Acrivon Therapeutics

TD COWEN HEALTHCARE CONFERENCE

Acrivon Therapeutics Fireside Chat

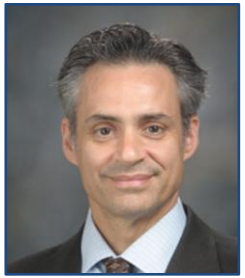
Boston, MA
March 2, 2026

FORWARD-LOOKING STATEMENTS

Certain information contained in this presentation 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.

You are cautioned not to place undue reliance on these forward-looking statements, which are made only as of the date of this presentation. We undertake no obligation to update any forward-looking statements or to reflect new information or the occurrence of unanticipated events, except as required by law.

EXPERT KOL PANEL DISCUSSING ACRIVON'S ACR-368 DATA IN SEROUS ENDOMETRIAL CANCER AT ESGO CONGRESS FEB 27, 2026



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

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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.

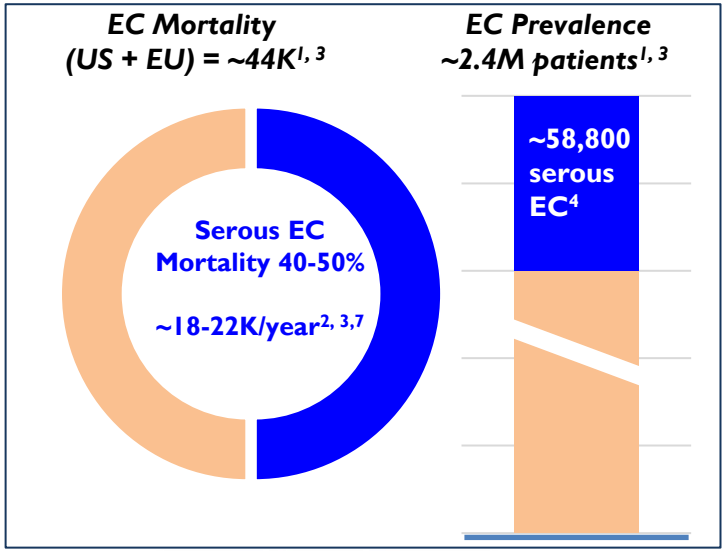
Chief Executive Officer, President and Co-Founder, Acrivon Therapeutics; Inventor of the AP3 Platform

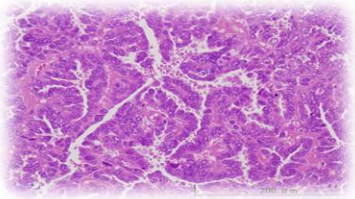
Mansoor Raza Mirza, M.D.

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

Webcast available at: https://ir.acrivon.com/news-events/events-presentations

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 ~40-50% 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]

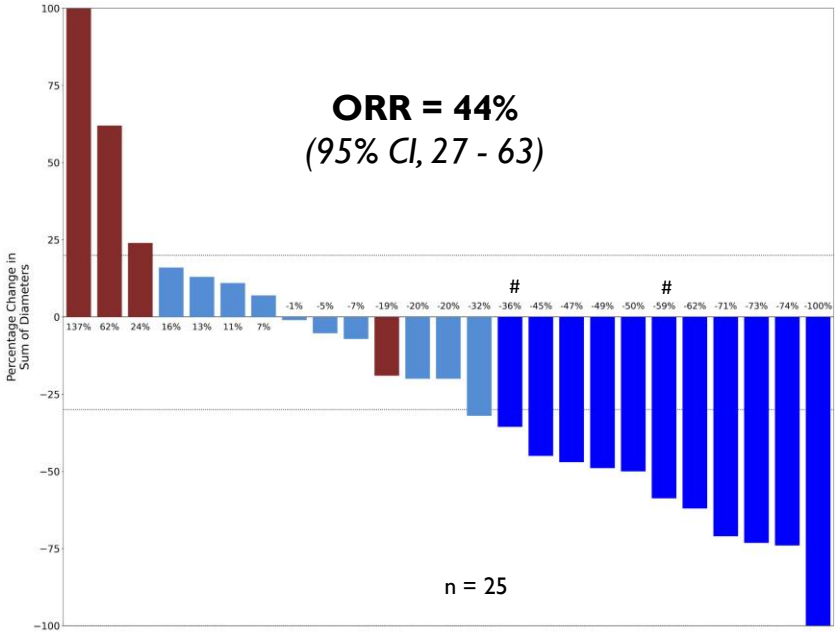
[1]SEER database
[2]https://pmc.ncbi.nlm.nih.gov/articles/PMC9445918
[3]Concin, C. et al, ESGO–ESTRO–ESP 2025 Guidelines; Lian Y., Luo P. Annals of Global Health (2025).
[4]Based on internal estimates of approximately 2.4% serous in the prevalence pool given survival approximations
[5]Bogani et al, Gynecol 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

BETTER ORR OBSERVED IN SUBJECTS WITH ≤2 PRIOR LINES OF THERAPY

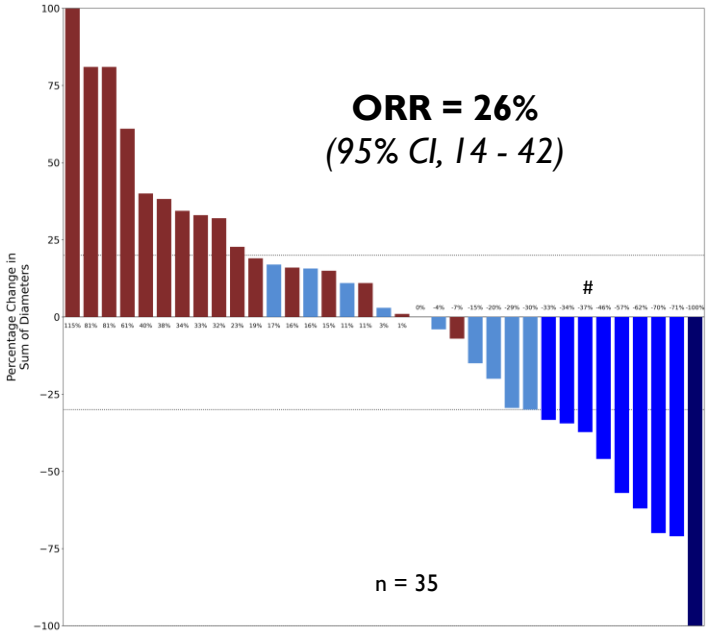
BOR by RECIST 1.1 on study treatment*

CR
PR
SD
PD

Arm 1 (BM+)
ACR-368



ARM 2 (BM-)
ACR-368 + ULDG



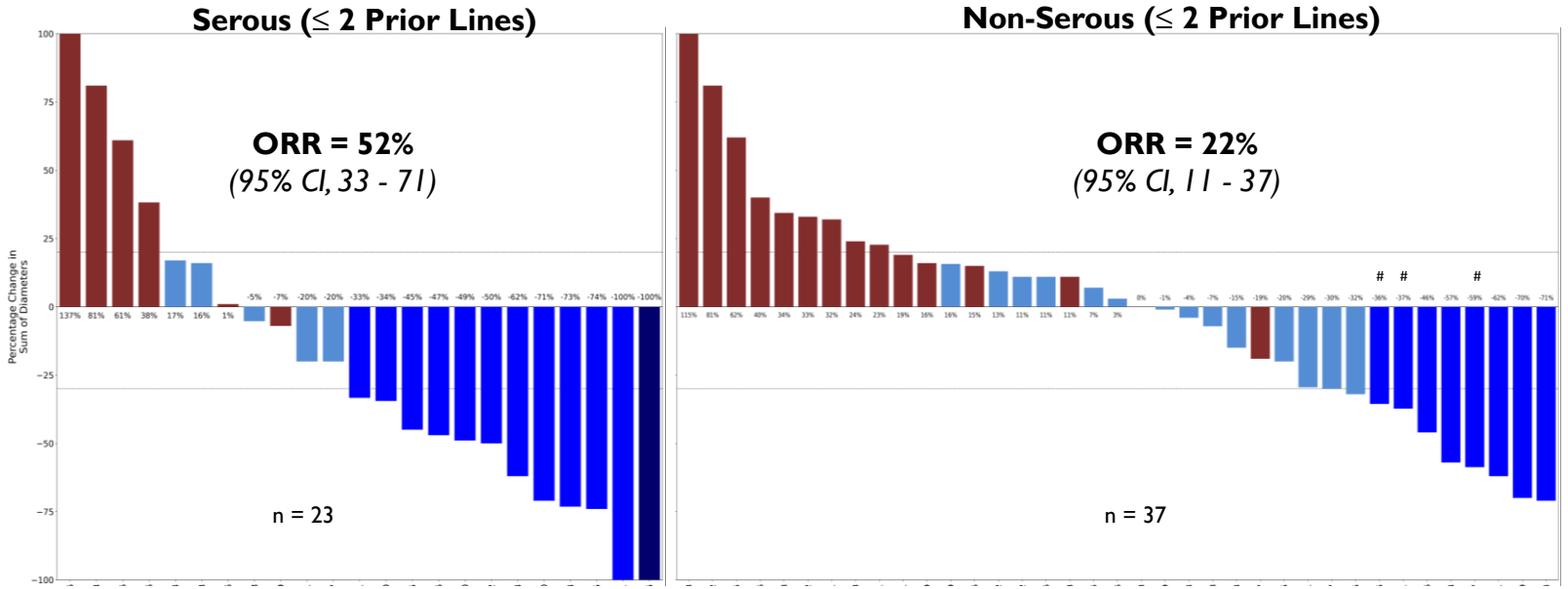
* Best of BICR and/or PI
\# Unconfirmed PR

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



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.

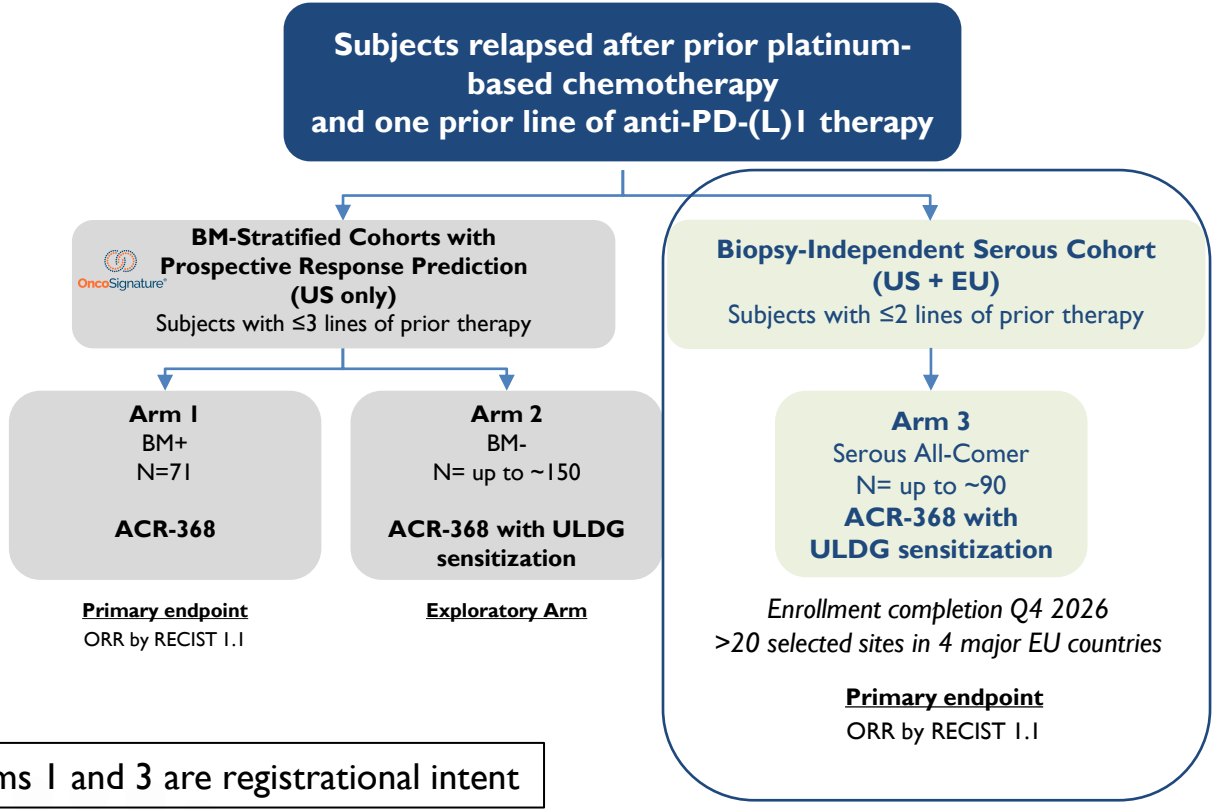
Treatment-Related Adverse Events ***N = number of subjects (%)***	**Arm 1** (ACR-368) **N=40** **Grades 3/4**	**Arm 2** (ACR-368 + ULDG) **N=48** **Grades 3/4**
Thrombocytopenia	9 (22)	17 (34)
Anemia	11 (27)	22 (46)
Leukopenia	6 (15)	11 (23)
Neutropenia	10 (25)	16 (33)
Febrile neutropenia	2 (5)	4 (8)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

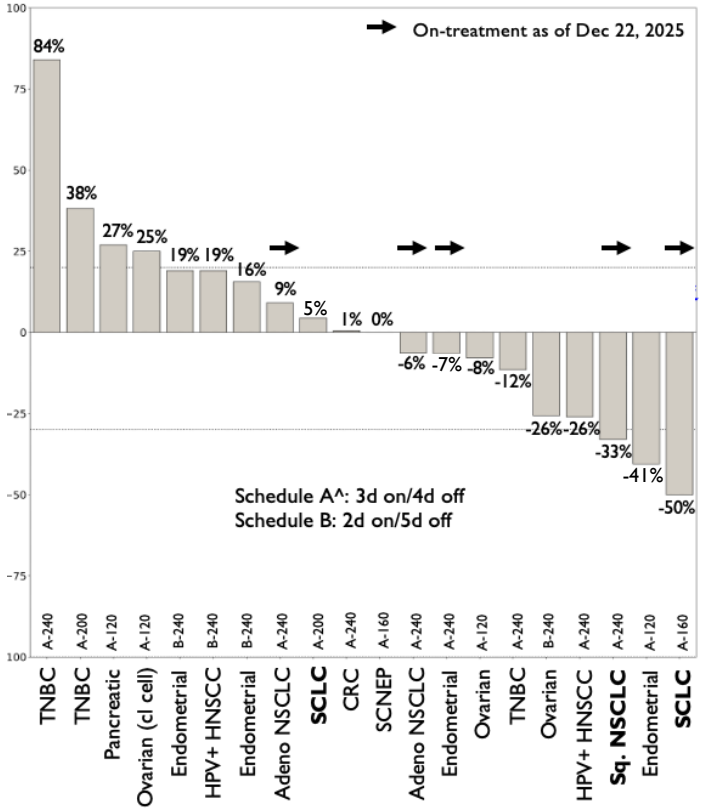
RAPID US+EU ENROLLMENT OF SEROUS EC COHORT PROVIDES ADDITIONAL REGISTRATIONAL INTENT OPPORTUNITY

- 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) subjects
- The study is being expanded to >20 EU sites



Arms 1 and 3 are registrational intent

ACR-2316 CLINICAL ACTIVITY OBSERVED DURING DOSE ESCALATION
BEST TUMOR SHRINKAGE



- **Two weekly oral dosing schedules established**
- **Clinical activity observed** at ≥120 mg (80% disease control rate; tumor shrinkage in 9/20 evaluable patients), including in SCLC and sqNSCLC, tumor types not typically sensitive to WEE1 or PKMYT inhibitors
  - **High grade endometrial cancer** patient, who had progressed after prior platinum-based chemo and tamoxifen and 2nd-line pembrolizumab-lenvatinib had confirmed PR and was on therapy for 42 weeks
  - **Sq NSCLC (BRCA1*mut*)** patient who had progressed after prior platinum-based chemo/durvalumab followed by three other immune therapies, had PR which was confirmed after data cut
  - **SCLC (MSS)** patient who had progressed after cisplatin/durvalumab, second-line tarlatamab and multi-organ radiation therapy had PR (50% shrinkage)*

*Since EDC data extract a subsequent scan showed further shrinkage (69%) of target lesion, but progression of non-target lesions (liver metastases)

Non QC'ed data based on EDC data extract as of 12/22/2025