NovaBridge

Company Presentation

February 2026

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NovaBridge

Company Overview & Highlights

Our Evolution to Pioneer the Next Frontier in Global Innovation

1.0 Clinical-stage China Biotech

- Immuno-oncology
  Autoimmune disorders
- 11 assets
  CD47 mAb / CD73 mAb / αGM-CSF
- Fast-to-market China strategy
  Fast-to-PoC global strategy

Pivot & Focus Asset-based Model

2.0 Clinical-stage US Biotech

- Precision immune-oncology
- 3 assets
  CLDN18.2x4-1BB bsAb / PD-L1x4-1BB bsAb / CD73 mAb
- Fast-to-market ex-China strategy

Global Vision Platform Model

3.0 Global Biotechnology Platform

- Therapeutic area-agnostic
- 4 assets
  CLDN18.2x4-1BB bsAb / VEGFxAng-2 bsAb / PD-L1x4-1BB bsAb / CD73 mAb
- Global business development strategy
  Fast-to-PoC global strategy

Notes: mAb = monoclonal antibody; bsAb = bispecific antibody; PoC = Proof of Concept; PD-L1 = programmed death-ligand 1; CLDN18.2 = Claudin18.2

We Are a Hub-and-Spoke Gateway Connecting Global Markets

We are the <u>FIRST</u> and <u>ONLY</u> listed hub-and-spoke platform specializing in bridging Asian innovation to the global markets

Our Platform-based Business Model

Driving Accelerated Development and Value Creation of Innovations in a Quality-oriented and Cross-therapeutic Approach

Emerging innovation for asset sourcing

Deeply rooted in emerging innovation ecosystem for long-time, with incomparable understanding of team capabilities and quality of assets from local innovators

Accelerate innovative asset development with at scale value creation

Oncology Co

- Givastomig（CLDN18.2 x 4-1BB bsAb）
- Ragistomig（PD-L1 x 4-1BB bsAb）
- Ulilediimab（CD73 mAb）
- …

Ophthal Co

- VIS-101（VEGF x Ang-2 bsAb）
- …

Future New Co

- …

NovaBridge Platform

Scientific Translation + Clinical De-risking

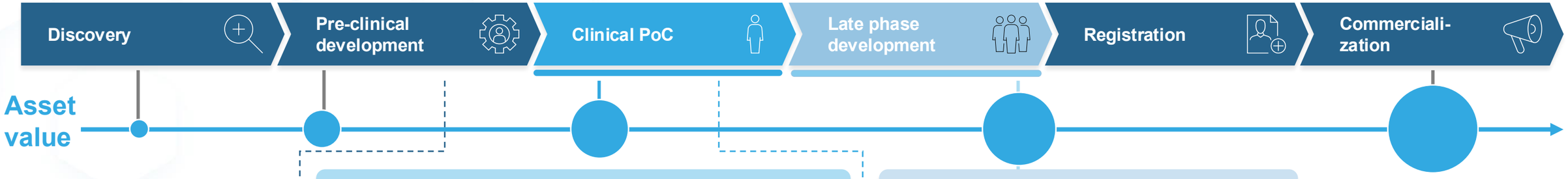
Attractive exit/spin-off

Strong exit through acquisition or robust options of financing to fuel continued growth and value creation

Notes: mAb = monoclonal antibody; bsAb = bispecific antibody; PD-L1 = programmed death-ligand 1; CLDN18.2 = Claudin 18.2

Our Platform-based Business Model (Cont'd)

Focusing on the Most Significant Value Creation Step along the Biopharma Innovation Value Chain



Not our focus:

- Increasingly commoditized activities within emerging markets' highly active discovery and pre-clinical innovation ecosystem

5-10X value creation

- Acquire **early-stage assets (clinical and IND-enabling)** with well-defined PoC pathway
- Leverage deep **translation expertise** to unleash asset competitiveness with the right development strategy
- Drive assets efficiently to **clinical POC** with NovaBridge's scientific underwriting and resource orchestration capabilities

2-3X value creation

- **Selectively engage in late-stage development,** leveraging NovaBridge's world-class clinical execution capabilities and scale / efficiency of China's clinical infrastructure
- Maintain **flexibility for strategic collaborations**

Not our focus:

- Global commercialization predominantly driven by established MNCs with deep commercial networks and sales infrastructures

- Partnered with ABL bio at preclinical stage
- Built oncology team with deep GEC expertise

Givastomig

- Accelerated PoC in mono / combo 1L therapies
- Achieved efficacy and safety in Ph1b trials
- Global randomized Phase 2 study underway

- Partnered with AskGene PHARMA at early clinical stage
- Second-in-market, potential BIC in wet AMD / DME

VIS-101

- Completed Ph1 trials for wet AMD and DME; ongoing Ph2 trials in wet AMD
- Final Ph2 readout in 4Q25

Core value creation step of NovaBridge model

Extended value creation step of NovaBridge model

Our Expanding Pipeline — Four Clinical-stage Assets

CATE-GORY	ASSET	TARGET	MODALITY	INDICATION(S)	REGIMEN	PRECLINICAL / IND-ENABLING / PHASE 1 / PHASE 2 / REGISTRATIONAL/ PHASE 3	NCT #	MILESTONES	PARTNER	RIGHTS
Oncology	★Givastomig[1,2]	CLDN18.2 x 4-1BB	bsAb	1L GEA	Giva + Chemo + Nivo vs. Chemo + Nivo	*CLDN18.2 Positive*[3]	/	Phase 2 data 2027	ablbio	Global (ex-Greater China, ex-South Korea)
					Giva + Chemo + Nivo	*CLDN18.2 Positive*[4]	NCT04900818	Phase 1b Topline data Jan-2026		
					Giva + Chemo ± Nivo	*CLDN18.2 Low / PD-L1 Low*		Phase 1b FPI Q4 2025		
				1L BTC	Giva + Chemo + CPI	*CLDN18.2 Positive*		Phase 1b FPI 1H 2026		
				1L PDAC	Giva + Chemo	*CLDN18.2 Positive*		Phase 1b FPI 1H 2026		
	Ragistomig[1]	PD-L1 x 4-1BB	bsAb	Solid Tumors	Ragi + PD-(L)1		NCT04762641	Phase 1b Topline data 2H 2026		
	Ulilediimab	CD73	mAb	NSCLC	Uli + PD-(L)1 ± Chemo		NCT06984588	Phase 1b/2 PFS data 2H 2026[5]	天境生物 TJ BIOPHARMA	Global (ex-Greater China)
Ophthalmology	VIS-101	VEGF x ANG-2	bsAb	Wet AMD	Mono		NCT05456828	Phase 2 Data readout Q1 2026	EVEREST MEDICINES 云顶新耀 AffaMed Therapeutics AskGene PHARMA	Global (ex-Greater China)
				DME	Mono		NCT05940428	/		

Ongoing Clinical Trials Clinical Trials to be Initiated ★ Core Product

1. *Co-developed with ABL Bio (givastomig also known as ABL111, ragistomig also known as ABL503)*
2. *BMS agreed to grant us the license to use, and manufacture and supply for use of nivolumab (OPDIVO®) in our Phase 1 trial to evaluate givastomig's combination with nivolumab and mFOLFOX6*
3. *Submitted the protocol of this Phase 2 clinical trial to the U.S. FDA in August 2025 and did not receive any objections or concerns from the U.S. FDA, and expect to commence this Phase 2 trial in the first quarter of 2026*
4. *Including a completed Phase 1 clinical trial of givastomig as a monotherapy in CLDN18.2-positive (defined as membrane intensity score of ≥1+ on ≥1% of tumor cells) patients with advanced or metastatic solid tumors*
5. *Trial conducted by TJ Biopharma, NCT04322006*

Notes: mAb = monoclonal antibody; bsAb = bispecific antibody; 1L = first line; nivo = nivolumab; tori = toripalimab (TUOYI®); CPI = checkpoint inhibitor; GEA = gastroesophageal adenocarcinoma, including gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma; BTC = biliary tract cancer; PDAC = pancreatic ductal adenocarcinoma; NSCLC = non-small cell lung cancer; Wet AMD = wet age-related macular degeneration; DME = diabetic macular edema; FPI = first patient in; PD-(L)1 = inhibitors of PD-L1 or PD-1; CLDN18.2 = Claudin18.2; CLDN18.2 Low = CLDN18.2 < 75%; PD-L1 Low = CPS < 1

Visionary and Seasoned Management Team

We assembled a seasoned management team composed of industry veterans with extensive regional and functional expertise

Wei Fu
Director and Executive Chairman of our Board

Sean Fu
PhD, MBA
Chief Executive Officer

Sean Cao
PhD
Chief Business Development Officer

Kyler Lei
Chief Financial Officer

Phillip Dennis
MD, PhD
Chief Medical Officer

Claire Xu
MD, PhD
Senior Vice President, Clinical Development

Years of Industry Experience

Oncology Program

Givastomig

Claudin 18.2 X 4-1BB bsAb with Best-in-Class Potential

Significant Unmet Need in Gastric Cancer with Limited Treatment Options

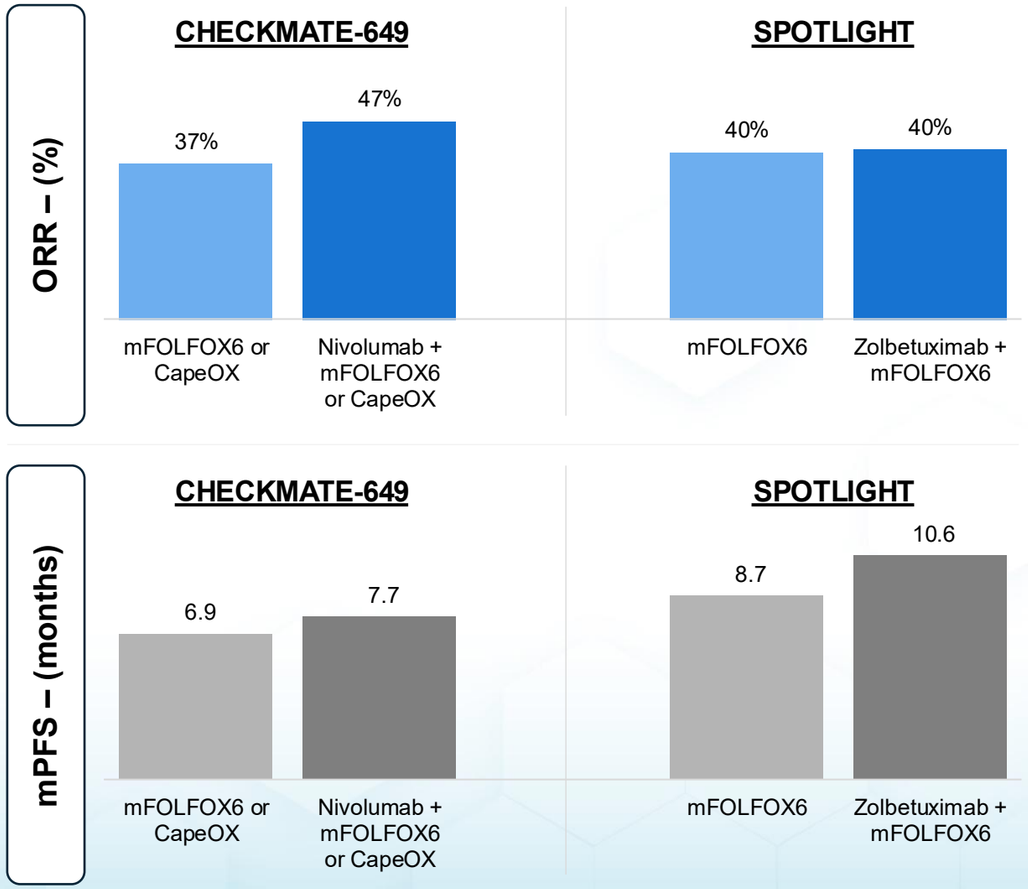
5th most common cancer with ~250k patients globally and **4th leading cause of cancer mortality worldwide**[1]

Over 60% of patients are **diagnosed at an advanced or metastatic stage**[2], where prognosis is poor

Despite approved therapies, **5-year survival rates are only ~7%**[2]

Growing market with **$12Bn in sales expected by 2030**[3]

Current 1L Standards of Care Leave Significant Room for Improvement[4]



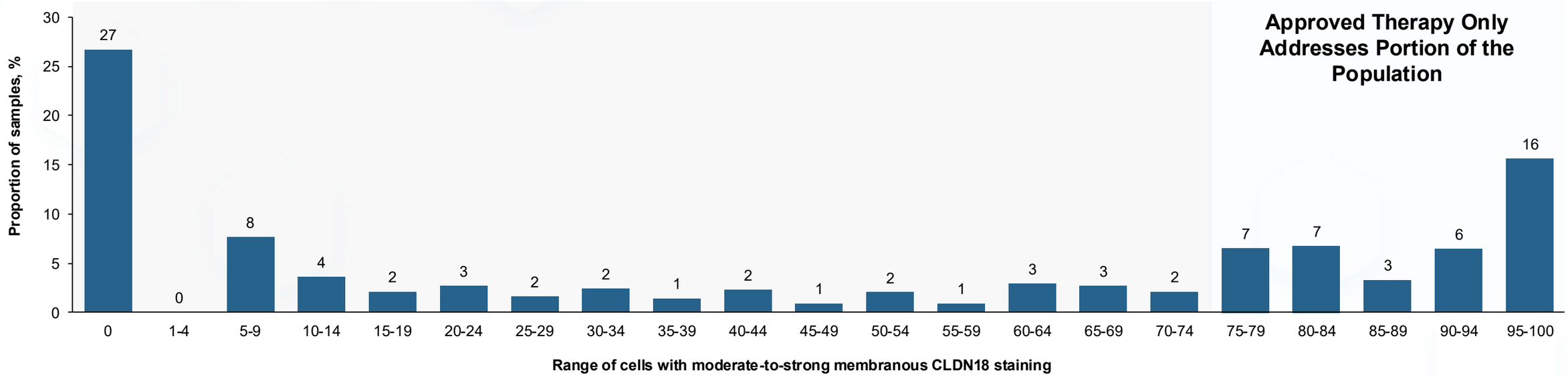
1. *Sung 2021; Markets include U.S., five E.U. countries, and Japan in 2025 based on Data Monitor Biomed Tracker*
2. *The American Cancer Society; based on patients diagnosed with metastatic gastric cancers between 2014 and 2020; https://doi.org/10.1016/j.ctarc.2024.100845*
3. *Markets include U.S., five E.U. countries, and Japan by 2030 for potential sales based on Data Monitor Biomed Tracker*
4. *Study results included in FDA approval labels; CHECKMATE-649 used CapeOX in certain patients; comparisons are not based on data from head-to-head trials and are not direct comparisons*

Notes: ORR = objective response rate; mPFS = median progression free survival; 1L = first line

Distribution of Claudin 18.2 Expression in Over 4,000 Gastric Cancer Patients

Cut-Off of ≥1% CLDN18.2 Expression Doubles Number of Patients Eligible for Approved CLDN18.2-based Therapy

Opportunity to expand and outperform other CLDN18.2 directed therapies[1]



Zolbetuximab: First Approved CLDN18.2 mAb for Gastric Cancer

- **Limited to subset** of CLDN18.2-positivity **((IHC 2+ or 3+) ≥75%)**[2]
- Approved with chemotherapy alone (**80-90% of patients treated with I/O plus chemotherapy, not chemotherapy alone**)

Significant Opportunity to Address Broad CLDN18.2 Market

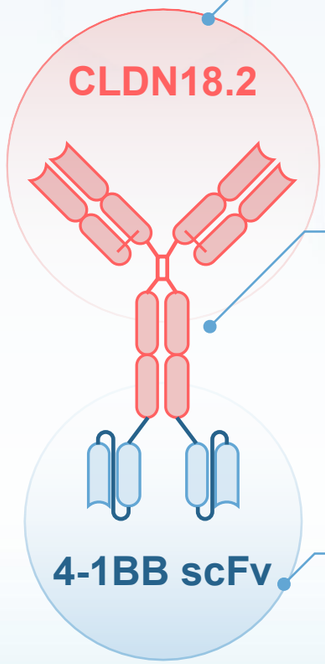
- High unmet need remains with approximately **half of CLDN18.2-positive patients ineligible** for approved therapy
- **Opportunity to differentiate** from existing approved therapy particularly in **GI toxicities**

1. *Shitara, K., Xu, RH., Ajani, J.A. et al. Global prevalence of claudin 18 isoform 2 in tumors of patients with locally advanced unresectable or metastatic gastric or gastroesophageal junction adenocarcinoma. Gastric Cancer 27, 1058-1068 (2024)*
2. *VYLOY (zolbetuximab-clzb) FDA label*

Notes: IHC = immunohistochemistry; GI = gastrointestinal; I/O = immuno-oncology; CLDN18.2 = Claudin 18.2; CLDN18 = Claudin 18.2 and Claudin 18.1

Givastomig: Broad Potential to Improve Standard-of-Care for Gastric Cancer and Other Solid Tumors

Unique Molecular Design Balances Anti-Tumor Efficacy and Safety



Highly Potent CLDN18.2 mAb

Higher affinity than zolbetuximab

Binds to tumor cells with a wide range of CLDN18.2 expression

Silenced FC: IgG1 (N297A)

No ADCC or CDC

Designed to minimize unintended systemic immune activation driven by FcgR-mediated 4-1BB clustering

Conditional 4-1 BB agonist

Localized T cell activation in TME leading to tumor killing and minimal 4-1BB-mediated liver toxicity or systemic immune response

- Robust ORR and promising emerging PFS data observed
- Activity in all patients, including those with low PD-L1 and/or low CLDN18.2 expression
- Favorable safety profile underpins the 1L line potential and broad therapeutic window
- Well positioned with best-in-class potential to capture significant market opportunity in gastric cancer and beyond

Revised from Nat Rev Clin Oncol. 2024 May;21(5):354-369
Notes: scFv = single chain Fragment-variable region; IgG1 = Immunoglobin G1; ADCC = antibody-dependent cell-mediated cytotoxicity; CDC = complement-dependent cytotoxicity; TME = tumor microenvironment; PFS = progression free survival; CLDN18.2 = Claudin 18.2; 1L = first line; mAb = monoclonal antibody;, PD-L1 = programmed death-ligand

Givastomig Development Plan: Phase 1b Study Design in Combination with Nivolumab + Chemotherapy

Eligibility:

1L unresectable or metastatic GEC/GEJ/EAC

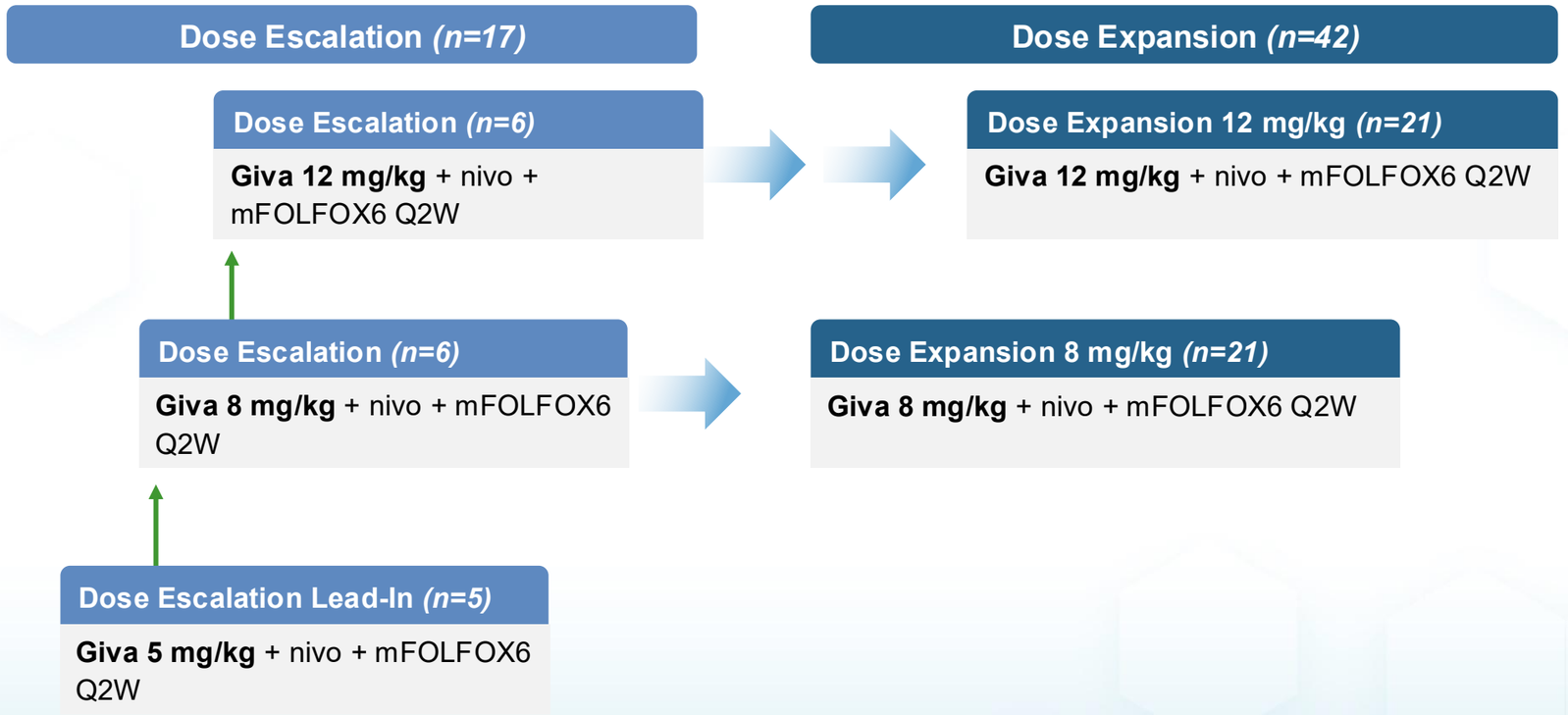
HER2-negative

CLDN18.2 ≥1+ on ≥1% of tumor cells

PD-L1 all comers

Sites:

All U.S.-based



Endpoints:

Primary: Safety

Secondary:

Response rate: ORR, BoR, DoR

Survival: PFS, OS

PK/PD/exposure

Notes: GEC = gastroesophageal cancer; GEJ = gastroesophageal junction; EAC = esophageal adenocarcinoma; mFOLFOX6 = standard of care chemotherapy regimen; nivo = nivolumab; Q2W = every two weeks; Giva = givastomig; ORR = objective response rate; PK = pharmacokinetic; PD = pharmacodynamic; BoR = best overall response; DoR = duration of response; PFS = progression free survival; OS = overall survival; 1L = first line; PD-L1 = programmed death-ligand 1; CLDN18.2 = Claudin 18.2

First Evidence of Efficacy in Dose Escalation Cohorts

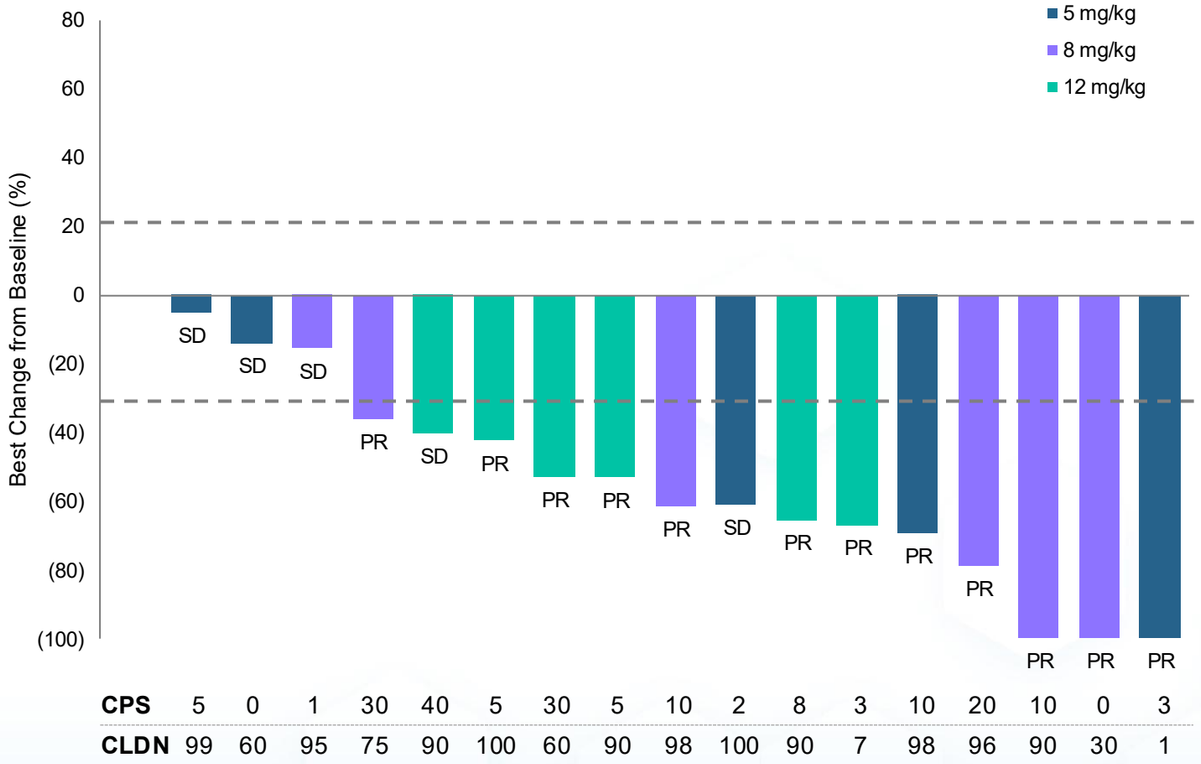
Phase 1b dose escalation data release: ESMO GI 2025, oral session

Givastomig + Nivolumab + mFOLFOX6 Achieved an ORR of 71% in Combination with Immuno-chemotherapy

ORR: % (n)

Biomarker	All Escalation (*n=17*)	Cohorts Selected for Expansion (8 & 12 mg/kg, *n=12*)
Total	**71 (12/17)**	**83 (10/12)**
PD-L1		
≥5	82 (9/11)	89 (8/9)
<5	50 (3/6)	67 (2/3)
≥1	73 (11/15)	82 (9/11)
<1	50 (1/2)	100 (1/1)
CLDN18.2		
≥ 75	67 (8/12)	78 (7/9)
< 75	80 (4/5)	100 (3/3)

ORR: % (n)	PD-L1 ≥ 5	PD-L1 < 5
CLDN18.2 ≥ 75	80 (8/10)	0 (0/2)
CLDN18.2 < 75	100 (1/1)	75 (3/4)



Encouraging data in Claudin 18.2 low patients with favorable tolerability

Notes: Data cutoff as of May 15, 2025; PD-L1 assays:22C3 pharmDX, or local test; CLDN: Ventana SP455 or 43-14A
ESMO = European Society of Medical Oncology Congress; ORR = objective response rate; PD-L1 = programmed death-ligand 1; CLDN18.2 = Claudin 18.2; SD = stable disease; PR = confirmed partial response; CPS = combined positive score; CLDN = Claudin 18.2

Givastomig Combination Dose Escalation and Expansion Baseline Patient Characteristics

Feature(s)	8 mg/kg (*n=27*)	12 mg/kg (*n=27*)	8 mg/kg or 12 mg/kg (*n=54*)
Age			
Median (y)	64	58	61
Gender			
Male	63%	41%	52%
Female	37%	59%	48%
Race			
Asian	15%	11%	13%
White	59%	63%	61%
Black	7%	11%	9%
NR	19%	15%	17%
ECOG PS			
0	52%	48%	50%
1	48%	52%	50%
2	0%	0%	0%
NR	0%	0%	0%
CLDN18.2			
≥ 75	63%	44%	54%
< 75	33%	56%	44%
NR	4%	0%	2%
PD-L1			
≥ 1	89%	63%	76%
< 1	11%	37%	24%
NR	0%	0%	0%
MSI			
High	4%	4%	4%

Notes: Data cutoff as of December 2, 2025, NR = Not Reported; PD-L1 = programmed death-ligand 1; CLDN18.2 = Claudin 18.2; ECOG PS = Eastern Cooperative Oncology Group performance status, MSI = microsatellite instability

Expansion Data Confirm Prior Efficacy Signals Observed in Escalation

Cohort / Study:	Givastomig Phase 1b Combination			CHECKMATE-649[3]	SPOTLIGHT[4]	ILUSTRO[6]
	8 mg/kg esc + exp (*n=27*)	12 mg/kg esc + exp (*n=27*)	8 & 12 mg/kg esc + exp (n=53)	mFOLFOX6 / CapeOX + Nivo (*n=789*)	mFOLFOX6 + Zolbe (*n=283*)	Zolbe+Nivo+ Chemo (n=77)
Efficacy-evaluable (n)[1]	26	26	52			71
ORR % (n)	77 (20/26)	73 (19/26)[2]	75 (39/52)	47	NA	62 (36/58)[5]
PD-L1 CPS ≥ 1	74 (17/23)	75 (12/16)	74 (29/39)	49	NA	NA
PD-L1 CPS < 1	100 (3/3)	70 (7/10)	77 (10/13)	38	NA	NA
CLDN18.2 ≥ 75	76 (13/17)	67 (8/12)	72 (21/29)	NA	40	68 (32/47)
CLDN18.2 1-74	78 (7/9)	79 (11/14)	78 (18/23)	NA	NA	NA
CLDN18.2 50-74	NA	NA	78 (7/9)	NA	NA	40 (4/10)
DCR % (n)	96 (25/26)	100 (26/26)	98 (51/52)	NA	NA	NA

8 mg/kg esc + exp (*n=26*)

ORR: % (n)	PD-L1 ≥ 1	PD-L1 < 1
CLDN18.2 ≥ 75	73 (11/15)	100 (2/2)
CLDN18.2 < 75	75 (6/8)	100 (1/1)

12 mg/kg esc + exp (*n=26*)

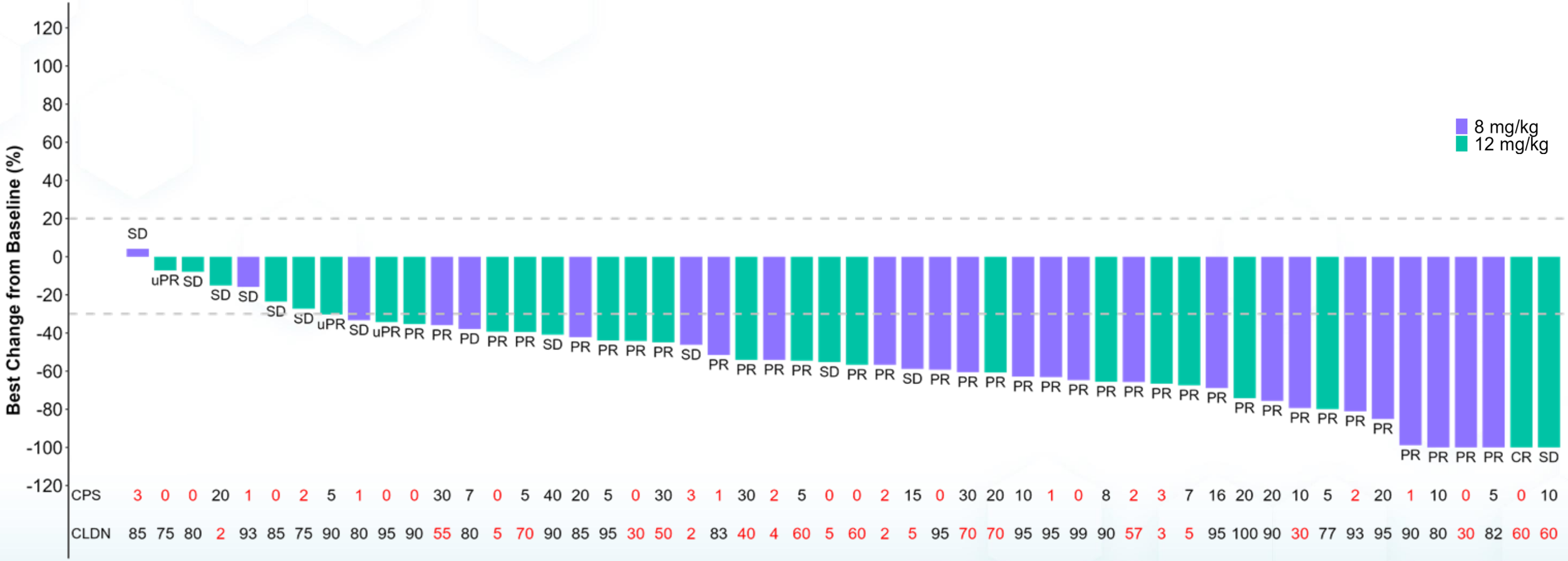
ORR: % (n)	PD-L1 ≥ 1	PD-L1 < 1
CLDN18.2 ≥ 75	71 (5/7)	60 (3/5)
CLDN18.2 < 75	78 (7/9)	80 (4/5)

Patients with PD-L1 Low and CLDN18.2 Low: ORR of 83% (5/6)

1. *Efficacy evaluable = at least one evaluable on-treatment scan*
2. *Includes three subjects ongoing with unconfirmed partial responses still on treatment*
3. *Janjigian 2021; The Lancet, Volume 398, Issue 10294, 27 - 40*
4. *Shitara et al. 2023; The Lancet, Volume 401, Issue 10389, 1655 – 1668*
5. *Biomarker data were not available for all 58 patients*
6. *Shitara et al. 2026*

Notes: Data cutoff as of December 2, 2025. NA = data not available; ORR = objective response rate; CLDN18.2 = Claudin 18.2; DCR = disease control rate; esc = escalation; exp = expansion; PD-L1 = programmed death-ligand 1; CPS = combined positive score; CLDN18.2 Low = CLDN18.2 < 75%; PD-L1 Low = CPS < 1. ***Givastomig is an investigational early-phase therapy. Information in the tables above is not intended to be a direct comparison to approved treatments. The comparisons in the tables above are not based on data from head-to-head trials. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.***

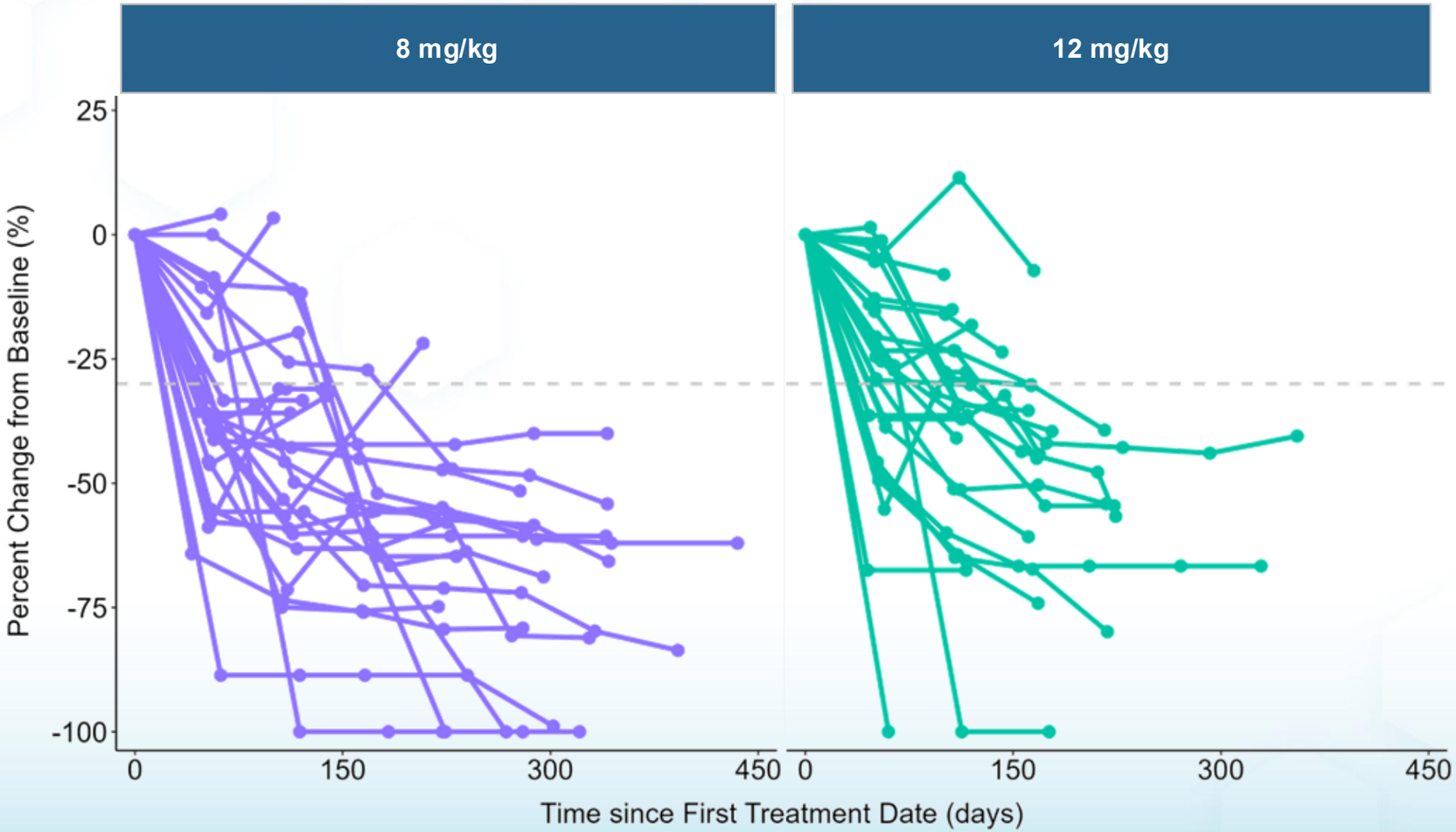
51/52 Subjects Experienced Tumor Shrinkage



Biomarker Key: PD-L1 CPS < 5 or CLDN18.2 < 75

Notes: Data cutoff as of December 2, 2025. PD-L1 = programmed death-ligand 1; CPS = combined positive score; CLDN = Claudin 18.2;; CLDN18.2 = Claudin 18.2; SD = stable disease; uPR = unconfirmed partial response; PR = confirmed partial response; PD = progressive disease; CR = complete response

Rapid Responses That Deepen Over Time



Dose level	8 mg/kg (*n*=26)[1]	12 mg/kg (*n*=26)[2]
Median time to response (mo., Min, Max)	1.8 (1.3, 7.5)	2.5 (1.5, 5.4)
PD-L1 CPS ≥ 1	1.8 (1.3, 7.5)	1.8 (1.5, 3.9)
PD-L1 CPS < 1	5.7 (1.7, 5.7)	3.6 (1.9, 5.4)
CLDN18.2 ≥ 75	1.9 (1.5, 5.7)	1.8 (1.7, 3.9)
CLDN18.2 < 75	1.7 (1.3, 7.5)	3.1 (1.5, 5.4)

1. *One patient at 8 mg/kg lost to follow up*
2. *One patient at 12 mg/kg not evaluable for response*

Notes: Data cutoff as of December 2, 2025. PD-L1 = programmed death-ligand 1; CPS = combined positive score; CLDN18.2 = Claudin 18.2

Promising Progression Free Survival Data Observed

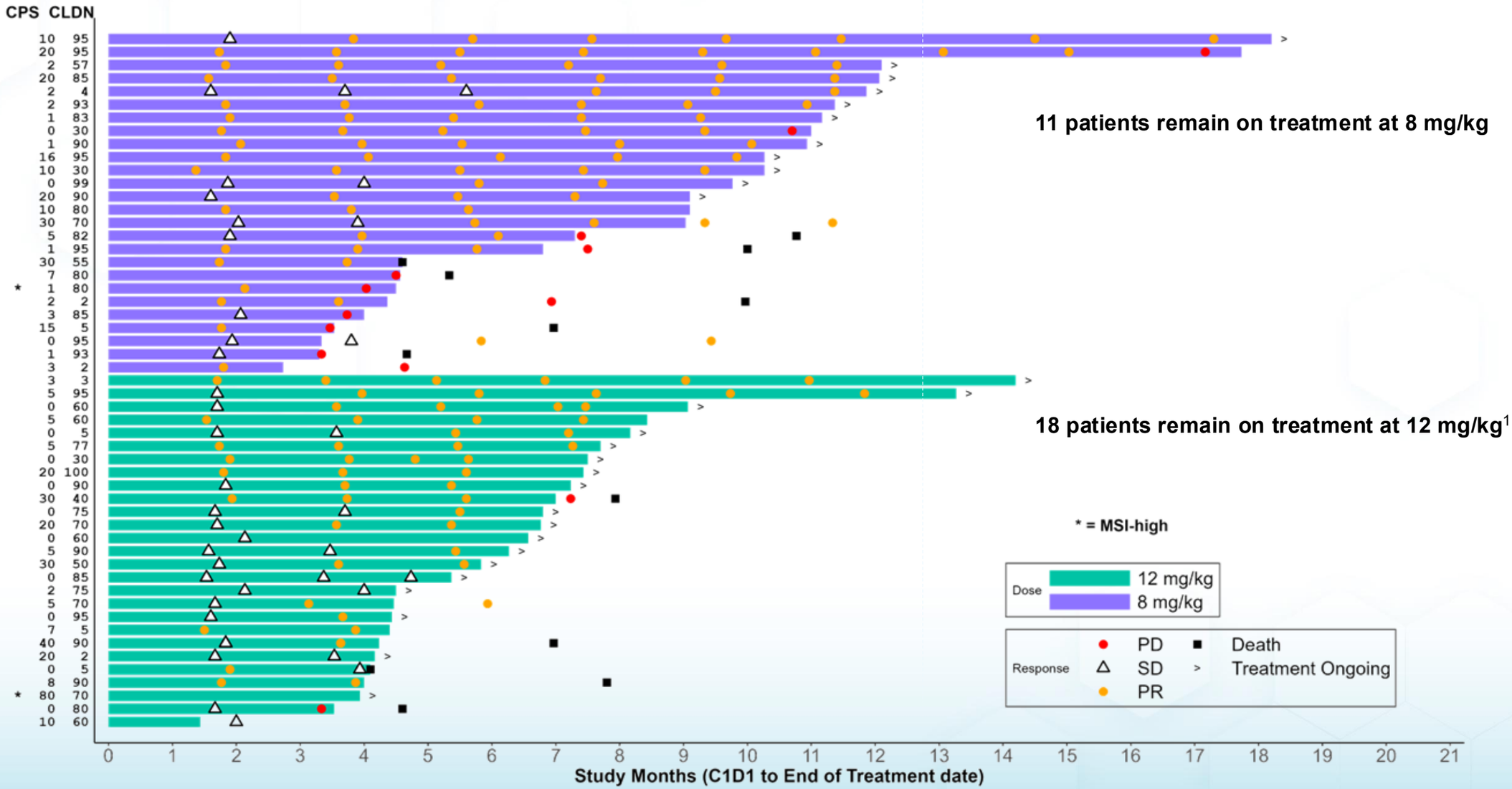
Phase 1b PFS in efficacy evaluable patients
Based on patients in the dose escalation and dose expansion cohorts

Cohort / Study:	Givastomig Phase 1b Combination Study			CHECKMATE-649[2]	SPOTLIGHT[3]	ILUSTRO[4]
	8 mg/kg esc + exp (*n=27*)	**12 mg/kg esc + exp (*n=27*)**	**8 & 12 mg/kg esc + exp (n=54)**	**mFOLFOX6 / CapeOX + Nivo (*n=789*)**	**mFOLFOX6 + Zolbe (*n=283*)**	**Zolbe+Nivo+ Chemo (n=77)**
Efficacy evaluable patients (n)	26	27[1]	53			71
Median follow-up (months)	10.7	6.8	8.0			
Events n (%)	12 (46%)	5 (19%)	17 (33%)			31 (44%)
Censored n (%)	14 (54%)	22 (81%)	36 (68%)			40 (56%)
Median PFS (months, 95% CI)	**16.9 (6.8, NA)**	**7.7 (6.9, NA)**	**16.9 (7.4, NA)**	7.7 (7.1, 8.5)	10.6 (8.9, 10.3)	14.8 (8.3, NA)
6-month PFS rate (95% CI)	73% (51.7, 86.2)	91% (69.0, 97.7)	82% (67.6, 90.0)			73 (NA)
DOR (months, 95% CI)	15.2 (5.6, NA)	NA	15.2 (6.0, NA)			
Patients remaining on study	11	18	29			

1. *The 12 mg/kg cohort includes one additional patient for survival analysis who was ineligible for response analysis*
2. *Janjigian 2021; The Lancet, Volume 398, Issue 10294, 27 - 40*
3. *Shitara et al. 2023; The Lancet, Volume 401, Issue 10389, 1655 – 1668*
4. *Shitara et al. 2026*

Notes: Data cutoff as of December 2, 2025. PFS = progression free survival; DOR = duration on response; NA = not yet reached. ***Givastomig is an investigational early-phase therapy. Information in the tables above is not intended to be a direct comparison to approved treatments. The comparisons in the tables above are not based on data from head-to-head trials. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.***

Duration of Study Treatment – 29 Patients Remain on Treatment (*n=53*)



1. *The 12 mg/kg cohort includes one additional patient for survival analysis who was ineligible for response analysis*

Notes: Data cutoff as of December 2, 2025. CPS = combined positive score; CLDN = Claudin 18.2; SD = stable disease; PR = partial response; PD = progressive disease; MSI = microsatellite instability

Efficacy Breakdown of Givastomig vs. Zolbetuximab in 1L GEC (ILUSTRO)

	Givastomig	Zolbetuximab
Efficacy Comparisons in Combination with nivolumab + FOLFOX		
Inclusion of CLDN high patients (≥75%)	✓	✓
Inclusion of CLDN intermediate patients (≥ 50% - 74%)	✓	✓
Inclusion of CLDN low patients (1% - 49%)	✓	
ORR > 70% in all patients	✓	
mPFS > 16 months in ITT	✓	
6-month landmark PFS > 80% in all patients	✓	
12-month landmark OS > 60%	✓	

Givastomig is an investigational early-phase therapy. Information in the tables above is not intended to be a direct comparison to approved treatments. The comparisons in the tables above are not based on data from head-to-head trials. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.

Givastomig Safety: Comparable to Other 1L Combinations in GEC

Cohort/Study	Givastomig Phase 1b Combination Study		CHECKMATE-649[1]	SPOTLIGHT[2]	ILUSTRO[3]
	8 mg/kg (*n*=27)	12 mg/kg (*n*=27)	mFOLFOX6 / CapeOX + Nivo (*n*=782)	mFOLFOX6 + Zolbe (*n*=279)	Zolbe+Nivo+ Chemo (n=77)
TEAE					
All Grades	100%	100%	NA	>99%	98.7%
≥ Grade 3	70%	70%	NA	87%	66.2%
TRAE any drug					
All Grades	100%	100%	94%	99%	98.7%
≥ Grade 3	56%	56%	60%	79%	NA
TRAE any drug → CLDN agent withdrawn					
All Grades	22%	11%	NA	20%	5.2% (TEAE)
TRAE any drug → any drug withdrawn					
All Grades	41%	26%	36%	14%	49.4% (TEAE)
TRAE leading to death	**0%**	**0%**	**2%**	**5%.**	**NA**
SAE all causality					
All Grades	59%	41%	54%	45%	37.7%
SAE related any drug					
All Grades	19%	19%	22%	NA	23.4%

1. *Janjigian 2021; The Lancet, Volume 398, Issue 10294, 27 - 40*
2. *Shitara et al. 2023; The Lancet, Volume 401, Issue 10389, 1655 – 1668; VYLOY [package insert]. Northbrook, IL: Astellas Pharma US, Inc..*
3. *Shitara et al. 2026*

Notes: Data cutoff as of December 2, 2025. TEAE = treatment emergent adverse event; TRAE = treatment related adverse event; 1L = first line; GEC = Gastroesophageal cancer; SAE = serious adverse event. ***Givastomig is an investigational early-phase therapy. Information in the tables above is not intended to be a direct comparison to approved treatments. The comparisons in the tables above are not based on data from head-to-head trials. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.***

Givastomig Safety Profile Suitable for Combination in 1L Gastric Cancer

- Most common givastomig-related TRAEs were nausea, vomiting, and fatigue, with Grade 3 incidence of these AEs ≤11%
- Most common any drug-related TRAEs were fatigue, nausea, neutropenia
  - Grade 3 incidence was low in each cohort (8 mg/kg and 12 mg/kg, respectively): fatigue (7%, 11%) nausea (7%, 4%) neutropenia (26%, 26%)
  - Only Grade 4 TRAE was neutropenia (4% at 8 mg/kg and 7% at 12 mg/kg)
  - No Grade 5 TRAEs were reported
- Immune-related gastritis was observed in 33% of patients
  - Grade 3 in 4% of patients dosed at 8 mg/kg and 15% of patients dosed at 12 mg/kg)
  - Typically occurred after tumor response, clinically manageable with medications and treatment interruption
  - Associated with improved clinical outcomes: ORR, PFS and OS

Givastomig Demonstrated BIC Potential in 1L GEC

Comparison of Giva + immunochemotherapy vs. Zolbe + immunochemotherapy (ILUSTRO study)

Coverage: Givastomig Provides the Broadest Coverage in CLDN18.2 asset class

- Givastomig combinations most inclusive CLDN18.2 ≥1% at ≥1+ intensity
- Zolbetuximab combinations limited to CLDN18.2 ≥75% at ≥2+ intensity of staining

Efficacy: Givastomiag Provides Superior Efficacy in 1L Gastric Cancer

- ORR: 75% for Givastomig vs 62% for Zolbetuximab in combination
- Median PFS: 16.9 Months for Givastomig vs 14.8 for Zolbetuximab
- Efficacy observed across all PDL1 levels, including PD-L1 <1%

Safety: Givastomig showed improved/comparable safety to zolbetuximab

- Givastomig more tolerable in Phase 1 than zolbetuximab in global Phase 3 SPOTLIGHT study (69% non-Asian)
- Givastomig similar safety profile to zolbetuximab in single arm ILUSTRO study (80% Asian)
- Gastritis unique to givastomig/nivolumab/mFOLFOX combination
  - Immune-related, occurred in 33% of patients, typically after tumor response.
  - Clinically manageable, associated with improved clinical outcomes (ORR, landmark PFS and OS)

Givastomig is an investigational early-phase therapy. Information in the tables above is not intended to be a direct comparison to approved treatments. The comparisons in the tables above are not based on data from head-to-head trials. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.

Givastomig Clinical Development Plan

Randomized Phase 2 Study Design of Givastomig Combined with Immuno-chemotherapy with PFS Data Expected in 2027

Global Randomized Phase 2 Study

Study Design:

- Multi-center, three-arm randomized Phase 2 study
- **Enrolling globally**

Eligibility:

- 1L unresectable or metastatic GEC/GEJ/EAC (GEA)
- HER2-negative
- **CLDN18.2 ≥ 1+ on ≥ 1% of tumor cells**
- **PD-L1 CPS ≥ 1**

Stratification:

- mFOLFOX6 vs. CapeOX
- CLDN18.2 (above and below 75%)
- CLDN18.2 ≥75% capped at 50%

Endpoints:

- **Primary:** PFS
- **Secondary:** ORR, OS, DoR, DCR
- Safety, Biomarker

n=180
1:1:1

Arm 1 *(n=60)*

Giva 8 mg/kg + nivolumab + mFOLFOX6 Q2W

(or for Q3W – Giva 12 mg/kg + nivolumab + CapeOX)

Arm 2 *(n=60)*

Giva 12 mg/kg + nivolumab + mFOLFOX6 Q2W

(or for Q3W – Giva 18 mg/kg + nivolumab + CapeOX)

Control Arm *(n=60)*

nivolumab + mFOLFOX6 Q2W

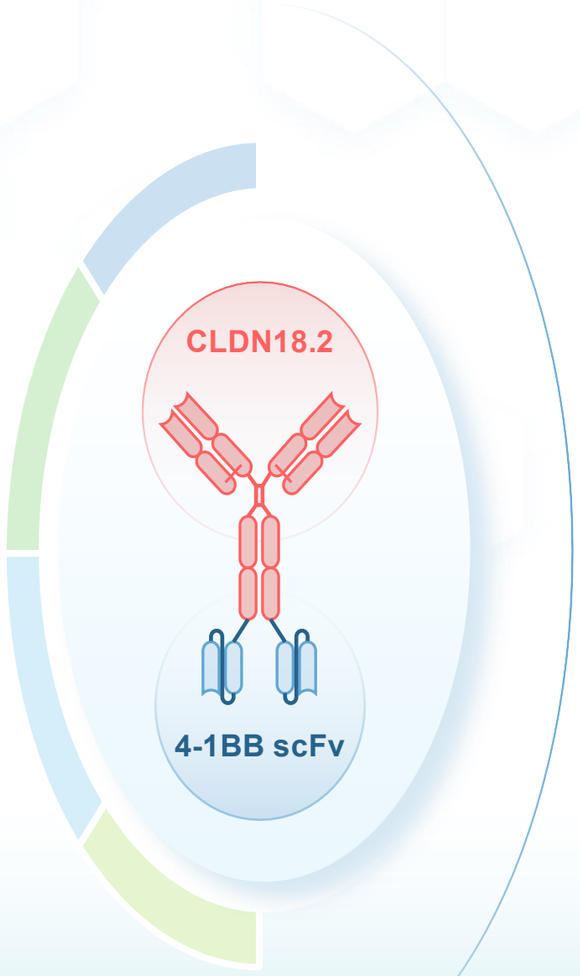
(or for Q3W – nivolumab + CapeOX)

Overall Clinical Development Plan

Program	Phase 1	Phase 2	Phase 3	Anticipated Milestones
Gastric Cancer CLDN18.2+	1L Dose Expansion (Giva + Nivo + Chemo)			Topline Data Jan-2026
	1L Randomized Phase 2 (Giva + Nivo + Chemo) vs. (Nivo + Chemo)			Topline Data 2027
	1L CLDN18.2 Low and PD-L1 Low (Giva + Chemo ± Nivo)			FPI Q4 2025
	IIT – Neoadjuvant Locally Advanced (Giva + CPI + Chemo)			FPI 2H 2026
Other GI Malignancies CLDN18.2+	1L BTC (Giva + CPI + Chemo)			FPI 1H 2026
	1L PDAC (Giva + Chemo)			FPI 1H 2026

Notes: 1L = first line; IIT = investigator-initiated trials; nivo = nivolumab; CLDN18.2 Low = CLDN18.2 < 75%; PD-L1 Low = CPS < 1; CPI = checkpoint inhibitor; BTC = biliary tract cancer; PDAC = pancreatic ductal adenocarcinoma; FPI = first patient in; GEC = Gastroesophageal cancer; GI = gastrointestinal; GEJ = gastroesophageal junction; EAC = esophageal adenocarcinoma; Q2W = every two weeks; Q3W = every three weeks; Giva = givastomig; ORR = objective response rate; DoR = duration of response; DCR = disease control rate; PFS = progression free survival; OS = overall survival; PD-L1 = programmed death-ligand 1; CPS = combined positive score

Expansion Data Reinforces Givastomig's Best-in-Class Potential



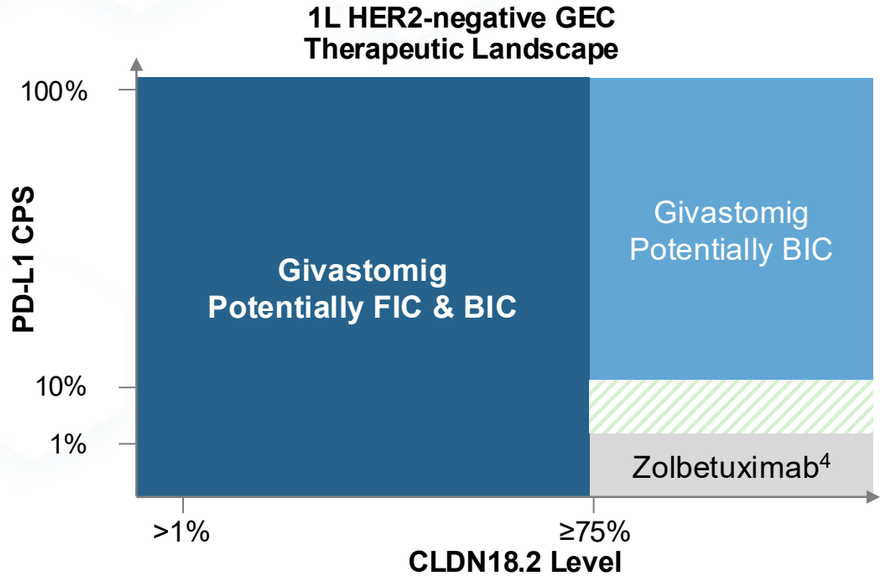
- Robust efficacy, with **77% ORR observed at 8 mg/kg and 73% ORR observed at 12 mg/kg**
- **Responses** observed **across a wide range of PD-L1 and CLDN18.2** expression levels
- Durable responses with **16.9-month mPFS observed at 8 mg/kg**
- **Well tolerated** in combination with immunochemotherapy, **without dose dependent toxicity**
- **Broad potential in gastric cancer** and other CLDN18.2+ tumors such as PDAC and BTC
- **Detailed Phase 1b expansion data to be presented at a medical conference in 2026**

Notes: Data cutoff as of December 2, 2025. scFv = single chain Fragment-variable region; ORR = objective response rate; PD-L1 = programmed death-ligand 1; CLDN18.2 = Claudin 18.2; mPFS = median progression free survival

Significant Market Opportunity in Gastric Cancer and Beyond

Gastroesophageal Cancer (GEC)
Promising peak sales potential

Currently, **~180k**[1] patients diagnosed with 1L gastric cancer US/EU5/Japan, among which **~105k**[2,3] **cases are HER2-negative & CLDN18.2-positive**



Estimated global peak sales[7] **of givastomig**

~$3Bn
1L GEC Only

Total Addressable Market by 2030
% as prevalence of CLDN18.2 expression

Metastatic Gastric Cancer	**~$12Bn**[4] **>70%**[6]
1L Pancreatic Ductal Adenocarcinoma	**~$3.7Bn**[5] **60-85%**[6]
1L Biliary Tract Carcinoma	**~$1.2Bn**[5] **~70%**[6]

~$5Bn
Across 1L GEC / BTC / PDAC

1. *Markets include U.S., five E.U. countries, and Japan in 2025 based on Data Monitor Biomed Tracker, based on 1L treatment*
2. *HER2-negative status of 78%. Van Cutsem E, Bang YJ, Feng-Yi F, et al. HER-2 screening data from ToGA: targeting HER2 in gastric and gastroesophageal junction cancer. Gastric Cancer 2015;18(3):476-84*
3. *CLDN18.2 positive status of ~70%. Kohei Shitara, et al, 2023 ASCO Annual Meeting (June 2-6), poster #4035*
4. *Markets include U.S., five E.U. countries, and Japan by 2030 for potential sales based on Data Monitor Biomed Tracker*
5. *Based on Frost & Sullivan – Internal Report, on file*
6. *Ventana Assay Validation Report – Internal Report, on file*
7. *Potential peak sales numbers shown do not consider gross-to-net, probability of success adjustments, or revenue splits. Includes only U.S., five E.U. countries, and Japan*

Notes: 1L = first line; IO = immuno-oncology; FIC = first-in-class; BIC = best-in-class;; PD-L1 = programmed death-ligand 1; CLDN18.2 = Claudin 18.2; CPS = combined positive score; BTC = biliary tract carcinoma; PDAC = pancreatic ductal adenocarcinoma

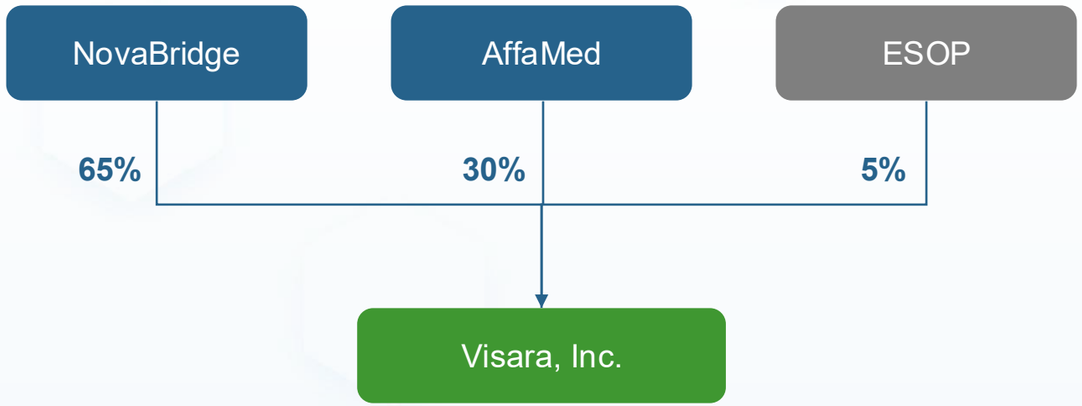
NovaBridge

Ophthalmology Program

VIS-101

Visara is Led by an Exceptional and Experienced Leadership Team

Transaction Structure



- NovaBridge contributed **cash** in exchange for **65% of the equity interest in Visara**
- AffaMed contributed its **rights and interests in VIS-101** to Visara in exchange for **30% of the equity interest in Visara**
- The remaining 5% equity interest in Visara reserved for an ESOP
- **VIS-101-related ownership rights are shown above**

NewCo Leadership

Emmett Cunningham
MD, PhD, MPH

Co-Founder and Executive Chairman

- **World-renowned ophthalmologist; Former Senior Managing Director, Blackstone Group**
- **25+ years** of experience as an entrepreneur and investor
- **Co-founder of 5+ companies**, with a track record of serial entrepreneurial successes (IPO or acquired by MNCs)
- Internationally recognized specialist in infectious and inflammatory eye disease with over **450 publications**
- Led the development of **Macugen®: a first-in-class VEGF-A inhibitor for AMD and DME**

Cadmus Rich, CPE
Chief Medical Officer

- **18+ years** experience as an Executive level R&D professional with deep ophthalmology experience at **multiple pharmaceutical and biotechnology companies** including Lassen Therapeutics, Aura Biosciences and Alcon
- Strong experience working with **FDA, EMA and MHRA** on multiple, varied research and development projects

Carlos Quezada-Ruiz MD, FASRS
SAB Chairman

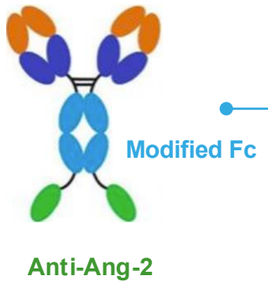
- **25+ years** experience in ophthalmology holding various roles as a vitreoretinal surgeon, translational science & drug development executive, clinical R&D & TA head
- Most recently was the **medical lead for VABYSMO® at Roche, and played a pivotal role in the global development and approvals** of VABYSMO® and SUSIVMO®, leading design, execution, readouts, fillings and launch

VIS-101: Best-in-Class VEGF × Ang-2 Bispecific for Significant Ophthalmology Diseases with High Unmet Needs

A novel VEGF × Ang-2 bsAb with the potential to emerge as a leading therapeutic option for multiple retinal indications that could lead to vision loss, including wet AMD, DME, and retinal vein occlusion

- Current standard of care predominantly involves anti-VEGF therapies, significant unmet medical needs remain
- 30%-50% patients exhibit an inadequate response to available treatments
- Frequent injection requirements compromise long-term adherence, and patients may experience a reduction in therapeutic response over time or insufficient treatment durability

A novel bsAb **bioengineered with best-in-class potential** by targeting VEGF × Ang-2 that features **twice** the binding sites of the benchmark product, delivering superior binding and blocking activity



VIS-101 demonstrated superior VEGF × Ang-2 inhibitory activity compared to the benchmark product

- **2- and 6-fold increases** in binding activity for VEGF and Ang-2
- **2- and 16-fold increases** in inhibitory activity

- Increases in durability have rapidly propelled revenue growth for successive generations of agents (ELYEA HD and VABYSMO)
- Phase 2a clinical findings suggest VIS-101 has the potential to become a more potent, second- and best-in-class VEGF × Ang-2 agent with superior durability

Increased revenue of anti-VEGF-A ophthalmology drugs correlated with superior pharmacokinetic inhibition and improved clinical durability

		Revenue 2y from Launch
LUCENTIS®	Q4W	$1.8Bn
EYLEA®	Q8W	$2.8Bn
VABYSMO®	Q8-16W	$4.4Bn
EYLEA HD®	Q8-16W	$1.5Bn

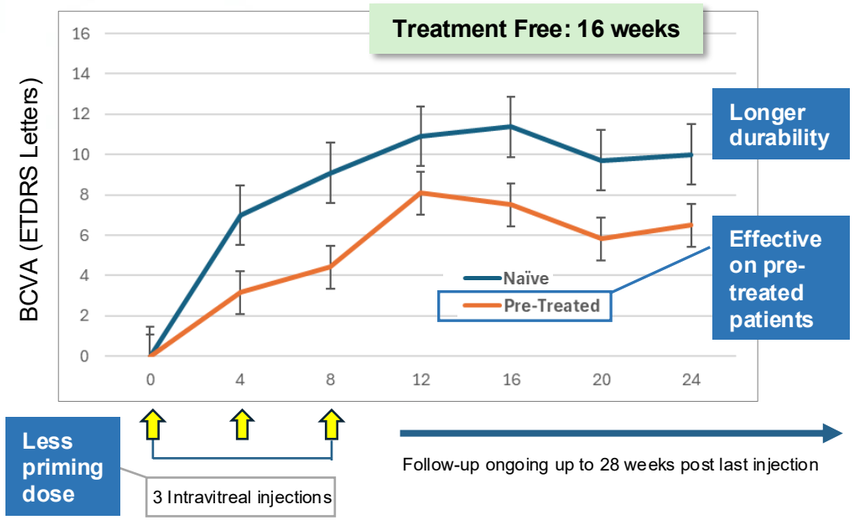
VIS-101 Next-Gen SOC

- **Q20-24W (longer durability)**
- **Less priming dose**
- **Efficacy on pre-treated patients**

Source: Global data & Evaluate Pharma; sales revenue forecasts for LUCENTIS®, EYLEA®, VABYSMO® and EYLEA HD®

China Randomized Phase 2 Interim Analysis Shows Best-in-Class Potential

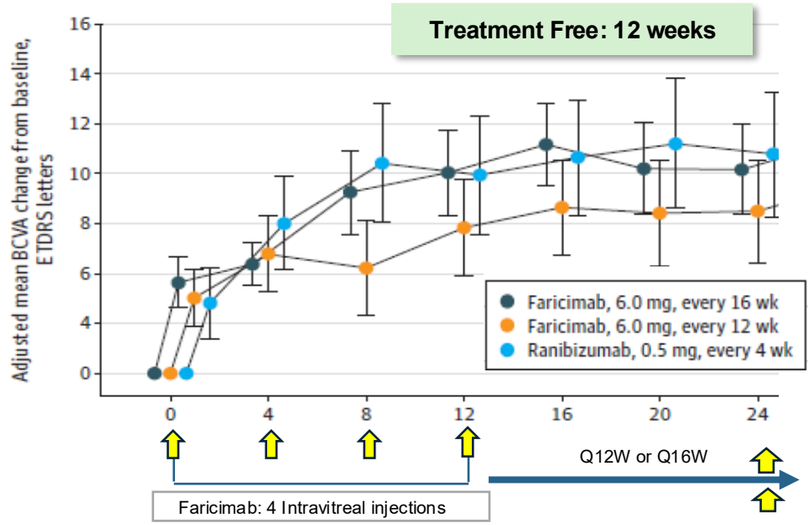
6mg VIS-101 - BCVA changes from baseline
50% Naïve, 50% Pre-Treated



Patients (n): interim Analysis, study ongoing (results available in Q1 2026)

Naïve	12	12	12	11	11	7	7
Pre-treated	12	12	12	12	12	11	6
6mg-Subtotal	**24**	**24**	**24**	**23**	**23**	**18**	**13**

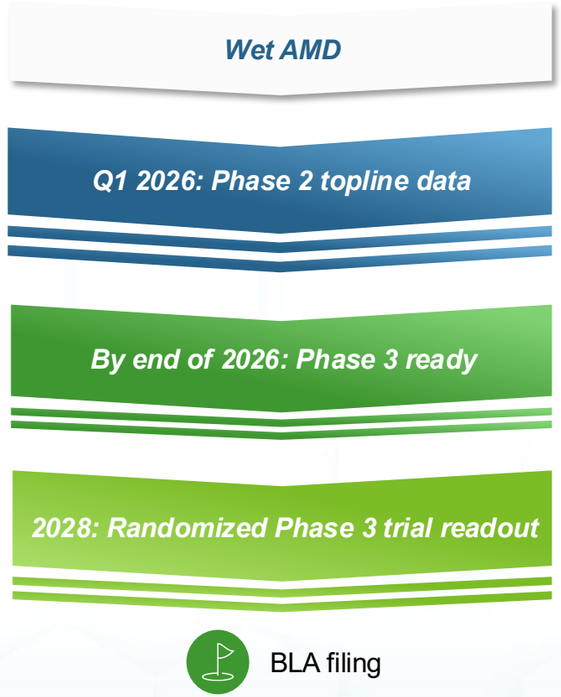
6mg Faricimab (STAIRWAY Phase 2)
100% Naïve Patients



Patients (n): treatment naïve patients – no rescue allowed

							# no disease activity @W24	
Ranibizumab	16	16	15	16	16	16	16	15
Faricimab Q12W	24	24	24	23	23	23	23	17
Faricimab Q16W	31	31	30	30	30	30	30	19

Clinical Plan of VIS-101



- In an ongoing randomized Phase 2 trial, twelve wet AMD treatment-naïve patients and twelve patients previously treated with VEGF received three loading doses of VIS-101 (3mg and 6mg) via intravitreal injection
- Interim analysis shows rapid vision improvement sustained for more than 16 weeks, suggesting better durability than the benchmark product
- Topline study results, including long-term (24+ week) durability data, from randomized, monotherapy Phase 2 study in wet AMD expected in Q1 2026

Notes: Faricimab data source: Khanani et al., The STAIRWAY Phase 2 Randomized Clinical Trial. JAMA Ophthalmol. 2020 Sep 1;138(9):964-972. ***The comparisons in the tables and graphs above are not based on data from head-to-head trials and are not direct comparisons. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.***

Other Oncology Programs

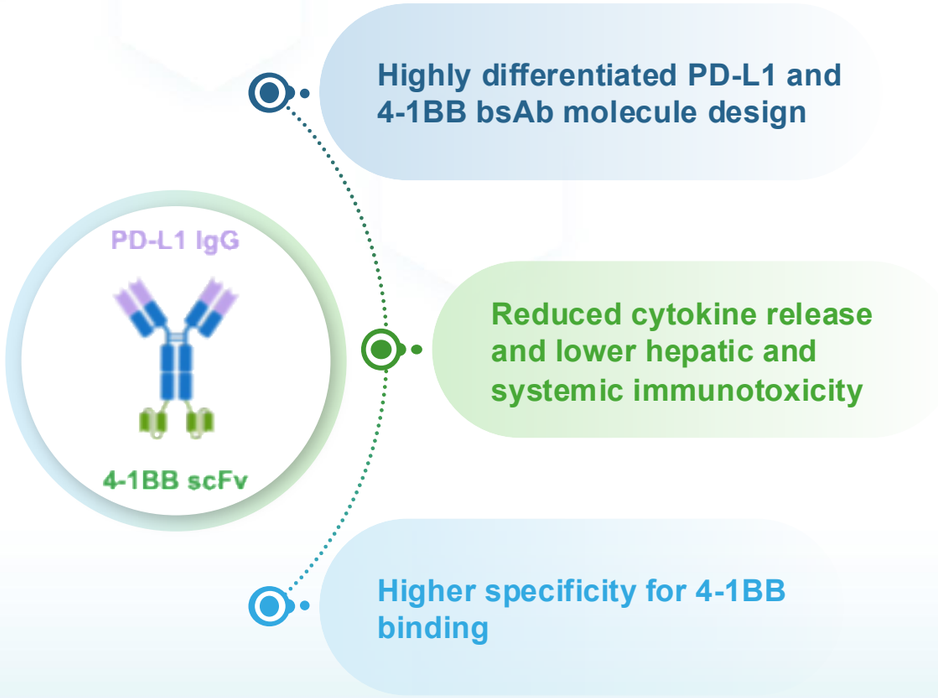
Ragistomig

Ulileldlimab

Ragistomig: A Potential Next-Generation Immuno-oncology Backbone for Cancer Treatment

Novel Bispecific PD-L1 x 4-1BB with Differentiated Molecular Design

Key Differentiators



Compelling Clinical Data in Phase 1, Including Significant Checkpoint Inhibitor Exposed Patients

	Ragistomig[1]	Acasunlimab (GEN1046)[2]
Diagnosis	Advanced or refractory solid tumors	Advanced or refractory solid tumors
Treatment	Monotherapy 0.7 mg – 10 mg/kg, Q2W	Monotherapy 25 –1,200 mg, Q3W
Efficacy Evaluable	26 (sum of 3 mg/kg and 5 mg/kg)	61 (25 – 1,200 mg) 30 (80 – 200 mg)
ORR	**26.9% (7/26)**	6.6% (4/61) 13.3% (4/30, 80 – 200 mg)
Prior PD-(L)1 exposure of responders	**71.4% (5/7)**	50% (2/4)
DCR (CR+PR+SD)	**69.2% (18/26)**	65.6% (40/61)
Safety	**24.5% (13/53)** Grade 3 AST / ALT	10% Grade 3 AST / ALT

Ragistomig Differentiation

- Potential BIC PD-L1 x 4-1BB with better ORR data in Phase 1 as monotherapy
- Compelling clinical data in checkpoint inhibitor relapsed/refractory and PD-(L)1 naïve patients

Safety Data in Phase 1 Trial

	All Grades	Grade≥3
Any TRAE	40 (75.5%)	22 (41.5%)
TRAE in >= 10% of patients		
ALT Increased	17 (32.1%)	12 (22.6%)
AST Increased	16 (30.2%)	11 (20.8%)
Pyrexia	8 (15.1%)	1 (1.9%)
Nausea	7 (13.2%)	-
Rash	7 (13.2%)	2 (3.8%)
Fatigue	6 (11.3%)	1 (1.9%)
Platelet Count Decreased	6 (11.3%)	1 (1.9%)

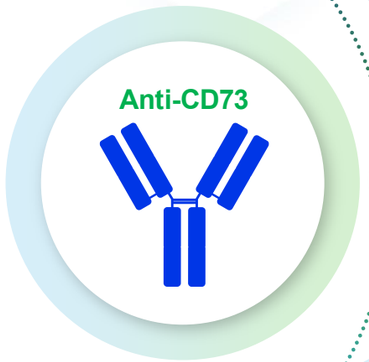
1. *ASCO 2024 poster*
2. *Cancer Discovery 2022*

Notes: ***The comparisons in the table above are not based on data from head-to-head trials and are not direct comparisons. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.***

bsAb = bispecific antibody; ORR = objective response rate; DCR = disease control rate; CR complete response; PR = partial response; SD = stable disease; AST = aspartate aminotransferase; ALT = alanine aminotransferase; Q2W = every two weeks; BIC = best-in-class; PD-L1 = programmed death-ligand 1; TRAE = treatment related adverse event

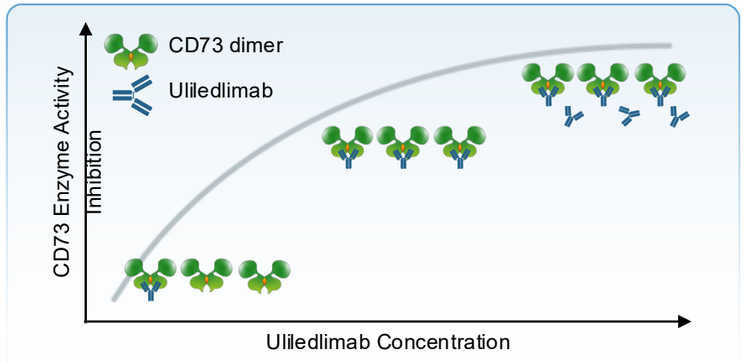
Uliledlimab: A Potential Best-in-Class CD73 Therapeutic

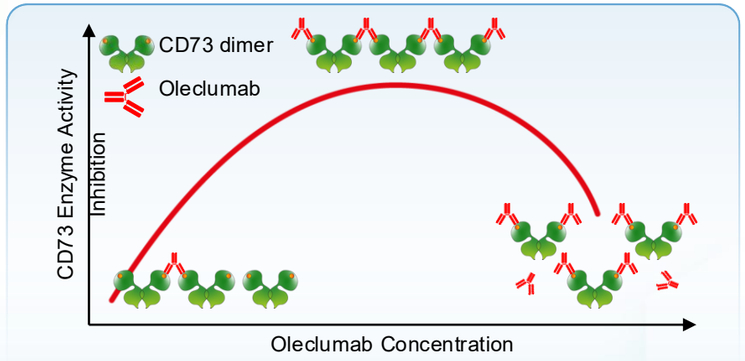
Key Differentiators



- Complete inhibition of CD73 in a typical dose-response curve without the "hook effect" vs. other mAbs
- Non-competitive inhibitory effect that is not blunted by high levels of CD73 enzyme substrates, offering a clear edge over small molecules
- Patient selection based on CD73 expression supported by clinical data, with a demonstrated safety profile comparable to CPI monotherapy studies

Dose-dependent CD73 Inhibition without the "Hook Effect"





Uliledlimab + Toripalimab Data Support Patient Selection Based on CD73 Expression and Show Manageable Toxicity

Phase 2 ORR Data from Front-line NSCLC Cohort[1]

ORR% (n)	PD-L1 All	PD-L1≥1%
CD73^{High}	53% (10/19)	63% (10/16)
CD73^{Low}	18% (8/45)	20% (5/25)
Pembro (KN-042) PD-L1≥1%	NA	27% (174/637)

Safety Observations for Uliledlimab, Administered to >200 Patients in Combination Studies with CPIs

Safety profile of combination comparable to CPI monotherapy studies

Well tolerated up to the highest doses tested (45mg/kg Q3W), without MTD

Most TRAEs/AEs were Grade 1 or 2

1. *Patient disposition based on ASCO 2023 Poster from a cohort of 70 enrolled patients with unresectable/metastatic disease, including 67 efficacy evaluable and 64 patients who received at least one post baseline tumor assessment per iRECIST. Overall study (up to n=190) enrolled 5 cohorts (3 NSCLC sub-types, 1 ovarian, 1 all comers): data in this deck are from the treatment naïve, Stage IV NSCLC patients.*

Source: AACR2021

Notes: ORR = objective response rate; MTD = maximally tolerated dose; Q3W = every three weeks; AE = adverse events; CPI = checkpoint inhibitors; TRAEs = treatment-related adverse events; ASCO 2023 = the American Society of Clinical Oncology 2023 Annual Meeting; toripalimab (used in this study) = Approved/China and the US (Shanghai Junshi Biosciences / Coherus Biosciences)

Financial Overview and Upcoming Catalysts

Financial Overview

$228.3 million[1] — **Cash, cash equivalents & short-term investments**

Unlevered balance sheet — **No outstanding debt**

Runway to Q4 2028 — **To support planned operations**

1. *Represents consolidated cash balances of NovaBridge and Visara subsidiaries as of September 30, 2025*

Near-term Catalysts

Clinical Development

Giva
Initiate randomized global Phase 2 study for 1L treatment of GEA in combo with chemo + PD-1 and have the first patient enrolled

Giva
Initiate additional Phase 1b cohorts for 1L treatment of BTC in combo with chemo + PD-L1 and have the first patient enrolled

Initiate additional Phase 1b cohorts for 1L treatment of PDAC in combo with chemo and have the first patient enrolled

VIS-101
Ready to initiate Phase 3 study

Giva
Complete Phase 2 study for 1L treatment of GEA in combo with chemo + PD-1

Data Readout

1Q26

Giva
Topline data of dose expansion cohorts from Phase 1b study for 1L treatment of GEA in combo with chemo + PD-1

VIS-101
Topline data from randomized monotherapy Phase 2 study in wet AMD

1H26

Ragi
Topline data from Phase 1b study for late-line treatment of solid tumors in combo with PD-(L)1

Uli
PFS data from Phase 1b/2 study for late-line treatment of NSCLC in combo with PD-(L)1 ± chemo

2H26

End of 2026

Giva
Presentation of dose expansion Phase 1b combination data at major medical meeting

2H27

Giva
PFS data from Phase 2 study for 1L treatment of GEA in combo with chemo + PD-1

Notes: 1L = first line; GEA = Gastroesophageal adenocarcinoma, including gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma; BTC = biliary tract cancer; PDAC = pancreatic ductal adenocarcinoma; NSCLC = non-small cell lung cancer; Wet AMD = wet age-related macular degeneration; DME = diabetic macular edema; PD-(L)1 = inhibitors of PD-L1 or PD-1; PFS = progression free survival

NovaBridge

Research and Development

Our Research and Development Capabilities

Strong R&D Team with Proven Clinical Development Capabilities

Phillip Dennis
MD, PhD
Chief Medical Officer

Claire Xu
MD, PhD
Senior Vice President, Clinical Development

Peter Sabbatini
Senior Director, Clinical Biomarkers
10+

Xuejun Liu
Executive Director, Translational Medicine
10+

Elizabeth Lindner
Executive Director, Clinical Operations
10+

- Extensive and proven clinical development expertise in **early- and late-stage oncology drug development**
- Well-positioned to effectively develop compounds through clinical strategies that **maximize asset value at the PoC stage**

Years of Industry Experience

Proven Capability to Swiftly Assemble a World-class R&D team

Recent Appointment of Distinguished Ophthalmology Leaders for Visara

Emmett Cunningham
MD, PhD
Co-Founder and Executive Chairman of Visara

Cadmus C. Rich
MD, MBA
Chief Medical Officer of Visara

Carlos Quezada-Ruiz
MD
Chair of the Scientific Advisory Board of Visara

Key Drivers

- Compelling opportunity of assets attracting seasoned leaders
- Strong commitment to build a world-class organization
- Extensive industry resources backed by CBC Group

Established Talent Pool with Outstanding Achievements

Capabilities

A broad spectrum of R&D functionalities

- Clinical Development
- Clinical Biomarkers
- Translational Medicine
- Clinical Operations

Highly qualified R&D professionals with advanced scientific and medicine degrees

47%
of R&D Members hold Doctorate Degree

Deep and extensive experience in drug development

Over 10 years
of industry experience for each R&D member

Achievements

4
Clinical-stage Programs

Innovative Drug Assets with **Global Differentiation Proposition**

Rapidly-assembled world-class team of Visara

71
Registered Patents

77
Patents under Application

NovaBridge

Strategic Advantages

CBC is a Steadfast Investor-Operator Differentiating from Peers

Asia's largest and most impactful healthcare-dedicated asset manager

AUM US$10.5b, Buy-out investment US$3.5b

***One of the largest and most dynamic healthcare ecosystems across all major healthcare verticals**: 30+ healthcare portfolio companies , 20+ controlled healthcare companies, 40+ innovative drug pipeline assets and 20+ early-stage pipeline assets*

***40+ BD deals** within the last 5 years with 20+ **global MNCs and partners** with assets at different stages of development and transaction types*

***Global talent pool** with 100+ senior operating talents, 2,000+ candidates and 1,000+ experts available*

Investor-Operator approach

Build deep expertise in value-creation levers and hands-on portfolio management, securing significantly greater exposures to top-tier assets compared with peers

Extensive global network and coverage

Leverage dynamic healthcare ecosystems to identify high potential assets and valuable investment targets worldwide

Proper governance

Learn together with management while ensuring proper governance to drive the right behaviors and manage risk

Talent warehousing

Build and maintain a robust network of experienced science / operating partners

Intra-Portfolio integration

Maximize synergies within expansive portfolio and consolidate at arm's length manner

- **CBC is well positioned with global resources and validated recipe for fast scaling healthcare companies**
- **Partnering with the world's top scientists and entrepreneurs, CBC's unique investor-operator approach has empowered leading global healthcare companies to widen access to quality and affordable medical care, catalyze innovations worldwide, and provide better healthcare for all**

Highly Experienced World-Class Team to Support Global Strategy

Local-for-Local Approach with Centralized Underwriting Support

Regional Coverage Leads

Greater China

Sean LU
Senior Managing Director

US

Japan

Denny CHU
Managing Director

Korea

Billy CHO
Senior Managing Director

SEA

Vijay KARWAL
Managing Director

Global Investment Team

Managing Directors

Neo ZHANG
Managing Director

Harry SUN
Managing Director

Hao YIN
Managing Director

Ray JIN
Managing Director

Directors / Vice Presidents

Qiuyi LIU
Director

Sangsoo KIM
Director

Sam LIAO
Director

Mars LIN
Director

Henry QU
Vice President

Paul QI
Vice President

Randy YEO
Vice President

Systematic Value Creation Driven by Vast and Dynamic Healthcare Ecosystem

CBC's Leading Healthcare Ecosystem

AffaMed Therapeutics
Ophthalmology Assets

ENSEM THERAPEUTICS
Small Molecule Oncology Assets

Adcentrx THERAPEUTICS
Protein Conjugates & Novel ADCs

NKT
Small Molecule Oncology Assets

EVEREST MEDICINES
Transformative Drugs & Vaccines

NeuroGen Pharma
Neurology & Allergy Assets

Hasten
Chronic & Critical-Care Medications

ICT Innovative Cellular Therapeutics
Cellular Immunotherapies

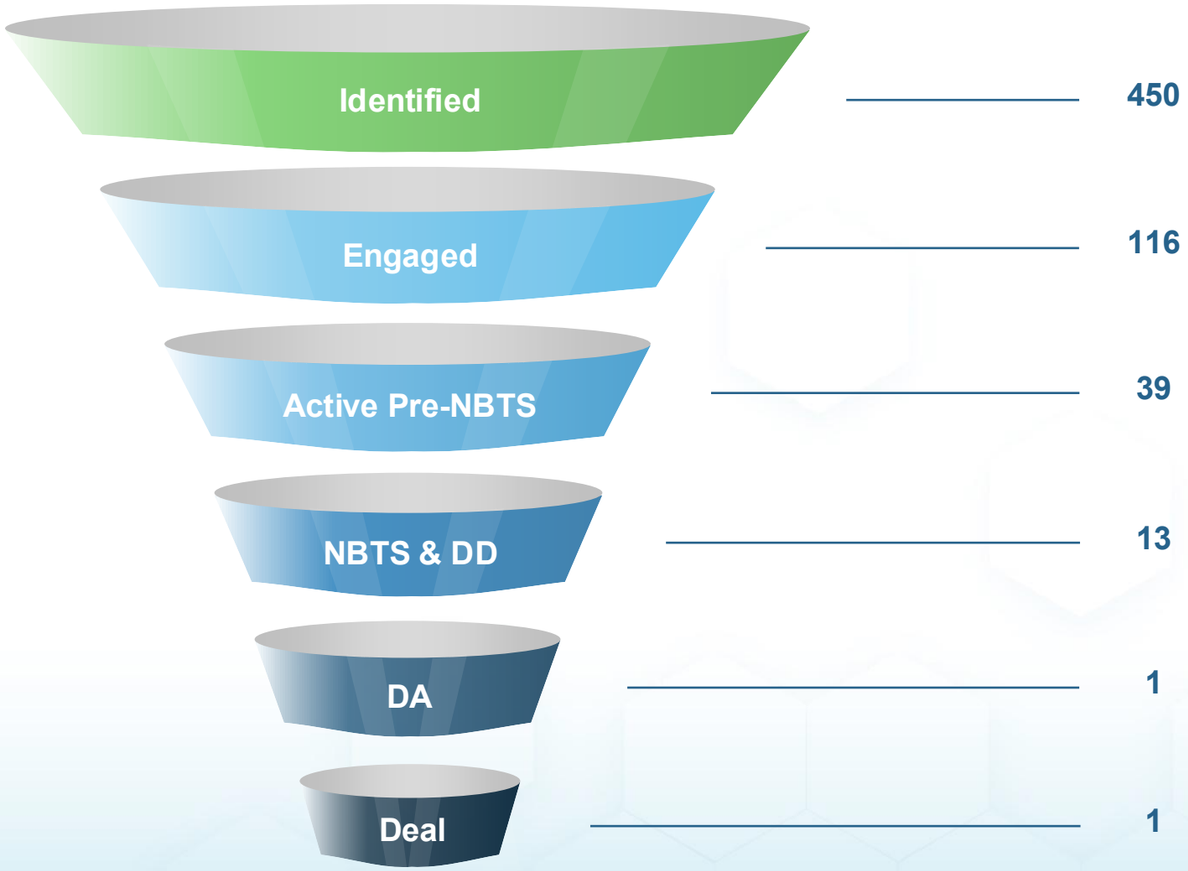
HUGEL
Aesthetic Medicine Assets

顶峰生物 Peak Pharmaceutical
Gastrointestinal Therapeutics

NUANCE PHARMA
Specialty & Respiratory Drugs

And more …

YTD # of Assets in Each BD Stage



NovaBridge
新 桥 生 物

Thank you

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