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2025 Interim Results Conference Call

August 2025

Treating Patients Beyond Borders

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2025 YTD Overview

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Antengene Pipeline Overview

Antibody Drug Conjugates (ADCs)

ATG-022 (CLDN18.2) *Phase II*	CLDN18.2+ Gastric Cancer (GC) and Other Solid Tumors	CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTD in GC
B7-H3 x PD-L1 *Pre-clinical*	Solid Tumors	IO+ADC in One Drug
CD24 *Pre-clinical*	Solid Tumors	IO+ADC in One Drug

Immuno-Oncology (IO)

ATG-037 (CD73) *Phase Ib/II*	CPI-resistant Melanoma and Non-small Cell Lung Cancer	Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients
ATG-101 (PD-L1 x 4-1BB) *Phase I*	Solid Tumors	No Liver Toxicity
ATG-031 (CD24) *Phase I*	Solid Tumors	First-in-class Myeloid Regulator

Autoimmune Diseases

ATG-201 (CD19 x CD3) *IND-enabling*	B Cell Driven Autoimmune Diseases	Deep B Cell Depletion with Low CRS
ATG-207 (Undisclosed Bifunctional Biologics) *Discovery*	T Cell Driven Autoimmune Diseases	First-in-Class; Induces T_{reg} and T Cell Exhaustion

T Cell Engagers (TCEs)

ATG-201 (CD19 x CD3) *IND-enabling*	B Cell Driven Autoimmune Diseases	Deep B Cell Depletion with Low CRS
ATG-106 (CDH6 x CD3) *Pre-clinical*	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
ATG-110 (LY6G6D x CD3) *Pre-clinical*	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
ATG-112 (ALPPL2 x CD3) *Pre-clinical*	Gynecological Tumors and Lung Cancer	First-in-Class ALPPL2 TCE
ATG-021 (GPRC5D x CD3) *Pre-clinical*	Multiple Myeloma	
ATG-102 (LILRB4 x CD3) *Pre-clinical*	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
ATG-107 (FLT3 x CD3) *Pre-clinical*	Acute Myeloid Leukemia	
ATG-115 (Undisclosed Bispecific TCE) *Pre-clinical*	Liver Cancer	Novel TAA Discovered by AI
Undisclosed Trispecific TCE *Discovery*	Metastatic Castration-resistant Prostate Cancer	First-in-Class
Undisclosed Trispecific TCE *Discovery*	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

Key Milestones in 2025 YTD

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Research & Development

ATG-022
Claudin 18.2 ADC

Granted Breakthrough Therapy Designation for the Treatment of Gastric / GEJ Adenocarcinoma

CLDN18.2 **Moderate to High Expressing** GC **(IHC 2+ > 20%)**	**2.4 mg/kg Cohort:** ○ 40% ORR (12/30), incl. 1 CR ○ 90% DCR (27/30) ○ mPFS of 6.97 months ○ PFS_{6m} of 51.1% ○ OS_{6m} of 88.2% ○ OS_{12m} of 66.2% **1.8 mg/kg Cohort:** ○ 40% ORR (10/25), incl. 1 CR ○ 84% DCR (21/25)
CLDN18.2 **Low and Ultra-low Expressing** GC **(IHC 2+ ≤ 20%)**	**Efficacious Dose of 1.8-2.4 mg/kg:** ○ 33.3% ORR (6/18), incl. 1 CR ○ 50% DCR (9/18)

ATG-037
CD73 Small Molecule Inhibitor

CPI-resistant Melanoma	○ 36.4% ORR (4/11), incl. 1 CR ○ 100% DCR (11/11)
CPI-resistant Non-small Cell Lung Cancer	○ 21.4% ORR (3/14) ○ 71.4% DCR (10/14)

AnTenGager™
"2+1" TCE Platform with Steric Hindrance-masking Technology

2 Poster Presentations: AACR American Association for Cancer Research ANNUAL MEETING 2025 CHICAGO April 25th – 30th, 2025

(Incl. ATG-201 (CD19 x CD3 TCE) and ATG-110 (LY6G6D x CD3 TCE)

ATG-201 Surrogate Antibody in Non-human Primates (NHP) Demonstrated Low Cytokine Production and Complete B cell depletion

XPOVIO® Regulatory & Reimbursement Approvals

Regulatory (NDA/sNDA)

Mainland China 2L+ MM*, R/R MM & R/R DLBCL	**Australia** 2L+ MM & R/R MM
South Korea 2L+ MM* & R/R MM R/R DLBCL	**Taiwan** 2L+ MM & R/R MM R/R DLBCL
Hong Kong R/R MM	**Macau** R/R MM
Singapore 2L+ MM & R/R MM R/R DLBCL	**Malaysia** 2L+ MM & R/R MM
Thailand 2L+ MM & R/R MM	**Indonesia*** 2L+ MM & R/R MM R/R DLBCL

Reimbursement

- **Mainland China NRDL:** R/R MM & R/R DLBCL
- **Australia PBS:** 2L+ MM (XVd Regimen) & R/R MM (Xd Regimen)
- **South Korea NRDL:** R/R MM (Xd Regimen)
- **Taiwan NHI Reimbursement Scheme:** 3L+ MM (XVd Regimen)*
- **Singapore Cancer Drug List**

** Achievements in 2025 YTD*

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Clinical Highlights

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Undisclosed Trispecific TCE *Discovery*	Small Cell Lung Cancer and Neuroendocrine Tumors	**First-in-Class**

ATG-022

Claudin 18.2 ADC

ATG-022: CLDN18.2 ADC with Efficacy Across the Widest Patient Population and the Best Safety Profile Without Cumulative Toxicities, Allowing for Longer Treatment Duration

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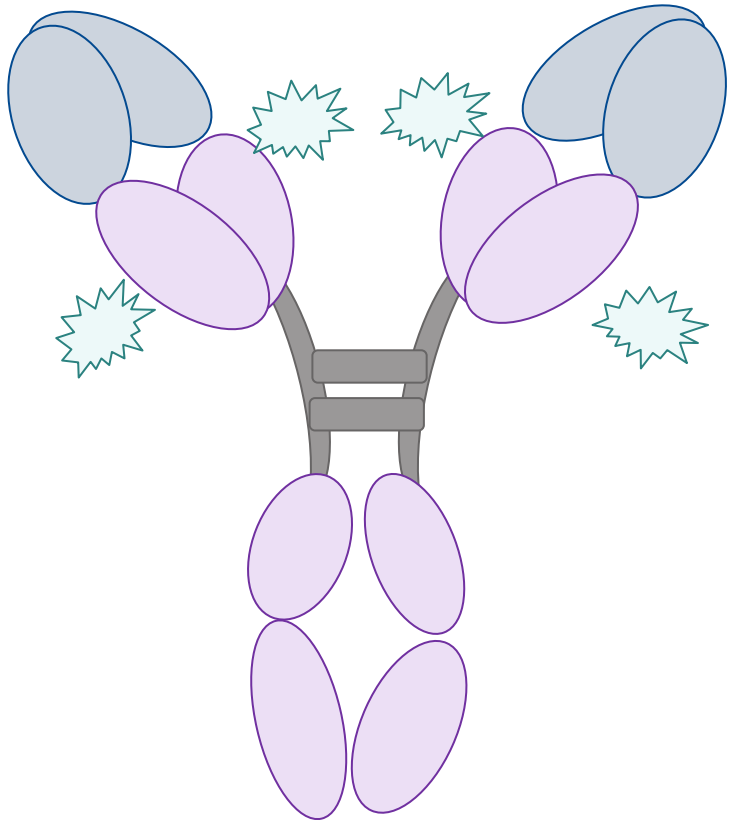
ATG-022: CLDN18.2 ADC with Differentiated Potency

High Affinity Antibody

- ✓ Enables **binding** to cancer cells with **low CLDN18.2 expression**
- ✓ Promotes **rapid internalization**, and **enhances the bystander effect**



= vc-MMAE

Cys based conjugation
Mean DAR = 4
Specific DAR4 >70%

Clinical Data Highlights

- ✓ **Efficacy across all CLDN18.2 expression levels**
- ✓ **Devoid of systemic toxicities**
- ✓ **Preliminary efficacy** observed in a **non-GI tumor type**

Huge Unmet Medical Need and Market Opportunity Globally in Claudin 18.2 Positive Gastric Cancer

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Global

~1.6m

Prevalence

United States

~27k

Incidence

~130k

Prevalence

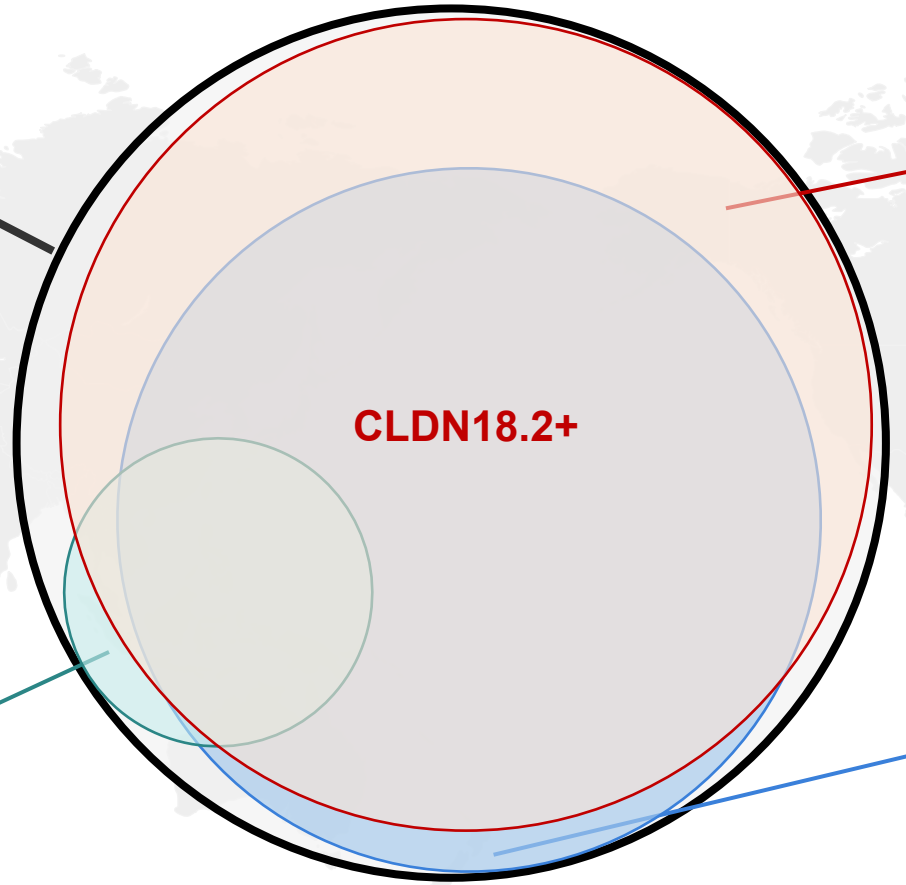
The Global Gastric Cancer Market is Underpenetrated and Presents Significant Commercial Potential for Novel Therapeutics

For Illustration

Gastric Cancer Market

$10Bn+

Total Addressable Gastric Market Size



87% Patients are CLDN18.2+

22% Patients are HER2+

~70% Patients are PD-L1+ (CPS ≥1)

Synergistic with ADC with MMAE payload (but not TOPO1)

*Source: GLOBOCAN; NCI SEER; Data Monitor Biomed Research; Allied Market Research; Research and Markets (Gastric Cancer Market (2024 Edition): Analysis By Indication (Gastric Cancer/Gastroesophageal Junction Cancer, Gastrointestinal Stromal Tumors), By Therapy, By Drug Class, By Region, By Country: Market Insights and Forecast (2020-2030); Cao W, Xing H, Li Y, et al. Claudin18.2 is a novel molecular biomarker for tumor-targeted immunotherapy. Biomark Res. 2022 May 31,10(1):38; Baek, J. H., Park, D. J., Kim, G. Y., Cheon, J., Kang, B. W., Cha, H. J., & Kim, J. G. (2019). Clinical Implications of Claudin18.2 Expression in Patients With Gastric Cancer. *Anticancer Research, 39*(12), 6973-6979. https://doi.org/10.21873/anticanres.13919; Türeci O, Sahin U, Schulze-Bergkamen H, Zvirbule Z, Lordick F, Koeberle D, et al. A multicentre, phase IIa study of zolbetuximab as a single agent in patients with recurrent or refractory advanced adenocarcinoma of the stomach or lower oesophagus: the MONO study. Ann Oncol. 2019;30(9):1487–1495; Van Cutsem E, Bang YJ, Feng-Yi F, et al. HER2 screening data from ToGA: targeting HER2 in gastric and gastroesophageal junction cancer. Gastric Cancer. 2015;18(3):476-484. doi:10.1007/s10120-014-0402-y; Schoemig-Markiefka B, Eschbach J, Scheel AH, et al. Optimized PD-L1 scoring of gastric cancer. Gastric Cancer. 2021;24(5):1115-1122. doi:10.1007/s10120-021-01195-4; Fuchs CS, Özgüroğlu M, Bang YJ, et al. Pembrolizumab versus paclitaxel for previously treated PD-L1-positive advanced gastric or gastroesophageal junction cancer: 2-year update of the randomized phase 3 KEYNOTE-061 trial. Gastric Cancer. 2022;25(1):197-206. doi:10.1007/s10120-021-01227-z*

Substantial Upside Opportunity Beyond Gastric Cancer

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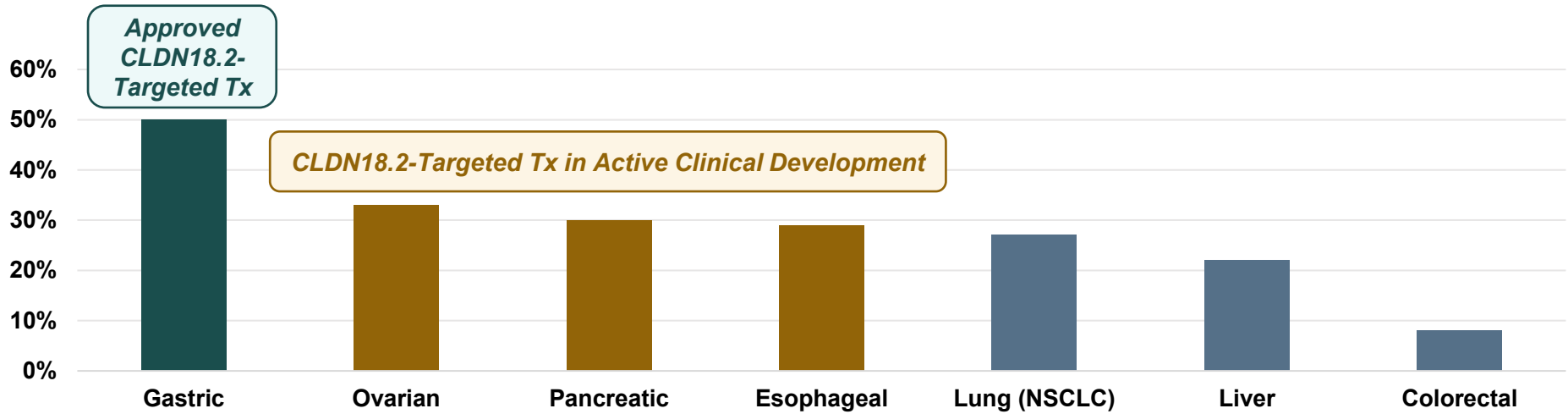
Potential to Expand to Low Expressors

- ATG-022 has demonstrated **potent anti-tumor efficacy** in **low CLDN18.2–expressing gastric cancer patients (IHC 2+ <20%)**, suggesting a **potential regulatory pathway** to address this **unmet medical need** where no other CLDN18.2-targeted therapies are available
- Enhertu has set a regulatory precedent with **strong performance in low-ultra low HER2+ breast cancer translating into indication expansion,** gaining initial approval in high-expression breast cancer, then expanding to medium, low, and eventually into **novel HER2+ tumor types beyond initial breast cancers**

Potential to Expand Indications

Proportion of Patients With Moderate-High Protein Expression of Claudin 18.2



- CLDN18.2-targeting mAbs and ADCs have been investigated in the clinic specifically for pancreatic and esophageal cancers, and trials including ovarian tumors, validating the expansion opportunity and noteworthy potential market size for ATG-022
- ATG-022's best-in-class PK/PD data supports **utility into novel tumor types and a regulatory path analogous to Enhertu**

Source: Human Protein Atlas (focuses on cancers where sufficient and consistent immunohistochemical data for CLDN18.2 protein expression is available; CAB013243 data shown). Esophageal data added per Coati et Al. BJC. 2019.

ATG-022: Phase I/II "CLINCH" Trial Ongoing

Study Design

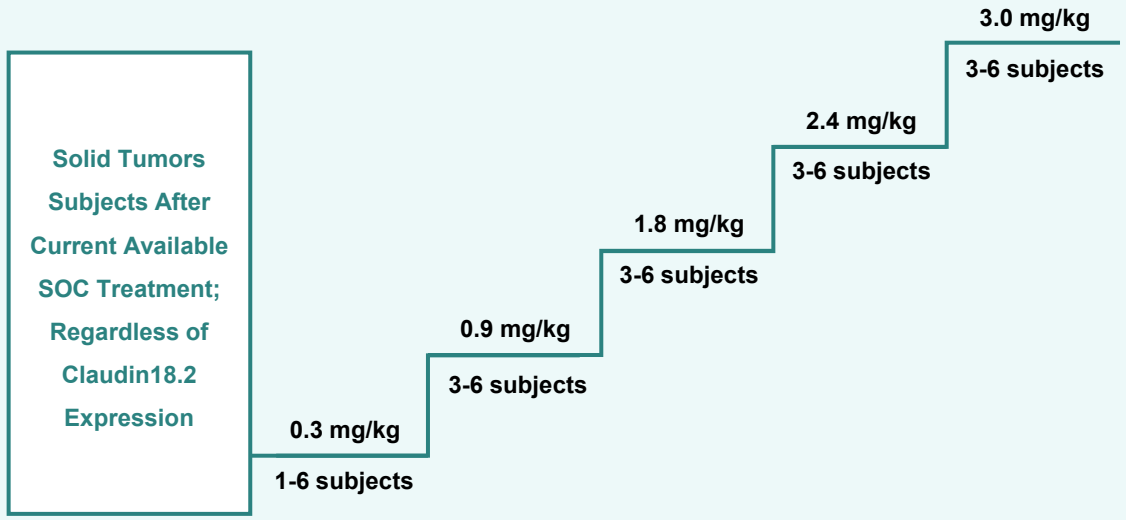
Population: Subjects with solid tumors, regardless of Claudin 18.2 expression and histology

Primary Endpoints: Safety and tolerability, MTD and/or RP2D

Phase II Dose Expansion Study Ongoing with Multiple Centers in Australia and the Mainland of China

Phase I: Dose Escalation

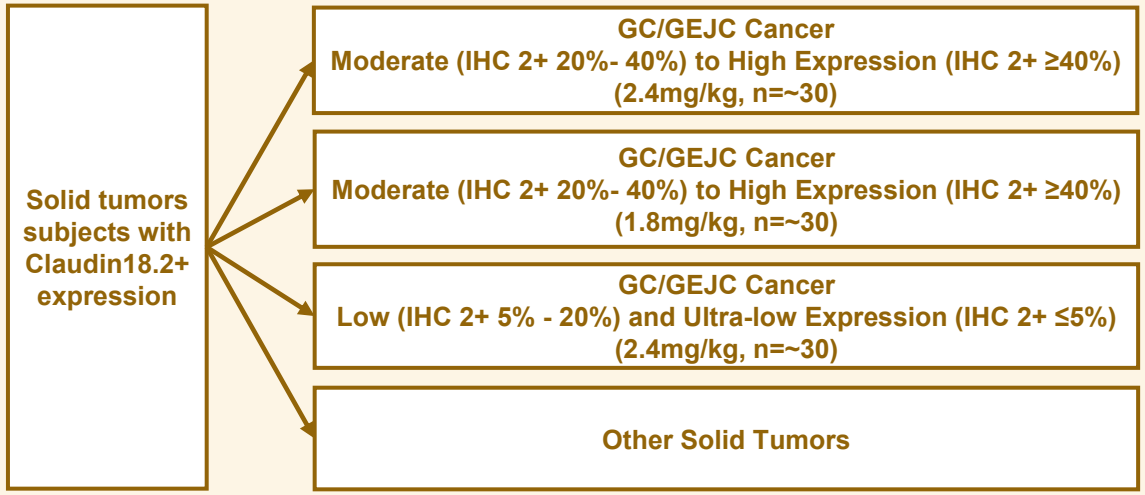
(Multiple Tumor Types without Pre-screening for Claudin 18.2 Expression Levels)



Primary Objectives: Safety, tolerability. Define MTD and RP2D
Secondary Objectives: Evaluate preliminary efficacy (RECIST 1.1), measure ADA, CLDN18.2 expression
CLDN18.2 Status: No expression requirements

Phase II: Dose Expansion

20~30 Subjects in Each Tumor Type / Cohort



Approximately 120 subjects, depending on the number of cohorts to be expanded.
CLDN18.2+ tumors only. No prior CLDN18.2 agents

ATG-022: Efficacy Across the Widest Patient Population in CLDN18.2+ Gastric Cancer Including From High to Ultra-low Expressors

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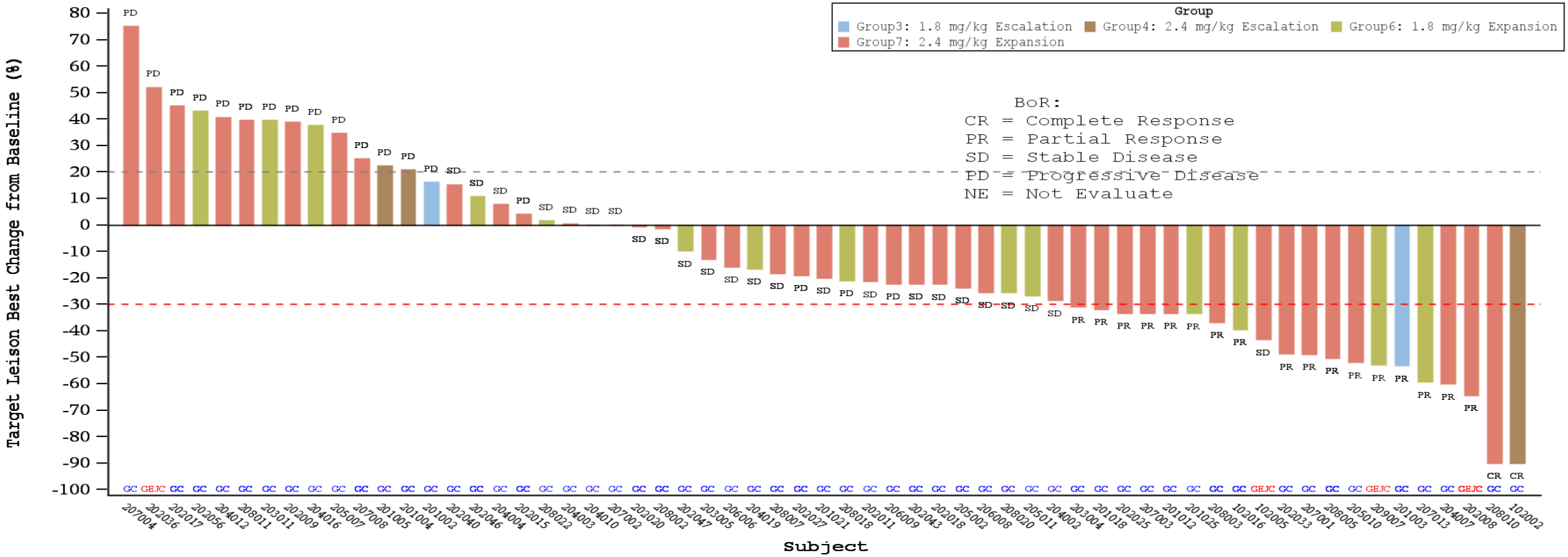
Preliminary Efficacy in CLDN18.2+ Gastric Cancer:

- **IHC Staining - 2+, > 20% (CLDN18.2 Moderate to High Expressors):** 2.4mg/kg Cohort[1] – **ORR of 40%** (12/30) and **DCR of 90%** (27/30)
  1.8mg/kg Cohort[2] – **ORR of 40%** (10/25) and **DCR of 84%** (21/25)
- **IHC Staining - 2+, ≤ 20% (CLDN18.2 Low and Ultra-low Expressors):** Efficacious Dose Range of 1.8 – 2.4 mg/kg[3] – **ORR of 33.3%** (6/18) and **DCR of 50%** (9/18)



[1] Data for ATG-022 in CLDN18.2 moderate to high expressing GC (IHC 2+ > 20%), 2.4 mg/kg cohort is as of June 20, 2025; [2] Data for ATG-022 in CLDN18.2 moderate to high expressing GC (IHC 2+ > 20%), 1.8 mg/kg cohort is as of August 11, 2025; [3] Data for ATG-022 in CLDN18.2 low and ultra-low expressing GC (IHC 2+ ≤ 20%), 2.4 mg/kg is as of July 24, 2025; *As of the data cut-off date, several additional responders was observed; however, data entry had not yet been completed by the site, thus not reflected in the plot.

ATG-022: Durable Responses Demonstrated and One Patient Exceeding 24 Months

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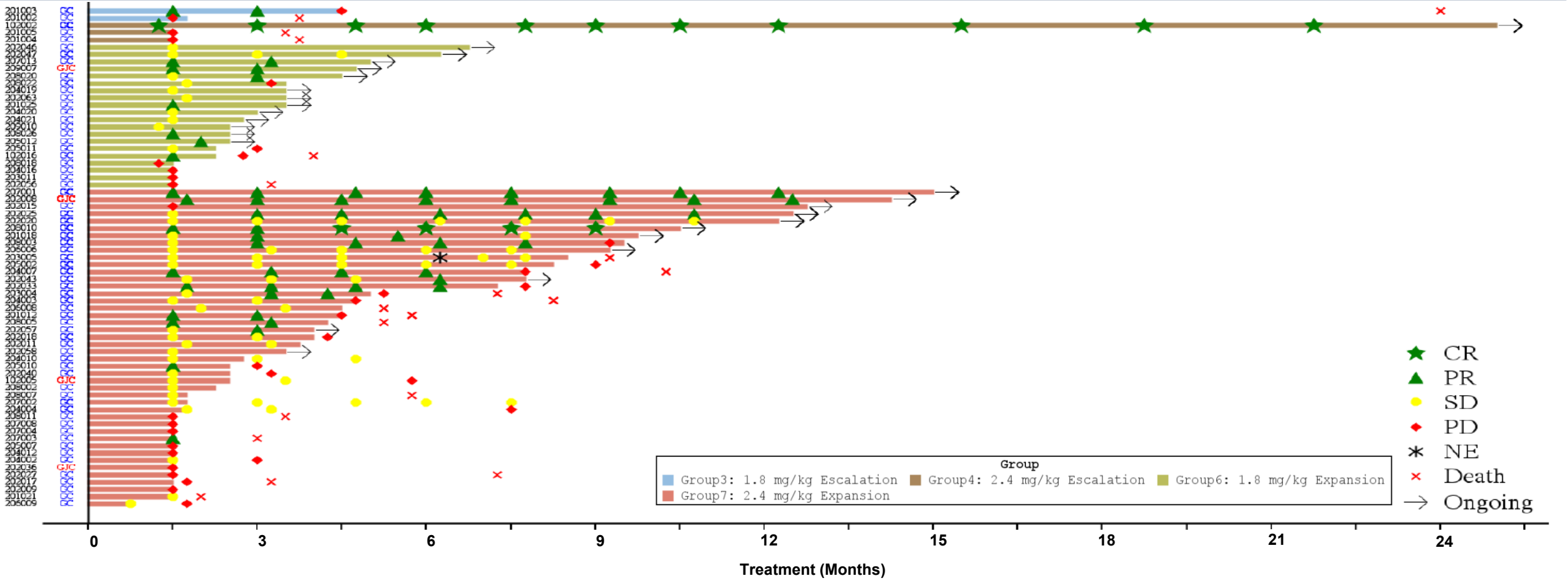
- **Gastric or GEJ Cancer with Moderate to High CLDN18.2 Expression (IHC 2+, >20%) Treated at 2.4 mg/kg[1]:**
  Median progression-free survival (mPFS) is 6.97 months (3.71-NE), with a **6-month progression-free survival (PFS6m) rate is 51.1% (95% CI: 30.5%-68.4%)**, a **9-month overall survival (OS) rate is 82.7% (95% CI: 59.4%-93.3%)**, and a **12-month OS rate is 66.2% (95% CI: 26.9%-87.8%)**
- **Gastric or GEJ Cancer with Low or Ultra-low CLDN18.2 Expression (IHC 2+, ≤20%) Treated at 2.4 mg/kg[2]:**
  One CLDN18.2 ultra-low expression patient **(2+ <1%)** with a complete response (CR) has demonstrated **durable CR** and has been on the trial for **over 24 months**



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ATG-022: Favourable Safety Profile

CLINCH (Phase I Dose Escalation & Phase II Dose Expansion) Safety Summary – TRAEs

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TRAEs							
n (%)	0.3mg/kg N=1	0.9mg/kg N=3	1.8mg/kg N=3	2.4mg/kg N=3	3.0mg/kg N=6	Expansion 1.8mg/kg N=22	Expansion 2.4mg/kg N=58
Subjects with at least one TRAE	0 (0)	2 (66.7)	3 (100)	3 (100)	6 (100)	18 (81.8)	54 (93.1)
Serious TRAE	0 (0)	0 (0)	0 (0)	1 (33.3)	4 (66.7)	2 (9.1)	19 (32.8)
Grade ≥ 3 TRAE	0 (0)	1 (33.3)	1 (33.3)	1 (33.3)	6 (100)	4 (18.2)	31 (53.4)
TRAE Leading to Dose Modification	0 (0)	1 (33.3)	0 (0)	1 (33.3)	5 (83.3)	2 (9.1)	28 (48.3)
TRAE Leading to Dose Reduction	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (4.5)	10 (17.2)
TRAE Leading to Dose Interruption	0 (0)	1 (33.3)	0 (0)	1 (33.3)	5 (83.3)	1 (4.5)	24 (41.4)
TRAE Leading to Drug Withdrawn	0 (0)	0 (0)	1 (33.3)	0 (0)	2 (33.3)	0 (0)	2 (3.4)
TRAE Leading to Death	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1.7)

Preliminary Data as of June 20, 2025

ATG-022: No Ophthalmological Toxicities or Interstitial Lung Disease

CLINCH – TRAE By Preferred Term (PT) in ≥ 10% Patients (1.8 & 2.4 mg/kg)

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TRAEs

Adverse Events	Escalation (1.8mg/kg) (N=3)		Expansion (1.8mg/kg) (N=22)		Escalation (2.4mg/kg) (N=3)		Expansion (2.4mg/kg) (N=58)	
Preferred Term; n (%)	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**
Any TRAE (n, %)	3 (100)	1 (33.3)	18 (81.8)	4 (18.2)	3 (100)	1 (33.3)	54 (93.1)	31 (53.4)
Neutrophil count decreased	0 (0)	0 (0)	6 (27.3)	1 (4.5)	2 (66.7)	1 (33.3)	30 (51.7)	9 (15.5)
Nausea	2 (66.7)	0 (0)	4 (18.2)	0 (0)	1 (33.3)	1 (33.3)	29 (50.0)	2 (3.4)
White blood cell count decreased	0 (0)	0 (0)	4 (18.2)	0 (0)	1 (33.3)	0 (0)	26 (44.8)	2 (3.4)
Decreased appetite	1 (33.3)	0 (0)	1 (4.5)	1 (4.5)	2 (66.7)	0 (0)	25 (43.1)	7 (12.1)
Anaemia	0 (0)	0 (0)	8 (36.4)	1 (4.5)	0 (0)	0 (0)	25 (43.1)	5 (8.6)
Weight decreased	1 (33.3)	0 (0)	2 (9.1)	0 (0)	0 (0)	0 (0)	23 (39.7)	2 (3.4)
Vomiting	1 (33.3)	0 (0)	2 (9.1)	0 (0)	1 (33.3)	1 (33.3)	20 (34.5)	1 (1.7)
Hypoalbuminaemia	1 (33.3)	0 (0)	5 (22.7)	0 (0)	1 (33.3)	1 (33.3)	17 (29.3)	0 (0)
Malaise	0 (0)	0 (0)	1 (4.5)	0 (0)	0 (0)	0 (0)	14 (24.1)	2 (3.4)
Alanine aminotransferase increased	1 (33.3)	1 (33.3)	2 (9.1)	0 (0)	0 (0)	0 (0)	11 (19.0)	0 (0)
Aspartate aminotransferase increased	0 (0)	0 (0)	3 (13.6)	0 (0)	0 (0)	0 (0)	10 (17.2)	1 (1.7)
Alopecia	0 (0)	0 (0)	0 (0)	0 (0)	1 (33.3)	1 (33.3)	9 (15.5)	0 (0)
Constipation	0 (0)	0 (0)	2 (9.1)	0 (0)	0 (0)	0 (0)	9 (15.5)	1 (1.7)
Fatigue	0 (0)	0 (0)	4 (18.2)	0 (0)	1 (33.3)	0 (0)	8 (13.8)	1 (1.7)
Hypokalaemia	0 (0)	0 (0)	0 (0)	0 (0)	1 (33.3)	0 (0)	7 (12.1)	2 (3.4)
Upper abdominal pain	1 (33.3)	0 (0)	2 (9.1)	1 (4.5)	0 (0)	0 (0)	8 (13.8)	0 (0)
Diarrhoea	0 (0)	0 (0)	1 (4.5)	0 (0)	1 (33.3)	0 (0)	7 (12.1)	0 (0)
Platelet count decreased	0 (0)	0 (0)	2 (9.1)	0 (0)	0 (0)	0 (0)	7 (12.1)	1 (1.7)
Blood bilirubin increased	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	7 (12.1)	1 (1.7)
Lipase increased	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	7 (12.1)	2 (3.4)
Hyponatraemia	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	7 (12.1)	1 (1.7)
Hypocalcaemia	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	7 (12.1)	1 (1.7)

- **No ophthalmological toxicities or interstitial lung disease (ILD) have been observed**

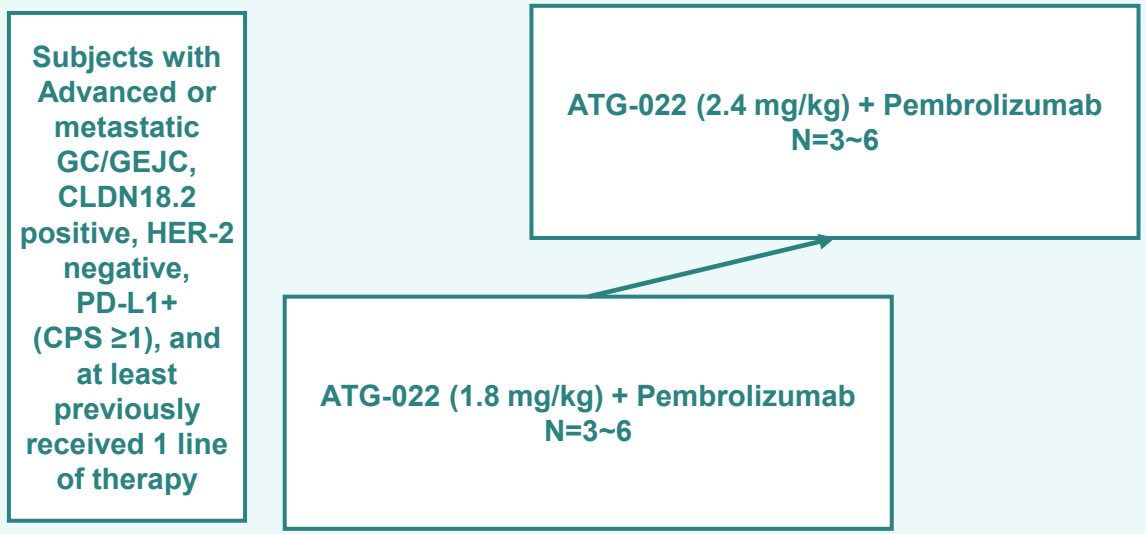
Preliminary Data as of June 20, 2025

Phase Ib/II Study Design of ATG-022 In Combination with Pembrolizumab in Advanced / Metastatic Claudin 18.2 Positive Gastric Cancer (2L+)

ANTENGENE

Multi-center, Open Label, Phase Ib/II Study in Advanced/Metastatic Claudin 18.2 Positive GC/GEJC

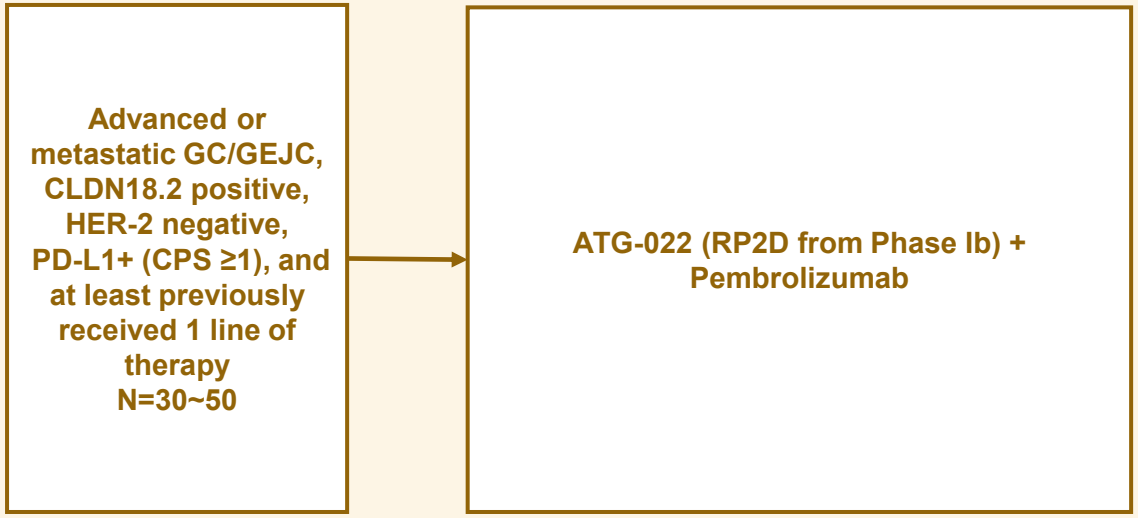
Phase Ib: Dose Confirmation



Primary Objectives:
Safety, tolerability of ATG-022 + pembrolizumab combination therapy. RP2D definition

Secondary Objectives:
Evaluate preliminary efficacy, characterize pharmacology (PK/PDx profile)

Phase II: Efficacy Expansion



Primary Objectives:
ORR

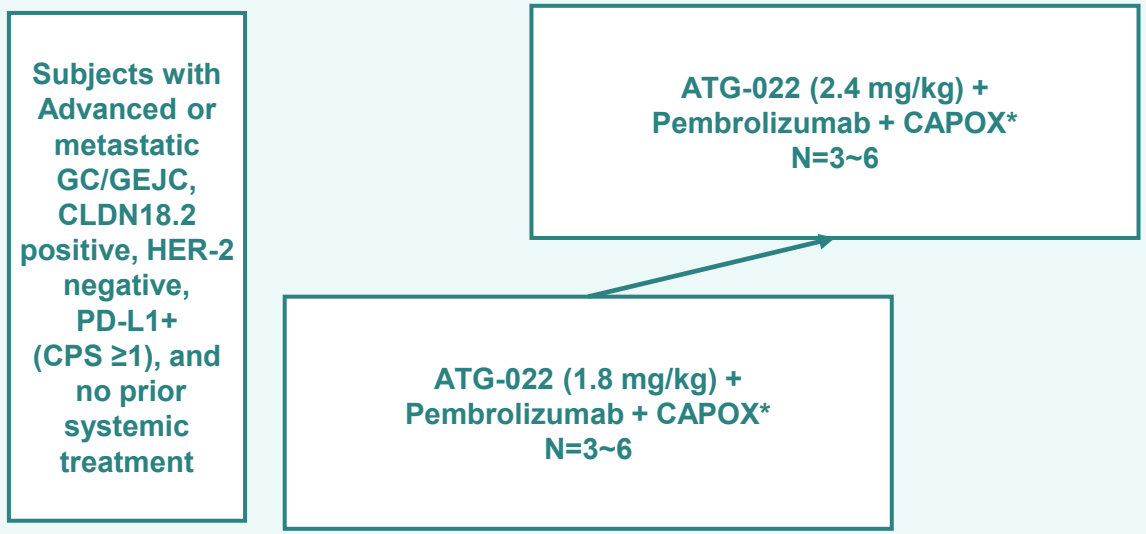
Secondary Objectives:
PFS, DOR, OS, Safety

Phase Ib/II Study Design of ATG-022 In Combination with Pembrolizumab and CAPOX in Advanced / Metastatic Claudin 18.2 Positive Gastric Cancer (1L)

ANTENGENE

Multi-center, Open Label, Phase Ib/II Study in Advanced/Metastatic Claudin 18.2 Positive GC/GEJC

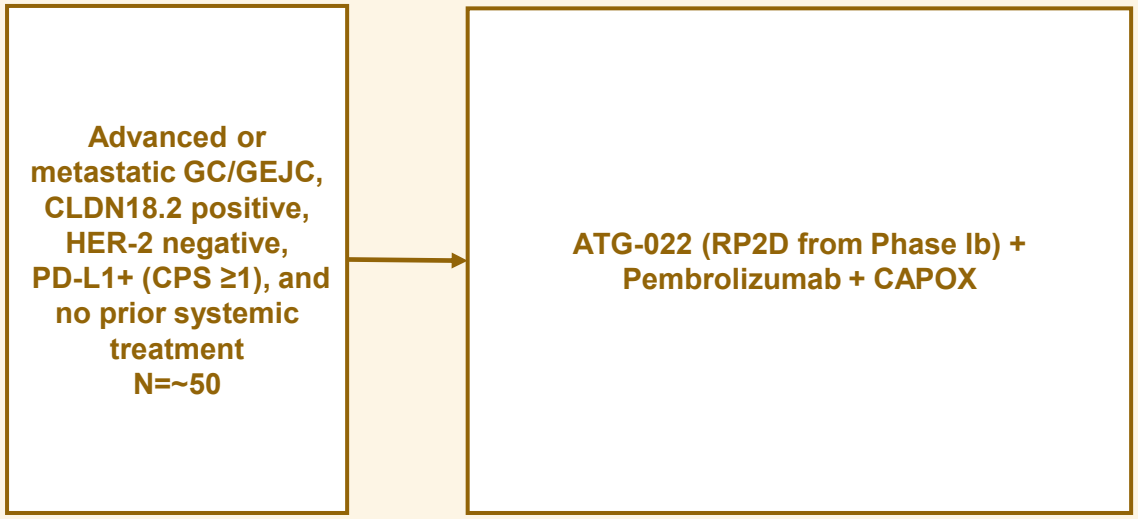
Phase Ib: Dose Confirmation



Primary Objectives:
Safety, tolerability of ATG-022 + pembrolizumab + CAPOX combination therapy. RP2D definition

Secondary Objectives:
Evaluate preliminary efficacy, characterize pharmacology (PK/PDx profile)

Phase II: Efficacy Expansion



Primary Objectives:
ORR

Secondary Objectives:
PFS, DOR, OS, Safety

** CAPOX will be used by standard dose, or light intensity upon SRC's decision*

ATG-022: Strong Clinical and Strategic Positioning in 1L–3L+ Gastric Cancer with Expansion Potential Across Indications – Targeting Over US$5 Billion in Peak Sales

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1L CLDN18.2+ (IHC 1+ ≥ 1%), PD-L1+ (CPS ≥ 1%) Gastric Cancer

ATG-022 + Pembrolizumab + Chemotherapy (CAPOX / FOLFOX)

2L CLDN18.2+ (IHC 1 +≥ 1%), PD-L1+ (CPS ≥ 1%) Gastric Cancer

ATG-022 + Pembrolizumab

3L+ CLDN18.2+ (IHC 2+ > 20%) Gastric Cancer

ATG-022 Monotherapy

3L+ CLDN18.2+ (IHC 2+ ≤ 20%) Gastric Cancer

ATG-022 Monotherapy

Basket Trial – Other CLDN18.2+ Tumors

Proof of Concept Achieved in a Certain Subtype of Gynecological Tumor: All 7 Patients Who Have Undergone At Least One Efficacy Evaluation Demonstrated Tumor Shrinkage

US$5+ Billion Peak Sales Potential (Not Including Potential in Other CLDN18.2+ Tumors)

ANTENGENE

ATG-037

Oral CD73 Small Molecule Inhibitor

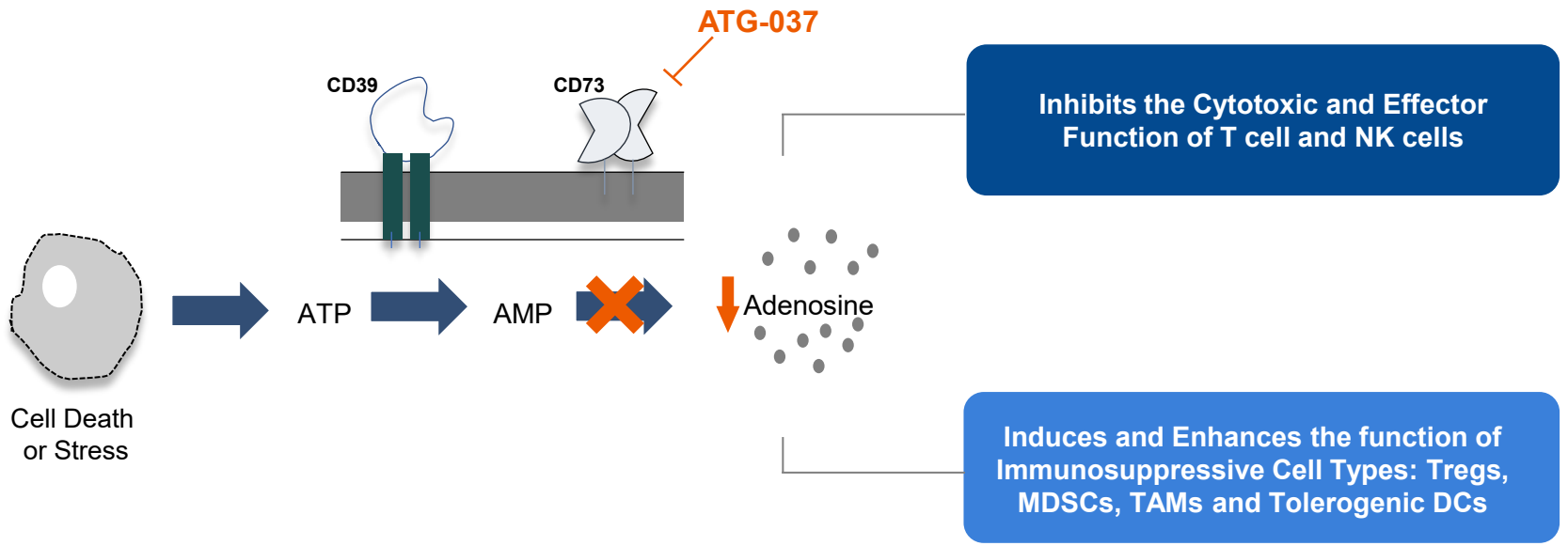
ATG-037: Potentially Best-in-Class CD73 Oral Small Molecule Inhibitor

CD73

- Cell surface receptor
- Overexpression on tumor cells interrupts adenosine processing, enabling an immunosuppressive TME
- Important in a range of solid tumor cancers, e.g., melanoma and non-small cell lung cancer

ATG-037 Reverses Adenosine Mediated Immunosuppression

- **Potent and selective, oral small molecule** inhibitor completely blocks CD73 activity
- **Activity**: Overcomes the hook effect with higher tissue penetrance v. anti-CD73 antibodies
- **Specificity**: No inhibition of related targets (including CD39)
- **Preclinical Efficacy**: Potent tumor growth inhibition as mono or combo therapy



ATP = adenosine triphosphate, AMP = adenosine monophosphate, NK cells = Natural Killer cells, Tregs = Regulatory T-cells, MDSC = Myeloid-derived suppressor cells , TAMs = Tumor Associated Macrophages, DC = Dendritic cells, TME = tumor microenvironment

Significant Market Potential in Solid Tumors for Immuno-oncology

Market Size of Immuno-oncology (IO) is estimated to be $140+ billion in 2028, Including IO-Resistant Tumors[1]

91%

of all cancer cases are solid tumors[1]

1.8 Million

New cases of solid tumors in the US each year[1]

Expand into Other Indications

	U.S. Deaths[1]	Global Deaths[2]
Melanoma	8,000	59,000
Lung & Bronchus	125,000	1,800,000

Source:
1. GlobalData
2. National Cancer Institute Surveillance, Epidemiology and End Results (SEER) Program. 2024 Estimates. https://seer.cancer.gov (accessed May 2024)
3. World Health Organization International Agency for Research on Cancer (IARC). GLOBOCAN 2022

ATG-037 Can Address the Huge Unmet Medical Need of Melanoma Patients who Progress on Anti-PD-1 Therapy

Annual US & Ex-US Addressable Patient Opportunity in Previously Treated Advanced Melanoma[3]

~30,000

Advanced Melanoma Overall Patient Opportunity[3]

>70,000

Earlier Treatment Setting

Geographic Footprint

	Annual Deaths[1,2]	Frontline Addressable Patients[3]
U.S.	8K	14K
Ex-U.S. Anticipated Markets	22K	27K
Total	30K	41K

Source:

1. National Cancer Institute Surveillance, Epidemiology and End Results (SEER) Program. 2024 Estimates. https://seer.cancer.gov (accessed May 2024)
2. World Health Organization International Agency for Research on Cancer (IARC). GLOBOCAN 2022
3. Data on file as of September 30, 2024. Includes more than 20,000 patients initial target markets plus additional potential markets.

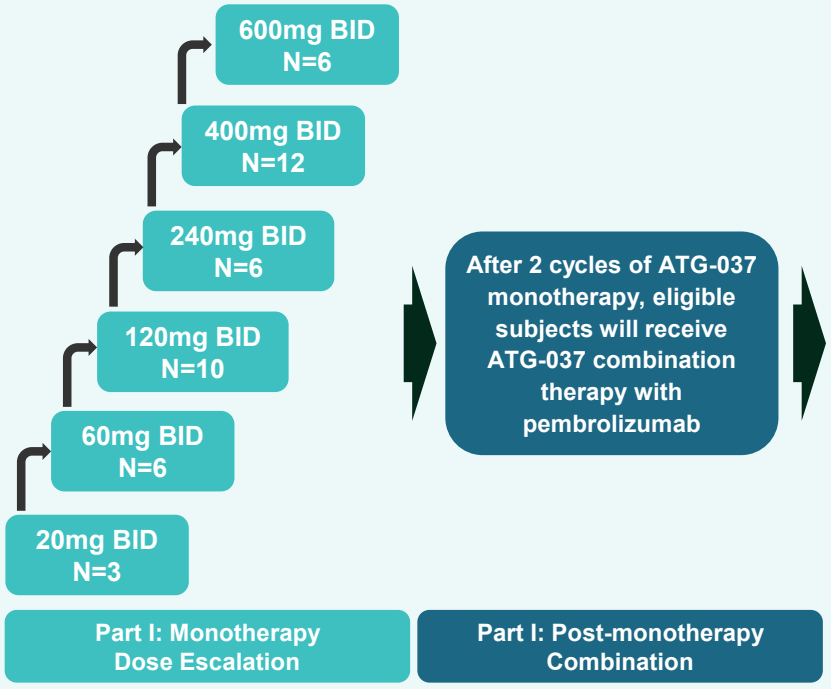
ATG-037 "STAMINA" Clinical Trial Design

ANTENGENE

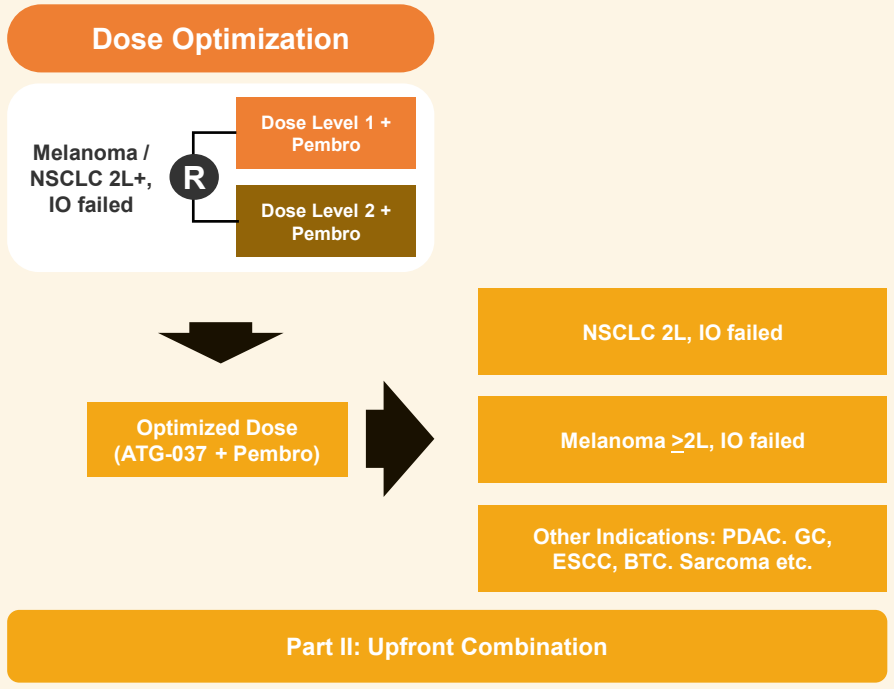
Population: Patients with locally advanced or metastatic solid tumors with acquired checkpoint inhibitor resistance (The most common tumor types enrolled include NSCLC, melanoma, SCLC, renal cell carcinoma, ovarian carcinoma); Patients received a median of 2 prior lines of treatment (ranges 0-7)

Phase I/II, Multi-center, Open Label, Dose-finding Study Ongoing in Australia and China (NCT05205109)

Phase I: Dose Escalation



Phase II: Dose Expansion



Objectives of the Study

Primary Objectives:
Safety, tolerability monotherapy and pembrolizumab combination therapy. RP2D definition

Secondary Objectives:
Evaluate preliminary efficacy, characterize pharmacology (PK/PDx profile)

ATG-037 In Combination with Pembrolizumab Demonstrated Encouraging Efficacy Signals in CPI-resistant Melanoma and NSCLC – Waterfall Plot

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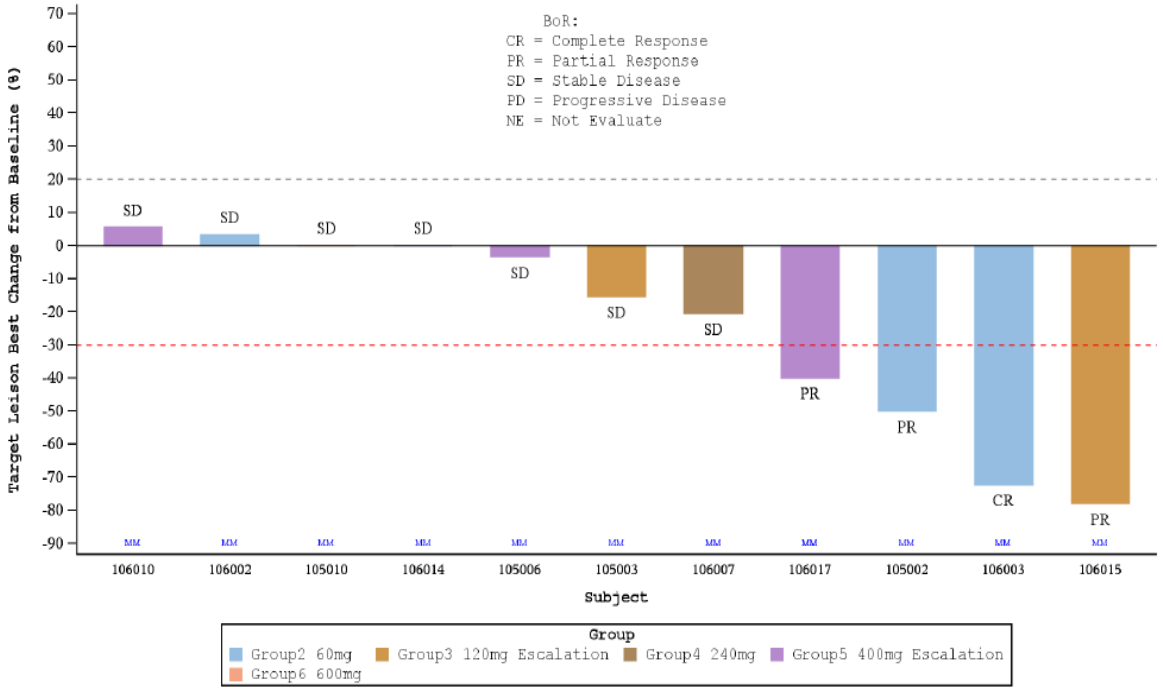
Preliminary Data for ATG-037 In Combination with Pembrolizumab (As of July 24, 2025)

- A total of **11 melanoma** and **14 NSCLC** patients received combination therapy and were efficacy evaluable
  - In **melanoma, 1 patient achieved CR and 3 had PRs (ORR 36.4%, DCR 100%)** compared to screening baseline
  - In **NSCLC, 3 patients achieved PRs (ORR 21.4%, DCR 71.4%)** compared to screening baseline
- The **ORR is 28.0% (7/25)** and **DCR is 84.0% (21/25)** in the efficacy evaluable NSCLC and melanoma populations comparing with the screening baseline

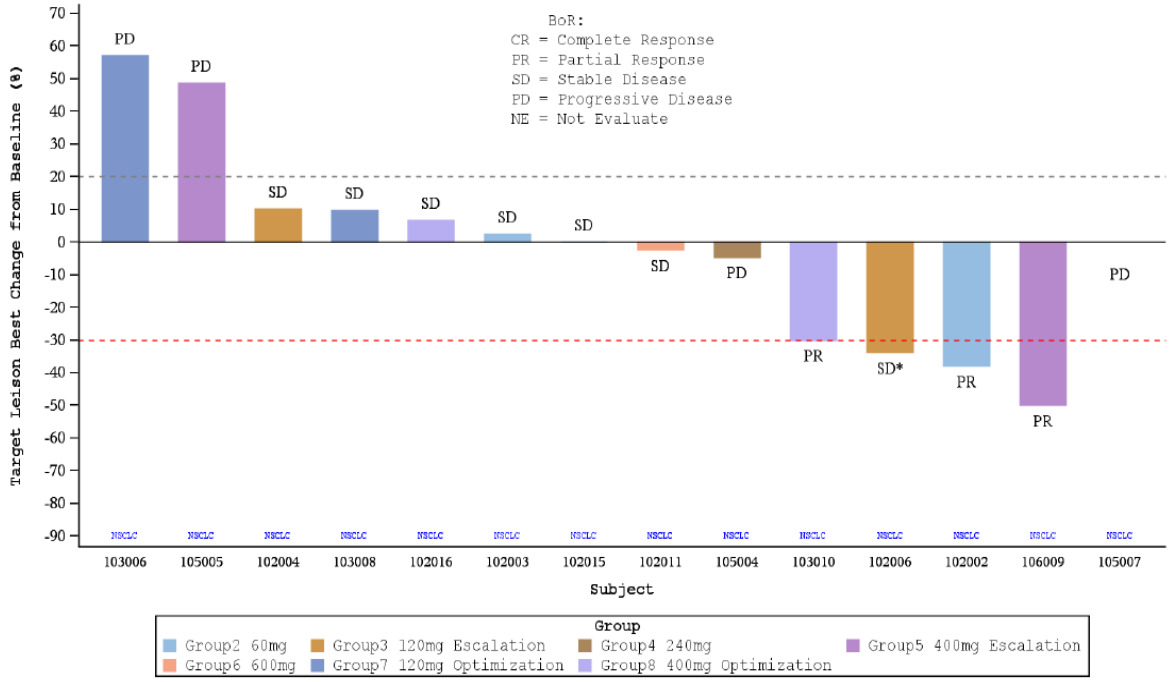
CPI Resistant Melanoma

Tumor Evaluation (Target Lesion Change from Baseline)



CPI Resistant Non-small Cell Lung Cancer

Tumor Evaluation (Target Lesion Change from Baseline)

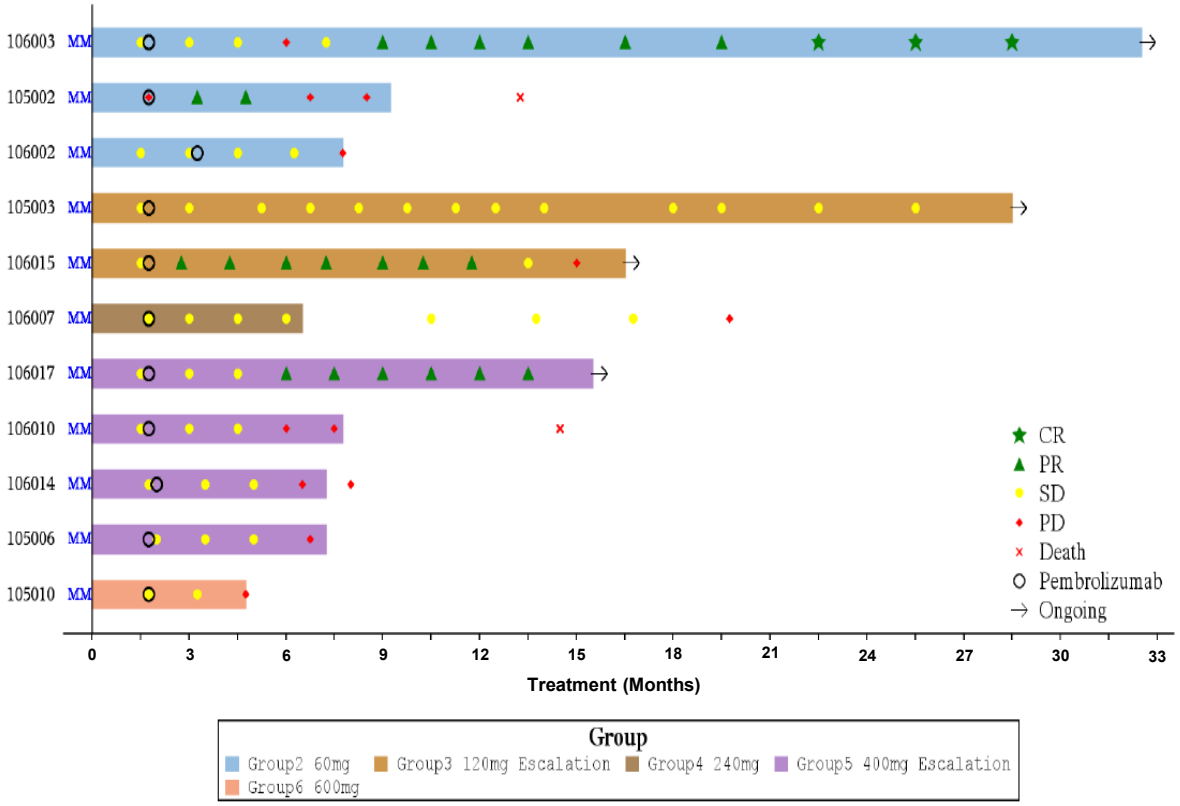


*The target lesion of this subject reached PR with new lesion occurred. The prior best response was SD

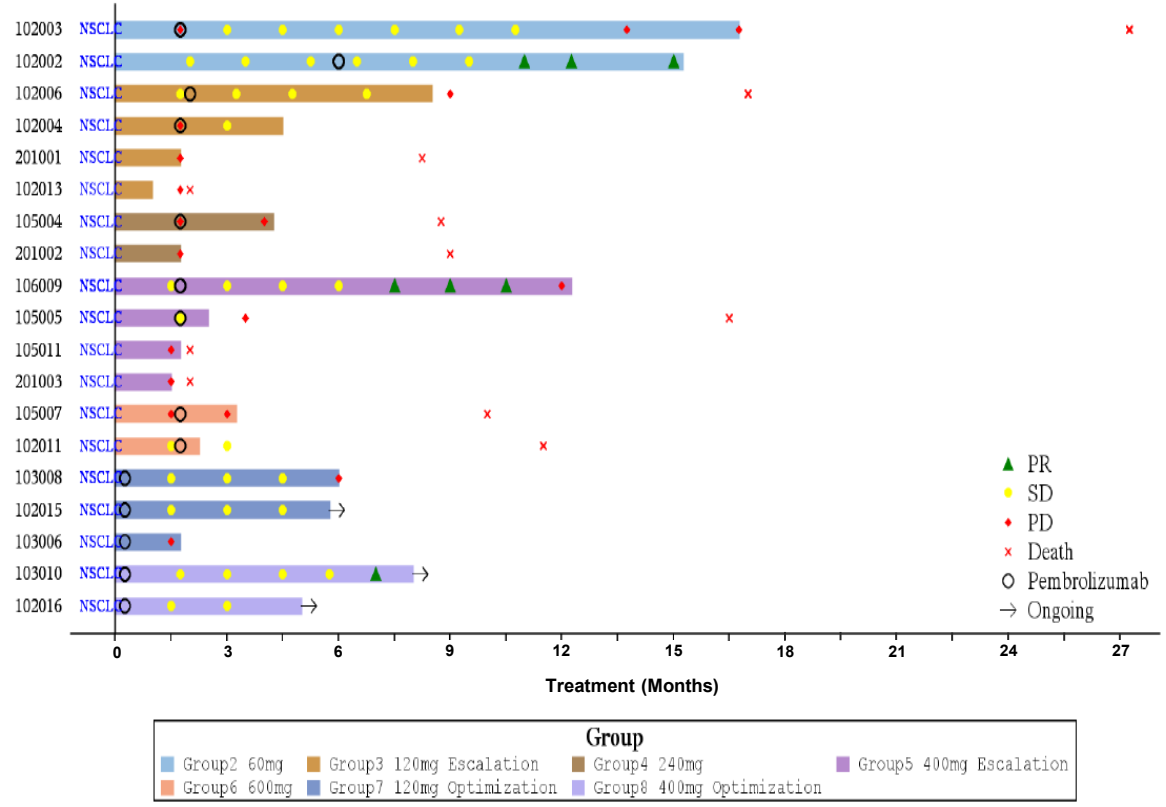
ATG-037 In Combination with Pembrolizumab Demonstrated Durable Responses in CPI-resistant Melanoma and NSCLC – Swimmer Plot

- The melanoma patient with a **complete response (CR)** has demonstrated **durable response** and has been on the trial for **over 32 months**
- 2 melanoma patients with **partial response (PR)** has demonstrated **durable response** and has been on the trial for **over 15 months**
- 1 melanoma patient has achieved **durable stable disease (SD)** and has been on the trial for **over 28 months**

CPI Resistant Melanoma



CPI Resistant Non-small Cell Lung Cancer



Preliminary Data as of July 24, 2025

3

Discovery and Pre-clinical Highlights

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Discovery and Pre-clinical Highlights

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Antibody Drug Conjugates (ADCs)

ATG-022 (CLDN18.2) *Phase II*	CLDN18.2+ Gastric Cancer and Other Solid Tumors	CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTD in GC
B7-H3 x PD-L1 *Pre-clinical*	Solid Tumors	IO+ADC in One Drug
CD24 *Pre-clinical*	Solid Tumors	IO+ADC in One Drug

Immuno-Oncology (IO)

ATG-037 (CD73) *Phase Ib/II*	CPI-resistant Melanoma and Non-small Cell Lung Cancer	Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients
ATG-101 (PD-L1 x 4-1BB) *Phase I*	Solid Tumors	No Liver Toxicity
ATG-031 (CD24) *Phase I*	Solid Tumors	First-in-class Myeloid Regulator

Autoimmune Diseases

ATG-201 (CD19 x CD3) *IND-enabling*	B Cell Driven Autoimmune Diseases	Deep B Cell Depletion with Low CRS
ATG-207 (Undisclosed Bifunctional Biologics) *Discovery*	T Cell Driven Autoimmune Diseases	First-in-Class; Induces T_{reg} and T Cell Exhaustion

T Cell Engagers (TCEs)

ATG-201 (CD19 x CD3) *IND-enabling*	B Cell Driven Autoimmune Diseases	Deep B Cell Depletion with Low CRS
ATG-106 (CDH6 x CD3) *Pre-clinical*	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
ATG-110 (LY6G6D x CD3) *Pre-clinical*	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
ATG-112 (ALPPL2 x CD3) *Pre-clinical*	Gynecological Tumors and Lung Cancer	First-in-Class ALPPL2 TCE
ATG-021 (GPRC5D x CD3) *Pre-clinical*	Multiple Myeloma	
ATG-102 (LILRB4 x CD3) *Pre-clinical*	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
ATG-107 (FLT3 x CD3) *Pre-clinical*	Acute Myeloid Leukemia	
ATG-115 (Undisclosed Bispecific TCE) *Pre-clinical*	Liver Cancer	Novel TAA Discovered by AI
Undisclosed Trispecific TCE *Discovery*	Metastatic Castration-resistant Prostate Cancer	First-in-Class
Undisclosed Trispecific TCE *Discovery*	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

Discovery and Pre-clinical Highlights

ANTENGENE

Antibody Drug Conjugates (ADCs)

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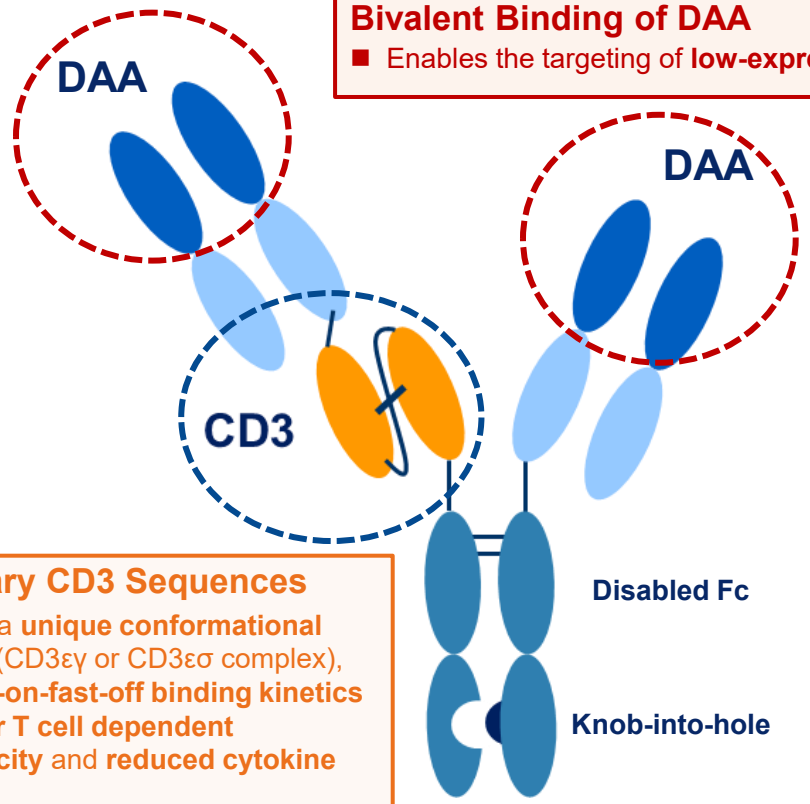
Undisclosed Trispecific TCE *Discovery*	Metastatic Castration-resistant Prostate Cancer	First-in-Class
Undisclosed Trispecific TCE *Discovery*	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

AnTenGager™, a Novel Second Generation "2+1" TCE Platform with Steric Hindrance-masking Technology Enabling the Creation of TCEs with Enhanced Therapeutic Effect and Safety

ANTENGENE

Features of AnTenGager™ TCEs



Bivalent Binding of DAA

- Enables the targeting of **low-expressing target**

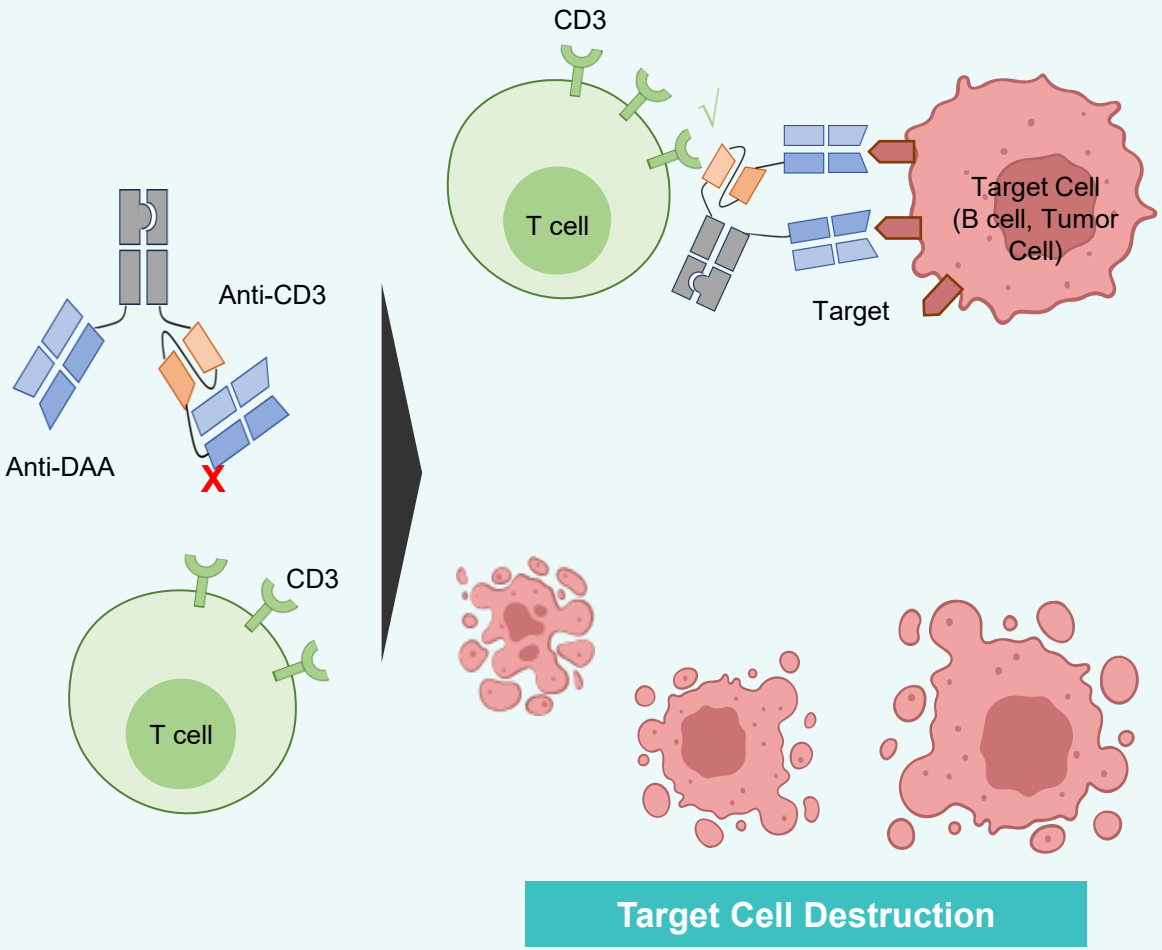
Proprietary CD3 Sequences

- Binds to a **unique conformational epitope** (CD3εγ or CD3εσ complex), with **fast-on-fast-off binding kinetics**
- **Stronger T cell dependent cytotoxicity** and **reduced cytokine release**
- **Patented**

Steric Hindrance Masking Technology

- Reduced risk of **hook effect** and **cytokine release syndrome (CRS)**

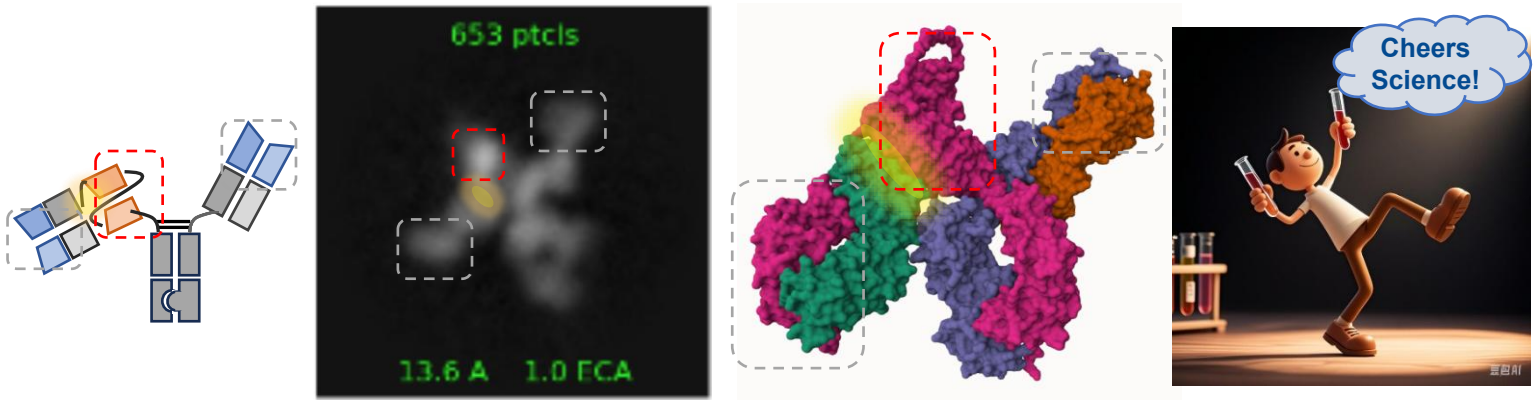
Target-Dependent CD3 Binding and Cytotoxicity

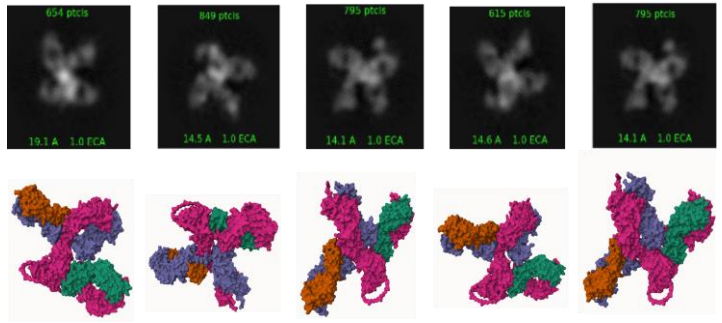


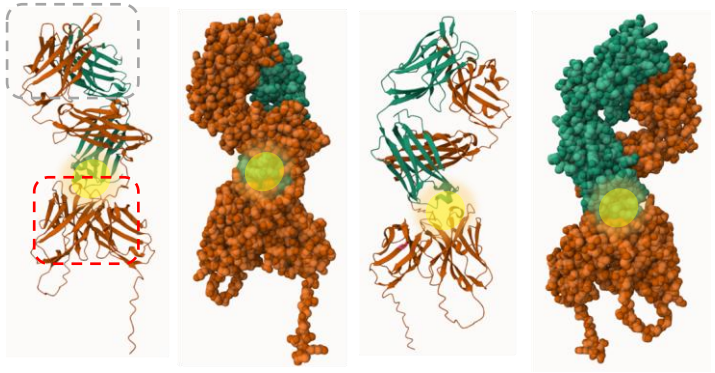
CD3 Binding Site of AnTenGager™ TCE is Concealed by DAA Fab Arm

ANTENGENE

AnTenGager™ Platform



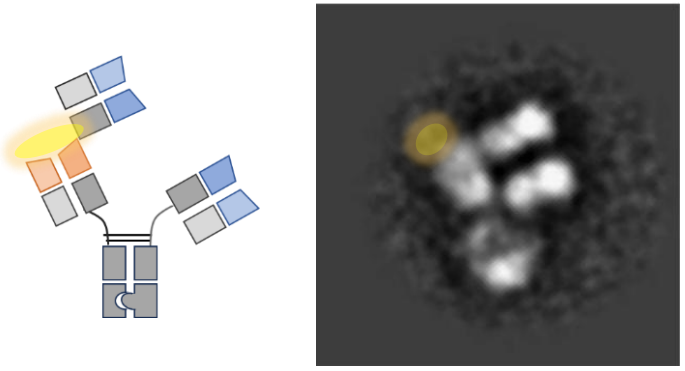




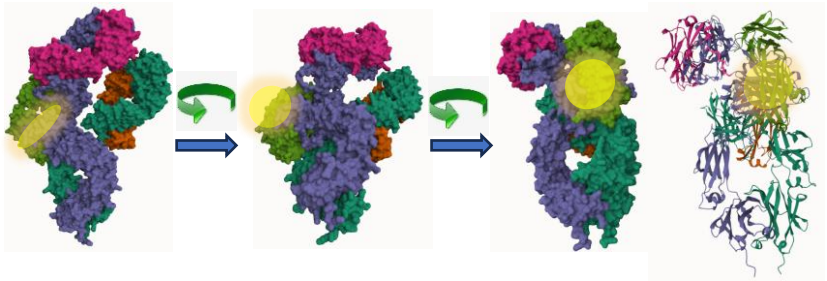
- The CD3 binding site is **tightly concealed** by the constant region of DAA-targeting Fab arms in the unbound state due to **steric hindrance**

CD3 Binding Site

Fabx3 Platform



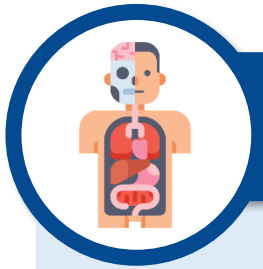
Segal, N.H. et al. Annals of Oncology, Volume 28, v134



- Fabx3 2+1 format maintains continuous exposure of CD3 binding sites due to the higher rigidity of its Fab arms

AnTenGager™ TCE 2.0 Overcoming CRS Barriers to Unlock Broader and Safer Therapeutic Applications

ANTENGENE



Minimizing Off-target Cytokine Release

Steric Hindrance Masking Technology

- **Minimizes off-target cytokine release** through target-dependent CD3 activation, enabling a safer therapeutic window
- Compared with protease-dependent shielding TCEs that require the tumor microenvironment, e.g. Janux platform, **AnTenGager™ TCEs are independent of the TME and can be used for broader indications beyond solid tumors**.

Minimizing On-target Cytokine Release

Proprietary Anti-CD3 Sequences

- **Minimizes on-target cytokine release** by binding to a **unique conformational epitope** with **fast-on-fast-off** binding kinetics while maintaining potent T cell activation

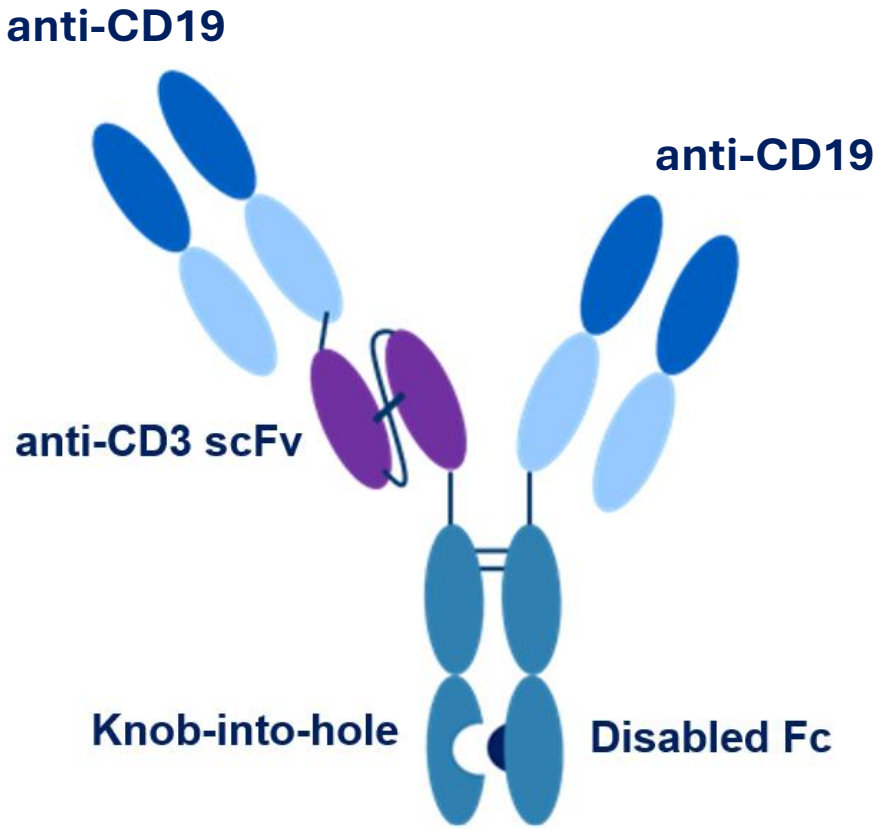
Engineered for Broader Use with Superior Safety and Efficacy

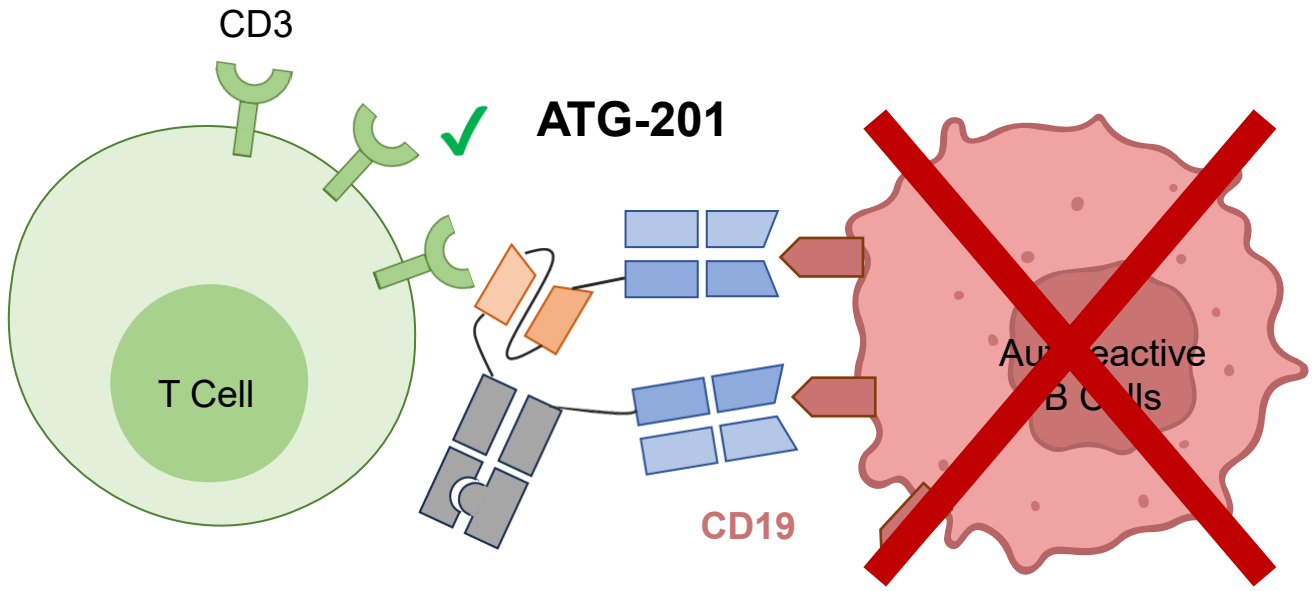
ATG-201 – CD19 x CD3 TCE 2.0 With Ability to Deeply Deplete B Cells for the Treatment of Autoimmune Diseases

ANTENGENE

ATG-201 is a CD19 x CD3 TCE with Target Dependent T Cell Activation

B Cell Depletion Therapy with ATG-201 to Treat Autoimmune Diseases

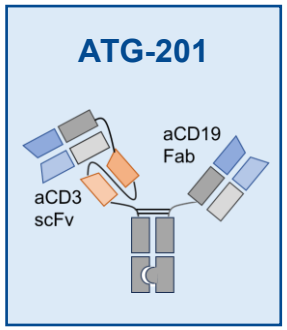


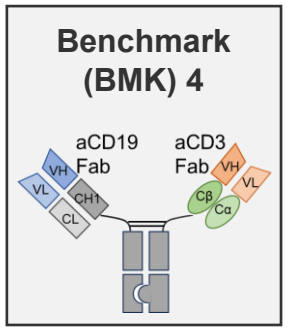


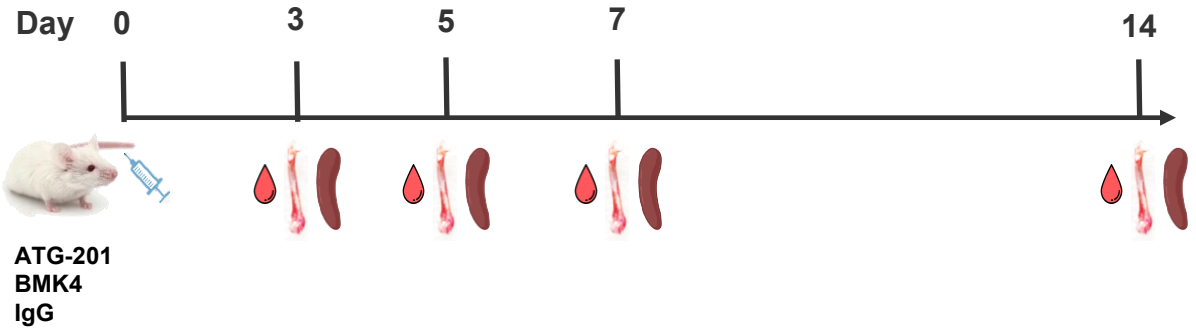
B Cell Depletion Leads to the Remission of Autoimmune Diseases

ATG-201 Demonstrated Deeper and More Durable *In Vivo* B Cell Depletion with Significantly Lower Cytokine Release Compared to Benchmark in CD34+ Cell Humanized Mice

- **ATG-201:** A single dose **completely and deeply depleted B cells** in CD34 humanized mice, with **no detectable B cells** in blood, bone marrow or spleen **14 days post-treatment**
- **Benchmark 4: Partially depleted B cells** in bone marrow; B cells in blood and spleen were eliminated by Day 3 but began recovering by Day 5
- **Cytokine Release: ATG-201 induced significantly lower IL-6 and TNF-α release** compared to Benchmark 4

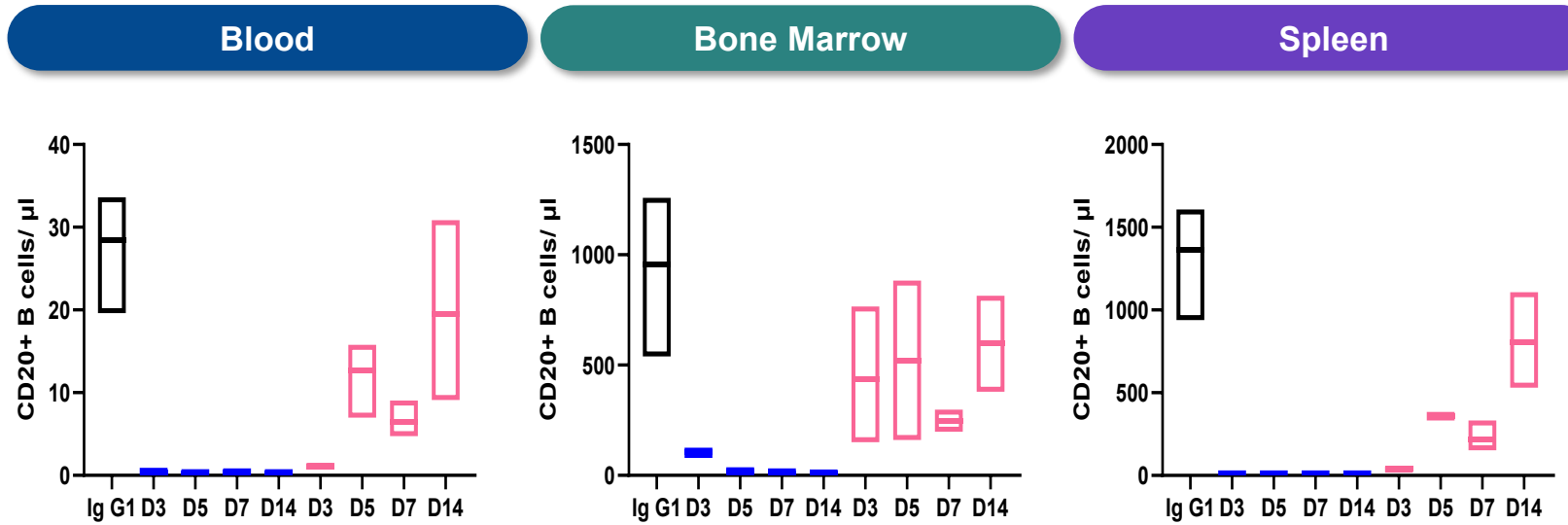




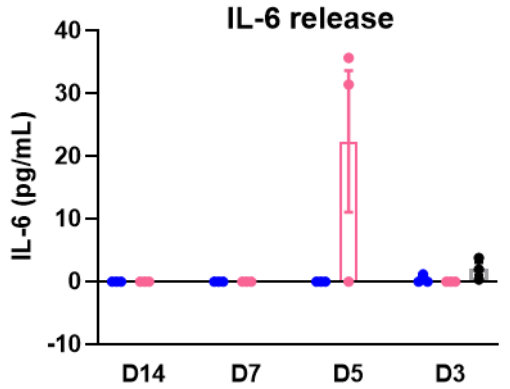


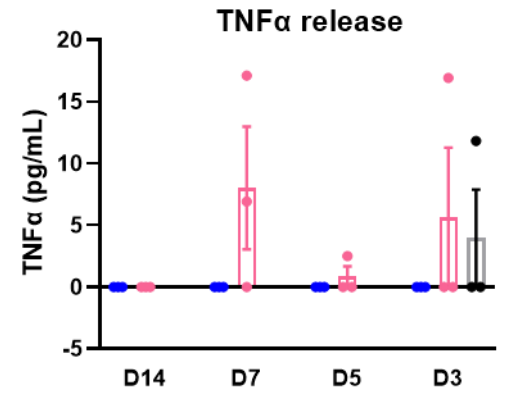
ATG-201
BMK4

B Cells



Proinflammatory Cytokine

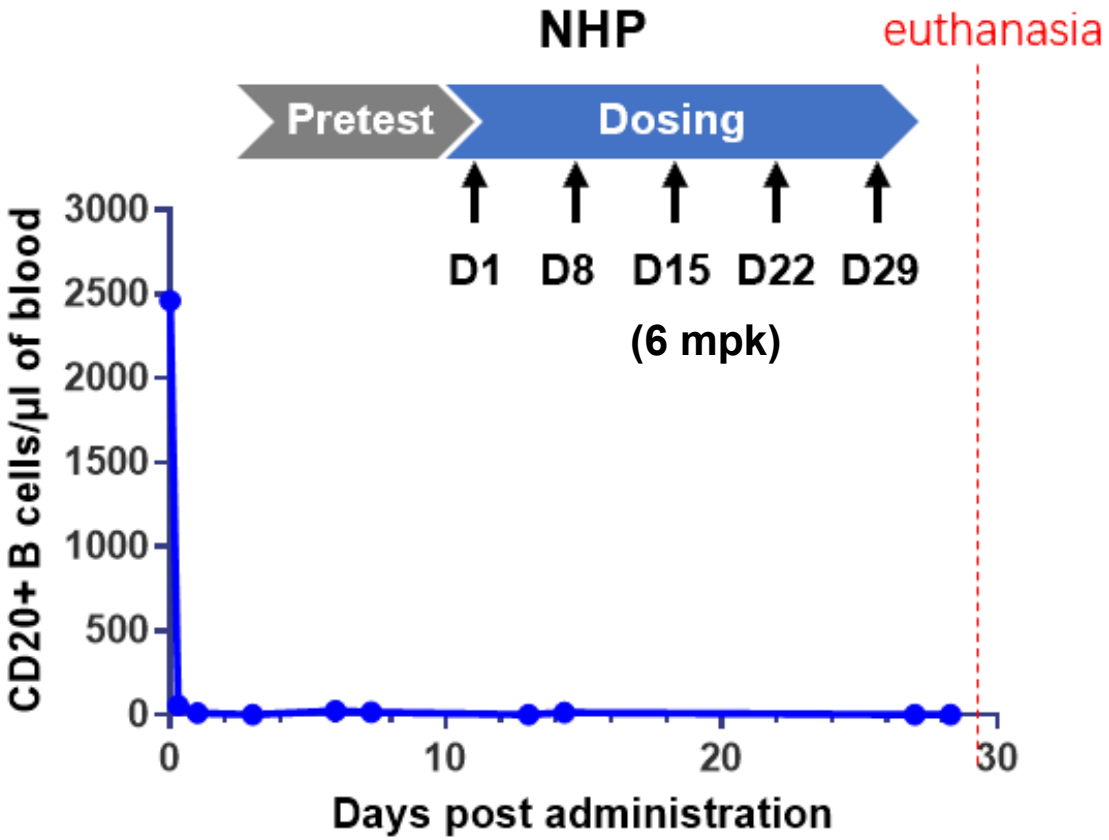


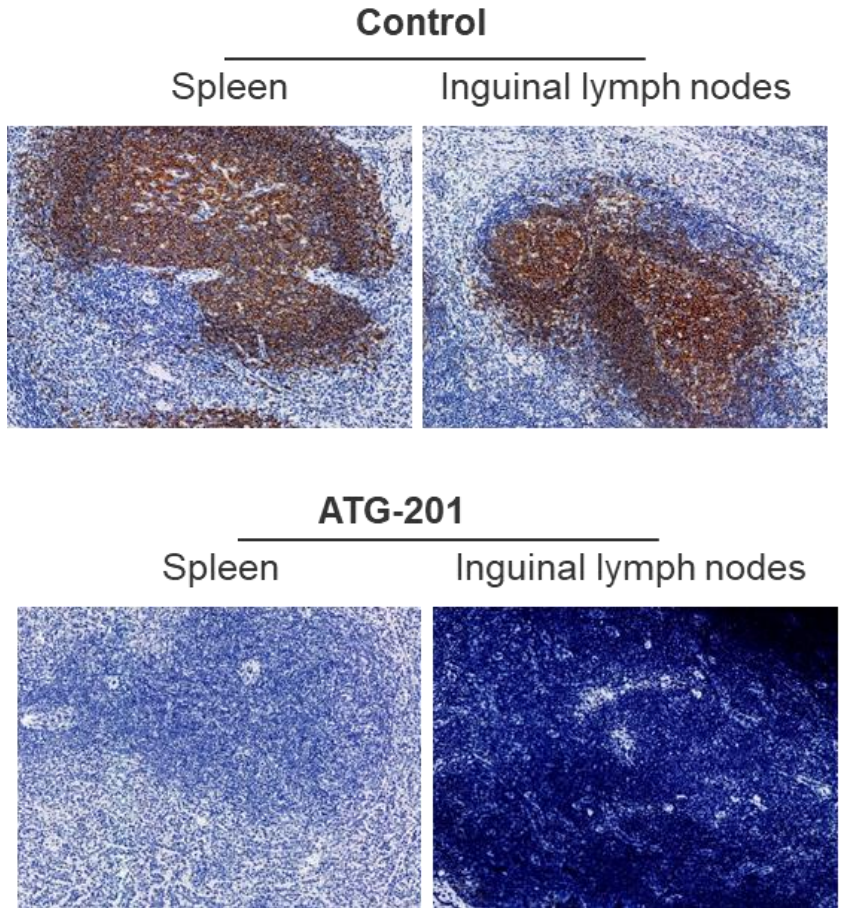


ATG-201 Surrogate Antibody in NHP Demonstrated Low Cytokine Production and Complete B cell depletion

ANTENGENE

- Repeated dosing of ATG-201 surrogate (1mpk, 3mpk, 6mpk) is **well tolerated in NHP**, with **low cytokine production** observed
- ATG-201 surrogate induced **complete B cell depletion in peripheral blood, spleen and lymph nodes**



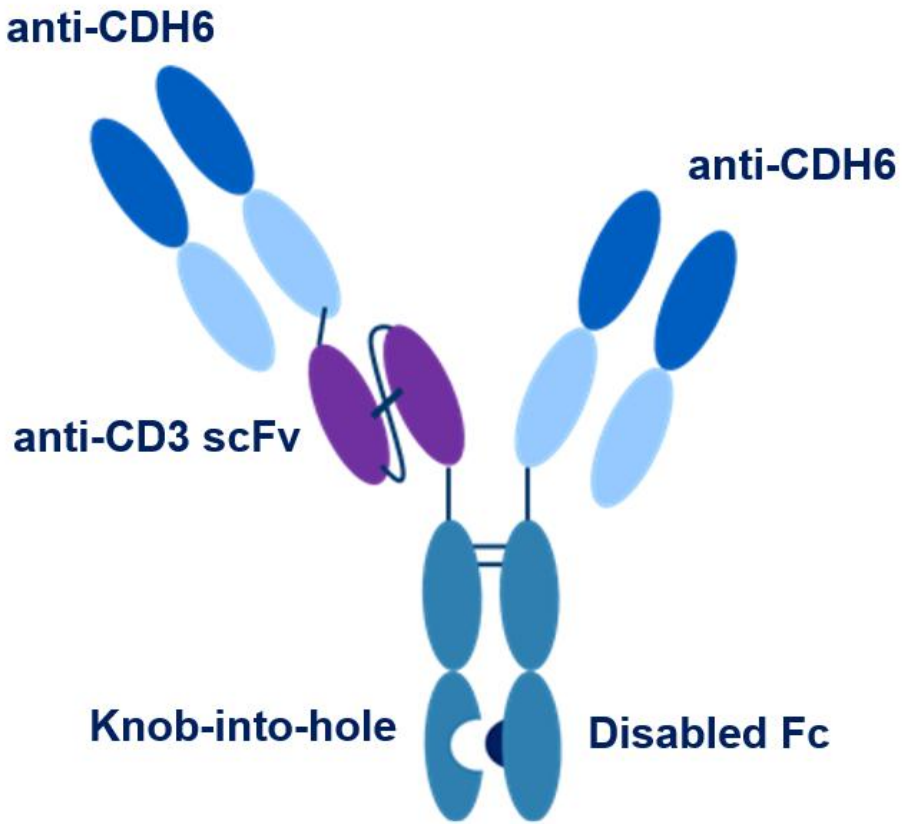


AnTenGager™ TCEs for Solid Tumors

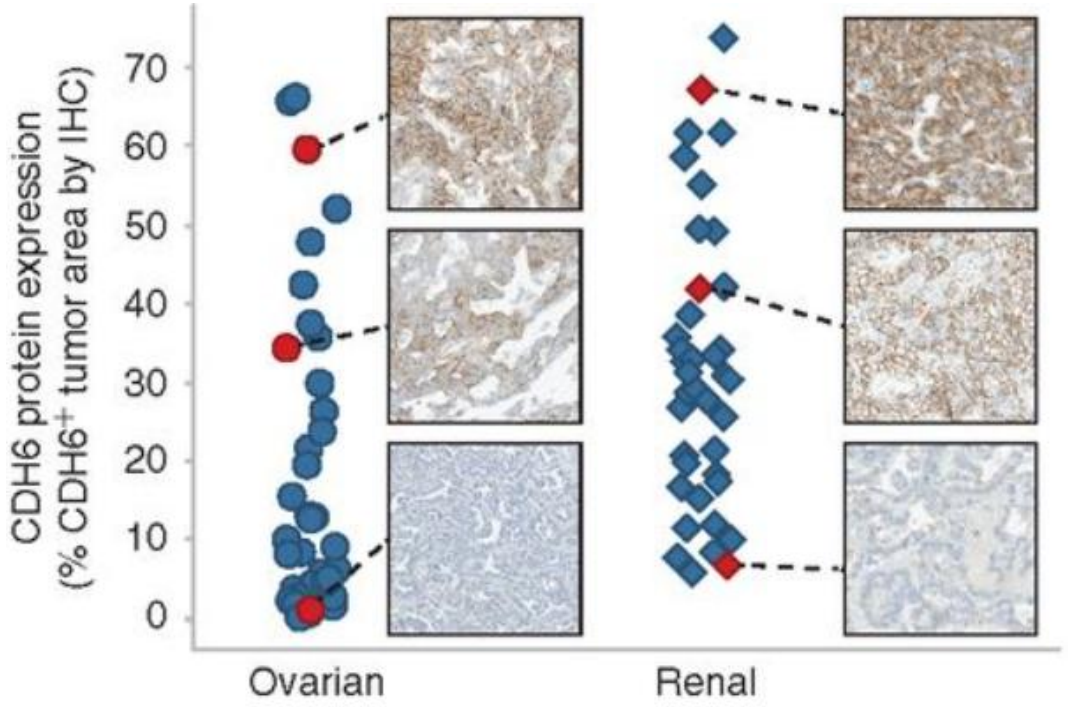
ATG-106: Globally First-in-class CDH6 x CD3 TCE 2.0 for the Treatment of Ovarian and Kidney Cancers

ANTENGENE

ATG-106 is a CDH6 x CD3 TCE with Target Dependent T Cell Activation



CDH6 is a Tumor Associated Antigen Highly Expressed in Solid Tumors Such as Ovarian, Renal, and Endometrial Cancers



- Positively expressed in **ovarian cancer, kidney cancer,** and some other tumor types
- **Restricted normal tissue expression**
- Validated target by ADC

Source: Carl U. Bialucha, et al.2017, Cancer Discovery.

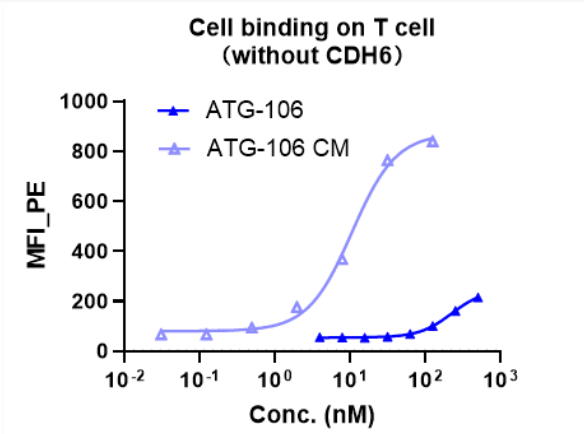
ATG-106: Globally First-in-class CDH6 x CD3 TCE 2.0 for the Treatment of Ovarian and Kidney Cancers

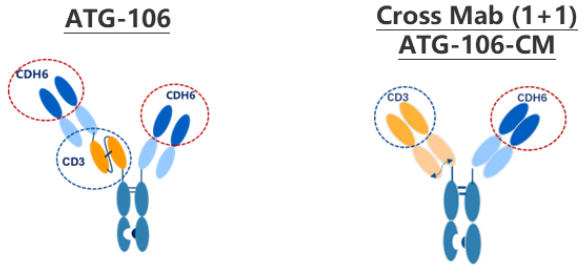
ANTENGENE

- **First-in-class Opportunity:** No CDH6 x CD3 TCE competitors in development yet
- **Compelling Preclinical Profile:** Demonstrated CDH6-dependent T cell activation, potent *in vitro* and *in vivo* anti-tumor efficacy, and good developability
- **IND Submission Timeline:** Planned for **Q1 2027**

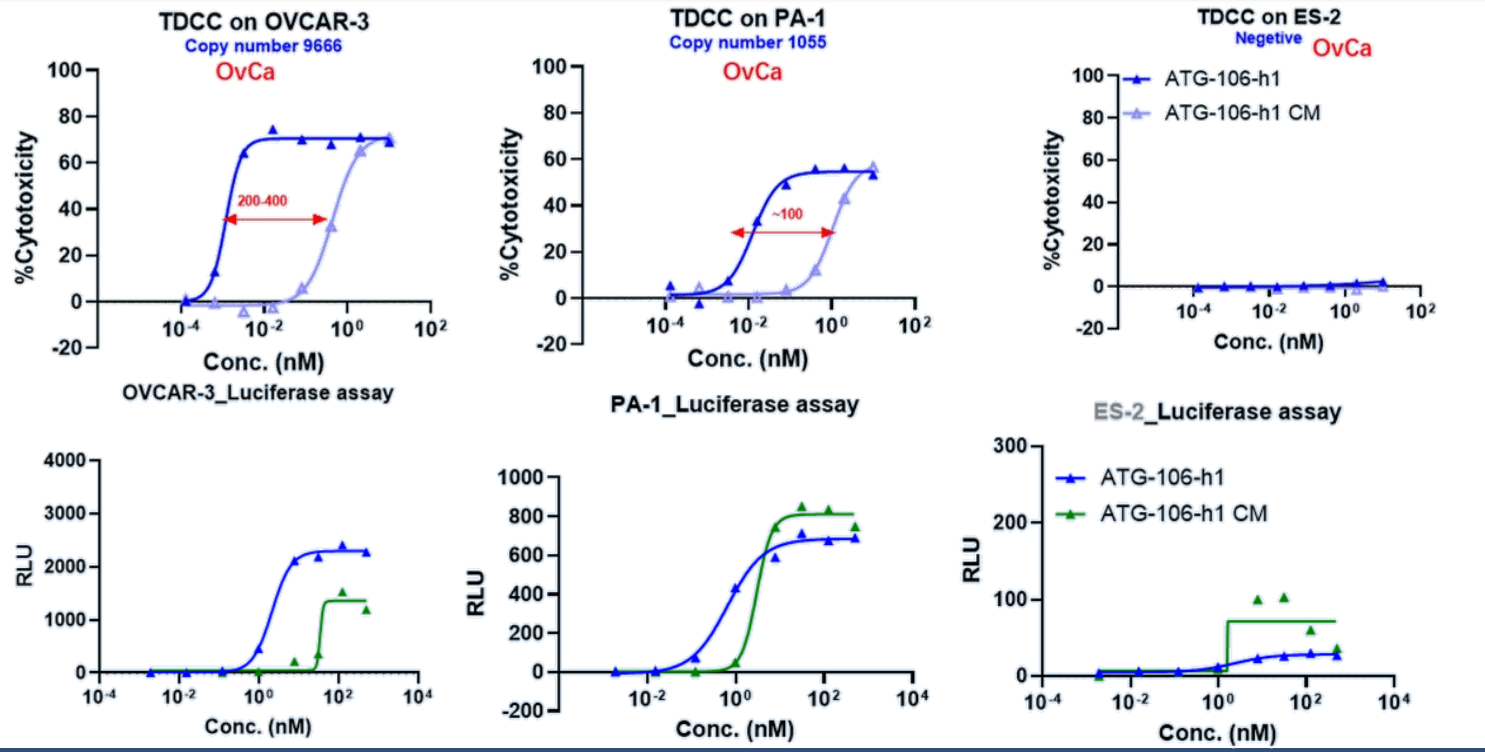
ATG-106 Has Reduced CD3 Binding in the Absence CDH6 and Enhanced Target-specific Cytotoxicity Compared with Crossmab 1+1 Format

Without CDH6





Without CDH6

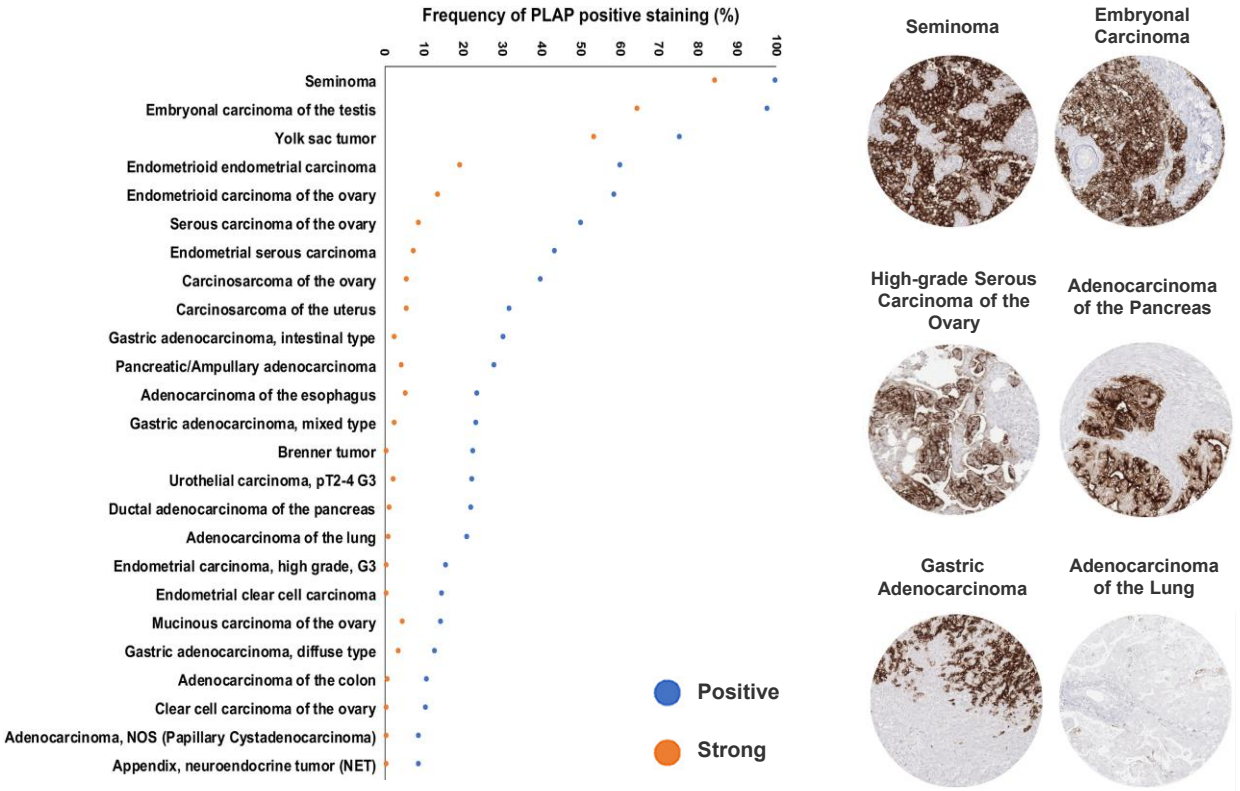


ATG-112: ALPPL2 x CD3 TCE 2.0 for the Treatment of Gynecological Cancer, Non-small Cell Lung Cancer and Pancreatic Ductal Adenocarcinoma

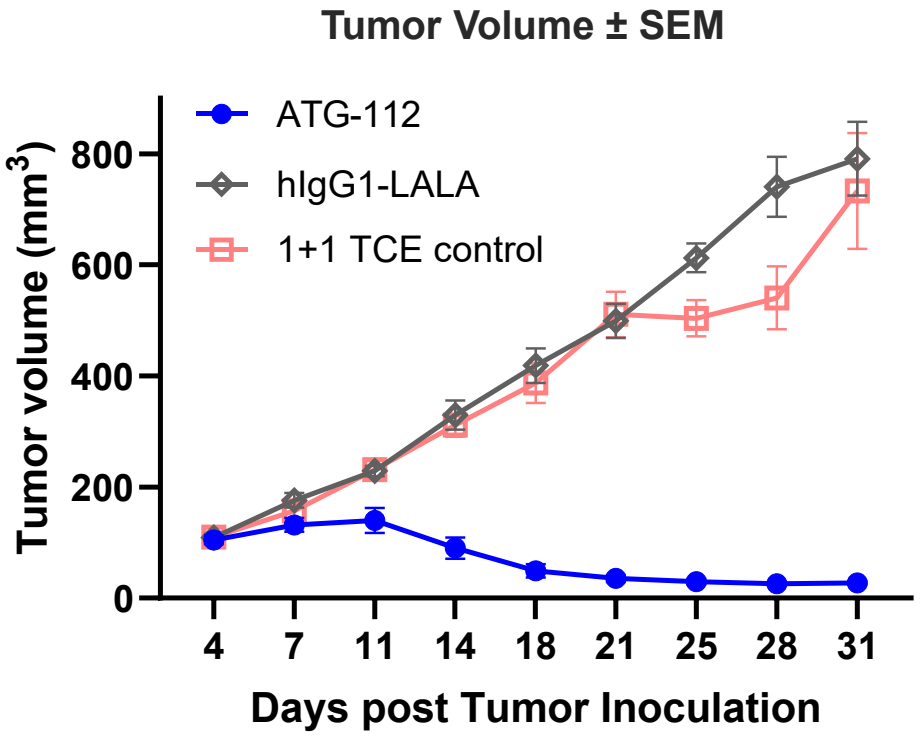
ANTENGENE

- **First-in-class Opportunity:** No ALPPL2 x CD3 TCE competitors in clinical-stage yet
- **Compelling Preclinical Profile:** Demonstrated ALPPL2-dependent T cell activation, potent *in vitro* and *in vivo* anti-tumor efficacy
- **PCC Nomination:** Planned for **Q4 2025**

ALPP/ALPG is Highly Expressed in Multiple Tumor Types with Restricted Normal Tissue Expression

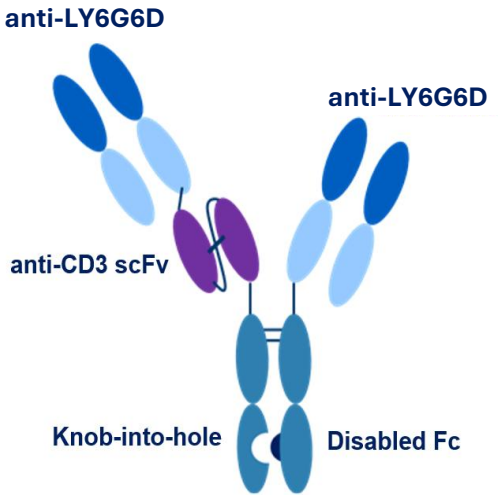


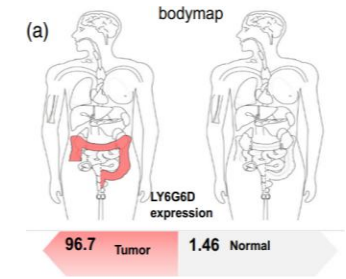
ATG-112 Demonstrated Promising Pre-clinical Anti-tumor Efficacy

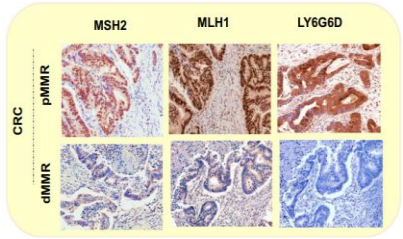


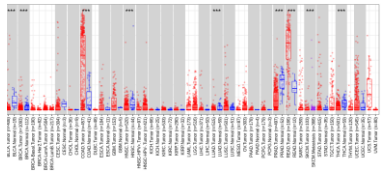
Other AnTenGager™ TCEs for Solid Tumors

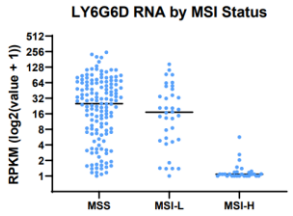
ATG-110: LY6G6D x CD3 TCE 2.0 for MSS Colorectal Cancer











- LY6G6D is a phosphatidylinositol (GPI)–anchored cell surface protein with **expression highly specific to colorectal cancer**
- LY6G6D has much higher expression level in colorectal cancer tissue compared to normal tissue, **predominantly in pMMR/MSS colorectal cancer which has primary resistance to ICI treatment**
- **ATG-110 demonstrated potent efficacy and good stability**
- **IND Submission:** Planned for H1, 2027

Undisclosed AnTenGager™ TCE Programs

ATG-115

Undisclosed TAA Bispecific TCE for Liver Cancer

- ✓ Novel tumor associated antigen (TAA) **identified by AI + bioinformatics**
- ✓ **Highly expressed in liver cancer** with low normal tissue expression

2 Undisclosed Trispecific TCEs

- ✓ Targeting **metastatic castration-resistant prostate cancer (mCRPC)** and **small cell lung cancer (SCLC) / neuroendocrine tumors**, respectively
- ✓ **First-in-class Potential**
- ✓ **Enhancing efficacy with reduced toxicity**

Discovery and Pre-clinical Highlights

ANTENGENE

Antibody Drug Conjugates (ADCs)

ATG-022 (CLDN18.2) *Phase II*	CLDN18.2+ Gastric Cancer and Other Solid Tumors	CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTD in GC
B7-H3 x PD-L1 *Pre-clinical*	Solid Tumors	IO+ADC in One Drug
CD24 *Pre-clinical*	Solid Tumors	IO+ADC in One Drug

Immuno-Oncology (IO)

ATG-037 (CD73) *Phase Ib/II*	CPI-resistant Melanoma and Non-small Cell Lung Cancer	Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients
ATG-101 (PD-L1 x 4-1BB) *Phase I*	Solid Tumors	No Liver Toxicity
ATG-031 (CD24) *Phase I*	Solid Tumors	First-in-class Myeloid Regulator

Autoimmune Diseases

ATG-201 (CD19 x CD3) *IND-enabling*	B Cell Driven Autoimmune Diseases	Deep B Cell Depletion with Low CRS
ATG-207 (Undisclosed Bifunctional Biologics) *Discovery*	T Cell Driven Autoimmune Diseases	First-in-Class; Induces T_{reg} and T Cell Exhaustion

T Cell Engagers (TCEs)

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ATG-106 (CDH6 x CD3) *Pre-clinical*	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
ATG-110 (LY6G6D x CD3) *Pre-clinical*	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
ATG-112 (ALPPL2 x CD3) *Pre-clinical*	Gynecological Tumors and Lung Cancer	First-in-Class ALPPL2 TCE
ATG-021 (GPRC5D x CD3) *Pre-clinical*	Multiple Myeloma	
ATG-102 (LILRB4 x CD3) *Pre-clinical*	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
ATG-107 (FLT3 x CD3) *Pre-clinical*	Acute Myeloid Leukemia	
ATG-115 (Undisclosed Bispecific TCE) *Pre-clinical*	Liver Cancer	Novel TAA Discovered by AI
Undisclosed Trispecific TCE *Discovery*	Metastatic Castration-resistant Prostate Cancer	First-in-Class
Undisclosed Trispecific TCE *Discovery*	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

ADC + IO Combinations: Shaping the Future of Cancer Therapy

Growing Adoption and Proven Efficacy Highlight Their Transformative Potential and Set the Stage for the Development of Next-generation Assets

ANTENGENE

Growing Adoption of ADC + IO Combinations

Mechanistic Synergy

ADCs deliver targeted cytotoxicity, while IO amplifies immune activation for stronger anti-tumor effects

Overcoming Resistance and Tumor Heterogeneity

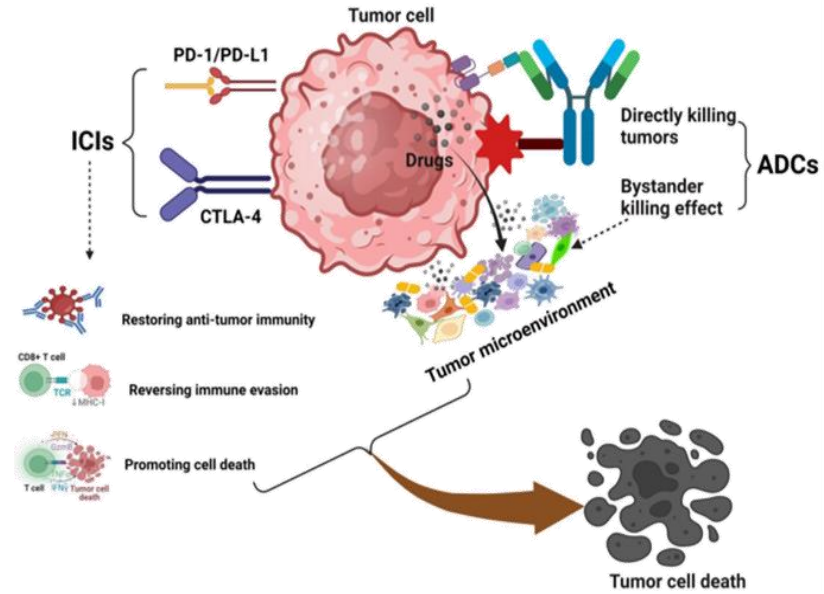
Combination converts “cold” tumors to “hot” and helps bypass resistance to either therapy alone

Durable Immune Memory and Durable Responses

IO sustains and extends ADC-driven tumor shrinkage by enabling long-term immune surveillance

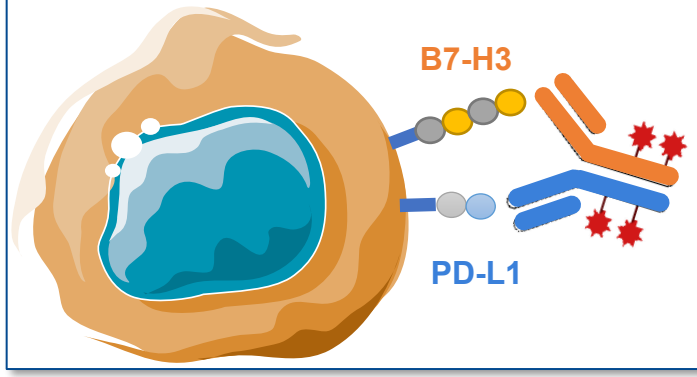
Increasing Clinical and Regulatory Momentum

Rising trial activity and early successes are driving rapid adoption and investment in ADC+IO combos



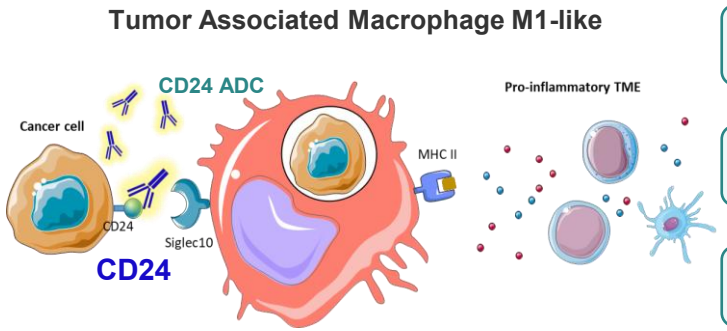
Source: Yu, P., Zhu, C., You, X. et al. The combination of immune checkpoint inhibitors and antibody-drug conjugates in the treatment of urogenital tumors: a review insights from phase 2 and 3 studies. Cell Death Dis 15, 433 (2024). https://doi.org/10.1038/s41419-024-06837-w

B7-H3 x PD-L1 Bispecific ADC – Preclinical Stage



- Dual Checkpoint Blockade
- T Cell Activation
- Direct Tumor Killing

CD24 ADC – Preclinical Stage



- Myeloid Checkpoint Blockade
- Phagocytosis Induction
- Direct Tumor Killing

Discovery and Pre-clinical Highlights

ANTENGENE

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Next-Generation Therapies for B Cell- and T Cell-Driven Autoimmune Diseases

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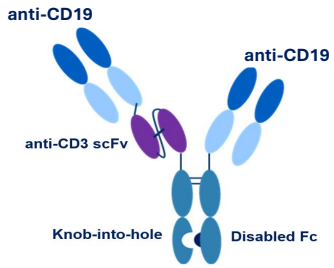
Antengene's Autoimmune Diseases Pipeline

B Cell Driven Autoimmune Diseases

ATG-201 – CD19 x CD3 TCE

Deeper and More Durable *In Vivo* B Cell Depletion with **Significantly Lower Cytokine Release** Compared to Benchmark

IND Targeting Q4 2025

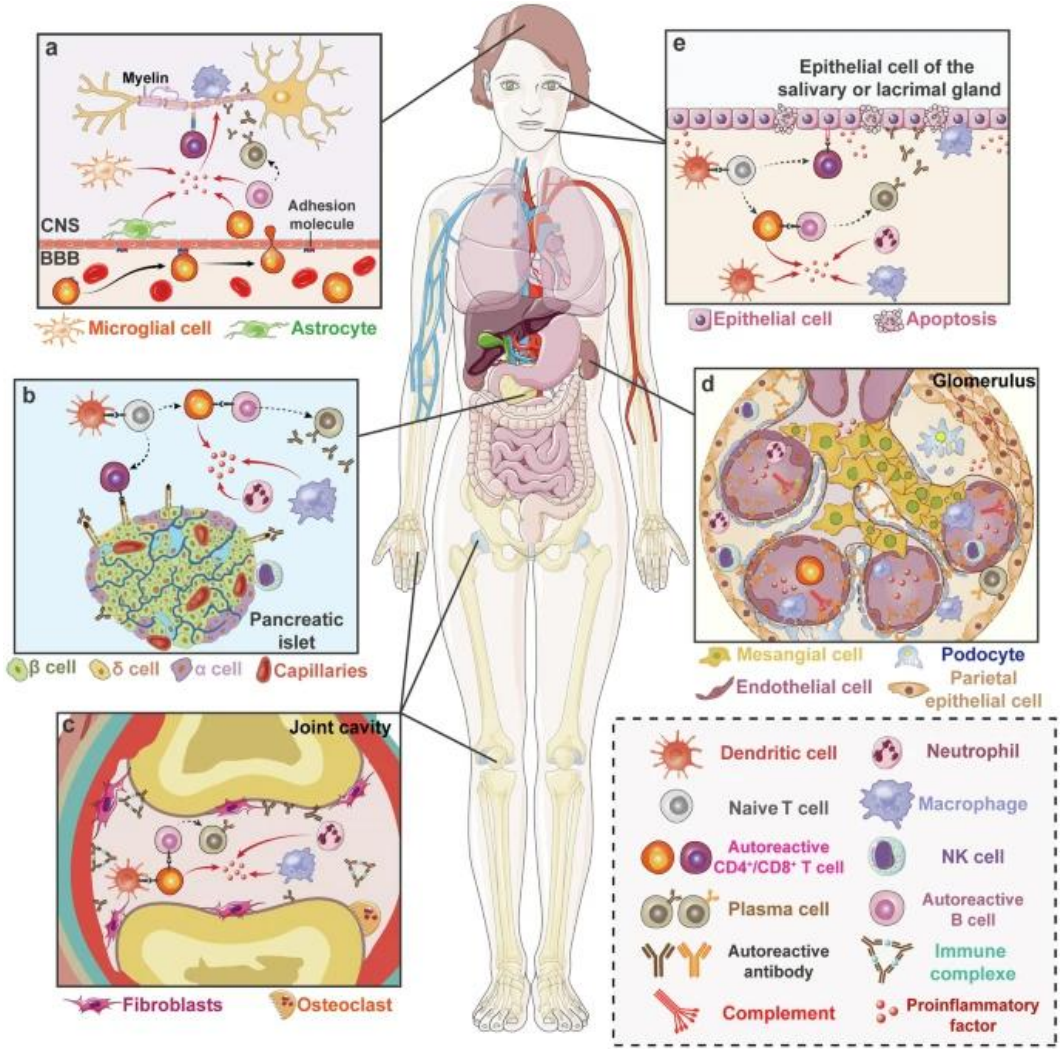


T Cell Driven Autoimmune Diseases

ATG-207 – First-in-Class Bifunctional Biologics

- Autoreactive T cells are known to cause autoimmune diseases like type 1 diabetes, rheumatoid arthritis, ankylosing spondylitis, and atopic dermatitis
- **ATG-207 is designed to induce strong T_{reg} differentiation and T cell exhaustion,** thereby alleviating T cell-related inflammation in autoimmune diseases and achieving therapeutic goals

Pre-clincal Data will be Presented in Key Conferences in 2026



Source: Signal Transduction and Targeted Therapy volume 9, Article number: 263 (2024)

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Thank You!

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