Merck
ASCO Investor Event
June 7, 2022
Presenters

Dr. Dean Li
President, Merck Research Laboratories

Dr. Eliav Barr
SVP, Head of Global Clinical Development & Chief Medical Officer

Dr. Eric H. Rubin
SVP, Oncology Early Development

Jannie Oosthuizen
President, Human Health U.S.
Agenda

- Opening | Dr. Dean Li
- ASCO 2022 Highlights | Dr. Eliav Barr
- Pipeline Update | Dr. Eric H. Rubin
- Commercial Update | Jannie Oosthuizen
- Closing | Dr. Dean Li
- Q&A
Forward-looking statement of Merck & Co., Inc., Rahway, N.J., USA

This presentation of Merck & Co., Inc., Rahway, NJ, USA (the “company”) includes “forward-looking statements” within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. These statements are based upon the current beliefs and expectations of the company’s management and are subject to significant risks and uncertainties. There can be no guarantees with respect to pipeline products that the products will receive the necessary regulatory approvals or that they will prove to be commercially successful. If underlying assumptions prove inaccurate or risks or uncertainties materialize, actual results may differ materially from those set forth in the forward-looking statements.

Risks and uncertainties include but are not limited to, general industry conditions and competition; general economic factors, including interest rate and currency exchange rate fluctuations; the impact of the global outbreak of novel coronavirus disease (COVID-19); the impact of pharmaceutical industry regulation and health care legislation in the United States and internationally; global trends toward health care cost containment; technological advances, new products and patents attained by competitors; challenges inherent in new product development, including obtaining regulatory approval; the company’s ability to accurately predict future market conditions; manufacturing difficulties or delays; financial instability of international economies and sovereign risk; dependence on the effectiveness of the company’s patents and other protections for innovative products; and the exposure to litigation, including patent litigation, and/or regulatory actions.

The company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise. Additional factors that could cause results to differ materially from those described in the forward-looking statements can be found in the company’s Annual Report on Form 10-K for the year ended December 31, 2021 and the company’s other filings with the Securities and Exchange Commission (SEC) available at the SEC’s Internet site (www.sec.gov).
Dr. Dean Li
President, Merck Research Laboratories
Transforming the treatment of cancer with industry’s broadest oncology development program

- >1,750 Ongoing clinical trials
- >1,300 Combination trials
- >100 Registrational KEYTRUDA trials underway
- >120 KEYTRUDA trials in earlier stages of disease and lines of therapy
- >50 Business development transactions in 2021
- >20 Novel mechanisms
Leading program aimed to further improve patient outcomes with greater than 80 potential new approvals through 2028

- **Expand** into new tumor types
- **Extend** into earlier lines of therapy
- **Deepen** response to KEYTRUDA

- ~40% in adjuvant and neoadjuvant
- ~70% in combination or coformulation
- <20% in a single tumor type
Dr. Eliav Barr

SVP, Head of Global Clinical Development & Chief Medical Officer
Advancing our oncology pipeline since ASCO 2021 with a total of 12 FDA approvals

6 Metastatic stage cancers

5 Earlier-stage cancers

1 New molecular entity

3 Pivotal study readouts

Delivering on our commitment to help improve patient outcomes

1 KN-355 reflects conversion to full approval. 2 KN-361 represents full FDA approval based on KN-052.
ASC0 2022: continuing to generate evidence to help transform patient care

### Key data presented since ASCO 2021

<table>
<thead>
<tr>
<th>ASCO GU:</th>
<th>AACR:</th>
<th>ASCO GI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KN-564</td>
<td>KEYVIBE-001</td>
<td>KN-590</td>
</tr>
<tr>
<td>KN-365</td>
<td>quavonlimab</td>
<td></td>
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<tr>
<td>KN-052</td>
<td>KN-555</td>
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<td>KN-361</td>
<td>ESMO Plenary</td>
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<tr>
<td>PROpel</td>
<td>OlympiA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KN-091</td>
<td></td>
</tr>
</tbody>
</table>

### Impactful data at ASCO ANNUAL MEETING

#### Demonstrating durable benefit
- Longer-term follow-up data for **KN-799** (NSCLC), **KN-224** (HCC), **KN-022** (melanoma) and **KN-651** (CRC) and **WELIREG** (certain VHL disease-associated tumors)

#### Extending into earlier lines
- Expanded analyses, new endpoints and key subgroups for certain earlier-stage settings with **KN-716** (melanoma), **KN-522** (TNBC), **KN-564** (RCC) and **KN-091** (NSCLC)

#### Advancing the science
- Combination data for favezelimab (anti-LAG-3) in cHL; **coformulated** with pembrolizumab
KN-716: clinically meaningful data supports KEYTRUDA as an adjuvant treatment option in stage II melanoma

- DMFS data reinforces evidence for KEYTRUDA as adjuvant therapy in stage IIB and IIC melanoma

- At a median follow-up of 27.4 months, RFS data shows sustained reduction in risk of recurrence:
  - 24-month RFS rate of 81.2% for KEYTRUDA vs 72.8% for placebo
  - Hazard ratio of 0.64, 95% CI: 0.50-0.84

[Data cutoff date: January 4, 2022]

1 KN-716 supports KEYTRUDA as an adjuvant treatment option for patients 12 years and older with completely resected stage IIB and IIC melanoma.
Continue to make progress in earlier-stage settings

**KN-522 (Neoadjuvant/adjuvant)**
**TNBC**

EFS by Residual Cancer Burden at the time of surgery

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>No. of events</th>
<th>No. of patients (%)</th>
<th>Hazard Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>123/364 (15.7)</td>
<td>364/9300 (23.8)</td>
<td>0.83 (0.49 to 0.82)</td>
</tr>
<tr>
<td>RCB-0</td>
<td>26/407 (0.2)</td>
<td>407/10219 (7.3)</td>
<td>0.70 (0.38 to 1.31)</td>
</tr>
<tr>
<td>RCB-1</td>
<td>12/289 (17.4)</td>
<td>289/945 (20.0)</td>
<td>0.92 (0.39 to 2.20)</td>
</tr>
<tr>
<td>RCB-2</td>
<td>37/145 (25.5)</td>
<td>145/3579 (44.3)</td>
<td>0.52 (0.32 to 0.82)</td>
</tr>
<tr>
<td>RCB-3</td>
<td>26/40 (72.5)</td>
<td>40/190 (89.2)</td>
<td>1.24 (0.69 to 2.23)</td>
</tr>
</tbody>
</table>

Data cutoff date: March 23, 2021

**Exploratory: EFS benefit with KEYTRUDA**
- exceeded benefit expected by the observed shift to lower RCB categories suggests a contribution to EFS from adjuvant therapy

**KN-564 (Adjuvant)**
**RCC**

DMFS in the Intention to Treat Population

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>No. at risk</th>
<th>Months</th>
<th>DMFS in the Intention to Treat Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>500</td>
<td>0-17</td>
<td>80.1%</td>
</tr>
<tr>
<td></td>
<td>18-24</td>
<td>80.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25-36</td>
<td>78.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37-48</td>
<td>77.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>49-50</td>
<td>76.5%</td>
<td></td>
</tr>
</tbody>
</table>

Data cutoff date: June 14, 2021

**Exploratory: Adjuvant KEYTRUDA**
- reduced the risk of distant metastasis free survival
- delayed the need for second line therapy
- lengthened time to second occurrence of disease progression

**KN-091 (Adjuvant)**
**NSCLC**

DFS in the overall population

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>No. at risk</th>
<th>Months</th>
<th>DFS in the overall population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>500</td>
<td>0-18</td>
<td>71.7%</td>
</tr>
<tr>
<td></td>
<td>19-24</td>
<td>78.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25-36</td>
<td>76.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37-48</td>
<td>75.3%</td>
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</tr>
<tr>
<td></td>
<td>49-50</td>
<td>74.5%</td>
<td></td>
</tr>
</tbody>
</table>

Data cutoff date: September 20, 2021

**Exploratory: Subgroup analysis for adjuvant treatment with KEYTRUDA consistent with primary findings of the study**
- improved disease free-survival in patients with stage IB (≥4 cm) to IIIA NSCLC following surgical resection regardless of PD-L1 expression

¹The trial will continue to analyze DFS in patients whose tumors express high levels of PD-L1 (TPS ≥50%), the other dual primary endpoint which did not meet statistical significance per the pre-specified statistical plan.
First-time data for favezelimab demonstrates potential in relapsed or refractory classical Hodgkin lymphoma

**Best target lesion change from baseline**

<table>
<thead>
<tr>
<th>Target tumor reduction from baseline</th>
<th>Overall</th>
<th>≥50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 27</td>
<td>25¹ (93)</td>
<td>13 (48)</td>
</tr>
</tbody>
</table>

Favezelimab (anti-LAG-3) plus pembrolizumab demonstrated anti-tumor activity in PD-1 relapsed or refractory cHL patients in Phase 1/2 study

- Baseline target lesion reductions were seen in 25 of 27 patients
- The combination demonstrated effective anti-tumor activity with:
  - ORR of 30%
  - CR of 9%
  - PR of 21%

Data cutoff date: March 21, 2022

¹Patients who had a baseline and a postbaseline assessment.
Long-term follow-up data confirm durable benefits of KEYTRUDA and WELIREG across important indications.

**KN-799**
**Stage III NSCLC**

OS for cohort A (squamous and nonsquamous histology)

After 2+ years of follow-up, KEYTRUDA + cCRT followed by KEYTRUDA continued to demonstrate robust and durable responses:

- median PFS of 30.6 months in cohort A with 2-year PFS rates of 55%–61%
- 2-year OS rates of 64%–71% in both cohorts

Data cutoff date: October 18, 2021

**KN-224**
**1L HCC**

OS

After a 3-year follow-up, results from cohort 2 continued to demonstrate KEYTRUDA monotherapy in patients with advanced HCC has:

- durable antitumor activity
- promising OS
- manageable safety profile

Data cutoff date: October 1, 2021

**WELIREG**
**VHL disease-associated RCC**

Best % change from baseline in target lesion size

After a median follow-up of 29.3 months, WELIREG continued to show durable antitumor activity in VHL disease–related neoplasms, including RCC, pNETs, and CNS hemangioblastomas:

- confirmed ORR in VHL disease-associated RCC increased from 49% to 59%

Data cutoff date: July 15, 2021
Advancing our diversified and innovative oncology pipeline with more than 20 novel mechanisms

<table>
<thead>
<tr>
<th>Immuno-oncology/tumor microenvironment</th>
<th>Antibody-drug conjugates</th>
<th>Redirected cell killing</th>
<th>Molecularly targeted therapies</th>
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</thead>
<tbody>
<tr>
<td>Vibostolimab (anti-TIGIT)</td>
<td>Zilovetarmab vedotin (anti-ROR-1)</td>
<td>Bi- and tri-specific T &amp; NK cell engagers</td>
<td></td>
</tr>
<tr>
<td>Favezelimab (anti-LAG-3)</td>
<td>Ladiratuzumab vedotin (anti-LIV-1)</td>
<td>- Collaborations with Dragonfly, Janux</td>
<td></td>
</tr>
<tr>
<td>Quavonlimab (anti-CTLA-4)</td>
<td></td>
<td>Allogeneic cell therapy</td>
<td></td>
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<tr>
<td>MK-4830 (anti-ILT-4)</td>
<td></td>
<td>- Collaborations with Artiva, A2 Biotherapeutics</td>
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<tr>
<td>MK-0482 (anti-ILT-3)</td>
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<td></td>
<td></td>
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<tr>
<td>MK-1484 (selective IL-2)</td>
<td></td>
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</tbody>
</table>

Further details provided in subsequent slides
Vibostolimab is a novel anti-TIGIT candidate that builds on the foundation of KEYTRUDA

<table>
<thead>
<tr>
<th>Setting</th>
<th>KeyVibe-003</th>
<th>KeyVibe-006</th>
<th>KeyVibe-007</th>
<th>KeyVibe-008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>1L mNSCLC (PD-L1+)</td>
<td>Stage III Inoperable NSCLC</td>
<td>1L mNSCLC</td>
<td>1L ES - SCLC</td>
</tr>
<tr>
<td>Development stage</td>
<td>Ph 3</td>
<td>Ph 3</td>
<td>Ph 3</td>
<td>Ph 3</td>
</tr>
<tr>
<td>Primary endpoint</td>
<td>PFS OS</td>
<td>PFS OS</td>
<td>PFS OS</td>
<td>OS</td>
</tr>
<tr>
<td>Estimated primary completion date</td>
<td>2026</td>
<td>2028</td>
<td>2025</td>
<td>2025</td>
</tr>
</tbody>
</table>

8 ongoing studies, including 4 in Phase 3, evaluating vibostolimab co-formulated with pembrolizumab, alone and in combination with other agents across a wide range of cancers
Targeted approach with additional coformulated checkpoint inhibitors in key tumor types to help address unmet needs

<table>
<thead>
<tr>
<th>Setting</th>
<th>favezelimab (anti-LAG-3)</th>
<th>quavonlimab (anti-CTLA-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD-L1+ microsatellite-stable colorectal cancer</td>
<td>classical Hodgkin lymphoma</td>
<td>renal cell carcinoma</td>
</tr>
<tr>
<td>Development stage</td>
<td>Ph 3 study in coformulation with pembrolizumab</td>
<td>Ph 3 study planned in relapsed / refractory cHL in coformulation with pembrolizumab</td>
</tr>
<tr>
<td>Ph 3 study in coformulation with pembrolizumab</td>
<td>Ph 3 study planned in relapsed / refractory cHL in coformulation with pembrolizumab</td>
<td>Ph 3 study in coformulation with pembrolizumab and Lenvatinib</td>
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<tr>
<td>Primary endpoint</td>
<td>OS</td>
<td>TBD</td>
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<tr>
<td>PFS, OS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated primary completion date</td>
<td>2024</td>
<td>2026</td>
</tr>
<tr>
<td>Estimated primary completion date</td>
<td>2024</td>
<td>2026</td>
</tr>
</tbody>
</table>
WELIREG is well-positioned to expand to broader populations of patients with RCC

- Advancing studies in **sporadic kidney cancers**, informed by our understanding of the Von Hippel-Lindau gene
- **4 pivotal Phase 3 clinical trials** in progress assessing efficacy alone and in combination with pembrolizumab and/or lenvatinib in RCC
- Ongoing research to identify signals in other tumors

Potential additional indications in kidney cancer and other solid tumors

- Advanced RCC 2L+ monotherapy
- Advanced RCC 2L+ in combination with Lenvima
- Advanced RCC 1L in combination with KEYTRUDA and Lenvima
- Adjuvant RCC in combination with KEYTRUDA
- And more…
- VHL disease - associated tumors in RCC, CNS, pNET
- Advanced RCC 1L in combination with KEYTRUDA
- Potential additional indications in kidney cancer and other solid tumors
Proven track record of developing precision medicine strategies with the goal of identifying optimal treatment options for patients

- **14** biomarker-driven indications across products to help identify patients eligible for treatment
  - **First approval** for an anti-PD-1 therapy with a biomarker
  - **First pan-tumor** MSI-H/dMMR and TMB-H indications

- **Expand use** of biomarkers and leverage **assay technologies** including:
  - Liquid Biopsy (ctDNA)
  - Novel Imaging Technologies
  - High-Content NGS and Histopathology
  - Machine-Learning and AI
  - Novel Proteomics and Cytometry

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*Biomarkers and assay technologies do not apply to all products listed.*
Emerging scientific technologies have the potential to profoundly improve patient outcomes

New technologies and our growing knowledge of tumor biology are fueling innovations in cancer diagnosis and treatment

1 Conventional and molecular imaging; 2 Including radioactive chemical entities, nanoparticle encapsulated small molecules; 3 Includes antibody-drug conjugates with cytotoxic and radio-isotope payloads.
Jannie Oosthuizen
President, Human Health U.S.
Driving global growth across a broad portfolio of commercial assets

**KEYTRUDA**, *(pembrolizumab)* for injection 50 mg

**Lynparza**, *(olaparib)* tablets 150 mg

**LENVIMA**, *(lenvatinib)* capsules 15 mg and 4 mg

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**Foundational cancer treatment**

**Market-leading PARPi**

**TKI with multiple approved indications**

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**Highly-selective small-molecule TKI**

**First-in-class HIF-2α inhibitor**

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### Significant progress from ASCO 2021 to ASCO 2022

- **Approved Indications**: 46
- **Tumor Types + MSI-H/dMMR and TMB-H**: 22
- **Patients treated with Merck Oncology Products**: >1.3M
- **Patients treated with commercially available products as of March 31, 2022**: >730K

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Lynparza, Lenvima and Tukysa are in partnership.

1 Patients treated with commercially available products as of March 31, 2022.
Advancing a broad program, including targeting certain types of earlier-stage cancer

<table>
<thead>
<tr>
<th></th>
<th>2018–2021</th>
<th>2022 -2025</th>
<th>2026+</th>
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<tbody>
<tr>
<td>KN-054</td>
<td>Melanoma ★ APPROVED</td>
<td>KN-A18 Breast ★ APPROVED</td>
<td>KN-242</td>
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<tr>
<td>KN-057</td>
<td>NMIBC ★ APPROVED</td>
<td>KN-866 MIBC</td>
<td>KN-B15</td>
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<td>KN-522</td>
<td>TNBC ★ APPROVED</td>
<td>KN-937 HCC</td>
<td>KN-975</td>
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<td>KN-629</td>
<td>cSCC ★ APPROVED</td>
<td>KN-937 HCC</td>
<td>KN-975</td>
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<td>KN-564</td>
<td>RCC ★ APPROVED</td>
<td>LEAP-012 HCC</td>
<td>RCC</td>
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<td>KN-716</td>
<td>Melanoma ★ APPROVED</td>
<td>KN-756 Breast ER+/HER2-</td>
<td>LEAP-012</td>
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<tr>
<td>KN-412</td>
<td>HNSCC</td>
<td>KN-689 HNSCC</td>
<td>LEAP-012</td>
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<td>KN-671</td>
<td>NSCLC</td>
<td>KN-689 HNSCC</td>
<td>LEAP-012</td>
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<td>KN-585</td>
<td>Gastric</td>
<td>KN-630 cSCC</td>
<td>LEAP-012</td>
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<td>KN-091</td>
<td>NSCLC</td>
<td>KN-B21 Endometrial</td>
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</tr>
<tr>
<td>KN-867</td>
<td>NSCLC</td>
<td></td>
<td>LEAP-012</td>
</tr>
</tbody>
</table>

Successful commercial execution with 7 launches in the earlier-stage setting

Timeline based on primary completion date on www.clinicaltrial.gov and FDA approvals. Actual timing may vary.
Successful launch of WELIREG for certain VHL disease-associated tumors with additional potential future opportunities

First-in-class molecule
- **Approved** in certain VHL disease-associated tumors with high unmet need
- In VHL, most patients have multiple surgeries over many years; WELIREG is their **first-ever systemic treatment option** for certain VHL tumors

Potential treatment options
- Ongoing studies alone and in combination with TKI and IO in advanced and adjuvant RCC
- In refractory RCC, most patients have progressed despite being treated with both TKI and IO
- In first-line and adjuvant RCC, WELIREG combinations represent opportunities to better understand the potential efficacy profile

Future opportunities
- **4 Phase 3 trials** with primary completion dates starting in 2025
- **Blockbuster potential** including additional indications

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Monotherapy
- **✓ Certain VHL disease-associated tumors**
  - 2-4L advanced RCC post IO/post TKI

Doublet
- 2-3L advanced RCC post IO (+ Lenvima)
- Adjuvant RCC (+ KEYTRUDA)

Triplet
- 1L advanced RCC (+ KEYTRUDA + Lenvima)
Expect to be leader in oncology driven by additional indications, earlier lines of therapy and new assets and technologies

>80 potential approvals expected through 2028…

…enables Merck to sustain a strong growth trajectory in oncology

Source: Evaluate Pharma as of May 24, 2022
Dr. Dean Li
President, Merck Research Labs
Shaping the future of oncology with our robust portfolio and pipeline

Further establish KEYTRUDA as a foundational anti-PD-1 cancer treatment in monotherapy and in combination regimens

Diversify through partnerships with PARPi, VEGF TKI, HER2 TKI, LIV-1 ADC

Diversify through acquisitions of BTK, HIF-2α, ROR-1 ADC assets

Expand the IO-IO strategy through combinations with internal assets

Expand into cell-based therapies & T/NK cell engagers

<table>
<thead>
<tr>
<th>Partner</th>
<th>Product/Target</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>Lynparza (olaparib)</td>
<td>PARPi</td>
</tr>
<tr>
<td>Eisai</td>
<td>Koselugo (nab pazopanib)</td>
<td>VEGF TKI</td>
</tr>
<tr>
<td></td>
<td>LENVIMA (lenvatinib)</td>
<td>HER2 TKI</td>
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<tr>
<td>SeaGen</td>
<td>TUKYSA (tucatinib)</td>
<td>LIV-1 ADC</td>
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<td></td>
<td>Ladiratuzumab Vedotin (LV)</td>
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<td>Nemtabrutininib (MK-1026)</td>
<td>BTK</td>
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<td>Zilovertamab Vedotin (MK-2140)</td>
<td>HIF-2α</td>
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<td></td>
<td>Vibostolimab/pembrolizumab (MK-7684A)</td>
<td>anti-ROR-1 ADC</td>
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<td></td>
<td>Quavonlimab/pembrolizumab (MK-1308A)</td>
<td>IO-IO strategy</td>
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<td>Vibostolimab/pembrolizumab (MK-4280A)</td>
<td>anti-ILT-4 (MK-4830)</td>
</tr>
<tr>
<td></td>
<td>Favezelimab/pembrolizumab (MK-1308A)</td>
<td>anti-ILT-3 (MK-0482)</td>
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<td>Vibostolimab/pembrolizumab (MK-4280A)</td>
<td>anti-TIGIT</td>
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<td>Vibostolimab/pembrolizumab (MK-7684A)</td>
<td>anti-CTLA-4</td>
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<td>Vibostolimab/pembrolizumab (MK-7684A)</td>
<td>anti-ILT-3 (MK-0482)</td>
</tr>
</tbody>
</table>

Dr. Jane Smith, M.D.

[Dr. Jane Smith’s signature]

[Date]
Dr. Roy Baynes
Appendix
Acronyms

BRCAwt = BRCA wild-type
CCHL = Classical Hodgkin lymphoma
CCRCC = Clear cell renal cell carcinoma
CCRT = Concurrent chemoradiotherapy
CI = Confidence interval
CNS = Central nervous system
CR = Complete response
CRC = Colorectal cancer
cSCC = Cutaneous squamous cell carcinoma
DFS = Disease free survival
DMFS = Distant metastasis-free survival
dMMR = Deficient mismatch repair
EFS = Event free survival
ER = Estrogen receptor
ES = Extensive stage
HCC = Hepatocellular carcinoma
HIF-2α = Hypoxia-inducible factor-2α
HNSCC = Head and neck squamous cell carcinoma
II = Immuno-oncology
MIBC = Muscle-invasive bladder cancer
MSI-H = Microsatellite instability-high
NMIBC = Non-muscle invasive bladder cancer
NGS = Next-generation sequencing
NSCLC = Non-small cell lung cancer
ORR = Objective response rate
OS = Overall survival
PARPi = poly-ADP ribose polymerase inhibitor
PFS = Progress free survival
pNET = Primitive neuroectodermal tumor
PR = Partial response
rBTK-i = Reversible bruton tyrosine kinase inhibitor
RCB = Residual cancer burden
RCC = Renal cell carcinoma
RFS = Recurrence free survival
SCLC = Small cell lung cancer
TKI = Tyrosine kinase inhibitor
TMB-H = Tumor mutational burden-high
TNBC = Triple negative breast cancer

ER = Estrogen receptor
ES = Extensive stage
HCC = Hepatocellular carcinoma
HIF-2α = Hypoxia-inducible factor-2α
HNSCC = Head and neck squamous cell carcinoma
II = Immuno-oncology
MIBC = Muscle-invasive bladder cancer
MSI-H = Microsatellite instability-high
NMIBC = Non-muscle invasive bladder cancer
NGS = Next-generation sequencing
NSCLC = Non-small cell lung cancer
ORR = Objective response rate
OS = Overall survival
PARPi = poly-ADP ribose polymerase inhibitor
PFS = Progress free survival
pNET = Primitive neuroectodermal tumor
PR = Partial response
rBTK-i = Reversible bruton tyrosine kinase inhibitor
RCB = Residual cancer burden
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