

Engineering Longer Survival with Fewer Tradeoffs

October 2026

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NASDAQ: IMRX

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This presentation contains forward-looking statements, including within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this presentation that do not relate to matters of historical fact should be considered forward-looking statements including, without limitation, statements regarding: Immuneering Corporation's (the "Company") plans to develop, manufacture and commercialize its product candidates; the treatment potential of its product candidates, including atebimetinib (also referred to as "atebi" and formerly known as IMM-1-104); the design, enrollment, and conduct of the Phase 3 clinical trial for atebimetinib; the ability of interim Phase 2a clinical data to support further development of atebimetinib and be confirmed as the trial progresses, including the safety, tolerability, pharmacokinetics, pharmacodynamics and potential efficacy of atebimetinib, alone or in combination with other therapeutic agents including modified gemcitabine/nab-paclitaxel ("mGnP"); the potential advantages and effectiveness of the Company's clinical and preclinical candidates; the timing of additional trial updates; the timing of enrollment, completion and topline readout of a pivotal trial of atebimetinib in combination with mGnP and other earlier trials; the filing with, and approval by, regulatory authorities of the Company's product candidates; the sufficiency of funds to operate the business of the Company; statements regarding the Company's ability to advance its pipeline and further diversify its portfolio and make progress towards its longstanding goal of creating medicines for cancer patients; the Company's cash needs and availability, including related to the Company's projected cash runway and current operating plans; and the plans and objectives of Company management for future operations, including with respect to the planning and execution of combination or potential pivotal clinical trials.

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These and other important factors discussed under the caption "Risk Factors" in the Company's Annual Report on Form 10-K for the period ended December 31, 2025 and Quarterly Report on Form 10-Q for the period ended September 30, 2026 filed with the SEC, and its other reports filed with the SEC, could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent Company management's estimates as of the date of this presentation. While the Company may elect to update such forward-looking statements at some point in the future, other than as required by law it disclaims any obligation to do so, even if subsequent events cause its views to change. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

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Unless otherwise specified, all clinical data in the following slides is based on an interim data collection from the intent-to-treat population of 55 patients dosed at the 320 mg once-daily dose level of atebimetinib in combination with modified gemcitabine/nab-paclitaxel ("mGnP" = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks) in the Company's ongoing Phase 1/2a clinical trial, as of April 24, 2026. The median follow-up for overall survival (OS) was estimated by the reverse Kaplan–Meier method. All data remains subject to follow-up and database updates.

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Engineering for Longer Survival with Fewer Tradeoffs

Atebimetinib, the first deep cyclic MEK inhibitor | Phase 3 now enrolling in 1L pancreatic cancer (NCT07562152)

01

Target

MEK: Achieving Its Full Potential

MEK sits downstream of both RAS and RAF, where signals converge, regardless of upstream mutation

02

Technology

Deep Cyclic Inhibitors

Pulsatile pathway suppression designed to overcome the tolerability and resistance limits of chronic inhibitors

03

Data

Compelling Survival and Tolerability

17.3-mo median OS in 1L PDAC Phase 2a (vs. 8.5 mo MPACT; Von Hoff NEJM 2013); 84% stable or gained weight; only 2 Gr3+ TRAE categories >10%

04

Execution

A Multi-Front Strategy

Phase 3 Now Enrolling in 1L PDAC; Phase 2 NSCLC combo w/ anti-PD-1, planned first patient dosed 4Q2026; preclinical pipeline

Cash Runway

$166M (as of 9/30/26) | into 4Q 2028

Patent Exclusivity

Expected Until Late 2045

Next Phase 2 PDAC Update

1H 2027

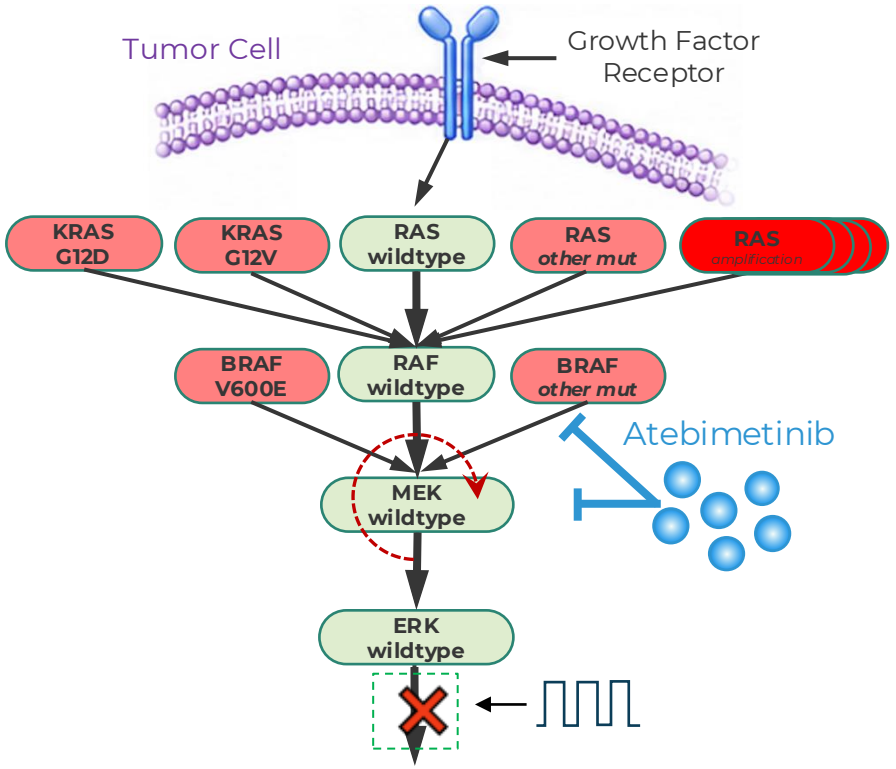
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Atebimetinib Could Unlock the Full Potential of MEK Inhibition

Our First Target: MEK

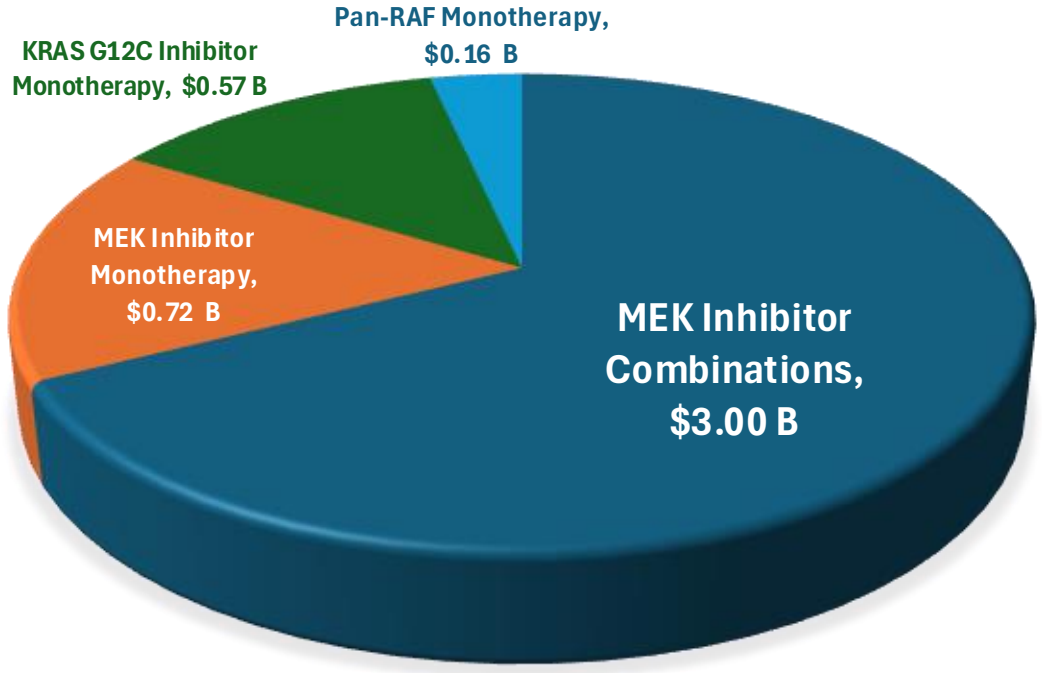
Pulsatile ≥IC_{90} Inhibition with Once-Daily Oral Dosing



Healthy Cells = Intermittent

Cancer Cells = Continuous

$4.5B in RAS/RAF/MEK Inhibitor Sales in 2025: MEK Inhibitors Drove 80%, Mostly in Combination



~$4.5B

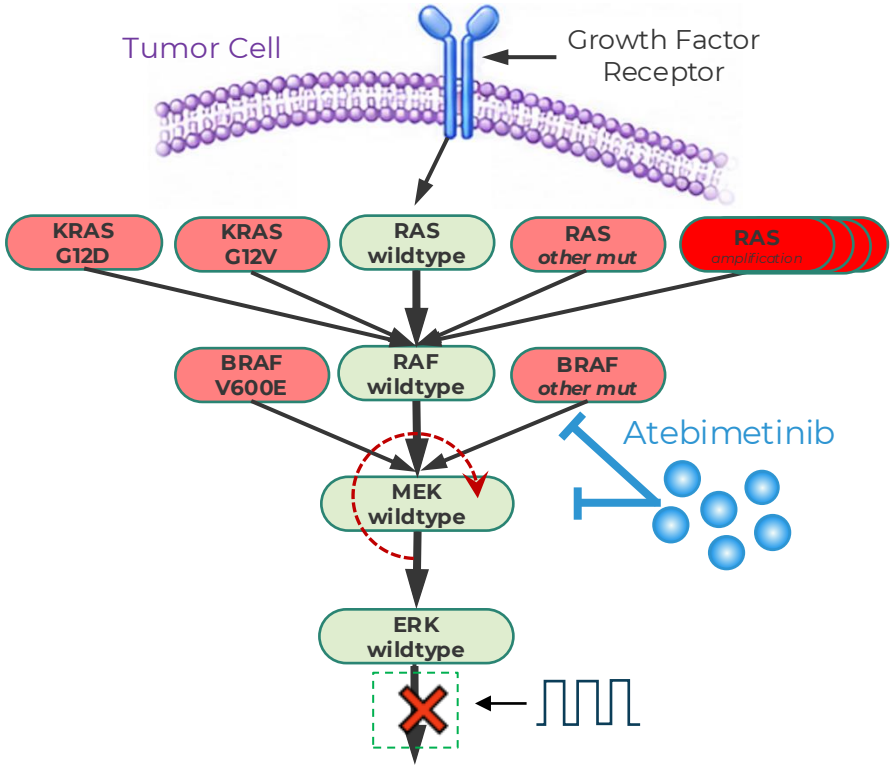
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Atebimetinib Could Unlock the Full Potential of MEK Inhibition

Our First Target: MEK

Pulsatile ≥IC_{90} Inhibition with Once-Daily Oral Dosing



Healthy Cells = Intermittent

Cancer Cells = Continuous

Goals: Improve Tolerability, Expand Applicability to RAS Mutant Cancers

	Liabilities		Strengths	
1st Generation MEK inhibitors	Ineffective in cancers driven by **RAS**	Poorly tolerated	Effective in cancers driven by **RAF**	Counters Cachexia to preserve body mass
	corrected	improved	retained	retained
3rd Generation MEK inhibitor: Atebimetinib	**Block RAF-mediated MEK phosphorylation**	**Immuneering's Deep Cyclic Inhibitor (DCI) Technology**		

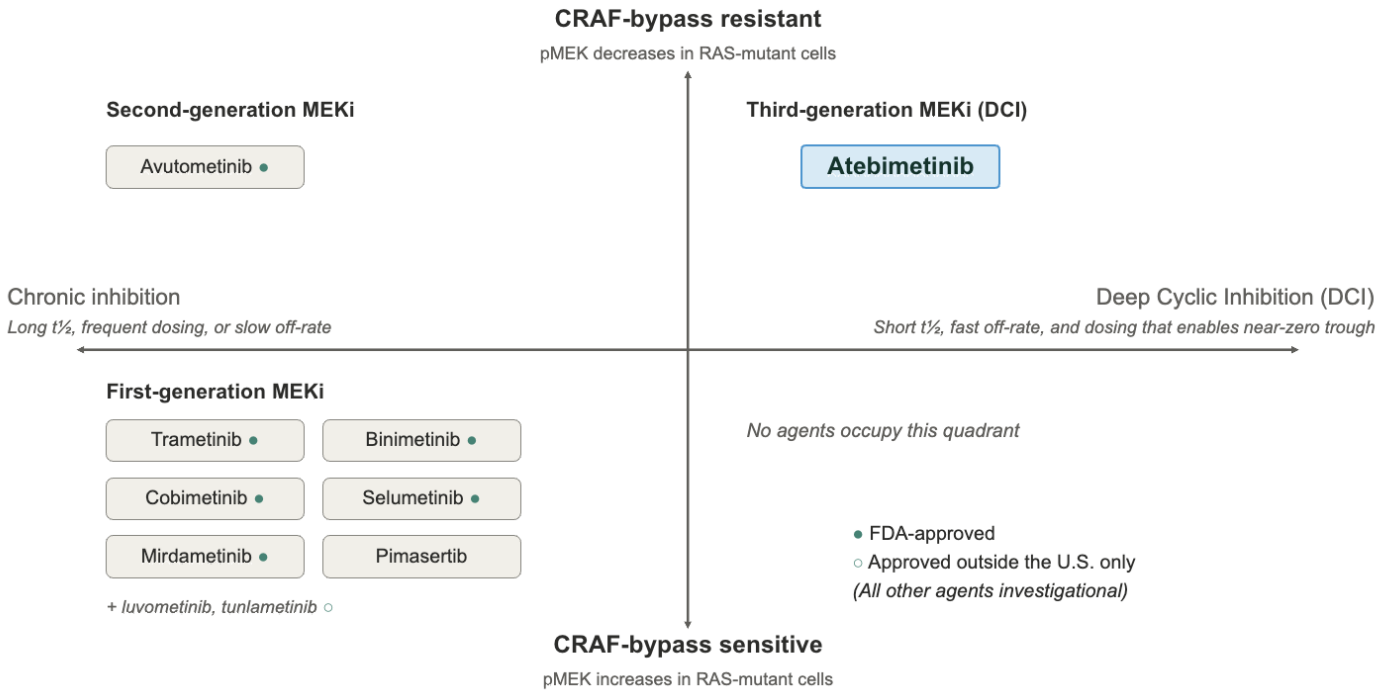
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Dual-MEK Inhibitor Atebimetinib Displays Broad Activity in *RAS*- and *RAF*-Mutant Tumors via Deep Cyclic Inhibition and Resisting RAF Bypass

Sarah Kolitz[1], Anna Travesa[2], Amy Axel[2], Jason M. Funt[2], Matthew S. Nord[2], Amy Yamamura[2], Kevin D. Fowler[2], Praveen Nair[2], Benjamin Zeskind[3], Brett M. Hall[2], and Peter King[2]



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Atebimetinib Combination Trials Disclosed to Date

Indication / Setting	Regimen	PHASE 2	PHASE 3	REG.	Collaboration / Funding
1L PDAC	Atebimetinib + mGnP vs. GnP	**Phase 3 · Registrational**			Immuneering-funded
1L PDAC	Atebi + mFFX	**Phase 2 · Efficacy**			Immuneering-funded
1L RAS-mut NSCLC	Atebi + cemiplimab ± chemo	**Phase 2 · Efficacy**			Regeneron supply agreement (cemiplimab); Immuneering funded
2L/3L RAS-G12C NSCLC	Atebi + olomorasib	**Phase 2 · Efficacy**			Eli Lilly supply agreement (olomorasib); Immuneering funded

Undisclosed Studies/Programs

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Phase 2a 1L Pancreatic Cancer Trial Design

NCT05585320 | active, not recruiting

Eligibility

- 1L metastatic or locally advanced PDAC
- No prior systemic therapy for advanced disease
- ECOG PS 0–1
- ≥1 measurable lesion (RECIST 1.1)
- Adequate organ function
- All RAS/KRAS mutation subtypes permitted

Full Cohort (N=55)

320 mg QD atebimetinib + mGnP*

Median Follow Up = 11.6 months

* mGnP = 1,000 mg/m2 (Gemcitabine) + 125 mg/m2 (nab-Paclitaxel) days 1 & 15 of each 28-day cycle

Data cutoff date: April 24, 2026

Endpoints

Primary

- **ORR** per RECIST 1.1

Secondary

- **DCR**, DOR, **PFS**, **OS**
- Safety (CTCAE v5.0)
- Patient weight and QoL

Statistical Design

- Simon's 2-stage optimal design
- 80% power, 1-sided α = 5%

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Phase 2a Demographics and Baseline Participant Characteristics

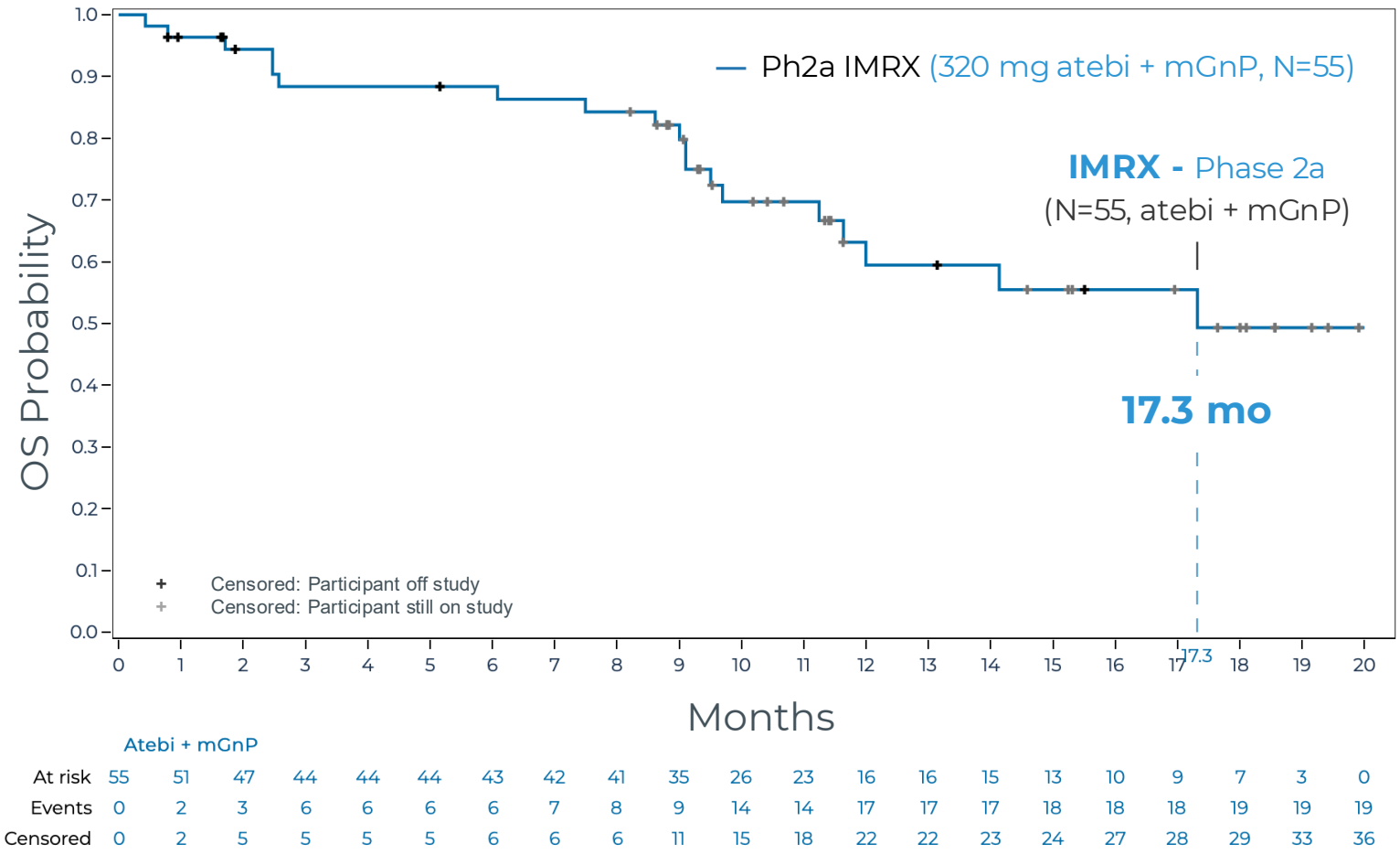
Characteristic	**Chung et al, ASCO 2026** atebimetinib + mGnP Phase 2a, N=55[b]	**Von Hoff et al, NEJM 2013** Gem/nab-Pac (GnP) Phase 3, N = 431[e]
Median age (years)	68	62
Age, ≥ 65 : < 65 years, %	62% : 38%	41% : 59%
Disease status, metastatic : locally advanced, %	96% : 4%	100% : 0%
Sex, female : male, %	45% : 55%	43% : 57%
ECOG status, 0:1, %	56% : 44%	58% : 42%
CA 19-9 elevated (≥ 37 U/mL)	89%[d]	84%[f]
Presence of lung metastasis[a,c], %	27%	35%
Presence of peritoneal metastasis[a] %	36%	4%
Presence of liver metastasis[a], %	51%	85%
De novo metastatic disease, %	51%	NR
Received RAS inhibitor in 2nd line	1	N/A
RAS/KRAS mutational status	KRAS mutant: 48 (87%) RAS unknown: 7 (13%)	NR
Received 2nd line treatment[b], %	60%	40%

Data based on data cutoff of April 24, 2026, (a) Metastasis location sub-analyses derived from RECIST lesion pages and represent lower bounds. (b) Of the 55 participants at data cutoff, 11 were still on treatment and 44 were off-treatment. Of those 44, 21 went on to subsequent cancer therapy, 14 did not, and 9 were unknown. Of the 21 who went on to subsequent therapies, 20 went on to chemotherapy and/or radiation, and 1 to a RAS inhibitor. (c) 4 trial participants (7%) with lung as only metastatic site. (d) 40 out of 45 patients with CA 19-9 data. (e) 2013 NEJM: PMID 24131140 & 2016 BJC: PMID 27351217. (f) CA 19-9 > 35 U/mL. Note: Removal of 2 locally advanced, 4 lung only, or 1 RAS inhibitor 2L patient(s), respectively, from the Kaplan-Meier sub-analysis did not alter the mOS of the remaining patients. All of these subsets resulted in mOS of 17.3 months. OS does not differ significantly for ECOG 0 vs. 1, or for liver vs. peritoneal metastasis. NR = not reported; N/A = not applicable.

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Compelling Survival and Tolerability in First Line Pancreatic Cancer

Phase 2a | Atebimetinib (320 mg QD) + mGnP OS, **N=55**



Median OS (months)	
Atebimetinib + mGnP (N=55)	**17.3**

Only 2 categories of TRAE grade ≥3 in ≥10% of participants, both chemotherapy related

MAPKeeper 301

Phase 3 Now Recruiting, NCT07562152

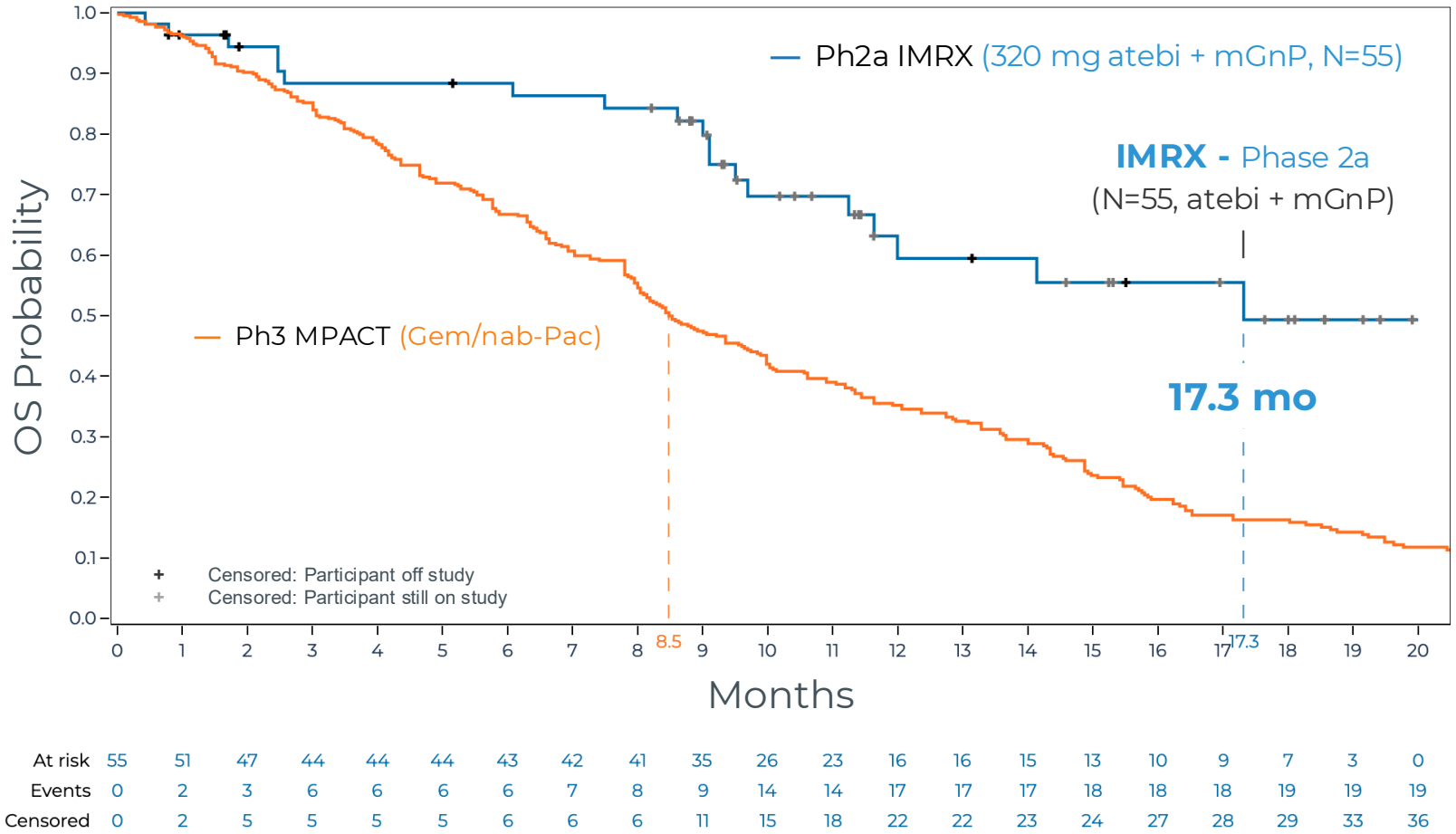
As of the April 24, 2026 data cutoff, the median follow-up was 11.6 months (N=55) as estimated by the reverse Kaplan–Meier method.

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Consistent Separation from Standard of Care Gem/nab-Pac (GnP) in First Line Pancreatic Cancer

Atebimetinib (320 mg QD) + mGnP OS, **N=55**



Median OS
(months)

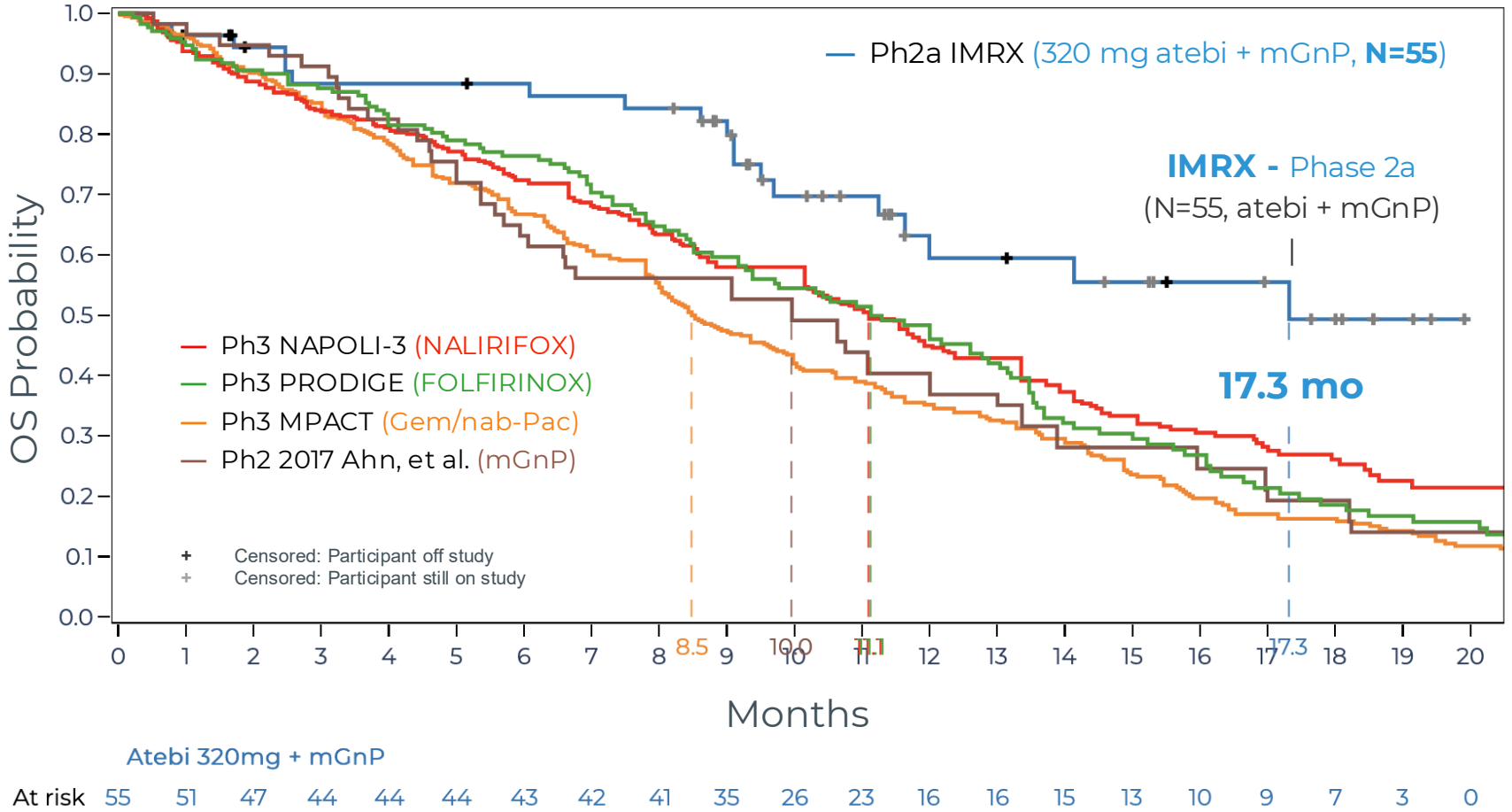
Atebimetinib + mGnP (N=55)	**17.3**
GnP (MPACT)	**8.5**

*Pivotal Studies: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431.

Data based on data cutoff of April 24, 2026. Median follow up of 11.6 months (N=55) determined via reverse Kaplan-Meier method; Censored participants off study due to withdrawal of consent or lost to follow up. No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

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Consistent Separation from Additional Standard of Care Options in First Line Pancreatic Cancer



Median OS
(months)

Atebimetinib + mGnP (N=55)	**17.3**
GnP (MPACT)	**8.5**
FOLFIRINOX (PRODIGE)	**11.1**
NALIRIFOX (NAPOLI-3)	**11.1**

*Pivotal Studies: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431, (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171, (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383.

Data based on data cutoff of April 24, 2026. Median follow up of 11.6 months (N=55) determined via reverse Kaplan-Meier method; No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

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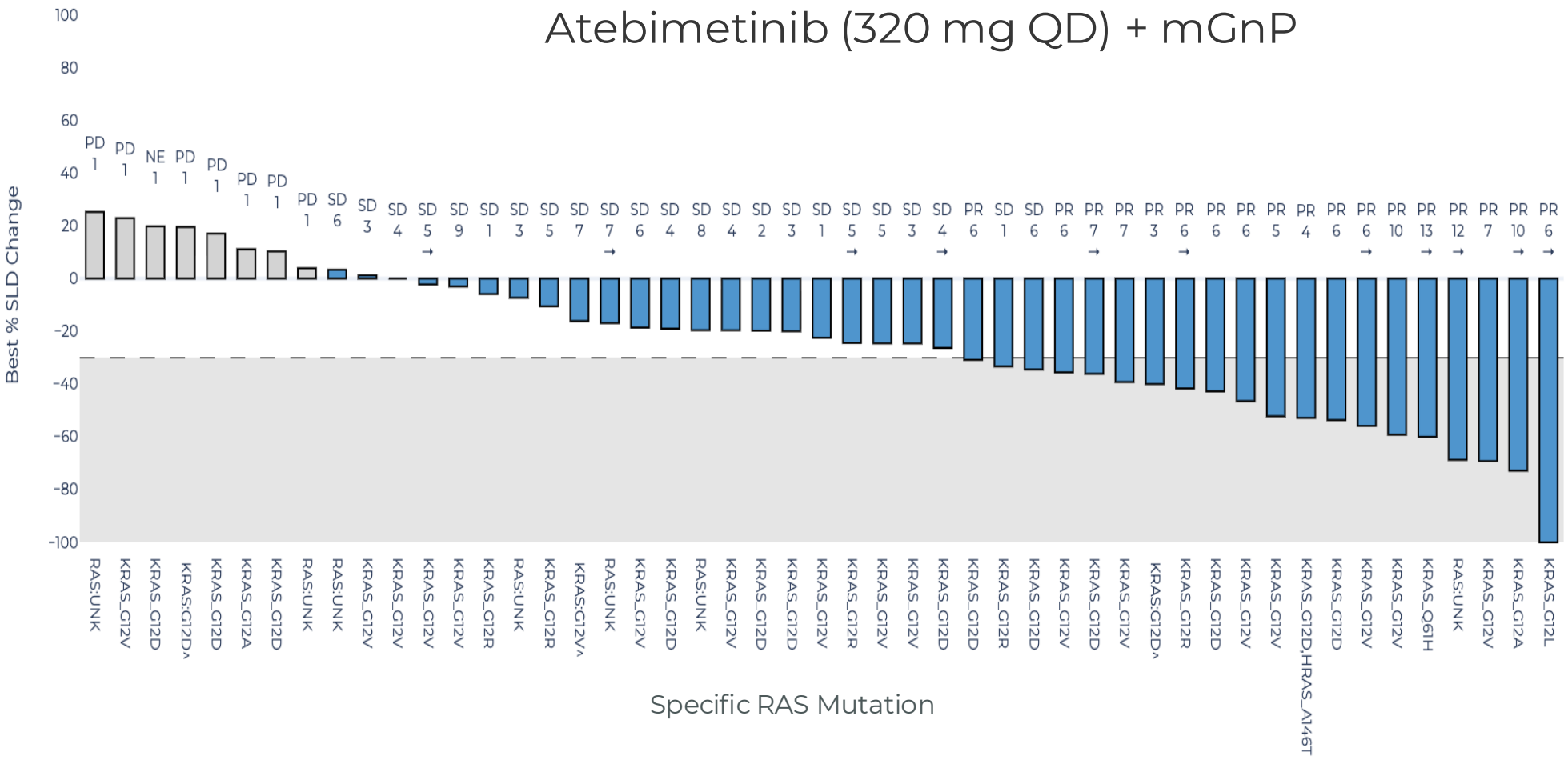
Consistent Separation from Standard of Care Gem/nab-Pac Benchmarks on Additional Endpoints

	Atebimetinib + mGnP (N = 55)	**GnP** (MPACT)
Median OS (months)	**17.3** [11.2, NR]	8.5
Median PFS (months)	**8.3** [5.9, 9.6]	5.5
ORR*	**36%**	23%
DCR*	**82%**	48%
Participants weight stable or gained weight at 3 months^	**84%**	NR

*N=50 of response evaluable patients. Atebimetinib dosed at 320 mg. Scans occur approx. every 6 weeks. Patients that progressed without complete radiographic scans are not presented in graph but are counted in ORR/DCR analyses. Patients with baseline and at least one on-treatment assessment were considered evaluable.
^Weight observations from participants with weight data at ~3 mo and C1D1; weight stable defined as within 5%.

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Overall Response Rate (ORR) and Disease Control Rate (DCR)



Overall Response (ORR) & Disease Control (DCR) Rates

	Atebimetinib + mGnP Ph 2a 1L PDAC
ORR	**36%** (18/50)
DCR	**82%** (41/50)

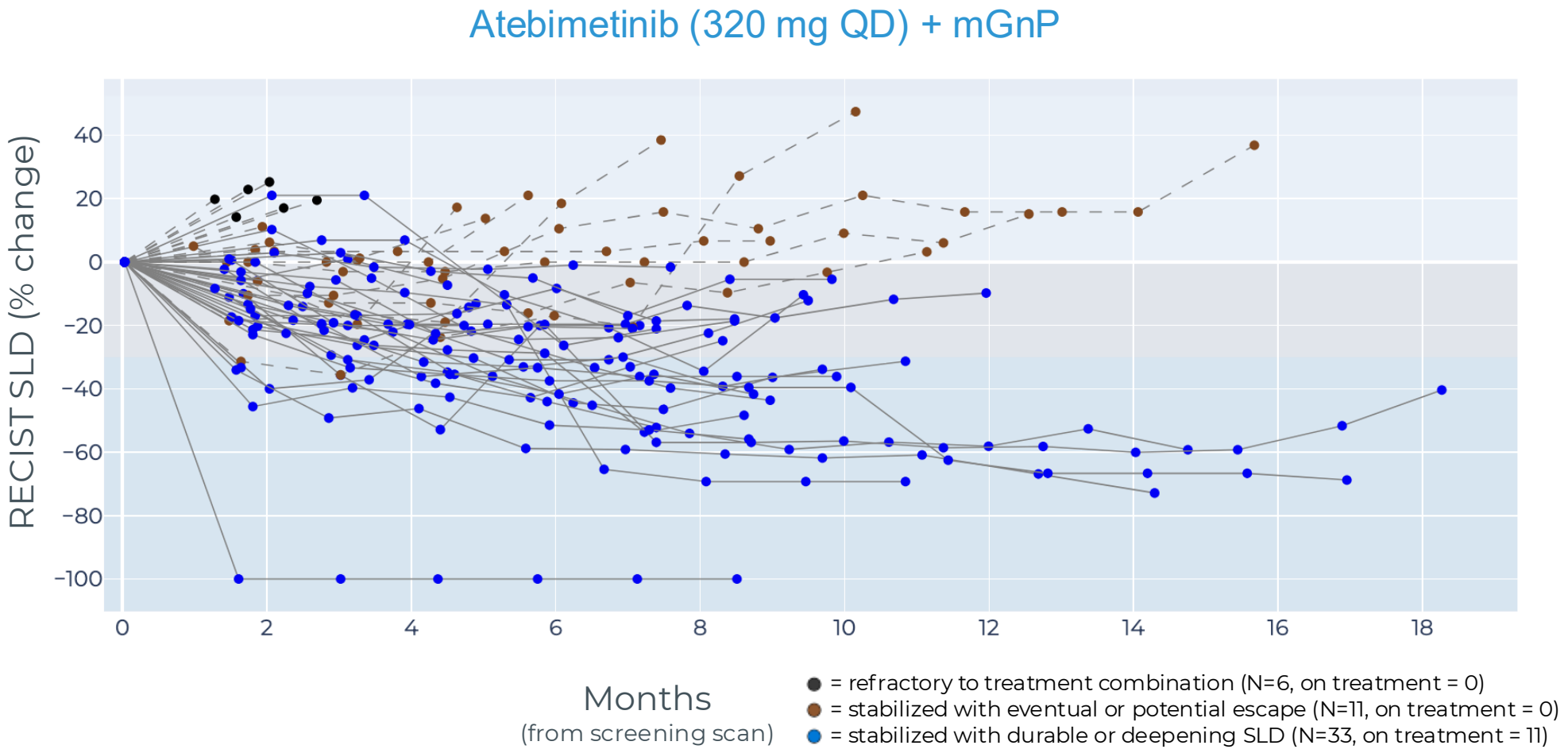
Prior Phase 3 Benchmark Overall Response (ORR) & Disease Control (DCR) Rates

	MPACT Pivotal Study in 1L PDAC
ORR	**23%** (99/431)
DCR	**48%** (206/431)

N=50 of response evaluable participants. Atebimetinib dosed at 320 mg. Scans occur approximately every 6 weeks.One participant progressed without complete radiographic scans and is not presented in graph but counted in ORR/DCR analyses. Participants deemed evaluable had screening assessment and at least one post-baseline assessment. Arrow denotes on treatment as of data cutoff date. Best overall response (BoR) shown. Data based on data cutoff of April 24, 2026.
Glossary: "^" denotation on x-axis = ctDNA-defined RAS mutation; RAS:UNK = RAS mutation status is unknown; PR = partial response; SD = stable disease; PD = progressive disease; NE = non-evaluable per RECIST v1.1

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Deepening Durable Tumor Responses Over Time Observed



In the above graph, N=50, consisting of response evaluable patients who also had ≥ 1 matched RECIST-evaluable post-baseline scan. Color coded categorization based on Company's initial assessment. SLD = RECIST sum of longest diameter for target lesions. Data based on data cutoff of April 24, 2026, of response evaluable patients from an ongoing Phase 1/2a trial of atebimetinib.

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Atebimetinib (320 mg) + mGnP Safety: Treatment Related Adverse Events

Safety Highlights

- Grade ≥3 Anemia and Neutropenia occurred in ≥10% of participants, both chemotherapy related

TRAE
(related to any drug)

	Any Grade	Grade ≥3
Fatigue	29 (53%)	1 (2%)
Nausea	25 (45%)	0
Anaemia	23 (42%)	9 (16%)
Rash	20 (36%)	3 (5%)
Diarrhea	20 (36%)	0
Vomiting	16 (29%)	1 (2%)
Alopecia	15 (27%)	0
Dysgeusia	15 (27%)	0
Oedema peripheral	15 (27%)	1 (2%)
Neutropenia	14 (25%)	10 (18%)
Neuropathy peripheral	12 (22%)	0

Data based on data cutoff date of April 24, 2026.
1 of 55 participants discontinued atebimetinib (not due to toxicity) while continuing chemotherapy. Only MEKi class effect ≥ grade 3: rash (5%), resolved with treatment; ocular, cardiac, and diarrhea events were, when observed, grade 1-2 and did not result in discontinuation

Adverse event preferred terms related to any component of treatment, occurring in ≥ 20% of participants

Rash = rash, dermatitis acneiform, rash maculo-papular

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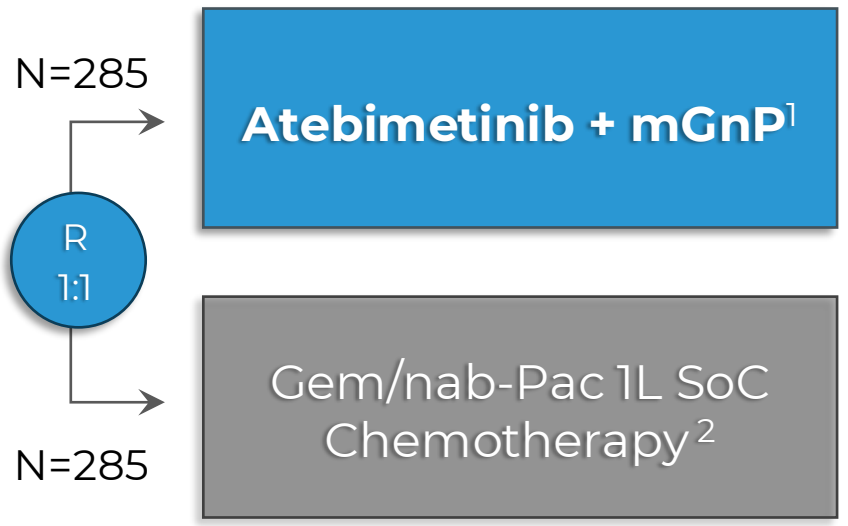
MAPKeeper 301: Global Randomized Phase 3 Pivotal Trial Underway

NCT07562152 | recruiting

Participant Population: First-line (1L) metastatic Pancreatic Ductal Adenocarcinoma (PDAC)

MAPKeeper 301

- First line (1L) PDAC
- Metastatic setting
- ECOG PS 0-1



Primary Endpoints
OS
Secondary Endpoints
PFS
DCR
ORR
QoL

(R) = Randomization Stratification Factors: (1.) Geography (US vs. ROW), (2.) Liver Metastasis (present vs. absent), (3.) ECOG PS: 0 vs. 1, (4.) Denovo vs Recurrent Metastatic

SOC chemotherapy options: full schedule Gemcitabine + nab-Paclitaxel. SOC = standard of care; R = randomize; PFS = progression-free survival; OS = overall survival; ORR = overall response rate; DCR = disease control rate; QoL = Quality of Life

(1) mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks
(2) SOC chemotherapy = full schedule Gemcitabine + nab-Paclitaxel (3 wk on/ 1 wk off)

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Upcoming Milestones

Multiple anticipated catalysts across distinct programs, funding expected into 4Q 2028

2026

4Q 2026

First patient dosed

Phase 2: Atebimetinib + anti-PD-1 (cemiplimab) in non-small cell lung cancer

4Q 2026

Additional preclinical data

Atebimetinib + anti-PD-1 in lung cancer

2027

1H 2027

Updated Phase 2 PDAC data

1L Phase 2 atebimetinib + mGnP (N=55)

Mid-2027

Begin IND-enabling studies

Next DCI drug program

Late 2027

Preliminary Ph 2 clinical data

Atebimetinib + anti-PD-1 (cemiplimab) in non-small cell lung cancer

2028

Mid-2028

Topline readout

Phase 3 MAPKeeper 301

Cash runway **Into 4Q 2028**

MAPKeeper 301 (Phase 3) | Atebimetinib + anti-PD-1 (NSCLC) | Phase 2 Atebimetinib + mGnP (PDAC) | Next DCI program

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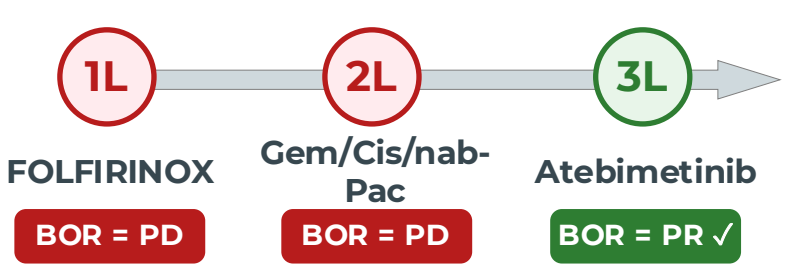
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Appendix



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27+ Months Progression Free Survival in Third Line Pancreatic Cancer Patient Treated With Atebimetinib Monotherapy in Phase 1



Baseline SLD = 18.6 cm

KEY CLINICAL OUTCOMES

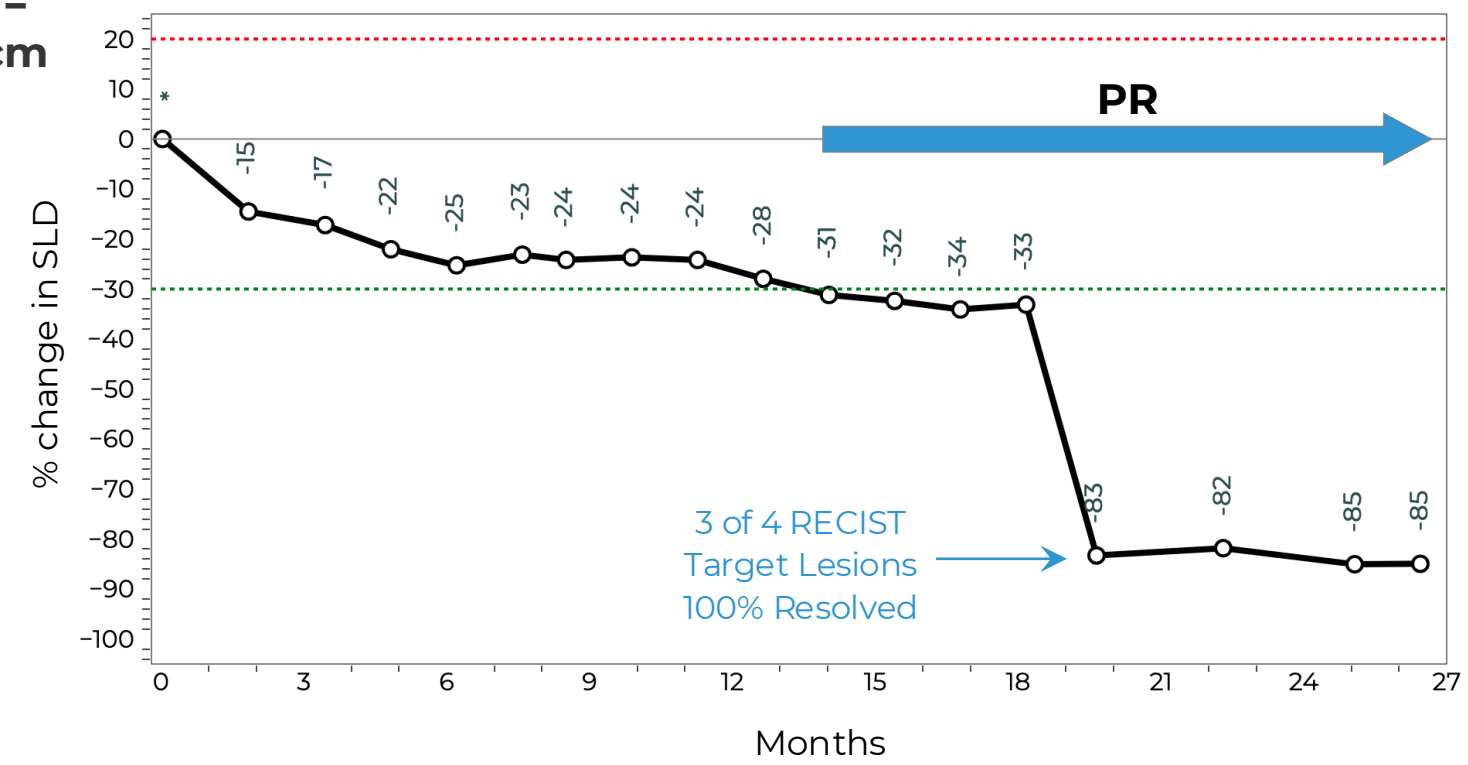
27 months
on treatment at data cutoff

−85%
Ongoing tumor burden reduction

3
of 4 target lesions fully resolved (1 bone + 2 liver)

+14% Weight
+ 23 lb / QoL Improved on PRO instrument

No Grade 3+ Adverse Events



70 year old male patient with KRAS G12D mutant tumor treated at 240 mg QD p.o. In addition to the 3 target lesions, one non-target lesion in the pancreas has fully resolved. Based on interim data collection from Phase 1 dose expansion as of May 5, 2026 from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates.

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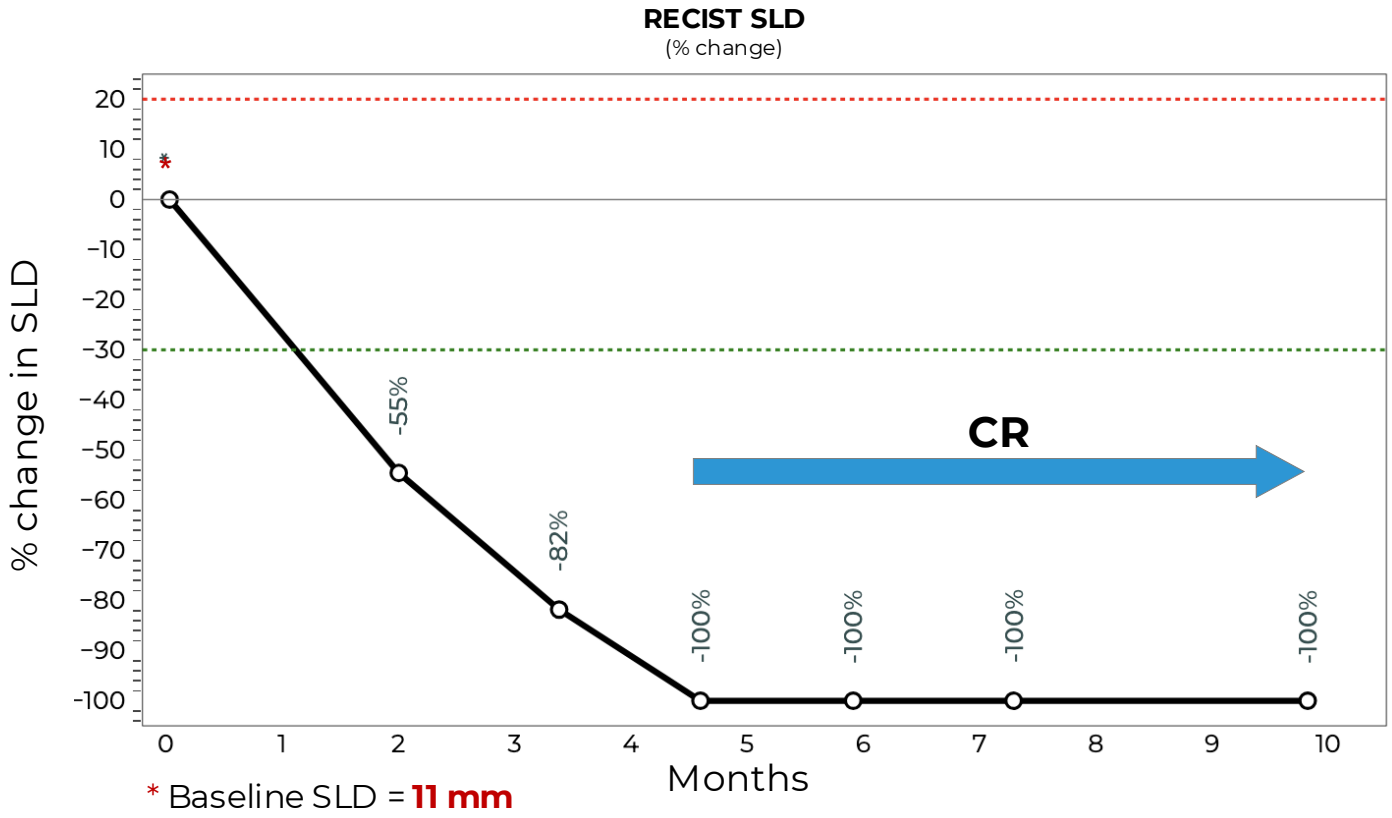
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Atebimetinib + mFFX Case Study: Observed Durability and Tolerability with Complete Resolution of Liver Metastasis

Ongoing Phase 2 Case Study
(1L Metastatic PDAC)

- 1st Line (1L): Atebi + mFFX (**BOR = CR**)
  - 71-year-old female
  - >9 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight stable
  - $KRAS^{G12D}$ mutated tumor
  - ctDNA not detected (baseline or C2D15)
  - Complete resolution of liver lesion

Atebimetinib + mFFX (1L PDAC; Phase 2)



* Baseline SLD = **11 mm**

Data based on interim data collection from a Phase 2a arm as of April 24, 2026, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. CR = Complete Response

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Favorable Safety Results Observed for Monotherapy Atebimetinib in 2L PDAC

Patients on atebimetinib monotherapy have described feeling almost like their pre-diagnosis selves – a truly significant outcome for individuals battling such a debilitating cancer. – Atebi Investigator

Safety: Phase 2a Monotherapy in 2L PDAC at 320 mg QD (n = 24)

Maximum Severity of TRAEs: TRAE's observed in ≥10.0% of patients, n(%)	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**	**Any Grade**
1. Rash*	6 (25%)	1 (4%)	0	0	7 (29%)
2. Diarrhea	4 (17%)	2 (8%)	0	0	6 (25%)
3. Fatigue	4 (17%)	1 (4%)	0	0	5 (21%)
4. Aspartate aminotransferase increased	4 (17%)	0	0	0	4 (17%)
5. Vision blurred	3 (13%)	1 (4%)	0	0	4 (17%)
6. Alanine aminotransferase increased	3 (13%)	0	0	0	3 (13%)
7. Hypokalemia	2 (8%)	1 (4%)	0	0	3 (13%)
8. Nausea	3 (13%)	0	0	0	3 (13%)
9. Vomiting	3 (13%)	0	0	0	3 (13%)

- *TRAE = Treatment Related Adverse Event*
- *Patient population includes one 1L PDAC patient; all patients (n=24) in above table were dosed at 320 mg QD p.o.*
- **Preferred Terms within the Rash term include: Dermatitis acneiform; Rash; Rash maculo-papular; Rash pustular*

Data based on interim data collection, as of April 24, 2026, from an ongoing Phase 1/2a trial of IMM-1-104. Data subject to follow-up and database updates.

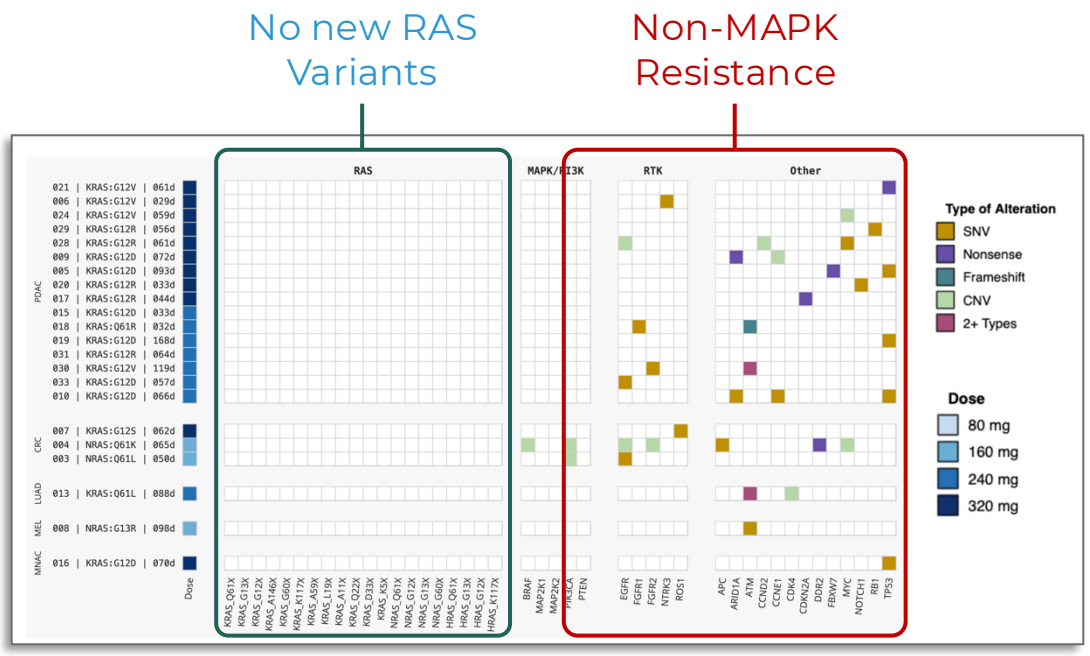
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Atebimetinib monotherapy established initial activity, durability, and tolerability

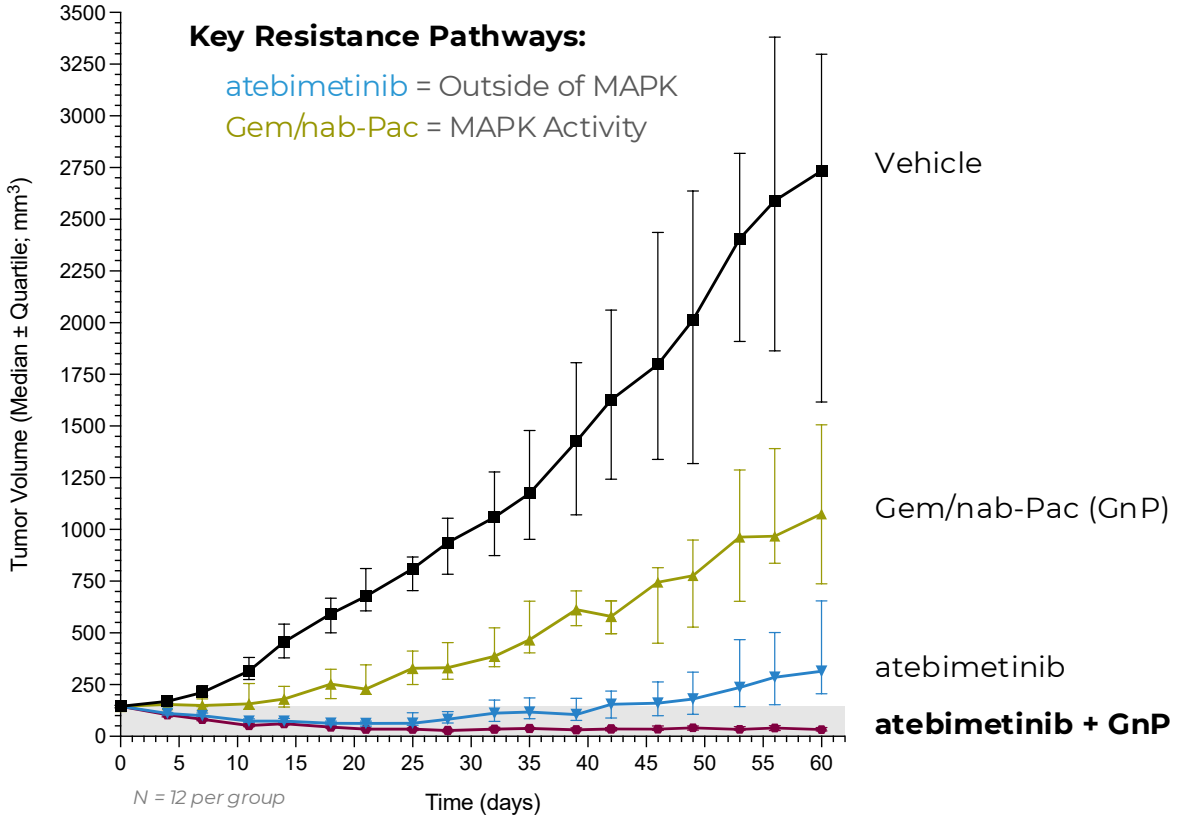
Molecular rationale for combination

Phase 1: ctDNA Monotherapy atebimetinib



Newly arising variants detected by Guardant Health circulating tumor DNA (ctDNA) test on ~day 28 or end of treatment (EoT). Data received by February 20, 2024

MIA PaCa-2: Human PDAC Xenograft

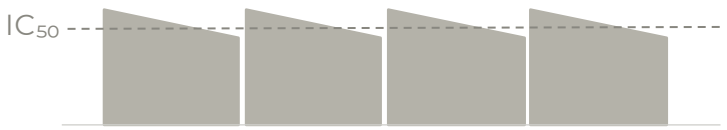


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Immuneering's Deep Cyclic Inhibitor Technology: Engineering for Longer Survival with Fewer Tradeoffs

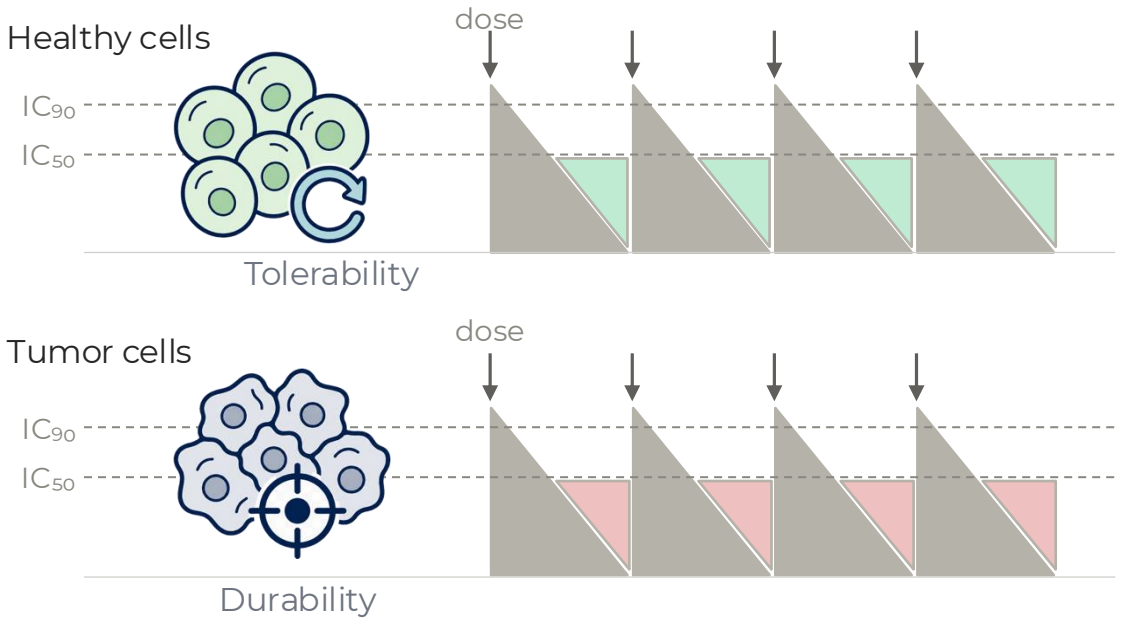
Conventional Wisdom: Chronic Inhibitors



All cell signaling suppressed
= toxicity, resistance

Immuneering's Deep Cyclic Inhibitor Technology

Pulsatile ≥IC_{90} Inhibition with Once-Daily Oral Dosing



High Free-Fraction CMax, Fast Off Rate, Short Half Life (~2 hours)

1. Tolerability

Provides Recovery Window for Healthy Cells

2. Durability

Limits Adaptive and Acquired Resistance

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3 Mechanisms Well-Established to Improve Survival

	Shrinking Tumors	Preserving Body Mass (Countering Cachexia)	Minimizing Side Effects
Atebimetinib+ mGnP - Clinical Evidence	Disease Control Rate (DCR) = 82%	84% of patients stable or gain weight	Only 2 categories of Grade 3+ AEs in ≥10% of patients
Published Studies Linking Mechanism to Overall Survival in PDAC	OS correlation coefficient[1] with DCR = 0.74 ($p < 0.001$)	Weight Loss[2] HR = 1.55 *"1/3 of pancreatic cancer patients die from complications of cachexia"*[3]	Decline to ECOG 2 HR = 1.48 No 2L treatment[4] HR = 1.51

Atebimetinib + mGnP Clinical Evidence in 1L PDAC, N = 55, data cutoff April 24, 2026. 84% of patients with weight data at baseline and 3 months showed either stable weight (within 5%) or gain weight at 3 months.

References: [1] Makris et al, 2017. [2] Wang et al, 2025. [3] Yoo et al, 2021 [4]Weiss et al, 2024

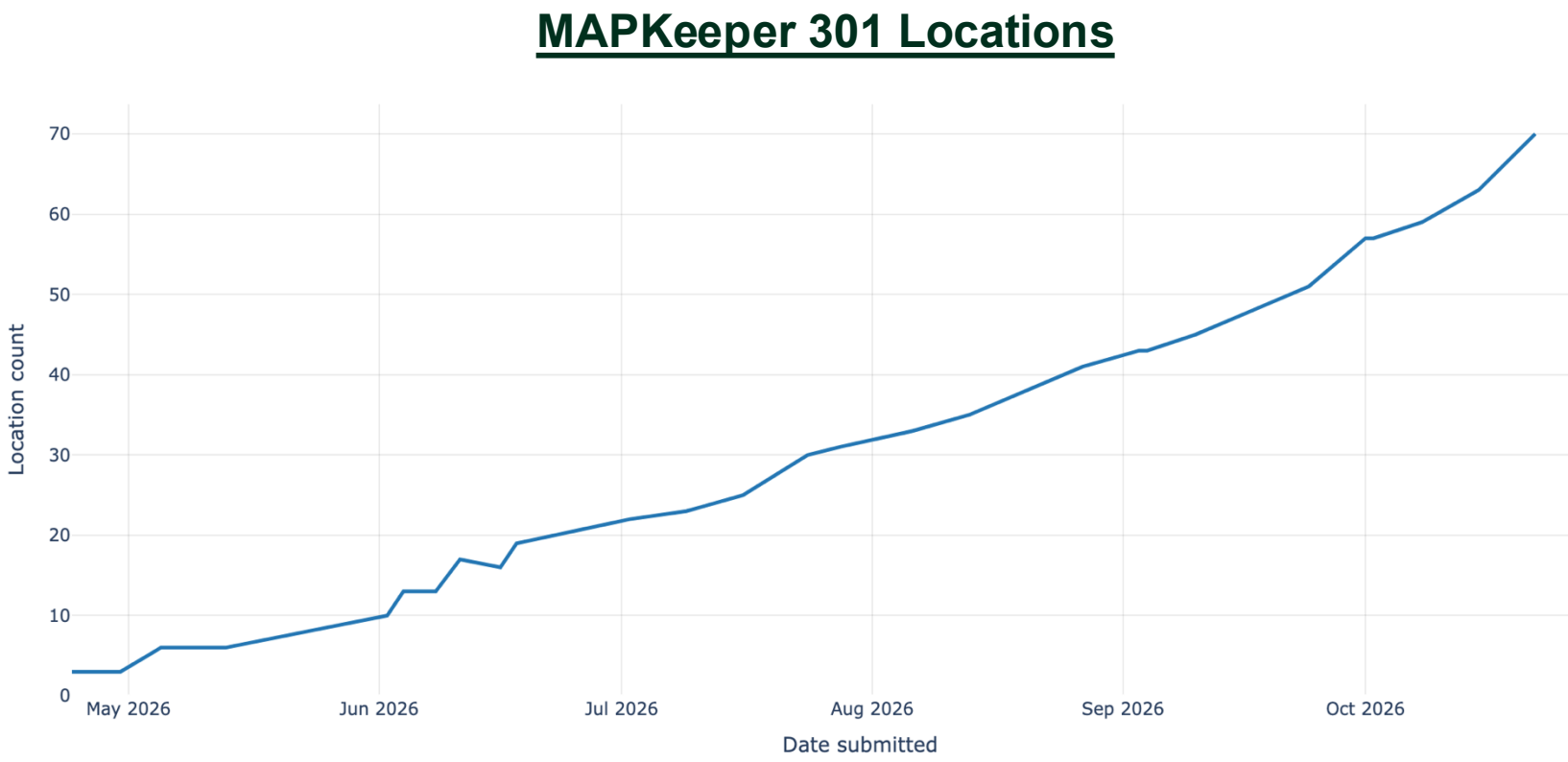
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MAPKeeper 301 Execution

"There is an urgent need for new first-line treatment options that can improve treatment outcomes by augmenting survival and improving quality of life. The MAPKeeper 301 trial evaluating atebimetinib with standard of care therapy represents an exciting step toward addressing that need."

Eileen M. O'Reilly, MD, FASCO,
Winthrop Rockefeller Endowed Chair in Medical Oncology at Memorial Sloan Kettering Cancer Center, and the lead principal investigator of the MAPKeeper 301 study



Data source: https://clinicaltrials.gov/study/NCT07562152
Quote source: https://ir.immuneering.com/news-releases/news-release-details/immuneering-announces-first-patient-dosed-pivotal-phase-3

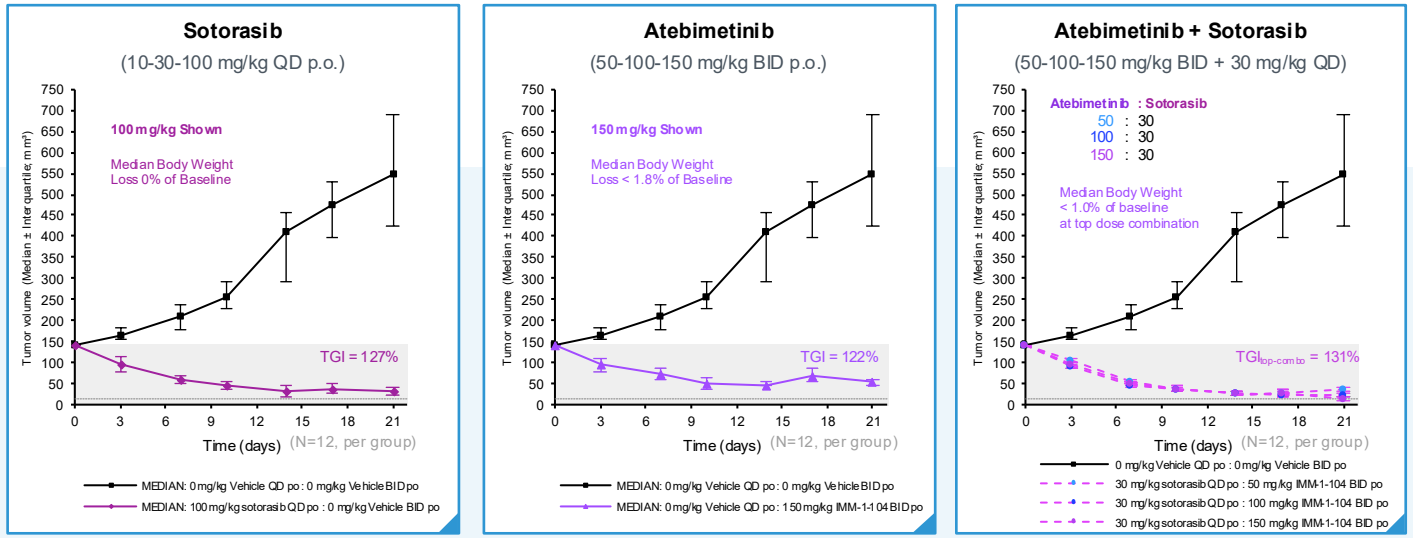
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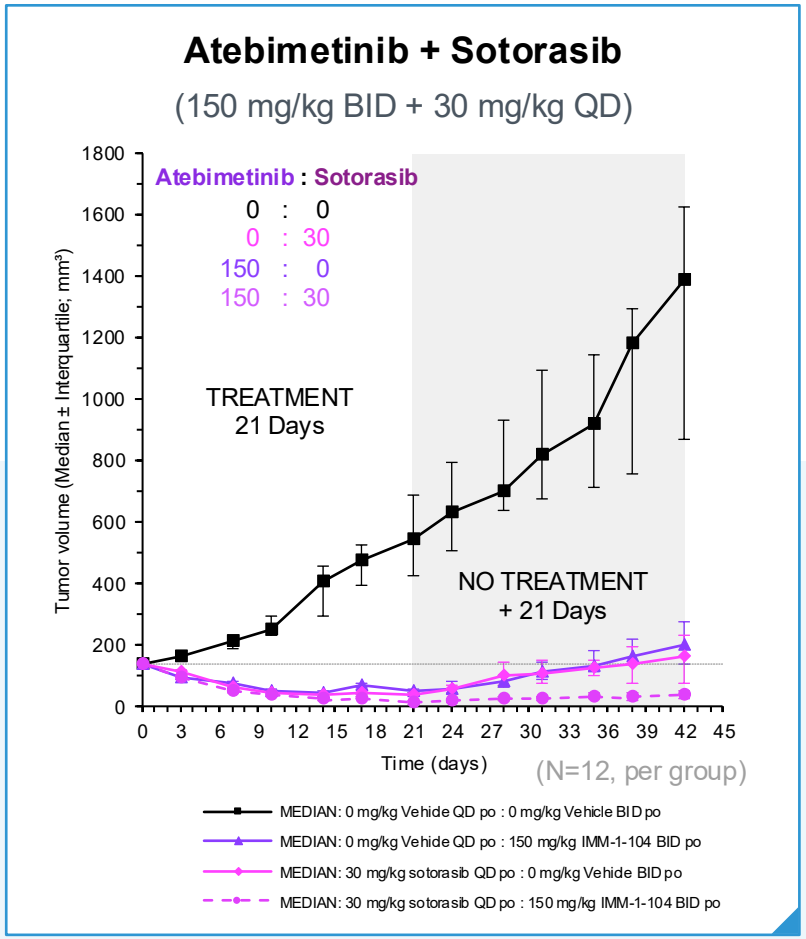
Head-to-Head Comparison of Atebimetinib +/- Sotorasib in KRAS^{G12C} PANC

Atebimetinib plus sotorasib demonstrated deeper, more durable tumor regressions with insignificant BWL

KRAS^{G12C} PANC

RAS G12C + DCI MEK





› MIA PaCa-2 (KRAS^{G12C}) Pancreatic Xenograft Tumor Model in Athymic Nude Mice

› *Sotorasib was commercially purchased*

Tumor Growth Inhibition (TGI) % = [1 – (T_i – T_0)/(C_i – C_0)]x100%; Expanded TGI formula vs. previous 1-[T/C]x100% method

King, et al. 2021 AACR: EORTC (Philadelphia, PA)

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