NovaBridge

VIS-101 Phase 2a Update

Clinical Results and Next Steps

March 9, 2026

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Today's Agenda

- NovaBridge Biosciences and Visara, the 1st Spoke
- VIS-101 Phase 2a Update
- VIS-101 KOL Perspective
- VIS-101 Next Steps
- Q&A

Today's Speakers

Sean Fu,

PhD, MBA

Chief Executive Officer, NovaBridge

Emmett T. Cunningham, Jr.,

MD, PhD, MPH

Executive Chairman, Co-Founder, Visara

Vice Chairman of the Board, NovaBridge

Cadmus Rich,

MD, MBA

Chief Medical Officer, Visara

Carlos Quezada-Ruiz,

MD, FASRS

Chairman, Scientific Advisory Board, Visara

Nikolas JS London,

MD, FACS

Managing Partner, President, Retina Consultants San Diego

NovaBridge Biosciences

Accelerating Access to Innovation

NovaBridge: Accelerating Access to Innovation

- **Global biotech platform** with a portfolio of first- and best-in-class programs
- **Two lead assets with compelling clinical proof-of-concept** supporting differentiated positioning
  - **VIS-101**: Differentiated VEGF-A/ANG-2 bispecific with favorable safety profile and rapid, durable responses supporting potential best-in-class durability
  - **Givastomig**: CLDN18.2 × 4-1BB bispecific demonstrating robust and durable responses with broad activity across expression levels and best-in-class potential in 1L gastric cancer
- **$228M in cash providing operational runway through 2028** to support key clinical milestones
- **Multiple near-term catalysts** across oncology and ophthalmology programs

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

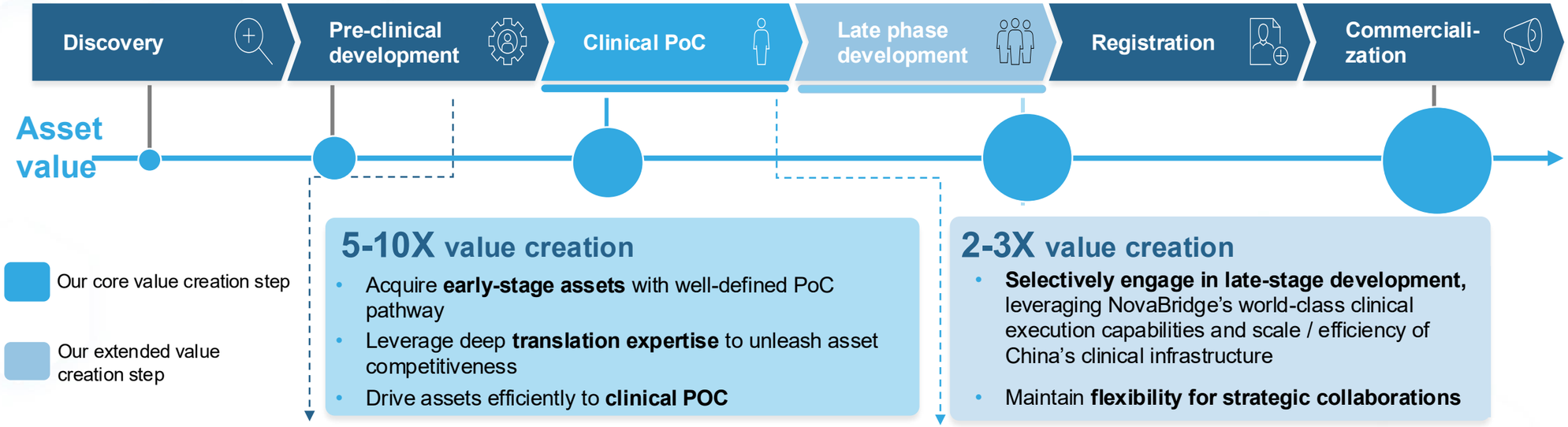
Well-positioned to Deliver Innovation from Emerging Biopharma Ecosystems to Patients Globally

Our Positioning

Global Biotechnology Platform

- **Therapeutic area-agnostic**
- **4 clinical-stage assets**
- **Global business development strategy**
- **Fast-to-PoC (Proof of Concept) strategy**

Our Business Model



5-10X value creation

- Acquire **early-stage assets** with well-defined PoC pathway
- Leverage deep **translation expertise** to unleash asset competitiveness
- Drive assets efficiently to **clinical POC**

2-3X value creation

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

We are the FIRST and ONLY listed hub-and-spoke platform specializing in bridging Asian innovations to the global markets

Our Competitive Edge

BD-in

- Executive leadership capability with deep expertise across deal sourcing, BD and capital formation
- **Unparalleled healthcare ecosystem access and resources** enhanced by CBC Group

Clinical Development

- **Unique strategies for accelerated asset development**
- Cross-functional drug development expertise and experience
- Highly efficient operational execution

BD-out

- Long standing presence in US with strong capability to **provide bespoke solutions for biotech/MNCs**

Local innovation access in Asia backed by CBC Group

Healthy cash runway with strong fund-raising capabilities

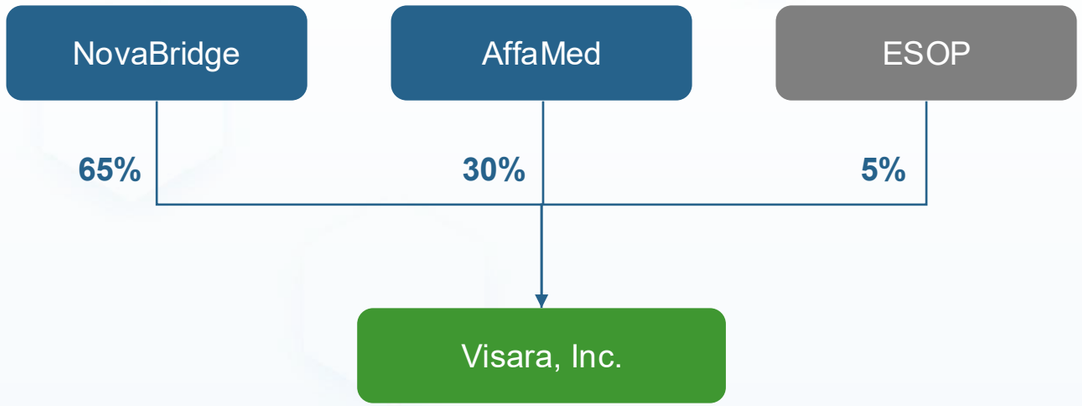
Abundant know-how of platform Co targeting different TA

Distinctive PoC approach with deep expertise

Strong exit track record

Visara is Led by an Exceptional and Experienced Leadership Team

Transaction Structure



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

NewCo Leadership

Emmett T. Cunningham, Jr., MD, PhD, MPH

Co-Founder and Executive Chairman, Visara; Vice-Chairman, NovaBridge

World-renowned ophthalmologist; Former Senior Managing Director, Blackstone Group

25+ years of experience as an entrepreneur and investor

Co-founder of 5+ companies, with a track record of serial entrepreneurial successes (IPO or acquired by MNCs)

Internationally recognized specialist in infectious and inflammatory eye disease with over **450 publications**

Led the development of **Macugen®: a first-in-class VEGF-A inhibitor for AMD and DME**

Cadmus Rich, MD, MBA

Chief Medical Officer (CMO)

18+ years experience as an Executive level R&D professional with deep ophthalmology experience at **multiple pharmaceutical and biotechnology companies** including Lassen Therapeutics, Aura Biosciences and Alcon

Strong experience working with **FDA, EMA and MHRA** on multiple, varied research and development projects

Carlos Quezada-Ruiz MD, FASRS

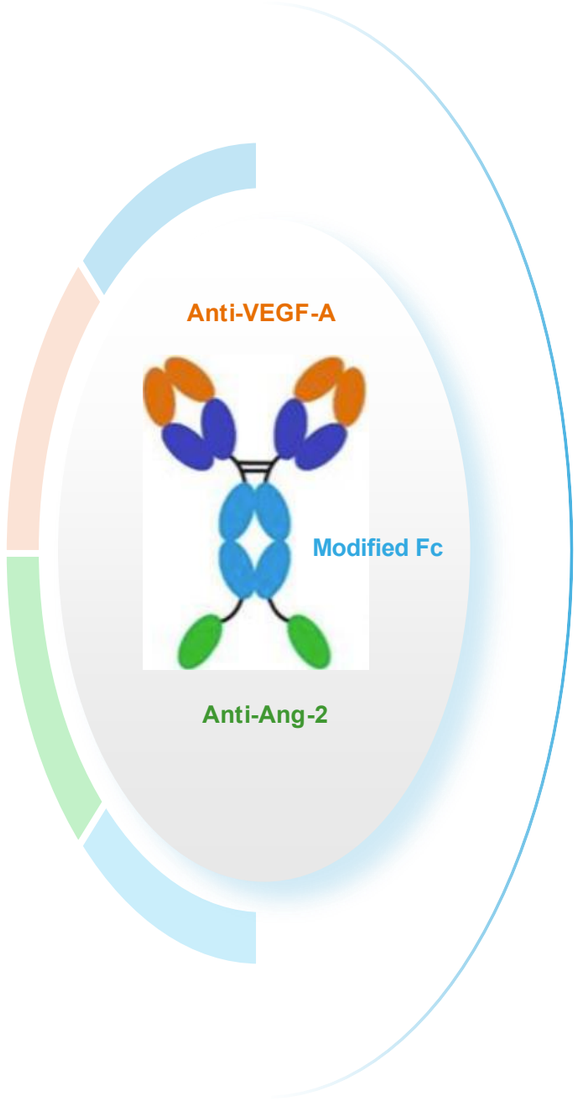
Chairman, Scientific Advisory Board, Visara

15+ years experience in ophthalmology holding various roles as a vitreoretinal surgeon, translational science & drug development executive, clinical R&D & TA head

CMO, Alkeus Pharmaceuticals. Most recently the **medical lead for VABYSMO® at Roche, and played a pivotal role in the global development and approvals** of VABYSMO® and SUSVIMO®, leading design, execution, readouts, fillings and launch

Visara, Inc.
NovaBridge's 1st Spoke

VIS-101 – Purpose-Designed to be Best-in-Class for Retinal Vascular Diseases



Phase 2a wet AMD Update

Safe and well-tolerated

Rapid, robust, and durable treatment responses

- **Mean BCVA >10 ETDRS letters**
- **Median CST 100-150 µm**
- **Potentially best in class durability:**
  - **~Two-thirds retreatment free at 4 months,**
  - **~Half retreatment free at 6 months**

Visara

Today’s Speakers

Carlos Quezada-Ruiz, MD, FASRS

Chairman, Scientific Advisory Board, Visara

An internationally recognized retina specialist and clinical scientist who has played a pivotal role in the development of novel therapies for retinal disease including the global regulatory filings and approvals of VABYSMO for wet AMD

Nikolas JS London, MD, FACS

Managing Partner, President, Retina Consultants San Diego

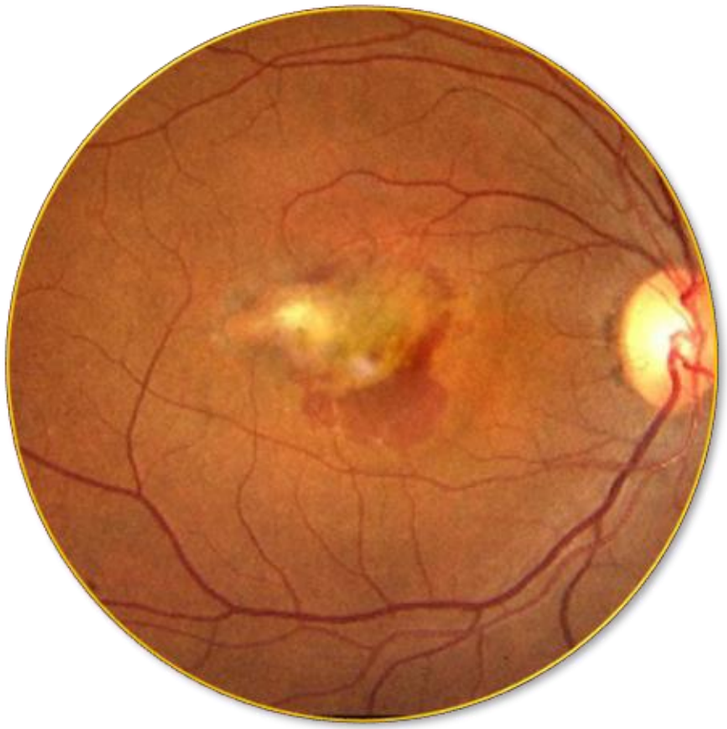
A leading vitreoretinal surgeon and clinical scientist who directs a prominent, nationally recognized retinal practice and has served as the Principal Investigator for dozens of clinical trials evaluating the next generation of surgical and medical therapies

Visara

VIS-101 Overview

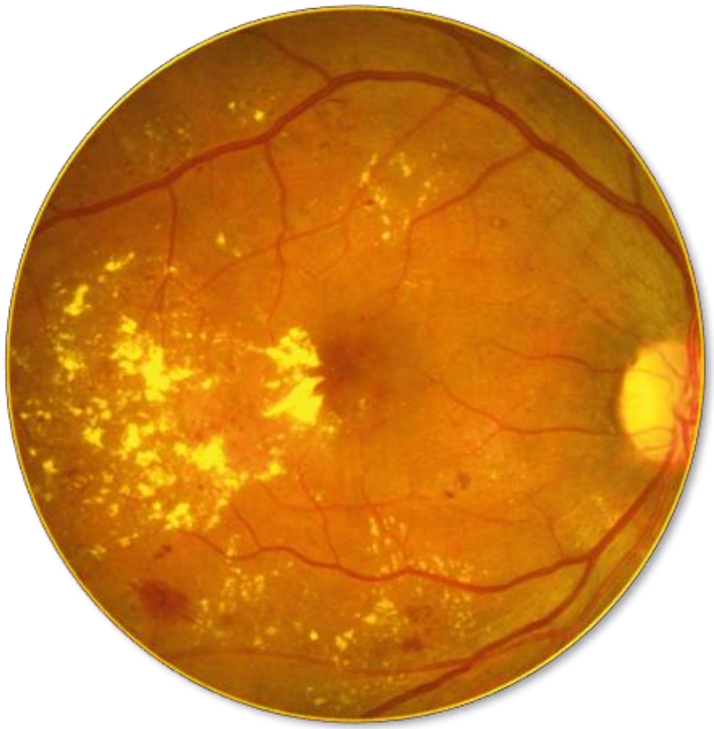
$15B Total Branded Anti-VEGF-A Market[1]

Wet AMD



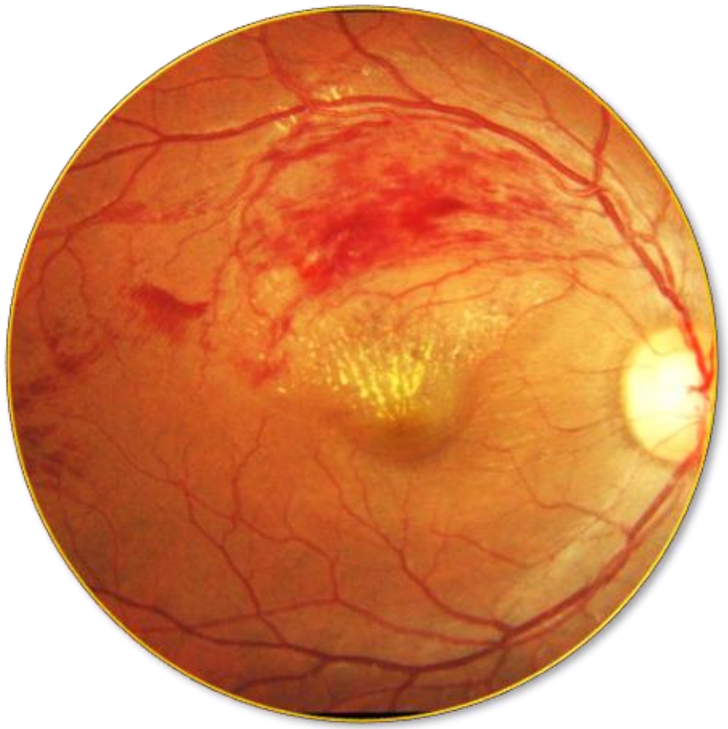
20M+

DME



21M+

RVO



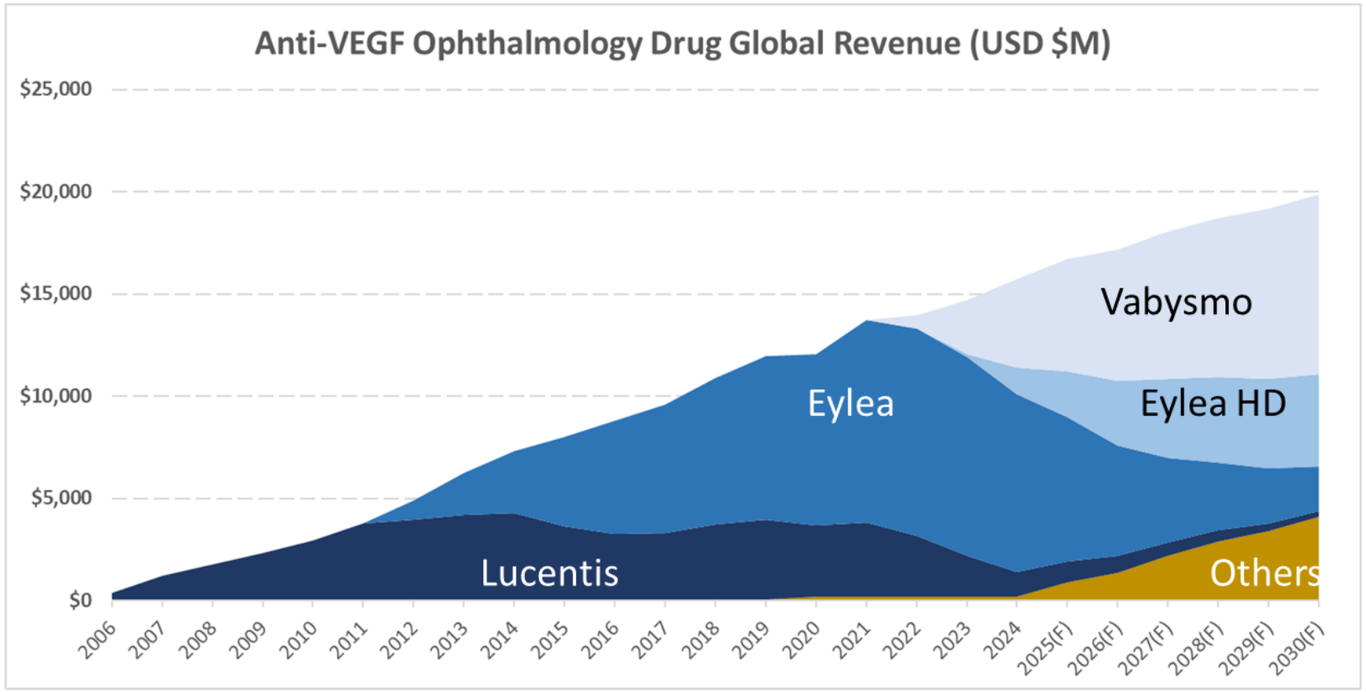
16M+

More than 57M people affected globally[2]

Visara

Data source: 1. Ophthalmic Anti-VEGF Therapeutics Market Size & Share 2025 – 2034, published December 2025, 2. Invest Ophthalmol Vis Sci. 2021 Nov 24; 62 (14): 26. doi: 10.1167/iovs.62.14.26, wet age-related macular degeneration (wet AMD), diabetic macular edema (DME), retinal vein occlusion (RVO)

Anti-VEGF Ophthalmology Market Growth Driven by Efficacy and Durability Improvements



Global revenue projected to grow to >$20B by 2030

Increased revenue correlates with improved durability

Revenue 2y from Launch

Lucentis®	**Q4W**	**$1.8B**
Eylea®	**Q8W**	**$2.8B**
Vabysmo®	**Q8-16W**	**$4.4B**
Eylea HD®	**Q8-16W**	**$1.5B**
VIS-101	**Q8-24W+**	**$1B+***

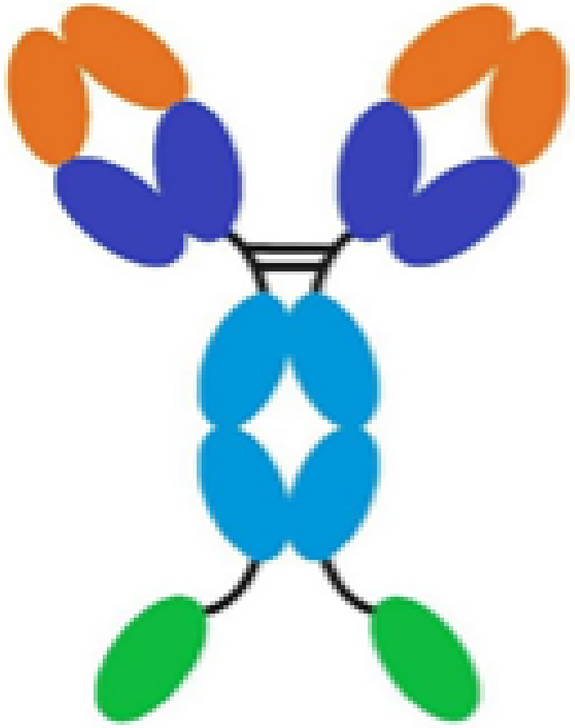
Early Data Support VIS-101's Potential for Best-in-Class Durability

Visara

Data source: Global data & Evaluate Pharma; sales revenue forecasts for Lucentis, Eylea, Vabysmo and Eylea HD, *Estimated VIS-101 revenue, Visara estimate

VIS-101: Purpose-Designed to be Best-in-Class Dual VEGF-A X ANG-2 Inhibitor

Bispecific, Tetravalent design: increased binding sites and increased VEGF-A and ANG-2 affinity



~ 154 kDa biologic

Humanized anti-VEGF-A mAb
~2X inhibitory activity

Optimized Fc region for shortened plasma half-life

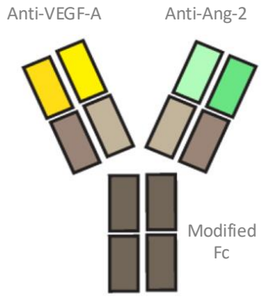
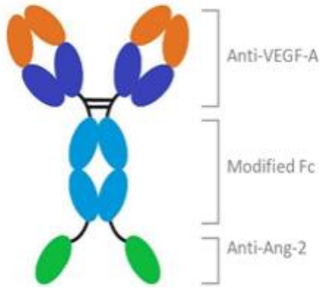
Anti-Ang-2 inhibitory peptides (18mers)
~17X inhibitory activity, for class leading durability

~Half of VIS-101 Patients in Phase 1 and Phase 2a Remain Retreatment-Free at 6 months*

Visara

*Based on treatment naïve groups from evaluated patients in two clinical studies; The Phase 1 study was conducted in the U.S, the Phase 2a study was conducted in China

VIS-101: Best-in-Class Intravitreal Half-Life and Dual Target Inhibition

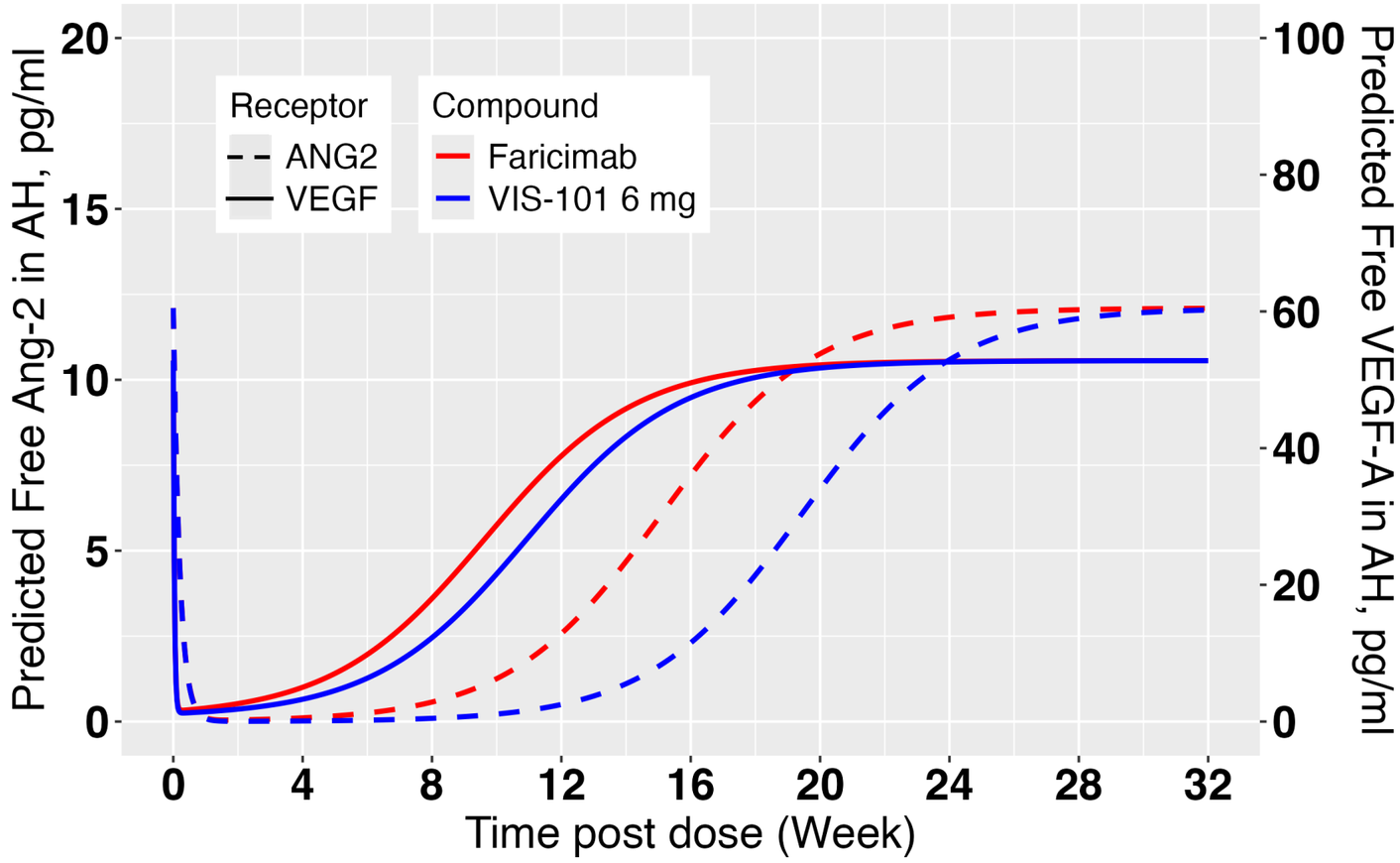
Name/Company: Status	**Vabysmo®/Faricimab** Roche: Approved	**VIS-101** Visara: Phase 2
Structure		
Antibody format **Molecular Weight** **Dose (mg/nM)** **IC_{50}: VEGF/ANG-2**[1]	Bispecific ~150 kDa 6 mg 292 pM/3181 pM	Tetravalent Bispecific ~154 kDa 6 mg* 125 pM/191 pM
Loading Dose	4 doses	3 doses
Durability of Response (post loading)	16 weeks	24 weeks +

Purpose-Bioengineered for Rapid, Robust, Durable Response

Note: 1. Visara *in vitro* report *Dose of 6mg based on clinical trial results, picomolar = pM

Predictive Modeling Suggests Best-in-Class Potential for VIS-101

Predicted dynamics of intraocular VEGF-A and ANG-2 suppression through week 32 post dose[1,2]



Longer VEGF-A and ANG-2 inhibition may predict increased VIS-101 durability

1. Diack et al,2024, TVST: https://doi.org/10.1167/tvst.13.11.14, https://doi.org/10.1167/tvst.13.11.13, 2. VIS-101 data are estimated using the model

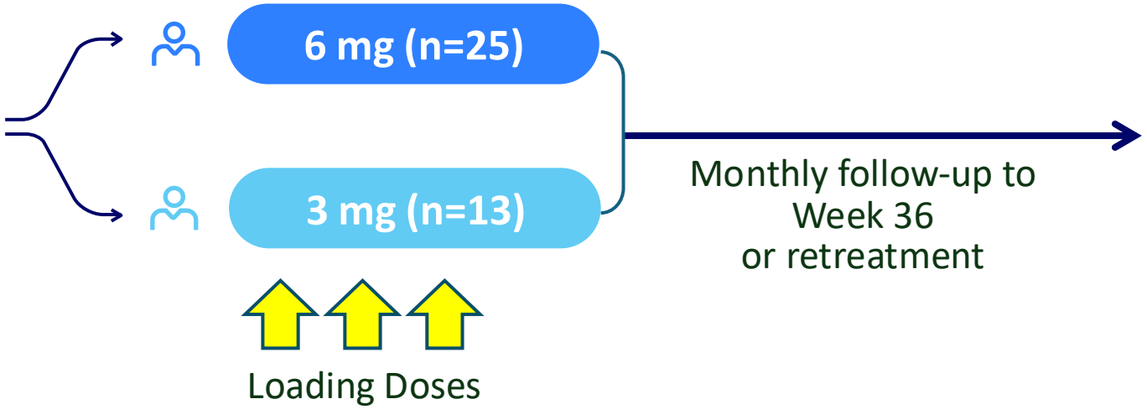
VIS-101 Phase 2a Update
Dr. Carlos Quezada-Ruiz

VIS-101: Phase 2a Study Overview

N=38, randomized 2:1

Patient criteria:

- Aged 50-80 years with wet AMD (both treatment naïve and pre-treated)
- BCVA ETDRS letter score 78-19
- CST ≥250 µm on OCT



Endpoints:

- **BCVA (ETDRS letters)**
- **CST**
- **Retreatment rate**
- **Safety**

- **Study designed to evaluate time to retreatment after 3 loading doses**
- **Retreatment based on defined Disease Activity Criteria based on BCVA or CST and wet AMD disease activity**

Study Assessed Safety and Tolerability of VIS-101, Time to Retreatment After Loading Doses

*Specific Disease Activity Criteria defined in the clinical protocol

Phase 2a Study Demographics Represent Wet AMD Patients

Baseline characteristics were similar between the 6mg and 3mg cohorts

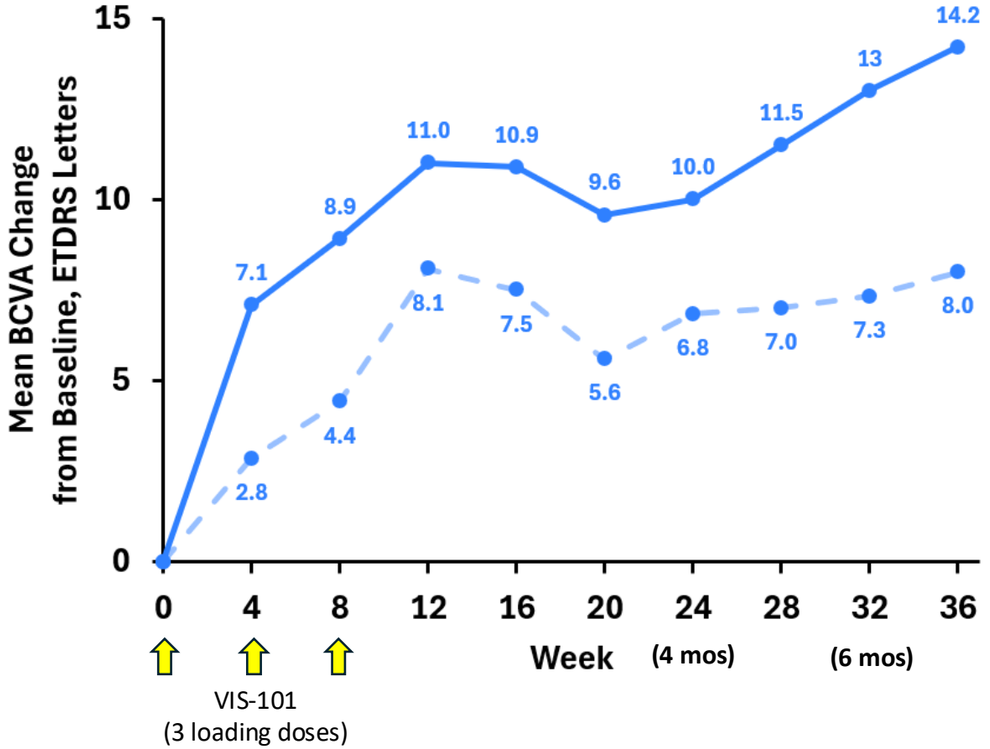
Patient Characteristics		6mg (N=25)	3mg (N=13)	Total (N=38)
Age (average), years		69.5	71.5	
Sex, (n, %)	Male	17 (68.0)	8 (61.5)	25 (65.8)
	Female	8 (32.0)	5 (38.5)	13 (34.2)
Baseline BCVA (Letters)		54.7	52.3	53.9
Baseline CST (µm)		417.2	407.6	413.9
Previously received anti-VEGF therapy, n (%)	Yes	13 (52.0)	4 (30.8)	15 (44.7)
	No	12 (48.0)	9 (69.2)	21 (55.3)

Source: ASKG712-CT-I-1_Phase 1/2a Top Line Table 14.1.3

Rapid, Robust and Sustained Vision Improvement After Three Loading Doses

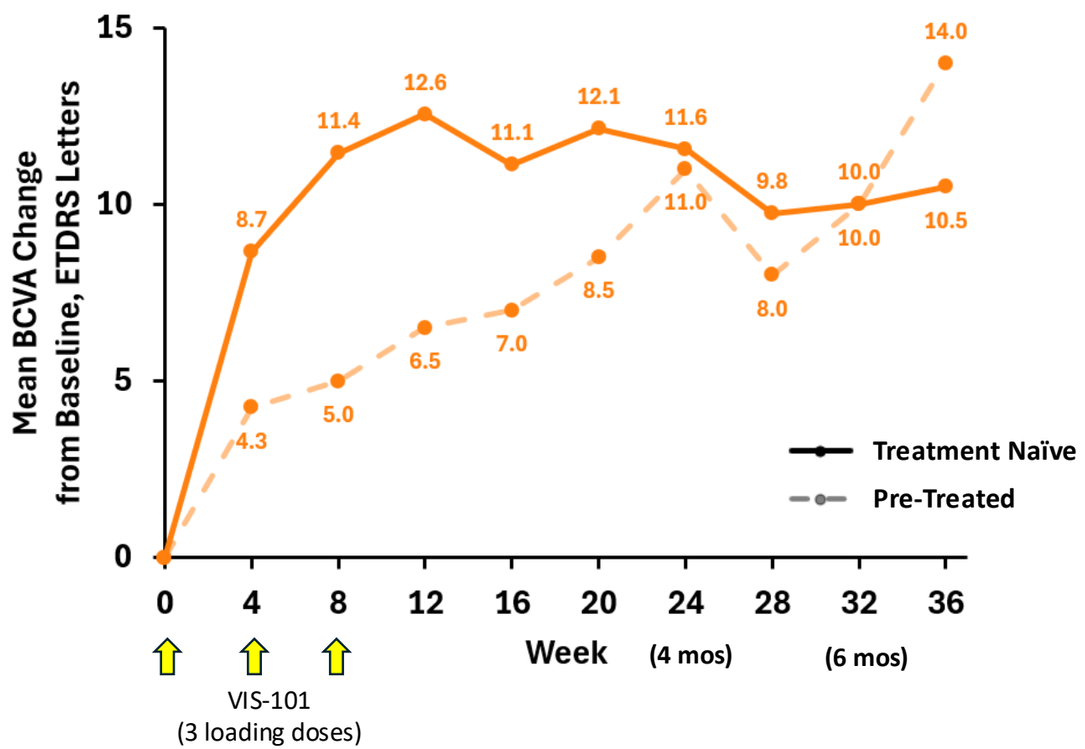
A high-proportion of 6mg participants (nearly half) are re-treatment free at 36 weeks

6mg – Retreatment free Patients



6mg	W4	W8	W12	W16	W20	W24	W28	W32	W36
Naïve	12	12*	11	11	7	7	6	5#	5
Pre-Treated	13**	12	12	12	10	6	4	3	2

3mg – Retreatment free Patients



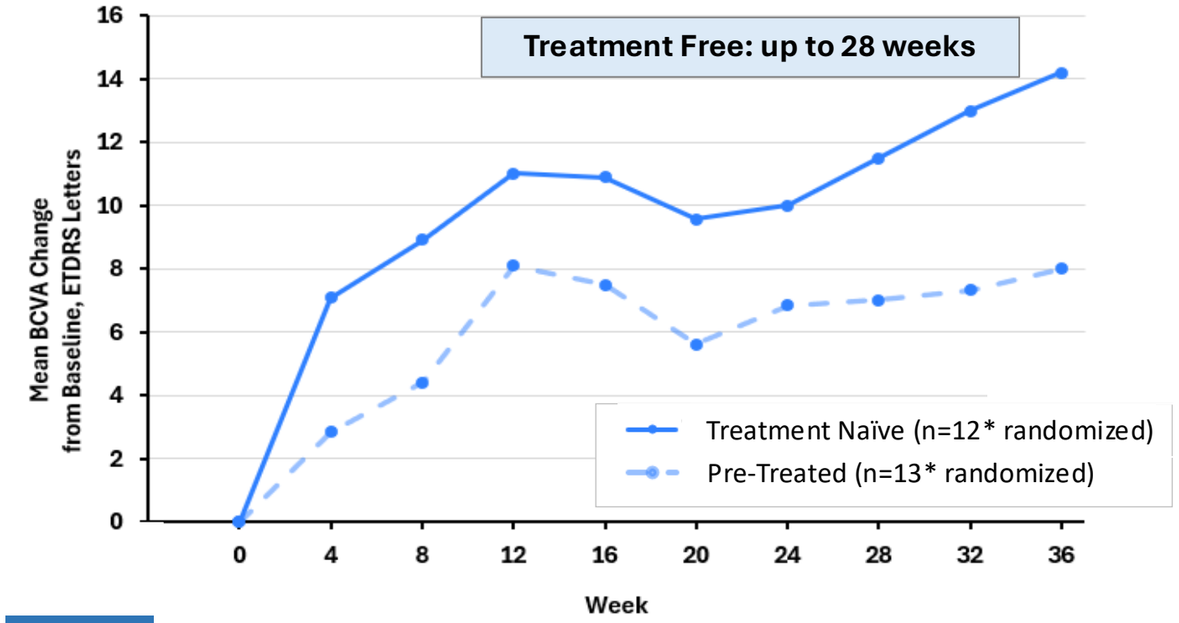
3mg	W4	W8	W12	W16	W20	W24	W28	W32	W36
Naïve	9	9	9	8	7	7	4	3	2
Pre-Treated	4	4	4	4	2	1	1	1	1

Source: nAMD China Phase 2a final raw dataset (tab BCVA001_1) – not final analysis
Notes: *One patient in the 6mg naïve patient cohort dropped out after week 8 follow-up.
**One patient in the 6mg pre-treated cohort dropped out after week 4 visit for reasons unrelated to study drug.
#One patient did not have reading on W32.

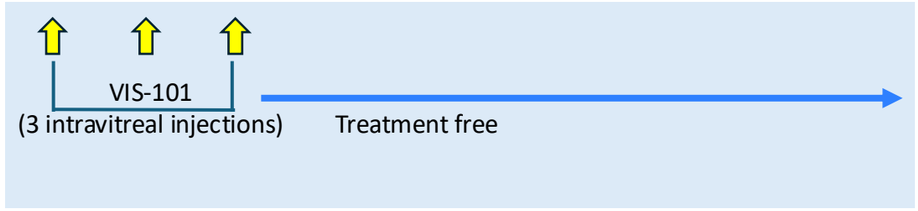
VIS-101 – Robust Efficacy, Best-in-Class Potential

Treatment Naïve and Pre-Treated VIS-101 patients compare favorably to faricimab Phase 2 STAIRWAY trial

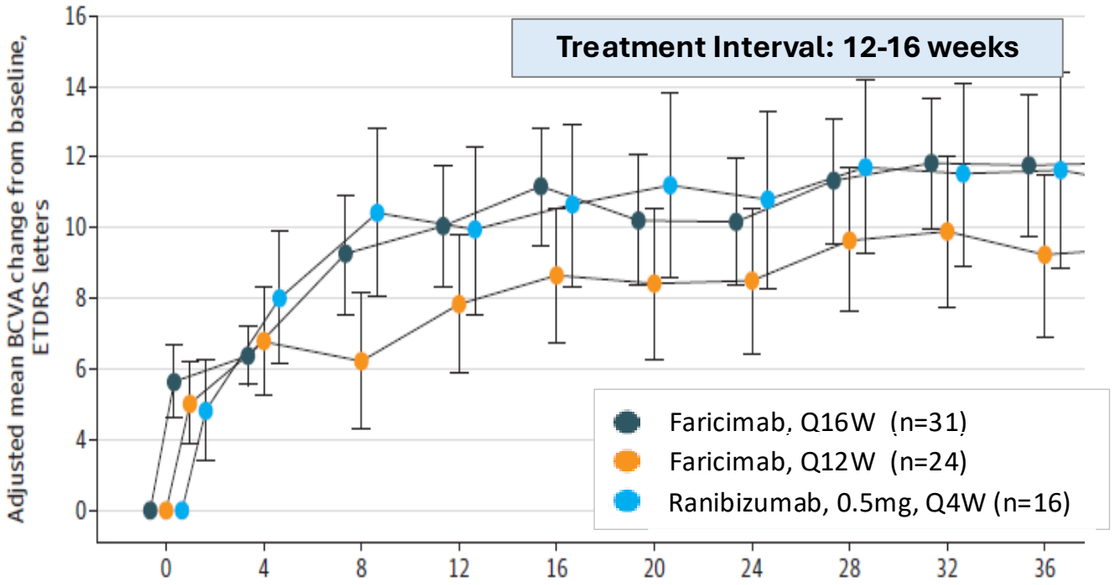
VIS-101 6mg – Retreatment free Patients

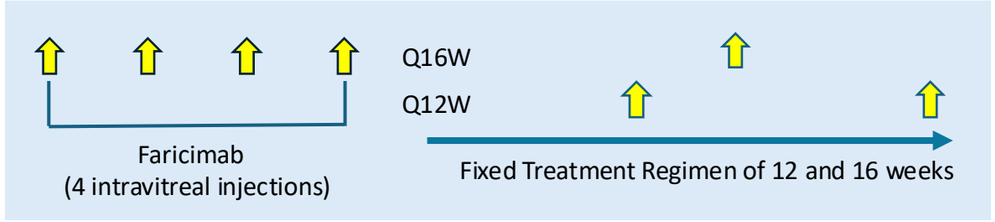


Less loading doses



Faricimab 6mg
(All Treatment Naïve)

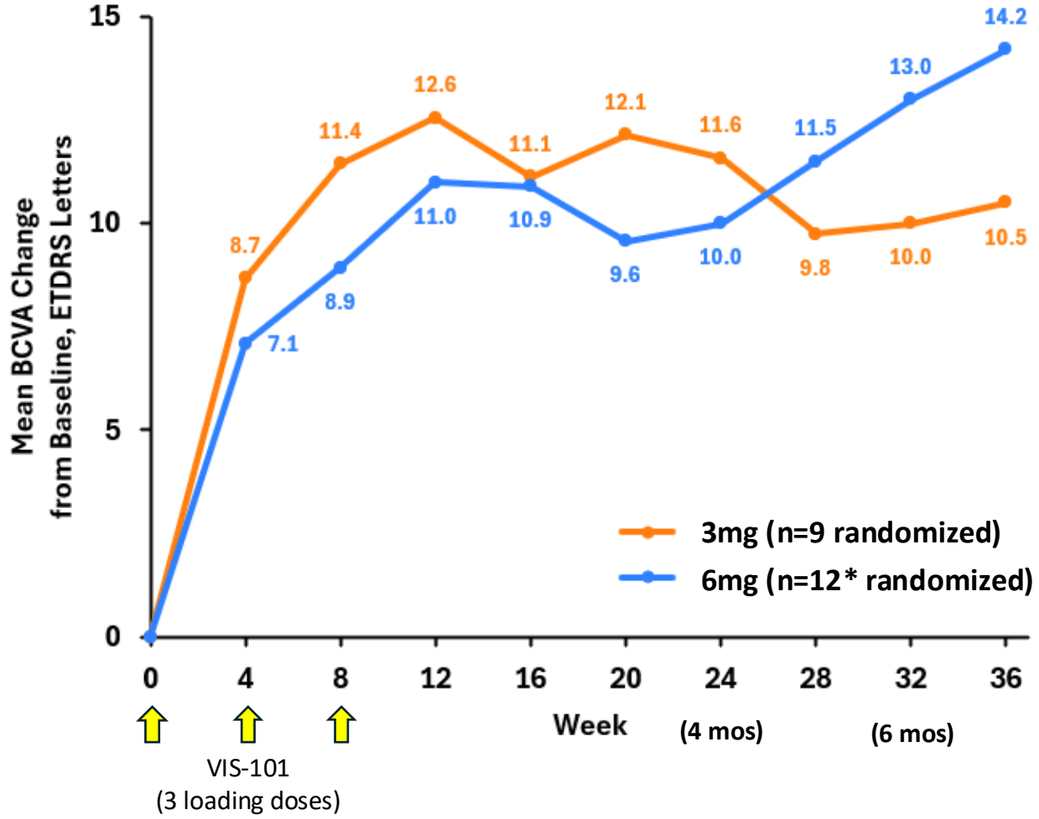




* Cross trial comparison, Faricimab data source: Khanani et al., The STAIRWAY Phase 2 Randomized Clinical Trial. JAMA Ophthalmol. 2020 Sep 1;138(9):964-972.

VIS-101 – Robust Durability, Best-in-Class Potential

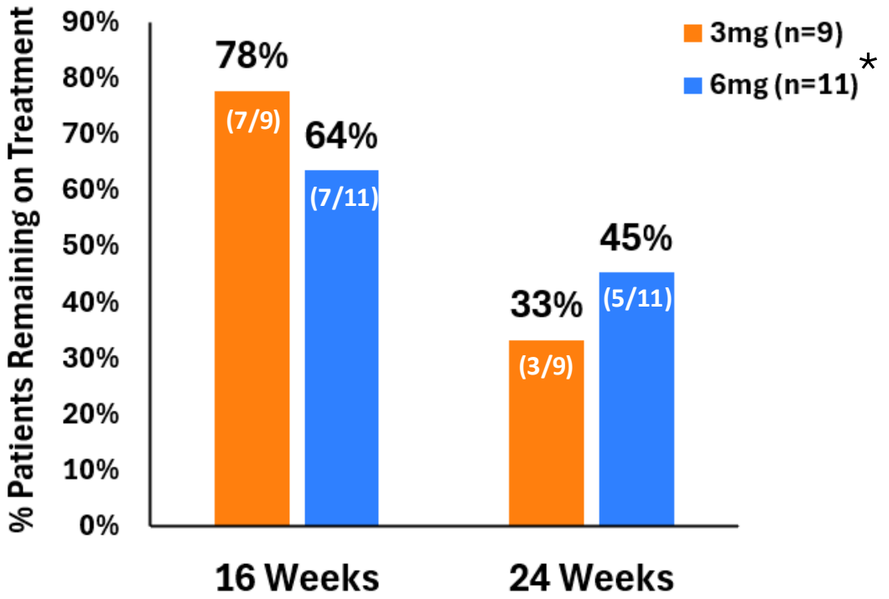
Treatment-Naïve - Retreatment free Patients



Naïve	W4	W8	W12	W16	W20	W24	W28	W32	W36
3mg	9	9	9	8	7	7	4	3	2
6mg	12	12*	11	11	7	7	6	5#	5

% Participants Remaining Treatment Free

(16 vs. 24 weeks post loading doses)



- Mean BCVA >10 ETDRS letters
- ~Two-thirds retreatment free at 4 months
- ~Half retreatment free at 6 months

Source: nAMD China Phase 2a final raw dataset (tab BCVA001_1) – not final analysis
Notes: *One patient in the 6mg naïve patient cohort dropped out after week 8 follow-up.
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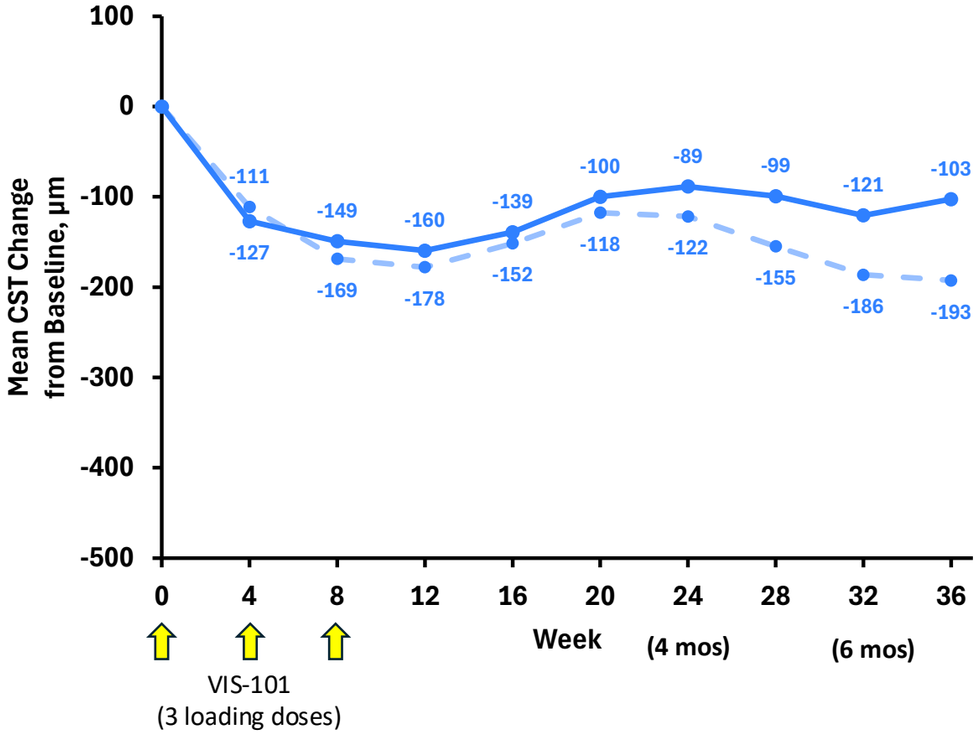
VIS-101 – Rapid and Robust CST Improvement

6mg – Retreatment free Patients



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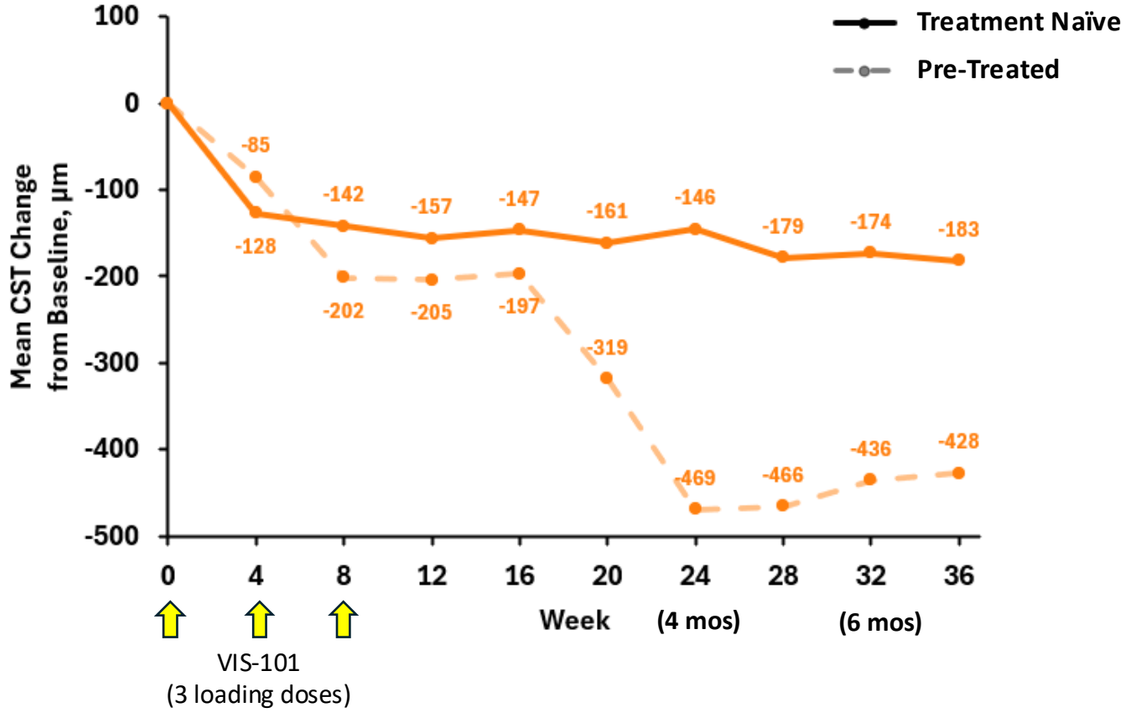

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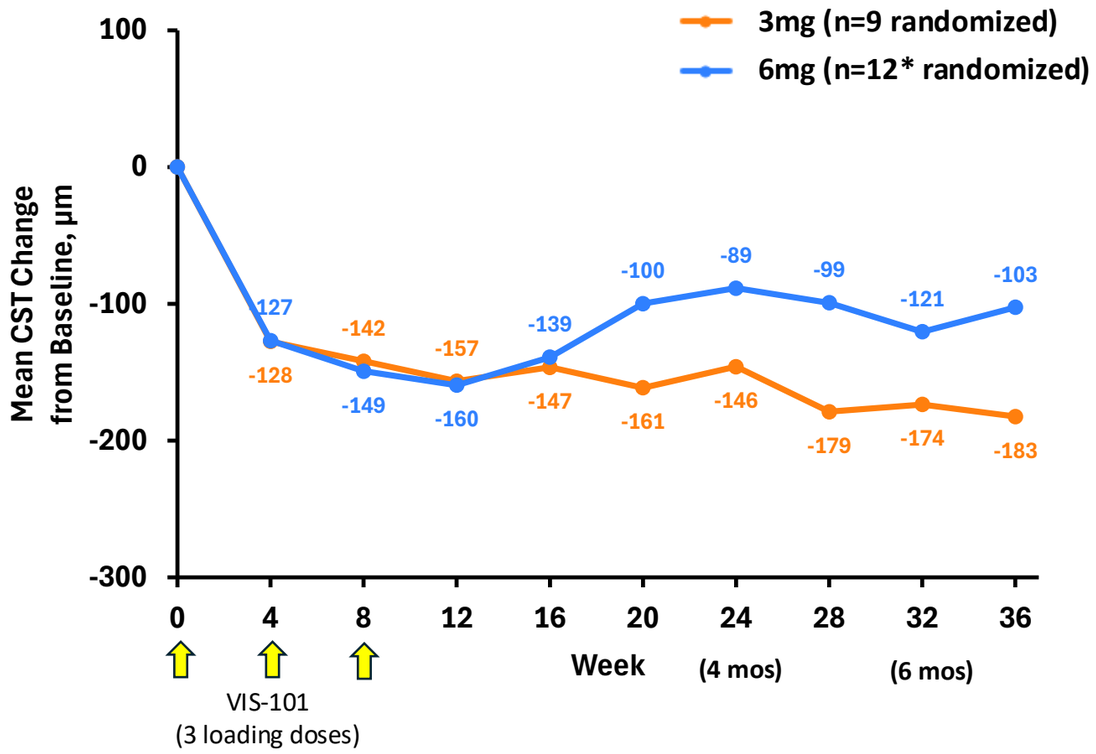
#One patient in the 6 mg naïve patient cohort did not have reading on W32.

VIS-101 - Sustained CST Improvement

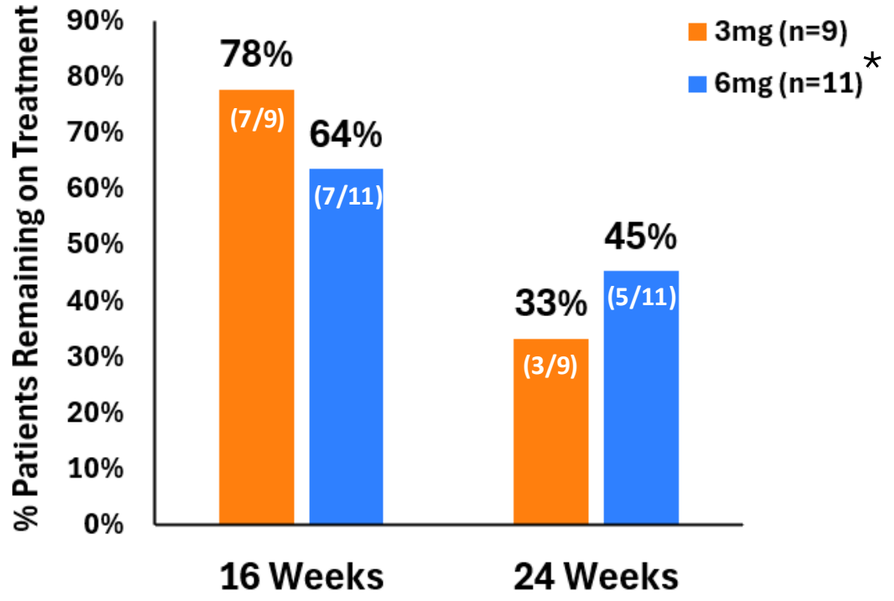
~Half of patients are retreatment free through 36 weeks

Mean CST Changes (Treatment-Naïve)



Naïve	W4	W8	W12	W16	W20	W24	W28	W32	W36
3mg	9	9	9	8	7	7	4	3	2
6mg	12	12*	11	11	7	7	6	5#	5

% Participants Remaining Treatment Free
(16 vs. 24 weeks post loading doses)



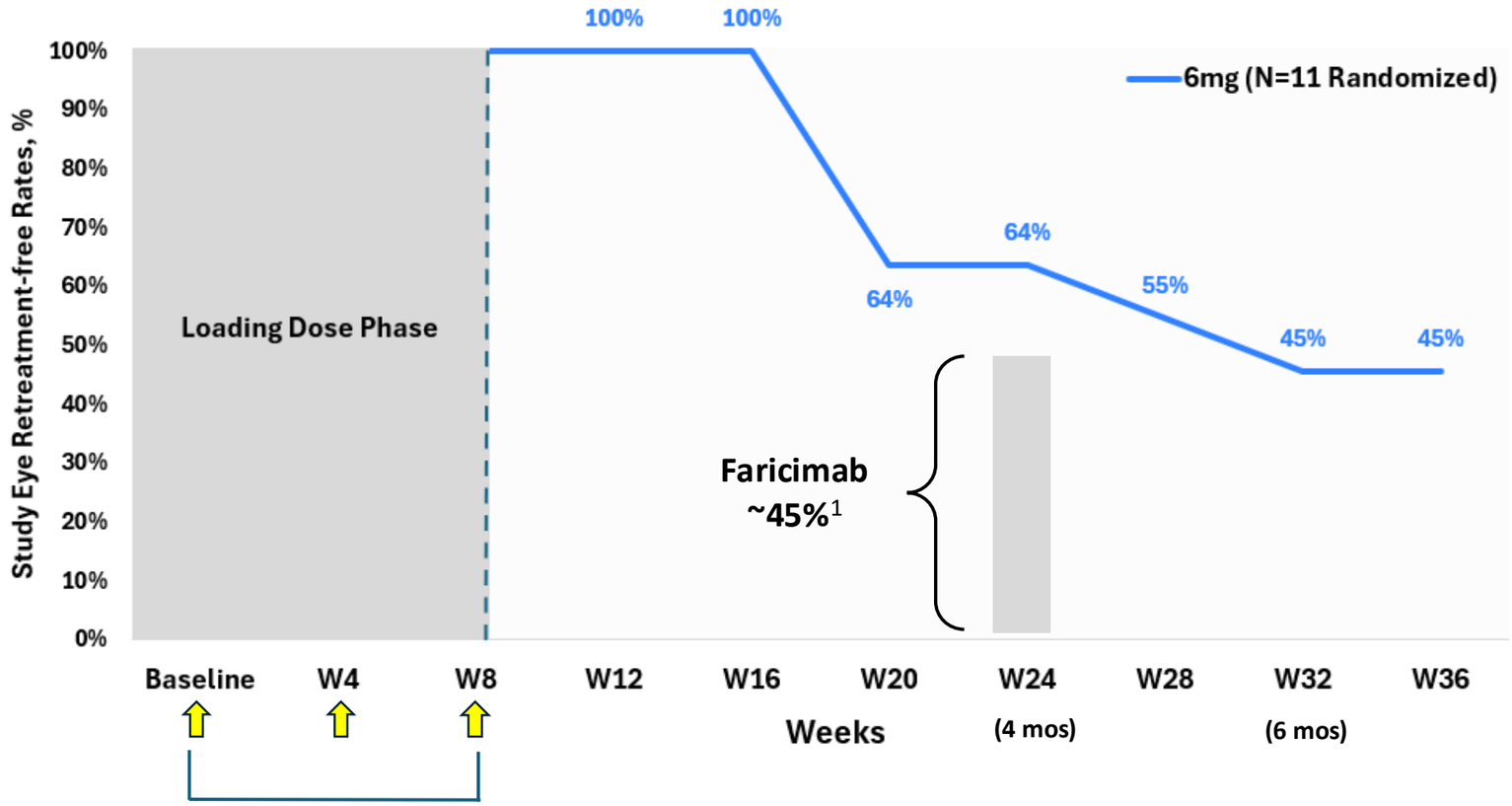
- Median CST ~100-150 µm (after 3 loading doses)
- ~Two-thirds retreatment free at 4 months
- ~Half retreatment free at 6 months

Source: nAMD China Phase 2a final raw dataset (tab BCVA001_1) – not final analysis
Notes: *One patient in the 6mg naïve patient cohort dropped out after week 8 follow-up.
#One patient did not have reading on W32.

VIS-101 - Best-in-Class Durability Potential

~Half of patients are retreatment free through 36 weeks

VIS-101 Retreatment free Rates by Visit (Treatment Naïve)



Retreatment Criteria[2]

- Change in CST ≥75 µm compared previous lowest CST
- BCVA decreases of ≥5 letters compared to the mean BCVA of the last two visits OR decreases by ≥10 letters compared to the previous highest BCVA
- New or recurrent retinal/subretinal fluid on OCT
- Presence of new macular hemorrhage related to nAMD

Source: nAMD China Phase 2a final raw dataset (tab TREAT001_1)

1. Faricimab Phase 3 data; 16 weeks after loading. Efficacy, durability, and safety of intravitreal faricimab up to every 16 weeks for neovascular age-related macular degeneration (TENAYA and LUCERNE): two randomised, double-masked, phase 3, non-inferiority trials. Lancet 2022; 399: 729–40.
2. Retreatment Criteria based on Disease Activity Criteria in the Phase 2a clinical protocol ASKG 712-CT-I-1

Faricimab comparison is not based on a head-to-head study. VIS-101 is an investigational agent that has not been approved in any geography.

Neovascular age-related macular degeneration (nAMD), optical coherence tomography (OCT), best corrected visual acuity (BCVA)

VIS-101 - Favorable Safety Profile with No Dose-Limiting Toxicity

Favorable safety profile with only 2 patients with related AEs

SOC/PT	3mg (N=13) n(%) E	6mg (N=25) n(%) E
Total Treatment Related TEAE	0	2 (8) 4
Eye Disorder	0	2 (8) 4
Uveitis	0	1 (4) 3*
Vitreous opacities	0	1 (4) 1

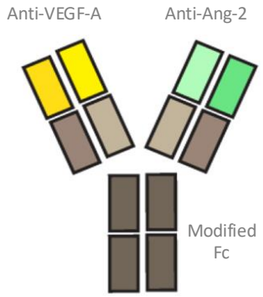
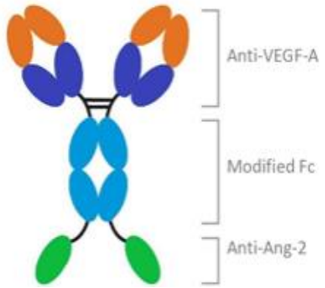
**Uveitis was asymptomatic and did not include change in vision or vasculitis*

VIS-101 was Safe and Well-Tolerated with Only 2 Related Events and No Safety Signals Identified in Treatment Emergent Adverse Events

Source: ASKG712-CT-I-1_Phase 1/2a Top Line Table 14.3.2.5, *2 events one with a grade change, System Organ Class/Preferred Term (SOC/PT)

KOL Perspective:
Dr. Nikolas London

VIS-101: Best-in-Class Intravitreal Half-Life and Dual Target Inhibition

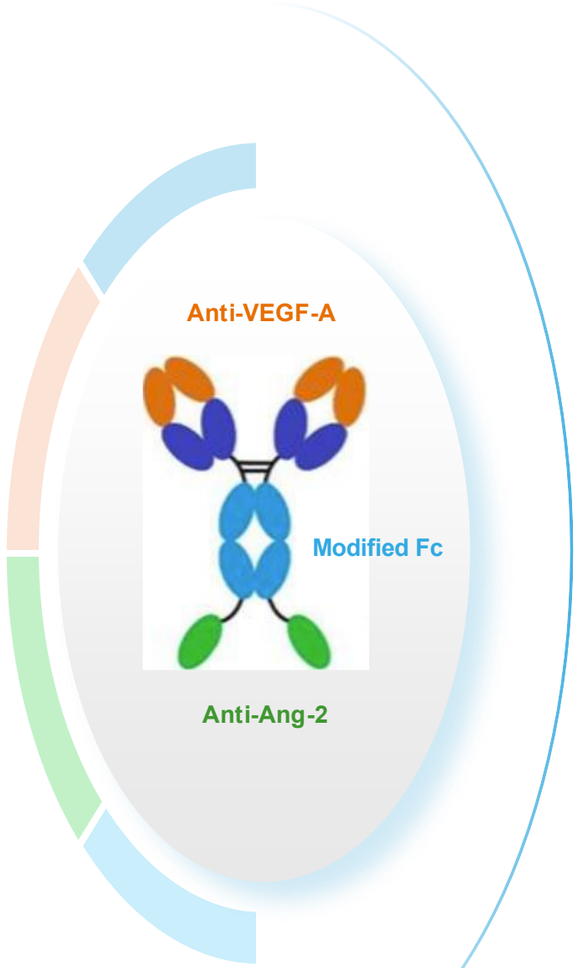
Name/Company: Status	**Vabysmo®/Faricimab** Roche: Approved	**VIS-101** Visara: Phase 2
Structure		
Antibody format **Molecular Weight** **Dose (mg/nM)** **IC_{50}: VEGF/ANG-2**[1]	Bispecific ~150 kDa 6 mg 292 pM/3181 pM	Tetravalent Bispecific ~154 kDa 6 mg* 125 pM/191 pM
Loading Dose	4 doses	3 doses
Durability of Response (post loading)	16 weeks	24 weeks +

Purpose-Bioengineered for Rapid, Robust, Durable Response

Note: 1. Visara *in vitro* report *Dose of 6mg based on clinical trial results, picomolar = pM

VIS-101: Next Steps

VIS-101 – Purpose-Designed to be Best-in-Class for Retinal Vascular Diseases



Phase 2a wet AMD Update

Safe and well-tolerated

Rapid, robust, and durable treatment responses

Potentially best in class durability

Next Steps:

- **Phase 2b study expected to be initiated H2 2026**
- **Global Phase 3 program expected to begin in 2027**

Visara

VIS-101: Q&A

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Thank you

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Summary of Disclosures

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- Amgen, Principal Investigator
- Apellis Pharmaceuticals Inc, Consultant, Speaker
- Astellas Pharmaceuticals, Speaker
- Eyepoint, Consultant and Principal Investigator
- Boehringer Ingelheim, Principal Investigator
- Genentech/Roche, Consultant and Principal Investigator
- Iveric Bio, Consultant
- Janssen Pharmaceuticals, Principal Investigator
- Regeneron, Principal Investigator

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