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): May 30, 2026

Summit Therapeutics Inc.
(Exact Name of Registrant as Specified in Its Charter)

Delaware	001-36866	37-1979717
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

601 Brickell Key Drive, Suite 1000, Miami, FL	33131
(Address of Principal Executive Offices)	(Zip Code)

Registrant's Telephone Number, Including Area Code: (305) 203-2034

Not applicable
(Former Name or Former Address, If Changed Since Last Report)

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(s)	Name of Each Exchange on Which Registered
Common stock, $0.01 par value per share	SMMT	The Nasdaq Stock Market LLC

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 8.01 **Other Events.**

On May 30, 2026, Summit Therapeutics Inc. (the "Company") issued a press release announcing new results from the AK112-206 trial ("AK112-206"), a global, open-label, multicenter Phase II study in first-line metastatic colorectal cancer co-sponsored by the Company and its partner, Akeso, Inc. ("Akeso"), featuring ivonescimab. A copy of the press release is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

On May 31, 2026, the Company issued a press release noting that Akeso published results from the Phase III HARMONi-6 trial or AK112-306 ("HARMONi-6"). HARMONi-6 is a single region, multi-center Phase III study conducted in China sponsored by Akeso with all relevant data exclusively generated, managed, and analyzed by Akeso. A copy of the press release is attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated by reference herein.

The Company plans to utilize slides during its conference call scheduled for 7:00am ET on June 1, 2026, discussing the ivonescimab data from AK112-206 and HARMONi-6. A copy of the slides is attached as Exhibit 99.3 to this Current Report on Form 8-K and is incorporated by reference herein.

Item 9.01 **Financial Statements and Exhibits.**

(d) Exhibits

Exhibit Number	Description
99.1	Press Release, dated May 30, 2026
99.2	Press Release, dated May 31, 2026
99.3	Presentation Slides for June 1, 2026 Conference Call
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

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.

SUMMIT THERAPEUTICS INC.

Date: June 1, 2026

By: /s/ Manmeet S. Soni

Chief Operating Officer, Chief Financial Officer and Director
(Principal Financial Officer)

NEWS RELEASE

Encouraging Global Phase II Ivonescimab Data in First-Line Metastatic Colorectal Cancer Presented at ASCO 2026

2026-05-30

Promising Data Further Support Continued Expansion of Ivonescimab Clinical Development in mCRC

Overall Study Population Achieved ORR of 70.8% and DCR of 100.0%; Responses Consistent Across Ivonescimab Dose Levels Combined with Chemotherapy

Acceptable and Manageable Safety Profile for Ivonescimab Regimen; No New Safety Signals Observed

MIAMI--(BUSINESS WIRE)-- Summit Therapeutics Inc. (NASDAQ: SMMT) today presented new results from the AK112-206 trial (NCT05382442), a global, open-label, multicenter Phase II study in first-line metastatic colorectal cancer (mCRC) co-sponsored by Summit and Akeso, featuring the novel, potential first-in-class investigational bispecific antibody ivonescimab. The data were presented today at the 2026 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago.

The presentation, entitled “Ivonescimab with Oxaliplatin + Fluorouracil + Leucovorin Calcium for Patients with Unresectable Metastatic Colorectal Cancer: A Phase 2 Study,” detailed interim results of the multiregional extension portion of the study evaluating ivonescimab combined with mFOLFOX6 chemotherapy in patients with unresectable microsatellite stable (MSS) mCRC who were previously untreated for metastatic disease. Patients (n=49) were

randomized (1:1) to receive ivonescimab (10 or 20 mg/kg; n=24, n=25, respectively) plus mFOLFOX6 once every two weeks. The data cut-off for this analysis was March 31, 2026 (10 or 20 mg/kg median follow-up: 9.9 months, 9.8 months, respectively).

In this U.S.- and China-based Phase II cohort of treatment-naïve patients with mCRC, patients receiving ivonescimab in combination with standard-of-care doublet chemotherapy mFOLFOX6 demonstrated an objective response rate (ORR) of 70.8% across both arms in evaluable patients (n=48). This result is encouraging compared to historical performance of standard-of-care regimens combining bevacizumab with FOLFOX chemotherapy from prior studies. Treatment responses in the ivonescimab 20 mg/kg arm were more durable than in the ivonescimab 10 mg/kg arm, with a duration of response landmark estimate at 9 months of 79.1% vs. 41.5%, respectively. While progression-free survival (PFS) analysis is still immature in this study, the landmark 9-month PFS rate was 76.1% for those patients receiving 20 mg/kg of ivonescimab.

The safety profile of ivonescimab combined with chemotherapy in this study is comparable to rates observed in historical studies with chemotherapy and anti-VEGF antibodies. In total including both arms, 20.4% of patients experienced serious treatment-related adverse events (TRAEs) associated with either ivonescimab or chemotherapy. There were no ivonescimab-related deaths and one ivonescimab-related discontinuation, supporting the tolerability and ability to manage adverse events.

“In this expansion cohort of treatment-naïve patients with metastatic colorectal cancer, the addition of ivonescimab to mFOLFOX6 delivered deep and durable response rates that compare favorably to historical benchmarks seen with chemotherapy alone or in combination with anti-VEGF therapies,” said David Berz, M.D., Ph.D., medical oncologist, Founder of Valkyrie Clinical Trials and an investigator in the AK112-206 study. “While progression-free survival remains immature, the high proportion of patients who were progression-free at nine months is encouraging, and the safety profile was consistent with established standards of care. These results support the potential of this dual-targeted approach to improve outcomes in this difficult-to-treat population and warrant further investigation.”

Ivonescimab continues to demonstrate an acceptable and manageable safety profile with no new safety signals observed in this study. This was consistent with previous studies of ivonescimab, including Phase II data in mCRC, and evidencing the potential for a favorable benefit-risk profile for ivonescimab plus mFOLFOX6 in this setting. In this study, adverse events were manageable: all patients experienced at least one treatment-emergent adverse event (TEAE) related to either ivonescimab or chemotherapy with the most common events on both dosing arms being decreased neutrophil count, decreased white blood cell count, and anemia.

“Metastatic colorectal cancer remains a significant area of unmet need, where many patients continue to face limited durable treatment options,” said Allen S. Yang, M.D., Ph.D., Chief R&D Strategy Officer of Summit. “These

data add to the growing body of evidence supporting the potential of ivonescimab as a differentiated PD-1 / VEGF bispecific, and we are committed to advancing its development across multiple tumor types where we believe it may meaningfully improve patient outcomes."

Summit is currently conducting HARMONi-GI3 (NCT07228832), a global Phase III clinical trial evaluating ivonescimab in combination with mFOLFOX6 chemotherapy compared with bevacizumab plus mFOLFOX6 chemotherapy in patients with first-line unresectable mCRC. This study is featured at this year's ASCO Annual Meeting in a Trials-in-Progress (TiP) presentation entitled, "A Randomized, Active-Controlled Phase 3 Study of Ivonescimab + FOLFOX Versus Bevacizumab + FOLFOX as First-Line Treatment of Metastatic Colorectal Cancer: HARMONi-GI3."

About Colorectal Cancer

Colorectal cancer (CRC), which includes cancers of the colon and rectum, is the third most commonly diagnosed cancer worldwide and the second leading cause of cancer-related death, with approximately 1.9 million new cases and more than 900,000 deaths reported globally in 2022.[1] In the U.S., CRC remains a significant health burden, with an estimated 158,850 new cases and 55,230 deaths projected in 2026.[2] Prognosis is highly dependent on stage at diagnosis: while overall 5-year survival is approximately 65%, patients with metastatic disease have substantially poorer outcomes, with 5-year survival rates of approximately 13% for metastatic colon cancer and 18% for metastatic rectal cancer.[2,3] These data underscore the urgent need for improved treatment options for patients with metastatic CRC (mCRC).

CRC is biologically heterogeneous, with tumors broadly classified based on microsatellite status. Approximately 80–85% of colorectal cancers are microsatellite stable (MSS), also referred to as mismatch repair–proficient (pMMR) tumors.[4] MSS/pMMR colorectal tumors are typically characterized by lower tumor mutational burden and an immune-cold phenotype, with limited responsiveness to immune checkpoint inhibitors.[5,6] In metastatic disease, they represent the overwhelming majority of cases, accounting for approximately 95% of tumors.[5] As a result, most patients with mCRC are not eligible for currently approved immunotherapy monotherapies and are treated with chemotherapy-based regimens, often in combination with targeted therapies such as anti-VEGF and anti-EGFR agents.

About Ivonescimab

Ivonescimab, known as SMT112 in Summit's license territories, North America, South America, Europe, the Middle East, Africa, and Japan, and as AK112 outside of Summit's license territories, is a novel, potential first-in-class investigational bispecific antibody combining the effects of immunotherapy via a blockade of PD-1 with the anti-angiogenesis effects associated with blocking VEGF into a single molecule. By design, ivonescimab displays unique cooperative binding to each of its intended targets with multifold higher affinity to PD-1 when in the presence of VEGF.

This is intended to differentiate ivonescimab as there is potentially higher expression (presence) of both PD-1 and VEGF in tumor tissue and the tumor microenvironment (TME) as compared to normal tissue in the body. Summit believes ivonescimab's specifically engineered tetravalent structure (four binding sites) enables higher avidity (accumulated strength of multiple binding interactions) in the TME (Zhong, et al, iScience, 2025). This tetravalent structure, the intentional novel design of the molecule, and bringing these two targets into a single bispecific antibody with cooperative binding qualities have the potential to direct ivonescimab to the tumor tissue versus healthy tissue. The intent of this design, together with a half-life of 6 to 7 days after the first dose (Zhong, et al, iScience, 2025) increasing to approximately 10 days at steady state dosing, is to improve upon previously established efficacy thresholds, side effects, and safety profiles associated with prior approved drugs to these targets.

Ivonescimab was engineered by Akeso Inc. (HKEX Code: 9926.HK) and is currently utilized in multiple Phase III clinical trials. Over 4,000 patients have been treated with ivonescimab in clinical studies globally, and over 70,000 patients when considering those treated in a commercial setting in China, as noted by Akeso.

There are currently 15 Phase III clinical studies that are either announced, ongoing, or have been completed studying ivonescimab, four of which are Summit-sponsored global studies, one of which is a multiregional study sponsored by a cooperative group, and 10 of which are being or have been conducted in China by Akeso. Summit began its clinical development of ivonescimab in NSCLC, commencing enrollment in 2023 in two multiregional Phase III clinical trials, HARMONi and HARMONi-3. In 2025, Summit began enrolling patients in HARMONi-7. Summit expanded its Phase III clinical development program into CRC in the fourth quarter of 2025 by initiating enrollment in HARMONi-GI3.

HARMONi is a Phase III clinical trial evaluating ivonescimab combined with chemotherapy compared to placebo plus chemotherapy in patients with EGFR-mutated, locally advanced or metastatic non-squamous NSCLC who were previously treated with a third- generation EGFR TKI (e.g., osimertinib). Detailed results of the study were provided in September 2025, and a Biologics License Application (BLA) was submitted to the United States Food and Drug Administration (FDA) for marketing authorization, which the FDA accepted for filing in January 2026; the goal Prescription Drug User Fee Act (PDUFA) date is November 14, 2026.

HARMONi-3 is a Phase III clinical trial evaluating ivonescimab combined with chemotherapy compared to pembrolizumab combined with chemotherapy in patients with first-line metastatic, squamous or non-squamous NSCLC, irrespective of PD-L1 expression. The clinical trial is evaluating the two histologies as individual, separately powered cohorts with independent statistical powering.

HARMONi-7 is a Phase III clinical trial evaluating ivonescimab monotherapy compared to pembrolizumab

monotherapy in patients with first-line metastatic NSCLC whose tumors have high PD-L1 expression.

HARMONi-GI3 is a Phase III clinical trial evaluating ivonescimab in combination with chemotherapy compared with bevacizumab plus chemotherapy in patients with first-line unresectable metastatic CRC.

ILLUMINE is a Phase III study being conducted by GORTEC, a cooperative group dedicated to Head and Neck Oncology, in recurrent / metastatic head and neck squamous cell carcinoma (r/m HNSCC). ILLUMINE is a three-arm Phase III clinical trial designed to evaluate ivonescimab monotherapy, as well as ivonescimab in combination with ligufalimab, Akeso's proprietary anti-CD47 monoclonal antibody, compared to monotherapy pembrolizumab in patients with PD-L1 positive r/m HNSCC.

In addition, Akeso has recently had positive read-outs in three single-region (China), randomized Phase III clinical trials, HARMONi-A, HARMONi-2, and HARMONi-6, for ivonescimab in NSCLC, including a statistically significant overall survival benefit in HARMONi-A, with a manageable safety profile in each study.

HARMONi-A was a Phase III clinical trial evaluating ivonescimab combined with chemotherapy compared to placebo plus chemotherapy in patients with EGFR-mutated, locally advanced or metastatic non-squamous NSCLC who have progressed after treatment with an EGFR TKI.

HARMONi-2 is a Phase III clinical trial evaluating monotherapy ivonescimab against monotherapy pembrolizumab in patients with locally advanced or metastatic NSCLC whose tumors have positive PD-L1 expression.

HARMONi-6 is a Phase III clinical trial evaluating ivonescimab in combination with platinum-based chemotherapy compared with tislelizumab, an anti-PD-1 antibody, in combination with platinum-based chemotherapy in patients with locally advanced or metastatic squamous NSCLC, irrespective of PD-L1 expression.

Akeso is actively conducting multiple Phase III clinical studies in settings outside of NSCLC, including biliary-tract cancer, triple-negative breast cancer, head and neck squamous cell carcinoma, small cell lung cancer, colorectal cancer, and pancreatic cancer.

Ivonescimab is an investigational therapy that is not approved by any regulatory authority in Summit's license territories, including the United States and Europe. Ivonescimab was initially approved for marketing authorization in China in May 2024.

About Summit Therapeutics Inc.

Summit Therapeutics Inc. is a biopharmaceutical oncology company focused on the discovery, development, and commercialization of patient-, physician-, caregiver- and societal-friendly medicinal therapies intended to improve

quality of life, increase potential duration of life, and resolve serious unmet medical needs.

Summit was founded in 2003 and the company's shares are listed on the Nasdaq Global Market (symbol "SMMT"). Summit is headquartered in Miami, Florida, with additional offices in Palo Alto, California, Princeton, New Jersey, Dublin, Ireland, and Oxford, UK.

For more information, please visit **https://www.smmttx.com** and follow Summit on X @SMMT_TX.

References:

1. **World Health Organization. Colorectal cancer fact sheet**. February 13, 2026. Accessed May 19, 2026.
2. **National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program. Cancer Stat Facts: Colorectal Cancer**. Accessed May 19, 2026.
3. **American Cancer Society. Survival Rates for Colorectal Cancer (based on SEER 2014–2020 data)**. January 13, 2026. Accessed May 19, 2026.
4. **Colorectal Cancer Alliance. Microsatellite Stability Biomarker (MSS)**. Accessed May 19, 2026.
5. Lieu CH. The use of immunotherapy in metastatic microsatellite-stable colorectal cancer. Hematol Oncol. 2022;20(12) .
6. Han YJ, Shao CY, Yao Y, et al. Immunotherapy of microsatellite stable colorectal cancer: resistance mechanisms and treatment strategies. Postgrad Med J. 2024;100:373–381.

Summit Forward-Looking Statements

Any statements in this press release about the Company's future expectations, plans and prospects, including but not limited to, statements about the clinical and preclinical development of the Company's product candidates, entry into and actions related to the Company's partnership with Akeso Inc. and other collaborations, the intended use of the net proceeds from the private placements, the Company's anticipated spending and cash runway, the therapeutic potential of the Company's product candidates, the potential commercialization of the Company's product candidates, the timing of initiation, completion and availability of data from clinical trials, the potential submission of applications for marketing approvals, the expected timing of BLA submissions or FDA decisions, potential acquisitions, statements about the previously disclosed At-The-Market equity offering program ("ATM Program"), the expected proceeds and uses thereof, the Company's estimates regarding stock-based compensation, and other statements containing the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "would," and similar expressions, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including the Company's ability to sell shares of our common stock under the ATM Program, the conditions affecting the capital markets, general economic, industry, or political conditions,

including the effects of geopolitical developments, domestic and foreign trade policies, and monetary policies, the results of our evaluation of the underlying data in connection with the development and commercialization activities for ivonescimab, the outcome of discussions with regulatory authorities, including the Food and Drug Administration, the uncertainties inherent in the initiation of future clinical trials, availability and timing of data from ongoing and future clinical trials, the results of such trials, and their success, global public health crises, that may affect timing and status of our clinical trials and operations, whether preliminary results from a clinical trial will be predictive of the final results of that trial or whether results of early clinical trials or preclinical studies will be indicative of the results of later clinical trials, whether business development opportunities to expand the Company's pipeline of drug candidates, including without limitation, through potential acquisitions of, and/or collaborations with, other entities occur, expectations for regulatory approvals, laws and regulations affecting government contracts and funding awards, availability of funding sufficient for the Company's foreseeable and unforeseeable operating expenses and capital expenditure requirements and other factors discussed in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of filings that the Company makes with the Securities and Exchange Commission. Summit defines a "positive study" as a clinical study that with one or more prespecified primary endpoints in which one of those endpoints achieves a statistically significant benefit according to the protocol or statistical analysis plan. Any change to our ongoing trials could cause delays, affect our future expenses, and add uncertainty to our commercialization efforts, as well as to affect the likelihood of the successful completion of clinical development of ivonescimab. Accordingly, readers should not place undue reliance on forward-looking statements or information. In addition, any forward-looking statements included in this press release represent the Company's views only as of the date of this release and should not be relied upon as representing the Company's views as of any subsequent date. The Company specifically disclaims any obligation to update any forward-looking statements included in this press release.

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Source: Summit Therapeutics

NEWS RELEASE

Ivonescimab with Chemotherapy Demonstrated a Statistically Significant Overall Survival Benefit Compared to Tislelizumab Plus Chemotherapy in 1L Treatment of Patients with Squamous NSCLC in the HARMONi-6 Study Conducted by Akeso in China

2026-05-31

Ivonescimab Plus Chemotherapy Reduced the Risk of Death by 34% Compared to Tislelizumab Plus Chemotherapy; Hazard Ratio 0.66

First Regimen to Achieve a Statistically Significant and Clinically Meaningful Overall Survival Benefit over an anti-PD-(L)1 Antibody Combined with Chemotherapy in a Phase III Clinical Trial in 1L NSCLC

Tolerable Safety Profile Consistent with Prior Clinical Trial Results

Simultaneous Publication of Latest Ivonescimab HARMONi-6 Results in The Lancet

Summit Conference Call to Be Held at 7:00 a.m. ET on Monday, June 1, 2026

MIAMI--(BUSINESS WIRE)-- Summit Therapeutics Inc. (NASDAQ: SMMT) today announced positive overall survival (OS) results from the Phase III HARMONi-6 trial, conducted in China and sponsored by Summit's partner Akeso, Inc. (HKEX Code: 9926.HK), will be presented today as part of the Plenary Session at the 2026 American Society of

Clinical Oncology (ASCO) Annual Meeting in Chicago.

The presentation is entitled “Ivonescimab plus chemotherapy versus tislelizumab plus chemotherapy in previously untreated advanced squamous non-small cell lung cancer: Overall survival results of the phase 3 HARMONi-6 trial.” HARMONi-6 is evaluating ivonescimab in combination with platinum-based chemotherapy compared to tislelizumab, a PD-1 inhibitor, in combination with platinum-based chemotherapy in patients with locally advanced or metastatic squamous non-small cell lung cancer (NSCLC) irrespective of PD-L1 expression. HARMONi-6 is a single region, multi-center, Phase III study conducted in China and sponsored by Akeso, with all relevant data exclusively generated, managed, and analyzed by Akeso. The trial’s primary endpoint is progression-free survival (PFS), and OS is a key secondary endpoint.

The trial results will be presented by Dr. Shun Lu, MD, PhD, Chief of Shanghai Lung Cancer Center at Shanghai Chest Hospital, Professor of Medicine at Shanghai Jiaotong University, and associate editor for the Journal of Thoracic Oncology.

In major markets globally, first-line therapy for patients with advanced NSCLC without driver mutations is most commonly a PD-1 inhibitor plus platinum-based chemotherapy. Prior to HARMONi-6, there were no known Phase III clinical trials in advanced NSCLC which have shown a statistically significant and clinically meaningful improvement in OS when compared to PD-(L)1 inhibitor therapy in combination with chemotherapy in a head-to-head setting. Examples of PD-(L)1 inhibitors include pembrolizumab, nivolumab, tislelizumab, and atezolizumab.

Clinically Meaningful Efficacy

In the HARMONi-6 planned interim analysis of OS, ivonescimab in combination with chemotherapy demonstrated a statistically significant improvement when compared to tislelizumab in combination with chemotherapy, with a hazard ratio (HR) of 0.66 (95% CI: 0.50, 0.87; p=0.0017). A clinically meaningful benefit was demonstrated across clinical subgroups, including those with either PD-L1 negative or positive expression. OS rates at 24 months were 64.7% for those patients receiving ivonescimab plus chemotherapy compared to 48.6% for those receiving tislelizumab plus chemotherapy. Median follow-up time of the current data cut was 21.4 months.

HARMONi-6 ITT (n=532): Median Follow-up: 21.36 mos.	Ivonescimab + Chemo (n=266)	Tislelizumab + Chemo (n=266)
Median OS	27.89 mos. (95% CI: 27.89, NE)	23.69 mos. (95% CI: 20.11, NE)
24-Month OS Rates	64.7%	48.6%
OS Stratified HR	0.66 (95% CI: 0.50, 0.87; p= 0.0017)	

mos.: months; NE: not established

HARMONi-6 PD-L1 Subgroup Analyses	Ivonescimab + Chemo vs. Tislelizumab + Chemo
PD-L1 Negative (PD-L1 TPS <1%) OS stratified HR Ivonescimab + Chemo n=105; Tislelizumab + Chemo n=105	0.64 (95% CI: 0.43, 0.96)
PD-L1 Positive (PD-L1 TPS >1%) OS stratified HR Ivonescimab + Chemo n=161; Tislelizumab + Chemo n=161	0.68 (95% CI: 0.46, 0.99)

"For the first time, a Phase III clinical study has demonstrated a statistically significant overall survival benefit in front-line driver-mutation-negative non-small cell lung cancer compared to anti-PD-1 therapy in combination with chemotherapy," said Dr. Maky Zanganeh, President and Co-Chief Executive Officer of Summit. "While this represents another study where ivonescimab has demonstrated a significant OS benefit, these data represent the answer to the question regarding ivonescimab and its ability to translate PFS benefits into the extension of lives for patients with cancer in the front-line setting compared to immunotherapy-based regimens."

The HARMONi-6 study **met its primary endpoint** as announced in April 2025, showing a statistically significant and clinically meaningful improvement in PFS. Detailed results for efficacy and safety were presented at the **European Society of Medical Oncology 2025 Congress (ESMO 2025)** last October and published in The Lancet simultaneously.

Safety Profile

In this analysis, ivonescimab continued to demonstrate an acceptable and manageable safety profile in the HARMONi-6 study, which was consistent with previous Phase III studies of ivonescimab plus chemotherapy. No additional safety signals were noted in the HARMONi-6 study in this current data cut compared to the previous data cut presented.

Treatment-related serious adverse events occurred in 41.4% of patients receiving ivonescimab in combination with chemotherapy and 34.3% of patients receiving tislelizumab in combination with chemotherapy. Most of the possibly VEGF-related adverse events occurring in the ivonescimab-plus-chemotherapy arm were classified as Grade 1 or 2; Grade 3 or higher hemorrhage events were observed in 2.6% of patients in the ivonescimab-plus-chemotherapy arm compared to 0.8% of patients in the tislelizumab-plus-chemotherapy arm in this study. Treatment-related adverse events (TRAEs) leading to discontinuation in this study occurred in 5.3% of patients receiving ivonescimab plus chemotherapy compared to 4.5% for those receiving tislelizumab plus chemotherapy.

In squamous NSCLC, VEGF-A monoclonal antibodies have had limited clinical development based on historical data demonstrating significant risks of toxicity, including life-threatening hemorrhage and other bleeding complications. The results of this study further validate the unique mechanism of action of ivonescimab, including apparent key differences as compared to historical clinical studies where an anti-PD-1 monoclonal antibody and an anti-VEGF

monoclonal antibody were administered separately.

HARMONi-6 Clinical Trial Results Published in The Lancet

The Lancet simultaneously published these findings in a manuscript titled, “Ivonescimab plus Chemotherapy for Squamous Non-small-cell Lung Cancer.”

“A heartfelt congratulations to our partner, Akeso, for their continuing, tremendous efforts to make a significant difference in the lives of patients with cancer,” said Robert W. Duggan, Chairman and Co-Chief Executive Officer of Summit. “The decision we made in December 2022 to enter into a partnership specifically with Akeso and accelerate the global clinical development plan of this potentially landscape-changing compound in ivonescimab is further validated with these groundbreaking results for patients facing high unmet medical needs. We look forward to continuing this positive momentum.”

Conference Call

Summit will host a conference call and live webcast to discuss recent updates related to ivonescimab, including data released at ASCO, on Monday, June 1, 2026, at 7:00 a.m. ET. Conference call and webcast information is accessible through the company’s website, **www.smmttx.com**. An archived edition of the webcast will be available on the website later in the day on Monday.

About Ivonescimab

Ivonescimab, known as SMT112 in Summit’s license territories, North America, South America, Europe, the Middle East, Africa, and Japan, and as AK112 outside of Summit’s license territories, is a novel, potential first-in-class investigational bispecific antibody combining the effects of immunotherapy via a blockade of PD-1 with the anti-angiogenesis effects associated with blocking VEGF into a single molecule. By design, ivonescimab displays unique cooperative binding to each of its intended targets with multifold higher affinity to PD-1 when in the presence of VEGF.

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HARMONi is a Phase III clinical trial is evaluating ivonescimab combined with chemotherapy compared to placebo plus chemotherapy in patients with EGFR-mutated, locally advanced or metastatic non-squamous NSCLC who were previously treated with a third-generation EGFR TKI (e.g., osimertinib). Detailed results of the study were provided in September 2025, and a Biologics License Application (BLA) was submitted to the United States Food and Drug Administration (FDA) for marketing authorization, which the FDA accepted for filing in January 2026; the goal Prescription Drug User Fee Act (PDUFA) date is November 14, 2026.

HARMONi-3 is a Phase III clinical trial evaluating ivonescimab combined with chemotherapy compared to pembrolizumab combined with chemotherapy in patients with first-line metastatic, squamous or non-squamous NSCLC, irrespective of PD-L1 expression. The clinical trial is evaluating the two histologies as individual, separately powered cohorts with independent statistical powering.

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ILLUMINE is a Phase III study being conducted by GORTEC, a cooperative group dedicated to Head and Neck Oncology, in recurrent / metastatic head and neck squamous cell carcinoma (r/m HNSCC). ILLUMINE is a three-arm Phase III clinical trial designed to evaluate ivonescimab monotherapy, as well as ivonescimab in combination with ligufalimab, Akeso's proprietary anti-CD47 monoclonal antibody, compared to monotherapy pembrolizumab in

patients with PD-L1 positive r/m HNSCC.

In addition, Akeso has recently had positive read-outs in three single-region (China), randomized Phase III clinical trials, HARMONi-A, HARMONi-2, and HARMONi-6, for ivonescimab in NSCLC, including a statistically significant overall survival benefit in both the HARMONi-A and HARMONi-6 studies, and a manageable safety profile in each study.

HARMONi-A was a Phase III clinical trial which evaluated ivonescimab combined with chemotherapy compared to placebo plus chemotherapy in patients with EGFR-mutated, locally advanced or metastatic non-squamous NSCLC who have progressed after treatment with an EGFR TKI.

HARMONi-2 is a Phase III clinical trial evaluating monotherapy ivonescimab against monotherapy pembrolizumab in patients with locally advanced or metastatic NSCLC whose tumors have positive PD-L1 expression.

HARMONi-6 is a Phase III clinical trial evaluating ivonescimab in combination with platinum-based chemotherapy compared with tislelizumab, an anti-PD-1 antibody, in combination with platinum-based chemotherapy in patients with locally advanced or metastatic squamous NSCLC, irrespective of PD-L1 expression.

Akeso is actively conducting multiple Phase III clinical studies in settings outside of NSCLC, including biliary-tract cancer, triple-negative breast cancer, head and neck squamous cell carcinoma, small cell lung cancer, colorectal cancer, and pancreatic cancer.

Ivonescimab is an investigational therapy that is not approved by any regulatory authority in Summit's license territories, including the United States and Europe. Ivonescimab was initially approved for marketing authorization in China in May 2024.

About Summit Therapeutics Inc.

Summit Therapeutics Inc. is a biopharmaceutical oncology company focused on the discovery, development, and commercialization of patient-, physician-, caregiver- and societal-friendly medicinal therapies intended to improve quality of life, increase potential duration of life, and resolve serious unmet medical needs.

Summit was founded in 2003 and the company's shares are listed on the Nasdaq Global Market (symbol "SMMT"). Summit is headquartered in Miami, Florida, with additional offices in Palo Alto, California, Princeton, New Jersey, Dublin, Ireland, and Oxford, UK.

For more information, please visit **https://www.smmttx.com** and follow Summit on X @SMMT_TX.

Summit Forward-Looking Statements

Any statements in this press release about the Company's future expectations, plans and prospects, including but not limited to, statements about the clinical and preclinical development of the Company's product candidates, entry into and actions related to the Company's partnership with Akeso Inc. and other collaborations, the intended use of the net proceeds from the private placements, the Company's anticipated spending and cash runway, the therapeutic potential of the Company's product candidates, the potential commercialization of the Company's product candidates, the timing of initiation, completion and availability of data from clinical trials, the potential submission of applications for marketing approvals, the expected timing of BLA submissions or FDA decisions, potential acquisitions, statements about the previously disclosed At-The-Market equity offering program ("ATM Program"), the expected proceeds and uses thereof, the Company's estimates regarding stock-based compensation, and other statements containing the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "would," and similar expressions, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including the Company's ability to sell shares of our common stock under the ATM Program, the conditions affecting the capital markets, general economic, industry, or political conditions, including the effects of geopolitical developments, domestic and foreign trade policies, and monetary policies, the results of our evaluation of the underlying data in connection with the development and commercialization activities for ivonescimab, the outcome of discussions with regulatory authorities, including the Food and Drug Administration, the uncertainties inherent in the initiation of future clinical trials, availability and timing of data from ongoing and future clinical trials, the results of such trials, and their success, global public health crises, that may affect timing and status of our clinical trials and operations, whether preliminary results from a clinical trial will be predictive of the final results of that trial or whether results of early clinical trials or preclinical studies will be indicative of the results of later clinical trials, whether business development opportunities to expand the Company's pipeline of drug candidates, including without limitation, through potential acquisitions of, and/or collaborations with, other entities occur, expectations for regulatory approvals, laws and regulations affecting government contracts and funding awards, availability of funding sufficient for the Company's foreseeable and unforeseeable operating expenses and capital expenditure requirements and other factors discussed in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of filings that the Company makes with the Securities and Exchange Commission. Summit defines a "positive study" as a clinical study that with one or more prespecified primary endpoints in which one of those endpoints achieves a statistically significant benefit according to the protocol or statistical analysis plan. Any change to our ongoing trials could cause delays, affect our future expenses, and add uncertainty to our commercialization efforts, as well as to affect the likelihood of the successful completion of clinical development of ivonescimab. Accordingly, readers should not place undue reliance on forward-looking statements or information. In addition, any forward-looking statements included in this press release represent the Company's views only as of the date of this release and

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Source: Summit Therapeutics


Summit
therapeutics
Summit Therapeutics
ASCO 2026 Update Call
June 1, 2026
7:00am ET

Forward Looking Statement

Any statements in this presentation about the Company's future expectations, plans and prospects, including but not limited to, statements about the clinical and preclinical development of the Company's product candidates, entry into and actions related to the Company's partnership with Akeso Inc., and other collaborations, the intended use of the net proceeds from the private placements the Company's anticipated spending and cash runway, the therapeutic potential of the Company's product candidates, the potential commercialization of the Company's product candidates, the timing of initiation, completion and availability of data from clinical trials, the potential submission of applications for marketing approvals, the expected timing of BLA submissions or FDA decisions, potential acquisitions, statements about the previously disclosed At-The-Market equity offering program ("ATM Program"), the expected proceeds and uses thereof, the Company's estimates regarding stock-based compensation, and other statements containing the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "would," and similar expressions, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including the Company's ability to sell shares of our common stock under the ATM Program, the conditions affecting the capital markets, general economic, industry, or political conditions, including the effects of geopolitical developments, domestic and foreign trade policies, and monetary policies, the results of our evaluation of the underlying data in connection with the development and commercialization activities for ivonescimab, the outcome of discussions with regulatory authorities, including the Food and Drug Administration, the uncertainties inherent in the initiation of future clinical trials, availability and timing of data from ongoing and future clinical trials, the results of such trials, and their success, global public health crises, that may affect timing and status of our clinical trials and operations, whether preliminary results from a clinical trial will be predictive of the final results of that trial or whether results of early clinical trials or preclinical studies will be indicative of the results of later clinical trials, whether business development opportunities to expand the Company's pipeline of drug candidates, including without limitation, through potential acquisitions of, and/or collaborations with, other entities occur, expectations for regulatory approvals, laws and regulations affecting government contracts and funding awards, availability of funding sufficient for the Company's foreseeable and unforeseeable operating expenses and capital expenditure requirements and other factors discussed in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of filings that the Company makes with the Securities and Exchange Commission. Summit defines a "positive study" as a clinical study that with one or more prespecified primary endpoints in which one of those endpoints achieves a statistically significant benefit according to the protocol or statistical analysis plan. Any change to our ongoing trials could cause delays, affect our future expenses, and add uncertainty to our commercialization efforts, as well as to affect the likelihood of the successful completion of clinical development of ivonescimab. Accordingly, readers should not place undue reliance on forward-looking statements or information. In addition, any forward-looking statements included in this presentation represent the Company's views only as of the date of this release and should not be relied upon as representing the Company's views as of any subsequent date. The Company specifically disclaims any obligation to update any forward-looking statements included in this presentation.

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HARMONi-6

Ivonescimab plus chemotherapy versus tislelizumab plus chemotherapy in previously untreated advanced squamous non-small cell lung cancer: Overall survival results of the Phase 3 HARMONi-6

Chen Zhiwei[1], Fang Yang[2], Yongzhong Luo[3], Longhua Sun[4], Lin Wu[3], Zhengxiang Han[5], Yun Fan[6], Yanqiu Zhao[7], XingYa Li[8], Haipeng Xu[9], Xiangjiao Meng[10], Ying Liu[11], Zhiye Zhang[12], Hui Luo[13], Qin Shi[14], Xuelei Ma[15], Xuezhen Ma[16], Zhongmin Zhang[17], Michelle Y. Xia[18], Shun Lu[1]

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31 May 2026

Note: HARMONi-6 is a single region Phase III study conducted in China sponsored by Akeso with data generated and analyzed by Akeso.

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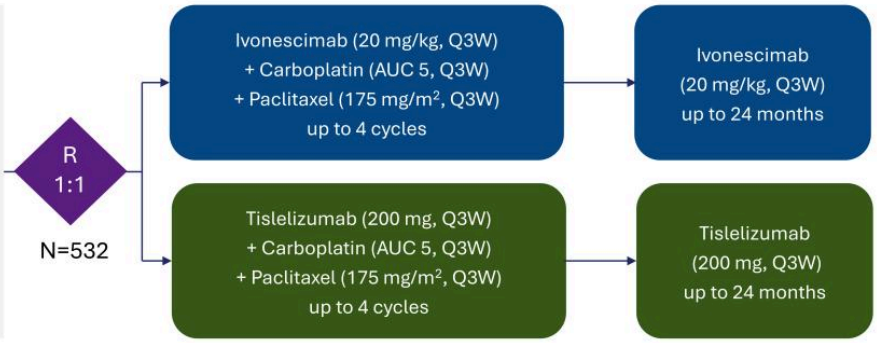
Study Design

HARMONi-6

A multicenter, randomized, double-blind, parallel-controlled phase III study

Key Eligibility Criteria

- Pathologically confirmed sq-NSCLC
- Stage IIIB-IV
- No prior systemic therapy
- No EGFR mutations or ALK rearrangements
- ECOG PS 0 or 1



Stratification Factors:

- Stage: IIIB/IIIC vs. IV
- PD-L1 TPS: ≥1% vs. <1%

Endpoints:

- **Primary endpoint: PFS by IRRC per RECIST v1.1**
- Key secondary endpoint: OS
- Secondary endpoints: PFS by INV, ORR, DCR, DoR, TTR and safety

Abbreviations: ALK, anaplastic lymphoma kinase; ECOG PS, Eastern Cooperative Oncology Group performance score; R, randomization; AUC, area under the curve; Q3W, every three weeks; IRRC, independent radiology review committee; RECIST v1.1, response evaluation criteria in solid tumors version 1.1; PFS, progression-free survival; OS, overall survival; INV, investigator; ORR, overall response rate; DCR, disease control rate; DoR, duration of response; TTR, time to response.

Sponsor: Akeso Inc.

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Baseline Characteristics

HARMONi-6

Characteristics, n(%)		Ivonescimab + chemo (N=266)	Tislelizumab + chemo (N=266)
Age, years	< 65	135 (50.8)	139 (52.3)
	≥ 65	131 (49.2)	127 (47.7)
Sex	Male	256 (96.2)	238 (89.5)
	Female	10 (3.8)	28 (10.5)
ECOG PS*	0	42 (15.8)	42 (15.8)
	1	224 (84.2)	222 (83.5)
Smoking history	Never	21 (7.9)	37 (13.9)
	Current/Former	245 (92.1)	229 (86.1)
Disease stage	IIIB/IIIC	21 (7.9)	20 (7.5)
	IV	245 (92.1)	246 (92.5)
Tumor characteristics	Central type	178 (66.9)	158 (59.4)
	Major blood vessel encasement	49 (18.4)	44 (16.5)
	With cavity	24 (9.0)	23 (8.6)
	With hemoptysis history	86 (32.3)	79 (29.7)
PD-L1 TPS	<1%	105 (39.5)	105 (39.5)
	≥ 1%	161 (60.5)	161 (60.5)
	1-49%	112 (42.1)	99 (37.2)
	≥ 50%	49 (18.4)	62 (23.3)
Metastases sites	≥3 metastatic sites	42 (15.8)	39 (14.7)
	Liver metastases	28 (10.5)	45 (16.9)
	Brain metastases	9 (3.4)	17 (6.4)

*Two patients' ECOG PS were missing in the tislelizumab plus chemotherapy arm.

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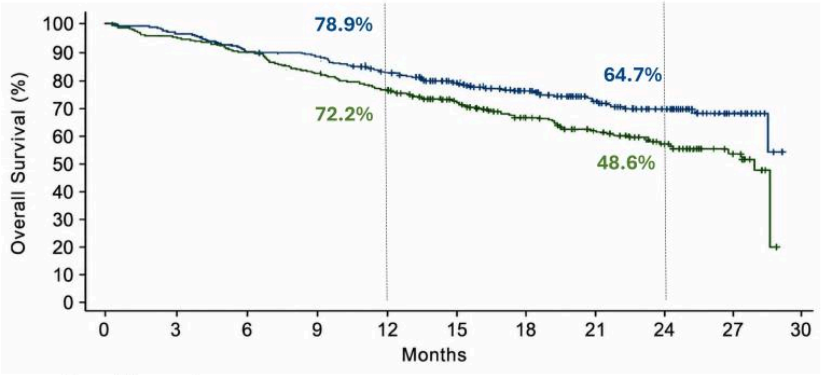
Overall Survival (interim analysis)

HARMONi-6

Ivonescimab with chemotherapy significantly improved OS



No. at risk (censored)

Ivonescimab +Chemo	266(0)	252(0)	238(0)	224(0)	202(8)	152(46)	119(73)	85(100)	49(135)	15(168)	0(182)
Tislelizumab +Chemo	266(0)	257(0)	238(0)	211(0)	186(6)	142(36)	113(55)	80(77)	43(107)	12(136)	0(146)

	Ivonescimab + chemo (N=266)	Tislelizumab + chemo (N=266)
mOS, months (95% CI)	27.89 (27.89, NE)	23.69 (20.11, NE)
Stratified HR (95% CI)	0.66 (0.50, 0.87)	
p-value	0.0017	

OS significance boundary: 0.0049

The median OS in the ivonescimab group would have not been reached without the last single event

- Data cutoff date: Feb 27, 2026
- Median Follow-up: 21.36 months

Abbreviation: mOS, median overall survival; NE, not estimable; HR, hazard ratio; CI, confidence interval

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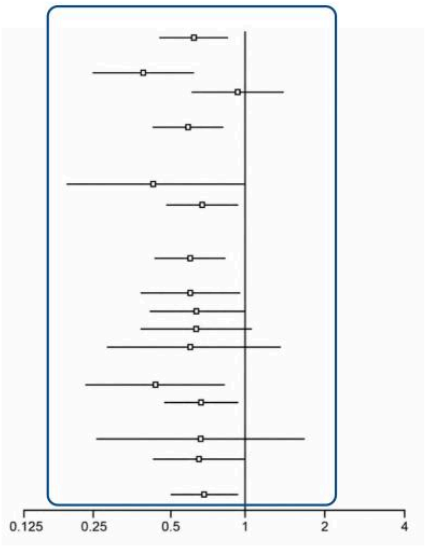
Subgroup Analysis of Overall Survival

HARMONi-6

OS benefit was consistent across key subgroups

Characteristic	Ivonescimab+chemo	Tislelizumab+chemo	Hazard ratio (95% CI)
	Events/Number of subjects	Events/Number of subjects	
Overall Age, Years			
<65	84/266	120/266	0.66 (0.50, 0.87)
≥65	31/135	63/139	0.43 (0.28, 0.67)
Sex	53/131	57/127	0.93 (0.64, 1.36)
Male			
Female	79/256	110/238	0.63 (0.47, 0.84)
ECOG PS	5/10	10/28	
0			
1	10/42	21/42	0.47 (0.22, 0.99)
Disease Stage	74/224	99/222	0.71 (0.52, 0.96)
IIIB/IIIC	7/21	8/20	
IV	77/245	112/246	0.63 (0.48, 0.86)
PD-L1 TPS			
<1%	39/105	56/105	0.64 (0.43, 0.96)
≥1%	45/161	64/161	0.68 (0.46, 0.99)
1 – 49%	32/112	43/99	0.67 (0.42, 1.05)
≥50%	13/49	21/62	0.64 (0.32, 1.31)
≥3 metastases sites			
Yes	18/42	28/39	0.47 (0.26, 0.85)
No	66/224	92/227	0.70 (0.51, 0.97)
Liver metastases			
Yes	11/28	25/45	0.69 (0.34, 1.41)
No	73/238	95/221	0.68 (0.50, 0.92)
Brain metastases			
Yes	2/9	12/17	
No	82/257	108/249	0.71 (0.53, 0.95)



Median OS and HR will not be reported for subgroups with fewer than 10 events

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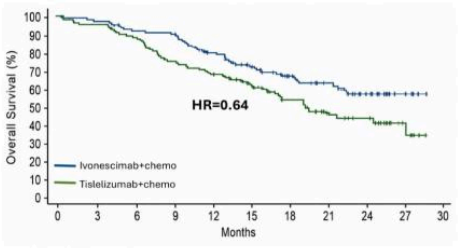
Overall survival by PD-L1 expression levels

HARMONi-6

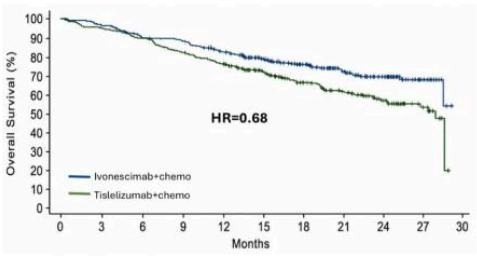
Ivonescimab with chemotherapy showed consistent OS improvement across subgroups stratified by PD-L1 expression levels

PD-L1 TPS<1%



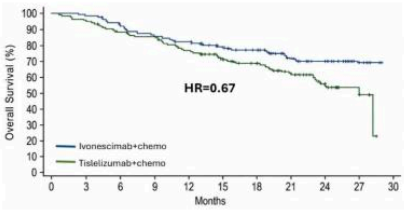
No. at risk (censored)												
Ivonescimab +Chemo	105(0)	100(0)	97(0)	88(0)	73(6)	54(19)	40(29)	30(37)	12(54)	3(63)	0(66)	
Tislelizumab +Chemo	105(0)	101(0)	92(0)	77(0)	69(2)	52(12)	40(18)	25(26)	15(35)	3(46)	0(49)	

PD-L1 TPS≥1%



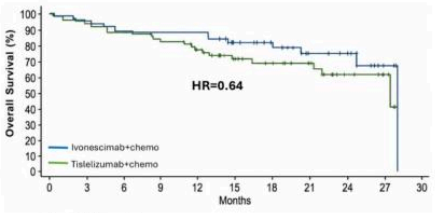
No. at risk (censored)												
Ivonescimab +Chemo	161(0)	152(0)	141(0)	136(0)	129(2)	98(27)	79(44)	55(63)	37(81)	12(105)	0(116	
Tislelizumab +Chemo	161(0)	156(0)	146(0)	134(0)	117(4)	90(24)	73(37)	55(51)	28(72)	9(90)	0(97)	

PD-L1 TPS 1-49%



No. at risk (censored)												
Ivonescimab +Chemo	112(0)	106(0)	98(0)	93(0)	86(2)	65(20)	53(31)	38(42)	25(55)	9(71)	0(80)	
Tislelizumab +Chemo	99(0)	97(0)	91(0)	83(0)	73(0)	59(10)	48(18)	36(26)	20(38)	5(52)	0(56)	

PD-L1 TPS ≥50%



No. at risk (censored)												
Ivonescimab+ Chemo	49(0)	46(0)	43(0)	43(0)	43(0)	33(7)	26(13)	17(21)	12(26)	3(34)	0(36)	
Tislelizumab+ Chemo	62(0)	59(0)	55(0)	51(0)	44(4)	31(14)	25(19)	19(25)	8(34)	4(38)	0(41)	

- The subgroup analysis was descriptive and not formally powered

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Safety Summary

HARMONi-6

Ivonescimab plus chemotherapy showed a manageable safety profile in squamous NSCLC

	Ivonescimab + chemo (N=266)	Tislelizumab + chemo (N=265)
TRAE	264 (99.2)	263 (99.2)
Grade ≥ 3 TRAE	184 (69.2)	156 (58.9)
Serious TRAE	110 (41.4)	91 (34.3)
Leading to ivonescimab or tislelizumab discontinuation	14 (5.3)	12 (4.5)
Leading to death	10 (3.8)	11 (4.2)
Grade ≥ 3 irAE#	34 (14)	36 (14)

- Data are n (%)
- # immune-related adverse events were assessed by investigators

Abbreviation: TRAE, treatment-related adverse events.

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Possibly VEGF-related adverse events

HARMONi-6

Possibly VEGF-related AEs occurred more frequently in the ivonescimab arm, most of which were Grade 1-2.

Possibly VEGF-Related AEs#	Ivonescimab + chemo (N=266)				Tislelizumab + chemo (N=265)			
	Any Grade	Grade 1	Grade 2	Grade ≥3	Any Grade	Grade 1	Grade 2	Grade ≥3
Proteinuria	113 (42.5)	35 (13.2)	60 (22.6)	**18 (6.8)**	34 (12.8)	26 (9.8)	8 (3.0)	**0**
Haemorrhage	**66 (24.8)**	**39 (14.7)**	**20 (7.5)**	**7 (2.6)**	**32 (12.1)**	**24 (9.1)**	**6 (2.3)**	**2 (0.8)**
Hypertension	39 (14.7)	7 (2.6)	22 (8.3)	**10 (3.8)**	15 (5.7)	3 (1.1)	7 (2.6)	**5 (1.9)**
Arterial thromboembolism	4 (1.5)	1 (0.4)	0	**3 (1.1)**	0	0	0	**0**
Venous thromboembolism	2 (0.8)	0	2 (0.8)	**0**	3 (1.1)	0	2 (0.8)	**1 (0.4)**
Fistula	1 (0.4)	0	1 (0.4)	**0**	0	0	0	**0**

- # AE terms were grouped terms
- Data are n (%)

Abbreviation: VEGF, vascular endothelial growth factor; AEs, adverse events; irAEs, immune-related adverse events.

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Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Conclusions

HARMONi-6

- Ivonescimab with chemotherapy **significantly improved OS** in advanced squamous NSCLC first-line treatment compared with tislelizumab with chemotherapy
  - mOS: 27.89 vs. 23.69, **HR=0.66 (95%CI: 0.50, 0.87), p=0.0017**
- Ivonescimab with chemotherapy showed **comparable safety profile** to tislelizumab with chemotherapy
  - ≥ G3 TRAE: 69.2% vs. 58.9%
  - Similar rates of AEs leading to discontinuation or death between the two arms

- **HARMONi-6 supports adoption of ivonescimab with chemotherapy as a new standard for patients with advanced squamous NSCLC in first-line treatment in China**
- **A global phase III study (HARMONi-3, NCT05899608) is underway**

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Refresh from ESMO 2025 Presentation:

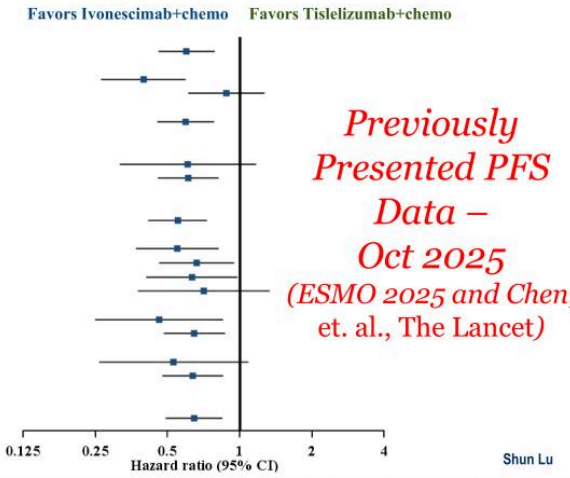
HARMONi-6

Subgroup Analysis of PFS by IRRC (Oct 2025 Presentation)

- PFS benefit favored ivonescimab across all key subgroups.
- Observed important baseline imbalances in the older patient subgroup (Age ≥65), such as target lesion size, brain metastases. After adjusting for these covariates, the adjusted HR for Age ≥65 was 0.69.

Characteristic	Ivonescimab+chemo Events/Number of Subjects	Tislelizumab+chemo Events/Number of Subjects	Hazard ratio (95% CI)
Overall	94/266	127/266	0.60 (0.46, 0.78)
Age, years			
<65	37/135	69/139	0.40 (0.26, 0.59)
≥65	57/131	58/127	0.88 (0.61, 1.27)
Sex			
Male	90/256	118/238	0.59 (0.45, 0.78)
Female	4/10	9/28	
ECOG PS			
0	16/42	21/42	0.61 (0.32, 1.17)
1	78/224	106/222	0.61 (0.45, 0.82)
Disease Stage			
IIIB/IIIC	12/21	8/20	
IV	82/245	119/246	0.55 (0.41, 0.73)
PD-L1 TPS			
<1%	42/105	58/105	0.55 (0.37, 0.82)
≥1%	52/161	69/161	0.66 (0.46, 0.95)
1-49%	35/112	47/99	0.63 (0.41, 0.98)
≥50%	17/49	22/62	0.71 (0.37, 1.33)
≥3 metastases sites			
Yes	17/42	26/39	0.46 (0.25, 0.85)
No	77/224	101/227	0.64 (0.48, 0.87)
Liver metastases			
Yes	11/28	24/45	0.53 (0.26, 1.08)
No	83/238	103/221	0.64 (0.48, 0.85)
Brain metastases			
Yes	2/9	11/17	
No	92/257	116/249	0.64 (0.49, 0.85)

If the number of events at a level of a subgroup is less than 10, the median PFS and hazard ratio will not be provided.

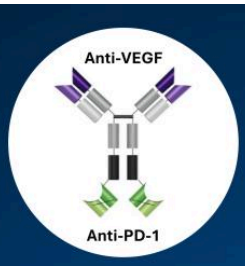


Previously Presented PFS Data – Oct 2025 (ESMO 2025 and Chen, et. al., The Lancet)

Shun Lu

ESMO 2025 Presidential Symposium

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).



Ivonescimab: The Numbers

Most Advanced, First-in-Class, PD-1/VEGF Bispecific Antibody

>4,000 Trial Patients — Patients Dosed in All Clinical Trials[2]

155 Total Trials[1] — Total Trials Involving Ivonescimab on clinicaltrials.gov

47 Sponsored Trials[1] — Total Ivonescimab Trials Sponsored by Summit, Akeso, or GORTEC

15 Phase III Trials[1] — Phase III Trials in Multiple Tumor Types[1]

4 Phase III Trials with Positive Results — Positive Phase III Readouts to Date *The only in-class Phase III Readouts*

2 Chinese Approvals[3] — Indications Approved in China by the NMPA

>70,000 Commercial Patients in China[3] — Patients Dosed Commercially in China

Abbreviations: PD-1=programmed cell death protein 1; VEGF=vascular endothelial growth factor; NMPA = National Medical Products Administration (China)
References: 1. Total sponsored (by Summit, Akeso, or GORTEC) clinical trials as of May 20, 2026, via clinicaltrials.gov or public announcement; 2. Data on File 56, 57. Summit Therapeutics Inc. 3. Akeso March 27, 2026 press release, *Akeso Reports Full-Year 2025 Financial Results*

Summit therapeutics

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Ivonescimab Development: HARMONi Summit Pipeline

HARMONi

EGFRm NSCLC post-TKI
Ivonescimab + chemo vs. placebo + chemo

Enrollment Complete

HARMONi-3

1L NSCLC
Ivonescimab + chemo vs. pembrolizumab + chemo

SQ: enrollment complete
nSQ: screening complete

HARMONi-7

1L NSCLC: PD-L1 High
Ivonescimab vs. pembrolizumab

Enrolling

HARMONi-GI3

1L CRC
Ivonescimab + chemo vs. bevacizumab + chemo

Enrolling

Collaborations

GORTEC: enrolling Ph3 ILLUMINE Study: HNSCC
RevMed: enrolling Novel RAS(ON)i: NSCLC, PDAC, CRC
Future collaboration with ADC

>65 ISTs Supported[1]

22 Currently Enrolling
5 via MD Anderson Collaboration

>50

Ivonescimab Publications[2]

References: 1. In Summit license territories, Data on File 55. Summit Therapeutics Inc. Supported = at a minimum, a notification of support communicated to PI; 2. Publications available at smmtx.com, Accessed on May 31, 2026.
Abbreviations: 1L=first-line; 2L=second-line; ADC=antibody-drug conjugate; Chemo=chemotherapy; CRC=colorectal cancer; EGFRm=+epidermal growth factor receptor mutant positive; ISTs=Investigator Sponsored Trials; NSCLC=non-small-cell lung cancer; PDAC=pancreatic ductal adenocarcinoma; HNSCC=head and neck squamous cell carcinoma; PD-L1=programmed cell death-ligand 1; RAS=renin-angiotensin system; RASi=RAS inhibitor; RAS(ON)i=RAS inhibitor to RAS proteins in ON state (revmed.com/science, Accessed May 31, 2026); SCLC=small cell lung cancer; incl.=including; vs.=versus. Reference: ClinicalTrials.gov

Summit therapeutics

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Phase II CRC ORR 70.8%, DCR 100% Ivonescimab plus Chemotherapy in 1L CRC

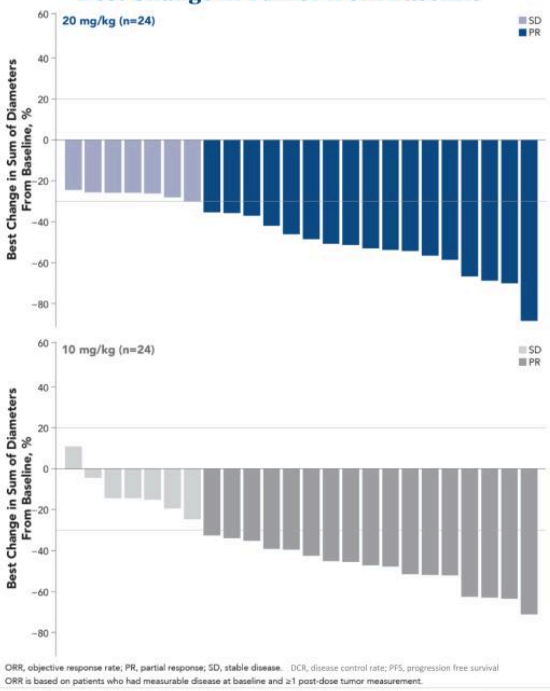
Summary of Efficacy & Safety

	Ivonescimab + FOLFOX 20 mg/kg (n=24)	Ivonescimab + FOLFOX 10 mg/kg (n=24)
ORR, %	70.8%	70.8%
DCR, %	100%	100%
Landmark 9-month DoR	79.1%	41.5%
Landmark 9-month PFS		
9-month PFS (95% CI), %	76.1% (51.7, 89.4)	70.1% (44.9, 85.4)
TRAEs (all grades), n (%)	24 (96.0)	21 (87.5)
Grade ≥3	11 (44.0)	8 (33.3)
Serious TRAEs	6 (24.0)	4 (16.7)
Immune-related AEs, n (%)	7 (28.0)	4 (16.7)
Grade ≥3	1 (4.0)	1 (4.2)
VEGF-associated TEAEs, n (%)	19 (76.0)	14 (58.3)
Grade ≥3	5 (20.0)	2 (8.3)

AE, adverse event; mFOLFOX6, modified 5-fluorouracil, leucovorin, and oxaliplatin; TEAE, treatment-emergent AE; TRAE, treatment-related AE; VEGF, vascular endothelial growth factor.

*1 patient discontinued ivonescimab due to repeat grade 2 infusion-related reactions.

Best Change in Tumor from Baseline



ORR, objective response rate; PR, partial response; SD, stable disease. DCR, disease control rate; PFS, progression free survival

ORR is based on patients who had measurable disease at baseline and ≥1 post-dose tumor measurement.

Summit therapeutics

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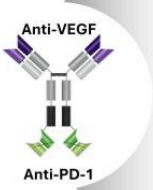
The Next Exciting Steps for Summit & Ivonescimab



1H26

HARMONi-3 nSQ: Completed screening, patient enrollment expected to complete

2H26

HARMONi-3 SQ: PFS, interim OS data readout expected

HARMONi: BLA PDUFA Date in November

1H27

HARMONi-3 nSQ: PFS data readout expected

Continuing Acceleration of Clinical Development

Abbreviations: BLA=Biologics License Application; EGFRm+=epidermal growth factor receptor mutant positive; NSCLC=non-small-cell lung cancer; nSQ=non-squamous; OS=overall survival; PD-1=programmed cell death protein 1; PD-L1=programmed cell death-ligand 1; PFS=progression-free survival; SQ=squamous; VEGF=vascular endothelial growth factor; TKI=tyrosine kinase inhibitor.

Summit therapeutics

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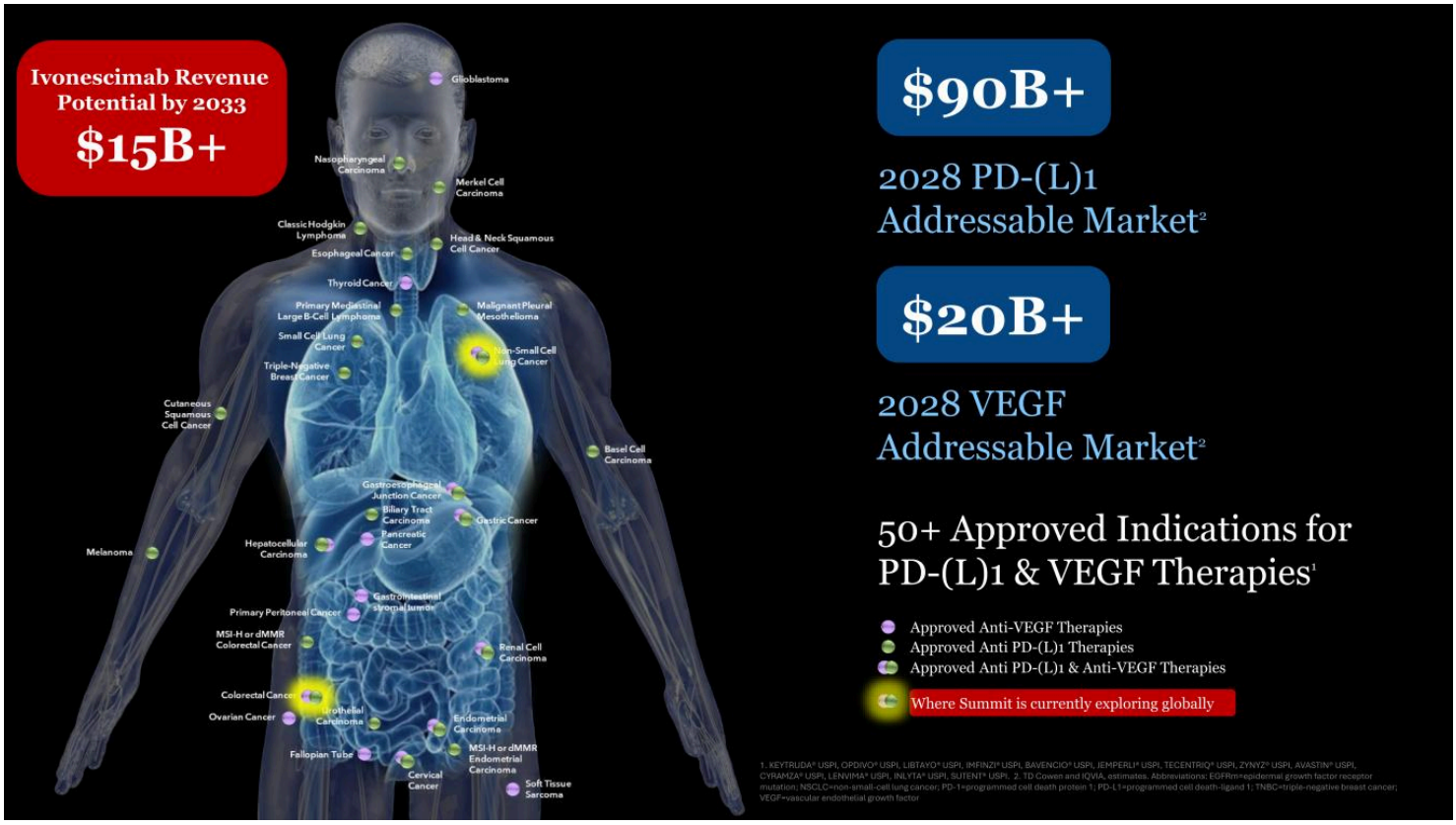
Ivonescimab Revenue Potential by 2033
$15B+
Glioblastoma
Nasopharyngeal Carcinoma
Merkel Cell Carcinoma
Classic Hodgkin Lymphoma
Head & Neck Squamous Cell Cancer
Esophageal Cancer
Thyroid Cancer
Primary Mediastinal Large B-Cell Lymphoma
Malignant Pleural Mesothelioma
Small Cell Lung Cancer
Non-Small Cell Lung Cancer
Triple-Negative Breast Cancer
Cutaneous Squamous Cell Cancer
Basal Cell Carcinoma
Gastroesophageal Junction Cancer
Biliary Tract Carcinoma
Gastric Cancer
Pancreatic Cancer
Hepatocellular Carcinoma
Melanoma
Gastrointestinal stromal tumor
Primary Peritoneal Cancer
MSI-H or dMMR Colorectal Cancer
Renal Cell Carcinoma
Colorectal Cancer
Ovarian Cancer
Urothelial Carcinoma
Endometrial Carcinoma
Fallopian Tube
MSI-H or dMMR Endometrial Carcinoma
Cervical Cancer
Soft Tissue Sarcoma
$90B+
2028 PD-(L)1 Addressable Market[2]
$20B+
2028 VEGF Addressable Market[2]
50+ Approved Indications for PD-(L)1 & VEGF Therapies[1]
Approved Anti-VEGF Therapies
Approved Anti PD-(L)1 Therapies
Approved Anti PD-(L)1 & Anti-VEGF Therapies
Where Summit is currently exploring globally
1. KEYTRUDA® USPI, OPDIVO® USPI, LIBTAYO® USPI, IMFINZI® USPI, BAVENCIO® USPI, JEMPERLI® USPI, TECENTRIQ® USPI, ZYNYZ® USPI, AVASTIN® USPI, CYRAMZA® USPI, LENVIMA® USPI, INLYTA® USPI, SUTENT® USPI. 2. TD Cowen and IQVIA, estimates. Abbreviations: EGFRm=epidermal growth factor receptor mutation; NSCLC=non-small-cell lung cancer; PD-1=programmed cell death protein 1; PD-L1=programmed cell death-ligand 1; TNBC=triple-negative breast cancer; VEGF=vascular endothelial growth factor


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Additional Comments,
Questions & Answers