



德琪医药

ANTENGENE

SEHK: 6996.HK

# 2025 Annual Results Conference Call

March 2026

Treating Patients Beyond Borders

By attending the meeting where this presentation is made, or by reading the presentation materials, you agree to be bound by the following:

The information in this presentation has been prepared by representatives of Antengene (the "Company" and, together with its subsidiaries, the "Group") for use in presentations by the Group for information purpose. No part of this presentation will form the basis of, or be relied on in connection with, any contract or commitment or investment decision.

Certain statements contained in this presentation and in the accompanying oral presentation, may constitute forward-looking statements. Examples of such forward-looking statements include those regarding investigational drug candidates and clinical trials and the status and related results thereto, as well as those regarding continuing and further development and commercialization efforts and transactions with third parties. Such statements, based as they are on the current analysis and expectations of management, inherently involve numerous risks and uncertainties, known and unknown, many of which are beyond the Company's control. Such risks include but are not limited to: the impact of general economic conditions, general conditions in the pharmaceutical industry, changes in the global and regional regulatory environment in the jurisdictions in which the Company's does business, market volatility, fluctuations in costs and changes to the competitive environment. Consequently, actual future results may differ materially from the anticipated results expressed in the forward-looking statements. In the case of forward-looking statements regarding investigational drug candidates and continuing further development efforts, specific risks which could cause actual results to differ materially from the Company's current analysis and expectations include: failure to demonstrate the safety, tolerability and efficacy of the Company's drug candidates, final and quality controlled verification of data and the related analyses, the expense and uncertainty of obtaining regulatory approval, the possibility of having to conduct additional clinical trials and the Company's reliance on third parties to conduct drug development, manufacturing and other services. Further, even if regulatory approval is obtained, pharmaceutical products are generally subject to stringent on-going governmental regulation, challenges in gaining market acceptance and competition. These statements are also subject to a number of material risks and uncertainties that are described in the Company's prospectus published onto the websites of the Company and The Stock Exchange of Hong Kong Limited and the announcements and other disclosures we make from time to time. The reader should not place undue reliance on any forward-looking statements included in this presentation or in the accompanying oral presentation. These statements speak only as of the date made, and the Company is under no obligation and disavows any obligation to update or revise such statements as a result of any event, circumstances or otherwise, unless required by applicable legislation or regulation.

Forward-looking statements are sometimes identified by the use of forward-looking terminology such as "believe," "expects," "may," "will," "could," "should," "shall," "risk," "intends," "estimates," "plans," "predicts," "continues," "assumes," "positioned" or "anticipates" or the negative thereof, other variations thereon or comparable terminology or by discussions of strategy, plans, objectives, goals, future events or intentions.

No representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the information, or opinions contained herein. The information set out herein may be subject to updating, revision, verification and amendment and such information may change materially.

This presentation and the information contained herein is furnished to you solely for your information and may not be reproduced or redistributed in any manner to any other person, in whole or in part. In particular, neither the information contained in this presentation nor any copy hereof may be, directly or indirectly, taken or transmitted into or distributed in any jurisdiction which prohibits the same except in compliance with applicable securities laws. This presentation and the accompanying oral presentation contains data and information obtained from third-party studies and internal company analysis of such data and information. We have not independently verified the data and information obtained from these sources.

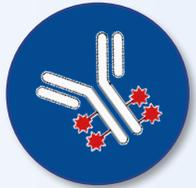
By attending this presentation, you acknowledge that you will be solely responsible for your own assessment of the market and the market position of the Group and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of the business of the Group.

# 1

## Opening Remarks



## Best-in-Class Late-Stage Clinical Programs



### ATG-022 – CLDN18.2 ADC

- ✓ *Registrational Trial to Commence in 2026, Unlocking **US\$5 Billion Peak Sales Potential** (Gastric Alone)*
- ✓ ***Best-in-class Safety, Efficacy, and Durability** for Gastric Cancer*
- ✓ *Upcoming **1L and 2L Combination Data Readouts** Driving Near-term Value Inflection*
- ✓ ***First / Only-in-class Efficacy** for **Gynecological Tumors and Other Tumor Types***



### ATG-037 – Oral CD73 Small Molecule Inhibitor

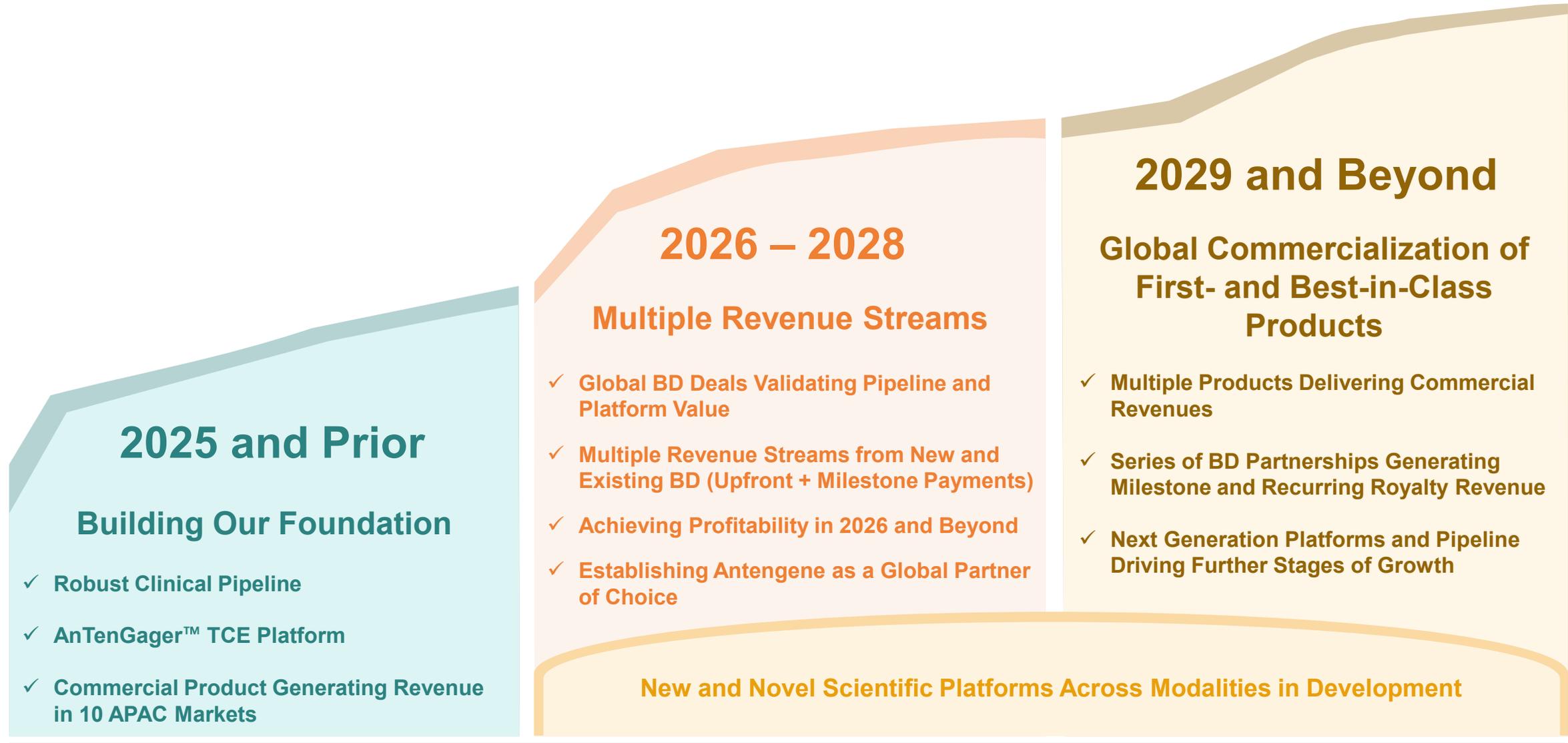
- ✓ *Targeting Huge Unmet Medical Need in **CPI-resistant solid tumors***
- ✓ *Ongoing Combo Study with **Anti-PD-1 (pembrolizumab)***
- ✓ *Combo with **PD-(L)1 x VEGF** Further Expands Commercial Value*

---

## AnTenGager™ T Cell Engager Platform

- ✓ ***Unique 2<sup>nd</sup> Gen TCE Platform with Steric Hindrance Mask and Proprietary CD3***
- ✓ ***Platform Validated by Landmark Out-license Transaction*** 
- ✓ ***10+ More Programs Across Autoimmune Diseases, Solid Tumors, and Hematological Malignancies***
- ✓ ***Asset and Platform Level Partnerships to Continuously Bring Licensing / Collaboration Revenues***





# Antengene's Best / First-in-Class Pipeline: Advancing Next-Generation ADCs and Proprietary Novel TCEs for Oncology and Autoimmune Diseases



## Next Generation ADCs

## AnTenGager™ Proprietary TCE Platform

(2<sup>nd</sup> Generation “2+1” TCE Platform with Steric Hindrance Masking Technology)

## Multiple APAC Markets Commercialization



\* Approved markets in China also includes Taiwan, Hong Kong, and Macau

### Antibody Drug Conjugates (ADCs)



● <b>ATG-022 (CLDN18.2)</b> <i>Phase II</i>	CLDN18.2+ Gastric Cancer (GC) and Other Solid Tumors	CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTd in GC
● <b>ATG-125 (B7-H3 x PD-L1)</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug
● <b>CD24</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug

### Immuno-Oncology (IO)



● <b>ATG-037 (CD73)</b> <i>Phase Ib/II</i>	CPI-resistant Melanoma and Non-small Cell Lung Cancer	Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients
● <b>ATG-101 (PD-L1 x 4-1BB)</b> <i>Phase I</i>	Solid Tumors	No Liver Toxicity

### Autoimmune Diseases



● <b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with
● <b>ATG-207 (αCD3-TGF-β)</b> <i>Discovery</i>	T Cell Driven Autoimmune Diseases	First-in-Class; Induces T <sub>reg</sub> and T Cell Exhaustion

### T Cell Engagers (TCEs)



● <b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with
● <b>ATG-106 (CDH6 x CD3)</b> <i>Pre-clinical</i>	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
● <b>ATG-112 (ALPPL2 x CD3)</b> <i>Pre-clinical</i>	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	First-in-Class ALPPL2 TCE
● <b>ATG-110 (LY6G6D x CD3)</b> <i>Pre-clinical</i>	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
● <b>ATG-021 (GPRC5D x CD3)</b> <i>Pre-clinical</i>	Multiple Myeloma	
● <b>ATG-102 (LILRB4 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
● <b>ATG-107 (FLT3 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia	
● <b>ATG-115 (Undisclosed Bispecific TCE)</b> <i>Pre-clinical</i>	Liver Cancer	Novel TAA Discovered by AI
● <b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Metastatic Castration-resistant Prostate Cancer	First-in-Class
● <b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

# Antengene Clinical Program Highlights



Assets	Indication	Discovery	Pre-clinical	Phase I	Phase II	Phase III/Pivotal	Data Readout	Rights	
<b>ATG-022</b> Claudin 18.2 (ADC)	3L+ CLDN18.2+ Gastric / GEJ Cancer	Monotherapy (CLINCH)					Monotherapy (CLINCH-3)	CLINCH: 2Q 2026 (ASCO)	Global
	1L CLDN18.2+ Gastric / GEJ Cancer	Combination with pembrolizumab and CAPOX (CLINCH-2)				with  MERCK Clinical Collaboration		4Q 2026	
	2L CLDN18.2+ Gastric / GEJ Cancer	Combination with pembrolizumab (CLINCH-2)				with  MERCK Clinical Collaboration		4Q 2026	
	CLDN18.2+ Undisclosed Non-GI Tumor	Monotherapy (CLINCH)						4Q 2026 (ESMO)	
	Other CLDN18.2+ Solid Tumors	Monotherapy (CLINCH)							
<b>ATG-037</b> CD73 (Small Molecule)	CPI-resistant Melanoma	Combination with pembrolizumab (STAMINA)				with  MERCK Clinical Collaboration		4Q 2026	Global Rights :
	Other CPI-resistant Tumors	Combination with pembrolizumab (STAMINA)				with  MERCK Clinical Collaboration			
	Solid Tumors	Combination with JS207 [PD-1 x VEGF BsAb]				with  君实生物 TopAlliance Clinical Collaboration			
<b>ATG-101</b> PD-L1 x 4-1BB (Bispecific Antibody)	Solid Tumors / Hematological Malignancies	Monotherapy (PROBE)							
<b>ATG-201</b> CD19 x CD3 (T Cell Engager)	B Cell Driven Autoimmune Diseases	IND Submission: 1Q 2026							
<b>ATG-106</b> CDH6 x CD3 (T Cell Engager)	Ovarian Cancer & Kidney Cancer	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2025	
<b>ATG-112</b> ALPPL2 x CD3 (T Cell Engager)	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2025	Global
<b>ATG-125</b> B7-H3 x PD-L1 (ADC)	Solid Tumors	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2025	

Ongoing Studies

Trial To-be-Initiated

# 2

## AnTenGager™ TCE Platform



# Antengene Enter into a Worldwide Licensing Agreement with UCB for ATG-201 (CD19 x CD3 TCE)



Combining Antengene's Discovery Platform and Clinical Execution Capabilities with UCB's Immunology Leadership to Accelerate ATG-201 Development on a Global Scale

## Worldwide Exclusive Rights of ATG-201

- ✓ Underscores AnTenGager™ platform's unique capability in developing next generation TCEs with broad applicability
- ✓ Novel B cell-depleting immune cell engager designed to provide targeted, durable, and scalable treatment option for immunological diseases, and a potential disruptive therapeutic modality
- ✓ Antengene will complete First-In-Human Phase 1 Studies in China and Australia

ANTENGENE

Licensor

Licensee

Total Deal Value of ~US\$1.2B		
Upfront Payment and Near Term Milestone Payments	Development & Commercial Milestone Payments	Royalty Payments
<b>US\$80M</b>	<b>US\$1.1B</b>	<b>Tiered Royalties on Net Sales</b>
<small>(US\$60M Upfront Payment; US\$20M Near-Term Milestone Payments)</small>		

# 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

## Features of AnTenGager™ TCEs

**“Plug and Play” Disease Associated Antigens (DAA)**

- Compatible with diverse DAAs, enabling the discovery & development of TCEs across multiple therapeutic areas

**Bivalent Binding of DAA**

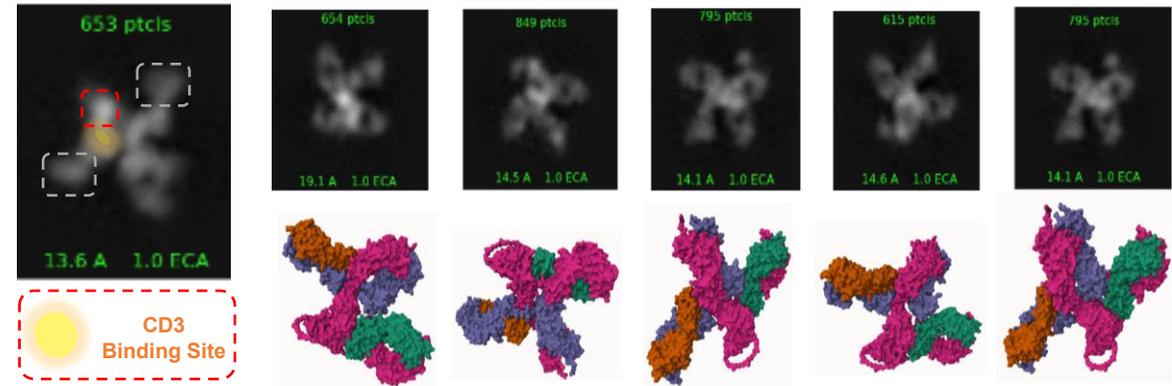
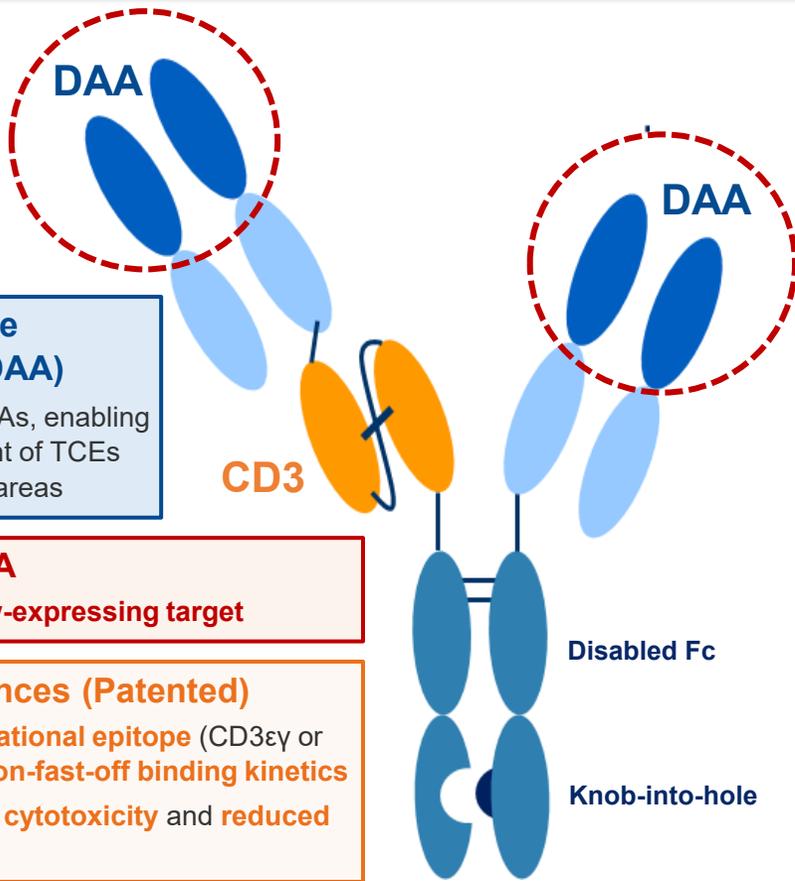
- Enables the targeting of **low-expressing target**

**Proprietary CD3 Sequences (Patented)**

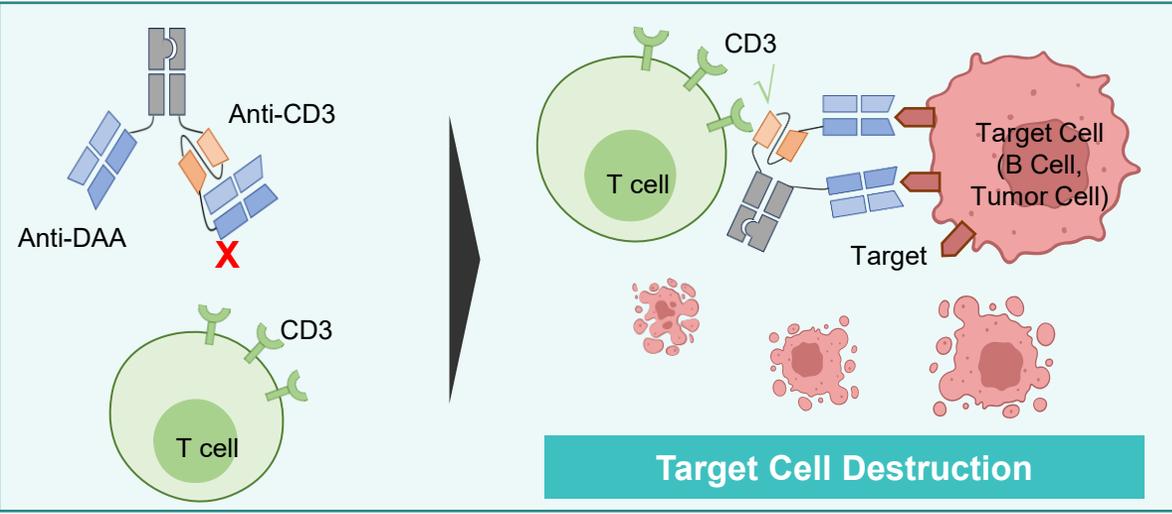
- Binds to a **unique conformational epitope** (CD3εy or CD3εσ complex), with **fast-on-fast-off binding kinetics**
- Stronger T cell dependent cytotoxicity** and **reduced cytokine release**

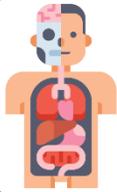
**Steric Hindrance Masking Technology**

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



## Target-Dependent CD3 Binding and Cytotoxicity





## Minimizing Off-target T Cell Activation

### Steric Hindrance Masking Technology

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



## Minimizing On-target T Cell Activation

### Proprietary Anti-CD3 Sequences

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



Enhances Efficacy



Improves Safety



Prevents T Cell Exhaustion



Minimizes Hook Effect

# AnTenGager™ TCE 2.0 with Steric Hindrance-Masking Technology Enable Broad Applications Across Various Therapeutic Areas

## Proprietary AnTenGager™ TCE Platform

### Hematological Malignancies

**ATG-021 (GPRC5D x CD3)**

*Multiple Myeloma*

**ATG-102 (LILRB4 x CD3)**

Acute Myeloid Leukemia and  
Chronic Myelomonocytic Leukemia

**ATG-107 (FLT3 x CD3)**

Acute Myeloid Leukemia

### Solid Tumors

**ATG-106 (CDH6 x CD3)**

*Ovarian Cancer and Kidney Cancer*

**ATG-112 (ALPPL2 x CD3)**

*Gynecological Tumors, Lung and Pancreatic Cancers*

**ATG-110 (LY6G6D x CD3)**

*Microsatellite Stable (MSS) Colorectal Cancer*

**ATG-115 (Undisclosed TCE)**

*Liver Cancer*

**Undisclosed Trispecific TCE**

*Metastatic Castration-resistant Prostate Cancer*

**Undisclosed Trispecific TCE**

*Small Cell Lung Cancer and Neuroendocrine Tumors*

### Autoimmune Diseases

**ATG-201 (CD19 x CD3) – Licensed to**



*B Cell Related Autoimmune Diseases*

**Undisclosed Trispecific TCEs**

*B Cell Related Autoimmune Diseases*

“2+1” Bivalent Binding to DAA to Increase Avidity and Specificity

Conditional T cell Binding and Activation via Steric Hindrance

Proprietary Anti-CD3 Library (Affinity:  $10^{-6}M$  to  $10^{-9}M$ ) Binding CD3 $\epsilon\gamma/\epsilon\sigma$  Complex with Fast On/Fast Off Binding Kinetics

## AnTenGager™ T Cell Engager Platform

- ✓ “**2+1**” **Bivalent Binding** to DAA to Increase Avidity and Specificity
- ✓ Conditional T cell Binding and Activation via **Steric Hindrance**
- ✓ **Proprietary Anti-CD3 Library** (Affinity:  $10^{-6}$ M to  $10^{-9}$ M) Binding CD3 $\epsilon$  $\gamma$ / $\epsilon$  $\sigma$  Complex with Fast On/Fast Off Binding Kinetics
- ✓ Broad Applicability Across **Autoimmune Diseases, Solid Tumors and Hematological Malignancies**



### License Existing Programs

Access and advance our validated TCE pipeline assets



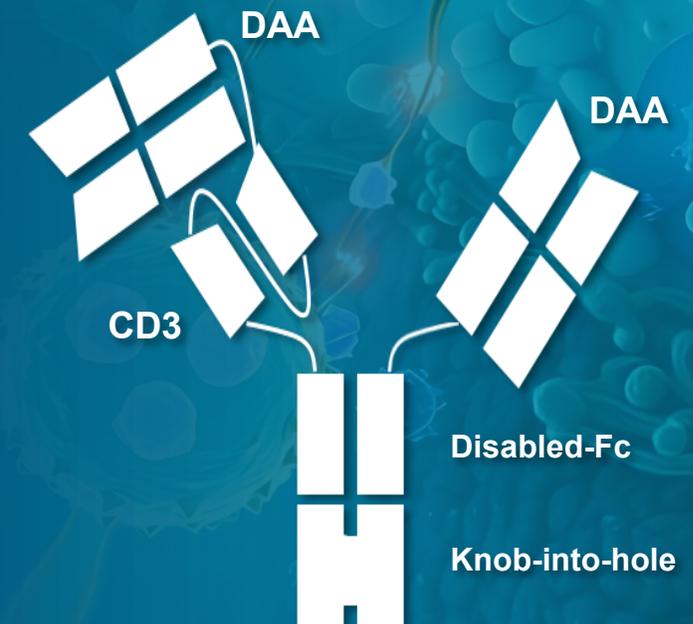
### Co-Discover/Co-Develop Novel TCEs

Start with an idea, we are open to co-discovery and co-development of innovative TCEs from the ground up



### Bring Your Own Binder

With your own binder against a DAA, leverage the platform to generate and optimize novel TCEs



# 3

## Clinical Program Highlights



## Antibody Drug Conjugates (ADCs)



<b>ATG-022 (CLDN18.2)</b> <i>Phase II</i>	CLDN18.2+ Gastric Cancer (GC) and Other Solid Tumors	<b>CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTD in GC</b>
<b>ATG-125 (B7-H3 x PD-L1)</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug
<b>CD24</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug

## Immuno-Oncology (IO)



<b>ATG-037 (CD73)</b> <i>Phase Ib/II</i>	CPI-resistant Melanoma and Non-small Cell Lung Cancer	<b>Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients</b>
<b>ATG-101 (PD-L1 x 4-1BB)</b> <i>Phase I</i>	Solid Tumors	No Liver Toxicity

## Autoimmune Diseases



<b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
<b>ATG-207 (αCD3-TGF-β)</b> <i>Discovery</i>	T Cell Driven Autoimmune Diseases	First-in-Class; Induces T <sub>reg</sub> and T Cell Exhaustion

## T Cell Engagers (TCEs)



<b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
<b>ATG-106 (CDH6 x CD3)</b> <i>Pre-clinical</i>	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
<b>ATG-112 (ALPPL2 x CD3)</b> <i>Pre-clinical</i>	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	First-in-Class ALPPL2 TCE
<b>ATG-110 (LY6G6D x CD3)</b> <i>Pre-clinical</i>	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
<b>ATG-021 (GPRC5D x CD3)</b> <i>Pre-clinical</i>	Multiple Myeloma	
<b>ATG-102 (LILRB4 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
<b>ATG-107 (FLT3 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia	
<b>ATG-115 (Undisclosed Bispecific TCE)</b> <i>Pre-clinical</i>	Liver Cancer	Novel TAA Discovered by AI
<b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Metastatic Castration-resistant Prostate Cancer	First-in-Class
<b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

# ATG-022

## CLDN18.2 ADC

# ATG-022 (CLDN18.2 ADC): Pivotal 3L+ Trial Initiation This Year, with 1L / 2L Combination Strategies and Basket Trials Driving Expansion Opportunity



Assets	Indication	Discovery	Pre-clinical	Phase I	Phase II	Phase III/Pivotal	Data Readout	Rights	
ATG-022 Claudin 18.2 (ADC)	3L+ CLDN18.2+ Gastric / GEJ Cancer	Monotherapy (CLINCH)					Monotherapy (CLINCH-3)	CLINCH: 2Q 2026 (ASCO)	Global
	1L CLDN18.2+ Gastric / GEJ Cancer	Combination with pembrolizumab and CAPOX (CLINCH-2)				with  MERCK Clinical Collaboration		4Q 2026	
	2L CLDN18.2+ Gastric / GEJ Cancer	Combination with pembrolizumab (CLINCH-2)				with  MERCK Clinical Collaboration		4Q 2026	
	CLDN18.2+ Undisclosed Non-GI Tumor	Monotherapy (CLINCH)						4Q 2026 (ESMO)	
	Other CLDN18.2+ Solid Tumors	Monotherapy (CLINCH)							
ATG-037 CD73 (Small Molecule)	CPI-resistant Melanoma	Combination with pembrolizumab (STAMINA)				with  MERCK Clinical Collaboration		4Q 2026	Global Rights Licensed to
	Other CPI-resistant Tumors	Combination with pembrolizumab (STAMINA)				with  MERCK Clinical Collaboration			
	Solid Tumors	Combination with JS207 [PD-1 x VEGF BsAb]				with  君实生物 TopAlliance Clinical Collaboration			
ATG-101 PD-L1 x 4-1BB (Bispecific Antibody)	Solid Tumors / Hematological Malignancies	Monotherapy (PROBE)							
ATG-201 CD19 x CD3 (T Cell Engager)	B Cell Driven Autoimmune Diseases	IND Submission: 1Q 2026							
ATG-106 CDH6 x CD3 (T Cell Engager)	Ovarian Cancer & Kidney Cancer	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2026	
ATG-112 ALPPL2 x CD3 (T Cell Engager)	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2026	Global
ATG-125 B7-H3 x PD-L1 (ADC)	Solid Tumors	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2026	

Ongoing Studies Trial To-be-Initiated

# ATG-022: Strong Positioning in 1L–3L+ Gastric Cancer – >US\$5 Bn Peak Sales (Gastric Only), with Additional Upside in Other Tumors



**1L CLDN18.2+ (IHC 1+  $\geq$  1%), PD-L1+ (CPS  $\geq$  1%) Gastric Cancer**  
*ATG-022 + Pembrolizumab + Chemotherapy (CAPOX / FOLFOX)*



**2L CLDN18.2+ (IHC 1+  $\geq$  1%), PD-L1+ (CPS  $\geq$  1%) Gastric Cancer**  
*ATG-022 + Pembrolizumab*



**3L+ CLDN18.2+ Gastric Cancer**  
*ATG-022 Monotherapy*

**Basket Trial – Other CLDN18.2+ Tumors**

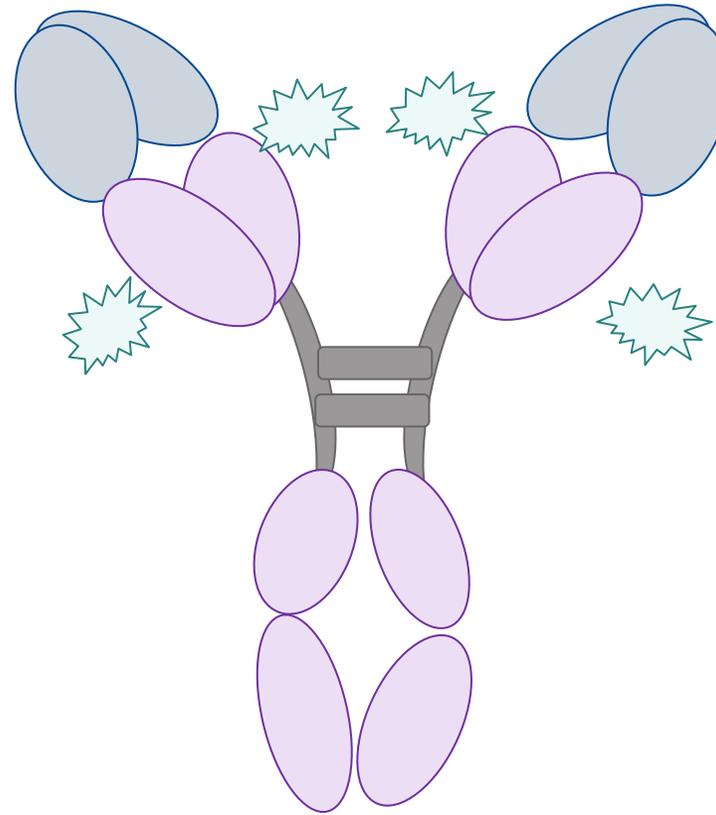
- ORR of 22.2% (2/9) and DCR of 88.9% (8/9) in a Non-GI Tumor (Majority of Patients Still On Therapy)

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

## Molecular Design of ATG-022

### 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
- ✓ Grade  $\geq 3$  TRAE of only 19.4% and minimal peripheral neuropathy
- ✓ Preliminary efficacy observed in a **non-GI tumor type**

# ATG-022 Demonstrated Superior Efficacy and an Exceptional Safety Profile in CLDN18.2 Expressing Gastric / GEJ Cancer (Median of 2 Prior Lines of Therapy)



		2.4 mg/kg Cohort	1.8 mg/kg Cohort
Efficacy Data in Gastric Cancer  IHC2+ >20%	ORR	40% (12/30); Including 1 CR	46.7% (14/30); Including 1 CR
	DCR	90.0% (27/30)	86.7% (26/30)
	Median PFS (95% CI)	5.09 months (3.71, 8.38)	6.97 months* (4.14, NE)
	Median OS (95% CI)	14.72 months (6.60-15.44)	NE
Efficacy Data in Gastric Cancer  IHC 2+ ≤ 20%	ORR In Efficacious Dose Range of 1.8 – 2.4 mg/kg	ORR: 28.6% (6/21); Including 1 CR  Expression Level of Responders: 2+ <1%    2+ 2%    2+ 3%    2+ 15%    2+ 20%    2+ 20%	
Safety Data <sup>3</sup>	Any Grade TRAE: 91.3% <b>Grade ≥ 3 TRAE: 49.3%</b>  <b>Most Common Gr ≥ 3 TRAEs:</b> Neutrophil count decreased (13.0%), decreased appetite (11.6%), anaemia (7.2%), and weight decreased (5.8%)	Any Grade TRAE: 96.8% <b>Grade ≥ 3 TRAE: 19.4%</b>  <b>Most Common Gr ≥ 3 TRAEs:</b> Neutrophil count decreased (6.5%), decreased appetite (3.2%), anaemia (3.2%), hypokalaemia (3.2%), and upper abdominal pain (3.2%)	

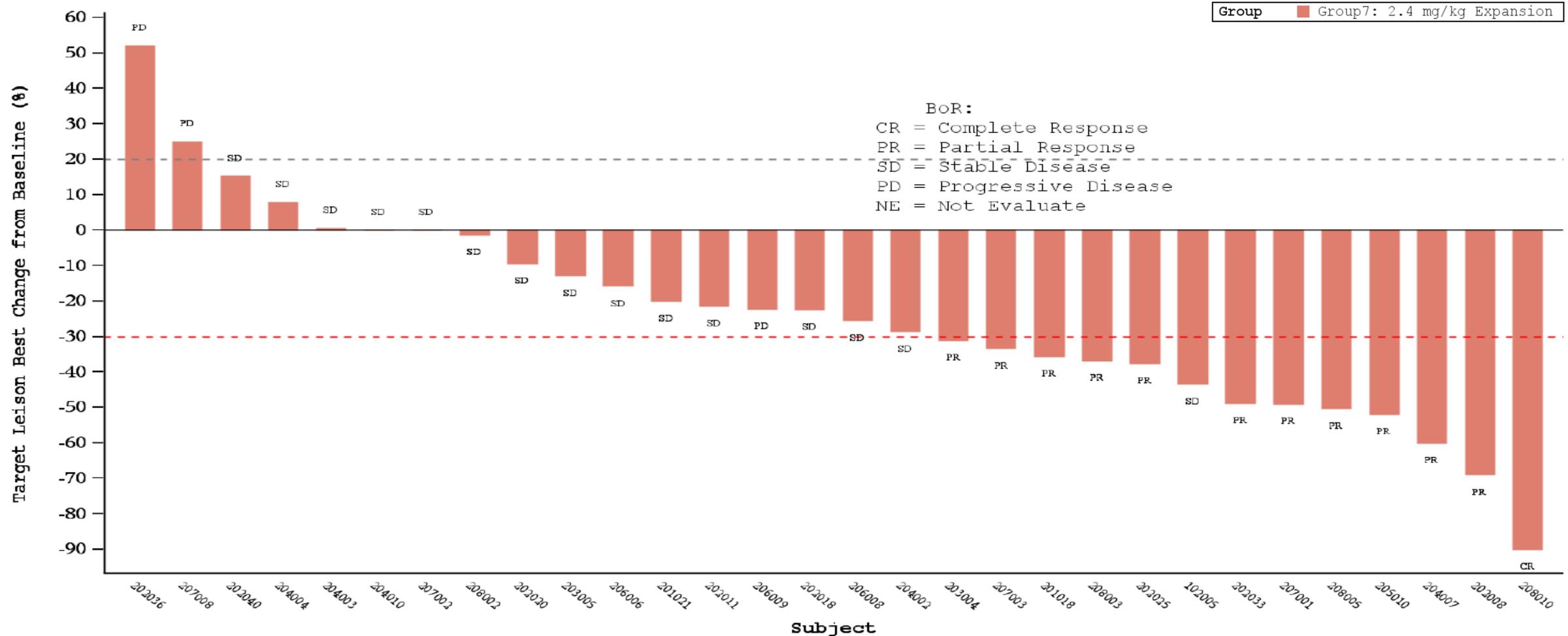
\* Not mature yet; still extending  
Data as of December 25, 2025

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

## CLDN18.2 Moderate to High Expressors (IHC 2+ > 20%; 2.4 mg/kg) – Waterfall Plot

Preliminary Efficacy in CLDN18.2+ Gastric Cancer (As of December 25, 2025):

■ IHC Staining - 2+, > 20% (CLDN18.2 Moderate to High Expressors): **Dose Expansion 2.4 mg/kg Cohort – ORR of 40% (12/30) and DCR of 90% (27/30)**

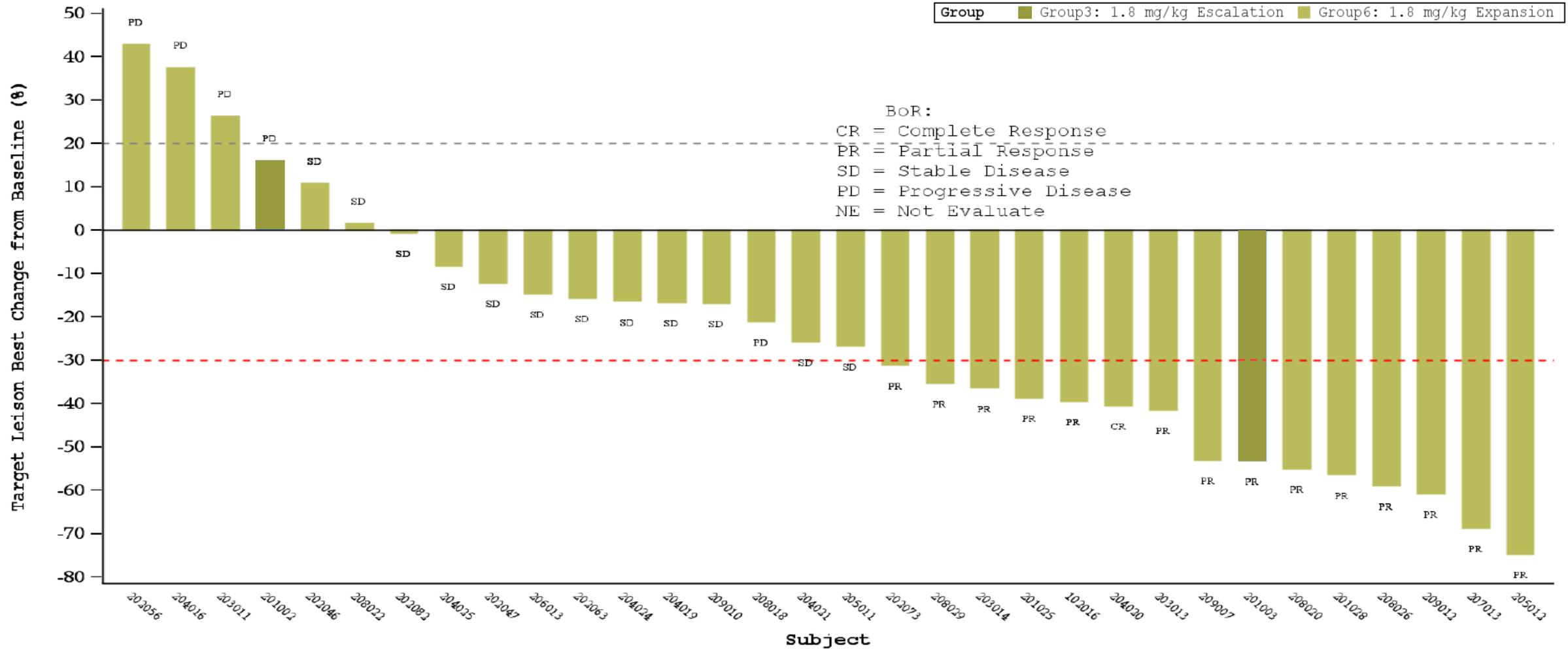


# ATG-022: Efficacy Across the **Widest Patient Population** in CLDN18.2+ Gastric Cancer Including From High to Ultra-low Expressors

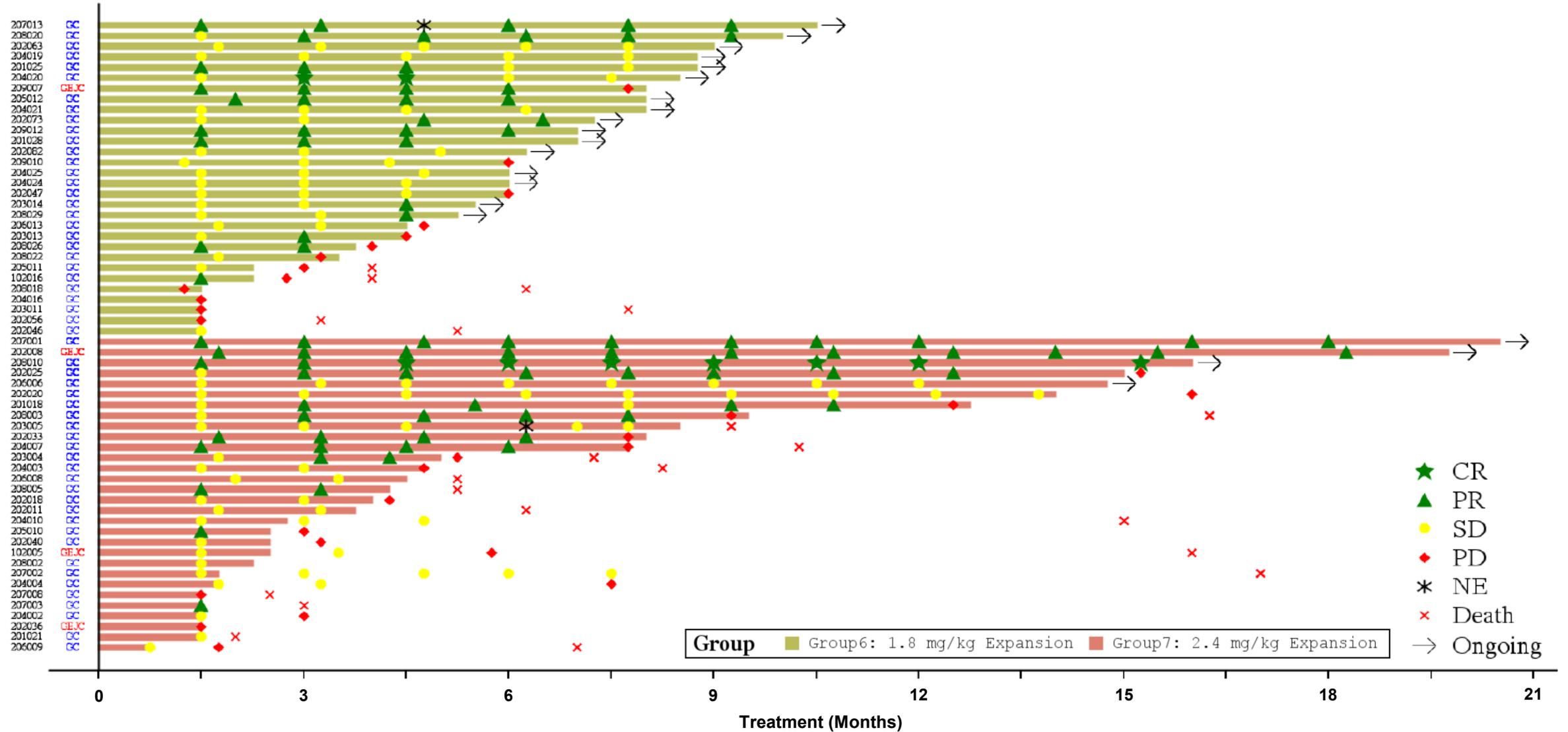
## CLDN18.2 Moderate to High Expressors (IHC 2+ > 20%; 1.8 mg/kg) – Waterfall Plot

Preliminary Efficacy in CLDN18.2+ Gastric Cancer (As of December 25, 2025):

■ IHC Staining - 2+, > 20% (CLDN18.2 Moderate to High Expressors): **Dose Expansion 1.8 mg/kg Cohort – ORR of 46.7% (14/30) and DCR of 86.7% (26/30)**



# ATG-022: Durable Responses Demonstrated Across Both Dosage Levels

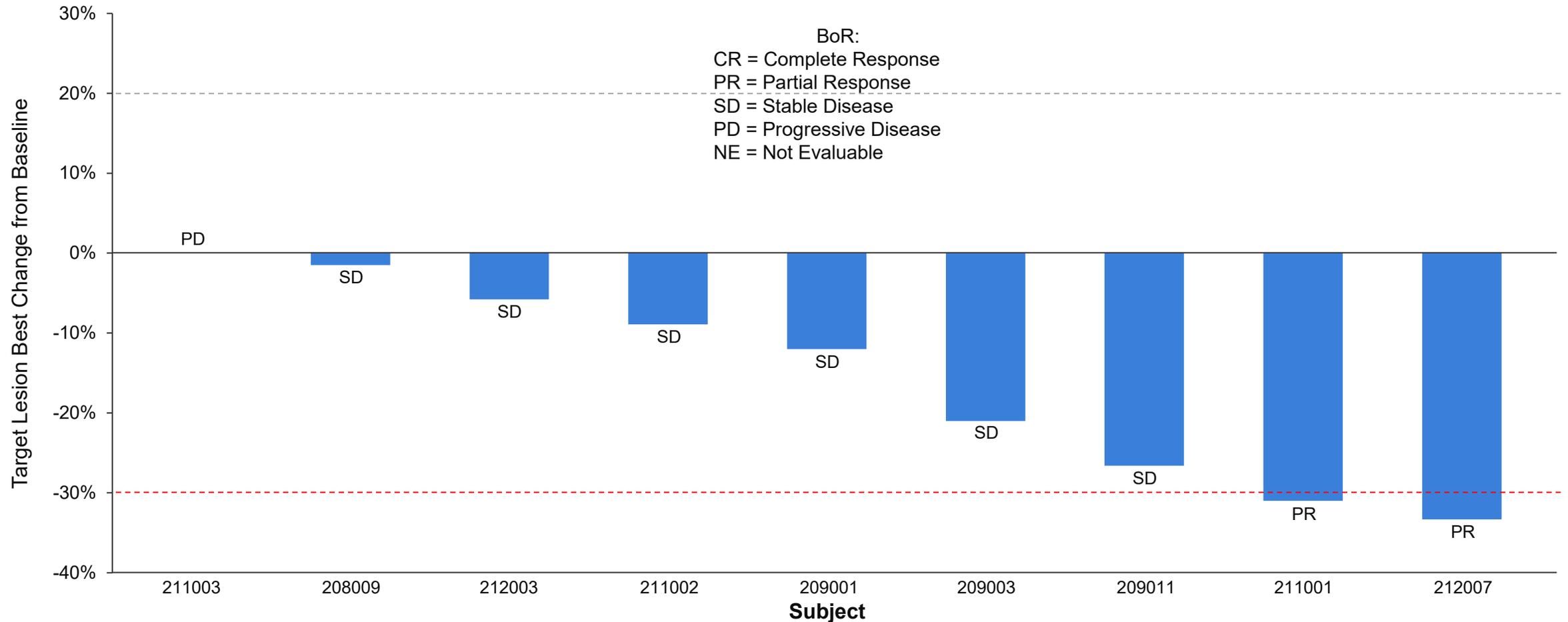


<sup>1</sup> Data as of December 25, 2025

# ATG-022: Encouraging Efficacy Signals in a Non-Gastrointestinal Single Tumor Type

Preliminary Efficacy in a CLDN18.2+ Non-GI Tumor Type (As of January 6, 2026):

■ **ORR of 22.2%** (2/9) and **DCR of 88.9%** (8/9)



# ATG-037

Oral CD73 Small Molecule Inhibitor

# ATG-037 (Oral CD73 Inhibitor): Encouraging Efficacy in CPI-Resistant Tumors with Pembrolizumab, with PD-(L)1 x VEGF Combinations Expanding Commercial Opportunity

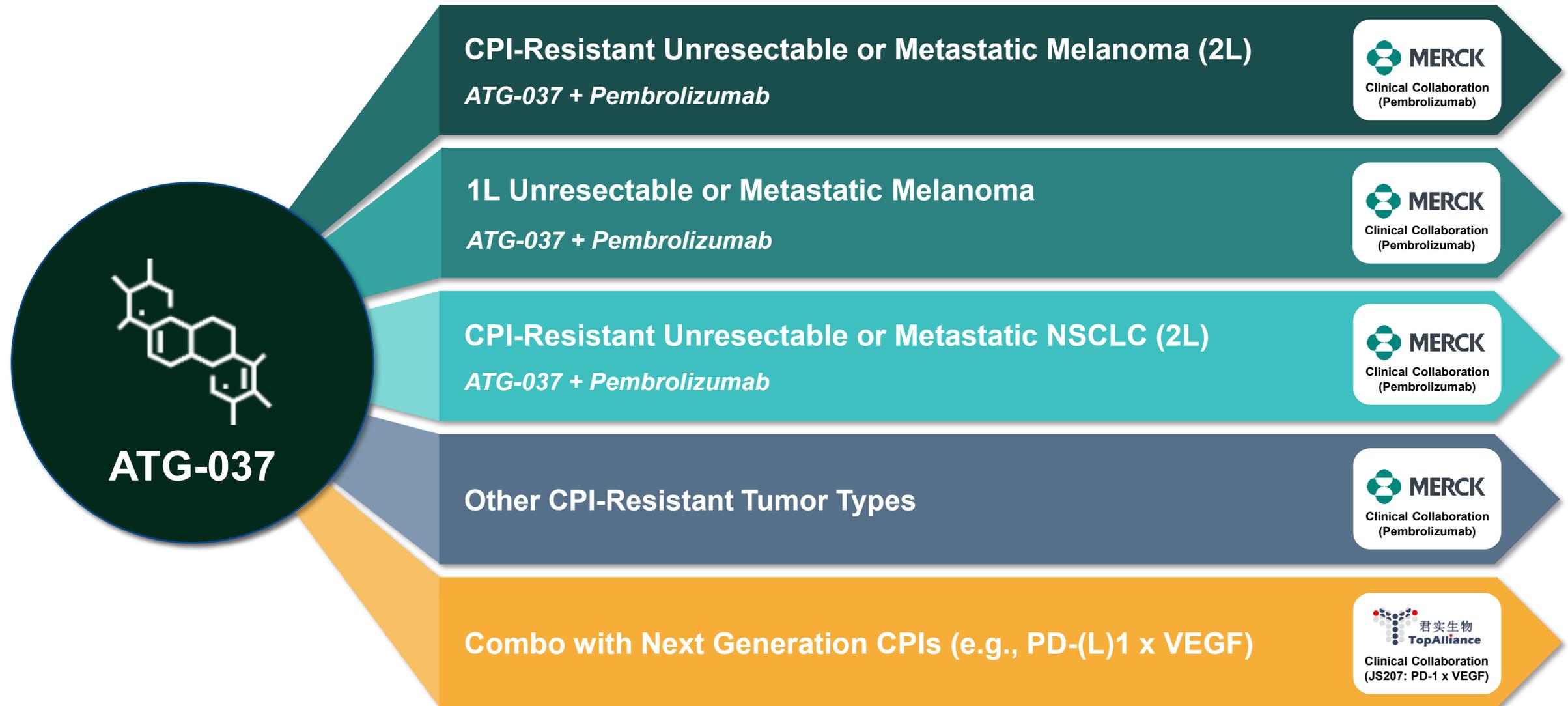


Assets	Indication	Discovery	Pre-clinical	Phase I	Phase II	Phase III/Pivotal	Data Readout	Rights	
ATG-022 Claudin 18.2 (ADC)	3L+ CLDN18.2+ Gastric / GEJ Cancer	Monotherapy (CLINCH)					Monotherapy (CLINCH-3)	CLINCH: 2Q 2026 (ASCO)	Global
	1L CLDN18.2+ Gastric / GEJ Cancer	Combination with pembrolizumab and CAPOX (CLINCH-2)				with  MERCK Clinical Collaboration		4Q 2026	
	2L CLDN18.2+ Gastric / GEJ Cancer	Combination with pembrolizumab (CLINCH-2)				with  MERCK Clinical Collaboration		4Q 2026	
	CLDN18.2+ Undisclosed Non-GI Tumor	Monotherapy (CLINCH)						4Q 2026 (ESMO)	
	Other CLDN18.2+ Solid Tumors	Monotherapy (CLINCH)							
ATG-037 CD73 (Small Molecule)	CPI-resistant Melanoma	Combination with pembrolizumab (STAMINA)					with  MERCK Clinical Collaboration	4Q 2026	Global
	Other CPI-resistant Tumors	Combination with pembrolizumab (STAMINA)					with  MERCK Clinical Collaboration		
	Solid Tumors	Combination with JS207 [PD-1 x VEGF BsAb]					with  君实生物 TopAlliance Clinical Collaboration		
ATG-101 PD-L1 x 4-1BB (Bispecific Antibody)	Solid Tumors / Hematological Malignancies	Monotherapy (PROBE)							
ATG-201 CD19 x CD3 (T Cell Engager)	B Cell Driven Autoimmune Diseases	IND Submission: 1Q 2026							Global Rights Licensed to
ATG-106 CDH6 x CD3 (T Cell Engager)	Ovarian Cancer & Kidney Cancer	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2026	
ATG-112 ALPPL2 x CD3 (T Cell Engager)	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2026	Global
ATG-125 B7-H3 x PD-L1 (ADC)	Solid Tumors	IND Submission: 2Q 2027						Pre-clinical:  AACR Annual Meeting April 17-22, 2026	

Ongoing Studies

Trial To-be-Initiated

# ATG-037: Strong Clinical and Strategic Positioning in CPI-Resistant and 1L Melanoma with Expansion Potential in Other Tumors

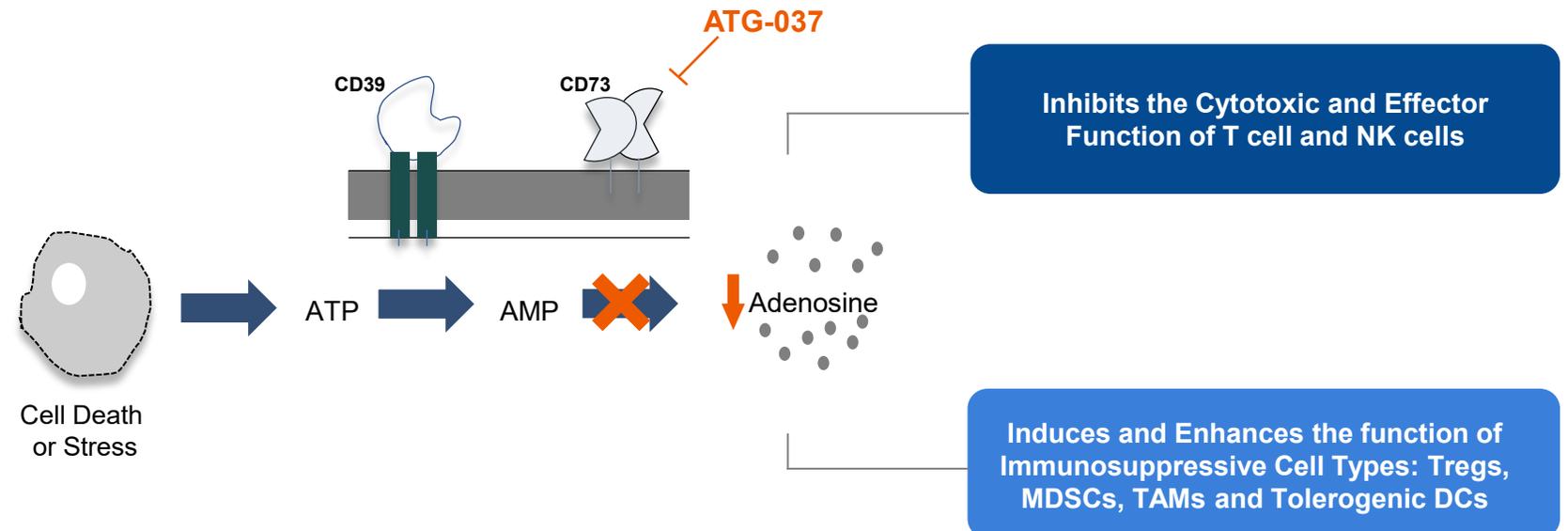


## CD73

- 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 vs. anti-CD73 antibodies
- **Specificity:** No inhibition of related targets (including CD39)
- **Encouraging Clinical Efficacy:** Resensitization of CPI-resistant melanoma and NSCLC patients to CPIs in the ongoing ATG-037 plus Pembrolizumab Study

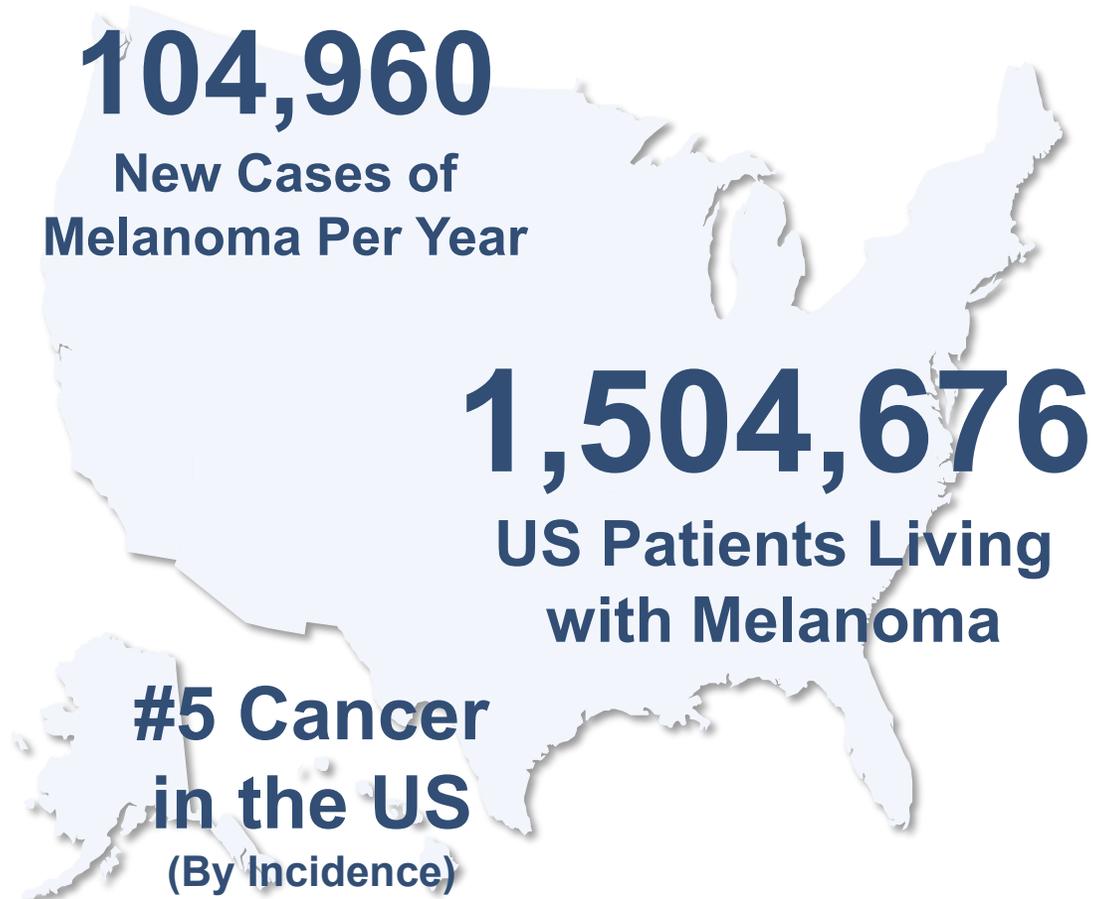


# ATG-037 Can Address the Huge Unmet Medical Need of Melanoma Patients who Progress on Immune Checkpoint Inhibitors

## Immune Checkpoint Inhibitors (ICIs) are Standard of Care Therapies of Advanced Melanoma (Unresectable)

<p><b>Checkpoint Inhibitors</b></p> <p>Standard of Care for Most Patients</p>	<ul style="list-style-type: none"> <li>✓ <b>Anti-PD-1</b> (pembrolizumab / nivolumab)</li> <li>✓ <b>Anti-CTLA-4</b> (ipilimumab)</li> <li>✓ <b>Combination</b> of Anti-PD-1 and Anti-CTLA-4 / Anti-LAG-3</li> </ul>
<p><b>Targeted Therapies</b></p> <p>Standard of Care Only for BRAF V600-Mutant Melanoma</p>	<ul style="list-style-type: none"> <li>✓ <b>BRAF/MEK Inhibitors</b> (dabrafenib + trametinib / vemurafenib + cobimetinib / encorafenib + binimetinib)</li> </ul>
<p><b>Other Therapies</b></p> <p>Limited Usage</p>	<ul style="list-style-type: none"> <li>✓ Oncolytic Virus (Talimogene laherparepvec)</li> <li>✓ High dose Interleukin-2 (rarely used today)</li> </ul>

## Significant Medical Needs of Melanoma in the US Especially in Patients Who Progress on ICIs



# ATG-037 In Combination with Pembrolizumab Demonstrated **Encouraging Efficacy Signals** in CPI Resistant Melanoma

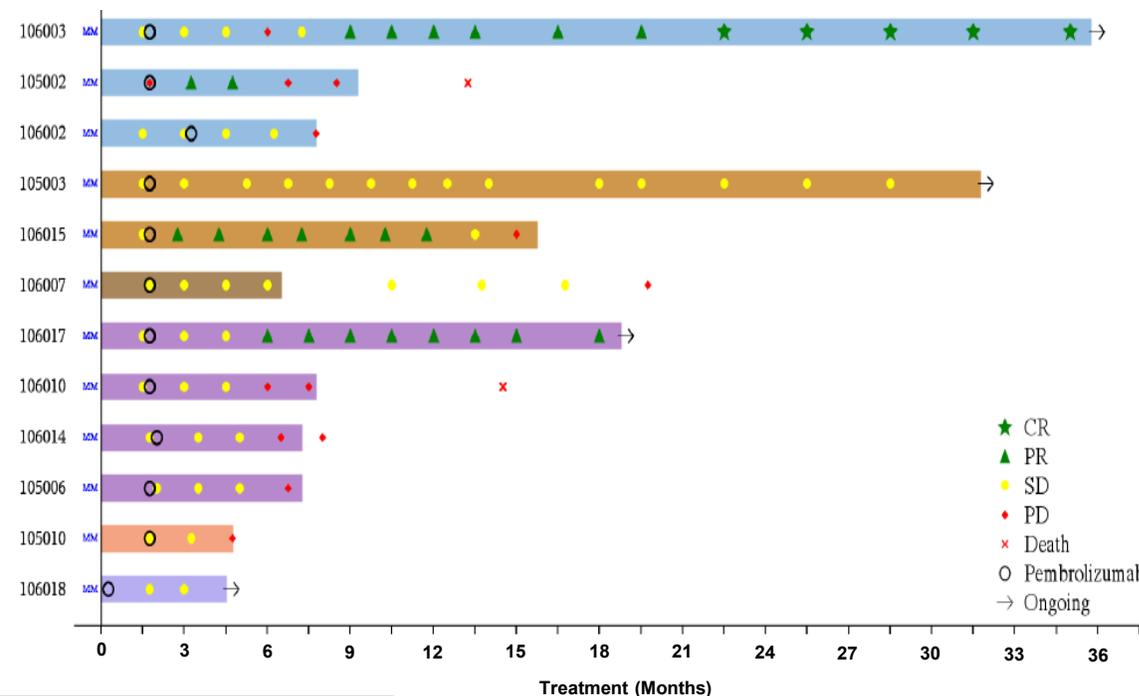
## Preliminary Data for ATG-037 In Combination with Pembrolizumab (As of October 24, 2025)

- A total of **12 CPI-resistant melanoma** patients received the combination therapy and were efficacy evaluable
  - **1 confirmed CR** and **3 confirmed PRs**, with the rest achieving **SD** – **ORR 33.3%** (4/12) and **DCR 100%** (12/12)
  - **Durable benefit observed: the CR patient** remains on therapy with **over 34-month ongoing response** and without safety concern

### CPI-resistant Melanoma – Waterfall Plot



### CPI-resistant Melanoma – Swimmer Plot



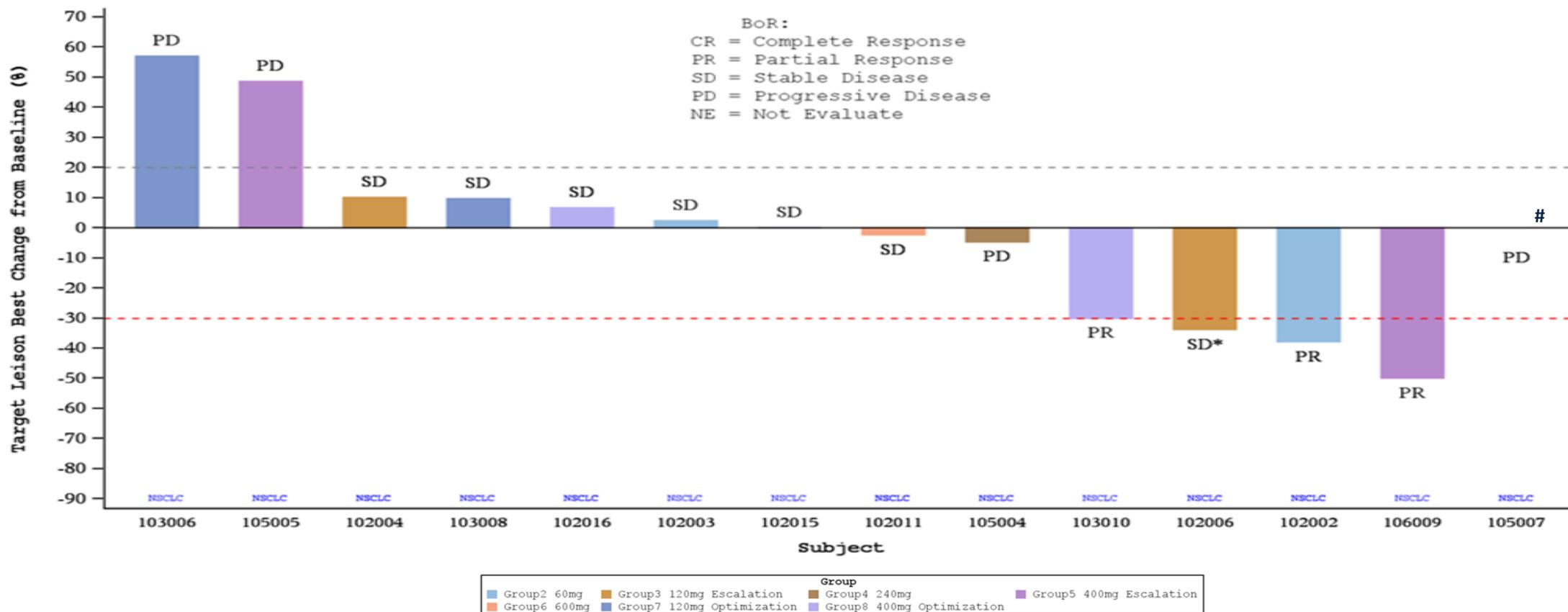
Group  
 Group2 60mg    Group3 120mg Escalation    Group4 240mg    Group5 400mg Escalation  
 Group6 600mg    Group8 400mg Optimization

Clinical Collaboration: 

# ATG-037 In Combination with Pembrolizumab Demonstrated **Encouraging Efficacy Signals** in CPI Resistant Non-small Cell Lung Cancer – Waterfall Plot

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

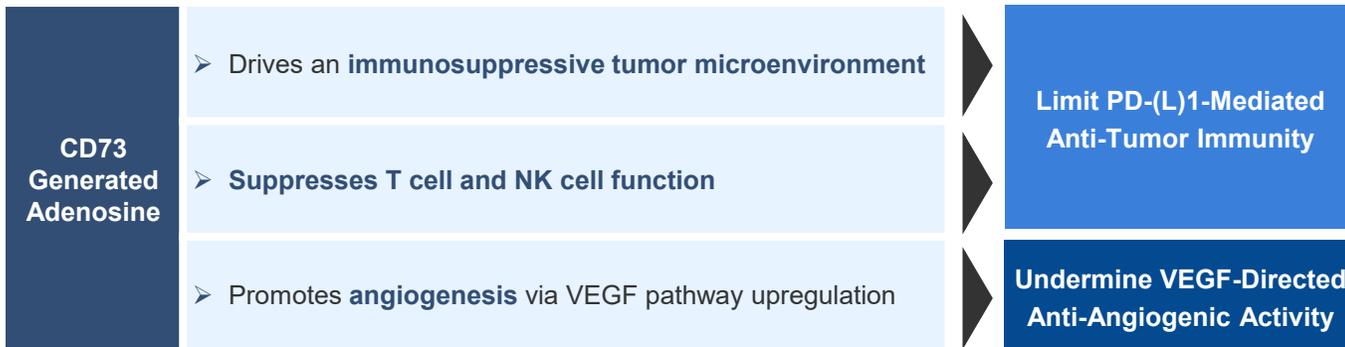
- A total of **14 CPI-resistant non-small cell lung cancer** patients received the combination therapy and were efficacy evaluable
  - **3 PRs** and **7 SDs** – **ORR 21.4%** (3/14) and **DCR 71.4%** (10/14)



\*The target lesion of this subject reached PR with new lesion occurred. The prior best response was SD. #The target lesion was not evaluated with new lesion occurred

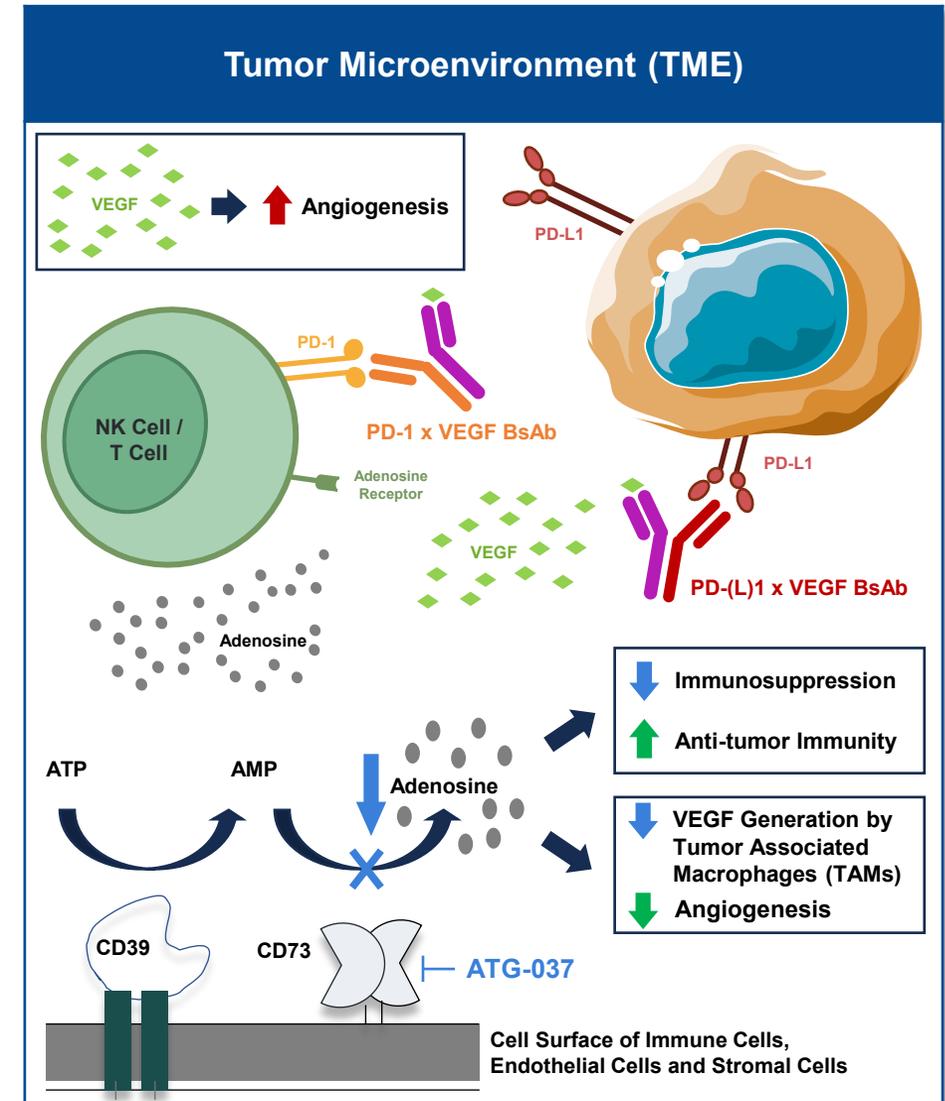
# ATG-037 + PD-(L)1 x VEGF May Deliver a “Triple Axis” Advantage and Potentially Extend Survival Durability vs PD-(L)1 x VEGF Alone

## Rationale: CD73 / Adenosine as a Key Resistance & Angiogenesis Axis



## Strong Proof-of-Concept & Clear Next-Generation Combination Opportunity

- **Compelling clinical PoC for ATG-037 + anti-PD-1** supports ATG-037 as a backbone for Next-Gen checkpoint inhibitor combinations, including PD-(L)1 x VEGF BsAbs
- **Preclinical data** demonstrate that PD-(L)1 x VEGF dual targeting drives meaningful anti-tumor activity and enables combination expansion
- **Key Hypothesis: ATG-037 + PD-(L)1 x VEGF** drives a “triple-axis” (PD-1 + VEGF + CD73 / Adenosine) to **improve durability and efficacy vs. PD-(L)1 x VEGF alone**



# 4

## AnTenGager™ TCE Programs



## Antibody Drug Conjugates (ADCs)



<b>ATG-022 (CLDN18.2)</b> <i>Phase II</i>	CLDN18.2+ Gastric Cancer (GC) and Other Solid Tumors	CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTD in GC
<b>ATG-125 (B7-H3 x PD-L1)</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug
<b>CD24</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug

## Immuno-Oncology (IO)



<b>ATG-037 (CD73)</b> <i>Phase Ib/II</i>	CPI-resistant Melanoma and Non-small Cell Lung Cancer	Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients
<b>ATG-101 (PD-L1 x 4-1BB)</b> <i>Phase I</i>	Solid Tumors	No Liver Toxicity

## Autoimmune Diseases



<b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
<b>ATG-207 (αCD3-TGF-β)</b> <i>Discovery</i>	T Cell Driven Autoimmune Diseases	First-in-Class; Induces T <sub>reg</sub> and T Cell Exhaustion

## T Cell Engagers (TCEs)



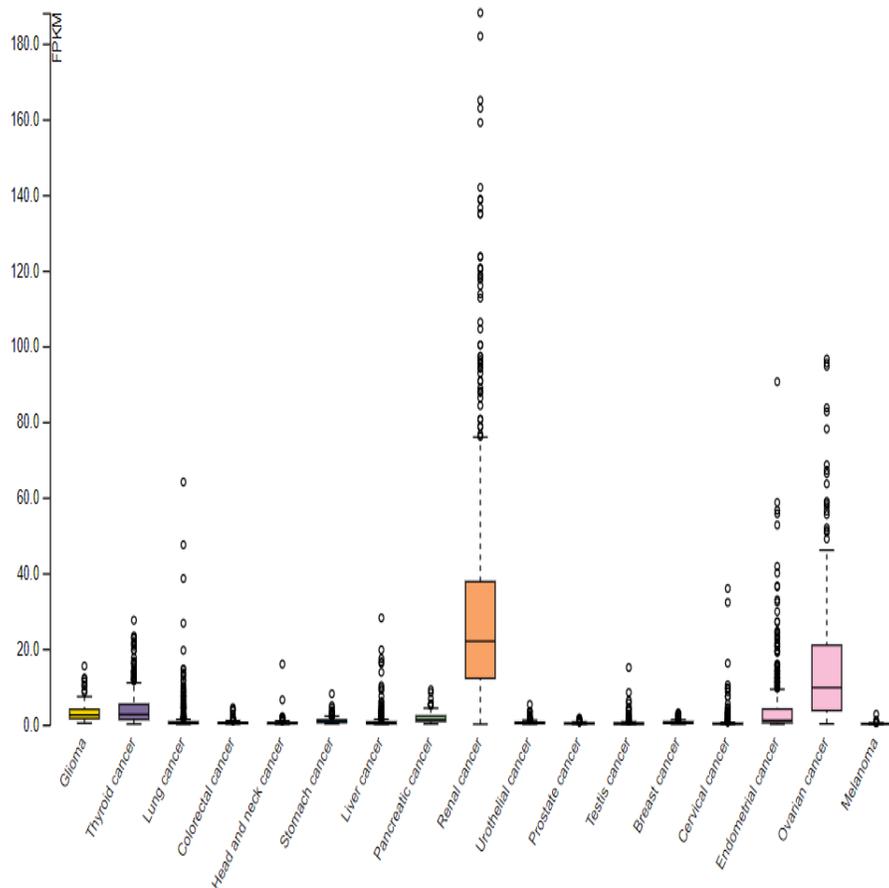
<b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
<b>ATG-106 (CDH6 x CD3)</b> <i>Pre-clinical</i>	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
<b>ATG-112 (ALPPL2 x CD3)</b> <i>Pre-clinical</i>	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	First-in-Class ALPPL2 TCE
<b>ATG-110 (LY6G6D x CD3)</b> <i>Pre-clinical</i>	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
<b>ATG-021 (GPRC5D x CD3)</b> <i>Pre-clinical</i>	Multiple Myeloma	
<b>ATG-102 (LILRB4 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
<b>ATG-107 (FLT3 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia	
<b>ATG-115 (Undisclosed Bispecific TCE)</b> <i>Pre-clinical</i>	Liver Cancer	Novel TAA Discovered by AI
<b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Metastatic Castration-resistant Prostate Cancer	First-in-Class
<b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

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

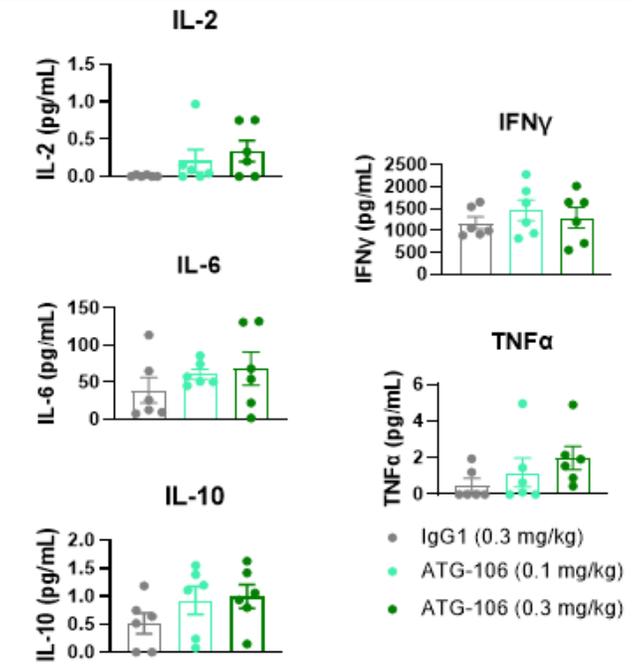
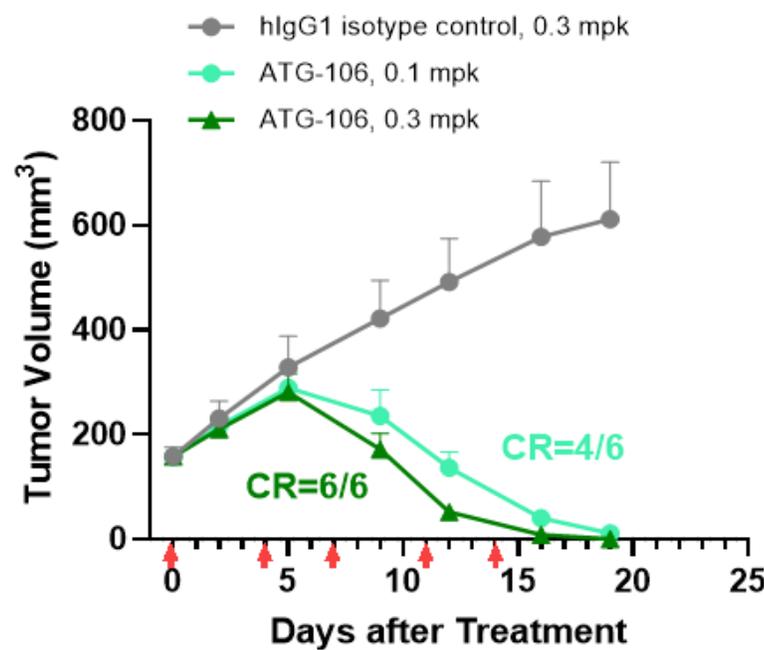
**CDH6 is a TAA Highly Expressed in Solid Tumors Such as Ovarian Cancer, Renal Cancer, and Endometrial Cancer**

- **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, well tolerated in NHP
- **IND Submission Timeline:** Planned for **Q1 2027**

TCGA Data Set



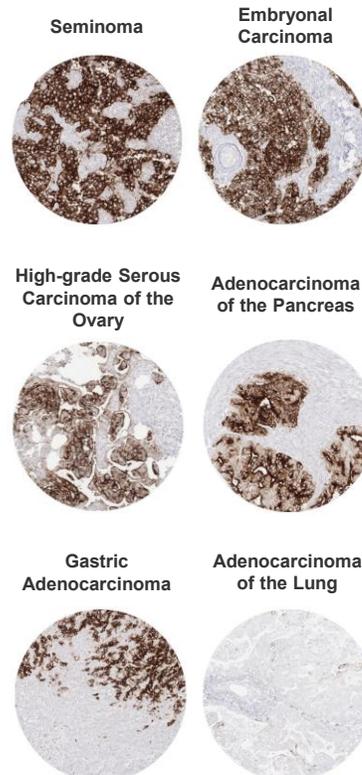
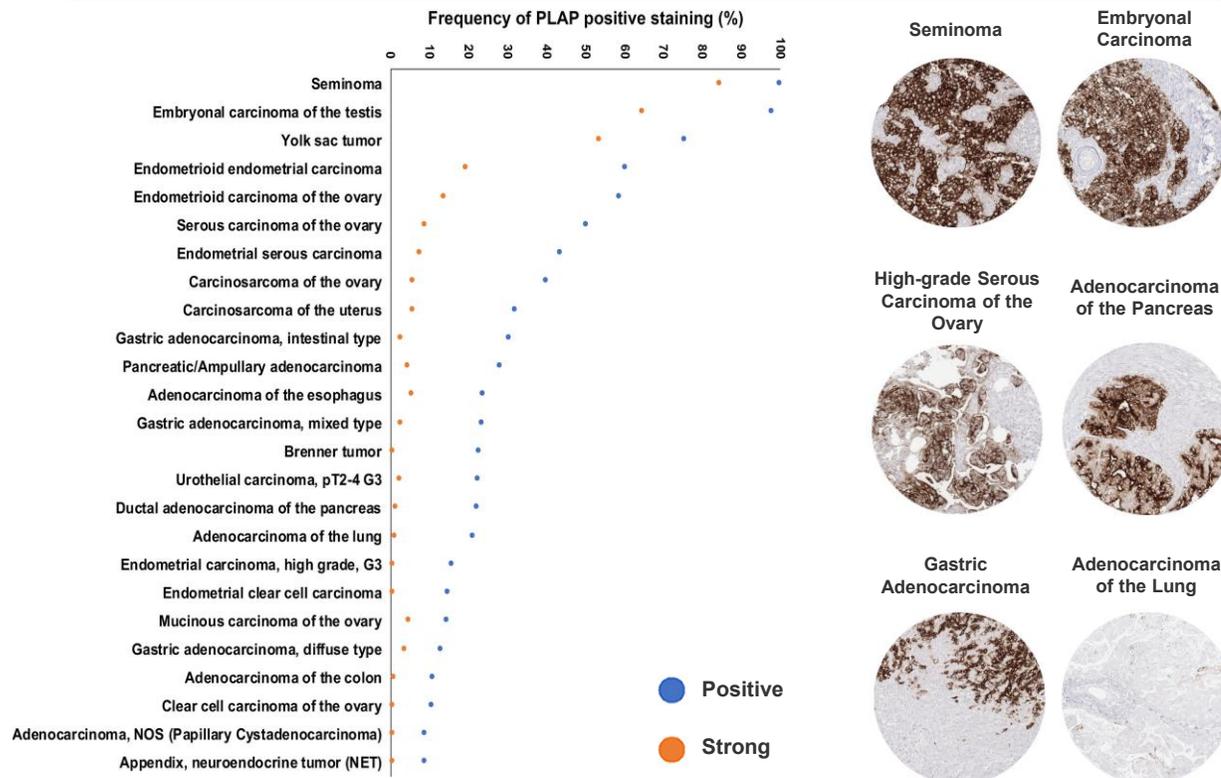
**ATG-106 Demonstrates Potent *In Vivo* Anti-tumor Efficacy in Renal Cell Carcinoma Model with Mild and Transient Cytokine Release**



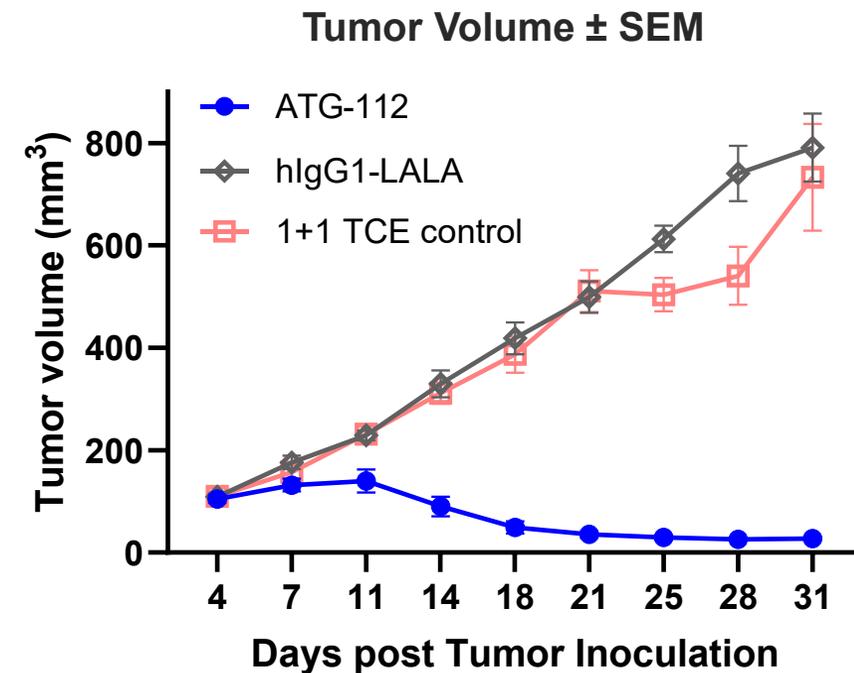
# ATG-112: ALPPL2 x CD3 TCE 2.0 for the Treatment of Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and Non-small Cell Lung Cancer

- **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 Q1 2026

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



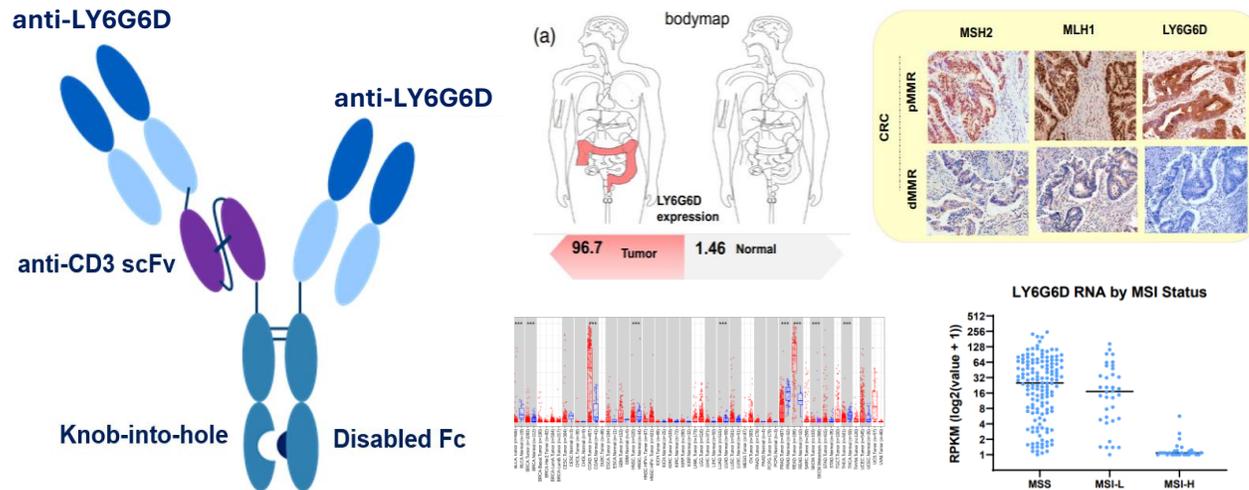
## ATG-112 Demonstrated Promising Pre-clinical Anti-tumor Efficacy



Upcoming Data Presentation:



## 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**

# 5

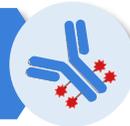
---

## Next Generation ADCs and Other Novel Programs



# Next Generation ADCs and Other Novel Programs

## Antibody Drug Conjugates (ADCs)



<b>ATG-022 (CLDN18.2)</b> <i>Phase II</i>	CLDN18.2+ Gastric Cancer (GC) and Other Solid Tumors	CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTD in GC
<b>ATG-125 (B7-H3 x PD-L1)</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug
<b>CD24</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug

## Immuno-Oncology (IO)



<b>ATG-037 (CD73)</b> <i>Phase Ib/II</i>	CPI-resistant Melanoma and Non-small Cell Lung Cancer	Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients
<b>ATG-101 (PD-L1 x 4-1BB)</b> <i>Phase I</i>	Solid Tumors	No Liver Toxicity

## Autoimmune Diseases



<b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
<b>ATG-207 (αCD3-TGF-β)</b> <i>Discovery</i>	T Cell Driven Autoimmune Diseases	First-in-Class; Induces T <sub>reg</sub> and T Cell Exhaustion

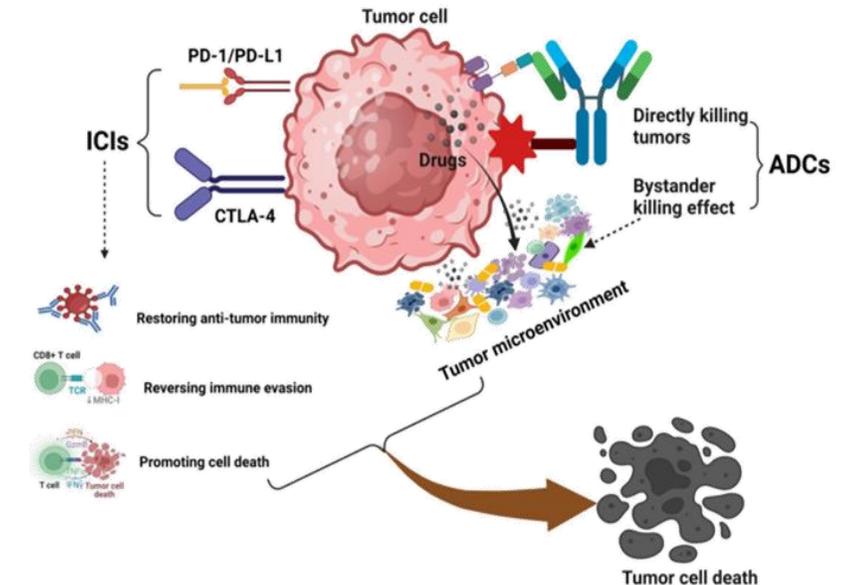
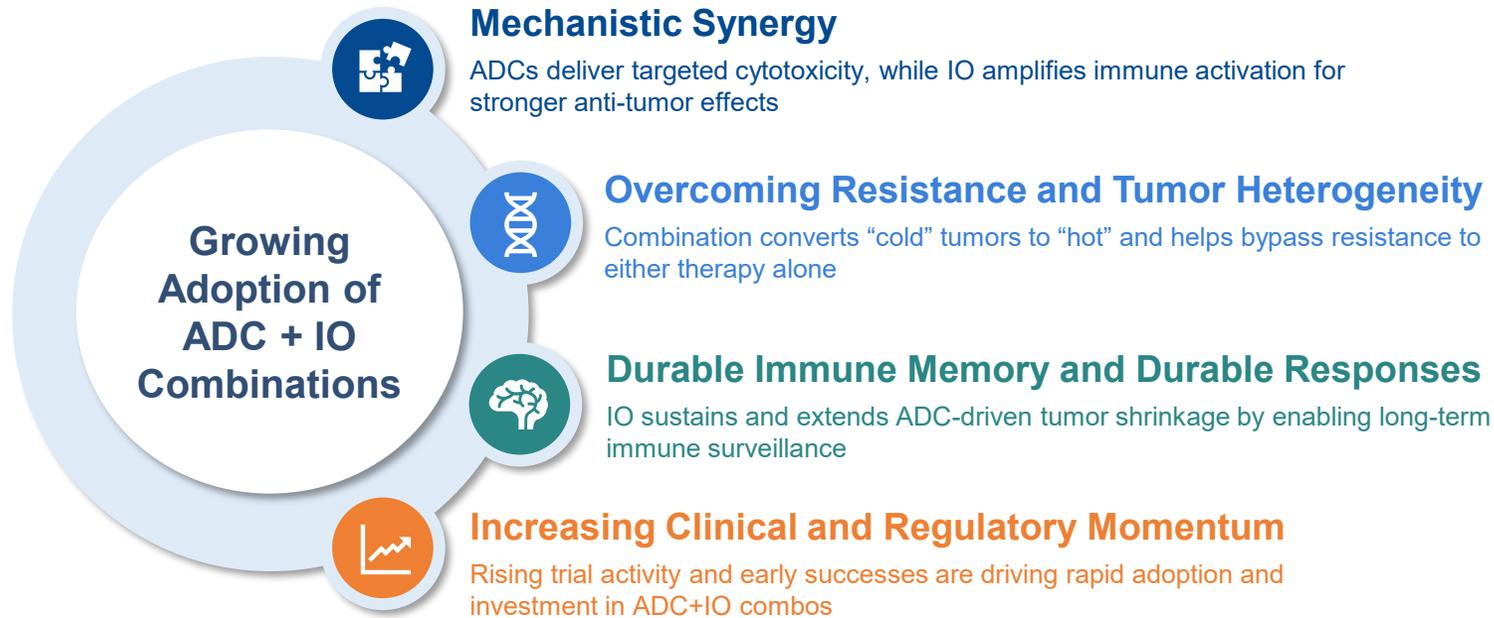
## T Cell Engagers (TCEs)



<b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
<b>ATG-106 (CDH6 x CD3)</b> <i>Pre-clinical</i>	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
<b>ATG-112 (ALPPL2 x CD3)</b> <i>Pre-clinical</i>	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	First-in-Class ALPPL2 TCE
<b>ATG-110 (LY6G6D x CD3)</b> <i>Pre-clinical</i>	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
<b>ATG-021 (GPRC5D x CD3)</b> <i>Pre-clinical</i>	Multiple Myeloma	
<b>ATG-102 (LILRB4 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
<b>ATG-107 (FLT3 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia	
<b>ATG-115 (Undisclosed Bispecific TCE)</b> <i>Pre-clinical</i>	Liver Cancer	Novel TAA Discovered by AI
<b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Metastatic Castration-resistant Prostate Cancer	First-in-Class
<b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	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



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

# Next Generation ADCs and Other Novel Programs

## Antibody Drug Conjugates (ADCs)



● <b>ATG-022 (CLDN18.2)</b> <i>Phase II</i>	CLDN18.2+ Gastric Cancer (GC) and Other Solid Tumors	CLDN18.2 ADC with Efficacy Across the Widest Patient Population; BTD in GC
● <b>ATG-125 (B7-H3 x PD-L1)</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug
● <b>CD24</b> <i>Pre-clinical</i>	Solid Tumors	IO+ADC in One Drug

## Immuno-Oncology (IO)



● <b>ATG-037 (CD73)</b> <i>Phase Ib/II</i>	CPI-resistant Melanoma and Non-small Cell Lung Cancer	Oral Bioavailable; Demonstrated Efficacy in CPI-resistant Patients
● <b>ATG-101 (PD-L1 x 4-1BB)</b> <i>Phase I</i>	Solid Tumors	No Liver Toxicity

## Autoimmune Diseases



● <b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
● <b>ATG-207 (αCD3-TGF-β)</b> <i>Discovery</i>	T Cell Driven Autoimmune Diseases	<b>First-in-Class; Induces T<sub>reg</sub> and T Cell Exhaustion</b>

## T Cell Engagers (TCEs)



● <b>ATG-201 (CD19 x CD3)</b> <i>IND Submissions Expected 1Q26</i>	B Cell Driven Autoimmune Diseases	Partnered with 
● <b>ATG-106 (CDH6 x CD3)</b> <i>Pre-clinical</i>	Ovarian Cancer and Kidney Cancer	First-in-Class CDH6 TCE
● <b>ATG-112 (ALPPL2 x CD3)</b> <i>Pre-clinical</i>	Gynecological Tumors, Digestive System Malignancies, Bladder Cancer and NSCLC	First-in-Class ALPPL2 TCE
● <b>ATG-110 (LY6G6D x CD3)</b> <i>Pre-clinical</i>	Microsatellite Stable (MSS) Colorectal Cancer	For IO-resistant Colorectal Cancer
● <b>ATG-021 (GPRC5D x CD3)</b> <i>Pre-clinical</i>	Multiple Myeloma	
● <b>ATG-102 (LILRB4 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia and Chronic Myelomonocytic Leukemia	Biparatopic
● <b>ATG-107 (FLT3 x CD3)</b> <i>Pre-clinical</i>	Acute Myeloid Leukemia	
● <b>ATG-115 (Undisclosed Bispecific TCE)</b> <i>Pre-clinical</i>	Liver Cancer	Novel TAA Discovered by AI
● <b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Metastatic Castration-resistant Prostate Cancer	First-in-Class
● <b>Undisclosed Trispecific TCE</b> <i>Discovery</i>	Small Cell Lung Cancer and Neuroendocrine Tumors	First-in-Class

# ATG-207: First-in-Class $\alpha$ CD3-TGF- $\beta$ Bifunctional Fusion Protein for T Cell Driven Autoimmune Diseases

Emerging Pre-clinical Data to Be Presented at Scientific Conferences in 2026

Autoimmune Diseases

## T Cell Driven Autoimmune Diseases

### ATG-207 – $\alpha$ CD3-TGF- $\beta$ Bifunctional Fusion Protein

- ATG-207 is designed to induce strong T<sub>reg</sub> differentiation and T cell exhaustion, thereby alleviating T cell-related inflammation in autoimmune diseases and achieving therapeutic goals
- Autoreactive T cells are known to cause:

Type 1 Diabetes

Inflammatory Bowel Disease

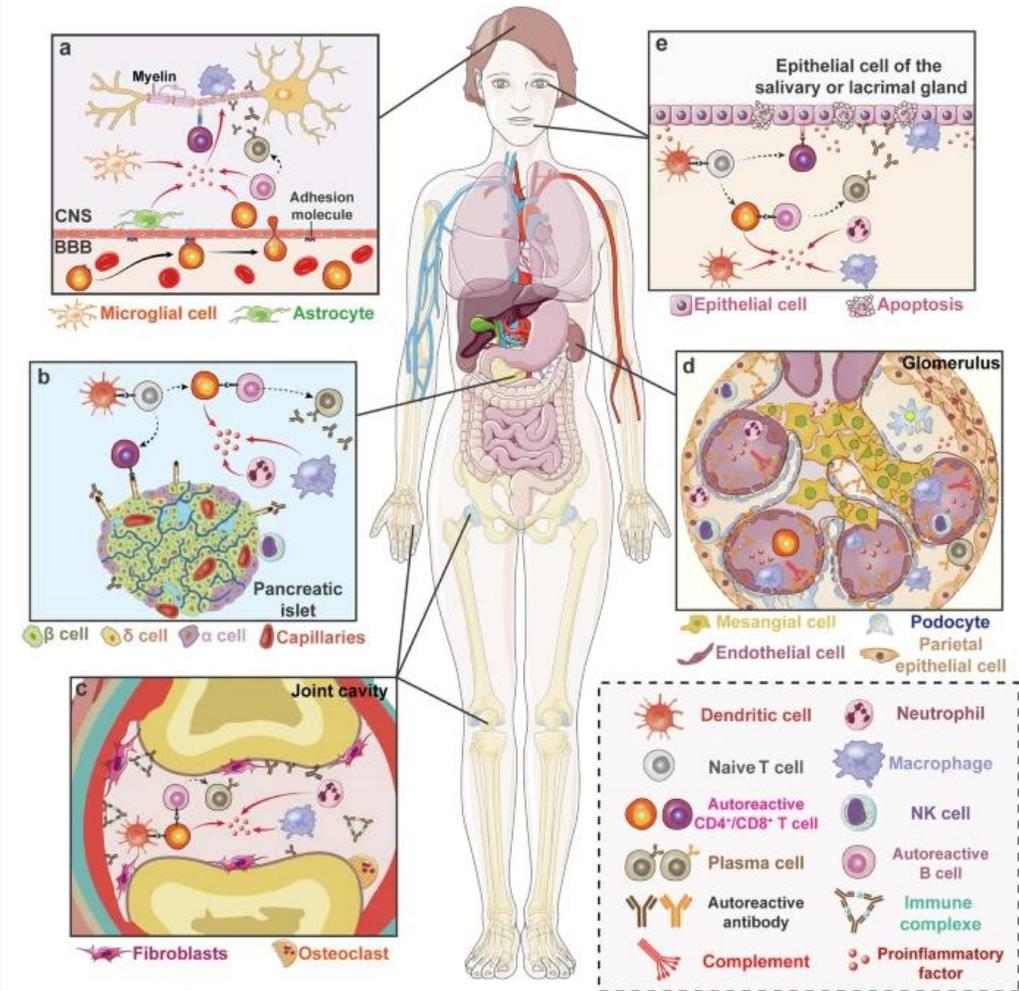
Ankylosing Spondylitis

Atopic Dermatitis

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

## B Cell Driven Autoimmune Diseases

- Abnormal B cell activity drives pathogenesis of multiple types of autoimmune diseases such as Systemic Lupus Erythematosus (SLE), Myasthenia Gravis (MG), and NMDAR Encephalitis etc.



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

# 6

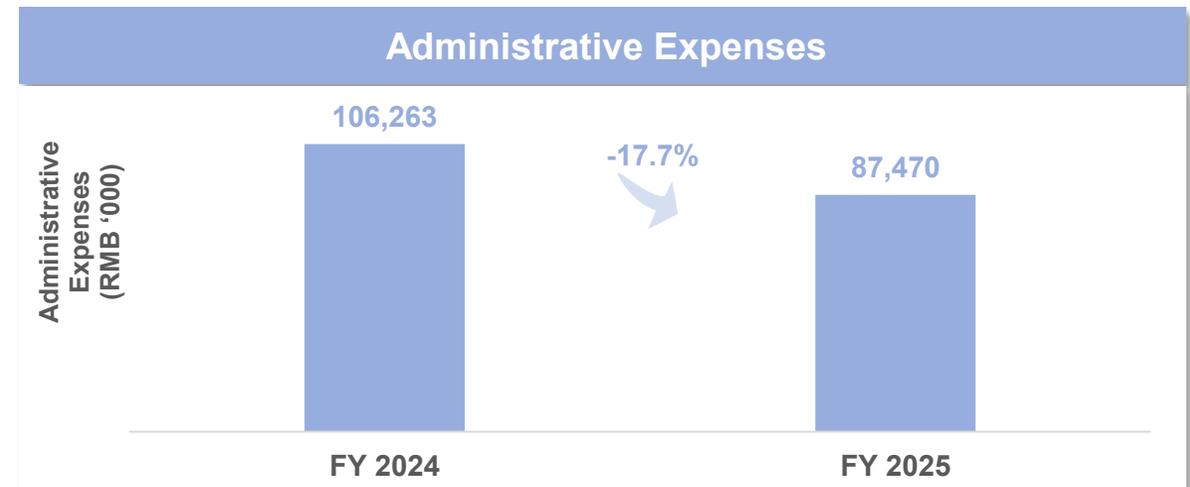
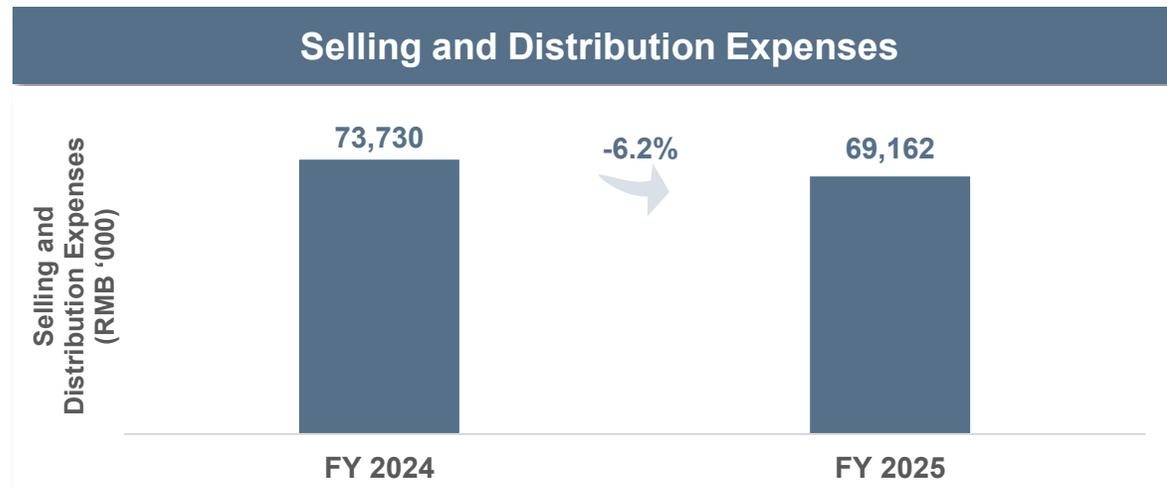
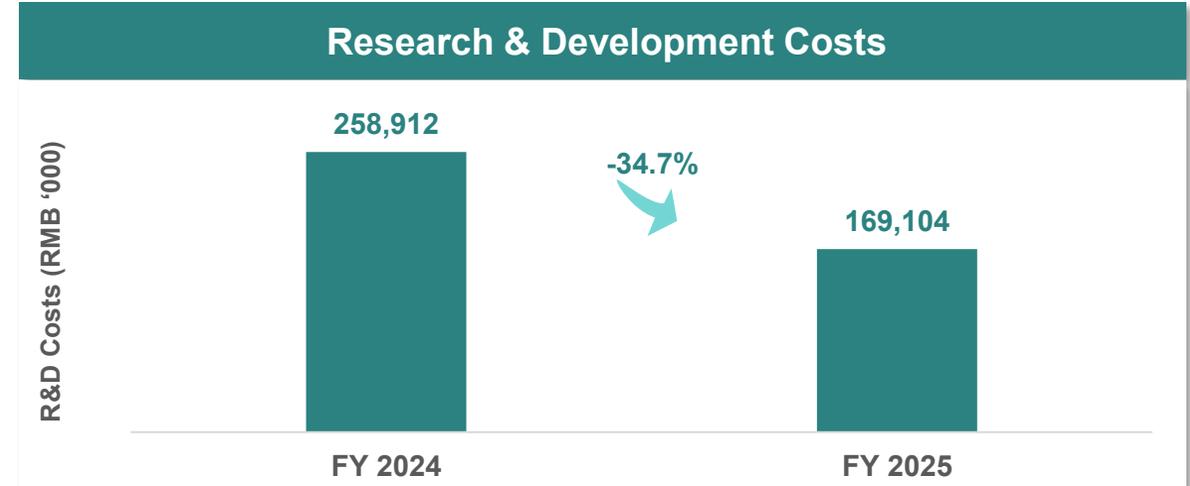
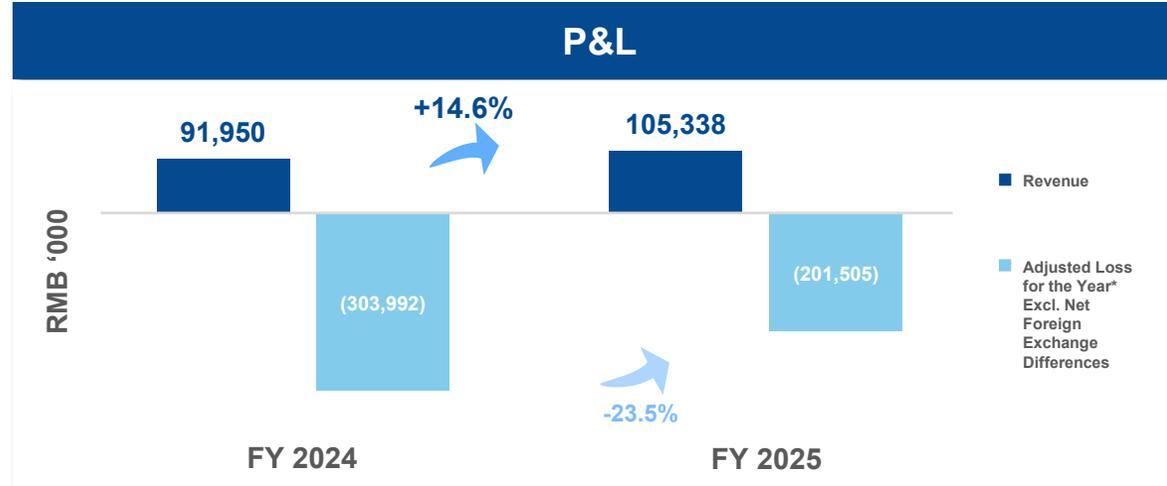
## Financial Overview



# Positioned for Profitability in 2026

## Disciplined Cost Approach and Continued Revenue Growth in 2025

**Cash and Bank Balances of RMB734mm (As of Dec 31, 2025) to Advance Pipeline Development and Strategic Initiatives with Additional US\$80mm of Expected Licensing Revenues (\$60mm Initial Upfront Payment + \$20mm Near-term Milestone Payments)**



\*Adjusted loss for the year is not defined under the International Financial Reporting Standards ("IFRS"), it represents the loss for the year excluding the effect brought by equity-settled share-based payment expense;

# Q&A



# 7

## Closing Remarks







德琪医药

ANTENGENE

SEHK: 6996.HK

# Thank You!