Acrivon Therapeutics

KOL PANEL DISCUSSION
ACR-368 ENDOMETRIAL CANCER TRIAL

FEBRUARY 27, 2026

FORWARD-LOOKING STATEMENTS

Certain information contained in this presentation and related webcast includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 regarding our future results of operations or financial condition, business strategy and plans and objectives of management for future operations. 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. Our forward-looking statements are based primarily on our current expectations and projections about future events and trends that we believe may affect our business, financial condition and results of operations. The outcome of the events described in the forward-looking statements is subject to risks and uncertainties, including the factors described in our filings with the U.S. Securities and Exchange Commission. New risks and uncertainties emerge from time to time, and it is not possible for us to predict all risks and uncertainties that could have an impact on the forward-looking statements contained in this presentation. The results, events, and circumstances reflected in the forward-looking statements may not be achieved or occur, and actual results, events, or circumstances could differ materially from those described in the forward-looking statements.

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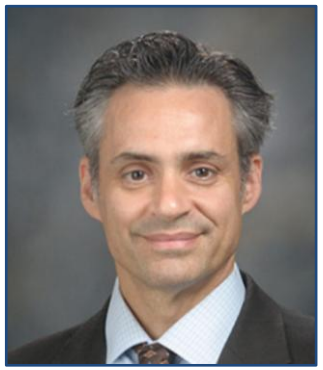
TODAY'S AGENDA

Welcome	Adam Levy, Ph.D., M.B.A., *CFO*
Introduction	Peter Blume-Jensen, M.D., Ph.D., *CEO*
ACR-368 Clinical Data Overview	Brian Slomovitz, M.D.
Q&A and Discussion	Moderator: Mansoor Raza Mirza, M.D., *CMO* KOL Panelists: Ramez Eskander, M.D. Robert Coleman, M.D. Domenica Lorusso, M.D., Ph.D. Brian Slomovitz, M.D.
Audience Q&A	All
Adjourn	Peter Blume-Jensen, M.D., Ph.D., *CEO*

TODAY'S PARTICIPANTS



Robert Coleman, M.D.

GOG Partners, Special Advisor to the President; GOG Foundation, Vice President; Texas Oncology, US Oncology Network; CMO, Vaniam group

Ramez Eskander, M.D.

Julie St. John Endowed chair in Gynecologic Oncology, Professor, Department of Obstetrics, Gynecology and Reproductive Sciences, Clinical Trials Medical Director, Fellowship Director – Gynecologic Oncology, UCSD Health, Rebecca and John Moores NCI Designated Comprehensive Cancer Center

Domenica Lorusso, M.D., Ph.D.

Chair, the MITO (Multicenter Italian Trials in Ovarian Cancer and Gynecological Malignancies) Group; Member of ENGOT (European Network of Gynecological Oncological Trial groups); Director of Gynecological Oncology unit at Humanitas Hospital San Pio X, Milan; Professor of Obstetrics and Gynecology, Humanitas University, Rozzano

Brian Slomovitz, M.D.

Member of the Board of Directors, GOG Foundation and the Uterine Cancer Lead, GOG Partners; Director of Gynecologic Oncology and Co-chair of the Cancer Research Committee at Mount Sinai Medical Center; Professor of Obstetrics and Gynecology at Florida International University

Peter Blume-Jensen, M.D., Ph.D.

Chief Executive Officer, President and Co-Founder, Acrivon Therapeutics; Inventor of the AP3 Platform

Mansoor Raza Mirza, M.D.

Chief Medical Officer, Acrivon Therapeutics, Former Chief Oncologist at Copenhagen Univ. Hospital; Honorary Congress President of the European Society of Gynecological Oncology (ESGO)

ESGO CONGRESS 2026

27th European Congress on Gynaecological Oncology
FEBRUARY 26–28 | 2026
COPENHAGEN | DENMARK

CLINICAL ACTIVITY OF ACR-368 IN PATIENTS WITH ENDOMETRIAL CARCINOMA PROSPECTIVELY SELECTED BY ONCOSIGNATURE A PHASE 2 STUDY - ACR-368-201/GOG3082

(NCT05548296)

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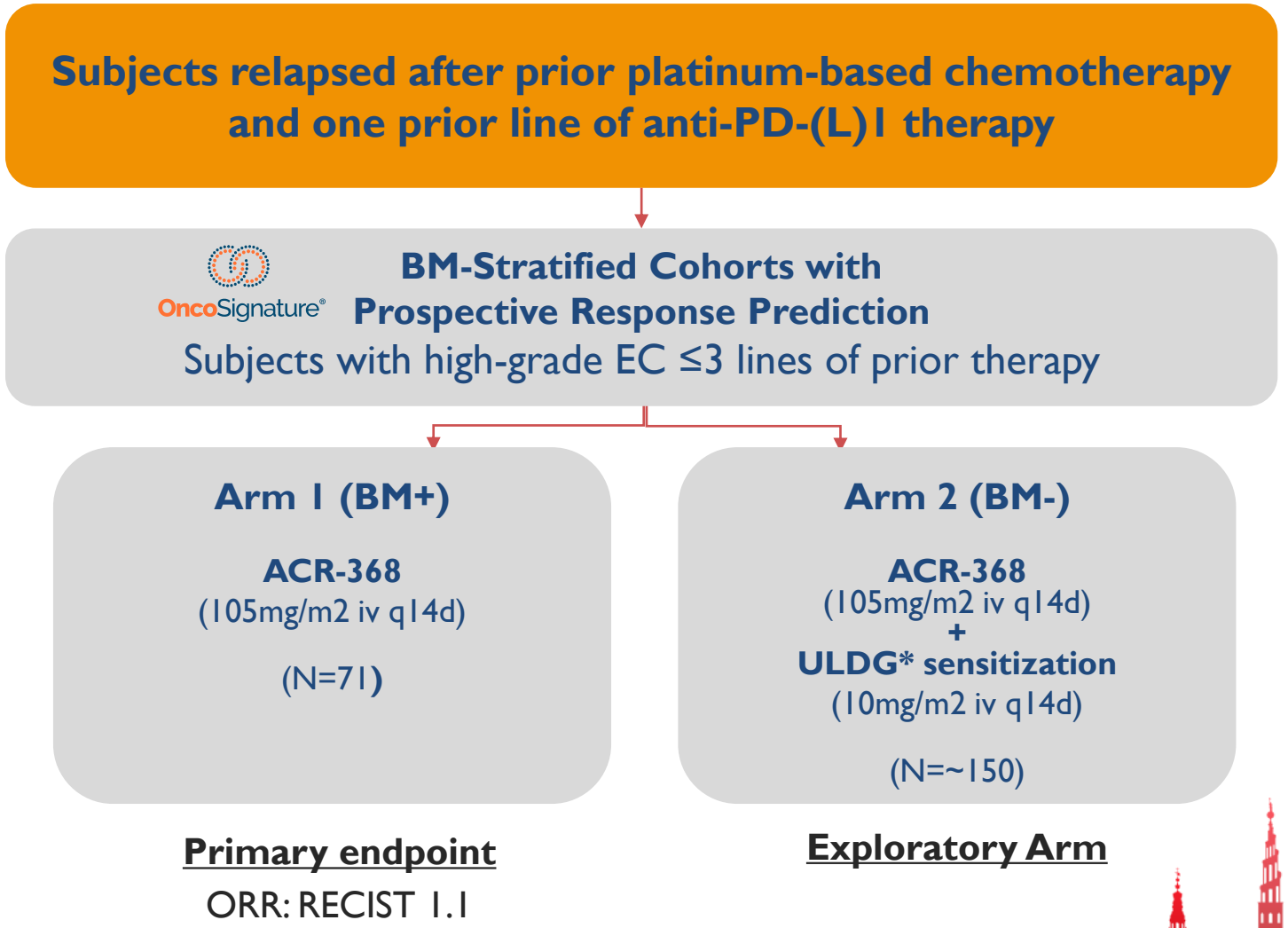
Background, Study Rationale & Design

- The ACR-368 OncoSignature™ is a tumor agnostic, functional Biomarker (BM) test designed to prospectively predict benefit from ACR-368 (prexasertib), a potent, selective CHK1/2 inhibitor.
- It is composed of 3 protein biomarkers that measure the tumor's addiction to CHK1/2-mediated DNA repair independent of genetic alterations.
- Screening with Acrivon's OncoSignature BM test across routine-processed (FFPE) human tumor types, predicted endometrial cancer (EC) to be particularly sensitive to ACR-368.



*ULDG = ultra low dose gemcitabine

Demographics and baseline characteristics

Subject Demographics	Arm 1 (BM+) N = 40	Arm 2 (BM-) N = 48
Median Age (range)	**66.0** (40, 77)	**66.0** (49, 80)
Race, n (%)		
White	29 (72.5)	29 (60.4)
Black/African American	6 (15)	10 (20.8)
Asian	1 (2.5)	4 (8.3)
American Indian or Alaska Native	0	0
Native Hawaiian or other pacific islander	1 (2.5)	0
Other	1 (2.5)	4 (8.3)
Unknown	2 (5)	1 (2.1)
Stage, n (%)		
III	10 (25)	18 (37.5)
IV	30 (75)	29 (60.4)
Unknown	0	1 (2.1)
Histology, n (%)		
Serous	**20 (50)**	**16 (33.3)**
Clear-cell carcinoma	2 (5)	4 (8.3)
Carcinosarcoma	6 (15)	10 (20.8)
Endometroid, G3	9 (22.5)	15 (31.3)
Other	3 (7.5)	3 (6.3)
ECOG Status at Baseline, n (%)		
0	20 (50)	25 (52)
1	20 (50)	23 (48)

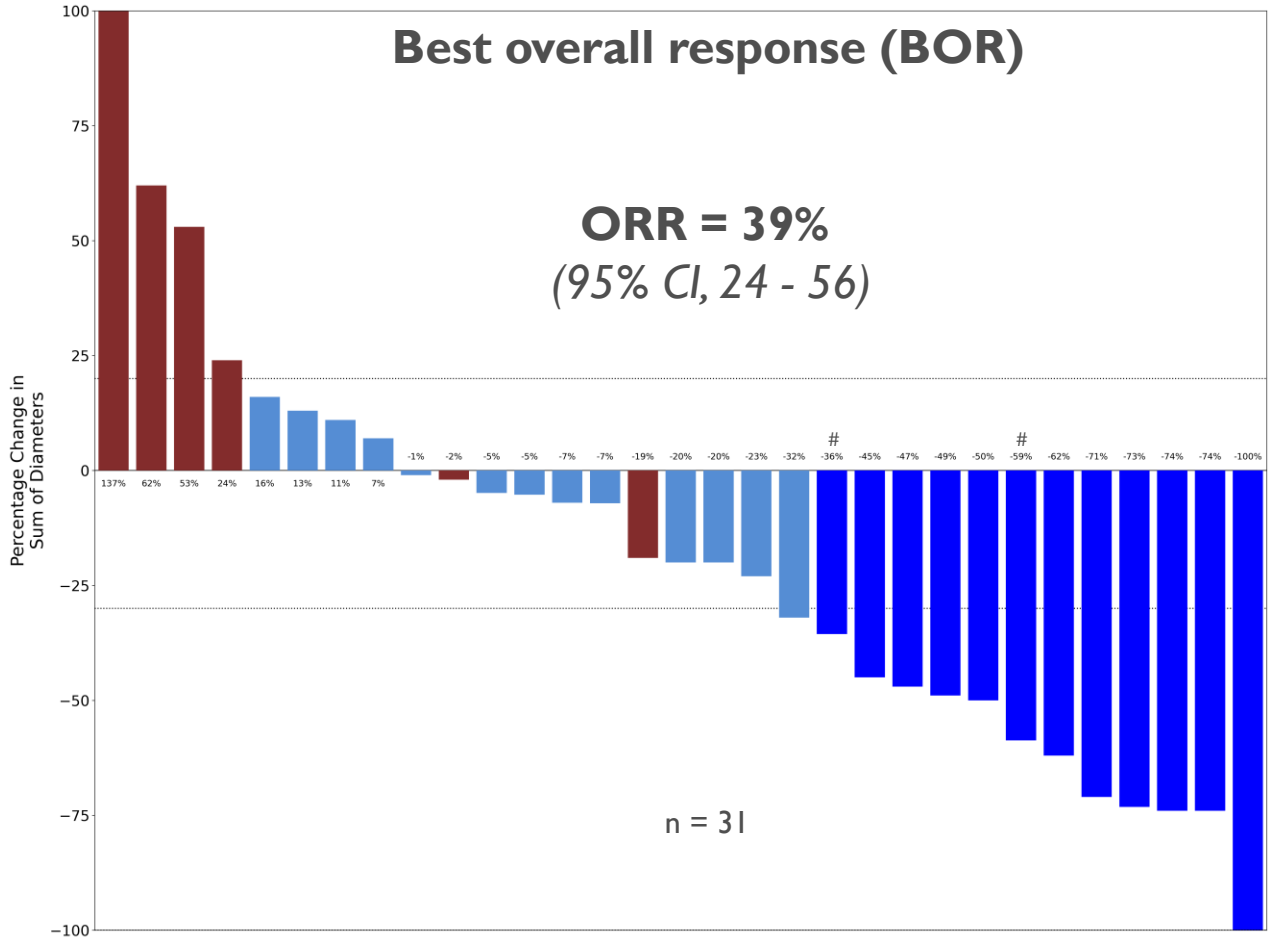
Subject Demographics	Arm 1 (BM+) N = 40	Arm 2 (BM-) N = 48
Median (Mean) Number of Prior Lines	2 (2)	2 (2)
Best Overall Response to Last Prior Line		
Refractory	9 (22.5)	15 (31.3)
Relapsed disease	31 (77.5)	33 (68.7)
Unknown	0 (0)	0 (0)
MMR Status, n (%)		
pMMR	28 (70)	29 (60.4)
dMMR	1 (2.5)	6 (12.5)
Unknown	11 (27.5)	13 (27.1)
TP53 Status, n (%)		
Mutant	24 (60)	15 (31.3)
Wildtype	6 (15)	11 (22.9)
Unknown	10 (25)	22 (45.8)
Prior exposure to PD-1/PD-L1, n (%)		
Yes	39 (97.5)	46 (95.8)
No	1 (2.5)	2 (4.2)
Prior exposure to Pembro/Len, n (%)		
Yes	19 (47.5)	20 (41.7)
No	21 (52.5)	28 (58.3)

Non QC'ed data based on EDC data extract as of 01/13/2026

Significant Response in Arm 1 (BM+) ITT Population Treated with ACR-368

BOR by RECIST 1.1 on study treatment*

- CR
- PR
- SD
- PD



DCR: 80.6%, CBR (16 weeks): 61.3%

* Best of BICR and/or PI
\# Unconfirmed PR

DCR: Disease Control Rate (CR+PR+SD)
CBR: Clinical Benefit Rate [(CR+PR)+(SD >16 weeks)]

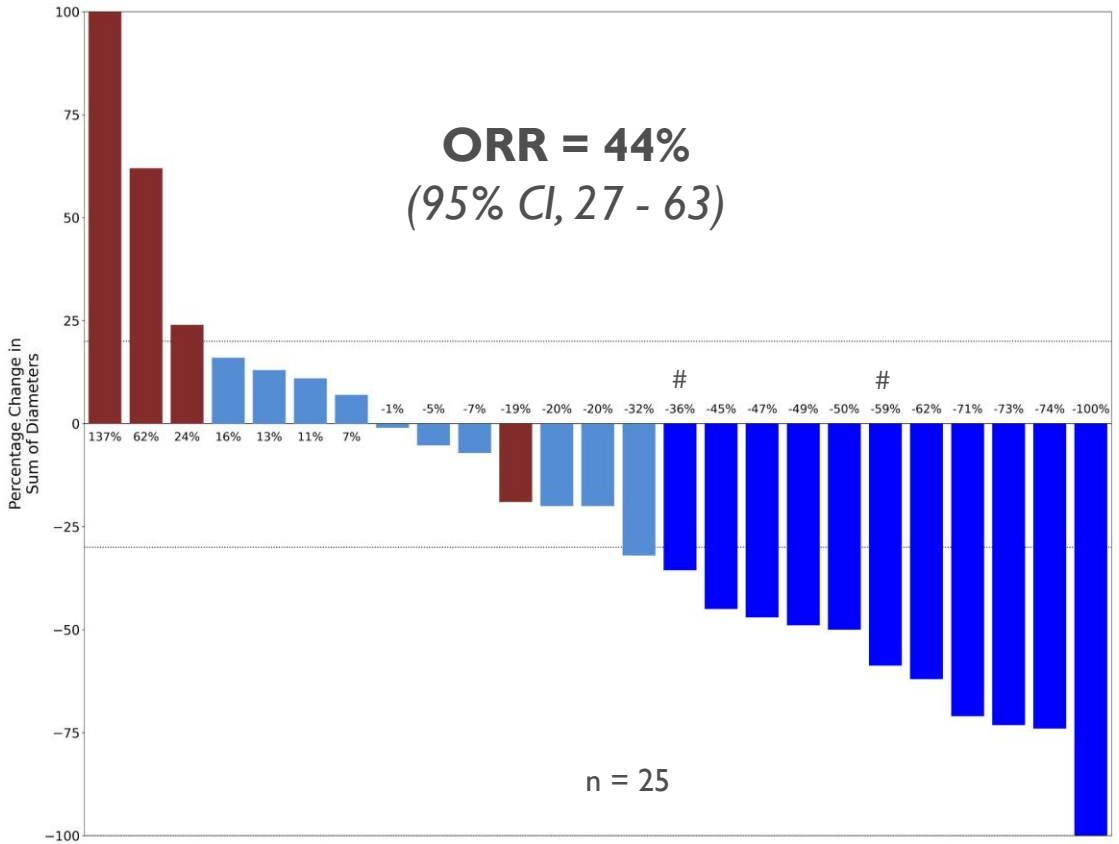
Non QC'ed data based on EDC data extract as of 12/04/2025

Better ORR Observed in Subjects with ≤2 Prior lines of Therapy

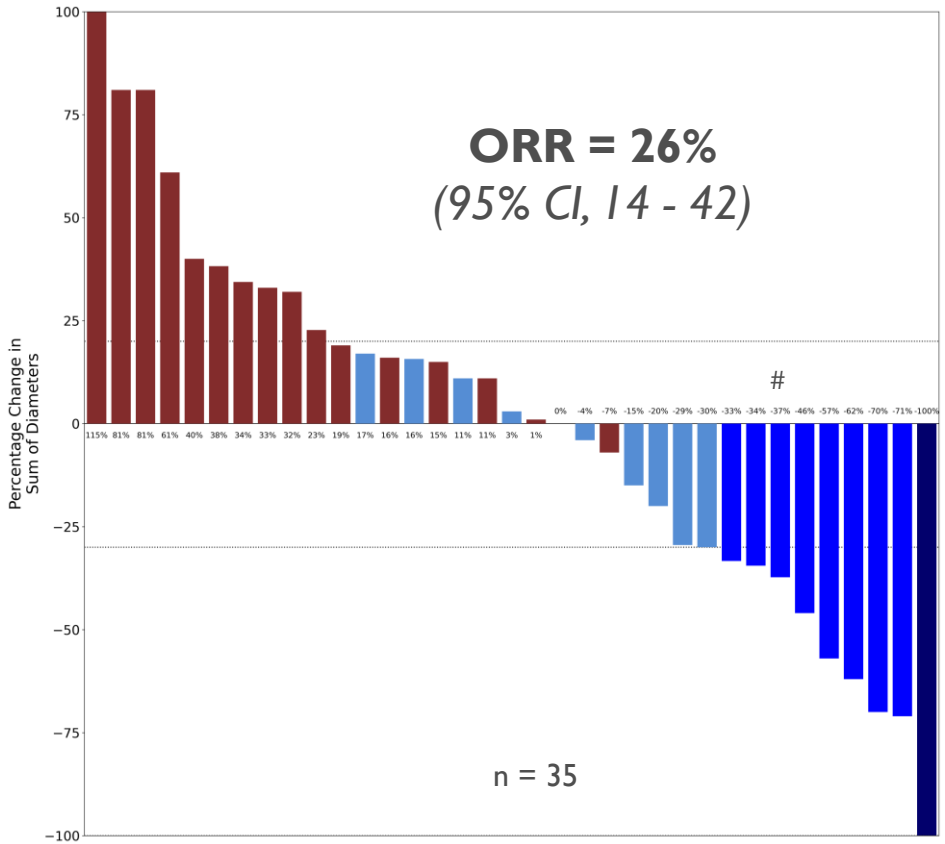
BOR by RECIST 1.1 on study treatment*

CR
PR
SD
PD

Arm 1 (BM+)
ACR-368



ARM 2 (BM-)
ACR-368 + ULDG



* Best of BICR and/or PI
\# Unconfirmed PR

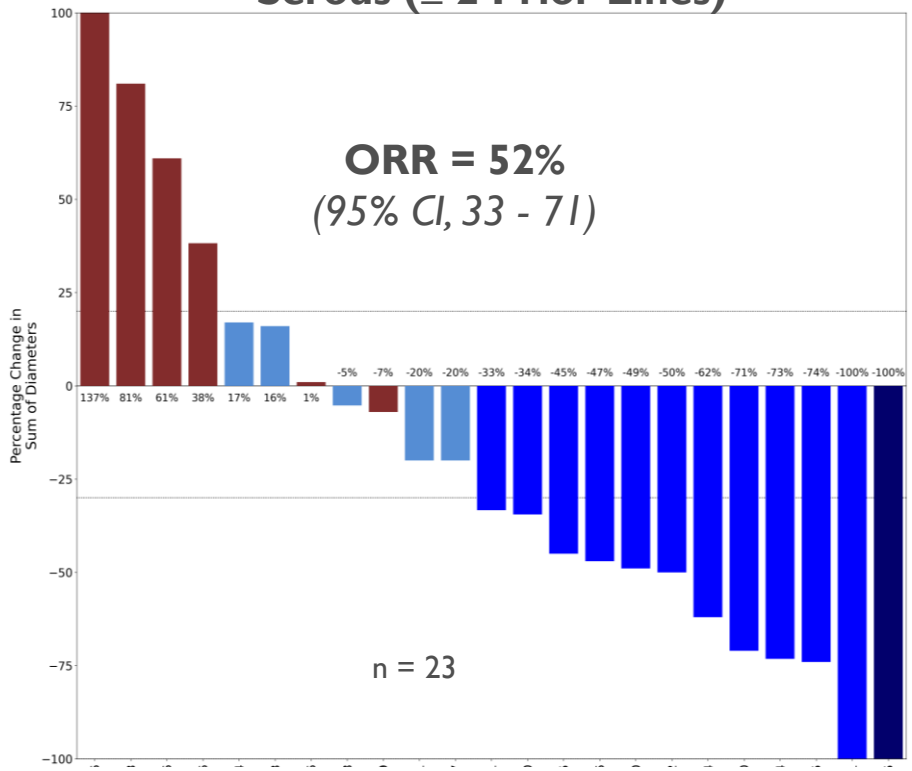
Non QC'ed data based on EDC data extract as of 12/04/2025

Significant ORR in Serous All-Comer Population with ≤ 2 Prior Lines of Therapy

BOR by RECIST 1.1 on study treatment*

CR
PR
SD
PD

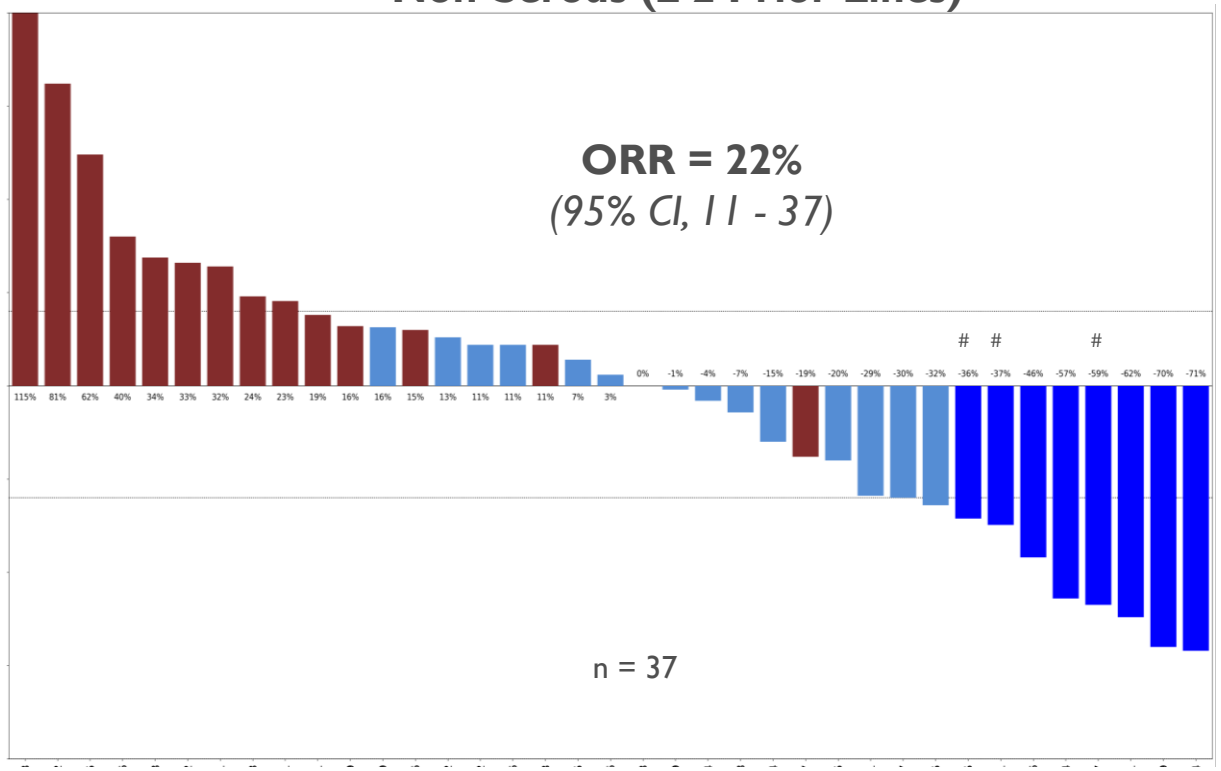
Serous (≤ 2 Prior Lines)



ORR = 52%
(95% CI, 33 - 71)

n = 23

Non-Serous (≤ 2 Prior Lines)



ORR = 22%
(95% CI, 11 - 37)

n = 37

DCR: 74%, CBR (16 weeks): 65%

* Best of BICR and/or PI
\# Unconfirmed PR

Non QC'ed data based on EDC data extract as of 12/04/2025

Favorable Safety Profile

- Limited, transient, mechanism-based hematological AEs
- **Notable Absence of**
  - GI toxicities, ILDs, stomatitis, ocular toxicity, peripheral neuropathy, etc.

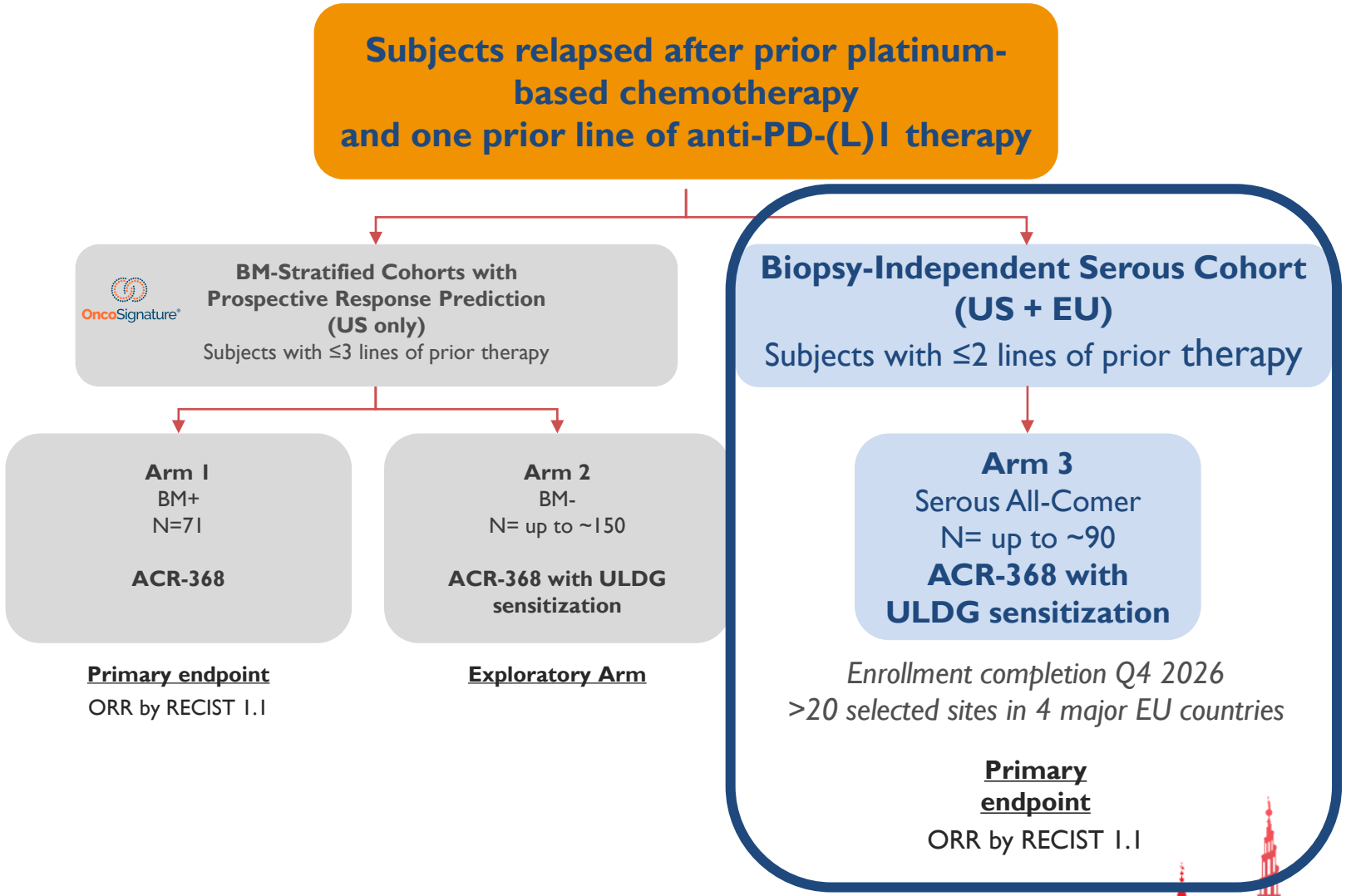
Treatment-Related Adverse Events ***N = number of subjects (%)***	**Arm 1** (ACR-368) **N=40** **Grades 3/4**	**Arm 2** (ACR-368 + ULDG) **N=48** **Grades 3/4**
Thrombocytopenia	9 (22)	17 (34)
Anemia	11 (27)	22 (46)
Leukopenia	6 (15)	11 (23)
Neutropenia	10 (25)	16 (33)
Febrile neutropenia	2 (5)	4 (8)
Acute kidney injury	2 (5)	0

TRAEs with Grades 3/4 percentages ≥5% for either group are included in this table. No fatal TRAE in either group.
G-CSF is encouraged for ACR-368 monotherapy and mandated for ACR-368 + ULDG

Data-cut of 01/13/2026

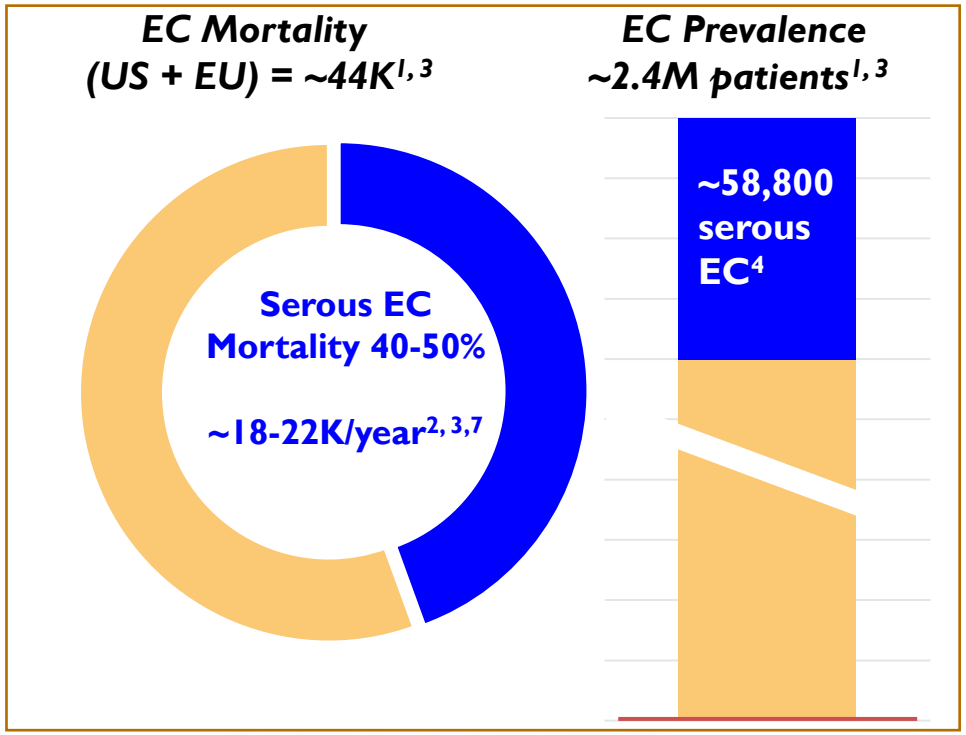
Conclusions

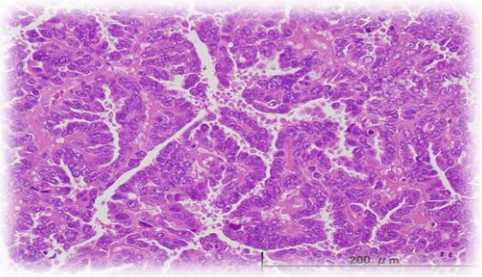
- ACR-368 is active in BM+ EC
- Serous EC shows particularly high ORR in both BM+ and BM- tumors
- ACR-368 has a favorable safety profile
- Arm 3 is evaluating ACR-368 with ULDG in serous EC all-comer (biopsy-independent) population with ≤2 prior LoT
- The study is being expanded to >20 EU sites



LoT: Lines of Therapy

SEROUS ENDOMETRIAL CANCER - A SIGNIFICANT UNMET NEED





Serous EC is characterized by high-grade aplasia and aggressive histological features

Nakayama, K.; Nakayama, N.; Ishikawa, M.; Miyazaki, K. Cancers 2012, 4, 799-807.

Disproportionate Mortality

- *Accounts for ~40% of all endometrial cancer deaths.*[5]

Limited Effective Treatment Options

- *Only moderate benefit from immunotherapy*
- *Chemotherapy responses short-lived. Rapid resistance, early recurrence.*
- *HER2-targeting benefits smaller proportion, no TP53-directed therapies*

Almost all serous patients progress to ≥2nd line of therapy

SOC in ≥2nd line post-IO/platinum ~15% ORR and ~3.4 months PFS (single agent chemotherapy)[5, 6]

[1]SEER database
[2]https://pmc.ncbi.nlm.nih.gov/articles/PMC9445918
[3]Concin, C. et al, ESGO–ESTRO–ESP 2025 Guidelines; Lian Y., Luo P. Annals of Global Health (2025).
[4]Based on internal estimates of approximately 2.4% serous in the prevalence pool given survival approximations
[5]Bogani et al, Gynecol Oncol. 2021 July ; 162(1): 226–234. doi:10.1016/j.ygyno.2021.04.029.
[6]Makker et al, NEJM; 2022; 386:437-48
[7]KOL estimates