June 1, 2026

ASCO Investor Event

Merck & Co., Inc., Rahway, N.J., USA

Forward-looking statement of Merck & Co., Inc., Rahway, N.J., USA

This presentation of Merck & Co., Inc., Rahway, N.J., 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 candidates that the candidates 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 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, 2025 and the company's other filings with the Securities and Exchange Commission (SEC) available at the SEC's Internet site (www.sec.gov).

Agenda

Opening Remarks | Dr. Dean Li

Strategy & Progress | Dr. Marjorie Green

Commercial Opportunity | Jannie Oosthuizen

Closing Remarks | Dr. Dean Li

Q&A | All

Opening Remarks

Dr. Dean Li
Executive Vice President and President,
Research Laboratories

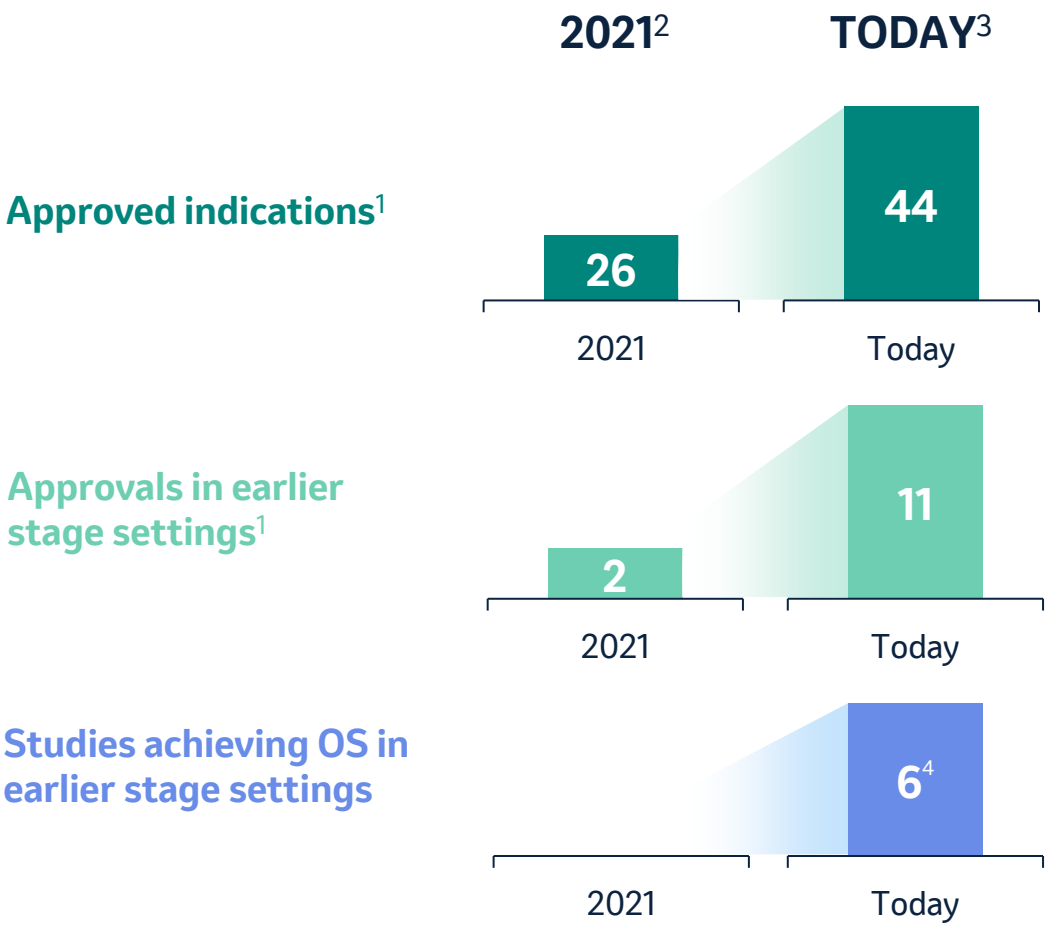
Sustaining durable leadership in oncology through two strategic objectives outlined in 2021

MAXIMIZE
impact and move into earlier stage disease including with KEYTRUDA QLEX

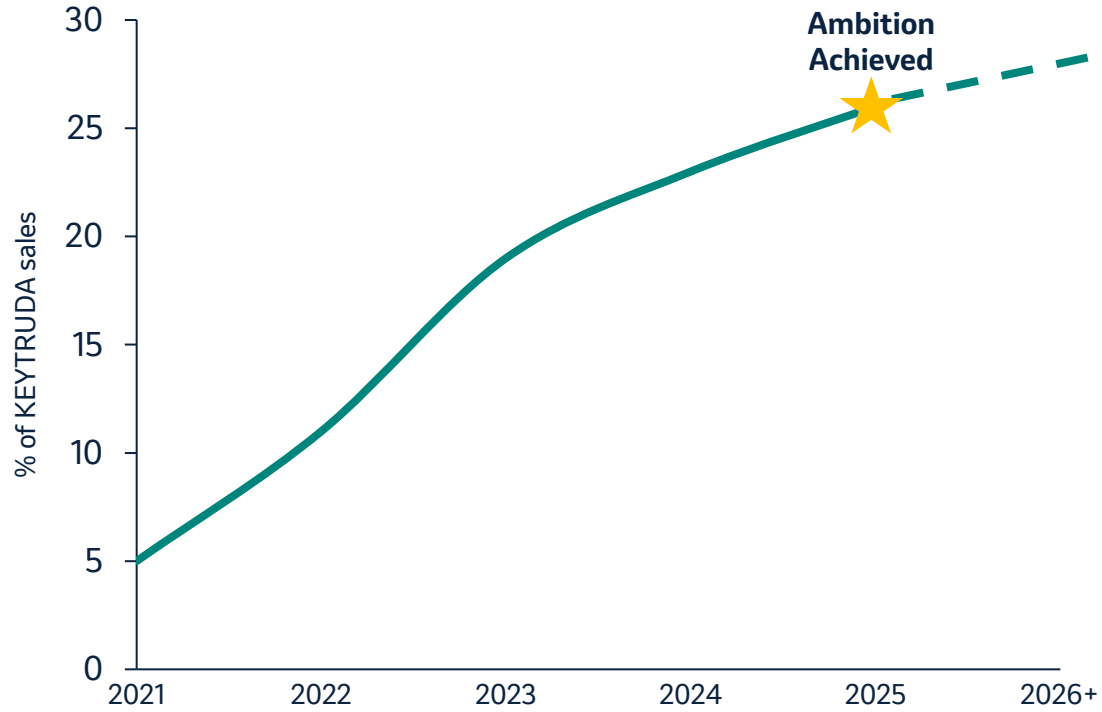
DIVERSIFY
oncology pipeline with novel mechanisms

LEVERAGE
KEYTRUDA as foundation to advance standard of care

Achieved significant progress maximizing KEYTRUDA's impact and moving into earlier stage disease



2021 Ambition:
25% of KEYTRUDA global sales from earlier stage indications by end of 2025



1. FDA approvals for KEYTRUDA 2. As of January 1, 2021 3. As of June 1, 2026 4. Includes KEYNOTE-522, KEYNOTE-564, KEYNOTE-671, KEYNOTE-A18, KEYNOTE-905, KEYNOTE-B15

Approaching substantial registration-enabling opportunity set across diversified oncology pipeline

Immuno-oncology

- **intismeran autogene**[1] (V940)

Precision Molecular

- **opevesostat** (CYP11A1i)
- **calderasib**[1] (KRAS G12Ci)
- **nemtabrutinib** (BTKi)
- **bomedemstat** (LSD-1i)

Tissue Targeting

- **sacituzumab tirumotecan (sac-TMT)**[1] (TROP2 ADC)
- **ifinatamab deruxtecan**[1] (B7-H3 ADC)
- **raludotatug deruxtecan**[1] (CDH6 ADC)
- **zilovertamab vedotin** (ROR1 ADC)
- **patritumab deruxtecan**[1] (HER3 ADC)
- **MK-1045** (CD19xCD3)

2026	2027		2028		2029+		
I-DXd PDUFA[2] (SCLC)	TroFuse-004	Shorespan-006	TroFuse-007	IDeate-Prostate01	TroFuse-011	TroFuse-033	
	TroFuse-010	Shorespan-007	TroFuse-009	OMAHA-03	TroFuse-012	TroFuse-036	KANDLELIT-012
	TroFuse-015	BELLWAVE-008	TroFuse-020	OMAHA-04	TroFuse-019	BELLWAVE-010	KANDLELIT-015
					TroFuse-021	BELLWAVE-011	INTerpath-001
					TroFuse-022	waveLINE-010	INTerpath-002
					TroFuse-023	MK-1045-005	INTerpath-009
					TroFuse-031	KANDLELIT-004	INTerpath-014
TroFuse-005[3]	IDeate-Lung02	waveLINE-003	IDeate-Esophageal01	REJOICE-Ovarian01	TroFuse-032	KANDLELIT-007	HERTHENA-Breast04

Chart reflects Phase 2/3 or Phase 3 primary completion dates on clinicaltrials.gov as of June 1, 2026 unless otherwise noted 1. In collaboration 2. October 10, 2026 PDUFA date 3. Announced positive topline results on May 18, 2026

Strategy & Progress

Dr. Marjorie Green
Senior Vice President, Head of Oncology
Global Clinical Development

Uniquely positioned to advance cancer care with differentiated portfolio and pipeline

Immuno-oncology

Boost anti-tumor immune responses

KEYTRUDA® (pembrolizumab) Injection 100 mg

KEYTRUDA Qlex™ pembrolizumab + berahyaluronidase alfa-pmph Subcutaneous Injection | 165 mg + 2,000 units/mL

MK-2010
Anti-PD1 x VEGF bispecific

intismeran autogene[1]
(V940)
Individualized Neoantigen Therapy

Precision Molecular Targeting

Impact pathways that can drive cancer growth

Lynparza™ olaparib[2]

WELIREG™ (belzutifan) 40 mg tablets

LENVIMA® (lenvatinib) capsules RESULTS THAT MATTER[3]

nemtabrutinib
(MK-1026)
BTKi

bomedemstat
(MK-3543)
LSD1i

MK-4208
(formerly TERN-701)
Allosteric TKI

opevesostat
(MK-5684)
CYP11A1i

calderasib[4]
(MK-1084)
KRAS G12Ci

MK-4716
KRAS

Tissue Targeting

Increase cancer cell sensitivity with ADCs and immune cell engagers

sac-TMT[5]
(MK-2870)
TROP2 ADC

MK-3120[5]
Nectin-4 ADC

zilovertamab vedotin
(MK-2140)
ROR1 ADC

MK-2750[5]
ADC – undisclosed target

MK-6204[5]
ADC – undisclosed target

Undisclosed preclinical ADCs

I-DXd[6]
(MK-2400)
B7-H3 ADC

R-DXd[6]
(MK-5909)
CDH6 ADC

HER3-DXd[6]
(MK-1022)
HER3 ADC

gocatamig[6]
(MK-6070)
DLL3 TCE

MK-1045
CD19xCD3 TCE

MK-8294[7]
TCE – undisclosed target

1. Collaboration with Moderna 2. Collaboration with AstraZeneca 3. Collaboration with Eisai 4. Collaboration with Taiho and Astex 5. Collaboration with Kelun Biotech 6. Collaboration with Daiichi Sankyo; 7. Collaboration with Janux Therapeutics

Strategy to maximize benefit for patients with unambiguous efficacy, informed combinations, biomarker enrichment, curative intent settings

Best outcomes achieved when non-cross resistant therapies are combined or given sequentially

Combinable agents

Develop medicines with single agent activity which can be strategically combined with other agents

Predictive biomarkers enable stratification that can improve therapeutic index of medications

Biomarkers

Improve therapeutic index through precision medicine

Early treatment improves probability for better outcomes

Earlier-stage disease

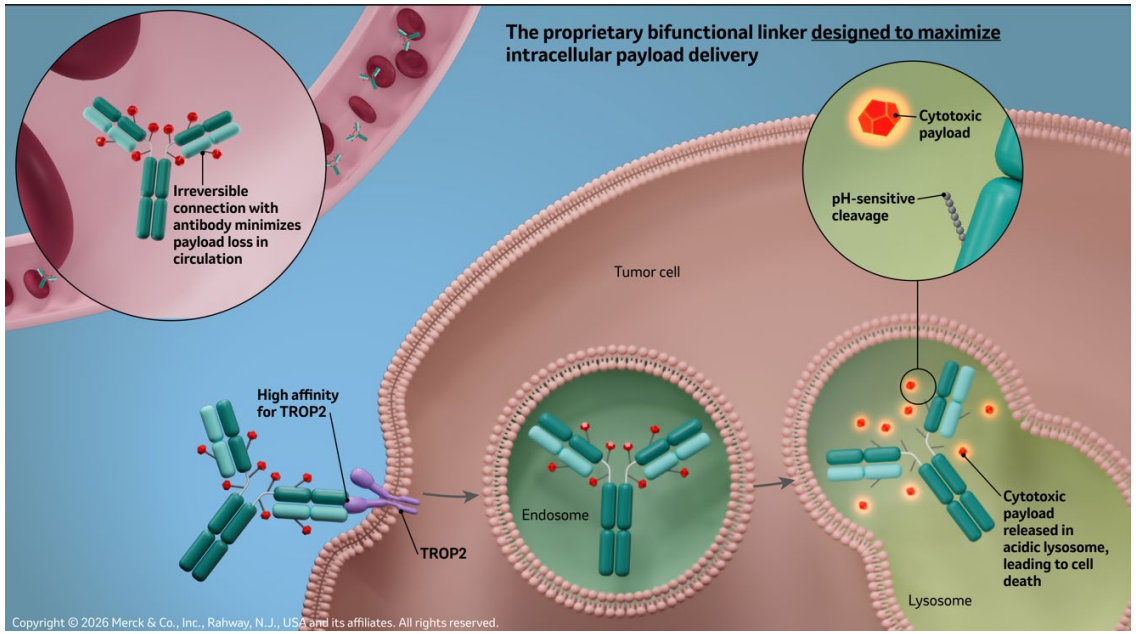
Develop medicines in earlier stages of disease

Sac-TMT designed as cornerstone ADC with potential to deliver best-in-class efficacy with manageable safety profile across multiple tumors

Sac-TMT

- **TROP2-directed ADC** with **belotecan-derived topoisomerase I inhibitor payload**
- **Proprietary bifunctional linker** that **maximizes payload delivery** to tumor cells
  - **Irreversible connection to antibody** reduces free payload in circulation
  - **pH sensitive connection** ensures intracellular payload release in lysosomes

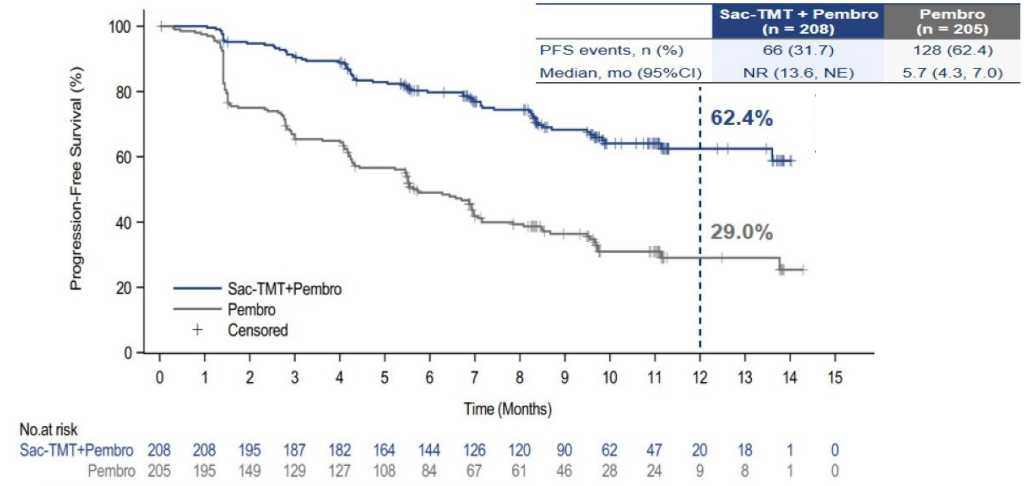
Mechanism of action



Kelun Biotech presents compelling OptiTROP-Lung05 data for sac-TMT in NSCLC supporting ongoing global Phase 3 TroFuse studies

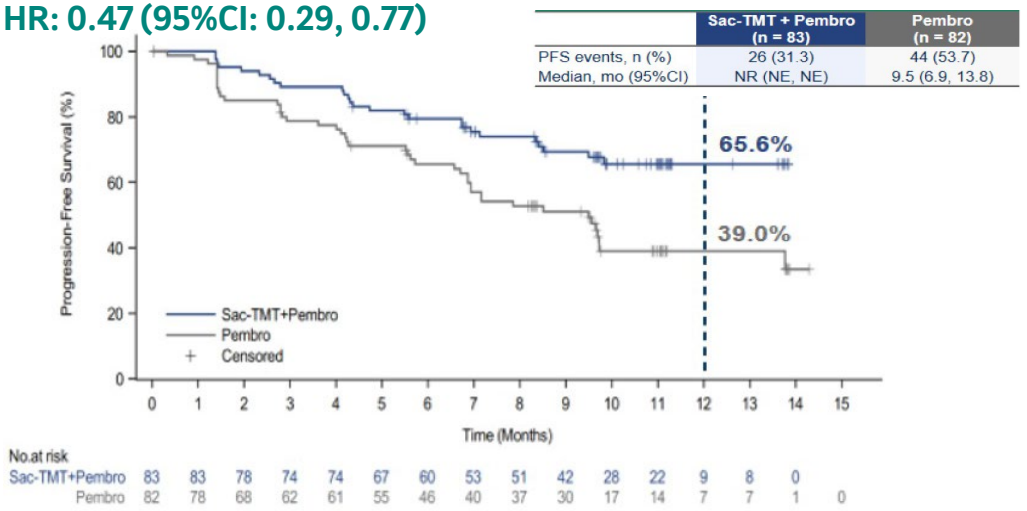
PFS by BICR: All participants

HR: 0.35 (95%CI: 0.26, 0.47), p < 0.0001



PFS by BICR: TPS ≥ 50%

HR: 0.47 (95%CI: 0.29, 0.77)



- Demonstrated **statistically significant and clinically meaningful** improvement in **PFS** vs. KEYTRUDA in participants with PD-L1 positive locally advanced or metastatic 1L NSCLC
  - **Consistent PFS benefit** across **PD-L1 expression** and **histology** subgroups
- **Favorable trend in OS**, data not mature at time of analysis
- Showed **manageable safety profile**, no new safety signals identified
- **First Phase 3 study** results of **sac-TMT plus KEYTRUDA**
- Merck has **global Phase 3 studies underway in NSCLC**: TroFuse-007, TroFuse-023, TroFuse-019

Multiple positive OptiTROP readouts in breast and lung cancer increase confidence in global Phase 3 TroFuse studies

Positive Phase 3 trials

Kelun *China-only studies*

OptiTROP-Breast01	OptiTROP-Breast03	OptiTROP-Breast02	OptiTROP-Lung04[1]	OptiTROP-Lung05
Locally recurrent or metastatic **TNBC** post at least two prior chemotherapies	1L locally recurrent or metastatic **TNBC**	Previously treated LA or metastatic **HR+/HER2- breast cancer**	**EGFRm NSCLC** following **progression on EGFR-TKI**	1L PD-L1 positive advanced **NSCLC**
✓ **mPFS:** 6.7 vs 2.5 mo HR 0.32 (95% CI 0.24-0.44)	✓ **PFS:** statistically significant and clinically meaningful improvement	✓ **mPFS:** 8.3 vs 4.1 mo HR 0.35 (95% CI 0.26-0.48)	✓ **mPFS:** 8.3 vs 4.3 mo HR 0.49 (95% CI 0.39-0.62)	✓ **mPFS:** NR vs 5.7 mo HR 0.35 (95% CI 0.26, 0.47)
✓ **mOS:** 14.3 vs 9.4 mo HR 0.53 (95% CI 0.36-0.78)	✓ **OS:** Positive trend	✓ **mOS:** Positive trend HR 0.33 (95% CI 0.18-0.61)	✓ **mOS:** NR vs 17.4 mo HR 0.60 (95% CI 0.44-0.82)	✓ **mOS:** Positive trend HR 0.55 (95% CI 0.36, 0.85)

Ongoing Global Phase 3 trials

Merck *Global studies*

TroFuse-011	TroFuse-010	TroFuse-004	TroFuse-007
TroFuse-012		TroFuse-009	TroFuse-019
TroFuse-032			TroFuse-023

1. Kelun also presented positive Phase 2 data from OptiTROP-Lung03 in participants with EGFRm NSCLC following EGFR-TKI and chemotherapy

Differentiated Phase 3 TroFuse development program with first mover opportunities to address unmet needs across common tumor types

TroFuse ONCOLOGY CLINICAL TRIALS

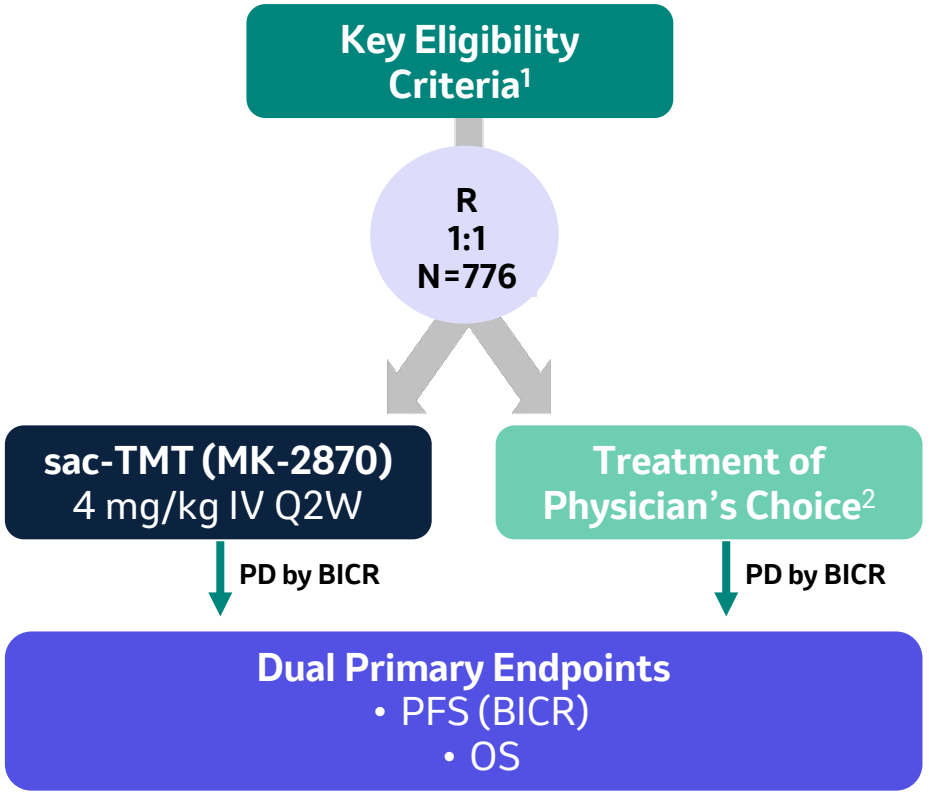
	Gynecologic			Breast		NSCLC		GI	GU
	Endometrial	Ovarian	Cervical	HR+	TNBC	EGFRwt	EGFRm	Gastric	Bladder
Earlier Stage					TroFuse-032 TroFuse-012	TroFuse-019			
1L Metastatic	TroFuse-033 ★	TroFuse-021 ★	TroFuse-036 ★	TroFuse-010	TroFuse-011	TroFuse-007 TroFuse-023 ★			
2L+ Metastatic	TroFuse-005 ☑	TroFuse-022 ★	TroFuse-020				TroFuse-004 TroFuse-009	TroFuse-015	TroFuse-031

First mover opportunity | Differentiated profile | Enrollment complete | ★ Maintenance regimen | ☑ Positive topline results

In collaboration
Note: Biomarker strategy in place for multiple studies

TroFuse-005 the first positive global Phase 3 study for sac-TMT

- Sac-TMT demonstrated **statistically significant and clinically meaningful improvement** in **OS and PFS** in certain patients with advanced or recurrent endometrial cancer who have **progressed after platinum-based chemotherapy and anti-PD-1/L1** at pre-specified interim analysis
- **First TROP2 ADC** to **improve OS and PFS** compared to chemotherapy in patients with advanced or recurrent endometrial cancer
- Endometrial cancer the **6th most common cancer in women**
  - Following primary treatment, **patients face risk of cancer returning**, often as distant metastasis, associated with poorer outcomes
- Data to be presented at upcoming medical meeting and **discussed with regulatory authorities** worldwide



In collaboration 1. Histologically-confirmed diagnosis of endometrial carcinoma or carcinosarcoma; radiologically apparent measurable or non-measurable disease; prior platinum exposure and prior anti-PD-1/PD-L1 exposure (given separately or in combination), in any setting, including neoadjuvant or adjuvant therapy; recurrence <12 months after completing platinum-based adjuvant therapy, or received platinum in the metastatic setting, or received an IO-based regimen in the recurrent setting after initial adjuvant platinum therapy regardless of platinum-free interval; does not require recurrent drainage of effusions within 6 weeks before randomization 2. Doxorubicin 60 mg/m2 IV Q3W OR Paclitaxel 80 mg/m2 IV on Days 1, 8 and 15 of each 28-day cycle

Rapidly advancing one of industry's broadest ADC programs

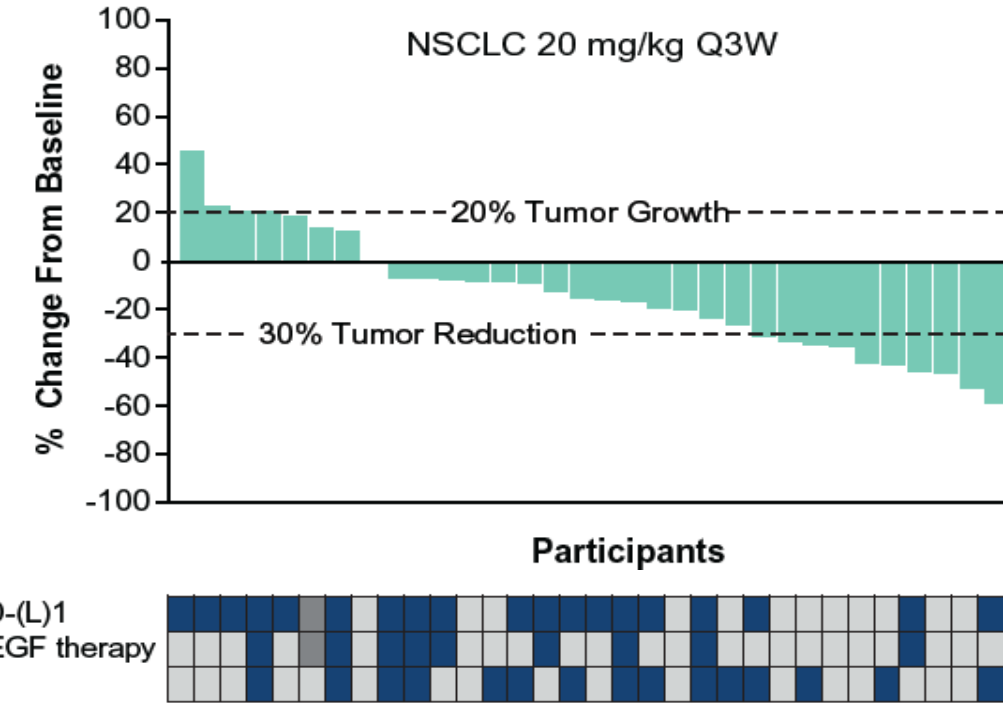
	MK-2870	MK-2400	MK-5909	MK-2140	MK-1022	MK-3120	MK-2750	MK-6204
Generic Name	sacituzumab tirumotecan (sac-TMT)	ifinatamab deruxtecan (I-DXd)	raludotatug deruxtecan (R-DXd)	zilovertamab vedotin	patritumab deruxtecan (HER3-DXd)	Undisclosed	Undisclosed	Undisclosed
Target	TROP2	B7-H3	CDH6	ROR1	HER3	Nectin-4	Undisclosed	Undisclosed
Partner	Kelun Biotech	Daiichi Sankyo	Daiichi Sankyo		Daiichi Sankyo	Kelun Biotech	Kelun Biotech	Kelun Biotech
Status	TroFuse-005 positive topline	PDUFA Oct 2026	Phase 2/3	Phase 3	Phase 3	Phase 1	Phase 1	Phase 1
Lead Tumor Types	Breast Cervical Endometrial Gastric NSCLC Ovarian Bladder	ESCC SCLC Prostate	Ovarian	DLBCL	Breast	Advanced Solid Tumors	Advanced Solid Tumors	Advanced Solid Tumors

MK-2010 (PD-1xVEGF bispecific) demonstrated encouraging preliminary results in first-in-human study

MK-2010

Data presented at AACR 2026

Best % Change From Baseline in Target Lesions in NSCLC Backfill



All participants in dose escalation who received MK-2010 Q2W and were eligible for inclusion were treated at ≥10 mg/kg Q2W. Includes participants with ≥6 weeks of follow-up, measurable disease per RECIST v1.1 at baseline, and ≥1 evaluable post-baseline imaging assessment. Tumor types among participants with unconfirmed responses in dose escalation were ovarian (2 participants), colorectal, gastric adenocarcinoma, NSCLC, and small cell lung cancer. Dark gray shading in grid indicates participants with unknown prior anti-PD-(L)1 and/or anti-VEGF treatment status. BICR, blinded independent central review; ORR, objective response rate; RECIST, Response Evaluation Criteria in Solid Tumors.

- Suggests **manageable safety** and **promising antitumor activity** in dose escalation and randomized NSCLC backfill
  - **Unconfirmed ORR** in NSCLC backfill was **55%** and **18%** for **treatment naïve** and **previously treated participants**, respectively, at 20 mg/kg dose
  - **Comparable efficacy**, with **more favorable safety profile** seen at 20 mg/kg Q3W
- Data support **further investigation** as **monotherapy** and in **various combination settings**

MK-2010 potential opportunity based on promising science of PD1xVEGF bispecific coupled with unique experience and broad pipeline

Development considerations

- **Advantaged company** to fully explore potential of PD-1xVEGF axis
  - **Leverage PD-1 and VEGF experience** to inform clinical development program
  - **Portfolio of novel agents** offer combination opportunities
- Demonstrated ability to advance promising science in oncology with **speed and rigor**
- **Significant opportunity** across range of tumor types driven by **science** and **unparalleled clinical development capabilities**

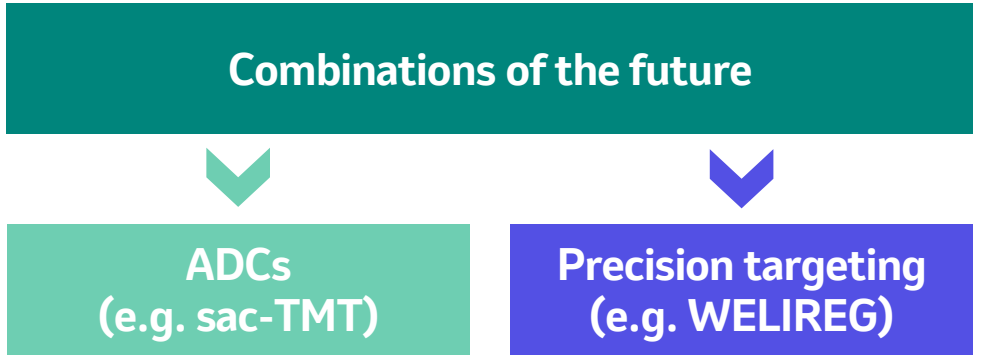
PD-1 + VEGF experience[1]

>20
Phase 3 clinical studies

6
approvals

12
tumor types explored in Phase 3

Combination opportunities



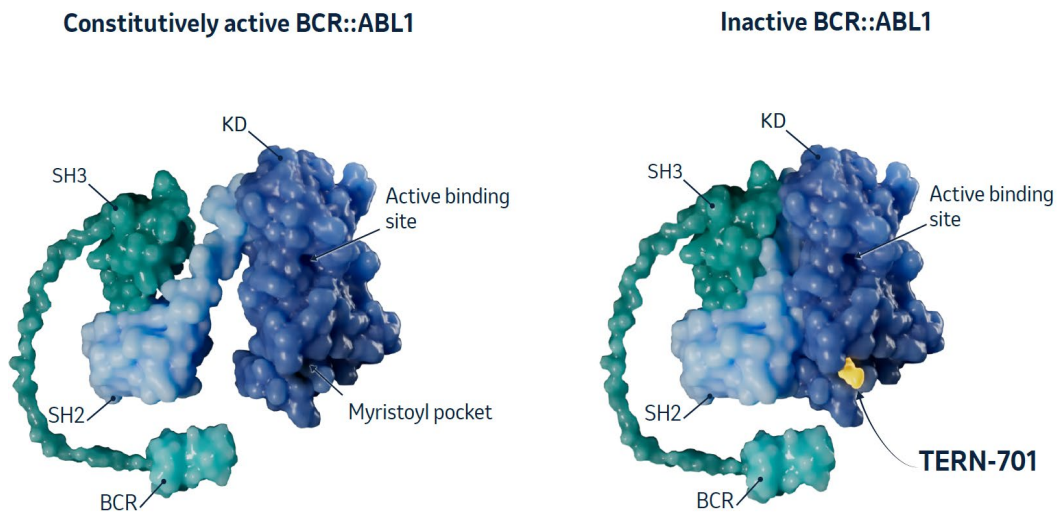
1. Includes PD-1 plus VEGF inhibitor combination regimen programs

MK-4208 an investigational, next generation allosteric TKI with greater selectivity compared with other TKIs

MK-4208 (formerly TERN-701)

- Despite multiple approved TKIs, **significant unmet need remains** for improved efficacy, safety and convenience
- Potent, oral, next-generation **allosteric BCR-ABL TKI**
- High target selectivity enables **potentially higher dosing** with fewer off-target effects, supporting **improved therapeutic index**
- **Potential best-in-disease profile** for treatment of certain patients with Philadelphia chromosome-positive CML
- **Breakthrough Therapy Designation** granted for treatment of certain patients with CML

Highly selective, novel binding site



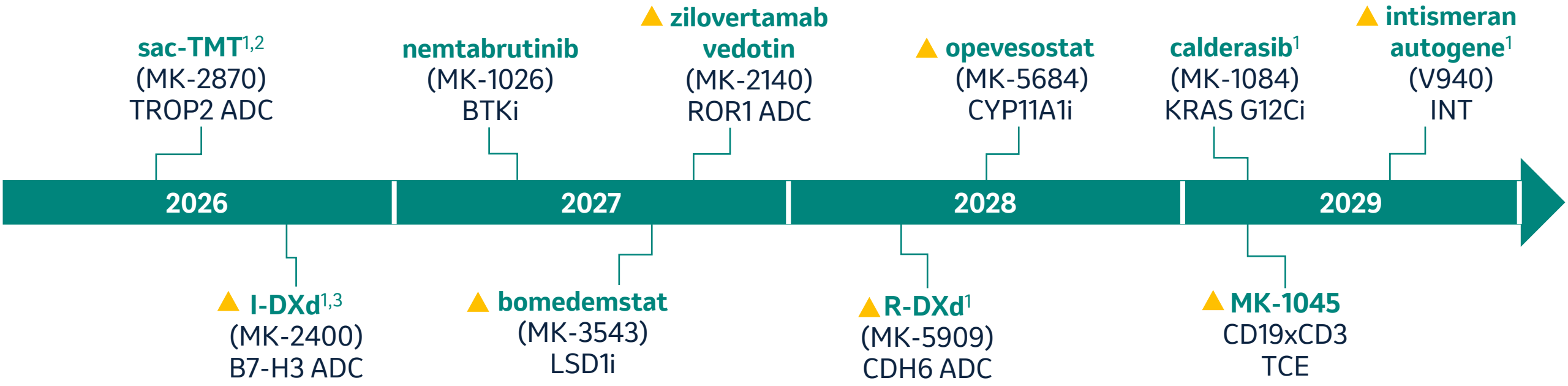
Growing hematology portfolio with broad potential across multiple hematologic diseases

	nemtabrutinib	bomedemstat	zilovertamab vedotin	MK-1045	MK-4208
Ambition	1L non-covalent BTKi with potential to overcome covalent BTKi limitations (e.g., acquired resistance)	Novel MOA with potentially disease modifying effect for patients with high unmet needs	First-in-class ROR1 ADC offering potential for differentiated clinical value (efficacy/safety/ administration) vs. bispecifics	Novel compound with potential for significant antitumor activity in hematologic cancers	Differentiated allosteric TKI with potential best-in-disease profile and strong efficacy across MMR and DMR
Mechanism of action	BTK inhibitor	LSD1 inhibitor	ROR1 ADC	CD19xCD3 t-cell engager	Allosteric TKI
Lead Indication	CLL	ET	DLBCL	ALL	CML
Potential follow-on indications	MCL DLBCL	PV Sickle Cell Disease	MCL FL	DLBCL FL MCL	TBD
Development status (PCD)[1]	Phase 3 (2027)	Phase 3 (2027)	Phase 3 (2027)	Phase 2/3 (2029)	Phase 1/2

Potential combination opportunities across assets

1. Reflects earliest Phase 2/3 or Phase 3 primary completion date on clinicaltrials.gov as of June 1, 2026

Registrational readouts across 10 new candidates in next four years



First-in-class potential

Chart reflects earliest Phase 2/3 or Phase 3 primary completion date on clinicaltrials.gov as of June 1, 2026 unless otherwise noted 1. In collaboration. 2. Announced positive topline results from TroFuse-005 study on May 18, 2026 3. October 10, 2026 PDUFA date

Commercial Opportunity

Jannie Oosthuizen
Executive vice president and president,
Oncology and MSD International

Leading oncology portfolio provides strong foundation for the future

4.2M+
Patients Treated Globally

58
Approved Indications[1]

25
Tumor Types Including MSI-H & TMB-H

KEYTRUDA® (pembrolizumab) Injection 100 mg

Foundational cancer treatment

KEYTRUDA Qlex™ pembrolizumab + berahyaluronidase alfa-pmph Subcutaneous Injection | 165 mg + 2,000 units/mL

Injectable immunotherapy option

Lynparza® olaparib tablets 150 mg

Market-leading PARPi

LENVIMA® (lenvatinib) capsules | 10 mg and 4 mg

TKI with multiple approved indications

WELIREG™ (belzutifan)

First-in-class HIF-2α inhibitor

1. Excludes overlapping indications with KEYTRUDA QLEX

KEYTRUDA continues to extend across tumor types and deepen impact in earlier lines of treatment

New and upcoming launches across tumor types

KN-689
earlier stage HNSCC
Approved

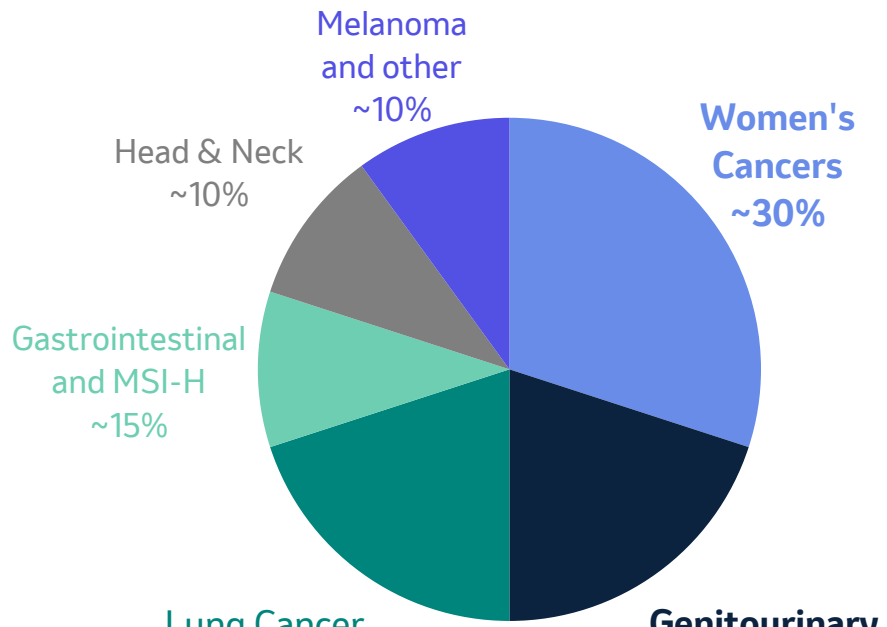
KN-905[1]
cis-ineligible MIBC
Approved

KN-B96
2L/3L PROC
Approved

KN-B15[1]
cis-eligible MIBC
PDUFA Aug 17th

Additional Indications

KEYTRUDA family 2028 revenue opportunity by tumor



1L NSCLC expected to represent:
- Global: mid-teens
- U.S.: low double digits

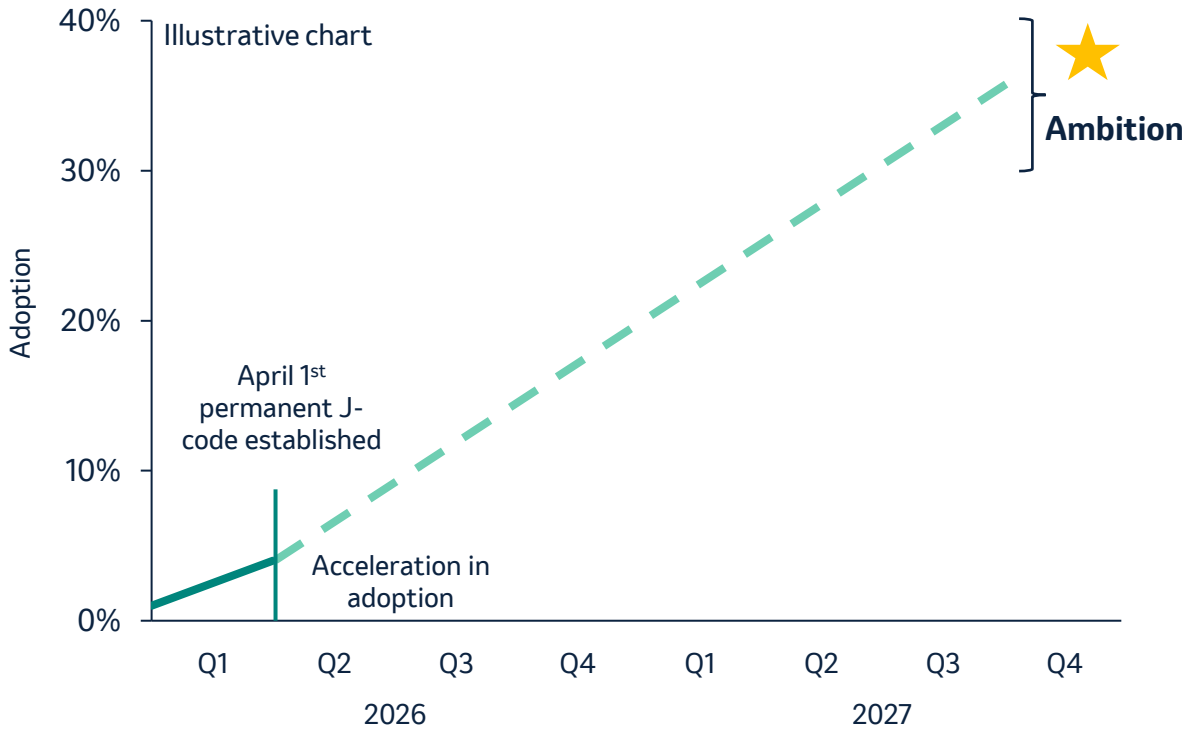
1. In collaboration with Pfizer and Astellas

Strong KEYTRUDA QLEX launch increases confidence in targeted adoption

U.S. launch

On track to achieve **30% to 40% peak adoption** of KEYTRUDA QLEX by end of 2027

- Highest adoption rates in monotherapy or oral combination regimens, including earlier-stage indications



Patient experience label update

65% **of patients prefer KEYTRUDA QLEX** over KEYTRUDA IV, citing less time in clinic[1]

Global launch progress

EMA and UK approvals achieved; expect **launches in major markets starting in 2026**

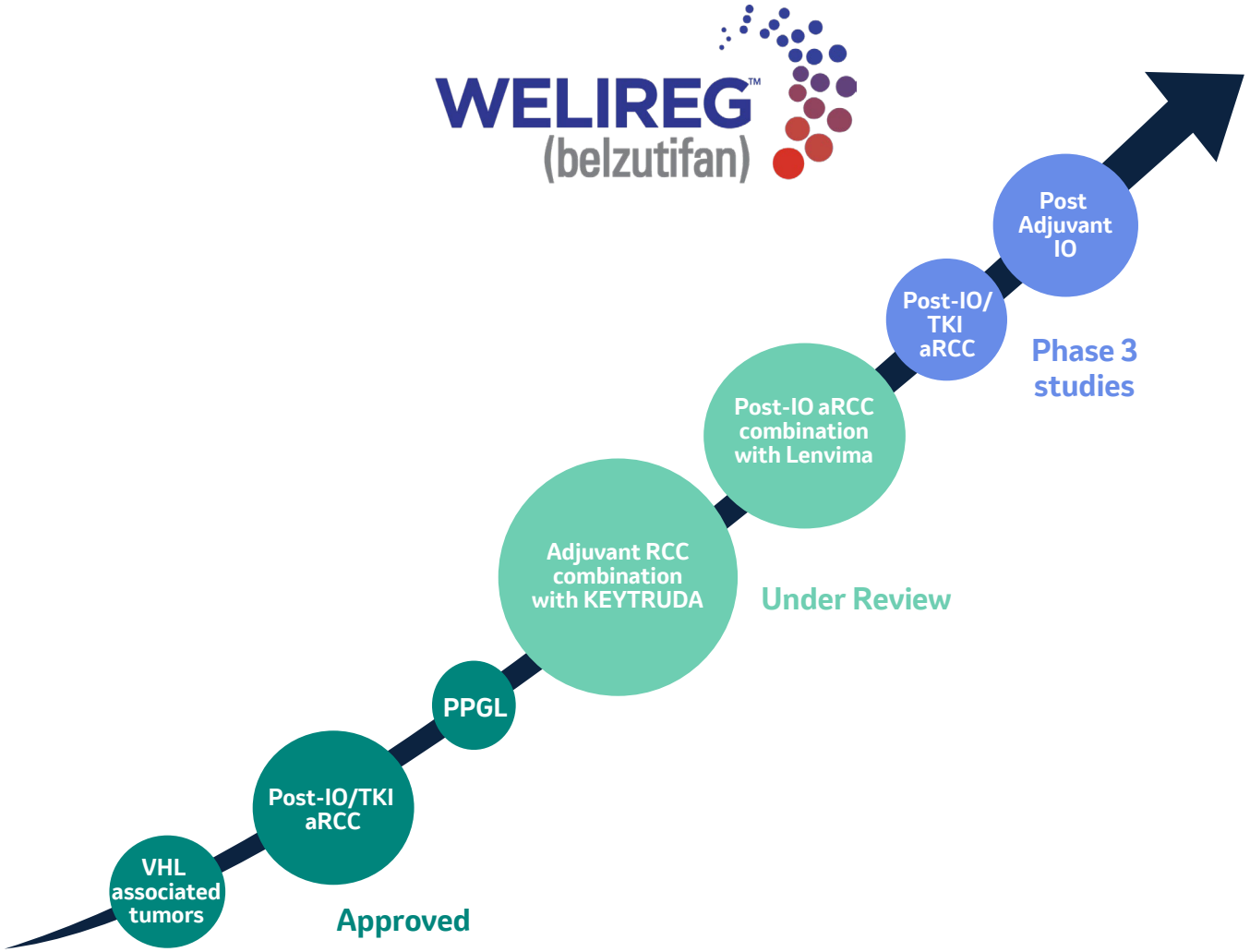
Anticipate **30% to 40%** peak adoption on average

- Peak penetration will vary by market

1. 32% reported preferring KEYTRUDA IV over KEYTRUDA QLEX and the most common reason was that it felt more comfortable during administration. 3% had no preference for the route of administration.

WELIREG has multibillion peak commercial revenue potential

- **LITESPARK-022** combination with KEYTRUDA in adjuvant RCC with **PDUFA June 19th**
  - Builds on KN-564 KEYTRUDA monotherapy foundation
  - Potential **first IO combination** in adjuvant setting
  - Demonstrated **meaningful improvements** in **DFS**
- **LITESPARK-011** combination with Lenvima in post-IO advanced RCC with **PDUFA Oct 4th**
  - First and only HIF-2α inhibitor + VEGF-TKI combination post-IO
  - Demonstrated **superior PFS** vs. cabozantinib with improved duration of response
- **Future opportunities** in combination with zanzalintinib



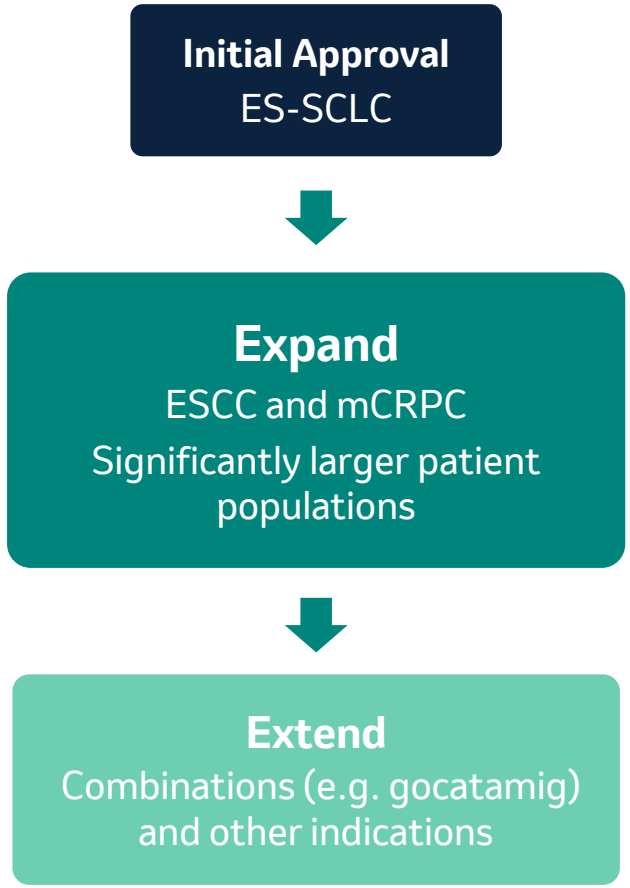
I-DXd a potential first-in-class B7-H3 directed ADC with opportunities to expand patient impact in additional tumor types

Initial Approval

- FDA granted priority review in previously treated ES-SCLC
  - **PDUFA October 10th**
- SCLC a **deadly**, **rapidly progressive** cancer with high unmet need and poor prognosis
  - **~10-15%** of all lung cancers
  - **~70%** of patients with SCLC are diagnosed with **ES-SCLC**
  - **~27K** estimated new cases in the U.S. in 2025 and **~250K globally**[1]
  - **5-year survival** remains **very low**, at just **4%** for those with distant metastases[2]

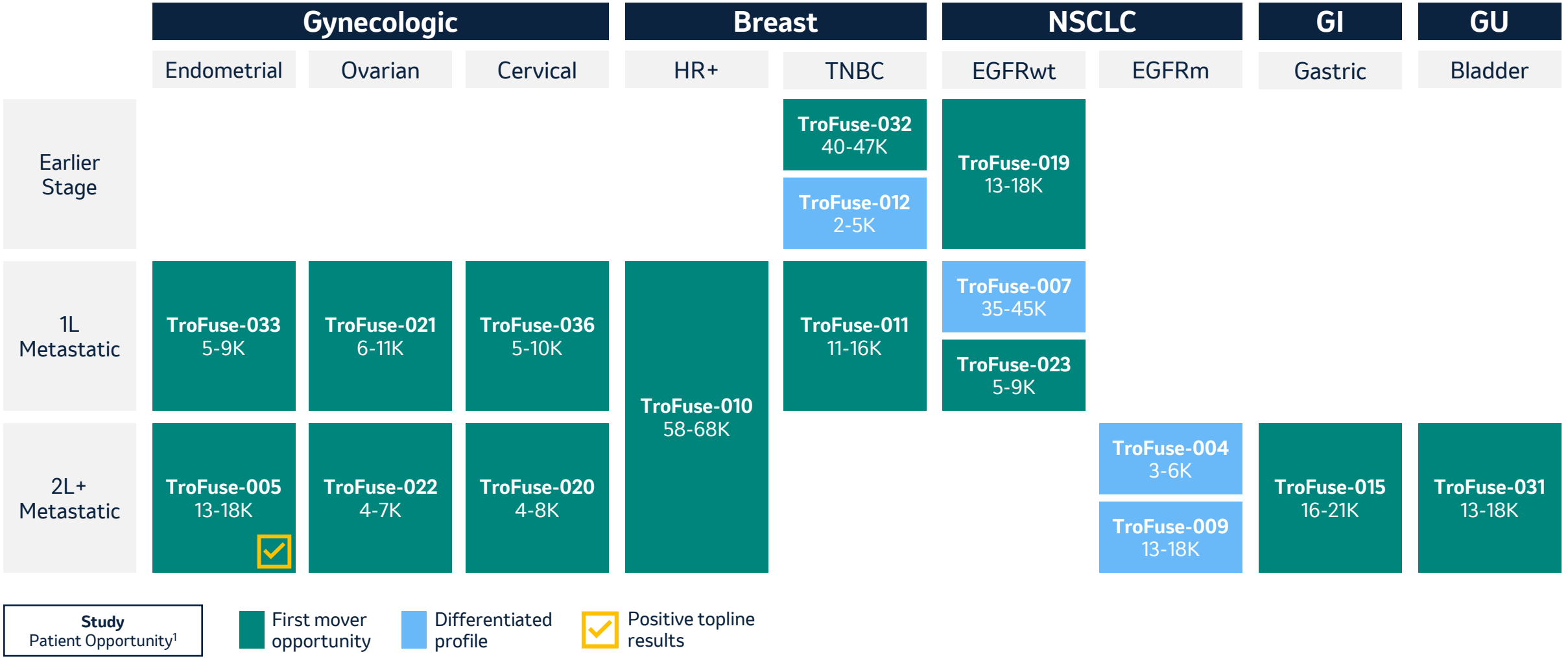
Expand & Extend

- Registrational trials ongoing in **2L ESCC** and **1L mCRPC**
- Exploring combination of **I-DXd** and **gocatamig** in **ES-SCLC**
- B7-H3 broadly expressed across tumor types supporting **promising therapeutic potential**



In collaboration 1. Rudin CM, et al. 2021: Nat Rev Dis Primers 2. American Cancer Society 5-Year Survival Rates based on people diagnosed between 2012 and 2018

Significant potential for sac-TMT across broad range of disease areas and treatment settings with many first-in-class opportunities

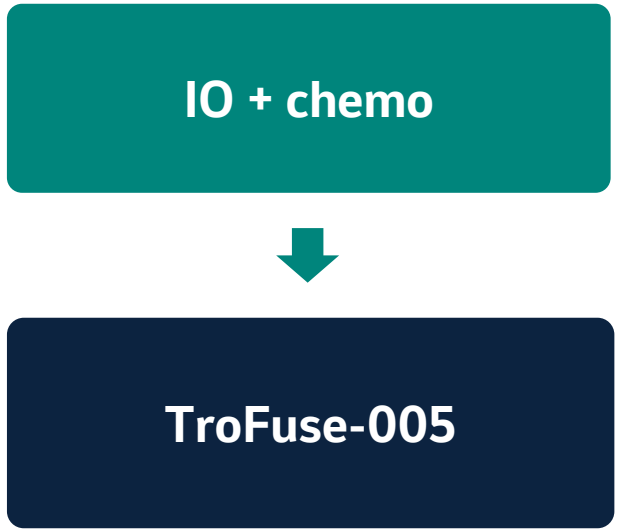


In collaboration 1. Reflects estimated eligible patients based on study population, setting, sequence and regimen in the U.S., EU5, and Japan

Sac-TMT the first and only TROP2 ADC to demonstrate survival benefit in endometrial cancer

- **First TROP2 ADC** to **improve OS and PFS** compared to chemotherapy in patients with advanced or recurrent endometrial cancer who have progressed after platinum-based chemotherapy and anti-PD-1/L1 based on **TroFuse-005 study**
- **Significant unmet need** for patients with metastatic EC
  - Patients have **median OS < 1 year after progression** on platinum chemotherapy
  - **No standard of care** for **majority of patients** whose disease progresses following treatment with IO plus chemotherapy
- Approval would **expand on deep expertise** in **gynecologic cancers**

Treatment paradigm



In collaboration

Building on strong foundation for next wave of oncology innovation

Mid-2030s aspirations

>$25B

Commercial opportunity from late-phase pipeline[1]

14

New product approvals, with **5 in hematology**

80+

Indication opportunities

1. Non-risk adjusted annual sales by the mid-2030s. Excludes MK-4208, formerly TERN-701.

Closing Remarks

Dr. Dean Li
Executive Vice President and President,
Research Laboratories

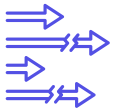
Advancing broad, deep pipeline by leveraging industry-leading capabilities and leadership in IO

Pursuing a focused strategy…

~60 registrational oncology trials across **3** pillars of biology

Immuno-oncology

Tissue Targeting



Precision Molecular Targeting

✚ fully integrated early phase and pre-clinical portfolio

…to profoundly improve patient outcomes

Further improve efficacy
Combine or sequence therapies with different mechanisms

Treat optimally
Utilize predictive biomarkers to identify those most likely to respond

Treat earlier
Develop medicines in earlier stages and curative intent settings

Q&A

Dr. Dean Li
EVP and president, Merck Research Laboratories

Jannie Oosthuizen
EVP and president, Oncology and MSD International

Dr. Marjorie Green
SVP, Head of Oncology Global Clinical Development

Sophie Opdyke
SVP, Global Oncology Marketing

Peter Dannenbaum
SVP, Investor Relations

Appendix

Acronyms

ADC = Antibody-drug conjugate
ALL = Acute lymphocytic leukemia
aRCC = Advanced renal cell carcinoma
B7-H3 = B7 homolog 3
BCR = Breakpoint cluster region
BICR = Blinded independent central review
BTK = Bruton tyrosine kinase
CDH6 = Cadherin-6
CI = Confidence interval
CLL = Chronic lymphocytic leukemia
CML = Chronic myeloid leukemia
CYP11A1 = Cytochrome P450 Family 11 Subfamily A Member 1
DFS = Disease free survival
DLBCL = Diffuse large b-cell lymphoma
DLL3 = Delta-like ligand 3
DMR = Deep molecular response
EC = Endometrial cancer
EGFR = Epidermal growth factor receptor
EGFRm = Epidermal growth factor receptor mutant
EGFRwt = Epidermal growth factor receptor wild type
ES = Extensive-stage
ESCC = Esophageal squamous cell carcinoma
ET = Essential thrombocythemia
FL = Follicular lymphoma
GI = Gastrointestinal
GU = Genitourinary
HER2 = Human epidermal growth factor receptor 2
HER3 = Human epidermal growth factor receptor 3
HIF-2α = Hypoxia-inducible factor–2α
HNSCC = Head and neck squamous cell carcinoma
HR = Hazard ratio
HR+ = Hormone receptor-positive
INT = Individualized neoantigen therapy
IO = Immuno-oncology
KRAS = Kirsten rat sarcoma viral oncogene homolog
LA = Locally Advanced
LSD1 = Lysine specific demethylase 1
MCL = Mantle cell lymphoma
mCRPC = Metastatic castration-resistant prostate cancer
MHC = Major histocompatibility complex
MIBC = Muscle-invasive bladder cancer
MMR = Major molecular response
MOA = Mechanism of action
MSI-H = Microsatellite instability-high
NSCLC = Non-small cell lung cancer
ORR = Objective response rate
OS = Overall survival
PARPi = Poly-ADP ribose polymerase inhibitor
PCD = Primary completion date
PD-1 = Programmed cell death protein 1
PD-L1 = Programmed cell death ligand 1
PDUFA = Prescription Drug User Fee Act
PFS = Progression free survival
PPGL = Paragangliomas
PV = Polycythemia vera
RCC = Renal cell carcinoma
RFS = Recurrence free survival
ROR1 = Receptor tyrosine kinase-like orphan receptor 1
SCLC = Small cell lung cancer
TCE = T cell engager
TKI = Tyrosine kinase inhibitor
TMB-H = Tumor mutational burden-high
TNBC = Triple negative breast cancer
TPS = Tumor proportion score
TROP2 = Trophoblast cell surface antigen-2
VHL = Von Hippel-Lindau

Dean Li, MD, Ph.D.

Executive vice president and president, Merck Research Laboratories

Dr. Dean Li serves as executive vice president and president of Merck Research Laboratories. He leads the company's worldwide human vaccines and therapeutics research and development organization.

Since joining Merck in 2017, Dean has held leadership roles in the translational medicine and discovery functions and was appointed to president, Merck Research Laboratories in January 2021.

Prior to joining Merck, Dean held positions of increasing responsibility in translational medical research at the University of Utah. Most recently he served as the H.A. & Edna Benning Professor of Medicine and Cardiology, chief scientific officer, associate vice president and vice dean at the University of Utah Health System. From 2015 to 2016, he also served as interim CEO of Associated Regional University Pathologists, one of the United States' largest clinical reference laboratories. During his tenure at the University of Utah, he co-founded several biotechnology companies based upon research conducted in his laboratory, including Recursion Pharmaceuticals, Hydra Biosciences and Navigen Pharmaceuticals.

Dean received his Bachelor's degree in chemistry from the University of Chicago and his graduate and clinical training at Washington University School of Medicine in St. Louis. Dean is a cardiologist, a member of the American Society for Clinical Investigation and the Association of American Physicians.

Jannie Oosthuizen

Executive vice president and president, Oncology and MSD International

Jannie Oosthuizen leads Merck's global oncology business and holds P&L responsibility for U.S. Oncology and Merck's 75-plus markets outside of the U.S., driving the company's continued leadership in oncology and overseeing commercial execution at the market level across the full human health portfolio. He has extensive global marketing expertise and proven commercial results in oncology markets in the U.S. and around the world. Jannie most recently served as president, Merck Human Health U.S. where he oversaw P&L, strategy and commercialization for Merck's broad portfolio in the U.S.

Jannie joined the company in 2014 to lead the Human Health oncology business in Asia Pacific and Latin America, then led Merck's business in Japan from 2016 to 2020, and then led Global Marketing for Oncology. In each of these roles, Jannie successfully created and implemented new strategies and innovative commercial models that delivered strong, leveraged growth and established Merck as a leading business in those markets and therapeutic areas.

Jannie has deep experience in a broad range of global markets and therapeutic areas, and in building and leading high-performing teams. Prior to Merck, Jannie spent 21 years at Eli Lilly in a wide range of commercial and marketing roles with increasing responsibility. He began his career with Eli Lilly in 1993 in his home country of South Africa. Jannie is a pharmacist by training and graduated from North-West University in South Africa. He has lived and worked in six countries spanning five continents with his wife and three children.

Marjorie Green, MD

Senior Vice President,
Head of Oncology Global Clinical Development

Dr. Marjorie Green is senior vice president and head of oncology global clinical development at Merck Research Laboratories.

Marjorie joined Merck from Seagen, where she was senior vice president and head of late-stage oncology, leading clinical development of a diverse portfolio of oncology candidates including multiple antibody drug conjugates. She previously held positions of increasing responsibility at Genentech culminating in her tenure as vice president, Global Product Development, head of breast and gynecologic tumor franchise. Previously, she was assistant professor and medical director of the Nellie B. Connally Breast Center and vice-chair of the Institutional Review Board at the MD Anderson Cancer Center, Houston, Texas. During her tenure a MD Anderson, Marjorie established herself as a nationally recognized clinical expert in the management of breast cancer and the treatment and prevention of associated bone metastases and has authored multiple manuscripts and book chapters on preoperative chemotherapy.

Marjorie received her Bachelor of Arts from the University of Notre Dame and her medical degree from the University of Texas Medical Branch. She conducted an internal medicine residency at University of Virginia School of Medicine and completed fellowships in medical oncology and hematology at the MD Anderson Cancer Center.

Sophie Opdyke

Senior Vice President, Global Oncology Marketing

Sophie has more than 25 years of experience in the pharmaceutical industry and is widely recognized for her expertise in strategic leadership, new product development and global launches. She is currently SVP, Global Marketing Oncology, where she continues to shape Merck's leadership in Oncology.

Previously, Sophie led the development and execution of oncology strategies for multiple pharmaceutical companies, including Pfizer, Ferring Pharmaceuticals and Takeda. At Pfizer, she oversaw all associated commercial activities from pre-clinical through launch for the company's immuno-oncology portfolio. At Ferring, she built the U.S. oncology division and the company's long-term strategic business plan and more recently was responsible for Takeda Oncology global commercial organization.

Sophie holds a doctorate of Pharmacy and Master of Pharmaceutical Business from Université Paris Descartes and an MBA in finance and international business from Columbia Business School.