Immuneering Presents Data That Supports Expanding the Clinical Evaluation of Atebimetinib to Anaplastic Thyroid Cancer

November 18, 2026

- Atebimetinib has already reported compelling Phase 2 clinical data in first-line pancreatic cancer, is currently being evaluated in a Phase 3 trial in first-line pancreatic cancer, and will soon begin a Phase 2 trial in first-line RAS-mutant lung cancer -

- Atebimetinib demonstrated anti-tumor activity across all nine anaplastic thyroid cancer (ATC) cell lines evaluated, including BRAF V600E-mutant, RAS-mutant and MAPK-unaltered, in data presented at the 2026 EORTC-NCI-AACR Symposium -

- Atebimetinib in combination with chemotherapy demonstrated better tumor control than either chemotherapy alone or dabrafenib + trametinib in an animal model of BRAF V600E-mutant ATC, supporting planned Phase 2 trial in second-line ATC patients -

NEW YORK, Nov. 18, 2026 (GLOBE NEWSWIRE) -- Immuneering Corporation (Nasdaq: IMRX), a late-stage clinical oncology company focused on keeping cancer patients alive and helping them thrive, today announced compelling preclinical data that supports expanding the clinical development of atebimetinib, its investigational deep cyclic MEK inhibitor, to a third tumor type: anaplastic thyroid cancer (ATC). The findings were presented at the 38th EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics in Barcelona, Spain.

The preclinical data demonstrate broad anti-tumor activity for atebimetinib across genetically diverse ATC models, enhanced chemotherapy potency *in vitro*, and superior tumor control with atebimetinib plus chemotherapy compared with chemotherapy or standard targeted therapy alone in an animal model of ATC.

These findings provide important scientific support for Immuneering's recently announced Phase 2 clinical program evaluating atebimetinib in patients with ATC, an aggressive malignancy with limited treatment options and a five-year survival rate of less than 10%.

"We are very excited to expand the development of atebimetinib to a third tumor type, for patients with anaplastic thyroid cancer," said Ben Zeskind, Ph.D., Co-founder and Chief Executive Officer of Immuneering Corporation. "In first-line pancreatic cancer patients, we reported compelling data at ASCO for atebimetinib+chemo, including long survival and an excellent tolerability profile in an all-comers population, and are excited to share another update on that trial in 1H 2027. Enthusiasm is high for our Phase 3 MAPKeeper 301 trial of atebimetinib+chemo in first line pancreatic cancer patients, which is enrolling ahead of schedule, and we are preparing to dose the first patient in our Phase 2 study of atebimetinib+anti-PD-1 in first-line RAS mutant lung cancer by the end of the year. This incredible momentum gives us the opportunity to serve more patients, and the preclinical data we reported makes it clear that running a Phase 2 study of atebimetinib+chemotherapy in anaplastic thyroid cancer is an important next step for atebimetinib. We observed activity across a broad range of ATC models, including those with different underlying genetic drivers, and importantly, we saw that adding atebimetinib to chemotherapy produced substantially greater tumor control than either chemotherapy or established targeted therapy alone in our preclinical model, including following progression on targeted therapy. These results reinforce our confidence in the scientific rationale for the Phase 2 ATC program we announced last week and underscore the potential of atebimetinib to help a broad and expanding set of cancer patients."

Broad anti-tumor activity across genetically diverse ATC models

- Atebimetinib demonstrated dose-dependent inhibition of tumor cell proliferation across all nine ATC cell lines evaluated, including models harboring BRAF V600E mutations, RAS mutations and no identified MAPK pathway alteration.
- Six of the nine ATC cell lines demonstrated sensitivity to atebimetinib at concentrations below the free-drug maximum plasma concentrations achieved in patients at clinically evaluated doses.
- These findings suggest that atebimetinib's potential utility in ATC may extend beyond patients with BRAF V600E mutations, who currently have access to targeted BRAF/MEK inhibitor therapy.

Enhanced chemotherapy potency across multiple treatment combinations

- The addition of atebimetinib increased the potency of three chemotherapy agents commonly used in ATC - pemetrexed, carboplatin and paclitaxel - reducing the concentrations required to inhibit tumor cell proliferation in most ATC cell lines evaluated.
- These findings are consistent with the proposed mechanism of atebimetinib, which is designed to deliver deep cyclic inhibition of MEK signaling, potentially limiting the adaptive MAPK pathway reactivation that can enable tumor cells to

survive chemotherapy.

Superior tumor control in an ATC animal model, including following targeted therapy

- In an ongoing BRAF V600E-mutant ATC xenograft study, atebimetinib combined with carboplatin and pemetrexed demonstrated superior tumor control compared with chemotherapy alone or the targeted therapy combination of dabrafenib and trametinib.
- Importantly, the atebimetinib combination also demonstrated tumor control when administered following prior treatment with dabrafenib and trametinib, supporting its potential utility in patients whose disease has progressed following targeted therapy.
- All treatment regimens evaluated in the study were reported to be well tolerated. The study remains ongoing, with additional treatment groups and durability data expected.

Addressing a Significant Unmet Medical Need in ATC

Anaplastic thyroid cancer is one of the most aggressive and lethal solid tumors, with a five-year survival rate of less than 10%. Despite advances in targeted therapy for patients with BRAF V600E-mutant disease, treatment options remain limited, particularly following disease progression and for patients without this mutation.

Analysis of genomic data from 379 patients with ATC in AACR Project GENIE found that approximately 78% had an alteration involving the MAPK signaling pathway, highlighting the importance of this pathway in ATC biology.

Atebimetinib's deep cyclic MEK inhibition is designed to disrupt oncogenic MAPK signaling while allowing recovery of normal cells between doses. Immuneering believes this differentiated approach may enable atebimetinib to enhance the anti-tumor effects of chemotherapy while potentially overcoming limitations associated with conventional chronic MEK inhibition.

The preclinical findings presented today support Immuneering's planned Phase 2 clinical trial of atebimetinib plus chemotherapy in second-line ATC, including patients with BRAF V600E-mutant disease previously treated with targeted therapy and patients with non-V600E disease.

Poster Presentation Details:
Title: *Atebimetinib, a deep cyclic inhibitor of MEK, combined with chemotherapy: preclinical rationale for treatment of anaplastic thyroid cancer (ATC).*
Abstract Number: 144
Poster Number: PB-144
Presenter: Praveen Nair
Date: Wednesday, November 18, 2026

The poster is available on the publications section of Immuneering's website.

About Atebimetinib

Atebimetinib is the first in a new category of oral drug candidates, Deep Cyclic Inhibitors (DCIs), designed to improve overall survival by three mechanisms: shrinking tumors durably with less resistance, preserving body mass by countering cachexia, and minimizing side effects to maximize performance status and combinability. Each of these mechanisms has been well established to improve survival in published studies. DCIs challenge the conventional model of sustained or continuous inhibition in oncology. Whereas most therapies are designed for sustained inhibition, driving cancer to adapt and develop resistance so tumors shrink quickly but temporarily, DCIs are designed to pulse faster than tumors can adapt, so tumors shrink slowly but durably. Moreover, DCIs aim to restore full transient signaling to healthy cells, with the goal of leading to fewer adverse events. Atebimetinib targets MEK, a key control point in the MAPK pathway (RAS-RAF-MEK-ERK), which is pathologically activated in a majority of cancers, including approximately 97% of pancreatic cancers. Targeting MEK blocks a broader range of MAPK pathway alterations because it is further downstream, creating the potential for more durable benefit.

About Immuneering Corporation

Immuneering is a late-stage clinical oncology company dedicated to keeping cancer patients alive and helping them thrive, with an initial focus on patients with RAS, RAF, and other MAPK-driven cancers. The Company is developing an entirely new category of cancer medicines, Deep Cyclic Inhibitors, designed to improve overall survival by three mechanisms: shrinking tumors durably with less resistance, preserving body mass by countering cachexia, and minimizing side effects to maximize performance status and combinability. Immuneering's lead product candidate, atebimetinib, is an oral, once-daily Deep Cyclic Inhibitor of MEK, designed to improve survival across many cancer indications. The Company is conducting a global randomized pivotal trial, MAPKeeper 301, evaluating atebimetinib in combination with chemotherapy in first-line pancreatic cancer patients. The Company's development pipeline also includes additional combination opportunities and preclinical stage programs. For more information, please visit www.immuneering.com.

Forward-Looking Statements

This press release contains forward-looking statements, including within the meaning of the Private Securities Litigation Reform

Act of 1995. All statements contained in this press release that do not relate to matters of historical fact should be considered forward-looking statements, including, without limitation, statements regarding: the treatment potential of atebimetinib, alone or in combination with other agents to treat a wide range of cancers, including in combination with chemotherapy in ATC; the preclinical data reported at EORTC providing strong preclinical rationale for the Company's Phase 2 clinical program in ATC; the significant unmet need in ATC; the Phase 2 study design for ATC, the timing of submission of the IND and regulatory clearance, dosing of patients and availability of topline results for such study; the potential of the Phase 2 study in ATC to be registrational; the timing of dosing of the Company's phase 2 study in RAS-mutant non-small cell lung cancer; the timing of an update of the Company's atebimetinib+chemo arm of its phase 2 study in the first half of 2027; and that preclinical data demonstrating efficacy in ATC models may translate into human clinical trial data.

These forward-looking statements are based on management's current expectations. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements, including, but not limited to, the following: we are a late-stage clinical oncology company with a limited operating history and have not completed any registrational clinical trials; we have incurred significant losses, are not currently profitable and may never become profitable; limitations on our cash runway and potential increases in expenditures; our need for additional funding; our unproven approach to therapeutic intervention; our ability to address regulatory questions and changing regulatory standards, and the uncertainties relating to regulatory filings, reviews and approvals; the lengthy, expensive, and uncertain process of clinical drug development, including the uncertainty of whether positive preclinical or early clinical efficacy and safety results are confirmed in later-stage trials, potential delays in activation of trial sites or enrollment of trial participants, or failure to obtain regulatory clearance or approvals; our reliance on third parties and collaborators to conduct our clinical trials, manufacture our product candidates, and develop and commercialize our product candidates, if approved; failure to compete successfully against other drug companies; protection of our proprietary technology and the confidentiality of our trade secrets; potential lawsuits for, or claims of, infringement of third-party intellectual property or challenges to the ownership of our intellectual property; our patents being found invalid or unenforceable; costs and resources of operating as a public company; and unfavorable or no analyst research or reports.

These and other important factors discussed under the caption "Risk Factors" in our Quarterly Report on Form 10-Q for the period ended September 30, 2026, and our other reports filed with the U.S. Securities and Exchange Commission, could cause actual results to differ materially from those indicated by the forward-looking statements made in this press release. Any such forward-looking statements represent management's estimates as of the date of this press release. While we may elect to update such forward-looking statements at some point in the future, except as required by law, we disclaim any obligation to do so, even if subsequent events cause our views to change. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this press release.

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