

IMUNON's 2026 Investor Conference and R&D Day

September 23, 2026

10:00 AM-12:00 PM EDT

Sofitel, New York City

IMUNON

Agenda

Welcome - Redefining Frontline Care: Unlocking the Potential of a First-in-Class IL-12 Immunotherapy in Ovarian Cancer	**Stacy Lindborg, PhD**	President and CEO, Imunon, Inc.
Resurrecting IL-12: Overcoming Historical Barriers with Targeted TheraPlas™ Delivery of IMNN-001	**Douglas Faller, MD, PhD**	Chief Medical Officer, Imunon, Inc
Unveiling Translational Insights: MRD Clearance, Microenvironment Remodeling, and Combination Strategies	**Amir Jazaeri, MD**	Vice Chair for Clinical Research, Director, Gynecologic Cancer Immunotherapy Program, Department of Gynecologic Oncology and Reproductive Med., University of Texas MD Anderson Cancer Center
Advancing Frontline Efficacy: Translating OVATION 2 Overall Survival Signals into Pivotal Phase 3 OVATION 3	**Premal H. Thaker, MD**	David & Lynn Mutch Distinguished Professor of Obstetrics & Gyn, Chief of Gynecologic Oncology, Director of Gynecologic Oncology Clinical Research, Professor in Gynecologic Oncology, Washington University School of Medicine
Beyond the Data: Clinical Experience with IMNN-001: A Conversation with an OVATION 1 Study Participant	**William Bradley, MD**	Professor and Vice Chair for Clinical Research, Division of Gynecologic Oncology, Medical College of Wisconsin
Building the Future — Strategic Milestones, Catalysts, and the Investment Horizon	**Stacy Lindborg, PhD**	President and CEO, Imunon, Inc.

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Leave with three things.

A frontline ovarian cancer program now in Phase 3. Built on randomized Phase 2 OS — and on a cytokine the field abandoned.

THE PROBLEM THAT HAS NOT MOVED

Newly diagnosed advanced ovarian cancer is still treated the way it has been treated for more than thirty years — platinum, taxane, surgery. The backbone saved lives. It has also plateaued. The bar that should matter is overall survival.

01

Why IL-12 failed

Biology was never the problem.
Systemic protein delivery was.

02

Why IMNN-001 is different

Local DNA. IL-12 where the disease lives.
45.1 vs 30.4 months. No CRS in Phase 2.

03

Why OVATION 3 is the pivotal chapter

Phase 2 was not powered for OS; Phase 3 is.
2 interims, Fast Track & Orphan Drug designation, FDA-aligned protocol.

WHERE THIS MORNING GOES

01 Faller
IL-12 biology, and why TheraPlas changed the safety equation

02 Jazaeri
Translational weight — MRD, ctDNA, a colder tumor turning hotter

03 Thaker
OVATION 2 from the OR and clinic, and why Phase 3 cannot wait

04 Bradley and Trial Participant
What the numbers mean when they are not a Kaplan-Meier curve

Resurrecting IL-12: Overcoming Historical Barriers with Targeted TheraPlas™ Delivery of IMNN-001

Douglas V. Faller, MD, PhD
Chief Medical Officer



IMNN-001: The First and Only Treatment to Demonstrate an Impact on Overall Survival in Newly Diagnosed Advanced Ovarian Cancer

Potential to Transform the Frontline Standard of Care for Ovarian Cancer Patients

An immunotherapy that **harnesses the patient's own immune system**;
not delivering IL-12 but rather activating the immune system.

A mechanism of action that **activates both the innate and adaptive immune systems** for a more effective, durable, and comprehensive response.

IMNN-001 impacting cancer-fighting cytokines, **turning the tumor environment from "Cold" to "Hot"**, allowing immune system to continue to suppress the tumor for years after the completion of therapy.

These cytokines are induced locally, at the site of the tumor, where they would be most active. No unwanted immune adverse events or **cytokine release syndrome are seen.**

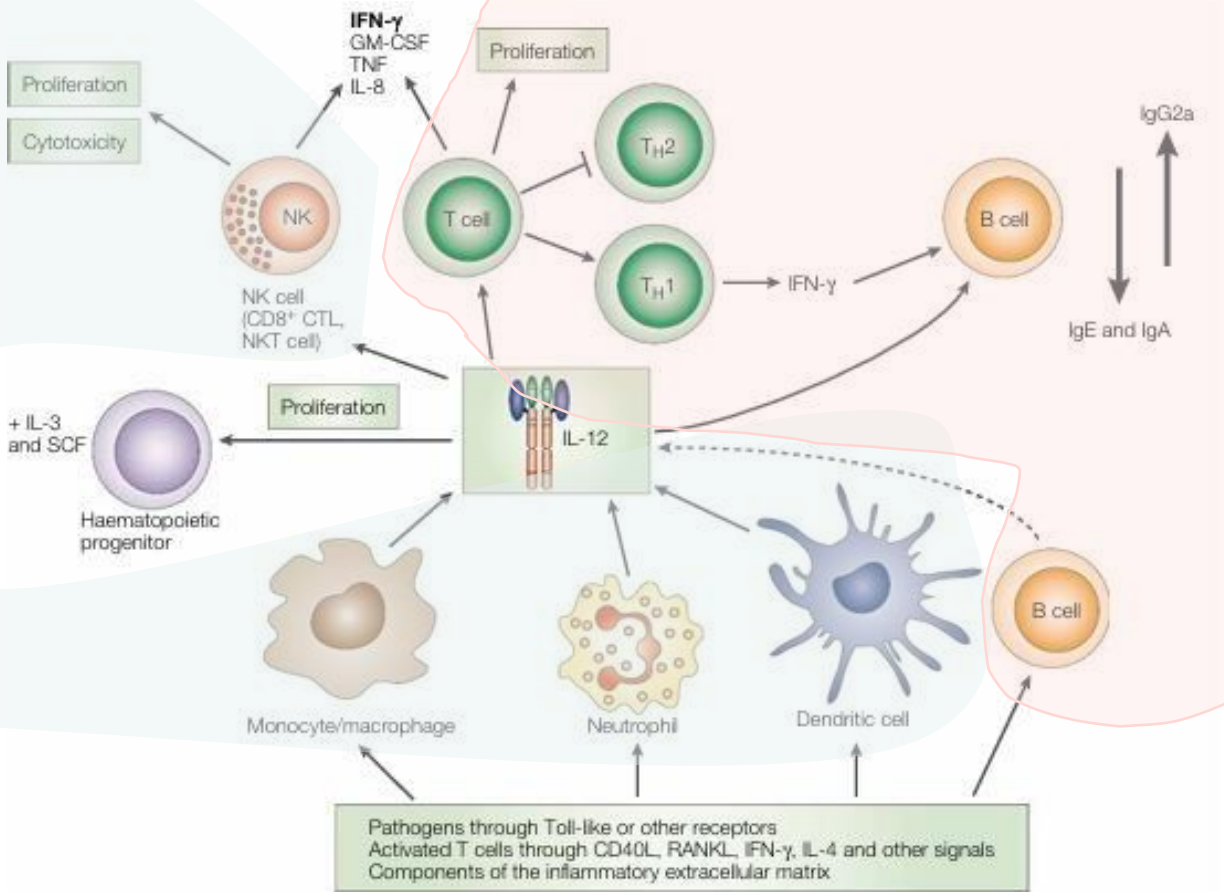
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IL-12 and its Effector IFN-γ: Critical Drivers of Antitumor Immunity

Harnessing Both Innate and Acquired Immunity

Innate Immunity

- Monocytes
- Macrophages
- Dendritic Cells
- Neutrophils
- NK cells



Acquired Immunity

- T lymphocytes
- B lymphocytes

Image adapted from:
Giorgio Trinchieri March 2003
Nature Reviews Immunology 3(2):133-46

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IFN-γ Effects in Cancer are Multifactorial and Powerful

Not Just Immune-Related but Also Affecting Pathways Regulating Cancer Progression, Angiogenesis and Apoptosis

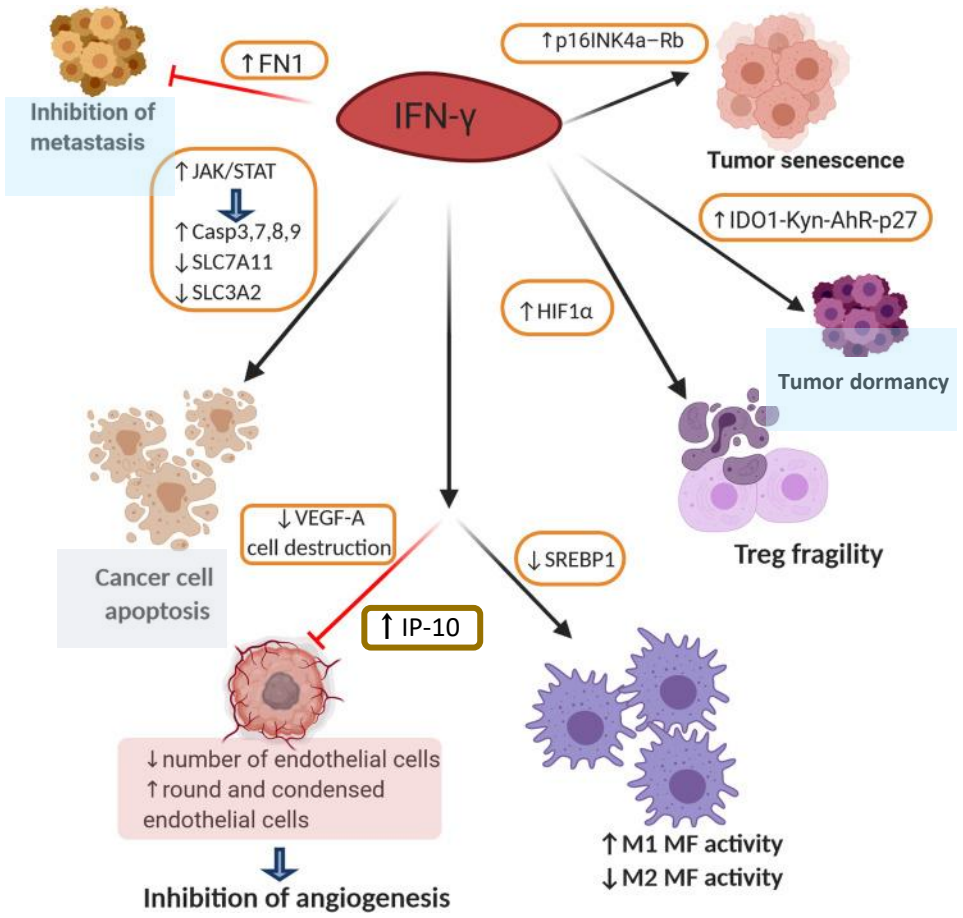
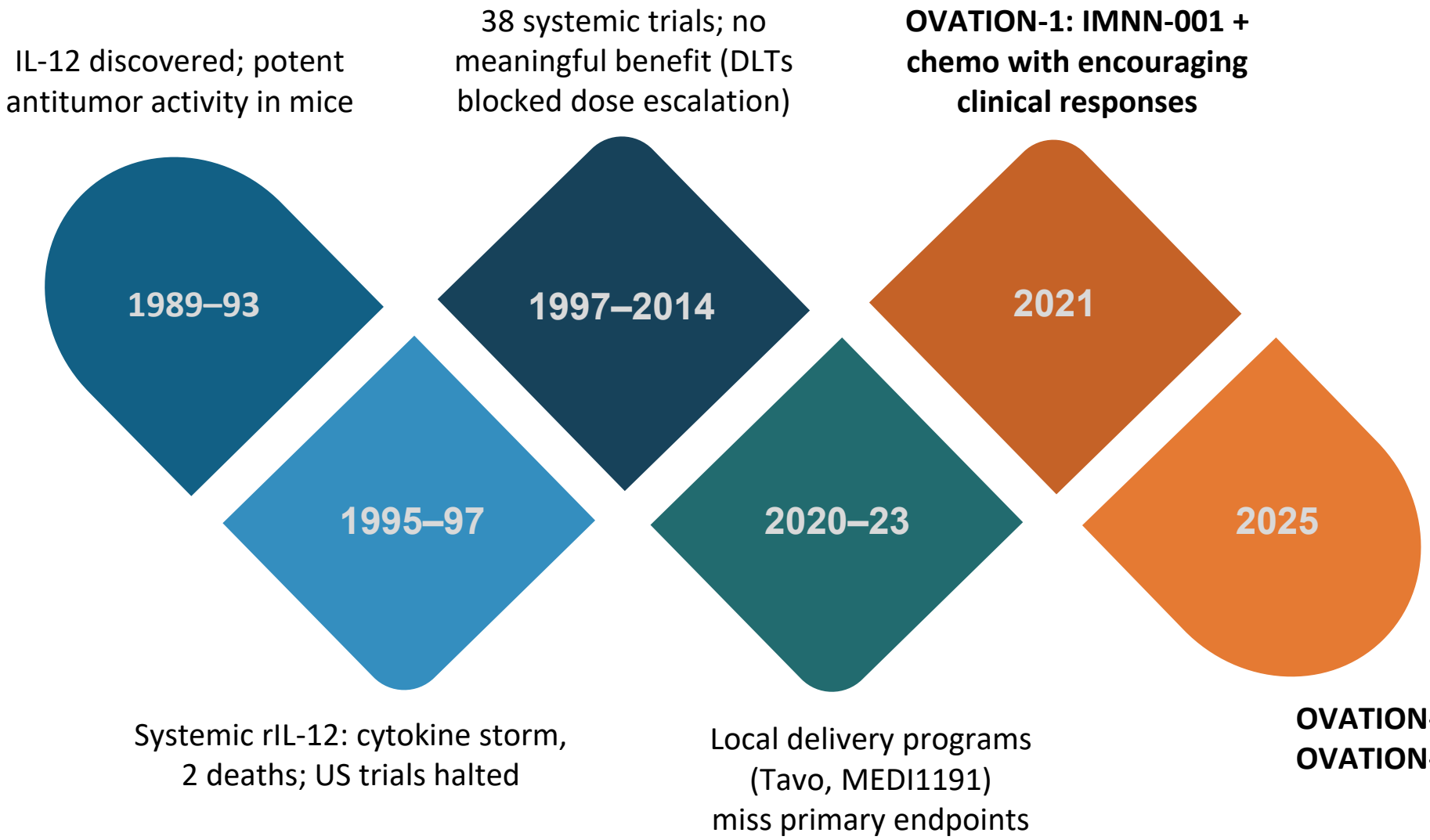


Image adapted from:
Jorgovanovic D *et al.*, . Biomark Res. 2020

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IL-12 in Cancer Immunotherapy is Biologically Powerful

The Challenge has Been to Harness it Locally



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IMNN-001 Superior Positioning Relative to Other IL-12 Delivery Strategies

Shared Goal: Maximize Tumor-Local IL-12 While Limiting Systemic Exposure

Evolving IL-12 Platforms

- Intratumoral mRNA/LNP systems drive local cytokine expression
- Targeted immunocytokines and anchored proteins improve tumor retention
- Viral vectors, EVs, and engineered cells add options but stay platform-specific

Key Translational Challenges

- Systemic recombinant IL-12: poor pharmacokinetics and a narrow therapeutic index
- Intratumoral injection needs accessible lesions and misses disseminated disease
- Off-target expression, repeat-dose tolerability, and manufacturing remain constraints

IMNN-001 Positioning

- Regional IP delivery matches peritoneal spread in ovarian cancer
- Non-viral plasmid enables local expression and repeat dosing
- Covers the peritoneal compartment without injecting individual lesions

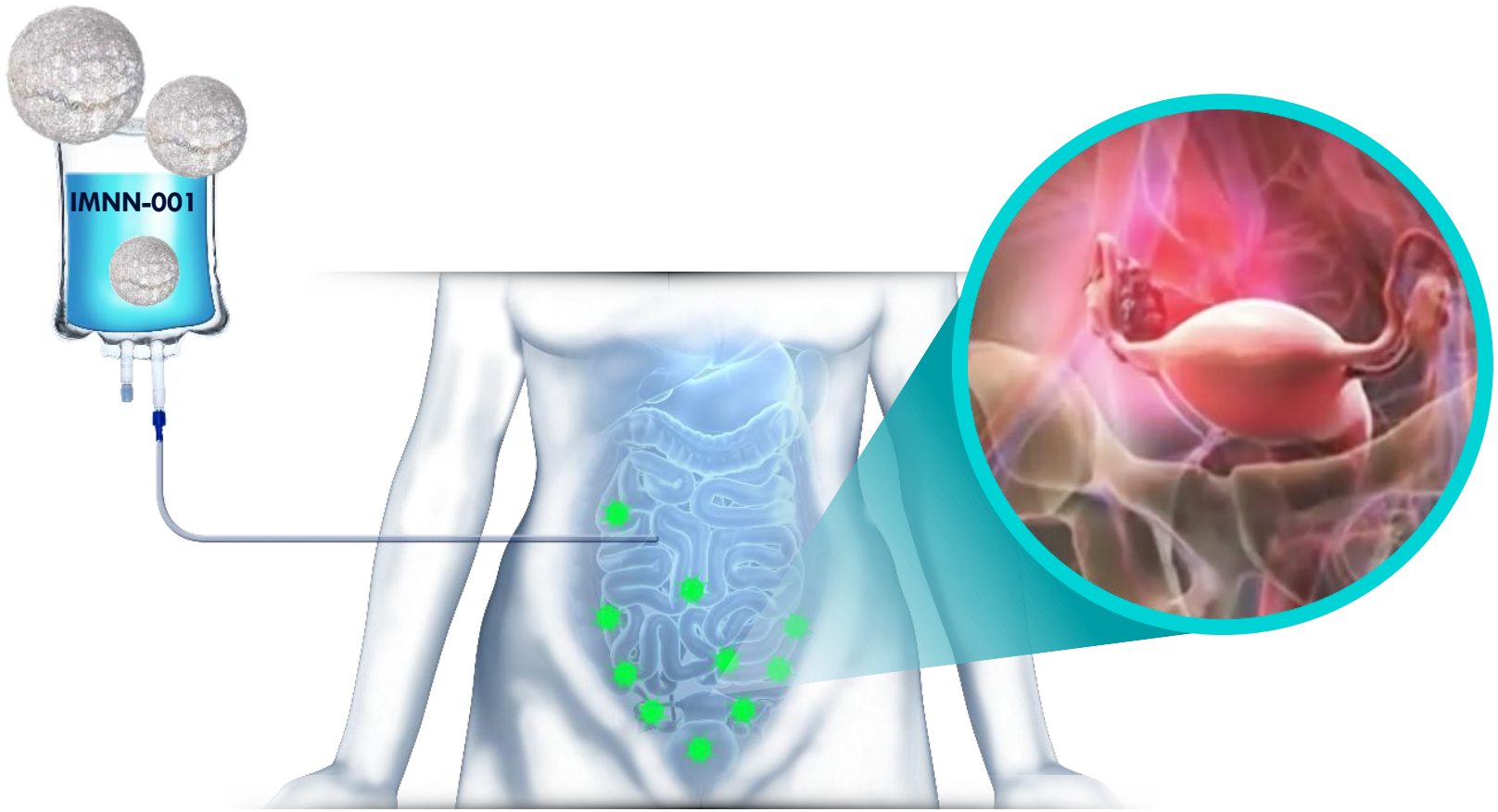
IMNN-001 is a regional, repeatable, non-viral IL-12 approach for peritoneal ovarian cancer—local delivery, systemic antitumor activity.

IMNN-001 is the only program currently in late clinical trials with evidence of a Survival Effect

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IMNN-001: Local IL-12 Production in the Tumor Microenvironment

Durable Peritoneal Expression Without Bolus-Like Systemic IL-12 Spikes



Local Expression of IL-12 Favors
Immune Modulation in Tumor Microenvironment

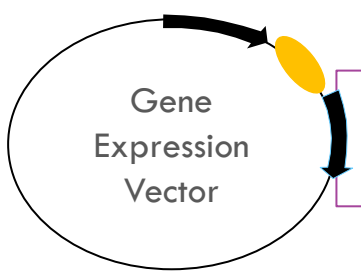
Intraperitoneal IMNN-001 produces durable, local IL-12 in the peritoneum.

Avoids the supraphysiologic IL-12 spikes of bolus IV rIL-12, limiting systemic exposure and supporting a favorable safety profile.

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TheraPlas™: Local, Durable Protein for Repeated Administration

TheraPlas combines a therapeutic gene plasmid and proprietary delivery system into nanoparticles to achieve durable local production of a therapeutic protein after in vivo administration at the disease site



Therapeutic Plasmid System

TheraPlas

Plasmid Delivery System

Synthetic DNA Delivery Systems

IMNN-001
Nanoparticles

Expresses Therapeutic Gene(s)

- Immune agents (cytokines, chemokines)
- Anti-cancer agents
- Growth factors

Polymeric Systems

- Lipopolymers
- Cross-linked polymers

Local & Systemic Delivery

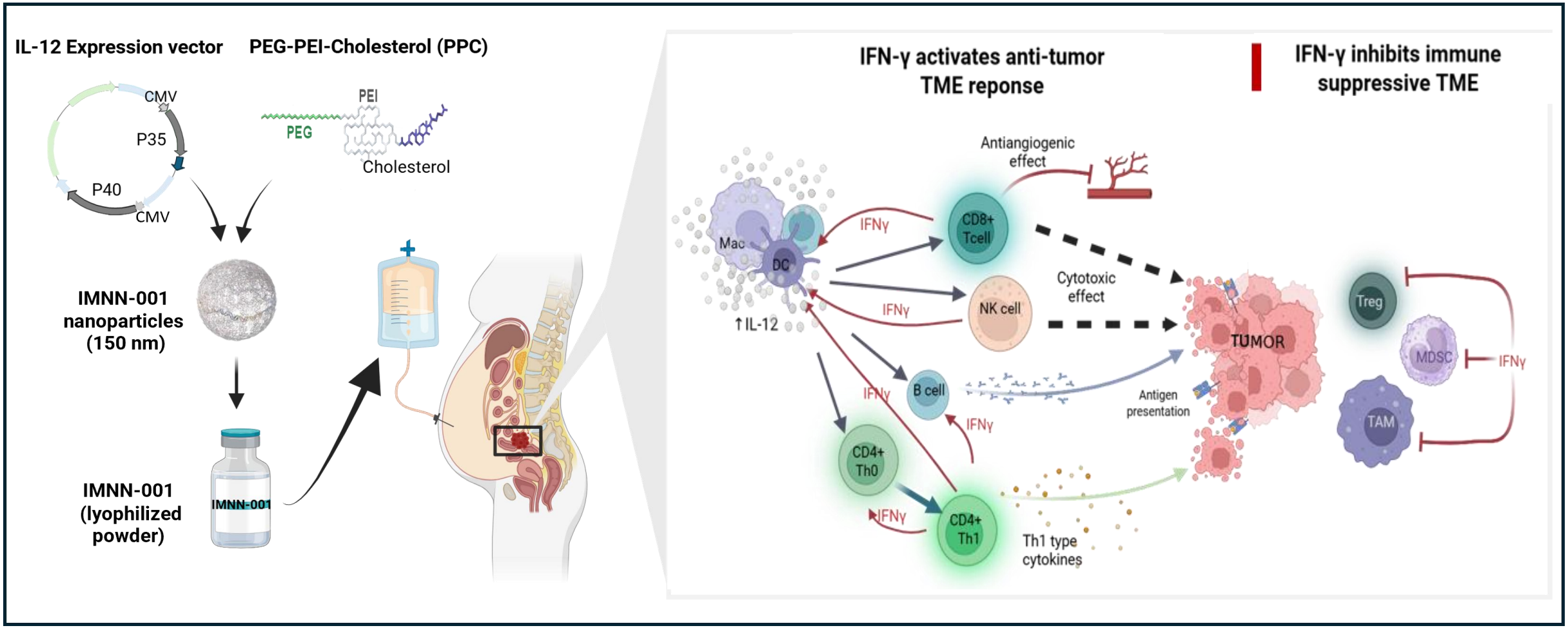
Therapeutic Protein

Broad Product Opportunities Across Molecular Targets, Delivery Modalities, and Disease Area

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IP IMNN-001 in Advanced Epithelial Ovarian Cancer: Localized Delivery for Diffuse Disease

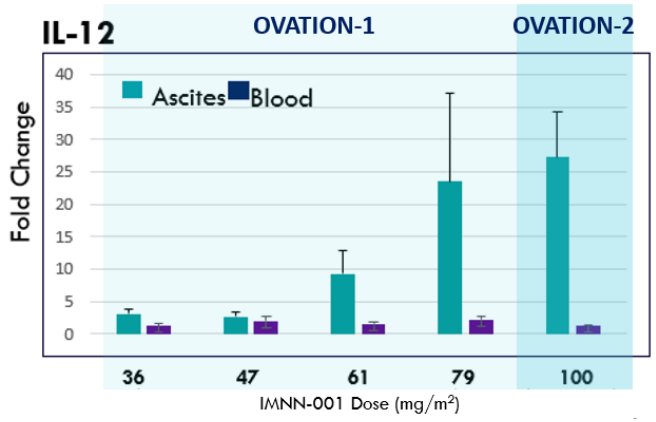
Designed to Convert a Cold Peritoneal TME to a Hot Antitumor TME

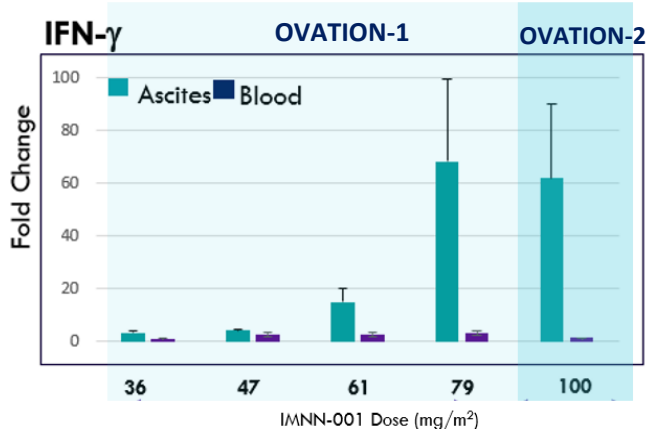


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IMNN-001: Biomarker Data Consistent with TME Remodeling in Ph1 and Ph2 Studies

Immune Biomarkers Measured in Clinical Samples Confirm IMNN-001 Mechanism of Action



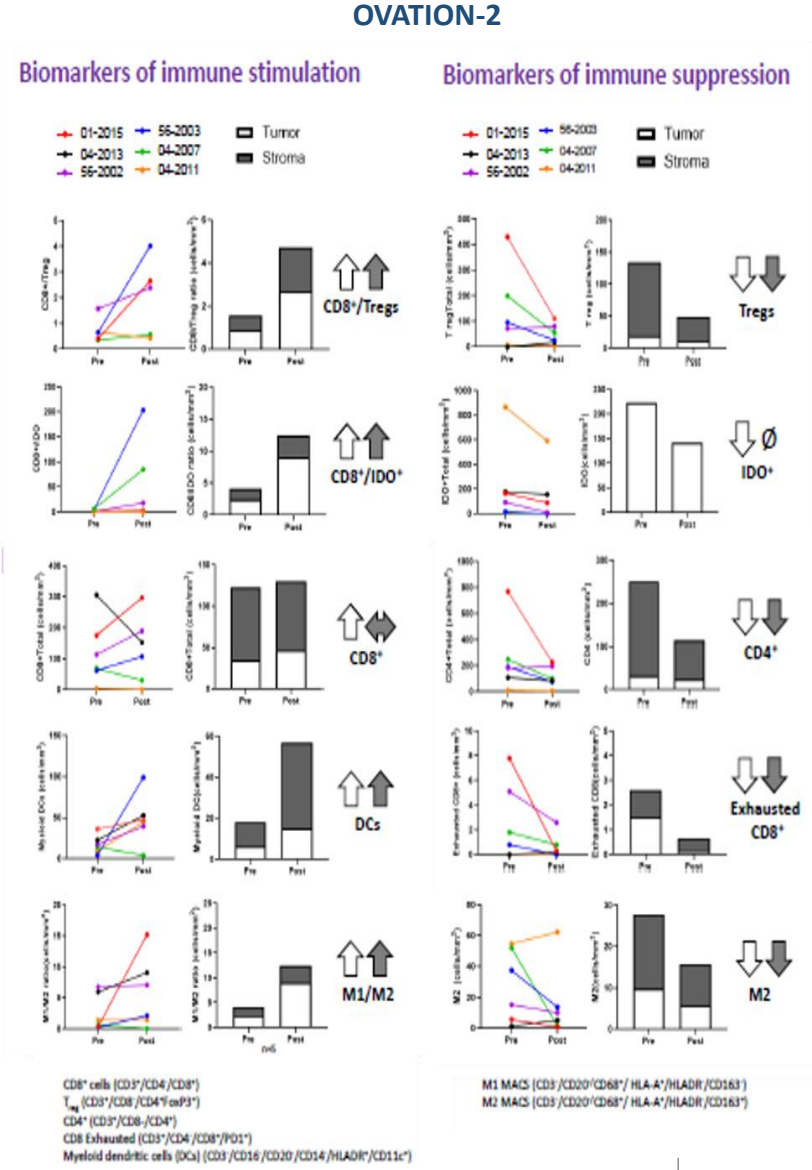


Marked Dose-Dependent Increase in Anti-Cancer Cytokine Levels at the tumor site

IMNN-001 creates a "hot" anti-tumor microenvironment in EOC by:

- Increasing the recruitment of CD8+, myeloid dendritic cells and M1 macrophages in 50-80% of the paired samples in tumor and stroma;
- Decreasing immunosuppressive markers (IDO, Treg, exhausted CD8, M2 macrophages) in 65-80% of the tumor and stroma samples.

The induction of favorable ratios of CD8+/Tregs and CD8+/CD4+ cells, is historically associated with improved patient outcomes



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Anwer K *et al.*, . SITC 2025

OVATION-2 Safety: Demonstrating the Successful Overcoming of Historical IL-12 Barriers

IMNN-001 Allows Safe and Tolerable Repeated Delivery of Tumor-Localized IL-12

- Most TEAEs and Serious TEAEs related to treatment were gastrointestinal and cytopenias
- TEAEs of special interest were abdominal pain (66% in experimental vs 28% in control), and cytokine release syndrome with no reported events
- Abdominal pain was the most common cause of IMNN-001 dose reduction (12% of patients but only 3% discontinued treatment)
- No serious systemic toxicity or immune-related events reported
- 1 pt died in each arm, unrelated to IMNN-001

(Safety Population)

Subjects with at Least One, n (%)	Control arm (N/ACT) n=58	Experimental arm (IMNN-001 + N/ACT) N=59
TEAEs	56 (96.6)	59 (100)
STEAEs	21 (36.2)	43 (72.9)
TEAEs of special interest	16 (27.6)	39 (66.1)
Abdominal Pain	16 (27.6)	39 (66.1)
Cytokine Release Syndrome	.	.
TEAEs leading to IMNN-001 dose reduction*#	NA	9 (15.2)
Abdominal Pain	NA	7 (11.9)
Others (deconditioning)	NA	1 (1.7) each
TEAE Leading to Study Drug D/C	NA	14 (23.7)
Abdominal pain	NA	2 (3.4)
Respiratory failure	NA	2 (3.4)
Others (n=8)	NA	1 (1.7) each
TEAE Leading to death	1 (1.7)	1 (1.7)
Pancytopenia	.	1& (1.7)
Upper GI hemorrhage	1 (1.7)	.
Respiratory failure	.	1& (1.7)

Serious TEAEs (IMNN-001 or N/ACT related) with incidence >10% in the experimental arm				
	Total	**Grades1&2**	**Grade 3**	**Grade 4**
Thrombocytopenia	9 (15.3)	1 (1.7)	4 (6.8)	4 (6.8)
Nausea	7 (11.9)	3 (5.1)	5 (8.5)	.
Abdominal pain	8 (13.6)	.	8 (13.6)	.
Febrile neutropenia	7 (11.9)	.	7 (11.9)	.
Anemia	7 (11.9)	.	7 (11.9)	.
Vomiting	6 (10.2)	1 (1.7)	5 (8.5)	.
Pyrexia	6 (10.2)	5 (8.5)	1 (1.7)	.

TEAE: Treatment Emergent Adverse Event; STEAE: Serious TEAE.
(*) Dose reduction for IMNN-001 was 80 mg/m2 from the intended 100 mg/m2 (#) 2 additional patients had dose reductions due to port issues.(&) Occurring in the same patient.

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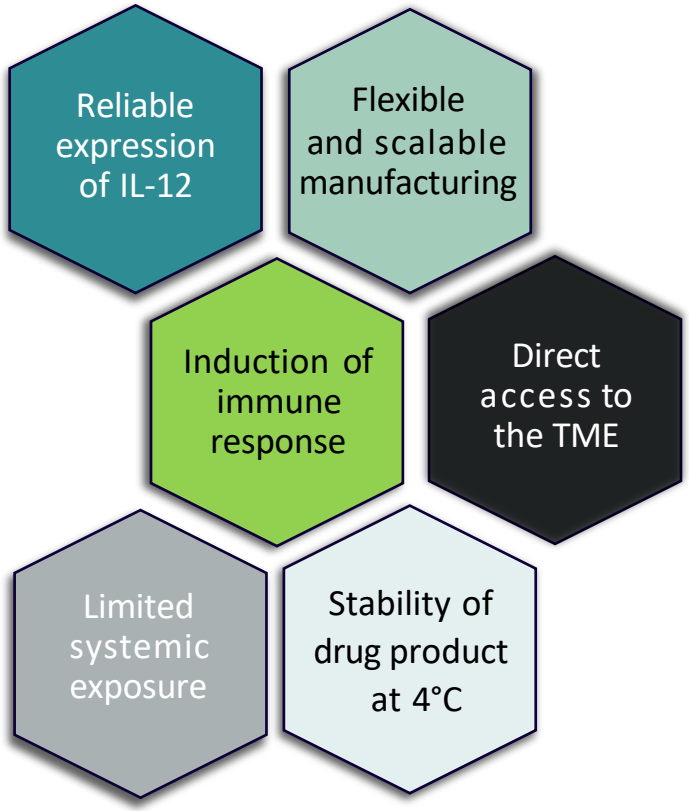
IMNN-001 Consistent Safety Profile: OVATION-2, OVATION-3 and MRD Trial Safety

IMNN-001 Continues to Allow Safe and Tolerable Repeated Delivery of Tumor-Localized IL-12

- No cytokine release syndrome
- No serious systemic toxicity
- No immune-related adverse events
- Consistent safety profile observed across multiple studies – Imunon has overcome the historical safety and efficacy barriers associated with the development of a novel IL-12 immunotherapy
- Most TEAEs related to treatment are gastrointestinal
- IDMC for OVATION-3 (MAY2026) - No safety concerns – continue trial without modification
- IDMC for MRD Study (AUG2026) - No safety concerns – continue trial without modification

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IMNN-001: Defining the Modern Era of IL-12 in Cancer Immunotherapy



IMNN-001 potential in other cancers · gastric, pancreatic, colorectal, glioblastoma, mesothelioma



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IMNN-001 Current and Potential Future Indications

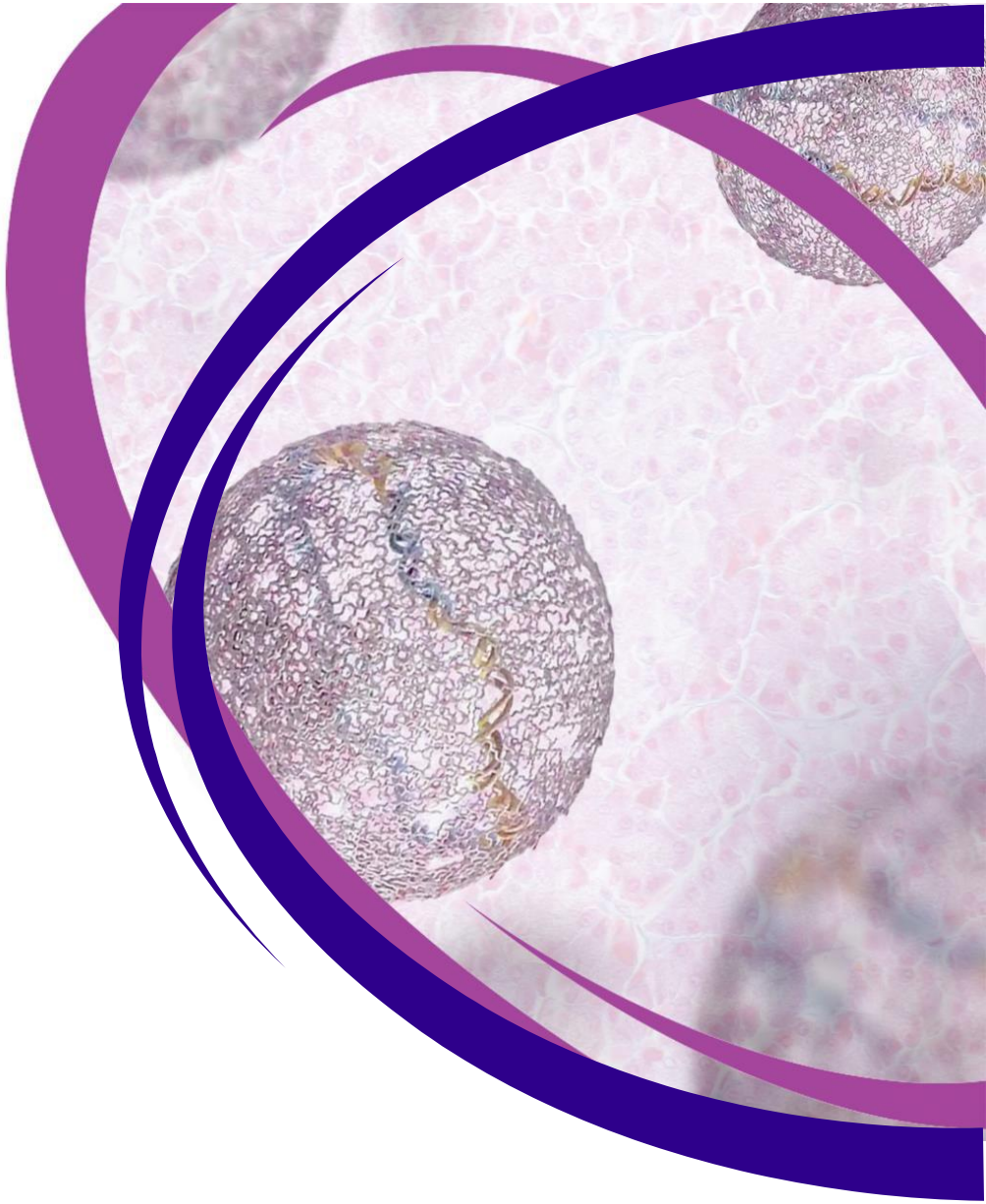
Platform Capable of a Pipeline of DNA-Based Transformative Medicines

Platform	Delivery	Program	Indication(s)	Discovery	IND enabling	Phase 1	Phase 2	Phase 3
TheraPlas	IP	**IL-12 (OVATION 3)**	Newly Diagnosed Adv. Ovarian Cancer	IMNN-001				enrolling
		IL-12 in combination with **Avastin***	Newly Diagnosed Adv. Ovarian Cancer	IMNN-001			enrolling	
		IL-12 (OVATION 2)	Newly Diagnosed Adv. Ovarian Cancer	IMNN-001			complete	
		IL-12 in combination with **Immune checkpoint Inhibitors**	Newly Diagnosed Adv. Ovarian Cancer	IMNN-001		Ready		
		IL-12	Colorectal Cancer	IMNN-001		Ready		
		IL-12	Pancreatic Cancer	IMNN-001		Ready		
	Intra-tumoral	**IL-12**	Glioblastoma	IMNN-001				

In partnership with BREAK THROUGH CANCER #RadicalCollaboration

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Thank you



Making Cancer History®

Cancer
UT MD Anderson

Phase II Randomized Translation Study of Clinical and Biological Changes Induced by IMNN-001 (MRD) Phase in Advanced Stage High Grade Serous Ovarian Cancer

Amir Jazaeri, MD

Professor and David Gershenson Chair in Ovarian Cancer Research

Vice Chair for Clinical Research

Director of Gynecologic Cancer Immunotherapy Program

Department of Gynecologic Oncology & Reproductive Medicine

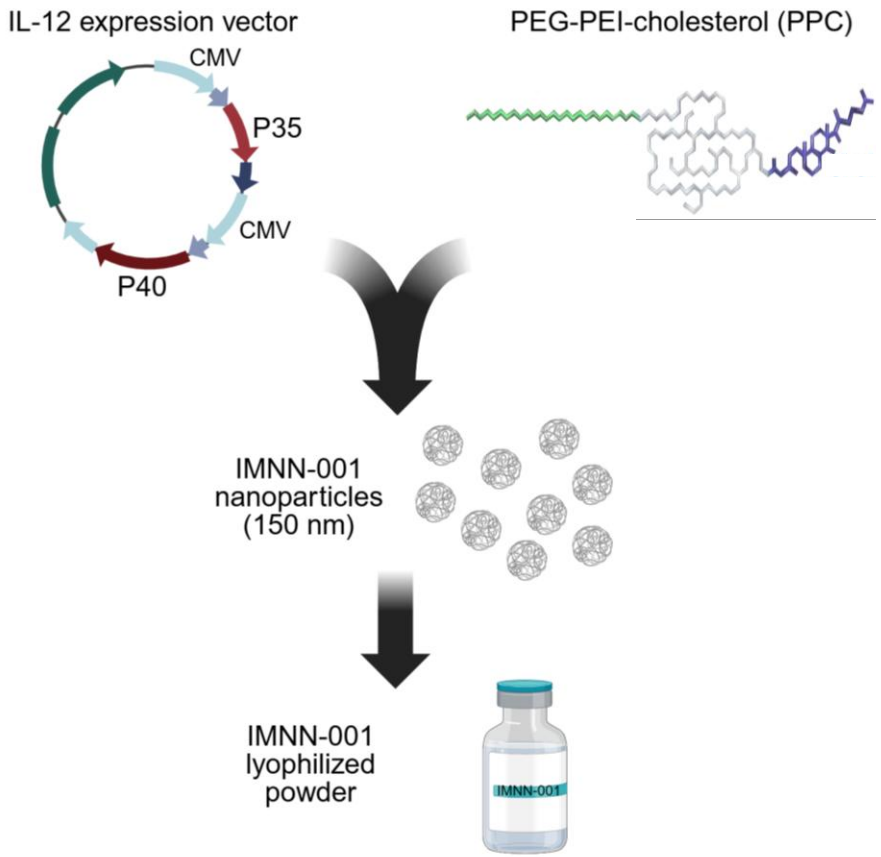
University of Texas MD Anderson Cancer Center

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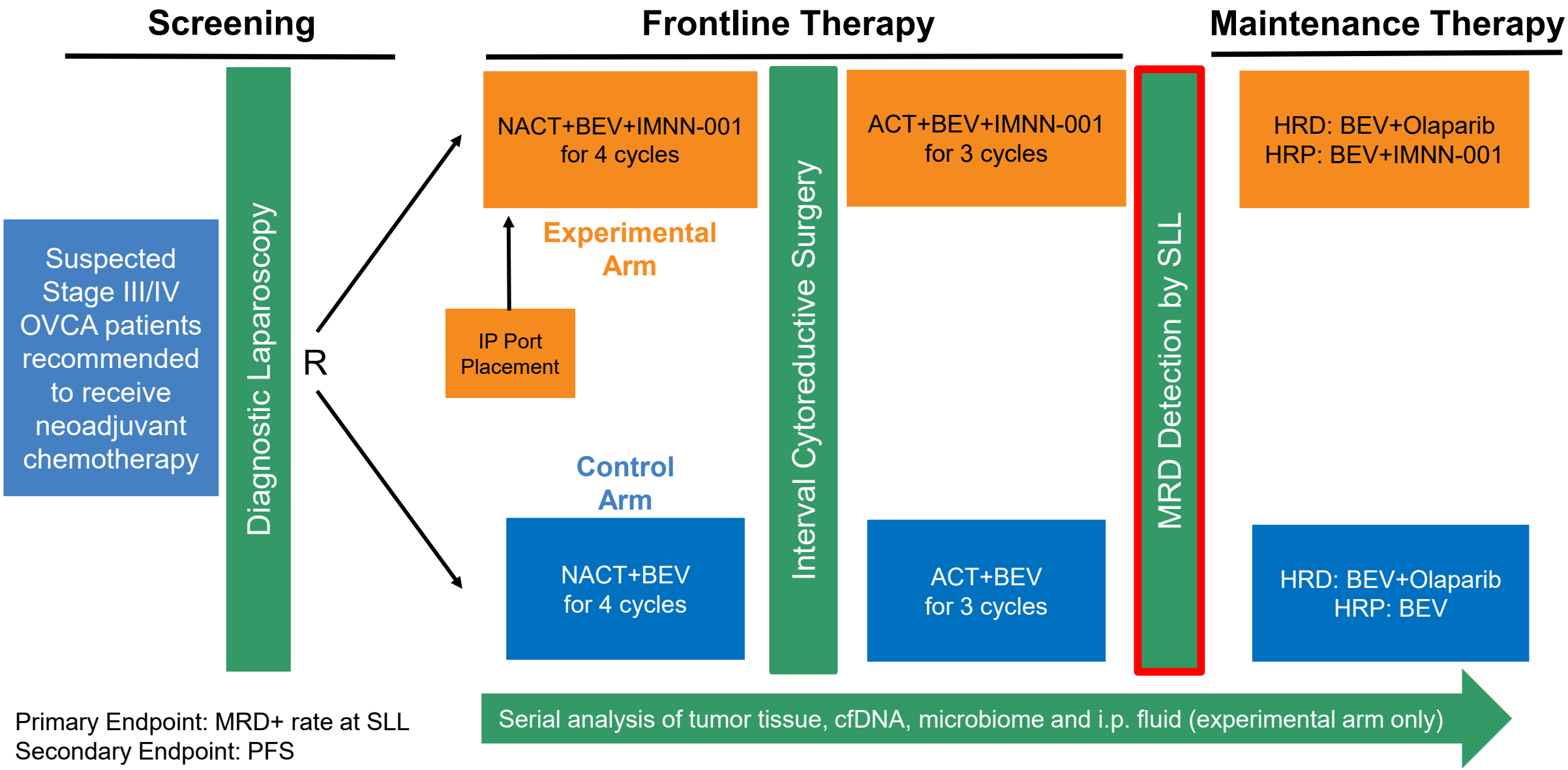
BREAK THROUGH CANCER

MRD* Study Rationale

- Frontline therapy offers the best opportunity to achieve cure for ovarian cancer.
- IL-12 boost adaptative immunity in “cold” tumors. Systemic IL-12 is poorly tolerated; intraperitoneal delivery has a favorable safety profile.
- Combining IL-12 with chemotherapy has been shown to improve frontline treatment
- Better understanding of mechanisms of action will be fundamental for future development



MRD: Measurable Residual Disease



Primary Endpoint: MRD+ rate at SLL
Secondary Endpoint: PFS

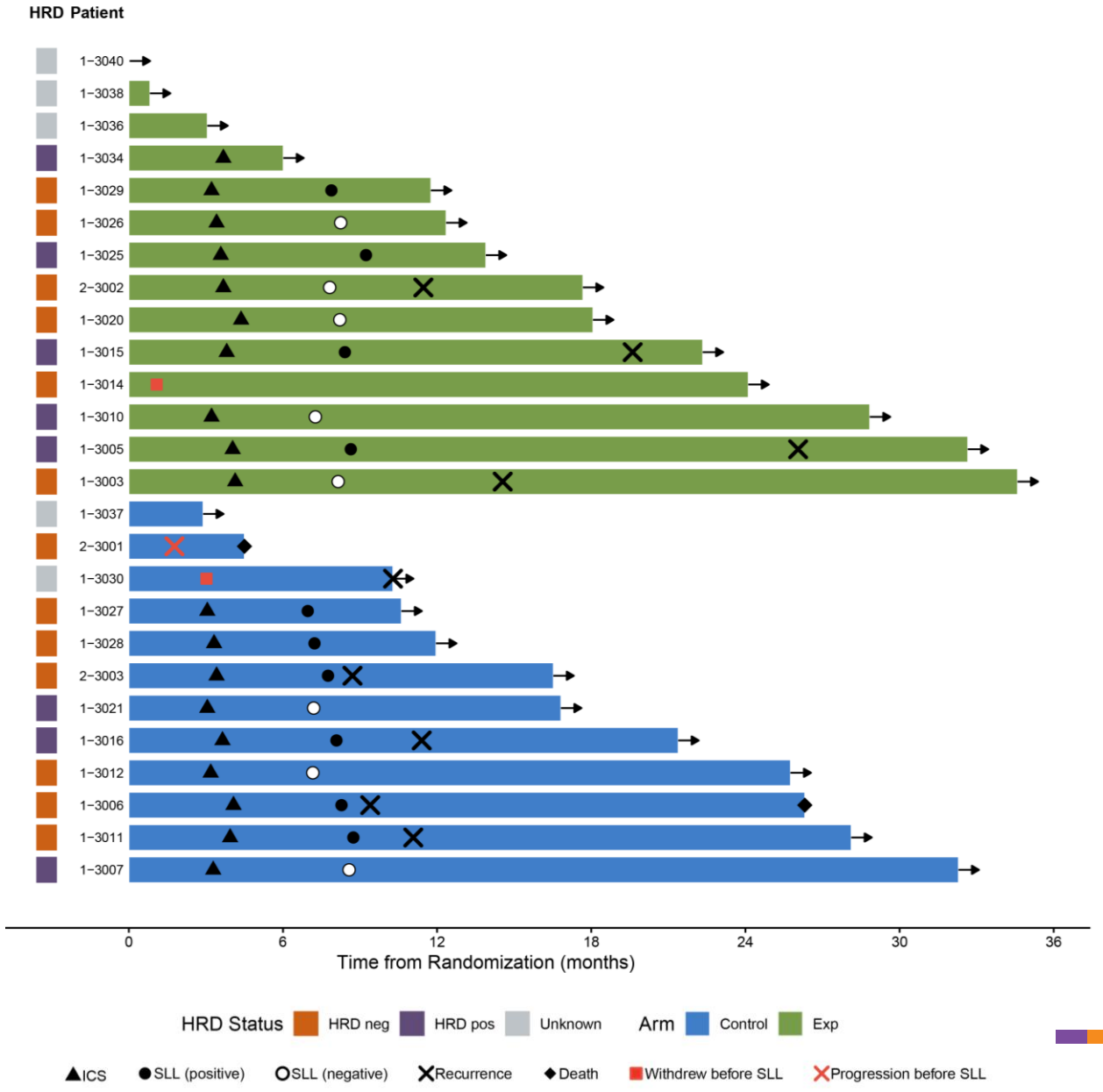
Clinical Data Updates

Clinical and Demographic Data for ITT Cohort

Characteristic	Overall N = 26[1]	Control N = 12[1]	Exp N = 14[1]	p-value
Age at randomization, years	66.5 (62.0, 72.0)	68.5 (61.5, 72.0)	65.0 (62.0, 71.0)	0.5
Race				0.2
Asian	1 (3.8%)	1 (8.3%)	0 (0%)	
Other	1 (3.8%)	1 (8.3%)	0 (0%)	
White	24 (92%)	10 (83%)	14 (100%)	
Ethnicity				0.085
Hispanic	2 (7.7%)	2 (17%)	0 (0%)	
Non-Hispanic	23 (88%)	9 (75%)	14 (100%)	
Not Hispanic	1 (3.8%)	1 (8.3%)	0 (0%)	
HRD status				0.9
HRD neg	13 (50%)	7 (58%)	6 (43%)	
HRD pos	8 (31%)	3 (25%)	5 (36%)	
BRCA	2	1	1	
Unknown	5 (19%)	2 (17%)	3 (21%)	

[1]Median (Q1, Q3); n (%)

Treatment Course and SLL Outcome for ITT Cohort



MRD positive rate in control arm (lower is better): 66.7% (6/9)

MRD positive rate in experimental arm: 44.4% (4/9)

ctDNA clearance rate in control arm (higher is better): 62.5% (5/8*),

ctDNA clearance rate in experimental arm: 87.5% (7/8*)

*1 participant in each arm without ctDNA collection

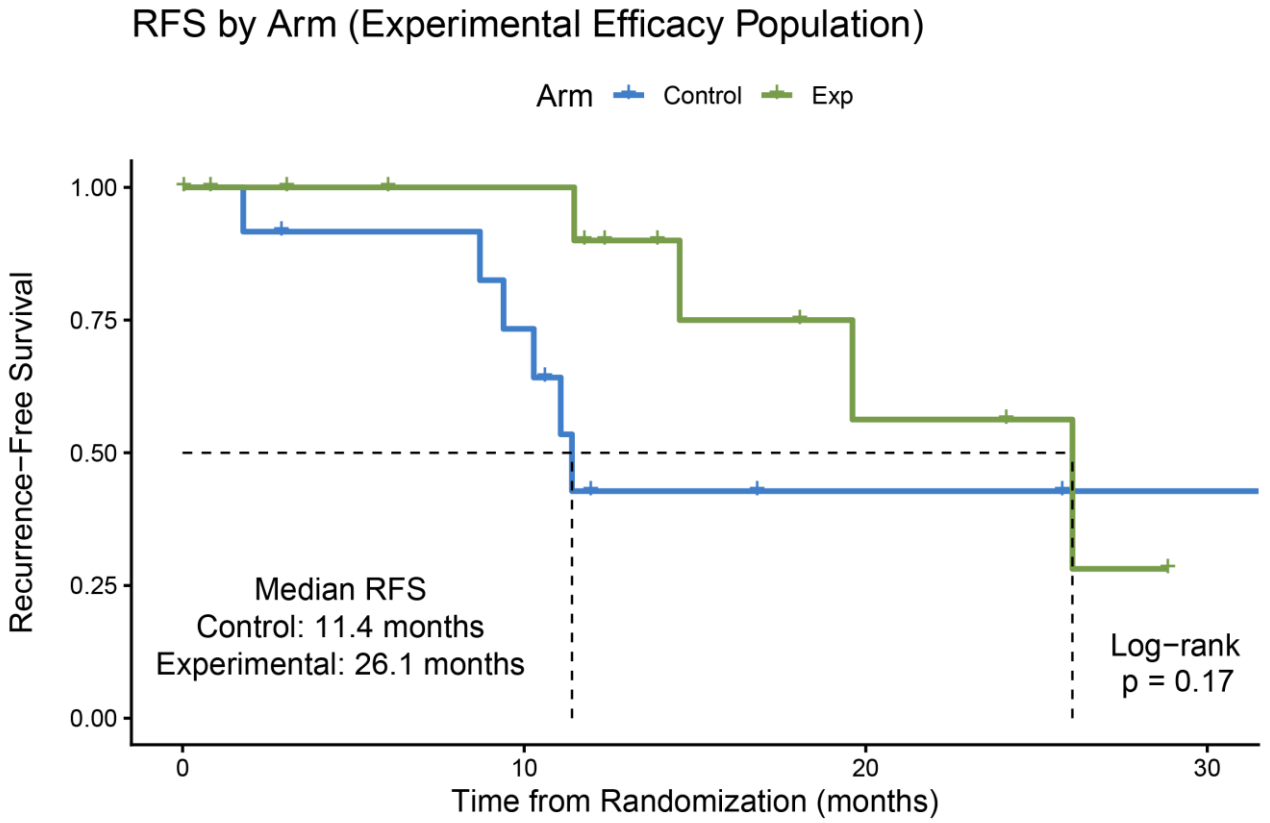
Clinical Characteristics (Evaluable Patients)

Characteristic	Overall N = 18[1]	Control N = 9[1]	Experimental N = 9[1]	p-value
Time to ICS, months	3.5 (3.1, 4.4)	3.3 (3.1, 4.1)	3.7 (3.2, 4.4)	0.14
CRS				0.5
1	2 (12%)	2 (25%)	0 (0%)	
2	10 (59%)	4 (50%)	6 (67%)	
3	5 (29%)	2 (25%)	3 (33%)	
Not yet available	1	1	0	
Residual disease at ICS				0.3
R0	10 (63%)	6 (75%)	4 (50%)	
R1	5 (31%)	1 (13%)	4 (50%)	
R2	1 (6.3%)	1 (13%)	0 (0%)	
Not yet available	2	1	1	
Time to SLL, months	8.1 (7.0, 9.2)	7.8 (7.0, 8.7)	8.2 (7.3, 9.2)	0.2
SLL positivity	10 (56%)	6 (67%)	4 (44%)	0.6
Reached NED after frontline therapy	14 (78%)	5 (56%)	9 (100%)	0.082

[1]n (%), Median (Min, Max)

CRS: Chemotherapy Response Score
NED: No evidence of Disease

Recurrence-Free Survival: Median Twice as Long in the Experimental Arm



Number at risk

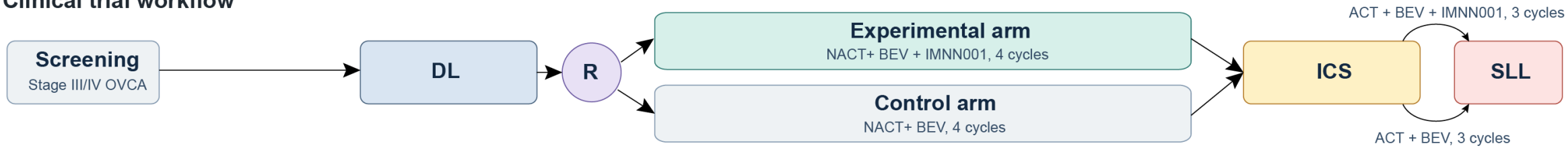
Control	12	8	2	1
Exp	14	10	3	0

ITT population

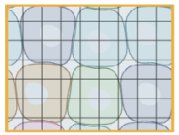
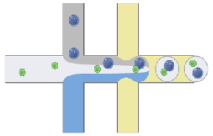
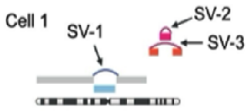
Translational Data Updates

Imunon Translational Study Design and Sample Collection

Clinical trial workflow

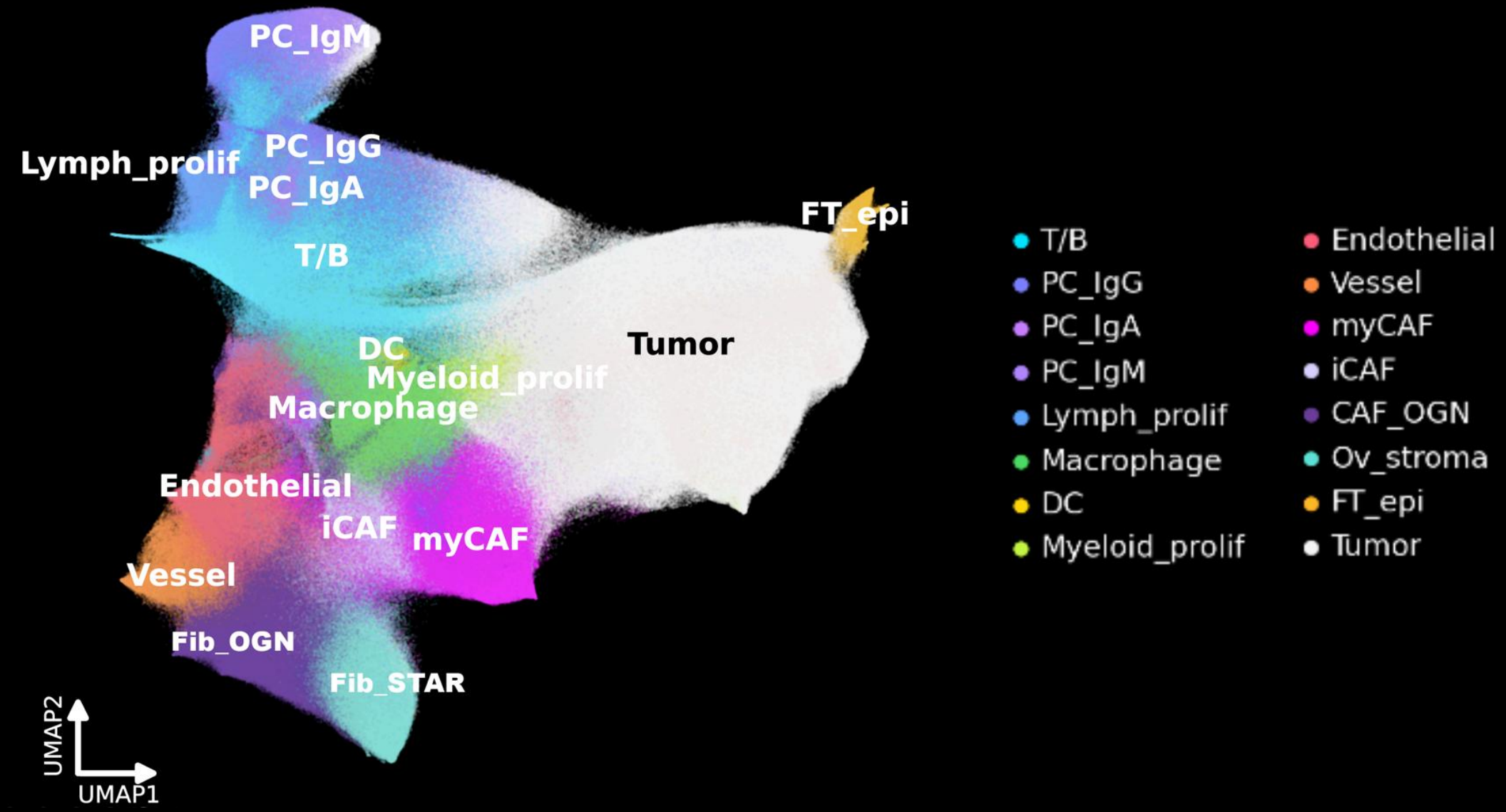


Assays and Sample Numbers by Timepoint

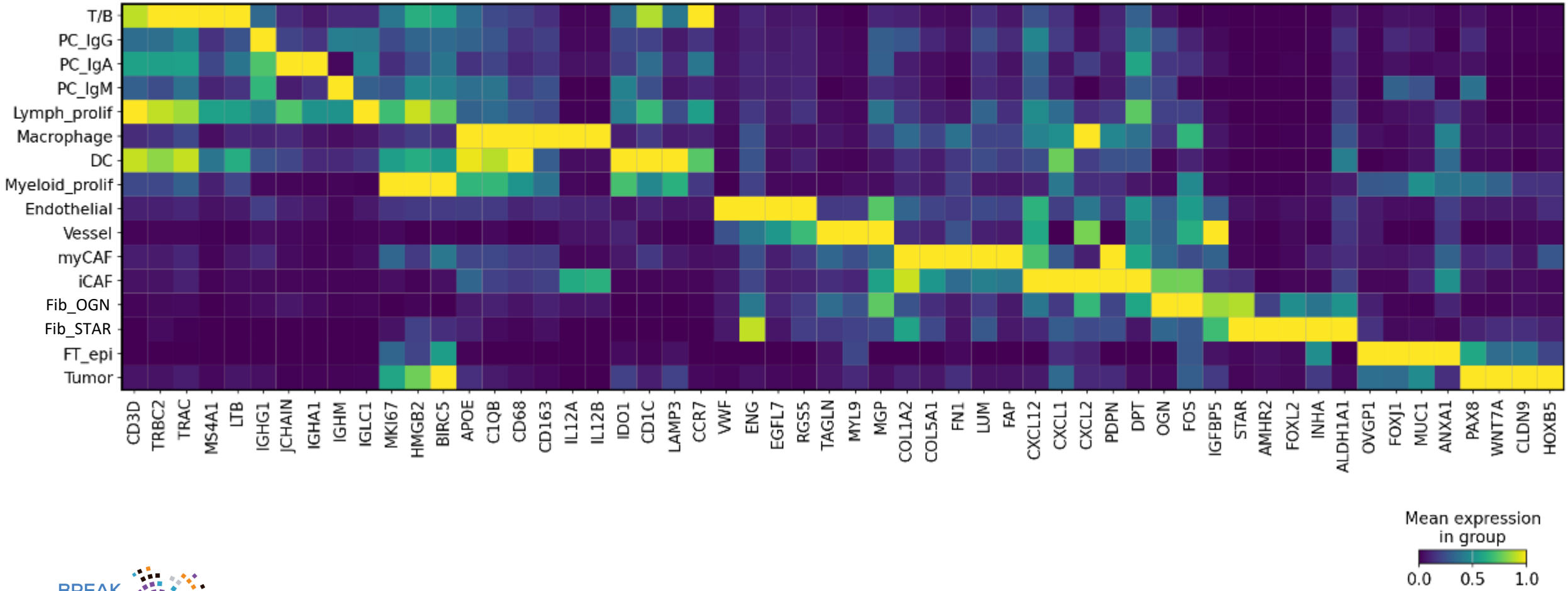
Assay	DL	C1D15	C2D1	C3D1	C4D1	ICS	SLL
 **VisiumHD & CODEX** (Tumor tissue)	S=36 P=18					S=34 P=17	S=34 P=17
 **scRNA/TCR-seq** (IP fluid)	S=18 P=18	S=8 P=8	S=8 P=8	S=6 P=6	S=5 P=5	S=16 P=16	S=14 P=14
 **scWGS** (Tumor tissue, blood, IP fluid)	S=13 P=13					S=8 P=8	

S = sample P = patient

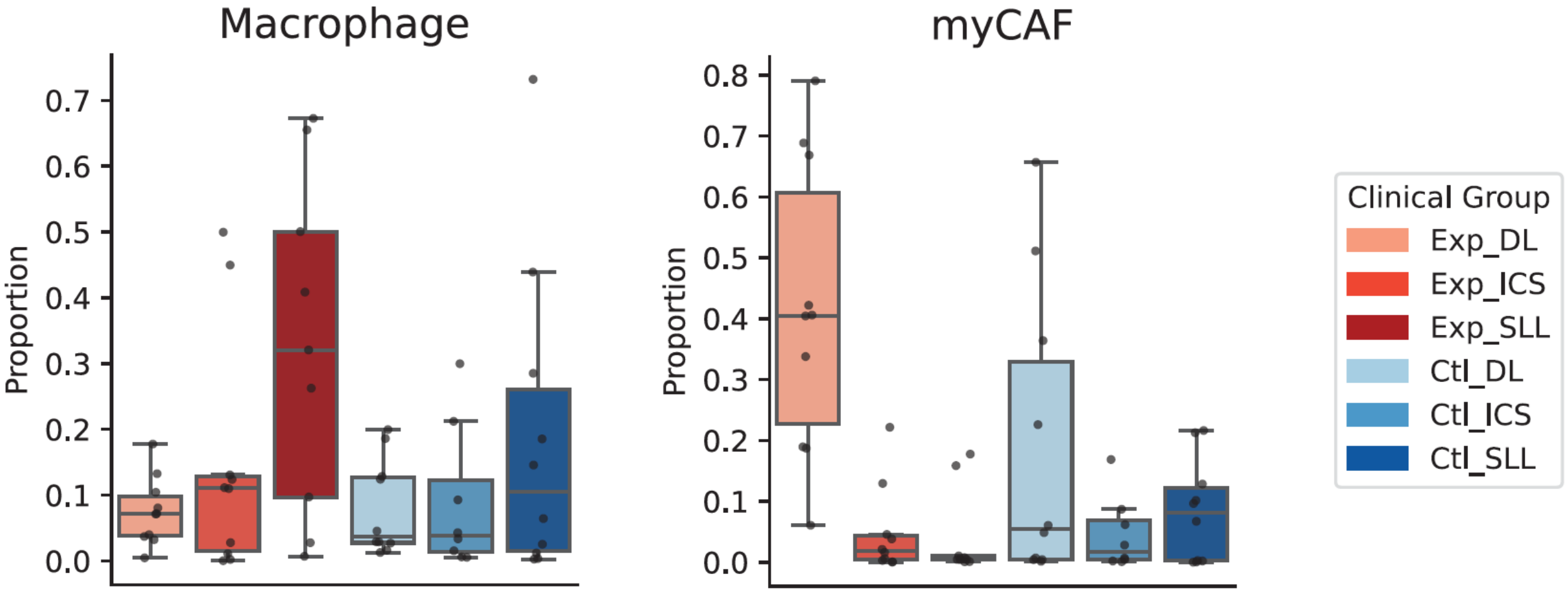
Integrating all Samples (Visium HD Data)



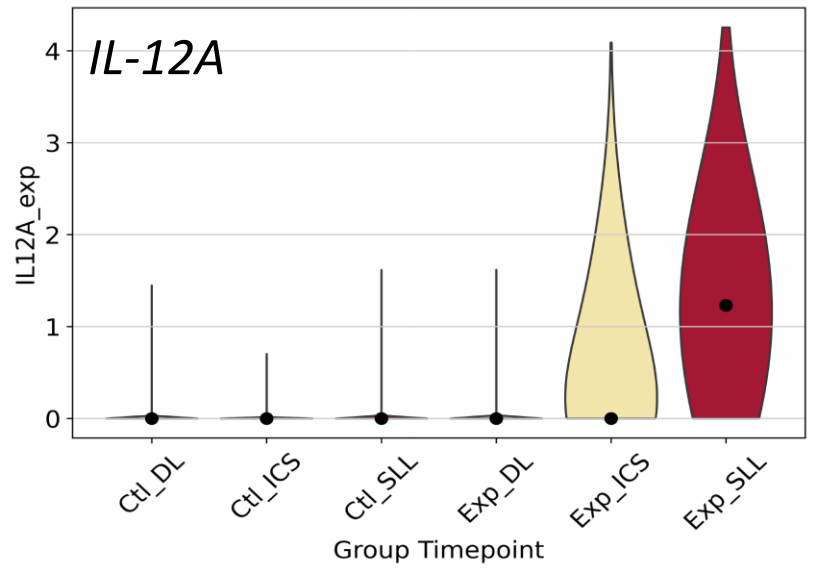
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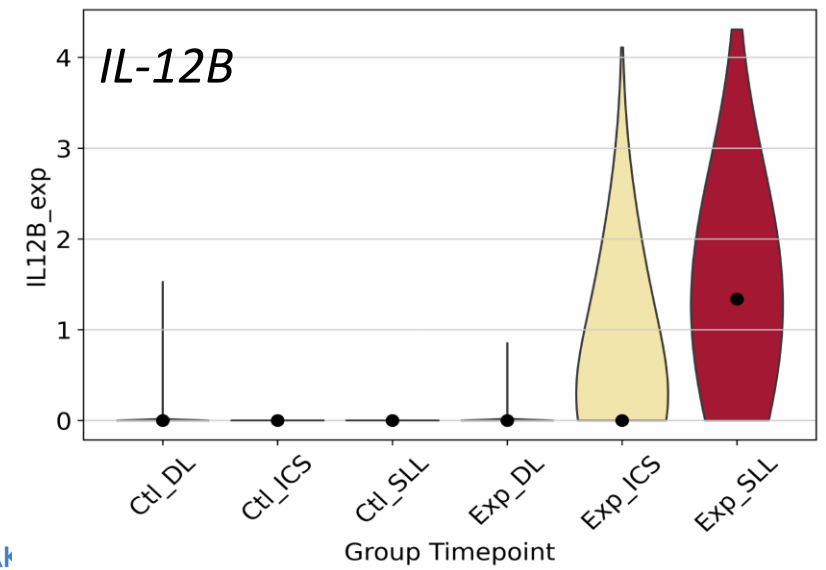


Proportion Among TME Cells Over Time (Visium HD Data)

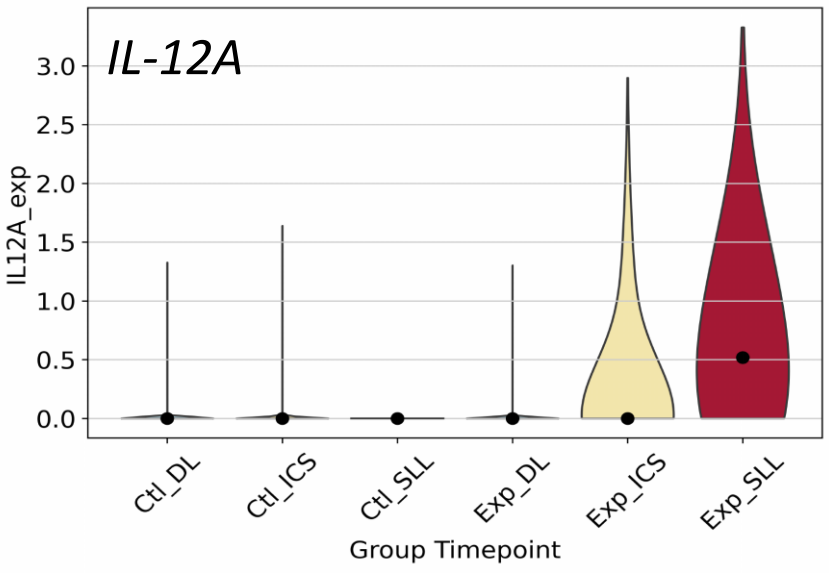


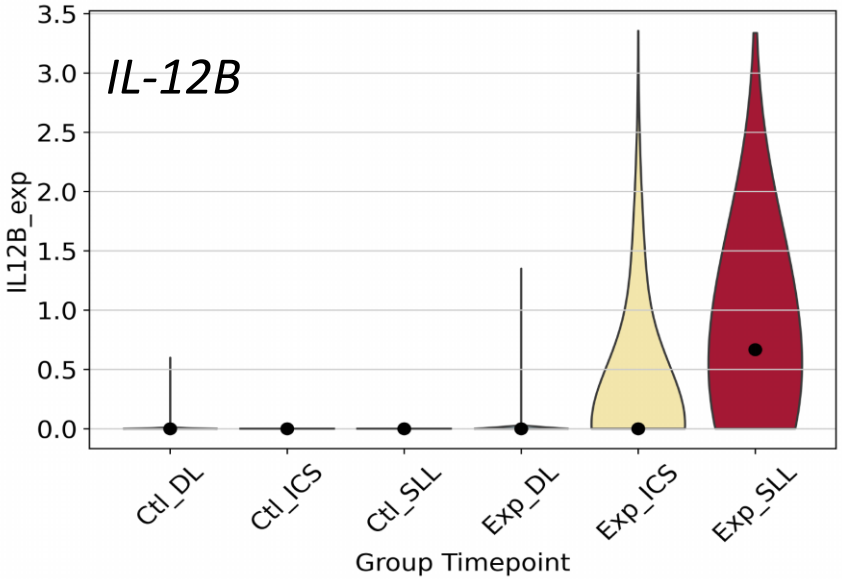
IL-12 expression in macrophages



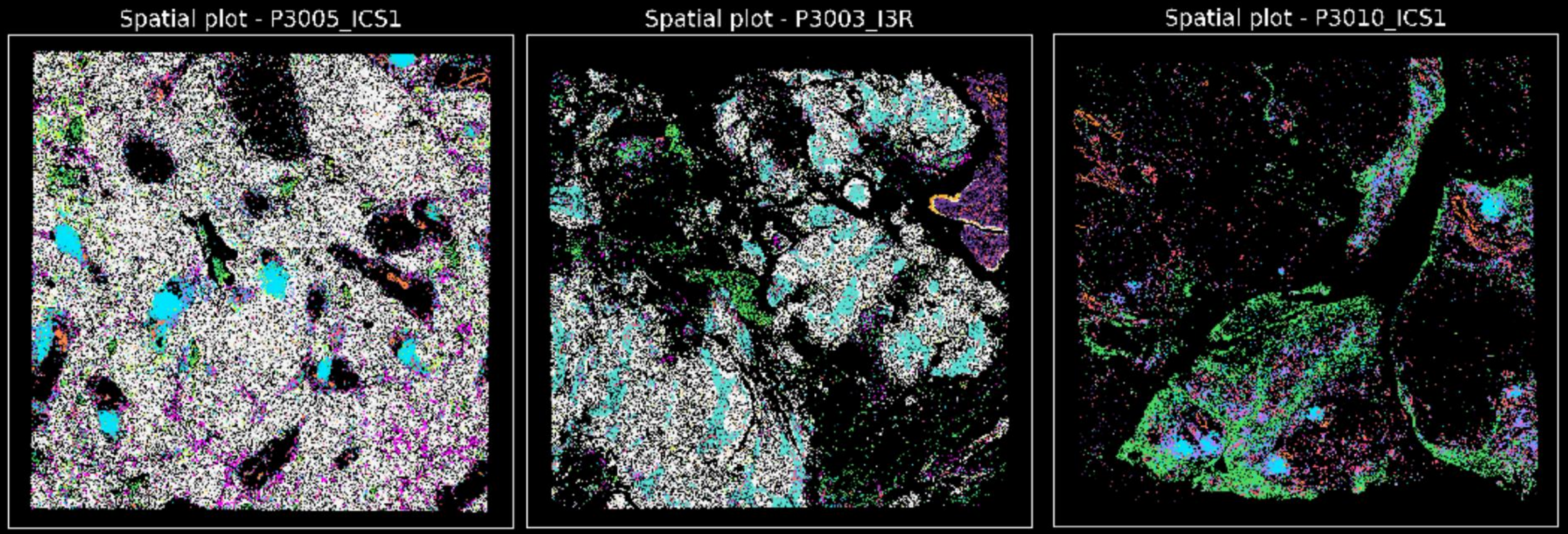


IL-12 expression in iCAF

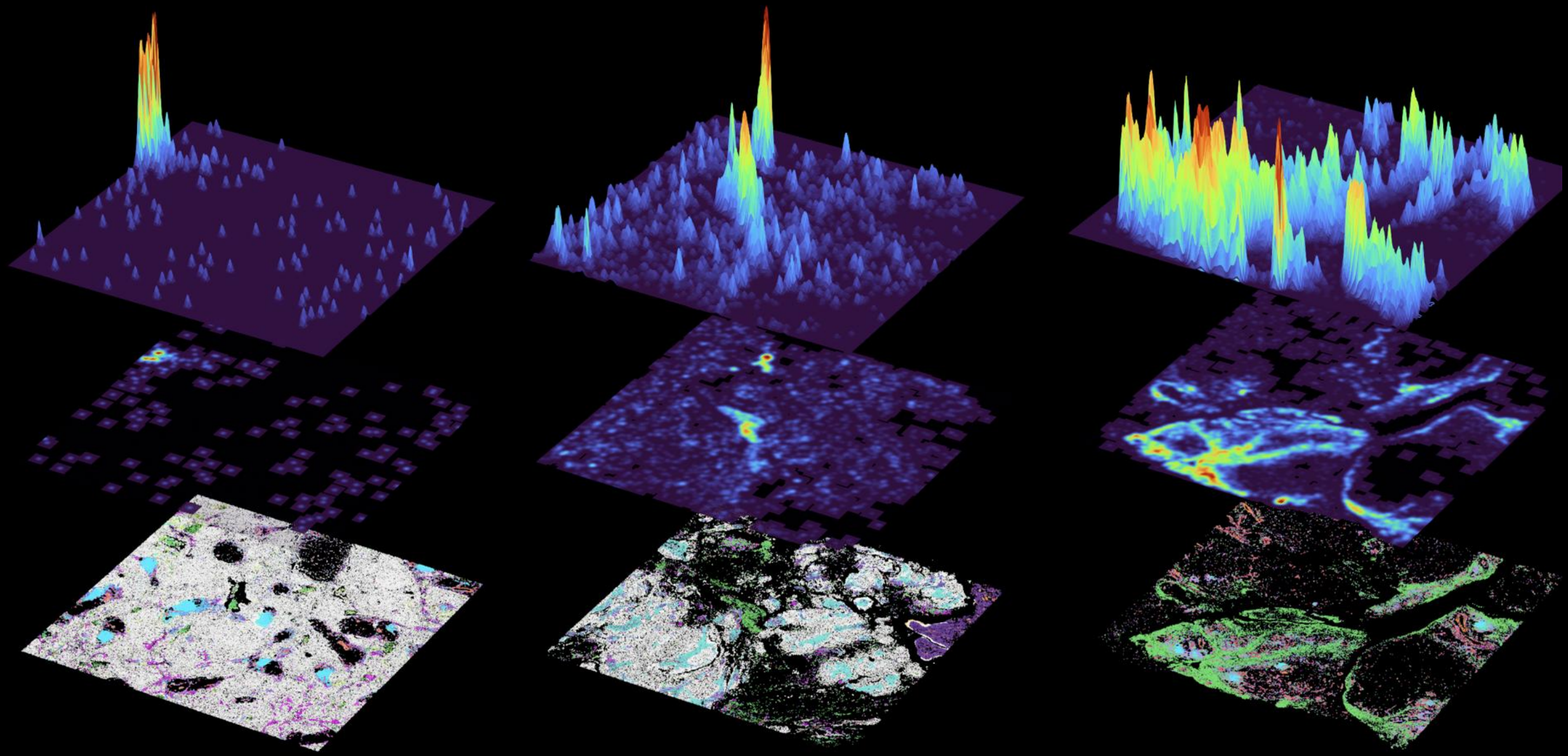




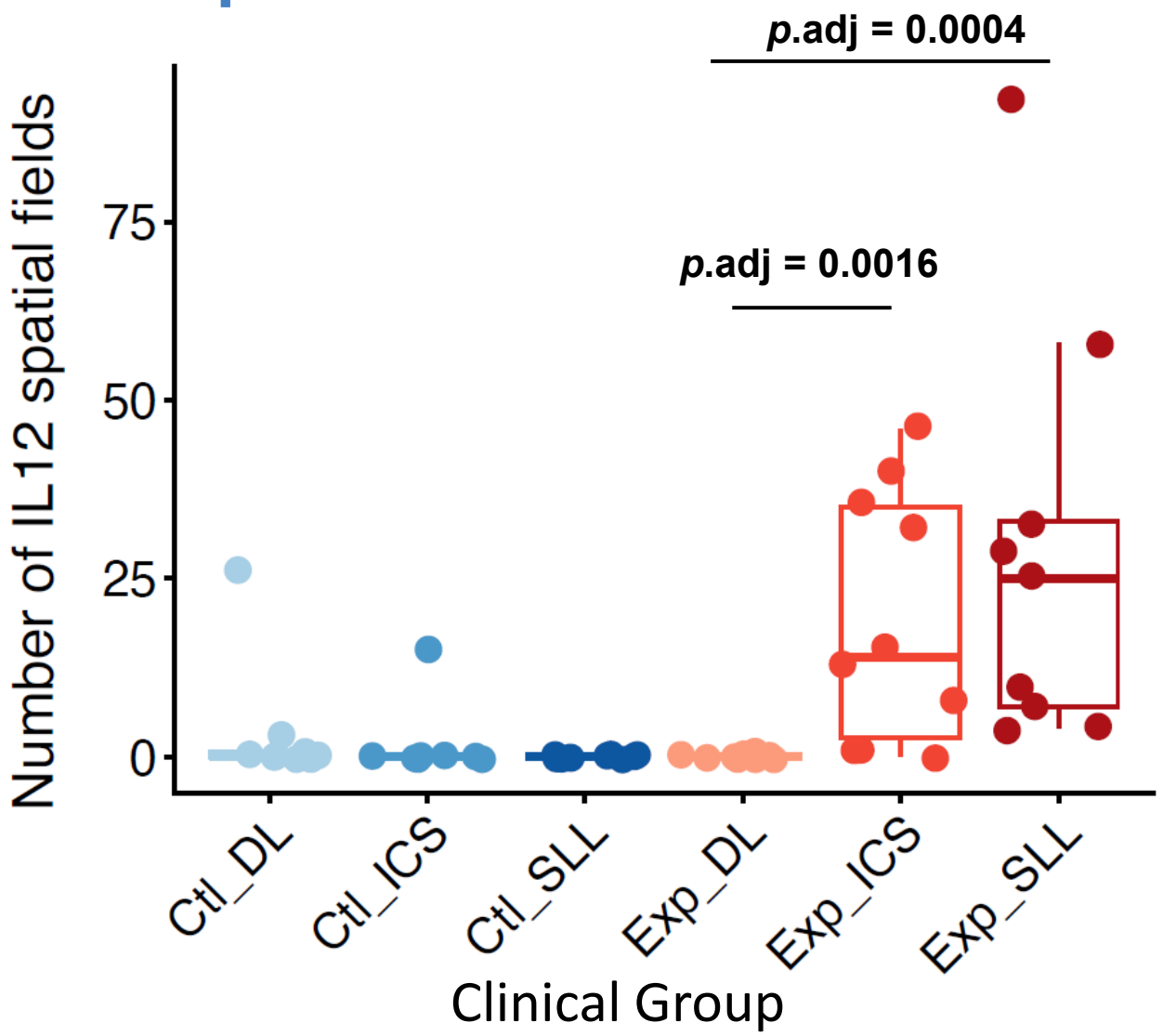
Spatial Map of Samples (Interval Surgery - Exp Arm)



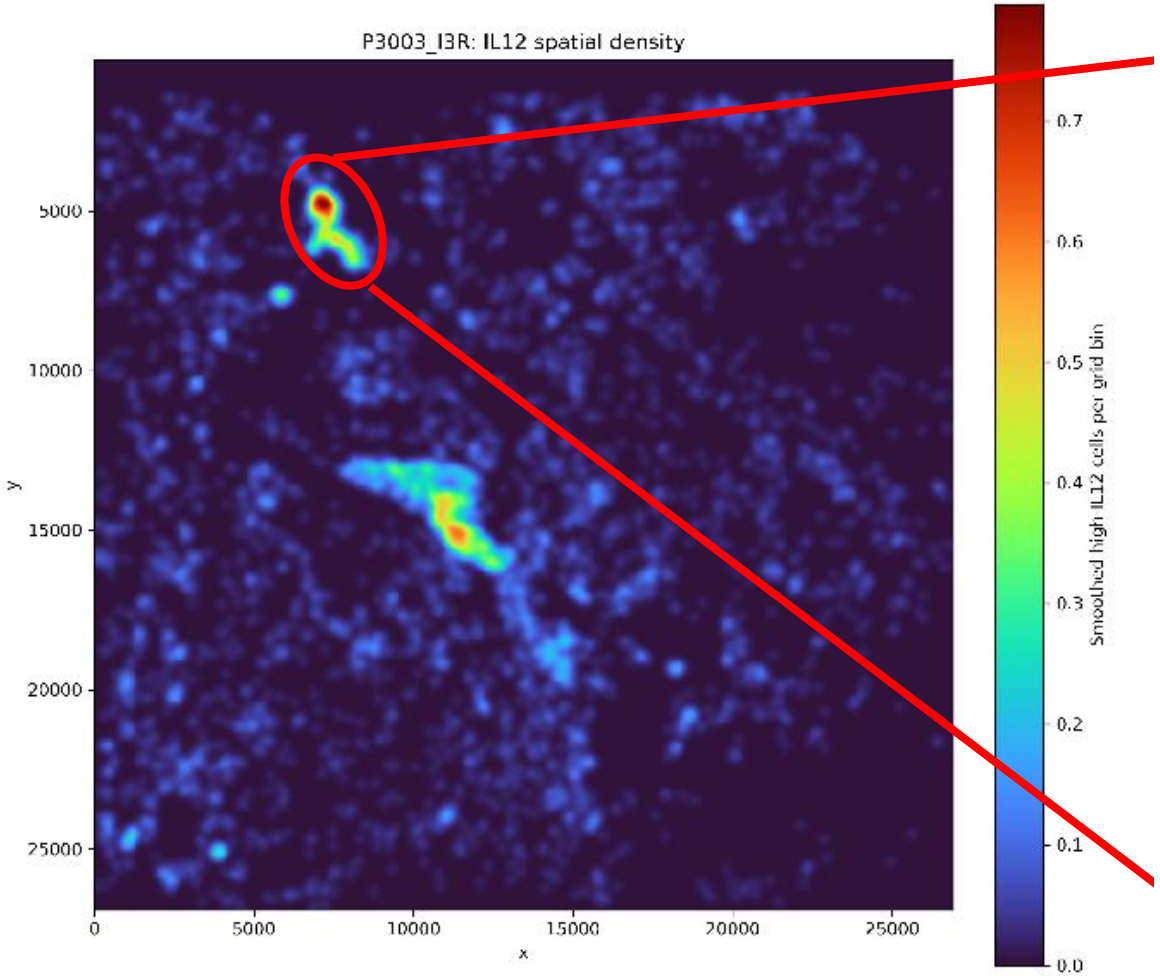
IL-12A/B Density

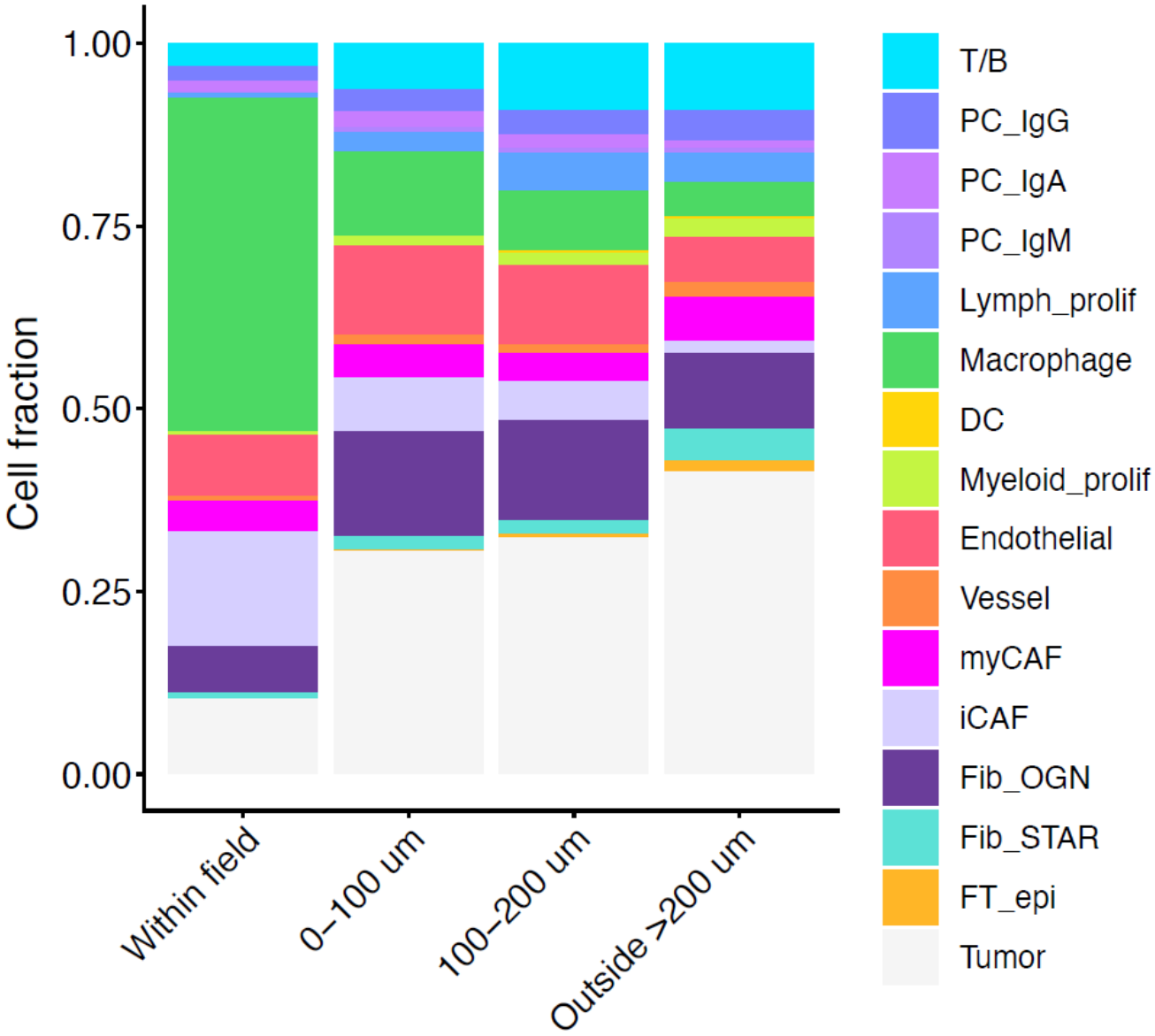


IL-12-Positive Spatial Field Across Control, Experimental Arm Samples

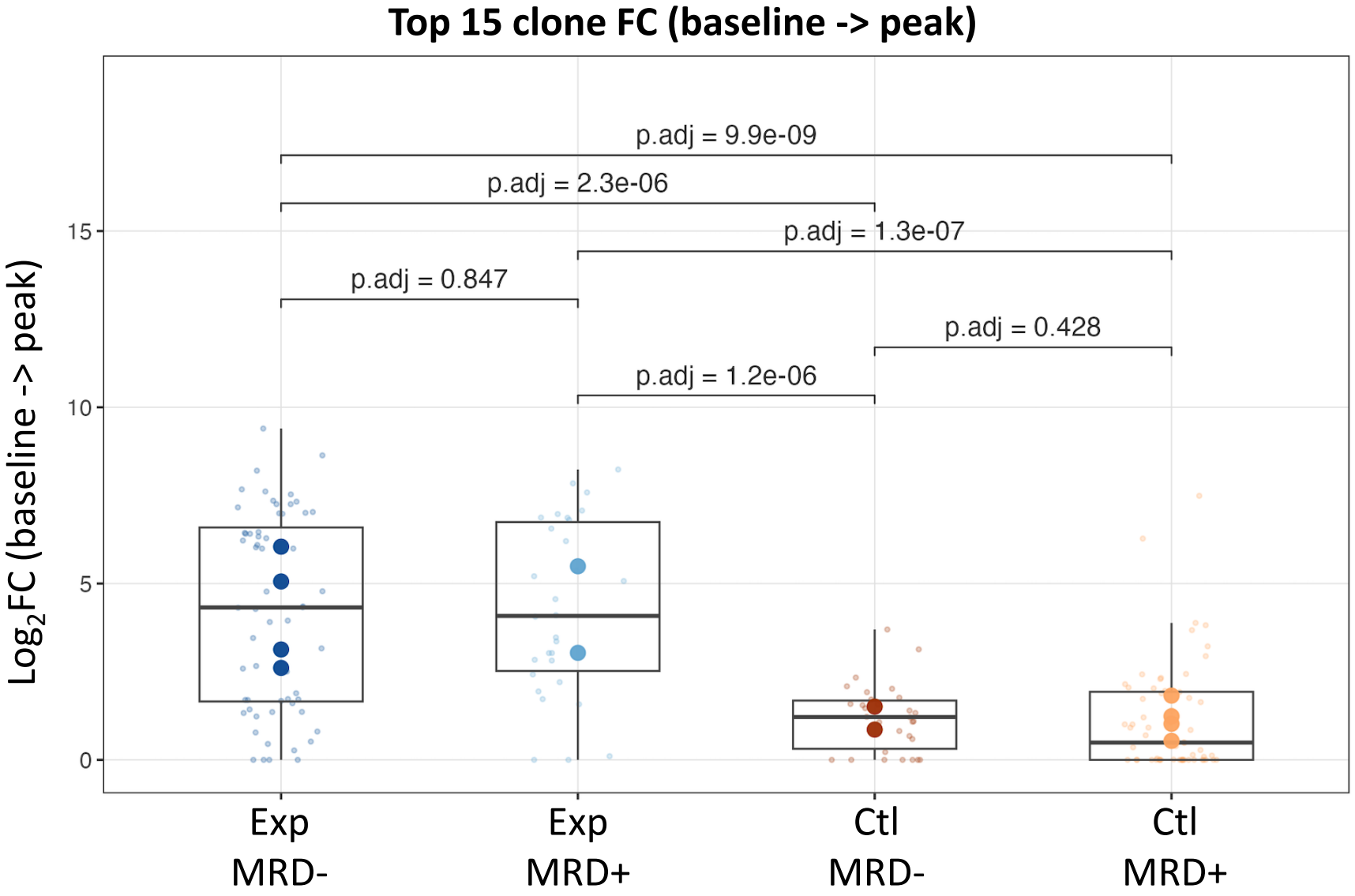


Spatial and Phenotypic Features of IL-12-Positive Spatial Field





Longitudinal Changes of TCR Clones (scTCR-seq Data)



Summary

- While preliminary, our data demonstrate lower MRD positive rates and higher CRS, lower NED positive rates, and PFS in the chemo + IMNN-001 arm
- IMNN-001 treatment may drive the expansion of macrophages, with a concurrent reduction of myeloid cancer associated fibroblast (myCAF)
- Macrophages are the major cell population that express IL-12 upon treatment, also lower levels of expression in inflammatory cancer associated fibroblasts (iCAFs).
- IMNN-001 treatment drives TCR clonal expansion suggesting induction of anti-cancer immunity

MRD: Measurable Residual Disease
CRS: Chemotherapy Response Score
NED: No evidence of Disease (lower is better)

Future Directions

- Complete enrollment on the MRD Study and first abstract in 2027
- Integration of transcriptomics (RNA) with CODEX (protein) data to better understand the IL-12+ spatial field
- Integration with genomic data to understand tumor clonal evolution and the TME of tumor clones
- Analysis of serial gut microbiome samples collected from patients in both arms and correlation with efficacy.

Advancing Frontline Efficacy: Translating OVATION 2 Overall Survival Signals into Pivotal Phase 3 OVATION 3

Premal H. Thaker, MD
David & Lynn Mutch Distinguished Professor of Obstetrics & Gyn,
Chief of Gynecologic Oncology,
Director of Gynecologic Oncology Clinical Research,
Professor in Gynecologic Oncology
Washington University School of Medicine

SITEMAN CANCER CENTER
Washington University in St. Louis School of Medicine | BJC HealthCare
SITEMAN Kids at St. Louis Children's Hospital Washington University Physicians
NCCN National Comprehensive Cancer Network®
NCI Comprehensive Cancer Center — A Cancer Center Designated by the National Cancer Institute

Ovarian Cancer: One of the Deadliest Gynecologic Malignancies

Despite decades of research, current treatments remain insufficient to change that.
No improvement in survival from front-line therapies for more than 25 years.

12,450
U.S. deaths estimated in 2026

51.6%
5-year relative survival rate

~80%
of advanced-stage patients relapse after initial chemotherapy

5-Year Survival Sharply Diverges by Stage at Diagnosis



Source: American Cancer Society, CDC, NCI SEER, NIH/PMC

Ovarian Cancer Current State: Difficult to Detect. Difficult to Control.

Disease Burden

Ovarian cancer is often discovered late.

Therefore, many women have extensive disease at diagnosis.

Recurrence Burden

Recurrence is common.

The later ovarian cancer is detected, the harder it is to achieve long-term disease control.

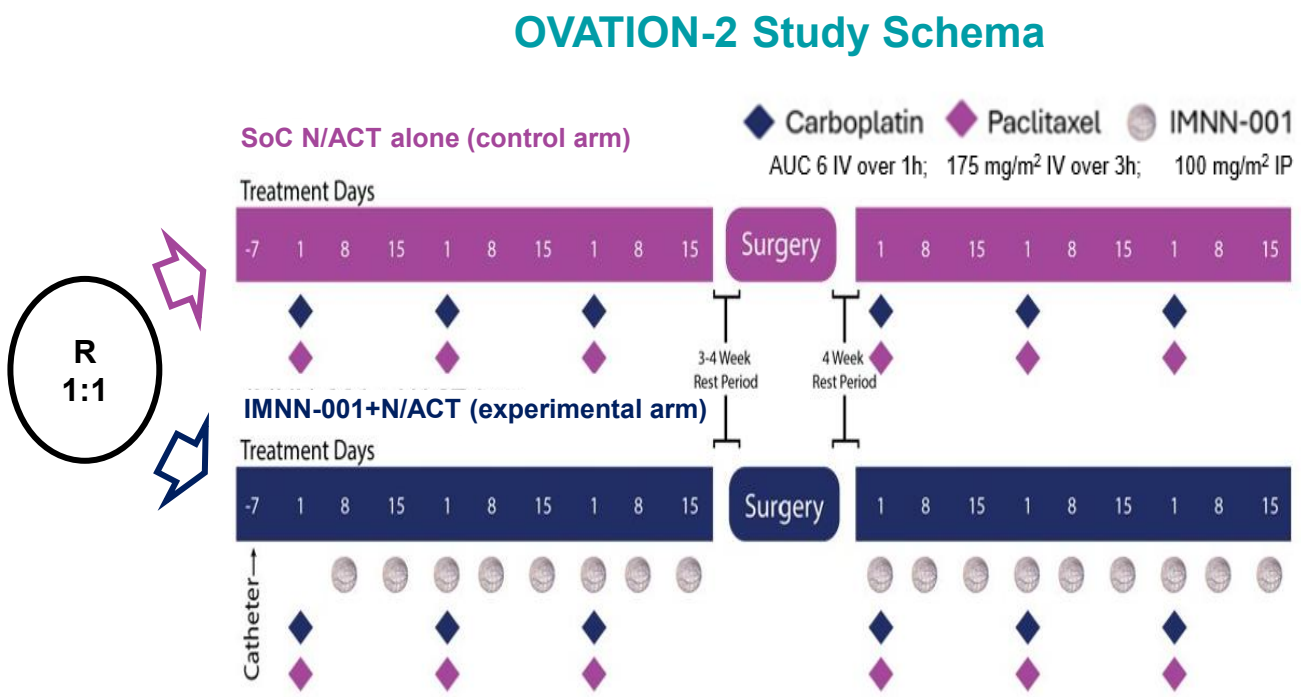
Desperately need treatment that extends life.

No other frontline trial has shown an improvement in overall survival.

A Frontline Blueprint: Immunotherapy Inside the Standard Perioperative Path

What Phase 2, OVATION 2 and MRD, has Taught Us

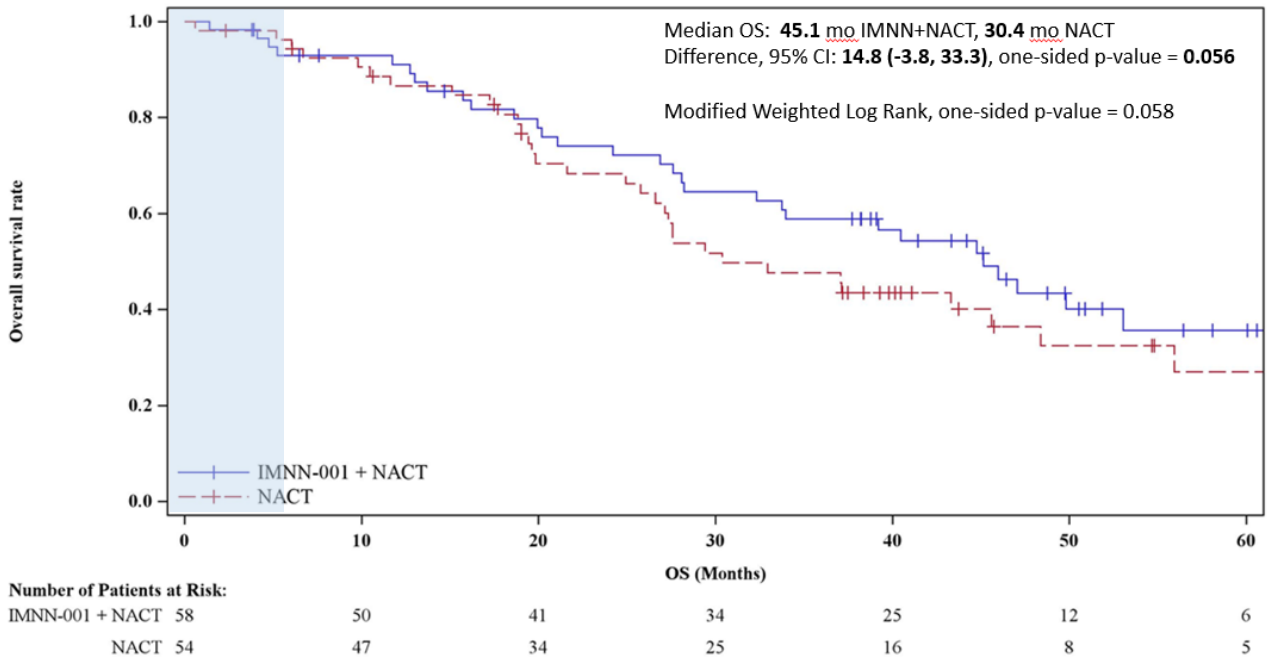
- Localized IL-12, Systemic Safety
- Demonstrated change in the tumor microenvironment
- Early treatment regimen (with neoadjuvant chemo) – Best positioned to support complete cytoreduction surgery (R0) – the strongest predictor of overall survival
- Activating anti-tumor immunity asap
- Durable effect
- At second look, less MRD and more ctDNA clearance
- Macrophages in the peritoneum taking up IMNN-001 and producing IL-12 locally



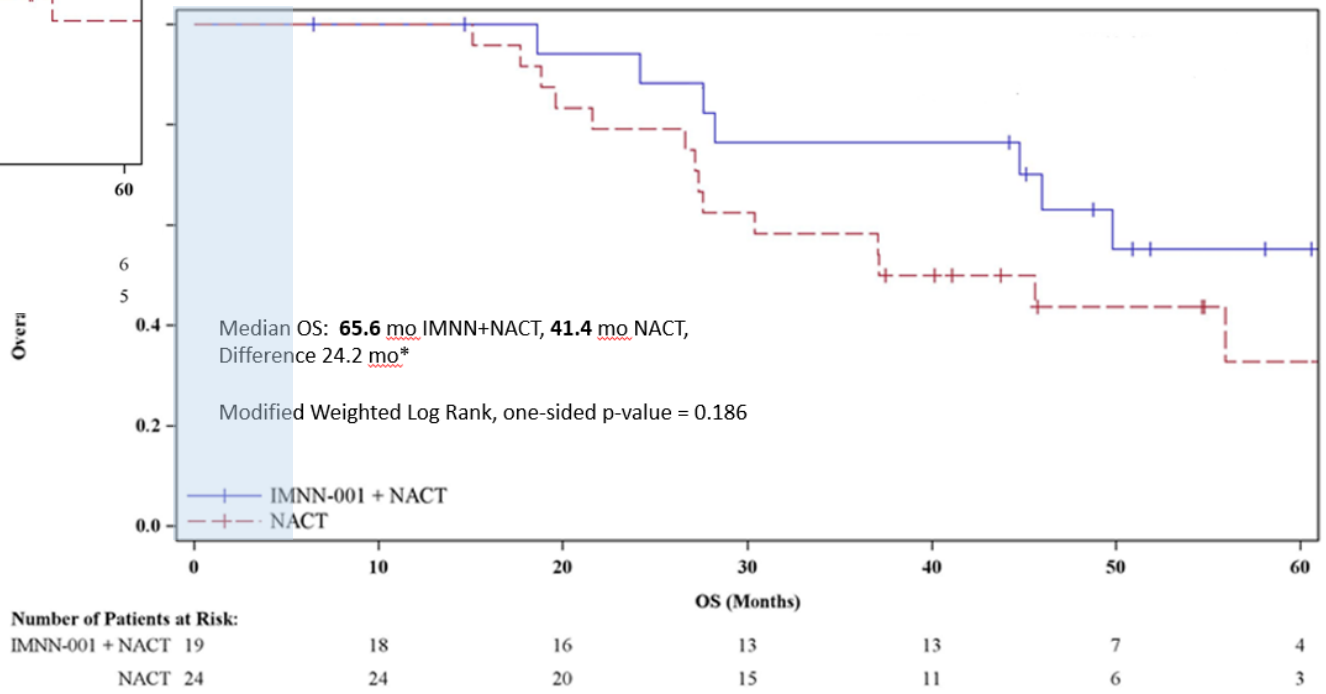
Thaker *et al.,Gynecol Oncol*, 2025

OVATION 2 Data Show Continued IMNN-001 OS Improvement

ITT, all-comers population: July 2024 Δ medians 11.1 months → FINAL Analysis: Dec 2025 Δ medians 14.7 months

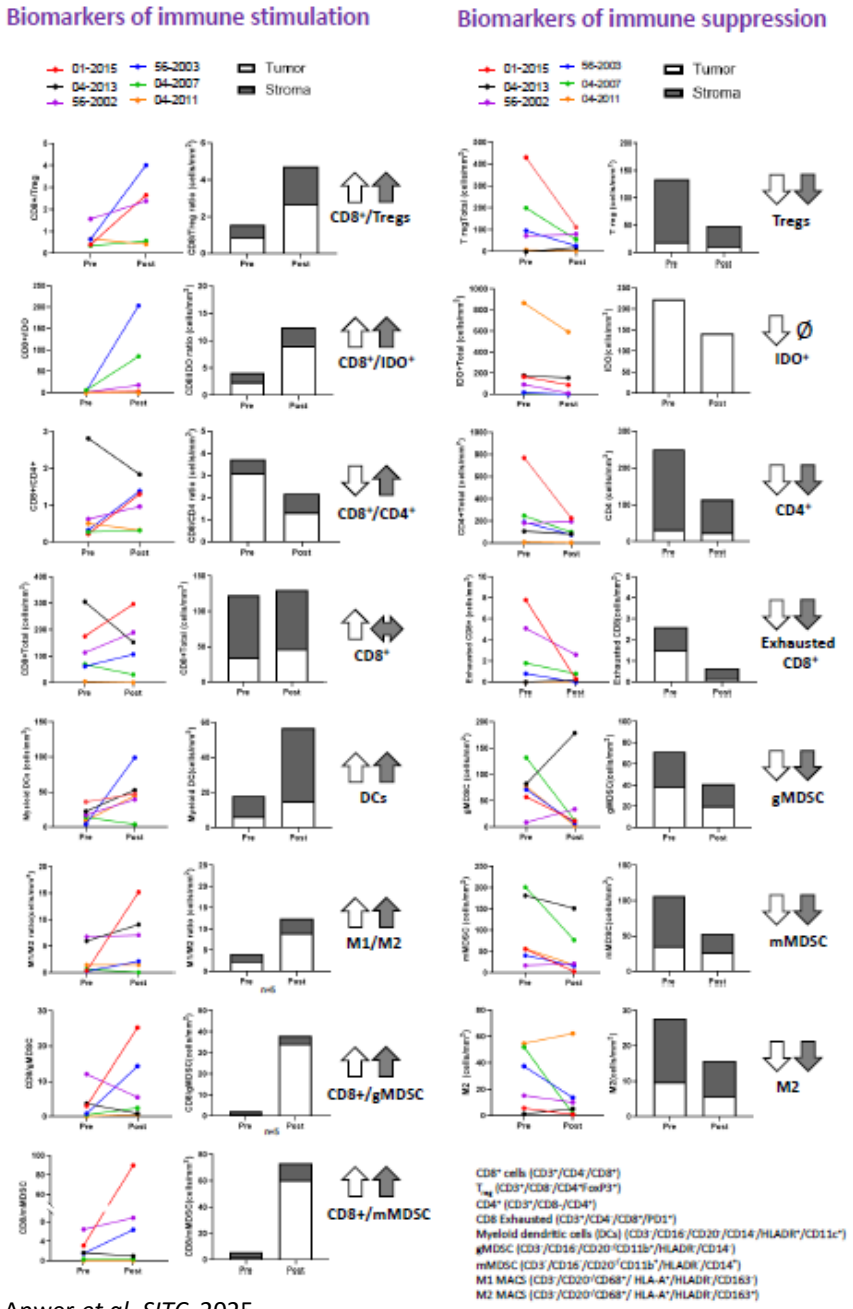


PARPi maintenance treated population: July 2024 Δ medians NE→ FINAL Analysis: Dec 2025 Δ medians 24.2 months



From clinically meaningful to transformational frontline treatment potential

Treatment window



Anwer *et al.*,*SITC*, 2025

OVATION-2 Biomarker Research Confirms Local Immune Activation at the Tumor Site

IMNN-001 creates a "hot" anti-tumor microenvironment in EOC

↑ Anti-tumoral cells
- $CD8^+$ T-cells
- Myeloid dendritic cells
- M1 macrophages

↓ Immunosuppressive cells
- Treg-cells
- MDSC - M2 macrophages

HOT

COLD

OVATION-2: A Consistency of Evidence

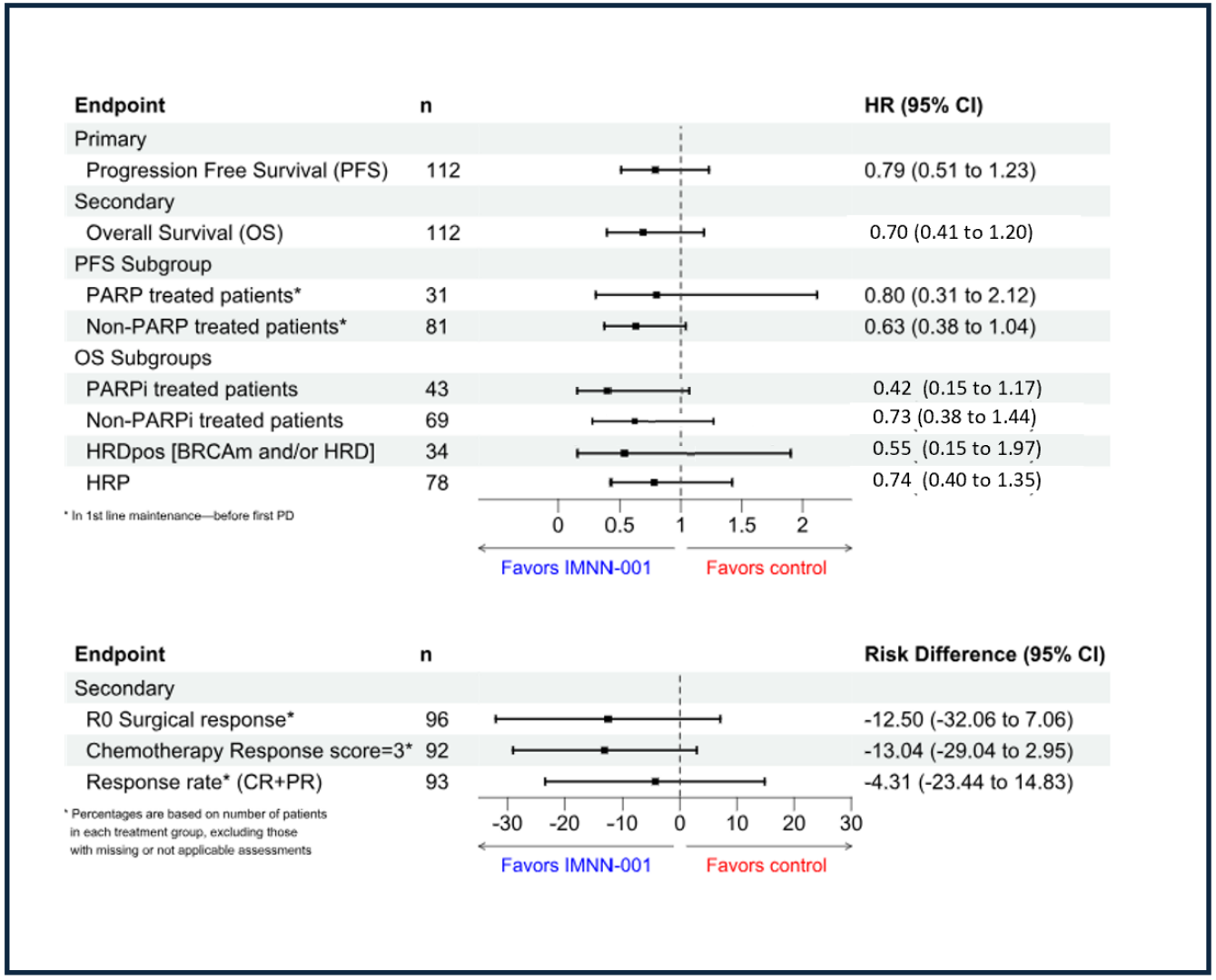
All Primary and Secondary Endpoints, and Safety Profile, Favor IMNN-001

Given the positive effect across a variety of subgroups and endpoints

And the biologic effects of the mechanism of action

A positive safety profile (no cytokine release, systemic toxicity or immune events)

IMNN-001 is showing us consistent signals that this could provide women a meaningful extension and quality of life.



Ref: Thaker et al. 2025 *Gyn Onc*

OVATION 2 Data: Why is This Important?

What the Doctor Sees and What the Patient Feels



Physician Perspective

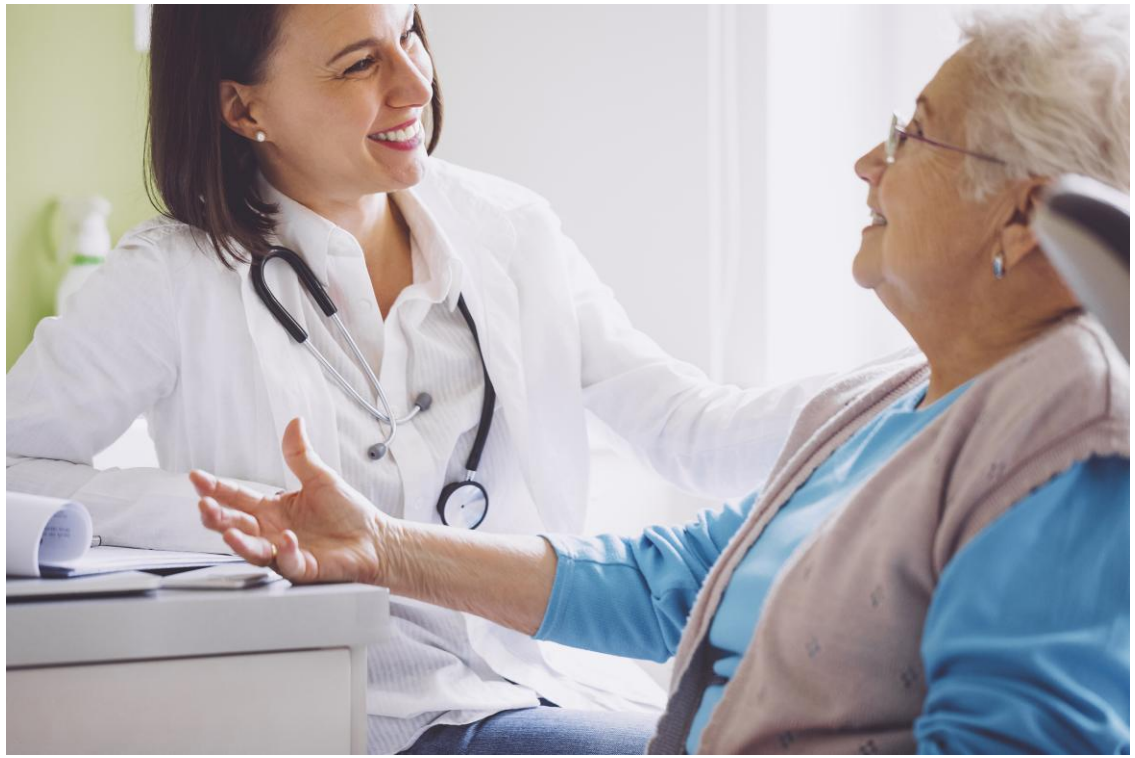
- **Clinical win for the sickest patients:** those starting NACT, not a selected PARPi-maintenance population.
- **Translational proof the tumor microenvironment actually changes** — innate and adaptive immunity enabling both to be engaged.
- **Durable progression-free and overall survival benefit** in ***ALL*** patients, with the strongest benefit in BRCA/HRD patients.



Patient Perspective

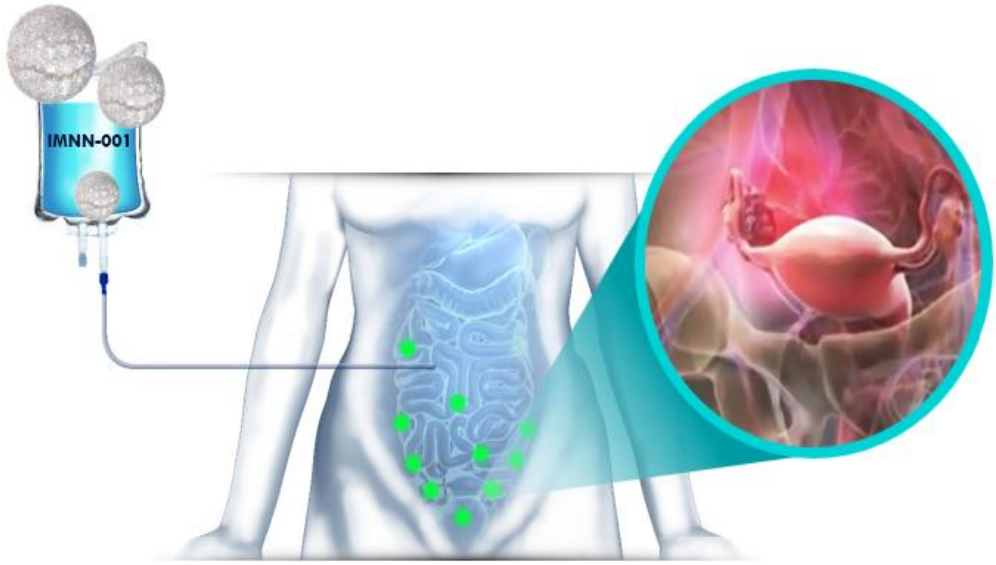
- **Hope after decades of little progress**: more than a year of additional life — time with family, work, and meaningful milestones that patients measure.
- **Treatment is time-limited** (peri-operative IP course), not 2–3 years of daily PARPi or 15 months of bevacizumab.
- **Quality of extra time, not just quantity** — localized delivery, manageable side effects, short treatment window.

Case Study



IMNN-001 in Combination with N/ACT Demonstrated a Deep and Durable Response in a Patient with Stage IV, High Grade Carcinoma, BRCA Mutant and HRD

- **Patient:** 45-year-old, female
- **Diagnosis:** Stage IV, high grade serous carcinoma, BRCA/HRD
  - Tumor present in ovary, peritoneum, omentum, ascites and in hiatal hernia extending in chest cavity
- **Treatment:**
  - 6 doses of carboplatin and paclitaxel (3 NACT & 3 adjuvant)
  - 15 weekly doses of IMNN-001
    (88% dose intensity, 8 NACT & 9 adjuvant setting)
  - PARPi in maintenance (olaparib given for 29 mo)
- **Anti-Tumor Activity at IDS**: R2 resection & Chemotherapy Response Score of 2; ORR PR -> CR and maintained for 2 years
- **Serological Response:** CA125 = 1464 at diagnosis, normalized by C4
- **IMNN-001 Related AEs:**
  - Grade 3 hematologic toxicities (anemia, leukopenia, neutropenia, thrombocytopenia) possibly related to IMNN-001 and chemotherapy.
  - Grade 1 gastrointestinal AEs (abdominal pain, diarrhea, nausea, vomiting)
  - SAE possibly related to IMNN-001: fever



Local Expression of IL-12 Favors
Immune Modulation in Tumor Microenvironment

Progression at 34 months
Deceased at 70 months

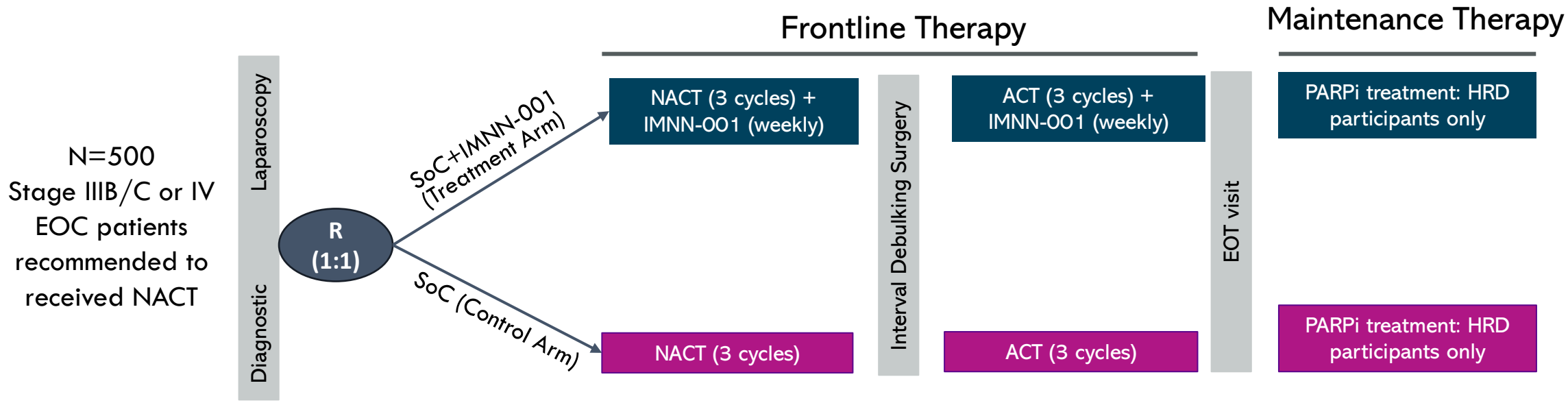
OVATION-3
Pivotal Phase 3 Study

A Randomized Phase III Trial Evaluating the Safety and Efficacy of Intraperitoneal IMNN-001 (IL-12 Plasmid Formulated with PEG-PEI-Cholesterol Lipopolymer) Administered in Combination with Standard Neoadjuvant and Adjuvant Chemotherapy in Newly Diagnosed Patients with Advanced Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer



OVATION-3: Purposeful Protocol Design and Rigorous Methodology

Leveraging OVATION-2 Signals and Structure



- Well controlled study with treatment and control arms, and protocol-specified maintenance
- Stratification for added confidence, balance across treatment arms with Stage at diagnosis
- Clinically meaningful Primary Endpoint Overall Survival
- Secondary endpoints that further evidence efficacy, safety and patient perspectives/Quality of Life
- Event driven statistical methodology with interim analyses designed for early submission for full approval
- Consistent prophylactic pain regimen - improved mgmt. of abdomen pain/discomfort with infusions

OVATION-3: Study Momentum Motivated by Phase 2 Results

Strong Progress Demonstrates Confidence

- Advanced from protocol submission to site activation in approximately 6 months
- Protocol approval to first patient randomized in approximately 2 months, a third of the time of the external industry benchmark.
- Rapid site activation and enrollment exceeding forecast
  - Study level enrollment of 0.5 patients/site/month (vs typically lower industry level of 0.3 and observed rate of 0.2 from OVATION-2)
  - Enrollment completion targeted for Q1 2029
- Highly promising clinical and biomarker data driving strong enthusiasm
- Two pre-planned interim analyses planned to support regulatory submissions as early as possible



If Replicated in Phase 3, IMNN-001 Will Be Included in Global Standard of Care

IMNN-001 results provide great hope due to:

- Mechanism of Action with IL-12, and IFN-γ downstream effector cytokine, well documented to exert profound anti-tumor activity
- Delivery to the tumor microenvironment induces potent immune responses, and avoids IL-12 mediated systemic toxicities
- IMNN-001 is engineered to safely allow for repeated dosing over an extended period, making it an ideal therapeutic to continuously recruit the immune system in its fight against the malignancy
- Across many trials, the safety profile has been consistent and tolerable
- Clinical benefit in overall survival unseen in any other front-line ovarian cancer trial
- Consistency of clinical endpoints demonstrates early antitumor effects in addition to long-term effects, prolonging life
- If results are replicated in Phase 3, IMNN-001 would be the first advancement in >25 years for front-line treatment of ovarian cancer. This would change the standard of care.

IMNN-001: From Fighting Ovarian Cancer to Changing its Trajectory

Targeting ovarian cancer where it starts

Frontline Immunity
Localized

Intentional

Delay relapse, Extend survival

Change the trajectory before recurrence defines it.

Ultimately transform ovarian cancer treatment outlooks

Women diagnosed tomorrow should not inherit yesterday's ceiling.

Thank you

VIDEO INTERVIEW

Beyond the Data

Clinical Experience with IMNN-001

A Conversation with an OVATION 1 Study Participant

WITH

William Bradley, MD

Professor and Vice Chair for Clinical Research
Division of Gynecologic Oncology
Medical College of Wisconsin

PLAY VIDEO INTERVIEW

A firsthand account of treatment with IMNN-001 and life in the years following the study.



William Bradley, MD

Investigator · OVATION Program

MEDICAL COLLEGE OF WISCONSIN

Confirm the Signal.

First-in-class locally delivered IL-12. A randomized overall-survival signal the field has not seen. A Phase 3 already underway.

OVATION 2 · ITT

+14.7 mo

Median OS 45.1 vs 30.4

PARP MAINTENANCE

+24.2 mo

Median OS 65.6 vs 41.4

HISTORICAL BARRIER

0 CRS

No cytokine-release syndrome in Ph2

OVATION 3 PACE

~0.5

Pts / site / mo vs 0.3 planned

01

The thesis

Local IL-12. Randomized ~15-month OS signal. A potential new standard — if Phase 3 confirms.

02

The Phase 3 clock

OS primary. Two interims. DMC: continue. Enrollment ahead. Target full enrollment Q1 2029.

03

What we are asking

Enroll the right patients, Deliver high-quality data. Diligence the data, Assess investment opportunity.

THE LINE WE ARE HOLDING

A 15-month median overall-survival difference in Phase 2 is not a press release. It is more time to be mothers and daughters. More holidays, birthdays and time making memories.

Phase 2 was not powered for OS. Capital is required to fund the study to a confident decision point. Confirming the signal from Phase 2 is the work.

LIVE DISCUSSION

Questions & Discussion

We welcome questions from those joining us in New York and via webcast.

IN THE ROOM

Please raise your hand.
A microphone will be brought to you.

ON THE WEBCAST

Submit questions through the webcast console at any time.

AFTER THE EVENT

Follow-up inquiries:
InvestorRelations@imunon.com



IMUNON's 2026 Investor Conference and R&D Day

September 23, 2026

Sofitel, New York City

IMUNON