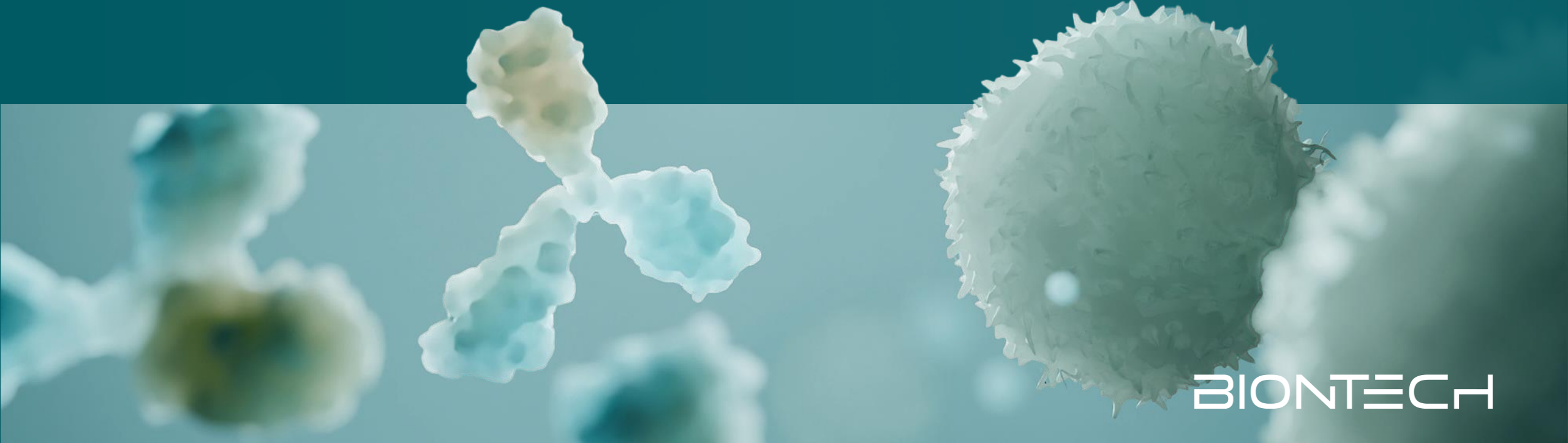
3rd Quarter 2025 Financial Results & Corporate Update

November 3rd, 2025



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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, including BioNTech's partnership with BMS; BioNTech's planned acquisition of CureVac; 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 expectations with respect to tariff policy; 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; 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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Özlem Türeci, Co-founder & Chief Medical Officer

3 Financial Update
Ramón Zapata, Chief Financial Officer

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3rd Quarter 2025

1 Progress Highlights

Uğur Şahin, Co-founder & Chief Executive Officer

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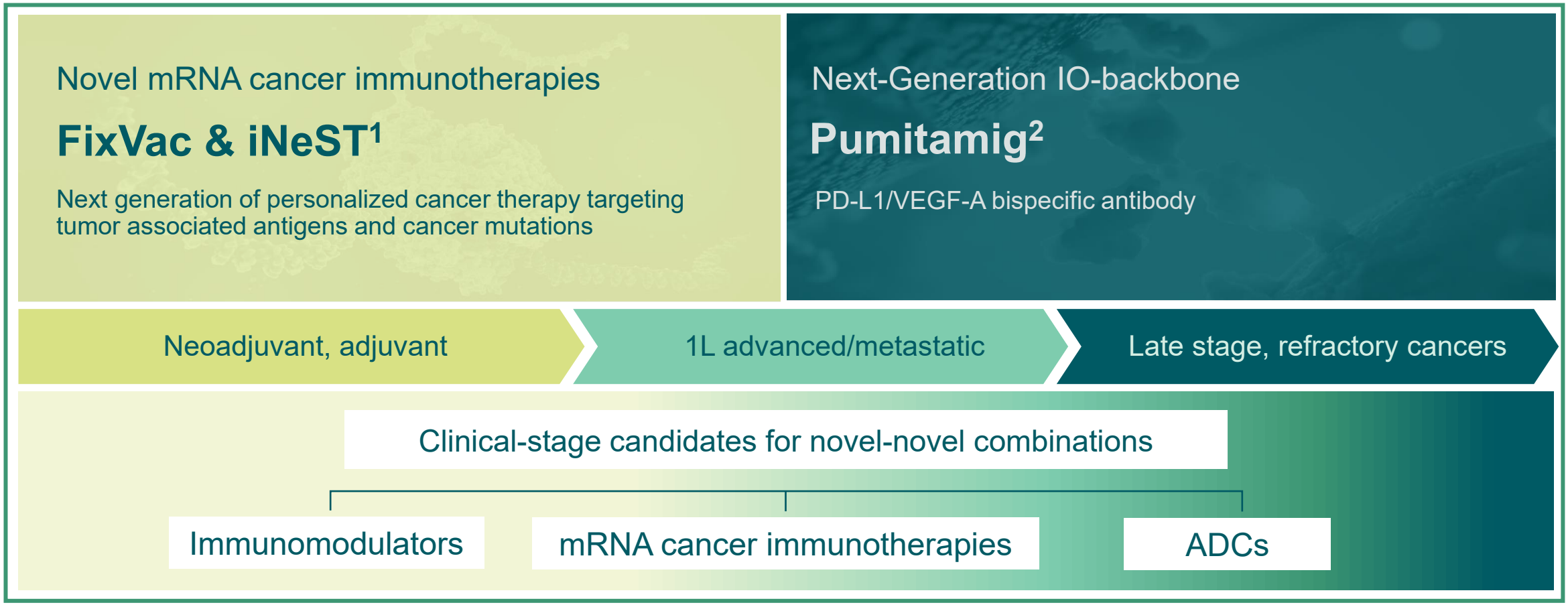
Translating Science into Survival

Building a Global Immunotherapy Powerhouse

Purpose-Built Pipeline To Enable Novel–Novel Combinations Across Solid Tumors



1. Partnered with: Genentech, a member of the Roche Group; 2. Formerly BNT327, partnered with Bristol Myers Squibb.

3Q 2025 Progress Towards Our Strategic Goals

Oncology Execution	
Pumitamig[1]	• Executing broad pan-tumor development plan led by registrational Phase 3 clinical trials in lung[2] and breast cancer with first potential launches before the end of the decade • Progressed clinical mono-agent profiling of potential combination partners, informing future registrational plans for novel-novel combinations • Advanced 10+ new signal-seeking trials to expand into additional indications and explore novel-novel combinations
mRNA cancer immunotherapies	• Progressing late-stage trials for FixVac and iNeST[3] with two recent randomized Phase 2 updates • Recent readouts in advanced disease provide insights that further support current focus for iNeST[3] in the adjuvant setting
Tech-bio Innovation	
Innovation Series: AI Day	• Showcased BioNTech's fully integrated AI capabilities, and unique position to build personalized immunotherapies and precision medicines
COVID-19 Leadership	
COMIRNATY[4]	• Received regulatory approvals in U.S. and other major markets, including Europe, UK, Japan, for the commercial roll-out of variant-adapted COVID-19 vaccine
Corporate Strength	
Financials	• Strong balance sheet with ~€16.7 bn total cash and cash equivalents plus security investments[5]

Partnered with: 1. Formerly BNT327, partnered with Bristol Myers Squibb; 2. Includes a Phase 2/3 seamless clinical trial in NSCLC; 3.Genentech, a member of the Roche Group; 4. Pfizer; 5. Cash and cash equivalents plus security investments as of September 30, 2025, reached €16,704.9 million, comprising €10,092.9 million in cash and cash equivalents, €4,275.6 million in current security investments and €2,336.4 million in non-current security investments.

3rd Quarter 2025

2 Oncology Execution Update

Özlem Türeci, Co-founder & Chief Medical Officer

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Advancing Towards Commercial Stage in Oncology

Pumitamig[1]

Aim to accelerate and expand Pumitamig[1] development in strategic collaboration with BMS

mRNA Cancer Immunotherapies

Generating data that support and inform our current development strategy

Trastuzumab pamirtecan[2]

Advancing T-Pam[2] towards BLA submission in EC and BC

Partnered with: 1. Formerly BNT327, partnered with Bristol Myers Squibb; 2. Formerly BNT323/DB-1303, partnered with DualityBio.

Pumitamig – Executing a Parallel Three-Wave Strategy to Build a Proprietary IO Franchise

Q3 actions advanced registrational readiness (dose, design, geography) and combination rationale, the two prerequisites for a durable backbone.

Establish

Foundational Registrations
Registrational Trials with Pumitamig[1] ongoing in 3 High-Impact Tumors

SCLC
- 1L Ph3 (Global) ROSETTA LUNG-01
- 2L Ph3 (China)
- 1L/2L Ph2 (Global)

NSCLC
- 1L Ph2/3 (Global) ROSETTA LUNG-02
- 2L Ph2 (Global)
- 2L EGFRm Ph2 (China)
- IIT neoadjuvant (China)

TNBC
- 1L Ph3 trial (Global) ROSETTA BREAST-01
- 1L Ph3 (China)

Expand

Broad Pan-Tumor Applicability With Standard-of-Care Chemotherapy
12+ Studies Exploring Pumitamig[1] in 10+ New Indications

Registrational-Intent
- 1L Gastric Ph2/3 (Global)
- 1L CRC Ph2/3 (Global)

Signal-Seeking
- 1L CRC Ph2 (China)
- 1L PDAC Ph2 (China)
- 1L HCC Ph2 (China)
- 1L MPM Ph2 (China)
- 1L NEN Ph2 (China)
- HNSCC, RCC, CC, PROC, EC, Melanoma Ph1/2 (China)

Elevate

Defining Potential New Standards of Care
10+ Novel-Novel Combinations

- Combining with our ADCs targeting
  - HER2
  - HER3
  - TROP2
  - EGFR x HER3
  - B7H3
  - Novel targets
- Exploring synergies with our IO agents
  - EpCam x 4-1BB
  - TIGIT x PVRIG
  - mRNA cancer immunotherapy

1. Formerly BNT327, partnered with Bristol Myers Squibb.

Establishing Pumitamig[1] in Small Cell Lung Cancer

Broad Presence
Ph3 and Ph1/2 trials across 1L and later lines; pan-tumor insights inform indication strategy; novel combinations also being evaluated

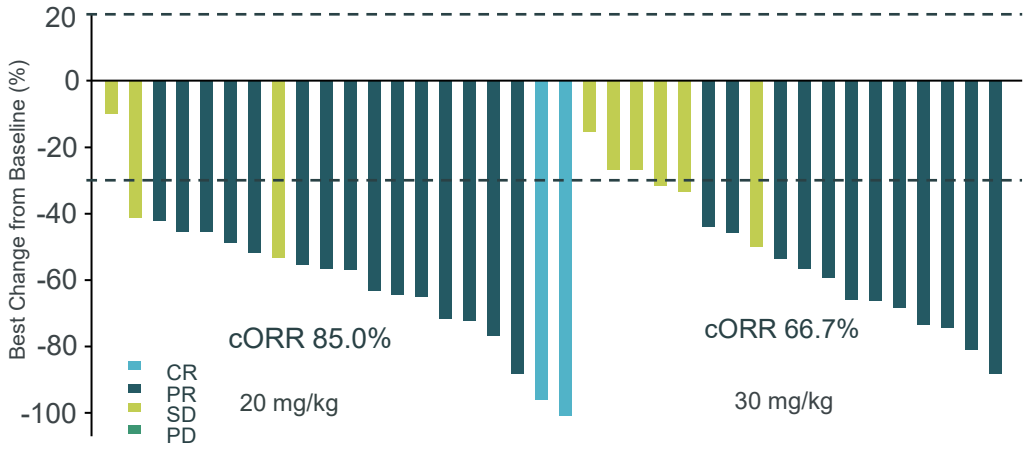
Safety Profile
Consistent and manageable safety profile across studies with low discontinuation rates and no new safety concerns

Consistent Performance
Activity and safety confirmed in China and global datasets, supporting frontline benefit

Unique Positioning
Designed to improve on current chemo-IO standard-of-care; combination potential being explored

Heymach et al. WCLC 2025 Oral #OA13.02

Patient Population	2L SCLC China IO Naïve 30mg/kg Q3W	2L SCLC China IO Treated 30mg/kg Q3W	1L ES-SCLC China 30mg/kg Q3W	1L ES-SCLC Global 20mg/kg Q3W	1L ES-SCLC Global 30mg/kg Q3W
N	22	43	48	20	18
cORR (%)	**50.0**	**37.2**	**85.4**	**85.0**	**66.7**
DCR (%)	**81.8**	**90.7**	**97.9**	**100**	**100**
mPFS (months)	**5.5**	**5.4**	**6.9**	**6.3**	**7.0**
mOS (months)	**14.7**	**14.3**	**16.8**	-	-
Congress	ELCC 2025		ELCC 2025	WCLC 2025	



Benchmark data[2] 1L ES-SCLC

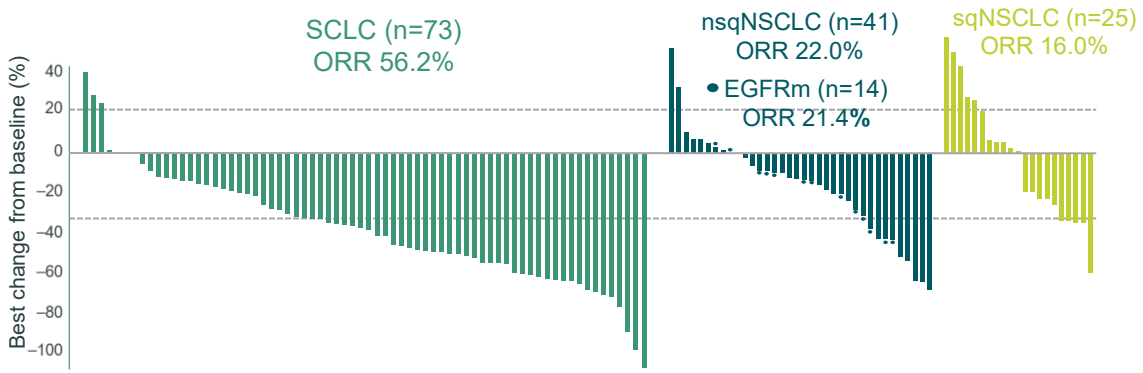
Regimen	ORR (%)	mPFS (months)	mOS (months)	Pivotal Trial
Atezo + Chemo	60	5.2	12.3	IMpower133[3]
Durva + Chemo	68	5.1	12.9	CASPIAN[4]

1. Formerly BNT327, partnered with Bristol Myers Squibb,; 2. This benchmarking is not based on head-to-head trials between BioNTech's investigational candidates and other products or product candidates. Furthermore, definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data, as they may be confounded by various factors, and should be interpreted with caution; 3. L. Horn et al., New England Journal of Medicine, 2018; 4. I. Paz-Ares et al., The Lancet, 2019.

ADC Single Agent Profiling to Inform Late-Stage Mono and Combo Development

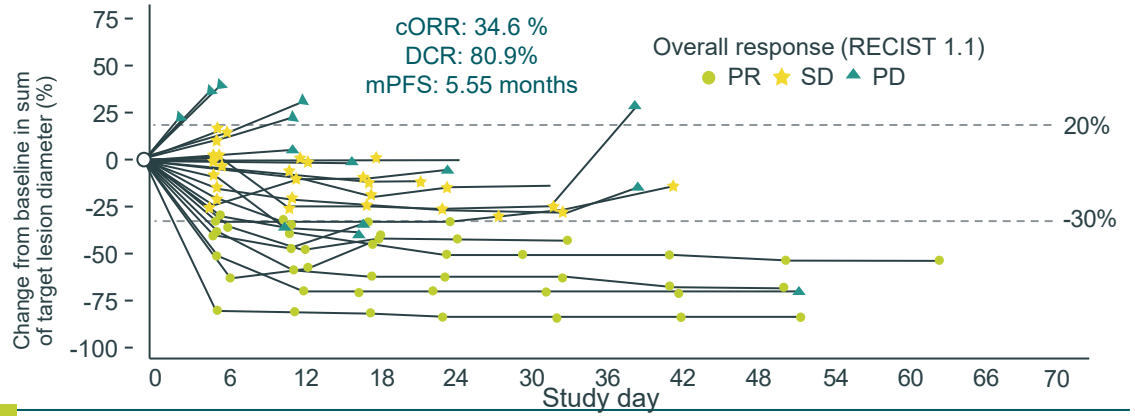
BNT324/DB-1311[1] (B7H3) Monotherapy in 2L+ SCLC and NSCLC

Cheng et al. ESMO Asia 2024 57O



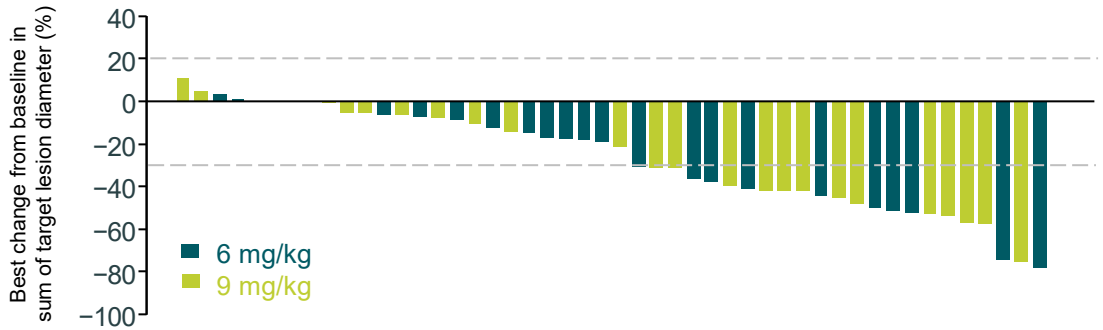
BNT325/DB-1311[1] (TROP2) Monotherapy in 2L+ mTNBC

Hamilton et al. ESMO 2025 #557P



BNT324/DB-1311[1] (B7H3) Monotherapy in 2L+ mCRPC

Parsonson et al. ASCO 2025 5015



Multiple Signal-Seeking Pumitamig Combination Trials with ADCs and other Novel Modalities

Combination Partner	Compound	Indications
+ T-Pam[1]	HER2 ADC	HR+ HER2-low, ultra-low/null BC or TNBC
+ BNT324/DB-1311[1]	B7-H3 ADC	NSCLC, SCLC, HCC, HNSCC, CC, PROC
+ BNT325/DB-1305[1]	TROP2 ADC	TNBC, NSCLC, OC, PROC
+ BNT326/YL202[2]	HER3 ADC	NSCLC, EGFRm NSCLC, Melanoma, HER2-neg BC
+ BNT3212	EGFR x HER3 bsADC	Multiple solid tumors
+ BNT314/GEN1059[3]	EpCAM x 4-1BB bsAb	MSS-CRC
+ BNT3213[4]	TIGIT x PVRIG bsAb	HCC
+ BNT116	NY-ESO-1,MAGE-A3-tyrosinase,TPTE mRNA	NSCLC

Partnered with: 1. DualityBio; 2. MediLink; 3. Genmab; 4. China-only trial.

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Clinical Trial 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+ PD-L1 CPS ≥1 HNSCC Phase 2/3	NSCLC Phase 1 & 2
+ Nivolumab	Monotherapy	+ Atezolizumab + mFOLFIRINOX	+ Pembrolizumab	Monotherapy and + Atezolizumab	+ Cemiplimab	+ Pembrolizumab	Mono & combo with IO, ADCs and mRNA
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 from Phase 1 trial published: Rojas et al., **Nature 2023**; Sethna et al., **Nature 2025**	Trial completed (N=125) Primary endpoint (significant PFS improvement) not met. Numerical OS benefit trend observed. Data presented at **ESMO 2025**	Trial completed (N=272) Data published (Lopez et al., **Nature Medicine 2025**)	Trial completed (N=184) Positive topline data announced in 2024 Data presented at **ESMO 2025**	Recruitment ongoing Trial updated to Phase 2/3	Recruitment completed in Phase 2 in 1L NSCLC[2] Data presented at **SITC 2023, AACR 2024** and **SITC 2024.** Data in frail patients presented at **AACR 2025** Data in patients after CRT presented at **WCLC 2025**

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

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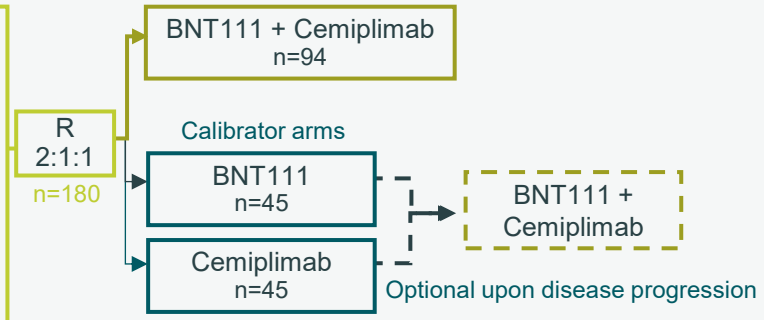
BNT111 FixVac Phase 2 Data in PD-(L)1 Melanoma Yield Insights That Guide Further Development

Key Inclusion Criteria

- IIIc/IV melanoma, measurable disease
- ≥12 weeks of aPD-(L)1 treatment
- ≤ 6 months after confirmed disease progression on/after aPD-(L)1
- ≤ 5 prior lines of treatment (including ipilimumab)
- Prior B-RAF ± MEKi for patients with positive B-RAF tumor(s)
- Serum LDH ≤ ULN

Trial Design



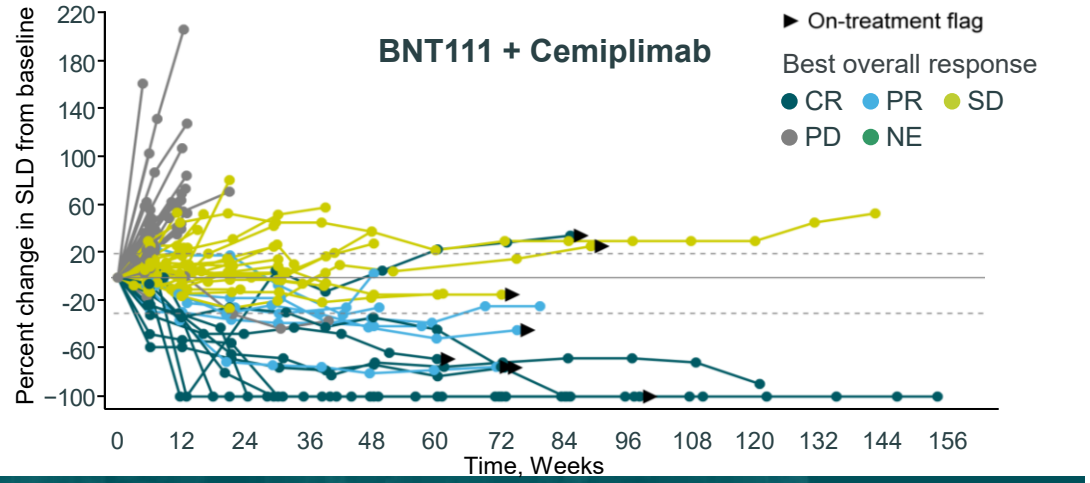
U.S. FDA Fast Track Designation and Orphan Drug Designation

Key Findings

- A statistically significant improvement (ORR: 18.1%) of BNT111 + cemiplimab versus an assumed historical control ORR of 10% in heavily pretreated, PD-(L)1–r/r advanced/metastatic melanoma
- 11.7% complete responses, and responses were deep and durable
- BNT111 also indicated clinical activity as monotherapy
- BNT111 showed a manageable safety profile as single agent and in combination

Ascierto et al. ESMO 2025 #1605MO

	BNT111 + cemiplimab (n=94)
CR, n (%)	11 (11.7)
PR, n (%)	6 (6.4)
SD, n (%)	35 (37.2)
ORR, n (%)	**17 (18.1)**
DCR, n (%)	52 (55.3)



BNT111 is active in difficult to treat, post-IO setting
Signal-seeking trials evaluating other FixVac candidates in combination with ADCs and IO are ongoing

1. In collaboration with Regeneron.

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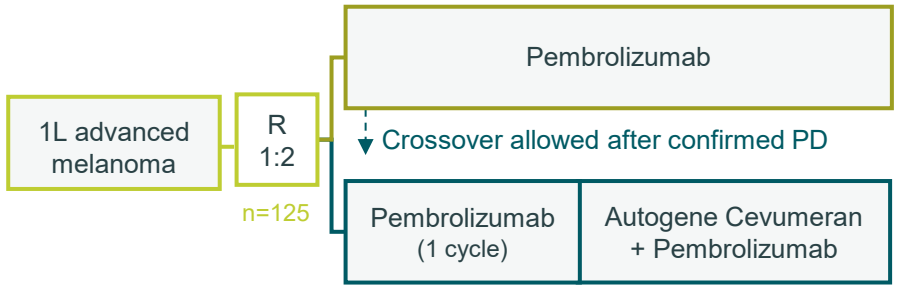
iNest[1] Phase 2 Data in 1L Melanoma Yield Insights That Support Current Development Focus

Trial Design

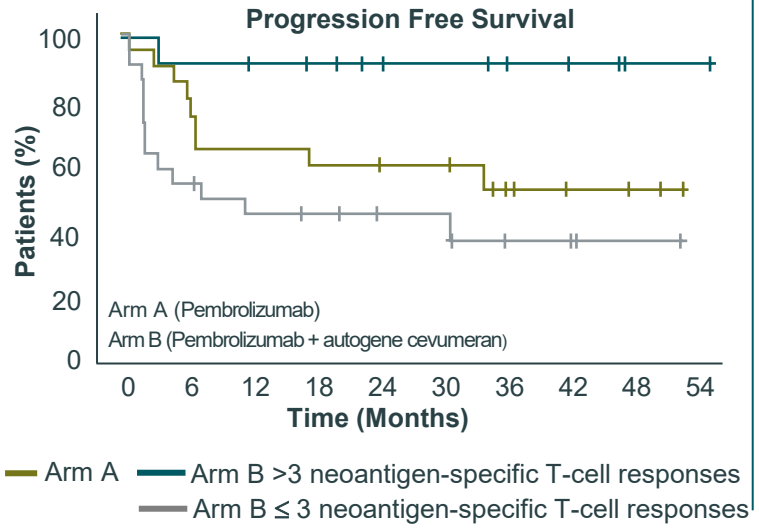


Key Findings

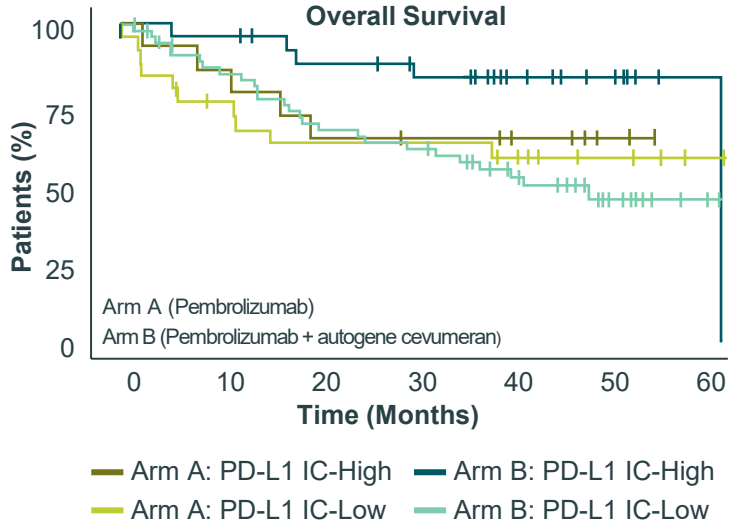
- Primary endpoint of progression free survival was not met. A numerical trend favoring the combination in overall survival at 12 and 24 months was observed
- Robust neoantigen-specific T-cell responses, with multi-epitope breadth and persistence of T-cell clones well beyond induction
- The combination of mRNA immunotherapy with a PD1 was well tolerated with mostly Grade 1 or 2 TRAEs with no new safety signals

Sullivan et al. ESMO 2025 #954P

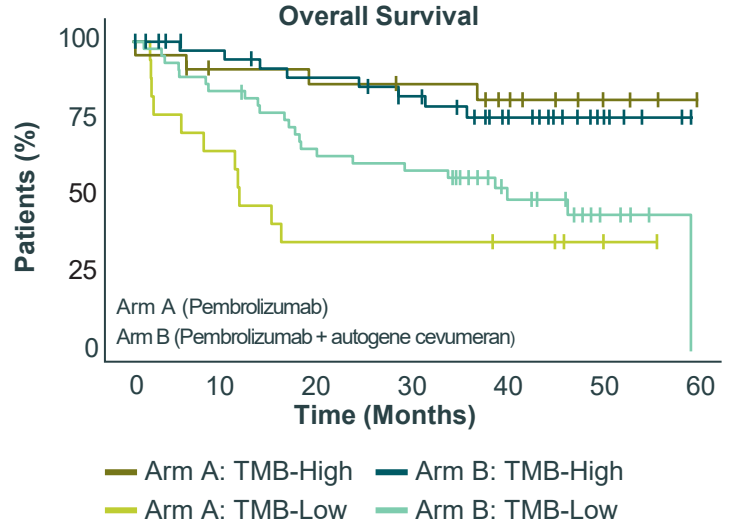
Improved PFS in patients who had a higher breadth of immune response as stratified by the number of neoantigen-specific T-cell responses



A trend of improved OS in patients with PD-L1 High vs. PD-L1-Low in the autogene cevumeran combination arm vs. the pembrolizumab arm



A trend of improved OS in patients with tumors with low mutation burden treated with autogene cevumeran combination vs pembrolizumab arm



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

Upcoming Data Guide Late-Stage Development Strategies

Establishing Pumitamig's Foundation			
Pumitamig[1]	1L/2L TNBC	Global Phase 2	Helps inform Phase 3 dose
Validating our Broader ADC Platform			
BNT324/DB-1311[2]	CC and PROC	Phase 1/2	Informs contribution of components for combination strategy and late-stage development
BNT325/DB-1305[2]	mTNBC	Phase 1/2	
BNT326/YL202[3]	HR+ HER2-null or low BC	Phase 1/2	
Informing Optimal Setting for mRNA Cancer Immunotherapy Development			
Autogene Cevumeran[4]	Adjuvant CRC	Phase 2	First randomized trial data in the adjuvant setting
Advancing our Next-Wave Immuno-Oncology Assets			
Gotistobart[5]	2L sq NSCLC	Global Phase 3 (Stage 1)	Helps de-risk pivotal stage of ongoing Phase 3

Partnered with: 1. Formerly BNT327, partnered with Bristol Myers Squibb; 2. DualityBio; 3. Medilink; 4. Genentech, a member of the Roche Group; 5 OncoC4.

3rd Quarter 2025

3 Financial Update

Ramón Zapata, Chief Financial Officer

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Q3 and YTD Financial Results

(in millions €, except per share data)[1]	Three months ended September 30,		Nine months ended September 30,	
	2025	**2024**	**2025**	**2024**
Revenues	1,519	1,245	1,963	1,561
Cost of sales	(148)	(179)	(309)	(298)
Research and development expenses	(565)	(550)	(1,600)	(1,642)
Sales and marketing expenses	(27)	(18)	(61)	(47)
General and administrative expenses	(121)	(132)	(346)	(420)
Other operating result	(705)	(355)	(729)	(617)
Operating income / (loss)	**(47)**	**11**	**(1,082)**	**(1,463)**
Finance result	72	148	259	484
Income taxes	(54)	39	(8)	54
Net profit / (loss)	**(29)**	**198**	**(831)**	**(925)**
Basic earnings / (loss) per share	(0.12)	0.82	(3.45)	(3.83)
Diluted earnings / (loss) per share	(0.12)	0.81	(3.45)	(3.83)

Balance Sheet as of September 30, 2025 – Cash and cash equivalents plus security investments[2] **€16.7 bn**

1. Numbers have been rounded and may have been adjusted in the table to add up to the totals. Presentation of the consolidated statements of profit or loss has been condensed. More information can be found in BioNTech's Report on Form 6-K for the three and nine months ended September 30, 2025, filed today with the U.S. SEC and available at https://www.sec.gov/; 2. Cash and cash equivalents plus security investments as of September 30, 2025, reached €16,704.9 million, comprising €10,092.9 million in cash and cash equivalents, €4,275.6 million in current security investments and €2,336.4 million in non-current security investments.

BioNTech Increases Revenues Guidance and Reduces Expenditures Guidance for the Full Year 2025[1]

		FY Guidance March 2025	FY Guidance November 2025
Planned FY 2025 Revenues	Revenues	**€1,700 – €2,200 m**	**€2,600 – €2,800 m**
Planned FY 2025 Expenses and Capex	R&D expenses	**€2,600 – €2,800 m**	**€2,000 – €2,200 m**
	SG&A expenses	**€650 – €750 m**	**€550 – €650 m**
	Capital expenditure for operating activities	**€250 – €350 m**	**€200 – €250 m**

Guidance Considerations

With regards to COVID-19 vaccine franchise, the guidance reflects the following assumptions:

- Relatively stable COVID-19 vaccine pricing and market share as compared to 2024
- 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 from a pandemic preparedness contract with the German government

However, current and potential further developments in law, global public policy, international trade, and public sentiment as they continue to evolve could further impact the anticipated COVID-19 vaccine revenues and expenses.

The revenue guidance also includes anticipated revenues from collaborations, and from the BioNTech Group service businesses.

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, as well as certain potential one-time effects and charges related to portfolio prioritization. It includes effects identified from licensing arrangements, collaborations and M&A transactions to the extent disclosed and completed and may be subject to update. It excludes the effect of the announced transaction to acquire CureVac, which is ongoing. The Company does not expect to report a positive net income figure for the 2025 financial year. The Company's approach to revenue recognition, including the amount and timing of revenues, is based on the facts and circumstances known to the Company and various other judgments, estimates, and assumptions that the Company believes to be reasonable under the circumstances. More information can be found in BioNTech's Report on Form 6-K for the three and nine months ended September 30, 2025, filed today, and in BioNTech's Report on Form 20-F for the year ended December 31, 2024 filed on March 10, 2025, both of which are available at www.sec.gov.

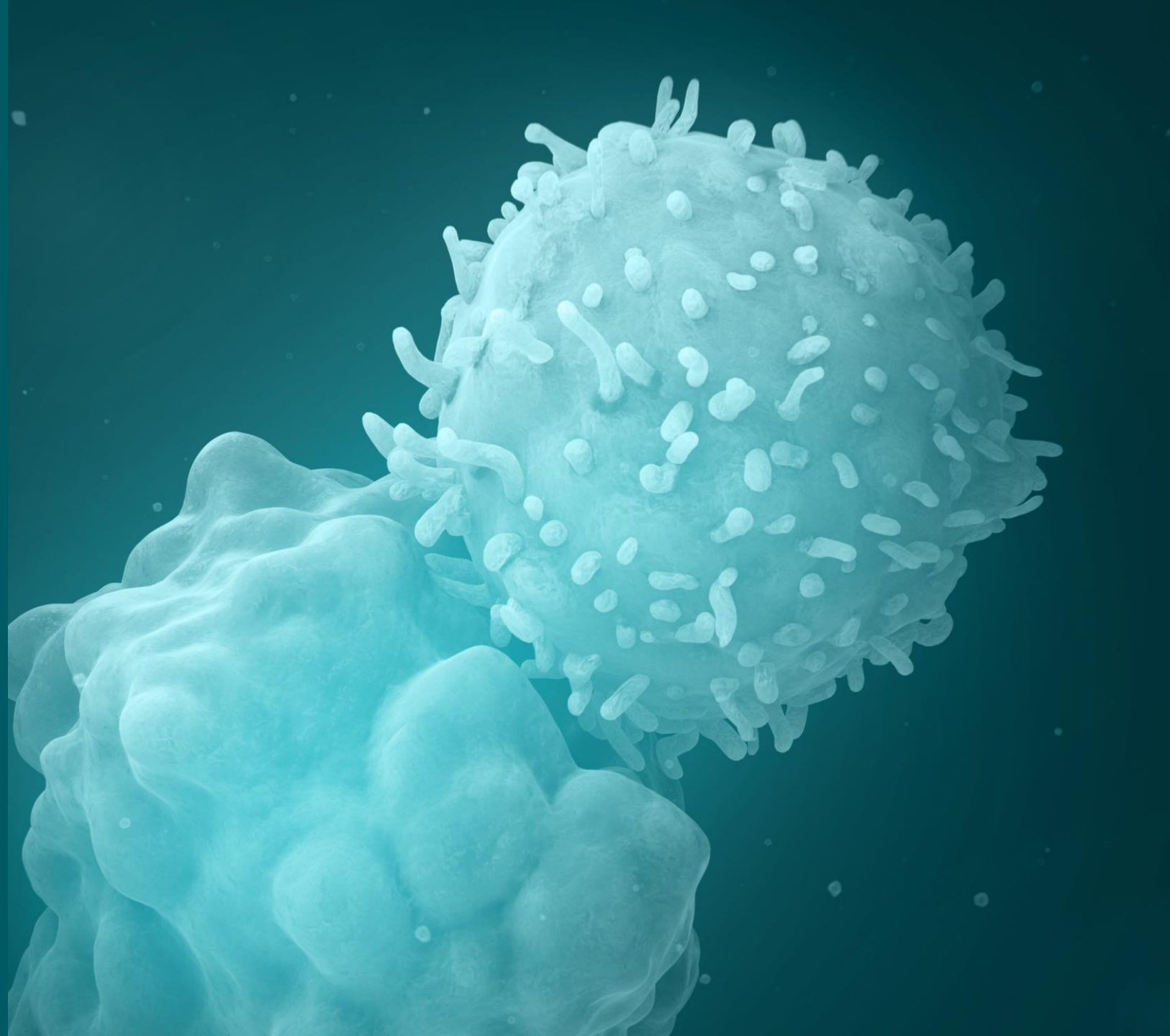
Save the date

BIONTECH

Innovation Series R&D Day

November 11, 2025
New York, NY U.S.

Thank you!



Appendix

Selected Pipeline Milestones in 2025 and Beyond

	Program	Indication	2025+ Milestone
Next-Generation Immunomodulator	Pumitamig[1]	1L/2L SCLC	Global Phase 2 dose optimization data
		1L/2L TNBC	Global Phase 2 dose optimization data
mRNA Cancer Immunotherapy	Autogene cevumeran[2]	ctDNA+ adj. CRC	Phase 2 update
	BNT111[3]	2L+ melanoma	Phase 2 data
Targeted Therapy	Trastuzumab pamirtecan[4]	2L+ HER2 EC	Phase 2 data[5]
			Regulatory submission[6]

Partnered with: 1. Formerly BNT327, partnered with Bristol Myers Squibb; 2. Genentech, a member of the Roche Group; 3. In collaboration with Regeneron; 4. Formerly BNT323/DB-1303, partnered with DualityBio; 5. We plan to share these data at a medical conference in 2026; 6. We plan to file a BLA in second-line endometrial cancer in 2026, subject to regulatory feedback.

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

Phase 2

- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L HCC + CTx[6]
- **Gotistobart[4]** (CTLA-4)
  PROC, + pembrolizumab
- **Pumitamig[1] or BNT325/DB-1305 + BNT324/DB-1311[3] combination**
  Multiple solid tumors
- **Trastuzumab-Pamirtecan[3]** (HER2)
  multiple solid tumors
- **Autogene cevumeran[2]**
  Adj. ctDNA+ stage II or III CRC
- **Autogene cevumeran[2]**
  Adj. PDAC, + atezolizumab + mFOLFIRINOX
- **Autogene cevumeran[2]**
  Adj. MIUC, + nivolumab
- **BNT111[5]**
  aPD-(L)1-R/R melanoma, + cemiplimab
- **BNT116[5]**
  1L adv. PD-L1 ≥ 50% NSCLC, + cemiplimab
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  2L NSCLC, + CTx
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L/2L+ (ES-)SCLC, + CTx
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L/2L met. TNBC, + CTx
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  2L ES-SCLC, + CTx[6]
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L ES-SCLC + CTx[6]
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  EGFR TKI experienced, EGFRm NSCLC, + CTx[6]
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L MPM, + CTx[6]
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L CRC[6] — NEW
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  2L NEN, + CTx[6]

Phase 3

- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L SCLC, + CTx
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L NSCLC, + CTx
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L TNBC, + CTx — PLANNED
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  2L SCLC, + CTx[6]
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L TNBC, + CTx[6]
- **Gotistobart[4]** (CTLA-4)
  aPD-1/PD-L1 experienced squamous NSCLC
- **Trastuzumab-Pamirtecan[3]** (HER2)
  HR+/HER2-low met. breast cancer
- **Trastuzumab-Pamirtecan[3]**(HER2)
  2L HER2+ endometrial cancer — NEW
- **BNT113**
  1L r./met. HPV16+ PD-L-1+ HNC, + pembrolizumab

Next generation IO | Targeted therapy | mRNA immunotherapy

Partnered with: 1. Bristol Myers Squibb; 2. Genentech, member of Roche Group; 3. DualityBio; 4. OncoC4; 5. In collaboration with Regeneron; 6. Trial ongoing in China only.

BIONTECH

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

Phase 1

- **BNT314/GEN1059[2] (**EpCAMx4-1BB)
  Multiple solid tumors
- **BNT317**
  Multiple solid tumors
- **BNT326/YL202[5]** (HER3)
  Multiple solid tumors
- **BNT211** (CLDN6)
  Multiple solid tumors
- **BNT116**
  Adv. NSCLC

Phase 1/2

- **Pumitamig[1]** (PD-L1 x VEGF-A)
  1L TNBC[6]
- **Pumitamig[1]** (PD-L1 x VEGF-A)
  Multiple solid tumors[6]
- **BNT312/GEN1042[2]** (CD40x4-1BB)
  Multiple solid tumors
- **Gotistobart[4]** (CTLA-4)
  mCRPC, + radiotherapy
- **Gotistobart[4]** (CTLA-4)
  Multiple solid tumors
- **Pumitamig[1] + BNT3212 combination** NEW
  Multiple solid tumors
- **BNT324/DB-1311[3]** (B7-H3)
  Multiple solid tumors
- **BNT325/DB-1305[3]** (TROP2)
  Multiple solid tumors
- **BNT329** NEW
  Multiple solid tumors
- **Pumitamig[1] + BNT3213 combination**
  1L HCC[6]
- **Pumitamig[1] + Trastuzumab-Pamirtecan[3] combination**
  Adv. or metastatic HR+/- HER2-low,ultra-low or null breast cancer
- **Pumitamig[1] + BNT324/DB-1311[3] combination**
  Adv. or metastatic HNSCC, HCC, CC, PROC, NSCLC
- **Pumitamig[1] + BNT324/DB-1311[3] combination**
  Adv. or metastatic NSCLC or SCLC
- **Pumitamig[1] + BNT325/DB-1305[3] combination**
  Multiple solid tumors, PROC, OC, TNBC, NSCLC
- **Pumitamig[1] + BNT326/YL202[5] combination** NEW
  Multiple solid tumors
- **Pumitamig[1] + BNT326/YL202[5] combination** NEW
  Advanced NSCLC
- **Pumitamig[1] + BNT314/GEN1059[2] combination** NEW
  Advanced CRC

Next generation IO | Targeted therapy | mRNA immunotherapy

Partnered with: 1. Bristol Myers Squibb; 2. Genmab; 3. DualityBio; 4. Onco C4; 5. MediLink; 6. Trial ongoing in China only.

BIONTECH

Abbreviation Directory

n L	*nth* line	ESMO	European Society for Medical Oncology	PDAC	Pancreatic ductal adenocarcinoma
AACR	American Association for Cancer Research	FDA	Food and Drug Administration	PD-(L)1	Programmed cell death protein (ligand) 1
(bs)AB	(bispecific) Antibody	FixVac	Fixed Antigen Vaccine	PD-(L)1 IC	PD-L1 Immune Cell Score
(bs)ADC	(bispecific) Antibody-drug conjugate	FY	Fiscal year	(m)PFS	(median) Progression-free survival
adj.	Adjuvant	HCC	Hepatocellular carcinoma	PR	Partial response
adv.	Advanced	HER2 (or 3)	Human epidermal growth factor receptor 2 (or 3)	PROC	Platinum-resistant ovarian cancer
AI	Artificial intelligence	HNC	Head and neck cancer	PVRIG	Poliovirus receptor-related immunoglobulin
ASCO	American Society of Clinical Oncology	HNSCC	Head and neck squamous cell carcinoma	QxW	Every x week(s)
B7-H3	B7 Homolog 3	HPV	Human papilloma virus	RCC	Renal cell carcinoma
BC	Breast cancer	HR	Hormone receptor	R&D	Research and development
BLA	Biologics License Applications	iNeST	Individualized NeoAntigen-Specific Therapy	RECIST	Response Evaluation Criteria in Solid Tumors
B-RAF	Serin/Threonin-Kinase	IO	Immuno-oncology	R/R	Relapsed/refractory
bsAB	Bispecific antibody	LDH	Lactate dehydrogenase	(ES/LS)SCLC	(Extensive/low stage) small cell lung cancer
CAPEX	Capital expenditures	M&A	Merger and acquisitions	SD	Stable disease
CC	Cervical cancer	MAGE-A3	Melanoma antigen A3	SEC	U.S. Securities and Exchange Commission
CD-x	Cluster of differentiation	MEKi	Mitogen-activated protein kinase kinase inhibitor	SG&A	Selling, general and administrative expenses
CLDN6	Claudin 6	met.	Metastatic	SITC	Society of Immunotherapy of Cancer
CPS	Combined positive score	MIUC	Muscle-invasive urothelial carcinoma	TIGIT	T cell immunoreceptor with Ig and ITIM domains
CR	Complete response	MPM	Malignant pleural mesothelioma	TKI	Tyrosine kinase inhibitor
CRC	Colorectal cancer	mRNA	Messenger ribonucleic acid	TMB-H (or L)	Tumor mutational burden-high (or low)
CRPC	Castration resistant prostate cancer	MSS	Microsatellite stability	(m)TNBC	(metastatic) Triple-negative breast cancer
CRT	Chemoradiation therapy	NE	Not evaluable for response	TPTE	Transmembrane phosphatase w.tensin homology
ctDNA	Circulating tumor DNA	NEN	Neuroendocrine neoplasm	TRAE	Treatment-related adverse event
CTLA	Cytotoxic T-lymphocyte-associated protein	NSCLC	Non-small cell lung cancer	TROP2	Trophoblast cell-surface antigen 2
CTx	Chemotherapy	(n)sq	(non-)squamous	UK	United Kingdom
DCR	Disease control rate	NY-ESO-1	NY esophageal squamous cell carcinoma-1	ULN	Upper limit of normal
EC	Endometrial cancer	OC	Ovarian cancer	U.S.	United States
EGFR(m)	Epidermal growth factor receptor (mutated)	(c)ORR	(Confirmed) objective response rate	VEGF(R) - A	Vascular endothelial growth factor A
ELCC	European Lung Cancer Congress	(m)OS	(median) Overall survival	WCLC	World Conference of Lung Cancer
EpCAM	Epithelial cell adhesion molecule	PD	Progressive disease	YTD	Year-to-date