3. Neoantigen prediction
4. Automated and digitalized manufacturing

Powered by data and cutting-edge AI & ML technologies

AI = artificial intelligence; ML = machine learning; mRNA = messenger ribonucleic acid; TCR = T cell receptor-engineered; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2.

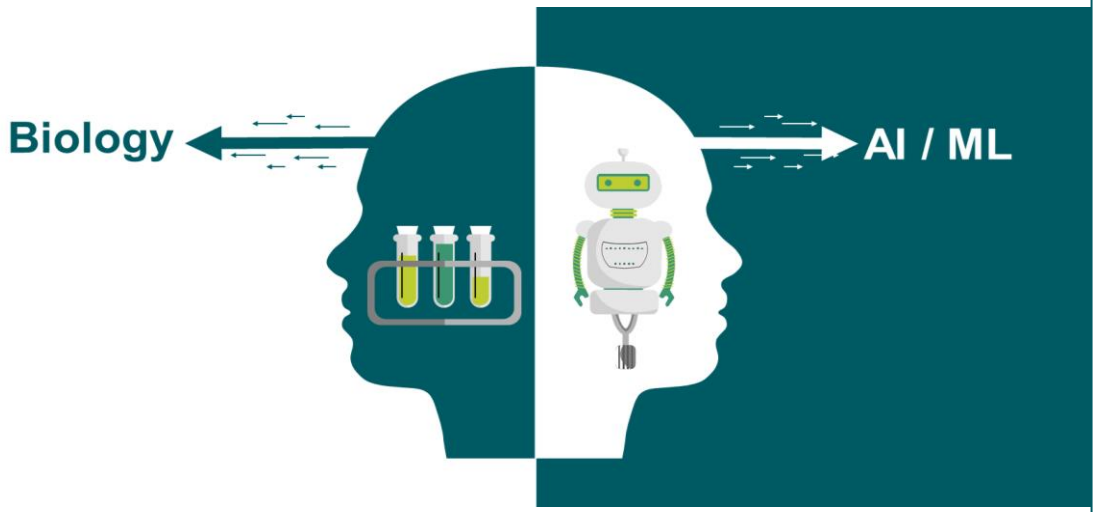
BIONTECH

Accelerate and Enhance BioNTech's AI Vision

BIONTECH & InstaDeep™

Fully leverage the power of computational science & AI

- Provide **high-quality designs** to develop next-generation products with a more efficacious or safer profile
- **Speed up workflows** to develop novel therapeutics & vaccine product candidates
- **Scale up our capability** by fully digitalized automation throughout the whole drug discovery, e.g., high-throughput sequencing, target identification, candidate design and optimization, clinical development and manufacturing



Implementation strategy

Successful collaboration over past three years	Define high priority projects
Ensure close teamwork at project level	Keep integrity of InstaDeep

AI = artificial intelligence; ML = machine learning.

3

AI Capabilities and Projects

Karim Beguir

CEO, InstaDeep

Our AI Capabilities

300+ AI Experts

From AI researchers to ML engineers and ML Ops experts, our team has critical size, depth, and a differentiated ability to attract talents in EMEA.

Supercomputing Assets

Our proprietary GPU cluster in the UK (500 petaflops expected 2024), is optimized for high performance computing and fully managed by our Aichor software platform.

AI Research Capabilities

Strong contributor to major AI conferences (NeurIPS, ICLR etc.), workshops and journals.
25 publications in 2023, in ML for Biology and AI Decision-Making.

Frontier LLMs

Proprietary high-efficiency libraries for advanced Large Language Model (LLM) training, supporting R&D efforts and biology-focused generative AI.

Large Scale Optimization

Distributed, scalable reinforcement Learning (RL) and combinatorial optimization algorithms. 5 reference JAX frameworks released.

Quantum Machine Learning

Pioneer in Quantum Machine Learning incl. publications in Nature journals, collaborations (NPL, Cambridge, IBM) and commercial partnerships.

Software Productization

Converting technology powered by our AI innovation into user-friendly, scalable software products integrated with our compute infrastructure and the Cloud.

Simulation Expertise

Physically realistic representations of complex environments, optimized for speed, including GPU-accelerated Molecular Dynamics in biology.

AI = artificial intelligence; ML = machine learning; EMEA = Europe, Middle East, India & Africa; GPU = Graphics Processing Unit; NeurIPS = Neural Information Processing System; ICLR = International Conference on Learning Representations; NPL = National Physical Laboratory.

End-to-End Therapeutics Platform Powered by AI

Synergistic approach designed to improve BioNTech's personalized immunotherapy platform

Target identification → **mRNA optimization** → **Gene synthesis** → **Functional validation**

BioNDeep by BIONTECH	mRNA Optimizer by BIONTECH	Oligo Optimizer by BIONTECH	Elispot BIONTECH
Enhanced neoepitope selection algorithms in terms of positive predictive value (PPV)	**Developing LLMs for RNA translation prediction**	**36% success rate improvement on oligonucleotide assembly**	**More than 8x speedup on immune response detection**

We apply our AI capabilities at the forefront of the design of potential cancer therapies and infectious disease vaccines

Immune recognition modelling in sequence and structure space

AI-designed vaccines competitive with human expert designs

Developing state-of-the-art foundational large language models for DNA

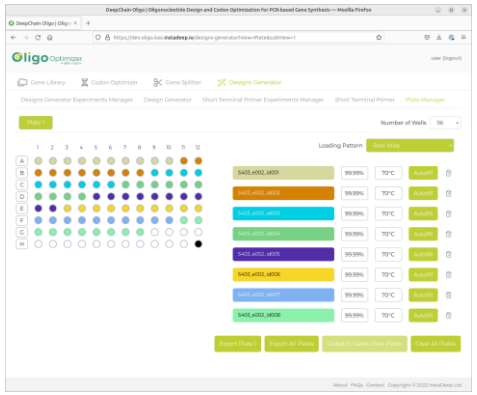
Crossfunctional learnings across the research themes are shared

AI = artificial intelligence; LLM = large language model.

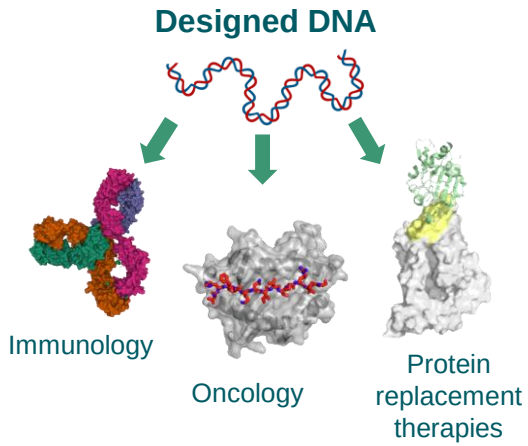
Gene Synthesis

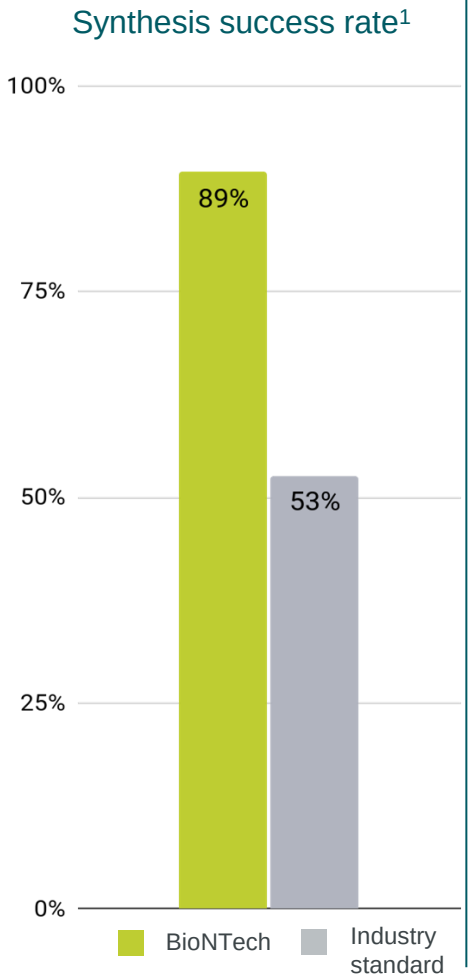
DNA is the language of biology, and the starting material for a huge range of bioproducts. Creation of long DNA molecules is complex. *Assembly PCR* builds complete molecules from carefully designed fragments. However, failure is common and costly.

Our AI optimization algorithms improve the success rate of this process by **36 absolute percentage points** over the industry standard. Our innovation has been embedded into a software platform that unlocks BioNTech's capacity for large scale experiments, **reducing failure rates by ~5x** and **increasing** successful design **throughput by 68 percentage points** over the same hardware.



Intuitive software platform





1. Results from April 2022 internal evaluation; data on file.
PCR = polymerase chain reaction; AI = artificial intelligence.

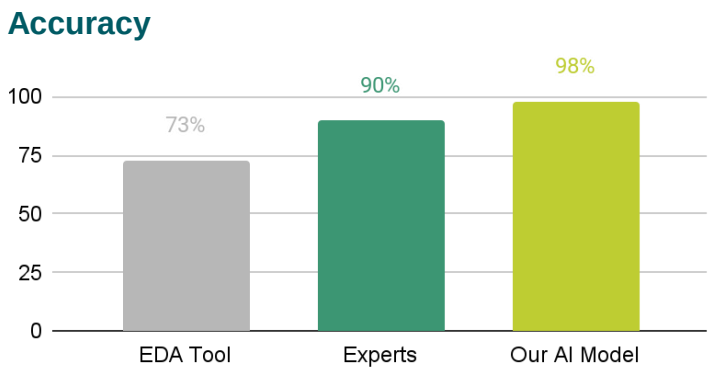
Functional Validation

AI-powered platform for ELISpot experiments classification

The ELISpot project streamlines the categorization of experimental results by classifying them into one of three distinct outcomes: those showing **no immune response**, those exhibiting a **positive** immune response, and those that are **not evaluable**. We built an AI product to offer a superior and reliable alternative to traditional manual labeling methods, enhancing accuracy and efficiency of ELISpot assessments.

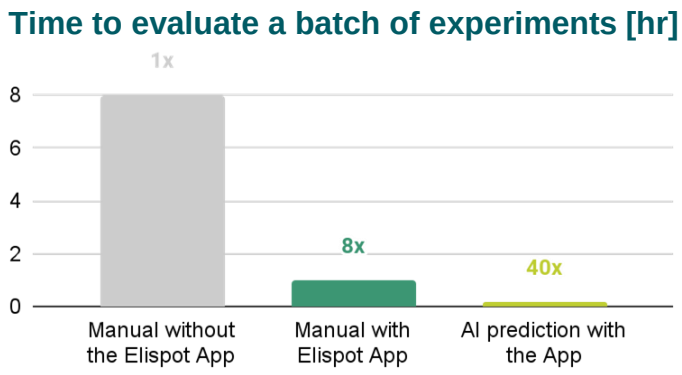
AI classification accuracy:

- Our AI product: **98%**
- Human-level performance: **90%**
- Previous tool: **73%**



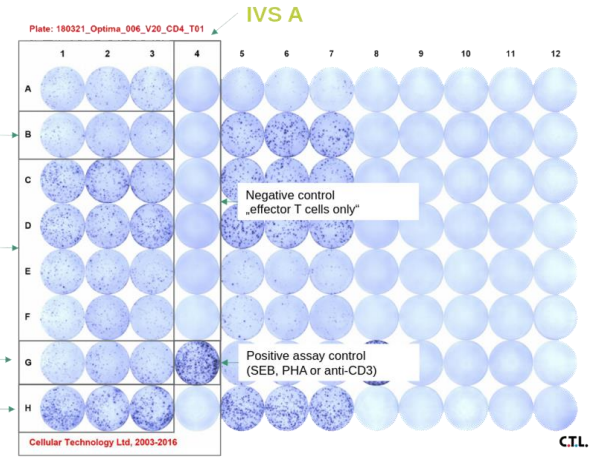
Efficiency improvements:

- Manual process: **8x** faster within the ELISpot app
- Full AI automation: **40x** faster



Overall process optimization:

- AI evaluates 97% of experiments, leaving only 3% for experts to review



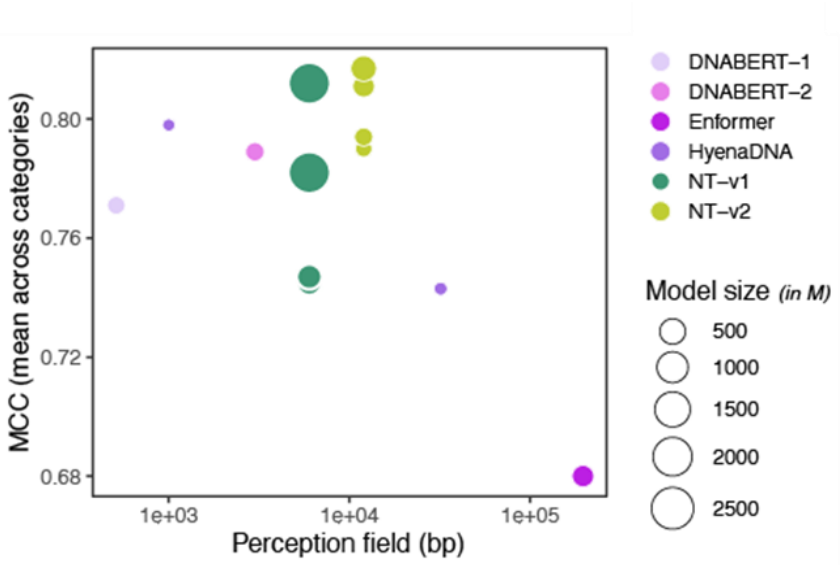
Data on file.
AI = artificial intelligence; EDA = electronic design automation.

Nucleotide Transformer: State-of-the-Art LLM for DNA

The Nucleotide Transformer is our collection of **language models** tailored for **DNA** developed in collaboration with TUM and Nvidia. The models have been trained on reference genomes from more than 850 species at **large scale** and are currently the **state-of-the-art** LLM for genomics. They have been evaluated against many competitors on a large range of tasks including splice site prediction, enhancer activity prediction and epigenetic marks predictions.

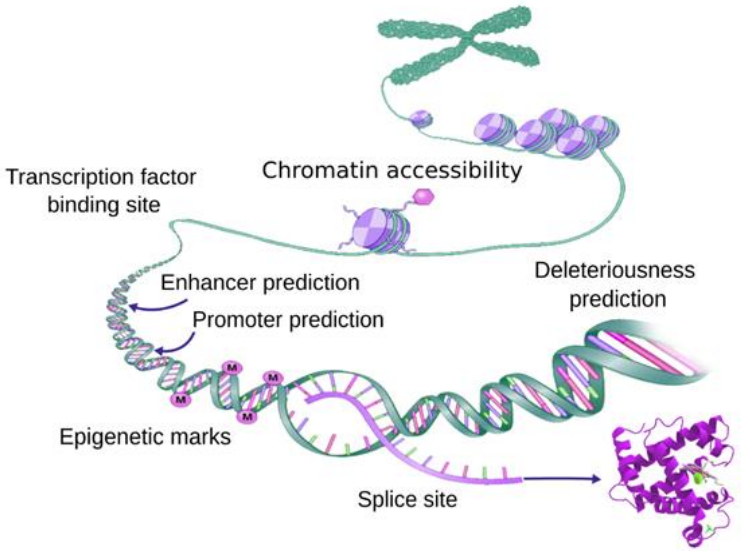
Comparison to other LLMs for genomics

Enformer, DeepMind, Nature Methods
HyenaDNA, Stanford, NeurIPS



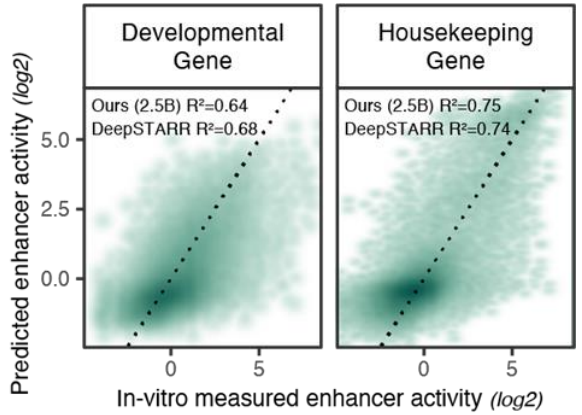
Landscape of the tasks performed by the nucleotide transformer

from chromatin accessibility, to splice site detection and deleteriousness prediction



Comparison to DeepSTARR

Stark lab, Nature Genetics



Comparison to SpliceAI

Illumina, Cell

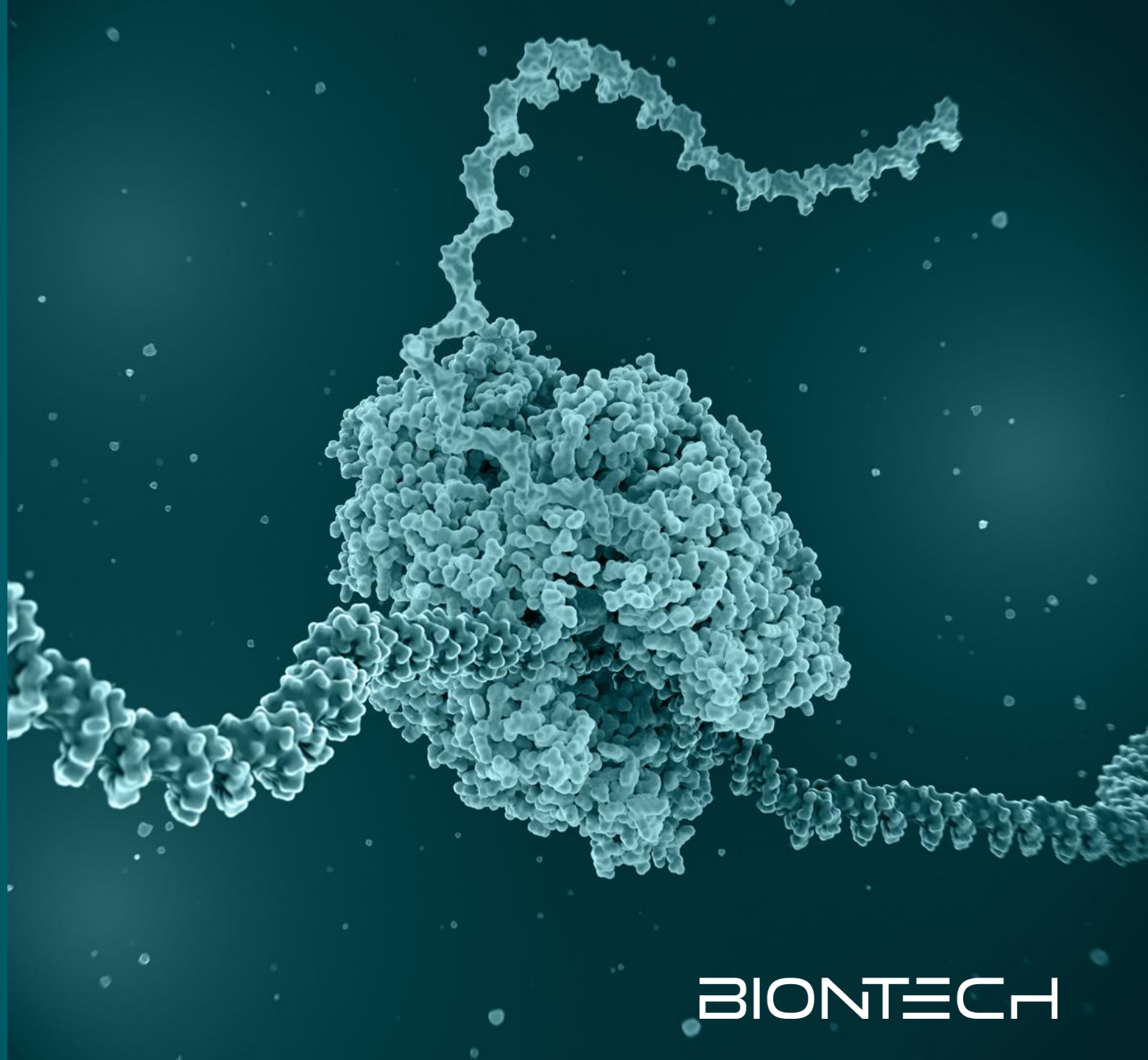
	PR–AUC	Top–k
NT–Multispecies (2.5B)	0.98	0.95
SpliceAI–10k	0.98	0.95
SpliceAI–6k	0.92	0.86
GeneSplicer	0.23	0.30
NNSplice	0.15	0.22
MaxEntScan	0.15	0.22

Dalla-Torre et al. 2023, https://doi.org/10.1101/2023.01.11.523679
LLM = large language model.

4

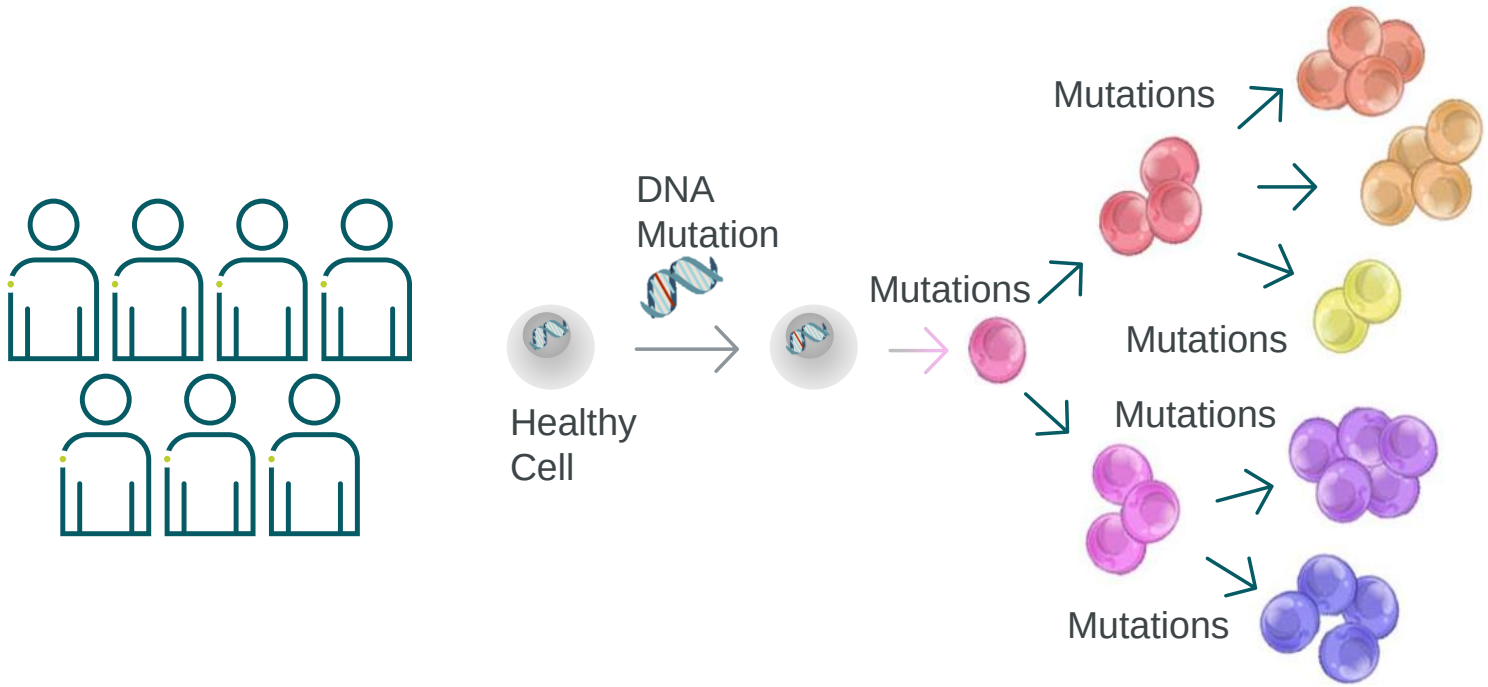
Our Multi-Platform Oncology Strategy

Prof. Ugur Sahin, M.D.
CEO and Co-founder

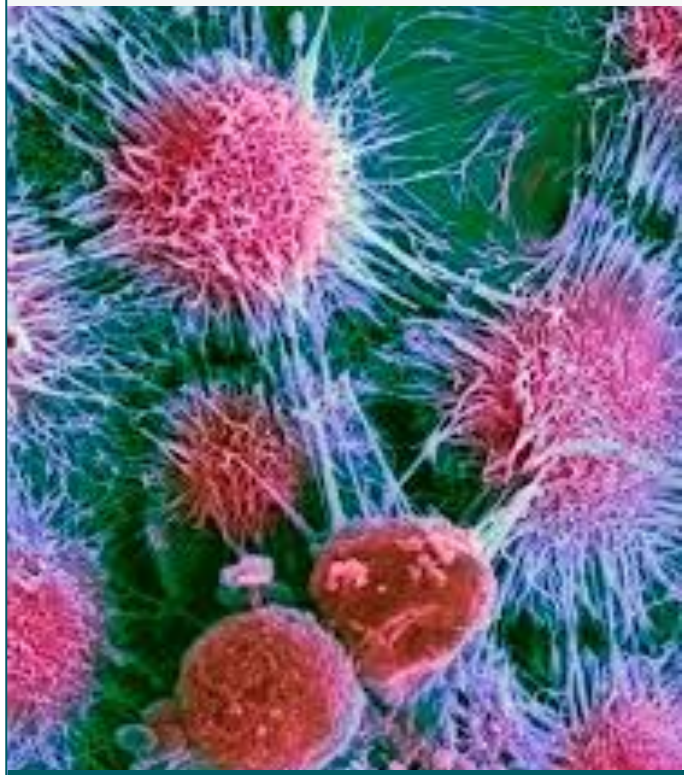


Root Cause of Cancer Treatment Failure

Intraindividual variability & intratumoral heterogeneity driving evasion and secondary resistance mechanism



Cancer cells



Genetically diverse & adaptable

BIONTECH

Our Oncology Strategy

Vision

Address the continuum of cancer treatment

Bring novel therapies to cancer patients and establish new treatment paradigms

Open up novel options to combine platforms and therapies

Strategy

Portfolio strategy covering compound classes with synergistic mechanism of actions

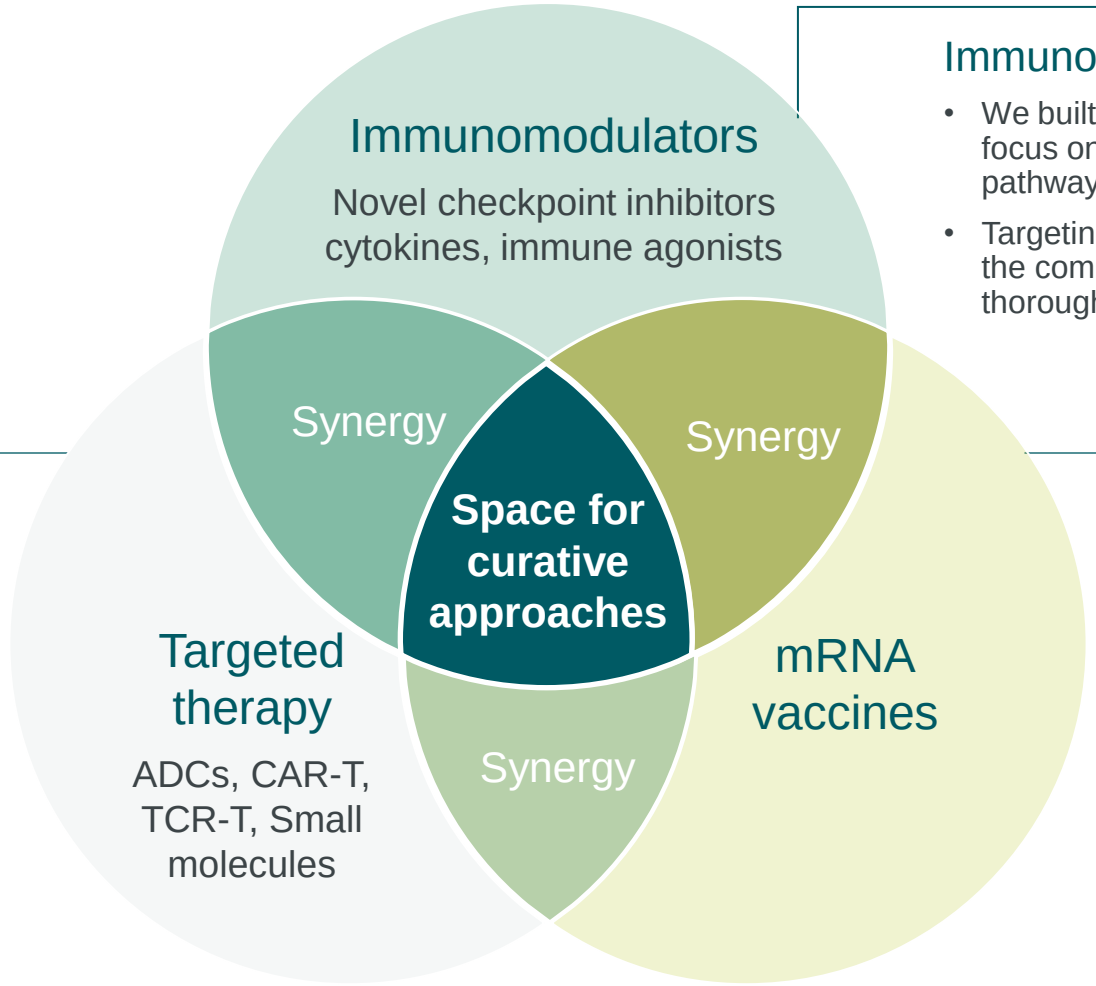
- Immunomodulators
- Targeted therapies
- Personalized mRNA vaccines

Programs across a wide range of solid tumors and stages of treatment

Programs with first-in-class and / or best-in-class potential

Unique therapeutic combinations

Towards a Potentially Curative Approach to Cancer: Differentiated Combinations of Multiplatform Assets



Immunomodulators

- We built a modality agnostic armamentarium to focus on the most relevant and crucial IO pathways
- Targeting different but complementary players in the complex cancer immunity cycle to promote a thorough and durable anti-tumoral effect

Targeted therapy

- Potent and precise therapies to rapidly reduce tumor burden
- Efficacy across the entire disease continuum including late lines

mRNA cancer vaccines

- Eliminate polyclonal residual disease with individualized vaccines for potential long-term impact
- Polyspecific activity by targeting multiple antigens at once

CAR = chimeric antigen receptor; ADC = antibody-drug conjugate; IO = immuno-oncology; TCR-T = T-cell receptor engineered T cell.

BIONTECH

Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

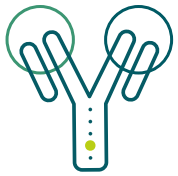
BNT316/ ONC-392[2] (gotistobart)

Monospecific antibody with **optimized Fc** targeting CTLA-4 and **selectively depleting tumor-infiltrating Tregs** in the TME but not in the periphery due to a pH driven mechanism.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in PROC
- Ph3 in 2L+ mNSCLC

BNT311/ GEN1046[1]



Bispecific antibody to **inhibit proliferation** of PD1-positive cells. 4-1BB enhances **T cell proliferation, T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in mNSCLC
- Ph2 in 2L mEC

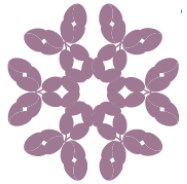
BNT312/ GEN1042[1]

Engagement of CD40 leads to **activation and maturation of APCs.** 4-1BB enhances **T cell proliferation**, **T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 trials in multiple solid tumors

BNT313/ GEN1053[1]



A CD27 antibody based on the HexaBody technology, specifically engineered to form an **antibody hexamer** upon binding its target on T cell membranes.

Clinical status

- Ph1/2 in multiple solid tumors

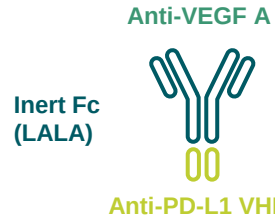
BNT314/ GEN1059[1]

Bispecific antibody designed to boost antitumor immune response through EpCAM-dependent 4-1BB agonistic activity.

Clinical status

- Ph1/2 in multiple solid tumors planned

PM8002[3]



PD-L1 expression or upregulation in tumors may enrich **VEGF neutralization** into the TME which **inhibits angiogenesis**.

Clinical status

- Ph1b dose escalation
- Ph2a as monotherapy in multiple cancers
- Ph2 in combination with CTx in multiple cancers

1. Partnered with Genmab; 2. Partnered with OncoC4; 3. Partnered with Biotheus. CTLA4 = Cytotoxic T-Lymphocyte-Associated Protein 4; CD27, CD40, 4-1BB = members of the tumor necrosis factor receptor superfamily; PD-1 =Programmed cell death protein 1; HER2 = human epidermal growth factor receptor 2; ADCC = Antibody dependent cell-mediated cytotoxicity; ADCP = Antibody dependent cellular phagocytosis; PROC = platinum-resistant ovarian cancer; NSCLC = non-small cell lung cancer; EC = endometrial cancer APC = antigen presenting cells; VEGF = vascular endothelial growth factor; TME = tumor microenvironment; CTx = chemotherapy; LALA = IgG1 variant L234A/L235A.

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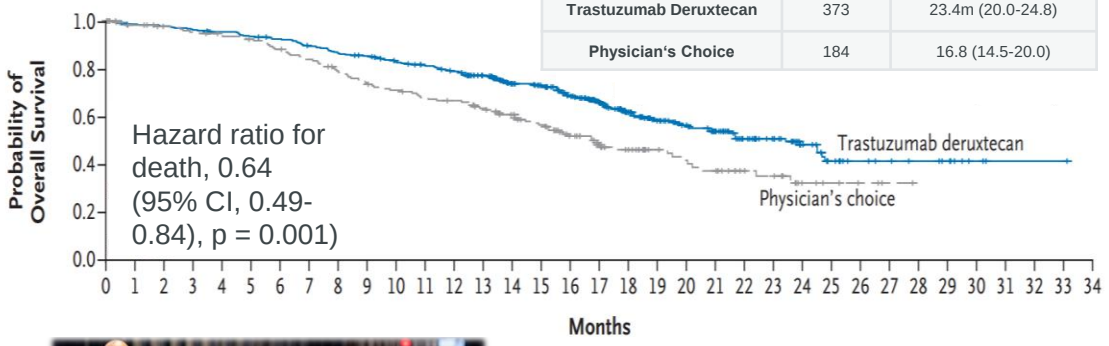
ADCs: The Next Wave of Transformation in Oncology

ADCs are expected to replace chemotherapy

Overall survival

Risk of death was reduced by 36% in patients who received Trastuzumab Deruxtecan

	N	mOS (95% CI), months
Trastuzumab Deruxtecan	373	23.4m (20.0-24.8)
Physician's Choice	184	16.8 (14.5-20.0)



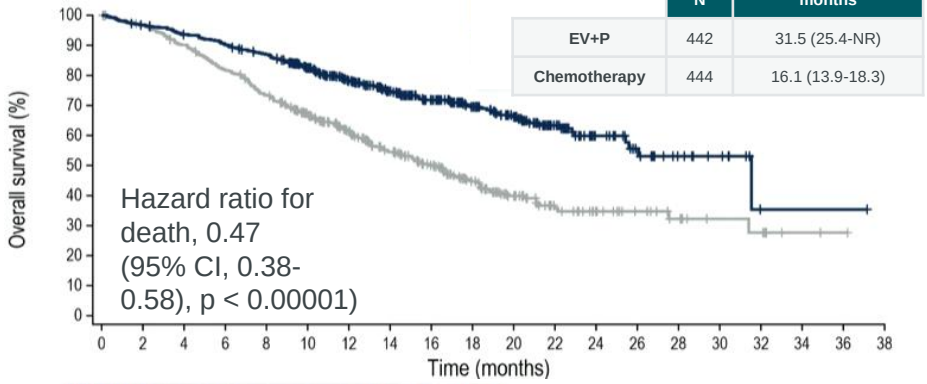
ASCO 2022 standing ovation for T-Dxd (Destiny Breast-04), breast cancer

ADC + IO are expected to become a new standard

Overall survival

Risk of death was reduced by 53% in patients who received EV + Pembrolizumab

	N	mOS (95% CI), months
EV+P	442	31.5 (25.4-NR)
Chemotherapy	444	16.1 (13.9-18.3)



ESMO 2023 standing ovation for EV-302, urothelial cancer

ADC development is practice-changing in oncology

ASCO 2022 Trastuzumab Deruxtecan vs. Chemotherapy, N Engl J Med 2022;387:9-20; Enfortumab Vedotin, + Pembrolizumab vs. Chemotherapy; Powles TB, et al. EV-302/KEYNOTE-A39: Open-label, randomized phase 3 study of enfortumab vedotin in combination with pembrolizumab (EV+P) vs chemotherapy (chemo) in previously untreated locally advanced metastatic urothelial carcinoma (la/mUC), ESMO Congress 2023.
ADC = antibody-drug conjugate; EV = enfortumab vedotin, IO = immuno-oncology.

BIONTECH

ADCs: The Innovation Cycle is Just Beginning

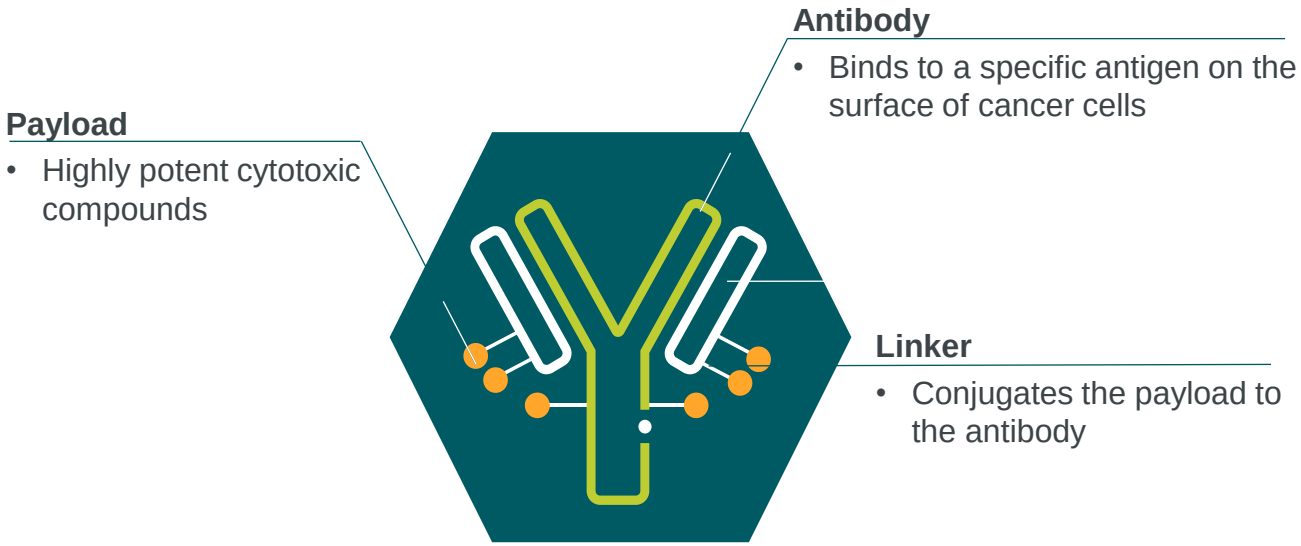
BioNTech is driving the development of next-generation ADCs

Distinguished ADC linker technology
- Stability improving safety profile
- Higher efficacy

Novel mechanisms of actions
- Tumor specific activation
- Improved and novel payloads

Novel targets and novel epitopes
- Targeting broader spectrum of tumors
- Higher specificity

BioNTech plans to develop ADCs against novel targets



Our deep understanding of ADC targets and immunology distinctively positions us to consolidate and maximize the substantial therapeutic window offered by the next-gen ADC technology

ADC = antibody-drug conjugate.

Clinical stage ADC Programs

BNT323/ DB-1303[1]

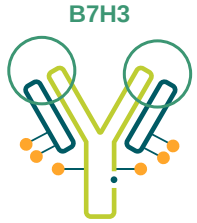
Targeting HER2, cleavable linker (L101) and topoisomerase I inhibitor (P1003)

DAR: 8

Clinical status

- Ph3 in HR+HER2-low mBC
- Ph1/2 in multiple solid tumors

BNT324/ DB-1311[1]



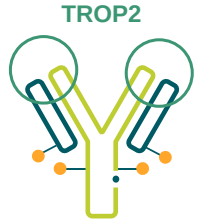
Targeting B7H3, cleavable linker and topoisomerase I inhibitor (P1021)

DAR: 6

Clinical status

- Ph1/2 in multiple solid tumors

BNT325/ DB-1305[1]



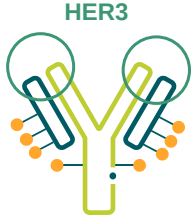
Targeting TROP2, cleavable linker and topoisomerase I inhibitor (P1021)

DAR: 4

Clinical status

- Ph1/2 in multiple solid tumors

BNT326/ YL202[2]



Targeting HER3, cleavable linker allows for intracellular and extracellular release of topoisomerase I inhibitor (YL0014)

DAR: 8

Clinical status

- Ph1 in multiple solid tumors

1. Partnered with DualityBio; 2. Partnered with MediLink; The completion of the agreement is subject to customary closing conditions, including clearance under the Hart-Scott-Rodino ("HSR") Antitrust Improvements Act.
ADC = antibody-drug conjugates; DAR = drug-to-antibody ratio; HER2/3 = human epidermal growth factor receptor 2/3; TROP2 = trophoblast cell-surface antigen 2; mBC = metastatic breast cancer

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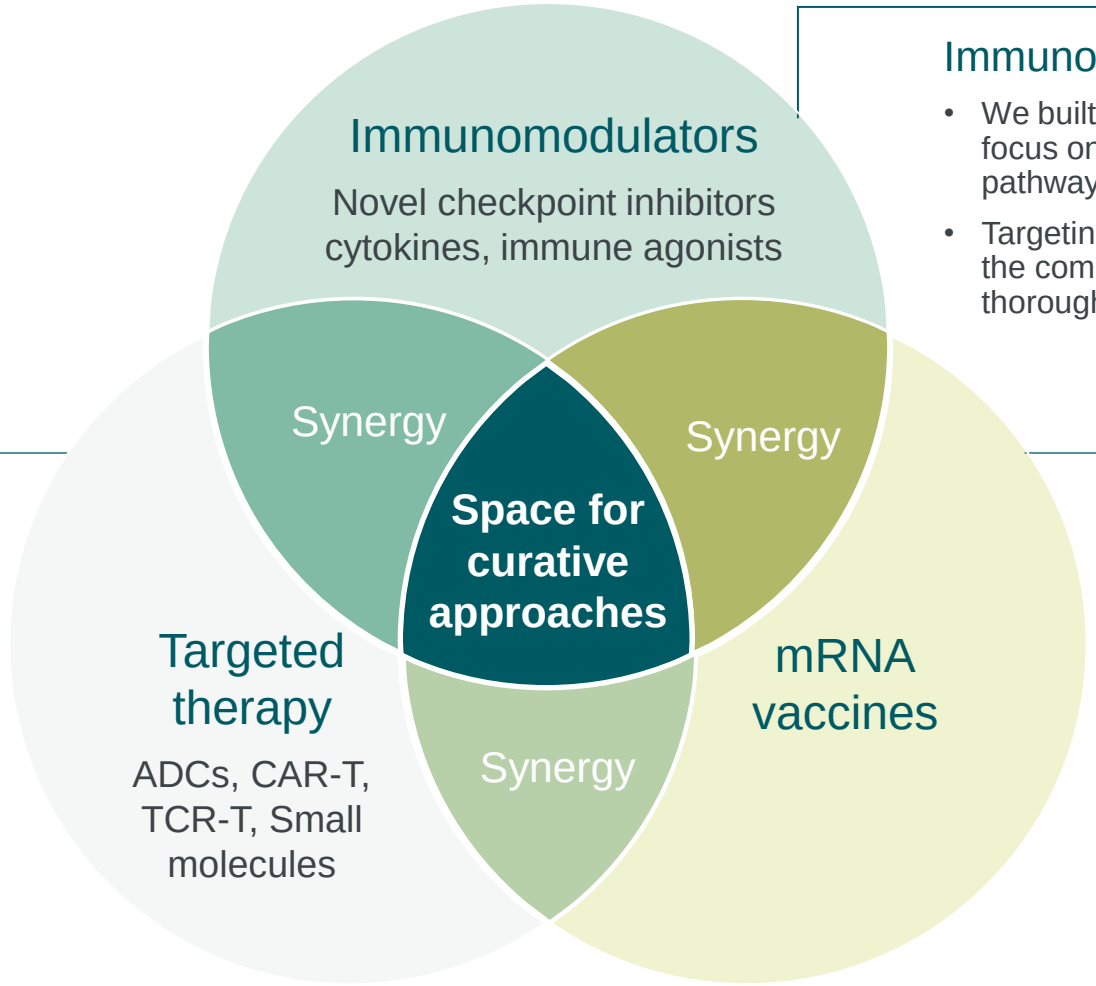
Towards a Potentially Curative Approach to Cancer: Differentiated Combinations of Multiplatform Assets



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- Polyspecific activity by targeting multiple antigens at once

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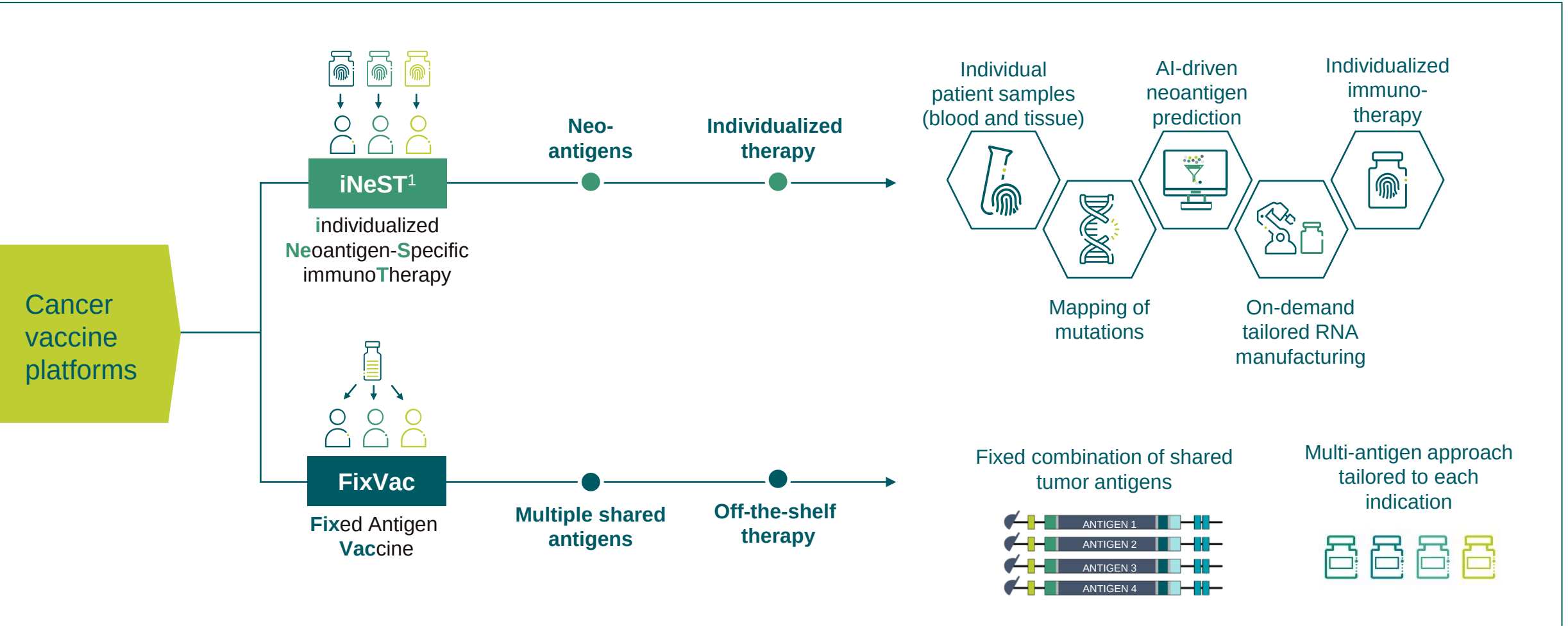
BIONTECH

mRNA Cancer Vaccines May Become the Next Tangible Transformation in Oncology



1. iNeST is being developed in collaboration with Genentech, a member of the Roche Group.
AI = artificial intelligence.

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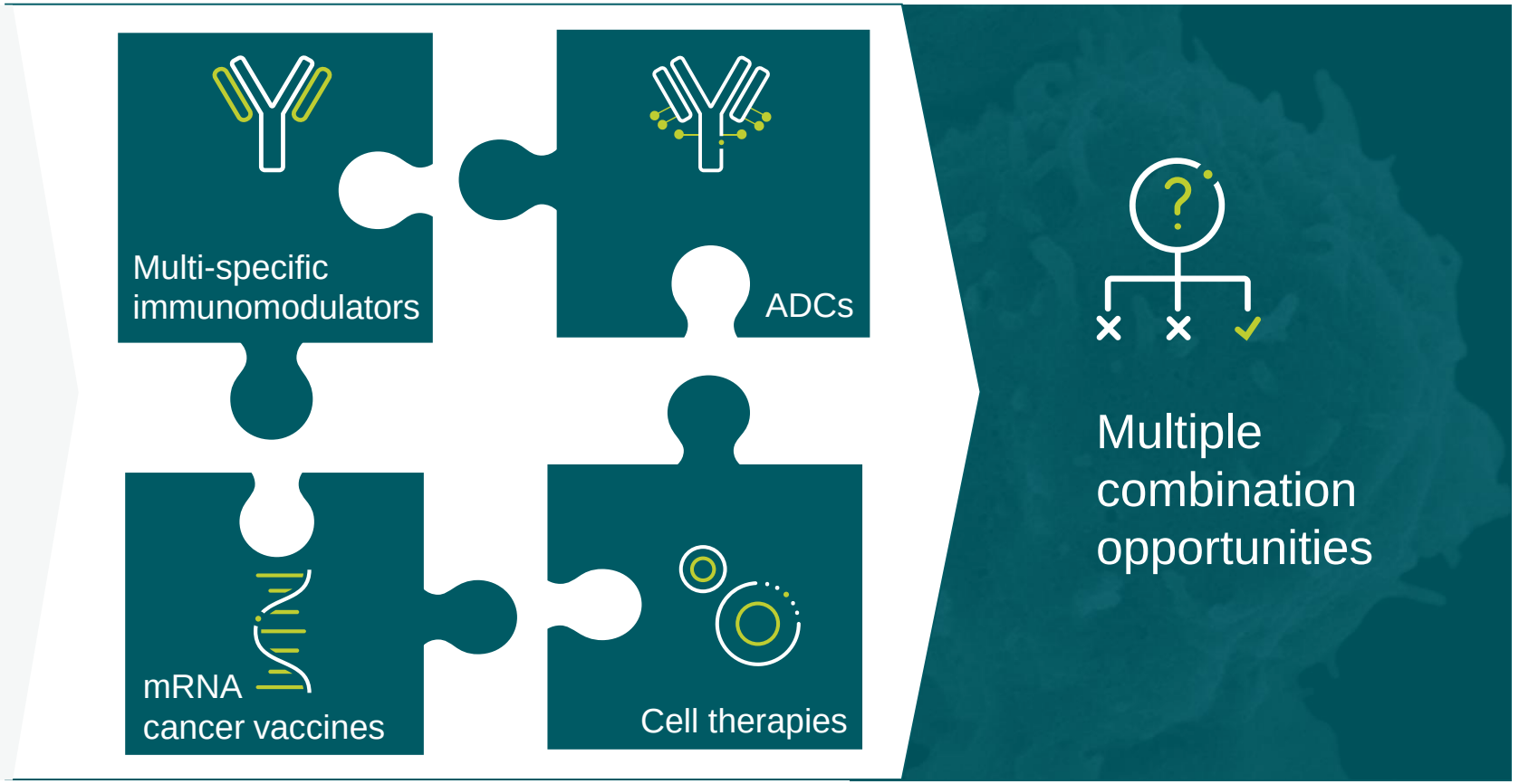
Potential to Address Numerous Cancer Types Through the Combination of Synergistic Modalities

Disclosed phase 2 and 3 indications

- Non-small lung cancer
- Melanoma
- Head and neck cancer
- Breast cancer
- Endometrial cancer
- Colorectal cancer
- Pancreatic ductal adenocarcinoma
- Ovarian cancer

Technology toolkit



ADC = Antibody-drug conjugate.

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Advancing Towards Our Vision

Driving transformation today

Globally marketed COVID-19 vaccine franchise

Oncology

20 programs in
30 clinical trials

9 Phase 2 trials
2 Phase 3 trials

Infectious diseases

8 programs in
9 clinical trials

Initiating additional registration directed trials YE24

Mid-term goals

Launch next-generation and combination COVID-19 vaccines

Launch multiple oncology products from 2026 onwards

Innovation engine producing multiple INDs per year

Long-term vision

Maintain and deepen COVID-19 vaccine leadership

Approved products across oncology and infectious disease portfolio

Potential new disease areas

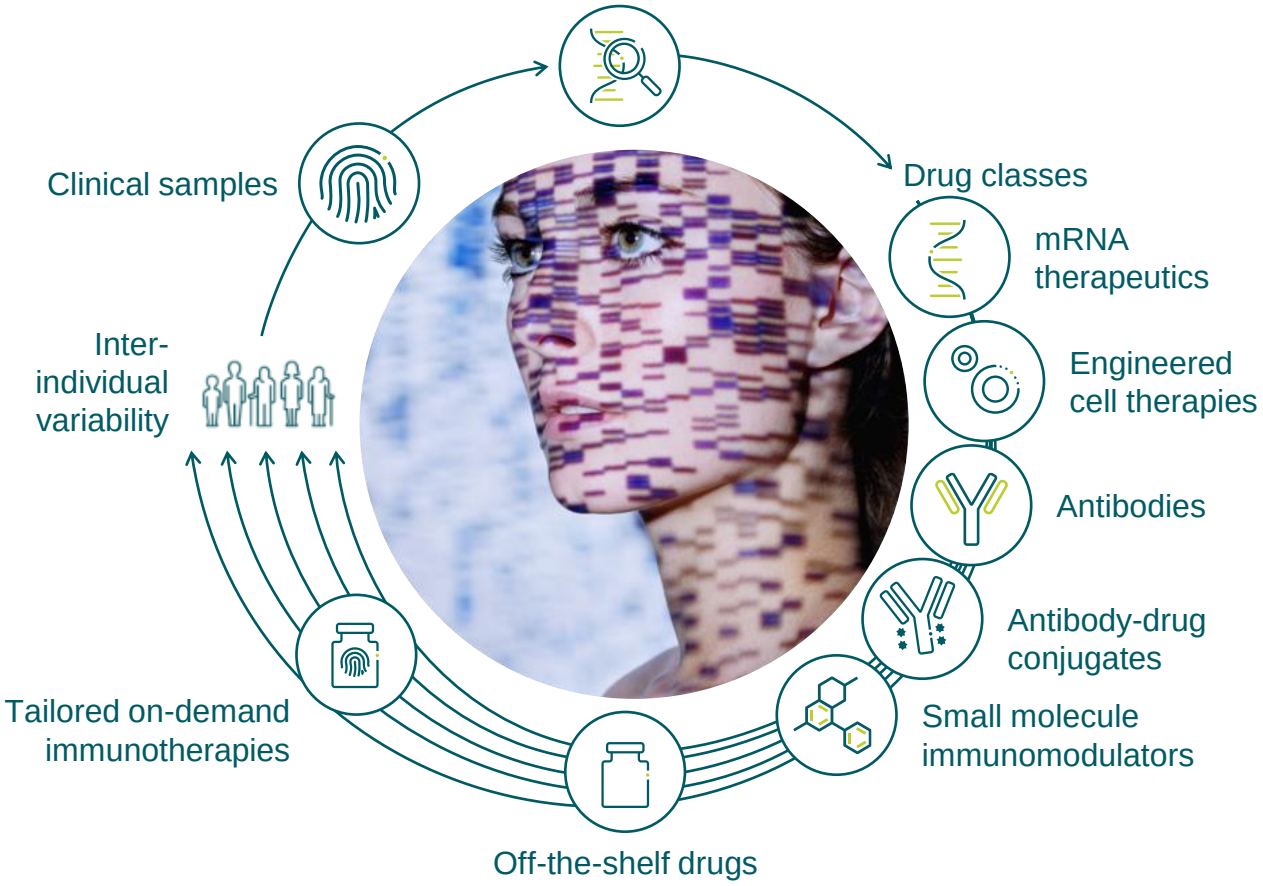
- Cardiovascular diseases
- Neurodegenerative diseases
- Autoimmune diseases

Once in a generation opportunity to potentially transform medicine

.
YE = Year end; IND = Investigational new drug.

Charting the Course for Tomorrow's Personalized Precision Medicine

- AI & digitally-integrated target & drug discovery and development
- Individualized treatment platforms to address inter-individual variability
- Deep genomics & immunology expertise to leverage patient data
- Automated manufacturing to serve patients on time and globally

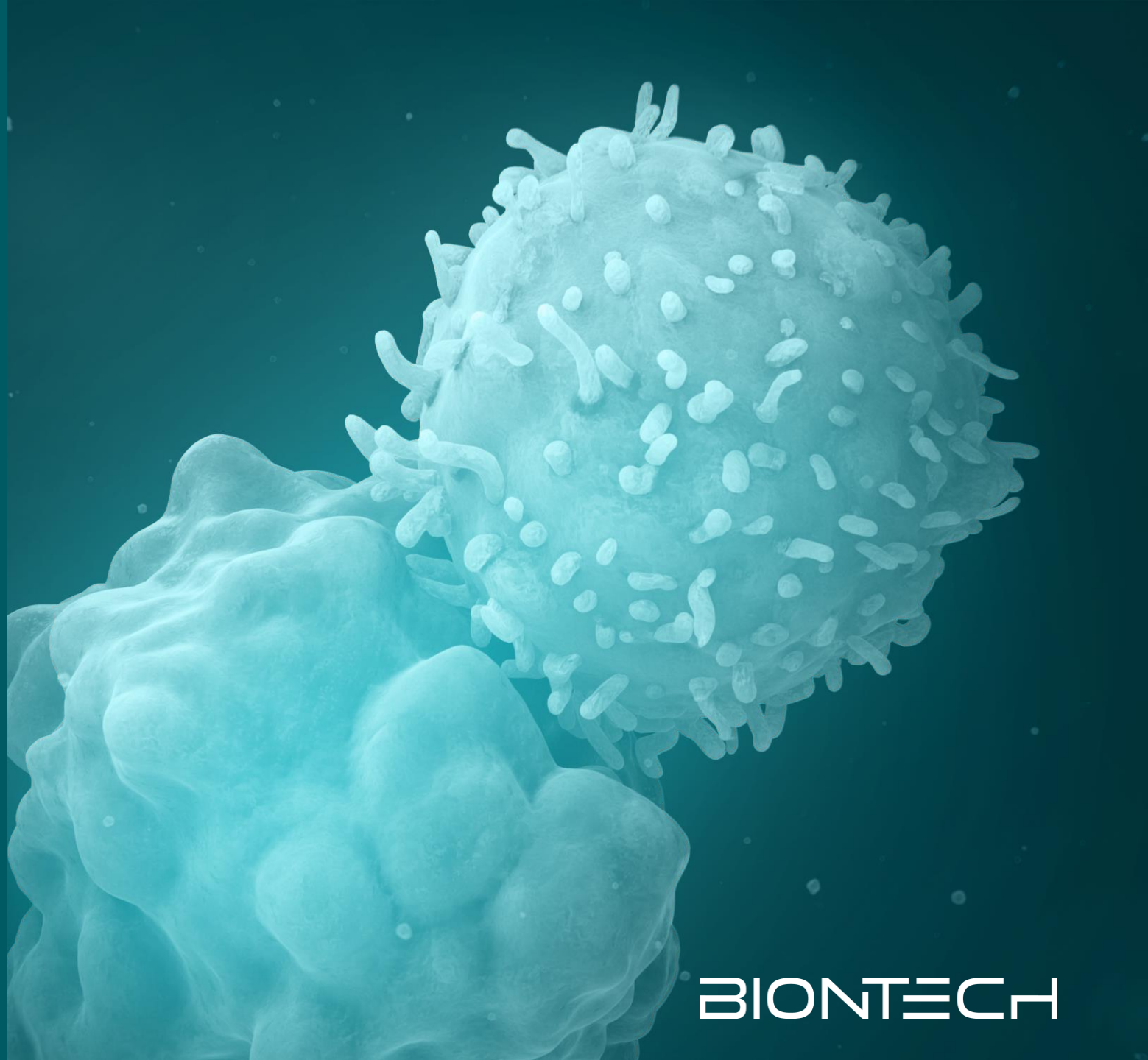


AI = Artificial Intelligence.

5

Our Growth Strategy

Ryan Richardson
Chief Strategy Officer



Our Diversified Model for the Next Phase of Growth

Strategy

COVID-19[1]

Drive leadership in COVID-19 vaccine franchise leveraging Pfizer's global infrastructure

Immuno-oncology

Build **fully integrated global organization** to discover, develop, and **commercialize a multi-product portfolio**

Infectious diseases

Advance pipeline of **innovative mRNA prophylactic** and **therapeutic vaccine** candidates

1. Partnered with Pfizer.
mRNA = messenger RNA.

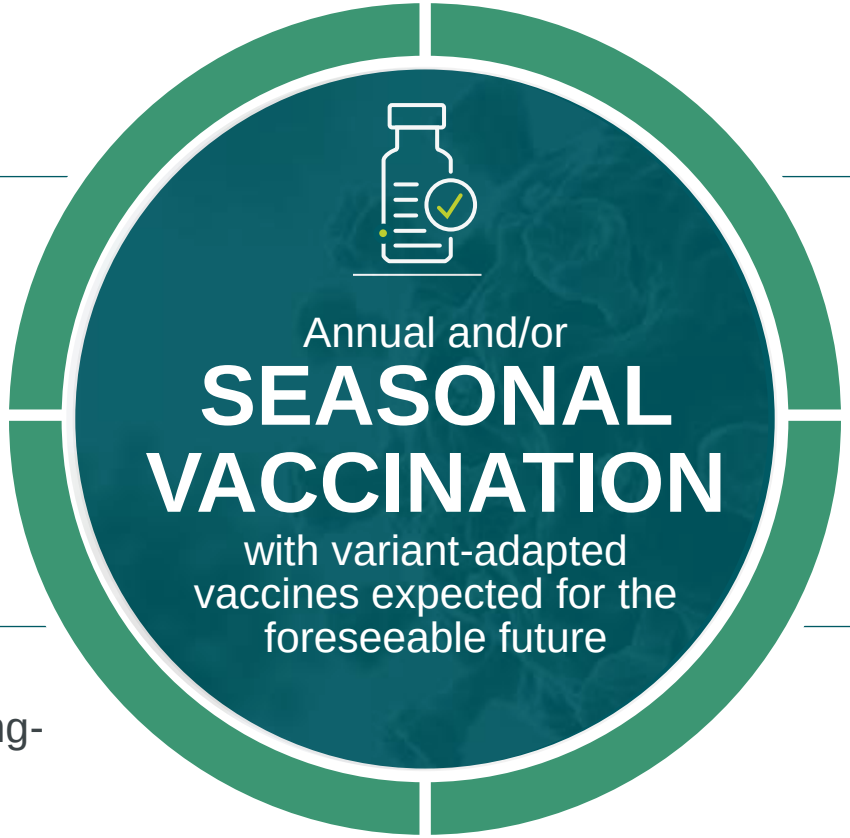
Long-Term Need for Annually Adapted Vaccines Anticipated

Continuous evolution

Ongoing antigenic evolution of SARS-CoV-2[1,2]

Long-term health consequences

Accumulating evidence demonstrates that COVID-19 vaccination reduces long-COVID[4]



Risk remains high

For severe COVID-19 in vulnerable populations[3]

XBB.1.5-adapted vaccine

Effective against multiple variants of concern[5]

1. World Health Organization Tracking SARS-CoV-2 variant www.who.int/en/activities/tracking-SARS-CoV-2-variants accessed 30 October 2023; 2. Global Initiative on Sharing All Influenza Data https://gisaid.org/ accessed 30 October 2023; 3. FDA Briefing Document Vaccines and Related Biological Products Advisory Committee Meeting June 15, 2023; 4 Brannock et al, Nature Comm. 2023; 5. Stankov M. V. et al., medRxiv pre-print, 5 October 2023.

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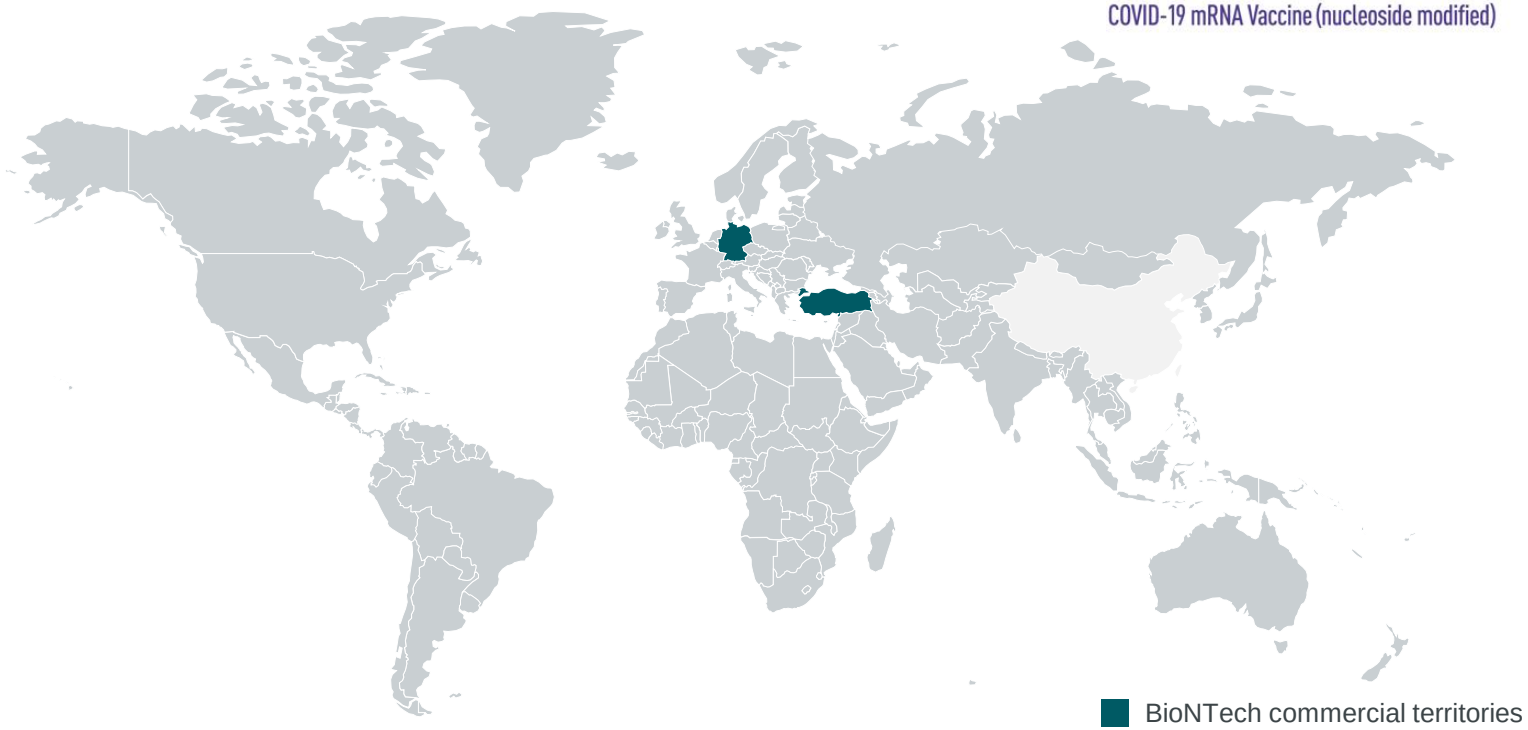
Global COVID-19 Vaccine Franchise with Lean Commercial Infrastructure

Lean commercial organization in Germany and Turkey

Leveraging partners' commercial infrastructures for global rollout of Comirnaty

COMIRNATY™
COVID-19 mRNA Vaccine (nucleoside modified)



~55 person field force in DE

~€45m S&M costs YTD[1]

1. Nine months ended September 30, 2023; 2. Comirnaty is not approved in mainland China. S&M = sales & marketing, YTD = year-to-date. DE = Germany.

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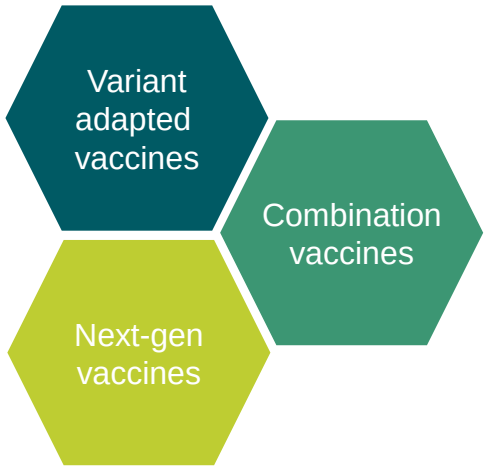
Lean Fixed Cost Base of COVID-19 Vaccine Business

Maintained high gross margin	Limited sales & marketing expense	Reduced R&D expense due to partner cost-sharing
>80%	**~€60m**	**~25-45%**
Average Gross Margin 2021-2023[1]	**Average Sales & Marketing expenses** 2021-2023[2]	Approximate range of **2021, 2022 and 2023 YTD[3] annual COVID-19 R&D** spend as a % of total R&D spend

1. Gross margin average calculated using forecast information for Fully Year 2023 based on assumptions. 2. S&M average calculated using forecast information for Fully Year 2023 based on assumptions. 3. Annual COVID-19 R&D spend as a % of total R&D spend 2021-2023.
YTD = year-to-date R&D = Research & Development

COVID-19 Vaccine Market Potential and Mid-term Growth Drivers

2024 → 2025



- Manufacturing base reset to serve endemic market
- Shift to commercialization model in some key markets
- Expect continued shift to single dose vials and pre-filled syringes
- Potential for increased vaccine uptake from combination and next-gen vaccines

COVID-19 product franchise expected to remain cash generative

Our Multi-Platform Immuno-Oncology Pipeline Today

Phase 1	Phase 1/2	Phase 2	Phase 3
BNT116 Adv. NSCLC	**BNT112**[3] mCRPC & high risk LPC	**BNT111**[2] aPD(L)1-R/R melanoma, + cemiplimab	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) anti-PD-1/PD-L1 experienced NSCLC
Autogene cevumeran/BNT122[1] Multiple solid tumors	**BNT142** Multiple CLDN6-pos. adv. solid tumors	**BNT113** 1L rec./met. HPV16+ PDL1+ head and neck cancer, + pembrolizumab	**BNT323/DB-1303**[5] (HER2) HR+, HER2-low met. breast cancer — NEW
BNT152 + BNT153 (IL-7, IL-2) Multiple solid tumors	**BNT151** (IL-2 variant) Multiple solid tumors	**BNT116**[2] 1L adv. PD-L1 ≥ 50% NSCLC, + cemiplimab	
BNT221 Refractory metastatic melanoma	**BNT211** (CLDN6) Multiple solid tumors	**Autogene cevumeran/BNT122**[1] 1L adv. melanoma, + pembrolizumab	
BNT321 (sLea) Metastatic PDAC	**BNT311/GEN1046**[3] (PD-L1x4-1BB) Multiple solid tumors	**Autogene cevumeran/BNT122**[1] Adj. ctDNA+ stage II or III CRC	
BNT322/GEN1056[4] Multiple solid tumors	**BNT312/GEN1042**[3]* (CD40x4-1BB) Multiple solid tumors	**Autogene cevumeran/BNT122**[1] — NEW Adj. PDAC, + atezolizumab + mFOLFIRINOX	
BNT326/YL202[6] (HER3) — NEW Multiple solid tumors	**BNT313/GEN1053**[3] (CD27) Multiple solid tumors	**BNT311/GEN1046**[3] (PD-L1x4-1BB) R/R met. NSCLC, +/- pembrolizumab	
	BNT314//GEN1059[3] **(**EpCAMx4-1BB) — PLANNED Multiple solid tumors	**BNT311/GEN1046**[3] (PD-L1x4-1BB) — NEW 2L endometrial cancer, + pembrolizumab	
	BNT316/ONC-392 (gotistobart)[4] (CTLA-4) Multiple solid tumors	**BNT316/ONC-392 (gotistobart)**[4] (CTLA-4) Plat.-R. ovarian cancer, + pembrolizumab	
	BNT323/DB-1303[5] (HER2) Multiple solid tumors	**BNT316/ONC-392 (gotistobart)**[4] — PLANNED mCRPC, + radiotherapy	
	BNT324/DB-1311[5] (B7H3) — NEW Multiple solid tumors		
	BNT325/DB-1305[5] (TROP2) Multiple solid tumors		
	BNT411 (TLR7) Multiple solid tumors		

Legend

- mRNA
- Cell therapy
- Antibody
- ADCs
- Small molecules

1. Partnered with Genentech, member of Roche Group; 2. Partnered with Regeneron; 3. Partnered with Genmab; 4. Partnered with OncoC4; 5. Partnered with DualityBio; 6. Partnered with MediLink Therapeutics.
*Two phase 1/2 clinical trials in patients with solid tumors are ongoing in combination with immune checkpoint inhibitor +/- chemotherapy.
NSCLC = non-small cell lung cancer; mCRPC = metastatic castration resistant prostate cancer; LPC = localized prostate cancer; HPV = human papillomavirus; PDAC = pancreatic ductal adenocarcinoma; CRC = colorectal cancer; CLDN = claudin; IL = interleukin; 1L = first line; R/R = relapsed/refractory; HER2/HER3 = human epidermal growth factor 2/3; sLeA = sialyl-Lewis A antigen; TROP2 = tumor-associated calcium transducer 2.

BIONTECH

Our Strategy Leverages Partner Organizations and Capabilities

Global strategic partnerships

Pfizer

Genmab

REGENERON

Genentech
A Member of the Roche Group

Eight clinical-stage programs across four partnerships

Cost-sharing and co-development across stages

Co-commercialize agreements leverage partners' commercial infrastructure

BIONTECH

Asset in-licensing and co-development

NEW OncoC4

NEW DualityBio

NEW MediLink Therapeutics

NEW BIOTHEUS

Seven clinical stage product candidates in-licensed in 2023

Cost-sharing and co-development for late-stage assets

BioNTech has global commercial rights ex Greater China

R&D funding and partnerships

NEW CEPI

BILL & MELINDA GATES foundation

Funding of up to $90m from CEPI for mRNA vaccine candidates against future outbreaks

Acquisitions

NEW InstaDeep™

Acquired leading AI company with 300+ bioinformatics and data science workforce for ~€500m[1]

NEW Agreements signed in 2023. 1.The total consideration to acquire the remaining InstaDeep shares, excluding the shares already owned by BioNTech, amounts to approximately €500 million in cash, BioNTech shares, and performance-based future milestone payments; AI = artificial intelligence.

Active Portfolio Management Approach

Key principles guiding our R&D investments

Prioritize lead late-stage programs to accelerate path-to-market

Access external innovation to accelerate pipeline maturation in a capital-efficient manner

Rigorous go/no-go decision-making across all development stages

Translation

- Plans for at least six programs in 10+ potentially pivotal trials by end of 2024
- Seven clinical-stage assets in-licensed this year for ~€500m upfront
- Emphasis on demonstration of single agent activity prior to initiation of pivotal trials

Our aim is to generate high return on R&D investment

R&D = Research & Development

Select Oncology Programs to Fuel Our Next Stage of Growth

- Diverse MoAs
- Each program with potential in multiple indications
- Mix of partnered and proprietary programs

Product candidate	**BNT122/** Autogene cevumeran[1]	**BNT316/** ONC-392[2] (gotistobart)	**BNT323/** DB-1303[3]	**BNT311/** GEN1046[4]	**BNT312/** GEN1042[4]	**BNT211**
						
Target	Individual neoantigens	CTLA-4	HER2	PD-L1x4-1BB	CD40x4-1BB	CLDN6
Partner	Genentech	OncoC4	DualityBio	Genmab	Genmab	-
Initial indications	1L Melanoma Adj. CRC Adj. PDAC	aPD(L)1-R/R NSCLC	2L+ HR+/HER2-low breast cancer	aPD(L)1-R/R NSCLC	TBD	Adv. CLDN6+ cancers
Status	Multiple potentially pivotal trials ongoing	Ph3 ongoing	Ph3 initiated	Ph3 planned	Pivotal trial TBD	Pivotal Ph2 planned for 2024

Planning for multiple oncology launches from 2026 onward

1. Partnered with Genentech, member of Roche Group; 2. Partnered with OncoC4; 3. Partnered with DualityBio; 4. Partnered with Genmab.
MoA = mode of action; CTLA-4 = cytotoxic T-lymphocyte-associated protein 4; HER2 = human epidermal growth factor 2; PD1 = programmed cell death protein 1; CD = cluster of differentiation; CLDN6 = claudin 6; CRC = colorectal cancer; PDAC = pancreatic ductal adenocarcinoma; NSCLC = non-small cell lung cancer; R/R = relapsed/recurrent; HR = hormone receptor; adj. = adjuvant; adv. = advanced.

BIONTECH

Our Plan is to Build a Specialized Oncology Sales Force in Major Markets

Build commercial presence in **North America**, **Europe** and other key markets[1]

Plan to leverage commercial partners for co-commercialization

Plan to deploy **lean commercial operations** with digital enablement

Aim to be commercial-ready by end of **2025**

1. Other markets not shown.

Time for a
10 minute
Break

6

Novel Backbones: Next-Generation ADCs and Immunomodulators

Prof. Özlem Türeci, M.D.
CMO and Co-founder

Prof. Ilhan Celik, M.D.
VP, Clinical Development

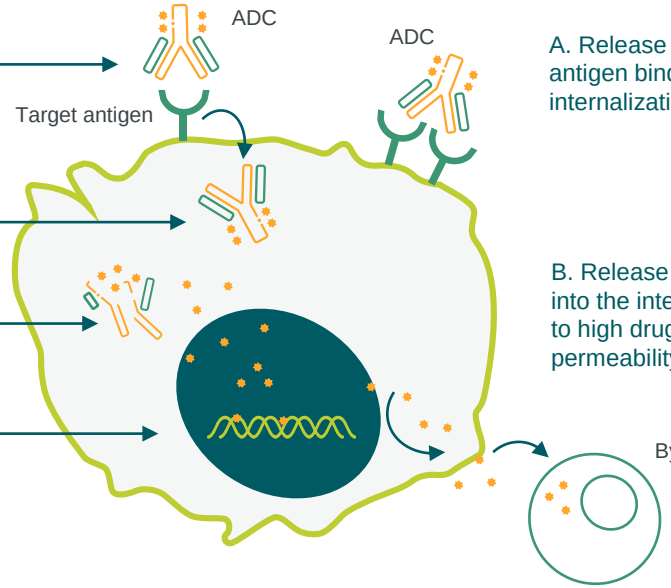
Michael Wenger, M.D.
VP, Clinical Development

Leveraging Next-Generation ADCs and IO agents for Transformative Combinations

Next-Gen ADCs: Targeted cytotoxic agents with untapped potential

Targeted Cytotoxicity

1. ADC binds to antigen
2. Internalization of the ADC complex by endocytosis
3. Payload released after linker cleavage
4. Cytotoxic effect by payload in the nucleus



Bystander killing effect

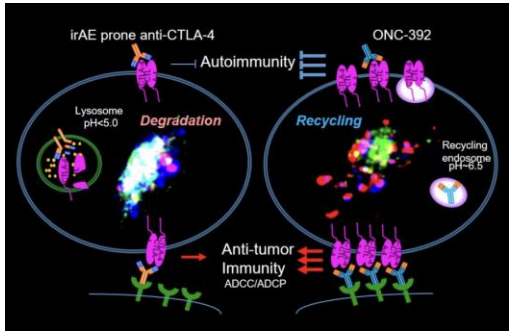
A. Release of drug payload after antigen binding before internalization

B. Release of drug payload into the intercellular space due to high drug membrane permeability

Coleman N.et al. npj Precis. Onc. 2023

Next-Gen IO agents: Converging multiple proven MoAs into one molecule

BNT316



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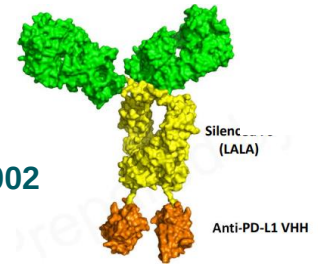
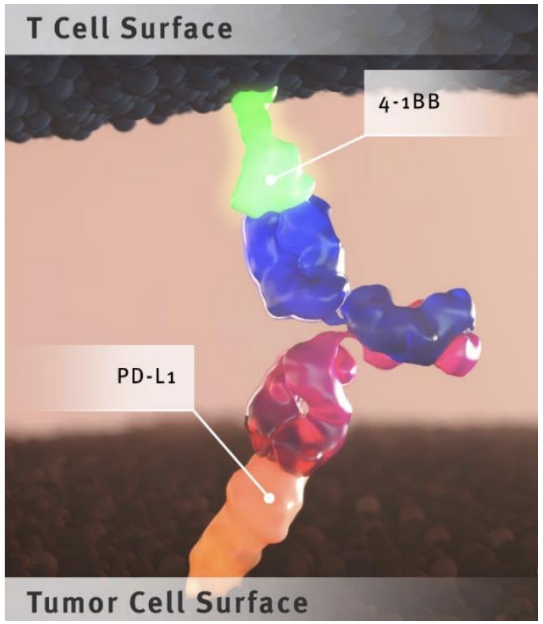


BNT311



Next-gen ADCs and IO combos represent a paradigm shift from current chemotherapy and checkpoint inhibitor treatment regimen, which could contribute to curative approaches

MoA = Mechanism of Action; ADC = antibody-drug conjugate; IO = immuno-oncology; irAE = immune-related adverse event; CTLA-4 = cytotoxic T-lymphocyte-associated Protein 4; PD-L1 = programmed cell death ligand 1

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ADC Portfolio Constructed with Thoughtful Considerations

Expression level by indication[1]

Target	NSCLC	SCLC	HER2+ BC	HR+ BC	TNBC	CRC	Gastric	Ovarian	PDAC	HNSCC	Prostate	Other high expression indications
HER2												Gynecologic
TROP2												
B7-H3												UC, EC
HER3												

High | Medium / / Low | Very low / No-expression

Target	Program	Stage	Indications	Partner
		Ph1/2 → Ph3		
HER2	BNT323/DB1303	→	HR+/HER2-low mBC	DualityBio
		→	Solid tumors with HER2 expression	
TROP2	BNT325/DB1305	→	Solid tumors	DualityBio
B7H3	BNT324/DB1311	→	Solid tumors	DualityBio
HER3	BNT326/YL202	→	Solid tumors	MediLink*

Advanced asset on path to registration

- BNT323/DB-1303[2] in multiple pivotal studies

Unique indication selection strategy

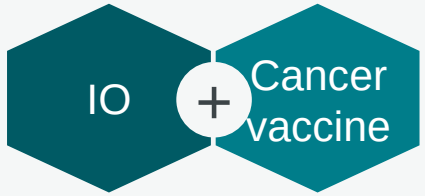
- Four clinical stage ADCs with broad yet minimal overlapping indication opportunities
- Innovative trial design to open leapfrog path
- Fast-follower potential in large indications

Wider therapeutic window may enable novel combinations in earlier lines

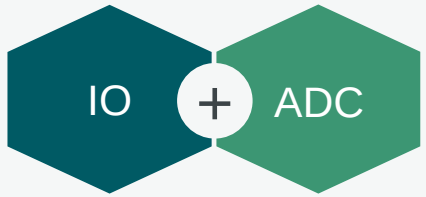
- ADC combinations based non-overlapping tumor antigens and different payload MoAs
- ADC + IO to advance towards (neo)adjuvant and frontline settings

[1]RNAseq data from AACR Project GENIE; 2. Partnered with DualityBio
*The completion of the agreement with MediLink is subject to customary closing conditions, including clearance under the Hart-Scott-Rodino Antitrust Improvements Act.
ADC = Antibody-drug conjugate; IO = immuno-oncology; MoA = mode of action; HER = human epidermal growth factor receptor; TROP2 = trophoblast cell-surface antigen .UC = Uretherial cancer EC = Endometrial Cancer

Our Pipeline Holds Potential for Synergistic Drug Combinations

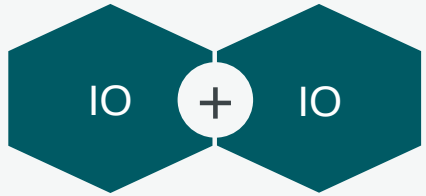


Immunomodulators activate the immune system supporting vaccine-induced tumor-specific T cell responses

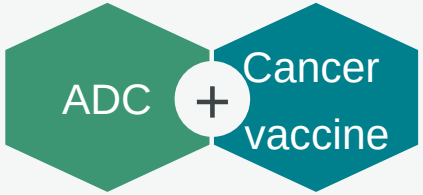


ADCs deliver cytotoxic drugs directly to cancer cells while immunomodulators activate the immune system to recognize and destroy cancer cells

Converging checkpoint inhibition and improved immune cell trafficking and ADC penetration



Complementary and/or potentially synergistic MoA of immunomodulators enhance T cell priming and sustain activation



ADCs quickly debulk tumors while cancer vaccines meaningfully boost the immune system to eradicate multi-clonal micrometastases hence lifting the long-term survival curve

IO = immuno-oncology; ADC = antibody-drug conjugates; MoA = Mechanism of Action.

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Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

BNT323/ DB-1303[1]

HER2

Targeting HER2, cleavable linker (L101) and topoiso-merase I inhibitor (P1003)

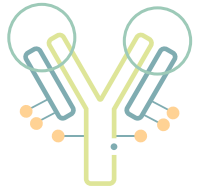
DAR: 8

Clinical status

- Ph3 in HR+HER2-low mBC
- Ph1/2 in multiple solid tumors

BNT324/ DB-1311[1]

B7H3



Targeting B7H3, cleavable linker and topoisomerase I inhibitor (P1021)

DAR: 6

Clinical status

- Ph1/2 in multiple solid tumors

BNT325/ DB-1305[1]

TROP2

Targeting TROP2, cleavable linker and topoisomerase I inhibitor (P1021)

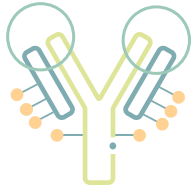
DAR: 4

Clinical status

- Ph1/2 in multiple solid tumors

BNT326/ YL202[2]

HER3



Targeting HER3, cleavable linker allows for intracellular and extracellular release of topoisomerase I inhibitor (YL0014)

DAR: 8

Clinical status

- Ph1 in multiple solid tumors

1. Partnered with DualityBio; 2. Partnered with MediLink; The completion of the agreement is subject to customary closing conditions, including clearance under the Hart-Scott-Rodino ("HSR") Antitrust Improvements Act.
ADC = antibody-drug conjugates; DAR = drug-to-antibody ratio; HER2/3 = human epidermal growth factor receptor 2/3; TROP2 = trophoblast cell-surface antigen 2; mBC = metastatic breast cancer

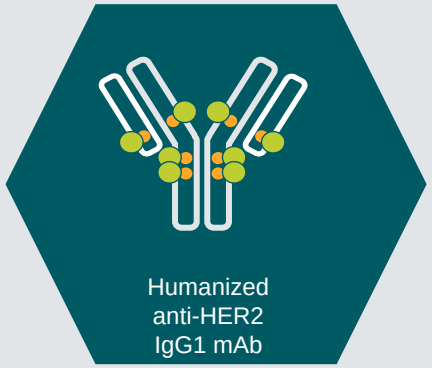
BNT323/DB-1303[1]: A Potentially Best-in-Class HER2-Targeting ADC

Features of BNT323/DB1303[1] vs. other HER2-targeting therapies

Properties	BNT323/DB-1303[1]	Enhertu (Trastuzumab deruxtecan, DS8201)®,[2]	Kadcyla (trastuzumab emtasine, TDM1)®,[3]
DAR	~8	~8	~3.5
Linker	Cleavable	Cleavable	Non-cleavable
Payload MoA	Topoisomerase I inhibitor (P1003) Bystander effect	Topoisomerase I inhibitor (Dxd) Bystander effect	Tubulin inhibitor (DM1) Non-bystander effect
Highest non-severely toxic dose*	80 mg/kg, Q3W*3	30 mg/kg, Q3W*3	10 mg/kg, Q3W*4

1. Partnered with DualityBio; 2. Partnered with Daiichi Sankyo; 3. Partnered with Genentech, member of Roche group.
HER2 = human epidermal growth factor receptor 2; DAR = drug-to-antibody ratio; Dxd = deruxtecan; DM1 = mertansine MoA = mechanisms of action; PDX = patient-derived-xenograft; Q3W = Once every 3 weeks.

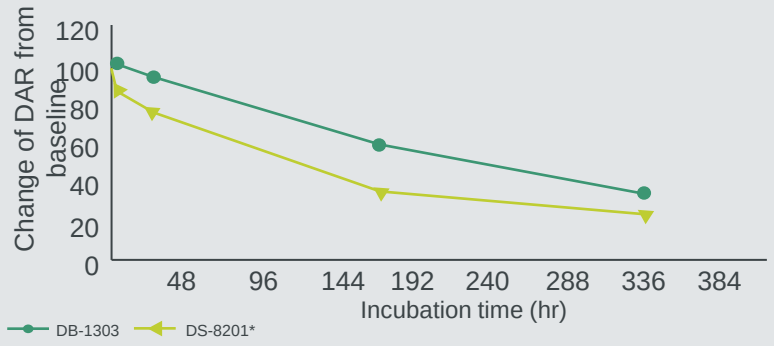
BNT323/DB-1303[1]: A HER2 ADC With a Potentially Differentiated Profile



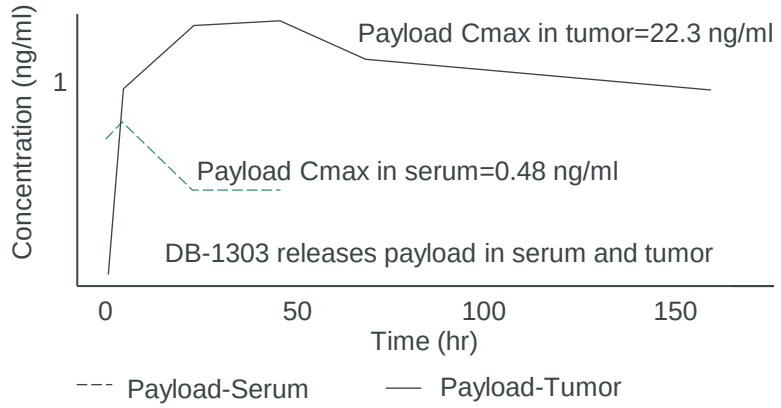
- A humanized anti-HER2 IgG1 mAb, with a wild-type Fc
- A proprietary DNA topoisomerase I inhibitor (P1003)
- A maleimide tetrapeptide-based tumor-selectively cleavable linker (L101)
- High drug-to-antibody ratio: ~8

Lin S. et al. Abstract #252. Presented at EORTC-NCI-AACR in 2022.

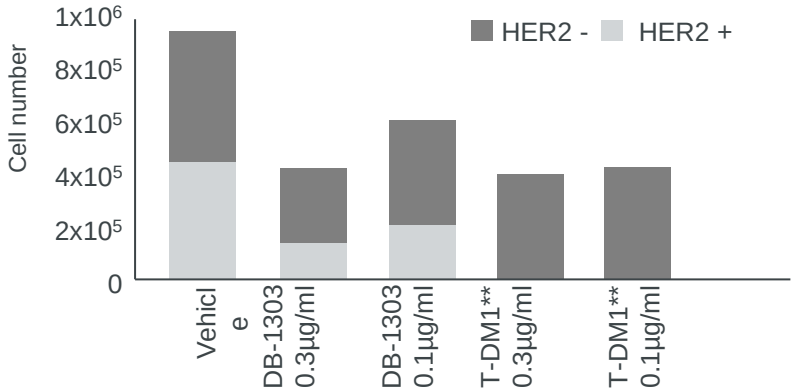
Superior *in vitro* plasma stability in human plasma



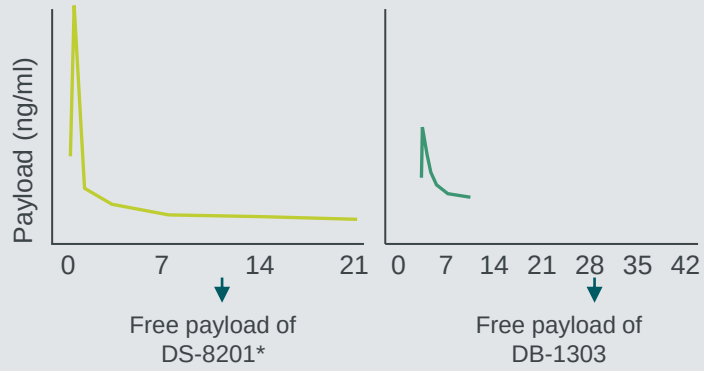
Sustained tumor-selective drug release in tumor-bearing mice



Efficient bystander killing in tumor cell lines



Rapid systemic clearance in monkeys



.1.Partnered with DualityBio. ADC = Antibody-drug conjugate; HER = human epidermal growth factor receptor; cmax = maximum concentration; DAR = Drug antibody ratio. *DS-8201 is an in-house produced analog of DS-8201, Trastuzumab deruxtecan; **Trastuzumab-Emtansin.

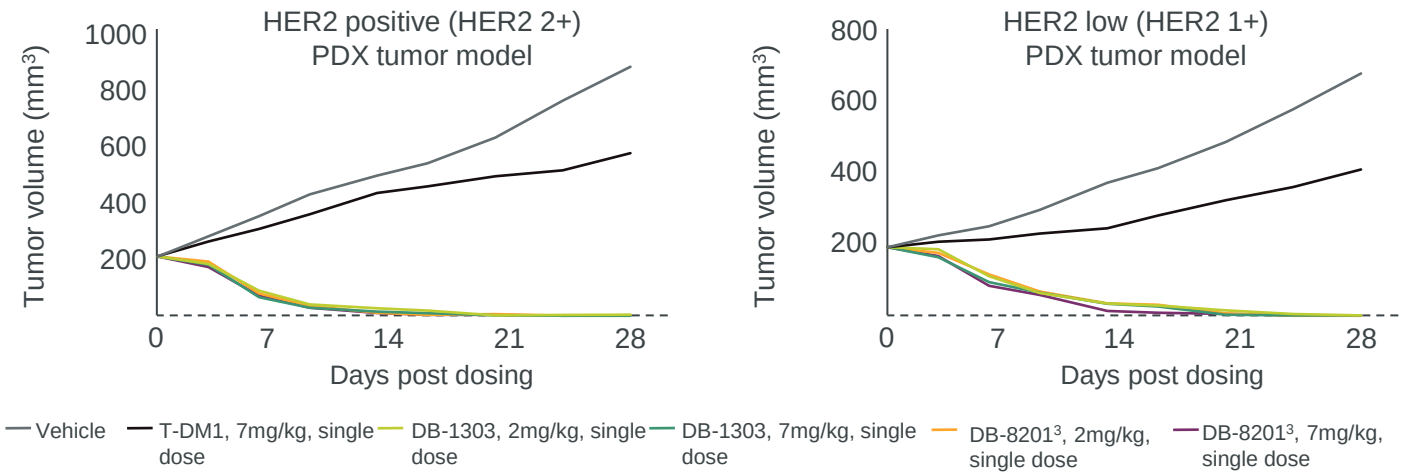
BIONTECH

BNT323/DB-1303[1]: Preclinical Data Show Antitumor Effect in HER2 Positive & HER2 Low Tumor Models and Favorable Toxicity Profile

Antitumor effect

Lin S. et al. Abstract #252. Presented at EORTC-NCI-AACR in 2022.

- BNT323/DB-1303 induced dose-dependent tumor growth inhibition and tumor regression
- Potent anti-tumor effect in both HER2 positive and HER2 low tumor models with a wide therapeutic window



Toxicity

- Toxicity studies[2] showed improved toxicity profile compared to published profile of DS-8201
- Highest non-severely toxic dose: 80mg/kg
- BNT323/DB-1303 showed lower risk of causing lung inflammation compared to published profile of DS-8201
- Stable linker and fast clearance may contribute to the improved toxicity profile of BNT323/DB-1303

3rd generation ADC with improved safety and efficacy may add survival benefit to cancer patients

1. Partnered with DualityBio. 2. in cynomolgus monkey 3. DS-8201 is an in-house produced analog of DS-8201, Trastuzumab deruxtecan
HER = human epidermal growth factor receptor; ILD = interstitial lung disease; PDX = patient-derived xenograft.

BIONTECH

First-in-Human Trial with BNT323/DB-1303[1] in Patients with Advanced HER2-Expressing Solid Tumors

Phase 1/2a trial design (NCT05150691), multicenter, non-randomized, open-label

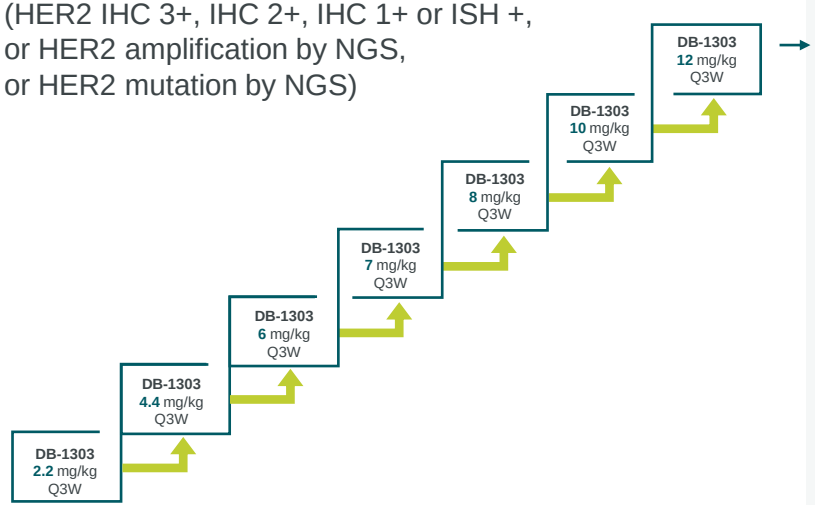
Hamilton E. et al. TiP #9504. Presented at AACR 2023

Inclusion criteria

- Pretreated advanced or metastatic solid tumors
- Histologically confirmed HER2-positive or HER2-expressing cancers
- Previous systemic therapies
- ECOG PS 0-1
- Adequate organ function

Part 1: **Dose escalation (n=88 patients)**

(HER2 IHC 3+, IHC 2+, IHC 1+ or ISH +, or HER2 amplification by NGS, or HER2 mutation by NGS)



Part 2a: **Dose expansion (n=165 patients)**

3 weeks DLT window

Indications

- HER2+ gastric, esophageal or gastroesophageal junction adenocarcinoma, CRC
- HR+/HER2-low breast cancer
- HER2+ breast cancer
- HER2 overexpression and HER2-low endometrial cancer
- HER2-mutated NSCLC

Disease progression, withdrawal of consent, unacceptable toxicity

Key endpoints

Safety, tolerability, pharmacokinetic, preliminary anti-tumor activity at the selected MTD/RP2D

Status

FPI: Jan 2022
Trial ongoing

1. Partnered with DualityBio.

IHC = immunohistochemistry; FIH = First in human; Q3W = every three weeks; DLT = dose limiting toxicity; HER2 = human epidermal growth factor 2; HR = hormone receptor; CRC = colorectal cancer; NSCLC = non-small cell lung cancer; MTD = maximum tolerated dose; RP2D = recommended phase 2 dose; ECOG = Eastern Cooperative Oncology Group; FPI = First patient in; LPO = Last patient out; ISH = in-situ hybridization; NGS = next-generation sequencing.

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BNT323/DB-1303[1] is Well Tolerated with Low Incidences of Key AEs

Phase 1/2a (NCT05150691): Safety

Moore K. et al. Presented at ASCO 2023. Abstract #3023.

	2.2 mg/kg (n = 1)	4.4 mg/kg (n = 5)	6.0 mg/kg (n = 15)	7.0 mg/kg (n = 29)	8.0 mg/kg (n = 32)	10.0 mg/kg (n = 3)	Total (n = 85)
Any TEAEs	1 (100.0%)	5 (100.0%)	14 (93.3%)	26 (89.7%)	26 (81.2%)	2 (66.7%)	74 (87.1%)
Associated with treatment withdrawal	0	0	0	1 (3.4%)	0	0	1 (1.2%)
Associated with treatment dose reduction	0	0	0	2 (6.9%)	1 (3.1%)	0	3 (3.5%)
Associated with treatment dose interruption	0	0	4 (26.7%)	8 (27.6%)	5 (15.6%)	0	17 (20.0%)
Grade ≥3	0	3 (60.0%)	3 (20.0%)	9 (31.0%)	2 (6.2%)	1 (33.3%)	18 (21.2%)
Serious AEs	0	3 (60.0%)	4 (26.7%)	4 (13.8%)	2 (6.2%)	0	13 (15.3%)
Treatment-related TEAEs	1 (100.0%)	3 (60.0%)	12 (80.0%)	26 (89.7%)	25 (78.1%)	2 (66.7%)	69 (81.2%)
Grade ≥3	0	1 (20.0%)	2 (13.3%)	6 (20.7%)	1 (3.1%)	1 (33.3%)	11 (12.9%)
Serious AEs	0	0	2 (13.3%)	0	0	0	2 (2.4%)

- No DLT observed in all dose levels
- Most common TRAEs of grade ≥3: nausea (2.4%), platelet count decreased (3.5%), anemia (5.9%)
- No grade 5 TEAEs
- Interstitial lung disease occurred in 2 patients (2.4%, grade 1), without any ≥grade 2
- Few patients with neutropenia (10 [11.8%]; grade ≥3 in 1 [1.2%] patients,) and alopecia (3 [3.5%], grade 1)

1. Partnered with DualityBio. DLT= dose-limiting toxicity. TEAEs: treatment-emergent adverse events. TRAEs: treatment-related adverse events; AEs: adverse events.

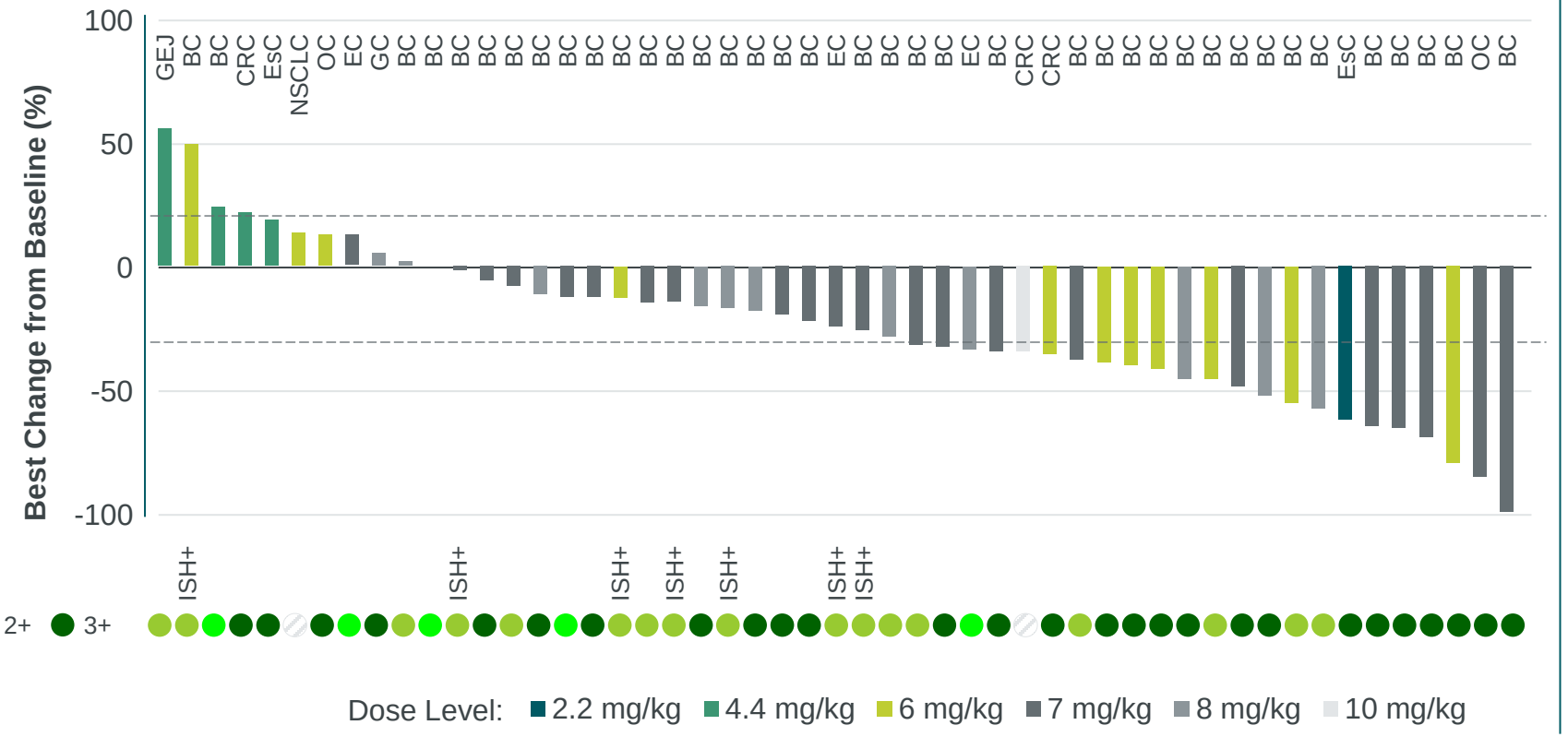
BNT323/DB-1303[1] Demonstrates Encouraging Antitumor Activity in HER2-Expressing Patients

Phase 1/2a (NCT05150691): Clinical Efficacy

Moore K. et al. Presented at ASCO 2023. Abstract #3023.

Anti-tumor activity in heavily pretreated HER2-expressing patients

	ORR, %	DCR, %
All patients (n=52)	44.2	88.5
HER2+ breast cancer (n=26)	50.0	96.2
HER2 low breast cancer (n=13)	38.5	84.6



1. Partnered with Duality Bio.

HER2 = human epidermal growth factor receptor 2; ORR = objective response rate; DCR = disease control rate; IHC = immunohistochemistry; ISH = in situ hybridization; GEJ = gastro oesophageal junction cancer; EsC = esophageal cancer; BC = breast cancer; CRC = colorectal cancer; EC = endometrial cancer; GC = gastric cancer; OC = ovarian cancer; NSCLC = non-small cell lung cancer.

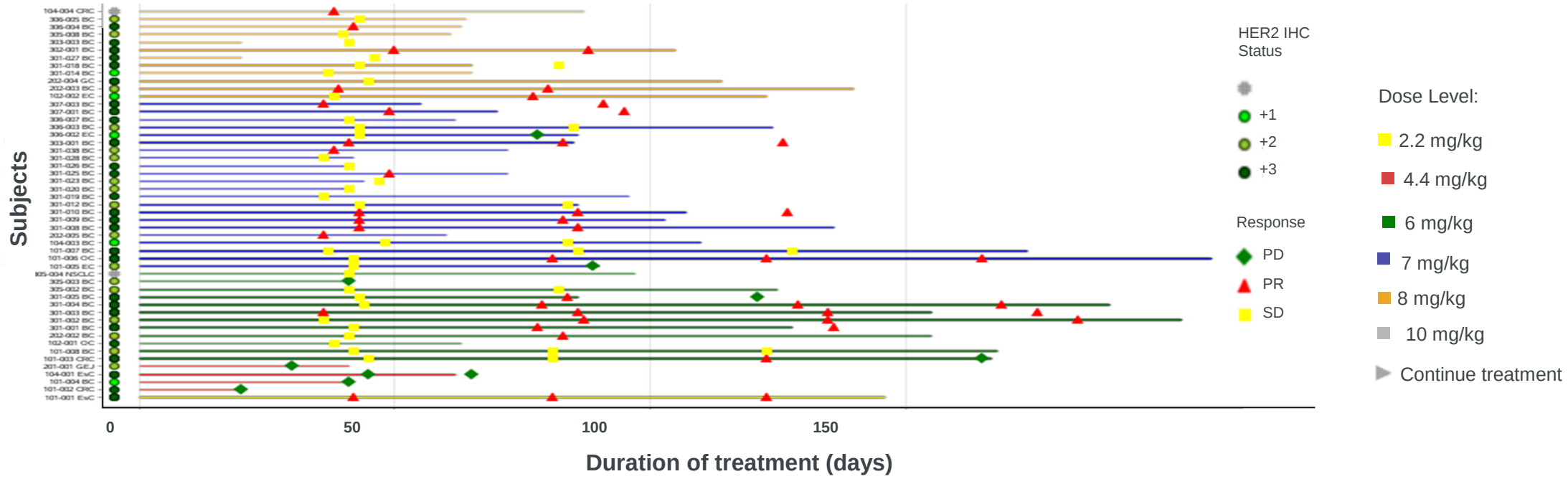
BIONTECH

Data Support Initiation of a Pivotal Phase 3 Trial Evaluating BNT323/DB-1303[1] in HER2-Expressing Patients

Phase 1/2a (NCT05150691): Clinical Efficacy

Moore K. et al. Presented at ASCO 2023. Abstract #3023.

Response over time in heavily pretreated HER2-expressing patients treated with different dose levels and HER2 IHC status:



1. Partnered with DualityBio.

HER2 = human epidermal growth factor receptor 2; ORR = objective response rate; DCR = disease control rate; FIH = first in human; ADC = antibody-drug conjugate; IHC = immune histochemistry; PD = progressive disease; PR = partial response; SD = stable disease; DLT = dose limiting toxicities; RP2D = recommended Phase 2 dose.

BIONTECH

BNT323/DB-1303* Offers Potential to Establish New SoC for Chemotherapy Naïve, HR+/HER2-Low Patients Who Have Limited Therapeutic Options

Total diagnosed breast cancer patients in US, UK, EU 4 and Japan: ~708K[1-4]

HR+/HER2neg (70%[5] of total breast cancer patients)

HR+/HER2 Low
(60%[6] of HR+/HER2neg Breast Cancer)

Early Stage (96%[4])

Stage IV (4%[4]) (13K)

Metastatic recurrenc[5]

Advanced/unresectable, Recurrent (95K)

Potential future treatment algorithm for patients with adv./met. HR+/HER2-low breast cancer

1L

Endocrine therapy (ET) +/- CDK4/6 inhibitor (~90%)

Chemotherapy

~60 % of mBC **progress to 2L[8]**

2L+

BNT323/DB-1303* and Trastuzumab-Deruxtecan as monotherapy in HR+HER2-low mBC chemotherapy naïve patients

ET therapy/chemotherapy

3L+

Trastuzumab-Deruxtecan

Relevant patient population

Subject to regulatory approval

1. American Cancer Society (ACS) 2023 Report; 2. Globocan – Cancer Tomorrow; 3. Cancer.net ASCO; 4. SEER*Stat Research Tool; 5. Putnam Expertise, KOL inputs from SMARTANALYST Syndicated Insights Report and triangulation from published literature; 6. Burstein et al., NEJM 2020; 2557-2570 7. Modi et al., NEJM 2022; Pg 10/12; 8. Market Research, data on file.
* Partnered with DualityBio.
SoC = standard of care; HR = hormone receptor; HER2 = human epidermal growth factor receptor 2; BC = breast cancer; CDK4/6 = cycline dependent kinase 4/6; 2L = second line; 3 line = third line

BIONTECH

Phase 3 Trial Design BNT323/DB-1303[1] in Chemotherapy-Naïve Patients with HR+/HER2-Low Breast Cancer

Open-label, multi-center, randomized Phase 3 trial (NCT06018337)

Inclusion criteria

- Adult participants, aged 18 years and older
- Documented advanced or metastatic HR+/HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer
- Progressed on at least 2 lines of prior ET or within 6 months of first line ET + CDK4/6 inhibitor in the metastatic setting
- No prior chemotherapy for advanced or metastatic breast cancer*
- ECOG performance status 0 or 1

Stratification factors

- Prior CDK4/6 inhibitor use, HER2 IHC expression, prior taxane use in the non-metastatic setting

n=532
R 1:1

Experimental arm: BNT323/DB-1303[1]
8mg/kg IV, Q3W

Investigator's choice single agent chemotherapy
(paclitaxel or nab-paclitaxel or capecitabine)

Historical efficacy chemotherapy in BC patients:[2]
ORR = 11-36%;
mPFS = 3-8 months;
mOS = 9-16 months

Randomized patients are treated until:

- RECIST 1.1 defined disease progression or
- unacceptable toxicity or
- withdrawal of consent or
- any other criterion for discontinuation is met

Key endpoints

Primary: PFS

Secondary: OS, ORR, DoR, DCR, TTR, safety, tolerability, PK and PRO

Status

Trial initiated in Q3 2023

1. Partnered with DualityBio; 2. Twelves C. et al. Clinical Breast Cancer. 2022.
HR = hormone receptor; HER = human epidermal growth factor; ET = endocrine therapy; ECOG = eastern Cooperative oncology group; IV = intravenous; Q3W = every 3 weeks; RECIST = response evaluation criteria in solid tumors; PFS = progression free survival; OS = overall survival; ORR = objective response rate; DoR = duration of response; DCR = disease control rate; TTR = time to response; PK = pharmacokinetics.
* Subjects who have received chemotherapy in the neo-adj. or adj. setting are eligible, as long as they have had a disease-free interval (defined as completion of systemic chemotherapy to diagnosis of adv. or met disease) of >12 months.

BIONTECH

Unmet Need in Endometrial Cancer

In 2020, new EC cases worldwide [1]:

417,000+

New deaths caused by EC worldwide [1]:

97,000+

The **6th** most commonly diagnosed cancer …

… and the **4th** leading cause of cancer death in women[1]

The 5-year survival among patients with EC with distant metastases has been reported to be 18%[2]

Targeted therapies and chemotherapy have had limited efficacy in advanced or recurrent EC after platinum-based chemotherapy[3]

- Lenvatinib plus pembrolizumab: ORR, 31.9%; mPFS, 7.2 months[3]
- Doxorubicin or paclitaxel: ORR, 14.7%; mPFS, 3.8 months[3]

HER2 protein overexpression and/or gene amplification is present in approximately 17%-38% of EC[4]

- In approximately 25%-30% of uterine serous carcinoma (USC)[5]
- In approximately 14%-56% of uterine carcinoma[4]

In patients with USC in the U.S., black women (90%, 9/10) have significantly higher HER2 overexpression than white women (48%, 8/17)[6]

1. Sung H, et al. CA: a cancer journal for clinicians. 2021; 2. SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; 2023 Apr 19. [updated: 2023 Jun 8; cited 2023 Aug 17]. Available from: https://seer.cancer.gov/statistics-network/explorer/. Data source(s): SEER Incidence Data, November 2022 Submission (1975-2020); 3. Makker V, et al. N Engl J Med. 2022; 4. Livasy C A, et al. Gynecol Oncol. 2005; 5. Buza N, et al. Arch Pathol Lab Med. 2021; 6. Santin A D, et al. Am J Obstet Gynecol. 2005.
EC = endometrial cancer; HER2 = human epidermal growth factor receptor 2; mPFS = median progression free survival; ORR = objective response rate; UC = uterine carcinosarcoma.

BIONTECH

Efficacy of BNT323/DB-1303[1] Enables Clear Path to Registration in Heavily Pretreated HER2-Expressing Endometrial Cancer Patients

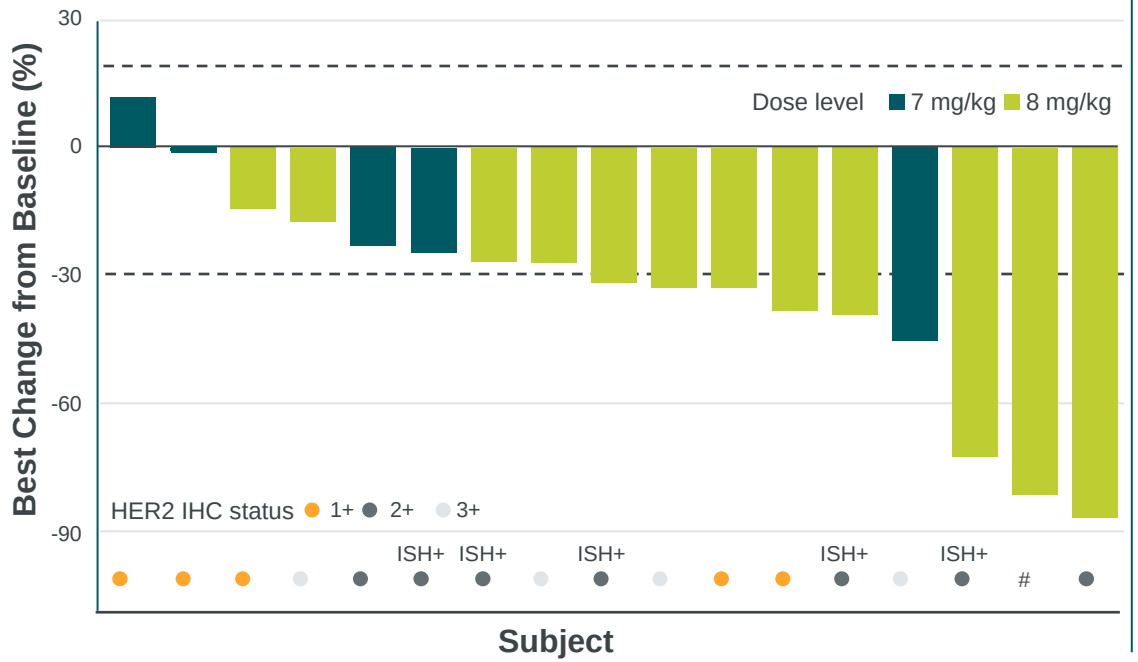
Phase 1/2a FIH study (NCT05150691): Clinical Efficacy

Moore K. et al. Presented at ESGO 2023. Abstract # 430

- Patients received median 2 lines of prior treatment for their metastatic disease
- ~60% of patients had received prior immunotherapy, ~38% of patient had received prior anti-HER2 antibody
- Clinical response observed in IHC 1+ patients
- 34% of patients had serous carcinoma, ORR 87.5%

	Dose Escalation		Dose Expansion	
Response[a]	**7 mg/kg** (n=4)[b]	**8 mg/kg** (n=4)[b]	**8 mg/kg** (n=9)[b]	**Total** (n=17)[b]
Unconfirmed ORR, n (%)	**2 (50.0)**	**4 (100)**	**4 (44.4)**	**10 (58.8)**
Confirmed ORR, n (%)	1 (25.0)	3 (75.0)	0	4 (23.5)
Pending confirmation ORR, n (%)	1 (25.0)	1 (25.0)	4 (44.4)	6 (35.3)
Unconfirmed DCR, n (%)	**4 (100)**	**4 (100)**	**8 (88.9)**	**16 (94.1)**

[a] By investigator. [b] Response-evaluable subjects, which includes subjects with ≥1 postbaseline overall response.



1. Partnered with DualityBio.

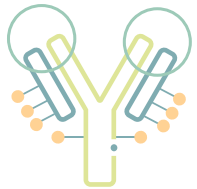
HER2 = human epidermal growth factor receptor 2; ORR = objective response rate; DCR = disease control rate; FIH = first in human; ADC = antibody-drug conjugate; IHC = immune histo chemistry test; ISH = In situ hybridization; PD = progressive disease; PR = partial response; SD = stable disease.

BIONTECH

Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

BNT323/ DB-1303[1]

HER2



Targeting HER2, cleavable linker (L101) and topoiso-merase I inhibitor (P1003)

DAR: 8

Clinical status

- Ph3 in HR+HER2-low mBC
- Ph1/2 in multiple solid tumors

BNT324/ DB-1311[1]

B7H3

Targeting B7H3, cleavable linker and topoisomerase I inhibitor (P1021)

DAR: 6

Clinical status

- Ph1/2 in multiple solid tumors

BNT325/ DB-1305[1]

TROP2

Targeting TROP2, cleavable linker and topoisomerase I inhibitor (P1021)

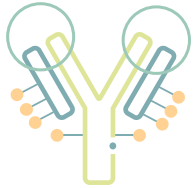
DAR: 4

Clinical status

- Ph1/2 in multiple solid tumors

BNT326/ YL202[2]

HER3



Targeting HER3, cleavable linker allows for intracellular and extracellular release of topoisomerase I inhibitor (YL0014)

DAR: 8

Clinical status

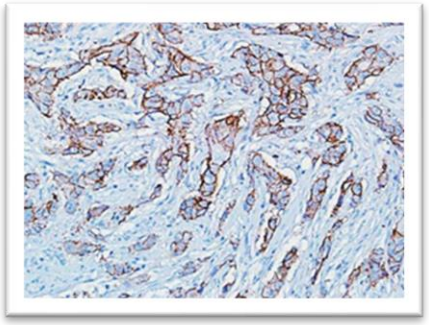
- Ph1 in multiple solid tumors

1. Partnered with DualityBio; 2. Partnered with MediLink; The completion of the agreement is subject to customary closing conditions, including clearance under the Hart-Scott-Rodino ("HSR") Antitrust Improvements Act.
ADC = antibody-drug conjugates; DAR = drug-to-antibody ratio; HER2/3 = human epidermal growth factor receptor 2/3; TROP2 = trophoblast cell-surface antigen 2; mBC = metastatic breast cancer

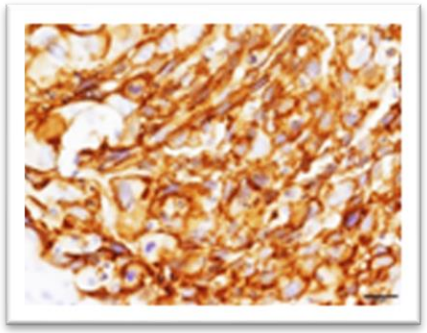
BNT325/DB-1305[1] Positioned As a Key Backbone ADC for a Variety of Solid Tumors

TROP-2 as an ADC target

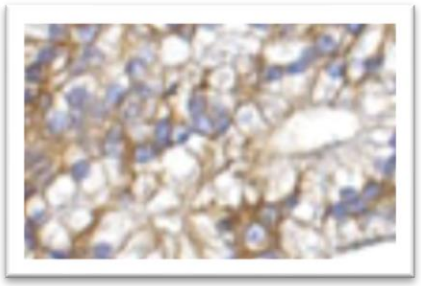
TROP2 is highly expressed in a wide range of indications



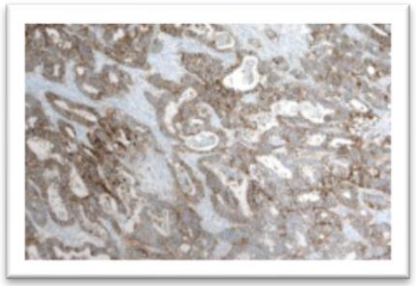
TNBC[2]



NSCLC[3]

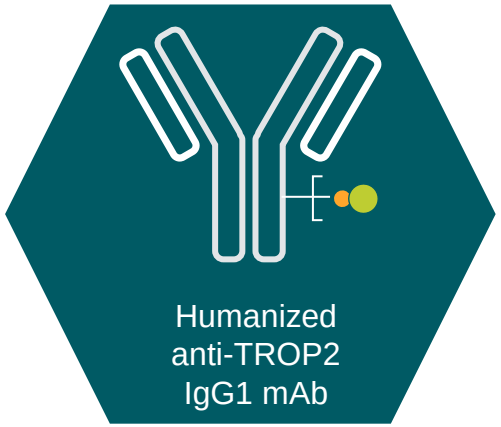


Prostate cancer[4]



Colorectal cancer[5]

Key attributes of BNT325/DB-1305[1]



- Interchain Cysteine Residue
- Linker-Payload

BNT325/DB-1305[1] and its three components:

- Humanized anti-TROP2 IgG1 mAb, with active Fc
- Proprietary DNA topoisomerase I inhibitor (P1021)
- Cleavable linker

- Optimized drug-to-antibody ratio: ~4
- Linker highly stable in the circulation
- High potency of payload with a short systemic half-life
- Bystander antitumor effect

1. Partnered with DualityBio; 2. Oncotarget. 2015; 6:22496-22512 3. Pathology International. 2020;1–8; 4. Am J Clin Exp Urol. 2021 Feb 15;9(1):73-87. 5. Cancers (Basel). 2022 Sep; 14(17): 4137
TROP-2 = trophoblast cell surface antigen-2; ADC antibody drug conjugate; TNBC = triple negative breast cancer, NSCLC= non-small cell lung cancer; IgG = immunoglobulin G; mAb = monoclonal antibody.

BIONTECH

BNT325/DB1305[1] - A Potential Best-in-Class TROP2-Targeting ADC

Preclinical comparison BNT325/DB-1305[1] vs other TROP2-targeting ADCs

Zhang Y. et al. Presented at EORTC-NCI-AACR.2022

Properties	**BNT325/DB-1305**[1,2]	**Trodelvy (Sacituzumab-Govitecan)®**,[3]	**Dato-DXd**[4]	**SKB264**[5,6]
DAR	4	~8	~4	7.4
Linker	Cleavable maleimide tetrapeptide linker	Hydrolysable (CL2A)	Cleavable tetrapeptide-based linker	Sulfonyl pyrimidine-CL2A-carbonate (TL033)
Payload MoA	DNA Topoisomerase (P1021) / Bystander effect	DNA Topoisomerase I (SN-38) / Bystander effect	DNA Topoisomerase I (Dxd) / Bystander effect	DNA Topoisomerase I (KL610023) / Bystander effect
HNSTD in Monkey	80 mg/kg Q3W	50 mg/kg	30 mg/kg	50 mg/kg

1. Partnered with DualityBio; 2. Zhang Y. et al. Presented at EORTC-NCI-AACR. 2022. 4. Gilead; 5. Daiichi Sankyo; 5. Cheng Y et al. Front. Oncol. 2022; 6. Merck.
TROP-2 = trophoblast cell surface antigen-2; ADC = antibody drug conjugate; DAR=Drug-to-antibody ratio; HNSTD=Highest non-severely toxic dose; MoA=Mechanisms of action; PDX=Patient-derived-xenograft; Q3W=Once every 3 weeks.

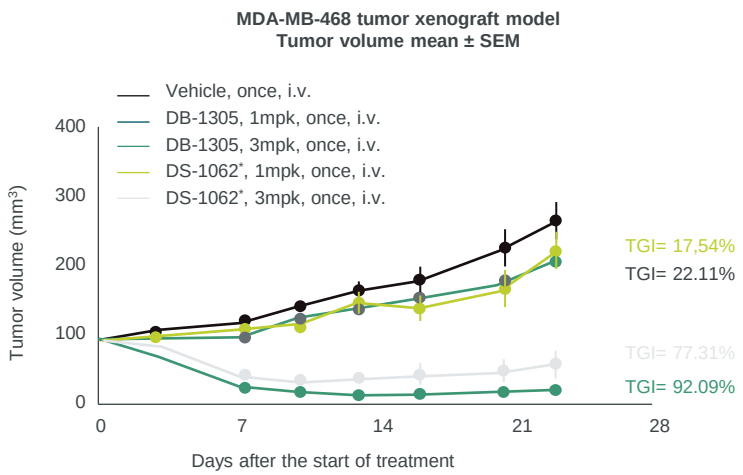
BNT325/DB-1305[1]: Preclinical Data Show Anti-Tumor Effect in TROP2 Positive & Low Tumor Models and a Favorable Toxicity Profile

Antitumor effect

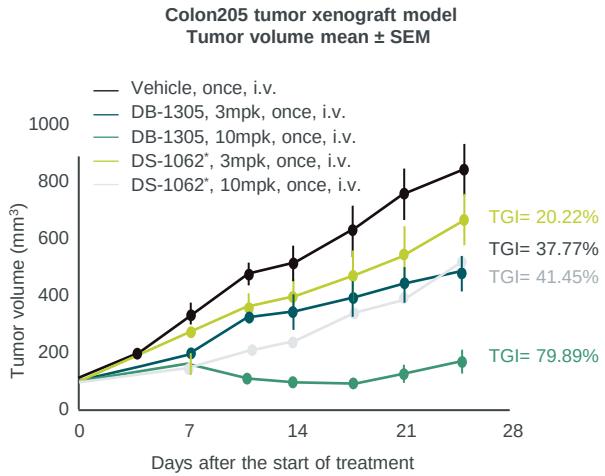
Zhang Y. et al. Presented at EORTC-NCI-AACR.2022

- BNT325/DB-1305 induces dose-dependent tumor growth inhibition and tumor regression
- Potent anti-tumor effect in TROP2 high and low tumor models with a wide therapeutic window

Trop2-high CDX MDA-MB-468 (breast cancer)



Trop2-negative CDX Colon-205 (colon cancer)



*DS-1062 is an in-house produced analog of Dato deruxtecan

Toxicity data

- The HNSTD of BNT325/DB-1305 for cynomolgus monkeys is 80 mg/kg in 6-week repeated-dose toxicity study
- Low free payload in circulation may contribute to improved tolerance of BNT325/DB-1305

1. Partnered with DualityBio.
TROP-2 = trophoblast cell surface antigen-2; CDX = cell-derived xenograft. HNSTD = highest non-severely toxic dose; SEM = standard error of the mean.

BIONTECH

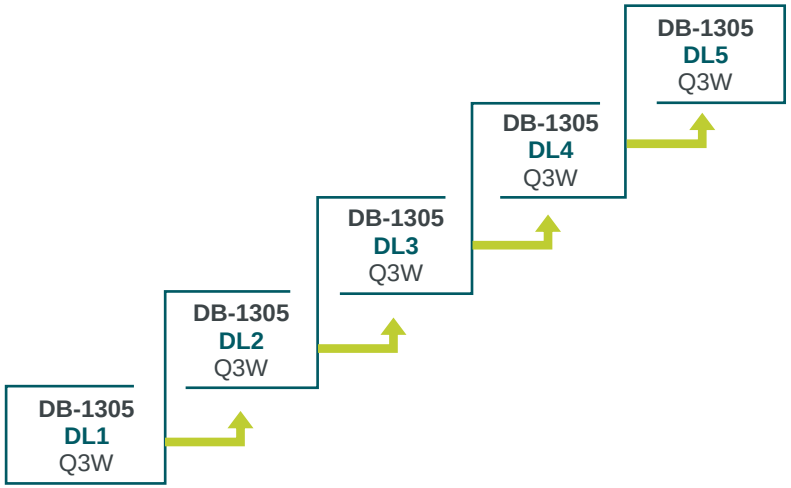
First-in-human trial with BNT325/DB-1305[1] in Patients with Advanced/Metastatic Solid Tumors

Phase 1/2 trial design (NCT05438329), multicenter, non-randomized, open-label, n=255

Inclusion criteria

- Advanced/unresectable, recurrent or metastatic solid tumors
- Relapsed or progressed on or after standard systemic treatments
- ECOG PS 0-1
- Adequate organ function

Part 1: **Dose escalation**



Part 2: **Dose expansion**

Indications

RP2D Q3W	• NSCLC with actionable genomic alterations • NSCLC without actionable genomic alterations • Ovarian cancer • HR+/HER2-neg breast cancer • TNBC without prior sacituzumab govitecan treatment • TNBC with treatment failure on sacituzumab govitecan	Disease progression, withdrawal of consent, unacceptable toxicity

Key endpoints

Primary:

Part 1: Assessment of DLT, TEAE, SAE, MTD, RP2D.

Phase 2a: TEAEs, SAEs, ORR

Secondary: Pharmacokinetic measures

Trial ongoing

1. Partnered with DualityBio.

ECOG PS = eastern cooperative oncology group performance status; DL = dose level; Q3W = every three weeks; RP2D = recommended phase 2 dose; HR = hormone recptor; HER2 = human epidermal growth factor receptor 2; NSCLC = non-small cell lung cancer; TNBC = triple negative breast cancer; DLT = dose-limiting toxicity; TEAE = treatment emergent adverse events; SAE = serious adverse events; MTD = maximum tolerated dose; ORR = objective response rate.

BIONTECH

BNT325/DB-1305[1] Shows a Manageable Safety Profile

Phase 1/2a FIH study (NCT05150691): Safety

Marathe O. et al. Presented at ESMO 2023. Poster #689P.

Overall safety

	2 mg/kg (n=1) n (%)	**4 mg/kg** (n=20) n (%)	**5 mg/kg** (n=17) n (%)	**6 mg/kg** (n=6) n (%)	**Total** (n=44) n (%)
Any TRAEs	0	19 (95.0)	15 (88.2)	6 (100)	41 (93.2)
Grade ≥3	1 (100)	13 (65)	6 (35.3)	5 (83.3)	25 (56.8)
Serious TRAEs	0	3 (15.0)	4 (23.5)	3 (50.0)	10 (22.7)
Lead to dose reduction	0	1 (5.0)	2 (11.8)	3 (50.0)	6 (13.6)
Lead to dose interruption	0	6 (30.0)	5 (29.4)	4 (66.7)	15 (34.1)
Lead to dose discontinuation	0	1 (5.0)	0	0	1 (2.3)

One patient died by suicide on day 18 after first dose and one patient experienced double pneumonia related AE on day 49.

- DB-1305 was tolerable and all TRAEs were manageable in dose levels 2 mg/kg and 4 mg/kg
- Three patients dosed at 6 mg/kg experienced dose-limiting toxicities (i.e., stomatitis, febrile neutropenia, and white blood cell decrease)
- The maximum tolerated dose was established as 5 mg/kg
- 1 ILD occurred
- No TRAEs led to death

1. Partnered with DualityBio.

DLT = dose limiting toxicities; MTD = maximum tolerated dose; TRAE = treatment related adverse event; AE = adverse event; FIH = first in human. ILD = interstitial lung disease.

BNT325/DB-1305[1] Demonstrates Promising Antitumor Activity in NSCLC and Other Solid Tumors

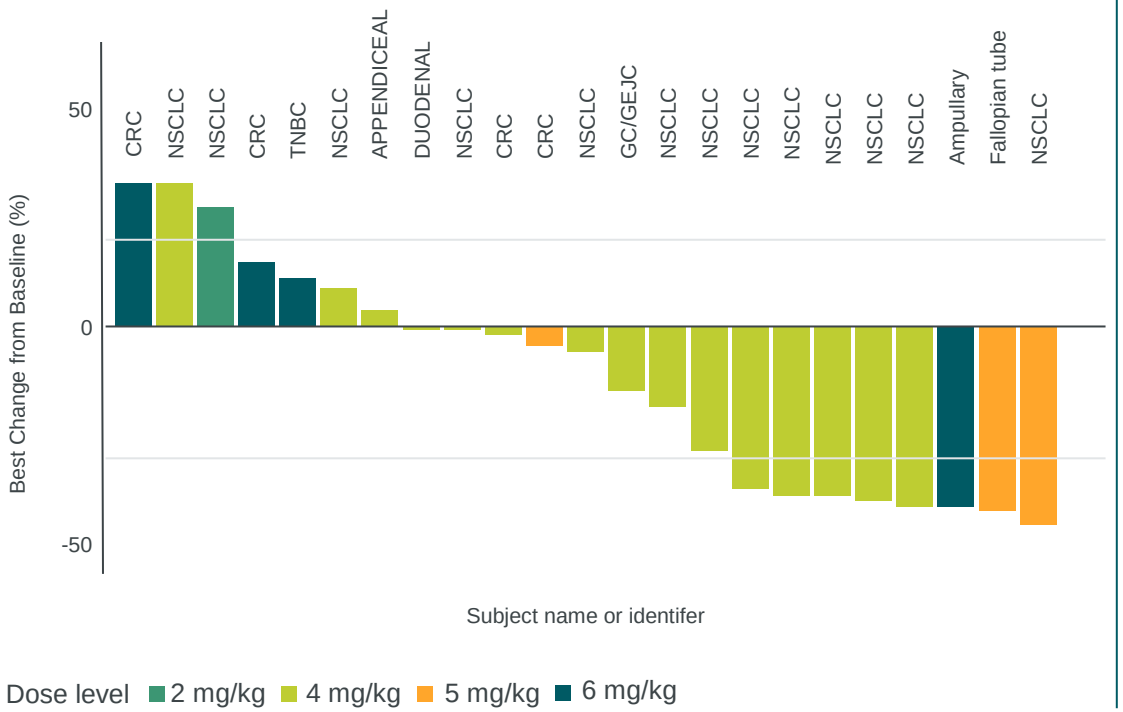
Phase 1/2 FIH study (NCT05438329): Clinical Efficacy

Marathe O. et al. Presented at ESMO 2023. Poster #689P.

Anti-tumor activity in heavily pretreated patients with 3 median prior lines of treatment

	Unconfirmed ORR, %	Unconfirmed DCR, %
All patients (n=23)	30.4	87.0
NSCLC (n=13)	46.2	92.3

Best tumor response for all patients with post-baseline scans (n=23)



1. Partnered with DualityBio.

FIH = first in human; ORR = objective response rate; DCR = disease control rate; NSCLC = non-small cell lung cancer; CRC = colorectal cancer; TNBC = triple-negative breast cancer; GC = gastric cancer; GEJC = gastroesophageal junction cancer.

BIONTECH

ADC Key Takeaways

Targeted milestones

BNT323/DB1303[1]

- Multiple pivotal studies planned

BNT324/DB-1311[1] | BNT325/DB-1305[1] | BNT326/YL202[2]

- Ongoing studies will inform potential activity in multiple expansion cohorts and drive future development decisions
- Investigate monotherapy or combination regimens

Strategy

- Leverage ADCs as a tool for de-bulking tumor mass to unlock potential in hard-to-treat cancer types
- Explore various indication-selection strategies
- Leverage ADCs' wide therapeutic window to enable novel combinations in earlier lines of treatment

1. Partnered with DualityBio 2. MediLink. ADC= Antibody-drug conjugate.

Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

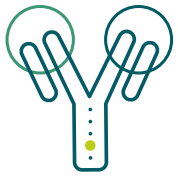
BNT316/ ONC-392[1] (gotistobart)

Monospecific antibody with **optimized Fc** targeting CTLA-4 and **selectively depleting tumor-infiltrating Tregs** in the TME but not in the periphery due to a pH driven mechanism.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in PROC
- Ph3 in 2L+ mNSCLC

BNT311/ GEN1046[2]



Bispecific antibody to **inhibit proliferation** of PD1-positive cells. 4-1BB enhances **T cell proliferation, T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in mNSCLC
- Ph2 in 2L mEC

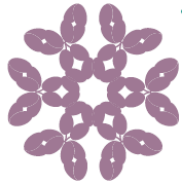
BNT312/ GEN1042[2]

Engagement of CD40 leads to **activation and maturation of APCs.** 4-1BB enhances **T cell proliferation**, **T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 trials in multiple solid tumors

BNT313/ GEN1053[2]



A CD27 antibody based on the HexaBody technology, specifically engineered to form an **antibody hexamer** upon binding its target on T cell membranes.

Clinical status

- Ph1/2 in multiple solid tumors

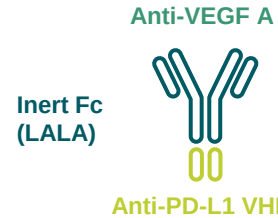
BNT314/ GEN1059[2]

Bispecific antibody designed to boost antitumor immune response through EpCAM-dependent 4-1BB agonistic activity.

Clinical status

- Ph1/2 in multiple solid tumors planned

PM8002[3]



PD-L1 expression or upregulation in tumors may enrich **VEGF neutralization** into the TME which **inhibits angiogenesis**.

Clinical status

- Ph1b dose escalation
- Ph2a as monotherapy in multiple cancers
- Ph2 in combination with CTx in multiple cancers

1. Partnered with OncoC4; 2. Partnered with Genmab; 3. Partnered with Biotheus. CTLA4 = Cytotoxic T-Lymphocyte-Associated Protein 4; CD27, CD40, 4-1BB = members of the tumor necrosis factor receptor superfamily; PD-1 =Programmed cell death protein 1; HER2 = human epidermal growth factor receptor 2; ADCC = Antibody dependent cell-mediated cytotoxicity; ADCP = Antibody dependent cellular phagocytosis; PROC = platinum-resistant ovarian cancer; NSCLC = non-small cell lung cancer; EC = endometrial cancer APC = antigen presenting cells; VEGF = vascular endothelial growth factor; TME = tumor microenvironment; CTx = chemotherapy; LALA = IgG1 variant L234A/L235A.

BIONTECH

Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

BNT316/ ONC-392[1] (gotistobart)

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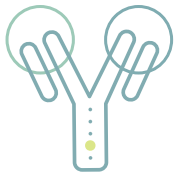
Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in PROC
- Ph3 in 2L+ mNSCLC

BNT311/ GEN1046[2]



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- Ph2 in 2L mEC

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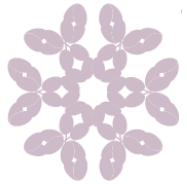

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Clinical status

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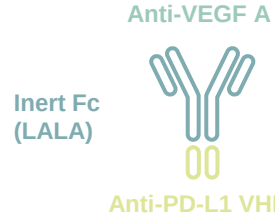
Bispecific antibody designed to boost antitumor immune response through EpCAM-dependent 4-1BB agonistic activity.

Clinical status

- Ph1/2 in multiple solid tumors planned

PM8002[3]



PD-L1 expression or upregulation in tumors may enrich **VEGF neutralization** into the TME which **inhibits angiogenesis**.

Clinical status

- Ph1b dose escalation
- Ph2a as monotherapy in multiple cancers
- Ph2 in combination with CTx in multiple cancers

1. Partnered with OncoC4; 2. Partnered with Genmab; 3. Partnered with Biotheus. CTLA4 = Cytotoxic T-Lymphocyte-Associated Protein 4; CD27, CD40, 4-1BB = members of the tumor necrosis factor receptor superfamily; PD-1 =Programmed cell death protein 1; HER2 = human epidermal growth factor receptor 2; ADCC = Antibody dependent cell-mediated cytotoxicity; ADCP = Antibody dependent cellular phagocytosis; PROC = platinum-resistant ovarian cancer; NSCLC = non-small cell lung cancer; EC = endometrial cancer APC = antigen presenting cells; VEGF = vascular endothelial growth factor; TME = tumor microenvironment; CTx = chemotherapy; LALA = IgG1 variant L234A/L235A.

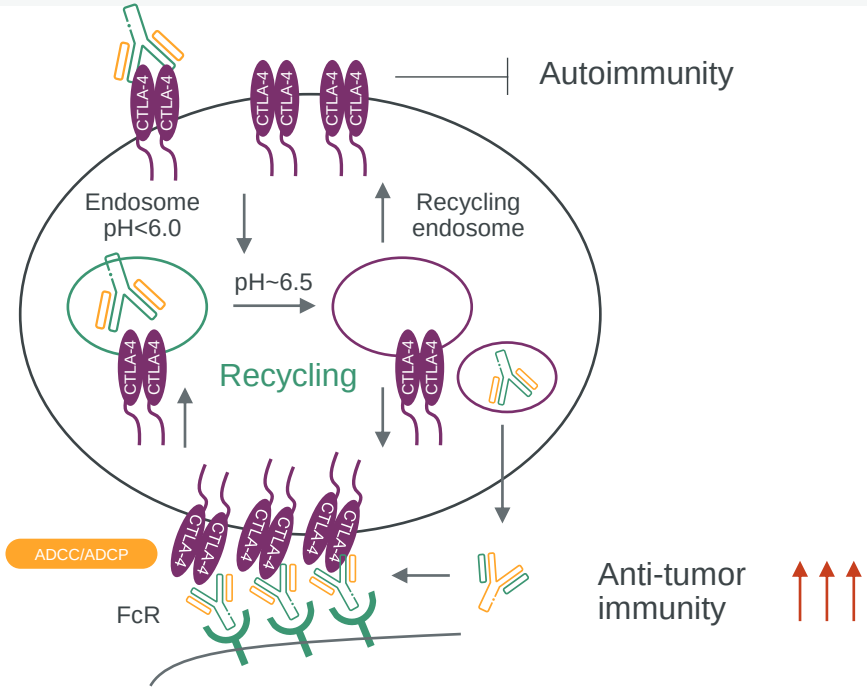
BIONTECH

Differentiated Mechanism with Potential to Become Best-in-Class Anti-CTLA-4 Antibody

Avoiding lysosomal degradation of CTLA-4 for safer and more effective immunotherapy may lead to uncoupling cancer therapeutic effect from immunotherapy-related adverse effects

BNT316/ONC-392 (gotistobart)[1] designed to:

- Allow regular recycling and enrichment of antibody and CTLA-4 molecule
- Enhance anti-tumor immunity
- Reduce immune-related adverse events



MoA designed to allow higher dosing & longer duration of treatment with BNT316/ONC-392 (gotistobart)

Liu Y. et al. Abstract # 231, SITC 2021. Du et al. Uncoupling therapeutic from immunotherapy-related adverse effects for safer and effective anti-CTLA-4 antibodies in CTLA4 humanized mice. Cell Res. 2018 Apr; 28(4): 416–432. Du et al. A reappraisal of CTLA-4 checkpoint blockade in cancer immunotherapy. Cell Res. 2018 Apr; 28(4): 433–447.

1.Partnered with OncoC4. FcR = fragment crystallizable region, CTLA-4 = cytotoxic T-lymphocyte-associated protein 4, ADCC = antibody-dependent cell-mediated cytotoxicity, ADCP = antibody-dependent cellular phagocytosis

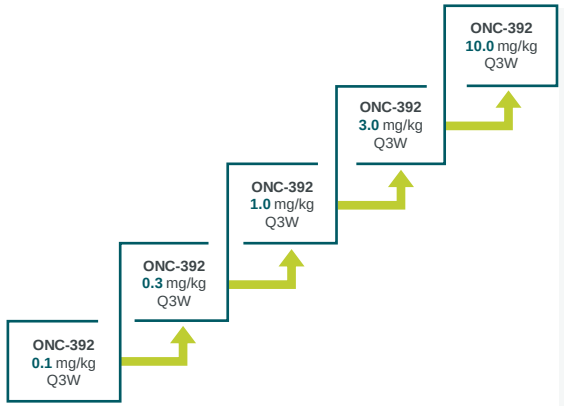
PRESERVE-001: Phase 1/2 Trial Design and Safety Data

Part A and B: Dose finding
(Li T. et al. Poster #949, Presented at SITC 2021)

Part A: MTD or RP2D for Monotheraphy

Part B: MTD or RP2D for combination with pembrolizumab

- advanced or metastatic solid tumors with measurable or non-measurable disease
- Progression despite standard of care therapy, or no standard therapies exist



Part C: Dose expansion
(Hu-Lieskovan et al. Poster #594. Presented at SITC 2022)

RP2D Q3W

Indications: Monotherapy

- Pancreatic cancer
- IO naïve NSCLC
- IO R/R NSCLC
- HNSCC
- Triple negative breast cancer
- Ovarian cancer
- Other multiple solid tumors

Indications: Combination with pembrolizumab

- IO naïve NSCLC
- IO R/R NSCLC
- IO naïve melanoma
- IO R/R melanoma

Findings

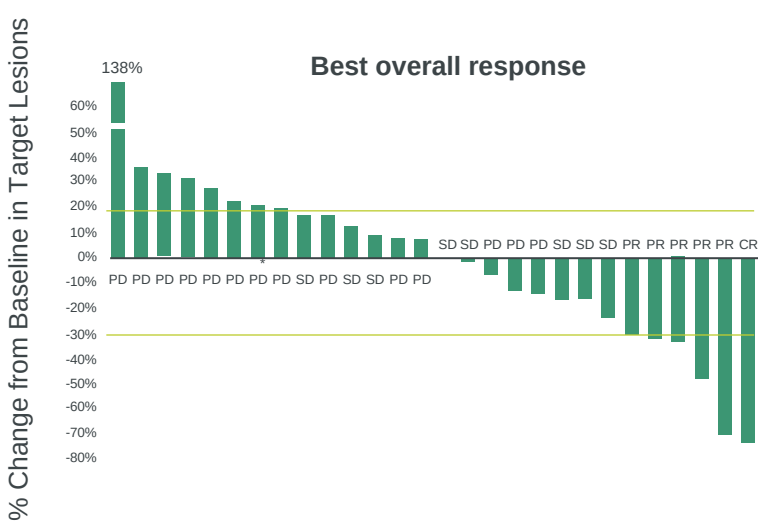
- >450 patients treated with BNT316/ONC-392 (gotistobart)[1]
- BNT316/ONC-392 (gotistobart)[1] as mono-therapy and in combination with pembrolizumab well tolerated
  - TRAE manageable, no DLTs, MTD not reached
  - Monotherapy RP2D: 10 mg/kg, combination RP2D: 6 mg/kg
- Preliminary data demonstrated lower irAE rate than observed for comparable IO or IO-IO combinations
- Safety profile allows for higher dosing and longer duration of treatment in monotherapy and in combination with pembrolizumab

1.Partnered with OncoC4.
Q3W = every three weeks; MTD = maximum tolerated dose; RP2D = recommended phase 2 dose; DLT = dose-limiting toxicity; TRAE = treatment related adverse event; HNSCC = head and neck squamous cell carcinoma; NSCLC = non-small cell lung cancer; irAE = immune-related adverse event, IO = immuno-oncologic, R/R = relapsed/refractory.

Clinical Efficacy of BNT316/ONC-392 (gotistobart)[1] as Single Agent and in Combination in Patients with Multiple Solid Tumors

BNT316/ONC-392 (gotistobart) monotherapy (10mg/kg) in platinum-resistant ovarian cancer patients

Hays J et al. Poster #564. Presented at SITC 2022

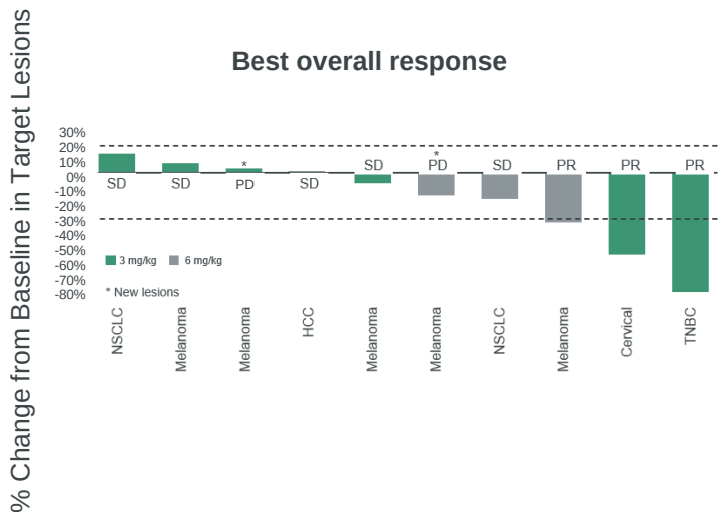


14/28 pts. with clinical activity

- CR/PR/SD/PD = 1/5/8/14
- ORR=21%, DCR=50%

BNT316/ONC-392 (gotistobart) (3 or 6mg/kg) in combination with pembrolizumab

Hu-Lieskovan et al. Poster #594. Presented at SITC 2022

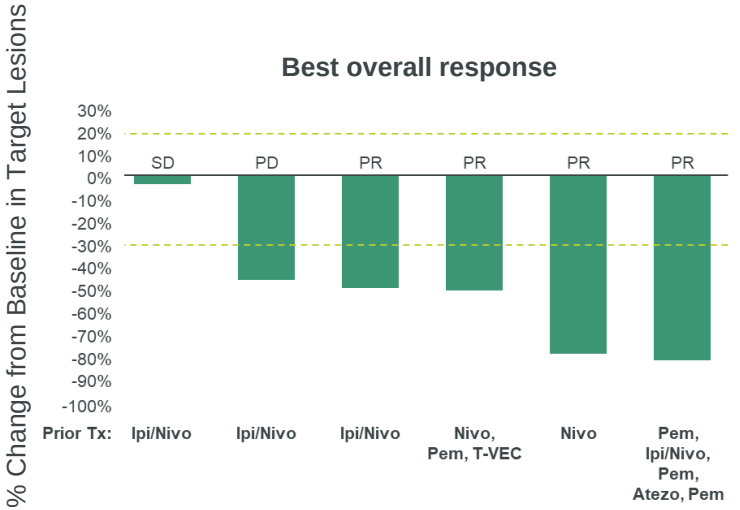


8/10 pts. with clinical activity

- At 3 mg/kg (6 pts.): 2 PR, 3 SD
- At 6 mg/kg (4 pts.): 1 PR, 2 SD

BNT316/ONC-392 (gotistobart) (6mg/kg) in combination with pembrolizumab in R/R Melanoma

Hu-Lieskovan et al., Poster #594. Presented at SITC 2022



6 pts. with clinical activity

- 5 PR, 1 SD

1.Partnered with OncoC4.
CR = complete remission; PR = partial response; SD = stable disease; PD = progressive Disease; ORR = objective response rate; DCR = disease control rate, Ipi = Ipilimumab, Nivo = nivolumab, Pem = pemetrexed, Tx = treatment, T-VEC = talimogen laherparepvec, Atezo = atezolizumab, R/R = relapsed/refractory.

Data Support Initiation of Pivotal Phase 3 Trial Evaluating BNT316/ONC-392 (gotistobart)[1] in CPI-resistant NSCLC

PRESERVE-001: Phase 1/2a multicenter, non-randomized, open-label, multiple-dose, FIH trial (NCT04140526)

He K. et al. presented at ASCO 2023, Abstract #9024.

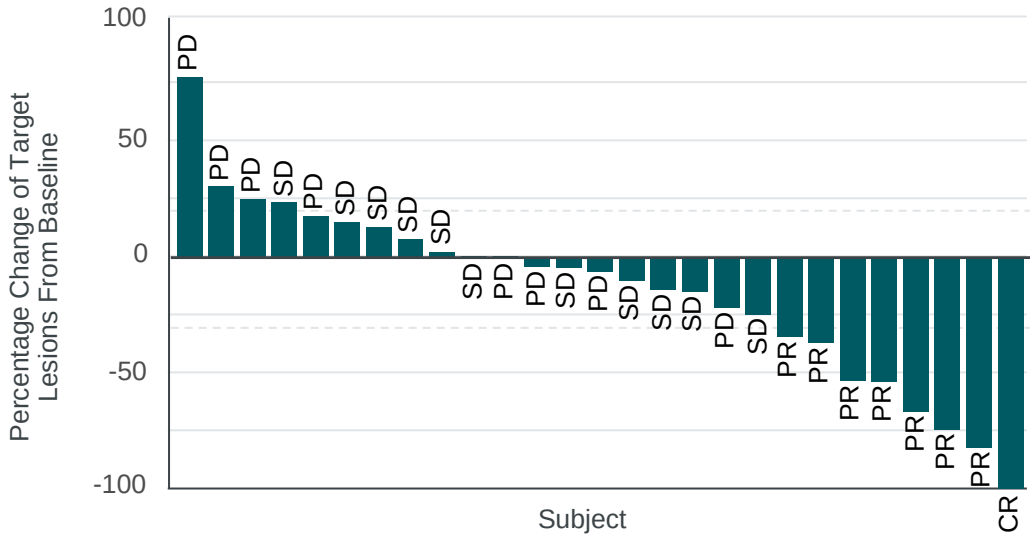
Anti-tumor activity observed in ICI-resistant NSCLC patients (n=27)

ORR: 29.6% (22.2% confirmed & 7.4% unconfirmed)
DCR: 70.4%

Manageable adverse events

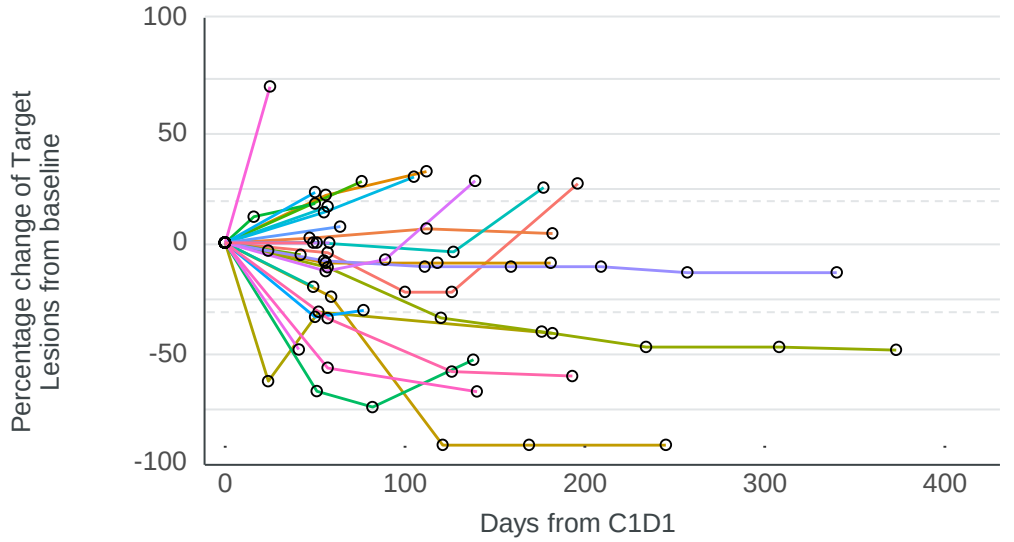
Target lesion best overall response (N=27 evaluable)

Dosing 10 mg/kg x 2, then 6 mg/kg, q3w (2 pts.: 10 mg/kg x 4, q3w)



Target lesion percentage change over time (N=27 evaluable)

Dosing; 10 mg/kg x 2, then 6 mg/kg, q3w (2 pts.: 10 mg/kg x 4, q3w)



1.Partnered with OncoC4.
CPI = Checkpoint inhibitor; NSCLC = non-small cell lung cancer; FIH = first in human; IO = immuno-oncology; ORR = objective response rate; DCR = disease control rate; pts = patients; q3w = 3-week schedule; C1D1 = Cycle 1 Day 1.

BIONTECH

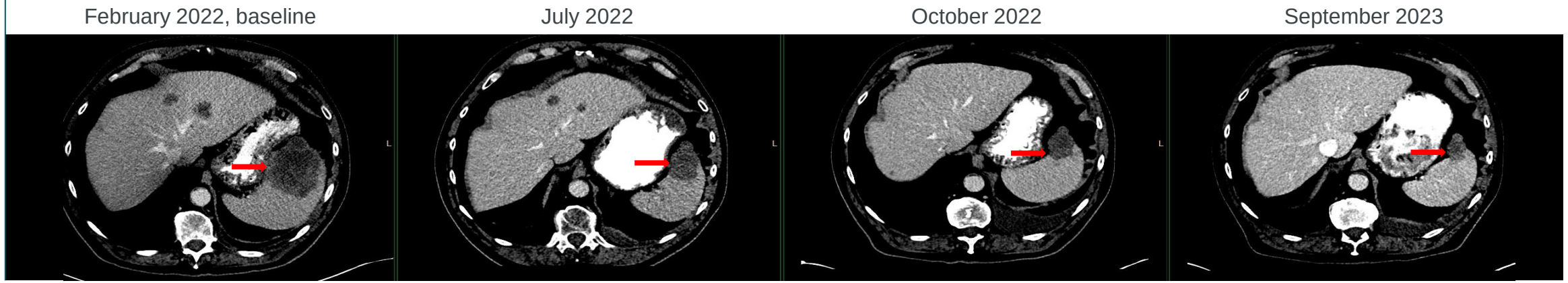
Case Report Demonstrates Clinical Response to BNT316/ONC-392 (gotistobart)[1]

PRESERVE-001: Case report

He K. et al. presented at SITC 2023, Abstract #599.

64-year-old male

Diagnosis	Squamous cell carcinoma of lung in Aug 2021, 100 pack years smoking history (quit 15 years ago) Tumor PD-L1 <1%. TMB 4. No actionable mutations. Microsatellite status is stable
Prior therapy	Initially treated at outside hospital with chemo-RT (weekly paclitaxel and carboplatin), completed in Nov 2021. PET/CT on 12/10/21 showed disease progression with metastases. Started with carboplatin, paclitaxel, ipilimumab and nivolumab; continued progression after 2 cycles of treatment
Sites of metastases	Spleen and liver



Gotistobart, Mar. 7, 2022; active in treatment cycle 25 as of Sep. 2023

1. Partnered with OncoC4.

PD-L1 = programmed cell death protein L1; TMB = tumor mutation burden; chemo-RT = chemo-radio therapy;; PET/CT = positron emission tography / computer tomography

BIONTECH

Limited 2L Treatment Options Post Immunotherapy in NSCLC

Total diagnosed metastatic NSCLC patients in US, UK, EU 4 and Japan: ~375K[1]

~50% with actionable driver mutations[2]

~50% without actionable driver mutations (~190K)[2]

Potential future treatment algorithm – metastatic NSCLC w/o driver mutations

1L

- IO +/- platinum-based chemotherapy
- IO/IO +/- platinum-based chemotherapy

~60 % of mNSCLC w/o driver mutations **progress to 2L[3]**

2L+

- Docetaxel +/- VEGFi
- **TROP2 ADCs**
- **PRESERVE-003** BNT316/ONC-392 (gotistobart)[4] monotherapy

Historic efficacy of docetaxel monotherapy (Garon et al. Lancet. 2014): ORR ~10%; mPFS = 3 months; mOS = 9 months

Relevant patient population

Subject to regulatory approval

BNT316/ONC-392 (gotistobart) could provide an additional treatment option for 2L NSCLC patients

1. Kantar CancerMPact Treatment Architecture; 2. Thai AA et al. Lancet. 2021; 3. Markt research, data on file; 4. Partnered with OncoC4.
NSCLC = non-small cell lung cancer; IO = immuno oncology; VEGFi = vascular endothelial growth factor inhibitor; TROP-2 = trophoblast cell surface antigen-2; CTLA4 = cytotoxic T-lymphocyte-associated protein 4; ORR = objective response rate; mOS = median overall survival.

BIONTECH

Phase 3 Trial Evaluating BNT316/ONC-392 (gotistobart)[1] in CPI-resistant NSCLC

PRESERVE-003 (NCT05671510)
Randomized, open-label, active controlled, multi-center Phase 3 trial

Stage I (dose-confirmation stage):
Assess efficacy and safety of two BNT316/ONC-392 dosing regimens in comparison to docetaxel

Stage II:
Assess safety and efficacy of BNT316/ONC-392 at the selected dosing regimen versus docetaxel

Inclusion criteria

- ≥ 18 years stage IV, metastatic NSCLC
- Prior PD-(L)1 +/- platinum-based chemotherapy
- Prior IO-IO allowed
- RECIST 1.1 measurable lesions

R 1:1:1
N=120

- BNT316/ONC-392 (gotistobart) 6mg/kg with 2 loading doses of 10mg/kg, Q3W (N=40)
- BNT316/ONC-392 (gotistobart) 3mg/kg, Q3W (N=40)
- Docetaxel 75 mg/kg, Q3W (N=40)

R 1:1
N=480

- BNT316/ONC-392 (gotistobart) (N=240) TBD: mg/kg, Q3W
- Docetaxel 75 mg/kg, Q3W (N=240)

Historical efficacy of docetaxel monotherapy (Garon et al. Lancet. 2014):
ORR ~10%; mPFS = 3 months;
mOS = 9 months

Key endpoints
Primary: OS
Secondary: ORR, PFS, Safety

Status
Trial actively recruiting

1. Partnered with OncoC4; CPI = Checkpoint inhibitor; NSCLC = Non-small cell lung cancer; PD-1 = Programmed cell death protein 1; IO = immuno-oncology; RESCIST = Response Evaluation Criteria In Solid Tumors; Q3W = once every three weeks; (median)OS = (median) overall survival; ORR = objective response rate; (m)PFS = (median) progression free survival; ECOG = Eastern Cooperative Oncology Group; FPD = first patient dosed.

Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

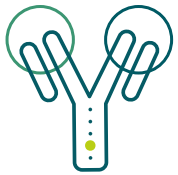
BNT316/ ONC-392[1] (gotistobart)

Monospecific antibody with **optimized Fc** targeting CTLA-4 and **selectively depleting tumor-infiltrating Tregs** in the TME but not in the periphery due to a pH driven mechanism.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in PROC
- Ph3 in 2L+ mNSCLC

BNT311/ GEN1046[2]



Bispecific antibody to **inhibit proliferation** of PD1-positive cells. 4-1BB enhances **T cell proliferation, T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in mNSCLC
- Ph2 in 2L mEC

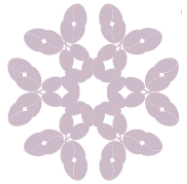
BNT312/ GEN1042[2]

Engagement of CD40 leads to **activation and maturation of APCs.** 4-1BB enhances **T cell proliferation**, **T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 trials in multiple solid tumors

BNT313/ GEN1053[2]



A CD27 antibody based on the HexaBody technology, specifically engineered to form an **antibody hexamer** upon binding its target on T cell membranes.

Clinical status

- Ph1/2 in multiple solid tumors

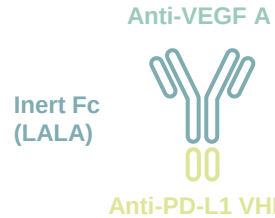
BNT314/ GEN1059[2]

Bispecific antibody designed to boost antitumor immune response through EpCAM-dependent 4-1BB agonistic activity.

Clinical status

- Ph1/2 in multiple solid tumors planned

PM8002[3]



PD-L1 expression or upregulation in tumors may enrich **VEGF neutralization** into the TME which **inhibits angiogenesis**.

Clinical status

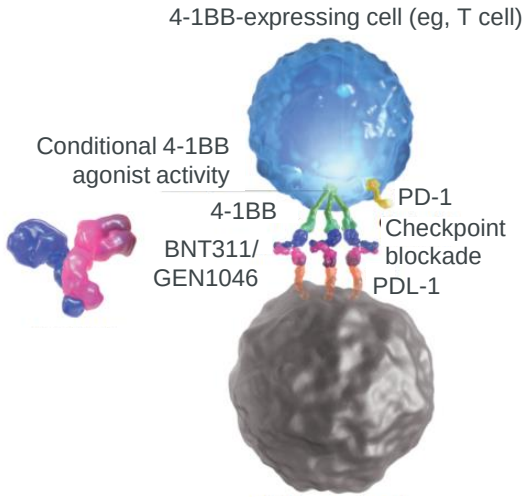
- Ph1b dose escalation
- Ph2a as monotherapy in multiple cancers
- Ph2 in combination with CTx in multiple cancers

1. Partnered with OncoC4; 2. Partnered with Genmab; 3. Partnered with Biotheus. CTLA4 = Cytotoxic T-Lymphocyte-Associated Protein 4; CD27, CD40, 4-1BB = members of the tumor necrosis factor receptor superfamily; PD-1 =Programmed cell death protein 1; HER2 = human epidermal growth factor receptor 2; ADCC = Antibody dependent cell-mediated cytotoxicity; ADCP = Antibody dependent cellular phagocytosis; PROC = platinum-resistant ovarian cancer; NSCLC = non-small cell lung cancer; EC = endometrial cancer APC = antigen presenting cells; VEGF = vascular endothelial growth factor; TME = tumor microenvironment; CTx = chemotherapy; LALA = IgG1 variant L234A/L235A.

BIONTECH

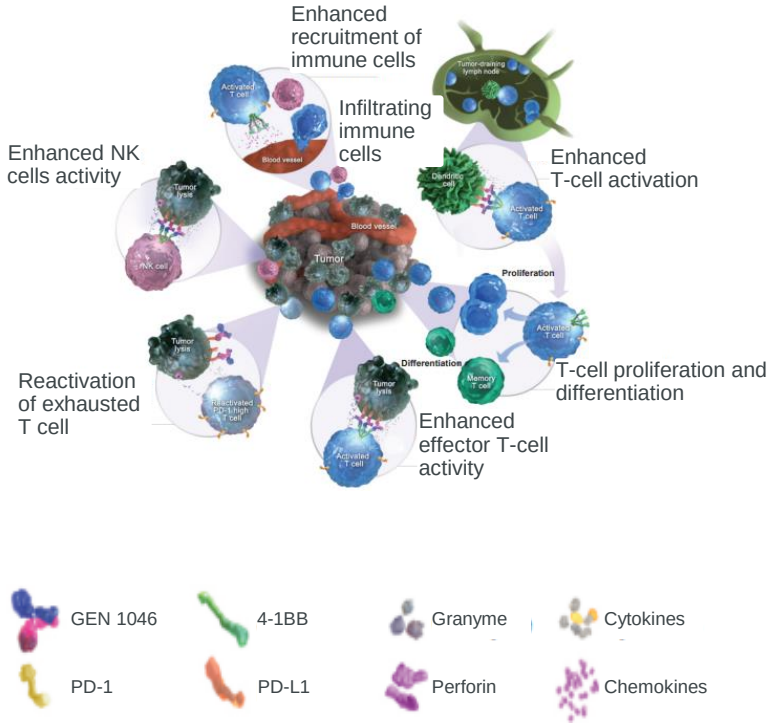
BNT311/GEN1046 – Combining Checkpoint Blockade and Conditional T Cell Co-Stimulation

Inert Fc, dual targeted 4-1BB co-stimulation that is conditional on PD-L1 binding



BNT311/GEN1046 binding affinity:
K_D PD-L1: 0.16 nmol/L,
4-1BB: 0.15 nmol/L

Novel mechanism that enhances T- and natural killer cell functions



Muik A, et al. Cancer Discov 2022; 12:1248−1345.

Conditional bispecific molecule for two validated targets:

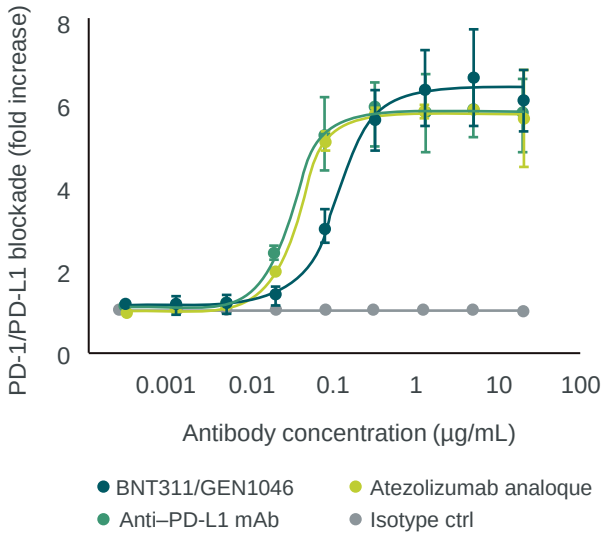
PD-L1: receptor-ligand expressed on tumor cells that **inhibits proliferation** of PD1-positive cells, and has a role in **immune evasion.**

4-1BB: costimulatory tumor necrosis factor expressed on T and NK-cells. Activating the 4-1BB pathway **enhances T cell proliferation, T cell effector functions** and **prevents T cell death.**

1. Partnered with Genmab; Fc = fragment crystallizable region; PD –L1 = programmed cell death ligand 1; PD-1 = programmed cell death protein 1; NK cell = natural killer cell; .

BNT311/GEN1046[1] – Preclinical Data

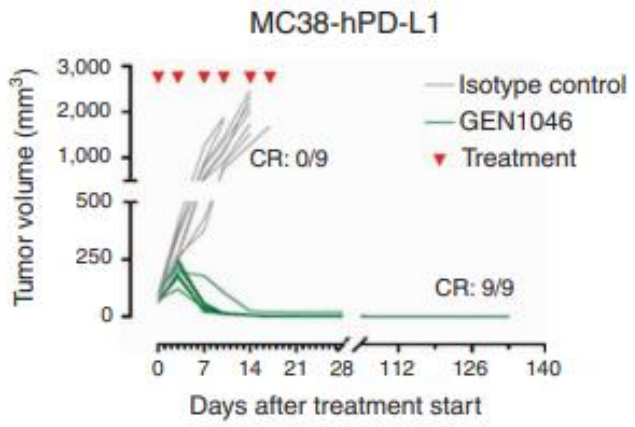
4-1BB agonist activity of BNT311/GEN1046 was strictly conditional on PD-L1 binding

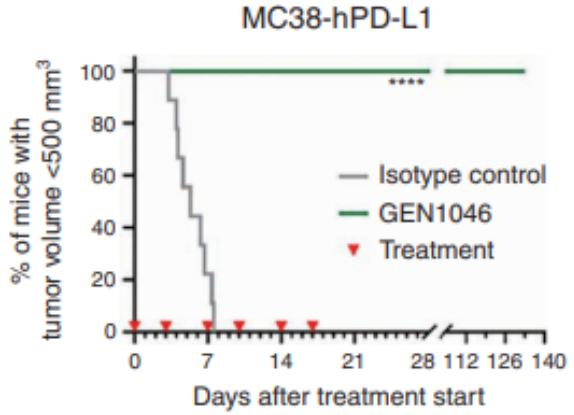


BNT311/GEN1046 blocks the PD-1/PD-L1 axis in the absence of 4-1BB binding, showing that its PD-L1–specific Fab arm also functions as a classic immune CPI

Muik A, et al. *Cancer Discov* 2022; 12:1248−1345.

BNT311/GEN1046 exhibits antitumor activity *in vivo*





1. Partnered with Genmab. CPI = Checkpoint Inhibitor; PD-L1 = programmed cell death ligand 1; ctrl = control.

BIONTECH

First-in-Human Trial with BNT311/GEN1046[1] in Patients with Metastatic or Unresectable Solid Tumors

Phase 1/2a trial design (NCT03917381), multicenter, non-randomized, open-label

Inclusion criteria

- Metastatic or unresectable solid tumors
- Patients who are not candidates for standard therapy

Phase 1

Dose escalation (N=61)

BNT311/GEN1046
IV flat dose Q3W until PD
or unacceptable toxicity

Expansion dose
100 mg Q3W

Phase 2

Dose expansion cohorts:

- NSCLC - 1L, monotherapy
- NSCLC - 1L, + pembrolizumab
- NSCLC (non-squamous) - 1L, +pembrolizumab and chemotherapy
- NSCLC (squamous) - 1L, + pembrolizumab and chemotherapy

PD-(L)-1 inhibitor pretreated cohorts:

- Cervical cancer
- Endometrial cancer
- HNSCC
- TNBC
- Urothelial cancer

Key endpoints

Safety, pharmacokinetics, immunogenicity, pharmacodynamics and antitumor activity (RECIST v1.1)

Status

Recruiting
13 expansion cohorts

1. Partnered with Genmab.
Q2W = once every three weeks; PD = progressive disease; NSCLC = non-small-cell lung cancer; HNSCC = head and neck squamous-cell cancer; TNBC = triple-negative breast cancer; RECIST = Response Evaluation Criteria In Solid Tumors.

Initial Results of BNT311/GEN1046[1] Monotherapy in Dose Escalation Show a Manageable Safety Profile and Clinical Activity

Phase 1/2a FIH trial (NCT03917381): Safety & efficacy, dose escalation monotherapy

Garralda E. et al. presented at SITC 2020, Poster #412.

Dose escalation cohort TEAE's occurring in ≥10% of patients	**All grades, n (%)**	**Grade ≥3, n (%)**
Any TRAE	43 (70.5)	17 (27.9)
TRAEs in ≥10% patients, by preferred term		
ALT increased	14 (23.0)	5 (8.2)
AST increased	13 (21.3)	2 (3.3)
Hypothyroidism	11 (18.0)	1 (1.6)
Fatigue	8 (13.1)	1 (1.6)

Data cut-off: August 31, 2020.

- Most AEs were mild to moderate:
  - TRAEs occurred in 43 (70.5%) patients
  - Grade 3–4 TRAEs were experienced by 17 (27.9%) patients
- MTD was not reached
- 6 patients had DLTs; all 6 patients recovered without sequelae

In the dose escalation phase, BNT311/GEN1046[1] demonstrated a manageable safety profile and preliminary clinical activity in a heavily pretreated population with advanced solid tumors:

- Disease control achieved in 65.6% (40/61) of patients at a median of 3 months follow-up
- 4 early partial responses in TNBC (1), ovarian cancer (1), and CPI pre-treated NSCLC (2) patients

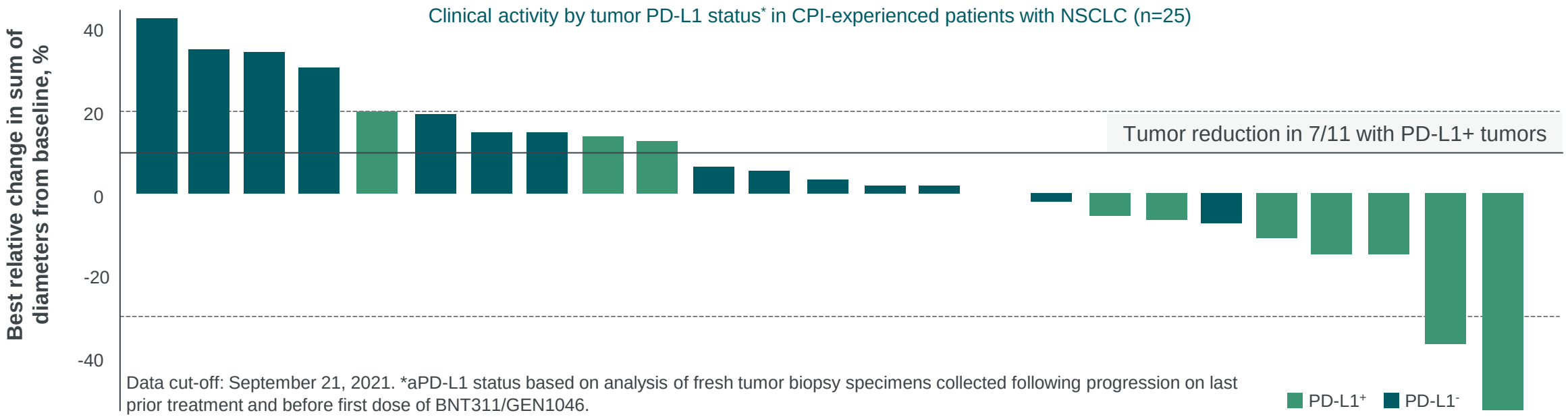
1. Partnered with Genmab.

DLT = dose-limiting toxicity; MTD = maximum tolerated dose; TEAE= treatment-emergent adverse event; TRAE = treatment-related adverse event, TNBC = triple negative breast cancer; NSCLC = non-small cell lung cancer; CPI = checkpoint inhibitor; AST = aspartate transaminase; ALT = alanine transaminase.

BNT311/GEN1046[1] Monotherapy Demonstrates Efficacy in Patients with Advanced Solid Tumors Who had Failed PD-(L)1 Treatment including in NSCLC

Phase 1/2a FIH trial (NCT03917381): Clinical efficacy, 100 mg Q3W monotherapy

Ponce Aix S. et al. presented at SITC 2021, Poster #516.



- BNT311/GEN1046 elicits early responses across expansion cohorts of patients who failed prior CPI therapy
- Patient selection based on tumoral PD-L1 status and anti–PD-1 combination therapy are being explored and may improve clinical efficacy with GEN1046

1. Collaboration with Genmab; PD-L1 = programmed cell death ligand 1; NSCLC = non-small cell lung cancer; CPI = checkpoint inhibitor; .

BIONTECH

Ongoing Phase 2 Trials Investigating BNT311/GEN1046[1] as Single Agent and in Combination with Pembrolizumab in NSCLC and Endometrial Cancer

	NSCLC	Endometrial cancer NEW
Inclusion criteria	Stage IV metastatic R/R NSCLC (2L+) PD-L1 TPS ≥1% Prior treatment with an anti-PD-(L) 1	Treatment experienced advanced endometrial carcinoma (2L) Cohort A: CPI naïve Cohort B: CPI-experienced
Treatment arms	• A: BNT311/GEN1046 monotherapy • B: BNT311/GEN1046 + pembrolizumab (Q3W) • C: BNT311/GEN1046 + pembrolizumab (Q6W)	• BNT311/GEN1046 + pembrolizumab
Status	• Recruiting • FPD December 2021	• Recruiting • FPD projected for November 2023

Next steps

- Engage with health authorities on the design of a pivotal trial in post-IO non-small cell lung cancer
- Plan to present data at a medical conference in 2024

1. Partnered with Genmab; 50:50 profit/loss collaboration.
NSCLC = non-small cell lung cancer; PD-L1 = programmed cell death ligand 1; FPD = first patient dosed; CPI =check point inhibitor; TPS = tumor proportion score; R/R = relapse/refractory.

Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

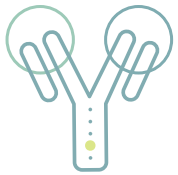
BNT316/ ONC-392[1] (gotistobart)

Monospecific antibody with **optimized Fc** targeting CTLA-4 and **selectively depleting tumor-infiltrating Tregs** in the TME but not in the periphery due to a pH driven mechanism.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in PROC
- Ph3 in 2L+ mNSCLC

BNT311/ GEN1046[2]



Bispecific antibody to **inhibit proliferation** of PD1-positive cells. 4-1BB enhances **T cell proliferation, T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in mNSCLC
- Ph2 in 2L mEC

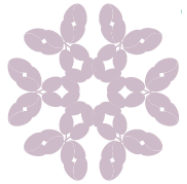
BNT312/ GEN1042[2]

Engagement of CD40 leads to **activation and maturation of APCs.** 4-1BB enhances **T cell proliferation**, **T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 trials in multiple solid tumors

BNT313/ GEN1053[2]



A CD27 antibody based on the HexaBody technology, specifically engineered to form an **antibody hexamer** upon binding its target on T cell membranes.

Clinical status

- Ph1/2 in multiple solid tumors

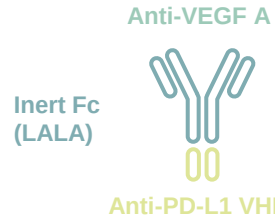
BNT314/ GEN1059[2]

Bispecific antibody designed to boost antitumor immune response through EpCAM-dependent 4-1BB agonistic activity.

Clinical status

- Ph1/2 in multiple solid tumors planned

PM8002[3]



PD-L1 expression or upregulation in tumors may enrich **VEGF neutralization** into the TME which **inhibits angiogenesis**.

Clinical status

- Ph1b dose escalation
- Ph2a as monotherapy in multiple cancers
- Ph2 in combination with CTx in multiple cancers

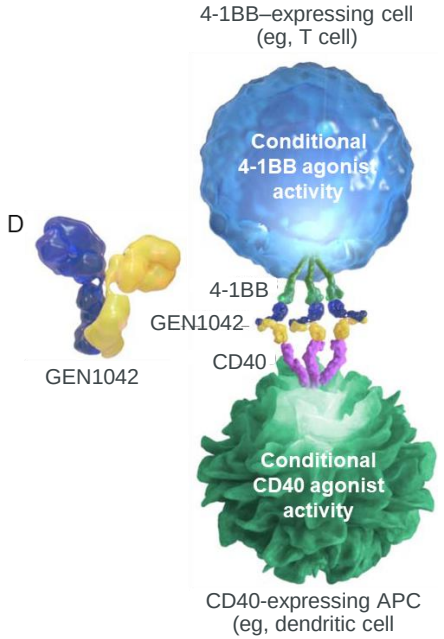
1. Partnered with OncoC4; 2. Partnered with Genmab; 3. Partnered with Biotheus. CTLA4 = Cytotoxic T-Lymphocyte-Associated Protein 4; CD27, CD40, 4-1BB = members of the tumor necrosis factor receptor superfamily; PD-1 =Programmed cell death protein 1; HER2 = human epidermal growth factor receptor 2; ADCC = Antibody dependent cell-mediated cytotoxicity; ADCP = Antibody dependent cellular phagocytosis; PROC = platinum-resistant ovarian cancer; NSCLC = non-small cell lung cancer; EC = endometrial cancer APC = antigen presenting cells; VEGF = vascular endothelial growth factor; TME = tumor microenvironment; CTx = chemotherapy; LALA = IgG1 variant L234A/L235A.

BIONTECH

BNT312/GEN1042[1] – Bispecific Antibody Designed to Strengthen T Cell and APC Synapse

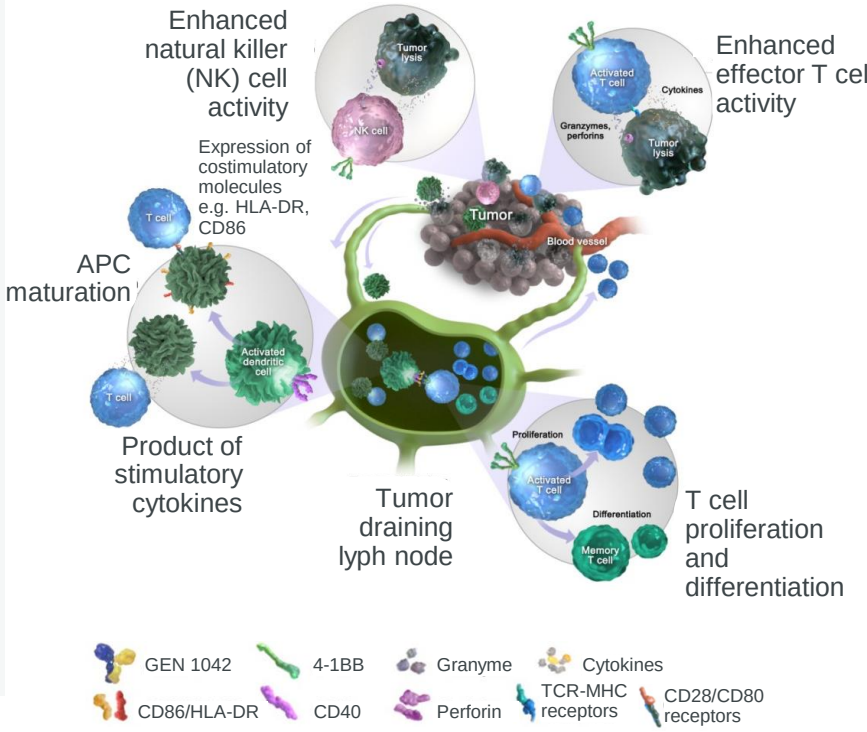
Inert Fc, double conditional, dual CD40×4-1BB agonist

BNT312/GEN1042 binding affinity:
K_D CD40 1.0 nmol/L,
4-1BB: 0.17 nmol/L



Muik A, et al. J Immunother Cancer 2022

Conditional CD40-stimulation of APC and conditional 4-1BB mediated stimulation of T cells



"Double-conditional" "dual-agonist" molecule for two preclinically validated targets:

CD40: stimulatory receptor primarily expressed on APCs. Engagement of CD40 leads to **activation and maturation of APCs**

4-1BB: costimulatory tumor necrosis factor expressed on T and NK-cells. Activating the 4-1BB pathway **enhances T cell proliferation, T cell effector functions and prevents T cell death**

Inert Fc to avoid unwanted immune cells crosslinking

1. Partnered with Genmab.
APC = antigen-presenting cell; Fc = fragment crystallizable region; CD = cluster of differentiation; HLA = human leucocyte antigen; TCR = T-cell receptor; MHC = major histocompatibility complex.

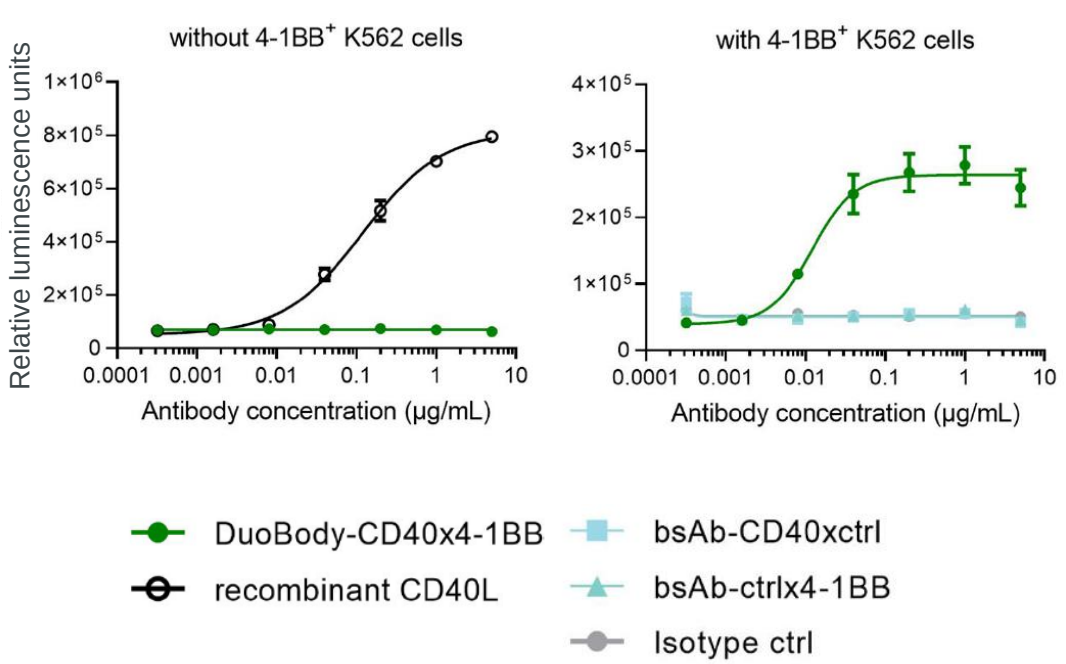
BIONTECH

BNT312/GEN1042[1] – Double-Conditional Dual-Agonist Molecule

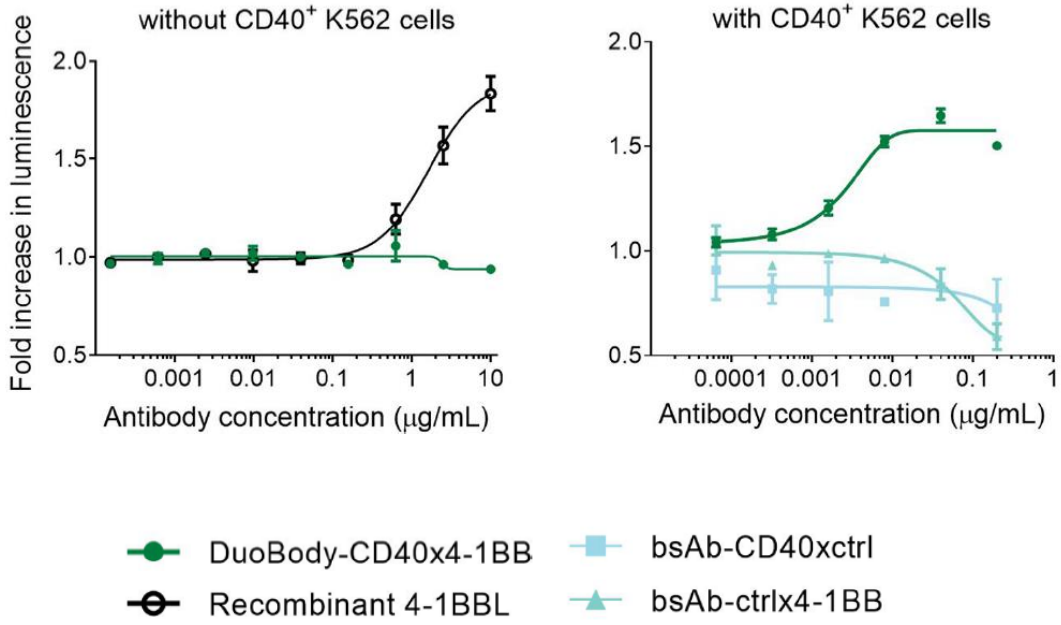
In the absence of 4-1BB+ cells,
BNT312 does not exhibit any CD40 activation

In the absence of CD40+ cells,
BNT312 does not exhibit any 4-1BB activation

CD40 reporter assay



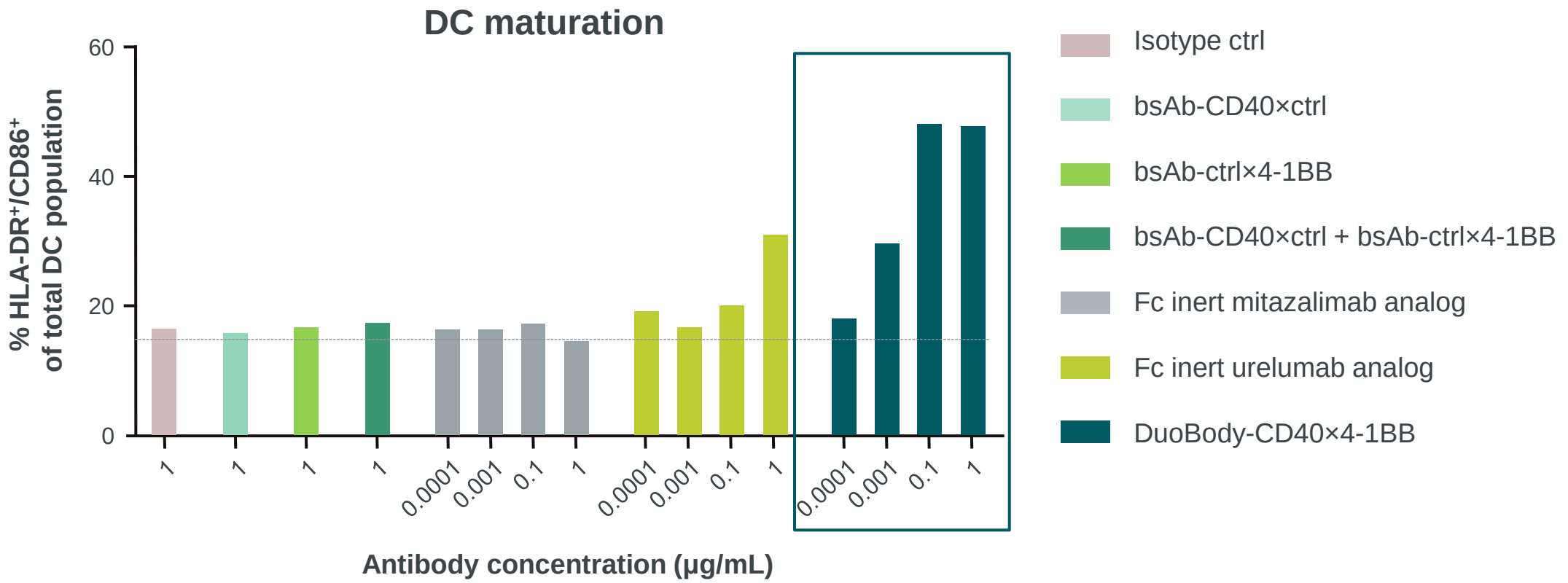
4-1BB reporter assay



Muik A, et al. J Immuno Ther Cancer 2022.

1. Partnered with Genmab APC = antigen-presenting cell; CD = cluster of differentiation; bsAb = bispecific antibody.

BNT312/GEN1042[1] Shows Higher Ability to Promote DC Maturation vs either Monoclonal Antibody or their Combination



Muik A, et al. J Immuno Ther Cancer 2022; 10:e004322.

1. Partnered with Genmab
Measured by flow cytometry. Data from one donor are shown. Dotted line shows percentage of HLA-DR+CD86+ DCs in DC-T-cell cultures in the absence of treatment.
DC = dendritic cell; HLA = human leucocyte antigen; CD = cluster if differentiation; bsAb = bispecific antibody; Fc = fragment crystallizable region

Data from Dose Escalation of BNT312/GEN1042[1] in Patients with Metastatic or Unresectable Solid Tumors

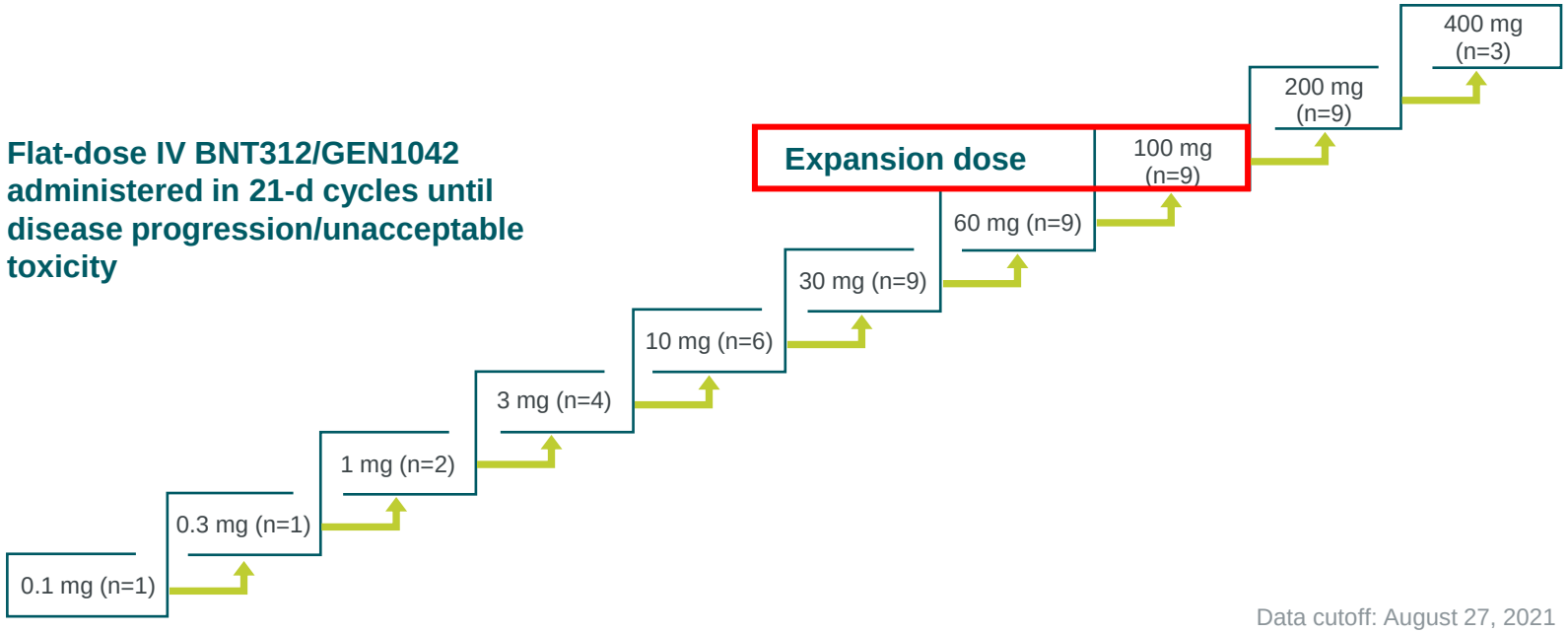
Phase 1/2a trial design (NCT04083599), multicenter, non-randomized, open-label: Dose escalation[a]

Johnson M, et al. J Immunother Cancer. 2021;9(suppl2):A525. Abstract 493.

Inclusion criteria

- Age ≥18y
- Histologically or cytologically confirmed, metastatic or unresectable, non-CNS solid tumor
- Not candidate for standard therapy
- Measurable disease according to RECIST v1.1[b]
- ECOG PS 0–1
- Aqeduate renal, hepatic, and hematologic function

Flat-dose IV BNT312/GEN1042 administered in 21-d cycles until disease progression/unacceptable toxicity



Data cutoff: August 27, 2021

Key endpoints

Primary: MTD, RP2D

Secondary: Safety (tolerability), Antitumor activity by RECIST v1.1; PK, Immunogenicity

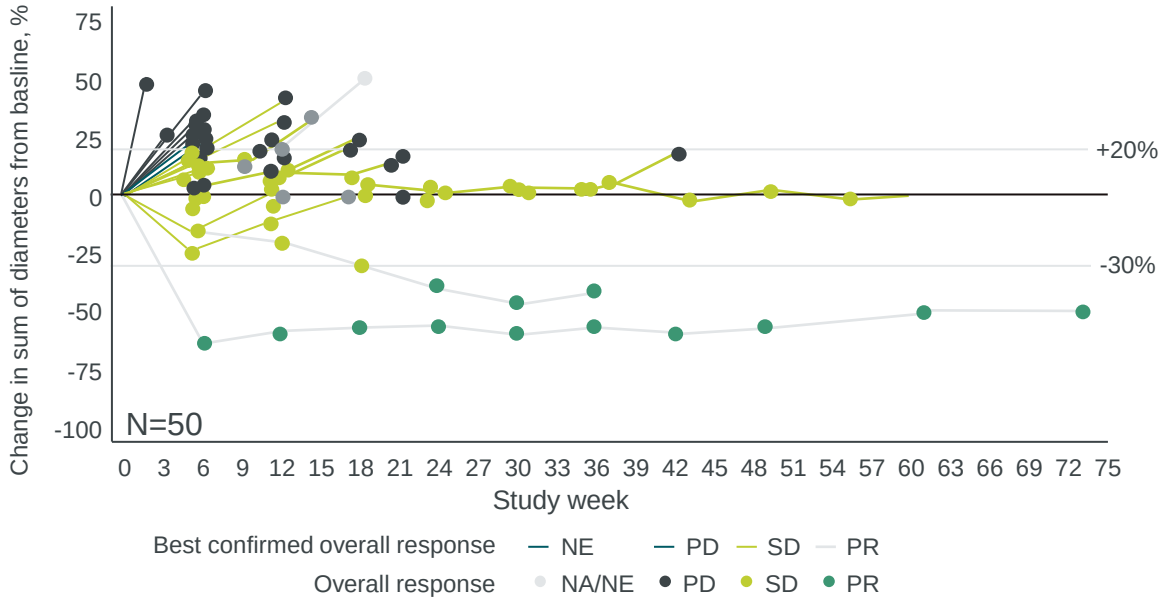
Exploratory: Pharmacodynamics (safety biomarkers), Biomakers for response, Antitumor activity by iRECIST

1. Partnered with Genmab; a. Starts with an accelerated titration phase consisting of single-patient cohorts followed by larger cohorts informed by the modified continuous reassessment method and escalation with overdose control design; b. CTor MRI: every 6wk for 50 wk, and every 12 wk thereafter. CNS = central nervous system; RECIST = Response Evaluation Criteria In Solid Tumors; ECOG PS = Eastern Cooperative Oncology Group performance status ; MTD = maximum tolerated dose; RP2D = recommended phase 2 dose; PK = pharmacokinetic.

BIONTECH

BNT312/GEN1042[1] Shows Manageable Safety Profile and Encouraging Clinical Activity in a Heavily Pretreated Heterogenous Patient Population

Antitumor activity as a single agent: Dose escalation (n=50)



- Disease control rate 50%
- 2 patients with confirmed PR (melanoma, neuroendocrine lung cancer)

Safety as a single agent: Dose escalation (n=50)

- 1 DLT (grade 4 transaminase elevation at 200 mg) that resolved with corticosteroids
- MTD not reached
- No drug-related grade ≥3 thrombocytopenia or CRS
- No treatment-related deaths

Johnson M, et al. J Immunother Cancer. 2021;9(suppl2):A525. Abstract 493.

100mg Q3W was identified as the expansion dose

1. Partnered with Genmab.

DLT`= dose limiting toxicity; MTD = maximum tolerated dose; CRS = cytokine release syndrome; PD = progressive disease; SD = stable disease; PR = partial response; NE = not evaluable; NA = npt applicable.

BIONTECH

Dose Expansion of BNT312/GEN1042[1] in Patients with Metastatic or Unresectable Solid Tumors

Phase 1/2 trial designs (NCT04083599, NCT05491317), open-label, multi-center, open-label

Melero et al. Presented at ESMO-IO 2022. Poster#692.

Inclusion criteria

- Selected metastatic or unresectable solid tumors
- Measurable disease (per RECIST v1.1)
- ECOG PS 0–1
- Adequate renal, hepatic, and bone marrow function
- No prior therapy for metastatic diseases and no prior anti-PD(L)1 or other checkpoint inhibitor therapy

Expansion dose
100 mg Q3W

Expansion cohorts - combination

BNT312/GEN1042 + pembrolizumab:
1L Melanoma
1L NSCLC PD-L1+ TPS 1–49%
1L NSCLC PD-L1+ TPS ≥50%
1L HNSCC PD-L1+ CPS ≥1

BNT312/GEN1042 + pembrolizumab+ chemotherapy:
1L HNSCC PD-L1+ CPS ≥1
1L NSCLC squamous
1L NSCLC non-squamous
1L Pancreatic ductal adenocarcinoma

Key endpoints

Primary: DLT, ORR per RECIST v1.1
Secondary: DOR, DCR, PFS, AEs, PK/PD

Status

Two trials recruiting for expansion cohorts

1. Partnered with Genmab.

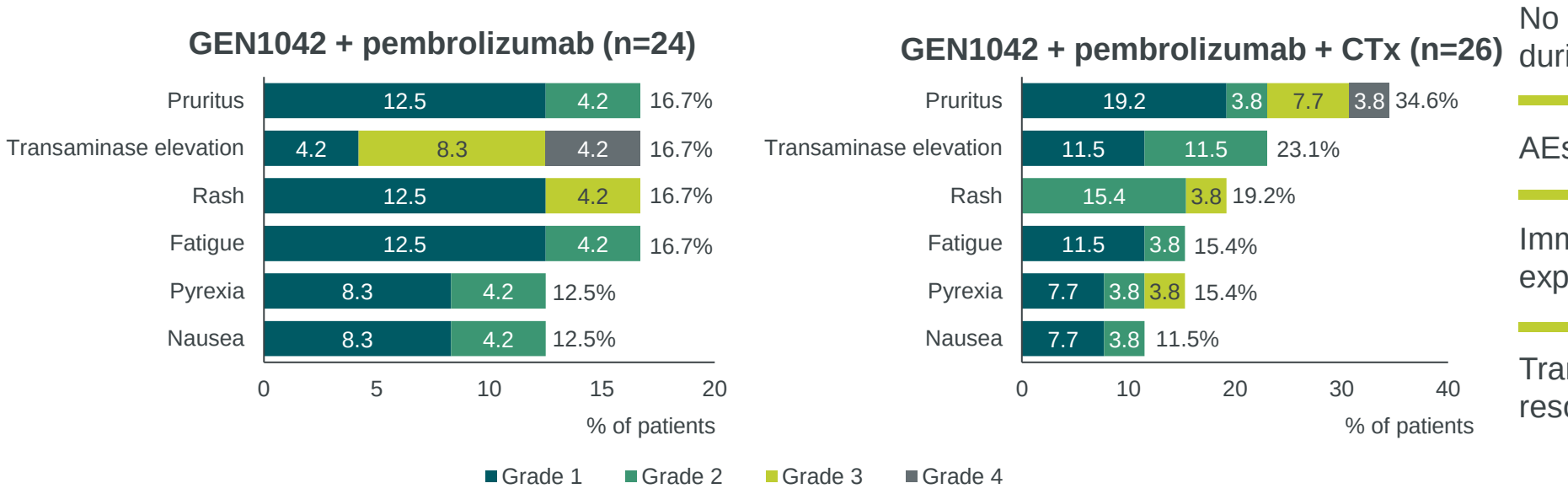
5-FU, 5-fluorouracil; AEs, adverse events; Carbo, carboplatin; Cis, cisplatin; DCR, disease control rate; DLT, dose-limiting toxicity; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; GEM, gemcitabine; Gr, grade; HNSCC, head and neck squamous cell carcinoma; MTD, maximum tolerated dose; nab-PAC, nab-paclitaxel; NSCLC, non-small cell lung cancer; ORR, overall response rate; PD, progressive disease; PD-1, programmed cell death protein 1; PD-L1, programmed death-ligand 1; PEM, pembrolizumab; PFS, progression-free survival; PK/PD, pharmacokinetics/pharmacodynamics; Q3W, every 3 weeks; RECIST, Response Evaluation Criteria in Solid Tumours.

Safety Run-in Results of BNT312/GEN1042[1] in Combination with Pembrolizumab and SoC Chemotherapy Show Favorable Safety Profile

BNT312/GEN1042 (NCT04083599): Safety

Melero et al. Presented at ESMO-IO 2022. Poster#692.

Treatment-related adverse events in ≥10%



No DLTs were observed during the safety run-in

AEs were primarily grade 1/2

Immune-related AEs were as expected and manageable

Transaminase elevations resolved with corticosteroids

- In combination with pembrolizumab +/- SoC chemotherapy BNT312/GEN1042 was well tolerated across a wide range of dose levels
- 100mg was selected for dose expansion phase

Data cut-off: October 2, 2022.
1. Partnered with Genmab; 50:50 profit/loss collaboration.
DLT = dose-limiting toxicity; MTD = maximum tolerated dose; AE = adverse event.
Transaminase elevation includes the preferred terms: alanine aminotransferase increased and aspartate aminotransferase increased. Rash includes the preferred terms: rash and rash maculo-popular. Fatigue includes asthenia and fatigue.

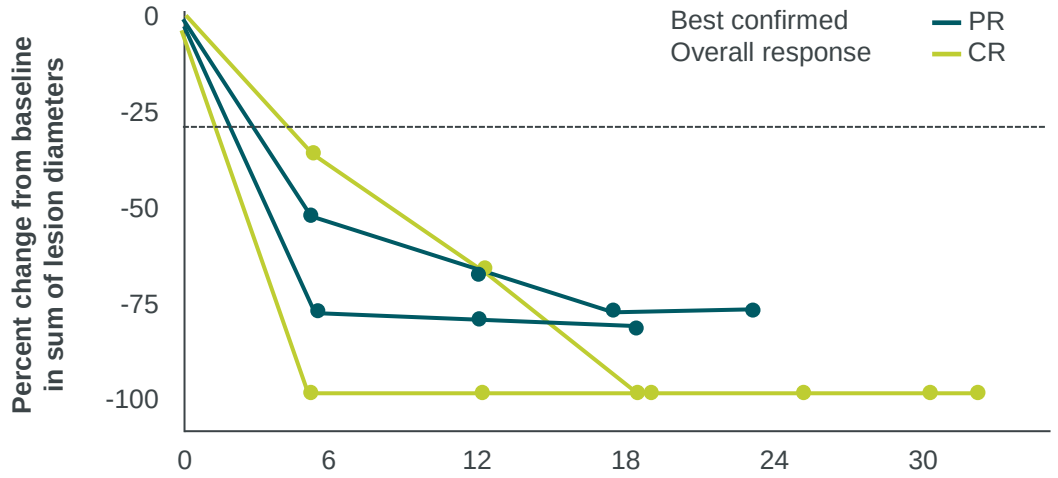
BIONTECH

Safety Run-in Results of BNT312/GEN1042[1] in Combination with Pembrolizumab and SoC Chemotherapy Show Preliminary Activity in Patients with HNSCC

BNT312/GEN1042 (NCT04083599): Efficacy

Melero et al. Presented at ESMO-IO 2022. Poster#692.

- Deep responses in 4/4 evaluable patients with advanced/metastatic HNSCC
- Responses were seen in tumors with both low and high PD-L1 expression; all 4 patients were HPV negative



Data cut-off date: October 3, 2022.

Next steps

Data readout of expansion cohorts of Phase1/2 trial planned for 2024

1. Partnered with Genmab.

HNSCC = Head and neck squamous cell carcinomas; PD-L1 = programmed cell death ligand 1; PR = partial response; CR = complete response; HPV = human papillomavirus.

BIONTECH

Well-Positioned in Immuno-Oncology with Therapeutic Candidates Across Multiple Tumors

BNT316/ ONC-392[1] (gotistobart)

Anti-CTLA4

Monospecific antibody with **optimized Fc** targeting CTLA-4 and **selectively depleting tumor-infiltrating Tregs** in the TME but not in the periphery due to a pH driven mechanism.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in PROC
- Ph3 in 2L+ mNSCLC

BNT311/ GEN1046[2]

Anti-PD-L1 Anti-4-1BB

Bispecific antibody to **inhibit proliferation** of PD1-positive cells. 4-1BB enhances **T cell proliferation, T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 in multiple solid tumors
- Ph2 in mNSCLC
- Ph2 in 2L mEC

BNT312/ GEN1042[2]

Anti CD40 Anti-4-1BB

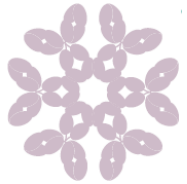
Engagement of CD40 leads to **activation and maturation of APCs.** 4-1BB enhances **T cell proliferation**, **T cell effector functions** and **prevents T cell death**.

Clinical status

- Ph1/2 trials in multiple solid tumors

BNT313/ GEN1053[2]

Anti-CD27



A CD27 antibody based on the HexaBody technology, specifically engineered to form an **antibody hexamer** upon binding its target on T cell membranes.

Clinical status

- Ph1/2 in multiple solid tumors

BNT314/ GEN1059[2]

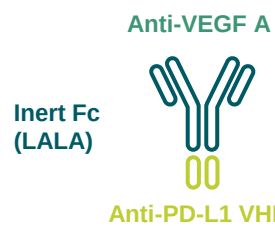
EpCAM Anti-4-1BB

Bispecific antibody designed to boost antitumor immune response through EpCAM-dependent 4-1BB agonistic activity.

Clinical status

- Ph1/2 in multiple solid tumors planned

PM8002[3]



PD-L1 expression or upregulation in tumors may enrich **VEGF neutralization** into the TME which **inhibits angiogenesis**.

Clinical status

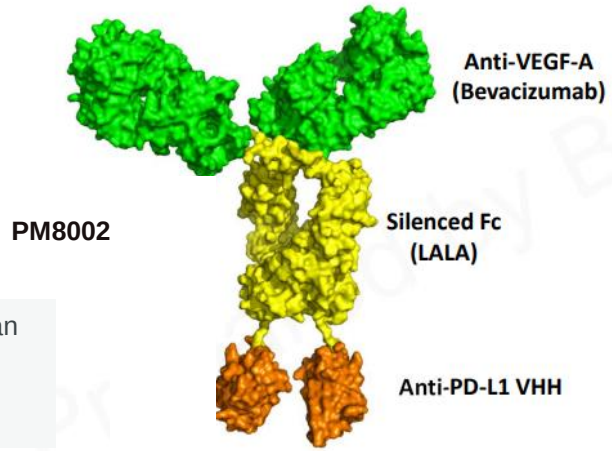
- Ph1b dose escalation
- Ph2a as monotherapy in multiple cancers
- Ph2 in combination with CTx in multiple cancers

1. Partnered with OncoC4; 2. Partnered with Genmab; 3. Partnered with Biotheus. CTLA4 = Cytotoxic T-Lymphocyte-Associated Protein 4; CD27, CD40, 4-1BB = members of the tumor necrosis factor receptor superfamily; PD-1 =Programmed cell death protein 1; HER2 = human epidermal growth factor receptor 2; ADCC = Antibody dependent cell-mediated cytotoxicity; ADCP = Antibody dependent cellular phagocytosis; PROC = platinum-resistant ovarian cancer; NSCLC = non-small cell lung cancer; EC = endometrial cancer APC = antigen presenting cells; VEGF = vascular endothelial growth factor; TME = tumor microenvironment; CTx = chemotherapy; LALA = IgG1 variant L234A/L235A.

BIONTECH

PM8002[1] – A Next-Gen IO Agent that Combines Two Clinically Validated MoA

Dual blockade of PD-L1 and VEGF-A have been proven synergistic

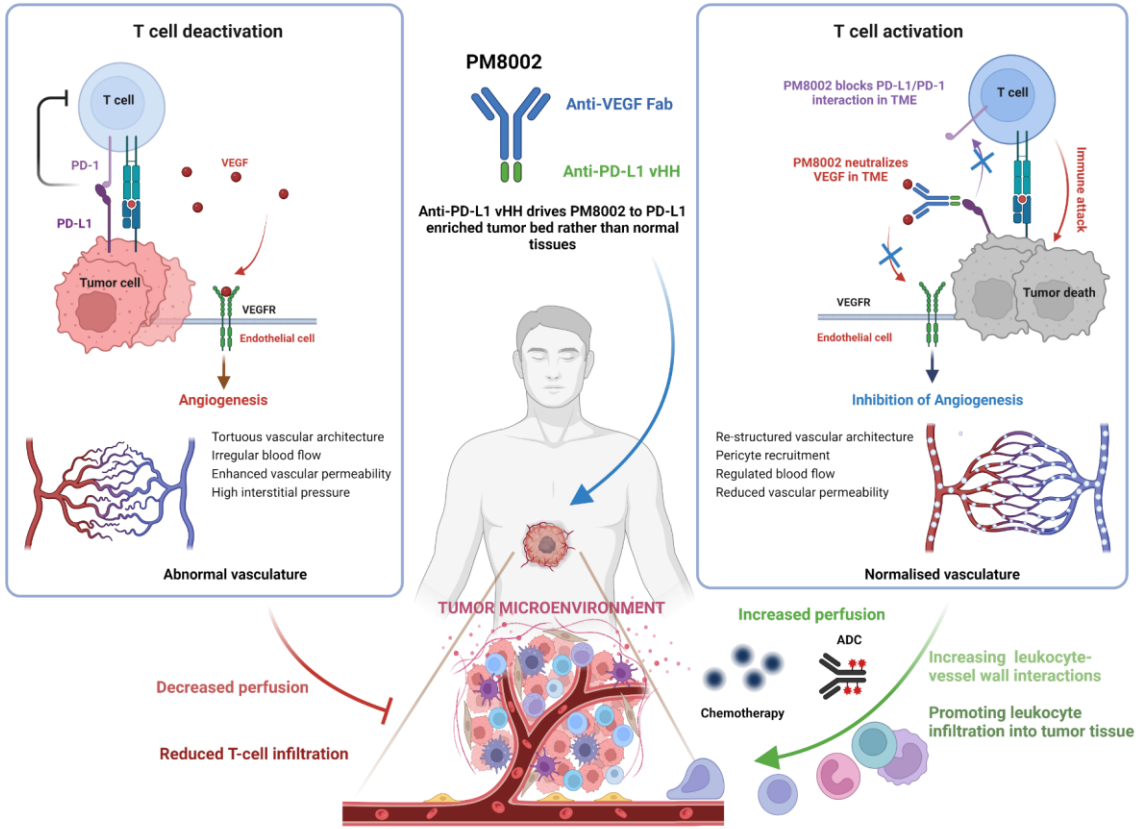


Protein binding activity (K_D) for human

- PD-L1: 5.5 nM
- VEGF-A: <0.4 nM

- Compelling profile with over 500 patients treated to date
- Monotherapy activity and synergy in combination therapy observed in early clinical studies
- Encouraging safety profile vs PDL1 + VEGF inhibition or PD1 alone

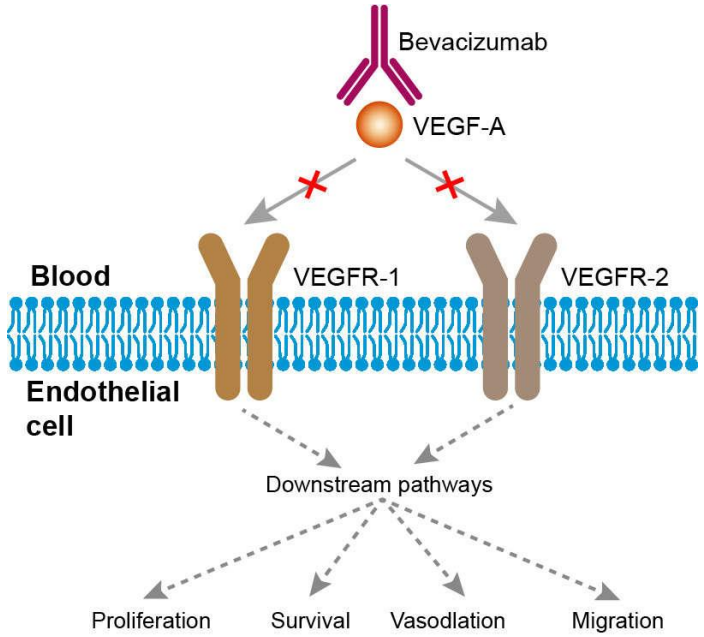
"Two in one" MoA synergies with ADCs



1. Partnered with Biotheus. MoA = Mode of Action TME = Tumor Microenvironment 2. The MoA graph generated by Biorender.com

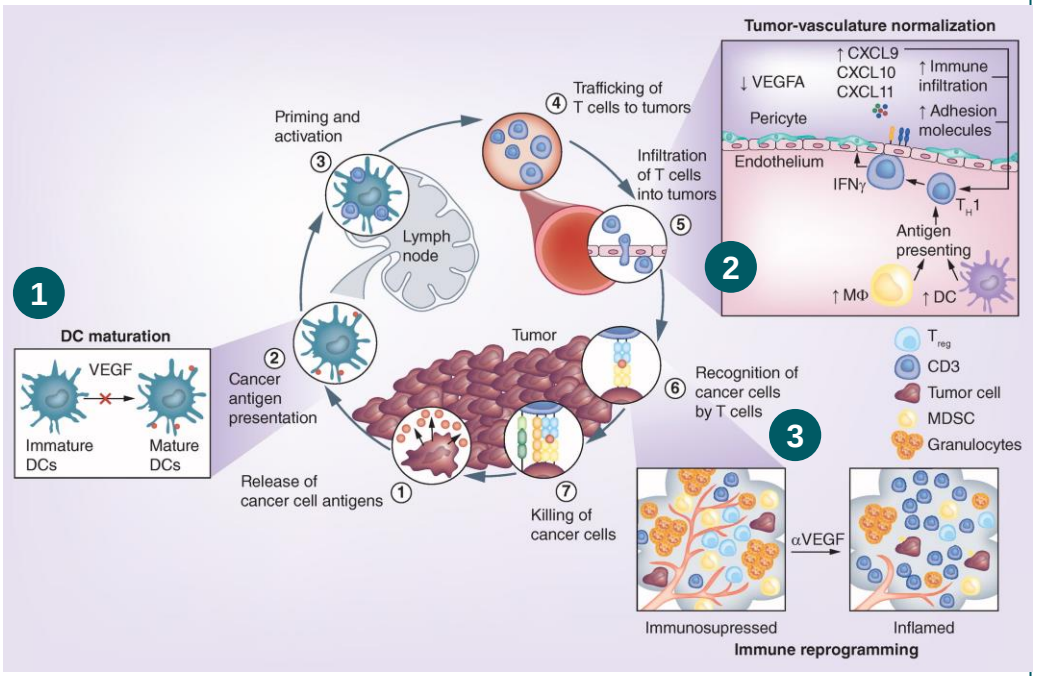
Anti-VEGF Treatment Impacts Tumor Vasculature and Tumor Microenvironment

Reversion of tumor-angiogenesis promoting effects of VEGF



Reversion of multi-level immune-suppressive effects of VEGF

1. Downregulating T-cell activation via inhibition of DC maturation
2. Reducing T-cell tumor infiltration
3. Increasing inhibitory cells such as myeloid derived suppressor cells (MDSCs) and regulatory T cells (Tregs) in the tumor microenvironment

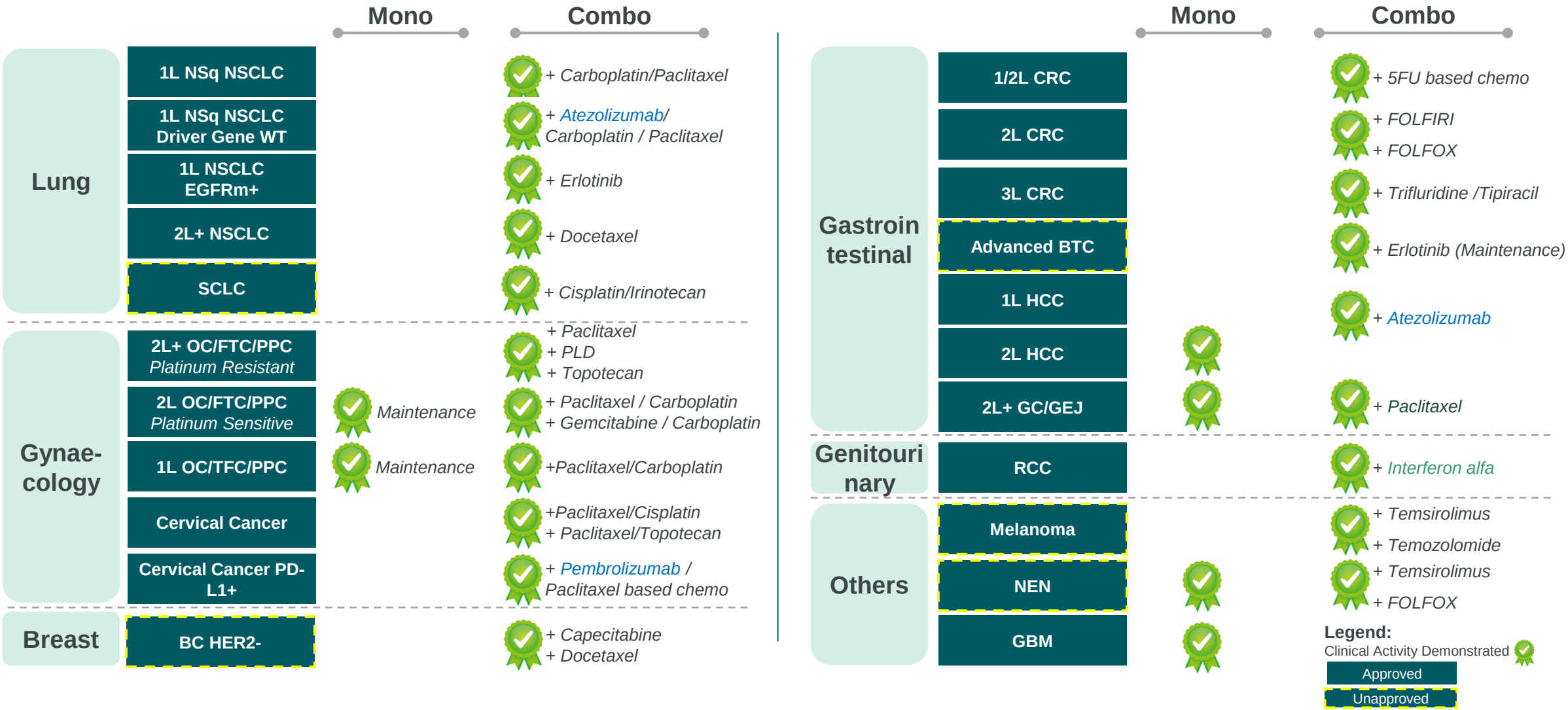


Hegde P. et al. Seminars in Cancer Biology. 2018.

Sourced from https://www.creativebiolabs.net/bevacizumab-overview.htm
VEGF(R) = vascular endothelial growth factor (receptor); DC = dendritic cell; Treg = regulatory T cells; CXCL = chemokine (C-X-C motif) ligand; IFN = interferon; CD3 = cluster of differentiation 3; MSDC = myeloid derived suppressor cells.

BIONTECH

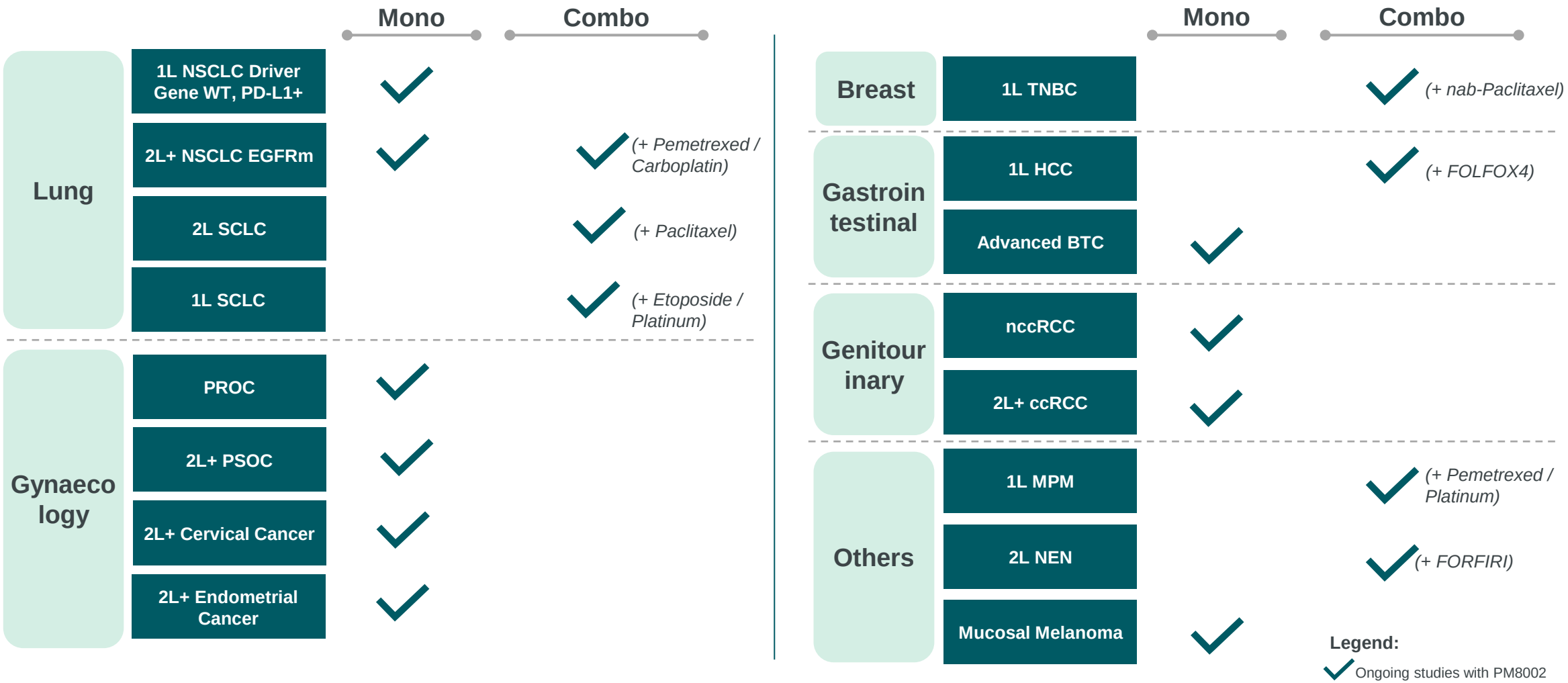
Anti-VEGF is a Validated Mechanism Approved in or Shown Clinical Activity in a Wide Range of Tumors



RCC= Renal Cell Carcinoma; OC=Ovarian Cancer; TFC= Fallopian Tube Cancer; PPC=Primary Peritoneal Cancer: NSCLC=Non-small Cell Lung Cancer; BTC=Biliary Tract Cancer; SCLC=Small Cell Lung Cancer; BC=Breast Cancer; HCC=Hepatocellular Carcinoma; MPM=Malignant Pleural Mesothelioma; NEN=Neuroendocrine Neoplasm, GBM=Glioblastoma, CRC=Colorectal Cancer, GC/GEJ=Gastric /Gastro-Esophageal Junction Cancer; PLD: Pegylated liposomal doxorubicin,
Anti-VEGF includes bevacizumab and ramucirumab.

BIONTECH

PM8002 Mono and Combo Have Been Investigated in 10+ Indications in More Than 500 Patients



nccRCC=Non-Clear Cell Renal Cell Carcinoma; RCC= Renal Cell Carcinoma; PROC=Platinum-resistant Ovarian Cancer; PSOC=Platinum-sensitive Ovarian Cancer; NSCLC=Non-small Cell Lung Cancer; BTC=Biliary Tract Cancer; SCLC=Small Cell Lung Cancer; TNBC=Triple-negative Breast Cancer; HCC=Hepatocellular Carcinoma; MPM=Malignant Pleural Mesothelioma; NEN=Neuroendocrine Neoplasm.

BIONTECH

PM8002[1] Monotherapy in Patients with Advanced Solid Tumors

Phase 1/2 trial design, open-label, monotherapy

Inclusion criteria

- Advanced or metastatic tumors
- Age 18-75 years
- ECOG PS 0-1
- Adequate organ function
- Exclude evidence of significant bleeding and coagulation disorder or other significant bleeding risk

Part 1: **Dose Escalation**

Dose levels from 1 mg/kg Q2W to 45 mg/kg Q3W were evaluated in 310 patients

Part 2: **Dose expansion**

RP2D 20 mg/kg Q2W and 30 mg/kg Q3W

Indications

- Mucosal melanoma
- Ovarian cancer
- Endometrial cancer
- Cervical cancer
- Renal cell cancer
- Non-small cell lung cancer
- Hepatocellular carcinoma
- Small cell lung cancer
- Others

Disease progression, withdrawal of consent, unacceptable toxicity

Key endpoints:

Primary endpoints: adverse events according to CTCAE5.0 and ORR per RECIST1.1

Secondary endpoint: testing for anti-drug antibodies (ADA)

1. Partnered with Biotheus. Trial registration: ChiCTR2000040552.

QxW = every x weeks; RP2D = recommended phase 2 dose; ECOG PS = ORR = objective response rate; ECOG PS= eastern cooperative oncology group performance status.

BIONTECH

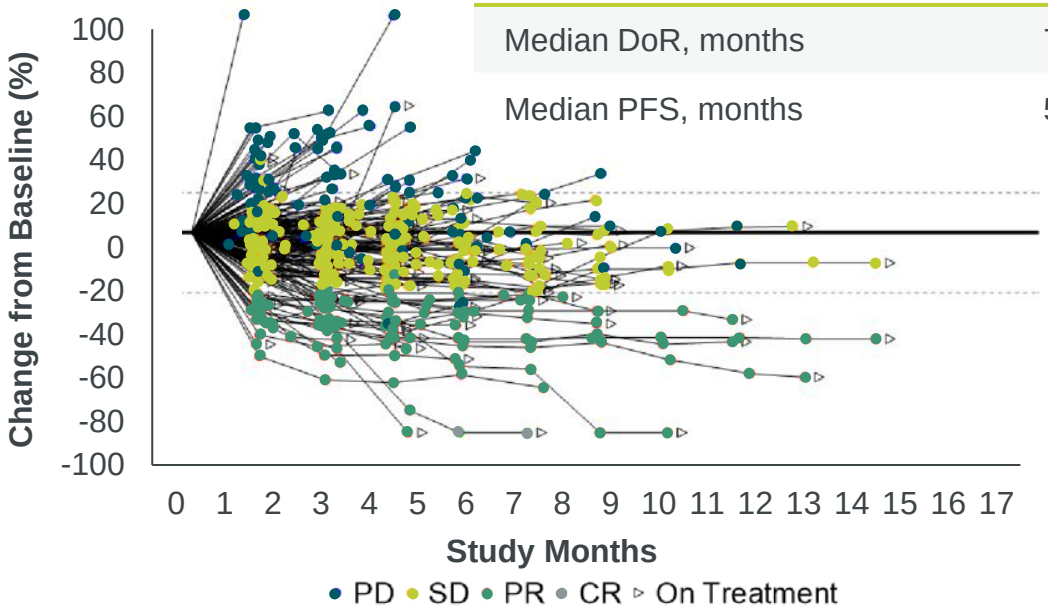
PM8002[1] Monotherapy Shows Encouraging Antitumor Activity and Safety Profile in Patients with Advanced Solid Tumors in a Phase 1/2 Trial

PM8002 in Ph1/2: Clinical activity of monotherapy

Ye Guo et al. Presented at ASCO 2023. Poster#378

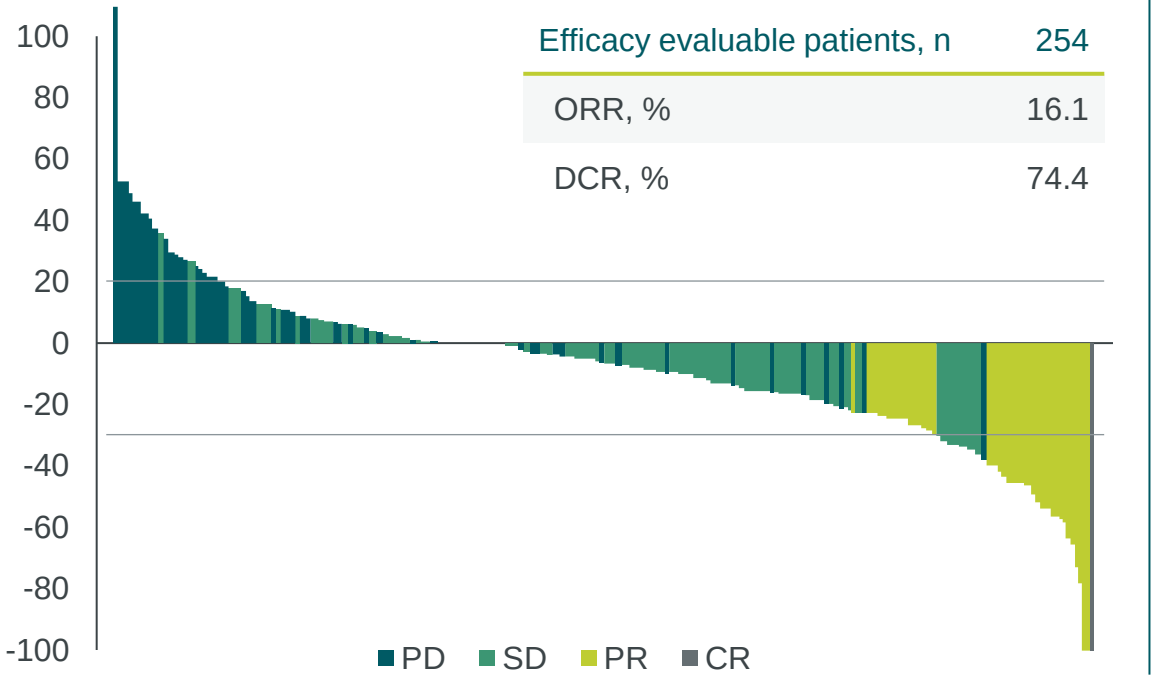
- ECOG PS 1: ~62%
- Prior # received ≥1 anticancer therapies: ~76%
- Prior IO therapy: ~ 5%

Efficacy evaluable patients, n	254
Median DoR, months	7.4
Median PFS, months	5.6



Best tumor response for evaluable patients (n=254):

Efficacy evaluable patients, n	254
ORR, %	16.1
DCR, %	74.4



1. Partnered with Biotheus.

ORR = objective response rate; DCR = disease control rate, DoR = duration of response; PFS = progression free survival; PD = progressive disease; SD = stable disease; PR = partial response; CR = complete response.

BIONTECH

PM8002[1] Monotherapy is Well Tolerated in Patients with Advanced Solid Tumors in a Phase 1/2 Trial

PM8002 in Ph1/2: Safety for monotherapy

Ye Guo et al. Presented at ASCO 2023. Poster#378

All TRAEs, n (%)	**239 (77.1%)**
TRAE ≥3, n (%)	64 (20.6)
SAE, n (%)	35 (11.3)
TRAE leading to dose discontinuation, n (%)	17 (5.5)

- **1 grade 4 event: anemia**
- **No grade 5 events**

TRAE ≥10% of patients	All grades, n (%)	Grade 3, n (%)
Aspartate aminotransferase increased	42 (13.5)	2 (0.6)
Alanine aminotransferase increased	39 (12.6)	1 (0.3)
Hypercholesteremia	38 (12.3)	0
Hypoalbuminemia	35 (11.3)	0
Hypertriglyceridemia	31 (10)	2 (0.6)
Proteinuria	82 (26.5)	4 (1.3)
Hypertension	60 (19.4)	20 (6.5)
Hypothyroidism	34 (11)	0
Anemia	32 (10.3)	0

- Ph1b/2 dose expansion monotherapy and Ph2 chemotherapy combination trials ongoing for multiple indications in China
- IND accepted for further studies in the US

1. Partnered with Biotheus.
TRAE = treatment related adverse event, SAE = serious adverse event.

BIONTECH

PM8002[1] in Combination with Paclitaxel as Second Line Treatment for SCLC

Phase 2 trial, open-label, single-arm combination (NCT05879068)

Inclusion criteria

- Patients with advanced SCLC who progressed after platinum-based chemotherapy with or without checkpoint inhibitors
- Age ≥ 18 years
- ECOG PS 0-1
- Adequate organ function

n=99

PM8002 30mg/kg + paclitaxel IV Q3W for 5 cycles

PM8002 30mg/kg as maintenance treatment

Disease progression, withdrawal of consent, unacceptable toxicity

Key endpoints

Primary:

- ORR per RECIST1.1
- TRAEs incidence and severity

Secondary endpoint: DCR, DoR, PFS and OS

Status

- 48 patients enrolled[2], recruiting ongoing

1. Partnered with Biotheus; 2. As of September 08, 2023. Small Cell Lung Cancer = Small Cell Lung Cancer ECOG PS= eastern cooperative oncology group performance status. ORR = Overall response rate; DCR = Disease control rate; TRAE = treatment-related adverse events; DoR = Durability of Response PFS = Progression Free Survival OS = Overall Survival qxw = every X week(s).

BIONTECH

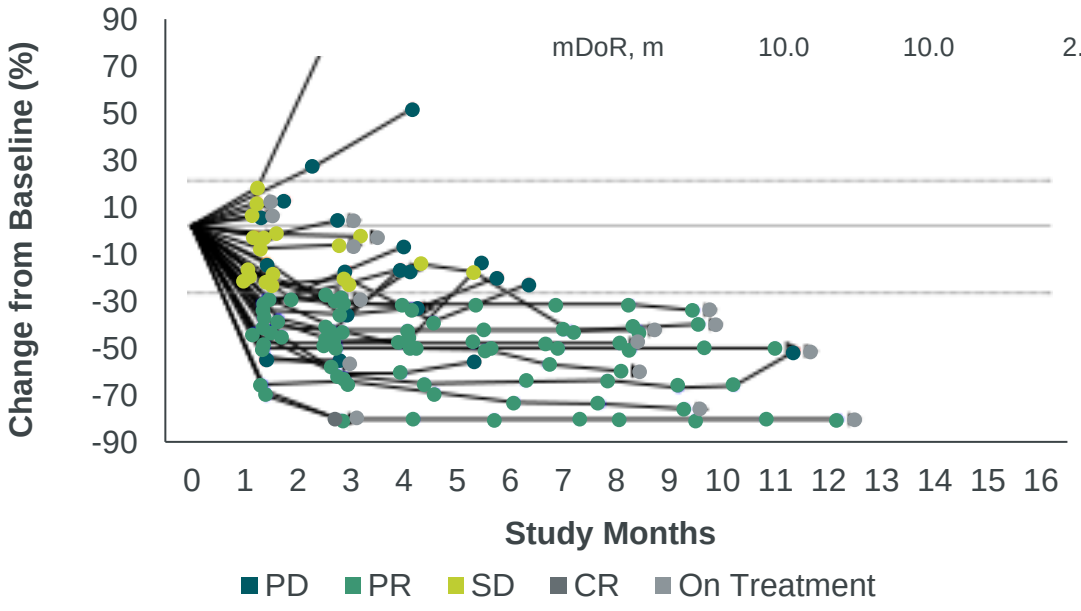
PM8002[1] Combined with Paclitaxel Shows Encouraging Antitumor Activity as Second Line Therapy in Patients with SCLC

Phase 2 (NCT05879068): clinical activity of PM8002 in combination with paclitaxel

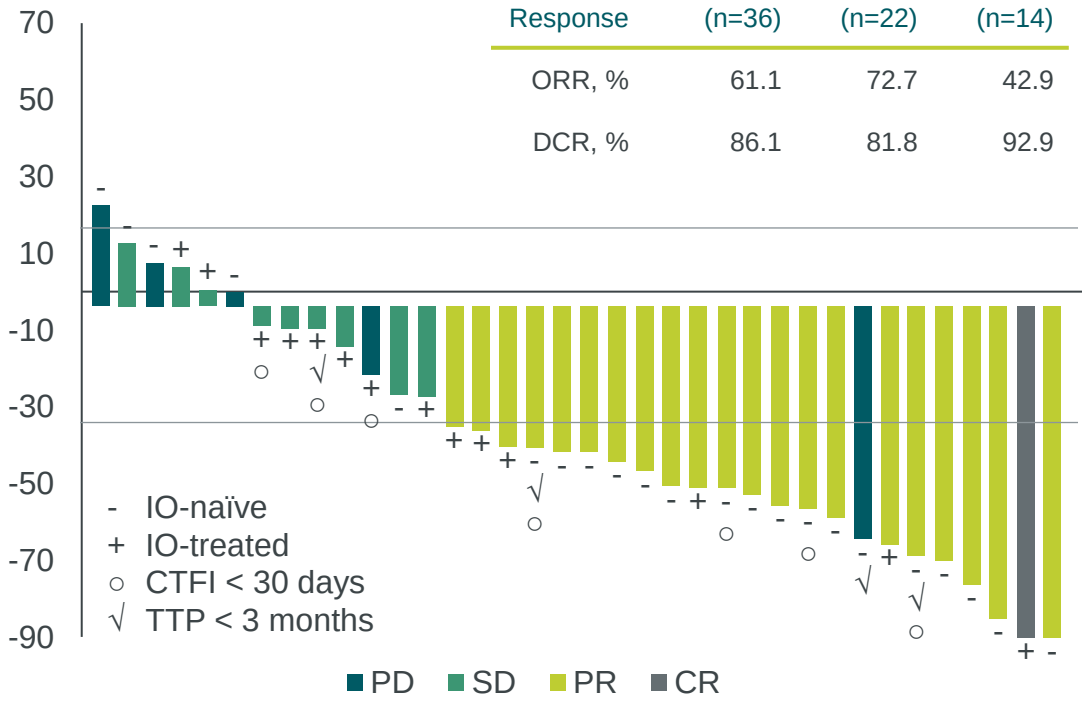
Ying Cheng et al. Presented at ESMO 2023. Poster#1992P

- ECOG PS 1: ~62%
- Prior # received ≥1 anticancer therapies: ~46%

Response	Efficacy Evaluation Population ITT (n=36)	IO-naïve (n=22)	IO-treated (n=14)
mPFS, m	5.5	5.9	3.9
mDoR, m	10.0	10.0	2.6



Response	Efficacy Evaluation Population ITT (n=36)	IO-naïve (n=22)	IO-treated (n=14)
ORR, %	61.1	72.7	42.9
DCR, %	86.1	81.8	92.9



1. Partnered with Biotheus; SCLC = small cell lung cancer; IO = immuno oncology; ORR = objective response rate; DCR = disease control rate, DoR = duration of response; PFS = progression free survival; CTFI = chemotherapy-free interval; TTP = time to progression; PD = progressive disease; SD = stable disease; PR = partial response; CR = complete response

BIONTECH

PM8002 Combined with Paclitaxel Shows Acceptable Toxicity as Second Line Therapy in Patients with SCLC

Phase 2, open-label, single-arm, trial (NCT05879068)
Ying Cheng et al. Presented at ESMO 2023. Poster#1992P

N=48	n (%)
All TRAEs	45 (93.8)
TRAE ≥3	30 (62.5)
SAE	16 (33.3)
TRAE leading to dose discontinuation	1 (2.1)

TRAE ≥10% of patients	All grades, n (%)	Grade 3, n (%)	Grade 4, n (%)	Grade 5, n (%)
Neutropenia	23 (47.9)	15 (31.3)	7 (14.6)	0
Leukopenia	23 (47.9)	10 (20.8)	2 (4.2)	0
Decreased platelet count	12 (25.0)	1 (2.1)	0	0
Anemia	11 (22.9)	0	0	0
Proteinuria	9 (18.8)	2 (4.2)	0	0
Pneumonitis	6 (12.5)	0	0	1 (2.1)

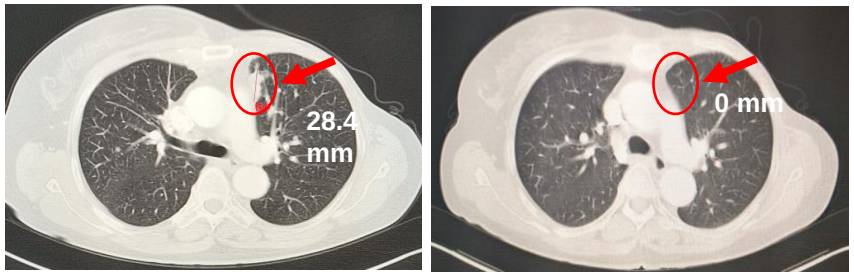
Next steps

- Phase 2 trial ongoing with near-term plans to enter Phase 3 trials

1. Partnered with Biotheus.
TRAE = treatment related adverse event, SAE = serious adverse event.

Significant Tumor Shrinkage in Patients Treated by PM8002 as Monotherapy and in Combination with Chemotherapy

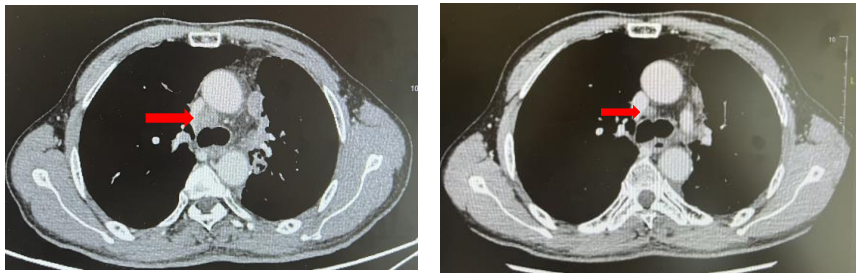
1L TNBC: PM8002 + nab-paclitaxel



Base line
Lesion diameter: 28.4 mm

Week 32
Lesion diameter: 0 mm

EGFR-TKI treated NSCLC: PM8002 monotherapy

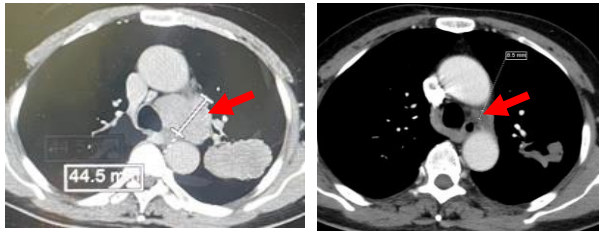


Base line
Lesion diameter: 16.8mm

Week 19
Lesion diameter: 6.2mm

2L SCLC: PM8002 + paclitaxel

IO-naïve

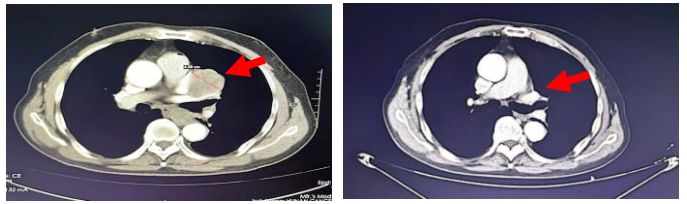


Base line
Lesion diameter: 44.5mm

Week 18
Lesion diameter: 8.5mm

IO-treated

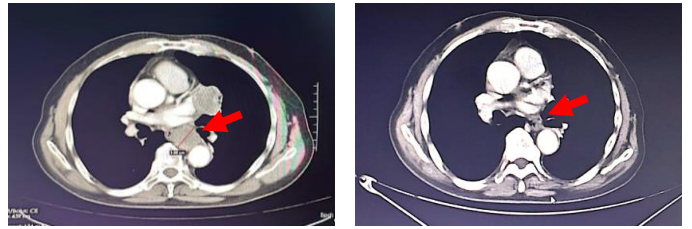
Lesion 1



Base line
Lesion diameter: 40.8mm

Week 18
Lesion diameter: 5.0mm

Lesion 2



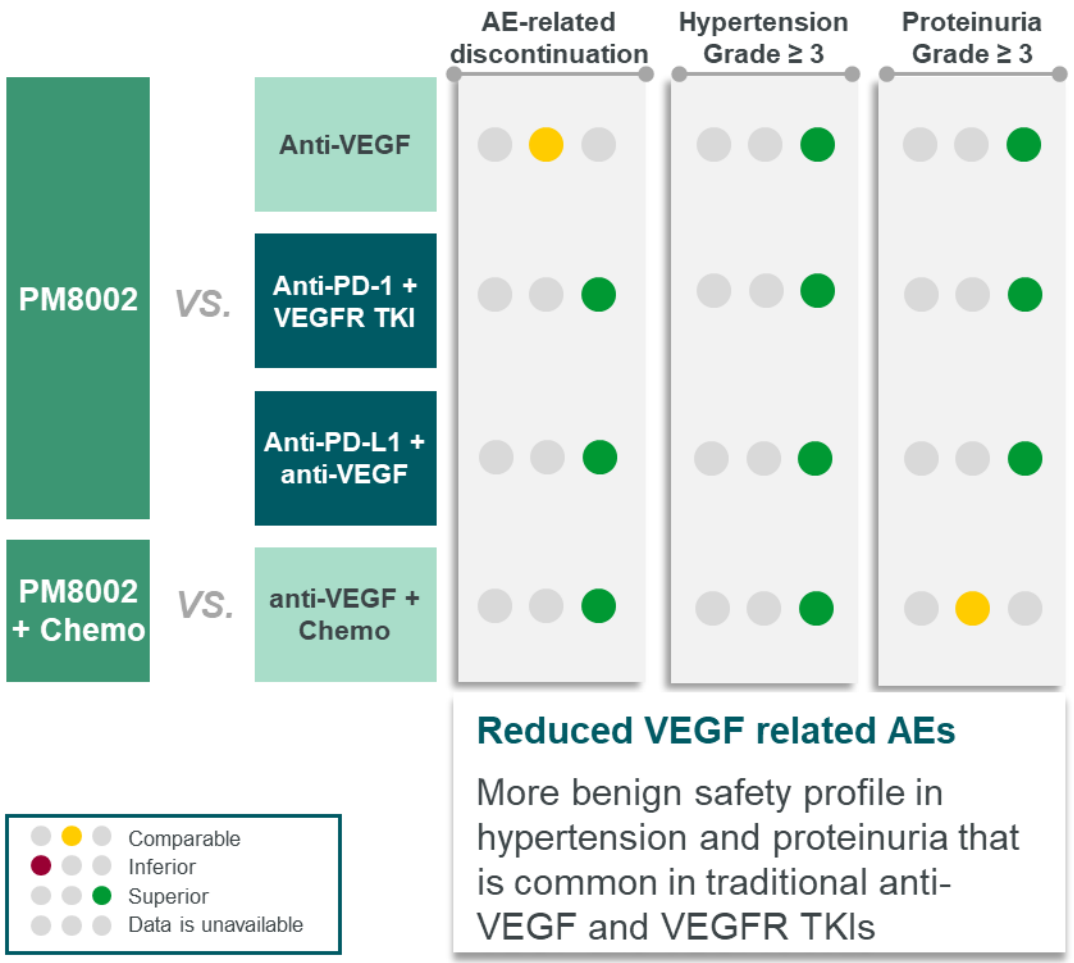
Base line
Lesion diameter: 30.9mm

Week 18
Lesion diameter: 5.0mm

Data on file.1L/1L = First Line, Second Line

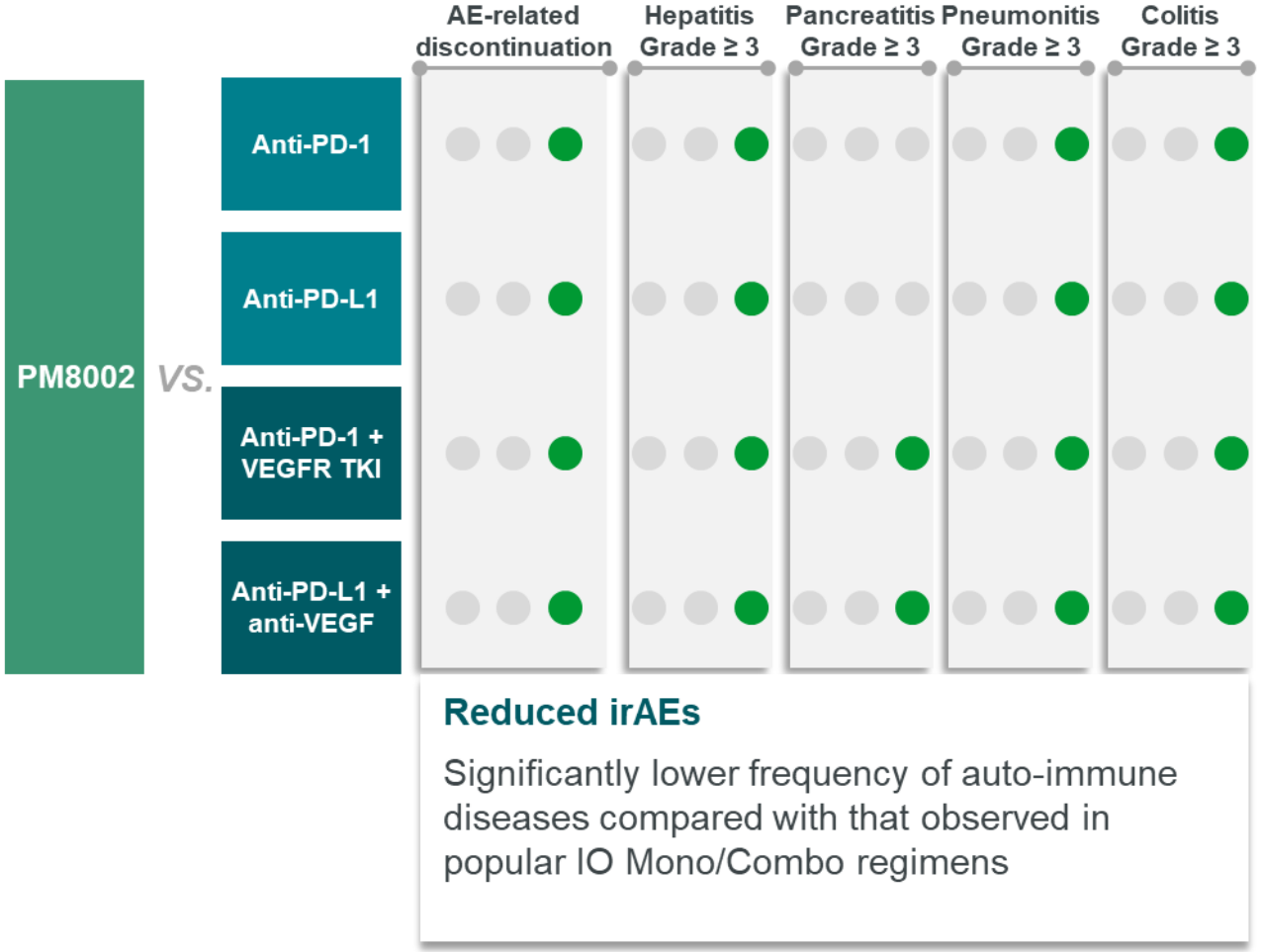
BIONTECH

PM8002 Safety Profile Appears Comparable with Regard to AEs and irAEs Related to its Two Targets



Reduced VEGF related AEs

More benign safety profile in hypertension and proteinuria that is common in traditional anti-VEGF and VEGFR TKIs



Reduced irAEs

Significantly lower frequency of auto-immune diseases compared with that observed in popular IO Mono/Combo regimens

Literature research, Anti-PD-1 includes pembrolizumab and nivolumab, anti-PD-L1 includes atezolizumab, anti-VEGF includes bevacizumab, VEGF TKI includes lenvatinib and axitinib.

BIONTECH

Immunomodulators: Key Takeaways

Targeted Milestones

BNT316/ONC-392 (gotistobart)[1]

- Additional data readouts planned in 2024
- Potential registrational trials planned in 2024 and beyond

BNT311/GEN10406[2]

- Engage with health authorities on the design of a pivotal trial in post-IO non-small cell lung cancer
- Plan to present data at a medical conference in 2024

BNT312/GEN10421[2]

- Provide a clinical data and pivotal development plan update next year

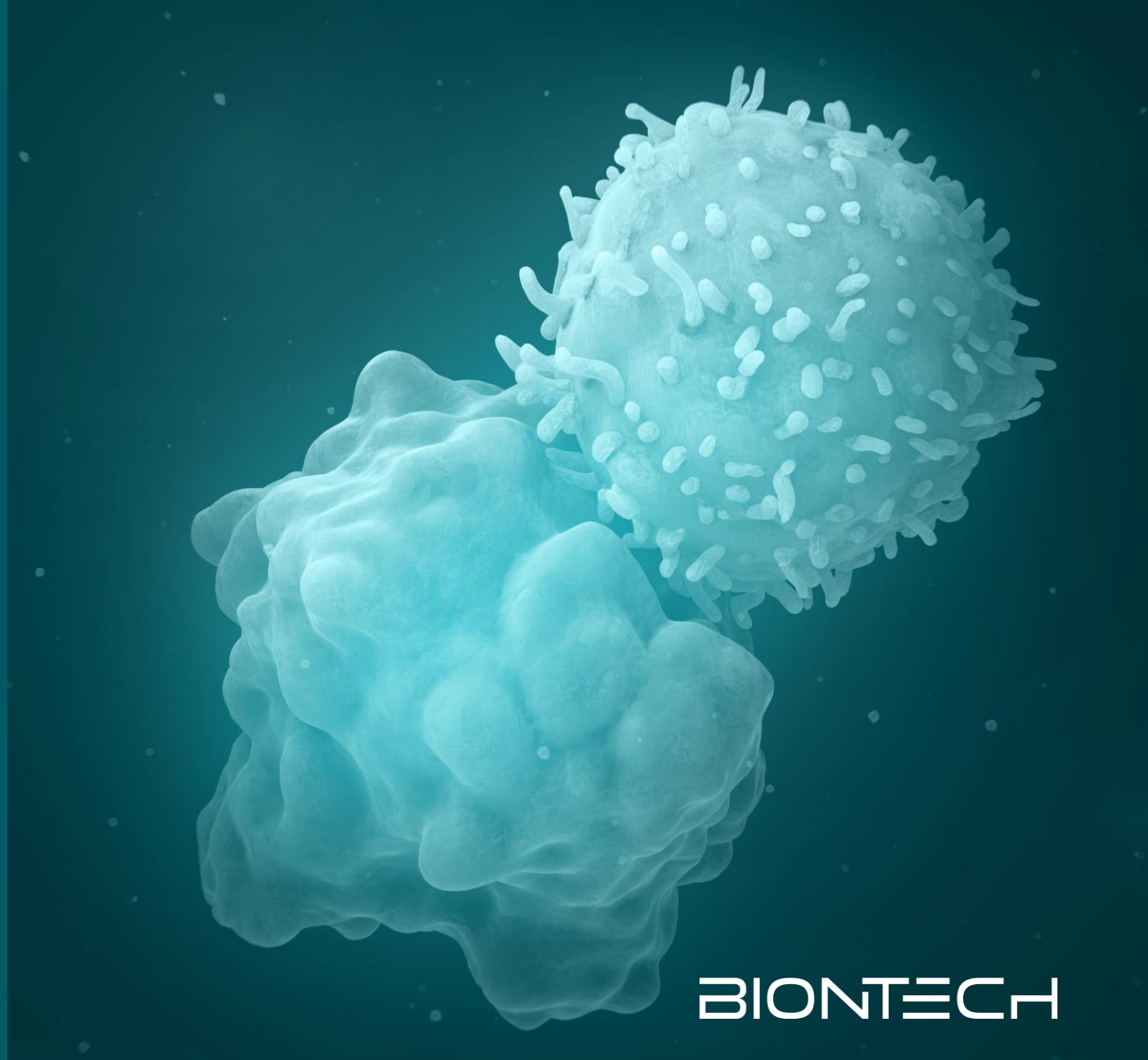
Strategy

- Leverage our next-generation immunomodulators to unlock potential in novel patient populations
- Potential to act as an improved backbone for novel combinations

1. Partnered with OncoC4. 2. Partnered with Genmab

7

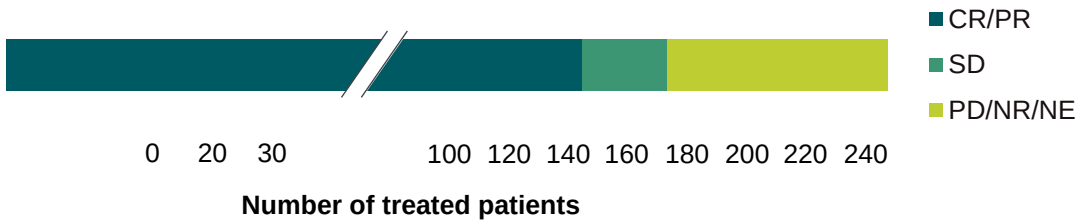
Solid Tumor Cell Therapy



Solid Cancers Pose a Special Challenge for CAR-T cells

Liquid tumors

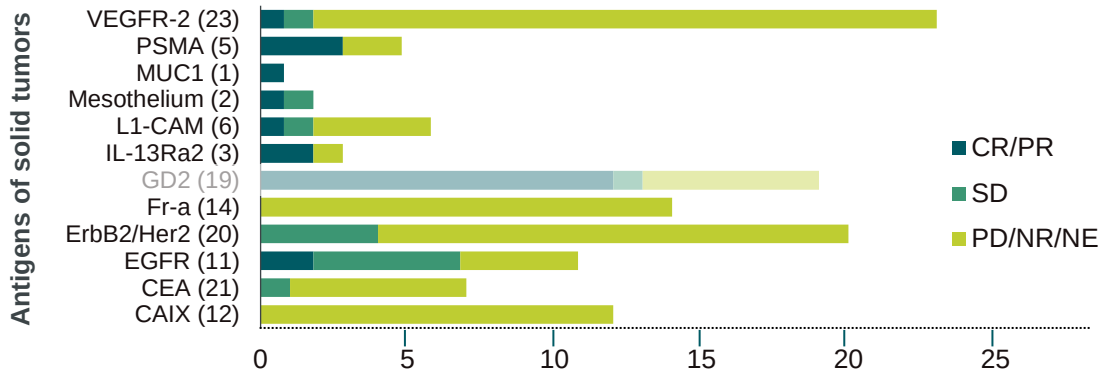
Best clinical outcome, target antigen CD19 (n=243)



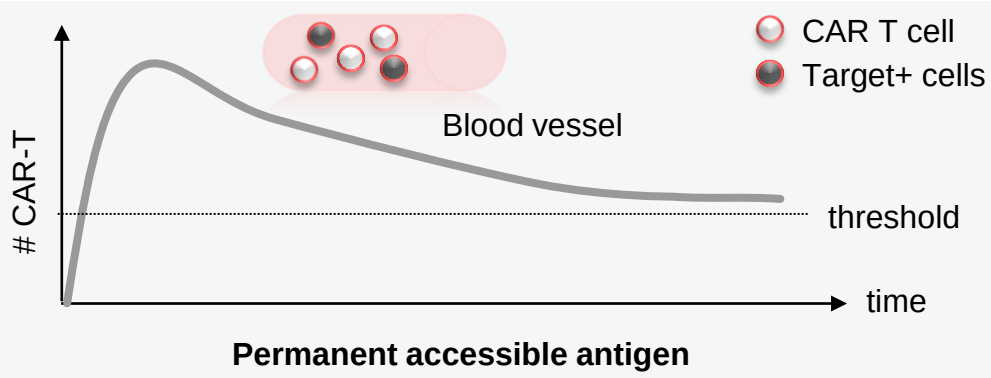
Hartmann et al., EMBO MM. 2017.

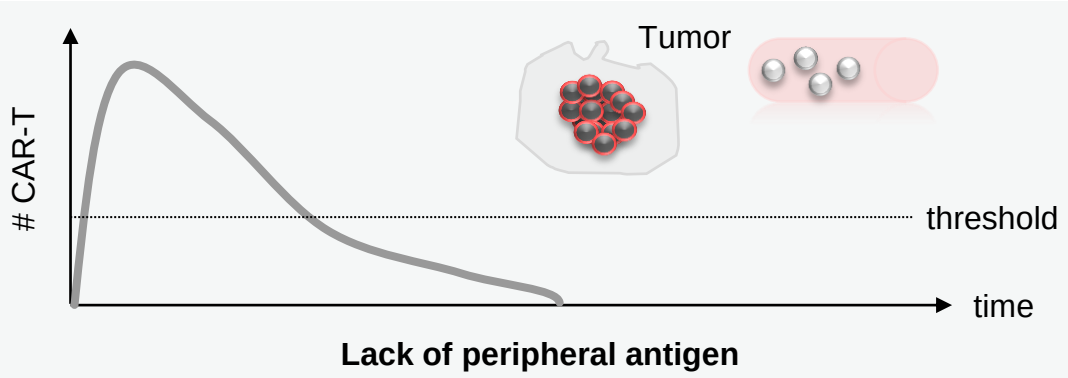
Solid tumors

Best clinical outcome



Hartmann et al., EMBO MM. 2017.

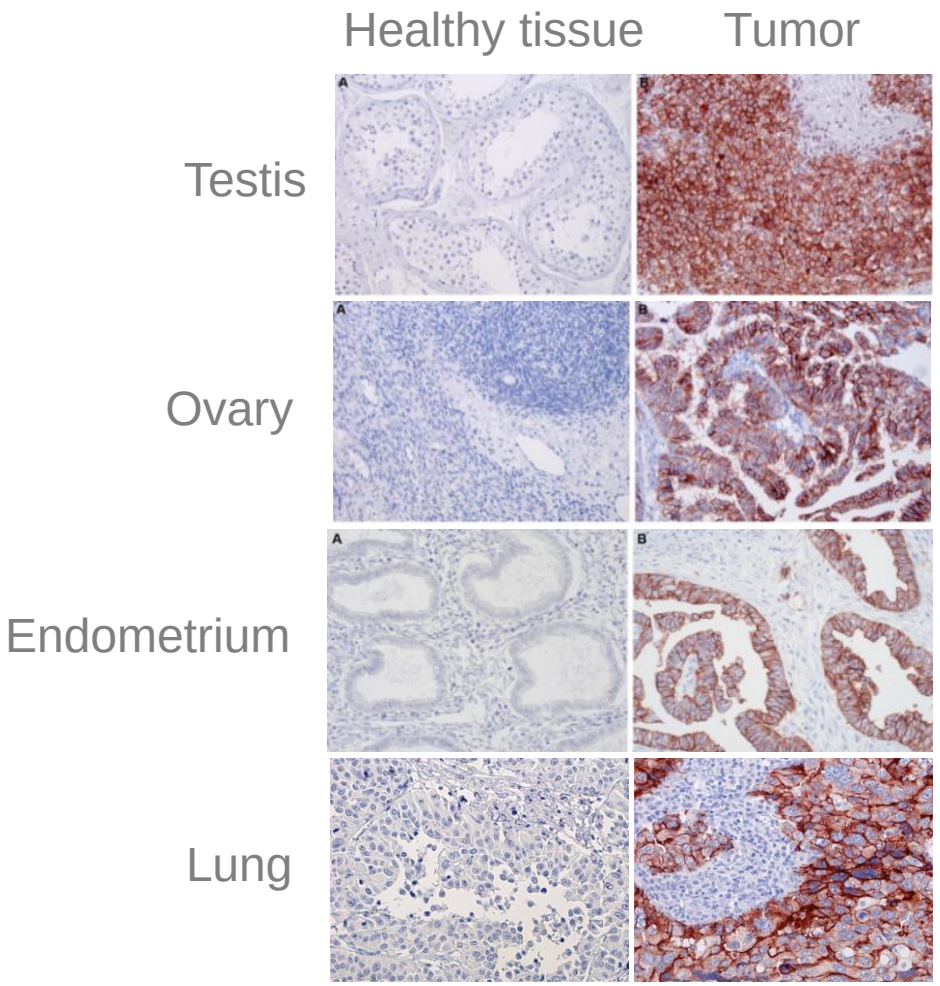




CR = complete response; NE = not evaluable; NR = no response; PD = progressive disease; PR = partial response; SD = stable disease.

BIONTECH

Frequencies of CLDN6 expression in high medical need cancers



Indication	CLDN6^{+}	CLDN6^{high}
Testicular Cancer*	93 %	90-93 %
Ovarian Cancer*	56 %	25-30 %
Uterine Cancer*	23 %	10-15 %
Lung Cancer**	11 %	2-5 %
Gastric Cancer***	9 %	2-5 %

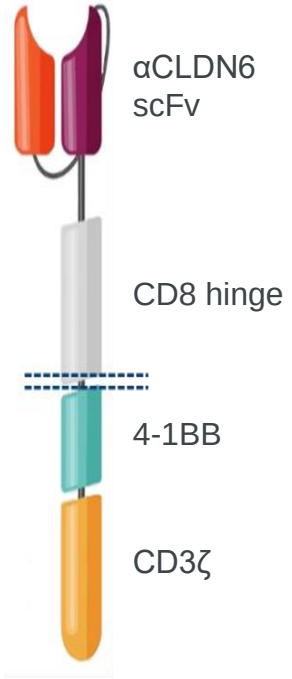
*	Majority of subtypes
**	Primarily adeno and large cell cancer
***	α-fetoprotein^{+} subtype
CLDN6^{high}	50% of tumor cells expressing ≥2+ CLDN6 protein (IHC)

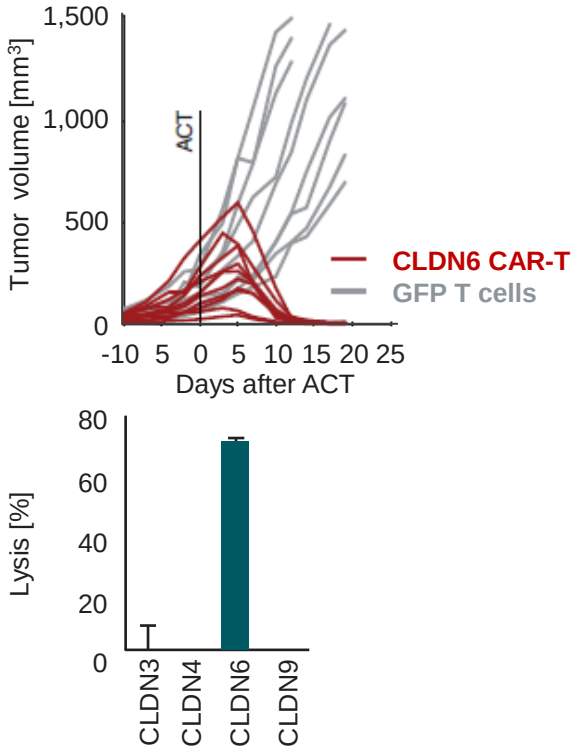
Reinhard, Rengstl et al. Science 2020

BNT211: A CLDN6 CAR-T-Cell Therapy + CLDN6-Encoding CARVac that Enhances Expansion and Persistence of the Infused CAR-T Cells

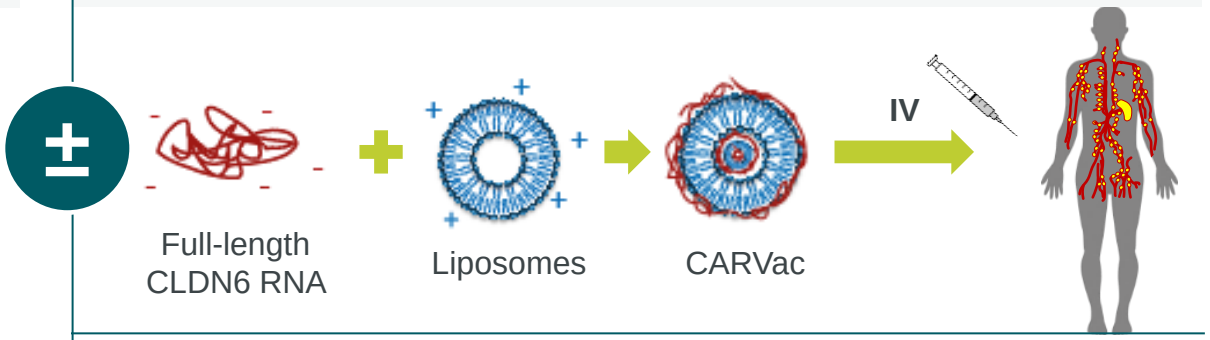
Potent 2nd generation CAR with high sensitivity and specificity

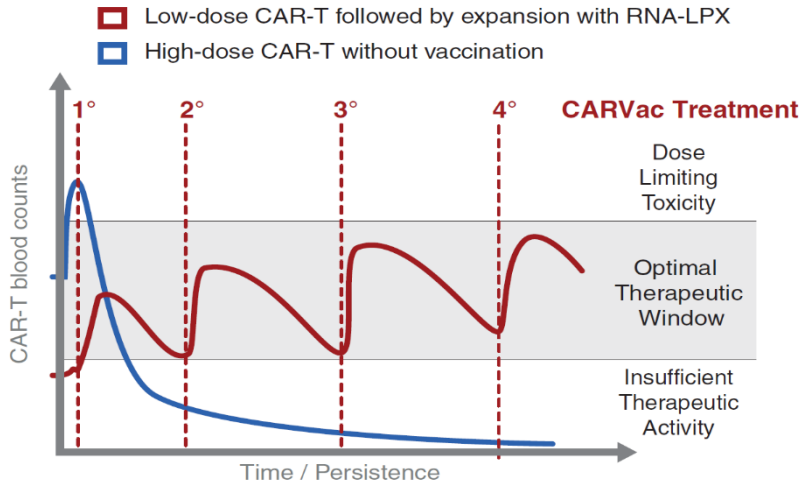
Reinhard K, *et al. Science* 2020, 367:446–453





Combined with CARVac (CAR-T cell amplifying RNA vaccine) to target APCs, Reinhard K, et al. Science 2020, 367:446–453; Kranz LM, *et al.* Nature 2016; 534:396–401





ACT = adoptive cell transfer; APC = antigen-presenting cell; CAR = chimeric antigen receptor; CARVac = CAR-T cell-amplifying RNA vaccine; CLDN6 = claudin 6.

BIONTECH

BNT211-01: Phase 1/2a, FIH, Open-Label, Multicenter, Dose Escalation Trial in R/R Advanced CLDN6+ Solid Tumors (NCT04503278)

Inclusion criteria

≥50% tumor cells with 2+/3+ CLDN6 positivity (immunohistochemistry)

Measurable disease per RECIST v1.1 or elevated tumor marker

ECOG PS 0–1

ESMO 2022 (n=22)

Phase I dose escalation (**manual** product): Completed ✓

Mackensen et al. Nature Medicine. 2023.

Monotherapy

- **DL1 n=3** 1×10^7 CAR-T
- **DL2 n=6** 1×10^8 CAR-T

Combination*

- **DL1 n=4** + fixed CARVac
- **DL2 n=9** + fixed CARVac

ESMO 2023 (n=44)

Phase I dose escalation with an (**automated** product): Ongoing

Monotherapy

- **DL0 n=2** 1×10^6 CAR-T
- **DL1 n=4** 1×10^7 CAR-T
- **DL2 n=13** 1×10^8 CAR-T
- **DL3 n=7** 2-5×10^8 CAR-T

Combination

- **DL1 n=4** + fixed CARVac
- **DL2 n=14** + fixed CARVac
- **DL3 n=0** + fixed CARVac

Data published in Mackensen et al. Nature Medicine. 2023.

Key endpoints

Primary: Safety and tolerability, DLTs

Secondary: Immunogenicity, ORR, DCR, DoR, PFS

Dosing:

- Escalating doses of CLDN6 CAR-T cells ± CLDN6 CARVac
- Lymphodepletion prior to CAR-T cell infusion on Day 1 (DLTs assessed for 28 days)
- CLDN6 CARVac fixed dose repeatedly after CAR T transfer

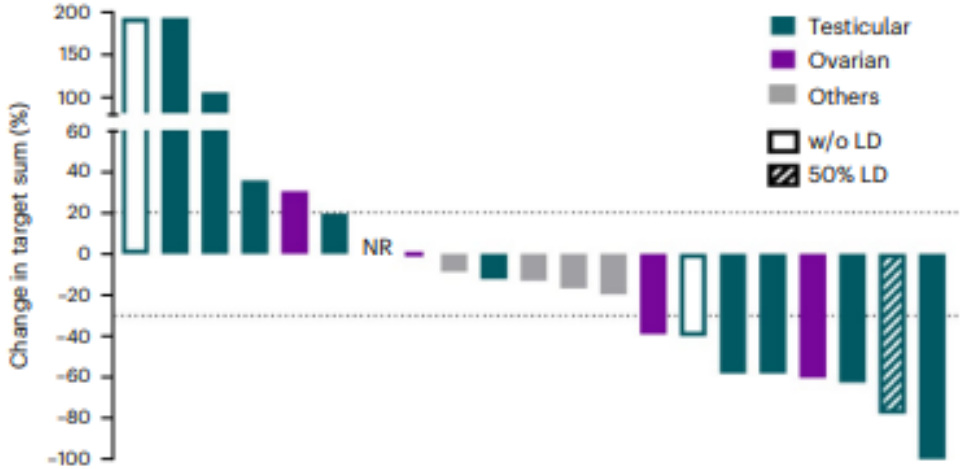
Assessments: Efficacy assessments Q6W (RECIST v1.1) & tumor marker monitoring

Data cut-off: 10 Sep 2023. * Crossover to combination not indicated. CAR = chimeric antigen receptor; CARVac = CAR T-cell amplifying RNA vaccine; CLDN6 = claudin-6; DCR = disease control rate; DL = dose level; DLT = dose-limiting toxicity; DoR = duration of response; ECOG PS = Eastern Cooperative Oncology Group performance status; ORR = objective response rate; PFS = progression-free survival; RECIST = response evaluation criteria in solid tumors; R/R = relapsed/refractory.

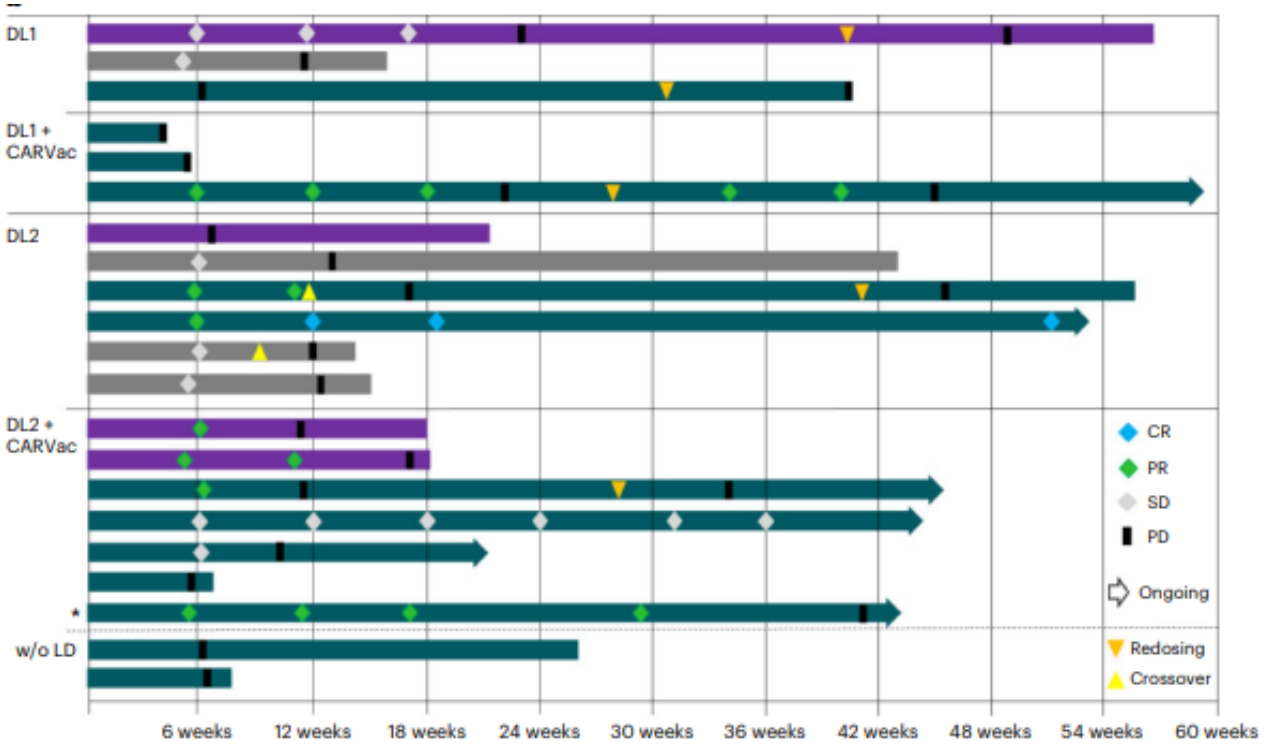
Clinical Benefit Seen in Patients with Manual Manufacturing Process

Phase 1/2 FIH study (NCT04503278): Clinical activity of BNT211 +/- CARVac

Mackensen et al. Nat. Med. 2023.



CAR-T dose	DL2	DL2	DL1	DL1	DL2	DL2	DL1	DL1	DL2	DL2	DL2	DL2	DL1	DL2	DL2	DL1	DL2	DL2	DL2	DL2	DL2
LD dose (%)	0	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	50	100
CARVac	+	+	+	–	–	+	+	–	–	+	–	–	–	+	+	+	–	+	+	+	–
Crossover	–	–	–	–	–	–	–	–	+	–	–	–	–	–	–	–	+	–	–	–	–
Redosing	–	–	–	+	–	–	–	+	–	–	–	–	–	–	–	+	+	–	+	–	–
Best response	PD	PD	PD	PD	PD	SD	PD	SD	SD	SD	SD	SD	SD	uPR	PD	cPR	cPR	cPR	uPR	cPR	CR
PD before ACT	NE	+	+	+	+	NE	+	NE	–	–	NE	NE	NE	NE	–	+	–	NE	–	NE	+
PFS, days	46	42	38	46	49	72	29	162	85	NR	87	126	81	79	44	154	119	120	79	289	NR



LD= lymphodepletion; CR = complete response; PR = partial response; SD = stable disease; PD = progressive disease.

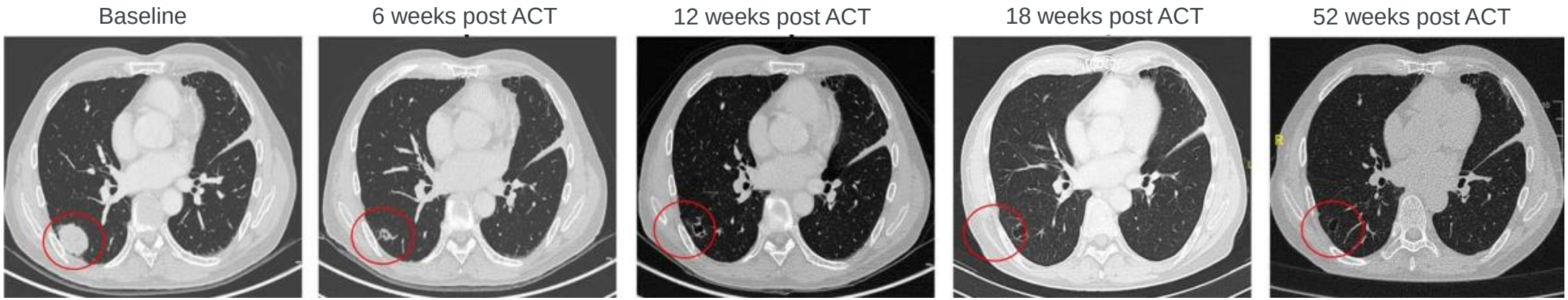
BIONTECH

Case Report Demonstrates Clinical Response to BNT211

Case report

Mackensen et al. Nature Medicine. 2023.

Diagnosis	Mixed germ cell tumor; 80% tumor cells with ≥2 + CLDN6 membrane staining positivity.
Prior Therapy	• Heavily pretreated (5 lines of chemotherapy in total) including cisplatinum-based chemotherapy, HDCT/ASCT gemcitabine/oxaliplatin/paclitaxel, multiple surgeries and radiotherapy • 5 years later after the 3rd line CTx with HDCT carboplatine/etoposide late disease relapse (teratoma and yolk-sac tumor) • Another relapse of a yolk-sac tumor component prior to trial entry, for the first time with multiple lung metastases • Rapidly progressing disease at accrual: 37% target sum increase between screening and ACT
Sites of Metastases	Lung



HDCT = high-dose chemotherapy; ASCT = autologous hematopoietic stemm cell transplant.

BNT211-01: CAR T Cell-Dose-Dependent Adverse Event Profile, Dose Evaluation Ongoing to Determine RP2D

Phase 1/2 FIH study (NCT04503278): Baseline characteristics and safety (automated process)

Haanen J. et al. Presented at ESMO 2023. Abstract #LBA35.

Cohort	DL0 (n=2)	DL1 (n=4)	DL1 + CARVac (n=4)	DL2 (n=13)[1]	DL2 + CARVac (n=14)[2]	DL3 (n=7)	Total (n=44)
Patient baseline characteristics							
Age, years	55.5 (50–61)	54.5 (36–62)	51.0 (42–65)	45.0 (30–69)	48.0 (26–60)	50.5 (29–63)	48.0 (26–69)
Gender, male/female	1/1	3/1	2/2	7/6	8/6	4/3	25/19
Indication, n							
Epithelial ovarian cancer (EOC)	1	1	2	6	5	2	17
Germ cell tumor (GCT)	1	0	1	5	6	3	16
Other indications[3]	0	3	1	2	3	2	11
CLDN6 2+/3+ cells, %	82.5 (80–85)	97.5 (80–100)	97.5 (50–100)	95.0 (80–100)	100 (70–100)	80.0 (50–100)	95 (50–100)
Prior treatment lines	3.0 (2–4)	4.0 (3–7)	4.0 (2–9)	4.0 (2–7)	4.0 (2–9)	3.5 (2-6)	4.0 (2–9)
Treatment and safety outcome							
Duration of follow-up, days	321.5 (242-401)	44.5 (22-87)	90.5 (13-189)	71.5 (30-317)	120.5 (9-199)	90 (44-121)	94.5 (9-401)
CARVac injections[4], n	NA	NA	3 (1-5)	NA	4 (1-7)	NA	4 (1-7)
Patients with TEAEs ≥G3 related to IMPs[5], n	1	1	1	12	9	6	30
Patients with TESAEs related to IMPs[6], n	1	0	0	4	4	5	14
Patients with DLTs[7], n	0	0	0	1	2	1	4
Patients with CRS[8], n	1	0	2	6	9	5	23
Patients with ICANS[9], n	0	0	0	1	1	0	2
Deaths[10], n	1	3	2	2	4	0	12

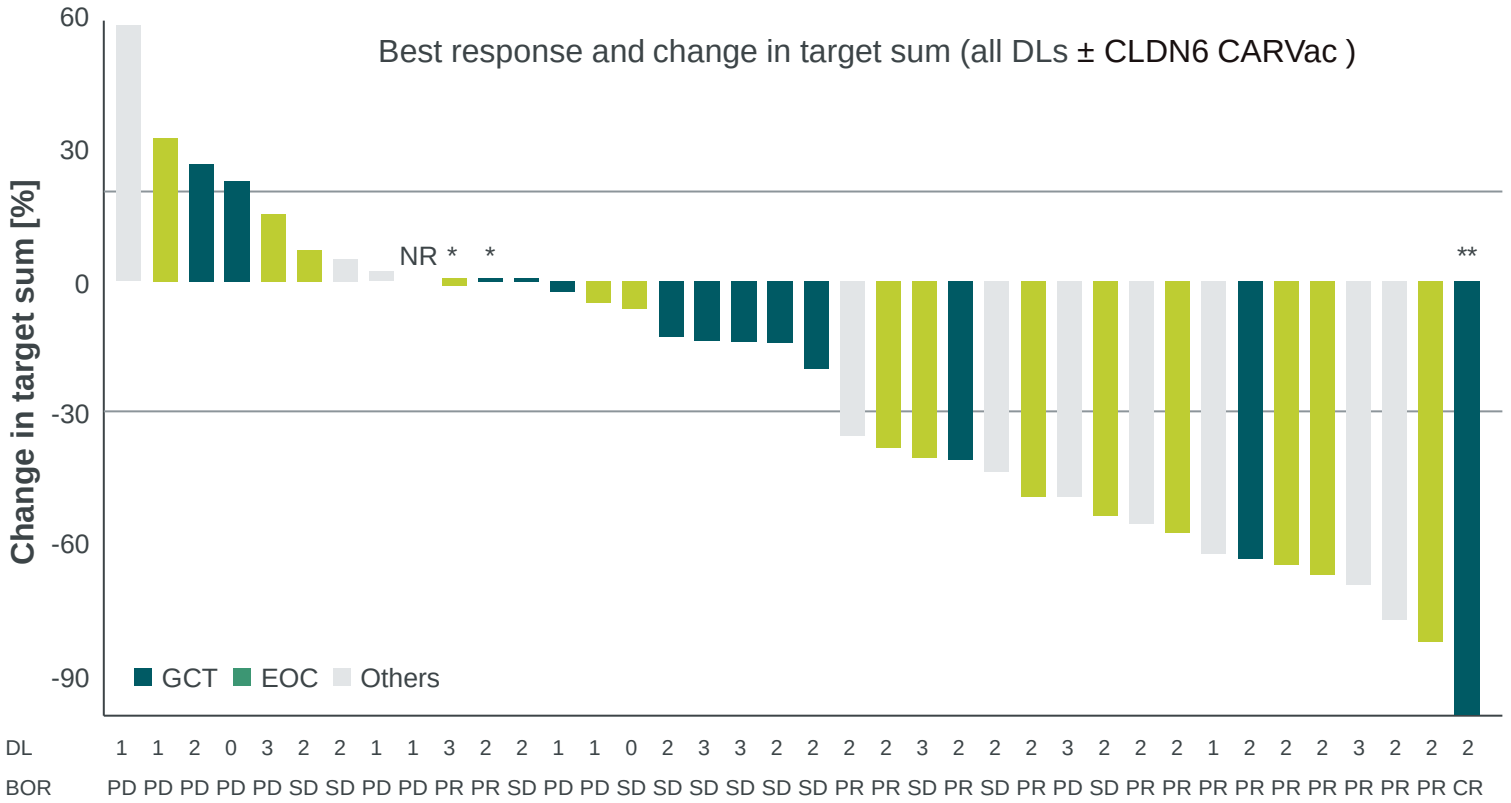
Data cut-off: 10 Sep 2023. 1 Cohort includes 3 patients dosed with 5×107 CAR-T. 2 Cohort includes 1 patient that did not reach full dose (2×107) and 1 patient treated that received full dose after 50% reduced lymphodepletion. 3 Other indications: 4 patients with lung cancer (different subtypes), 3 with desmoplastic round cell tumors, 2 with esophageal cancer, 1 with endometrial carcinoma and 1 with sinonasal carcinoma. 4 Crossover of patients is not indicated, as option was enabled by safety review committee decision after dose decision for monotherapy cohort without impacting efficacy read out. 5 Most TEAEs ≥G3 were attributed to CAR-T IMP (27/30). Most frequent TEAEs were laboratory findings (43.2%) including decreased blood cell counts, elevated liver function tests as well as levels of bilirubin and ferritin. Accordingly, cytopenia (25%) together with immune system (7%) and hepatobiliary disorders (5%) were reported frequently. 6 Most frequent non-related TESAEs were infections. 7 DLTs include 2 cases of pancytopenia, 1 case of hemophagocytic lymphohistiocytosis and 1 case of liver toxicity together with sepsis. 8 CRS was limited to G1-2 for 21/23 patients with 1 G3 and 1 G4 event. 9 Neurotoxicity was mild and self-limiting in 2 patients. 10 Most patient deaths (11/12) were related to disease progression and 1 patient died from sepsis. Values given as median (range). CAR = chimeric antigen receptor; CLDN6 = claudin-6; CRS = cytokine release syndrome; DL = dose level; DLT = dose-limiting toxicity; G = Grade; ICANS = immune effector cell-associated neurotoxicity syndrome; IMP = investigational medicinal product; TESAE = treatment-emergent (serious) adverse event.

BIONTECH

BNT211-01: Signals of Activity at All Dose Levels

Phase 1/2 FIH study (NCT04503278): Efficacy at all dose levels

Haanen J. et al. Presented at ESMO 2023. Abstract #LBA35.



CLDN6 CAR-T	<DL2	DL2	>DL2	Total
Safety evaluable patients, n	10	27	7	44
Efficacy evaluable patients, n	9	22	7	38
Patients with PR/CR, n	1	13	3	17
Patients with SD, n	1	8	2	11
Patients with PD, n	7	1	2	10
ORR, %	11.1	59.1	42.9	44.7
DCR, %	22.2	95.5	71.4	73.7

Data cut-off: 10 Sep 2023. Waterfall plot showing best percent change from baseline in sum of target lesion diameters for patients treated with CLDN6 CAR-T (N = 38). One patient died prior to first assessment (NR = not reached) and BOR was defined as PD. * Patients had non-measurable disease per RECIST 1.1 and BOR was assessed by tumor marker response. ** Patient achieved complete response after surgical removal of tumors. Response data was pending for 6 patients at the data cutoff. Dotted lines show standard response evaluation criteria used to determine objective tumor response for target lesions per RECIST 1.1 (CR = –100%, PR = 30 to –100%, SD = –30 to 20%, and PD = 20% or higher). Graph contains additional data from 5 patients entered manually into the database following the data cut-off date that was not available in formal outputs. BOR = best overall response; CR = complete response; DCR = disease control rate; DL = dose level; EOC = epithelial ovarian cancer; GCT = germ cell tumor; PD = progressive disease; ORR = objective response rate; PR = partial response; SD = stable disease.

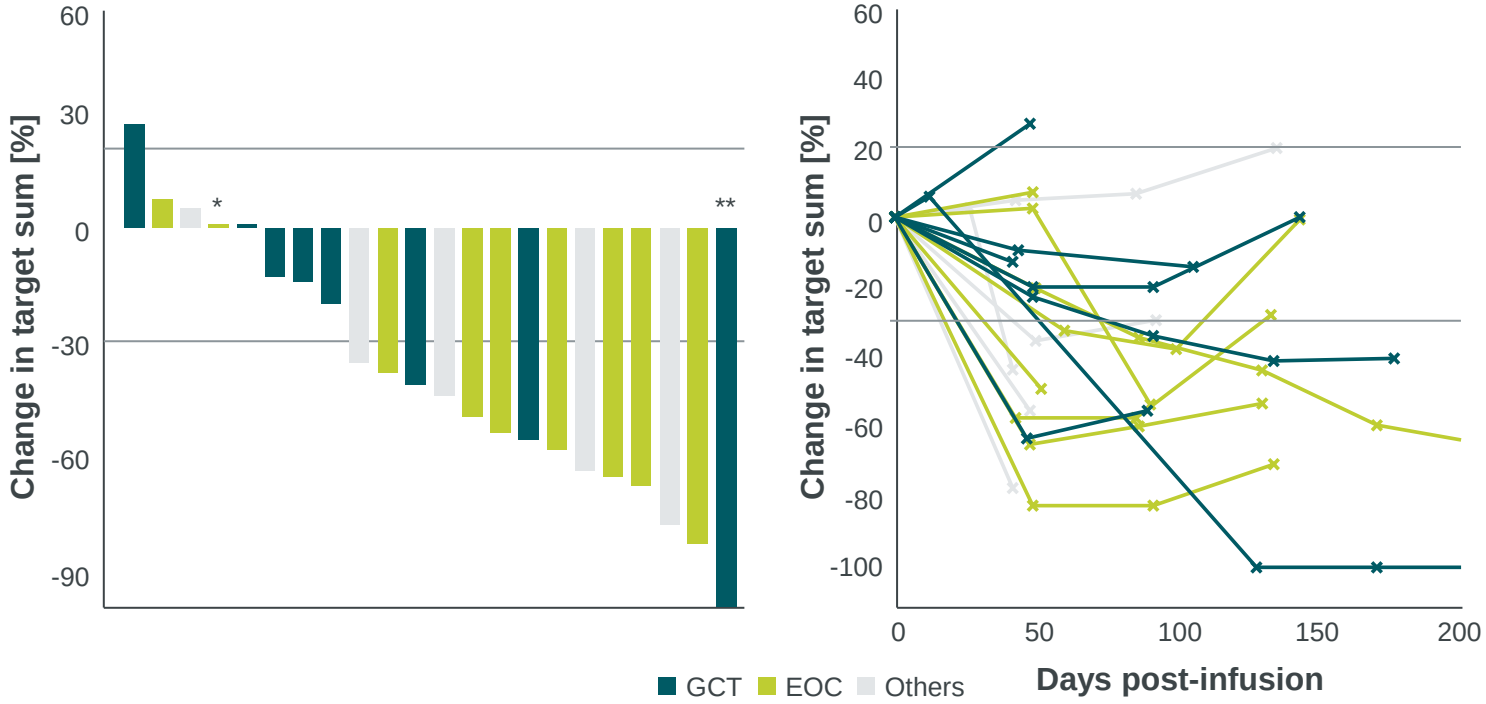
BIONTECH

BNT211-01: Encouraging Signals of Activity at Dose Level 2

Phase 1/2 FIH study (NCT04503278): Efficacy at all dose levels

Haanen J. et al. Presented at ESMO 2023. Abstract #LBA35.

Best response and change in target sum (DL2 only± CLDN6 CARVac)



CLDN6 CAR-T	<DL2	DL2	>DL2	Total
Safety evaluable patients, n	10	**27**	7	44
Efficacy evaluable patients, n	9	**22**	7	38
Patients with PR/CR, n	1	**13**	3	17
Patients with SD, n	1	**8**	2	11
Patients with PD, n	7	**1**	2	10
ORR, %	11.1	**59.1**	42.9	44.7
DCR, %	22.2	**95.5**	71.4	73.7

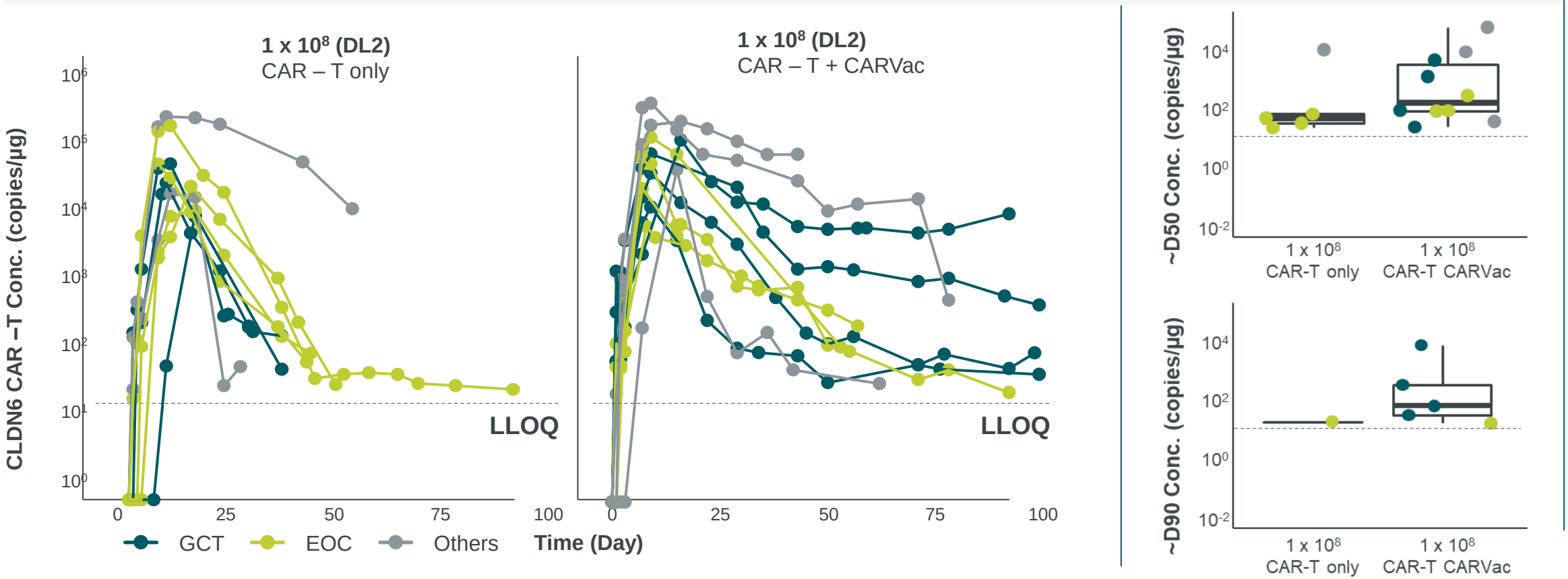
Data cut-off: 10 Sep 2023. Waterfall plot showing best percent change from baseline in sum of target lesion diameters and spider plot showing percent change in target sum from baseline over time for patients treated with CLDN6 CAR-T ± CLDN6 CARVac at DL2 (N = 22). * Patient had non-measurable disease per RECIST 1.1 and BOR was assessed by tumor marker response. ** Patient achieved complete response after surgical removal of tumors. Response data was pending for 5 patients at the data cut-off. Dotted lines show standard response evaluation criteria used to determine objective tumor response for target lesions per RECIST 1.1 (CR = –100%, PR = 30 to –100%, SD = –30 to 20%, and PD = 20% or higher). Graphs contains additional data entered manually into the database following the data cut-off date that was not available in formal outputs. BOR = best overall response; CR = complete response; DCR = disease control rate; DL = dose level; EOC = epithelial ovarian cancer; GCT = germ cell tumor; PD = progressive disease; ORR = objective response rate; PR = partial response; SD = stable disease.

BIONTECH

BNT211-01: CARVac Improves CAR-T Persistence at Dose Level 2

Phase 1/2 FIH study (NCT04503278): Pharmacokinetic data

Haanen J. et al. Presented at ESMO 2023. Abstract #LBA35.



Data cut-off: 1 Sep 2023. BioNTech data on file derived from peripheral blood applying semi-quantitative PCR directed against CAR transgene. Displayed as copies of transgene per µg of DNA input of isolated PBMC. Pending data up to day 50: 2 patients each in monotherapy and combination cohort. Pending data up to day 90: 3 patients for monotherapy, and 4 patients for combination cohort. CAR = chimeric antigen receptor; CARVac = CAR T-cell amplifying RNA vaccine; DL = dose level; EOC = epithelial ovarian cancer; GCT = germ cell tumor; LLOQ = lower limit of quantification; PBMC = peripheral blood mononuclear cells.

BNT211 Key Takeaway Messages

- **Safety:** Manageable AE profile. Dose-dependent AE profile further evaluation of safety via backfilling into dose level several cohorts
- **Efficacy:** Encouraging signs of activity with 13 responses in 22 evaluable patients at DL2 (ORR 59%, DCR 95%)
- **Pharmacokinetics:** CARVac improved CAR-T persistence with sustained, ongoing detection up to 100 days in several patients at DL2
- **Outlook:** Determination of RP2D for CLDN6 CAR-T cells ongoing

CAR = chimeric antigen receptors; CARVac = CAR T-cell amplifying RNA vaccine; CLDN6 = claudin-6; DCR = disease control rate; DL = dose level; GCT = germ cell tumor; ORR = objective response rate; RPD2 = recommended Phase II dose.

CAR T-Cells Outlook

Unmet medical need in R/R germ cell tumors (GCT)

- No curative treatment options for R/R GCT post salvage cisplatin-based chemotherapy regimens[1]
- Lack of new developments in the past decades
- Checkpoint inhibitors failed in these patients[2]

CAR-T cell strategy

Achievements:

- Presented PoC data for BNT211 in CLDN6+ indications

Near-term strategy:

- Aim to establish CLDN6 as proven target in solid tumors
- Aim to establish first CAR T-cell therapy in first solid tumor indication (R/R GCT)

Mid- to long-term strategy:

- Explore expansion into other solid tumor indications

A pivotal trial in R/R GCT is planned to be initiated in 2024

EMA PRIME designation in testicular cancer

Published data showing anti-tumor efficacy among multiple CLDN6+ tumor types[3,4]

1. Feldman, et al. Cancer 2012; 2. Adra, et al. Ann Oncol 2018; 3. Mackensen, et al. Nature Medicine. 2023; 4. Haanen, et al. Presented at ESMO 2023 (LBA35). PoC = Proof of Concept;

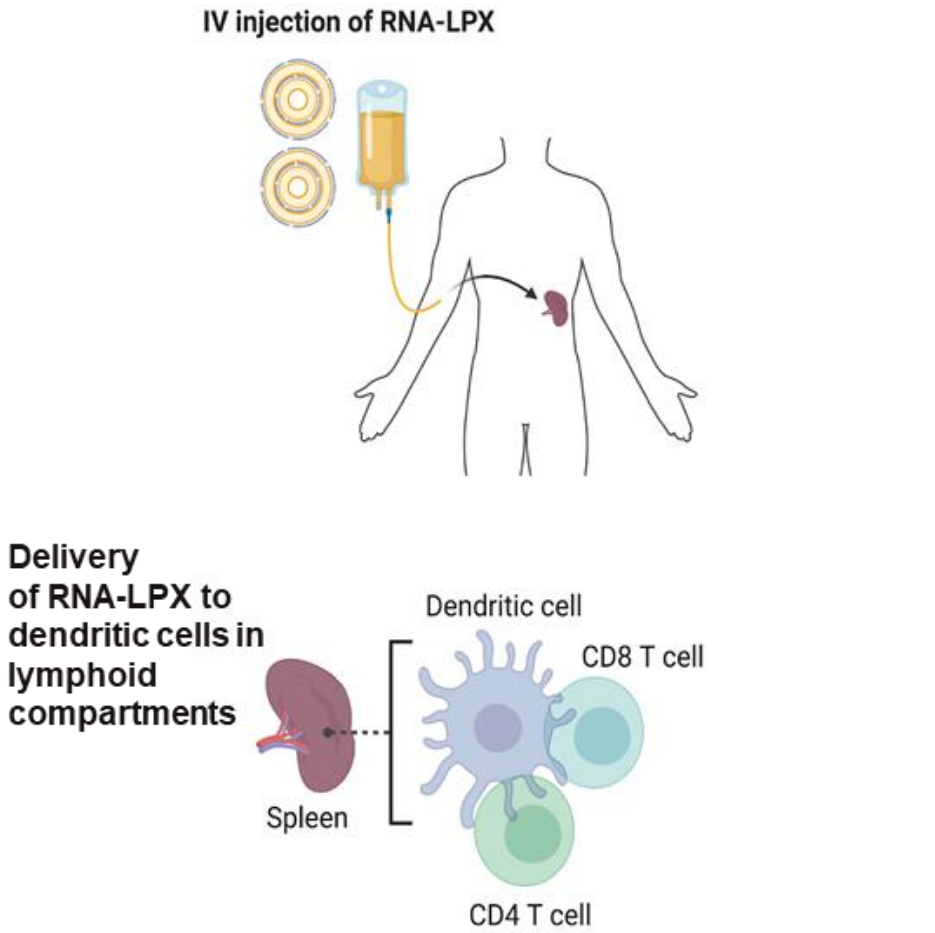
8

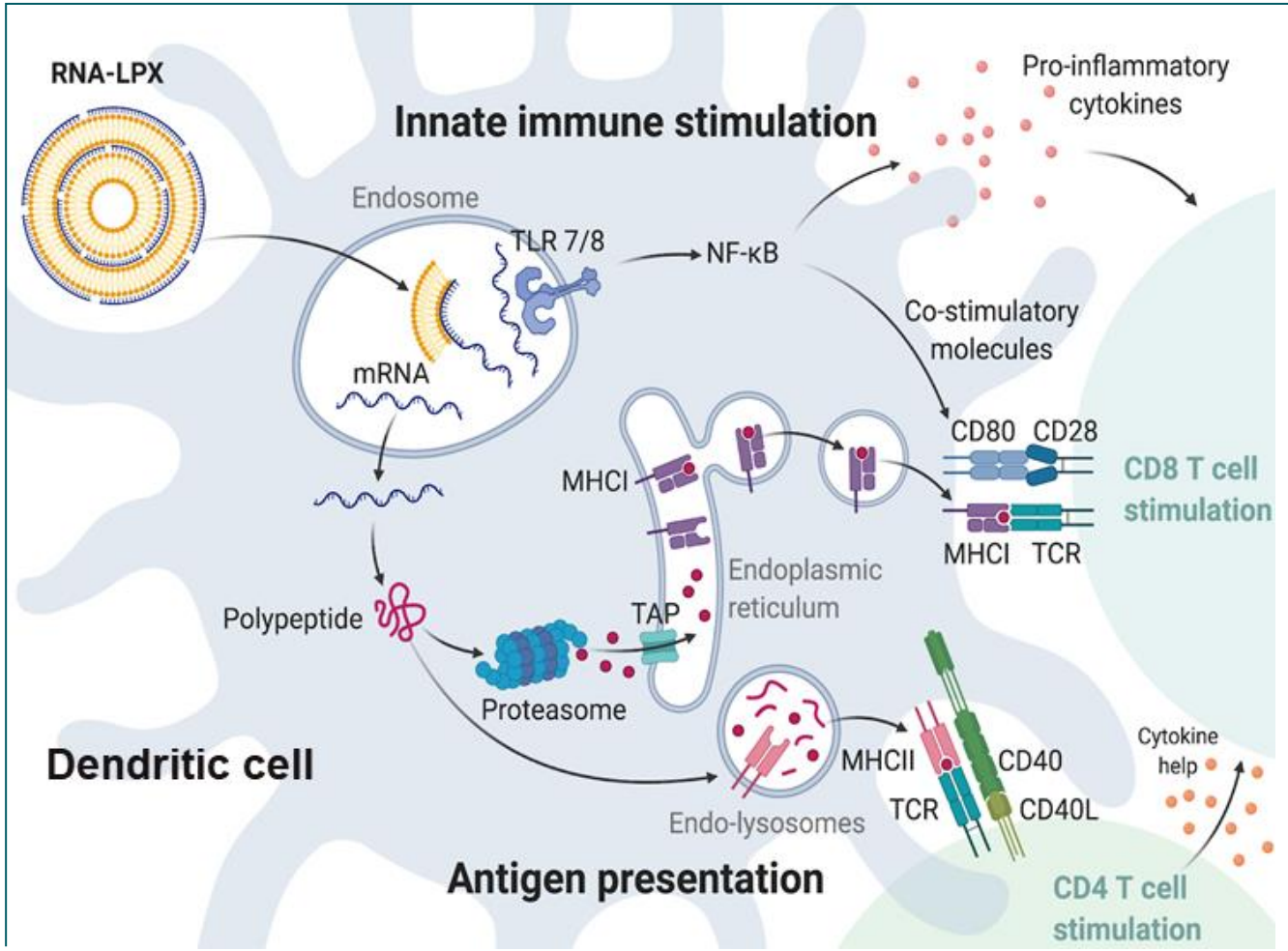
mRNA Cancer Vaccines

Prof. Özlem Türeci, M.D.
CMO and Co-founder

BIONTECH

Uridine-based mRNA-LPX Vaccines for Systemic Delivery and Induction of Potent Polyspecific Immune Responses against Cancer





Kranz LM, et al. Nature 2016; 534:396–401; Lopez J, et al. AACR Annual Meeting 2020; Oral presentation CT301.

RNA-LPX = RNA+lipoplex; CD = cluster of differentiation; TLR = toll-like receptor; NF = necrosis factor; MHC = major histocompatibility complex; TCR = T cell receptor; TAP = transporter associated with antigen processing.

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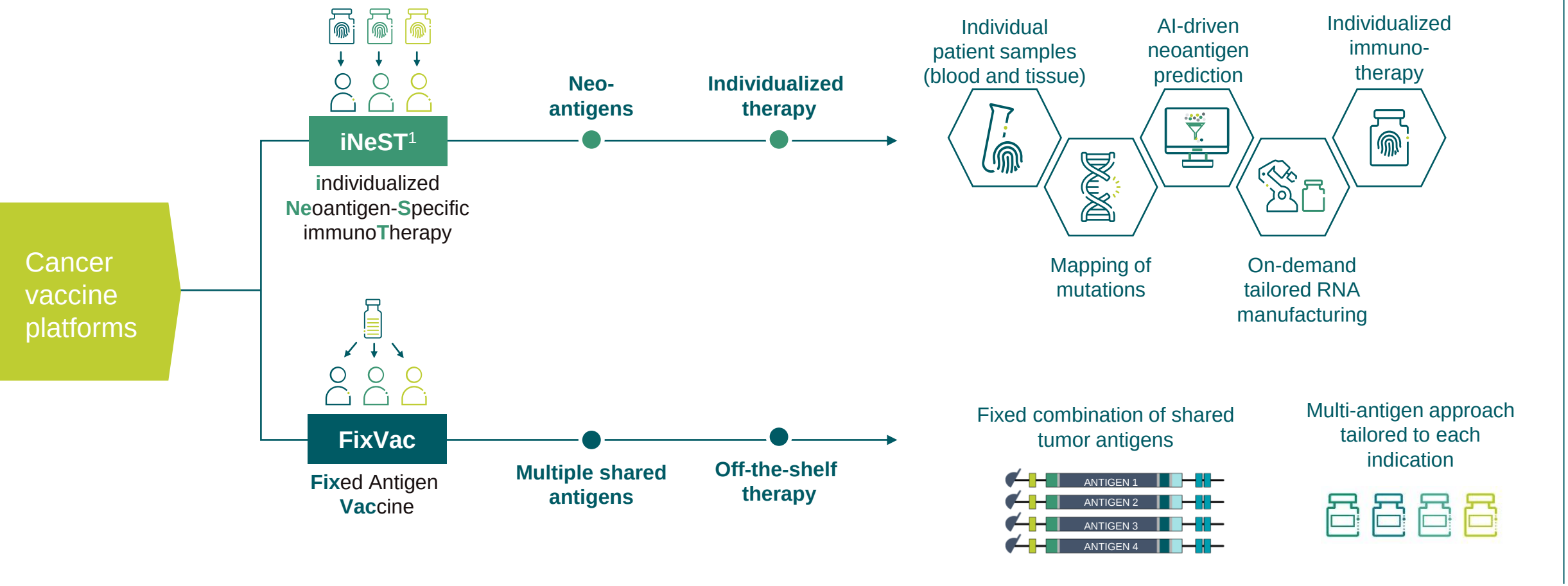
mRNA Cancer Vaccines May Enable Highly Specific and Potent Activation of the Immune System Against Shared Tumor Antigens or Individual Neoantigens



1. iNeST is being developed in collaboration with Genentech, a member of the Roche Group.
mRNA = messenger RNA; AI = artificial intelligence.

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Growing Portfolio of Cancer Vaccine Candidates Across Multiple Solid Tumors

Six ongoing Phase 2 trials with cancer vaccine candidates in multiple disease settings

iNeST[1]				FixVac			
Adjuvant		1L	R/R	R/R	Neo-adj, mCR	1L	1L, 2L+
CRC	PDAC	Melanoma	Multiple Solid Tumors	Melanoma	Prostate Cancer	HPV16+ HNSCC	NSCLC
Autogene cevumeran/ BNT122 Monotherapy	**Autogene cevumeran/ BNT122** + 1x Atezolizumab	**Autogene cevumeran/ BNT122** + Pembrolizumab	**Autogene cevumeran/ BNT122** + Atezolizumab	**BNT111** +/- Cemiplimab	**BNT112** Monotherapy & + Cemiplimab + ADT	Pembrolizumab +/- **BNT113**	**BNT116** Monotherapy & Cemiplimab or CTx
Ph 2 study is ongoing	Data presented from investigator-initiated Ph 1 study at ASCO 2022 and published (Rojas et al. Nature.2023) ——— Ph 2 started in Q4 2023	Ph 2 enrollment completed ——— Analysis of PFS as primary endpoint will be triggered event-based and defines when we will report results	Ph 1 data presented	Ph 2 study is ongoing ——— Published data from Ph1 (Sahin et al. Nature.2020)	Ph 1/2 is ongoing	Ph 2 study is ongoing	Ph 1 basket study is ongoing ——— Ph 2 in 1L NSCLC started in Q3 2023[2]

1. Partnered with Genentech, member of Roche Group; 2. Sponsored by Regeneron.
iNeST = individualized NeoAntigen Specific Immunotherapy;1L = first line; R/R = relapsed/refractory; CRC = colorectal cancer; PDAC = pancreatic ductal adenocarcinoma; HPV = human papillomavirus; HNSCC = head and neck squamous carcinoma; NSCLC = non-small cell lung cancer; ADT = androgen deprivation therapy; CTx = Chemotherapy.

Our Strategy for Potential Leadership in mRNA Cancer Vaccines

Aim to establish commercial manufacturing capacity

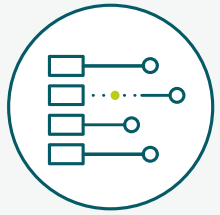
Aim to establish BioNTech commercial manufacturing facility
Aim to increase clinical manufacturing capability

Continue to decrease manufacturing time

Moving to fully automatic platform to further reduce cycle time

Continue to improve neoantigen selection

Further improving AI / ML capabilities, improving analytics of clinical samples through high-throughput sequencing and genomics technology development



Continue to advance pipeline

Aim to initiate additional late-stage clinical trials in the adjuvant setting

AI = artificial intelligence; ML = machine learning.

First-in-Human Phase 1 Study with an Intranodal Version of Our individualized mRNA Neoantigen Vaccine

LETTER

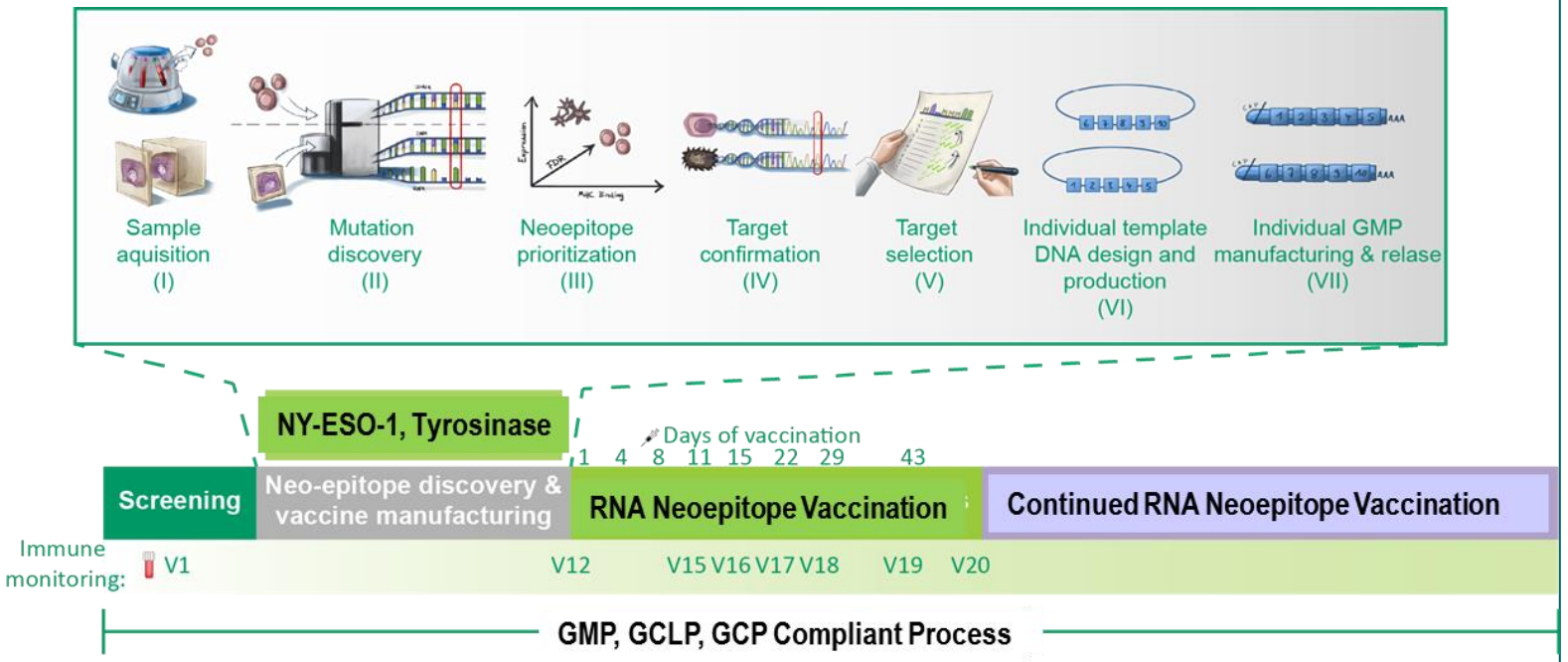
doi:10.1038/nature23003

Personalized RNA mutanome vaccines mobilize poly-specific therapeutic immunity against cancer

Ugur Sahin[1,2,3], Evelyna Derhovanessian[1], Matthias Miller[1], Björn-Philipp Kloke[1], Petra Simon[1], Martin Löwer[2], Valesca Bukur[1,2], Arbel D. Tadmor[2], Ulrich Luxemburger[1], Barbara Schrörs[2], Tana Omokoko[1], Mathias Vormehr[1,3], Christian Albrecht[2], Anna Paruzynski[1], Andreas N. Kuhn[1], Janina Buck[1], Sandra Heesch[1], Katharina H. Schreeb[1], Felicitas Müller[1], Inga Ortseifer[1], Isabel Vogler[1], Eva Godehardt[1], Sebastian Attig[2,3], Richard Rae[2], Andrea Breitkreuz[1], Claudia Tolliver[1], Martin Suchan[2], Goran Martic[2], Alexander Hohberger[3], Patrick Sorn[2], Jan Diekmann[1], Janko Ciesla[4], Olga Waksmann[4], Alexandra-Kemmer Brück[1], Meike Witt[1], Martina Zillgen[1], Andree Rothermel[2], Barbara Kasemann[2], David Langer[1], Stefanie Bolte[1], Mustafa Diken[1,2], Sebastian Kreiter[1,2], Romina Nemecek[5], Christoffer Gebhardt[6,7], Stephan Grabbe[3], Christoph Höller[5], Jochen Utikal[6,7], Christoph Huber[1,2,3], Carmen Loquai[3]* & Özlem Türeci[8]*

Evaluating the safety, tolerability & immunogenicity of intra-nodal administration of an individualized neoantigen-specific mRNA vaccine with or without initial treatment with NY-ESO-1/tyrosinase vaccine in patients with advanced melanoma (NCT01684241)

13 patients with stage IIIa-c (6 patients), IV (7 patients) melanoma treated



Sahin et al. Nature. 2017.

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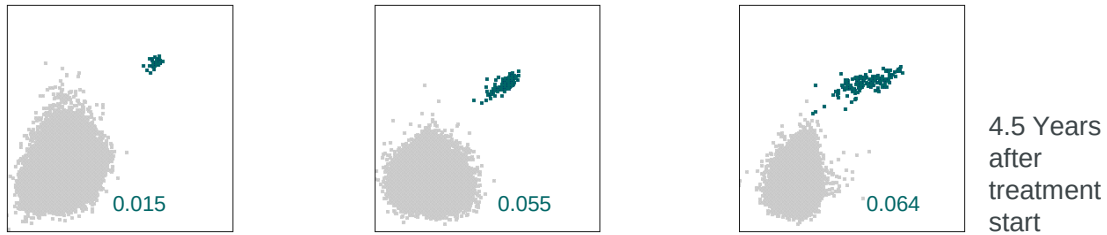
Long Term Persistence of Vaccine Induced T cell Responses Induced by Intra-Nodal Vaccination with a Naked Individualized mRNA-base Neoantigen Vaccine

ex vivo Multimer staining

COX7A2(A84V)
GVADVLLYR / HLA-A*1101

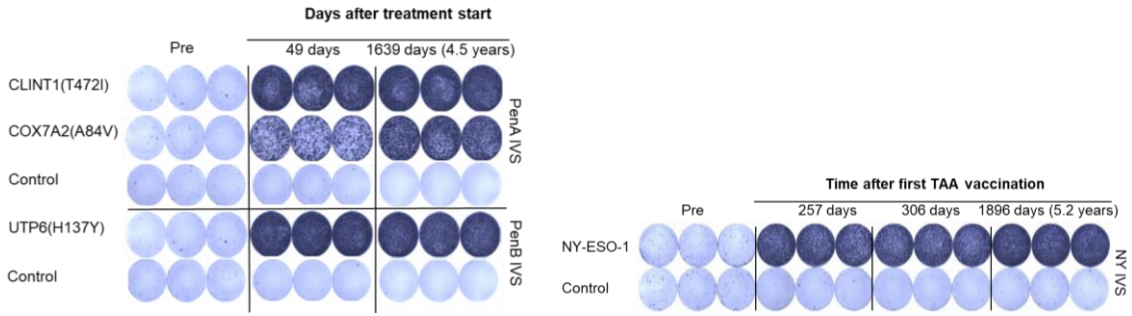
CLINT1(T472I)
VSKILPSTW / HLA-B*5701

UTP6(H137Y)
YSNKPALW / HLA-B*5701

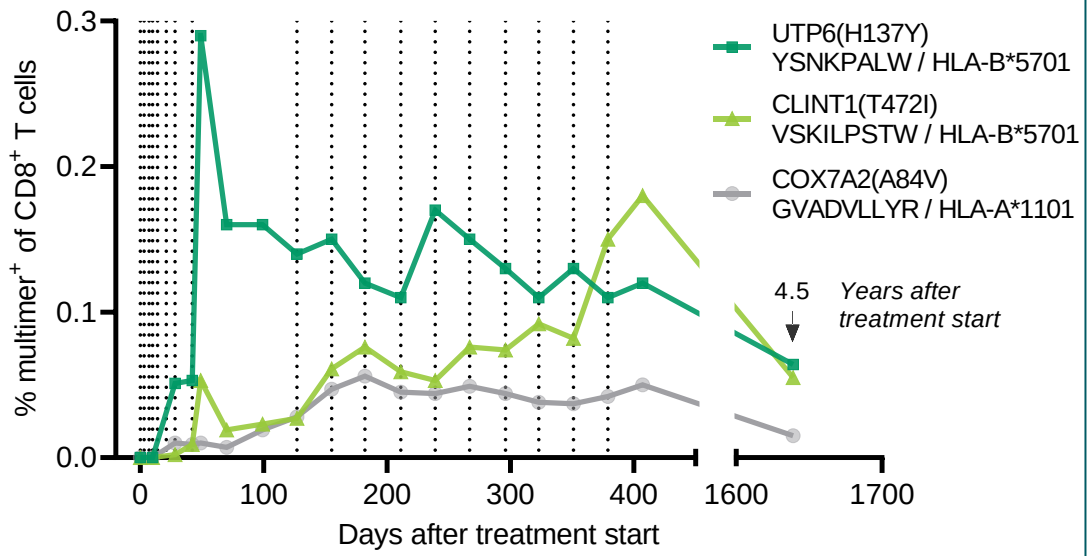


4.5 Years after treatment start

post-IVS CD8⁺ T cells ELISPOT



Neoantigen T cells persist for more than 4 years



Türeci, presented at CICON2023.

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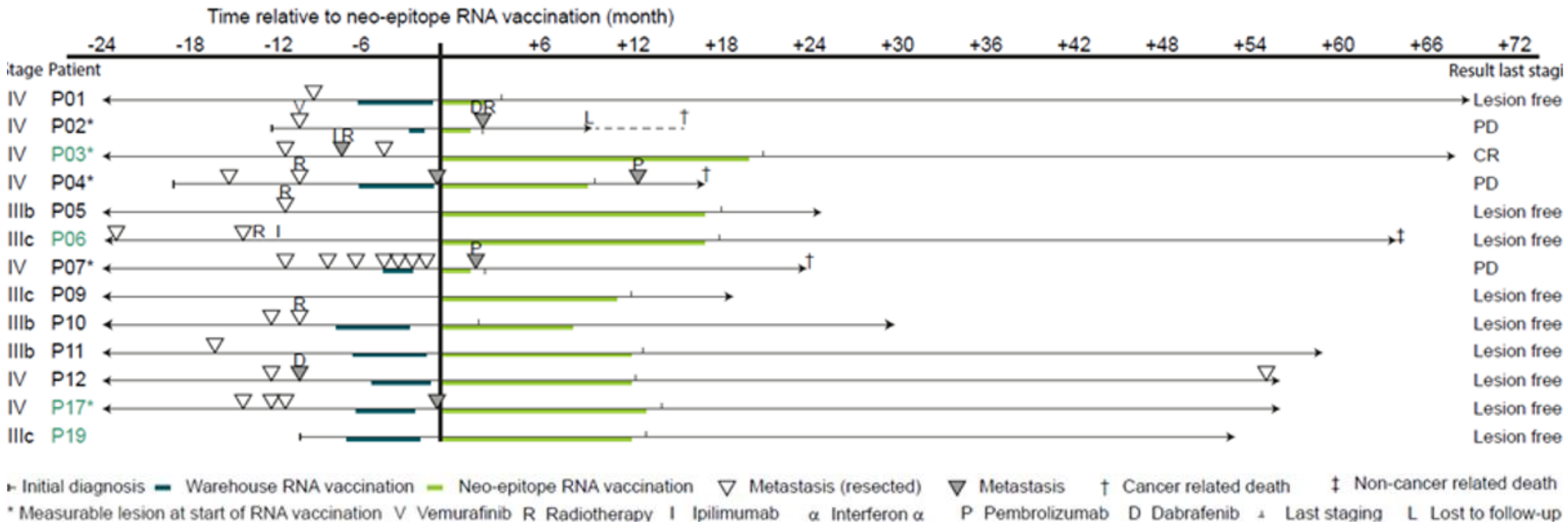
6-Year Passive Follow Up of Patients After Intranodal Vaccination with a Naked Individualized mRNA-based Neoantigen Vaccine

Passive follow up for 6 years



Sahin et al. Nature. 2017, Türeci, presented at CICON23

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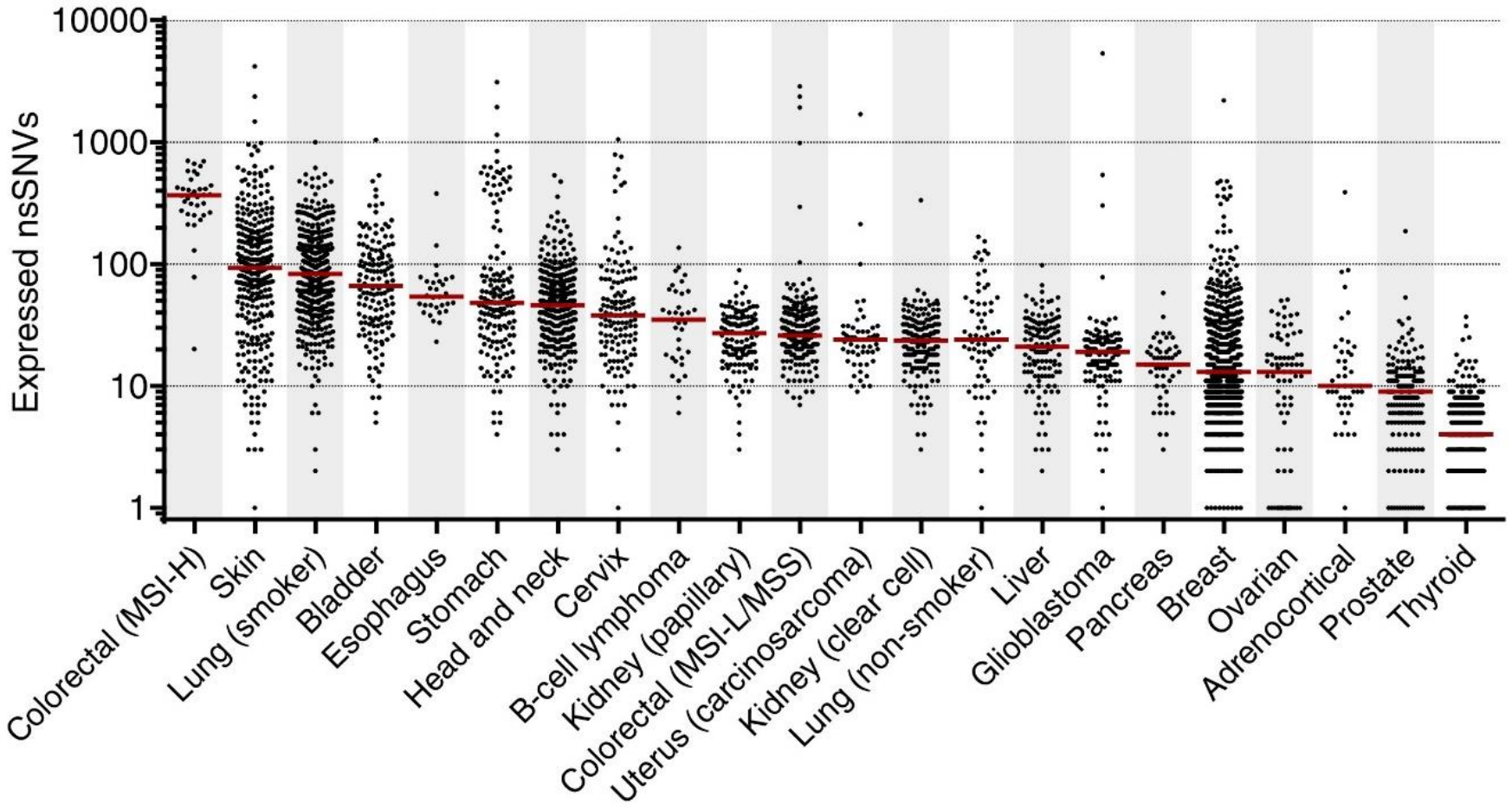
Exploiting Somatic Cancer Mutations for mRNA-LPX based Neoantigen Vaccines



Vormehr *et al.,* Curr Opin Immunol 39:14-22 (2016).

MSI = microsatelite instability; MSI-h = microsatellite instability high; non-synonymous single nucleotide variant. MSS = microsatellite stable; LPX = lipoplex

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High Unmet Medical Need in Early-Stage Cancer Indications

Pancreatic Ductal Adenocarcinoma

69−75% relapse rate within 5 years after adjuvant therapy

- To become the 2nd leading cause of cancer-related death in the US by 2030
- 5-yr survival rates after resection alone is ~10%[1,2]
- CPI resistant due to low mutation burden and consecutively few mutation-derived neoantigens

Phase 1 trial completed in adj. PDAC
Randomized Phase 2 trial started

Triple Negative Breast Cancer

35-45% relapse rate within 4 years after adjuvant therapy

- Neoadjuvant treatment regimens combining chemo + pembro increase the number of patients reaching pCR
- Poor prognosis for patients not reaching pCR after neo-adjuvant treatment

Phase 1 trial completed in post (neo) adjuvant TNBC

Colorectal Cancer

20-35% relapse rate within 4 years after adjuvant therapy

- 5-year survival rates of locoregional disease is ~70%
- ctDNA is a marker for minimal residual disease and thus can identify patients at high risk of disease recurrence
- In ctDNA-positive, Stage 2 (high risk) and Stage 3 CRC post adjuvant chemotherapy, duration of disease-free

Randomized Phase 2 trial initiated and recruiting

CPI = Checkpoint inhibitor; pCR = pathological complete response; CRC = colorectal cancer, TNBC = triple negative breast cancer; PDAC = pancreatic ductal adenocarcinoma.
1. Oettle, H. et al. JAMA 2013; 2. Neoptolemos, J. P. et al. NEJM 2004.

Exploratory Phase 1 Trial of BNT122 in TNBC Patients Post (Neo-)Adjuvant Treatment

Trial design

Inclusion criteria

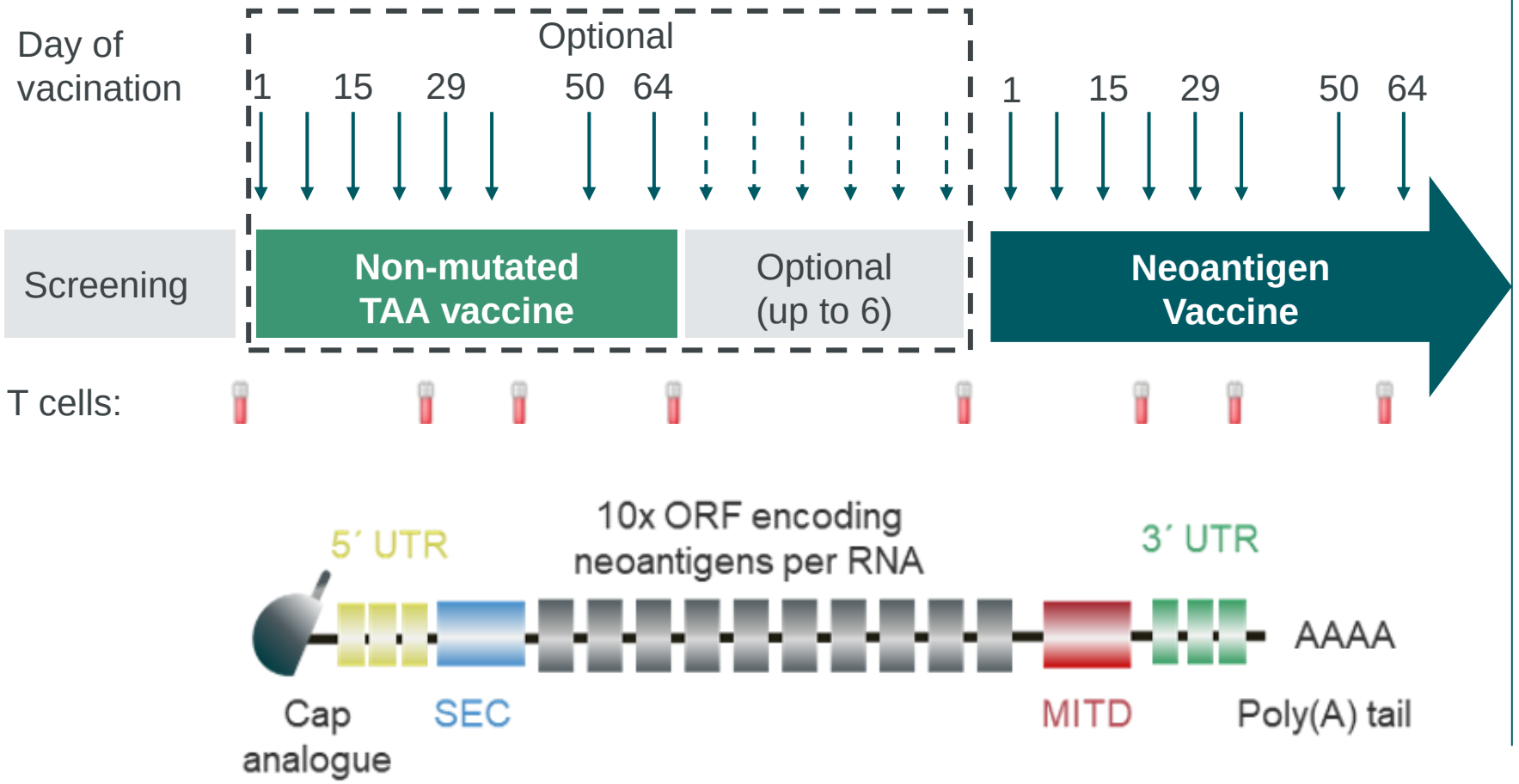
Invasive adenocarcinoma TNBC (pT1cB0M0 - any TanyNM0)

Screening

- > 5 neoantigens identified (neoantigen vaccine)
- (Neo)adjuvant chemotherapy (and radiotherapy)
- No recurrence of breast cancer prior to treatment start

Treatment

- Optional: Non-mutated TAA vaccine treatment
- Neoantigen vaccine treatment



TNBC = triple-negative breast cancer; TAA = tumor-associated antigen; UTR = untranslated region; ORF = open reading frame; MITD = MHC I-targeting domain.

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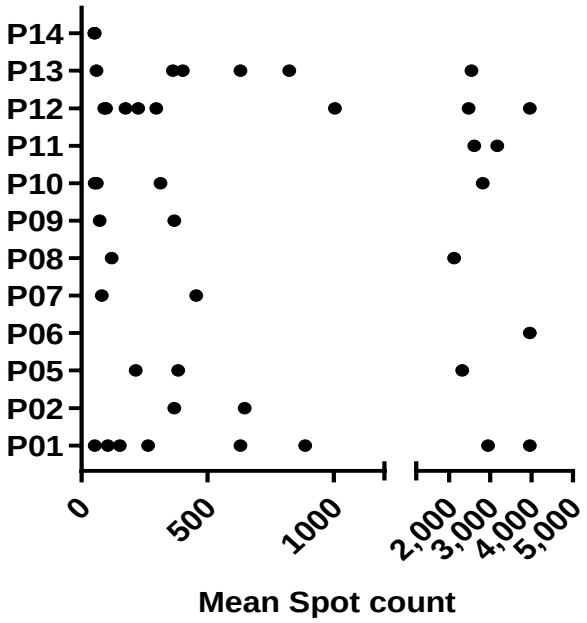
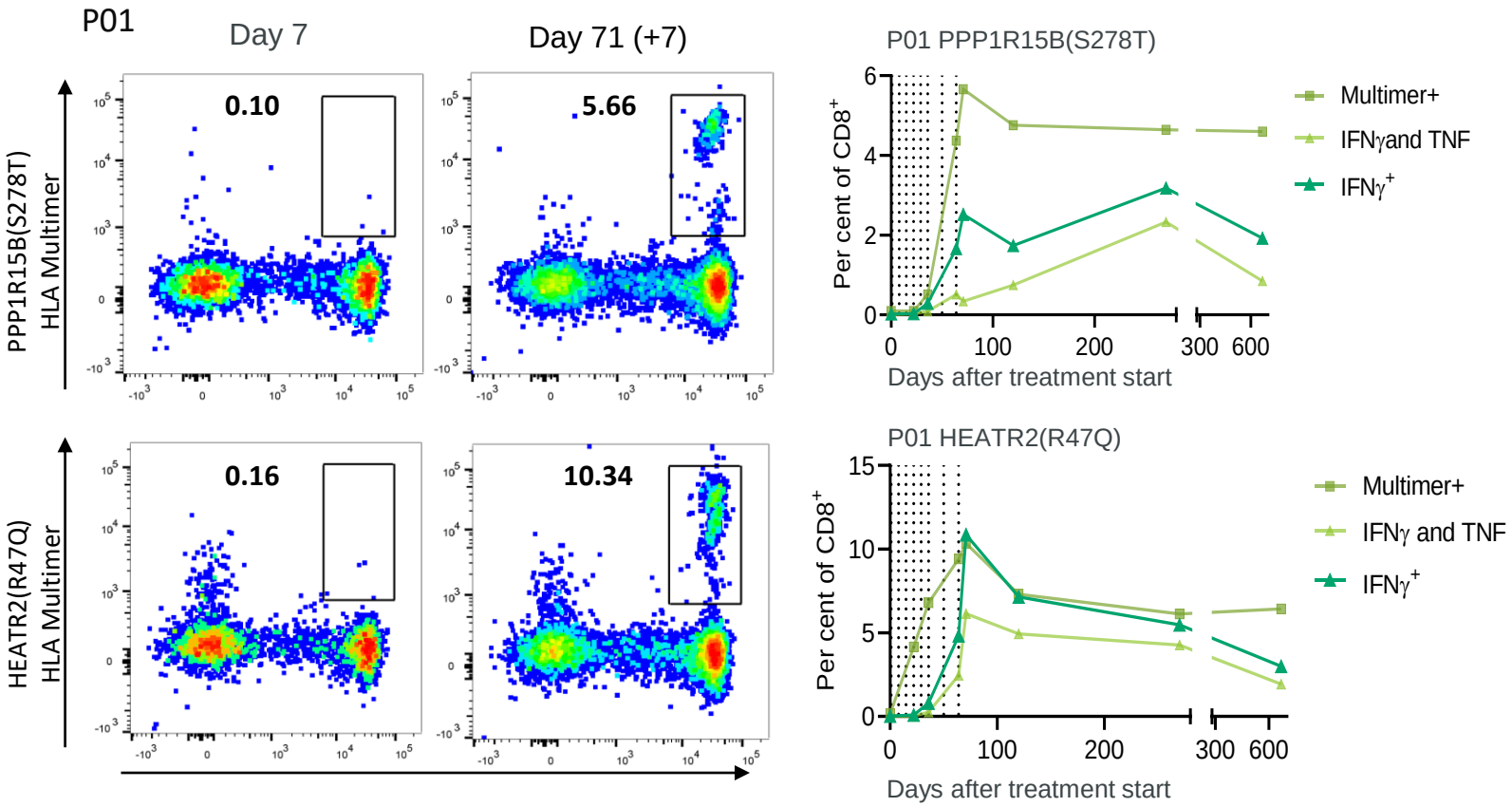
Induction of Persistent Neoantigen-Specific Immune Responses in Patients with TNBC Treated with BNT122 in the Post (Neo-)Adjuvant Setting

Ex vivo IFNγ ELISpot counts



Induced T cell responses were both of high magnitude and persistent up to 600 days



Türeci, presented at CICON2023.

TNBC = triple-negative breast cancer; HLA = human leukocyte antigen; IFN = interferon; TNF = tumor necrosis factor.

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BNT122/Autogene Cevumeran[1] in Adjuvant Pancreatic Ductal Adenocarcinoma

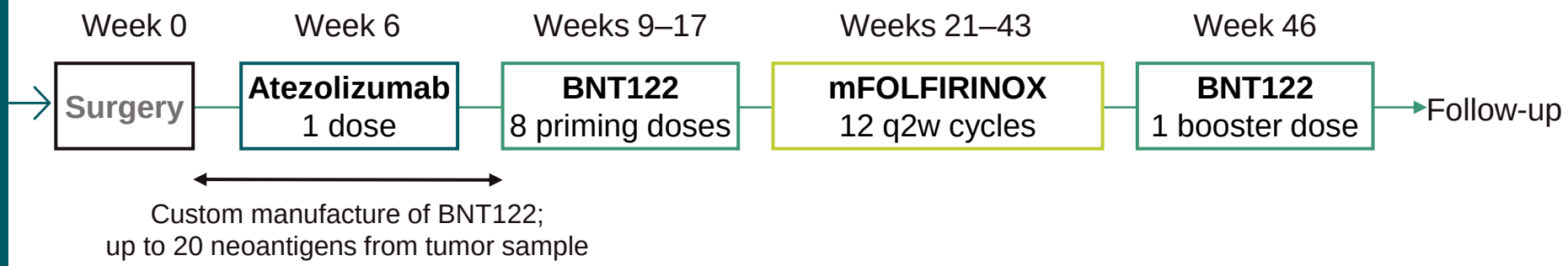
Phase 1, open-label, investigator-initiated trial (NCT04161755)

Inclusion criteria

Surgically resectable PDAC

- No borderline resectable
- No locally advanced or metastatic
- No neoadjuvant therapy

≥5 neoantigens



Key endpoints

Primary: Safety, immunogenicity, feasibility

18-month recurrence-free survival (RFS)

Status

Active, not recruiting

Investigator-initiated single-center study (MSKCC)

Data published in Nature (Rojas et al. 2023)

1. Partnered with Genentech, member of Roche Group; 2. Rojas et al. Nature. 2023.
mFOLFIRINOX = modified FOLFIRINOX; PDAC = pancreatic ductal adenocarcinoma; q2w = every 2 weeks.

Autogene Cevumeran/BNT122[1] Induces Immune Responses in Adjuvant Pancreatic Cancer

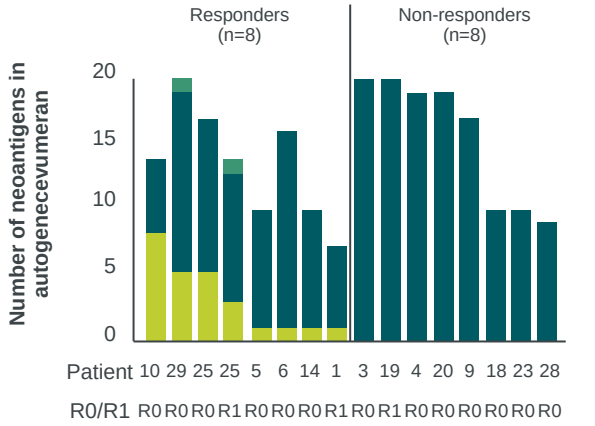
BNT122 induces functional neoantigen-specific T cells

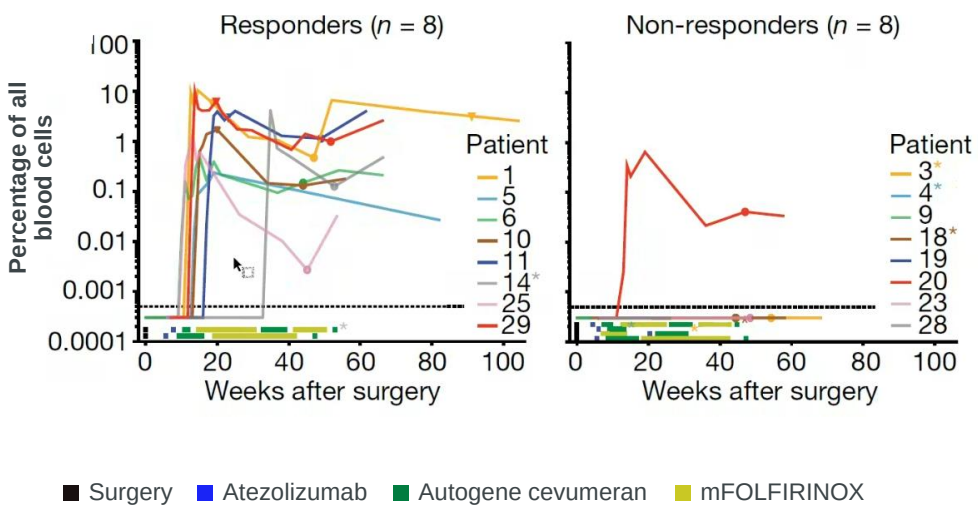
Rojas et al. Nature. 2023

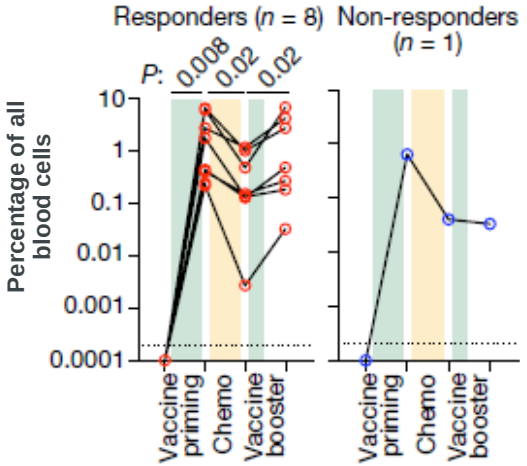
Half of all the patients who received the vaccine mount neoantigen-specific *de novo* T cell responses against at least one vaccine neoantigen

Vaccine-expanded T cells are durable and persist for up to 2 years

Vaccine-expanded T cells persist despite mFOLFIRINOX treatment







1. Partnered with Genentech, member of Roche Group.

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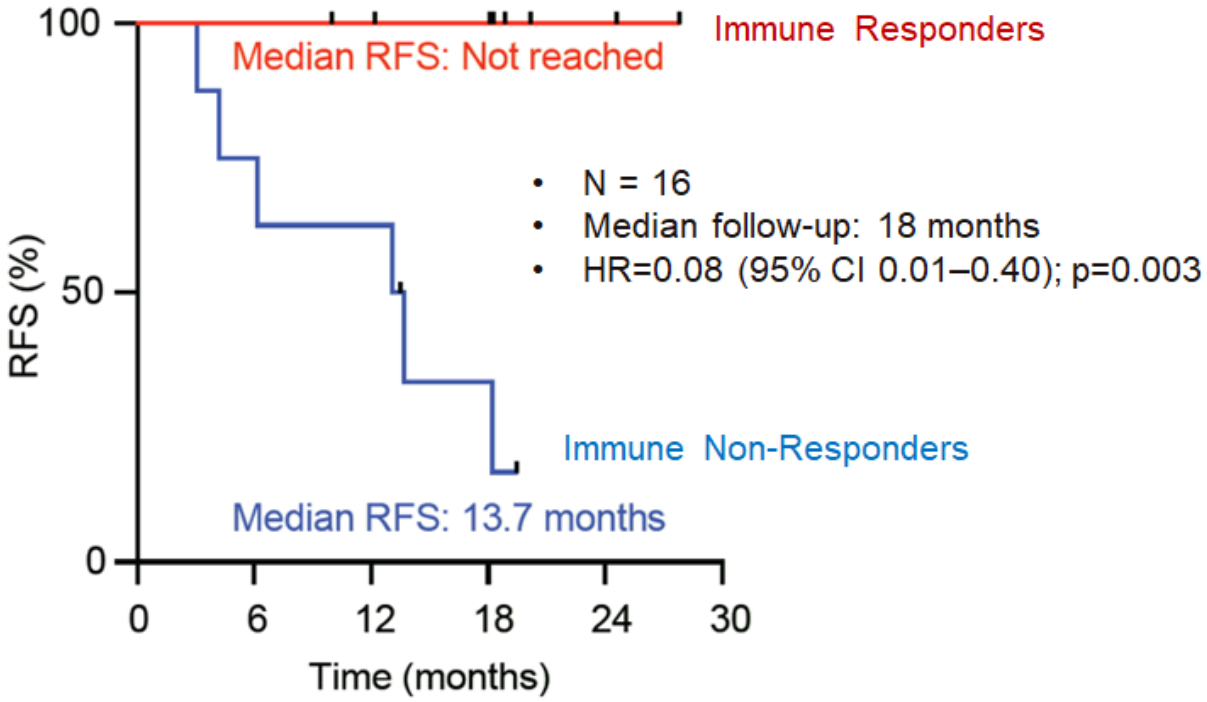
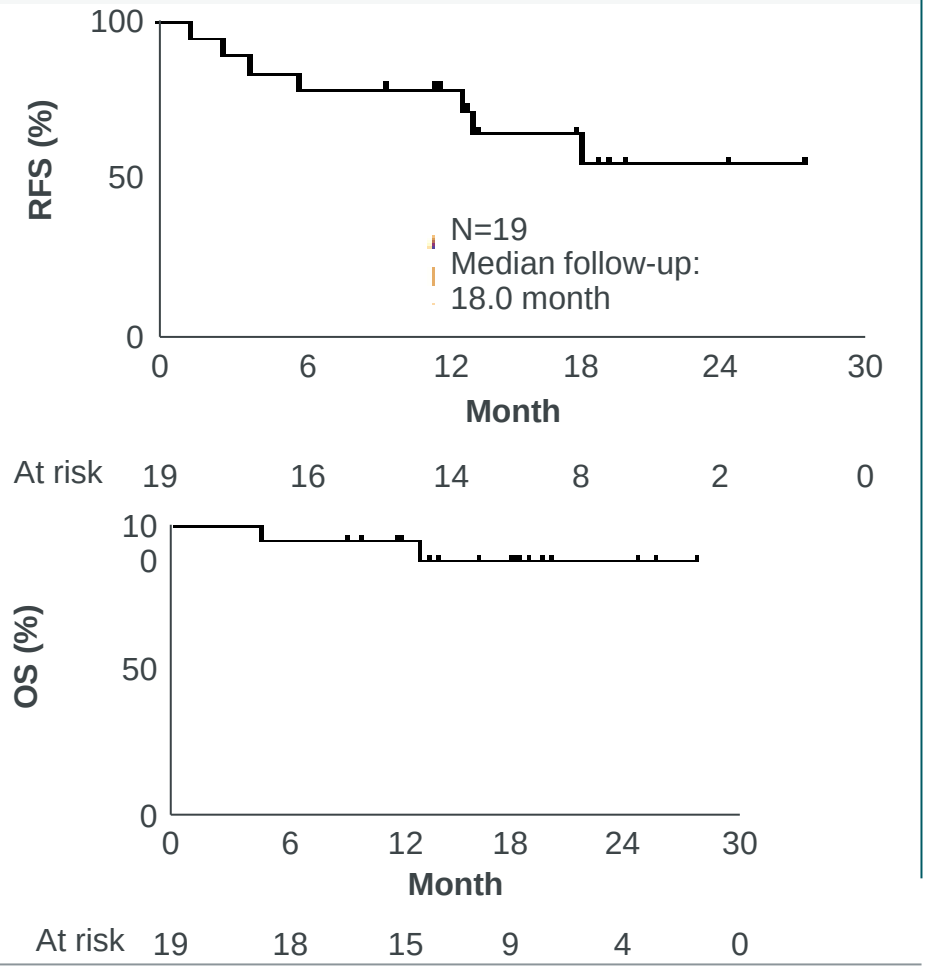
Autogene Cevumeran/BNT122[1] Demonstrates Clinical Activity in Adjuvant Pancreatic Cancer

BNT122 vaccine response correlates with delayed PDAC recurrence

Rojas et al. Nature. 2023





1. Partnered with Genentech, member of Roche Group.
PDAC = Pancreatic ductal adenocarcinoma; OS = overall survival, RFS = relapse-free survival.

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BNT122/Autogene Cevumeran[1] Investigated in a Phase 2 Randomized Trial vs SoC in Resected PDAC

IMCODE003: Phase 2, open-label, multicenter, randomized trial (NCT05968326)

Inclusion criteria

Patients with resected PDAC

No prior systemic anti-cancer treatment for PDAC

No evidence of disease after surgery

Randomization

6-12 weeks following surgery

Screening Part A

Determine ≥5 neo-epitopes from blood and tumor samples for custom manufacture of BNT122

Screening Part B

Confirm patient eligibility based IN/EX criteria

n=260
R 1:1

Arm 1
Autogene cevumeran + atezolizumab + mFOLFIRINOX

Arm 2
mFOLFIRINOX

Treatment phases and dosing schedules

During the study, patients are monitored at scheduled intervals until recurrence of PDAC, occurrence of new cancers, or unacceptable toxicity, whichever occurs first.

Stratification factors

Resection margin, nodal involvement

Key endpoints

Primary: DFS

Secondary: DFS rates, OS, OS rates and safety

Status

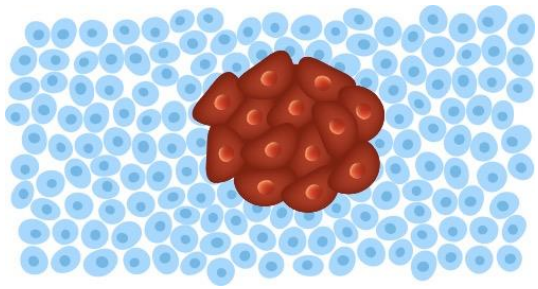
- Recruitment ongoing
- FPD October 2023

1. Partnered with Genentech, member of Roche Group.
SoC = standard of care; PDAC = pancreatic ductal adenocarcinoma; ; CT = computer tomography CTx = chemotherapy.

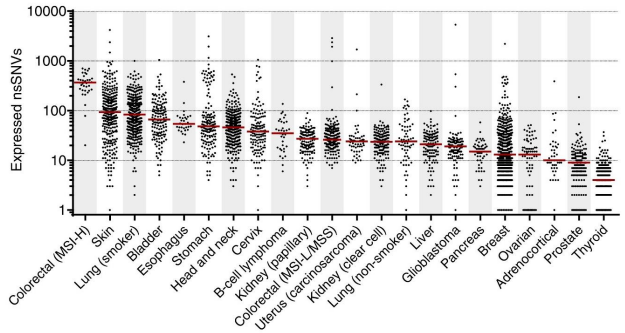
Personalized mRNA Cancer Vaccines: Key Takeaways

We aim to bring personalized cancer vaccines into the adjuvant treatment setting for multiple cancer indications including tumors with low mutational burden and cold tumor types

Adjuvant Setting



Low Mutational Burden



Rationale:

Low tumor mass, with residual cancer cells

Tumor resistance mechanisms not fully established

Healthier immune system allows for functional T cell responses

High unmet need, not addressed by approved immunotherapies

Demonstrated ability to generate durable *de novo* neoantigen specific poly-epitope T cell responses in multiple cold tumor types

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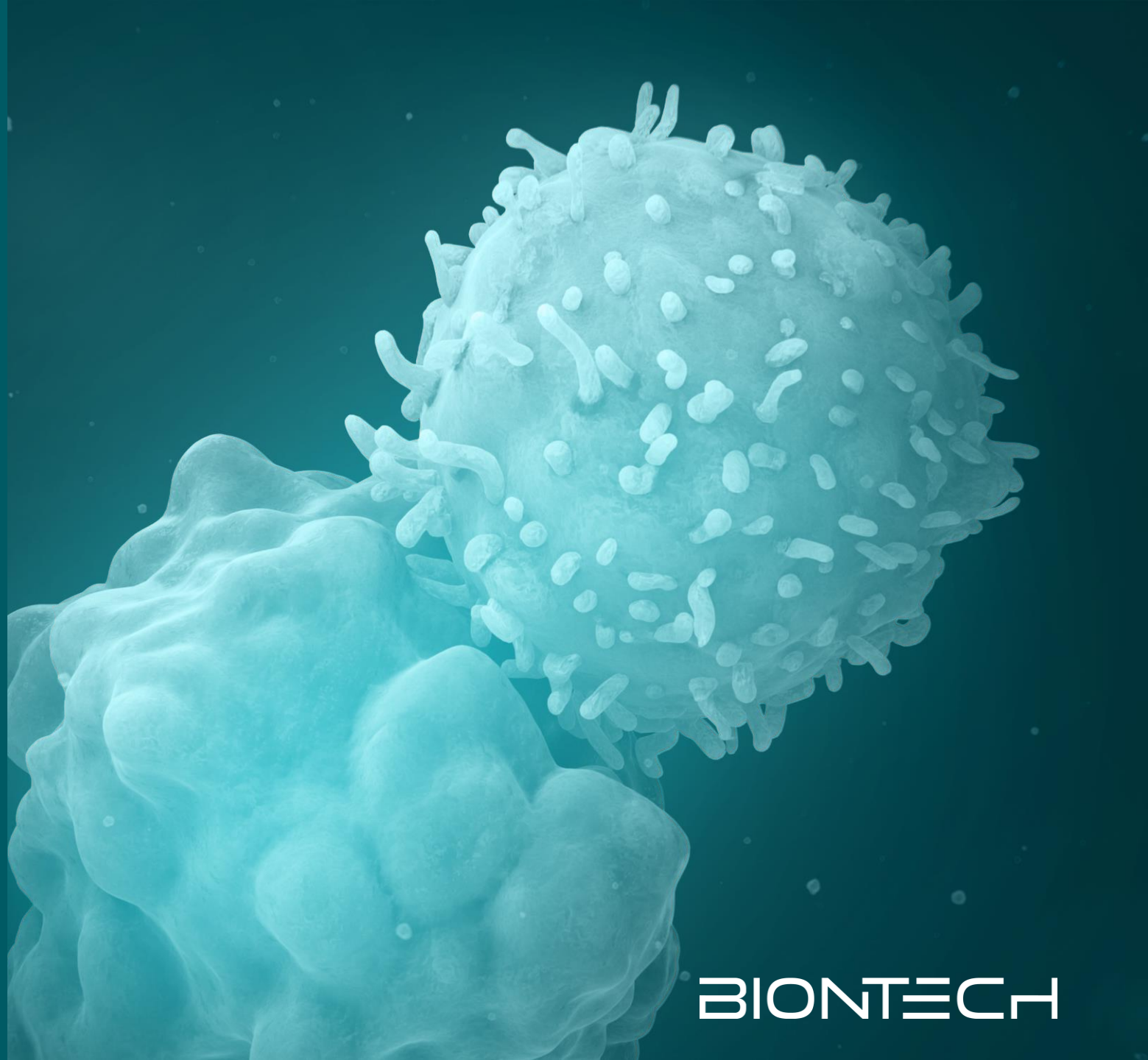
9

Path to Value Creation

Ryan Richardson
Chief Strategy Officer



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Strategic Outlook

	COVID-19[1]	Immuno-oncology	Infectious diseases
Strategy	**Drive leadership in COVID-19 vaccine franchise** leveraging Pfizer's global infrastructure	Build **fully integrated global organization** to discover, develop and **commercialize a multi-product portfolio**	Advance pipeline of **innovative mRNA prophylactic** and **therapeutic vaccine candidates**
Planned Next-Stage	**Advance commercial franchise** into combination and next-generation vaccines	Execute pivotal trials and **launch multiple products from 2026 onwards**	Initiate first **late-stage development programs**

1. Partnered with Pfizer.

Strategic Vision for 2030

Key value drivers	Cash position[1]	COVID-19 Vaccine Franchise	Oncology Pipeline	Infectious Disease Pipeline
Today	€17bn cash €2bn trade receivables[2] Interest income	Market-leading vaccine	Expanding late-stage pipeline	Early-stage ex-COVID-19 pipeline
		Cashflow generating		
2030 Vision	Strong balance sheet	Multi-vaccine portfolio	Multiple commercial products and novel late-stage pipeline	First approved products and late-stage pipeline
		Diversified, cashflow-generating multi-product portfolio		

1. As of September 30, 2023; 2. Figure is pre-tax.

Path to Sustained Long-term Growth

2023

- Expect to be profitable if full-year 2023 revenue guidance is achieved
- ~€1bn investment in BD/M&A
- Cash position of ~€17bn[1]

2024

- Increase oncology R&D investment in pivotal trials
- Maintain lean SG&A cost base
- Continue active BD/M&A strategy
- Maintain strong balance sheet

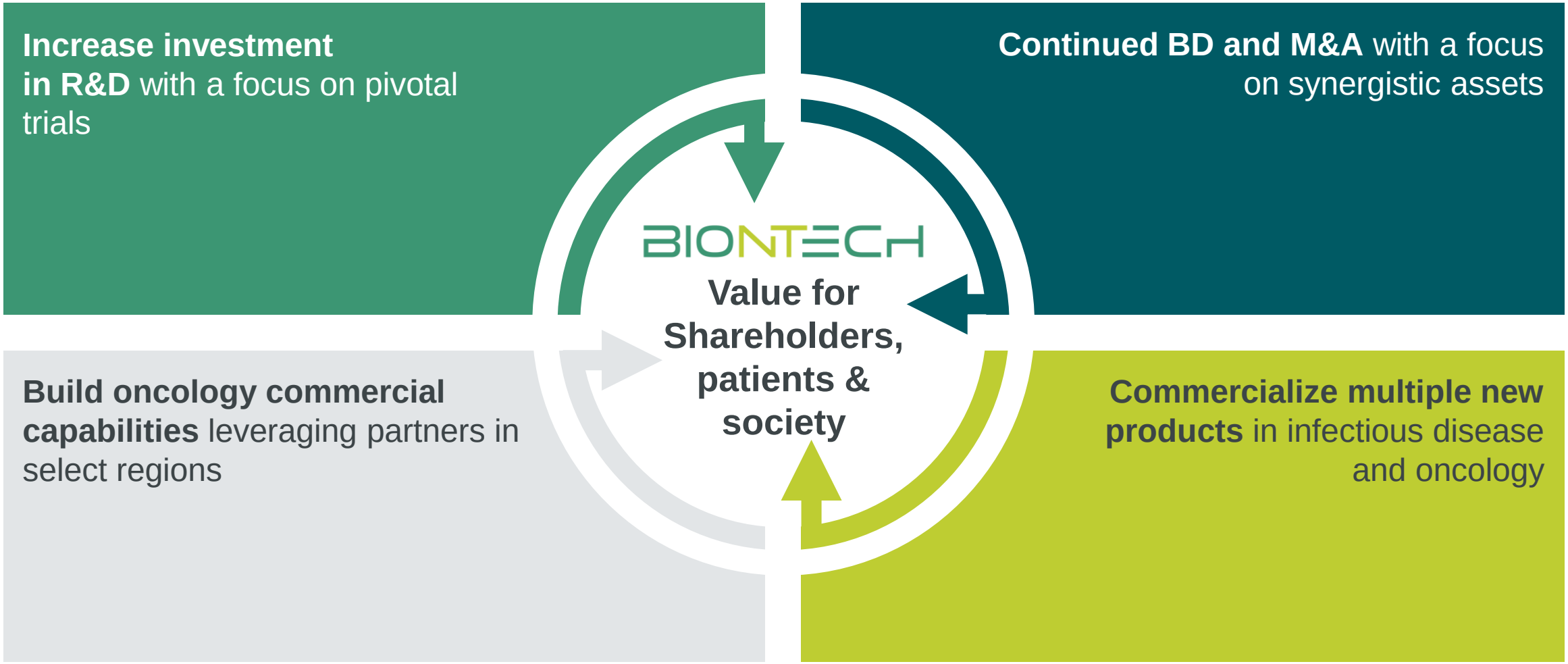
2025-2028

Goal of ***sustainable strategic growth*** through:

- Multiple new product approvals
- Revenue growth from first oncology launches and combination vaccines
- Profitable and cashflow positive
- Maintain strong balance sheet

1. As of September 30, 2023.
S&M = sales & marketing; BD = business development; M&A = mergers & acquisitions.

Path to Value Creation



THANK YOU

Contact us at *investors@biontech.de*