March 10, 2025

4th Quarter and Full Year 2024 Financial Results & Corporate Update

This Slide Presentation Includes Forward-Looking Statements

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

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

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Ryan Richardson, Chief Strategy Officer

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4th Quarter and FY 2024 Highlights

Ugur Sahin, Co-founder & Chief Executive Officer


Building a
Global Immunotherapy Powerhouse
Translating Science into Survival
BIONTECH

Advancing Toward Our Vision: Key Achievements in 2024

mRNA cancer immunotherapies	Initiated a **new Phase 2 trial evaluating autogene cevumeran[1]** and **reported data[2] for BNT111[3], BNT113 and BNT116[3]**
BNT327	Presented **multiple datasets[2] for BNT327** and announced pivotal trials targeting unmet needs in **SCLC, TNBC**, and **NSCLC**
Corporate development	Secured **global control of BNT327, expanded pipeline** and strengthened in-house **immunotherapy capabilities**
COVID-19 and infectious disease vaccines	Maintained **leading COVID-19 vaccine[4] market share globally** and progressed early-stage infectious disease pipeline
Financial strength	Delivered a strong balance sheet : **~€ 17.4 bn** total cash and cash equivalents plus security investments as of December 31, 2024[5]

1. Partnered with Genentech, a member of the Roche Group; 2. Phase 2 data were reported for BNT111 (PR, 30 July 2024), Phase 1/2 and Phase 2 data for BNT113 (ESMO), Phase 1 data for BNT116 (AACR); BNT327 data included: Phase 1/2 in TNBC (ESMO, SABCS) and Phase 2 in NSCLC (ASCO). 3. In collaboration with Regeneron; 4. Partnered with Pfizer; 5. Consists of cash and cash equivalents of €9,761.9 million, current security investments of €6,536.2 million and non-current security investments of €1,061.1 million, as of December 31, 2024. Payments associated with the closing of the Biotheus acquisition and with the resolved settlement of a contractual dispute with the NIH are expected to result in a cash outflow of approximately $1.6 billion to be reflected in cash & cash equivalents in the first quarter of 2025. The settlement payment of $467 million related to a contractual dispute with the University of Pennsylvania is expected to be reflected in the Company's second quarter 2025 financial results. In connection with these settlements, BioNTech expects to be reimbursed approximately $535 million by its partner during 2025 and 2026.

2025 Will Be an Important Year for Our Oncology Portfolio

Novel mRNA cancer immunotherapy

FixVac & iNeST[1]

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

Our next-generation IO-backbone

PD-L1/VEGF-A antibody BNT327

Potential to become the next-generation IO-backbone

Clinical stage candidates for combination therapy

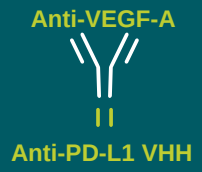
- IO molecules
- mRNA immunotherapies
- ADCs
- Cell and gene therapies

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

Important Readouts for Priority Programs in 2025

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

Biotheus Acquisition Provides Opportunity to Accelerate BNT327 Development



Advancing BNT327 in multiple indications, aiming for first-to-market approvals

Acceleration and expansion of BNT327 development

Global control of BNT327 development and commercialization program

Expedite execution of BNT327 + ADC development plans

Establishment of clinical development capability in Mainland China

~80-person clinical development organization in China with demonstrated execution ability

Manufacturing site supporting initial launch

cGMP manufacturing facility with multiple 2000L bioreactors

Full pipeline and platform ownership

Comprehensive E2E bispecific antibody discovery and development capabilities

6 clinical stage assets

Pre-clinical ADC pipeline

2 Oncology Pipeline Update

Özlem Türeci, Co-founder & Chief Medical Officer

Building an Oncology Pipeline Focused on Late-Stage Programs with Transformational Potential

Phase 2

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

Phase 3

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

mRNA immunotherapy | Next generation IO | Targeted therapy

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

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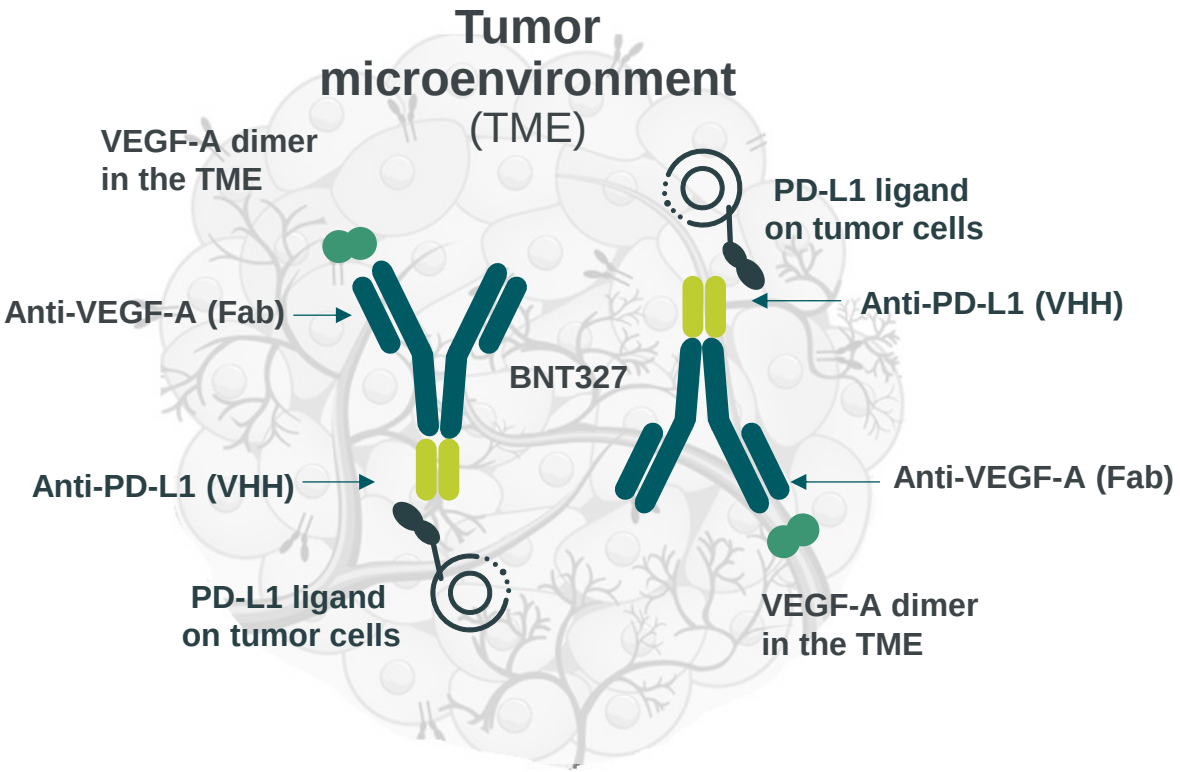
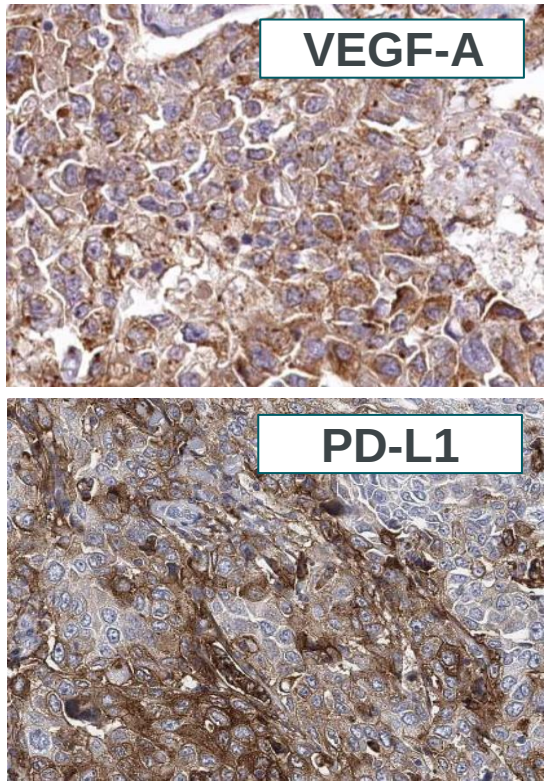
BNT327: Synergistic Targeting of PD-L1 and VEGF

Combined tumor targeting[1]



Selected NSCLC IHC[2]



Bispecific MOA

Local neutralization of angiogenic and immunosuppressive VEGF-A effects

Targeting the TME and block of PD-1/PD-L1 signaling by anti-PD-L1

1. Khan KA Nat Rev Clin Oncol 2018; 2. IHC data: Human Protein Atlas.

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Accelerating BNT327 Global Clinical Development

Explore potential of BNT327 in three waves of focused development

1 Establish

Ongoing

- Phase 2 in TNBC
- Phase 2 in SCLC
- Phase 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[1] (TROP2) in solid tumors

Planned

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

3 Broaden

Portfolio of 20+ clinical oncology assets in-house

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

BNT327 + novel assets: Broaden to further indications

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

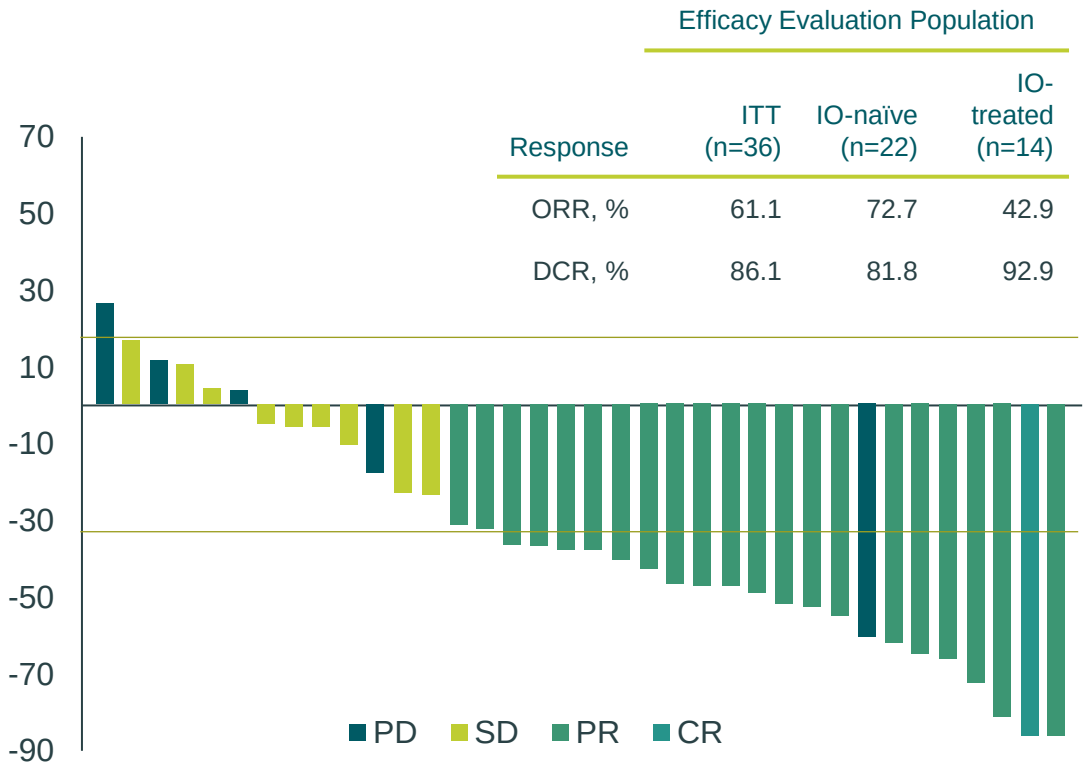
BNT327 + chemo: Establish in combination with CTx in potential fast-to-market indications

Partnered with: 1. DualityBio; 2. MediLink.

Small Cell Lung Cancer is One of Our Priority Indications for Clinical Development of BNT327

Phase 2 (NCT05879068): BNT327 Combined with Paclitaxel Shows Efficacy in 2L SCLC

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



Efficacy Evaluation Population			
Response	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

High unmet need for ES-SCLC patients as long-term survival outcomes remain very poor

SCLC Incidence[1]
By 2030: ~60k in U.S., EU4, U.K.

5-year survival[2]
- ES-SCLC: 3%
- Limited-stage SCLC: 20%

	Program	Setting	Study
elcc European Lung Cancer Congress 2025	**BNT327**	1L ES-SCLC	**Phase 2**
PARIS FRANCE 26-29 MARCH 2025	**BNT327**	2L ES-SCLC	**Phase 2**

1.Incidence from: SEER data for diagnosed SCLC incidence in US; Cancer Research UK; Zentrum für Krebsregisterdaten; Sante Publique; AIOM; EPDATA.
2.Statistics from Dayen et al (2019); CancerMPact® Patient Metrics US & EU5, accessed February 2024. *Due to limited survival data in EU5, U.S. survival data is reported;

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

mRNA-lipoplex platform

iNeST[1]

individualized **Ne**oantigen-**S**pecific immuno**t**herapy

*Described in **Sahin et al., Nature 2017***

Neoantigens

Individualized therapy

Individual patient samples (blood and tissue)

Artificial intelligence-driven neoantigen prediction

Individualized immuno-therapy

Mapping of mutations

On-demand tailored RNA manufacturing

*Described in **Castle et al., Cancer Res 2011***

Fixed Antigen **Vac**cine

FixVac

Multiple shared antigens

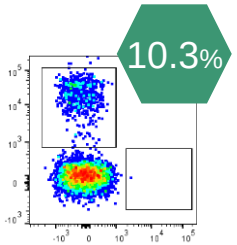
Off-the-shelf therapy

ANTIGEN 1
ANTIGEN 2
ANTIGEN 3
ANTIGEN 4

Fixed combination of shared tumor antigens[2]

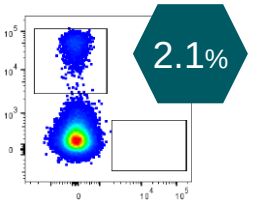
Multi-antigen approach tailored to each indication

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

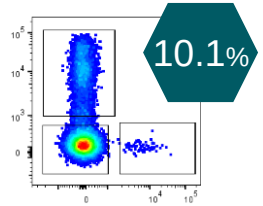


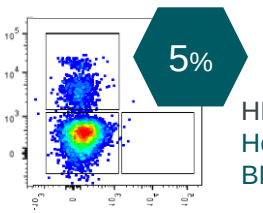
Mutant Neoantigen
TNBC, BNT114
TNBC-MERIT trial

MAGE-A3
Melanoma, BNT111,
Lipo-MERIT trial



NY-ESO-1
Melanoma , BNT111,
Lipo-MERIT trial





HPV16-E7
Head & Neck Cancer
BNT113, HARE40 trial

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.

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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**) Follow up published in February 2025 (Sethna et al., **Nature 2025**)	Study completed Ph 1 data on prototype vaccine published (Sahin et al., **Nature 2017**) Primary endpoint (significant PFS improvement) not met. Numerical OS benefit trend observed. Data expected at future medical meeting.	Enrollment completed Data presented at AACR 2020. Data published (Lopez et al., **Nature Medicine 2025**)	Enrollment completed **Positive topline data** announced in 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.

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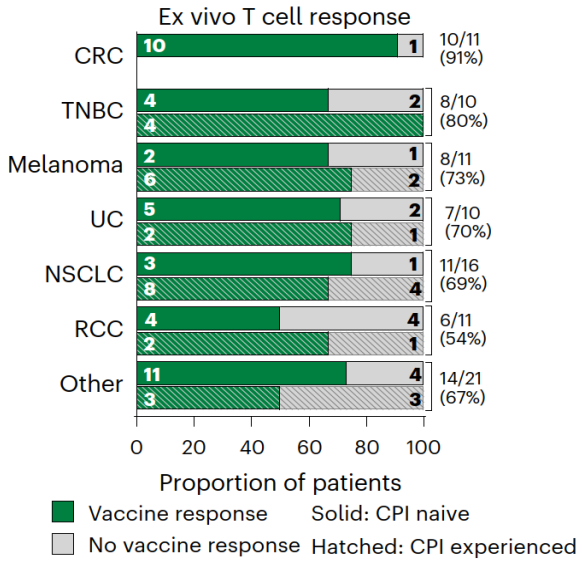
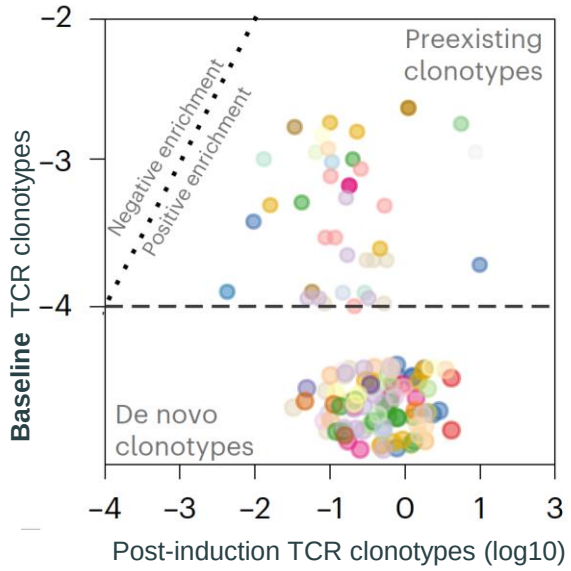
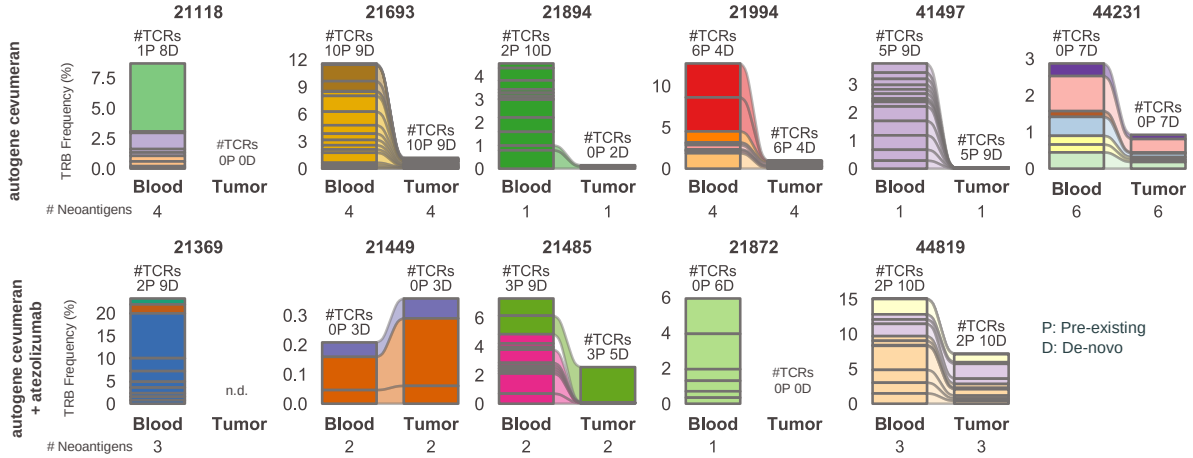
Autogene Cevumeran[1] Induces Neoantigen Specific T cells in a Broad Range of Cancers





Neoantigen-specific TCRs in post-induction blood and on-treatment tumor tissue



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

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

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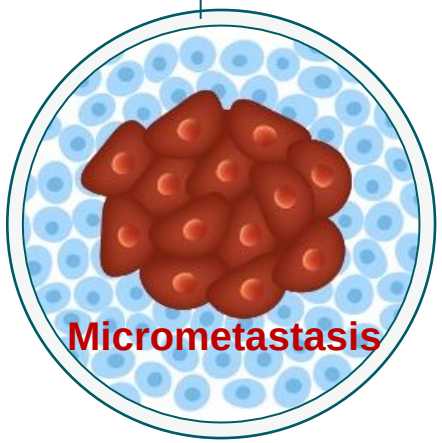
Evaluating Autogene Cevumeran[1] in the Adjuvant Treatment Setting for Cancers of High Unmet Need

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 (CRC)

11 months median DFS observed in ctDNA+ CRC after surgery[2]

Reinacher-Schick et al., ASCO 2024

Randomized Phase 2 trial ongoing

First data expected in late 2025 / early 2026

Pancreatic Ductal Adenocarcinoma (PDAC)

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

Phase 1 trial ongoing & published
Rojas et al., Nature 2023
Sethna et al., Nature 2025
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
Randomized Phase 2 trial 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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3 Financial Update

Jens Holstein, Chief Financial Officer

2024 Financial Execution Highlights[1]

Total revenues

€**2.8** bn

Loss before tax

€**678** m

Diluted loss per share

€**(2.77)**

Total cash plus security investments[2]

€**17.4** bn

1. Numbers are rounded to millions and billions of Euros in accordance with standard commercial practice.

2. Consists of cash and cash equivalents of €9,761.9 million, current security investments of €6,536.2 million and non-current security investments of €1,061.1 million, as of December 31, 2024. Payments associated with the closing of the Biotheus acquisition and with the resolved settlement of a contractual dispute with the NIH are expected to result in a cash outflow of approximately $1.6 billion to be reflected in cash & cash equivalents in the first quarter of 2025. The settlement payment of $467 million related to a contractual dispute with the University of Pennsylvania is expected to be reflected in the Company's second quarter 2025 financial results. In connection with these settlements, BioNTech expects to be reimbursed approximately $535 million by its partner during 2025 and 2026.

Q4 and FY 2024 Financial Results

(in millions €, except per share data)[1]	Three months ended December 31,		Years ended December 31,	
	2024	**2023**	**2024**	**2023**
Total Revenues	**1,190**	**1,479**	**2,751**	**3,819**
Cost of sales	(244)	(179)	(541)	(600)
Research and development expenses	(612)	(578)	(2,254)	(1,783)
Sales and marketing expenses	(21)	(18)	(68)	(63)
General and administrative expenses	(111)	(124)	(531)	(495)
Other operating result	(54)	(54)	(671)	(188)
Operating profit / (loss)	**149**	**526**	**(1,314)**	**690**
Finance result	153	137	637	496
Income taxes	(42)	(205)	12	(256)
Net profit / (loss)	**260**	**458**	**(665)**	**930**
Earnings / (Loss) per share				
Basic earnings / (loss) per share	1.08	1.90	(2.77)	3.87
Diluted earnings / (loss) per share	1.08	1.88	(2.77)	3.83

1. Numbers have been rounded; numbers presented may not add up precisely to the totals and may have been adjusted in the table. Presentation of the consolidated statements of profit or loss has been condensed. More information can be found in BioNTech's Report on Form 20-F for the year ended December 31, 2024, filed today with the United States Securities and Exchange Commission and available at https://www.sec.gov/.

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Full Year 2024 Results Compared to Full Year 2024 Financial Guidance

		Guidance November 2024	FY 2024 Results[1]
FY 2024 revenues	Total revenues	**€2,500 – €3,100 m** *Expected to be at low end*	**€2,751 m**
FY 2024 expenses and capex	R&D expenses	**€2,400 – €2,600 m**	**€2,254 m**
	SG&A expenses	**€600 – €700 m**	**€599 m**
	Capital expenditures for operating activities	**€300 – €400 m**	**€307 m**

1. Numbers have been rounded; numbers presented may not add up precisely to the totals and may have been adjusted in the table. Presentation of the consolidated statements of profit or loss has been condensed. More information can be found in BioNTech's Report on Form 20-F for the year ended December 31, 2024, filed today with the United States Securities and Exchange Commission and available at https://www.sec.gov/.

2025 Financial Year Guidance[1]

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

1. Excludes external risks that are not yet known and/or quantifiable, including, but not limited to the effects of ongoing and/or future legal disputes and related activities, certain potential one-time effects and charges related to portfolio prioritization, as well as potential changes to the law or governmental policy, including public health policy, at the state or national level, and evolving public sentiment around vaccines and mRNA technology, in the United States and/or elsewhere. It includes effects identified from licensing arrangements, collaborations or potential M&A transactions to the extent disclosed and may be subject to update. The Company does not expect to report a positive net income figure for the 2025 financial year.

4 Strategic Outlook

Ryan Richardson, Chief Strategy Officer

Strategic Priority Areas in 2025

mRNA Cancer Immunotherapy

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

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

BNT327

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

» Generate first BNT327+ ADC combination datasets

Commercial Readiness in Oncology

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

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

COVID-19 Vaccine[2]

» Maintain global COVID-19 vaccine market leadership

» Advance next-gen and combination vaccine programs

Partnered with: 1. DualityBio; 2. Pfizer.

Selected Pipeline Milestones for 2025 and Beyond

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

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

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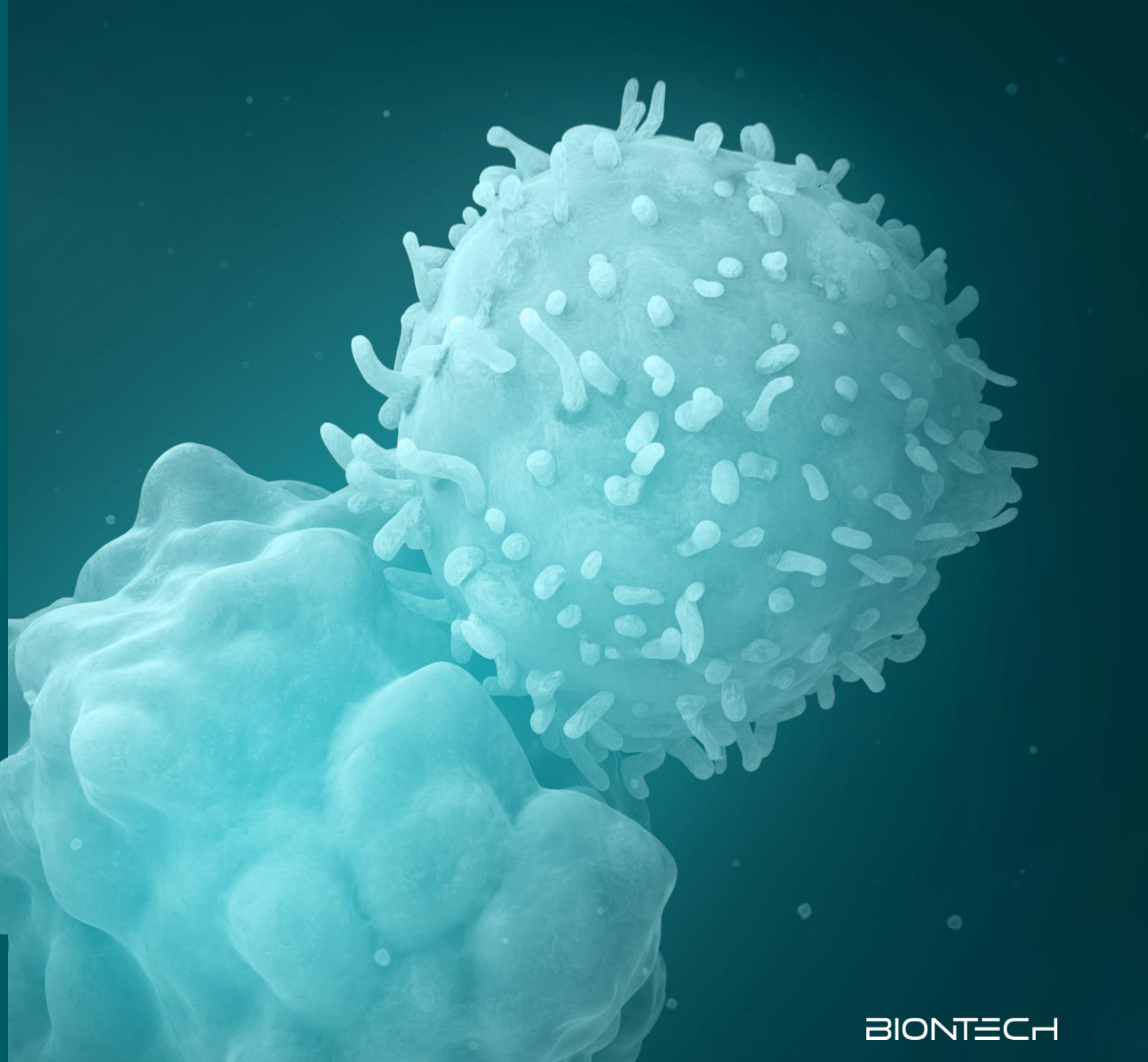
Save the date

Annual General Meeting
May 16, 2025

Innovation Series Digital & AI Day
October 1, 2025

Innovation Series R&D Day
November 18, 2025



Thank you

Appendix

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

Phase 2

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

Phase 3

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

mRNA immunotherapy | Next generation IO | Targeted therapy

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

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

Phase 1

- **Autogene cevumeran (BNT122/RO7198457)**[1]
  Multiple solid tumors
- **BNT116**
  Adv. NSCLC
- **BNT152 + BNT153** (IL-7, IL-2)
  Multiple solid tumors
- **BNT315/GEN1055**[2] (OX40)
  Multiple solid tumors
- **BNT322/GEN1056**[2]
  Multiple solid tumors
- **BNT317**[3]
  Multiple solid tumors
  NEW
- **BNT326/YL202**[4] (HER3)
  Multiple solid tumors
- **BNT211** (CLDN6)
  Multiple solid tumors
- **BNT221**
  Refractory metastatic melanoma

Phase 1/2

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

mRNA immunotherapy | Next generation IO | Targeted therapy

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

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Abbreviation Directory

n L	*nth* line	Fab	Fragment antigen binding	NY-ESO-1	New York esophageal squamous cell carcinoma-1
AACR	American Association for Cancer Research	FPI	First patient in	ORR	Objective response rate
ADC	Antibody-drug conjugate	GI	Gastrointestinal	OS	Overall survival
adj.	Adjuvant	cGMP	Current Good manufacturing practice	PD	Progressive disease
AI	Artificial intelligence	HCC	Hepatocellular carcinoma	PDAC	Pancreatic ductal adenocarcinoma
AIOM	Associazione Italiana di Oncologia Medica	HER2 (or 3)	Human epidermal growth factor receptor 2 (or 3)	PD-L1	Programmed cell death protein ligand 1
ASCO	American Society of Clinical Oncology	HNC	Head and neck cancer	PFS	Progression-free survival
BLA	Biologics License Applications	HNSCC	Head and neck squamous cell carcinoma	PR	Partial response
CLDN6	Claudin 6	HPV	Human papilloma virus	PROC	Platinum-resistant ovarian cancer
CPI	Checkpoint inhibitor	HR	Hormone receptor	RCC	Renal cell carcinoma
CR	Complete response	IHC	Immunohistochemistry	R&D	Research and development
CRC	Colorectal cancer	IIT	Investigator initiated trial	R/R	Relapsed/refractory
CRPC	Castration resistant prostate cancer	iNeST	Individualized NeoAntigen-Specific Therapy	SABCS	San Antonio Breast Cancer Symposium
ctDNA	Circulating tumor DNA	IO	Immuno-oncology	SG&A	Selling, general and administrative expenses
CTLA	Cytotoxic T-lymphocyte-associated protein	ITT	Intention to treat	SCLC	Small cell lung cancer
CTx	Chemotherapy	JAMA	Journal of the American Medical Association	SD	Stable disease
DCR	Disease control rate	MAGE-A3	Melanoma antigen A3	SITC	Society of Immunotherapy of Cancer
DFS	Disease-free survival	met	Metastatic	TCR	T-cell receptor
DO	Dose optimization	MIUC	Muscle-invasive urothelial carcinoma	TKI	Tyrosine kinase inhibitor
E2E	End to end	MoA	Mechanism of Action	TME	Tumor microenvironment
EC	Endometrial cancer	MPM	Malignant pleural mesothelioma	TNBC	Triple-negative breast cancer
EGFR	Epidermal growth factor receptor	mRNA	Messenger ribonucleic acid	TROP2	Trophoblast cell-surface antigen 2
elcc	European Lung Cancer Congress	NCT	National clinical trial	UC	Urothelial cancer
EpCAM	Epithelial cell adhesion molecule	NEJM	The New England Journal of Medicine	UK	United Kingdom
ESMO	European Society for Medical Oncology	NEN	Neuroendocrine neoplasm	U.S.	United States
ES-SCLC	Extensive-stage small cell lung cancer	NIH	National Institutes of Health	VEGF-A	Vascular endothelial growth factor A
EU4	Includes Germany, France, Italy and Spain	NSCLC	Non-small cell lung cancer	VHH	Heavy chain variable