22 Sep'25

DAY 1

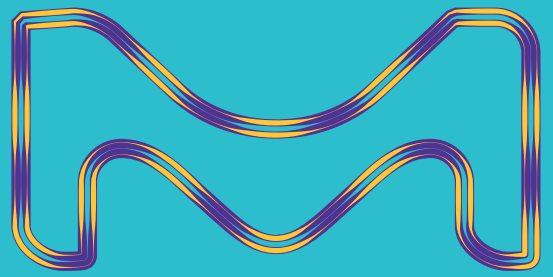
WE ARE UNSTOPPABLE
Striking Cancer at its core

Go Beyond 2025

5 mins	Opening and objectives	*Mohamed and Harshveer*
10 mins	**Unstoppable Together: Our Vision and Mission in Oncology**	*Yariv Hefez & Yacia Bennai*
5 mins	Q/A	
10 mins	**Unstoppable Together: Together We Are Making a Difference**	*Ramsey Morad*
5 mins	Q/A	
10 mins	**Unstoppable Together: Medical Oncology Pipeline**	*Harshveer*
10 mins	**Pimicotinib: Transforming SoC in TGCT**	*Emilie and Louise*
5 mins	Q/A	*All*
10 mins	**Coffee break**	
15 mins	**Strategy and Performance: Tepmetko in NSCLC**	*Gulin, Marie-Noelle, Mohamed and Niklas*
20 mins	**Panel discussion:** • VISION-3YRs and resources • How to raise bar in execution?	*Moderators: Mohamed and Harshveer Panel: Lucile, Barbara, Gulin, Marie-Noelle.* ***Gulf and KSA***
10 mins	Q/A	
5 mins	**Best practice:** Optimizing patient outcomes with Tepmetko	*Moderator: Harshveer* *Presenter: US team (Video)*
10 mins	Q/A	*Gulin and Marie-Noelle*
5 mins	Day 1 wrap up and Close	*Mohamed and Harshveer*

NSCLC

MERCK ONCOLOGY PIPELINE: THE CURIOSITY TO TRANSFORM CANCER CARE



GL-MULOP-00101 | August 2025

MERCK

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1 Intended use: internal and external/reactive

- The content of this document is for internal training by Medical and reactive use by Medical
- This document must not be used by Commercial
- Local MLR approval must be sought as per local process
- This document may not be used to solicit off-label requests

2 Disclaimer

- All products are investigational drugs and have not been proven to be safe and effective. There is no guarantee that any product will be approved in the sought-after indication and/or that any study trial will continue
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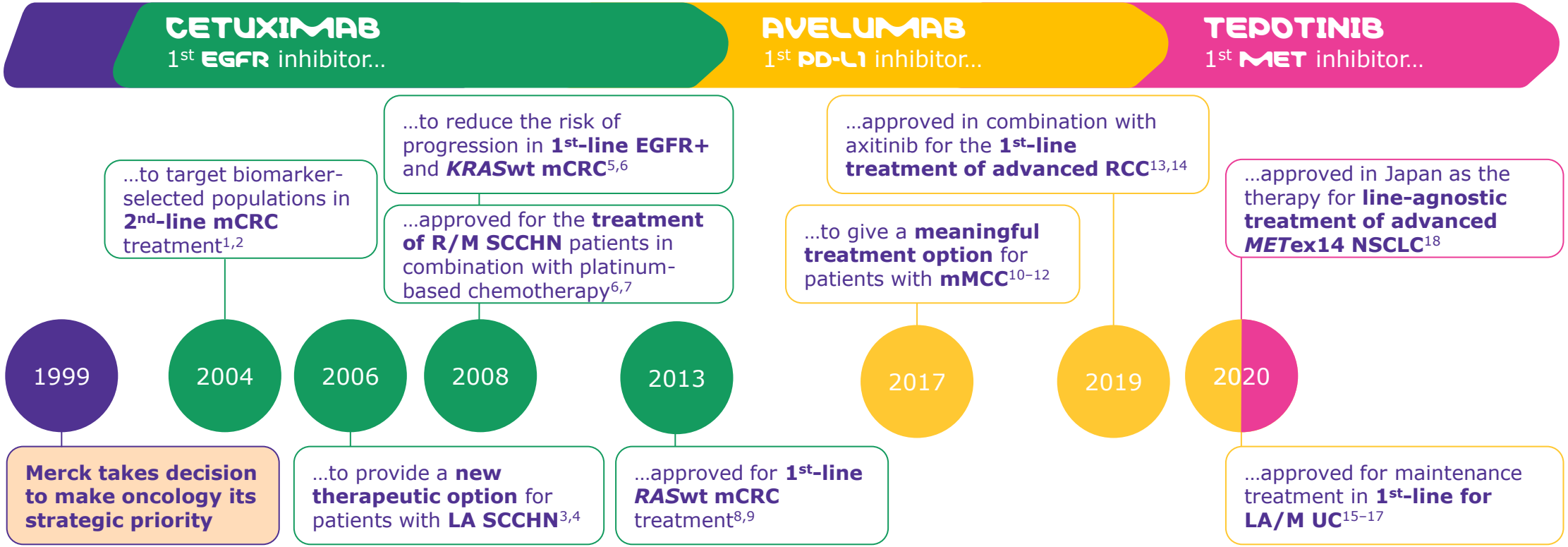
25 years of commitment to helping patients with cancer: A history of delivering innovative approaches to cancer care



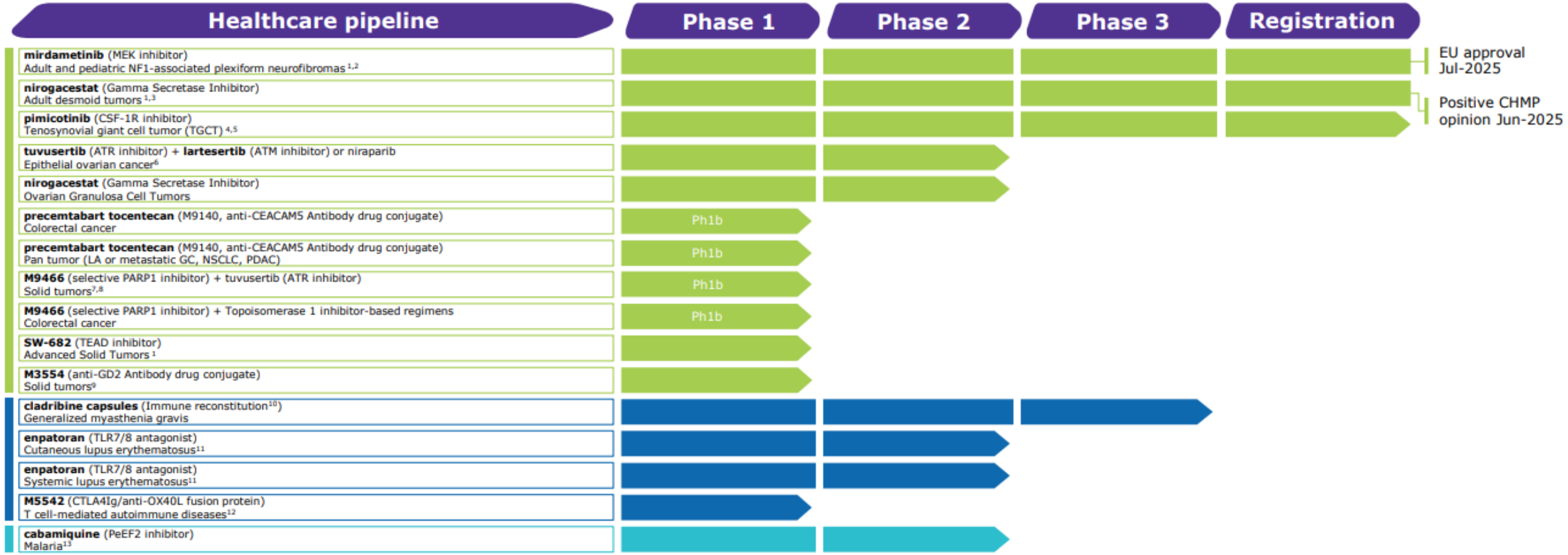
Merck: Has demonstrated **consistent commitment** to patients living with cancer by **investing in an active oncology** development pipeline, aiming to bring **new therapies** and **synergistic combinations** to those who need them[19]

EGFR, epidermal growth factor receptor; KRASwt, Kirsten rat sarcoma viral oncogene wild type; LA, locally advanced; M, metastatic; mCRC, metastatic colorectal cancer; MET, mesenchymal-epithelial transition factor; METex14, MET exon 14; mMCC, metastatic merkel cell carcinoma; NSCLC, non-small cell lung cancer; PD-L1, programmed death-ligand 1; RASwt, rat sarcoma virus wild type; RCC, renal cell carcinoma; R/M, recurrent or metastatic; SCCHN, squamous cell carcinoma of head and neck; UC, urothelial carcinoma.

1. Cunningham D, et al. N Engl J Med. 2004;351:337–345; 2. Erbitux® (cetuximab). Summary of product characteristics, 2004 (current version, 2025); 3. Bonner JA, et al. N Engl J Med. 2006;354:567–578; 4. Erbitux® (cetuximab). Summary of product characteristics, 2006 (current version, 2025); 5. Van Cutsem E, et al. N Engl J Med. 2009;360:1408–1417; 6. Erbitux® (cetuximab). Summary of product characteristics, 2008 (current version, 2025); 7. Vermorken JB, et al. N Engl J Med. 2008;359:1116–1127; 8. European Medicines Agency. Available at: https://www.ema.europa.eu/en/documents/variation-report/erbitux-h-c-558-ii-0062-epar-assessment-report-variation_en.pdf. Accessed August 2025; 9. Erbitux® (cetuximab). Summary of product characteristics, 2013 (current version, 2025); 10. Kaufman HL, et al. Lancet Oncol. 2016;17:1374–1385; 11. Bavencio® (avelumab). Summary of product characteristics, 2017 (current version, 2025); 12. D'Angelo SP, et al. JAMA Oncol. 2018;4:e180077; 13. Merck. Available at: https://www.merckgroup.com/en/news/bavencio-rcc-ec-approval-28-10-2019.html. Accessed August 2025; 14. Bavencio® (avelumab). Summary of product characteristics, 2019 (current version, 2025); 15. Merck. Available at: https://www.merckgroup.com/press-releases/2020/jan/en/Bavencio-Bladder-100-Press-Release-EN.pdf. Accessed August 2025; 16. Bavencio® (avelumab). Summary of product characteristics, 2020 (current version, 2025); 17. Grivas P, et al. Cancer Treat Rev. 2021;97:102187; 18. Merck. Available at: https://www.merckgroup.com/en/news/tepotinib-25-03-2020.html. Accessed August 2025; 19. Merck. Available at: https://www.merckgroup.com/en/research/healthcare-pipeline.html. Accessed August 2025.

Merck pipeline

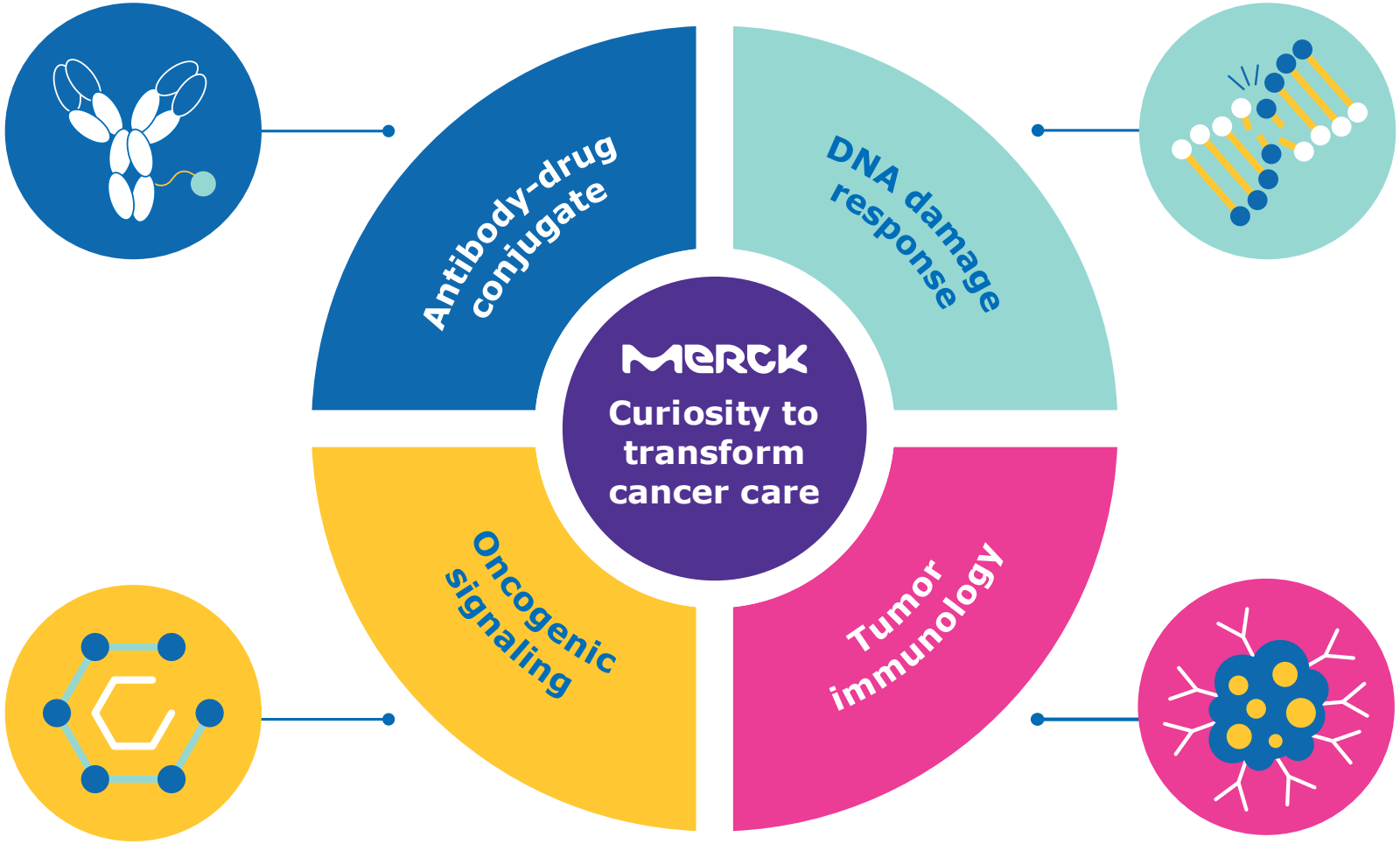
August 07, 2025



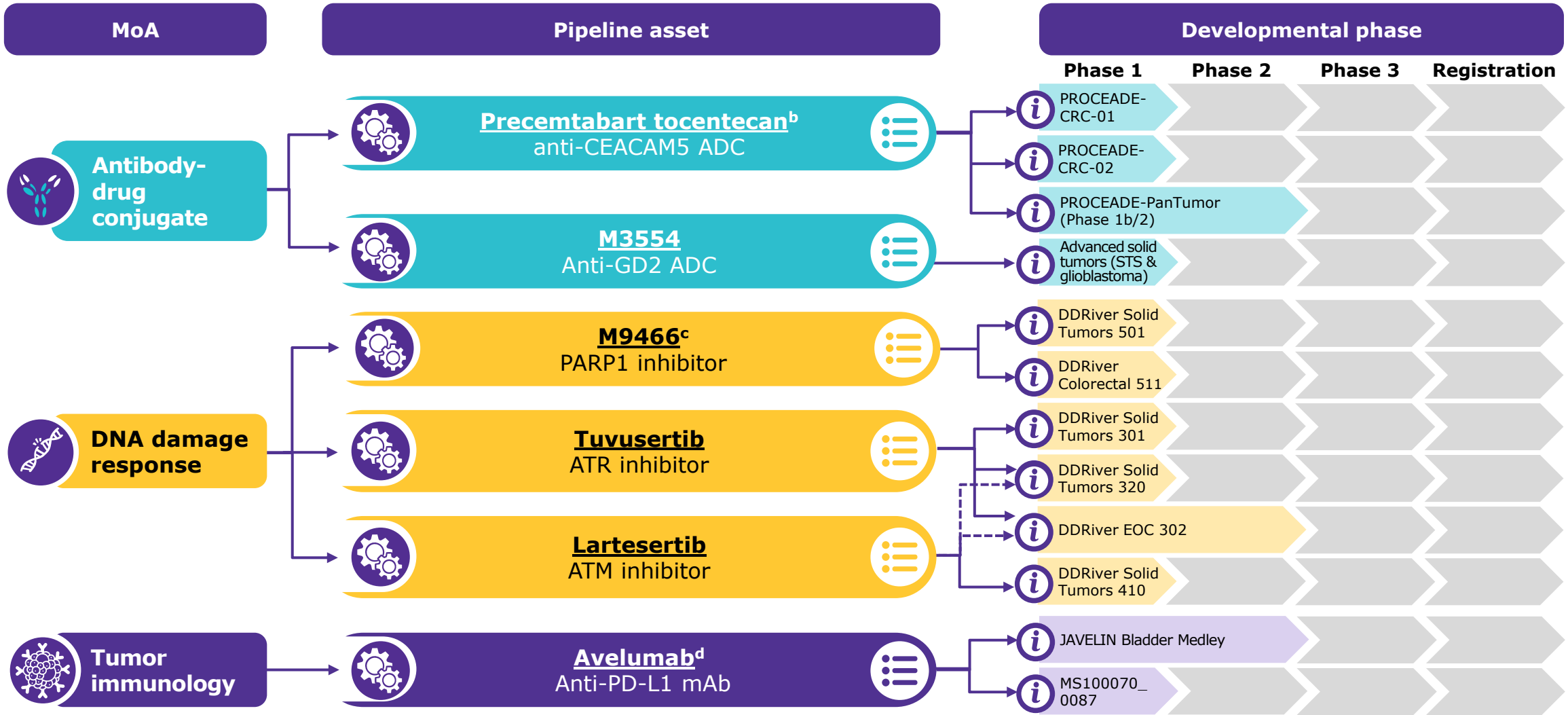
Ph1a: phase 1a, dose finding; Ph1b: phase 1b, dose escalation/expansion and signal seeking; LA: Locally advanced GC: Gastric Cancer; NSCLC: Non small–cell lung cancer; PDAC: Pancreatic ductal adenocarcinoma

[1] On 01 July 2025, Merck has closed the acquisition of SpringWorks Therapeutics, Inc., Stamford, Connecticut, USA. [2] On 18 July 2025, European Commission has approved mirdametinib for the treatment of patients with NF1-associated plexiform neurofibromas (NF1-PN). [3] On 19 June 2025, the CHMP adopted a positive opinion, recommending the granting of a marketing authorization for the medicinal product with the active substance nirogacestat, intended for the treatment of adults with progressing desmoid tumors. [4] Merck entered a license agreement with Abbisko Therapeutics Co. Ltd, Shanghai, China, holding worldwide commercialization rights for pimicotinib. [5] On 25 June 2025, the Center for Drug Evaluation (CDE) of the China National Medical Products Administration (NMPA) officially accepted the application for marketing authorization of pimicotinib as a Class 1 innovative drug for adult patients with TGCT requiring systemic treatment. [6] Includes studies (phase I/II) in collaboration with/ sponsored by external partners, e.g. US National Cancer Institute (NCI). [7] As a single agent and in combination with tuvusertib (ATRi); study includes patients with castration-resistant prostate cancer (CRPC) and epithelial ovarian cancer (EOC). [8] Merck entered a collaboration with Jiangsu Hengrui Pharmaceuticals Co. Ltd., China, including an exclusive license worldwide (ex-China) to develop, manufacture and commercialize M9466/HRS-1167. [9] Patients with soft tissue sarcoma (STS) and glioblastoma. [10] Putative mechanism. [11] Totality of data (CLE, SLE) and safety profile support further development. [12] Study in healthy volunteers. [13] In combination with pyronaridine in two studies, either in participants with acute uncomplicated malaria, or as chemoprevention in participants with asymptomatic malaria infection.

Our oncology pipeline: The core pillars of development

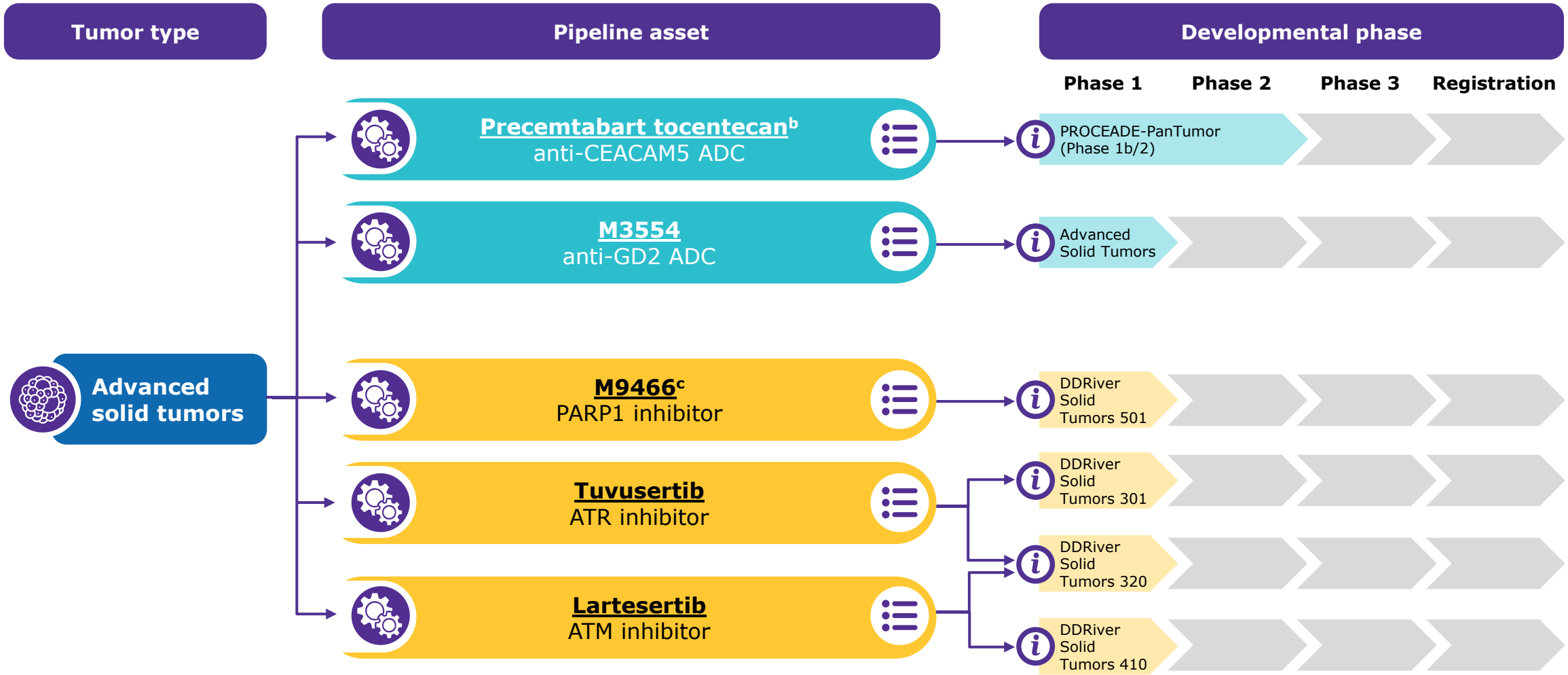


Pipeline Pverview
By Mechanism of Action (MoA)



[a]Merck sponsored studies. [b]Previously known as M9140. [c]The healthcare business of Merck KGaA, Darmstadt, Germany obtained exclusive rights from Hengrui Pharma to develop, manufacture and commercialize the PARP1 inhibitor M9466 (also known as HRS-1167) outside China. [d]Note: Avelumab is removed from the Merck Healthcare Pipeline as of August 2025.
Pipeline compounds are being investigated for the treatment of various diseases. Efficacy and safety of these compounds are still under investigation in various indications. Regulatory approval is dependent on the completion of the study programs and review by local regulatory authorities and varies from country to country. Clinical trial information is available at ClinicalTrials.gov.

Pipeline Overview (contd.)
By Tumor Type (1/2)



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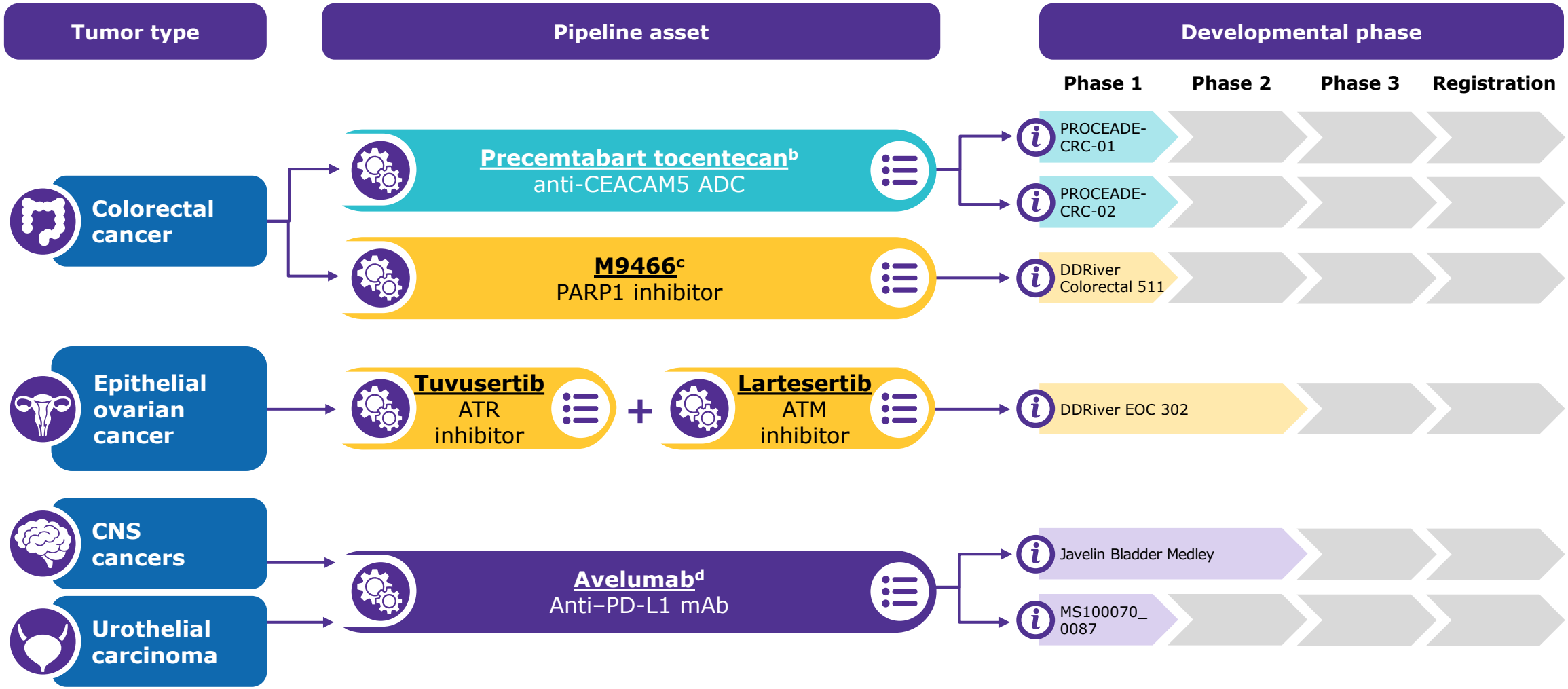
Pipeline Overview (contd.) By Tumor Type (2/2)



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04 IGNITION

Science Updated

Unstoppable Together: Pimicotinib: Transforming SoC in TGCT

Emilie & Louise

TGCT is a rare, soft-tissue tumor that can have significant impact on patients' lives[1–3]

"The entire trajectory of my life and my mind has been altered."

"The mental burden is immense and weighs on my mind 24–7, I am reminded every second of every day."

"There are so many barriers to this diagnosis that I don't think you could ever prepare yourself for mentally or financially."

"I felt alone with a mystery disease no one wanted to talk about, and I was told surgery was the only option."

"I told my oncologist that I'm scared of all these side effects, especially the visual side effects. I'm a mother, and I can't look like a monster."

"I felt alone with a mystery disease no one wanted to talk about, and I was told surgery was the only option."

"TGCT is in the gray area of everything. We don't qualify for cancer benefits. We don't qualify for disability benefits. It's often equated to osteoarthritis. This limits all potential support systems."

"My doctor told me at least it's not cancer."

"The doctor scared me away from actually even looking into any other treatments that were available."

"I just don't know about this. I feel like I'm going to poison myself."

"I just want to walk and feel better."

"I feel very defeated and isolated by the lack of support, and I don't receive accommodation at work."

Pimicotinib launch represents an opportunity to transform care in TGCT

Pimicotinib elevates the SoC in TGCT by empowering more patients to take control and providing them the freedom to thrive

BRAND VISION

FOR	Those striving to elevate TGCT patient outcomes to new heights
PIMICOTINIB IS	The treatment of choice
THAT	Provides more control of tumor and symptoms, advancing treatment to eliminate debilitating burden of disease
BECAUSE	Of best-in-class ORR by RECIST, meaningful improvements in PROs, favorable tolerability and convenient dosing
SO	More patients are empowered to take control of their TGCT and have freedom to thrive

POSITIONING STATEMENT

STRATEGIC IMPERATIVES

SI 1: DARE	SI 2: SHAPE	SI 3: ESTABLISH	SI 4: POSTION
Adopt a winning mindset in everything we do	**Drive awareness of TGCT and systemic treatments and shape the diagnostic pathway**	**Establish pimicotinib as the treatment solution of choice among HCPs, Patients and Payors**	**Position pimicotinib as integral part of the continuum of care for TGCT**

References, footnotes, and abbreviations in the notes section.

Strategies for pimicotinib launch will positively influence key levers in the patient journey

Strategies for Successful Pimicotinib Launch

Drive TGCT Awareness & Disease Understanding (1)	Educate on Pimicotinib Differentiation (1, 2)	Enhance the Stakeholder Experience (1, 2, 3)
EXAMPLE STRATEGIES		
Unbranded educational programs targeting key TGCT treaters and referring physicians (e.g., education on TGCT, specific unmet needs, value of systemic therapy vs surgery)	**HCP and patient education on pimicotinib's robust clinical profile** (e.g., high ORR by RECIST, PROs, no liver injuries)	**Create innovative patient / caregiver support services*** that deliver a **smooth experience** with pimicotinib (e.g., affordability support, digital health, patient ambassadors)
Differentiated patient/caregiver engagement and education (e.g., co-publication with PAGs, caregiver spotlights, fertility education) to empower patients to recognize the value of systemic therapy	**Educate payors on pimicotinib differentiation and value** to support access similar to other TGCT players	**Ensure a positive initial prescribing experience for HCPs** through deployment of resources (e.g., AE management tools, information about PSPs, step-by-step onboarding material)
Build clinician network and COE alliances to support fast referral, best-practice sharing, and thought leadership	**Maximize share of voice with scientific engagement and data communications** to demonstrate pimicotinib's differentiated value and amplify Merckthought leadership	**Support long-term adherence through education** (e.g., mental health services, physiotherapy, access, HCP and payor education on duration of therapy and related cost-effectiveness)

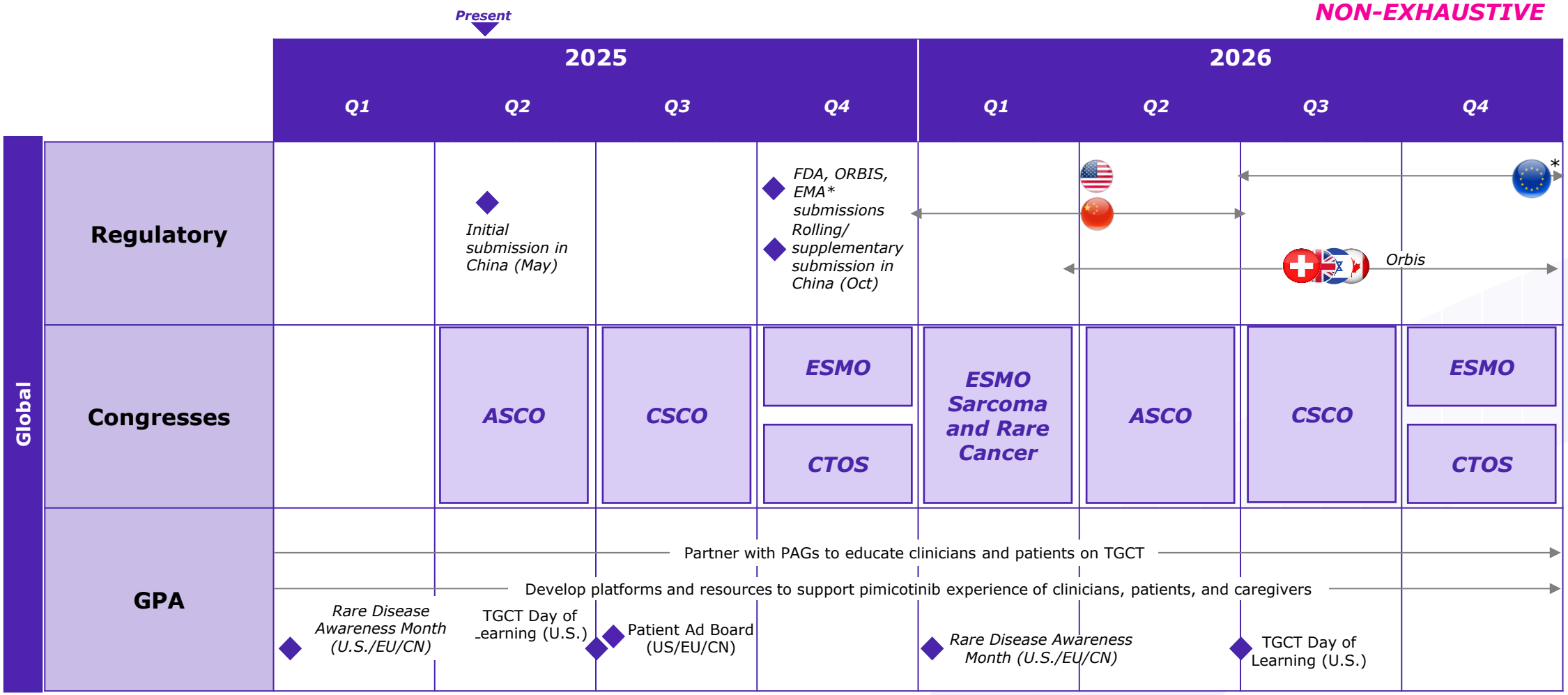
Successful pimicotinib launch relies on building and executing on a global rare disease go-to-market model

**Patient Support Program strategy and tactics are non-promotional, intended to assist with patient access and are not a sales and marketing program*

References, footnotes, and abbreviations in the notes section.

Leverage Points: 1 Referral 2 Treatment Choice 3 Patient Experience

Launch preparation is underway with multiple cross-functional and cross-regional milestones upcoming



References, footnotes, and abbreviations in the notes section.

Key Activities & Materials

- ESMO Mini-Oral Presentation Slides NEW
- Plain Language Summary of Mini-Oral NEW
- Mechanism of Disease Video
- Mechanism of Action Video NEW
- Medical Scientific Narrative NEW
- Core MSL Medical Slide Decks (Pimicotinib; Patient Journey & Disease Landscape) updated
- Medical Q&A for MSLs updated
- Medical Training Slide Decks (6 Modules) updated

ESMO

TIGER II, TALON

ESMO Sarcoma

Medical Symposium; Silver Sponsorship; Global Medical Ad Board

strategy & performance

Tepmetko

Brand Vision 2026

Tepmetko is the <u>best-in-class</u>
precision treatment of MET-altered tumours
to prolong survival for patients that have *MET*ex14 skipping NSCLC

2026 Positioning

Tepmetko is…	The best-in-class precision METi monotherapy
That…	Targets tumours and supports complete cancer control for MET-harbouring tumours enabling more patients to live longer and better
Because…	It is highly selective, has robust and lasting efficacy across treatment lines, tolerable safety profile, once-step dose reduction, multiple diagnostic options (LBx & TBx) **for patients with *MET*ex14 skipping NSCLC**

2026 Strategic Imperatives

SI 1: WIN	SI 2: IMPROVE	SI 3: GROW
Best in class positioning *[Work with what we have already]*	**Treatment management & patient journey** *[Improve what we have]*	**Evidence & access** *[Expand beyond what we have]*

TEPMETKO® tepotinib

2026 Strategic Imperatives (SIs)

C = Commercial
M = Medical
G = GVAP

SI 1: WIN

Best in class positioning

[Work with what we have already]

Objectives	C	M	G
Increase awareness of Tepmetko & latest efficacy data (VISION ≥3-yr follow-up May'24 DCO)	✓	✓	✓
Disseminate evidence to enhance our positioning (RWE & RW positive experience)	✓	✓	✓
Drive KOL advocacy & ambassadorship	✓	✓	✓
Differentiate vs METi (time dependent endpoints)	✓	✓	✓
Differentiate vs IO (incl. chemo combination) by competitive edge*	✓	✓	✓

SI 2: IMPROVE

Treatment management & patient journey

[Improve what we have]

Objectives	C	M	G
Increase awareness of *MET*ex14	✓	✓	✓
Drive increased & earlier testing	✓	✓	✓
Strengthen treatment sequencing & 1L positioning (ex-EU)	✓	✓	✓
Deliver AE management & compliance strategies to achieve longer DoT	✓	✓	✓

SI 3: GROW

Evidence & access

[Expand beyond what we have]

Objectives	C	M	G
Support label with additional evidence generation & dissemination (incl. sub-groups, adjacent populations, RWE)	✓	✓	✓
Boost market expansion opportunities	✓	✓	✓
Secure & protect pricing	✓	✓	✓
Sustain growth & contribute to making Merck a principal player in Oncology	✓	✓	✓

KPIs

- ✓ *Increase in brand share*
- ✓ *Data dissemination plans*

- ✓ *Increase in testing rate*
- ✓ *Increase in class share*
- ✓ *Longer DoT*

- ✓ *New markets & relative time to access*
- ✓ *Target price realisation & GPP compliance*
- ✓ *New data generation*

NB: The order of objectives does not reflect their priority

**While IOs are not MET TKIs, they remain a relevant treatment option and should be clearly differentiated against in terms of competitive positioning*

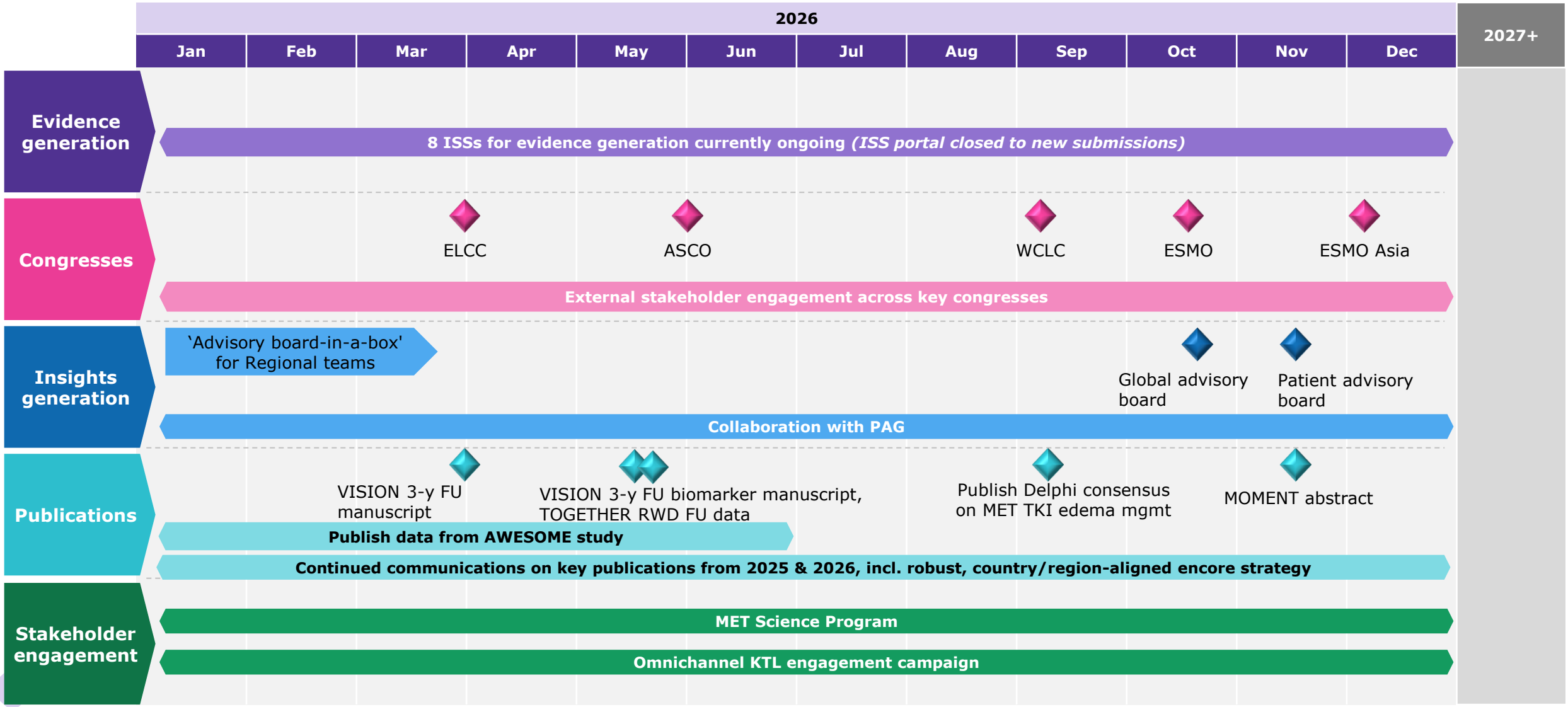
TEPMETKO® tepotinib

Commercial, Medical and GVAP Priorities

	SI 1: WIN **Best in class positioning** *[Work with what we have already]*	SI 2: IMPROVE **Treatment management & patient journey** *[Improve what we have]*	SI 3: GROW **Evidence & access** *[Expand beyond what we have]*
Commercial	Differentiate vs METi and CT+/-IO, leveraging VISION LT & RWE	Increase awareness of *MET*ex14 and drive earlier testing	Boost market expansion opportunities
GVAP	Strengthen the comparative value proposition of TEPMETKO for payer-centric differentiation	Expand access to testing and support treatment sequencing decisions	Boost market expansion opportunities and secure pricing position
Medical	Establish tepotinib as the preferred treatment option in *MET*ex14 skipping NSCLC patients	Improve treatment management to optimise patient outcomes	Strengthen evidence to support tepotinib's label

TEPMETKO® tepotinib

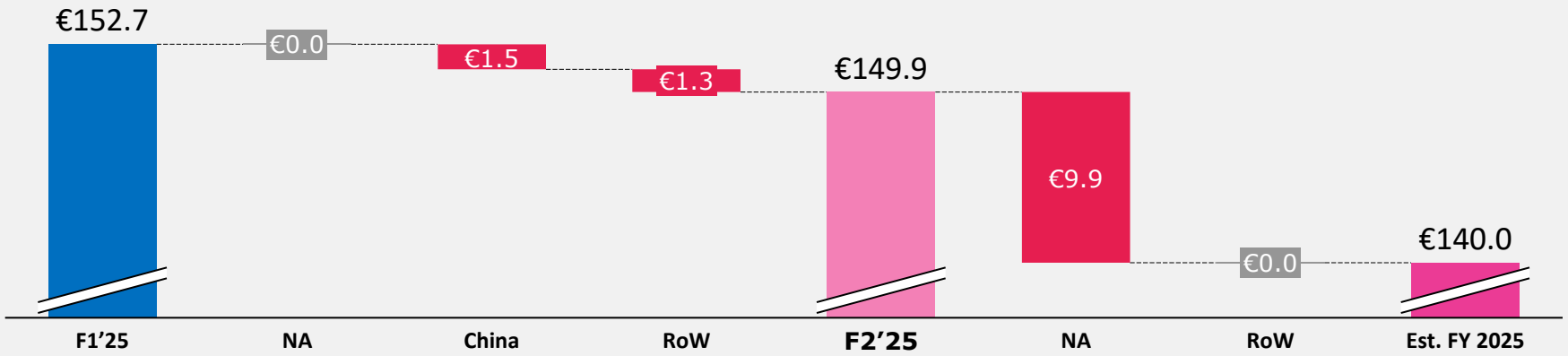
Key medical tactics to achieve our 2026 objectives



TEPMETKO LBE 2025 - Evolution from F1 to LBE by Driver & Region

LBE 25 in line with F2'25; downside vs F2 driven by lower new patient share and higher GtN in the US

Waterfall by Geography

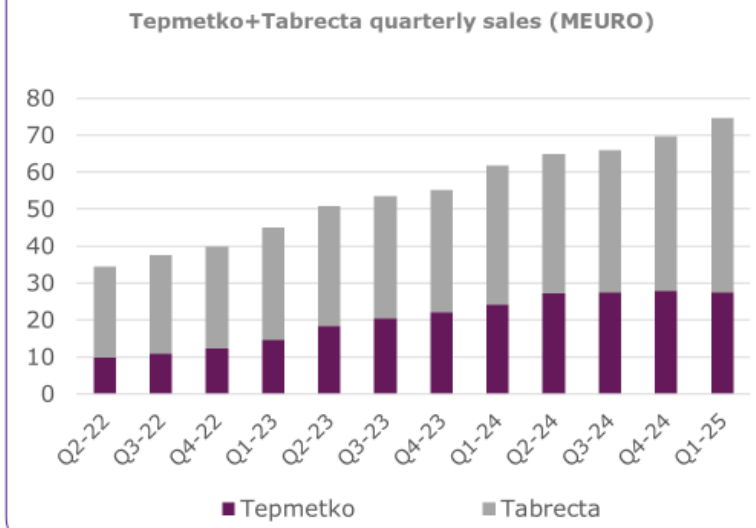


LBE 2025 vs F1 2025	
NA	**RoW**
• Downside vs F2 driven by new patient starts 10% below target and +4% higher GtN due to IRA • Partially offset by lower FoC volume vs F1/F2'25	• -1.5m€ downside in CN vs F1, LBE'25 consistent with F2 • Slight (-0.5m€) downside in IT vs F1, offset by growth in ME • Slight downside in Taiwan, Hong Kong, and Australia (cumulatively -0.8m€) vs F1 • All other markets remain in line with F1/F2. No meaningful changes in assumptions.

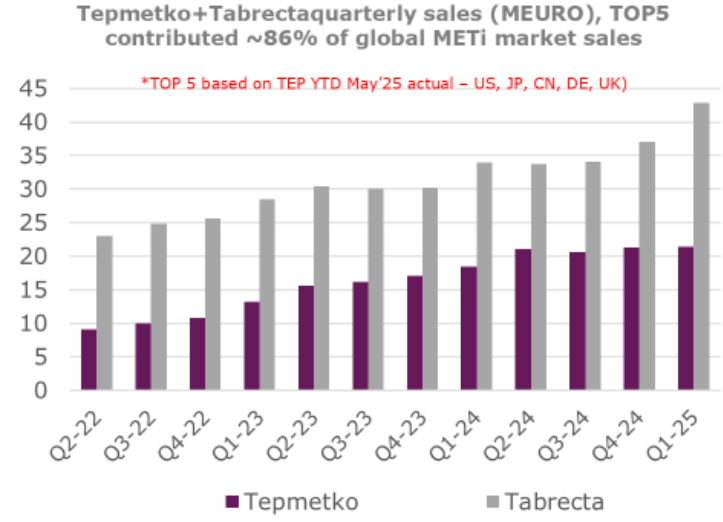
TEPMETKO tepotinib — Tepmetko vs Tabrecta – IQVIA Analytics Link Quarterly Updated to Q1'25

IQVIA Q2'25 data available early of Oct

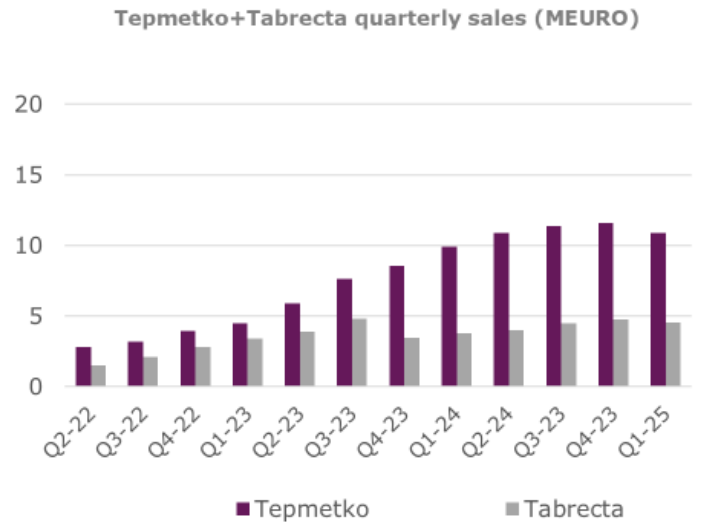
Global METis (Tepmetko+Tabrecta) Sales



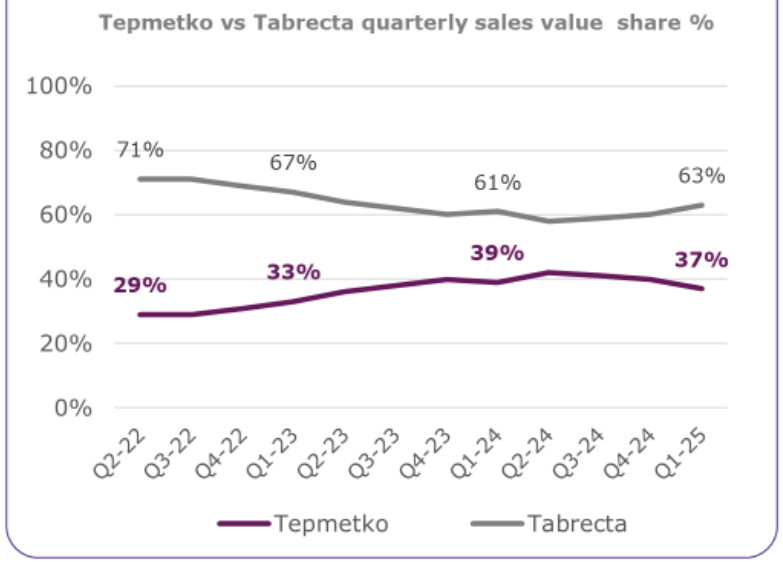
TOP 5* METis (Tepmetko+Tabrecta) Sales



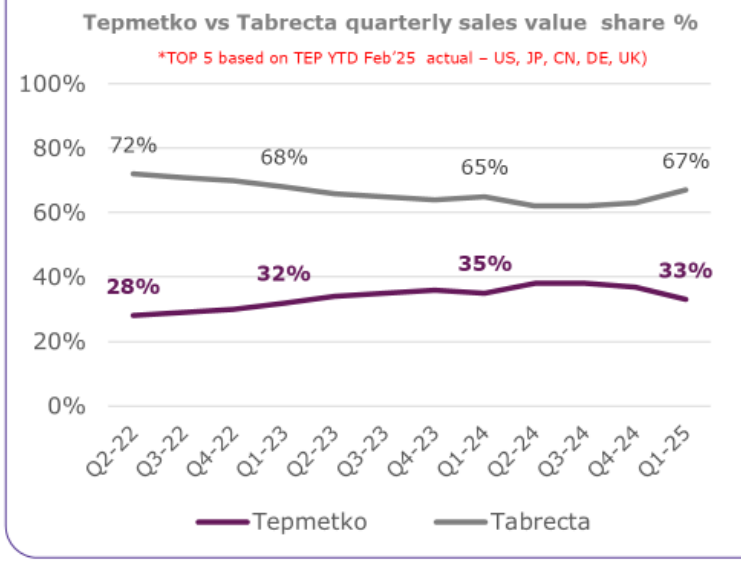
EX-US/JP/CN METis (Tepmetko+Tabrecta) Sales



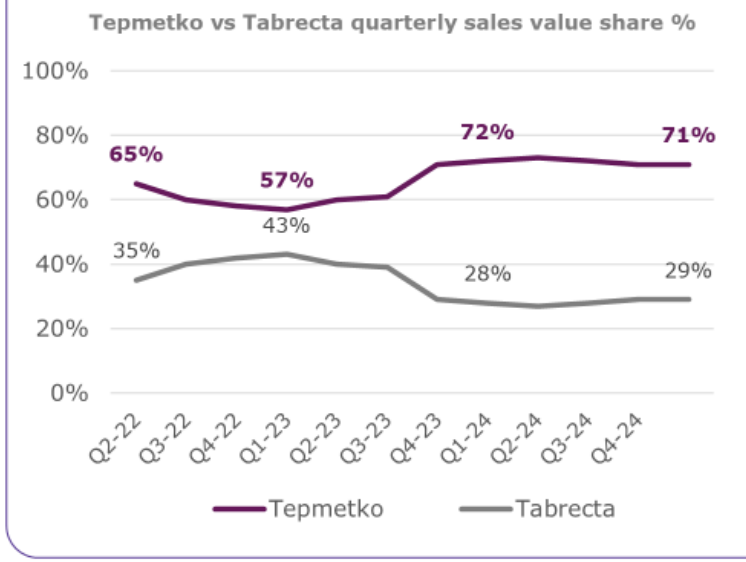
Global METis Market Share Trend



TOP 5* METis Market Share Trend



EX-US/JP/CN METis Market Share Trend



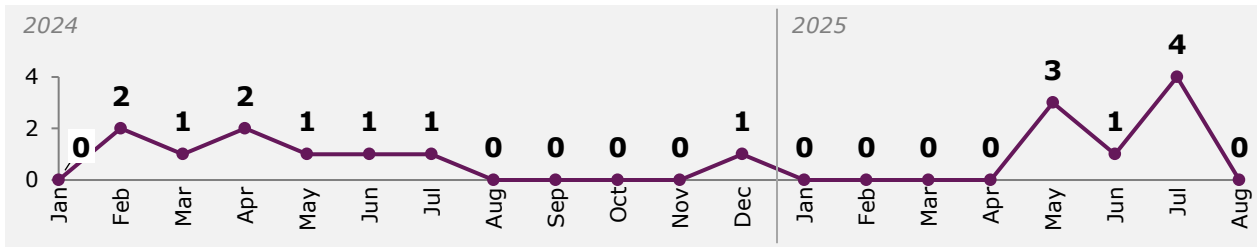
Tepmetko Patient Evolution

We reached 11 active Tepmetko patients in August

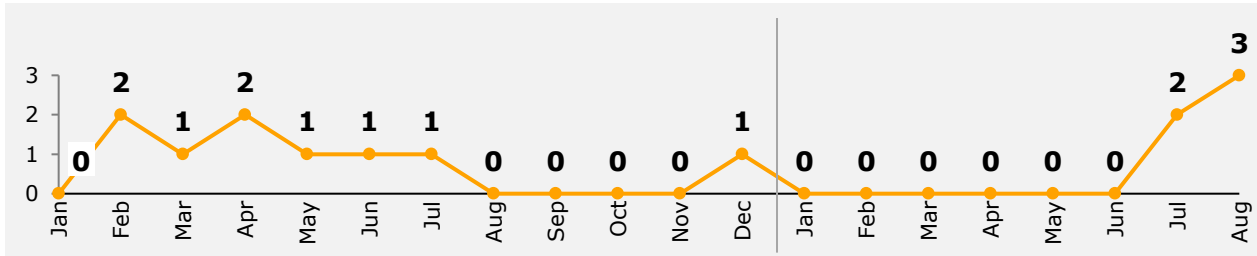
TEPMETKO® tepotinib

Saudi Arabia

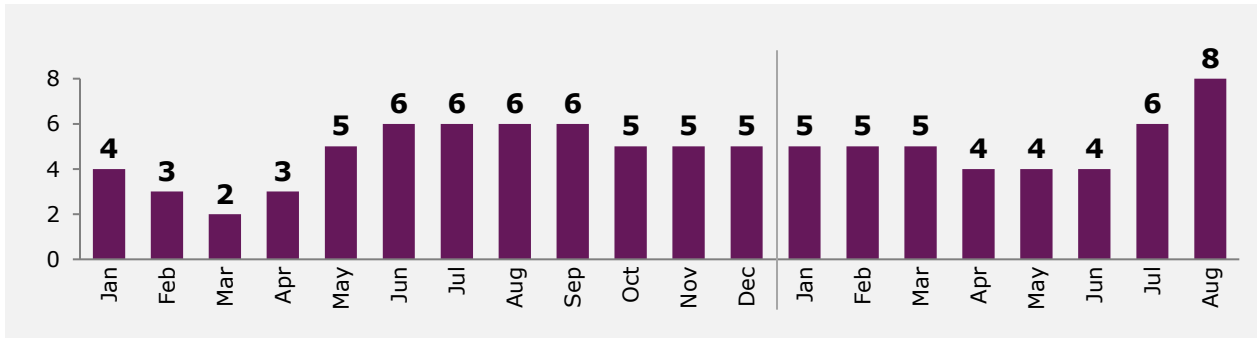
New Patients Identified



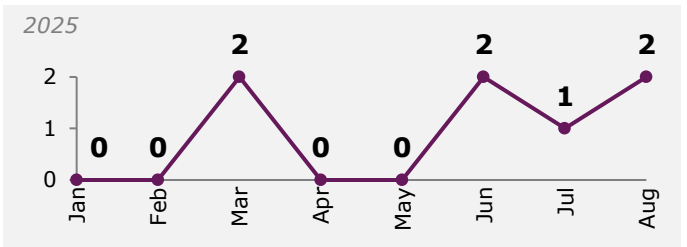
New Patients Recruited

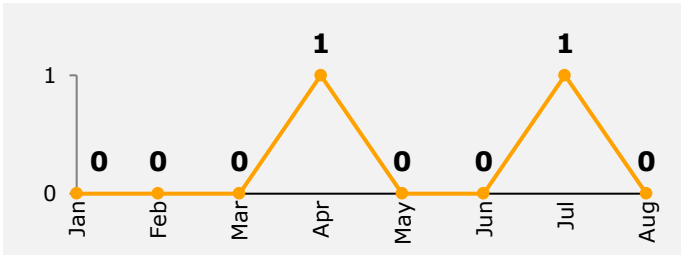


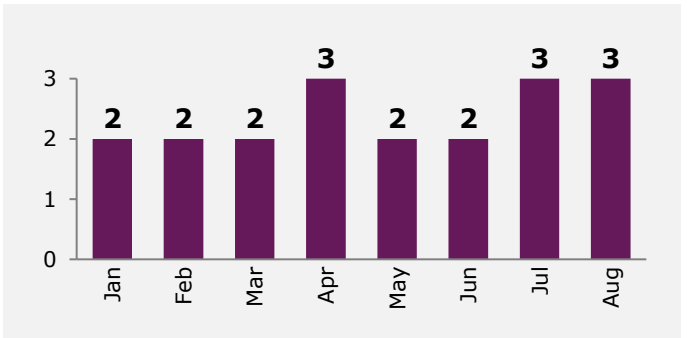
Tepmetko Active Patients



Gulf





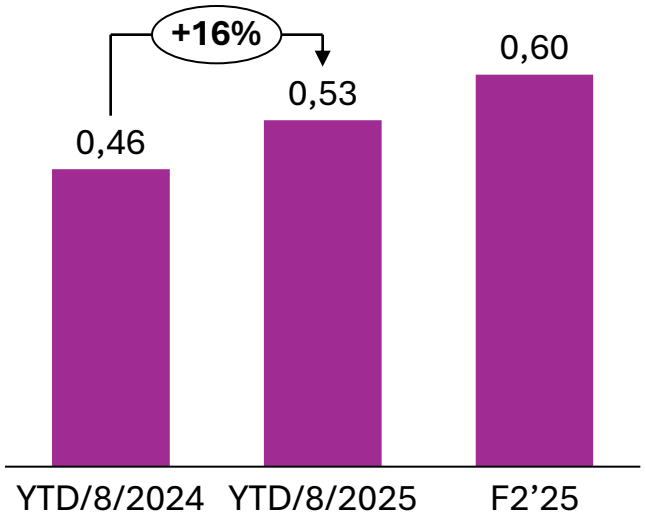


Source: Country Teams

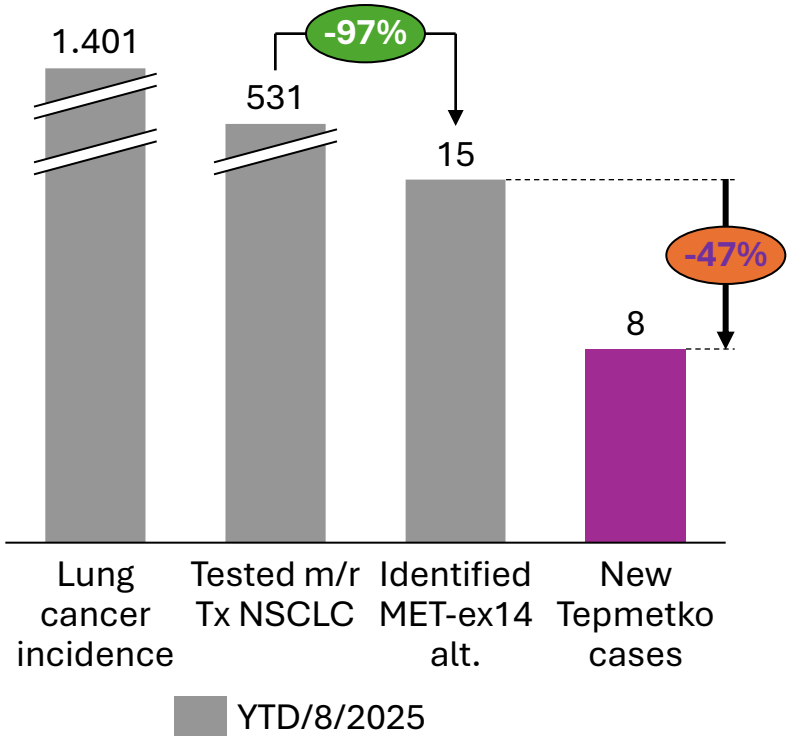
MERCK

Saudi & Gulf have high testing rate, some challenges in conversion and Geo. expansion is our next step.

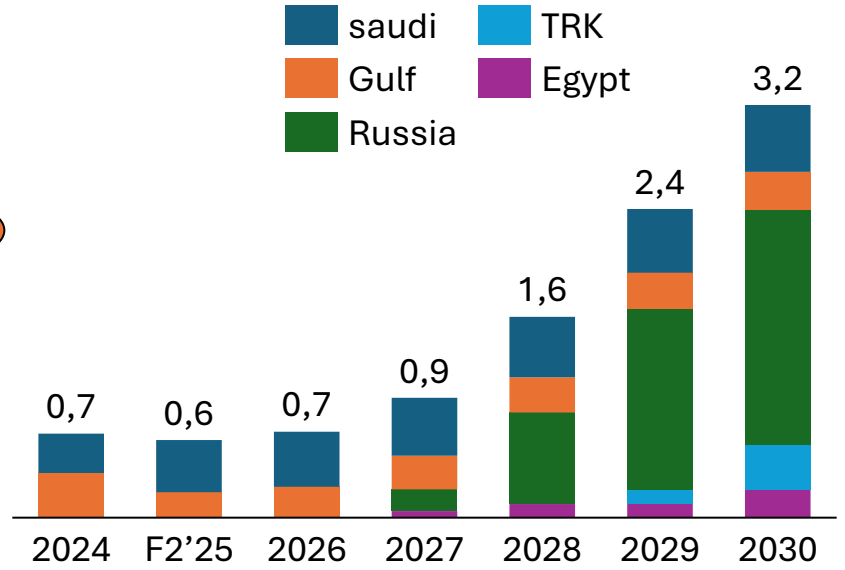
Ex-factory sales MEAR m€



From testing to fulfillment- YTD/8/2025



MEAR forecast m€



VISION 3 YRS

Tepmetko

Tepotinib in patients (pts) with *MET* exon 14 (*MET*ex14) skipping non-small cell lung cancer (NSCLC) from the VISION study: ≥3-year follow-up outcomes

Julien Mazières[1], Remi Veillon[2], Alexis B. Cortot[3], Roberto Ferrara[4], Enriqueta Felip[5], Marina Chiara Garassino[6], Xiuning Le[7], Michael Thomas[8], Hiroshi Sakai[9], Egbert F. Smit[10], Jo Raskin[11], Santiago Viteri[12], James Chih-Hsin Yang[13], Myung-Ju Ahn[14], Yi-Long Wu[15], Jun Zhao[16], Vishal Ghori[17], Rolf Bruns[18], Andreas Johne[19], Paul K. Paik[20]

[1]CHU de Toulouse, Université Paul Sabatier, Toulouse, France; [2]CHU Bordeaux, service des maladies respiratoires, Bordeaux, France; [3]Univ. Lille, CHU Lille, CNRS, Inserm, Institut Pasteur de Lille, UMR9020 – UMR-S 1277 - Canther, F-59000 Lille, France; [4]Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Università Vita-Salute San Raffaele Milano, Milan, Italy; [5]Department of Oncology, Vall d'Hebron Institute of Oncology (VHIO), Barcelona, Spain; [6]Department of Medicine, Section of Hematology/Oncology, Knapp Center for Biomedical Discovery, The University of Chicago, Chicago, IL, USA; [7]Department of Thoracic Head and Neck Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA; [8]Department of Thoracic Oncology, Thoraxklinik and National Center for Tumor Diseases at Heidelberg University Hospital, Heidelberg, Germany; Translational Lung Research Center Heidelberg (TLRC-H), Member of the German Center for Lung Research (DZL); [9]Department of Thoracic Oncology, Ageo Central General Hospital, Saitama, Japan; [10]Department of Pulmonary Diseases, Leiden University Medical Centre, Leiden, The Netherlands; [11]Department of Pulmonology and Thoracic Oncology, Antwerp University Hospital (UZA), Edegem, Belgium; [12]Instituto Oncológico Dr Rosell, Hospital Universitario Dexeus, Grupo Quiron Salud, Barcelona, Spain; [13]Department of Medical Oncology, National Taiwan University Cancer Center, Taipei, Taiwan; [14]Section of Hematology-Oncology, Department of Medicine, Samsung Medical Center Sungkyunkwan University School of Medicine, Seoul, South Korea; [15]Guangdong Lung Cancer Institute, Guangdong Provincial People's Hospital & Guangdong Academy of Medical Sciences, Guangzhou, China; [16]Key Laboratory of Carcinogenesis and Translational Research (Ministry of Education/Beijing), Department of Thoracic Oncology, Peking University Cancer Hospital and Institute, Beijing, China; [17]Ares Trading SA, Eysins, Switzerland, an affiliate of Merck KGaA; [18]Department of Biostatistics, Merck Healthcare KGaA, Darmstadt, Germany; [19]Global Clinical Development, Merck Healthcare KGaA, Darmstadt, Germany; [20]Thoracic Oncology Service, Memorial Sloan-Kettering Cancer Center, New York, NY, USA

Poster 81P. Presented at the European Lung Cancer Congress (ELCC) 2025.
March 26–29, 2025. Paris, France

March 2025; MID-GL-0660

VISION study ≥3-year follow-up data

Results - Efficacy

Table 2. Efficacy outcomes in *MET*ex14 skipping NSCLC

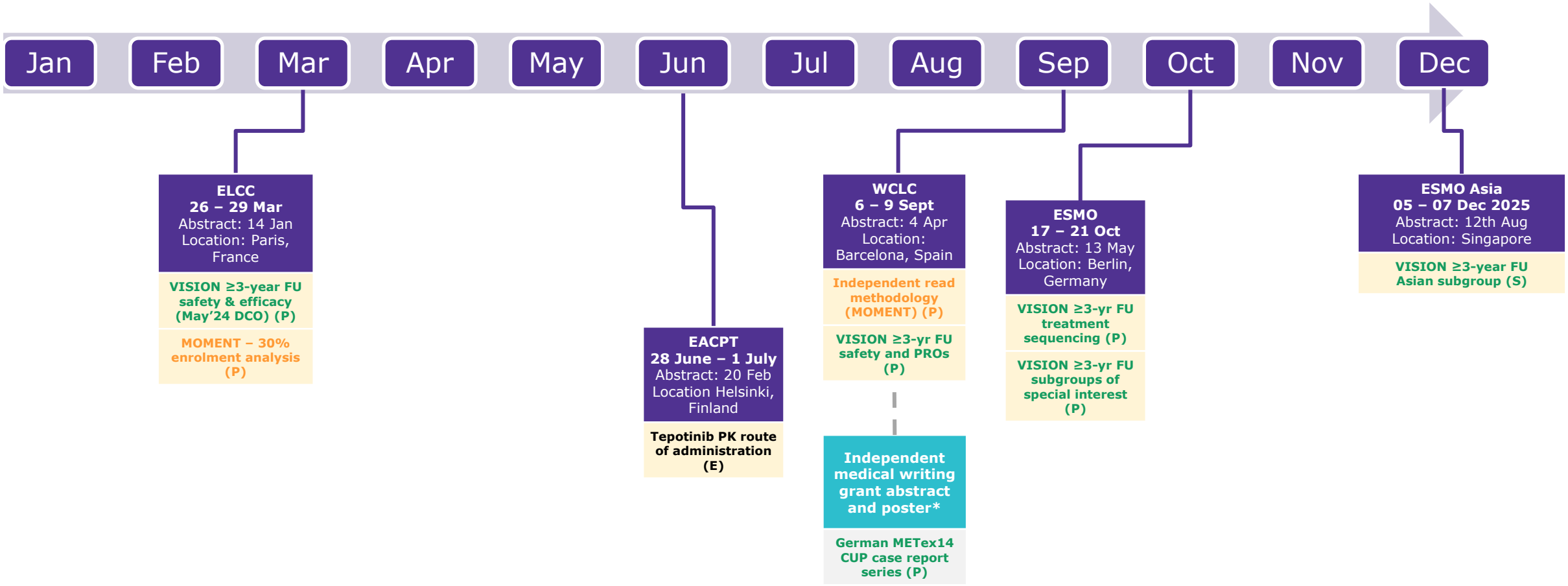
Parameter		Cohorts A+C (N=313)		
		Overall N=313	**Treatment-naïve n=164**	**Previously treated n=149**
ORR, % (95% CI)		51.8 (46.1, 57.4)	57.9 (50.0, 65.6)	45.0 (36.8, 53.3)
DOR	Median (95% CI), months	18.0 (12.6, 31.8)	31.7 (13.8, 46.4)	12.6 (9.5, 18.5)
	Events, n (%)	77 (47.5)	40 (42.1)	37 (55.2)
PFS	Median (95% CI), months	11.2 (9.5, 13.8)	12.6 (9.7, 17.7)	11.0 (8.2, 13.7)
	Events, n (%)	172 (55.0)	88 (53.7)	84 (56.4)
OS	Median (95% CI), months	19.7 (16.2, 22.3)	21.1 (14.2, 24.5)	19.3 (15.6, 21.0)
	Events, n (%)	234 (74.8)	119 (72.6)	115 (77.2)

Tepotinib global congress plan
Dissemination of 3-y FU data at 2025 Global congresses

Proposed abstracts

Confirmed by PT

Green: Clinical
Purple: non-tepotinib
Orange: GVD/Epi/RWE
Black: PK/preclin



E, E-pub only; P, poster; O, oral; R, rejected; S, submitted
*Independent publication developed by authors with writing support funded by an independent medical writing grant from Merck. There was no sponsor input or review in the development of the abstract or poster.

Tepotinib regional congress plan
Local congress plan 2025

All the abstracts have been accepted; however, congress will confirm the mode of presentation (oral/poster) by end of September

APAC
North America
Europe

Proposed abstracts
Confirmed by PT

Green: Clinical
Orange: GEVD/Epi/RWE
Black: PK/preclin

Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec

ALCC
19 – 21 Feb 2025
Abstract: 21 Aug 2024
Location: Adelaide, Australia

VISION HRQoL according to met sites (Nov'22 DCO) (P)

JRS
11 – 13 Apr 2025
Abstract: 19 Sep 2024
Location: Tokyo, Japan

Tepo ILD adjudication committee final analysis (O)

AMCP
April 1 – 4, 2025
Abstract: 31 Oct 2024
Location: Houston, TX, USA

Biologics study – full cohort (P)

Biologics study – dose reductions (P)

HOPA
April 9 – 12, 2025
Encore posters
Location: Portland, OR, USA

Biologics study – full cohort (encore) (P)

Biologics study – dose reductions (encore) (P)

ASCOMOS
26 – 28 Sep 2025
Abstract: 01 Jun
Location: Johor Bahru, Malaysia

VISION ≥3-year FU (ELCC 2025 encore) (P)

SSO
3 – 4 Oct 2025
Abstract: 31 July
Location: Singapore

VISION ≥3-year FU (May'24 DCO, ELCC 2025 encore) (O)

AACR-NCI-EORRTC
22 – 26 Oct 2025
Abstract: 21 July
Location: Boston, US

VISION ≥3-year FU outcomes (ELCC 2025 encore) (P)

VISION safety & PROs (WCLC 2025 encore) (P)

VISION ≥3-year FU tx sequencing (ESMO 2025 encore) (P)

ISO-ISMPOCON
31 Oct – 02 Nov 2025
Abstract: 31 Jul
Location: Jaipur, India

VISION ≥3-year FU outcomes (ELCC 2025 encore)

MOMENT 30% enrollment analysis (ELCC 2025 encore)

VISION safety & PROs (WCLC 2025 encore)

VISION ≥3-year FU tx sequencing (ESMO 2025 encore)

VISION ≥3-year FU subgroup analysis (ESMO 2025 encore)

SEOM
11 – 14 Nov 2025
Abstract: 21 May
Location: Madrid, Spain

VISION ≥3-year FU safety & efficacy (Spanish subgroup) (P)

COSA
11 – 14 Nov 2025
Abstract: 6 June
Location: Adelaide, Australia

VISION ≥3-year FU (ELCC 2025 encore) (P)

VISION Safety and PROs (WCLC 2025 encore) (P)

VISION ≥3-yr FU treatment sequencing (ESMO 2025 encore) (P)

VISION ≥3-yr FU subgroups of special interest (ESMO 2025 encore) (P)

KALC
06 – 07 Nov 2025
Abstract: Early Aug
Location: Seoul, Korea

VISION ≥3-year FU (ELCC 2025) + VISION safety & PROs (WCLC 2025) combined data (P)

JLCS
06 – 08 Nov 2025
Abstract: 13 May
Location: Tokyo, Japan

VISION ≥3-year FU Cohorts A+C and Japanese subgroup (de novo) (O)

ESMO Asia
05 – 07 Dec 2025
Abstract: 12 Aug
Location: Singapore

Tepotinib RWE abstract: METamp real-world case series (Australian cost-share supply program) (S)

IASLC-NACLC
05 – 07 Dec 2025
Abstract: 19 Sept
Location: Chicago, US

VISION ≥3-year FU outcomes (ELCC 2025 encore) (S)

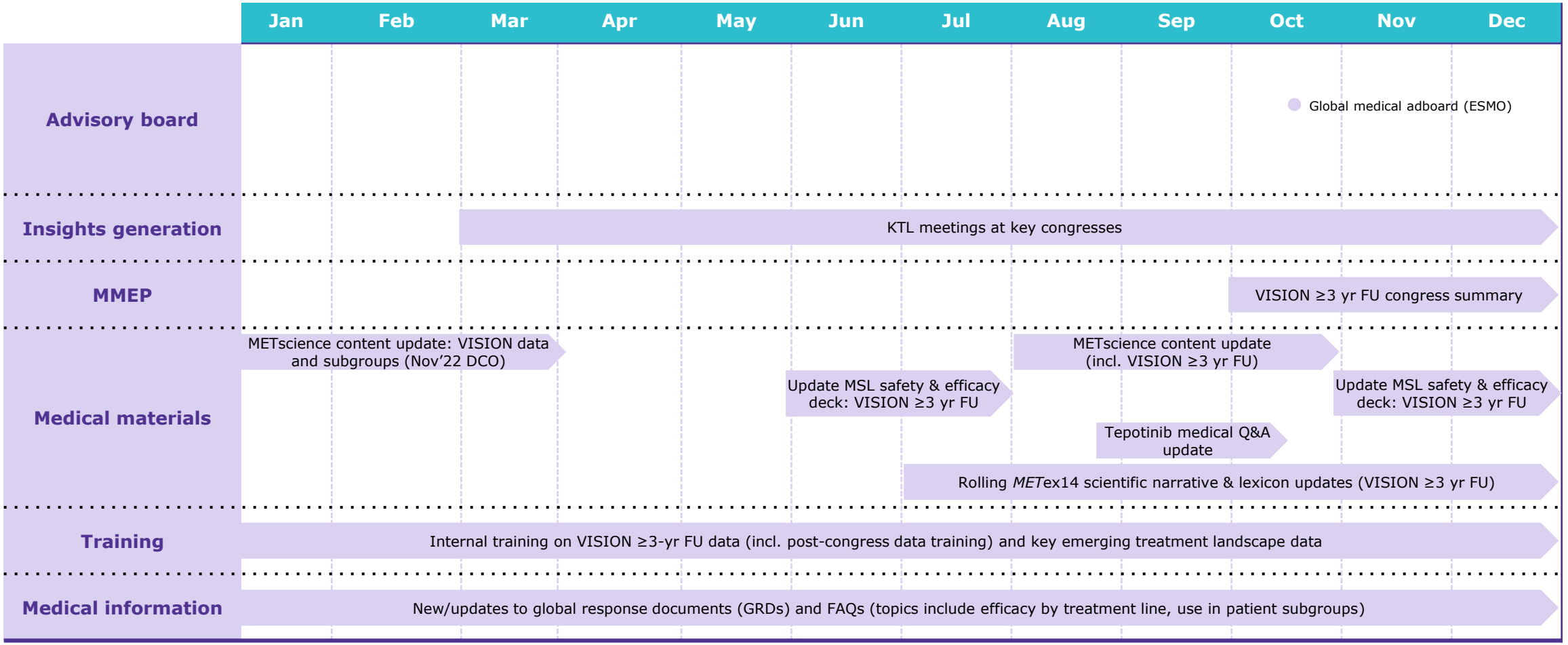
VISION safety & PROs (WCLC 2025 encore) (S)

VISION ≥3-year FU tx sequencing (ESMO 2025 encore) (S)

VISION ≥3-year FU subgroup analysis (ESMO 2025 encore) (S)

P, poster; O, oral; S, submitted

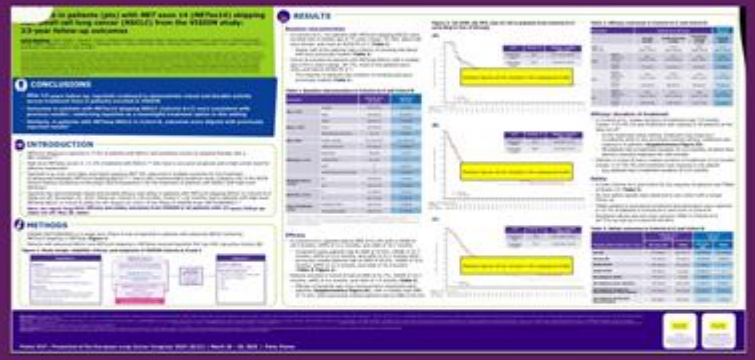
2025 Global medical activities around VISION 3-year FU data



VISION ≥3 yr FU: May 2024 data cut-off

Commercial Assets of Q1’25 on 3Y Data
Recap on ELCC’25

During the ELCC congress in Paris Tepmetko®-related posters, incl. 3 Years VISION data, were presented. These data highlight the continued robust and durable activity of Tepmetko® in patients with treatment-naive and previously treated METex14 skipping NSCLC after ≥3-years follow-up in Cohorts A+C of the VISION study (May’24 data cut-off). This presentation served as an important platform for sharing innovative strategies and fostering discussions among professionals in the field. The engagement at the congress emphasized the commitment to advancing lung cancer care and improving patient outcomes through collaborative efforts.



Please find related assets:

Medical

VISION Poster Slides

MID-GL-0660

MOMENT Poster Slides

MID-GL-0661

Commercial:

Post Congress Email Signature:

GL-TEP-00524

3Yr VISION DATA Banner LA:

GL-TEP-00523

3Yr VISION DATA Banner 2L+:

GL-TEP-00522

Emails LA:

GL-TEP-00521

Emails 2L+:

GL-TEP-00520

HCP segments: Existing materials to consider

Click the **underlined materials** to access the relevant material online

METi Champion

Tepmetko Loyalist

- ASCO Dot Animation (US-TEP-00798)
- ASCO Engagement Activity (US-TEP-00874)
- KTL onboarding/briefing document (GL-TEP-00425)
- ELCC Paris Tepmetko 2L+ update announcement email (GL-TEP-00520)

Tabrecta Believer

- EDEMA MNGMT - MAXTEP suite (TOOLKIT-240093)
- Tepmetko Email JAMA oncology 2L+ email Nov 2022 data (GL-TEP-00422)
- Tepmetko Email QoL update (GL-TEP-00500)
- ELCC Paris Tepmetko LA update announcement email (GL-TEP-00521)
- ELCC Paris Tepmetko 2L+ update announcement email (GL-TEP-00520)

METi splitter

- EDEMA MGNMT -SMAXTEP suite (TOOLKIT-240093)
- ELCC Paris Tepmetko LA update announcement email (GL-TEP-00521)
- Tepmetko Email QoL update (GL-TEP-00500)
- Tepmetko Banner referencing JAMA publication (GL-TEP-00461)
- Tepmetko Email JAMA oncology 2L+ email Nov 2022 data (GL-TEP-00422)

IO Defender

IO Defender

- Tepmetko Banner referencing JAMA publication (GL-TEP-00461)
- Tepmetko Email QoL update (GL-TEP-00500)
- Tepotinib HCP Safety and Administration Brochure _2L+ indication (GL-TEP-00180)
- Tepmetko Global METChats meeting 22 April Dr Reguart (GL-TEP-00477)
- ELCC Paris Tepmetko 2L+ update announcement email (GL-TEP-00520)

Non-Tester

Non-tester / Later Adopter

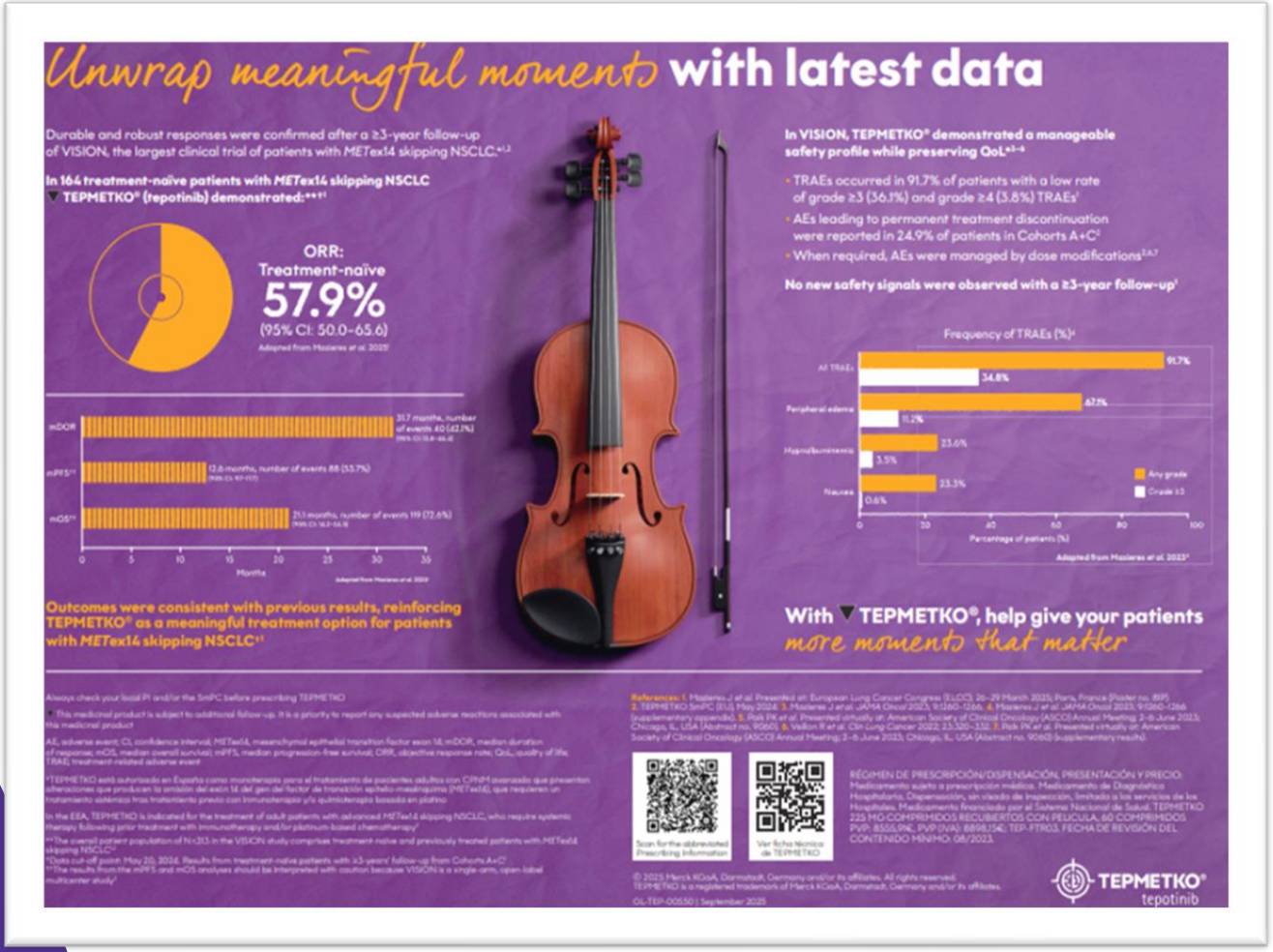
- Tepotinib HCP Safe
- ty and Administration Brochure _2L+ indication (GL-TEP-00180)
- Tepmetko Global METChats meeting 22 April Dr Reguart (GL-TEP-00477)
- ELCC Paris Tepmetko 2L+ update announcement email (GL-TEP-00520)

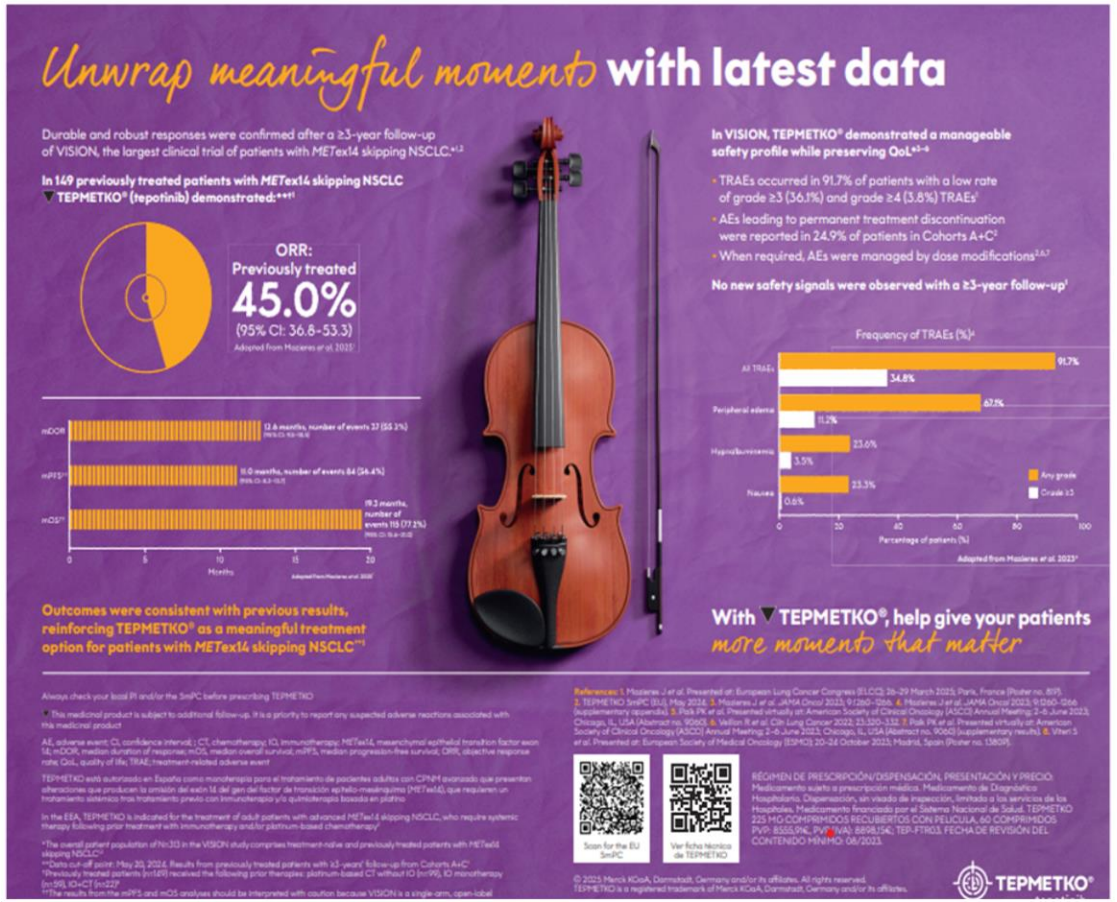
TEPMETKO®
tepotinib

Unwrap meaningful moments

with new data

Infographics were utilized to disseminate new FU DATA from WCLC

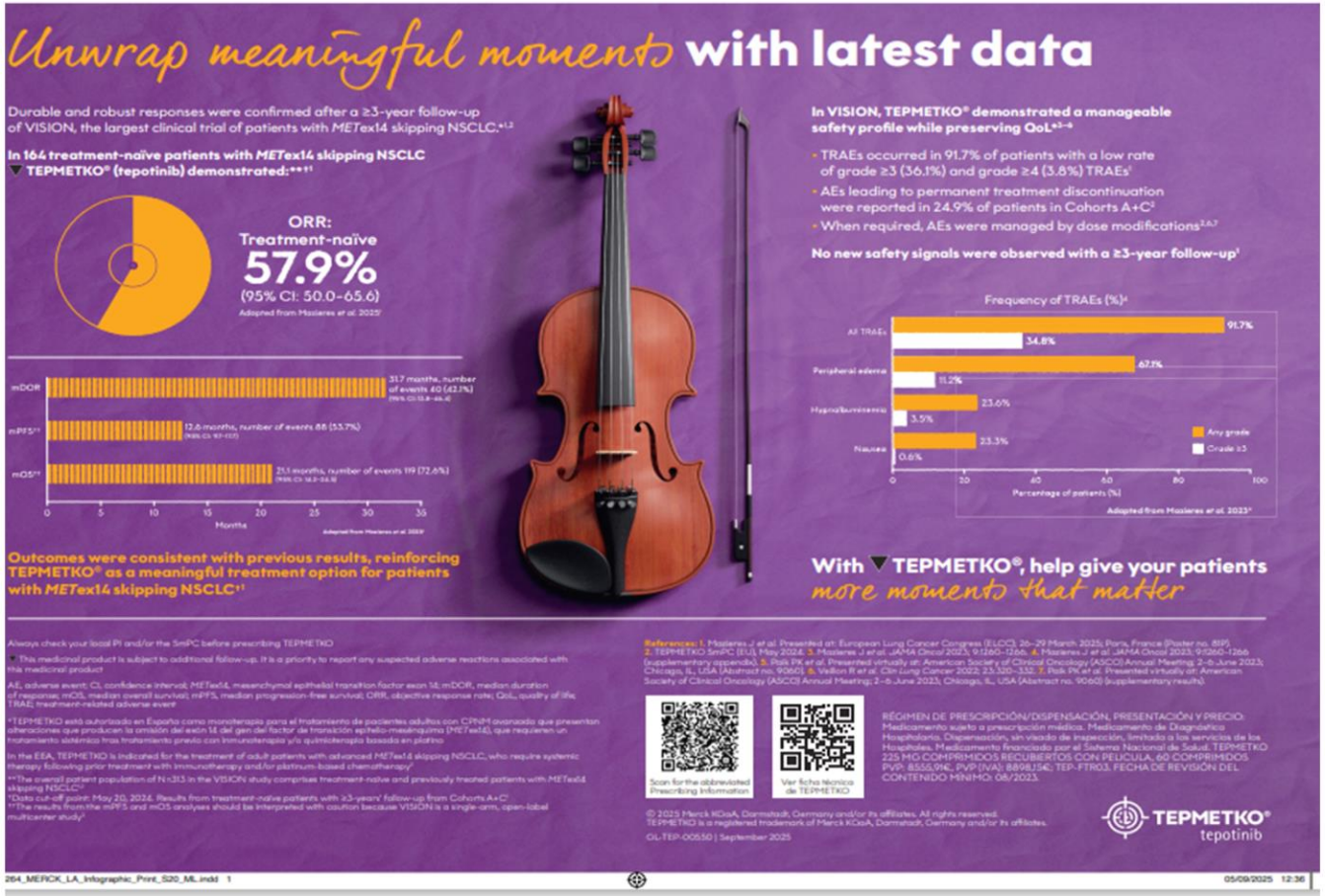




Line Agnostic (GL-TEP 00550)

2L (GL-TEP 00551)

TEPMETKO Commercial Assets are ready for your use focusing on 3y FU Data – *safety (WCLC poster) + efficacy (ELCC poster)*



Infographics Content from WCLC posters

Line Agnostic (GL-TEP 00550) / 2L (GL-TEP 00551)

Commercial:

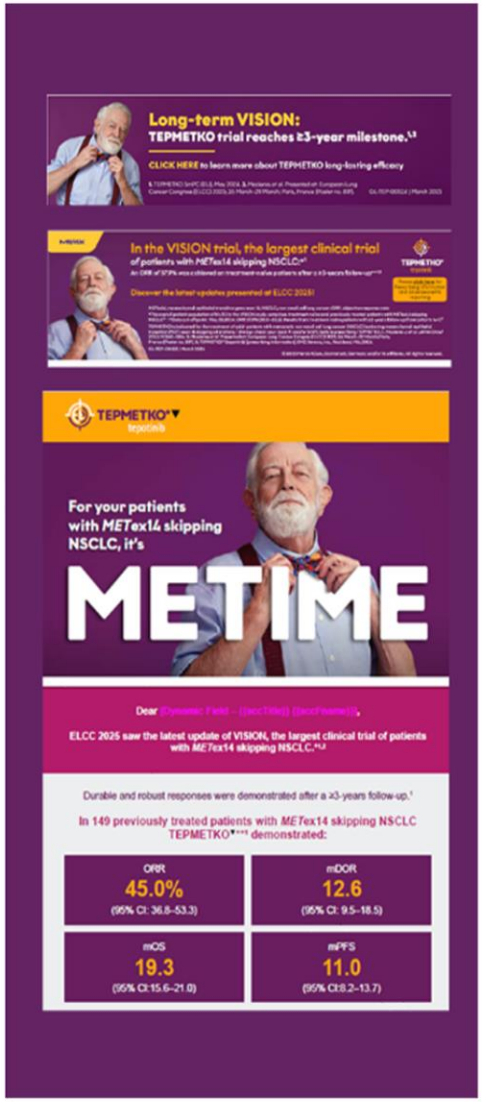
Post Congress Email Signature:
GL-TEP-00524

3Yr VISION DATA Banner:
LA GL-TEP-00523

3Yr VISION DATA Banner 2L+:
GL-TEP-00522

Emails LA:
GL-TEP-00521

Emails 2L+:
GL-TEP-00520



VISIO3Y FU Data is well received in terms of efficacy sustained/ safety signals as expected with an ask for more – mainly on treatment sequencing, elderly pop, edema management

While VISION data demonstrates **consistent long-term efficacy**, advisors report **significantly different outcomes** in their **elderly, real-world populations**, highlighting an urgent need for **evidence-based management strategies** to maintain these patients on therapy.

Regional access barriers create a **complex treatment landscape**, with European second-line-only access and Asian sequential testing approaches forcing physicians to make **suboptimal treatment decisions** despite knowing patients' molecular status.

The lack of standardized **edema management protocols**, combined with limited access to **supportive care services in community settings**, represents a critical barrier to maintaining patients on therapy, with advisors calling for practical, evidence-based management guidelines.

Traditional educational approaches are failing to reach community physicians who treat the majority of METex14+ patients in some regions, necessitating new strategies that **leverage existing medical society structures** and provide practical guidance for different stakeholder groups.

Critical gaps in real-world evidence, particularly around elderly patient outcomes, treatment sequencing impacts, and toxicity management approaches, limit physicians' ability to optimize tepotinib therapy in clinical practice, with advisors calling for **systematic data collection** across different practice settings and regions.

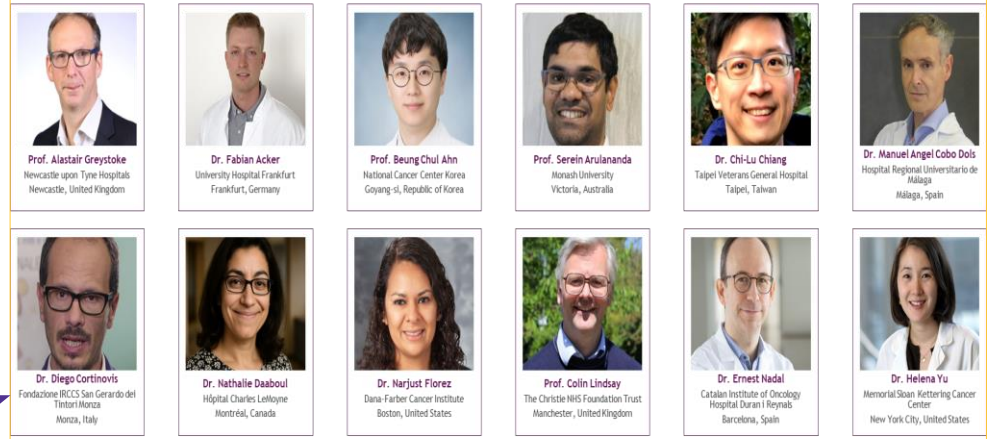
WCLC Commercial Advisory Board Highlights

Meeting Agenda

Time (CET)	Session	Presenter/speaker
14:00 (10 min)	**Welcome and Introductions**	Merck KGaA, Darmstadt, Germany & Prof. Greystoke
14:10 (75 min)	**Part I. Recent ▼TEPMETKO (tepotinib) Data Presentations**	
15 min	Presentation: ▼TEPMETKO (tepotinib) clinical data from recent medical conferences	Presenter: Dr. Yu
30 min	Discussion: Clinical implications and potential impact on treatment decisions	All
30 min	Discussion: Consistency between clinical data and real-world experience across regions	All
15:25 (15 min)	***Break***	
15:40 (45 min)	**Part II. Global NSCLC Guidelines and Regional Treatment Landscape**	
15 min	Presentation: Key updates and differences between guidelines	Presenters: Dr. Nadal, Dr. Florez
20 min	Discussion: Real-world treatment patterns across regions	All
10 min	Discussion: Physician education needs by region	All
16:25 (30 min)	**Part III. ▼TEPMETKO (tepotinib) Safety Profile Across Regions**	
30 min	Discussion: ▼TEPMETKO's (tepotinib) safety data and management	All
16:55 (5 min)	**Discussion: Key Takeaways and Closing Remarks**	Merck KGaA, Darmstadt, Germany & Prof. Greystoke
17:00	***Meeting closes***	

▼This medicinal product is subject to additional follow-up. It is a priority to report any suspected adverse reactions associated with this medicinal product.

Advisor Attendees



Proposed Actions

Support a pragmatic real-world study focused on elderly MET+ patients (>70 years), incorporating:

- Documentation of dose modification patterns
- Systematic collection of edema management approaches
- Quality of life outcomes
- Treatment duration and discontinuation factors

Encourage the validation of a standardized edema management protocol through:

- Collaboration with lymphedema specialists
- Investigation of early intervention strategies
- Distribution of a "starter kit" with compression stockings
- Clear dose modification guidelines
- Simple patient education materials

Support the development of a three-tiered education program targeting:

- Laboratory/pathology teams (standardized reporting)
- Community physicians (practical management guidelines)
- Nursing staff (toxicity management)
- Using existing medical society structures rather than standalone programs

Help establish regional physician networks connecting community practices with academic centers through:

- WhatsApp consultation groups
- Regional case discussion forums
- Practical management protocols
- Regular real-world data sharing

Merck / Tepmetko awareness in NSCLC at booth area was maximized via Podcast Studio sponsored together with Delegate Lounge

THANK YOU ALL TEPMETKO TEAM & STAY TUNED FOR ESMO!!

Coming soon…
ESMO 2025 TEPMETKO Assets

ASSET TYPE	ASSET NAME	MERCK/EMD OWNER	Agency Owner	STATUS	ESMO 2025 VERITAS ID
MAIN LED SCREEN	**COMMERCIAL Section 4 - TEPMETKO Brand Film**	Gulin Ayhan Pulur	McCann	In progress on track	**GL-TEP-00543**
LED TOUCHSCREEN/TOTEM	**Infographic with 3YR data**	Gulin Ayhan Pulur	McCann	In progress on track	**GL-TEP-00540**
IPAD CONTENT	**Reduced CVA**	Gulin Ayhan Pulur	McCann	Completed	**GL-TEP-00560**
NON-BOOTH RELATED ASSETS	**ESMO on site advertisement**	Gulin Ayhan Pulur	McCann	Completed	**GL-TEP-00554**
NON-BOOTH RELATED ASSETS	**ESMO Half Banner for Daily Reporter**	Gulin Ayhan Pulur	McCann	Completed	**GL-TEP-00532**

Go Beyond 2025

WE ARE UNSTOPPABLE

Strategy and Performance: Tepmetko in NSCLC

How to raise the bar in execution?

MISSION:
Striking cancer at its core

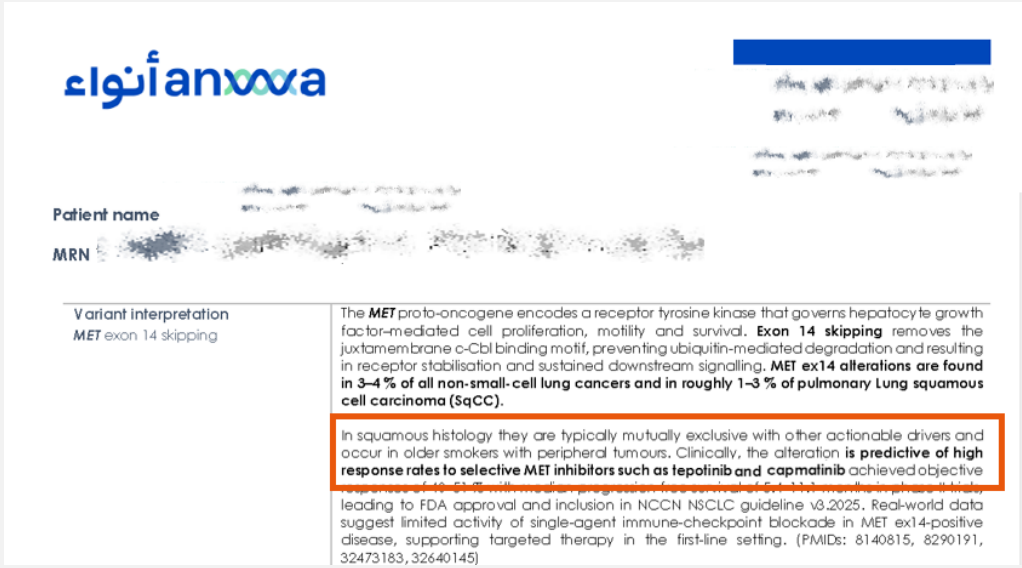
Ahmed Tabouni
Oncology Business Unit Director, Saudi Arabia

Sadeen Alamr
Oncology Medical Lead, Saudi Arabia

❑ National Excellence in Molecular Diagnostics Testing

- Saudi Arabia has established a National Lung Cancer Testing Program **via Anwa Lab**.
- Nationwide coverage of approximately 95% of total mNSCLC.
- It ensures testing for all key actionable mutations, including EGFR, ALK, ROS1, BRAF, KRAS, RET, NTRK, and **METex14** with total of 52 gene mutations.

- Anwa testing report provides treatment recommendations for each targetable mutation in alignment with the latest NCCN guidelines, ensuring physicians are guided toward evidence-based therapeutic options.



أنوا anwa

Patient name

MRN

Variant interpretation	
MET exon 14 skipping	The ***MET*** proto-oncogene encodes a receptor tyrosine kinase that governs hepatocyte growth factor–mediated cell proliferation, motility and survival. **Exon 14 skipping** removes the juxtamembrane c-Cbl binding motif, preventing ubiquitin-mediated degradation and resulting in receptor stabilisation and sustained downstream signalling. **MET ex14 alterations are found in 3–4 % of all non-small-cell lung cancers and in roughly 1–3 % of pulmonary Lung squamous cell carcinoma (SqCC).** In squamous histology they are typically mutually exclusive with other actionable drivers and occur in older smokers with peripheral tumours. Clinically, the alteration **is predictive of high response rates to selective MET inhibitors such as tepotinib and capmatinib** achieved objective [illegible] leading to FDA approval and inclusion in NCCN NSCLC guideline v3.2025. Real-world data suggest limited activity of single-agent immune-checkpoint blockade in MET ex14-positive disease, supporting targeted therapy in the first-line setting. (PMIDs: 8140815, 8290191, 32473183, 32640145)

TEPMETKO® tepotinib

❑ Clinical Leadership in Precision Oncology

- Oncologists in Saudi Arabia are adopting **precision medicine** for all predictable targetable mutations.
- There is a strong belief in the "test-to-treat" model, where molecular profiling guides therapy selection.
- METex14 is seen as an important and actionable biomarker, supported by global data and local clinical experience.
- Regional consensus done recommending the diagnosis, biomarker testing, and clinical management of advanced/metastatic NSCLC with MET exon 14 skipping mutations.

Open Access Review Article

DOI: 10.7759/cureus.41992

Review began 07/02/2023
Review ended 07/12/2023
Published 07/17/2023

Consensus Recommendations for the Diagnosis, Biomarker Testing, and Clinical Management of Advanced or Metastatic Non-small Cell Lung Cancer With Mesenchymal-Epithelial Transition Exon 14 Skipping Mutations in the Middle East, Africa, and Russia

Mervat Mahrous [1, 2], Abdalla Omar Jebriel [3], Ahmed Allehebi [4], Amr Shafik [5], Fadi El Karak [6, 7, 8], Filippo Venturini [9], Hamed Alhusaini [10], Matthias Meergans [11], Mehmet Ali Nahit Sendur [12], Mohamed Ouda [11], Muath Al-Nassar [13], Saadettin Kilickap [14], Saeed Al Turki [15], Turki Al-Fayea [16, 17], Yasser Abdel Kader [18]

1. Oncology, Minia University, Minia, EGY 2. Oncology, Prince Sultan Military Medical City, Riyadh, SAU 3. Oncology, School of Medicine, Misurata University, Misurata, LBY 4. Oncology, King Faisal Specialist Hospital & Research Center, Jeddah, SAU 5. Oncology, Faculty of Medicine, Ain Shams University, Cairo, EGY 6. Oncology, Saint Joseph University of Beirut, School of Medicine, Beirut, LBN 7. Oncology, Hôtel-Dieu de France, Beirut, LBN 8. Oncology, Clemenceau Medical Center, Dubai, ARE 9. Oncology, Merck Serono S.p.A., Rome, ITA 10. Oncology, King Faisal Specialist Hospital & Research Center, Riyadh, SAU 11. Oncology, Merck Serono Middle East FZ-Ltd., Dubai, ARE 12. Oncology, Ankara Yıldırım Beyazıt University, Faculty of Medicine, Ankara, TUR 13. Oncology, Kuwait Cancer Control Center, Kuwait City, KWT 14. Medical Oncology, Istinye University, Faculty of Medicine, Ankara, TUR 15. Oncology, Anwa Labs, Riyadh, SAU 16. Oncology, King Fahad Medical City - Ministry of National Guard, Jeddah, SAU 17. Oncology, King Saud Bin Abdulaziz University for Health Sciences, Jeddah, SAU 18. Oncology, Faculty of Medicine, Cairo University, Cairo, EGY

Corresponding author: Mervat Mahrous, mervat_mahrous@yahoo.com

Abstract

Mesenchymal-epithelial transition exon 14 (METex14) skipping mutations occur in about 3%–4% of patients with non-small cell lung cancer (NSCLC). This is an aggressive subtype associated with poor prognosis. METex14 skipping is a potentially targetable mutation. Targeted therapy is a promising treatment modality for patients with advanced/metastatic METex14-mutant NSCLC. Performing systematic molecular testing to detect the driver mutation is essential for initiating targeted therapy. However, there is a lack of guidelines on molecular testing for assessing the eligibility of patients for targeted therapy. Therefore, a multidisciplinary panel consisting of experts from the Middle East, Africa, and Russia convened via a virtual advisory board meeting to provide their insights on various molecular testing techniques for the diagnosis of METex14 skipping mutation, management of patients with targeted therapies, and developing consensus recommendations for improving the processes. The expert panel emphasized performing molecular testing and liquid biopsy before treatment initiation and tissue re-biopsy for patients with failed molecular testing. Liquid biopsy was recommended as complementary to tissue biopsy for disease monitoring and prognosis. Selective MET inhibitors were recommended as the first and subsequent lines of therapy. These consensus recommendations will facilitate the management of METex14 skipping NSCLC in routine practice and warrant optimum outcomes for these patients.

Categories: Oncology
Keywords: non-small-cell lung cancer, targeted therapy, overall survival, next-generation sequencing, met tyrosine kinase inhibitors, met exon 14 skipping mutation, lung cancer, liquid biopsy, immunotherapy, chemotherapy

Introduction And Background

TEPMETKO® tepotinib

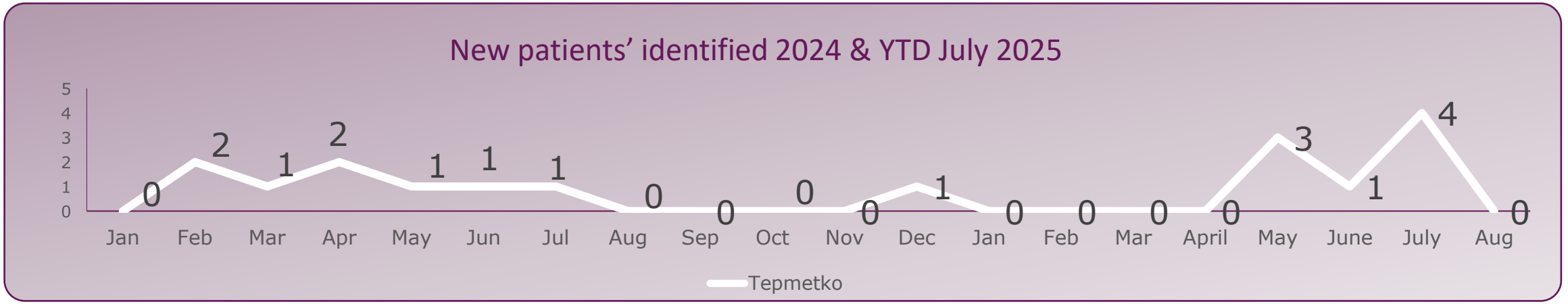
❑ A clear path to treatment

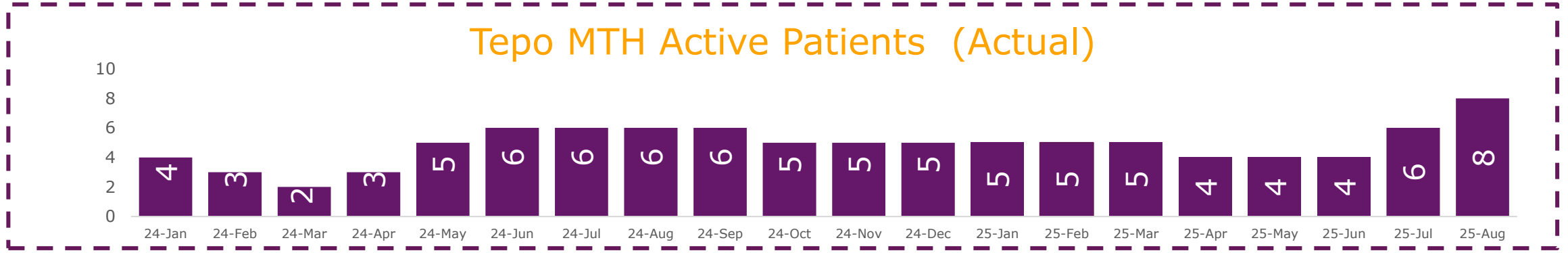
- Oncologists who have already prescribed Tepotinib in Saudi Arabia report positive clinical outcomes, with improvements in disease control.
- SFDA registration of Tepmetko (July 2025) ensures formal availability and broad patient access across Saudi Arabia.
- Capmatinib : Novartis are not planning to submit for registration in Saudi soon
- No activities or prese ıcer oncology community

❑ Shaping the Future

- Continue reinforcing testing infrastructure → aim for 100% testing.
- Build on physician trust to expand precision oncology culture beyond METex14.
- Use SFDA registration success to broad patient access across Saudi Arabia.

New patients' identified, recruited and ongoing YTD Aug 2025 Tepmetko





MERCK

Striking Cancer
At Its Core

Tepmetko Gulf

MEAR summit 2025

Gulf Team
22 September 2025

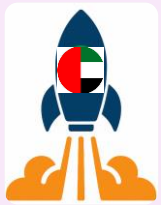
Foundation Built:

Laying the Groundwork for Impact and engagement

Testing & Peer to Peer Events

Biomarker Testing

Establish diagnostic infrastructure via NGS & contracting in UAE.



UAE Launch

Top local KTLs with Prof. Sanjay Popat during renowned local congress

8th BEAM

Annual Medical Education Meeting with a session dedicated to NSCLC

ORBIT

Commercial event rolling out key messages and increasing brand awareness with a full session dedicated for Tepmetko

METVOLUTION

Virtual Peer-to-peer exchange focusing on management of MET altered NSCLC

Digital Tools

TEPbot

A chatbot that enables on-demand access to data and clinical updates for Tepmetko

E-mail Campaigns

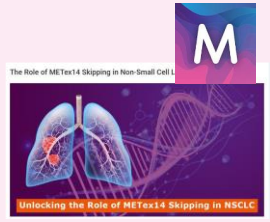
Integrated E-mail campaigns to roll out Tepmetko key messages and updates

BEAM Shorts

Series of animated videos summarizing key studies to improve HCPs' data recall.

Website

Localizing Global website to enhance access to information



MEDSynapse

Medsynapse activation complementing our mutli-channel education strategy and increasing brand awareness

MERCK

With Kuwait launch as a catalyst, our next phase of tactics is designed to:

Drive stronger Impact, Deeper Engagement, and Measurable Value across the region

TEPMETKO® tepotinib

Local Congresses

Elevate presence and brand leadership with participations in flagship UAE local congresses

Kuwait Launch

Unlocking new market and expanding our commercial footprint helping more patients benefit from Tepmetko

Medical Educational Activities

Series of journal club meetings where HCPs review and discuss the latest publications including TOGETHER RWE and VISION trial.

Medical Videos

VISION 3Y FU Data MTE and TOGETHER RWE.

Tepbot

Optimize chatbot content to enhance interaction and strengthen brand awareness and knowledge.

Digital Communication

Boost Impact and increase SOV through amplifying our omnichannel approach

Raise the Bar

- ✓ Deepen awareness, knowledge and partnership with KTLs in our region.
- ✓ Expand Tepmetko footprint across Gulf
- ✓ Optimize Diagnostics PSP to increase detection rate
- ✓ Elevate omnichannel engagement and digital content
- ✓ Cross-Functional Collaboration

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TEPMETKO® tepotinib

Go Beyond 2025

MERCK

Best practice sharing

Optimizing patient outcomes with Tepmetko

MEAR Oncology Virtual Summit
22-24 September, 2025