Tempus Announces Six Abstracts Accepted for Presentation at the European Society for Medical Oncology Congress 2025

October 15, 2025

CHICAGO--(BUSINESS WIRE)--Oct. 15, 2025-- Tempus AI, Inc. (NASDAQ: TEM), a technology company leading the adoption of AI to advance precision medicine, today announced that six abstracts have been accepted for presentation at the European Society for Medical Oncology (ESMO) Congress 2025, taking place October 17–21 in Berlin, Germany.

“We’re sharing research at ESMO Congress 2025, including two oral presentations, that highlight the growing role of real-world data and AI in developing more effective, personalized cancer treatments,” said Ezra Cohen, MD, Chief Medical Officer of Oncology at Tempus. “These findings not only advance the development of new therapies but also equip clinicians with data-driven insights to guide patient care.”

This year, Tempus will highlight its latest scientific and clinical research findings via two oral presentations and four poster presentations.

Oral Presentations:

- **Efficacy of Cabozantinib and Nivolumab in Cluster 1/2 Metastatic Clear Cell Renal Cell Carcinoma: Results from OPTIC RCC, a phase II trial of a novel RNAseq-based biomarker**
  - **Date/Time:** October 17, 2025; 4:35 - 4:40pm CEST
  - **Location:** Karlsruhe Auditorium - Hall 5.2
  - **Presentation** 2591O
  - **Session Name:** Mini Oral session 1: GU tumours, renal & urothelial
  - **Summary:** The study reports initial results from the OPTIC RCC (NCT 05361720) phase II multicenter trial, a prospective study investigating a biomarker-driven approach to treating metastatic clear cell renal cell carcinoma. Patients are assigned to nivolumab/cabozantinib (IO/TKI) for angiogenic-driven tumors (cluster 1/2) or ipilimumab/nivolumab (IO/IO) for immune-inflamed tumors (cluster 4/5) based on RNAseq-based molecular subtyping. This presentation focuses exclusively on the 26 patients with angiogenic cluster 1/2 tumors who were treated with nivolumab/cabozantinib. Of the 21 patients who received at least one post-baseline scan to date, 100% achieved a reduction in tumor burden, resulting in a RECIST best response of 71% partial response and 29% stable disease, with no progressive disease. These initial findings suggest that using RNAseq data to assign patients with angiogenic tumors to cabozantinib/nivolumab increases the overall response rate compared to unselected historical controls.

- **Lymphocyte activation gene-3 (LAG3) expression patterns and immunotherapy (IO) response in metastatic renal cell carcinoma (mRCC)**
  - **Date/Time:** October 17, 2025; 5:10 - 5:15 pm CEST
  - **Location:** Karlsruhe Auditorium - Hall 5.2
  - **Presentation Number:** 2593MO
  - **Session Name:** Mini Oral session 1: GU tumours, renal & urothelial
  - **Summary:** This study investigated the relationship between lymphocyte activation gene-3 (LAG3) RNA expression and outcomes in 425 clear cell metastatic renal cell carcinoma (mRCC) patients treated with first-line immunotherapy (IO), using Tempus’ de-identified multimodal data and analytical platform, Lens. The analysis revealed that LAG3 positively correlated with the expression of other immune checkpoint genes and with increased tumor-infiltrating immune cells. Crucially, while real-world overall survival was similar across LAG3 levels, low LAG3 expression was associated with a reduced

real-world objective response rate compared to high LAG3. These findings suggest that LAG3 has potential utility as a marker for IO response and supports exploring combination IO strategies in RCC patients.

Poster Presentations:

- **Impact of tumor suppressor gene (TSG) alteration (alt) burden on outcomes in patients (pts) with metastatic castration-sensitive prostate cancer (mCSPC)**
  - **Presentation Number:** 2452P
  - **Summary:** A real-world study of de-identified records from 2,173 patients with metastatic castration-sensitive prostate cancer (mCSPC) sequenced with the Tempus xT DNA assay investigated the impact of tumor suppressor gene (TSG) alterations (alt) on real-world overall survival (rwOS). The analysis was conducted in Tempus Lens Workspaces and compared the characteristics of patients with TSG alt to those with wild type TSG, identifying differences in median prostate-specific antigen (PSA) levels, visceral disease prevalence, and distinct patterns of co-occurring gene alterations. Critically, the analysis of rwOS showed that the presence of TSG alt—particularly an increased TSG alt burden—was associated with inferior survival outcomes following first-line therapy. These findings suggest that patients with mCSPC and high TSG burden constitute a high-risk group that may require biomarker-directed intensive first-line treatment, providing support for the ongoing Alliance phase 3 ASPIRE trial.

- **Unveiling Integrin Beta-6 (IB6): Real-World Expression from the IB6 Expression and Clinical Outcomes in Non-Small Cell Lung Cancer (BEACON) Study**
  - **Presentation Number:** 1919P
  - **Summary:** Initial findings from the Integrin Beta-6 (IB6) Expression and Clinical Outcomes in Non-Small Cell Lung Cancer (BEACON) study detail a retrospective, real-world observational analysis of IB6 prevalence in patients with metastatic non-small cell lung cancer (mNSCLC). The study leveraged the Tempus de-identified database and analytical platform, Tempus Lens, to examine a preliminary cohort of 200 mNSCLC patient records, utilizing immunohistochemistry to determine IB6 expression levels. The results demonstrate not only that high IB6 expression is common in mNSCLC, but that high expression was particularly frequent in patients with non-squamous histology compared to those with squamous histology. These data underscore the potential of IB6 as a promising novel biomarker and therapeutic target in mNSCLC, supporting the rationale for continued development and investigation of IB6-directed therapies, such as the investigational agent sigvotatug vedotin.

- **The association between tumor immunogenomic features and first-line (1L) therapeutic outcomes in advanced biliary tract cancer (BTC)**
  - **Presentation Number:** 94P
  - **Summary:** The researchers used Tempus Lens to conduct a real-world analysis of advanced biliary tract cancer (BTC) patients treated with first-line gemcitabine + cisplatin (G+C) with or without immunotherapy (ICI), investigating the association between tumor immunogenomic features and outcomes. The real-world overall survival (rwOS) for the total BTC cohort was similar between the G+C+ICI and G+C groups. The analysis also studied the natural history of patients with BTC and specific genomic alterations and found that FGFR2 fusions and HRR alterations were linked to improved rwOS, while KRAS alterations were associated with worse rwOS, regardless of the treatment regimen. These findings show that 1L regimens for BTC had similar rwOS and that genomic alterations have distinct prognostic impacts. Future analysis in clinical trials

may help define new prognostic and predictive biomarkers across both early and late stage BTC.

- **ImmunoDriver-2: CD8 T cell and PD-L1 levels associate with first-line (1L) overall survival (OS) in immune checkpoint inhibition (ICI)-treated non-small cell lung cancer (NSCLC)**
  - **Presentation Number:** 1920P
  - Summary: The research team conducted an analysis of de-identified records from 5,343 NSCLC patients using Tempus Lens to characterize the association of CD8 T cell (CD8T) and PD-L1 proportions with real-world overall survival (rwOS) and driver alterations (dAlts) in early and metastatic NSCLC patients treated with first-line ICI + chemotherapy (CT) or ICI alone. Using a cohort of Tempus' de-identified data, the study found that in metastatic NSCLC, both PD-L1 and CD8T were associated with improved rwOS after 1L-ICI±CT, with CD8T further stratifying survival within PD-L1 groups. The rwOS was greatest when both CD8T and PD-L1 were high. Immunogenomic profiling showed that CD8T and PD-L1 were highest in tumors with no dAlts and those with KRAS dAlts, but were lowest in tumors with classic/non-classic EGFR dAlts. These findings suggest that the combined analysis of CD8T and PD-L1 may provide a valuable immunophenotype that applies across different disease stages and dAlt statuses to enrich for ICI efficacy.

Learn more about Tempus at ESMO Congress 2025 here.

About Tempus

Tempus is a technology company advancing precision medicine through the practical application of artificial intelligence in healthcare. With one of the world's largest libraries of multimodal data, and an operating system to make that data accessible and useful, Tempus provides AI-enabled precision medicine solutions to physicians to deliver personalized patient care and in parallel facilitates discovery, development and delivery of optimal therapeutics. The goal is for each patient to benefit from the treatment of others who came before by providing physicians with tools that learn as the company gathers more data. For more information, visit tempus.com.

Forward Looking Statements

This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (the "Securities Act"), and Section 21E of the Securities Exchange Act of 1934, as amended, about Tempus and Tempus' industry that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this press release are forward-looking statements, including, but not limited to, statements regarding the quality of Tempus' research and publications; the contributions of Tempus' research and findings to the larger scientific community and the use of Tempus' products and services to advance clinical care for patients. In some cases, you can identify forward-looking statements because they contain words such as "anticipate," "believe," "contemplate," "continue," "could," "estimate," "expect," "going to," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will," or "would" or the negative of these words or other similar terms or expressions. Tempus cautions you that the foregoing may not include all of the forward-looking statements made in this press release.

You should not rely on forward-looking statements as predictions of future events. Tempus has based the forward-looking statements contained in this press release primarily on its current expectations and projections about future events and trends that it believes may affect Tempus' business, financial condition, results of operations and prospects. These forward-looking statements are subject to risks and uncertainties related to: the intended use of Tempus' products and services; Tempus' financial performance; the ability to attract and retain customers and partners; managing Tempus' growth and future expenses; competition and new market entrants; compliance with new laws, regulations and executive actions, including any evolving regulations in the artificial intelligence space; the ability to maintain, protect and enhance Tempus' intellectual property; the ability to attract and retain qualified team members and key personnel; the ability to repay or refinance outstanding debt, or to access additional financing; future acquisitions, divestitures or investments; the potential adverse impact of climate change, natural disasters, health epidemics, macroeconomic conditions, and war or other armed conflict, as well as risks, uncertainties, and other factors described in the section titled "Risk Factors" in Tempus' Annual Report on Form 10-K for the year ended December 31, 2024, filed with the Securities and Exchange Commission ("SEC") on February 24, 2025, as well as in other filings Tempus may make with the SEC in the future. In addition, any forward-looking statements contained in this press release are based on assumptions that Tempus believes to be reasonable as of this date. Tempus undertakes no obligation to update any forward-looking statements to reflect events or circumstances after the date of this press release or to reflect new information or the occurrence of unanticipated events, except as required by law.

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