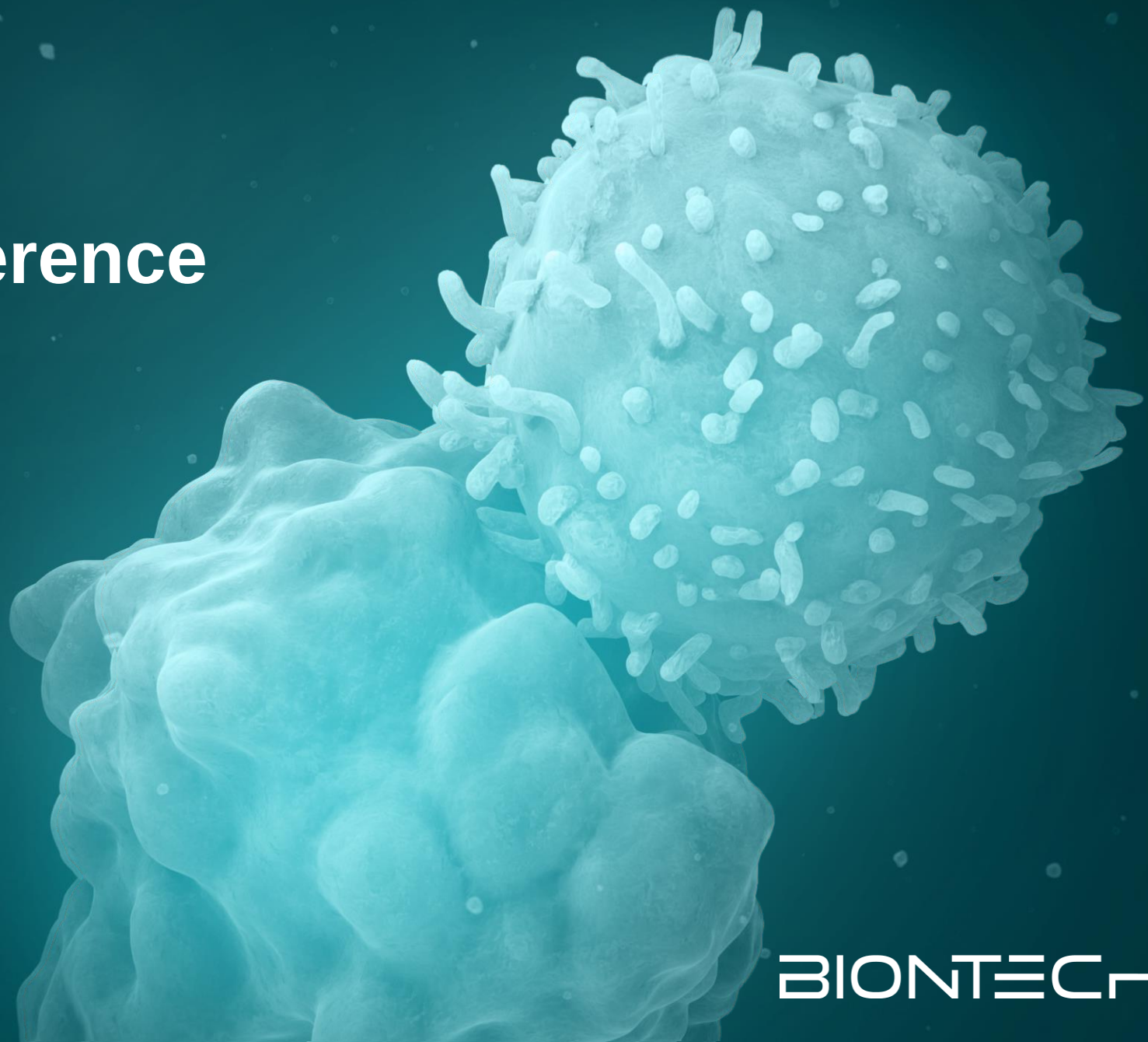
43rd J.P. Morgan Healthcare Conference

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

14 January 2025
9:00 – 9:40 AM PST



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A glossary of defined terms can be found at the end of the presentation.


Building a
Global Immunotherapy Powerhouse
Translating Science into Survival
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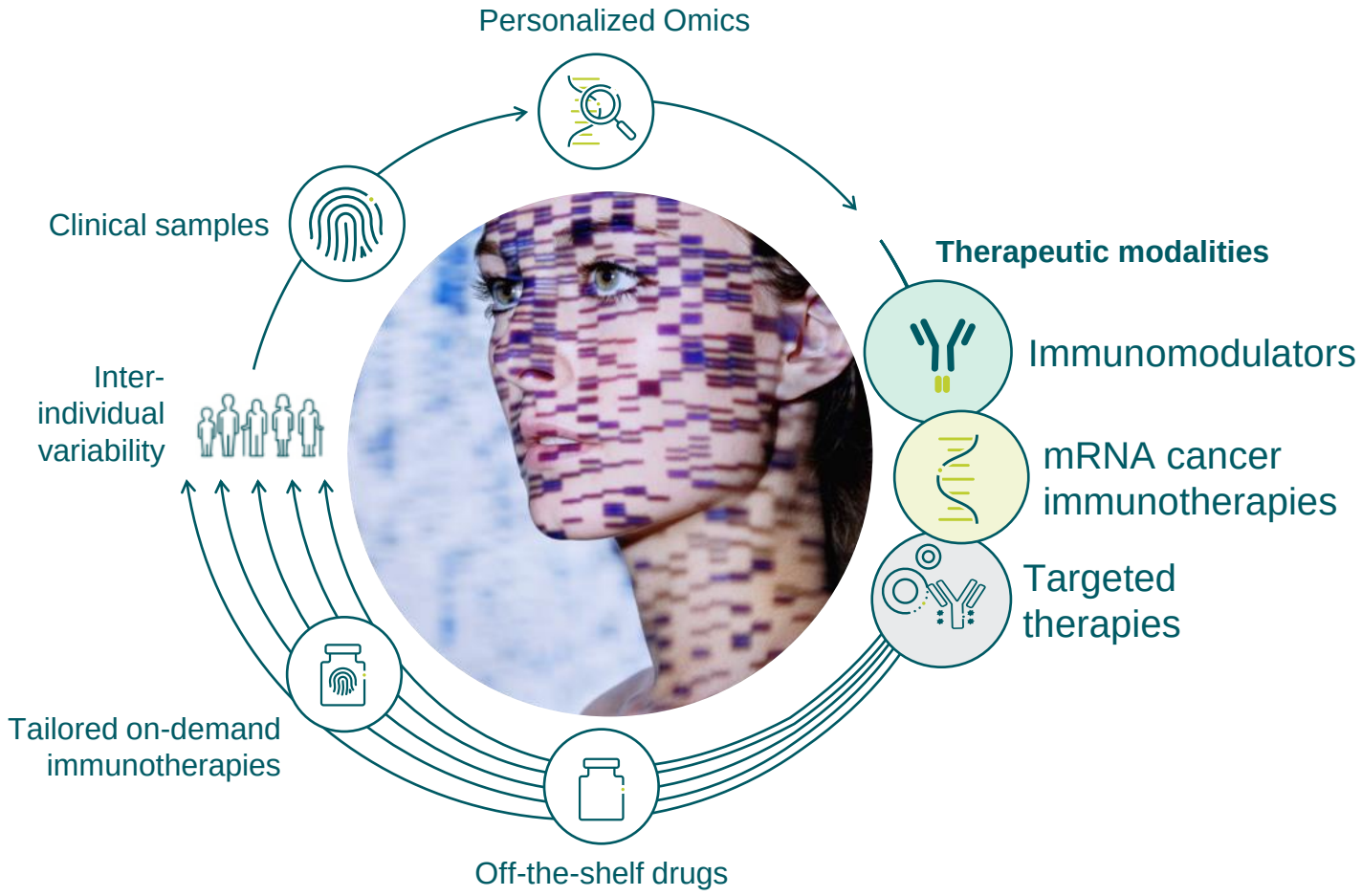
2024 Accomplishments Position Us for Success in 2025

Oncology Portfolio	Advanced oncology portfolio into late stage with **15** ongoing **Phase 2 and Phase 3** trials
BNT327/PM8002[1]	Presented **multiple datasets for BNT327**[1] and announced pivotal trials targeting unmet needs in **SCLC, TNBC**, and **NSCLC**
Corporate Development	Strengthened position by planned Biotheus acquisition[2]: Securing **global control of BNT327**[1] and **expanded pipeline** and in-house **immunotherapy capabilities**
COVID-19[3] and Infectious Disease Vaccines	Maintained **leading COVID-19[3] market share globally (>50%)** underscoring competitive strength and progressed early-stage infectious disease pipeline
Cash Balance[4]	Strengthened balance sheet through **strong financial performance**, reinforcing long-term growth potential: **~€ 17.4 bn** total cash and cash equivalents plus security investments[4]

1. BNT327/PM8002 partnered with Biotheus. In this presentation, BNT327/PM8002 will further be referred to as “BNT327”; 2. Expected to close in Q1 2025, subject to satisfaction of customary closing conditions, including regulatory approvals; 3. Partnered with Pfizer; 4. Preliminary, unaudited figure; consists of cash, cash equivalents and security investments, as of December 31, 2024.

We Have Unique Capabilities to Build Tomorrow's Personalized Precision Medicines

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



Our Leading Scientific Capabilities are Fueled by AI to Pioneer Personalized Immunotherapies

Personalized immunotherapy

iNeST[1]: **Personalized immunotherapy platform** utilizing AI to create therapies unique to each patients' tumor

- **4** ongoing trials
- **>450** patients treated[2]
- **18,000** neoantigens selected[2]

Computational extension of **immunotherapy target space[3]**

Semi-automated manufacturing capabilities for iNeST[1]

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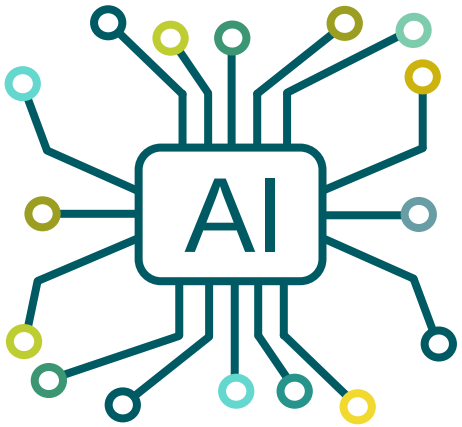


InstaDeep®

AI empowered bio-engineering

Development of novel **DeepChain** platform combining cutting-edge AI and bio-engineering

Optimization of **mRNA design & structure**

Automated dry-wet lab to enhance discovery capabilities

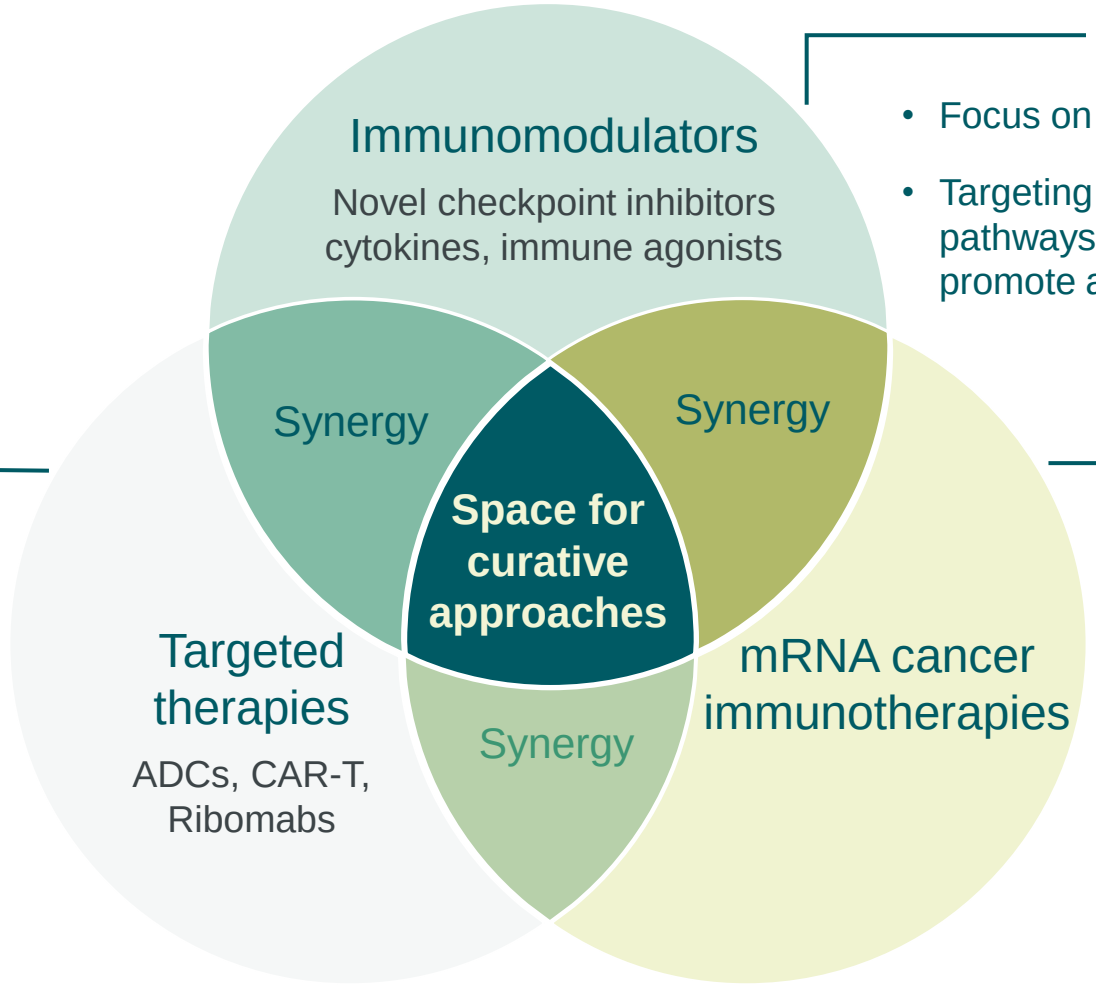
In-house **supercomputing cluster is among** worldwide **top 100[4]**

1. Partnered with Genentech, a member of the Roche Group. 2. From trials BNT122-01, GO39733, GO40558 and ML41081; 3. Castle et al. 2011 Cancer Res; 4."Top 500, The List", June 2023.

We are Uniquely Positioned to Combine Approaches to Transform Cancer Care

Immunomodulators

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



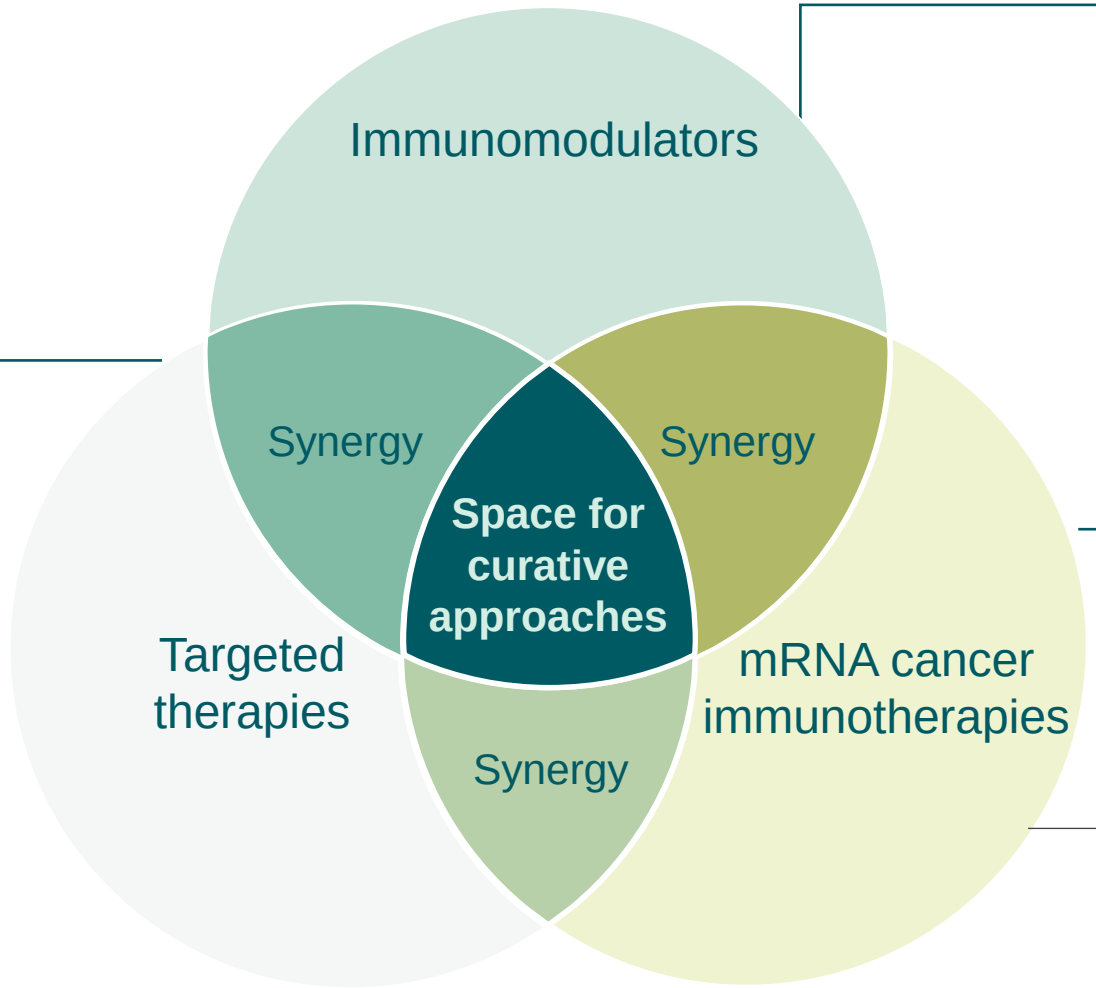
Targeted therapies

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

mRNA cancer immunotherapies

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

Our Unique Pipeline Has the Potential for a Curative Approach to Cancer



Targeted therapies

- BNT323/DB-1303[1] — Anti-HER2 ADC
- BNT324/DB-1311[1] — Anti-B7H3 ADC
- BNT325/DB-1305[1] — Anti-TROP2 ADC
- BNT326/YL202[2] — Anti-HER3 ADC
- BNT211 CAR-T — Anti-CLDN6 CAR-T
- BNT141 BNT142 Ribomabs — Anti-CLDN6 Anti-CLDN18.2

Immunomodulators

- BNT327[3] — Anti-PD-L1 / Anti-VEGF
- BNT312/GEN1042[5] — Anti- CD40 / Anti-4-1BB
- BNT314/GEN1059[5] — Anti-EpCAM / Anti-4-1BB
- BNT151 BNT152 BNT153 Ribo-cytokines — IL2, IL7
- BNT315/GEN1055[5] — Anti-OX40
- BNT316/ONC-392[6] — Anti-CTLA4

mRNA cancer immunotherapies

- **iNeST**[4] Fully Individualized

- **FixVac** Off-the-shelf mRNA

Partnered with 1. DualityBio; 2. MediLink; 3. BNT327/PM8002 partnered with Biotheus; 4. Genentech, a member of the Roche Group; 5. Genmab; 6. OncoC4

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

Priority Pan-tumor Programs

Novel mRNA cancer immunotherapy

FixVac & iNeST[1]

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

Our next-generation IO-backbone

PD-L1/VEGF-A antibody BNT327[2]

Potential to become the next-generation IO-backbone

Clinical stage candidates for combination therapy

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

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

Addressing the full continuum of cancer across different stages

1. Partnered with Genentech, a member of the Roche Group; 2. BNT327/PM8002 partnered with Biotheus.

BNT327 as Potential Next-Generation IO-Backbone

Priority Pan-tumor Programs

Novel mRNA cancer immunotherapy

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BNT327[1]: Data from 750 Patients Across Multiple Indications Highlight the Potential to Establish a New Standard of Care

>750
patients enrolled

Clinical activity across indications

10+
indications studied[2]

Including SCLC, NSCLC, TNBC, HCC, MPM and others

20
clinical trials
ongoing or planned

Including studies in 1L or 2L with SoC CTx and novel combinations

3
global potentially
registrational trials

Focus on 1L TNBC, SCLC, and NSCLC

1.BNT327/PM8002 partnered with Biotheus; 2. Indications included in Ph2a: NSCLC, mucosal melanoma, renal cell carcinoma, endometrial cancer, cervical cancer, platinum resistant ovarian cancer.

Differentiation of BNT327[1] by Binding to PD-L1 Allows Targeting to Tumor Site

	Cooperative effect linking PD-L1 and VEGF binding	Blocking of PD-L1 signaling	Neutralization of VEGF	TME Targeting by anti-PD-L1
BNT327[1] PD-L1/VEGF	YES	YES	YES	YES
PD-1/VEGF bispecifics	YES	YES	YES	NO

BNT327[1]

Dual targeting of TME

VEGF targeted PD-L1 inhibition

Anti-VEGF

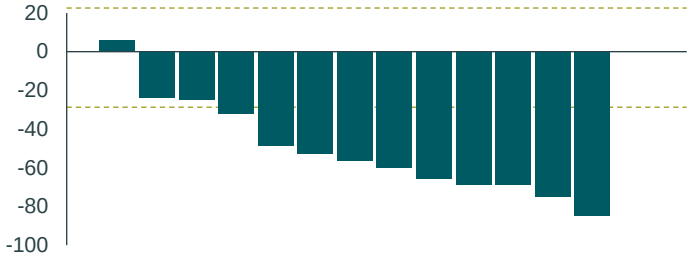
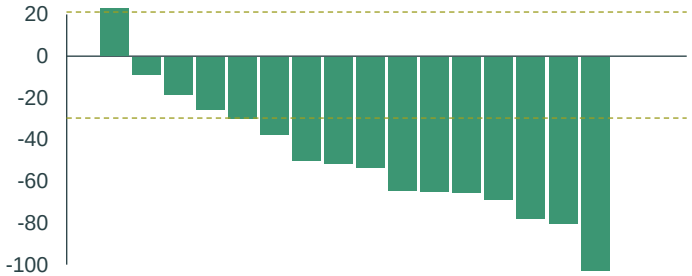
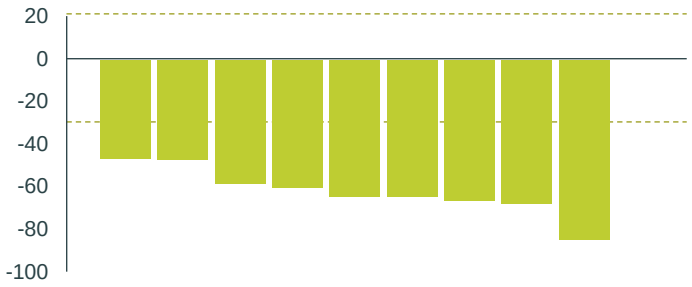
Anti-PD-L1

PD-L1 targeted VEGF neutralization

1. BNT327/PM8002 partnered with Biotheus; TME: Tumor Microenvironment

BNT327[1] May Drive Clinical Benefit Irrespective of PD-L1 Status

BNT327[1] + chemo in 1L **TNBC,** Y. Meng et al. Presented at ESMO 2024. Presentation 384MO

PD-L1 status	Waterfall plots	ORR Objective response rate
PD-L1 negative[2]		**76.9%**
PD-L1 low[2]		**56.3%**
PD-L1 high[2]		**100.0%**

BNT327[1] has the potential to become a backbone IO therapy for significant patient populations currently not addressed by existing IO therapies

1.BNT327/PM8002 partnered with Biotheus; 2. PD-L1 status in TNBC: negative= CPS<1; low= 1≤CPS<10; high= CPS≥10

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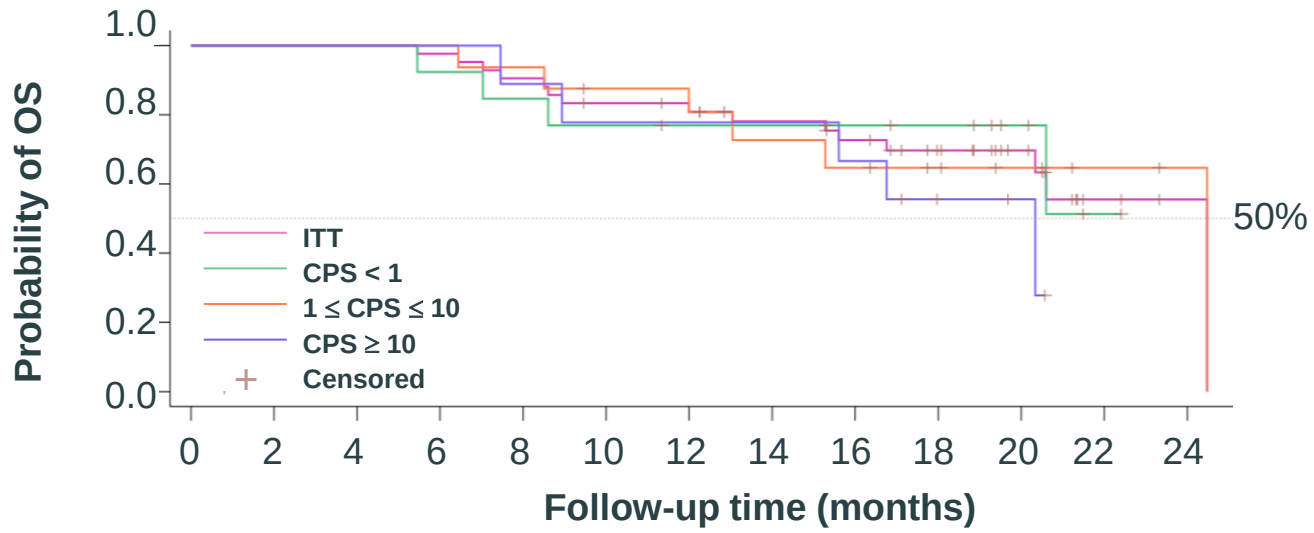
In 1L TNBC BNT327[1] with CTx Shows Encouraging Efficacy Irrespective of PD-L1 Status

Phase 1b/2 Study (NCT05918133): Interim overall survival (BNT327[1] + Nab-Paclitaxel):

Jiong Wu et al. Presented at SABCS 2024; Abstract number: SESS-3600 Poster number: PS3-08

Overall survival: Kaplan-Meier plot



CPS ≥ 10	9	9	9	9	8	7	7	7	6	3	2	0	
1 ≤ CPS < 10	16	16	16	16	15	13	12	9	8	6	4	2	1
CPS < 1	13	13	13	12	11	10	9	9	8	7	4	1	0
ITT	42	42	42	41	38	34	32	29	26	20	12	3	1

Variable	ITT[2]	PD-L1 CPS<1	PD-L1 1≤CPS<10	PD-L1 CPS≥10
Population (n)	42	13	16	9
ORR %	**73.8**	**76.9**	**56.3**	**100.0**
DCR %	95.2	100.0	93.8	100.0
mPFS (mo)	13.5	18.1	14.0	10.8
12-mo OS rate %	80.8	76.9	80.8	77.8
15-mo OS rate %	78.1	76.9	72.7	77.8
18-mo OS rate %	**69.7**	**76.9**	**64.6**	**55.6**

BNT327[1] 18-mo OS rate of 69.7%. mOS not yet mature in ITT population.

1. BNT327/PM8002 partnered with Biotheus; 2. PD-L1 testing was not done in 4 patients (not shown): ORR: 75.0% and mPFS 14.0 months.

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Broad Combination Strategy Across Indications Aiming to Establish Next-Generation IO-Backbone

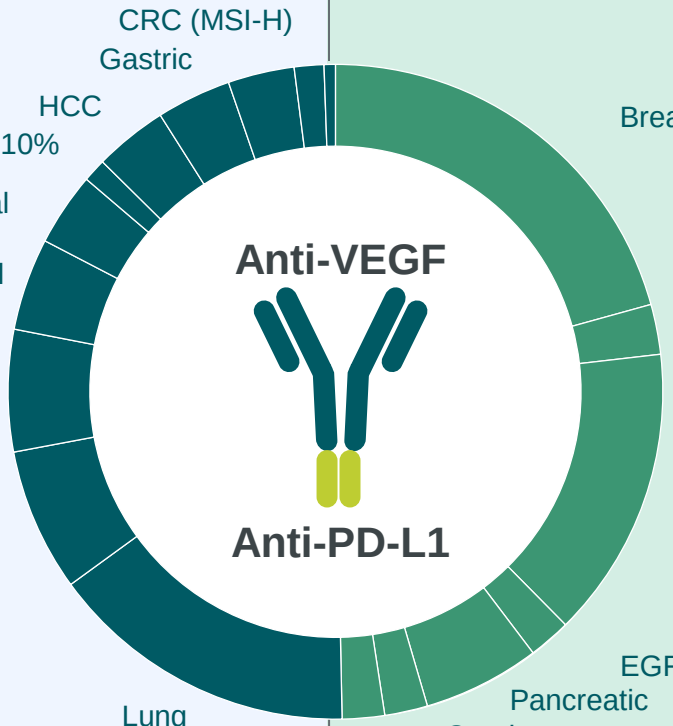
Anti-PD-(L)1 approved

Anti-PD-(L)1 therapy addresses

~1.5 M

new cancer cases
in the US and EU annually
with medical need remaining
high (5-year survival < 50%)[1]

Anti-PD-(L)1 not approved



>1.4 M

estimated new cancer cases
in the US and EU annually
that cannot be addressed
by current IO therapies

US and EU Cancer Incidence[2]

1. NCI SEER https://training.seer.cancer.gov/index.html. 2.US incidence source: NIH and American Cancer Society data EU incidence source: European Cancer Information System

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Accelerating Our Global Clinical Development Program for BNT327[1]

Explore potential of BNT327[1] in three waves of focused development

1 Establish

Ongoing

- Phase 2 in TNBC
- Phase 2 in SCLC
- Phase 2/3 in NSCLC
- Phase 3 in SCLC

Planned

- Phase 3 in TNBC for 2025

2 Combine

Ongoing

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

Planned

- Phase 1/2 with BNT323/DB-1303[2] (HER2)
- Phase 1/2 with BNT324/DB-1311[2] (B7H3)
- Phase 1/2 with BNT326/YL202[3] (HER3)
- Additional combinations in 2025 and beyond

3 Broaden

Current portfolio of 20+ clinical stage oncology assets in-house

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

BNT327[1] + novel: Broaden to further indications

BNT327[1] + ADC: Explore expansion to novel combinations with ADCs in high unmet need indications

BNT327[1] + chemo: Establish in combination with CTx in potential Fast-to-Market indications

1. BNT327/PM8002 partnered with Biotheus; Partnered with: 2. DualityBio; 3. MediLink.

BNT327[1]: Data Readouts Expected in 2025

Indication	Target Population	Regimen	Phase	Region
SCLC	1L or 2L	+ chemo	**2**	Global
TNBC	1L or 2L	+ chemo	**2**	Global
Multiple solid tumors	Multiple lines	+ BNT325/DB-1305[2]	**1/2**	Global
SCLC	1L	+ chemo	**2**	China
SCLC	2L	+ chemo	**2**	China
MPM	1L	+ chemo	**2**	China

1. BNT327/PM8002 partnered with Biotheus; 2. Partnered with DualityBio.

BNT327 as Potential Next-Generation IO-Backbone

Priority Pan-tumor Programs

Novel mRNA cancer immunotherapy

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Addressing the full continuum of cancer across different stages

1. Partnered with Genentech, a member of the Roche Group; 2. BNT327/PM8002 partnered with Biotheus.

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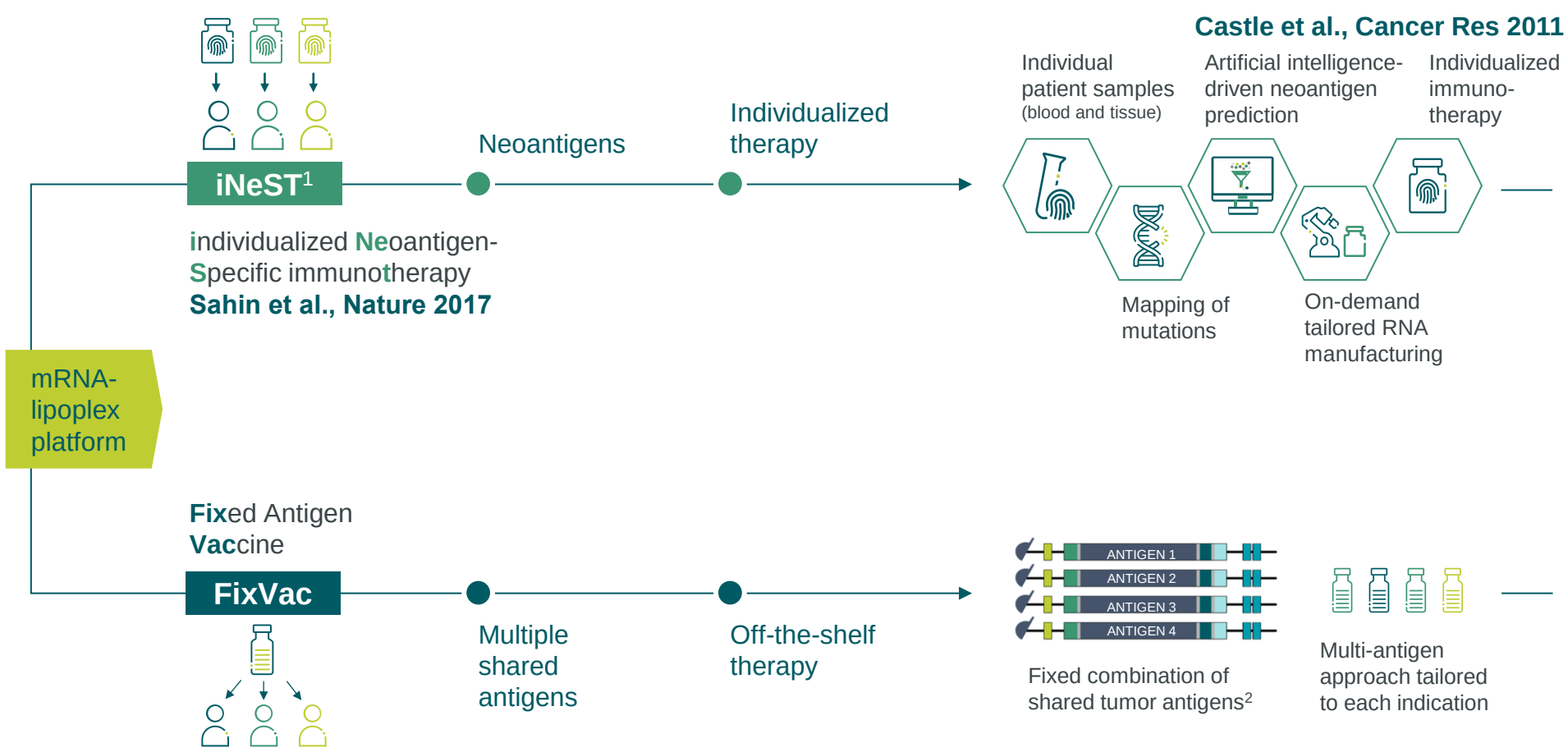
Leveraging Our Leadership in mRNA to Fully Exploit Cancer Immunotherapy Target Space with Two Approaches



Strong vaccine-induced *ex vivo* CD8+T cell responses across different cancer types[3]

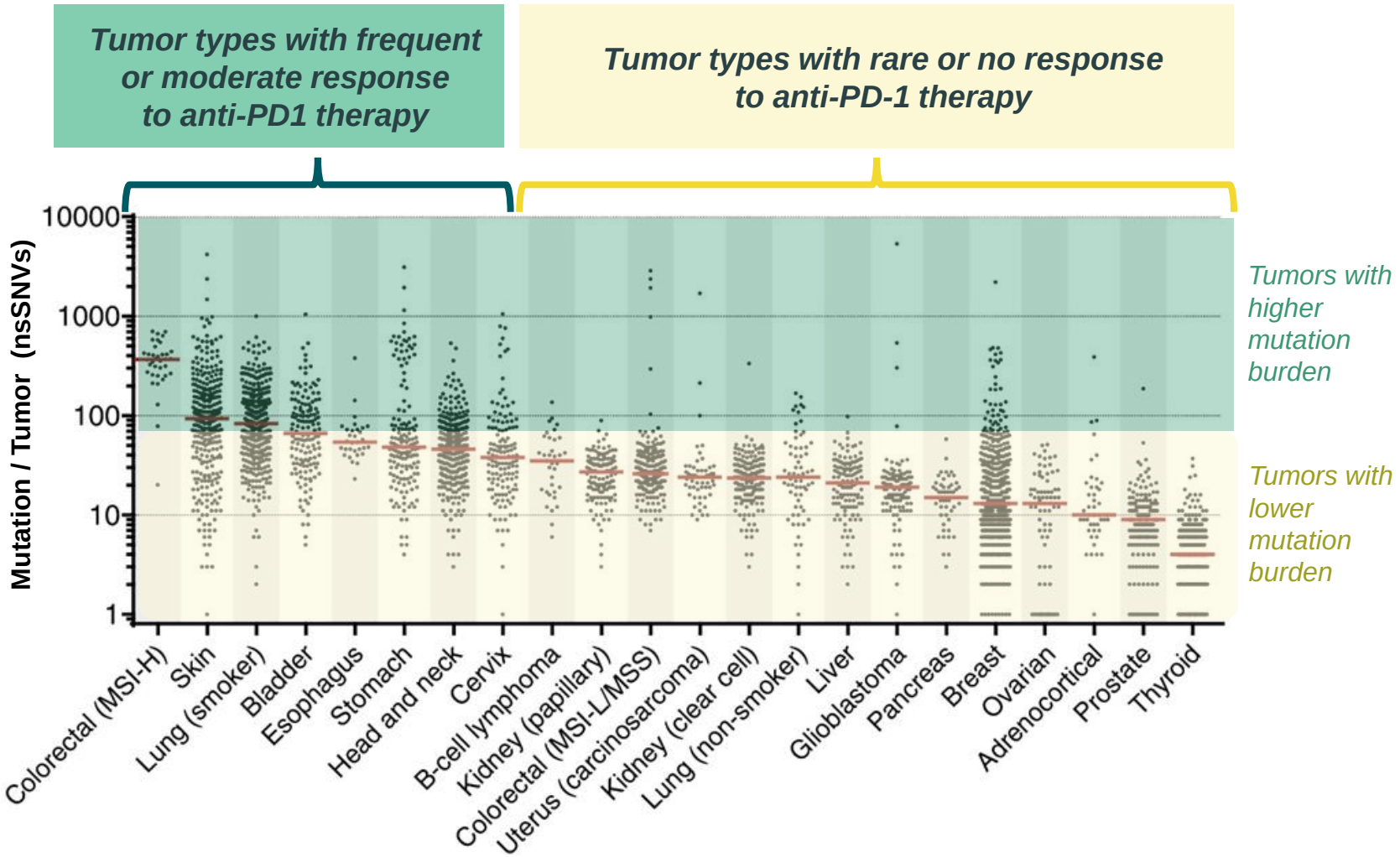
1. Partnered with Genentech, a member of the Roche Group. 2. Antigens vary across programs; 3. T cell responses analyzed by *ex vivo* multimer staining analysis in blood.

T Cell Neoantigen Recognition is Critical for Effective Anti-PD-1 Therapy

Mechanism of anti-PD-1 immunotherapy

Anti-PD1 therapy is most effective in an environment where T cells are already primed and able to recognize tumor-specific neoantigens

Only 1-2% of mutations trigger spontaneous neoantigen-specific immune responses, making anti-PD-1 less effective in tumors with lower mutation burden



Vormehr et al., Curr Opin Immunol 2016

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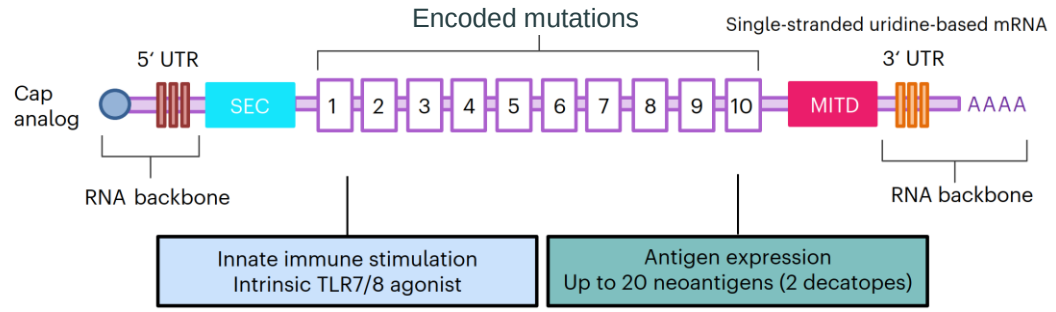
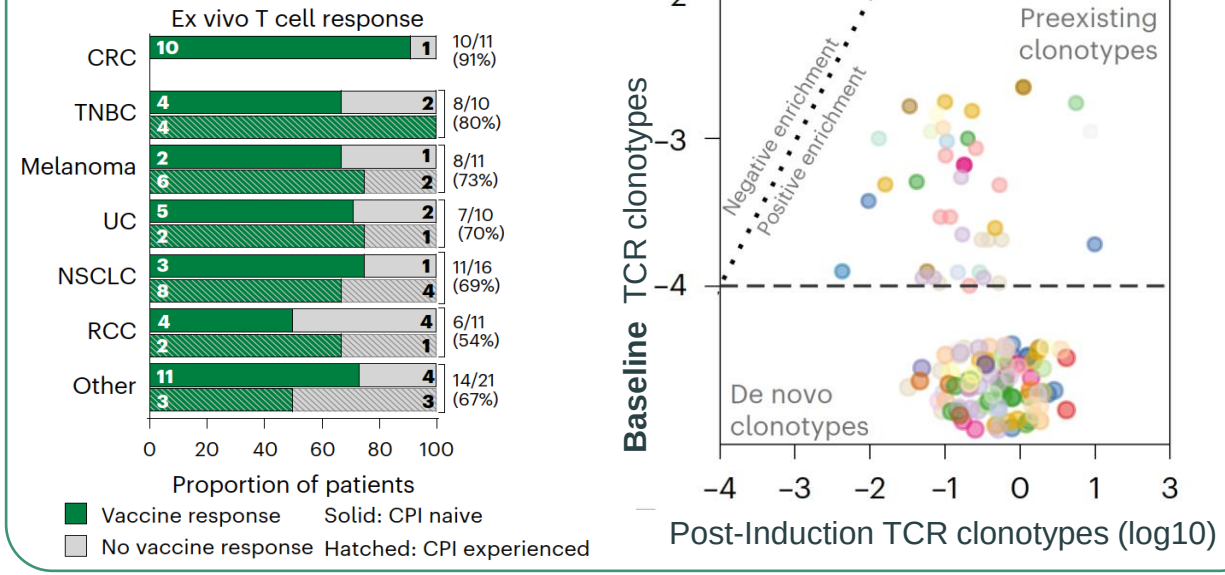
Autogene Cevumeran[1] Induces Neoantigen Specific T cells in a Broad Range of Cancers

Neoantigen mRNA design



Neoantigen specific T cell responses



First-in-human study (NCT03289962) in advanced and metastatic solid tumors

Autogene cevumeran[1] monotherapy (n=30)

Combination with atezolizumab (n=183)

- Well tolerated safety profile
- Strong neoantigen responses across broad spectrum of cancers
- Poly-epitopic, long-lasting neoantigen specific responses (CD4+, CD8+) in 71% of patients
- Expansion of pre-existing neoantigen T cells as well as induction of de novo T cell responses
- Immune therapy-Induced T cells were found in biopsies of post-treatment tumor lesions

Lopez et al. Autogene cevumuran with or without atezolizumab in advanced solid tumors, a phase1 trial. ***Nature Medicine, 2025***

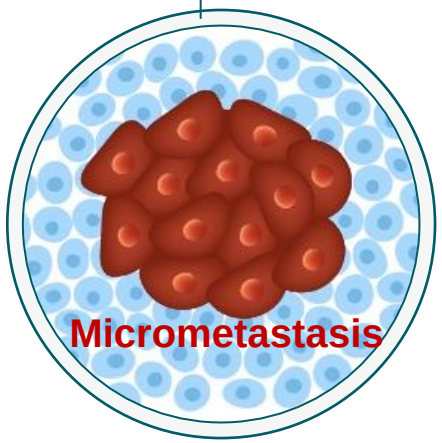
1. Partnered with Genentech, a member of the Roche Group

Evaluating Autogene Cevumeran[1] in the Adjuvant Treatment Setting for Cancers of High Unmet Need

Rationale for adjuvant setting

Low tumor mass with residual cancer cells

Resistance mechanisms, clonal heterogeneity and immune suppression not fully established



Healthier immune system and uncompromised T-cell function

Unmet medical need

Colorectal Cancer

11 months median DFS in ctDNA+ CRC post adjuvant chemotherapy[2]

Reinacher-Schick et al., ASCO 2024

Randomized Phase 2 trial ongoing

Data update expected in late 2025 / early 2026

Pancreatic Ductal Adenocarcinoma

69–75% relapse rate within 5 years after adjuvant therapy[3,4]

Phase 1 trial completed and published

Randomized Phase 2 trial ongoing

Muscle-Invasive Urothelial Cancer (MIUC)

40% of patients relapse within 2 years after adjuvant nivolumab[5]

FPI in Dec 2024

Phase 2 study ongoing

1. Partnered with Genentech, a member of the Roche Group; 2. Nakamura et al., Nature Medicine, 2024; 3. Jones et al., JAMA Surgery 2019; 4. Conroy et al., JAMA Oncology 2022; 5. Bajorin et al., 2021 NEJM.

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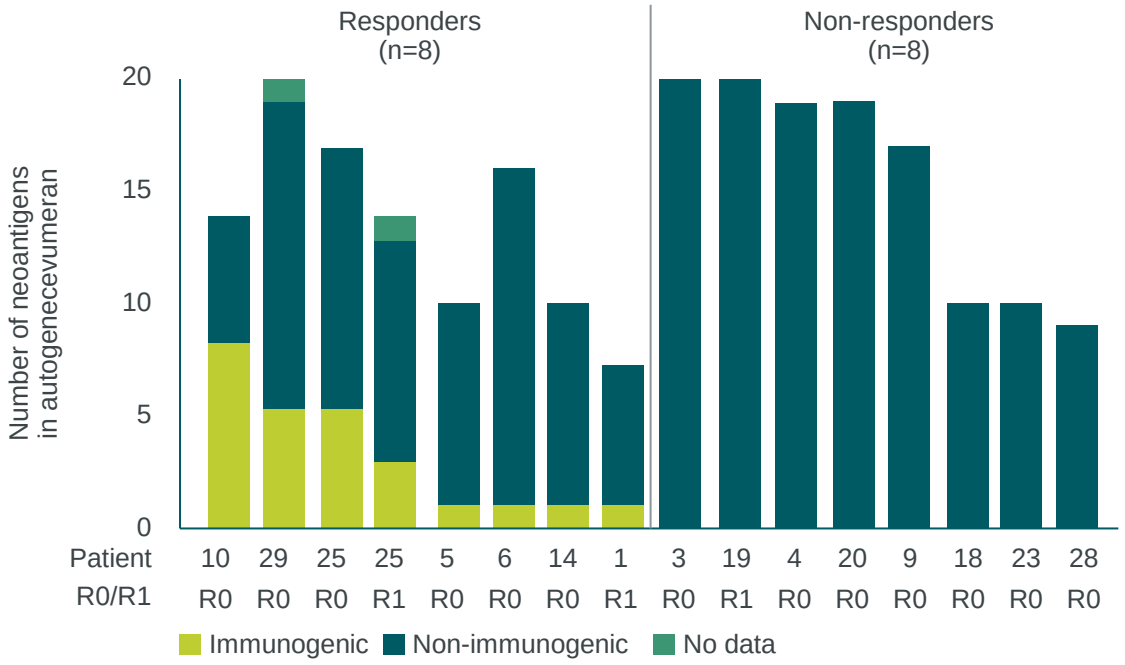
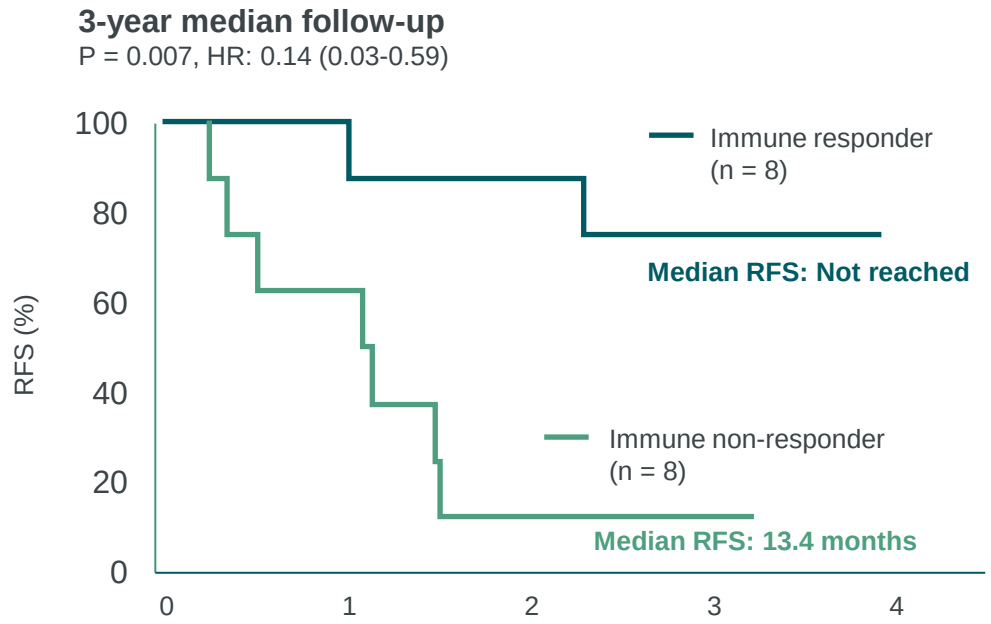
Response to Autogene Cevumeran[1] Correlates with Delayed PDAC Recurrence

Phase 1, investigator-initiated trial in resectable PDAC: 3-year follow-up data

Balachandran et al., AACR 2024. #CT025 & Rojas et al., Nature 2023





At risk					
Responder	8	8	7	5	0
Non-responder	8	5	1	1	0

Half of all patients mounted neoantigen-specific *de novo* T cell responses against at least one vaccine neoantigen

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

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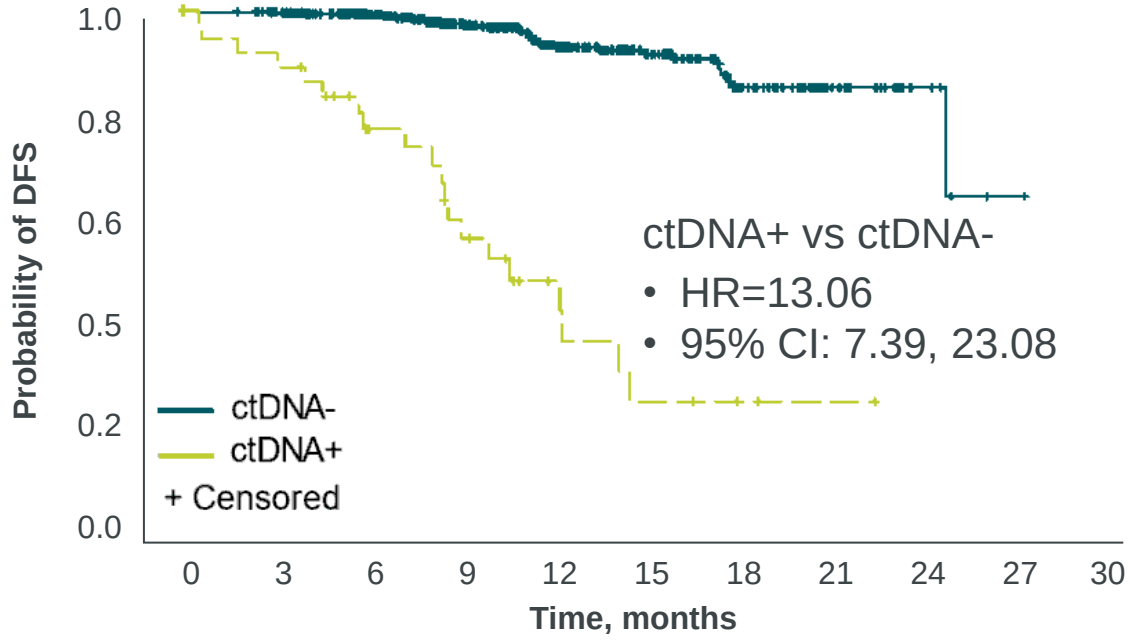
CRC Patients with Post-Surgery ctDNA Positivity Have Significantly Shorter DFS

DFS in patients who were ctDNA+ vs ctDNA- post surgery[1]

Reinacker-Schick. et al., ASCO 2024. Abstract #3526.



ctDNA-	741	489	402	295	187	120	64	30	6	1	0
ctDNA+	55	33	22	15	8	4	2	1	0		

BNT000-001: A multi-site epidemiological study of ctDNA status in Stage II/III CRC patients after resection and prior to adjuvant chemotherapy (NCT04813627)

Data cut-off March 15, 2024

Post-surgery ctDNA status can identify patients at high risk of disease recurrence (HR=13.06)

1. Patients who transferred to BNT122-01 (n=56) were excluded from this analysis.

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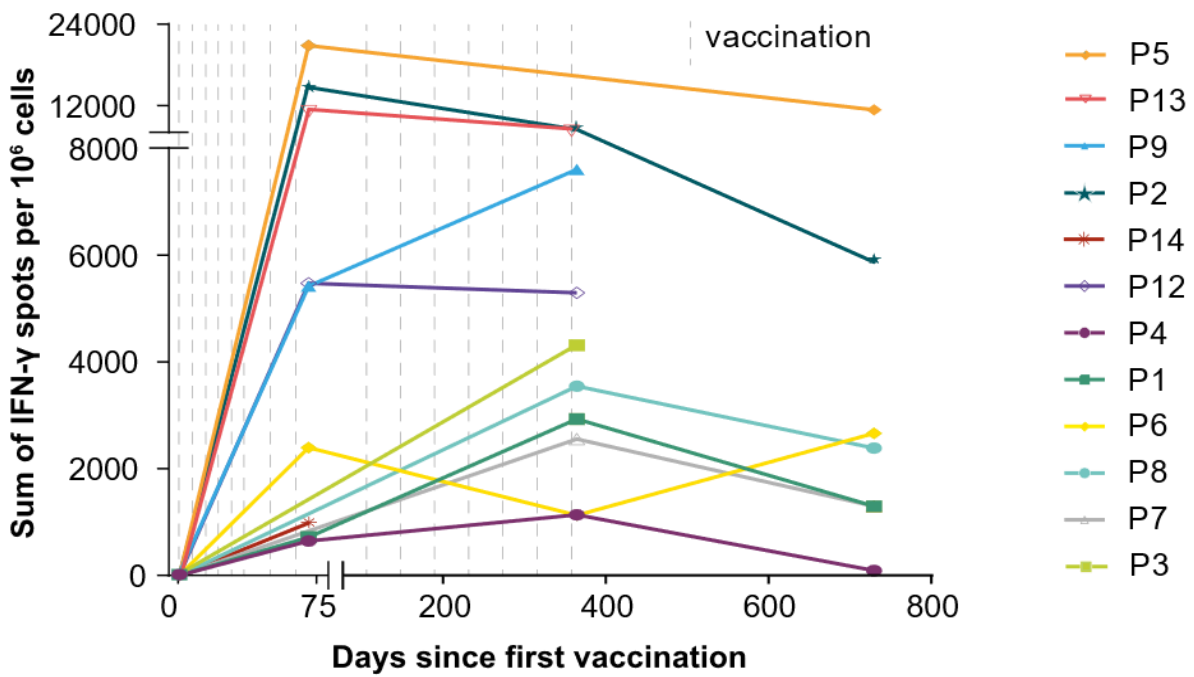
Vaccine-Induced T Cells are Long-Lived, Still Detected 1 Year After Last Vaccination with Autogene Cevumeran[1] in CRC Patients

Kinetics and persistence of T cell responses to immunotherapy-encoded neoantigens

Elez et. al., Biomarker sub-study results of Phase 2 trial (NCT04486378), ESMO-GI 2024.

Kinetics and durability of *ex vivo* T cell responses in individual patients (n=12)



Data cut-off March 15, 2024

- Autogene cevumeran[1] induced T cell responses in all patients
- Responses are polyepitopic; median of 3 vaccine-encoded neoantigens
- Almost all responses were detectable after 8 vaccinations
- All 12 patients included in the immunogenicity analysis were disease-free at data cut-off

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

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Ongoing Randomized Phase 2 Trial Evaluating Autogene Cevumeran in ctDNA+ CRC Patients

BNT122-01: Phase 2 multi-site, open-label, randomized, controlled trial (NCT04486378) vs. watchful waiting in adjuvant colorectal cancer

Key inclusion criteria

- Patients with surgically-resected Stage II (high-risk) or Stage III CRC
- Post surgery ctDNA+

Adjuvant SoC chemotherapy for 12–24 weeks

N=327
R 1:1

Autogene cevumeran[1]
15 doses: 6×Q1W, 2×Q2W, 7×Q6W

Observational
watchful waiting

Key endpoints

DFS; Efficacy: RFS, TTR, TTF, OS; Change in ctDNA status

First data expected in late 2025 / early 2026

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

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Multiple Clinical Trials Demonstrate Execution Across iNeST and FixVac Portfolios

Individualized immunotherapy: iNeST					FixVac		
Autogene cevumeran (BNT122/RO7198457)[1]					BNT111[2]	BNT113	BNT116
	Adjuvant		**1L**	**R/R**	**R/R**	**1L**	**Multiple settings**
MIUC Phase 2	CRC Phase 2	PDAC Phase 2	Melanoma Phase 2	Solid tumors Phase 1	Melanoma Phase 2	HPV16+ HNSCC Phase 2	NSCLC Phase 1 & 2
+ Nivolumab	Monotherapy	+ Atezolizumab + mFOLFIRINOX	+ Pembrolizumab	+ Atezolizumab	+ Cemiplimab	+ Pembrolizumab	Monotherapy, + Cemiplimab or CTx or aCTLA4
Recruitment ongoing	Recruitment ongoing Data presented from epi sub-study at **ASCO 2024** and from biomarker sub-study at **ESMO-GI 2024**.	Recruitment ongoing Data presented from investigator-initiated Ph 1 trial at ASCO 2022 & **AACR 2024** and published (Rojas et al., **Nature 2023**).	Enrollment completed Ph 1 data on prototype vaccine published (Sahin et al., **Nature 2017**). Analysis of Ph 2 PFS as primary endpoint will be based on events and defined when reporting results.	Enrollment completed Data presented at AACR 2020. Data published (Lopez et al., **Nature Medicine 2025**)	Enrollment completed **Positive topline data** announced July 2024 Data presented from Ph 1 at multiple conferences incl. SITC 2021 and published (Sahin et al., **Nature 2020**).	Recruitment ongoing Ph 2 data presented at multiple conferences incl. ESMO-IO 2022 Data from safety run-in of Ph 2 trial and Ph 1/2 IIT presented at **ESMO 2024.**	Recruitment ongoing in Ph 2 in 1L NSCLC[2] Ph 1 trial ongoing. Data presented at SITC 2023, **AACR 2024**, and **SITC 2024.**

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

Data expected in 2025 or 2026

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Our Priorities for 2025

mRNA Cancer Immunotherapy

» Expect multiple randomized Phase 2 data readouts

» Execute 7 ongoing Phase 2 trials and first novel combination trials

COVID-19 Vaccine[1] & ID

» Maintain global COVID-19 vaccine[1] market leadership

» Advance next-gen and combination offerings

» Multiple updates expected on ID pipeline

BNT327[2]

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

» Generate first BNT327[2]+ ADC combination data sets

Commercial Readiness in Oncology

» Advance BNT323/DB-1303[3] towards BLA submission

» Build targeted AI-enabled commercialization team in key markets

1. Partnered with Pfizer; 2. BNT327/PM8002 partnered with Biotheus; 3. Partnered with DualityBio.

Advancing Our Vision for Oncology:
A Once In a Generation Opportunity to Transform Medicine for Cancer Patients

2025

Execute on late-stage trials for BNT327[1] and our mRNA cancer immunotherapy portfolio

Continuation of our novel combination strategy

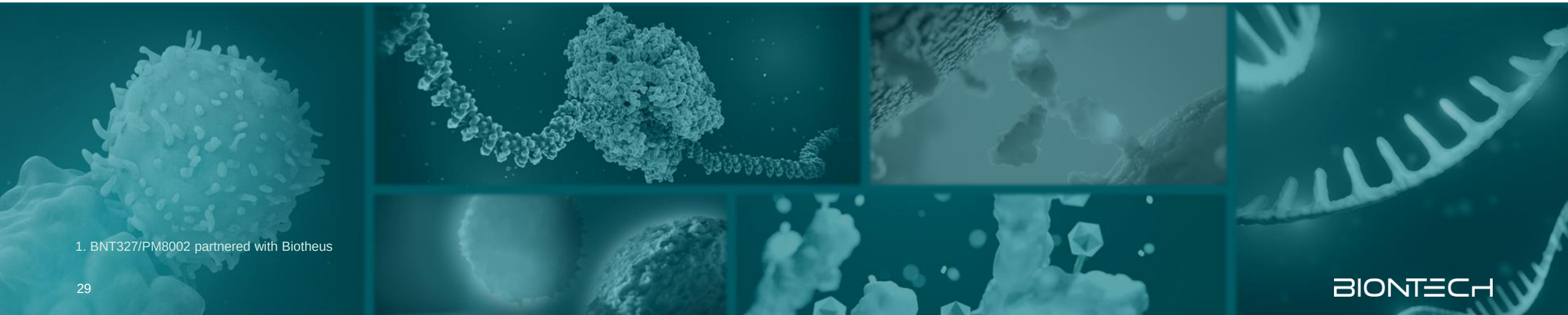
2026-2029

Prepare and execute launches of multiple oncology products across the world

2030

A diversified multi-product global immunotherapy powerhouse

Turning Science into Survival



1. BNT327/PM8002 partnered with Biotheus

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Thank you

Expected Potential Value Creating Milestones and Trials

2025+

BNT327[1] 1L SCLC Phase 2 data	**BNT327[1]** 2L SCLC Phase 1/2 data	**BNT327[1]** 1L ES-SCLC and 2L SCLC Phase 2 DO data	**BNT327[1]** 1L and 2L TNBC Phase 2 DO data	**BNT327[1] +** **BNT325 / DB-1305[2]** Multiple solid tumors Phase 1 data
BNT323 / DB-1303[2] 2L+ HER2 EC Phase 2 data	**Autogene cevumeran** **(BNT122 / RO7198457)[3]** ctDNA+ adj. CRC Phase 2 topline data	**BNT111[4]** 2L+ melanoma Phase 2 data	**BNT116[4] + cemiplimab** PD-L1 > 1% NSCLC Phase 1 data	**BNT323 / DB-1303[2]** 2L+ HER2 EC Regulatory submission

Data update
Regulatory event

Catalyst-rich period for later-stage pipeline to support company goal to achieve a diversified, cashflow-generating multi-product oncology portfolio by 2030

Partnered with: 1. Biotheus; 2. DualityBio; 3. Genentech, a member of Roche Group; 4. In collaboration with Regeneron.

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Glossary

n L	nth line	HPV	Human papilloma virus	PDAC	Pancreatic ductal adenocarcinoma
AACR	American Association for Cancer Research	HR	Hazard ratio / hormone receptor	PD-(L)1	Programmed cell death protein (ligand) 1
ADC	Antibody-drug conjugate	ID	Infectious disease	PFS	Progression-free survival
AI	Artificial intelligence	IFN	Interferon	QxW	Every x week(s)
ASCO	American Society of Clinical Oncology	IIT	Investigator initiated trial	RCC	Renal cell carcinoma
BLA	Biologics License Applications	IL-x	Interleukin x	RFS	Recurrence-free survival
CAR-T	Chimeric antigen receptor T cell	iNeST	Individualized NeoAntigen-Specific Therapy	R/R	Relapsed/refractory
CD-*x*	Cluster of differentiation	IO	Immuno-oncology	SABCS	San Antonio Breast Cancer Symposium
CLDN6	Claudin 6	ITT	Intention to treat	(ES)SCLC	(Extensive stage) small cell lung cancer
CPS	Combined positive score	MITD	Microtubule interacting and trafficking domain	SEC	Selenocysteinyl-tRNA
CPI	Checkpoint inhibitor	MIUC	Muscle-invasive urothelial carcinoma	SITC	Society of Immunotherapy of Cancer
CRC	Colorectal cancer	m	Median	SoC	Standard of care
ctDNA	Circulating tumor DNA	mo	Months	TCR	T-cell receptor
CTx	Chemotherapy	MPM	Malignant pleural mesothelioma	TLR7/8	Toll-like receptor 7/8
DCR	Disease control rate	mRNA	Messenger ribonucleic acid	TME	Tumor microenvironment
DFS	Disease-free survival	MSI-H(L)	High(low)-frequence microsatellite instability	TNBC	Triple-negative breast cancer
DO	Dose optimization	MSS	Microsatellite stability	TROP2	Trophoblast cell-surface antigen 2
EC	Endometrial cancer	NCT	National clinical trial	TTF	Time to treatment failure
EpCAM	Epithelial cell adhesion molecule	NIH	National Institutes of Health	TTR	Time to response
ESMO	European Society for Medical Oncology	NSCLC	Non-small cell lung cancer	UC	Urothelial cancer
GI	Gastrointestinal	nsSNV	Nonsynonymous somatic variants	UTR	Untranslated region
HCC	Hepatocellular carcinoma	ORR	Objective response rate	VEGF(R)	Vascular endothelial growth factor (receptor)
HER2 (or 3)	Human epidermal growth factor receptor 2 (or 3)	OS	Overall survival		
HNSCC	Head and neck squamous cell carcinoma	OX40	CD134		