Acrivon Reports Third Quarter 2026 Financial Results and Business Highlights

November 16, 2026

Immunology and inflammation (I&I) established as a second strategic pillar for company which is particularly well-suited for its AP3 precision medicine approach

AI-driven AP3 platform was used for profiling against approved JAK inhibitors to identify recently acquired ACR-525, a Phase 2-ready, potentially best-in-class, highly selective JAK1 inhibitor, and a differentiated preclinical PKCθ program

Late-breaking oral plenary presentation of early Phase 1/2 clinical results in AP3-predicted tumor types for ACR-2316, a differentiated, first-in-class WEE1/PKMYT1 inhibitor, at the upcoming 38th EORTC-NCI-AACR symposium

Prespecified Phase 2b interim analysis of ACR-368, a selective CHK1/2 inhibitor, in all-comer serous endometrial cancer (EC) treatment arms expected in fourth quarter of 2026

Cash, cash equivalents, and marketable securities of $77.8 million as of September 30, 2026, expected to fund operations into fourth quarter of 2027

WATERTOWN, Mass., Nov. 16, 2026 (GLOBE NEWSWIRE) -- Acrivon Therapeutics, Inc. (“Acrivon” or “Acrivon Therapeutics”) (Nasdaq: ACRV), a clinical stage biotechnology company discovering and developing precision medicines utilizing its proprietary Generative AI-driven Phosphoproteomics AP3 (Acrivon Predictive Precision Proteomics) platform deployed for rational drug design and predictive clinical development, today reported financial results for the third quarter ended September 30, 2026 and reviewed recent business highlights.

“We have had transformative progress this year, including the strategic expansion into immunology and inflammation and the positive clinical results in tumor types predicted sensitive by AP3 to our internally developed, first-in-class WEE1/PKMYT1 inhibitor ACR-2316, laying the foundation for multiple upcoming value-inflection milestones,” said Peter Blume-Jensen, M.D., Ph.D., chief executive officer, president, and co-founder of Acrivon. “I&I is particularly well-suited for our AP3 precision medicine approach. We acquired ACR-525 after identifying it as a potentially best-in-class JAK1 inhibitor using our AI-driven AP3 platform for extensive profiling head-to-head against approved JAK inhibitors and dupilumab. Based on this, eosinophilic esophagitis is targeted as an attractive first indication for this Phase 2-ready, oral, highly selective JAK1 inhibitor. The transaction also included a differentiated preclinical PKCθ program for T-cell driven I&I disorders. Additionally, we remain on track for the prespecified interim analysis of the ACR-368 Phase 2 registrational-intent trial. For ACR-2316, our highly differentiated, first-in-class WEE1/PKMYT1 inhibitor in Phase 1/2 dose expansion, we have observed a very favorable safety profile and exceptionally long-lasting clinical benefit across AP3 predicted tumors already during dose escalation. Of note, these include heavily pretreated lung cancers where several patients are on treatment for over 73 weeks now, and where we also have a confirmed complete response. Details of these exciting data will be presented by Dr. Tim Yap as a late-breaking oral plenary presentation at the upcoming Tri-Meeting. ACR-2316 will also be tested as single agent in pancreatic ductal adenocarcinoma based on public data showing WEE1 is synthetic lethal in K-Ras & p53 mutated context. Similar to ACR-368, we have shown that ACR-2316 has strong synergy with immune checkpoint inhibitors and Topo1 inhibitors, providing for attractive combination opportunities. Finally, we also nominated a potential first-in-class, oral CDK11 inhibitor, ACR-7280, identified through the AP3 platform, to advance into IND-enabling studies and be developed in the AP3-predicted tumor type AML.”

Recent Highlights

Immunology and Inflammation Pipeline

- Acquired ACR-525, an oral, potentially best-in-class JAK1 inhibitor, identified through extensive profiling with the AI-driven AP3 platform, which showed favorable selectivity and attractive pathway effects compared to JAK1 inhibitors
  - Two Phase 1 studies in healthy volunteers demonstrated a favorable safety profile with no observed serious adverse events and dose-dependent inhibition of CXCL10, a clinically relevant inflammatory JAK pathway biomarker. These clinical data are complemented by preclinical findings that ACR-525, like dupilumab, prevents IL-13 -driven esophageal epithelial barrier dysfunction, a cardinal symptom in eosinophilic esophagitis (EoE), while only ACR-525 also prevents oncostatin M-driven barrier dysfunction. AP3 profiling characterized ACR-525 as a highly selective JAK1 inhibitor with minimal off-target effects compared to approved JAK inhibitors and confirmed the broader cellular effects compared to dupilumab.
  - Phase 2-ready ACR-525 is targeted for clinical development in EoE with a tablet for oral suspension formulation designed specifically for patients with difficulty swallowing
  - Selectivity and oral availability of ACR-525 provides rationale for broad opportunity in inflammatory bowel disease and other immune disorders as a single agent and in combination with approved I&I therapies
- Acquired a preclinical inhibitor program targeting PKCθ with highly selective, oral lead series. PKCθ is a T-cell signaling kinase central to T-cell activation in I&I models.

- Held a corporate webcast event with EoE Key Opinion Leader experts Evan Dellon, M.D., M.P.H., from the University of North Carolina at Chapel Hill and Arjan Bredenoord, M.D., Ph.D., from Amsterdam University Medical Center, to review the data with ACR-525 and its differentiated profile as a potentially attractive treatment for EoE

ACR-368: CHK1/2 Inhibitor

- Continued dosing patients across both U.S. and European clinical sites in the two all-comer serous EC arms (Arm 4 single agent and Arm 3 with ultra-low dose gemcitabine sensitization) of the registrational-intent Phase 2b study, which is on track for an upcoming prespecified interim analysis

ACR-2316: Oral WEE1/PKMYT1 Inhibitor

- Data on the safety, dose optimization, and early clinical activity in AP3-predicted tumor types, including lung cancer, from the dose escalation of the Phase 1/2 study to be featured in a late-breaking oral plenary presentation at the 38th EORTC-NCI-AACR Symposium by Timothy A. Yap, MBBS, Ph.D., FRCP, professor of Investigational Cancer Therapeutics at The University of Texas MD Anderson Cancer Center
    - Data showed long-lasting clinical benefit and/or activity, including confirmed complete and partial responses (RECIST 1.1) with ACR-2316 monotherapy in heavily pretreated, AP3-predicted tumor types, including endometrial and lung cancers
    - Favorable, differentiated safety profile to date, primarily limited to transient, asymptomatic, mechanism-based neutropenia
- Data showing that AP3 uncovers differential mechanisms driving superior activity of ACR-2316 accepted for poster presentation at the 38th EORTC-NCI-AACR Symposium
- Subjects with molecularly-defined lung, endometrial, ovarian, cervical, and esophago-gastric junction cancers included in expansion phase
- Activity in K-Ras pathway mutated cancers and reported synthetic lethality for WEE1 inhibition in K-Ras gain-of-function and TP53 loss-of-function tumors support expansion of study to include pancreatic ductal adenocarcinoma, a tumor type predicted by AP3 to be sensitive to ACR-2316
- Presented data at the American Association for Cancer Research Drug Discovery and Development (AACR D3) conference demonstrating how ACR-2316 was rationally designed with AP3 for potent single agent activity and a superior therapeutic index

ACR-7280: Oral CDK11 Inhibitor

- Internally-discovered development candidate prioritized among multiple AP3-discovered, highly selective CDK11 inhibitor candidates based on potent single agent activity and strong synergy with BCL-2 and menin inhibitors
- Data showing complete tumor regression in aggressive acute myeloid leukemia (AML) xenograft models, an AP3-predicted tumor type, accepted for poster presentation at the upcoming 38th EORTC-NCI-AACR Symposium
- Investigational New Drug (IND)-enabling studies are underway to support initial clinical development in AML and peripheral T-cell lymphoma

Anticipated Upcoming Milestones

ACR-368 Ongoing Registrational Intent Phase 2b Study

- A prespecified simultaneous interim analysis and data update from both all-comer (biopsy-independent) serous EC arms of the ACR-368 Phase 2b study, and update of the OncoSignature-positive endometrial cancer (Arm 1) in the fourth quarter of 2026
- Based on interim data read-out, complete enrollment of the registrational intent all-comer (biopsy-independent) serous EC Arm 3 or Arm 4 in the fourth quarter of 2026

ACR-2316

- Complete enrollment in dose expansion phase and generate additional preclinical and clinical data to prioritize Phase 2 registrational path by mid-2027

ACR-7280

- Submit IND filing to the FDA in the first half of 2027

ACR-525

- Align with FDA on trial design for Phase 2 EoE study in the first quarter of 2027

PKCθ program

- Advance promising lead candidates towards IND-enabling studies in the first half of 2027

Third Quarter 2026 Financial Results

Net loss for the quarter ended September 30, 2026 was $17.9 million compared to a net loss of $18.2 million for the same period in 2025.

Research and development expenses were $14.5 million for the quarter ended September 30, 2026, compared to $13.6 million for the same period in 2025. The difference was driven by the timing of clinical trial and related costs for ACR-368 and ACR-2316.

General and administrative expenses were $4.0 million for the quarter ended September 30, 2026, compared to $6.0 million for the same period in 2025. The difference was primarily driven by employee-related expenses, including stock-based compensation expense.

As of September 30, 2026, the company had cash, cash equivalents and investments of $77.8 million, which is expected to fund operating expenses and capital expenditure requirements into the fourth quarter of 2027.

About Acrivon Therapeutics
Acrivon is a clinical-stage biopharmaceutical company discovering and developing precision medicines for oncology and inflammatory diseases utilizing its proprietary Generative AI-driven, Phosphoproteomics AP3 platform. The platform allows the company to interpret and quantify compound specific, drug-regulated pathway activity levels inside the intact cell in an unbiased manner, yielding terabytes of proprietary data and delivering rapid, actionable insights. The AP3 platform is comprised of a growing suite of powerful, internally-developed tools, including the AP3 Data Portal, converting multimodal data into structured data for generative AI analyses, including the AP3 Kinase Substrate Relationship Predictor (KaiSR) and the AP3 Interactome. These distinctive capabilities enable the company to go beyond the limitations of traditional drug discovery, as well as current AI-based target-centric drug discovery and rapidly design highly differentiated compounds with desirable pathway effects through intracellular protein network analyses and advance these agents into the clinic for streamlined development.

In its oncology pipeline, Acrivon is currently advancing its lead program, ACR-368 (also known as prexasertib), a selective small molecule inhibitor targeting CHK1 and CHK2 in a potentially registrational Phase 2 trial for endometrial cancer (EC). The company has received Fast Track designation from the Food and Drug Administration, or FDA, for the investigation of ACR-368 as a monotherapy based on OncoSignature-predicted sensitivity in patients with EC. The FDA has granted a Breakthrough Device designation for the ACR-368 OncoSignature assay for the identification of patients with endometrial cancer who may benefit from ACR-368 treatment.

In addition, Acrivon is leveraging its proprietary Generative AI-driven Phosphoproteomics AP3 platform for developing wholly-owned, internally discovered, co-crystallography-driven pipeline programs. These include ACR-2316, a first-in-class, potent, selective WEE1/PKMYT1 inhibitor preclinically designed for superior single-agent activity. The Phase 1/2 study of ACR-2316 is advancing in a randomized dose expansion phase in AP3-predicted tumor types. Initial data has shown a highly differentiated, favorable safety profile primarily limited to only transient neutropenia. Clinical activity has been observed across multiple heavily pretreated, AP3-predicted tumor types, including a subject with a confirmed CR in squamous non-small cell lung cancer (NSCLC), a PR in small cell lung cancer (SCLC), as well as long-lasting clinical benefit (over one year) observed in subjects with lung adenocarcinoma, tumor types not shown sensitive to current single-agent WEE1 or PKMYT1 inhibitors.

In addition, the company is advancing ACR-7280, its next AP3-enabled innovation program, a first-in-class, oral, highly selective CDK11 inhibitor development candidate, in IND-enabling studies. AP3 indication finding identified acute myeloid leukemia (AML) as a predicted sensitive tumor type, and in preclinical studies, ACR-7280 demonstrated potent anti-tumor activity and complete tumor regression in aggressive AML models.

In its immunology and inflammation (I&I) pipeline, Acrivon has ACR-525, a Phase 2-ready, oral, highly selective JAK1 inhibitor, acquired and identified based on AI-driven AP3 profiling showing favorable selectivity head-to-head against other JAK1 inhibitors, targeting eosinophilic esophagitis as a potential first indication utilizing a formulation designed for patients with difficulty swallowing. ACR-525 also has potential in inflammatory bowel disease and other autoimmune and inflammatory diseases as a single agent and in combination. Additionally, the company has a preclinical PKCθ inhibitor program, an attractive target for T-cell-driven autoimmune and inflammatory diseases, with the potential to be developed in combination with ACR-525 and other I&I therapies.

Forward-Looking Statements
This press release includes certain disclosures that contain “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995 about us and our industry that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this press release, including statements regarding our future results of operations or financial condition, business strategy and plans and objectives of management for future operations, are forward-looking statements. In some cases, you can identify forward-looking statements because they

contain words such as “anticipate,” “believe,” “contemplate,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” or “would” or the negative of these words or other similar terms or expressions. Forward-looking statements are based on Acrivon’s current expectations and are subject to inherent uncertainties, risks and assumptions that are difficult to predict. Factors that could cause actual results to differ include, but are not limited to, risks and uncertainties that are described more fully in the section titled “Risk Factors” in our reports filed with the Securities and Exchange Commission. Forward-looking statements contained in this press release are made as of this date, and Acrivon undertakes no duty to update such information except as required under applicable law.

Acrivon intends to use its website as a means of disclosing material non-public information and for complying with its disclosure obligations under Regulation FD. For more information, please visit www.acrivon.com.

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Acrivon Therapeutics, Inc.
Condensed Consolidated Balance Sheets
(unaudited, in thousands)

	September 30, 2026	December 31, 2025
Assets		
Cash and cash equivalents	$ 47,535	$ 41,499
Investments	30,216	77,083
Other assets	7,997	11,135
Total assets	$ 85,748	$ 129,717
Liabilities and Stockholders' Equity		
Liabilities	$ 14,974	$ 17,201
Stockholders' Equity	70,774	112,516
Total Liabilities and Stockholders' Equity	$ 85,748	$ 129,717

Acrivon Therapeutics, Inc.
Condensed Consolidated Statements of Operations and Comprehensive Loss
(unaudited, in thousands, except share and per share data)

	Three Months Ended September 30,		Nine Months Ended September 30,	
	2026	2025	2026	2025
Operating expenses:				
Research and development	$ 14,547	$ 13,648	$ 43,557	$ 45,244
General and administrative	3,971	6,039	13,531	18,754
Total operating expenses	18,518	19,687	57,088	63,998
Loss from operations	(18,518)	(19,687)	(57,088)	(63,998)
Other income (expense), net:				
Interest income	748	1,506	2,597	5,232
Other expense, net	(127)	(53)	(412)	(154)
Total other income, net	621	1,453	2,185	5,078
Net loss	$ (17,897)	$ (18,234)	$ (54,903)	$ (58,920)
Net loss per share - basic and diluted	$ (0.42)	$ (0.47)	$ (1.33)	$ (1.53)
Weighted-average common stock outstanding - basic and diluted	42,876,572	38,560,464	41,162,962	38,458,279
Comprehensive loss:				
Net loss	$ (17,897)	$ (18,234)	$ (54,903)	$ (58,920)
Other comprehensive income (loss):				
Unrealized gain (loss) on available-for-sale investments, net of tax	7	6	(137)	(335)
Comprehensive loss	$ (17,890)	$ (18,228)	$ (55,040)	$ (59,255)