UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): January 11, 2021

ImmunoGen, Inc.

(Exact name of registrant as specified in its charter)

Massachusetts	**0-17999**	**04-2726691**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

830 Winter Street, Waltham, MA 02451
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (781) 895-0600

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol**	**Name of Each Exchange on Which Registered**
Common Stock, $.01 par value	IMGN	Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

ITEM 2.02. –RESULTS OF OPERATIONS AND FINANCIAL CONDITION.

On January 11, 2021, ImmunoGen, Inc. (also referred to as "we", "our", "us" or "ImmunoGen") disclosed at the 39th Annual JP Morgan Healthcare Conference that while we have not finalized our full financial results for the year ended December 31, 2020, we expect to report that we had approximately $294 million of cash and cash equivalents as of December 31, 2020. This amount is preliminary, has not been audited and is subject to change pending completion of our audited financial statements for the year ended December 31, 2020. Additional information and disclosures would be required for a more complete understanding of our financial position and results of operations as of December 31, 2020. It is possible that we or our independent registered public accounting firm may identify items that require us to make adjustments to the preliminary estimated cash and cash equivalents balance set forth above and those changes could be material.

The information in this Item 2.02 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing.

ITEM 7.01. – REGULATION FD DISCLOSURE.

Our management will present an overview of our business at the 39th Annual JP Morgan Healthcare Conference, beginning on January 11, 2021. Attached as Exhibit 99.1 to this current report on Form 8-K is a copy of the slide presentation we will be using at the conference.

The information referenced in this Item 7.01 and contained in Exhibit 99.1 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing. This current report on Form 8-K will not be deemed an admission as to the materiality of any information furnished pursuant to this Item 7.01 that is being disclosed pursuant to Regulation FD.

Please refer to slide 2 of Exhibit 99.1 for a discussion of certain forward-looking statements included therein and the risks and uncertainties related thereto.

ITEM 9.01. – FINANCIAL STATEMENTS AND EXHIBITS.

(d): Exhibits

Exhibit No.	Description
99.1	Presentation Materials for JP Morgan 39th Annual Healthcare Conference
104	Cover Page Interactive Data File (embedded within the Inline XBRL (eXtensible Business Reporting Language) document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ImmunoGen, Inc.
(Registrant)

Date: January 11, 2021

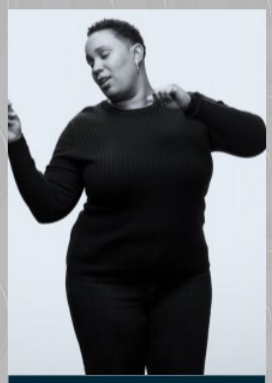
/s/ David G. Foster
David G. Foster
Vice President, Finance


Exhibit 99.1
TARGET A BETTER NOW
immunogen
Nasdaq: IMGN
J.P. Morgan Healthcare Conference
January 11-14, 2021

FORWARD-LOOKING STATEMENTS

This presentation includes forward-looking statements regarding ImmunoGen's expectations related to the design and potential success of ImmunoGen's mirvetuximab soravtansine and IMGN632 clinical studies and regulatory pathways, including the timing of initiating and receiving data from, as well as the likelihood of success of, the studies to support approval of mirvetuximab and IMGN632; the occurrence, timing, and outcome of other potential preclinical, clinical, and regulatory events related to ImmunoGen's and its collaboration partners' programs; and potential future collaborations. For these statements, ImmunoGen claims the protection of the safe harbor for forward-looking statements provided by the Private Securities Litigation Reform Act of 1995. Various factors could cause ImmunoGen's actual results to differ materially from those discussed or implied in the forward-looking statements, and you are cautioned not to place undue reliance on these forward-looking statements, which are current only as of the date of this presentation. Factors that could cause future results to differ materially from such expectations include, but are not limited to, the risks and uncertainties inherent in the Company's development programs, including clinical studies and regulatory processes, their timings and results, including the possibility that studies of mirvetuximab fail to confirm the hypotheses suggested by the exploratory analyses of the FORWARD I data, and the risks and uncertainties associated with the scale and duration of the COVID-19 pandemic and resulting impact on ImmunoGen's industry and business. A review of these risks can be found in the "Risk Factors" set forth in Exhibit 99.1 to ImmunoGen's current report on Form 8-k, filed with the Securities and Exchange Commission on December 18, 2020 and subsequent documents filed with the Securities and Exchange Commission.

WHY IMMUNOGEN?



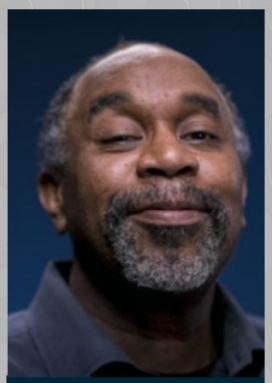
ACCELERATED PATH FOR MIRVETUXIMAB IN PROC

PIVOTAL DATA: Q3 2021
POTENTIAL APPROVAL: 2022

ANTICIPATED COMPENDIA LISTINGS FOR MIRVETUXIMAB COMBINATIONS

PATH TO FULL APPROVAL FOR IMGN632 IN BPDCN

PIVOTAL DATA: 12-18 MONTHS
POTENTIAL APPROVAL: 2022



INNOVATIVE EARLIER STAGE CANDIDATES AND ADVANCED ADC TECHNOLOGY

EXPERIENCED LEADERSHIP TEAM AND STRONG CASH POSITION

POISED TO BECOME A FULLY-INTEGRATED ONCOLOGY COMPANY WITH TWO PRODUCTS ON THE MARKET BY THE END OF 2022

PROC: platinum-resistant ovarian cancer; BPDCN: blastic plasmacytoid dendritic cell neoplasm; ADC: antibody-drug conjugate

STRATEGIC PRIORITIES

BRINGING ANTIBODY-DRUG CONJUGATES TO CANCER PATIENTS

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SOMEONE YOU KNOW
HAS BEEN DIAGNOSED
WITH OVARIAN CANCER...
WHAT'S NEXT
FOR HER?
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OVARIAN CANCER IS THE LEADING CAUSE OF DEATH FROM GYNECOLOGICAL CANCERS

>14,000 WOMEN DIE ANNUALLY FROM OVARIAN CANCER IN THE US[1]

[1]NIH SEER Data: Estimated New Cases, 2020
[2]*JCO*: Vol 33, No. 32, Nov 2015. [3]*Gyn Onc*: Vol 133 (2014) 624-631.
PFS: progression-free survival; PARPi: poly ADP-ribose polymerase inhibitor; BEV: AVASTIN® (bevacizumab)

MOST PATIENTS DEVELOP PLATINU RESISTANT DISEAS

LIMITED OPTIONS WI POOR OUTCOMES

- Low response rates and short PFS with current single agents
- Significant toxicities associate with current treatments[2, 3]

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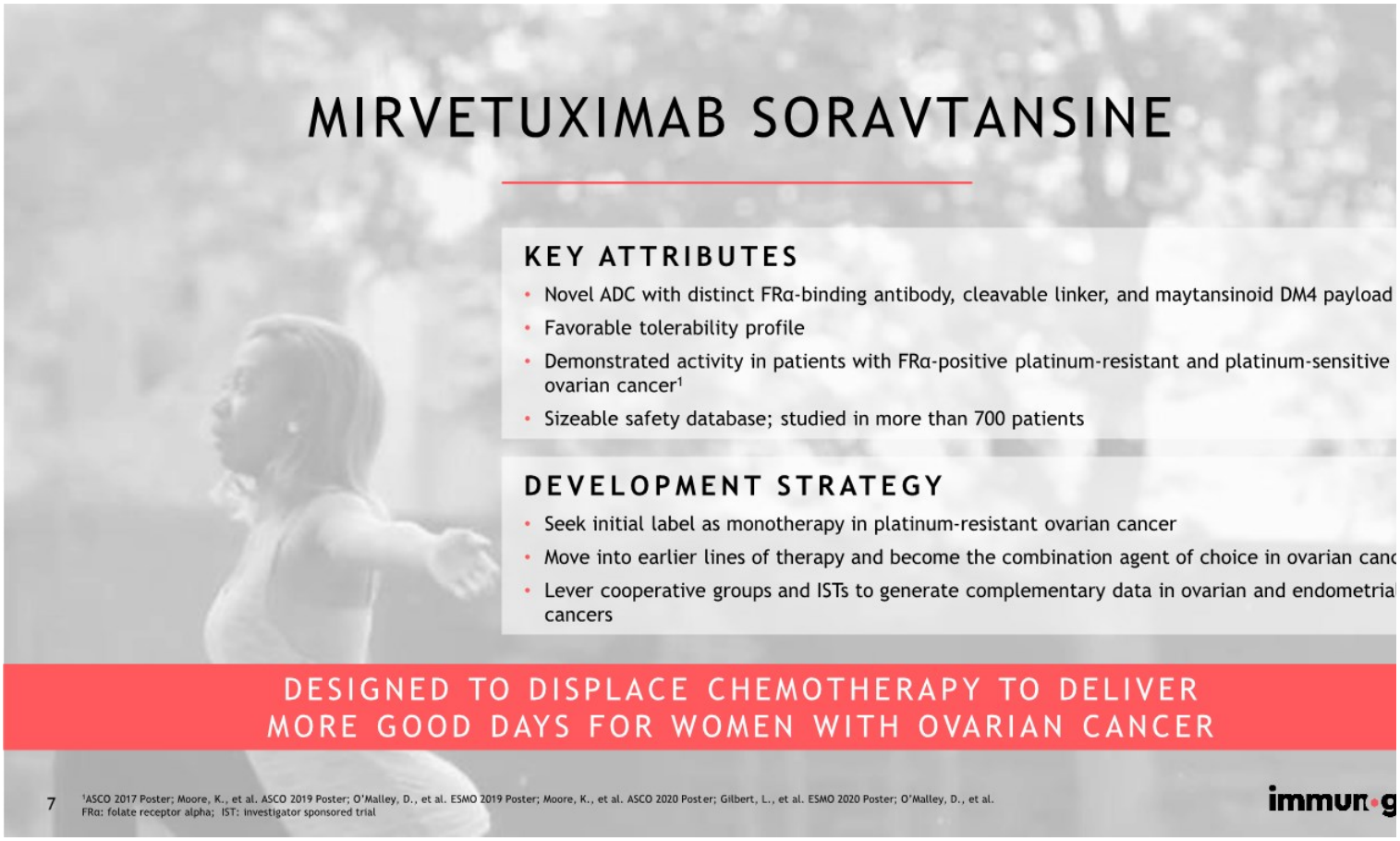
MIRVETUXIMAB SORAVTANSINE



KEY ATTRIBUTES

- Novel ADC with distinct FRα-binding antibody, cleavable linker, and maytansinoid DM4 payload
- Favorable tolerability profile
- Demonstrated activity in patients with FRα-positive platinum-resistant and platinum-sensitive ovarian cancer[1]
- Sizeable safety database; studied in more than 700 patients

DEVELOPMENT STRATEGY

- Seek initial label as monotherapy in platinum-resistant ovarian cancer
- Move into earlier lines of therapy and become the combination agent of choice in ovarian canc
- Lever cooperative groups and ISTs to generate complementary data in ovarian and endometria cancers

DESIGNED TO DISPLACE CHEMOTHERAPY TO DELIVER MORE GOOD DAYS FOR WOMEN WITH OVARIAN CANCER

[1]ASCO 2017 Poster; Moore, K., et al. ASCO 2019 Poster; O'Malley, D., et al. ESMO 2019 Poster; Moore, K., et al. ASCO 2020 Poster; Gilbert, L., et al. ESMO 2020 Poster; O'Malley, D., et al.
FRα: folate receptor alpha; IST: investigator sponsored trial

ALIGNED WITH FDA RECOMMENDATIONS

Women with FRα-high platinum-resistant ovarian cancer that has progressed after prior treatment with bevacizumab require better therapeutic options

12%

ORR

EXPECTATION FOR BEST AVAILABLE THERAPIES[1,2]

[1]AVASTIN® (bevacizumab) prescribing information. [2]ESMO 2018 Poster; Gaillard S., et al.
ORR: confirmed overall response rate; mDOR: median duration of response
PFI: platinum-free interval; CI: confidence interval; mos: months

MIRVETUXIMAB:

POTENTIAL FOR ACCELERATED APPROVAL

SUPPORTING DATA

POOLED POST-HOC ANALYSIS FROM PHASE 1 AND PHASE 3 FORWARD I STUDIES BEVACIZUMAB PRE-TREATED PATIENTS

Platinum-Resistant Ovarian Cancer, Primary PFI >3 Months, PS2+ Scoring Method, 1-3 Priors, n=70

31.4% ORR	95% CI (20.9%, 43.6%)
7.8 mos mDOR	95% CI (3.98, --)

REPLICATING THESE DATA IN A SINGLE-ARM STUDY COULD SUPPORT ACCELERATED APPROVAL

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SORAYA

SINGLE-ARM PIVOTAL TRIAL FOR MIRVETUXIMAB IN FRα-HIGH PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER

TARGET TIMELINES

PRIMARY ENDPOINT

ORR by Investigator

BICR for Sensitivity Analysis

SECONDARY ENDPOINT

DOR by Investigator

ENROLLMENT AND KEY ELIGIBILIT

~110 patients

Platinum-resistant disease (primary PFI >3 mos

Prior bevacizumab required

Prior PARPi allowed

Patients with BRCA mutations allowed

BLA: Biologics License Application; BICR: blinded independent central review; DOR: duration of response
BRCA: BReast CAncer gene

MIRASOL

PHASE 3 RANDOMIZED TRIAL FOR MIRVETUXIMAB IN FRα-HIGH PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER

TARGET TIMELINES

- ENROLLING GLOBALLY
- TOP-LINE DATA H1 2022
- sBLA 2023

1:1 RANDOMIZATION

Mirvetuximab

STRATIFICATION FACTORS
IC Chemotherapy (Paclitaxel, PLD, Topotecan)
Prior Therapies (1 vs 2 vs 3)

Investigator's Choice Chemotherapy
Paclitaxel, PLD, or Topotecan

PRIMARY ENDPOINT
PFS by Investigator
BICR for Sensitivity Analysis

SECONDARY ENDPOINTS
ORR by Investigator, OS, and PRO

ENROLLMENT AND KEY ELIGIBILITY
430 patients/330 events for PFS by Investigator
Platinum-resistant disease (primary PFI >3 mos)
Prior bevacizumab allowed*
Prior PARPi allowed
Patients with BRCA mutations allowed

*Eligibility criterion different than SORAYA
sBLA: Supplemental Biologics License Application; IC: investigator's choice; PLD: pegylated liposomal doxorubicin; OS: overall survival; PRO: patient-reported outcomes

MOVE INTO EARLIER LINES OF TREATMENT AND BECOME COMBINATION AGENT OF CHOICE IN OVARIAN CANCER

Full doses of mirvetuximab can be combined with full doses of all agents studied [1, 2, 3]

Favorable safety data; adverse events in line with known profiles of each agent

MIRVETUXIMAB + BEVACIZUMAB[2]

64% ORR

FRα-HIGH RECURRENT OVARIAN CANCER
n= 33

- Compelling activity in FRα-high recurrent ovarian cancer, regardless of platinum status, compared to available therapies
  - 59% ORR (10/17) in the platinum-resistant subgr
  - 69% ORR (11/16) in the platinum-sensitive subgr

MIRVETUXIMAB + CARBOPLATIN[3]

80% ORR

15 MOS mPFS
FRα-MED and -HIGH
n= 10

- Highly active in recurrent platinum-sensitive ovarian cancer
- Supporting initiation of randomized Phase 2 ~140 pa IST in recurrent platinum-sensitive ovarian cancer a well as a ~70 patient neo-adjuvant IST in H1 2021

MIRVETUXIMAB TRIPLET[4]

MIRVETUXIMAB + BEVACIZUMAB + CARBOPLATIN

83% ORR

12.8 MOS mPFS
FRα-MED and -HIGH
n= 41

- Efficacy outcomes encouraging relative to current standard of care triplet regimens

EVALUATING COMBINATIONS FOR POTENTIAL LABEL EXPANSION WHILE GENERATING DATA TO SUPPORT COMPENDIA LISTINGS

[1]ASCO 2019 Poster; O'Malley, D., et al. [2]ASCO 2020 Oral Presentation; Gilbert, L., et al. [3]Gynecologic Oncology 151 (2018) 46-52. [4]ESMO 2020 Poster; O'Malley, D., et al.
mPFS: median progression-free survival

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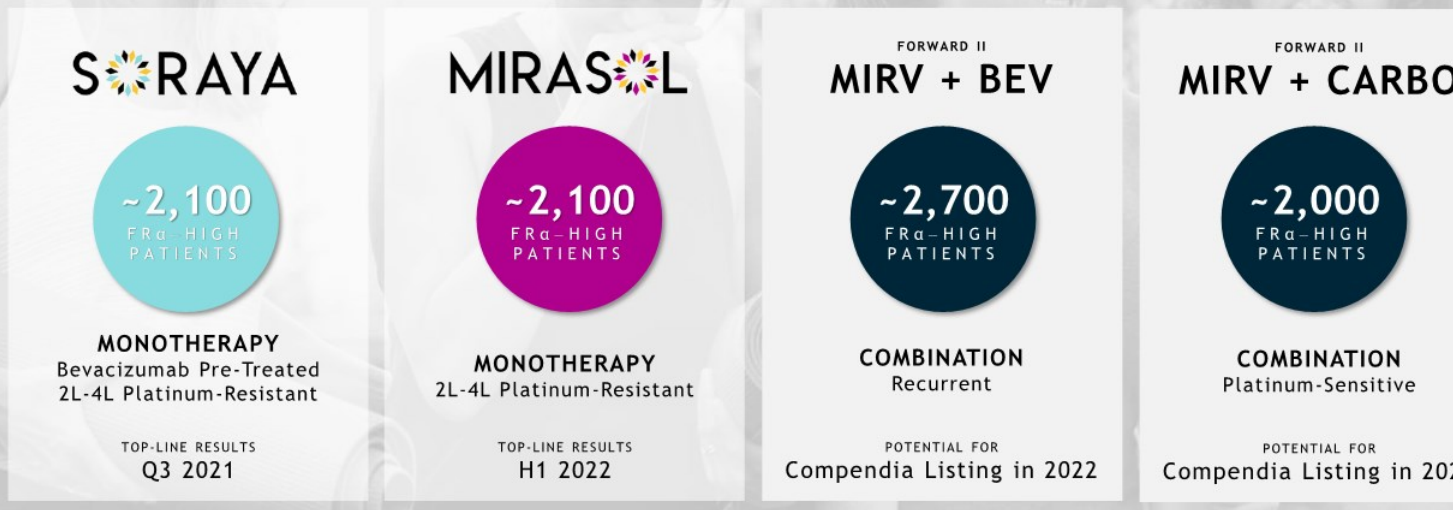
MIRVETUXIMAB MARKET OPPORTUNITY

ADDRESSING KEY SEGMENTS OF THE RECURRENT OVARIAN CANCER MARKE



~40% OF OVARIAN CANCER PATIENTS ARE FRα-HIGH EXPRESSORS

Numbers represent Company estimates of US patients with conditions covered by the Company's targeted indications. Similar market size expected in Europe.
Sources: Decision Resources Group, diagnosed drug-treatable patients 2020. Kantar Health. Ipsos Oncology Monitor average Q4 2018 - Q3 2020.
CARBO: carboplatin

MIRVETUXIMAB FOR OVARIAN CANCER

ROBUST DATA IN MORE THAN 700 PATIENTS

- Strong and consistent efficacy data in FRα-high patients
- Favorable tolerability profile
- Selection assay identifies patients most likely to benefit

SORAYA: POTENTIAL PATH TO ACCELERATED APPROVAL

- Enrolling patients globally
- Top-line data expected in Q3 2021
- BLA expected by the end of 2021 with potential for accelerated approval in 2(

MIRASOL: DESIGNED TO PROVIDE DATA TO SUPPOF FULL APPROVAL

- Enrolling patients globally
- Top-line data expected in H1 2022
- Potential for full approval in 2023

COMBINING TO DEVELOP MIRVETUXIMAB FOR EARLIER LINES OF THERAPY

- Mature MIRV + BEV data in recurrent ovarian cancer to be presented at ASCO 2
- Planning for label expansion and compendia listings

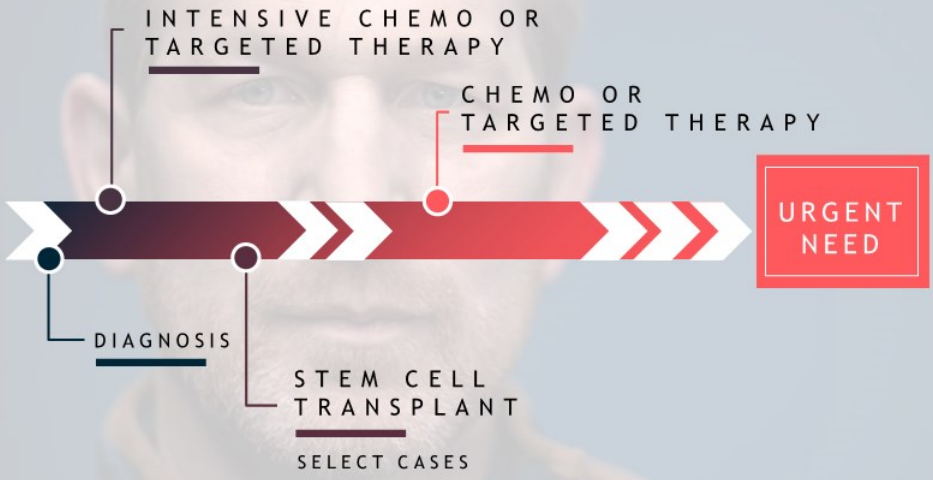
PREPARING FOR COMMERCIALIZATION

- Pre-commercial activities underway in the US
- Strategic collaboration with Huadong established to develop and commercialis mirvetuximab in mainland China, Hong Kong, Macau, and Taiwan


SOMEONE YOU KNOW
HAS BEEN DIAGNOSED
WITH BPDCN…
WHAT'S NEXT
14

BPDCN IS A RARE AND AGGRESSIVE HEMATOLOGIC MALIGNANCY

~500-1,000 NEW CASES DIAGNOSED ANNUALLY IN THE US[1]
60% TO 70% BECOME R/R



OUTCOMES REMAIN POOR, PARTICULARLY FO NON-TRANSPLANT CANDIDATES

CURRENTLY APPROVED THERAPIES REQUIRE INPATIEN HOSPITALIZATION AND ARE ASSOCIATED WITH SIGNIFICANT TOXICITIES

[1]MDAnderson.org 2019; Pagano *Haematologica* 2013; Leukemia Lymphoma Society LLS.org. Internal estimates. Expect similar number of cases annually in Europe.
R/R: relapsed refractory

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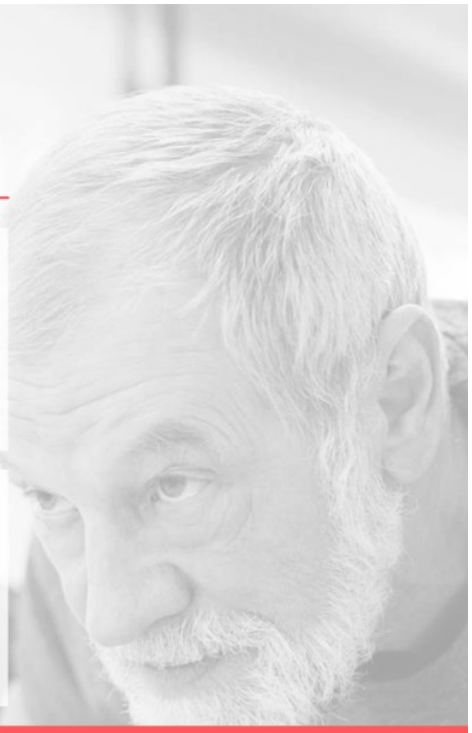
IMGN632



KEY ATTRIBUTES

- CD123-targeted ADC with novel DNA-acting payload
- Demonstrated activity with complete responses in BPDCN[1,2] and AML[1]
- Favorable safety and tolerability observed at multiple dose levels[1,2]
- Administered in the outpatient setting via short (less than 30 minutes) infusion every three weeks

DEVELOPMENT STRATEGY

- Fast-to-market in BPDCN patients; granted Breakthrough Therapy Designation and aligned with FDA on a pathway to full approval
- Potential label expansion: in combination for relapsed AML and frontline AML patients unfit for intensive induction chemotherapy; monotherapy in frontline MRD+ AML
- Seek proof of concept in additional CD123-positive hematologic malignancies including ALL

DESIGNED TO TARGET MULTIPLE CD123+ HEMATOLOGIC MALIGNANCIES

[1]ASH 2018 Oral Presentation; Daver, N., et al. ASH 2019 Oral Presentation; Daver, N., et al.
[2]ASH 2020 Oral Presentation; Pemmaraju, N., et al.
AML: acute myeloid leukemia; MRD+: minimal residual disease positive; ALL: acute lymphocytic leukemia

ASH 2020 CONCLUSIONS[1]

FAVORABLE SAFETY PROFILE

- No capillary leak syndrome
- No drug-related discontinuations
- No drug-related deaths
- Limited grade ≥3 TEAEs

EFFICACY

In all R/R BPDCN patients:

- ORR: 29% (8/28, 2 CR, 2 CRc, 1 CRi, 3 PR)
- CCR: 18% (5/28)

In patients with prior tagraxofusp exposure:

- ORR: 31% (4/13, 1 CR, 1CRi, 2 PR)
- CCR: 15% (2/13)

IMGN632

PATHWAY TO FULL APPROVAL IN BPDCN

801 STUDY
Largest-to-date prospective group of uniformly treated patients in R/R BPDCN

Received Orphan Drug Designation in BPDCN from FDA and EMA

Granted Breakthrough Therapy Designation in R/R BPDCN from FDA

TYPE B MEETING HELD WITH FDA IN Q4 2020
ALIGNED ON PATH TO FULL APPROVAL IN BPDCN

Add a pivotal cohort of up to 20 frontline patients to support a label covering all BPDCN patien

SAP designed to exclude null hypothesis of 10% CR/CRc rate deemed acceptable

Proposed safety database combining AML and frontline and R/R BPDCN patients deemed adequa

[1]ASH 2020 Oral Presentation; Pemmaraju, N., et al.

TEAE: treatment emergent adverse event; SAP: statistical analysis plan; CR: complete response; *CRc: clinical CR = CR criteria EXCEPT limited residual skin disease "marked clearance of all skin lesions from baseline; residual hyperpigmentation or abnormality with BPDCN identified on biopsy (or no biopsy performed)"; CRi: complete remission with incomplete hematologic recovery; PR: partial response; CCR: CR+CRc+CRi

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801 PIVOTAL COHORT DESIGN

SINGLE-ARM PIVOTAL COHORT FOR IMGN632 IN FRONTLINE BPDCN

TARGET TIMELINES

PRIMARY ENDPOINT
CR plus CRc

SECONDARY ENDPOINT
Duration of CR/CRc

ENROLLMENT AND KEY ELIGIBILIT
Up to 20 frontline patients
Includes patients with prior local therapy
Patients ≥18 years old
CD123+ by flow cytometry or IHC
No minimum serum albumin required

SUPPORTING DATA
3 patients previously enrolled in Study 801 mee
the eligibility criteria for the frontline cohort;
all 3 of these patients have achieved CR/CRc

IHC: immunohistochemistry

IMGN632 IN AML

PRE-CLINICAL COMBINATION DATA[1]

- IMGN632+VEN+AZA triplet significantly improved survival compared to VEN+AZA doublet in CD123+ AML patient-derived xenograft models
- Triplet demonstrated significant improvement in survival in a model sensitive to VEN+AZA
- In two models refractory to VEN+AZA, triplet demonstrated the potential to overcome VEN+AZA resistance

ANTICIPATE INITIAL COMBINATION DATA IN MID-2021

PATH FORWARD

- Actively enrolling R/R AML patients in a Phase 1b/2 dose escalation and expansion study
- Working to determine recommended Phase 2 dose and schedule for combination regimens
- No dose limiting toxicities reported, including none in the triplet cohort

EVALUATING COMBINATION DOUBLET AND TRIPLET REGIMENS OF IMGN632 PLUS AZACITIDINE AND/OR VENETOCLAX

[1]ASH 2020 Poster; Kuruvilla, V., et al.
VEN: venetoclax; AZA: azacitidine

ADVANCING OUR PORTFOLIO OF EARLIER STAGE PRODUCT CANDIDATES

IMGC936

CONTINUED INNOVATION
GENERATING DIFFERENTIATED ADCs

- First-in-class ADAM9-targeting therapy
- ADAM9 is overexpressed in multiple solid tumors (e.g., non-small cell lung, gastric, pancreatic, triple-negative breast, and colorectal)[1] but has a low level of expression in normal tissues/cells
- Comprised of high-affinity humanized antibody with YTE mutation conjugated to DM21, a highly potent next-generation maytansinoid payload, with a stable peptide linker
- 50/50 co-development with MacroGenics; first patient dosed November 2020

[1]AACR 2019 Poster; Hicks S., et al. ADAM: a disintegrin and metalloproteinase

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ADVANCING OUR PORTFOLIO OF EARLIER STAGE PRODUCT CANDIDATES

IMGN151

CONTINUED INNOVATION
GENERATING DIFFERENTIATED ADCs

- Next-generation anti-FRα ADC designed to have improved activity against tumors with a broad range of FRα-expression (e.g., ovarian, endometrial, triple-negative breast, and non-small cell lung cancer)[1]
- Comprised of a bivalent, biparatopic antibody targeting two independent epitopes of FRα conjugated to DM21, a highly potent next-generation maytansinoid payload, with a stable peptide linker
- In preclinical development; IND expected by end of 2021

[1]AACR 2020 Poster; Ab, O., et al.
IND: investigational new drug application

OUR APPROACH TO PARTNERING

MAXIMIZE THE VALUE OF OUR STRATEGIC PROGRAMS BY RISK SHARING AND PARTNERING FOR CAPABILITIES

HUADONG MEDICINE
Development and commercialization of mirvetuximab in Greater China

MACROGENICS
Global co-development and co-commercialization of IMGC93

RICH PORTFOLIO OF EARLY-STAGE IP PROVIDES OPPORTUNITIES FOR PARTNERSHIPS AND PIPELINE EXPANSION

OUT-LICENSING
Key legacy licenses enabled KADCYLA® (Roche/Genentech), SARCLISA® (Sanofi); current licenses to nine parties for cancer and non-cancer applications

IP AND KNOW-HOW
Portfolio comprised of latest generation of maytansinoid, IGN, and novel camptothecin toxins, associated linkers, and antibodies

OUR PATH TO BECOMING A FULLY-INTEGRATED ONCOLOGY COMPANY

2021 Milestones

MIRVETUXIMAB

- Complete enrollment in pivotal SORAYA trial
- Share top-line SORAYA data in Q3 2021 and submit BLA by end of 2021
- Present mature MIRV + BEV data in recurrent ovarian cancer at ASCO 2021
- Support initiation of neoadjuvant and platinum-sensitive MIRV + CARBO ISTs

IMGN632

- Continue enrollment in frontline and R/R BPDCN monotherapy cohorts
- Present mature R/R BPDCN and initial AML combination data at ASH 2021
- Continue evaluation of triplet combination in AML and MRD+ monotherapy

IMGC936

- Continue enrollment in Phase 1 dose escalation study
- Potential for initial data by late 2021

IMGN151

- Continue pre-clinical development work
- Submit IND in H2 2021


TARGET A BETTER NOW
IMPORTANT CATALYSTS IN 2021 FOR LEAD MIRVETUXIMAB PROGRAM
PIVOTAL DATA IN Q3 AND BLA BY YEAR-END
PATH TO FULL APPROVAL FOR IMGN632 IN BPDCN ESTABLISHED
ENROLLMENT AND TOP-LINE DATA IN 12-18 MONTHS AND BLA IN 2022
INNOVATIVE EARLIER STAGE CANDIDATES IN SOLID TUMORS
IMGC936: FIRST-IN-CLASS ADAM9-TARGETING ADC IN THE CLINIC
IMGN151: NEXT-GENERATION FRα-TARGETING ADC IND EXPECTED BY YEAR-END
LEADING ADC TECHNOLOGY
ADVANCING TO FULLY-INTEGRATED ONCOLOGY COMPANY
POTENTIAL FOR TWO MARKETED PRODUCTS IN 2022
STRONG CASH POSITION AND EXPERIENCED MANAGEMENT TEAM
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