UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER
PURSUANT TO RULE 13a-16 OR 15d-16 UNDER
THE SECURITIES EXCHANGE ACT OF 1934

For the month of January 2026

Commission File Number: 001-39173

NovaBridge Biosciences

2440 Research Boulevard, Suite 400
Rockville, MD 20850
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

On January 6, 2026, NovaBridge Biosciences issued a press release and an investor presentation, copies of which are furnished herewith as Exhibit 99.1 and Exhibit 99.2, respectively.

EXHIBIT INDEX

Exhibit No.	Description
99.1	Press Release - NovaBridge Presents Positive Givastomig Dose Expansion Data from the Phase 1b Combination Study in Patients with 1L Metastatic Gastric Cancer
99.2	Investor Presentation - January 6, 2026

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

NovaBridge Biosciences

By : /s/ Xi-Yong Fu
Name : Xi-Yong (Sean) Fu
Title : Chief Executive Officer

Date: January 6, 2026

Exhibit 99.1

NovaBridge Presents Positive Givastomig Dose Expansion Data from the Phase 1b Combination Study in Patients with 1L Metastatic Gastric Cancer

- Givastomig, a CLDN18.2 x 4-1BB bispecific antibody, continues to show robust efficacy when combined with nivolumab and chemotherapy (mFOLFOX6) in 1L HER2-negative, metastatic gastric cancer patients, with 77% ORR observed at 8 mg/kg and 73% ORR observed at 12 mg/kg, across a wide range of PD-L1 and CLDN18.2 expression levels
- The median PFS was 16.9 months at 8 mg/kg; 12 mg/kg is immature with approximately 4-month shorter median follow-up; data will be updated in 2026
- Six-month landmark PFS was 73% for 8 mg/kg, and 91% for 12 mg/kg cohorts
- Combination was well tolerated; safety is comparable to the current standard of care treatment
- Data demonstrate that givastomig is a potential best-in-class CLDN18.2 asset when added to 1L standard of care
- NovaBridge is on track to initiate enrollment in a global, randomized Phase 2 study, evaluating both doses against standard of care, in Q1 2026
- Detailed Phase 1b dose expansion data are expected to be presented at a medical conference later in 2026

ROCKVILLE, MD, January 6, 2026 – NovaBridge Biosciences (Nasdaq: NBP) (NovaBridge or the Company) a global biotechnology platform company committed to accelerating access to innovative medicines, today announced positive updated results from the Phase 1b combination study of givastomig, a Claudin 18.2 (CLDN18.2) x 4-1BB bispecific antibody, in combination with nivolumab and chemotherapy (mFOLFOX6) in patients with HER2-negative, first line (1L) metastatic gastric cancer.

The results combine data from patients in the Phase 1b dose escalation and expansion cohorts treated with 8 mg/kg or 12 mg/kg of givastomig. An ORR of 77% (20/26) at the 8 mg/kg dose, and 73% (19/26) at the 12 mg/kg dose, confirms and extends positive signals observed in the dose escalation cohorts. Responses continue to be rapid and deepen over time, and were observed across all levels of CLDN18.2 and PD-L1 expression levels. The safety profile of the combination was similar to earlier observations, except for the emergence of immune-related gastritis, which correlated with improved clinical outcomes. These data, outlined in detail below, position givastomig as a potential best-in-class CLDN18.2-directed therapy for gastric cancer, a potential $12 billion market opportunity by 2030. The full data are intended to be presented at a medical meeting later in 2026.

The Phase 1b study (NCT04900818) is evaluating the safety, efficacy, pharmacokinetics (PK), and pharmacodynamics (PD) of givastomig, used in combination with nivolumab and mFOLFOX6, as 1L therapy in patients with CLDN18.2-positive gastric cancer (GC) (≥1+ immunohistochemistry (IHC) intensity in ≥1% of cells), and any level of PD-L1 expression. The primary endpoint is safety. Secondary endpoints include progression free survival (PFS). The study enrolled only patients in the U.S.

“The dose expansion data reinforce the strong signals we observed in dose escalation. The efficacy is clear at 8 mg/kg, with robust ORRs, including in subgroups defined by low PD-L1 and/or CLDN18.2 expression. The PFS data are very promising and continue to mature. Emerging efficacy data at 12 mg/kg are also strong and similar in terms of ORR. The 12 mg/kg cohort was enrolled after the 8 mg/kg cohort, so follow-up is shorter and PFS is less mature. We expect to report these data later in 2026. We remain enthusiastic about the 12 mg/kg dose because exposure analysis shows higher

exposure is consistently associated with a higher probability of response, without a higher probability of toxicity," said **Phillip Dennis, MD, PhD, Chief Medical Officer of NovaBridge**.

"I continue to be encouraged by givastomig's high response rate across a wide range of Claudin 18.2 and PD-L1 expression levels, and the depth and duration of responses achieved with combination therapy. The development of gastritis was not predicted by the monotherapy study, and may be related to longer givastomig exposure duration, something that has been seen with some CLDN18.2-directed agents. Most gastritis cases were low grade and manageable, and interestingly appear to be associated with higher response rates and longer survival," said **Samuel J. Klempner, MD, Associate Professor of Medicine at Massachusetts General Hospital**. "Givastomig's favorable benefit-risk balance has the potential to offer real world benefit to patients and is planned to be investigated in a randomized trial."

"Givastomig is a core program for NovaBridge," said **Sean Fu, PhD, MBA, Chief Executive Officer of NovaBridge**. "The compelling Phase 1b data presented today have the potential to establish givastomig as the leading CLDN18.2-directed therapy for 1L gastric cancer, where the unmet medical need remains high and the commercial opportunity is significant."

Topline Data from the Givastomig Phase 1b Dose Escalation and Expansion Combination Study in 1L Gastric Cancer

- 54 advanced metastatic gastric cancer patients (metastatic gastric, esophageal or gastroesophageal adenocarcinomas) were enrolled in cohorts across the 8 mg/kg (n=27), and 12 mg/kg (n=27) dose levels as of the December 2, 2025 data cutoff. 52 patients were efficacy evaluable
- Demographics show characteristics typical of metastatic gastric cancer in patients
- All patients were HER2-negative, CLDN18.2-positive (defined as ≥1+ IHC staining intensity in ≥1% of tumor cells), regardless of PD-L1 expression levels
- Enrolled at sites only within the United States
- Biomarker expression consistent with prevalence, noting that in efficacy evaluable patients:
  - 8 mg/kg cohort was over-represented with tumors expressing CLDN18.2 >75% (63%)
  - 12 mg/kg cohort was over-represented with tumors expressing PD-L1 <1% (34%)

Efficacy Results: 51/52 patients exhibited a reduction in the volume of target lesions per RECIST v1.1.

Phase 1b Combination Data Based on patients in the dose escalation and dose expansion cohorts		
Dose level	**8 mg/kg**	**12 mg/kg**
Enrolled patients	**27**	**27**
Efficacy evaluable patients (n)[1]	**26**	**26**
ORR: % (n)	**77 (20/26)**	**73 (19/26)**
• PR[2]	77 (20/26)	69 (18/26)
• CR	-	4 (1/26)
• SD	19 (5/26)	27 (7/26)
• PD	4 (1/26)	-
DCR[3] % (n)	**96 (25/26)**	**100 (26/26)**
Median time to onset of response (months, Min, Max)	**1.8** (1.3, 7.5)	**2.5** (1.5, 5.4)

Footnotes:
1. Efficacy evaluable patients defined as having had at least one evaluable on-treatment scan
2. The 12 mg/kg cohort includes three patients with unconfirmed partial responses, still on treatment
3. DCR defined as patients with a complete response (CR), partial response (PR) confirmed and unconfirmed, or stable disease (SD)

Biomarker Expression

Phase 1b ORR Combination Data by Status

Based on patients in the dose escalation and dose expansion cohorts		
Dose level	**8 mg/kg**	**12 mg/kg**
PD-L1 ≥1	74 (17/23)	75 (12/16)
PD-L1 <1	100 (3/3)	70 (7/10)
CLDN18.2 ≥75%	76 (13/17)	67 (8/12)
CLDN18.2 <75 %	78 (7/9)	79 (11/14)
Note: For patients with low PD-L1 and low CLDN18.2 the ORR was 83% (5/6)		

Durability of Response Data

Phase 1b PFS Combination Data in Efficacy Evaluable Patients Based on patients in the dose escalation and dose expansion cohorts		
Dose level	**8 mg/kg**	**12 mg/kg**
Enrolled patients	**27**	**27**
Efficacy evaluable patients (n)	**26**	**27**[1]
Median follow-up (month)	**10.7**	**6.8**
Events n (%)	12 (46%)	5 (19%)
Censored n (%)	14 (54%)	22 (81%)
Median PFS (mo., 95% CI)	**16.9 (6.8, NA)**	**7.7 (6.9, NA)**
6-month PFS rate (95% CI)	**73%** (51.7, 86.2)	**91%** (69.0, 97.7)
DOR (month, 95% CI)	**15.2** (5.6, NA)	NA
Patients remaining on study	**11**	**18**
Footnotes: 1. The 12 mg/kg cohort includes one additional patient for survival analysis who was ineligible for response analysis		

Safety: Consistent with previously reported results; incidence of TEAE, TRAE and SAE comparable to 1L combinations in relevant GC benchmark studies (CHECKMATE-649 and SPOTLIGHT), with no dose dependence in TRAE

- Common TRAEs (≥15% of patients in either dose) due to any drug were fatigue, nausea, neutropenia, observed in the majority of patients in each cohort. Grade 3 incidence was low in each cohort (listed as a percentage for 8 mg/kg and 12 mg/kg, respectively): fatigue (7%, 11%), nausea (7%, 4%), and neutropenia (26%, 26%)
- Most common givastomig-related TRAEs (>10% of patients in either dose): nausea, vomiting, and fatigue, all of which had a Grade 3 incidence of ≤11%
- Immune-related gastritis was observed in 33% of patients in each cohort (Grade 3 in 4% of patients dosed at 8 mg/kg and 15% of patients dosed at 12 mg/kg):
  - Gastritis was not observed in the monotherapy Phase 1 study of givastomig and infrequently observed with nivolumab and chemotherapy
  - Most commonly occurred after several cycles of therapy, was documented via endoscopy, and was managed with medications and treatment interruption
- Patients developing gastritis were observed to have improved ORR, PFS and OS compared to patients who did not develop gastritis
- Only Grade 4 TRAE was neutropenia (4% at 8 mg/kg and 7% at 12 mg/kg)
- No Grade 5 TRAEs were reported

Business Update with Leerink Partners

Leerink Partners (Leerink) will host a NovaBridge Business Update on Tuesday, January 6, 2026 at 8:30 AM ET. Interested investors should contact their Leerink representative to join.

Business Update with CITIC Securities
CITIC Securities (CITICS) will host a NovaBridge Business Update (in Chinese) on Wednesday, January 7, 2026 at 9:00 AM HKT. Interested investors should contact their CITICS representative to join.

About Givastomig

Givastomig (TJ033721 / ABL111) is a bispecific antibody targeting Claudin 18.2 (CLDN18.2)-positive tumor cells. It conditionally activates T cells through the 4-1BB signaling pathway in the tumor microenvironment where CLDN18.2 is expressed. Givastomig is being developed for potential treatment of gastric cancer and other Claudin 18.2-positive gastrointestinal malignancies. In Phase 1 trials, givastomig has shown promising anti-tumor activity attributable to a potential synergistic effect of proximal interaction between CLDN18.2 on tumor cells and 4-1BB on T cells in the tumor microenvironment, while minimizing toxicities commonly seen with other 4-1BB agents.

Givastomig is being jointly developed through a global partnership with ABL Bio, in which NovaBridge is the lead party and shares worldwide rights, excluding Greater China and South Korea, equally with ABL Bio.

About NovaBridge

NovaBridge is a global biotechnology platform company committed to accelerating access to innovative medicines. The Company combines deep business development expertise with agile translational clinical development to identify, accelerate, and advance breakthrough assets. By bridging science, strategy, and execution, NovaBridge enables transformative therapies to progress rapidly from discovery toward patients in need.

The Company's differentiated pipeline is led by givastomig, a potential best-in-class, Claudin 18.2 x 4-1BB bispecific antibody, and VIS-101, a second-in-class, potentially best-in-class bifunctional biologic, targeting VEGF-A and ANG2.

Givastomig conditionally activates T cells via the 4-1BB signaling pathway in the tumor microenvironment where Claudin 18.2 is expressed. Givastomig is being developed to treat Claudin 18.2-positive gastric cancer and other gastrointestinal malignancies. The Company is also collaborating with its partner, ABL Bio, for the development of ragistomig, a bispecific antibody integrating PD-L1 as a tumor engager and 4-1BB as a conditional T cell activator, in solid tumors. Additionally, NovaBridge owns worldwide rights outside of China to ulilediimab, an anti-CD73 antibody that targets adenosine-driven immunosuppression in cancer.

VIS-101 targets VEGF-A and ANG-2 to provide more potent and durable treatment benefits for patients with wet age-related macular degeneration (wet AMD) and diabetic macular edema (DME). VIS-101 is currently completing a large, randomized, dose-ranging Phase 2 study for wet AMD. NovaBridge is the majority shareholder of Visara, and Visara controls global rights to VIS-101, outside of Greater China and certain countries in Asia.

For more information, please visit www.novabridge.com and follow us on LinkedIn.

Forward Looking Statements

This announcement contains forward-looking statements. These statements are made under the "safe harbor" provisions of the U.S. Private Securities Litigation Reform Act of 1995. These forward-looking statements can be identified by terminology such as "will", "expects", "believes", "designed to", "anticipates", "future", "intends", "plans", "potential", "estimates", "confident", and similar terms or the negative thereof. NovaBridge may also make written or oral forward-looking statements in its periodic reports to the U.S. Securities and Exchange Commission (the SEC), in its annual report to shareholders, in press releases and other written materials and in oral statements made by its officers, directors or employees to third parties. Statements that are not historical facts, including statements about the Company's beliefs and expectations, are forward-looking statements. Forward-looking statements in this press release include, without limitation, statements regarding: the strategy, clinical development, plans, results, safety and efficacy of givastomig and VIS-101 and its other drug candidates; the strategic and clinical development of NovaBridge's drug candidates, including givastomig, ragistomig, ulilediimab, and VIS-101; anticipated clinical milestones and results, and related timing. Forward-looking statements involve inherent risks and uncertainties that may cause actual results to differ materially from those contained in these forward-looking statements, including but not limited to the following: the Company's ability to

demonstrate the safety and efficacy of its drug candidates; the clinical results for its drug candidates, which may or may not support further development or New Drug Application/Biologics License Application (NDA/BLA) approval; the content and timing of decisions made by the relevant regulatory authorities regarding regulatory approval of the Company's drug candidates; the Company's ability to achieve commercial success for its drug candidates, if approved; the Company's ability to obtain and maintain protection of intellectual property for its technology and drugs; the Company's reliance on third parties to conduct drug development, manufacturing and other services; the Company's limited operating history and the Company's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates; and those risks more fully discussed in the "Risk Factors" section in the Company's annual report on Form 20-F filed with the SEC on April 3, 2025 as well as the discussions of potential risks, uncertainties, and other important factors in the Company's subsequent filings with the SEC. All forward-looking statements are based on information currently available to the Company. The Company undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, except as may be required by law.

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NovaBridge

Company Presentation

January 2026

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This presentation includes statistical and other industry and market data that we obtained from industry publications and research, surveys, and studies conducted by third parties, and our own estimates of potential market opportunities. All of the market data used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data. Industry publications and third-party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee, and the accuracy or completeness of such information has not been independently verified. Our estimates of the potential market opportunities for our product candidates include several key assumptions based on our industry knowledge, industry publications, third-party research, and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reasonable, no independent source has verified such assumptions.

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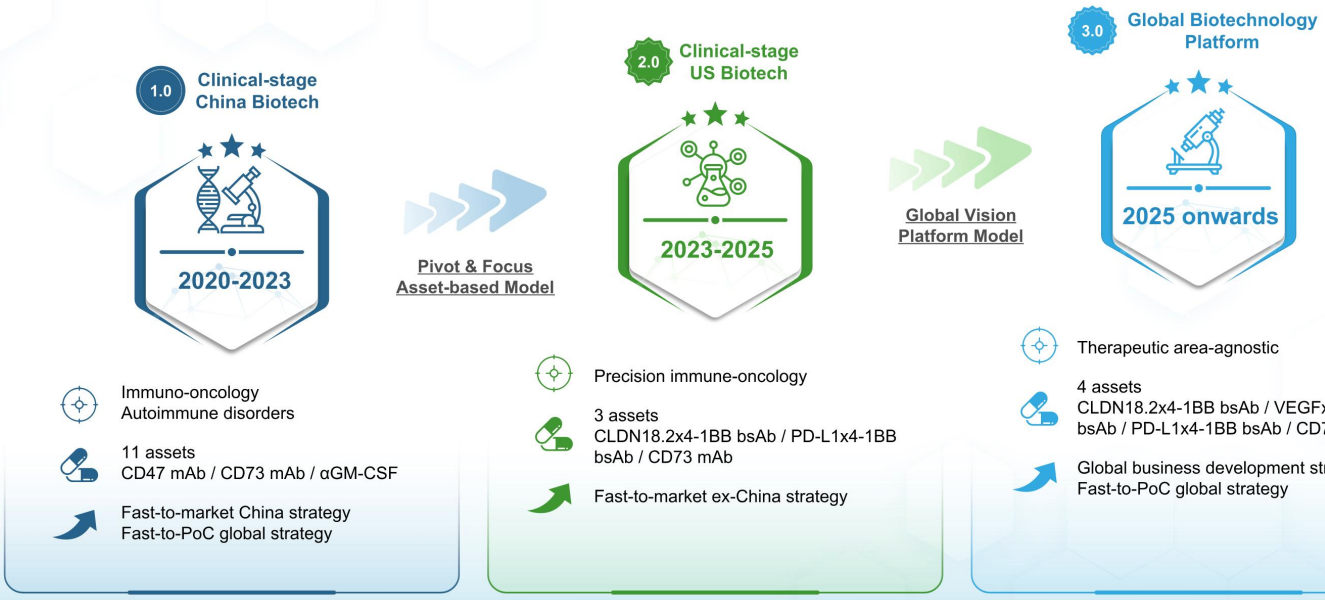
This presentation contains forward-looking statements. These statements are made under the "safe harbor" provisions of the U.S. Private Securities Litigation Reform Act of 1995. These forward-looking statements can be identified by terminology such as "future", "promising", "may", "plans", "potential", "will", "could position", "promise", "advance", "target", "design", "strategy", "pipeline", and "project", and similar terms or the negative thereof. Statements that are not historical facts, including statements about the Company's beliefs and expectations, are forward-looking statements. The forward-looking statements in this presentation include, without limitation, statements regarding the following: the Company's pipeline and capital strategy; the design and potential benefits, advantages, promise, attributes, and target usage of givastomig, ragistomig, ulilediimab and VIS-101; the projected development and advancement of the Company's portfolio and anticipated clinical milestones, results and related timing; the Company's expectation regarding the potential market opportunity of gastric cancer, pancreatic ductal adenocarcinoma, cholangiocarcinoma, neovascular age-related macular degeneration and diabetic macular edema; the market opportunity and the Company's potential next steps (including the potential expansion, differentiation, or commercialization) for givastomig, ragistomig, ulilediimab and VIS-101; the Company's expectations regarding the impact of data from past, ongoing and future studies and trials; the benefits of the Company's collaboration with development partners; the timing and progress of studies (including with respect to patient enrollment and dosing); the availability of data and information from ongoing studies; and the Company's expectations regarding its anticipated cash runway and future use of its cash position. These forward-looking statements involve inherent risks and uncertainties that could cause actual results to differ materially from those expressed or implied in such forward-looking statements. These risks and uncertainties include, but are not limited to, the following: the Company's ability to demonstrate the safety and efficacy of its drug candidates; the clinical results for its drug candidates, which may or may not support further development or new drug application/biologics license application approval; the content and timing of decisions made by the relevant regulatory authorities regarding regulatory approval of the Company's drug candidates; the Company's ability to achieve commercial success for its drug candidates, if approved; the Company's ability to obtain and maintain protection of intellectual property for its technology and drugs; the Company's reliance on third parties to conduct drug development, manufacturing and other services; the Company's limited operating history and the Company's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates; and discussions of potential risks, uncertainties, and other important factors in the Company's most recent annual report on Form 20-F and the Company's subsequent filings with the U.S. Securities and Exchange Commission (the "SEC"). The Company may also make written or oral forward-looking statements in its periodic reports to the SEC, in its annual report to shareholders, in press releases and other written materials, and in oral statements made by its officers, directors, or employees to third parties. All forward-looking statements are based on information currently available to the Company. The Company undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, except as may be required by law.

NovaBridge

Company Overview & Highlights

Our Evolution to Pioneer the Next Frontier in Global Innovation



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

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

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

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

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

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

Our Platform-based Business Model

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

Emerging innovation for asset sourcing

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

Accelerate innovative asset development with at scale value creation

Oncology Co	Ophthal Co	Future New Co
• Givastomig (CLDN18.2 x 4-1BB bsAb)	• VIS-101 (VEGF x Ang-2 bsAb)	• …
• Ragistomig (PD-L1 x 4-1BB bsAb)	• …	
• Ulilediimab (CD73 mAb)		
• …		

NovaBridge Platform

Scientific Translation + Clinical De-risking

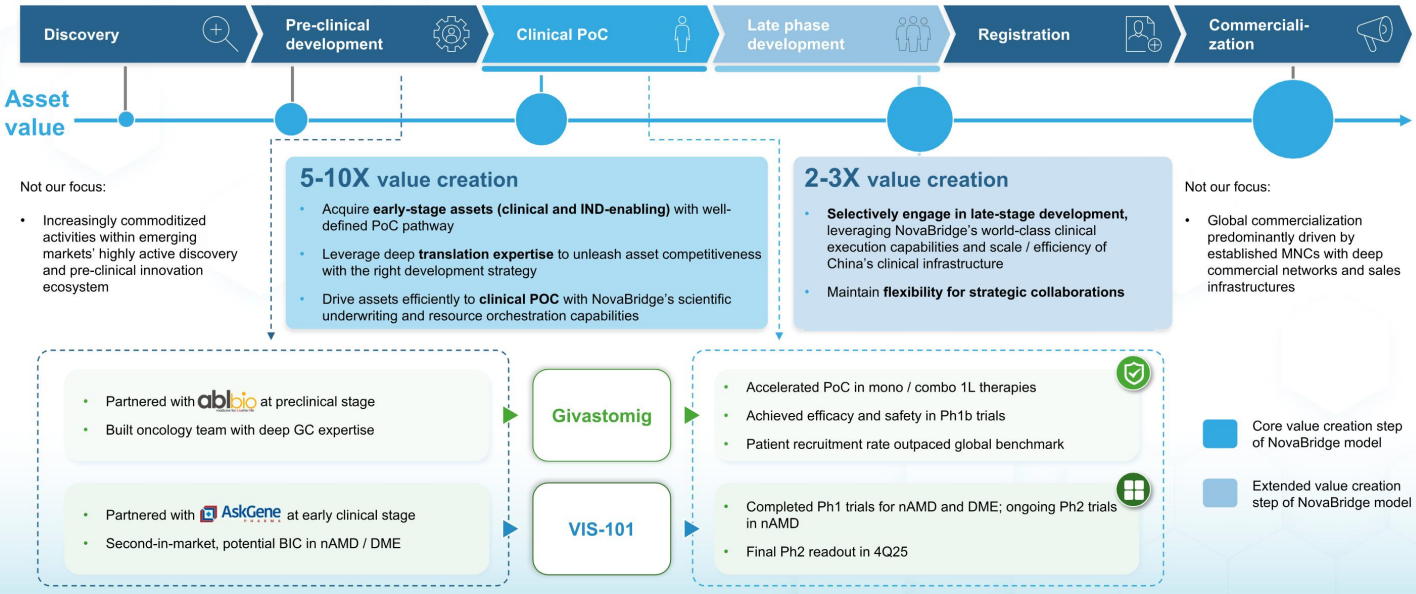
Attractive exit/spin-off

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

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

Our Platform-based Business Model (Cont'd)

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



Not our focus:

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

5-10X value creation

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

2-3X value creation

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

Not our focus:

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

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

Givastomig

- Accelerated PoC in mono / combo 1L therapies
- Achieved efficacy and safety in Ph1b trials
- Patient recruitment rate outpaced global benchmark

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

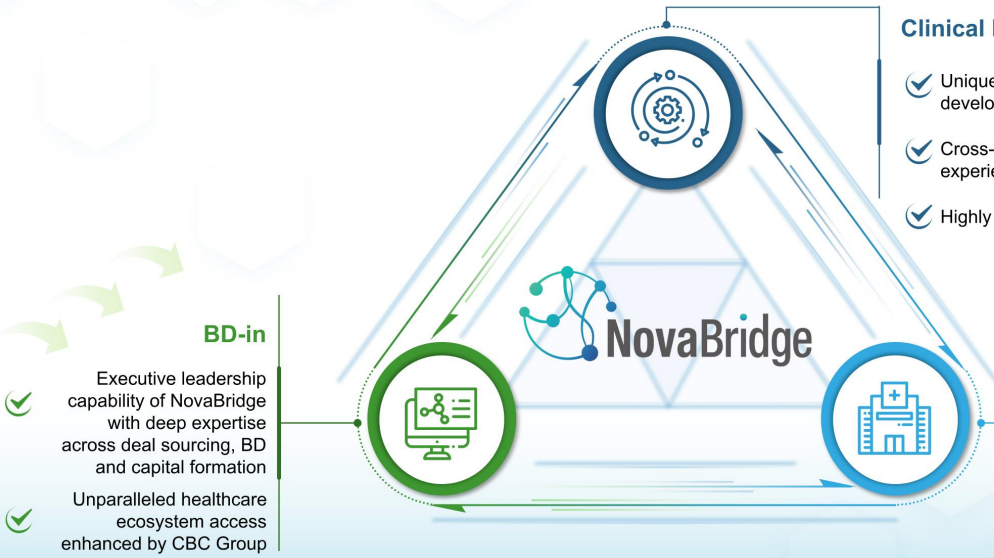
VIS-101

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

Core value creation step of NovaBridge model

Extended value creation step of NovaBridge model

Our Core Capabilities to Empower the Novel Business Model



Clinical Development

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

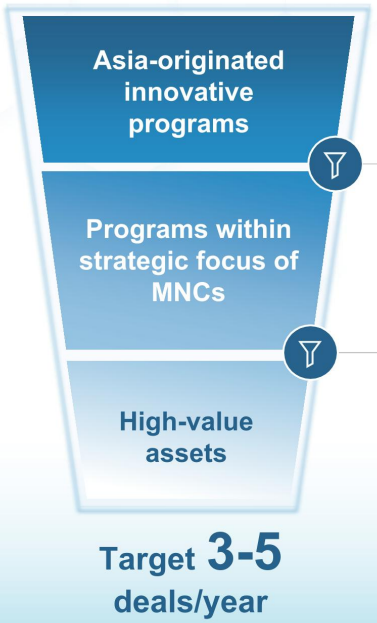
BD-in

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

BD-out

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

Systematic and TA-Agnostic Approach to Screen and Actively Monitor Clinically Differentiated Assets



Target **3-5** deals/year

Examples of Oncology opportunities

- Across tumor types opportunities (e.g., next generation of backbone)
- At scale tumor type specific innovations

Level of differentiation

- Innovative mechanisms on proven targets
- Multi-targeting / multi-action therapeutics

Competitive positioning

- Relative positioning under global development landscape (e.g., first wave)

Technical validation

- De-risked technology platform with clinical data validation
- Validated CMC to ensure manufacturing and supply chain robustness

We are Uniquely Positioned with Competitive Advantages

Strength Constraint

		NovaBridge		MNC Pharmas	US Biotechs	Other NewCos
Asset sourcing	Local innovation access	Deeply rooted in Asian innovation ecosystem for long-time	**11 years** of operation since establishment	Relatively established local BD network	Distant from Asian innovation sources	Seen as a "last resort" for lower-priority assets
	Capital strength	Healthy cash runway and strong fund-raising capabilities	**$65M** raised in recent US follow-on → robust cash position of **$228.3M**[1] to support **>2 years** of cash runaway	Substantial funding advantages	Capital strengths vary and not consistent	Effectively link capital and assets
	Decision making	Agile decision making by experienced leadership	**~20** years of average management industry experience	Slow decision-making with competing priorities	Agile decision making	Agile decision making
Asset development	Scientific Translation	Deep know-how with TA focus in each Platform Co	Each R&D member with **over 10 years** of industry experience	Deep know-how in priority TAs	Deep know-how in priority TAs	Lack track records in accelerating asset development and maximizing value
	Clinical de-risking	Focused approach with strengths in clinical PoC	Givastomig	Global R&D complexity stifles Asian innovation agility	Lack speed and operational efficiency advantages	
Exit / Spin-off		Strong exit track record by CBC/NovaBridge leadership	CBC Group Better Healthcare for All; NovaBridge	In-house commercialization for asset value maximization	Traditional exit pathway e.g., IPO	Traditional exit pathway e.g., IPO

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

Our Expanding Pipeline — Four Clinical-stage Assets

CATE-GORY	ASSET	TARGET	MODALITY	INDICATION(S)	REGIMEN	PRECLINICAL / IND-ENABLING / PHASE 1 / PHASE 2 / REGISTRATIONAL/ PHASE 3	NCT #	MILESTONES	PARTNER	RIGHTS
Oncology	★Givastomig[1,2]	CLDN18.2 x 4-1BB	bsAb	1L GEA	Giva + Chemo + Nivo vs. Chemo + Nivo	CLDN18.2 Positive[3]	/	Phase 2 FPI Q1 2026	ABL Bio	Global (ex-Greater China, ex-South Korea)
					Giva + Chemo + Nivo	CLDN18.2 Positive[4]	NCT04900818	Phase 1b Topline data Jan-2026		
					Giva + Chemo ± Nivo	CLDN18.2 Low / PD-L1 Low		Phase 1b FPI Q4 2025		
				1L BTC	Giva + Chemo + CPI	CLDN18.2 Positive		Phase 1b FPI 1H 2026		
				1L PDAC	Giva + Chemo	CLDN18.2 Positive		Phase 1b FPI 1H 2026		
	Ragistomig[1]	PD-L1 x 4-1BB	bsAb	Solid Tumors	Ragi + PD-(L)1		NCT04762641	Phase 1b Topline data 2H 2026		
	Ulilediimab	CD73	mAb	NSCLC	Uli + PD-(L)1 ± Chemo		NCT06984588	Phase 1b/2 PFS data 2H 2026[5]	天境生物	Global (ex-Greater China)
Ophthalmology	VIS-101	VEGF x ANG-2	bsAb	Wet AMD	Mono		NCT05345769	Phase 2 Data readout Q1 2026	EVEREST MEDICINES 云顶新耀	Global (ex-Greater China)
				DME	Mono		NCT05940428	/	AffaMed Therapeutics / AskGene	

Ongoing Clinical Trials Clinical Trials to be Initiated ★ Core Product

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

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

Visionary and Seasoned Management Team

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

Wei Fu
Director and Executive Chairman of our Board

Sean Fu
PhD, MBA
Chief Executive Officer

Sean Cao
PhD
Chief Business Development Officer

Kyler Lei
Chief Financial Officer

Phillip Dennis
MD, PhD
Chief Medical Officer

Claire Xu
MD, PhD
Senior Vice President, Clinical Development

Years of Industry Experience

NovaBridge

Oncology Program

Givastomig

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

Significant Unmet Need in Gastric Cancer with Limited Treatment Options

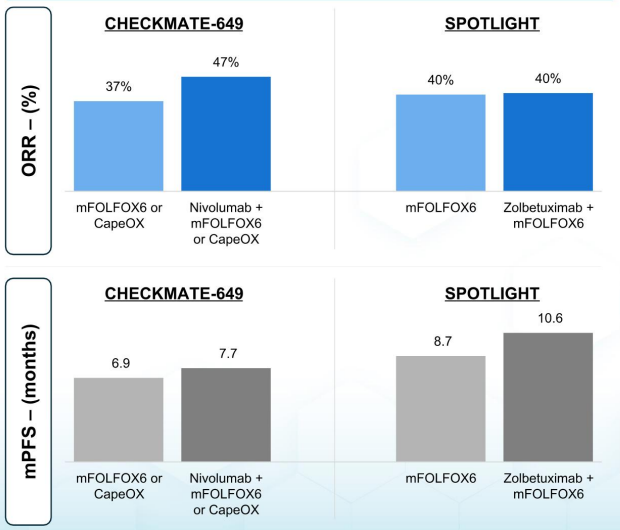
5th most common cancer with ~250k patients globally and **4th leading cause of cancer mortality worldwide**[1]

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

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

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

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



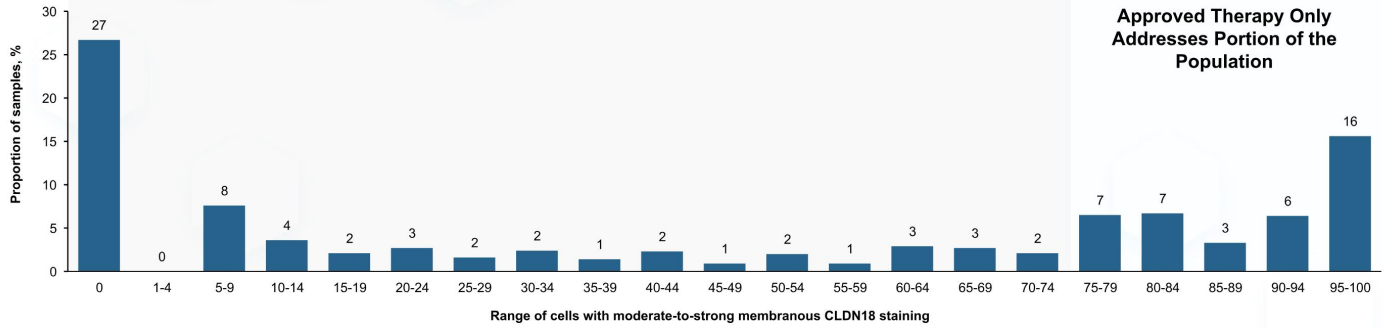
1. *Sung 2021; Markets include U.S., five E.U. countries, and Japan in 2025 based on Data Monitor Biomed Tracker*
2. *The American Cancer Society; based on patients diagnosed with metastatic gastric cancers between 2014 and 2020; https://doi.org/10.1016/j.ctarc.2024.100845*
3. *Markets include U.S.,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

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

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

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

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



Zolbetuximab: First Approved CLDN18.2 mAb for Gastric Cancer

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

Significant Opportunity to Address Broad CLDN18.2 Market

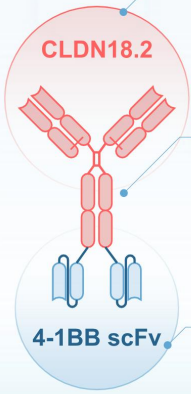
- High unmet need remains with approximately **half of CLDN18.2-positive patients ineligible** for approved therapy
- **Opportunity to differentiate** from existing approved therapy particularly in **GI toxicities**

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

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

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

Unique Molecular Design Balances Anti-Tumor Efficacy and Safety



Highly Potent CLDN18.2 mAb

- Higher affinity than zolbetuximab
- Binds to tumor cells with a wide range of CLDN18.2 expression

Silenced FC: IgG1 (N297A)

- No ADCC or CDC
- Designed to minimize unintended systemic immune activation driven by FcgR-mediated 4-1BB clustering

Conditional 4-1 BB agonist

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

NovaBridge

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

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

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

Eligibility:

1L unresectable or metastatic GC/GEJ/EAC

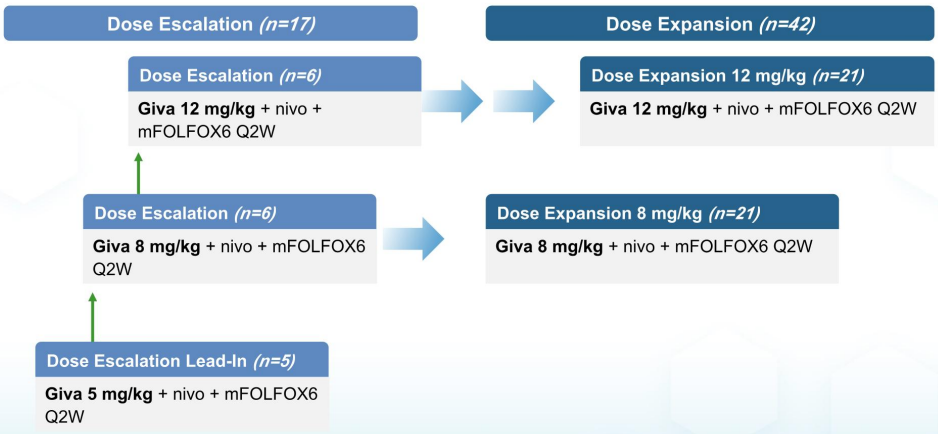
HER2-negative

CLDN18.2 ≥1+ on ≥1% of tumor cells

PD-L1 all comers

Sites:

All U.S.-based



Endpoints:

Primary: Safety

Secondary:

Response rate: ORR, BoR, DoR

Survival: PFS, OS

PK/PD/exposure

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

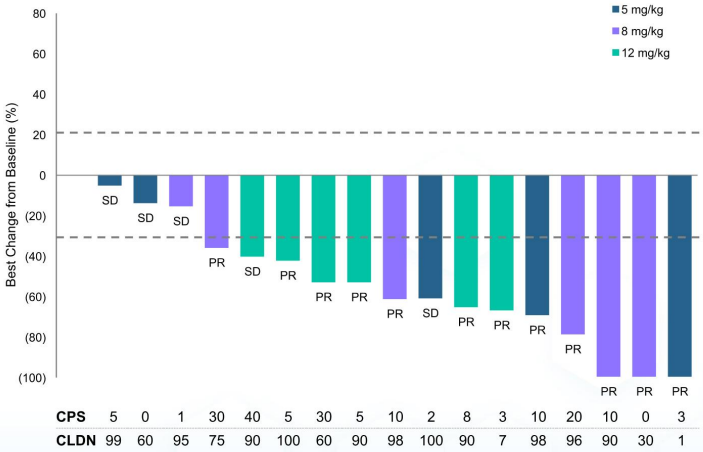
First Evidence of Efficacy in Dose Escalation Cohorts

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

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

ORR: % (n)

Biomarker	All Escalation (*n=17*)	Cohorts Selected for Expansion (8 & 12 mg/kg, *n=12*)
Total	**71 (12/17)**	**83 (10/12)**
PD-L1		
≥5	82 (9/11)	89 (8/9)
<5	50 (3/6)	67 (2/3)
≥1	73 (11/15)	82 (9/11)
<1	50 (1/2)	100 (1/1)
CLDN18.2		
≥ 75	67 (8/12)	78 (7/9)
< 75	80 (4/5)	100 (3/3)
ORR: % (n)	**PD-L1 ≥ 5**	**PD-L1 < 5**
CLDN18.2 ≥ 75	80 (8/10)	0 (0/2)
CLDN18.2 < 75	100 (1/1)	75 (3/4)



Encouraging data in Claudin 18.2 low patients with favorable tolerability

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

Givastomig Combination Dose Escalation and Expansion Baseline Patient Characteristics

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

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

Expansion Data Confirm Prior Efficacy Signals Observed in Escalation

Cohort / Study:	Givastomig Phase 1b Combination		CHECKMATE-649[3]	SPOTLIGHT[4]
	8 mg/kg esc + exp (*n=27*)	12 mg/kg esc + exp (*n=27*)	mFOLFOX6 / CapeOX + Nivo (*n=789*)	mFOLFOX6 + Zolbe (*n=283*)
Efficacy-evaluable (n)[1]	26	26		
ORR % (n)	77 (20/26)	73 (19/26)[2]	47	NA
PD-L1 CPS ≥ 1	74 (17/23)	75 (12/16)	49	NA
PD-L1 CPS < 1	100 (3/3)	70 (7/10)	38	NA
CLDN18.2 ≥ 75	76 (13/17)	67 (8/12)	NA	40
CLDN18.2 < 75	78 (7/9)	79 (11/14)	NA	NA
DCR % (n)	96 (25/26)	100 (26/26)	NA	NA

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

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

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

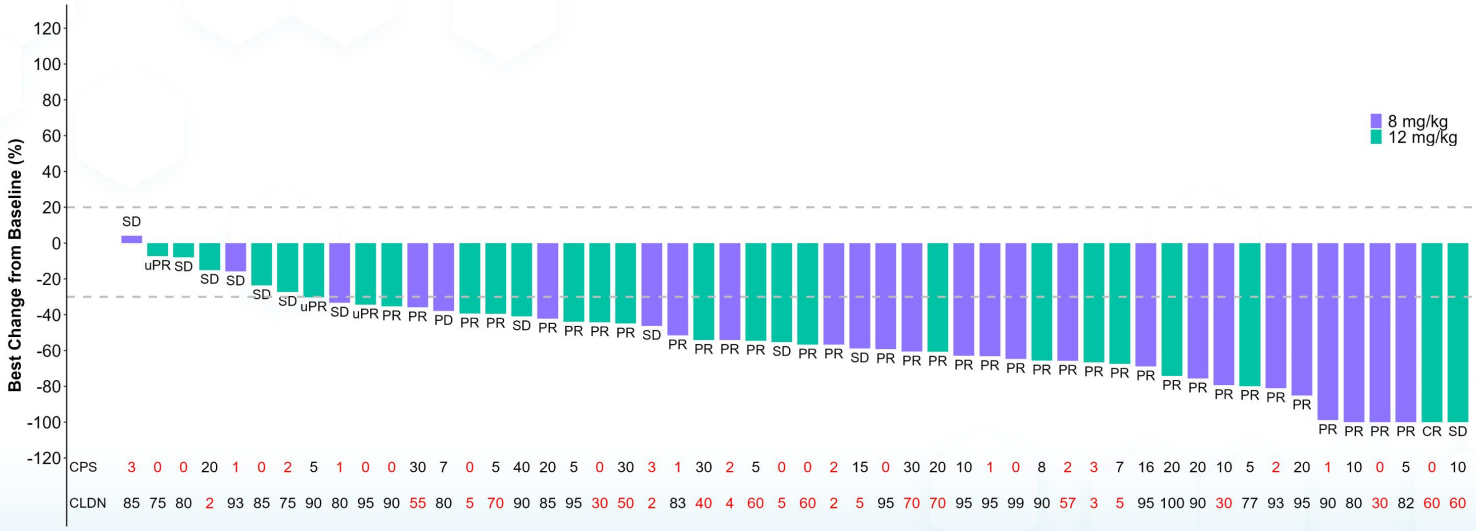
ORR: % (n)	PD-L1 ≥ 1	PD-L1 < 1
CLDN18.2 ≥ 75	71 (5/7)	60 (3/5)
CLDN18.2 < 75	78 (7/9)	80 (4/5)

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

1. *Efficacy evaluable = at least one evaluable on-treatment scan*
2. *Includes three subjects ongoing with unconfirmed partial responses still on treatment*
3. *Janjigian 2021; The Lancet, Volume 398, Issue 10294, 27 - 40*
4. *Shitara et al. 2023; The Lancet, Volume 401, Issue 10389, 1655 - 1668*

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

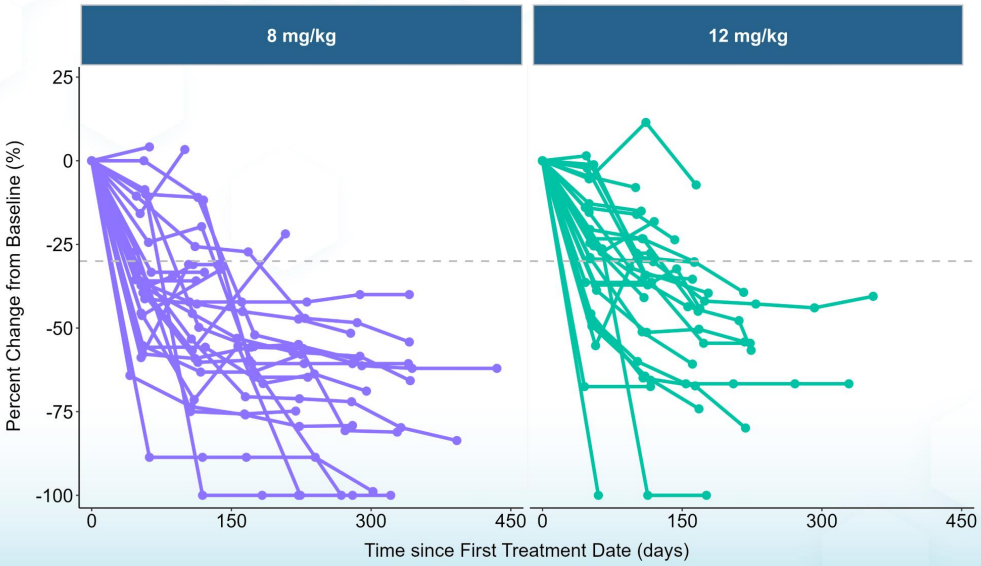
51/52 Subjects Experienced Tumor Shrinkage



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

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

Rapid Responses That Deepen Over Time



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

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

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

Promising Progression Free Survival Data Observed

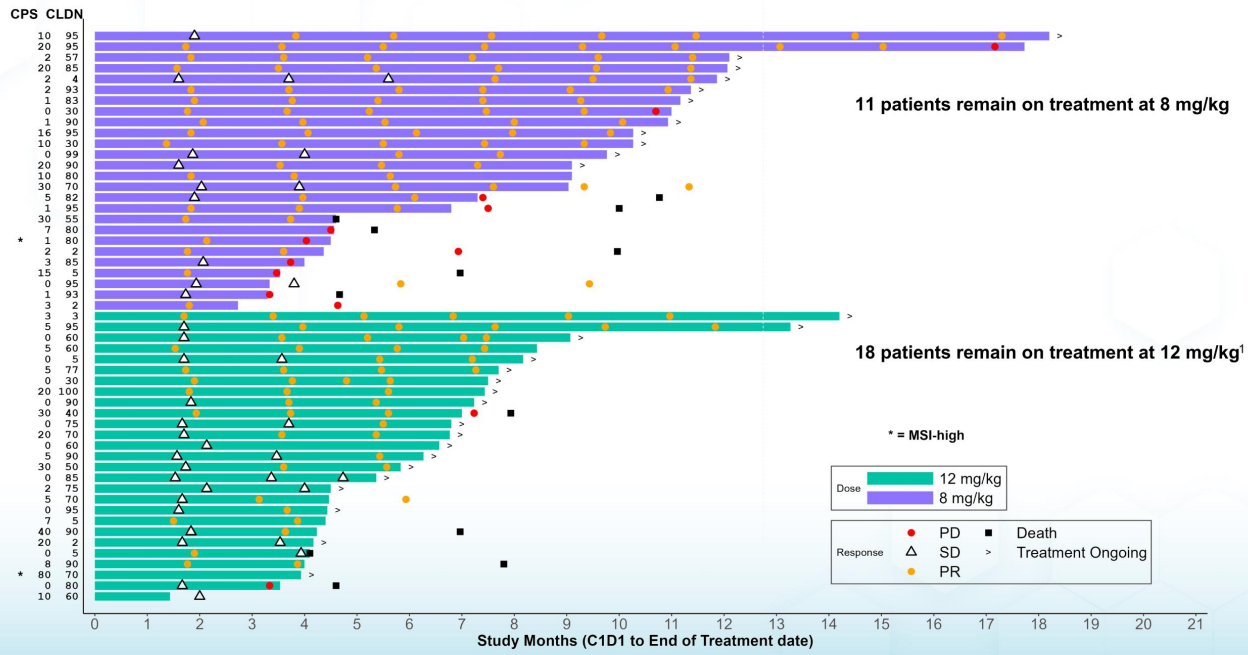
Phase 1b PFS in efficacy evaluable patients
Based on patients in the dose escalation and dose expansion

Cohort / Study:	Givastomig Phase 1b Combination Study		CHECKMATE-649[2]	SPOTLIGHT[3]
	8 mg/kg esc + exp (*n=27*)	**12 mg/kg esc + exp (*n=27*)**	**mFOLFOX6 / CapeOX + Nivo (*n=789*)**	**mFOLFOX6 + Zolbe (*n=283*)**
Efficacy evaluable patients (n)	26	27[1]		
Median follow-up (months)	10.7	6.8		
Events n (%)	12 (46%)	5 (19%)		
Censored n (%)	14 (54%)	22 (81%)		
Median PFS (months, 95% CI)	**16.9 (6.8, NA)**	**7.7 (6.9, NA)**	7.7 (7.1, 8.5)	10.6 (8.9, 10.3)
6-month PFS rate (95% CI)	73% (51.7, 86.2)	91% (69.0, 97.7)		
DOR (months, 95% CI)	15.2 (5.6, NA)	NA		
Patients remaining on study	11	18		

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

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

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



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

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

Givastomig Safety: Comparable to Other 1L Combinations in GC

Cohort/Study	Givastomig Phase 1b Combination Study		CHECKMATE-649[1]	SPOTLIGHT[2]
	8 mg/kg (*n=27*)	12 mg/kg (*n=27*)	mFOLFOX6 / CapeOX + Nivo (*n=782*)	mFOLFOX6 + Zolbe (*n=279*)
TEAE				
All Grades	100%	100%	NA	>99%
≥ Grade 3	70%	70%	NA	87%
TRAE any drug				
All Grades	100%	100%	94%	99%
≥ Grade 3	56%	56%	60%	79%
TRAE any drug → givastomig withdrawn				
All Grades	22%	11%	NA	NA
TRAE any drug → any drug withdrawn				
All Grades	41%	26%	36%	14%
SAE all causality				
All Grades	59%	41%	54%	45%
SAE related any drug				
All Grades	19%	19%	22%	NA

1. Janjigian 2021; The Lancet, Volume 398, Issue 10294, 27 - 40
2. Shitara et al. 2023; The Lancet, Volume 401, Issue 10389, 1655 - 1668

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

Comparable TRAE Between 8 mg/kg and 12 mg/kg

TRAE Givastomig in >10% in Either Dose (*n=54*) No ≥ Grade 4

Adverse Event	Grades ≤ 2		Grade 3		All Grades	
Doses (mg/kg)	**8**	**12**	**8**	**12**	**8**	**12**
Any Event	70%	59%	19%	33%	89%	93%
Nausea	52%	48%	7%	4%	59%	52%
Vomiting	37%	41%	--	4%	37%	44%
Fatigue	44%	19%	4%	11%	48%	30%
Gastritis	30%	19%	4%	15%	33%	33%
Decreased appetite	19%	30%	4%	4%	22%	33%
IRR	22%	19%	4%	--	26%	19%
Diarrhea	15%	11%	--	--	15%	11%
Abdominal pain	4%	7%	--	11%	4%	19%
Weight decreased	19%	4%	--	--	19%	4%
Dyspepsia	7%	11%	--	--	7%	11%
Headache	11%	--	--	4%	11%	4%
Dysgeusia	11%	--	--	--	11%	--

Immune Related Adverse Events Related to Any Drug (*n=54*)

Adverse Event	Grades ≤ 2		Grade 3		All Grades	
Doses (mg/kg)	**8**	**12**	**8**	**12**	**8**	**12**
Any Event	33%	26%	11%	19%	44%	44%
Gastritis	30%	19%	4%	15%	33%	33%
Hyperthyroidism	4%	--	--	--	4%	--
Rash maculo-papular	4%	7%	4%	--	7%	7%
Pneumonitis	--	--	--	4%	--	4%
Immune nephritis	--	--	4%	--	4%	--

TRAE Any Drug ≥15% in Either Dose (*n=54*)

Adverse Event	Grades ≤ 2		Grade 3		Grade 4		All Grades	
Doses (mg/kg)	**8**	**12**	**8**	**12**	**8**	**12**	**8**	**12**
Any Event	44%	44%	48%	48%	7%	7%	100%	100%
Fatigue	63%	41%	7%	11%	--	--	70%	52%
Nausea	56%	56%	7%	4%	--	--	63%	59%
Neutropenia	22%	22%	26%	26%	4%	7%	52%	56%
Vomiting	37%	44%	--	4%	--	--	37%	48%
Decreased appetite	30%	41%	4%	4%	--	--	33%	44%
Peripheral neuropathy	41%	41%	--	--	--	--	41%	41%
IRR	19%	33%	7%	4%	--	--	26%	37%
Platelets decreased	30%	33%	4%	4%	--	--	33%	37%
Diarrhea	26%	33%	--	--	--	--	26%	33%
Gastritis	30%	19%	4%	15%	--	--	33%	33%
Dysgeusia	30%	7%	--	--	--	--	30%	7%
Temp intolerance	7%	26%	--	--	--	--	7%	26%
AST increased	19%	19%	4%	4%	--	--	22%	22%
WBC decreased	11%	19%	--	4%	--	--	11%	22%
Abdominal pain	4%	11%	--	11%	--	--	4%	22%
ALT increased	19%	11%	--	4%	--	--	19%	15%
Lymphocytes decreased	4%	11%	11%	7%	--	--	15%	19%
Constipation	11%	19%	--	--	--	--	11%	19%
Pruritus	7%	19%	4%	--	--	--	11%	19%
Paresthesia	19%	7%	--	--	--	--	19%	7%
Stomatitis	15%	4%	--	--	--	--	15%	4%

Notes: Data cutoff as of December 2, 2025. TRAE = treatment related adverse event; IRR = infusion related reaction; ALT = alanine transaminase; AST = aspartate aminotransferase; WBC = white blood cell

Givastomig Clinical Development Plan

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

Global Randomized Phase 2 Study

Study Design:

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

Eligibility:

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

Stratification:

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

Endpoints:

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

n=180
1:1:1

Arm 1 ***(n=60)***

Giva 8 mg/kg + nivolumab + mFOLFOX6 Q2W
(or for Q3W – Giva 12 mg/kg + nivolumab + CapeOX)

Arm 2 ***(n=60)***

Giva 12 mg/kg + nivolumab + mFOLFOX6 Q2W
(or for Q3W – Giva 18 mg/kg + nivolumab + CapeOX)

Control Arm ***(n=60)***

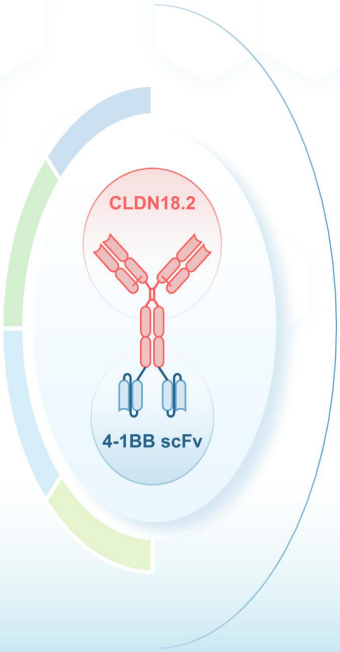
nivolumab + mFOLFOX6 Q2W
(or for Q3W – nivolumab + CapeOX)

Overall Clinical Development Plan

Program	Phase 1	Phase 2	Phase 3	Anticipated Milestones
Gastric Cancer CLDN18.2+	1L Dose Expansion (Giva + Nivo + Chemo)			Topline Data Jan-2026
	1L Randomized Phase 2 (Giva + Nivo + Chemo) vs. (Nivo + Chemo)			FPI Q1 2026
	1L CLDN18.2 Low and PD-L1 Low (Giva + Chemo ± Nivo)			FPI Q4 2025
	IIT – Neoadjuvant Locally Advanced (Giva + CPI + Chemo)			FPI 2H 2026
Other GI Malignancies CLDN18.2+	1L BTC (Giva + CPI + Chemo)			FPI 1H 2026
	1L PDAC (Giva + Chemo)			FPI 1H 2026

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

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



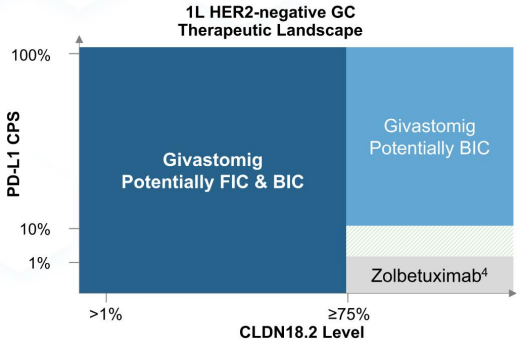
- Robust efficacy, with **77% ORR observed at 8 mg/kg and 73% ORR observed at 12 mg/kg**
- **Responses** observed **across a wide range of PD-L1 and CLDN18.2** expression levels
- Durable responses with **16.9-month mPFS observed at 8 mg/kg**; follow-up for 12 mg/kg is shorter and will be reported in 2026
- **Well tolerated** in combination with nivolumab and mFOLFOX6, **without dose dependent toxicity**
- **Broad potential in gastric cancer** and other solid tumors
- **Detailed Phase 1b expansion data expected to be presented at a medical conference in 2026**

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

Significant Market Opportunity in Gastric Cancer and Beyond

Gastric Cancer ("GC")
Promising peak sales potential

Currently, **~180k**[1] patients diagnosed with 1L gastric cancer globally, among which **~105k**[2,3] **is HER2-negative & CLDN18.2-positive**



GC and beyond
Market potential by 2030, % as prevalence of CLDN18.2 expression

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

Estimated global peak sales[7] of givastomig

~$2.0Bn
1L GC Only

~$3.5Bn
Across 1L GC / BTC / PDAC

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

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

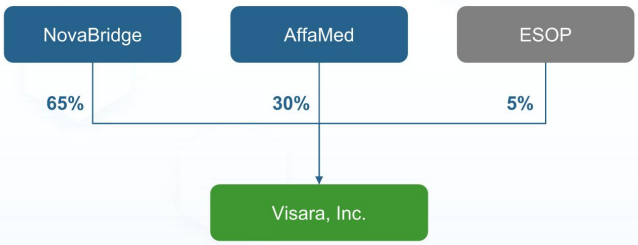
NovaBridge

Ophthalmology Program

VIS-101

Visara is Led by an Exceptional and Experienced Leadership Team

Transaction Structure



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

NewCo Leadership

Emmett Cunningham MD, PhD, MPH

Co-Founder and Executive Chairman

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

Cadmus Rich, CPE

Chief Medical Officer

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

Carlos Quezada-Ruiz MD, FASRS

SAB Chairman

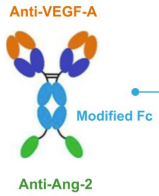
- **25+ years** experience in ophthalmology holding various roles as a vitreoretinal surgeon, translational science & drug development executive, clinical R&D & TA head
- Most recently was the **medical lead for VABYSMO® at Roche, and played a pivotal role in the global development and approvals** of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

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

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

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

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



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

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

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

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

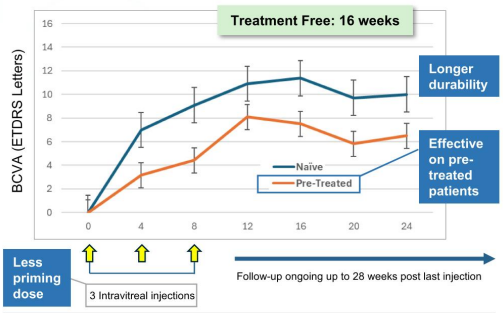
		Revenue 2y from Launch
LUCENTIS®	Q4W	$1.8Bn
EYLEA®	Q8W	$2.8Bn
VABYSMO®	Q8-16W	$4.4Bn
EYLEA HD®	Q8-16W	$1.5Bn

VIS-101 Next-Gen SOC
- **Q20-24W (longer durability)**
- **Less priming dose**
- **Efficacy on pre-treated patients**

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

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

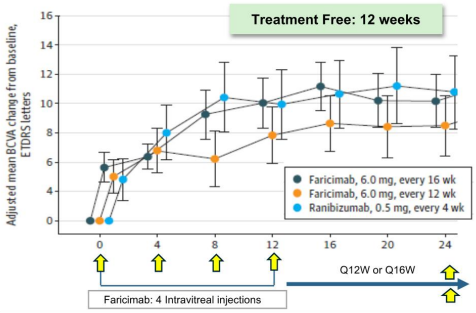
6mg VIS-101 - BCVA changes from baseline
50% Naïve, 50% Pre-Treated



Patients (n): interim Analysis, study ongoing (results available in Q4 2025)

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

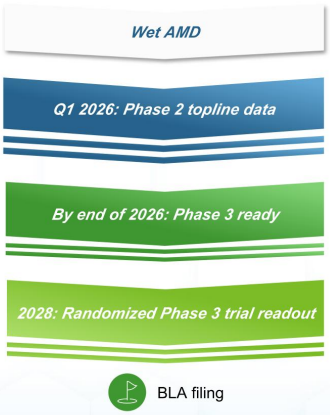
6mg Faricimab (STAIRWAY Phase 2)
100% Naïve Patients



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

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

Clinical Plan of VIS-101



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

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

NovaBridge

Financial Overview and Upcoming Catalysts

Financial Overview

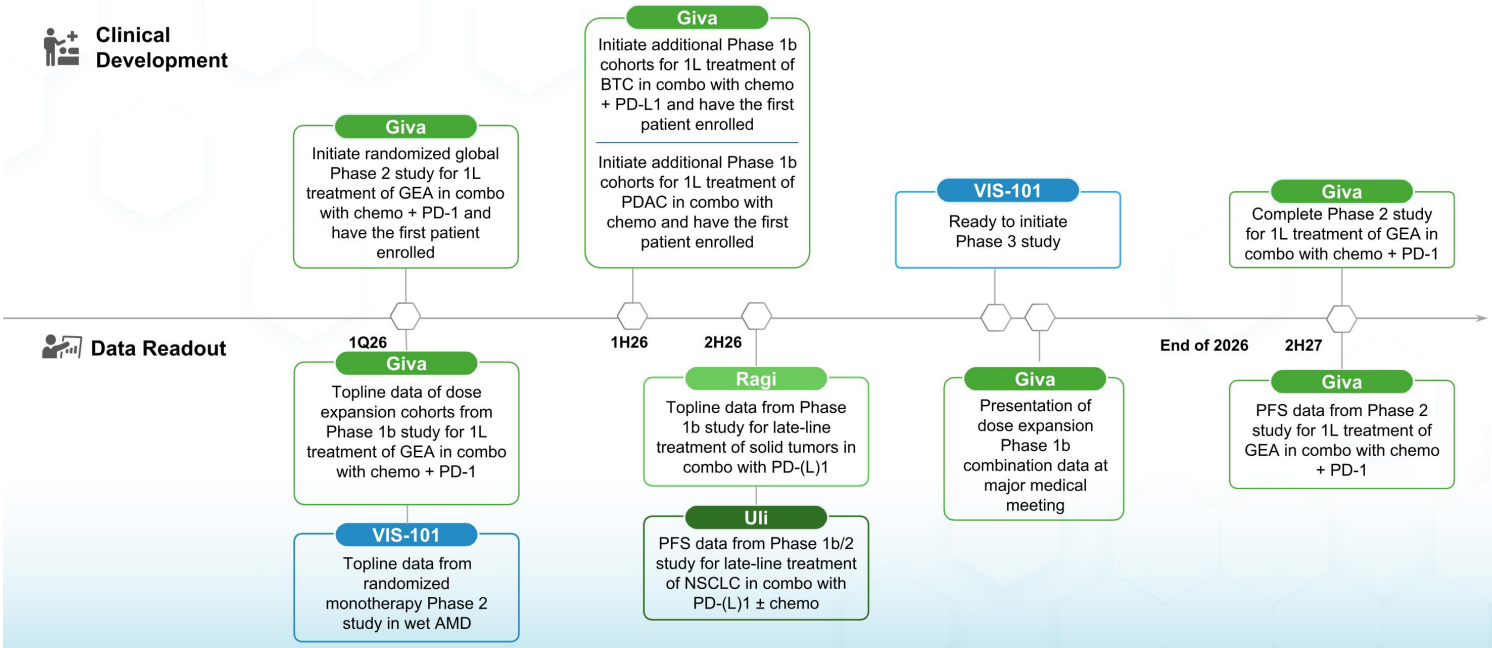
$228.3 million[1] — Cash, cash equivalents & short-term investments

Unlevered balance sheet — No outstanding debt

Runway to Q4 2028 — To support planned operations

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

Near-term Catalysts



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

NovaBridge

Appendix

Intellectual Property Portfolio for Givastomig

1. *Applications pending, expiration date approximated based on expected grant date(s)*

Other Oncology Programs

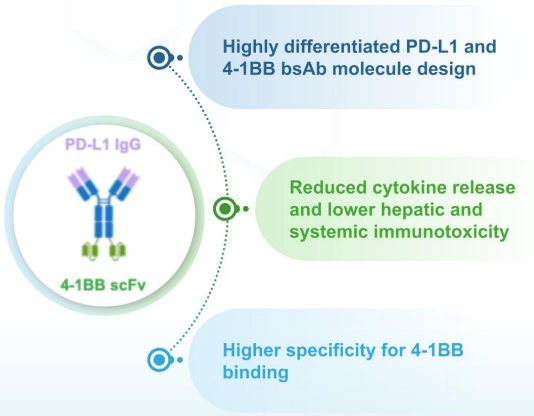
Ragistomig

Ulilediimab

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

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

Key Differentiators



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

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

Ragistomig Differentiation

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

Safety Data in Phase 1 Trial

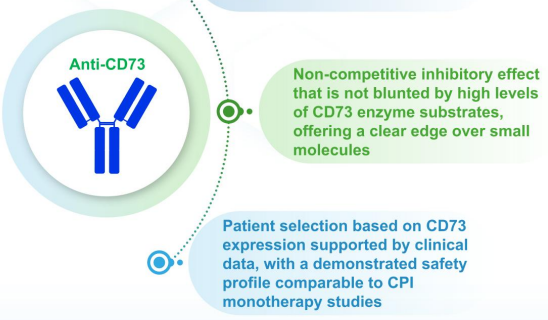
	All Grades	Grade≥3
Any TRAE	40 (75.5%)	22 (41.5%)
TRAE in >= 10% of patients		
ALT Increased	17 (32.1%)	12 (22.6%)
AST Increased	16 (30.2%)	11 (20.8%)
Pyrexia	8 (15.1%)	1 (1.9%)
Nausea	7 (13.2%)	-
Rash	7 (13.2%)	2 (3.8%)
Fatigue	6 (11.3%)	1 (1.9%)
Platelet Count Decreased	6 (11.3%)	1 (1.9%)

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

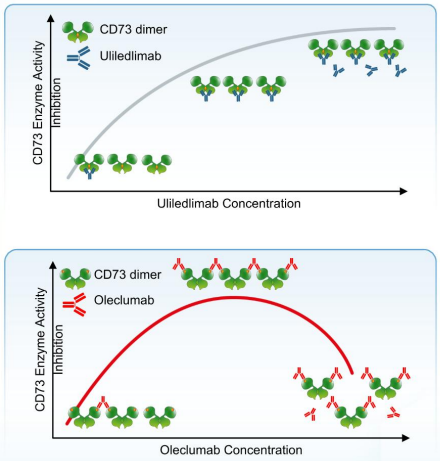
*Notes: **The comparisons in the table above are not based on data from head-to-head trials and are not direct comparisons. Differences in trial designs, patient groups, trial endpoints, study sizes, and other factors may impact the comparisons.***
bsAb = bispecific antibody; ORR = objective response rate; DCR = disease control rate; CR complete response; PR = partial response; SD = stable disease; AST = aspartate aminotransferase; ALT = alanine aminotransferase; Q2W = every two weeks; BIC = best-in-class; PD-L1 = programmed death-ligand 1; TRAE = treatment related adverse event

Ulilediimab: A Potential Best-in-Class CD73 Therapeutic

Key Differentiators



Dose-dependent CD73 Inhibition without the "Hook Effect"



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

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

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

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

Safety profile of combination comparable to CPI monotherapy studies

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

Most TRAEs/AEs were Grade 1 or 2

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

Source: AACR2021

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

NovaBridge

Research and Development

Our Research and Development Capabilities

Strong R&D Team with Proven Clinical Development Capabilities

Phillip Dennis
MD, PhD
Chief Medical Officer

Claire Xu
MD, PhD
Senior Vice President, Clinical Development

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

Peter Sabbatini
Senior Director, Clinical Biomarkers
10+

Xuejun Liu
Executive Director, Translational Medicine
10+

Elizabeth Lindner
Executive Director, Clinical Operations
10+

Years of Industry Experience

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

Recent Appointment of Distinguished Ophthalmology Leaders for Visara

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

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

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

Key Drivers

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

Established Talent Pool with Outstanding Achievements

Capabilities

A broad spectrum of R&D functionalities

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

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

47%
of R&D Members hold Doctorate Degree

Deep and extensive experience in drug development

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

Achievements

4
Clinical-stage Programs

Innovative Drug Assets with **Global Differentiation Proposition**

Rapidly-assembled world-class team of Visara

71
Registered Patents

77
Patents under Application

NovaBridge

Strategic Advantages

CBC is a Steadfast Investor-Operator Differentiating from Peers

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

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

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

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

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

Investor-Operator approach

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

Extensive global network and coverage

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

Proper governance

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

Talent warehousing

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

Intra-Portfolio integration

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

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

Highly Experienced World-Class Team to Support Global Strategy

Local-for-Local Approach with Centralized Underwriting Support

Regional Coverage Leads

Greater China

Sean LU
Senior Managing Director

US

Japan

Denny CHU
Managing Director

Korea

Billy CHO
Senior Managing Director

SEA

Vijay KARWAL
Managing Director

Global Investment Team

Managing Directors

Neo ZHANG
Managing Director

Harry SUN
Managing Director

Hao YIN
Managing Director

Ray JIN
Managing Director

Directors / Vice Presidents

Qiuyi LIU
Director

Sangsoo KIM
Director

Sam LIAO
Director

Mars LIN
Director

Henry QU
Vice President

Paul QI
Vice President

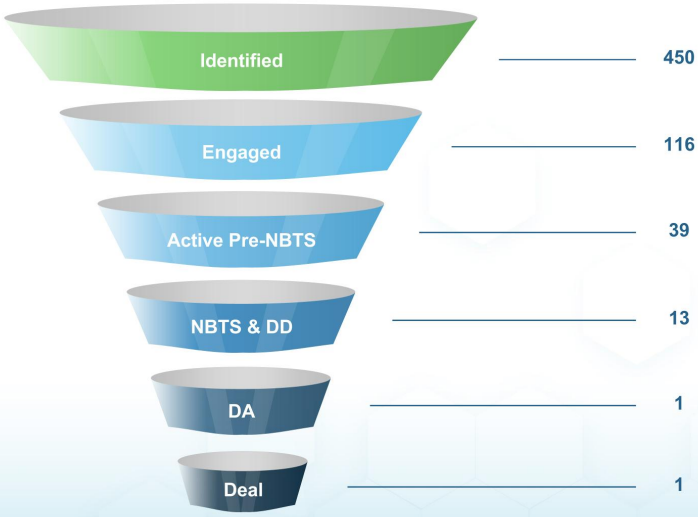
Randy YEO
Vice President

Systematic Value Creation Driven by Vast and Dynamic Healthcare Ecosystem

CBC's Leading Healthcare Ecosystem

- AffaMed Therapeutics — *Ophthalmology Assets*
- ENSEM THERAPEUTICS — *Small Molecule Oncology Assets*
- Adcentrx THERAPEUTICS — *Protein Conjugates & Novel ADCs*
- NKT — *Small Molecule Oncology Assets*
- EVEREST MEDICINES — *Transformative Drugs & Vaccines*
- NeuroGen Pharma — *Neurology & Allergy Assets*
- Hasten — *Chronic & Critical-Care Medications*
- ICT Innovative Cellular Therapeutics — *Cellular Immunotherapies*
- HUGEL — *Aesthetic Medicine Assets*
- 顶峰生物 Peak Pharmaceutical — *Gastrointestinal Therapeutics*
- NUANCE PHARMA — *Specialty & Respiratory Drugs*
- *And more …*

YTD # of Assets in Each BD Stage



NovaBridge

Collaborations

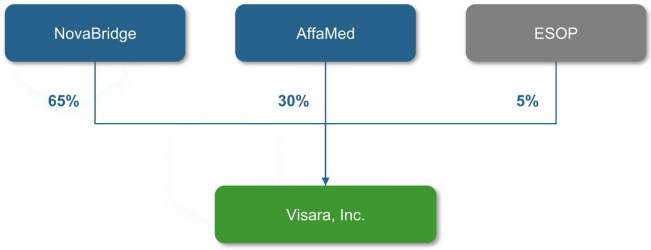
Collaboration Arrangements: Collaboration with ABL Bio for Givastomig and Ragistomig

- ABL Bio is a research-led biotechnology company and a pioneer in bispecific antibodies for immuno-oncology and neurodegenerative diseases
- **For givastomig, NovaBridge acts as the Lead Party worldwide excluding South Korea and Greater China (ROW, which includes the United States). For ragistomig, ABL Bio acts as the Lead Party in the ROW**
- **The Lead Party has the right to (i) make decisions regarding a drug candidate's development plans in the ROW, and (ii) make final decisions to enter into out-licensing agreements with respect to a drug candidate in any country in the ROW**

	Givastomig (Lead Party NovaBridge)	Ragistomig (Lead Party: ablbio)
Development & Commercialization Rights	• ROW: NovaBridge to make final decisions regarding development plans and out-licensing agreements, NovaBridge will be the MAH • South Korea: Handok has the exclusive rights • Greater China: TJ Bio (Shanghai) has the exclusive rights	• ROW: ABL Bio to make final decisions regarding development plans and out-licensing agreements, ABL Bio will be the MAH • South Korea and Greater China: ABL Bio has the exclusive rights
Intellectual Property Rights	• Intellectual property rights in the ROW shall be jointly and equally owned by NovaBridge and ABL Bio	
Income Sharing & Development Cost-Sharing	• The income derived from out-licensing agreement and development cost will be 50-50 shared by NovaBridge and ABL Bio	

Collaboration Arrangements: The In-License and Subsequent Assignment of VIS-101

In-license of VIS-101 in Visara Territory[1]



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

In-license and Subsequent Assignment of VIS-101 in Certain Territories[2]

In-license

Visara entered into an Exclusive License Agreement with AskGene, pursuant to which AskGene grants Visara **an exclusive, royalty bearing license, with the right to sublicense, develop, commercialize and otherwise exploit the licensed product (including VIS-101) in Certain Territories**

Subsequent Assignment

Visara entered into an Assignment and Assumption Agreement with Everest Medicines, pursuant to which **Visara assigns all of its rights and obligations under the License Agreement with AskGene to Everest Medicines**, including the exclusive, royalty bearing license to develop, commercialize and otherwise exploit VIS-101 in Certain Territories

1. *The Visara Territory refers to all countries and territories worldwide except for Singapore, Thailand, Malaysia, Indonesia, Vietnam, the People's Republic of China, Taiwan, Macau, Hong Kong, Korea, and India*
2. *Certain Territories refers to Singapore, Thailand, Malaysia, Indonesia, Vietnam, the People's Republic of China, Taiwan, Macau, Hong Kong, Korea, and India*

NovaBridge
新 桥 生 物

Thank you

www.novabridge.com
IR@novabridge.com