Immunome Corporate Presentation

May 2026

Disclaimer and Forward-Looking Statements

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Product Candidates

In this presentation, we may discuss current and potential future product candidates that have not yet undergone clinical trials or been approved for marketing by the U.S. Food and Drug Administration or other governmental authority. No representation is made as to the safety or effectiveness of these current or potential future product candidates for the use for which such product candidates are being studied.

Industry and Market Data

In this presentation, we rely on and refer to publicly available information and statistics regarding market participants in the sectors in which we compete and other industry data. Any comparison of us to the industry or to any of our competitors is based on this publicly available information and statistics and such comparisons assume the reliability of the information available to us. We obtained this information and statistics from third-party sources, including reports by market research firms and company filings. While we believe such third-party information is reliable, there can be no assurance as to the accuracy or completeness of the indicated information. We have not independently verified the information provided by the third-party sources.

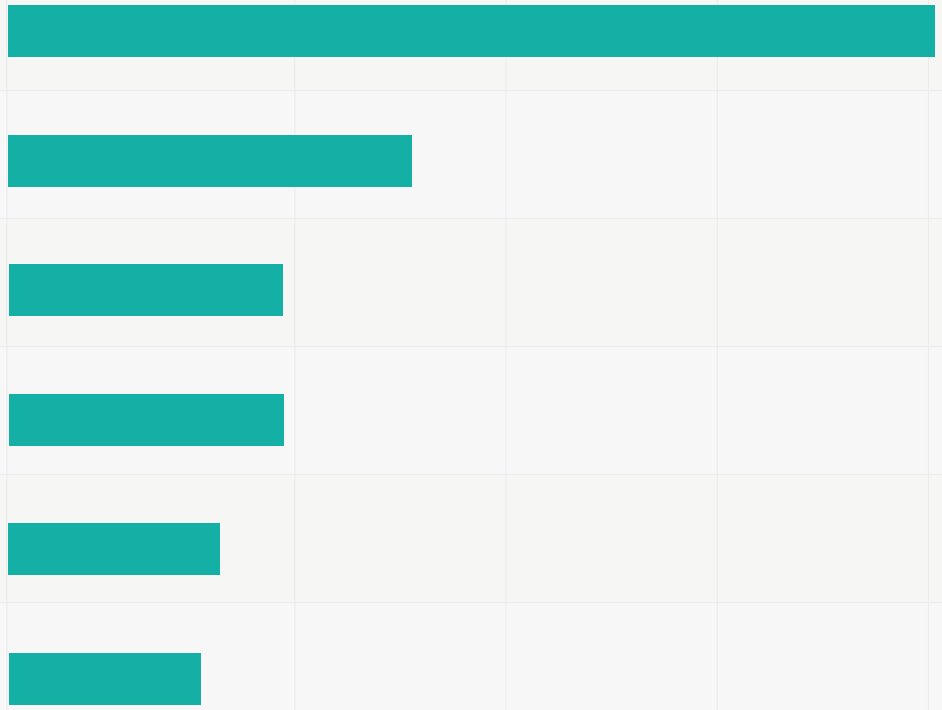
Establishing a Premier Targeted Oncology Company

Delivering Breakthroughs In Oncology

- Varegacestat, an oral, once-daily gamma secretase inhibitor for the treatment of desmoid tumors that is positioned to be a best-in-class option
  - Positive topline data reported in December 2025, with detailed data presented at the ASCO annual meeting in May 2026
  - NDA submitted April 2026
- Deep expertise in ADCs driving differentiated early-stage pipeline leveraging proprietary HC74 TOP1i payload
  - ROR1 ADC in dose escalation with activity observed at multiple dose levels
  - Utilizing first-in-class targets and exceptional technology
  - Positioned to deliver multiple INDs per year driven by a team that combines deep expertise and decisive execution
- Radioligand therapy entering Phase 1
- Experienced, successful leadership team
- Runway expected to extend into 2028

Broad Portfolio of Targeted Oncology Therapeutics

Program	Target / Modality	Preclinical	Phase 1	Phase 2	Phase 3	Commercial	Key Milestone
Varegacestat	Gamma Secretase Inhibitor						NDA | Submitted April 2026
IM-1021	ROR1 ADC						Initial Lymphoma Data | Expected 2026
IM-3050	FAP Radiotherapy						First Clinical Site | Activated March 2026
IM-1617	First-in-Class Solid Tumor ADC						First Patient In | Expected 2Q 2026
IM-1340	First-in-Class Solid Tumor ADC						IND | Expected Mid 2026
IM-1335	First-in-Class Solid Tumor ADC						IND | Expected Late 2026



Varegacestat

Phase 3 Oral, Once-Daily Gamma Secretase Inhibitor

Immunome™

Varegacestat Demonstrated Exceptional Results For Patients

Study Met Primary and All Key Secondary Endpoints

Progression-Free Survival[1]: **Hazard Ratio 0.16** (p<0.0001)

Confirmed Objective Response Rate[2]: **56%**

Median Best Tumor Volume Reduction[3]: **83%**

Generally well-tolerated with manageable safety profile

New Drug Application Submitted April 2026

(1) Primary endpoint (2) Key secondary endpoint (3) Exploratory endpoint

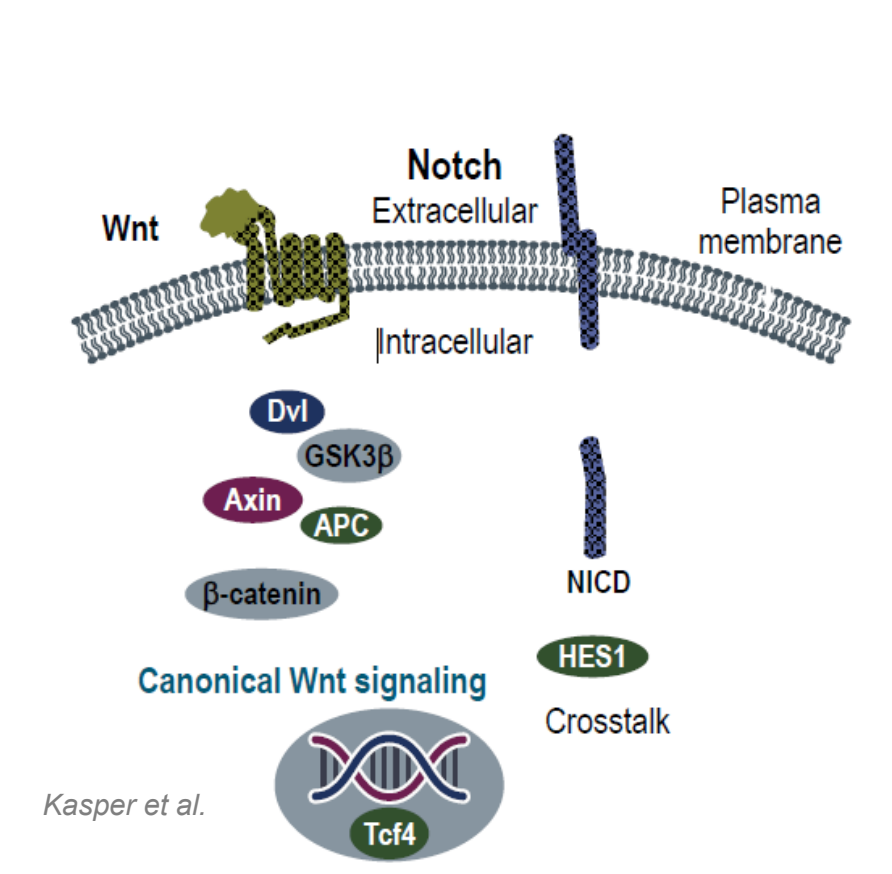
Desmoid Tumors are Locally Aggressive & Debilitating

- Desmoid tumors often strike in young adulthood, with 1,000-1,650 patients diagnosed each year and 10-11,000 actively managed patients in the US[1]
- Can lead to debilitating pain, deformity, and life-threatening organ damage depending on location[1]
- Quality of life is a major challenge with a majority of patients experiencing chronic pain that can significantly limit physical functioning[1]
- Up to ~60-80% of patients experience recurrence, which can be exacerbated by surgery[1]
- Following progression during initial active surveillance, systemic therapy is recommended for ~75% of tumors based on location[2,3]

Approved systemic therapy options remain limited with only one approved therapy

1. Bektas et al., *Advances in Therapy*, 2023 2. The Desmoid Tumor Working Group, *European Journal of Cancer*, 2020 3. The Desmoid Tumor Working Group, *JAMA Oncology*, 2024

Varegacestat is a Gamma Secretase Inhibitor with a Differentiated Pharmacokinetic Profile



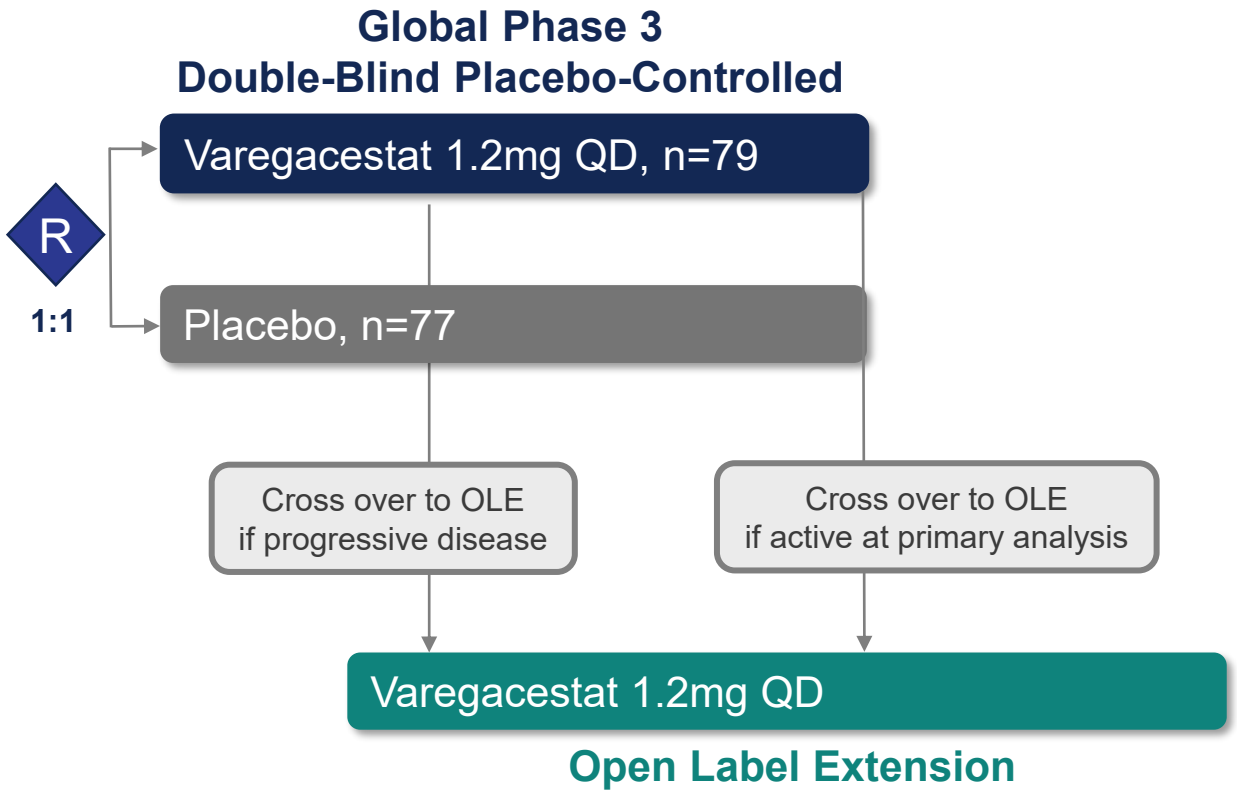
- 78% Longer Half-Life than Nirogacestat[3]
- Sustained Exposure Above Target Threshold[4,5]
- 1.2 mg Once Daily

Desmoid tumors are driven by nuclear accumulation of β-CATENIN resulting from cross-talk between WNT and NOTCH pathways[2]

Sources: (1) Figure adapted from Kasper et al., ESMO 2022. Abstr LBA2, based on Andersson et al., *Development*, 2011 and Bui and Kummar, *Oncotarget*, 2017; (2) Federman, *NPJ Precision Oncology*, 2022; (3) Immunome data on file; (4) Aung et al., *Investigational New Drugs*. 2018; (5) Varegacestat Investigator's Brochure Version 8.0

RINGSIDE is the Largest Phase 3 Study in Desmoid Tumors

Design consistent with prior registrational trials



Key Inclusion Criteria

Progressed within last 12 months[1]

Treatment naïve or recurrent/refractory disease appropriate for systemic treatment

Key Endpoints

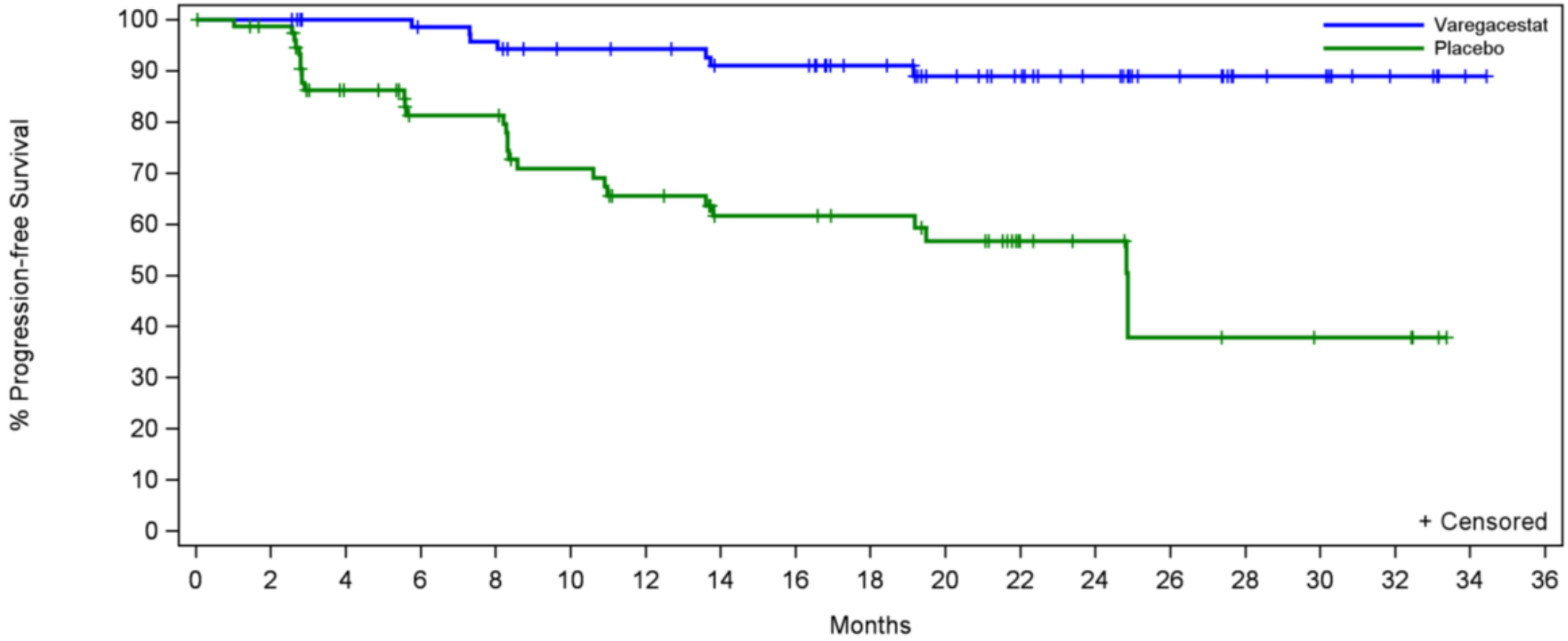
- **Primary: Progression-free survival[2] (PFS)**
- Alpha-controlled key secondary
  - **Objective Response Rate**
  - Tumor Volume[3] at Week 24
  - Worst Pain Intensity at Week 12[4]
- Safety and tolerability
- Additional efficacy assessments, including **median best percent change in Tumor Volume[3]**

(1) Progression was defined as ≥20% increase per RECIST v1.1
(2) PFS was defined as time from randomization until the date of assessment of radiographic progression as assessed Blinded Independent Central Review (BICR) based on RECIST v1.1
(3) Measured by T2 weighted MRI or CT per BICR
(4) Measured using Desmoid Tumor Symptom Scale Item 1 from the GOunder/Desmoid Tumor Research Foundation Desmoid Tumor Symptom/Impact Scale (GODDESS)

Varegacestat Achieved Primary Endpoint

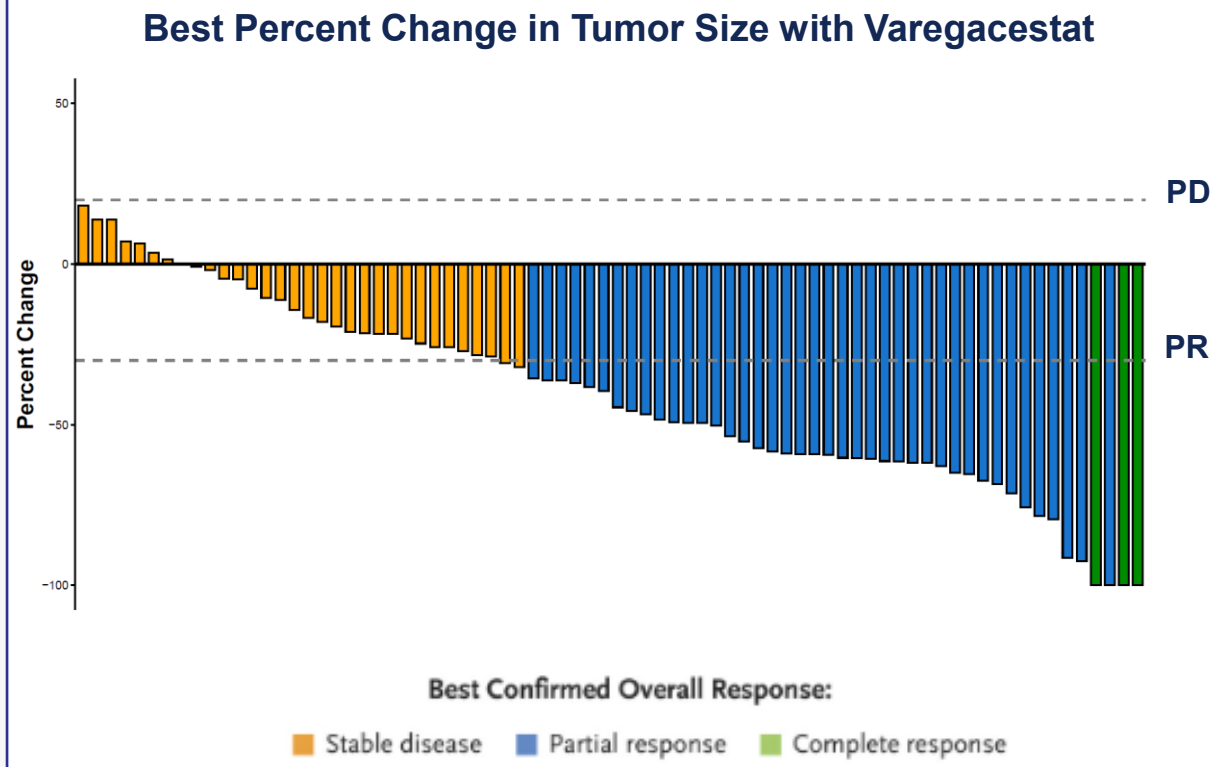
84% Reduction in the Risk of Progression or Death vs Placebo

Progression-Free Survival: HR 0.16; 95% CI: 0.071, 0.375; p < 0.0001

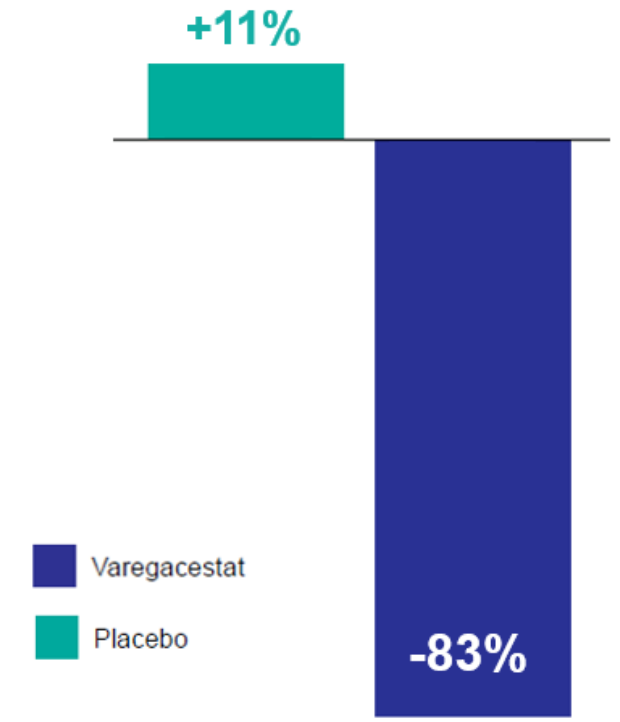


Varegacestat Demonstrates Robust Antitumor Activity

56% ORR With Varegacestat vs 9% With Placebo (p<0.0001)



-83% Median Best Percent Change in Tumor Volume With Varegacestat vs +11% With Placebo



Varegacestat Achieved Key Secondary Endpoint of Reduction in Worst Pain Intensity

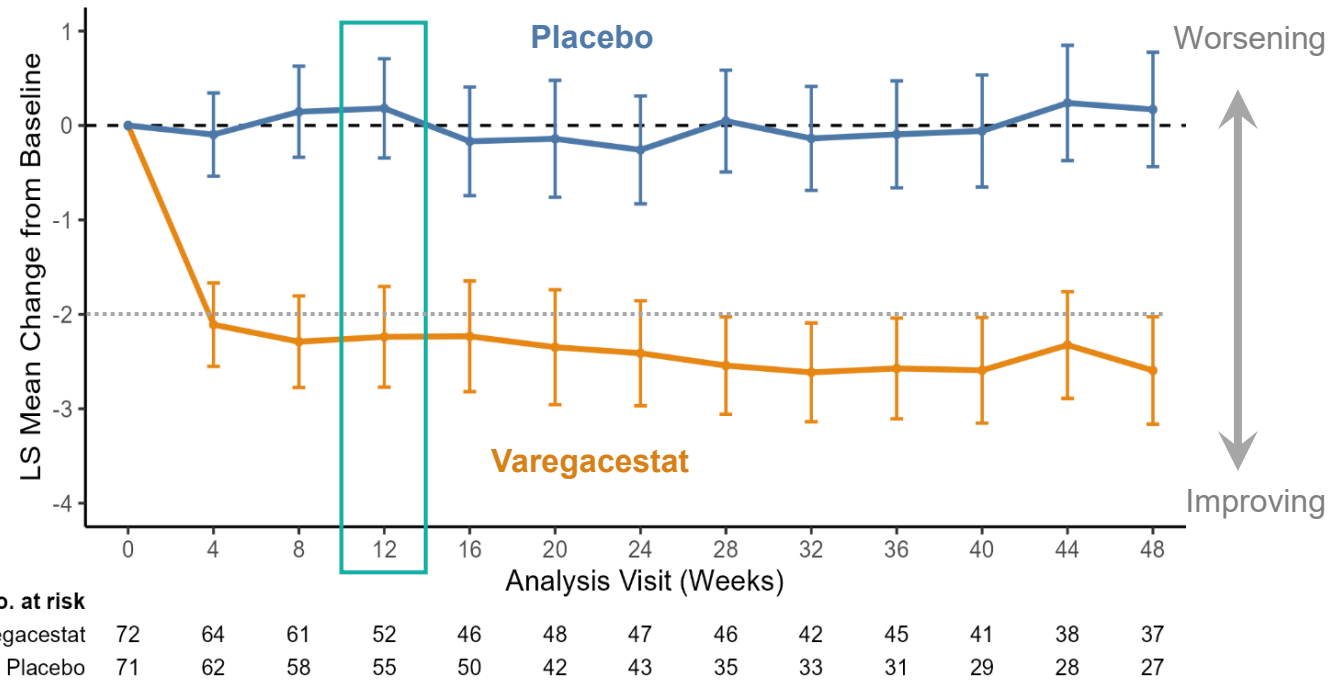
Statistically significant reduction in worst pain intensity[1] at week 12:

- **Varegacestat: −2.24 (0.27)**
- **Placebo: +0.18 (0.27)**
- **Difference: −2.42 (0.37), P<0.0001**

Clinically significant difference (>2 points) in favor of varegacestat as early as first evaluation at week 4

Chronic pain is a major symptom of desmoid tumors and can drive patients to initiate treatment[2]

Change In Worst Pain Intensity Score



1. Assessed with the Gounder/Desmoid Tumor Research Foundation Desmoid Tumor Symptom/Impact Scale. Least-squares mean (standard error) 2. Bektas et al., *Advances in Therapy*, 2023

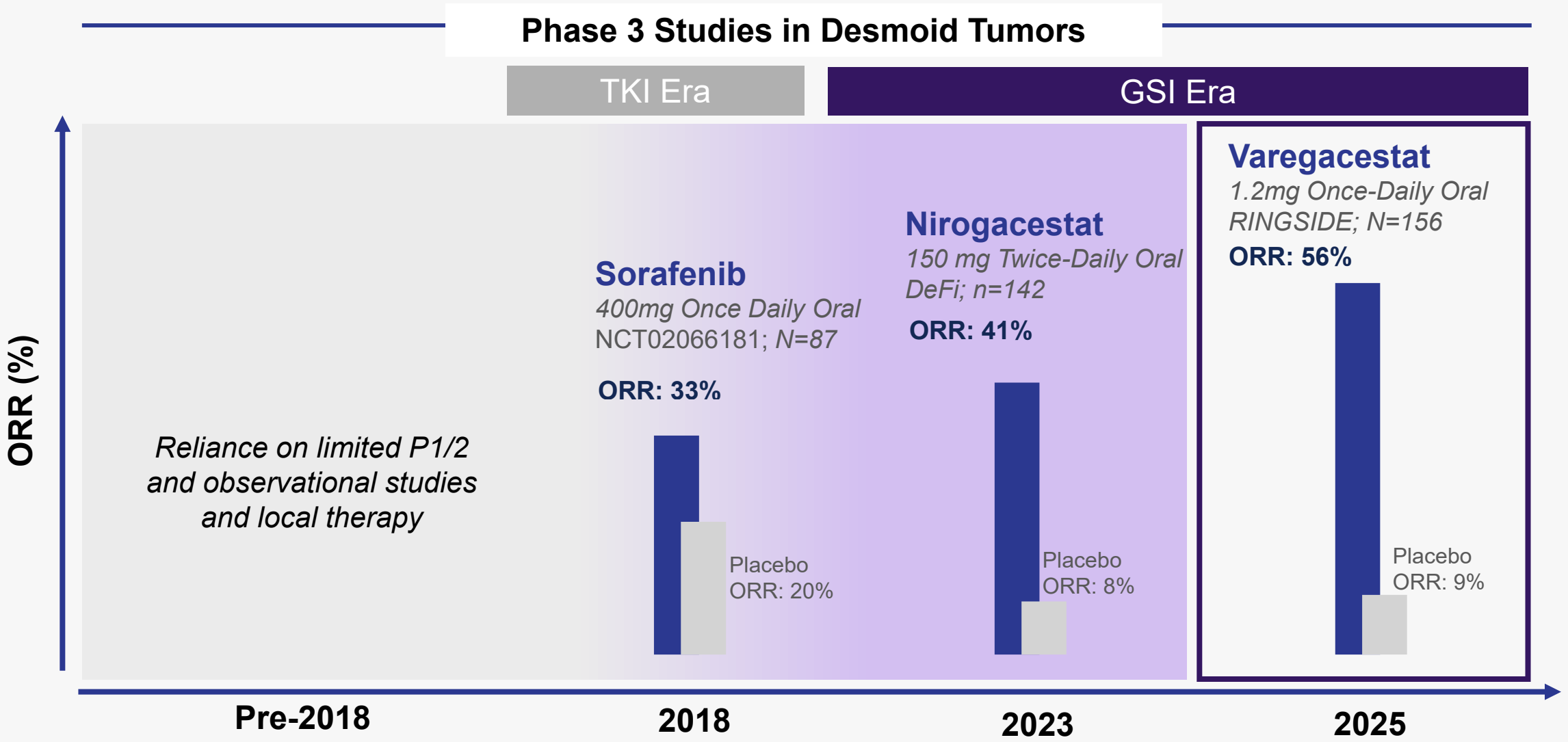
Varegacestat Was Generally Well-Tolerated, With a Manageable Safety Profile Consistent With the GSI Class

Adverse Events, n (%)	Varegacestat (n=79)		Placebo (n=77)	
	Any grade	Grade 3+	Any grade	Grade 3+
Any adverse event	79 (100)	45 (57)	70 (91)	13 (17)
Reported in ≥25% in either arm*				
Diarrhea	65 (82)	8 (10.1)	21 (27)	0
Fatigue	35 (44)	1 (1.3)	18 (23)	2 (2.6)
Rash	34 (43)	2 (2.5)	9 (12)	0
Nausea	28 (35)	0	20 (26)	0
Cough	27 (34)	0	4 (5)	0
Hypophosphatemia	27 (34)	1 (1.3)	2 (3)	0
Alopecia	26 (33)	0	3 (4)	0
Dry mouth	24 (30)	0	5 (7)	0
Hair color changes	20 (25)	0	0	0
Pruritus	20 (25)	0	4 (5)	0
Rash maculo-papular	20 (25)	1 (1.3)	1 (1)	0

*MedDRA preferred terms

- Most events (95%) were grade 1 or 2
- 20 of 36 (56%) of premenopausal women experienced ovarian toxicity, which resolved in 11 of 20 patients (55%)
- Of 26 patients reporting alopecia, 25 were grade 1
- There were no deaths on study

Elevating an Established Class and Solidifying the Role of GSIs in Desmoid Tumor Treatment



FOR ILLUSTRATIVE PURPOSES ONLY: no head-to-head clinical trial has been conducted evaluating varegacestat against nirogacestat or other candidates or products. Differences exist between trial designs and subject characteristics, and strong caution should be exercised when comparing data across unrelated studies.

Launch Strategy

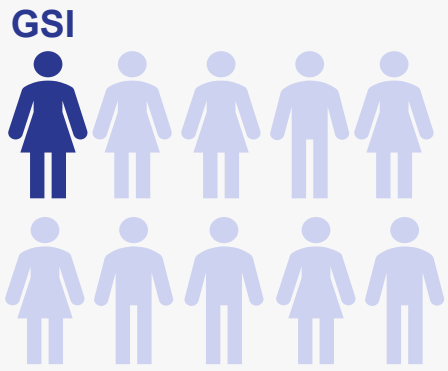
Become Standard of Care treatment of Desmoid Tumors

START
Drive patient initiation on varegacestat

SUPPORT
Sustained benefit and adherence with a once-daily treatment

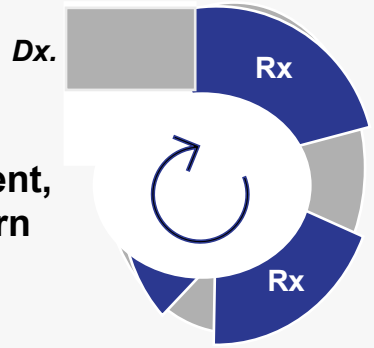
SCALE
Efficiently expand reach across the community through treatment center growth

10-11k Actively Managed Patients (US) [1]



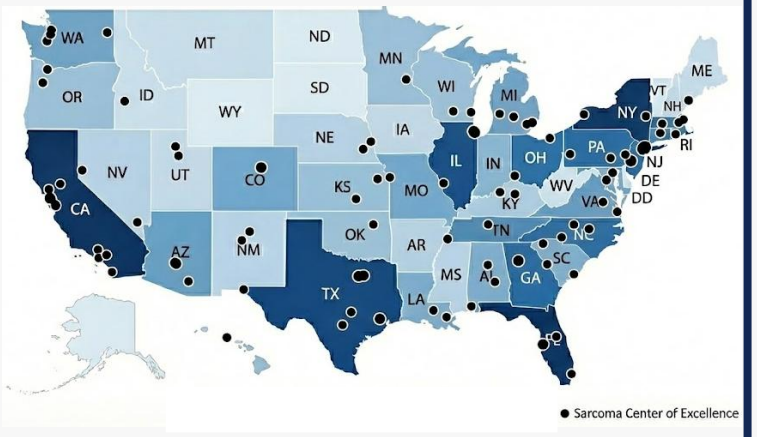
A Long, Chronic, Treatment Journey

Patients may receive **~1.5–2 years of treatment, pause, and return** for treatment[3]



~50% of patients have desmoid tumors for more than 5 years[2]

~85 Sarcoma Centers-of-Excellence[4]



1) Immunome Analysis 2) K Mercier et al. ESMO Sarcoma 2024 Poster 3) Immunome Primary Market Research 4) Immunome Analysis

IM 1021

ROR1 ADC

HC74 is a TOP1i Payload Designed to Overcome Fundamental Limitations of Existing Technology

26 Years of ADC Technological Advancement

2000	2011	2019	2026
First Approved ADC	VcMMAE Linker-Payload	TOP1i Payloads	**HC74 ADCs**
X Unstable linker X Natural payloads X High toxicity	✓ Stable peptide linker ✓ Synthetic payloads X Narrow therapeutic window	✓ Improved therapeutic index X Susceptible to resistance X Limited bystander effect	✓ Improved therapeutic index ✓ Overcomes resistance ✓ Bystander effect

IM-1021: Potential Best-in-Class ROR1 ADC

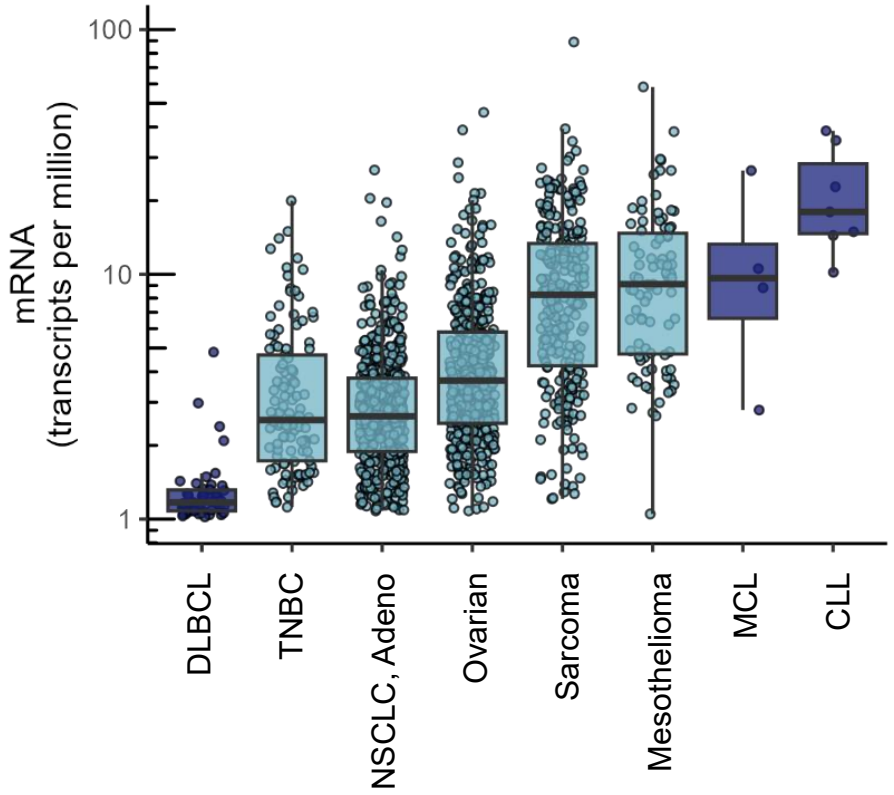
ROR1

- Receptor with oncofetal expression pattern, including little or no normal tissue expression[1]
- Expression on solid and liquid tumors

IM-1021 Development Status

- Optimized ROR1 ADC with HC74 TOP1i payload
- Dose escalation ongoing with B-cell lymphoma and solid tumor patients
- Clinical starting dose of 2 mg/kg[1] similar to MK-2140 recommended phase 2 dose
- **Objective responses observed in B-cell lymphoma patients at multiple dose levels**

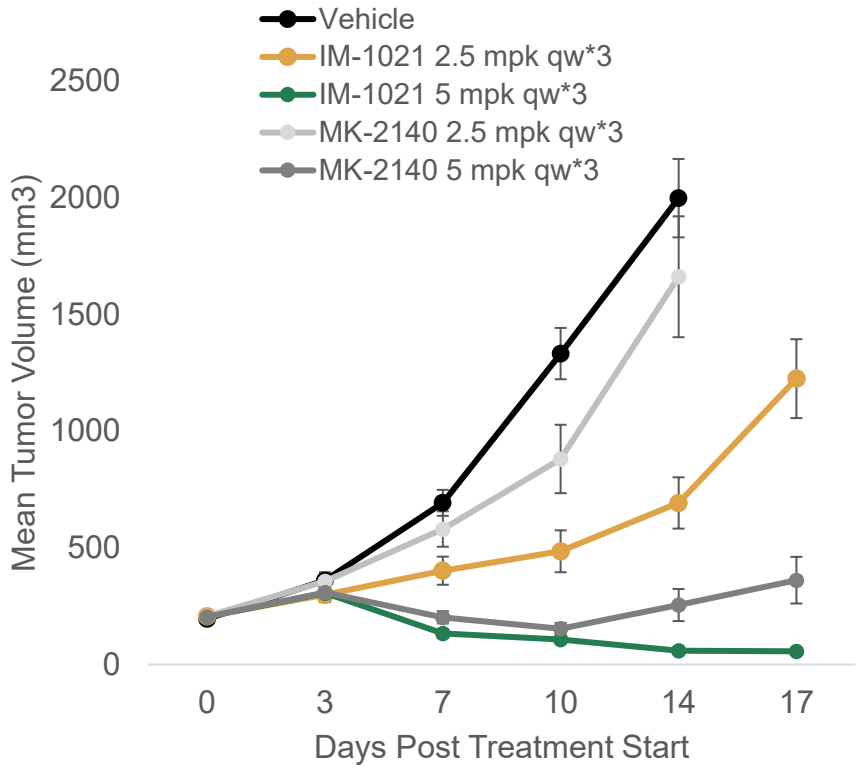
ROR1 Expression by RNA[2]



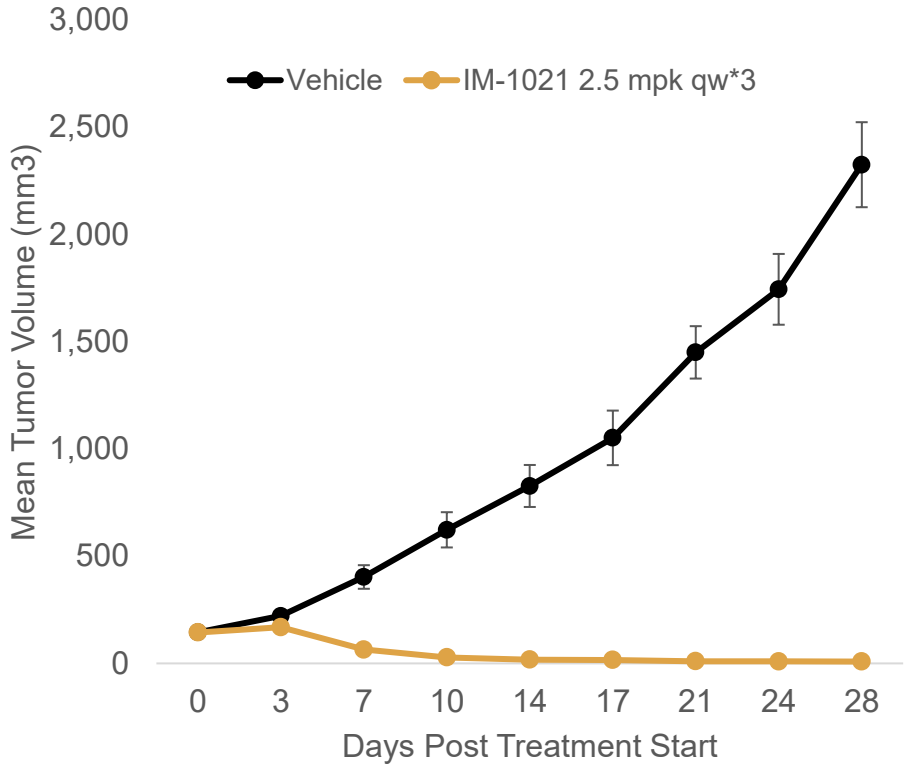
1. Starting dose is 2 mg/kg of adjusted ideal bodyweight (AIBW) 2. Data sources: TCGA data (solid tumors and DLBCL) from UCSC Xena, version 2016-09-03. Blueprint data (MCL and CLL) from the Blueprint consortium, version 20160816.

IM-1021 Preclinical Activity Supports Development in Lymphoma and Solid Tumors

IM-1021 Achieves Tumor Regressions in Jeko-1 MCL Model



IM-1021 Achieves 8/8 CRs at 2.5 mg/kg in NSCLC PDX Model



Clinical Development Plan: Rapid Establishment of PoC to Enable Pivotal Studies Across Multiple Indications

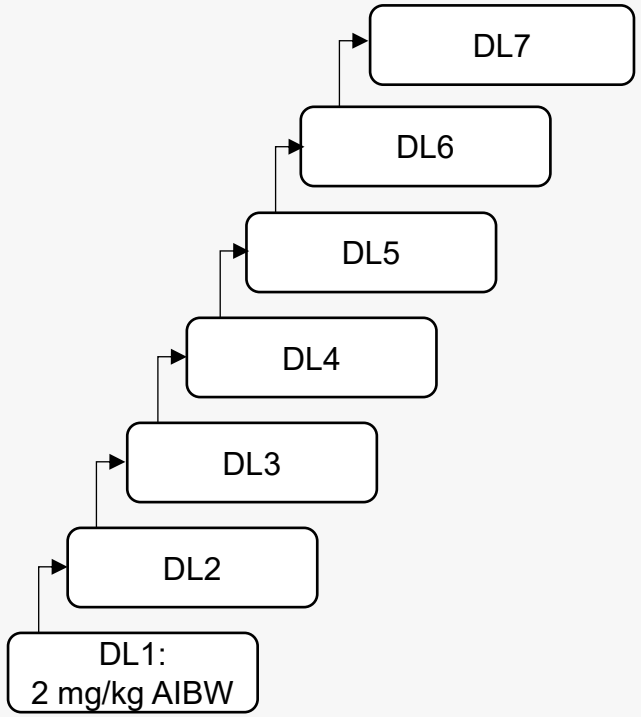
Part A: Dose Escalation

Population includes:
- R/R B-cell lymphoma
- R/R solid tumors

Dose escalation design:
- mTPI-2 adaptive design
- Expand 2 or more doses
- Required minimum representation of lymphoma and solid tumor in Part A before expansion
- Optional cohorts to test split dosing

B-cell Lymphomas
- DLBCL
- Mantle Cell
- Follicular
- SLL

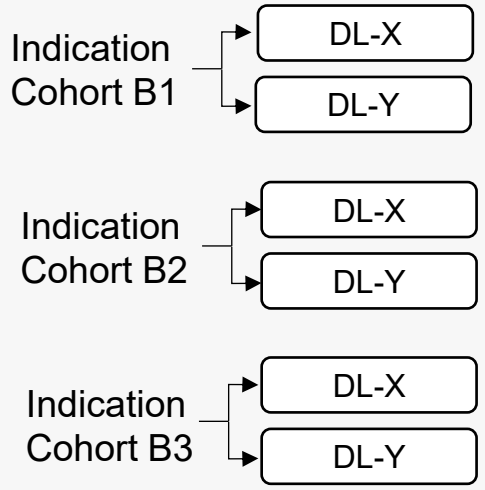
Solid Tumors
- NSCLC (non-squam)
- TNBC
- Ovarian
- Mesothelioma
- Liposarcoma
- Pancreatic



Part B: Indication-Specific Dose Expansion

Population includes:
- Up to 3 indication-specific expansion cohorts (B1, B2, B3) Potential indications include those listed in Inclusion 4.a

Dose expansion design:
- Per cohort, randomize 1:1 to 2 regimens (DL-X, DL-Y)
- Per indication-specific cohort



AIBW: Adjusted Ideal Body Weight

HC74 Platform

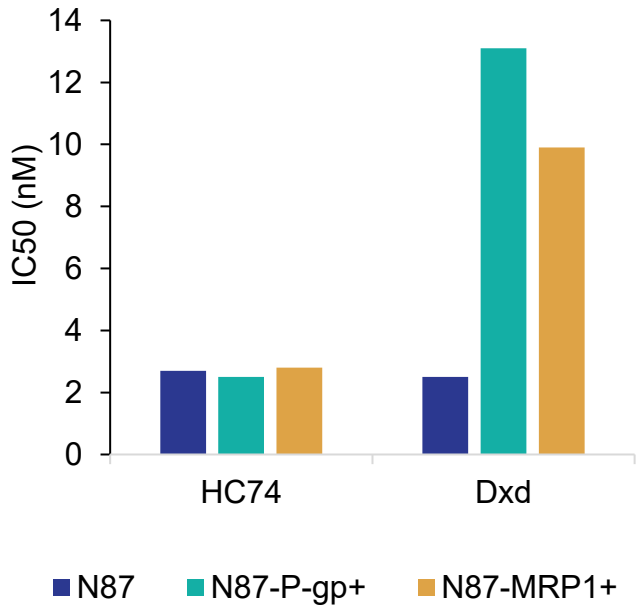
Immunome™

HC74's Low Efflux Potential and High Permeability Lead to Improved Properties

Immunome™

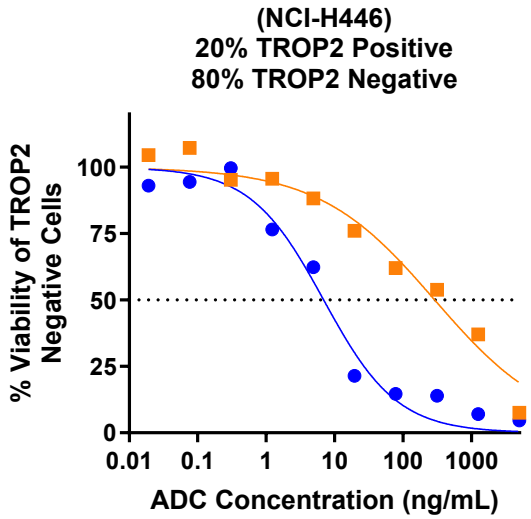
Low HC74 efflux potential[1] **overcomes payload resistance**

Payload Cytotoxicity[3]



High HC74 permeability[2] drives **superior bystander effect**

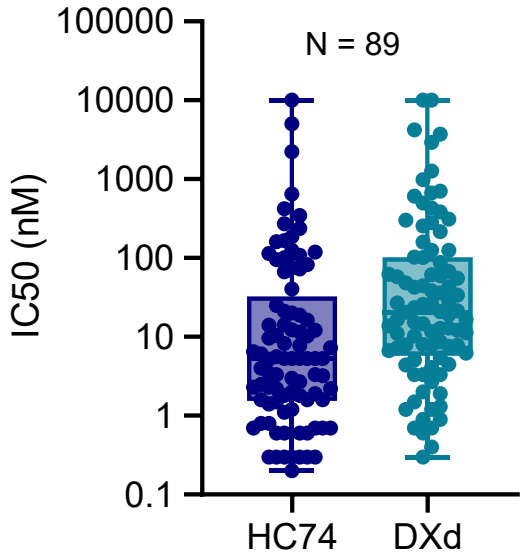
ADC Bystander Cytotoxicity[4]



ADC	IC50 (ng/mL)
TROP2-HC74(8)	7
TROP2-Dxd(8)	290

Superior HC74 cytotoxic activity across 89 cell lines

Payload Cytotoxicity[5]

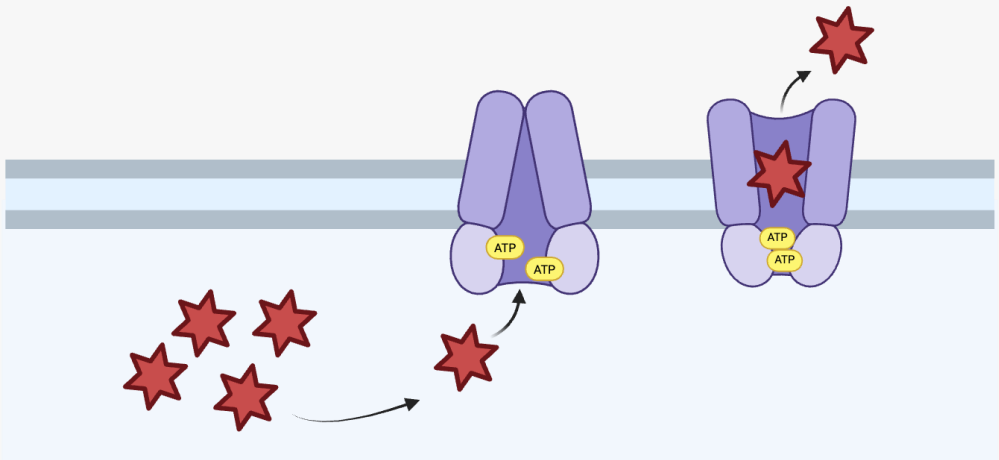


Median IC50 (nM)	5	20

1. Bidirectional Caco-2 permeability assay. The efflux ratio was 10 for HC74 versus 79 for DXd; 2. Bidirectional MDCK II permeability assay in the presence of Pgp inhibitor (GF120918). MDCK II permeability (Papp), was 9.01 x 10-6 cm/s for HC74 versus 1.96 x 10-6 cm/s for DXd; 3. IC_{50} values of HC74 and DXd, in parental or engineered NCI-N87 cells overexpressing ABCB1 (P-gp) or ABCC1 (MRP1) 4. In vitro bystander activity of HC74 and DXd ADCs in a co-culture model using NCI-H446 cells engineered to express either TROP2 (Positive) or luciferase (Negative). 5. IC_{50} values determined by 72hr CellTiter-Glo assay.

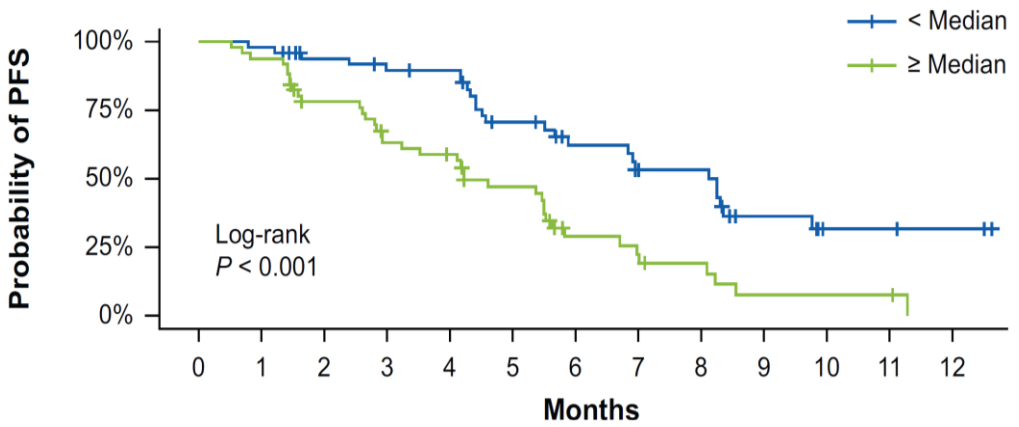
Sensitivity to Efflux Meaningfully Limits the Clinical Efficacy of Existing TOP1i ADCs

Efflux Transporters Like P-gp and MRP1 Actively Remove ADC Payload From Cells[1]



High P-gp Expression Correlates With Lower ORR and PFS in HER2+ CRC Patients Treated With T-DXd[2]

Progression free survival based on P-gp expression status

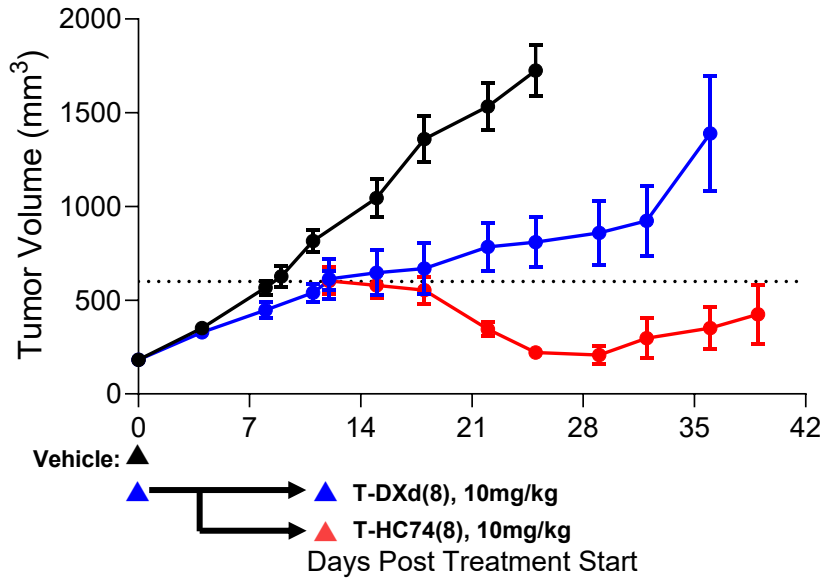


Baseline P-gp Expression	ORR, %	*P* value	PFS, months	*P* value
< Median	47.1	0.003	8.1	< 0.001
≥ Median	17.6		4.2	

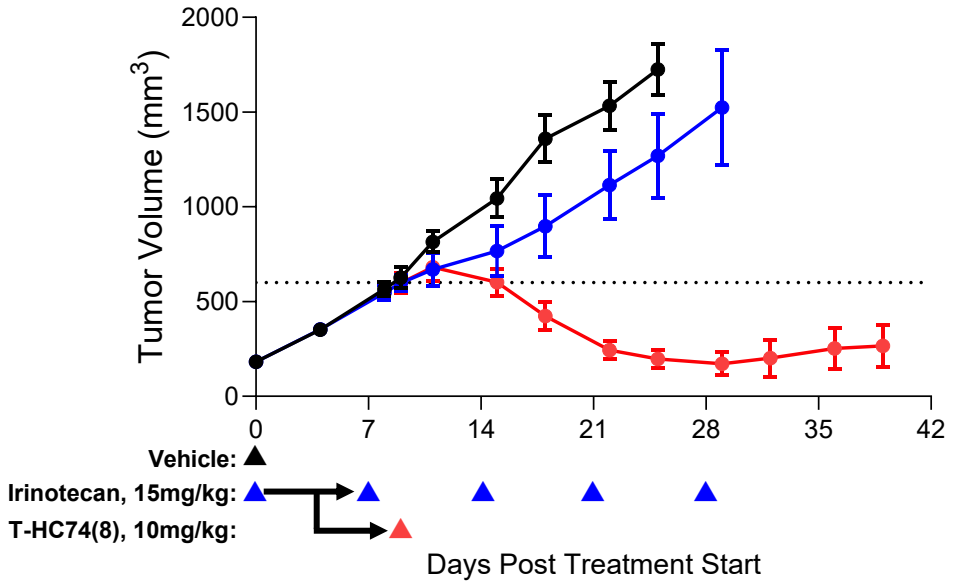
1. Schematic created with BioRender.com
2. Sienna et al. Exploratory biomarker analysis of trastuzumab deruxtecan (T-DXd) treatment for HER2-positive (HER2+) metastatic colorectal cancer (mCRC) in DESTINY-CRC02. AACR, 2025.

HC74 ADC Shows Activity in a CRC Model Refractory to Other TOP1i Agents

HCT-15 is Refractory to T-DXd But Sensitive to T-HC74

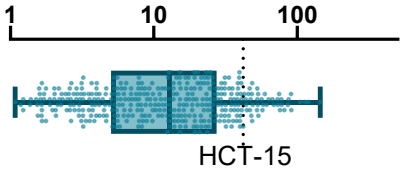


HCT-15 is Refractory to Irinotecan But Sensitive to T-HC74



HCT-15 is a P-gp High Colorectal Model

P-gp Expression in CRC Tumors
ABCB1 mRNA
(transcripts per million)

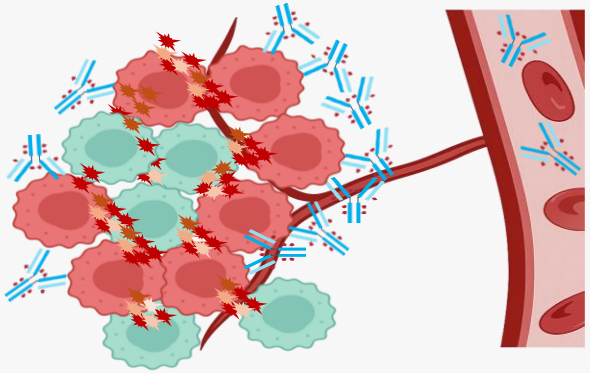


Source: Zhang et al., AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2025_A111. "Colorectal cancer (CRC) mRNA values for ABCB1 are from UCSC Xena TCGA-TARGET-GTEx re-analysis, version 2016-09-03 (Vivian et al. Nat Biotech, 2017). HCT-15 mRNA data were generated internally and represent the median of 3 replicates."

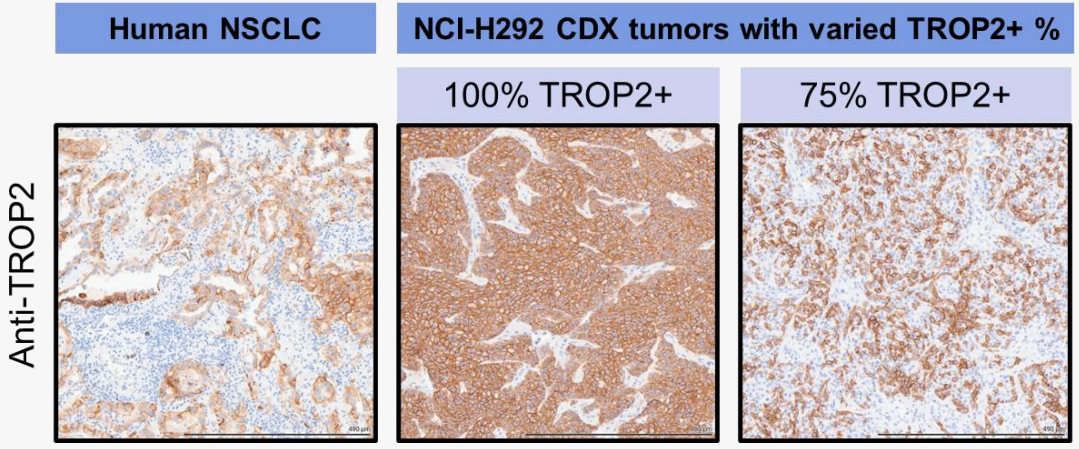
HC74 ADC Demonstrates Superior Bystander Activity vs. DXd ADC

Potential for Greater HC74 Efficacy in Target Heterogenous Tumors

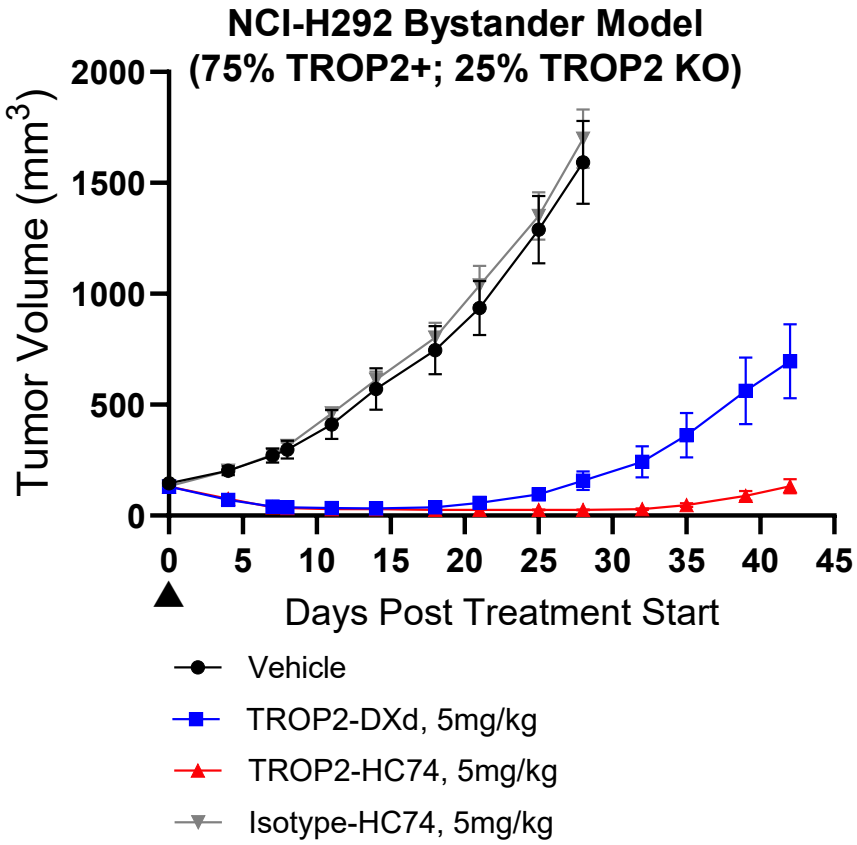
Clonal Preclinical Models Do Not Capture Expression Heterogeneity



Antigen-positive cells Antigen-negative cells ADC



HC74 ADC Demonstrates Durable Response in NSCLC Model of Tumor Heterogeneity

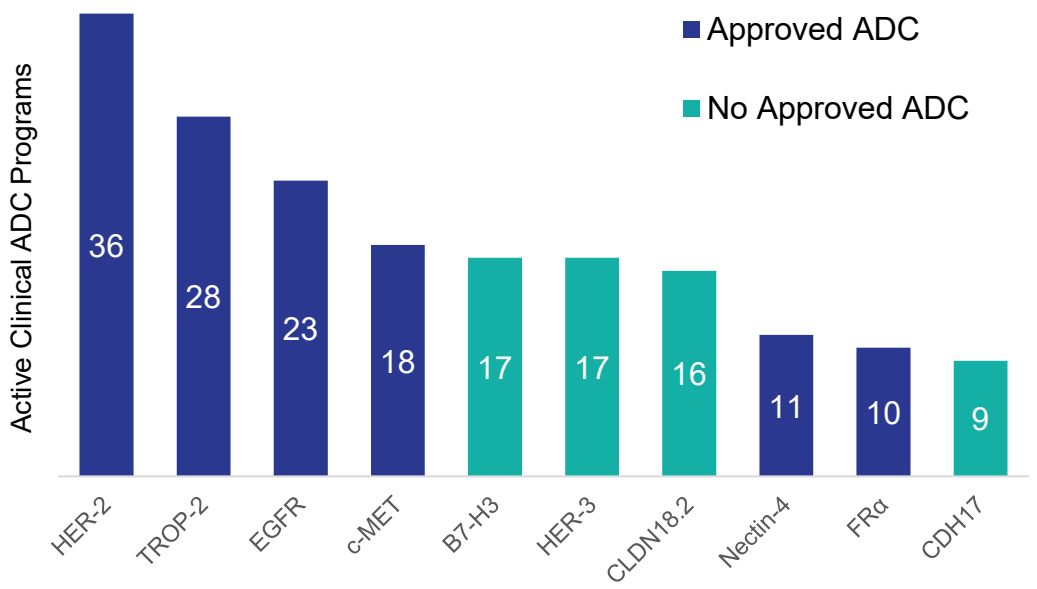


Source: Zhang et al., AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2025_A111

Expanding the Universe of ADC Targets

Majority of ADC Activity is Concentrated in a Small Number of Targets

10 Targets Account for 50% of Active Clinical ADC Programs[1]



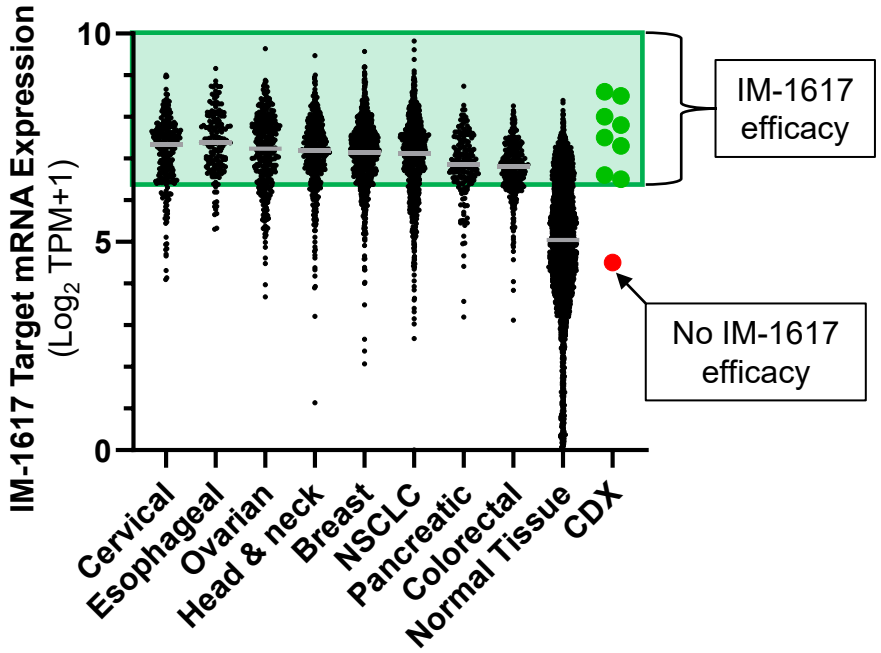
Immunome ADC Strategy Pairs Novel Targets with Differentiated Technology

- **Targets:** Prioritize targets with compelling tumor biology and no approved ADCs. Focus on dynamic receptors that drive efficient ADC payload delivery
- **Antibodies:** Optimize and evaluate as ADCs
- **Technology:** Proprietary HC74 TOP1i payload designed to achieve wide therapeutic index while escaping chemo resistance and generating robust bystander effect
- **Capabilities:** High-throughput conjugation and screening supports empirical evaluation of hundreds of ADCs

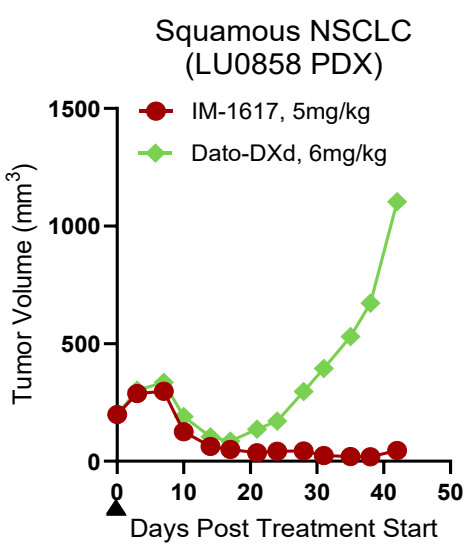
1. Immunome analysis of Hanson Wade Beacon ADC data as of November 2025

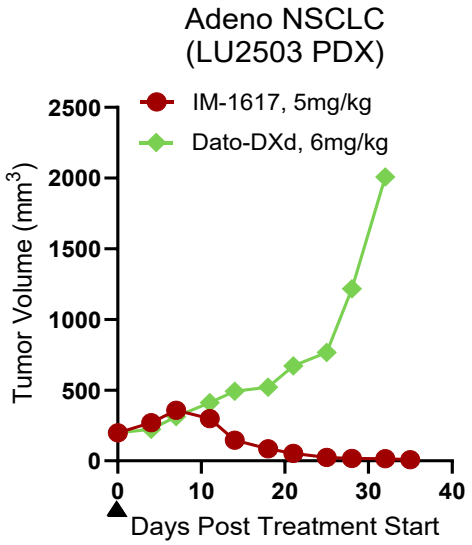
IM-1617: Potential First-in-Class ADC for Multiple Solid Tumor Indications

Target Expression In Major Indications Corresponds to CDX Models Where IM-1617 Showed Activity



IM-1617 Showed Activity In PDX Models That Are Resistant to Dato-DXd



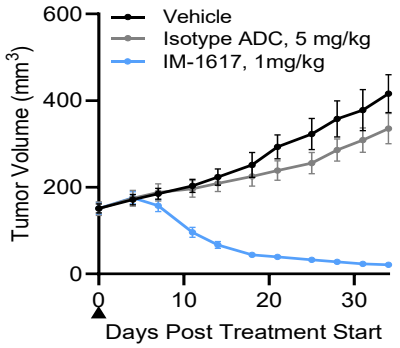


Robust Pipeline of Preclinical Candidates Pursuing Undisclosed Solid Tumor Targets

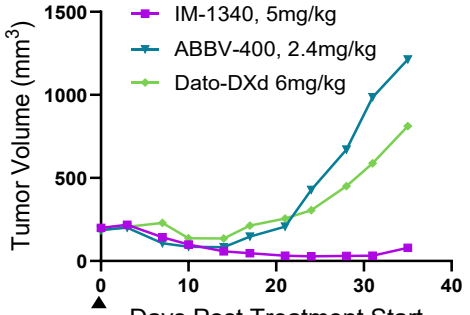
Immunome™

Anticipated 2026 IND Submissions

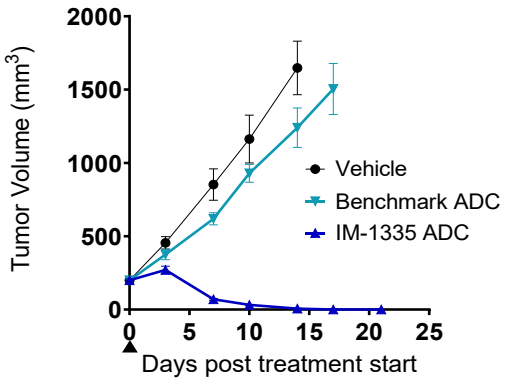
IM-1617



IM-1340

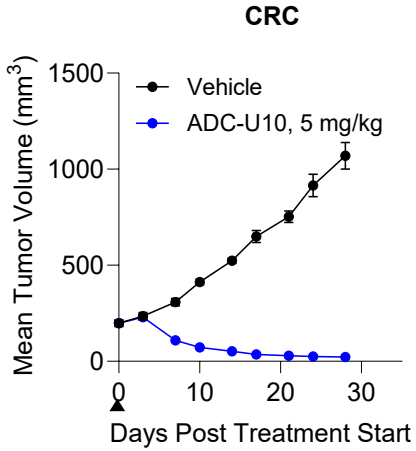


IM-1335

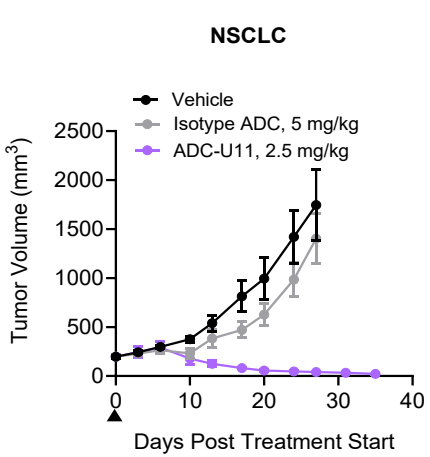


Additional Candidates

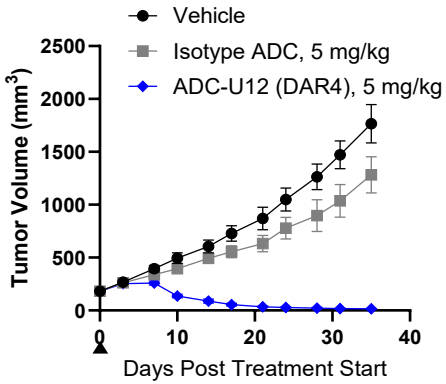
ADC-U10



ADC-U11



ADC-U12



IM-3050

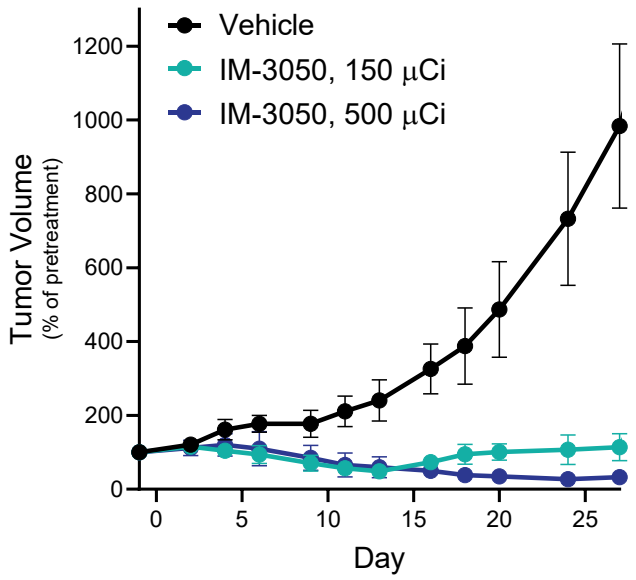
FAP-Targeted Radioligand Therapy

Immunome™

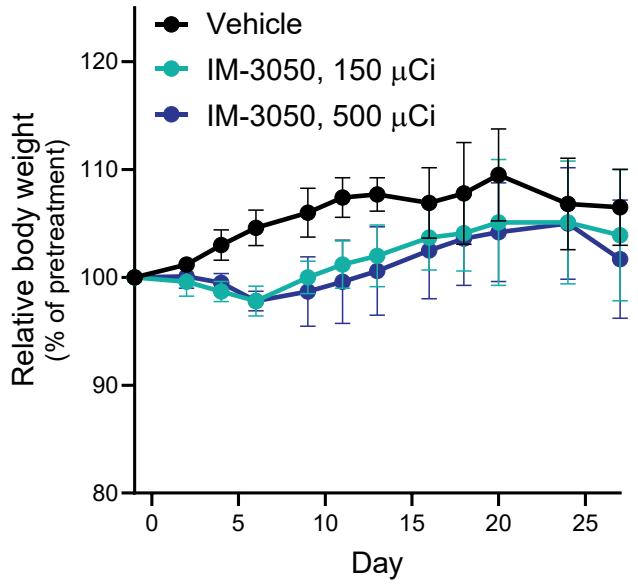
IM-3050 is a ^{177}Lu-FAP Candidate with Best-in-Class Potential

In vivo data show single dose antitumor activity and tolerability

Tumor Regression in U87MG



No Weight Loss Observed



Potential Best-in-Class Characteristics

- Sub-nanomolar affinity
- High specificity
- Radiostability
- Superior tumor retention and tumor absorbed dose in vivo
- Preclinical activity and tolerability

DEVELOPMENT STATUS:

- In Vivo Radiotherapy Studies ✓
- Clinical Formulation Development ✓
- GLP/GMP Manufacturing ✓
- IND cleared in 2Q25 ✓
- First Clinical Site Activated March 2026

Company Overview

Immunome™

Management Team with a Demonstrated Track Record of Success

Clay Siegall, Ph.D.

PRESIDENT &
CHIEF EXECUTIVE OFFICER

Seagen

- Chief Executive Officer and Founder, Seagen (1998-2022)
- Grew company to $2B+ revenue (2022) leading to $43B acquisition
- Led development of 4 FDA-approved therapeutics
- Raised over $1B in public and private capital
- Oversaw acquisition and integration of Cascadian Therapeutics
- Generated >$3B in partnership and licensing revenue

Jack Higgins, Ph.D.
CHIEF SCIENTIFIC OFFICER

tem

Kinney Horn
CHIEF BUSINESS OFFICER

Olema ONCOLOGY
Genentech

Bob Lechleider, M.D.
CHIEF MEDICAL OFFICER

MedImmune
Seagen

Max Rosett
CHIEF FINANCIAL OFFICER

BCG Google
Research Bridge Partners

Roee Shahar
EVP, COMMERCIAL

Seagen

Sandra Stoneman
CHIEF LEGAL OFFICER

Dechert LLP
DuaneMorris

Phil Tsai
CHIEF TECHNICAL OFFICER

Seagen