



Company Presentation

NASDAQ: NBP

August 2026

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Bridging the gap between exceptional science and global patient impact

A global biotechnology company that identifies differentiated innovation and applies disciplined development, financing, and partnering strategies to create value



The Opportunity

Exceptional science is emerging worldwide, yet too many promising therapies never reach their full potential. We believe the bottleneck is not innovation, but the path to patients



NovaBridge

We identify, de-risk, and advance high-potential therapies, helping transform breakthrough innovation into meaningful patient impact

Innovation is no longer the bottleneck, translation is

2,227

New Molecule Entities are being developed in China

Up from ~78 in 2013; a 28×
expansion in more than a decade

~85%

Growth from Asia

Of global innovative
pipeline in 2024

46%

New Molecules from China

Of all new molecules entering human trials in H1;
up from ~17% a decade ago

>\$50B

China-Origin Deal Value

In 2024; a 10× increase from ~\$5B in 2020,
~30% of global licensing volume

Data Source: Nature Biotechnology; McKinsey; Goldman Sachs 2025 report; Nature, Sep 2025; CBC Internal analytics

Three advantages drive NovaBridge's value-creation model



Privileged Access

We access differentiated assets early through trusted relationships, deep networks, and on-the-ground expertise



Sophisticated Development Expertise

We develop and advance assets ourselves across global markets, from IND through clinical proof-of-concept, generating the data needed to drive informed strategic decisions

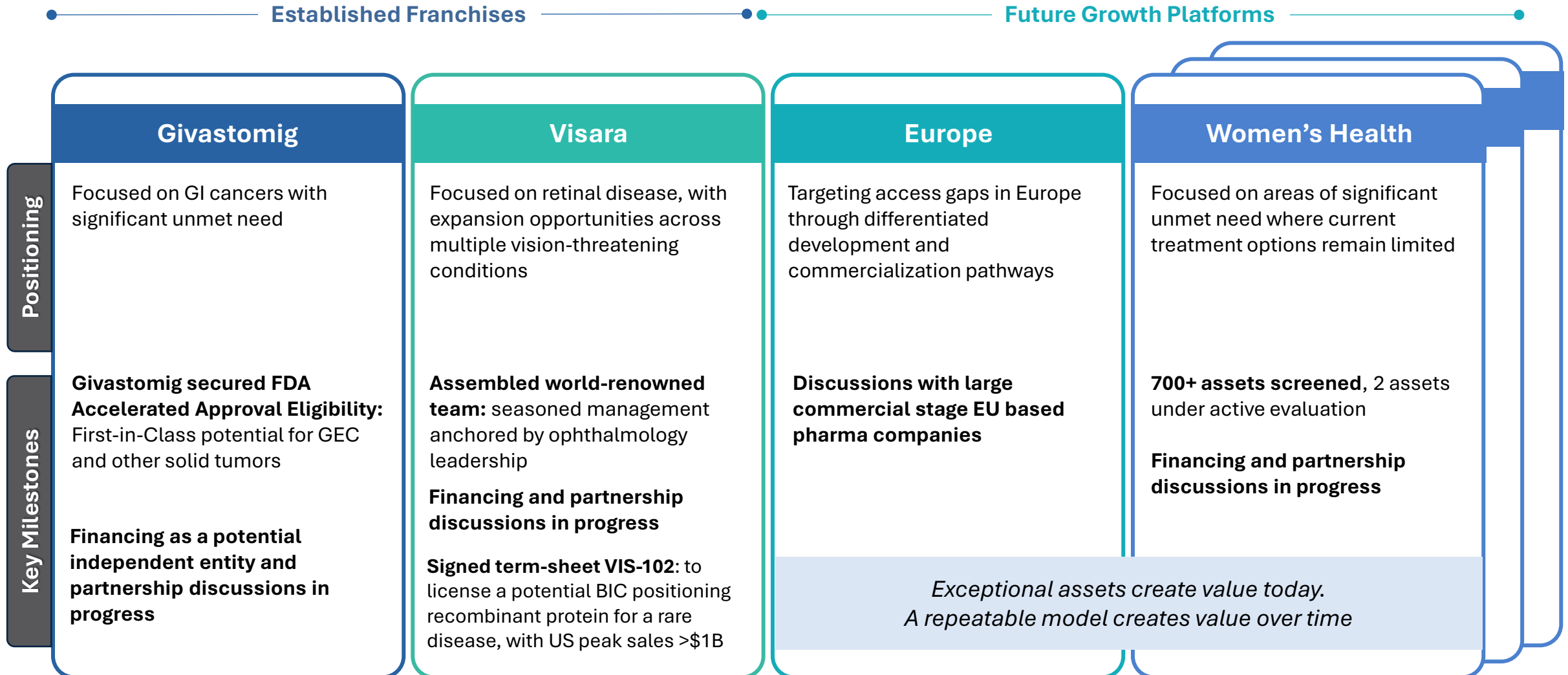


Capital Allocation Discipline

We deploy capital selectively and flexibly, focusing on opportunities where our differentiated capabilities create the greatest advantage

A repeatable model for building sustainable value

Each franchise applies a disciplined approach to sourcing, development, financing, and value creation



The NovaBridge model in action: Givastomig

Rapid development and multiple pathways to value

Access

Identified a differentiated CLDN18.2 opportunity combining high-affinity target binding, broad activity across CLDN18.2 expression levels, and conditional 4-1BB activation designed to balance efficacy and safety

Development

Advanced givastomig from Phase 1b to Phase 3 readiness in approximately 18 months

77%

Confirmed ORR at 8 mg/kg in Phase 1b

Optionality

Created multiple pathways for value realization through regulatory progress, financing discussions, and strategic partnering opportunities

\$5B+

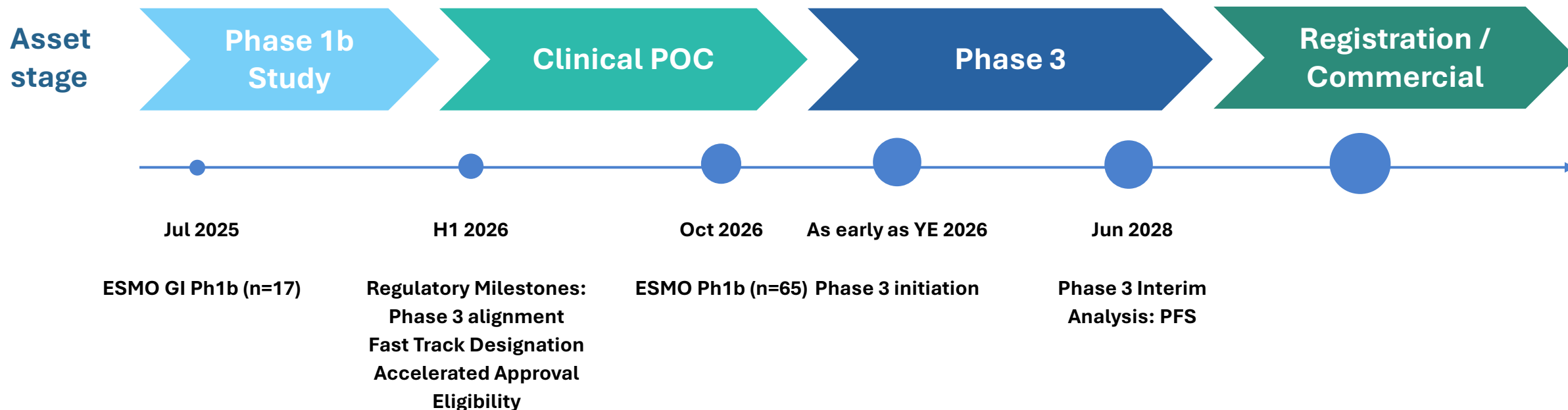
Peak sales potential across indications

Givastomig demonstrates NovaBridge's ability to execute efficient clinical development strategies and advance programs toward major value inflection points with multiple options for value realization

Givastomig data cut-off Dec 2, 2025. Peak sales potential reflects management estimates of the global opportunity.

Givastomig: Exceptional clinical execution proof point

Speed to Phase 3: 18 months from Phase 1b data (n=17) to Phase 3 initiation



Givastomig: Differentiated clinical profile

Clinical differentiation: Deep, durable activity in Phase 1b first-line gastroesophageal adenocarcinoma, with nivolumab and chemotherapy



High response rates

77%

Confirmed ORR at 8 mg/kg

73%

ORR incl. uPR at 12 mg/kg

96-100%

Disease control rate across dose cohorts

Compares favorably with current 1L benchmarks, with room for maturation at 12 mg/kg.



Broad biomarker activity

ORR preserved across CLDN18.2 strata

Claudin 18.2 levels

8 mg/kg 12 mg/kg

CLDN18.2 $\geq$ 75%

76% / 67%

CLDN18.2 1-74%

78% / 79%

Activity extends well beyond CLDN18.2-high patients, supporting a materially broader addressable population.



Durable disease control

>15 mo

Median DoR at 8 mg/kg

16.9 mo

Median PFS at 8 mg/kg

OS NR

Median OS not reached; 12-month OS 69%

Deep tumor shrinkage, sustained PFS and immature but encouraging OS.

Givastomig data cut-off December 2, 2026.

Givastomig: \$5B+ peak sales potential across indications, if approved

Expanding from the 1L GEA to BTC and PDAC

	Indication expansion options	Regimen	Pivotal start	Notes	Peak sales
GEA	HER2- 1L metastatic CLDN ≥ 1 , PD-L1 ≥ 1	Giva + nivo + chemo	2026	Current lead indication	\$2B+
	HER2- 1L metastatic CLDN 1-74, PD-L1 <1	Giva + chemo	2029	Expedites recruitment in companion study	
	HER2- 1L metastatic CLDN <1, PD-L1 <1	Giva + chemo	2028	Builds preliminary data in companion study	\$2B+
	HER2- 1L locally advanced resectable	Giva + durva + FLOT	2028	Two IITs supported by leading KOLs	
	HER2+ 2L, CLDN ≥ 1	Giva + Enhertu	2028	Combination with an approved ADC backbone	
BTC	1L metastatic CLDN ≥ 1	Giva + durva + gem/cis	2027	Cohort recruiting in Phase 1b	\$0.5B+
PDAC	1L metastatic CLDN ≥ 1	Giva + gem/Abraxane	2028	Cohort recruiting in Phase 1b	\$1B+

\$5B+

Peak sales across all indications, if approved

Peak sales potential reflects management estimates of the global opportunity. GEC = gastroesophageal adenocarcinoma; BTC = biliary tract cancer; PDAC = pancreatic ductal adenocarcinoma; IIT = investigator-initiated trial.

The NovaBridge model in action: Visara

Target-product-profile driven asset sourcing, world-class expertise, and franchise creation in ophthalmology

Access

Identified high-conviction opportunity with differentiated ophthalmology assets

Applied a clear target product profile to identify the lead asset in neovascular retina disease focused on durability, accessibility, and unmet patient need to build an ophthalmology franchise with other high unmet assets in process

Multiple assets identified

Differentiated ophthalmology assets sourced and/or secured

Development

Built a world-class front and back of the eye experienced team to accelerate global development

Assembled experienced ophthalmology leaders with global development expertise, including China execution capabilities, to advance programs rapidly while maintaining global quality standards

Global expert team

World-class team with global execution expertise

Optionality

Multiple pathways to value creation

Structured partnerships, financing solutions, and development strategies that support franchise growth while preserving future upside.

Multiple paths

Financing and partnership pathways preserved

Visara demonstrates how NovaBridge combines differentiated asset sourcing with the ability to build high-caliber teams around compelling therapeutic opportunities

The first dual-targeting peptibody candidate designed to treat ocular neovascularization

VIS-101

- 2X the binding sites for VEGF-A
- 2X the binding sites for ANG-2
- Improved inhibitory activity compared to the industry leading product
- Long vitreous half-life of ~8-12 days*

* Assumes 6mg or 9mg dose

Anti-VEGF-A

Anti-VEGF-A

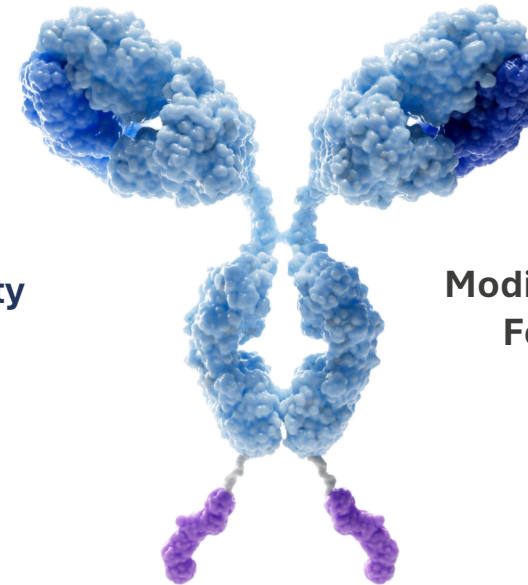
Longer Durability

Modified
Fc

Higher Avidity

Anti-Ang-2

Anti-Ang-2



Potential Next Generation SOC in nAMD, DME, RVO

Potential to be best-in-class anti-VEGF/Ang-2 agent with
LONGER DURABILITY and **LESS FREQUENT DOSING**

Visara: Lead retinal asset with an expanding pipeline

Front and back of the eye, targeting aggregate annual markets of more than \$10 billion

VIS-101

Tetravalent VEGF / ANG-2 peptibody
Phase 2b expected to start in 2H 2026



AMD

DME

RVO

Extended durability by design — materially fewer injections than the current anti-VEGF / ANG-2 standard of care.

Best-in-class potential with prolonged durability

 **\$8Bn**

Projected annual market

 **>90%**

Probability of technical success

Late-stage, de-risked and financed

China rights sublicensed to Everest Medicines to fund Phase 2b expected to start in 2H 2026

Pipeline Expansion

Two additional promising pipeline assets to replicate success



VIS-102

Term sheet signed

A potential best-in-class biologic in a rare disease indication. Target, terms and economics undisclosed.



VIS-103

Under evaluation

A potential first -in-class AND best-in-class biologic in a rare disease indication. Details withheld while negotiations continue.

Full disclosure will follow on completion of the respective transactions

AMD = age-related macular degeneration; DME = diabetic macular oedema; RVO = retinal vein occlusion. Programme details for assets under negotiation are withheld. Market size reflects management estimates.

Extending the same repeatable model into new areas

Future growth built around the same principles: unmet need, differentiated assets, exceptional talent, and flexible value creation

Europe



POSITIONING

Applying the NovaBridge model to underserved opportunities in Europe

KEY MILESTONES

Partnership discussions with major European pharmaceutical companies

Women's Health



POSITIONING

Applying a target-product-profile driven sourcing strategy in a high unmet need area

KEY MILESTONES

700+ assets screened, 2 opportunities under active evaluation

In late-stage discussions with financing partners and potential strategic partners.

Our vision and growth path

Creating a repeatable engine for turning exceptional science into patient impact



Establish the foundation

Next 12 months

- Expand clinical and BD capabilities
- Advance givastomig and Visara

**Two scaled
franchises**



Scale the playbook

Next 1-5 years

Hub level

- Source new assets
- Launch new spokes

Spokes level

- New clinical and commercial milestones
- First revenue generating assets
- Additional Value realization events

**Repeatable
growth engine**



Sustainable company

Next 5-10 years

Group level

- Diversified 10+ asset portfolio
- Selective commercialization
- Partner of choice
- Sustainable profitability
- Trusted public company

**A sustainable
biotechnology company**



This slide contains forward-looking statements. These statements are made under the "safe harbor" provisions of the U.S. Private Securities Litigation Reform Act of 1995.

NovaBridge at a glance



NBP

Nasdaq ticker

Publicly traded biotechnology company



Global

Capabilities

United States, Europe and Asia



2

Proofs of execution

Givastomig and VIS-101



3

Clinical-stage assets

Programs in active development



~\$216M

Cash & equivalents

Incl. short-term investments¹



NONE

Debt

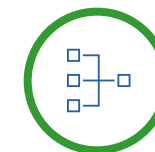
Debt-free balance sheet¹



700

Assets screened

Disciplined sourcing process



Multiple

Value-creation pathways

Development, partnering, financing, affiliate formation

1. NovaBridge information reported for June 30, 2026 financials (including \$191 million Cash and cash equivalents, ~\$25 million investments at fair value, equity securities)

A differentiated clinical pipeline built on our global platform

ASSET/ TARGET	INDICATION(S)	REGIMEN	PHASE 1	PHASE 2	REGISTRATIONAL/ PHASE 3	NCT #	MILESTONES
Givastomig ^{1,2} CLDN18.2 X 4-1BB	1L GEA	Giva + Chemo + Nivo vs. Chemo + Nivo	CLDN18.2 Positive/PD-L1 Positive			NA	Initiate as early as YE 2026
		Giva/Nivo/Chemo v. Nivo/Chemo	CLDN18.2 Positive			NCT07432295	Phase 2 data 2H 2027
		Giva + Chemo + Nivo	CLDN18.2 Positive			NCT04900818	Phase 1b data at ESMO 2026
		Giva + Chemo	CLDN18.2 Low/PD-L1 Low				Phase 1b cohort ongoing
	1L BTC	Giva + Chemo + CPI	CLDN18.2 Positive				Phase 1b cohort ongoing
	1L PDAC	Giva + Chemo	CLDN18.2 Positive				Phase 1b cohort ongoing
VIS-101 VEGF-A X ANG-2	Neovascular AMD	Mono	Phase 2b (China)				Phase 2b FPI 2H 2026 anticipate ph3 initiation 2H 2027
	DME	Mono				NCT05940428	Phase 1 complete
Ragistomig ¹ PD-L1 X 4-1BB	Solid Tumors	Ragi ± PD-(L)1				NCT04762641	Partnered with ABLBio who leads development Phase 1 data at ESMO 2026
Uliedlimab CD73	NSCLC	Uli + PD-(L)1 ± Chemo	CD73 Positive			NCT06984588	Partnered with TJ Bio

1. Givastomig also known as ABL111, ragistomig also known as ABL503

2. BMS agreed to manufacture, supply and grant us a license to use nivolumab (OPDIVO®) in our Phase 1 trial to evaluate givastomig's combination with nivolumab and mFOLFOX6

3. Trial conducted by TJ Biopharma, NCT04322006

4. Global rights, ex-Greater China, ex-South Korea

5. Global rights, ex-China

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

 Ongoing Clinical Trials
  Clinical Trials to be Initiated

Oncology Programs

Ophthalmology Programs

\$216m in cash and investments to support strategic inflection points

Maintained a strong debt-free balance sheet with ~\$216¹ million in cash and cash equivalents and investments at fair value, equity securities, as of June 30, 2026, providing runway through several important clinical and strategic inflection points, including givastomig's planned Phase 3 interim data readout in 2028.

Important clinical and strategic inflections points supported by cash runway

2026

- **GIVA:** Phase 1b dose expansion updated data at ESMO
- **GIVA:** Complete phase 2 combo study enrollment for 1L GEA
- **GIVA:** Phase 3 initiation, as early as YE26
- **RAGI:** Phase 1b topline data monotherapy study for solid tumors at ESMO
- **VIS101:** Phase 2b initiation for neovascular AMD

2027

- **GIVA:** Phase 1b readouts in 1L BTC and PDAC
- **GIVA:** Phase 2 data readout for 1L GEA
- **VIS101:** Phase 2b readout
- **VIS101:** Phase 3 initiation for neovascular AMD

2028

- **GIVA:** Phase 3 interim data readout for 1L GEA

Notes: 1. As of June 30, 2026, NovaBridge has ~\$191 million Cash and cash equivalents, ~\$25 million investments at fair value, equity securities. ESMO = the European Society for Medical Oncology; GIVA = givastomig; RAGI = ragistomig; GEA = gastroesophageal adenocarcinoma; BTC = biliary tract cancer; PDAC = pancreatic adenocarcinoma

Upcoming catalysts



Notes: 1L = first line; GEA = gastroesophageal adenocarcinoma (gastric, GEJ, esophageal); BTC = biliary tract cancer; PDAC = pancreatic ductal adenocarcinoma; NSCLC = non-small cell lung cancer; PFS = progression-free survival. Illustrative timeline reflects management's current expectations; not to scale.



Thank you

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